



State of Georgia  
Department of Community Health

**2016 Validation of Performance Measures**  
*for*  
**WellCare of Georgia, Inc.**

*Measurement Period: Calendar Year 2015*

*Validation Period: January–June 2016*

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## Table of Contents

<b>Validation of Performance Measures .....</b>	<b>1</b>
Validation Overview .....	1
Care Management Organization (CMO) Information .....	1
Performance Measures Validated .....	2
Description of Validation Activities .....	4
Pre-Audit Strategy .....	4
Validation Team .....	4
Technical Methods of Data Collection and Analysis .....	5
On-Site Activities .....	6
Data Integration, Data Control, and Performance Measure Documentation .....	8
Data Integration .....	8
Data Control .....	8
Performance Measure Documentation .....	8
Validation Results .....	9
Medical Service Data (Claims/Encounters) .....	9
Enrollment Data .....	9
Provider Data .....	10
Medical Record Review Process .....	11
Supplemental Data .....	12
Data Integration .....	12
Performance Measure Specific Findings .....	13
<b>Appendix A. Data Integration and Control Findings.....</b>	<b>A-1</b>
Documentation Worksheet.....	A-1
<b>Appendix B. Denominator and Numerator Validation Findings.....</b>	<b>B-1</b>
Reviewer Worksheets .....	B-1
<b>Appendix C. Performance Measure Rate Submission File.....</b>	<b>C-1</b>
<b>Appendix D. HEDIS Interactive Data Submission System Data.....</b>	<b>D-1</b>

## Validation Overview

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 and managed care components. The DCH contracts with three privately owned managed care organizations, referred to by the State as care management organizations (CMOs), to deliver services to members who are enrolled in the State’s Medicaid and CHIP 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 serves all other Medicaid and CHIP managed care members not enrolled in the GF 360° program. Approximately 1.3 million beneficiaries are enrolled in the GF program.<sup>1</sup>

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. HSAG validated a set of performance measures identified by DCH that were calculated and reported by the CMOs for their Georgia Families population. The DCH identified the measurement period as calendar year (CY) 2015. HSAG conducted the validation in accordance with the Centers for Medicare & Medicaid Services (CMS) publication, *EQR Protocol 2: Validation of Performance Measures Reported by the MCO: A Mandatory Protocol for External Quality Review (EQR)*, Version 2.0, September 2012.<sup>2</sup>

## Care Management Organization (CMO) Information

Basic information about WellCare of Georgia, Inc. (WellCare) appears in Table 1, including the office location(s) involved in the 2016 validation of performance measures audit that covered the CY 2015 measurement period.

**Table 1—WellCare of Georgia, Inc. Information**

<b>CMO Name:</b>	WellCare of Georgia, Inc.
<b>CMO Location:</b>	211 Perimeter Center Parkway, Ste. 800 Atlanta, GA 30346

<sup>1</sup> Georgia Department of Community Health. “Georgia Families Monthly Adjustment Summary Report, Report Period: 12/2015.”

<sup>2</sup> 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, 2016.

<b>On-site Location:</b>	8735 Henderson Rd. Tampa, FL 33634
<b>Audit Contact:</b>	Marianne Thomas, RN, BS Senior Director, Quality Improvement
<b>Contact Telephone Number:</b>	770.913.2175
<b>Contact Email Address:</b>	Marianne.Thomas@wellcare.com
<b>Site Visit Date:</b>	April 22–23, 2016

## 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),<sup>3</sup> Core Set of Health Care Quality Measures for Adults Enrolled in Medicaid (Adult Core Set),<sup>4</sup> 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<sup>®</sup>) non-Medicaid measure, was also included as part of HSAG’s validation. The measurement period was identified by DCH as CY 2015 for all measures except the two child core set dental measures. The dental measures were reported for federal fiscal year (FFY) 2015, which covered the time frame of October 1, 2014, through September 30, 2015, 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.

**Table 2—List of CY 2015 Performance Measures for WellCare of Georgia, Inc.**

	Performance Measure	Method	Specifications
1.	Antenatal Steroids	Hybrid	Adult Core Set
2.	Asthma in Younger Adults Admission Rate	Admin	Adult Core Set
3.	Care Transition—Timely Transmission of Transition Record	Hybrid	Adult Core Set
4.	Cesarean Delivery Rate	Admin	AHRQ
5.	Cesarean Section for Nulliparous Singleton Vertex	Hybrid	Child Core Set
6.	Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate	Admin	Adult Core Set

<sup>3</sup> The Centers for Medicare & Medicaid Services. Core Set of Children’s Health Care Quality Measures for Medicaid and CHIP, March 2015.

<sup>4</sup> The Centers for Medicare & Medicaid Services. Core Set of Health Care Quality Measures for Adults Enrolled in Medicaid, April 2015.

HEDIS<sup>®</sup> is a registered trademark of the National Committee for Quality Assurance (NCQA).

Performance Measure		Method	Specifications
7.	Colorectal Cancer Screening	Hybrid	HEDIS*
8.	Dental Sealants for 6–9 Year Old Children at Elevated Caries Risk	Admin	Child Core Set
9.	Developmental Screening in the First Three Years of Life	Hybrid	Child Core Set
10.	Diabetes Short-Term Complications Admission Rate	Admin	Adult Core Set
11.	Elective Delivery	Hybrid	Adult Core Set
12.	Heart Failure Admission Rate	Admin	Adult Core Set
13.	Live Births Weighing Less Than 2,500 Grams	Admin	Child Core Set
14.	Maternity Care—Behavioral Health Risk Assessment	Hybrid	Child Core Set
15.	Percentage of Eligibles Who Received Preventive Dental Services	Admin	Child Core Set
16.	Plan All-Cause Readmissions	Admin	Adult Core Set
17.	Screening for Clinical Depression and Follow-up Plan	Hybrid	Adult Core Set

\*The CMO reported this measure using the HEDIS 2016, Volume 2: Technical Specifications for Health Plans, but applied to its Medicaid population.

In addition to the AHRQ and the CMS adult and child core set measures audited by HSAG, DCH required WellCare to report a selected set of HEDIS measures to DCH. WellCare was required to contract with a National Committee for Quality Assurance (NCQA)-licensed audit organization and undergo an NCQA HEDIS Compliance Audit™. Final audited HEDIS measure results from NCQA’s Interactive Data Submission System (IDSS) were submitted to HSAG and provided to DCH. Appendix D displays the final audited HEDIS 2016 results for all required measures, covering the CY 2015 measurement period. HSAG will use these results in addition to the measures HSAG validated as data sources for the annual EQR technical report, to be completed in 2017.

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

## Description of Validation Activities

### Pre-Audit Strategy

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

HSAG then prepared a document request letter that was submitted to WellCare outlining the steps in the performance measure validation process. The document request letter included a request for source code for each performance measure; a completed HEDIS 2016 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 WellCare during the pre-on-site phase.

Approximately two weeks prior to the on-site visit, HSAG provided WellCare with an agenda describing all on-site visit activities and indicating the type of staff needed for each session. HSAG also conducted a pre-on-site conference call with WellCare to discuss on-site logistics and expectations, important deadlines, outstanding Roadmap documentation, and any questions from WellCare 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 WellCare. Some team members, including the lead auditor, participated in the on-site meetings at WellCare; others conducted their work at HSAG’s offices. Table 3 lists the validation team members, their roles, and their skills and expertise.

**Table 3—Validation Team**

Name and Role	Skills and Expertise
Mariyah Badani, JD, MBA, CHCA <i>Director, Audits/State &amp; Corporate Services</i>	Management of 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.
Tammy Gianfrancisco <i>Project Leader and Source Code Review Manager, Audits</i>	Coordinator for the audit department, liaison between the audit team and clients, manages deliverables and timelines, and coordinates source code review activities.

Name and Role	Skills and Expertise
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 medical record review (MRR) 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 specifications and source code/programming language.

### 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 2016 Roadmap:** WellCare completed and submitted the required and relevant portions of its Roadmap for HSAG’s review. HSAG used responses from the Roadmap to complete the pre-on-site assessment of information systems.
- Medical record documentation:** WellCare completed the MRR section within the Roadmap. In addition, WellCare submitted the following documentation for review: medical record hybrid tools and instructions, training materials for 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 CMOs, HSAG requested WellCare 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 WellCare 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:** WellCare 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 a Web-assisted session where Inovalon displayed the source code for each measure and explained its rate generation and data integration processes to HSAG’s source code review team.
- Supporting documentation:** HSAG requested documentation that would provide reviewers with additional information to complete the validation process, including policies and procedures, file layouts, system flow diagrams, system log files, and data collection process descriptions. HSAG reviewed all supporting documentation, identifying issues or areas needing clarification for further follow-up.
- Rate Review:** Upon receiving the calculated rates from WellCare, 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 WellCare on April 22–23, 2016. 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 WellCare staff members involved in the performance measure activities. The review purpose, the required documentation, basic meeting logistics, and queries to be performed were discussed.
- Evaluation of system compliance:** The evaluation included a review of the information systems, focusing on the processing of claims and encounter data, provider data, patient data, and inpatient data. Additionally, the review evaluated the processes used to collect and calculate the performance measure rates, including accurate numerator and denominator identification, and algorithmic compliance (which evaluated whether rate calculations were performed correctly, all data were combined appropriately, and numerator events were counted accurately).
- Review of Roadmap and supporting documentation:** The review included processes used for collecting, storing, validating, and reporting performance measure rates. This session was designed to be interactive with key WellCare staff members so that HSAG could obtain a complete picture of all the steps taken to generate the performance measure rates. The goal of the session was to obtain a confidence level as to the degree of compliance with written documentation compared to the actual process. HSAG conducted interviews to confirm findings from the documentation review, expand or clarify outstanding issues, and ascertain that written policies and procedures were used and followed in daily practice.
- Overview of data integration and control procedures:** The overview included discussion and observation of source code logic, a review of how all data sources were combined, and a review of how the analytic file was produced for the reporting of selected performance measure rates. HSAG performed primary source verification to further validate the output files and reviewed backup documentation on data integration. HSAG also addressed data control and security procedures during this session.
- Closing conference:** The closing conference included a summation of preliminary findings based on the review of the Roadmap and the on-site visit, and revisited the documentation requirements for any post-visit activities.

