

medicaid and the uninsured

May 2012

Health Care Use and Chronic Conditions among Childless Adult Medicaid Enrollees in Arizona

EXECUTIVE SUMMARY

Under the Affordable Care Act (ACA), beginning in 2014, Medicaid eligibility will expand to 133% of the federal poverty level for nearly all individuals. The expansion will provide a new coverage option for millions of currently uninsured adults, particularly adults without dependent children or “childless adults,” who, prior to the ACA, were excluded from Medicaid. Arizona is one of the few states that already cover adults without dependent children in Medicaid through a longstanding Section 1115 waiver. Based on 2007 Medicaid claims data for adult Medicaid enrollees in Arizona, this report provides an analysis of the health care utilization and health conditions of childless adults and compares them with parents and adults with disabilities. The findings provide insight into the health care use and needs of low-income childless adults that can help inform other states’ efforts to care for these adults under the Medicaid expansion in 2014. In sum, this analysis of adult Arizona Medicaid enrollees finds that:

- **Childless adults had different demographic characteristics than parents and adults with disabilities.** Relative to parents, childless adults were older, more likely to be male, and less likely to be Hispanic. Childless adults were more similar to disabled adults than parents with regard to their age, gender, and race/ethnicity, but were somewhat younger than disabled adults, more likely to be male, and more likely to be Hispanic than disabled adults.
- **Childless adults were less likely than parents and disabled adults to have any encounter with the health system during the year.** About eight in ten childless adults (82%) had at least one claim during the year, compared to 96% of parents and 100% of disabled adults.
- **Childless adults who did use the health system used a wide array of services and generally had average rates of utilization that were higher than parents but lower than adults with disabilities.** Among those with at least one claim during the year, childless adults had a higher average total number of claims compared to parents (53 vs. 41), but the average total number of claims for disabled adults (97) was roughly double that of both childless adults and parents.
- **A small proportion of childless adults were very high users of services; the majority of high users had at least one chronic condition, most commonly mental illness.** Moreover, significant minorities of childless adults who were high users of services had comorbid chronic conditions.

Overall, these findings from Arizona show that low-income childless adults have significant health care needs that require a broad array of services. Moreover, childless adults who are high users of care have complex mental and physical health care needs. However, there are some childless adults who are not accessing any care. These findings suggest that, as states expand coverage to adults under reform, meeting their health needs will likely require a broad package of benefits, specialized treatment services and care and disease management programs for those with significant and complex mental and physical health conditions, and use of strategies to connect adults with a primary care provider or medical home to facilitate access to appropriate primary and preventive care.

INTRODUCTION

One of the key goals of the Affordable Care Act (ACA) is to significantly reduce the number of uninsured through a Medicaid expansion to nearly all individuals with incomes up to 133% of the federal poverty level (FPL) and the creation of new health insurance exchanges. The Medicaid expansion will provide a new coverage option for millions of currently uninsured adults, particularly adults without dependent children or “childless adults,” who, prior to the ACA, were excluded from the Medicaid program.

Because low-income adults have historically been excluded from Medicaid, relatively little is known about their health conditions and health care use compared to parents and adults with disabilities already eligible for Medicaid. Arizona, through its Arizona Health Care Cost Containment System (AHCCCS) Section 1115 Medicaid waiver demonstration program, is one of the few states that already cover low-income adults without dependent children in Medicaid. Based on 2007 Medicaid claims data for adult Medicaid enrollees in Arizona, this report provides an analysis of health care utilization patterns and health conditions for non-disabled adults and compares them with parents and adults with disabilities. The findings from Arizona provide insight into the health care use and needs of low-income childless adults that can help inform other states’ efforts to provide care to these adults under the Medicaid expansion in 2014.

BACKGROUND

To date, states have achieved significant success expanding Medicaid and CHIP coverage for children, but poor parents and other adults in many states remain ineligible for Medicaid.¹ This reflects the fact that federal minimum Medicaid eligibility levels for parents are very low, and, prior to the ACA, states could not receive federal Medicaid matching funds to cover non-disabled adults without dependent children, regardless of their income. Because of this historic exclusion, states could only cover these adults by obtaining a Section 1115 waiver of federal Medicaid rules or through a fully state-funded program. Some states used these options to expand coverage to adults, but, in most states, low-income childless adults remain ineligible for Medicaid.

