Section II: Program's Performance Measurement and Progress

Section IIC: State Strategic Objectives And Performance Goals

Objectives Related to Use of Preventative Care Goal #2
FFY 2004: Data Sources
Explanation of Data Sources:
Two data sources were used to calculate the quality of care indicators: encounter-level enrollment information and encounter-level health care claims/encounter data. The enrollment files contained information about the person's age, gender, the MCO in which the person was enrolled, and the number of months the person was enrolled in the program. The encounter-level claims/encounter data contained Physician's Current Procedural Terminology (CPT) codes and International Classification of Disease (ICD 9-CM) codes.

Objectives Related to Use of Preventative Care Goal #1
FFY 2005: HEDIS Performance Measurement Data
No Visits: 17/303 (5.61 %)
One Visit: 22/303 (7.26 %)
Two Visits: 18/303 (5.94 %)
Three Visits: 26/303 (8.58 %)
Four Visits: 51/303 (16.83 %)
Five Visits: 93/303 (30.69 %)
Six or More Visits: 76/303(25.08 %)

Numerator: See above
Denominator: See above
Rate: See above

Additional notes on measure:
Enrollee numbers may be smaller for Year 3 due to changes implemented following the 2003 Legislative Session. Those changes include a premium increase for families above 100 percent of the federal poverty level (FPL) and a 90-day waiting period for coverage.

Baseline/ Year information reported in 2005:
For Year 1 (January 1, 2002 to December 31, 2002)
No Visits: 187/1,526 (12.25%)
One Visit: 165/1,526 (10.81%)
Two Visits: 198/1,526 (12.98%)
Three Visits: 245/1,526 (16.06%)
Four Visits: 317/1,526 (20.77%)
Five Visits: 272/1,526 (17.82%)
Six or More Visits: 138/1,526 (9.04%)

Objectives Related to Use of Preventative Care Goal #1

FFY 2006: Data Source

Explanation of Data Sources:

Two data sources were used to calculate the quality of care indicators: person-level enrollment information and person-level health care claims/encounter data. The enrollment files contained information about the person's age, gender, the MCO in which the person is enrolled, and the number of months the person was enrolled in the program. The person-level claims/encounter data contained CPT codes, ICD 9-CM codes, POS codes, and other information necessary to calculate the quality of care indicators.

Objectives Related to Use of Preventative Care Goal #2

FFY 2006: Data Source

Explanation of Data Sources:

Two data sources were used to calculate the quality of care indicators: person-level enrollment information and person-level health care claims/encounter data. The enrollment files contained information about the person's age, gender, the MCO in which the person is enrolled, and the number of months the person was enrolled in the program. The person-level claims/encounter data contained CPT codes, ICD 9-CM codes, POS codes, and other information necessary to calculate the quality of care indicators.