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

**Table 4—List of WellCare of Georgia, Inc. Interviewees**

Name	Title
Morgan Ranie	Operations Manager, Enrollment
Ianna Williams	Operations Support Specialist, Enrollment
Desire Griffin	Operations Support Specialist, Enrollment



Name	Title
Danny Sharpe	Director, Data Integrity
Thomas Clegg	Project Manager, Quality Improvement
Gary Chu	Information Technology (IT) Application Development Manager
Jessica Belser	Senior Director, Reporting and Analytics
Damaryes Escribano	Supervisor, Electronic Data Interchange (EDI) Operations
William Hawes, Jr.	Senior Director, EDI Operations
Sidhartha Jain	Application Developer
Diana Crews	Senior Manager, Claims
Thomas Everett	Senior Director, Claims Audit
Jim Westmoreland	Senior Manager, Encounters
Tamika Graham	Manager, Quality Improvement
Marianne Thomas	Senior Director, Quality Improvement
Melinda Mosser	Manager, Delegation Oversight
Robert Champagne	Senior Director, Pharmacy Benefit Relations
Patricia Strickland	Senior Manager, Configurations
Taraka Busch	Senior Director, Credentialing
Nicole Lippi	Credentialing Supervisor
David O'Rourke	Manager, Compliance Oversight
Khaleekhan Mohammed	Senior Software Engineer
Morgan Weiss	Senior Compliance Oversight Specialist
Lena Chambers	Manager, Operations Account Management
Anthony Watson	Director, Hospital Contracting
Kimberly Hall	Director, Operations Account Management

## Data Integration, Data Control, and Performance Measure Documentation

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

### Data Integration

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

- Acceptable
- Not acceptable

### Data Control

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

- Acceptable
- Not acceptable

### Performance Measure Documentation

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

- Acceptable
- Not acceptable

## Validation Results

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

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

WellCare continued to use the Xcelys claims and encounter system. The only significant change to the Xcelys system was the migration of ICD-9 to ICD-10 coding in October 2015<sup>5</sup>. During the on-site review of the claims process, HSAG conducted system tests on Xcelys to verify diagnosis codes were appropriately paid and/or rejected based on the October 1, 2015, ICD-10 implementation date. HSAG did not identify any issues during this validation and concluded that all ICD-9 codes were terminated on September 30, 2015, and ICD-10 codes were implemented on October 1, 2015.

Further system demonstrations showed that WellCare's Xcelys system captured and allowed only standard industry codes with the appropriate specificity. Claims and encounter data were submitted either electronically or via paper from WellCare's external providers. Electronic data were submitted through clearinghouses and processed overnight in Xcelys. Paper claims and encounters were submitted directly to WellCare's vendor for scanning and conversion into the standard 837 format. Once converted, the data followed the same process as electronic claims and encounters. WellCare did not enter any claims and encounter data on-site or use any internal staff members to enter claims and encounters directly into the system. WellCare ensured only "clean" claims and encounters were captured in the system; any claims and encounters not passing the appropriate edits were promptly returned to the provider for correction.

HSAG also reviewed the outstanding incurred but not reported (IBNR) report during the on-site audit and found that the majority (greater than 98 percent) of all claims were received by April 2016, similar to the previous year's review. Outstanding claims or encounters did not have a significant impact on reporting.

HSAG had no concerns with WellCare's claims and encounter data processes.

### *Enrollment Data*

WellCare received daily and monthly files from the State for member enrollment. Daily files were reconciled against the full monthly file and loaded into Xcelys. No enrollment files were manually processed, and all files were handled in standard 834 transactions. No significant changes were made to

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<sup>5</sup> ICD-9=International Classification of Diseases, Ninth Revision; ICD-10=International Classification of Diseases, Tenth Revision.

the Xcelys system or the enrollment process during 2015, and Xcelys captured all relevant fields required for HEDIS processing.

HSAG confirmed with WellCare staff that there were no backlogs or outages for the enrollment process during the measurement year. HSAG also confirmed that the assignment of member identification numbers was automatic in Xcelys, but that these identifiers were cross-checked prior to assignment to determine if an Xcelys identifier already existed. In the cases where a match was identified, the Member Services Department reviewed the match to determine if the member had an existing number or if a new number needed to be assigned.

HSAG verified that WellCare appropriately and clearly flagged the Planning for Healthy Babies<sup>®</sup> (P4HB<sup>®</sup>) population in Inovalon's measure calculation software so that this population was excluded from the final performance measure rates.

HSAG conducted multiple queries during the on-site audit to ensure that members found to be numerator compliant actually met the age and gender requirements. The queries did not reveal any deviation from expectations, and numerator compliance was verified.

WellCare's enrollment system, Xcelys, was capable of identifying members with duplicate numbers and producing reports for enrollment staff to process. Duplicate identifiers, although not a frequent occurrence, were verified using the State enrollment files to ensure the most accurate information was captured.

HSAG did not identify any issues with WellCare's enrollment data processes.

### **Provider Data**

WellCare used Xcelys to capture its provider data for claims processing. WellCare used both direct contracted and delegated entities to enroll providers. WellCare used an internal software tracking mechanism (Omniflow) to manage its provider information. Before August 2015, WellCare was responsible for handling the credentialing and recredentialing functions. Omniflow was used to send provider data to WellCare's Credentialing Department for provider management prior to loading into Xcelys. Once the provider information flowed through Omniflow, the data were then loaded into Xcelys. A unique provider identifier was created along with provider specialties. WellCare's credentialing staff ensured that provider specialties were appropriate by validating the provider's education and specialty assignment authorized by the issuing provider board. HSAG verified that the required HEDIS reporting elements were present in Xcelys and that provider specialties were accurate based on the provider mapping documents submitted with WellCare's Roadmap. On August 1, 2015, DCH implemented a centralized credentialing verification process to credential providers interested in contracting with the GF and/or GF 360° CMOs. The DCH's Medicaid Management Information System vendor—Hewlett Packard Enterprise (HPE)—acting as an agent of DCH, contracted with Aperture, a credentialing verification organization (CVO), to lead this effort. Many of the provider credentialing functions that WellCare performed prior to this time were transitioned to the new CVO.

HSAG reviewed a sample of provider specialties to ensure the specialties matched the credentialed providers’ education and board certification. HSAG found WellCare to be compliant with the credentialing and assignment of individual providers at federally qualified health centers (FQHCs).

Final rate review did not reveal any issues with provider mapping on any of the measures under review.

There were no changes to WellCare’s provider data processes, including how it captured provider data through its delegated entities. HSAG had no concerns with WellCare’s provider data processes.

### Medical Record Review Process

WellCare was fully compliant with the MRR reporting requirements. WellCare contracted with Altegra Health, a medical record vendor, to procure and abstract medical record data into Altegra Health’s custom measure tools. HSAG reviewed Altegra Health’s tools and corresponding instructions. The vendor’s reviewer qualifications, training, and oversight were appropriate. WellCare provided adequate oversight of its vendor. Due to challenging performance measures, a convenience sample was required and subsequently passed.

HSAG conducted the main MRRV by randomly selecting 16 cases from each hybrid performance measure with numerator positive and numerator negative cases identified by WellCare. If fewer than 16 medical records were found to meet numerator requirements, all records were reviewed. MRRV was also conducted on exclusions for the *Antenatal Steroids* and *Cesarean Section for Nulliparous Singleton Vertex* measures to ensure members were not inappropriately excluded from the measure. Additionally, HSAG reviewed numerator negative cases for the *Care Transition—Timely Transmission of Transition Record* and *Elective Delivery* measures. HSAG expanded the review for these two inverse measures due to the complexity of abstracting the measures.

The following table provides details as to the findings, follow-up, and final results for each of the hybrid measures HSAG validated through the MRR process. HSAG did not have any major concerns with WellCare’s MRR processes.

**Table 5—MRRV Results for WellCare of Georgia, Inc.**

Performance Measure	Initial Sample Size	Findings	Follow-Up	Final Results
Care Transition—Timely Transmission of Transition Record				
Numerator Positive	NA*	NA	NA	NA
Numerator Negative	16	No errors were identified.	NA	Approved
Maternity Care—Behavioral Health Risk Assessment	16	One error was identified. A second sample was required.	No errors were identified with the second sample.	Approved

Performance Measure	Initial Sample Size	Findings	Follow-Up	Final Results
Developmental Screening in the First Three Years of Life	16	No errors were identified.	NA	Approved
Elective Delivery				
Numerator Positive	NA*	NA	NA	NA
Numerator Negative	16	No errors were identified.	NA	Approved
Screening for Clinical Depression and Follow-up Plan	16	No errors were identified.	NA	Approved
Cesarean Section for Nulliparous Singleton Vertex				
Numerator Positive	NA*	NA	NA	NA
Exclusions	16	No errors were identified.	NA	Approved
Antenatal Steroids				
Numerator Positive	NA*	NA	NA	NA
Exclusions	16	No errors were identified.	NA	Approved

\*The CMO did not have any numerator positive cases identified through MRR.

