Arizona Health Care Cost Containment System

Acute-Care Contractors and the Division of Developmental Disabilities

Quality Management Performance Measures

Measurement Period Ending September 30, 2010

March 2012

"Our first care is your health care."

Thomas J. Betlach
Director, AHCCCS

Prepared by the Division of Health Care Management

TABLE OF CONTENTS

INTRODUCTION

Overview

This is the annual report of the Arizona Health Care Cost Containment System (AHCCCS) Acute-care clinical quality performance measures. The report includes data on preventive health and chronic disease management services provided to members enrolled with nine publicly and privately operated managed care organizations (MCOs), referred to as Contractors, that contract with AHCCCS to provide services under the AHCCCS ACUTE-care program. Performance measure results for services provided through the Department of Economic Security's Division of Developmental Disabilities (DES/DDD) are reported in a separate section of this report.

These results should be viewed as *indicators* of utilization of services, rather than absolute rates. These data allow AHCCCS and its Contractors to identify areas for improvement and implement interventions to increase the use of preventive and evidence based chronic disease management services.

This report includes performance measurement data from nine publicly and privately operated managed care organizations

Methodology

AHCCCS modeled its performance measures after the Healthcare Effectiveness Data and Information Set (HEDIS®) 2011 specifications. Developed and maintained by the National Committee for Quality Assurance (NCQA), HEDIS® is the most widely used set of performance measures in the managed care industry. One of the HEDIS® requirements for selecting members to be included in the measures is that they are continuously enrolled for a minimum period of time with one Contractor. Thus, members included in the measures represent only a portion of the AHCCCS Acute-care population.

This report includes measure results from data collected during the contract year ending (CYE) September 30, 2011 (measurement period October 1, 2009-September 30, 2010) and indicates whether changes in rates are statistically significant when compared with rates from the previous measurement period (October 1, 2008 – September 30, 2009). Changes from the previous measurement period are described as increases or decreases only when analysis using the Pearson chi-square test yields a statistically significant value ($p \leq .05$); that is, the probability of obtaining a difference by chance is relatively low.

National HEDIS® averages for Medicaid and commercial managed care plans also are included in this report. However, it should be noted that some HEDIS® measures may be calculated using data extracted from medical records, as well as claims (encounters) for services. This is known as a hybrid data collection methodology. The use of medical records may reflect more complete data, and thus higher rates, than rates calculated using only claims data. Because HEDIS® national averages include data reported by health plans using the hybrid data collection processes as allowed by the methodology, the rates may not be directly comparable to rates reported by AHCCCS, which does not

currently use a hybrid methodology to collect data for these HEDIS® like measures.

In addition, some health plans in other states report HEDIS® rates based on combined data for members eligible under Medicaid (Title XIX of the Social Security Act) and those eligible under the Children's Health Insurance Program (CHIP, or Title XXI), known in Arizona as KidsCare. In Arizona, rates for these measures are typically higher among members covered under KidsCare. However, because the populations differ in terms of socioeconomic status, Arizona reports rates for these eligibility groups separately. The difference in reporting Medicaid rates separately from KidsCare rates also limits comparisons between AHCCCS's HEDIS® like rates and the national HEDIS® rates.

Data Sources

AHCCCS uses an automated managed care data system known as the Prepaid Medical Management Information System (PMMIS). Members included in the denominator for each measure are selected from the Recipient Subsystem of PMMIS. Numerators, and therefore rates, for each measure are based on encounter data (records of services provided and related claims paid by Contractors) in PMMIS. The numerator data are based on encounters for professional services, primarily physician office and clinic visits.

The numerator data are based on encounters for professional services, primarily physician office and clinic visits.

Data Validation

AHCCCS conducts data validation studies of encounters. Based on the most recent data validation study by AHCCCS, approximately 90 percent of all encounters for acute-care professional services were complete when compared with corresponding medical records. Approximately 85 percent were fully accurate, compared with services documented in members' medical records.

In addition, AHCCCS conducts a rigorous check of data quality for these measures each year. A random sample of denominator and numerator data are selected for each measure, and a multidisciplinary team checks recipient and service details to verify that AHCCCS members are correctly included or excluded from the denominator and numerator, based on the AHCCCS HEDIS® like criteria.

Data Limitations

The data reported here are subject to a limitation because rates are based on encounter data, and may be negatively affected if Contractors have not submitted complete, timely and accurate encounters to AHCCCS.

In addition, members may receive health care services paid through other programs, such as Indian Health Service, Medicare, other medical coverage, or free/low-cost community providers. Thus, the member may have received a service included in the measure, but it is not counted because it was not paid for under Medicaid or CHIP and therefore not available in the AHCCCS encounter system.

To minimize the impact of limited data available for Medicare beneficiaries who also are enrolled in AHCCCS, dual-eligible members who are enrolled in Medicare MCOs or who have fee-for-service Medicare coverage are excluded from the measurement. Similar to the HEDIS® methodology, AHCCCS includes members who are enrolled in a Medicare plan that is aligned with their Medicaid plan (i.e., operated by or contracted with the same organization).

Deviations from Previous Methodology

The HEDIS® like methodology used for data collection in the current measurement period does not differ from the methodology used for the previous measurement period.

NCQA updates its methodology annually to add new codes to better identify the eligible population and/or services being measured or delete codes that have been retired from standardized coding sets used by providers, such as Current Procedural Terminology (CPT) and International Classification of Diseases (ICD) coding. AHCCCS made these coding changes in its HEDIS® like methodologies.

Adult Benefit Redesign

In response to significant fiscal challenges facing the State and substantial recent growth in the Medicaid population, AHCCCS implemented several changes to the adult (age 21 and older) benefit package. As a result, AHCCCS removed the following Performance Measures, which had been previously included in this report, from Acute-care contracts:

- Cervical Cancer Screening
- Breast Cancer Screening
- Chlamydia Screening
- Adults' Access to Preventive/Ambulatory Care (two age groups)

These changes were effective October 1, 2010. For more information on the benefit changes, go to: http://www.azahcccs.gov/reporting/legislation/sessions/2010/BenefitChanges.aspx.

In addition, AHCCCS has added the following measures of chronic disease care to Acute-care contracts:

- Appropriate Medications for Asthma
- Diabetes Care – HbA1c Testing
- Diabetes Care – Eye Exams
- Diabetes Care – LDL-C Screening

HIGHLIGHTS OF THE DATA

Results for Acute-care Contractors

This report includes 21 measures of access to care, use of preventive services, and chronic disease conditions for which AHCCCS has set performance standards for Acute-care Contractors. Age groups for Children's and Adolescents' Access to Primary Care Practitioners are considered separate measures, as are Medicaid and KidsCare populations, which are reported separately for child and adolescent measures.

Of the 21 measures, seven (33.3 percent) showed statistically significant improvement when compared to the previous measurement period. Results include the following:

- ***Children's Access to PCPs*** – Rates in three age groups improved over the previous measurement for Medicaid members. KidsCare rates increased for all age groups and exceeded the NCQA national means for Medicaid health plans.

- ***Well-Child Visits in the First 15 Months of Life*** – The rate for Medicaid and KidsCare members showed a slight decrease. However, the Medicaid and KidsCare rates continued to exceed the NCQA national means for Medicaid health plans.

- ***Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life –*** The overall rate for Medicaid showed a statistically significant decrease. The rate for KidsCare members did not show a statistically significant change. KidsCare rates exceed the NCQA national means for both Medicaid and commercial health plans.

- ***Adolescent Well-Care Visits*** – The overall rate for Medicaid members showed a statistically significant decrease. The rate for KidsCare members did not show a statistically significant change. KidsCare member rates exceed the NCQA national means for both Medicaid and commercial health plans for this measure.

- ***Annual Dental Visits*** – Overall rates for both Medicaid and KidsCare populations demonstrated a statistically significant increase from the previous year and remain well above the NCQA national Medicaid mean, with rates for both populations in the 90th percentile of Medicaid plans nationally. Because commercial medical plans generally do not include dental services, NCQA does not report commercial benchmarks for this measure.

- ***Appropriate Medications for Asthma –*** The rate for 5–50 years old is above the NCQA national means for both Medicaid and commercial health plans.

- ***Diabetes Care:***
  $HbA1_c$ Testing, Eye Exam, LDL-C Screening – The AHCCCS results for $HbA1_c$ Testing, Eye Exam and LDL-C Screening are below the NCQA national Medicaid means.

- ***Timeliness of Prenatal Care*** – This measure showed a significant increase from the previous measurement, but also falls below the NCQA national Medicaid mean.

Results for DES/DDD

AHCCCS has set performance standards for seven measures relating to children and adolescents enrolled with the Department of Economic Security, Division of Developmental Disabilities (DES/DDD) under Medicaid. It should be noted that eligibility for Arizona Long Term Care System (ALTCS) members with developmental disabilities, differs from eligibility for Acute-care Contractors in that medical and functional criteria are considered along with financial criteria that are different than for non-DDD Medicaid members. Thus, many DDD members with AHCCCS coverage often have other medical coverage; recent data show that about 40 percent of DDD members are also covered by Medicare and/or private insurance. Because services can be provided through other payers, AHCCCS may not have complete encounter information on all services provided to this population. The AHCCCS-established performance standards reflect the data limitations for this population.

Results include the following:

- ***Children's Access to PCPs*** – Rates in three of the four age groups improved over the previous measurement period. While most of the measures in this category increased, the rates remain below the National means for Medicaid and commercial health plans.

- ***Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life –*** This rate also increased, but is below the NCQA national means for both Medicaid and commercial health plans.

- ***Adolescent Well-Care Visits*** – The rate for this measure decreased, and is below the NCQA national means for Medicaid and commercial health plans.

- ***Annual Dental Visits*** – The rate for this measure had a statistically significant increase and exceeded the NCQA national Medicaid mean.

Contractor Performance Standards and Improvement

Contractor rates are compared to Minimum Performance Standards specified in the AHCCCS CYE 2010 contracts with health plans. The following table shows the Minimum Performance Standard (MPS) for Acute-care Contractors for each measure included in this report, as well as the AHCCCS Goal for the measure. Minimum standards are based on the most recent HEDIS® national Medicaid means available from NCQA or, if the AHCCCS statewide average already is above the HEDIS® mean, a rate slightly above the current rate. AHCCCS Goals are based on national "Healthy People 2010" objectives set by the U.S. Department of Health and Human Services.

Measurement Period October 1, 2009 to September 30, 2010
Acute-care Performance Standards

Performance Measure	Minimum Performance Standard (MPS)	Goal
Children's Dental Visits 2 to 21*	55%	57%
Well-child Visits 15 Months*	65%	90%
Well-child Visits 3 - 6 Years*	64%	80%
Adolescent Well-care Visit*	41%	50%
Children's Access to PCPs 12-24 Months*	93%	97%
Children's Access to PCPs 25 months-6 Years*	83%	97%
Children's Access to PCPs 7-11 Years*	83%	97%
Children's Access to PCPs 12-19 Years*	81%	97%
Appropriate Medications for Asthma	86%	93%
Diabetic Care: $HbA1_c$ Testing	77%	89%
Diabetic Care: Eye Exam	49%	68%
Diabetic Care: LDL-C Screening	70%	91%
Timeliness of Prenatal Care	80%	90%

* Medicaid and KidsCare populations for these measures are evaluated separately and are thus counted as two separate measures.

As noted earlier, additional challenges in collecting complete data for DES/DDD members due to third-party insurance are reflected in the performance standards for this Contractor. These standards are as follows:

AHCCCS Performance Standards
for the Division of Developmental Disabilities (DDD)

Measurement Period October 1, 2009 to September 30, 2010

Performance Measure	Minimum Performance Standard (MPS)	Goal
Children's Access to PCPs – 12 to 24 Months	78%	97%
Children's Access to PCPs – 25 Months to 6 Years	70%	97%
Children's Access to PCPs – 7 to 11 Years	70%	97%
Children's Access to PCPs – 12 to 19 Years	70%	97%
Well-Child Visits 3 – 6 Yrs	44%	80%
Adolescent Well-Care Visits	31%	50%
Annual Dental Visits, 2 – 21 Yrs	41%	57%

The following table shows the number of measures reported for each Contractor and the number for which the Contractor met or exceeding the AHCCCS MPS in the current measurement period.

Contractor Performance

Contractor	Number of Measures in Which Contractor was Included	Number of Measures for Which MPS was Met	Percent of Measures for Which MPS was Met
DES/DDD	7	7	100.0%
DES/CMDP (1)	7	6	85.7%
Arizona Physicians IPA	21	17	80.9%
Mercy Care Plan	21	17	80.9%
Phoenix Health Plan	21	16	76.2%
Bridgeway Health Solutions	21	14	66.7%
Care 1st Health Plan of Arizona	21	13	61.9%
University Family Care	21	12	57.1%
Maricopa Health Plan	21	11	52.4%
Health Choice Arizona	21	10	47.6%
Pima Health System (2)	4	1	25%

Notes:
1. The Department of Economic Security's Comprehensive Medical and Dental Program (CMDP), a health plan for children and adolescents in foster care, has fewer performance standards than most other Acute-care Contractors. In addition, CMDP has too few KidsCare members to measure this population separately.
2. Pima Health System had four performance measures reflective of the population served under its capped contract. Pima Health Systems terminated their contract effective as of October 2011.

Conclusion

Overall the number of measures that met the AHCCCS Minimum Performance Standard (MPS) increased because of significant increases demonstrated by several Contractors. In July 2007, AHCCCS advised Contractors that it would levy significant financial sanctions if Contractors did not improve their performance. In addition, AHCCCS followed up with ongoing monitoring, including requiring Contractors to evaluate the effectiveness of corrective actions and to implement new interventions as necessary. This regulatory approach appears to have resulted in health plans applying the resources necessary to increase performance measure rates. AHCCCS has recently levied sanctions when Contractors failed to meet the MPS and did not show significant improvement in a specific measure.

For those Contractors still not meeting minimum standards in this measurement period, AHCCCS will require them to report on their progress and the effectiveness of interventions, including whether they are implementing new or revised actions to improve rates.

CHILDREN'S AND ADOLESCENTS' ACCESS TO PRIMARY CARE PRACTITIONERS

Access to primary care services by children and adolescents is critical to preventing the premature onset of disease and disability. Research suggests that lack of access to primary care practitioners (PCPs) may result in unnecessary hospitalizations.[1,2] In addition, routine primary and preventive care helps support healthy development and the ability to learn.[3-4]

PCPs can address physical, nutritional, developmental and behavioral health needs, and make referrals to specialists or to services such as nutritional support and developmental services. If members are receiving general health care services through a PCP, they likely have access to other levels of the health care system also.

Description

AHCCCS measured the percentage of children and adolescents who:

- were at least 12 months old but not older than 19 years during the measurement period (Oct. 1, 2009 through Sept. 30, 2010), and
- had one or more visits with a PCP (such as pediatricians, general or family practitioners, internists, physician's assistants, nurse practitioners or obstetrician/gynecologists) during the measurement period.

To be included in the denominator, members in the age groups of 12 to 24 months and 25 months to 6 years had to be continuously enrolled with the same Contractor during the measurement year. One break in enrollment was allowed if the gap did not exceed one member-month. To be counted in the numerator, these members had one or more PCP visits during the measurement period. Members 7 to 11 years and 12 to 19 years were included in the denominator if they were continuously enrolled with the same Contractor during the measurement year and the previous year. One break in enrollment was allowed per year if neither gap exceeded one member-month. These members were counted in the numerator if they had at least one PCP visit during the two-year period.

Results for members who were eligible under Medicaid and KidsCare were calculated separately, by age group.

AHCCCS Performance Standards for Children's and Adolescents' Access to PCPs

Age Group	Minimum Performance Standard (MPS)	Goal
12 – 24 Months	93%	97%
25 Months – 6 Years	83%	97%
7 – 11 Years	83%	97%
12 – 19 Years	81%	97%

Results

Rates for three age groups in the Medicaid population increased from the previous measurement period. The Medicaid 7-11 years and 12-19 years rates showed a statistically significant increase, while the 25 months to 6 years rate increase was not statistically significant. KidsCare rates increased in all age groups. The KidsCare rates for 12 – 24 months and 7 – 11 years showed a statistically significant increase, while the rate for 25 months – 6 years and 12 – 19 years were not statistically significant.

