

**APPENDIX A**

**EPSDT IMPROVEMENT AND ADULT QUARTERLY MONITORING REPORT  
INSTRUCTIONS AND TEMPLATE**

# EPSDT IMPROVEMENT AND ADULT QUARTERLY MONITORING REPORT INSTRUCTIONS

## General Instructions

### SHADING INDICATES SUSPENDED AS OF 10/1/09

1. At a minimum, Contractors should report rates based on internal monitoring of AHCCCS Performance Measures, as identified in their current contract for AHCCCS. Because AHCCCS reports rates for measures that include only children and adolescents separately for Title XIX (Medicaid) and Title XXI (KidsCare) populations, Contractors should monitor internal rates separately for each of these groups. Report only Medicaid-specific data on this form.
2. Report numbers and percentages for each performance measure.
3. For all applicable measures, Contractors should report a 12-month rolling average, ending with the quarter six months prior to the most recent quarter ended.
4. The EPSDT Participation Rate is the total number of unduplicated individuals younger than 21 years of age who received at least one documented initial or periodic screen during the year, divided by the total number of eligibles who should have received at least one initial or periodic screen, under the state's periodicity schedule. This number is from Line 10 of the CMS Form 416: EPSDT Participation Report (refer to instructions for generating the report, provided by AHCCCS).
5. For other measures, fill in the most recent rate based on HEDIS specifications, for the applicable 12-month period using the Medicaid one month allowable gap. **Age ranges for measures indicate the age of members at the end of the measurement period.**

#### Reporting Timetable

First Quarter: 07/01 of previous calendar year to 06/30 of current calendar year

Second Quarter: 10/1 of previous calendar year to 09/30 of current contract year

Third Quarter: 01/01 of previous calendar year to 12/31 of current calendar year

Fourth Quarter: 04/01 of previous calendar year to 03/31 of current calendar year

6. For the Childhood Immunization measures, Contractors should internally monitor rates according to HEDIS specifications using a combination of data sources; i.e., claims for administration of vaccines, ASIIS data, etc.
7. Minimum Performance Standard.
8. Program Monitoring and Outreach activities should represent the quarter that is being reported.  
Example: When reporting the first quarter of the contract year report the activities for the first quarter.
9. Narrative: Document processes for evaluating the effectiveness of monitoring. Include coordination of care; follow-up and other interventions (monitoring, outreach) made as a result of monitoring.

# EPSDT AND ADULT QUARTERLY MONITORING REPORT INSTRUCTIONS

## Page 1 of Report

### Performance Measures for Services Provided to Children and Adolescents

#### SHADING INDICATES SUSPENDED AS OF 10/1/09

##### **1. EPSDT Participation (ALL CONTRACTORS)**

# = total number of unduplicated individuals younger than 21 years of age who received at least one documented initial or periodic screen during the measurement period

% = total number of unduplicated individuals younger than 21 years of age who received at least one documented initial or periodic screen during the measurement period, divided by the total number of eligibles who should have received at least one initial or periodic screen, under the state's periodicity schedule

##### **2. Well-Child Visits: 15 Months (ACUTE CARE CONTRACTORS)**

# = number of continuously enrolled members who turned 15 months old during the measurement period and had 6 or more comprehensive well-child visits during the first 15 months of life

% = The number of continuously enrolled members who turned 15 months old during the measurement period and who received six or more comprehensive well-child visits during their first 15 months of life, divided by the total number of members who turned 15 months of age during the measurement period and were continuously enrolled with the Contractor on and between 31 days of age and 15 months old (a one-month gap in enrollment is allowed)

##### **3. Well-Child Visits: 3-6 Years (ACUTE CARE CONTRACTORS, CMDP AND DDD)**

# = number of continuously enrolled members ages 3 through 6 years of age who received one or more comprehensive well-child visits during the measurement period

% = number of continuously enrolled members ages 3 through 6 years of age who received one or more comprehensive well-child visits during the measurement period, divided by the total number of members who were 3, 4, 5, or 6 years of age at the end of the measurement period and were continuously enrolled with the Contractor during the measurement period (a one-month gap in enrollment is allowed)

##### **4. Children's Access to PCPs: 12-24 Months (ACUTE CARE CONTRACTORS, CMDP AND DDD)**

# = number of continuously enrolled members 12 months through 24 months of age who had a PCP visit during the measurement period

% = number of continuously enrolled members ages 12 months through 24 months of age who had one or more visits with a primary care practitioner (PCP) during the measurement period, divided by the total number of members who were 12 months through 24 months of age at the end of the measurement period and were continuously enrolled with the Contractor during the measurement period (a one-month gap in enrollment is allowed)

##### **5. Children's Access to PCPs: 25 Months to 6 Years (ACUTE CARE CONTRACTORS, CMDP AND DDD)**

# = number of continuously enrolled members 25 months through 6 years of age who had a PCP visit during the measurement period

% = number of continuously enrolled members 25 months through 6 years of age who had one or more PCP visits during the measurement period, divided by the total number of members who were 25 months through 6 years of age at the end of the measurement period and were continuously enrolled with the Contractor during the measurement period (a one-month gap in enrollment is allowed)

# EPSDT AND ADULT QUARTERLY MONITORING REPORT INSTRUCTIONS

## Page 1 of Report

### Performance Measures for Services Provided to Children and Adolescents

#### SHADING INDICATES SUSPENDED AS OF 10/1/09

**6. Children's Access to PCPs: 7-11 Years (ACUTE CARE CONTRACTORS, CMDP AND DDD)**

# = number of continuously enrolled members 7 through 11 years of age who had a PCP visit during the measurement period

% = number of continuously enrolled members 7 through 11 years of age who had one or more visits with a primary care practitioner (PCP) during the measurement period, divided by the total number of members who were 7 through 11 years of age at the end of the measurement period and were continuously enrolled with the Contractor during the measurement period (a one-month gap in enrollment is allowed)

