

**Quality Management Performance Measures
For Acute-care Contractors and
The Division of Developmental Disabilities**

Measurement Period Ending Sept. 30, 2009

Prepared by the Division of Health Care Management

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AHCCCS

Arizona Health Care Cost Containment System

Thomas J. Betlach, Director

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INTRODUCTION

Overview

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

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 services.

Methodology

AHCCCS used Healthcare Effectiveness Data and Information Set (HEDIS[®]) 2010 specifications to collect and report results of these measures. 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 results for the contract year ending Sept. 30, 2009. Results are reported for Contractors overall and by individual health plan. The report also indicates whether changes in rates are statistically significant when compared with rates in the previous measurement. Changes from the previous measurement 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 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 claims alone. Because national averages include data reported by health plans using the hybrid data collection methodology, they may not be directly comparable to rates reported by AHCCCS, which does not currently use a hybrid methodology to collect data for these measures.

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

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 Arizona and 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 reported here are based on encounters for professional services, primarily physician office and clinic visits.

Data Validation

AHCCCS conducts annual 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 are complete when compared with corresponding medical records. Approximately 85 percent are 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 HEDIS 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 and accurate encounters to AHCCCS.

In addition, members may receive health care services through other programs, such as Indian Health Service, Medicare, other medical coverage, or free/low-cost community providers. Thus, they may have received a service being measured, but it is not counted because it was not paid for under Medicaid or CHIP.

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

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. Consistent with 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 methodology used for data collection in the current measurement differs from the methodology used for the previous measurement as follows:

- ***Chlamydia Screening*** – AHCCCS added to its programming the HEDIS logic that excludes some members when identifying the denominator for this measure, women who are sexually active. Members who had a pregnancy test during the measurement year, followed within seven days (inclusive) by either a prescription for isotretinoin (Accutane) or an X-ray, were excluded. This exclusion does not apply to members who qualified for the denominator based on services other than the pregnancy test alone (e.g., they also received a prescription for oral contraceptives).
- ***Timeliness of Prenatal Care*** – NCQA eliminated LOINC codes for lab panels because they indicate that tests were ordered, not necessarily that all tests in the panel were performed; however AHCCCS did not use these codes in the previous measurement.

In addition to these changes, 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 as well.



HIGHLIGHTS OF THE DATA

Results for Acute-care Contractors

This report includes 22 measures of access to care and use of preventive services for which AHCCCS has set performance standards for Acute-care Contractors (age groups for Children’s and Adolescents’ Access to Primary Care Practitioners and Adults’ Access to Preventive/Ambulatory Health Services are considered separate measures, as are Medicaid and KidsCare populations, which are reported separately for child and adolescent measures).

Of the 22 measures, 17 (77.3 percent) showed statistically significant improvement. Results include the following:

- ***Children’s Access to PCPs*** –Rates in all four age groups improved over the previous measurement (the overall rate also improved, but AHCCCS does not have a performance standard for the total rate because there is no comparable national benchmark reported). The rate for one age group exceeded the most recent HEDIS national mean for Medicaid health plans. For KidsCare members, rates for three age groups also improved, while another age group did not show a statistically significant change. KidsCare rates for two age groups exceeded the national means for both Medicaid and commercial health plans.
- ***Well-Child Visits in the First 15 Months of Life*** – The rate for Medicaid-eligible children showed a statistically significant improvement, and continues to exceed the national HEDIS Medicaid mean. The rate for KidsCare members did not change significantly from the previous year, but also is well above the national mean for Medicaid health plans.
- ***Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life*** – The overall rate for Medicaid members increased, while the rate for KidsCare members did not show a statistically significant change. AHCCCS rates for Medicaid and KidsCare members exceed the national means for both Medicaid and commercial health plans.
- ***Adolescent Well-Care Visits*** – The overall rate for Medicaid members increased, and the rate for KidsCare members did not show a statistically significant change. AHCCCS rates for Medicaid and KidsCare members exceed the national means for both Medicaid and commercial health plans for this measure as well.
- ***Annual Dental Visits*** – Overall rates for both Medicaid and KidsCare populations increased from the previous year and remain well above the 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)
- ***Adults’ Access to Preventive/Ambulatory Health Services*** – Rates for both age groups increased from the previous measurement, and continue to exceed the national Medicaid means.
- ***Breast Cancer Screening*** –The rate for women 52 to 69 years increased from the previous year and exceeds the national Medicaid mean for this age group.

- ***Cervical Cancer Screening*** – This measure showed a small but significant decrease from the previous measurement, and falls below the national Medicaid mean.
- ***Chlamydia Screening*** – The overall rate for this measure increased over the previous year, but falls below the national Medicaid mean.
- ***Timeliness of Prenatal Care*** – This measure showed a significant increase from the previous measurement, but also falls below the national Medicaid mean.

Results for DES/DDD

AHCCCS has set performance standards for seven of the measures for children and adolescents enrolled with DES/DDD under Medicaid. It should be noted that eligibility for 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 also are covered by Medicare and/or private insurance. Because services can be provided through other insurers, AHCCCS may not have complete encounters for those services. The AHCCCS-established performance standards reflect the data limitations for this population.

Results include the following:

- ***Children’s Access to PCPs*** – Rates in all four age groups improved over the previous measurement. Rates for two age groups – 12 to 24 months and 25 months to 6 years – exceeded HEDIS national means for Medicaid health plans, and the rate for children 12 to 24 months also exceeded the commercial health plan mean.
- ***Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life*** – This rate also increased, but is below the national means for both Medicaid and commercial health plans.
- ***Adolescent Well-Care Visits*** – The rate for this measure increased, and also is below the national means for Medicaid and commercial health plans.
- ***Annual Dental Visits*** – The rate for this measure increased as well, and exceeded the national Medicaid mean.

Contractor Performance Standards and Improvement

Contractor rates are compared to Minimum Performance Standards, as 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 several years ago.

