



Iowa Research Online
The University of Iowa's Institutional Repository

Health Policy

7-1-2006

Outcomes of care for Iowa Medicaid managed care enrollees. State Fiscal Year 2005. Final Report to the Iowa Department of Human Services

Elizabeth T. Momany
University of Iowa

Peter C. Damiano
University of Iowa

Knute D. Carter
University of Iowa

Copyright © 2006 the authors

Hosted by Iowa Research Online. For more information please contact: lib-ir@uiowa.edu.

Outcomes of care for Iowa Medicaid managed care enrollees

State Fiscal Year 2005

**Final Report to the
Iowa Department of Human Services**

Elizabeth T. Momany, Ph.D
Assistant Research Scientist

Peter C. Damiano, DDS, MPH
Professor and Director

Knute D. Carter, BSc (Ma&CompSc) (Hons)
Graduate Research Assistant

Health Policy Research Program
Public Policy Center
The University of Iowa



July 1, 2006

Outcomes of care for Iowa Medicaid managed care enrollees

State Fiscal Year 2005

Final Report to the Iowa Department of Human Services

Elizabeth T. Momany, Ph.D

Assistant Research Scientist

Peter C. Damiano, DDS, MPH

Professor and Director

Knute D. Carter, BSc (Ma&CompSc) (Hons)

Graduate Research Assistant

Health Policy Research Program

Public Policy Center

The University of Iowa

July 1, 2006

This study was supported by the Iowa Department of Human Services and the U.S. Department of Health and Human Services, Center for Medicare and Medicaid Services. The results and views expressed are the independent products of university research and do not necessarily represent the views of the funding agencies or The University of Iowa.

Acknowledgments

The authors would like to thank Mr. Dennis Janssen, Bureau Chief Managed Care and Clinical Services, Iowa Medicaid Enterprise, Iowa Department of Human Services for his assistance with the completion of this research.

The University of Iowa Information Technology Services Computing Center provided expert support for the mainframe computer activities necessary to analyze the Medicaid claims, encounter, and enrollment files. The academic Computing Committee was also very generous in their allocation of mainframe computing time for this project.

Special thanks to our colleagues at the Public Policy Center. Professor David Forkenbrock, Director, who provides the valuable resources of the Center to us. A very special thank you to Kevin Sellers for his development and maintenance of the database used to house and analyze the data. Kathy Holeyton, administrative assistant, Teresa Lopes, editor, David Svoboda, student research assistant, Cole Grolmus, student computer specialist, and Peggy Waters, secretary all provided valuable assistance to this research.

Table of Contents

Acknowledgments.....	i
Table of Contents.....	iii
Figures.....	v
Tables.....	vii
Introduction.....	1
The study.....	1
The data.....	1
The population	2
The measures	3
The report.....	4
<i>Well-child visits in the first 15 months of life</i>	5
<i>Well-child visits in the third, fourth, fifth, and sixth year of life</i>	7
<i>Annual dental visit</i>	11
<i>Children’s and adolescents’ access to primary care practitioners</i>	14
<i>Use of appropriate medications for people with asthma</i>	17
<i>Adult’s access to preventive/ambulatory health services</i>	18
<i>Prenatal and postpartum care</i>	20
<i>Comprehensive diabetes care</i>	23
Appendix A: Summary of outcomes by managed care plan, SFY 2005	25
Appendix B: Summary of outcomes by managed care plan, SFY 2004	27
Appendix C: Summary of outcomes by managed care plan, SFY 2003	29
Appendix D: Technical specifications for outcome measures.....	31
Appendix E: Outcomes for children in the foster care program.....	35

Figures

1. Map of enrollment options within the Medicaid program by county, SFY 2005	3
2. Percent of enrollees by number of months enrolled in Medicaid, SFY 2005	4
3. Proportion of children 3 years old with a well-child visit by Medicaid group and year, SFYs 2003-2005	8
4. Proportion of children 4 years old with a well-child visit by Medicaid group and year, SFYs 2003-2005	8
5. Proportion of children 5 years old with a well-child visit by Medicaid group and year, SFYs 2003-2005	9
6. Proportion of children 6 years old with a well-child visit by Medicaid group and year, SFYs 2003-2005	9
7. Proportion of children, adolescents and young adults with a dental visit by age group and Medicaid group, SFY 2005.....	12
8. Proportion of adults with a preventive/ambulatory care visit by age group and Medicaid group, SFY 2005	19

Tables

1. Proportion of 15-month-old children with a well-child visit by number of visits and group, SFYs 2003-2005	6
2. NCQA Medicaid HEDIS means, percentiles and rates, 2005: Well-child visits in the first 15 months of life	7
3. Number and percent of children who had a well-child visit by group and year	10
4. NCQA Medicaid HEDIS means, percentiles and rates, 2005: Well-child visits in the 3 rd , 4 th , 5 th , and 6 th years of life.....	11
5. Percent of children, adolescents and young adults with an annual dental visit by plan and year using previous HEDIS age categories, SFYs 2003-2005	13
6. NCQA Medicaid HEDIS means, percentiles and rates, 2005: Annual dental visits.....	14
7. Children and adolescents' access to primary care practitioners by group, SFY 2005	15
8. Children and adolescents' access to primary care practitioners by year and plan, SFYs 2003-2005	16
9. NCQA Medicaid HEDIS means, percentiles and rates, 2005: Children and adolescents' access to primary care practitioners.....	16
10. Rate of persistent asthma by age and Medicaid group, SFY 2005.....	17
11. Use of appropriate medications for people with asthma, SFY 2005	18
12. NCQA Medicaid HEDIS means, percentiles and rates, 2005: Use of appropriate medications for people with asthma	18
13. NCQA Medicaid HEDIS means, percentiles and rates, 2005: Adults access to preventive/ambulatory health services	20
14. Rates of early prenatal care, SFYs 2003-2005	21
15. Rates of postnatal care, SFYs 2003-2005.....	21
16. Prenatal care rates by managed care plan and year	22
17. Postpartum care rates by managed care plan and year	22
18. NCQA Medicaid HEDIS means, percentiles and rates, 2005: Prenatal and postpartum care	23
19. Rates of Hemoglobin A1c testing in people 18-64 years old by managed care plan and year.....	23
20. NCQA Medicaid HEDIS means, percentiles and rates, 2005: Comprehensive diabetes care, Hemoglobin A1c testing	24

Introduction

The study

The University of Iowa Public Policy Center (PPC) is under contract with the Iowa Department of Human Services (IDHS) to provide Health Plan Employer Data and Information Set (HEDIS) outcome measures for the Medicaid-enrolled population for State Fiscal Year (SFY) 2005 (July 1, 2004-June 30, 2005). HEDIS outcome measures are recommended by the Center for Medicare and Medicaid Services (CMS) as a means for states to provide consistent information to consumers, providers, and the government regarding access and utilization of health services. The recommended HEDIS measures are: Well-child visits in the first 15 months of life, well-child visits at 3, 4, 5, and 6 years of age, adult access to preventive/ambulatory care, children's and adolescents' access to primary care providers, early prenatal and postpartum care, comprehensive diabetes care, and use of appropriate medications for people with persistent asthma. In addition, the HEDIS measure for annual dental visits is calculated to inform policy makers as to whether adequate services are available.

HEDIS data is collected by the National Committee on Quality Assurance (NCQA) on a yearly basis from states and plans that provide managed care services to the Medicaid enrolled population throughout the country. This data allows us to determine how Medicaid enrollees within our state compare with other states and programs. Though NCQA does not compile all outcome measures every year, we include their results whenever possible. Currently, their web site provides a report of Medicaid means, percentiles and rates for Medicaid programs nationally for 2005, as well as and the accreditation targets for 2006. (Available at www.ncqa.org/Programs/Accreditation/MCO/MCO2006BT.pdf and www.ncqa.org/Programs/HEDIS/audits/2005MPR.htm)

The data

The PPC receives Iowa administrative data directly from Noridian, the current fiscal agent housed within the Iowa Medicaid Enterprise (IME). Institutional, pharmaceutical, medical and dental claims adjudicated by the Medicaid program are received on a monthly basis. These claims reflect all institutional and medical services provided to MediPASS and fee-for-service (FFS) enrollees, as well as dental and pharmacy services for *all* Medicaid enrollees. Institutional claims reflect all services that occur in an institutional setting, including outpatient visits, and may contain up to 99 discreet lines of information for each occurrence (inpatient stay, emergency room visit, or outpatient visit). Up to nine diagnosis codes are allowed per claim. Medical and dental claims reflect services provided by physicians, dentists, physician assistants, home health care agencies, and a number of other provider types. These claims allow for 50 lines of discreet information related to each visit. Up to 4 diagnosis codes are allowed per claim, however, dentists are not required to provide diagnosis codes. Pharmaceutical claims reflect prescriptions filled and allow for information on only one prescription per claim. In the Medicaid program, each pharmacy claim (i.e., filled prescription) may provide only a one-month supply of medication. No diagnosis codes are given, though one code would be allowed.

Data regarding institutional and medical services provided to HMO enrollees are transmitted quarterly on an encounter basis. Encounters are listed individually, allowing for as many encounters or services per visit or stay as needed. Each encounter is allowed only two diagnosis codes. Institutional and medical encounters have essentially the same structure and contain much less information than claims.

Enrollment data are provided to the PPC on a periodic basis. Enrollment files contain current information on enrollees including demographics, Medicaid identification number, case number, and enrollment history for the past 24 months. Enrollment files include everyone who has a record in the Medicaid program. Even those who are not enrolled during the month that we request information will be included if they have been enrolled within the past 24 months. This allows us to build long-term enrollment datasets. Historical data is particularly important for outcomes research, which requires that we ascertain that enrollees are eligible for a specified time period.

The population

This report provides HEDIS rates for the population eligible for Medicaid managed care. Managed care has been available since 1989. The managed care options available to enrollees have varied over time. At one point, Medicaid enrollees could choose from MediPASS (the primary care gatekeeper program), John Deere HMO, Iowa Health Solutions HMO, and Coventry HMO. However, not all of these programs were available in all counties. At present, MediPASS and Coventry HMO are the only managed care options available for Medicaid enrollees.