Children's Access to Primary Care Practitioners, Members Eligible Under Medicaid

Measurement Age Group	Measurement CYE 10 (Measurement period 10/01/08-09/30/09)	Measurement CYE 11 (Measurement period 10/01/09-09/30/10)	Relative Percent Change	Significance Level (p value)
12-24 mos.	87.5%	87.0%	-0.6%	P=.095
25 mos. - 6 yrs.	84.0%	84.1%	0.1%	P=.456
7 - 11 yrs.	82.8%	83.5%	0.8%	**P=.003**
12 -19 yrs.	83.5%	83.9%	0.5%	**P=.036**
TOTAL	84.6%	84.1%	-0.5%	**P<.001**

Children's Access to Primary Care Practitioners, Members Eligible Under KidsCare

Measurement Age Group	Measurement CYE 10 (Measurement period 10/01/08-09/30/09)	Measurement CYE 11 (Measurement period 10/01/09-09/30/10)	Relative Percent Change	Significance Level (p value)
12-24 mos.	93.0%	96.9%	4.2%	**P=.022**
25 mos. - 6 yrs.	89.0%	89.3%	0.4%	P=.569
7 - 11 yrs.	84.9%	91.0%	7.3%	**P<.001**
12 -19 yrs.	88.8%	89.3%	0.5%	P=.456
TOTAL	87.9%	90.0%	2.3%	**P<.001**

Comparison with National Benchmarks

NCQA has reported 2010 national HEDIS® means (averages) for Medicaid and commercial health plans. AHCCCS Medicaid and KidsCare rates compare to the NCQA HEDIS® national means and as follows:

AHCCCS Rates Compared with NCQA National HEDIS® Means

Measure/ Age Group	AHCCCS Medicaid Rate	AHCCCS KidsCare Rate	HEDIS Medicaid Mean	HEDIS Commercial Mean
12 – 24 Months	87.0%	**96.9%**	96.1%	97.5%
25 Months – 6 Years	84.1%	**89.3%**	88.3%	91.2%
7 – 11 Years	83.5%	**91.0%**	90.2%	91.6%
12 – 19 Years	83.9%	**89.3%**	88.1%	89.2%

Rates above the HEDIS® Medicaid and/or Commercial Means are bolded

Rates for Medicaid members in three of four age groups increased, while rates for KidsCare members in all age groups increased.

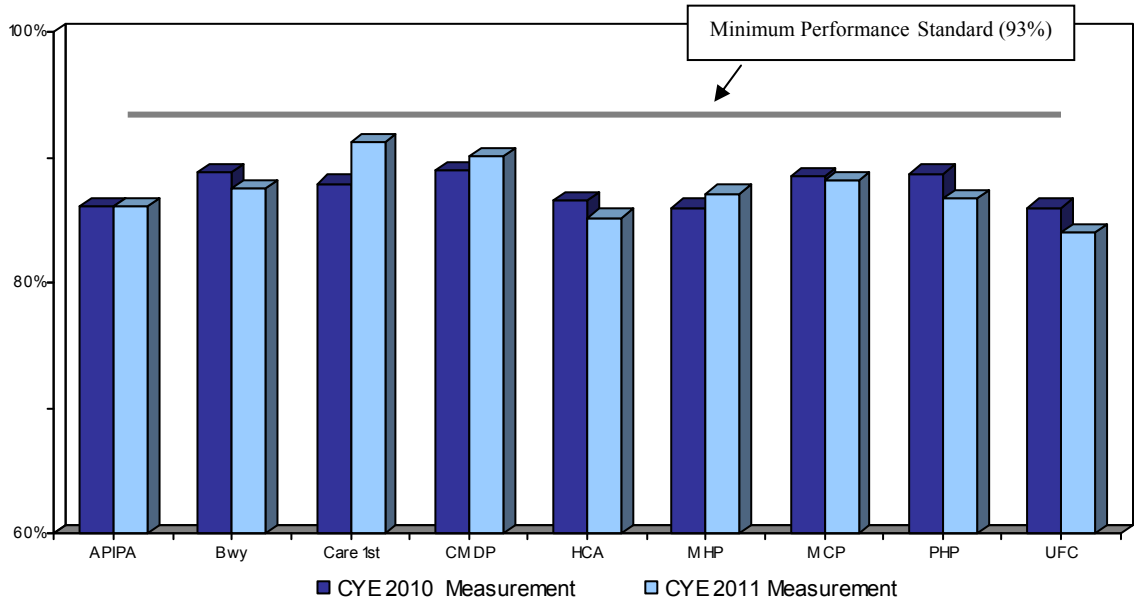
Discussion

Children 24 months and younger typically have a higher rate of primary care visits because they are receiving immunizations that must be given at specific intervals, and are screened for developmental milestones during this period of rapid growth. After this, they are less likely to have PCP visits, unless they are ill or have other specific needs. However, several AHCCCS health plans showed strong performance compared with NCQA national averages for adolescents' access to PCPs.

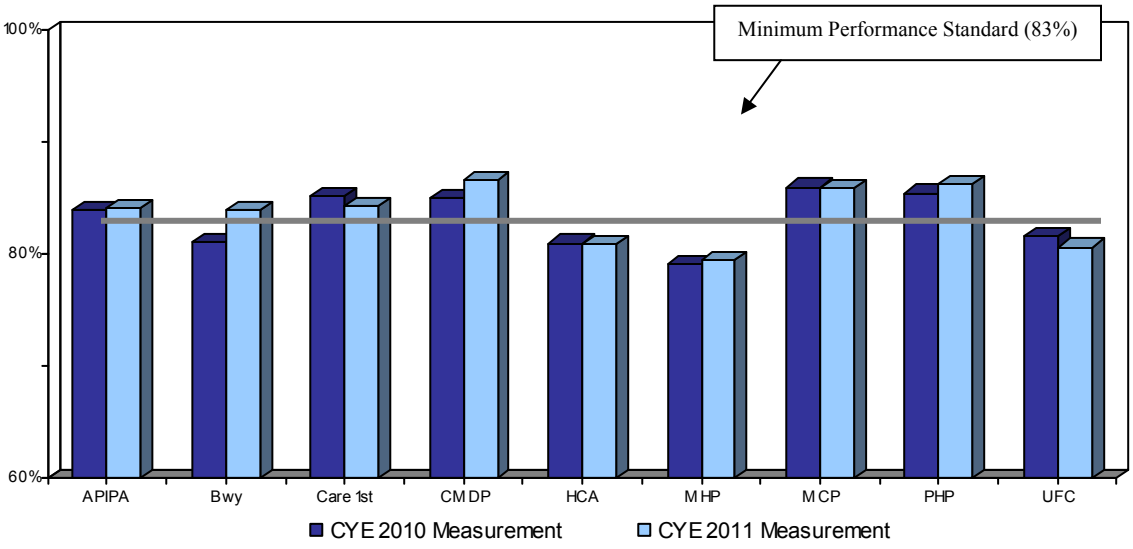
Consistent with previous measurements, children enrolled with AHCCCS Contractors through KidsCare have higher rates of preventive services than those enrolled under Medicaid. Parents of KidsCare members pay premiums for coverage and thus may be more likely to ensure that their children receive services such as well-care visits.

The following graphs and tables provide individual Contractors' results for the four Children's' Access to Primary Care Practitioners for Medicaid and KidsCare performance measures.

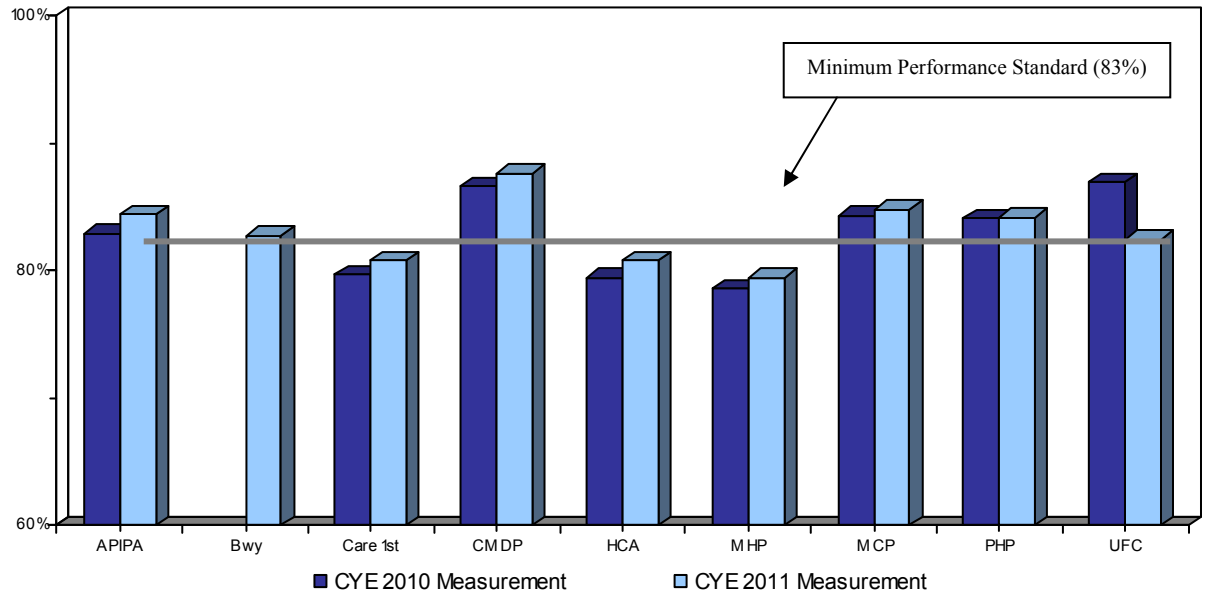
Figure 1. Rates by Contractor, Children's Access to PCPs among Medicaid Members: 12 – 24 Months



25 months – 6 years



7 – 11 years



12 – 19 years

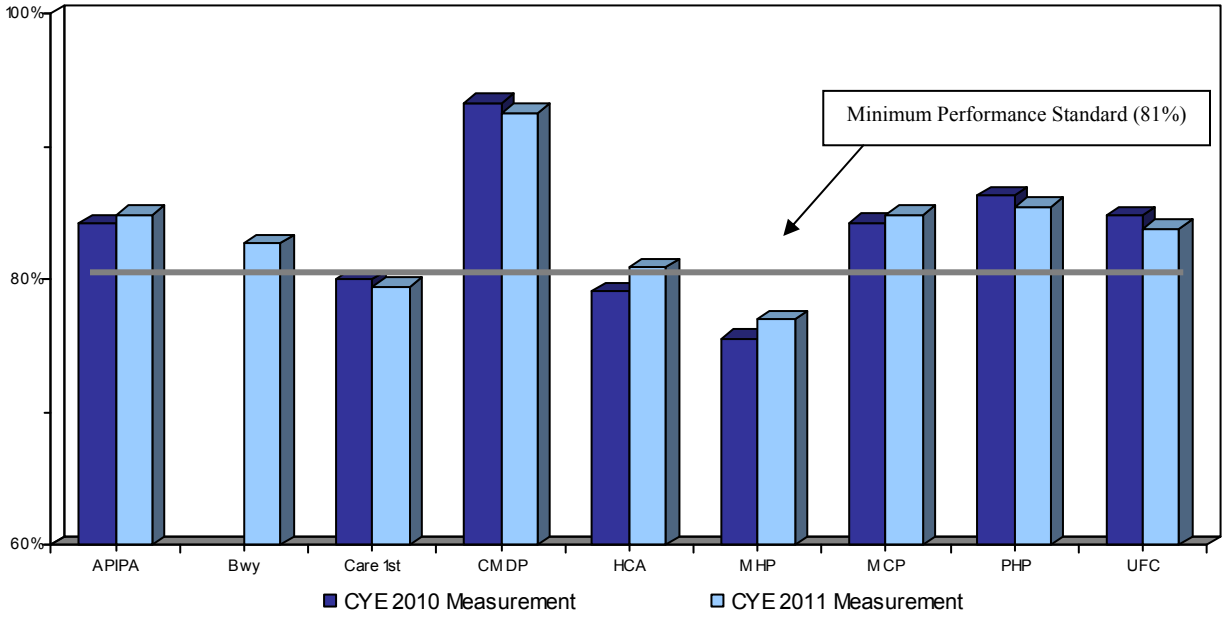


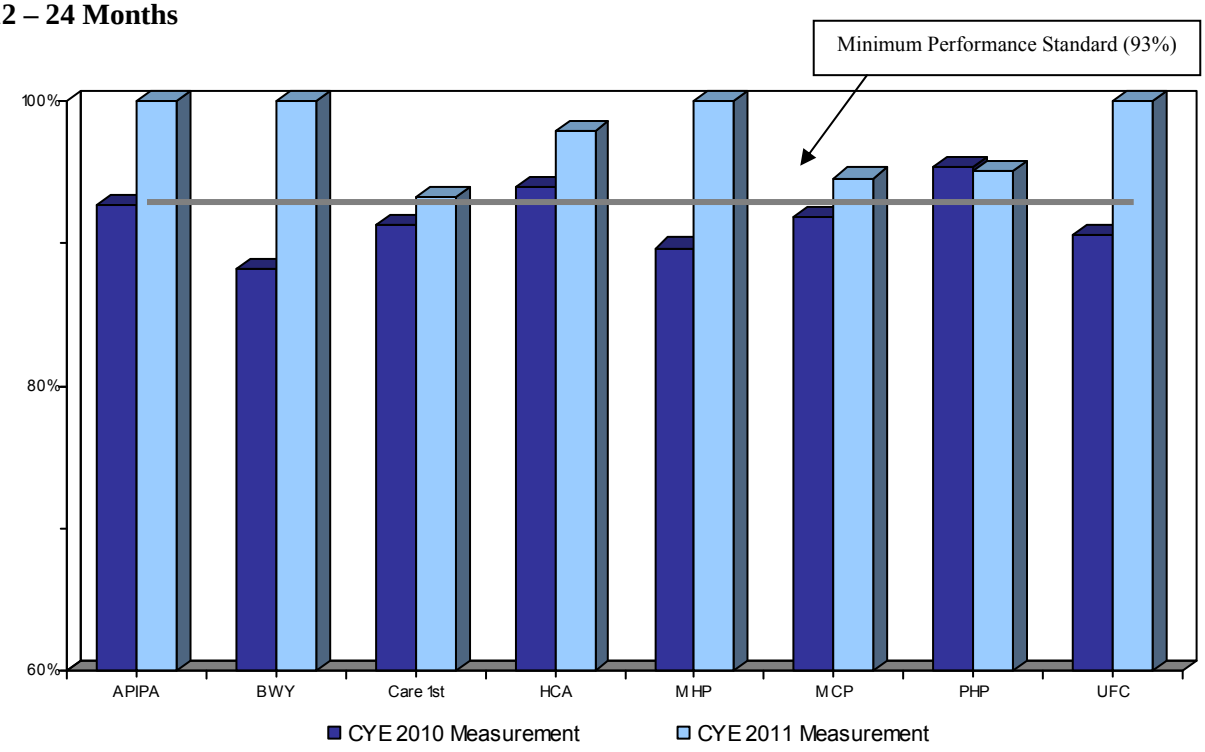
Table 1. Rates by Contractor, Children's Access to PCPs among Medicaid Members

Contractor	Measurement Age Group	Measurement CYE 10 (Measurement period 10/01/08-09/30/09)	Measurement CYE 11 (Measurement period 10/01/09-09/30/10)	Relative Percent Change	Significance Level (p value)
AZ Physicians IPA	12-24 mos.	86.1%	86.1%	0.0%	P=.959
	25 mos. - 6 yrs.	83.9%	84.1%*	0.2%	P=.609
	7 - 11 yrs.	82.9%	84.4%*	1.9%	**P<.001**
	12 -19 yrs.	84.2%	84.9%*	0.9%	P=.052
	TOTAL	83.9%	84.5%	0.8%	**P=.002**
Bridgeway Health Solutions	12-24 mos.	88.8%	87.5%	-1.6%	P=.605
	25 mos. - 6 yrs.	81.1%	83.9%*	3.5%	**P=.042**
	7 - 11 yrs.	0.0%	82.8%	N/A	N/A
	12 -19 yrs.	0.0%	82.7%*	N/A	N/A
	TOTAL	82.4%	83.6%	1.5%	P=.266
Care 1st Health Plan	12-24 mos.	87.9%	91.2%	3.8%	**P=.007**
	25 mos. - 6 yrs.	85.2%	84.3%*	-1.1%	P=.177
	7 - 11 yrs.	79.7%	80.8%	1.4%	P=.424
	12 -19 yrs.	80.0%	79.5%	-0.7%	P=.665
	TOTAL	83.6%	83.7%	0.1%	P=.891
DES/CMDP	12-24 mos.	88.9%	90.1%	1.3%	P=.532
	25 mos. - 6 yrs.	85.0%	86.6%*	1.9%	P=.208
	7 - 11 yrs.	86.6%	87.6%*	1.2%	P=.665
	12 -19 yrs.	93.3%	92.6%*	-0.7%	P=.579
	TOTAL	88.0%	88.8%	1.0%	P=.281
Health Choice Arizona	12-24 mos.	86.5%	85.2%	-1.5%	P=.098
	25 mos. - 6 yrs.	81.0%	80.9%	0.0%	P=.993
	7 - 11 yrs.	79.5%	80.8%	1.7%	**P=.025**
	12 -19 yrs.	79.1%	80.9%	2.3%	**P=.002**
	TOTAL	81.0%	81.2%	0.4%	P=.271
Maricopa Health Plan	12-24 mos.	86.0%	87.1%	1.4%	P=.430
	25 mos. - 6 yrs.	79.1%	79.5%	0.4%	P=.665
	7 - 11 yrs.	78.6%	79.4%	1.1%	P=.415
	12 -19 yrs.	75.6%	77.0%	2.0%	P=.179
	TOTAL	78.7%	79.6%	1.1%	P=.085
Mercy Care Plan	12-24 mos.	88.5%	88.1%	-0.4%	P=.476
	25 mos. - 6 yrs.	86.0%	85.9%*	-0.1%	P=.693
	7 - 11 yrs.	84.3%	84.8%*	0.6%	P=.202
	12 -19 yrs.	84.3%	84.9%*	0.6%	P=.138
	TOTAL	85.5%	85.6%	0.1%	P=.692
Phoenix Health Plan	12-24 mos.	88.7%	86.7%	-2.3%	**P=.007**
	25 mos. - 6 yrs.	85.4%	86.2%*	0.9%	**P=.019**
	7 - 11 yrs.	84.1%	84.2%*	0.1%	P=.899
	12 -19 yrs.	86.3%	85.5%*	-0.9%	**P=.008**
	TOTAL	85.7%	85.6%	-0.1%	P=.700
University Family Care	12-24 mos.	86.0%	84.0%	-2.4%	P=.187
	25 mos. - 6 yrs.	81.6%	80.6%	-1.2%	P=.184
	7 - 11 yrs.	86.9%	82.4%	-5.2%	**P=.003**
	12 -19 yrs.	84.8%	83.8%*	-1.1%	P=.443
	TOTAL	86.0%	82.2%	-1.0%	P=.100

