State of Georgia
Department of Community Health

# 2018 Validation of Performance Measures

*for*

## Georgia Department of Community Health

*Measurement Period: Calendar Year 2017*

*Validation Period: March–June 2018*

*Publish Date: July 2018*

*—Draft Copy for Review—*

HSAG HEALTH SERVICES ADVISORY GROUP

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## Validation Overview

The Centers for Medicare & Medicaid Services (CMS) requires that states, through their contracts with managed care organizations (MCOs), measure and report on performance to assess the quality and appropriateness of care and services provided to members. In accordance with the 2016 final rule as set forth in 42 CFR §438.330(c), states must require that MCOs, prepaid inpatient health plans (PIHPs), prepaid ambulatory health plans (PAHPs), and primary care case management (PCCM) entities submit performance measurement data as part of the MCOs', PIHPs', PAHPs', and PCCM entities' quality assessment and performance improvement programs. Validating performance measures is one of the mandatory external quality review (EQR) activities described in §438.358(b)(2).

Each year, the Georgia Department of Community Health (DCH) requires its MCOs, known as care management organizations (CMOs), to report rates for a set of performance measures selected by DCH for validation. To facilitate rate comparisons and voluntary reporting of data to CMS for the Children's Health Insurance Program Reauthorization Act (CHIPRA) core set measures (Child Core Set) and the Adult Core Set measures, DCH contracted with DXC Technology (DXC), formerly Hewlett-Packard Enterprise Services (HPE), as its Medicaid Management Information System (MMIS) vendor. DXC was responsible for calculating performance measure rates for the 2017 calendar year (CY) for the Medicaid and PeachCare for Kids®,[1] programs for the following populations:

- Georgia Families® Medicaid and PeachCare for Kids® managed care members (GF)
- Fee-for-Service (FFS) members
- Total Population—All Medicaid and PeachCare for Kids® (ALL) members

The DCH contracted with its external quality review organization (EQRO), Health Services Advisory Group, Inc. (HSAG), to conduct 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 2012.[2]

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[1] PeachCare for Kids® is the name of Georgia's standalone 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: https://www.medicaid.gov/medicaid/quality-of-care/medicaid-managed-care/external-quality-review/index.html. Accessed on: May 3, 2018.

# Georgia Department of Community Health Information

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

**Table 1—Georgia Department of Community Health**

| | |
|---|---|
| **DCH Location:** | 2 Peachtree Street, NW<br>Atlanta, GA 30303 |
| **DCH Contact:** | Carla J. Willis, PhD<br>Consultant with the DCH and Associate Project Director of the Medicaid Policy and Business Team<br>404.413.0032<br>Cwillis24@gsu.edu |
| **Site Visit Location:** | DXC Technology<br>100 Crescent Centre, Ste. 1100<br>Tucker, GA 30084 |
| **DXC Contact:** | Michele Hunter<br>Services Information Developer IV<br>469.808.4396<br>Michele.hunter@dxc.com |
| **Site Visit Date:** | April 26, 2018 |

# Audited Populations

**Georgia Families (GF)**—the GF population consisted of Medicaid and PeachCare for Kids® members excluded from the GF 360° program and enrolled in one of the three contracted GF CMOs during the measurement year:[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 GF but could have switched CMOs during the measurement period. The GF rates excluded members who were simultaneously enrolled in Medicare and Medicaid (referred to as dual-eligible members).

**Fee-for-Service (FFS)**—the FFS population included Medicaid and PeachCare for Kids® members not enrolled in the GF or GF 360° 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.

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[3] The DCH required its CMOs to contract with an NCQA-licensed audit organization to 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. NCQA HEDIS Compliance Audit™ is a trademark of the National Committee for Quality Assurance (NCQA).

**Total Population (ALL)**—the ALL population was composed of all Georgia Medicaid and PeachCare for Kids® members enrolled in the FFS, GF, and GF 360° programs, as well as members who may have switched between these programs during the measurement period. The ALL population rates excluded dual-eligible members.

## Performance Measures Validated

HSAG validated rates for the following set of performance measures selected by DCH for validation. All performance measures but four were selected from CMS' Core Set of Children's Health Care Quality Measures for Medicaid and CHIP (Child Core Set)[4] and CMS' Core Set of Health Care Quality Measures for Adults Enrolled in Medicaid (Adult Core Set)[5]. Three performance measures were selected from the 2018 Healthcare Effectiveness Data and Information Set (HEDIS®)[6]: *Colorectal Cancer Screening* (a non-Medicaid measure), *Lead Screening in Children*, and *Mental Health Utilization.* One measure was selected from the Agency for Healthcare Research and Quality's (AHRQ's) Quality Indicators: *Low Birth Weight Rate*. The DCH identified the measurement period as CY 2017 for all measures. Table 2 lists the performance measures that HSAG validated for each of the audited populations and identifies the method for data collection and specifications that were used for each of the measures. Performance measures that list Core Set and HEDIS specifications were reported according to the age breakouts required by the Core Set specifications.