CYE 2010 Acute-care Performance Standards

Performance Measure	Minimum Performance Standard	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%
Cervical Cancer Screening	65%	90%
Breast Cancer Screening	54%	70%
Adult Preventive/Ambulatory Care 20-44 Years	78%	96%
Adult Preventive/Ambulatory Care 45-64 Years	85%	96%
Timeliness of Prenatal Care	80%	90%
Chlamydia Screening	51%	62%

* Medicaid and KidsCare populations for these measures are evaluated separately against the AHCCCS contractual standards, and are thus counted as two separate measures.

As noted, 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)**

	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 the AHCCCS MPS in the current measurement.

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
Mercy Care Plan	22	18	81.8%
Phoenix Health Plan	22	18	81.8%
Arizona Physicians IPA	22	15	68.2%
Care 1st Healthplan of Arizona	22	15	68.2%
Health Choice Arizona	22	13	59.1%
Maricopa Health Plan	22	11	50.0%
University Family Care (1)	21	12	57.1%
Bridgeway Health Solutions (1)	15	7	46.7%
DES/DDD	7	7	100.0%
DES/CMDP (2)	7	6	85.7%
Pima Health System (3)	4	2	50.0%

Notes:

1. All Acute-care performance measures are included in contract for these two Contractors, but they did not have members who met the measure criteria for all measures.
2. 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.
3. Pima Health System also has fewer performance measures because it serves primarily Medicare-Medicaid dual-eligible adults and any eligible family members who wish to enroll in the plan under its Acute-care contract with AHCCCS.

Overall rates for nearly all measures increased because of significant increases demonstrated by several Contractors. In July 2007, AHCCCS advised Contractors that it would levy financial sanctions if Contractors did not improve their performance, and followed up with ongoing monitoring, including requiring Contractors to evaluate the effectiveness of corrective actions and implement new interventions as necessary. This regulatory approach appears to have encouraged health plans to apply the resources necessary to increase rates.

AHCCCS will request new corrective action plans (CAPs) from Contractors to bring their rates up to compliance with minimum standards when Minimum Performance Standards are not met. If Contractors already have CAPs in place as a result of the previous measurement, they will have to demonstrate that they have evaluated the effectiveness of interventions and 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.³⁻⁵

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.

Description

AHCCCS measured the percentage of children and adolescents who:

- were at least 12 months but not older than 19 years during the measurement period (Oct. 1, 2008, through Sept. 30, 2009), and
- had one or more visits with PCPs (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 would have had one or more PCP visits during the measurement year. 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 the State Children's Health Insurance Program (SCHIP), known as KidsCare, were calculated separately, by age group.

Performance Goals

AHCCCS has adopted Minimum Performance Standards by age group, which apply to both Medicaid and KidsCare members, for the current measurement, based on the most recent national Medicaid means reported by NCQA. AHCCCS also has set Goals based on national Healthy People 2010 objectives. These are shown in the following table:

**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%

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

Results

Rates for all age groups in the Medicaid population increased from the previous measurement (Table 1). KidsCare rates for three age groups increased, while the rate for one age group did not significantly change (Table 2).

In the current period, the total rate (all age groups combined) for Medicaid members was 84.0 percent, an increase from the previous rate of 80.8 percent in the previous year ($p < .001$). The total rate for KidsCare members was 89.4 percent, an increase from 87.2 percent in the previous year ($p < .001$). AHCCCS does not set performance standards for the total rate for Children’s and Adolescents’ Access to PCPs because there is no comparable national benchmark available from NCQA; however, it analyzes the total rate for trending purposes.

Comparison with National Benchmarks

NCQA has reported 2009 national HEDIS means (averages) 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
12 – 24 Months	87.5%	93.0%	93.4%	96.9%
25 Months – 6 Years	84.0%	89.0%	84.3%	89.4%
7 – 11 Years	82.8%	89.8%	85.8%	89.5%
12 – 19 Years	83.5%	88.8%	82.6%	86.9%

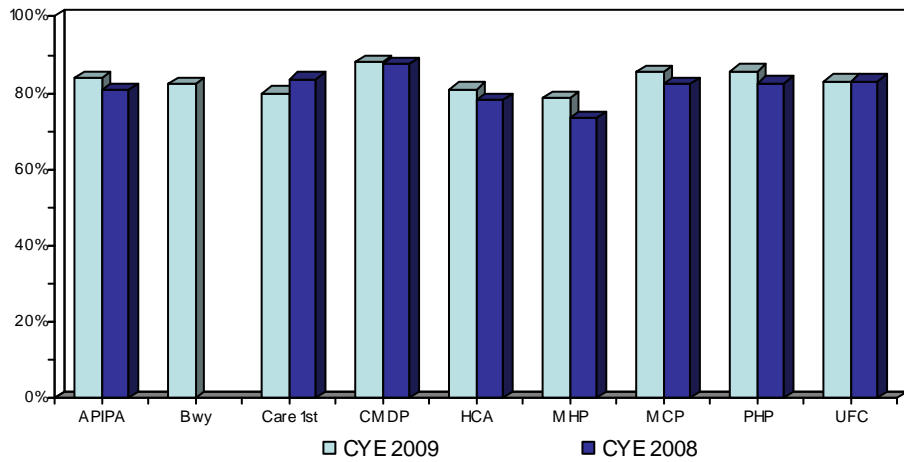
Discussion

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 these “baby shots” are completed and children’s growth and development begins to slow, they are less likely to have PCP visits, unless they are ill or have other specific needs. Thus, rates for Children’s and Adolescents’ Access to PCPs are highest for children 12 to 24 months. However, several AHCCCS health plans showed strong performance compared with national averages for adolescents’ access to PCPs, particularly among members enrolled under KidsCare.

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. These parents also may have a higher level of education and a better understanding of the need for preventive health care services.

