



Georgia Department of Community Health

Validation of Performance Measures

for

AMERIGROUP Community Care

September 2010



3133 East Camelback Road, Suite 300 • Phoenix, AZ 85016

Phone 602.264.6382 • Fax 602.241.0757

Validation of Performance Measures	1
Validation Overview	1
Care Management Organization (CMO) Information	1
Performance Measures Validated.....	2
Description of Validation Activities	3
Pre-audit Strategy.....	3
Validation Team.....	3
Technical Methods of Data Collection and Analysis.....	4
On-site Activities.....	4
Data Integration, Data Control, and Performance Measure Documentation	6
Data Integration	6
Data Control	6
Performance Measure Documentation.....	6
Validation Results	7
Medical Service Data (Claims/Encounters)	7
Enrollment Data.....	7
Provider Data.....	7
Medical Record Review Process.....	7
Supplemental Data	7
Data Integration.....	7
Performance Measure Specific Findings.....	8
Validation Findings	9
Appendix A—Data Integration and Control Findings	A-i
Appendix B—Denominator and Numerator Validation Findings	B-i
Appendix C—Performance Measure Results	C-i
Appendix D—Final Audited HEDIS Results	D-i
Appendix E—Audited CY 2009 HEDIS Utilization Measure Results	E-i

Validation of Performance Measures

for AMERIGROUP Community Care

Validation Overview

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 Department of Community Health (DCH), conducted the validation activities. DCH contracts with three care management organizations (CMOs) to provide services to Medicaid and PeachCare for Kids enrollees. DCH identified a set of performance measures that were calculated and reported by the CMOs for validation. HSAG conducted the validation activities as outlined in the Centers for Medicare & Medicaid Services (CMS) publication, *Validating Performance Measures: A Protocol for Use in Conducting External Quality Review Activities*, Final Protocol, Version 1.0, May 1, 2002 (CMS performance measure validation protocol).

Care Management Organization (CMO) Information

HSAG validated performance measures calculated and reported by **AMERIGROUP Community Care (AMERIGROUP)**. Information about **AMERIGROUP** appears in Table 1.

Table 1—AMERIGROUP Information	
CMO Name:	AMERIGROUP Community Care
CMO Location:	303 Perimeter Center North, Suite 400 Atlanta, GA 30346
CMO Contact:	Joanne Soubli, Risk Control and Compliance Officer
Contact Telephone Number:	(678) 587-4876
Contact E-mail Address:	JSoubli@amerigroupcorp.com
Site Visit Date:	May 5 and 6, 2010

Performance Measures Validated

HSAG validated performance measures identified and selected by DCH for validation. Four performance measures were selected from the Agency for Healthcare Research and Quality (AHRQ) Quality Indicator set and one performance measure was developed by a DCH-contracted vendor, Thomson Reuters (TR). The measurement period was identified by DCH as calendar year (CY) 2009. Table 2 lists the performance measures validated and who calculated the performance measure.

Table 2—List of CY 2009 Performance Measures for AMERIGROUP		
	Performance Measure	Calculation by:
1.	Cesarean Delivery Rate— <i>AHRQ measure</i>	AMERIGROUP
2.	Low Birth Weight Rate— <i>AHRQ measure</i>	AMERIGROUP
3.	Asthma ED/Urgent Care Visits— <i>TR-developed measure</i>	AMERIGROUP
4.	Diabetes Short-Term Complications Admission Rate— <i>AHRQ measure</i>	AMERIGROUP
5.	Asthma Admission Rate— <i>AHRQ measure</i>	AMERIGROUP

In addition, each CMO was required to report a selected set of Healthcare Effectiveness Data and Information Set (HEDIS[®]) measures to DCH. The CMOs were required to contract with an NCQA-licensed audit organization and undergo a NCQA HEDIS Compliance Audit[™]. Final audited HEDIS measure results were submitted to DCH via NCQA’s Interactive Data Submission System (IDSS) and provided to HSAG. HSAG will use these results in addition to the measures validated and displayed within this report as data sources for the annual EQR technical report. Appendices D and E display the final audited HEDIS 2009 results for all required measures.

[®] HEDIS is a registered trademark of the National Committee for Quality Assurance (NCQA)
 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. In order to complete the validation activities for **AMERIGROUP**, HSAG obtained a list of the measures that were selected by DCH for validation.

HSAG then prepared a document request letter that was submitted to **AMERIGROUP** outlining the steps in the performance measure validation process. The document request letter included a request for a completed Information Systems Capabilities Assessment Tool (ISCAT), or Appendix Z of the CMS protocol; source code for each performance measure; the HEDIS 2010 Roadmap; and any additional supporting documentation necessary to complete the audit. HSAG responded to ISCAT/Roadmap-related questions directly from **AMERIGROUP** during the pre-on-site phase.

For the on-site visit, HSAG prepared an agenda describing all visit activities and indicating the type of staffing needed for each session. HSAG provided the agenda to **AMERIGROUP** approximately one week prior to the on-site visit. HSAG also conducted a pre-on-site conference call with **AMERIGROUP** to discuss any outstanding ISCAT/Roadmap questions and on-site visit activity expectations.