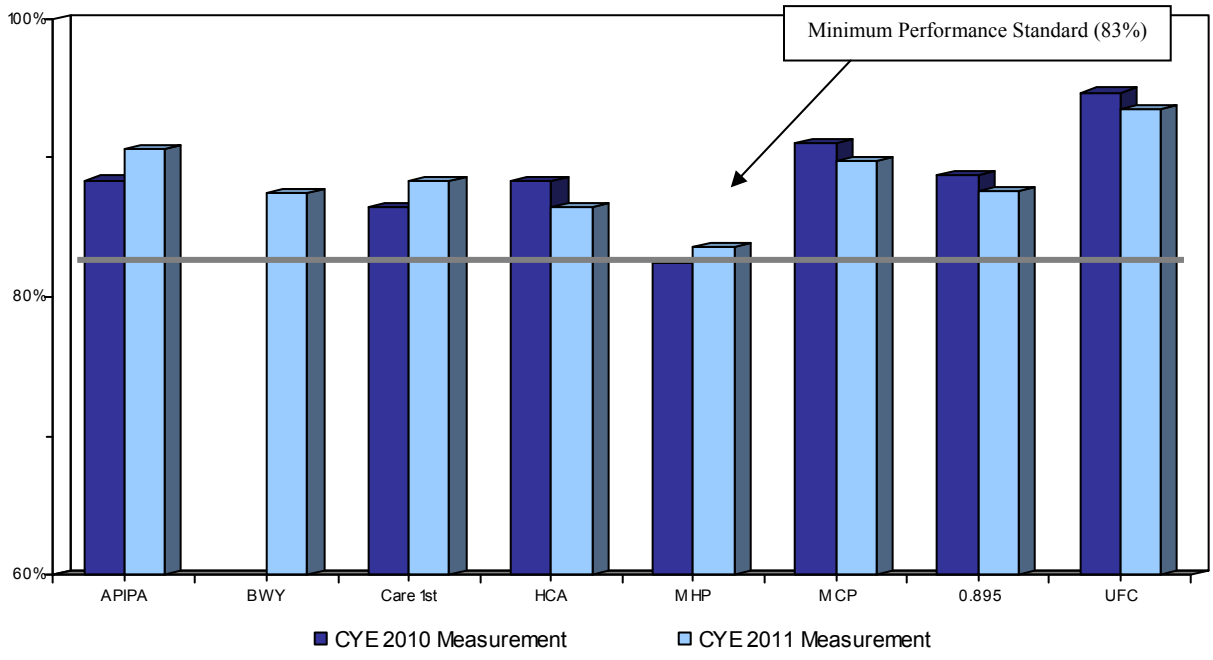
* denotes the Contractor met the AHCCCS Minimum Performance Standard

Significance levels (p values) noted in the table were calculated by AHCCCS and demonstrated the statistical significance between performance during the previous measurement period and the current measurement period. Statistical significance is traditionally reached when the p value is ≤ .05. Rates in bold indicate statistical significance.

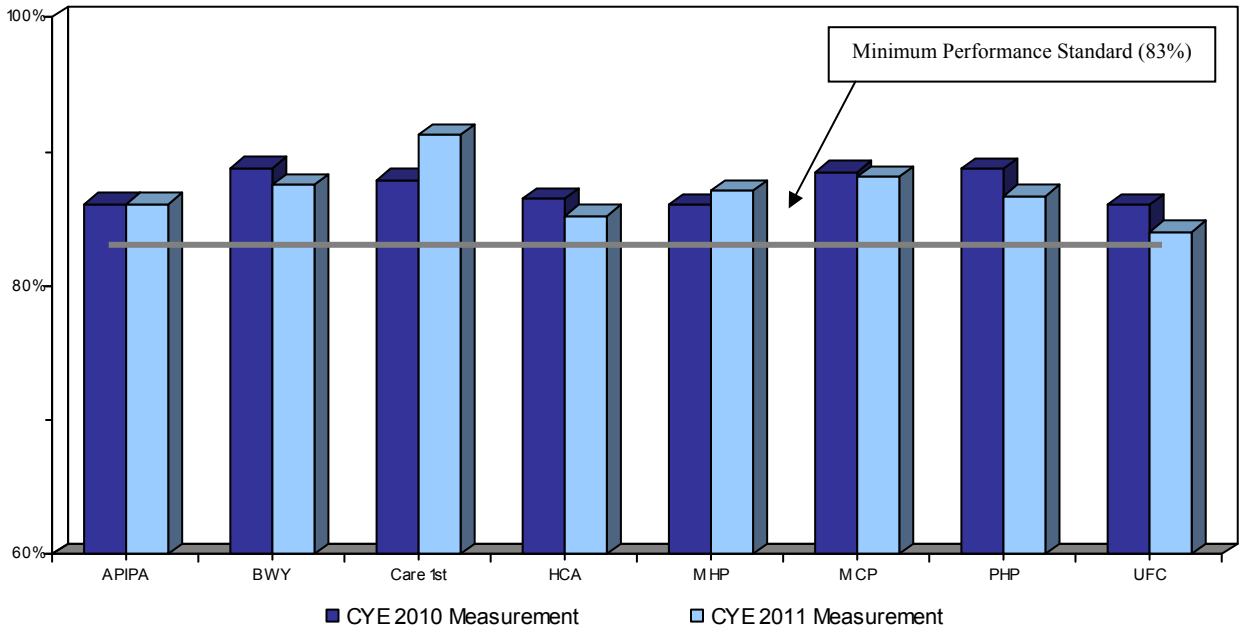
Figure 2. Rates by Contractor, Children's Access to PCPs among KidsCare Members
12 – 24 Months



25 months – 6 years



7 – 11 years



12 – 19 years

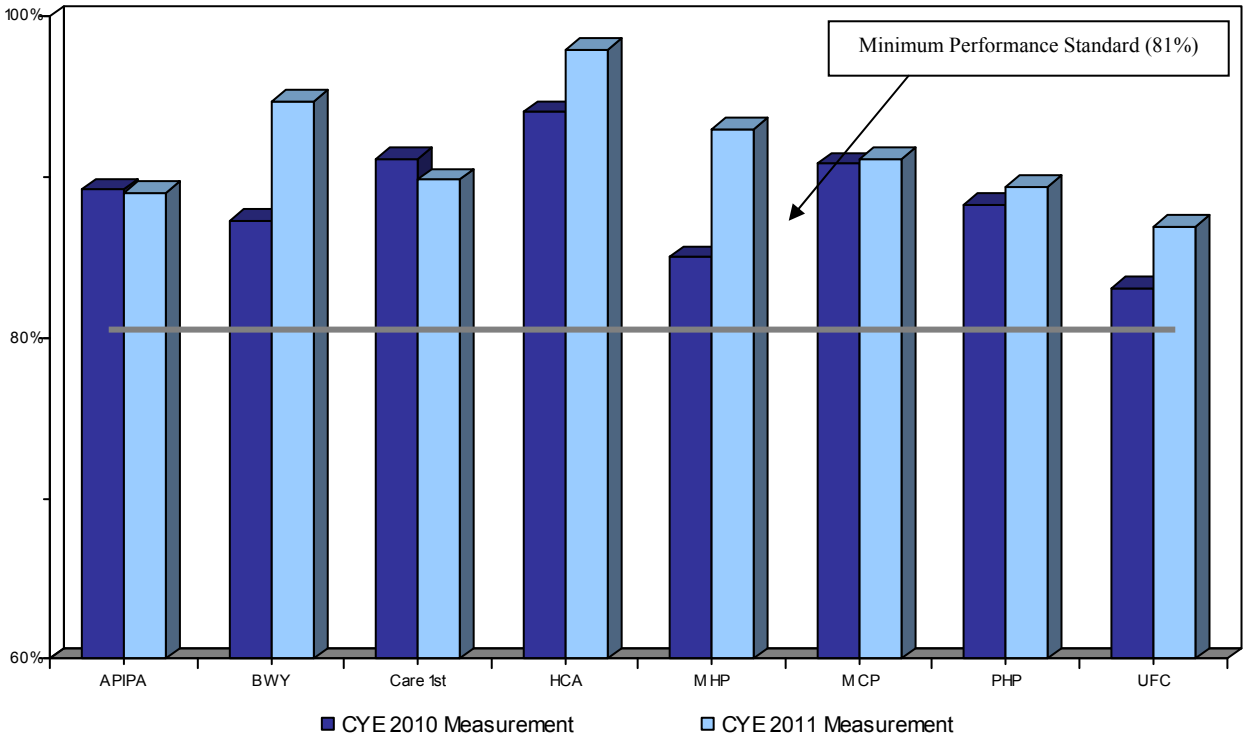


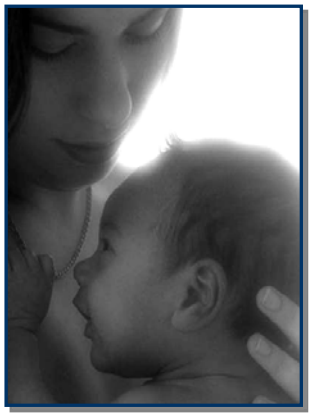
Table 2. Rates by Contractor, Children's Access to PCPs
KidsCare Members

Contractor	Measurement Age Group	Measurement CYE 10 (Measurement period 10/01/08-09/30/09)	Measurement CYE 11 (Measurement period 10/01/09-09/30/10)	Relative Percent Change	Significance Level (p value)
AZ Physicians IPA	12-24 mos.	92.7%	100%*	7.9%	**P=.046**
	25 mos. - 6 yrs.	89.2%	89.0%*	-0.2%	P=.915
	7 - 11 yrs.	90.3%	92.8%*	2.7%	**P=.025**
	12 -19 yrs.	88.4%	90.6%*	2.5%	**P=.041**
	TOTAL	89.4%	91.1%	1.9%	**P=.011**
Bridgeway Health Solutions	12-24 mos.	88.2%	100%*	13.3%	P=1.000
	25 mos. - 6 yrs.	87.3%	94.7%*	8.6%	P=.093
	7 - 11 yrs.	0.0%	85.1%*	N/A	N/A
	12 -19 yrs.	0.0%	87.4%*	N/A	N/A
	TOTAL	87.4%	88.8%	1.6%	P=.685
Care 1st Health Plan	12-24 mos.	91.3%	93.3%*	2.2%	P=1.000
	25 mos. - 6 yrs.	91.1%	89.8%*	-1.5%	P=.596
	7 - 11 yrs.	85.2%	86.4%*	1.4%	P=.781
	12 -19 yrs.	86.4%	88.3%*	2.2%	P=.629
	TOTAL	88.8%	88.6%	-0.2%	P=.937
Health Choice Arizona	12-24 mos.	94.0%	97.9%*	4.1%	P=.476
	25 mos. - 6 yrs.	87.7%	85.9%*	-2.0%	P=.264
	7 - 11 yrs.	88.6%	87.8%*	-0.9%	P=.618
	12 -19 yrs.	88.3%	86.4%*	-2.1%	P=.259
	TOTAL	88.6%	86.9%	-1.9%	P=.062
Maricopa Health Plan	12-24 mos.	89.7%	100%*	11.5%	P=.540
	25 mos. - 6 yrs.	85.0%	93.0%*	9.4%	**P=.024**
	7 - 11 yrs.	91.2%	92.7%*	1.6%	P=.585
	12 -19 yrs.	82.4%	83.6%*	1.4%	P=.740
	TOTAL	86.3%	89.5%	3.7%	P=.082
Mercy Care Plan	12-24 mos.	91.9%	94.6%*	2.9%	P=.621
	25 mos. - 6 yrs.	90.8%	91.1%*	0.3%	P=.806
	7 - 11 yrs.	91.0%	91.2%*	0.2%	P=.854
	12 -19 yrs.	91.0%	89.7%*	-1.4%	P=.205
	TOTAL	91.0%	90.7%	-0.3%	P=.609
Phoenix Health Plan	12-24 mos.	95.4%	95.1%*	-0.3%	P=1.000
	25 mos. - 6 yrs.	88.3%	89.4%*	1.2%	P=.428
	7 - 11 yrs.	87.8%	91.4%*	4.1%	**P=.007**
	12 -19 yrs.	87.6%	89.5%*	2.2%	P=.171
	TOTAL	88.4%	90.2%	2.1%	**P=.017**
University Family Care	12-24 mos.	90.6%	100%*	10.3%	P=1.000
	25 mos. - 6 yrs.	83.1%	86.9%*	4.5%	P=.384
	7 - 11 yrs.	100.0%	93.9%*	-6.1%	P=.209
	12 -19 yrs.	94.7%	93.5%*	-1.3%	P=1.000
	TOTAL	88.4%	92.3%*	4.3%	P=.066

* denotes the Contractor met the AHCCCS Minimum Performance Standard

Significance levels (p values) noted in the table were calculated by AHCCCS and demonstrated the statistical significance between performance during the previous measurement period and the current measurement period. Statistical significance is traditionally reached when the p value is ≤ .05. Rates in bold indicate statistical significance.

WELL CHILD VISITS IN THE FIRST 15 MONTHS OF LIFE



The most dramatic growth during childhood – physical, cognitive, social and emotional – occurs during infancy. Well-child visits offer doctors the opportunity to evaluate children's physical, emotional and social developmental progress.[2, 3] During this time, health care providers can help ensure that children are adequately protected against infectious diseases by vaccinating them.

Children with incomplete well-child care during the first six months of life are 60 percent more likely to visit the emergency department than children with complete well-child care. [4]

Description

AHCCCS measured the percentage of children who:

- turned 15 months during the measurement period (Oct. 1, 2009 through Sept. 30, 2010),
- were continuously enrolled with one Acute-care Contractor from 31 days of age through their 15-month birthdays (one break in enrollment, not exceeding one member-month, was allowed), and
- had six or more well-child visits during the first 15 months of life.

AHCCCS Performance Standards for Well Child Visits in the First 15 Months of Life

Age Group	Minimum Performance Standard (MPS)	Goal
Well-Child Visits (6+), 15 Months	65%	90%

Results

The overall rate for Medicaid members showed a slight decrease in the current measurement period to 64.1 percent from 64.2 percent. The overall rate for KidsCare members showed a decrease from 71.0 percent to 67.9 percent. Neither rate change was statistically significant.

Well-Child Visits (6+) for 15 Months, Members Eligible Under Medicaid

Measurement Age Group	Measurement CYE 10 (Measurement period 10/01/08-09/30/09)	Measurement CYE 11 (Measurement period 10/01/09-09/30/10)	Relative Percent Change	Significance Level (p value)
15 months (6+)	64.2%	64.1%	-0.1%	P=.922

Well-Child Visits (6+) for 15 Months, Members Eligible Under KidsCare

Measurement Age Group	Measurement CYE 10 (Measurement period 10/01/08-09/30/09)	Measurement CYE 11 (Measurement period 10/01/09-09/30/10)	Relative Percent Change	Significance Level (p value)
15 months (6+)	71.4%	67.9%	-4.9%	P=.255

Comparison with National Benchmarks

NCQA has reported 2010 national HEDIS® means for Medicaid and commercial health plans. AHCCCS Medicaid and KidsCare rates compare to the national means as follows:

AHCCCS Rates Compared with National HEDIS® Means

Measure/ Age Group	AHCCCS Medicaid Rate	AHCCCS KidsCare Rate	HEDIS Medicaid Mean	HEDIS Commercial Mean
Six+ Well Child Visits by 15 Months of Age	**64.1%**	**67.9%**	60.2%	76.3%

Rates above the HEDIS Medicaid and/or Commercial Means are bolded

Discussion

While the AHCCCS overall rate for Well Child Visits in the First 15 Months of Life among Medicaid members is above the NCQA national Medicaid mean, there is still room for improvement in this rate, given the goal that AHCCCS has established.

