

Ohio Medicaid Managed Health Care Clinical Performance Measures

State Fiscal Year 2001

Ohio Department of Job & Family Services Office of Ohio Health Plans

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FOREWORD

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This publication provides information on the performance of managed care plans (MCPs) under contract to serve Medicaid consumers in selected counties and reflects one of several components of ongoing managed care program oversight and quality improvement.

The Clinical Performance Measures Report focuses on the clinical care provided by MCPs as reported in their encounter data submissions. Encounter data is intended to capture each visit between an enrollee and provider; essentially, it is claims data without the payment. As such, there are inherent limitations in the completeness of encounter data, since the payment incentive is lacking. These measures remain useful, however, for the comparison of performance among plans and across time.

The Medicaid managed care program assesses MCP performance across a variety of indicators in the areas of access, clinical quality, consumer satisfaction, and administrative capacity. Success is not determined based on any one measure but on a multifaceted review across all indicators. The objective is one of ongoing quality improvement beyond minimum performance expectations, and the Clinical Performance Measures Report should be reviewed with this in mind.

The report shows that the overall performance of Ohio Medicaid serving MCPs is equal to or better than the national Medicaid average for many of the performance measures. It also targets areas for further improvement. The MCPs are held accountable for strategies to achieve these improvements, but in fact the goal of continuous quality improvement is one shared by and only attained through the commitment of MCPs, physicians, hospitals, government officials, and the consumers themselves.

The Ohio Department of Job and Family Services is committed to the effective use of the information in this report to assure that quality health care remain accessible by Medicaid managed care enrollees, as well as to assess and improve MCP and program performance.

If you have questions or comments regarding the report or the managed care program in Ohio, please contact the Bureau of Managed Health Care at (614) 466-4693.

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TABLE OF CONTENTS

Executive Summary	i
I. Introduction.....	1
Listing of Managed Care Plans & Plan Abbreviations	6
II. Perinatal Care Performance Measures	7
A. Initiation of Prenatal Care	7
B. Frequency of Ongoing Prenatal Care	9
C. Cesarean Section Delivery Rate	13
D. Low Birth Weight Rate	15
E. Very Low Birth Weight Rate	17
F. Postpartum Care	19
III. Child Health Care Measures	21
A. Well-Child Visits	21
B. Childhood Immunization Status	27
C. Use of Appropriate Medication for People With Asthma	36
D. Annual Dental Visit	39
Graphs	
A-1: Initiation of Prenatal Care, by MCP	8
B-1: Frequency of Ongoing Prenatal Care, by MCP	11
B-2: Frequency of Ongoing Prenatal Care, Percent Who Received <21%, 21-40%, 41-60%, 61-80%, or 81% or More of the Expected Number of Visits	12
C-1: Cesarean Section Delivery Rates, by MCP	14
D-1: Low Birth Weight, by MCP	16
E-1: Very Low Birth Weight, by MCP	18
F-1: Postpartum Care, by MCP.....	20
G-1: Well-Child Visits in the First 15 Months of Life	23
G-2: Well-Child Visits in the First 15 Months of Life, % Who Received 0,1,2,3,4,5,6 Visits ...	24
G-3: Well-Child Visits for Children Aged 3-6	25
G-4: Adolescent Well Care Visits	26
H-1: % Who Received 4 Diphtheria, Pertussis & Tetanus Vaccinations by Age 2	29
H-2: % Who Received 3 Polio Vaccinations by Age 2	30
H-3: % Who Received 1 Measles, Mumps & Rubella Vaccination by Age 2	31
H-4: % Who Received 2 Influenza Type B Vaccinations by Age 2	32
H-5: % Who Received 2 Hepatitis B Vaccinations by Age 2	33
H-6: % Who Received All Combination 1 Vaccinations by Age 2	34
H-7: % Who Received 1 Chicken Pox Vaccination by Age 2	35
I-1: Use of Appropriate Medication for People With Asthma	37
I-2: Use of Appropriate Medication for People With Asthma, by Age Group	38
J-1: Annual Dental Visit	40

Appendices

Appendix A: ODJFS Methods for Clinical Performance Measures41

Methods for Perinatal Measures

- Initiation of Prenatal Care43
- Frequency of Ongoing Prenatal Care49
- Cesarean Section Delivery Rate51
- Low Birth Weight Rate52
- Very Low Birth Weight Rate53
- Postpartum Care54

Methods for Care of Children Measures

- Well-Child Visits in the First 15 Months of Life56
- Well-Child Visits for Children Aged 3-658
- Adolescent Well Care Visits59
- Childhood Immunization Status60
- Use of Appropriate Medication for People With Asthma63
- Annual Dental Visit65

Appendix B: Notes66

Appendix C: MCP Individual Results67

EXECUTIVE SUMMARY

The Ohio Department of Job and Family Services (ODJFS) is the single state agency with responsibility for implementation and administration of the Ohio Medicaid program. As a value purchaser of health care, Ohio Medicaid has incorporated the use of managed care since 1978 to enhance system accountability for access and quality as well as to achieve greater cost predictability. Managed care offers an opportunity to assure access to a primary care provider, emphasize preventive care, and encourage the appropriate utilization of services in the most cost-effective settings.

Managed care plans (MCPs) cover Medicaid consumers in the Covered Families and Children category, which includes Healthy Start and Healthy Families. As of June, 2002, the Ohio Medicaid Managed Care Program consisted of seven MCPs operating in 15 counties. The Covered Families and Children Medicaid population in Ohio as of this date was 378,476.

ODJFS has measures in place to assure that the quality of care and access to care received through MCPs meets or exceeds set standards. These measures include, among others: (1) a federally-required annual quality improvement survey performed by an external quality review organization (EQRO) that includes a medical record audit; (2) a corporate MCP review, which includes a grievance audit, and quality of care studies of clinical processes and outcomes; (3) monitoring of provider panels; and (4) monitoring of access and clinical performance measures.

This report presents the results of the clinical performance measures for the MCPs for state fiscal year (SFY) 2001, which covers the period from July 1, 2000 through June 30, 2001. The results were calculated with “encounter” data, which is essentially administrative claims data that providers send to MCPs who, in turn, send it to ODJFS monthly. Information obtained from medical records was not used. The results were calculated solely using encounter data, which generally yields lower results than if medical records information was also used.

There are inherent limitations in relying solely on administrative data to measure clinical performance, including issues related to miscoding of services and missing data. These limitations are even more significant when it comes to measuring the performance of MCPs that have capitated payment arrangements with providers. Providers with such arrangements may be less likely to send in administrative data than fee-for-service providers since receiving payment does not depend on the submission of claims data for the services that are rendered to the managed care member; the provider receives a fixed monthly fee by MCPs regardless of how many services a member receives during the month.

Many steps are taken to help assure that encounter data is accurate and complete. Computer edits are used to reject data such as invalid codes, dates, and provider numbers. The volume of encounter data across various categories of services is monitored monthly and MCPs are held accountable for meeting volume standards that have been established. Additionally, Delmarva Foundation, the Department's EQRO, is presently conducting an encounter data omission study. This study will compare services documented in medical records against those submitted as encounters. The results from this study will be shared with the MCPs in an effort to improve the completeness of encounter data.

Because of the limitations of administrative data, the results presented in this report may not reflect the actual clinical performance of the providers associated with the MCPs. The ODJFS is focusing on improving the quality of the data with the goal of using these data to hold MCPs accountable for the quality of care delivered to Medicaid recipients enrolled in MCPs.

The following table summarizes the results for the clinical performance measures for SFY 2001.

Measure	SFY 2001
Initiation of Prenatal Care	81.4%
Frequency of Ongoing Prenatal Care	58.3%
Cesarean Section Rate	16.2%
Low Birth Weight Rate	8.5%
Very Low BirthWeight Rate	1.5%
Postpartum Visit	44.0%
Well Child Visit in First 15 Months of Life (Had 6 visits)	25.0%
Well Child Visit (3-6 years old)	50.1%
Adolescent Well Care Visit (12-21 years old)	27.5%
Asthma Medication Management	49.0%
Annual Dental Visit	38.8%
Childhood Immunization Status (received all recommended vaccines by age 2)	10.4%

Highlights of SFY 2001 Report:

- Over 80% of new members who had a live birth received a prenatal visit within 42 days of enrolling in the MCP or by the end of the first trimester if the member enrolled in the MCP during the early stage of pregnancy.
- 90% of members with a live birth had at least one prenatal visit and approximately 58% received 81% or more of the recommended number of prenatal visits, which is 17% higher than the national Medicaid average (see note below).

Note: The national Medicaid managed care results presented in this report for comparative purposes were obtained from the NCQA's website. NCQA has indicated that the data and methods used to calculate the results were audited and that the results were calculated using the "hybrid" (combines information obtained from medical records with encounter data) and administrative specifications (relies only on encounter data information). Results calculated using hybrid specifications are generally higher than those calculated using administrative specifications. Therefore, comparing the results in this report to the national Medicaid results is not an exact comparison and should be made with caution.

- The percentage of children in the 3-6 and 12-21 age groups who received a well-child visit is equal to the national Medicaid average.
- The percentage of members with persistent asthma who received the recommended medication increased significantly from 43.5% in SFY 1999 to 49% in SFY 2001 and, as of SFY 2001, is nearly equal to the national Medicaid average.
- Although collecting complete immunization encounter data continues to be a challenge, the percentage of children who received the chickenpox vaccine increased from 32.3% in SFY 1999 to 50.8% in SFY 2001.

Areas Identified for Improvement:

- The percentage of members who had a live birth and who received a postpartum visit between 21 and 56 days after delivery was 44% in SFY 2001, which is about 3% less than the national Medicaid average.
- The percentage of members who received six or more well-child visits with a primary care practitioner during their first 15 months of life was 25% during SFY 2001, which is 5% less than the national Medicaid average.
- The overall immunization rate is very low (10.4%) which, in large part, reflects the incompleteness of immunization encounter data.

I. INTRODUCTION

The Ohio Medicaid Managed Health Care Clinical Performance Measures Report is based solely on encounter data submitted by Managed Care Plans (MCPs) contracted to provide health services to Medicaid consumers. The Ohio Department of Job & Family Services (ODJFS) began collecting encounter data on July 1, 1996. This report will show results for State Fiscal Years (SFYs) 1999 (July 1, 1998 - June 30, 1999), 2000 (July 1, 1999 - June 30, 2000), and 2001 (July 1, 2000 - June 30, 2001). This report presents results for those MCPs that were serving Medicaid members during SFY 2001. Two of these MCPs (HMO Health Ohio and SuperMed) are no longer serving Medicaid members.

Encounter data captures every face-to-face visit between the MCP's Medicaid enrollees and a provider. It is one component of a multifaceted monitoring program designed to assure access to quality health services. The results will be compared to standards specified in the MCP's provider agreement with the ODJFS and will be reported to MCPs, consumers and other interested parties. In the mid-1990's, the state developed a detailed plan for using encounter data to pursue health care quality accountability. ODJFS' priority clinical areas of accountability are perinatal care and care for children. The measures and standards were developed by a committee comprised of state agency staff, MCP representatives, and other interested parties. The committee made recommendations based on information from the goals of Healthy People 2000, Center for Disease Control guidelines, the National Committee for Quality Assurance's (NCQA) "Health Plan Employer Data and Information Set" (HEDIS),¹ Medicaid Fee For Service (FFS) experience, and the work of groups such as Ohio's "Family and Children First Initiative." The performance measures were discussed by the Medical Care Advisory Committee's (MCAC) Subcommittee on Managed Care and Clinical Services and were eventually reviewed by the full MCAC. The measures that have standards are indicated as such in the measure description. These selected measures are also specified in the MCP's provider agreement with ODJFS which serve to hold the MCPs accountable for a minimum standard level of care.

Due to data quality issues, these results may not be reflective of actual clinical performance. ODJFS is focusing on improving the quality of the data with the goal of using these data to hold MCPs accountable for the quality of care delivered to Medicaid recipients enrolled in MCPs. Data quality issues are common in the early years of collecting encounter data. The following sections outline some considerations that should be taken into account when reviewing the results and describes the data quality measures that are currently in place.

Technical Considerations

Subsequent to an enrollee encounter with a provider there are several events that might influence the validity of the encounter data. The encounter must first be documented by the provider by completing a claim requesting reimbursement or by completing a shadow claim if there is a capitated arrangement with the MCP. Next, the provider submits the encounter to the MCP where they confirm that all information on the claim is complete and in an acceptable format. Following acceptance, the MCP processes the encounter and transfers it to their information system. Finally, the encounter is submitted to ODJFS where an edit process assures proper format and valid data elements (e.g., Medicaid ID and procedure codes). Any error at a data transfer point (e.g., coding the encounter on the claim or data entry into an electronic format) or break in this chain of events (e.g., rejected encounters submitted to the MCP or to ODJFS) results in inaccurate and/or incomplete data.

Related to encounter data reporting, provider compliance is a chief concern of MCPs. In a capitated delivery system, providers have less incentive to submit encounter data because the claim submission is not tied to a payment process. Also, providers must be willing to use the appropriate codes as defined in their agreement with MCPs. In order to ensure physician compliance, MCPs develop encounter data reporting policies, offer financial incentives, and provide technical assistance.

Once the encounter is submitted to the MCP, their management information system must allow for the processing for payment, collection and storage of claims and allow for the production of the data in the proper format for submission to ODJFS. Before ODJFS required encounter data submissions, many MCPs had limited experience collecting and reporting data for this purpose.

Data Quality Measures

The evaluation of each MCP's results, whereby the results are compared to the standards, identifies areas needing improvement. To encourage standard level performance each MCP that is not compliant with the standard faces a system of progressive penalties. This system's first objective is to improve the quality of the encounter data. In this complex data collection system, it is expected in the first several years of data collection that there will be many data quality issues identified and resolved. Once the data quality is to a level where ODJFS is confident that the results reflect the services being delivered, then this monitoring tool can be used to improve clinical performance.

Data quality measures were developed to evaluate and improve the completeness, accuracy, and timeliness of each MCP's encounter data set. These measures include:

1. Validation Studies, where submitted encounters are compared to medical records for accuracy;
2. Omission Studies, where an enrollee's medical record is compared to the encounter data to check completeness of the submitted data;

3. Claims Volume Report, to assure the expected number of encounters are being submitted timely; and
4. Minimum level performance measures results, where results below this minimum level can only be explained by data errors.

In addition to the above mentioned attempts to improve data quality, ODJFS maintains an ongoing dialogue and an information sharing process with MCPs concerning encounter data reporting. ODJFS offers MCPs technical assistance and is providing feedback on submissions. ODJFS arranged to meet with MCPs individually and in groups in order to address issues related to reporting encounter data. The meetings facilitated discussions to clarify reporting specifications and coding issues.

Revised Performance Measures Beginning in SFY 2001

Listed below are the contract performance measures for SFY 2001. ODJFS has moved from using ODJFS/MCP developed performance measures to using the standardized NCQA HEDIS measures so that the department can compare the MCP results against the results obtained in other states.

Perinatal Measures

— Initiation of Prenatal Care

The percentage of women who delivered (a) live birth(s) during the fiscal year, who were enrolled in the MCP no more than 279 days but at least 43 days prior to delivery with no gaps in MCP enrollment, and who had their first prenatal visit within 42 days of enrollment or by the end of the first trimester for those women who enrolled in the MCP during the early stage of pregnancy.

— Frequency of Ongoing Prenatal Care

The percentage of Medicaid-enrolled women who had a live birth during the fiscal year and who received less than 21%, 21% through 40%, 41% through 60%, 61% through 80%, or greater than or equal to 81% of the expected number of prenatal care visits, adjusted for gestational age and the month the member enrolled in the MCP.

— Low Birth Weight Rate

The percentage of women who delivered a live birth during the fiscal year, who had at least five months of continuous enrollment immediately prior to the birth, and who had a low birth weight baby. (Although this is no longer a HEDIS measure, ODJFS believes that it is important to retain this as a performance measure).

— Postpartum Care

The percentage of enrolled women who delivered (a) live birth(s) during the fiscal year who were continuously enrolled for 56 days after delivery and who had a postpartum visit on or between 21 days and 56 days after delivery.

The postpartum care measure was not a contract measure in SFY 2001. It will become a contract measure beginning with SFY 2003.

Child Health Care Measures

– Well-Child Visits in the First 15 Months of Life

The percentage of enrolled members who turned 15 months old during the fiscal year, who were enrolled in the MCP from 31 days of age (allowing for a one month gap in MCP enrollment), and who received either zero, one, two, three, four, five, or six or more well-child visits with a primary care practitioner during their first 15 months of life.

– Well-Child Visits for Children Aged 3 Through 6

The percentage of members who were three, four, five, or six during the fiscal year, who were enrolled for at least 11 months with the plan during the measurement year, and who received one or more well-child visit(s) with a primary care practitioner during the fiscal year.

– Adolescent Well-Care Visits

The percentage of enrolled members who were age 12 through 21 during the fiscal year, who were enrolled for at least 11 months with the plan during the fiscal year, and who received at least one comprehensive well-care visit with a primary care practitioner during the fiscal year.

– Childhood Immunization Status

The percentage of enrolled children who turned two years old during the fiscal year, who were enrolled for 12 months immediately preceding their second birthday (allowing for one month gap in MCP enrollment), and who received four DTP/DTaP, three IPV/OPV, one MMR, two Hemophilus influenza b, and two hepatitis B vaccines by their second birthday.

– Use of Appropriate Medications for People with Asthma

The percentage of members with persistent asthma who were enrolled for at least 11 months with the plan during the fiscal year and who received prescribed medications acceptable as primary therapy for long-term control of asthma.

– Annual Dental Visit

The percentage of enrolled members age 4 through 21 who were enrolled for at least 11 months with the plan during the fiscal year and who had at least one dental visit during the fiscal year.

New Uses of Encounter Data

Encounter data will increasingly be used to monitor the performance of MCPs. In addition to calculating clinical performance measures, the data will also be used to monitor the success of emergency department diversion activities, to calculate access related performance measures as a way of monitoring and assuring that recipients have access to care, and for rate setting purposes.

Conclusion

This document represents one component of ODJFS' multifaceted approach to measure quality. ODJFS is focusing its efforts in improving the data quality to a level where one can have confidence in the results. These results are important not only because they provide the ground work for measuring the clinical performance of MCPs and their providers in future years, but also because they provide some indication of how well MCPs are able to collect and process information from providers and then to submit that information to ODJFS in prescribed formats, on a monthly basis. In order for health care to be coordinated and effectively managed, MCPs must demonstrate the capacity to collect, analyze and distribute information.

Results will be reported on the following plans:

Managed Care Plan	Abbreviation Used in Graphs
CareSource	CS
Family Health Plan	FHP
HMO Health Ohio	HHO
Paramount Health Care	PAR
QualChoice Health Plan	QC
Renaissance Health Plan	REN
SummaCare	SC
SuperMed HMO	SM
Weighted Average of all MCPs	AVG

II. PERINATAL CARE MEASURES

In this section the results of the following performance measures will be given:

- Initiation of prenatal care for new enrollees
- Frequency of ongoing prenatal care
- Cesarean section delivery rate
- Percentage of low birth weight newborns
- Percentage of very low birth weight newborns
- Postpartum care

Initiation of Prenatal Care for New Enrollees

The percentage of women who delivered (a) live birth(s) during the fiscal year, who were enrolled in the MCP no more than 279 days but at least 43 days prior to delivery with no gaps in MCP enrollment, and who had their first prenatal visit within 42 days of enrollment or by the end of the first trimester for those women who enrolled in the MCP during the early stage of pregnancy.

(MCP Contract Measure)

BACKGROUND:

This measure assesses whether new enrollees received prenatal care early in pregnancy (during the first trimester). Thus, this measure looks at the timing of prenatal care as opposed to the frequency of such care. Both factors, however, are thought to be related to the outcome of pregnancy.

MCP TARGET FOR SFY 2001:

90% of the eligible population initiate prenatal care within the specified time.

MCP STANDARD FOR SFY 2001:

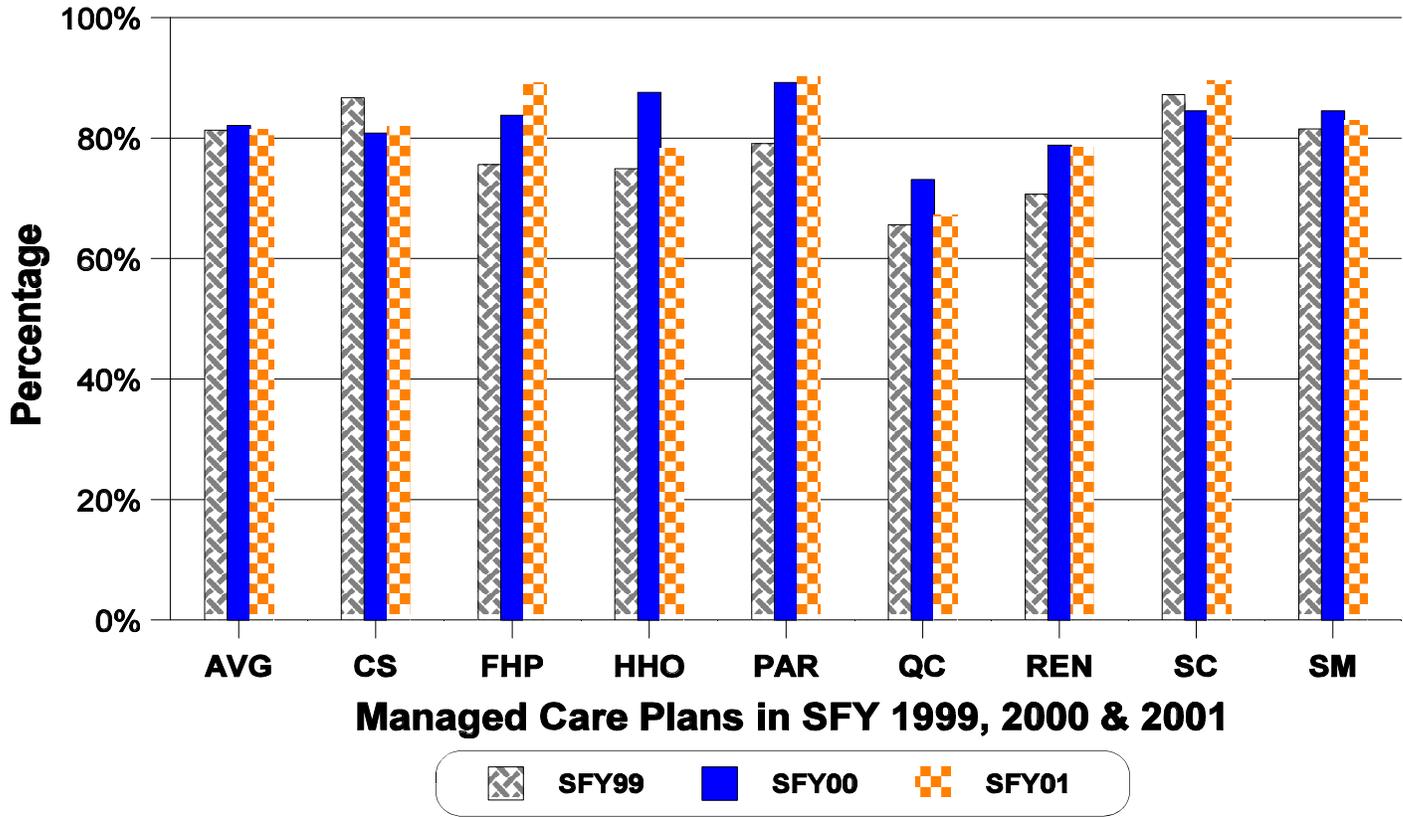
For results that are below the target, the level of improvement must result in at least a 10% decrease in the difference between the target and the previous year's results.

RESULTS:

The percentage of Medicaid members enrolled in MCPs who had a prenatal visit within 42 days of enrollment, or by the end of the first trimester for those women who enrolled in the MCP during the early stage of pregnancy, has remained relatively constant at approximately 81% from SFY 1999 through SFY 2001. There was wide variation among the MCPs in the results. The results in SFY 2001 ranged from a low of 67.2% to a high of 90.1%.

Graph A-1.

Initiation of Prenatal Care for New Enrollees (received visit within 42 days or by end of 1st trimester)



Managed Care Plans in SFY 1999, 2000 & 2001



SFY99



SFY00



SFY01

Results may vary among plans due to administrative problems in reporting and may not represent the clinical performance of the providers within the MCP.

Source of Data: Encounter Database and Recipient Master File.

Frequency of Ongoing Prenatal Care

The percentage of Medicaid-enrolled women who had a live birth during the fiscal year and who received less than 21%, 21% through 40%, 41% through 60%, 61% through 80%, or greater than or equal to 81% of the expected number of prenatal care visits, adjusted for gestational age and the month the member enrolled in the MCP. (MCP Contract Measure)

BACKGROUND:

This measure assesses whether recipients received a sufficient number of prenatal visits. Periodic care throughout pregnancy helps to promote a good pregnancy outcome. During the visits providers monitor the health of the woman and the fetus and teach the woman about the childbearing and delivery process. Specifically, routine prenatal care typically includes taking the history of the woman, performing a physical examination and chemical urinalysis, and recording the woman's weight, blood pressure, and fetal heart tones. It is important that periodic monitoring occur since the mother's risk status can change throughout pregnancy.

The measure adjusts for the length of gestation as well as the timing of the first prenatal visit. For example, a recipient who had a full term pregnancy of 44 weeks and who began care in the first month of pregnancy would be expected to have 18 visits while a recipient who had a pregnancy of 33 weeks and who began care in the fifth month of pregnancy would be expected to have only three visits. The expected number of visits is based on guidelines set forth by the American College of Obstetricians and Gynecologists. For further discussion of this adjustment, please see Appendix A.

MCP TARGET FOR SFY 2001:

80% of the women who had a live birth during the fiscal year will receive 81% or more of the expected number of prenatal visits.

MCP STANDARD FOR SFY 2001:

For results that are below the target, the level of improvement must result in at least a 10% decrease in the difference between the target and the previous year's results.

RESULTS:

The percentage of women with a live birth who received 81% or more the expected number of prenatal care visits, adjusted for gestational age and the month the member enrolled in the MCP, decreased slightly from 59.6% in SFY 2000 to 58.3% in SFY 2001. In SFY 2001, the results ranged from 47.4% to 71%. Five of the eight plans had results exceeding the average of 58.3%. The bar labeled "USA" provides the national Medicaid results (obtained from NCQA website) for calendar year 2000 as a frame of reference.

