



State of Georgia
Department of Community Health

2017 Validation of Performance Measures
for
Peach State Health Plan

Measurement Period: Calendar Year 2016

Validation Period: January–June 2017

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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. Validation of performance measures is one of three mandatory external quality review (EQR) activities that the Balanced Budget Act of 1997 (BBA) requires state Medicaid agencies to perform. Health Services Advisory Group, Inc. (HSAG), the external quality review organization (EQRO) for the Georgia Department of Community Health (DCH), conducted the validation activities. The purpose of performance measure validation is to assess the accuracy of performance measure rates reported by the MCO and to determine the extent to which performance measures calculated by the MCO follow state specifications and reporting requirements. The state, its agent that is not an MCO, or an external quality review organization (EQRO) can perform this validation.

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

HSAG validated a set of performance measures identified by DCH that were calculated and reported by the CMOs for their GF population. The DCH identified the measurement period as calendar year (CY) 2016. HSAG conducted the validation in accordance with the CMS publication, *EQR Protocol 2: Validation of Performance Measures Reported by the MCO: A Mandatory Protocol for External Quality Review (EQR)*, Version 2.0, September 2012.²

¹ Georgia Department of Community Health. Medicaid Management Information System. Georgia Families Monthly Adjustment Summary Report June 2016.

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, 2017.

Care Management Organization (CMO) Information

Basic information about Peach State Health Plan (Peach State) appears in Table 1, including the office location(s) involved in the 2017 validation of performance measures audit that covered the CY 2016 measurement period.

Table 1—Peach State Health Plan Information

CMO Name:	Peach State Health Plan
CMO Location:	1100 Circle 75 Parkway, Suite 1100 Atlanta, GA 30339
On-site Location:	1100 Circle 75 Parkway, Suite 1100 Atlanta, GA 30339
Audit Contact:	Alfred Miller, Manager, Quality Improvement Analytics
Contact Telephone Number:	678.556.2230
Contact Email Address:	AMILLER@CENTENE.COM
Site Visit Date:	April 27, 2017

Performance Measures Validated

HSAG validated rates for the following set of performance measures selected by DCH for validation. All performance measures but one were selected from CMS’ Core Set of Children’s Health Care Quality Measures for Medicaid and CHIP (Child Core Set),³ Core Set of Health Care Quality Measures for Adults Enrolled in Medicaid (Adult Core Set),⁴ or the Agency for Healthcare Research and Quality’s (AHRQ’s) Quality Indicator measures. *Colorectal Cancer Screening*, a Healthcare Effectiveness Data and Information Set (HEDIS®)⁵ non-Medicaid measure, was also included as part of HSAG’s validation. The measurement period was identified by DCH as CY 2016 for all measures except the child core set dental measure. The dental measure was reported for federal fiscal year (FFY) 2016, which covered the time frame of October 1, 2015, through September 30, 2016, according to CMS requirements. Table 2 lists the performance measures that HSAG validated, the method required by DCH for data collection, and the specifications the CMO was required to use for each of the measures.

³ The Centers for Medicare & Medicaid Services. Core Set of Children’s Health Care Quality Measures for Medicaid and CHIP, June 2016.

⁴ The Centers for Medicare & Medicaid Services. Core Set of Health Care Quality Measures for Adults Enrolled in Medicaid, June 2016.

⁵ HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

Table 2—List of CY 2016 Performance Measures for Peach State Health Plan

	Performance Measure	Method	Specifications
1.	<i>Antenatal Steroids</i>	Hybrid	Adult Core Set
2.	<i>Asthma in Younger Adults Admission Rate</i>	Admin	Adult Core Set
3.	<i>Behavioral Health Risk Assessment for Pregnant Women</i>	Hybrid	Child Core Set
4.	<i>Cesarean Delivery Rate</i>	Admin	AHRQ
5.	<i>Cesarean Section for Nulliparous Singleton Vertex</i>	Hybrid	Child Core Set
6.	<i>Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate</i>	Admin	Adult Core Set
7.	<i>Colorectal Cancer Screening*</i>	Hybrid	HEDIS*
8.	<i>Dental Sealants for 6–9 Year Old Children at Elevated Caries Risk</i>	Admin	Child Core Set
9.	<i>Developmental Screening in the First Three Years of Life</i>	Hybrid	Child Core Set
10.	<i>Diabetes Short-Term Complications Admission Rate</i>	Admin	Adult Core Set
11.	<i>Elective Delivery</i>	Hybrid	Adult Core Set
12.	<i>Heart Failure Admission Rate</i>	Admin	Adult Core Set
13.	<i>Live Births Weighing Less Than 2,500 Grams</i>	Admin	Child Core Set
14.	<i>Plan All-Cause Readmissions Rate**</i>	Admin	Adult Core Set
15.	<i>Screening for Clinical Depression and Follow-up Plan</i>	Hybrid	Adult Core Set
16.	<i>Use of Opioids at High Dosage</i>	Admin	Adult Core Set

*The CMO reported this measure using the *HEDIS 2017, Volume 2: Technical Specifications for Health Plans* for the Commercial and Medicare populations, but applied the specifications to the Medicaid population.

**Risk adjustment was not required.

In addition to the AHRQ and the CMS adult and child core set measures audited by HSAG, DCH required Peach State to report a selected set of HEDIS measures to DCH. Peach State was required to contract with a National Committee for Quality Assurance (NCQA)-licensed audit organization and undergo an NCQA HEDIS Compliance Audit™.⁶ Final audited HEDIS measure results from NCQA’s Interactive Data Submission System (IDSS) were submitted to HSAG and provided to DCH. Appendix D displays the final audited HEDIS 2017 results for all required measures, covering the CY 2016 measurement period.

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

Description of Validation Activities

Pre-Audit Strategy

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

HSAG then prepared a document request letter that was submitted to Peach State outlining the steps in the performance measure validation process. The document request letter included a request for source code for each performance measure; a completed HEDIS 2017 Record of Administration, Data Management, and Processes (Roadmap); and any additional supporting documentation necessary to complete the audit. The letter also included an introduction to the medical record review validation (MRRV) process; a timetable for completion; and instructions for submission. HSAG responded to Roadmap-related questions received directly from Peach State during the pre-on-site phase.

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

Validation Team

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

Table 3—Validation Team

Name and Role	Skills and Expertise
Mariyah Badani, JD, MBA, CHCA <i>Director, Audits/State & Corporate Services; Secondary Auditor</i>	Management of the audit department; Certified HEDIS Compliance Auditor (CHCA); multiple years of auditing experience, data integration, systems review, and analysis.
Allen Iovannisci, MS, CHCA <i>Lead Auditor</i>	CHCA; performance measure knowledge, data integration, systems review, and analysis.
Kim Elliott, PhD, CPHQ <i>Co-Auditor and Executive Director Audits/State & Corporate Services</i>	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.

Name and Role	Skills and Expertise
Tammy Gianfrancisco <i>HEDIS Manager, Audits/State & Corporate Services</i>	Coordinator for the audit department; liaison between the audit team and clients; manages deliverables and timelines, and source code review activities.
Lynn Shelby, RN, BSN <i>Director, Case Review</i>	Knowledge of HEDIS and CMS measure specifications, clinical consulting, abstraction of medical record data, and oversight of the medical record over-read process.
Lori Cruz <i>Project Coordinator, Case Review</i>	Coordinator for the HEDIS MRRV process, liaison between the audit team and clients, maintains record tracking database, and manages deliverables and timelines.
Dan Moore, MPA <i>Source Code Reviewer</i>	Knowledge of HEDIS and CMS performance measure specifications; multiple years of experience reviewing various formats of source code/programming language to assess compliance with required specifications.

Technical Methods of Data Collection and Analysis

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

- NCQA’s HEDIS 2017 Roadmap:** Peach State completed and submitted the required and relevant portions of its Roadmap for HSAG’s review. HSAG used responses from the Roadmap to complete the pre-on-site assessment of information systems.
- Medical record documentation:** Peach State completed the medical record section within the Roadmap. In addition, Peach State submitted the following documentation for review: medical record hybrid tools and instructions, training materials for medical record review (MRR) staff members, and policies and procedures outlining the processes for monitoring the accuracy of the reviews performed by the review staff members. To ensure the accuracy of the hybrid data being abstracted by the CMO, HSAG requested Peach State participate in the review of a convenience sample for selected hybrid measures. HSAG followed NCQA’s guidelines to validate the integrity of the MRR processes used by Peach State and then used the MRRV results to determine if the findings impacted the audit results for each performance measure rate.
- Source code (programming language) for performance measures:** Peach State contracted with a software vendor, Inovalon, to generate and calculate rates for the performance measures under review by HSAG. The source code review was conducted via multiple web-assisted sessions where Inovalon displayed the source code for each measure and explained its rate generation and data integration processes to HSAG’s source code review team.
- Supporting documentation:** HSAG requested documentation that would provide reviewers with additional information to complete the validation process, including policies and procedures, file layouts, system flow diagrams, system log files, and data collection process descriptions. HSAG

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

- **Rate Review:** Upon receiving the calculated rates from Peach State, HSAG conducted a review on the reasonableness and integrity of the rates. The review included trending with prior rates and comparison of rates across all CMOs.

On-Site Activities

HSAG conducted an on-site visit with Peach State on April 27, 2017. HSAG collected information using several methods, including interviews, system demonstrations, review of data output files, primary source verification, observation of data processing, and review of data reports. The on-site visit activities are described as follows:

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

HSAG conducted several interviews with key Peach State staff members who were involved with performance measure reporting.