Due to their limited eligibility for Medicaid and limited access to affordable private coverage, over four in ten low-income, non-elderly adults were uninsured in 2010.² The Medicaid expansion to 133% FPL will create a new coverage option for millions of uninsured adults who currently lack access to affordable coverage. There are an estimated 17.1 million nonelderly uninsured adults who have income at or below 133% FPL. These uninsured adults account for 37% of all the uninsured in the United States, and nearly seven in ten (69%) of them are adults without dependent children or “childless adults.”³

Under the ACA, many states will be enrolling childless adults into their Medicaid programs for the first time. Arizona is one of only eight states that have expanded full Medicaid benefits to childless adults as of January 2012. Arizona’s coverage is provided through a longstanding Section 1115 waiver expansion to childless adults up to 100% FPL that was implemented in 2001. As one of the few states that already cover childless adults in Medicaid, Arizona’s experiences can help inform other states’ efforts to provide care to these adults under the Medicaid expansion in 2014.

¹ Heberlein, M., et al, “Performing Under Pressure: Annual Findings of a 50-State Survey of Eligibility, Enrollment, Renewal, and Cost-Sharing Policies in Medicaid and CHIP, 2011-2012,” Kaiser Commission on Medicaid and the Uninsured, January 2012.

² Urban Institute and Kaiser Commission on Medicaid and the Uninsured estimates based on the Census Bureau’s March 2010 and 2011 Current Population Survey (CPS: Annual Social and Economic Supplements).

³ Schwartz, K. and A. Damico, “Expanding Medicaid under Health Reform: A Look at Adults at or below 133% of Poverty,” Focus on Health Reform, The Henry J. Kaiser Family Foundation, April 2010.

METHODS

This analysis uses claims data obtained from the Centers for Medicare & Medicaid Services (CMS). Health Management Associates (HMA) obtained data from the 2007 MAX Inpatient (IP), Other Therapy (OT) and Pharmacy (RX) files and selected demographic data from the Personal Summary (PS) file for Medicaid members in the state of Arizona.⁴ Files were obtained for three groups: childless adults between the ages of 18-64; parents enrolled in Medicaid who have dependent children; and non-elderly, non-institutionalized disabled adults between ages 18-64.

The analysis was limited to individuals who were continuously eligible for Medicaid for all 12 months of the study year. Beneficiaries were categorized as childless adults, parents, or disabled adults, using an algorithm based on the category into which the members fit for nine months or more during the year. For example, if a beneficiary was categorized as a childless adult for ten months and then became a parent for the last two months, he or she was counted as a childless adult.

Individuals who did not fit into any of the three categories for at least nine months during the year were excluded from the analysis. For example, pregnant women who were eligible for Medicaid solely on the basis of their pregnancy were excluded. In addition, disabled adults who were institutionalized or were dually eligible for Medicaid and Medicare were excluded, as well as individuals who had any other source of insurance coverage, such as employer-based coverage.

A total of 172,315 adults met the criteria to be included in the analysis, including 48,857 childless adults, 92,118 parents, and 31,340 adults with disabilities. The analysis examined key demographic characteristics and utilization of specific services for each of the three groups. Additional analysis identified health conditions among those who were high users of services. Health conditions were identified from analyzing paid claims submitted by providers. Further information about the methods used to measure service utilization is available in Appendix A.

There are some important limitations to this analysis. First, although the utilization analysis is based on fee-for-service claims and encounter data, these data are not perfect indicators of actual utilization. There are likely some encounters with the health system that do not have paid claims or encounter data and, therefore, were not included in the database. Moreover, encounter data were analyzed to determine the proportion of high-user beneficiaries who had one or more chronic conditions. However, linking each admission or visit to a particular diagnosis was beyond the scope of this project. For example, an individual with hypertension who was repeatedly admitted to the hospital may or may not have been admitted because of this chronic condition.

Second, these findings are for individuals who were enrolled in Medicaid for a full year. Individuals with partial year Medicaid coverage may differ from these individuals with regard to their demographic characteristics, utilization patterns, and prevalence of chronic conditions.

Finally, these findings may not be fully generalizable to other states. The health care use and needs of adults covered by the Medicaid expansion in other states may vary based on a number of factors,

⁴Fee-for-service and encounter claims were extracted from the IP, OT and RX claim files and all data elements were provided to HMA by CMS. The data for Arizona are predominantly encounter data rather than fee-for-service claims, because Arizona has for many years enrolled the majority of its Medicaid population in managed care organizations (MCOs). Information on the PS file was limited to selected data elements and only for members for whom claims data were provided. Geographic information and complete birth dates were not obtained.

including underlying demographic differences, variation in previous health care resources for low-income adults, and differences in state outreach and enrollment efforts. Moreover, Arizona’s experiences are representative of a longstanding program, and patterns of health care needs and use may differ during the implementation stage of the expansion.

FINDINGS

Demographic Characteristics

There were a total of 172,315 adult enrollees in Arizona’s Medicaid program throughout 2007.⁵ More than half (53%) were parents, 28% were childless adults, and the remaining 18% were adults with disabilities (Table 1).

