Arizona Health Care Cost Containment System
Quality Management Performance Measures
for Acute-care Contractors

Measurement Period Ending September 30, 2004

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AHCCCS

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INTRODUCTION

Overview

This document is the annual report on performance measures for preventive health services provided to members enrolled with acute-care health plans that contract with the Arizona Health Care Cost Containment System (AHCCCS). These members were eligible for AHCCCS under Medicaid or the State Children's Health Insurance Program (SCHIP), known as KidsCare.

The report includes data from eight publicly and privately operated health plans (Contractors). In addition, data for the Comprehensive Medical and Dental Program (CMDP), a health plan operated by the Arizona Department of Economic Security (DES) for children and adolescents in foster care, is reported for most measures.

The results reported here should be viewed as *indicators* of utilization of services, rather than absolute rates for how successfully AHCCCS and/or its Contractors provide care. Many factors affect whether AHCCCS members use services. By analyzing trends over time, AHCCCS and its Contractors have identified areas for improvement and implemented interventions to increase access to, and use of, services.

Methodology

AHCCCS uses the Health Plan Employer Data and Information Set (HEDIS®) as a guide for collecting and reporting results of these measures. Developed and maintained by the National Committee for Quality Assurance (NCQA), HEDIS is the most widely used set of performance measures in the managed care industry.

One of the criteria for selecting members to be included in the analyses is that they be continuously enrolled for a minimum period of time with one Contractor. Thus, members included in the results of each measure represent only a portion of AHCCCS members, rather than the entire acute-care population.

This report includes results for the contract year ending September 30, 2004. Results are reported in aggregate by Maricopa, Pima and the combined rural counties, and by individual Contractor. Where available, national averages for managed care plans reported by NCQA, as measured under HEDIS, are compared with AHCCCS overall rates.

The report also indicates whether a change in a rate compared with the rate from the previous measurement period is statistically significant; that is, the probability of obtaining such a difference by chance only is relatively low. Changes from the previous measurement are described as increases or decreases only when analysis using the Pearson chi-square test yields a statistically significant value ($p \leq .05$). It is important to note that a finding may be statistically significant but may not be clinically or financially significant.

Data Sources and Quality

AHCCCS uses a statewide, automated managed care data system known as the Prepaid Medical Management Information System (PMMIS). Members included in the denominator for each measure are selected from the Recipient Subsystem of PMMIS. Numerators, and therefore rates, for each measure are based on AHCCCS encounter data; i.e., records of medically necessary services provided and the related claims paid by Contractors. The rates reported for each Contractor and overall may be negatively affected if Contractors have not submitted complete and accurate encounters to AHCCCS for the period being measured.

AHCCCS conducts data validation studies to evaluate the completeness, accuracy and timeliness of its encounter data. Based on the most recent data validation study by AHCCCS, less than 6 percent of all encounters in PMMIS are inaccurate when compared with corresponding medical records.

Rotation of Measures

In 2000, NCQA began to rotate reporting of measures, and AHCCCS adopted a similar reporting schedule in 2003. This rotation allows Contractors an intervention year between reporting of most rates; thus, providing more time to focus activities on improving specific measures.

Two measures are reported annually: Children's Access to Primary Care Practitioners (PCPs) and Adults' Access to Preventive/Ambulatory Health Services. Results for members eligible under Medicaid and those eligible under KidsCare are reported separately for Children's Access to PCPs, as well as for other pediatric and adolescent measures.

Highlights of the Data

All acute-care measures except one improved in the most recent measurement period. Results by measure were as follows:

- ***Children's Access to PCPs*** – Overall rates for both Medicaid and KidsCare members showed statistically significant increases and reached their highest levels since AHCCCS began measuring these rates.
- ***Adults' Access to Preventive/Ambulatory Health Services*** – This measure also increased by a statistically significant amount.
- ***Well-child Visits in the First 15 Months of Life*** – The overall rate for this measure showed a relative decline of 2.1 percent (the rate includes only Medicaid members, as most children in this age range qualify for AHCCCS under this program).
- ***Well-child Visits in the Third, Fourth, Fifth and Sixth Years of Life*** – Overall rates for both Medicaid and KidsCare members showed statistically significant increases and reached their highest levels.
- ***Adolescent Well-care Visits*** – Overall rates for both Medicaid and KidsCare members improved from the previous measurement period.
- ***Annual Dental Visits*** – Rates for this measure also reached their highest levels ever for both Medicaid and KidsCare members.

When analyzed by area, rates for both Medicaid and KidsCare populations were highest in Pima County for all measures except Well-child Visits in the First 15 Months and Annual Dental Visits.

Compared with the most recent national HEDIS means (averages) reported by NCQA for Medicaid health plans, AHCCCS Medicaid rates were higher than the national means for some measures and lower for others. Most notably, the AHCCCS Medicaid rates for Well-child Visits in the First 15 Months of Life and Annual Dental Visits were well above the HEDIS national averages for these measures. The rate for Well-child Visits in the First 15 Months of Life was equivalent to the most recent HEDIS average for commercial health plans.

Performance Standards and Improvement

AHCCCS has established performance standards for contracted health plans for these measures. Contractors should meet the AHCCCS Minimum Performance Standard for a particular measure and should try to achieve higher goals established by the agency. Since the last report of these measures, AHCCCS has raised Minimum Performance Standards in order to encourage Contractors to continue improving their rates.

Individual Contractor performance varied widely in the most recent measurement. One Contractor, Pima Health System, met or exceeded AHCCCS Minimum Performance Standards for all measures except one. Three Contractors ─ Health Choice Arizona, Mercy Care Plan and University Family Care ─ met or exceeded minimum standards for eight of 10 measures. CMDP met or exceeded minimum standards for four of five measures (CMDP is included in fewer measures than other Contractors because it does not have adults enrolled in the plan and has few members eligible under KidsCare).

AHCCCS requires corrective action plans from Contractors that do not meet the Minimum Performance Standard for any measure, or that show a statistically significant decline, even if they met the minimum standard. Contractors that fail to show improvement may be subject to sanctions.

Some Contractors already have corrective action plans in place for Children's Access to PCPs and Adults' Access to Preventive/Ambulatory Health Services, based on rates reported by AHCCCS in late 2004. Contractors are now required to report to AHCCCS on a quarterly basis the results of their internal monitoring of Performance Measure rates according to standardized methodology. AHCCCS will monitor closely Contractor-reported rates for each measure, especially for those plans that have not met Minimum Performance Standards.

AHCCCS will continue to provide technical assistance, such as identifying new interventions or enhancements to existing efforts, to help Contractors improve their performance. For example, AHCCCS began leading a collaborative effort that includes Contractors and some community agencies in early 2004 to improve well-child visits among children 3 through 6 years of age and to support health-related goals of the Governor's School Readiness Board. It appears that this focused effort has contributed to improvements in the rate of well-child visits among this age group during the most recent measurement period. In order to continue improvements in this area and meet AHCCCS goals, the agency has researched evidence-based strategies for improving well-child visits and is working with Contractors to identify and implement a new standardized intervention.

The data reported here also may be used in developing future Performance Improvement Projects by AHCCCS or individual Contractors.

It should be noted that, as of October 1, 2003, Care 1st Healthplan of Arizona has contracted with AHCCCS to provide services to Medicaid and KidsCare members. This is the first measurement for which the health plan has had enough members who met the continuous enrollment criteria to be included in the report.

Feedback

For questions or comments about this report, please contact:

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Children's Access to Primary Care Practitioners

Children's access to primary care services is critical in helping to prevent the premature onset of disease and disability. Research suggests that lack of access to primary care practitioners (PCPs) may result in unnecessary hospitalizations.[1,2]

PCPs can address physical, nutritional, developmental and behavioral health needs, and make referrals to specialists or to services such as nutritional support and parenting classes. If members are receiving these general health care services through a PCP, they likely have access to other levels of the health care system.

Description

AHCCCS measured the percentage of children and adolescents who:

- were 1 through 20 years of age if eligible under Medicaid, or 1 through 18 years of age if eligible under KidsCare, at the end of the measurement period (October 1, 2003, through September 30, 2004),
- were continuously enrolled with one acute-care Contractor during the measurement period,
- had no more than one break in enrollment, not exceeding 31 days, and
- had one or more visits with PCPs, including pediatricians, general or family practice physicians, internal medicine physicians, physician's assistants, nurse practitioners or obstetrician/gynecologists, during the measurement period.

Performance Goals

AHCCCS has adopted a Minimum Performance Standard that Contractors achieve a rate of 79 percent for this measure. If Contractors have already achieved this rate, they should strive for the AHCCCS Goal of 82 percent.

National Comparisons

The National Committee for Quality Assurance (NCQA) has reported national averages for Medicaid and commercial health plans by age group for this measure. In calendar year 2003, the most recent year for which national data are available, the averages were (commercial averages are shown for comparison with KidsCare members):

Age group	Medicaid ave.	Commercial ave.
1 year	92.0%	96.3%
2 – 6 years	81.5%	88.4%
7 – 11 years	81.7%	88.4%
12 – 19 years	78.9%	85.7%

Current Results and Trends

Children eligible under Medicaid: The AHCCCS total rate was 77.3 percent, an increase from the previous measurement period ($p<.001$). AHCCCS overall rates for Medicaid-eligible children by age group were: 97.0 percent for members 1 year old, 85.1 percent for members 2 through 6 years, 69.2 percent for members 7 through 11 years, and 69.4 percent for members 12 through 20 years. AHCCCS also reports separate rates for children 2 years old and children 3 through 6 years old.

Total rates by Contractor ranged from 66.5 percent to 88.5 percent (Table 1). Four of nine Contractors achieved the AHCCCS Minimum Performance Standard and one, CMDP, exceeded the AHCCCS Goal.

The overall rate for Medicaid-eligible children was highest in Pima County, at 80.8 percent, compared with the combined rural counties, at 78.0 percent, and Maricopa County, at 76.0 percent.

Compared with HEDIS averages, AHCCCS rates for the youngest age groups ─ one year old and 2 through 6 years old ─ were higher than the national Medicaid means. The AHCCCS Medicaid rate for children one year of age is equivalent to the most recent HEDIS commercial average.

Children eligible under KidsCare: The AHCCCS total rate for KidsCare members was 79.1 percent, an increase over the previous measurement period ($p<.001$). By age group, rates for KidsCare members were: 97.7 percent for members 1 year old, 90.5 percent for members 2 through 6 years, 75.6 percent for members 7 through 11 years, and 74.7 percent for members 12 through 18 years.

Total rates by Contractor ranged from 68.8 percent to 83.0 percent (Table 2). Four of eight Contractors met or exceeded the AHCCCS Minimum Performance Standard and two Contractors, Mercy Care Plan and University Family Care, exceeded the AHCCCS Goal.

Rates for KidsCare members also were highest in Pima County, at 81.4 percent, compared with the combined rural counties and Maricopa County, at 78.8 percent and 78.7 percent, respectively.

Compared with HEDIS averages for commercial health plans, AHCCCS rates for KidsCare members also were higher than the national means in the youngest age groups, one year old and 2 through 6 years old.

The AHCCCS overall rate for children's access to PCPs among Medicaid-eligible members has remained above 70 percent since 1998, and is at its highest point in the current measurement period (Figure 1). The overall rate among KidsCare members was 60 percent in 1999, when the rate for this group was first measured, and reached the highest point in the current measurement period.