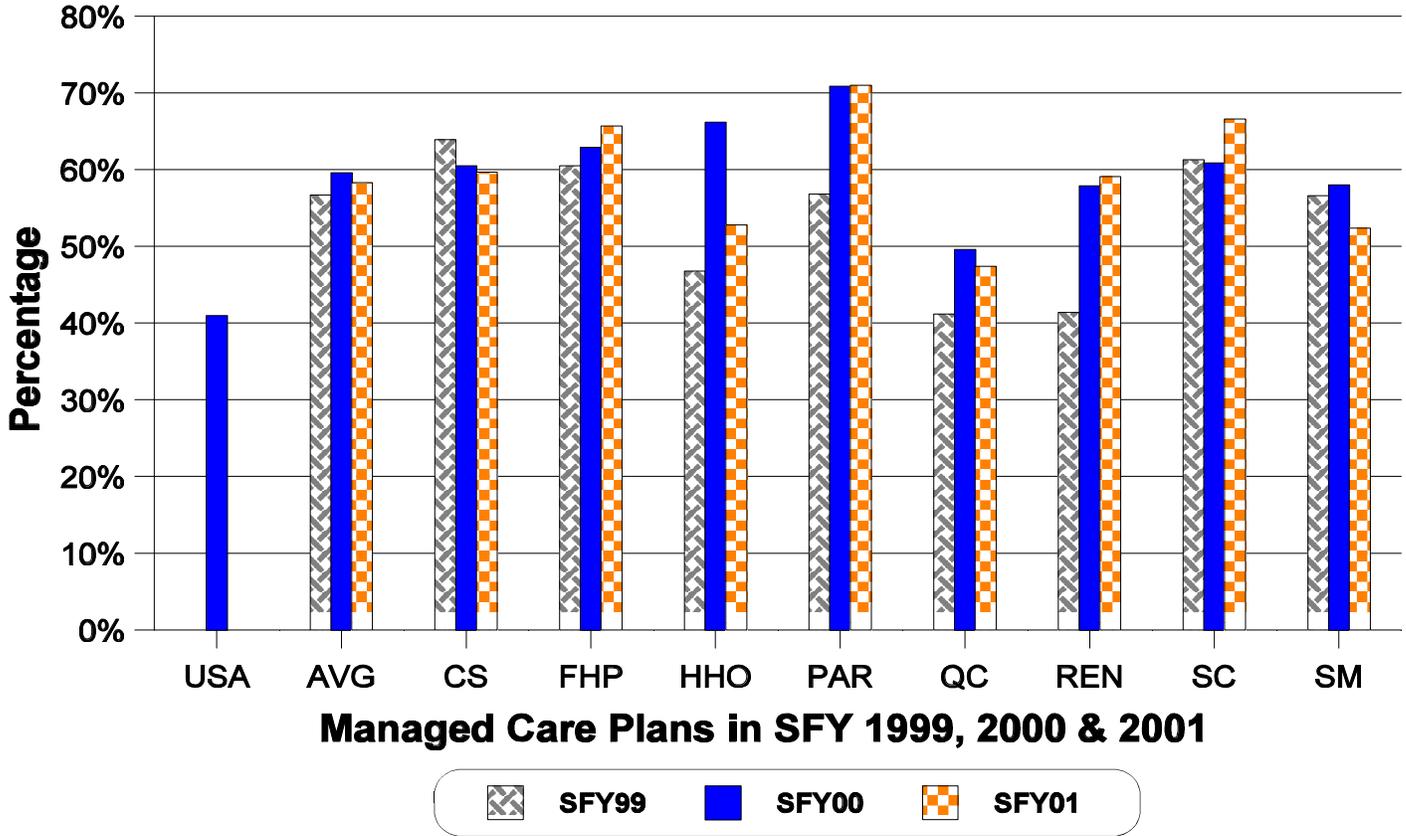
Graph B-2 shows the percentage of women in the denominator who received less than 21%, 21-40%, 41-60%, 61-80%, or 81% or more of the expected number of visits. As shown, the weighted average of the Medicaid serving MCPs in Ohio exceeded the national Medicaid average

regarding the percentage of members who received 81% or more of the expected number of prenatal visits. Furthermore, the percentage of Ohio MCP members who received very little or no prenatal care (i.e., less than 21% of the expected number of prenatal visits) was significantly lower than the national average.

Graph B-1.

Frequency of Ongoing Prenatal Care

Percent Who Received 81% or More of the Expected Visits



Results may vary among plans due to administrative problems in reporting and may not represent the clinical performance of the providers within the MCP.

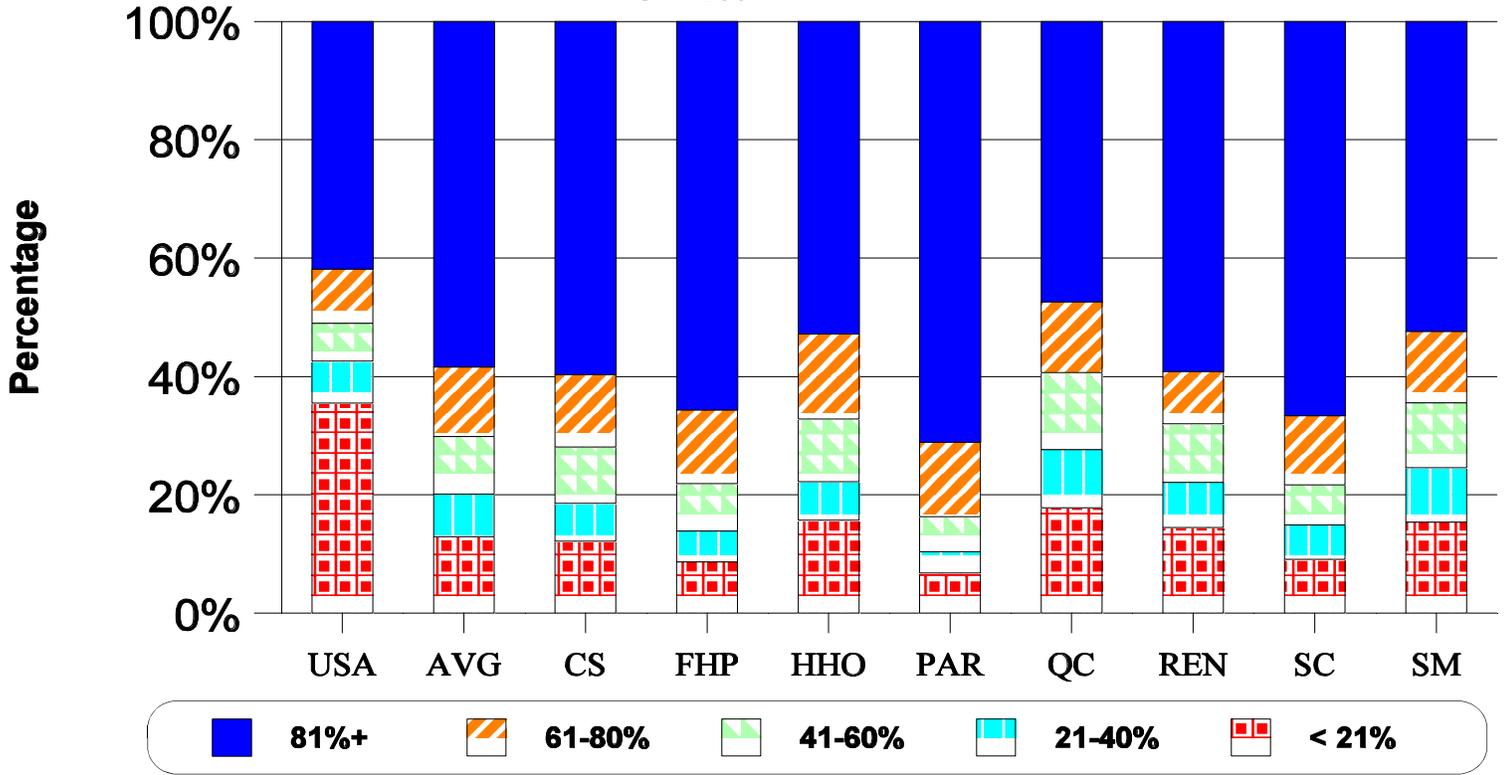
Source of Data: Encounter Data and NCQA (Calendar Year 2000)

Graph B-2.

Frequency of Ongoing Prenatal Care

% Receiving <21%, 21-40%, 41-60%, 61-80%, 81% or More of the Expected Visits

SFY 2001



Results may vary among plans due to administrative problems in reporting and may not represent the clinical performance of the providers within the MCP.

Source of Data: Encounter Data and NCQA (Calendar Year 2000)

Cesarean Section Rate

The percentage of women who had a live birth during the fiscal year who delivered by a Cesarean Section.

BACKGROUND:

A cesarean section is a surgical procedure whereby a baby is delivered through an incision in the abdominal and uterine walls. Not only can reducing the rate reduce health care costs, but also the risk to mothers can be reduced since there is a higher risk of mortality and complications and a longer hospital stay associated with cesarean section deliveries than with vaginal deliveries.

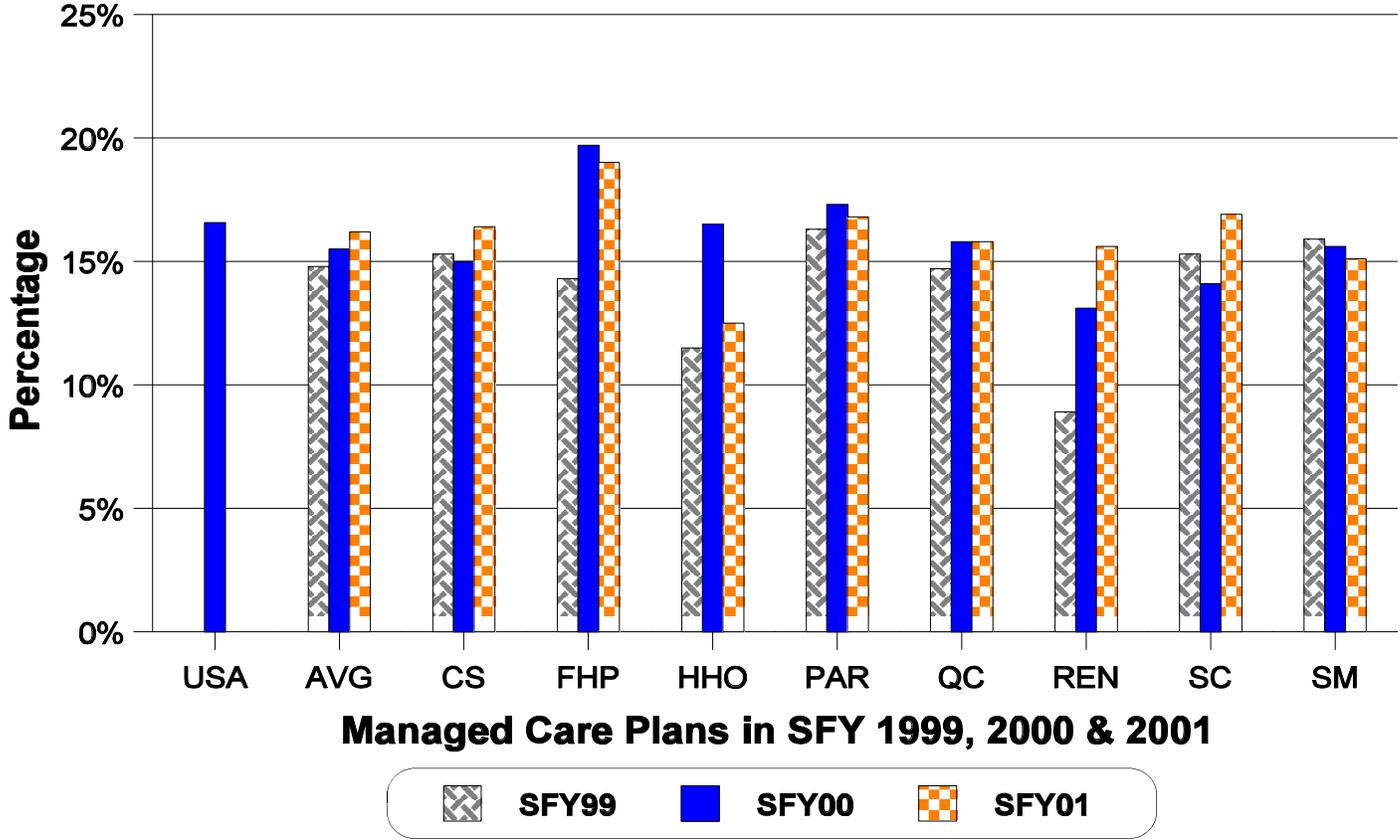
After declining for many years, the rate of cesarean delivery in the United States began to rise in 1997. By 1999, the nationwide rate of cesarean delivery had increased to 22% of all live births.²

RESULTS:

The percentage of Medicaid MCP members who had a repeat or primary cesarean section delivery was 14.8% in SFY 1999 and increased to 16.2% by SFY 2001. However, as shown on the following graph, the results were equal to the national Medicaid average (16.6%). The results for SFY 2001 ranged from 12.5% to 19%.

Graph C-1.

Cesarean Section Rate



Results may vary among plans due to administrative problems in reporting and may not represent the clinical performance of the providers within the MCP.

Source of Data: Encounter Data and NCQA (Calendar Year 2000)

Low Birth Weight Measure

The percentage of women who gave birth to a low-birth weight newborn during the fiscal year.
(MCP Contract Measure)

BACKGROUND:

This measure indirectly measures the outcome of care since low birth weight (defined as being less than 2,500 grams or about 5.5 pounds) is correlated with various adverse events. Not only are low birth weight infants more likely to experience neurodevelopmental handicaps, congenital anomalies, and respiratory disorders than are infants of normal birthweight,³ but they also are 40 times more likely to die.⁴ Various risk factors have been associated with delivering a low birth weight infant. These include maternal age (less than 18 or greater than 35), ethnicity, low socioeconomic status, parity greater than 4, poor obstetrical history, smoking, substance abuse, poor nutrition, various medical illnesses such as hypertension, and absence of prenatal care.^{5,6}

In recent years, low birth weight rates in the United States have been steadily increasing. The rate increased from 6.75% in 1985 to 7.57% in 1998.⁷

MCP TARGET FOR SFY 2001:

A maximum of 6% of the women who had a live birth during the fiscal year will have a low birth weight baby.

MCP STANDARD FOR SFY 2001:

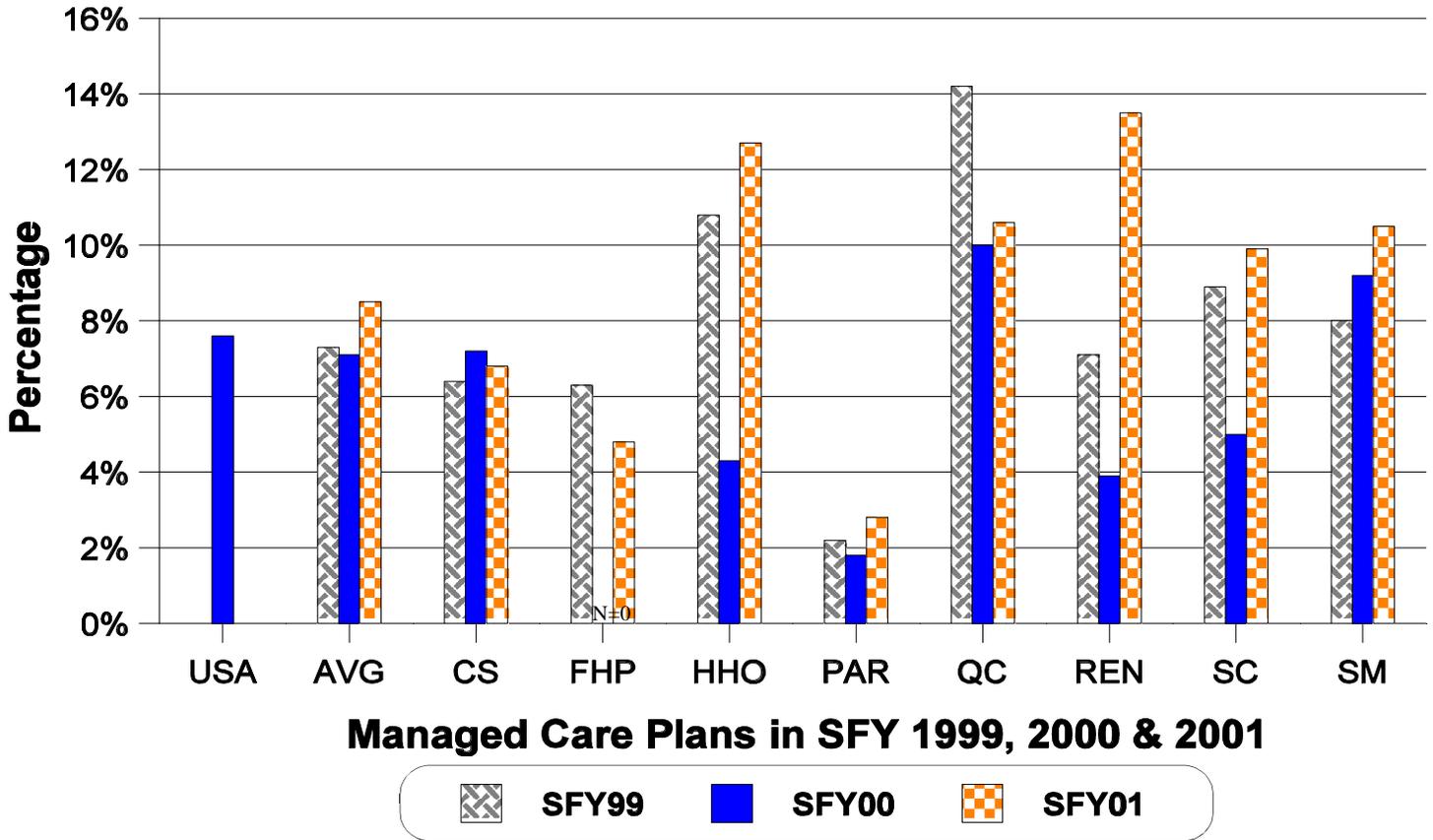
For results that are below the target, the level of improvement must result in at least a 5% decrease in the difference between the target and the previous year's results.

RESULTS:

The percentage of MCP Medicaid members who had a low birth weight baby was 7.3% in SFY 1999 and increased to 8.5% by SFY 2001. Family Health Plan (FHP) had a denominator of 0 in SFY 2000 since the birth weight was not provided for that year. FHP provided this information for SFY 2001 and their low birth weight rate was 4.8%. The results in SFY 2001 ranged from a low of 2.8% to a high of 13.5%.

Graph D-1.

Low Birth Weight Results (Less Than 2500 Grams)



Results may vary among plans due to administrative problems in reporting and may not represent the clinical performance of the providers within the MCP.

Source of Data: Encounter Data and National Vital Statistics System (Calendar Year 2000)

On this graph, lower rates indicate better performance.

Very Low Birth Weight Measure

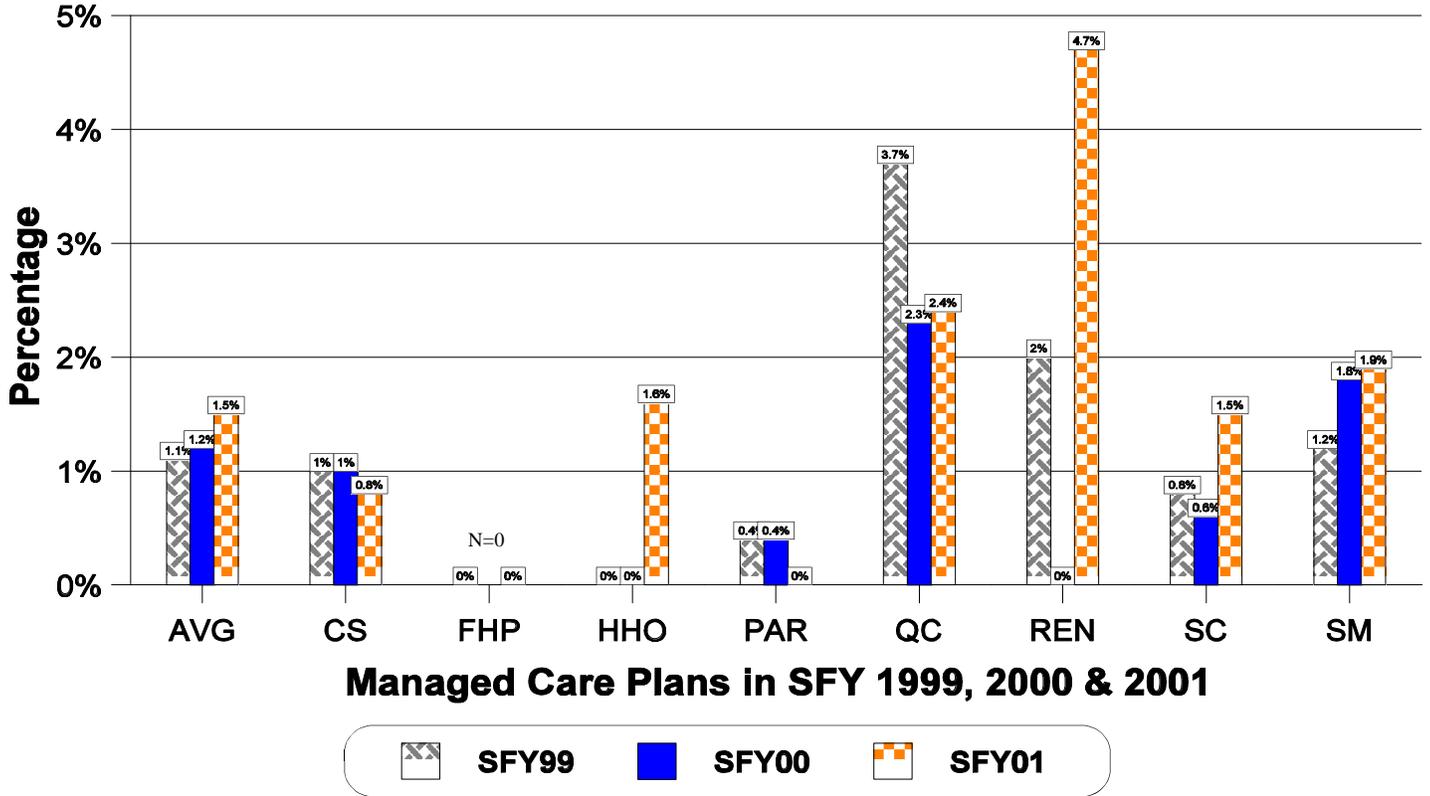
The percentage of women who gave birth to a very low-birth weight newborn during the fiscal year.

RESULTS:

The very low birth weight MCP average was 1.1% in SFY 1999, 1.2% in SFY 2000, and 1.5% in SFY 2001. As noted above, FHP had a denominator of 0 in SFY 2000 since the birth weight was not provided for that year.

Graph E-1.

Very Low Birth Weight Results (Less Than 1500 Grams)



Results may vary among plans due to administrative problems in reporting and may not represent the clinical performance of the providers within the MCP.

Source of Data: Encounter Database and Recipient Master File.

On this graph, lower rates indicate better performance.

Postpartum Care

The percentage of enrolled women who delivered (a) live birth(s) during the fiscal year, who were continuously enrolled for 56 days after delivery, and who had a postpartum visit between 21 and 56 days after delivery.

(MCP Contract Measure)

BACKGROUND:

The American College of Obstetricians and Gynecologists recommends that women have a postpartum visit from four to six weeks after delivery.⁸ Women undergo physiological, emotional, and social changes during the period after delivery. The purpose of the postpartum visit is to evaluate the condition of the mother, to provide assistance and answer questions, and to provide guidance regarding family planning and nutrition. The physical examination that is performed during the visit should include an evaluation of weight, blood pressure, breasts, abdomen, and pelvic examination.⁹

MCP TARGET FOR SFY 2001:

At least 80% of the women who had a live birth during the fiscal year and who met the eligibility criteria will receive a postpartum visit.

MCP STANDARD FOR SFY 2001:

For results that are below the target, the level of improvement must result in at least a 5% decrease in the difference between the target and the previous year's results.

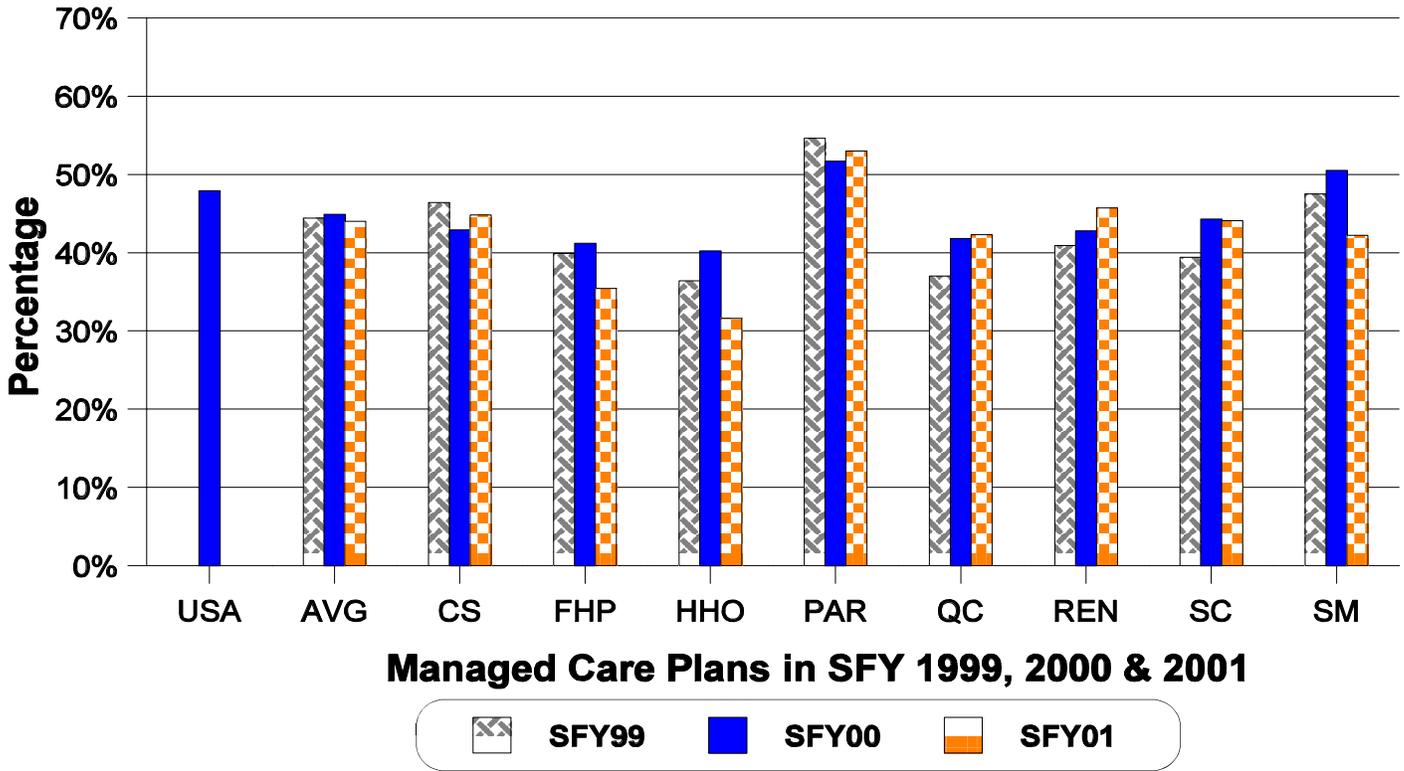
RESULTS:

The percentage of members in the denominator who had a visit between 21 and 56 days after delivery remained relatively constant from SFY 1999 to SFY 2001 at 44%. During SFY 2001 the results ranged from 31.6% to 53%. The results were slightly less than the national Medicaid average (47.9%) and thus there is significant room for improvement on this performance measure.