Validation Team

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

Table 3—Validation Team	
Name / Role	Skills and Expertise
Wendy Talbot, MPH, CHCA <i>Lead Auditor</i>	Auditing expertise, project management, performance measure development, managed care operations
Jennifer Lenz, MPH <i>Secondary Auditor</i>	Project management, auditing expertise
David Mabb, MS, CHCA <i>Associate Director/Audits</i>	Source code review management
Ron Holcomb <i>Source Code Reviewer</i>	Source code review
Tammy Gianfrancesco <i>Administrative Assistant</i>	Communications

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:

- ◆ **Information Systems Capabilities Assessment Tool (ISCAT):** A modified version of the ISCAT was requested and received from **AMERIGROUP**. In preparing the ISCAT document, HSAG removed questions that were already addressed in **AMERIGROUP**'s National Committee for Quality Assurance (NCQA) Roadmap. Upon receipt by HSAG, the ISCAT underwent a cursory review to ensure all sections were completed and all attachments were present. The validation team then reviewed all ISCAT documents, noting issues or items that needed further follow-up. The validation team used information included in the ISCAT to complete the review tools, as applicable.
- ◆ **NCQA's HEDIS 2010 Roadmap:** **AMERIGROUP** completed and submitted its Roadmap for review by the validation team. The validation team combined the responses from the ISCAT review and Roadmap to complete the pre-on-site systems assessment.
- ◆ **Source code (programming language) for performance measures:** HSAG requested source code from CMOs that calculate their performance measures by using automated computer code. HSAG requested and received source code from **AMERIGROUP**. The validation team completed a line-by-line code review and observation of program logic flow to ensure compliance with State measure definitions during the on-site visit. Source code reviewers identified areas of deviation and shared them with the lead auditor to evaluate the impact of the deviation on the measure and assess the degree of bias (if any).
- ◆ **Supporting documentation:** HSAG requested any 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. The validation team reviewed all supporting documentation, identifying issues or clarifications for further follow-up.

On-site Activities

HSAG conducted an on-site visit with **AMERIGROUP** on May 5 and 6, 2010. HSAG collected information using several methods, including interviews, system demonstration, review of data output files, primary source verification, observation of data processing, and review of data reports. The on-site visit activities are described as follows:

- ◆ **Opening meeting:** The opening meeting included an introduction of the validation team and key **AMERIGROUP** 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 assessment, focusing on the processing of claims and encounter data, patient data, and inpatient data.

Additionally, the review evaluated the processes used to collect and calculate the performance measures, 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 ISCAT/Roadmap and supporting documentation:** The review included processes used for collecting, storing, validating, and reporting performance measure data. This session was designed to be interactive with key **AMERIGROUP** staff members so that the validation team could obtain a complete picture of all the steps taken to generate the performance measures. The goal of the session was to obtain a confidence level as to the degree of compliance with written documentation compared to 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 measures. 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 ISCAT/Roadmap and the on-site visit, and revisited the documentation requirements for any post-visit activities.

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

Table 4—List of AMERIGROUP Interviewees	
Name	Title
Daniel Scott	Manager, Contracting
Esther Mays	Director, Finance
Fran Gary	Chief Operating Officer
Jeff King	Director, Contracting
Joanne Soublis	Plan Compliance Officer
Kathleen Cistola	Director, Regulatory Services
Leslie Langslow	Director, Claims
Tara Baker	Financial Analyst—Georgia

Data Integration, Data Control, and Performance Measure Documentation

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

Data Integration

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

- Acceptable
- Not acceptable

Data Control

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

- Acceptable
- Not acceptable

Performance Measure Documentation

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

- Acceptable
- Not acceptable

Validation Results

The validation team evaluated **AMERIGROUP**'s data systems for processing of each type of data used for reporting the DCH performance measures. General findings are indicated below:

Medical Service Data (Claims/Encounters)

AMERIGROUP required the submission of all data using standard codes and forms. Most data (90 percent) were submitted electronically. **AMERIGROUP** scanned paper claims. A vendor, Affiliated Computer Services (ACS), then processed the files. **AMERIGROUP** had good control procedures in place for monitoring data flow to and from ACS, and between **AMERIGROUP** and the three clearinghouses. There were sufficient edit checks in place, and ongoing audits were performed to verify the completeness and accuracy of submitted and processed data. The validation team determined that inpatient facility claim data (which are used for the measures under validation) were complete, and that **AMERIGROUP** was fully compliant with the processing of claims and encounter data.

Enrollment Data

AMERIGROUP received electronic enrollment data monthly from the State's enrollment broker. These data were processed, reconciled, and loaded into Facets. **AMERIGROUP** performed validation checks to remove duplicate members and to ensure data were complete and accurate. **AMERIGROUP** received and processed all data in a timely manner, with no issues identified during the measurement period.

Provider Data

Provider data processing and identification were not relevant to the measures under review.

Medical Record Review Process

AMERIGROUP reported all measures using administrative data only. Medical record review was not performed and, therefore, was not evaluated under the scope of this review.

Supplemental Data

AMERIGROUP did not use any supplemental data sources for reporting the selected performance measures.

Data Integration

All of the required performance measures were generated out of data from Reporting MedFin, a data warehouse that is updated on the second day of each month with data from Facets.

A team of **AMERIGROUP** staff members was responsible for generating the source code to run the measures. The code was internally reviewed and approved, and version control was monitored through a numbering system. The source code was still under review at the time of the on-site visit and was approved post-on-site. Primary source verification was performed to validate measure output files during the on-site visit. **AMERIGROUP** made the necessary adjustments to the measure calculations prior to producing the final performance measure results.

Performance Measure Specific Findings

Based on all validation activities, the HSAG Validation Team determined validation results for each performance measure. Table 5 displays the key review results. For detailed information, see Appendix B of this report.

Table 5—Key Review Results for AMERIGROUP		
Performance Measures		Key Review Findings
1.	Cesarean Delivery Rate— <i>AHRQ measure</i>	No concerns identified
2.	Low Birth Weight Rate— <i>AHRQ measure</i>	No concerns identified
3.	Asthma ED/Urgent Care Visits— <i>TR-developed measure</i>	No concerns identified
4.	Diabetes Short-Term Complications Admission Rate— <i>AHRQ measure</i>	No concerns identified
5.	Asthma Admission Rate— <i>AHRQ measure</i>	No concerns identified

Validation Findings

The CMS performance measure validation protocol identifies four validation findings for each performance measure, which are defined in Table 6:

Table 6—Validation Findings Definitions	
Fully Compliant (FC)	Indicates that the performance measure was fully compliant with DCH specifications.
Substantially Compliant (SC)	Indicates that the performance measure was substantially compliant with DCH specifications and had only minor deviations that did not significantly bias the reported rate.
Not Valid (NV)	Indicates that the performance measure deviated from DCH specifications such that the reported rate was significantly biased. This designation is also assigned to measures for which no rate was reported, although reporting of the rate was required.
Not Applicable (NA)	Indicates that the performance measure was not reported because the CMO did not have any Medicaid consumers who qualified for that denominator.