**7. Childhood Immunization 4:3:1:3:3:1 Series (ACUTE CARE CONTRACTORS, CMDP AND DDD)**

# = number of continuously enrolled members who turned 24 months old during the measurement period and who had at least 4 doses of DTaP/DTP, 3 doses of IPV, 1 dose of MMR, 3 doses of HepB, 3 doses of Hib and 1 dose of Varicella (4:3:1:3:3:1 Series) on or before 24 months of age

% = number of continuously enrolled members who turned 24 months old during the measurement period and who completed the 4:3:1:3:3:1 Series of vaccinations on or before 24 months of age, divided by the total number of members who turned 24 months of age during the measurement period and were continuously enrolled with the Contractor for 12 months prior to and including their second birthdays during the measurement period (a one-month gap in enrollment is allowed)

**8. Childhood Immunization 4:3:1:3:3:1:4 Series (ACUTE CARE CONTRACTORS, CMDP AND DDD)**

# = number of continuously enrolled members who turned 24 months old during the measurement period and who had at least 4 doses of DTaP/DTP, 3 doses of IPV, 1 dose of MMR, 3 doses of HepB, 3 doses of Hib, 1 dose of Varicella, and 4 doses of Pneumococcal Conjugate Vaccine (4:3:1:3:3:1:4 Series) on or before 24 months of age

% = number of continuously enrolled members who turned 24 months old during the measurement period and who completed the 4:3:1:3:3:1:4 Series of vaccinations on or before 24 months of age, divided by the total number of members who turned 24 months of age during the measurement period and were continuously enrolled with the Contractor for 12 months prior to and including their second birthdays during the measurement period (a one-month gap in enrollment is allowed)

**9. Dental Visits (ACUTE CARE CONTRACTORS, CMDP AND DDD)**

# = number of continuously enrolled members 2 to 21 years of age at the end of the measurement period who had a dental visit during the measurement period

% = number of continuously enrolled members 2 to 21 years of age at the end of the measurement period who had one or more dental visits during the measurement period, divided by the total number of members who were 3 to 21 years of age at the end of the measurement period and were continuously enrolled with the Contractor during the measurement period (a one-month gap in enrollment is allowed)

# EPSDT AND ADULT QUARTERLY MONITORING REPORT INSTRUCTIONS

## Page 1 of Report

### Performance Measures for Services Provided to Children and Adolescents

#### SHADING INDICATES SUSPENDED AS OF 10/1/09

##### **10. Adolescent Well-Care Visits (ACUTE CARE CONTRACTORS, CMDP AND DDD)**

# = number of continuously enrolled members ages 12 to 21 years of age who received one or more comprehensive well-care visits during the measurement period

% = number of continuously enrolled members ages 12 to 21 years of age who received one or more comprehensive well-care visits during the measurement period, divided by the total number of members who were 12 to 21 years of age at the end of the measurement period and were continuously enrolled with the Contractor during the measurement period (a one-month gap in enrollment is allowed)

##### **11. Adolescents' Access to PCPs: 12-19 Years (ACUTE CARE CONTRACTORS, CMDP AND DDD)**

# = number of continuously enrolled members 12 to 19 years of age who had a PCP visit during the measurement period

% = number of continuously enrolled members 12 to 19 years of age who had one or more visits with a primary care practitioner (PCP) during the measurement period, divided by the total number of members who were 12 to 19 years of age at the end of the measurement period and were continuously enrolled with the Contractor during the measurement period (a one-month gap in enrollment is allowed)

##### **12. Adolescent Immunization**

The National Committee for Quality Assurance (NCQA) has revised the measure of Immunizations for Adolescents, which includes one dose of meningococcal vaccine on or between the member's 11<sup>th</sup> and 13<sup>th</sup> birthdays and one tetanus/diphtheria toxoids and acellular pertussis vaccine (Tdap) or one tetanus/diphtheria toxoids vaccine (Td) on or between the member's 10<sup>th</sup> and 13<sup>th</sup> birthdays.

# EPSDT AND ADULT QUARTERLY MONITORING REPORT INSTRUCTIONS

## Page 2 of Report Program Monitoring: EPSDT Tracking Forms

### 1. EPSDT Tracking Forms for Members < 1 Year Old

# = total number of EPSDT Tracking Forms received during the reported quarter for individuals < 1 year of age

### 2. EPSDT Tracking Forms for Members 1 through 2 Years Old

# = total number EPSDT Tracking Forms received during the reported quarter for individuals 1 through 2 years of age

### 3. EPSDT Tracking Forms for Members 3 through 5 Years Old

# = total number of EPSDT Tracking Forms received during the reported quarter for individuals 3 through 5 years of age

### 4. EPSDT Tracking Forms for Members 6 to 21 Years Old

# = total number of EPSDT Tracking Forms received during the reported quarter for individuals 6 to 21 years of age

### 5. EPSDT Tracking Forms Received

# = total number of EPSDT Tracking Forms received during the reported quarter

### 6. Verbal Lead Screening

# = number of eligible members from EPSDT Tracking Forms received < 1 to 6 years of age who were screened for risk of lead exposure

% = number of eligible members from EPSDT Tracking Forms received < 1 to 6 years of age who were screened for risk of lead exposure divided by the total number of EPSDT Tracking Forms received during the reported quarter for individuals < 1 to 6 years of age (add #1, #2 and #3 from above)