Table 4 displays a list of key Peach State interviewees:

Table 4—List of Peach State Health Plan Interviewees

Name	Title
Chevron Cardenas	Vice President (VP), Operations
Michael Strobel	VP, Quality
Dr. Dean Greeson	Senior VP, MED—Medical Affairs
Guilherme Alves	Data Analyst Quality Improvement
Hetu Dave	Data Analyst Quality Improvement
Sonya Cuffie	Director, Finance
Lakeisha Moore	Manager, Customer Service
Sherri Cox	Enrollment Processor
La Shon Hodge	Director, Contracting and Network Development
Janmetra Waddell	Project Coordinator II
Laura Fraser	Senior Director, Outcomes
Jason Rosen	Lead Data Analyst
Heather Jones	DA II Quality Improvement
Frank Yoder	Manager, IT
Shaywen Hawkins	Director, Quality Improvement
Detra Friley-Clark	Quality Improvement
Debra Peterson-Smith	Senior VP, Operations
Tonnette Tucker	Manager, Provider Data Management
Christopher Clay Draper	Quality Analyst
Monet Harrell	Data Analyst
Keith Caldwell	Senior Director, Provider Data Analytics
Trisha Henson	Manager, Claims
Paul Francis	Claims Supervisor
LaRae Raum	Senior Director, Claims Operations
Vanessa Fluellen	Clinical Nurse Liaison
Mallory Pickowitz	Application Software Developer
Katie Wilson	Manager, Encounters Business Operations

Name	Title
Lakeisha McKeown	Business Analyst (BA) I
Christina Medina	DentaQuest
Angela Harris	Director, Clinical, MED—Medical Management
Jessica Matistic	BA III
Yolanda Marsh	Senior Director, Provider Network
Rayshawn Clay	Senior Director, Provider Data & Analytics
Alfred Miller	Manager, Quality Improvement Analytics
Chandrae Pryor	Director, Quality Improvement
Tammy Sanchez	Manager, Delegation Oversight

Data Integration, Data Control, and Performance Measure Documentation

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

Data Integration

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

- Acceptable
- Not acceptable

Data Control

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

- Acceptable
- Not acceptable

Performance Measure Documentation

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

- Acceptable
- Not acceptable

Validation Results

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

Medical Service Data (Claims and Encounters)

Peach State has used AMISYS as its primary claims processing system for the last several years. There were no significant changes to the system other than routine maintenance and minor upgrades. In addition to AMISYS, Peach State used data provided by its pharmacy and dental vendors to supplement any medical claims. Specifically, pharmacy data were used to capture data for the *Use of Opioids at High Dosage* measure. Dental vendor encounters were used for the *Dental Sealants for 6–9 Year Old Children at Elevated Caries Risk* measure. HSAG reviewed the multiple systems and processes used for each data source and found each to be compliant.

The CMO continued to capture most of its claims electronically. Peach State still received some paper claims; however, all paper claims were submitted to the scanning vendor and transmitted back to Peach State via electronic format. Peach State had very little manual intervention, and those processes were limited to claims with high-dollar amounts. HSAG reviewed the coding schemes again this year and determined that standard coding was used to pay claims. Peach State's AMISYS system captured primary, secondary, and modifier codes appropriately. Coding updates to the AMISYS system were made annually to ensure the most recent coding schemes are captured. Most of Peach State's providers (99 percent) were reimbursed on a fee-for-service (FFS) basis, which ensured that claims were submitted in a timely manner. HSAG reviewed the outstanding incurred but not reported (IBNR) report and found that most claims for CY 16 (greater than 95 percent) were received within 30 days during the measurement year, which was the same as the previous year's rate. Peach State had very few capitated arrangements with providers, which ensured a high, timely data capture rate.

Additionally, the Georgia Medical Care Foundation (GMCF) file was used to assist Peach State in determining gaps in administrative claims information, particularly in determining the gestational age and parity for the *Cesarean Section for Nulliparous Singleton Vertex*, *Elective Delivery*, and *Antenatal Steroids* measures.

HSAG had concerns with how Peach State used the GMCF file since this file was not integrated until after the eligible populations were drawn. Further investigation of the GMCF file determined that Peach State had several thousand more claims for live births than were accounted for in the GMCF file. At the time of the audit, no information was available to identify the reasons for or the accuracy of this discrepancy.

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

Enrollment Data

There were no changes to the enrollment process from the previous year. Peach State's enrollment data were housed in the AMISYS system, and no changes were made since the previous year's audit. Enrollment data were still received daily and monthly from the State. New members were processed and entered into AMISYS systematically. Occasionally, enrollment data were added manually upon request by the State. Peach State's load program contained logic for cross-checking manually entered member information to avoid duplicate records. Peach State performed monthly reconciliation of enrollment data to ensure all member information was complete and accurate. Additionally, Peach State submitted enrollment files to its external vendors for processing. HSAG verified that the product and rate types which distinguish the Planning for Healthy Babies® (P4HB®) population in AMISYS were properly excluded by the CMO before the final rates were calculated.

New members were processed and entered into the AMISYS Advance system. The systematic enrollment process at Peach State included translation and compliance validation of the 834 file, and loading the data into AMISYS. The load program contained logic for matching manually entered member enrollment for newborns to avoid duplicate records when received electronically on the 834 file.

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

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

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

Provider Data

There were no changes to the provider process year over year. Peach State continued to use two systems for provider processing, Portico and AMISYS. Provider files were first loaded into Peach State's Portico system when the provider began the credentialing process. Once the provider was credentialed, the provider information was loaded into AMISYS. Peach State had a process in place for validating provider information daily to ensure both systems contained identical demographic information. Specialties were validated in Portico and then matched with AMISYS. Peach State's two systems, Portico and AMISYS, were linked by the unique provider identification number. No significant changes were made to the systems during the measurement year.

Effective August 1, 2015, DCH implemented a centralized credentials verification organization (CVO), and most of the credentialing functions previously performed by Peach State were transitioned to the new CVO.

Although the State is now responsible for credentialing all providers in Georgia, HSAG still selected a few random providers, which it used to validate that the two systems maintained accurate information. A primary care physician was selected, and all data matched in both systems.

AMISYS maintained all relevant information as required for measure reporting. Both Portico and AMISYS contained unique identifiers and captured identical information as expected.

HSAG had no concerns with provider data processing.

Medical Record Review Validation (MRRV)

HSAG reviewed Peach State's Information System (IS) 4 Roadmap pertaining to the policies and procedures for IS Standard 4.0. The Roadmap review found these policies and procedures to be consistent with the NCQA *HEDIS 2017, Volume 5, HEDIS Compliance Audit: Standards, Policies and Procedures*.

Peach State completed sampling according to HEDIS and non-HEDIS measure sampling guidelines and assigned measure-specific oversamples. Provider chase logic was reviewed and determined appropriate across the hybrid measures.

Peach State contracted with Altegra Health to retrieve and abstract hybrid medical record data using Altegra Health data entry tools. HSAG participated in a live vendor demonstration of the Altegra Health data entry tools and instructions. All fields, edits, and dropdown boxes were reviewed for accuracy against the current year's Child Core Set Technical Specifications, Adult Core Set Technical Specifications, AHRQ Quality Indicator Technical Specifications, and NCQA's *HEDIS 2017, Volume 2: Technical Specifications for Health Plans*.

Peach State used Altegra Health's abstractors to conduct medical record reviews and quality assurance. Staff members were sufficiently qualified and trained in the current year's Child Core Set Technical Specifications, Adult Core Set Technical Specifications, AHRQ Quality Indicator Technical Specifications, *HEDIS 2017, Volume 2: Technical Specifications for Health Plans*, and the use of Altegra Health's data entry tools to accurately conduct medical record reviews. HSAG reviewed Altegra Health's training abstraction manual and found no concerns.

Peach State maintained appropriate quality assurance of reviews, including over-reads of all abstractions resulting in a numerator positive or exclusions, and a random sample of numerator negatives.

According to the auditor's request, a convenience sample was requested for the *Colorectal Cancer Screening (COL)* measure, and Peach State passed the convenience sample process.

The following measures were reviewed for Peach State as part of the MRRV process:

- *Non-HEDIS Behavioral Health Risk Assessment for Pregnant Women (BHRA-CH)*
- *Non-HEDIS Cesarean Section for Nulliparous Singleton Vertex (NSV)*

- *Non-HEDIS Elective Delivery (PC01-AD)*
- *Non-HEDIS Antenatal Steroids (PC03-AD)*

Peach State passed the MRRV process for all the measures. However, the appropriate eligible population and sample size were not met for reporting the *Cesarean Section for Nulliparous Singleton Vertex (NSV)* and *Elective Delivery (PC01-AD)* measures. Since the appropriate eligible population and sample size were not met, these measures were not approved for reporting.

Table 5—MRRV Results for Peach State Health Plan

Performance Measure	Initial Sample Size	Findings	Follow-up	Final Results
<i>Behavioral Health Risk Assessment for Pregnant Women (BHRA-CH)</i> medical record numerator positives	16	HSAG identified an error and it was rectified by Peach State.	HSAG requested a second sample.	Approved for reporting
<i>BHRA-CH</i> medical record numerator positives	8	HSAG identified no errors in the second sample.	None	Approved for reporting
<i>Cesarean Section for Nulliparous Singleton Vertex (NSV)</i> medical record numerator positives	16	HSAG did not review records for this measure due to insufficient documentation available. Additionally, the appropriate eligible population was not met for reporting.	None	Not approved for reporting
<i>Elective Delivery (PC01-AD)</i> medical record numerator positives	2	HSAG identified an error and it was rectified by Peach State; however, the appropriate eligible population and sample size were not met for reporting.	None	Not approved for reporting
<i>PC01-AD</i> medical record exclusions	14	While HSAG identified no errors on the charts reviewed, the appropriate eligible population and sample size were not met for reporting.	None	Not approved for reporting
<i>Antenatal Steroids (PC03-AD)</i> medical record numerator positives	16	HSAG identified no errors.	None	Approved for reporting
<i>PC03-AD</i> medical record exclusions	16	HSAG identified no errors.	None	Approved for reporting

Supplemental Data

Peach State did not use supplemental data for any measures, and no sources were evident for future use.

Data Integration

Peach State's data integration process did not change from the previous year's review. Peach State continued to use Inovalon software for performance measure production. HSAG reviewed and approved Inovalon's source code used to generate the performance measures under the scope of the audit. HSAG determined that the source code was compliant with the performance measure specifications, and no concerns were noted upon final review.

Peach State's corporate team, Centene, ran monthly reports out of Inovalon to review data regularly. Centene frequently produced month-over-month comparison reports to ensure data were complete and accurate.

During the on-site audit, HSAG conducted primary source verification of administrative measures and reviewed the process for determining the gestational age for the *Elective Delivery*, *Antenatal Steroids*, and *Cesarean Section for Nulliparous Singleton Vertex* measures. Additionally, HSAG reviewed Peach State's process for determining the parity for the *Cesarean Section for Nulliparous Singleton Vertex* measure.

For the *Elective Delivery*, *Antenatal Steroids*, and *Cesarean Section for Nulliparous Singleton Vertex* measures, Peach State used data supplied by the physician through the pregnancy notification process to determine the gestational age of the baby. Peach State determined the approximate gestational age to within 7–10 days. HSAG found that process to be sufficient for two of the measures, *Antenatal Steroids* and *Elective Delivery*, but insufficient for the *Cesarean Section for Nulliparous Singleton Vertex* measure, which further requires the health plan to determine the parity for the eligible population. HSAG advised Peach State to explore using the GMCF file and redraw the sample for the *Cesarean Section for Nulliparous Singleton Vertex* measure. Peach State followed the advice of the HSAG audit team and obtained the GMCF file, albeit late in the process, and drew a new sample for the *Cesarean Section for Nulliparous Singleton Vertex* measure. Since the new sample was drawn late in the medical record abstraction process, Peach State was unable to gather enough records in time to have sufficient counts. HSAG determined that the measure was biased as the medical record process was not completed. Peach State advised that it will incorporate data from the GMCF file regularly throughout the 2017 measurement year in order to be able to report this measure next year.

