State of Georgia
Department of Community Health

2018 Validation of Performance Measures
for
Amerigroup Community Care

Measurement Period: Calendar Year 2017
Validation Period: March–June 2018
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—Draft Copy for Review—
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Validation Overview

The Centers for Medicare & Medicaid Services (CMS) requires that states, through their contracts with managed care organizations (MCOs), measure and report on performance to assess the quality and appropriateness of care and services provided to members. In accordance with the 2016 final rule as set forth in 42 CFR §438.330(c), states must require that MCOs, prepaid inpatient health plans (PIHPs), prepaid ambulatory health plans (PAHPs), and primary care case management (PCCM) entities submit performance measurement data as part of the MCOs’, PIHPs’, PAHPs’, and PCCM entities’ quality assessment and performance improvement programs. Validating performance measures is one of the mandatory external quality review (EQR) activities described in §438.358(b)(2). To comply with §438.358, the Georgia Department of Community Health (DCH) contracted with Health Services Advisory Group, Inc. (HSAG), an external quality review organization (EQRO), to conduct the validation activities. The purpose of performance measure validation is to assess the accuracy of performance measure rates reported by the MCO and to determine the extent to which performance measures calculated by the MCO follow state specifications and reporting requirements. The state, its agent that is not an MCO, or an EQRO can perform this validation.

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

HSAG validated a set of performance measures identified by DCH that were calculated and reported by the CMOs for their GF population. The DCH identified the measurement period as calendar year (CY) 2017. HSAG conducted the validation in accordance with the CMS publication, EQR Protocol 2: Validation of Performance Measures Reported by the MCO: A Mandatory Protocol for External Quality Review (EQR), Version 2.0, September 2012.²

Care Management Organization (CMO) Information

Basic information about Amerigroup Community Care (Amerigroup) appears in Table 1, including the office location(s) involved in the 2018 validation of performance measures audit that covered the CY 2017 measurement period.

Table 1—Amerigroup Community Care Information

<table>
<thead>
<tr>
<th>CMO Name:</th>
<th>Amerigroup Community Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>CMO Location:</td>
<td>5800 Northampton Blvd, Norfolk, VA 23502</td>
</tr>
<tr>
<td>On-site Location:</td>
<td>5800 Northampton Blvd, Norfolk, VA 23502</td>
</tr>
<tr>
<td>Audit Contact:</td>
<td>Tawonna Ingram</td>
</tr>
<tr>
<td>Contact Telephone Number:</td>
<td>678.587.4878</td>
</tr>
<tr>
<td>Contact Email Address:</td>
<td><a href="mailto:tawonna.ingram@amerigroup.com">tawonna.ingram@amerigroup.com</a></td>
</tr>
<tr>
<td>Site Visit Date:</td>
<td>May 3, 2018</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 but four were selected from CMS’ Core Set of Children’s Health Care Quality Measures for Medicaid and CHIP (Child Core Set)³ or Core Set of Health Care Quality Measures for Adults Enrolled in Medicaid (Adult Core Set)⁴. Three performance measures were selected from the Healthcare Effectiveness Data and Information Set (HEDIS®)⁵: Colorectal Cancer Screening (a non-Medicaid measure), Lead Screening in Children, and Mental Health Utilization. One measure was selected from the Agency for Healthcare Research and Quality’s (AHRQ’s) Quality Indicators: Low Birth Weight Rate. For all performance measures, DCH identified the measurement period as CY 2017, and data were collected using the administrative methodology. Table 2 lists the performance measures that HSAG validated and the specifications the CMO was required to use for each of the measures.

Table 2—List of CY 2017 Performance Measures for Amerigroup Community Care

<table>
<thead>
<tr>
<th>Performance Measure Name</th>
<th>Identifier</th>
<th>Measure Specifications</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Adolescent Well-Care Visits</td>
<td>AWC</td>
<td>Child Core Set, HEDIS</td>
</tr>
<tr>
<td>2 Adult BMI Assessment</td>
<td>ABA</td>
<td>Adult Core Set, HEDIS</td>
</tr>
</tbody>
</table>

⁵ HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).
<table>
<thead>
<tr>
<th>Performance Measure Name</th>
<th>Identifier</th>
<th>Measure Specifications</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast Cancer Screening</td>
<td>BCS</td>
<td>Adult Core Set, HEDIS</td>
</tr>
<tr>
<td>Cervical Cancer Screening</td>
<td>CCS</td>
<td>Adult Core Set, HEDIS</td>
</tr>
<tr>
<td>Childhood Immunization Status</td>
<td>CIS</td>
<td>Child Core Set, HEDIS</td>
</tr>
<tr>
<td>Colorectal Cancer Screening*</td>
<td>COL</td>
<td>HEDIS*</td>
</tr>
<tr>
<td>Comprehensive Diabetes Care—HbA1c Testing and Poor Control only</td>
<td>CDC</td>
<td>Adult Core Set, HEDIS</td>
</tr>
<tr>
<td>Follow-Up After Hospitalization for Mental Illness</td>
<td>FUH</td>
<td>Child Core Set, Adult Core Set, HEDIS</td>
</tr>
<tr>
<td>Follow-Up Care for Children Prescribed Attention Deficit/Hyperactivity Disorder (ADHD) Medication</td>
<td>ADD</td>
<td>Child Core Set, HEDIS</td>
</tr>
<tr>
<td>Immunizations for Adolescents</td>
<td>IMA</td>
<td>Child Core Set, HEDIS</td>
</tr>
<tr>
<td>Lead Screening in Children</td>
<td>LSC</td>
<td>HEDIS</td>
</tr>
<tr>
<td>Low Birth Weight Rate</td>
<td>PQI-09</td>
<td>AHRQ</td>
</tr>
<tr>
<td>Medication Management for People with Asthma</td>
<td>MMA</td>
<td>Child Core Set, HEDIS</td>
</tr>
<tr>
<td>Mental Health Utilization</td>
<td>MPT</td>
<td>HEDIS</td>
</tr>
<tr>
<td>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Body Mass Index Assessment only</td>
<td>WCC</td>
<td>Child Core Set, HEDIS</td>
</tr>
<tr>
<td>Well-Child Visits in the First 15 Months of Life</td>
<td>W15</td>
<td>Child Core Set, HEDIS</td>
</tr>
<tr>
<td>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</td>
<td>W34</td>
<td>Child Core Set, HEDIS</td>
</tr>
</tbody>
</table>

*The CMO reported this measure using the HEDIS 2018, Volume 2: Technical Specifications for Health Plans for the Commercial and Medicare populations, but applied the specifications to the Medicaid population.

In addition to the AHRQ and the CMS adult and child core set measures audited by HSAG, DCH required Amerigroup to report a selected set of HEDIS measures to DCH. Amerigroup was required to contract with a National Committee for Quality Assurance (NCQA)-licensed audit organization and undergo an NCQA HEDIS Compliance Audit™. Final audited HEDIS measure results from NCQA’s Interactive Data Submission System (IDSS) were submitted to HSAG and provided to DCH. Appendix D displays the final audited HEDIS 2018 results for all required measures, covering the CY 2017 measurement period.

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

Pre-Audit Strategy

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

HSAG then prepared a document request letter that was submitted to Amerigroup outlining the steps in the performance measure validation process. The document request letter included a request for source code for each performance measure; a completed HEDIS 2018 Record of Administration, Data Management, and Processes (Roadmap); and any additional supporting documentation necessary to complete the audit. The letter also included a timetable for completion and instructions for submission. HSAG responded to Roadmap-related questions received directly from Amerigroup during the pre-on-site phase.

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

Validation Team

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

<table>
<thead>
<tr>
<th>Name and Role</th>
<th>Skills and Expertise</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mariyah Badani, JD, MBA, CHCA <strong>Director, Audits/State &amp; Corporate Services; Secondary Auditor</strong></td>
<td>Management of the audit department; Certified HEDIS Compliance Auditor (CHCA); multiple years of auditing experience, data integration, systems review, and analysis.</td>
</tr>
<tr>
<td>Allen Iovannisci, MS, CHCA, CPHQ <strong>Lead Auditor</strong></td>
<td>CHCA; performance measure knowledge, data integration, systems review, and analysis.</td>
</tr>
<tr>
<td>Tammy GianFrancisco <strong>HEDIS Manager, Audits/State &amp; Corporate Services</strong></td>
<td>Coordinator for the audit department; liaison between the audit team and clients; manages deliverables and timelines, and source code review activities.</td>
</tr>
<tr>
<td>Sarah Lemley <strong>Source Code Reviewer</strong></td>
<td>Statistics, analysis, and source code/programming language review.</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 2018 Roadmap**: Amerigroup completed and submitted the required and relevant portions of its Roadmap for HSAG’s review. HSAG used responses from the Roadmap to complete the pre-on-site assessment of information systems.

- **Source code (programming language) for performance measures**: CMOs that calculated the performance measures using source code were required to submit the source code used to generate each performance measure being validated. HSAG completed a line-by-line review of the supplied source code to ensure compliance with the measure specifications required by DCH. HSAG identified any areas of deviation from the specifications, evaluating the impact to the measure and assessing the degree of bias (if any). CMOs that did not use source code to generate the performance measures were required to submit documentation describing the steps taken for calculation of each of the required performance measures.

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

- **Rate Review**: Upon receiving the calculated rates from Amerigroup, HSAG conducted a review on the reasonableness and integrity of the rates. HSAG was unable to conduct a review that included trending with prior rates, comparison against available national benchmarks, and cross-measure checks due to a change from hybrid to administrative data collection processes for measures that were previously reported using the hybrid methodology.

On-Site Activities

HSAG conducted an on-site visit with Amerigroup on May 3, 2018. HSAG collected information using several methods, including interviews, system demonstrations, review of data output files, primary source verification, observation of data processing, and review of data reports. The on-site visit activities are described as follows:

- **Opening meeting**: The opening meeting included an introduction of the validation team and key Amerigroup staff members involved in the performance measure validation activities. The review purpose, the required documentation, basic meeting logistics, and queries to be performed were discussed.

- **Evaluation of system compliance**: The evaluation included a review of the information systems, focusing on the processing of claims and encounter data, provider data, patient data, and inpatient data. Additionally, the review evaluated the processes used to collect and calculate the performance
measure rates, including accurate numerator and denominator identification and algorithmic compliance (which evaluated whether rate calculations were performed correctly, all data were combined appropriately, and numerator events were counted accurately).

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

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

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

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jion Huang</td>
<td>Staff Vice President, Quality Data Management</td>
</tr>
<tr>
<td>Dorothy De Los Santos</td>
<td>Business Change Director</td>
</tr>
<tr>
<td>Gail Brown</td>
<td>Program Consultant, Clinical Quality Management, Government Business Division (GBD)</td>
</tr>
<tr>
<td>Angela Evans</td>
<td>Program Consultant, GBD HEDIS</td>
</tr>
<tr>
<td>Tim Davern</td>
<td>HEDIS Manager</td>
</tr>
<tr>
<td>Christina Bristol</td>
<td>Regional Vice President (RVP), Clinical</td>
</tr>
<tr>
<td>Debbie Murphy</td>
<td>Clinical Quality Program Manager</td>
</tr>
<tr>
<td>Regina Huggins</td>
<td>Enrollment Data Analyst</td>
</tr>
<tr>
<td>Tawonna Ingram</td>
<td>Director II, Quality Management, GBD</td>
</tr>
<tr>
<td>Harwanda Hancock</td>
<td>Director, Clinical Quality, HEDIS Medical Record Review (MRR)</td>
</tr>
<tr>
<td>Judith Jusinski</td>
<td>Director, HEDIS Quality, MRR</td>
</tr>
<tr>
<td>Chandrae Pryor</td>
<td>Manager II, GBD, Quality Management</td>
</tr>
<tr>
<td>Bing Zhu</td>
<td>HEDIS Analyst</td>
</tr>
</tbody>
</table>

Table 4—List of Amerigroup Community Care 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 rate calculations. Each of the following sections describes the validation processes used and the validation findings. For more detailed information, see Appendix A of this report.

Data Integration

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

☑ Acceptable
☐ Not acceptable

Data Control

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

☑ Acceptable
☐ Not acceptable

Performance Measure Documentation

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

☑ Acceptable
☐ Not acceptable
Validation Results

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

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

Amerigroup continued to use the Facets system to capture all fee-for-service (FFS) claims. Most claims were submitted electronically while only a small portion were submitted on paper. Other than paper claims being scanned by a vendor, Amerigroup’s paper and electronic claims process was virtually the same. All claims were subjected to pre-processing edits prior to being loaded. The pre-processing edits ensured the claims contained valid codes as well as valid member and provider information.

Amerigroup also captured services from external vendors for pharmacy and laboratory (lab) services. Both vendors submitted data regularly to Amerigroup. Amerigroup tracked and trended all incoming vendor data to ensure files were complete and record counts were as expected. The CMO also used supplemental data provided by its lab vendors to capture lab results.

HSAG reviewed each system and process associated with claims and encounters and had no concerns. Each system captured appropriate, standard coding schemes as required for reporting. Amerigroup only used standard claim forms for each service type (i.e., dental, professional, institutional, and pharmacy).

Amerigroup appropriately monitored vendor data submissions and controls regularly to ensure data completion for measure production. Amerigroup’s oversight of this process ensured that all relevant data were captured prior to measure production.

When questioned about encounter files submitted to the State, Amerigroup indicated that all encounters, both paid and denied, were submitted regularly. Only encounters rejected back to the provider for corrections were withheld from reporting. Those encounters did not pass the pre-processing edits and therefore did not have a final disposition.

Amerigroup sent medical (i.e., professional, institutional inpatient, and institutional outpatient), dental, vision, and National Council for Prescription Drug Programs (NCPDP) pharmacy claims in the weekly encounter file to DXC Technology, the State’s Medicaid Management System (MMIS) vendor. A subset of denied claims were not included in this weekly submission for reasons such as “wrong payee,” “definite duplicate claim,” and “non-compliant modifier.”

HSAG had no concerns with Amerigroup’s claims and encounter data processing.
Enrollment Data

Amerigroup received the State enrollment files daily and monthly and loaded them into Facets. Using the aid codes provided on the enrollment files, Amerigroup was able to identify and separate the Georgia Families 360° (GF 360°) population from the Community Care population when reporting on each measure.

HSAG verified the aid codes and populations during the on-site audit and conducted primary source verification of distinct members to ensure the populations were separated.

Amerigroup’s Facets system captured all relevant fields from the State’s enrollment files and continued to monitor daily file updates, cancellations, and renewals.

Members with duplicate identifiers were merged into a single record based on the State’s most recent identification number. The duplicate member identifier only occurred with newborns and was quickly resolved at Amerigroup. Claims processed under the old identifier were linked to the new identifier.

HSAG had no concerns with Amerigroup’s enrollment process.

Provider Data

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

The State implemented a centralized Credentials Verification Organization (CVO), and all credentialing functions were handled by the State CVO.

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

HSAG staff reviewed and approved Amerigroup’s provider specialty mapping and determined it to be compliant for performance measure reporting.
HSAG had no concerns with Amerigroup’s provider data processing.

**Supplemental Data**

Amerigroup submitted several standard supplemental data sources and one nonstandard supplemental data source for review.

The medical record database (MRDB) contained medical record reviews collected throughout the year. The medical records were collected only by HEDIS trained staff. Amerigroup conducted interrater reliability tests for each abstractor to ensure the collection methodology was accurate and met HEDIS specifications. HSAG conducted primary source verification on the MRDB data source to validate accurate capture of the data and found no errors. The nonstandard supplemental data source was approved to use for SFY 2018 performance measure rate reporting.

The standard supplemental data sources included services from labs, immunization registries, and lead screening databases. The standard data were received regularly and submitted in standard file layouts. All standard data were received electronically, and no value mapping was required. All standard supplemental data sources were approved to use for SFY 2018 performance measure rate reporting.

Amerigroup provided supplemental data impact reports for all supplemental data sources, and HSAG had no concerns.

HSAG had no concerns with Amerigroup’s supplemental data processes.

**Data Integration**

Amerigroup continued to use its internal relational database to store all incoming data. The internal data warehouse contained both internal and external data files used for reporting. Amerigroup also contracted with a vendor, Inovalon, to produce the performance measures under review. HSAG verified that hospice members were not included in performance measure rate reporting as these members were removed before loading to Inovalon’s software.

Amerigroup was responsible for loading and running the data monthly, as well as running the data for measure production and final rates. HSAG conducted primary source verification on the FUH and CCS measures. HSAG had no concerns following the review of these measures.

Amerigroup maintained its quality review processes during the measurement year to ensure all data were loaded. Amerigroup continued to conduct monthly data runs for measures to monitor progress throughout the year, a best practice for ensuring accurate data management and measure production. Monthly measure production continued to assist Amerigroup with identifying any issues early. If data errors were found, Amerigroup was able to easily retract and reload the data to correct the issues.