### 7. TB Screening

# = number of eligible members from EPSDT Tracking Forms received 1 to 21 years of age who received a TB skin test during the EPSDT visit

% = number of eligible members from EPSDT Tracking Forms received 1 to 21 years of age who received a TB skin test during the EPSDT visit divided by the total number of EPSDT Tracking Forms received during the reported quarter for individuals 1 to 21 years of age ( add #2, #3 and #4 from above)

### 8. Oral health Screening by PCP

# = number of eligible members from EPSDT Tracking Forms received < 1 to 21 years of age who received an oral screening by the PCP

% = Number of eligible members from EPSDT Tracking Forms received < 1 to 21 years of age who received an oral screening by the PCP divided by the total number of EPSDT Tracking Forms received during the reported quarter for individuals < 1 to 21 years of age (from #5 above)

### 9. Developmental Screening

# = number of eligible members from EPSDT Tracking Forms received < 1 to 21 years of age who were screened for developmental delays

% number of eligible members < 1 to 21 years of age who were screened for developmental delays divided by the total number of EPSDT Tracking Forms received during the reported quarter for individuals < 1 to 21 years of age (from # 5 above)

# EPSDT AND ADULT QUARTERLY MONITORING REPORT INSTRUCTIONS

## Page 2 of Report

### Program Monitoring: EPSDT Tracking Forms

#### 10. Behavioral Health Referrals

# = number of eligible members from EPSDT Tracking Forms received < 1 to 21 years of age who were referred for behavioral health issues

% = number of eligible members from EPSDT Tracking Forms received < 1 to 21 years of age who were referred for behavioral health issues divided by the total number of EPSDT Tracking Forms received during the reported quarter for individuals < 1 to 21 years of age (from page 5, #5)

#### 11. CRS Referrals

# = number of eligible members from EPSDT Tracking Forms received < 1 to 21 years of age who were referred to CRS during the reported quarter

% = number of eligible members from EPSDT Tracking Forms received < 1 to 21 years of age who were referred to CRS during the reported quarter divided by the total number of EPSDT Tracking Forms received during the reported quarter for individuals < 1 to 21 years of age (from page 5, #5)

#### 12. WIC Referrals

# = number of eligible members from EPSDT Tracking Forms received < 1 to 5 years of age who were referred to WIC

% = number of eligible members from EPSDT Tracking Forms received < 1 to 5 years of age who were referred to WIC divided by the total number of EPSDT Tracking Forms received during the reported quarter for individuals from birth to 5 years of age (from page 5, add # 1, #2 and #3)

#### 13. Head Start Referrals

# = number of eligible members from EPSDT Tracking Forms received 3 to 5 years of age who were referred to Head Start

% = number of eligible members from EPSDT Tracking Forms received 3 to 5 years of age who were referred to Head Start divided by the total number of EPSDT Tracking Forms received during the reported quarter for individuals 3 to 5 years of age (from page 5, #3)

#### 14. Other (PT, OT, ST)

# = number of eligible members from EPSDT Tracking Forms received <1 to 21 years of age who were referred for therapies

% = number of eligible members from EPSDT Tracking Forms received who were referred for "other" (PT, OT, ST) divided by the total number of EPSDT Tracking Forms received during the reported quarter for individuals <1 to 21 years of age (from page 5, #5)

# EPSDT AND ADULT QUARTERLY MONITORING REPORT INSTRUCTIONS

## Page 3 of Report

### Program Monitoring: Blood Lead Screening

#### 1. 12 and 24 Month Old Members

Report a 12-month rolling average, ending with the quarter six months prior to the most recent quarter ended.

# = total number of unduplicated individuals 1 and 2 years of age who were due for a documented initial or periodic screen during the measurement period

#### 2. Blood Lead Tests

# = number of eligible members 1 and 2 years of age who had a blood lead test performed.

% = number of eligible members 1 and 2 years of age who had a blood lead test performed divided by the number of unduplicated individuals 1 and 2 years of age who were due for an initial or periodic screening during the measurement period

## Page 4 of Report

### Program Monitoring: CRS Member Transition

### SHADING INDICATES SUSPENDED AS OF 10/1/09

#### 1. CRS Enrolled Members

# = number of eligible members < 1 to 21 years of age who are enrolled in CRS

#### 2. Transitioning CRS Members

# = number of CRS enrolled members who turned 21 years of age during the reporting period

% = number of CRS members who turned 21 years of age during the reporting period divided by number of CRS enrolled members

#### 3. ETI Forms

# = ETI forms received for CRS enrolled members who turned 21 years of age during the reporting period

% = number ETI forms received for CRS enrolled members who turned 21 years of age during the reporting period divided by the number of CRS enrolled members who turned 21 years of age during the reporting period

# EPSDT AND ADULT QUARTERLY MONITORING REPORT INSTRUCTIONS

## Page 5 of Report Program Monitoring: AzEIP

### SHADING INDICATES SUSPENSION AS OF 10/1/09

#### 1. IFSP

# = number of IFSPs received

#### 2. Requests for Authorization of Services

# = total number of requests for authorization of medically necessary services

# = number of requests for authorization of medically necessary physical therapy services

# = number of requests for authorization of medically necessary occupational therapy services

# = number of requests for authorization of medically necessary speech therapy services

#### 3. Approvals

# = number of requests for authorization of medically necessary physical therapy services approved

% = number of approved requests for authorization of medically necessary physical therapy services divided by number of requests for authorization of medically necessary physical therapy services

