



AHCCCS-Mandated Performance Improvement Project Methodology for: FROM THE START: PROMOTING CHILDREN'S HEALTH

CREATION DATE: October 2024

IMPLEMENTATION DATE: January 1, 2025

APPLICABLE PROGRAMS/POPULATIONS¹: ACC, ACC-RBHA (Non-SMI Designated), ALTCS-DD, DCS CHP

BACKGROUND

Well-child visits are important for promoting and optimizing a child's health and wellness. According to the American Academy of Pediatrics (AAP), there are numerous benefits of well-child visits, including receiving preventive services, tracking growth and development, and discussing parental concerns. Not only are well-child visits essential to track the development of a child but they are also crucial in identifying and preventing long-term problems. At the 24-month well-child visit, the AAP recommends that children receive any missed or delayed immunizations, screening for lead poisoning, and developmental screening, as well as other services to promote a child's health and address any parental concerns.

As children can be exposed to lead in various forms (such as contaminated water or lead-based paint) and lead poisoning can occur without any obvious symptoms, identifying a child's exposure is essential for providing early intervention. According to the Centers for Disease Control and Prevention (CDC), when undiagnosed, the child could face lifelong challenges such as cognitive impairment, attention deficits, and learning disabilities. Well-child visits are necessary for the early detection of lead poisoning, and missing the diagnosis can lead to serious long-term effects. As such, AHCCCS identified well-child visits and lead screenings as an area of focus and is implementing this project to promote and improve the health of Arizona children.

PROJECT OVERVIEW²

Purpose

To improve the health of children and adolescents, this performance improvement project focuses on:

- Well-Child Visits in the First 30 Months of Life: 30 Months (Rate 2), and
- Lead Screening in Children.

Aim

The goal of this project is to demonstrate a statistically significant and sustained improvement in each of the project indicators at the end of the second remeasurement period.

¹ ACC: AHCCCS Complete Care, ACC-RBHA: AHCCCS Complete Care – Regional Behavioral Health Agreement, ALTCS-DD: Arizona Long-Term Care System – Developmental Disabilities, DCS CHP: Department of Child Safety Comprehensive Health Plan

² PIP selected based on consideration of statewide and Contractor performance as well as the inclusion of measure(s) within the CMS (Adult and/or Child) Core Sets



Timeline

Measurement Periods ³	
Baseline Measurement	January 1, 2025, through December 31, 2025
First Remeasurement	January 1, 2026, through December 31, 2026
Second Remeasurement	January 1, 2027, through December 31, 2027

Study Question(s)

What is the number and percentage, overall and by Contractor, of:

- Children who turned 30 months of age during the measurement year who had two or more well-child visits, and
- Children 2 years of age who had one or more capillary or venous lead blood tests for lead poisoning by their second birthday?

PROJECT INDICATOR(S)

The project indicators shall be calculated and reported in alignment with the Centers for Medicare & Medicaid Services (CMS) Core Set of Children’s Health Care Quality Measures (Child Core Set) technical specifications. For the purposes of this project, improvement shall be monitored and measured through the following indicators:

Title XIX ⁴	
Indicator 1: Well-Child Visits in the First 30 Months of Life: 30 Months	
Description: Percentage of children who turned 30 months of age during the measurement year and who had two or more well-child visits with a Primary Care Practitioner (PCP).	Numerator: Two or more well-child visits on different dates of service between the child’s 15-month birthday and 30-month birthday.
	Denominator: The eligible population.
Indicator 2: Lead Screening in Children	
Description: Percentage of children 2 years of age who had one or more capillary or venous lead blood tests for lead poisoning by their second birthday.	Numerator: At least one lead capillary or venous blood test on or before the child’s second birthday.
	Denominator: The eligible population.

³ Additional remeasurement periods may be required by AHCCCS.

⁴ Title XIX is inclusive of M-CHIP members.



Title XXI (KidsCare)	
Indicator 3: Well-Child Visits in the First 30 Months of Life: 30 Months	
Description: Percentage of children who turned 30 months of age during the measurement year and who had two or more well-child visits with a Primary Care Practitioner (PCP).	Numerator: Two or more well-child visits on different dates of service between the child’s 15-month birthday and 30-month birthday.
	Denominator: The eligible population.
Indicator 4: Lead Screening in Children	
Description: Percentage of children 2 years of age who had one or more capillary or venous lead blood tests for lead poisoning by their second birthday.	Numerator: At least one lead capillary or venous blood test on or before the child’s second birthday.
	Denominator: The eligible population.