Another issue was discovered during the on-site audit with regard to the GMCF file. HSAG requested Peach State to match the member counts in the GMCF file against data obtained from its claims system to determine how closely the GMCF file birth counts matched the claims indicating live births. Peach State indicated that it had several hundred more births in the claims file than were provided in the GMCF file. Neither HSAG nor Peach State could determine why there was such a discrepancy between the two files.

Due to the number of exclusions in the *Elective Delivery* measure, HSAG determined the measure was also biased and designated it as Not Reportable. The number of exclusions reduced the denominator below the minimum required sample size. In HSAG’s opinion, the eligible population determination was materially biased.

Peach State had a sufficient backup and disaster recovery program and reported having no issues during the measurement year.

HSAG did not have any significant concerns with Peach State’s system integrity or measure production, and no further issues were identified with Peach State’s data integration processes.

Performance Measure Specific Findings

Based on all validation activities, HSAG determined validation results for each performance measure rate. HSAG provided an audit result for each performance measure as defined in Table 6.

Table 6—Audit Results and Definitions for Performance Measures

Reportable (R)	The CMO followed the State’s specifications and produced a reportable rate or result for the measure.
Not Reportable (NR)	The calculated rate was materially biased.
Not Applicable (NA)	The CMO followed the State’s specifications, but the denominator was too small (<30) to report a valid rate.

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

Table 7 displays the key review findings and final audit results for Peach State for each performance measure rate. For additional information regarding performance measure rates, see Appendix C of this report.

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

Performance Measures		Key Review Findings	Audit Results
1.	<i>Antenatal Steroids</i>	The eligible population was determined using an estimated date of delivery from vital records.	R
2.	<i>Asthma in Younger Adults Admission Rate</i>	HSAG identified no concerns.	R
3.	<i>Behavioral Health Risk Assessment (For Pregnant Women)</i>	HSAG identified no concerns.	R
4.	<i>Cesarean Delivery Rate</i>	HSAG identified no concerns.	R
5.	<i>Cesarean Section for Nulliparous Singleton Vertex</i>	The measure was considered materially biased as the medical record abstraction was not completed due to delays in using the GMCF file.	NR
6.	<i>Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate</i>	HSAG identified no concerns.	R
7.	<i>Colorectal Cancer Screening</i>	HSAG identified no concerns.	R
8.	<i>Dental Sealants for 6–9 Year Old Children at Elevated Caries Risk</i>	HSAG identified no concerns.	R
9.	<i>Developmental Screening in the First Three Years of Life</i>	HSAG identified no concerns.	R
10.	<i>Diabetes Short-Term Complications Admission Rate</i>	HSAG identified no concerns.	R
11.	<i>Elective Delivery</i>	The measure was considered materially biased as the number of exclusions exceeded the minimum required sample size.	NR
12.	<i>Heart Failure Admission Rate</i>	HSAG identified no concerns.	R
13.	<i>Live Births Weighing Less Than 2,500 Grams</i>	HSAG identified no concerns.	R
14.	<i>Plan All-Cause Readmissions</i>	HSAG identified no concerns.	R
15.	<i>Screening for Clinical Depression and Follow-up Plan</i>	HSAG identified no concerns.	R
16.	<i>Use of Opioids at High Dosage</i>	HSAG identified no concerns.	R

Appendix A. Data Integration and Control Findings

Documentation Worksheet

CMO Name:	Peach State Health Plan
On-Site Visit Date:	April 27, 2017
Reviewers:	Allen Iovannisci, MS, CHCA; Mariyah Badani, JD, MBA, CHCA

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

Data Integration and Control Element	Met	Not Met	N/A	Comments
Accuracy of data transfers to assigned performance measure data repository.				
The CMO accurately and completely processes transfer data from the transaction files (e.g., membership, provider, encounter/claims) into the performance measure data repository used to keep the data until the calculations of the performance measure rates have been completed and validated.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Samples of data from the performance measure data repository are complete and accurate.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Accuracy of file consolidations, extracts, and derivations.				
The CMO's processes to consolidate diversified files and to extract required information from the performance measure data repository are appropriate.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Actual results of file consolidations or extracts are consistent with those that should have resulted according to documented algorithms or specifications.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Procedures for coordinating the activities of multiple subcontractors ensure the accurate, timely, and complete integration of data into the performance measure database.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Computer program reports or documentation reflect vendor coordination activities, and no data necessary for performance measure reporting are lost or inappropriately modified during transfer.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If the CMO uses a performance measure data repository, its structure and format facilitates any required programming necessary to calculate and report required performance measure rates.				
The performance measure data repository's design, program flow charts, and source codes enable analyses and reports.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Data Integration and Control Element	Met	Not Met	N/A	Comments
Proper linkage mechanisms are employed to join data from all necessary sources (e.g., identifying a member with a given disease/condition).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Assurance of effective management of report production and of the reporting software.				
Documentation governing the production process, including CMO production activity logs and the CMO staff review of report runs, is adequate.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Prescribed data cutoff dates are followed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The CMO retains copies of files or databases used for performance measure reporting in case results need to be reproduced.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The reporting software program is properly documented with respect to every aspect of the performance measure data repository, including building, maintaining, managing, testing, and report production.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The CMO's processes and documentation comply with the CMO standards associated with reporting program specifications, code review, and testing.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Appendix B. Denominator and Numerator Validation Findings

Reviewer Worksheets

CMO Name:	Peach State Health Plan
On-Site Visit Date:	April 27, 2017
Reviewers:	Allen Iovannisci, MS, CHCA; Mariyah Badani, JD, MBA, CHCA

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

Audit Element	Met	Not Met	N/A	Comments
For each of the performance measures, all members of the relevant populations identified in the performance measure specifications are included in the population from which the denominator is produced.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Data samples from the <i>Cesarean Section for Nulliparous Singleton Vertex</i> measure did not meet the intent of the 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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Data samples from the <i>Cesarean Section for Nulliparous Singleton Vertex</i> measure did not meet the intent of the specifications.
The CMO correctly calculates member months and member years if applicable to the performance measure.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The CMO properly evaluates the completeness and accuracy of any codes used to identify medical events, such as diagnoses, procedures, or prescriptions, and these codes are appropriately identified and applied as specified in each performance measure.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If any time parameters are required by the specifications of the performance measure, they are followed (e.g., cutoff dates for data collection, counting 30 calendar days after discharge from a hospital).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Exclusion criteria included in the performance measure specifications are followed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Systems or methods used by the CMO to estimate populations when they cannot be accurately or completely counted (e.g., newborns) are valid.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Population estimates are not required.

Table B-2—Numerator Validation Findings for Peach State Health Plan

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



Appendix C. Performance Measure Rate Submission File

Appendix C contains Peach State Health Plan's final audited performance measure rate submission file.

State Fiscal Year (SFY) 2017 Performance Measure Rate Reporting Template for Georgia Care Management Organizations (CMOs)	
Date of Submission:	6/15/17
CMO Name:	Peach State Health Plan
Contact Name and Title:	Alfred Miller Quality Analytics, Manager Guilherme Alves Quality Analytics, Data Analyst
Contact E-mail Address:	amiller@centene.com gualves@centene.com
Comments:	

Appendix C: Department of Community Health, State of Georgia
Validated CY 2016 Performance Measures for Peach State

Audit Review Table - To Be Completed by Auditor			
Measure #	Measure/Data Element	Audit Status	Comment
1	Antenatal Steroids (PC03-AD)	R	
2	Asthma in Younger Adults Admission Rate (PQI15-AD)	R	
3	Cesarean Delivery Rate (IQI-21)	R	
4	Cesarean Section for Nulliparous Singleton Vertex (PC02-CH)	NR	The measure was considered materially biased as the medical record abstraction was not completed due to delays in using the GMCF file.
5	Chronic Obstructive Pulmonary Disease (COPD) and Asthma in Older Adults Admission Rate (PQI05-AD)	R	
6	Colorectal Cancer Screening (COL)	R	
7	Developmental Screening in the First Three Years of Life (DEV-CH)	R	
8	Diabetes Short-Term Complications Admission Rate (PQI01-AD)	R	
9	Elective Delivery (PC01-AD)	NR	The measure was considered materially biased as the number of exclusions exceeded the minimum required sample size.
10	Heart Failure Admission Rate (PQI08-AD)	R	
11	Live Births Weighing Less Than 2,500 Grams (LBW-CH)	R	
12	Maternity Care - Behavioral Health Risk Assessment (BHRA-CH)	R	
13	Dental Sealants for 6-9 Year Old Children at Elevated Caries Risk (SEAL-CH)	R	
14	Use of Opioids at High Dosage (OHD-AD)	R	
15	Screening for Clinical Depression and Follow-up Plan (CDF-AD)	R	
16	Plan All-Cause Readmissions Rate (PCR-AD)	R	

Appendix C: Department of Community Health, State of Georgia
Validated CY 2016 Performance Measures for Peach State

Antenatal Steroids (PC03-AD)	
Data Element	General Measure Data
Reporting Year	SFY 2017
Measurement Period	CY 2016
Data Collection Methodology	H
Eligible Population	256
Denominator	154
Numerator Events by Administrative Data	0
Numerator Events by Medical Records	84
Numerator Total	84
Reported Rate	54.55%

Appendix C: Department of Community Health, State of Georgia
 Validated CY 2016 Performance Measures for Peach State

Asthma in Younger Adults Admission Rate (PQI15-AD)	
Data Element	General Measure Data
Reporting Year	SFY 2017
Measurement Period	2016
Data Collection Methodology	A
Eligible Population (Total Member Months)	744,580
Numerator Events by Administrative Data	39
Reported Rate (Per 100,000 Member Months)	5.24

Appendix C: Department of Community Health, State of Georgia
Validated CY 2016 Performance Measures for Peach State

Cesarean Delivery Rate (IQI-21)	
Data Element	General Measure Data
Reporting Year	SFY 2017
Measurement Period	CY 2016
Data Collection Methodology	A
Eligible Population	17,965
Numerator Events by Administrative Data	5,429
Reported Rate	30.22%

Appendix C: Department of Community Health, State of Georgia
Validated CY 2016 Performance Measures for Peach State

Cesarean Section for Nulliparous Singleton Vertex (PC02-CH)	
Data Element	General Measure Data
Reporting Year	SFY 2017
Measurement Period	CY 2016
Data Collection Methodology	H
Eligible Population	7,417
Denominator	381
Numerator Events by Administrative Data	0
Numerator Events by Medical Records	6
Numerator Total	6
Reported Rate	NR