# = number of requests for authorization of medically necessary occupational therapy services approved

% = number of approved requests for authorization of medically necessary occupational therapy services divided by number of requests for authorization of medically necessary occupational therapy services

# = number of requests for authorization of medically necessary speech therapy services approved

% = number of approved requests for authorization of medically necessary speech therapy services divided by number of requests for authorization of medically necessary speech therapy services

# = total number of requests for authorization of medically necessary services approved

% = total number of requests for authorization of medically necessary services approved divided total number of requests for authorization of medically necessary services by

#### 4. Determination

# = number of determinations approved or denied in 14 days or less

% = number of determinations approved or denied in 14 days or less divided by number of total number of requests for medically necessary services

# EPSDT AND ADULT QUARTERLY MONITORING REPORT INSTRUCTIONS

## Page 6 of Report Program Monitoring: PEDS

### SHADING INDICATES SUSPENDED AS OF 10/1/09

#### 1. Members Eligible for PEDS Tool Evaluation

# = number of members born on or after 1/1/2006 and spent time in the Neonatal Intensive Care Unit after birth

#### 2. Eligible Members Assigned to PEDS Tool Trained PCP

# = number of members born on or after 1/1/2006, spent time in the Neonatal Intensive Care Unit after birth and are assigned to PEDS tool trained PCP

% = number of members eligible for PEDS tool evaluation assigned to PEDS tool trained PCP divided by the number of members eligible for PEDS tool evaluation

#### 3. PEDS Tool

# = number of PEDS Screening Tools received by the Contractor

#### 4. Interpretation

# = number of PEDS evaluations resulting in one or more concerns (predictive and non-predictive)

% = number of PEDS evaluations resulting in one or more concerns divided by the number of PEDS Screening Tools received by the Contractor

#### 5. Referrals

# = number concerns referred for further evaluation

% = number concerns referred for further evaluation divided by the number of concerns identified

# = number of concerns referred for therapy (PT, OT, ST)

% = number concerns referred for further therapy divided by the number of concerns identified

# = number of predictive concerns counseled

% = number predictive concerns counseled divided by the number of concerns identified

## Page 7 of Report Program Monitoring: Childhood Obesity Program (Pima County Participants Only)

#### 1. Members Eligible for Enrollment Into Childhood Obesity Program

# = number of members (7 to 18 years of age) who meet the criteria for Tier 4 enrollment

% = number of members (7 to 18 years of age) who meet the criteria for Tier 4 enrollment divided by number of unduplicated 7 to 18-year-old members

#### 2. Members Enrolled in the Childhood Obesity Program

# = number of eligible members enrolled in the Tier 4 Program

% = number of eligible members enrolled in the Tier 4 Program divided by number of members (7 to 18 years of age) who meet the criteria for Tier 4 enrollment

# EPSDT AND ADULT QUARTERLY MONITORING REPORT INSTRUCTIONS

## **Page 8 of Report** **Program Monitoring: Provider Outreach**

1. **EPSDT Reminder**  
# = number of provider notifications to PCPs that members are due for EPSDT visits
2. **Dental Reminder**  
# = number of provider notifications to PCPs that members are due for dental visits
3. **Immunization Reminder**  
# = number of provider notifications to PCPs that members are due for EPSDT/immunization visits
4. **PEDS Education**  
# = number of provider notifications to PCPs regarding training issues, new members eligible for PEDS tool use, etc. Document specifics in the narrative.
5. **Provider Incentive**  
# = number of incentives awarded to providers. Provide specifics in the narrative.
6. **Provider Newsletter**  
# = number of newsletters delivered. Provide specifics in the narrative.

## **Page 9 of Report** **Program Monitoring: Member Outreach -- Childhood and Adolescents**

1. **EPSDT Reminder**  
# = number of notifications to members reminding them to schedule EPSDT visits
2. **Dental Reminder**  
# = number of notifications to members reminding them to schedule dental visits
3. **Second EPSDT Reminder**  
# = number of second notifications to members reminding them to schedule EPSDT visits
4. **Second Dental Reminder**  
# = number of second notifications to members reminding them to schedule dental visits
5. **Immunization Reminder**  
# = number of notifications to members under the age of 24 months who are overdue for immunizations
6. **Incentives**  
# = number of incentives awarded to members. Document specifics in the narrative.
7. **Member Newsletter**  
# = number of newsletters delivered. Provide specifics in the narrative.
8. **Other Member Communication**  
# = number of other notifications, telephone calls, mailings etc. Provide specifics in the narrative.

**Performance Measures for Services Provided to Adults**

**SHADING INDICATES SUSPENDED AS OF 10/1/09**

**1. Timeliness of Prenatal Care (ACUTE CARE CONTRACTORS)**

# = number of women who had live deliveries during the measurement period and who received a prenatal care visit in the first trimester (176 to 280 days prior to delivery or EDD) or within 42 days of enrollment (for women with a gap in enrollment, the last enrollment segment during the pregnancy is the enrollment start date)

% = number of women who had live deliveries during the measurement period and who received a prenatal care visit in the first trimester or within 42 days of enrollment, divided by the total number of women who had live deliveries during the measurement period and who were continuously enrolled with the Contractor from 43 days prior to delivery through 56 days after delivery

**2. Appropriate Medications for Asthma (ACUTE CARE CONTRACTORS)**

# = number of number of continuously enrolled members 5 through 56 years of age who were identified as having persistent asthma and were dispensed appropriate medications during the measurement period

% = number of number of continuously enrolled members 5 through 56 years of age who were identified as having persistent asthma and were dispensed appropriate medications during the measurement period, divided by the total number of members who were 5 through 56 years of age at the end of the measurement period, were continuously enrolled with the Contractor during the measurement period (a one-month gap in enrollment is allowed), and who were identified as having persistent asthma during both the measurement period and the year prior to the measurement period