**Table 2—List of Performance Measures for CY 2017**

| | Performance Measure Name | Identifier | Measure Specifications | Populations |
|---|---|---|---|---|
| 1 | *Adolescent Well-Care Visits* | AWC | Child Core Set, HEDIS | GF, FFS, ALL |
| 2 | *Adult BMI Assessment* | ABA | Adult Core Set, HEDIS | GF, FFS, ALL |
| 3 | *Breast Cancer Screening* | BCS | Adult Core Set, HEDIS | GF, FFS, ALL |
| 4 | *Cervical Cancer Screening* | CCS | Adult Core Set, HEDIS | GF, FFS, ALL |
| 5 | *Childhood Immunization Status* | CIS | Child Core Set, HEDIS | GF, FFS, ALL |
| 6 | *Colorectal Cancer Screening* | COL | HEDIS* | GF, FFS, ALL |
| 7 | *Comprehensive Diabetes Care—HbA1c Testing* and *Poor Control* only | CDC | Adult Core Set, HEDIS | GF, FFS, ALL |
| 8 | *Follow-Up After Hospitalization for Mental Illness* | FUH | Child Core Set, Adult Core Set, HEDIS | GF, FFS, ALL |

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[4] The Centers for Medicare & Medicaid Services. Core Set of Children's Health Care Quality Measures for Medicaid and CHIP, May 2017.

[5] The Centers for Medicare & Medicaid Services. Core Set of Health Care Quality Measures for Adults Enrolled in Medicaid, May 2017.

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

| | Performance Measure Name | Identifier | Measure Specifications | Populations |
|---|---|---|---|---|
| 9 | *Follow-Up Care for Children Prescribed Attention Deficit/Hyperactivity Disorder (ADHD) Medication* | ADD | Child Core Set, HEDIS | GF, FFS, ALL |
| 10 | *Immunizations for Adolescents* | IMA | Child Core Set, HEDIS | GF, FFS, ALL |
| 11 | *Lead Screening in Children* | LSC | HEDIS | GF, FFS, ALL |
| 12 | *Low Birth Weight Rate* | PQI-09 | AHRQ* | GF, FFS, ALL |
| 13 | *Medication Management for People with Asthma* | MMA | Child Core Set, HEDIS | GF, FFS, ALL |
| 14 | *Mental Health Utilization* | MPT | HEDIS | GF, FFS, ALL |
| 15 | *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents— Body Mass Index Assessment* only | WCC | Child Core Set, HEDIS | GF, FFS, ALL |
| 16 | *Well-Child Visits in the First 15 Months of Life* | W15 | Child Core Set, HEDIS | GF, FFS, ALL |
| 17 | *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life* | W34 | Child Core Set, HEDIS | GF, FFS, ALL |

*The AHRQ measure specifications require that the rate be reported as a rate per 1,000 members; however, DCH requested that the rate be reported as a percentage (numerator/denominator) to allow for trending with prior years. The reported rate for this measure is expressed as a percentage instead of a rate per 1,000 members.

# 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 performance measures that were selected by DCH for validation for each of the audited populations.

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 source code for each performance measure (unless the measure passed NCQA's certification for measure generation and rate calculation); a completed Record of Administration, Data Management and Processes (Roadmap); and any additional supporting documentation necessary to complete the audit. The letter also included a timetable for completion, and instructions for submission. HSAG responded to Roadmap-related questions during the pre-on-site phase.

HSAG provided DXC and DCH with an agenda describing the on-site visit activities and indicating the type of staff needed for each session. HSAG also communicated with DCH and DXC regarding on-site logistics and expectations, important deadlines, outstanding Roadmap documentation, and any questions from DCH regarding the process.

## *Validation Team*

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

**Table 3—Validation Team**

| Name and Role | Skills and Expertise |
|---|---|
| Mariyah Badani, JD, MBA, CHCA<br>*Co-Auditor and Director, Audits/State & Corporate Services* | Management of audit department, multiple years of auditing experience, certified HEDIS compliance auditor, data integration, systems review, and analysis. |
| Allen Iovannisci, MS, CHCA, CPHQ<br>*Lead Auditor* | CHCA, performance measure knowledge, data integration, systems review, and analysis. |
| Kim Elliott, PhD, CPHQ, CHCA<br>*Co-Auditor and Executive Director, Audits/State & Corporate Services* | Leadership of audit department, multiple years of auditing experience of health systems, electronic health record systems, performance measurement, quality improvement, program management, quality of care, and program evaluation. |
| Tammy GianFrancisco<br>*HEDIS Manager, Audits/State & Corporate Services* | Coordinator for the audit department, liaison between the audit team and clients, manages deliverables and timelines, and coordinates source code review activities. |
| Sarah Lemley<br>*Source Code Reviewer* | Statistics, analysis, and source code/programming language review. |

## *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 types of data collected and how HSAG conducted an analysis of these data:

- **NCQA's HEDIS 2018 Roadmap**: The DCH and DXC completed and submitted the required and relevant portions of the Roadmap for HSAG's review. HSAG used responses from the Roadmap to complete the pre-on-site assessment of information systems.

- **Source code (programming language) for performance measures:** HSAG completed a line-by-line review of the supplied source code to ensure compliance with the measure specifications. HSAG identified any areas of deviation from the specifications, evaluating the impact to the measure and assessing the degree of bias (if any).

- **Supporting documentation:** HSAG requested documentation that would provide reviewers with additional information to complete the validation process, including policies and procedures, file layouts, system flow diagrams, system log files, and data collection process descriptions. HSAG

reviewed all supporting documentation, identifying issues or areas needing clarification for further follow-up.

- **Rate Review:** Upon receiving the calculated rates from DCH and DXC, HSAG conducted a review on the reasonableness and integrity of the rates for all the audited populations. HSAG was unable to conduct a review that included trending with prior rates, comparison against available national benchmarks, and cross-measure checks due to a change from hybrid to administrative data collection processes for measures that were previously reported using the hybrid methodology. Since DXC used the encounter data submitted monthly by the CMOs to calculate the GF rates, HSAG used the final audited HEDIS measure results (obtained from NCQA's IDSS) submitted by the CMOs to further test for reasonability of the calculated GF rates.