Appendix C: Department of Community Health, State of Georgia
Validated CY 2016 Performance Measures for Peach State

Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate (PQI05-AD)				
Data Element	General Measure Data	Ages 40-64	Ages 65+	All Ages
Reporting Year	SFY 2017			
Measurement Period	CY 2016			
Data Collection Methodology	A			
Eligible Population (Total Member Months)		136,311	221	136,532
Numerator Events by Administrative Data		28	0	28
Reported Rate (Per 100,000 Member Months)		20.54	0.00	20.51

Appendix C: Department of Community Health, State of Georgia
Validated CY 2016 Performance Measures for Peach State

Developmental Screening in the First Three Years of Life (DEV-CH)					
Data Element	General Measure Data	Age 1	Age 2	Age 3	Total (Ages 1-3)
Reporting Year	SFY 2017				
Measurement Period	CY 2016				
Data Collection Methodology	H				
Eligible Population		16,846	9,046	11,948	37,840
Denominator		139	139	139	417
Numerator Events by Administrative Data		73	88	65	226
Numerator Events by Medical Records		3	0	4	7
Numerator Total		76	88	69	233
Reported Rate		54.68%	63.31%	49.64%	55.88%

Appendix C: Department of Community Health, State of Georgia
Validated CY 2016 Performance Measures for Peach State

Diabetes Short-Term Complications Admission Rate (PQI01-AD)				
Data Element	General Measure Data	Ages 18-64	Ages 65+	All Ages
Reporting Year	SFY 2017			
Measurement Period	CY 2016			
Data Collection Methodology	A			
Eligible Population (Total Member Months)		880,891	221	881,112
Numerator Events by Administrative Data		113	0	113
Reported Rate (Per 100,000 Member Months)		12.83	0.00	12.82

Appendix C: Department of Community Health, State of Georgia
Validated CY 2016 Performance Measures for Peach State

Elective Delivery (PC01-AD)	
Data Element	General Measure Data
Reporting Year	SFY 2017
Measurement Period	CY 2016
Data Collection Methodology	H
Eligible Population	3,287
Denominator	95
Numerator Events by Administrative Data	29
Numerator Events by Medical Records	2
Numerator Total	31
Reported Rate	NR

Appendix C: Department of Community Health, State of Georgia
Validated CY 2016 Performance Measures for Peach State

Heart Failure Admission Rate (PQI08-AD)				
Data Element	General Measure Data	Ages 18-64	Ages 65+	All Ages
Reporting Year	SFY 2017			
Measurement Period	CY 2016			
Data Collection Methodology	A			
Eligible Population (Total Member Months)		880,891	221	881,112
Numerator Events by Administrative Data		66	0	66
Reported Rate (Per 100,000 Member Months)		7.49	0.00	7.49

Appendix C: Department of Community Health, State of Georgia
Validated CY 2016 Performance Measures for Peach State

Live Births Weighing Less Than 2,500 Grams (LBW-CH)	
Data Element	General Measure Data
Reporting Year	SFY 2017
Measurement Period	CY 2016
Data Collection Methodology	A
Eligible Population	20,307
Numerator Events by Administrative Data	1,800
Reported Rate	8.86%

Appendix C: Department of Community Health, State of Georgia
Validated CY 2016 Performance Measures for Peach State

Maternity Care - Behavioral Health Risk Assessment (BHRA-CH)	
Data Element	General Measure Data
Reporting Year	SFY 2017
Measurement Period	CY 2016
Data Collection Methodology	H
Eligible Population	18,243
Denominator	430
Numerator Events by Administrative Data	0
Numerator Events by Medical Records	24
Numerator Total	24
Reported Rate	5.58%

Appendix C: Department of Community Health, State of Georgia
Validated CY 2016 Performance Measures for Peach State

Dental Sealants for 6-9 Year Old Children at Elevated Caries Risk (SEAL-CH)	
Data Element	General Measure Data
Reporting Year	SFY 2017
Measurement Period	Federal Fiscal Year (FFY) 2016*
Data Collection Methodology	A
Eligible Population	9,163
Numerator Events by Administrative Data	1,024
Reported Rate	11.18%

Appendix C: Department of Community Health, State of Georgia
Validated CY 2016 Performance Measures for Peach State

Use of Opioids at High Dosage (OHD-AD)				
Data Element	General Measure Data	Ages 19-64	Ages 65+	All Ages
Reporting Year	SFY 2017			
Measurement Period	CY 2016			
Data Collection Methodology	A			
Eligible Population		4,317	1	4,318
Denominator		4,317	1	4,318
Numerator Events by Administrative Data		46	0	46
Reported Rate (Per 1,000 members)		10.66	0.00	10.65

Appendix C: Department of Community Health, State of Georgia
Validated CY 2016 Performance Measures for Peach State

Screening for Clinical Depression and Follow-up Plan (CDF-AD)			
Reporting Age Group	Ages 18-64	Ages 65+	All Ages
Reporting Year	SFY 2017	SFY 2017	SFY 2017
Measurement Period	CY 2016	CY 2016	CY 2016
Data Collection Methodology	H	H	H
Eligible Population	73,781	40	73,821
Exclusions	0	0	0
Denominator	413	0	413
Numerator Events by Administrative Data	5	0	5
Numerator Events by Medical Records	40	0	40
Numerator Total	45	0	45
Reported Rate	10.90%	NA	10.90%

Appendix C: Department of Community Health, State of Georgia
Validated CY 2016 Performance Measures for Peach State

Colorectal Cancer Screening (COL)	
Data Element	General Measure Data
Reporting Year	SFY 2017
Measurement Period	CY 2016
Data Collection Methodology	H
Eligible Population	853
Number of Numerator Events by Administrative Data in Eligible Population (before exclusions)	396
Current Year's Administrative Rate (before exclusions)	46.42%
Minimum Required Sample Size (MRSS) or Other Sample Size	411
Oversampling Rate	1%
Final Sample Size (FSS)	432
Number of Numerator Events by Administrative Data in FSS	194
Administrative Rate on FSS	44.91%
Number of Original Sample Records Excluded Because of Valid Data Errors	
Number of Administrative Data Records Excluded	
Number of Medical Records Excluded	
Number of Employee/Dependent Medical Records Excluded	

Appendix C: Department of Community Health, State of Georgia
 Validated CY 2016 Performance Measures for Peach State

Colorectal Cancer Screening (COL)	
Data Element	General Measure Data
Reporting Year	SFY 2017
Measurement Period	CY 2016
Data Collection Methodology	H
Records Added from the Oversample List	
Denominator	432
Numerator Events by Administrative Data	194
Numerator Events by Medical Records	17
Reported Rate	48.84%

Appendix C: Department of Community Health, State of Georgia
Validated CY 2016 Performance Measures for Peach State

Plan All-Cause Readmissions Rate (PCR-AD)			
Age	Count of Index Stays (Denominator)	Count of 30-Day Readmissions (Numerator)	Observed Readmission (Num/Den)
18-44	1,340	159	11.87%
45-54	225	22	9.78%
55-64	67	8	11.94%
Total	1,632	189	11.58%

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



Appendix D. HEDIS Interactive Data Submission System Data

Appendix D contains Peach State Health Plan's reported IDSS data from its NCQA HEDIS Compliance Audit.

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

Audit Review Table				
Peach State Health Plan (Org ID: 6625, SubID: 9227, Medicaid, Spec Area: None, Spec Proj: None, Contract Number: None)				
Measurement Year - 2016; Date & Timestamp - 6/8/2017 9:28:07 AM				
The Auditor lock has been applied to this submission.				
Measure/Data Element	Benefit Offered	Rate	Audit Designation	Comment
Effectiveness of Care: Prevention and Screening				
Adult BMI Assessment (aba)		85.88%	R	Reportable
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (wcc)				
<i>BMI Percentile</i>		73.32%	R	Reportable
<i>Counseling for Nutrition</i>		68.27%	R	Reportable
<i>Counseling for Physical Activity</i>		57.93%	R	Reportable
Childhood Immunization Status (cis)				
<i>DTaP</i>		81.01%	R	Reportable
<i>IPV</i>		93.03%	R	Reportable
<i>MMR</i>		92.07%	R	Reportable
<i>HiB</i>		91.11%	R	Reportable
<i>Hepatitis B</i>		86.54%	R	Reportable
<i>VZV</i>		92.55%	R	Reportable
<i>Pneumococcal Conjugate</i>		83.89%	R	Reportable
<i>Hepatitis A</i>		90.38%	R	Reportable
<i>Rotavirus</i>		76.44%	R	Reportable
<i>Influenza</i>		36.06%	R	Reportable
<i>Combination #2</i>		73.80%	R	Reportable
<i>Combination #3</i>		71.88%	R	Reportable
<i>Combination #4</i>		71.39%	R	Reportable
<i>Combination #5</i>		61.54%	R	Reportable
<i>Combination #6</i>		30.53%	R	Reportable
<i>Combination #7</i>		61.06%	R	Reportable
<i>Combination #8</i>		30.29%	R	Reportable
<i>Combination #9</i>		26.92%	R	Reportable
<i>Combination #10</i>		26.68%	R	Reportable
Immunizations for Adolescents (ima)				
<i>Meningococcal</i>		89.66%	R	Reportable

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

Audit Review Table				
<i>Tdap</i>		89.66%	R	Reportable
<i>HPV</i>		22.84%	R	Reportable
<i>Combination #1</i>		87.02%	R	Reportable
<i>Combination #2</i>		21.88%	R	Reportable
Lead Screening in Children (lsc)		83.17%	R	Reportable
Breast Cancer Screening (bcs)		66.12%	R	Reportable
Cervical Cancer Screening (ccs)		66.19%	R	Reportable
Chlamydia Screening in Women (chl)				
<i>16-20 Years</i>		59.78%	R	Reportable
<i>21-24 Years</i>		73.04%	R	Reportable
<i>Total</i>		62.60%	R	Reportable
Effectiveness of Care: Respiratory Conditions				
Appropriate Testing for Children with Pharyngitis (cwp)	Y	83.95%	R	Reportable
Use of Spirometry Testing in the Assessment and Diagnosis of COPD (spr)		37.70%	R	Reportable
Pharmacotherapy Management of COPD Exacerbation (pce)	Y			
<i>Systemic Corticosteroid</i>		74.65%	R	Reportable
<i>Bronchodilator</i>		78.87%	R	Reportable
Medication Management for People With Asthma (mma)	Y			
<i>5-11 Years: Medication Compliance 50%</i>		46.01%	R	Reportable
<i>5-11 Years: Medication Compliance 75%</i>		20.28%	R	Reportable
<i>12-18 Years: Medication Compliance 50%</i>		44.02%	R	Reportable
<i>12-18 Years: Medication Compliance 75%</i>		19.77%	R	Reportable
<i>19-50 Years: Medication Compliance 50%</i>		52.74%	R	Reportable
<i>19-50 Years: Medication Compliance 75%</i>		21.89%	R	Reportable
<i>51-64 Years: Medication Compliance 50%</i>		57.89%	NA	Small Denominator
<i>51-64 Years: Medication Compliance 75%</i>		36.84%	NA	Small Denominator
<i>Total: Medication Compliance 50%</i>		45.69%	R	Reportable
<i>Total: Medication Compliance 75%</i>		20.25%	R	Reportable
Asthma Medication Ratio (amr)	Y			
<i>5-11 Years</i>		77.27%	R	Reportable