**3. Comprehensive Diabetes Care – HbA1c Tests (ACUTE CARE AND ALTCS E/PD CONTRACTORS)**

# = number of continuously enrolled members 18 through 75 years of age with diabetes who had at least one HbA1c test during the measurement period

% = number of continuously enrolled members who were 18 through 75 years of age at the end of the measurement period and who had at least one HbA1c test during the measurement period, divided by the total number of members who were 18 through 75 years of age at the end of the measurement period, were continuously enrolled with the Contractor during the measurement period (a one-month gap in enrollment is allowed), and who were identified as diabetics through pharmacy or claim/encounter data according to HEDIS specifications

**4. Comprehensive Diabetes Care – Eye Exam (ACUTE CARE AND ALTCS E/PD CONTRACTORS)**

# = number of continuously enrolled members 18 through 75 years of age with diabetes who had an eye exam for diabetic retinal disease during the measurement period or a negative retinal exam in the year prior to the measurement year, according to HEDIS specifications

% = number of continuously enrolled members who were 18 through 75 years of age at the end of the measurement period and who had an eye exam for diabetic retinal disease during the measurement period or a negative retinal exam in the year prior to the measurement period, according to HEDIS specifications, divided by the total number of members who were 18 through 75 years of age at the end of the measurement period, were continuously enrolled with the Contractor during the measurement period (a one-month gap in enrollment is allowed), and who were identified as diabetics through pharmacy or claim/encounter data according to HEDIS specifications

Page 10 of Report

**Performance Measures for Services Provided to Adults**

**5. Comprehensive Diabetes Care – LDL-C Screening (ACUTE CARE AND ALTCS E/PD CONTRACTORS)**

# = number of continuously enrolled members 18 through 75 years of age with diabetes who had an LDL-C screening during the measurement period, according to HEDIS specifications

% = number of continuously enrolled members who were 18 through 75 years of age at the end of the measurement period and who had an LDL-C screening during the measurement period, according to HEDIS specifications, divided by the total number of members who were 18 through 75 years of age at the end of the measurement period, were continuously enrolled with the Contractor during the measurement period (a one-month gap in enrollment is allowed), and who were identified as diabetics through pharmacy or claim/encounter data according to HEDIS specifications

**6. Initiation of Home and Community Based Services (ALTCS CONTRACTORS)**

# = number of new ALTCS E/PD members enrolled for 30 days or more in home and community based services (HCBS), identified by "H" placement, who received a qualifying service within 30 days of enrollment (refer to the most recent report of this performance measure posted to the AHCCCS website for complete specifications)

% = number of new ALTCS E/PD members enrolled for 30 days or more in home and community based services (HCBS), identified by "H" placement, who received a qualifying service within 30 days of enrollment divided by the total number new ALTCS E/PD members enrolled for 30 days or more in the HCBS program during the measurement period

**7. Prevalence of Pressure Ulcers (ALTCS Contractors)**

# = number of members in either a nursing facility or HCBS setting ages 18 years and older who were continuously enrolled with one ALTCS contractor during the measurement period and had one or more pressure ulcers during the measurement period (including both high- and low-risk members).

% = number of members ages 18 and older who had one or more pressure ulcers during the measurement period (including both high-and low-risk members), divided by the total number of members ages 18 years and older who were continuously enrolled with one ALTCS E/PD Contractor during the measurement period with no more than a one-month gap in enrollment, and who were residing in nursing facility (Q placement) or HCBS setting (H placement).

**8. Influenza Immunization (ALTCS Contractors)**

# = number of members ages 18 years and older who had an influenza vaccination during the measurement period of October 1 through March 31, were continuously enrolled with one ALTCS E/PD Contractor with no gaps in enrollment during the measurement period and were residing in a nursing facility (Q placement) or HCBS setting (H placement).

% = number of members ages 18 years and older who had an influenza vaccination during the measurement period of October 1 through March 31, divided by the total number of members ages 18 years and older who were continuously enrolled with one ALTCS E/PD Contractor during the measurement period with no gaps in enrollment, and who were residing in a nursing facility (Q placement) or HCBS setting (H placement).

Page 11 of Report  
Program Monitoring -- Provider Outreach: Adults

**SHADING INDICATES SUSPENDED AS OF 10/1/09**

**1. Cervical Cancer Screening**

# = number of notifications to providers that members need cervical cancer screening

**2. Breast Cancer Screening**

# = number of notifications to providers that members need breast cancer screening

**3. Timeliness of Prenatal Care**

# = number of notifications to providers that members need prenatal visit

**4. Chlamydia Screening**

# = number of notifications to providers that members need Chlamydia screening

**5. Comprehensive Diabetes Care:**

- HbA1c Tests

# = number of notifications to providers that members with diabetes are due for an HbA1c test

- Comprehensive Diabetes Care – Eye Exam (Acute Care and ALTCS E/PD Contractors)

# = number of notifications to providers that members with diabetes are due for an eye exam for diabetic retinal disease

- Comprehensive Diabetes Care – LDL-C Screening (Acute Care and ALTCS E/PD Contractors)

# = number of notifications to providers that members with diabetes are due for an LDL-C screening

**6. SOBRA Family Planning Extension Program (SFPEP) Notification**

# = number of notifications to providers with educational message relating to members losing acute care benefits of their SFPEP benefits and how to access family planning services; that they may continue care with their current Primary Care Obstetrician (PCO); and where to access no/low cost primary care services

**7. Family Planning and STD Notification**

# = number of notifications to providers with educational message relating to members of reproductive age (male and female) that describes the covered family planning services available; how to request/obtain these services and that assistance with scheduling is available; and a statement that there is no charge for these services.