Amerigroup continued to have an excellent disaster recovery process in place and backed up data nightly.
The *Low Birth Weight Rate (PQI-09)* measure specifications require that the rate be reported as a rate per 1,000 members. While Amerigroup’s calculation vendor produced the rate as a percentage, the rate reporting template provided to the CMO allowed for the capture and reporting of the rate as a rate per 1,000 members.

**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 5.

<table>
<thead>
<tr>
<th>Performance Measures</th>
<th>Key Review Findings</th>
<th>Audit Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Adolescent Well-Care Visits</td>
<td>No concerns were identified.</td>
<td>R</td>
</tr>
<tr>
<td>2. Adult BMI Assessment</td>
<td>No concerns were identified.</td>
<td>R</td>
</tr>
<tr>
<td>3. Breast Cancer Screening</td>
<td>No concerns were identified.</td>
<td>R</td>
</tr>
<tr>
<td>4. Cervical Cancer Screening</td>
<td>No concerns were identified.</td>
<td>R</td>
</tr>
<tr>
<td>5. Childhood Immunization Status</td>
<td>No concerns were identified.</td>
<td>R</td>
</tr>
<tr>
<td>6. Colorectal Cancer Screening</td>
<td>No concerns were identified.</td>
<td>R</td>
</tr>
</tbody>
</table>

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

Table 6 displays the key review findings and final audit results for Amerigroup for each performance measure rate. For additional information regarding performance measure rates, see Appendix C of this report.
<table>
<thead>
<tr>
<th>Performance Measures</th>
<th>Key Review Findings</th>
<th>Audit Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. Comprehensive Diabetes Care—HbA1c Testing and Poor Control only</td>
<td>No concerns were identified.</td>
<td>R</td>
</tr>
<tr>
<td>8. Follow-Up After Hospitalization for Mental Illness</td>
<td>No concerns were identified.</td>
<td>R</td>
</tr>
<tr>
<td>9. Follow-Up Care for Children Prescribed Attention Deficit/Hyperactivity Disorder (ADHD) Medication</td>
<td>No concerns were identified.</td>
<td>R</td>
</tr>
<tr>
<td>10. Immunizations for Adolescents</td>
<td>No concerns were identified.</td>
<td>R</td>
</tr>
<tr>
<td>11. Lead Screening in Children</td>
<td>No concerns were identified.</td>
<td>R</td>
</tr>
<tr>
<td>12. Low Birth Weight Rate</td>
<td>The PQI-09 measure specifications require that the rate be reported as a rate per 1,000 members. While Amerigroup’s calculation vendor produced the rate as a percentage, the rate reporting template provided to the CMO allowed for the capture and reporting of the rate as a rate per 1,000 members.</td>
<td>R</td>
</tr>
<tr>
<td>13. Medication Management for People with Asthma</td>
<td>No concerns were identified.</td>
<td>R</td>
</tr>
<tr>
<td>14. Mental Health Utilization</td>
<td>No concerns were identified.</td>
<td>R</td>
</tr>
<tr>
<td>15. Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Body Mass Index Assessment only</td>
<td>No concerns were identified.</td>
<td>R</td>
</tr>
<tr>
<td>16. Well-Child Visits in the First 15 Months of Life</td>
<td>No concerns were identified.</td>
<td>R</td>
</tr>
<tr>
<td>17. Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</td>
<td>No concerns were identified.</td>
<td>R</td>
</tr>
</tbody>
</table>
# Appendix A. Data Integration and Control Findings

## Documentation Worksheet

<table>
<thead>
<tr>
<th>CMO Name:</th>
<th>Amerigroup Community Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>On-Site Visit Date:</td>
<td>May 3, 2018</td>
</tr>
<tr>
<td>Reviewers:</td>
<td>Allen Iovannisci, MS, CHCA, CPHQ</td>
</tr>
</tbody>
</table>

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

<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></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></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 for performance measure reporting are lost or inappropriately modified during transfer.</td>
<td>☒</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td><strong>If the CMO uses a performance measure data repository, its structure and format facilitate any required programming necessary to calculate and report required performance measure rates.</strong></td>
<td></td>
<td></td>
<td></td>
<td></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>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>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>Assurance 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 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></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

### Reviewer Worksheets

**CMO Name:** Amerigroup Community Care  
**On-Site Visit Date:** May 3, 2018  
**Reviewers:** Allen Iovannisci, MS, CHCA, CPHQ

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

<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></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></td>
</tr>
<tr>
<td>Audit 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>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 coding was not used.</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. Performance Measure Rate Submission File

Appendix C contains Amerigroup Community Care’s final audited performance measure rate submission file.
## State Fiscal Year (SFY) 2018 Performance Measure Rate Reporting Template for Georgia Care Management Organizations (CMOs)

<table>
<thead>
<tr>
<th>Date of Submission:</th>
<th>5/31/18</th>
</tr>
</thead>
<tbody>
<tr>
<td>CMO Name:</td>
<td>Amerigroup Community Care</td>
</tr>
<tr>
<td>Contact Name and Title:</td>
<td>Chandrae Pryor, Manager II Quality Management</td>
</tr>
<tr>
<td>Contact E-mail Address:</td>
<td><a href="mailto:chandrae.pryor@amerigroup.com">chandrae.pryor@amerigroup.com</a></td>
</tr>
<tr>
<td>Comments:</td>
<td></td>
</tr>
<tr>
<td>Measure #</td>
<td>Measure/Data Element</td>
</tr>
<tr>
<td>----------</td>
<td>--------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>1</td>
<td>Adolescent Well-Care Visits (AWC-CH)</td>
</tr>
<tr>
<td>2</td>
<td>Adult Body Mass Index Assessment (ABA-AD)</td>
</tr>
<tr>
<td>3</td>
<td>Breast Cancer Screening (BCS-AD)</td>
</tr>
<tr>
<td>4</td>
<td>Cervical Cancer Screening</td>
</tr>
<tr>
<td>5</td>
<td>Childhood Immunization Status (CIS-CH)</td>
</tr>
<tr>
<td>6</td>
<td>Colorectal Cancer Screening (COL)</td>
</tr>
<tr>
<td>7</td>
<td>Comprehensive Diabetes Care: Hemoglobin A1C Testing (HA1C-AD)*</td>
</tr>
<tr>
<td>8</td>
<td>Comprehensive Diabetes Care: Hemoglobin A1C Poor Control (HPC-AD) *</td>
</tr>
<tr>
<td>9</td>
<td>Follow-Up After Hospitalization For Mental Illness (FUH-AD/CH)*</td>
</tr>
<tr>
<td>10</td>
<td>Follow-Up Care For Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication (ADD-CH)</td>
</tr>
<tr>
<td>11</td>
<td>Lead Screening In Children (LSC)</td>
</tr>
<tr>
<td>12</td>
<td>Low Birth Weight Rate (PQI 09)</td>
</tr>
<tr>
<td>13</td>
<td>Medication Management For People With Asthma (MMA-CH)*</td>
</tr>
</tbody>
</table>
Audit Review Table - To Be Completed by Auditor

<table>
<thead>
<tr>
<th>Measure #</th>
<th>Measure/Data Element</th>
<th>Audit Status</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>14</td>
<td>Mental Health Utilization (MPT)*</td>
<td>R</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Weight Assessment and Counseling for Nutrition and Physical Activity For Children/Adolescents: Body Mass Index Assessment For Children/Adolescents (WCC-CH)</td>
<td>R</td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Well-Child Visits In The First 15 Months Of Life (W15-CH)</td>
<td>R</td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Well-Child Visits In The Third, Fourth, Fifth And Sixth Years Of Life (W34-CH)</td>
<td>R</td>
<td></td>
</tr>
</tbody>
</table>

*Age stratifications were calculated using the CMS Core Measure Set.
# Adolescent Well-Care Visits (AWC)

<table>
<thead>
<tr>
<th>Data Element</th>
<th>General Measure Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reporting Year</td>
<td>SFY 2018</td>
</tr>
<tr>
<td>Measurement Period</td>
<td>CY 2017</td>
</tr>
<tr>
<td>Data Collection Methodology</td>
<td>A</td>
</tr>
<tr>
<td>Eligible Population</td>
<td>61,497</td>
</tr>
<tr>
<td>Numerator Events by Administrative Data</td>
<td>30,916</td>
</tr>
<tr>
<td>Reported Rate</td>
<td>50.27%</td>
</tr>
</tbody>
</table>

Validated CY 2017 Performance Measures for Amerigroup
### Adult Body Mass Index Assessment (ABA-AD)

<table>
<thead>
<tr>
<th>Data Element</th>
<th>General Measure Data</th>
<th>Ages 18-64</th>
<th>Ages 65-74</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reporting Year</td>
<td>SFY 2018</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measurement Period</td>
<td>2017</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>8,635</td>
<td>2</td>
</tr>
<tr>
<td>Numerator Events by Administrative Data</td>
<td></td>
<td>4,221</td>
<td>2</td>
</tr>
<tr>
<td>Reported Rate</td>
<td></td>
<td><strong>48.88%</strong></td>
<td>NA</td>
</tr>
</tbody>
</table>
# Breast Cancer Screening (BCS-AD)

<table>
<thead>
<tr>
<th>Data Element</th>
<th>General Measure Data</th>
<th>Ages 50-64</th>
<th>Ages 65-74</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reporting Year</td>
<td>SFY 2018</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measurement Period</td>
<td>CY 2017</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>583</td>
<td>1</td>
</tr>
<tr>
<td>Numerator Events by Administrative Data</td>
<td></td>
<td>393</td>
<td>0</td>
</tr>
<tr>
<td>Reported Rate</td>
<td></td>
<td>67.41%</td>
<td>NA</td>
</tr>
</tbody>
</table>

Appendix C: Department of Community Health, State of Georgia
Validated CY 2017 Performance Measures for Amerigroup

Page 6 of 21
## Cervical Cancer Screening (CCS-AD)

<table>
<thead>
<tr>
<th>Data Element</th>
<th>General Measure Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reporting Year</td>
<td>SFY 2018</td>
</tr>
<tr>
<td>Measurement Period</td>
<td>CY 2017</td>
</tr>
<tr>
<td>Data Collection Methodology</td>
<td>A</td>
</tr>
<tr>
<td>Eligible Population</td>
<td>19,771</td>
</tr>
<tr>
<td>Numerator Events by Administrative Data</td>
<td>11,736</td>
</tr>
<tr>
<td>Reported Rate</td>
<td>59.36%</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 2018</td>
</tr>
<tr>
<td>Measurement Period</td>
<td>CY 2017</td>
</tr>
<tr>
<td>Data Collection Methodology</td>
<td>A</td>
</tr>
<tr>
<td>Eligible Population</td>
<td>9,695</td>
</tr>
<tr>
<td>Numerator Events by Administrative Data</td>
<td>7,479</td>
</tr>
<tr>
<td>Reported Rate</td>
<td>77.14%</td>
</tr>
</tbody>
</table>
## Colorectal Cancer Screening (COL)

<table>
<thead>
<tr>
<th>Data Element</th>
<th>General Measure Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reporting Year</td>
<td>SFY 2018</td>
</tr>
<tr>
<td>Measurement Period</td>
<td>CY 2017</td>
</tr>
<tr>
<td>Data Collection Methodology</td>
<td>A</td>
</tr>
<tr>
<td>Eligible Population</td>
<td>990</td>
</tr>
<tr>
<td>Numerator Events by Administrative Data</td>
<td>330</td>
</tr>
<tr>
<td>Reported Rate</td>
<td>33.33%</td>
</tr>
</tbody>
</table>
## Comprehensive Diabetes Care: Hemoglobin A1C Testing

<table>
<thead>
<tr>
<th>Data Element</th>
<th>General Measure Data</th>
<th>Ages 18-64</th>
<th>Ages 65-75</th>
<th>Total (Ages 18-75)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reporting Year</td>
<td>SFY 2018</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measurement Period</td>
<td>CY 2017</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</td>
<td></td>
<td>1,790</td>
<td>1</td>
<td>1,791</td>
</tr>
<tr>
<td>Numerator Events by Administrative Data</td>
<td></td>
<td>1,452</td>
<td>1</td>
<td>1,453</td>
</tr>
<tr>
<td>Reported Rate</td>
<td></td>
<td>81.12%</td>
<td>NA</td>
<td>81.13%</td>
</tr>
</tbody>
</table>
### Comprehensive Diabetes Care: Hemoglobin A1C Poor Control (HPC-AD)

<table>
<thead>
<tr>
<th>Data Element</th>
<th>General Measure Data</th>
<th>Ages 18-64</th>
<th>Ages 65-75</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reporting Year</td>
<td>SFY 2018</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measurement Period</td>
<td>CY 2017</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</td>
<td></td>
<td>1,790</td>
<td>1</td>
<td>1,791</td>
</tr>
<tr>
<td>Numerator Events by Administrative Data</td>
<td></td>
<td>1,321</td>
<td>1</td>
<td>1,322</td>
</tr>
<tr>
<td>Reported Rate</td>
<td></td>
<td>73.80%</td>
<td>NA</td>
<td>73.81%</td>
</tr>
</tbody>
</table>
## Follow-Up After Hospitalization For Mental Illness (FUH-AD/CH)

<table>
<thead>
<tr>
<th>Data Element</th>
<th>General Measure Data</th>
<th>7-Day Follow-Up</th>
<th>30-Day Follow-Up</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ages 6-20</td>
<td>Ages 21-64</td>
</tr>
<tr>
<td>Reporting Year</td>
<td>SFY 2018</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measurement Period</td>
<td>CY 2017</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>1121 451 0</td>
<td>1121</td>
<td>451</td>
</tr>
<tr>
<td>Numerator Events by Administrative Data</td>
<td>555 163 0</td>
<td>555</td>
<td>163</td>
</tr>
<tr>
<td>Reported Rate</td>
<td>49.51% 36.14% NA 70.03% 53.22% NA</td>
<td>49.51%</td>
<td>36.14%</td>
</tr>
</tbody>
</table>
### Follow-Up Care For Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication (ADD-CH)

<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>Reporting Year</td>
<td>SFY 2018</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measurement Period</td>
<td>CY 2017</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>3,544 559</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Numerator Events by Administrative Data</td>
<td>1,764 368</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reported Rate</td>
<td>49.77% 65.83%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Immunization for Adolescents (IMA-CH)

<table>
<thead>
<tr>
<th>Data Element</th>
<th>General Measure Data</th>
<th>Combo 1</th>
<th>Combo 2</th>
<th>Meningococcal</th>
<th>Tdap/Td</th>
<th>HPV</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reporting Year</td>
<td>SFY 2018</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td>91.96%</td>
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<td>Reported Rate</td>
<td>77.66%</td>
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### Low Birth Weight Rate (PQI 09)

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<td>CY 2017</td>
</tr>
<tr>
<td>Data Collection Methodology</td>
<td>A</td>
</tr>
<tr>
<td>Eligible Population</td>
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<td>Numerator Events by Administrative Data</td>
<td>1,251</td>
</tr>
<tr>
<td>Reported Rate (Per 1,000 members)</td>
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## Medication Management for People With Asthma (MMA-CH)

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<th>General Measure Data</th>
<th>50 % Compliance Ages 5-11</th>
<th>50 % Compliance Ages 12-18</th>
<th>50 % Compliance Ages 19-20</th>
<th>50 % Compliance Total</th>
<th>75 % Compliance Ages 5-11</th>
<th>75 % Compliance Ages 12-18</th>
<th>75 % Compliance Ages 19-20</th>
<th>75 % Compliance Total</th>
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</thead>
<tbody>
<tr>
<td>Reporting Year</td>
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<td></td>
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<td>CY 2017</td>
<td></td>
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<td>Data Collection Methodology</td>
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<td></td>
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<tr>
<td>Eligible Population</td>
<td>1,778</td>
<td>1,037</td>
<td>16</td>
<td>2,831</td>
<td>1,778</td>
<td>1,037</td>
<td>16</td>
<td>2,831</td>
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<td>Numerator Events by Administrative Data</td>
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<td>1,310</td>
<td>384</td>
<td>241</td>
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<td>627</td>
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<tr>
<td>Reported Rate</td>
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<td></td>
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<td></td>
</tr>
</tbody>
</table>

*Reported Rate: 45.50%, 47.54%, NA, 46.27%, 21.60%, 23.24%, NA, 22.15%*
### Appendix C: Department of Community Health, State of Georgia
Validated CY 2017 Performance Measures for Amerigroup

