Georgia Department of Community Health

Validation of Performance Measures

for

Georgia Department of Community Health

Measurement Period: Calendar Year 2012
Validation Period: State Fiscal Year 2013
Publish Date: November 26, 2013
Revised: January 22, 2014

HSAG HEALTH SERVICES ADVISORY GROUP

3133 East Camelback Road, Suite 300 ◆ Phoenix, AZ 85016
Phone 602.264.6382 ◆ Fax 602.241.0757

HSAG HEALTH SERVICES ADVISORY GROUP

CONTENTS

for **Georgia Department of Community Health**

Validation of Performance Measures 1
Validation Overview 1
Georgia Department of Community Health Information 2
Audited Populations 2
Performance Measures Validated 3
Description of Validation Activities 6
Pre-audit Strategy 6
Validation Team 7
On-site Activities 7
Technical Methods of Data Collection and Analysis 9
Data Integration, Data Control, and Performance Measure Documentation 10
Data Integration 10
Data Control 10
Performance Measure Documentation 10
Validation Results 11
Medical Service Data (Encounters) 11
Medical Service Data (Claims) 11
Enrollment Data 13
Provider Data 13
Medical Record Review Process 14
Data Integration 17
Performance Measure Specific Findings 19
Validation Findings 22

Appendix A—Data Integration and Control Findings A-1
Appendix B—Denominator and Numerator Validation Findings B-1
Appendix C—Performance Measure Validation Reporting Spreadsheet C-1

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. Validation of performance measures is one of three mandatory external quality review (EQR) activities required by the Balanced Budget Act of 1997 (BBA) described at 42 CFR 438.358(b)(2). The purpose of performance measure validation is to ensure that MCOs have sufficient systems and processes in place to provide accurate and complete information for calculating valid performance measure rates according to specifications required by the state. The state, its agent that is not an MCO, or an external quality review organization (EQRO) can perform this validation.

During state fiscal year (SFY) 2013, the Georgia Department of Community Health (DCH) required its MCOs, known as care management organizations (CMOs), to report performance measure data using calendar year (CY) 2012 as the measurement period. To facilitate rate comparisons and to prepare for voluntary reporting of data to CMS for the Children's Health Insurance Program Reauthorization Act (CHIPRA) core set measures (Core Set), DCH contracted with Hewlett-Packard Enterprise Services (HP), its Medicaid Management Information System (MMIS) vendor, to calculate performance measure rates for the Medicaid and PeachCare for Kids®[1] programs for the following populations:

- Fee-for-Service (FFS)
- Georgia Families Medicaid and PeachCare for Kids® managed care members (GF)
- All Medicaid and PeachCare for Kids® (ALL)
- Medicaid Adult Only (MAO)
- Community Care Services Program (CCSP)

The DCH contracted with Health Services Advisory Group, Inc. (HSAG), as its EQRO to conduct performance measure validation (PMV) on a list of performance measure rates calculated and reported by HP. HSAG conducted the validation activities as outlined in 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 1, 2012.[2]

[1] PeachCare for Kids® is the name of Georgia's stand-alone Children's Health Insurance Program (CHIP).

[2] Department of Health and Human Services, Centers for Medicare & Medicaid Services. *EQR Protocol 2: Validation of Performance Measures Reported by the MCO: A Mandatory Protocol for External Quality Review (EQR),* Version 2.0, September 2012. Available at: http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Quality-of-Care-External-Quality-Review.html. Accessed on: Feb 19, 2013.

Georgia Department of Community Health Information

HSAG validated performance measure rates calculated and reported by HP on behalf of DCH. Information about DCH appears in Table 1.

Table 1—Georgia Department of Community Health	
DCH Location:	2 Peachtree Street, NW Atlanta, GA 30303
DCH Contact:	Janice M. Carson, MD, MSA Deputy Director, Performance, Quality and Outcomes 404.463.2832 jcarson@dch.ga.gov
Site Visit Location:	Hewlett-Packard Enterprise Services 100 Crescent Centre, Ste. 1100 Tucker, GA 30084
HP Contact:	Michele Hunter Services Information Developer III 972.605.8853 Michele.hunter@hp.com
Site Visit Date:	June 25–26, 2013

Audited Populations

Georgia Families Managed Care (GF)—the GF population consisted of Medicaid and PeachCare for Kids® members enrolled in the three contracted CMOs:[3] AMERIGROUP Community Care, Peach State Health Plan, and WellCare of Georgia, Inc. To be included in the GF rates, a member had to be continuously enrolled in any one CMO or could have switched CMOs during the measurement period. The GF rates excluded dual eligible members.

Fee-for-Service (FFS)—the FFS population included Medicaid and PeachCare for Kids® members not enrolled in the GF managed care program. To be included in the FFS rates, a member had to be continuously enrolled in the FFS population for the entire measurement period. The FFS rates excluded dual eligible members.

Total Population (ALL)—the ALL population consisted of all members covered under the Georgia Medicaid and PeachCare for Kids® programs during the measurement period. The ALL population consisted of the members included in the FFS and GF populations, as well as members who may have switched between managed care and FFS during the measurement period. The ALL population rates excluded dual eligible members.

[3] The DCH required its CMOs to contract with an NCQA-licensed audit organization and undergo an NCQA HEDIS Compliance Audit™. To validate the rates calculated for the non-HEDIS measures, DCH contracted HSAG to perform an independent performance measure validation for each CMO. Results for these validations are presented in each CMO-specific PMV report.

Medicaid Adult Only (MAO)—the MAO population is composed of the members included in the ALL population during the measurement period, excluding the PeachCare for Kids® population. The MAO rates excluded dual eligible members.

Community Care Services Program (CCSP)—the CCSP is a Medicaid waiver program that provides community-based social, health, and support services to eligible members as an alternative to institutional placement in a nursing facility. The DCH's Division of Medical Assistance Plans partners with the Division of Aging Services (DAS) within the Department of Human Services (DHS) for the operational management of the program. Approximately 70 percent of the CCSP population is composed of dual eligible members (i.e., members eligible for Medicare and Medicaid). The CCSP population includes all members covered under the CCSP waiver program, including dual eligible members.

Performance Measures Validated

Table 2 lists the performance measures that HSAG validated for each of the audited populations and identifies the methodology and specifications that were used for calculating the rates. In addition to the Healthcare Effectiveness Data and Information Set (HEDIS®)[4] measures developed by the National Committee for Quality Assurance (NCQA), performance measures were also selected by DCH from CMS' Initial Core Set of Children's Health Care Quality Measures, CMS' Initial Core Set of Health Care Quality Measures for Adults Enrolled in Medicaid, and the Agency for Healthcare Research and Quality (AHRQ). The measurement period was identified by DCH as CY 2012.

Table 2—List of Performance Measures for CY 2012			Population(s) Required for Reporting				
	Performance Measures	Measure Set	GF*	FFS	All	MAO	CCSP
1	Well-Child Visits in the First 15 Months of Life—6 or More Visits (Hybrid)	HEDIS and Core Set**	✓	✓	✓		
2	Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life (Hybrid)	HEDIS and Core Set**	✓	✓	✓		
3	Adolescent Well-Care Visits (Hybrid)	HEDIS and Core Set**	✓	✓	✓		
4	Children and Adolescents' Access to Primary Care Practitioners (12 months–19 years of age)	HEDIS and Core Set**	✓	✓	✓		
5	Adults' Access to Preventive/Ambulatory Health Services (20–44 years of age)	HEDIS	✓	✓	✓	✓	✓
6	Childhood Immunization Status—Combos 3, 6, and 10 (Hybrid)	HEDIS and Core Set**	✓	✓	✓		
7	Lead Screening in Children (Hybrid)	HEDIS	✓	✓	✓		
8	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (Hybrid)	HEDIS and Core Set**	✓	✓	✓		

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

Table 2—List of Performance Measures for CY 2012			Population(s) Required for Reporting				
	Performance Measures	Measure Set	GF*	FFS	All	MAO	CCSP
9	Annual Dental Visit	HEDIS	✓	✓	✓	✓	✓
10	Cervical Cancer Screening (Hybrid)	HEDIS and Core Set**	✓	✓	✓	✓	✓
11	Breast Cancer Screening	HEDIS and Core Set**	✓	✓	✓	✓	✓
12	Prenatal and Postpartum Care (Hybrid)	HEDIS and Core Set**	✓	✓	✓	✓	
13	Frequency of Ongoing Prenatal Care—≥81 percent of expected visits (Hybrid)	HEDIS and Core Set**	✓	✓	✓	✓	
14	Chlamydia Screening in Women	HEDIS and Core Set**	✓	✓	✓	✓	✓
15	Immunizations for Adolescents—Combo 1 (Hybrid)	HEDIS and Core Set**	✓	✓	✓		
16	Appropriate Testing for Children With Pharyngitis	HEDIS and Core Set**	✓	✓	✓		
17	Use of Appropriate Medications for People With Asthma	HEDIS	✓	✓	✓	✓	✓
18	Comprehensive Diabetes Care (Hybrid)	HEDIS and Core Set**	✓	✓	✓	✓	✓
19	Follow-Up Care for Children Prescribed ADHD Medication	HEDIS and Core Set**	✓	✓	✓		
20	Follow-Up After Hospitalization for Mental Illness	HEDIS and Core Set**	✓	✓	✓	✓	✓
21	Ambulatory Care	HEDIS and Core Set**	✓	✓	✓	✓	✓
22	Inpatient Utilization—General Hospital/Acute Care	HEDIS	✓	✓	✓	✓	✓
23	Weeks of Pregnancy at Time of Enrollment	HEDIS	✓	✓	✓	✓	
24	Race/Ethnicity Diversity of Membership	HEDIS	✓	✓	✓	✓	✓
25	Cesarean Delivery Rate	AHRQ	✓	✓	✓	✓	
26	Cesarean Rate for Nulliparous Singleton Vertex	Core Set	✓	✓	✓	✓	
27	Low Birth Weight Rate—Percentage of Live Births Weighing Less Than 2,500 Grams	Core Set and AHRQ	✓	✓	✓	✓	
28	Annual Percentage of Asthma Patients with One or More Asthma-Related ER Visit 2–20 years of age	Core Set	✓	✓	✓		

Table 2—List of Performance Measures for CY 2012			Population(s) Required for Reporting				
	Performance Measures	Measure Set	GF*	FFS	All	MAO	CCSP
29	Antidepressant Medication Management	HEDIS and Core Set**	✓	✓	✓	✓	✓
30	Annual Pediatric Hemoglobin (HbA1c) Testing 5–17 years of age (Hybrid)	HEDIS and Core Set**	✓	✓	✓		
31	Diabetes, Short-term Complications Admission Rate	Core Set and AHRQ	✓	✓	✓	✓	✓
32	Chronic Obstructive Pulmonary Disease (COPD) Admission Rate	Core Set and AHRQ	✓	✓	✓	✓	✓
33	Congestive Heart Failure Admission Rate	Core Set and AHRQ	✓	✓	✓	✓	✓
34	Adult Asthma Admission Rate	Core Set and AHRQ	✓	✓	✓	✓	✓
35	Antibiotic Utilization—Percentage of antibiotics of concern for all antibiotic prescriptions (Total)	HEDIS	✓	✓	✓	✓	✓
36	Controlling High Blood Pressure (Hybrid)	HEDIS and Core Set**	NA	✓	✓	✓	✓
37	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	HEDIS and Core Set**	✓	✓	✓	✓	✓
38	Annual Monitoring for Patients on Persistent Medications	HEDIS and Core Set**	✓	✓	✓	✓	✓
39	Mental Health Utilization	HEDIS	✓	✓	✓	✓	✓
40	Plan All-Cause Readmissions	Core Set	✓	✓	✓	✓	✓
41	Appropriate Treatment for Children with Upper Respiratory Infection	HEDIS	✓	✓	✓		
42	Screening for Clinical Depression and Follow-Up Plan (Hybrid for CCSP population only)	Core Set	✓	✓	✓	✓	✓
43	Annual HIV/AIDS Medical Visit	Core Set	✓	✓	✓	✓	✓
44	Adult BMI Assessment (Hybrid)	HEDIS and Core Set**	✓	✓	✓	✓	✓
45	Developmental Screening in the First Three Years of Life	Core Set	✓	✓	✓		
46	Elective Delivery	Core Set	✓	✓	✓	✓	
47	Antenatal Steroids	Core Set	✓	✓	✓	✓	
48	Adherence to Antipsychotics for Individuals with Schizophrenia	HEDIS	✓	✓	✓	✓	✓
49	Adherence to Antipsychotics for Individuals with Schizophrenia***	Core Set					

Table 2—List of Performance Measures for CY 2012			Population(s) Required for Reporting				
	Performance Measures	Measure Set	GF*	FFS	All	MAO	CCSP
50	Care Transition—Transition Record Transmitted to Health Care Professional	Core Set	✓	✓	✓	✓	✓
51	Persistence of Beta-Blocker Treatment After a Heart Attack	HEDIS		✓	✓	✓	✓
52	Colorectal Cancer Screening (Hybrid)	Custom		✓	✓	✓	✓
53	Pharmacotherapy Management of COPD Exacerbation	HEDIS		✓	✓	✓	✓
54	Human Papillomavirus Vaccine for Female Adolescents (Hybrid)	HEDIS and Core Set**	✓	✓	✓		
55	Medication Management for People With Asthma	HEDIS and Core Set**	✓	✓	✓	✓	✓

* The Georgia Families measures were calculated using only the administrative method.
** The required reporting age groups were modified from HEDIS by CMS for some of the Core Set measures.
*** This measure was removed from Core Set reporting for this year.

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, HSAG obtained a list of the measures that were selected by DCH for validation.

HSAG then prepared a document request letter that was submitted to DCH outlining the steps in the performance measure validation process. The document request letter included a request for a completed Record of Administration, Data Management and Processes (Roadmap), source code for each performance measure (unless the source code was produced by NCQA-Certified software), and any additional supporting documentation necessary to complete the audit. HSAG responded to Roadmap-related questions during the pre-on-site phase.

HSAG conducted a pre-on-site conference call with HP, DCH's performance measure rate calculation vendor, and the Georgia Medical Care Foundation (GMCF), the medical record review vendor, to discuss the medical record review procurement and abstraction processes.

For the on-site visit, HSAG prepared an agenda describing all visit activities and indicating the type of staff needed for each session. HSAG provided the agenda to DCH and HP several weeks prior to the on-site visit. HSAG also frequently communicated with DCH and HP to discuss on-site visit expectations.

Validation Team

The HSAG performance measure validation team's members were selected because they possessed the full complement of skills required for the validation and met the requirements of DCH. Some team members, including the lead auditor, participated in the on-site meetings at DCH; others conducted their work at HSAG's offices. Table 3 describes each team member's role and expertise.

Table 3—Validation Team

Name / Role	Skills and Expertise
David Mabb, MS, CHCA *Lead Auditor; Director, Audits/State & Corporate Services*	Management of audit department; Certified HEDIS Compliance Auditor; HEDIS knowledge; performance measure knowledge; statistics, analysis, and source code programming knowledge.
Jennifer Lenz, MPH, CHCA *Secondary Auditor; Executive Director, State & Corporate Services*	Certified HEDIS Compliance Auditor, HEDIS knowledge, statistics and analysis knowledge.
Marilea Rose, RN, BA *Associate Director, State & Corporate Services; Medical Record Review, Over-read Process Supervisor*	Medical record review, clinical consulting and expertise, abstraction, tool development, HEDIS knowledge, and supervision of nurse reviewers.
Maricris Kueny *Project Coordinator, Medical Record Review*	Coordinator for the medical record review process, liaison between the audit team and clients, maintains record tracking database, and manages deliverables and timelines.
Judy Yip-Reyes, PhD *Source Code Review Manager; Audit Specialist*	Auditing experience, HEDIS knowledge, performance measure knowledge, and source code review management.
Ron Holcomb, AS *Source Code Reviewer*	Statistics, analysis, and source code programming knowledge.
Tammy GianFrancisco *Project Leader, Audits*	Project coordination, communication, and scheduling.

On-site Activities

HSAG conducted an on-site visit with DCH and HP on June 25–26, 2013. HSAG collected information using several methods, including interviews, system demonstration, review of data output files, primary source verification, observation of data processing, and review of data reports. The on-site visit activities are described as follows:

- **Opening meeting:** The opening meeting included an introduction of the validation team and key DCH and HP staff members involved in the performance measure activities. The review purpose, required documentation, basic meeting logistics, and session topics 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 DCH and HP staff members so that the validation team could obtain a complete picture of all the steps taken to generate the performance measure rates. The goal of the session was to obtain a confidence level as to the degree of compliance with written documentation compared to 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 accuracy of the data from the original source to the output files and reviewed backup documentation on data integration. HSAG also addressed data control and security procedures during this session.
- **Closing conference:** The closing conference included a summation of preliminary findings based on the review of the Roadmap and the on-site visit, and revisited the documentation requested for any post-visit activities.

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

Table 4—List of Interviewees

Name	Title
Trina Jackson Tatum	Compliance Auditor II
Anita Mills	Compliance Auditor II
Jennifer Bass	Project Director, DCH
Sandy Choate	Deputy Director, Alliant/GMCF
Yvonne Greene	Eligibility Program Director
Michele Hunter	Services Information Developer III—HEDIS Lead
Turkesia Robertson-Jones	Pharmacy Operations Manager
Debra Stone	Clinical Quality Manager
Donna Johnson	Program Specialist 2, Eligibility Policy
Theresa Harris	Systems Analyst
David Burnett	Systems Architect
Melinda Ford-Williams	Early Periodic Screening, Diagnosis, and Treatment (EPSDT), DCH
Dophamia Williams	Eligibility Program Consultant
Pam White	Claims Operations Manager, HP

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:

- **Roadmap:** The DCH and HP were required to submit a completed Roadmap to HSAG. Upon receipt by HSAG, the Roadmap underwent a cursory review to ensure each section was complete and all applicable attachments were present. HSAG then thoroughly reviewed all documentation, noting any potential issues, concerns, and items that needed additional clarification. Where applicable, HSAG used the information provided in the Roadmap to begin completion of the review tools.
- **Medical record documentation:** HP and its contracted medical record review vendor, GMCF, were responsible for completing the medical record review section within the Roadmap. In addition, the following attachments were requested and reviewed by HSAG: medical record hybrid tools and instructions, training materials for medical record review staff members, and policies and procedures outlining the processes for monitoring the accuracy of the reviews performed by the review staff members.
- **Source code (programming language) for performance measures:** HP was required to submit source code (computer programming language) for each performance measure being validated, except for the HEDIS measures that were generated by an NCQA-Certified software vendor. HSAG completed line-by-line review and evaluation of program logic flow on the supplied source code to ensure compliance with the measure specifications required by the State. HSAG identified areas of deviation from the specifications, evaluating the impact to the measure and assessing the degree of bias (if any). HSAG shared these findings with HP, and HP was required to revise the code and re-submit for review and approval.
- **Supporting documentation:** HP submitted documentation to HSAG that provided 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, with issues or clarifications flagged for follow-up.
- **Rate Review:** Upon receiving the calculated rates from HP, HSAG conducted a review on the reasonableness and integrity of the rates for all of the audited populations. Since HP used the encounter data submitted monthly by the CMOs to calculate the Georgia Families rates, HSAG also used the final audited HEDIS measure results (obtained from NCQA's Interactive Data Submission System [IDSS]) submitted by the CMOs to further test for reasonability of the calculated Georgia Families rates.

Data Integration, Data Control, and Performance Measure Documentation

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

Data Integration

Accurate data integration is essential to 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 DCH and its vendor, HP, 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 were:

☒ Acceptable

☐ Not acceptable

Data Control

The organizational infrastructure must support all necessary information systems. The 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 used by DCH and its vendors, 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 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 DCH and HP. 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 rate calculations, and other related documentation. Overall, HSAG determined that the documentation of performance measure calculations was:

☒ Acceptable

☐ Not acceptable

Validation Results

Through the validation process, the audit team evaluated HP's data systems for the processing of each type of data used for reporting the performance measure rates. General findings are indicated below.

Medical Service Data (Encounters)

HP received encounter data from the three contracted CMOs monthly, at a minimum. The CMOs transmitted all encounter data to HP using the standard 837 file format through a secure data transfer site. There were appropriate transfer protocols in place to ensure all data transfers were securely received and completed, with no loss of data.

The encounter data from the CMOs were used in the calculation of the Georgia Families performance measure rates. Along with standard International Classification of Diseases, Ninth Revision (ICD-9) and Current Procedural Terminology (CPT) codes, if diagnosis-related group (DRG) codes were submitted by the CMOs, then HP used the DRGs in measures that used DRG coding. However, HP did not use a DRG grouper for CMO-submitted encounter data that did not contain DRGs; therefore, some measures that rely on DRGs, such as the inpatient utilization measures, may be underreported for the Georgia Families and ALL populations.

HSAG also reviewed encounter data rejection reports from HP. These reports showed two of the CMOs had approximately 2.5 percent of the encounter data rejected by HP, while the third CMO had a 9.6 percent error rejection rate. Overall, the error rejection rate was approximately 6.0 percent. The CMOs were required by DCH to meet a 99 percent pass rate, so currently this standard has not been met. The high error rejection rate for the one specific CMO should be explored to determine the reasons for data rejection, and corrected by the CMO. Incomplete encounter data can negatively impact the rates for the GF and the ALL populations.

Medical Service Data (Claims)

All FFS contracted providers and facilities submitted claims data to HP. The process for HP has not changed since the last audit. Paper claims were received at the HP facility, and then batched, scanned, and given an internal control number. Following this process, the claims were routed to an optical character recognition (OCR) system where claim operators reviewed the OCR claims to ensure the claims were read correctly, and then routed the claims for processing. There were sufficient quality checks in place for the oversight of the scanning of claims, the data entry, and the processing of claims. HP confirmed that it did not use or accept nonstandard codes. As with last year, electronic claims processing accounted for the bulk of data processing, with approximately 95 percent of the claims received via electronic data interchange (EDI) submissions, which left very few claims for manual processing.