Fig. 1: Children's Access to PCPs, 1998-2003

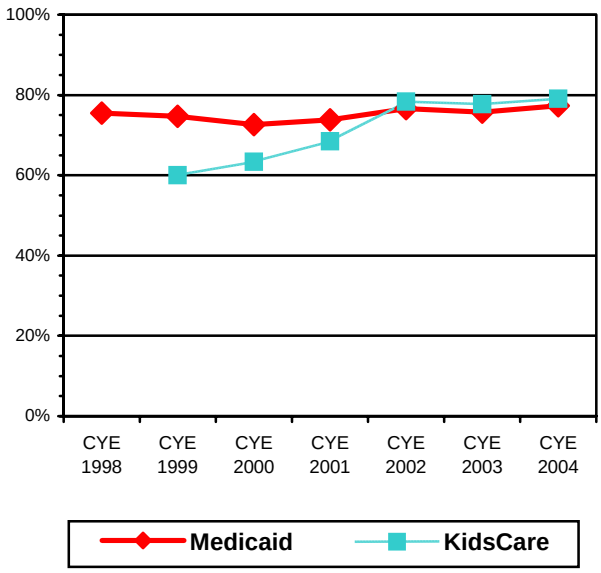

Table 1

Arizona Health Care Cost Containment System

CHILDREN'S ACCESS TO PRIMARY CARE PRACTITIONERS, BY CONTRACTOR

MEMBERS ELIGIBLE UNDER MEDICAID

Measurement Period: October 1, 2003, through September 30, 2004

Contractor	Age Group	Number of Members	Number with ≥ 1 Visits	% with ≥ 1 Visits	Relative % Change from Previous Period	Statistical Significance
DES/CMDP *	1	369	361	97.8%		
	2	320	308	96.3%		
	3-6	887	814	91.8%		
	7-11	805	670	83.2%		
	12-20	1,578	1,352	85.7%		
	Total	**3,959**	**3,505**	**88.5%**	**11.9%**	**p<.001**
DES/CMDP	1	245	228	93.1%		
	2	216	189	87.5%		
	3-6	629	532	84.6%		
	7-11	678	517	76.3%		
	12-20	1,678	1,261	75.1%		
	Total	3,446	2,727	79.1%		
Pima Health System *	1	512	506	98.8%		
	2	371	352	94.9%		
	3-6	1,254	1,086	86.6%		
	7-11	1,454	1,093	75.2%		
	12-20	1,951	1,454	74.5%		
	Total	**5,542**	**4,491**	**81.0%**	**2.1%**	**p=.045**
Pima Health System	1	424	406	95.8%		
	2	314	297	94.6%		
	3-6	842	712	84.6%		
	7-11	1,049	767	73.1%		
	12-20	1,348	975	72.3%		
	Total	3,977	3,157	79.4%		
University Family Care *	1	397	388	97.7%		
	2	335	316	94.3%		
	3-6	1,252	1,051	83.9%		
	7-11	1,328	981	73.9%		
	12-20	1,940	1,437	74.1%		
	Total	**5,252**	**4,173**	**79.5%**	**-1.6%**	**p=.091**
University Family Care	1	472	460	97.5%		
	2	383	367	95.8%		
	3-6	1,494	1,284	85.9%		
	7-11	1,614	1,213	75.2%		
	12-20	2,113	1,581	74.8%		
	Total	6,076	4,905	80.7%		

Shaded rows are totals and percentages for the previous measurement period.

* Denotes the Contractor met or exceeded the AHCCCS Minimum Performance Standard.

Table 1

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MEMBERS ELIGIBLE UNDER MEDICAID

Measurement Period: October 1, 2003, through September 30, 2004

Contractor	Age Group	Number of Members	Number with ≥ 1 Visits	% with ≥ 1 Visits	Relative % Change from Previous Period	Statistical Significance
Mercy Care Plan *	1	5,666	5,521	97.4%		
	2	4,465	4,219	94.5%		
	3-6	14,645	12,381	84.5%		
	7-11	13,470	9,533	70.8%		
	12-20	15,760	11,058	70.2%		
	Total	**54,006**	**42,712**	**79.1%**	**-0.1%**	**p=.751**
Mercy Care Plan	1	6,426	6,230	96.9%		
	2	4,948	4,618	93.3%		
	3-6	15,044	12,553	83.4%		
	7-11	14,458	10,262	71.0%		
	12-20	16,733	11,943	71.4%		
	Total	57,609	45,606	79.2%		
Health Choice AZ	1	2,593	2,519	97.1%		
	2	2,002	1,840	91.9%		
	3-6	6,846	5,686	83.1%		
	7-11	6,019	4,118	68.4%		
	12-20	6,897	4,732	68.6%		
	Total	**24,357**	**18,895**	**77.6%**	**0.6%**	**p=.287**
Health Choice AZ	1	2,228	2,148	96.4%		
	2	1,726	1,598	92.6%		
	3-6	5,294	4,393	83.0%		
	7-11	4,696	3,097	65.9%		
	12-20	4,838	3,253	67.2%		
	Total	18,782	14,489	77.1%		
AZ Physicians IPA	1	6,360	6,161	96.9%		
	2	5,218	4,849	92.9%		
	3-6	19,995	16,562	82.8%		
	7-11	20,888	14,669	70.2%		
	12-20	25,775	18,065	70.1%		
	Total	**78,236**	**60,306**	**77.1%**	**1.1%**	**p<.001**
AZ Physicians IPA	1	6,529	6,302	96.5%		
	2	5,152	4,737	91.9%		
	3-6	18,798	15,457	82.2%		
	7-11	19,979	13,707	68.6%		
	12-20	23,088	15,877	68.8%		
	Total	73,546	56,080	76.3%		

Shaded rows are totals and percentages for the previous measurement period.

* Denotes the Contractor met or exceeded the AHCCCS Minimum Performance Standard.

Table 1

Arizona Health Care Cost Containment System

CHILDREN'S ACCESS TO PRIMARY CARE PRACTITIONERS, BY CONTRACTOR

MEMBERS ELIGIBLE UNDER MEDICAID

Measurement Period: October 1, 2003, through September 30, 2004

Contractor	Age Group	Number of Members	Number with ≥ 1 Visits	% with ≥ 1 Visits	Relative % Change from Previous Period	Statistical Significance
Phoenix Health Plan/CC	1	2,899	2,805	96.8%		
	2	2,325	2,165	93.1%		
	3-6	7,728	6,364	82.3%		
	7-11	7,224	4,940	68.4%		
	12-20	8,020	5,476	68.3%		
	Total	**28,196**	**21,750**	**77.1%**	**3.0%**	**p<.001**
Phoenix Health Plan/CC	1	2,663	2,587	97.1%		
	2	1,833	1,688	92.1%		
	3-6	6,394	5,105	79.8%		
	7-11	6,006	3,883	64.7%		
	12-20	6,315	4,116	65.2%		
	Total	23,211	17,379	74.9%		
Care 1st	1	201	182	90.5%		
	2	191	158	82.7%		
	3-6	676	509	75.3%		
	7-11	764	479	62.7%		
	12-20	942	605	64.2%		
	Total	**2,774**	**1,933**	**69.7%**	**N/A**	**N/A**
Care 1st	1	N/A	N/A	N/A		
	2	N/A	N/A	N/A		
	3-6	N/A	N/A	N/A		
	7-11	N/A	N/A	N/A		
	12-20	N/A	N/A	N/A		
	Total	N/A	N/A	N/A		
Maricopa Health Plan	1	1,330	1,279	96.2%		
	2	997	902	90.5%		
	3-6	3,469	2,569	74.1%		
	7-11	3,251	1,725	53.1%		
	12-20	3,615	1,946	53.8%		
	Total	**12,662**	**8,421**	**66.5%**	**26.2%**	**p<.001**
Maricopa Health Plan	1	1,372	1,277	93.1%		
	2	1,147	939	81.9%		
	3-6	3,462	1,963	56.7%		
	7-11	3,507	1,321	37.7%		
	12-20	3,583	1,388	38.7%		
	Total	13,071	6,888	52.7%		

Shaded rows are totals and percentages for the previous measurement period.

* Denotes the Contractor met or exceeded the AHCCCS Minimum Performance Standard.

Table 1

Arizona Health Care Cost Containment System

CHILDREN'S ACCESS TO PRIMARY CARE PRACTITIONERS, BY CONTRACTOR

MEMBERS ELIGIBLE UNDER MEDICAID

Measurement Period: October 1, 2003, through September 30, 2004

Contractor	Age Group	Number of Members	Number with ≥ 1 Visits	% with ≥ 1 Visits	Relative % Change from Previous Period	Statistical Significance
TOTAL	1	20,327	19,722	97.0%		
	2	16,224	15,109	93.1%		
	3-6	56,752	47,022	82.9%		
	7-11	55,203	38,208	69.2%		
	12-20	66,478	46,125	69.4%		
	Total	**214,984**	**166,186**	**77.3%**	**2.1%**	**p<.001**
TOTAL	1	20,359	19,638	96.5%		
	2	15,719	14,433	91.8%		
	3-6	51,957	41,999	80.8%		
	7-11	51,987	34,767	66.9%		
	12-20	59,696	40,394	67.7%		
	Total	199,718	151,231	75.7%		

Shaded rows are totals and percentages for the previous measurement period.

* Denotes the Contractor met or exceeded the AHCCCS Minimum Performance Standard.

Table 2

Arizona Health Care Cost Containment System

CHILDREN'S ACCESS TO PRIMARY CARE PRACTITIONERS, BY CONTRACTOR

MEMBERS ELIGIBLE UNDER KIDSCARE

Measurement Period October 1, 2003, through September 30, 2004

Contractor	Age Group	Number of Members	Number with ≥ 1 Visits	% with ≥ 1 Visits	Relative % Change from Previous Period	Statistical Significance
Mercy Care Plan *	1	62	62	100.0%		
	2	346	336	97.1%		
	3-6	1,244	1,130	90.8%		
	7-11	2,107	1,672	79.4%		
	12-18	1,991	1,570	78.9%		
	Total	**5,750**	**4,770**	**83.0%**	**2.2%**	**p=.014**
Mercy Care Plan	1	70	66	94.3%		
	2	336	314	93.5%		
	3-6	1,215	1,060	87.2%		
	7-11	2,060	1,590	77.2%		
	12-18	2,018	1,597	79.1%		
	Total	5,699	4,627	81.2%		
University Family Care *	1	3	3	100.0%		
	2	16	16	100.0%		
	3-6	81	75	92.6%		
	7-11	214	171	79.9%		
	12-18	338	275	81.4%		
	Total	**652**	**540**	**82.8%**	**1.5%**	**p=.552**
University Family Care	1	5	5	100.0%		
	2	37	36	97.3%		
	3-6	113	95	84.1%		
	7-11	277	222	80.1%		
	12-18	401	322	80.3%		
	Total	833	680	81.6%		
Health Choice AZ *	1	20	19	95.0%		
	2	107	105	98.1%		
	3-6	528	480	90.9%		
	7-11	817	636	77.8%		
	12-18	882	659	74.7%		
	Total	**2,354**	**1,899**	**80.7%**	**-1.2%**	**p=.430**
Health Choice AZ	1	12	12	100.0%		
	2	88	83	94.3%		
	3-6	390	354	90.8%		
	7-11	550	423	76.9%		
	12-18	489	377	77.1%		
	Total	1,529	1,249	81.7%		

Shaded rows are totals and percentages for the previous measurement period.

* Denotes the Contractor met or exceeded the AHCCCS Minimum Performance Standard.