Figure 3. Rates by Contractor, Well-Child Visits in the First 15 Months of Life Medicaid Members

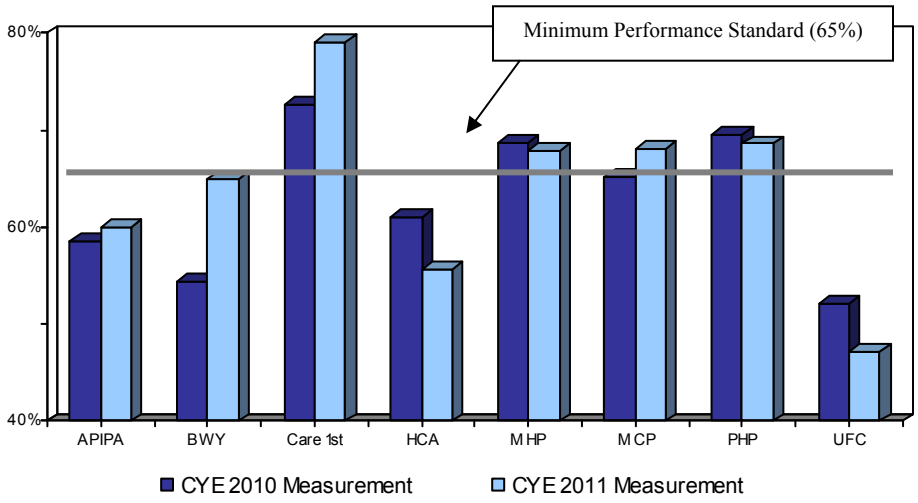


Table 3. Rates by Contractor, Well-Child Visits in the First 15 Months of Life Medicaid Members

Contractor	Measurement Age Group	Measurement CYE 10 (Measurement period 10/01/08-09/30/09)	Measurement CYE 11 (Measurement period 10/01/09-09/30/10)	Relative Percent Change	Significance Level (p value)
AZ Physicians IPA	Six+ Well Child Visits by 15 Months of Age	58.6%	60.1%	2.7%	p=.176
Bridgeway Health Solutions		54.5%	65.0%*	19.2%	p=.476
Care 1st Health Plan		72.6%	79.0%*	8.9%	**p=.001**
Health Choice Arizona		61.0%	55.6%	-8.9%	**p<.001**
Maricopa Health Plan		68.8%	67.9%*	-1.2%	p=.700
Mercy Care Plan		65.2%	68.1%*	4.5%	**p=.001**
Phoenix Health Plan		69.6%	68.6%*	-1.5%	p=.388
University Family Care		52.1%	47.1%	-9.8%	p=.263

* denotes the Contractor met the AHCCCS Minimum Performance Standard

Significance levels (p values) noted in the table were calculated by AHCCCS and demonstrated the statistical significance between performance during the previous measurement period and the current measurement period. Statistical significance is traditionally reached when the p value is ≤ .05. Rates in bold indicate statistical significance.

Figure 4. Rates by Contractor, Well-Child Visits in the First 15 Months of Life
KidsCare Members

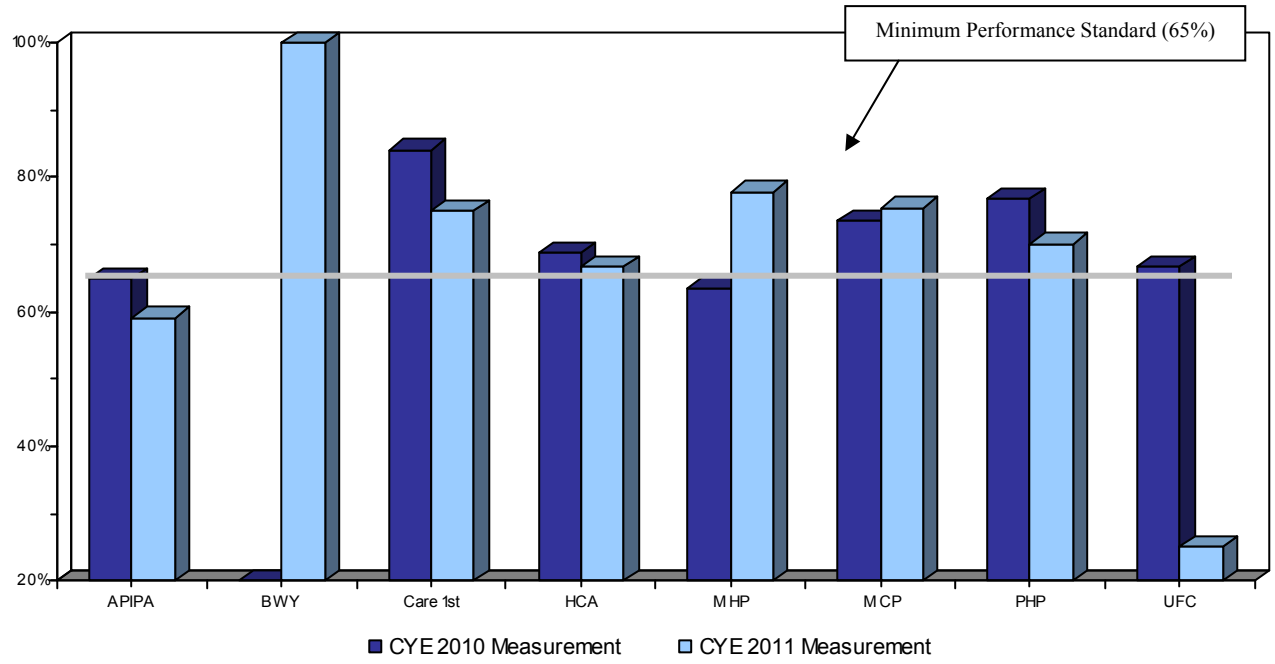


Table 4. Rates by Contractor, Well-Child Visits in the First 15 Months of Life
KidsCare Members

Contractor	Measurement Age Group	Measurement CYE 10 (Measurement period 10/01/08-09/30/09)	Measurement CYE 11 (Measurement period 10/01/09-09/30/10)	Relative Percent Change	Significance Level (p value)
AZ Physicians IPA	Six+ Well Child Visits by 15 Months of Age	64.9%	59.0%	-9.1%	p=.395
Bridgeway Health Solutions		0.0%	100.0%*	N/A	N/A
Care 1st Health Plan		84.0%	75.0%*	-10.7%	p=.417
Health Choice Arizona		68.7%	66.7%	-2.9%	p=.785
Maricopa Health Plan		63.4%	77.8%*	22.6%	p=.699
Mercy Care Plan		73.5%	75.3%*	2.5%	p=.728
Phoenix Health Plan		76.7%	70.0%*	-8.8%	p=.372
University Family Care		66.7%	25.0%	-62.5%	p=.491

* denotes the Contractor met the AHCCCS Minimum Performance Standard

Significance levels (p values) noted in the table were calculated by AHCCCS and demonstrated the statistical significance between performance during the previous measurement period and the current measurement period. Statistical significance is traditionally reached when the p value is ≤ .05. Rates in bold indicate statistical significance.

Rates for AHCCCS and KidsCare members exceed the NCQA national Medicaid mean.

WELL CHILD VISITS IN THE THIRD, FOURTH, FIFTH AND SIXTH YEARS OF LIFE

Well-child visits during the preschool and early school years are important in helping children reach their full potential and become productive, healthy adults. These visits allow any medical, behavioral or developmental problems to be detected and addressed.

Primary care practitioners can promote healthy behaviors and provide anticipatory guidance on a variety of topics, including injury prevention, physical activity and nutrition.[4] Health care providers can also administer any needed vaccines and educate parents about oral health. Evidence also shows that provider counseling can increase the use of seat belts, child safety seats and bicycle helmets, especially when education is directed at the parents.

Description

AHCCCS measured the percentage of members who:

- were ages 3 through 6 years at the end of the measurement period (Oct. 1, 2009, through Sept. 30, 2010),
- were continuously enrolled with one Acute-care Contractor during the measurement period (one break in enrollment was allowed if the gap did not exceed one member-month), and
- had at least one well-child visit during the measurement period.

Performance Standards

AHCCCS Performance Standards for
Well Child Visits in the Third, Fourth, Fifth and Sixth Years of Life

Age Group	Minimum Performance Standard (MPS)	Goal
Well-Child Visits, 3 through 6 Years	64%	80%

Results

The overall rate for Medicaid members showed a statistically significant decrease to 67.7 percent from 69.4 percent in the previous measurement. The rate for KidsCare members showed an increase to 75.9 percent, compared with 74.1 percent from in the previous measurement; the increase was not statistically significant.

Well-Child Visits 3 through 6 Years, Members Eligible Under Medicaid

Measurement Age Group	Measurement CYE 10 (Measurement period 10/01/08-09/30/09)	Measurement CYE 11 (Measurement period 10/01/09-09/30/10)	Relative Percent Change	Significance Level (p value)
3 through 6 years	69.4%	67.7%	-2.5%	**P<.001**

Well-Child Visits 3 through 6 Years, Members Eligible Under KidsCare

Measurement Age Group	Measurement CYE 10 (Measurement period 10/01/08-09/30/09)	Measurement CYE 11 (Measurement period 10/01/09-09/30/10)	Relative Percent Change	Significance Level (p value)
3 through 6 years	74.1%	75.9%	2.4%	P=.053

Comparison with National Benchmarks

NCQA has reported 2010 national HEDIS® means for Medicaid and commercial health plans. AHCCCS Medicaid and KidsCare rates compare to the national means as follows:

AHCCCS Rates Compared with National HEDIS® Means

Measure/ Age Group	AHCCCS Medicaid Rate	AHCCCS KidsCare Rate	HEDIS Medicaid Mean	HEDIS Commercial Mean
Well-Child Visits, 3 through 6 Years	67.7%	**75.9%**	71.9%	71.6%

Rates above the HEDIS Medicaid and/or Commercial Means are bolded

Discussion

Targeted efforts by AHCCCS Contractors to educate parents about the value of preventive care visits for children in this age range appear to be less effective for Medicaid members as this rate is lower than the with NCQA national mean. The individual rates for each Contractor are as follows:

Figure 5. Rates by Contractor, Well-Child Visits in the Third through Sixth Years of Life, Medicaid Members

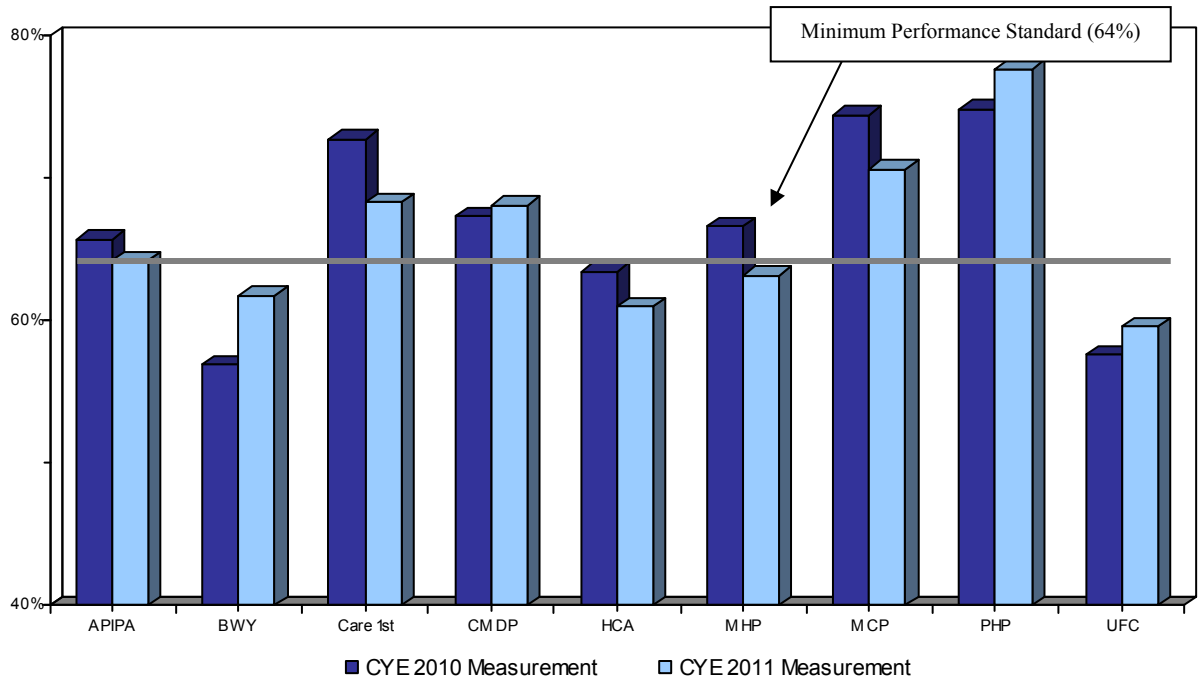


Table 5. Rates by Contractor, Well-Child Visits in the Third through Six Years of Life Medicaid Members

Contractor	Measurement Age Group	Measurement CYE 10 (Measurement period 10/01/08-09/30/09)	Measurement CYE 11 (Measurement period 10/01/09-09/30/10)	Relative Percent Change	Significance Level (p value)
AZ Physicians IPA	Well Child Visits in the Third through Six years of Life	65.7%	64.2%*	-2.3%	**p=.002**
Bridgeway Health Solutions		56.9%	61.8%	8.4%	**p=.017**
Care 1st Health Plan		72.7%	68.3%*	-6.1%	**p<.001**
DES/CMDP*		67.3%	68.1%	1.1%	p=.688
Health Choice Arizona		63.4%	61.0%	-3.8%	**p<.001**
Maricopa Health Plan		66.6%	63.2%	-5.0%	**p=.001**
Mercy Care Plan		74.4%	70.6%*	-5.1%	**p<.001**
Phoenix Health Plan		74.8%	77.7%*	4.0%	**p<.001**
University Family Care		59.6%	57.6%	-3.3%	p=.060

* denotes the Contractor met the AHCCCS Minimum Performance Standard

Significance levels (p values) noted in the table were calculated by AHCCCS and demonstrated the statistical significance between performance during the previous measurement period and the current measurement period. Statistical significance is traditionally reached when the p value is ≤ .05. Rates in bold indicate statistical significance.

Figure 6. Rates by Contractor, Well-Child Visits in the Third through Sixth Years of Life KidsCare Members

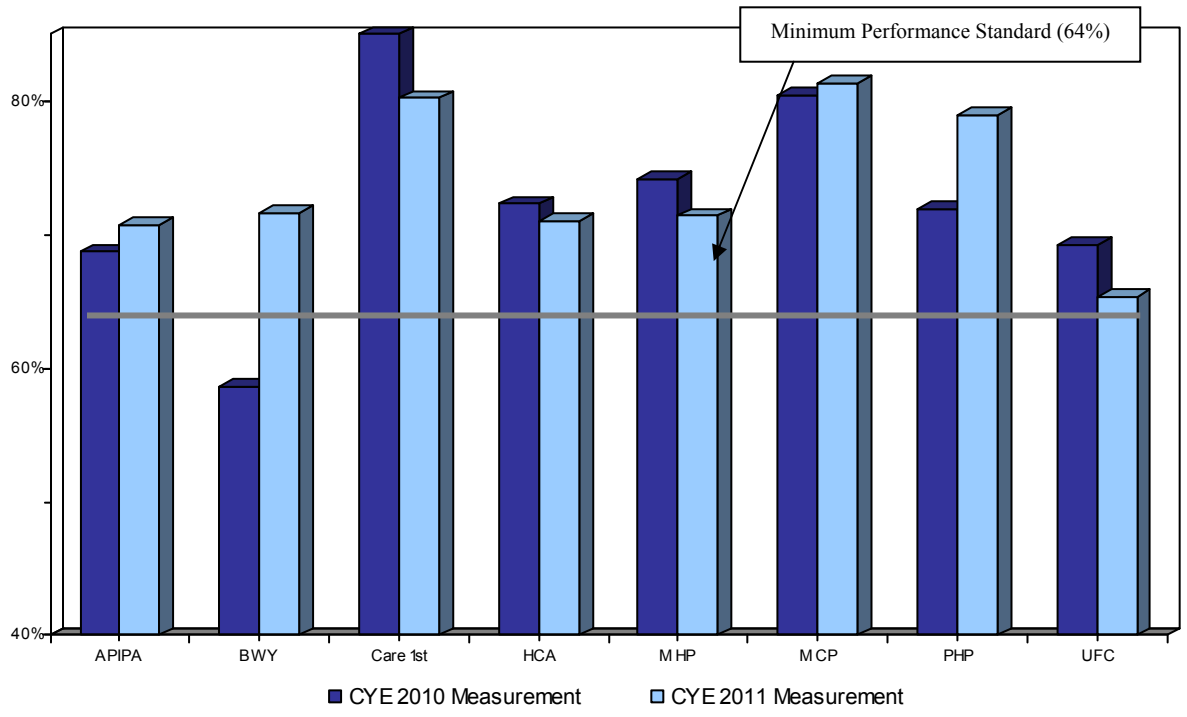


Table 6. Rates by Contractor, Well-Child Visits in the Third through Six Years of Life KidsCare Members

Contractor	Measurement Age Group	Measurement CYE 10 (Measurement period 10/01/08-09/30/09)	Measurement CYE 11 (Measurement period 10/01/09-09/30/10)	Relative Percent Change	Significance Level (p value)
AZ Physicians IPA	Well Child Visits in the Third Through Six Years of Life	68.7%	70.7%*	2.9%	p=.369
Bridgeway Health Solutions		58.6%	71.6%*	22.2%	p=.095
Care 1st Health Plan		81.1%	80.2%*	-1.1%	p=.825
Health Choice Arizona		72.3%	71.0%*	-1.8%	p=.563
Maricopa Health Plan		74.1%	71.4%*	-3.6%	p=.609
Mercy Care Plan		80.4%	81.3%*	1.2%	p=.545
Phoenix Health Plan		71.9%	78.9%*	9.7%	**p=.001**
University Family Care		69.2%	65.3%*	-5.6%	p=.535

* denotes the Contractor met the AHCCCS Minimum Performance Standard

Significance levels (p values) noted in the table were calculated by AHCCCS and demonstrated the statistical significance between performance during the previous measurement period and the current measurement period. Statistical significance is traditionally reached when the p value is ≤ .05. Rates in bold indicate statistical significance.