Relative to parents, childless adults were older, more likely to be male, and less likely to be Hispanic. Half of childless adults were between ages 45-64 versus 15% of parents. Moreover, nearly half (48%) of childless adults were male, compared to only one in five parents (21%). Finally, over four in ten parents were Hispanic (41%), compared to less than three in ten childless adults (29%).

Childless adults were more similar to disabled adults than parents with regard to their age, gender, and race/ethnicity, but were somewhat younger than disabled adults, more likely to be male, and more likely to be Hispanic than disabled adults. Half of childless adults were under age 45, compared to 43% of disabled adults. In addition, nearly half of childless adults were male compared to about four in ten disabled adults. Finally, about three in ten childless adults (29%) were Hispanic compared to less than one in five disabled adults (19%).

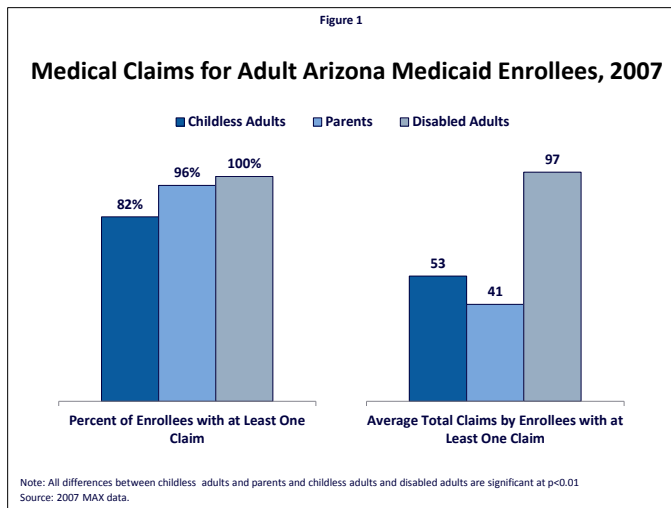
**Table 1:
Demographic Characteristics of Adult Arizona Medicaid Enrollees, 2007**

	Childless Adults	Parents	Disabled Adults	Total
Number	48,857	92,118	31,340	172,315
Age (%)*				
18-20	7%	3%	4%	4%
21-44	43%	81%	39%	63%
45-64	50%	15%	56%	33%
Gender (%)				
Male	48%	21%	41%	32%
Female	52%	79%	59%	68%
Race/Ethnicity*				
White	46%	34%	45%	39%
Black	5%	7%	10%	7%
Hispanic	29%	41%	19%	34%
Asian	2%	2%	1%	2%
American Indian	16%	16%	13%	15%
Other	2%	1%	12%	3%
Notes: For gender, pairs of ratios were tested for statistical significance using the t-test method. For age and race/ethnicity, the sets of frequency distributions were tested for statistical significance using the Chi-square method. We compared childless adults separately to parents and to disabled adults. For all three variables—age, gender, and race/ethnicity—the differences between childless adults and parents and disabled adults were statistically significant at p<0.01. *Populations were selected based on enrollment category over the course of the year but ages were calculated at a point in time.				

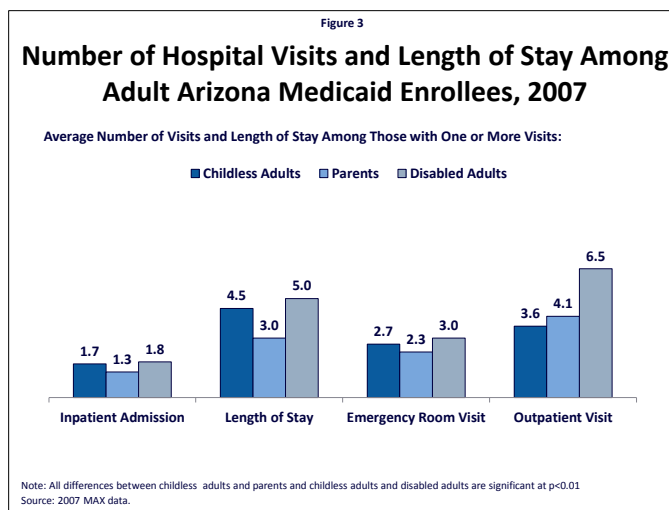
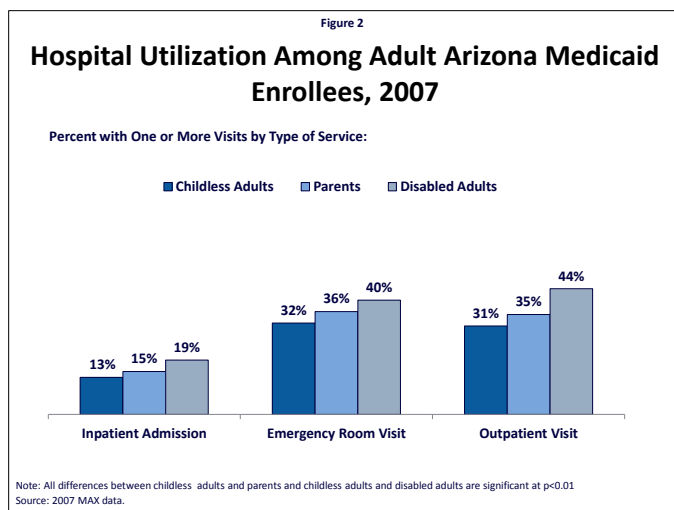
⁵ Excluding pregnant women, institutionalized individuals, and individuals with other coverage, including dual eligibles.