Table 2

Arizona Health Care Cost Containment System

CHILDREN'S ACCESS TO PRIMARY CARE PRACTITIONERS, BY CONTRACTOR

MEMBERS ELIGIBLE UNDER KIDSCARE

Measurement Period October 1, 2003, through September 30, 2004

Contractor	Age Group	Number of Members	Number with ≥ 1 Visits	% with ≥ 1 Visits	Relative % Change from Previous Period	Statistical Significance
Pima Health System *	1	6	6	100.0%		
	2	13	12	92.3%		
	3-6	62	58	93.5%		
	7-11	162	131	80.9%		
	12-18	215	160	74.4%		
	Total	**458**	**367**	**80.1%**	**0.5%**	**p=.892**
Pima Health System	1	2	2	100.0%		
	2	20	20	100.0%		
	3-6	34	33	97.1%		
	7-11	109	80	73.4%		
	12-18	126	97	77.0%		
	Total	291	232	79.7%		
Phoenix Health Plan/CC	1	44	41	93.2%		
	2	204	199	97.5%		
	3-6	708	637	90.0%		
	7-11	1271	949	74.7%		
	12-18	1087	782	71.9%		
	Total	**3,314**	**2,608**	**78.7%**	**2.6%**	**p=.068**
Phoenix Health Plan/CC	1	40	37	92.5%		
	2	146	135	92.5%		
	3-6	650	559	86.0%		
	7-11	942	687	72.9%		
	12-18	771	537	69.6%		
	Total	2,549	1,955	76.7%		
AZ Physicians IPA	1	70	69	98.6%		
	2	303	286	94.4%		
	3-6	1,322	1,160	87.7%		
	7-11	2,938	2,169	73.8%		
	12-18	3,170	2,366	74.6%		
	Total	**7,803**	**6,050**	**77.5%**	**0.1%**	**p=.918**
AZ Physicians IPA	1	79	75	94.9%		
	2	320	303	94.7%		
	3-6	1,344	1,171	87.1%		
	7-11	2,704	2,002	74.0%		
	12-18	2,928	2,162	73.8%		
	Total	7,375	5,713	77.5%		

Shaded rows are totals and percentages for the previous measurement period.

* Denotes the Contractor met or exceeded the AHCCCS Minimum Performance Standard.

Table 2

Arizona Health Care Cost Containment System

CHILDREN'S ACCESS TO PRIMARY CARE PRACTITIONERS, BY CONTRACTOR

MEMBERS ELIGIBLE UNDER KIDSCARE

Measurement Period October 1, 2003, through September 30, 2004

Contractor	Age Group	Number of Members	Number with ≥ 1 Visits	% with ≥ 1 Visits	Relative % Change from Previous Period	Statistical Significance
Care 1st	1	1	1	100.0%		
	2	3	2	66.7%		
	3-6	33	30	90.9%		
	7-11	86	60	69.8%		
	12-18	81	53	65.4%		
	Total	**204**	**146**	**71.6%**	**N/A**	**N/A**
Care 1st	1	N/A	N/A	N/A		
	2	N/A	N/A	N/A		
	3-6	N/A	N/A	N/A		
	7-11	N/A	N/A	N/A		
	12-18	N/A	N/A	N/A		
	Total	N/A	N/A	N/A		
Maricopa Health Plan	1	10	10	100.0%		
	2	66	63	95.5%		
	3-6	310	249	80.3%		
	7-11	463	305	65.9%		
	12-18	377	216	57.3%		
	Total	**1,226**	**843**	**68.8%**	**26.2%**	**p<.001**
Maricopa Health Plan	1	16	16	100.0%		
	2	88	73	83.0%		
	3-6	294	192	65.3%		
	7-11	435	214	49.2%		
	12-18	305	125	41.0%		
	Total	1,138	620	54.5%		
TOTAL	1	216	211	97.7%		
	2	1,058	1,019	96.3%		
	3-6	4,288	3,819	89.1%		
	7-11	8,058	6,093	75.6%		
	12-18	8,141	6,081	74.7%		
	Total	**21,761**	**17,223**	**79.1%**	**1.9%**	**p<.001**
TOTAL	1	224	213	95.1%		
	2	1,035	964	93.1%		
	3-6	4,040	3,464	85.7%		
	7-11	7,077	5,218	73.7%		
	12-18	7,038	5,217	74.1%		
	Total	19,414	15,076	77.7%		

Shaded rows are totals and percentages for the previous measurement period.

* Denotes the Contractor met or exceeded the AHCCCS Minimum Performance Standard.

Adults' Access to Preventive/Ambulatory Health Services

Three behaviors – tobacco use, poor nutrition and lack of physical activity – are major contributors to some of this country's leading killers: cardiovascular disease, cancer and diabetes. These behaviors often worsen the complications of chronic diseases like diabetes, and increase the risk of developing other serious illnesses.

Access to routine ambulatory medical services for adults is essential to the early diagnosis and treatment of diseases. Regular health care visits also provide opportunities for clinicians to educate and counsel patients on smoking cessation, diet, exercise and other healthy behaviors.

Description

AHCCCS measured the percentage of members who:

- were ages 21 through 64 years at the end of the measurement period (October 1, 2003, through September 30, 2004),
- were continuously enrolled with one acute-care Contractor during the measurement period,
- had no more than one break in enrollment, not exceeding 31 days, and
- had at least one preventive/ambulatory visit during the measurement period, including encounters with primary care physicians, specialists, physician's assistants, nurse practitioners, ophthalmologists and optometrists.

Results were analyzed overall and for two age groups: 21 through 44 and 45 through 64 years.

Performance Goals

AHCCCS has adopted a Minimum Performance Standard that Contractors achieve a total rate of at least 80 percent for this measure. If Contractors have already achieved this rate, they should strive for an AHCCCS-established Goal of 82 percent.

National Comparisons

The National Committee for Quality Assurance (NCQA) has reported national averages for Medicaid health plans by age group for this measure. In calendar year 2003, the most recent year for which national data are available, the rates were:

Age group	Medicaid ave.	Commercial ave.
20 – 44 years	74.9%	92.5%
45 – 64 years	81.0%	94.5%

Current Results and Trend

The AHCCCS total rate was 77.8 percent, an increase over the previous measurement period ($p<.001$). By age group, AHCCCS overall rates were 75.5 percent for members 21 to 44 years and 83.1 percent for members 45 to 64 years, surpassing the most recent HEDIS Medicaid averages for both groups.

Total rates by Contractor ranged from 68.8 percent to 79.8 percent. None of the eight Contractors met the AHCCCS Minimum Performance Standard (Table 3).

The overall rate for this measure was highest in Pima County, at 79.7 percent, compared with the combined rural counties and Maricopa County, at 77.5 percent and 77.2 percent, respectively.

The AHCCCS overall rate for this measure is at its highest point in the current measurement period (Figure 2).

Fig. 2: Adults' Access to Care, 1998-2003

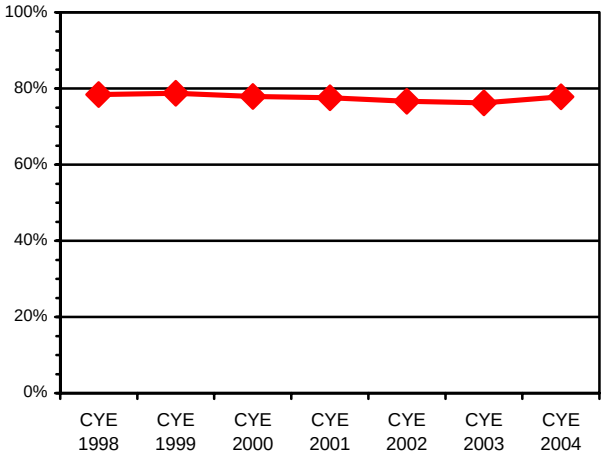


Table 3

Arizona Health Care Cost Containment System

ADULTS' ACCESS TO PREVENTIVE/AMBULATORY HEALTH SERVICES, BY CONTRACTOR

Measurement Period: October 1, 2003, through September 30, 2004

Contractor	Age Group	Number of Members	Number with ≥ 1 Visits	% with ≥ 1 Visits	Relative % Change from Previous Period	Statistical Significance
Mercy Care Plan	21-44	20,531	15,925	77.6%		
	45-64	8,356	7,128	85.3%		
	Total	**28,887**	**23,053**	**79.8%**	**1.7%**	**p<.001**
Mercy Care Plan	21-44	22,474	17,136	76.2%		
	45-64	8,007	6,774	84.6%		
	Total	30,481	23,910	78.4%		
University Family Care	21-44	2,175	1,664	76.5%		
	45-64	1,079	913	84.6%		
	Total	**3,254**	**2,577**	**79.2%**	**2.8%**	**p=.029**
University Family Care	21-44	2,486	1,854	74.6%		
	45-64	1,111	916	82.4%		
	Total	3,597	2,770	77.0%		
Pima Health System	21-44	2,187	1,644	75.2%		
	45-64	1,179	985	83.5%		
	Total	**3,366**	**2,629**	**78.1%**	**2.9%**	**p=.050**
Pima Health System	21-44	1,692	1,245	73.6%		
	45-64	724	589	81.4%		
	Total	2,416	1,834	75.9%		
AZ Physicians IPA	21-44	31,117	23,448	75.4%		
	45-64	12,554	10,536	83.9%		
	Total	**43,671**	**33,984**	**77.8%**	**2.0%**	**p<.001**
AZ Physicians IPA	21-44	28,821	21,374	74.2%		
	45-64	10,214	8,414	82.4%		
	Total	39,035	29,788	76.3%		
Phoenix Health Plan/CC	21-44	9,024	6,875	76.2%		
	45-64	3,294	2,711	82.3%		
	Total	**12,318**	**9,586**	**77.8%**	**2.9%**	**p<.001**
Phoenix Health Plan/CC	21-44	7,121	5,267	74.0%		
	45-64	2,440	1,962	80.4%		
	Total	9,561	7,229	75.6%		
Health Choice AZ	21-44	8,754	6,593	75.3%		
	45-64	3,459	2,774	80.2%		
	Total	**12,213**	**9,367**	**76.7%**	**0.9%**	**p=.232**
Health Choice AZ	21-44	6,443	4,796	74.4%		
	45-64	2,159	1,740	80.6%		
	Total	8,602	6,536	76.0%		

Shaded rows are totals and percentages for the previous measurement period.

* Denotes the Contractor met or exceeded the AHCCCS Minimum Performance Standard.

Table 3

Arizona Health Care Cost Containment System

ADULTS' ACCESS TO PREVENTIVE/AMBULATORY HEALTH SERVICES, BY CONTRACTOR

Measurement Period: October 1, 2003, through September 30, 2004

Contractor	Age Group	Number of Members	Number with ≥ 1 Visits	% with ≥ 1 Visits	Relative % Change from Previous Period	Statistical Significance
Care 1st	21-44	1,024	715	69.8%		
	45-64	375	272	72.5%		
	Total	**1,399**	**987**	**70.6%**	**N/A**	**N/A**
Care 1st	21-44	N/A	N/A	N/A		
	45-64	N/A	N/A	N/A		
	Total	N/A	N/A	N/A		
Maricopa Health Plan	21-44	3,114	2,008	64.5%		
	45-64	1,820	1,385	76.1%		
	Total	**4,934**	**3,393**	**68.8%**	**8.9%**	**p<.001**
Maricopa Health Plan	21-44	3,220	1,873	58.2%		
	45-64	1,703	1,236	72.6%		
	Total	4,923	3,109	63.2%		
TOTAL	21-44	77,926	58,872	75.5%		
	45-64	32,116	26,704	83.1%		
	Total	**110,042**	**85,576**	**77.8%**	**2.0%**	**p<.001**
TOTAL	21-44	72,257	53,545	74.1%		
	45-64	26,358	21,631	82.1%		
	Total	98,615	75,176	76.2%		

Shaded rows are totals and percentages for the previous measurement period.

* Denotes the Contractor met or exceeded the AHCCCS Minimum Performance Standard.

Well-child Visits in the First 15 Months of Life

The most dramatic growth during childhood – physical, cognitive, social and emotional – occurs during infancy. In the first year of life, an infant's birth weight triples, his length increases by almost 50 percent, and he achieves most of his brain growth.[3]

During this time, health care providers help ensure that children are adequately protected against infectious diseases by vaccinating them at appropriate intervals, and screening for physical illness or developmental delays, which can be minimized with early intervention. This also is an ideal time to counsel parents about infant care, nutrition, sleep position and injury prevention.

Description

AHCCCS measured the percentage of children who:

- turned 15 months of age during the measurement period (October 1, 2003, through September 30, 2004),
- were continuously enrolled with one acute-care Contractor from 31 days of age (one break in enrollment, not exceeding 31 days, was allowed), and
- had six or more well-child visits during the first 15 months of life.