#### Mental Health Utilization (MPT)

<table>
<thead>
<tr>
<th>Age</th>
<th>Member Months</th>
<th>Any Service</th>
<th>Inpatient</th>
<th>Intensive Outpatient/Partial Hospitalization</th>
<th>Outpatient</th>
<th>ED</th>
<th>Telehealth</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Male</td>
<td>Female</td>
<td>Total</td>
<td>Male</td>
<td>Female</td>
<td>Total</td>
</tr>
<tr>
<td>0-12</td>
<td></td>
<td>1,244,477</td>
<td>1,217,782</td>
<td>2,462,259</td>
<td>10,670</td>
<td>55</td>
<td>11,117</td>
</tr>
<tr>
<td>13-17</td>
<td></td>
<td>375,144</td>
<td>376,829</td>
<td>751,973</td>
<td>10,409</td>
<td>126</td>
<td>11,535</td>
</tr>
<tr>
<td>18-64</td>
<td></td>
<td>123,658</td>
<td>627,773</td>
<td>751,431</td>
<td>10,607</td>
<td>2</td>
<td>10,609</td>
</tr>
<tr>
<td>65+</td>
<td></td>
<td>57</td>
<td>66</td>
<td>123</td>
<td>1,744,336</td>
<td>105</td>
<td>1,755,391</td>
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<td>2,222,450</td>
<td>4</td>
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<tr>
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<td>1,743,336</td>
<td>2,222,450</td>
<td>3,965,786</td>
<td>17,327</td>
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<td>17,331</td>
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<table>
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<th>Age</th>
<th>Number</th>
<th>Percent</th>
<th>Number</th>
<th>Percent</th>
<th>Number</th>
<th>Percent</th>
<th>Number</th>
<th>Percent</th>
<th>Number</th>
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<th>Number</th>
<th>Percent</th>
<th>Number</th>
<th>Percent</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
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<td>Male</td>
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<td>10,670</td>
<td>10.29%</td>
<td>9</td>
<td>0.01%</td>
<td>10,607</td>
<td>10.23%</td>
<td>2</td>
<td>0.00%</td>
<td>0</td>
<td>0.00%</td>
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<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Female</td>
<td>0-12</td>
<td>6,775</td>
<td>6.68%</td>
<td>108</td>
<td>0.01%</td>
<td>6,720</td>
<td>6.62%</td>
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<td>0.00%</td>
<td>0</td>
<td>0.00%</td>
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</tr>
<tr>
<td>Total</td>
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<td>8.50%</td>
<td>118</td>
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<td>17,327</td>
<td>8.44%</td>
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<tr>
<td>Female</td>
<td>13-17</td>
<td>4,990</td>
<td>15.89%</td>
<td>340</td>
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<td>4,656</td>
<td>14.83%</td>
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<td>0.00%</td>
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<td>Total</td>
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<tr>
<td>Male</td>
<td>18-64</td>
<td>834</td>
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<td>81</td>
<td>0.79%</td>
<td>753</td>
<td>7.31%</td>
<td>3</td>
<td>0.03%</td>
<td>0</td>
<td>0.00%</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>18-64</td>
<td>6,209</td>
<td>11.87%</td>
<td>347</td>
<td>0.68%</td>
<td>5,842</td>
<td>11.17%</td>
<td>17</td>
<td>0.03%</td>
<td>0</td>
<td>0.00%</td>
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<tr>
<td>Total</td>
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<td>11.26%</td>
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<td>5,586</td>
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<td>0</td>
<td>0.00%</td>
<td>0</td>
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<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Female</td>
<td>65+</td>
<td>6,209</td>
<td>11.87%</td>
<td>347</td>
<td>0.68%</td>
<td>5,842</td>
<td>11.17%</td>
<td>17</td>
<td>0.03%</td>
<td>0</td>
<td>0.00%</td>
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<tr>
<td>Total</td>
<td>65+</td>
<td>6,209</td>
<td>11.87%</td>
<td>347</td>
<td>0.68%</td>
<td>5,842</td>
<td>11.17%</td>
<td>17</td>
<td>0.03%</td>
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<td>0.00%</td>
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</tbody>
</table>

**Notes:**
- The data represents the number of member months for each age group and gender.
- The percentages are calculated based on the total member months for each category.
- The total numbers may not add up due to rounding.

---

**Member Months**

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<tr>
<th>Age</th>
<th>Member Months</th>
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<th>Intensive Outpatient/Partial Hospitalization</th>
<th>Outpatient</th>
<th>ED</th>
<th>Telehealth</th>
</tr>
</thead>
<tbody>
<tr>
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<td>Total</td>
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<td>1,244,477</td>
<td>1,217,782</td>
<td>2,462,259</td>
<td>10,670</td>
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<td>376,829</td>
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<td>627,773</td>
<td>751,431</td>
<td>10,607</td>
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</tr>
<tr>
<td>65+</td>
<td></td>
<td>57</td>
<td>66</td>
<td>123</td>
<td>1,744,336</td>
<td>105</td>
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<td>0</td>
<td>2,222,450</td>
<td>4</td>
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<tr>
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<td>1,743,336</td>
<td>2,222,450</td>
<td>3,965,786</td>
<td>17,327</td>
<td>4</td>
</tr>
</tbody>
</table>

**Notes:**
- The data represents the number of member months for each age group and gender.
- The percentages are calculated based on the total member months for each category.
- The total numbers may not add up due to rounding.
Weight Assessment and Counseling for Nutrition and Physical Activity For Children/Adolescents: Body Mass Index Assessment for Children/Adolescents (WCC-CH)

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<th>General Measure Data</th>
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<td>SFY 2018</td>
</tr>
<tr>
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<td>CY 2017</td>
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<td>Data Collection Methodology</td>
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<td>Eligible Population</td>
<td>117,816</td>
</tr>
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<td>Numerator Events by Administrative Data</td>
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</tr>
<tr>
<td>Reported Rate</td>
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## Well-Child Visits In The First 15 Months Of Life (W15-CH)

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<th>Two well-child visits</th>
<th>Three well-child visits</th>
<th>Four well-child visits</th>
<th>Five well-child visits</th>
<th>Six or more well-child visits</th>
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</thead>
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<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>Measurement Period</td>
<td>CY 2017</td>
<td></td>
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</tr>
<tr>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
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</tr>
<tr>
<td>Numerator Events by Administrative Data</td>
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<tr>
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<td>1.82%</td>
<td>2.19%</td>
<td>3.63%</td>
<td>4.86%</td>
<td>8.24%</td>
<td>14.92%</td>
<td>64.33%</td>
<td></td>
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</tbody>
</table>
### Well-Child Visits In The Third, Fourth, Fifth And Sixth Years Of Life (W34-CH)

<p>| | |</p>
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<td><strong>Reporting Age Group</strong></td>
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<td><strong>Measurement Period</strong></td>
<td>CY 2017</td>
</tr>
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<td><strong>Data Collection Methodology</strong></td>
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</tr>
<tr>
<td><strong>Eligible Population</strong></td>
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<td><strong>Numerator Events by Administrative Data</strong></td>
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<tr>
<td><strong>Reported Rate</strong></td>
<td>70.22%</td>
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Appendix D. HEDIS Interactive Data Submission System Data

Appendix D contains Amerigroup Community Care’s reported IDSS data from its NCQA HEDIS Compliance Audit.
### Audit Review Table

AMGP Georgia Managed Care Company, Inc. d/b/a Amerigroup Community Care (Org ID: 7359, SubID: 10188, Medicaid, Spec Area: None, Spec Proj: Measurement Year - 2017; Date & Timestamp - 6/12/2018 12:01:30 PM

The Auditor lock has been applied to this submission.

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<th>Measure/Data Element</th>
<th>Benefit Offered</th>
<th>Rate</th>
<th>Audit Designation</th>
<th>Comment</th>
</tr>
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<tr>
<td><strong>Effectiveness of Care: Prevention and</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adult BMI Assessment (aba)</td>
<td></td>
<td>87.10%</td>
<td>R</td>
<td>Reportable</td>
</tr>
<tr>
<td>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (wcc)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BMI Percentile</td>
<td></td>
<td>81.75%</td>
<td>R</td>
<td>Reportable</td>
</tr>
<tr>
<td>Counseling for Nutrition</td>
<td></td>
<td>75.91%</td>
<td>R</td>
<td>Reportable</td>
</tr>
<tr>
<td>Counseling for Physical Activity</td>
<td></td>
<td>70.80%</td>
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<td><strong>Childhood Immunization Status (cis)</strong></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>DTaP</td>
<td></td>
<td>85.89%</td>
<td>R</td>
<td>Reportable</td>
</tr>
<tr>
<td>IPV</td>
<td></td>
<td>95.62%</td>
<td>R</td>
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</tr>
<tr>
<td>MMR</td>
<td></td>
<td>94.16%</td>
<td>R</td>
<td>Reportable</td>
</tr>
<tr>
<td>HiB</td>
<td></td>
<td>92.94%</td>
<td>R</td>
<td>Reportable</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td></td>
<td>96.35%</td>
<td>R</td>
<td>Reportable</td>
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<tr>
<td>VZV</td>
<td></td>
<td>95.13%</td>
<td>R</td>
<td>Reportable</td>
</tr>
<tr>
<td>Pneumococcal Conjugate</td>
<td></td>
<td>86.37%</td>
<td>R</td>
<td>Reportable</td>
</tr>
<tr>
<td>Hepatitis A</td>
<td></td>
<td>93.92%</td>
<td>R</td>
<td>Reportable</td>
</tr>
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<td>Rotavirus</td>
<td></td>
<td>80.78%</td>
<td>R</td>
<td>Reportable</td>
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<td>Influenza</td>
<td></td>
<td>38.20%</td>
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<tr>
<td>Combination #2</td>
<td></td>
<td>84.91%</td>
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<td>81.75%</td>
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<td>Reportable</td>
</tr>
<tr>
<td>Combination #4</td>
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<td>81.02%</td>
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</tr>
<tr>
<td>Combination #5</td>
<td></td>
<td>72.51%</td>
<td>R</td>
<td>Reportable</td>
</tr>
<tr>
<td>Combination #6</td>
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<td>35.28%</td>
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<td>Reportable</td>
</tr>
<tr>
<td>Combination #7</td>
<td></td>
<td>71.78%</td>
<td>R</td>
<td>Reportable</td>
</tr>
<tr>
<td>Combination #8</td>
<td></td>
<td>35.04%</td>
<td>R</td>
<td>Reportable</td>
</tr>
<tr>
<td>Combination #9</td>
<td></td>
<td>32.85%</td>
<td>R</td>
<td>Reportable</td>
</tr>
<tr>
<td>Combination #10</td>
<td></td>
<td>32.60%</td>
<td>R</td>
<td>Reportable</td>
</tr>
<tr>
<td><strong>Immunizations for Adolescents (ima)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meningococcal</td>
<td></td>
<td>92.94%</td>
<td>R</td>
<td>Reportable</td>
</tr>
<tr>
<td>Appendix D: Department of Community Health, State of Georgia</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-------------------------------------------------------------</td>
<td></td>
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<td></td>
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<tr>
<td>HEDIS Interactive Data Submission System Data for Amerigroup</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th></th>
<th>Reportable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tdap</td>
<td>90.75%</td>
</tr>
<tr>
<td>HPV</td>
<td>35.52%</td>
</tr>
<tr>
<td>Combination #1</td>
<td>90.27%</td>
</tr>
<tr>
<td>Combination #2</td>
<td>34.79%</td>
</tr>
<tr>
<td>Lead Screening in Children (lsc)</td>
<td>79.17%</td>
</tr>
<tr>
<td>Breast Cancer Screening (bcs)</td>
<td>67.47%</td>
</tr>
<tr>
<td>Cervical Cancer Screening (ccs)</td>
<td>67.12%</td>
</tr>
<tr>
<td>Chlamydia Screening in Women (chl)</td>
<td></td>
</tr>
<tr>
<td>16-20 Years</td>
<td>61.68%</td>
</tr>
<tr>
<td>21-24 Years</td>
<td>65.95%</td>
</tr>
<tr>
<td>Total</td>
<td>62.79%</td>
</tr>
<tr>
<td>Effectiveness of Care: Respiratory</td>
<td></td>
</tr>
<tr>
<td>Appropriate Testing for Children with Pharyngitis (cwp)</td>
<td>Y</td>
</tr>
<tr>
<td>Use of Spirometry Testing in the Assessment and Diagnosis of COPD (spr)</td>
<td></td>
</tr>
<tr>
<td>Pharmacotherapy Management of COPD Exacerbation (pce)</td>
<td>Y</td>
</tr>
<tr>
<td>Systemic Corticosteroid</td>
<td>74.47%</td>
</tr>
<tr>
<td>Bronchodilator</td>
<td>85.11%</td>
</tr>
<tr>
<td>Medication Management for People With Asthma (mma)</td>
<td>Y</td>
</tr>
<tr>
<td>5-11 Years: Medication Compliance 50%</td>
<td>45.50%</td>
</tr>
<tr>
<td>5-11 Years: Medication Compliance 75%</td>
<td>21.60%</td>
</tr>
<tr>
<td>12-18 Years: Medication Compliance 50%</td>
<td>47.54%</td>
</tr>
<tr>
<td>12-18 Years: Medication Compliance 75%</td>
<td>23.24%</td>
</tr>
<tr>
<td>19-50 Years: Medication Compliance 50%</td>
<td>53.33%</td>
</tr>
<tr>
<td>19-50 Years: Medication Compliance 75%</td>
<td>28.00%</td>
</tr>
<tr>
<td>51-64 Years: Medication Compliance 50%</td>
<td>74.19%</td>
</tr>
<tr>
<td>51-64 Years: Medication Compliance 75%</td>
<td>29.03%</td>
</tr>
<tr>
<td>Total: Medication Compliance 50%</td>
<td>46.90%</td>
</tr>
<tr>
<td>Total: Medication Compliance 75%</td>
<td>22.56%</td>
</tr>
<tr>
<td>Asthma Medication Ratio (amr)</td>
<td></td>
</tr>
<tr>
<td>5-11 Years</td>
<td>76.17%</td>
</tr>
<tr>
<td>12-18 Years</td>
<td>66.89%</td>
</tr>
<tr>
<td>19-50 Years</td>
<td>49.76%</td>
</tr>
</tbody>
</table>

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## Appendix D: Department of Community Health, State of Georgia

**HEDIS Interactive Data Submission System Data for Amerigroup**

### 51-64 Years
- **Total**: 56.41% R Reportable
- **Total**: 71.03% R Reportable

### Effectiveness of Care: Cardiovascular

<table>
<thead>
<tr>
<th>Measure</th>
<th>Reportable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Controlling High Blood Pressure (cbp)</td>
<td>44.53%</td>
</tr>
<tr>
<td>Persistence of Beta-Blocker Treatment After a Heart Attack (pbh)</td>
<td>Y 45.45%</td>
</tr>
<tr>
<td>Statin Therapy for Patients With Cardiovascular Disease (spc)</td>
<td>Y</td>
</tr>
<tr>
<td>Received Statin Therapy: 21-75 Years (Male)</td>
<td>78.95%</td>
</tr>
<tr>
<td>Statin Adherence 80%: 21-75 Years (Male)</td>
<td>33.33%</td>
</tr>
<tr>
<td>Received Statin Therapy: 40-75 Years (Female)</td>
<td>76.60%</td>
</tr>
<tr>
<td>Statin Adherence 80%: 40-75 Years (Female)</td>
<td>44.44%</td>
</tr>
<tr>
<td>Received Statin Therapy: Total</td>
<td>77.27%</td>
</tr>
<tr>
<td>Statin Adherence 80%: Total</td>
<td>41.18%</td>
</tr>
</tbody>
</table>

### Effectiveness of Care: Diabetes

<table>
<thead>
<tr>
<th>Measure</th>
<th>Reportable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comprehensive Diabetes Care (cdc)</td>
<td></td>
</tr>
<tr>
<td>Hemoglobin A1c (HbA1c) Testing</td>
<td>83.58%</td>
</tr>
<tr>
<td>HbA1c Poor Control (&gt;9.0%)</td>
<td>53.10%</td>
</tr>
<tr>
<td>HbA1c Control (&lt;8.0%)</td>
<td>39.60%</td>
</tr>
<tr>
<td>HbA1c Control (&lt;7.0%)</td>
<td>31.91%</td>
</tr>
<tr>
<td>Eye Exam (Retinal) Performed</td>
<td>42.34%</td>
</tr>
<tr>
<td>Medical Attention for Nephropathy</td>
<td>91.42%</td>
</tr>
<tr>
<td>Blood Pressure Control (&lt;140/90 mm Hg)</td>
<td>58.03%</td>
</tr>
<tr>
<td>Statin Therapy for Patients With Diabetes (spd)</td>
<td>Y</td>
</tr>
<tr>
<td>Received Statin Therapy</td>
<td>54.20%</td>
</tr>
<tr>
<td>Statin Adherence 80%</td>
<td>39.93%</td>
</tr>
</tbody>
</table>

### Effectiveness of Care: Musculoskeletal

<table>
<thead>
<tr>
<th>Measure</th>
<th>Reportable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disease-Modifying Anti-Rheumatic Drug Therapy in Rheumatoid Arthritis (art)</td>
<td>Y 73.58%</td>
</tr>
</tbody>
</table>