**8. Incentives**

# = number of incentives awarded to providers. Document specifics in the narrative.

**9. Provider Newsletter**

# = number of newsletters delivered. Provide specifics in the narrative.

**10. Other Provider Communication**

# = number of other notifications, faxes, emails, mailings etc. Provide specifics in the narrative.

Page 12 of Report  
Program Monitoring: Member Outreach -- Adults

**SHADING INDICATES SUSPENDED AS OF 10/1/09**

**1. Cervical Cancer Screening**

# = number of notifications to female members to have a routine cervical cancer screening

**2. Breast Cancer Screening**

# = number of notifications to female members to have a mammogram

**3. Timeliness of prenatal care**

# = number of notifications to pregnant members to begin prenatal care

**4. Chlamydia Screening**

# = number of notifications to female members 16 to 25 years of age to be screened for Chlamydia

**5. Comprehensive Diabetes Care:**

- HbA1c Tests

# = number of notifications to providers that members with diabetes are due for an HbA1c test

- Comprehensive Diabetes Care – Eye Exam (Acute Care and ALTCS E/PD Contractors)

# = number of notifications to providers that members with diabetes are due for an eye exam for diabetic retinal disease

- Comprehensive Diabetes Care – LDL-C Screening (Acute Care and ALTCS E/PD Contractors)

# = number of notifications to providers that members with diabetes are due for an LDL-C screening

**6. SOBRA Family Planning Extension Program (SFPEP) Notification**

# = number of notifications to members who will lose acute care benefits of their SFPEP benefits and how to access family planning services; that they may continue care with their current Primary Care Obstetrician (PCO); and where to access no/low cost primary care services

**7. Family Planning and STD Notification**

# = number of annual notifications to members of reproductive age (male and female) that describes the covered family planning services available; how to request/obtain these services and that assistance with scheduling is available; and a statement that there is no charge for these services

**8. Incentives**

# = number of incentives awarded to members. Provide specifics in the narrative.

**9. Member Newsletter**

# = number of newsletters delivered. Provide specifics in the narrative

**10. Other Member Communication**

# = number of other notifications, telephone calls, mailings etc. Provide specifics in the narrative.

# EPSDT AND ADULT QUARTERLY MONITORING REPORT

## Childhood and Adolescent Performance Measures

**SHADING INDICATES SUSPENDED AS OF 10/1/09**

Performance Measures	1	2	3	4	5	6	7	8	9	10	11	12
	<b>EPSDT Participation</b>	<b>Well-Child Visits: 15 Months</b>	<b>Well-Child Visits: 3 - 6 Years</b>	<b>Children's Access to PCPs: 12 - 24 Months</b>	<b>Children's Access to PCPs: 25 Months to 6 Years</b>	<b>Children's Access to PCPs: 7 - 11 Years</b>	<b>Childhood Immunizations 4:3:1:3:3:1 Series</b>	<b>Childhood Immunizations 4:3:1:3:3:1:4 Series</b>	<b>Dental Visits</b>	<b>Adolescent Well-Care Visits</b>	<b>Adolescent's Access to PCPs: 12 - 19 Years</b>	<b>Immunizations for Adolescents</b>
<b>First Quarter #</b>												
<b>First Quarter %</b>												
<b>Second Quarter #</b>												
<b>Second Quarter %</b>												
<b>Third Quarter #</b>												
<b>Third Quarter %</b>												
<b>Fourth Quarter #</b>												
<b>Fourth Quarter %</b>												
<b>Minimum Performance Standard</b>												

<b>Narrative</b>	<b>Evaluate the effectiveness of monitoring. Include coordination of care, follow-up, and other interventions (monitoring, outreach) made as a result of monitoring.</b>
<b>First Quarter</b>	
<b>Second Quarter</b>	
<b>Third Quarter</b>	
<b>Fourth Quarter</b>	

## EPSDT AND ADULT QUARTERLY MONITORING REPORT

### Program Monitoring: EPSDT Tracking Forms

	1	2	3	4	5	6	7	8	9	10	11	12	13	14
<b>EPSDT Requirements</b>	<b>EPSDT Tracking Forms &lt; 1 Year Old</b>	<b>EPSDT Tracking Forms 1 - 2 Years Old</b>	<b>EPSDT Tracking Forms 3 - 5 Years Old</b>	<b>EPSDT Tracking Forms 6 - 21 Years Old</b>	<b>EPSDT Tracking Forms Received</b>	<b>Verbal Lead Screening</b>	<b>TB Skin Test</b>	<b>Oral Health Screening by PCP</b>	<b>Developmental Screening</b>	<b>Behavioral Health Referrals</b>	<b>CRS Referrals</b>	<b>WIC Referrals</b>	<b>Head Start Referrals</b>	<b>Other (PT, OT, ST)</b>
<b>First Quarter #</b>														
<b>First Quarter %</b>														
<b>Second Quarter #</b>														
<b>Second Quarter %</b>														
<b>Third Quarter #</b>														
<b>Third Quarter %</b>														
<b>Fourth Quarter #</b>														
<b>Fourth Quarter %</b>														

<b>Narrative</b>	<b>Evaluate the effectiveness of monitoring. Include coordination of care, follow-up, and other interventions (monitoring, outreach) made as a result of monitoring.</b>
<b>First Quarter</b>	
<b>Second Quarter</b>	
<b>Third Quarter</b>	
<b>Fourth Quarter</b>	