According to the Protocol, the validation finding for each 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 met. Consequently, it is possible that an error for a single audit element may result in a designation of Not Valid (NV) because the impact of the error biased the reported performance measure by more than 5 percentage points. Conversely, it is also possible that several audit element errors may have little impact on the reported rate, resulting in a measure designation of Substantially Compliant (SC).

Table 7 shows the final validation findings for **AMERIGROUP** for each performance measure. For additional information regarding performance measure results, see Appendix C of this report.

Table 7—Validation Findings for AMERIGROUP		
	Performance Measures	Validation Finding
1.	Cesarean Delivery Rate— <i>AHRQ measure</i>	Fully Compliant
2.	Low Birth Weight Rate— <i>AHRQ measure</i>	Fully Compliant
3.	Asthma ED/Urgent Care Visits— <i>TR-developed measure</i>	Fully Compliant
4.	Diabetes Short-Term Complications Admission Rate— <i>AHRQ measure</i>	Fully Compliant
5.	Asthma Admission Rate— <i>AHRQ measure</i>	Fully Compliant

Appendix A. **Data Integration and Control Findings**

for AMERIGROUP Community Care

Appendix A, which follows this page, contains the data integration and control findings for **AMERIGROUP**.

Appendix A. Data Integration and Control Findings for AMERIGROUP Community Care

Documentation Worksheet

CMO Name:	AMERIGROUP Community Care
On-Site Visit Date:	May 5 and 6, 2010
Reviewers:	Wendy Talbot, MPH, CHCA, and Jennifer Lenz, MPH

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 measures 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"/>	Some clarifications were needed and appropriate adjustments were made prior to final calculation.
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 to 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 measures.				
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"/>	

Data Integration and Control Element	Met	Not Met	N/A	Comments
Assurance of effective management of report production and of the reporting software.				
Documentation governing the production process, including 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**

for AMERIGROUP Community Care

Appendix B, which follows this page, contains the denominator and numerator validation findings for **AMERIGROUP**.

Appendix B. Denominator and Numerator Validation Findings *for AMERIGROUP Community Care*

Reviewer Worksheets

CMO Name:	AMERIGROUP Community Care
On-Site Visit Date:	May 5 and 6, 2010
Reviewers:	Wendy Talbot, MPH, CHCA, and Jennifer Lenz, MPH

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

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The CMO correctly calculates member months and member years if applicable to the performance measure.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Member-month and year calculations were not required for the measures under review.
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, etc.).	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Table B-2—Numerator Validation Findings for Amerigroup Community Care				
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"/>	AMERIGROUP did not use any non-standard codes.
If any time parameters are required by the specifications of the performance measure, they are followed (i.e., the measured event occurred during the time period specified or defined in the performance measure).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Appendix C. **Performance Measure Results** *for AMERIGROUP Community Care*

Appendix C, which follows this page, contains **AMERIGROUP**'s performance measure results.

Appendix C. Performance Measure Results for AMERIGROUP Community Care

Indicator 1—Cesarean Delivery Rate

**Table C-1—Indicator 1
for AMERIGROUP Community Care**

	Denominator	Numerator	Rate
Cesarean Delivery Rate	11,264	3,745	33.25%

Indicator 2—Low Birth Weight Rate

**Table C-2—Indicator 2
for AMERIGROUP Community Care**

	Denominator	Numerator	Rate
Low Birth Weight Rate	12,445	953	7.66%

Indicator 3—Asthma Emergency Department/Urgent Care Visits

**Table C-3—Indicator 3
for AMERIGROUP Community Care**

	Denominator	Numerator	Rate
Asthma ED/Urgent Care Visits	340,876	5,536	1.62%

Indicator 4—Diabetes Short-Term Complications Admission Rate

**Table C-4—Indicator 4
for AMERIGROUP Community Care**

	Denominator	Numerator	Rate (per 100,000)
Diabetes Short-Term Complications Admission Rate	171,126	24	14.02

Indicator 5—Asthma Admission Rate

**Table C-5—Indicator 5
for AMERIGROUP Community Care**

	Denominator	Numerator	Rate (per 100,000)
Asthma Admission Rate	249,887	171	68.43

Appendix D. **Final Audited HEDIS Results**
for AMERIGROUP Community Care

Appendix D, which follows this page, contains the final audited HEDIS results for **AMERIGROUP**.