## *On-site Activities*

HSAG conducted an on-site visit with DCH and DXC on April 26, 2018. HSAG collected information using several methods, including interviews, system demonstrations, review of data output files, primary source verification, observation of data processing, and review of data reports. The on-site visit activities are described as follows:

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

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

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

- **Overview of data integration and control procedures:** The overview included discussion and observation of source code logic, a review of how all data sources were combined, and a review of how the analytic file was produced for the reporting of selected performance measure rates. HSAG performed primary source verification to further validate the output files 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 DCH and DXC staff members who were involved with performance measure reporting. Table 4 displays a list of key interviewees:

**Table 4—List of Interviewees**

| Name | Title |
| --- | --- |
| Carla Willis | DCH Consultant |
| Michele Hunter | DXC Service Information Developer IV |
| Theresa Harris | DXC Project Manager |
| Allison Wilcox | DCH Program Specialist |
| Melinda Ford-Williams | Director, EPSDT (DCH) |
| Kelvin Holloway | Assistant Chief Performance, Quality and Outcomes |
| Teresa Milline | Resolutions Supervisor |
| Pamela White | Claims Operations |
| Frank Martin | DCH |
| Crystal Rendon | DCH |
| Billie Webb | Provider Enrollment Supervisor |
| Randall Soloman | Director, Managed Care and Enrollment |
| Anika Washington | Member Eligibility Policy |
| Ramakanth Rallapalli | DCH Information Systems |
| Peter D'alba | Director, Pharmacy |

# 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, DXC, 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, most of the validation review findings were based on documentation provided by DCH and DXC. 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 DXC'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 and Claims)*

HSAG did not identify any issues with DCH's process for capturing and transferring medical service data. The DCH continued to contract with DXC Technology (DXC) to process claims and encounter data using Georgia's Medicaid Management Information System (GAMMIS). All claims and encounter data were sent to DXC using standard electronic protocol. The DCH accepted paper submissions; however, paper claims were only accepted from out-of-state providers and were not a significant part of overall claims received. When a paper claim was received, DXC used optical character recognition (OCR) technology to capture information on the claim. The OCR data were transmitted into electronic format and uploaded into GAMMIS, following the standard electronic claims process.

Encounter data were submitted to DXC daily from each of the CMOs using a secure file transfer protocol (SFTP) site. In 2017, one additional CMO provided encounters to DXC to be included in the "All Population" rates. DXC ensured that each encounter file met minimum requirement thresholds. DXC audited each file to ensure record counts matched and encounters were free of errors. DXC evaluated each encounter file to verify that valid service codes as well as valid provider and member information were present. Encounter records not meeting these minimum requirement thresholds were rejected and sent back to the CMO for further investigation and resubmission.

As in the prior year, DXC stated that it believes there is inconsistency in how each CMO is reporting encounter data to the State. The issue may be related to lack of clarification on the types of denied claims that are being sent to DCH. The DCH should confirm with the CMOs if there is inconsistency in the types of denied claims included in the encounter files submitted by the CMOs.

All claims and encounter data were submitted on industry standard forms using industry standard codes. Primary and secondary codes were distinguished within the GAMMIS system. About 99 percent of claims were auto-adjudicated in measurement year 2017. Manually processed claims were subject to validation, ensuring financial and procedural accuracy. HSAG identified some claim billing anomalies during on-site primary source verification. These variances were primarily based on non-mental health providers billing for services with codes specific to mental health, as was the case in the previous year's review. Rural health centers (RHCs) and federally qualified health centers (FQHCs) provided services for both mental health and primary care. HSAG recommends that DCH establish processes to ensure that these facilities are billing appropriately for the care they are rendering and that individual servicing providers are identifiable on the claims.

The DCH continued to contract with Optum to administer pharmacy benefits to its fee-for-service (FFS) population. DXC provided eligibility data to Optum daily. DXC received daily adjudicated pharmacy claims files from Optum in a National Council for Prescription Drug Programs (NCPDP) electronic

format. These files were uploaded to GAMMIS, and the data were then extracted from GAMMIS for measure calculation.

HSAG's feedback on the claims data processing systems has not changed since the previous review. The DCH had gaps in accuracy for measure and rate calculation pertaining to its inability to capture servicing providers on services rendered at RHCs and FQHCs.

The DCH continued to have good oversight of DXC, as it monitored this vendor regularly throughout the measurement year.

## Enrollment Data

HSAG did not have any concerns with DCH's process of capturing and handling Medicaid eligibility data. Using an SFTP site, DXC received enrollment data daily from different agencies and sources (i.e., System Uniform Calculation Consolidation Economic Support Services [SUCCESS]/Division of Family and Children Services [DFCS], Policy Studies, Inc. [PSI], Supplemental Security Income [SSI], VIDA, and Web Portal Entry). The data were then loaded into GAMMIS. The SUCCESS system included eligibility data for Georgia Medicaid members, and the VIDA system provided eligibility data for Children's Health Insurance Program (CHIP)/PeachCare for Kids® Planning for Healthy Babies (P4HB®) for the population with presumptive eligibility that providers entered using the GAMMIS system's portal. DXC's eligibility data processes were automated. DXC monitored file transmissions using a file control system to ensure that no data were lost during transfer. Transaction reports were created and reviewed. In addition, DXC performed a quarterly reconciliation to ensure that information from each source and vendor file was accurately transferred into GAMMIS.

