# MEDICAID MANAGED CARE EVALUATION OUTCOME REPORT **OUTCOMES OF CARE FOR IOWA MEDICAID MEMBERS** State Fiscal Years 2015 and 2016 Final Report to the Iowa Department of Human Services

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#### INTRODUCTION

The University of Iowa Public Policy Center (PPC) provides outcome measures for the Iowa Medicaid Managed Care Program, annually reporting rates to the Iowa Department of Human Services (IDHS). Eight measures have been reported consistently over the past 13 years as recommended by CMS. The measures reported within this report encompass those outcomes that are derived from administrative data including claims, encounters and enrollment. Beginning April 1, 2016 most Medicaid members were provided health care through Managed Care Organizations (MCOs).

In previous reports, we used the State Fiscal Year (FY) running from July 1 of the first year through June 30 of the second year. This 'measurement' year made the most sense, as state programs are normally started and renewed based on the FY. However, beginning with this report, we will utilize the calendar year (CY) as the 'measurement' year for our reports. Reporting for the calendar year allows us to absorb, most of the first year of the MCOs in CY 2016. Were we to report on the fiscal year (FY), we would have Medicaid members in MediPASS or Meridian HMO for 6 months, then Fee-for-service for 3 months and then in one of the MCOs for 3 months. Using calendar year (CY) we have members in MediPASS or Meridian HMO for CY 2015 (baseline year) and then in 3 months of Fee-for-Service and 9 months in one of the MCOs during CY 2016.

We use CY 2015 as our baseline comparison year, however, the managed care options were different – limited to MediPASS (PCCM) and Meridian HMO. In addition, in previous years we have provided the rates for individuals in the non-managed Fee-for-Service component of Medicaid and those eligible due to disability determination. For this report, we continue to use these categorizations for CY 2015 with a shift to grouping by MCO for CY 2016. For many measures we are unable to report the rates by MCO for the DD group due to low numbers which lead to unstable rates. In addition, we provide no statistical measure of significance for our results, as we are reporting on the populations within each group. The significance of differences lies not so much in a statistical measure, but in the interpretation of stakeholders. For the most part, there is usually less than a 5% difference between the MCOs.

#### **ELIGIBILITY**

Eligibility measures are reported for up to six groups. Members eligible for Medicaid through income and members eligible due to disability determination will be divided into three groups covering the three Managed Care Organizations (MCOs). The three MCOs operating in Iowa during this time are Amerigroup, AmeriHealth Caritas, and UnitedHealth-care. We will not identify the MCOs directly, but will refer to them by number. We will include outcomes data for CY 2016 even though members were not enrolled in the MCOs until April 1, 2016.

In previous years, members who were enrolled in the Integrated Health Home (approximately 18,000 members) or Chronic Care Health Home (approximately 6,000 members) programs were removed from the outcomes, however, they are enrolled in these programs through the MCOs and will be included in this report. They are also included in separate evaluation reports for the respective programs. These reports are available on the Public Policy Center website http://ppc.uiowa.edu/health. Only income eligible and disability determination eligible Medicaid members are used in the following analyses. Members with any months in Medicare Part A or Part B, Iowa Health and Wellness Plan (IHAWP), waiver programs, Medicaid for employed people with disabilities, and family planning are all removed from the analyses as they were not eligible for Medicaid Managed Care prior to April 1, 2016 and their inclusion would hinder our comparisons over time. For CY 2015 we include only those members who are eligible for at least one month during CY 2016 to allow for our categorization of them into one of the MCOs.

Figure 1 and Figure 2 indicate the proportion of members by age and gender and type of eligibility, either income eligible (IE) or disability determination (DD), enrolled for at least 1 month and at least 11 months in CY 2016. Of 379,714 members who were enrolled in one of the six groups during CY 2016, 282,497 were eligible for at least 11 months. The distribution of members across the groups is shown below.

- Income eligible (IE)
  - ° MCO 1-85,441
  - ° MCO 2-91,312
  - ° MCO 3-79,294
- Disability Determination (DD)
  - ° MCO 1-8,898
  - MCO 2-9,788
  - ° MCO 3-7,764

Within the groups there is a higher proportion of men in the DD groups, while the IE groups have a preponderance of women. With regard to age, the DD groups have far fewer children and a larger proportion of adults. Nearly 40% of those eligible through disability determination are in the 45-64 age group, while the IE groups have less than 5% in this age group. The age and gender distributions by eligibility type are consistent across the MCOs.

Figure 1. Comparisons of age and gender for Medicaid members enrolled for at least one month during CY 2016 by eligibility type and MCO

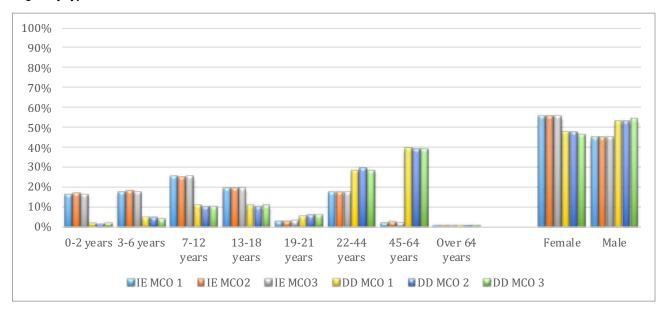


Figure 2. Comparisons of age and gender for Medicaid members enrolled for at least one month during CY 2016 by eligibility type and MCO

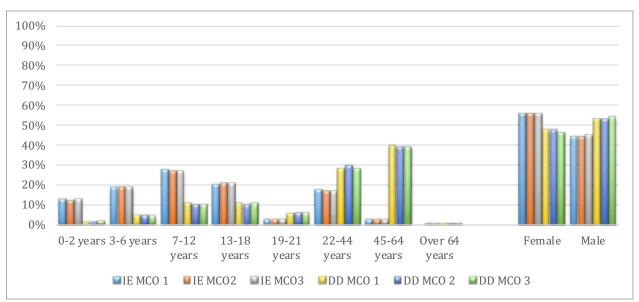
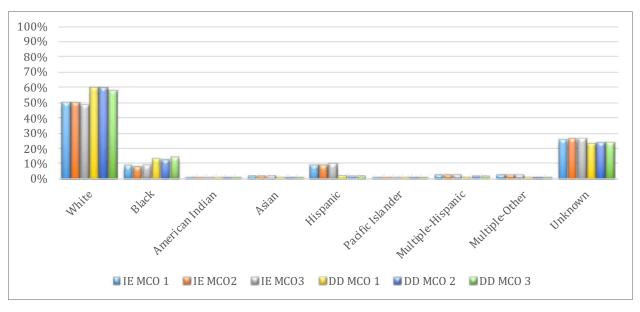


Table 1 and Figure 3 provide the race for Medicaid members who were enrolled for at least 11 months in CY 2016. 26% of Medicaid members who were lie and 23% of Medicaid members who were eligible due to DD did not indicate race making it difficult to determine whether and for which measures racial disparities may exist. IE members are less likely to be white and more likely to be Hispanic as compared to DD members.

Table 1. Comparisons of race by MCO for Medicaid members enrolled for at least 11 months during CY 2016

Demographics			Income Eligible			Disability Determination			
	Measure	MCO 1	MCO 2	MCO 3	MCO 1	MCO 2	MCO 3		
NA/IL-24 .	Number	42,194	45,178	38,091	5,253	5,816	4,481		
White	%	49%	49%	48%	59%	59%	58%		
Disale	Number	7,184	7,134	6,770	1,138	1,181	1,063		
Black	%	8%	8%	9%	13%	12%	14%		
A	Number	250	265	191	17	21	12		
American Indian	%	0%	0%	0%	0%	0%	0%		
Asian	Number	1,603	1,767	1,566	83	88	69		
Asian	%	2%	2%	2%	1%	1%	1%		
	Number	7,695	7,773	7,491	170	147	146		
Hispanic	%	9%	9%	9%	2%	2%	2%		
Davifia Jalandan	Number	573	751	590	7	5	5		
Pacific Islander	%	1%	1%	1%	0%	0%	0%		
Mariatoria del Comencia	Number	2,256	2,376	2,048	97	130	106		
Multiple-Hispanic	%	3%	3%	3%	1%	1%	1%		
Mariator I a Calcara	Number	2,221	2,292	1,968	108	106	74		
Multiple-Other	%	3%	3%	2%	1%	1%	1%		
Unknown	Number	21,465	23,776	20,579	2,025	2,294	1,808		
Unknown	%	25%	26%	26%	23%	23%	23%		
Total		85,444	91,312	79,294	8,898	9,788	7,764		