Performance Goals

AHCCCS has adopted a Minimum Performance Standard that Contractors achieve a rate of at least 70 percent for this measure. If Contractors have already achieved this rate, they should strive for the AHCCCS Goal of 72 percent.

National Comparison

NCQA has reported a national average of 44.5 percent for Medicaid health plans for this measure in calendar year 2003. The average for commercial plans that year was 66.6 percent.

Current Results and Trend

The AHCCCS overall Medicaid rate was 66.9 percent, a decline from the previous period (p=.005). However, compared with the most recent HEDIS results for Medicaid health plans, the AHCCCS rate is above the 90th percentile nationally, and is comparable to the most recent commercial average.

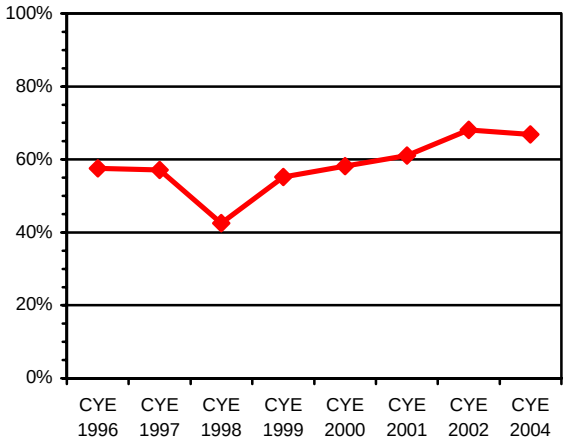
Individual Contractor rates ranged from 50.0 percent to 72.5 percent (Table 4). Two of eight Contractors achieved the AHCCCS Minimum Performance Standard and one, Pima Health System, met the Goal.

Rates were highest in the combined rural counties, at 68.2 percent, compared with Pima and Maricopa counties, at 66.9 percent and 66.6 percent, respectively.

The AHCCCS overall rate for this measure has risen from 57.6 percent in CYE 1996 and was at its highest point in CYE 2002.

There were not enough KidsCare members who met the enrollment criteria to measure a rate for this group.

Fig. 3: Well-child Visits: 15 Months, 1996-2004



Note: In 1998, AHCCCS increased the minimum number of well-child visits for this age group from five to six

Table 4

Arizona Health Care Cost Containment System

WELL-CHILD VISITS IN THE FIRST 15 MONTHS OF LIFE, BY CONTRACTOR

MEMBERS ELIGIBLE UNDER MEDICAID

Measurement Period: October 1, 2003, through September 30, 2004

Contractor	Number of Members	Number with ≥ 6 Visits	% with ≥ 6 Visits	Relative % Change from Previous Period	Statistical Significance
Pima Health System *	**382**	**277**	**72.5%**	**-7.7%**	**p=.063**
	322	253	78.6%		
Health Choice AZ *	**1,971**	**1,395**	**70.8%**	**6.6%**	**p=.003**
	1,869	1,241	66.4%		
Mercy Care Plan	**5,004**	**3,484**	**69.6%**	**3.3%**	**p=.015**
	5,058	3,408	67.4%		
AZ Physicians IPA	**5,730**	**3,780**	**66.0%**	**-5.0%**	**p<.001**
	5,142	3,571	69.4%		
University Family Care	**415**	**267**	**64.3%**	**-16.2%**	**p<.001**
	417	320	76.7%		
Maricopa Health Plan	**1,274**	**799**	**62.7%**	**-5.5%**	**p=.060**
	1,200	796	66.3%		
Phoenix Health Plan/CC	**2,168**	**1,353**	**62.4%**	**-8.2%**	**p<.001**
	1,691	1,150	68.0%		
DES/CMDP	**74**	**37**	**50.0%**	**-13.2%**	**p=.469**
	33	19	57.6%		
TOTAL	**17,018**	**11,392**	**66.9%**	**-2.1%**	**p=.005**
	15,732	10,758	68.4%		

Shaded rows are totals and percentages for the previous measurement period.

* Denotes the Contractor met or exceeded the AHCCCS Minimum Performance Standard.

Well-child Visits in the Third, Fourth, Fifth and Sixth Years of Life

Children who are healthy are better able to learn and develop.[1,4,5] Well-child visits during the preschool and early school years are important in helping children reach their full potential and become productive, healthy adults. These visits allow any medical, behavioral or developmental problems to be detected and addressed.

Health care providers also can administer any needed vaccines and educate parents about adequate nutrition, oral health and injury prevention during well-child visits. Some evidence shows that provider counseling can increase the use of seat belts, child safety seats and bicycle helmets, especially when directed at the parents of young children.

Description

AHCCCS measured the percentage of children who:

- were 3, 4, 5, or 6 years old at the end of the measurement period (October 1, 2003, through September 30, 2004),
- were continuously enrolled with one acute-care Contractor during the measurement period (one break in enrollment, not exceeding 31 days, was allowed), and
- had at least one well-child visit during the measurement period.

Performance Goals

AHCCCS has adopted a Minimum Performance Standard that Contractors achieve a rate of at least 55 percent for this indicator. If Contractors have already achieved this rate, they should strive for the AHCCCS Goal of 67 percent.

National Comparison

The National Committee for Quality Assurance (NCQA) has reported a national average of 59.9 percent for Medicaid health plans for this measure in calendar year 2003. The average for commercial plans was 62.7 percent.

Current Results and Trend

Children eligible under Medicaid: The AHCCCS overall rate for Medicaid-eligible members in the current measurement period was 56.4 percent, an increase over the previous measurement period ($p<.001$). The overall rate fell short of the HEDIS national averages.

Individual Contractor rates ranged from 53.7 percent to 67.4 percent (Table 5). Six of nine Contractors achieved the AHCCCS Minimum Performance Standard and one health plan, CMDP, met the Goal.

Rates were highest in Pima County, at 57.7 percent, compared with Maricopa and the combined rural counties, at 56.7 percent and 54.7 percent, respectively.

Children eligible under KidsCare: The overall rate for this group was 61.0 percent, an increase over the previous rate ($p<.001$). This rate was slightly under the HEDIS national average for commercial health plans.

Individual Contractor rates ranged from 54.5 percent to 68.0 percent (Table 6). Seven Contractors achieved the Minimum Standard and Health Choice Arizona met the Goal.

By county, overall rates for KidsCare members were highest in Pima County, at 63.5 percent, compared with Maricopa and the combined rural counties, at 61.2 percent and 58.0 percent, respectively.

The AHCCCS overall rate for Medicaid-eligible members for this measure has increased from 43.3 percent in 1996 to its highest point in the current measurement period (Figure 4). A rate for KidsCare members has only been measured for two periods, CYE 2002 and the current period.

Fig. 4: Well-child Visits: 3 – 6 Years, 1996-2004

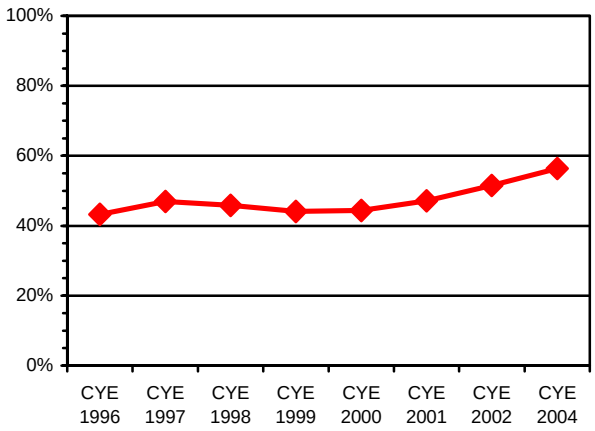


Table 5

Arizona Health Care Cost Containment System

WELL-CHILD VISITS IN THE THIRD, FOURTH, FIFTH & SIXTH YEARS OF LIFE, BY CONTRACTOR

MEMBERS ELIGIBLE UNDER MEDICAID

Measurement Period: October 1, 2003, through September 30, 2004

Contractor	Number of Members	Number with ≥1 Visits	Percent with ≥1 Visits	Relative % Change from Previous Period	Statistical Significance
DES/CMDP *	**887**	**598**	**67.4%**	**9.8%**	**p=.021**
	539	331	61.4%		
Health Choice AZ *	**6,846**	**3,986**	**58.2%**	**8.3%**	**p<.001**
	4,468	2,401	53.7%		
Mercy Care Plan *	**14,645**	**8,306**	**56.7%**	**13.8%**	**p<.001**
	12,350	6,156	49.8%		
AZ Physicians IPA *	**19,995**	**11,327**	**56.6%**	**8.5%**	**p<.001**
	16,391	8,559	52.2%		
Pima Health System *	**1,254**	**696**	**55.5%**	**2.4%**	**p=.590**
	675	366	54.2%		
University Family Care *	**1,252**	**694**	**55.4%**	**8.2%**	**p=.034**
	1,267	649	51.2%		
Care 1st	**676**	**369**	**54.6%**	**N/A**	**N/A**
	N/A	N/A	N/A		
Maricopa Health Plan	**3,469**	**1,880**	**54.2%**	**9.0%**	**p<.001**
	3,014	1,499	49.7%		
Phoenix Health Plan/CC	**7,728**	**4,151**	**53.7%**	**3.3%**	**p=.056**
	5,373	2,795	52.0%		
TOTAL	**56,752**	**32,007**	**56.4%**	**9.5%**	**p<.001**
	43,538	22,425	51.5%		

Shaded rows are totals and percentages for the previous measurement period.

* Denotes the Contractor met or exceeded the AHCCCS Minimum Performance Standard.

Table 6
Arizona Health Care Cost Containment System
WELL-CHILD VISITS IN THE THIRD, FOURTH, FIFTH & SIXTH YEARS OF LIFE, BY CONTRACTOR
MEMBERS ELIGIBLE UNDER KIDSCARE
Measurement Period: October 1, 2003, through September 30, 2004

Contractor	Number of Members	Number with ≥1 Visits	% with ≥ 1 Visits	Relative % Change from Previous Period	Statistical Significance
Health Choice AZ *	**528**	**359**	**68.0%**	**4.3%**	**p=.368**
	408	266	65.2%		
Pima Health System *	**62**	**39**	**62.9%**	**-0.4%**	**p=.980**
	38	24	63.2%		
Mercy Care Plan *	**1,244**	**778**	**62.5%**	**19.5%**	**p<.001**
	1,120	586	52.3%		
University Family Care *	**81**	**50**	**61.7%**	**4.3%**	**p=.716**
	120	71	59.2%		
Phoenix Health Plan/CC *	**708**	**431**	**60.9%**	**-6.1%**	**p=.143**
	594	385	64.8%		
Maricopa Health Plan *	**310**	**184**	**59.4%**	**-1.9%**	**p=.769**
	314	190	60.5%		
AZ Physicians IPA *	**1,322**	**755**	**57.1%**	**7.3%**	**p=.041**
	1,439	766	53.2%		
Care 1st	**33**	**18**	**54.5%**	**N/A**	**N/A**
	N/A	N/A	N/A		
TOTAL	**4,288**	**2,614**	**61.0%**	**7.5%**	**p<.001**
	4,033	2,288	56.7%		

Shaded rows are totals and percentages for the previous measurement period.

* Denotes the Contractor met or exceeded the AHCCCS Minimum Performance Standard.

Adolescent Well-care Visits

Adolescence generally is characterized by good health. However, data indicate that many teenagers are involved in unhealthy behaviors, including alcohol and other drug use, tobacco use, unprotected sex, driving without seat belts and speeding, poor diet and inadequate physical activity. Nationally and in Arizona, the major causes of death in adolescents are motor vehicle accidents, other unintentional injuries, homicide, and suicide.[6,7]

Since most of the risk factors that contribute to adolescent morbidity and mortality are preventable, it is crucial to identify early signs of risk-taking or unhealthy behaviors. Regular well-care visits that address the psychological, behavioral and physical aspects of health are very important in helping adolescents become healthy adults.