### Supplemental Data

WellCare did not use any supplemental data that applied to the measures under the scope of the audit.

### Data Integration

WellCare continued to use the Green Plumb data warehouse to house and consolidate files prior to loading into Inovalon’s measure production software.

HSAG reviewed WellCare’s processes related to the Green Plumb data warehouse and determined that no significant changes occurred from the previous year’s review. WellCare’s information technology staff continued to extract data monthly from its core systems. WellCare did extensive testing to ensure all data were complete and accurate, and ran two parallel processes in the software to ensure the rates matched. WellCare had only one significant update made during the measurement year to ensure successful migration of ICD-9 to ICD-10 codes in October 2015.

Several internal data sources were consolidated to produce files for the software vendor. Internal data sources validated by HSAG included enrollment, claims, provider, encounters, pharmacy, and laboratory

files. These internal files were transformed and merged into the software vendor's file layouts to produce the measures.

HSAG conducted primary source verification for each measure's administrative numerators during the on-site audit. HSAG reviewed a minimum of three cases for each measure with an administrative hit to determine whether numerators met age, gender, diagnosis, and procedural compliance with the specifications. HSAG did not find any issues during the primary source review.

While the majority of measures were produced using the vendor's software, WellCare was unable to produce a numerator for the *Dental Sealants for 6–9 Year Old Children at Elevated Caries Risk* measure. WellCare stated that it did not receive instructions in advance on how to load the tooth number into the software layout. Since this issue was discovered late during the audit process (i.e., after hybrid samples were produced), WellCare was not able to reload the data files. HSAG reviewed and approved a workaround approach to this measure, allowing the software vendor to produce the denominator while WellCare matched numerator compliant claims using denominator members. This process ensured that WellCare would have a rate greater than zero. Primary source verification of this process determined that WellCare produced the measure appropriately, and no further issues were identified.

HSAG confirmed with WellCare that the gestational age was not available in the claims data provided to Inovalon to identify the eligible population for the *Antenatal Steroids*, *Cesarean Section for Nulliparous Singleton Vertex*, and *Elective Delivery* measures. The CMO, through its vendor Inovalon, could not determine the appropriate gestational age prior to generating the random sample as required by the measure specifications. The specifications for these three measures identify specific allowable data sources for the identification of the denominator, the majority of which must be obtained from the medical record. Since it was not possible to generate a sample using the appropriate eligible population, the rates for these measures were biased. An audit result of *Not Reportable* was assigned for these three measures.

HSAG's year-over-year review found that the rates were consistent. HSAG also compared WellCare's rates against other CMO's rates to determine reasonableness.

WellCare continued to back up data nightly and weekly to ensure no data loss and denied having any significant outages during 2015. WellCare's disaster recovery plan was sufficient to ensure data integrity.

HSAG did not have any significant concerns with WellCare's system integrity or measure production, and no further issues were identified with WellCare'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 consistent with the NCQA categories defined in Table 6. For detailed information, see Table 7 of this report.



**Table 6—Audit Results and Definitions for Performance Measures**

<b>Reportable (R)</b>	The CMO followed the State’s specifications and produced a reportable rate or result for the measure.
<b>Not Reportable (NR)</b>	The calculated rate was materially biased, the CMO chose not to report the measure, or the CMO was not required to report the measure.
<b>Not Applicable (NA)</b>	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 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 shows the key review findings and final audit results for WellCare for each performance measure rate. For additional information regarding performance measure rates, see Appendix C of this report.

**Table 7—Key Review Findings and Audit Results for WellCare of Georgia, Inc.**

Performance Measures		Key Review Findings	Audit Results
1.	Antenatal Steroids	WellCare used a software vendor, Inovalon, to produce the denominator for this measure; however, Inovalon was not able to identify the gestational age using administrative data, which resulted in false positives in the denominator. Since the gestational age was not determined prior to drawing the sample, the rate was considered materially biased and an audit result of <i>Not Reportable</i> was assigned.	NR
2.	Asthma in Younger Adults Admission Rate	No concerns were identified.	R
3.	Care Transition—Timely Transmission of Transition Record	WellCare did not have any numerator positive records to review.	R
4.	Cesarean Delivery Rate	No concerns were identified.	R
5.	Cesarean Section for Nulliparous Singleton Vertex	WellCare used a software vendor, Inovalon, to produce the denominator for this measure; however, Inovalon was not able to identify the gestational age using administrative data, which resulted in false	NR

Performance Measures		Key Review Findings	Audit Results
		positives in the denominator. Since the gestational age was not determined prior to drawing the sample, the rate was considered materially biased and an audit result of <i>Not Reportable</i> was assigned.	
6.	Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate	No concerns were identified.	R
7.	Colorectal Cancer Screening	No concerns were identified.	R
8.	Dental Sealants for 6–9 Year Old Children at Elevated Caries Risk	WellCare’s software vendor had issues producing this numerator; however, WellCare was able to use an alternative methodology.	R
9.	Developmental Screening in the First Three Years of Life	No concerns were identified.	R
10.	Diabetes Short-Term Complications Admission Rate	No concerns were identified.	R
11.	Elective Delivery	WellCare used a software vendor, Inovalon, to produce the denominator for this measure; however, Inovalon was not able to identify the gestational age using administrative data, which resulted in false positives in the denominator. Since the gestational age was not determined prior to drawing the sample, the rate was considered materially biased and an audit result of <i>Not Reportable</i> was assigned.	NR
12.	Heart Failure Admission Rate	No concerns were identified.	R
13.	Live Births Weighing Less Than 2,500 Grams	No concerns were identified.	R
14.	Maternity Care—Behavioral Health Risk Assessment	No concerns were identified.	R
15.	Percentage of Eligibles Who Received Preventive Dental Services	No concerns were identified.	R
16.	Plan All-Cause Readmissions	No concerns were identified.	R
17.	Screening for Clinical Depression and Follow-up Plan	No concerns were identified.	R

## Appendix A. Data Integration and Control Findings

### Documentation Worksheet

<b>CMO Name:</b>	WellCare of Georgia, Inc.
<b>On-Site Visit Date:</b>	April 22–23, 2016
<b>Reviewers:</b>	Allen Iovannisci, MS, CHCA

**Table A-1—Data Integration and Control Findings for WellCare of Georgia, Inc.**

Data Integration and Control Element	Met	Not Met	N/A	Comments
<b>Accuracy of data transfers to assigned performance measure data repository.</b>				
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"/>	
<b>Accuracy of file consolidations, extracts, and derivations.</b>				
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"/>	<p>WellCare used a vendor for performance measure generation and rate calculation. No issues were identified with the source code or primary source verification.</p> <p>WellCare was not able to produce the numerator for the <i>Dental Sealants for 6–9 Year Old Children at Elevated Caries Risk</i> measure with the vendor’s software. HSAG approved a workaround that met the requirements for the numerator.</p>

Data Integration and Control Element	Met	Not Met	N/A	Comments
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"/>	
<b>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.</b>				
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"/>	
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"/>	
<b>Assurance of effective management of report production and of the reporting software.</b>				
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"/>	WellCare used a software vendor to produce the measures under review. HSAG conducted source code review and primary source verification. No concerns were identified.
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

<b>CMO Name:</b>	WellCare of Georgia, Inc.
<b>On-Site Visit Date:</b>	April 22–23, 2016
<b>Reviewers:</b>	Allen Iovannisci, MS, CHCA

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

Audit Element	Met	Not Met	N/A	Comments
<p>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.</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>Source code review with Inovalon was conducted via multiple webinar sessions. Primary source verification confirmed that all eligible populations were included based on the performance measure specifications; however, an issue was later discovered with how Inovalon was identifying the gestational age for the <i>Antenatal Steroids</i>, <i>Cesarean Section for Nulliparous Singleton Vertex</i>, and <i>Elective Delivery</i> measures. Inovalon was not able to identify the gestational age using administrative data, which resulted in false positives in the denominator. Since the gestational age was not determined prior to drawing the sample, the rates were considered materially biased and an audit result of <i>Not Reportable</i> was assigned.</p>
<p>Adequate programming logic or source code exists to appropriately identify all relevant members of the specified denominator population for each of the performance measures.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>The CMO correctly calculates member months and member years if applicable to the performance measure.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>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</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Audit Element	Met	Not Met	N/A	Comments
identified and applied as specified in each performance measure.				
If any time parameters are required by the specifications of the performance measure, they are followed (e.g., cutoff dates for data collection, counting 30 calendar days after discharge from a hospital).	<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 were not necessary for the performance measures under the scope of the audit.

**Table B-2—Numerator Validation Findings for WellCare of Georgia, Inc.**

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 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 (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 WellCare of Georgia, Inc.'s final audited performance measure rate submission file.