Rates for AHCCCS and KidsCare members exceed the NCQA national Medicaid mean.

ADOLESCENT WELL-CARE VISITS

Adolescence is generally characterized by good health. However, in 2009, almost 20 percent of high school students smoked tobacco. More than 6 percent used cocaine and 24 percent reported binge drinking (i.e., had five or more alcoholic drinks within a couple of hours).[5] Many of these unhealthy behaviors and other medical problems can lead to chronic health conditions that last throughout life.

Since most of the factors that contribute to adolescent morbidity and mortality are preventable or may be minimized with medical treatment, it is crucial to identify early signs of unhealthy behaviors or physical problems. Regular well-care visits that address the psychological, behavioral and physical aspects of health are very important in helping adolescents become healthy adults.

Description

This indicator measured the percentage of members who:

- were ages 12 to 21 years if eligible under Medicaid or 12 to 19 years if eligible under KidsCare at the end of the measurement period (Oct. 1, 2009 through Sept. 30, 2010),
- were continuously enrolled with one Acute-care Contractor during the measurement period (one break in enrollment, not exceeding one member-month, was allowed), and
- had at least one well care visit during the measurement year.

Performance Standards

AHCCCS Performance Standards for Adolescent Well Care Visits

Age Group	Minimum Performance Standard (MPS)	Goal
Adolescent Well-Care Visits	41%	50%

Results

The overall Medicaid rate for this measure showed a statistically significant decrease to 42.1 percent from 43.0 percent in the previous period. The rate for KidsCare members showed a slight increase to 52.9 percent, compared with 51.7 percent in the previous period; the increase was not statistically significant.

Adolescent Well Care Visits, Members Eligible Under Medicaid

Measurement Age Group	Measurement CYE 10 (Measurement period 10/01/08-09/30/09)	Measurement CYE 11 (Measurement period 10/01/09-09/30/10)	Relative Percent Change	Significance Level (p value)
Adolescent Well Care Visits	43.0%	42.1%	-2.2%	**P<.001**

Adolescent Well Care Visits, Members Eligible Under KidsCare

Measurement Age Group	Measurement CYE 10 (Measurement period 10/01/08-09/30/09)	Measurement CYE 11 (Measurement period 10/01/09-09/30/10)	Relative Percent Change	Significance Level (p value)
Adolescent Well Care Visits	51.7%	52.9%	2.2%	P=.100

Comparison with National Benchmarks

NCQA has reported 2010 national HEDIS® means for Medicaid and commercial health plans. AHCCCS Medicaid and KidsCare rates compare to the NCQA national means as follows:

AHCCCS Rates Compared with National HEDIS® Means

Measure/ Age Group	AHCCCS Medicaid Rate	AHCCCS KidsCare Rate	HEDIS Medicaid Mean	HEDIS Commercial Mean
Adolescent Well Care Visits	42.1%	**52.9%**	48.1%	42.7%

Rates above the HEDIS Medicaid and/or Commercial Means are bolded.

Discussion

Although Medicaid and KidsCare rates are relatively low, the KidsCare rate is above both the HEDIS® Medicaid and Commercial means. The rates may be due to the targeted outreach to parents and older adolescents by Contractors. The Medicaid rate is slightly below the HEDIS® Medicaid mean. The individual rates for each Contractor are as follows:

Figure 7. Rates by Contractor, Adolescent Well-Care Visits
Medicaid Members

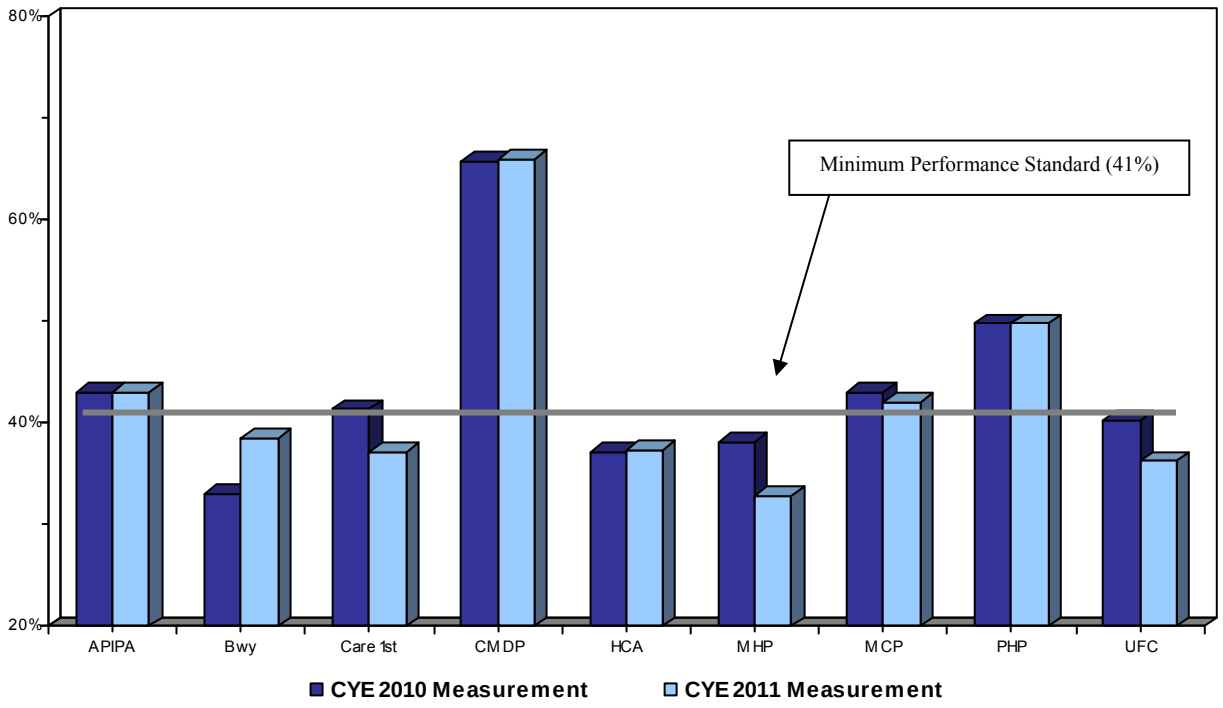


Table 7. Rates by Contractor, Adolescent Well Care Visits
Medicaid Members

Contractor	Measurement Age Group	Measurement CYE 10 (Measurement period 10/01/08-09/30/09)	Measurement CYE 11 (Measurement period 10/01/09-09/30/10)	Relative Percent Change	Significance Level (p value)
AZ Physicians IPA	Adolescent Well Care Visits	43.0%	43.0%*	0.0%	p=.924
Bridgeway Health Solutions		33.0%	38.5%	16.6%	**p=.002**
Care 1st Health Plan		41.4%	37.1%	-10.3%	**p<.001**
DES/CMDP		65.7%	65.9%*	0.3%	p=.918
Health Choice Arizona		37.1%	37.3%	0.5%	p=.694
Maricopa Health Plan		38.1%	32.8%	-14.1%	**p<.001**
Mercy Care Plan		43.1%	42.1%*	-2.3%	**p=.010**
Phoenix Health Plan		49.8%	49.8%*	-0.1%	p=.919
University Family Care		40.3%	36.3%	-10.0%	**p<.001**

* denotes the Contractor met the AHCCCS Minimum Performance Standard

Significance levels (p values) noted in the table were calculated by AHCCCS and demonstrated the statistical significance between performance during the previous measurement period and the current measurement period. Statistical significance is traditionally reached when the p value is ≤ .05. Rates in bold indicate statistical significance.

Figure 8. Rates by Contractor, Adolescent Well-Care Visits
KidsCare Members

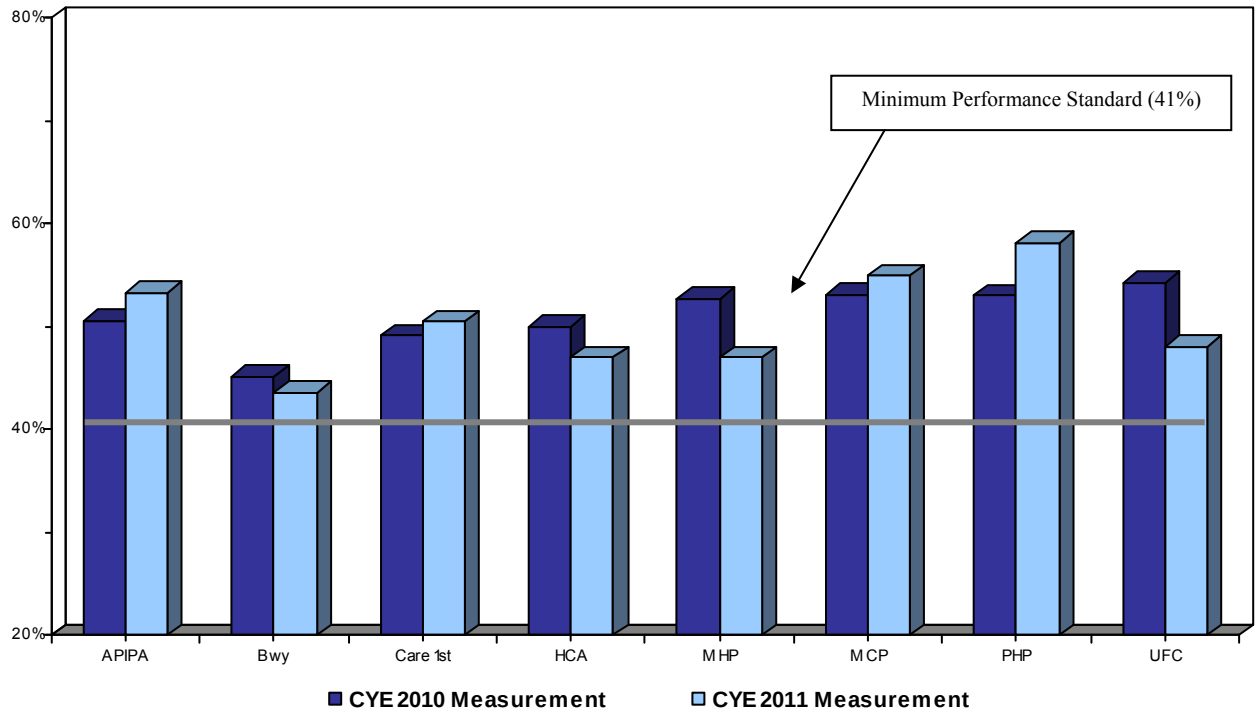


Table 8. Rates by Contractor, Adolescent Well-Care Visits
KidsCare Members

Contractor	Measurement Age Group	Measurement CYE 10 (Measurement period 10/01/08-09/30/09)	Measurement CYE 11 (Measurement period 10/01/09-09/30/10)	Relative Percent Change	Significance Level (p value)
AZ Physicians IPA	Adolescent Well Care Visits	50.6%	53.3%*	5.3%	p=.051
Bridgeway Health Solutions		45.2%	43.6%*	-3.5%	p=.743
Care 1st Health Plan		49.1%	50.5%*	2.9%	p=.736
Health Choice Arizona		50.0%	47.0%*	-6.1%	p=.080
Maricopa Health Plan		52.7%	47.0%*	-10.9%	p=.135
Mercy Care Plan		53.1%	54.9%*	3.3%	p=.192
Phoenix Health Plan		53.0%	58.1%*	9.8%	**p=.001**
University Family Care		54.3%	48.1%*	-11.3%	p=.069

* denotes the Contractor met the AHCCCS Minimum Performance Standard

Significance levels (p values) noted in the table were calculated by AHCCCS and demonstrated the statistical significance between performance during the previous measurement period and the current measurement period. Statistical significance is traditionally reached when the p value is ≤ .05. Rates in bold indicate statistical significance.

Rates for AHCCCS and KidsCare members exceed the NCQA national Medicaid mean.

ANNUAL DENTAL VISITS

Oral health is inseparable from overall health status. A child's ability to learn and function can be affected by problems of the teeth and gums. Dental disease results in children's failure to thrive, impaired speech development, absence from and inability to concentrate in school and reduced self-esteem. Tooth decay (dental caries) affects children in the United States more than any other chronic infectious disease. Untreated tooth decay causes pain and infections that may lead to problems with eating, speaking, playing, and learning. [6]

Brushing, flossing and other oral health practices can reduce the risk of developing diseases of the teeth and gums. Regular professional dental care, in combination with these practices, is important. Preventive services, such as the application of topical fluorides, are known to reduce the rate of tooth decay and other oral diseases in children.[6] Routine dental visits also serve to educate individuals about dental hygiene and preventive measures. The American Association of Pediatric Dentistry recommends that dental visits being by age 1.

Description

AHCCCS measured the percentage of children and adolescents who:

- were ages 2 through 21 years if eligible under Medicaid, or 2 through 19 years if eligible under KidsCare, at the end of the measurement period (Sept. 30, 2010),
- were continuously enrolled with one Acute-care Contractor during the measurement period (one break in enrollment, not exceeding one member-month, was allowed), and
- had at least one dental visit during the measurement year.

Performance Standards

AHCCCS Performance Standards for Annual Dental Visits

Age Group	Minimum Performance Standard (MPS)	Goal
Annual Dental Visits	55%	57%

Results

The Medicaid rate showed a statistically significant increase to 64.7 percent from 64.0 percent in the previous year. The KidsCare rate also showed a statistically significant increase to 76.4 percent from 74.3 percent in the previous year.

Annual Dental Visits Age 2 – 21, Members Eligible Under Medicaid

Measurement Age Group	Measurement CYE 10 (Measurement period 10/01/08-09/30/09)	Measurement CYE 11 (Measurement period 10/01/09-09/30/10)	Relative Percent Change	Significance Level (p value)
Annual Dental Visits, 2 through 21 Years	64.0%	64.7%	1.2%	**P<.001**

Annual Dental Visits Age 2 – 19, Members Eligible Under KidsCare

Measurement Age Group	Measurement CYE 10 (Measurement period 10/01/08-09/30/09)	Measurement CYE 11 (Measurement period 10/01/09-09/30/10)	Relative Percent Change	Significance Level (p value)
Annual Dental Visits, 2 through 19 Years	74.3%	76.4%	2.8%	**P<.001**

Comparison with National Benchmarks

NCQA has reported 2010 national HEDIS® means for Medicaid health plans. The HEDIS® measure does not apply to commercial health plans. AHCCCS Medicaid and KidsCare rates compare favorably to the 90th percentile of Medicaid plans nationally, so that rate is also shown.