Appendix D. Final Audited HEDIS Results for AMERIGROUP Community Care

CMO Audited Calendar Year 2009 HEDIS Performance Measure Results—AMERIGROUP			
Measure	Numerator	Denominator	CMO Rate
Well-Child Visits in the First 15 Months of Life - Zero Visits ¹	12	407	2.95% Hybrid
Well-Child Visits in the First 15 Months of Life - One Visit	18	407	4.42% Hybrid
Well-Child Visits in the First 15 Months of Life - Two Visits	14	407	3.44% Hybrid
Well-Child Visits in the First 15 Months of Life - Three Visits	22	407	5.41% Hybrid
Well-Child Visits in the First 15 Months of Life - Four Visits	48	407	11.79% Hybrid
Well-Child Visits in the First 15 Months of Life - Five Visits	69	407	16.95% Hybrid
Well-Child Visits in the First 15 Months of Life - Six or More Visits	224	407	55.04% Hybrid
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	253	395	64.05% Hybrid
Adolescent Well-Care Visits	175	432	40.51% Hybrid ²
Childrens and Adolescents Access to Primary Care Providers - Ages 12-24 Months	8,554	8,886	96.26%
Childrens and Adolescents Access to Primary Care Providers - Ages 25 Months - 6 Years	36,729	40,077	91.65%
Childrens and Adolescents Access to Primary Care Providers - Ages 7-11 Years	19,428	20,922	92.86%
Childrens and Adolescents Access to Primary Care Providers - Ages 12-19 Years	21,414	23,868	89.72%
Adults Access to Preventive/Ambulatory Health Services - Ages 20-44 Years	6,679	7,808	85.54%
Childhood Immunization Status - Combo 2	311	432	71.99% Hybrid
Lead Screening in Children	255	376	67.82% Hybrid
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - BMI Percentile (Total)	59	430	13.72% Hybrid

CMO Audited Calendar Year 2009 HEDIS Performance Measure Results—AMERIGROUP			
Measure	Numerator	Denominator	CMO Rate
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Nutrition (Total)	175	430	40.70% Hybrid
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Physical Activity (Total)	153	430	35.58% Hybrid
Follow-Up Care for Children Prescribed ADHD Medication - Initiation Phase	666	1,770	37.63%
Follow-Up Care for Children Prescribed ADHD Medication - Continuation and Maintenance Phase	182	359	50.70%
Annual Dental Visit - Ages 2-3 Years	7,215	16,913	42.66%
Annual Dental Visit - Ages 4-6 Years	17,750	23,709	74.87%
Annual Dental Visit - Ages 7-10 Years	22,680	29,333	77.32%
Annual Dental Visit - Ages 11-14 Years	17,616	25,324	69.56%
Annual Dental Visit - Ages 15-18 Years	11,833	19,908	59.44%
Annual Dental Visit - Ages 19-21 Years	344	854	40.28%
Annual Dental Visit - Total	77,438	116,041	66.73%
Cervical Cancer Screening	274	388	70.62% Hybrid
Breast Cancer Screening	516	952	54.20%
Comprehensive Diabetes Care - HbA1c Testing	440	597	73.70% Hybrid
Comprehensive Diabetes Care - HbA1c Poor Control ¹	363	597	60.80% Hybrid
Comprehensive Diabetes Care - HbA1c Good Control <8.0	188	597	31.49% Hybrid
Comprehensive Diabetes Care - HbA1c Good Control <7.0	120	525	22.86% Hybrid
Comprehensive Diabetes Care - Eye Exam	259	597	43.38% Hybrid

CMO Audited Calendar Year 2009 HEDIS Performance Measure Results—AMERIGROUP			
Measure	Numerator	Denominator	CMO Rate
Comprehensive Diabetes Care - LDL-C Screening	375	597	62.81% Hybrid
Comprehensive Diabetes Care - LDL-C Level	124	597	20.77% Hybrid
Comprehensive Diabetes Care - Medical Attention to Nephropathy	405	597	67.84% Hybrid
Comprehensive Diabetes Care - Blood Pressure Control <130/80	151	597	25.29% Hybrid
Comprehensive Diabetes Care - Blood Pressure Control <140/90	286	597	47.91% Hybrid
Use of Appropriate Medications for People with Asthma - Ages 5-11 Years	1,621	1,745	92.89%
Use of Appropriate Medications for People with Asthma - Ages 12-50 Years	952	1,072	88.81%
Use of Appropriate Medications for People with Asthma - Total	2,573	2,817	91.34%
Follow-Up After Hospitalization for Mental Illness - 30-Day Follow-Up	553	772	71.63%
Follow-Up After Hospitalization for Mental Illness - 7-Day Follow-Up	375	772	48.58%
Inpatient Utilization—General Hospital/Acute Care	Rates reported in separate table		
Prenatal and Postpartum Care - Timeliness of Prenatal Care	298	397	75.06% Hybrid
Prenatal and Postpartum Care - Postpartum Care	228	397	57.43% Hybrid
Frequency of Ongoing Prenatal Care - <21 Percent	107	397	26.95% Hybrid
Frequency of Ongoing Prenatal Care - 21-40 Percent	39	397	9.82% Hybrid
Frequency of Ongoing Prenatal Care - 41-60 Percent	21	397	5.29% Hybrid
Frequency of Ongoing Prenatal Care - 61-80 Percent	40	397	10.08% Hybrid
Frequency of Ongoing Prenatal Care - 81+ Percent	190	397	47.86% Hybrid

CMO Audited Calendar Year 2009 HEDIS Performance Measure Results—AMERIGROUP			
Measure	Numerator	Denominator	CMO Rate
Weeks of Pregnancy at Time of Enrollment - <0 Weeks	1,080	12,949	8.34%
Weeks of Pregnancy at Time of Enrollment - <1-12 Weeks	778	12,949	6.01%
Weeks of Pregnancy at Time of Enrollment - <13-27 Weeks	7,538	12,949	58.21%
Weeks of Pregnancy at Time of Enrollment - <28 or More Weeks	2,481	12,949	19.16%
Weeks of Pregnancy at Time of Enrollment - Unknown	1,072	12,949	8.28%
Weeks of Pregnancy at Time of Enrollment - Total	12,949	12,949	100.00%
Appropriate Treatment For Children With Upper Respiratory Infection ³	3,357	15,727	78.65%
Mental Health Utilization	Rates reported in separate table		
Call Abandonment ¹	1,334	164,961	0.81%
Antibiotic Utilization	Rates reported in separate table		
Outpatient Drug Utilization - Average Cost of Prescriptions Per Member Per Month	NA		\$24.78
Outpatient Drug Utilization - Average Number of Prescriptions Per Member Per Month	NA		7.59
Race/Ethnicity Diversity of Membership	Rates reported in separate table		
Language Diversity of Membership	Rates reported in separate table		

¹ Note: Lower rate is better

² AMERIGROUP resubmitted the audited hybrid rate for AWC on 07/25/10

³ Note: The measure is reported as an inverted rate. A higher rate indicates appropriate treatment of children with URI (i.e., the proportion for whom antibiotics were not prescribed). The rate is calculated as 1 minus the numerator divided by the eligible population.