Utilization of Care

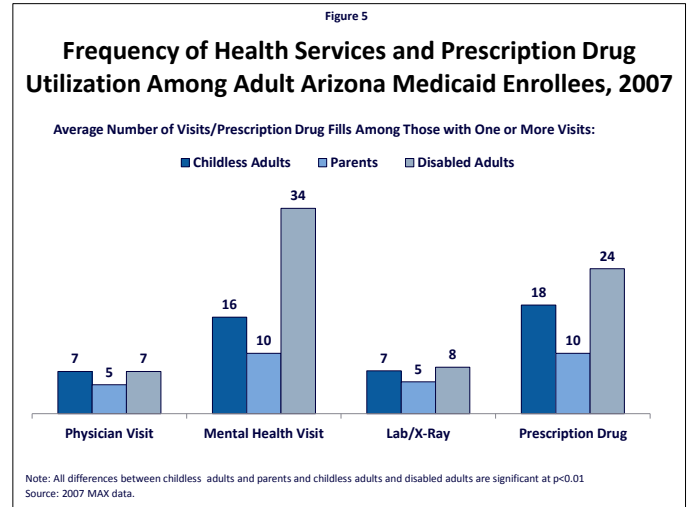
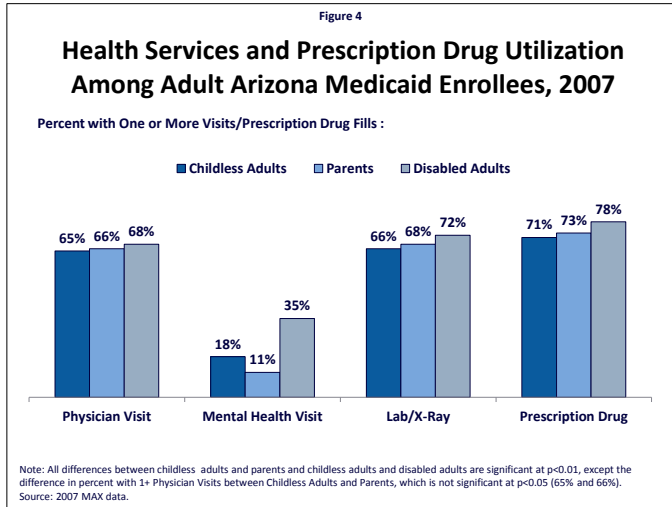
Childless adults were less likely than parents and disabled adults to have an encounter with the health system, but those who did had average rates of utilization that were higher than parents but lower than disabled adults (Figure 1). About eight in ten childless adults (82%) had at least one claim during the year, compared to 96% of parents and 100% of disabled adults. Among those with at least one claim, childless adults had a higher average total number of claims compared to parents (53 vs. 41), but the average total number of claims for disabled adults (97) was roughly double that of both childless adults and parents. (See Appendix B for a complete table of utilization findings.)