AHCCCS Rates Compared with National HEDIS® Means

Measurement Age Group	AHCCCS Medicaid Rate	AHCCCS KidsCare Rate	HEDIS Medicaid Mean	Medicaid 90th Percentile
Annual Dental Visits, 2 through 21 Years	**64.7%**	**76.4%**	45.7%	64.1%

Rates above the HEDIS Medicaid and/or Commercial Means are bolded

Discussion

While this is a service area in which AHCCCS excels nationally, the rate of annual dental visits is lower than some other preventive services. A continued focus by Contractors is needed to ensure that children and adolescents have regular dental checkups. The individual rates for each Contractor follows:

Figure 9. Rates by Contractor, Annual Dental Visits
Medicaid Members

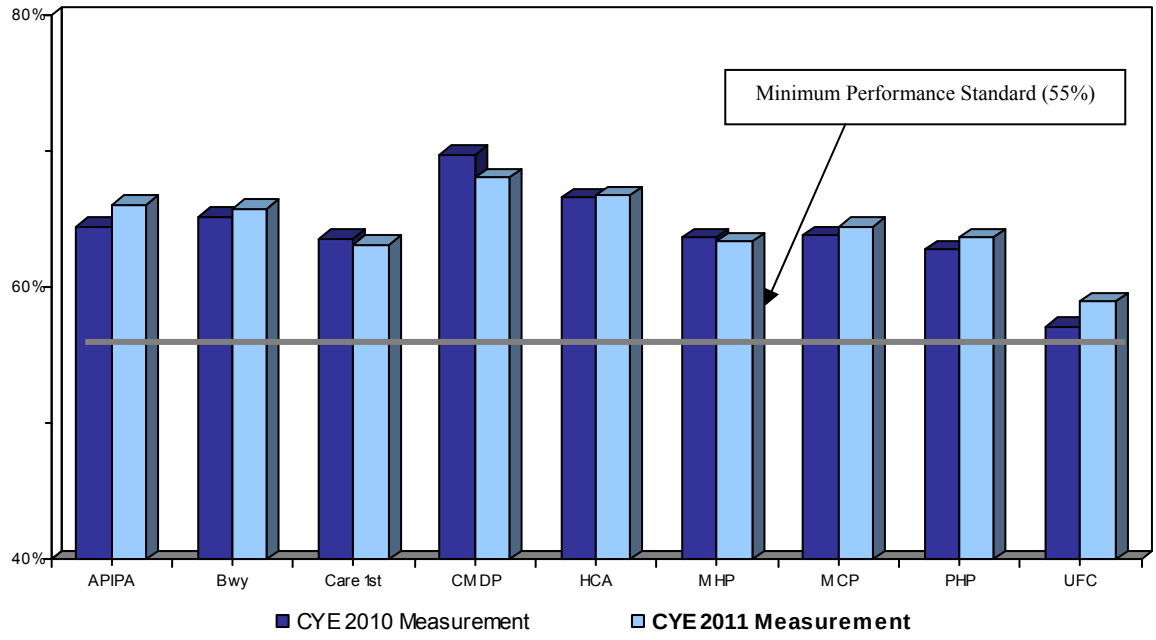


Table 9. Rates by Contractor, Annual Dental Visits
Medicaid Members

Contractor	Measurement Age Group	Measurement CYE 10 (Measurement period 10/01/08-09/30/09)	Measurement CYE 11 (Measurement period 10/01/09-09/30/10)	Relative Percent Change	Significance Level (p value)
AZ Physicians IPA	Annual Dental Visits	64.5%	66.1%*	2.4%	**p<.001**
Bridgeway Health Solutions		65.2%	65.8%*	1.0%	p=.538
Care 1st Health Plan		63.6%	63.2%*	-0.6%	p=.524
DES/CMDP		69.8%	68.1%*	-2.5%	p=.082
Health Choice Arizona		66.6%	66.8%*	0.3%	p=.457
Maricopa Health Plan		63.7%	63.4%*	-0.5%	p=.583
Mercy Care Plan		63.8%	64.5%*	1.1%	**p=.001**
Phoenix Health Plan		62.8%	63.7%*	1.5%	**p=.001**
University Family Care		57.1%	59.0%*	3.3%	**p<.001**

* denotes the Contractor met the AHCCCS Minimum Performance Standard

Significance levels (p values) noted in the table were calculated by AHCCCS and demonstrated the statistical significance between performance during the previous measurement period and the current measurement period. Statistical significance is traditionally reached when the p value is ≤ .05. Rates in bold indicate statistical significance

Figure 10. Rates by Contractor, Annual Dental Visits
KidsCare Members

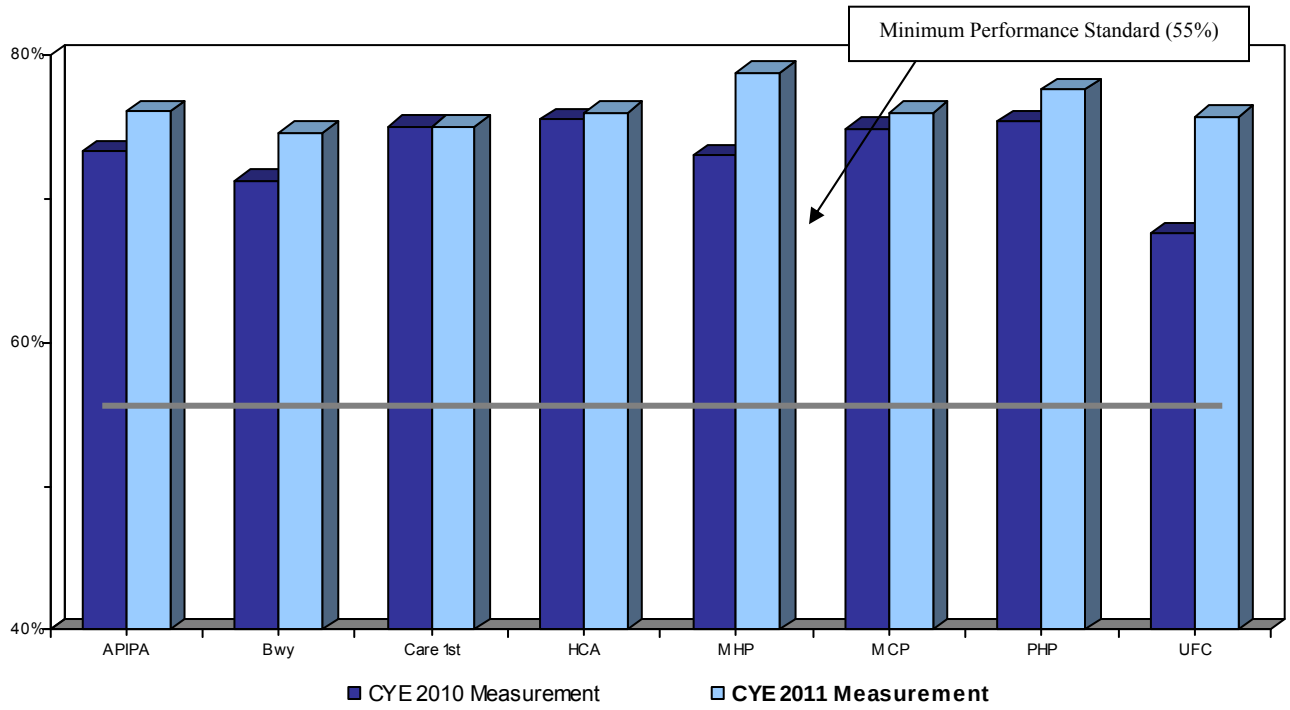


Table 10. Rates by Contractor, Annual Dental Visits
KidsCare Members

Contractor	Measurement Age Group	Measurement CYE 10 (Measurement period 10/01/08-09/30/09)	Measurement CYE 11 (Measurement period 10/01/09-09/30/10)	Relative Percent Change	Significance Level (p value)
AZ Physicians IPA	Adolescent Well Care Visits	73.3%	76.1%*	3.8%	**p<.001**
Bridgeway Health Solutions		71.3%	74.6%*	4.6%	p=.274
Care 1st Health Plan		75.0%	75.0%*	0.0%	p=.989
Health Choice Arizona		75.5%	76.3%*	1.1%	p=.360
Maricopa Health Plan		73.0%	78.8%*	8.0%	**p=.005**
Mercy Care Plan		74.9%	76.0%*	1.5%	p=.132
Phoenix Health Plan		75.4%	77.6%*	2.9%	**p=.011**
University Family Care		67.6%	75.7%*	12.0%	**p<.001**

*denotes the Contractor met the AHCCCS Minimum Performance Standard

Significance levels (p values) noted in the table were calculated by AHCCCS and demonstrated the statistical significance between performance during the previous measurement period and the current measurement period. Statistical significance is traditionally reached when the p value is ≤ .05. Rates in bold indicate statistical significance.

Medicaid and KidsCare performance measure rates exceed the NCQA national Medicaid mean and are above the Medicaid 90th percentile.

APPROPRIATE MEDICATIONS FOR ASTHMA

Asthma is a chronic inflammatory disease of the airways. The inflammation makes the airways very sensitive and the airways may react strongly to allergens or other irritants, making breathing difficult. This condition can be fatal.

According to the Arizona Department of Health Services, approximately 21 percent of youth and 15 percent of adults in Arizona have asthma. That is more than 1 in 5 youth and 1 in 7 adults who have been diagnosed with asthma. Asthma is the sixth leading cause of death among children in Arizona.

Many asthma-related deaths, hospitalizations, emergency room visits and missed work and school days could be avoided with the use of appropriate medications and medical management.[7, 8]

Description

AHCCCS measured the percentage of members who:

- were ages 5 through 50 years at the end of the measurement period (Sept. 30, 2010),
- were continuously enrolled with one Acute-care Contractor during the measurement period and the year prior to the measurement period (one break in enrollment per year was allowed if each gap did not exceed one member-month), and
- were appropriately dispensed medication during the measurement period.

Performance Standards

AHCCCS Performance Standards for Appropriate Medications for Asthma

Age Group	Minimum Performance Standard (MPS)	Goal
Appropriate Medications for Asthma, 5 – 50 Years	86%	93%

Results

This is the first year in which AHCCCS reported this performance measure. The rate of appropriate medications for asthma for 5 to 50 years of age was 96.3 percent.

Appropriate Medication for Asthma, Members Eligible Under Medicaid

Measurement Age Group	Performance for CYE 2011 (Measurement Period: Oct. 1, 2009 to Sept. 30, 2010)	Relative Percent Change	Significance Level (p value)
Appropriate Medications for Asthma, 5 – 50 Years	96.3%	N/A	N/A

Comparison with National Benchmarks

NCQA has reported 2010 national HEDIS® means for Medicaid and commercial health plans. The AHCCCS rates compare to the NCQA national means as follows:

AHCCCS Rates Compared with National HEDIS® Means

Measure/ Age Group	AHCCCS Medicaid Rate	HEDIS Medicaid Mean	HEDIS Commercial Mean
Appropriate Medications for Asthma , 5 – 50 Years	**96.3%**	88.4%	92.9%

Rates above the HEDIS Medicaid and/or Commercial Means are bolded

Discussion

Asthma is treated with two types of medicines: long-term control and quick-relief medicines. This measure is designed to ensure the use of long-term control medications whenever appropriate.

In 2007, AHCCCS implemented a Performance Improvement Project (PIP) with its Acute-care Contractors to improve the clinical management of members with asthma. Under this PIP, Contractors reported targeted interventions for improving the use of appropriate asthma medications. These activities appear to have impacted the rate for this performance measure as the rate exceeds the AHCCCS MPS and Goal. The rate also exceeds the HEDIS® Medicaid and Commercial means, as well as the Medicaid and Commercial 90th percentile rates. The individual rates for each Contractor are as follows:

Figure 11. Rates by Contractor, Appropriate Medications for Asthma Medicaid Members

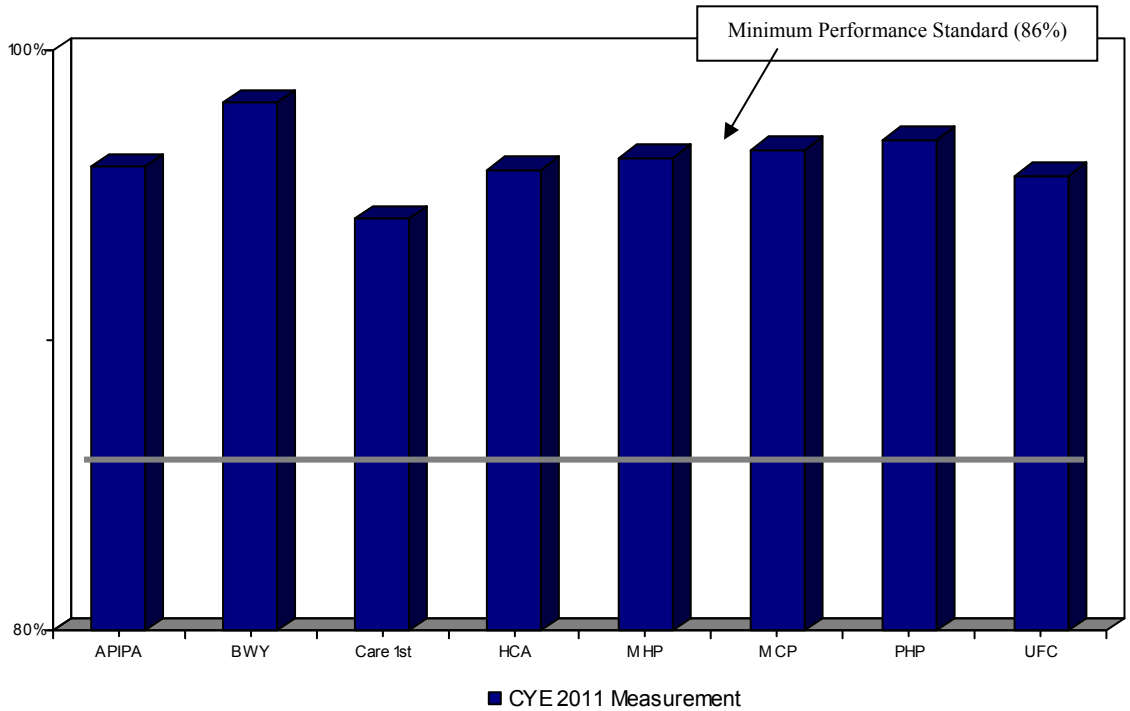


Table 11. Rates by Contractor, Appropriate Medications for Asthma Medicaid Members

Contractor	Measurement Group	Measurement CYE 10 (Measurement period 10/01/08-09/30/09)	Measurement CYE 11 (Measurement period 10/01/09-09/30/10)	Relative Percent Change	Significance Level (p value)
AZ Physicians IPA	Appropriate Medications for Asthma 5 -50 years	N/A	96.0%*	N/A	N/A
Bridgeway Health Solutions		N/A	98.2%*	N/A	N/A
Care 1st Health Plan		N/A	94.2%*	N/A	N/A
Health Choice Arizona		N/A	95.9%*	N/A	N/A
Maricopa Health Plan		N/A	96.3%*	N/A	N/A
Mercy Care Plan		N/A	96.6%*	N/A	N/A
Phoenix Health Plan		N/A	96.9%*	N/A	N/A
University Family Care		N/A	95.7%*	N/A	N/A

* denotes the Contractor met the AHCCCS Minimum Performance Standard

Significance levels (p values) noted in the table were calculated by AHCCCS and demonstrated the statistical significance between performance during the previous measurement period and the current measurement period. Statistical significance is traditionally reached when the p value is ≤ .05. Rates in bold indicate statistical significance.

The AHCCCS rate exceeds the NCQA national mean for Medicaid plans and commercial health plans.

DIABETES CARE: HBA1C TESTING, EYE EXAMS, LDL-C SCREEING

Diabetes is a serious health problem that is growing rapidly in the United States (U.S.). Approximately 19.6 million American adults, or 8.7 percent of all people 18 years and older, have been diagnosed with diabetes, according to an estimate by the federal Centers for Disease Control and Prevention (CDC).[9] About 1.9 million new cases of diabetes were diagnosed among U.S. adults in 2010.

Despite its potentially deadly effects, diabetes can be controlled. Many complications of the disease can be prevented or reduced with early detection, improved care and better education of patients.[9, 10]

Glucose Control — Physicians utilize a glycosylated hemoglobin, or HbA_{1c} test, to monitor blood glucose levels. This test indicates a person's average glucose level over a two- to three-month period. Studies in the United States and abroad have shown that improved glycemic control greatly benefits people with diabetes.

Lipid Management — Managing lipid levels can reduce cardiovascular complications by 20 to 50 percent.

A fasting lipid profile is performed to measure total cholesterol (TC), high-density lipoproteins (HDL) and triglycerides. These results are used to calculate and manage low-density lipoprotein (LDL) levels

Eye Exam — It is estimated that regular eye exams and timely treatment, including laser therapy, could reduce the development of severe vision loss by up to 60 percent.

People with diabetes should have comprehensive dilated eye examinations by ophthalmologists or optometrists, in order to detect and treat retinopathy and prevent vision loss.

Description

AHCCCS measured the percentage of members who:

- were ages 18 through 75 with diabetes (type 1 and 2) at the end of the measurement period, (Sept. 30, 2010),
- were continuously enrolled with one Acute-care Contractor during the measurement period (one break in enrollment was allowed if the gap did not exceed one member-month), and had:
  - an $HbA1_c$ test,
  - an eye (retinal) exam
  - an LDL-C screening

Performance Standards
AHCCCS Performance Standards for Diabetic Care

Age Group	Minimum Performance Standard (MPS)	Goal
Diabetic Care: $HbA1_c$ Testing – 18 – 75 years	77%	89%
Diabetic Care: Eye Exam– 18 – 75 years	49%	68%
Diabetic Care: LDL-C Screening– 18 – 75 years	70%	91%

The AHCCCS rates are lower than the NCQA national means for Medicaid and commercial health plans; however, the AHCCCS rates are based on administrative data while the NCQA national Medicaid and Commercial means are based on medical record and administrative data.