Graph F-1.

Postpartum Care

(Received follow-up visit between 21 and 56 days after delivery)



Managed Care Plans in SFY 1999, 2000 & 2001



Results may vary among plans due to administrative problems in reporting and may not represent the clinical performance of the providers within the MCP.

Source of Data: Encounter Data and NCQA (Calendar Year 2000)

III. CHILD HEALTH CARE MEASURES

In this section the results of the following performance measures will be given:

- Children who received recommended numbers of well-child visits, by age group
- Children received recommended immunizations by age 2.
- Members with persistent asthma who received recommended medications
- Children who received annual dental visit

Well-Child Visit Measures

– Well-Child Visits in the First 15 Months of Life

The percentage of enrolled members who turned 15 months old during the fiscal year, who were enrolled in the MCP from 31 days of age (allowing for a one month gap in MCP enrollment), and who received either zero, one, two, three, four, five, or six or more well-child visits with a primary care practitioner during their first 15 months of life.

– Well-Child Visits For Children Aged 3 Through 6

The percentage of members who were three, four, five, or six during the fiscal year, who were enrolled for at least 11 months with the plan during the measurement year, and who received one or more well-child visit(s) with a primary care practitioner during the fiscal year.

– Adolescent Well-Care Visits

The percentage of enrolled members who were age 12 through 21 during the fiscal year, who were enrolled for at least 11 months with the plan during the fiscal year, and who received at least one comprehensive well-care visit with a primary care practitioner during the fiscal year.

(MCP Contract Measure)

BACKGROUND:

Periodic preventive exams provide an opportunity for physicians and other health professionals to prevent and identify physical, developmental, and behavioral problems. The American Academy of Pediatrics (AAP) Periodicity Schedule recommends annual well-child visits for two to six year olds.¹⁰ The AAP also recommends that adolescents receive comprehensive preventive examinations annually.¹¹ Preventive exams are particularly important during the first year of life when an infant undergoes significant changes in cognitive abilities, growth, motor skills, hand-eye coordination, and social and emotional growth.¹²

MCP TARGET FOR SFY 2001:

At least 80% of the eligible children will receive the expected number of well-child visits.

MCP STANDARD FOR SFY 2001:

For results that are below the target, the level of improvement must result in at least a 10% decrease in the difference between the target and the previous year's results.

RESULTS:

The percentage of members who received six or more well-child visits with a primary care practitioner during their first 15 months of life was 25% during SFY 2001. The results in SFY 1999 and SFY 2000 were 24.4% and 23.1%, respectively. The national Medicaid average (30.2%) was 5% higher than the Ohio Medicaid MCP average, which highlights an area where improvement is needed. Graph G-2 shows the percentage of children who received zero, one, two, three, four, five, or six or more well-child visits. Although there was a higher percentage of children who received six or more visits nationally, the percentage of children who received no visits was lower in Ohio than nationally which indicates that some well-child care is being provided, but not at the level recommended by the American Academy of Pediatrics.

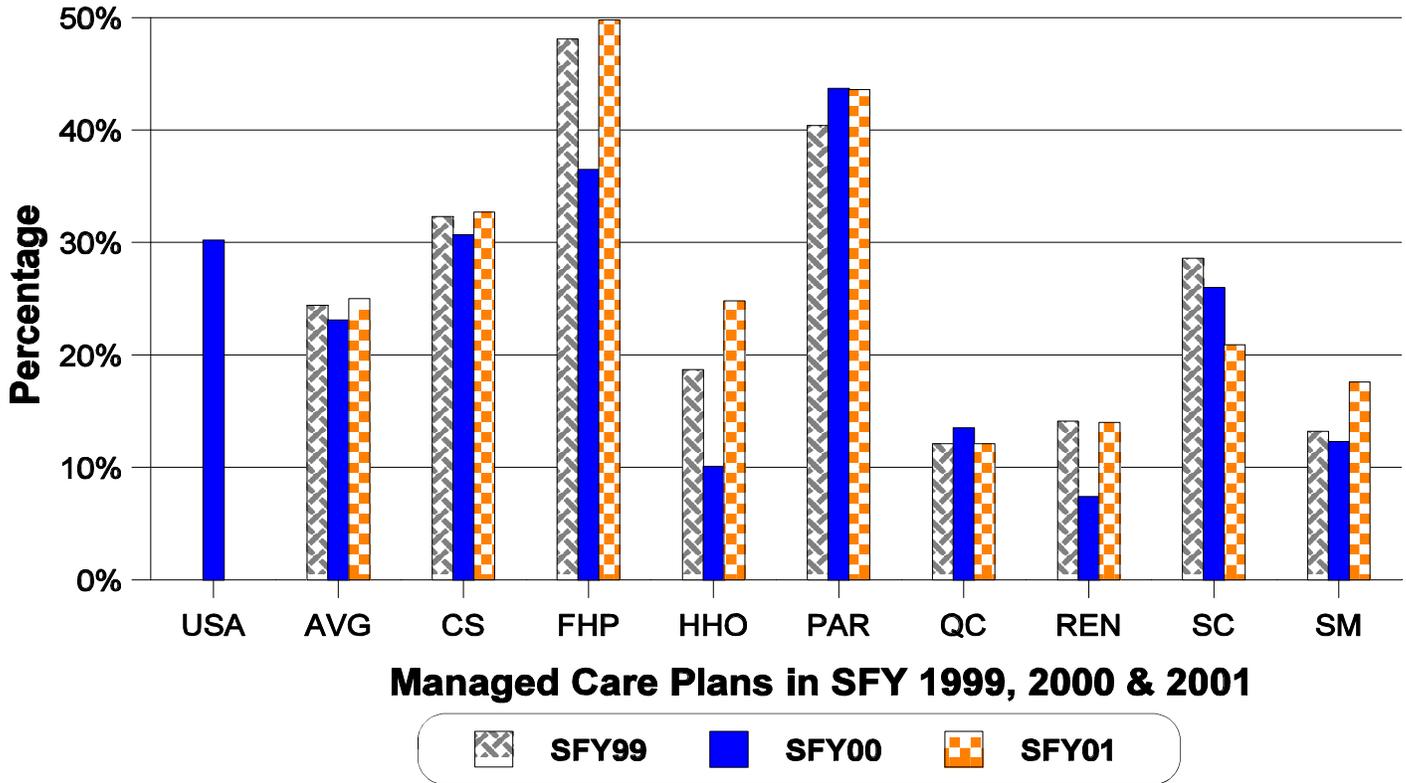
The percentage of members who were age three through six during SFY 2001 and who received one or more well-child visit(s) with a primary care practitioner was 50.1%, which was a slight decrease from SFY 2000 (51.4% received at least one exam). The Ohio Medicaid MCP average and the national Medicaid average (49%) were about equal.

The percentage of enrolled members who were age 12 through 21 during SFY 2001 and who received at least one comprehensive well-care visit with a primary care practitioner was 27.5%. As with the three through six year old age group, the Ohio Medicaid MCP average was about the same as the national Medicaid average (27.9%).

Graph G-1.

Well-Child Visits in the First 15 Months of Life

% of Children Who Received 6 or More Visits



Results may vary among plans due to administrative problems in reporting and may not represent the clinical performance of the providers within the MCP.

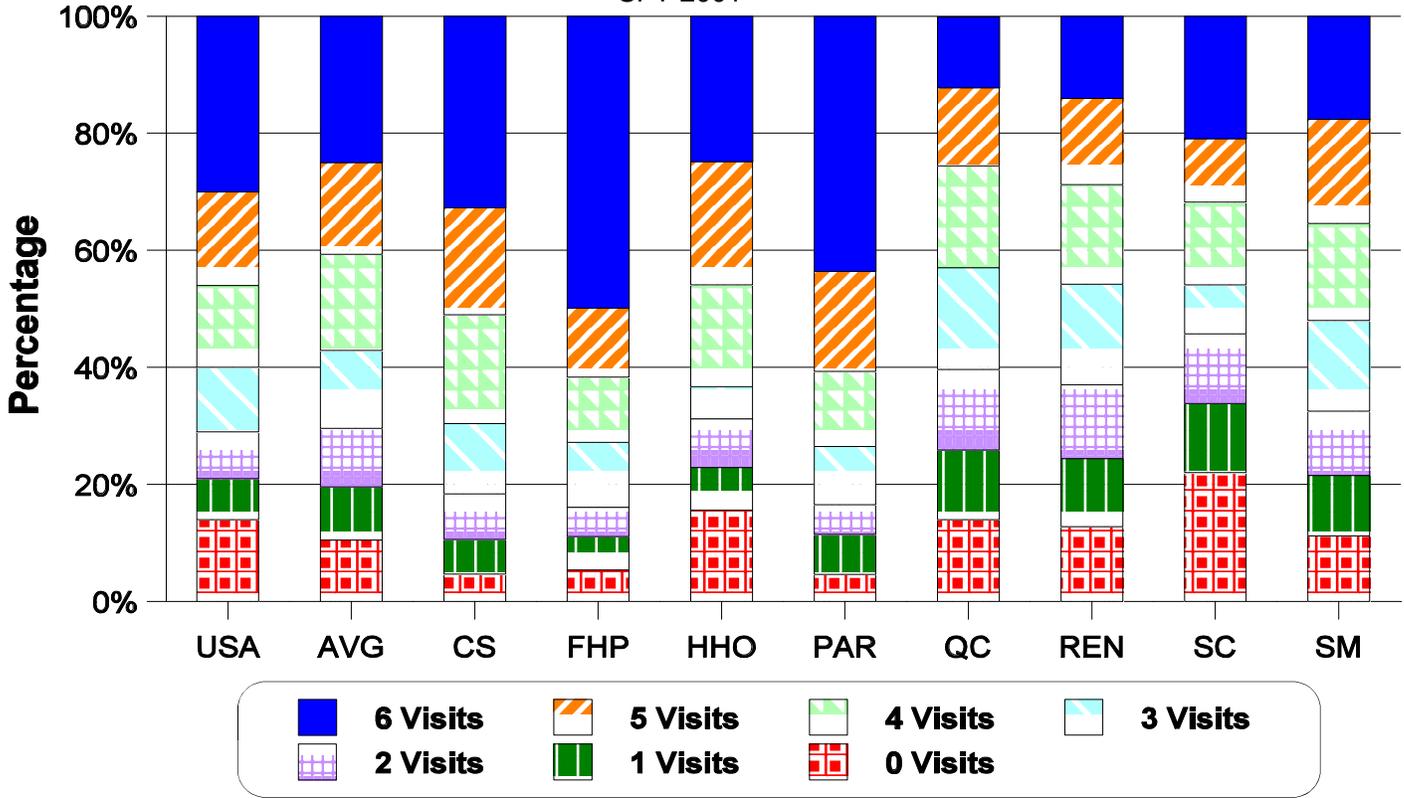
Source of Data: Encounter Data and NCQA (Calendar Year 2000)

Graph G-2.

Well-Child Visits in the First 15 Months of Life

% of Children Who Received 0,1,2,3,4,5,6 Visits

SFY 2001

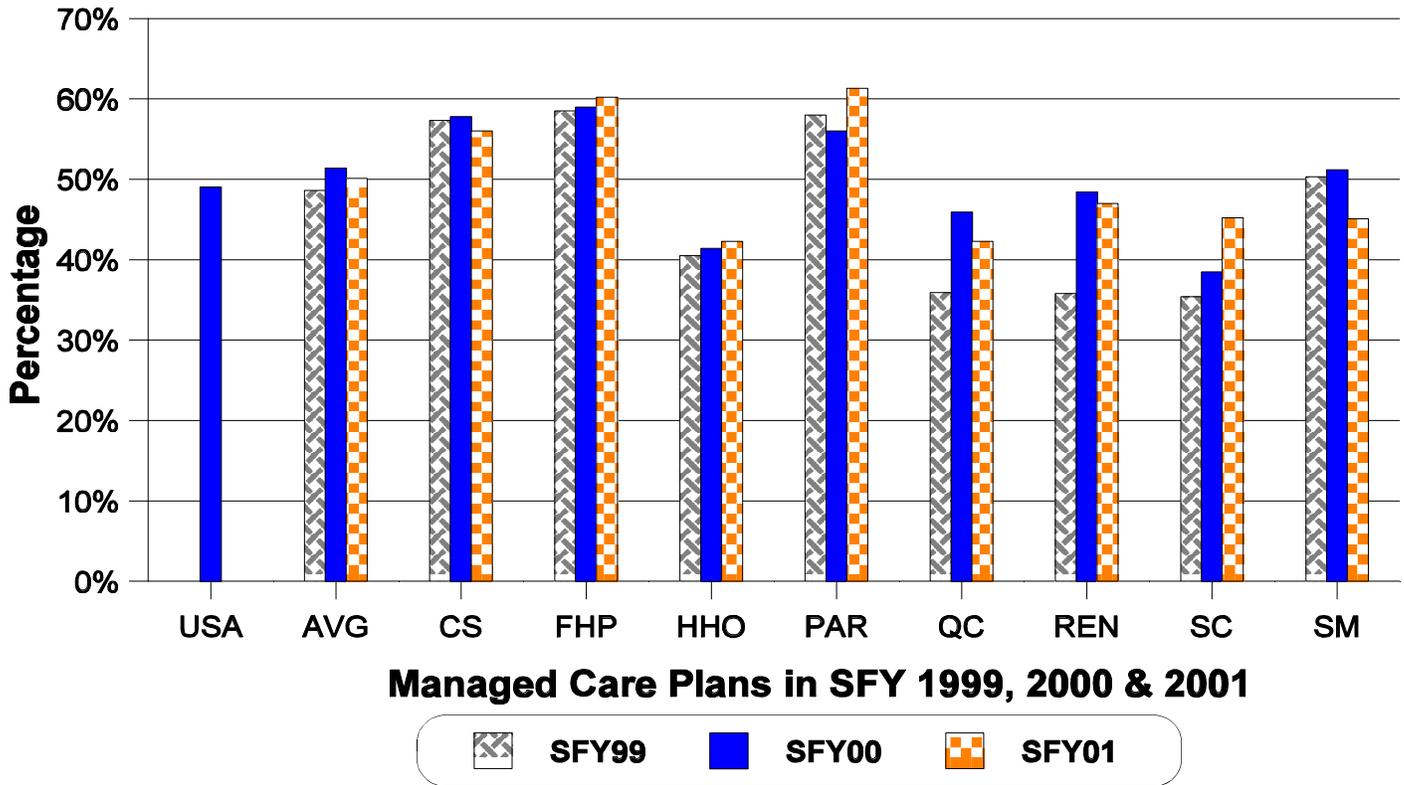


Results may vary among plans due to administrative problems in reporting and may not represent the clinical performance of the providers within the MCP.

Source of Data: Encounter Data and NCQA (Calendar Year 2000)

Graph G-3.

Well-Child Visits for Children Aged 3 Through 6 % of Children Who Received a Visit



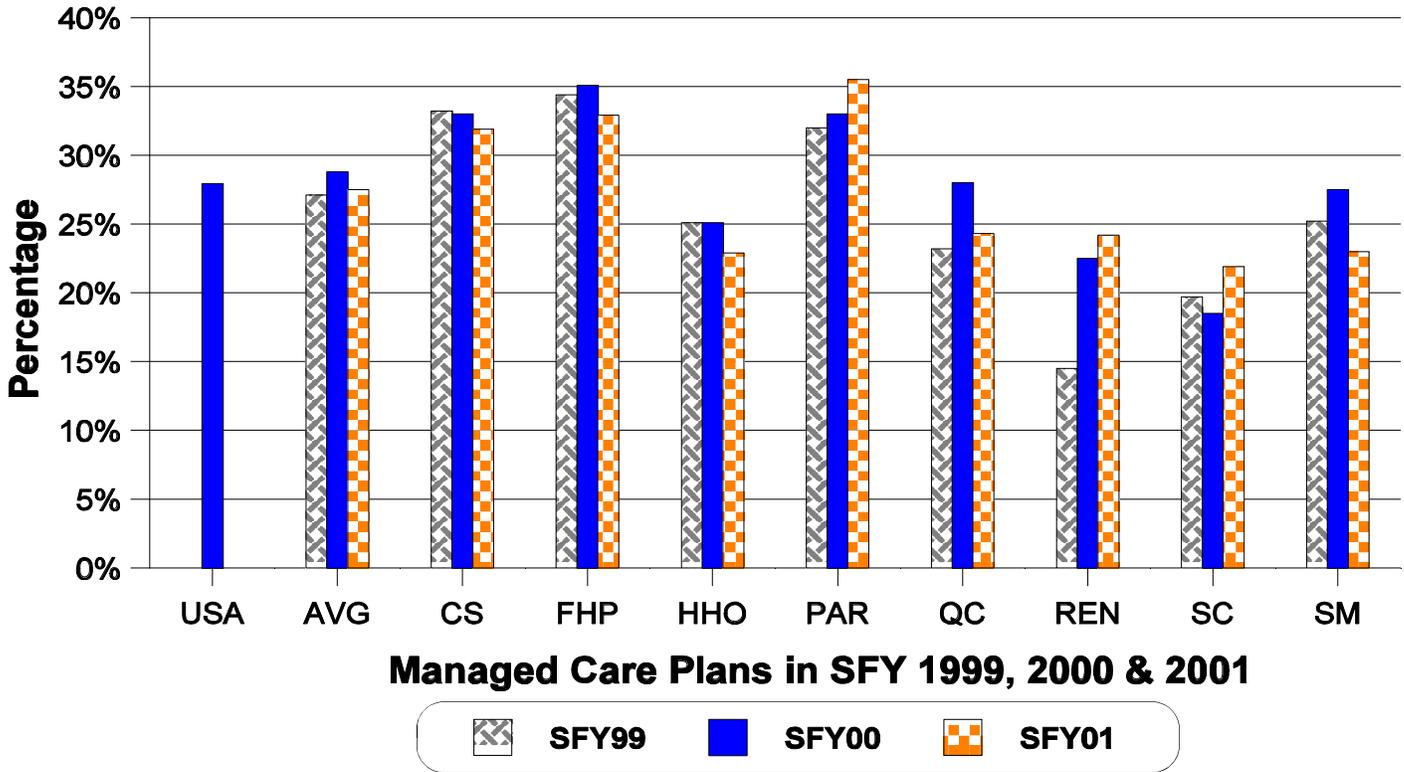
Results may vary among plans due to administrative problems in reporting and may not represent the clinical performance of the providers within the MCP.

Source of Data: Encounter Data and NCQA (Calendar Year 2000)

Graph G-4.

Adolescent Well Care Visits

% of Children Aged 12-21 Who Received a Visit



Managed Care Plans in SFY 1999, 2000 & 2001



SFY99



SFY00



SFY01

Results may vary among plans due to administrative problems in reporting and may not represent the clinical performance of the providers within the MCP.

Source of Data: Encounter Data and NCQA (Calendar Year 2000)

Childhood Immunization Status

The percentage of enrolled children who turned two years old during the fiscal year, who were enrolled for 12 months immediately preceding their second birthday (allowing for one month gap in MCP enrollment), and who were identified as having four DTP/DTaP, three IPV/OPV, one MMR, two Hemophilus influenza b, and two hepatitis B vaccines by their second birthday.
(MCP Contract Measure)

BACKGROUND:

Despite progress that has been made in fighting infectious diseases during the past 100 years, these diseases remain a significant cause of illness and death. The very young, older adults, and members of minority groups are at increased risk for many infectious diseases.¹³ Vaccines are one of the safest and most effective measures for preventing illness from infectious diseases.

Measuring compliance with immunization schedules is challenging for a number of reasons. First, it is possible that an infant received a vaccine even if no encounter was submitted to the ODJFS. For example, a “free” vaccine may have been received in a clinic. Second, even though there is a specific CPT code for each type of vaccine, providers, in some cases, may use inappropriate codes which can skew the results.

MCP TARGET FOR SFY 2001:

At least 85% of the eligible population will receive the expected number of immunizations.

MCP STANDARD FOR SFY 2001:

For results that are below the target, the level of improvement must result in at least a 10% decrease in the difference between the target and the previous year’s results.

RESULTS:

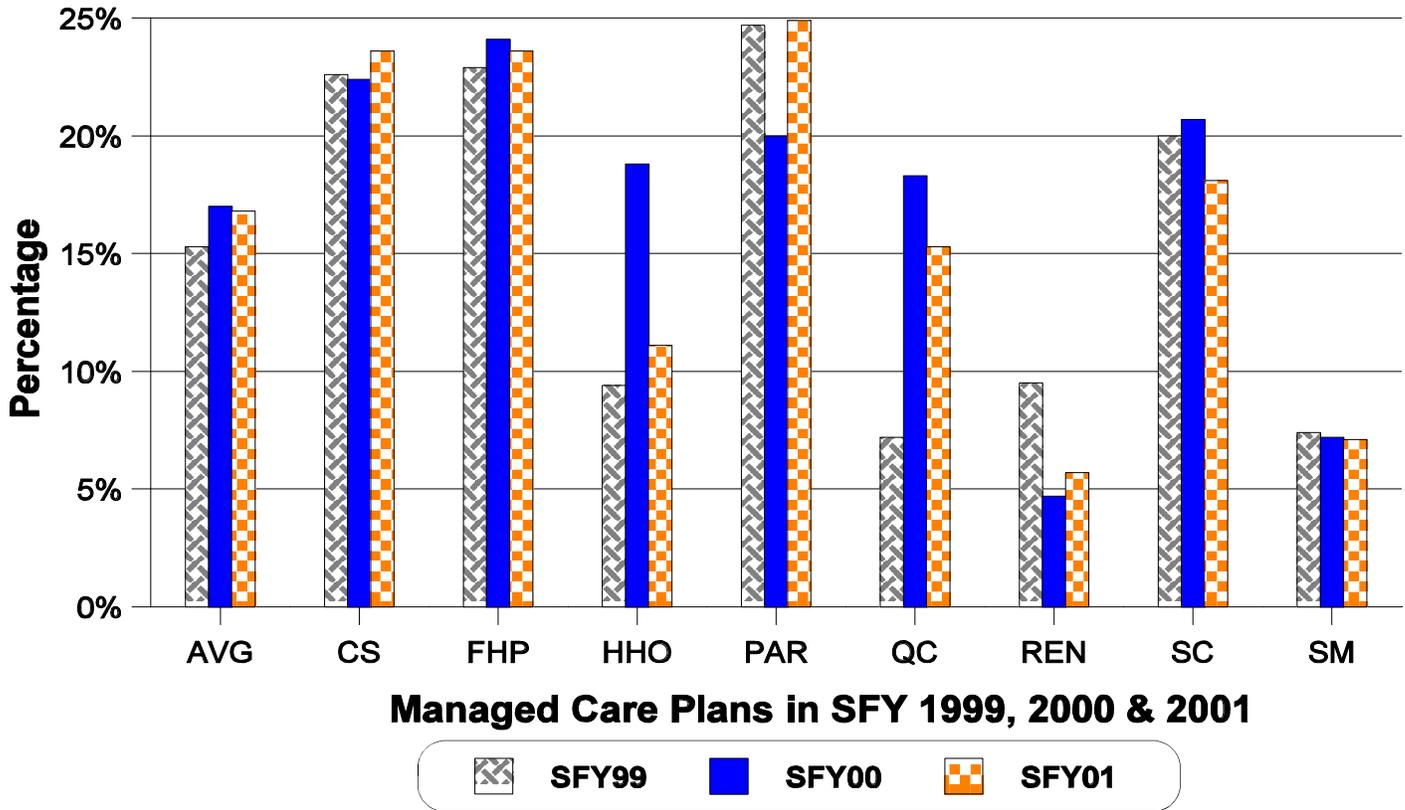
MCPs in Ohio have indicated that they have great difficulty in obtaining immunization encounters from all of the various providers of immunization services, such as public health clinics. Immunization encounter data is the least complete of all of the encounter data that is collected by the MCPs. The results shown in the graphs reflect the incompleteness of the data.

Regarding SFY 2001, by age two, 16.8% of the children received four diphtheria, tetanus, pertussis (DTP/DTaP) vaccines, 24.1% received three polio (IPV/OPV) vaccines, 62.7% received one measles, mumps and rubella (MMR) vaccine, 52.8% received two Hemophilus influenza b (HIB) vaccines, and 30.7% received two hepatitis B (HBV) vaccines. 10.4% of the children received all of the preceding vaccines, which are referred to in graph H-6 as the “Combination 1” group. As shown in graph H-7, slightly more than half (50.8%) of the children received the chicken pox vaccine. The percentage of children age 2 who received the chicken pox vaccine was 32.3% in SFY 1999 and 42.9% in SFY 2000 indicating that significant improvement has been made with respect to the provision of this particular vaccine.

By including information from medical records in addition to encounter data the results would be much higher. In a SFY 2000 External Quality Review study, The Delmarva Foundation for Medical Care found that 45% of eligible two-year old children in Medicaid managed care had documentation of a complete immunization schedule. Fifty eight percent of the children received four DPT vaccines, 76% received three OPV vaccines, 81% received one MMR vaccine, and 79% received three HIB vaccines, and 64% received three HBV vaccines.

Graph H-1.

