Georgia Department of Community Health

Validation of Performance Measures

for

WellCare of Georgia, Inc.

Measurement Period: Calendar Year 2013
Validation Period: January–June 2014
Publish Date: September 2014
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Validation Overview

Validation of performance measures is one of three mandatory external quality review (EQR) activities that the Balanced Budget Act of 1997 (BBA) requires state Medicaid agencies to perform. Health Services Advisory Group, Inc. (HSAG), the external quality review organization (EQRO) for the Department of Community Health (DCH), conducted the validation activities. The DCH contracts with three care management organizations (CMOs) to provide services to Medicaid managed care enrollees and PeachCare for Kids® enrollees. PeachCare for Kids® is the name of Georgia’s stand-alone Children’s Health Insurance Program (CHIP). The DCH identified a set of performance measures that were calculated and reported by the CMOs for validation. HSAG conducted the validation activities as outlined in the Centers for Medicare & Medicaid Services (CMS) publication, *EQR Protocol 2: Validation of Performance Measures Reported by the MCO: A Mandatory Protocol for External Quality Review (EQR)*, Version 2.0, September 2012.1

Care Management Organization (CMO) Information

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

<table>
<thead>
<tr>
<th>Table 1—WellCare of Georgia, Inc. Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CMO Name:</strong> WellCare of Georgia, Inc.</td>
</tr>
<tr>
<td><strong>CMO Location:</strong> 211 Perimeter Center Parkway, Suite 800</td>
</tr>
<tr>
<td>Atlanta, Georgia 30346</td>
</tr>
<tr>
<td><strong>CMO Audit Location:</strong> 8735 Henderson Road</td>
</tr>
<tr>
<td>Tampa, Florida 33634</td>
</tr>
<tr>
<td><strong>CMO Contact:</strong> Jacqueline Collins, RN, CPHQ</td>
</tr>
<tr>
<td>Director, Quality Improvement</td>
</tr>
<tr>
<td><strong>Contact Telephone Number:</strong> (770) 913-2175</td>
</tr>
<tr>
<td><strong>Contact E-mail Address:</strong> <a href="mailto:Jacqueline.Collins@wellcare.com">Jacqueline.Collins@wellcare.com</a></td>
</tr>
<tr>
<td><strong>Site Visit Date:</strong> 4/17/14–4/18/14</td>
</tr>
</tbody>
</table>

Performance Measures Validated

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

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


Table 2—List of CY 2013 Performance Measures for WellCare of Georgia, Inc.

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

*In a November 2013 addendum, CMS changed the name of this measure.
**Customized specifications were provided to the CMOs in place of the Child Core Set specifications.

In addition to the AHRQ and the CMS adult and child core set measures audited by HSAG, DCH required WellCare to report a selected set of Healthcare Effectiveness Data and Information Set (HEDIS®) measures to DCH. WellCare was required to contract with an NCQA-licensed audit organization and undergo an NCQA HEDIS Compliance Audit™. Final audited HEDIS measure results from NCQA’s Interactive Data Submission System (IDSS) were submitted to HSAG and provided to DCH. Appendix D displays the final audited HEDIS 2014 results for all required measures, covering the CY 2013 measurement period. HSAG will use these results in addition to the measures HSAG validated and displayed within this report as data sources for the annual EQR technical report.

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

Pre-Audit Strategy

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

HSAG then prepared a document request letter that was submitted to WellCare outlining the steps in the performance measure validation process. The document request letter included a request for source code for each performance measure; a completed HEDIS 2014 Record of Administration, Data Management, and Processes (Roadmap); any additional supporting documentation necessary to complete the audit; and a timetable for completion and instructions for submission. HSAG responded to Roadmap-related questions received directly from WellCare during the pre-on-site phase.

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

Validation Team

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

<table>
<thead>
<tr>
<th>Name and Role</th>
<th>Skills and Expertise</th>
</tr>
</thead>
<tbody>
<tr>
<td>David Mabb, MS, CHCA, Director, Audits/State &amp; Corporate Services; Source Code Reviewer</td>
<td>Management of audit department, Certified HEDIS Compliance Auditor (CHCA), source code/programming knowledge, and statistics and analysis.</td>
</tr>
<tr>
<td>Allen Iovannisci, MS, CHCA, Lead Auditor</td>
<td>HEDIS and performance measure knowledge, auditing experience, data integration, systems review, CHCA, and analysis.</td>
</tr>
<tr>
<td>Marilea Rose, RN, BA, Associate Director, Medical Record Review Validation (MRRV)</td>
<td>Knowledge of HEDIS and CMS measure specifications, clinical consulting and expertise, abstraction of medical record data, and oversight of the medical record over-read process.</td>
</tr>
<tr>
<td>Nancy DeRosa, MS, RN-C, Project Manager, MRRV</td>
<td>Knowledge of HEDIS and CMS measure specifications, clinical consulting, and abstraction of medical record data.</td>
</tr>
</tbody>
</table>
Table 3—Validation Team

<table>
<thead>
<tr>
<th>Name and Role</th>
<th>Skills and Expertise</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lora Wagner, MEd</td>
<td>Manager of the MRRV team and knowledge of HEDIS and CMS measures.</td>
</tr>
<tr>
<td><em>Project Manager, MRRV</em></td>
<td></td>
</tr>
<tr>
<td>Maricris Kueny</td>
<td>Coordinator for the HEDIS medical record review process, liaison between the audit team and clients, maintains record tracking database, and manages deliverables and timelines.</td>
</tr>
<tr>
<td><em>Project Coordinator, MRRV</em></td>
<td></td>
</tr>
<tr>
<td>Tammy GianFrancisco</td>
<td>Coordinator for the audit department, liaison between the audit team and clients, manages deliverables and timelines, and coordinates source code review activities.</td>
</tr>
<tr>
<td><em>Project Leader, Audits</em></td>
<td></td>
</tr>
</tbody>
</table>

**Technical Methods of Data Collection and Analysis**

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

- **NCQA’s HEDIS 2014 Roadmap**: WellCare completed and submitted the required and relevant portions of its Roadmap for HSAG’s review. HSAG used responses from the Roadmap to complete the pre-on-site assessment of information systems.

- **Source code (programming language) for performance measures**: WellCare contracted with a software vendor, Inovalon, to generate and calculate rates for the non-HEDIS measures under review by HSAG. The source code review was conducted via a Web-assisted session where Inovalon displayed the source code for each measure and explained its rate generation and data integration processes to HSAG’s source code review team.

- **Supporting documentation**: HSAG requested documentation that would provide reviewers with additional information to complete the validation process, including policies and procedures, file layouts, system flow diagrams, system log files, and data collection process descriptions. HSAG reviewed all supporting documentation, identifying issues or areas needing clarification for further follow-up.

**On-Site Activities**

HSAG conducted an on-site visit with WellCare on April 17 and 18, 2014. HSAG collected information using several methods, including interviews, system demonstration, review of data output files, primary source verification, observation of data processing, and review of data reports. The on-site visit activities are described as follows:

- **Opening meeting**: The opening meeting included an introduction of the validation team and key WellCare staff members involved in the performance measure validation activities. The review purpose, the required documentation, basic meeting logistics, and queries to be performed were discussed.
Evaluation of system compliance: The evaluation included a review of the information systems, focusing on the processing of claims and encounter data, provider data, patient data, and inpatient data. Additionally, the review evaluated the processes used to collect and calculate the performance measure rates, including accurate numerator and denominator identification and algorithmic compliance (which evaluated whether rate calculations were performed correctly, all data were combined appropriately, and numerator events were counted accurately).

Review of Roadmap and supporting documentation: The review included processes used for collecting, storing, validating, and reporting performance measure rates. This session was designed to be interactive with key WellCare staff members so that HSAG could obtain a complete picture of all the steps taken to generate the performance measure rates. The goal of the session was to obtain a confidence level as to the degree of compliance with written documentation compared to the actual process. HSAG conducted interviews to confirm findings from the documentation review, expand or clarify outstanding issues, and ascertain that written policies and procedures were used and followed in daily practice.

Overview of data integration and control procedures: The overview included discussion and observation of source code logic, a review of how all data sources were combined, and a review of how the analytic file was produced for the reporting of selected performance measure rates. HSAG performed primary source verification to further validate the output files and reviewed backup documentation on data integration. HSAG also addressed data control and security procedures during this session.

Closing conference: The closing conference included a summation of preliminary findings based on the review of the Roadmap and the on-site visit, and revisited the documentation requirements for any post-visit activities.

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sharon Nisbet</td>
<td>Vice President, Healthcare Quality &amp; Analytics</td>
</tr>
<tr>
<td>Danny Sharpe</td>
<td>Director, Quality Data Integrity</td>
</tr>
<tr>
<td>Thomas Clegg</td>
<td>Quality Improvement Project Manager</td>
</tr>
<tr>
<td>Gary Chu</td>
<td>IT Application Development Manager</td>
</tr>
<tr>
<td>Natasha Nelson</td>
<td>Compliance Oversight Specialist</td>
</tr>
<tr>
<td>Kendra Graham</td>
<td>Senior Compliance Oversight Specialist</td>
</tr>
<tr>
<td>Franchesca Radcliffe</td>
<td>Compliance Oversight Specialist</td>
</tr>
</tbody>
</table>

Table 4—List of WellCare of Georgia, Inc. Interviewees
Data Integration, Data Control, and Performance Measure Documentation

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

Data Integration

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

☑ Acceptable
☐ Not acceptable

Data Control

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

☑ Acceptable
☐ Not acceptable

Performance Measure Documentation

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

☑ Acceptable
☐ Not acceptable
Validation Results

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

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

There were no changes to the Xcelys claims system or the encounter processing system used by WellCare during the measurement year. WellCare's claims system, Xcelys, continued to use only industry standard codes (e.g., ICD-9-CM, CPT-4, DRG, HCPCS) when processing claims. Approximately 96 percent of claims from providers were fee-for-service (FFS), with only about four percent submitted as capitated data to WellCare. HSAG confirmed with WellCare staff that all code sets were updated quarterly, annually, and whenever released. The Xcelys claims system maintained code specificity, appropriate number of bytes to capture codes, and appropriate edits to deny invalid codes. Xcelys also allowed an unlimited number of codes to be submitted and captured. HSAG's walkthrough of the system ensured that primary and secondary codes were identified and nonstandard codes were not used. WellCare used standard submission forms and captured all fields relevant to performance measure rate reporting. Proprietary forms were not used during the measurement year. Most provider FFS claims and capitated data were electronic (88 percent and 91 percent, respectively). All paper claims submitted to WellCare were forwarded to the scanning and vertexing vendor, ImageNet, where they were transmitted back to WellCare in standard 837 and 5010 formats. WellCare did not manually data enter claims during the measurement year, which is consistent with the previous year. Claims Time to Process reports showed timely claims filing and processing, and the FFS payment structure for most providers and services, compared to a capitated structure, helped to ensure providers submitted their claims and the CMO had complete claims data. WellCare's processes included sufficient edit checks to ensure data were accurately captured in the transaction systems. WellCare regularly monitored the vendor's performance against expected performance standards.

**Enrollment Data**

WellCare has maintained the same member enrollment process for several years. HSAG ensured that WellCare identified the correct members enrolled in the Planning for Healthy Babies® (P4HB®) program. During the on-site audit, WellCare demonstrated that P4HB® members were enrolled in a separate line of business, assigned a unique code in the Xcelys system, and appropriately flagged for exclusion during rate calculation. HSAG reviewed the enrollment process from the State and verified that the Inovalon system contained the same information. As in prior years, monthly files were received and loaded into WellCare’s Xcelys system. Processing of membership information complied with standards, and appropriate fields were captured as outlined in the Roadmap. HSAG verified on-site that there were sufficient edit checks in place to ensure that files loaded did not contain errors. WellCare verified all Medicaid enrollment files received from the State daily and monthly. All enrollment files were reconciled against the capitation payment files in addition to the daily and monthly State reconciliations. HSAG confirmed that there were no backlogs in processing during the measurement year, and retroactivity was at a minimum.
Provider Data

HSAG had no concerns with the provider data used for performance measure reporting. WellCare continued to use Visual CACTUS to process its credentialing information during the 2013 measurement year and Xcelys to store the data for provider billing and payment. HSAG verified that once a provider met all of the credentialing criteria, Visual CACTUS transferred the provider information to Xcelys. Specialties and sub-specialties were accounted for in both systems. HSAG reviewed the specialty mapping and did not identify any issues. WellCare conducted monthly audits against both Visual CACTUS and Xcelys, and maintained quality assurance reports for the measurement year. The auditor observed both Visual CACTUS and Xcelys, and found the systems to be sufficient for performance measure rate reporting.

Medical Record Review Process

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

As shown below in Table 5, WellCare passed the MRR process for the following custom measures:

<table>
<thead>
<tr>
<th>Performance Measure</th>
<th>Rationale</th>
<th>Number of Records</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antenatal Steroids</td>
<td>New measure for CMO</td>
<td>2</td>
<td>One abstraction error—Passed</td>
</tr>
<tr>
<td>Behavioral Health Risk Assessment for Pregnant Women—First Sample</td>
<td>New measure for CMO</td>
<td>16</td>
<td>One abstraction error—Passed</td>
</tr>
<tr>
<td>Behavioral Health Risk Assessment for Pregnant Women—Second Sample</td>
<td>Abstraction error noted during the first sample</td>
<td>3</td>
<td>No abstraction errors—Passed</td>
</tr>
<tr>
<td>Care Transition—Transition Record Transmitted to Health Care Professional</td>
<td>New measure for CMO</td>
<td>1</td>
<td>No abstraction errors—Passed</td>
</tr>
<tr>
<td>Developmental Screening in the First Three Years of Life—First Sample</td>
<td>New measure for CMO</td>
<td>16—First sample 11—Second sample</td>
<td>Eight abstraction errors were found and the sample initially failed; a second sample was required. There were only 11 remaining cases, so all</td>
</tr>
</tbody>
</table>
Table 5—MRR Results

<table>
<thead>
<tr>
<th>Performance Measure</th>
<th>Rationale</th>
<th>Number of Records</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elective Delivery</td>
<td>New measure for CMO</td>
<td>5</td>
<td>Five abstraction errors—Passed</td>
</tr>
<tr>
<td>Screening for Clinical Depression and Follow-up Plan</td>
<td>New measure for CMO</td>
<td>8</td>
<td>Six abstraction errors—Passed</td>
</tr>
<tr>
<td>Exclusions</td>
<td>N/A</td>
<td>16</td>
<td>Passed</td>
</tr>
</tbody>
</table>

Upon validation of the Antenatal Steroids measure, one abstraction error was found. The noncompliant case was removed from the numerator positive category, and the measure was passed for the MRR process.

Upon validation of the Behavioral Health Risk Assessment for Pregnant Women measure, one abstraction error was found and the noncompliant case was removed from the numerator positive category. HSAG validated the remaining three numerator positive cases, and no abstraction errors were found. The measure was subsequently passed for the MRR process.

Upon validation of the Developmental Screening in the First Three Years of Life measure, eight abstraction errors were found. These abstraction errors were due to multiple reasons: the reviewer accepting nonstandardized developmental screening tools as numerator compliant documentation, accepting screenings without results, and accepting screenings outside the required time frame. The eight errors were removed from the numerator positive category. HSAG validated the remaining 11 numerator positive cases; no abstraction errors were found, and the measure was passed for the MRR process.

Upon validation of the Elective Delivery measure, five abstraction errors were found. For each of the five abstraction errors, the reviewer should have excluded the case instead of accepting the documentation as a numerator positive event. The noncompliant cases were removed from the numerator positive category, and the measure was passed for the MRR process.