### Effectiveness of Care: Behavioral

<table>
<thead>
<tr>
<th>Measure</th>
<th>Reportable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antidepressant Medication Management (amm)</td>
<td>Y 49.69%</td>
</tr>
<tr>
<td>Effective Acute Phase Treatment</td>
<td>49.69%</td>
</tr>
<tr>
<td>Effective Continuation Phase Treatment</td>
<td>31.70%</td>
</tr>
<tr>
<td>Follow-Up Care for Children Prescribed ADHD Medication (add)</td>
<td>Y</td>
</tr>
<tr>
<td>Initiation Phase</td>
<td>49.77%</td>
</tr>
<tr>
<td>Continuation and Maintenance (C&amp;M) Phase</td>
<td>65.83%</td>
</tr>
<tr>
<td>Measure</td>
<td>Status</td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>--------</td>
</tr>
<tr>
<td><strong>Follow-Up After Hospitalization for Mental Illness (fuh)</strong></td>
<td>Y</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Follow-Up After Emergency Department Visit for Mental Illness (fum)</strong></td>
<td>Y</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (fua)</strong></td>
<td>Y</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
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<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medication (ssd)</strong></td>
<td>Y</td>
</tr>
<tr>
<td><strong>Diabetes Monitoring for People With Diabetes and Schizophrenia (smd)</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia (smc)</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Adherence to Antipsychotic Medications for Individuals With Schizophrenia (saa)</strong></td>
<td>Y</td>
</tr>
<tr>
<td><strong>Metabolic Monitoring for Children and Adolescents on Antipsychotics (apm)</strong></td>
<td>Y</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
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</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Annual Monitoring for Patients on Persistent Medications (mpm)</th>
<th>Y</th>
<th>89.76%</th>
<th>R</th>
<th>Reportable</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACE Inhibitors or ARBs</td>
<td>89.76%</td>
<td>R</td>
<td>Reportable</td>
<td></td>
</tr>
<tr>
<td>Diuretics</td>
<td>88.63%</td>
<td>R</td>
<td>Reportable</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>89.22%</td>
<td>R</td>
<td>Reportable</td>
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</tbody>
</table>

**Effectiveness of Care:**

<table>
<thead>
<tr>
<th>Non-Recommended Cervical Cancer Screening in Adolescent Females (ncs)</th>
<th>Y</th>
<th>1.14%</th>
<th>R</th>
<th>Reportable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appropriate Treatment for Children With URI (uri)</td>
<td>Y</td>
<td>89.80%</td>
<td>R</td>
<td>Reportable</td>
</tr>
<tr>
<td>Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (aab)</td>
<td>Y</td>
<td>31.65%</td>
<td>R</td>
<td>Reportable</td>
</tr>
<tr>
<td>Use of Imaging Studies for Low Back Pain (lbp)</td>
<td>Y</td>
<td>75.24%</td>
<td>R</td>
<td>Reportable</td>
</tr>
<tr>
<td>Use of Multiple Concurrent Antipsychotics in Children and Adolescents (apc)</td>
<td>Y</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1-5 Years</td>
<td>0.00%</td>
<td>NA</td>
<td>Small Denominator</td>
<td></td>
</tr>
<tr>
<td>6-11 Years</td>
<td>2.11%</td>
<td>R</td>
<td>Reportable</td>
<td></td>
</tr>
<tr>
<td>12-17 Years</td>
<td>4.23%</td>
<td>R</td>
<td>Reportable</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>3.36%</td>
<td>R</td>
<td>Reportable</td>
<td></td>
</tr>
<tr>
<td>Use of Opioids at High Dosage (uod)</td>
<td>Y</td>
<td>47.94%</td>
<td>R</td>
<td>Reportable</td>
</tr>
<tr>
<td>Use of Opioids From Multiple Providers (uop)</td>
<td>Y</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Multiple Prescribers</td>
<td>286.05</td>
<td>R</td>
<td>Reportable</td>
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<tr>
<td>Multiple Pharmacies</td>
<td>79.48</td>
<td>R</td>
<td>Reportable</td>
<td></td>
</tr>
<tr>
<td>Multiple Prescribers and Multiple Pharmacies</td>
<td>49.30</td>
<td>R</td>
<td>Reportable</td>
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</tbody>
</table>

**Access/Availability of Care**

<table>
<thead>
<tr>
<th>Adults’ Access to Preventive/Ambulatory Health Services (aap)</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>20-44 Years</td>
<td>77.61%</td>
<td>R</td>
<td>Reportable</td>
<td></td>
</tr>
<tr>
<td>45-64 Years</td>
<td>85.36%</td>
<td>R</td>
<td>Reportable</td>
<td></td>
</tr>
<tr>
<td>65+ Years</td>
<td>42.86%</td>
<td>NA</td>
<td>Small Denominator</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>78.76%</td>
<td>R</td>
<td>Reportable</td>
<td></td>
</tr>
<tr>
<td>Children and Adolescents’ Access to Primary Care Practitioners (cap)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12-24 Months</td>
<td>95.51%</td>
<td>R</td>
<td>Reportable</td>
<td></td>
</tr>
<tr>
<td>25 Months - 6 Years</td>
<td>89.09%</td>
<td>R</td>
<td>Reportable</td>
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</tbody>
</table>
## Appendix D: Department of Community Health, State of Georgia

### HEDIS Interactive Data Submission System Data for Amerigroup

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Reportable Rate</th>
<th>Percent R</th>
<th>Reportable</th>
</tr>
</thead>
<tbody>
<tr>
<td>7-11 Years</td>
<td>91.18%</td>
<td>R</td>
<td>Reportable</td>
</tr>
<tr>
<td>12-19 Years</td>
<td>88.89%</td>
<td>R</td>
<td>Reportable</td>
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</tbody>
</table>

### Annual Dental Visit (adv)

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Reportable Rate</th>
<th>Percent R</th>
<th>Reportable</th>
</tr>
</thead>
<tbody>
<tr>
<td>2-3 Years</td>
<td>44.18%</td>
<td>R</td>
<td>Reportable</td>
</tr>
<tr>
<td>4-6 Years</td>
<td>75.04%</td>
<td>R</td>
<td>Reportable</td>
</tr>
<tr>
<td>7-10 Years</td>
<td>77.69%</td>
<td>R</td>
<td>Reportable</td>
</tr>
<tr>
<td>11-14 Years</td>
<td>72.06%</td>
<td>R</td>
<td>Reportable</td>
</tr>
<tr>
<td>15-18 Years</td>
<td>60.61%</td>
<td>R</td>
<td>Reportable</td>
</tr>
<tr>
<td>19-20 Years</td>
<td>35.51%</td>
<td>R</td>
<td>Reportable</td>
</tr>
<tr>
<td>Total</td>
<td>67.84%</td>
<td>R</td>
<td>Reportable</td>
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</table>

### Initiation and Engagement of AOD Abuse or Dependence

<table>
<thead>
<tr>
<th>Treatment Type</th>
<th>Reportable Rate</th>
<th>Percent R</th>
<th>Reportable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol abuse or dependence: Initiation of AOD Treatment: 13-17 Years</td>
<td>44.44%</td>
<td>R</td>
<td>Reportable</td>
</tr>
<tr>
<td>Alcohol abuse or dependence: Engagement of AOD Treatment: 13-17 Years</td>
<td>8.89%</td>
<td>R</td>
<td>Reportable</td>
</tr>
<tr>
<td>Opioid abuse or dependence: Initiation of AOD Treatment: 13-17 Years</td>
<td>44.44%</td>
<td>NA</td>
<td>Small Denominator</td>
</tr>
<tr>
<td>Opioid abuse or dependence: Engagement of AOD Treatment: 13-17 Years</td>
<td>0.00%</td>
<td>NA</td>
<td>Small Denominator</td>
</tr>
<tr>
<td>Other drug abuse or dependence: Initiation of AOD Treatment: 13-17 Years</td>
<td>45.33%</td>
<td>R</td>
<td>Reportable</td>
</tr>
<tr>
<td>Other drug abuse or dependence: Engagement of AOD Treatment: 13-17 Years</td>
<td>13.33%</td>
<td>R</td>
<td>Reportable</td>
</tr>
<tr>
<td>Total: Initiation of AOD Treatment: 13-17 Years</td>
<td>43.98%</td>
<td>R</td>
<td>Reportable</td>
</tr>
<tr>
<td>Total: Engagement of AOD Treatment: 13-17 Years</td>
<td>12.78%</td>
<td>R</td>
<td>Reportable</td>
</tr>
<tr>
<td>Alcohol abuse or dependence: Initiation of AOD Treatment: 18+ Years</td>
<td>45.53%</td>
<td>R</td>
<td>Reportable</td>
</tr>
<tr>
<td>Alcohol abuse or dependence: Engagement of AOD Treatment: 18+ Years</td>
<td>12.63%</td>
<td>R</td>
<td>Reportable</td>
</tr>
<tr>
<td>Opioid abuse or dependence: Initiation of AOD Treatment: 18+ Years</td>
<td>45.69%</td>
<td>R</td>
<td>Reportable</td>
</tr>
<tr>
<td>Opioid abuse or dependence: Engagement of AOD Treatment: 18+ Years</td>
<td>18.10%</td>
<td>R</td>
<td>Reportable</td>
</tr>
<tr>
<td>Other drug abuse or dependence: Initiation of AOD Treatment: 18+ Years</td>
<td>44.28%</td>
<td>R</td>
<td>Reportable</td>
</tr>
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</table>
### Appendix D: Department of Community Health, State of Georgia
#### HEDIS Interactive Data Submission System Data for Amerigroup

<table>
<thead>
<tr>
<th>Category</th>
<th>Measurement</th>
<th>Percentage</th>
<th>Reportable</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Other drug abuse or dependence: Engagement of AOD Treatment: 18+ Years</strong></td>
<td>Total: Initiation of AOD Treatment: 18+ Years</td>
<td>43.80%</td>
<td>R</td>
</tr>
<tr>
<td></td>
<td>Total: Engagement of AOD Treatment: 18+ Years</td>
<td>12.75%</td>
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</tr>
<tr>
<td><strong>Alcohol abuse or dependence: Initiation of AOD Treatment: Total</strong></td>
<td>Total: Initiation of AOD Treatment: Total</td>
<td>45.41%</td>
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<tr>
<td></td>
<td>Total: Engagement of AOD Treatment: Total</td>
<td>12.24%</td>
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<td><strong>Opioid abuse or dependence: Initiation of AOD Treatment: Total</strong></td>
<td>Total: Initiation of AOD Treatment: Total</td>
<td>45.66%</td>
<td>R</td>
</tr>
<tr>
<td></td>
<td>Total: Engagement of AOD Treatment: Total</td>
<td>17.65%</td>
<td>R</td>
</tr>
<tr>
<td><strong>Other drug abuse or dependence: Initiation of AOD Treatment: Total</strong></td>
<td>Total: Initiation of AOD Treatment: Total</td>
<td>44.54%</td>
<td>R</td>
</tr>
<tr>
<td></td>
<td>Total: Engagement of AOD Treatment: Total</td>
<td>11.89%</td>
<td>R</td>
</tr>
<tr>
<td><strong>Total: Initiation of AOD Treatment: Total</strong></td>
<td>Total: Engagement of AOD Treatment: Total</td>
<td>43.83%</td>
<td>R</td>
</tr>
<tr>
<td><strong>Total: Engagement of AOD Treatment: Total</strong></td>
<td>Total: Engagement of AOD Treatment: Total</td>
<td>12.75%</td>
<td>R</td>
</tr>
</tbody>
</table>

| **Prenatal and Postpartum Care (ppc)**                                   | Timeliness of Prenatal Care                                                 | 78.06%     | R          |
|                                                                          | Postpartum Care                                                             | 67.50%     | R          |

| **Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (app)** | Y | NA | Small Denominator |
|                                                                                                                                  |   |    |                  |
| 1-5 Years                                                                | 72.22% | NA | Small Denominator |
| 6-11 Years                                                               | 70.15% | R  | Reportable       |
| 12-17 Years                                                              | 65.17% | R  | Reportable       |
| **Total**                                                                | 67.45% | R  | Reportable       |

<table>
<thead>
<tr>
<th><strong>Utilization</strong></th>
<th><strong>Well-Child Visits in the First 15 Months of Life (w15)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>0 Visits</td>
<td>0.97%</td>
</tr>
<tr>
<td>1 Visit</td>
<td>2.92%</td>
</tr>
<tr>
<td>2 Visits</td>
<td>2.68%</td>
</tr>
<tr>
<td>3 Visits</td>
<td>4.87%</td>
</tr>
<tr>
<td>4 Visits</td>
<td>7.30%</td>
</tr>
<tr>
<td>5 Visits</td>
<td>11.68%</td>
</tr>
<tr>
<td>6+ Visits</td>
<td>69.59%</td>
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**CY 2017 Validation of Performance Measures**
<table>
<thead>
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<th>Measure</th>
<th>Value</th>
<th>Reported</th>
<th>Reportable</th>
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</thead>
<tbody>
<tr>
<td>Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life</td>
<td>73.21%</td>
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<tr>
<td>Adolescent Well-Care Visits</td>
<td>54.74%</td>
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<tr>
<td>Frequency of Selected Procedures</td>
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<tr>
<td>Ambulatory Care: Dual Eligibles</td>
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<td>Not Reported</td>
<td></td>
</tr>
<tr>
<td>Ambulatory Care: Disabled</td>
<td>NR</td>
<td>Not Reported</td>
<td></td>
</tr>
<tr>
<td>Ambulatory Care: Other</td>
<td>NR</td>
<td>Not Reported</td>
<td></td>
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<tr>
<td>Inpatient Utilization--General Hospital/Acute Care: Total</td>
<td>R</td>
<td>Reportable</td>
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</tr>
<tr>
<td>Inpatient Utilization--General Hospital/Acute Care: Dual Eligibles</td>
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<td>Not Reported</td>
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<tr>
<td>Inpatient Utilization--General Hospital/Acute Care: Disabled</td>
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<tr>
<td>Inpatient Utilization--General Hospital/Acute Care: Other</td>
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<td>Not Reported</td>
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<tr>
<td>Identification of Alcohol and Other Drug Services: Total</td>
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<td>Reportable</td>
</tr>
<tr>
<td>Identification of Alcohol and Other Drug Services: Dual Eligibles</td>
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<td>NR</td>
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<tr>
<td>Identification of Alcohol and Other Drug Services: Disabled</td>
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<td>NR</td>
<td>Not Reported</td>
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<td>Identification of Alcohol and Other Drug Services: Other</td>
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<td>NR</td>
<td>Not Reported</td>
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<td>Mental Health Utilization: Total</td>
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<td>Mental Health Utilization: Dual Eligibles</td>
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<td>NR</td>
<td>Not Reported</td>
</tr>
<tr>
<td>Mental Health Utilization: Disabled</td>
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<td>NR</td>
<td>Not Reported</td>
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<tr>
<td>Mental Health Utilization: Other</td>
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<td>Not Reported</td>
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<tr>
<td>Antibiotic Utilization: Total</td>
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<td>Antibiotic Utilization: Disabled</td>
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<td>NR</td>
<td>Not Reported</td>
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<td>Antibiotic Utilization: Other</td>
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<td>Not Reported</td>
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<tr>
<td>Standardized Healthcare-Associated Infection Ratio</td>
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**Risk Adjusted Utilization**
### Plan All-Cause Readmissions (pcr)

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### Health Plan Descriptive

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<tbody>
<tr>
<td>Board Certification (bcr)</td>
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<td>R</td>
<td>Reportable</td>
</tr>
<tr>
<td>Enrollment by Product Line: Total (enpa)</td>
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<td>R</td>
<td>Reportable</td>
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<tr>
<td>Enrollment by Product Line: Dual Eligibles (enpb)</td>
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<td>NR</td>
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<tr>
<td>Enrollment by Product Line: Disabled (enpc)</td>
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<tr>
<td>Enrollment by Product Line: Other (enpd)</td>
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<td>Not Reported</td>
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<tr>
<td>Enrollment by State (ebs)</td>
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<td>Reportable</td>
</tr>
<tr>
<td>Language Diversity of Membership (ldm)</td>
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<tr>
<td>Race/Ethnicity Diversity of Membership (rdm)</td>
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</tr>
<tr>
<td>Total Membership (tlm)</td>
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</table>

### Measures Collected using Electronic

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<tr>
<th></th>
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<th>NR</th>
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</thead>
<tbody>
<tr>
<td>Depression Screening and Follow-Up for Adolescents and Adults (dsf)</td>
<td></td>
<td>NR</td>
<td>Not Reported</td>
</tr>
<tr>
<td>Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults (dms)</td>
<td></td>
<td>NR</td>
<td>Not Reported</td>
</tr>
<tr>
<td>Depression and Remission or Response for Adolescents and Adults (drr)</td>
<td></td>
<td>NR</td>
<td>Not Reported</td>
</tr>
<tr>
<td>Unhealthy Alcohol Use Screening and Follow-Up (asf)</td>
<td></td>
<td>NR</td>
<td>Not Reported</td>
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</tbody>
</table>