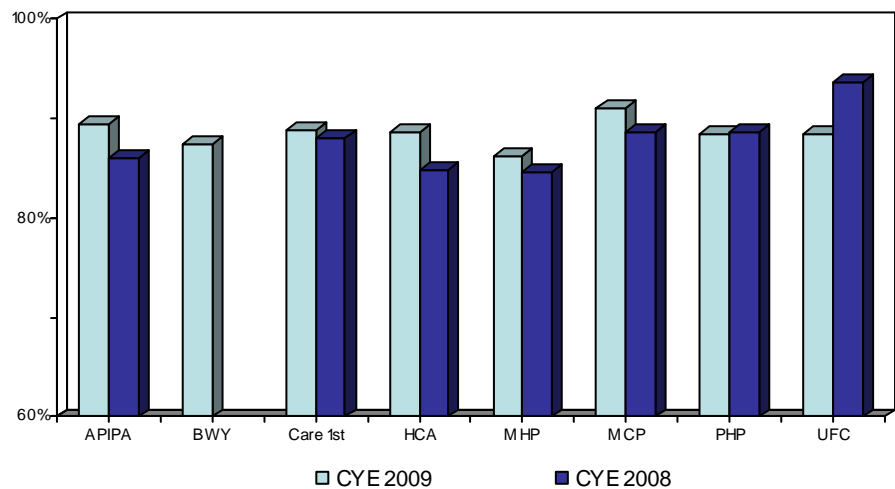
In the current measurement, three Contractors – DES/CMDP, Mercy Care Plan, and Phoenix Health Plan – met the Minimum Performance Standard (MPS) for three of four age groups for Medicaid-eligible members. Two Contractors — Health Choice Arizona and Phoenix Health Plan — each met the MPS for all four age groups among KidsCare members. While Contractors are evaluated on their rates by age group, Figures 1 and 2 show Contractor rates when all age groups are combined.

Figure 1. Rates by Contractor, Children's Access to PCPs among Medicaid Members, All Age Groups Combined
CYE 2009 compared with CYE 2008



As shown above, the Comprehensive Medical and Dental Program (CMDP) had the highest rate of access to PCPs among Medicaid-eligible members for all age groups combined (88.0 percent). CMDP is a health plan operated by the state Department of Economic Security (DES) for children and adolescents in foster care. When these children and adolescents are taken into custody by the state, case managers work to ensure that they have a medical visit as soon as possible.

Figure2. Rates by Contractor, Children's Access to PCPs among KidsCare Members, All Age Groups Combined
CYE 2009 compared with CYE 2008



For KidsCare members, Mercy Care Plan recorded the highest total rate (91.0 percent).

ADULTS' ACCESS TO PREVENTIVE AND AMBULATORY HEALTH SERVICES



Behavioral risk factors such as smoking, poor diet, physical inactivity, and excessive drinking are linked to the leading causes of death in the United States. Controlling these behavioral risk factors and using preventive health services (e.g., smoking cessation services, influenza vaccinations and cholesterol screenings) can substantially reduce disease and premature death among U.S. adults.^{6,7}

Smoking and other unhealthy behaviors often worsen the complications of chronic diseases, and increase the risk of developing other serious illnesses. A recent survey of AHCCCS acute-care health plan members found that 44 percent of adults have smoked 100 or more cigarettes in their lifetimes and, of those, 62 percent still smoke either sometimes or every day (current smokers).⁸ The most recent national data show an estimated 19.8 percent of Arizona adults are current cigarette smokers.⁹ Rates of smoking increase as income falls below the federal poverty level.⁸

Access to routine ambulatory medical services for adults is essential to the early diagnosis and treatment of disease. Regular health care visits also provide opportunities for clinicians to educate and counsel patients on smoking cessation, diet, exercise and other healthy behaviors. Yet, a survey by the Centers for Disease Control and Prevention found that only 65.5 percent of Arizona adults had visited a doctor for a routine checkup in the preceding 12 months.⁶

Description

AHCCCS measured the percentage of Medicaid members who:

- were ages 20 through 44 and 45 through 64 years at the end of the measurement period (Oct. 1, 2008, through Sept. 30, 2009),
- 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 one or more preventive/ambulatory visits, including encounters with primary care physicians, specialists, physician's assistants, nurse practitioners, ophthalmologists and optometrists.

Performance Goals

AHCCCS has adopted Minimum Performance Standards by age group for Adults' Access to Preventive/Ambulatory Health Services for the current measurement, based on the most recent national Medicaid means reported by NCQA. AHCCCS also has set Goals based on national Healthy People 2010 objectives. These are shown in the following table:

**AHCCCS Performance Standards for
Adults' Access to Preventive/Ambulatory Health Services**

Age Group	Minimum Performance Standard (MPS)	Goal
20 – 44 Years	78%	96%
45 – 64 Years	85%	96%

Rates for both age groups increased, and exceed the national Medicaid means

Results

Rates for both age groups showed statistically significant increases (Table 3). The total rate of both age groups combined also increased in the current measurement, to 84.6 percent from 83.0 percent in the previous year (p<.001). AHCCCS does not set performance standards for the total rate for Adults' Access to Preventive/Ambulatory Health Services because there is no comparable national benchmark available from NCQA; however, it analyzes the total rate for trending purposes.