% Who Received 4 Diphtheria, Pertussis & Tetanus Vaccinations by Aged 2

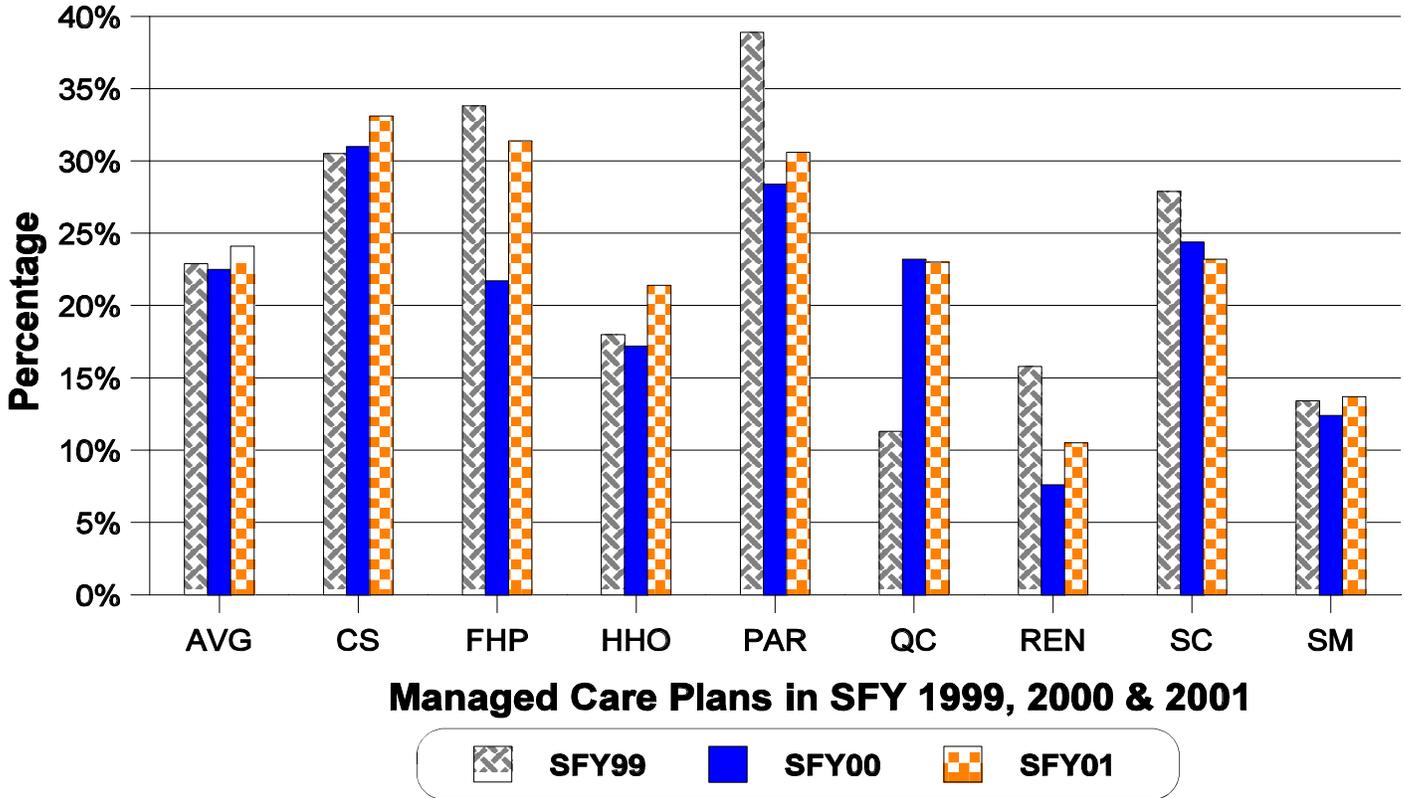


Results may vary among plans due to administrative problems in reporting and may not represent the clinical performance of the providers within the MCP.

Source of Data: Encounter Data and NCQA (Calendar Year 2000)

Graph H-2.

% Who Received 3 Polio Vaccinations by Aged 2

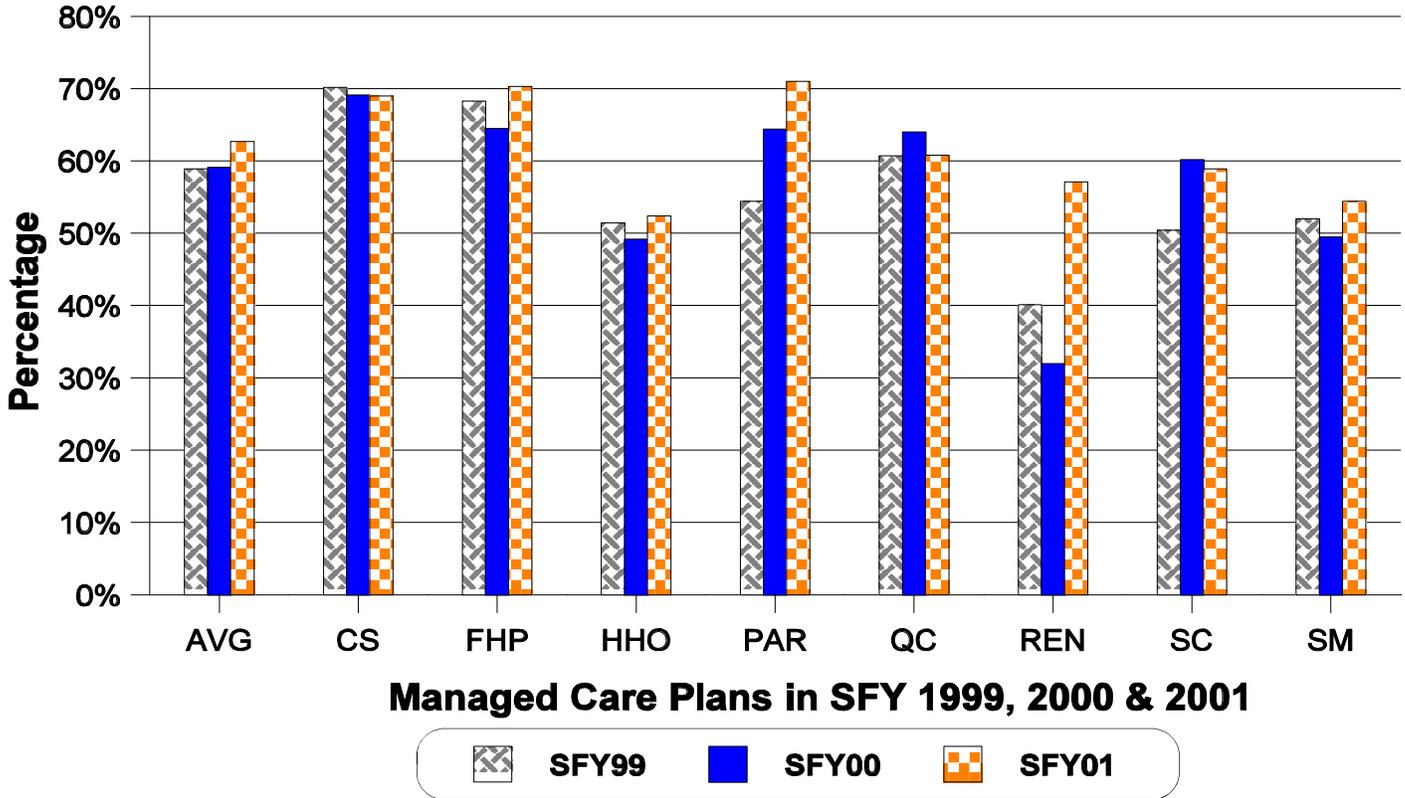


Results may vary among plans due to administrative problems in reporting and may not represent the clinical performance of the providers within the MCP.

Source of Data: Encounter Data and NCQA (Calendar Year 2000)

Graph H-3.

% Who Received 1 Measles, Mumps & Rubella Vaccination by Aged 2

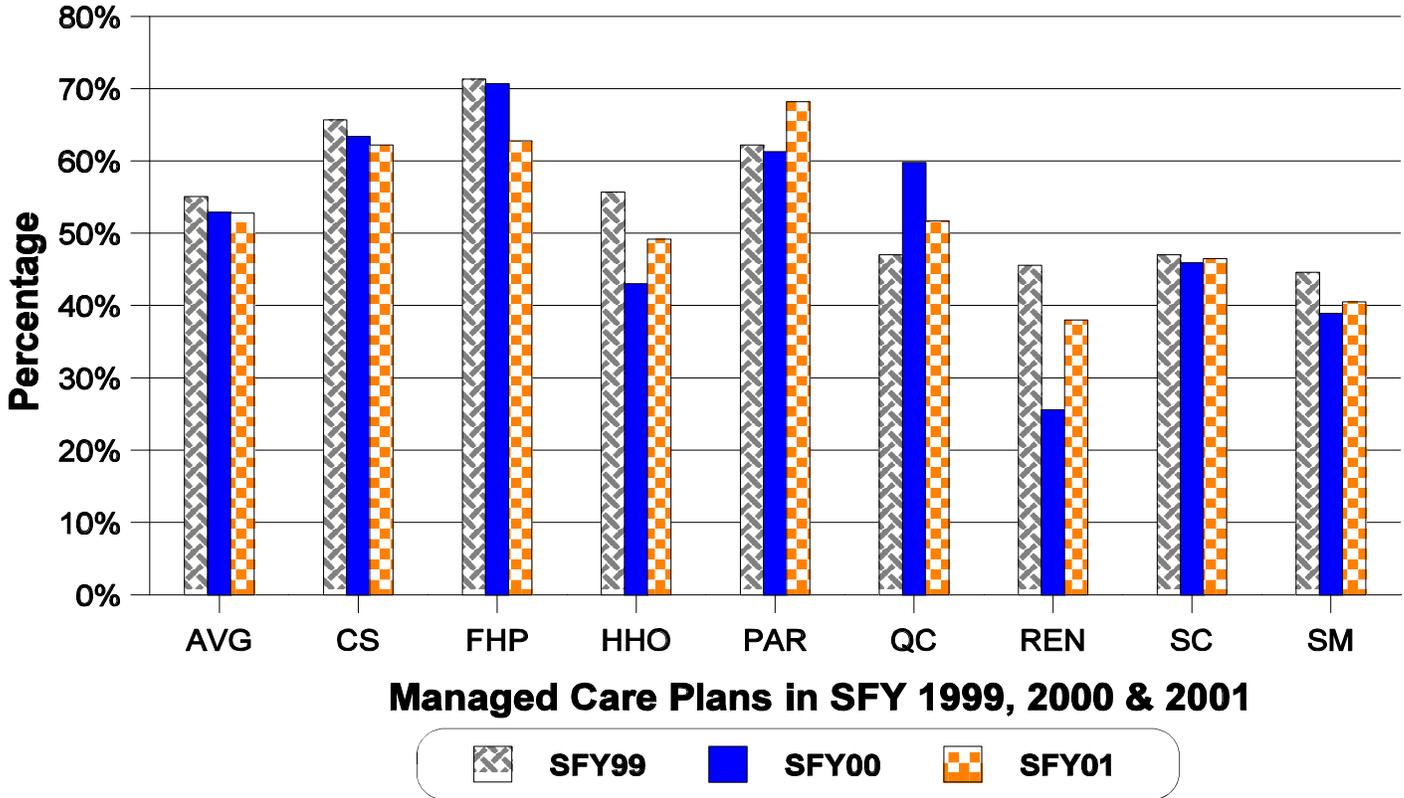


Results may vary among plans due to administrative problems in reporting and may not represent the clinical performance of the providers within the MCP.

Source of Data: Encounter Data and NCQA (Calendar Year 2000)

Graph H-4.

% Who Received 2 Influenza Type B Vaccinations by Aged 2

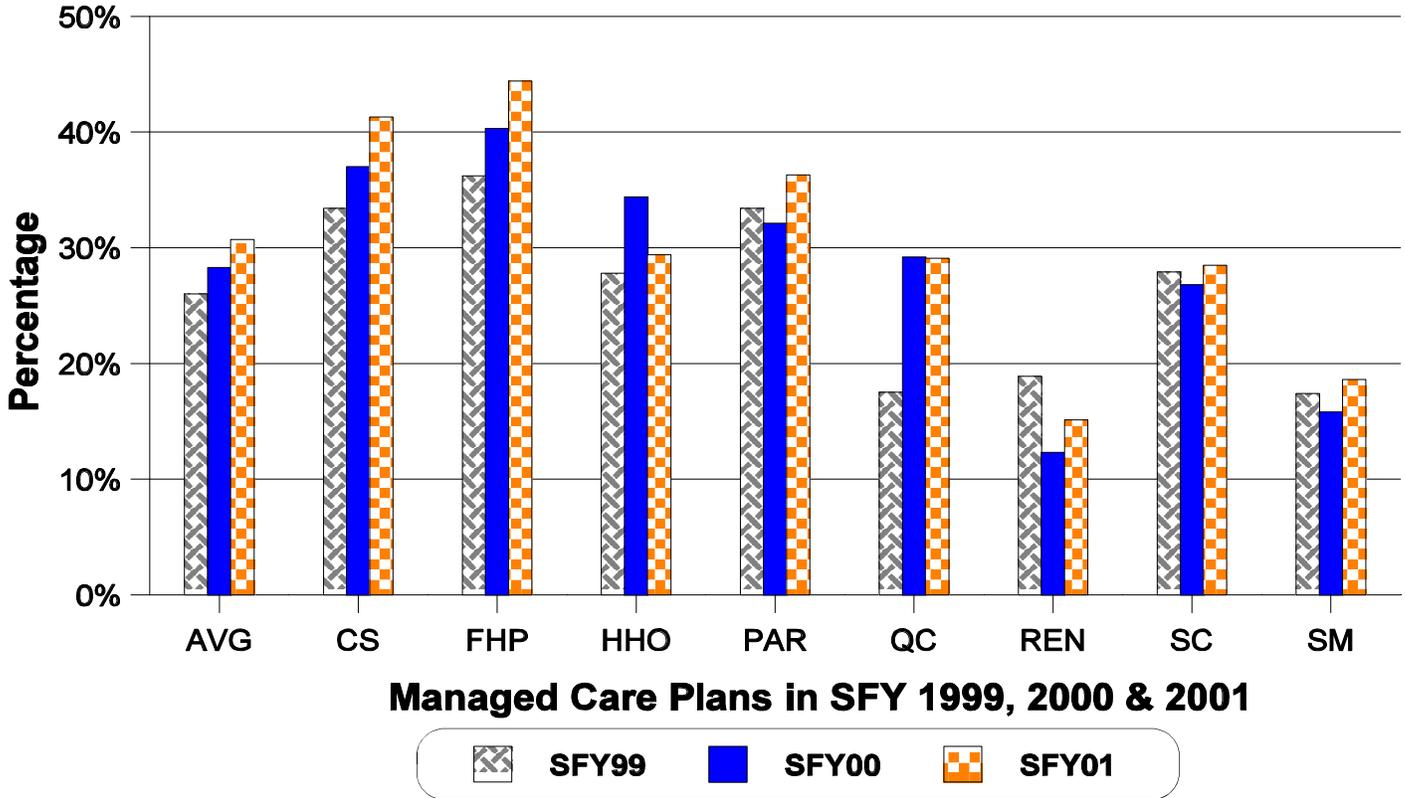


Results may vary among plans due to administrative problems in reporting and may not represent the clinical performance of the providers within the MCP.

Source of Data: Encounter Data and NCQA (Calendar Year 2000)

Graph H-5.

% Who Received 2 Hepatitis B Vaccinations by Aged 2

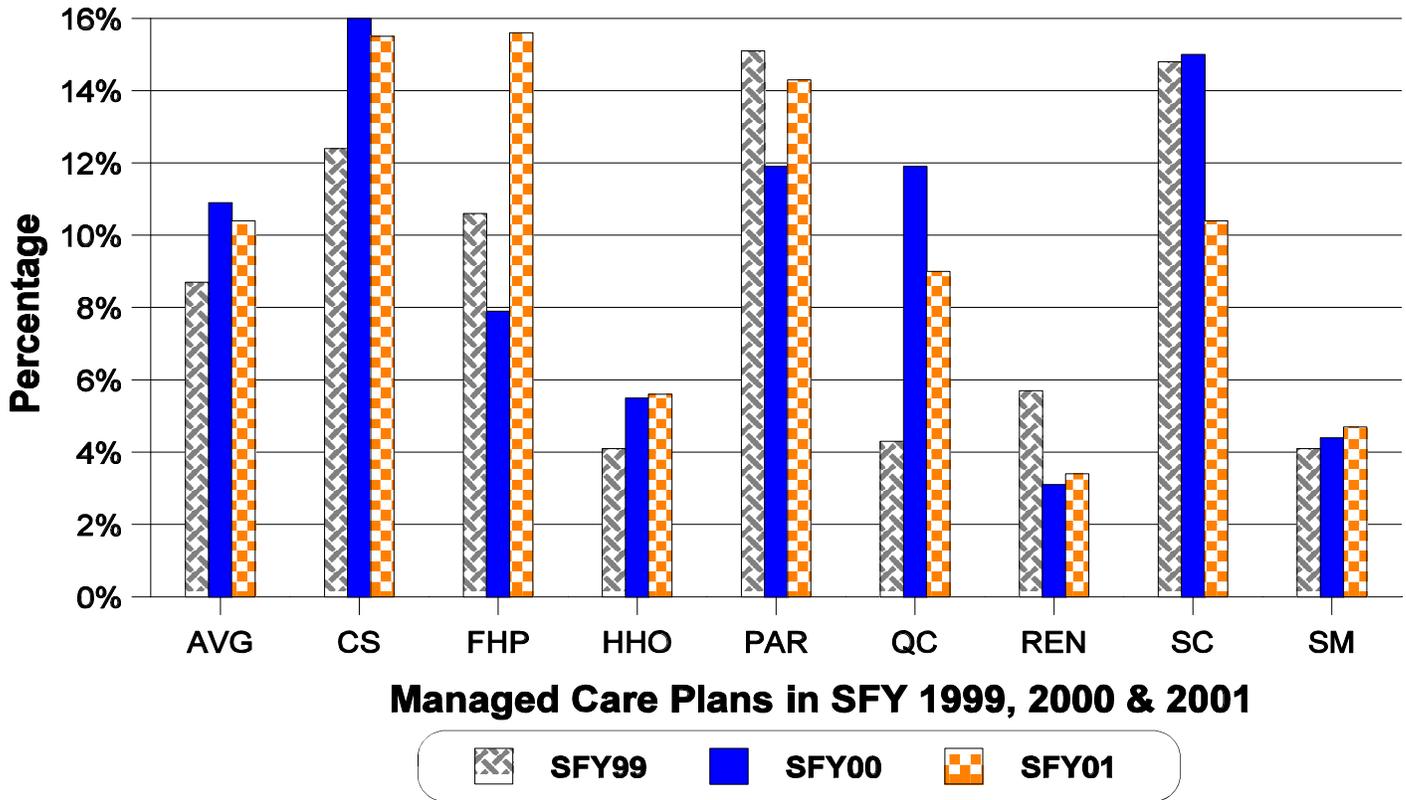


Results may vary among plans due to administrative problems in reporting and may not represent the clinical performance of the providers within the MCP.

Source of Data: Encounter Data and NCQA (Calendar Year 2000)

Graph H-6.

% Who Received All Combination 1 Vaccinations by Aged 2

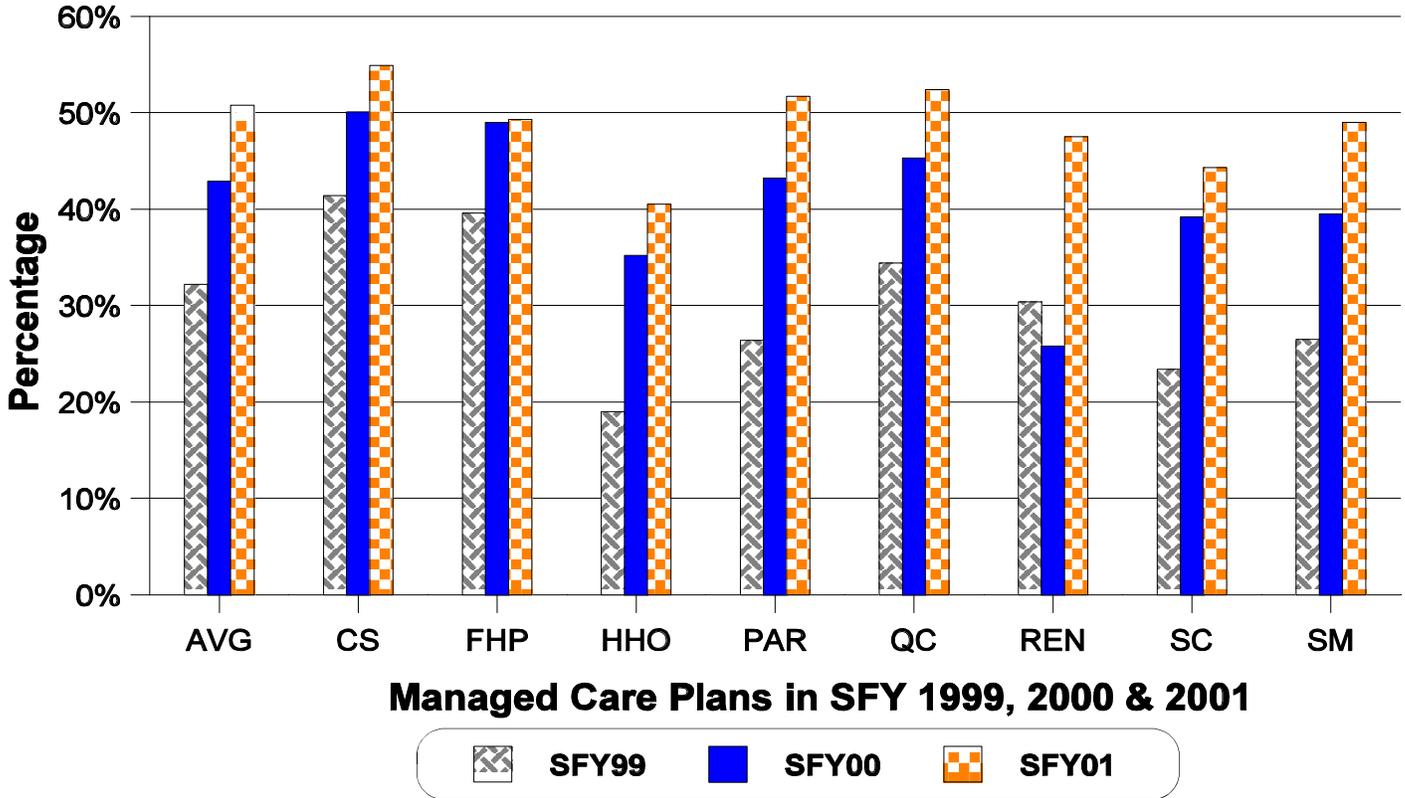


Results may vary among plans due to administrative problems in reporting and may not represent the clinical performance of the providers within the MCP.

Source of Data: Encounter Data and NCQA (Calendar Year 2000)

Graph H-7.

% Who Received 1 Chicken Pox Vaccination by Aged 2



Results may vary among plans due to administrative problems in reporting and may not represent the clinical performance of the providers within the MCP.

Source of Data: Encounter Data and NCQA (Calendar Year 2000)

Use of Appropriate Medication for People With Asthma

The percentage of members ages 5 through 56 with persistent asthma who were enrolled for at least 11 months with the plan during the fiscal year and who received prescribed medications acceptable as primary therapy for long-term control of asthma.

BACKGROUND:

Asthma is a chronic, inflammatory disease of the respiratory system. The symptoms of asthma are coughing, wheezing, chest tightness, and difficulty breathing. These symptoms are usually reversible, but can be severe. Anti-inflammatory medications such as inhaled corticosteroids and cromolyn sodium are the primary therapy for the chronic care of moderate and severe asthma. The medications are used to reverse and prevent airflow obstruction. Corticosteroids are currently the most effective anti-inflammatory drugs for the treatment of asthma.¹⁴ Cromolyn sodium is a non-steroidal, inhaled anti-inflammatory drug. Without proper medication management and control of the factors which trigger attacks, patients may experience potentially life threatening attacks and have high rates of emergency room utilization.

RESULTS:

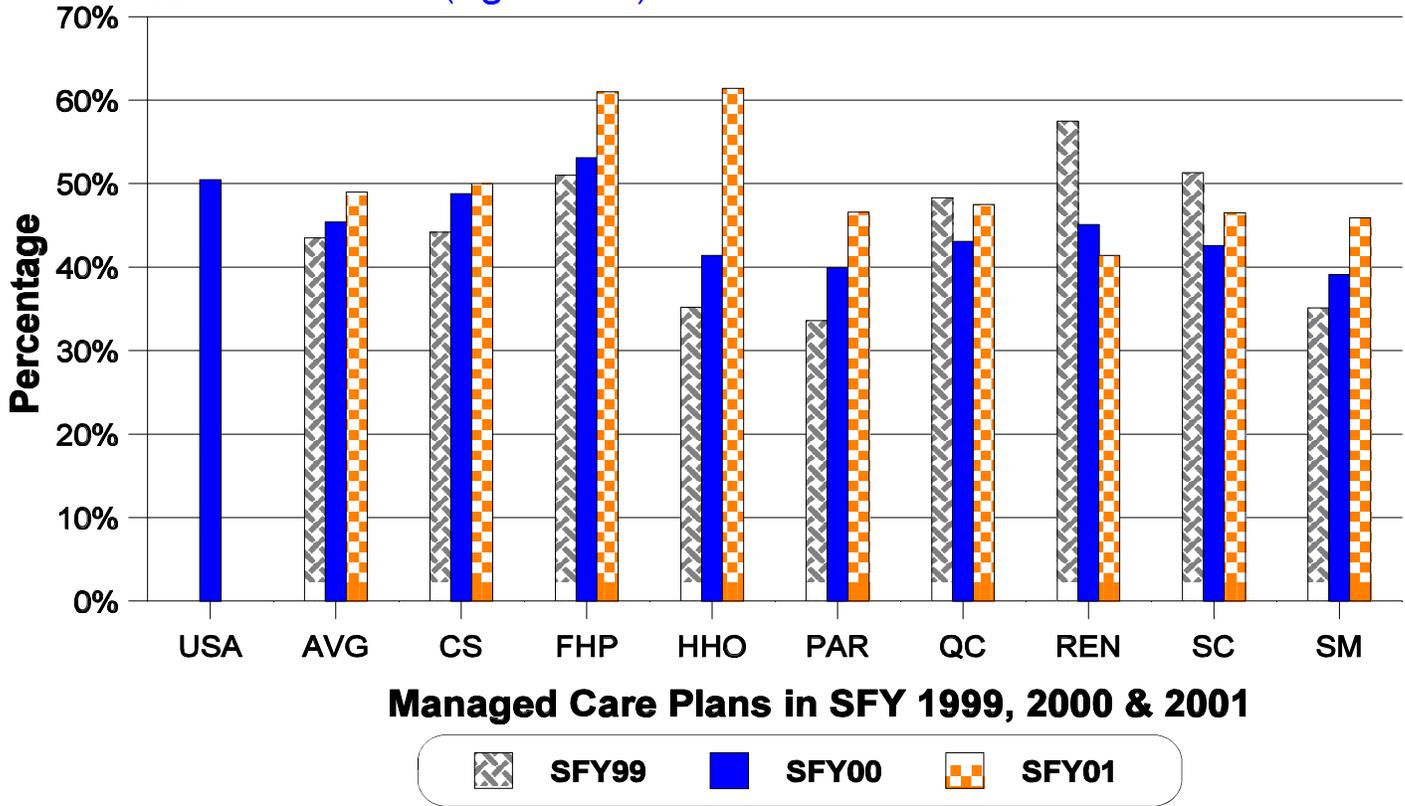
There was a significant increase in the percentage of members with persistent asthma who received prescribed medications acceptable as primary therapy for long-term control of asthma from SFY1999 to SFY 2001; the results increased from 43.5% to 49.0%. This rate is about the same as the national Medicaid average, which was 50.5% in calendar year 2000.

The age group of 10-17 had the highest asthma medication usage rate at 56.3% in SFY 2001 followed by the oldest age group (18-56) at 54.3%. The age group of 5 through 9 had the lowest rate at 40.4%. The national average for this age group was 49.6% which indicates that significant improvement is needed regarding this age group.