Appendix C: Department of Community Health, State of Georgia  
Validated CY 2015 Performance Measures for WellCare

State Fiscal Year (SFY) 2016 Performance Measure Rate Reporting Template for Georgia Care Management Organizations (CMOs)	
<b>Date of Submission:</b>	6/8/16
<b>CMO Name:</b>	WellCare of Georgia, Inc.
<b>Contact Name and Title:</b>	Marianne Thomas, Sr. Dir. Quality Improvement
<b>Contact E-mail Address:</b>	<a href="mailto:marianne.thomas@wellcare.com">marianne.thomas@wellcare.com</a>
<b>Comments:</b>	

**Appendix C: Department of Community Health, State of Georgia  
Validated CY 2015 Performance Measures for WellCare**

<b>Audit Review Table - To Be Completed by Auditor</b>			
<b>Measure #</b>	<b>Measure/Data Element</b>	<b>Audit Status</b>	<b>Comment</b>
1	<a href="#">Antenatal Steroids (PC03-AD)</a>	NR*	
2	<a href="#">Asthma in Younger Adults Admission Rate (PQI15-AD)</a>	R	
3	<a href="#">Care Transition - Timely Transmission of Transition Record (CTR-AD)</a>	R	
4	<a href="#">Cesarean Delivery Rate (IQI-21)</a>	R	
5	<a href="#">Cesarean Section for Nulliparous Singleton Vertex (PC02-CH)</a>	NR*	
6	<a href="#">Chronic Obstructive Pulmonary Disease (COPD) and Asthma in Older Adults Admission Rate (PQI05-AD)</a>	R	
7	<a href="#">Colorectal Cancer Screening (COL)</a>	R	
8	<a href="#">Developmental Screening in the First Three Years of Life (DEV-CH)</a>	R	
9	<a href="#">Diabetes Short-Term Complications Admission Rate (PQI01-AD)</a>	R	
10	<a href="#">Elective Delivery (PC01-AD)</a>	NR*	
11	<a href="#">Heart Failure Admission Rate (PQI08-AD)</a>	R	
12	<a href="#">Live Births Weighing Less Than 2,500 Grams (LBW-CH)</a>	R	
13	<a href="#">Maternity Care - Behavioral Health Risk Assessment (BHRA-CH)</a>	R	
14	<a href="#">Dental Sealants for 6-9 Year Old Children at Elevated Caries Risk (SEAL-CH)</a>	R	
15	<a href="#">Percentage of Eligibles Who Received Preventive Dental Services (PDENT-CH)</a>	R	

**Appendix C: Department of Community Health, State of Georgia  
Validated CY 2015 Performance Measures for WellCare**

Audit Review Table - To Be Completed by Auditor			
Measure #	Measure/Data Element	Audit Status	Comment
16	<a href="#">Screening for Clinical Depression and Follow-up Plan (CDF-AD)</a>	R	
17	<a href="#">Plan All-Cause Readmissions Rate (PCR-AD)</a>	R	

\*Three measures received the NR designation for the audit results: Antenatal Steroids, Cesarean Section for Nulliparous Singleton Vertex, and Elective Delivery. The CMO used a software vendor, Inovalon, to produce the denominator for this measure; however, Inovalon was not able to identify the gestational age using administrative data, which resulted in false positives in the denominator. Since the gestational age was not determined prior to drawing the sample, the rate was considered materially biased and an audit result of Not Reportable was assigned.

**Appendix C: Department of Community Health, State of Georgia  
Validated CY 2015 Performance Measures for WellCare**

<b>Antenatal Steroids (PC03-AD)</b>	
<b>Data Element</b>	<b>General Measure Data</b>
<b>Reporting Year</b>	<b>SFY 2016</b>
<b>Measurement Period</b>	<b>CY 2015</b>
<b>Data Collection Methodology</b>	<b>H</b>
<b>Eligible Population</b>	20,375
<b>Denominator</b>	210
<b>Numerator Events by Administrative Data</b>	0
<b>Numerator Events by Medical Records</b>	0
<b>Numerator Total</b>	0
<b>Reported Rate</b>	0.00%

**Appendix C: Department of Community Health, State of Georgia  
Validated CY 2015 Performance Measures for WellCare**

<b>Asthma in Younger Adults Admission Rate (PQI15-AD)</b>	
<b>Data Element</b>	<b>General Measure Data</b>
<b>Reporting Year</b>	<b>SFY 2016</b>
<b>Measurement Period</b>	<b>2015</b>
<b>Data Collection Methodology</b>	<b>A</b>
<b>Eligible Population (Total Member Months)</b>	<b>975162</b>
<b>Numerator Events by Administrative Data</b>	<b>33</b>
<b>Reported Rate (Per 100,000 Member Months)</b>	<b>3.3841</b>

**Appendix C: Department of Community Health, State of Georgia  
Validated CY 2015 Performance Measures for WellCare**

<b>Care Transition—Timely Transmission of Transition Record (CTR-AD)</b>			
<b>Reporting Age Group</b>	<b>Ages 18-64</b>	<b>Ages 65+</b>	<b>All Ages</b>
<b>Reporting Year</b>	<b>SFY 2016</b>	<b>SFY 2016</b>	<b>SFY 2016</b>
<b>Measurement Period</b>	<b>CY 2015</b>	<b>CY 2015</b>	<b>CY 2015</b>
<b>Data Collection Methodology</b>	<b>H</b>	<b>H</b>	<b>H</b>
<b>Eligible Population</b>	49,350	14	49,364
<b>Denominator</b>	411	0	411
<b>Numerator Events by Administrative Data</b>	0	0	0
<b>Numerator Events by Medical Records</b>	0	0	0
<b>Numerator Total</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Reported Rate</b>	<b>0.00%</b>	<b>NA</b>	<b>0.00%</b>

**Appendix C: Department of Community Health, State of Georgia  
Validated CY 2015 Performance Measures for WellCare**

<b>Cesarean Delivery Rate (IQI-21)</b>	
<b>Data Element</b>	<b>General Measure Data</b>
<b>Reporting Year</b>	<b>SFY 2016</b>
<b>Measurement Period</b>	<b>CY 2015</b>
<b>Data Collection Methodology</b>	<b>A</b>
<b>Eligible Population</b>	<b>22868</b>
<b>Numerator Events by Administrative Data</b>	<b>6563</b>
<b>Reported Rate</b>	<b>28.70%</b>



**Appendix C: Department of Community Health, State of Georgia  
Validated CY 2015 Performance Measures for WellCare**

<b>Cesarean Section for Nulliparous Singleton Vertex (PC02-CH)</b>	
<b>Data Element</b>	<b>General Measure Data</b>
<b>Reporting Year</b>	<b>SFY 2016</b>
<b>Measurement Period</b>	<b>CY 2015</b>
<b>Data Collection Methodology</b>	<b>H</b>
<b>Eligible Population</b>	<b>14,014</b>
<b>Denominator</b>	<b>271</b>
<b>Numerator Events by Administrative Data</b>	<b>50</b>
<b>Numerator Events by Medical Records</b>	<b>3</b>
<b>Numerator Total</b>	<b>53</b>
<b>Reported Rate</b>	<b>19.56%</b>

**Appendix C: Department of Community Health, State of Georgia  
Validated CY 2015 Performance Measures for WellCare**

<b>Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate (PQI05-AD)</b>				
<b>Data Element</b>	<b>General Measure Data</b>	<b>Ages 40-64</b>	<b>Ages 65+</b>	<b>All Ages</b>
<b>Reporting Year</b>	<b>SFY 2016</b>			
<b>Measurement Period</b>	<b>CY 2015</b>			
<b>Data Collection Methodology</b>	<b>A</b>			
<b>Eligible Population (Total Member Months)</b>		<b>179097</b>	<b>90</b>	<b>179187</b>
<b>Numerator Events by Administrative Data</b>		<b>31</b>	<b>0</b>	<b>31</b>
<b>Reported Rate (Per 100,000 Member Months)</b>		<b>17.31</b>	<b>0.00</b>	<b>17.30</b>

**Appendix C: Department of Community Health, State of Georgia  
Validated CY 2015 Performance Measures for WellCare**

<b>Developmental Screening in the First Three Years of Life (DEV-CH)</b>					
<b>Data Element</b>	<b>General Measure Data</b>	<b>Age 1</b>	<b>Age 2</b>	<b>Age 3</b>	<b>Total (Ages 1-3)</b>
<b>Reporting Year</b>	<b>SFY 2016</b>				
<b>Measurement Period</b>	<b>CY 2015</b>				
<b>Data Collection Methodology</b>	<b>H</b>				
<b>Eligible Population</b>		<b>28,197</b>	<b>15,638</b>	<b>20,845</b>	<b>64,680</b>
<b>Denominator</b>		<b>137</b>	<b>137</b>	<b>137</b>	<b>411</b>
<b>Numerator Events by Administrative Data</b>		<b>64</b>	<b>62</b>	<b>62</b>	<b>188</b>
<b>Numerator Events by Medical Records</b>		<b>8</b>	<b>8</b>	<b>9</b>	<b>25</b>
<b>Numerator Total</b>		<b>72</b>	<b>70</b>	<b>71</b>	<b>213</b>
<b>Reported Rate</b>		<b>52.55%</b>	<b>51.09%</b>	<b>51.82%</b>	<b>51.82%</b>

**Appendix C: Department of Community Health, State of Georgia  
Validated CY 2015 Performance Measures for WellCare**

<b>Diabetes Short-Term Complications Admission Rate (PQI01-AD)</b>				
<b>Data Element</b>	<b>General Measure Data</b>	<b>Ages 18-64</b>	<b>Ages 65+</b>	<b>All Ages</b>
<b>Reporting Year</b>	<b>SFY 2016</b>			
<b>Measurement Period</b>	<b>CY 2015</b>			
<b>Data Collection Methodology</b>	<b>A</b>			
<b>Eligible Population (Total Member Months)</b>		<b>1154259</b>	<b>90</b>	<b>1154349</b>
<b>Numerator Events by Administrative Data</b>		<b>158</b>	<b>0</b>	<b>158</b>
<b>Reported Rate (Per 100,000 Member Months)</b>		<b>13.69</b>	<b>0.00</b>	<b>13.69</b>