HSAG confirmed the appropriate use of standard code sets, and HP indicated that it had claim edits in place to accurately capture 4th and 5th digit specificity for ICD-9 codes. This was an issue for last year, and the audit team requested a query to determine if a significant number of paid claims

had invalid ICD-9 codes (i.e., missing 4th and 5th digit specificity when required). Accepting ICD-9 codes without a required 4th or 5th digit specificity has the ability to impact the following HEDIS measures: *Comprehensive Diabetes Care, Follow-up After Hospitalization for Mental Illness, Prenatal and Postpartum Care, Frequency of Ongoing Prenatal Care, Ambulatory Care, Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents, Chlamydia Screening for Women, Appropriate Treatment for Children with Upper Respiratory Infection, Use of Appropriate Medications for People with Asthma, Follow-up Care for Children Prescribed ADHD Medication,* and *Persistence of Beta-Blocker Treatment After a Heart Attack.* In addition, the non-HEDIS *Low Birth Weight* measure could potentially be impacted, since this measure also requires 5th digit specificity. HSAG acknowledged that DCH's policy does not require 4th or 5th digit specificity for payment of claims, but HSAG's findings are specific to those measures where a 4th or 5th digit is required for accurate HEDIS reporting. Although the specificity issue was not completely eliminated, HSAG determined there was significant improvement in the capture of 4th and 5th digit specificity, and determined the final rates would not be biased for reporting these measures.

HSAG evaluated the use of DRG and MS-DRG codes for inpatient hospitalizations. This was also an issue in the prior year since the Georgia hospitals typically did not submit MS-DRGs, and the CMOs often did not submit DRGs or MS-DRGs to HP. HSAG confirmed this was still an issue. Therefore, the CMOs and HP were required to use a DRG grouper on inpatient claims in order to calculate many of the AHRQ measures. HP used a DRG grouper for its FFS claims data; however, HP did not apply the DRG grouper to the encounter data submitted by the three CMOs. Not using the DRG grouper on the CMO encounter data could result in missing or underreported data when calculating the Georgia Families and the ALL performance measure rates for AHRQ measures that require DRGs.

The State contracted with a pharmacy vendor, Catamaran, to administer pharmacy benefits to its FFS population. HP was able to demonstrate adequate reconciliation between pharmacy data and financial payments. However, pharmacy reversals were included in the extracted files sent to ViPS, the NCQA-Certified software vendor, for rate calculation. Reversed pharmacy claims usually occur when a member presents a prescription to the pharmacy but then fails to return to pick up the filled prescription. After seven days, the pharmacy must return the prescription to stock and submit a reversed claim to HP. Including these reversed pharmacy claims, therefore, may inflate rates, since members who did not pick up the prescription will appear to have received the medication. For this year, NCQA allowed this process; therefore, the auditors did not assess bias to any rates. HSAG recommends that HP explore options to reconcile pharmacy reversals to ensure the pharmacy data are not overstated, and rates are reportable.

Similar to last year, a significant portion of claims for maternity deliveries were paid through global billing. Global billing is the submission of a single claim for a fixed fee that covers all care related to a particular condition over a particular period of time, such as the billing for the prenatal and postpartum care visits in conjunction with the delivery. HSAG conducted primary source verification on measures impacted by global billing and identified that global bills include the date of delivery, which is important for the calculation of the *Prenatal and Postpartum Care* and *Frequency of Ongoing Prenatal Care* measures. HSAG again confirmed that postpartum care visits were not allowable for payment outside of the global bill rate; however, DCH noted that providers may be billing for office visit services within the first 21 days after delivery and receiving payment

outside of the global billing rate. While this does not have an impact on the calculation of performance measure rates for the prenatal and postpartum care measures, DCH may consider investigating its reimbursement policy and this billing practice further. HSAG did not find any discrepancies with the global billing data, and determined the only real impact was a need for increased medical record review for the measures related to maternity care.

Enrollment Data

The DCH staff described its process for providing HP eligibility data file feeds daily, which included a file from the Division of Family and Children Services within the Department of Human Services, data from the PeachCare for Kids® program, and a data interface file from the Social Security Administration. There were appropriate edits to detect errors with loading enrollment data, obtaining complete files, and identifying potential duplicate members. HSAG did not identify any issues related to the processing of enrollment files for use in performance measure rate reporting.

Approximately 30 percent of the FFS population were dual eligible members for Medicare and Medicaid. Because Medicare was the primary payer for these members and there was a potential for missing data, HSAG determined that the FFS and ALL population rates could be impacted, resulting in lower rates since Medicare (CMS) was not required to share data. Based on recommendations from the 2012 audit, and consistent with NCQA technical specifications for HEDIS reporting, the dual-eligible population was excluded from the performance measure rate calculations this year for all populations with the exception of the CCSP population, for which HP appropriately included dual-eligible members based on direction from DCH.

The DCH allows its providers to enter newborn data into the system, assigning each newborn a unique member ID at birth, then linking the newborn's ID to the mother's Medicaid ID. Once the baby is assigned its own Medicaid ID, a reconciliation process is conducted to identify potential duplicates when merging enrollment data for reporting. During the previous audit process, HSAG determined that the process for assigning an ID at birth was advantageous for the purposes of ensuring complete data for the newborn. HP also provided information on how it avoids duplicates via the newborn list and various data checks (e.g., multiple births on the same day are reviewed).

HSAG verified the buckets of reporting for the GF, FFS, ALL, MAO, and CCSP populations and identified no concerns with the identification according to DCH specifications. However, HSAG recommends that DCH evaluate and clarify the MAO population to ensure this population does not include children in future reporting years.

Provider Data

There were no significant changes from the prior year's audit. The State-contracted providers continued to be enrolled via a paper-based or Web-based application submission. Each provider was assigned a provider type and/or specialty based on the provider's license. HSAG reviewed the provider mapping crosswalk used by HP's subcontractor, ViPS, to produce the HEDIS performance measure rates and found the mapping to be appropriate for the measures being audited.

As identified last year, DCH did not require the capture of a rendering provider type on all claims. This impacts measures that require a specific provider type to perform the service, such as the well-child visit measures and mental health follow-up measures. For hybrid measures, this typically results in increased medical record review, but the rate should not be biased. However, for administrative only measures, the missing rendering provider information may cause a significantly biased, underreported rate. This issue is especially important for group providers such as Federally Qualified Health Centers (FQHCs). The FQHCs often submit the facility identification as the rendering provider. HP confirmed that the issue with obtaining the rendering provider's identification from the FQHCs had not changed. HSAG recommends that DCH and HP continue to work toward requiring that the appropriate rendering provider's identification be completed for all claims. HSAG recognizes the challenge for DCH given that states are not currently required to have FQHCs submit a rendering provider on claims since the FQHC receives prospective payments.

Medical Record Review Process

Several of the required performance measure rates were reported using the hybrid method—a combination of administrative claims, encounter data, and medical record abstracted data. The hybrid approach was conducted across four populations: FFS, ALL, MAO, and CCSP. HP contracted with GMCF to perform the medical record abstractions. GMCF used the ViPS/MedCapture hybrid reporting tools to collect the hybrid data. HSAG reviewed the MedCapture hybrid tool screen prints and corresponding instructions. The hybrid tools contained all of the required measure-specific data elements and appropriate edits. To ensure accuracy of the hybrid data being abstracted by the GMCF staff, and because new hybrid measures were being reported, HSAG requested that GMCF participate in a convenience sample of selected hybrid measures. No critical abstraction errors were detected during HSAG's validation of the convenience sample.

HSAG reviewed HP's and GMCF's processes for medical record review performance for all reported hybrid measures. This review included evaluating the GMCF medical record review staff qualifications, training, data collection instruments/tools, accuracy of data collection, vendor oversight, and the method used for combining medical record review data with administrative data. Additionally, HSAG also validated GMCF's abstraction accuracy for a sample of cases across the NCQA-designated measure groups by comparing its validation results to GMCF's abstraction results.

HSAG also completed the medical record review validation process and reabstracted sample records across the appropriate measure groups and compared the results to GMCF's findings for the same medical records. For each of the validated measures, HSAG randomly selected 16 cases from each measure group of medical record review numerator positives as identified by GMCF. If fewer than 16 medical records were found to meet numerator requirements, all records were reviewed. If an abstraction discrepancy was noted, only critical errors were considered errors. A critical error is defined as an abstraction error that affects the final outcome of the numerator event (i.e., changes a positive event to a negative one). The medical record review validation process completed the medical record portion of the audit and provided an assessment of GMCF's medical record abstraction accuracy.

Using the results of the medical record review validation process, the audit team determined if findings impacted the audit designation. The goal of the medical record review validation was to determine whether GMCF made abstraction errors that significantly biased its final reported rate. HSAG used the standardized protocol developed by NCQA to validate the integrity of the medical record review processes of audited organizations. The NCQA process was employed, and one error required the auditor to retest a second sample of 16 records that did not include the original sampled records. If the second sample was free of errors, the measure and measure group passed. If one or more errors were detected, the measure and measure group did not pass validation and could not be reported until all errors were corrected and reviewed by the auditor. Testing the exclusion group followed the same validation methodology.

The following tables identify the measure group and validated measure name, the number of records validated, and a final pass/fail determination.

Table 5—First Sample

Group	Measure	Number of Records	Validation Results
Group A	Controlling High Blood Pressure (FFS/ALL/MAO/CCSP)	16	Passed
Group B	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Nutrition ages 3–11 (FFS/ALL)	16	Failed
Group B	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Physical ages 3–11 (FFS/ALL)	16	Failed
Group B	Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life (FFS/ALL)	16	Failed
Group B	Well-Child Visits in the First 15 Months of Life (6+ Visits) (FFS/ALL)	16	Passed
Group B	Adolescent Well-Care Visits (FFS/ALL)	16	Failed
Group C	Cervical Cancer Screening (FFS/ALL)	16	Passed
Group D	Human Papillomavirus Vaccine for Female Adolescents (FFS/ALL)	14*	Passed
Group D	Childhood Immunization Status—Combo 3 (FFS/ALL)	16	Passed
Group D	Immunizations for Adolescents—Combo 1 (FFS/ALL)	16	Passed
Group E	Exclusions (FFS/ALL/MAO/CCSP)	20	Passed

*HPV only had 14 positive cases from medical record review; all 14 cases were reviewed.

Table 6—Second Sample			
Group	**Measure**	**Number of Records**	**Validation Results**
Group B	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Nutrition ages 3–11 (FFS/ALL)	HSAG reabstracted all numerator positive cases	Passed
Group B	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Physical ages 3–11 (FFS/ALL)	HSAG reabstracted all numerator positive cases	Passed
Group B	Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life (FFS/ALL)	7	Passed
Group B	Adolescent Well-Care Visits (FFS/ALL)	HSAG reabstracted all numerator positive cases	Passed

During the medical record review process, HSAG noted that the above volume of errors could be attributed to GMCF's procurement and abstraction practices that were not presented in the GMCF Roadmap responses. The factors are detailed below:

- Incomplete Roadmap Submission: HP and GMCF did not adequately identify the changes to their medical record review process in their Roadmap submission to HSAG. GMCF notified HSAG of the addition of 11 new reviewers at the conclusion of the medical record review process. Had this factor been known to HSAG at the onset of the medical record reviews, a convenience sample would have been requested across all reported hybrid measures, not just the new hybrid measures.
- Potential Medical Record Procurement Process Concerns: GMCF procured medical record data from calendar years 2010 through 2012 regardless of the measure review period. This resulted in a large volume of unusable data that the GMCF reviewers were required to review. This fact could potentially have resulted in a higher number of abstraction errors.
- Abstraction Practices Not in Alignment with the NCQA Technical Specifications for the Measures: HSAG identified trends related to the errors found for the *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)* and *Adolescent Well-Care Visits (AWC)* measures which were not in alignment with the NCQA Technical Specifications. This may have been attributed to the volume of new staff hired by GMCF for the current year.

- Insufficient Oversight of Medical Record Review Staff: The GMCF Quality Assurance/Inter-rater Reliability (IRR) Policy contained the requirement that GMCF conduct IRR review of five percent of the total review volume of sample cases per abstractor. IRR reports submitted to HSAG demonstrated that GMCF did not consistently adhere to the requirement. GMCF cited issues with the automated IRR calculation in the vendor database. In addition, a 5 percent oversight may not have been sufficient for the volume of new reviewers.

While the GMCF abstraction procedures were approved and the measures passed medical record review validation, HSAG reabstracted all numerator positive cases for the following measures due to the volume of critical errors noted during the first sample:

- Weight Assessment and Counseling for Nutrition and Physical Activity for Children/ Adolescents—Nutrition ages 3–11 (FFS/ALL)
- Weight Assessment and Counseling for Nutrition and Physical Activity for Children/ Adolescents—Physical ages 3–11 (FFS/ALL)
- Adolescent Well-Care Visits (FFS/ALL)

HSAG recommends that prior to future hybrid reporting, GMCF and HP provide complete responses in the Roadmap that accurately reflect the medical record review process (i.e., addition of new review staff). To identify abstraction errors early in the medical record review process, IRR should begin immediately and continue throughout the project at a minimum of 5 percent. IRR should be conducted at a higher percentage for all new review staff. Regarding vendor oversight, HP should enhance its vendor oversight above the weekly review of GMCF IRR reports. As in prior years, HSAG recommends that GMCF request additional training by ViPS to better understand the software as it pertains to the tracking, storing, and consolidation of records.

Data Integration

HP followed the same process as last year with load data from the MMIS to ViPS, the software vendor. Weekly, HP pulled data from the MMIS into the data warehouse (ad-hoc system). HP used data stored within the ad-hoc system to provide the data extract files to ViPS. HP worked with ViPS on data issues identified throughout the data import process until all issues were resolved. HP used test files to ensure mapping back to the ad-hoc system prior to the submission. HP retained its change order and technical/testing documents. Data were reconciled between HP and ViPS data to ensure no data were lost during transfer procedures. ViPS also provided data analysis reports for reconciliation. HP conducted a refresh of the paid claims from MMIS data in March, 2013. HSAG did not identify any areas of concern with the data integration process.

The preliminary rates for the *Breast Cancer Screening* measure were lower than expected. NCQA changed the specifications last year to exclude certain v-codes from this measure, along with the *Cervical Cancer Screening* and *Chlamydia Screening in Women* measures. A limited query performed on-site found that v-codes were submitted in conjunction with CPT or ICD-9 codes, giving confidence that the rates were valid. However, HSAG recommended HP perform additional queries to determine if providers were submitting claims with just the v-codes and therefore not receiving credit for the services provided due to the change in the technical specifications.

HP also obtained a supplemental database for immunization data. For this year, as a one-time update, the Georgia Registry of Immunization Transactions and Services (GRITS) provided a match of immunizations to all members in the MMIS. This allowed HP to include additional immunizations to ViPS that were not originally obtained from claims or encounter data. There was no mapping of these data since appropriate CPT codes were provided. In the future, HP intends to begin receiving these data from GRITS on a weekly or monthly basis. HSAG did not identify any areas of concern with the supplemental database for immunizations. However, the audit team did query Hepatitis B (Hep B) shots to determine why this rate appeared low, especially with the additional supplemental immunization data. It appeared the birthing hospitals, which provide the first Hep B immunization, were not billing for the Hep B immunization on the baby's or the mother's claim; therefore, this information was not included in the administrative data, nor was it submitted to GRITS. HSAG recommended that the State examine numerator-compliant Hep B shots from the CMOs and compare those to the Hep B negative cases within the MMIS to determine whether discrepancies exist with DCH receiving these data. This comparison would help drive appropriate interventions for DCH to implement.

As mentioned earlier, the dual-eligible population was excluded from the performance measure rate calculations this year for all populations with the exception of the CCSP population, for which HP appropriately included dual-eligible members based on direction from DCH. However, during the rate review validation process, it appeared that the eligible populations contained more members than expected since dual-eligible members were excluded. HSAG discussed this potential issue with HP and determined that dual-eligible members were only excluded if they were dual-eligible members for the entire measurement year; partial-year dual-eligible members remained in the measure calculations. In future reporting years, HSAG recommends the State and HP consider treating dual-eligible enrollment spans similar to a break in enrollment to appropriately remove all dual-eligible members who should be excluded from the measures.

For future reporting, the auditors discussed the potential impact of using ICD-10 codes rather than ICD-9 codes. HP has been working on this change and indicated ViPS is ready for ICD-10 as well. In addition, DCH and HP have been working together on testing to ensure the transition goes smoothly. HP also has some indicators to determine if submitted codes are ICD-9 or ICD-10 codes, since there may be some overlap initially in accepted codes. Both DCH and HP indicated they will be ready to fully accept ICD-10 codes by the October 1, 2014, timeline.

Performance Measure Specific Findings

Based on all validation activities, HSAG determined results for each performance measure. Table 7 displays the key review results. For more detailed information, see Appendix B.

Table 7—Key Review Results for DCH (GF, FFS, ALL, MAO, and CCSP Populations)

Performance Measures		Key Review Findings
1	Well-Child Visits in the First 15 Months of Life—6 or More Visits (Hybrid)	No concerns were identified.
2	Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life (Hybrid)	No concerns were identified.
3	Adolescent Well-Care Visits (Hybrid)	No concerns were identified.
4	Children and Adolescents' Access to Primary Care Practitioners (12 months–19 years of age)	No concerns were identified.
5	Adults' Access to Preventive/Ambulatory Health Services (20–44 years of age)	No concerns were identified.
6	Childhood Immunization Status—Combos 3, 6, and 10 (Hybrid)	No concerns were identified.
7	Lead Screening in Children (Hybrid)	No concerns were identified.
8	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (Hybrid)	No concerns were identified.
9	Annual Dental Visit	No concerns were identified.
10	Cervical Cancer Screening (Hybrid)	No concerns were identified. However, changes in technical specifications no longer allow v-codes to be used for this measure. HP and DCH should ensure providers are submitting full, appropriate coding for this measure.
11	Breast Cancer Screening	No concerns were identified. However, changes in technical specifications no longer allow v-codes to be used for this measure. HP and DCH should ensure providers are submitting full, appropriate coding for this measure.
12	Prenatal and Postpartum Care (Hybrid)	No concerns were identified.
13	Frequency of Ongoing Prenatal Care—≥81 percent of expected visits (Hybrid)	No concerns were identified.
14	Chlamydia Screening in Women	No concerns were identified. However, changes in technical specifications no longer allow v-codes to be used for this measure. HP and DCH should ensure providers are submitting full, appropriate coding for this measure.
15	Immunizations for Adolescents—Combo 1 (Hybrid)	No concerns were identified.

Table 7—Key Review Results for DCH (GF, FFS, ALL, MAO, and CCSP Populations)		
	Performance Measures	**Key Review Findings**
16	Appropriate Testing for Children with Pharyngitis	No concerns were identified.
17	Use of Appropriate Medications for People with Asthma	No concerns were identified.
18	Comprehensive Diabetes Care (Hybrid)	No concerns were identified.
19	Follow-Up Care for Children Prescribed ADHD Medication	No concerns were identified.
20	Follow-Up After Hospitalization for Mental Illness	The rendering provider for FQHCs is not always submitted, which may result in lower rates since the provider type is required for this measure. However, the audit team determined that there was not a significant bias.
21	Ambulatory Care	No concerns were identified.
22	Inpatient Utilization—General Hospital/Acute Care	HP does not use a DRG grouper for CMO-submitted encounter data, which may result in underreporting of inpatient utilization data for the GF and ALL population rates.
23	Weeks of Pregnancy at Time of Enrollment	No concerns were identified.
24	Race/Ethnicity Diversity of Membership	No concerns were identified.
25	Cesarean Delivery Rate	No concerns were identified.
26	Cesarean Rate for Nulliparous Singleton Vertex	No concerns were identified.
27	Low Birth Weight Rate—Percentage of Live Births Weighing Less Than 2,500 Grams	No concerns were identified.
28	Annual Percentage of Asthma Patients with One or More Asthma-Related ER Visit 2–20 years of age	No concerns were identified.
29	Antidepressant Medication Management	No concerns were identified.
30	Annual Pediatric Hemoglobin (HbA1c) Testing 5–17 years of age (Hybrid)	No concerns were identified.
31	Diabetes, Short-term Complications Admission Rate	No concerns were identified.
32	Chronic Obstructive Pulmonary Disease (COPD) Admission Rate	No concerns were identified.
33	Congestive Heart Failure Admission Rate	No concerns were identified.
34	Adult Asthma Admission Rate	No concerns were identified.
35	Antibiotic Utilization—Percentage of antibiotics of concerns for all antibiotic prescriptions (Total)	No concerns were identified. Impact from pharmacy reversals will be minimal due to population size.
36	Controlling High Blood Pressure (Hybrid)	No concerns were identified.
37	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	No concerns were identified.
38	Annual Monitoring for Patients on Persistent Medications	No concerns were identified.

Table 7—Key Review Results for DCH (GF, FFS, ALL, MAO, and CCSP Populations)		
Performance Measures		Key Review Findings
39	Mental Health Utilization	No concerns were identified.
40	Plan All Cause Readmissions	No concerns were identified.
41	Appropriate Treatment for Children with Upper Respiratory Infection	No concerns were identified.
42	Screening for Clinical Depression and Follow-Up Plan (Hybrid for CCSP population only)	No concerns were identified.
43	Annual HIV/AIDS Medical Visit	No concerns were identified.
44	Adult BMI Assessment (Hybrid)	No concerns were identified.
45	Developmental Screening in the First Three Years of Life	No concerns were identified.
46	Elective Delivery	No concerns were identified.
47	Antenatal Steroids	No concerns were identified.
48	Adherence to Antipsychotics for Individuals with Schizophrenia (HEDIS)	No concerns were identified.
49	Adherence to Antipsychotics for Individuals with Schizophrenia	This measure was removed from Core Set reporting for this year.
50	Care Transition—Transition Record Transmitted to Health Care Professional	HP only calculated the denominator for this measure since the measure set specifications for the numerator did not provide CPT or ICD-9 codes for calculation.
51	Persistence of Beta-Blocker Treatment After a Heart Attack	No concerns were identified.
52	Colorectal Cancer Screening (Hybrid)	No concerns were identified.
53	Pharmacotherapy Management of COPD Exacerbation	No concerns were identified.
54	Human Papillomavirus Vaccine for Female Adolescents (Hybrid)	No concerns were identified.
55	Medication Management for People With Asthma	No concerns were identified.

Validation Findings

HSAG provided an audit designation for each performance measure rate as defined in Table 8:

Table 8—Validation Findings Definitions	
Report (R)	The organization followed the specifications and produced a reportable rate or result for the measure.
Not Reportable (NR)	The calculated rate was materially biased, or the organization chose not to report the measure, or the organization was not required to report the measure.