Figure 3. Comparisons of race by eligibility type and MCO for Medicaid members enrolled for at least 11 months in CY 2016



#### **OUTCOME MEASURES**

#### **WELL-CHILD VISITS IN THE FIRST 15 MONTHS OF LIFE**

Recommendations from the American Academy of Pediatrics (AAP) and the Iowa Department of Public Health (IDPH) Early Periodic Screening, Diagnosis and Treatment (EPSDT) schedules continue to indicate that children have at least 8 visits during the first 15 months of life! A child following the schedule will experience well-child visits at 2-3 days (newborn, in-hospital), 1 month, 2 months, 4 months, 6 months, 9 months, 12 months, and 15 months of age. Visits are designed to assess and address developmental issues, provide anticipatory guidance to parents, determine the health of the child and provide vaccinations. HEDIS measures provide the proportion of children who turned 15 months of age during the measurement year(s) (CY 2015 and CY 2016) with 0 visits, 1 visit, 2 visits, 3 visits, 4 visits, 5 visits, and 6 or more visits timed as recommended by AAP. To be included in the measure children had to be eligible for at least 14 of the first 15 months of life. This outcome measure is not reported by MCO for children who were eligible due to a disability determination because the numbers of newborns with this eligibility type is very small (221 in CY 2015, 180 in CY 2016) with as few as 1 or 2 children in many cells. These small numbers make it very difficult to provide rates that are valid and stable over time by MCO. The rates are provided for children eligible due to a disability determination combined across MCOs.

Table 2. Number and proportion of children receiving from zero to six or more well-child visits by MCO, CY 2016

Number of Visits	Measure		Income Eligible	е	DD
Number of Visits	Measure	MCO 1	MCO 2	MCO 3	All MCOs
0 visits	Number	121	131	94	24
UVISIUS	%	2%	3%	2%	13%
1 visit	Number	116	119	130	4
I VISIL	%	2%	2%	3%	2%
2 visits	Number	171	187	166	16
2 VISITS	%	3%	4%	3%	9%
3 visits	Number	274	282	294	26
3 VISILS	%	6%	5%	6%	14%
4 visits	Number	513	499	460	34
4 VISIUS	%	10%	10%	10%	19%
5 visits	Number	742	771	675	33
5 VISIUS	%	15%	15%	14%	18%
+6 visits	Number	2,990	3,200	2,948	43
TO VISILS	%	61%	62%	62%	24%
Total	Number	4,927	5,189	4,767	180
TOTAL	%	100%	100%	100%	100%

<sup>1</sup> https://idph.iowa.gov/Portals/1/Files/EPSDT/periodicity\_schedule.pdf

Table 3. Number and proportion of children receiving from zero to six or more well-child visits by program, CY 2015

Number of Visits	Measure	MediPASS	НМО	FFS	DD
0 visits	Number	106	43	48	31
UVISILS	%	1%	2%	2%	17%
1 visit	Number	164	49	44	11
i visit	%	2%	2%	2%	6%
2 visits	Number	257	79	60	8
Z VISILS	%	3%	3%	3%	4%
3 visits	Number	381	120	115	13
3 VISILS	%	5%	5%	6%	7%
4 visits	Number	646	251	171	25
4 VISILS	%	8%	10%	9%	14%
5 visits	Number	1,163	379	305	40
5 VISIUS	%	15%	15%	15%	22%
16 visits	Number	5,015	1,630	1,234	55
+6 visits	%	65%	64%	62%	30%
Tatal	Number	7,732	2,551	1,977	183
Total	%	100%	100%	100%	100%

The majority of children receive the full complement of well-child visits within the first 15 months of life (Table 2 and Table 3). Children eligible through DD are least likely to receive 6 or more visits and most likely to have received 0 visits. This pattern has remained unchanged over the last 10 years and may be the result of many factors including specialists not coding well child visits appropriately, parents feeling overwhelmed by the number of health care visits required to address the child's disability, or the parent's lack of understanding as to the importance of well care. This pattern has continued over time, with a marked jump in the proportion of children who received '6 or more' well child visits in CYs 2013-2016.

Each year we document the proportion of children with each well-child visit in an effort to monitor which visits are most likely to be missed (Figure 4). We do not include screening visits that may have occurred at a WIC clinic, public health clinic or during a home visit. These are visits that appear in the claims data with T1015 or T1016 as the CPT codes. These claims contain the diagnosis codes set by HEDIS; but the activities represented by these codes are screening and normally do not include the level of evaluation and anticipatory guidance expected in a well-child visit. The one-month visit is least often experienced by children in the first 15 months of life, while the two-month visit is the most often experienced. This may be the result of providers and/or parents combining the two visits into one. This pattern has remained constant over time and across programs.

In Figure 4 it is easy to determine where children eligible through DD are least likely to obtain a well-child visit. They clearly lag behind for the 2 week, 1 month and 2 month visits. The rates begin to climb for the 4 month and 6 months visits reaching near parity with children who are IE by the 9 month visit.

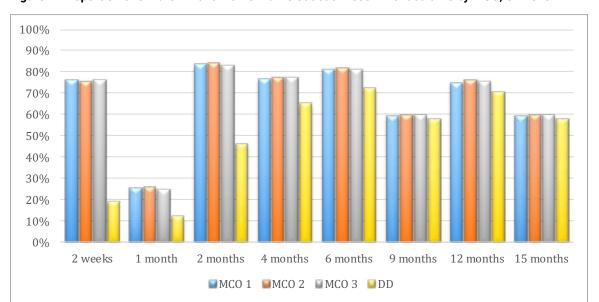


Figure 4. Proportion of children with a well-child visit at each recommended time by MCO, CY 2016

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

This measure provides the rate of well-child visits for children who turned from three through six years of age by December 31 and were enrolled for at least 11 months in the measurement year. Table 4 and Table 5 indicate the rates by age across MCOs/programs. As has consistently been the case over the past 15 years, the rates for well-child visits drop for children over 5 years of age. The 5-year check is needed to administer immunizations required to enter the public school system in Iowa. Once a child enters school parents seem much less likely to schedule a well-child visit.

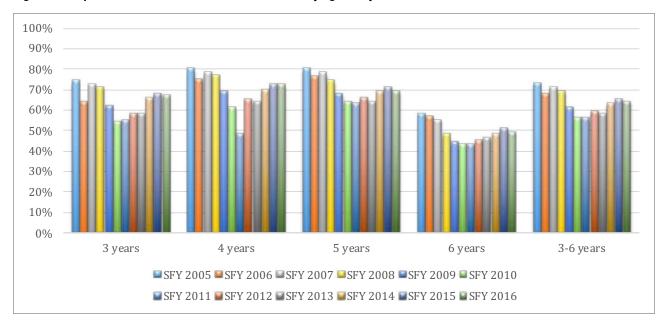
The well-child visit rates for children 3-6 years old are still low though improving, with the lowest rates consistently for children in the DD group. Figure 5 graphically portrays a steady decline in the proportion of children who were receiving an annual well-child visit through 2011, followed by an upward trend through 2016. Though this stabilization in rates is positive, the rates are still below the previous peaks in 2005-2007.

Age	Measure	MCO 1	MCO 2	MCO 3	DD
0	Number	2,722	2,981	2,565	139
3 years	%	66%	67%	67%	60%
4 veere	Number	2,902	3,184	2,637	165
4 years	%	73%	73%	71%	64%
Evene	Number	2,623	2,860	2,503	192
5 years	%	68%	69%	70%	66%
6 veere	Number	1,862	2,148	1,780	179
6 years	%	48%	51%	49%	48%
2 6 22020	Number	10,109	11,173	9,485	675
3-6 years	%	64%	65%	65%	58%

Table 5. Proportion of children receiving a well-child visit by program and age, CY 2015

Age	Measure	MP	нмо	FFS	DD
	Number	5,821	1,019	1,301	141
3 years	%	73%	70%	72%	68%
4 20000	Number	5,989	1,023	1,358	167
4 years	%	77%	75%	77%	74%
Evene	Number	5,757	1,014	1,307	215
5 years	%	74%	73%	73%	71%
6 40000	Number	4,050	766	931	180
6 years	%	51%	54%	47%	53%
2.6 40000	Number	21,617	3,822	4,897	703
3-6 years	%	69%	68%	67%	65%

Figure 5. Proportion of children with a well-child visit by age and year



#### ADOLESCENT WELL CARE

Adolescent well care visits are only required for students participating in school-sponsored sports teams or recreational camps, such as sports camps or Boy Scout camps. Adolescent well care visits are important to monitor and guide adolescents as they are exposed to a wide variety of age-specific risks. In addition, adolescents may have questions regarding their health and behavior that they would like to direct to responsible adults other than parents. Adolescent well care visits may provide the only opportunity for young adults to speak to a non-parental adult with accurate information about health and social issues concerning them.