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

Audit Review Table					
	12-18 Years		67.95%	R	Reportable
	19-50 Years		49.22%	R	Reportable
	51-64 Years		60.87%	NA	Small Denominator
	Total		72.38%	R	Reportable
Effectiveness of Care: Cardiovascular Conditions					
Controlling High Blood Pressure (cbp)			37.82%	R	Reportable
Persistence of Beta-Blocker Treatment After a Heart Attack (pbh)		Y	70.59%	NA	Small Denominator
Statin Therapy for Patients With Cardiovascular Disease (spc)		Y			
<i>Received Statin Therapy: 21-75 Years (Male)</i>			73.08%	NA	Small Denominator
<i>Statin Adherence 80%: 21-75 Years (Male)</i>			42.11%	NA	Small Denominator
<i>Received Statin Therapy: 40-75 Years (Female)</i>			64.15%	R	Reportable
<i>Statin Adherence 80%: 40-75 Years (Female)</i>			38.24%	R	Reportable
<i>Received Statin Therapy: Total</i>			67.09%	R	Reportable
<i>Statin Adherence 80%: Total</i>			39.62%	R	Reportable
Effectiveness of Care: Diabetes					
Comprehensive Diabetes Care (cdc)					
<i>Hemoglobin A1c (HbA1c) Testing</i>			83.48%	R	Reportable
<i>HbA1c Poor Control (>9.0%)</i>			61.04%	R	Reportable
<i>HbA1c Control (<8.0%)</i>			29.91%	R	Reportable
<i>HbA1c Control (<7.0%)</i>			22.46%	R	Reportable
<i>Eye Exam (Retinal) Performed</i>			59.83%	R	Reportable
<i>Medical Attention for Nephropathy</i>			88.70%	R	Reportable
<i>Blood Pressure Control (<140/90 mm Hg)</i>			46.78%	R	Reportable
Statin Therapy for Patients With Diabetes (spd)		Y			
<i>Received Statin Therapy</i>			50.27%	R	Reportable
<i>Statin Adherence 80%</i>			44.64%	R	Reportable
Effectiveness of Care: Musculoskeletal Conditions					
Disease-Modifying Anti-Rheumatic Drug Therapy in Rheumatoid Arthritis (art)		Y	69.88%	R	Reportable
Effectiveness of Care: Behavioral Health					
Antidepressant Medication Management (amm)		Y			

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

Audit Review Table				
<i>Effective Acute Phase Treatment</i>		40.76%	R	Reportable
<i>Effective Continuation Phase Treatment</i>		24.84%	R	Reportable
Follow-Up Care for Children Prescribed ADHD Medication (add)	Y			
<i>Initiation Phase</i>		45.69%	R	Reportable
<i>Continuation and Maintenance (C&M) Phase</i>		59.84%	R	Reportable
Follow-Up After Hospitalization for Mental Illness (fuh)	Y			
<i>30-Day Follow-Up</i>		66.67%	R	Reportable
<i>7-Day Follow-Up</i>		50.75%	R	Reportable
Follow-Up After Emergency Department Visit for Mental Illness (fum)	Y			
<i>30-Day Follow-Up</i>		46.05%	R	Reportable
<i>7-Day Follow-Up</i>		31.40%	R	Reportable
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence (fua)	Y			
<i>30-Day Follow-Up: 13-17 Years</i>		3.57%	R	Reportable
<i>7-Day Follow-Up: 13-17 Years</i>		1.19%	R	Reportable
<i>30-Day Follow-Up: 18+ Years</i>		8.94%	R	Reportable
<i>7-Day Follow-Up: 18+ Years</i>		7.32%	R	Reportable
<i>30-Day Follow-Up: Total</i>		7.58%	R	Reportable
<i>7-Day Follow-Up: Total</i>		5.76%	R	Reportable
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medication (ssd)	Y	85.39%	R	Reportable
Diabetes Monitoring for People With Diabetes and Schizophrenia (smd)		72.22%	R	Reportable
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia (smc)		100.00%	NA	Small Denominator
Adherence to Antipsychotic Medications for Individuals With Schizophrenia (saa)	Y	31.53%	R	Reportable
Metabolic Monitoring for Children and Adolescents on Antipsychotics (apm)	Y			
<i>1-5 Years</i>		23.08%	NA	Small Denominator

**Appendix D: Department of Community Health, State of Georgia
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Audit Review Table					
	6-11 Years		18.23%	R	Reportable
	12-17 Years		26.80%	R	Reportable
	Total		23.08%	R	Reportable
Effectiveness of Care: Medication Management					
Annual Monitoring for Patients on Persistent Medications (mpm)	Y				
	ACE Inhibitors or ARBs		87.22%	R	Reportable
	Digoxin		50.00%	NA	Small Denominator
	Diuretics		86.68%	R	Reportable
	Total		86.91%	R	Reportable
Effectiveness of Care: Overuse/Appropriateness					
Non-Recommended Cervical Cancer Screening in Adolescent Females (ncs)			2.49%	R	Reportable
Appropriate Treatment for Children With URI (uri)	Y		87.16%	R	Reportable
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (aab)	Y		26.21%	R	Reportable
Use of Imaging Studies for Low Back Pain (lbp)			73.01%	R	Reportable
Use of Multiple Concurrent Antipsychotics in Children and Adolescents (apc)	Y				
	1-5 Years		0.00%	NA	Small Denominator
	6-11 Years		1.06%	R	Reportable
	12-17 Years		1.63%	R	Reportable
	Total		1.37%	R	Reportable
Access/Availability of Care					
Adults' Access to Preventive/Ambulatory Health Services (aap)					
	20-44 Years		77.22%	R	Reportable
	45-64 Years		85.25%	R	Reportable
	65+ Years		100.00%	NA	Small Denominator
	Total		78.28%	R	Reportable

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Audit Review Table				
Children and Adolescents' Access to Primary Care Practitioners (cap)				
12-24 Months		96.84%	R	Reportable
25 Months - 6 Years		89.69%	R	Reportable
7-11 Years		90.64%	R	Reportable
12-19 Years		88.73%	R	Reportable
Annual Dental Visit (adv)	Y			
2-3 Years		39.98%	R	Reportable
4-6 Years		70.18%	R	Reportable
7-10 Years		73.04%	R	Reportable
11-14 Years		66.51%	R	Reportable
15-18 Years		56.94%	R	Reportable
19-20 Years		35.07%	R	Reportable
Total		63.90%	R	Reportable
Initiation and Engagement of AOD Dependence Treatment (iet)	Y			
Initiation of AOD Treatment: 13-17 Years		38.74%	R	Reportable
Engagement of AOD Treatment: 13-17 Years		10.16%	R	Reportable
Initiation of AOD Treatment: 18+ Years		34.62%	R	Reportable
Engagement of AOD Treatment: 18+ Years		6.00%	R	Reportable
Initiation of AOD Treatment: Total		35.32%	R	Reportable
Engagement of AOD Treatment: Total		6.71%	R	Reportable
Prenatal and Postpartum Care (ppc)				
Timeliness of Prenatal Care		73.72%	R	Reportable
Postpartum Care		61.07%	R	Reportable
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (app)	Y			
1-5 Years		62.50%	NA	Small Denominator
6-11 Years		56.55%	R	Reportable
12-17 Years		58.89%	R	Reportable
Total		57.89%	R	Reportable
Utilization				
Frequency of Ongoing Prenatal Care (fpc)				
<21 Percent		19.95%	R	Reportable
21-40 Percent		10.71%	R	Reportable

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Audit Review Table					
	<i>41-60 Percent</i>		8.03%	R	Reportable
	<i>61-80 Percent</i>		13.14%	R	Reportable
	<i>81+ Percent</i>		48.18%	R	Reportable
Well-Child Visits in the First 15 Months of Life (w15)					
	<i>0 Visits</i>		1.60%	R	Reportable
	<i>1 Visit</i>		2.13%	R	Reportable
	<i>2 Visits</i>		3.47%	R	Reportable
	<i>3 Visits</i>		4.27%	R	Reportable
	<i>4 Visits</i>		9.07%	R	Reportable
	<i>5 Visits</i>		15.73%	R	Reportable
	<i>6+ Visits</i>		63.73%	R	Reportable
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (w34)					
			72.80%	R	Reportable
Adolescent Well-Care Visits (awc)					
			50.00%	R	Reportable
Frequency of Selected Procedures (fsp)					
				R	Reportable
Ambulatory Care: Total (amba)					
				R	Reportable
Ambulatory Care: Dual Eligibles (ambb)					
				NR	Not Reported
Ambulatory Care: Disabled (ambc)					
				NR	Not Reported
Ambulatory Care: Other (ambd)					
				NR	Not Reported
Inpatient Utilization--General Hospital/Acute Care: Total (ipua)					
				R	Reportable
Inpatient Utilization--General Hospital/Acute Care: Dual Eligibles (ipub)					
				NR	Not Reported
Inpatient Utilization--General Hospital/Acute Care: Disabled (ipuc)					
				NR	Not Reported
Inpatient Utilization--General Hospital/Acute Care: Other (ipud)					
				NR	Not Reported
Identification of Alcohol and Other Drug Services: Total (iada)					
	Y			R	Reportable
Identification of Alcohol and Other Drug Services: Dual Eligibles (iadb)					
	N			NR	Not Reported
Identification of Alcohol and Other Drug Services: Disabled (iadc)					
	N			NR	Not Reported