Appendix E. Audited CY 2009 HEDIS Utilization Measure Results *for AMERIGROUP Community Care*

Appendix E, which follows this page, contains **AMERIGROUP**'s audited CY 2009 HEDIS utilization measure results.

Department of Community Health, State of Georgia
 Audited CY 2009 HEDIS Utilization Measure Results for AMERIGROUP
 Inpatient Utilization - General Hospital/Acute Care: Total (IPUA)

Inpatient Utilization--General Hospital/Acute Care: Total (IPUA)
AMERIGROUP Georgia Managed Care Company, Inc (Org ID: 7327, SubID: 7488, Medicaid, Spec Area: None, Spec Proj: None)

Age	Member Months
<1	213,958
1-9	1,283,433
10-19	926,077
20-44	288,914
45-64	27,506
65-74	254
75-84	21
85+	0
Unknown	0
Total	2,740,163

Total Inpatient					
Age	Discharges	Discharges / 1,000 Member Months	Days	Days / 1,000 Members Months	Average Length of Stay
<1	1328	6.21	9739	45.52	7.33
1-9	1192	0.93	4747	3.70	3.98
10-19	3348	3.62	10323	11.15	3.08
20-44	11781	40.78	34176	118.29	2.90
45-64	360	13.09	1886	68.57	5.24
65-74	2	7.87	9	35.43	4.50
75-84	0	0.00	0	0.00	NA
85+	0	NA	0	NA	NA
Unknown	0		0		NA
Total	18,011	6.57	60,880	22.22	3.38

Medicine					
Age	Discharges	Discharges / 1,000 Member Months	Days	Days / 1,000 Members Months	Average Length of Stay
<1	1027	4.80	4616	21.57	4.49
1-9	910	0.71	2733	2.13	3.00
10-19	418	0.45	1492	1.61	3.57
20-44	488	1.69	1849	6.40	3.79
45-64	169	6.14	661	24.03	3.91
65-74	0	0.00	0	0.00	NA
75-84	0	0.00	0	0.00	NA
85+	0	NA	0	NA	NA
Unknown	0		0		NA
Total	3,012	1.10	11,351	4.14	3.77

Department of Community Health, State of Georgia
 Audited CY 2009 HEDIS Utilization Measure Results for AMERIGROUP
 Inpatient Utilization - General Hospital/Acute Care: Total (IPUA)

Surgery					
Age	Discharges	Discharges / 1,000 Member Months	Days	Days / 1,000 Members Months	Average Length of Stay
<1	301	1.41	5123	23.94	17.02
1-9	282	0.22	2014	1.57	7.14
10-19	282	0.30	1737	1.88	6.16
20-44	488	1.69	2805	9.71	5.75
45-64	186	6.76	1208	43.92	6.49
65-74	2	7.87	9	35.43	4.50
75-84	0	0.00	0	0.00	NA
85+	0	NA	0	NA	NA
Unknown	0		0		NA
Total	1,541	0.56	12,896	4.71	8.37
Maternity*					
Age	Discharges	Discharges / 1,000 Member Months	Days	Days / 1,000 Members Months	Average Length of Stay
10-19	2648	2.86	7094	7.66	2.68
20-44	10805	37.40	29522	102.18	2.73
45-64	5	0.18	17	0.62	3.40
Unknown	0		0		NA
Total	13,458	10.83	36,633	29.48	2.72

Department of Community Health, State of Georgia
 Audited CY 2009 HEDIS Utilization Measure Results for AMERIGROUP
 Mental Health Utilization: Total (MPTA)

Mental Health Utilization: Total (MPTA)												
AMERIGROUP Georgia Managed Care Company, Inc (Org ID: 7327, SubID: 7488, Medicaid, Spec Area: None, Spec Proj: 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	941243	909999	1,851,242	941243	909999	1,851,242	941243	909999	1,851,242	941243	909999	1,851,242
13-17	245258	243814	489,072	245258	243814	489,072	245258	243814	489,072	245258	243814	489,072
18-64	60398	339158	399,556	60398	339158	399,556	60398	339158	399,556	60398	339158	399,556
65+	28	247	275	28	247	275	28	247	275	28	247	275
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Total	1,246,927	1,493,218	2,740,145	1,246,927	1,493,218	2,740,145	1,246,927	1,493,218	2,740,145	1,246,927	1,493,218	2,740,145
Age	Sex	Any Services		Inpatient		Intensive Outpatient/Partial Hospitalization		Outpatient/ED				
		Number	Percent	Number	Percent	Number	Percent	Number	Percent			
0-12	M	5838	7.44%	134	0.17%	36	0.05%	5827	7.43%			
	F	3230	4.26%	50	0.07%	18	0.02%	3223	4.25%			
	Total	9,068	5.88%	184	0.12%	54	0.04%	9,050	5.87%			
13-17	M	2682	13.12%	170	0.83%	42	0.21%	2653	12.98%			
	F	2213	10.89%	193	0.95%	36	0.18%	2180	10.73%			
	Total	4,895	12.01%	363	0.89%	78	0.19%	4,833	11.86%			
18-64	M	359	7.13%	60	1.19%	9	0.18%	341	6.78%			
	F	2480	8.77%	245	0.87%	53	0.19%	2376	8.41%			
	Total	2,839	8.53%	305	0.92%	62	0.19%	2,717	8.16%			
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	NA	0	NA	0	NA	0	NA			
	F	0	NA	0	NA	0	NA	0	NA			
	Total	0	NA	0	NA	0	NA	0	NA			
Total	M	8,879	8.54%	364	0.35%	87	0.08%	8,821	8.49%			
	F	7,923	6.37%	488	0.39%	107	0.09%	7,779	6.25%			
	Total	16,802	7.36%	852	0.37%	194	0.08%	16,600	7.27%			