During the on-site visit, DXC described the GAMMIS system and process. HSAG reviewed queries requested prior to the on-site visit. Membership data files were extracted from GAMMIS and sent to the CMOs and Optum daily via the SFTP site. System-generated file transfer reports were created and provided to DCH for review. Once the files were received by the CMOs/Optum, a response file was provided to DXC to ensure that no eligibility data were lost during transfer.

The DCH/DXC stated that hospice members were removed from measure calculation based on claims data. For future reporting, DCH/DXC are working on a project to identify hospice members via aid codes.

There were no changes to the processing of enrollment data during the measurement year.

## Provider Data

HSAG had no concerns with DCH's process for managing practitioner data. The DCH/DXC used the GAMMIS system for housing provider information. The state-contracted providers enrolled online using the GAMMIS Web portal. Aperture, a Credentials Verification Organization (CVO), credentialed the providers. Upon verification, provider information was loaded into GAMMIS. GAMMIS populated the

provider type and/or specialty based on the provider's license and credentialed provider specialty, and assigned a unique provider identification number to each provider. Individual provider data were processed by DXC, and facility provider data were processed by DCH's provider department. Aperture, DXC, and DCH were all involved in verifying provider information to ensure data completeness and accuracy. Aperture sent denied provider applications to DCH, and DCH generated the denial letters that were sent to providers.

HSAG reviewed the provider mapping document used by DXC's subcontractor, Inovalon, to produce performance measure rates. While HSAG had no concerns with the mapping, it identified opportunities requiring additional data validation to ensure measure-appropriate data are used for measures that require provider specialty. Similar to previous years, DCH did not require rendering provider information to be submitted on claims from FQHCs. Not requiring the rendering provider information resulted in concerns with claims that did not capture the appropriate provider types for performance measure calculation, which continues to be an issue for reporting. DXC was able to show, through claims documentation, that FQHC and RHC providers rendering services for mental health were categorized into specific Class of Service (COS) types. The COS types segregated providers into specific "specialty" areas of expertise that aligned with standard specialty codes. The DCH and DXC explained that these COS services could only be rendered by certified mental health practitioners. The HSAG auditor determined that the COS was sufficient for identifying the provider types but encouraged DCH and DXC to continue to improve on providing the rendering provider specialties using National Provider Identifier (NPI) or other unique identifier on the claim.

## Supplemental Data

The DCH used the standard supplemental data source Georgia Registry of Immunization Transactions and Services (GRITS) for the measurement year to capture immunization and lead screenings. This supplemental data source was maintained by the State. Records received were downloaded in standard format, and no mapping was required.

HSAG reviewed all supporting documents provided for this data source and did not identify any issues with DCH's processes for collecting and integrating these data for reporting. This standard data source was approved to use for SFY 2018 performance measure rate reporting.

HSAG had no concerns with DCH's supplemental data processes.

## Data Integration

HSAG continued to have some concerns associated with DCH's data integration and rate calculation process. The DCH delegated data integration and rate calculation to DXC, and DXC contracted with Inovalon for data integration, measure calculation, and report production for the current reporting period. DXC continued to extract claim, encounter, provider, and membership data from GAMMIS and load to its ad hoc subsystem. The data were then loaded into Inovalon's Quality Spectrum Insight (QSI) software using the QSI file layouts for each specific file type. Supplemental data were appropriately converted to the QSI format prior to data integration. QSI has a built-in supplemental data reporting

utility that provides a summary-level report of how the supplemental data impact the reported rates. For the current reporting year, DXC used the GRITS standard data source to supplement its performance measure rates.

Supplemental data were subject to several verification processes to ensure data completeness and accuracy prior to submitting the data to Inovalon. Data reconciliation processes were in place to ensure that no data were lost during transfer. DXC provided record counts to Inovalon via email after each upload, and Inovalon produced a balancing report to verify the number of records uploaded to QSI. In addition, Inovalon performed several quality checks on the received data to ensure accuracy. As part of vendor oversight, weekly meetings were held between DXC and Inovalon to discuss and collaborate on solving any data quality issues.

All HEDIS measures under the scope of the audit were certified by NCQA. HSAG performed a measure calculation walkthrough with Inovalon for the non-HEDIS *Low Birth Weight Rate* AHRQ measure and approved the process for generating this measure. At the time of the on-site visit, measure rates were not yet available. Primary source verification was performed on-site for the *Follow-Up After Hospitalization for Mental Illness (FUH)* and *Well Child Visits in the First 15 Months of Life (W15)* measures, and concerns were identified with the quality of data uploaded to QSI. HSAG recommends that DCH/DXC review the data used for performance measure rate calculation to identify and rectify any gaps and data concerns to ensure appropriate measure calculation.

The *Low Birth Weight Rate (PQI-09)* measure specifications requires that the rate be reported as a rate per 1,000 members. The DCH requested that the rate be reported as a percentage (numerator/denominator) to allow for trending with prior years. The reported rate for this measure is expressed as a percentage instead of a rate per 1,000 members.

## Performance Measure Specific Findings and Validation Results

Based on all validation activities, HSAG determined validation results for each performance measure rate. HSAG provided an audit result for each performance measure rate as defined below in Table 5.

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

Table 6 displays the key review findings and final audit results for DCH for each performance measure rate.