The map in Figure 1 provides a visual guide to the counties in which MediPASS is available and indicates the two counties with Coventry HMO. For this report we have divided the population into five groups of enrollees: MediPASS, Coventry, fee-for-service (FFS), Iowa Health Solutions enrollees who switched to MediPASS (IHS to MediPASS), and Iowa Health Solutions enrollees who switched to fee-for-service (IHS to FFS). We have calculated rates for enrollees switching out of IHS to MediPASS or FFS to determine whether the period in which they switched programs made it so difficult to obtain care that outcomes measures were adversely affected. Figure 2 provides a graphic representation of the number of persons within each group by the number of months they were enrolled within the Medicaid program during SFY 2005. There are three groups: enrolled 1-6 months, enrolled 7-10 months, and enrolled 11-12 months. Over 50% of FFS enrollees were eligible for 6 months or less, while on average only about 20% of enrollees in the other groups were eligible for 6 months or less. At the other extreme, only 30% of enrollees in FFS were eligible for at least 11 months, while on average 60% of enrollees in the other groups were enrolled for this period of time. For the purposes of outcomes measurement, enrollees need to be enrolled for at least 11 months of the outcome measurement year. Though this varies across outcome measures, for the FFS group, the majority of enrollees are not included within the outcome analyses. Enrollees are included for all other groups. We are not clear how this bias may affect the measures, however, we should be mindful that the groups are not similar in length of enrollment.

Iowa Medicaid Medical Managed Health Care
May, 2005

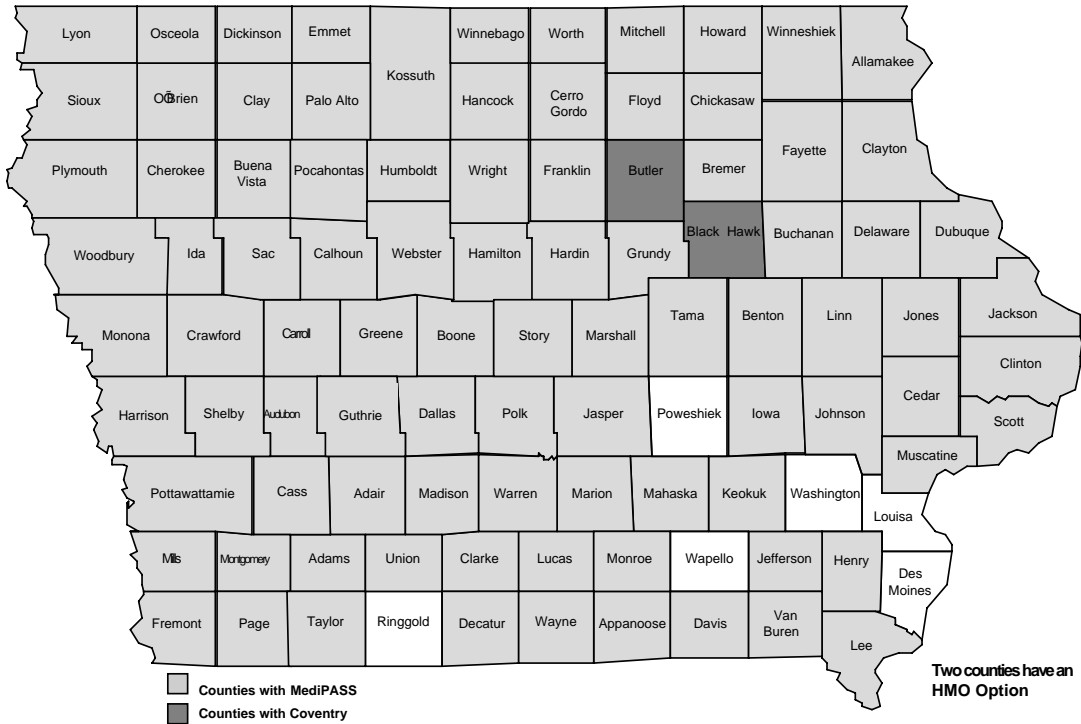


Figure 1. Map of enrollment options within the Medicaid program by county, SFY 2005

The measures

The outcome measures used for this report are derived from the HEDIS 2005 outcome measures. For these measures, higher values are better. The maximum value for each measure is 100%, however, it is unrealistic to believe that we could achieve 100% for any population as we would always have to allow for an enrollee’s right to choose *not* to obtain health care services. Nevertheless, we can determine optimal performance targets. Optimal performance targets are values for the measures that may be realistically attained within a 3-5 year time frame given some type of intervention to increase service availability and use. To date the values for the measures have remained relatively stable or declined (though some changes have occurred due to programmatic shifts such as the termination of John Deere and Iowa Health Solutions as options), indicating that active intervention is required to maintain or improve the rates. Just informing enrollees of the services available to them and allowing providers to encourage compliance is not enough, in many cases, to improve the measure values.

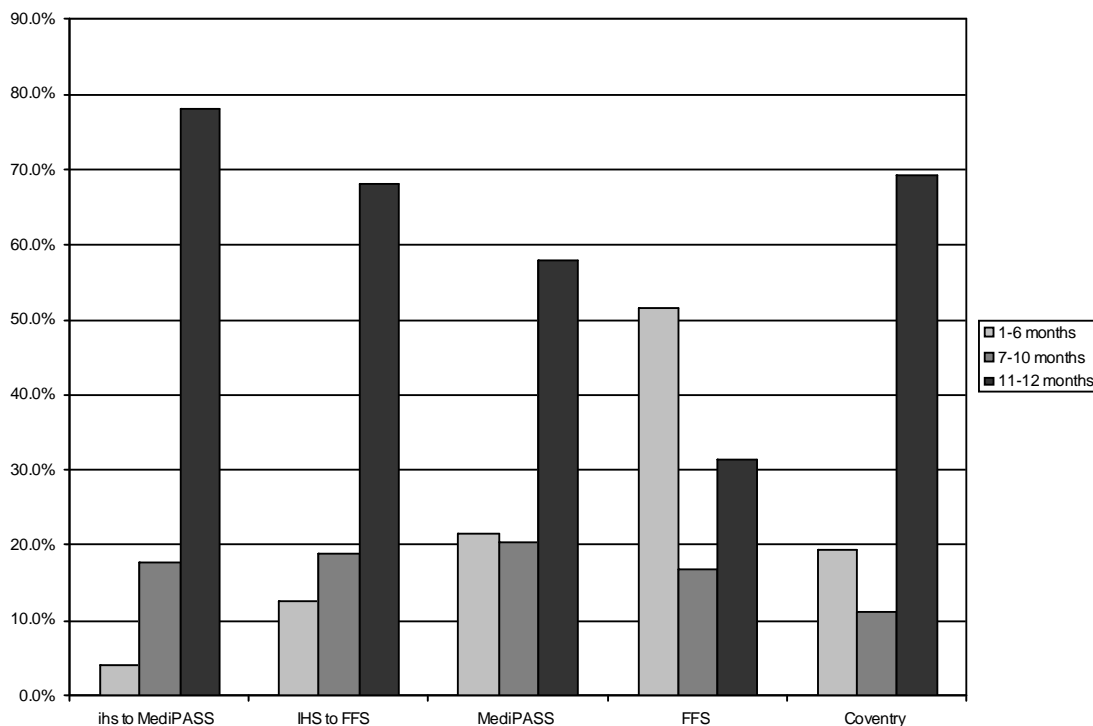


Figure 2. Percent of enrollees by number of months enrolled in Medicaid, SFY 2005

NCQA provides a benchmarking report on the web as mentioned above. This report provides the average rate for all Medicaid plans that reported data and were audited for accreditation. In addition to the average, the rate for plans that fall into the 10th, 25th, 50th, 75th, and 90th percentile are provided. For example, if the rate at the 90th percentile is 65%, it indicates that 10% of the audited Medicaid plans had a rate higher than 65%. This allows us to estimate how our state Medicaid program is performing compared to others in the country.

The report

This report is organized according to the HEDIS measures used for outcomes analyses. We provide the outcomes related to children-only first, those related to both children and adults second, and those related to adults-only last. Within each measure, we offer an explanation of the enrolled population that comprises the denominator for the measure, an explanation of the enrolled population that comprises the numerator for the measure (always a subset of the denominator), an explanation of any methods that were used to modify the protocols from the original HEDIS specifications, the results for SFY 2005, 2004, and 2003, comparable rates from NCQA database (when available), and a discussion of the optimal performance targets for SFY 2006.

Though results are presented for the last three state fiscal years, the tables and figures providing results may have missing cells or data bars due to the changes in the managed care options available within the last three years. For example, we have included the FFS population for fiscal year 2005, but do not have results for this group for SFYs 2003 and

2004. Therefore, tables and figures will not reflect any results for this group in 2003 or 2004. Appendices A-C provide summary tables of outcome rates by Medicaid group. Appendix D provides the technical specifications that were used to determine the rates.

Well-child visits in the first 15 months of life

The measure

Rate

Seven rates are calculated to determine the percent of children who had 0, 1, 2, 3, 4, 5, and 6 or more well-child visits during their first 15 months of life.

Denominator

All children who turned 15 months of age during fiscal year 2005 and were enrolled in the Medicaid program for at least 14 of their first 15 months are included in the denominator.

Numerator

There are seven numerators for this measure that correspond to the number of children within the denominator who had 0, 1, 2, 3, 4, 5, and 6 or more well-child visits.

The results

The state EPSDT schedule indicates that infants should have a physical exam at 2-3 days, and at 1, 2, 4, 6, 9, 12 and 15 months. We would anticipate that within the claims data we will identify the 6 visits from 1-12 months, therefore providing justification for using 6 visits as the best outcome. We may have children with no well-child visits during this time, because the measure is not designed to identify the visit in the first 2-3 days at the hospital, and this may be the only visit children have. Table 1 presents the percent of children by number of well-child visits by Medicaid program for the last three fiscal years. These figures reflect an increase in the proportion of children who received at least 6 visits for Coventry over the past two years and a marked decrease in the proportion of children who received at least 6 visits for the MediPASS program. Both of these groups had an increase in the proportion of children who received no visits, with MediPASS having 12%, as compared to nearly no children in this category for SFYs 2003 and 2004. Though it is difficult to determine why this may have happened, particularly when the rates for the MediPASS program have been stable over the past few years, it may be related to the increased number of children who must be accommodated in the MediPASS program due to the termination of John Deere and IHS. Since MediPASS providers limit the number of Medicaid enrollees they will allow in their practice, it may be difficult for children to access a MediPASS provider in a timely manner. One indication that this may be happening is the proportion of children that have 4 or 5 visits in the first 15 months. During SFY 2003 and 2004, an average of 6.8% of children had four visits, while 10.7% had five visits. During SFY 2005 11% had four visits and 15% had five visits.