### CY 2017 Validation of Performance Measures
### Adult BMI Assessment (ABA)

**AMGP Georgia Managed Care Company, Inc. d/b/a**  
**Measurement Year - 2017; Date & Timestamp -**  

<table>
<thead>
<tr>
<th>Data Element</th>
<th>Measure Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measurement year</td>
<td>2017</td>
</tr>
<tr>
<td>Data collection methodology (administrative or hybrid)</td>
<td>H</td>
</tr>
<tr>
<td>Eligible population</td>
<td>9868</td>
</tr>
<tr>
<td>Number of numerator events by administrative data in eligible population (before exclusions)</td>
<td>4122</td>
</tr>
<tr>
<td>Current year’s administrative rate (before exclusions)</td>
<td>41.77%</td>
</tr>
<tr>
<td>Minimum required sample size (MRSS)</td>
<td>411</td>
</tr>
<tr>
<td>Oversampling rate</td>
<td>0.05</td>
</tr>
<tr>
<td>Number of oversample records</td>
<td>21</td>
</tr>
<tr>
<td>Number of numerator events by administrative data in MRSS</td>
<td>194</td>
</tr>
<tr>
<td>Administrative rate on MRSS</td>
<td>47.20%</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>
<td>0</td>
</tr>
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<td>Number of medical records excluded</td>
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</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>411</td>
</tr>
<tr>
<td>Numerator events by administrative data</td>
<td>190</td>
</tr>
<tr>
<td>Numerator events by medical records</td>
<td>164</td>
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</tbody>
</table>
### Appendix D: Department of Community Health, State of Georgia
HEDIS Interactive Data Submission System Data for Amerigroup

<table>
<thead>
<tr>
<th>Numerator events by supplemental data</th>
<th>4</th>
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</thead>
<tbody>
<tr>
<td>Reported rate</td>
<td>87.10%</td>
</tr>
<tr>
<td>Lower 95% confidence interval</td>
<td>83.74%</td>
</tr>
<tr>
<td>Upper 95% confidence interval</td>
<td>90.47%</td>
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</tbody>
</table>
## Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)

**Measure Year - 2017; Date & Timestamp - 6/12/2018 12:01:30 PM**

<table>
<thead>
<tr>
<th>Data Element</th>
<th>Measure Data</th>
<th>BMI Percentile</th>
<th>Counseling for Nutrition</th>
<th>Counseling for Physical Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>3-11 years</td>
<td>12-17 years</td>
<td>Total</td>
</tr>
<tr>
<td>Measurement year</td>
<td>2017</td>
<td>H</td>
<td>H</td>
<td>H</td>
</tr>
<tr>
<td>Eligible population</td>
<td>116,065</td>
<td>116,065</td>
<td>116,065</td>
<td>116,065</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>39662</td>
<td>18647</td>
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<td>57.86%</td>
<td>57.86%</td>
<td>57.86%</td>
<td>48.42%</td>
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<td>Minimum required sample size (MRSS)</td>
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<td>411</td>
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<tr>
<td>Oversampling rate</td>
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<td>0.05</td>
<td>0.05</td>
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<tr>
<td>Number of oversample records</td>
<td>21</td>
<td>21</td>
<td>21</td>
<td></td>
</tr>
<tr>
<td>Number of numerator events by administrative data in MRSS</td>
<td>249</td>
<td>151</td>
<td>69</td>
<td>220</td>
</tr>
<tr>
<td>Administrative rate on MRSS</td>
<td>60.58%</td>
<td>36.74%</td>
<td>16.79%</td>
<td>53.53%</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 administrative data records excluded</td>
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<td>Number of medical records excluded</td>
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<td>Number of employee/dependent medical records excluded</td>
<td>0</td>
<td>0</td>
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<tr>
<td>Records added from the oversample list</td>
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<td>Denominator</td>
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<td>411</td>
<td>279</td>
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<tr>
<td>Numerator events by administrative data</td>
<td>249</td>
<td>151</td>
<td>69</td>
<td>220</td>
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<tr>
<td>Numerator events by medical records</td>
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<td>28</td>
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<tr>
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<td>73.48%</td>
<td>75.91%</td>
<td>70.25%</td>
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<tr>
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<td>77.06%</td>
<td>65.58%</td>
<td>64.71%</td>
<td>63.93%</td>
</tr>
<tr>
<td>Upper 95% confidence interval</td>
<td>81.39%</td>
<td>80.17%</td>
<td>75.79%</td>
<td>80.01%</td>
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</tbody>
</table>
## Childhood Immunization Status (CIS)

**AMGP Georgia Managed Care Company, Inc. dba Amerigroup Community Care (Org ID: 7259, SubID: 10188, Medicaid, Spec Area: None, Spec Proj: None, Contract Number: None)**

**Measurement Year - 2017; Date & Timestamp - 6/12/2018 12:01:30 PM**

### Measurement Year

<table>
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<tr>
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<th>General Measure Data</th>
<th>DTaP</th>
<th>IPV</th>
<th>MMR</th>
<th>Hib</th>
<th>Hepatitis B</th>
<th>VZV</th>
<th>Pneumococcal Conjugate</th>
<th>Hepatitis A</th>
<th>Rotavirus</th>
<th>Influenza</th>
<th>Combinatio n 2</th>
<th>Combinatio n 3</th>
<th>Combinatio n 4</th>
<th>Combinatio n 5</th>
<th>Combinatio n 6</th>
<th>Combinatio n 7</th>
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<td>84.02%</td>
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<td>74.49%</td>
<td>69.85%</td>
<td>68.67%</td>
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<td>66.46%</td>
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<td>67.72%</td>
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<td>67.32%</td>
<td>67.07%</td>
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<td>38.20%</td>
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<td>84.71%</td>
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<td>46.02%</td>
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<td>30.77%</td>
<td>37.07%</td>
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**Appendix D: Department of Community Health, State of Georgia**

**HEDIS Interactive Data Submission System Data for Amerigroup**
<table>
<thead>
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<th>Data Element</th>
<th>General Measure Data</th>
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<th>Tdap</th>
<th>HPV</th>
<th>Combinaton 1</th>
<th>Combinaton 2</th>
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## Appendix D: Department of Community Health, State of Georgia
### HEDIS Interactive Data Submission System Data for Amerigroup

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<td>90.27%</td>
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<tr>
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<td>87.83%</td>
<td>30.77%</td>
<td>87.28%</td>
<td>30.07%</td>
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<tr>
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<td>93.68%</td>
<td>40.27%</td>
<td>93.25%</td>
<td>39.52%</td>
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Appendix D: Department of Community Health, State of Georgia
HEDIS Interactive Data Submission System Data for Amerigroup

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<thead>
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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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<td>Number of numerator events by administrative data in MRSS</td>
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<tr>
<td>Administrative rate on MRSS</td>
</tr>
<tr>
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<td>Number of administrative data records excluded</td>
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<tr>
<td>Number of medical 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>
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<td>Denominator</td>
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<tr>
<td>Numerator events by administrative data</td>
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<td>-----------------------------------------</td>
</tr>
<tr>
<td>Numerator events by medical records</td>
</tr>
<tr>
<td>Numerator events by supplemental data</td>
</tr>
<tr>
<td>Reported rate</td>
</tr>
<tr>
<td>Lower 95% confidence interval</td>
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<tr>
<td>Upper 95% confidence interval</td>
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## Breast Cancer Screening (BCS)

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<td>Upper 95% confidence interval</td>
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AMGP Georgia Managed Care Company, Inc. d/b/a
Measurement Year - 2017; Date & Timestamp -
## Cervical Cancer Screening (CCS)

AMGP Georgia Managed Care Company, Inc. d/b/a

**Measurement Year - 2017; Date & Timestamp -**

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

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### Chlamydia Screening in Women (CHL)

AMGP Georgia Managed Care Company, Inc. d/b/a Amerigroup Community Care (Org ID: [AMGP Georgia Managed Care Company, Inc. d/b/a Amerigroup Community Care](#))

**Measurement Year - 2017; Date & Timestamp - 6/12/2018 12:01:30 PM**

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<td>Lower 95% confidence interval</td>
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<tr>
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<td>62.89%</td>
<td>67.96%</td>
<td>63.83%</td>
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### Appropriate Testing for Children With AMGP Georgia Managed Care Company, Inc. d/b/a

**Measurement Year - 2017; Date & Timestamp -**

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<tr>
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<td>84.23%</td>
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<tr>
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## Use of Spirometry Testing in the AMGP Georgia Managed Care Company, Inc. d/b/a

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<td>Data collection methodology</td>
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</tr>
<tr>
<td>(administrative)</td>
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<tr>
<td>Eligible population</td>
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<tr>
<td>Numerator events by administrative</td>
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<tr>
<td>data</td>
<td></td>
</tr>
<tr>
<td>Numerator events by supplemental</td>
<td></td>
</tr>
<tr>
<td>data</td>
<td></td>
</tr>
<tr>
<td>Reported rate</td>
<td>74.47%</td>
</tr>
<tr>
<td>Lower 95% confidence interval</td>
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</tr>
<tr>
<td>Upper 95% confidence interval</td>
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### Medication Management for People With Asthma (MMA)

**AMGP Georgia Managed Care Company, Inc. d/b/a Amerigroup Community Care (Org ID: 7359, SubID: 10188, Medicaid, Spec Area: None, Spec Proj: None, Contract Number: None)**

Profile Data:
- Measurement Year - 2017
- Date & Timestamp - 6/12/2018 12:01:30 PM

<table>
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<th>Data Element</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>
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<td>50%</td>
<td>50%</td>
<td>50%</td>
<td>50%</td>
<td>50%</td>
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<td>75%</td>
<td>75%</td>
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<td>252</td>
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<td>493</td>
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<td>Numerator events by suplemental data</td>
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<tr>
<td>Reported rate</td>
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<td>21.60%</td>
<td>47.54%</td>
<td>23.24%</td>
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<tr>
<td>Lower 95% confidence interval</td>
<td>43.16%</td>
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<td>44.45%</td>
<td>20.62%</td>
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<tr>
<td>Upper 95% confidence interval</td>
<td>47.84%</td>
<td>23.54%</td>
<td>50.63%</td>
<td>25.86%</td>
<td></td>
</tr>
</tbody>
</table>

Note: The table above displays the medication compliance rates for different age groups and total population for the measurement year 2017. The reported rates include lower and upper 95% confidence intervals.
<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>
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<td>Measurement year</td>
<td></td>
<td>2017</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Data collection methodology (administrative)</td>
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<tr>
<td>Eligible population</td>
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<td>1947</td>
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<td>804</td>
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<td>22</td>
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</tr>
<tr>
<td>Reported rate</td>
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<td>76.17%</td>
<td>66.89%</td>
<td>49.76%</td>
<td>56.41%</td>
<td>71.03%</td>
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<tr>
<td>Lower 95% confidence interval</td>
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<td>74.25%</td>
<td>64.19%</td>
<td>42.74%</td>
<td>39.57%</td>
<td>69.49%</td>
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<tr>
<td>Upper 95% confidence interval</td>
<td></td>
<td>78.09%</td>
<td>69.59%</td>
<td>56.78%</td>
<td>73.26%</td>
<td>72.57%</td>
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## Controlling High Blood Pressure (CBP)

AMGP Georgia Managed Care Company, Inc. d/b/a  
Measurement Year - 2017; Date & Timestamp -

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<th>Data Element</th>
<th>General Measure Data</th>
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<td>Minimum required sample size (MRSS)</td>
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<td>Oversampling rate</td>
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<td>Number of oversample records</td>
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<tr>
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<tr>
<td>Number of records excluded because of false-positive diagnoses</td>
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<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>
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<tr>
<td>Records added from the oversample list</td>
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<td>Denominator</td>
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<tr>
<td>Numerator events by medical records</td>
<td>183</td>
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<tr>
<td>Reported rate</td>
<td>44.53%</td>
</tr>
<tr>
<td>Lower 95% confidence interval</td>
<td>39.60%</td>
</tr>
<tr>
<td>Upper 95% confidence interval</td>
<td>49.45%</td>
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### Persistence of Beta-Blocker Treatment

<table>
<thead>
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<th>Data Element</th>
<th>Measure Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measurement year</td>
<td>2017</td>
</tr>
<tr>
<td>Data collection methodology (administrative)</td>
<td>A</td>
</tr>
<tr>
<td>Eligible population</td>
<td>22</td>
</tr>
<tr>
<td>Number of optional exclusions</td>
<td>12</td>
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<tr>
<td>Numerator events by administrative data</td>
<td>10</td>
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<tr>
<td>Numerator events by supplemental data</td>
<td>0</td>
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<tr>
<td>Reported rate</td>
<td>45.45%</td>
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<tr>
<td>Lower 95% confidence interval</td>
<td>22.37%</td>
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<tr>
<td>Upper 95% confidence interval</td>
<td>68.53%</td>
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AMGP Georgia Managed Care Company, Inc. d/b/a

Measurement Year - 2017; Date & Timestamp -
## Statin Therapy for Patients With Cardiovascular Disease (SPC)

**AMGP Georgia Managed Care Company, Inc. d/b/a Amerigroup Community Care (Org ID: 7359, SubID: 10188, Medicaid, Spec Area:**

**Measurement Year - 2017; Date & Timestamp - 6/12/2018 12:01:31 PM**

<table>
<thead>
<tr>
<th>Data Element</th>
<th>General Measure Data</th>
<th>Received Statin Therapy</th>
<th>Statin Adherence 80%</th>
<th>Received Statin Therapy</th>
<th>Statin Adherence 80%</th>
<th>Received Statin Therapy</th>
<th>Statin Adherence 80%</th>
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<td>2017</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>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of required exclusions</td>
<td></td>
<td>4  8  12</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Numerator events by administrative data</td>
<td>15  5  36  16  51  21</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Numerator events by supplemental data</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reported rate</td>
<td></td>
<td>78.95%  33.33%  76.60%  44.44%  77.27%  41.18%</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lower 95% confidence interval</td>
<td></td>
<td>57.98%  6.14%  63.43%  26.82%  66.40%  26.69%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Upper 95% confidence interval</td>
<td></td>
<td>99.91%  60.52%  89.76%  62.07%  88.14%  55.66%</td>
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<td></td>
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## Comprehensive Diabetes Care (CDC)

AMGP Georgia Managed Care Company, Inc. d/b/a Amerigroup Community Care (Org ID: 7359, SubID: 10188, Medicaid, Spec Area: None, Spec Area Measurement Year - 2017; Date & Timestamp - 6/12/2018 12:01:31 PM

<table>
<thead>
<tr>
<th>Data Element</th>
<th>General Measure Data</th>
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<th>HbA1c Poor Control (&gt;9.0%)</th>
<th>HbA1c Control (&lt;8.0%)</th>
<th>HbA1c Control (&lt;7.0%) for a Selected Population</th>
<th>Eye Exam</th>
<th>Medical Attention for Nephropathy</th>
<th>Blood Pressure Controlled &lt;140/90 mm Hg</th>
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</thead>
<tbody>
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<td>Measurement year</td>
<td>2017</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Data collection methodology (administrative or hybrid)</td>
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<td>H</td>
<td>H</td>
<td>H</td>
<td>H</td>
<td>H</td>
<td>H</td>
<td>H</td>
</tr>
<tr>
<td>Eligible population with required exclusions applied</td>
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<td>1888</td>
<td>1888</td>
<td>1640</td>
<td>1888</td>
<td>1888</td>
<td>1888</td>
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<td>1437</td>
<td>358</td>
<td>260</td>
<td>722</td>
<td>1646</td>
<td>140</td>
<td>140</td>
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<tr>
<td>Current year’s administrative rate (before optional exclusions)</td>
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<td>76.11%</td>
<td>18.96%</td>
<td>15.85%</td>
<td>38.24%</td>
<td>87.18%</td>
<td>7.42%</td>
<td>7.42%</td>
</tr>
<tr>
<td>Minimum required sample size (MRSS)</td>
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<td>548</td>
<td>548</td>
<td>548</td>
<td>548</td>
<td>548</td>
<td>548</td>
<td>548</td>
</tr>
<tr>
<td>Oversampling rate</td>
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<td>0.1</td>
<td>0.1</td>
<td>0.1</td>
<td>0.1</td>
<td>0.1</td>
<td>0.1</td>
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</tr>
<tr>
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<td>55</td>
<td>55</td>
<td>55</td>
<td>55</td>
<td>55</td>
<td>55</td>
</tr>
<tr>
<td>Number of numerator events by administrative data in MRSS</td>
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<td>109</td>
<td>80</td>
<td>226</td>
<td>497</td>
<td>27</td>
<td>27</td>
</tr>
<tr>
<td>Administrative rate on MRSS</td>
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<td>44.34%</td>
<td>19.89%</td>
<td>14.60%</td>
<td>41.24%</td>
<td>90.69%</td>
<td>4.93%</td>
<td>4.93%</td>
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<td>0</td>
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</tr>
<tr>
<td>Number of optional administrative data records excluded</td>
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<td>0</td>
<td>0</td>
<td>0</td>
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<td>0</td>
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<td>Number of optional medical data records excluded</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Number of employee/dependent medical records excluded</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Number of HbA1c &lt;7 required medical records excluded</td>
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<td></td>
<td></td>
<td></td>
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</tr>
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</table>
### Appendix D: Department of Community Health, State of Georgia