Results
The rate of $HbA1_c$ Testing was 66.3 percent for the measurement period.

The rate of Eye Exams was 29.3 percent for the baseline measurement period.

The rate of LDL-C Screening was 63.2 percent for the baseline measurement period

Comparison with National Benchmarks
NCQA has reported 2010 national HEDIS® means for Medicaid and commercial health plans. The AHCCCS rates compare to the NCQA national means as follows:

AHCCCS Rates Compared with National HEDIS® Means

Measure/ Age Group	Measurement CYE 11 (Measurement period 10/01/09-09/30/10)	HEDIS Medicaid Mean	HEDIS Commercial Mean
Diabetic Care: $HbA1_c$ Testing	66.3%	80.6%	89.2%
Diabetic Care: Eye Exam	29.3%	52.7%	56.5%
Diabetic Care: LDL-C Screening	63.2%	74.2%	85.0%

Discussion
This is the first year in which these performance measure rates are being reported. This measure is designed to the rate at which HbA1c testing, eye exams and LDL-C screenings were completed for members 18 – 75 years of age that are diagnosed with diabetes (type 1 and 2). The rates reported reflect the encounter data submitted by Contractors and can be negatively impacted when incomplete or incorrect data is reported. The eye exam data does not reflect a negative exam the year prior to the measurement period, which nulls the need for an exam during the measurement period. The inability for this information to be collected through encounter data as likely resulted in underreporting of rates for eye exams. The individual rates for each Contractor are as follows:

Figure 12. Rates by Contractor, Diabetic Care: HbA1$_c$ Testing Medicaid Members

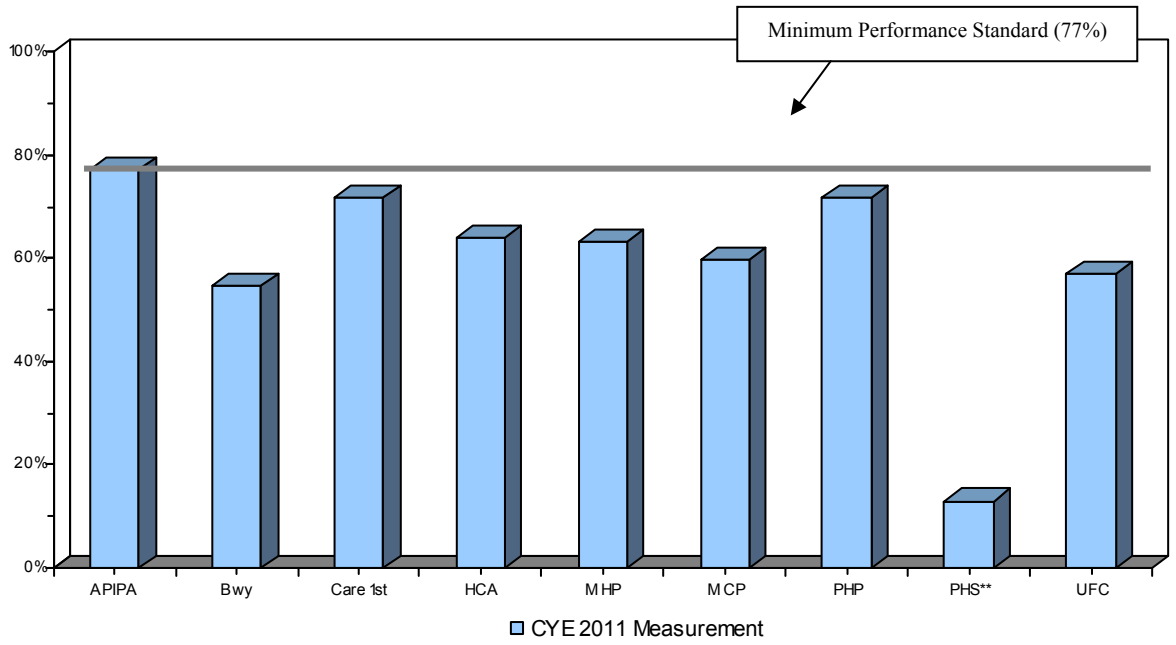


Table 12. Rates by Contractor, Rates by Contractor, Diabetic Care: HbA1$_c$ Testing Medicaid Members

Contractor	Measurement Group	Measurement CYE 10 (Measurement period 10/01/08-09/30/09)	Measurement CYE 11 (Measurement period 10/01/09-09/30/10)	Relative Percent Change	Significance Level (p value)
AZ Physicians IPA	Diabetic Care: HbA1c Testing	N/A	77.1%*	N/A	N/A
Bridgeway Health Solutions		N/A	54.6%	N/A	N/A
Care 1st Health Plan		N/A	71.7%	N/A	N/A
Health Choice Arizona		N/A	64.1%	N/A	N/A
Maricopa Health Plan		N/A	64.3%	N/A	N/A
Mercy Care Plan		N/A	59.6%	N/A	N/A
Phoenix Health Plan		N/A	71.7%	N/A	N/A
Pima Health System**		N/A	12.9%	N/A	N/A
University Family Care		N/A	57.0%	N/A	N/A

* denotes the Contractor met the AHCCCS Minimum Performance Standard

** Pima Health System was operating on a capped contract at the time of this study and terminated their contract effective October 2011.

Figure 13. Rates by Contractor, Diabetic Care: Eye Exams
Medicaid Members

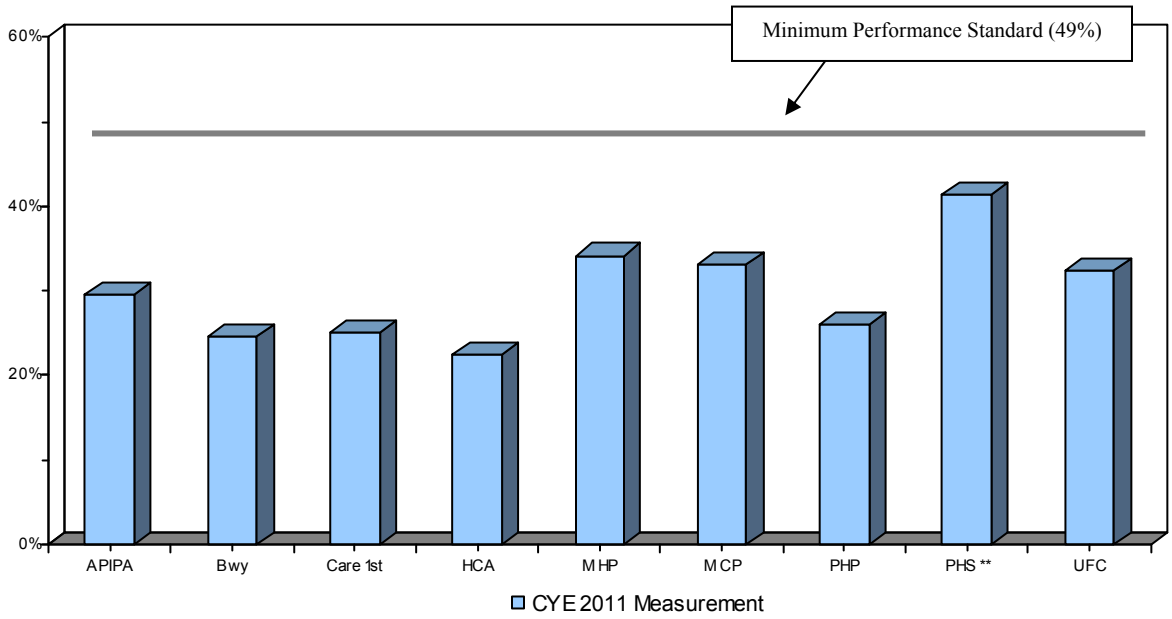


Table 13. Rates by Contractor, Rates by Contractor, Diabetic Eye Exams, Testing
Medicaid Members

Contractor	Measurement Group	Measurement CYE 10 (Measurement period 10/01/08-09/30/09)	Measurement CYE 11 (Measurement period 10/01/09-09/30/10)	Relative Percent Change	Significance Level (p value)
AZ Physicians IPA	Diabetic Care: Eye Exams	N/A	29.6%	N/A	N/A
Bridgeway Health Solutions		N/A	24.6%	N/A	N/A
Care 1st Health Plan		N/A	25.0%	N/A	N/A
Health Choice Arizona		N/A	22.5%	N/A	N/A
Maricopa Health Plan		N/A	34.1%	N/A	N/A
Mercy Care Plan		N/A	33.1%	N/A	N/A
Phoenix Health Plan		N/A	26.0%	N/A	N/A
Pima Health System**		N/A	41.4%	N/A	N/A
University Family Care		N/A	32.3%	N/A	N/A

* denotes the Contractor met the AHCCCS Minimum Performance Standard

** Pima Health System was operating on a capped contract at the time of this study and terminated their contract effective October 2011.

Figure 14. Rates by Contractor, Diabetic Care: LDL-C Screening Medicaid Members

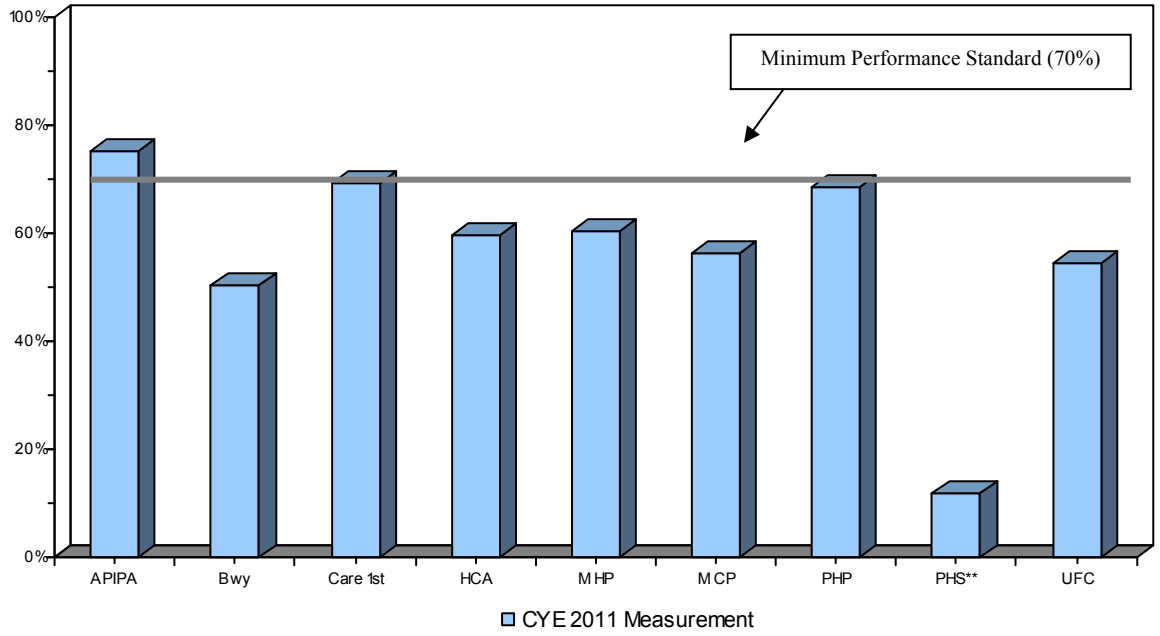


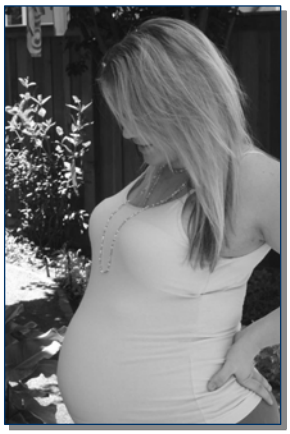
Table 14. Rates by Contractor, Rates by Contractor, Diabetic Care: LDL-C Screening Medicaid Members

Contractor	Measurement Group	Measurement CYE 10 (Measurement period 10/01/08-09/30/09)	Measurement CYE 11 (Measurement period 10/01/09-09/30/10)	Relative Percent Change	Significance Level (p value)
AZ Physicians IPA	Diabetic Care: LDL-C Screening	N/A	75.1%*	N/A	N/A
Bridgeway Health Solutions		N/A	50.4%	N/A	N/A
Care 1st Health Plan		N/A	69.2%	N/A	N/A
Health Choice Arizona		N/A	59.9%	N/A	N/A
Maricopa Health Plan		N/A	60.2%	N/A	N/A
Mercy Care Plan		N/A	56.2%	N/A	N/A
Phoenix Health Plan		N/A	68.4%	N/A	N/A
Pima Health System**		N/A	11.9%	N/A	N/A
University Family Care		N/A	54.5%	N/A	N/A

* denotes the Contractor met the AHCCCS Minimum Performance Standard

** Pima Health System was operating on a capped contract at the time of this study and terminated their contract effective October 2011.

TIMELINESS OF PRENATAL CARE



Prenatal care during the first trimester helps to improve maternal health and survival, and results in improved infant survival by linking women who have high-risk pregnancies to better obstetrical and neonatal care.[11] Women who failed to receive prenatal care were almost three times more likely to have a low-birth weight infant than women who had care, resulting in expected hospital cost savings of more than $1,000 for women who received prenatal care.[12]

Prenatal care affords physicians and other health care practitioners the opportunity to address risk factors such as smoking, alcohol use and improper diet, as well as treat medical complications that can negatively affect the health of the mother and the baby. In addition, prenatal care provides opportunities to educate pregnant women, especially first-time mothers, on childbirth and infant care.

Birth certificate data reported by the Arizona Department of Health Services show that more than half of the 87,053 deliveries in the state during 2010 were paid for by AHCCCS. This number includes deliveries covered by health plans, as well as those paid for directly by AHCCCS on a fee-for-service basis ─ the majority of which (11,325) were to undocumented immigrants covered under the Federal Emergency Services, or FES, program. The FES program does not provide coverage of prenatal care through AHCCCS.

Description

AHCCCS measured the percentage of female members who:

- had a live birth during the measurement period (Oct. 1, 2009 through Sept. 30, 2010).
- were continuously enrolled with the same Acute-care Contractor for 43 days or more prior to delivery, and
- had a prenatal care visit during their first trimester of pregnancy or within 42 days of AHCCCS enrollment, depending on the date of enrollment with the Contractor immediately preceding delivery.

Performance Standards

AHCCCS Performance Standards for Timeliness of Prenatal Care

Measure	Minimum Performance Standard (MPS)	Goal
Timeliness of Prenatal Care	80%	90%

Results

The overall rate for Medicaid members showed a statistically significant increase to 78.1 percent from 71.0 percent in the previous measurement.