Comparison with National Benchmarks

NCQA has reported 2009 national HEDIS means for Medicaid and commercial health plans. The AHCCCS rates compare to the national means as follows:

AHCCCS Rates Compared with National HEDIS Means

Measure/ Age Group	AHCCCS Medicaid Rate	HEDIS Medicaid Mean	HEDIS Commercial Mean
20 – 44 Years	82.9%	76.8%	93.0%
45 – 64 Years	87.7%	82.4%	95.1%

Discussion

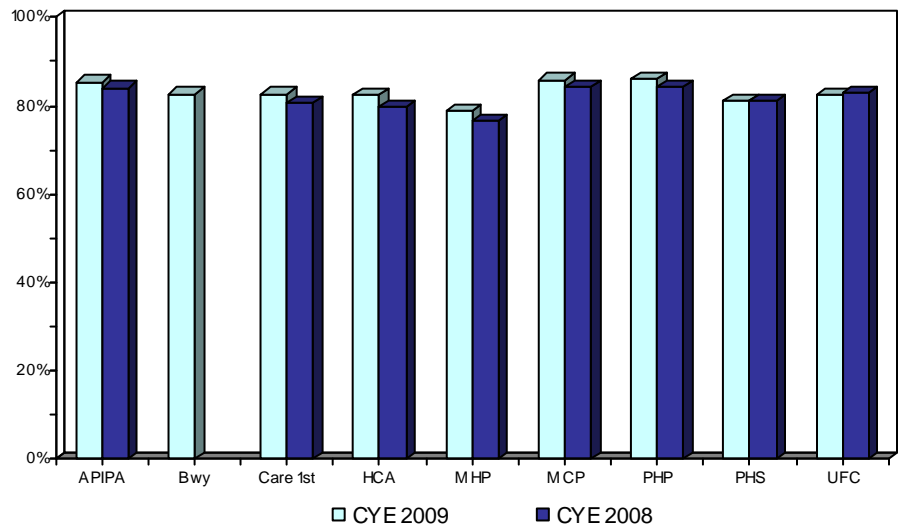
Ensuring that adult members use preventive services is challenging. This may be due to lack of awareness among members about when and what types of routine preventive health services are recommended, or skepticism about the effectiveness of prevention or avoidance — especially if a person is engaging in unhealthy behaviors like smoking. In addition, medical professionals no longer recommend that adults have an annual checkup.

However, given the risks associated with smoking alone and the substantial portion of members who use tobacco, yearly preventive health care visits may be an important service for AHCCCS members.

Seven of nine Contractors — Arizona Physicians IPA, Bridgeway Health Solutions, Care1st Healthplan, Health Choice Arizona, Mercy Care Plan, Phoenix Health Plan and University Family Care — met the MPS for both age groups. While Contractors are evaluated on their rates by age group, Figure 3 shows Contractor performance when both age groups are combined.

Figure 3. Rates by Contractor, Both Age Groups of Adults Combined, Medicaid Members

CYE 2009 compared with CYE 2008



Phoenix Health Plan showed the highest rate (86.0 percent) for Adults' Access to Preventive/Ambulatory Health Services when both age groups were combined.

WELL CHILD VISITS IN THE FIRST 15 MONTHS OF LIFE



The most dramatic growth during childhood – physical, cognitive, social and emotional – occurs during infancy. In the first year of life, an infant’s birth weight triples, his length increases by almost 50 percent, and he achieves most of his brain growth.¹⁰

During this time, health care providers can help ensure that children are adequately protected against infectious diseases by vaccinating them and screening for physical illness or developmental delays, which can be minimized with early intervention. This also is an ideal time to counsel parents about infant care, nutrition, sleep position and injury prevention.¹⁰

Description

AHCCCS measured the percentage of children who:

- turned 15 months old during the measurement period (Oct. 1, 2008, through Sept. 30, 2009),
- 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.

Performance Goals

AHCCCS has adopted a Minimum Performance Standard that applies to both Medicaid and KidsCare members for the current measurement, based on the most recent national Medicaid mean reported by NCQA. AHCCCS also has set a Goal based on national Healthy People 2010 objectives. These are shown in the following table:

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

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

Results

The overall rate for Medicaid members (Table 4) increased significantly in the current measurement to 64.2 percent, from 59.5 percent ($p < .001$). The overall rate for KidsCare members (Table 5) was effectively unchanged at 71.0 percent, compared with 71.3 percent in the previous measurement ($p = .221$).

Comparison with National Benchmarks

NCQA has reported 2009 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	64.2%	71.0%	53.0%	72.8%

The AHCCCS rates exceed the national Medicaid mean

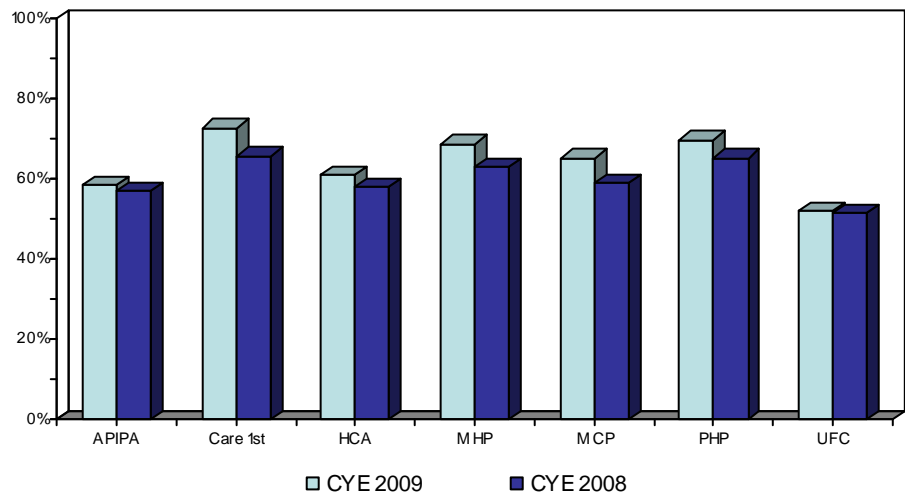
Discussion

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

Care1st Healthplan, Maricopa Health Plan, Mercy Care Plan and Phoenix Health Plan met the Minimum Performance Standard for Medicaid-eligible children, while all Contractors except Arizona Physicians IPA and Maricopa health Plan met the MPS for the KidsCare population.