**HEDIS Interactive Data Submission System Data for Amerigroup**

<table>
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<tr>
<th>Number of HbA1c &lt;7 required administrative data records excluded</th>
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</thead>
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<tr>
<td>Denominator</td>
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<td>548</td>
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<td>12</td>
<td>225</td>
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<td>26</td>
<td>26</td>
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<tr>
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<td>108</td>
<td>69</td>
<td>6</td>
<td>4</td>
<td>291</td>
<td>291</td>
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<tr>
<td>Numerator events by supplemental data</td>
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<td>68</td>
<td>1</td>
<td>1</td>
<td>1</td>
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<tr>
<td>Reported rate</td>
<td>83.58%</td>
<td>53.10%</td>
<td>39.60%</td>
<td>31.91%</td>
<td>42.34%</td>
<td>91.42%</td>
<td>58.03%</td>
<td>58.03%</td>
</tr>
<tr>
<td>Lower 95% confidence interval</td>
<td>80.38%</td>
<td>48.83%</td>
<td>35.41%</td>
<td>27.57%</td>
<td>38.11%</td>
<td>88.99%</td>
<td>53.81%</td>
<td>53.81%</td>
</tr>
<tr>
<td>Upper 95% confidence interval</td>
<td>86.77%</td>
<td>57.37%</td>
<td>43.78%</td>
<td>36.24%</td>
<td>46.56%</td>
<td>93.86%</td>
<td>62.25%</td>
<td>62.25%</td>
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</table>
### Statin Therapy for Patients With Diabetes (SPD)

**AMGP Georgia Managed Care Company, Inc. d/b/a Amerigroup Community**

**Measurement Year - 2017; Date & Timestamp - 6/12/2018 12:01:31 PM**

<table>
<thead>
<tr>
<th>Data Element</th>
<th>General Measure Data</th>
<th>Received Statin Therapy</th>
<th>Statin Adherence 80%</th>
</tr>
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<tbody>
<tr>
<td>Measurement year</td>
<td>2017</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Data collection methodology (administrative)</td>
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<td></td>
</tr>
<tr>
<td>Eligible population</td>
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<td>303</td>
</tr>
<tr>
<td>Number of required exclusions</td>
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<tr>
<td>Numerator events by administrative data</td>
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<td>303</td>
<td>121</td>
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<tr>
<td>Numerator events by supplemental data</td>
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<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Reported rate</td>
<td>54.20%</td>
<td>39.93%</td>
<td></td>
</tr>
<tr>
<td>Lower 95% confidence interval</td>
<td>49.98%</td>
<td>34.25%</td>
<td></td>
</tr>
<tr>
<td>Upper 95% confidence interval</td>
<td>58.42%</td>
<td>45.61%</td>
<td></td>
</tr>
</tbody>
</table>
Appendix D: Department of Community Health, State of Georgia
HEDIS Interactive Data Submission System Data for
Amerigroup

<table>
<thead>
<tr>
<th>Data Element</th>
<th>Measure Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measurement year</td>
<td>2017</td>
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<td>Data collection methodology (administrative)</td>
<td>A</td>
</tr>
<tr>
<td>Eligible population</td>
<td>53</td>
</tr>
<tr>
<td>Number of optional exclusions</td>
<td>3</td>
</tr>
<tr>
<td>Numerator events by administrative data</td>
<td>39</td>
</tr>
<tr>
<td>Numerator events by supplemental data</td>
<td>0</td>
</tr>
<tr>
<td>Reported rate</td>
<td>73.58%</td>
</tr>
<tr>
<td>Lower 95% confidence interval</td>
<td>60.77%</td>
</tr>
<tr>
<td>Upper 95% confidence interval</td>
<td>86.40%</td>
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## Antidepressant Medication Management (AMM)

AMGP Georgia Managed Care Company, Inc. d/b/a Amerigroup Community

**Measurement Year - 2017; Date & Timestamp - 6/12/2018 12:01:31 PM**

<table>
<thead>
<tr>
<th>Data Element</th>
<th>General Measure Data</th>
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<th>Effective Continuation Phase Treatment</th>
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<td></td>
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<tr>
<td>Data collection methodology (administrative)</td>
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<tr>
<td>Eligible population</td>
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<td></td>
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<tr>
<td>Number of required exclusions</td>
<td>9946</td>
<td></td>
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<tr>
<td>Numerator events by administrative data</td>
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<td>721</td>
<td>460</td>
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<tr>
<td>Numerator events by supplemental data</td>
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</tr>
<tr>
<td>Reported rate</td>
<td></td>
<td>49.69%</td>
<td>31.70%</td>
</tr>
<tr>
<td>Lower 95% confidence interval</td>
<td></td>
<td>47.08%</td>
<td>29.27%</td>
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<tr>
<td>Upper 95% confidence interval</td>
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<td>52.30%</td>
<td>34.13%</td>
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### Follow-Up Care for Children Prescribed ADHD Medication

**AMGP Georgia Managed Care Company, Inc. d/b/a Amerigroup Community**

**Measurement Year - 2017; Date & Timestamp - 6/12/2018 12:01:32 PM**

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<td>Eligible population</td>
<td>3544 559</td>
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<td></td>
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<tr>
<td>Number of optional exclusions</td>
<td>5 0</td>
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<td>Numerator events by administrative data</td>
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<tr>
<td>Numerator events by supplemental data</td>
<td>4 0</td>
<td></td>
<td></td>
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<tr>
<td>Reported rate</td>
<td>49.77% 65.83%</td>
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<td></td>
</tr>
<tr>
<td>Lower 95% confidence interval</td>
<td>48.11% 61.81%</td>
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<tr>
<td>Upper 95% confidence interval</td>
<td>51.43% 69.85%</td>
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## Follow-Up After Hospitalization for Mental Illness (FUH)

AMGP Georgia Managed Care Company, Inc. d/b/a Amerigroup Community
Measurement Year - 2017; Date & Timestamp - 6/12/2018 12:01:32 PM

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<td>Data collection methodology (administrative)</td>
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<td>Eligible population</td>
<td>1684</td>
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<td>Numerator events by administrative data</td>
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<td>1083</td>
<td>730</td>
</tr>
<tr>
<td>Numerator events by supplemental data</td>
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<td>0</td>
<td>1</td>
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<tr>
<td>Reported rate</td>
<td>64.31%</td>
<td>43.41%</td>
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</tr>
<tr>
<td>Lower 95% confidence interval</td>
<td>61.99%</td>
<td>41.01%</td>
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<tr>
<td>Upper 95% confidence interval</td>
<td>66.63%</td>
<td>45.81%</td>
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### Diabetes Screening for People With AMGP Georgia Managed Care Company, Inc. d/b/a

**Measurement Year - 2017; Date & Timestamp -**

<table>
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<tr>
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<th>Measure Data</th>
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<tbody>
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<td>2017</td>
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<tr>
<td>Data collection methodology (administrative)</td>
<td>A</td>
</tr>
<tr>
<td>Eligible population</td>
<td>541</td>
</tr>
<tr>
<td>Number of required exclusions</td>
<td>480</td>
</tr>
<tr>
<td>Numerator events by administrative data</td>
<td>444</td>
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<tr>
<td>Numerator events by supplemental data</td>
<td>2</td>
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<tr>
<td>Reported rate</td>
<td>82.44%</td>
</tr>
<tr>
<td>Lower 95% confidence interval</td>
<td>79.14%</td>
</tr>
<tr>
<td>Upper 95% confidence interval</td>
<td>85.74%</td>
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</table>
## Follow-Up After Emergency Department Visit for Mental

**AMGP Georgia Managed Care Company, Inc. d/b/a Amerigroup Community**

**Measurement Year - 2017; Date & Timestamp - 6/12/2018 12:01:32 PM**

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<th>7-day follow-up</th>
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<tbody>
<tr>
<td>Measurement year</td>
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<td></td>
</tr>
<tr>
<td>Data collection methodology (administrative)</td>
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<td></td>
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<tr>
<td>Eligible population</td>
<td>642</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Numerator events by administrative data</td>
<td></td>
<td>349</td>
<td>244</td>
</tr>
<tr>
<td>Numerator events by supplemental data</td>
<td></td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Reported rate</td>
<td>54.36%</td>
<td>38.01%</td>
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</tr>
<tr>
<td>Lower 95% confidence interval</td>
<td>50.43%</td>
<td>34.17%</td>
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</tr>
<tr>
<td>Upper 95% confidence interval</td>
<td>58.29%</td>
<td>41.84%</td>
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</table>
### Diabetes Monitoring for People With

**AMGP Georgia Managed Care Company, Inc. d/b/a**

**Measurement Year - 2017; Date & Timestamp -**

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<tr>
<th>Data Element</th>
<th>Measure Data</th>
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<tr>
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<td>2017</td>
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<td>Numerator events by administrative data</td>
<td>15</td>
</tr>
<tr>
<td>Numerator events by supplemental data</td>
<td>0</td>
</tr>
<tr>
<td>Reported rate</td>
<td>68.18%</td>
</tr>
<tr>
<td>Lower 95% confidence interval</td>
<td>46.45%</td>
</tr>
<tr>
<td>Upper 95% confidence interval</td>
<td>89.92%</td>
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## Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence

AMGP Georgia Managed Care Company, Inc. d/b/a Amerigroup Community Care (Org ID: 7359, SubID: 10188, Medicaid, Spec Area: Measurement Year - 2017; Date & Timestamp - 6/12/2018 12:01:32 PM

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</tr>
<tr>
<td>Data collection methodology (administrative)</td>
<td></td>
<td>A</td>
<td></td>
</tr>
<tr>
<td>Eligible population</td>
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<td>274</td>
<td>358</td>
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<tr>
<td>Numerator events by administrative data</td>
<td>3</td>
<td>2</td>
<td>44</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>31</td>
<td>33</td>
</tr>
<tr>
<td>Numerator events by supplemental data</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Reported rate</td>
<td>3.57%</td>
<td>2.38%</td>
<td>14.96%</td>
</tr>
<tr>
<td></td>
<td>11.31%</td>
<td>12.29%</td>
<td>9.22%</td>
</tr>
<tr>
<td>Lower 95% confidence interval</td>
<td>0.00%</td>
<td>0.00%</td>
<td>10.56%</td>
</tr>
<tr>
<td></td>
<td>7.38%</td>
<td>8.75%</td>
<td>6.08%</td>
</tr>
<tr>
<td>Upper 95% confidence interval</td>
<td>8.14%</td>
<td>6.24%</td>
<td>19.37%</td>
</tr>
<tr>
<td></td>
<td>15.25%</td>
<td>15.83%</td>
<td>12.35%</td>
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Cardiovascular Monitoring for People
AMGP Georgia Managed Care Company, Inc. d/b/a
Measurement Year - 2017; Date & Timestamp -

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<th>Measure Data</th>
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<tr>
<td>Data collection methodology (administrative)</td>
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</tr>
<tr>
<td>Eligible population</td>
<td>1</td>
</tr>
<tr>
<td>Numerator events by administrative data</td>
<td>1</td>
</tr>
<tr>
<td>Numerator events by supplemental data</td>
<td>0</td>
</tr>
<tr>
<td>Reported rate</td>
<td>100.00%</td>
</tr>
<tr>
<td>Lower 95% confidence interval</td>
<td>50.00%</td>
</tr>
<tr>
<td>Upper 95% confidence interval</td>
<td>100.00%</td>
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### Adherence to Antipsychotic

<table>
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<tbody>
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<td>Data collection methodology (administrative)</td>
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</tr>
<tr>
<td>Eligible population</td>
<td>105</td>
</tr>
<tr>
<td>Number of required exclusions</td>
<td>33</td>
</tr>
<tr>
<td>Numerator events by administrative data</td>
<td>29</td>
</tr>
<tr>
<td>Numerator events by supplemental data</td>
<td>0</td>
</tr>
<tr>
<td>Reported rate</td>
<td>27.62%</td>
</tr>
<tr>
<td>Lower 95% confidence interval</td>
<td>18.59%</td>
</tr>
<tr>
<td>Upper 95% confidence interval</td>
<td>36.65%</td>
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</tbody>
</table>
### Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)

**AMGP Georgia Managed Care Company, Inc. d/b/a Amerigroup Community Care (Org ID: 7359, SubID:**

**Measurement Year - 2017; Date & Timestamp - 6/12/2018 12:01:32 PM**

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<th>12-17 Years</th>
<th>Total</th>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Data collection methodology (administrative)</td>
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<tr>
<td>Eligible population</td>
<td></td>
<td>32</td>
<td>471</td>
<td>745</td>
<td>1,248</td>
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<td>Numerator events by administrative data</td>
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<td>4</td>
<td>72</td>
<td>213</td>
<td>289</td>
</tr>
<tr>
<td>Numerator events by supplemental data</td>
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<td>0</td>
<td>0</td>
<td>14</td>
<td>14</td>
</tr>
<tr>
<td>Reported rate</td>
<td>12.50%</td>
<td>15.29%</td>
<td>30.47%</td>
<td>24.28%</td>
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</tr>
<tr>
<td>Lower 95% confidence interval</td>
<td>0.00%</td>
<td>11.93%</td>
<td>27.10%</td>
<td>21.86%</td>
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<tr>
<td>Upper 95% confidence interval</td>
<td>25.52%</td>
<td>18.64%</td>
<td>33.84%</td>
<td>26.70%</td>
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</tr>
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### Annual Monitoring for Patients on Persistent Medications (MPM)

**AMGP Georgia Managed Care Company, Inc. d/b/a Amerigroup Community Care (Org ID:**

**Measurement Year - 2017; Date & Timestamp - 6/12/2018 12:01:32 PM**

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<th>Diuretics</th>
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<tr>
<td><strong>Data collection methodology (administrative)</strong></td>
<td>A</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td><strong>Eligible population</strong></td>
<td>1328</td>
<td>1196</td>
<td>2,524</td>
<td></td>
</tr>
<tr>
<td><strong>Number of optional exclusions</strong></td>
<td>9</td>
<td>7</td>
<td>16</td>
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<td><strong>Numerator events by administrative data</strong></td>
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<td>1055</td>
<td>2,244</td>
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</tr>
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<td><strong>Numerator events by supplemental data</strong></td>
<td>3</td>
<td>5</td>
<td>8</td>
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<tr>
<td><strong>Reported rate</strong></td>
<td>89.76%</td>
<td>88.63%</td>
<td>89.22%</td>
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</tr>
<tr>
<td><strong>Lower 95% confidence interval</strong></td>
<td>88.09%</td>
<td>86.79%</td>
<td>87.99%</td>
<td></td>
</tr>
<tr>
<td><strong>Upper 95% confidence interval</strong></td>
<td>91.43%</td>
<td>90.47%</td>
<td>90.45%</td>
<td></td>
</tr>
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</table>
### Non-Recommended Cervical Cancer

**AMGP Georgia Managed Care Company, Inc. d/b/a**

**Measurement Year - 2017; Date & Timestamp -**

<table>
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<tbody>
<tr>
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<td>Eligible population</td>
<td>12896</td>
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<td>Number of required exclusions</td>
<td>43</td>
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<td>Numerator events by administrative data</td>
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<td>Numerator events by supplemental data</td>
<td>72</td>
</tr>
<tr>
<td>Reported rate</td>
<td>1.14%</td>
</tr>
<tr>
<td>Lower 95% confidence interval</td>
<td>0.95%</td>
</tr>
<tr>
<td>Upper 95% confidence interval</td>
<td>1.33%</td>
</tr>
</tbody>
</table>
**Appendix D: Department of Community Health, State of Georgia**
**HEDIS Interactive Data Submission System Data for**
**Amerigroup**

## Appropriate Treatment for Children With

<table>
<thead>
<tr>
<th>AMGP Georgia Managed Care Company, Inc. d/b/a</th>
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<tbody>
<tr>
<td>Measurement Year - 2017; Date &amp; Timestamp -</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Data Element</th>
<th>Measure Data</th>
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<tbody>
<tr>
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<td>Eligible population</td>
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</tr>
<tr>
<td>Numerator events by administrative data</td>
<td>1363</td>
</tr>
<tr>
<td>Numerator events by supplemental data</td>
<td>0</td>
</tr>
<tr>
<td>Reported rate</td>
<td>89.80%</td>
</tr>
<tr>
<td>Lower 95% confidence interval</td>
<td>89.28%</td>
</tr>
<tr>
<td>Upper 95% confidence interval</td>
<td>90.32%</td>
</tr>
</tbody>
</table>
Avoidance of Antibiotic Treatment in AMGP Georgia Managed Care Company, Inc. d/b/a
Measurement Year - 2017; Date & Timestamp -