**Appendix C: Department of Community Health, State of Georgia  
Validated CY 2015 Performance Measures for WellCare**

<b>Elective Delivery (PC01-AD)</b>	
<b>Data Element</b>	<b>General Measure Data</b>
<b>Reporting Year</b>	<b>SFY 2016</b>
<b>Measurement Period</b>	<b>CY 2015</b>
<b>Data Collection Methodology</b>	<b>H</b>
<b>Eligible Population</b>	<b>10,350</b>
<b>Denominator</b>	<b>272</b>
<b>Numerator Events by Administrative Data</b>	<b>2</b>
<b>Numerator Events by Medical Records</b>	<b>2</b>
<b>Numerator Total</b>	<b>4</b>
<b>Reported Rate</b>	<b>1.47%</b>

**Appendix C: Department of Community Health, State of Georgia  
Validated CY 2015 Performance Measures for WellCare**

<b>Heart Failure Admission Rate (PQI08-AD)</b>				
<b>Data Element</b>	<b>General Measure Data</b>	<b>Ages 18-64</b>	<b>Ages 65+</b>	<b>All Ages</b>
<b>Reporting Year</b>	SFY 2016			
<b>Measurement Period</b>	CY 2015			
<b>Data Collection Methodology</b>	A			
<b>Eligible Population (Total Member Months)</b>		1154259	90	1154349
<b>Numerator Events by Administrative Data</b>		58	0	58
<b>Reported Rate (Per 100,000 Member Months)</b>		5.02	0.00	5.02

**Appendix C: Department of Community Health, State of Georgia  
Validated CY 2015 Performance Measures for WellCare**

<b>Live Births Weighing Less Than 2,500 Grams (LBW-CH)</b>	
<b>Data Element</b>	<b>General Measure Data</b>
<b>Reporting Year</b>	<b>SFY 2016</b>
<b>Measurement Period</b>	<b>CY 2015</b>
<b>Data Collection Methodology</b>	<b>A</b>
<b>Eligible Population</b>	23822
<b>Numerator Events by Administrative Data</b>	2157
<b>Reported Rate</b>	9.05%

**Appendix C: Department of Community Health, State of Georgia  
Validated CY 2015 Performance Measures for WellCare**

<b>Maternity Care - Behavioral Health Risk Assessment (BHRA-CH)</b>	
<b>Data Element</b>	<b>General Measure Data</b>
<b>Reporting Year</b>	<b>SFY 2016</b>
<b>Measurement Period</b>	<b>CY 2015</b>
<b>Data Collection Methodology</b>	<b>H</b>
<b>Eligible Population</b>	<b>24,073</b>
<b>Denominator</b>	<b>411</b>
<b>Numerator Events by Administrative Data</b>	<b>0</b>
<b>Numerator Events by Medical Records</b>	<b>63</b>
<b>Numerator Total</b>	<b>63</b>
<b>Reported Rate</b>	<b>15.33%</b>



**Appendix C: Department of Community Health, State of Georgia  
Validated CY 2015 Performance Measures for WellCare**

<b>Dental Sealants for 6-9 Year Old Children at Elevated Caries Risk (SEAL-CH)</b>	
<b>Data Element</b>	<b>General Measure Data</b>
<b>Reporting Year</b>	<b>SFY 2016</b>
<b>Measurement Period</b>	<b>Federal Fiscal Year (FFY) 2015*</b>
<b>Data Collection Methodology</b>	<b>A</b>
<b>Eligible Population</b>	63503
<b>Numerator Events by Administrative Data</b>	8193
<b>Reported Rate</b>	12.90%

\*FFY 2015 covers the time frame of October 1, 2014 through September 30, 2015.

**Appendix C: Department of Community Health, State of Georgia  
Validated CY 2015 Performance Measures for WellCare**

<b>Percentage of Eligibles Who Received Preventive Dental Services (PDENT-CH)</b>	
<b>Data Element</b>	<b>General Measure Data</b>
<b>Reporting Year</b>	<b>SFY 2016</b>
<b>Measurement Period</b>	<b>Federal Fiscal Year (FFY) 2015*</b>
<b>Data Collection Methodology</b>	<b>A</b>
<b>Eligible Population</b>	584357
<b>Numerator Events by Administrative Data</b>	309168
<b>Reported Rate</b>	52.91%

\*FFY 2015 covers the time frame of October 1, 2014 through September 30, 2015.

**Appendix C: Department of Community Health, State of Georgia  
Validated CY 2015 Performance Measures for WellCare**

<b>Screening for Clinical Depression and Follow-up Plan (CDF-AD)</b>			
<b>Reporting Age Group</b>	<b>Ages 18-64</b>	<b>Ages 65+</b>	<b>All Ages</b>
<b>Reporting Year</b>	<b>SFY 2016</b>	<b>SFY 2016</b>	<b>SFY 2016</b>
<b>Measurement Period</b>	<b>CY 2015</b>	<b>CY 2015</b>	<b>CY 2015</b>
<b>Data Collection Methodology</b>	<b>H</b>	<b>H</b>	<b>H</b>
<b>Eligible Population</b>	100,930	19	100,949
<b>Exclusions</b>	56	0	56
<b>Denominator</b>	376	0	376
<b>Numerator Events by Administrative Data</b>	2	0	2
<b>Numerator Events by Medical Records</b>	25	0	25
<b>Numerator Total</b>	<b>27</b>	<b>0</b>	<b>27</b>
<b>Reported Rate</b>	<b>7.18%</b>	<b>NA</b>	<b>7.18%</b>

**Appendix C: Department of Community Health, State of Georgia  
Validated CY 2015 Performance Measures for WellCare**

<b>Colorectal Cancer Screening</b>	
<b>Data Element</b>	<b>General Measure Data</b>
<b>Reporting Year</b>	<b>SFY 2016</b>
<b>Measurement Period</b>	<b>CY 2015</b>
<b>Data Collection Methodology</b>	<b>H</b>
<b>Eligible Population</b>	<b>1164</b>
<b>Number of Numerator Events by Administrative Data in Eligible Population (before exclusions)</b>	<b>553</b>
<b>Current Year's Administrative Rate (before exclusions)</b>	<b>47.51%</b>
<b>Minimum Required Sample Size (MRSS) or Other Sample Size</b>	<b>411</b>
<b>Oversampling Rate</b>	<b>0.05</b>
<b>Final Sample Size (FSS)</b>	<b>432</b>
<b>Number of Numerator Events by Administrative Data in FSS</b>	<b>196</b>
<b>Administrative Rate on FSS</b>	<b>45.37%</b>
<b>Number of Original Sample Records Excluded Because of Valid Data Errors</b>	<b>0</b>
<b>Number of Administrative Data Records Excluded</b>	<b>0</b>
<b>Number of Medical Records Excluded</b>	<b>0</b>

**Appendix C: Department of Community Health, State of Georgia  
Validated CY 2015 Performance Measures for WellCare**

<b>Colorectal Cancer Screening</b>	
<b>Data Element</b>	<b>General Measure Data</b>
<b>Reporting Year</b>	<b>SFY 2016</b>
<b>Measurement Period</b>	<b>CY 2015</b>
<b>Data Collection Methodology</b>	<b>H</b>
<b>Number of Employee/Dependent Medical Records Excluded</b>	<b>0</b>
<b>Records Added from the Oversample List</b>	<b>0</b>
<b>Denominator</b>	<b>411</b>
<b>Numerator Events by Administrative Data</b>	<b>188</b>
<b>Numerator Events by Medical Records</b>	<b>4</b>
<b>Reported Rate</b>	<b>46.72%</b>

**Appendix C: Department of Community Health, State of Georgia  
Validated CY 2015 Performance Measures for WellCare**

<b>Plan All-Cause Readmissions Rate (PCR-AD)</b>			
<b>Age</b>	<b>Count of Index Stays (Denominator)</b>	<b>Count of 30-Day Readmissions (Numerator)</b>	<b>Observed Readmission (Num/Den)</b>
<b>18-44</b>	2,476	292	11.79%
<b>45-54</b>	411	43	10.46%
<b>55-64</b>	105	22	20.95%
<b>Total</b>	2,992	357	11.93%

  

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

## Appendix D. HEDIS Interactive Data Submission System Data

Appendix D contains WellCare of Georgia, Inc.'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  
 WellCare**

<b>Inpatient Utilization--General Hospital/Acute Care: Total (IPUA)</b>					
<b>WellCare of Georgia, Inc. (Org ID: 4538, SubID: 10032, Medicaid, Spec Area: None, Spec Proj: None, Contract Number: None)</b>					
<1	704	1.74	9818	24.30	13.95
1-9	1364	0.43	4472	1.41	3.28
10-19	988	0.39	4429	1.74	4.48
20-44	1633	1.95	8336	9.97	5.10
45-64	447	5.03	2486	27.96	5.56
65-74	0	0.00	0	0.00	
75-84	0	0.00	0	0.00	
85+	0		0		
Unknown	0		0		
<b>Total</b>	<b>5,136</b>	<b>0.73</b>	<b>29,541</b>	<b>4.20</b>	<b>5.75</b>
<b>Maternity*</b>					
<b>Age</b>	<b>Discharges</b>	<b>Discharges / 1,000 Member Months</b>	<b>Days</b>	<b>Days / 1,000 Members Months</b>	<b>Average Length of Stay</b>
10-19	3300	1.30	8920	3.51	2.70
20-44	24580	29.39	67559	80.77	2.75
45-64	27	0.30	68	0.76	2.52
Unknown	0		0		
<b>Total</b>	<b>27,907</b>	<b>8.05</b>	<b>76,547</b>	<b>22.09</b>	<b>2.74</b>
<b>*The maternity category is calculated using member months for members 10-64 years.</b>					