Table 6 and Table 7 provide the rates of adolescent well care for CY 2016 and CY 2015 by age. The rates are much lower than those for children 3-5 years of age. Clearly the rate of well care drops after entering school and does not increase significantly over time. Figure 6 and Figure 7 provide charts indicating the proportion of adolescents with a well care visit by age and gender. Visit rates vary with gender, age and gender and age, indicating an interaction effect resulting in young women being increasingly more likely than young men to have a visit as age increases. This pattern clearly demonstrates the rise in rates in response to required well-person visits related to sports or other recreational activities as adolescents enter junior high, and the steady decline as adolescents become young adults, leaving school and these activities. Since these rates utilize well-person exam procedure codes, we may be missing visits to family planning clinics and other specialized health centers that provide reproductive health care but not an established primary care provider well-visit.

Adolescents in the DD group have rates 5% below the rates for children in the IE up until age 18. At age 18, the groups become much more comparable. Rates continue to fall from ages 12-18 years with an uptick at age 21.

Table 6. Proportion of children receiving a well-adolescent visit by program/MCO and age, CY 2016

Age	Measure	MCO 1	MCO 2	MCO 3	DD
12 years	Number	1,696	1,789	1,575	211
	%	49%	51%	51%	45%
12	Number	1,613	1,725	1,504	207
13 years	%	50%	50%	50%	44%
14 years	Number	1,302	1,483	1,246	169
14 years	%	43%	45%	44%	37%
15 years	Number	1,200	1,319	1,119	145
15 years	%	40%	41%	41%	31%
16 years	Number	1,038	1,181	1,032	138
16 years	%	37%	38%	38%	32%
17 years	Number	892	959	833	122
17 years	%	33%	33%	33%	27%
18 years	Number	622	732	593	116
16 years	%	25%	27%	25%	24%
19 years	Number	249	261	233	81
19 years	%	19%	19%	19%	16%
20 years	Number	52	52	77	73
20 years	%	13%	13%	20%	15%
21 years	Number	86	92	81	89
21 years	%	18%	19%	18%	19%
Total	Number	8,750	9,593	8,293	1,351
Total	%	38%	39%	39%	29%

Table 7. Proportion of children receiving a well-adolescent visit by program and age, CY 2015

Age	Measure	MP	нмо	FFS	DD
12 years	Number	3,159	550	1,054	223
	%	53%	54%	49%	48%
	Number	3,038	516	1,064	222
13 years	%	54%	53%	53%	50%
14 20000	Number	2,559	473	870	185
14 years	%	47%	47%	46%	41%
1E v	Number	2,165	404	742	136
15 years	%	42%	43%	39%	34%
16	Number	1,907	302	691	155
16 years	%	39%	37%	38%	36%
17 voore	Number	1,623	299	569	118
17 years	%	35%	37%	33%	28%
10 мосто	Number	730	154	280	100
18 years	%	30%	33%	27%	24%
10	Number	62	22	42	60
19 years	%	16%	21%	13%	14%
20 мосто	Number	74	36	42	58
20 years	%	18%	26%	16%	14%
21 мосто	Number	125	31	37	58
21 years	%	22%	21%	14%	15%
Total	Number	15,442	2,787	5,391	1,315
iotai	%	44%	43%	40%	31%

Table 8. Proportion of adolescents receiving a well care visit by program and gender, CY 2016

Gender		MCO 1	MCO 2	MC03	SSI	Total
Female	Number	4,731	5,334	4,482	459	14,547
	%	38%	40%	39%	31%	39%
Mala	Number	4,464	4,754	4,222	892	13,440
Male	%	37%	37%	37%	28%	37%
Total	Number	9,195	10,088	8,704	1,351	27,987
	%	38%	38%	38%	29%	38%

Table 9. Proportion of adolescents receiving a well care visit by program and gender, CY 2015

Gender		MP	нмо	FFS	SSI	Total
Female	Number	8,065	1,505	2,761	423	13,142
	%	43%	44%	40%	32%	42%
Male	Number	7,377	1,282	2,630	892	12,455
Male	%	44%	43%	40%	30%	42%
Total	Number	15,442	2,787	5,391	1,315	25,597
	%	44%	43%	40%	31%	42%

Figure 6. Proportion of adolescents with a well care visit by age and gender, CY 2016

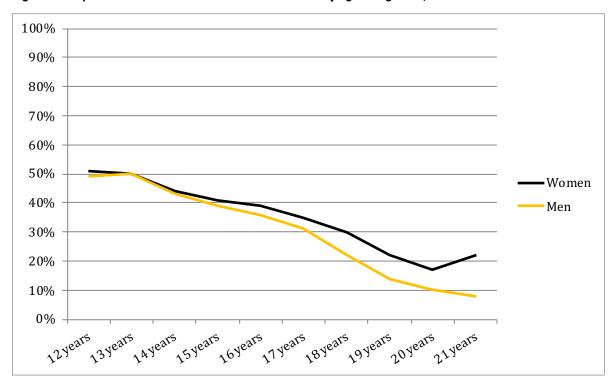
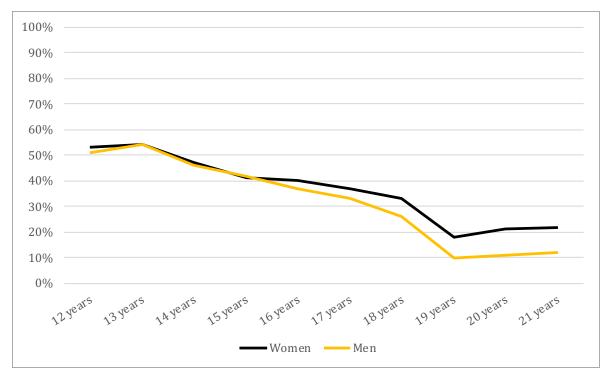


Figure 7. Proportion of adolescents with a well care visit by age and gender, CY 2015



#### **ANNUAL DENTAL VISIT**

Seeing a dental provider early is necessary to establish good cleaning habits, understand tooth development and obtain guidance on nutrition for healthy teeth. There can be a variety of barriers to oral health care for children including a shortage of dentists who will see children under 3, lack of transportation, parents' fear of dental care, and attitudes of dental office staff toward families with Medicaid coverage.

Table 10 and Table 11 provide the rates of dental visits for children 2-3 years of age through young adults 18 years of

age. Children seem most likely to receive a dental visit during ages 4-10 years, primarily the time during elementary school. In addition, recent legislation has required that children receive a dental visit when they turn 9 to continue in the public schools. Though rates for children ages 2-3 years are not as high as for children 4-10 years, the rates have risen dramatically in the past 6 years (Figure 8). Renewed attention to the need for early dental visits and Iowa's I-Smile dental screening program may have contributed to this rise. The lowest rates across age occur in those 19-21 years of age, a time when young people may be attempting to transition to new living arrangements away from home.