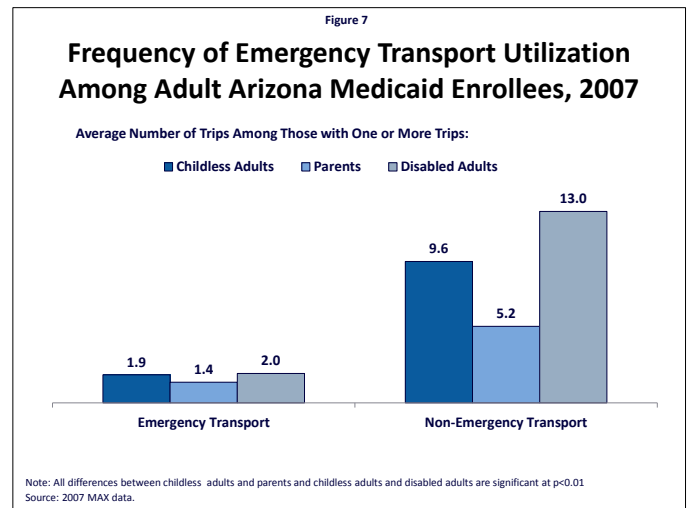
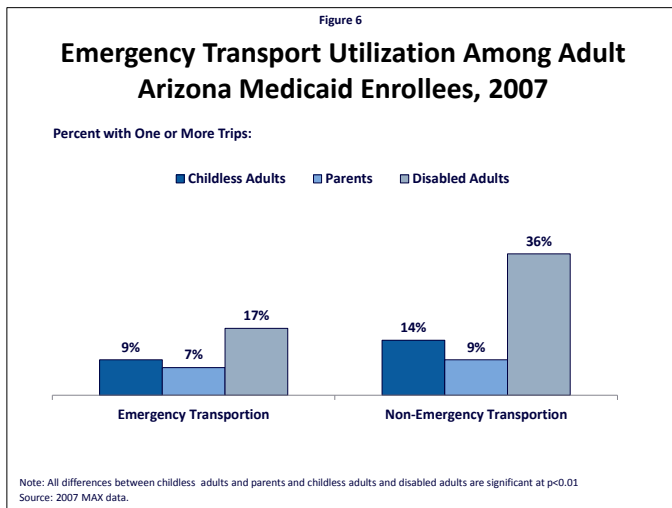
Consistent with this overall finding, childless adults were less likely than parents and disabled adults to utilize hospital care, but those who did generally had a higher number of visits and longer lengths of stay relative to parents and fewer visits and shorter lengths of stay relative to disabled adults. Childless adults were less likely than parents and disabled adults to have an inpatient admission, emergency room visit, or outpatient visit during the year (Figure 2). However, among adults with at least one inpatient visit, childless adults had a higher average number of visits (1.7 vs. 1.3 visits) and longer length of stay (4.5 vs. 3.0 days) than parents, although their average number of visits and length of stay remained lower than that of disabled adults (Figure 3). Similarly, among those with at least one emergency room visit, childless adults had a higher average number of visits relative to parents (2.7 vs. 2.3 visits), although slightly lower number than disabled adults (3.0 visits). The one hospital service that this trend did not hold true for was outpatient visits, for which childless adults had a lower average number of visits (3.6 visits) than both parents (4.1 visits) and disabled adults (6.5 visits).



Similarly, childless adults were generally less likely than parents and disabled adults to utilize other services, but those who did used more services relative to parents and fewer services relative to disabled adults. Childless adults were less likely than parents and disabled adults to receive lab and x-ray services or to obtain prescription drugs during the year. However, the three groups were about equally likely to have visited a physician. Moreover, in contrast to the trend for most other services, childless adults were more likely than parents to have one or more claims for a mental health visit, although they remained less likely than disabled adults to have a mental health claim (Figure 4). Among adults with one or more claims for these services, the average frequency of service use for childless adults was higher than for parents but lower than for disabled adults, in most cases (Figure 5).



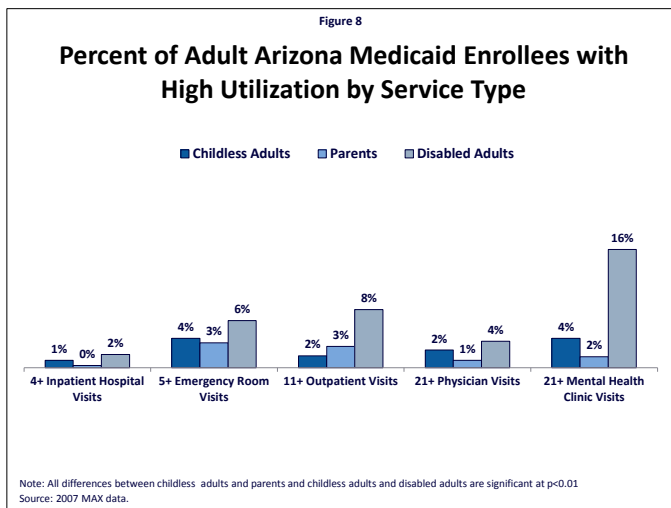
In contrast to other services, childless adults were more likely than parents to utilize one or more transportation services during the year (Figure 6). Consistent with the earlier findings, among those who used one or more emergency or non-emergency transportation services, the average number of trips for childless adults was greater than for parents but less than for disabled adults (Figure 7).



High Users of Services

Among adult Arizona Medicaid enrollees, there were a small proportion of individuals who had very high utilization of services. Childless adults were slightly more likely than parents to be high users across all service types, except for outpatient hospital care (Figure 8). However, both childless adults and parents were significantly less likely than disabled adults to be high users of care.