Description

This indicator measured the percentage of members who:

- were ages 11 through 20 years if eligible under Medicaid, or 11 through 18 years if eligible under KidsCare, at the end of the measurement period (October 1, 2003, through September 30, 2004),
- were continuously enrolled with one acute-care Contractor during the measurement period (one break in enrollment, not exceeding 31 days, was allowed), and
- had at least one well-care visit during the measurement period.

Results are reported overall and separately for two age groups, 11 through 15 years and 16 years and older.

Performance Goals

AHCCCS has adopted a Minimum Performance Standard that Contractors achieve a rate of at least 32 percent for this measure. If Contractors have already achieved this rate, they should strive for the AHCCCS Goal of 34 percent.

National Comparison

NCQA has reported an overall average of 37.6 percent for Medicaid health plans for this indicator in calendar year 2003. The overall average for commercial plans was 37.1 percent.

Current Results and Trend

Members eligible under Medicaid: The AHCCCS overall rate for Medicaid-eligible members in the current measurement period was 32.6 percent, an increase over the previous measurement period ($p<.001$). The AHCCCS rate fell short of the HEDIS national average for Medicaid plans.

Individual Contractor rates ranged from 24.7 percent to 62.1 percent (Table 7). Six of nine Contractors achieved the AHCCCS Minimum Performance Standard and three health plans ─ CMDP, Pima Health System and University Family Care ─ met or exceeded the Goal.

Rates for Medicaid-eligible members were highest in Pima County, at 39.2 percent, compared with the combined rural counties and Maricopa County, at 31.8 percent and 30.8 percent, respectively.

Members eligible under KidsCare: The overall rate for this group was 37.2 percent, an increase over the previous rate ($p=.014$). This rate is equivalent to the HEDIS national average for commercial health plans.

Individual Contractor rates for the KidsCare population ranged from 27.4 percent to 46.6 percent (Table 8). Seven of eight Contractors achieved the Minimum Standard and six of those plans met the Goal.

By county, overall rates for KidsCare members were highest in Pima County, at 45.0 percent, compared with the combined rural counties and Maricopa County, at 35.5 percent and 35.2 percent, respectively.

AHCCCS has not measured adolescent well-care visits in a one-year period long enough to establish a trend. Previously, Contractors were measured against a standard for visits over a two-year period.

Table 7
Arizona Health Care Cost Containment System
ANNUAL ADOLESCENT WELL-CARE VISITS, BY CONTRACTOR
MEMBERS ELIGIBLE UNDER MEDICAID
Measurement Period October 1, 2003, through September 30, 2004

Contractor	Age Group	Number of Members	Number with ≥1 Visits	% with ≥ 1 Visits	Relative % Change from Previous Period	Statistical Significance
DES/CMDP *	11-15	1,316	831	63.1%		
	16-20	431	254	58.9%		
	Total	**1,747**	**1,085**	**62.1%**	**3.9%**	**p=.165**
DES/CMDP	11-15	1,307	805	61.6%		
	16-20	334	176	52.7%		
	Total	1,641	981	59.8%		
University Family Care *	11-15	1,679	704	41.9%		
	16-20	575	152	26.4%		
	Total	**2,254**	**856**	**38.0%**	**6.3%**	**p=.130**
University Family Care	11-15	1,525	608	39.9%		
	16-20	487	111	22.8%		
	Total	2,012	719	35.7%		
Pima Health System *	11-15	1,590	632	39.7%		
	16-20	662	152	23.0%		
	Total	**2,252**	**784**	**34.8%**	**-0.5%**	**p=.909**
Pima Health System	11-15	959	380	39.6%		
	16-20	318	67	21.1%		
	Total	1,277	447	35.0%		
AZ Physicians IPA *	11-15	22,020	7,826	35.5%		
	16-20	7,747	1,964	25.4%		
	Total	**29,767**	**9,790**	**32.9%**	**7.0%**	**p<.001**
AZ Physicians IPA	11-15	16,836	5,567	33.1%		
	16-20	5,240	1,216	23.2%		
	Total	22,076	6,783	30.7%		
Health Choice AZ *	11-15	5,948	2,076	34.9%		
	16-20	2,092	543	26.0%		
	Total	**8,040**	**2,619**	**32.6%**	**5.8%**	**p=.039**
Health Choice AZ	11-15	3,548	1,139	32.1%		
	16-20	1,089	289	26.5%		
	Total	4,637	1,428	30.8%		
Mercy Care Plan *	11-15	13,326	4,597	34.5%		
	16-20	4,997	1,352	27.1%		
	Total	**18,323**	**5,949**	**32.5%**	**7.5%**	**p<.001**
Mercy Care Plan	11-15	11,284	3,651	32.4%		
	16-20	3,965	953	24.0%		
	Total	15,249	4,604	30.2%		

Shaded rows are totals and percentages for the previous measurement period.

* Denotes the Contractor met or exceeded the AHCCCS Minimum Performance Standard.

Table 7
Arizona Health Care Cost Containment System
ANNUAL ADOLESCENT WELL-CARE VISITS, BY CONTRACTOR
MEMBERS ELIGIBLE UNDER MEDICAID
Measurement Period October 1, 2003, through September 30, 2004

Contractor	Age Group	Number of Members	Number with ≥1 Visits	% with ≥ 1 Visits	Relative % Change from Previous Period	Statistical Significance
Care 1st	11-15	793	256	32.3%		
	16-20	299	80	26.8%		
	Total	**1,092**	**336**	**30.8%**	**N/A**	**N/A**
Care 1st	11-15	N/A	N/A	N/A		
	16-20	N/A	N/A	N/A		
	Total	N/A	N/A	N/A		
Phoenix Health Plan/CC	11-15	6,909	2,054	29.7%		
	16-20	2,443	583	23.9%		
	Total	**9,352**	**2,637**	**28.2%**	**4.7%**	**p=.086**
Phoenix Health Plan/CC	11-15	4,702	1,389	29.5%		
	16-20	1,398	254	18.2%		
	Total	6,100	1,643	26.9%		
Maricopa Health Plan	11-15	3,220	877	27.2%		
	16-20	1,055	181	17.2%		
	Total	**4,275**	**1,058**	**24.7%**	**3.4%**	**p=.401**
Maricopa Health Plan	11-15	2,677	682	25.5%		
	16-20	784	146	18.6%		
	Total	3,461	828	23.9%		
TOTAL	11-15	56,801	19,853	35.0%		
	16-20	20,301	5,261	25.9%		
	Total	**77,102**	**25,114**	**32.6%**	**5.5%**	**p<.001**
TOTAL	11-15	42,838	14,221	33.2%		
	16-20	13,615	3,212	23.6%		
	Total	56,453	17,433	30.9%		

Shaded rows are totals and percentages for the previous measurement period.

* Denotes the Contractor met or exceeded the AHCCCS Minimum Performance Standard.

Table 8
Arizona Health Care Cost Containment System
ANNUAL ADOLESCENT WELL-CARE VISITS, BY CONTRACTOR
MEMBERS ELIGIBLE UNDER KIDSCARE
Measurement Period October 1, 2003, through September 30, 2004

Contractor	Age Group	Number of Members	Number with ≥1 Visits	% with ≥ 1 Visits	Relative % Change from Previous Period	Statistical Significance
University Family Care *	11-15	321	156	48.6%		
	16-18	72	27	37.5%		
	Total	**393**	**183**	**46.6%**	**7.5%**	**p=.344**
	11-15	360	170	47.2%		
	16-18	97	28	28.9%		
	Total	457	198	43.3%		
Pima Health System *	11-15	209	88	42.1%		
	16-18	42	14	33.3%		
	Total	**251**	**102**	**40.6%**	**-24.0%**	**p=.022**
	11-15	96	54	56.3%		
	16-18	20	8	40.0%		
	Total	116	62	53.4%		
Mercy Care Plan *	11-15	1,997	841	42.1%		
	16-18	378	109	28.8%		
	Total	**2,375**	**950**	**40.0%**	**12.3%**	**p=.002**
	11-15	1,846	692	37.5%		
	16-18	406	110	27.1%		
	Total	2,252	802	35.6%		
Health Choice AZ *	11-15	871	359	41.2%		
	16-18	176	50	28.4%		
	Total	**1,047**	**409**	**39.1%**	**7.7%**	**p=.275**
	11-15	469	177	37.7%		
	16-18	77	21	27.3%		
	Total	546	198	36.3%		
AZ Physicians IPA *	11-15	3,060	1159	37.9%		
	16-18	683	211	30.9%		
	Total	**3,743**	**1,370**	**36.6%**	**13.2%**	**p<.001**
	11-15	2,782	951	34.2%		
	16-18	614	147	23.9%		
	Total	3,396	1,098	32.3%		
Care 1st *	11-15	76	29	38.2%		
	16-18	20	4	20.0%		
	Total	**96**	**33**	**34.4%**	**N/A**	**N/A**
	11-15	N/A	N/A	N/A		
	16-18	N/A	N/A	N/A		
	Total	N/A	N/A	N/A		

Shaded rows are totals and percentages for the previous measurement period.

* Denotes the Contractor met or exceeded the AHCCCS Minimum Performance Standard.

Table 8
Arizona Health Care Cost Containment System
ANNUAL ADOLESCENT WELL-CARE VISITS, BY CONTRACTOR
MEMBERS ELIGIBLE UNDER KIDSCARE
Measurement Period October 1, 2003, through September 30, 2004

Contractor	Age Group	Number of Members	Number with ≥1 Visits	% with ≥ 1 Visits	Relative % Change from Previous Period	Statistical Significance
Phoenix Health Plan/CC *	11-15	1,113	376	33.8%		
	16-18	179	42	23.5%		
	Total	**1,292**	**418**	**32.4%**	**-8.3%**	**p=.159**
	11-15	712	263	36.9%		
	16-18	144	39	27.1%		
	Total	856	302	35.3%		
Maricopa Managed Care	11-15	384	108	28.1%		
	16-18	65	15	23.1%		
	Total	**449**	**123**	**27.4%**	**-3.8%**	**p=.732**
	11-15	304	90	29.6%		
	16-18	47	10	21.3%		
	Total	351	100	28.5%		
TOTAL	11-15	8,031	3,116	38.8%		
	16-18	1,615	472	29.2%		
	Total	**9,646**	**3,588**	**37.2%**	**7.5%**	**p=.014**
TOTAL	11-15	6,569	2,397	36.5%		
	16-18	1,405	363	25.8%		
	Total	7,974	2,760	34.6%		

Shaded rows are totals and percentages for the previous measurement period.

* Denotes the Contractor met or exceeded the AHCCCS Minimum Performance Standard.

Annual Dental Visits

Oral health is inseparable from overall health status. A child's ability to learn and function well can be affected by problems of the teeth and gums. But, while most oral diseases are preventable, tooth decay is one of the most common health problems among children today.

Brushing, flossing and other oral health practices can reduce the risk of developing diseases of the teeth and gums. Regular professional dental care also is important. Preventive services, such as the application of topical fluorides and dental sealants, are known to reduce the rate of tooth decay and other oral diseases in children. Routine dental visits serve to educate individuals about dental hygiene and preventive measures.

Description

AHCCCS measured the percentage of children who:

- were ages 3 through 20 years if eligible under Medicaid, or 3 through 18 years if eligible under KidsCare, at the end of the measurement period (October 1, 2003, through September 30, 2004),
- were continuously enrolled with one acute-care Contractor during the measurement period (one break in enrollment, not exceeding 31 days, was allowed), and
- had at least one dental visit during the measurement period.

Results were analyzed by the proportion of members who received either preventive dental services only, treatment only, or both preventive services and treatment.

Performance Goals

AHCCCS has adopted a Minimum Performance Standard that Contractors achieve a rate of at least 49 percent for this indicator. If Contractors have already achieved this rate, they should strive for the AHCCCS Goal of 56 percent.

National Comparison

The National Committee for Quality Assurance (NCQA) has reported a national average of 39.4 percent for Medicaid health plans for this measure in calendar year 2003. The measure applies to Medicaid plans only.