According to the CMS protocol, the validation finding for each 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." Consequently, it is possible that an error for a single audit element may result in a designation of "NR" because the impact of the error biased the reported performance measure rate by more than 5 percentage points. Conversely, it is also possible that several audit element errors may have little impact on the reported rate, resulting in a measure designation of "R." For measures that DCH did not require reporting of a specific population, HSAG includes a "Not Applicable," "NA" designation.

Table 9 displays the final validation findings for DCH for each performance measure rate. Performance on hybrid measure rate reporting varied across measures and populations. The hybrid measure rates required medical record data in addition to claims data; the GF rates were calculated using only administrative data.

Table 9—Validation Findings for DCH Performance Measures						
	Measures	**GF***	**FFS**	**ALL**	**MAO**	**CCSP**
1	Well-Child Visits in the First 15 Months of Life—6 or More Visits (Hybrid)	R	R	R	NA	NA
2	Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life (Hybrid)	R	R	R	NA	NA
3	Adolescent Well-Care Visits (Hybrid)	R	R	R	NA	NA
4	Children and Adolescents' Access to Primary Care Practitioners (12 months–19 years of age)	R	R	R	NA	NA
5	Adults' Access to Preventive/Ambulatory Health Services (20–44 years of age)	R	R	R	R	R
6	Childhood Immunization Status—Combos 3, 6, and 10 (Hybrid)	R	R	R	NA	NA
7	Lead Screening in Children (Hybrid)	R	R	R	NA	NA
8	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (Hybrid)	R	R	R	NA	NA
9	Annual Dental Visit	R	R	R	R	R

Table 9—Validation Findings for DCH Performance Measures						
Measures		GF*	FFS	ALL	MAO	CCSP
10	Cervical Cancer Screening (Hybrid)	R	R	R	R	R
11	Breast Cancer Screening	R	R	R	R	R
12	Prenatal and Postpartum Care (Hybrid)	R	R	R	R	NA
13	Frequency of Ongoing Prenatal Care—≥81 percent of expected visits (Hybrid)	R	R	R	R	NA
14	Chlamydia Screening in Women	R	R	R	R	R
15	Immunizations for Adolescents—Combo 1 (Hybrid)	R	R	R	NA	NA
16	Appropriate Testing for Children With Pharyngitis	R	R	R	NA	NA
17	Use of Appropriate Medications for People with Asthma	R	R	R	R	R
18	Comprehensive Diabetes Care (Hybrid)	R	R	R	R	R
19	Follow-Up Care for Children Prescribed ADHD Medication	R	R	R	NA	NA
20	Follow-Up After Hospitalization for Mental Illness	R	R	R	R	R
21	Ambulatory Care	R	R	R	R	R
22	Inpatient Utilization—General Hospital/Acute Care	R	R	R	R	R
23	Weeks of Pregnancy at Time of Enrollment	R	R	R	R	NA
24	Race/Ethnicity Diversity of Membership	R	R	R	R	R
25	Cesarean Delivery Rate	R	R	R	R	NA
26	Cesarean Rate for Nulliparous Singleton Vertex	R	R	R	R	NA
27	Low Birth Weight Rate—Percentage of Live Births Weighing Less Than 2,500 Grams	R	R	R	R	NA
28	Annual Percentage of Asthma Patients with One or More Asthma-Related ER Visit 2–20 years of age	R	R	R	NA	NA
29	Antidepressant Medication Management	R	R	R	R	R
30	Annual Pediatric Hemoglobin (HbA1c) Testing 5–17 years of age (Hybrid)	R	R	R	NA	NA
31	Diabetes, Short-term Complications Admission Rate	R	R	R	R	R
32	Chronic Obstructive Pulmonary Disease (COPD) Admission Rate	R	R	R	R	R
33	Congestive Heart Failure Admission Rate	R	R	R	R	R
34	Adult Asthma Admission Rate	R	R	R	R	R
35	Antibiotic Utilization—Percentage of antibiotics of concern for all antibiotic prescriptions (Total)	R	R	R	R	R
36	Controlling High Blood Pressure (Hybrid)	NA	R	R	R	R
37	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	R	R	R	R	R

Table 9—Validation Findings for DCH Performance Measures						
Measures		GF*	FFS	ALL	MAO	CCSP
38	Annual Monitoring for Patients on Persistent Medications	R	R	R	R	R
39	Mental Health Utilization	R	R	R	R	R
40	Plan All-Cause Readmissions	R	R	R	R	R
41	Appropriate Treatment for Children with Upper Respiratory Infection	R	R	R	NA	NA
42	Screening for Clinical Depression and Follow- Up Plan (Hybrid for CCSP population only)	R	R	R	R	R
43	Annual HIV/AIDS Medical Visit	R	R	R	R	R
44	Adult BMI Assessment (Hybrid)	R	R	R	R	R
45	Developmental Screening in the First Three Years of Life	R	R	R	NA	NA
46	Elective Delivery	R	R	R	R	NA
47	Antenatal Steroids	R	R	R	R	NA
48	Adherence to Antipsychotics for Individuals with Schizophrenia (HEDIS)	R	R	R	R	R
49	Adherence to Antipsychotics for Individuals with Schizophrenia**	NA	NA	NA	NA	NA
50	Care Transition—Transition Record Transmitted to Health Care Professional ***	NR	NR	NR	NR	NR
51	Persistence of Beta-Blocker Treatment After a Heart Attack	NA	R	R	R	R
52	Colorectal Cancer Screening (Hybrid)	NA	R	R	R	R
53	Pharmacotherapy Management of COPD Exacerbation	NA	R	R	R	R
54	Human Papillomavirus Vaccine for Female Adolescents (Hybrid)	R	R	R	NA	NA
55	Medication Management for People With Asthma	R	R	R	R	R

*The Georgia Families measures were calculated using only the administrative method.
**This measure was removed from Core Set reporting for this year.
***HP only calculated the denominator for this measure since the measure set specifications for the numerator did not provide CPT or ICD-9 codes for calculation.

Documentation Worksheet

Name:	Georgia Department of Community Health and Hewlett-Packard Enterprise Services
On-Site Visit Date:	June 25–26, 2013
Reviewers:	David Mabb, MS, CHCA; Jennifer Lenz, MPH, CHCA

Data Integration and Control Element	Met	Not Met	N/A	Comments
Accuracy of data transfers to assigned performance measure data repository.				
The State 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.	☒	☐	☐	
Samples of data from the performance measure data repository are complete and accurate.	☒	☐	☐	
Accuracy of file consolidations, extracts, and derivations.				
The State's processes to consolidate diversified files and to extract required information from the performance measure data repository are appropriate.	☒	☐	☐	
Actual results of file consolidations or extracts are consistent with those that should have resulted according to documented algorithms or specifications.	☒	☐	☐	
Procedures for coordinating the activities of multiple subcontractors ensure the accurate, timely, and complete integration of data into the performance measure database.	☒	☐	☐	
Computer program reports or documentation reflect vendor coordination activities, and no data necessary to performance measure reporting are lost or inappropriately modified during transfer.	☒	☐	☐	
If the State uses a performance measure data repository, its structure and format facilitates any required programming necessary to calculate and report required performance measures.				
The performance measure data repository's design, program flow charts, and source codes enable analyses and reports.	☒	☐	☐	
Proper linkage mechanisms are employed to join data from all necessary sources (e.g., identifying a member with a given disease/condition).	☒	☐	☐	

Data Integration and Control Element	Met	Not Met	N/A	Comments
Assurance of effective management of report production and of the reporting software.				
Documentation governing the production process, including State production activity logs and the State staff review of report runs, is adequate.	☒	☐	☐	
Prescribed data cutoff dates are followed.	☒	☐	☐	
The State retains copies of files or databases used for performance measure reporting in case results need to be reproduced.	☒	☐	☐	
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.	☒	☐	☐	
The State's processes and documentation comply with the State standards associated with reporting program specifications, code review, and testing.	☒	☐	☐	

Reviewer Worksheets

Name:	Georgia Department of Community Health and Hewlett-Packard Enterprise Services
On-Site Visit Date:	June 25–26, 2013
Reviewers:	David Mabb, MS, CHCA; Jennifer Lenz, MPH, CHCA

Table B-1—Denominator Validation Findings for Georgia Department of Community Health

Audit Element	Met	Not Met	N/A	Comments
For each of the performance measures, all members of the relevant populations identified in the performance measure specifications are included in the population from which the denominator is produced.	☒	☐	☐	HSAG confirmed that HP appropriately included members within the GF, FFS, ALL, MAO, and CCSP populations according to DCH's specifications.
Adequate programming logic or source code exists to appropriately identify all relevant members of the specified denominator population for each of the performance measures.	☒	☐	☐	
The State correctly calculates member months and member years if applicable to the performance measure.	☒	☐	☐	
The State 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.	☒	☐	☐	HP appropriately captured data as provided, and ICD-9 specificity appeared to be enforced for submission of claims.
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).	☒	☐	☐	
Exclusion criteria included in the performance measure specifications are followed.	☐	☒	☐	HP did not program for any exclusion that did not have specific CPT or ICD-9 codes available in the measure set specifications. The DCH approved this method for this year. Exclusion criteria are used to remove members from a measure due to circumstances that would prevent the member from receiving the service under

Table B-1—Denominator Validation Findings for Georgia Department of Community Health				
Audit Element	**Met**	**Not Met**	**N/A**	**Comments**
				measurement. The reported rate is usually higher when valid exclusions are removed.
Systems or methods used by the State to estimate populations when they cannot be accurately or completely counted (e.g., newborns) are valid.	☐	☐	☒	No population estimates were used.

Table B-2—Numerator Validation Findings for Georgia Department of Community Health				
Audit Element	**Met**	**Not Met**	**N/A**	**Comments**
The State uses the appropriate data, including linked data from separate data sets, to identify the entire at-risk population.	☒	☐	☐	
Qualifying medical events (such as diagnoses, procedures, prescriptions, etc.) are properly identified and confirmed for inclusion in terms of time and services.	☒	☐	☐	
The State avoids or eliminates all double-counted members or numerator events.	☐	☒	☐	The pharmacy data included reversals (i.e., prescriptions that were entered by the pharmacy but subsequently not received by the member). This can result in numerator compliance for members who did not receive the medication.
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.	☐	☐	☒	The DCH and HP do not accept or use any nonstandard codes.
If any time parameters are required by the specifications of the performance measure, they are followed (i.e., the measured event occurred during the time period specified or defined in the performance measure).	☒	☐	☐	

Appendix C. **Performance Measure Validation Reporting Spreadsheet**

for **Georgia Department of Community Health**

Appendix C contains DCH's audited CY 2012 performance measure results.

Measures	Georgia Families (GF)		Fee-for-Service (FFS)		ALL		Medicaid Adult Only (MAO)		CCSP	
	Admin Rate	Hybrid Rate	Admin Rate	Hybrid Rate	Admin Rate	Hybrid Rate	Admin Rate	Hybrid Rate	Admin Rate	Hybrid Rate
Adherence to Antipsychotics for Individuals with Schizophrenia *(HEDIS)*	43.88%		65.36%		64.45%		64.44%		NA	
Adolescent Well-Care Visits	40.83%	49.97% [1]	24.95%	30.66%	35.70%	39.90%				
Adult Asthma Admission Rate—*Per 100,000 Members (Ages 18-64)*	59.17		387.37		311.30		322.57		344.53	
Adult Asthma Admission Rate—*Per 100,000 Members (Ages 65+)*	0.00		1,244.28		1,245.25		1,244.15		895.41	
Adult Asthma Admission Rate—*Per 100,000 Members (Total)*	59.16		545.98		441.15		454.74		726.46	
Adult BMI Assessment *(Ages 18-64)*							7.61%	38.92%	10.54%	50.88%
Adult BMI Assessment *(Ages 65-74)*							7.09%	44.07%	10.06%	41.53%
Adult BMI Assessment *(Total)*	6.69%	66.40% [1]	7.64%	39.90%	7.54%	38.20%	7.54%	39.66%	10.33%	46.72%
Adults' Access to Preventive/Ambulatory Health Services *(Ages 20-44)*	84.75%		74.69%		80.57%		80.56%		92.89%	
Adults' Access to Preventive/Ambulatory Health Services *(Ages 45-64)*	90.27%		87.82%		88.07%		88.07%		91.95%	
Adults' Access to Preventive/Ambulatory Health Services *(Ages 65+)*	NA		86.23%		86.23%		86.23%		85.69%	
Adults' Access to Preventive/Ambulatory Health Services *(Total)*	85.50%		83.62%		84.34%		84.34%		87.63%	
Ambulatory Care—ED Visits *(Total Visits/1,000 Member Months)*	58.12		92.95		70.20		76.19		99.30	
Ambulatory Care—ED Visits *(Total Visits)*	559,229		530,612		1,348,846		1,263,265		7,614	
Ambulatory Care—Outpatient Visits *(Total Visits/1,000 Member Months)*	343.01		462.91		382.10		394.30		659.49	
Ambulatory Care—Outpatient Visits *(Total Visits)*	3,300,572		2,642,617		7,342,130		6,537,888		50,566	
Annual Dental Visit *(Ages 2-3)*	48.03%		41.47%		46.69%		46.34%		NA	
Annual Dental Visit *(Ages 4-6)*	77.08%		64.69%		74.53%		73.50%		NA	
Annual Dental Visit *(Ages 7-10)*	79.49%		65.49%		76.78%		74.36%		NA	
Annual Dental Visit *(Ages 11-14)*	71.95%		59.43%		69.33%		66.02%		NA	
Annual Dental Visit *(Ages 15-18)*	61.11%		50.34%		58.57%		54.32%		45.16%	
Annual Dental Visit *(Ages 19-21)*	38.92%		30.04%		33.33%		32.04%		NA	
Annual Dental Visit *(Total)*	69.77%		54.52%		66.64%		64.09%		42.50%	
Annual HIV/AIDS Medical Visit—*90 days between (Ages 18-64)*	43.79%		56.25%		53.87%		53.91%		63.33%	
Annual HIV/AIDS Medical Visit—*90 days between (Ages 65+)*	NA		57.14%		57.14%		57.14%		NA	

Measures	Georgia Families (GF)		Fee-for-Service (FFS)		ALL		Medicaid Adult Only (MAO)		CCSP	
	Admin Rate	Hybrid Rate	Admin Rate	Hybrid Rate	Admin Rate	Hybrid Rate	Admin Rate	Hybrid Rate	Admin Rate	Hybrid Rate
Annual HIV/AIDS Medical Visit—*90 days between (Total)*	43.79%		56.29%		54.01%		54.04%		59.46%	
Annual HIV/AIDS Medical Visit—*180 days between (Ages 18-64)*	25.18%		42.98%		40.64%		40.65%		56.67%	
Annual HIV/AIDS Medical Visit—*180 days between (Ages 65+)*	NA		44.52%		44.52%		44.52%		NA	
Annual HIV/AIDS Medical Visit—*180 days between (Total)*	25.18%		43.05%		40.79%		40.81%		51.35%	
Annual Monitoring for Patients on Persistent Medications—*ACE Inhibitors or ARBs (Ages 18-64)*							89.78%		87.27%	
Annual Monitoring for Patients on Persistent Medications—*ACE Inhibitors or ARBs (Ages 65+)*							78.57%		67.86%*	
Annual Monitoring for Patients on Persistent Medications—*ACE Inhibitors or ARBs (Total)*	89.02%		89.00%		88.88%		88.90%		80.72%	
Annual Monitoring for Patients on Persistent Medications—*Digoxin (Ages 18-64)*							90.38%		100.00%*	
Annual Monitoring for Patients on Persistent Medications—*Digoxin (Ages 65+)*							84.34%		100.00%*	
Annual Monitoring for Patients on Persistent Medications—*Digoxin (Total)*	NA		89.72%		89.85%		89.84%		NA	
Annual Monitoring for Patients on Persistent Medications—*Diuretics (Ages 18-64)*							89.76%		93.75%	
Annual Monitoring for Patients on Persistent Medications—*Diuretics (Ages 65+)*							76.34%		65.52%*	
Annual Monitoring for Patients on Persistent Medications—*Diuretics (Total)*	88.35%		89.09%		88.79%		88.79%		83.12%	
Annual Monitoring for Patients on Persistent Medications—*Anti-convulsants (Ages 18-64)*							65.74%		51.85%*	
Annual Monitoring for Patients on Persistent Medications—*Anti-convulsants (Ages 65+)*							60.85%		38.89%*	
Annual Monitoring for Patients on Persistent Medications—*Anti-convulsants (Total)*	60.92%		65.62%		65.54%		65.55%		46.67%	
Annual Monitoring for Patients on Persistent Medications—*Total (Ages 18-64)*							86.19%		82.84%	
Annual Monitoring for Patients on Persistent Medications—*Total (Ages 65+)*							76.36%		61.54%	
Annual Monitoring for Patients on Persistent Medications *(Total, Ages 18+)*	87.52%		85.25%		85.48%		85.50%		75.00%	
Annual Pediatric Hemoglobin (HbA1c) Testing *(Ages 5-17)*	74.14%		63.35%	75.52%	71.68%	77.49%				
Annual Percentage of Asthma Patients with One or More Asthma-Related ER Visit *(Ages 2-20)*	13.51%		17.01%		12.81%					
Antenatal Steroids	4.70%		4.11%		4.00%		4.02%			
Antibiotic Utilization—*Percent of antibiotics of concern for all antibiotic prescriptions (Total)*	40.93%		43.55%		42.31%		41.69%		49.56%	
Antidepressant Medication Management—*Effective Continuation Phase Treatment (Ages 18-64)*							44.43%		35.71%*	
Antidepressant Medication Management—*Effective Continuation Phase Treatment (Ages 65+)*							18.48%		16.67%*	

Measures	Georgia Families (GF)		Fee-for-Service (FFS)		ALL		Medicaid Adult Only (MAO)		CCSP	
	Admin Rate	Hybrid Rate	Admin Rate	Hybrid Rate	Admin Rate	Hybrid Rate	Admin Rate	Hybrid Rate	Admin Rate	Hybrid Rate
Antidepressant Medication Management—*Effective Continuation Phase Treatment (Total)*	35.73%		47.19%		43.43%		43.50%		NA	
Antidepressant Medication Management—*Effective Acute Phase Treatment (Ages 18-64)*							60.00%		71.43%*	
Antidepressant Medication Management—*Effective Acute Phase Treatment (Ages 65+)*							37.50%		33.33%*	
Antidepressant Medication Management—*Effective Acute Phase Treatment (Total)*	53.36%		60.26%		59.19%		59.26%		NA	
Appropriate Testing for Children With Pharyngitis	77.47%		71.24%		74.91%					
Appropriate Treatment for Children With Upper Respiratory Infection *(Note: Inverted rate)*	82.79%		79.26%		80.73%					
Breast Cancer Screening *(Ages 42-64)*							36.74%		19.75%	
Breast Cancer Screening *(Ages 65-69)*							21.53%		16.29%	
Breast Cancer Screening *(Total)*	56.49%		31.98%		34.53%		34.53%		18.64%	
Care Transition—Transition Record Transmitted to Health Care Professional *(Ages 18-64)*	NR		NR		NR		NR		NR	
Care Transition—Transition Record Transmitted to Health Care Professional *(Ages 65+)*	NR		NR		NR		NR		NR	
Cervical Cancer Screening	70.86%	72.70% [1]	33.23%	40.39%	49.42%	50.85%	49.41%	50.61%	13.21%	17.27%
Cesarean Delivery Rate	31.25%		27.48%		29.58%		29.59%			
Cesarean Rate for Nulliparous Singleton Vertex	19.07%		12.72%		16.68%		16.68%			
Childhood Immunization Status—*Combo 2*	13.13%		11.75%	56.45%	12.51%	60.83%				
Childhood Immunization Status—*Combo 3*	11.71%	79.19% [1]	10.41%	52.80%	11.27%	58.39%				
Childhood Immunization Status—*Combo 4*	11.47%		10.36%	52.55%	11.04%	57.18%				
Childhood Immunization Status—*Combo 5*	8.10%		5.56%	28.95%	7.87%	42.82%				
Childhood Immunization Status—*Combo 6*	5.13%		5.92%	30.41%	4.89%	30.66%				
Childhood Immunization Status—*Combo 7*	7.94%		5.56%	28.71%	7.72%	42.09%				
Childhood Immunization Status—*Combo 8*	5.08%		5.92%	30.17%	4.84%	30.17%				
Childhood Immunization Status—*Combo 9*	3.76%		2.99%	17.76%	3.57%	23.36%				
Childhood Immunization Status—*Combo 10*	3.73%	34.00% [1]	2.99%	17.52%	3.53%	22.87%				
Childhood Immunization Status—*Diphtheria, Tetanus, and Acellular Pertussis (DTaP)*	62.33%		38.33%	64.96%	59.98%	75.43%				
Childhood Immunization Status—*Polio (IPV)*	73.73%		50.08%	76.16%	72.38%	87.10%				