Graph I-1.

Use of Appropriate Medication for People With Asthma

% of Asthmatics (Ages 5-56) Who Received Recommended Meds



Managed Care Plans in SFY 1999, 2000 & 2001



SFY99



SFY00



SFY01

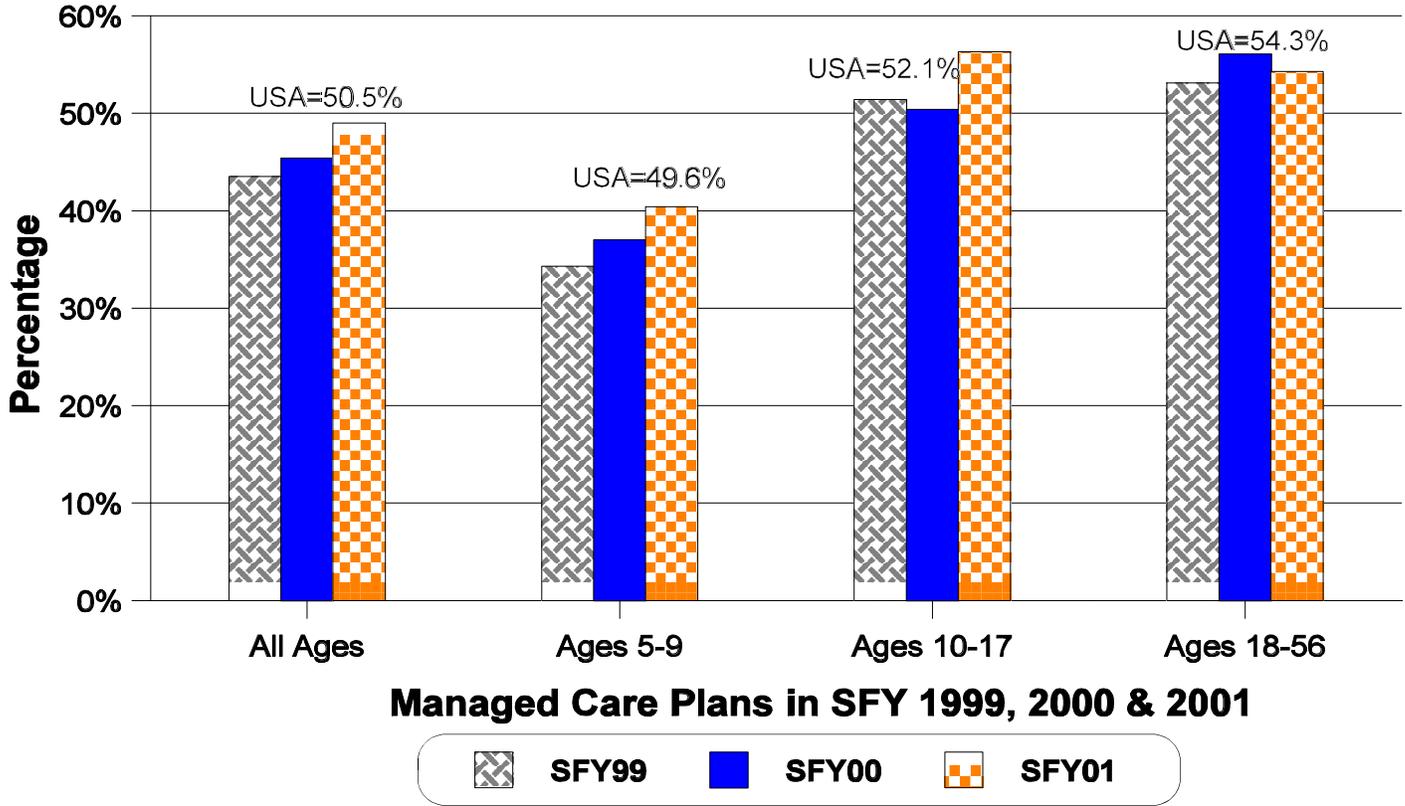
Results may vary among plans due to administrative problems in reporting and may not represent the clinical performance of the providers within the MCP.

Source of Data: Encounter Data and NCQA (Calendar Year 2000)

Graph I-2.

Use of Appropriate Medication for People With Asthma

% of Asthmatics (Ages 5-56) Who Received Recommended Meds



Managed Care Plans in SFY 1999, 2000 & 2001

SFY99 SFY00 SFY01

Results may vary among plans due to administrative problems in reporting and may not represent the clinical performance of the providers within the MCP.

Source of Data: Encounter Data and NCQA (Calendar Year 2000)

Annual Dental Visit

The percentage of enrolled members age 4 through 21 who were enrolled for at least 11 months with the plan during the fiscal year and who had at least one dental visit during the fiscal year.

(MCP Contract Measure)

BACKGROUND:

Great progress has been made over the last 50 years in understanding and treating oral diseases such as dental caries (tooth decay) and periodontal (gum) diseases. However, dental caries continues to be the single most common chronic childhood disease (5 times more common than asthma and 7 times more common than hay fever). Over half of children aged 5-9 have at least one cavity or filling and that percentage increased to 78% by age 17. According to the Surgeon General:

There are striking disparities in dental disease by income. Poor children suffer twice as much dental caries as their more affluent peers, and their disease is more likely to be untreated. These poor-nonpoor differences continue into adolescence. One out of four children in America is born into poverty, and children living below the poverty line (annual income of \$17,000 for a family of four) have more severe and untreated decay.¹⁵

Regular visits to the dentist provide access to early diagnosis and treatment and educate children about oral health.

MCP TARGET FOR SFY 2001:

At least 60% of the eligible population will receive a dental visit.

MCP STANDARD FOR SFY 2001:

For results that are below the target, the level of improvement must result in at least a 10% decrease in the difference between the target and the previous year's results.

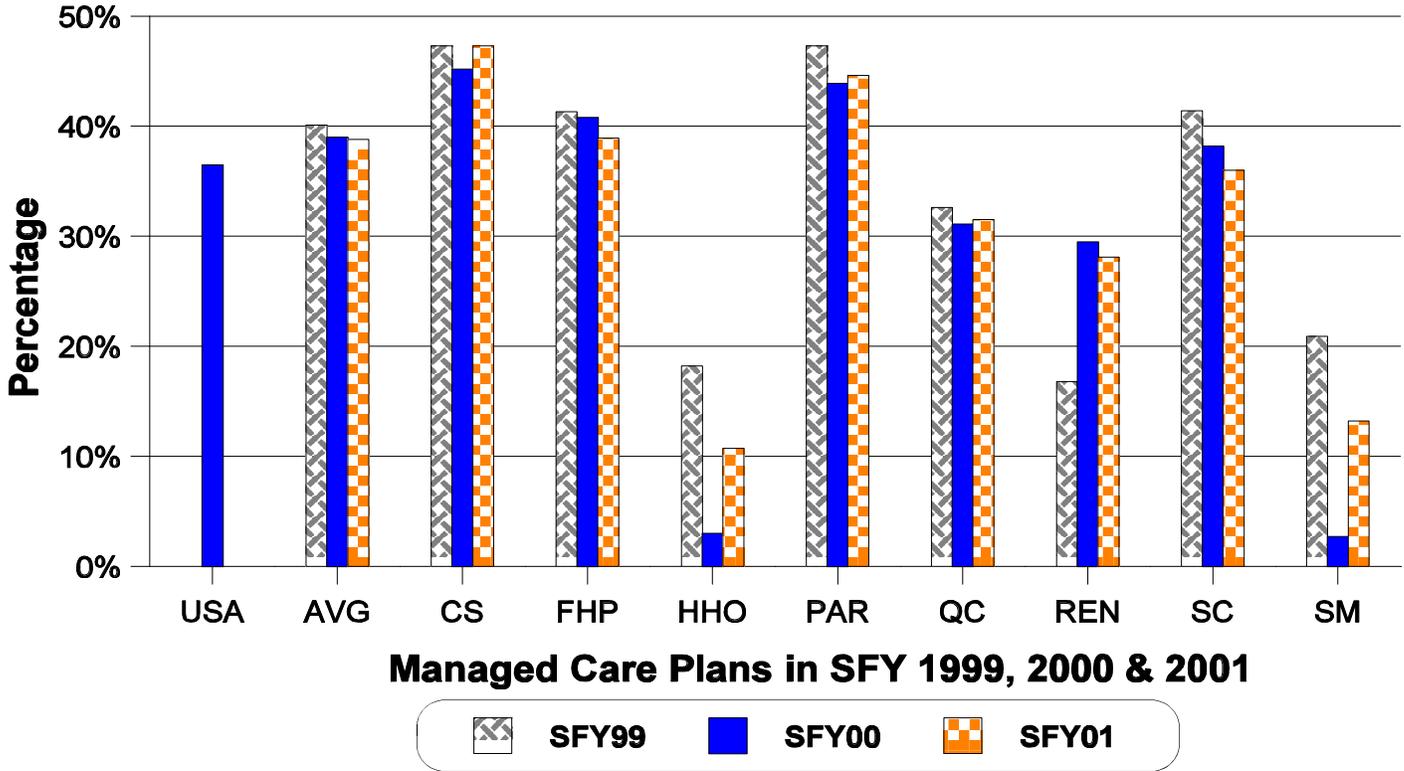
RESULTS:

The percentage of members who received at least one dental visit was 40.1% in SFY 1999, 39% in SFY 2000, and 38.8% in SFY 2001. The very low results for HMO HealthOhio and SuperMed were the result of data submission problems. The statewide average excludes these two plans. The average for the Medicaid serving plans in Ohio exceeded the national average by 2%.

Graph J-1.

Annual Dental Visit

% of Members Aged 4-21 Who Received a Visit



Results may vary among plans due to administrative problems in reporting and may not represent the clinical performance of the providers within the MCP.

Source of Data: Encounter Data and NCQA (Calendar Year 2000)

Appendix A

**ODJFS Methods for
Clinical Performance Measures**

State Fiscal Year 2001

These methods are, for the most part, consistent with the HEDIS performance measurement methods, as outlined in NCQA's HEDIS 2000 "Technical Specifications" manual. The main difference between the ODJFS methods and the HEDIS methods is that, in some cases, it has been necessary to include additional codes (e.g., ODJFS local code for prenatal care) that are not listed in the HEDIS methods. Codes that are not listed in HEDIS, but have been added are identified with the symbol '+'.

The source of the data is as follows:

- (1) MCP submitted encounter data to obtain encounters.
- (2) ODJFS provider master file to identify primary care practitioners.
- (3) ODJFS recipient master file to obtain recipient demographic and eligibility information.

Initiation of Prenatal Care

The percentage of women who delivered (a) live birth(s) during the fiscal year, who were enrolled in the MCP no more than 279 days but at least 43 days prior to delivery with no gaps in MCP enrollment, and who had their first prenatal visit within 42 days of enrollment or by the end of the first trimester for those women who enrolled in the MCP during the early stage of pregnancy.

Numerator: One (or more) prenatal care visit(s) within 42 days of enrollment in the MCP or within the first trimester if the member enrolled more than 42 days prior to the end of the first trimester.

Denominator: The eligible population.

Data Source: Encounter Data

Method Implemented: February, 2000

The last menstrual period (LMP) field is used to determine the end date of the first trimester. If no last menstrual period date is provided, as required, or the date is invalid, then the length of the pregnancy is set at 38.5 weeks except if an encounter is found for the newborn indicating a pre-term birth. The length of the pregnancy is set at 28 weeks where the diagnosis was 7650.x (Extreme immaturity). If there was a diagnosis of 7651.x (Other preterm infants) then the length of the pregnancy is set at 33 weeks.

If the LMP date is from 119 to 315 days before the date the recipient gave birth, then the LMP date is considered a valid date. The LMP date is obtained from encounter data.

Codes to Identify Live Births

ICD-9-CM Diagnosis Codes

650 - Normal Delivery
V27.0 - Single liveborn
V27.2 - Twins, both liveborn
V27.3 - Twins, one liveborn and one stillborn
V27.5 - Other multiple birth, all liveborn
V27.6 - Other multiple birth, some liveborn

ICD-9-CM Diagnosis Codes*

V30 - Single liveborn
V31 - Twin, mate liveborn
V32 - Twin, mate stillborn
V33 - Twin, unspecified
V34 - Other multiple, mates all liveborn
V35 - Other multiple, mates all stillborn
V36 - Other multiple, mates live- and stillborn
V37 - Other multiple, unspecified
V39 - Unspecified

* These codes must have a matching delivery encounter to be included.

In the past, the ODJFS matched delivery encounters against the vital statistics birth file to validate live births and to obtain the birth weight and the gestational age. The birth encounters will no longer be matched against the vital statistics birth certificate file so that the department can report performance results in a much more timely manner.

The infant's record contains (or is supposed to contain) the infant's Medicaid identification number. Therefore, it is necessary to match these encounters against the delivery encounters to obtain the mother's recipient identification number, which is used to obtain the prenatal and postpartum visits and to identify whether a C-section delivery occurred. Listed below are the codes used to identify deliveries (these are the same codes used to reimburse the plans for deliveries as part of the delivery payment).

Codes Used to Identify Deliveries

ICD-9 Procedure Codes:

- 72.x Forceps, vacuum, and breech delivery
- 73.51 Manually assisted delivery; Manual rotation of fetal head
- 73.59 Manually assisted delivery; Other
- 74.0 Cesarean section and removal of fetus; Classical cesarean section
- 74.1 Cesarean section and removal of fetus; Low cervical cesarean section
- 74.2 Cesarean section and removal of fetus; Extraperitoneal cesarean section
- 74.4 Cesarean section and removal of fetus; Cesarean section of other specified type

ICD-9 Diagnosis Codes:

- 650 Normal Delivery
- V27.x Outcome of Delivery

The following codes must have a 5th digit equal to 1 or 2:

- 640-648; Complications mainly related to pregnancy
- 651-659; Normal delivery and other indications for care in pregnancy, labor, and delivery
- 660-669; Complications occurring mainly during the course of labor and delivery
- 670-676; Complications of the puerperium.

CPT Codes:

- 59409 Vaginal delivery (with or without episiotomy and/or forceps)
- 59514 Cesarean delivery only
- 59612 Vaginal delivery only, after previous cesarean delivery (with or with our episiotomy and/or forceps)
- 59620 Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery

Methods for Matching Infants and Mothers Encounters

The infants and mothers encounters are matched using the following two methods:

- 1) Same last name, same three digit submitter number, and the infant's admission date is within 14 days before or 14 days after the mother's delivery stay; **OR**
- 2) Same address and zip code, same three digit submitter number, and the infant's admission date is within 14 days before or 14 days after the mother's delivery stay.

Prenatal Care Visit Codes

HEDIS 2000 outlines four decision rules for identifying prenatal visits. The first decision rule includes using codes specific to antepartum care such as CPT-4 code 59425. The second rule requires a visit to a midwife or OB provider with procedure or diagnosis based evidence of prenatal care. The third decision rule requires a visit to a family practitioner or other primary care provider with diagnostic and procedure based evidence of prenatal care. The fourth decision rule uses CPT-4 codes in conjunction with a plan's internal codes.

In an attempt to capture all prenatal visits, ODJFS used decision rule one and a modified version of decision rule two to select prenatal visits. Under the first ODJFS decision rule, a visit was selected if any of the codes listed below were present, the visit occurred not more than 44 weeks prior to delivery, and the visit date preceded the hospital admission date in which the baby was delivered. This latter requirement was imposed since some of the same codes cover antepartum care, intrapartum care, and postpartum care.

Decision Rule 1:

<u>CPT-4</u>	<u>Description</u>
59400	Routine obstetric care including antepartum care, vaginal delivery and postpartum care
59420+	Antepartum visit (although this code has been deleted from the CPT manual, ODJFS continues to accept this code)
59425	Antepartum care only; 4-6 visits
59426	Antepartum care, 7 or more visits
59510	Routine obstetric care including antepartum care, cesarean delivery, and postpartum care
59610	Routine obstetric care including antepartum care, vaginal delivery, and postpartum care, after previous cesarean delivery
59618	Routine obstetric care including antepartum care, vaginal delivery, and postpartum care following attempted vaginal delivery after previous cesarean delivery
+ Code not in HEDIS methods.	

With the exception of CPT Code 59420 (the department's local code) the other CPT codes are global codes (i.e., more than one visit is billed under the same code) that are not reimbursed under the fee-for-service system. However, a number of MCPs submitted these codes and so they were included. It is not possible for ODJFS to determine the number of visits that occurred unless there is a separate date of service for each visit that is included in the global code. As a result, the only visits that were counted under these codes were those where there was a separate date of service. For example, if code 59425 was submitted and had one date of service then only one prenatal visit was counted. However, if this same code was submitted along with three dates of service for the MCP member, then three prenatal visits were counted.

Under the second ODJFS decision rule, a visit was selected if all of the following criteria were met and the date of the visit preceded the hospital admission date in which the baby was delivered:

Decision Rule 2:

CPT-4 = 99201-99205 (office visit) or 99211-99215 or Revenue code 514 (OB/GYN Clinic)

with either

CPT-4= 76805 (echography, pregnant uterus), 76815 (limited echography, pregnant uterus), 76816 (follow-up or repeat echography, pregnant uterus), 80055 (obstetric panel lab), 80090 (TORCH antibody panel) **or** (86762 (rubella immunoassay) **with** 86900 (Blood Typing; ABO) or 86901 Rh(D);

OR

ICD-9-CM = (640.0x-648.9x or 651.0x-659.9x) where x (fifth digit) = 3;

V code = V22-V23 or V28; or Occurrence code=10.

Under decision rule two, HEDIS only includes the visits if they were made to a midwife or OB provider. At this time, this requirement will not be imposed to ensure that all visits are counted.

For women who enrolled after their first trimester, the following encounters were also counted:

Any visit to a family practitioner or other primary care practitioner* with a principal diagnosis** of pregnancy; **OR**

Any occurrence of CPT code 76805+, 76810, 76815+, 76816+

* The practitioners that were included under this provision include: General Practice, Internal Medicine, Pediatrics, Preventive Medicine, Obstetrics & Gynecology, Nurse-Midwife, Nurse-Practitioner, and Maternal/Child Health Clinic.

** Included ICD-9 diagnosis codes of 640.xx-648.xx, 651.xx-659.xx, V22.x-V23.x,V28.x.

Frequency of Ongoing Prenatal Care

The percentage of Medicaid-enrolled women who had a live birth during the fiscal year and who received less than 21%, 21% through 40%, 41% through 60%, 61% through 80%, or greater than or equal to 81% of the expected number of prenatal care visits, adjusted for gestational age and the month the member enrolled in the MCP.

Numerator: Women who had an unduplicated count of less than 21%, 21% through 40%, 41% through 60%, 61% through 80%, or greater than or equal to 81% of the expected number of prenatal care visits, adjusted for gestational age and the month the member enrolled in the MCP.

Denominator: The number of Medicaid MCP members who had a live birth during the fiscal year.

Data Source: Encounter Data

Method Implemented: February, 2001

Prenatal care visits are selected using the same codes as outlined in the “Initiation of Prenatal Care” measure. The ODJFS made adjustments for the length of gestation and the length of time that a member was in the MCP prior to giving birth. For example, a recipient who enrolled in the MCP during the first month of pregnancy and who had a pregnancy lasting 38 weeks would be expected to have 12 prenatal visits whereas a recipient who enrolled in the MCP during the fifth month of pregnancy with a pregnancy of 30 weeks would be expected to have only two prenatal visits. The ODJFS used the index (shown below) from HEDIS 2000 to determine the expected number of visits, which is based on recommendations from the American College of Obstetricians and Gynecologists (ACOG).

**Expected Number of Prenatal Visits for a Given Gestational Age
and Month the Member Enrolled in the MCP**

Month of Pregnancy Member Enrolled in the MCP	Gestational Age in Weeks																
	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44
9th	-	-	-	-	-	-	-	-	-	-	-	1	1	2	3	4	5
8th	-	-	-	-	-	-	1	1	1	2	3	4	5	6	7	8	9
7th	-	-	1	1	1	1	2	2	3	4	5	6	7	8	9	10	11
6th	1	1	1	1	2	2	3	3	4	5	6	7	8	9	10	11	12
5th	1	1	2	2	3	3	4	4	5	6	7	8	9	10	11	12	13
4th	3	3	4	4	5	5	6	6	7	8	9	10	11	12	13	14	15
3rd	4	4	5	5	6	6	7	7	8	9	10	11	12	13	14	15	16
2nd	5	5	6	6	7	7	8	8	9	10	11	12	13	14	15	16	17
1st	6	6	7	7	8	8	9	9	10	11	12	13	14	15	16	17	18

For deliveries with a gestational age less than 28 weeks, the expected number of visits is calculated based on the month of pregnancy the member enrolled in the MCP and ACOG’s recommended schedule of visits (one visit every four weeks).

The last menstrual period field is used to help determine the “gestational age.” Gestational age is defined as the number of completed weeks that have elapsed between the first day of the last menstrual period and the date of delivery. If gestational age is calculated in fractions of a week, then the number is rounded down to the lower whole number.

Cesarean Section Rate

The percentage of women who had a live birth during the fiscal year who delivered by a Cesarean Section.

Numerator: Number of discharges for women who had a C-section resulting in a live birth during the measurement year.

Denominator: Number of discharges for women who had a delivery (vaginal or C-section) resulting in a live birth during the fiscal year. Live births are identified using the same codes outlined in the “Initiation of Prenatal Care” measure.

Data Source: Encounter Data

Method Implemented: February, 2001

Codes to Identify C-Sections

ICD-9-CM

74.0-74.2, 74.4 or 74.99

CPT Codes

59510, 59514, 59515, 59618, 59620, 59622

Low Birth Weight Measure

The percentage of women who gave birth to a low-birth weight newborn during the fiscal year.

Numerator: The number of births in the denominator with a birth weight less than or equal to 2,500 grams.

Denominator: The number of Medicaid MCP members who had a live birth during the fiscal year and who had at least five months of continuous enrollment immediately prior to the birth. Live births are identified using the same codes outlined in the “Initiation of Prenatal Care” measure.

Data Source: Encounter Data, birth weight is obtained from condition code fields.

Method Implemented: February, 2001

Very Low Birth Weight Measure

The percentage of women who gave birth to a very low-birth weight newborn during the fiscal year.

Numerator: The number of births in the denominator with a birth weight less than or equal to 1,500 grams.

Denominator: The number of Medicaid MCP members who had a live birth during the fiscal year and who had at least five months of continuous enrollment immediately prior to the birth. Live births are identified using the same codes outlined in the “Initiation of Prenatal Care” measure.

Data Source: Encounter Data, birth weight is obtained from condition code fields.

Method Implemented: February, 2001

Postpartum Care

The percentage of enrolled women who delivered (a) live birth(s) during the fiscal year who were continuously enrolled for 56 days after delivery and who had a postpartum visit on or between 21 days and 56 days after delivery.

Numerator: A postpartum visit on or between 21 and 56 days after delivery.

Denominator: The eligible population. Live births are identified using the same codes outlined in the “Initiation of Prenatal Care” measure.

Data Source: Encounter Data

Method Implemented: February, 2001

Codes to Identify Postpartum Visits

ICD-9 Codes

91.46	Microscopic exam of specimen from female genital tract
V24.1	Lactating mother
V24.2	Routine postpartum follow-up
V72.3	Gynecological exam
V76.2	Special screening for malignant neoplasm (cervix)

Revenue Codes

923 (Pap Smear), 300-311+ (Laboratory) in conjunction with one of the following cervical-related ICD-9-CM diagnosis codes: 180+, 233.1+, 236.0+, 622+, 795.0+

CPT-4

Description

57170	Diaphragm cervical cap fitting
58300	Insertion of intrauterine device
59400	Routine obstetric care including antepartum care, vaginal delivery, and postpartum care
59410	Vaginal delivery, including postpartum care
59430	Postpartum care only
59510	Routine obstetric care including antepartum care, cesarean delivery, and postpartum care
59515	Cesarean delivery only, including postpartum care
59610	Routine obstetric care including antepartum care, vaginal delivery, and postpartum care after previous cesarean delivery
59614	Vaginal delivery only, after previous cesarean delivery, including postpartum care
59618	Routine obstetric care including antepartum care, vaginal delivery, and postpartum care following attempted vaginal delivery after previous cesarean delivery
59622	Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery, including postpartum care
88141-88145	Cytopathology, cervical or vaginal
88147-88148	Cytopathology smears
88150-88158	Cytopathology slides
88164-88167	Cytopathology slides

+ Code not in HEDIS Methods.

Well Child Visits in the First 15 Months of Life

The percentage of enrolled members who turned 15 months old during the fiscal year, who were enrolled in the MCP from 31 days of age (allowing for a one month gap in MCP enrollment), who were enrolled during the last month of the fiscal year, and who received either zero, one, two, three, four, five, or six or more well-child visits with a primary care practitioner during their first 15 months of life.

Numerator: Seven separate numerators are calculated, corresponding to the number of members who received: zero, one, two, three, four, five, and six or more well-child visits with a primary care practitioner during their first 15 months of life. A child is included in only one numerator (e.g., a child receiving six well child visits is not included in the rate for five, four, or fewer well child visits).

Denominator: The eligible population.

Data Source: Encounter Data

Method Implemented: February, 2001

Codes to Identify Well-Child Visits

CPT-4 Codes

- 99381 Initial preventive medicine - New Patient (Age Group Infant)
- 99382 Initial preventive medicine - New Patient (Age Group 1-4 year old)
- 99391 Periodic preventive medicine - Established Patient (Age Group Infant)
- 99392 Periodic preventive medicine - Established Patient (Age Group 1-4 year old)
- 99432 Other than Hospitals or Birthing Rooms (Age Group Newborn)

ICD-9-CM Codes

- V20.2 Routine Infant or Child Health Check
- V70.3 Other Medical Examination for Administrative Purposes
- V70.5 Health examination of defined subpopulation
- V70.6 Health examination in population surveys
- V70.8 Other specified general medical examinations
- V70.9 Unspecified general medical examinations

The provider number currently given on the encounter data claim is incorrectly, in some cases, the provider number of the hospital where the physician gives services and is not the provider number of the physician who provided services. Therefore, it was not possible to match the PCPs listed in the Provider Verification System against the encounter data claims as a way of identifying visits that were made to PCPs. For this reason, it was necessary to use the ODJFS Provider Master File as the source of the PCP information. The following codes were used to accomplish this task:

Codes to Identify Primary Care Practitioners

Provider Type	OR	Physician Specialty Code
01 (General Hospital) 04 (Outpatient Health Facility) 05 (Rural Health Facility) 09 (Maternal/Child Hlth Clinic - 9 mo.) 12 (Federally Qualified Health Center) 50 (Comprehensive Clinic) 52 (Public Health Dept. Clinic) 72 (Nurse, Practitioner)		01 (General Practice) 15 (Internal Medicine) 16 (Pediatrics) 18 (Preventive Medicine) 53 (Obstetrics & Gynecology) 71 (Obstetrics & Gynecology - Osteopath)

If a provider was identified on the Provider Master File with any of the preceding codes, then they were recognized as a PCP.