Current Results and Trend

Children eligible under Medicaid: The AHCCCS overall rate for Medicaid-eligible members was 53.9 percent, an increase over the previous measurement period ($p<.001$). The AHCCCS rate is just below the HEDIS 90th-percentile rate of 55.3 percent for Medicaid plans.

By Contractor, rates ranged from 37.9 percent to 70.2 percent (Table 9). Eight of nine Contractors achieved the AHCCCS Minimum Performance Standard and four health plans met or exceeded the Goal.

Rates were highest in Maricopa County, at 55.2 percent, compared with Pima and the combined rural counties, at 54.4 percent and 50.8 percent, respectively.

Children eligible under KidsCare: The overall rate for this group was 63.5 percent, a 9.9-percent relative increase over the previous rate ($p<.001$).

Individual Contractor rates ranged from 50.9 percent to 69.2 percent (Table10). All eight Contractors achieved the AHCCCS Minimum Standard and seven exceeded the Goal.

By county, overall rates for KidsCare members were highest in Maricopa County, at 66.2 percent, compared with Pima and the combined rural counties, at 61.9 percent and 58.0 percent, respectively.

The AHCCCS overall rate for Medicaid-eligible members for this measure has increased from 31.8 percent in 1996 to its highest point in the current measurement period (Figure 6). A rate for KidsCare members has only been measured for two periods, CYE 2002 and the current period.

Fig. 6: Annual Dental Visits, 1996-2004

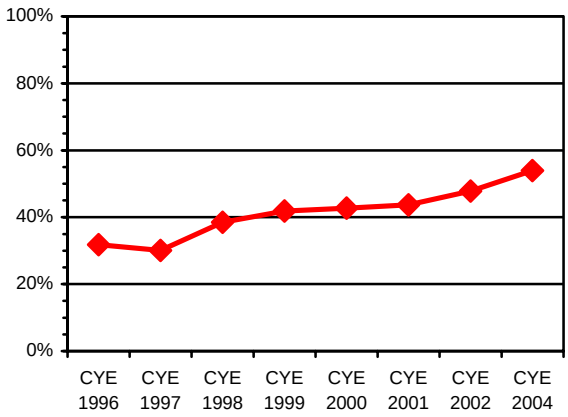


Table 9
Arizona Health Care Cost Containment System
ANNUAL DENTAL VISITS, BY CONTRACTOR
MEMBERS ELIGIBLE UNDER MEDICAID
Measurement Period: October 1, 2003, through September 30, 2004

Contractor	Number of Members	Number with Any Dental Visit	% with Any Dental Visit	Relative % Change from Previous Period	Statistical Significance
DES/CMDP *	**3,270**	**2,295**	**70.2%**	**1.8%**	**p=.290**
	2,670	1,840	68.9%		
Health Choice AZ *	**19,762**	**11,582**	**58.6%**	**24.1%**	**p<.001**
	12,422	5,865	47.2%		
Phoenix Health Plan/CC*	**22,972**	**12,926**	**56.3%**	**12.5%**	**p<.001**
	15,554	7,782	50.0%		
Mercy Care Plan *	**43,875**	**24,669**	**56.2%**	**10.9%**	**p<.001**
	37,299	18,907	50.7%		
Pima Health System *	**4,659**	**2,472**	**53.1%**	**15.0%**	**p<.001**
	2,664	1,229	46.1%		
AZ Physicians IPA *	**66,658**	**34,731**	**52.1%**	**10.8%**	**p<.001**
	52,702	24,793	47.0%		
University Family Care *	**4,520**	**2,346**	**51.9%**	**14.4%**	**p<.001**
	4,507	2,045	45.4%		
Care 1st *	**2,382**	**1,203**	**50.5%**	**N/A**	**N/A**
	N/A	N/A	N/A		
Maricopa Health Plan	**10,335**	**3,921**	**37.9%**	**-13.7%**	**p<.001**
	8,986	3,950	44.0%		
TOTAL	**178,433**	**96,145**	**53.9%**	**11.0%**	**p<.001**
	136,804	66,411	48.5%		

Shaded rows are totals and percentages for the previous measurement period.

* Denotes the Contractor met or exceeded the AHCCCS Minimum Performance Standard.

Table 10

Arizona Health Care Cost Containment System

ANNUAL DENTAL VISITS, BY CONTRACTOR

MEMBERS ELIGIBLE UNDER KIDSCARE

Measurement Period: October 1, 2003, through September 30, 2004

Contractor	Number of Members	Number with Any Dental Visit	% with Any Dental Visit	Relative % Change from Previous Period	Statistical Significance
Phoenix Health Plan/CC *	**3,066**	**2,123**	**69.2%**	**8.4%**	**p<.001**
	2,198	1,404	63.9%		
Health Choice AZ *	**2,227**	**1,538**	**69.1%**	**21.4%**	**p<.001**
	1,431	814	56.9%		
Mercy Care Plan *	**5,342**	**3,644**	**68.2%**	**9.8%**	**p<.001**
	4,958	3,081	62.1%		
Pima Health System*	**439**	**264**	**60.1%**	**-4.6%**	**p=.462**
	238	150	63.0%		
University Family Care *	**633**	**377**	**59.6%**	**13.1%**	**p=.009**
	790	416	52.7%		
Care 1st *	**200**	**119**	**59.5%**	**N/A**	**N/A**
	N/A	N/A	N/A		
AZ Physicians IPA *	**7,430**	**4,364**	**58.7%**	**11.3%**	**p<.001**
	7,107	3,750	52.8%		
Maricopa Health Plan *	**1,150**	**585**	**50.9%**	**-18.5%**	**p<.001**
	1,053	657	62.4%		
TOTAL	**20,487**	**13,014**	**63.5%**	**9.9%**	**p<.001**
	17,775	10,272	57.8%		

Shaded rows are totals and percentages for the previous measurement period.

* Denotes the Contractor met or exceeded the AHCCCS Minimum Performance Standard.

DISCUSSION

Overall Results

The data reported here indicate that children and adults enrolled with AHCCCS have a high degree of access to the health care system. Consistent with previous measurements, children enrolled with AHCCCS Contractors through KidsCare have higher overall rates of preventive services than those enrolled under Medicaid. Depending on their incomes, parents of KidsCare members may pay a premium for coverage and thus may be more likely to ensure that their children receive covered benefits, including well-care visits. These parents also may have a higher level of education and a better understanding of the value of preventive health care services.

These data also show that, even though AHCCCS raised performance standards since the last measurement, many Contractors are meeting these new expectations. However, ensuring that adult members use preventive services continues to be a challenge for contracted health plans. This may be due to lack of knowledge among members about when and what types of routine preventive health services are recommended, reluctance to see doctors when they are not ill, skepticism about the effectiveness of prevention or even avoidance of health professionals' advice ─ especially if a person is engaging in unhealthy behaviors like smoking.

While the overall rate of well-child visits by 15 months of age exceeds that of most Medicaid health plans nationally, the decline in this measure in the current period is of concern. The drop may be the result of refocusing of Contractor efforts to ensure immunizations are completed by 2 years of age in light of vaccine shortages and significant declines in completion rates. During this time, Contractors also have focused efforts more intensely on ensuring children 3 to 6 years of age receive their annual well-child visits.

Data Limitations

As previously described, rates for each measure are based on AHCCCS encounter data. Data submitted by Contractors is processed monthly, with approximately 600 edits that examine the accuracy of encounter data. If errors are found, the encounter is "pended" and must be corrected by the Contractor before it is finalized. Numerator data for these measures include only finalized encounters. Therefore, services may have been provided, but if the associated encounters have not been submitted or finalized, the data reported here will not reflect those services.

Quality Improvement Efforts

Routine reminders to members that they are due for particular screenings or exams do not appear to be enough to continue improving rates of preventive health services. Personal outreach coupled with culturally relevant education materials may be more effective in improving rates for these measures.

Contractors' printed member materials reflect the language and cultural beliefs of enrollees, and AHCCCS continues to work with them to provide resources to reach an increasingly diverse membership. Some health plans have implemented or are considering a more personal approach to providing information to encourage members to use preventive services that may help them maintain or improve their health status. Research shows that, compared with mailed or telephone reminders, personal contacts and motivational telephone calls from health plans that address specific barriers to receiving services have been successful in increasing the use of well-woman services.[11-16]

Some Contractors also are using incentives, such as gift certificates for members who complete medical visits or "pay-for-performance" arrangements that reward providers with the highest rates, to improve overall performance. These approaches also have shown some success in other programs.[17,18]

Conclusion

As noted, several Contractors already have corrective action plans in place to improve performance in specific measures. All contracted health plans continue to explore mechanisms to increase member use of preventive health services, and AHCCCS will continue to assist them with these efforts.

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APPENDIX B

Technical Specifications for Acute-care Performance Measures for the Measurement Period from October 1, 2003, through September 30, 2004

I. CHILDREN'S ACCESS TO PRIMARY CARE PRACTITIONERS

Recipient Subsystem Requirements

- Members must have been 1 through 20 years of age, or 1 through 18 years of age if eligible under KidsCare, as of September 30 of the measurement period.
- Members must have been continuously enrolled during the measurement period and on September 30 of the measurement period.
- Members must have been enrolled with the same acute-care Contractor for the entire measurement period (enrollment was selected only for contract types 'A,' 'B,' or 'N'; and rate codes 6011 through 6015 for KidsCare members).
- Prior Period Coverage (PPC) was not considered part of continuous enrollment and was treated as a break in acute enrollment.
- A member with one single enrollment gap, not exceeding 31 days, was considered to have continuous enrollment and was included in the population; however, the gap could not occur at the beginning or the end of the continuous enrollment period.
- Change of county service area with the same Contractor without any gap of enrollment was not considered a break in enrollment. For those members who stayed with the same Contractor but moved to a different county during the measurement period, the member was assigned to the last county of residence.
- Because only acute-care Contractors were evaluated, any enrollment that changed from an acute-care Contractor to a Contractor for the Arizona Long Term Care System (ALTCS) and back to an acute-care Contractor within 31 days was treated as a break in acute enrollment instead of enrollment with more than one Contractor during the measurement period.
- Any member enrolled with the following Contractors was excluded:

000850 - State Emergency Services	000950 - Federal Emergency Services
000960 - Family Planning Services	003335 - Permanent Fee-For-Service
008690 - Temporary Fee-For-Service	010174 - Maricopa LTC, Residual
010182 - Pima LTC, Residual	999998 - Indian Health Services
888886 - Fee-For-Service LTC, residual	079873 - DHS
110007 - DES/DDD	550005 - DES/VD

- Members with rate codes 45XX were excluded.
- Members with Medicare Part A and/or Part B during the measurement period were excluded.

Note:
A data file containing the information for each member was created and used to identify services received.

Encounter Subsystem Requirements

Utilizing data from the Recipient Subsystem:

- All encounters selected (Form 1500 and UB 82/92) for the eligible population were based on the service selection criteria listed below.
- Encounters were included if the begin-date of service fell within the measurement period.
- Encounters from the Arizona Department of Health Services/Children's Rehabilitative Services (CRS) and ADHS/Behavioral Health Services (BHS) were excluded. Children receiving services through CRS or BHS who also were enrolled with another Contractor were included in the other Contractor's data.
- All services for the member were reported under the member's last county of residence in the measurement period.
- The selected encounters were sorted by member primary ID.

Service Selection Criteria

CPT-4 Codes for Preventive Medicine Services (UB82/92 or HCFA 1500)

99381 - 99385	Initial comprehensive preventive medicine
99391 - 99395	Periodic comprehensive preventive medicine
99401 - 99404	Preventive medicine, individual counseling
99411 - 99412	Preventive medicine, group counseling
99420	Administration and interpretation of health risk assessment instrument
99429	Unlisted preventive medicine service

OR

CPT-4 Codes for Evaluation and Management (UB82/92 or HCFA 1500)

99201 - 99205	New Patient
99211 - 99215	Established patient
99241 - 99245	Office or other outpatient consultations
99341 - 99350	Home services
99499	Unlisted evaluation and management service

In Conjunction with ICD-9 Diagnosis Codes

V20.2	Routine infant or child health check
V70.0	Routine general medical examination at health care facility
V70.3	Other general medical examination
V70.5 - V70.6	Health examination
V70.7	Examination for normal comparison or control in clinical research
V70.8 - V70.9	Other specified and unspecified general medical examination.