Table 1. Proportion of 15-month-old children with a well-child visit by number of visits and group, SFYs 2003-2005

Number of visits	0 n (%)	1 n (%)	2 n (%)	3 n (%)	4 n (%)	5 n (%)	6+ n (%)	Totals
Coventry								
2005	5 (2.1)	9 (3.8)	10 (4.3)	21 (9.0)	34 (14.5)	51	104 (44.4)	234 (100)
2004	0 (0.0)	0 (0.0)	2 (4.3)	7 (14.9)	9 (19.1)	18 (38.3)	11 (23.4)	47 (100)
2003	0 (0.0)	1 (1.1)	2 (2.2)	9 (9.7)	27 (29.0)	23 (24.7)	31 (33.3)	93 (100)
MediPASS								
2005	664 (11.9)	360 (6.4)	326 (5.8)	407 (7.3)	630 (11.3)	838 (15.0)	2357 (42.2)	5582 (100)
2004	2 (0.2)	7 (0.7)	20 (2.0)	26 (2.6)	67 (6.7)	100 (10.1)	772 (77.7)	994 (100)
2003	6 (0.3)	40 (1.8)	50 (2.2)	99 (4.3)	158 (6.9)	264 (11.6)	1668 (73.0)	2285 (100)
Fee-for-service								
2005	114 (8.1)	71 (5.0)	95 (6.7)	117 (8.3)	169 (12.0)	214 (15.2)	631 (44.7)	1411 (100)
IHS								
2005 IHS to MediPASS	29 (1.9)	57 (3.7)	74 (4.8)	162 (10.5)	204 (13.3)	219 (14.2)	792 (51.5)	1537 (100)
2005 IHS to FFS	14 (2.0)	18 (2.6)	36 (5.1)	53 (7.5)	80 (11.4)	134 (19.1)	368 (52.3)	709 (100)
2004	6 (1.0)	16 (2.6)	43 (7.1)	82 (13.6)	141 (23.3)	160 (26.4)	157 (26.0)	605 (100)
2003	2 (0.2)	36 (4.0)	47 (5.2)	81 (8.9)	114 (12.6)	173 (19.1)	455 (50.1)	908 (100)
John Deere								
Not in 2005	—	—	—	—	—	—	—	—
2004	13 (3.1)	35 (8.5)	26 (6.3)	48 (11.6)	66 (15.9)	82 (19.8)	144 (34.8)	414 (100)
2003	20 (1.5)	116 (8.7)	120 (9.0)	134 (10.0)	169 (12.6)	213 (15.9)	564 (42.2)	1336 (100)
Combined								
2005	864 (8.8)	541 (5.5)	562 (5.7)	798 (8.1)	1161 (11.8)	1529 (15.5)	4419 (44.8)	9874 (100)
2004	21 (1.0)	58 (2.8)	91 (4.4)	163 (7.9)	283 (13.7)	360 (17.5)	1084 (52.6)	2060 (100)
2003	28 (0.6)	193 (4.2)	219 (4.7)	323 (7.0)	468 (10.1)	673 (14.6)	2718 (58.8)	4622 (100)

Performance targets

The combined proportion of children with at least six visits in the first 15 months of life is 45%. This proportion matches the mean for all Medicaid programs within the NCQA HEDIS benchmarking data. For SFYs 2003 and 2004, the proportion of children with at least six visits in the first 15 months of life was 58% and 52%, respectively, both at the 75th percentile for audited Medicaid plans within the benchmarking database for these years (see Table 2). It is recommended that the performance target for this measure should be set at 60% in an attempt to bring the proportion back up to the previous levels and surpass the 75th percentile results for 2005.

**Table 2. NCQA Medicaid HEDIS means, percentiles and rates, 2005
Well-child visits in the first 15 months of life**

	Mean	10th percentile	25th percentile	50th percentile	75th percentile	90th percentile
0 visits	6.2%	0.5%	1.0%	2.1%	3.9%	13.1%
1 visit	4.2%	0.7%	1.2%	2.8%	4.4%	8.1%
2 visits	5.1%	1.5%	2.7%	4.3%	7.1%	10.0%
3 visits	7.9%	4.1%	5.6%	7.3%	9.6%	11.9%
4 visits	12.9%	6.6%	10.7%	12.9%	15.4%	17.7%
5 visits	18.7%	11.3%	16.2%	19.0%	22.4%	25.8%
6 visits	45.0%	15.2%	38.7%	46.4%	56.3%	65.7%

Well-child visits in the third, fourth, fifth, and sixth years of life

The measure

Rate

The proportion of children who had a well-child visit as defined by a set of preventive CPT codes or well-child diagnosis codes is calculated for each of the four age groups.

Denominator

All children who turned 3, 4, 5 or 6 years of age during SFY 2005 and were enrolled in the Medicaid program for at least 11 months during that year.

Numerator

The number of children within the denominator who had at least one well-child visit during SFY 2005.

The results

Table 3 and Figures 3-6 indicate the proportion of children in each age group who had a well-child visit during the past 3 years. The most common and consistent pattern within the data remains the sudden drop in well-child visits at age 6. As children are required to have immunizations prior to entering school at age 5 and these immunizations are usually obtained during a well-child visit, the proportion of well-child visits tend to drop off after 5 years of age. Rates are fairly stable over time and there does *not* appear to be the decrease in rates that occurred with the well-child visits in the first 15 months of life measure for SFY 2005. The combined rate over the three years has been steadily increasing, indicating that rates may be on the rise.

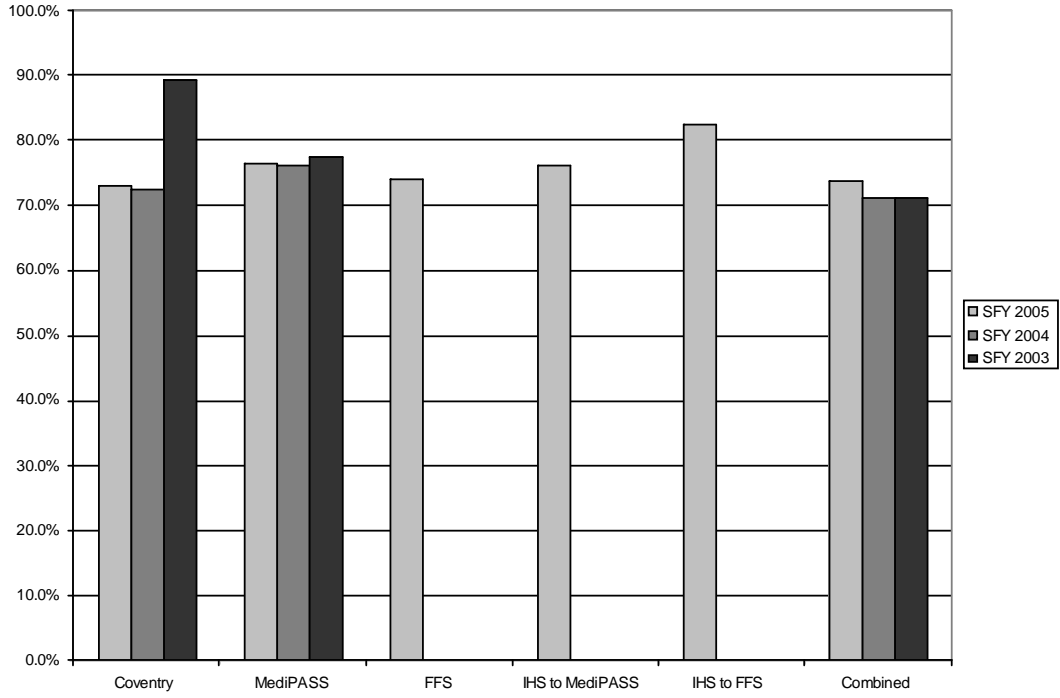


Figure 3. Proportion of children 3 years old with a well-child visit by Medicaid group and year, SFYs 2003-2005

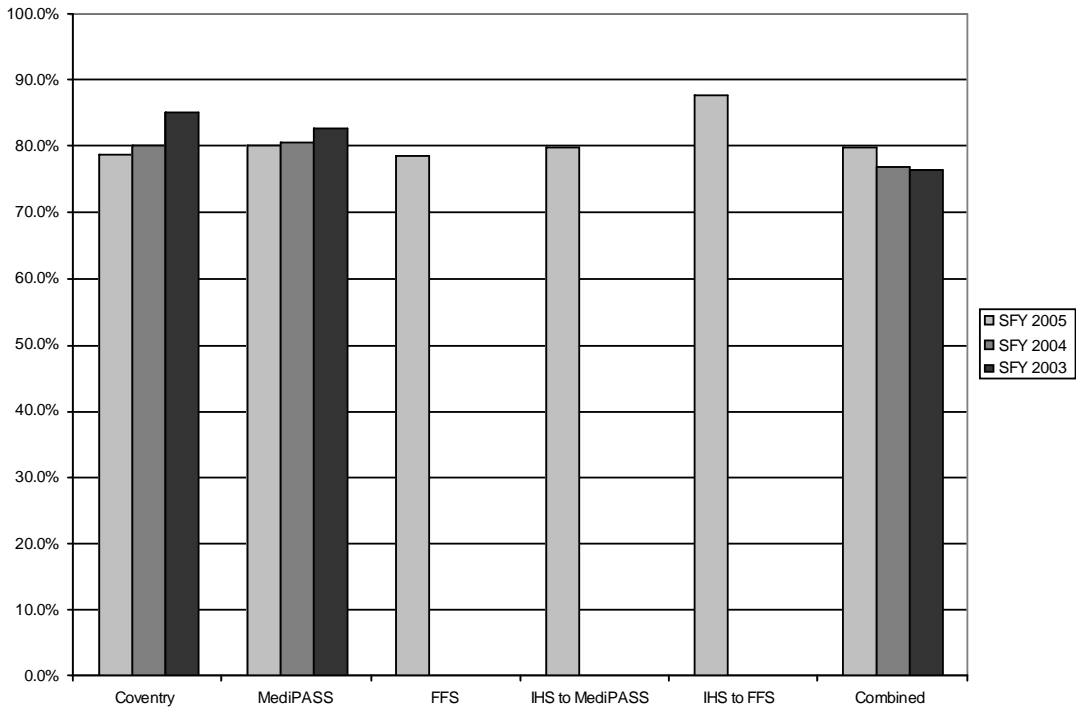


Figure 4. Proportion of children 4 years old with a well-child visit by Medicaid group and year, SFYs 2003-2005