Well Child Visits for Children Aged 3 Through 6

The percentage of members who were three, four, five, or six during the fiscal year, who were enrolled for at least 11 months with the plan during the measurement year, who were enrolled during the last month of the fiscal year, and who received one or more well-child visit(s) with a primary care practitioner during the fiscal year.

Numerator: At least one well-child visit with a primary care practitioner during the fiscal year. The primary care practitioner does not have to be the practitioner assigned to the child.

Denominator: The eligible population.

Data Source: Encounter Data

Method Implemented: February, 2001

Codes to Identify Well-Child Visits

CPT-4 Codes

99382 Initial preventive medicine - New patient - (Age Group 1 through 4)
99383 Initial preventive medicine - New patient (Age Group 5 through 11)
99392 Periodic preventive medicine - Established Patient (Age Group 1 through 4)
99393 Periodic preventive medicine - Established Patient (Age Group 5 through 11)

ICD-9-CM Codes

V20.2 Routine Infant or Child Health Check
V70.3 Other Medical Examination for Administrative Purposes
V70.5 Health examination of defined subpopulation
V70.6 Health examination in population surveys
V70.8 Other specified general medical examinations
V70.9 Unspecified general medical examinations

See method for identifying primary care practitioners under “Well Child Visits in the First 15 Months of Life” performance measure.

Adolescent Well-Care Visits

The percentage of enrolled members who were age 12 through 21 during the fiscal year, who were enrolled for at least 11 months with the plan during the fiscal year, who were enrolled during the last month of the fiscal year, and who received at least one comprehensive well-care visit with a primary care practitioner during the fiscal year.

Numerator: At least one well-child visit with a primary care practitioner during the fiscal year. The primary care practitioner does not have to be the practitioner assigned to the member.

Denominator: The eligible population.

Data Source: Encounter Data

Method Implemented: February, 2001

Codes to Identify Adolescent Well-Care Visits

CPT-4 Codes

99383 Initial preventive medicine - New patient (Age Group 5 through 11)
99384 Initial preventive medicine - New patient (Age Group 12 through 17)
99385 Initial preventive medicine - New patient (Age Group 18 through 39)
99393 Periodic preventive medicine - Established Patient (Age Group 5 through 11)
99394 Periodic preventive medicine - Established Patient (Age Group 12 through 17)
99395 Periodic preventive medicine - Established Patient (Age Group 18 through 39)

ICD-9-CM Codes

V20.2 Routine Infant or Child Health Check
V70.0 Routine General Medical Examination at a Health Care Facility (Health Checkup)
V70.3 Other Medical Examination for Administrative Purposes
V70.5 Health examination of defined subpopulation
V70.6 Health examination in population surveys
V70.8 Other specified general medical examinations
V70.9 Unspecified general medical examinations

See method for identifying primary care practitioners under “Well Child Visits in the First 15 Months of Life” performance measure.

Childhood Immunization Status

The percentage of enrolled children who turned two years old during the fiscal year, who were enrolled for 12 months immediately preceding their second birthday (allowing for one month gap in MCP enrollment), who were enrolled during the last month of the fiscal year, and who received four DTP/DTaP, three IPV/OPV, one MMR, two Hemophilus influenza b, and two hepatitis B vaccines by their second birthday. The measure also calculates individual rates.

Numerator: Children who received four DTP or DTaP vaccinations and three OPV or IPV vaccinations and one MMR and two HiB vaccinations and two hepatitis B vaccinations.

Denominator: The eligible population.

Data Source: Encounter Data

Method Implemented: February, 2001

Codes to Select Immunizations

Immunization	CPT Codes	ICD-9-CM Codes
DTP/DTaP	90700, 90701, 90702*, 90703*, 90711+ (old code), 90719*, 90720, 90721, 90723	V02.4*, V03.5*+, V03.6*+, V03.7*+, V06.1+, V06.2+, V06.3+, V06.5*+, 032*, 033*, 037*, 99.36*, 99.37*, 99.38*, 99.39
IPV/OPV	90711(old code), 90712, 90713, 90723	V04.0+, V06.3+, V12.02, 045, 99.41
MMR	90704 (Mumps vaccine) with 90708 (Measles & rubella vaccine) 90705 (Measles vaccine) with 90709 (Rubella & mumps vaccine) 90706 (Rubella vaccine) with 90704 (Mumps vaccine) and 90705 (Measles vaccine) 90707 (Measles, mumps, & rubella vaccine) 90710 (Measles, mumps, rubella, & varicella vaccine)	V04.2*+, V04.3*+, V04.6*+, V06.4+, 055*, 056*, 072*, 99.45*, 99.46*, 99.47*, 99.48
HiB	90645, 90646, 90647, 90648, 90720, 90721, 90737, 90748	041.5, 038.41, 320.0, 482.2, V03.81+
Hepatitis B	90731+ (old code), 90723, 90740, 90744, 90745, 90747, 90748	V02.61, 0702.0, 070.3, V05.3+
VZV	90710, 90716	052, V05.4+
<p>* This code must be used in conjunction with codes that identify the remaining antigen requirements in order to satisfy the measure. + Code not in HEDIS methods.</p>		

Children who are identified as being immunocompromised for a specific vaccine are excluded from the denominator for all antigen rates and the combination rates. The denominator for all rates is equal. As specified in HEDIS, immunocompromised children are excluded only if the encounter data does not indicate that the particular immunization for which the child was contraindicated was rendered.

Codes to Identify Exclusions for Childhood Immunizations

Immunization	Contraindication	ICD-9-CM Code
Any particular vaccine	anaphylactic reaction to the vaccine or its components	999.4
DTP/DTaP	encephalopathy within 7 days of previous dose of DTP/DTaP	323.5
OPV, VZV, and MMR	immunodeficiency, including genetic immunodeficiency syndromes	279
OPV, VZV, and MMR	HIV-infected or household contact with HIV infection	infection V08, symptomatic 042
OPV, VZV, and MMR	cancer of lymphoreticular or histiocytic tissue	200-202
OPV, VZV, and MMR	multiple myeloma	203.xx
OPV, VZV, and MMR	leukemia	204.xx-208.xx
IPV	anaphylactic reaction to streptomycin, polymixin B or neomycin	E9306, E9308, E9460, E9465, E9466
HiB	none	
VZV, MMR	anaphylactic reaction to neomycin	E9306

Use of Appropriate Medications for People with Asthma

The percentage of members with persistent asthma who were enrolled for at least 11 months with the plan during the fiscal year and who received prescribed medications acceptable as primary therapy for long-term control of asthma.

Members are identified as having persistent asthma by having **ANY** of the following **in the year prior** to the measurement year:

Ë at least four asthma medication dispensing events* (i.e., an asthma medication was dispensed on four occasions) **OR**

Ë at least one Emergency Department (ED) visit based on the visit codes below with asthma (ICD-9 code 493) as the principal diagnosis **OR**

Ë at least one hospitalization based on the visits codes below with asthma (ICD-9 code 493) as the principal diagnosis **OR**

Ë at least four outpatient asthma visits based on the visit codes below with asthma (ICD-9 code 493) as one of the listed diagnoses **AND** at least two asthma medication dispensing events.*

** Note: A dispensing event is defined as one prescription of an amount lasting 30 days or less. Two different prescriptions dispensed on the same day are counted as two different dispensing events. To calculate dispensing events for prescriptions lasting longer than 30 days, ODJFS divided the days supply by 30 and rounded up to convert. For example, a 100-day prescription is equal to 4 dispensing events ($100/30=3.33$, rounded up to 4).*

Numerator: For each member in the denominator, those who had at least one dispensed prescription for inhaled corticosteroids, nedocromil, cromolyn sodium, leukotriene modifiers, or methylxanthines in the fiscal year. The NDC list provided on NCQA's Web site at <http://www.ncqa.org/Pages/Programs/HEDIS/hedis2001.htm> is used to identify these medications.

Denominator: The eligible population.

Data Source: Encounter Data

Method Implemented: February, 2001

Codes to Identify ED and Inpatient Asthma Encounters

Description	CPT Codes	UB-92 Revenue Codes
Acute Inpatient	99217-99223, 99231-99233, 99238-99239, 99251-99255, 99261-99263, 99291-99292	10X-16X, 20X-22X, 76X, 987
Emergency Department (ED) services	99281-99285, 99288	450, 459, 981
Outpatient Visit	99201-99205, 99211-99215, 99241-99245, 99271-99275	510, 516, 517, 520, 521, 523

Annual Dental Visit:

The percentage of enrolled members age 4 through 21 who were enrolled for at least 11 months with the plan during the fiscal year, who were enrolled during the last month of the fiscal year, and who had at least one dental visit during the fiscal year.

Numerator: One (or more) dental visits with a dental practitioner during the fiscal year.

Denominator: The eligible population.

Data Source: Encounter Data

Method Implemented: February, 2001

Codes to Identify Annual Dental Visits

CPT Codes	ICD-9-CM Codes	HCPCS Codes	CDT-2 Codes*
70300, 70310, 70320, 70355	23, 24, 87.11, 87.12, 89.31, 93.55, 96.54, 97.22, 97.33-97.35, 99.97	D0120-D0999, D1110-D1550, D2110-D2999, D3110-D3999, D4210-D4999, D5110-D5899, D6010-D6199, D7110-D7999, D8010-D8999, D9110-D9999, W0002+ (OHF Dental Encounter), Y0005+ (FQHC Dental Encounter), Y1352+ (Sealant), Y8988+ (Orthodontic Treatment)	00120, 00140, 00150, 00160, 00210-00340, 00415-00999, 01110-01550

* Note: Current Dental Terminology (CDT) is the equivalent version of the CPT physician procedural coding system. Codes must be used in conjunction with provider type 30 (Dentist, Individual) or 31 (Dentist, Group)

+ Code not in HEDIS Methods.

Appendix B

NOTES

1. National Committee for Quality Assurance, *HEDIS 3.0, Health Plan Employer Data & Information Set*, January 1997.
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6. U.S. Public Health Service, *Healthy People 2000*, p. 375; 1990.
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8. American Academy of Pediatrics and American College of Obstetricians and Gynecologists. *Guidelines for Perinatal Care*; p. 112; 1992.
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10. American Academy of Pediatrics. *Recommendations for Preventive Health Care*. Committee on Practice and Ambulatory Medicine. Elk Grove Village, IL:AAP; 1995.
11. American Academy of Pediatrics. *Recommendations for Preventive Health Care*; 1995.
12. Green M. (ed). *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*. Arlington, VA: National Center for Education in Maternal And Child Health; 1994.
13. U.S. Public Health Service, *Healthy People 2000*, p. 512; 1990.
14. National Heart, Lung, and Blood Institute, National Institutes of Health, U.S. Department of Health and Human Services, *International Consensus Report on Diagnosis and Treatment of Asthma*, June 1992; pg. 10.
15. Oral Health in America: A Report of the Surgeon General, Summer 2000. Statistics and comments from the Executive Summary.

Appendix C

Medicaid Managed Health Care Clinical Performance Measurement Results For Each Plan

State Fiscal Year 2001

Shading Identifies Contract Measures

White letters Identifies New Contract Measures

STATEWIDE Medicaid MCP Results Clinical Performance Measurement State Fiscal Years 1999, 2000, & 2001

Frequency of Ongoing Prenatal Care (Percent of Expected Visits Received) Adjusted for Length of Pregnancy & Length of Time Enrolled in Plan During Pregnancy																			
MCP Target ¹ = 80 %	SFY 99						SFY 00						SFY 01						
RESULTS	81% or more	61-80%	41-60%	21-40%	< 21%	Total	81% or more	61-80%	41-60%	21-40%	< 21%	Total	81% or more	61-80%	41-60%	21-40%	<21%	Total	
Numerator	5,141	945	742	627	1,620	9,075	5,899	1,069	814	644	1,478	9,904	5,919	Diff. From 00	1,200	983	729	1,313	10,144
Denominator	9,075	9,075	9,075	9,075	9,075		9,904	9,904	9,904	9,904	9,904		10,144		10,144	10,144	10,144	10,144	
Measure (percentage)	56.7%	10.4%	8.2%	6.9%	17.9%	100.0%	59.6%	10.8%	8.2%	6.5%	14.9%	100.0%	58.3%	-1.2%	11.8%	9.7%	7.2%	12.9%	100.0%
MCP Standard																			
Statewide MCP Avg.	56.7%	10.4%	8.2%	6.9%	17.9%	100.0%	59.6%	10.8%	8.2%	6.5%	14.9%	100.0%	58.3%		11.8%	9.7%	7.2%	12.9%	100.0%

¹ At least 80% of the recipients should have received 81% or more of their expected number of visits.

MCP Targets Initiation = 90 % LBW = 6 % Postpartum = 80 %	Initiation of Prenatal Care				Cesarean Section Rate			Low Birth Weight				Very Low Birth Weight			Postpartum Visits (21-56 Days)			
RESULTS	SFY99	SFY00	SFY01	Diff. From 00	SFY99	SFY00	SFY01	SFY99	SFY00	SFY01	Diff. From 00	SFY99	SFY00	SFY01	SFY99	SFY 00	SFY01	Diff. From 00
Numerator	3,252	3,982	3,780		1,339	1,532	1,642	167	171	258		25	29	45	3,408	3,941	4,092	
Denominator	3,999	4,851	4,641		9,075	9,904	10,144	2,281	2,399	3,039		2,281	2,399	3,039	7,669	8,784	9,310	
Percentage	81.3%	82.1%	81.4%	-0.6%	14.8%	15.5%	16.2%	7.3%	7.1%	8.5%	1.4%	1.1%	1.2%	1.5%	44.4%	44.9%	44.0%	-0.9%
MCP Standard																		
Statewide MCP Avg.	81.3%	82.1%	81.4%		14.8%	15.5%	16.2%	7.3%	7.1%	8.5%		1.1%	1.2%	1.5%	44.4%	44.9%	44.0%	

STATEWIDE
 Medicaid MCP Results
 Clinical Performance Measurement
 State Fiscal Years 1999, 2000, & 2001

RESULTS	Births Where a Last Menstrual Period Date Was Provided				Births Where a Birth Weight Was Provided			
	SFY99	SFY 00	SFY01	Diff. From 00	SFY99	SFY 00	SFY01	Diff. From 00
Numerator	2,247	2,955	4,350		6,276	6,546	7,052	
Denominator	9,075	9,904	10,144		9,075	9,904	10,144	
Percentage	24.8%	29.8%	42.9%	13.0%	69.2%	66.1%	69.5%	3.4%
MCP Standard			40.0%					
Statewide MCP Avg.	24.8%	29.8%	42.9%		69.2%	66.1%	69.5%	

Shading Identifies Contract Measures

White letters Identifies New Contract Measures

STATEWIDE Medicaid MCP Results Clinical Performance Measurement State Fiscal Years 1999, 2000, & 2001

Well-Child Visits in the First 15 Months of Life

MCP Target = 80 %	SFY 99							SFY 00							SFY 01						
RESULTS	6 or more Visits	5 Visits	4 Visits	3 Visits	2 Visits	1 Visit	No Visits	6 or more Visits	5 Visits	4 Visits	3 Visits	2 Visits	1 Visit	No Visits	6 or more Visits	5 Visits	4 Visits	3 Visits	2 Visits	1 Visit	No Visits
Numerator	1,023	629	580	543	475	455	494	867	575	589	526	432	391	371	1327	834	871	707	529	482	559
Denominator	4199	4199	4199	4199	4199	4199	4199	3751	3751	3751	3751	3751	3751	3751	5309	5309	5309	5309	5309	5309	5309
Measure (percentage)	24.4%	15.0%	13.8%	12.9%	11.3%	10.8%	11.8%	23.1%	15.3%	15.7%	14.0%	11.5%	10.4%	9.9%	25.0%	15.7%	16.4%	13.3%	10.0%	9.1%	10.5%
MCP Standard																					
Statewide MCP Avg.	24.4%	15.0%	13.8%	12.9%	11.3%	10.8%	11.8%	23.1%	15.3%	15.7%	14.0%	11.5%	10.4%	9.9%	25.0%	15.7%	16.4%	13.3%	10.0%	9.1%	10.5%

MCP Targets	Well-Child Visits in the 3rd, 4th, 5th and 6th Years of Life				Adolescent Well-Child Visits Ages 12 - 21 Years				Asthmatic Medication Management				Annual Dental Visit						
Well-Child =80 %									Received Medication		ER Visit or Hospital Admission		Children Aged 4 - 21 Who Received a Visit						
Dental = 60 %																			
RESULTS	SFY99	SFY00	SFY01	Diff. From 00	SFY99	SFY00	SFY01	Diff. From 00	SFY99	SFY00	SFY01	Diff. From 00	SFY99	SFY00	SFY01	SFY99	SFY00	SFY01	Diff. From 00
Numerator	9898	12548	13873		5382	7958	9195		1133	1300	1853		608	650	833	21212	24005	31066	
Denominator	20379	24397	27670		19896	27642	33407		2606	2864	3783		2606	2864	3783	57932	75546	88069	
Measure (percentage)	48.6%	51.4%	50.1%	-1.3%	27.1%	28.8%	27.5%	-1.3%	43.5%	45.4%	49.0%	3.6%	23.3%	22.7%	22.0%	36.6%	31.8%	35.3%	3.5%
MCP Standard																			
Statewide MCP Avg.	48.6%	51.4%	50.1%		27.1%	28.8%	27.5%		43.5%	45.4%	49.0%		23.3%	22.7%	22.0%	36.6%	31.8%	35.3%	

Childhood Immunization Status

MCP Target = 85 %	SFY 99								SFY 00								SFY 01								
RESULTS	DTP	OPV	MMR	HIB	HBV	VZV	Comb 1	Comb 2	DTP	OPV	MMR	HIB	HVB	VZV	Comb 1	Comb 2	DTP	OPV	MMR	HIB	HVB	VZV	Comb 1	Comb 2	Comb 1
Numerator	911	1362	3498	3272	1546	1917	520	282	966	1281	3368	3015	1612	2445	621	440	1191	1712	4448	3745	2181	3602	741	594	
Denominator	5943	5943	5943	5943	5943	5943	5943	5943	5695	5695	5695	5695	5695	5695	5695	5695	7094	7094	7094	7094	7094	7094	7094	7094	
Measure (percentage)	15.3%	22.9%	58.9%	55.1%	26.0%	32.3%	8.7%	4.7%	17.0%	22.5%	59.1%	52.9%	28.3%	42.9%	10.9%	7.7%	16.8%	24.1%	62.7%	52.8%	30.7%	50.8%	10.4%	8.4%	
MCP Standard																									
Statewide MCP Avg.	15.3%	22.9%	58.9%	55.1%	26.0%	32.3%	8.7%	4.7%	17.0%	22.5%	59.1%	52.9%	28.3%	42.9%	10.9%	7.7%	16.8%	24.1%	62.7%	52.8%	30.7%	50.8%	10.4%	8.4%	

Shading Identifies Contract Measures

White letters Identifies New Contract Measures

CareSource

Medicaid MCP Results

Clinical Performance Measurement

State Fiscal Years 1999, 2000, & 2001

Frequency of Ongoing Prenatal Care (Percent of Expected Visits Received)																				
Adjusted for Length of Pregnancy & Length of Time Enrolled in Plan During Pregnancy																				
MCP Target ¹ = 80 %	SFY 99						SFY 00						SFY 01							
RESULTS	81% or more	61-80%	41-60%	21-40%	< 21%	Total	81% or more	61-80%	41-60%	21-40%	< 21%	Total	81% or more	61-80%	41-60%	21-40%	<21%	Total		
Numerator	2,037	374	241	164	372	3,188	1,644	332	229	179	334	2,718	1,629	Diff. From 00	335	259	174	332	2,729	
Denominator	3,188	3,188	3,188	3,188	3,188		2,718	2,718	2,718	2,718	2,718		2,729		2,729	2,729	2,729	2,729		
Measure (percentage)	63.9%	11.7%	7.6%	5.1%	11.7%	100.0%	60.5%	12.2%	8.4%	6.6%	12.3%	100.0%	59.7%	-1%	12.3%	9.5%	6.4%	12.2%	100.0%	
MCP Standard												Increase by:								
Statewide MCP Avg.	56.7%	10.4%	8.2%	6.9%	17.9%	100.0%	59.6%	10.8%	8.2%	6.5%	14.9%	100.0%	58.3%		11.8%	9.7%	7.2%	12.9%	100.0%	

¹ At least 80% of the recipients should have received 81% or more of their expected number of visits.

MCP Targets Initiation = 90 % LBW = 6 % Postpartum = 80 %	Initiation of Prenatal Care				Cesarean Section Rate			Low Birth Weight				Very Low Birth Weight			Postpartum Visits (21-56 Days)			
RESULTS	SFY99	SFY00	SFY01	Diff. From 00	SFY99	SFY00	SFY01	SFY99	SFY00	SFY01	Diff. From 00	SFY99	SFY00	SFY01	SFY99	SFY 00	SFY01	Diff. From 00
Numerator	1,347	1,141	970		487	409	447	53	68	70		8	9	8	1,246	1,031	1,131	
Denominator	1,554	1,412	1,185		3,188	2,718	2,729	825	938	1,023		825	938	1,023	2,688	2,401	2,525	
Percentage	86.7%	80.8%	81.9%	1.0%	15.3%	15.0%	16.4%	6.4%	7.2%	6.8%	-0.4%	1.0%	1.0%	0.8%	46.4%	42.9%	44.8%	1.9%
MCP Standard	Increase by:			0.9%				Decrease by:			-0.06%				Increase by:			1.9%
Statewide MCP Avg.	81.3%	82.1%	81.4%		14.8%	15.5%	16.2%	7.3%	7.1%	8.5%		1.1%	1.2%	1.5%	44.4%	44.9%	44.0%	

MCP Standard for Low Birth Weight is less than or equal to 6%.

CareSource
 Medicaid MCP Results
 Clinical Performance Measurement
 State Fiscal Years 1999, 2000, & 2001

RESULTS	Births Where a Last Menstrual Period Date Was Provided				Births Where a Birth Weight Was Provided			
	SFY99	SFY 00	SFY01	Diff. From 00	SFY99	SFY 00	SFY01	Diff. From 00
Numerator	2,098	1,969	2,090		2,656	2,430	2,483	
Denominator	3,188	2,718	2,729		3,188	2,718	2,729	
Percentage	65.8%	72.4%	76.6%	4.1%	83.3%	89.4%	91.0%	1.6%
MCP Standard			40.0%					
Statewide MCP Avg.	24.8%	29.8%	42.9%		69.2%	66.1%	69.5%	

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CareSource Medicaid MCP Results Clinical Performance Measurement State Fiscal Years 1999, 2000, & 2001

Well-Child Visits in the First 15 Months of Life																						
MCP Target = 80 %	SFY 99							SFY 00							SFY 01							
RESULTS	6 or more Visits	5 Visits	4 Visits	3 Visits	2 Visits	1 Visit	No Visits	6 or more Visits	5 Visits	4 Visits	3 Visits	2 Visits	1 Visit	No Visits	6 or more Visits	5 Visits	4 Visits	3 Visits	2 Visits	1 Visit	No Visits	
Numerator	396	228	188	169	106	79	60	370	245	199	166	99	70	56	468	262	266	172	112	84	68	
Denominator	1226	1226	1226	1226	1226	1226	1226	1205	1205	1205	1205	1205	1205	1205	1432	1432	1432	1432	1432	1432	1432	
Measure (percentage)	32.3%	18.6%	15.3%	13.8%	8.6%	6.4%	4.9%	30.7%	20.3%	16.5%	13.8%	8.2%	5.8%	4.6%	32.7%	2.0%	18.3%	18.6%	12.0%	7.8%	5.9%	4.7%
MCP Standard															Increase by:	4.9%						
Statewide MCP Avg.	24.4%	15.0%	13.8%	12.9%	11.3%	10.8%	11.8%	23.1%	15.3%	15.7%	14.0%	11.5%	10.4%	9.9%	25.0%		15.7%	16.4%	13.3%	10.0%	9.1%	10.5%

MCP Targets	Well-Child Visits in the 3rd, 4th, 5th and 6th Years of Life				Adolescent Well-Child Visits Ages 12 - 21 Years				Asthmatic Medication Management				Annual Dental Visit						
									Received Medication				ER Visit or Hospital Admission				Children Aged 4 - 21 Who Received a Visit		
Well-Child =80 %																			
Dental = 60 %																			
RESULTS	SFY99	SFY00	SFY01	Diff. From 00	SFY99	SFY00	SFY01	Diff. From 00	SFY99	SFY00	SFY01	Diff. From 00	SFY99	SFY00	SFY01	SFY99	SFY00	SFY01	Diff. From 00
Numerator	3745	4264	4591		2090	2770	3194		476	517	737		237	216	293	8952	10486	12543	
Denominator	6535	7379	8195		6302	8397	10001		1076	1059	1475		1076	1059	1475	18910	23190	26546	
Measure (percentage)	57.3%	57.8%	56.0%	-1.8%	33.2%	33.0%	31.9%	-1.1%	44.2%	48.8%	50.0%	1.1%	22.0%	20.4%	19.9%	47.3%	45.2%	47.3%	2.0%
MCP Standard	Increase by:			2.2%	Increase by:			4.7%							Increase by:			1.5%	
Statewide MCP Avg.	48.6%	51.4%	50.1%		27.1%	28.8%	27.5%		43.5%	45.4%	49.0%		23.3%	22.7%	22.0%	36.6%	31.8%	35.3%	

Childhood Immunization Status																										
MCP Target = 85 %	SFY 99								SFY 00								SFY 01									
RESULTS	DTP	OPV	MMR	HIB	HBV	VZV	Comb 1	Comb 2	DTP	OPV	MMR	HIB	HVB	VZV	Comb 1	Comb 2	DTP	OPV	MMR	HIB	HVB	VZV	Comb 1	Comb 2	Comb 1	
Numerator	395	533	1225	1146	583	723	216	132	379	525	1171	1075	627	849	271	210	482	676	1409	1270	843	1121	317	262	Diff. From 00	
Denominator	1745	1745	1745	1745	1745	1745	1745	1745	1695	1695	1695	1695	1695	1695	1695	1695	2042	2042	2042	2042	2042	2042	2042	2042	2042	
Measure (percentage)	22.6%	30.5%	70.2%	65.7%	33.4%	41.4%	12.4%	7.6%	22.4%	31.0%	69.1%	63.4%	37.0%	50.1%	16.0%	12.4%	23.6%	33.1%	69.0%	62.2%	41.3%	54.9%	15.5%	12.8%	-0.5%	
MCP Standard																							Increase by:	6.9%		
Statewide MCP Avg.	15.3%	22.9%	58.9%	55.1%	26.0%	32.3%	8.7%	4.7%	17.0%	22.5%	59.1%	52.9%	28.3%	42.9%	10.9%	7.7%	16.8%	24.1%	62.7%	52.8%	30.7%	50.8%	10.4%	8.4%		

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Family Health Plan Medicaid MCP Results Clinical Performance Measurement State Fiscal Years 1999, 2000, & 2001

Frequency of Ongoing Prenatal Care (Percent of Expected Visits Received) Adjusted for Length of Pregnancy & Length of Time Enrolled in Plan During Pregnancy																				
MCP Target ¹ = 80 %	SFY 99						SFY 00						SFY 01							
RESULTS	81% or more	61-80%	41-60%	21-40%	< 21%	Total	81% or more	61-80%	41-60%	21-40%	< 21%	Total	81% or more	61-80%	41-60%	21-40%	<21%	Total		
Numerator	274	38	26	24	91	453	358	51	43	34	83	569	369	Diff. From 00	70	45	29	49	562	
Denominator	453	453	453	453	453		569	569	569	569	569		562		562	562	562	562		
Measure (percentage)	60.5%	8.4%	5.7%	5.3%	20.1%	100.0%	62.9%	9.0%	7.6%	6.0%	14.6%	100.0%	65.7%	2.7%	12.5%	8.0%	5.2%	8.7%	100.0%	
MCP Standard												Increase by:								
Statewide MCP Avg.	56.7%	10.4%	8.2%	6.9%	17.9%	100.0%	59.6%	10.8%	8.2%	6.5%	14.9%	100.0%	58.3%		11.8%	9.7%	7.2%	12.9%	100.0%	

¹ At least 80% of the recipients should have received 81% or more of their expected number of visits.