Measures	Georgia Families (GF)		Fee-for-Service (FFS)		ALL		Medicaid Adult Only (MAO)		CCSP	
	Admin Rate	Hybrid Rate	Admin Rate	Hybrid Rate	Admin Rate	Hybrid Rate	Admin Rate	Hybrid Rate	Admin Rate	Hybrid Rate
Childhood Immunization Status—*Measles, Mumps, and Rubella (MMR)*	87.34%		76.56%	85.40%	85.29%	91.48%				
Childhood Immunization Status—*H Influenza Type B (HiB)*	80.65%		61.67%	80.29%	78.61%	91.73%				
Childhood Immunization Status—*Hepatitis B*	17.33%		16.59%	65.45%	16.81%	71.05%				
Childhood Immunization Status—*Chicken Pox (VZV)*	87.99%		76.51%	84.67%	85.81%	92.70%				
Childhood Immunization Status—*Pneumococcal Conjugate (PCV)*	60.57%		36.84%	64.23%	58.53%	76.89%				
Childhood Immunization Status—*Hepatitis A*	87.85%		79.03%	85.89%	87.01%	91.24%				
Childhood Immunization Status—*Rotavirus (RV)*	48.03%		28.08%	37.47%	46.88%	59.37%				
Childhood Immunization Status—*Influenza (Flu)*	36.10%		36.37%	42.09%	34.85%	41.36%				
Children and Adolescents' Access to Primary Care Practitioners *(Ages 12-24 Months)*	94.17%		92.38%		94.34%					
Children and Adolescents' Access to Primary Care Practitioners *(Ages 25 Months-6 Years)*	86.27%		84.60%		85.29%					
Children and Adolescents' Access to Primary Care Practitioners *(Ages 7-11 Years)*	88.52%		84.51%		87.51%					
Children and Adolescents' Access to Primary Care Practitioners *(Ages 12-19 Years)*	85.42%		77.31%		83.71%					
Children and Adolescents' Access to Primary Care Practitioners *(Total)*	87.20%		81.32%		86.10%					
Chlamydia Screening in Women *(Ages 16-20)*	46.98%		42.27%		46.20%		47.96%		NA	
Chlamydia Screening in Women *(Ages 21-24)*	66.17%		39.96%		60.26%		60.26%		0.00%*	
Chlamydia Screening in Women *(Total)*	51.56%		41.34%		50.59%		52.50%		NA	
Chronic Obstructive Pulmonary Disease (COPD) Admission Rate—*Per 100,000 Members (Ages 18-64)*	75.54		1,480.15		1,099.84		1,139.94		2,024.12	
Chronic Obstructive Pulmonary Disease (COPD) Admission Rate—*Per 100,000 Members (Ages 65+)*	0.00		19,871.07		19,886.58		19,892.07		6,896.55	
Chronic Obstructive Pulmonary Disease (COPD) Admission Rate—*Per 100,000 Members (Total)*	75.52		4,884.12		3,711.77		3,829.24		5,402.19	
Colorectal Cancer Screening *(Custom measure)*			26.21%	31.63%	26.52%	32.12%	26.52%	32.12%	26.99%	33.82%
Comprehensive Diabetes Care—*Blood Pressure Control (<140/80 mm Hg)*	0.33%	29.10% [1]	0.91%	26.46%	0.84%	23.18%	0.84%	29.20%	1.80%	33.03%
Comprehensive Diabetes Care—*Blood Pressure Control (<140/90 mm Hg)*	0.60%	52.97% [1]	1.19%	39.96%	1.11%	34.49%	1.11%	39.60%	1.95%	41.24%
Comprehensive Diabetes Care—*Eye Exam*	41.63%	46.67% [1]	36.96%	42.70%	35.42%	40.69%	35.40%	39.05%	35.81%	41.61%
Comprehensive Diabetes Care—*HbA1c Control (<7.0% for a Selected Population)*	0.24%	30.70% [1]	0.51%	23.98%	0.46%	20.17%	0.46%	20.73%	0.97%	31.88%
Comprehensive Diabetes Care—*HbA1c Control (<8.0%)*	0.21%	39.05% [1]	0.64%	27.55%	0.59%	24.64%	0.59%	28.47%	0.90%	29.93%

Measures	Georgia Families (GF)		Fee-for-Service (FFS)		ALL		Medicaid Adult Only (MAO)		CCSP	
	Admin Rate	Hybrid Rate	Admin Rate	Hybrid Rate	Admin Rate	Hybrid Rate	Admin Rate	Hybrid Rate	Admin Rate	Hybrid Rate
Comprehensive Diabetes Care—*HbA1c Poor Control (>9.0%) (Note: Lower rate is better)*	99.70%	54.30% [1]	98.99%	67.88%	99.07%	70.80%	99.07%	68.61%	98.73%	64.78%
Comprehensive Diabetes Care—*HbA1c Testing (Ages 18-64)*							62.70%	68.25%	37.89%	57.59%
Comprehensive Diabetes Care—*HbA1c Testing (Ages 65-75)*							37.30%	51.59%	36.19%	54.30%
Comprehensive Diabetes Care—*HbA1c Testing (Total)*	73.77%	79.03% [1]	54.04%	60.22%	56.33%	64.78%	56.29%	64.42%	37.00%	55.84%
Comprehensive Diabetes Care—*LDL-C Level (<100 mg/dL)*	0.24%	25.87% [1]	0.89%	21.17%	0.81%	16.24%	0.81%	20.62%	1.27%	25.18%
Comprehensive Diabetes Care—*LDL-C Screening (Ages 18-64)*							55.33%	61.37%	25.79%	47.86%
Comprehensive Diabetes Care—*LDL-C Screening (Ages 65-75)*							28.43%	46.03%	26.47%	45.02%
Comprehensive Diabetes Care—*LDL-C Screening (Total)*	66.48%	70.00% [1]	46.51%	57.66%	48.56%	53.28%	48.55%	57.85%	26.14%	46.35%
Comprehensive Diabetes Care—*Medical Attention for Nephropathy*	68.01%	73.32% [1]	61.31%	69.53%	61.98%	67.88%	61.98%	70.26%	52.81%	72.26%
Congestive Heart Failure Admission Rate—*Per 100,000 Members (Ages 18-64)*	26.44		991.51		721.45		748.19		2,196.38	
Congestive Heart Failure Admission Rate—*Per 100,000 Members (Ages 65+)*	0.00		24,096.99		24,115.80		24,114.70		4,400.84	
Congestive Heart Failure Admission Rate—*Per 100,000 Members (Total)*	26.43		5,268.09		3,973.98		4,099.24		3,724.74	
Controlling High Blood Pressure *(Ages 18-64)*								31.60%		42.86%
Controlling High Blood Pressure *(Ages 65-85)*								34.15%		44.65%
Controlling High Blood Pressure *(Total)*		47.19% [1]		38.93%		35.04%		32.36%		44.04%
Developmental Screening in the First Three Years of Life *(Age 1)*	23.04%		20.34%		22.01%					
Developmental Screening in the First Three Years of Life *(Age 2)*	24.63%		21.84%		23.73%					
Developmental Screening in the First Three Years of Life *(Age 3)*	19.82%		19.58%		19.07%					
Developmental Screening in the First Three Years of Life *(Total)*	22.40%		20.58%		21.58%					
Diabetes, Short-term Complications Admission Rate—*Per 100,000 Members (Ages 18-64)*	95.26		335.24		297.10		305.83		559.86	
Diabetes, Short-term Complications Admission Rate—*Per 100,000 Members (Ages 65+)*	0.00		383.28		383.58		383.58		133.36	
Diabetes, Short-term Complications Admission Rate—*Per 100,000 Members (Total)*	95.24		344.13		309.12		316.98		264.17	
Elective Delivery	34.29%		28.47%		33.79%		33.81%			
Follow-Up After Hospitalization for Mental Illness—*7-Day Follow-Up (Ages 6+)*	47.04%		40.17%		42.81%		41.93%		35.90%	
Follow-Up After Hospitalization for Mental Illness—*7-Day Follow-Up (Ages 21+)*							37.95%		35.90%	

Measures	Georgia Families (GF)		Fee-for-Service (FFS)		ALL		Medicaid Adult Only (MAO)		CCSP	
	Admin Rate	Hybrid Rate	Admin Rate	Hybrid Rate	Admin Rate	Hybrid Rate	Admin Rate	Hybrid Rate	Admin Rate	Hybrid Rate
Follow-Up After Hospitalization for Mental Illness—*7-Day Follow-Up (Ages 21-64)*							38.61%		42.86%*	
Follow-Up After Hospitalization for Mental Illness—*7-Day Follow-Up (Ages 65+)*							18.67%		27.78%*	
Follow-Up After Hospitalization for Mental Illness—*30-Day Follow-Up (Ages 6+)*	65.11%		61.26%		63.00%		62.05%		53.85%	
Follow-Up After Hospitalization for Mental Illness—*30-Day Follow-Up (Ages 21+)*							58.60%		53.85%	
Follow-Up After Hospitalization for Mental Illness—*30-Day Follow-Up (Ages 21-64)*							59.36%		66.67%*	
Follow-Up After Hospitalization for Mental Illness—*30-Day Follow-Up (Ages 65+)*							36.44%		38.89%*	
Follow-Up Care for Children Prescribed ADHD Medication—*Continuation and Maintenance Phase*	48.32%		42.30%		45.64%					
Follow-Up Care for Children Prescribed ADHD Medication—*Initiation Phase*	35.73%		31.68%		34.60%					
Frequency of Ongoing Prenatal Care—*(<21 Percent)*	58.23%	11.21% [1]	44.41%	36.50%	56.38%	35.77%	46.72%	36.25%		
Frequency of Ongoing Prenatal Care *(21-40 Percent)*	22.67%	4.71% [1]	31.97%	5.84%	25.02%	2.68%	34.49%	2.43%		
Frequency of Ongoing Prenatal Care *(41-60 Percent)*	8.88%	6.45% [1]	14.24%	10.22%	8.23%	5.60%	10.10%	4.38%		
Frequency of Ongoing Prenatal Care *(61-80 Percent)*	4.40%	13.53% [1]	5.41%	9.25%	3.72%	12.90%	4.65%	9.49%		
Frequency of Ongoing Prenatal Care *(81+ Percent)*	5.82%	64.11% [1]	3.97%	38.20%	6.65%	43.07%	4.05%	47.45%		
Human Papillomavirus Vaccine for Female Adolescents	16.08%	16.08% [1]	11.44%	11.68%	15.11%	16.30%				
Immunizations for Adolescents—*Combo 1*	69.96%	71.17% [1]	56.83%	66.18%	66.27%	69.23%				
Immunizations for Adolescents—*Meningococcal*	72.19%		59.00%	66.67%	68.51%	71.22%				
Immunizations for Adolescents—*Tdap/Td Total*	80.63%		67.39%	76.64%	77.52%	78.16%				
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment—*Engagement (Ages 13-17)*	11.74%		13.10%		11.15%		10.97%		NA	
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment—*Engagement (Ages 18-64)*							6.11%		1.19%	
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment—*Engagement (Ages 18+)*	6.07%		6.10%		6.08%		6.15%		0.65%	
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment—*Engagement (Ages 65+)*							6.64%		0.00%	
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment—*Engagement (Total, Ages 13+)*	7.31%		6.27%		6.49%		6.47%		0.65%	
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment—*Initiation (Ages 13-17)*	34.51%		39.29%		36.87%		36.37%		NA	
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment—*Initiation (Ages 18-64)*							40.77%		41.67%	
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment—*Initiation (Ages 18+)*	39.58%		43.45%		41.89%		41.95%		42.58%	

Measures	Georgia Families (GF)		Fee-for-Service (FFS)		ALL		Medicaid Adult Only (MAO)		CCSP	
	Admin Rate	Hybrid Rate	Admin Rate	Hybrid Rate	Admin Rate	Hybrid Rate	Admin Rate	Hybrid Rate	Admin Rate	Hybrid Rate
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment—*Initiation (Ages 65+)*							56.37%		43.66%	
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment—*Initiation (Total, Ages 13+)*	38.48%		43.36%		41.49%		41.58%		42.58%	
Inpatient Utilization—General Hospital/Acute Care	Rates reported in separate table		Rates reported in separate table		Rates reported in separate table		Rates reported in separate table		Rates reported in separate table	
Lead Screening in Children	71.97%	74.72% [1]	60.67%	65.45%	68.76%	72.02%				
Low Birth Weight—Percentage of Live Births Weighing Less Than 2,500 Grams	8.59%		8.52%		8.44%		8.45%			
Medication Management for People With Asthma—*50% Compliance (Ages 5-11)*	49.66%		67.47%		53.85%		53.07%		NA	
Medication Management for People With Asthma—*50% Compliance (Ages 12-18)*	47.06%		67.98%		52.56%		52.65%		NA	
Medication Management for People With Asthma—*50% Compliance (Ages 19-50)*	53.36%		68.17%		62.55%		62.40%		NA	
Medication Management for People With Asthma—*50% Compliance (Ages 51-64)*	NA		73.68%		73.13%		73.13%		NA	
Medication Management for People With Asthma—*50% Compliance (Total)*	48.97%		68.47%		54.68%		54.61%		NA	
Medication Management for People With Asthma—*75% Compliance (Ages 5-11)*	27.43%		48.24%		31.74%		31.46%		NA	
Medication Management for People With Asthma—*75% Compliance (Ages 12-18)*	26.47%		47.52%		31.73%		31.91%		NA	
Medication Management for People With Asthma—*75% Compliance (Ages 19-50)*	26.87%		49.88%		43.07%		42.94%		NA	
Medication Management for People With Asthma—*75% Compliance (Ages 51-64)*	NA		55.06%		54.48%		54.48%		NA	
Medication Management for People With Asthma—*75% Compliance (Total)*	27.18%		49.21%		33.27%		33.58%		NA	
Mental Health Utilization	Rates reported in separate table		Rates reported in separate table		Rates reported in separate table		Rates reported in separate table		Rates reported in separate table	
Persistence of Beta-Blocker Treatment After a Heart Attack			58.68%		59.86%		59.86%		NA	
Pharmacotherapy Management of COPD Exacerbation—*Bronchodilator*			49.85%		51.00%		51.01%		16.98%	
Pharmacotherapy Management of COPD Exacerbation—*Systemic Corticosteroid*			36.24%		37.37%		37.37%		7.55%	
Plan All-Cause Readmissions	Rates reported in separate table		Rates reported in separate table		Rates reported in separate table		Rates reported in separate table		Rates reported in separate table	
Prenatal and Postpartum Care—*Postpartum Care*	39.16%	64.31% [1]	25.96%	48.18%	37.72%	56.45%	37.71%	64.96%		
Prenatal and Postpartum Care—*Timeliness of Prenatal Care*	37.54%	85.00% [1]	53.06%	64.72%	44.46%	68.61%	52.69%	72.02%		

Measures	Georgia Families (GF)		Fee-for-Service (FFS)		ALL		Medicaid Adult Only (MAO)		CCSP	
	Admin Rate	Hybrid Rate	Admin Rate	Hybrid Rate	Admin Rate	Hybrid Rate	Admin Rate	Hybrid Rate	Admin Rate	Hybrid Rate
Race/Ethnicity Diversity of Membership	Rates reported in separate table		Rates reported in separate table		Rates reported in separate table		Rates reported in separate table		Rates reported in separate table	
Screening for Clinical Depression and Follow-Up Plan *(Ages 18-64)*	0.00%		0.01%		0.01%		0.01%		0.00%	0.00%
Screening for Clinical Depression and Follow-Up Plan *(Ages 65+)*	0.00%		0.02%		0.02%		0.02%		0.00%	0.00%
Screening for Clinical Depression and Follow-Up Plan *(Total)*	0.00%		0.01%		0.01%		0.01%		0.00%	0.00%
Use of Appropriate Medications for People with Asthma *(Ages 5-11)*	89.54%		90.51%		89.69%		88.74%		NA	
Use of Appropriate Medications for People with Asthma *(Ages 12-18)*	87.36%		85.41%		86.76%		85.40%		NA	
Use of Appropriate Medications for People with Asthma *(Ages 19-50)*	70.71%		68.50%		69.28%		69.17%		NA	
Use of Appropriate Medications for People with Asthma *(Ages 51-64)*	68.42%		64.90%		65.36%		65.36%		NA	
Use of Appropriate Medications for People with Asthma *(Total)*	88.11%		79.68%		85.89%		84.29%		NA	
Weeks of Pregnancy at Time of Enrollment *(<0 Weeks)*	9.71%		7.80%		10.57%		17.57%			
Weeks of Pregnancy at Time of Enrollment *(1-12 Weeks)*	9.46%		0.82%		17.92%		42.61%			
Weeks of Pregnancy at Time of Enrollment *(13-27 Weeks)*	57.19%		2.60%		36.59%		14.10%			
Weeks of Pregnancy at Time of Enrollment *(28+ Weeks)*	15.49%		80.50%		26.71%		18.25%			
Weeks of Pregnancy at Time of Enrollment *(Unknown)*	8.14%		8.28%		8.22%		7.48%			
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—*BMI Percentile (Ages 3-11)*	7.19%		5.04%	24.46%	7.11%	29.00%				
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—*BMI Percentile (Ages 12-17)*	7.05%		4.73%	30.90%	6.74%	26.13%				
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—*BMI Percentile (Total)*	7.15%	41.47% [1]	4.92%	27.25%	6.99%	28.22%				
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—*Counseling for Nutrition (Ages 3-11)*	2.90%		1.96%	39.91%	2.75%	45.67%				
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—*Counseling for Nutrition (Ages 12-17)*	3.44%		1.98%	34.27%	3.14%	36.04%				
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—*Counseling for Nutrition (Total)*	3.07%	54.90% [1]	1.97%	37.47%	2.87%	43.07%				
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—*Counseling for Physical Activity (Ages 3-11)*	2.31%		1.28%	24.46%	2.23%	29.33%				
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—*Counseling for Physical Activity (Ages 12-17)*	2.66%		1.35%	32.02%	2.45%	36.04%				
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—*Counseling for Physical Activity (Total)*	2.42%	43.02% [1]	1.31%	27.74%	2.30%	31.14%				
Well-Child Visits in the First 15 Months of Life—*Zero Visits* *(Note: For zero visits, a lower rate is better)*	6.54%		22.22%	19.95%	6.58%	6.08%				

Measures	Georgia Families (GF)		Fee-for-Service (FFS)		ALL		Medicaid Adult Only (MAO)		CCSP	
	Admin Rate	Hybrid Rate	Admin Rate	Hybrid Rate	Admin Rate	Hybrid Rate	Admin Rate	Hybrid Rate	Admin Rate	Hybrid Rate
Well-Child Visits in the First 15 Months of Life—*One Visit*	4.18%		7.56%	5.84%	4.35%	2.68%				
Well-Child Visits in the First 15 Months of Life—*Two Visits*	5.49%		4.78%	5.35%	5.85%	5.60%				
Well-Child Visits in the First 15 Months of Life—*Three Visits*	7.91%		9.56%	9.49%	8.59%	7.54%				
Well-Child Visits in the First 15 Months of Life—*Four Visits*	11.79%		14.56%	16.55%	12.82%	9.25%				
Well-Child Visits in the First 15 Months of Life—*Five Visits*	17.36%		18.11%	18.49%	18.63%	11.92%				
Well-Child Visits in the First 15 Months of Life—*Six+ Visits*	46.71%	62.66% [1]	23.22%	24.33%	43.18%	56.93%				
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	61.31%	68.17% [1]	53.20%	57.80%	57.86%	57.32%				

*The denominator for these rates consisted of fewer than 30 cases. Although NCQA requires HEDIS rates based on less than 30 cases to be denoted as "NA," CMS allows the rate to be reported.

[1] The Georgia Families Hybrid rates were calculated by HSAG using the hybrid rates from the CMOs' audited IDSS data.

Georgia Families

Inpatient Utilization—General Hospital/Acute Care

Total Inpatient

Age	Discharges	Discharges / 1,000 Member Months	Days	Days / 1,000 Members Months	Average Length of Stay
<1	3,941		23,234	34.33	5.90
1-9	4,334		13,773	3.07	3.18
10-19	8,529		26,625	8.09	3.12
20-44	40,048		116,393	109.32	2.91
45-64	1,340		6,626	62.38	4.94
65-74	2		11	52.63	5.50
75-84	0		0	0.00	0.00
85+	0		0	0.00	0.00
Unknown	0		0	0.00	0.00
Total	58,194		186,662	19.40	3.21

Medicine

Age	Discharges	Discharges / 1,000 Member Months	Days	Days / 1,000 Members Months	Average Length of Stay
<1	3,057		12,473	18.43	4.08
1-9	3,228		8,606	1.92	2.67
10-19	1,512		5,102	1.55	3.37
20-44	2,114		7,619	7.16	3.60
45-64	727		2,778	26.15	3.82
65-74	1		4	19.14	4.00
75-84	0		0	0.00	0.00
85+	0		0	0.00	0.00
Unknown	0		0	0.00	0.00
Total	10,639		36,582	3.80	3.44

Surgery					
Age	**Discharges**	**Discharges / 1,000 Member Months**	**Days**	**Days / 1,000 Members Months**	**Average Length of Stay**
<1	884		10,761	15.90	12.17
1-9	1,106		5,167	1.15	4.67
10-19	1,093		5,523	1.68	5.05
20-44	1,594		8,701	8.17	5.46
45-64	569		3,730	35.12	6.56
65-74	1		7	33.49	7.00
75-84	0		0	0.00	0.00
85+	0		0	0.00	0.00
Unknown	0		0	0.00	0.00
Total	5,247		33,889	3.52	6.46

Maternity*					
Age	**Discharges**	**Discharges / 1,000 Member Months**	**Days**	**Days / 1,000 Members Months**	**Average Length of Stay**
10-19	5,924		16,000	4.86	2.70
20-44	36,340		100,073	93.99	2.75
45-64	44		118	1.11	2.68
Unknown	0		0	0.00	0.00
Total	42,308		116,191	26.04	2.75

***For discharges, only discharges per 1000 member years were reported, not discharges per 1000 member months.**
****The maternity category is calculated using member months for members 10-64 years.**

Fee-for-Service

Inpatient Utilization—General Hospital/Acute Care

Total Inpatient

Age	Discharges	Discharges / 1,000 Member Months	Days	Days / 1,000 Members Months	Average Length of Stay
<1	1,861		19,645	194.24	10.56
1-9	5,415		26,737	23.24	4.94
10-19	5,867		27,625	26.49	4.71
20-44	31,829		151,907	127.23	4.77
45-64	41,290		253,233	202.50	6.13
65-74	10,235		59,600	135.64	5.82
75-84	8,098		45,768	143.15	5.65
85+	5,476		28,275	134.32	5.16
Unknown	0		0	0.00	0.00
Total	110,071		612,790	107.34	5.57

Medicine

Age	Discharges	Discharges / 1,000 Member Months	Days	Days / 1,000 Members Months	Average Length of Stay
<1	1,263		6,323	62.52	5.01
1-9	3,901		13,615	11.83	3.49
10-19	2,811		11,796	11.31	4.20
20-44	11,520		53,441	44.76	4.64
45-64	27,597		125,146	100.08	4.53
65-74	7,183		33,138	75.42	4.61
75-84	6,066		28,704	89.78	4.73
85+	4,506		20,664	98.16	4.59
Unknown	0		0	0.00	0.00
Total	64,847		292,827	51.29	4.52

Surgery

Age	Discharges	Discharges / 1,000 Member Months	Days	Days / 1,000 Members Months	Average Length of Stay