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Audit Review Table				
Identification of Alcohol and Other Drug Services: Other (iadd)	N		NR	Not Reported
Mental Health Utilization: Total (mpta)	Y		R	Reportable
Mental Health Utilization: Dual Eligibles (mptb)	N		NR	Not Reported
Mental Health Utilization: Disabled (mptc)	N		NR	Not Reported
Mental Health Utilization: Other (mptd)	N		NR	Not Reported
Antibiotic Utilization: Total (abxa)	Y		R	Reportable
Antibiotic Utilization: Dual Eligibles (abxb)	N		NR	Not Reported
Antibiotic Utilization: Disabled (abxc)	N		NR	Not Reported
Antibiotic Utilization: Other (abxd)	N		NR	Not Reported
Standardized Healthcare-Associated Infection Ratio (hai)			R	Reportable
Health Plan Descriptive Information				
Board Certification (bcr)			UN	Unaudited
Enrollment by Product Line: Total (enpa)			R	Reportable
Enrollment by Product Line: Dual Eligibles (enpb)			NR	Not Reported
Enrollment by Product Line: Disabled (enpc)			NR	Not Reported
Enrollment by Product Line: Other (enpd)			NR	Not Reported
Enrollment by State (ebs)			R	Reportable
Language Diversity of Membership (ldm)			R	Reportable
Race/Ethnicity Diversity of Membership (rdm)			R	Reportable
Total Membership (tlm)			R	Reportable
Measures Collected using Electronic Clinical Data Systems				
Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults (dms)				
<i>Inclusion in ECDS: Total</i>			NR	Not Reported
<i>Utilization of PHQ-9: Total</i>			NR	Not Reported
Depression and Remission or Response for Adolescents and Adults (drr)				
<i>EDCS Coverage: Total</i>			NR	Not Reported
<i>Follow-up PHQ-9: Total</i>			NR	Not Reported
<i>Depression Remission: Total</i>			NR	Not Reported
<i>Depression Response: Total</i>			NR	Not Reported

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Standardize Healthcare-Associated Infection Ratio (HAI)							
Peach State Health Plan (Org ID: 6625, SubID: 9227, Medicaid, Spec Area: None, Spec Proj: None, Contract Number: None)							
Classification	Number of Contracted Hospitals with Reportable SIR	Total Inpatient Discharges	Percentage of Total Discharges From High SIR Hospitals	Percentage of Total Discharges From Moderate SIR Hospitals	Percentage of Total Discharges From Low SIR Hospitals	Percentage of Total Discharges From Hospitals With Unavailable SIR	Plan-Weighted SIR
HAI-1: Central line-associated blood stream infection (CLABSI)	156	43114	0.3487	0.0621	0.4113	0.1779	0.8726
HAI-2: Catheter-associated urinary tract infection (CAUTI)	156	43114	0.3131	0.0810	0.4581	0.1478	0.9489
HAI-5: MRSA bloodstream infection (MRSA)	156	43114	0.2354	0.1377	0.3889	0.2380	0.9749
HAI-6: Clostridium difficile intestinal infection (CDIFF)	156	43114	0.2805	0.2566	0.3060	0.1569	0.7864

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Frequency of Selected Procedures (FSP)				
Peach State Health Plan (Org ID: 6625, SubID: 9227, Medicaid, Spec Area: None, Spec Proj: None, Contract Number: None)				
Age	Male	Female	Total	
0-9	1,238,351	1,209,456	2,447,807	
10-19	829,826	862,117	1,691,943	
15-44		948,843		
20-44	55,883	594,024		
30-64	56,143			
45-64	16,227	54,458		
Procedure	Age	Sex	Number of Procedures	Procedures / 1,000 Member Months
Bariatric Weight Loss Surgery	0-19	Male	0	0.00
		Female	0	0.00
	20-44	Male	0	0.00
		Female	12	0.02
	45-64	Male	0	0.00
		Female	3	0.06
Tonsillectomy	0-9	Male &	1588	0.65
	10-19	Female	449	0.27
Hysterectomy, Abdominal	15-44	Female	155	0.16
	45-64		29	0.53
Hysterectomy, Vaginal	15-44	Female	91	0.10
	45-64		15	0.28
Cholecystectomy, Open	30-64	Male	1	0.02
	15-44	Female	13	0.01
	45-64		0	0.00
Cholecystectomy (laparoscopic)	30-64	Male	16	0.28
	15-44	Female	479	0.50
	45-64		41	0.75
Back Surgery	20-44	Male	17	0.30
		Female	65	0.11
	45-64	Male	8	0.49
		Female	19	0.35
Mastectomy	15-44	Female	51	0.05
	45-64		64	1.18
Lumpectomy	15-44	Female	133	0.14
	45-64		68	1.25

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Ambulatory Care: Total (AMBA)				
Peach State Health Plan (Org ID: 6625, SubID: 9227, Medicaid, Spec Area: None, Spec Proj: None, Contract Number: None)				
Age	Member Months			
<1	327,319			
1-9	2,120,488			
10-19	1,691,943			
20-44	649,907			
45-64	70,685			
65-74	165			
75-84	45			
85+	11			
Unknown	0			
Total	4,860,563			
Age	Outpatient Visits		ED Visits	
	Visits	Visits/ 1,000 Member Months	Visits	Visits/ 1,000 Member Months
<1	248235	758.39	28676	87.61
1-9	616123	290.56	95739	45.15
10-19	356912	210.95	56561	33.43
20-44	230751	355.05	67817	104.35
45-64	41386	585.50	5224	73.91
65-74	145	878.79	18	109.09
75-84	40	888.89	2	44.44
85+	2	181.82	1	90.91
Unknown	0		0	
Total	1,493,594	307.29	254,038	52.27

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Inpatient Utilization--General Hospital/Acute Care: Total (IPUA)					
Peach State Health Plan (Org ID: 6625, SubID: 9227, Medicaid, Spec Area: None, Spec Proj: None, Contract Number: None)					
Age	Member Months				
<1	327,319				
1-9	2,120,488				
10-19	1,691,943				
20-44	649,907				
45-64	70,685				
65-74	165				
75-84	45				
85+	11				
Unknown	0				
Total	4,860,563				
Total Inpatient					
Age	Discharges	Discharges / 1,000 Member Months	Days	Days / 1,000 Members Months	Average Length of Stay
<1	2176	6.65	16443	50.24	7.56
1-9	2295	1.08	7076	3.34	3.08
10-19	3527	2.08	11615	6.86	3.29
20-44	20778	31.97	61421	94.51	2.96
45-64	628	8.88	2976	42.10	4.74
65-74	1	6.06	1	6.06	1.00
75-84	0	0.00	0	0.00	
85+	2	181.82	27	2,454.55	13.50
Unknown	0		0		
Total	29,407	6.05	99,559	20.48	3.39
Maternity*					
Age	Discharges	Discharges / 1,000 Member Months	Days	Days / 1,000 Members Months	Average Length of Stay
10-19	2122	1.25	6144	3.63	2.90
20-44	18667	28.72	52769	81.19	2.83

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Inpatient Utilization--General Hospital/Acute Care: Total (IPUA)					
45-64	39	0.55	134	1.90	3.44
Unknown	0		0		
Total	20,828	8.63	59,047	24.48	2.83
*The maternity category is calculated using member months for members 10-64 years.					
Surgery					
Age	Discharges	Discharges / 1,000 Member Months	Days	Days / 1,000 Members Months	Average Length of Stay
<1	448	1.37	8700	26.58	19.42
1-9	463	0.22	2611	1.23	5.64
10-19	532	0.31	2862	1.69	5.38
20-44	840	1.29	4287	6.60	5.10
45-64	244	3.45	1474	20.85	6.04
65-74	1	6.06	1	6.06	1.00
75-84	0	0.00	0	0.00	
85+	1	90.91	17	1,545.45	17.00
Unknown	0		0		
Total	2,529	0.52	19,952	4.10	7.89
Medicine					
Age	Discharges	Discharges / 1,000 Member Months	Days	Days / 1,000 Members Months	Average Length of Stay
<1	1728	5.28	7743	23.66	4.48
1-9	1832	0.86	4465	2.11	2.44
10-19	873	0.52	2609	1.54	2.99
20-44	1271	1.96	4365	6.72	3.43
45-64	345	4.88	1368	19.35	3.97
65-74	0	0.00	0	0.00	
75-84	0	0.00	0	0.00	
85+	1	90.91	10	909.09	10.00
Unknown	0		0		
Total	6,050	1.24	20,560	4.23	3.40

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Identification of Alcohol and Other Drug Services: Total (IADA)												
Peach State Health Plan (Org ID: 6625, SubID: 9227, Medicaid, Spec Area: None, Spec Proj: None, Contract Number: None)												
Age	Member Months (Any)			Member Months (Inpatient)			Member Months (Intensive Outpatient/Partial Hospitalization)			Member Months (Outpatient/ED)		
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
0-12	1557036	1527584	3,084,620	1557036	1527584	3,084,620	1557036	1527584	3,084,620	1557036	1527584	3,084,620
13-17	441803	453132	894,935	441803	453132	894,935	441803	453132	894,935	441803	453132	894,935
18-24	74218	222730	296,948	74218	222713	296,931	74218	222713	296,931	74218	222730	296,948
25-34	25484	303375	328,859	25484	303344	328,828	25484	303344	328,828	25484	303375	328,859
35-64	41746	209912	251,658	41746	209903	251,649	41746	209903	251,649	41746	209912	251,658
65+	93	128	221	93	128	221	93	128	221	93	128	221
Unknown	0	0	0	0	0	0	0	0	0	0	0	0

Total												
	2,140,380	2,716,861	4,857,241	2,140,380	2,716,804	4,857,184	2,140,380	2,716,804	4,857,184	2,140,380	2,716,861	4,857,241
Age	Sex	Any Services		Inpatient		Intensive Outpatient/Partial		Outpatient/ED				
		Number	Percent	Number	Percent	Number	Percent	Number	Percent			
0-12	M	91	0.07%	11	0.01%	0	0.00%	84	0.06%			
	F	50	0.04%	5	0.00%	0	0.00%	48	0.04%			
	Total	141	0.05%	16	0.01%	0	0.00%	132	0.05%			
13-17	M	467	1.27%	80	0.22%	12	0.03%	420	1.14%			
	F	301	0.80%	97	0.26%	14	0.04%	240	0.64%			
	Total	768	1.03%	177	0.24%	26	0.03%	660	0.88%			
18-24	M	155	2.51%	29	0.47%	3	0.05%	142	2.30%			
	F	590	3.18%	222	1.20%	11	0.06%	456	2.46%			
	Total	745	3.01%	251	1.01%	14	0.06%	598	2.42%			
25-34	M	152	7.16%	26	1.22%	5	0.24%	142	6.69%			
	F	1391	5.50%	408	1.61%	41	0.16%	1201	4.75%			
	Total	1,543	5.63%	434	1.58%	46	0.17%	1,343	4.90%			
35-64	M	211	6.07%	43	1.24%	4	0.11%	202	5.81%			
	F	985	5.63%	250	1.43%	16	0.09%	911	5.21%			
	Total	1,196	5.70%	293	1.40%	20	0.10%	1,113	5.31%			
65+	M	0	0.00%	0	0.00%	0	0.00%	0	0.00%			
	F	1	9.38%	0	0.00%	0	0.00%	1	9.38%			
	Total	1	5.43%	0	0.00%	0	0.00%	1	5.43%			
Unknown	M	0		0		0		0				
	F	0		0		0		0				
	Total	0		0		0		0				
Total	M	1,076	0.60%	189	0.11%	24	0.01%	990	0.56%			
	F	3,318	1.47%	982	0.43%	82	0.04%	2,857	1.26%			
	Total	4,394	1.09%	1,171	0.29%	106	0.03%	3,847	0.95%			