Upon validation of the Screening for Clinical Depression and Follow-up Plan measure, six abstraction errors were found. These abstraction errors were due to the reviewer accepting nonstandardized depression screening instruments as numerator compliant documentation. The noncompliant cases were removed from the numerator positive category, and the measure was passed for the MRR process.

Supplemental Data

WellCare did not use any supplemental data for the measures under the scope of the audit.
Data Integration

WellCare maintained sufficient processes to integrate all internal and external claims and encounters for reporting the SFY 2014 performance measures. WellCare continued to use Inovalon for SFY 2014 reporting (measurement year 2013) for the non-HEDIS measures under the scope of this audit. WellCare continued to send the software vendor provider and member record updates monthly. Inspection of the Roadmap documents and interviews during the on-site visit provided sufficient evidence that WellCare was appropriately maintaining the software extracts monthly and providing this information to its software vendor. Rate calculation is conducted by WellCare in-house using Inovalon software.

WellCare continued to conduct side-by-side analyses and trended rates to determine gaps in mapping or claims data, as well as to determine software accuracy. WellCare indicated that it identified no significant differences in the data year-to-year when conducting these analyses.

HSAG verified that the P4HB® population was appropriately and clearly flagged by WellCare in Inovalon’s measure calculation software and was excluded from rates calculated for the required measures. HSAG conducted primary source verification on several records selected for each of the required hybrid and administrative measures and identified no errors. HSAG reviewed records in Inovalon’s software as well as the Xcelys (claims/member/provider) system to determine that all records were being mapped appropriately.

As part of the final rate review, the auditors compared this year’s rates to those from prior years, to the initial rate submission, as well as to the other two CMOs’ rates to ensure reasonableness. HSAG reviewed WellCare's performance measure rates and found no anomalies. For performance measures the CMO had reported in prior years, the rate review included a three-year trend analysis. For new performance measures, HSAG reviewed the rates for reasonability.
Performance Measure Specific Findings

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

<table>
<thead>
<tr>
<th>Table 6—Audit Results Definitions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Report (R)</td>
</tr>
<tr>
<td>The organization followed the specifications and produced a reportable rate or result for the measure.</td>
</tr>
<tr>
<td>Not Reportable (NR)</td>
</tr>
<tr>
<td>The calculated rate was materially biased, or the organization chose not to report the measure, or the organization was not required to report the measure.</td>
</tr>
</tbody>
</table>

According to the CMS protocol, the audit result for each measure is determined by the magnitude of the errors detected for the audit elements, not by the number of audit elements determined to be “Not Reportable.” It is possible for a single audit element to receive an audit result of “NR” when the impact of the error associated with that element biased the reported performance measure rate by 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 WellCare for each performance measure rate. For additional information regarding performance measure rates, see Appendix C of this report.

<table>
<thead>
<tr>
<th>Table 7—Key Review Findings and Audit Results for WellCare of Georgia, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Performance Measures</td>
</tr>
<tr>
<td>----------------------</td>
</tr>
<tr>
<td>1. Annual HIV/AIDS Medical Visit</td>
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<tr>
<td>2. Antenatal Steroids</td>
</tr>
<tr>
<td>3. Asthma in Younger Adults Admission Rate</td>
</tr>
<tr>
<td>4. Behavioral Health Risk Assessment for Pregnant Women</td>
</tr>
<tr>
<td>5. Care Transition—Transition Record Transmitted to Health Care Professional</td>
</tr>
<tr>
<td>6. Cesarean Delivery Rate</td>
</tr>
<tr>
<td>7. Cesarean Rate for Nulliparous Singleton Vertex</td>
</tr>
<tr>
<td>8. Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate</td>
</tr>
<tr>
<td>Performance Measures</td>
</tr>
<tr>
<td>----------------------------------------------------</td>
</tr>
<tr>
<td>9. Congestive Heart Failure Admission Rate</td>
</tr>
<tr>
<td>10. Developmental Screening in the First Three Years of Life</td>
</tr>
<tr>
<td>11. Diabetes Short-Term Complications Admission Rate</td>
</tr>
<tr>
<td>12. Elective Delivery</td>
</tr>
<tr>
<td>13. Percentage of Eligibles that Received Dental Treatment Services</td>
</tr>
<tr>
<td>14. Percentage of Eligibles that Received Preventive Dental Services</td>
</tr>
<tr>
<td>15. Percentage of Live Births Weighing Less Than 2,500 Grams</td>
</tr>
<tr>
<td>16. Screening for Clinical Depression and Follow-up Plan</td>
</tr>
</tbody>
</table>
# Documentation Worksheet

**CMO Name:** WellCare of Georgia, Inc.  
**On-Site Visit Date:** 4/17/14–4/18/14  
**Reviewers:** Allen Iovannisci, MS, CHCA

<table>
<thead>
<tr>
<th>Data Integration and Control Element</th>
<th>Met</th>
<th>Not Met</th>
<th>N/A</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Accuracy of data transfers to assigned performance measure data repository.</strong></td>
<td>☒</td>
<td>☐</td>
<td>☐</td>
<td>Primary source verification was conducted on-site for the administrative-only measures. No issues were identified.</td>
</tr>
<tr>
<td>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.</td>
<td>☒</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Samples of data from the performance measure data repository are complete and accurate.</td>
<td>☒</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td><strong>Accuracy of file consolidations, extracts, and derivations.</strong></td>
<td>☒</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>The CMO’s processes to consolidate diversified files and to extract required information from the performance measure data repository are appropriate.</td>
<td>☒</td>
<td>☐</td>
<td>☐</td>
<td>Preliminary and final rate reviews were conducted off-site with concerns communicated to the CMO for further investigation. All concerns were resolved.</td>
</tr>
<tr>
<td>Actual results of file consolidations or extracts are consistent with those that should have resulted according to documented algorithms or specifications.</td>
<td>☒</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Procedures for coordinating the activities of multiple subcontractors ensure the accurate, timely, and complete integration of data into the performance measure database.</td>
<td>☒</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Computer program reports or documentation reflect vendor coordination activities, and no data necessary to performance measure rate reporting are lost or inappropriately modified during transfer.</td>
<td>☒</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Data Integration and Control Element</td>
<td>Met</td>
<td>Not Met</td>
<td>N/A</td>
<td>Comments</td>
</tr>
<tr>
<td>------------------------------------------------------------------------------------------------------</td>
<td>-----</td>
<td>---------</td>
<td>-----</td>
<td>------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>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.</td>
<td>✗</td>
<td></td>
<td></td>
<td>WellCare used a software vendor to generate the performance measure rates. No issues were identified with the source code or primary source verification.</td>
</tr>
<tr>
<td>The performance measure data repository’s design, program flow charts, and source codes enable analyses and reports.</td>
<td>✗</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Proper linkage mechanisms are employed to join data from all necessary sources (e.g., identifying a member with a given disease/condition).</td>
<td>✗</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assurancce of effective management of report production and of the reporting software.</td>
<td>✗</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Documentation governing the production process, including CMO production activity logs and the CMO staff review of report runs, is adequate.</td>
<td>✗</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prescribed data cutoff dates are followed.</td>
<td>✗</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The CMO retains copies of files or databases used for performance measure rate reporting in case results need to be reproduced.</td>
<td>✗</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td>✗</td>
<td></td>
<td></td>
<td>WellCare used a software vendor to generate the performance measure rates. No issues were identified with the source code or primary source verification.</td>
</tr>
<tr>
<td>The CMO’s processes and documentation comply with the CMO standards associated with reporting program specifications, code review, and testing.</td>
<td>✗</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Appendix B. Denominator and Numerator Validation Findings for WellCare of Georgia, Inc.

### Reviewer Worksheets

<table>
<thead>
<tr>
<th>CMO Name:</th>
<th>WellCare of Georgia, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>On-Site Visit Date:</td>
<td>4/17/14–4/18/14</td>
</tr>
<tr>
<td>Reviewers:</td>
<td>Allen Iovannisci, MS, CHCA</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Audit Element</th>
<th>Met</th>
<th>Not Met</th>
<th>N/A</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td>☑</td>
<td>☐</td>
<td>☐</td>
<td>Source code was reviewed with Inovalon via multiple Webinar sessions. Primary source verification conducted on-site also confirmed that all eligible populations were included based on performance measure specifications.</td>
</tr>
<tr>
<td>Adequate programming logic or source code exists to appropriately identify all relevant members of the specified denominator population for each of the performance measures.</td>
<td>☑</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>The CMO correctly calculates member months and member years if applicable to the performance measure.</td>
<td>☑</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>The CMO properly evaluates the completeness and accuracy of any codes used to identify medical events, such as diagnoses, procedures, or prescriptions, and these codes are appropriately identified and applied as specified in each performance measure.</td>
<td>☑</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>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).</td>
<td>☑</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Exclusion criteria included in the performance measure specifications are followed.</td>
<td>☑</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Systems or methods used by the CMO to estimate populations when they cannot be accurately or completely counted (e.g., newborns) are valid.</td>
<td>☐</td>
<td>☐</td>
<td>☑</td>
<td>Population estimates were not necessary for the measures under the scope of the audit.</td>
</tr>
</tbody>
</table>
Table B-2—Numerator Validation Findings for WellCare of Georgia, Inc.

<table>
<thead>
<tr>
<th>Audit Element</th>
<th>Met</th>
<th>Not Met</th>
<th>N/A</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>The CMO uses the appropriate data, including linked data from separate data sets, to identify the entire at-risk population.</td>
<td>☒</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Qualifying medical events (such as diagnoses, procedures, prescriptions, etc.) are properly identified and confirmed for inclusion in terms of time and services.</td>
<td>☒</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The CMO avoids or eliminates all double-counted members or numerator events.</td>
<td>☒</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td>☐</td>
<td>☒</td>
<td>☒</td>
<td>Nonstandard codes were not used or reported.</td>
</tr>
<tr>
<td>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).</td>
<td>☒</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix C contains WellCare of Georgia, Inc.’s final audited performance measure rate reporting spreadsheet.
| **State Fiscal Year (SFY) 2014 Performance Measure Rate Reporting Template**  
| for  
| Georgia Care Management Organizations (CMOs) |
| **Date of Submission:** | 6/3/2013 |
| **CMO Name:** | WellCare of Georgia, Inc. |
| **Contact Name and Title:** | Jacqueline Collins, Sr. Director |
| **Contact E-mail Address:** | Jacqueline.Collins@wellcare.com |
| **Comments:** |  |
## Annual HIV/AIDS Medical Visit

<table>
<thead>
<tr>
<th>Data Element</th>
<th>General Measure Data</th>
<th>Minimum of 90 Days Between Each Visit</th>
<th>Minimum of 180 Days Between Each Visit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reporting Year</td>
<td>SFY 2014</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measurement Period</td>
<td>CY 2013</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Data Collection Methodology</td>
<td>A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eligible Population</td>
<td></td>
<td>480</td>
<td>480</td>
</tr>
<tr>
<td>Numerator Events by Administrative Data</td>
<td></td>
<td>262</td>
<td>172</td>
</tr>
<tr>
<td>Reported Rate</td>
<td></td>
<td>54.58%</td>
<td>35.83%</td>
</tr>
</tbody>
</table>
### Antenatal Steroids

<table>
<thead>
<tr>
<th>Data Element</th>
<th>General Measure Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reporting Year</td>
<td>SFY 2014</td>
</tr>
<tr>
<td>Measurement Period</td>
<td>CY 2013</td>
</tr>
<tr>
<td>Data Collection Methodology</td>
<td>H</td>
</tr>
<tr>
<td>Eligible Population</td>
<td>28,684</td>
</tr>
<tr>
<td>Denominator</td>
<td>144</td>
</tr>
<tr>
<td>Numerator Events by Administrative Data</td>
<td>0</td>
</tr>
<tr>
<td>Numerator Events by Medical Records</td>
<td>1</td>
</tr>
<tr>
<td>Numerator Total</td>
<td>1</td>
</tr>
<tr>
<td>Reported Rate</td>
<td>0.69%</td>
</tr>
</tbody>
</table>
### Asthma in Younger Adults Admission Rate

(Previously known as Adult Asthma Admission Rate)

<table>
<thead>
<tr>
<th>Data Element</th>
<th>General Measure Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reporting Year</td>
<td>SFY 2014</td>
</tr>
<tr>
<td>Measurement Period</td>
<td>Calendar Year (CY) 2013</td>
</tr>
<tr>
<td>Data Collection Methodology</td>
<td>Administrative (A)</td>
</tr>
<tr>
<td>Eligible Population (Total Member Months)</td>
<td>829415</td>
</tr>
<tr>
<td>Numerator Events by Administrative Data</td>
<td>50</td>
</tr>
<tr>
<td>Reported Rate (Per 100,000 Member Months)</td>
<td>6.03</td>
</tr>
</tbody>
</table>

*Note: Per DCH, CMOs should report this rate for ages 18-39 only; not 39 years and younger.*
## Behavioral Health Risk Assessment for Pregnant Women

<table>
<thead>
<tr>
<th>Data Element</th>
<th>General Measure Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reporting Year</td>
<td>SFY 2014</td>
</tr>
<tr>
<td>Measurement Period</td>
<td>CY 2013</td>
</tr>
<tr>
<td>Data Collection Methodology</td>
<td>H</td>
</tr>
<tr>
<td>Eligible Population</td>
<td>40,874</td>
</tr>
<tr>
<td>Denominator</td>
<td>279</td>
</tr>
<tr>
<td>Numerator Events by Administrative Data</td>
<td>0</td>
</tr>
<tr>
<td>Numerator Events by Medical Records</td>
<td>18</td>
</tr>
<tr>
<td>Numerator Total</td>
<td>18</td>
</tr>
<tr>
<td>Reported Rate</td>
<td>6.45%</td>
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</tbody>
</table>
## Cesarean Delivery Rate

<table>
<thead>
<tr>
<th>Data Element</th>
<th>General Measure Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reporting Year</td>
<td>SFY 2014</td>
</tr>
<tr>
<td>Measurement Period</td>
<td>CY 2013</td>
</tr>
<tr>
<td>Data Collection Methodology</td>
<td>A</td>
</tr>
<tr>
<td>Eligible Population</td>
<td>25850</td>
</tr>
<tr>
<td>Numerator Events by Administrative Data</td>
<td>7862</td>
</tr>
<tr>
<td>Reported Rate</td>
<td>30.41%</td>
</tr>
<tr>
<td>Data Element</td>
<td>General Measure Data</td>
</tr>
<tr>
<td>--------------------------------------------------</td>
<td>----------------------</td>
</tr>
<tr>
<td>Reporting Year</td>
<td>SFY 2014</td>
</tr>
<tr>
<td>Measurement Period</td>
<td>CY 2013</td>
</tr>
<tr>
<td>Data Collection Methodology</td>
<td>H</td>
</tr>
<tr>
<td>Eligible Population</td>
<td>47,044</td>
</tr>
<tr>
<td>Denominator</td>
<td>432</td>
</tr>
<tr>
<td>Numerator Events by Administrative Data</td>
<td>0</td>
</tr>
<tr>
<td>Numerator Events by Medical Records</td>
<td>1</td>
</tr>
<tr>
<td>Numerator Total</td>
<td>1</td>
</tr>
<tr>
<td>Reported Rate</td>
<td>0.23%</td>
</tr>
</tbody>
</table>

Care Transition—Transition Record Transmitted to Health Care Professional
### Cesarean Rate for Nulliparous Singleton Vertex