Table 10. Proportion of children/adolescents with a dental visit by age and program, CY 2016

Age	Measure	MCO1	MCO2	MC03	DD
	Number	4,792	5,352	4,497	243
2-3 years	%	56%	59%	56%	53%
4.6	Number	8,660	9,597	7,949	601
4-6 years	%	74%	75%	73%	65%
7 10 years	Number	11,368	12,292	10,269	1,069
7-10 years	%	70%	72%	69%	61%
11 14 2000	Number	8,550	9,325	7,836	1,048
11-14 years	%	64%	66%	64%	56%
1E 10 veere	Number	4,179	4,753	4,025	600
15-18 years	%	53%	55%	53%	44%
10.21	Number	775	894	712	457
19-21 years	%	36%	39%	35%	31%
Total	Number	38,324	42,213	35,288	4,018
Total	%	64%	66%	63%	51%

Table 11. Proportion of children/adolescents with a dental visit by age and program, CY 2015

Age	Measure	MP	нмо	FFS	DD
	Number	9,449	1,807	2,362	232
2-3 years	%	60%	52%	64%	57%
4.6.00000	Number	17,892	2,985	4,165	578
4-6 years	%	76%	71%	75%	67%
7 10 years	Number	21,793	3,433	6,260	1,056
7-10 years	%	72%	67%	70%	61%
11-14 years	Number	15,477	2,499	5,160	1,010
11-14 years	%	66%	61%	63%	56%
15-18 years	Number	9,769	1,576	3,658	766
15-16 years	%	57%	52%	56%	46%
19-21 years	Number	549	127	277	394
19-21 years	%	40%	33%	33%	32%
Total	Number	74,929	12,427	21,882	4,036
	%	67%	61%	65%	52%

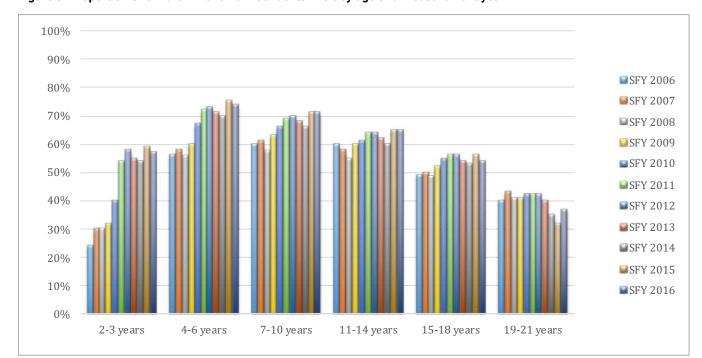


Figure 8. Proportion of children with an annual dental visit by age and measurement year

#### CHILDREN AND ADOLESCENTS' ACCESS TO PRIMARY CARE PRACTITIONERS

Rates of access to primary care practitioners include well-child visits as well as visits for acute or chronic illness care provided by a primary care provider in an outpatient or clinic setting. Four rates are calculated including; 1) children who turned 12-24 months, 2) 25 months to six years, 3) seven to eleven years, and 4) 12-19 years during the measurement year. Children 12 months to six years had to be eligible for at least 11 months during the measurement year, while children and adolescents 7-19 years old had to be eligible for at least 11 months during the measurement year and at least 11 months during the year prior to the measurement year.

Care is considered to be provided by a primary care provider (PCP) if it is received in a rural health clinic, Federally-Qualified Health Center, or a clinic with a family practice or pediatrics specialty OR if received from a provider with a primary specialty of general practice, family practice, pediatrics, internal medicine or obstetrics/gynecology. Approximately 30% of medical claims from the HMO (CY 2015) and 18% of medical claims from the MCOs (CY 2016) are missing specialty information making it difficult to determine whether the visits were with a PCP. Therefore, two rates are calculated for each year: the rate of ambulatory care visits and the rate of ambulatory care visits WITH a PCP.

In Figure 9 the four sets of bars provide information on ambulatory visits with all providers and ambulatory visits with PCPs for CY 2015 and CY 2016 by age group. The first set of 16 bars provides the ambulatory visit with any provider rates for children in MediPASS, HMO, FFS, and SSI in CY 2015. The second set of 16 bars provides the ambulatory visit WITH a PCP rates for these groups in CY 2016. The third set of 16 bars provides the ambulatory visit rates with any provider for children in MCO 1, MCO 2, MCO 3, and DD in CY 2016. The fourth set of 16 bars provides the ambulatory visit WITH a PCP rates for the same groups. The ambulatory care visit rates are high, over 90%, for most all four age groups across both years regardless of program or MCO. Ambulatory visit WITH a PCP rates are lower in general across all groups, but particularly low for children in the HMO in CY 2015 – most likely the results of missing specialty data. The ambulatory visits WITH a PCP rate for children in the MCOs are lower for children in CY 2016 than they were for children in MediPASS, FFS and SSI in CY 2015, but this may also be due to missing specialty information on medical claims.

100% 90% 80% 70% 60% 50% 40% 30% 20% 10% 0% MediPass HMO MCOS MCO3 MCOS MCO3 HMO 00 00 **12-14** months ■ 25 months-6 years ■12-19 years 7-11 years

Figure 9. Rates of ambulatory visits and PCP visits by program, age, and year

#### **USE OF APPROPRIATE MEDICATIONS FOR PEOPLE WITH ASTHMA**

Measure was retired from HEDIS for CY 2016.

#### ADULTS' ACCESS TO PREVENTIVE/AMBULATORY HEALTH SERVICES

It is important for adults, particularly those with chronic illness and/or disability, to have adequate access to medical services ensuring the rapid diagnosis and proper treatment for not only acute problems, but chronic disease that may be emerging. These rates include all adults who turned 20-44 years of age or 45-64 years of age during the measurement year and were enrolled for at least 11 out of 12 months during that year. The measure provides the proportion of adults in these age groups who had at least one preventive or ambulatory care visit during the measurement year. The rates for adults' access to preventive/ambulatory health services are given in Table 12 and Table 13. These rates indicate that access to medical care is high; however it is somewhat lower for members in the DD group 20-44 years of age and those in the MCO 2 IE group ages 45-64 years.

Table 12. Adults' access to preventive/ambulatory health services by MCO/program and age, CY 2016

Age	Measure	Income Eligible			Disability Determination			
		MCO 1	MCO 2	MCO 3	MCO 1	MCO 2	мсо з	
20-44 years	Number	16,343	4,305	6,055	2,303	2,684	2,038	
	%	90%	87%	90%	83%	84%	83%	
45-64 years	Number	2,013	431	673	3,252	3,564	2,735	
	%	90%	86%	90%	88%	89%	87%	
Total	Number	18,356	4,736	6,728	5,555	6,248	4,773	
	%	90%	86%	90%	88%	89%	87%	

Table 13. Adults' access to preventive/ambulatory health services by program and age, CY 2015

Age	Measure	MP	нмо	FFS	DD
20. 44 years	Number	13,643	14,380	13,400	7,,025
20-44 years	%	88%	88%	88%	83%
AE 64 veere	Number	1,753	1,959	1,654	9,551
45-64 years	%	88%	89%	90%	92%
Total	Number	15,396	16,339	14,054	15,576
	%	88%	88%	88%	88%

#### PRENATAL AND POSTPARTUM CARE

Prenatal and postpartum care are often and billed as 'bundled' services. A set of CPT codes used by providers to cover all the care from the first prenatal visit through the delivery through the postpartum visit provided sometime during the 2 months following delivery. These bundled codes account for over 70% of care provided to pregnant women in Medicaid. According to the HEDIS algorithms (there are three complex algorithms), bundled codes cannot be counted as including prenatal or postpartum care unless the date of the specific visit is included with the visit code. When we utilized this rule, the proportion of women receiving early and/or timely prenatal care was less than 30%. This is substantially lower than in past years which indicated we had a problem with the claims and encounters. To correct this problem we counted all women with a bundled claim as having a prenatal visit during the first month that they were eligible for Medicaid during their pregnancy.

The prenatal care measure provides the proportion of women with a delivery who received a prenatal care visit within the first trimester or within 42 days of enrollment. The postpartum care rate is the proportion of women with a delivery who had a postpartum visit on or between 21 and 56 days of delivery. Both rates include women with a delivery between November 6, 2014 and November 5, 2016, who were continuously enrolled from 43 days prior to delivery through 56 days after delivery. Table 14 and Table 15 provide the rate of prenatal care regardless of the period for which the woman was enrolled in Medicaid by program and age. Rates are not provided for those cells with less than 100 members.

At least 80% of women received early and/or timely prenatal care in CY 2016, as compared to less the 80% for most groups in CY 2015. Yet these results must be interpreted with extreme caution. We have made the assumption that women with a bundled delivery code received prenatal care during the months they were enrolled in Medicaid. Though many might think this assumption is warranted, the concern remains that we are overestimating the rates. In future years, this measure should either be dropped altogether or an effort should be made to ensure that prenatal and postpartum care visits are appropriately coded and dated on the bundled claim form.