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Mental Health Utilization: Total (MPTA)												
Peach State Health Plan (Org ID: 6625, SubID: 9227, Medicaid, Spec Area: None, Spec Proj: None, Contract Number: None)												
Age	Member Months (Any)			Member Months (Inpatient)			Member Months (Intensive Outpatient/Partial Hospitalization)			Member Months (Outpatient/ED)		
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
0-12	1557036	1527591	3,084,627	1557036	1527584	3,084,620	1557036	1527584	3,084,620	1557036	1527591	3,084,627
13-17	441803	453132	894,935	441803	453132	894,935	441803	453132	894,935	441803	453132	894,935
18-64	141448	736052	877,500	141448	735928	877,376	141448	735928	877,376	141448	736052	877,500
65+	93	128	221	93	128	221	93	128	221	93	128	221
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Total	2,140,380	2,716,903	4,857,283	2,140,380	2,716,772	4,857,152	2,140,380	2,716,772	4,857,152	2,140,380	2,716,903	4,857,283
Age	Sex	Any Services		Inpatient		Intensive Outpatient/Partial Hospitalization		Outpatient/ED				
		Number	Percent	Number	Percent	Number	Percent	Number	Percent			
0-12	M	10591	8.16%	113	0.09%	61	0.05%	10574	8.15%			
	F	6418	5.04%	105	0.08%	45	0.04%	6396	5.02%			
	Total	17,009	6.62%	218	0.08%	106	0.04%	16,970	6.60%			
13-17	M	4029	10.94%	289	0.78%	68	0.18%	3965	10.77%			
	F	4471	11.84%	568	1.50%	136	0.36%	4343	11.50%			
	Total	8,500	11.40%	857	1.15%	204	0.27%	8,308	11.14%			
18-64	M	723	6.13%	79	0.67%	10	0.08%	695	5.90%			
	F	5592	9.12%	474	0.77%	101	0.16%	5428	8.85%			
	Total	6,315	8.64%	553	0.76%	111	0.15%	6,123	8.37%			
65+	M	0	0.00%	0	0.00%	0	0.00%	0	0.00%			
	F	1	9.38%	0	0.00%	0	0.00%	1	9.38%			
	Total	1	5.43%	0	0.00%	0	0.00%	1	5.43%			
Unknown	M	0		0		0		0				
	F	0		0		0		0				
	Total	0		0		0		0				
Total	M	15,343	8.60%	481	0.27%	139	0.08%	15,234	8.54%			
	F	16,482	7.28%	1,147	0.51%	282	0.12%	16,168	7.14%			
	Total	31,825	7.86%	1,628	0.40%	421	0.10%	31,402	7.76%			

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Antibiotic Utilization: Total (ABXA)								
Peach State Health Plan (Org ID: 6625, SubID: 9227, Medicaid, Spec Area: None, Spec Proj: None, Contract Number: None)								
Pharmacy Benefit Member Months								
Age	Male	Female	Total					
0-9	1238351	1209456	2,447,807					
10-17	760488	771277	1,531,765					
18-34	99702	529112	628,814					
35-49	33492	185315	218,807					
50-64	8254	24895	33,149					
65-74	73	92	165					
75-84	11	34	45					
85+	9	2	11					
Unknown	0	0	0					
Total	2,140,380	2,720,183	4,860,563					
Antibiotic Utilization								
Age	Sex	Total Antibiotic Scrips	Average Scrips PMPY for Antibiotics	Total Days Supply for All Antibiotic Scrips	Average Days Supply per Antibiotic Scrip	Total Number of Scrips for Antibiotics of Concern	Average Scrips PMPY for Antibiotics of Concern	Percentage of Antibiotics of Concern of All Antibiotic Scrips
0-9	M	111610	1.08	1057321	9.47	44328	0.43	39.72%
	F	106750	1.06	1018356	9.54	40070	0.40	37.54%
	Total	218,360	1.07	2,075,677	9.51	84,398	0.41	38.65%
10-17	M	30291	0.48	310201	10.24	12389	0.20	40.90%
	F	41630	0.65	403784	9.70	16113	0.25	38.71%
	Total	71,921	0.56	713,985	9.93	28,502	0.22	39.63%
18-34	M	4301	0.52	42075	9.78	1732	0.21	40.27%
	F	64384	1.46	489910	7.61	21594	0.49	33.54%
	Total	68,685	1.31	531,985	7.75	23,326	0.45	33.96%
35-49	M	2236	0.80	20478	9.16	1023	0.37	45.75%
	F	23205	1.50	191531	8.25	9788	0.63	42.18%
	Total	25,441	1.40	212,009	8.33	10,811	0.59	42.49%
50-64	M	594	0.86	5331	8.97	291	0.42	48.99%
	F	3087	1.49	25801	8.36	1527	0.74	49.47%
	Total	3,681	1.33	31,132	8.46	1,818	0.66	49.39%
65-74	M	6	0.99	44	7.33	5	0.82	83.33%
	F	9	1.17	63	7.00	5	0.65	55.56%
	Total	15	1.09	107	7.13	10	0.73	66.67%
75-84	M	0	0.00	0		0	0.00	
	F	3	1.06	30	10.00	2	0.71	66.67%
	Total	3	0.80	30	10.00	2	0.53	66.67%
85+	M	0	0.00	0		0	0.00	
	F	0	0.00	0		0	0.00	
	Total	0	0.00	0		0	0.00	
Unknown	M	0		0		0		
	F	0		0		0		
	Total	0		0		0		
Total	M	149,038	0.84	1,435,450	9.63	59,768	0.34	40.10%
	F	239,068	1.05	2,129,475	8.91	89,099	0.39	37.27%
	Total	388,106	0.96	3,564,925	9.19	148,867	0.37	38.36%

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

Antibiotic Utilization: Total (ABXA)															
Age	Sex	Antibiotics of Concern Utilization													
		Total Quinolone Scrips	Average Scrips PMPY for Quinolones	Total Cephalosporin 2nd-4th Generation Scrips	Average Scrips PMPY for Cephalosporins 2nd-4th Generation	Total Azithromycin and Clarithromycin Scrips	Average Scrips PMPY for Azithromycin and Clarithromycins	Total Amoxicillin/Clavulanate Scrips	Average Scrips PMPY for Amoxicillin/Clavulanates	Total Ketolides Scrips	Average Scrips PMPY for Ketolides	Total Clindamycin Scrips	Average Scrips PMPY for Clindamycins	Total Misc. Antibiotics of Concern Scrips	Average Scrips PMPY for Misc. Antibiotics of Concern
0-9	M	39	0.00	11714	0.11	15037	0.15	15144	0.15	0	0.00	2388	0.02	6	0.00
	F	51	0.00	11410	0.11	12961	0.13	13556	0.13	0	0.00	2088	0.02	4	0.00
	Total	90	0.00	23,124	0.11	27,998	0.14	28,700	0.14	0	0.00	4,476	0.02	10	0.00
10-17	M	206	0.00	1570	0.02	5490	0.09	3919	0.06	0	0.00	1200	0.02	4	0.00
	F	533	0.01	2212	0.03	7288	0.11	4556	0.07	0	0.00	1520	0.02	4	0.00
	Total	739	0.01	3,782	0.03	12,778	0.10	8,475	0.07	0	0.00	2,720	0.02	8	0.00
18-34	M	160	0.02	85	0.01	833	0.10	443	0.05	0	0.00	206	0.02	5	0.00
	F	3758	0.09	893	0.02	10053	0.23	3814	0.09	0	0.00	3069	0.07	7	0.00
	Total	3,918	0.07	978	0.02	10,886	0.21	4,257	0.08	0	0.00	3,275	0.06	12	0.00
35-49	M	223	0.08	41	0.01	372	0.13	233	0.08	0	0.00	153	0.05	1	0.00
	F	2391	0.15	441	0.03	3739	0.24	1972	0.13	0	0.00	1228	0.08	17	0.00
	Total	2,614	0.14	482	0.03	4,111	0.23	2,205	0.12	0	0.00	1,381	0.08	18	0.00
50-64	M	64	0.09	20	0.03	103	0.15	76	0.11	0	0.00	27	0.04	1	0.00
	F	485	0.23	61	0.03	533	0.26	306	0.15	0	0.00	140	0.07	2	0.00
	Total	549	0.20	81	0.03	636	0.23	382	0.14	0	0.00	167	0.06	3	0.00
65-74	M	2	0.33	0	0.00	2	0.33	1	0.16	0	0.00	0	0.00	0	0.00
	F	3	0.39	0	0.00	2	0.26	0	0.00	0	0.00	0	0.00	0	0.00
	Total	5	0.36	0	0.00	4	0.29	1	0.07	0	0.00	0	0.00	0	0.00
75-84	M	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
	F	1	0.35	0	0.00	0	0.00	1	0.35	0	0.00	0	0.00	0	0.00
	Total	1	0.27	0	0.00	0	0.00	1	0.27	0	0.00	0	0.00	0	0.00
85+	M	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
	F	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
	Total	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Unknown	M	0		0		0		0		0		0		0	
	F	0		0		0		0		0		0		0	
	Total	0		0		0		0		0		0		0	
Total	M	694	0.00	13,430	0.08	21,837	0.12	19,816	0.11	0	0.00	3,974	0.02	17	0.00
	F	7,222	0.03	15,017	0.07	34,576	0.15	24,205	0.11	0	0.00	8,045	0.04	34	0.00
	Total	7,916	0.02	28,447	0.07	56,413	0.14	44,021	0.11	0	0.00	12,019	0.03	51	0.00