<table>
<thead>
<tr>
<th>Data Element</th>
<th>General Measure Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reporting Year</td>
<td>SFY 2014</td>
</tr>
<tr>
<td>Measurement Period</td>
<td>CY 2013</td>
</tr>
<tr>
<td>Data Collection Methodology</td>
<td>A</td>
</tr>
<tr>
<td>Eligible Population</td>
<td>8363</td>
</tr>
<tr>
<td>Numerator Events by Administrative Data</td>
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</tr>
<tr>
<td>Reported Rate</td>
<td>15.23%</td>
</tr>
<tr>
<td>Data Element</td>
<td>General Measure Data</td>
</tr>
<tr>
<td>--------------------------------------------------</td>
<td>----------------------</td>
</tr>
<tr>
<td>Reporting Year</td>
<td>SFY 2014</td>
</tr>
<tr>
<td>Measurement Period</td>
<td>CY 2013</td>
</tr>
<tr>
<td>Data Collection Methodology</td>
<td>A</td>
</tr>
<tr>
<td>Eligible Population (Total Member Months)</td>
<td>957452</td>
</tr>
<tr>
<td>Numerator Events by Administrative Data</td>
<td>54</td>
</tr>
<tr>
<td>Reported Rate (Per 100,000 Member Months)</td>
<td>6</td>
</tr>
</tbody>
</table>
### Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate
(Previously known as COPD Admission Rate)

<table>
<thead>
<tr>
<th>Data Element</th>
<th>General Measure Data</th>
<th>Ages 40-64</th>
<th>Ages 65+</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reporting Year</td>
<td>SFY 2014</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measurement Period</td>
<td>CY 2013</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Data Collection Methodology</td>
<td>A</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eligible Population (Total Member Months)</td>
<td></td>
<td>128037</td>
<td>82</td>
<td>128119</td>
</tr>
<tr>
<td>Numerator Events by Administrative Data</td>
<td></td>
<td>56</td>
<td>0</td>
<td>56</td>
</tr>
<tr>
<td>Reported Rate (Per 100,000 Member Months)</td>
<td></td>
<td>44</td>
<td>0</td>
<td>44</td>
</tr>
</tbody>
</table>
### Percentage of Eligibles that Received Preventive Dental Services

<table>
<thead>
<tr>
<th>Data Element</th>
<th>General Measure Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reporting Year</td>
<td>SFY 2014</td>
</tr>
<tr>
<td>Measurement Period</td>
<td>Federal Fiscal Year (FFY) 2013*</td>
</tr>
<tr>
<td>Data Collection Methodology</td>
<td>A</td>
</tr>
<tr>
<td>Eligible Population</td>
<td>586799</td>
</tr>
<tr>
<td>Numerator Events by Administrative Data</td>
<td>308960</td>
</tr>
<tr>
<td>Reported Rate</td>
<td>52.65%</td>
</tr>
</tbody>
</table>

*FFY covers the time frame of October 1, 2012 through September 30, 2013.
### Percentage of Eligibles that Received Dental Treatment Services

<table>
<thead>
<tr>
<th>Data Element</th>
<th>General Measure Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reporting Year</td>
<td>SFY 2014</td>
</tr>
<tr>
<td>Measurement Period</td>
<td>FFY 2013</td>
</tr>
<tr>
<td>Data Collection Methodology</td>
<td>A</td>
</tr>
<tr>
<td>Eligible Population</td>
<td>586799</td>
</tr>
<tr>
<td>Numerator Events by Administrative Data</td>
<td>136956</td>
</tr>
<tr>
<td>Reported Rate</td>
<td>23.34%</td>
</tr>
</tbody>
</table>

*FFY covers the time frame of October 1, 2012 through September 30, 2013.*
### Developmental Screening in the First Three Years of Life

<table>
<thead>
<tr>
<th>Data Element</th>
<th>General Measure Data</th>
<th>Age 1</th>
<th>Age 2</th>
<th>Age 3</th>
<th>Total (Ages 1-3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reporting Year</td>
<td>SFY 2014</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measurement Period</td>
<td>CY 2013</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Data Collection Methodology</td>
<td>H</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eligible Population</td>
<td></td>
<td>29,708</td>
<td>14,906</td>
<td>19,083</td>
<td>63,697</td>
</tr>
<tr>
<td>Denominator</td>
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<td>144</td>
<td>144</td>
<td>144</td>
<td>432</td>
</tr>
<tr>
<td>Numerator Events by Administrative Data</td>
<td></td>
<td>51</td>
<td>61</td>
<td>44</td>
<td>156</td>
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<tr>
<td>Numerator Events by Medical Records</td>
<td></td>
<td>5</td>
<td>4</td>
<td>10</td>
<td>19</td>
</tr>
<tr>
<td>Numerator Total</td>
<td></td>
<td>56</td>
<td>65</td>
<td>54</td>
<td>175</td>
</tr>
<tr>
<td>Reported Rate</td>
<td></td>
<td>38.89%</td>
<td>45.14%</td>
<td>37.50%</td>
<td>40.51%</td>
</tr>
<tr>
<td>Data Element</td>
<td>General Measure Data</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>------------------------------------------------</td>
<td>------------------------</td>
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<td></td>
</tr>
<tr>
<td>Reporting Year</td>
<td>SFY 2014</td>
<td></td>
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<td>Reported Rate (Per 100,000 Member Months)</td>
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### Elective Delivery

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<td>Eligible Population</td>
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### Percentage of Live Births Weighing Less Than 2,500 Grams

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## Audit Review Table - To Be Completed by Auditor

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<td>Asthma in Younger Adults Admission Rate</td>
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<td>Behavioral Health Risk Assessment for Pregnant Women</td>
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<td>Cesarean Delivery Rate</td>
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<td>Cesarean Rate for Nulliparous Singleton Vertex</td>
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<td>Congestive Heart Failure (CHF) Admission Rate</td>
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<td>Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate</td>
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<td>Percentage of Eligibles that Received Preventive Dental Services</td>
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<td>Percentage of Eligibles that Received Dental Treatment Services</td>
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<td>Diabetes, Short-Term Complications Admission Rate</td>
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<td>Screening for Clinical Depression and Follow-up Plan</td>
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Appendix D contains WellCare of Georgia, Inc.’s reported IDSS data from its NCQA HEDIS Compliance Audit.
### Audit Review Table

**WellCare of Georgia, Inc. (Org ID: 4538, SubID: 10032, Medicaid, Spec Area: None, Spec Proj: None); Measurement Year - 2013**

The Auditor lock has been applied to this submission.

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<tr>
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<td>Adult BMI Assessment (aba)</td>
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<tr>
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<tr>
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<tr>
<td>Hib</td>
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<tr>
<td>Lead Screening in Children (lsc)</td>
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# Appendix D: Department of Community Health, State of Georgia
## Audited CY 2013 HEDIS Measure Results for WellCare

### Audit Review Table

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<td>21-24 Years</td>
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### Effectiveness of Care: Respiratory Conditions

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<td>Appropriate Treatment for Children With URI (uri)</td>
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<td>Y</td>
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<td>Y</td>
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<td>Systemic Corticosteroid</td>
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<td>Bronchodilator</td>
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<tr>
<td>5-11 Years</td>
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<td>92.48%</td>
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<tr>
<td>51-64 Years</td>
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<td>NA</td>
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<td>Denominator fewer than 30</td>
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<td>Total</td>
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<td>22.97%</td>
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<tr>
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<td>NA</td>
<td>R</td>
<td>Denominator fewer than 30</td>
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The Auditor lock has been applied to this submission.
### Audit Review Table

**WellCare of Georgia, Inc. (Org ID: 4538, SubID: 10032, Medicaid, Spec Area: None, Spec Proj: None); Measurement Year - 2013**

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<td>Total - Medication Compliance 75%</td>
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**Asthma Medication Ratio (amr)**

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**Effectiveness of Care: Cardiovascular**

**Cholesterol Management for Patients With Cardiovascular Conditions (cmc)**

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<td>LDL-C Control (&lt;100 mg/dL)</td>
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**Controlling High Blood Pressure (cbp)**

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**Effectiveness of Care: Diabetes**

**Comprehensive Diabetes Care (cdc)**

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<td>Hemoglobin A1c (HbA1c) Testing</td>
<td>76.45%</td>
<td>R</td>
<td>Reportable</td>
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<tr>
<td>HbA1c Poor Control (&gt;9.0%)</td>
<td>52.47%</td>
<td>R</td>
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<tr>
<td>HbA1c Control (&lt;8.0%)</td>
<td>39.64%</td>
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<td>HbA1c Control (&gt;7.0%)</td>
<td>30.08%</td>
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<tr>
<td>Eye Exam (Retinal) Performed</td>
<td>34.87%</td>
<td>R</td>
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<tr>
<td>LDL-C Screening Performed</td>
<td>69.24%</td>
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<tr>
<td>LDL-C Control (&lt;100 mg/dL)</td>
<td>29.95%</td>
<td>R</td>
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<tr>
<td>Medical Attention for Nephropathy</td>
<td>74.51%</td>
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<tr>
<td>Blood Pressure Control (&lt;140/80 mm Hg)</td>
<td>33.55%</td>
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<tr>
<td>Blood Pressure Control (&lt;140/90 mm Hg)</td>
<td>56.91%</td>
<td>R</td>
<td>Reportable</td>
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**Effectiveness of Care: Musculoskeletal**

**Disease Modifying Anti-Rheumatic Drug Therapy in Rheumatoid Arthritis (art)**

<p>| | | | | |</p>
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<th></th>
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<tbody>
<tr>
<td>Disease Modifying Anti-Rheumatic Drug Therapy in Rheumatoid Arthritis (art)</td>
<td>66.33%</td>
<td>R</td>
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</thead>
<tbody>
<tr>
<td>Use of Imaging Studies for Low Back Pain (ibp)</td>
<td>73.97%</td>
<td>R</td>
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## Audit Review Table

**WellCare of Georgia, Inc. (Org ID: 4538, SubID: 10032, Medicaid, Spec Area: None, Spec Proj: None): Measurement Year - 2013**

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<tr>
<td>Antidepressant Medication Management (amm)</td>
<td>Y</td>
<td>Y</td>
<td>44.15%</td>
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<tr>
<td>Effective Acute Phase Treatment</td>
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<tr>
<td>Effective Continuation Phase Treatment</td>
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<td>29.43%</td>
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<tr>
<td>Follow-Up Care for Children Prescribed ADHD Medication (add)</td>
<td>Y</td>
<td>Y</td>
<td>41.12%</td>
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<td>Reportable</td>
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<tr>
<td>Initiation Phase</td>
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<tr>
<td>Continuation and Maintenance (C&amp;M) Phase</td>
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<td>54.18%</td>
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<td>Follow-Up After Hospitalization for Mental Illness (fuh)</td>
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<td>Y</td>
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<tr>
<td>30-Day Follow-Up</td>
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<td>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medication (ssd)</td>
<td>Y</td>
<td>Y</td>
<td>80.74%</td>
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<td>Reportable</td>
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<td>Diabetes Monitoring for People With Diabetes and Schizophrenia (smd)</td>
<td>Y</td>
<td></td>
<td>NA</td>
<td>R</td>
<td>Denominator fewer than 30</td>
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<tr>
<td>Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia (smc)</td>
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<td>Adherence to Antipsychotic Medications for Individuals With Schizophrenia (saa)</td>
<td>Y</td>
<td>Y</td>
<td>40.40%</td>
<td>R</td>
<td>Reportable</td>
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</table>

| **Effectiveness of Care: Medication Management** | | | | | |
| Annual Monitoring for Patients on Persistent Medications (mpm) | Y | Y | 89.24% | R | Reportable |
| ACE Inhibitors or ARBs | | | 89.24% | R | Reportable |
| Digoxin | NA | R | Denominator fewer than 30 |
| Diuretics | | | 87.89% | R | Reportable |
| Anticonvulsants | | | 55.67% | R | Reportable |
| **Total** | | | 87.01% | R | Reportable |
## Appendix D: Department of Community Health, State of Georgia
Audited CY 2013 HEDIS Measure Results for WellCare

### Audit Review Table

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<tr>
<th>Measure/Data Element</th>
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<td>Adults' Access to Preventive/Ambulatory Health Services (aap)</td>
<td>Y</td>
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<tr>
<td>20-44 Years</td>
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<tr>
<td>45-64 Years</td>
<td>91.45%</td>
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<tr>
<td>65+ Years</td>
<td>NA</td>
<td>R</td>
<td>Denominator fewer than 30</td>
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<tr>
<td>Total</td>
<td>85.86%</td>
<td>R</td>
<td>Reportable</td>
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<tr>
<td>Children and Adolescents' Access to Primary Care Practitioners (cap)</td>
<td>Y</td>
<td></td>
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<tr>
<td>12-24 Months</td>
<td>98.04%</td>
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<td>25 Months - 6 Years</td>
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<tr>
<td>7-11 Years</td>
<td>92.62%</td>
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<tr>
<td>12-19 Years</td>
<td>90.61%</td>
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<tr>
<td>Total</td>
<td>70.73%</td>
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<tr>
<td>Annual Dental Visit (adv)</td>
<td>Y Y</td>
<td></td>
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<tr>
<td>2-3 Years</td>
<td>49.95%</td>
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<tr>
<td>4-6 Years</td>
<td>77.11%</td>
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<tr>
<td>7-10 Years</td>
<td>72.83%</td>
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<td>11-14 Years</td>
<td>62.56%</td>
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<td>15-18 Years</td>
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<td>19-21 Years</td>
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<td>Initiation and Engagement of AOD Dependence Treatment (iet)</td>
<td>Y Y</td>
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<tr>
<td>Initiation of AOD Treatment: 13-17 Years</td>
<td>33.19%</td>
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<td>Engagement of AOD Treatment: 13-17 Years</td>
<td>12.72%</td>
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<td>Engagement of AOD Treatment: 18+ Years</td>
<td>8.46%</td>
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<td>31.37%</td>
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<td>9.38%</td>
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<td>Prenatal and Postpartum Care (ppc)</td>
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<td>Timeliness of Prenatal Care</td>
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<td>Call Answer Timeliness (cat)</td>
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<td></td>
<td>85.27%</td>
<td>R</td>
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<tr>
<td>&lt;21 Percent</td>
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<td>21-40 Percent</td>
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<td>81+ Percent</td>
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<tr>
<td>1 Visit</td>
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<td>2 Visits</td>
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<td>R</td>
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<td>3 Visits</td>
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<td>6+ Visits</td>
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<td>68.25%</td>
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<td>Frequency of Selected Procedures (fsp)</td>
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<td>Mental Health Utilization: Total (mpta)</td>
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<tr>
<td>Relative Resource Use for People With Cardiovascular Conditions (rca)</td>
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<td>Relative Resource Use for People With COPD (rco)</td>
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<td>Board Certification (bcr)</td>
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<td>Total Membership (tlm)</td>
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<td>Race/Ethnicity Diversity of Membership (rdm)</td>
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<td>R</td>
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<td>Weeks of Pregnancy at Time of Enrollment (wop)</td>
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<td>N</td>
<td>R</td>
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### Adult BMI Assessment (ABA)

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<td>Eligible population</td>
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<td>Number of numerator events by administrative data in eligible population (before exclusions)</td>
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<td>Current year’s administrative rate (before exclusions)</td>
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<td>Minimum required sample size (MRSS) or other sample size</td>
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<tr>
<td>Oversampling rate</td>
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<tr>
<td>Final sample size (FSS)</td>
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<td>Number of numerator events by administrative data in FSS</td>
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<tr>
<td>Administrative rate on FSS</td>
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<td>Number of employee/dependent medical records excluded</td>
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<td>Numerator events by medical records</td>
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<tr>
<td>Reported rate</td>
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<tr>
<td>Lower 95% confidence interval</td>
<td>71.37%</td>
</tr>
<tr>
<td>Upper 95% confidence interval</td>
<td>80.20%</td>
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### Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)