**Table 6—Key Review Findings and Audit Results for DCH**
**(GF, FFS, GF 360°, and ALL Populations)**

| | Performance Measure | Key Review Findings | Audit Results |
|---|---|---|---|
| 1 | *Adolescent Well-Care Visits* | No concerns were identified. | R |
| 2 | *Adult BMI Assessment* | No concerns were identified. | R |
| 3 | *Breast Cancer Screening* | No concerns were identified. | R |
| 4 | *Cervical Cancer Screening* | No concerns were identified. | R |
| 5 | *Childhood Immunization Status* | No concerns were identified. | R |
| 6 | *Colorectal Cancer Screening* | No concerns were identified. | R |
| 7 | *Comprehensive Diabetes Care—HbA1c Testing* and *Poor Control* only | No concerns were identified. | R |
| 8 | *Follow-Up After Hospitalization for Mental Illness* | No concerns were identified. | R |
| 9 | *Follow-Up Care for Children Prescribed Attention Deficit/Hyperactivity Disorder (ADHD) Medication* | No concerns were identified. | R |
| 10 | *Immunizations for Adolescents* | No concerns were identified. | R |
| 11 | *Lead Screening in Children* | No concerns were identified. | R |
| 12 | *Low Birth Weight Rate* | No concerns were identified. The DCH requested that the rate be reported as a percentage (numerator/denominator) to allow for trending with prior years. The reported rate for this measure is expressed as a percentage instead of a rate per 1,000 members. | R |
| 13 | *Medication Management for People with Asthma* | No concerns were identified. | R |
| 14 | *Mental Health Utilization* | No concerns were identified. | R |
| 15 | *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Body Mass Index Assessment* only | No concerns were identified. | R |
| 16 | *Well-Child Visits in the First 15 Months of Life* | No concerns were identified. | R |
| 17 | *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life* | No concerns were identified. | R |

## Documentation Worksheet

| | |
|---|---|
| **Name:** | Georgia Department of Community Health and DXC Technology |
| **On-Site Visit Date:** | April 26, 2018 |
| **Reviewers:** | Allen Iovannisci, MS, CHCA, CPHQ; Mariyah Badani, JD, MBA, CHCA; and Kim Elliott, PhD, CPHQ, CHCA |

**Table A-1—Data Integration and Control Findings for Georgia Department of Community Health**

| 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 transfers 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 facilitate 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 DXC Technology |
|---|---|
| On-Site Visit Date: | April 26, 2018 |
| Reviewers: | Allen Iovannisci, MS, CHCA, CPHQ; Mariyah Badani, JD, MBA, CHCA; and Kim Elliott, PhD, CPHQ, 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. | ☒ | ☐ | ☐ | |
| 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. | ☒ | ☐ | ☐ | |
| 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. | ☒ | ☐ | ☐ | |
| Systems or methods used by the State to estimate populations when they cannot be accurately or completely counted (e.g., newborns) are valid. | ☒ | ☐ | ☐ | |

**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. | ☒ | ☐ | ☐ | |
| 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. | ☐ | ☐ | ☒ | No nonstandard coding was used. |
| 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 contains DCH's audited CY 2017 performance measure results submitted via HSAG's rate reporting template.

| Measure ID | Measure Description | Georgia Families (GF) | | | Fee-for-Service (FFS) | | | ALL | | | ALL | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Elig Pop | Admin-Numerator | Admin-Rate | Elig Pop | Admin-Numerator | Admin-Rate | Elig Pop | Admin-Numerator | Admin-Rate | % of total state MCO/PIHP population | % of total state FFS population |
| COL | Colorectal Cancer Screening | 3,689 | 1,637 | 44.38% | 112,219 | 47,073 | 41.95% | 117,561 | 49,351 | 41.98% | 100.00% | 100.00% |
| LSC | Lead Screening in Children | 38,322 | 28,948 | 75.54% | 1,423 | 942 | 66.20% | 52,900 | 38,815 | 73.37% | 100.00% | 100.00% |
| MPT | Mental Health Utilization - Inpatient | *See MPT_GF Tab* | | | *See MPT_FFS Tab* | | | *See MPT_ALL Tab* | | | | |

| Measure ID | Measure Description (Adult Core Set) | CY 2017 Admin Rates (All population) | | | % of total state MCO/PIHP population | % of total state FFS population |
|---|---|---|---|---|---|---|
| | | Num | Den | Rate | | |
| ABA | Adult BMI Assessment (Ages 18-64) | 83,194 | 192,204 | 43.28% | 100% | 100% |
| ABA | Adult BMI Assessment (Ages 65-74) | 12,816 | 31,304 | 40.94% | 100% | 100% |
| ABA | Adult BMI Assessment (Total Ages 18-74) | 96,010 | 223,508 | 42.96% | 100% | 100% |
| BCS | Breast Cancer Screening (Ages 50-64) | 15,883 | 41,770 | 38.02% | 100% | 100% |
| BCS | Breast Cancer Screening (Ages 65-74) | 4,271 | 21,837 | 19.56% | 100% | 100% |
| BCS | Breast Cancer Screening (Total Ages 50-74) | 20,154 | 63,607 | 31.69% | 100% | 100% |
| CCS | Cervical Cancer Screening | 85,962 | 184,096 | 46.69% | 100% | 100% |
| CDC | Comprehensive Diabetes Care—HbA1c Testing (Ages 18-64) | 32,222 | 48,395 | 66.58% | 100% | 100% |
| CDC | Comprehensive Diabetes Care—HbA1c Testing (Ages 65-75) | 6,953 | 16,393 | 42.41% | 100% | 100% |
| CDC | Comprehensive Diabetes Care—HbA1c Testing (Total Ages 18-75) | 40,175 | 64,788 | 62.01% | 100% | 100% |
| CDC | Comprehensive Diabetes Care—Poor Control (Ages 18-64) | 45,829 | 48,395 | 94.70% | 100% | 100% |
| CDC | Comprehensive Diabetes Care—Poor Control (Ages 65-75) | 15,332 | 16,393 | 93.53% | 100% | 100% |
| CDC | Comprehensive Diabetes Care—Poor Control (Total Ages 18-75) | 61,161 | 64,788 | 94.40% | 100% | 100% |
| FUH | Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up (Ages 21-64) | 2,590 | 8,131 | 31.85% | 100% | 100% |
| FUH | Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up (Ages 65+) | 74 | 310 | 23.87% | 100% | 100% |
| FUH | Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up (Total Ages 21+) | 2,664 | 8,441 | 31.56% | 100% | 100% |
| FUH | Follow-Up After Hospitalization for Mental Illness—30-Day Follow-Up (Ages 21-64) | 4,188 | 8,131 | 51.51% | 100% | 100% |
| FUH | Follow-Up After Hospitalization for Mental Illness—30-Day Follow-Up (Ages 65+) | 134 | 310 | 43.23% | 100% | 100% |