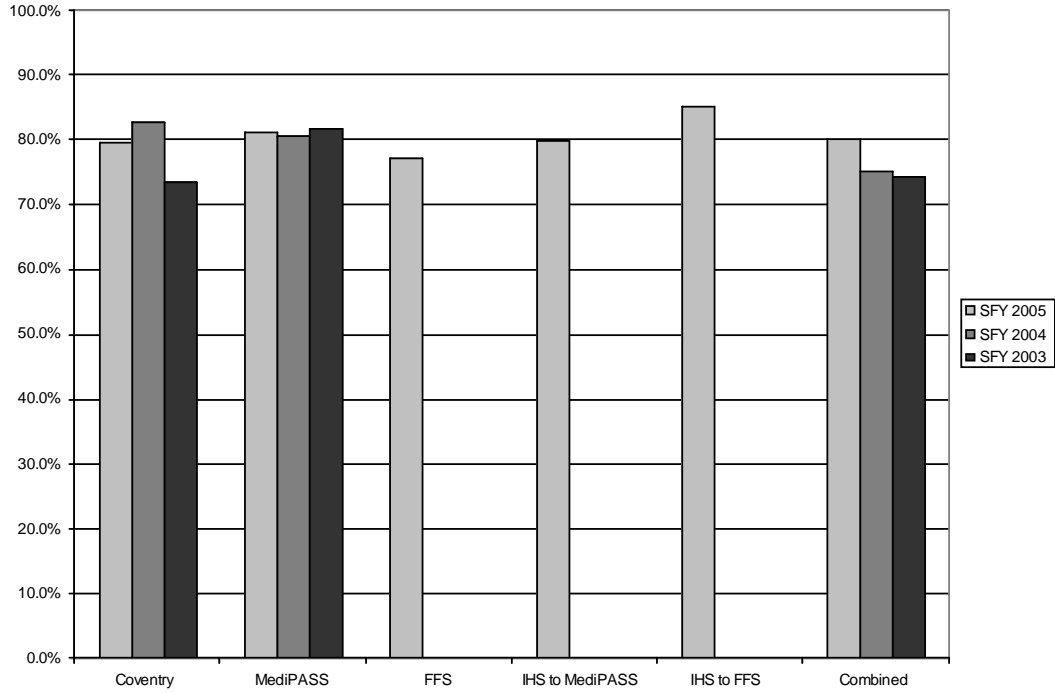


Figure 5. Proportion of children 5 years old with a well-child visit by Medicaid group and year, SFYs 2003-2005

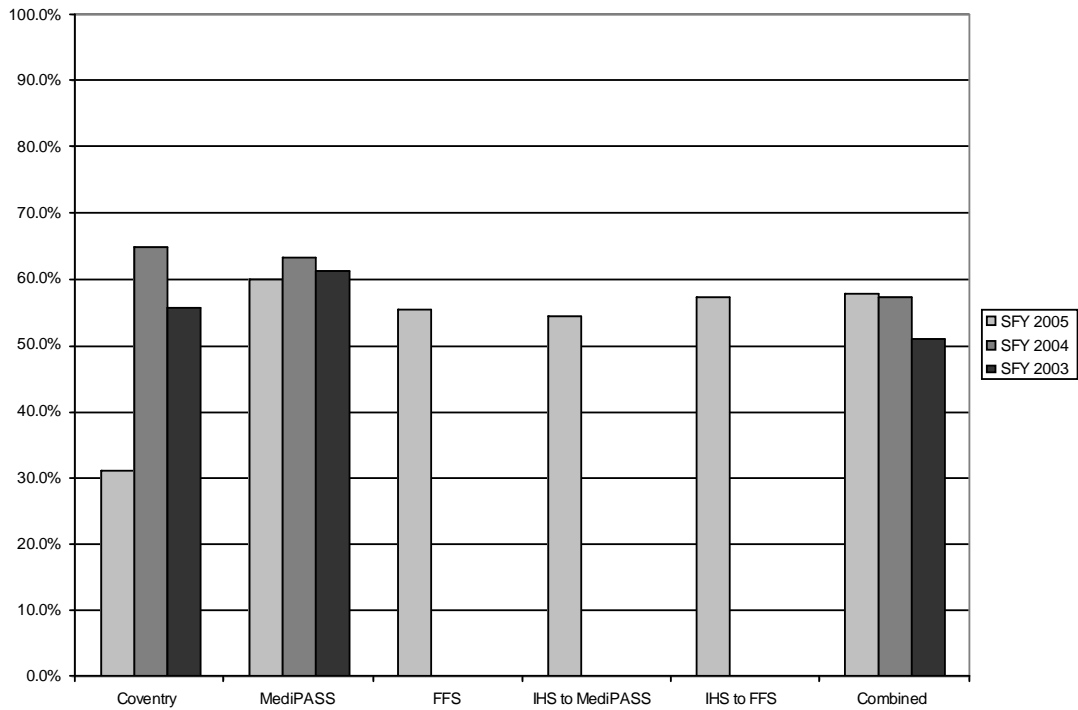


Figure 6. Proportion of children 6 years old with a well-child visit by Medicaid group and year, SFYs 2003-2005

Table 3. Number and percent of children who had a well-child visit by group and year

Plan	Years of age	SFY 2005	SFY 2004	SFY 2003
Coventry	3 years old	115 (73.2)	50 (72.5)	76 (89.4)
	4 years old	139 (79.0)	65 (80.2)	58 (85.3)
	5 years old	153 (79.7)	48 (82.8)	53 (73.6)
	6 years old	49 (31.2)	41 (65.1)	39 (55.7)
	3-6 years old	456 (66.9)	204 (75.3)	226 (76.7)
MediPASS	3 years old	3807 (76.6)	1494 (76.4)	1629 (77.6)
	4 years old	3736 (80.1)	1654 (80.8)	1663 (82.8)
	5 years old	3702 (81.2)	1492 (80.8)	1591 (81.7)
	6 years old	2581 (60.1)	1156 (63.5)	1106 (61.2)
	3-6 years old	13826 (74.8)	5796 (75.6)	5989 (76.2)
FFS	3 years old	1053 (74.2)	—	—
	4 years old	1070 (78.7)	—	—
	5 years old	987 (77.3)	—	—
	6 years old	701 (55.5)	—	—
	3-6 years old	3811 (71.6)	—	—
IHS	3 years old	—	460 (64.3)	546 (73.4)
	4 years old	—	489 (70.3)	583 (78.7)
	5 years old	—	413 (63.8)	520 (75.9)
	6 years old	—	260 (44.3)	260 (43.3)
	3-6 years old	—	1622 (61.3)	1909 (68.9)
IHS to MediPASS	3 years old	380 (76.2)	—	—
	4 years old	385 (79.9)	—	—
	5 years old	347 (80.0)	—	—
	6 years old	228 (54.5)	—	—
	3-6 years old	1340 (73.1)	—	—
IHS to FFS	3 years old	62 (82.7)	—	—
	4 years old	72 (87.8)	—	—
	5 years old	52 (85.2)	—	—
	6 years old	27 (57.4)	—	—
	3-6 years old	213 (80.4)	—	—
John Deere	3 years old	—	148 (53.2)	604 (56.1)
	4 years old	—	172 (65.4)	661 (62.7)
	5 years old	—	181 (64.6)	565 (58.8)
	6 years old	—	84 (38.1)	383 (37.8)
	3-6 years old	—	585 (56.2)	2213 (53.9)
Combined	3 years old	5265 (74.0)	2152 (71.3)	2855 (71.3)
	4 years old	5402 (80.0)	2380 (77.1)	2965 (76.6)
	5 years old	5241 (80.3)	2134 (75.3)	2729 (74.4)
	6 years old	3586 (58.0)	1541 (57.3)	1788 (51.2)
	3-6 years old	19494 (73.3)	8207 (70.6)	10337 (68.8)

Performance targets

Within this measure the most important performance target is to increase the proportion of 6-year-olds with a well-child visit. In an effort to increase this proportion it is recommended that the performance target should be set at 65%. Over the past three years, the rate has increased for the combined group 2-3% per year. If this continues, this combined rate should be over 75% in SFY 2006. A rate of 76% would put the Iowa Medicaid program at about the 90th percentile. With the current combined rate of 73% (see Table 4) we can interpolate from the NCQA Medicaid report that the state is currently at about the 82nd percentile, indicating that we are performing better than 82% of the audited programs. This rate is very favorable. Efforts should be directed at maintaining this rate and improving the 6-year-old rate to 65%.

**Table 4. NCQA Medicaid HEDIS means, percentiles and rates, 2005
Well-child visits in the 3rd, 4th, 5th, and 6th years of life**

Mean	10 th percentile	25 th percentile	50 th percentile	75 th percentile	90 th percentile
62.0%	48.6%	56.3%	64.1%	70.8%	76.7%

Annual dental visit

The measure

Rate

The proportions of children and adolescents in six age groups (2-3, 4-6, 7-10, 11-14, 15-18, 19-21 years of age) who have had a dental visit in SFY 2005 are calculated. These age categories have changed from previous years. In this report we provide the rates for the age categories listed above and for the previous age categories (1-3 years, 4-6 years, 7-11 years, 12-15 years, and 16-18 years).

Denominator

There are six denominators calculated for this measure. Number of children, adolescents or young adults who turned: 1) 2-3 years of age, 2) 4-6 years of age, 3) 7-10 years of age, 4) 11-14 years of age, 5) 15-18 years of age and 6) 19-21 years of age during SFY 2005 and who were eligible for at least 11 months during this year.

Numerator

The numerators for each of the rates are comprised of the number of children within each age group that had a dental visit in SFY 2005.

The results

Figure 7 provides a visual representation of the annual dental rates for SFY 2005. The rates for annual dental visits are higher for the MediPASS group and the two groups that switched from IHS to MediPASS and FFS. The Coventry and FFS groups tend to have lower rates for

all age groups, though one group is not consistently the lowest. Looking at Table 5, it becomes clear that the rates have been falling steadily over the past three years for all age groups except that of children 1-3 years of age.