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

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<th>Data Element</th>
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<th>Counseling for Nutrition</th>
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<tr>
<td></td>
<td>3-11 years</td>
<td>12-17 years</td>
<td>Total</td>
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<td>H</td>
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<td>Eligible population</td>
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<td>69623</td>
<td>218,408</td>
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<td>11001</td>
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<td>15.80%</td>
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<td>Minimum required sample size (MRSS) or other sample size</td>
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<td>411</td>
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<tr>
<td>Oversampling rate</td>
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<tr>
<td>Final sample size</td>
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<td></td>
<td>432</td>
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<tr>
<td>Number of numerator events by administrative data in FSS</td>
<td>46</td>
<td>25</td>
<td>71</td>
</tr>
<tr>
<td>Administrative rate on FSS</td>
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<td>5.79%</td>
<td>16.44%</td>
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<tr>
<td>Number of administrative data records excluded</td>
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<tr>
<td>Number of medical records excluded</td>
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</tr>
<tr>
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<td>140</td>
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<td>25</td>
<td>71</td>
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<tr>
<td>Numerator events by medical records</td>
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<td>43</td>
<td>141</td>
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<td>49.07%</td>
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<tr>
<td>Lower 95% confidence interval</td>
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<td>39.94%</td>
<td>44.24%</td>
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<tr>
<td>Upper 95% confidence interval</td>
<td>55.22%</td>
<td>57.21%</td>
<td>53.90%</td>
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### Childhood Immunization Status (CIS)

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

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<th>MMR</th>
<th>HiB</th>
<th>Hepatitis B</th>
<th>VZV</th>
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<th>Hepatitis A</th>
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<tr>
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<tr>
<td>Number of numerator events by admin data in FSS</td>
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<tr>
<td>Administrative rate on FSS</td>
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<tr>
<td>Denominator</td>
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<td>Number of numerator events by medical records</td>
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<td></td>
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<tr>
<td>Reported rate</td>
<td>88.43% 96.06% 94.68% 95.60% 96.06% 95.14% 90.51% 95.14% 80.56% 46.99%</td>
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<tr>
<td>Lower 95% confidence interval</td>
<td>85.29% 94.12% 92.44% 93.55% 94.12% 93.00% 87.63% 93.00% 76.71% 42.17%</td>
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<tr>
<td>Upper 95% confidence interval</td>
<td>91.56% 98.01% 96.91% 97.65% 98.01% 97.28% 93.39% 97.28% 84.40% 51.81%</td>
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## Appendix D: Department of Community Health, State of Georgia
### Audited CY 2013 HEDIS Measure Results for WellCare

<table>
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<tr>
<th>Combination 2</th>
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<th>Combination 4</th>
<th>Combination 5</th>
<th>Combination 6</th>
<th>Combination 7</th>
<th>Combination 8</th>
<th>Combination 9</th>
<th>Combination 10</th>
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<td>10884</td>
<td>10767</td>
<td>9207</td>
<td>5704</td>
<td>9111</td>
<td>5678</td>
<td>5059</td>
<td>5037</td>
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<tr>
<td>79.46%</td>
<td>76.74%</td>
<td>75.91%</td>
<td>64.92%</td>
<td>40.22%</td>
<td>64.24%</td>
<td>40.03%</td>
<td>35.67%</td>
<td>35.51%</td>
</tr>
</tbody>
</table>

| 356 | 350 | 342 | 291 | 176 | 285 | 175 | 159 | 158 |
| 82.41% | 81.02% | 79.17% | 67.36% | 40.74% | 65.97% | 40.51% | 36.81% | 36.57% |

| 356 | 350 | 342 | 291 | 176 | 285 | 175 | 159 | 158 |
| 86.11% | 84.96% | 83.56% | 73.38% | 43.06% | 71.99% | 43.06% | 40.28% | 40.28% |

| 82.73% | 81.47% | 79.95% | 69.10% | 38.27% | 67.64% | 38.27% | 35.54% | 35.54% |

| 89.49% | 88.44% | 87.18% | 77.66% | 47.84% | 76.34% | 47.84% | 45.02% | 45.02% |
## Immunizations for Adolescents (IMA)

<table>
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<th>WellCare of Georgia, Inc. (Org ID: 4538, SubID: 10032, Medicaid, Spec Area: None, Spec Proj: None)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Data Element</strong></td>
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<tr>
<td><strong>Measurement year</strong></td>
</tr>
<tr>
<td><strong>Data collection methodology (administrative or hybrid)</strong></td>
</tr>
<tr>
<td><strong>Eligible population</strong></td>
</tr>
<tr>
<td><strong>Number of numerator events by admin data in eligible population (before exclusions)</strong></td>
</tr>
<tr>
<td><strong>Current year’s administrative rate (before exclusions)</strong></td>
</tr>
<tr>
<td><strong>Minimum required sample size (MRSS) or other sample size</strong></td>
</tr>
<tr>
<td><strong>Oversampling rate</strong></td>
</tr>
<tr>
<td><strong>Final sample size</strong></td>
</tr>
<tr>
<td><strong>Number of numerator events by admin data in FSS</strong></td>
</tr>
<tr>
<td><strong>Administrative rate on FSS</strong></td>
</tr>
<tr>
<td><strong>Number of original records excluded because of valid data errors</strong></td>
</tr>
<tr>
<td><strong>Number of administrative data records excluded</strong></td>
</tr>
<tr>
<td><strong>Number of medical data records excluded</strong></td>
</tr>
<tr>
<td><strong>Number of employee/dependent medical records excluded</strong></td>
</tr>
<tr>
<td><strong>Records added from the oversample list</strong></td>
</tr>
<tr>
<td><strong>Denominator</strong></td>
</tr>
<tr>
<td><strong>Numerator events by administrative data</strong></td>
</tr>
<tr>
<td><strong>Number of numerator events by medical records</strong></td>
</tr>
<tr>
<td><strong>Reported rate</strong></td>
</tr>
<tr>
<td><strong>Lower 95% confidence interval</strong></td>
</tr>
<tr>
<td><strong>Upper 95% confidence interval</strong></td>
</tr>
</tbody>
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### Human Papillomavirus Vaccine for Female Adolescents (HPV)

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

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<th>Data Element</th>
<th>Measure Data</th>
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<td>Measurement year</td>
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<td>Eligible population</td>
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<td>Number of numerator events by administrative data in eligible population (before exclusions)</td>
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<tr>
<td>Current year's administrative rate (before exclusions)</td>
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<tr>
<td>Minimum required sample size (MRSS) or other sample size</td>
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<tr>
<td>Oversampling rate</td>
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<tr>
<td>Final sample size (FSS)</td>
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<tr>
<td>Number of numerator events by administrative data in FSS</td>
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</tr>
<tr>
<td>Administrative rate on FSS</td>
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<tr>
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<td>Numerator events by administrative data</td>
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<tr>
<td>Reported rate</td>
<td>21.30%</td>
</tr>
<tr>
<td>Lower 95% confidence interval</td>
<td>17.32%</td>
</tr>
<tr>
<td>Upper 95% confidence interval</td>
<td>25.27%</td>
</tr>
</tbody>
</table>
### Lead Screening in Children (LSC)

<table>
<thead>
<tr>
<th>Measure</th>
<th>General Measure Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data Elements which do not apply to the selected data collection methodology will not appear</td>
<td>Measurement year: 2013</td>
</tr>
<tr>
<td>Data collection methodology (administrative or hybrid)</td>
<td>H</td>
</tr>
<tr>
<td>Eligible population</td>
<td>14,183</td>
</tr>
<tr>
<td>Number of numerator events by admin data in eligible population (before exclusions)</td>
<td>10,939</td>
</tr>
<tr>
<td>Current year's administrative rate (before exclusions)</td>
<td>77.13%</td>
</tr>
<tr>
<td>Minimum required sample size (MRSS) or other sample size</td>
<td>313</td>
</tr>
<tr>
<td>Oversampling rate</td>
<td>0.05</td>
</tr>
<tr>
<td>Final sample size (FSS)</td>
<td>329</td>
</tr>
<tr>
<td>Number of numerator events by administrative data in FSS</td>
<td>246</td>
</tr>
<tr>
<td>Administrative rate on FSS</td>
<td>74.77%</td>
</tr>
<tr>
<td>Number of original sample records excluded because of valid data errors</td>
<td>0</td>
</tr>
<tr>
<td>Number of administrative data records excluded</td>
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</tr>
<tr>
<td>Number of medical data records excluded</td>
<td>0</td>
</tr>
<tr>
<td>Number of employee/dependent medical records excluded</td>
<td>0</td>
</tr>
<tr>
<td>Records added from the oversample list</td>
<td>0</td>
</tr>
<tr>
<td>Denominator</td>
<td>329</td>
</tr>
<tr>
<td>Numerator events by administrative data</td>
<td>246</td>
</tr>
<tr>
<td>Numerator events by medical records</td>
<td>9</td>
</tr>
<tr>
<td>Reported rate</td>
<td>77.51%</td>
</tr>
<tr>
<td>Lower 95% confidence interval</td>
<td>72.84%</td>
</tr>
<tr>
<td>Upper 95% confidence interval</td>
<td>82.17%</td>
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</tbody>
</table>
Appendix D: Department of Community Health, State of Georgia
Audited CY 2013 HEDIS Measure Results for WellCare

<table>
<thead>
<tr>
<th>Data Element</th>
<th>General Measure Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measurement year</td>
<td>2013</td>
</tr>
<tr>
<td>Data collection methodology (administrative)</td>
<td>A</td>
</tr>
<tr>
<td>Eligible population</td>
<td>592</td>
</tr>
<tr>
<td>Numerator events by administrative data</td>
<td>436</td>
</tr>
<tr>
<td>Reported rate</td>
<td>73.65%</td>
</tr>
<tr>
<td>Lower 95% confidence interval</td>
<td>70.02%</td>
</tr>
<tr>
<td>Upper 95% confidence interval</td>
<td>77.28%</td>
</tr>
</tbody>
</table>

Breast Cancer Screening (BCS)
WellCare of Georgia, Inc. (Org ID: 4538, SubId: 10032, Medicaid, Spec Area: None, Spec Proj: None)

<table>
<thead>
<tr>
<th>Data Element</th>
<th>General Measure Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measurement year</td>
<td>2013</td>
</tr>
<tr>
<td>Data collection methodology (administrative)</td>
<td>A</td>
</tr>
<tr>
<td>Eligible population</td>
<td>592</td>
</tr>
<tr>
<td>Numerator events by administrative data</td>
<td>436</td>
</tr>
<tr>
<td>Reported rate</td>
<td>73.65%</td>
</tr>
<tr>
<td>Lower 95% confidence interval</td>
<td>70.02%</td>
</tr>
<tr>
<td>Upper 95% confidence interval</td>
<td>77.28%</td>
</tr>
</tbody>
</table>
## Cervical Cancer Screening (CCS)

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

<table>
<thead>
<tr>
<th>Data Element</th>
<th>Measure Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measurement year</td>
<td>2013</td>
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<tr>
<td>Eligible population</td>
<td>21396</td>
</tr>
<tr>
<td>Number of numerator events by administrative data in eligible population (before exclusions)</td>
<td>14559</td>
</tr>
<tr>
<td>Current year’s administrative rate (before exclusions)</td>
<td>68.05%</td>
</tr>
<tr>
<td>Minimum required sample size (MRSS) or other sample size</td>
<td>335</td>
</tr>
<tr>
<td>Oversampling rate</td>
<td>0.05</td>
</tr>
<tr>
<td>Final sample size (FSS)</td>
<td>352</td>
</tr>
<tr>
<td>Number of numerator events by administrative data in FSS</td>
<td>242</td>
</tr>
<tr>
<td>Administrative rate on FSS</td>
<td>68.75%</td>
</tr>
<tr>
<td>Number of original sample records excluded because of valid data errors</td>
<td>0</td>
</tr>
<tr>
<td>Number of administrative data records excluded</td>
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</tr>
<tr>
<td>Number of employee/dependent medical records excluded</td>
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<td>Records added from the oversample list</td>
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</tr>
<tr>
<td>Denominator</td>
<td>349</td>
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<tr>
<td>Numerator events by administrative data</td>
<td>242</td>
</tr>
<tr>
<td>Numerator events by medical records</td>
<td>16</td>
</tr>
<tr>
<td>Reported rate</td>
<td>73.93%</td>
</tr>
<tr>
<td>Lower 95% confidence interval</td>
<td>69.18%</td>
</tr>
<tr>
<td>Upper 95% confidence interval</td>
<td>78.68%</td>
</tr>
</tbody>
</table>
## Non-Recommended Cervical Cancer Screening in Adolescent Females (NCS)

<table>
<thead>
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<th>Data Element</th>
<th>Measure Data</th>
</tr>
</thead>
<tbody>
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<td>2013</td>
</tr>
<tr>
<td>Data collection methodology (administrative)</td>
<td>A</td>
</tr>
<tr>
<td>Eligible population</td>
<td>19185</td>
</tr>
<tr>
<td>Number of optional exclusions</td>
<td>61</td>
</tr>
<tr>
<td>Numerator events by administrative data</td>
<td>1329</td>
</tr>
<tr>
<td>Reported rate</td>
<td>6.93%</td>
</tr>
<tr>
<td>Lower 95% confidence interval</td>
<td>6.57%</td>
</tr>
<tr>
<td>Upper 95% confidence interval</td>
<td>7.29%</td>
</tr>
</tbody>
</table>

WellCare of Georgia, Inc. (Org ID: 4538, SubID: 10032, Medicaid, Spec Area: None, Spec Proj: None)
## Chlamydia Screening in Women (CHL)

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

<table>
<thead>
<tr>
<th>Data Element</th>
<th>General Measure Data</th>
<th>16-20 years</th>
<th>21-24 years</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
</tr>
<tr>
<td>Data collection methodology (administrative)</td>
<td>A</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eligible population</td>
<td>9462 2855</td>
<td></td>
<td></td>
<td>12,317</td>
</tr>
<tr>
<td>Numerator events by administrative data</td>
<td>4330 1807</td>
<td></td>
<td></td>
<td>6,137</td>
</tr>
<tr>
<td>Reported rate</td>
<td>45.76% 63.29%</td>
<td></td>
<td></td>
<td>49.83%</td>
</tr>
<tr>
<td>Lower 95% confidence interval</td>
<td>44.75% 61.51%</td>
<td></td>
<td></td>
<td>48.94%</td>
</tr>
<tr>
<td>Upper 95% confidence interval</td>
<td>46.77% 65.08%</td>
<td></td>
<td></td>
<td>50.71%</td>
</tr>
</tbody>
</table>
### Appropriate Testing for Children with Pharyngitis (CWP)

<table>
<thead>
<tr>
<th>Data Element</th>
<th>Measure Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measurement year</td>
<td>2013</td>
</tr>
<tr>
<td>Data collection methodology</td>
<td>A</td>
</tr>
<tr>
<td>Eligible population</td>
<td>25049</td>
</tr>
<tr>
<td>Numerator events by administrative data</td>
<td>19021</td>
</tr>
<tr>
<td>Reported rate</td>
<td>75.94%</td>
</tr>
<tr>
<td>Lower 95% confidence interval</td>
<td>75.40%</td>
</tr>
<tr>
<td>Upper 95% confidence interval</td>
<td>76.47%</td>
</tr>
</tbody>
</table>

WellCare of Georgia, Inc. (Org ID: 4538, SubID: 10032, Medicaid, Spec Area: None, Spec Proj: None)
<table>
<thead>
<tr>
<th>Data Element</th>
<th>Measure Data</th>
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<tbody>
<tr>
<td>Measurement year</td>
<td>2013</td>
</tr>
<tr>
<td>Data collection methodology (administrative)</td>
<td>A</td>
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<tr>
<td>Eligible population</td>
<td>40217</td>
</tr>
<tr>
<td>Numerator events by administrative data</td>
<td>7527</td>
</tr>
<tr>
<td>Reported rate</td>
<td>81.28%</td>
</tr>
<tr>
<td>Lower 95% confidence interval</td>
<td>80.90%</td>
</tr>
<tr>
<td>Upper 95% confidence interval</td>
<td>81.67%</td>
</tr>
</tbody>
</table>
### Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (AAB)