Department of Community Health, State of Georgia
 Audited CY 2009 HEDIS Utilization Measure Results for AMERIGROUP
 Antibiotic Utilization: Total (ABXA)

Antibiotic Utilization: Total (ABXA)

AMERIGROUP Georgia Managed Care Company, Inc (Org ID: 7327, SubID: 7488, Medicaid, Spec Area: None, Spec Proj: None)

Pharmacy Benefit Member Months			
Age	Male	Female	Total
0-9	761181	736192	1,497,373
10-17	425320	417621	842,941
18-34	45735	258761	304,496
35-49	12213	68925	81,138
50-64	2450	11472	13,922
65-74	7	247	254
75-84	21	0	21
85+	0	0	0
Unknown	0	0	0
Total	1,246,927	1,493,218	2,740,145

Antibiotic Utilization								
Age	Sex	Total Antibiotic Scripts	Average Scripts PMPY for Antibiotics	Total Days Supplied for All Antibiotic Scripts	Average Days Supplied per Antibiotic Script	Total Number of Scripts of Concern	Average Scripts PMPY for Antibiotics of Concern	Percentage of Antibiotics of Concern of all Antibiotic Scripts
0-9	M	95542	1.51	900931	9.43	45753	0.72	47.89%
	F	90938	1.48	870511	9.57	40962	0.67	45.04%
	Total	186,480	1.49	1,771,442	9.50	86,715	0.69	46.50%
10-17	M	27795	0.78	275774	9.92	13254	0.37	47.68%
	F	34795	1.00	329191	9.46	15435	0.44	44.36%
	Total	62,590	0.89	604,965	9.67	28,689	0.41	45.84%
18-34	M	3404	0.89	33899	9.96	1329	0.35	39.04%
	F	45029	2.09	356009	7.91	15060	0.70	33.45%
	Total	48,433	1.91	389,908	8.05	16,389	0.65	33.84%
35-49	M	1302	1.28	11851	9.10	577	0.57	44.32%
	F	11955	2.08	101265	8.47	5023	0.87	42.02%
	Total	13,257	1.96	113,116	8.53	5,600	0.83	42.24%
50-64	M	287	1.41	2609	9.09	139	0.68	48.43%
	F	1684	1.76	14098	8.37	858	0.90	50.95%
	Total	1,971	1.70	16,707	8.48	997	0.86	50.58%
65-74	M	0	0.00	0	NA	0	0.00	NA
	F	12	0.58	234	19.50	0	0.00	0.00%
	Total	12	0.57	234	19.50	0	0.00	0.00%
75-84	M	3	1.71	30	10.00	2	1.14	66.67%
	F	0	NA	0	NA	0	NA	NA
	Total	3	1.71	30	10.00	2	1.14	66.67%
85+	M	0	NA	0	NA	0	NA	NA
	F	0	NA	0	NA	0	NA	NA
	Total	0	NA	0	NA	0	NA	NA
Unknown	M	0	NA	0	NA	0	NA	NA
	F	0	NA	0	NA	0	NA	NA
	Total	0	NA	0	NA	0	NA	NA
Total	M	128,333	1.24	1,225,094	9.55	61,054	0.59	47.57%
	F	184,413	1.48	1,671,308	9.06	77,338	0.62	41.94%
	Total	312,746	1.37	2,896,402	9.26	138,392	0.61	44.25%

Department of Community Health, State of Georgia
 Audited CY 2009 HEDIS Utilization Measure Results for AMERIGROUP
 Antibiotic Utilization: Total (ABXA)