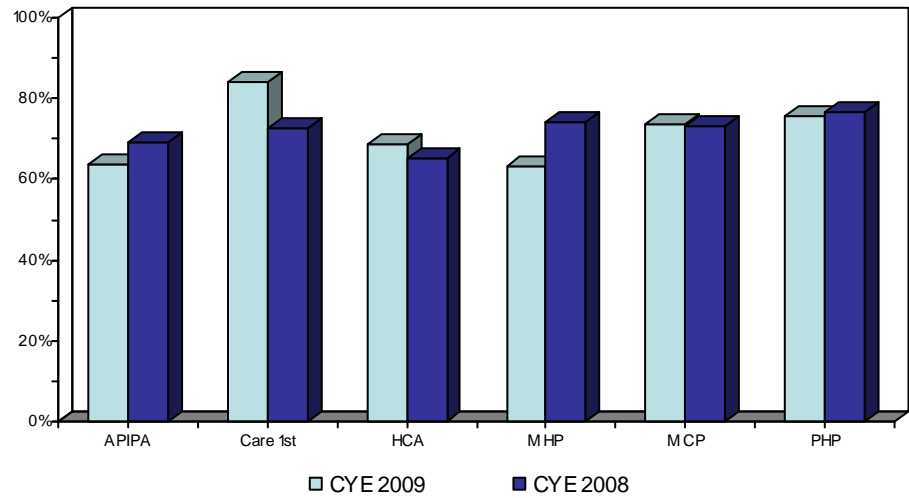
Figure 4. Rates by Contractor, Well-Child Visits in the First 15 Months of Life, Medicaid Members

CYE 2009 compared with CYE 2008



Care1st Healthplan had the highest rate for this measure in the current period (72.6 percent).

Figure 5. Rates by Contractor, Well-Child Visits in the First 15 Months of Life, KidsCare Members
CYE 2009 compared with CYE 2008



Care 1st Healthplan had the highest rate for this measure in the current period (84.0 percent).

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



Children who are healthy are better able to learn and develop.^{11,12} 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.

Health care providers also can administer any needed vaccines and educate parents about adequate nutrition, oral health and injury prevention during well-child visits. Evidence shows that provider counseling can increase the use of seat belts, child safety seats and bicycle helmets, especially when 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, 2008, through Sept. 30, 2009),
- 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 Goals

AHCCCS has adopted a Minimum Performance Standard that applies to both Medicaid and KidsCare members for the current measurement, based on the most recent national Medicaid mean reported by NCQA. AHCCCS also has set a Goal based on national Healthy People 2010 objectives. These are shown in the following table:

**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 (Table 6) increased to 69.4 percent from 66.2 percent in the previous measurement ($p < .001$). The rate for KidsCare members (Table 7) was effectively unchanged at 73.7 percent, compared with 73.4 percent from in the previous measurement ($p = .301$).

Rates for both Medicaid and KidsCare members exceed the national means for Medicaid plans, and the KidsCare rate exceeds the commercial health plan mean

Comparison with National Benchmarks

NCQA has reported 2009 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

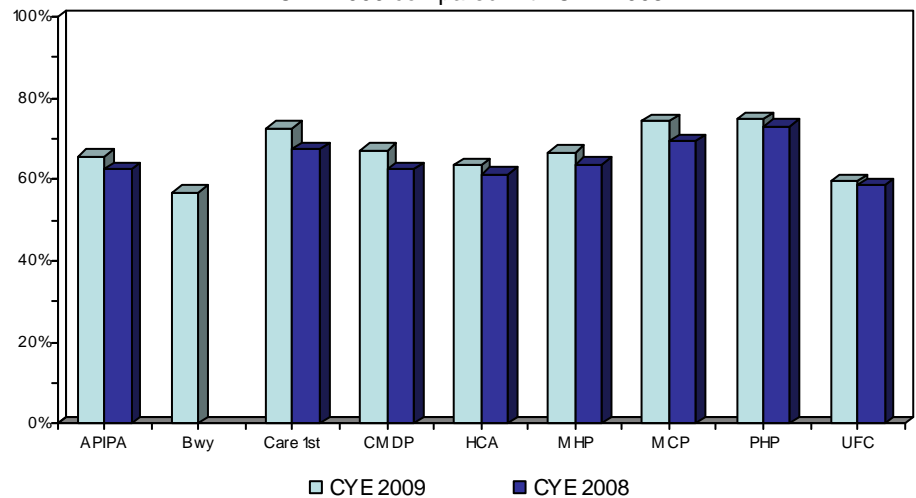
Measure/ Age Group	AHCCCS Medicaid Rate	AHCCCS KidsCare Rate	HEDIS Medicaid Mean	HEDIS Commercial Mean
Well-Child Visits, 3 through 6 Years	69.4%	73.7%	65.3%	67.8%

Discussion

In the first two years of life, children are receiving immunizations that must be given at specific intervals, and are screened for developmental milestones during this period of rapid growth. After these “baby shots” are completed and children’s growth and development begins to slow, they are less likely to have primary care visits, unless they are ill or have other specific needs. Targeted efforts by AHCCCS health plans to educate parents about the value of preventive care visits for children in this age range appear to be effective based on the AHCCCS rates compared with national means.