| Measure ID | Measure Description (Adult Core Set) | CY 2017 Admin Rates (All population) | | | % of total state MCO/PIHP population | % of total state FFS population |
|---|---|---|---|---|---|---|
| | | Num | Den | Rate | | |
| FUH | Follow-Up After Hospitalization for Mental Illness—30-Day Follow-Up (Total Ages 21+) | 4,322 | 8,441 | 51.20% | 100% | 100% |

| Measure ID | Measure Description (Child Core Set) | CY 2017 Admin Rates (All population) | | | % of total state MCO/PIHP population | % of total state FFS population |
|---|---|---|---|---|---|---|
| | | Num | Den | Rate | | |
| AWC | Adolescent Well-Care Visits | 166,579 | 378,365 | 44.03% | 100.00% | 100.00% |
| CIS | Childhood Immunization Status—Combo 2 | 40,927 | 52,786 | 77.53% | 100.00% | 100.00% |
| CIS | Childhood Immunization Status—Combo 3 | 39,571 | 52,786 | 74.96% | 100.00% | 100.00% |
| CIS | Childhood Immunization Status—Combo 4 | 39,254 | 52,786 | 74.36% | 100.00% | 100.00% |
| CIS | Childhood Immunization Status—Combo 5 | 34,512 | 52,786 | 65.38% | 100.00% | 100.00% |
| CIS | Childhood Immunization Status—Combo 6 | 17,038 | 52,786 | 32.28% | 100.00% | 100.00% |
| CIS | Childhood Immunization Status—Combo 7 | 34,251 | 52,786 | 64.89% | 100.00% | 100.00% |
| CIS | Childhood Immunization Status—Combo 8 | 16,973 | 52,786 | 32.15% | 100.00% | 100.00% |
| CIS | Childhood Immunization Status—Combo 9 | 15,319 | 52,786 | 29.02% | 100.00% | 100.00% |
| CIS | Childhood Immunization Status—Combo 10 | 15,261 | 52,786 | 28.91% | 100.00% | 100.00% |
| CIS | Childhood Immunization Status—Diphtheria, Tetanus, and Acellular Pertussis (DTaP) | 41,939 | 52,786 | 79.45% | 100.00% | 100.00% |
| CIS | Childhood Immunization Status—Polio (IPV) | 48,717 | 52,786 | 92.29% | 100.00% | 100.00% |
| CIS | Childhood Immunization Status—Measles, Mumps, and Rubella (MMR) | 48,240 | 52,786 | 91.39% | 100.00% | 100.00% |
| CIS | Childhood Immunization Status—H Influenza Type B (HiB) | 47,615 | 52,786 | 90.20% | 100.00% | 100.00% |
| CIS | Childhood Immunization Status—Hepatitis B | 49,430 | 52,786 | 93.64% | 100.00% | 100.00% |
| CIS | Childhood Immunization Status—Chicken Pox (VZV) | 48,334 | 52,786 | 91.57% | 100.00% | 100.00% |
| CIS | Childhood Immunization Status—Pneumococcal Conjugate (PCV) | 43,103 | 52,786 | 81.66% | 100.00% | 100.00% |
| CIS | Childhood Immunization Status—Hepatitis A | 47,812 | 52,786 | 90.58% | 100.00% | 100.00% |
| CIS | Childhood Immunization Status—Rotavirus (RV) | 39,831 | 52,786 | 75.46% | 100.00% | 100.00% |
| CIS | Childhood Immunization Status—Influenza (Flu) | 18,835 | 52,786 | 35.68% | 100.00% | 100.00% |
| FUH | Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up (Ages 6-20) | 2,524 | 6,585 | 38.33% | 100.00% | 100.00% |