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

<table>
<thead>
<tr>
<th>Data Element</th>
<th>Measure Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measurement year</td>
<td>2013</td>
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<tr>
<td>Data collection methodology (administrative)</td>
<td>A</td>
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<tr>
<td>Eligible population</td>
<td>1259</td>
</tr>
<tr>
<td>Total numerator events by administrative data</td>
<td>1019</td>
</tr>
<tr>
<td>Reported rate</td>
<td>19.06%</td>
</tr>
<tr>
<td>Lower 95% confidence interval</td>
<td>16.85%</td>
</tr>
<tr>
<td>Upper 95% confidence interval</td>
<td>21.27%</td>
</tr>
</tbody>
</table>
Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)

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

<table>
<thead>
<tr>
<th>Data Element</th>
<th>Measure Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measurement year</td>
<td>2013</td>
</tr>
<tr>
<td>Data collection methodology (administrative)</td>
<td>A</td>
</tr>
<tr>
<td>Eligible population</td>
<td>116</td>
</tr>
<tr>
<td>Numerator events by administrative data</td>
<td>48</td>
</tr>
<tr>
<td>Reported rate</td>
<td>41.38%</td>
</tr>
<tr>
<td>Lower 95% confidence interval</td>
<td>31.99%</td>
</tr>
<tr>
<td>Upper 95% confidence interval</td>
<td>50.77%</td>
</tr>
</tbody>
</table>
### Pharmacotherapy Management of COPD Exacerbation (PCE)

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

<table>
<thead>
<tr>
<th>Data Elements</th>
<th>Measure Data</th>
<th>Systemic corticosteroid</th>
<th>Bronchodilator</th>
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<tbody>
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<td>Measurement year</td>
<td>2013</td>
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<td></td>
</tr>
<tr>
<td>Data collection methodology (administrative)</td>
<td>A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eligible population</td>
<td>90</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Numerator events by administrative data</td>
<td></td>
<td>68</td>
<td>77</td>
</tr>
<tr>
<td><strong>Reported rate</strong></td>
<td>75.56%</td>
<td>85.56%</td>
<td></td>
</tr>
<tr>
<td><strong>Lower 95% confidence interval</strong></td>
<td>66.12%</td>
<td>77.74%</td>
<td></td>
</tr>
<tr>
<td><strong>Upper 95% confidence interval</strong></td>
<td>84.99%</td>
<td>93.37%</td>
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</tr>
</tbody>
</table>
### Use of Appropriate Medications for People With Asthma (ASM)

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

<table>
<thead>
<tr>
<th>Data Element</th>
<th>General Measure Data</th>
<th>5-11 years</th>
<th>12-18 years</th>
<th>19-50 years</th>
<th>51-64 years</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measurement year</td>
<td>2013</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Data collection methodology (administrative)</td>
<td>A</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eligible population</td>
<td>3523</td>
<td>2057</td>
<td>283</td>
<td>23</td>
<td>5,886</td>
<td></td>
</tr>
<tr>
<td>Number of required exclusions</td>
<td>443</td>
<td>231</td>
<td>250</td>
<td>71</td>
<td>995</td>
<td></td>
</tr>
<tr>
<td>Numerator events by administrative data</td>
<td>3258</td>
<td>1825</td>
<td>222</td>
<td>19</td>
<td>5,324</td>
<td></td>
</tr>
<tr>
<td>Reported rate</td>
<td>92.48%</td>
<td>88.72%</td>
<td>78.45%</td>
<td>NA</td>
<td>90.45%</td>
<td></td>
</tr>
<tr>
<td>Lower 95% confidence interval</td>
<td>91.59%</td>
<td>87.33%</td>
<td>73.48%</td>
<td>NA</td>
<td>89.69%</td>
<td></td>
</tr>
<tr>
<td>Upper 95% confidence interval</td>
<td>93.36%</td>
<td>90.11%</td>
<td>83.41%</td>
<td>NA</td>
<td>91.21%</td>
<td></td>
</tr>
</tbody>
</table>
## Medication Management for People With Asthma (MMA)

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

<table>
<thead>
<tr>
<th>Data Element</th>
<th>General Measure Data</th>
<th>5-11 years</th>
<th>12-18 years</th>
<th>19-50 years</th>
<th>51-64 years</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medication Compliance</td>
<td>50%</td>
<td>49.08%</td>
<td>70.69%</td>
<td>45.61%</td>
<td>21.97%</td>
<td>22.81%</td>
</tr>
<tr>
<td>Medication Compliance</td>
<td>75%</td>
<td>53.80%</td>
<td>62.15%</td>
<td>51.80%</td>
<td>22.97%</td>
<td>45.61%</td>
</tr>
<tr>
<td>Data collection methodology</td>
<td>(administrative)</td>
<td>A</td>
<td>A</td>
<td>A</td>
<td>A</td>
<td>A</td>
</tr>
<tr>
<td>Eligible population</td>
<td>3258</td>
<td>1824</td>
<td>222</td>
<td>19</td>
<td>5,323</td>
<td></td>
</tr>
<tr>
<td>Number of required exclusions</td>
<td>708</td>
<td>464</td>
<td>311</td>
<td>75</td>
<td>1,558</td>
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</tr>
<tr>
<td>Numerator events by administrative data</td>
<td>1599</td>
<td>743</td>
<td>832</td>
<td>383</td>
<td>119</td>
<td>51</td>
</tr>
<tr>
<td>Reported rate</td>
<td>49.08%</td>
<td>22.81%</td>
<td>45.61%</td>
<td>21.00%</td>
<td>53.80%</td>
<td>22.97%</td>
</tr>
<tr>
<td>Lower 95% confidence interval</td>
<td>47.35%</td>
<td>21.35%</td>
<td>43.30%</td>
<td>19.10%</td>
<td>46.82%</td>
<td>17.21%</td>
</tr>
<tr>
<td>Upper 95% confidence interval</td>
<td>50.81%</td>
<td>24.26%</td>
<td>47.93%</td>
<td>22.89%</td>
<td>60.39%</td>
<td>28.73%</td>
</tr>
</tbody>
</table>
### Asthma Medication Ratio (AMR)

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

<table>
<thead>
<tr>
<th>Data Element</th>
<th>Measure Data</th>
<th>5-11 years</th>
<th>12-18 years</th>
<th>19-50 years</th>
<th>51-64 years</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measurement year</td>
<td>2013</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Data collection methodology (administrative)</td>
<td>A</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eligible population</td>
<td>3466</td>
<td>2048</td>
<td>282</td>
<td>23</td>
<td>5,819</td>
<td></td>
</tr>
<tr>
<td>Number of required exclusions</td>
<td>500</td>
<td>240</td>
<td>251</td>
<td>71</td>
<td>1,062</td>
<td></td>
</tr>
<tr>
<td>Numerator events by administrative data</td>
<td>2851</td>
<td>1471</td>
<td>139</td>
<td>13</td>
<td>4,474</td>
<td></td>
</tr>
<tr>
<td>Reported rate</td>
<td>82.26%</td>
<td>71.83%</td>
<td>49.29%</td>
<td>NA</td>
<td>76.89%</td>
<td></td>
</tr>
<tr>
<td>Lower 95% confidence interval</td>
<td>80.97%</td>
<td>69.85%</td>
<td>43.28%</td>
<td>NA</td>
<td>75.79%</td>
<td></td>
</tr>
<tr>
<td>Upper 95% confidence interval</td>
<td>83.54%</td>
<td>73.80%</td>
<td>55.30%</td>
<td>NA</td>
<td>77.98%</td>
<td></td>
</tr>
</tbody>
</table>
### Cholesterol Management for Patients With Cardiovascular Conditions (CMC)

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

<table>
<thead>
<tr>
<th>Data Element</th>
</tr>
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<tbody>
<tr>
<td>Measurement year</td>
</tr>
<tr>
<td>Data collection methodology (administrative or hybrid)</td>
</tr>
<tr>
<td>Eligible population</td>
</tr>
<tr>
<td>Number of numerator events by administrative data in eligible population (before exclusions)</td>
</tr>
<tr>
<td>Current year's administrative rate (before exclusions)</td>
</tr>
<tr>
<td>Minimum required sample size (MRSS) or other sample size</td>
</tr>
<tr>
<td>Oversampling rate</td>
</tr>
<tr>
<td>Final sample size (FSS)</td>
</tr>
<tr>
<td>Number of numerator events by administrative data in FSS</td>
</tr>
<tr>
<td>Administrative rate on FSS</td>
</tr>
<tr>
<td>Number of original sample records excluded because of valid data errors</td>
</tr>
<tr>
<td>Number of employee/dependent medical records excluded</td>
</tr>
<tr>
<td>Records added from the oversample list</td>
</tr>
<tr>
<td>Denominator</td>
</tr>
<tr>
<td>Numerator events by administrative data</td>
</tr>
<tr>
<td>Numerator events by medical records</td>
</tr>
<tr>
<td>Reported rate</td>
</tr>
<tr>
<td>Lower 95% confidence interval</td>
</tr>
<tr>
<td>Upper 95% confidence interval</td>
</tr>
</tbody>
</table>
## Controlling High Blood Pressure (CBP)

<table>
<thead>
<tr>
<th>Data Element</th>
<th>General Measure Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measurement year</td>
<td>2013</td>
</tr>
<tr>
<td>Data collection methodology (hybrid)</td>
<td>H</td>
</tr>
<tr>
<td>Eligible population</td>
<td>4577</td>
</tr>
<tr>
<td>Number of numerator events by administrative data in eligible population (before exclusions)</td>
<td>0</td>
</tr>
<tr>
<td>Current year’s administrative rate (before exclusions)</td>
<td>0.00%</td>
</tr>
<tr>
<td>Minimum required sample size (MRSS) or other sample size</td>
<td>411</td>
</tr>
<tr>
<td>Oversampling rate</td>
<td>0.1</td>
</tr>
<tr>
<td>Final sample size (FSS)</td>
<td>453</td>
</tr>
<tr>
<td>Number of numerator events by administrative data in FSS</td>
<td>0</td>
</tr>
<tr>
<td>Administrative rate on FSS</td>
<td>0.00%</td>
</tr>
<tr>
<td>Number of original sample records excluded because of valid data errors</td>
<td>1</td>
</tr>
<tr>
<td>Number of records excluded because of false positive diagnoses</td>
<td>1</td>
</tr>
<tr>
<td>Number of administrative data records excluded</td>
<td>1</td>
</tr>
<tr>
<td>Number of medical data records excluded</td>
<td>0</td>
</tr>
<tr>
<td>Number of employee/dependent medical records excluded</td>
<td>0</td>
</tr>
<tr>
<td>Records added from the oversample list</td>
<td>0</td>
</tr>
<tr>
<td>Denominator</td>
<td>451</td>
</tr>
<tr>
<td>Numerator events by administrative data</td>
<td>0</td>
</tr>
<tr>
<td>Numerator events by medical records</td>
<td>215</td>
</tr>
<tr>
<td>Reported rate</td>
<td>47.67%</td>
</tr>
<tr>
<td>Lower 95% confidence interval</td>
<td>42.95%</td>
</tr>
<tr>
<td>Upper 95% confidence interval</td>
<td>52.39%</td>
</tr>
</tbody>
</table>
### Persistence of Beta-Blocker Treatment After a Heart Attack (PBH)

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

<table>
<thead>
<tr>
<th>Data Element</th>
<th>Measure Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measurement year</td>
<td>2013</td>
</tr>
<tr>
<td>Data collection methodology (administrative)</td>
<td>A</td>
</tr>
<tr>
<td>Eligible population</td>
<td>22</td>
</tr>
<tr>
<td>Numerator events by administrative data</td>
<td>14</td>
</tr>
<tr>
<td>Reported rate</td>
<td>NA</td>
</tr>
<tr>
<td>Lower 95% confidence interval</td>
<td>NA</td>
</tr>
<tr>
<td>Upper 95% confidence interval</td>
<td>NA</td>
</tr>
</tbody>
</table>
### Comprehensive Diabetes Care (CDC)

<table>
<thead>
<tr>
<th>WellCare of Georgia, Inc. (Org ID: 4538, SubID: 10032, Medicaid, Spec Area: None, Spec Proj: None)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Data Element</strong></td>
</tr>
<tr>
<td>Data collection methodology (administrative or hybrid)</td>
</tr>
<tr>
<td>Eligible population</td>
</tr>
<tr>
<td>Number of numerator events by administrative data in eligible population (before optional exclusions)</td>
</tr>
<tr>
<td>Current year’s administrative rate (before optional exclusions)</td>
</tr>
<tr>
<td>Minimum required sample size (MRSS) or other sample size</td>
</tr>
<tr>
<td>Oversampling rate</td>
</tr>
<tr>
<td>Final sample size (FSS)</td>
</tr>
<tr>
<td>Number of numerator events by administrative data in FSS</td>
</tr>
<tr>
<td>Administrative rate on FSS</td>
</tr>
<tr>
<td>Number of original sample records excluded because of valid data errors</td>
</tr>
<tr>
<td>Number of optional administrative data records excluded</td>
</tr>
<tr>
<td>Number of optional medical data records excluded</td>
</tr>
<tr>
<td>Number of HbA1c &lt;7 required medical records excluded</td>
</tr>
<tr>
<td>Number of HbA1c &lt;7 required administrative data records excluded</td>
</tr>
<tr>
<td>Number of employee/dependent medical records excluded</td>
</tr>
<tr>
<td>Records added from the oversample list</td>
</tr>
<tr>
<td>Denominator</td>
</tr>
<tr>
<td>Numerator events by administrative data</td>
</tr>
<tr>
<td>Numerator events by medical records</td>
</tr>
<tr>
<td>Reported rate</td>
</tr>
<tr>
<td>Lower 95% confidence interval</td>
</tr>
<tr>
<td>Upper 95% confidence interval</td>
</tr>
</tbody>
</table>
### Disease Modifying Anti-Rheumatic Drug therapy in Rheumatoid Arthritis (ART)

<table>
<thead>
<tr>
<th>Data Element</th>
<th>Measure Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measurement year</td>
<td>2013</td>
</tr>
<tr>
<td>Data collection methodology (administrative)</td>
<td>A</td>
</tr>
<tr>
<td>Eligible population</td>
<td>98</td>
</tr>
<tr>
<td>Numerator events by administrative data</td>
<td>65</td>
</tr>
<tr>
<td>Reported rate</td>
<td>66.33%</td>
</tr>
<tr>
<td>Lower 95% confidence interval</td>
<td>56.46%</td>
</tr>
<tr>
<td>Upper 95% confidence interval</td>
<td>76.19%</td>
</tr>
</tbody>
</table>

WellCare of Georgia, Inc. (Org ID: 4538, SubID: 10032, Medicaid, Spec Area: None, Spec Proj: None)
### Use of Imaging Studies for Low Back Pain (LBP)

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

<table>
<thead>
<tr>
<th>Data Element</th>
<th>Measure Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measurement year</td>
<td>2013</td>
</tr>
<tr>
<td>Data collection methodology (administrative)</td>
<td>A</td>
</tr>
<tr>
<td>Eligible population</td>
<td>1802</td>
</tr>
<tr>
<td>Numerator events by administrative data</td>
<td>469</td>
</tr>
<tr>
<td>Reported rate</td>
<td>73.97%</td>
</tr>
<tr>
<td>Lower 95% confidence Interval</td>
<td>71.92%</td>
</tr>
<tr>
<td>Upper 95% confidence Interval</td>
<td>76.03%</td>
</tr>
</tbody>
</table>
### Antidepressant Medication Management (AMM)