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

<b>Identification of Alcohol and Other Drug Services: Total (IADA)</b>												
WellCare of Georgia, Inc. (Org ID: 4538, SubID: 10032, 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	2297974	2238449	4,536,423	2297974	2238449	4,536,423	2297974	2238449	4,536,423	2297974	2238449	4,536,423
13-17	672556	676741	1,349,297	672556	676741	1,349,297	672556	676741	1,349,297	672556	676741	1,349,297
18-24	108136	310417	418,553	108136	310417	418,553	108136	310417	418,553	108136	310417	418,553
25-34	34755	374386	409,141	34755	374386	409,141	34755	374386	409,141	34755	374386	409,141
35-64	55614	270951	326,565	55614	270951	326,565	55614	270951	326,565	55614	270951	326,565
65+	35	55	90	35	55	90	35	55	90	35	55	90
Unknown	0	0	0	0	0	0	0	0	0	0	0	0

Total	3,169,070	3,870,999	7,040,069	3,169,070	3,870,999	7,040,069	3,169,070	3,870,999	7,040,069	3,169,070	3,870,999	7,040,069
Age	Sex	Any Services		Inpatient		Intensive Outpatient/Partial Hospitalization		Outpatient/ED				
		Number	Percent	Number	Percent	Number	Percent	Number	Percent			
0-12	M	119	0.06%	15	0.01%	2	0.00%	103	0.05%			
	F	72	0.04%	16	0.01%	3	0.00%	57	0.03%			
	Total	191	0.05%	31	0.01%	5	0.00%	160	0.04%			
13-17	M	841	1.50%	170	0.30%	56	0.10%	735	1.31%			
	F	556	0.99%	169	0.30%	40	0.07%	435	0.77%			
	Total	1,397	1.24%	339	0.30%	96	0.09%	1,170	1.04%			
18-24	M	225	2.50%	60	0.67%	4	0.04%	196	2.18%			
	F	1031	3.99%	373	1.44%	20	0.08%	789	3.05%			
	Total	1,256	3.60%	433	1.24%	24	0.07%	985	2.82%			
25-34	M	329	11.36%	71	2.45%	11	0.38%	294	10.15%			
	F	2480	7.95%	761	2.44%	82	0.26%	2091	6.70%			
	Total	2,809	8.24%	832	2.44%	93	0.27%	2,385	7.00%			
35-64	M	529	11.41%	122	2.63%	12	0.26%	473	10.21%			
	F	2069	9.16%	457	2.02%	48	0.21%	1849	8.19%			
	Total	2,598	9.55%	579	2.13%	60	0.22%	2,322	8.53%			
65+	M	0	0.00%	0	0.00%	0	0.00%	0	0.00%			
	F	0	0.00%	0	0.00%	0	0.00%	0	0.00%			
	Total	0	0.00%	0	0.00%	0	0.00%	0	0.00%			
Unknown	M	0		0		0		0				
	F	0		0		0		0				
	Total	0		0		0		0				
Total	M	2,043	0.77%	438	0.17%	85	0.03%	1,801	0.68%			
	F	6,208	1.92%	1,776	0.55%	193	0.06%	5,221	1.62%			
	Total	8,251	1.41%	2,214	0.38%	278	0.05%	7,022	1.20%			

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

<b>Mental Health Utilization: Total (MPTA)</b>												
WellCare of Georgia, Inc. (Org ID: 4538, SubID: 10032, 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	2297974	2238449	4,536,423	2297974	2238449	4,536,423	2297974	2238449	4,536,423	2297974	2238449	4,536,423
13-17	672556	676741	1,349,297	672556	676741	1,349,297	672556	676741	1,349,297	672556	676741	1,349,297
18-64	198505	955754	1,154,259	198505	955754	1,154,259	198505	955754	1,154,259	198505	955754	1,154,259
65+	35	55	90	35	55	90	35	55	90	35	55	90
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>3,169,070</b>	<b>3,870,999</b>	<b>7,040,069</b>	<b>3,169,070</b>	<b>3,870,999</b>	<b>7,040,069</b>	<b>3,169,070</b>	<b>3,870,999</b>	<b>7,040,069</b>	<b>3,169,070</b>	<b>3,870,999</b>	<b>7,040,069</b>
Age	Sex	Any Services		Inpatient		Intensive Outpatient/Partial Hospitalization		Outpatient/ED				
		Number	Percent	Number	Percent	Number	Percent	Number	Percent			
0-12	M	18128	9.47%	252	0.13%	106	0.06%	18108	9.46%			
	F	10920	5.85%	265	0.14%	102	0.05%	10893	5.84%			
	<b>Total</b>	<b>29,048</b>	<b>7.68%</b>	<b>517</b>	<b>0.14%</b>	<b>208</b>	<b>0.06%</b>	<b>29,001</b>	<b>7.67%</b>			
13-17	M	7040	12.56%	562	1.00%	149	0.27%	6936	12.38%			
	F	7455	13.22%	1010	1.79%	232	0.41%	7301	12.95%			
	<b>Total</b>	<b>14,495</b>	<b>12.89%</b>	<b>1,572</b>	<b>1.40%</b>	<b>381</b>	<b>0.34%</b>	<b>14,237</b>	<b>12.66%</b>			
18-64	M	1369	8.28%	182	1.10%	26	0.16%	1313	7.94%			
	F	9381	11.78%	967	1.21%	126	0.16%	9079	11.40%			
	<b>Total</b>	<b>10,750</b>	<b>11.18%</b>	<b>1,149</b>	<b>1.19%</b>	<b>152</b>	<b>0.16%</b>	<b>10,392</b>	<b>10.80%</b>			
65+	M	0	0.00%	0	0.00%	0	0.00%	0	0.00%			
	F	0	0.00%	0	0.00%	0	0.00%	0	0.00%			
	<b>Total</b>	<b>0</b>	<b>0.00%</b>	<b>0</b>	<b>0.00%</b>	<b>0</b>	<b>0.00%</b>	<b>0</b>	<b>0.00%</b>			
Unknown	M	0		0		0		0				
	F	0		0		0		0				
	<b>Total</b>	<b>0</b>		<b>0</b>		<b>0</b>		<b>0</b>				
<b>Total</b>	M	26,537	10.05%	996	0.38%	281	0.11%	26,357	9.98%			
	F	27,756	8.60%	2,242	0.70%	460	0.14%	27,273	8.45%			
	<b>Total</b>	<b>54,293</b>	<b>9.25%</b>	<b>3,238</b>	<b>0.55%</b>	<b>741</b>	<b>0.13%</b>	<b>53,630</b>	<b>9.14%</b>			

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

**Antibiotic Utilization: Total (ABXA)**

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

Pharmacy Benefit Member Months			
Age	Male	Female	Total
0-9	1812934	1761392	3,574,326
10-17	1157596	1153798	2,311,394
18-34	142891	684803	827,694
35-49	46124	238638	284,762
50-64	9490	32313	41,803
65-74	35	54	89
75-84	0	1	1
85+	0	0	0
Unknown	0	0	0
<b>Total</b>	<b>3,169,070</b>	<b>3,870,999</b>	<b>7,040,069</b>

Antibiotic Utilization								
Age	Sex	Total Antibiotic Scripts	Average Scripts PMPY for Antibiotics	Total Days Supplied for All Antibiotic Scripts	Average Days Supplied per Antibiotic Scrip	Total Number of Scripts for Antibiotics of Concern	Average Scripts PMPY for Antibiotics of Concern	Percentage of Antibiotics of Concern of all Antibiotic Scripts
0-9	M	182075	1.21	1741862	9.57	76101	0.50	41.80%
	F	179668	1.22	1729291	9.62	70669	0.48	39.33%
	<b>Total</b>	<b>361,743</b>	<b>1.21</b>	<b>3,471,153</b>	<b>9.60</b>	<b>146,770</b>	<b>0.49</b>	<b>40.57%</b>
10-17	M	56642	0.59	580308	10.25	23589	0.24	41.65%
	F	75781	0.79	736891	9.72	29666	0.31	39.15%
	<b>Total</b>	<b>132,423</b>	<b>0.69</b>	<b>1,317,199</b>	<b>9.95</b>	<b>53,255</b>	<b>0.28</b>	<b>40.22%</b>
18-34	M	7980	0.67	75915	9.51	3276	0.28	41.05%
	F	100133	1.75	787591	7.87	36106	0.63	36.06%
	<b>Total</b>	<b>108,113</b>	<b>1.57</b>	<b>863,506</b>	<b>7.99</b>	<b>39,382</b>	<b>0.57</b>	<b>36.43%</b>
35-49	M	4073	1.06	37009	9.09	1969	0.51	48.34%
	F	36734	1.85	308044	8.39	16259	0.82	44.26%
	<b>Total</b>	<b>40,807</b>	<b>1.72</b>	<b>345,053</b>	<b>8.46</b>	<b>18,228</b>	<b>0.77</b>	<b>44.67%</b>
50-64	M	891	1.13	7719	8.66	449	0.57	50.39%
	F	4555	1.69	38765	8.51	2361	0.88	51.83%
	<b>Total</b>	<b>5,446</b>	<b>1.56</b>	<b>46,484</b>	<b>8.54</b>	<b>2,810</b>	<b>0.81</b>	<b>51.60%</b>
65-74	M	3	1.03	20	6.67	3	1.03	100.00%
	F	4	0.89	25	6.25	2	0.44	50.00%
	<b>Total</b>	<b>7</b>	<b>0.94</b>	<b>45</b>	<b>6.43</b>	<b>5</b>	<b>0.67</b>	<b>71.43%</b>
75-84	M	0		0		0		
	F	0	0.00	0		0	0.00	
	<b>Total</b>	<b>0</b>	<b>0.00</b>	<b>0</b>		<b>0</b>	<b>0.00</b>	
85+	M	0		0		0		
	F	0		0		0		
	<b>Total</b>	<b>0</b>		<b>0</b>		<b>0</b>		