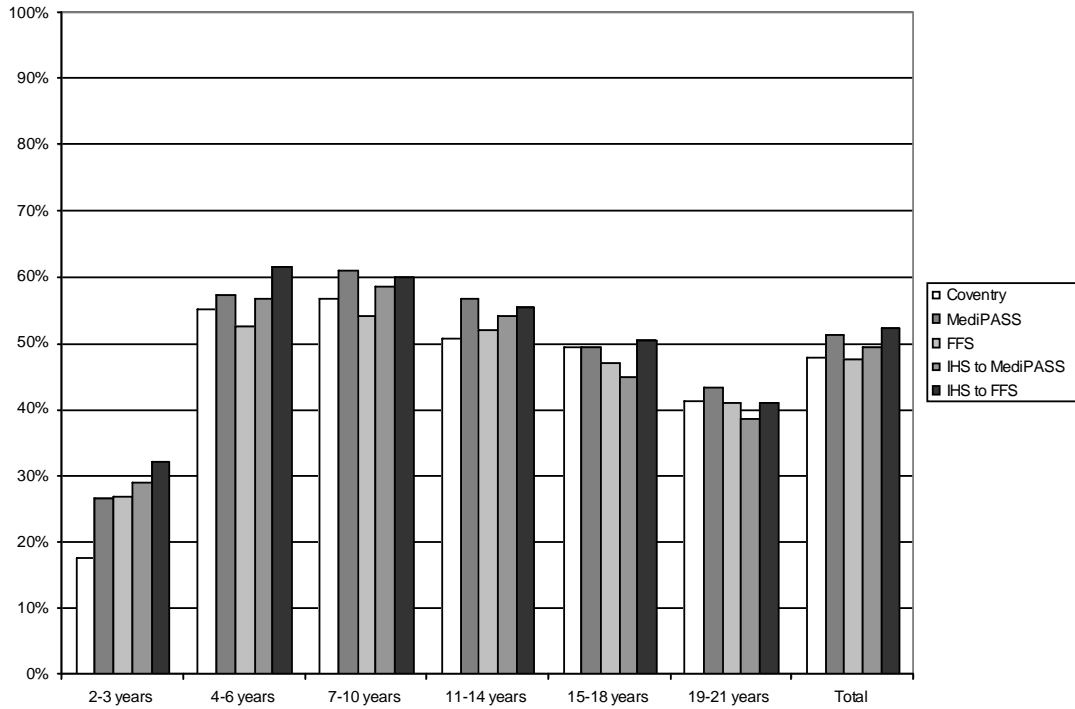


Figure 7. Proportion of children, adolescents and young adults with a dental visit by age group and Medicaid group, SFY 2005

Table 5. Percent of children, adolescents and young adults with an annual dental visit by plan and year using previous HEDIS age categories, SFYs 2003-2005

Age group (years)	Coventry	MediPASS	John Deere	IHS
1-3 years				
2005	11.8%	19.0%	—	—
2004	18.0%	18.5%	21.7%	20.9%
2003	18.0%	18.7%	21.9%	21.3%
4-6 years				
2005	55.2%	57.4%	—	—
2004	53.3%	59.5%	61.4%	56.3%
2003	54.3%	61.0%	62.7%	57.2%
7-11 years				
2005	55.9%	60.8%	—	—
2004	49.7%	61.7%	60.9%	56.1%
2003	50.9%	63.5%	62.9%	57.9%
12-15 years				
2005	50.2%	54.6%	—	—
2004	42.0%	54.7%	54.3%	49.2%
2003	46.5%	57.0%	56.2%	51.3%
16-18 years				
2005	49.8%	49.3%	—	—
2004	42.0%	48.9%	44.6%	43.3%
2003	47.0%	51.2%	47.5%	45.8%
Combined				
2005	43.8%	47.7%	—	—
2004	42.0%	48.9%	44.6%	43.3%
2003	42.9%	50.7%	46.0%	50.2%

Performance targets

Table 6 indicates the NCQA values for 2005 for all age groups except children 1-3 years of age. This age group was not included in the NCQA tables, but no reason was provided for the omission. For the other six age groups, the rates within the Medicaid groups, though falling, are still at approximately the 75th percentile for children 4-6 and 7-10 years old, and approximately the 90th percentile for adolescents and young adults. For the combined rate, the Medicaid groups approximate the 75th percentile. These rates are satisfactory, however, as they have been falling, it could well be that without active intervention they will go even lower next year, moving toward the 50th percentile. Performance targets should be set at 58%

for children 4-6 years of age and children 7-10 years of age, 50% for adolescents 11-14 years of age and adolescents 15-18 years of age, and 40% for young adults 19-21 years of age.

**Table 6. NCQA Medicaid HEDIS means, percentiles and rates, 2005
Annual dental visit**

Age group	Mean	10 th percentile	25 th percentile	50 th percentile	75 th percentile	90 th percentile
4-6 year olds	46.3%	27.0%	39.0%	46.6%	58.10%	64.4%
7-10 year olds	48.1%	30.7%	40.9%	48.9%	56.9%	62.3%
11-14 year olds	43.6%	27.6%	37.7%	44.6%	50.5%	57.2%
15-18 year olds	37.5%	23.0%	30.7%	38.5%	46.8%	50.7%
19-21 year olds	28.7%	13.8%	17.3%	27.7%	40.3%	43.3%
Combined	42.7%	22.4%	37.4%	44.5%	50.9%	55.9%

Children and adolescents' access to primary care practitioners

The measure

Rate

The proportion of children and adolescents in four age groups (12-24 months, 25 months-6 years, 7-11 years, and 12-19 years) who have had a visit with a primary care practitioner in SFY 2005 are calculated.

Denominator

There are four denominators calculated for this measure. Number of children, adolescents or young adults who turned: 1) 12-24 months of age and 2) 25 months-6 years of age who were eligible for at least 11 months during SFY 2005 and 3) 7-11 years of age and 4) 12-19 years of age during SFY 2005 and who were eligible for at least 11 months in SFY 2005 and at least 11 months in SFY 2004.

Numerator

The numerators for the rates for two age groups (12-24 months and 25 months-6 years) are comprised of the number of children within each age group who had a visit with a primary care practitioner in SFY 2005. The numerators for the rates for the other two age groups (7-11 years and 12-19 years) are comprised of the number of children within each age group who had a visit with a primary care practitioner in SFY 2005 or SFY 2004.

Modification

The HEDIS specifications require that only visits with a primary care practitioner be valid for the purposes of calculating the rate numerator. However, within the Medicaid program we do not have a reliable method for determining whether a provider should be categorized as a primary care practitioner. Therefore, we count all visits that meet the procedure code and diagnosis code specifications, without accounting for practitioner specialty.

The results

Rates for access to primary care practitioners were consistently high for the MediPASS group and the two groups including enrollees who switched from IHS (see Table 7). Though the Coventry group has a high rate for children 12-24 months of age, the rates are low for the other age groups. Table 8 indicates that over time the rates for all age groups have improved.

Table 7. Children and adolescents' access to primary care practitioners by group, SFY 2005

	Coventry	MediPASS	FFS	IHS to MediPASS	IHS to FFS
12-24 months	99.6%	99.2%	97.2%	99.2%	100.0%
25 months-6 years	86.8%	93.9%	90.4%	92.6%	93.8%
7-11 years	88.3%	91.2%	89.4%	91.7%	93.1%
12-19 years	86.9%	91.9%	89.9%	91.4%	94.1%
Combined	89.2%	93.3%	90.7%	93.1%	94.7%

Performance targets

The rate for children 12-24 months of age for all five Medicaid groups is at or above the 90th percentile for Medicaid programs nationally (see Table 9). The rates for the remaining age groups for all but Coventry are at approximately the 90th percentile, while Coventry is approximately at the 75th percentile. Performance targets for SFY 2006 may be set at 99% for all Medicaid groups for children 12-24 months, 93% for children 25 months-6 years and children 7-11 years, and 92% for adolescents 12-19 years. Further investigation into the rates for Coventry are warranted to determine whether the lower rates truly reflect utilization and if they do, to determine what could be done to increase the rates.

Table 8. Children and adolescents' access to primary care practitioners by year and plan, SFYs 2003-2005

Age Group (years)	Coventry	MediPASS	John Deere	IHS
12-24 months				
2005	99.6%	99.2%	—	—
2004	100.0%	92.4%	98.1%	97.6%
2003	91.0%	92.8%	71.9%	90.0%
25 months-6 years				
2005	86.8%	93.9%	—	—
2004	85.7%	83.0%	87.1%	88.7%
2003	69.7%	83.6%	59.2%	73.2%
7-11 years				
2005	88.3%	91.2%	—	—
2004	88.8%	82.6%	86.0%	86.9%
2003	72.7%	82.7%	75.2%	76.9%
12-19 years				
2005	86.9%	91.9%	—	—
2004	88.0%	81.4%	89.7%	84.6%
2003	77.1%	82.1%	72.3%	74.5%
Combined				
2005	89.2%	93.3%	—	—
2004	88.3%	83.4%	88.6%	88.6%
2003	73.9%	84.1%	66.6%	76.2%

**Table 9. NCQA Medicaid HEDIS means, percentiles and rates, 2005
Children and adolescents' access to primary care practitioners**

Age group	Mean	10 th percentile	25 th percentile	50 th percentile	75 th percentile	90 th percentile
12-24 months	92.0%	79.7%	91.2%	94.6%	97.2%	98.3%
25 months-6 years	81.6%	68.7%	78.3%	84.7%	88.2%	91.4%
7-11 years	82.5%	70.5%	77.3%	83.9%	89.7%	92.9%
12-19 years	79.1%	63.2%	74.7%	82.1%	88.2%	90.6%

Use of appropriate medications for people with asthma

The measure

Rate

The proportions of children and adults in four age groups (5-9 years, 10-17 years, 18-56 years, and combined total) who have persistent asthma and received primary asthma therapy in SFY 2005.

Denominator

There are four denominators calculated for this measure. Number of children and adults who turned: 1) 5-9 years of age, 2) 10-17 years of age, 3) 18-56 years of age, and 4) combined group and who were eligible for at least 11 months in SFY 2005 and at least 11 months in SFY 2004 and who were identified as having persistent asthma in each of the two years. Persistent asthma is defined in Appendix D: Technical Specifications.

Numerator

The numerators for the rates for the four age groups are comprised of the number of children and adults within each age group that were prescribed primary asthma therapy during SFY 2005. Primary asthma therapy is defined in Appendix D: Technical Specifications.

The results

Table 10 provides the rates of persistent asthma within the Medicaid groups. The rate is approximately 1.0% for all the groups, except for 18-56 years olds within the Coventry group, however, due to the small number of enrollees within Coventry, the percent here may be likely to vary more than in the other Medicaid groups. The rates for use of appropriate medications for people with asthma cannot be compared to previous years' results. In previous years, the denominator was composed of enrollees who met the criteria of persistent asthma for the previous year; this year it is composed of enrollees who met the criteria for *the previous and current years*.

Table 10. Rate of persistent asthma by age and Medicaid group, SFY 2005

	Coventry	MediPASS	FFS	IHS to MediPASS	IHS to FFS
5-9 years	1.0% (7)	1.1% (170)	1.1% (47)	1.3% (52)	0.9% (15)
10-17 years	0.7% (5)	0.8% (142)	0.9% (50)	0.9% (37)	1.0% (19)
18-56 years	1.8% (10)	1.0% (108)	1.5% (63)	1.1% (33)	1.2% (21)
Combined	1.1% (22)	0.9% (420)	1.1% (160)	1.1% (122)	1.0% (55)

Children 5-9 years of age within Coventry were least likely (57%) to receive primary asthma therapy (Table 11), while children 5-9 years of age in the FFS group were most likely (96%) to receive this therapy. The highest combined rate was in the MediPASS program. The

lowest combined rate was in Coventry, driven primarily by the low rate for 5-9 year olds. The rates for Coventry should be interpreted with extreme care as there are very few enrollees in any one group. As a result, the inclusion or exclusion of even one person will change the percentage greatly. For example, in the age group with the lowest rate, 5-9 year olds, four out of seven children received therapy. If one more child were to receive therapy, the rate would have increased to 71%.