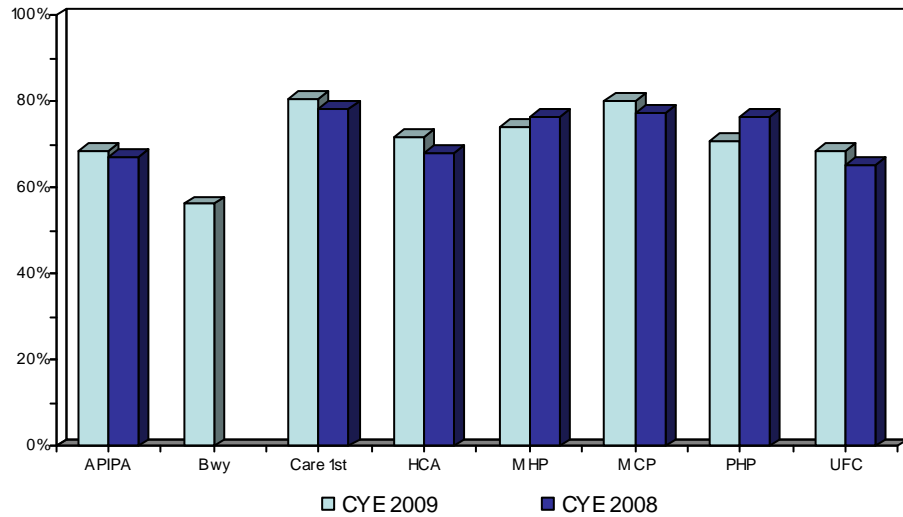
Arizona Physicians IPA, Care1st Healthplan, DES/CMDP, Maricopa Health Plan. Mercy Care Plan and Phoenix Health Plan met the Minimum Performance Standard for Medicaid-eligible children, while all Contractors except Bridgeway Health Solutions met the MPS for the KidsCare population.

Figure 6. Rates by Contractor, Well-Child Visits in Third through Sixth Years of Life, Medicaid Members
CYE 2009 compared with CYE 2008



Mercy Care Health Plan had the highest rate of well-child visits for Medicaid members in this age group in the current period (74.4 percent). Six Contractors met the MPS for Medicaid-eligible children.

Figure 7. Rates by Contractor, Well-Child Visits in the Third through Sixth Years of Life, KidsCare Members
CYE 2009 compared with CYE 2008



Care1st Healthplan had the highest rate for KidsCare members in the current period (80.7 percent). Seven Contractors met the AHCCCS MPS for this population.

ADOLESCENT WELL-CARE VISITS



Adolescence generally is characterized by good health. However, data indicate that many teenagers are involved in unhealthy behaviors, including alcohol and drug use, tobacco use, unprotected sex, driving without seat belts and speeding, poor diet and inadequate physical activity. Nationally and in Arizona, the major causes of death in adolescents are motor vehicle accidents, homicide, suicide, malignant neoplasms (cancer) and disease of the heart.^{6,13}

Many of these unhealthy behaviors and other medical problems can lead to chronic health conditions that last throughout life. In recent years, obesity has become a major cause of adolescent morbidity, contributing to a dramatic increase in the number of youth with type 2 diabetes mellitus.¹⁴ Several national studies show higher rates of overweight, low fitness, and diabetes among Hispanic and Black adolescents, compared with White adolescents.¹⁵

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, 2008, through Sept. 30, 2009),
- 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 Goals

AHCCCS has adopted a Minimum Performance Standard that applies to both Medicaid and KidsCare members for the current measurement, based on the most recent national Medicaid mean reported by NCQA. AHCCCS also has set a Goal based on national Healthy People 2010 objectives. These are shown in the following table:

**AHCCCS Performance Standards for
Adolescent Well Care Visits**

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

The rate for KidsCare members exceeds the national means for both Medicaid and commercial health plans

Results

The overall Medicaid rate for this measure (Table 8) improved to 43.0 percent from 41.6 percent in the previous period (p<.001). The rate for KidsCare members (Table 9) was unchanged at to 51.7 percent, compared with 51.6 percent in the previous period (p=.643).

Comparison with National Benchmarks

NCQA has reported 2009 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

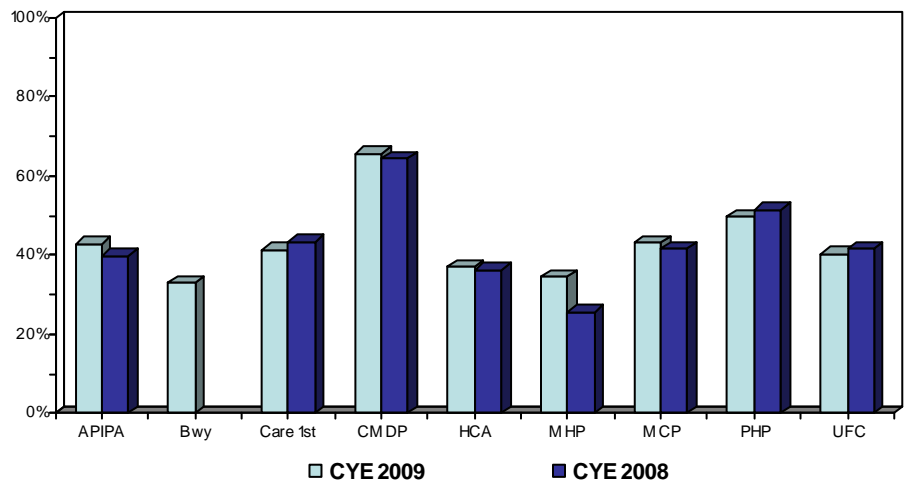
Measure/ Age Group	AHCCCS Medicaid Rate	AHCCCS KidsCare Rate	HEDIS Medicaid Mean	HEDIS Commercial Mean
Adolescent Well Care Visits	43.0%	51.7%	42.0%	41.8%

Discussion

The relatively low rates for adolescent preventive care visits, both nationally and among AHCCCS health plans, demonstrates the difficulty in getting adolescents to do something they may not think is worthwhile, and the tendency of parents to not take them to the doctor unless they are sick. However, targeted outreach to parents and older adolescents by some Contractors appears to be having an impact on rates.