Exclusions

Form Type = "I"
Form type = "O" with revenue code = 450 (Emergency Room)

Form Type = "A" with place of service = 23 (Emergency Room) or 21 (Inpatient Hospital).
If principal/first-listed diagnosis codes ICD-9-CM = 290-316
If principal/first-listed diagnosis codes ICD-9-CM = 960-979 with a secondary diagnosis of chemical dependency (codes ICD-9-CM 303.xx and 304.xx)
CPT Procedure Codes 90801-90899

OR

ICD-9 Procedure Codes
94.26, 94.27, and 94.6

In conjunction with the following ICD-9 Diagnosis Codes:

V70.0	Routine general medical examination at health care facility
V70.3	Other general medical examination
V70.5 - V70.6	Health examination
V70.7	Examination for normal comparison or control in clinical research
V70.8 - V70.9	Other specified and unspecified general medical examination.

Deviations from HEDIS 2004 Codes to Identify Ambulatory or Preventive Care Services

- AHCCCS uses the ICD-9 revenue code V70.7 (examination for normal comparison or control in clinical research) to identify preventive visits when used in conjunction with CPT-4 codes for evaluation and management; HEDIS does not use this code.
- AHCCCS requires that certain CPT-4 codes be used in conjunction with ICD-9 revenue codes in order to ensure that visits are for primary care purposes.

II. ADULTS' ACCESS TO PREVENTIVE/AMBULATORY HEALTH SERVICES

Recipient Subsystem Requirements:

- Members selected must have been 21 through 64 years old as of September 30 of the measurement period.
- Members must have been continuously enrolled during the measurement period and as of September 30 of the measurement period.
- Members must have been enrolled with one acute-care, capitated Contractor for the entire measurement period (enrollment was selected only for contract type 'A' or 'B').
- Prior Period Coverage (PPC) was not considered part of continuous enrollment and was treated as a break in acute enrollment.
- A member with one single enrollment gap, not exceeding 31 days, was considered to have continuous enrollment and was included in the population; however, the gap could not occur at the beginning or the end of the continuous enrollment period.
- Change of county service area with the same Contractor without any gap of enrollment was not considered a break in enrollment. For those members who stayed with the same Contractor but moved to a different county during the measurement period, the member was assigned to the last county of residence.
- Because only acute-care Contractors were evaluated, any enrollment that changed from an acute-care Contractor to a Contractor for the Arizona Long Term Care System (ALTCS) and back to an acute-care Contractor within 31 days was treated as a break in acute enrollment instead of enrollment with more than one Contractor during the measurement period.
- Any member enrolled with the following Contractors was excluded:

000850 - State Emergency Services	000950 - Federal Emergency Services
000960 - Family Planning Services	003335 - Permanent Fee-For-Service
008690 - Temporary Fee-For-Service	010174 - Maricopa LTC, Residual
010182 - Pima LTC, Residual	999998 - Indian Health Services
888886 - Fee-For-Service LTC, residual	079873 - DHS
110007 - DES/DDD	550005 - DES/VD

- Members with rate codes 45XX were excluded.
- Members with Medicare Part A and/or Part B during the measurement period were excluded.

Note:
A data file containing the information for each member was created and used to identify services received.

Encounter Subsystem Requirements

Utilizing data from the Recipient Subsystem:

- All encounters selected (Form 1500 and UB 82/92) for the eligible population were based on the service selection criteria listed below.
- Encounters were included if the begin-date of service fell within the measurement period.
- Encounters from the Arizona Department of Health Services/Children's Rehabilitative Services (CRS) and ADHS/Behavioral Health Services (BHS) were excluded. Children receiving services through CRS or BHS who also were enrolled with another Contractor were included in the other Contractor's data.

- All services for the member were reported under the member's last county of residence in the measurement period.
- The selected encounters were sorted by member primary ID.

Service Selection Criteria

CPT-4 Codes for Preventive Medicine Services (UB82/92 or HCFA 1500)

99385 – 99387	New Patient
99395 – 99397	Established Patient
99401 – 99404	Preventive medicine, individual counseling
99411 – 99412	Preventive medicine, group counseling
99420	Administration and interpretation of health risk assessment instrument
99429	Unlisted preventive medicine service

OR

CPT-4 Codes for Evaluation and Management (UB82/92 or HCFA 1500)

99201 – 99205	New Patient
99211 – 99215	Established patient
99241 – 99245	Office or other outpatient consultations
99301 – 99303	Comprehensive nursing facility assessments
99311 – 99313	Subsequent nursing facility care
99321 – 99323	Domiciliary, rest home, or custodial care services, new patient
99331 – 99333	Domiciliary, rest home, or custodial care services, established patient
99341 – 99353	Home services
99499	Unlisted evaluation and management service

OR

CPT-4 Codes for Ophthalmology and Optometry (UB82/92 or HCFA 1500)

92002, 92004	General ophthalmological services, new patient
92012, 92014	General ophthalmological services, established Patient

OR

Revenue Codes(UB 82/92)

510	Clinic
511	Chronic pain clinic
514	OB/GYN clinic
516	Urgent clinic
517	Family clinic
519	Other clinic

520 Freestanding clinic
521 Rural clinic
522 Rural/home
523 Family practice clinic
526 Freestanding urgent care clinic
529 Other freestanding clinic
530 Osteopath services
531 Osteopath Rx
539 Other Osteopath services
982 Professional fees, outpatient services
983 Professional fees, clinic

Service Exclusionary Criteria

ICD-9 Diagnostic Codes (UB 82/92):
Principal/first listed diagnosis codes ICD-9 CM = 290.XX – 316, mental disorders
V40.X Mental and behavioral problems

Deviations from HEDIS 2004 Codes to Identify Preventive/Ambulatory Health Services

- AHCCCS uses UB-92 revenue codes 530, 531 and 539 to identify services provided by osteopathic physicians; HEDIS does not use these codes.
- HEDIS uses UB-92 revenue codes 770, 771 and 779 to identify services; AHCCCS does not use these codes.
- AHCCCS uses CPT codes 99341 ─ 99353; HEDIS uses codes 99341 ─ 99350.

III. WELL-CHILD VISITS IN THE FIRST 15 MONTHS OF LIFE

Recipient Subsystem Requirements

- Each member's 15-month birthday must have occurred within the measurement period.
- Members must have been continuously enrolled from 31 days of age through the 15-month birthday.
- The enrollment-begin date for the member was the 31st day after the day of birth, and the enrollment-end date was the 15-month birthday. The 31st day of life is calculated as the child's day of birth plus 30 days; the 15-month birthday as the child's first birthday plus 90 days.
- Members must have been enrolled with the same acute-care Contractor for the entire 14-month measurement period (enrollment was selected only for contract types 'A,' 'B,' or 'N'; and rate codes 6011 through 6015 for KidsCare members).
- Prior Period Coverage (PPC) was not considered part of continuous enrollment and was treated as a break in acute enrollment.
- A member with one single enrollment gap, not exceeding 31 days, was considered to have continuous enrollment and was included in the population; however, the gap could not occur at the beginning or the end of the continuous enrollment period.
- Change of county service area with the same Contractor without any gap of enrollment was not considered a break in enrollment. For those members who stayed with the same Contractor but moved to a different county during the measurement period, the member was assigned to the last county of residence.
- Because only acute-care Contractors were evaluated, any enrollment that changed from an acute-care Contractor to a Contractor for the Arizona Long Term Care System (ALTCS) and back to an acute-care Contractor within 31 days was treated as a break in acute enrollment instead of enrollment with more than one Contractor during the measurement period.
- Any member enrolled with the following Contractors was excluded:

000850 - State Emergency Services	000950 - Federal Emergency Services
000960 - Family Planning Services	003335 - Permanent Fee-For-Service
008690 - Temporary Fee-For-Service	010174 - Maricopa LTC, Residual
010182 - Pima LTC, Residual	999998 - Indian Health Services
888886 - Fee-For-Service LTC, residual	079873 - DHS
110007 - DES/DDD	550005 - DES/VD

- Members with rate codes 45XX were excluded.
- Members with Medicare Part A and/or Part B during the measurement period were excluded.

Note:
A data file containing the information for each member was created and used to identify services received.

Encounter Subsystem Requirements

Utilizing data from the Recipient Subsystem:

- All encounters selected (Form 1500 and UB 82/92) for the eligible population were based on the service selection criteria listed below.
- Encounters were included if the begin-date of service fell within the measurement period.
- Encounters from the Arizona Department of Health Services/Children's Rehabilitative Services (CRS) and ADHS/Behavioral Health Services (BHS) were excluded. Children receiving services through CRS or BHS who also were enrolled with another Contractor were included in the other Contractor's data.
- All services for the member were reported under the member's last county of residence in the measurement period.
- The selected encounters were sorted by member primary ID.

Service Selection Criteria

CPT-4 Codes Preventive Medicine Services (UB82/92 or HCFA 1500)

99381	New patient under 1 year
99382	New patient (ages 1 - 4 years)
99391	Established patient under 1 year
99392	Established patient (ages 1 - 4 years)
99431	Newborn care (history and examination)
99432	Normal newborn care

OR

CPT-4 Codes Evaluation and Management (UB82/92 or HCFA 1500)

99201 - 99205	New Patient
99211 - 99215	Established patient

In conjunction with ICD-9 Diagnosis codes

V20.2	Routine infant or child health check
V70.0	General medical examination (routine)
V70.3 - V70.9	General medical examination

AND

Not in conjunction with Category of Service

03 Respiratory Therapy
06 Physical Therapy
07 Speech/Hearing Therapy
11 Dental
12 Pathology & Laboratory
13 Radiology
15 Durable Medical Equipment & Supplies
30 Home Health Nurse Service
31 Non-emergency Transportation

40 Medical Supplies

Deviations from HEDIS 2004 Codes to Identify Well-child Visits

- AHCCCS uses the CPT-4 preventive medicine code 99431 (newborn care, history and examination) to identify well-child visits; HEDIS does not use this code.
- AHCCCS requires that certain CPT-4 codes be used in conjunction with ICD-9 revenue codes and/or not in conjunction with certain category of service codes in order to ensure that well-child services were provided.

IV. WELL-CHILD VISITS IN THE THIRD, FOURTH, FIFTH AND SIXTH YEARS OF LIFE

Recipient Subsystem Requirements

- Members must have been 3 through 6 years old as of September 30 of the measurement period.
- Members must have been continuously enrolled during the measurement period and on September 30 of the measurement period.
- Members must have been enrolled with the same acute-care Contractor for the entire measurement period (enrollment was selected only for contract types 'A,' 'B,' or 'N'; and rate codes 6011 through 6015 for KidsCare members).
- Prior Period Coverage (PPC) was not considered part of continuous enrollment and was treated as a break in acute enrollment.
- A member with one single enrollment gap, not exceeding 31 days, was considered to have continuous enrollment and was included in the population; however, the gap could not occur at the beginning or the end of the continuous enrollment period.
- Change of county service area with the same Contractor without any gap of enrollment was not considered a break in enrollment. For those members who stayed with the same Contractor but moved to a different county during the measurement period, the member was assigned to the last county of residence.
- Because only acute-care Contractors were evaluated, any enrollment that changed from an acute-care Contractor to a Contractor for the Arizona Long Term Care System (ALTCS) and back to an acute-care Contractor within 31 days was treated as a break in acute enrollment instead of enrollment with more than one Contractor during the measurement period.
- Any member enrolled with the following Contractors was excluded:

000850 - State Emergency Services	000950 - Federal Emergency Services
000960 - Family Planning Services	003335 - Permanent Fee-For-Service
008690 - Temporary Fee-For-Service	010174 - Maricopa LTC, Residual
010182 - Pima LTC, Residual	999998 - Indian Health Services
888886 - Fee-For-Service LTC, residual	079873 - DHS
110007 - DES/DDD	550005 - DES/VD

- Members with rate codes 45XX were excluded.
- Members with Medicare Part A and/or Part B during the measurement period were excluded.