Table 11. Use of appropriate medications for people with asthma, SFY 2005

	Coventry (n)	MediPASS (n)	FFS (n)	IHS to MediPASS (n)	IHS to FFS (n)
5-9 years	57.1% (4)	92.4% (157)	95.7% (45)	76.9% (40)	80.0% (12)
10-17 years	100.0% (5)	95.1% (135)	90.0% (45)	78.4% (29)	78.9% (15)
18-56 years	80.0% (8)	85.2% (92)	81.0% (51)	84.8% (28)	81.0% (17)
Combined	77.3% (17)	91.4% (384)	88.1% (141)	79.5% (97)	80.0% (44)

Performance targets

The proportion of people with persistent asthma who received primary asthma therapy was above the 90th percentile for all groups except children 5-9 years of age in Coventry (Table 12). The performance target for all groups, except children 5-9 years of age in Coventry, should be set at 85%. For those 5-9 years of age in Coventry, the performance target should be set at 66%.

**Table 12. NCQA Medicaid HEDIS means, percentiles and Rates, 2005
Use of appropriate medications for people with asthma**

	Mean	10 th percentile	25 th percentile	50 th percentile	75 th percentile	90 th percentile
5-9 years	62.9%	45.1%	57.5%	66.6%	72.3%	76.6%
10-17 years	61.8%	52.0%	58.3%	64.0%	69.5%	73.6%
18-56 years	64.2%	52.1%	58.2%	66.4%	71.6%	75.1%
Combined	63.8%	55.1%	60.5%	66.0%	70.7%	74.1%

Adults' access to preventive/ambulatory health services

The measure

Rate

The proportions of adults in two age groups (20-44 years and 45-64 years) who have had a preventive or ambulatory care visit in SFY 2005 are calculated.

Denominator

There are two denominators calculated for this measure: the number of adults who turned 1) 20-44 of age and 2) 45-64 years of age during SFY 2005 and who were eligible for at least 11 months during SFY 2005.

Numerator

The numerators for the rates for the two age groups (20-44 years and 45-64 years) are comprised of the number of adults within each age group who had a preventive or ambulatory visit in SFY 2005.

The results

The rates for adults 20-44 years of age are above 80% for all Medicaid groups (Figure 8). For adults 45-64 years of age, the FFS group rate was only 62%, while the rates for the other Medicaid groups were over 80%. The FFS group also had the most variance between the two adult groups, while the other Medicaid groups had consistent rates across the two age groups.

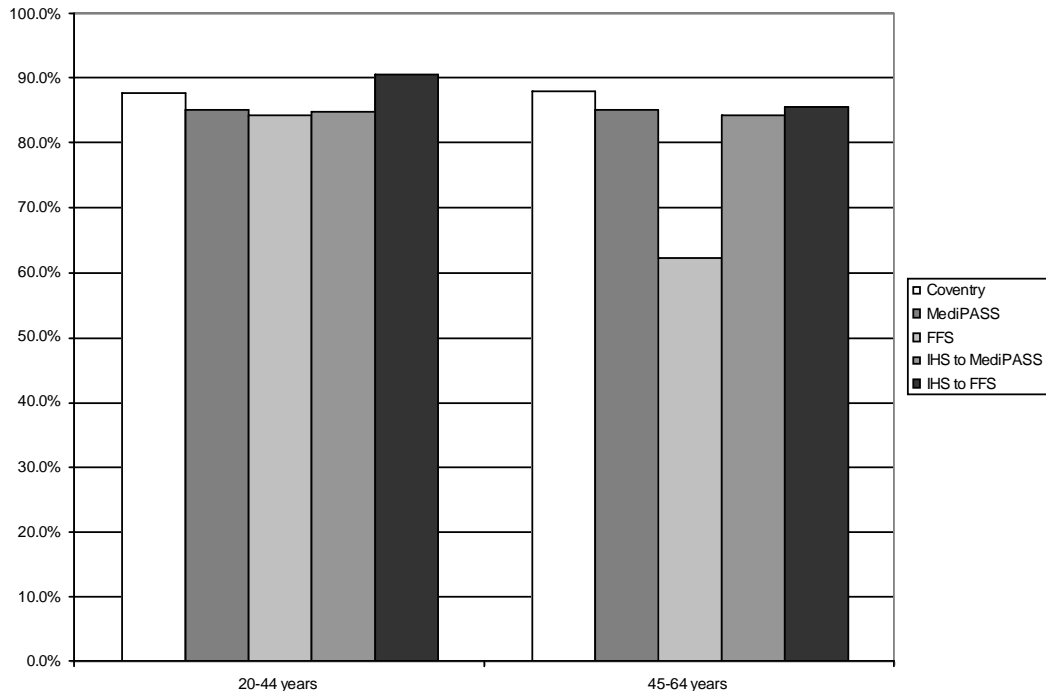


Figure 8. Proportion of adults with a preventive/ambulatory care visit by age group and Medicaid group, SFY 2005

Performance targets

The rate for adults 20-44 years old in the IHS to FFS group at 90.7% is above the 90th percentile for Medicaid programs nationally. The rates for the remainder of the age groups and Medicaid groups are at approximately the 75th percentile, with the exception of the rate

for adults 45-64 years old within the FFS group. This rate (62.3%) is below the 10th percentile. A performance target of 70% should be set for the FFS adults 45-64 years old. The performance target for adults 20-44 years old within the IHS to FFS group should be maintained at 90% or more, while performance targets for the other age groups and Medicaid groups should be set at 85%.

**Table 13. NCQA Medicaid HEDIS means, percentiles and rates, 2005
Adults' access to preventive/ambulatory health services**

	Mean	10 th percentile	25 th percentile	50 th percentile	75 th percentile	90 th percentile
20-44 years	75.8%	62.2%	70.6%	78.8%	83.5%	85.4%
45-64 years	81.1%	66.0%	78.2%	84.3%	87.1%	88.7%

Prenatal and postpartum care

The measures

Rate

The prenatal care rate is 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.

Denominator

The denominator for both rates is the number of women with a live delivery between May 6, 2004 and May 5, 2005.

Numerator

The numerator for the prenatal care rate is the number of women in the denominator who had a prenatal care visit in the first trimester of care or within 42 days of becoming eligible. The numerator for the postpartum care rate is the number of women in the denominator who had a postpartum care visit between 21 and 56 days after delivery.

The results

Table 14 indicates the rate of prenatal and postpartum care based on the time for which the woman was enrolled in Medicaid. The top section of each table indicates the rates for the past three years for women who were continuously enrolled for the entire first trimester, the second section indicates the rates for women who were enrolled some time during the first trimester, and the third section indicates the rates for women who were enrolled after the first trimester. In looking at these rates it is clear that women enrolled after the first trimester were much less likely to get timely prenatal care. These women would need to have received a prenatal visit within the first 42 days after enrollment to be counted in the numerator of the rate. From the table, we find that less than 50% obtained care in a timely manner, while

approximately 70% of the women who were eligible during the first trimester obtained timely prenatal care. Postpartum rates for all women by year are presented in Table 15. These rates have stayed fairly stable at 31-34%.

Table 14. Rates of early prenatal care, SFYs 2003-2005

Early prenatal care	Prenatal care not bundled	Bundled prenatal care	Total
Continuously enrolled for first trimester			
2005	46.6%	78.9%	70.0%
2004	37.9%	77.4%	71.2%
2003	34.4%	80.3%	73.2%
Last enrollment segment commenced on or between 219 and 279 days prior to the EDD			
2005	30.8%	81.8%	69.0%
2004	22.2%	79.8%	69.9%
2003	28.0%	80.7%	71.6%
Last enrollment segment commenced less than 219 days prior to the EDD			
2005	13.4%	61.6%	46.4%
2004	11.9%	62.2%	49.6%
2003	14.9%	60.9%	49.4%
Total	19.7% ⁴	72.4%	61.9%

Table 15. Rates of postnatal care, SFYs 2003-2005

Postnatal care	Postnatal care not bundled	Bundled postnatal care	Total
2005	29.7%	35.8%	33.9%
2004	28.1%	31.8%	31.0%
2003	28.1%	35.3%	33.7%

Tables 16 and 17 list the rates of prenatal and postpartum care by year and Medicaid group. The rates have remained stable for women in the MediPASS group, ranging from 64-66% over the three-year period for prenatal care and ranging from 33-35% for postpartum care. Women in Coventry were least likely to have had timely prenatal care (43.1%), yet most likely to have had postpartum care (52.7%). The prenatal care rate for Coventry has fallen since last year, while the postpartum rate has improved.

Table 16. Prenatal care rates by managed care plan and year

	SFY 2005	SFY2004	SFY2003
Coventry	43.1%	55.5%	53.3%
MediPASS	65.8%	63.8%	65.2%
FFS	58.1%	—	—
IHS to MediPASS	55.3%	—	—
IHS to FFS	52.4%	—	—
IHS	—	63.0%	63.5%
John Deere	—	63.0%	60.4%

Table 17. Postpartum care rates by managed care plan and year

	SFY 2005	SFY2004	SFY2003
Coventry	52.7%	40.9%	36.7%
MediPASS	35.3%	35.0%	32.7%
FFS	36.1%	—	—
IHS to MediPASS	23.5%	—	—
IHS to FFS	25.2%	—	—
IHS	—	17.1%	40.3%
John Deere	—	35.8%	36.1%

Performance targets

Only one group, MediPASS, is above the 10th percentile for prenatal care. MediPASS is approximately at the 12th percentile for Medicaid programs nationally. The other four groups are all below the 10th percentile. Coventry is the only plan that has a postpartum care rate above the 10th percentile. And yet, it is below the 25th percentile of Medicaid plans nationally. These low rates for a critically important outcome, are of concern. We would recommend that further analyses be completed to determine whether all of the visits are being identified through the HEDIS protocol. The performance targets for next year should be set at 70% for prenatal care and 50% for postpartum care.

**Table 18. NCQA Medicaid HEDIS means, percentiles and Rates, 2005
Prenatal and postpartum care**

	Mean	10 th percentile	25 th percentile	50 th percentile	75 th percentile	90 th percentile
Prenatal care	78.4%	63.7%	73.8%	81.5%	86.7%	89.5%
Postpartum care	56.0%	40.9%	51.1%	58.4%	64.5%	69.7%

Comprehensive diabetes care: Hemoglobin A1c testing

The measure

Rate

The proportion of enrollees with diabetes who have received a hemoglobin A1c test during SFY 2005.

Denominator

Adults aged 18-75 years of age who have been identified as having diabetes during SFY 2004 or SFY 2005.

Numerator

Adults in the denominator who have had a hemoglobin A1c test.