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

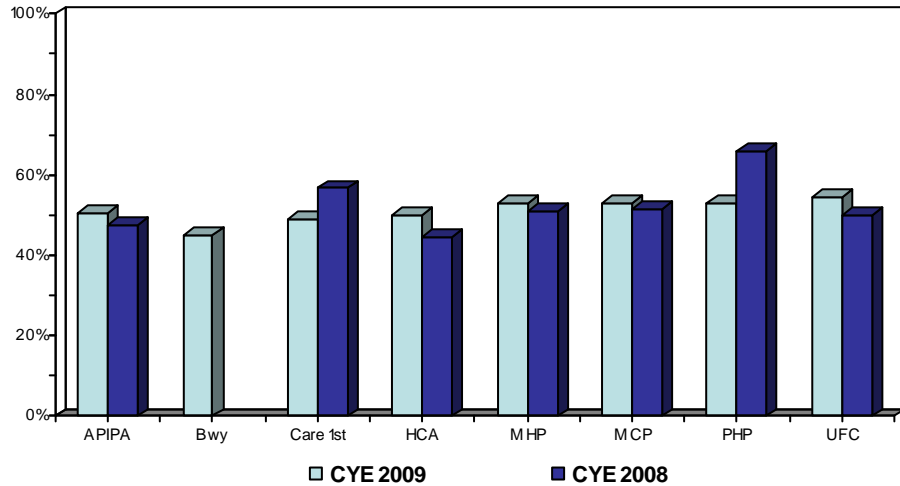
CYE 2009 compared with CYE 2008



CMDP had the highest rate of Adolescent Well Care visits among the Medicaid population (65.7 percent).

Figure 9. Rates by Contractor, Adolescent Well-Care Visits, KidsCare Members

CYE 2009 compared with CYE 2008



Phoenix Health Plan had the highest rate for the KidsCare population (53.0 percent), as shown in Figure 18.

Five Contractors — APIPA, Care1st Healthplan, DES/CMDP, Mercy Care Plan and Phoenix Health Plan — met the Minimum Performance Standard for Medicaid members in the current measurement, and all Contractors met the MPS for the KidsCare population.

ANNUAL DENTAL VISITS



Oral health is inseparable from overall health status. A child's ability to learn and function well 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. Even though most oral diseases are preventable, tooth decay is one of the most common health problems among children today.^{16,17}

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.¹⁷ Routine dental visits also serve to educate individuals about dental hygiene and preventive measures. The American Association of Pediatric Dentistry recommends that dental visits begin 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 (Oct. 1, 2008, through Sept. 30, 2009),
- 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 Goals

AHCCCS has adopted a Minimum Performance Standard that applies to both Medicaid and KidsCare members for the current measurement, based on the most recent national Medicaid mean reported by NCQA. AHCCCS also has set a Goal based on national Healthy People 2010 objectives. These are shown in the following table:

AHCCCS Performance Standards for Annual Dental Visits

Age Group	Minimum Performance Standard (MPS)	Goal
Annual Dental Visits, 2 through 21 Years	51%	57%

Rates for both Medicaid and KidsCare are well above the national mean for Medicaid health plans

Results

Among Medicaid members (Table 10), the overall rate increased to 64.0 percent from 60.9 percent in the previous year (p<.001). Among KidsCare members (Table 11), the rate also increased, to 74.3 percent from 71.8 percent in the previous year (p<.001).

Comparison with National Benchmarks

NCQA has reported 2009 national HEDIS means for Medicaid health plans. The HEDIS measure does not apply to commercial health plans because dental services are usually provided through a separate arrangement (dental managed care organization or fee-for-service). AHCCCS Medicaid and KidsCare rates compare favorably to the 90th percentile of Medicaid plans nationally, so that rate is also shown. AHCCCS Medicaid and KidsCare rates compare to national means as follows:

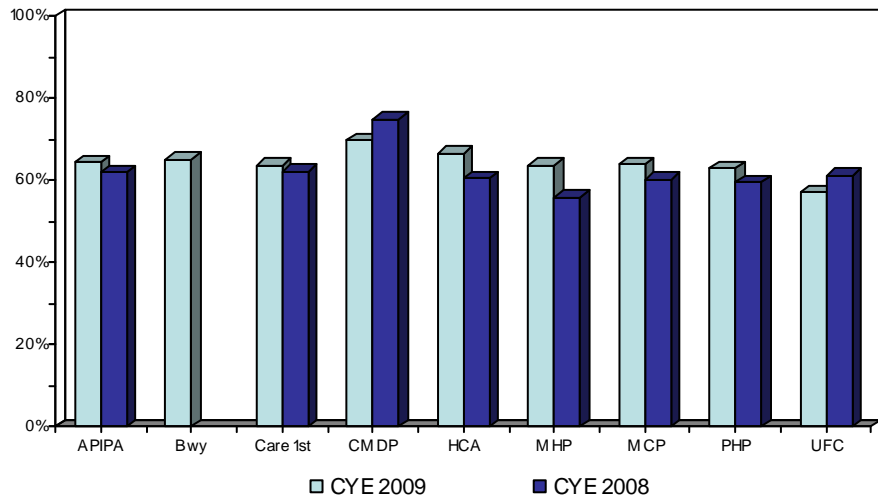
AHCCCS Rates Compared with National HEDIS Means

Measure/ Age Group	AHCCCS Medicaid Rate	AHCCCS KidsCare Rate	HEDIS Medicaid Mean	Medicaid 90th Percentile
Annual Dental Visits, 2 through 21 Years	64.0%	74.3%	43.5%	61.3%