Note:
A data file containing the information for each member was created and used to identify services received.

Encounter Subsystem Requirements

Utilizing data from the Recipient Subsystem:

- All encounters selected (Form 1500 and UB 82/92) for the eligible population were based on the service selection criteria listed below.
- Encounters were included if the begin-date of service fell within the measurement period.
- Encounters from the Arizona Department of Health Services/Children's Rehabilitative Services (CRS) and ADHS/Behavioral Health Services (BHS) were excluded. Children receiving services through CRS or BHS who also were enrolled with another Contractor were included in the other Contractor's data.

- All services for the member were reported under the member's last county of residence in the measurement period.
- The selected encounters were sorted by member primary ID.

Service Selection Criteria

CPT-4 Codes Preventive Medicine Services (UB82/92 or HCFA 1500)

99382	New patient (ages 1 - 4 years)
99383	New patient (ages 5 – 11 years)
99392	Established patient (ages 1 - 4 years)
99393	Established patient (ages 5 – 11 years)

OR

CPT-4 Codes Evaluation and Management (UB82/92 or HCFA 1500)

99201 - 99205	New Patient
99211 - 99215	Established patient

In conjunction with ICD-9 Diagnosis codes

V20.2	Routine infant or child health check
V70.0	General medical examination (routine)
V70.3 - V70.9	General medical examination

AND

Not in conjunction with Category of Service

03	Respiratory Therapy
06	Physical Therapy
07	Speech/Hearing Therapy
11	Dental
12	Pathology & Laboratory
13	Radiology
15	Durable Medical Equipment & Supplies
30	Home Health Nurse Service
31	Non-emergency Transportation
40	Medical Supplies

Deviations from HEDIS 2004 Codes to Identify Well-child Visits

- AHCCCS requires that certain CPT-4 codes be used in conjunction with ICD-9 revenue codes and/or not in conjunction with certain category of service codes in order to ensure that well-child services were provided.

V. ADOLESCENT WELL-CARE VISITS

Recipient Subsystem Requirements

- Members selected must have been 11 through 20 years old, or 11 through 18 years old if eligible under KidsCare, as of September 30 of the measurement period.
- Members selected must have been continuously enrolled during the measurement period and as of September 30 of the measurement period.
- Members must have been enrolled with the same acute-care Contractor for the entire measurement period (enrollment was selected only for contract types 'A,' 'B,' or 'N'; and rate codes 6011 through 6015 for KidsCare members).
- Prior Period Coverage (PPC) was not considered part of continuous enrollment and was treated as a break in acute enrollment.
- A member with one single enrollment gap, not exceeding 31 days, was considered to have continuous enrollment and was included in the population; however, the gap could not occur at the beginning or the end of the continuous enrollment period.
- Change of county service area with the same Contractor without any gap of enrollment was not considered a break in enrollment. For those members who stayed with the same Contractor but moved to a different county during the measurement period, the member was assigned to the last county of residence.
- Because only acute-care Contractors were evaluated, any enrollment that changed from an acute-care Contractor to a Contractor for the Arizona Long Term Care System (ALTCS) and back to an acute-care Contractor within 31 days was treated as a break in acute enrollment instead of enrollment with more than one Contractor during the measurement period.
- Any member enrolled with the following Contractors was excluded:

000850 - State Emergency Services	000950 - Federal Emergency Services
000960 - Family Planning Services	003335 - Permanent Fee-For-Service
008690 - Temporary Fee-For-Service	010174 - Maricopa LTC, Residual
010182 - Pima LTC, Residual	999998 - Indian Health Services
888886 - Fee-For-Service LTC, residual	079873 - DHS
110007 - DES/DDD	550005 - DES/VD

- Members with rate codes 45XX were excluded.
- Members with Medicare Part A and/or Part B during the measurement period were excluded.

Note:
A data file containing the information for each member was created and used to identify services received.

Encounter Subsystem Requirements

Utilizing data from the Recipient Subsystem:

- All encounters selected (Form 1500 and UB 82/92) for the eligible population were based on the service selection criteria listed below.
- Encounters were included if the begin-date of service fell within the measurement period.
- Encounters from the Arizona Department of Health Services/Children's Rehabilitative Services (CRS) and ADHS/Behavioral Health Services (BHS) were excluded. Children receiving services through CRS or BHS who also were enrolled with another Contractor were included in the other Contractor's data.

- All services for the member were reported under the member's last county of residence in the measurement period.
- The selected encounters were sorted by member primary ID.

Service Selection Criteria

CPT-4 Codes Preventive Medicine Services (UB82/92 or HCFA 1500)

99383	New patient (ages 5 – 11 years)
99384	New patient (ages 12 - 17 years)
99385	New patient (ages 18 - 39 years)
99393	Established patient (ages 5 – 11 years)
99394	Established patient (ages 12 - 17 years)
99395	Established patient (ages 18 - 39 years)

OR

CPT-4 Codes Evaluation and Management (UB82/92 or HCFA 1500)

99201 - 99205	New Patient
99211 - 99215	Established patient

In conjunction with ICD-9 Diagnosis codes:

V20.2	Routine infant or child health check
V70.0	General medical examination (routine)
V70.3 - V70.9	General medical examination

AND

Not in conjunction with Category of Service:

03 Respiratory Therapy
06 Physical Therapy
07 Speech/Hearing Therapy
11 Dental
12 Pathology & Laboratory
13 Radiology
15 Durable Medical Equipment & Supplies
30 Home Health Nurse Service
31 Non-emergency Transportation
40 Medical Supplies

Deviations from HEDIS 2004 Codes to Identify Well-child Visits

- AHCCCS requires that certain CPT-4 codes be used in conjunction with ICD-9 revenue codes and/or not in conjunction with certain category of service codes in order to ensure that well-care services were provided.

VI. ANNUAL DENTAL VISITS

Recipient Subsystem Requirements

- Members must have been 3 through 20 years old, or 3 through 18 years old if eligible under KidsCare, as of September 30 of the measurement period.
- Members must have been continuously enrolled during the measurement period and on September 30 of the measurement period.
- Members must have been enrolled with the same acute-care Contractor for the entire measurement period (enrollment was selected only for contract types 'A,' 'B,' or 'N'; and rate codes 6011 through 6015 for KidsCare members).
- Prior Period Coverage (PPC) was not considered part of continuous enrollment and was treated as a break in acute enrollment.
- A member with one single enrollment gap, not exceeding 31 days, was considered to have continuous enrollment and was included in the population; however, the gap could not occur at the beginning or the end of the continuous enrollment period.
- Change of county service area with the same Contractor without any gap of enrollment was not considered a break in enrollment. For those members who stayed with the same Contractor but moved to a different county during the measurement period, the member was assigned to the last county of residence.
- Because only acute-care Contractors were evaluated, any enrollment that changed from an acute-care Contractor to a Contractor for the Arizona Long Term Care System (ALTCS) and back to an acute-care Contractor within 31 days was treated as a break in acute enrollment instead of enrollment with more than one Contractor during the measurement period.
- Any member enrolled with the following Contractors was excluded:

000850 - State Emergency Services	000950 - Federal Emergency Services
000960 - Family Planning Services	003335 - Permanent Fee-For-Service
008690 - Temporary Fee-For-Service	010174 - Maricopa LTC, Residual
010182 - Pima LTC, Residual	999998 - Indian Health Services
888886 - Fee-For-Service LTC, residual	079873 - DHS
110007 - DES/DDD	550005 - DES/VD

- Members with rate codes 45XX were excluded.
- Members with Medicare Part A and/or Part B during the measurement period were excluded.

Note:
A data file containing the information for each member was created and used to identify services received.

Encounter Subsystem Requirements

Utilizing data from the Recipient Subsystem:

- All encounters selected (Form 1500 and UB 82/92) for the eligible population were based on the service selection criteria listed below.
- Encounters were included if the begin-date of service fell within the measurement period.
- Encounters from the Arizona Department of Health Services/Children's Rehabilitative Services (CRS) and ADHS/Behavioral Health Services (BHS) were excluded. Children receiving

services through CRS or BHS who also were enrolled with another Contractor were included in the other Contractor's data.
- All services for the member were reported under the member's last county of residence in the measurement period.
- The selected encounters were sorted by member primary ID.

Service Selection Criteria

Preventive Services

For services reported on Form "D" (Dental) use the following logic
Procedure class code = 70 or 71 or
Procedure code range = D0100 – D0999 or D1000 – D1999

For services reported on any other form

CPT-4 codes (UB82/92 or HCFA 1500)

70300 - 70320	Radiological exams (partial, complete, single, unilateral, bilateral)
70350	Cephalogram, Orthodontic
70355	Orthopantogram

OR

Procedure Class Codes

70	Diagnostic	D0100-D0999
71	Preventive	D1000-D1999

OR

ICD-9-CM Procedure Code (UB 82/92)

87.11	Full mouth X-Ray of Teeth
87.12	Other dental X-Ray
89.31	Dental examination

OR

ICD-9 Diagnostic Code (UB 82/92)

V72.2	Dental examination

In conjunction with Revenue Code

510	Clinic
512	Dental Clinic
515	Pediatric Clinic
519	Other Clinic

OR

HCPCS Codes (UB82/92 or HCFA 1500)
D1310 Nutritional counseling for the control of dental disease

OR

ICD-9 Diagnostic Code (HCFA 1500)
V72.2 Dental examination

In conjunction with Provider Types
07 Dentist
54 Dental Hygienist

OR

In conjunction with Category of Service
11 Dental

OR

In conjunction with Provider Specialty Type
800 Dentist – General
801 Dentist – Orthodonture
802 Dentist – Endodontist
803 Dentist - Oral Pathologist
804 Dentist – Pedodontist
805 Dentist – Prosthodontist
806 Dentist – Periodontist
807 Dentist - Public Health
808 Dentist - Oral Surgeon
809 Dentist – Anesthesiologist

Treatment Services

For services reported on Form "D" (Dental) use the following logic
Procedure class codes = 72 through 79 or
Procedure range = D2000 – D9999

For services reported on any other form

Procedure Class Codes

72	Restorative	D2000-D2999
73	Endodontics	D3000-D3999
74	Periodontics	D4000-D4999

75	Prosthodontics	D5000-D5999
76	Implant Services	D6000-D6199
76	Fixed Prosthodontics	D6200-D6999
77	Oral Surgery	D7000-D7999
78	Orthodontics	D8000-D8999
79	Adjunctive General Services	D9000-D9999

OR

ICD-9 Procedure Code (UB 82/92)

23.xx Removal and restoration of teeth
24.xx Other operations on teeth, gums, and alveoli
93.55 Dental wiring
96.54 Dental scaling, polishing and debridement
97.22 Replacement of dental packing
97.33 Removal of dental wiring
97.34 Removal of dental packing
97.35 Removal of dental prosthesis
99.97 Fitting of denture

Deviations from HEDIS 2004 Codes to Identify Annual Dental Visits

- Procedure classification codes for dental services were used to select services in lieu of individual CPT codes when possible.
- AHCCCS uses HCPCS/CDT-3 code ranges D0100 – D0999 and D1000 – D1999; HEDIS uses code ranges D0120 – D0999 and D1110 – D1550
- HEDIS uses ICD-9-CM procedure codes 23, 24, 93.55, 96.54, 97.22, 97.33-97.35, and 99.97; AHCCCS does not select services based on these specific codes.

AHCCCS uses ICD-9 diagnostic code V72.2 (dental examination) to select services; HEDIS does not use this code.