Eligible Population

The eligible population shall be determined based on the criteria outlined within the associated measure specifications.

Population Exclusions

All associated exclusions and exceptions shall be applied as outlined within the associated measure specifications.

Population Stratification

The population shall be reported by Title XIX and Title XXI. Additionally, project indicator results shall be stratified, analyzed, and reported in alignment with the requirements outlined within the *Analysis Plan* section below.

Sampling Requirements

A systematic sample of the eligible population shall be identified as outlined within the associated measure specifications for measures calculated utilizing the hybrid methodology; separate samples are required for Title XIX and for Title XXI.

DATA COLLECTION METHODOLOGY AND VALIDATION

Frequency

Contractors shall report the project data annually as part of the AHCCCS-Mandated PIP report submission and in alignment with contract requirements.

Data Sources

Contractor-specific claims and medical record data will be used to identify indicator data.



Data Collection Methodology

Indicator 1: Well-Child Visits in the First 30 Months of Life: Contractors shall utilize the administrative methodology (including all allowable data sources) to determine the indicator rate in alignment with the CMS Child Core Set technical specifications.

Indicator 2: Lead Screening in Children: Contractors shall utilize the hybrid methodology (including all allowable data sources) to determine the indicator rate in alignment with the CMS Child Core Set technical specifications.

Confidentiality

AHCCCS, its External Quality Review Organization (EQRO), and its Contractors, maintain compliance with the Health Insurance Portability and Accountability Act (HIPAA) requirements. AHCCCS employees and EQRO staff who analyze data for this project may have access to the associated data. Member names are never identified or used in AHCCCS reporting; AHCCCS PIP data are used only for the purposes of performing health care operations, conducting oversight of the health care system, or conducting research.

Quality Assurance

Contractor-specific claims and medical record data, data collection methodology, data sources, performance measure results, and other indicator results will be reviewed and validated by AHCCCS' EQRO in alignment with CMS Protocols 1 and 2⁵.

ANALYSIS PLAN

Contractor Analysis Requirements

The Contractor shall conduct and report the following analyses:

- Comparison of performance between Title XIX and Title XXI,
- Disparity analysis to identify any significant disparities by race, ethnicity, members with a CRS designation, geographic service area, county, age, and/or any other stratifications as required by AHCCCS or deemed meaningful for improvement by the Contractor,
- Statistical testing to determine improvement (e.g., statistical significance, relative change) in alignment with policy and EQRO requirements, and
- Other analyses, as determined by the Contractor or as required by AHCCCS.

Comparative Analysis

AHCCCS will conduct analyses that are deemed appropriate and meaningful, including analyses that may compare the Contractor's results with:

- Prior year(s) to identify changes and trends,
- Other Contractors and aggregate results [which may include population/line of business results, overall project results, and statewide (e.g., continuous enrollment in AHCCCS) results],
- Title XIX, Title XXI, members with a CRS designation, geographic service area, county, age, and/or any other stratifications determined by AHCCCS, and
- Results of other similar studies, if available.

⁵ CMS External Quality Review (EQR) Protocols, February 2023: <https://www.medicaid.gov/medicaid/quality-of-care/downloads/2023-eqr-protocols.pdf>



PROJECT/DATA LIMITATIONS

None noted at this time

AHCCCS KEY CONTACTS

For general questions regarding this methodology, please contact:
[Jamie Robin](#), AHCCCS Quality Improvement Manager

For technical questions regarding this methodology, please contact:
[Lindsey Irelan](#), AHCCCS Quality Improvement Supervisor



WORKS CITED

“AAP Schedule of Well-Child Care Visits.” *HealthyChildren.Org*, 26 Oct. 2018, www.healthychildren.org/English/family-life/health-management/Pages/Well-Child-Care-A-Check-Up-for-Success.aspx.

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“Your Checkup Checklist: 24 Months (2 Years) Old.” *HealthyChildren.Org*, 18 Aug. 2022, <https://www.healthychildren.org/English/ages-stages/Your-Childs-Checkups/Pages/your-checkup-checklist-24-months-2-Years-Old.aspx>.