| Measure ID | Measure Description (Child Core Set) | CY 2017 Admin Rates (All population) | | | % of total state MCO/PIHP population | % of total state FFS population |
|---|---|---|---|---|---|---|
| | | Num | Den | Rate | | |
| FUH | Follow-Up After Hospitalization for Mental Illness—30-Day Follow-Up (Ages 6-20) | 4,262 | 6,585 | 64.72% | 100.00% | 100.00% |
| ADD | Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase | 10,079 | 21,846 | 46.14% | 100.00% | 100.00% |
| ADD | Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase | 2,601 | 4,208 | 61.81% | 100.00% | 100.00% |
| IMA | Immunizations for Adolescents—Combo 1 | 47,664 | 54,618 | 87.27% | 100.00% | 100.00% |
| IMA | Immunizations for Adolescents—Combo 2 | 16,748 | 54,618 | 30.66% | 100.00% | 100.00% |
| IMA | Immunizations for Adolescents—Meningococcal | 48,918 | 54,618 | 89.56% | 100.00% | 100.00% |
| IMA | Immunizations for Adolescents—Tdap/Td Total | 48,358 | 54,618 | 88.54% | 100.00% | 100.00% |
| IMA | Immunizations for Adolescents—HPV | 17,401 | 54,618 | 31.86% | 100.00% | 100.00% |
| MMA | Medication Management for People With Asthma—50% Compliance (Ages 5-11) | 7,533 | 14,055 | 53.60% | 100.00% | 100.00% |
| MMA | Medication Management for People With Asthma—50% Compliance (Ages 12-18) | 4,870 | 9,435 | 51.62% | 100.00% | 100.00% |
| MMA | Medication Management for People With Asthma—50% Compliance (Ages 19-20) | 203 | 335 | 60.60% | 100.00% | 100.00% |
| MMA | Medication Management for People With Asthma—50% Compliance (Total Ages 5-20) | 12,606 | 23,825 | 52.91% | 100.00% | 100.00% |
| MMA | Medication Management for People With Asthma—75% Compliance (Ages 5-11) | 3,788 | 14,055 | 26.95% | 100.00% | 100.00% |
| MMA | Medication Management for People With Asthma—75% Compliance (Ages 12-18) | 2,443 | 9,435 | 25.89% | 100.00% | 100.00% |
| MMA | Medication Management for People With Asthma—75% Compliance (Ages 19-20) | 125 | 335 | 37.31% | 100.00% | 100.00% |
| MMA | Medication Management for People With Asthma—75% Compliance (Total Ages 5-20) | 6,356 | 23,825 | 26.68% | 100.00% | 100.00% |
| WCC | Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile (Ages 3-11) | 255,296 | 437,193 | 58.39% | 100.00% | 100.00% |
| WCC | Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile (Ages 12-17) | 125,017 | 227,872 | 54.86% | 100.00% | 100.00% |
| WCC | Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile (Total) | 380,313 | 665,065 | 57.18% | 100.00% | 100.00% |

| Measure ID | Measure Description (Child Core Set) | CY 2017 Admin Rates (All population) | | | % of total state MCO/PIHP population | % of total state FFS population |
|---|---|---|---|---|---|---|
| | | Num | Den | Rate | | |
| W15 | Well-Child Visits in the First 15 Months of Life—Zero Visits | 2,248 | 57,850 | 3.89% | 100.00% | 100.00% |
| W15 | Well-Child Visits in the First 15 Months of Life—One Visit | 2,068 | 57,850 | 3.57% | 100.00% | 100.00% |
| W15 | Well-Child Visits in the First 15 Months of Life—Two Visits | 2,749 | 57,850 | 4.75% | 100.00% | 100.00% |
| W15 | Well-Child Visits in the First 15 Months of Life—Three Visits | 3,873 | 57,850 | 6.69% | 100.00% | 100.00% |
| W15 | Well-Child Visits in the First 15 Months of Life—Four Visits | 6,034 | 57,850 | 10.43% | 100.00% | 100.00% |
| W15 | Well-Child Visits in the First 15 Months of Life—Five Visits | 9,666 | 57,850 | 16.71% | 100.00% | 100.00% |
| W15 | Well-Child Visits in the First 15 Months of Life—Six+ Visits | 31,212 | 57,850 | 53.95% | 100.00% | 100.00% |
| W34 | Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life | 152,023 | 236,531 | 64.27% | 100.00% | 100.00% |

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

| Measure ID | Measure Description (AHRQ) | CY 2017 Admin Rates (All population) | | | % of total state MCO/PIHP population | % of total state FFS population |
|---|---|---|---|---|---|---|
| | | Num | Den | Rate | | |
| PQI 09* | Low Birth Weight Rate | 6,431 | 71,504 | 8.99% | 100.00% | 100.00% |

| Measure ID | Measure Description (AHRQ) | CY 2017 Admin Rates (FFS) | | | % of total state MCO/PIHP population | % of total state FFS population |
|---|---|---|---|---|---|---|
| | | Num | Den | Rate | | |
| PQI 09* | Low Birth Weight Rate | 1,086 | 11,733 | 9.26% | 100.00% | 100.00% |

| Measure ID | Measure Description (AHRQ) | CY 2017 Admin Rates (GA Families) | | | % of total state MCO/PIHP population | % of total state FFS population |
|---|---|---|---|---|---|---|
| | | Num | Den | Rate | | |
| PQI 09* | Low Birth Weight Rate | 5,345 | 59,771 | 8.94% | 100.00% | 100.00% |

*The PQI-09 measure specifications require that the rate be reported as a rate per 1,000 members; however, DCH requested that the rate be reported as a percentage (numerator/denominator) to allow for trending with prior years. The reported rate for this measure is expressed as a percentage instead of a rate per 1,000 members.