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

<table>
<thead>
<tr>
<th>Data Element</th>
<th>General Measure Data</th>
<th>Effective Acute Phase Treatment</th>
<th>Effective Continuation Phase Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measurement year</td>
<td>2013</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Data collection methodology (administrative)</td>
<td>A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eligible population</td>
<td>1726</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Numerator events by administrative data</td>
<td>762</td>
<td>508</td>
<td></td>
</tr>
<tr>
<td>Reported rate</td>
<td>44.15%</td>
<td>29.43%</td>
<td></td>
</tr>
<tr>
<td>Lower 95% confidence interval</td>
<td>41.78%</td>
<td>27.25%</td>
<td></td>
</tr>
<tr>
<td>Upper 95% confidence interval</td>
<td>46.52%</td>
<td>31.61%</td>
<td></td>
</tr>
</tbody>
</table>
### Follow-Up Care for Children Prescribed ADHD Medication (ADD)

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

<table>
<thead>
<tr>
<th>Data Element</th>
<th>General Measure Data</th>
<th>Initiation Phase</th>
<th>Continuation and Maintenance Phase</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measurement year</td>
<td>2013</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Data collection methodology (administrative)</td>
<td>A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eligible population</td>
<td>6603</td>
<td>1185</td>
<td></td>
</tr>
<tr>
<td>Numerator events by administrative data</td>
<td>2715</td>
<td>642</td>
<td></td>
</tr>
<tr>
<td>Reported rate</td>
<td>41.12%</td>
<td>54.18%</td>
<td></td>
</tr>
<tr>
<td>Lower 95% confidence interval</td>
<td>39.92%</td>
<td>51.30%</td>
<td></td>
</tr>
<tr>
<td>Upper 95% confidence interval</td>
<td>42.31%</td>
<td>57.06%</td>
<td></td>
</tr>
</tbody>
</table>
### Follow-Up After Hospitalization for Mental Illness (FUH)

WellCare of Georgia, Inc. (Org ID: 4538, SubID: 10632, Medicaid, Spec Area: None, Spec Proj: None)

<table>
<thead>
<tr>
<th>Data Element</th>
<th>General Measure Data</th>
<th>30-day follow-up</th>
<th>7-day follow-up</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measurement year</td>
<td>2013</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Data collection methodology (administrative)</td>
<td>A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eligible population</td>
<td>2386</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Numerator events by administrative data</td>
<td></td>
<td>1733</td>
<td>1250</td>
</tr>
<tr>
<td>Reported rate</td>
<td>72.63%</td>
<td>52.39%</td>
<td></td>
</tr>
<tr>
<td>Lower 95% confidence interval</td>
<td>70.82%</td>
<td>50.36%</td>
<td></td>
</tr>
<tr>
<td>Upper 95% confidence interval</td>
<td>74.44%</td>
<td>54.41%</td>
<td></td>
</tr>
</tbody>
</table>
**Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medication (SSD)**

<table>
<thead>
<tr>
<th>Data Element</th>
<th>Measure Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measurement year</td>
<td>2013</td>
</tr>
<tr>
<td>Data collection methodology (administrative)</td>
<td>A</td>
</tr>
<tr>
<td>Eligible population</td>
<td>488</td>
</tr>
<tr>
<td>Number of required exclusions</td>
<td>402</td>
</tr>
<tr>
<td>Numerator events by administrative data</td>
<td>394</td>
</tr>
<tr>
<td>Reported rate</td>
<td>80.74%</td>
</tr>
<tr>
<td>Lower 95% confidence interval</td>
<td>77.14%</td>
</tr>
<tr>
<td>Upper 95% confidence interval</td>
<td>84.34%</td>
</tr>
</tbody>
</table>
## Diabetes Monitoring for People With Diabetes and Schizophrenia (SMD)

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

<table>
<thead>
<tr>
<th>Data Element</th>
<th>Measure Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measurement year</td>
<td>2013</td>
</tr>
<tr>
<td>Data collection methodology</td>
<td>A</td>
</tr>
<tr>
<td>(administrative)</td>
<td></td>
</tr>
<tr>
<td>Eligible population</td>
<td>24</td>
</tr>
<tr>
<td>Numerator events by administrative data</td>
<td>13</td>
</tr>
<tr>
<td>Reported rate</td>
<td>NA</td>
</tr>
<tr>
<td>Lower 95% confidence interval</td>
<td>NA</td>
</tr>
<tr>
<td>Upper 95% confidence interval</td>
<td>NA</td>
</tr>
</tbody>
</table>
## Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia (SMC)

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

<table>
<thead>
<tr>
<th>Data Element</th>
<th>Measure Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measurement year</td>
<td>2013</td>
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<tr>
<td>Data collection methodology (administrative)</td>
<td>A</td>
</tr>
<tr>
<td>Eligible population</td>
<td>1</td>
</tr>
<tr>
<td>Numerator events by administrative data</td>
<td>1</td>
</tr>
<tr>
<td>Reported rate</td>
<td>NA</td>
</tr>
<tr>
<td>Lower 95% confidence interval</td>
<td>NA</td>
</tr>
<tr>
<td>Upper 95% confidence interval</td>
<td>NA</td>
</tr>
</tbody>
</table>
### Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA)

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

<table>
<thead>
<tr>
<th>Data Element</th>
<th>Measure Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measurement year</td>
<td>2013</td>
</tr>
<tr>
<td>Data collection methodology (administrative)</td>
<td>A</td>
</tr>
<tr>
<td>Eligible population</td>
<td>99</td>
</tr>
<tr>
<td>Number of required exclusions</td>
<td>49</td>
</tr>
<tr>
<td>Numerator events by administrative data</td>
<td>40</td>
</tr>
<tr>
<td>Reported rate</td>
<td>40.40%</td>
</tr>
<tr>
<td>Lower 95% confidence interval</td>
<td>30.23%</td>
</tr>
<tr>
<td>Upper 95% confidence interval</td>
<td>50.58%</td>
</tr>
</tbody>
</table>
### Annual Monitoring for Patients on Persistent Medications (MPM)

<table>
<thead>
<tr>
<th>Data Element</th>
<th>General Measure Data</th>
<th>ACE Inhibitors or ARBs</th>
<th>Digoxin</th>
<th>Diuretics</th>
<th>Anti-convulsants</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measurement year</td>
<td>2013</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Data collection methodology (administrative)</td>
<td>A</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eligible population</td>
<td>2053 17 1908 194</td>
<td>4,172</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Numerator events by administrative data</td>
<td>1832 13 1677 108</td>
<td>3,630</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reported rate</td>
<td>89.24% NA 87.89% 55.67% 87.01%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lower 95% confidence interval</td>
<td>87.67% NA 86.40% 48.42% 85.98%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Upper 95% confidence interval</td>
<td>90.60% NA 89.38% 62.92% 86.04%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Appendix D: Department of Community Health, State of Georgia
Audited CY 2013 HEDIS Measure Results for WellCare

<table>
<thead>
<tr>
<th>Data Element</th>
<th>General Measure Data</th>
<th>20-44 years</th>
<th>45-64 years</th>
<th>65+ years</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measurement year</td>
<td>2013</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Data collection methodology</td>
<td>(administrative)</td>
<td>A</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eligible population</td>
<td></td>
<td>23926</td>
<td>3464</td>
<td>7</td>
<td>27,397</td>
</tr>
<tr>
<td>Numerator events by administrative data</td>
<td></td>
<td>20348</td>
<td>3168</td>
<td>6</td>
<td>23,522</td>
</tr>
<tr>
<td>Reported rate</td>
<td></td>
<td>85.05%</td>
<td>91.45%</td>
<td>NA</td>
<td>85.86%</td>
</tr>
<tr>
<td>Lower 95% confidence interval</td>
<td></td>
<td>84.59%</td>
<td>90.51%</td>
<td>NA</td>
<td>85.44%</td>
</tr>
<tr>
<td>Upper 95% confidence interval</td>
<td></td>
<td>85.50%</td>
<td>92.40%</td>
<td>NA</td>
<td>86.27%</td>
</tr>
</tbody>
</table>
## Children and Adolescents’ Access to Primary Care Practitioners (CAP)

<table>
<thead>
<tr>
<th>Data Element</th>
<th>General Measure Data</th>
<th>12-24 months</th>
<th>25 months - 6 years</th>
<th>7-11 years</th>
<th>12-19 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measurement year</td>
<td>2013</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Data collection methodology</td>
<td>A</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>(administrative)</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Eligible population</td>
<td>17446</td>
<td>97038</td>
<td>66425</td>
<td>74161</td>
<td></td>
</tr>
<tr>
<td>Numerator events by administrative</td>
<td>17104</td>
<td>89032</td>
<td>61526</td>
<td>67197</td>
<td></td>
</tr>
<tr>
<td>data</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reported rate</td>
<td>98.04%</td>
<td>91.75%</td>
<td>92.62%</td>
<td>90.61%</td>
<td></td>
</tr>
<tr>
<td>Lower 95% confidence interval</td>
<td>97.83%</td>
<td>91.58%</td>
<td>92.43%</td>
<td>90.40%</td>
<td></td>
</tr>
<tr>
<td>Upper 95% confidence interval</td>
<td>98.25%</td>
<td>91.92%</td>
<td>92.82%</td>
<td>90.82%</td>
<td></td>
</tr>
</tbody>
</table>
### Annual Dental Visit (ADV)

<table>
<thead>
<tr>
<th>Data Element</th>
<th>Measure Data</th>
<th>2-3 Years</th>
<th>4-6 Years</th>
<th>7-10 Years</th>
<th>11-14 Years</th>
<th>15-18 Years</th>
<th>19-21 Years</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measurement year</td>
<td>2013</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Data collection methodology</td>
<td>A</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eligible population</td>
<td>35470</td>
<td>62753</td>
<td>75709</td>
<td>67358</td>
<td>50353</td>
<td>2409</td>
<td>294,052</td>
<td></td>
</tr>
<tr>
<td>Numerator events by administrative data</td>
<td>17719</td>
<td>48389</td>
<td>60519</td>
<td>49058</td>
<td>31500</td>
<td>790</td>
<td>207,975</td>
<td></td>
</tr>
<tr>
<td>Reported rate</td>
<td>49.95%</td>
<td>77.11%</td>
<td>79.94%</td>
<td>72.83%</td>
<td>62.56%</td>
<td>32.79%</td>
<td>70.73%</td>
<td></td>
</tr>
<tr>
<td>Lower 95% confidence interval</td>
<td>49.43%</td>
<td>76.78%</td>
<td>79.65%</td>
<td>72.50%</td>
<td>62.13%</td>
<td>30.90%</td>
<td>70.56%</td>
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<tr>
<td>Upper 95% confidence interval</td>
<td>50.48%</td>
<td>77.44%</td>
<td>80.22%</td>
<td>73.17%</td>
<td>62.98%</td>
<td>34.69%</td>
<td>70.89%</td>
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</tr>
</tbody>
</table>
Appendix D: Department of Community Health, State of Georgia  
Audited CY 2013 HEDIS Measure Results for WellCare

Initiation and Engagement of AOD Dependence Treatment (IET)  
WellCare of Georgia, Inc. (Org ID: 4538, SubID: 10032, Medicaid, Spec Area: None, Spec Proj: None)

<table>
<thead>
<tr>
<th>Data Elements</th>
<th>General Measure Data</th>
<th>13-17 years</th>
<th>18+ years</th>
<th>Total</th>
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<tr>
<td></td>
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<td>Initiation of AOD Treatment</td>
<td>Engagemen t of AOD Treatment</td>
<td>Initiation of AOD Treatment</td>
</tr>
<tr>
<td>Measurement year</td>
<td>2013</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Data collection methodology (administrative)</td>
<td>A</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eligible population</td>
<td>684</td>
<td>2481</td>
<td></td>
<td>3,165</td>
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<tr>
<td>Numerator events by administrative data</td>
<td>227  87  766  210</td>
<td>993</td>
<td>297</td>
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</tr>
<tr>
<td>Reported rate</td>
<td>33.19%  12.72%  30.87%  8.46%</td>
<td>31.37%</td>
<td>9.38%</td>
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<tr>
<td>Lower 95% confidence interval</td>
<td>29.59%  10.15%  29.04%  7.35%</td>
<td>29.74%</td>
<td>8.35%</td>
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</tr>
<tr>
<td>Upper 95% confidence interval</td>
<td>36.79%  15.29%  32.71%  9.58%</td>
<td>33.01%</td>
<td>10.42%</td>
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### Prenatal and Postpartum Care (PPC)

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<th>Postpartum Care</th>
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<td>2013</td>
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<tr>
<td>Data collection methodology</td>
<td>H</td>
<td>H</td>
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<tr>
<td>Eligible population</td>
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</tr>
<tr>
<td>Number of numerator events by administrative data in eligible population (before exclusions)</td>
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<td>9287</td>
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<tr>
<td>Current year's administrative rate (before exclusions)</td>
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<td>36.06%</td>
</tr>
<tr>
<td>Minimum required sample size (MRSS) or other sample size</td>
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<td>388</td>
</tr>
<tr>
<td>Oversampling rate</td>
<td>0.05</td>
<td>0.05</td>
</tr>
<tr>
<td>Final sample size (FSS)</td>
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<td>408</td>
</tr>
<tr>
<td>Number of numerator events by administrative data in FSS</td>
<td>142</td>
<td>127</td>
</tr>
<tr>
<td>Administrative rate on FSS</td>
<td>34.80%</td>
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</tr>
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<tr>
<td>Number of employee/dependent medical records excluded</td>
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<tr>
<td>Records added from the oversample list</td>
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<td>0</td>
</tr>
<tr>
<td>Denominator</td>
<td>408</td>
<td>408</td>
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<tr>
<td>Numerator events by administrative data</td>
<td>142</td>
<td>127</td>
</tr>
<tr>
<td>Numerator events by medical records</td>
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<td>131</td>
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<tr>
<td>Reported rate</td>
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<td>63.24%</td>
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<tr>
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<td>58.43%</td>
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<tr>
<td>Upper 95% confidence interval</td>
<td>87.74%</td>
<td>68.04%</td>
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## Call Answer Timeliness (CAT)

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<tr>
<td>Data collection methodology (administrative)</td>
</tr>
<tr>
<td>Eligible population</td>
</tr>
<tr>
<td>Numerator events by administrative data</td>
</tr>
<tr>
<td>Reported rate</td>
</tr>
<tr>
<td>Lower 95% confidence interval</td>
</tr>
<tr>
<td>Upper 95% confidence interval</td>
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## Frequency of Ongoing Prenatal Care (FPC)

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

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<tr>
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<th>21-40 Percent</th>
<th>41-60 Percent</th>
<th>61-80 Percent</th>
<th>81+ Percent</th>
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<td>Data collection methodology (administrative or hybrid)</td>
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<tr>
<td>Eligible population</td>
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<td>2099</td>
<td>1168</td>
<td>1676</td>
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<tr>
<td>Current year’s administrative rate (before exclusions)</td>
<td>59.95%</td>
<td>20.85%</td>
<td>8.15%</td>
<td>4.53%</td>
<td>6.51%</td>
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</tr>
<tr>
<td>Minimum required sample size (MRSS) or other sample size</td>
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</tr>
<tr>
<td>Oversampling rate</td>
<td>0.05</td>
<td></td>
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<tr>
<td>Final sample size (FSS)</td>
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<td></td>
<td></td>
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</tr>
<tr>
<td>Number of numerator events by administrative data in FSS</td>
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<td>86</td>
<td>31</td>
<td>22</td>
<td>27</td>
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</tr>
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<td>59.31%</td>
<td>21.08%</td>
<td>7.60%</td>
<td>5.39%</td>
<td>6.62%</td>
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<td></td>
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<tr>
<td>Records added from the oversample list</td>
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</tr>
<tr>
<td>Denominator</td>
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<td>22</td>
<td>7</td>
<td>5</td>
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<td>Numerator events by medical records</td>
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<td>6</td>
<td>16</td>
<td>36</td>
<td>239</td>
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<td>Reported rate</td>
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<td>5.64%</td>
<td>10.05%</td>
<td>65.93%</td>
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<tr>
<td>Lower 95% confidence interval</td>
<td>8.30%</td>
<td>4.29%</td>
<td>3.28%</td>
<td>7.01%</td>
<td>61.21%</td>
<td></td>
</tr>
<tr>
<td>Upper 95% confidence interval</td>
<td>14.74%</td>
<td>9.44%</td>
<td>8.00%</td>
<td>13.09%</td>
<td>70.65%</td>
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## Well-Child Visits in the First 15 Months of Life (W15)