The results

The rates for hemoglobin A1c testing range from 34% to 60%, however, the number to the right of the rates indicates that for this measure the Coventry group is quite small, as is the IHS to MediPASS group and the IHS to FFS group. As has been previously discussed, these small numbers may result in wide variations in the rates over time due to one or two enrollees receiving a hemoglobin A1c test. Rates for the MediPASS and FFS groups are approximately 30%. Both of these groups have over 100 enrollees in them and, looking at the MediPASS rates over time, may reflect more stable values.

**Table 19. Rates of Hemoglobin A1c testing in people 18-64 years old
by managed care plan and year**

	Coventry	MediPASS	FFS	IHS to MediPASS	IHS to FFS
2005	54.3% (19/35)	33.9% (226/666)	28.5% (153/537)	40.6% (26/64)	60.0% (6/10)
2004	90.0% (9/10)	27.9% (61/219)	—	—	—
2003	46.2% (6/13)	28.7% (69/240)	—	—	—

Performance targets

Rates for hemoglobin A1c testing are all below the 10th percentile for Medicaid programs nationally, with the exception of the IHS to FFS group, which has a very small number of enrollees. These results merit further investigation to determine whether the testing is bundled with a visit or whether there are some other codes used to identify this test in the claims or encounters. The performance target should be set at 55% for next year.

**Table 20. NCQA Medicaid HEDIS means, percentiles and Rates, 2005
Comprehensive diabetes care: Hemoglobin A1c testing**

	Mean	10 th percentile	25 th percentile	50 th percentile	75 th percentile	90 th percentile
Hemoglobin A1c	74.7%	56.9%	69.8%	78.4%	84.1%	88.8%

Appendix A: Summary of outcomes by managed care plan, SFY 2005

Measure	Coventry	MediPASS	FFS	IHS to MediPASS	IHS to FFS
<i>Well-child visits in the first 15 months of life</i>					
0 visits	2.1%	11.9%	8.1%	1.9%	2.0%
1 visit	3.8%	6.4%	5.0%	3.7%	2.6%
2 visits	4.3%	5.8%	6.7%	4.8%	5.1%
3 visits	9.0%	7.3%	8.3%	10.5%	7.5%
4 visits	14.5%	11.3%	12.0%	13.3%	11.4%
5 visits	21.8%	15.0%	15.2%	14.2%	19.1%
6 or more visits	44.4%	42.2%	44.7%	51.5%	52.3%
<i>Well-child visits in the third, fourth, fifth and sixth year of life</i>					
Visit in the 3 rd year of life	73.2%	76.6%	74.2%	76.2%	82.7%
Visit in the 4 th year of life	79.0%	80.1%	78.7%	79.9%	87.8%
Visit in the 5 th year of life	79.7%	81.2%	77.3%	80.0%	85.2%
Visit in the 6 th year of life	31.2%	63.5%	55.5%	54.5%	57.4%
Visit in 3 rd -6 th years of life	66.9%	74.8%	71.6%	73.1%	80.4%
<i>Annual dental visit (new categories)</i>					
2–3 years old	17.8%	26.6%	26.8%	28.9%	32.1%
4–6 years old	55.2%	57.4%	52.7%	56.9%	61.5%
7–10 years old	56.9%	61.1%	54.3%	58.8%	60.0%
11–14 years old	50.9%	56.9%	52.0%	54.2%	55.6%
15–18 years old	49.4%	49.4%	47.1%	45.0%	50.5%
19-21 years old	41.4%	43.5%	41.0%	38.8%	41.1%
<i>Annual dental visit (old categories)</i>					
1–3 years old	11.8%	19.0%	19.5%	20.3%	23.6%
4–6 years old	55.2%	57.4%	52.7%	56.9%	61.5%
7–11 years old	55.9%	60.8%	54.4%	58.7%	59.5%
12–15 years old	50.2%	54.6%	51.3%	51.0%	53.9%
16–18 years old	49.8%	49.3%	45.1%	45.0%	50.5%
<i>Children's and adolescents' access to primary care practitioners</i>					
12–24 months old	99.6%	99.2%	97.2%	99.2%	100.0%
2–6 years old	86.8%	93.9%	90.4%	92.6%	93.8%
7–11 years old	88.3%	91.2%	89.4%	91.7%	93.1%
12–19 years old	86.9%	91.9%	89.9%	91.4%	94.1%
Combined	89.2%	93.3%	90.7%	93.1%	94.7%

Measure	Coventry	MediPASS	FFS	IHS to MediPASS	IHS to FFS
<i>Use of appropriate medications for people with asthma</i>					
5–9 years old	57.1%	92.4%	95.7%	76.9%	80.0%
10–17 years old	100.0%	95.1%	90.0%	78.4%	78.9%
18–56 years old	80.0%	85.2%	81.0%	84.8%	81.0%
Combined	77.3%	91.4%	88.1%	79.5%	80.0%
<i>Adult's access to preventive/ambulatory health services</i>					
20–44 years old	87.8%	85.1%	84.5%	84.3%	90.7%
45–64 years old	88.2%	85.3%	62.3%	84.9%	85.7%
<i>Prenatal and postpartum care</i>					
Prenatal care	43.1%	65.8%	58.1%	55.3%	52.4%
Postpartum care	52.7%	35.3%	36.1%	23.5%	25.2%
<i>Comprehensive diabetes care</i>					
Hemoglobin A1c	54.3%	33.9%	28.5%	40.6%	60.0%

Appendix B: Summary of outcomes by managed care plan, SFY 2004

Measure	John Deere	Coventry	Iowa Health Solutions	MediPASS
<i>Well-child visits in the first 15 months of life</i>				
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%
<i>Well-child visits in the third, fourth, fifth and sixth year of life</i>				
Visit in the 3 rd year of life	53.2%	72.5%	64.3%	76.4%
Visit in the 4 th year of life	65.4%	80.2%	70.3%	80.8%
Visit in the 5 th year of life	64.6%	82.8%	63.8%	80.8%
Visit in the 6 th year of life	38.2%	20.1%	44.3%	63.5%
Visit in 3 rd -6 th years of life	56.2%	75.3%	61.3%	75.6%
<i>Annual dental visit</i>				
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%
<i>Children's and adolescents' access to primary care practitioners</i>				
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%
<i>Use of appropriate medications for people with asthma</i>				
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%
<i>Adult's access to preventive/ambulatory health services</i>				
20–44 years old	85.1%	88.8%	88.7%	81.0%
45–64 years old	78.8%	81.3%	86.5%	85.5%

Measure	John Deere	Coventry	Iowa Health Solutions	MediPASS
<i>Prenatal and postpartum care</i>				
Prenatal care	63.0%	55.5%	63.0%	63.8%
Postpartum care	—	—	—	—
<i>Comprehensive diabetes care</i>				
Hemoglobin A1c	84.8%	90.0%	20.0%	27.9%

Appendix C: Summary of outcomes by managed care plan, SFY 2003

Measure	John Deere	Coventry	Iowa Health Solutions	MediPASS
<i>Well-child visits in the first 15 months of life</i>				
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%
<i>Well-child visits in the third, fourth, fifth and sixth year of life</i>				
Visit in the 3 rd year of life	56.1%	89.4%	73.4%	77.6%
Visit in the 4 th year of life	62.7%	85.3%	78.7%	82.8%
Visit in the 5 th year of life	58.8%	73.6%	75.9%	81.7%
Visit in the 6 th year of life	37.8%	55.7%	43.3%	61.2%
Visit in the 3 rd -6 th years of life	53.9%	76.7%	68.9%	76.2%
<i>Annual dental visit</i>				
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%
<i>Children's and adolescents' access to primary care practitioners</i>				
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%
<i>Use of appropriate medications for people with asthma</i>				
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%
<i>Adult's access to preventive/ambulatory health services</i>				
20–44 years old	69.5%	88.8%	87.2%	84.6%
45–64 years old	63.6%	70.6%	87.7%	83.4%

Measure	John Deere	Coventry	Iowa Health Solutions	MediPASS
<i>Prenatal and postpartum care</i>				
Prenatal care	60.4%	53.5%	63.5%	65.2%
Postpartum care	—	—	—	—
<i>Comprehensive diabetes care</i>				
Hemoglobin A1c	51.3%	46.2%	48.2%	28.7%

Appendix D: Technical specifications for outcome measures

Well-child visits in the first 15 months of life

Denominator: Children who turn 15 months of age during the measurement year and are continuously eligible for the period from 31 days of age through 15 months of age with no more than a 1-month gap. Whether children are 31 days of age is calculated by adding 31 days to the date of birth and whether they are 15 months is calculated as the date of the first birthday plus 90 days.

Numerator: Children within the denominator who had a well-child visit defined by any one of the procedure codes: 99381, 99382, 99391, 99392, 99432 or one of the diagnosis codes: V20.2, V70.0, V70.3, V70.5, V70.6, V70.8, V70.9.

Rates: Seven rates are computed for this measure. These rates encompass the proportion of children that had 0, 1, 2, 3, 4, 5, or 6 or more well visits during the 14-month period.

Well-child visits in the third, fourth, fifth, and sixth year of life

Denominator: Children who turn three through six years of age during the measurement year and are eligible for at least 11 months during the measurement year.

Numerator: Children within the denominator who had a well-child visit defined by any one of the procedure codes: 99382, 99383, 99392, 99393 or one of the diagnosis codes: V20.2, V70.0, V70.3, V70.5, V70.6, V70.8, V70.9.

Rates: Five rates are calculated, one for each year of age and one combined.

Annual dental visit

Denominator: Children 2–21 years of age who are eligible for at least 11 months during the measurement year.

Numerator: Children within the denominator who had a visit with a dental provider during the measurement year.

Rates: The rate is calculated for six age groups: 2–3 years old, 4–6 years old, 7–10 years old, 11–14 years old, 15–18 years old, and 19–21 years old.

Children's and adolescent's access to primary care practitioners

Denominator: Children who turn 12 months–6 years of age during the measurement year and who are eligible for at least 11 months during the measurement year *and* children 7 years of age to adolescents 19 years of age who are eligible for at least 11 months during the measurement year and 11 months during the year prior to the measurement year.

Numerator: Children 12 months–6 years of age who have had a primary care visit during the measurement year *and* children 7 years of age through adolescents 19 years of age who have

had a primary care visit during the measurement year or the year prior to the measurement year. A primary care visit was defined as any visit with one of the procedure codes: 99201-99205, 99211-99215, 99241-99245, 99341-99350, 99401-99404, 99411, 99412, 99420, 99429, 99381-99385 or 99391-99395 or one of the diagnosis codes: V20.2, V70.0, V70.3, V70.5, V70.6, V70.8, V70.9.

Rates: This rate is calculated for four different age groups: 12–24 months, 25 months–6 years, 7–11 years, and 12–19 years.