MCP Targets Initiation = 90 % LBW = 6 % Postpartum = 80 %	Initiation of Prenatal Care				Cesarean Section Rate			Low Birth Weight				Very Low Birth Weight			Postpartum Visits (21-56 Days)			
RESULTS	SFY99	SFY00	SFY01	Diff. From 00	SFY99	SFY00	SFY01	SFY99	SFY00	SFY01	Diff. From 00	SFY99	SFY00	SFY01	SFY99	SFY 00	SFY01	Diff. From 00
Numerator	118	218	232		65	112	107	5	*	6		0	*	0	148	200	184	
Denominator	156	260	260		453	569	562	80	*	125		80	*	125	371	486	520	
Percentage	75.6%	83.8%	89.2%	5.4%	14.3%	19.7%	19.0%	6.3%	*	4.8%	4.8%	0.0%	*	0.0%	39.9%	41.2%	35.4%	-5.8%
MCP Standard	Increase by:		0.6%					Stay below 6%:							Increase by:		1.9%	
Statewide MCP Avg.	81.3%	82.1%	81.4%		14.8%	15.5%	16.2%	7.3%	7.1%	8.5%		1.1%	1.2%	1.5%	44.4%	44.9%	44.0%	

* Unable to determine because no condition code provided.

Family Health Plan
 Medicaid MCP Results
 Clinical Performance Measurement
 State Fiscal Years 1999, 2000, & 2001

RESULTS	Births Where a Last Menstrual Period Date Was Provided				Births Where a Birth Weight Was Provided			
	SFY99	SFY 00	SFY01	Diff. From 00	SFY99	SFY 00	SFY01	Diff. From 00
Numerator	0	194	352		169	0	284	
Denominator	453	569	562		453	569	562	
Percentage	0.0%	34.1%	62.6%	28.5%	37.3%	0.0%	50.5%	50.5%
MCP Standard			40.0%					
Statewide MCP Avg.	24.8%	29.8%	42.9%		69.2%	66.1%	69.5%	

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Family Health Plan Medicaid MCP Results Clinical Performance Measurement State Fiscal Years 1999, 2000, & 2001

Well-Child Visits in the First 15 Months of Life

MCP Target = 80 %	SFY 99							SFY 00							SFY 01							
RESULTS	6 or more Visits	5 Visits	4 Visits	3 Visits	2 Visits	1 Visit	No Visits	6 or more Visits	5 Visits	4 Visits	3 Visits	2 Visits	1 Visit	No Visits	6 or more Visits	5 Visits	4 Visits	3 Visits	2 Visits	1 Visit	No Visits	
Numerator	100	34	20	21	14	7	12	65	32	20	22	10	10	19	130	31	29	29	13	15	14	
Denominator	208	208	208	208	208	208	208	178	178	178	178	178	178	178	261	261	261	261	261	261	261	
Measure (percentage)	48.1%	16.3%	9.6%	10.1%	6.7%	3.4%	5.8%	36.5%	18.0%	11.2%	12.4%	5.6%	5.6%	10.7%	49.8%	13.3%	11.9%	11.1%	11.1%	5.0%	5.7%	5.4%
MCP Standard															Increase by:							
Statewide MCP Avg.	24.4%	15.0%	13.8%	12.9%	11.3%	10.8%	11.8%	23.1%	15.3%	15.7%	14.0%	11.5%	10.4%	9.9%	25.0%		15.7%	16.4%	13.3%	10.0%	9.1%	10.5%

MCP Targets Well-Child =80 % Dental = 60 %	Well-Child Visits in the 3rd, 4th, 5th and 6th Years of Life				Adolescent Well-Child Visits Ages 12 - 21 Years				Asthmatic Medication Management					Annual Dental Visit					
RESULTS	SFY99	SFY00	SFY01	Diff. From 00	SFY99	SFY00	SFY01	Diff. From 00	Received Medication			ER Visit or Hospital Admission		Children Aged 4 - 21 Who Received a Visit					
	SFY99	SFY00	SFY01	Diff. From 00	SFY99	SFY00	SFY01	Diff. From 00	SFY99	SFY00	SFY01	Diff. From 00	SFY99	SFY00	SFY01	SFY99	SFY00	SFY01	Diff. From 00
Numerator	770	757	863		515	617	663		124	136	175		28	40	45	1687	1776	1907	
Denominator	1317	1283	1433		1498	1760	2016		243	256	287		243	256	287	4084	4349	4903	
Measure (percentage)	58.5%	59.0%	60.2%	1.2%	34.4%	35.1%	32.9%	-2.2%	51.0%	53.1%	61.0%	7.9%	11.5%	15.6%	15.7%	41.3%	40.8%	38.9%	-1.9%
MCP Standard	Increase by:			2.1%	Increase by:			4.5%						Increase by:				1.9%	
Statewide MCP Avg.	48.6%	51.4%	50.1%		27.1%	28.8%	27.5%		43.5%	45.4%	49.0%		23.3%	22.7%	22.0%	36.6%	31.8%	35.3%	

Childhood Immunization Status

MCP Target = 85 %	SFY 99								SFY 00								SFY 01										
RESULTS	DTP	OPV	MMR	HIB	HBV	VZV	Comb 1	Comb 2	DTP	OPV	MMR	HIB	HVB	VZV	Comb 1	Comb 2	DTP	OPV	MMR	HIB	HVB	VZV	Comb 1	Comb 2	Comb 1		
Numerator	67	99	200	209	106	116	31	16	70	63	187	205	117	142	23	15	82	109	244	218	154	171	54	38			
Denominator	293	293	293	293	293	293	293	293	290	290	290	290	290	290	290	290	347	347	347	347	347	347	347	347	347		
Measure (percentage)	22.9%	33.8%	68.3%	71.3%	36.2%	39.6%	10.6%	5.5%	24.1%	21.7%	64.5%	70.7%	40.3%	49.0%	7.9%	5.2%	23.6%	31.4%	70.3%	62.8%	44.4%	49.3%	15.6%	11.0%	7.6%		
MCP Standard																									Increase by:		7.7%
Statewide MCP Avg.	15.3%	22.9%	58.9%	55.1%	26.0%	32.3%	8.7%	4.7%	17.0%	22.5%	59.1%	52.9%	28.3%	42.9%	10.9%	7.7%	16.8%	24.1%	62.7%	52.8%	30.7%	50.8%	10.4%	8.4%			

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HMO Health Ohio Medicaid MCP Results Clinical Performance Measurement State Fiscal Years 1999, 2000, & 2001

Frequency of Ongoing Prenatal Care (Percent of Expected Visits Received) Adjusted for Length of Pregnancy & Length of Time Enrolled in Plan During Pregnancy																				
MCP Target ¹ = 80 %	SFY 99						SFY 00						SFY 01							
RESULTS	81% or more	61-80%	41-60%	21-40%	< 21%	Total	81% or more	61-80%	41-60%	21-40%	< 21%	Total	81% or more	61-80%	41-60%	21-40%	<21%	Total		
Numerator	215	58	52	38	96	459	157	21	15	11	33	237	114	Diff. From 00	31	23	14	34	216	
Denominator	459	459	459	459	459		237	237	237	237	237		216		216	216	216	216		
Measure (percentage)	46.8%	12.6%	11.3%	8.3%	20.9%	100.0%	66.2%	8.9%	6.3%	4.6%	13.9%	100.0%	52.8%	-13.5%	14.4%	10.6%	6.5%	15.7%	100.0%	
MCP Standard												Increase by:								
Statewide MCP Avg.	56.7%	10.4%	8.2%	6.9%	17.9%	100.0%	59.6%	10.8%	8.2%	6.5%	14.9%	100.0%	58.3%		11.8%	9.7%	7.2%	12.9%	100.0%	

¹ At least 80% of the recipients should have received 81% or more of their expected number of visits.

MCP Targets Initiation = 90 % LBW = 6 % Postpartum = 80 %	Initiation of Prenatal Care				Cesarean Section Rate			Low Birth Weight				Very Low Birth Weight			Postpartum Visits (21-56 Days)			
RESULTS	SFY99	SFY00	SFY01	Diff. From 00	SFY99	SFY00	SFY01	SFY99	SFY00	SFY01	Diff. From 00	SFY99	SFY00	SFY01	SFY99	SFY 00	SFY01	Diff. From 00
Numerator	131	106	83		53	39	27	12	3	8		0	0	1	117	76	62	
Denominator	175	121	106		459	237	216	111	69	63		111	69	63	321	189	196	
Percentage	74.9%	87.6%	78.3%	-9.3%	11.5%	16.5%	12.5%	10.8%	4.3%	12.7%	8.4%	0.0%	0.0%	1.6%	36.4%	40.2%	31.6%	-8.6%
MCP Standard	Increase by:		0.2%					Stay below 6%:							Increase by:		2.0%	
Statewide MCP Avg.	81.3%	82.1%	81.4%		14.8%	15.5%	16.2%	7.3%	7.1%	8.5%		1.1%	1.2%	1.5%	44.4%	44.9%	44.0%	

MCP Standard for Low Birth Weight is less than or equal to 6%.

HMO Health Ohio
 Medicaid MCP Results
 Clinical Performance Measurement
 State Fiscal Years 1999, 2000, & 2001

RESULTS	Births Where a Last Menstrual Period Date Was Provided				Births Where a Birth Weight Was Provided			
	SFY99	SFY 00	SFY01	Diff. From 00	SFY99	SFY 00	SFY01	Diff. From 00
Numerator	0	3	2		297	196	154	
Denominator	459	237	216		459	237	216	
Percentage	0.0%	1.3%	0.9%	-0.3%	64.7%	82.7%	71.3%	-11.4%
MCP Standard			40.0%					
Statewide MCP Avg.	24.8%	29.8%	42.9%		69.2%	66.1%	69.5%	

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HMO Health Ohio Medicaid MCP Results Clinical Performance Measurement State Fiscal Years 1999, 2000, & 2001

Well-Child Visits in the First 15 Months of Life

MCP Target = 80 %	SFY 99							SFY 00							SFY 01							
RESULTS	6 or more Visits	5 Visits	4 Visits	3 Visits	2 Visits	1 Visit	No Visits	6 or more Visits	5 Visits	4 Visits	3 Visits	2 Visits	1 Visit	No Visits	6 or more Visits	5 Visits	4 Visits	3 Visits	2 Visits	1 Visit	No Visits	
Numerator	53	29	40	29	41	37	54	7	8	6	10	6	15	17	27	23	19	6	9	8	17	
Denominator	283	283	283	283	283	283	283	69	69	69	69	69	69	69	109	109	109	109	109	109	109	
Measure (percentage)	18.7%	10.2%	14.1%	10.2%	14.5%	13.1%	19.1%	10.1%	11.6%	8.7%	14.5%	8.7%	21.7%	24.6%	24.8%	14.6%	21.1%	17.4%	5.5%	8.3%	7.3%	15.6%
MCP Standard														Increase by:								
Statewide MCP Avg.	24.4%	15.0%	13.8%	12.9%	11.3%	10.8%	11.8%	23.1%	15.3%	15.7%	14.0%	11.5%	10.4%	9.9%	25.0%		15.7%	16.4%	13.3%	10.0%	9.1%	10.5%

MCP Targets	Well-Child Visits in the 3rd, 4th, 5th and 6th Years of Life				Adolescent Well-Child Visits Ages 12 - 21 Years				Asthmatic Medication Management				Annual Dental Visit						
Well-Child = 80 % Dental = 60 %									Received Medication		ER Visit or Hospital Admission		Children Aged 4 - 21 Who Received a Visit						
RESULTS	SFY99	SFY00	SFY01	Diff. From 00	SFY99	SFY00	SFY01	Diff. From 00	SFY99	SFY00	SFY01	Diff. From 00	SFY99	SFY00	SFY01	SFY99	SFY00	SFY01	Diff. From 00
Numerator	240	237	270		135	179	187		31	29	54		24	17	17	301	57	224	
Denominator	592	572	639		537	713	817		88	70	88		88	70	88	1653	1886	2094	
Measure (percentage)	40.5%	41.4%	42.3%	0.8%	25.1%	25.1%	22.9%	-2.2%	35.2%	41.4%	61.4%	19.9%	27.3%	24.3%	19.3%	18.2%	3.0%	10.7%	7.7%
MCP Standard	Increase by:			3.9%	Increase by:			5.5%				Increase by:			5.7%				
Statewide MCP Avg.	48.6%	51.4%	50.1%		27.1%	28.8%	27.5%		43.5%	45.4%	49.0%		23.3%	22.7%	22.0%	36.6%	31.8%	35.3%	

Childhood Immunization Status

MCP Target = 85 %	SFY 99								SFY 00								SFY 01								
RESULTS	DTP	OPV	MMR	HIB	HBV	VZV	Comb 1	Comb 2	DTP	OPV	MMR	HIB	HVB	VZV	Comb 1	Comb 2	DTP	OPV	MMR	HIB	HVB	VZV	Comb 1	Comb 2	Comb 1
Numerator	37	71	203	220	110	75	16	5	24	22	63	55	44	45	7	4	14	27	66	62	37	51	7	5	Diff. From 00
Denominator	395	395	395	395	395	395	395	395	128	128	128	128	128	128	128	128	126	126	126	126	126	126	126	126	
Measure (percentage)	9.4%	18.0%	51.4%	55.7%	27.8%	19.0%	4.1%	1.3%	18.8%	17.2%	49.2%	43.0%	34.4%	35.2%	5.5%	3.1%	11.1%	21.4%	52.4%	49.2%	29.4%	40.5%	5.6%	4.0%	0.1%
MCP Standard																							Increase by:		8.0%
Statewide MCP Avg.	15.3%	22.9%	58.9%	55.1%	26.0%	32.3%	8.7%	4.7%	17.0%	22.5%	59.1%	52.9%	28.3%	42.9%	10.9%	7.7%	16.8%	24.1%	62.7%	52.8%	30.7%	50.8%	10.4%	8.4%	

Shading Identifies Contract Measures

White letters Identifies New Contract Measures

Paramount

Medicaid MCP Results

Clinical Performance Measurement

State Fiscal Years 1999, 2000, & 2001

Frequency of Ongoing Prenatal Care (Percent of Expected Visits Received)																			
Adjusted for Length of Pregnancy & Length of Time Enrolled in Plan During Pregnancy																			
MCP Target ¹ = 80 %	SFY 99						SFY 00						SFY 01						
RESULTS	81% or more	61-80%	41-60%	21-40%	< 21%	Total	81% or more	61-80%	41-60%	21-40%	< 21%	Total	81% or more	61-80%	41-60%	21-40%	<21%	Total	
Numerator	432	60	37	45	187	761	741	81	75	39	109	1,045	682	Diff. From 00	121	57	35	65	960
Denominator	761	761	761	761	761		1,045	1,045	1,045	1,045	1,045		960		960	960	960	960	
Measure (percentage)	56.8%	7.9%	4.9%	5.9%	24.6%	100.0%	70.9%	7.8%	7.2%	3.7%	10.4%	100.0%	71.0%	0.1%	12.6%	5.9%	3.6%	6.8%	100.0%
MCP Standard												Increase by:							
Statewide MCP Avg.	56.7%	10.4%	8.2%	6.9%	17.9%	100.0%	59.6%	10.8%	8.2%	6.5%	14.9%	100.0%	58.3%		11.8%	9.7%	7.2%	12.9%	100.0%

¹ At least 80% of the recipients should have received 81% or more of their expected number of visits.

MCP Targets Initiation = 90 % LBW = 6 % Postpartum = 80 %	Initiation of Prenatal Care				Cesarean Section Rate			Low Birth Weight				Very Low Birth Weight			Postpartum Visits (21-56 Days)			
RESULTS	SFY99	SFY00	SFY01	Diff. From 00	SFY99	SFY00	SFY01	SFY99	SFY00	SFY01	Diff. From 00	SFY99	SFY00	SFY01	SFY99	SFY 00	SFY01	Diff. From 00
Numerator	292	526	494		124	181	161	5	5	8		1	1	0	363	481	464	
Denominator	369	590	548		761	1,045	960	224	285	283		224	285	283	665	930	875	
Percentage	79.1%	89.2%	90.1%	1.0%	16.3%	17.3%	16.8%	2.2%	1.8%	2.8%	1.1%	0.4%	0.4%	0.0%	54.6%	51.7%	53.0%	1.3%
MCP Standard	Increase by:		0.1%					Stay below 6%:							Increase by:		1.4%	
Statewide MCP Avg.	81.3%	82.1%	81.4%		14.8%	15.5%	16.2%	7.3%	7.1%	8.5%		1.1%	1.2%	1.5%	44.4%	44.9%	44.0%	

MCP Standard for Low Birth Weight is less than or equal to 6%.

Paramount
 Medicaid MCP Results
 Clinical Performance Measurement
 State Fiscal Years 1999, 2000, & 2001

RESULTS	Births Where a Last Menstrual Period Date Was Provided				Births Where a Birth Weight Was Provided			
	SFY99	SFY 00	SFY01	Diff. From 00	SFY99	SFY 00	SFY01	Diff. From 00
Numerator	72	363	814		678	954	734	
Denominator	761	1,045	960		761	1,045	960	
Percentage	9.5%	34.7%	84.8%	50.1%	89.1%	91.3%	76.5%	-14.8%
MCP Standard			40.0%					
Statewide MCP Avg.	24.8%	29.8%	42.9%		69.2%	66.1%	69.5%	

Shading Identifies Contract Measures

White letters Identifies New Contract Measures

Paramount

Medicaid MCP Results

Clinical Performance Measurement

State Fiscal Years 1999, 2000, & 2001

Well-Child Visits in the First 15 Months of Life

MCP Target = 80 %	SFY 99							SFY 00							SFY 01							
RESULTS	6 or more Visits	5 Visits	4 Visits	3 Visits	2 Visits	1 Visit	No Visits	6 or more Visits	5 Visits	4 Visits	3 Visits	2 Visits	1 Visit	No Visits	6 or more Visits	5 Visits	4 Visits	3 Visits	2 Visits	1 Visit	No Visits	
Numerator	162	81	59	41	25	14	19	135	56	39	30	14	13	22	235	92	69	54	27	37	25	
Denominator	401	401	401	401	401	401	401	309	309	309	309	309	309	309	539	539	539	539	539	539	539	
Measure (percentage)	40.4%	20.2%	14.7%	10.2%	6.2%	3.5%	4.7%	43.7%	18.1%	12.6%	9.7%	4.5%	4.2%	7.1%	43.6%	-0.1%	17.1%	12.8%	10.0%	5.0%	6.9%	4.6%
MCP Standard															Increase by:							
Statewide MCP Avg.	24.4%	15.0%	13.8%	12.9%	11.3%	10.8%	11.8%	23.1%	15.3%	15.7%	14.0%	11.5%	10.4%	9.9%	25.0%		15.7%	16.4%	13.3%	10.0%	9.1%	10.5%

MCP Targets Well-Child =80 % Dental = 60 %	Well-Child Visits in the 3rd, 4th, 5th and 6th Years of Life				Adolescent Well-Child Visits Ages 12 - 21 Years				Asthmatic Medication Management				Annual Dental Visit						
									Received Medication		ER Visit or Hospital Admission		Children Aged 4 - 21 Who Received a Visit						
RESULTS	SFY99	SFY00	SFY01	Diff. From 00	SFY99	SFY00	SFY01	Diff. From 00	SFY99	SFY00	SFY01	Diff. From 00	SFY99	SFY00	SFY01	SFY99	SFY00	SFY01	Diff. From 00
Numerator	1124	1140	1478		526	681	953		72	81	118		94	58	82	2468	2598	3260	
Denominator	1939	2036	2410		1645	2065	2684		214	203	253		214	203	253	5221	5913	7317	
Measure (percentage)	58.0%	56.0%	61.3%	5.3%	32.0%	33.0%	35.5%	2.5%	33.6%	39.9%	46.6%	6.7%	43.9%	28.6%	32.4%	47.3%	43.9%	44.6%	0.6%
MCP Standard	Increase by:				Increase by:								Increase by:						
Statewide MCP Avg.	48.6%	51.4%	50.1%		27.1%	28.8%	27.5%		43.5%	45.4%	49.0%		23.3%	22.7%	22.0%	36.6%	31.8%	35.3%	

Childhood Immunization Status

MCP Target = 85 %	SFY 99								SFY 00								SFY 01								
RESULTS	DTP	OPV	MMR	HIB	HBV	VZV	Comb 1	Comb 2	DTP	OPV	MMR	HIB	HVB	VZV	Comb 1	Comb 2	DTP	OPV	MMR	HIB	HVB	VZV	Comb 1	Comb 2	Comb 1
Numerator	134	211	295	337	181	143	82	39	103	146	331	315	165	222	61	34	143	176	408	392	209	297	82	62	
Denominator	542	542	542	542	542	542	542	542	514	514	514	514	514	514	514	514	575	575	575	575	575	575	575	575	
Measure (percentage)	24.7%	38.9%	54.4%	62.2%	33.4%	26.4%	15.1%	7.2%	20.0%	28.4%	64.4%	61.3%	32.1%	43.2%	11.9%	6.6%	24.9%	30.6%	71.0%	68.2%	36.3%	51.7%	14.3%	10.8%	2.4%
MCP Standard																						Increase by:			
Statewide MCP Avg.	15.3%	22.9%	58.9%	55.1%	26.0%	32.3%	8.7%	4.7%	17.0%	22.5%	59.1%	52.9%	28.3%	42.9%	10.9%	7.7%	16.8%	24.1%	62.7%	52.8%	30.7%	50.8%	10.4%	8.4%	

Shading Identifies Contract Measures

White letters Identifies New Contract Measures

QualChoice

Medicaid MCP Results

Clinical Performance Measurement

State Fiscal Years 1999, 2000, & 2001

Frequency of Ongoing Prenatal Care (Percent of Expected Visits Received)																				
Adjusted for Length of Pregnancy & Length of Time Enrolled in Plan During Pregnancy																				
MCP Target ¹ = 80 %	SFY 99						SFY 00						SFY 01							
RESULTS	81% or more	61-80%	41-60%	21-40%	< 21%	Total	81% or more	61-80%	41-60%	21-40%	< 21%	Total	81% or more	61-80%	41-60%	21-40%	<21%	Total		
Numerator	396	113	100	97	256	962	771	170	163	136	315	1,555	955	Diff. From 00	241	261	200	358	2,015	
Denominator	962	962	962	962	962		1,555	1,555	1,555	1,555	1,555		2,015		2,015	2,015	2,015	2,015		
Measure (percentage)	41.2%	11.7%	10.4%	10.1%	26.6%	100.0%	49.6%	10.9%	10.5%	8.7%	20.3%	100.0%	47.4%	-2.2%	12.0%	13.0%	9.9%	17.8%	100.0%	
MCP Standard												Increase by:								
Statewide MCP Avg.	56.7%	10.4%	8.2%	6.9%	17.9%	100.0%	59.6%	10.8%	8.2%	6.5%	14.9%	100.0%	58.3%		11.8%	9.7%	7.2%	12.9%	100.0%	

¹ At least 80% of the recipients should have received 81% or more of their expected number of visits.

MCP Targets Initiation = 90 % LBW = 6 % Postpartum = 80 %	Initiation of Prenatal Care				Cesarean Section Rate			Low Birth Weight				Very Low Birth Weight			Postpartum Visits (21-56 Days)				
RESULTS	SFY99	SFY00	SFY01	Diff. From 00	SFY99	SFY00	SFY01	SFY99	SFY00	SFY01	Diff. From 00	SFY99	SFY00	SFY01	SFY99	SFY 00	SFY01	Diff. From 00	
Numerator	204	441	553		141	245	319	19	48	70		5	11	16	325	604	794		
Denominator	311	603	823		962	1,555	2,015	134	478	659		134	478	659	878	1,446	1,878		
Percentage	65.6%	73.1%	67.2%	-5.9%	14.7%	15.8%	15.8%	14.2%	10.0%	10.6%	0.6%	3.7%	2.3%	2.4%	37.0%	41.8%	42.3%	0.5%	
MCP Standard	Increase by:		1.7%						Decrease by:		-0.20%		Increase by:			1.9%			
Statewide MCP Avg.	81.3%	82.1%	81.4%		14.8%	15.5%	16.2%	7.3%	7.1%	8.5%		1.1%	1.2%	1.5%	44.4%	44.9%	44.0%		

MCP Standard for Low Birth Weight is less than or equal to 6%.