<1	598		13,322	131.72	22.28
1-9	1,514		13,122	11.40	8.67
10-19	1,330		11,130	10.67	8.37
20-44	5,890		60,115	50.35	10.21
45-64	13,626		127,772	102.18	9.38
65-74	3,052		26,462	60.22	8.67
75-84	2,032		17,064	53.37	8.40
85+	970		7,611	36.15	7.85
Unknown	0		0	0.00	0.00
Total	29,012		276,598	48.45	9.53
Maternity*					
Age	**Discharges**	**Discharges / 1,000 Member Months**	**Days**	**Days / 1,000 Members Months**	**Average Length of Stay**
10-19	1,726		4,699	4.51	2.72
20-44	14,419		38,351	32.12	2.66
45-64	67		315	0.25	4.70
Unknown	0		0	0.00	0.00
Total	16,212		43,365	12.44	2.67

***For discharges, only discharges per 1000 member years were reported, not discharges per 1000 member months.**
****The maternity category is calculated using member months for members 10-64 years.**

ALL

Inpatient Utilization—General Hospital/Acute Care

Total Inpatient

Age	Discharges	Discharges / 1,000 Member Months	Days	Days / 1,000 Members Months	Average Length of Stay
<1	7,976		52,925	50.82	6.64
1-9	12,093		47,311	6.35	3.91
10-19	18,765		67,051	11.86	3.57
20-44	88,949		313,927	116.12	3.53
45-64	43,238		262,385	188.06	6.07
65-74	10,237		59,611	135.58	5.82
75-84	8,098		45,768	143.14	5.65
85+	5,476		28,275	134.31	5.16
Unknown	0		0	0.00	0.00
Total	194,832		877,253	45.65	4.50

Medicine

Age	Discharges	Discharges / 1,000 Member Months	Days	Days / 1,000 Members Months	Average Length of Stay
<1	6,124		24,945	23.95	4.07
1-9	8,941		26,783	3.59	3.00
10-19	5,081		19,200	3.40	3.78
20-44	14,731		64,971	24.03	4.41
45-64	28,664		129,166	92.58	4.51
65-74	7,184		33,142	75.38	4.61
75-84	6,066		28,704	89.77	4.73
85+	4,506		20,664	98.16	4.59
Unknown	0		0	0.00	0.00
Total	81,297		347,575	18.09	4.28

Surgery

Age	Discharges	Discharges / 1,000 Member Months	Days	Days / 1,000 Members Months	Average Length of Stay
<1	1,852		27,980	26.87	15.11
1-9	3,152		20,528	2.75	6.51
10-19	2,942		18,872	3.34	6.41
20-44	8,380		72,824	26.94	8.69
45-64	14,448		132,752	95.15	9.19
65-74	3,053		26,469	60.20	8.67
75-84	2,032		17,064	53.37	8.40
85+	970		7,611	36.15	7.85
Unknown	0		0	0.00	0.00
Total	36,829		324,100	16.87	8.80

Maternity*

Age	Discharges	Discharges / 1,000 Member Months	Days	Days / 1,000 Members Months	Average Length of Stay
10-19	10,742		28,979	5.13	2.70
20-44	65,838		176,132	65.15	2.68

45-64	126		467	0.33	3.71
Unknown	0		0	0.00	0.00
Total	76,706		205,578	21.08	2.68

***For discharges, only discharges per 1000 member years were reported, not discharges per 1000 member months.**
****The maternity category is calculated using member months for members 10-64 years.**

Medicaid Adult Only

Inpatient Utilization—General Hospital/Acute Care

Total Inpatient

Age	Discharges	Discharges / 1,000 Member Months	Days	Days / 1,000 Members Months	Average Length of Stay
<1	7,953		52,851	51.04	6.65
1-9	11,091		44,265	7.05	3.99
10-19	17,310		61,138	14.58	3.53
20-44	88,949		313,927	116.12	3.53
45-64	43,238		262,385	188.06	6.07
65-74	10,237		59,611	135.58	5.82
75-84	8,098		45,768	143.14	5.65
85+	5,476		28,275	134.31	5.16
Unknown	0		0	0.00	0.00
Total	192,352		868,220	52.36	4.51

Medicine

Age	Discharges	Discharges / 1,000 Member Months	Days	Days / 1,000 Members Months	Average Length of Stay
<1	6,107		24,901	24.05	4.08
1-9	8,195		24,820	3.95	3.03
10-19	4,321		16,310	3.89	3.77
20-44	14,731		64,971	24.03	4.41
45-64	28,664		129,166	92.58	4.51
65-74	7,184		33,142	75,38	4.61
75-84	6,066		28,704	89.77	4.73
85+	4,506		20,664	98.16	4.59
Unknown	0		0	0.00	0.00
Total	79,774		342,678	20.67	4.30

Surgery

Age	Discharges	Discharges / 1,000 Member Months	Days	Days / 1,000 Members Months	Average Length of Stay
<1	1,846		27,950	26.99	15.14
1-9	2,896		19,445	3.10	6.71
10-19	2,387		16,231	3.87	6.80
20-44	8,380		72,824	26.94	8.69
45-64	14,448		132,752	95.15	9.19
65-74	3,053		26,469	60.20	8.67
75-84	2,032		17,064	53.37	8.40
85+	970		7,611	36.15	7.85
Unknown	0		0	0.00	0.00
Total	36,012		320,346	19.32	8.90

Maternity*

Age	Discharges	Discharges / 1,000 Member Months	Days	Days / 1,000 Members Months	Average Length of Stay
10-19	10,602		28,597	6.82	2.70
20-44	65,838		176,132	65.15	2.68
45-64	126		467	0.33	3.71
Unknown	0		0	0.00	0.00
Total	76,566		205,196	24.74	2.68

***For discharges, only discharges per 1000 member years were reported, not discharges per 1000 member months.**
****The maternity category is calculated using member months for members 10-64 years.**

CCSP

Inpatient Utilization—General Hospital/Acute Care

Total Inpatient

Age	Discharges	Discharges / 1,000 Member Months	Days	Days / 1,000 Members Months	Average Length of Stay
<1	0		0	0.00	0.00
1-9	2		6	20.34	3.00
10-19	11		33	39.76	3.00
20-44	110		765	200.84	6.95
45-64	710		4,320	225.20	6.08
65-74	691		3,774	209.22	5.46
75-84	631		3,582	185.94	5.68
85+	408		2,055	134.71	5.04
Unknown	0		0	0.00	0.00
Total	2,563		14,535	189.57	5.67

Medicine

Age	Discharges	Discharges / 1,000 Member Months	Days	Days / 1,000 Members Months	Average Length of Stay
<1	0		0	0.00	0.00
1-9	1		4	13.56	4.00
10-19	6		18	21.69	3.00
20-44	69		354	92.94	5.13
45-64	495		2,318	120.84	4.68
65-74	521		2,351	130.34	4.51
75-84	492		2,393	124.22	4.86
85+	339		1,579	103.51	4.66
Unknown	0		0	0.00	0.00
Total	1,923		9,017	117.60	4.69

Surgery

Age	Discharges	Discharges / 1,000 Member Months	Days	Days / 1,000 Members Months	Average Length of Stay
<1	0		0	0.00	0.00
1-9	1		2	6.78	2.00
10-19	5		15	18.07	3.00
20-44	40		409	107.38	10.23
45-64	214		2,001	104.31	9.35
65-74	170		1,423	78,89	8.37
75-84	139		1,189	61.72	8.55
85+	69		476	31.20	6.90
Unknown	0		0	0.00	0.00
Total	638		5,515	71.93	8.64

Maternity*

Age	Discharges	Discharges / 1,000 Member Months	Days	Days / 1,000 Members Months	Average Length of Stay
10-19	0		0	0.00	0.00
20-44	1		2	0.53	2.00
45-64	1		1	0.05	1.00
Unknown	0		0	0.00	0.00
Total	2		3	0.13	1.50

***For discharges, only discharges per 1000 member years were reported, not discharges per 1000 member months.**
****The maternity category is calculated using member months for members 10-64 years.**

Georgia Families

Race/Ethnicity Diversity of Membership

Race	Hispanic or Latino		Not Hispanic or Latino		Unknown Ethnicity		Declined Ethnicity		Total	
	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage
White	120,454	10.59%	238,745	20.98%	92,050	8.09%	0	0.00%	451,249	39.66%
Black or African American	2,875	0.25%	425,645	37.41%	120,384	10.58%	0	0.00%	548,904	48.24%
American-Indian and Alaska Native	248	0.02%	566	0.05%	268	0.02%	7.61%	38.92%	0	50.88%
Asian	527	0.05%	17,589	1.55%	11,530	1.01%	7.09%	44.07%	0	41.53%
Native Hawaiian and Other Pacific Islanders	503	0.04%	442	0.04%	46	0.00%	0	0.00%	991	0.09%
Some Other Race	37,518	3.30%	7,394	0.65%	768	0.07%	0	0.00%	45,680	4.01%
Two or More Races	1	0.00%	2	0.00%	0	0.00%	0	0.00%	3	0.00%
Unknown	199	0.02%	2,401	0.21%	552	0.05%	0	0.00%	3,152	0.28%
Declined	216	0.02%	2,692	0.24%	54,320	4.77%	0	0.00%	57,228	5.03%
Total									1,137,935	100.00%

Fee-for-Service

Race/Ethnicity Diversity of Membership

Race	Hispanic or Latino		Not Hispanic or Latino		Unknown Ethnicity		Declined Ethnicity		Total	
	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage
White	87,556	7.72%	268,599	23.67%	55,202	4.86%	0	0.00%	411,357	36.25%
Black or African American	2,156	0.19%	427,471	37.67%	69,129	6.09%	0	0.00%	498,756	43.95%
American-Indian and Alaska Native	177	0.02%	837	0.07%	186	0.02%	0	38.92%	0	50.88%
Asian	387	0.03%	18,621	1.64%	4,342	0.38%	0	44.07%	0	41.53%
Native Hawaiian and Other Pacific Islanders	353	0.03%	392	0.03%	28	0.00%	0	0.00%	773	0.07%
Some Other Race	17,045	1.50%	9,516	0.84%	616	0.05%	0	0.00%	27,177	2.39%
Two or More Races	1	0.00%	3	0.00%	2	0.00%	0	0.00%	6	0.00%
Unknown	1,650	0.15%	79,368	6.99%	24,633	2.17%	0	0.00%	105,651	9.31%
Declined	755	0.07%	22,332	1.97%	43,508	3.83%	0	0.00%	66,595	5.87%
Total									1,134,865	100.00%

ALL

Race/Ethnicity Diversity of Membership

Race	Hispanic or Latino		Not Hispanic or Latino		Unknown Ethnicity		Declined Ethnicity		Total	
	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage
White	169,294	8.40%	452,065	22.44%	165,932	8.24%	0	0.00%	787,291	39.08%
Black or African American	3,801	0.19%	707,702	35.13%	191,120	9.49%	0	0.00%	902,623	44.81%
American-Indian and Alaska Native	345	0.02%	1,212	0.06%	410	0.02%	0	38.92%	0	50.88%
Asian	695	0.03%	27,283	1.35%	14,491	0.72%	0	44.07%	0	41.53%
Native Hawaiian and Other Pacific Islanders	656	0.03%	662	0.03%	90	0.00%	0	0.00%	1,408	0.07%
Some Other Race	47,415	2.35%	14,412	0.72%	1,643	0.08%	0	0.00%	63,470	3.15%
Two or More Races	3	0.00%	7	0.00%	2	0.00%	0	0.00%	12	0.00%
Unknown	1,678	0.08%	79,879	3.97%	24,768	1.23%	0	0.00%	106,325	5.28%
Declined	888	0.04%	24185	1.20%	83,893	4.16%	0	0.00%	108,966	5.41%
Total									2,014,531	100.00%

Medicaid Adult Only

Race/Ethnicity Diversity of Membership

Race	Hispanic or Latino		Not Hispanic or Latino		Unknown Ethnicity		Declined Ethnicity		Total	
	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage
White	169,140	9.51%	451,382	25.37%	83,251	4.68%	0	0.00%	703,773	39.55%
Black or African American	3,796	0.21%	707,352	39.76%	120,626	6.78%	0	0.00%	831,774	46.75%
American-Indian and Alaska Native	345	0.02%	1,212	0.07%	324	0.02%	7.61%	38.92%	0	50.88%
Asian	694	0.04%	27,225	1.53%	4,838	0.27%	7.09%	44.07%	0	41.53%
Native Hawaiian and Other Pacific Islanders	654	0.04%	662	0.04%	90	0.01%	0	0.00%	1,406	0.08%
Some Other Race	15,553	0.87%	14,405	0.81%	1,637	0.09%	0	0.00%	31,595	1.78%
Two or More Races	3	0.00%	7	0.00%	2	0.00%	0	0.00%	12	0.00%
Unknown	1,678	0.09%	79,879	4.49%	24,763	1.39%	0	0.00%	106,320	5.98%
Declined	887	0.05%	24,184	1.36%	44,646	2.51%	0	0.00%	69,717	3.92%
Total									1,779,235	100.00%

CCSP

Race/Ethnicity Diversity of Membership

Race	Hispanic or Latino		Not Hispanic or Latino		Unknown Ethnicity		Declined Ethnicity		Total	
	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage
White	55	0.71%	3,325	42.94%	1,043	13.47%	0	0.00%	4,423	57.12%
Black or African American	6	0.08%	2,385	30.80%	787	10.16%	0	0.00%	3,178	41.04%
American-Indian and Alaska Native	0	0.00%	6	0.08%	0	0.00%	7.61%	38.92%	0	50.88%
Asian	0	0.00%	39	0.50%	5	0.06%	7.09%	44.07%	0	41.53%
Native Hawaiian and Other Pacific Islanders	1	0.01%	2	0.03%	0	0.00%	0	0.00%	3	0.04%
Some Other Race	1	0.01%	10	0.13%	1	0.01%	0	0.00%	12	0.15%
Two or More Races	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Unknown	0	0.00%	51	0.66%	3	0.04%	0	0.00%	54	0.70%
Declined	0	0.00%	22	0.28%	1	0.01%	0	0.00%	23	0.30%
Total									7,743	100.00%

Georgia Families

Mental Health Utilization

Age	Sex	Any Services		Inpatient		Intensive Outpatient/Partial Hospitalization		Outpatient/ED	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent
0-12	M	21,276	7.84	388	0.14	219	0.08	21,182	7.80
	F	13,004	4.91	231	0.09	128	0.05	12,934	4.88
	Total	34,280	6.39	619	0.12	347	7.61%	0	0.11
13-17	M	8,641	12.18	597	0.84	233	7.09%	0	0.10
	F	8,327	11.60	909	1.27	282	0.39	8,123	11.32
	Total	16,968	11.89	1,506	1.06	515	0.36	16,611	11.64
18-64	M	1,614	8.01	195	0.97	42	0.21	1,531	7.60
	F	10,377	10.12	1,000	0.97	193	0.19	9,952	9.70
	Total	11,991	9.77	1,195	0.97	235	0.19	11,483	9.36
65+	M	1	12.77	0	0.00	0	0.00	1	12.77
	F	1	8.28	0	0.00	0	0.00	1	8.28
	Total	2	10.04	0	0.00	0	0.00	2	10.04
Unknown	M	0	0.00	0	0.00	0	0.00	0	0.00
	F	0	0.00	0	0.00	0	0.00	0	0.00
	Total	0	0.00	0	0.00	0	0.00	0	0.00
Total	M	31,532	8.70	1,180	0.33	494	0.14	31,202	8.61
	F	31,709	7.22	2,140	0.49	603	0.14	31,010	7.06
	Total	63,241	7.89	3,320	0.41	1,097	0.14	62,212	7.76

Fee-for-Service

Mental Health Utilization

Age	Sex	Any Services		Inpatient		Intensive Outpatient/Partial Hospitalization		Outpatient/ED		
		Number	Percent	Number	Percent	Number	Percent	Number	Percent	
0-12	M	12,341	17.10	216	0.30	81	0.11	12,307	17.05	
	F	6,844	11.17	128	0.21	21	0.03	6,821	11.13	
	Total	19,185	14.38	344	0.26	102	0.08	0	0.11	50.88%
13-17	M	7,608	30.94	385	1.57	57	0.07	0	0.10	41.53%
	F	5,031	25.59	379	1.93	41	0.21	4,975	25.30	
	Total	12,639	28.56	764	1.73	98	0.22	12,524	28.30	
18-64	M	18,208	20.41	2,712	3.04	56	0.06	17,429	19.53	
	F	24,622	19.35	3,200	2.51	86	0.07	23,783	18.69	
	Total	42,830	19.78	5,912	2.73	142	0.07	41,212	19.04	
65+	M	2,065	9.26	1,346	6.03	1	0.00	838	3.76	
	F	5,830	9.97	3,815	6.52	2	0.00	2,393	4.09	
	Total	7,895	9.77	5,161	6.39	3	0.00	3,231	4.00	
Unknown	M	0	0.00	0	0.00	0	0.00	0	0.00	
	F	0	0.00	0	0.00	0	0.00	0	0.00	
	Total	0	0.00	0	0.00	0	0.00	0	0.00	
Total	M	40,222	19.31	4,659	2.24	195	0.09	38,123	18.30	
	F	42,327	15.87	7,522	2.82	150	0.06	37,972	14.24	
	Total	82,549	13.38	12,181	2.56	345	0.07	76,095	16.02	

ALL

Mental Health Utilization

Age	Sex	Any Services		Inpatient		Intensive Outpatient/Partial Hospitalization		Outpatient/ED	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent
0-12	M	43,318	9.57	781	0.17	318	0.07	43,245	9.55
	F	25,583	5.91	463	0.11	160	0.04	25,513	5.89
	Total	68,901	7.78	1,244	0.14	478	0.08	0	0.11
13-17	M	19,397	15.70	1,217	0.98	312	0.07	0	0.10
	F	16,451	13.68	1,680	1.94	348	0.29	16,197	13.47
	Total	35,848	14.70	2,897	1.19	660	0.27	35,405	14.52
18-64	M	20,520	17.40	2,989	2.53	104	0.09	19,649	16.66
	F	39,232	14.42	4,638	1.71	306	0.13	37,939	13.95
	Total	59,752	15.32	7,627	1.96	410	0.11	57,588	14.77
65+	M	2,066	9.26	1,346	6.03	1	0.00	839	3.76
	F	5,831	9.97	3,815	6.52	2	0.00	2,394	4.09
	Total	7,897	9.77	5,161	6.39	3	0.00	3,233	4.00
Unknown	M	0	0.00	0	0.00	0	0.00	0	0.00
	F	0	0.00	0	0.00	0	0.00	0	0.00
	Total	0	0.00	0	0.00	0	0.00	0	0.00
Total	M	85,301	11.90	6,333	0.88	735	0.10	82,941	11.57
	F	87,097	9.85	10,596	1.20	816	0.09	82,043	9.28
	Total	172,398	10.77	16,929	1.06	1,551	0.10	164,984	10.31

Medicaid Adult Only

Mental Health Utilization

Age	Sex	Any Services		Inpatient		Intensive Outpatient/Partial Hospitalization		Outpatient/ED	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent
0-12	M	37,135	9.80	688	0.18	280	0.07	37,069	9.78
	F	22,076	6.08	401	0.11	140	0.04	22,016	6.06
	Total	59,211	7.98	1,089	0.15	420	0.08	0	0.11
13-17	M	16,039	17.75	974	1.18	231	0.07	0	0.10
	F	13,359	15.20	1,361	1.55	266	0.30	13,140	14.95
	Total	29,398	16.49	2,335	1.31	497	0.28	29,024	16.28
18-64	M	20,221	17.94	2,951	2.62	98	0.09	19,365	17.18
	F	38,967	14.60	4,606	1.76	301	0.11	37,687	14.12
	Total	59,188	15.59	7,557	1.99	399	0.11	57,052	15.03
65+	M	2,066	9.26	1,346	6.03	1	0.00	839	3.76
	F	5,834	9.97	3,819	6.53	2	0.00	2,394	4.09
	Total	7,900	9.77	5,165	6.39	3	0.00	3,233	4.00
Unknown	M	0	0.00	0	0.00	0	0.00	0	0.00
	F	0	0.00	0	0.00	0	0.00	0	0.00
	Total	0	0.00	0	0.00	0	0.00	0	0.00
Total	M	75,461	12.48	5,959	0.99	610	0.10	73,157	12.10
	F	80,236	10.33	10,187	1.31	709	0.90	75,237	9.69
	Total	155,697	11.27	16,146	1.17	1,319	0.10	148,394	10.75

CCSP

Mental Health Utilization

Age	Sex	Any Services		Inpatient		Intensive Outpatient/Partial Hospitalization		Outpatient/ED	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent
0-12	M	1	5.36	0	0.00	0	0.00	1	5.36
	F	2	12.57	0	0.00	0	0.00	2	12.57
	Total	3	8.67	0	0.00	0	0.08	38.92%	0.11
13-17	M	3	10.78	0	0.00	0	0.07	44.07%	0.10
	F	2	11.48	0	0.00	0	0.00	2	11.48
	Total	5	11.05	0	0.00	0	0.00	5	11.05
18-64	M	106	12.71	12	1.44	0	0.00	98	11.75
	F	171	15.60	22	2.01	1	0.09	159	14.51
	Total	277	14.35	34	1.76	1	0.05	257	13.32
65+	M	70	6.51	14	1.30	0	0.00	60	5.58
	F	234	7.08	64	1.94	0	0.00	180	5.45
	Total	304	6.91	78	1.78	0	0.00	240	5.48
Unknown	M	0	0.00	0	0.00	0	0.00	0	0.00
	F	0	0.00	0	0.00	0	0.00	0	0.00
	Total	0	0.00	0	0.00	0	0.00	0	0.00
Total	M	180	9.21	26	1.33	0	0.00	162	8.29
	F	409	9.22	86	1.94	1	0.02	343	7.74
	Total	589	9.22	112	1.75	1	0.02	505	7.90