<table>
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<th>Measure Data</th>
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<tbody>
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<tr>
<td>Data collection methodology (administrative)</td>
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<tr>
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<td>488</td>
</tr>
<tr>
<td>Numerator events by supplemental data</td>
<td>0</td>
</tr>
<tr>
<td>Reported rate</td>
<td>31.65%</td>
</tr>
<tr>
<td>Lower 95% confidence interval</td>
<td>28.17%</td>
</tr>
<tr>
<td>Upper 95% confidence interval</td>
<td>35.13%</td>
</tr>
</tbody>
</table>
### Use of Imaging Studies for Low Back

<table>
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<th>Measure Data</th>
</tr>
</thead>
<tbody>
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<td>Measurement year</td>
<td>2017</td>
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<td>Data collection methodology (administrative)</td>
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<td>Eligible population</td>
<td>1539</td>
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<td>Number of required exclusions</td>
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<td>Numerator events by administrative data</td>
<td>381</td>
</tr>
<tr>
<td>Numerator events by supplemental data</td>
<td>0</td>
</tr>
<tr>
<td>Reported rate</td>
<td>75.24%</td>
</tr>
<tr>
<td>Lower 95% confidence Interval</td>
<td>73.05%</td>
</tr>
<tr>
<td>Upper 95% confidence Interval</td>
<td>77.43%</td>
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</tbody>
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## Use of Multiple Concurrent Antipsychotics in Children and Adolescents (APC)

AMGP Georgia Managed Care Company, Inc. d/b/a Amerigroup Community Care (Org ID: 7359, SubID:

Measurement Year - 2017; Date & Timestamp - 6/12/2018 12:01:33 PM

<table>
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<th>Measure Data</th>
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<th>6-11 Years</th>
<th>12-17 Years</th>
<th>Total</th>
</tr>
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<tbody>
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<td>2017</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>
</tr>
<tr>
<td>(administrative)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
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<td>544</td>
<td>893</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Numerator events by administrative</td>
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<td>23</td>
<td>30</td>
<td></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>0.00% 2.11% 4.23% 3.36%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lower 95% confidence interval</td>
<td>0.00% 0.41% 2.45% 2.12%</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Upper 95% confidence interval</td>
<td>2.78% 3.82% 6.01% 4.60%</td>
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### Use of Opioids at High Dosage (UOD)

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<tbody>
<tr>
<td>Measurement year</td>
<td>2017</td>
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<tr>
<td>Data collection methodology (administrative)</td>
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</tr>
<tr>
<td>Eligible population</td>
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<td>Number of required exclusions</td>
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<tr>
<td>Numerator events by administrative data</td>
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<td>Numerator events by supplemental data</td>
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<td>Reported rate</td>
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<tr>
<td>Lower 95% confidence interval</td>
<td>38.58</td>
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<tr>
<td>Upper 95% confidence interval</td>
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Note: Rate calculated per 1000 members
### Use of Opioids From Multiple Providers (UOP)

#### AMGP Georgia Managed Care Company, Inc. d/b/a Amerigroup Community Care (Org ID:)

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<table>
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<td>Data collection methodology (administrative)</td>
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<tr>
<td>Eligible population</td>
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<td>Number of required exclusions</td>
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<td>Numerator events by administrative data</td>
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<td>79.48</td>
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<td>Lower 95% confidence interval</td>
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<td>41.36</td>
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<td>Upper 95% confidence interval</td>
<td>302.44</td>
<td>89.35</td>
<td>57.23</td>
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**Note:** Rate calculated per 1000 members
## Adults’ Access to Preventive/Ambulatory Health Services (AAP)

AMGP Georgia Managed Care Company, Inc. d/b/a Amerigroup Community Care (Org ID: 7359, SubID: 001)

Measurement Year - 2017; Date & Timestamp - 6/12/2018 12:01:33 PM

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<td>Data collection methodology</td>
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<td>(administrative)</td>
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<tr>
<td>Reported rate</td>
<td>77.61% 85.36% 42.86%</td>
<td></td>
<td></td>
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<td>78.76%</td>
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<tr>
<td>Lower 95% confidence interval</td>
<td>77.05% 84.21% 0.00%</td>
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<td></td>
<td></td>
<td>78.25%</td>
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<td>Upper 95% confidence interval</td>
<td>78.18% 86.51% 86.66%</td>
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<td>79.27%</td>
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</table>
## Children and Adolescents’ Access to Primary Care Practitioners (CAP)

AMGP Georgia Managed Care Company, Inc. d/b/a Amerigroup Community Care (Org ID: 7359, SubId:

Measurement Year - 2017; Date & Timestamp - 6/12/2018 12:01:33 PM

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<tr>
<td>Data collection methodology (administrative)</td>
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<td></td>
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<td>Eligible population</td>
<td>10887 52979 38092 44549</td>
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<td>Numerator events by administrative data</td>
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<tr>
<td>Reported rate</td>
<td>95.51% 89.09% 91.18% 88.89%</td>
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<tr>
<td>Lower 95% confidence interval</td>
<td>95.11% 88.82% 90.89% 88.60%</td>
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<td></td>
</tr>
<tr>
<td>Upper 95% confidence interval</td>
<td>95.90% 89.35% 91.47% 89.18%</td>
<td></td>
<td></td>
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<td>4-6 Years</td>
<td>7-10 Years</td>
<td>11-14 Years</td>
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<td>Measurement year</td>
<td>2017</td>
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<td></td>
</tr>
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<td>Data collection methodology (administrative)</td>
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<td>Eligible population</td>
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<td>32258</td>
<td>42281</td>
<td>37323</td>
<td>31641</td>
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<td>Numerator events by administrative data</td>
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<td>24208</td>
<td>32849</td>
<td>26894</td>
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<td>44.18%</td>
<td>75.04%</td>
<td>77.69%</td>
<td>72.06%</td>
<td>60.61%</td>
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<tr>
<td>Lower 95% confidence interval</td>
<td>43.51%</td>
<td>74.57%</td>
<td>77.29%</td>
<td>71.60%</td>
<td>60.07%</td>
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<tr>
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<td>44.84%</td>
<td>75.52%</td>
<td>78.09%</td>
<td>72.51%</td>
<td>61.15%</td>
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<td>Total</td>
<td>13-17 Years</td>
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<td></td>
<td>Data collection methodology</td>
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<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Eligible population</td>
<td>385 4 4 0 0 175 56 174 32 172 83 324 135 773 225 193 52 163 63 693 185 952 277</td>
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<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Reported rate</td>
<td>44.44% 8.89% 44.44% 0.00% 45.33% 13.33% 43.98% 12.78% 45.53% 12.63% 45.69% 18.10% 44.28% 11.43% 43.80% 12.75% 45.41% 12.24% 45.66% 17.65% 44.54% 11.89% 43.83% 12.75%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Lower 95% confidence interval</td>
<td>28.81% 0.00% 6.42% 0.00% 40.16% 9.76% 39.04% 9.41% 40.39% 9.16% 40.31% 13.91% 41.41% 9.57% 41.45% 11.16% 40.56% 9.00% 40.35% 13.55% 42.04% 10.25% 41.72% 11.33%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Upper 95% confidence interval</td>
<td>60.07% 18.31% 82.46% 5.56% 50.51% 16.91% 48.93% 16.14% 50.67% 16.10% 51.07% 22.29% 47.16% 13.29% 46.14% 14.33% 50.26% 15.47% 50.97% 21.74% 47.04% 13.53% 45.94% 14.18%</td>
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Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET)

AMGP Georgia Managed Care Company, Inc. d/b/a Amerigroup Community Care (Org ID: 7359, SubID: 10188, Medicaid, Spec Area: None, Spec Proj: None, Contract Number: None)

Measurement Year - 2017; Date & Timestamp - 6/12/2018 12:01:33 PM

Data Elements

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<th>13-17 Years</th>
<th>18+ Years</th>
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<th>Total</th>
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<td></td>
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<td>2017</td>
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<td>Eligible population</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reported rate</td>
<td>44.44% 8.89% 44.44% 0.00% 45.33% 13.33% 43.98% 12.78% 45.53% 12.63% 45.69% 18.10% 44.28% 11.43% 43.80% 12.75% 45.41% 12.24% 45.66% 17.65% 44.54% 11.89% 43.83% 12.75%</td>
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</tr>
<tr>
<td>Lower 95% confidence interval</td>
<td>28.81% 0.00% 6.42% 0.00% 40.16% 9.76% 39.04% 9.41% 40.39% 9.16% 40.31% 13.91% 41.41% 9.57% 41.45% 11.16% 40.56% 9.00% 40.35% 13.55% 42.04% 10.25% 41.72% 11.33%</td>
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<tr>
<td>Upper 95% confidence interval</td>
<td>60.07% 18.31% 82.46% 5.56% 50.51% 16.91% 48.93% 16.14% 50.67% 16.10% 51.07% 22.29% 47.16% 13.29% 46.14% 14.33% 50.26% 15.47% 50.97% 21.74% 47.04% 13.53% 45.94% 14.18%</td>
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</table>
## Prenatal and Postpartum Care (PPC)

**AMGP Georgia Managed Care Company, Inc. d/b/a Amerigroup Community**  
**Measurement Year - 2017; Date & Timestamp - 6/12/2018 12:01:33 PM**

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<tr>
<td>Eligible population</td>
<td>14919</td>
<td>14919</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>6285</td>
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<tr>
<td>Current year's administrative rate (before exclusions)</td>
<td>45.28%</td>
<td>42.13%</td>
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<tr>
<td>Minimum required sample size (MRSS)</td>
<td>360</td>
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<tr>
<td>Oversampling rate</td>
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<tr>
<td>Number of oversample records</td>
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<td>18</td>
<td></td>
</tr>
<tr>
<td>Number of numerator events by administrative data in MRSS</td>
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<td>163</td>
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<tr>
<td>Administrative rate on MRSS</td>
<td>46.94%</td>
<td>45.28%</td>
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</tr>
<tr>
<td>Number of original sample records excluded because of valid data errors</td>
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<td>0</td>
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</tr>
<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>Denominator</td>
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<td>Numerator events by administrative data</td>
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<td>Numerator events by medical records</td>
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<td>67.50%</td>
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<tr>
<td>Lower 95% confidence interval</td>
<td>73.64%</td>
<td>62.52%</td>
<td></td>
</tr>
<tr>
<td>Upper 95% confidence interval</td>
<td>82.47%</td>
<td>72.48%</td>
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### Use of First-Line Psychosocial Care for Children and Adolescents on AMGP Georgia Managed Care Company, Inc. d/b/a Amerigroup Community Care (Org ID: 7359, SubID:)

**Measurement Year - 2017; Date & Timestamp - 6/12/2018 12:01:33 PM**

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<th>6-11 Years</th>
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<tr>
<td>Data collection methodology (administrative)</td>
<td>A</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eligible population</td>
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<td>13 112 249</td>
<td>374</td>
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<tr>
<td>Number of required exclusions</td>
<td></td>
<td>13 112 249</td>
<td>374</td>
<td></td>
<td></td>
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<td>13 188 232 433</td>
<td>13 188 232</td>
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<tr>
<td>Reported rate</td>
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<td>48.75% 64.48% 60.08% 63.74%</td>
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</tr>
<tr>
<td>Lower 95% confidence interval</td>
<td>48.75% 64.48% 60.08% 63.74%</td>
<td>95.69% 75.81% 70.26% 71.15%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Upper 95% confidence interval</td>
<td>95.69% 75.81% 70.26% 71.15%</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>
### Standardized Healthcare-Associated Infection Ratio (HAI)

AMGP Georgia Managed Care Company, Inc. d/b/a Amerigroup Community Care (Org ID: 7359, SubID: 10188, Medicaid, Spec Area: None, Spec Measurement Year - 2017; Date & Timestamp - 6/12/2018 12:01:33 PM

<table>
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<th>Classification</th>
<th>Total Inpatient Discharges</th>
<th>Number of Hospitals With Inpatient Discharges</th>
<th>Number of Hospitals with Reportable SIR</th>
<th>Proportion of Total Discharges From High SIR Hospitals</th>
<th>Proportion of Total Discharges From Moderate SIR Hospitals</th>
<th>Proportion of Total Discharges From Low SIR Hospitals</th>
<th>Proportion of Total Discharges From Hospitals With Unavailable SIR</th>
<th>Plan-Weighted SIR</th>
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<tbody>
<tr>
<td>HAI-1: Central line-associated bloodstream infection (CLABS)</td>
<td>37589</td>
<td>203</td>
<td>94</td>
<td>0.2017</td>
<td>0.0750</td>
<td>0.3390</td>
<td>0.3842</td>
<td>0.6539</td>
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<tr>
<td>HAI-2: Catheter-associated urinary tract infection (CAUTI)</td>
<td>37589</td>
<td>203</td>
<td>94</td>
<td>0.2296</td>
<td>0.0282</td>
<td>0.3766</td>
<td>0.3656</td>
<td>0.5567</td>
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<tr>
<td>HAI-5: MRSA bloodstream infection (MRSA)</td>
<td>37589</td>
<td>203</td>
<td>94</td>
<td>0.2392</td>
<td>0.1496</td>
<td>0.2183</td>
<td>0.3928</td>
<td>0.7652</td>
</tr>
<tr>
<td>HAI-6: Clostridium difficile intestinal infection (CDIFF)</td>
<td>37589</td>
<td>203</td>
<td>94</td>
<td>0.2756</td>
<td>0.0249</td>
<td>0.3681</td>
<td>0.3313</td>
<td>0.5181</td>
</tr>
</tbody>
</table>

Appendix D: Department of Community Health, State of Georgia
HEDIS Interactive Data Submission System Data for Amerigroup
### Well-Child Visits in the First 15 Months of Life (W15)

<table>
<thead>
<tr>
<th>Data Element</th>
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<th>0 Visits</th>
<th>1 Visit</th>
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<th>3 Visits</th>
<th>4 Visits</th>
<th>5 Visits</th>
<th>6 or More Visits</th>
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<td>6445</td>
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<td>1.86%</td>
<td>2.20%</td>
<td>3.61%</td>
<td>4.92%</td>
<td>8.26%</td>
<td>14.98%</td>
<td>64.16%</td>
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<tr>
<td><strong>Oversampling rate</strong></td>
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<td>23</td>
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<td>2.68%</td>
<td>5.60%</td>
<td>8.76%</td>
<td>13.87%</td>
<td>64.96%</td>
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<td><strong>Numerator events by administrative data</strong></td>
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<td>9</td>
<td>10</td>
<td>17</td>
<td>27</td>
<td>34</td>
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<tr>
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<td>0</td>
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<td>0</td>
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<tr>
<td><strong>Reported rate</strong></td>
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<td>2.92%</td>
<td>2.68%</td>
<td>4.87%</td>
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<td>11.68%</td>
<td>69.59%</td>
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<tr>
<td><strong>Lower 95% confidence interval</strong></td>
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<td>1.17%</td>
<td>0.99%</td>
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<td>4.36%</td>
<td>7.07%</td>
<td>9.94%</td>
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## Adolescent Well-Care Visits (AWC)

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<td>Data collection methodology (administrative or hybrid)</td>
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<td>Number of oversample records</td>
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<tr>
<td>Number of numerator events by administrative data in MRSS</td>
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<tr>
<td>Administrative rate on MRSS</td>
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<tr>
<td>Numerator events by administrative data</td>
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<tr>
<td>Numerator events by medical records</td>
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<tr>
<td>Numerator events by supplemental data</td>
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<tr>
<td>Upper 95% confidence interval</td>
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### Well-Child Visits in the Third, Fourth, AMGP Georgia Managed Care Company, Inc. d/b/a

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<td>Number of oversample records</td>
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<td>Number of numerator events by administrative data in MRSS</td>
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<td>Administrative rate on MRSS</td>
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<td>Denominator</td>
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<tr>
<td>Numerator events by medical records</td>
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<tr>
<td>Numerator events by supplemental data</td>
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<tr>
<td>Reported rate</td>
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<tr>
<td>Upper 95% confidence interval</td>
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### Frequency of Selected Procedures (FSP)

**AMGP Georgia Managed Care Company, Inc. d/b/a Amerigroup Community Care (Org ID: 430598)**

**Measurement Year - 2017; Date & Timestamp - 6/12/2018 12:01:33 PM**

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<td>10-19</td>
<td>702,505</td>
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<td>1,423,160</td>
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<tr>
<td>15-44</td>
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<tr>
<td>20-44</td>
<td>45,673</td>
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<td>30-64</td>
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<td>45-64</td>
<td>15,021</td>
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<th>Procedure</th>
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<td>Hysterectomy, Vaginal</td>
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### Ambulatory Care: Total (AMBA)

AMGP Georgia Managed Care Company, Inc. d/b/a Amerigroup Community Care (Org ID: 1111111111)
Measurement Year - 2017; Date & Timestamp - 6/12/2018 12:01:33 PM

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<tr>
<td>1-9</td>
<td>1,704,829</td>
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<td>69,206</td>
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<td>65-74</td>
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<tr>
<td>75-84</td>
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<th>ED Visits</th>
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<td>Visits</td>
<td>Visits/ 1,000 Member Months</td>
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<td>75-84</td>
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### Ambulatory Care: Dual Eligibles (AMBB)