Table 14. Rates of prenatal care by program, CY 2016

Age Group	Measure	MCO 1	MCO 2	MC0 3	DD	Total
16 17	Number	40	53	41	6	140
16-17 years	%	N/A	N/A	N/A	N/A	83%
10.01	Number	534	510	468	37	1,549
18-21 years	%	82%	80%	81%	N/A	81%
22.40	Number	2,304	2,315	2,226	157	7,002
22-40 years	%	80%	80%	81%	84%	81%
0	Number	17	27	24	1	69
Over 40 years	%	N/A	N/A	N/A	N/A	N/A
Total	Number	2,895	2,905	2,759	201	8,760
	%	80%	80%	81%	84%	81%

Table 15. Rates of prenatal care by program, CY 2015

Age Group	Measure	MP	FFS	DD	Total
46.47	Number	81	36	8	125
16-17 years	%	N/A	N/A	N/A	75%
10.01	Number	561	220	45	826
18-21 years	%	76%	70%	N/A	74%
22.40	Number	2,142	694	136	2,972
22-40 years	%	76%	65%	75%	73%
0 40	Number	31	4	1	36
Over 40 years	%	N/A	N/A	N/A	N/A
Total	Number	2,815	954	190	3,959
Total	%	76%	66%	76%	73%

Rates of postpartum care are presented in Table 16 and Table 17. The rates of postpartum care are very high owing to our assumption that the presence of a bundled services code indicates that a woman who was enrolled in Medicaid was provided with proper care following her delivery. The same concerns underlie this measure as the prenatal care measure and the elimination of this measure in the future should be considered.

Table 16. Rates of postpartum care by program, CY 2016

Age Group	Measure	MCO 1	MCO 2	мсо з	DD	Total
16 17 years	Number	42	50	46	5	143
16-17 years	%	N/A	N/A	N/A	N/A	85%
10.01	Number	554	530	483	42	1,609
18-21 years	%	85%	83%	84%	N/A	84%
22.40	Number	2,428	2,426	2,346	49	7,349
22-40 years	%	85%	83%	86%	79%	84%
0	Number	22	32	25	2	81
Over 40 years	%	N/A	N/A	N/A	N/A	N/A
Total	Number	3,046	3,038	2,900	98	9,182
	%	85%	83%	85%	83%	84%

Table 17. Rates of postpartum care by program, CY 2015

Age Group	Measure	MP	FFS	DD	Total
46 47	Number	95	42	8	145
16-17 years	%	N/A	N/A	N/A	87%
10.01	Number	620	249	50	919
18-21 years	%	83%	79%	N/A	82%
00.40	Number	2,405	860	155	3,420
22-40 years	%	85%	81%	85%	84%
0	Number	32	9	1	42
Over 40 years	%	N/A	N/A	N/A	N/A
Total	Number	3,152	1,160	214	4,526
	%	85%	80%	86%	84%

#### COMPREHENSIVE DIABETES CARE: HEMOGLOBIN A1C TESTING

The HEDIS measure for comprehensive diabetes care includes Hemoglobin A1c testing, HbA1c poor control, HbA1c good control, eye exam, LDL-C screening performed, LDL-C control, medical attention for nephropathy, and blood pressure control. We have chosen Hemoglobin A1c testing as an easy, effective method to determine whether proper monitoring of diabetes is occurring. This measure includes all members 18 to 64 years old identified as having diabetes in either the measurement year or the year prior to the measurement year who were enrolled for at least 11 months during the measurement year. The protocol using medical, outpatient, inpatient, emergency room, and is provided in Appendix N. The measure provides the proportion of people with diabetes who had Hemoglobin A1c testing done during the measurement year. The proportion of members with diabetes that had Hemoglobin A1c testing, an eye exam, and medical attention for Nephropathy is shown in Table 29 and by year and program. The proportion of adults with testing is highest in DD and lowest in MediPASS.

Table 18. Proportion of adults 18-75 years of age with diabetes that had a Hemoglobin A1c test, eye exam or medical attention for nephropathy, CY 2016

Outcome	Managema	In	come Eligib	le	Disability Determination		
	Measure	MCO 1	MCO 2	мсо з	MCO 1	MCO 2	MC0 3
Hamanlahin Ada	Number	1,109	1,208	1,049	1,330	1,559	1,196
Hemoglobin A1c	%	81%	84%	87%	87%	89%	89%
Fve even	Number	744	827	637	948	1,103	870
Eye exam	%	55%	58%	53%	62%	63%	65%
Madical attention for Nonlanders	Number	1,210	1,289	1,102	1,424	1,664	1,267
Medical attention for Nephropathy	%	89%	90%	92%	94%	95%	94%
Met all three outcomes	Number	598	671	555	828	991	767
	%	44%	47%	46%	54%	57%	57%

Table 19. Proportion of adults 18-75 years of age with diabetes that had a Hemoglobin A1c test, eye exam or medical attention for nephropathy, CY 2015

Outcome	Measure	MP	нмо	FFS	DD
Hemoglobin A1c	Number	1,302	315	535	3,518
Hemographic Arc	%	85%	86%	79%	90%
_	Number	884	188	366	2,599
Eye exam	%	58%	51%	54%	67%
Madical attention for Nonbronethy	Number	1,368	331	603	3,655
Medical attention for Nephropathy	%	89%	90%	89%	94%
Met all three outcomes	Number	726	157	293	2,323
	%	47%	43%	43%	60%

# APPENDIX A - SUMMARY OF OUTCOME RESULTS FOR FYS 2003-2014

# FY2014 SUMMARY OF OUTCOMES BY MEDICAID ELIGIBILITY PROGRAM

Measure	MP	нмо	FFS	DD
Well-child visits in the first 15 months of life	•		•	•
0 visits	<1%	<1%	0%	0%
1 visit	2%	3%	3%	10%
2 visits	4%	3%	4%	4%
3 visits	5%	5%	6%	11%
4 visits	10%	9%	8%	17%
5 visits	15%	17%	18%	21%
6 or more visits	64%	64%	61%	31%
Well-child visits in the third, fourth, fifth and sixth year of life	•		•	•
Visit in the 3rd year of life	67%	60%	65%	64%
Visit in the 4th year of life	71%	62%	70%	67%
Visit in the 5th year of life	70%	60%	69%	65%
Visit in the 6th year of life	50%	40%	47%	51%
Visit in 3rd-6th years of life	65%	55%	63%	61%
Annual dental visit	•			
2-3 years old	54%	54%	55%	55%
4-6 years old	71%	68%	67%	67%
7-10 years old	68%	65%	62%	62%
11–14 years old	62%	59%	56%	56%
15-18 years old	54%	51%	49%	49%
19-21 years old	36%	34%	35%	35%
Children's and adolescents' access to primary care practitioners			•	•
12-24 months old	99%	97%	98%	97%
2-6 years old	92%	88%	91%	92%
7–11 years old	92%	88%	91%	94%
12-19 years old	92%	90%	91%	92%
Combined	92%	90%	92%	93%
Use of appropriate medications for people with asthma			•	•
5–11 years old	91%	85%	87%	92%
12-18 years old	79%	73%	74%	85%
19-50 years old	60%	74%	68%	75%
Combined	80%	78%	77%	66%
Adult's access to preventive/ambulatory health services			•	
20-44 years old	87%	84%	87%	80%
45-64 years old	87%	88%	88%	90%
Prenatal and postpartum care				
Prenatal care	N/A	N/A	N/A	N/A
Postpartum care	N/A	N/A	N/A	N/A
Comprehensive diabetes care	•			
Hemoglobin A1c	77%	N/A	74%	75%