Georgia Families

Plann All-Cause Readmission Rate

Age	Sex	Count of Index Stays (Denominator)	Count of 30-Day Readmissions (Numerator)	Observed Readmission (Num/Den)	Average Adjusted Probability	Total Variance	O/E Ratio (Observed Readmission/Average Adjusted Probability)
18-44	Male	266	22	8.27%	0.1533	31.4689	0.5395
	Female	1,664	156	9.38%	0.1293	172.1504	0.7251
	Total:	**1,930**	**178**	**9.22%**	**0.1326**	**203.6193**	**0.6955**
45-54	Male	77	7	9.09%	0.1610	9.2386	7.61%
	Female	327	42	12.84%	0.135	34.2590	7.09%
	Total:	**404**	**49**	**12.13%**	**0.1399**	**43.7976**	**0.8670**
55-64	Male	11	1	9.09%	0.0800	0.8024	1.1364
	Female	129	17	13.18%	0.1703	16.2502	0.7738
	Total:	**140**	**18**	**12.86%**	**0.1632**	**17.0526**	**0.7878**
18-64	Male	354	30	8.47%	NR	NR	NR
	Female	2,120	215	10.14%	NR	NR	NR
	Total:	**2,474**	**245**	**9.90%**	**NR**	**NR**	**NR**
65+	Male	0	0	0.00%	0.0000	0.0000	0.0000
	Female	1	0	0.00%	0.1233	0.1081	0.0000
	Total:	**1**	**0**	**0.00%**	**0.1233**	**0.1081**	**0.0000**
Total	Male	354	30	8.47%	0.1527	41.5099	0.5550
	Female	2,121	215	10.14%	0.1327	222.7677	0.7639
	Total:	**2,475**	**245**	**9.90%**	**0.1356**	**264.2776**	**0.7300**

Fee-for-Service							
Plan All-Cause Readmission Rate							
Age	**Sex**	**Count of Index Stays (Denominator)**	**Count of 30-Day Readmissions (Numerator)**	**Observed Readmission (Num/Den)**	**Average Adjusted Probability**	**Total Variance**	**O/E Ratio (Observed Readmission/Average Adjusted Probability)**
18-44	**Male**	5,280	742	14.05%	0.2167	798.5978	0.6485
	Female	6,306	854	13.54%	0.2023	898.3019	0.6694
	Total:	**11,586**	**1,596**	**13.78%**	**0.2089**	**1696.8997**	**0.6594**
45-54	**Male**	4,654	590	12.68%	0.2270	706.6172	7.61%
	Female	6,908	840	12.16%	0.2002	964.7284	7.09%
	Total:	**11,562**	**1,430**	**12.37%**	**0.2110**	**1671.3456**	**0.5862**
55-64	**Male**	5,418	696	12.85%	0.2138	786.9669	0.6008
	Female	7,869	791	10.05%	0.1839	1039.7823	0.5466
	Total:	**13,287**	**1,487**	**11.19%**	**0.1961**	**1826.7492**	**0.5707**
18-64	**Male**	15,352	2,028	13.21%	NR	NR	NR
	Female	21,083	2,485	11.79%	NR	NR	NR
	Total:	**36,435**	**4,513**	**12.39%**	**NR**	**NR**	**NR**
65+	**Male**	4,598	112	2.44%	0.1883	662.7293	0.1294
	Female	12,083	303	2.51%	0.1732	1642.3014	0.1448
	Total:	**16,681**	**415**	**2.49%**	**0.1773**	**2305.0307**	**0.1403**
Total	**Male**	19,950	2,140	10.73%	0.2118	2954.9112	0.5065
	Female	33,166	2,788	8.41%	0.1869	4545.1140	0.4498
	Total:	**53,116**	**4,928**	**9.28%**	**0.1962**	**7500.0252**	**0.4729**

ALL							
Plan All-Cause Readmission Rate							
Age	**Sex**	**Count of Index Stays (Denominator)**	**Count of 30-Day Readmissions (Numerator)**	**Observed Readmission (Num/Den)**	**Average Adjusted Probability**	**Total Variance**	**O/E Ratio (Observed Readmission/Average Adjusted Probability)**
18-44	**Male**	5,929	799	13.48%	0.2093	872.4920	0.6439
	Female	10,494	1,297	12.36%	0.1751	1341.2717	0.7059
	Total:	**16,423**	**2,096**	**12.76%**	**0.1874**	**2213.7638**	**0.6810**
45-54	**Male**	4,833	608	12.58%	0.2244	727.2987	7.61%
	Female	7,675	928	12.09%	0.1934	1044.1408	7.09%
	Total:	**12,508**	**1,536**	**12.28%**	**0.2054**	**1771.4395**	**0.5979**
55-64	**Male**	5,447	699	12.83%	0.2133	789.6694	0.6016
	Female	8,126	828	10.19%	0.1838	1072.5389	0.5544
	Total:	**13,573**	**1,527**	**11.25%**	**0.1956**	**1862.2083**	**0.5752**
18-64	**Male**	16,209	2,106	12.99%	NR	NR	NR
	Female	26,295	3,053	11.61%	NR	NR	NR
	Total:	**42,504**	**5,159**	**12.14%**	**NR**	**NR**	**NR**
65+	**Male**	4,598	112	2.44%	0.1883	662.7293	0.1294
	Female	12,087	304	2.52%	0.1732	1642.8163	0.1452
	Total:	**16,685**	**416**	**2.49%**	**0.1773**	**2305.5456**	**0.1406**
Total	**Male**	20,807	2,218	10.66%	0.2092	3052.1894	0.5096
	Female	38,382	3,357	8.75%	0.1800	5100.7677	0.4859
	Total:	**59,189**	**5,575**	**9.42%**	**0.1902**	**8152.9572**	**0.4952**

Medicaid Adult Only							
Plan All-Cause Readmission Rate							
Age	**Sex**	**Count of Index Stays (Denominator)**	**Count of 30-Day Readmissions (Numerator)**	**Observed Readmission (Num/Den)**	**Average Adjusted Probability**	**Total Variance**	**O/E Ratio (Observed Readmission/Average Adjusted Probability)**
18-44	**Male**	5,857	791	13.51%	0.2103	865.0936	0.6422
	Female	10,405	1,288	12.38%	0.1755	1332.2993	0.7053
	Total:	**16,262**	**2,079**	**12.78%**	**0.1881**	**2197.3929**	**0.6797**
45-54	**Male**	4,833	608	12.58%	0.2244	727.2987	7.61%
	Female	7,675	928	12.09%	0.1934	1044.1522	7.09%
	Total:	**12,508**	**1,536**	**12.28%**	**0.2054**	**1771.4509**	**0.5979**
55-64	**Male**	5,447	699	12.83%	0.2133	789.7202	0.6016
	Female	8,126	828	10.19%	0.1838	1072.5389	0.5544
	Total:	**13,573**	**1,527**	**11.25%**	**0.1956**	**1862.2591**	**0.5752**
18-64	**Male**	16,137	2,098	13.00%	NR	NR	NR
	Female	26,206	3,044	11.62%	NR	NR	NR
	Total:	**42,343**	**5,142**	**12.14%**	**NR**	**NR**	**NR**
65+	**Male**	4,598	112	2.44%	0.1882	662.6793	0.1294
	Female	12,087	304	2.52%	0.17362	1642.8375	0.1452
	Total:	**16,685**	**416**	**2.49%**	**0.1773**	**2305.5168**	**0.1406**
Total	**Male**	20,735	2,210	10.66%	0.2095	3044.7918	0.5087
	Female	38,293	3,348	8.74%	0.1801	5091.8279	0.4855
	Total:	**59,028**	**5,558**	**9.42%**	**0.1904**	**8136.6197**	**0.4945**

CCSP

Plan All-Cause Readmission Rate

Age	Sex	Count of Index Stays (Denominator)	Count of 30-Day Readmissions (Numerator)	Observed Readmission (Num/Den)	Average Adjusted Probability	Total Variance	O/E Ratio (Observed Readmission/Average Adjusted Probability)
18-44	Male	37	2	5.41%	0.2257	5.6317	0.2395
	Female	33	1	3.03%	0.2005	4.9076	0.1511
	Total:	**70**	**3**	**4.29%**	**0.2138**	**10.5393**	**0.2005**
45-54	Male	61	2	3.28%	0.2878	10.5936	7.61%
	Female	87	1	1.15%	0.1942	12.6262	7.09%
	Total:	**148**	**3**	**2.03%**	**0.2328**	**23.2198**	**0.0871**
55-64	Male	116	3	2.59%	0.2540	18.7010	0.1018
	Female	169	4	2.37%	0.1922	23.1701	0.1231
	Total:	**285**	**7**	**2.46%**	**0.2173**	**41.8711**	**0.1130**
18-64	Male	214	7	3.27%	NR	NR	NR
	Female	289	6	2.08%	NR	NR	NR
	Total:	**503**	**13**	**2.58%**	**NR**	**NR**	**NR**
65+	Male	276	4	1.45%	0.2024	41.7348	0.0716
	Female	813	8	0.98%	0.1878	117.9622	0.0524
	Total:	**1,089**	**12**	**1.10%**	**0.1915**	**159.6970**	**0.0575**
Total	Male	490	11	2.24%	0.2270	76.6611	0.0989
	Female	1,102	14	1.27%	0.1894	158.6660	0.0671
	Total:	**1,592**	**25**	**1.57%**	**0.2010**	**235.3271**	**0.0781**

Demographic Stratification *by Gender* Measures *Cervical Cancer Screening (CCS); Controlling High Blood Pressure (CBP); Comprehensive Diabetes Care (CDC)*	**Medicaid Adult Only (MAO)**		**CCSP**	
	Admin Rate	**Hybrid Rate**	**Admin Rate**	**Hybrid Rate**
CCS—*Female*	49.41%	50.61%	13.21%	17.03%
CBP—*Female*	0.00%	31.18%	0.00%	36.26%
CBP—*Male*	0.00%	31.06%	0.00%	46.38%
CDC/Blood Pressure Level <140/80mm Hg—*Female*	0.85%	30.19%	1.66%	32.97%
CDC/Blood Pressure Level <140/80mm Hg—*Male*	0.82%	27.12%	2.03%	33.15%
CDC/Blood Pressure Level <140/90mm Hg—*Female*	1.13%	39.89%	1.66%	39.73%
CDC/Blood Pressure Level <140/90mm Hg—*Male*	1.08%	38.98%	2.44%	43.82%
CDC/Eye Exam—*Female*	37.26%	40.43%	36.89%	43.51%
CDC/Eye Exam—*Male*	31.26%	36.16%	33.94%	37.64%
CDC/HbA1c <7% for Selected Population—*Female*	0.48%	21.76%	0.79%	33.33%
CDC/HbA1c <7% for Selected Population—*Male*	0.42%	18.18%	1.23%	29.63%
CDC/HbA1c <8%—*Female*	0.62%	28.03%	0.83%	34.05%
CDC/HbA1c <8%—*Male*	0.53%	29.38%	1.02%	21.35%
CDC/HbA1c Poor Control—*Female*	99.00%	69.27%	98.70%	61.89%
CDC/HbA1c Poor Control—*Male*	99.22%	67.23%	98.78%	71.35%
CDC/HbA1c Testing—*Female*	57.62%	63.07%	35.23%	58.65%
CDC/HbA1c Testing—*Male*	53.34%	67.80%	40.04%	51.69%
CDC/LDL-C Control <100 mg/dL—*Female*	0.82%	18.87%	1.07%	25.68%
CDC/LDL-C Control <100 mg/dL—*Male*	0.80%	24.29%	1.63%	24.16%
CDC/LDL-C Screening—*Female*	49.30%	55.53%	26.10%	48.38%
CDC/LDL-C Screening—*Male*	46.87%	64.41%	26.22%	43.26%
CDC/Medical Attention for Nephropathy—*Female*	61.80%	69.54%	52.79%	72.97%
CDC/Medical Attention for Nephropathy—*Male*	62.39%	71.75%	52.85%	70.79%

Demographic Stratification *by Race/Ethnicity* Measures *Cervical Cancer Screening (CCS); Controlling High Blood Pressure (CBP); Comprehensive Diabetes Care (CDC)*	**Medicaid Adult Only (MAO)**		**CCSP**	
	Admin Rate	**Hybrid Rate**	**Admin Rate**	**Hybrid Rate**
CCS—*American Indian or Alaskan-Ethnicity Unknown*	65.52%	0.00%		
CCS—*American Indian or Alaskan-Hispanic or Latino*	100.00%	0.00%		
CCS—*American Indian or Alaskan-Not Hispanic or Latino*	39.85%	100.00%		
CCS—*Asian-Ethnicity Unknown*	47.65%	0.00%		
CCS—*Asian-Hispanic or Latino*	54.55%	0.00%		
CCS—*Asian-Not Hispanic or Latino*	45.00%	100.00%	0.00%	0.00%
CCS—*Asian Pacific American-Not Hispanic or Latino*	0.00%	0.00%		
CCS—*Black-Ethnicity Unknown*	57.34%	53.06%	21.70%	32.73%
CCS—*Black-Hispanic or Latino*	60.40%	0.00%		
CCS—*Black-Not Hispanic or Latino*	53.27%	55.35%	10.17%	13.74%
CCS—*Black (Non-Hispanic)-Ethnicity Unknown*	73.91%	0.00%		
CCS—*Black (Non-Hispanic)-Not Hispanic or Latino*	56.58%	0.00%		
CCS—*Caucasian-Ethnicity Unknown*	52.76%	30.00%	16.90%	18.06%
CCS—*Caucasian-Hispanic or Latino*	70.80%	80.00%	0.00%	0.00%
CCS—*Caucasian-Not Hispanic or Latino*	54.79%	53.75%	11.46%	14.19%
CCS—*Hispanic-Ethnicity Unknown*	46.51%	0.00%		
CCS—*Hispanic-Hispanic or Latino*	46.43%	100.00%		
CCS—*Hispanic-Not Hispanic or Latino*	40.90%	0.00%		
CCS—*Not Applicable-Not Hispanic or Latino*	29.75%	33.85%	0.00%	0.00%
CCS—*Not Applicable-Ethnicity Unknown*	37.90%	48.00%		
CCS—*Not Applicable-Hispanic or Latino*	42.11%	0.00%		
CCS—*Not Provided-Not Hispanic or Latino*	34.75%	50.00%	0.00%	0.00%
CCS—*Not Provided-Ethnicity Unknown*	63.80%	33.33%		
CCS—*Not Provided-Hispanic or Latino*	28.57%	0.00%		
CCS—*Other-Ethnicity Unknown*	50.00%	0.00%		
CCS—*Other-Hispanic or Latino*	75.00%	0.00%		
CCS—*Other-Not Hispanic or Latino*	68.00%	0.00%		
CCS—*Pacific Islander-Ethnicity Unknown*	100.00%	0.00%		
CCS—*Pacific Islander-Hispanic or Latino*	66.67%	0.00%		
CCS—*Pacific Islander-Not Hispanic or Latino*	63.64%	0.00%		
CCS—*White (Non-Hispanic)-Ethnicity Unknown*	76.92%	0.00%		
CCS—*White (Non-Hispanic)-Hispanic or Latino*	0.00%	0.00%		
CCS—*White (Non-Hispanic)-Not Hispanic or Latino*	62.03%	100.00%		
CBP—*American Indian or Alaskan-Ethnicity Unknown*	0.00%	0.00%		

Demographic Stratification *by Race/Ethnicity* Measures *Cervical Cancer Screening (CCS); Controlling High Blood Pressure (CBP); Comprehensive Diabetes Care (CDC)*	**Medicaid Adult Only (MAO)**		**CCSP**	
	Admin Rate	**Hybrid Rate**	**Admin Rate**	**Hybrid Rate**
CBP—*American Indian or Alaskan-Hispanic or Latino*	0.00%	0.00%		
CBP—*American Indian or Alaskan-Not Hispanic or Latino*	0.00%	0.00%	0.00%	50.00%
CBP—*Asian-Ethnicity Unknown*	0.00%	71.43%		
CBP—*Asian-Hispanic or Latino*	0.00%	0.00%		
CBP—*Asian-Not Hispanic or Latino*	0.00%	54.55%	0.00%	0.00%
CBP—*Asian Pacific American-Not Hispanic or Latino*	0.00%	0.00%		
CBP—*Black-Ethnicity Unknown*	0.00%	18.75%	0.00%	33.33%
CBP—*Black-Hispanic or Latino*	0.00%	0.00%		
CBP—*Black-Not Hispanic or Latino*	0.00%	28.28%	0.00%	27.96%
CBP—*Black (Non-Hispanic)-Ethnicity Unknown*	0.00%	0.00%		
CBP—*Black (Non-Hispanic)-Not Hispanic or Latino*	0.00%	0.00%		
CBP—*Caucasian-Ethnicity Unknown*	0.00%	27.27%	0.00%	43.33%
CBP—*Caucasian-Hispanic or Latino*	0.00%	100.00%	0.00%	0.00%
CBP—*Caucasian-Not Hispanic or Latino*	0.00%	30.00%	0.00%	46.79%
CBP—*Hispanic-Ethnicity Unknown*	0.00%	0.00%		
CBP—*Hispanic-Hispanic or Latino*	0.00%	25.00%		
CBP—*Hispanic-Not Hispanic or Latino*	0.00%	0.00%	0.00%	100.00%
CBP—*Not Applicable-Ethnicity Unknown*	0.00%	33.33%		
CBP—*Not Applicable-Hispanic or Latino*	0.00%	0.00%		
CBP—*Not Applicable-Not Hispanic or Latino*	0.00%	35.14%	0.00%	100.00%
CBP—*Not Provided-Ethnicity Unknown*	0.00%	0.00%		
CBP—*Not Provided-Hispanic or Latino*	0.00%	0.00%		
CBP—*Not Provided-Not Hispanic or Latino*	0.00%	27.27%	0.00%	0.00%
CBP—*Other-Ethnicity Unknown*	0.00%	0.00%		
CBP—*Other-Hispanic or Latino*	0.00%	0.00%		
CBP—*Other-Not Hispanic or Latino*	0.00%	0.00%	0.00%	0.00%
CBP—*Pacific Islander-Ethnicity Unknown*	0.00%	0.00%		
CBP—*Pacific Islander-Hispanic or Latino*	0.00%	0.00%		
CBP—*Pacific Islander-Not Hispanic or Latino*	0.00%	0.00%		
CBP—*White (Non-Hispanic)-Ethnicity Unknown*	0.00%	0.00%		
CBP—*White (Non-Hispanic)-Not Hispanic or Latino*	0.00%	50.00%		
CDC/Blood Pressure Level <140/80mm Hg—*American Indian or Alaskan-Ethnicity Unknown*	0.00%	0.00%		
CDC/Blood Pressure Level <140/80 mm Hg—*American Indian or Alaskan-Hispanic or Latino*	0.00%	0.00%		
CDC/Blood Pressure Level <140/80 mm Hg—*American Indian or Alaskan-Not Hispanic or Latino*	0.00%	0.00%	0.00%	100.00%

Demographic Stratification *by Race/Ethnicity* Measures *Cervical Cancer Screening (CCS); Controlling High Blood Pressure (CBP); Comprehensive Diabetes Care (CDC)*	**Medicaid Adult Only (MAO)**		**CCSP**	
	Admin Rate	**Hybrid Rate**	**Admin Rate**	**Hybrid Rate**
CDC/Blood Pressure Level <140/80 mm Hg—*Asian-Hispanic or Latino*	0.00%	0.00%		
CDC/Blood Pressure Level <140/80 mm Hg—*Asian-Ethnicity Unknown*	2.87%	50.00%		
CDC/Blood Pressure Level <140/80 mm Hg—*Asian-Not Hispanic or Latino*	2.63%	41.67%	0.00%	100.00%
CDC/Blood Pressure Level <140/80 mm Hg—*Black-Ethnicity Unknown*	0.57%	26.32%	1.49%	25.64%
CDC/Blood Pressure Level <140/80 mm Hg—*Black-Hispanic or Latino*	0.00%	0.00%		
CDC/Blood Pressure Level <140/80 mm Hg—*Black-Not Hispanic or Latino*	0.65%	21.96%	1.68%	26.95%
CDC/Blood Pressure Level <140/80 mm Hg—*Black (Non-Hispanic)-Ethnicity Unknown*	0.00%	0.00%		
CDC/Blood Pressure Level <140/80 mm Hg—*Black (Non-Hispanic)-Not Hispanic or Latino*	0.00%	0.00%		
CDC/Blood Pressure Level <140/80 mm Hg—*Caucasian-Ethnicity Unknown*	0.72%	19.05%	1.36%	39.77%
CDC/Blood Pressure Level <140/80 mm Hg—*Caucasian-Hispanic or Latino*	0.00%	100.00%	0.00%	0.00%
CDC/Blood Pressure Level <140/80 mm Hg—*Caucasian-Not Hispanic or Latino*	0.79%	29.31%	2.33%	38.16%
CDC/Blood Pressure Level <140/80 mm Hg—*Hispanic-Hispanic or Latino*	2.44%	0.00%		
CDC/Blood Pressure Level <140/80 mm Hg—*Hispanic-Ethnicity Unknown*	3.70%	0.00%		
CDC/Blood Pressure Level <140/80 mm Hg—*Hispanic-Not Hispanic or Latino*	1.50%	33.33%		
CDC/Blood Pressure Level <140/80 mm Hg—*Not Applicable-Ethnicity Unknown*	0.78%	56.00%		
CDC/Blood Pressure Level <140/80 mm Hg—*Not Applicable-Hispanic or Latino*	0.00%	0.00%		
CDC/Blood Pressure Level <140/80 mm Hg—*Not Applicable-Not Hispanic or Latino*	1.13%	35.88%	0.00%	0.00%
CDC/Blood Pressure Level <140/80 mm Hg—*Not provided-Ethnicity Unknown*	0.85%	25.00%		
CDC/Blood Pressure Level <140/80 mm Hg—*Not Provided-Hispanic or Latino*	0.00%	0.00%		
CDC/Blood Pressure Level <140/80 mm Hg—*Not Provided-Not Hispanic or Latino*	0.82%	43.75%		
CDC/Blood Pressure Level <140/80 mm Hg—*Other-Ethnicity Unknown*	0.00%	0.00%		
CDC/Blood Pressure Level <140/80 mm Hg—*Other-Hispanic or Latino*	0.00%	0.00%		
CDC/Blood Pressure Level <140/80 mm Hg—*Other-Not Hispanic or Latino*	9.52%	0.00%	0.00%	0.00%
CDC/Blood Pressure Level <140/80 mm Hg—*Pacific Islander-Hispanic or Latino*	0.00%	0.00%		
CDC/Blood Pressure Level <140/80 mm Hg—*Pacific Islander-Not Hispanic or Latino*	0.00%	0.00%		
CDC/Blood Pressure Level <140/80 mm Hg—*White (Non-Hispanic)-Ethnicity Unknown*	0.00%	0.00%		
CDC/Blood Pressure Level <140/80 mm Hg—*White (Non-Hispanic)-Not Hispanic or Latino*	0.00%	0.00%		
CDC/Blood Pressure Level <140/90mm Hg—*American Indian or Alaskan-Ethnicity Unknown*	0.00%	0.00%		
CDC/Blood Pressure Level <140/90 mm Hg—*American Indian or Alaskan-Hispanic or Latino*	0.00%	0.00%		
CDC/Blood Pressure Level <140/90 mm Hg—*American Indian or Alaskan-Not Hispanic or Latino*	1.61%	0.00%	0.00%	100.00%
CDC/Blood Pressure Level <140/90 mm Hg—*Asian-Ethnicity Unknown*	3.35%	50.00%		
CDC/Blood Pressure Level <140/90 mm Hg—*Asian-Hispanic or Latino*	0.00%	0.00%		
CDC/Blood Pressure Level <140/90 mm Hg—*Asian-Not Hispanic or Latino*	3.18%	41.67%	0.00%	100.00%
CDC/Blood Pressure Level <140/90 mm Hg—*Black-Ethnicity Unknown*	0.79%	36.84%	1.49%	33.33%