Use of appropriate medications for people with asthma

Denominator: People ages 5–56 years old who are eligible for at least 11 months during the measurement year and 11 months during the year prior to the measurement year with persistent asthma. People are considered to have persistent asthma if they meet one of the four protocols listed below during both the year *prior* to the measurement year and the measurement year.

At least one emergency visit defined by one of the procedure codes: 99281-99285, 99288 or one of the revenue codes: 450-459, 981 and with a principal diagnosis of asthma (ICD-9-CM 493).

At least one hospital discharge defined by one of the procedure codes: 99221-99223, 99231-99233, 99238, 99239, 99251-99255, 99261-99263, 99291, 99292, 99356, or 99357 or one of the revenue codes: 100-169, 200-229, 800-809, or 987 and with a principal diagnosis of asthma (ICD-9-CM 493).

Have at least 4 outpatient/physician visits defined by one of the procedure codes: 99201-99205, 99211-99215, 99217-99220, 99241-99245, 99271-99275 or one of the revenue codes: 456, 510, 515-517, 520, 521, 523, 526, 760-769, 770, 779, 982, 983, 988 and with any diagnosis of asthma (ICD-9-CM 493).

Have at least four asthma medicine dispensing events. A list of asthma medications is found on the NCQA website.

Numerator: The numerator consists of those people in the denominator who had at least one medication prescribing event for a long-term control medication during the measurement year. A list of these medications is found on the NCQA website.

Rates: This rate is calculated for four different age groups: 5–9 years olds, 10–17 year olds, 18–56 year olds, and a combined rate containing everyone 5–56 years old.

Adult access to preventive/ambulatory health services

Denominator: Adults 20-64 years of age who are eligible for at least 11 months in the measurement year.

Numerator: Adults within the denominator who had a preventive/ambulatory visit within the measurement year. Preventive/ambulatory visits are defined as a visit with one of the procedure codes: 99210-99205, 99211-99215, 99241-99245, 99341-99350, 99301-99303, 99311-99313, 99321-99323, 99331-99333, 99385-99387, 99395-99397, 99401-99404, 99411-99412, 99420, 99429, 99499, 92002, 92004, 92012, 92014 or one of the revenue codes: 770, 771, 779, 510-529, 982, 983.

Rates: This rate is calculated for two age groups: 20–44 year olds and 45–64 year olds.

Prenatal and postpartum care

Denominator: Women with a live birth during the year ending 56 days before the end of the measurement year and who were eligible for the period 43 days prior to delivery through 56 days after delivery.

Live births were defined by one of the diagnosis codes: 72.0-73.99, 74.0-74.2, 74.4, 74.99, 640.01-640.91, 641.01-641.91, 642.01-642.91, 643.01-643.91, 644.21, 645.11, 645.21, 646.01-646.91, 646.12, 646.22, 646.42, 646.52, 646.62, 646.82, 647.01-647.92, 648.01-648.92, 651.01-652.91, 653.01-653.91, 654.01-654.91, 654.02, 654.12, 654.32, 654.42, 654.52, 654.62, 654.72, 654.82, 654.92, 655.01-655.91, 656.01, 656.11, 656.21, 656.31, 656.51, 656.61, 656.71, 656.81, 656.91, 657.01, 658.01-658.91, 659.01-659.91, 660.01-660.91, 661.01-661.91, 662.01-662.91, 663.01-663.91, 664.01-664.91, 665.01, 665.11, 665.22, 665.31, 665.41, 665.51, 665.61, 665.71, 665.72, 665.81, 665.82, 665.91, 665.92, 666.02-666.92, 667.02-667.92, 668.01-668.91, 668.02-668.92, 669.01, 669.02, 669.11, 669.12, 669.21, 669.22, 669.32, 669.41, 669.42, 669.51, 669.61, 669.71, 669.81, 669.82, 669.91, 669.92, 670.02, 671.01, 671.02, 671.11, 671.12, 671.21, 671.22, 671.31, 671.42, 671.51, 671.52, 671.81, 671.82, 671.92, 671.92, 672.02, 673.01-673.91, 673.02-673.92, 674.01, 674.02-674.92, 675.01-675.91, 675.02-675.92, 676.01-676.91, 676.02-676.92 or one of the procedure codes 59400, 59409, 59410, 59510, 59514, 59515, 59610, 59612, 59614, 59618, 59620, 59622 or one of the DRG codes: 370-375. Any claim with one of the diagnosis codes 630-637, 656.4, 768.0, 768.1, V27.1, V27.4, or V27.7 is considered *not* to represent a live birth.

Numerator: Women within the denominator who had a prenatal care visit in the first trimester or within 42 days of becoming eligible. See HEDIS 2004, Volume 2, Technical Specifications for greater detail. A prenatal visit is defined by one of the procedure codes: 59400, 59510, 59610, 59618, 59425, 59426 with a date indicating first prenatal visit or one of the procedure codes: 99201-99205, 99211-99215 or revenue code 514 in combination with one of the procedure codes or procedure code combinations: 76801, 76802, 76805, 76811, 76812, 76815, 76816, 76817, 76818, 80055, 80090, 86762 and 86900 or 86762 and 86901 or in combination with one of the diagnosis codes: 640.x3, 641.x3, 642.x3, 643.x3, 644.x3, 645.x3, 646.x3, 647.x3, 648.x3, 651.x3, 652.x3, 653.x3, 654.x3, 655.x3, 656.x3, 657.x3, 658.x3, 659.x3, V22-V23. Postpartum care was defined by one of the procedure codes: 57170, 58300, 59400, 59410, 59430, 59510, 59515, 59610, 59614, 59618, 59622, 88141-88145, 88147, 88148, 88150-88155, 88164-88167, 88174, 88175 or one of the diagnosis codes: 91.46, V24.1, V24.2, V25.1, V72.3, V76.2 or revenue code 923.

Rates: Two rates are calculated, one for prenatal care and one for postpartum care.

Comprehensive diabetes care

Denominator: Adults with diabetes 18–64 years of age who were eligible for at least 11 months in the measurement year *and* who met one of the following protocols during the measurement year or the year prior to the measurement year.

At least one emergency visit defined by one of the procedure codes: 99281-99288 or one of the revenue codes: 450-459, 981 and with a principal diagnosis of diabetes (ICD-9-CM 250.00-250.99, 357.2, 362.0, 366.41, 648.0 or DRG 205 or 294) or one hospital discharge defined by one of the procedure codes: 99221-99223, 99231-99233, 99238, 99239, 99251-99255, 99261-99263, 99291, 99292, 99356, 99357 or one of the revenue codes: 100-169, 200-229, 720-729, 987 or DRG 462 and with a principal diagnosis of diabetes (ICD-9-CM 250.00-250.99, 357.2, 362.0, 366.41, 648.0 or DRG 205 or 294).

At least 2 outpatient/physician visits defined by one of the procedure codes: 92002-92014, 99201-99205, 99211-99215, 99217-99220, 99241-99245, 99271-99275, 99289, 99290, 99301-99303, 99311-99313, 99321-99323, 99331-99333, 99341-99355, 99384-99387, 99394-99397, 99410-99404, 99411, 99412, 99420, 99429, 99499 or one of the revenue codes: 490-539, 550-599, 650-669, 760-779, 820-859, 880-889, 920-929, 940-949, 960-969, 982-986, 988, 989 and with a diagnosis of diabetes (ICD-9-CM 250.00-250.99, 357.2, 362.0, 366.41, 648.0).

Have at least one diabetes medication dispensing event. A list of insulin and oral hypoglycemics is found on the NCQA website.

Numerator: Adults within the denominator who had a hemoglobin A1c test (procedure code 83036) during the measurement year.

Rates: One rate, including all adults, is calculated for this measure.

Appendix E: Outcomes for children in the foster care program

In a continuing effort to enhance health care access for Medicaid enrollees, the PPC and IDHS partnered to quantify outcome measures for children in the foster care program. Results of these analyses are shown in Table E.1. Generally, outcomes for children in the foster care program are lower than those for children in this report, with the exception of the rate of annual dental visit. Since this is the first attempt at quantifying the outcomes for foster children, we recommend that these rates be interpreted cautiously. We are uncertain whether the well-child visits are all coded appropriately. Physicians or specialists who examine children on intake to the foster care program or who see children for ongoing issues may not be coding well-child visits with the appropriate diagnosis code or procedure codes. In addition, we know from previous survey results that children in the foster care program generally have more visits for mental health services. Perhaps time spent obtaining and accessing these services precludes foster parents from being able to obtain timely well-child care. We are anxious to continue to investigate methods for examining and reporting access and utilization for children in the foster care program.

Table E-1. Summary of outcomes for children in the foster care program

Measure	
<i>Well-child visits in the first 15 months of life</i>	
0 visits	4.8%
1 visit	5.2%
2 visits	4.8%
3 visits	9.2%
4 visits	10.8%
5 visits	20.0%
6 or more visits	45.2%
<i>Well-child visits in the third, fourth, fifth and sixth years of life</i>	
Visit in the 3 rd year of life	61.9%
Visit in the 4 th year of life	66.6%
Visit in the 5 th year of life	63.5%
Visit in the 6 th year of life	43.7%
Visit in 3 rd -6 th years of life	58.0%

Measure	
<i>Annual dental visit</i>	
2–3 years old	28.6%
4–6 years old	53.0%
7–10 years old	57.6%
11–14 years old	60.6%
15–18 years old	66.9%
19–21 years old	51.4%
<i>Children and adolescents' access to primary care practitioners</i>	
12–24 months old	99.6%
2–6 years old	86.4%
7–11 years old	81.6%
12–19 years old	87.0%
Combined	85.9%
<i>Use of appropriate medications for people with asthma</i>	
5–9 years old	87.5%
10–17 years old	91.4%
18–56 years old	100%
Combined	90.9%
<i>Adults' access to preventive/ambulatory health services</i>	
20–21 years old	55.6%
<i>Comprehensive diabetes care</i>	
Hemoglobin A1c	83.3%



Outcomes of care for Iowa Medicaid managed care enrollees State Fiscal Year 2005

Final Report to the Iowa Department of Human Services

This report presents the results of the outcomes analysis portion of an evaluation of the Iowa Medicaid managed care programs for SFY 2005. Outcome measures within this report include well-child visits in the first 15 months of life, well-child visits in the third, fourth, fifth and sixth year of life, annual dental visits, children's and adolescents' access to primary care practitioners, use of appropriate medications for people with asthma, adults' access to preventive/ambulatory health services, prenatal and postpartum care, and comprehensive diabetes care. These measures are compared across managed care plans and the MediPASS program.

Data analysis and production of this report were completed by researchers at The University of Iowa Public Policy Center.

This report is a product of University research and does not necessarily represent the views of the Iowa Department of Human Services or The University of Iowa.

This project was not sponsored or conducted by the individual health plans providing services to Medicaid enrollees.

