

September 8, 2014

James Stover  
University Family Car  
2701 East Elvira Road  
Tucson, Arizona 85756

**RE: Performance for Acute-Care Clinical Quality Measures**

Dear James Stover:

The Arizona Health Care Cost Containment System (AHCCCS) has completed the review and evaluation of Contractor results of the contractual Clinical Quality Performance Measures for Contract Year End (CYE) 2012. Performance measure rates were evaluated in two ways: whether they met the Minimum Performance Standard (MPS) outlined in Contract and whether there was a statistically significant decline in the rate from the previous measurement period. Based upon the results of the review, Contractors are subject to regulatory action including over \$1.4 million in financial sanctions.

AHCCCS places significant emphasis on the selected Performance Measures in contract as it is believed that those measures have the greatest ability to positively impact member health outcomes. For the CYE 2012 Measurement Period<sup>(1)</sup>, a specific subset of Contract Performance Measures were selected for evaluation and reporting as AHCCCS was beginning the transition process to the new measure vendor and wanted to ensure appropriate allocation of resources to support both efforts. With such in mind, the CYE 2012 measurement period results that are included in Attachment A are only for those measures that AHCCCS officially evaluated. Regulatory action on the KidsCare performance measures is not being taken for the CYE 2012 measurement period; however, data related to KidsCare performance is provided for your review in Appendix B.

In August 2012, AHCCCS notified Contractors of Notices to Cure based on continued non-compliance with Minimum Performance Standards (MPS) outlined in contract. Over \$2.75 million in financial sanctions were initially assessed although some were waived so that resources could be redirected to the measures; additionally, Contractors were required to participate in quarterly technical assistance sessions with AHCCCS staff. While mandated technical assistance is not being required as part of this evaluation, Contractors are encouraged to reach out to AHCCCS staff for assistance if barriers exist that prevent improving and/or sustaining performance measure rates.

*Notice to Cure*

AHCCCS has evaluated each Contractor's final results of the Contract Performance Measures for the CYE 2012 measurement period and compared them with the CYE 2011 measurement period and the Minimum Performance Standards in the CYE 2012 Contract. Measures that are



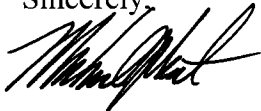
AHCCCS' cost of representation, as well as the cost of any attorney's fees and costs payable to the party bringing the action.

If you disagree with this sanction, you may file a dispute with AHCCCS using the process outlined in A.A.C. R9-34-401, et seq. The dispute must be filed in writing and must be received by AHCCCS no later than 60 days from the date of this letter. The dispute shall specify the legal and factual bases for the dispute, as well as the relief requested. Dispute letters should be sent to:

AHCCCS  
Office of Administrative Legal Services  
701 E. Jefferson  
Phoenix, AZ 85034

If you have any questions regarding this letter, please contact Kim Elliott at 602-417-4782 or [Kim.Elliott@azahcccs.gov](mailto:Kim.Elliott@azahcccs.gov).

Sincerely,



Michael Veit,  
Contracts and Purchasing Administrator

cc: Jami Snyder, Contract Compliance Officer, University Family Care  
Kim Elliott, PhD, CPHQ, Clinical Quality Administrator, DHCM, AHCCCS  
Kari Price, Assistant Director, DHCM, AHCCCS  
Shelli Silver, Assistant Director, DHCM, AHCCCS



**Attachment A: University Family Care Performance Measure Review**

Performance Analysis								Regulatory Action	
Performance Measure	CYE 2011 Performance (10/01/10-09/30/11)	CYE 2012 Performance (10/01/11-09/30/12)	Relative Percent Change	Significance Level (p value)	Minimum Performance Standard (MPS)	Current Statewide Average	Sanction (Y/N)	Notice to Cure (Y/N)	
Children's Access to Care (12-24 mo.)	96.0%	97.9%	1.9%	0.003	93%	97.0%	N	N	
Children's Access to Care (25 mo. - 6 yrs.)	84.3%	87.6%	3.9%	<0.001	83%	87.7%	N	N	
Children's Access to Care (7 - 11 yrs.)	87.5%	88.6%	1.3%	0.074	83%	89.9%	N	N	
Children's Access to Care (12 - 19 yrs.)	88.4%	89.1%	0.7%	0.225	81%	87.7%	N	N	
Well Child Visits (6+ by 15 mo. of age)	81.1%	67.1%	-17.3%	<0.001	65%	67.8%	Y	Y	
Well Child Visits (3-6 years of age)	55.4%	68.7%	24.0%	<0.001	66%	66.8%	N	N	
Adolescent Well Care Visits	32.2%	39.5%	22.8%	<0.001	42%	38.0%	Y	Y	
Annual Dental Visits	58.5%	53.6%	-8.4%	<0.001	57%	61.8%	Y	Y	
EPSDT Participation	57.9%	61.8%	6.7%	<0.001	68%	65.7%	Y	Y	
EPSDT Dental Participation	42.3%	23.0%	-45.5%	<0.001	46%	44.1%	Y	Y	

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CAP Required (Y/N)
N
N
N
N
Y
N
Y
Y
Y
Y

**Attachment B: University Family Care Performance Measure Review**

<b>Performance Analysis</b>						
<b>Performance Measure</b>	<b>CYE 2011 Performance (10/01/10-09/30/11)</b>	<b>CYE 2012 Performance (10/01/11-09/30/12)</b>	<b>Relative Percent Change</b>	<b>Significance Level (p value)</b>	<b>Minimum Performance Standard (MPS)</b>	<b>Current Statewide Average</b>
Children's Access to Care (12-24 mo.)	100.0%	—	n/a	n/a	93%	100.0%
Children's Access to Care (25 mo. - 6 yrs.)	86.2%	93.3%	8.3%	0.493	83%	93.9%
Children's Access to Care (7 - 11 yrs.)	93.5%	93.6%	0.0%	0.994	83%	95.9%
Children's Access to Care (12 - 19 yrs.)	96.2%	96.2%	0.0%	0.992	81%	94.0%
Well Child Visits (6+ by 15 mo. of age)	100.0%	0.0%	n/a	n/a	65%	0.0%
Well Child Visits (3-6 years of age)	63.3%	82.8%	30.7%	0.085	66%	76.6%
Adolescent Well Care Visits	52.6%	63.6%	17.4%	<b>0.011</b>	42%	55.1%
Annual Dental Visits	73.2%	65.5%	-11.7%	<b>0.014</b>	57%	77.8%