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<th>1 visit</th>
<th>2 visits</th>
<th>3 visits</th>
<th>4 visits</th>
<th>5 visits</th>
<th>6 or more visits</th>
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</thead>
<tbody>
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<td>Measurement year</td>
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<td></td>
<td></td>
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<tr>
<td>Data collection methodology (administrative or hybrid)</td>
<td>H</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Eligible population</td>
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<td></td>
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<tr>
<td>Number of numerator events by administrative data in eligible population (before exclusions)</td>
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<td></td>
<td></td>
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</tr>
<tr>
<td>Current year's administrative rate (before exclusions)</td>
<td>1.63% 2.37% 3.77% 6.03% 11.01% 18.43% 56.76%</td>
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<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Minimum required sample size (MRSS) or other sample size</td>
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<td></td>
<td></td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>Oversampling rate</td>
<td>0.05</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Final sample size (FSS)</td>
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<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Number of numerator events by administrative data in FSS</td>
<td>13 5 15 19 37 71 230</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Administrative rate on FSS</td>
<td>3.33% 1.28% 3.85% 4.87% 9.49% 18.21% 58.97%</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Number of employee/dependent medical records excluded</td>
<td>0</td>
<td></td>
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<td></td>
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<td></td>
<td></td>
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</tr>
<tr>
<td>Records added from the oversample list</td>
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<td></td>
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<td></td>
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</tr>
<tr>
<td>Denominator</td>
<td>390</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
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<td>7 3 5 12 30 46 232</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Numerator events by medical records</td>
<td>0 2 2 4 3 9 35</td>
<td>1.79%</td>
<td>1.28%</td>
<td>1.79%</td>
<td>4.10%</td>
<td>8.46%</td>
<td>14.10%</td>
<td>68.46%</td>
</tr>
<tr>
<td>Reported rate</td>
<td>0.35%</td>
<td>0.04%</td>
<td>0.35%</td>
<td>2.01%</td>
<td>5.57%</td>
<td>10.52%</td>
<td>63.72%</td>
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<tr>
<td>Lower 95% confidence interval</td>
<td>3.24%</td>
<td>2.53%</td>
<td>3.24%</td>
<td>6.20%</td>
<td>11.35%</td>
<td>17.69%</td>
<td>73.20%</td>
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<tr>
<td>Upper 95% confidence interval</td>
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### Adolescent Well-Care Visits (AWC)

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

<table>
<thead>
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<th>Data Element</th>
<th>Measure Data</th>
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<tbody>
<tr>
<td>Measurement year</td>
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</tr>
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<tr>
<td>Eligible population</td>
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</tr>
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<td>Number of numerator events by administrative data in eligible population (before exclusions)</td>
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<tr>
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</tr>
<tr>
<td>Minimum required sample size (MRSS) or other sample size</td>
<td>411</td>
</tr>
<tr>
<td>Oversampling rate</td>
<td>0.05</td>
</tr>
<tr>
<td>Final sample size (FSS)</td>
<td>432</td>
</tr>
<tr>
<td>Number of numerator events by administrative data in FSS</td>
<td>172</td>
</tr>
<tr>
<td>Administrative rate on FSS</td>
<td>39.81%</td>
</tr>
<tr>
<td>Number of original sample records excluded because of valid data errors</td>
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<td>Number of employee/dependent medical records excluded</td>
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<tr>
<td>Records added from the oversample list</td>
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<tr>
<td>Denominator</td>
<td>432</td>
</tr>
<tr>
<td>Numerator events by administrative data</td>
<td>172</td>
</tr>
<tr>
<td>Numerator events by medical records</td>
<td>17</td>
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<tr>
<td>Reported rate</td>
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</tr>
<tr>
<td>Lower 95% confidence interval</td>
<td>38.96%</td>
</tr>
<tr>
<td>Upper 95% confidence interval</td>
<td>48.54%</td>
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</table>
### Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34)

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<tr>
<td>Data collection methodology</td>
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<tr>
<td>Eligible population</td>
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<td>Number of numerator events by administrative data in eligible population (before exclusions)</td>
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</tr>
<tr>
<td>Current year’s administrative rate (before exclusions)</td>
<td>66.19%</td>
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<tr>
<td>Oversampling rate</td>
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</tr>
<tr>
<td>Final sample size (FSS)</td>
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</tr>
<tr>
<td>Number of numerator events by administrative data in FSS</td>
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<tr>
<td>Administrative rate on FSS</td>
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<td>Number of original sample records excluded because of valid data errors</td>
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<tr>
<td>Number of employee/dependent medical records excluded</td>
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<tr>
<td>Records added from the oversample list</td>
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</tr>
<tr>
<td>Denominator</td>
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</tr>
<tr>
<td>Numerator events by administrative data</td>
<td>252</td>
</tr>
<tr>
<td>Numerator events by medical records</td>
<td>6</td>
</tr>
<tr>
<td>Reported rate</td>
<td>68.25%</td>
</tr>
<tr>
<td>Lower 95% confidence interval</td>
<td>63.43%</td>
</tr>
<tr>
<td>Upper 95% confidence interval</td>
<td>73.08%</td>
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</table>
## Frequency of Selected Procedures (FSP)

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<th>Female</th>
<th>Total</th>
<th>Number of Procedures</th>
<th>Procedures / 1,000 Member Months</th>
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</thead>
<tbody>
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<td>Bariatric weight loss surgery</td>
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<td></td>
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<tr>
<td></td>
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<td>3</td>
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<td>63</td>
<td>64</td>
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<td>56</td>
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<td>Tonsillectomy</td>
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<td>Male</td>
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<td>3366</td>
<td>0.96</td>
</tr>
<tr>
<td></td>
<td></td>
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<td></td>
<td></td>
<td>817</td>
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<tr>
<td>Hysterectomy, Abdominal</td>
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<td></td>
<td>45-64</td>
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<tr>
<td>Hysterectomy, Vaginal</td>
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<td>Cholecystectomy, Open</td>
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Ambulatory Care: Dual Eligibles (AMBB)
WellCare of Georgia, Inc. (Org ID: 4538, SubID: 10032, Medicaid, Spec Area: None, Spec Proj: None)
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WellCare of Georgia, Inc. (Org ID: 4538, SubID: 10032, Medicaid, Spec Area: None, Spec Proj: None)

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

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

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**Total Inpatient**

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

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

#### Medicine

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

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*The maternity category is calculated using member months for members 10-64 years.*
### Inpatient Utilization--General Hospital/Acute Care: Dual Eligibles (IPUB)

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

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*The maternity category is calculated using member months for members 10-64 years.*
## Inpatient Utilization--General Hospital/Acute Care: Disabled (IPUC)

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

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## Inpatient Utilization--General Hospital/Acute Care: Disabled (IPUC)

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### Medicine

### Surgery
### Inpatient Utilization--General Hospital/Acute Care: Disabled (IPUC)

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*The maternity category is calculated using member months for members 10-64 years.*
### Inpatient Utilization--General Hospital/Acute Care: Other (IPUD)

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

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#### Total Inpatient

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Inpatient Utilization--General Hospital/Acute Care: Other (IPUD)
WellCare of Georgia, Inc. (Org ID: 4538, SubID: 10032, Medicaid, Spec Area: None, Spec Proj: None)

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*The maternity category is calculated using member months for members 10-64 years.
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Identification of Alcohol and Other Drug Services: Total (IADA)
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### Identification of Alcohol and Other Drug Services: Dual Eligibles (IADB)

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

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### Mental Health Utilization: Total (MPTA) - Department of Community Health, State of Georgia

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

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## Mental Health Utilization: Dual Eligibles (MPTB)

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<th>Intensive</th>
<th>Outpatient/Partial Hospitalization</th>
<th>Outpatient/ED</th>
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<tbody>
<tr>
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<td>Number</td>
<td>Percent</td>
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### 0-12
- **Male:**
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  - Inpatient: NR
  - Percent: NR
  - Intensive: NR
  - Percent: NR
  - Outpatient/Partial Hospitalization: NR
  - Percent: NR
  - Outpatient/ED: NR
  - Percent: NR
- **Female:**
  - Any Services: NR
  - Percent: NR
  - Inpatient: NR
  - Percent: NR
  - Intensive: NR
  - Percent: NR
  - Outpatient/Partial Hospitalization: NR
  - Percent: NR
  - Outpatient/ED: NR
  - Percent: NR
- **Total:**
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  - Percent: NR
  - Inpatient: NR
  - Percent: NR
  - Intensive: NR
  - Percent: NR
  - Outpatient/Partial Hospitalization: NR
  - Percent: NR
  - Outpatient/ED: NR
  - Percent: NR

### 13-17
- **Male:**
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  - Percent: NR
  - Inpatient: NR
  - Percent: NR
  - Intensive: NR
  - Percent: NR
  - Outpatient/Partial Hospitalization: NR
  - Percent: NR
  - Outpatient/ED: NR
  - Percent: NR
- **Female:**
  - Any Services: NR
  - Percent: NR
  - Inpatient: NR
  - Percent: NR
  - Intensive: NR
  - Percent: NR
  - Outpatient/Partial Hospitalization: NR
  - Percent: NR
  - Outpatient/ED: NR
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- **Total:**
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  - Percent: NR
  - Inpatient: NR
  - Percent: NR
  - Intensive: NR
  - Percent: NR
  - Outpatient/Partial Hospitalization: NR
  - Percent: NR
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  - Percent: NR

### 18-64
- **Male:**
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  - Percent: NR
  - Inpatient: NR
  - Percent: NR
  - Intensive: NR
  - Percent: NR
  - Outpatient/Partial Hospitalization: NR
  - Percent: NR
  - Outpatient/ED: NR
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- **Female:**
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  - Percent: NR
  - Inpatient: NR
  - Percent: NR
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  - Percent: NR
  - Outpatient/Partial Hospitalization: NR
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  - Percent: NR
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  - Percent: NR
  - Intensive: NR
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  - Outpatient/Partial Hospitalization: NR
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### 65+
- **Male:**
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  - Percent: NR
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  - Percent: NR
  - Outpatient/ED: NR
  - Percent: NR
- **Female:**
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  - Percent: NR
  - Inpatient: NR
  - Percent: NR
  - Intensive: NR
  - Percent: NR
  - Outpatient/Partial Hospitalization: NR
  - Percent: NR
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- **Total:**
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  - Percent: NR
  - Inpatient: NR
  - Percent: NR
  - Intensive: NR
  - Percent: NR
  - Outpatient/Partial Hospitalization: NR
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### Unknown
- **Male:**
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  - Percent: NR
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  - Percent: NR
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  - Percent: NR
- **Female:**
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  - Percent: NR
  - Inpatient: NR
  - Percent: NR
  - Intensive: NR
  - Percent: NR
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  - Percent: NR
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  - Percent: NR
- **Total:**
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  - Percent: NR
  - Inpatient: NR
  - Percent: NR
  - Intensive: NR
  - Percent: NR
  - Outpatient/Partial Hospitalization: NR
  - Percent: NR
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### Total
- **Male:**
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  - Percent: NR
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  - Percent: NR
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  - Percent: NR
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  - Percent: NR
- **Female:**
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  - Percent: NR
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  - Percent: NR
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### Mental Health Utilization: Disabled (MPTC)

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

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#### 0-12

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#### 13-17

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#### 18-64

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#### 65+

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### Mental Health Utilization: Other (MPTD)

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### Antibiotic Utilization: Total (ABXA)

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

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### Antibiotic Utilization

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<th>Sex</th>
<th>Total Antibiotic Scrips</th>
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<th>Total Days Supplied</th>
<th>Average Days Supplied per Antibiotic Scrip</th>
<th>Total Number of Scrips for Antibiotics of Concern</th>
<th>Average Scrips PMPY for Antibiotics of Concern</th>
<th>Percentage of Antibiotics of Concern of all Antibiotic Scrips</th>
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## Antibiotic Utilization: Dual Eligibles (ABXB)

WellCare of Georgia, Inc. (Org ID: 4638, SubID: 10032, Medicaid, Spec Area: None, Spec Proj: None)

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*WellCare of Georgia, Inc. (Org ID: 4538, SubID: 10032, Medicaid, Spec Area: None, Spec Proj: None)*
### Antibiotic Utilization: Dual Eligibles (ABXB)

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

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**Note:** NR indicates Not Reported.
### Appendix D: Department of Community Health, State of Georgia
### Audited CY 2013 HEDIS Measure Results for WellCare

#### Antibiotic Utilization: Disabled (ABXC)

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

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### Antibiotic Utilization: Disabled (ABXC)

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

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

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## Antibiotic Utilization: Other (ABXD)
### WellCare of Georgia, Inc. (Org ID: 4538, SubID: 10032, Medicaid, Spec Area: None, Spec Proj: None)

### Antibiotic Utilization

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

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

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All Other Antibiotics Utilization:

- 0-9:
- 10-17:
- 18-34:
- 35-49:
- 50-64:
- 65-74:
- 75-84:
- 85+:
- Unknown:
- Total:

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

**Page 87 of 98**  
September 2014
### Board Certification (BCR)

<table>
<thead>
<tr>
<th>Type of Physician</th>
<th>Number of Physicians in Each Practice Area</th>
<th>Board Certification</th>
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## Appendix D: Department of Community Health, State of Georgia
### Audited CY 2013 HEDIS Measure Results for WellCare

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<th>Product/Product Line</th>
<th>Total Number of Members*</th>
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<td>527,841</td>
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<tr>
<td>Commercial</td>
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<tr>
<td>Medicare (cost or risk)</td>
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<tr>
<td>Other</td>
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<td><strong>PPO (Total)</strong></td>
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<tr>
<td><strong>FFS (Total)</strong></td>
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<td><strong>Total</strong></td>
<td>527,841</td>
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* Total number of members in each category as of December 31 of the measurement year.
### Enrollment by Product Line: Total (ENPA)

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</tr>
<tr>
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<tr>
<td>&gt;=65 Subtotal: %</td>
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<tr>
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## Enrollment by Product Line: Other (ENPD)

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

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<tr>
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<td>NR</td>
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<tr>
<td>&gt;=65 Subtotal: %</td>
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</tr>
<tr>
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<td>NR</td>
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<tr>
<td>Total</td>
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## Enrollment by State (EBS)

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<tr>
<td>Alaska</td>
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<tr>
<td>Arizona</td>
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<tr>
<td>Connecticut</td>
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<tr>
<td>Delaware</td>
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<tr>
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<tr>
<td>Florida</td>
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<td>Montana</td>
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<td>Nebraska</td>
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<tr>
<td>Nevada</td>
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<tr>
<td>New Hampshire</td>
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## Enrollment by State (EBS)

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

<table>
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<tr>
<th>State</th>
<th>Number</th>
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<tbody>
<tr>
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<td>New Mexico</td>
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<tr>
<td>New York</td>
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<tr>
<td>North Carolina</td>
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<td>Virginia</td>
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<td>Wyoming</td>
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<tr>
<td>American Samoa</td>
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<tr>
<td>Federated States of Micronesia</td>
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<td>Guam</td>
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<td>Commonwealth of Northern Mariana</td>
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<td>Puerto Rico</td>
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<td>Virgin Islands</td>
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<tr>
<td><strong>TOTAL</strong></td>
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### Race/Ethnicity Diversity of Membership (RDM)