Antibiotics of Concern Utilization															
Age	Sex	Total Quinolone Scripts	Average Scripts PMPY for Quinolones	Total Cephalosporin 2nd-4th Generation Scripts	Average Scripts PMPY for Cephalosporins 2nd-4th Generation	Total Azithromycin and Clarithromycin Scripts	Average Scripts PMPY for Azithromycins and Clarithromycins	Total Amoxicillin/Clavulanate Scripts	Average Scripts PMPY for Amoxicillin/Clavulanates	Total Ketolides Scripts	Average Scripts PMPY for Ketolides	Total Clindamycin Scripts	Average Scripts PMPY for Clindamycins	Total Misc. Antibiotics of Concern Scripts	Average Scripts PMPY for Misc. Antibiotics of Concern
0-9	M	63	0.00	12452	0.20	16892	0.27	15354	0.24	0	0.00	982	0.02	10	0.00
	F	54	0.00	11605	0.19	14861	0.24	13451	0.22	0	0.00	977	0.02	14	0.00
	Total	117	0.00	24,057	0.19	31,753	0.25	28,805	0.23	0	0.00	1,959	0.02	24	0.00
10-17	M	286	0.01	2328	0.07	6591	0.19	3343	0.09	0	0.00	696	0.02	10	0.00
	F	641	0.02	2755	0.08	7737	0.22	3427	0.10	0	0.00	866	0.02	9	0.00
	Total	927	0.01	5,083	0.07	14,328	0.20	6,770	0.10	0	0.00	1,562	0.02	19	0.00
18-34	M	236	0.06	101	0.03	598	0.16	237	0.06	0	0.00	155	0.04	2	0.00
	F	3403	0.16	1053	0.05	7122	0.33	2125	0.10	0	0.00	1341	0.06	16	0.00
	Total	3,639	0.14	1,154	0.05	7,720	0.30	2,362	0.09	0	0.00	1,496	0.06	18	0.00
35-49	M	191	0.19	36	0.04	200	0.20	98	0.10	0	0.00	50	0.05	2	0.00
	F	1639	0.29	306	0.05	1943	0.34	716	0.12	0	0.00	401	0.07	18	0.00
	Total	1,830	0.27	342	0.05	2,143	0.32	814	0.12	0	0.00	451	0.07	20	0.00
50-64	M	58	0.28	12	0.06	40	0.20	18	0.09	0	0.00	11	0.05	0	0.00
	F	358	0.37	34	0.04	287	0.30	111	0.12	0	0.00	67	0.07	1	0.00
	Total	416	0.36	46	0.04	327	0.28	129	0.11	0	0.00	78	0.07	1	0.00
65-74	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
75-84	M	1	0.57	0	0.00	1	0.57	0	0.00	0	0.00	0	0.00	0	0.00
	F	0	NA	0	NA	0	NA	0	NA	0	NA	0	NA	0	NA
	Total	1	0.57	0	0.00	1	0.57	0	0.00	0	0.00	0	0.00	0	0.00
85+	M	0	NA	0	NA	0	NA	0	NA	0	NA	0	NA	0	NA
	F	0	NA	0	NA	0	NA	0	NA	0	NA	0	NA	0	NA
	Total	0	NA	0	NA	0	NA	0	NA	0	NA	0	NA	0	NA
Unknown	M	0	NA	0	NA	0	NA	0	NA	0	NA	0	NA	0	NA
	F	0	NA	0	NA	0	NA	0	NA	0	NA	0	NA	0	NA
	Total	0	NA	0	NA	0	NA	0	NA	0	NA	0	NA	0	NA
Total	M	835	0.01	14,929	0.14	24,322	0.23	19,050	0.18	0	0.00	1,894	0.02	24	0.00
	F	6,095	0.05	15,753	0.13	31,950	0.26	19,830	0.16	0	0.00	3,652	0.03	58	0.00
	Total	6,930	0.03	30,682	0.13	56,272	0.25	38,880	0.17	0	0.00	5,546	0.02	82	0.00

Department of Community Health, State of Georgia
 Audited CY 2009 HEDIS Utilization Measure Results for AMERIGROUP
 Antibiotic Utilization: Total (ABXA)

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	3898	0.06	0	0.00	5535	0.09	0	0.00	225	0.00	39971	0.63	26	0.00	134	0.00
	F	5887	0.10	0	0.00	5514	0.09	0	0.00	191	0.00	37938	0.62	22	0.00	424	0.01
	Total	9,785	0.08	0	0.00	11,049	0.09	0	0.00	416	0.00	77,909	0.62	48	0.00	558	0.00
10-17	M	1665	0.05	8	0.00	2694	0.08	0	0.00	226	0.01	7973	0.22	1848	0.05	127	0.00
	F	3303	0.09	0	0.00	2743	0.08	0	0.00	208	0.01	9200	0.26	2148	0.06	1758	0.05
	Total	4,968	0.07	8	0.00	5,437	0.08	0	0.00	434	0.01	17,173	0.24	3,996	0.06	1,885	0.03
18-34	M	340	0.09	0	0.00	287	0.08	0	0.00	24	0.01	959	0.25	390	0.10	75	0.02
	F	3802	0.18	0	0.00	3028	0.14	0	0.00	443	0.02	8684	0.40	3098	0.14	10914	0.51
	Total	4,142	0.16	0	0.00	3,315	0.13	0	0.00	467	0.02	9,643	0.38	3,488	0.14	10,989	0.43
35-49	M	123	0.12	0	0.00	125	0.12	0	0.00	5	0.00	331	0.33	102	0.10	39	0.04
	F	1196	0.21	0	0.00	774	0.13	0	0.00	129	0.02	2272	0.40	790	0.14	1771	0.31
	Total	1,319	0.20	0	0.00	899	0.13	0	0.00	134	0.02	2,603	0.38	892	0.13	1,810	0.27
50-64	M	23	0.11	0	0.00	22	0.11	0	0.00	5	0.02	60	0.29	26	0.13	12	0.06
	F	145	0.15	6	0.01	139	0.15	0	0.00	24	0.03	271	0.28	87	0.09	154	0.16
	Total	168	0.14	6	0.01	161	0.14	0	0.00	29	0.02	331	0.29	113	0.10	166	0.14
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	7	0.34	0	0.00	0	0.00	0	0.00	0	0.00	1	0.05	3	0.15	1	0.05
	Total	7	0.33	0	0.00	0	0.00	0	0.00	0	0.00	1	0.05	3	0.14	1	0.05
75-84	M	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	1	0.57	0	0.00	0	0.00
	F	0	NA	0	NA	0	NA	0	NA	0	NA	0	NA	0	NA	0	NA
	Total	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	1	0.57	0	0.00	0	0.00
85+	M	0	NA	0	NA	0	NA	0	NA	0	NA	0	NA	0	NA	0	NA
	F	0	NA	0	NA	0	NA	0	NA	0	NA	0	NA	0	NA	0	NA
	Total	0	NA	0	NA	0	NA	0	NA	0	NA	0	NA	0	NA	0	NA
Unknown	M	0	NA	0	NA	0	NA	0	NA	0	NA	0	NA	0	NA	0	NA
	F	0	NA	0	NA	0	NA	0	NA	0	NA	0	NA	0	NA	0	NA
	Total	0	NA	0	NA	0	NA	0	NA	0	NA	0	NA	0	NA	0	NA
Total	M	6,049	0.06	8	0.00	8,663	0.08	0	0.00	485	0.00	49,295	0.47	2,392	0.02	387	0.00
	F	14,340	0.12	6	0.00	12,198	0.10	0	0.00	995	0.01	58,366	0.47	6,148	0.05	15,022	0.12
	Total	20,389	0.09	14	0.00	20,861	0.09	0	0.00	1,480	0.01	107,661	0.47	8,540	0.04	15,409	0.07