The majority of high users of services had at least one chronic condition, and significant minorities had comorbid chronic conditions. As illustrated in Table 2, next page:



- Mental illness was the most prevalent condition among childless adults who were high users of care.** Mental illness affected 70% of high users of inpatient hospital care, 64% of high users of emergency room care, and 60% of high users of physician visits. Moreover, a significant portion of childless adults who were high users of care had dual diagnoses of mental illness and substance abuse—more than half of high users of inpatient hospital care (51%), more than a third of high users of emergency room care (38%), and one in five high users of physician visits (20%).
- Rates of hypertension and diabetes were also high among childless adults who were high users of care.** Following mental illness, hypertension was the second most prevalent condition identified among childless adults who were high users, present among 65% of high users of inpatient care, 36% of high users of emergency room care, and 58% of high users of physician visits. Rates of diabetes were also significant among childless adults who were high users of these services. Moreover, a significant minority of childless adults who were high users had both diabetes and hypertension.
- Among high users of care, childless adults were generally more likely than parents but less likely than disabled adults to have one of the examined chronic conditions.** However, there were a few key exceptions to this trend. Among high users, parents were about equally as likely to experience asthma as childless adults. And, childless adults who were high users of inpatient hospital and emergency room care were more likely than disabled adults to have a dual diagnosis of mental illness and substance abuse. Further, childless adults and disabled adults who were high users of inpatient hospital care and physician visits had similar rates of hypertension.

**Table 2:
Chronic Conditions among Adult Arizona Medicaid Enrollees with High Utilization Rates, 2007**

	Childless Adults	Parents	Disabled Adults	Total
Total Number of Enrollees	48,857	92,118	31,340	172,315
High Users of Inpatient Hospital Care (4+ Visits)	1.0%	0.3% **	1.8% **	0.8%
<i>Percent of High Users with:</i>				
1. Mental Illness	70%	61% *	75%	70%
2. Hypertension	65%	48% **	63%	61%
3. Diabetes	42%	37%	46%	43%
4. Chronic Obstructive Pulmonary Disease	36%	20% **	39%	34%
5. Congestive Heart Failure	23%	13% **	27%	23%
6. Asthma	22%	23%	29% **	25%
<i>Percent of High Users with:</i>				
1. Mental Illness and Substance Abuse	51%	36% **	45%	45%
2. Diabetes and Hypertension	33%	26% *	38%	34%
3. Diabetes and Mental Illness	27%	21%	33% *	28%
4. Diabetes and Asthma	10%	8%	16% *	12%
High Users of Emergency Room Care (5+ Visits)	4.0%	3.4% **	6.4% **	4.1%
<i>Percent of High Users with:</i>				
1. Mental Illness	64%	51% **	76% **	62%
2. Hypertension	36%	21% **	41% **	31%
3. Chronic Obstructive Pulmonary Disease	25%	16% **	31% **	23%
4. Asthma	23%	21% *	31% **	24%
5. Diabetes	19%	13% **	29% **	19%
6. Congestive Heart Failure	5%	1% **	7% **	4%
<i>Percent of High Users with:</i>				
1. Mental Illness and Substance Abuse	38%	16% **	35% *	27%
2. Diabetes and Hypertension	12%	6% **	20% **	12%
3. Diabetes and Mental Illness	12%	6% **	21% **	12%
4. Diabetes and Asthma	5%	3% **	10% **	6%
High Users of Physician Visits (21+ Visits)	2.5%	1.0% **	3.6% **	1.9%
<i>Percent of High Users with:</i>				
1. Mental Illness	60%	64%	65% *	63%
2. Hypertension	58%	41% **	61%	54%
3. Diabetes	33%	26% **	41% **	34%
4. Asthma	23%	27% *	34% **	28%
5. Chronic Obstructive Pulmonary Disease	29%	22% **	38% **	30%
6. Congestive Heart Failure	8%	4% **	12% **	8%
<i>Percent of High Users with:</i>				
1. Diabetes and Hypertension	26%	16% **	32% **	25%
2. Mental Illness and Substance Abuse	20%	19%	20%	20%
3. Diabetes and Mental Illness	17%	14% *	25% **	19%
4. Diabetes and Asthma	8%	7%	14% **	10%

* Differences in the prevalence of chronic diseases between childless adults and the group in this column (either parents or disabled adults), are statistically significant at p<0.05.

** Differences in the prevalence of chronic diseases between childless adults and the group in this column (either parents or disabled adults) are statistically significant at p<0.01.

Other percentages not marked with an asterisk are not statistically significantly different from the percentages for childless adults (defined here as p>0.05).