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

**Antibiotic Utilization: Total (ABXA)**

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

Unknown	M	0		0		0									
	F	0		0		0									
	<b>Total</b>	<b>0</b>		<b>0</b>		<b>0</b>									
Total	M	251,664	0.95	2,442,833	9.71	105,387	0.40	41.88%							
	F	396,875	1.23	3,600,607	9.07	155,063	0.48	39.07%							
	<b>Total</b>	<b>648,539</b>	<b>1.11</b>	<b>6,043,440</b>	<b>9.32</b>	<b>260,450</b>	<b>0.44</b>	<b>40.16%</b>							

**Antibiotics of Concern Utilization**

Age	Sex	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 Clarithromycin	Total Amoxicillin/Clavulanate Scrips	Average Scrips PMPY for Amoxicillin/Clavulanate	Total Ketolides Scrips	Average Scrips PMPY for Ketolides	Total Clindamycin Scrips	Average Scrips PMPY for Clindamycin	Total Misc. Antibiotics of Concern Scrips	Average Scrips PMPY for Misc. Antibiotics of Concern
0-9	M	118	0.00	21530	0.14	26188	0.17	25217	0.17	0	0.00	3032	0.02	16	0.00
	F	131	0.00	21049	0.14	23739	0.16	22955	0.16	0	0.00	2785	0.02	10	0.00
	<b>Total</b>	<b>249</b>	<b>0.00</b>	<b>42,579</b>	<b>0.14</b>	<b>49,927</b>	<b>0.17</b>	<b>48,172</b>	<b>0.16</b>	<b>0</b>	<b>0.00</b>	<b>5,817</b>	<b>0.02</b>	<b>26</b>	<b>0.00</b>
10-17	M	469	0.00	3819	0.04	10579	0.11	6872	0.07	0	0.00	1835	0.02	15	0.00
	F	1309	0.01	4927	0.05	13279	0.14	7803	0.08	0	0.00	2333	0.02	15	0.00
	<b>Total</b>	<b>1,778</b>	<b>0.01</b>	<b>8,746</b>	<b>0.05</b>	<b>23,858</b>	<b>0.12</b>	<b>14,675</b>	<b>0.08</b>	<b>0</b>	<b>0.00</b>	<b>4,168</b>	<b>0.02</b>	<b>30</b>	<b>0.00</b>
18-34	M	464	0.04	243	0.02	1398	0.12	691	0.06	0	0.00	464	0.04	16	0.00
	F	8092	0.14	2106	0.04	15246	0.27	5951	0.10	0	0.00	4656	0.08	55	0.00
	<b>Total</b>	<b>8,556</b>	<b>0.12</b>	<b>2,349</b>	<b>0.03</b>	<b>16,644</b>	<b>0.24</b>	<b>6,642</b>	<b>0.10</b>	<b>0</b>	<b>0.00</b>	<b>5,120</b>	<b>0.07</b>	<b>71</b>	<b>0.00</b>
35-49	M	531	0.14	122	0.03	643	0.17	378	0.10	0	0.00	280	0.07	15	0.00
	F	4851	0.24	948	0.05	5704	0.29	2790	0.14	0	0.00	1945	0.10	21	0.00
	<b>Total</b>	<b>5,382</b>	<b>0.23</b>	<b>1,070</b>	<b>0.05</b>	<b>6,347</b>	<b>0.27</b>	<b>3,168</b>	<b>0.13</b>	<b>0</b>	<b>0.00</b>	<b>2,225</b>	<b>0.09</b>	<b>36</b>	<b>0.00</b>
50-64	M	130	0.16	30	0.04	153	0.19	81	0.10	0	0.00	54	0.07	1	0.00
	F	826	0.31	144	0.05	774	0.29	433	0.16	0	0.00	181	0.07	3	0.00
	<b>Total</b>	<b>956</b>	<b>0.27</b>	<b>174</b>	<b>0.05</b>	<b>927</b>	<b>0.27</b>	<b>514</b>	<b>0.15</b>	<b>0</b>	<b>0.00</b>	<b>235</b>	<b>0.07</b>	<b>4</b>	<b>0.00</b>
65-74	M	0	0.00	0	0.00	2	0.69	0	0.00	0	0.00	1	0.34	0	0.00
	F	0	0.00	0	0.00	2	0.44	0	0.00	0	0.00	0	0.00	0	0.00
	<b>Total</b>	<b>0</b>	<b>0.00</b>	<b>0</b>	<b>0.00</b>	<b>4</b>	<b>0.54</b>	<b>0</b>	<b>0.00</b>	<b>0</b>	<b>0.00</b>	<b>1</b>	<b>0.13</b>	<b>0</b>	<b>0.00</b>
75-84	M	0		0		0		0		0		0		0	
	F	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
	<b>Total</b>	<b>0</b>	<b>0.00</b>	<b>0</b>	<b>0.00</b>	<b>0</b>	<b>0.00</b>	<b>0</b>	<b>0.00</b>	<b>0</b>	<b>0.00</b>	<b>0</b>	<b>0.00</b>	<b>0</b>	<b>0.00</b>
85+	M	0		0		0		0		0		0		0	
	F	0		0		0		0		0		0		0	
	<b>Total</b>	<b>0</b>		<b>0</b>		<b>0</b>		<b>0</b>		<b>0</b>		<b>0</b>		<b>0</b>	
Unknown	M	0		0		0		0		0		0		0	
	F	0		0		0		0		0		0		0	
	<b>Total</b>	<b>0</b>		<b>0</b>		<b>0</b>		<b>0</b>		<b>0</b>		<b>0</b>		<b>0</b>	

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

Antibiotic Utilization: Total (ABXA)																	
WellCare of Georgia, Inc. (Org ID: 4538, SubID: 10032, Medicaid, Spec Area: None, Spec Proj: None, Contract Number: None)																	
Total	M	1,712	0.01	25,744	0.10	38,963	0.15	33,239	0.13	0	0.00	5,666	0.02	63	0.00		
	F	15,209	0.05	29,174	0.09	58,744	0.18	39,932	0.12	0	0.00	11,900	0.04	104	0.00		
	Total	16,921	0.03	54,918	0.09	97,707	0.17	73,171	0.12	0	0.00	17,566	0.03	167	0.00		
All Other Antibiotics Utilization																	
Age	Sex	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	8212	0.05	44	0.00	12155	0.08	0	0.00	134	0.00	85130	0.56	28	0.00	271	0.00
	F	12268	0.08	35	0.00	13248	0.09	0	0.00	93	0.00	82662	0.56	26	0.00	667	0.00
	Total	20,480	0.07	79	0.00	25,403	0.09	0	0.00	227	0.00	167,792	0.56	54	0.00	938	0.00
10-17	M	4093	0.04	10	0.00	5786	0.06	0	0.00	121	0.00	19054	0.20	3698	0.04	291	0.00
	F	7599	0.08	40	0.00	6743	0.07	0	0.00	115	0.00	23968	0.25	3990	0.04	3660	0.04
	Total	11,692	0.06	50	0.00	12,529	0.07	0	0.00	236	0.00	43,022	0.22	7,688	0.04	3,951	0.02
18-34	M	788	0.07	0	0.00	707	0.06	0	0.00	25	0.00	2426	0.20	571	0.05	187	0.02
	F	8923	0.16	15	0.00	7269	0.13	0	0.00	178	0.00	19541	0.34	2791	0.05	25310	0.44
	Total	9,711	0.14	15	0.00	7,976	0.12	0	0.00	203	0.00	21,967	0.32	3,362	0.05	25,497	0.37
35-49	M	469	0.12	0	0.00	356	0.09	0	0.00	5	0.00	968	0.25	149	0.04	157	0.04
	F	3838	0.19	12	0.00	2532	0.13	0	0.00	93	0.00	6891	0.35	1226	0.06	5883	0.30
	Total	4,307	0.18	12	0.00	2,888	0.12	0	0.00	98	0.00	7,859	0.33	1,375	0.06	6,040	0.25
50-64	M	76	0.10	0	0.00	85	0.11	0	0.00	2	0.00	223	0.28	30	0.04	26	0.03
	F	481	0.18	0	0.00	357	0.13	0	0.00	9	0.00	758	0.28	166	0.06	423	0.16
	Total	557	0.16	0	0.00	442	0.13	0	0.00	11	0.00	981	0.28	196	0.06	449	0.13
65-74	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	1	0.22	1	0.22	0	0.00
	Total	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	1	0.13	1	0.13	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	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
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	0.00	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
Total	M	13,638	0.05	54	0.00	19,089	0.07	0	0.00	287	0.00	107,801	0.41	4,476	0.02	932	0.00
	F	33,109	0.10	102	0.00	30,149	0.09	0	0.00	488	0.00	133,821	0.41	8,200	0.03	35,943	0.11
	Total	46,747	0.08	156	0.00	49,238	0.08	0	0.00	775	0.00	241,622	0.41	12,676	0.02	36,875	0.06

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

<b>Board Certification (BCR)</b>			
<b>WellCare of Georgia, Inc. (Org ID: 4538, SubID: 10032, Medicaid, Spec Area: None, Spec Proj: None, Contract Number: None)</b>			
<b>Type of Physician</b>	<b>Number of Physicians in Each</b>	<b>Board Certification</b>	
		<b>Number</b>	<b>Percent</b>
<b>Family Medicine</b>	1351	846	62.62%
<b>Internal Medicine</b>	1451	884	60.92%
<b>OB/GYN physicians</b>	907	528	58.21%
<b>Pediatricians</b>	1226	720	58.73%
<b>Geriatricians</b>	42	27	64.29%
<b>Other physician specialists</b>	4960	2829	57.04%