Demographic Stratification *by Race/Ethnicity* Measures *Cervical Cancer Screening (CCS); Controlling High Blood Pressure (CBP); Comprehensive Diabetes Care (CDC)*	**Medicaid Adult Only (MAO)**		**CCSP**	
	Admin Rate	**Hybrid Rate**	**Admin Rate**	**Hybrid Rate**
CDC/Blood Pressure Level <140/90 mm Hg—*Black-Hispanic or Latino*	0.00%	0.00%		
CDC/Blood Pressure Level <140/90 mm Hg—*Black-Not Hispanic or Latino*	0.88%	34.11%	1.68%	34.73%
CDC/Blood Pressure Level <140/90 mm Hg—*Black (Non-Hispanic)-Ethnicity Unknown*	0.00%	0.00%		
CDC/Blood Pressure Level <140/90 mm Hg—*Black (Non-Hispanic)-Not Hispanic or Latino*	0.00%	0.00%		
CDC/Blood Pressure Level <140/90 mm Hg—*Caucasian-Ethnicity Unknown*	1.02%	28.57%	1.36%	50.00%
CDC/Blood Pressure Level <140/90 mm Hg—*Caucasian-Hispanic or Latino*	0.00%	100.00%	0.00%	25.00%
CDC/Blood Pressure Level <140/90 mm Hg—*Caucasian-Not Hispanic or Latino*	1.10%	36.21%	2.75%	45.41%
CDC/Blood Pressure Level <140/90 mm Hg—*Hispanic-Hispanic or Latino*	2.44%	0.00%		
CDC/Blood Pressure Level <140/90 mm Hg—*Hispanic-Ethnicity Unknown*	7.41%	0.00%		
CDC/Blood Pressure Level <140/90 mm Hg—*Hispanic-Not Hispanic or Latino*	1.66%	33.33%		
CDC/Blood Pressure Level <140/90 mm Hg—*Not Applicable-Hispanic or Latino*	2.17%	0.00%		
CDC/Blood Pressure Level <140/90 mm Hg—*Not Applicable-Not Hispanic or Latino*	1.37%	45.80%	0.00%	0.00%
CDC/Blood Pressure Level <140/90 mm Hg—*Not Applicable-Ethnicity Unknown*	1.27%	68.00%		
CDC/Blood Pressure Level <140/90 mm Hg—*Not provided-Ethnicity Unknown*	1.70%	25.00%		
CDC/Blood Pressure Level <140/90 mm Hg—*Not Provided-Hispanic or Latino*	0.00%	0.00%		
CDC/Blood Pressure Level <140/90 mm Hg—*Not Provided-Not Hispanic or Latino*	1.02%	62.50%		
CDC/Blood Pressure Level <140/90 mm Hg—*Other-Ethnicity Unknown*	0.00%	0.00%		
CDC/Blood Pressure Level <140/90 mm Hg—*Other-Hispanic or Latino*	0.00%	0.00%		
CDC/Blood Pressure Level <140/90 mm Hg—*Other-Not Hispanic or Latino*	9.52%	0.00%	0.00%	0.00%
CDC/Blood Pressure Level <140/90 mm Hg—*Pacific Islander-Hispanic or Latino*	0.00%	0.00%		
CDC/Blood Pressure Level <140/90 mm Hg—*Pacific Islander-Not Hispanic or Latino*	0.00%	0.00%		
CDC/Blood Pressure Level <140/90 mm Hg—*White (Non-Hispanic)-Ethnicity Unknown*	0.00%	0.00%		
CDC/Blood Pressure Level <140/90 mm Hg—*White (Non-Hispanic)-Not Hispanic or Latino*	0.00%	0.00%		
CDC/Eye Exam—*American Indian or Alaskan-Ethnicity Unknown*	33.33%	100.00%		
CDC/Eye Exam—*American Indian or Alaskan-Hispanic or Latino*	0.00%	0.00%		
CDC/Eye Exam—*American Indian or Alaskan-Not Hispanic or Latino*	40.32%	100.00%	50.00%	100.00%
CDC/Eye Exam—*Asian-Ethnicity Unknown*	44.98%	0.00%		
CDC/Eye Exam—*Asian-Not Hispanic or Latino*	46.60%	50.00%	33.33%	100.00%
CDC/Eye Exam—*Asian-Hispanic or Latino*	20.00%	0.00%		
CDC/Eye Exam—*Black-Hispanic or Latino*	35.29%	0.00%		
CDC/Eye Exam—*Black-Ethnicity Unknown*	38.96%	38.60%	40.30%	47.44%
CDC/Eye Exam—*Black-Not Hispanic or Latino*	36.93%	41.59%	36.21%	47.90%
CDC/Eye Exam—*Black (Non-Hispanic)-Ethnicity Unknown*	0.00%	0.00%		
CDC/Eye Exam—*Black (Non-Hispanic)-Not Hispanic or Latino*	70.59%	100.00%		

Demographic Stratification *by Race/Ethnicity* Measures *Cervical Cancer Screening (CCS); Controlling High Blood Pressure (CBP); Comprehensive Diabetes Care (CDC)*	**Medicaid Adult Only (MAO)**		**CCSP**	
	Admin Rate	**Hybrid Rate**	**Admin Rate**	**Hybrid Rate**
CDC/Eye Exam—*Caucasian-Ethnicity Unknown*	36.41%	28.57%	36.82%	43.18%
CDC/Eye Exam—*Caucasian-Not Hispanic or Latino*	32.53%	31.03%	32.77%	32.85%
CDC/Eye Exam—*Caucasian-Hispanic or Latino*	44.36%	100.00%	45.45%	25.00%
CDC/Eye Exam—*Hispanic-Ethnicity Unknown*	40.74%	0.00%		
CDC/Eye Exam—*Hispanic-Hispanic or Latino*	47.56%	100.00%		
CDC/Eye Exam—*Hispanic-Not Hispanic or Latino*	39.43%	66.67%		
CDC/Eye Exam—*Not Applicable-Not Hispanic or Latino*	32.19%	35.88%	42.86%	100.00%
CDC/Eye Exam—*Not Applicable-Hispanic or Latino*	39.13%	0.00%		
CDC/Eye Exam—*Not Applicable-Ethnicity Unknown*	30.65%	52.00%		
CDC/Eye Exam—*Not provided-Ethnicity Unknown*	35.23%	50.00%		
CDC/Eye Exam—*Not Provided-Hispanic or Latino*	43.75%	0.00%		
CDC/Eye Exam—*Not Provided-Not Hispanic or Latino*	36.56%	25.00%		
CDC/Eye Exam—*Other-Ethnicity Unknown*	60.00%	0.00%		
CDC/Eye Exam—*Other-Hispanic or Latino*	50.00%	0.00%		
CDC/Eye Exam—*Other-Not Hispanic or Latino*	38.10%	0.00%	0.00%	0.00%
CDC/Eye Exam—*Pacific Islander-Hispanic or Latino*	33.33%	0.00%		
CDC/Eye Exam—*Pacific Islander-Not Hispanic or Latino*	66.67%	0.00%		
CDC/Eye Exam—*White (Non-Hispanic)-Ethnicity Unknown*	75.00%	0.00%		
CDC/Eye Exam—*White (Non-Hispanic)-Not Hispanic or Latino*	36.67%	0.00%		
CDC/HbA1c <7% for Selected Populations—*American Indian or Alaskan-Ethnicity Unknown*	0.00%	0.00%		
CDC/HbA1c <7% for Selected Populations—*American Indian or Alaskan-Hispanic or Latino*	0.00%	0.00%		
CDC/HbA1c <7% for Selected Populations—*American Indian or Alaskan-Not Hispanic or Latino*	0.00%	0.00%	0.00%	0.00%
CDC/HbA1c <7% for Selected Populations—*Asian-Ethnicity Unknown*	0.00%	0.00%		
CDC/HbA1c <7% for Selected Populations—*Asian-Hispanic or Latino*	0.00%	0.00%		
CDC/HbA1c <7% for Selected Populations—*Asian-Not Hispanic or Latino*	1.43%	33.33%	0.00%	0.00%
CDC/HbA1c <7% for Selected Populations—*Black-Ethnicity Unknown*	0.34%	13.64%	0.00%	33.33%
CDC/HbA1c <7% for Selected Populations—*Black-Hispanic or Latino*	0.00%	0.00%		
CDC/HbA1c <7% for Selected Populations—*Black-Not Hispanic or Latino*	0.30%	19.00%	0.00%	40.91%
CDC/HbA1c <7% for Selected Populations—*Black (Non-Hispanic)-Ethnicity Unknown*	0.00%	0.00%		
CDC/HbA1c <7% for Selected Populations—*Black (Non-Hispanic)-Not Hispanic or Latino*	0.00%	0.00%		
CDC/HbA1c <7% for Selected Populations—*Caucasian-Ethnicity Unknown*	1.04%	18.18%	0.00%	7.69%
CDC/HbA1c <7% for Selected Populations—*Caucasian-Hispanic or Latino*	0.00%	0.00%	0.00%	0.00%
CDC/HbA1c <7% for Selected Populations—*Caucasian-Not Hispanic or Latino*	0.62%	7.41%	2.70%	36.00%
CDC/HbA1c <7% for Selected Populations—*Hispanic-Hispanic or Latino*	0.00%	0.00%		

Demographic Stratification *by Race/Ethnicity* Measures *Cervical Cancer Screening (CCS); Controlling High Blood Pressure (CBP); Comprehensive Diabetes Care (CDC)*	**Medicaid Adult Only (MAO)**		**CCSP**	
	Admin Rate	**Hybrid Rate**	**Admin Rate**	**Hybrid Rate**
CDC/HbA1c <7% for Selected Populations—*Hispanic-Ethnicity Unknown*	0.00%	0.00%		
CDC/HbA1c <7% for Selected Populations—*Hispanic-Not Hispanic or Latino*	0.00%	0.00%		
CDC/HbA1c <7% for Selected Populations—*Not Applicable-Ethnicity Unknown*	0.58%	58.33%		
CDC/HbA1c <7% for Selected Populations—*Not Applicable-Hispanic or Latino*	0.00%	0.00%		
CDC/HbA1c <7% for Selected Populations—*Not Applicable-Not Hispanic or Latino*	0.53%	24.59%	0.00%	0.00%
CDC/HbA1c <7% for Selected Populations—*Not Provided-Ethnicity Unknown*	0.95%	50.00%		
CDC/HbA1c <7% for Selected Populations—*Not Provided-Hispanic or Latino*	0.00%	0.00%		
CDC/HbA1c <7% for Selected Populations—*Not Provided-Not Hispanic or Latino*	0.32%	0.00%		
CDC/HbA1c <7% for Selected Populations—*Other-Ethnicity Unknown*	0.00%	0.00%		
CDC/HbA1c <7% for Selected Populations—*Other-Hispanic or Latino*	0.00%	0.00%		
CDC/HbA1c <7% for Selected Populations—*Other-Not Hispanic or Latino*	16.67%	0.00%	0.00%	0.00%
CDC/HbA1c <7% for Selected Populations—*Pacific Islander-Hispanic or Latino*	0.00%	0.00%		
CDC/HbA1c <7% for Selected Populations—*Pacific Islander-Not Hispanic or Latino*	0.00%	0.00%		
CDC/HbA1c <7% for Selected Populations—*White (Non-Hispanic)-Ethnicity Unknown*	0.00%	0.00%		
CDC/HbA1c <7% for Selected Populations—*White (Non-Hispanic)-Not Hispanic or Latino*	4.08%	0.00%		
CDC/HbA1c <8%—*American Indian or Alaskan-Ethnicity Unknown*	0.00%	0.00%		
CDC/HbA1c <8%—*American Indian or Alaskan-Hispanic or Latino*	0.00%	0.00%		
CDC/HbA1c <8%—*American Indian or Alaskan-Not Hispanic or Latino*	1.61%	100.00%	0.00%	0.00%
CDC/HbA1c <8%—*Asian-Ethnicity Unknown*	2.87%	50.00%		
CDC/HbA1c <8%—*Asian-Hispanic or Latino*	0.00%	0.00%		
CDC/HbA1c <8%—*Asian-Not Hispanic or Latino*	1.43%	33.33%	0.00%	100.00%
CDC/HbA1c <8%—*Black-Ethnicity Unknown*	0.43%	15.79%	0.50%	32.05%
CDC/HbA1c <8%—*Black-Hispanic or Latino*	0.00%	0.00%		
CDC/HbA1c <8%—*Black-Not Hispanic or Latino*	0.40%	27.10%	0.48%	23.35%
CDC/HbA1c <8%—*Black (Non-Hispanic)-Ethnicity Unknown*	0.00%	0.00%		
CDC/HbA1c <8%—*Black (Non-Hispanic)-Not Hispanic or Latino*	0.00%	0.00%		
CDC/HbA1c <8%—*Caucasian-Ethnicity Unknown*	0.56%	28.57%	0.00%	31.82%
CDC/HbA1c <8%—*Caucasian-Not Hispanic or Latino*	0.59%	27.59%	1.90%	32.85%
CDC/HbA1c <8%—*Caucasian-Hispanic or Latino*	0.00%	100.00%	0.00%	25.00%
CDC/HbA1c <8%—*Hispanic-Ethnicity Unknown*	0.00%	0.00%		
CDC/HbA1c <8%—*Hispanic-Hispanic or Latino*	0.00%	0.00%		
CDC/HbA1c <8%—*Hispanic-Not Hispanic or Latino*	1.50%	0.00%		
CDC/HbA1c <8%—*Not Applicable-Ethnicity Unknown*	0.89%	56.00%		
CDC/HbA1c <8%—*Not Applicable-Hispanic or Latino*	0.00%	0.00%		

Demographic Stratification *by Race/Ethnicity* Measures *Cervical Cancer Screening (CCS); Controlling High Blood Pressure (CBP); Comprehensive Diabetes Care (CDC)*	**Medicaid Adult Only (MAO)**		**CCSP**	
	Admin Rate	**Hybrid Rate**	**Admin Rate**	**Hybrid Rate**
CDC/HbA1c <8%—*Not Applicable-Not Hispanic or Latino*	0.80%	30.53%	0.00%	100.00%
CDC/HbA1c <8%—*Not Provided-Ethnicity Unknown*	1.14%	50.00%		
CDC/HbA1c <8%—*Not Provided-Hispanic or Latino*	0.00%	0.00%		
CDC/HbA1c <8%—*Not Provided-Not Hispanic or Latino*	0.34%	25.00%		
CDC/HbA1c <8%—*Other-Ethnicity Unknown*	0.00%	0.00%		
CDC/HbA1c <8%—*Other-Hispanic or Latino*	0.00%	0.00%		
CDC/HbA1c <8%—*Other-Not Hispanic or Latino*	9.52%	0.00%	0.00%	0.00%
CDC/HbA1c <8%—*Pacific Islander-Hispanic or Latino*	0.00%	0.00%		
CDC/HbA1c <8%—*Pacific Islander-Not Hispanic or Latino*	0.00%	0.00%		
CDC/HbA1c <8%—*White (Non-Hispanic)-Ethnicity Unknown*	0.00%	0.00%		
CDC/HbA1c <8%—*White (Non-Hispanic)-Not Hispanic or Latino*	3.33%	0.00%		
CDC/HbA1c Poor Control—*American Indian or Alaskan-Ethnicity Unknown*	100.00%	100.00%		
CDC/HbA1c Poor Control—*American Indian or Alaskan-Hispanic or Latino*	100.00%	0.00%		
CDC/HbA1c Poor Control—*American Indian or Alaskan-Not Hispanic or Latino*	98.39%	0.00%	100.00%	0.00%
CDC/HbA1c Poor Control—*Asian-Ethnicity Unknown*	95.69%	50.00%		
CDC/HbA1c Poor Control—*Asian-Hispanic or Latino*	100.00%	0.00%		
CDC/HbA1c Poor Control—*Asian-Not Hispanic or Latino*	97.70%	66.67%	100.00%	0.00%
CDC/HbA1c Poor Control—*Black-Ethnicity Unknown*	99.39%	82.46%	99.00%	64.10%
CDC/HbA1c Poor Control—*Black-Hispanic or Latino*	100.00%	0.00%		
CDC/HbA1c Poor Control—*Black-Not Hispanic or Latino*	99.34%	70.56%		
CDC/HbA1c Poor Control—*Black (Non-Hispanic)-Ethnicity Unknown*	100.00%	0.00%		
CDC/HbA1c Poor Control—*Black (Non-Hispanic)-Not Hispanic or Latino*	100.00%	100.00%	99.28%	71.26%
CDC/HbA1c Poor Control—*Caucasian-Ethnicity Unknown*	99.13%	66.67%	99.09%	64.77%
CDC/HbA1c Poor Control—*Caucasian-Hispanic or Latino*	100.00%	0.00%	100.00%	75.00%
CDC/HbA1c Poor Control—*Caucasian-Not Hispanic or Latino*	99.14%	68.97%	97.89%	61.35%
CDC/HbA1c Poor Control—*Hispanic-Not Hispanic or Latino*	98.34%	100.00%		
CDC/HbA1c Poor Control—*Hispanic-Hispanic or Latino*	98.78%	100.00%		
CDC/HbA1c Poor Control—*Hispanic-Ethnicity Unknown*	96.30%	0.00%		
CDC/HbA1c Poor Control—*Not Applicable-Ethnicity Unknown*	98.70%	44.00%		
CDC/HbA1c Poor Control—*Not Applicable-Hispanic or Latino*	100.00%	0.00%		
CDC/HbA1c Poor Control—*Not Applicable-Not Hispanic or Latino*	98.70%	64.89%	100.00%	0.00%
CDC/HbA1c Poor Control—*Not Provided-Ethnicity Unknown*	98.01%	50.00%		
CDC/HbA1c Poor Control—*Not Provided-Hispanic or Latino*	100.00%	0.00%		
CDC/HbA1c Poor Control—*Not Provided-Not Hispanic or Latino*	99.32%	68.75%		

Demographic Stratification *by Race/Ethnicity* Measures *Cervical Cancer Screening (CCS); Controlling High Blood Pressure (CBP); Comprehensive Diabetes Care (CDC)*	**Medicaid Adult Only (MAO)**		**CCSP**	
	Admin Rate	**Hybrid Rate**	**Admin Rate**	**Hybrid Rate**
CDC/HbA1c Poor Control—*Other-Ethnicity Unknown*	100.00%	0.00%		
CDC/HbA1c Poor Control—*Other-Hispanic or Latino*	100.00%	0.00%		
CDC/HbA1c Poor Control—*Other-Not Hispanic or Latino*	90.48%	0.00%	100.00%	0.00%
CDC/HbA1c Poor Control—*Pacific Islander-Hispanic or Latino*	100.00%	0.00%		
CDC/HbA1c Poor Control—*Pacific Islander-Not Hispanic or Latino*	100.00%	0.00%		
CDC/HbA1c Poor Control—*White (Non-Hispanic)-Ethnicity Unknown*	100.00%	0.00%		
CDC/HbA1c Poor Control—*White (Non-Hispanic)-Not Hispanic or Latino*	96.67%	0.00%		
CDC/HbA1c Testing—*American Indian or Alaskan-Ethnicity Unknown*	33.33%	0.00%		
CDC/HbA1c Testing—*American Indian or Alaskan-Hispanic or Latino*	100.00%	0.00%		
CDC/HbA1c Testing—*American Indian or Alaskan-Not Hispanic or Latino*	54.84%	100.00%	50.00%	100.00%
CDC/HbA1c Testing—*Asian-Ethnicity Unknown*	54.55%	50.00%		
CDC/HbA1c Testing—*Asian-Hispanic or Latino*	60.00%	0.00%		
CDC/HbA1c Testing—*Asian-Not Hispanic or Latino*	47.70%	50.00%	0.00%	100.00%
CDC/HbA1c Testing—*Black-Ethnicity Unknown*	54.95%	50.88%	36.82%	50.00%
CDC/HbA1c Testing—*Black-Hispanic or Latino*	47.06%	0.00%		
CDC/HbA1c Testing—*Black-Not Hispanic or Latino*	58.06%	67.76%	38.13%	56.29%
CDC/HbA1c Testing—*Black (Non-Hispanic)-Ethnicity Unknown*	0.00%	0.00%		
CDC/HbA1c Testing—*Black (Non-Hispanic)-Not Hispanic or Latino*	94.12%	100.00%		
CDC/HbA1c Testing—*Caucasian-Ethnicity Unknown*	46.63%	61.90%	34.55%	62.50%
CDC/HbA1c Testing—*Caucasian-Hispanic or Latino*	78.91%	100.00%	36.36%	25.00%
CDC/HbA1c Testing—*Caucasian-Not Hispanic or Latino*	51.46%	60.34%	37.42%	56.04%
CDC/HbA1c Testing—*Hispanic-Ethnicity Unknown*	62.96%	0.00%		
CDC/HbA1c Testing—*Hispanic-Hispanic or Latino*	39.63%	100.00%		
CDC/HbA1c Testing—*Hispanic-Not Hispanic or Latino*	49.75%	33.33%		
CDC/HbA1c Testing—*Not Applicable-Ethnicity Unknown*	56.30%	80.00%		
CDC/HbA1c Testing—*Not Applicable-Hispanic or Latino*	50.00%	0.00%		
CDC/HbA1c Testing—*Not Applicable-Not Hispanic or Latino*	57.35%	66.41%	28.57%	100.00%
CDC/HbA1c Testing—*Not Provided-Ethnicity Unknown*	64.20%	50.00%		
CDC/HbA1c Testing—*Not Provided-Hispanic or Latino*	56.25%	0.00%		
CDC/HbA1c Testing—*Not Provided-Not Hispanic or Latino*	59.48%	68.75%		
CDC/HbA1c Testing—*Other-Ethnicity Unknown*	60.00%	0.00%		
CDC/HbA1c Testing—*Other-Hispanic or Latino*	66.67%	0.00%		
CDC/HbA1c Testing—*Other-Not Hispanic or Latino*	61.90%	0.00%	100.00%	0.00%
CDC/HbA1c Testing—*Pacific Islander-Hispanic or Latino*	100.00%	0.00%		