# FY2013 SUMMARY OF OUTCOMES BY MEDICAID ELIGIBILITY PROGRAM

Measure	MP	нмо	FFS	SSI
Well-child visits in the first 15 months of life				
0 visits	2%	1%	2%	19%
1 visit	2%	1%	3%	11%
2 visits	3%	3%	4%	7%
3 visits	5%	6%	4%	9%
4 visits	9%	9%	10%	9%
5 visits	15%	15%	17%	19%
6 or more visits	63%	64%	60%	27%
Well-child visits in the third, fourth, fifth and sixth year of	life			
Visit in the 3rd year of life	60%	35%	57%	60%
Visit in the 4th year of life	66%	37%	61%	62%
Visit in the 5th year of life	66%	37%	61%	60%
Visit in the 6th year of life	47%	34%	40%	46%
Visit in 3rd-6th years of life	60%	36%	55%	56%
Annual dental visit				
2–3 years old	55%	64%	55%	47%
4-6 years old	71%	72%	68%	66%
7-10 years old	68%	71%	63%	57%
11-14 years old	62%	63%	59%	51%
15-18 years old	54%	51%	50%	45%
19-21 years old	40%	45%	35%	32%
Children's and adolescents' access to primary care practi	tioners		•	
12-24 months old	96%	97%	96%	95%
2-6 years old	86%	89%	84%	89%
7–11 years old	86%	88%	85%	90%
12-19 years old	87%	88%	85%	86%
Combined	89%	88%	85%	86%
Use of appropriate medications for people with asthma				
5-11 years old	79%	N/A	77%	79%
12-50 years old	69%	N/A	61%	69%
Combined	73%	N/A	67%	70%
Adult's access to preventive/ambulatory health services				
20-44 years old	87%	88%	85%	81%
45–64 years old	87%	91%	91%	89%
Prenatal and postpartum care				
Prenatal care	79%	N/A	72%	N/A
Postpartum care	40%	N/A	35%	N/A
Comprehensive diabetes care				
Hemoglobin A1c	77%	N/A	73%	85%

# FY2012 SUMMARY OF OUTCOMES BY MEDICAID ELIGIBILITY PROGRAM

Measure	MP	FFS	SSI
Well-child visits in the first 15 months of life	·		
0 visits	8%	9%	19%
1 visit	4%	5%	8%
2 visits	5%	7%	7%
3 visits	7%	6%	12%
4 visits	10%	9%	16%
5 visits	15%	16%	22%
6 or more visits	51%	48%	16%
Well-child visits in the third, fourth, fifth and sixth year of life			
Visit in the 3rd year of life	58%	55%	59%
Visit in the 4th year of life	66%	63%	59%
Visit in the 5th year of life	67%	63%	58%
Visit in the 6th year of life	47%	41%	45%
Visit in 3rd-6th years of life	60%	57%	54%
Annual dental visit			
2–3 years old	58%	57%	51%
4–6 years old	73%	70%	61%
7–10 years old	70%	67%	62%
11-14 years old	64%	62%	56%
15–18 years old	56%	54%	44%
19-21 years old	42%	42%	38%
Children's and adolescents' access to primary care practitioners			
12-24 months old	97%	95%	95%
2-6 years old	87%	87%	89%
7–11 years old	89%	90%	90%
12–19 years old	89%	89%	93%
Combined	89%	89%	89%
Use of appropriate medications for people with asthma			
5–11 years old	93%	90%	89%
12-50 years old	77%	74%	78%
Combined	84%	81%	80%
Adult's access to preventive/ambulatory health services			
20-44 years old	89%	87%	58%
45-64 years old	89%	86%	62%
Prenatal and postpartum care			
Prenatal care	80%	71%	N/A
Postpartum care	43%	40%	N/A
Comprehensive diabetes care			
Hemoglobin A1c	63%	65%	69%

# FY2011 SUMMARY OF OUTCOMES BY MEDICAID ELIGIBILITY PROGRAM

Measure	MP	FFS	SSI
Well-child visits in the first 15 months of life		,	
0 visits	7%	6%	13%
1 visit	4%	4%	5%
2 visits	5%	5%	8%
3 visits	7%	9%	12%
4 visits	12%	14%	17%
5 visits	19%	20%	23%
6 or more visits	46%	43%	22%
Well-child visits in the third, fourth, fifth and sixth year of life			
Visit in the 3rd year of life	55%	55%	51%
Visit in the 4th year of life	61%	60%	52%
Visit in the 5th year of life	63%	62%	54%
Visit in the 6th year of life	43%	40%	41%
Visit in 3rd-6th years of life	56%	55%	49%
Annual dental visit			
2-3 years old	54%	52%	44%
4-6 years old	72%	69%	61%
7–10 years old	69%	65%	58%
11-14 years old	64%	61%	52%
15–18 years old	56%	54%	45%
19-21 years old	42%	44%	37%
Children's and adolescents' access to primary care practitioners			
12–24 months old	63%	62%	67%
2-6 years old	52%	53%	62%
7–11 years old	53%	60%	61%
12–19 years old	56%	61%	61%
Combined	54%	58%	61%
Use of appropriate medications for people with asthma			
5–11 years old	72%	70%	73%
12–18 years old	71%	61%	67%
19-50 years old	64%	63%	65%
51-64 years old	90%	75%	68%
Combined	70%	66%	67%
Adult's access to preventive/ambulatory health services			
20-44 years old	95%	94%	74%
45-64 years old	93%	91%	72%
Prenatal and postpartum care			
Prenatal care	78%	70%	N/A
Postpartum care	40%	39%	N/A
Comprehensive diabetes care			
Hemoglobin A1c	80%	75%	77%

# FY2010 SUMMARY OF OUTCOMES BY MEDICAID ELIGIBILITY PROGRAM

Measure	MP	FFS	SSI	Performance Target
Well-child visits in the first 15 months of life	·			
0 visits	9%	8%	22%	7%
1 visit	5%	8%	8%	4%
2 visits	7%	7%	12%	5%
3 visits	9%	9%	13%	8%
4 visits	13%	13%	16%	11%
5 visits	18%	17%	18%	23%
6 or more visits	39%	39%	11%	42%
Well-child visits in the third, fourth, fifth and sixth year	r of life			
Visit in the 3rd year of life	53%	55%	53%	60%
Visit in the 4th year of life	61%	63%	57%	65%
Visit in the 5th year of life	64%	62%	61%	68%
Visit in the 6th year of life	43%	40%	40%	50%
Visit in 3rd-6th years of life	58%	56%	52%	68%
Annual dental visit				
2–3 years old	40%	41%	34%	45%
4-6 years old	68%	64%	57%	70%
7-10 years old	67%	63%	58%	70%
11-14 years old	63%	59%	53%	65%
15–18 years old	56%	54%	45%	60%
19-21 years old	43%	41%	40%	45%
Children's and adolescents' access to primary care pra	actitioners			
12–24 months old	97%	97%	95%	99%
2–6 years old	85%	84%	88%	95%
7–11 years old	83%	84%	89%	95%
12–19 years old	84%	84%	84%	95%
Combined	86%	85%	87%	95%
Use of appropriate medications for people with asthma	a			
5-11 years old	95%	93%	96%	100%
12-50 years old	82%	80%	80%	90%
Combined	87%	85%	82%	90%
Adult's access to preventive/ambulatory health service	es			
20-44 years old	86%	84%	61%	90.0%
45-64 years old	87%	84%	64%	90.0%
Prenatal and postpartum care				
Prenatal care	79%	71%		80.0%
Postpartum care	46%	43%		75.0%
Comprehensive diabetes care				
Hemoglobin A1c	43%	44%	51%	60.0%

# FY2009 SUMMARY OF OUTCOMES BY MEDICAID ELIGIBILITY PROGRAM

Measure	МР	FFS	SSI	Performance Target
Well-child visits in the first 15 months of life at the recommended time	,			
0 visits	13.%	9%	17%	7.5%
1 visit	8%	6%	9%	4.5%
2 visits	7%	7%	11%	5.0%
3 visits	9%	9%	16%	8.0%
4 visits	13%	15%	19%	13.0%
5 visits	18%	21%	19%	20.0%
6 or more visits	32%	33%	10%	42.0%
Well-child visits in the first 15 months of life regardless of timing				
0 visits	10%	7%	16%	
1 visit	8%	5%	3%	
2 visits	7%	6%	9%	
3 visits	6%	7%	11%	
4 visits	9%	9%	16%	
5 visits	12%	15%	11%	
6 or more visits	49%	50%	34%	
Well-child visits in the third, fourth, fifth and sixth year of life	•			
Visit in the 3rd year of life	61%	63%	53%	75.0%
Visit in the 4th year of life	68%	70%	58%	75.0%
Visit in the 5th year of life	68%	68%	65%	75.0%
Visit in the 6th year of life	45%	40%	48%	65.0%
Visit in 3rd-6th years of life	61%	61%	56%	68.0%
Annual dental visit				•
2-3 years old	32%	33%	28%	35.0%
4-6 years old	60%	55%	49%	65.0%
7–10 years old	63%	55%	52%	65.0%
11-14 years old	60%	52%	49%	60.0%
15–18 years old	52%	47%	41%	60.0%
19-21 years old	41%	38%	36%	45.0%
Children's and adolescents' access to primary care practitioners				•
12-24 months old	97%	97%	95%	99.0%
2–6 years old	85%	84%	88%	95.0%
7–11 years old	83%	84%	89%	95.0%
12-19 years old	84%	84%	84%	95.0%
Combined	86%	85%	87%	95.0%
Use of appropriate medications for people with asthma				
5-11 years old	88%	84%	77%	75.0%
12-50 years old	75%	72%	74%	75.0%
Combined	81%	77%	74%	75.0%
Adult's access to preventive/ambulatory health services				
20-44 years old	92%	92%	64%	90.0%
45-64 years old	89%	85%	64%	90.0%