Measure	Measurement CYE 10 (Measurement period 10/01/08-09/30/09)	Measurement CYE 11 (Measurement period 10/01/09-09/30/10)	Relative Percent Change	Significance Level (p value)
Timeliness of Prenatal Care	71.0%	78.1%	10.0%	**P<.001**

Comparison with National Benchmarks

NCQA has reported 2010 national HEDIS® means for Medicaid and commercial health plans. The AHCCCS rates compare to the NCQA national means as follows:

AHCCCS Rates Compared with National HEDIS® Means

Measure	Measurement CYE 11 (Measurement period 10/01/09-09/30/10)	HEDIS Medicaid Mean	HEDIS Commercial Mean
Timeliness of Prenatal Care	78.1%	83.7%	91.0%

Discussion

Prenatal, delivery and postpartum services provided through AHCCCS Contractors typically are paid for under a "global" fee. Providers may not have reported all dates of prenatal visits when billing for obstetrical services, which likely has resulted in underreporting of rates for this measure. AHCCCS convened a work group with Contractors to identify opportunities for more complete reporting of data for this measure and results are reflected in the reported rate increases. The individual rates for each Contractor are as follows:

Figure 15. Rates by Contractor, Timeliness of Prenatal Care
Medicaid Members

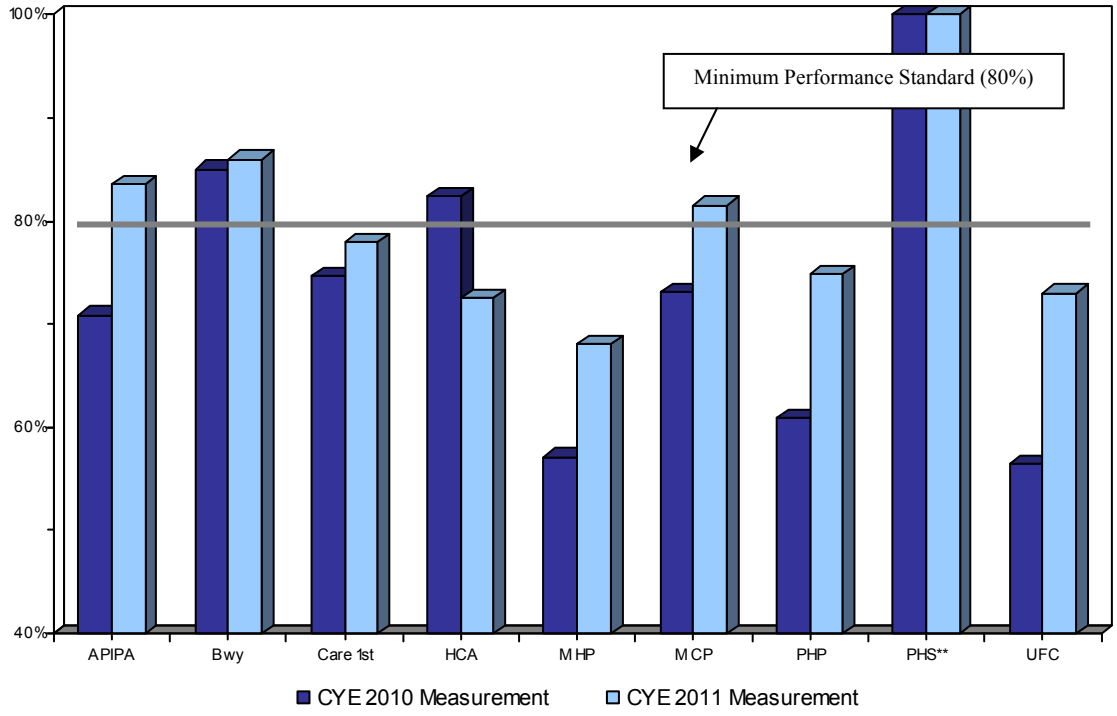


Table 15. Rates by Contractor, Rates by Contractor, Timeliness of Prenatal Care Medicaid Members

Contractor	Measurement Group	Measurement CYE 10 (Measurement period 10/01/08-09/30/09)	Measurement CYE 11 (Measurement period 10/01/09-09/30/10)	Relative Percent Change	Significance Level (p value)
AZ Physicians IPA	Timeliness of Prenatal Care	70.9%	83.5%*	17.8%	**p<.001**
Bridgeway Health Solutions		85.0%	86.0%*	1.2%	p=.707
Care 1st Health Plan		74.6%	77.9%	4.5%	**p=.038**
Health Choice Arizona		82.4%	72.5%	-12.0%	**p<.001**
Maricopa Health Plan		57.1%	68.0%	19.2%	**p<.001**
Mercy Care Plan		73.1%	81.5%*	11.5%	**p<.001**
Phoenix Health Plan		60.9%	74.9%	23.1%	**p<.001**
Pima Health System**		100%	100%*	0.0%	**N/A**
University Family Care		56.5%	73.0%	29.0%	**p<.001**

* denotes the Contractor met the AHCCCS Minimum Performance Standard

** Pima Health System was operating on a capped contract at the time of this study and terminated their contract effective October 2011.

Significance levels (p values) noted in the table were calculated by AHCCCS and demonstrated the statistical significance between performance during the previous measurement period and the current measurement period. Statistical significance is traditionally reached when the p value is ≤ .05. Rates in bold indicate statistical significance

The AHCCCS rate showed a statistically significant increase and was only slightly lower than the AHCCCS MPS.

ACUTE-CARE MEASURES FOR DES/DDD

Overview

The Arizona Department of Economic Security's Division of Developmental Disabilities (DDD) provides needed supports to Arizona residents who are at risk of having a developmental disability if younger than six years old. If older, the member must have a diagnosis of epilepsy, cerebral palsy, cognitive disability (such as mental retardation) or autism that was made prior to the age of 18 years, and have substantial functional limitations in at least three major areas, such as self-care, learning and mobility. Some of DDD's members are dependent on ventilators to breathe.

Many children and adolescents with developmental disabilities have comorbid physical conditions, such as asthma, cerebral palsy and diabetes. They also suffer from emotional and behavioral problems, and adolescents in particular are more likely to need mental health services than younger children with special health care needs. But, like all children, those with special health care needs require preventive health care services. In addition to early intervention services and therapies to help support optimal development, children with disabilities should have well-child checkups, according to the periodicity schedule to monitor and improve their health.

In general, people with developmental disabilities also have worse oral health and oral hygiene than those without such disabilities. Data indicate that people who have mental retardation have more untreated caries and a higher prevalence of gingivitis and other periodontal diseases than the general population. Medications, malocclusion, multiple disabilities, and poor oral hygiene combine to increase the risk of dental disease in people with developmental disabilities.[13] Thus, they also require regular dental visits.

More than 60 percent of Arizonans served by DDD also are covered under Medicaid through AHCCCS's Arizona Long Term Care System (ALTCS) program. DDD provides primary and acute medical services through subcontracts with health plans, most of which also serve AHCCCS Acute-care members through contracts with AHCCCS.

Performance Standards

Under its contract with DDD, AHCCCS has established Performance Measures and Standards for primary and preventive health care provided to children and adolescents.

These Performance Standards are designed to drive improvement in DDD's performance toward goals that are based on Healthy People 2010 objectives. The Minimum Performance Standards also reflect the limitation in collecting complete data for these members, who qualify for DDD based on different criteria than Acute-care members and may have medical coverage through their parents' insurance or Medicare. AHCCCS HEDIS® like Performance Measures are modeled on HEDIS® methodology in the same way as Performance Measures for Acute-care Contractors.

This section reports the Division of Developmental Disabilities' (DDD) performance in the following performance measures:

AHCCCS Performance Standards for DES/DDD

Performance Standards	Minimum Performance Standard (MPS)	Goal
Children's Access to PCPs – 12 to 24 Months	78%	97%
Children's Access to PCPs – 25 Months to 6 Years	70%	97%
Children's Access to PCPs – 7 to 11 Years	70%	97%
Children's Access to PCPs – 12 to 19 Years	70%	97%
Well-Child Visits 3 – 6 Yrs	44%	80%
Adolescent Well-Care Visits	31%	50%
Annual Dental Visits, 2 – 21 Yrs	41%	57%

Children's and Adolescents' Access to PCPs

In the current measurement period, rates for three age groups showed significant increases while one age group showed a significant decrease. The rate for the 12-to-24-month group had a statistically significant decrease to 91.4 percent from the previous rate of 100.0 percent. The rate for members 25 months to 6 years had a statistically significant increase to 87.0 percent from the previous rate of 85.3 percent. The rate for members 7 to 11 years had a statistically significant increase to 83.1 percent from the previous rate of 80.6 percent. The rate for members 12 to 19 years had a statistically significant increase to 82.3 percent from 79.7 percent in the previous year. The overall rate (all age groups combined) had a statistically significant increase to 83.9 percent from 81.7 percent.

Children's Access To Primary Care Practitioners, Members Eligible Under DES/DDD

Measurement Age Group	Measurement CYE 10 (Measurement period 10/01/08-09/30/09)	Measurement CYE 11 (Measurement period 10/01/09-09/30/10)	Relative Percent Change	Significance Level (p value)
12-24 mos.	100.0%	91.4%	-8.6%	**P=.031**
25 mos. - 6 yrs.	85.3%	87.0%	2.0%	**P=.046**
7 - 11 yrs.	80.6%	83.1%	3.1%	**P=.005**
12 -19 yrs.	79.7%	82.3%	3.2%	**P=.003**
TOTAL	81.7%	83.9%	2.7%	**P<.001**

Well-Child Visits in the Third through Sixth Years of Life
In the current measurement, 52.2 percent of children had an annual well-care visit, a non-statistically significant increase from 51.8 percent in the previous year.

Well-Child Visits 3 through 6 Years, Members Eligible Under DES/DDD

Measurement Age Group	Measurement CYE 10 (Measurement period 10/01/08-09/30/09)	Measurement CYE 11 (Measurement period 10/01/09-09/30/10)	Relative Percent Change	Significance Level (p value)
Well Child Visits 3 through 6 years	51.8%	52.2%	0.9%	P=.718

Adolescent Well-Care Visits
In the current measurement, 38.5 percent of adolescents had a well-care visit, a slight decrease from the previous year's rate of 39.3 percent; the decrease was not statistically significant.

Adolescent Well Care Visits, Members Eligible Under DES/DDD

Measurement Age Group	Measurement CYE 10 (Measurement period 10/01/08-09/30/09)	Measurement CYE 11 (Measurement period 10/01/09-09/30/10)	Relative Percent Change	Significance Level (p value)
* Adolescent Well Care Visits	39.3%	38.5%	-2.0%	P=.416

Annual Dental Visits
The rate of annual dental visits had a statistically significant increase in the current measurement, to 50.6 percent from 48.7 percent in the previous year.

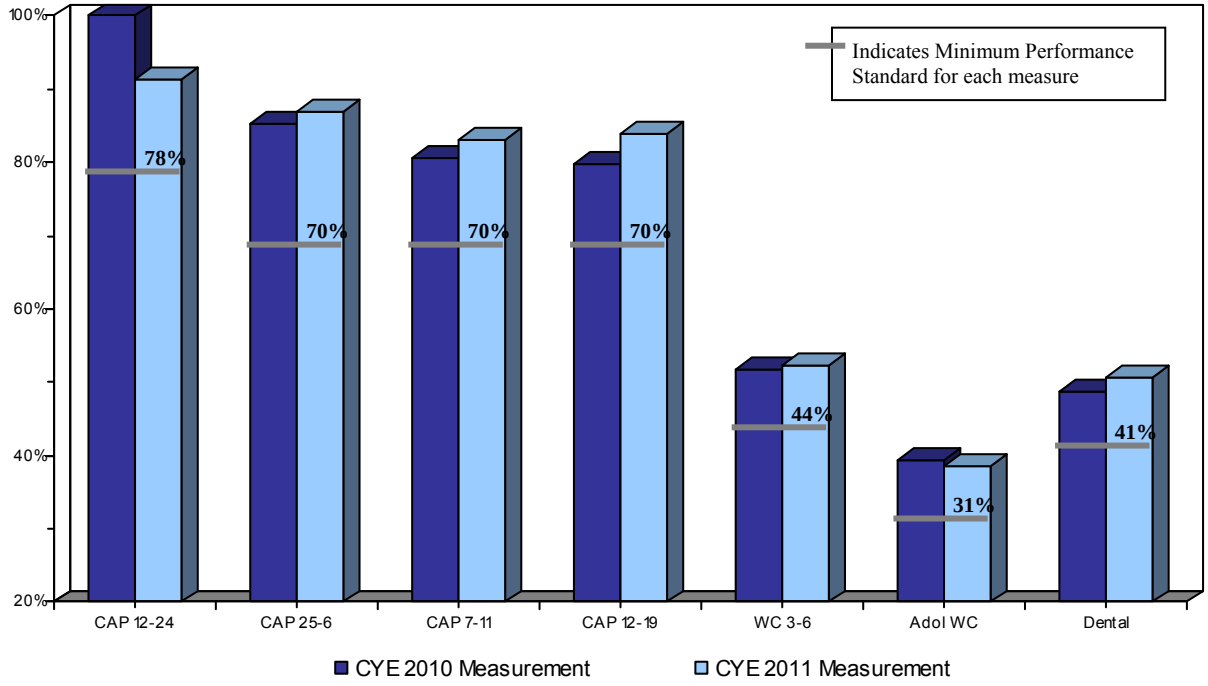
Annual Dental Visits Age 2 – 21, Members Eligible Under DES/DDD

Measurement Age Group	Measurement CYE 10 (Measurement period 10/01/08-09/30/09)	Measurement CYE 11 (Measurement period 10/01/09-09/30/10)	Relative Percent Change	Significance Level (p value)
* Annual Dental Visits, 2 through 21 Years	48.7%	50.6%	3.8%	**P=.003**

Discussion

In the current measurement, DDD showed statistically significant improvement in all but two Acute-care measures. DDD also met its Minimum Performance Standards for all of the measures reported. The individual rates are as follows:

Figure 17. DDD Performance Measure Rates



CONCLUSION

Overall Results

In the current measurement period, some AHCCCS Contractors demonstrated statistically significantly increases and decreases in rates for some of the primary and preventive care services. The statistically significant increases were reflected overall in seven performance measures, while the statistically significant decreases were reflected overall in two measures, using HEDIS® like methodologies. There is no data from the previous measurement period for the Asthma or Diabetes measures as this was the first measurement year.

In July 2007, AHCCCS advised Acute-care Contractors that they would face significant financial sanctions if they did not increase performance measure rates to meet Minimum Performance Standards specified in contract. This was followed by ongoing monitoring, including requiring Contractors to evaluate the effectiveness of corrective actions and implement new interventions as necessary. This regulatory approach has resulted in health plans applying the resources necessary to improve rates in several areas. Contractors will be required to continue improvement efforts, focusing on areas where Minimum Performance Standards were not met or rates declined.

AHCCCS' regulatory approach encouraged health plans to apply the resources necessary to significantly increase rates.

The data included in this report indicate that, overall, children and adults enrolled with AHCCCS have a relatively high degree of access to the health care system, as evidenced by the use of several preventive care services and the asthma performance measure results. The AHCCCS rates for Well Child Visits in the First 15 Months of Life and Annual Dental Visits among Medicaid members are well above the NCQA national means for Medicaid managed care plans, with rates for several measures also exceeding NCQA commercial means. The rates for Annual Dental Visits among both the Medicaid and KidsCare populations also exceed the 90th percentile of Medicaid health plans nationally. The rate for Appropriate Medications for Asthma, 5 – 50 years among Medicaid members is well above the NCQA national means for Medicaid and commercial managed care plans.

KidsCare members, in particular, have higher rates of utilization than Medicaid and Children's Health Insurance Program beneficiaries nationally. KidsCare rates for most measures are well above the most recent HEDIS® national Medicaid means, which includes members in this beneficiary group, and some exceed comparable NCQA national means for commercial health plans.

However, several Contractors' rates for Children's and Adolescents' Access to PCPs still lag behind NCQA national means. AHCCCS-Contractors must focus resources on increasing rates for this measure.

References

[1] American Academy of Pediatrics. *Scope of Health Care Benefits for Children From Birth Through Age 21.* http://aappolicy.aappublications.org/cgi/reprint/pediatrics;117/3/979.pdf (June 2011).

[2] Child Trends Data Bank. 2010. *Well-Child Visits.* http://www.childtrendsdatabank.org/?q=node/85 (June 2011)

[3] Brown, B., M. Weitzman, et al., The Commonwealth Fund. *Early Child Development in Social Context: A Chartbook.* http://www.commonwealthfund.org/Content/Publications/Chartbooks/2004/Sep/Early-Child-Development-in-Social-Context--AChartbook.aspx (June 2011)

[4] Chung, P.J., T.C. Lee, J.L. Morrison, M.A. Schuster. 2006. Preventive Care for Children in the United States: Quality and Barriers. *Annual Review of Public Health*. 27: 491–515.

[5] Centers for Disease Control and Prevention. Youth Risk Behavior Surveillance: Tobacco Use. http://apps.nccd.cdc.gov/youthonline/App/ Default.aspx (June 2011)

[6] Centers for Disease Control and Prevention. Children's Oral Health http://www.cdc.gov/OralHealth/topics/child.htm Default.aspx (January 2011)

[7] Centers for Disease Control and Prevention: National Center for Health Statistics, National Health Interview Survey Raw Data, 2008. Analysis by the American Lung Association Research and Program Services Division using SPSS and SUDAAN software. *Asthma in Adults Fact Sheet.* February 2010 Available at http://www.lungusa.org/lung-disease/asthma/resources/facts-and-figures/asthma-in-adults.html Accessed July 25, 2011

[8] Akinbami, L.J. The State of Childhood Asthma, United States, 1980–2007. Advance Data from Vital and Health Statistics. Revised February 16, 2009. *Pediatrics* 123(Supplement); S131-45. Hyattsville, MD: National Center for Health Statistics Available at http://pediatrics.aappublications.org/cgi/content/full/123/Supplement_3/S131 Accessed July 25, 2011

[9] Centers for Disease Control and Prevention. National diabetes fact sheet: general information and national estimates on diabetes in the United States, 2011. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2011. Available at: http://www.cdc.gov/diabetes/pubs/pdf/ndfs_2011.pdf . Accessed July 7, 2011.

[10] American Diabetes Association. Standards of medical care in diabetes – 2007. *Diabetes Care*. 2007; 30(S1). Available at: http://care.diabetesjournals.org/cgi/content/full/30/suppl_1. Accessed July 18, 2011

[11] Health Resources and Services Administration. Maternal Morbidity and Risk Factors in Pregnancy. http://mchb.hrsa.gov/whusa10/hstat/mh/pages/236mmrfp.html (June 6, 2011)

[12] Weir, S., H.E. Posner, J. Zhang, G. Willis, J.D. Baxter, R.E. Clark. *Predictors of Prenatal and Postpartum Care Adequacy in a Medicaid Managed Care Population.* http://www.sciencedirect.com/science/article/pii/S1049386711000454 (June 6, 2011).

[13] Health Resources and Services Administration. Oral Health for Children and Adolescents with Special Health Care Needs: Challenges and Opportunities. 2005.

For questions or comments about this report, please contact:

Jakenna L. Lebsock, MPA
Quality Improvement Manager
Clinical Quality Management
DHCM, AHCCCS
Jakenna.Lebsock@azahcccs.gov