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

Antibiotic Utilization: Total (ABXA)																	
Age	Sex	All Other Antibiotics Utilization															
		Total Absorbable Sulfonamide Scrips	Average Scrips PMPY for Absorbable Sulfonamides	Total Aminoglycoside Scrips	Average Scrips PMPY for Aminoglycosides	Total 1st Generation Cephalosporin Scrips	Average Scrips PMPY for 1st Generation Cephalosporins	Total Lincosamide Scrips	Average Scrips PMPY for Lincosamides	Total Macrolides (not azith. or clarith.) Scrips	Average Scrips PMPY for Macrolides (not azith. or clarith.)	Total Penicillin Scrips	Average Scrips PMPY for Penicillins	Total Tetracycline Scrips	Average Scrips PMPY for Tetracyclines	Total Misc. Antibiotic Scrips	Average Scrips PMPY for Misc. Antibiotics
0-9	M	4201	0.04	2	0.00	6529	0.06	0	0.00	63	0.00	56303	0.55	15	0.00	169	0.00
	F	6265	0.06	6	0.00	6722	0.07	0	0.00	50	0.00	53309	0.53	24	0.00	304	0.00
	Total	10,466	0.05	8	0.00	13,251	0.06	0	0.00	113	0.00	109,612	0.54	39	0.00	473	0.00
10-17	M	2005	0.03	15	0.00	2862	0.05	0	0.00	56	0.00	10608	0.17	2141	0.03	215	0.00
	F	3963	0.06	15	0.00	3273	0.05	0	0.00	62	0.00	13408	0.21	2340	0.04	2456	0.04
	Total	5,968	0.05	30	0.00	6,135	0.05	0	0.00	118	0.00	24,016	0.19	4,481	0.04	2,671	0.02
18-34	M	390	0.05	0	0.00	341	0.04	0	0.00	2	0.00	1322	0.16	386	0.05	128	0.02
	F	5133	0.12	0	0.00	4169	0.09	0	0.00	65	0.00	11740	0.27	2143	0.05	19540	0.44
	Total	5,523	0.11	0	0.00	4,510	0.09	0	0.00	67	0.00	13,062	0.25	2,529	0.05	19,668	0.38
35-49	M	220	0.08	0	0.00	147	0.05	0	0.00	6	0.00	593	0.21	121	0.04	126	0.05
	F	2220	0.14	2	0.00	1523	0.10	0	0.00	38	0.00	4153	0.27	971	0.06	4510	0.29
	Total	2,440	0.13	2	0.00	1,670	0.09	0	0.00	44	0.00	4,746	0.26	1,092	0.06	4,636	0.25
50-64	M	60	0.09	0	0.00	57	0.08	0	0.00	1	0.00	147	0.21	19	0.03	19	0.03
	F	286	0.14	0	0.00	225	0.11	0	0.00	5	0.00	548	0.26	154	0.07	342	0.16
	Total	346	0.13	0	0.00	282	0.10	0	0.00	6	0.00	695	0.25	173	0.06	361	0.13
65-74	M	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	1	0.16	0	0.00	0	0.00
	F	1	0.13	0	0.00	2	0.26	0	0.00	0	0.00	1	0.13	0	0.00	0	0.00
	Total	1	0.07	0	0.00	2	0.15	0	0.00	0	0.00	2	0.15	0	0.00	0	0.00
75-84	M	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
	F	1	0.35	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
	Total	1	0.27	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
85+	M	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
	F	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
	Total	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Unknown	M	0		0		0		0		0		0		0		0	
	F	0		0		0		0		0		0		0		0	
	Total	0		0		0		0		0		0		0		0	
Total	M	6,876	0.04	17	0.00	9,936	0.06	0	0.00	128	0.00	68,974	0.39	2,682	0.02	657	0.00
	F	17,869	0.08	23	0.00	15,914	0.07	0	0.00	220	0.00	83,159	0.37	5,632	0.02	27,152	0.12
	Total	24,745	0.06	40	0.00	25,850	0.06	0	0.00	348	0.00	152,133	0.38	8,314	0.02	27,809	0.07

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

Enrollment by Product Line: Total (ENPA)			
Peach State Health Plan (Org ID: 6625, SubID: 9227, Medicaid, Spec Area: None, Spec Proj: None, Contract Number: None)			
Age	Male Member Months	Female Member Months	Total Member Months
<1	166142	161179	327,321
1-4	467357	454092	921,449
5-9	604854	594185	1,199,039
10-14	506335	507298	1,013,633
15-17	254153	263979	518,132
18-19	69338	90840	160,178
0-19 Subtotal	2,068,179	2,071,573	4,139,752
0-19 Subtotal: Percent	96.63%	76.15%	85.17%
20-24	4880	133361	138,241
25-29	11087	169251	180,338
30-34	14397	135686	150,083
35-39	14795	100945	115,740
40-44	10724	54822	65,546
20-44 Subtotal	55,883	594,065	649,948
20-44 Subtotal: Percent	2.61%	21.84%	13.37%
45-49	7978	29582	37,560
50-54	4988	15497	20,485
55-59	2513	6577	9,090
60-64	765	2865	3,630
45-64 Subtotal	16,244	54,521	70,765
45-64 Subtotal: Percent	0.76%	2.00%	1.46%
65-69	66	70	136
70-74	7	22	29
75-79	9	32	41
80-84	2	2	4
85-89	7	0	7
>=90	2	2	4
>=65 Subtotal	93	128	221
>=65 Subtotal: Percent	0.00%	0.00%	0.00%
Age Unknown	0	0	0
Total	2,140,399	2,720,287	4,860,686

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

Enrollment by State (EBS)	
Peach State Health Plan (Org ID: 6625, SubID: 9227, Medicaid, Spec Area: None, Spec Proj: None, Contract	
State	Number
Alabama	42
Alaska	1
Arizona	0
Arkansas	4
California	10
Colorado	0
Connecticut	0
Delaware	6
District of Columbia	0
Florida	48
Georgia	419075
Hawaii	0
Idaho	0
Illinois	8
Indiana	5
Iowa	0
Kansas	0
Kentucky	0
Louisiana	6
Maine	0
Maryland	2
Massachusetts	0
Michigan	3
Minnesota	8
Mississippi	5
Missouri	5
Montana	0
Nebraska	2
Nevada	0
New Hampshire	0
New Jersey	2
New Mexico	0

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

Enrollment by State (EBS)	
New York	15
North Carolina	14
North Dakota	0
Ohio	4
Oklahoma	1
Oregon	0
Pennsylvania	6
Rhode Island	3
South Carolina	39
South Dakota	0
Tennessee	18
Texas	11
Utah	1
Vermont	0
Virginia	9
Washington	0
West Virginia	1
Wisconsin	0
Wyoming	0
American Samoa	0
Federated States of Micronesia	0
Guam	0
Commonwealth of Northern Marianas	0
Puerto Rico	0
Virgin Islands	0
Other	8
Total	419,362

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

Language Diversity of Membership (LDM)			
Peach State Health Plan (Org ID: 6625, SubID: 9227, Medicaid, Spec Area: None, Spec Proj: None, Contract Number: None)			
Percentage of Members With Known Language Value from Each Data			
Category	Health Plan Direct	CMS/State Databases	Other Third-Party Source
Spoken Language Preferred for Health Care*	0.0000	0.0000	1.0000
Preferred Language for Written Materials*	0.0000	0.0000	1.0000
Other Language Needs*	0.0000	0.0000	1.0000
*Enter percentage as a value between 0 and 1.			
Spoken Language Preferred for Health Care			
	Number	Percentage	
English	0	0.00%	
Non-English	0	0.00%	
Unknown	572988	100.00%	
Declined	0	0.00%	
Total*	572,988	100.00%	
Language Preferred for Written Materials			
	Number	Percentage	
English	0	0.00%	
Non-English	0	0.00%	
Unknown	572988	100.00%	
Declined	0	0.00%	
Total*	572,988	100.00%	
Other Language Needs			
	Number	Percentage	
English	0	0.00%	
Non-English	0	0.00%	
Unknown	572988	100.00%	
Declined	0	0.00%	
Total*	572,988	100.00%	
*Should sum to 100%.			

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

Race/Ethnicity Diversity of Membership (RDM)										
Peach State Health Plan (Org ID: 6625, SubID: 9227, Medicaid, Spec Area: None, Spec Proj: None, Contract Number: None)										
Race/Ethnicity Diversity of Membership										
Total Unduplicated Membership During the Measurement Year	572988									
Percentage of Members for Whom the Organization Has Race/Ethnicity Information by Data Collection										
Direct Data Collection Method			Indirect Data Collection Method		Unknown					
Race	Direct Total	100.00%	Indirect Total*	0.0000	Total*	0				
	Health Plan Direct*	0.0000								
	CMS/State Database*	1								
	Other*	0.0000								
Ethnicity	Direct Total	100.00%	Indirect Total*	0.0000	Total*	0				
	Health Plan Direct*	0.0000								
	CMS/State Database*	1								
	Other*	0.0000								
*Enter percentage as a value between 0 and 1.										
Race	Hispanic or Latino		Not Hispanic or Latino		Unknown Ethnicity		Declined Ethnicity		Total	
	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage
White	47910	79.20%	142519	30.22%	377	0.92%	0		190,806	33.30%
Black or African American	2283	3.77%	285979	60.65%	647	1.58%	0		288,909	50.42%
American-Indian and Alaska Native	206	0.34%	616	0.13%	0	0.00%	0		822	0.14%
Asian	281	0.46%	16087	3.41%	4	0.01%	0		16,372	2.86%
Native Hawaiian and Other Pacific Islanders	174	0.29%	330	0.07%	0	0.00%	0		504	0.09%
Some Other Race	5389	8.91%	6728	1.43%	39	0.10%	0		12,156	2.12%
Two or More Races	0	0.00%	0	0.00%	0	0.00%	0		0	0.00%
Unknown	4246	7.02%	19279	4.09%	39894	97.40%	0		63,419	11.07%
Declined	0	0.00%	0	0.00%	0	0.00%	0		0	0.00%
Total	60,489	100.00%	471,538	100.00%	40,961	100.00%	0		572,988	100.00%

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

Total Membership (TLM)	
Peach State Health Plan (Org ID: 6625, SubID: 9227, Medicaid, Spec Area: None, Spec Proj: None, Contract Number: None)	
Product/Product Line	Total Number of Members*
HMO (total)	487,965
Medicaid	419362
Commercial	0
Medicare (cost or risk)	397
Marketplace	68206
Other	0
PPO (total)	0
Medicaid	0
Commercial	0
Medicare (cost or risk)	0
Marketplace	0
Other	0
POS (total)	0
Medicaid	0
Commercial	0
Medicare (cost or risk)	0
Marketplace	0
Other	0
FFS (total)	0
Medicaid	0
Commercial	0
Medicare (cost or risk)	0
Other	0
EPO (total)	0
Commercial	0
Marketplace	0
Other	0
Total	487,965
*Total number of members in each category as of December 31 of the measurement year.	