AMGP Georgia Managed Care Company, Inc. d/b/a Amerigroup Community Care (Org ID: [Org ID]

**Measurement Year - 2017; Date & Timestamp - 6/12/2018 12:01:34 PM**

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<td>10-19</td>
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<td>Total</td>
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**Visits**

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<th>Visits/ 1,000 Member Months</th>
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<tr>
<td>1-9</td>
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<td>10-19</td>
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<td>20-44</td>
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<td>65-74</td>
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<td>75-84</td>
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<tr>
<td>85+</td>
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<tr>
<td>Total</td>
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</table>
Appendix D: Department of Community Health, State of Georgia  
HEDIS Interactive Data Submission System Data for  
Amerigroup

### Ambulatory Care: Disabled (AMBC)

<table>
<thead>
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<th>Member Months</th>
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<td>1-9</td>
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<td>10-19</td>
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<td>45-64</td>
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## Ambulatory Care: Other (AMBD)

**AMGP Georgia Managed Care Company, Inc. d/b/a Amerigroup Community Care (Org ID:**

**Measurement Year - 2017; Date & Timestamp - 6/12/2018 12:01:34 PM**

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### Maternity*

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*The maternity category is calculated using member months for members 10-64*

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# Inpatient Utilization—General Hospital/Acute Care: Dual Eligibles (IPUB)

**AMGP Georgia Managed Care Company, Inc. d/b/a Amerigroup Community Care (Org ID: 7359, SubID:**

Measurement Year - 2017; Date & Timestamp - 6/12/2018 12:01:34 PM

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*The maternity category is calculated using member months for members 10-64*

### Medicine

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

AMGP Georgia Managed Care Company, Inc. d/b/a Amerigroup Community Care (Org ID: 7359, SubID:

Measurement Year - 2017; Date & Timestamp - 6/12/2018 12:01:34 PM

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### Appendix D: Department of Community Health, State of Georgia

HEDIS Interactive Data Submission System Data for

**Amerigroup**

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*The maternity category is calculated using member months for members 10-64

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### Inpatient Utilization--General Hospital/Acute Care: Other (IPUD)

AMGP Georgia Managed Care Company, Inc. d/b/a Amerigroup Community Care (Org ID: 7359, SubID: 1)

**Measurement Year:** 2017; **Date & Timestamp:** 6/12/2018 12:01:34 PM

**Age Discharges**

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*The maternity category is calculated using member months for members 10-64*
## Appendix D: Department of Community Health, State of Georgia

### HEDIS Interactive Data Submission System Data for Amerigroup

### Identification of Alcohol and Other Drug Services: Total (IADA)

**AMGP Georgia Managed Care Company, Inc. d/b/a Amerigroup Community Care**  
(Drg ID: 7359, SubID: 10188, Medicaid, Spec Area: None, Spec Proj: None, Contract Number: None)

**Measurement Year - 2017; Date & Timestamp - 6/12/2018 12:01:34 PM**

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### Appendix D: Department of Community Health, State of Georgia

**HEDIS Interactive Data Submission System Data for Amerigroup**

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#### CY 2017 Validation of Performance Measures
### Identification of Alcohol and Other Drug Services: Dual Eligibles (IADB)

**AMGP Georgia Managed Care Company, Inc. d/b/a Amerigroup Community Care** (Org ID: 7359, SubID: 10188, Medicaid, Spec Area: None, Spec Proj: None, Contract Number: None)

Measurement Year - 2017; Date & Timestamp - 6/12/2018 12:01:34 PM

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### Appendix D: Department of Community Health, State of Georgia

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Page 80 of 122  CY 2017 Validation of Performance Measures
### Appendix D: Department of Community Health, State of Georgia
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### Identification of Alcohol and Other Drug Services: Disabled (IADC)

**AMGP Georgia Managed Care Company, Inc. d/b/a Amerigroup Community Care**

(Org ID: 7358, SubID: 10188, Medicaid, Spec Area: None, Spec Proj: None, Contract Number: None)

**Measurement Year - 2017; Date & Timestamp - 6/12/2018 12:01:35 PM**

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

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

Measurement Year - 2017; Date & Timestamp - 6/12/2018 12:01:35 PM

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### Mental Health Utilization: Dual Eligibles (MPTB)

**AMGP Georgia Managed Care Company, Inc. d/b/a Amerigroup Community Care** (Org ID: 7359, SubID: 10188, Medicaid, Spec Area: None, Spec Proj: None, Contract Number: None)

**Measurement Year - 2017; Date & Timestamp - 6/12/2018 12:01:35 PM**

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## Appendix D: Department of Community Health, State of Georgia

HEDIS Interactive Data Submission System Data for Amerigroup

### Pharmacy Benefit Member Months

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### Antibiotic Utilization: Total (ABXA)

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### Antibiotics of Concern Utilization

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<th>Total Clindamycin Scrips</th>
<th>Average Scrips PMPY for Clindamycin</th>
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### Note

- Measurement Year - 2017
- Date & Timestamp - 6/12/2018 12:01:36 PM
- Pharmacy Benefit Member Months
- Antibiotic Utilization: Total (ABXA)
- Antibiotics of Concern Utilization

**Note:** This data reflects the utilization of antibiotics as per HEDIS Interactive Data Submission System for Amerigroup, covering the measurement year 2017. The data includes the utilization of various antibiotics across different age groups and sexes, providing insights into the pharmacy benefit member months for different antibiotic classes and concerns.
### Appendix D: Department of Community Health, State of Georgia

#### HEDIS Interactive Data Submission System Data for Amerigroup

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### Antibiotic Utilization: Dual Eligibles (ABXB)

**AMGP Georgia Managed Care Company, Inc. d/b/a Amerigroup Community Care (Org ID: 7359, SubID: 10188, Medicaid, Spec Area: None, Spec Proj: None, Contract Number: None)**

**Measurement Year - 2017; Date & Timestamp - 6/12/2018 12:01:36 PM**

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

Page 96 of 122  CY 2017 Validation of Performance Measures
### Appendix D: Department of Community Health, State of Georgia
#### HEDIS Interactive Data Submission System Data for Amerigroup

#### Antibiotic Utilization: Disabled (ABXC)

**AMGP Georgia Managed Care Company, Inc. d/b/a Amerigroup Community Care (Org ID: 7359, SubID: 10188, Medicaid, Spec Area: None, Spec Proj: None, Contract Number: None)**

**Measurement Year - 2017; Date & Timestamp - 6/12/2018 12:01:36 PM**

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## Appendix D: Department of Community Health, State of Georgia

### HEDIS Interactive Data Submission System Data for Amerigroup

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# Antibiotic Utilization: Other (ABXD)

**AMGP Georgia Managed Care Company, Inc. d/b/a Amerigroup Community Care** (Org ID: 7359, SubID: 10188, Medicaid, Spec Area: None, Spec Proj: None, Contract Number: None)

**Measurement Year - 2017; Date & Timestamp - 6/12/2018 12:01:37 PM**

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<th>Total Azithromycin and Clarithromycin Scripts</th>
<th>Average Scrips PMPY for Azithromycin and Clarithromycins</th>
<th>Total Amoxicillin/Clavulanate Scripts</th>
<th>Average Scrips PMPY for Amoxicillin/Clavulanate Scripts</th>
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## Antibiotics of Concern Utilization

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### Appendix D: Department of Community Health, State of Georgia

**HEDIS Interactive Data Submission System Data for Amerigroup**

#### Total Utilization

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<th>Total Macrolides (not azith. or clarith.) Scrips</th>
<th>Average Scrips PMPY for Macrolides (not azith. or clarith.)</th>
<th>Total Penicillin Scrips</th>
<th>Average Scrips PMPY for Penicillins</th>
<th>Total Tetracycline Scrips</th>
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#### All Other Antibiotics Utilization

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## Appendix D: Department of Community Health, State of Georgia

### HEDIS Interactive Data Submission System Data for Amerigroup

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### Plan All-Cause Readmissions (PCR)

<table>
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<th>Stratum</th>
<th>Age</th>
<th>Count of Index Stays (Denominator)</th>
<th>Count of 30-Day Readmissions (Numerator)</th>
<th>Observed Readmissions (Num/Den)</th>
<th>Count of Expected 30 day Readmissions</th>
<th>Expected Readmissions Rate</th>
<th>Total Variance</th>
<th>Observed-to-Expected Ratio (Observed Readmissions/Expected Readmissions)</th>
<th>Lower Confidence Interval (Observed-to-Expected Ratio)</th>
<th>Upper Confidence Interval (Observed-to-Expected Ratio)</th>
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<tbody>
<tr>
<td>Index Stays for people with 1-3 Index Stays per Year</td>
<td>18-44</td>
<td>893</td>
<td>73</td>
<td>8.17%</td>
<td>117.5188</td>
<td>0.1316</td>
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<tr>
<td>Index Stays for people with 1-3 Index Stays per Year</td>
<td>45-54</td>
<td>228</td>
<td>14</td>
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<td>31.6920</td>
<td>0.1390</td>
<td>26.0000</td>
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<tr>
<td>Index Stays for people with 1-3 Index Stays per Year</td>
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<td>65</td>
<td>1</td>
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<td>Total, Index Stays for people with 1-3 Index Stays per Year</td>
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<th>Expected Readmissions Rate</th>
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<th>Observed-to-Expected Ratio (Observed Readmissions/Expected Readmissions)</th>
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<tr>
<td>Index Stays for people with 4+ Index Stays per Year</td>
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<td>102</td>
<td>56</td>
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<td>5</td>
<td>2</td>
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## Appendix D: Department of Community Health, State of Georgia

**HEDIS Interactive Data Submission System Data for Amerigroup**

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<th>Count of Expected 30-day Readmissions</th>
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### Board Certification (BCR)

AMGP Georgia Managed Care Company, Inc. d/b/a Amerigroup Community

Measurement Year - 2017; Date & Timestamp - 6/12/2018 12:01:37 PM

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<td>Internal Medicine</td>
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<td>Pediatricians</td>
<td>2192</td>
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### Appendix D: Department of Community Health, State of Georgia
HEDIS Interactive Data Submission System Data for Amerigroup

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Appendix D: Department of Community Health, State of Georgia
HEDIS Interactive Data Submission System Data for Amerigroup
## Enrollment by Product Line: Other (ENPD)

AMGP Georgia Managed Care Company, Inc. d/b/a Amerigroup Community Community

Measurement Year - 2017; Date & Timestamp - 6/12/2018 12:01:37 PM

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## Appendix D: Department of Community Health, State of Georgia

**HEDIS Interactive Data Submission System Data for Amerigroup**

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## Language Diversity of Membership (LDM)

AMGP Georgia Managed Care Company, Inc. d/b/a Amerigroup Community  
Measurement Year - 2017; Date & Timestamp - 6/12/2018 12:01:37 PM

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<th>Other Third-Party Source</th>
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</thead>
<tbody>
<tr>
<td>Spoken Language Preferred for Health Care*</td>
<td>0.0000</td>
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<tr>
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<tr>
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<td>0.0000</td>
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<td>1.0000</td>
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</table>

*Should sum to 100%.

### Spoken Language Preferred for Health Care

<table>
<thead>
<tr>
<th>Spoken Language Preferred for Health Care</th>
<th>Number</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>English</td>
<td>421593</td>
<td>88.44%</td>
</tr>
<tr>
<td>Non-English</td>
<td>50752</td>
<td>10.65%</td>
</tr>
<tr>
<td>Unknown</td>
<td>4333</td>
<td>0.91%</td>
</tr>
<tr>
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<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Total*</td>
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<td>100.00%</td>
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### Language Preferred for Written Materials

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<td>English</td>
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<td>Non-English</td>
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<tr>
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</tr>
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<td>Total*</td>
<td>476,678</td>
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### Other Language Needs

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<th>Percentage</th>
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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>
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<td>100.00%</td>
</tr>
<tr>
<td>Declined</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Total*</td>
<td>476,678</td>
<td>100.00%</td>
</tr>
</tbody>
</table>

*Should sum to 100%.
### Race/Ethnicity Diversity of Membership (RDM)

AMGP Georgia Managed Care Company, Inc. d/b/a Amerigroup Community Care (Org ID: 7359, SubID: 10188, Medicaid, Spec Area: None, Spec Proj: None, Contract Number: Measurement Year - 2017; Date & Timestamp - 6/12/2018 12:01:38 PM

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

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<thead>
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<th>Direct Data Collection Method</th>
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<tr>
<td>Health Plan Direct*</td>
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</tr>
<tr>
<td>CMS/State Database*</td>
<td>1.0000</td>
<td>0.0000</td>
</tr>
<tr>
<td>Other*</td>
<td>0.0000</td>
<td>0.0000</td>
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<table>
<thead>
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<th>Direct Total</th>
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<td>Health Plan Direct*</td>
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<tr>
<td>CMS/State Database*</td>
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<tr>
<td>Other*</td>
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*Enter percentage as a value between 0 and 1.

#### Race/Ethnicity Diversity of Membership

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<th>Race/Ethnicity Diversity of Membership</th>
<th>Total Unduplicated Membership During the Measurement Year</th>
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<td>White</td>
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#### Race

<table>
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<tr>
<th>Race</th>
<th>Hispanic or Latino</th>
<th>Not Hispanic or Latino</th>
<th>Unknown Ethnicity</th>
<th>Declined Ethnicity</th>
<th>Total</th>
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<td>White</td>
<td>0</td>
<td>510</td>
<td>225737</td>
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<td>American-Indian and Alaska Native</td>
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<td>771</td>
<td>0</td>
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<td>Asian</td>
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<td>6755</td>
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<td>Native Hawaiian and Other Pacific Islanders</td>
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<td>Some Other Race</td>
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<td>Unknown</td>
<td>239</td>
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<td>7653</td>
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<tr>
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<td>239</td>
<td>100.00%</td>
<td>475,929</td>
<td>100.00%</td>
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*Enter percentage as a value between 0 and 1.*
### Total Membership (TLM)

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<th>Product/Product Line</th>
<th>Total Number of Members*</th>
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<td>HMO (total)</td>
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<tr>
<td>Commercial</td>
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<td>Medicare (cost or risk)</td>
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<tr>
<td>Marketplace</td>
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<td>Other</td>
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<td>PPO (total)</td>
<td>28,044,354</td>
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<td>Medicaid</td>
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<td>Commercial</td>
<td>26350607</td>
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<td>Medicare (cost or risk)</td>
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<td>POS (total)</td>
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<td>Commercial</td>
<td>1354445</td>
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<td>Medicare (cost or risk)</td>
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<td>Marketplace</td>
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<td>Other</td>
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<td>FFS (total)</td>
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<td>EPO (total)</td>
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<tr>
<td>Total</td>
<td>40,104,385</td>
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*Total number of members in each category as of CY 2017 Validation of Performance Measures
# Depression Screening and Follow-Up for Adolescents and Adults (DSF)

**AMGP Georgia Managed Care Company, Inc. d/b/a Amerigroup Community Care (Org ID: 7359, SubID: 10188, Medicaid, Spec Area: None, Spec Proj: None, Contract Number: None)**

**Measurement Year - 2017; Date & Timestamp - 6/12/2018 12:01:38 PM**

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<th>Data Element</th>
<th>General Measure Data</th>
<th>Depression Screening</th>
<th>Follow up on Positive Screen</th>
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<td></td>
<td>12-17 Years</td>
<td>18-44 Years</td>
<td>45-64 Years</td>
</tr>
<tr>
<td>Measurement year</td>
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<tr>
<td>Data collection methodology (ECDS)</td>
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<tr>
<td>IP-ECDS Coverage</td>
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<tr>
<td>Initial Population EHR</td>
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<tr>
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<tr>
<td>Reported Rate - Total</td>
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<tr>
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<tr>
<td>Upper 95% confidence interval - Total</td>
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</table>
### Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults

**AMGP Georgia Managed Care Company, Inc. d/b/a Amerigroup Community Care (Org ID: 7359, SubID: 10188, Medicaid, Measurement Year - 2017; Date & Timestamp - 6/12/2018 12:01:38 PM**

<table>
<thead>
<tr>
<th>Data Element</th>
<th>General Measure Data</th>
<th>12-17 Years</th>
<th>18-44 Years</th>
<th>45-64 Years</th>
<th>65+ Years</th>
<th>Total</th>
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<td>12-17 Years 18-44 Years 45-64 Years 65+ Years Total</td>
<td>12-17 Years 18-44 Years 45-64 Years 65+ Years Total</td>
<td>12-17 Years 18-44 Years 45-64 Years 65+ Years Total</td>
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### Unhealthy Alcohol Use Screening and Follow-Up (ASF)

**AMGP Georgia Managed Care Company, Inc. d/b/a Amerigroup Community Care (Org ID: 7359, SubID: 10188, Medicaid, Spec Area: None, Spec Proj: None, Measurement Year - 2017; Date & Timestamp - 6/12/2018 12:01:38 PM**

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