DISCUSSION

This analysis of adult Arizona Medicaid enrollees found that childless adults were less likely than parents and disabled adults to have an encounter with the health system during the year. However, childless adults who did enter the health system used a wide array of services and had average utilization rates that were higher than parents but lower than adults with disabilities, for most services. Moreover, a small proportion of childless adults were very high users of services and the majority of these high users of services had at least one chronic condition, most commonly mental illness; significant minorities had comorbid chronic conditions. These findings have a number of implications, including the following:

- **Childless adults appear to have significant health care needs that require a broad array of services.** Childless adults utilized a wide variety of services, including inpatient hospital, physician, mental health, and lab and x-ray services, as well as prescription drugs. Furthermore, they generally had more extensive use of these services relative to parents. These findings suggest that coverage for a broad package of services will likely be necessary to meet the health care needs of childless adults covered by the Medicaid expansion.
- **Childless adults who are high users of care have complex mental and physical health care needs.** Mental illness was the most prevalent health condition for childless adults who were high users of services, with many experiencing combined conditions of mental illness and substance abuse. Mental illness and substance abuse are both challenging and pervasive conditions that require special treatment resources. Therefore, as Medicaid is expanded to childless adults, it will be important to consider the services and treatments necessary to have in place to meet these needs. In addition, childless adults who are high users of care had high rates of chronic physical conditions, like hypertension and diabetes. These findings suggest that care management strategies, such as medical homes, chronic disease management programs, and targeted health outcomes may all be important for providing care to childless adults covered by the expansion.
- **Some childless adults are not accessing care.** Overall, almost one in five childless adult Medicaid enrollees did not have any encounter with the health care system during the year. This suggests that they did not receive any preventive or primary care. Furthermore, those who did receive services generally used more services relative to parents. This may indicate that some adults are delaying care and, therefore, require more intensive care when they eventually connect to a provider. Given these findings, as states expand coverage to adults through the Medicaid expansion, it will likely be important for them to connect adults to a primary care provider or medical home and employ strategies to help adults understand how and when to utilize primary and preventive care.

In conclusion, the Medicaid expansion under the ACA will make millions of currently uninsured adults newly eligible for the program. Given the historic exclusion of childless adults from Medicaid prior to the ACA, most states have little experience providing care to this population. As one of the few states with longstanding Medicaid coverage for childless adults, Arizona's experience can provide important insights to help inform other states' efforts to provide care to these adults through Medicaid under reform. Overall, the findings from Arizona suggest that as states expand coverage to adults under reform, meeting their health care needs will likely require a broad package of benefits, specialized treatment services and care and disease management programs for those with significant and complex mental and physical health conditions, and the use of strategies to connect adults with a primary care provider or medical home to facilitate access to appropriate primary and preventive care.

This brief was prepared by Jack Meyer, Dennis Roberts, and Esther Reagan with Health Management Associates; Karoline Mortensen with the University of Maryland; and Samantha Artiga and Rachel Arguello with the Kaiser Family Foundation's Commission on Medicaid and the Uninsured. The authors thank Abby Kahn and Chris Wolff with Health Management Associates for their helpful research assistance.

Appendix A: Methods for Creating Units for Measuring Utilization

Inpatient Hospital Admission: We used all claims in the Inpatient Hospital file to identify inpatient admissions, with each claim representing one admission. We used Medicaid Covered Days recorded on each claim as the Length of Stay.

ER Visit: We used Revenue codes and Place of Service codes to identify all ER claims. Then, we excluded any of these claims that had an admission on the same or following day, since this ER visit probably belongs with the admission. Next we grouped all the remaining ER claims by member ID and date of service to identify an "ER Day" or "ER Visit" for counting and analytical purposes.

Outpatient Hospital Visit: We used Place of Service codes to identify all Outpatient Hospital claims. Then, we excluded all claims with date of service during an admission or on the same date of service as an ER visit and grouped all the remaining OPH claims by member ID and date of service to identify an "OPH Day" or "OPH Visit" for counting and analytical purposes.

Physician Office Visit: We used MSISTOS codes, Procedure codes, and Place of Service code of "office" to identify all physician visit claims. We then grouped the claims by provider ID, member ID and date of service to identify a "Physician Office Visit" for counting and analytical purposes.

Clinic Visit: We used MSISTOS codes and Procedure codes to identify all clinic visit claims. We then grouped the claims by member ID and date of service to identify a "Clinic Day" or "Clinic Visit" for counting and analytical purposes.

Transportation Service: We used MSISTOS and Procedure codes to identify all transportation claims. These claims included services provided by clinics as well as transportation providers. The claims were classified as either "emergency" or "non-emergency". Within these two categories, we grouped all claims by member ID and date of service to identify a "Transportation Service" for counting and analytical purposes.