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

#### Total Unduplicated Membership During the Measurement Year

<table>
<thead>
<tr>
<th>Membership Category</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct Total</td>
<td>745001</td>
<td>100.00%</td>
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</table>

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

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Direct Data Collection Method</th>
<th>Indirect Data Collection Method</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Direct Total</td>
<td>100.00%</td>
<td>0.0000</td>
<td>0.0000</td>
</tr>
<tr>
<td>Health Plan Direct*</td>
<td>0.0000</td>
<td>0.0000</td>
<td>0.0000</td>
</tr>
<tr>
<td>CMS/State Database*</td>
<td>1.0000</td>
<td>0.0000</td>
<td>0.0000</td>
</tr>
<tr>
<td>Other*</td>
<td>0.0000</td>
<td>0.0000</td>
<td>0.0000</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
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<th>Direct Data Collection Method</th>
<th>Indirect Data Collection Method</th>
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</thead>
<tbody>
<tr>
<td>Direct Total</td>
<td>100.00%</td>
<td>0.0000</td>
<td>0.0000</td>
</tr>
<tr>
<td>Health Plan Direct*</td>
<td>0.0000</td>
<td>0.0000</td>
<td>0.0000</td>
</tr>
<tr>
<td>CMS/State Database*</td>
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<td>0.0000</td>
<td>0.0000</td>
</tr>
<tr>
<td>Other*</td>
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*Enter percentage as a value between 0 and 1.*

#### Race/Ethnicity Diversity by Data Collection

<table>
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<tr>
<th>Race/Ethnicity</th>
<th>Direct Data Collection Method</th>
<th>Indirect Data Collection Method</th>
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</thead>
<tbody>
<tr>
<td>Direct Total</td>
<td>100.00%</td>
<td>0.0000</td>
<td>0.0000</td>
</tr>
<tr>
<td>Health Plan Direct*</td>
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<td>0.0000</td>
<td>0.0000</td>
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<td>CMS/State Database*</td>
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</tr>
<tr>
<td>Other*</td>
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#### Race/Ethnicity Diversity of Membership

<table>
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<th>Race/Ethnicity</th>
<th>Number</th>
<th>Percentage</th>
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</thead>
<tbody>
<tr>
<td>White</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Black or African American</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>American-Indian and Alaska Native</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Asian</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Native Hawaiian and Other Pacific Islanders</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Some Other Race</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Two or More Races</td>
<td>0</td>
<td>0.00%</td>
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<tr>
<td>Unknown</td>
<td>13544</td>
<td>100.00%</td>
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<tr>
<td>Declined</td>
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<tr>
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#### Declined Ethnicity

<table>
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<tr>
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<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
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<td>0.00%</td>
</tr>
<tr>
<td>Black or African American</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>American-Indian and Alaska Native</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Asian</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Native Hawaiian and Other Pacific Islanders</td>
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<td>0.00%</td>
</tr>
<tr>
<td>Some Other Race</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Two or More Races</td>
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<td>0.00%</td>
</tr>
<tr>
<td>Unknown</td>
<td>0</td>
<td>0.00%</td>
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<tr>
<td>Declined</td>
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<td>0.00%</td>
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<tr>
<td>Total</td>
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## Language Diversity of Membership (LDM)

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

<table>
<thead>
<tr>
<th>Category</th>
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<th>CMS/State Databases</th>
<th>Other Third-Party Source</th>
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<td>0.7135</td>
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<tr>
<td>Preferred Language for Written Materials*</td>
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<td>0.2865</td>
<td>0.7135</td>
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<tr>
<td>Other Language Needs*</td>
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</table>

*Enter percentage as a value between 0 and 1.

### Spoken Language Preferred for Health Care

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<th>Language</th>
<th>Number</th>
<th>Percentage</th>
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</thead>
<tbody>
<tr>
<td>English</td>
<td>203786</td>
<td>27.35%</td>
</tr>
<tr>
<td>Non-English</td>
<td>9626</td>
<td>1.29%</td>
</tr>
<tr>
<td>Unknown</td>
<td>531589</td>
<td>71.35%</td>
</tr>
<tr>
<td>Declined</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>745,001</strong></td>
<td><strong>100.00%</strong></td>
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### Language Preferred for Written Materials

<table>
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<th>Language</th>
<th>Number</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>English</td>
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<td>27.35%</td>
</tr>
<tr>
<td>Non-English</td>
<td>9626</td>
<td>1.29%</td>
</tr>
<tr>
<td>Unknown</td>
<td>531589</td>
<td>71.35%</td>
</tr>
<tr>
<td>Declined</td>
<td>0</td>
<td>0.00%</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>745,001</strong></td>
<td><strong>100.00%</strong></td>
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</table>

### Other Language Needs

<table>
<thead>
<tr>
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<th>Number</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>English</td>
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<td>0.00%</td>
</tr>
<tr>
<td>Non-English</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Unknown</td>
<td>745001</td>
<td>100.00%</td>
</tr>
<tr>
<td>Declined</td>
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<td>0.00%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>745,001</strong></td>
<td><strong>100.00%</strong></td>
</tr>
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</table>

*Should sum to 100%
### Weeks of Pregnancy at Time of Enrollment (WOP)

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

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<thead>
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<th>Number</th>
<th>Percentage</th>
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<tr>
<td>&lt; 0 weeks</td>
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<tr>
<td>1-12 weeks</td>
<td>2505</td>
<td>9.18%</td>
</tr>
<tr>
<td>13-27 weeks</td>
<td>16622</td>
<td>60.90%</td>
</tr>
<tr>
<td>28 or more weeks</td>
<td>4010</td>
<td>14.69%</td>
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<tr>
<td>Unknown</td>
<td>1549</td>
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## Audit Review Table

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<th>Report Measure</th>
<th>Benefit Offered</th>
<th>Rotated Measure</th>
<th>Rate</th>
<th>Reportable</th>
<th>Comment</th>
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<tr>
<td><strong>Effectiveness of Care: Prevention and Screening</strong></td>
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<tr>
<td>Adult BMI Assessment (aba)</td>
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<td>75.78%</td>
<td>R</td>
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<td>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (wcc)</td>
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<td></td>
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<tr>
<td>BMI Percentile</td>
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<td>49.07%</td>
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<td>Childhood Immunization Status (cis)</td>
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<td>16-20 Years</td>
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**Effectiveness of Care: Respiratory Conditions**

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<td>51-64 Years</td>
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## Audit Review Table

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<td>&lt;21 Percent</td>
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<td>81+ Percent</td>
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<td>6+ Visits</td>
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## Audit Review Table

WellCare of Georgia, Inc. (Org ID: 4538, SubID: 10032, Medicaid, Spec Area: None, Spec Proj: None); Measurement Year - 2013

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<th>Rotated Measure</th>
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### Relative Resource Use for People With Diabetes (RDI)

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<td>Generic Substitution Rate ( \frac{(G2)}{(N2+G2)} )</td>
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<td>Overall Generic Utilization ( \frac{(G1+G2)}{(N1+N2+G1+G2)} )</td>
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<td>Pharmacy PMPM</td>
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<td>Inpatient Facility: Acute Inpatient: Medical Days per 1000 MY</td>
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### Relative Resource Use for People With Diabetes (RDI)

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

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<tr>
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<tr>
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<td>Inpatient Facility Nonacute ALOS</td>
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<td>Total Inpatient Facility ALOS</td>
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<td>ED Discharges per 1000 MY Medical</td>
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<td>PCI per 1000 MY Medical</td>
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<tr>
<td>CABG per 1000 MY Medical</td>
<td>1.30</td>
</tr>
<tr>
<td>Carotid Endarterectomy per 1000 MY Medical</td>
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<tr>
<td>Carotid Artery Stenosis Diagnostic Test per 1000 MY Medical</td>
<td>3.46</td>
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<tr>
<td>Cardiac Computed Tomography per 1000 MY Medical</td>
<td>0.86</td>
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<tr>
<td>CAD Diagnostic Test Using EBCT/Nuclear Imaging Stress Tests per 1000 MY Medical</td>
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## Relative Resource Use for People With Asthma (RAS)

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

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<td>GenericNameBrandExistsCount (G2)</td>
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<td>Total Prescriptions (N1+N2+G1+G2)</td>
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<td>Generic Utilization Rate (\frac{(G1 + G2)}{(N2+G1+G2)})</td>
<td>83.60%</td>
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<tr>
<td>Generic Substitution Rate (\frac{(G2)}{(N2+G2)})</td>
<td>80.20%</td>
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<tr>
<td>Overall Generic Utilization (\frac{(G1+G2)}{(N1+N2+G1+G2)})</td>
<td>70.57%</td>
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<tr>
<td>Inpatient Facility PMPM</td>
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<td>E&amp;M Inpatient Services PMPM</td>
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<tr>
<td>E&amp;M Outpatient Services PMPM</td>
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<td>Surgery &amp; Procedure Inpatient Services PMPM</td>
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<td>Surgery &amp; Procedure Outpatient Services PMPM</td>
<td>12.06</td>
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<td>Imaging Services PMPM</td>
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<td>Laboratory Services PMPM</td>
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<td>Pharmacy PMPM</td>
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### Relative Resource Use for People With Asthma (RAS)

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

<table>
<thead>
<tr>
<th>Data Element</th>
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<tr>
<td>Inpatient Facility: Acute Inpatient: Medical Discharges per 1000 MY</td>
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<td>Inpatient Facility: Acute Inpatient: Surgery Days per 1000 MY</td>
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<td>Inpatient Facility: Acute Inpatient: Surgery Discharges per 1000 MY</td>
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</tr>
<tr>
<td>Inpatient Facility: Nonacute Days per 1000 MY</td>
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</tr>
<tr>
<td>Inpatient Facility: Nonacute Discharges per 1000 MY</td>
<td>0.17</td>
</tr>
<tr>
<td>Inpatient Facility Acute Medical ALOS</td>
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<tr>
<td>Inpatient Facility Acute Surgery ALOS</td>
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<td>Inpatient Facility Nonacute ALOS</td>
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<tr>
<td>Total Inpatient Facility ALOS</td>
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<tr>
<td>ED Discharges per 1000 MY Medical</td>
<td>1,041.82</td>
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### Appendix D: Department of Community Health, State of Georgia
Audited CY 2013 HEDIS Measure Results for WellCare

#### Relative Resource Use for People With Cardiovascular Conditions (RCA)

<table>
<thead>
<tr>
<th>Data Element</th>
<th>Measure Data</th>
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<td>Eligible Population per 1,000 Member Year Medical</td>
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<tr>
<td>Eligible Population per 1,000 Member Year Pharmacy</td>
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<td>NameBrandOnlyCount(N1)</td>
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</tr>
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<td>NameBrandGenericExistsCount(N2)</td>
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<td>GenericOnlyCount (G1)</td>
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<td>GenericNameBrandExistsCount (G2)</td>
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<td>Total Prescriptions (N1+N2+G1+G2)</td>
<td>9,295.00</td>
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<tr>
<td>Generic Utilization Rate (\frac{(G1 + G2)}{(N2+G1+G2)})</td>
<td>97.11%</td>
</tr>
<tr>
<td>Generic Substitution Rate (\frac{(G2)}{(N2+G2)})</td>
<td>96.69%</td>
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<tr>
<td>Overall Generic Utilization (\frac{(G1+G2)}{(N1+N2+G1+G2)})</td>
<td>89.17%</td>
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<tr>
<td>Inpatient Facility PMPM</td>
<td>475.36</td>
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<td>E&amp;M Inpatient Services PMPM</td>
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<tr>
<td>E&amp;M Outpatient Services PMPM</td>
<td>115.36</td>
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<tr>
<td>Surgery &amp; Procedure Inpatient Services PMPM</td>
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</tr>
<tr>
<td>Surgery &amp; Procedure Outpatient Services PMPM</td>
<td>82.10</td>
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<tr>
<td>Imaging Services PMPM</td>
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<td>Laboratory Services PMPM</td>
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<td>Pharmacy PMPM</td>
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<td>Inpatient Facility: Acute Inpatient Medical Days per 1000 MY</td>
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## Relative Resource Use for People With Cardiovascular Conditions (RCA)

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

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<th>Data Element</th>
<th>Measure Data</th>
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<td>Inpatient Facility: Acute Inpatient:</td>
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<tr>
<td>Surgery Discharges per 1000 MY</td>
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</tr>
<tr>
<td>Inpatient Facility: Nonacute Days per 1000 MY</td>
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<tr>
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<td>Inpatient Facility: Nonacute Discharges per 1000 MY</td>
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<tr>
<td></td>
<td>8.84</td>
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<td>Inpatient Facility Acute Medical ALOS</td>
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<tr>
<td>Inpatient Facility Acute Surgery ALOS</td>
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<tr>
<td>Inpatient Facility Nonacute ALOS</td>
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<td>Total Inpatient Facility Acute ALOS</td>
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<tr>
<td>Total Inpatient Facility ALOS</td>
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<tr>
<td>ED Discharges per 1000 MY Medical</td>
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<td>Cardiac Catheterization per 1000 MY Medical</td>
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<tr>
<td>PCI per 1000 MY Medical</td>
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<tr>
<td>CABG per 1000 MY Medical</td>
<td>8.84</td>
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<tr>
<td>Carotid Endarterectomy per 1000 MY Medical</td>
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</tr>
<tr>
<td>Carotid Artery Stenosis Diagnostic Test per 1000 MY Medical</td>
<td>0.00</td>
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<tr>
<td>Cardiac Computed Tomography per 1000 MY Medical</td>
<td>0.00</td>
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<tr>
<td>CAD Diagnostic Test Using EBCT/Nuclear Imaging Stress Tests per 1000 MY Medical</td>
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## Relative Resource Use for People With Hypertension (RHY)

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

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<td>Eligible Population per 1,000 Member Year Pharmacy</td>
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<tr>
<td>GenericNameBrandExistsCount (G2)</td>
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<td>Total Prescriptions (N1+N2+G1+G2)</td>
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<tr>
<td>Generic Utilization Rate ( \frac{(G1 + G2)}{(N2+G1+G2)} )</td>
<td>96.45%</td>
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<tr>
<td>Generic Substitution Rate ( \frac{G2}{(N2+G2)} )</td>
<td>95.74%</td>
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<td>Overall Generic Utilization ( \frac{(G1+G2)}{(N1+N2+G1+G2)} )</td>
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<td>E&amp;M Outpatient Services PMPM</td>
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<td>Surgery &amp; Procedure Inpatient Services PMPM</td>
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<tr>
<td>Imaging Services PMPM</td>
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### Relative Resource Use for People With Hypertension (RHY)

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

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<td>Inpatient Facility: Nonacute Discharges per 1000 MY</td>
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<tr>
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<tr>
<td>Inpatient Facility Acute Surgery ALOS</td>
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<td>Total Inpatient Facility ALOS</td>
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<tr>
<td>ED Discharges per 1000 MY Medical</td>
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## Relative Resource Use for People With COPD (RCO)

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

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<td>Generic Substitution Rate [(G2)/(N2+G2)]</td>
<td>93.14%</td>
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<td>E&amp;M Outpatient Services PMPM</td>
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<td>Surgery &amp; Procedure Outpatient Services PMPM</td>
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### Relative Resource Use for People With COPD (RCO)

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

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<tr>
<td>Inpatient Facility Acute Medical ALOS</td>
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</tr>
<tr>
<td>Inpatient Facility Acute Surgery ALOS</td>
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<tr>
<td>Inpatient Facility Nonacute ALOS</td>
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