Department of Community Health, State of Georgia
 Audited CY 2009 HEDIS Utilization Measure Results for AMERIGROUP
 Race/Ethnicity Diversity of Membership (RDM)

Race/Ethnicity Diversity of Membership (RDM)									
AMERIGROUP Georgia Managed Care Company, Inc (Org ID: 7327, SubID: 7488, Medicaid, Spec Area: None, Spec Proj: None)									
Eligible Population									
Category	Value								
Total unduplicated membership during the measurement year	348433								
Data Source	MCO Direct								
Race	Sex	Hispanic or Latino (any race)		Not Hispanic or Latino		Unknown Ethnicity		Total	
		Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage
White	M	147	0.04%	6405	1.84%	62670	17.99%	69,222	19.87%
	F	112	0.03%	5988	1.72%	80960	23.24%	87,060	24.99%
	Total	259	0.07%	12,393	3.56%	143,630	41.22%	156,282	44.85%
Black or African American	M	3	0.00%	99	0.03%	65972	18.93%	66,074	18.96%
	F	1	0.00%	125	0.04%	91763	26.34%	91,889	26.37%
	Total	4	0.00%	224	0.06%	157,735	45.27%	157,963	45.34%
American-Indian and Alaska Native	M	1	0.00%	0	0.00%	86	0.02%	87	0.02%
	F	0	0.00%	0	0.00%	113	0.03%	113	0.03%
	Total	1	0.00%	0	0.00%	199	0.06%	200	0.06%
Asian	M	0	0.00%	0	0.00%	2347	0.67%	2,347	0.67%
	F	0	0.00%	1	0.00%	2457	0.71%	2,458	0.71%
	Total	0	0.00%	1	0.00%	4,804	1.38%	4,805	1.38%
Native Hawaiian and Other Pacific Islanders	M	0	0.00%	0	0.00%	147	0.04%	147	0.04%
	F	0	0.00%	0	0.00%	176	0.05%	176	0.05%
	Total	0	0.00%	0	0.00%	323	0.09%	323	0.09%
Some Other Race	M	4	0.00%	3	0.00%	2198	0.63%	2,205	0.63%
	F	15	0.00%	2	0.00%	2347	0.67%	2,364	0.68%
	Total	19	0.01%	5	0.00%	4,545	1.30%	4,569	1.31%
Two or More Races	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	6224	1.79%	1	0.00%	6287	1.80%	12,512	3.59%
	F	5978	1.72%	1	0.00%	5796	1.66%	11,775	3.38%
	Total	12,202	3.50%	2	0.00%	12,083	3.47%	24,287	6.97%
Total	M	6,379	1.83%	6,508	1.87%	139,707	40.10%	152,594	43.79%
	F	6,106	1.75%	6,117	1.76%	183,612	52.70%	195,835	56.20%
	Total	12,485	3.58%	12,625	3.62%	323,319	92.79%	348,429	100.00%
Totals									
Measure	Percentage								
Percentage of plan members with known race information	93.03%								
Percentage of plan members with known ethnicity information	7.21%								

Department of Community Health, State of Georgia
 Audited CY 2009 HEDIS Utilization Measure Results for AMERIGROUP
 Language Diversity of Membership (LDM)

Language Diversity of Membership (LDM)			
AMERIGROUP Georgia Managed Care Company, Inc (Org ID: 7327, SubID: 7488, Medicaid, Spec Area: None, Spec Proj: None)			
Eligible Population			
Category	Value		
Total unduplicated membership during the measurement year:	348433		
Data Source	MCO Direct		
Demand for Language Interpretation Services			
Demand for Language Interpretation Services	Sex	Number	Percentage
Need/want an interpreter? Yes	M	0	0.00%
	F	0	0.00%
	Total	0	0.00%
Need/want an interpreter? No	M	0	0.00%
	F	0	0.00%
	Total	0	0.00%
Need/want an interpreter? Unknown	M	152594	43.79%
	F	195835	56.20%
	Total	348,429	100.00%
Total	M	152,594	43.79%
	F	195,835	56.20%
	Total	348,429	100.00%
Percentage of members with known interpretation needs			0.00%
Spoken Language at Home			
Spoken Language at Home	Sex	Number	Percentage
English	M	133215	38.23%
	F	175775	50.45%
	Total	308,990	88.68%
Spanish (or Spanish Creole)	M	16352	4.69%
	F	16636	4.77%
	Total	32,988	9.47%
Other Indo-European Languages (e.g., French or French Creole, Italian, Portuguese or Portuguese Creole, German, Yiddish, Scandinavian languages, Greek, Russian, Polish, Serbo-Croatian, Armenian, Persian, Gujarathi, Hindi, Urdu)	M	99	0.03%
	F	119	0.03%
	Total	218	0.06%
Asian and Pacific Island Languages (e.g., Chinese, Japanese, Korean, Mon-Khmer, Cambodian, Miao, Hmong, Thai, Laotian, Vietnamese, Tagalog and Other Pacific Island languages)	M	55	0.02%
	F	67	0.02%
	Total	122	0.04%
Other Languages (e.g., Navajo, Other Native North American languages, Hungarian, Arabic, Hebrew, African languages)	M	52	0.01%
	F	68	0.02%
	Total	120	0.03%
Unknown	M	2821	0.81%
	F	3170	0.91%
	Total	5,991	1.72%
Total	M	152,594	43.79%
	F	195,835	56.20%
	Total	348,429	100.00%
Percentage of members with known spoken language			98.28%