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

<b>Total Membership (TLM)</b>	
<b>WellCare of Georgia, Inc. (Org ID: 4538, SubID: 10032, Medicaid, Spec Area: None, Spec Proj: None, Contract Number: None)</b>	
<b>Product/Product Line</b>	<b>Total Number of Members*</b>
<b>HMO (Total)</b>	<b>583,356</b>
<b>Medicaid</b>	583356
<b>Commercial</b>	0
<b>Medicare (cost or risk)</b>	0
<b>Marketplace</b>	0
<b>Other</b>	0
<b>PPO (Total)</b>	<b>0</b>
<b>Medicaid</b>	0
<b>Commercial</b>	0
<b>Medicare (cost or risk)</b>	0
<b>Marketplace</b>	0
<b>Other</b>	0
<b>POS (Total)</b>	<b>0</b>
<b>Medicaid</b>	0
<b>Commercial</b>	0
<b>Medicare (cost or risk)</b>	0
<b>Marketplace</b>	0
<b>Other</b>	0
<b>FFS (Total)</b>	<b>0</b>
<b>Medicaid</b>	0
<b>Commercial</b>	0
<b>Medicare (cost or risk)</b>	0
<b>Other</b>	0
<b>EPO (Total)</b>	<b>0</b>
<b>Commercial</b>	0
<b>Marketplace</b>	0
<b>Other</b>	0
<b>Total</b>	<b>583,356</b>
<b>* Total number of members in each category as of December 31 of the measurement year.</b>	

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

<b>Enrollment by Product Line: Total (ENPA)</b>			
<b>WellCare of Georgia, Inc. (Org ID: 4538, SubID: 10032, Medicaid, Spec Area: None, Spec Proj: None, Contract Number: None)</b>			
<b>Age</b>	<b>Male Member Months</b>	<b>Female Member Months</b>	<b>Total Member Months</b>
<1	204768	199256	404,024
1-4	676310	659171	1,335,481
5-9	931856	902965	1,834,821
10-14	780015	768624	1,548,639
15-17	377581	385174	762,755
18-19	100758	128172	228,930
<b>0-19 Subtotal</b>	<b>3,071,288</b>	<b>3,043,362</b>	<b>6,114,650</b>
<b>0-19 Subtotal: %</b>	<b>96.91%</b>	<b>78.62%</b>	<b>86.85%</b>
20-24	7378	182245	189,623
25-29	15502	203408	218,910
30-34	19253	170978	190,231
35-39	19680	127788	147,468
40-44	16165	74014	90,179
<b>20-44 Subtotal</b>	<b>77,978</b>	<b>758,433</b>	<b>836,411</b>
<b>20-44 Subtotal: %</b>	<b>2.46%</b>	<b>19.59%</b>	<b>11.88%</b>
45-49	10279	36836	47,115
50-54	6277	20054	26,331
55-59	2414	8537	10,951
60-64	799	3722	4,521
<b>45-64 Subtotal</b>	<b>19,769</b>	<b>69,149</b>	<b>88,918</b>
<b>45-64 Subtotal: %</b>	<b>0.62%</b>	<b>1.79%</b>	<b>1.26%</b>
65-69	28	44	72
70-74	7	10	17
75-79	0	1	1
80-84	0	0	0
85-89	0	0	0
>=90	0	0	0
<b>&gt;=65 Subtotal</b>	<b>35</b>	<b>55</b>	<b>90</b>
<b>&gt;=65 Subtotal: %</b>	<b>0.00%</b>	<b>0.00%</b>	<b>0.00%</b>
<b>Age Unknown</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total</b>	<b>3,169,070</b>	<b>3,870,999</b>	<b>7,040,069</b>

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

<b>Enrollment by State (EBS)</b>	
<b>WellCare of Georgia, Inc. (Org ID: 4538, SubID: 10032,            Medicaid, Spec Area: None, Spec Proj: None, Contract            Number: None)</b>	
<b>State</b>	<b>Number</b>
Alabama	56
Alaska	0
Arizona	0
Arkansas	4
California	2
Colorado	4
Connecticut	0
Delaware	0
District of Columbia	1
Florida	60
Georgia	583098
Hawaii	0
Idaho	0
Illinois	4
Indiana	2
Iowa	4
Kansas	2
Kentucky	4
Louisiana	19
Maine	1
Maryland	4
Massachusetts	0
Michigan	4
Minnesota	0
Mississippi	6
Missouri	6
Montana	0
Nebraska	1
Nevada	0
New Hampshire	0
New Jersey	2
New Mexico	0
New York	4
North Carolina	8
North Dakota	0
Ohio	4
Oklahoma	1
Oregon	0
Pennsylvania	3
Rhode Island	1
South Carolina	17
South Dakota	0
Tennessee	12
Texas	15
Utah	1

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

<b>Enrollment by State (EBS)</b>	
<b>WellCare of Georgia, Inc. (Org ID: 4538, SubID: 10032,            Medicaid, Spec Area: None, Spec Proj: None, Contract            Number: None)</b>	
<b>State</b>	<b>Number</b>
Vermont	1
Virginia	1
Washington	0
West Virginia	2
Wisconsin	1
Wyoming	0
American Samoa	0
Federated States of Micronesia	0
Guam	0
Commonwealth of Northern Marianas	0
Puerto Rico	0
Virgin Islands	0
Other	1
<b>TOTAL</b>	<b>583,356</b>

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

**Race/Ethnicity Diversity of Membership (RDM)**

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

Race/Ethnicity Diversity of Membership	
Total Unduplicated Membership During the Measurement Year	769322

**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*	0.0000
	Health Plan Direct*	0.0000				
	CMS/State Database*	1.0000				
	Other*	0.0000				
Ethnicity	Direct Total	100.00%	Indirect Total*	0.0000	Total*	0.0000
	Health Plan Direct*	0.0000				
	CMS/State Database*	1.0000				
	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	0	0.00%	743	2.04%	376554	52.14%	0		377,297	49.04%
Black or African American	0	0.00%	20618	56.71%	319146	44.19%	0		339,764	44.16%
American-Indian and Alaska Native	0	0.00%	833	2.29%	0	0.00%	0		833	0.11%
Asian	0	0.00%	13512	37.17%	0	0.00%	0		13,512	1.76%
Native Hawaiian and Other Pacific Islanders	0	0.00%	648	1.78%	0	0.00%	0		648	0.08%
Some Other Race	0	0.00%	0	0.00%	0	0.00%	0		0	0.00%
Two or More Races	0	0.00%	0	0.00%	0	0.00%	0		0	0.00%
Unknown	10793	100.00%	0	0.00%	26475	3.67%	0		37,268	4.84%
Declined	0	0.00%	0	0.00%	0	0.00%	0		0	0.00%
<b>Total</b>	<b>10,793</b>	<b>100.00%</b>	<b>36,354</b>	<b>100.00%</b>	<b>722,175</b>	<b>100.00%</b>	<b>0</b>		<b>769,322</b>	<b>100.00%</b>

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

<b>Language Diversity of Membership (LDM)</b>			
<b>WellCare of Georgia, Inc. (Org ID: 4538, SubID: 10032, Medicaid, Spec Area: None, Spec Proj: None, Contract Number: None)</b>			
<b>Percentage of Members With Known Language Value from Each Data Source</b>			
<b>Category</b>	<b>Health Plan Direct</b>	<b>CMS/State Databases</b>	<b>Other Third-Party Source</b>
<b>Spoken Language Preferred for Health Care*</b>	0	0.9911	0.0089
<b>Preferred Language for Written Materials*</b>	0	0.9911	0.0089
<b>Other Language Needs*</b>	0	0	1
<b>*Enter percentage as a value between 0 and 1.</b>			
<b>Spoken Language Preferred for Health Care</b>			
	<b>Number</b>	<b>Percentage</b>	
<b>English</b>	711233	92.45%	
<b>Non-English</b>	51279	6.67%	
<b>Unknown</b>	6810	0.89%	
<b>Declined</b>	0	0.00%	
<b>Total*</b>	769,322	100.00%	
<b>Language Preferred for Written Materials</b>			
	<b>Number</b>	<b>Percentage</b>	
<b>English</b>	711233	92.45%	
<b>Non-English</b>	51279	6.67%	
<b>Unknown</b>	6810	0.89%	
<b>Declined</b>	0	0.00%	
<b>Total*</b>	769,322	100.00%	
<b>Other Language Needs</b>			
	<b>Number</b>	<b>Percentage</b>	
<b>English</b>	0	0.00%	
<b>Non-English</b>	0	0.00%	
<b>Unknown</b>	769322	100.00%	
<b>Declined</b>	0	0.00%	
<b>Total*</b>	769,322	100.00%	
<b>*Should sum to 100%</b>			

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

<b>Weeks of Pregnancy at Time of Enrollment in MCO (WOP)</b>		
WellCare of Georgia, Inc. (Org ID: 4538, SubID: 10032, Medicaid, Spec Area: None, Spec Proj: None, Contract Number: None)		
<b>Measurement Year</b>		
<b>Measurement Year</b>	2015	
<b>Weeks of Pregnancy</b>	<b>Number</b>	<b>Percentage</b>
< 0 weeks	3647	13.79%
1-12 weeks	3623	13.70%
13-27 weeks	13767	52.04%
28 or more weeks	3262	12.33%
Unknown	2154	8.14%
<b>Total</b>	<b>26,453</b>	<b>100.00%</b>