Measure	MP	FFS	SSI	Performance Target	
Prenatal and postpartum care					
Prenatal care	71%	63%		75.0%	
Postpartum care	39%	42%		75.0%	
Comprehensive diabetes care					
Hemoglobin A1c	73%	78%	84%	75.0%	

# FY2008 SUMMARY OF OUTCOMES BY MEDICAID ELIGIBILITY PROGRAM

Measure	MP	FFS	SSI	Performance Target
Well-child visits in the first 15 months of life		•	•	
0 visits	13.9%	8.9%	19.1%	7.5%
1 visit	6.7%	3.7%	12.4%	4.5%
2 visits	5.9%	4.8%	11.9%	5.0%
3 visits	7.8%	7.7%	10.8%	8.0%
4 visits	11.6%	12.7%	17.5%	13.0%
5 visits	16.6%	18.4%	15.5%	20.0%
6 or more visits	37.6%	43.8%	12.9%	42.0%
Well-child visits in the third, fourth, fifth and sixth year of life	e	•	•	
Visit in the 3rd year of life	71.4%	70.1%	68.6%	75.0%
Visit in the 4th year of life	78.3%	74.3%	73.0%	75.0%
Visit in the 5th year of life	75.2%	70.5%	68.5%	75.0%
Visit in the 6th year of life	52.4%	46.7%	55.4%	65.0%
Visit in 3rd-6th years of life	69.6%	65.9%	65.3%	68.0%
Annual dental visit		•	•	
2–3 years old	29.7%	29.6%	25.6%	35.0%
4–6 years old	57.9%	50.0%	47.0%	65.0%
7–10 years old	59.6%	53.0%	49.0%	65.0%
11-14 years old	57.2%	51.0%	45.5%	60.0%
15-18 years old	51.0%	45.9%	37.3%	60.0%
19-21 years old	42.4%	40.1%	36.1%	45.0%
Children's and adolescents' access to primary care practition	ners	•		
12-24 months old	86.5%	91.9%	90.6%	99.0%
2–6 years old	78.4%	80.4%	85.0%	95.0%
7–11 years old	80.8%	82.4%	86.5%	95.0%
12-19 years old	46.5%	79.5%	78.6%	95.0%
Combined	79.4%	82.0%	82.3%	95.0%
Use of appropriate medications for people with asthma	•	•		
5–9 years old	93.3%	92.7%	89.7%	75.0%
10−17 years old	86.7%	83.6%	86.9%	75.0%
18-56 years old	80.9%	78.6%	78.8%	75.0%
Combined	87.2%	85.0%	83.0%	75.0%
Adult's access to preventive/ambulatory health services				
20-44 years old	82.9%	82.7%	54.3%	90.0%
45-64 years old	80.3%	74.6%	57.0%	90.0%
Prenatal and postpartum care				
Prenatal care	68.1%	61.7%	-	75.0%
Postpartum care	35.7%	34.8%	-	75.0%
Comprehensive diabetes care	*			
Hemoglobin A1c	36.2%	45.9%	43.4%	75.0%

# FY2007 SUMMARY OF OUTCOMES BY MEDICAID ELIGIBILITY PROGRAM

Measure	Coventry	MP	FFS	Performance Target
Well-child visits in the first 15 months of life				
0 visits	9.3%	9.9%	8.4%	7.5%
1 visit	6.3%	5.2%	5.0%	4.5%
2 visits	7.4%	5.9%	6.2%	5.0%
3 visits	12.1%	8.8%	9.0%	8.0%
4 visits	14.2%	12.6%	14.1%	13.0%
5 visits	17.9%	20.5%	19.4%	20.0%
6 or more visits	33.7%	37.0%	37.1%	42.0%
Well-child visits in the third, fourth, fifth and sixth year of li	fe			
Visit in the 3rd year of life	58.5%	72.9%	71.3%	75.0%
Visit in the 4th year of life	73.8%	78.0%	76.7%	75.0%
Visit in the 5th year of life	65.6%	78.1%	77.7%	75.0%
Visit in the 6th year of life	47.0%	55.0%	55.7%	65.0%
Visit in 3rd-6th years of life	60.7%	71.2%	70.5%	68.0%
Annual dental visit				
2–3 years old	16.6%	29.6%	27.1%	35.0%
4-6 years old	48.9%	58.2%	51.0%	65.0%
7–10 years old	47.5%	61.0%	55.1%	65.0%
11-14 years old	45.7%	58.0%	52.9%	60.0%
15-18 years old	46.0%	50.2%	47.3%	60.0%
19-21 years old	38.8%	42.8%	42.9%	45.0%
Children's and adolescents' access to primary care practition	oners			
12-24 months old	99.1%	99.4%	98.9%	99.0%
2–6 years old	93.0%	94.6%	92.5%	95.0%
7-11 years old	92.2%	93.2%	90.9%	95.0%
12-19 years old	91.3%	91.2%	88.6%	95.0%
Combined	93.1%	93.8%	91.6%	95.0%
Use of appropriate medications for people with asthma	•			
5-9 years old	66.7%	65.3%	63.2%	75.0%
10−17 years old	50.0%	61.3%	62.5%	75.0%
18-56 years old	14.3%	53.1%	53.2%	75.0%
Combined	45.0%	60.4%	59.5%	75.0%
Adult's access to preventive/ambulatory health services	,			
20-44 years old	94.0%	88.8%	87.0%	90.0%
45-64 years old	78.9%	86.1%	77.4%	90.0%
Prenatal and postpartum care				
Prenatal care	76.5%	69.9%	66.2%	75.0%
Postpartum care	55.4%	32.7%	35.9%	75.0%
Comprehensive diabetes care				
Hemoglobin A1c	57.9%	72.7%	60.9%	75.0%

# FY2006 SUMMARY OF OUTCOMES BY MEDICAID ELIGIBILITY PROGRAM

Measure	Coventry	МР	FFS
Well-child visits in the first 15 months of life	•		
0 visits	1.7%	10.0%	9.4%
1 visit	3.7%	6.5%	5.5%
2 visits	9.4%	5.5%	6.1%
3 visits	12.7%	7.7%	8.8%
4 visits	13.7%	12.5%	13.9%
5 visits	21.7%	18.7%	20.3%
6 or more visits	37.1%	39.0%	36.1%
Well-child visits in the third, fourth, fifth and sixth year of life			
Visit in the 3rd year of life	48.6%	65.3%	63.3%
Visit in the 4th year of life	55.6%	75.4%	74.1%
Visit in the 5th year of life	53.8%	77.6%	74.8%
Visit in the 6th year of life	35.6%	58.2%	55.6%
Visit in 3rd-6th years of life	48.3%	69.3%	67.0%
Annual dental visit (new categories)			1
2-3 years old	15.5%	24.2%	23.9%
4-6 years old	46.3%	55.6%	51.2%
7-10 years old	50.8%	59.2%	53.5%
11-14 years old	46.4%	55.5%	49.7%
15-18 years old	46.0%	48.7%	45.2%
19-21 years old	40.4%	39.9%	42.7%
Children's and adolescents' access to primary care practitioners			
12-24 months old	97.5%	81.2%	84.5%
2–6 years old	83.9%	67.0%	64.3%
7–11 years old	87.4%	78.4%	79.5%
12-19 years old	89.8%	77.5%	79.0%
Combined	87.8%	73.7%	73.4%
Use of appropriate medications for people with asthma			
5–9 years old	83.3%	84.7%	78.3%
10−17 years old	63.6%	84.6%	80.9%
18-56 years old	61.1%	80.9%	75.8%
Combined	68.3%	83.5%	78.3%
Adult's access to preventive/ambulatory health services	<b>'</b>	•	
20-44 years old	87.3%	85.0%	83.9%
45–64 years old	88.4%	84.6%	76.4%
Prenatal and postpartum care	<u> </u>		
Prenatal care	67.2%	70.4%	65.0%
Postpartum care	42.4%	36.1%	46.8%
Comprehensive diabetes care	L	1	
Hemoglobin A1c	57.5%	70.3%	61.9%