Demographic Stratification *by Race/Ethnicity* Measures *Cervical Cancer Screening (CCS); Controlling High Blood Pressure (CBP); Comprehensive Diabetes Care (CDC)*	**Medicaid Adult Only (MAO)**		**CCSP**	
	Admin Rate	**Hybrid Rate**	**Admin Rate**	**Hybrid Rate**
CDC/HbA1c Testing—*Pacific Islander-Not Hispanic or Latino*	66.67%	0.00%		
CDC/HbA1c Testing—*White (Non-Hispanic)-Ethnicity Unknown*	50.00%	0.00%		
CDC/HbA1c Testing—*White (Non-Hispanic)-Not Hispanic or Latino*	78.33%	0.00%		
CDC/LDL-C Control <100 mg/dL—*American Indian or Alaskan-Ethnicity Unknown*	0.00%	0.00%		
CDC/LDL-C Control <100 mg/dL—*American Indian or Alaskan-Hispanic or Latino*	0.00%	0.00%		
CDC/LDL-C Control <100 mg/dL—*American Indian or Alaskan-Not Hispanic or Latino*	0.00%	0.00%	0.00%	0.00%
CDC/LDL-C Control <100 mg/dL—*Asian-Ethnicity Unknown*	1.91%	0.00%		
CDC/LDL-C Control <100 mg/dL—*Asian-Hispanic or Latino*	0.00%	0.00%		
CDC/LDL-C Control <100 mg/dL—*Asian-Not Hispanic or Latino*	2.08%	25.00%	0.00%	100.00%
CDC/LDL-C Control <100 mg/dL—*Black-Ethnicity Unknown*	0.53%	8.77%	1.49%	20.51%
CDC/LDL-C Control <100 mg/dL—*Black-Hispanic or Latino*	0.00%	0.00%		
CDC/LDL-C Control <100 mg/dL—*Black-Not Hispanic or Latino*	0.63%	21.03%	1.20%	20.96%
CDC/LDL-C Control <100 mg/dL—*Black (Non-Hispanic)-Ethnicity Unknown*	0.00%	0.00%		
CDC/LDL-C Control <100 mg/dL—*Black (Non-Hispanic)-Not Hispanic or Latino*	0.00%	0.00%		
CDC/LDL-C Control <100 mg/dL—*Caucasian-Ethnicity Unknown*	0.56%	23.81%	0.00%	30.68%
CDC/LDL-C Control <100 mg/dL—*Caucasian-Hispanic or Latino*	0.36%	0.00%	0.00%	0.00%
CDC/LDL-C Control <100 mg/dL—*Caucasian-Not Hispanic or Latino*	0.77%	18.97%	1.90%	28.02%
CDC/LDL-C Control <100 mg/dL—*Hispanic-Ethnicity Unknown*	7.41%	0.00%		
CDC/LDL-C Control <100 mg/dL—*Hispanic-Hispanic or Latino*	1.22%	0.00%		
CDC/LDL-C Control <100 mg/dL—*Hispanic-Not Hispanic or Latino*	1.66%	0.00%		
CDC/LDL-C Control <100 mg/dL—*Not Applicable-Ethnicity Unknown*	1.19%	36.00%		
CDC/LDL-C Control <100 mg/dL—*Not Applicable-Hispanic or Latino*	2.17%	0.00%		
CDC/LDL-C Control <100 mg/dL—*Not Applicable-Not Hispanic or Latino*	1.03%	25.19%	0.00%	50.00%
CDC/LDL-C Control <100 mg/dL—*Not Provided-Ethnicity Unknown*	0.85%	0.00%		
CDC/LDL-C Control <100 mg/dL—*Not Provided-Hispanic or Latino*	0.00%	0.00%		
CDC/LDL-C Control <100 mg/dL—*Not Provided-Not Hispanic or Latino*	0.89%	12.50%		
CDC/LDL-C Control <100 mg/dL—*Other-Ethnicity Unknown*	0.00%	0.00%		
CDC/LDL-C Control <100 mg/dL—*Other-Hispanic or Latino*	0.00%	0.00%		
CDC/LDL-C Control <100 mg/dL—*Other-Not Hispanic or Latino*	4.76%	0.00%	0.00%	0.00%
CDC/LDL-C Control <100 mg/dL—*Pacific Islander-Hispanic or Latino*	0.00%	0.00%		
CDC/LDL-C Control <100 mg/dL—*Pacific Islander-Not Hispanic or Latino*	0.00%	0.00%		
CDC/LDL-C Control <100 mg/dL—*White (Non-Hispanic)-Ethnicity Unknown*	0.00%	0.00%		
CDC/LDL-C Control <100 mg/dL—*White (Non-Hispanic)-Not Hispanic or Latino*	3.33%	0.00%		
CDC/LDL-C Screening—*American Indian or Alaskan-Ethnicity Unknown*	44.44%	0.00%		

Demographic Stratification *by Race/Ethnicity* Measures *Cervical Cancer Screening (CCS); Controlling High Blood Pressure (CBP); Comprehensive Diabetes Care (CDC)*	**Medicaid Adult Only (MAO)**		**CCSP**	
	Admin Rate	**Hybrid Rate**	**Admin Rate**	**Hybrid Rate**
CDC/LDL-C Screening—*American Indian or Alaskan-Hispanic or Latino*	100.00%	0.00%		
CDC/LDL-C Screening—*American Indian or Alaskan-Not Hispanic or Latino*	56.45%	100.00%	50.00%	100.00%
CDC/LDL-C Screening—*Asian-Ethnicity Unknown*	45.93%	50.00%		
CDC/LDL-C Screening—*Asian-Hispanic or Latino*	50.00%	0.00%		
CDC/LDL-C Screening—*Asian-Not Hispanic or Latino*	41.78%	33.33%	0.00%	100.00%
CDC/LDL-C Screening—*Black-Ethnicity Unknown*	46.52%	54.39%	20.90%	42.31%
CDC/LDL-C Screening—*Black-Hispanic or Latino*	47.06%	0.00%		
CDC/LDL-C Screening—*Black-Not Hispanic or Latino*	49.71%	58.88%	25.42%	42.51%
CDC/LDL-C Screening—*Black (Non-Hispanic)-Ethnicity Unknown*	0.00%	0.00%		
CDC/LDL-C Screening—*Black (Non-Hispanic)-Not Hispanic or Latino*	82.35%	100.00%		
CDC/LDL-C Screening—*Caucasian-Ethnicity Unknown*	39.07%	47.62%	26.82%	50.00%
CDC/LDL-C Screening—*Caucasian-Hispanic or Latino*	66.55%	100.00%	27.27%	75.00%
CDC/LDL-C Screening—*Caucasian-Not Hispanic or Latino*	45.14%	60.34%	28.54%	48.79%
CDC/LDL-C Screening—*Hispanic-Ethnicity Unknown*	59.26%	0.00%		
CDC/LDL-C Screening—*Hispanic-Hispanic or Latino*	32.93%	0.00%		
CDC/LDL-C Screening—*Hispanic-Not Hispanic or Latino*	42.60%	33.33%		
CDC/LDL-C Screening—*Not Applicable-Ethnicity Unknown*	48.73%	80.00%		
CDC/LDL-C Screening—*Not Applicable-Hispanic or Latino*	39.13%	0.00%		
CDC/LDL-C Screening—*Not Applicable-Not Hispanic or Latino*	50.50%	61.83%	28.57%	100.00%
CDC/LDL-C Screening—*Not Provided-Ethnicity Unknown*	44.60%	25.00%		
CDC/LDL-C Screening—*Not Provided-Hispanic or Latino*	18.75%	0.00%		
CDC/LDL-C Screening—*Not Provided-Not Hispanic or Latino*	49.80%	43.75%		
CDC/LDL-C Screening—*Other-Ethnicity Unknown*	60.00%	0.00%		
CDC/LDL-C Screening—*Other-Hispanic or Latino*	66.67%	0.00%		
CDC/LDL-C Screening—*Other-Not Hispanic or Latino*	61.90%	0.00%	100.00%	0.00%
CDC/LDL-C Screening—*Pacific Islander-Hispanic or Latino*	100.00%	0.00%		
CDC/LDL-C Screening—*Pacific Islander-Not Hispanic or Latino*	66.67%	0.00%		
CDC/LDL-C Screening—*White (Non-Hispanic)-Ethnicity Unknown*	25.00%	0.00%		
CDC/LDL-C Screening—*White (Non-Hispanic)-Not Hispanic or Latino*	75.00%	0.00%		
CDC/Medical Attention for Nephropathy—*American Indian or Alaskan-Hispanic or Latino*	50.00%	0.00%		
CDC/Medical Attention for Nephropathy—*American Indian or Alaskan-Ethnicity Unknown*	11.11%	0.00%		
CDC/Medical Attention for Nephropathy—*American Indian or Alaskan-Not Hispanic or Latino*	75.81%	100.00%	100.00%	100.00%
CDC/Medical Attention for Nephropathy—*Asian-Ethnicity Unknown*	55.50%	50.00%		
CDC/Medical Attention for Nephropathy—*Asian-Hispanic or Latino*	50.00%	0.00%		

Demographic Stratification *by Race/Ethnicity* Measures *Cervical Cancer Screening (CCS); Controlling High Blood Pressure (CBP); Comprehensive Diabetes Care (CDC)*	**Medicaid Adult Only (MAO)**		**CCSP**	
	Admin Rate	**Hybrid Rate**	**Admin Rate**	**Hybrid Rate**
CDC/Medical Attention for Nephropathy—*Asian-Not Hispanic or Latino*	51.21%	50.00%	100.00%	100.00%
CDC/Medical Attention for Nephropathy—*Black-Ethnicity Unknown*	64.64%	68.42%	54.23%	73.08%
CDC/Medical Attention for Nephropathy—*Black-Not Hispanic or Latino*	66.29%	74.30%	60.43%	78.44%
CDC/Medical Attention for Nephropathy—*Black-Hispanic or Latino*	58.82%	0.00%		
CDC/Medical Attention for Nephropathy—*Black (Non-Hispanic)-Ethnicity Unknown*	100.00%	0.00%		
CDC/Medical Attention for Nephropathy—*Black (Non-Hispanic)-Not Hispanic or Latino*	88.24%	100.00%		
CDC/Medical Attention for Nephropathy—*Caucasian-Ethnicity Unknown*	50.05%	47.62%	44.09%	70.45%
CDC/Medical Attention for Nephropathy—*Caucasian-Hispanic or Latino*	66.55%	0.00%	45.45%	75.00%
CDC/Medical Attention for Nephropathy—*Caucasian-Not Hispanic or Latino*	55.98%	55.17%	49.05%	67.15%
CDC/Medical Attention for Nephropathy—*Hispanic-Ethnicity Unknown*	66.67%	0.00%		
CDC/Medical Attention for Nephropathy—*Hispanic-Not Hispanic or Latino*	56.41%	100.00%		
CDC/Medical Attention for Nephropathy—*Hispanic-Hispanic or Latino*	46.95%	100.00%		
CDC/Medical Attention for Nephropathy—*Not Applicable-Ethnicity Unknown*	57.12%	72.00%		
CDC/Medical Attention for Nephropathy—*Not Applicable-Hispanic or Latino*	56.52%	0.00%		
CDC/Medical Attention for Nephropathy—*Not Applicable-Not Hispanic or Latino*	60.18%	75.57%	57.14%	100.00%
CDC/Medical Attention for Nephropathy—*Not Provided-Ethnicity Unknown*	57.10%	50.00%		
CDC/Medical Attention for Nephropathy—*Not Provided-Hispanic or Latino*	62.50%	0.00%		
CDC/Medical Attention for Nephropathy—*Not Provided-Not Hispanic or Latino*	64.80%	81.25%		
CDC/Medical Attention for Nephropathy—*Other-Ethnicity Unknown*	80.00%	0.00%		
CDC/Medical Attention for Nephropathy—*Other-Hispanic or Latino*	33.33%	0.00%		
CDC/Medical Attention for Nephropathy—*Other-Not Hispanic or Latino*	66.67%	0.00%	100.00%	0.00%
CDC/Medical Attention for Nephropathy—*Pacific Islander-Hispanic or Latino*	100.00%	0.00%		
CDC/Medical Attention for Nephropathy—*Pacific Islander-Not Hispanic or Latino*	100.00%	0.00%		
CDC/Medical Attention for Nephropathy—*White (Non-Hispanic)-Ethnicity Unknown*	25.00%	0.00%		
CDC/Medical Attention for Nephropathy—*White (Non-Hispanic)-Not Hispanic or Latino*	68.33%	0.00%		

Demographic Stratification *by Region* Measures *Cervical Cancer Screening (CCS); Controlling High Blood Pressure (CBP); Comprehensive Diabetes Care (CDC)*	**Medicaid Adult Only (MAO)**		**CCSP**	
	Admin Rate	**Hybrid Rate**	**Admin Rate**	**Hybrid Rate**
CCS—*GF-A-Atlanta*	52.06%	53.66%	11.33%	13.70%
CCS—*GF-C-Central*	47.91%	50.00%	15.32%	26.32%
CCS—*GF-E-East*	52.15%	53.13%	30.30%	27.27%
CCS—*GF-N-North*	44.57%	41.07%	12.40%	9.68%
CCS—*GF-SE-Southeast*	44.90%	50.00%	10.94%	16.67%
CCS—*GF-SW-Southwest*	49.87%	50.88%	8.57%	18.87%
CCS—*UNK*	0.00%	0.00%		
CBP—*GF-A-Atlanta*	0.00%	30.72%	0.00%	41.84%
CBP—*GF-C-Central*	0.00%	31.15%	0.00%	36.84%
CBP—*GF-E-East*	0.00%	29.17%	0.00%	17.02%
CBP—*GF-N-North*	0.00%	36.21%	0.00%	51.72%
CBP—*GF-SE-Southeast*	0.00%	38.10%	0.00%	48.21%
CBP—*GF-SW-Southwest*	0.00%	24.66%	0.00%	31.82%
CDC/Blood Pressure Level <140/80 mm Hg—*GF-A-Atlanta*	1.33%	29.69%	4.75%	31.11%
CDC/Blood Pressure Level <140/80 mm Hg—*GF-C-Central*	0.64%	23.86%	0.54%	29.11%
CDC/Blood Pressure Level <140/80 mm Hg—*GF-E-East*	0.24%	25.53%	0.00%	29.31%
CDC/Blood Pressure Level <140/80 mm Hg—*GF-N-North*	0.62%	41.38%	0.81%	45.92%
CDC/Blood Pressure Level <140/80 mm Hg—*GF-SE-Southeast*	0.61%	21.88%	2.26%	31.87%
CDC/Blood Pressure Level <140/80 mm Hg—*GF-SW-Southwest*	0.58%	28.57%	0.45%	28.74%
CDC/Blood Pressure Level <140/90 mm Hg—*GF-A-Atlanta*	1.77%	40.10%	4.75%	41.48%
CDC/Blood Pressure Level <140/90 mm Hg—*GF-C-Central*	0.78%	32.95%	0.54%	40.51%
CDC/Blood Pressure Level <140/90 mm Hg—*GF-E-East*	0.28%	40.43%	0.00%	36.21%
CDC/Blood Pressure Level <140/90 mm Hg—*GF-N-North*	0.91%	50.57%	1.22%	51.02%
CDC/Blood Pressure Level <140/90 mm Hg—*GF-SE-Southeast*	0.73%	31.25%	2.71%	37.36%
CDC/Blood Pressure Level <140/90 mm Hg—*GF-SW-Southwest*	0.78%	40.00%	0.45%	36.78%
CDC/Eye Exam—*GF-A-Atlanta*	33.01%	37.50%	31.33%	34.07%
CDC/Eye Exam—*GF-C-Central*	36.63%	42.05%	34.05%	44.30%
CDC/Eye Exam—*GF-E-East*	35.91%	44.68%	36.05%	46.55%
CDC/Eye Exam—*GF-N-North*	32.56%	34.48%	34.96%	37.76%
CDC/Eye Exam—*GF-SE-Southeast*	38.06%	40.63%	40.27%	46.15%
CDC/Eye Exam—*GF-SW-Southwest*	40.65%	40.00%	40.00%	47.13%
CDC/HbA1c <7% for Selected Populations—*GF-A-Atlanta*	0.67%	20.22%	4.08%	25.00%
CDC/HbA1c <7% for Selected Populations—*GF-C-Central*	0.30%	22.22%	0.00%	10.00%
CDC/HbA1c <7% for Selected Populations—*GF-E-East*	0.09%	25.00%	0.00%	50.00%

Demographic Stratification *by Region* Measures *Cervical Cancer Screening (CCS); Controlling High Blood Pressure (CBP); Comprehensive Diabetes Care (CDC)*	**Medicaid Adult Only (MAO)**		**CCSP**	
	Admin Rate	**Hybrid Rate**	**Admin Rate**	**Hybrid Rate**
CDC/HbA1c <7% for Selected Populations—*GF-N-North*	0.66%	28.21%	0.00%	46.15%
CDC/HbA1c <7% for Selected Populations—*GF-SE-Southeast*	0.21%	20.69%	0.00%	35.71%
CDC/HbA1c <7% for Selected Populations—*GF-SW-Southwest*	0.33%	8.82%	0.00%	16.67%
CDC/HbA1c <8%—*GF-A-Atlanta*	0.86%	24.48%	1.90%	28.89%
CDC/HbA1c <8%—*GF-C-Central*	0.51%	27.27%	0.00%	26.58%
CDC/HbA1c <8%—*GF-E-East*	0.24%	34.04%	0.68%	25.86%
CDC/HbA1c <8%—*GF-N-North*	0.68%	37.93%	1.22%	39.80%
CDC/HbA1c <8%—*GF-SE-Southeast*	0.20%	21.88%	0.45%	26.37%
CDC/HbA1c <8%—*GF-SW-Southwest*	0.44%	31.43%	0.45%	29.89%
CDC/HbA1c Poor Control—*GF-A-Atlanta*	98.61%	71.88%	96.84%	68.15%
CDC/HbA1c Poor Control—*GF-C-Central*	99.22%	72.73%	100.00%	67.09%
CDC/HbA1c Poor Control—*GF-E-East*	99.67%	63.83%	99.32%	70.69%
CDC/HbA1c Poor Control—*GF-N-North*	98.94%	56.32%	98.37%	54.08%
CDC/HbA1c Poor Control—*GF-SE-Southeast*	99.65%	75.00%	99.55%	70.33%
CDC/HbA1c Poor Control—*GF-SW-Southwest*	99.38%	67.14%	99.55%	60.92%
CDC/HbA1c Testing—*GF-A-Atlanta*	56.72%	60.94%	34.18%	49.63%
CDC/HbA1c Testing—*GF-C-Central*	56.90%	62.50%	34.05%	49.37%
CDC/HbA1c Testing—*GF-E-East*	57.97%	70.21%	37.41%	55.17%
CDC/HbA1c Testing—*GF-N-North*	55.49%	75.86%	34.15%	65.31%
CDC/HbA1c Testing—*GF-SE-Southeast*	52.05%	60.94%	37.10%	58.24%
CDC/HbA1c Testing—*GF-SW-Southwest*	57.76%	62.86%	46.36%	62.07%
CDC/LDL-C Control <100 mg/dL—*GF-A-Atlanta*	1.42%	19.27%	3.48%	20.00%
CDC/LDL-C Control <100 mg/dL—*GF-C-Central*	0.60%	22.73%	0.54%	13.92%
CDC/LDL-C Control <100 mg/dL—*GF-E-East*	0.22%	21.28%	0.00%	29.31%
CDC/LDL-C Control <100 mg/dL—*GF-N-North*	0.80%	27.59%	2.03%	32.65%
CDC/LDL-C Control <100 mg/dL—*GF-SE-Southeast*	0.23%	12.50%	0.00%	29.67%
CDC/LDL-C Control <100 mg/dL—*GF-SW-Southwest*	0.32%	20.00%	0.00%	27.59%
CDC/LDL-C Screening—*GF-A-Atlanta*	50.82%	54.17%	26.27%	41.48%
CDC/LDL-C Screening—*GF-C-Central*	48.94%	56.82%	23.24%	36.71%
CDC/LDL-C Screening—*GF-E-East*	48.44%	59.57%	25.17%	43.10%
CDC/LDL-C Screening—*GF-N-North*	47.61%	67.82%	29.67%	57.14%
CDC/LDL-C Screening—*GF-SE-Southeast*	45.21%	59.38%	25.34%	53.85%
CDC/LDL-C Screening—*GF-SW-Southwest*	45.85%	58.57%	25.91%	47.13%
CDC/Medical Attention for Nephropathy—*GF-A-Atlanta*	63.17%	64.58%	53.80%	69.63%

Demographic Stratification *by Region* Measures *Cervical Cancer Screening (CCS); Controlling High Blood Pressure (CBP); Comprehensive Diabetes Care (CDC)*	**Medicaid Adult Only (MAO)**		**CCSP**	
	Admin Rate	**Hybrid Rate**	**Admin Rate**	**Hybrid Rate**
CDC/Medical Attention for Nephropathy—*GF-C-Central*	63.11%	73.86%	52.97%	73.42%
CDC/Medical Attention for Nephropathy—*GF-E-East*	63.78%	76.60%	53.74%	63.79%
CDC/Medical Attention for Nephropathy—*GF-N-North*	59.31%	73.56%	52.03%	75.51%
CDC/Medical Attention for Nephropathy—*GF-SE-Southeast*	59.93%	75.00%	52.04%	76.92%
CDC/Medical Attention for Nephropathy—*GF-SW-Southwest*	60.87%	68.57%	52.27%	72.41%