ER		
ER Place of Service Codes	ER Revenue Codes	Notes
23	450 451 452 456 459 981	Select claims with POS <u>or</u> Revenue Code on list; exclude claims with admission on same or following day

Outpatient Hospital	
Outpatient Hospital Place of Service Codes	Notes
22	Select all claims with POS on list; exclude claims during an admission or same say as ER

Physician Office Visit			
Physician MSIS TOS	Physician Office Visit Procedure Codes		Notes
8	92012	99382	Select all claims with MSIS TOS, POS <u>and</u> procedure code on list
	99201	99383	
	99202	99384	
Physician Office Place of Service Codes	99203	99385	
	99204	99386	
	99205	99387	
11	99211	99391	
	99212	99392	
	99213	99393	
	99214	99394	
	99215	99395	
	99241	99396	
	99242	99397	
	99243	99401	
	99244	99402	
	99245	99403	
	99354	99404	
	99355		

Non-Emergency Transportation Service			
Clinic MSIS TOS	Non-Emergency Transportation Codes		Notes
12	A0090	A0210	Select all claims with MSIS TOS = 12 <u>or</u> MSIS TOS = 26 <u>and</u> procedure code on list
	A0100	A0426	
	A0110	A0428	
Transportation MSIS TOS	A0120	S0209	
	A0130	S0215	
26	A0160	T2005	
	A0170	T2007	
	A0190	T2049	

Clinic Visit			
Clinic MSIS TOS	Clinic Codes		Notes
12	93526	90633	Select all claims with MSIS TOS, <u>and</u> procedure code on list
	J3420	90716	
	45378	90713	
Clinic Codes	J0696	90690	
T1016	J3301	90749	
T1019	93005	90733	
H2014	J1250	90723	
T1002	G0103	90743	
T1003	J1080	90744	
T1020	99214	90691	
J2680	45380	Q0091	
J1631	J1950	99000	
J2794	Q0144	95811	
S5110	Q9949	G0121	
H2025	J2790	J7302	
S5151	L4350	A4550	
S5150	L3908	J7300	
90471	J0595	H0004	
J1200	J7644	H0038	
93017	J7613	H0031	
J1055	J7611	H2019	
J0515	43235	H0034	
J1630	J2550	H2027	
J3410	J0170	H0025	
93555	J1030	H0002	
93556	90658	H2011	
93510	90636	H2020	
J1245	90715	H2017	
90772	90746	H2016	
99211	90732	H2012	
H2026	90632	H2015	
90472	90649	H2010	
J8499	90734	H0001	
99213	90707	H0036	
J1885	90718		
43239			

Emergency Transportation Service		
Transportation MSIS TOS	Transportation Codes	Notes
26	A0225 A0427 A0429	Select all claims with MSIS TOS, <u>and</u> procedure code on list

* MSIS TOS is a CMS code indicating the Type of Service

Appendix B:

Utilization of Selected Services among Adult Arizona Medicaid Enrollees, 2007

	Childless Adults	Parents	Disabled Adults	Total
Total Number of Enrollees	48,857	92,118	31,340	172,315
Medical Claims				
1+ Encounter (%)	82%	96%	100%	93%
Average Number of Encounters	48.1	38.2	91.4	51.1
Inpatient Hospital Admissions				
1+ Admission (%)	13%	15%	19%	15%
Average Number of Admissions	1.7	1.3	1.8	1.5
Average Length of Stay (Days)	4.5	3.0	5.0	4.0
Emergency Room Visits				
1+ Visit (%)	32%	36%	40%	35%
Average Number of Visits	2.7	2.3	3.0	2.5
Outpatient Visits				
1+ Visit (%)	31%	35%	44%	36%
Average Number of Visits	3.6	4.1	6.5	4.5
Physician Visits				
1+ Visit (%)*	65%	66%	68%	66%
Average Number of Visits	6.7	4.8	7.4	5.9
Mental Health Visits				
1+ Visit (%)	18%	11%	35%	17%
Average Number of Visits	15.8	10.5	33.6	20.7
Labs and X-Rays				
1+ Visit (%)	66%	68%	72%	68%
Average Number of Services	16.2	12.4	17.6	14.5
Prescription Drugs				
1+ Drug Fill (%)	71%	73%	78%	73%
Average Number of Fills	31.1	16.6	48.8	27.1
Emergency Transport				
1+ Transport (%)	9%	7%	17%	9%
Average Number of Trips	1.9	1.4	2.0	1.7
Non-Emergency Transport				
1+ Transport (%)	14%	9%	36%	15%
Average Number of Trips	9.6	5.2	13.0	9.8

All averages are calculated among members with at least one claim/admission/visit/etc.

* All differences between Childless Adults and Parents, and Childless Adults and Disabled Adults, are significant at p<0.01, except the difference in percent with 1+ Physician Visits between Childless Adults and Parents, which is not significant at p<0.05 (65% and 66%).

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This publication (#8310) is available on the Kaiser Family Foundation's website at www.kff.org.



The Kaiser Commission on Medicaid and the Uninsured provides information and analysis on health care coverage and access for the low-income population, with a special focus on Medicaid's role and coverage of the uninsured. Begun in 1991 and based in the Kaiser Family Foundation's Washington, DC office, the Commission is the largest operating program of the Foundation. The Commission's work is conducted by Foundation staff under the guidance of a bi-partisan group of national leaders and experts in health care and public policy.