## EPSDT AND ADULT QUARTERLY MONITORING REPORT

### Program Monitoring: Blood Lead Testing

	1	2
<b>EPSDT Requirements</b>	<b>12 and 24 Month Old Members</b>	<b>Blood Lead Tests Performed</b>
<b>First Quarter #</b>		
<b>First Quarter %</b>		
<b>Second Quarter #</b>		
<b>Second Quarter %</b>		
<b>Third Quarter #</b>		
<b>Third Quarter%</b>		
<b>Fourth Quarter #</b>		
<b>Fourth Quarter %</b>		

<b>Narrative</b>	<b>Evaluate the effectiveness of monitoring. Include coordination of care, follow-up, and other interventions (monitoring, outreach) made as a result of monitoring.</b>
<b>First Quarter</b>	
<b>Second Quarter</b>	
<b>Third Quarter</b>	
<b>Fourth Quarter</b>	

## EPSDT AND ADULT QUARTERLY MONITORING REPORT

Program Monitoring: CRS, Transition of 21-Year-Old Members

**SHADING INDICATES SUSPENDED AS OF 10/1/09**

	1	2	3
<b>EPSDT Requirements</b>	<b>CRS Enrolled Members</b>	<b>CRS Enrolled Members Who Turned 21 Years of Age During the Reporting Period</b>	<b>ETI Received for CRS Enrolled Members Who Turned 21 Years of Age During the Reporting Period</b>
First Quarter #			
First Quarter %			
Second Quarter #			
Second Quarter %			
Third Quarter #			
Third Quarter %			
Fourth Quarter #			
Fourth Quarter %			

<b>Narrative</b>	<b>Evaluate the effectiveness of monitoring. Include coordination of care, follow-up, and other interventions (monitoring, outreach) made as a result of monitoring.</b>
<b>First Quarter</b>	
<b>Second Quarter</b>	
<b>Third Quarter</b>	
<b>Fourth Quarter</b>	

**EPSDT AND ADULT QUARTERLY MONITORING REPORT**

Program Monitoring: AzEIP

**SHADING INDICATES SUSPENDED AS OF 10/1/09**

	1	2			3			4		
EPSDT Requirements	IFSP Forms Received	Request for Authorization of Services	Physical Therapy	Occupational Therapy	Speech Therapy	Physical Therapy Approved	Occupational Therapy Approved	Speech Therapy Approved	Determinations Approved in 14 Days	Determinations Denied in 14 Days
First Quarter #										
First Quarter %										
Second Quarter #										
Second Quarter %										
Third Quarter #										
Third Quarter %										
Fourth Quarter%										
Fourth Quarter #										

Narrative	Evaluate the effectiveness of monitoring. Include coordination of care, follow-up, and other interventions (monitoring, outreach) made as a result of monitoring.
First Quarter	
Second Quarter	
Third Quarter	
Fourth Quarter	

**EPSDT AND ADULT QUARTERLY MONITORING REPORT**

Program Monitoring: PEDS

**SHADING INDICATES SUSPENDED AS OF 10/1/09**

	1	2	3	4	5
<b>EPSDT Requirements</b>	<b>Members Eligible For PEDS Tool</b>	<b>Eligible Members Assigned to PEDS Tool Trained PCP</b>	<b>PEDS Screening Tools Received</b>	<b>One or More Concerns Identified (Predictive or Non-Predictive)</b>	<b>Referred For Further Evaluation/Therapy /Number of Predictive Concern Consults</b>
<b>First Quarter #</b>					
<b>First Quarter %</b>					
<b>Second Quarter #</b>					
<b>Second Quarter %</b>					
<b>Third Quarter #</b>					
<b>Third Quarter %</b>					
<b>Fourth Quarter #</b>					
<b>Fourth Quarter %</b>					

<b>Narrative</b>	<b>Evaluate the effectiveness of monitoring. Include coordination of care, follow-up, and other interventions (monitoring, outreach) made as a result of monitoring.</b>
<b>First Quarter</b>	
<b>Second Quarter</b>	
<b>Third Quarter</b>	
<b>Fourth Quarter</b>	

**EPSDT AND ADULT QUARTERLY MONITORING REPORT**

Program Monitoring: Childhood Obesity

(PIMA Only)

**SHADING INDICATES SUSPENDED AS OF 10/1/09**

	1	2
<b>EPSDT Requirements</b>	<b>Eligible Members (Meeting Criteria for Tier 4)</b>	<b>Enrolled in the Childhood Obesity Program</b>
<b>First Quarter #</b>		
<b>First Quarter %</b>		
<b>Second Quarter #</b>		
<b>Second Quarter %</b>		
<b>Third Quarter #</b>		
<b>Third Quarter %</b>		
<b>Fourth Quarter #</b>		
<b>Fourth Quarter %</b>		

<b>Narrative</b>	<b>Evaluate the effectiveness of monitoring. Include coordination of care, follow-up, and other interventions (monitoring, outreach) made as a result of monitoring.</b>
<b>First Quarter</b>	
<b>Second Quarter</b>	
<b>Third Quarter</b>	
<b>Fourth Quarter</b>	

## EPSDT AND ADULT QUARTERLY MONITORING REPORT

### Program Monitoring: Provider Outreach

	1	2	3	4	5	6
<b>Provider Outreach</b>	<b>EPSDT Reminder Notification</b>	<b>Dental Reminders</b>	<b>Immunization Reminders</b>	<b>PEDS Education</b>	<b>Provider Incentives</b>	<b>Provider Newsletter (Provide Specifics in Narrative)</b>
<b>First Quarter #</b>						
<b>Second Quarter #</b>						
<b>Third Quarter #</b>						
<b>Fourth Quarter #</b>						