QualChoice
 Medicaid MCP Results
 Clinical Performance Measurement
 State Fiscal Years 1999, 2000, & 2001

RESULTS	Births Where a Last Menstrual Period Date Was Provided				Births Where a Birth Weight Was Provided			
	SFY99	SFY 00	SFY01	Diff. From 00	SFY99	SFY 00	SFY01	Diff. From 00
Numerator	0	5	43		324	1,246	1,426	
Denominator	962	1,555	2,015		962	1,555	2,015	
Percentage	0.0%	0.3%	2.1%	1.8%	33.7%	80.1%	70.8%	-9.4%
MCP Standard			40.0%					
Statewide MCP Avg.	24.8%	29.8%	42.9%		69.2%	66.1%	69.5%	

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QualChoice

Medicaid MCP Results

Clinical Performance Measurement

State Fiscal Years 1999, 2000, & 2001

Well-Child Visits in the First 15 Months of Life

MCP Target = 80 %	SFY 99							SFY 00							SFY 01							
RESULTS	6 or more Visits	5 Visits	4 Visits	3 Visits	2 Visits	1 Visit	No Visits	6 or more Visits	5 Visits	4 Visits	3 Visits	2 Visits	1 Visit	No Visits	6 or more Visits	5 Visits	4 Visits	3 Visits	2 Visits	1 Visit	No Visits	
Numerator	84	56	66	75	104	133	178	88	75	108	92	117	102	70	121	134	174	174	137	119	140	
Denominator	696	696	696	696	696	696	696	652	652	652	652	652	652	652	999	999	999	999	999	999	999	
Measure (percentage)	12.1%	8.0%	9.5%	10.8%	14.9%	19.1%	25.6%	13.5%	11.5%	16.6%	14.1%	17.9%	15.6%	10.7%	12.1%	-1.4%	13.4%	17.4%	17.4%	13.7%	11.9%	14.0%
MCP Standard															Increase by:							
Statewide MCP Avg.	24.4%	15.0%	13.8%	12.9%	11.3%	10.8%	11.8%	23.1%	15.3%	15.7%	14.0%	11.5%	10.4%	9.9%	25.0%		15.7%	16.4%	13.3%	10.0%	9.1%	10.5%

MCP Targets Well-Child =80 % Dental = 60 %	Well-Child Visits in the 3rd, 4th, 5th and 6th Years of Life				Adolescent Well-Child Visits Ages 12 - 21 Years				Asthmatic Medication Management				Annual Dental Visit						
									Received Medication				ER Visit or Hospital Admission				Children Aged 4 - 21 Who Received a Visit		
RESULTS	SFY99	SFY00	SFY01	Diff. From 00	SFY99	SFY00	SFY01	Diff. From 00	SFY99	SFY00	SFY01	Diff. From 00	SFY99	SFY00	SFY01	SFY99	SFY00	SFY01	Diff. From 00
Numerator	1168	2149	2393		638	1253	1441		209	215	310		94	101	123	2751	4099	5271	
Denominator	3253	4686	5653		2752	4481	5941		433	499	652		433	499	652	8434	13188	16750	
Measure (percentage)	35.9%	45.9%	42.3%	-3.5%	23.2%	28.0%	24.3%	-3.7%	48.3%	43.1%	47.5%	4.5%	21.7%	20.2%	18.9%	32.6%	31.1%	31.5%	0.4%
MCP Standard	Increase by:			3.4%	Increase by:			5.2%					Increase by:			2.9%			
Statewide MCP Avg.	48.6%	51.4%	50.1%		27.1%	28.8%	27.5%		43.5%	45.4%	49.0%		23.3%	22.7%	22.0%	36.6%	31.8%	35.3%	

Childhood Immunization Status

MCP Target = 85 %	SFY 99								SFY 00								SFY 01								
RESULTS	DTP	OPV	MMR	HIB	HBV	VZV	Comb 1	Comb 2	DTP	OPV	MMR	HIB	HVB	VZV	Comb 1	Comb 2	DTP	OPV	MMR	HIB	HVB	VZV	Comb 1	Comb 2	Comb 1
Numerator	66	104	559	433	161	317	40	15	191	242	666	623	304	472	124	87	212	318	841	716	403	725	125	110	Diff. From 00
Denominator	921	921	921	921	921	921	921	921	1041	1041	1041	1041	1041	1041	1041	1041	1384	1384	1384	1384	1384	1384	1384	1384	
Measure (percentage)	7.2%	11.3%	60.7%	47.0%	17.5%	34.4%	4.3%	1.6%	18.3%	23.2%	64.0%	59.8%	29.2%	45.3%	11.9%	8.4%	15.3%	23.0%	60.8%	51.7%	29.1%	52.4%	9.0%	7.9%	-2.9%
MCP Standard																							Increase by:		7.3%
Statewide MCP Avg.	15.3%	22.9%	58.9%	55.1%	26.0%	32.3%	8.7%	4.7%	17.0%	22.5%	59.1%	52.9%	28.3%	42.9%	10.9%	7.7%	16.8%	24.1%	62.7%	52.8%	30.7%	50.8%	10.4%	8.4%	

Shading Identifies Contract Measures

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Renaissance Medicaid MCP Results Clinical Performance Measurement State Fiscal Years 1999, 2000, & 2001

Frequency of Ongoing Prenatal Care (Percent of Expected Visits Received) Adjusted for Length of Pregnancy & Length of Time Enrolled in Plan During Pregnancy																			
MCP Target ¹ = 80 %	SFY 99						SFY 00						SFY 01						
RESULTS	81% or more	61-80%	41-60%	21-40%	< 21%	Total	81% or more	61-80%	41-60%	21-40%	< 21%	Total	81% or more	61-80%	41-60%	21-40%	<21%	Total	
Numerator	256	53	68	75	167	619	592	100	83	64	183	1,022	649	Diff. From 00	98	109	84	159	1,099
Denominator	619	619	619	619	619		1,022	1,022	1,022	1,022	1,022		1,099		1,099	1,099	1,099	1,099	
Measure (percentage)	41.4%	8.6%	11.0%	12.1%	27.0%	100.0%	57.9%	9.8%	8.1%	6.3%	17.9%	100.0%	59.1%	1.1%	8.9%	9.9%	7.6%	14.5%	100.0%
MCP Standard												Increase by:							
Statewide MCP Avg.	56.7%	10.4%	8.2%	6.9%	17.9%	100.0%	59.6%	10.8%	8.2%	6.5%	14.9%	100.0%	58.3%		11.8%	9.7%	7.2%	12.9%	100.0%

¹ At least 80% of the recipients should have received 81% or more of their expected number of visits.

MCP Targets Initiation = 90 % LBW = 6 % Postpartum = 80 %	Initiation of Prenatal Care				Cesarean Section Rate			Low Birth Weight				Very Low Birth Weight			Postpartum Visits (21-56 Days)			
RESULTS	SFY99	SFY00	SFY01	Diff. From 00	SFY99	SFY00	SFY01	SFY99	SFY00	SFY01	Diff. From 00	SFY99	SFY00	SFY01	SFY99	SFY 00	SFY01	Diff. From 00
Numerator	215	356	367		55	134	171	7	3	23		2	0	8	223	388	463	
Denominator	304	452	468		619	1,022	1,099	99	77	171		99	77	171	545	906	1,013	
Percentage	70.7%	78.8%	78.4%	-0.3%	8.9%	13.1%	15.6%	7.1%	3.9%	13.5%	9.6%	2.0%	0.0%	4.7%	40.9%	42.8%	45.7%	2.9%
MCP Standard	Increase by:			1.1%				Stay below 6%:							Increase by:			1.9%
Statewide MCP Avg.	81.3%	82.1%	81.4%		14.8%	15.5%	16.2%	7.3%	7.1%	8.5%		1.1%	1.2%	1.5%	44.4%	44.9%	44.0%	

MCP Standard for Low Birth Weight is less than or equal to 6%.

Renaissance
 Medicaid MCP Results
 Clinical Performance Measurement
 State Fiscal Years 1999, 2000, & 2001

RESULTS	Births Where a Last Menstrual Period Date Was Provided				Births Where a Birth Weight Was Provided			
	SFY99	SFY 00	SFY01	Diff. From 00	SFY99	SFY 00	SFY01	Diff. From 00
Numerator	17	52	82		275	248	379	
Denominator	619	1,022	1,099		619	1,022	1,099	
Percentage	2.7%	5.1%	7.5%	2.4%	44.4%	24.3%	34.5%	10.2%
MCP Standard			40.0%					
Statewide MCP Avg.	24.8%	29.8%	42.9%		69.2%	66.1%	69.5%	

Shading Identifies Contract Measures

White letters Identifies New Contract Measures

Renaissance Medicaid MCP Results Clinical Performance Measurement State Fiscal Years 1999, 2000, & 2001

Well-Child Visits in the First 15 Months of Life

MCP Target = 80 %	SFY 99							SFY 00							SFY 01							
RESULTS	6 or more Visits	5 Visits	4 Visits	3 Visits	2 Visits	1 Visit	No Visits	6 or more Visits	5 Visits	4 Visits	3 Visits	2 Visits	1 Visit	No Visits	6 or more Visits	5 Visits	4 Visits	3 Visits	2 Visits	1 Visit	No Visits	
Numerator	29	22	16	41	32	39	26	24	24	46	58	67	65	41	80	85	97	98	72	66	73	
Denominator	205	205	205	205	205	205	205	325	325	325	325	325	325	325	571	571	571	571	571	571	571	
Measure (percentage)	14.1%	10.7%	7.8%	20.0%	15.6%	19.0%	12.7%	7.4%	7.4%	14.2%	17.8%	20.6%	20.0%	12.6%	14.0%	6.6%	14.9%	17.0%	12.6%	11.6%	12.8%	
MCP Standard															Increase by:	7.3%						
Statewide MCP Avg.	24.4%	15.0%	13.8%	12.9%	11.3%	10.8%	11.8%	23.1%	15.3%	15.7%	14.0%	11.5%	10.4%	9.9%	25.0%		15.7%	16.4%	13.3%	10.0%	9.1%	10.5%

MCP Targets Well-Child =80 % Dental = 60 %	Well-Child Visits in the 3rd, 4th, 5th and 6th Years of Life				Adolescent Well-Child Visits Ages 12 - 21 Years				Asthmatic Medication Management				Annual Dental Visit						
									Received Medication				ER Visit or Hospital Admission				Children Aged 4 - 21 Who Received a Visit		
RESULTS	SFY99	SFY00	SFY01	Diff. From 00	SFY99	SFY00	SFY01	Diff. From 00	SFY99	SFY00	SFY01	Diff. From 00	SFY99	SFY00	SFY01	SFY99	SFY00	SFY01	Diff. From 00
Numerator	589	1141	1579		294	672	1005		23	83	134		17	65	101	869	2267	2969	
Denominator	1644	2357	3361		2029	2988	4147		40	184	324		40	184	324	5187	7686	10565	
Measure (percentage)	35.8%	48.4%	47.0%	-1.4%	14.5%	22.5%	24.2%	1.7%	57.5%	45.1%	41.4%	-3.8%	42.5%	35.3%	31.2%	16.8%	29.5%	28.1%	-1.4%
MCP Standard	Increase by:			3.2%	Increase by:			5.8%							Increase by:			3.1%	
Statewide MCP Avg.	48.6%	51.4%	50.1%		27.1%	28.8%	27.5%		43.5%	45.4%	49.0%		23.3%	22.7%	22.0%	36.6%	31.8%	35.3%	

Childhood Immunization Status

MCP Target = 85 %	SFY 99								SFY 00								SFY 01								
RESULTS	DTP	OPV	MMR	HIB	HBV	VZV	Comb 1	Comb 2	DTP	OPV	MMR	HIB	HVB	VZV	Comb 1	Comb 2	DTP	OPV	MMR	HIB	HVB	VZV	Comb 1	Comb 2	Comb 1
Numerator	33	55	140	159	66	106	20	16	29	47	197	158	76	159	19	14	43	80	434	289	115	361	26	22	
Denominator	349	349	349	349	349	349	349	349	616	616	616	616	616	616	616	616	760	760	760	760	760	760	760	760	760
Measure (percentage)	9.5%	15.8%	40.1%	45.6%	18.9%	30.4%	5.7%	4.6%	4.7%	7.6%	32.0%	25.6%	12.3%	25.8%	3.1%	2.3%	5.7%	10.5%	57.1%	38.0%	15.1%	47.5%	3.4%	2.9%	0.3%
MCP Standard																							Increase by:	8.2%	
Statewide MCP Avg.	15.3%	22.9%	58.9%	55.1%	26.0%	32.3%	8.7%	4.7%	17.0%	22.5%	59.1%	52.9%	28.3%	42.9%	10.9%	7.7%	16.8%	24.1%	62.7%	52.8%	30.7%	50.8%	10.4%	8.4%	

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SummaCare

Medicaid MCP Results

Clinical Performance Measurement

State Fiscal Years 1999, 2000, & 2001

Frequency of Ongoing Prenatal Care (Percent of Expected Visits Received)																			
Adjusted for Length of Pregnancy & Length of Time Enrolled in Plan During Pregnancy																			
MCP Target ¹ = 80 %	SFY 99						SFY 00						SFY 01						
RESULTS	81% or more	61-80%	41-60%	21-40%	< 21%	Total	81% or more	61-80%	41-60%	21-40%	< 21%	Total	81% or more	61-80%	41-60%	21-40%	<21%	Total	
Numerator	535	86	55	58	139	873	753	128	69	71	215	1,236	835	Diff. From 00	146	85	73	114	1,253
Denominator	873	873	873	873	873		1,236	1,236	1,236	1,236	1,236		1,253		1,253	1,253	1,253	1,253	
Measure (percentage)	61.3%	9.9%	6.3%	6.6%	15.9%	100.0%	60.9%	10.4%	5.6%	5.7%	17.4%	100.0%	66.6%	5.7%	11.7%	6.8%	5.8%	9.1%	100.0%
MCP Standard												Increase by:							
Statewide MCP Avg.	56.7%	10.4%	8.2%	6.9%	17.9%	100.0%	59.6%	10.8%	8.2%	6.5%	14.9%	100.0%	58.3%		11.8%	9.7%	7.2%	12.9%	100.0%

¹ At least 80% of the recipients should have received 81% or more of their expected number of visits.

MCP Targets Initiation = 90 % LBW = 6 % Postpartum = 80 %	Initiation of Prenatal Care				Cesarean Section Rate			Low Birth Weight				Very Low Birth Weight			Postpartum Visits (21-56 Days)			
RESULTS	SFY99	SFY00	SFY01	Diff. From 00	SFY99	SFY00	SFY01	SFY99	SFY00	SFY01	Diff. From 00	SFY99	SFY00	SFY01	SFY99	SFY 00	SFY01	Diff. From 00
Numerator	367	573	583		134	174	212	11	8	34		1	1	5	291	455	523	
Denominator	421	678	651		873	1,236	1,253	124	160	344		124	160	344	738	1,028	1,187	
Percentage	87.2%	84.5%	89.6%	5.0%	15.3%	14.1%	16.9%	8.9%	5.0%	9.9%	4.9%	0.8%	0.6%	1.5%	39.4%	44.3%	44.1%	-0.2%
MCP Standard	Increase by:		0.5%					Stay below 6%:							Increase by:		1.8%	
Statewide MCP Avg.	81.3%	82.1%	81.4%		14.8%	15.5%	16.2%	7.3%	7.1%	8.5%		1.1%	1.2%	1.5%	44.4%	44.9%	44.0%	

MCP Standard for Low Birth Weight is less than or equal to 6%.

SummaCare
 Medicaid MCP Results
 Clinical Performance Measurement
 State Fiscal Years 1999, 2000, & 2001

RESULTS	Births Where a Last Menstrual Period Date Was Provided				Births Where a Birth Weight Was Provided			
	SFY99	SFY 00	SFY01	Diff. From 00	SFY99	SFY 00	SFY01	Diff. From 00
Numerator	60	366	963		319	429	774	
Denominator	873	1,236	1,253		873	1,236	1,253	
Percentage	6.9%	29.6%	76.9%	47.2%	36.5%	34.7%	61.8%	27.1%
MCP Standard			40.0%					
Statewide MCP Avg.	24.8%	29.8%	42.9%		69.2%	66.1%	69.5%	

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SummaCare

Medicaid MCP Results

Clinical Performance Measurement

State Fiscal Years 1999, 2000, & 2001

Well-Child Visits in the First 15 Months of Life																						
MCP Target = 80 %	SFY 99							SFY 00							SFY 01							
RESULTS	6 or more Visits	5 Visits	4 Visits	3 Visits	2 Visits	1 Visit	No Visits	6 or more Visits	5 Visits	4 Visits	3 Visits	2 Visits	1 Visit	No Visits	6 or more Visits	5 Visits	4 Visits	3 Visits	2 Visits	1 Visit	No Visits	
Numerator	80	37	28	19	18	36	62	101	52	49	30	24	38	94	126	66	85	51	72	71	133	
Denominator	280	280	280	280	280	280	280	388	388	388	388	388	388	388	604	604	604	604	604	604	604	
Measure (percentage)	28.6%	13.2%	10.0%	6.8%	6.4%	12.9%	22.1%	26.0%	13.4%	12.6%	7.7%	6.2%	9.8%	24.2%	20.9%	-5.2%	10.9%	14.1%	8.4%	11.9%	11.8%	22.0%
MCP Standard															Increase by:	5.4%						
Statewide MCP Avg.	24.4%	15.0%	13.8%	12.9%	11.3%	10.8%	11.8%	23.1%	15.3%	15.7%	14.0%	11.5%	10.4%	9.9%	25.0%		15.7%	16.4%	13.3%	10.0%	9.1%	10.5%

MCP Targets	Well-Child Visits in the 3rd, 4th, 5th and 6th Years of Life				Adolescent Well-Child Visits Ages 12 - 21 Years				Asthmatic Medication Management				Annual Dental Visit							
									Received Medication				ER Visit or Hospital Admission				Children Aged 4 - 21 Who Received a Visit			
Well-Child =80 %																				
Dental = 60 %																				
RESULTS	SFY99	SFY00	SFY01	Diff. From 00	SFY99	SFY00	SFY01	Diff. From 00	SFY99	SFY00	SFY01	Diff. From 00	SFY99	SFY00	SFY01	SFY99	SFY00	SFY01	Diff. From 00	
Numerator	724	774	1457		397	422	808		58	89	158		27	51	91	2361	2362	3572		
Denominator	2044	2013	3225		2014	2285	3692		113	209	340		113	209	340	5729	6185	9910		
Measure (percentage)	35.4%	38.5%	45.2%	6.7%	19.7%	18.5%	21.9%	3.4%	51.3%	42.6%	46.5%	3.9%	23.9%	24.4%	26.8%	41.2%	38.2%	36.0%	-2.1%	
MCP Standard	Increase by:				Increase by:								Increase by:				Increase by:			2.2%
Statewide MCP Avg.	48.6%	51.4%	50.1%		27.1%	28.8%	27.5%		43.5%	45.4%	49.0%		23.3%	22.7%	22.0%	36.6%	31.8%	35.3%		

Childhood Immunization Status																									
MCP Target = 85 %	SFY 99								SFY 00								SFY 01								
RESULTS	DTP	OPV	MMR	HIB	HBV	VZV	Comb 1	Comb 2	DTP	OPV	MMR	HIB	HVB	VZV	Comb 1	Comb 2	DTP	OPV	MMR	HIB	HVB	VZV	Comb 1	Comb 2	Comb 1
Numerator	84	117	211	197	117	98	62	35	105	124	306	233	136	199	76	46	136	174	442	349	214	332	78	51	Diff. From 00
Denominator	419	419	419	419	419	419	419	419	508	508	508	508	508	508	508	508	750	750	750	750	750	750	750	750	750
Measure (percentage)	20.0%	27.9%	50.4%	47.0%	27.9%	23.4%	14.8%	8.4%	20.7%	24.4%	60.2%	45.9%	26.8%	39.2%	15.0%	9.1%	18.1%	23.2%	58.9%	46.5%	28.5%	44.3%	10.4%	6.8%	-4.6%
MCP Standard																					Increase by:	7.0%			
Statewide MCP Avg.	15.3%	22.9%	58.9%	55.1%	26.0%	32.3%	8.7%	4.7%	17.0%	22.5%	59.1%	52.9%	28.3%	42.9%	10.9%	7.7%	16.8%	24.1%	62.7%	52.8%	30.7%	50.8%	10.4%	8.4%	

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SuperMed HMO

Medicaid MCP Results

Clinical Performance Measurement

State Fiscal Years 1999, 2000, & 2001

Frequency of Ongoing Prenatal Care (Percent of Expected Visits Received)																			
Adjusted for Length of Pregnancy & Length of Time Enrolled in Plan During Pregnancy																			
MCP Target ¹ = 80 %	SFY 99						SFY 00						SFY 01						
RESULTS	81% or more	61-80%	41-60%	21-40%	< 21%	Total	81% or more	61-80%	41-60%	21-40%	< 21%	Total	81% or more	61-80%	41-60%	21-40%	<21%	Total	
Numerator	996	163	163	126	312	1,760	883	186	137	110	206	1,522	686	Diff. From 00	158	144	120	202	1,310
Denominator	1,760	1,760	1,760	1,760	1,760		1,522	1,522	1,522	1,522	1,522		1,310		1,310	1,310	1,310	1,310	
Measure (percentage)	56.6%	9.3%	9.3%	7.2%	17.7%	100.0%	58.0%	12.2%	9.0%	7.2%	13.5%	100.0%	52.4%	-5.6%	12.1%	11.0%	9.2%	15.4%	100.0%
MCP Standard												Increase by:							
Statewide MCP Avg.	56.7%	10.4%	8.2%	6.9%	17.9%	100.0%	59.6%	10.8%	8.2%	6.5%	14.9%	100.0%	58.3%		11.8%	9.7%	7.2%	12.9%	100.0%

¹ At least 80% of the recipients should have received 81% or more of their expected number of visits.

MCP Targets Initiation = 90 % LBW = 6 % Postpartum = 80 %	Initiation of Prenatal Care				Cesarean Section Rate			Low Birth Weight				Very Low Birth Weight			Postpartum Visits (21-56 Days)			
RESULTS	SFY99	SFY00	SFY01	Diff. From 00	SFY99	SFY00	SFY01	SFY99	SFY00	SFY01	Diff. From 00	SFY99	SFY00	SFY01	SFY99	SFY 00	SFY01	Diff. From 00
Numerator	578	621	498		280	238	198	55	36	39		8	7	7	695	706	471	
Denominator	709	735	600		1,760	1,522	1,310	684	392	371		684	392	371	1,463	1,398	1,116	
Percentage	81.5%	84.5%	83.0%	-1.5%	15.9%	15.6%	15.1%	8.0%	9.2%	10.5%	1.3%	1.2%	1.8%	1.9%	47.5%	50.5%	42.2%	-8.3%
MCP Standard	Increase by:		0.6%					Decrease by:		-0.16%					Increase by:		1.5%	
Statewide MCP Avg.	81.3%	82.1%	81.4%		14.8%	15.5%	16.2%	7.3%	7.1%	8.5%		1.1%	1.2%	1.5%	44.4%	44.9%	44.0%	

MCP Standard for Low Birth Weight is less than or equal to 6%.

SuperMed HMO
 Medicaid MCP Results
 Clinical Performance Measurement
 State Fiscal Years 1999, 2000, & 2001

RESULTS	Births Where a Last Menstrual Period Date Was Provided				Births Where a Birth Weight Was Provided			
	SFY99	SFY 00	SFY01	Diff. From 00	SFY99	SFY 00	SFY01	Diff. From 00
Numerator	0	3	4		1,558	1,043	818	
Denominator	1,760	1,522	1,310		1,760	1,522	1,310	
Percentage	0.0%	0.2%	0.3%	0.1%	88.5%	68.5%	62.4%	-6.1%
MCP Standard			40.0%					
Statewide MCP Avg.	24.8%	29.8%	42.9%		69.2%	66.1%	69.5%	

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SuperMed HMO Medicaid MCP Results Clinical Performance Measurement State Fiscal Years 1999, 2000, & 2001

Well-Child Visits in the First 15 Months of Life

MCP Target = 80 %	SFY 99							SFY 00							SFY 01							
RESULTS	6 or more Visits	5 Visits	4 Visits	3 Visits	2 Visits	1 Visit	No Visits	6 or more Visits	5 Visits	4 Visits	3 Visits	2 Visits	1 Visit	No Visits	6 or more Visits	5 Visits	4 Visits	3 Visits	2 Visits	1 Visit	No Visits	
Numerator	119	142	163	148	135	110	83	77	83	122	118	95	78	52	140	141	132	123	87	82	89	
Denominator	900	900	900	900	900	900	900	625	625	625	625	625	625	625	794	794	794	794	794	794	794	
Measure (percentage)	13.2%	15.8%	18.1%	16.4%	15.0%	12.2%	9.2%	12.3%	13.3%	19.5%	18.9%	15.2%	12.5%	8.3%	17.6%	5.3%	17.8%	16.6%	15.5%	11.0%	10.3%	11.2%
MCP Standard															Increase by:							
Statewide MCP Avg.	24.4%	15.0%	13.8%	12.9%	11.3%	10.8%	11.8%	23.1%	15.3%	15.7%	14.0%	11.5%	10.4%	9.9%	25.0%		15.7%	16.4%	13.3%	10.0%	9.1%	10.5%

MCP Targets Well-Child =80 % Dental = 60 %	Well-Child Visits in the 3rd, 4th, 5th and 6th Years of Life				Adolescent Well-Child Visits Ages 12 - 21 Years				Asthmatic Medication Management				Annual Dental Visit						
	Received Medication		ER Visit or Hospital Admission		Children Aged 4 - 21 Who Received a Visit														
RESULTS	SFY99	SFY00	SFY01	Diff. From 00	SFY99	SFY00	SFY01	Diff. From 00	SFY99	SFY00	SFY01	Diff. From 00	SFY99	SFY00	SFY01	SFY99	SFY00	SFY01	Diff. From 00
Numerator	1538	2086	1242		787	1364	944		140	150	167		87	102	81	1823	360	1320	
Denominator	3055	4071	2754		3119	4953	4109		399	384	364		399	384	364	8714	13149	9984	
Measure (percentage)	50.3%	51.2%	45.1%	-6.1%	25.2%	27.5%	23.0%	-4.6%	35.1%	39.1%	45.9%	6.8%	21.8%	26.6%	22.3%	20.9%	2.7%	13.2%	10.5%
MCP Standard	Increase by:				Increase by:								Increase by:						
Statewide MCP Avg.	48.6%	51.4%	50.1%		27.1%	28.8%	27.5%		43.5%	45.4%	49.0%		23.3%	22.7%	22.0%	36.6%	31.8%	35.3%	

Childhood Immunization Status

MCP Target = 85 %	SFY 99								SFY 00								SFY 01								
RESULTS	DTP	OPV	MMR	HIB	HBV	VZV	Comb 1	Comb 2	DTP	OPV	MMR	HIB	HVB	VZV	Comb 1	Comb 2	DTP	OPV	MMR	HIB	HVB	VZV	Comb 1	Comb 2	Comb 1
Numerator	95	172	665	571	222	339	53	24	65	112	447	351	143	357	40	30	79	152	604	449	206	544	52	44	
Denominator	1279	1279	1279	1279	1279	1279	1279	1279	903	903	903	903	903	903	903	903	1110	1110	1110	1110	1110	1110	1110	1110	Diff. From 00
Measure (percentage)	7.4%	13.4%	52.0%	44.6%	17.4%	26.5%	4.1%	1.9%	7.2%	12.4%	49.5%	38.9%	15.8%	39.5%	4.4%	3.3%	7.1%	13.7%	54.4%	40.5%	18.6%	49.0%	4.7%	4.0%	0.3%
MCP Standard																							Increase by:		
Statewide MCP Avg.	15.3%	22.9%	58.9%	55.1%	26.0%	32.3%	8.7%	4.7%	17.0%	22.5%	59.1%	52.9%	28.3%	42.9%	10.9%	7.7%	16.8%	24.1%	62.7%	52.8%	30.7%	50.8%	10.4%	8.4%	