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

| | Georgia Families CY 2017 Rates | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Mental Health Utilization | | | | | | | | | | | | | | | | | | | | |
| Age | Member Months | | | Any Service | | | Inpatient | | | Intensive Outpatient/Partial Hospitalization | | | Outpatient | | | ED | | | Telehealth | | |
| | Male | Female | Total | Male | Female | Total | Male | Female | Total | Male | Female | Total | Male | Female | Total | Male | Female | Total | Male | Female | Total |
| 0-12 | 5,104,905 | 4,995,214 | 10,100,173 | 38,693 | 24,045 | 62,738 | 213 | 234 | 447 | 65 | 47 | 112 | 38,147 | 23,613 | 61,760 | 4 | 9 | 13 | 340 | 198 | 538 |
| 13-17 | 1,536,891 | 1,553,869 | 3,090,765 | 15,106 | 16,808 | 31,914 | 565 | 1,176 | 1,741 | 56 | 94 | 150 | 14,377 | 15,543 | 29,920 | 3 | 4 | 7 | 201 | 171 | 372 |
| 18-64 | 494,822 | 2,488,500 | 2,983,323 | 2,733 | 20,743 | 23,476 | 282 | 1,401 | 1,683 | 19 | 100 | 119 | 2,442 | 19,180 | 21,622 | 4 | 38 | 42 | 35 | 257 | 292 |
| 65+ | 221 | 156 | 377 | 0 | 2 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 2 | 0 | 0 | 0 | 0 | 0 | 0 |
| Unknown | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total | 7,136,839 | 9,037,739 | 16,174,638 | 56,532 | 61,598 | 118,130 | 1,060 | 2,811 | 3,871 | 140 | 241 | 381 | 54,966 | 58,338 | 113,304 | 11 | 51 | 62 | 576 | 626 | 1,202 |

| | | Fee-For-Service CY 2017 Rates | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | **Mental Health Utilization** | | | | | | | | | | | | | | | | | | | |
| **Age** | **Member Months** | | | **Any Service** | | | **Inpatient** | | | **Intensive Outpatient/Partial Hospitalization** | | | **Outpatient** | | | **ED** | | | **Telehealth** | | |
| | Male | Female | Total | Male | Female | Total | Male | Female | Total | Male | Female | Total | Male | Female | Total | Male | Female | Total | Male | Female | Total |
| **0-12** | 565,751 | 436,970 | 1,002,742 | 6,737 | 2,545 | 9,282 | 19 | 18 | 37 | 9 | 2 | 11 | 6,665 | 2,502 | 9,167 | 2 | 1 | 3 | 51 | 23 | 74 |
| **13-17** | 214,252 | 148,734 | 362,996 | 4,372 | 2,199 | 6,571 | 69 | 57 | 126 | 5 | 6 | 11 | 4,251 | 2,121 | 6,372 | 3 | 1 | 4 | 52 | 19 | 71 |
| **18-64** | 1,158,548 | 1,400,619 | 2,559,169 | 20,455 | 23,998 | 44,453 | 1,875 | 1,733 | 3,608 | 25 | 25 | 50 | 18,394 | 22,032 | 40,426 | 173 | 98 | 271 | 219 | 309 | 528 |
| **65+** | 303,308 | 674,292 | 977,600 | 1,970 | 4,870 | 6,840 | 900 | 2,341 | 3,241 | 0 | 4 | 4 | 1,006 | 2,410 | 3,416 | 1 | 7 | 8 | 66 | 120 | 186 |
| **Unknown** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Total** | 2,241,859 | 2,660,615 | 4,902,507 | 33,534 | 33,612 | 67,146 | 2,863 | 4,149 | 7,012 | 39 | 37 | 76 | 30,316 | 29,065 | 59,381 | 179 | 107 | 286 | 388 | 471 | 859 |

| | All CY 2017 Rates | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

| | Mental Health Utilization | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

| Age | Member Months | | | Any Service | | | Inpatient | | | Intensive Outpatient/Partial Hospitalization | | | Outpatient | | | ED | | | Telehealth | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Male | Female | Total | Male | Female | Total | Male | Female | Total | Male | Female | Total | Male | Female | Total | Male | Female | Total | Male | Female | Total |
| 0-12 | 5,774,524 | 5,526,329 | 11,300,930 | 49,808 | 30,251 | 80,059 | 267 | 278 | 545 | 79 | 51 | 130 | 49,132 | 29,739 | 78,871 | 6 | 10 | 16 | 413 | 232 | 645 |
| 13-17 | 1,804,071 | 1,752,169 | 3,556,255 | 22,219 | 21,400 | 43,619 | 723 | 1,354 | 2,077 | 67 | 106 | 173 | 21,253 | 19,918 | 41,171 | 6 | 6 | 12 | 281 | 213 | 494 |
| 18-64 | 1,666,463 | 3,902,610 | 5,569,076 | 23,480 | 45,057 | 68,537 | 2,165 | 3,156 | 5,321 | 48 | 129 | 177 | 21,113 | 41,504 | 62,617 | 178 | 137 | 315 | 258 | 567 | 825 |
| 65+ | 303,529 | 674,448 | 977,977 | 1,970 | 4,872 | 6,842 | 900 | 2,341 | 3,241 | 0 | 4 | 4 | 1,006 | 2,412 | 3,418 | 1 | 7 | 8 | 66 | 120 | 186 |
| Unknown | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total | 9,548,587 | 11,855,556 | 21,404,238 | 97,477 | 101,580 | 199,057 | 4,055 | 7,129 | 11,184 | 194 | 290 | 484 | 92,504 | 93,573 | 186,077 | 191 | 160 | 351 | 1,018 | 1,132 | 2,150 |