<b>Narrative</b>	<b>Evaluate the effectiveness of monitoring. Include coordination of care, follow-up, and other interventions (monitoring, outreach) made as a result of monitoring.</b>
<b>First Quarter</b>	
<b>Second Quarter</b>	
<b>Third Quarter</b>	
<b>Fourth Quarter</b>	

## EPSDT AND ADULT QUARTERLY MONITORING REPORT

Program Monitoring: Member Outreach -- Childhood

	1	2	3	4	5	6	7	8
<b>Member Outreach</b>	<b>EPSDT Reminder Notification</b>	<b>Dental Reminder</b>	<b>Second EPSDT Reminder</b>	<b>Second Dental Reminder</b>	<b>Immunization Mailings for &lt; 24 Month Old</b>	<b>Member Incentives Provided (Provide Specifics in Narrative)</b>	<b>Member Newsletter (Provide Specifics in Narrative)</b>	<b>Other (Provide Specifics in Narrative)</b>
<b>First Quarter #</b>								
<b>Second Quarter #</b>								
<b>Third Quarter #</b>								
<b>Fourth Quarter #</b>								

<b>Narrative</b>	<b>Evaluate the effectiveness of monitoring. Include coordination of care, follow-up, and other interventions (monitoring, outreach) made as a result of monitoring.</b>
<b>First Quarter</b>	
<b>Second Quarter</b>	
<b>Third Quarter</b>	
<b>Fourth Quarter</b>	

**EPSDT AND ADULT QUARTERLY MONITORING REPORT**

Adult Performance Measures

**SHADING INDICATES SUSPENDED AS OF 10/1/09**

	1	2	3	4	5	6	7	8
<b>Performance Measure</b>	<b>Timeliness of Prenatal Care</b>	<b>* Appropriate Medications for Asthma: 5-50 Years</b>	<b>Diabetic Care: HbA1C Testing</b>	<b>Diabetic Care :Eye Exam</b>	<b>Diabetic Care: LDL-C Screening</b>	<b>Initiation of Home and Community Based Services (ALTCs Only)</b>	<b>Prevalence of Pressure Ulcers (ALTCs Only)</b>	<b>Influenza Immunization (ALTCs Only)</b>
<b>First Quarter #</b>								
<b>First Quarter %</b>								
<b>Second Quarter #</b>								
<b>Second Quarter %</b>								
<b>Third Quarter #</b>								
<b>Third Quarter %</b>								
<b>Fourth Quarter #</b>								
<b>Fourth Quarter %</b>								
<b>Minimum Performance Standard</b>								

\* Include the total age range of 5 through 50 years.

<b>Narrative</b>	<b>Evaluate the effectiveness of monitoring. Include coordination of care, follow-up, and other interventions (monitoring, outreach) made as a result of monitoring.</b>
<b>First Quarter</b>	
<b>Second Quarter</b>	
<b>Third Quarter</b>	
<b>Fourth Quarter</b>	

**EPSDT AND ADULT QUARTERLY MONITORING REPORT**

Program Monitoring: Provider Outreach – Adults

**SHADING INDICATES SUSPENDED AS OF 10/1/09**

	1	2	3	4	5	6	7	8	9	10
<b>Provider Outreach</b>	<b>Cervical Cancer Screening</b>	<b>Breast Cancer Screening</b>	<b>Timeliness of Prenatal Care</b>	<b>Chlamydia Screening</b>	<b>Comprehensive Diabetic Care: HbA1C, Eye Exam, LDL Tests</b>	<b>SOBRA Family Planning Extension Program Notification</b>	<b>Family Planning and STD Notification</b>	<b>Incentives</b>	<b>Provider Newsletter</b>	<b>Other (Provide Specifics in Narrative)</b>
<b>First Quarter #</b>										
<b>Second Quarter #</b>										
<b>Third Quarter #</b>										
<b>Fourth Quarter #</b>										

<b>Narrative</b>	<b>Evaluate the effectiveness of monitoring. Include coordination of care, follow-up, and other interventions (monitoring, outreach) made as a result of monitoring.</b>
<b>First Quarter</b>	
<b>Second Quarter</b>	
<b>Third Quarter</b>	
<b>First Quarter</b>	

**EPSDT AND ADULT QUARTERLY MONITORING REPORT**

Program Monitoring: Member Outreach – Adults

**SHADING INDICATES SUSPENDED AS OF 10/1/09**

	1	2	3	4	5	6	7	8	9	10
<b>Member Outreach</b>	<b>Cervical Cancer Screening</b>	<b>Breast Cancer Screening</b>	<b>Timeliness of Prenatal Care</b>	<b>Chlamydia Screening</b>	<b>Comprehensive Diabetic Care: HbA1C, Eye Exam, LDL Tests</b>	<b>SOBRA Family Planning Extension Program Notification</b>	<b>Family Planning and STD Notification</b>	<b>Incentives</b>	<b>Member Newsletter</b>	<b>Other (Provide Specifics in Narrative)</b>
<b>First Quarter #</b>										
<b>Second Quarter #</b>										
<b>Third Quarter #</b>										
<b>Fourth Quarter #</b>										

<b>Narrative</b>	<b>Evaluate the effectiveness of monitoring. Include coordination of care, follow-up, and other interventions (monitoring, outreach) made as a result of monitoring.</b>
<b>First Quarter</b>	
<b>Second Quarter</b>	
<b>Third Quarter</b>	
<b>Fourth Quarter</b>	