N/A-No rate provided in NCQA audited means, percentiles and ratios

# FY2005 SUMMARY OF OUTCOMES BY MEDICAID ELIGIBILITY PROGRAM

Measure	Coventry	MP	FFS
Well-child visits in the first 15 months of life			
0 visits	2.1%	11.9%	8.1%
1 visit	3.8%	6.4%	5.0%
2 visits	4.3%	5.8%	6.7%
3 visits	9.0%	7.3%	8.3%
4 visits	14.5%	11.3%	12.0%
5 visits	21.8%	15.0%	15.2%
6 or more visits	44.4%	42.2%	44.7%
Well-child visits in the third, fourth, fifth and sixth year of $\boldsymbol{I}$	ife		
Visit in the 3rd year of life	73.2%	76.6%	74.2%
Visit in the 4th year of life	79.0%	80.1%	78.7%
Visit in the 5th year of life	79.7%	81.2%	77.3%
Visit in the 6th year of life	31.2%	63.5%	55.5%
Visit in 3rd-6th years of life	66.9%	74.8%	71.6%
Annual dental visit (new categories)			
2-3 years old	17.8%	26.6%	26.8%
4-6 years old	55.2%	57.4%	52.7%
7–10 years old	56.9%	61.1%	54.3%
11-14 years old	50.9%	56.9%	52.0%
15-18 years old	49.4%	49.4%	47.1%
19-21 years old	41.4%	43.5%	41.0%
Annual dental visit (old categories)	•	,	
1–3 years old	11.8%	19.0%	19.5%
4-6 years old	55.2%	57.4%	52.7%
7–11 years old	55.9%	60.8%	54.4%
12-15 years old	50.2%	54.6%	51.3%
16-18 years old	49.8%	49.3%	45.1%
Children's and adolescents' access to primary care practiti	ioners	•	
12-24 months old	99.6%	99.2%	97.2%
2-6 years old	86.8%	93.9%	90.4%
7–11 years old	88.3%	91.2%	89.4%
12-19 years old	86.9%	91.9%	89.9%
Combined	89.2%	93.3%	90.7%
Use of appropriate medications for people with asthma	•		
5-9 years old	57.1%	92.4%	95.7%
10−17 years old	100.0%	95.1%	90.0%
18-56 years old	80.0%	85.2%	81.0%
Combined	77.3%	91.4%	88.1%
Adult's access to preventive/ambulatory health services		,	
20-44 years old	87.8%	85.1%	84.5%
45-64 years old	88.2%	85.3%	62.3%
Prenatal and postpartum care	<u>l</u>	<u>l</u>	
Prenatal care	43.1%	65.8%	58.1%
Postpartum care	52.7%	35.3%	36.1%

Measure	Coventry	MP	FFS
Comprehensive diabetes care			
Hemoglobin A1c	54.3%	33.9%	28.%

#### FY2004 SUMMARY OF OUTCOMES BY MEDICAID ELIGIBILITY PROGRAM

Measure	John Deere	Coventry	Iowa Health Solutions	MP
Well-child visits in the first 15 months of life				
0 visits	3.1%	0.0%	1.0%	0.2%
1 visit	8.5%	0.0%	2.6%	0.7%
2 visits	6.3%	4.3%	7.1%	2.0%
3 visits	11.6%	14.9%	13.6%	2.6%
4 visits	15.9%	19.1%	23.3%	6.7%
5 visits	19.8%	38.3%	26.4%	10.1%
6 or more visits	34.8%	23.4%	26.0%	77.7%
Well-child visits in the third, fourth, fifth and sixth ye	ear of life		,	
Visit in the 3rd year of life	53.2%	72.5%	64.3%	76.4%
Visit in the 4th year of life	65.4%	80.2%	70.3%	80.8%
Visit in the 5th year of life	64.6%	82.8%	63.8%	80.8%
Visit in the 6th year of life	38.2%	20.1%	44.3%	63.5%
Visit in 3rd-6th years of life	56.2%	75.3%	61.3%	75.6%
Annual dental visit				
1-3 years old	28.0%	11.7%	21.2%	19.7%
4-6 years old	64.4%	55.4%	59.4%	60.9%
7–11 years old	62.3%	51.1%	59.6%	64.0%
12-15 years old	53.9%	52.4%	52.0%	58.1%
16-18 years old	46.4%	54.8%	45.1%	50.2%
Children's and adolescents' access to primary care	oractitioners			
12-24 months old	98.1%	100.0%	97.6%	92.4%
2-6 years old	87.1%	85.7%	88.7%	83.0%
7–11 years old	86.0%	88.8%	86.9%	82.6%
12-19 years old	89.7%	88.0%	84.6%	81.4%
Use of appropriate medications for people with asth	ma			
5-9 years old	40.6%	50.0%	63.3%	79.9%
10−17 years old	52.9%	75.0%	58.0%	70.6%
18-56 years old	50.0%	20.0%	55.3%	55.1%
Combined	47.8%	38.9%	57.8%	69.3%
Adult's access to preventive/ambulatory health serv	ices			
20-44 years old	85.1%	88.8%	88.7%	81.0%
45-64 years old	78.8%	81.3%	86.5%	85.5%
Prenatal and postpartum care				
Prenatal care	63.0%	55.5%	63.0%	63.8%
Postpartum care	_	_	_	_
Comprehensive diabetes care	<u> </u>			
Hemoglobin A1c	84.8%	90.0%	20.0%	27.9%

# FY2003 SUMMARY OF OUTCOMES BY MEDICAID ELIGIBILITY PROGRAM

Measure	John Deere	Coventry	Iowa Health Solutions	МР
Well-child visits in the first 15 months of life				
0 visits	1.5%	0.0%	0.2%	0.3%
1 visit	8.7%	1.1%	4.0%	1.8%
2 visits	9.0%	2.2%	5.2%	2.2%
3 visits	10.0%	9.7%	8.9%	4.3%
4 visits	12.6%	29.0%	12.6%	6.9%
5 visits	15.9%	24.7%	19.1%	11.6%
6 or more visits	42.2%	33.3%	50.1%	73.0%
Well-child visits in the third, fourth, fifth and sixth yea	r of life			
Visit in the 3rd year of life	56.1%	89.4%	73.4%	77.6%
Visit in the 4th year of life	62.7%	85.3%	78.7%	82.8%
Visit in the 5th year of life	58.8%	73.6%	75.9%	81.7%
Visit in the 6th year of life	37.8%	55.7%	43.3%	61.2%
Visit in the 3rd-6th years of life	53.9%	76.7%	68.9%	76.2%
Annual dental visit				
1-3 years old	21.9%	18.0%	21.3%	18.7%
4-6 years old	62.7%	54.3%	57.2%	54.3%
7-11 years old	62.9%	50.9%	57.9%	63.5%
12-15 years old	56.2%	46.5%	51.3%	57.0%
16-18 years old	47.5%	47.0%	45.8%	51.2%
Children's and adolescents' access to primary care pr	actitioners			
12-24 months old	71.9%	91.0%	90.0%	92.8%
2-6 years old	59.2%	69.7%	73.2%	83.6%
7-11 years old	75.2%	72.7%	76.9%	82.7%
12-19 years old	72.3%	77.1%	74.5%	82.1%
Use of appropriate medications for people with asthm	a			
5–9 years old	55.6%	33.3%	55.8%	58.4%
10−17 years old	51.5%	25.0%	62.7%	57.1%
18-56 years old	55.4%	42.9%	40.5%	56.9%
Combined	54.2%	33.3%	54.7%	57.5%
Adult's access to preventive/ambulatory health service	es			
20-44 years old	69.5%	88.8%	87.2%	84.6%
45-64 years old	63.6%	70.6%	87.7%	83.4%
Prenatal and postpartum care				
Prenatal care	60.4%	53.5%	63.5%	65.2%
Postpartum care	_	_	_	_
Comprehensive diabetes care				
Hemoglobin A1c	51.3%	46.2%	48.2%	28.7%