Discussion

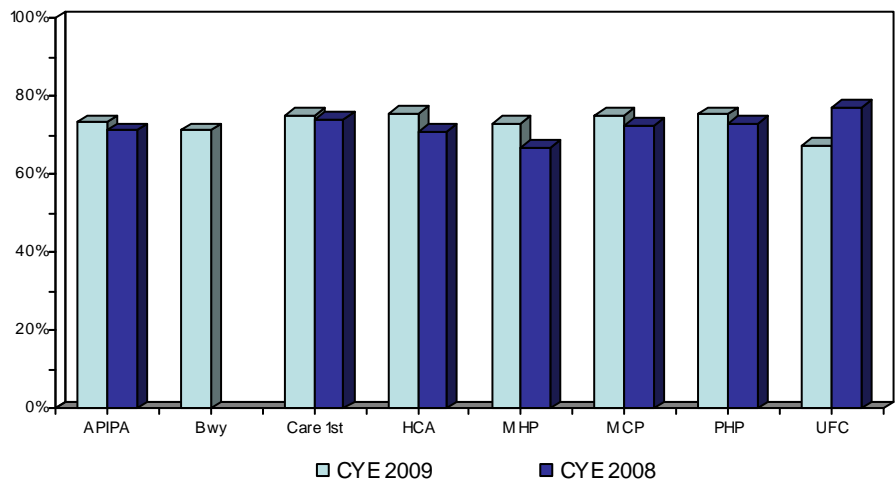
Over the last several years, AHCCCS has focused much attention on improving rates of dental services among enrolled children and adolescents. In 2003, the Agency implemented a Performance Improvement Project (PIP), which required all Acute-care Contractors to show statistically significant improvement in rates of annual dental visits. This PIP and other initiatives appear to have had a very positive effect on improving the rate of annual dental visits. While this is a service area in which AHCCCS excels nationally, the rate of annual dental visits is lower than some other preventive services. More work needs to be done to ensure that children and adolescents have regular dental checkups.

Figure 10. Rates by Contractor, Annual Dental Visits, Medicaid Members
 CYE 2009 compared with CYE 2008



CMDP had the highest rate of Annual Dental Visits for Medicaid members in the current measurement (69.8 percent). All Contractors met the Minimum Performance Standard.

Figure 11. Rates by Contractor, Annual Dental Visits, KidsCare Members
 CYE 2009 compared with CYE 2008



For the KidsCare population, Health Choice Arizona achieved the highest rate (75.0 percent). All Contractors achieved the AHCCCS MPS for this population as well.

BREAST CANCER SCREENING



Breast cancer is the second leading cause of cancer death among North American women. Approximately 1 in 8 women will receive a diagnosis of breast cancer during her lifetime, and 1 in 30 will die of the disease. Breast cancer incidence increases with age, and although significant progress has been made in identifying risk factors, more than 50 percent of cases occur in women without known major predictors.¹⁸

According to the Centers for Disease Control and Prevention, more than 180,000 women are diagnosed with breast cancer each year, and more than 41,000 women die of the disease.¹⁹ On average, nearly 700 Arizona women die of breast cancer each year.²⁰

In the last decade, the overall death rate from female breast cancer has declined. However, the rates of decline for Hispanic and black women were lower than for white, non-Hispanic women, and the rates for Asians, Pacific Islanders, American Indians and Alaska Natives were virtually unchanged.²¹

Screening mammography is an important tool in the early detection of breast cancer. Studies have demonstrated that screening mammography may reduce mortality from the disease by up to 30 percent.^{18,22,23} However, results from a recent study of managed care plan members showed declining screening rates from 1999 to 2002.¹⁹

Description

AHCCCS measured the percentage of members who:

- were ages 52 through 69 years at the end of the two-year measurement period (Oct. 1, 2007, through Sept. 30, 2009),
- were continuously enrolled with one acute-care Contractor during the measurement period (one break in enrollment per year was allowed if each gap did not exceed one member-month), and
- had a mammogram in the two-year period.

Performance Goals

AHCCCS has adopted a Minimum Performance Standard for Breast Cancer Screening for the current measurement, based on the most recent national Medicaid mean reported by NCQA. AHCCCS also has set a Goal based on a comparable national Healthy People 2010 objective. These are shown in the following table:

**AHCCCS Performance Standards for
Breast Cancer Screening**

	Minimum Performance Standard (MPS)	Goal
Breast Cancer Screening, 52 – 69 Years	65.7%	70%

The AHCCCS rate increased, and exceeds the national mean for Medicaid health plans

Results

In the current period, the overall rate for breast cancer screening (Table 12) among women 52 to 69 years of age was 65.7 percent, an increase from the previous rate of 62.3 percent (p<.001).

Comparison with National Benchmarks

NCQA has reported 2009 national HEDIS means for Medicaid and commercial health plans. The AHCCCS rates compare to the national means as follows:

AHCCCS Rates Compared with National HEDIS Means

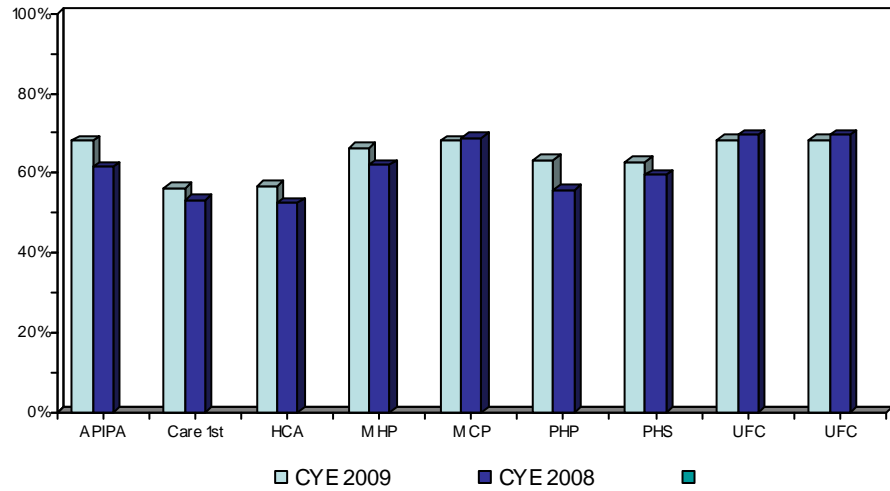
Measure/ Age Group	AHCCCS Medicaid Rate	HEDIS Medicaid Mean	HEDIS Commercial Mean
Breast Cancer Screening, 52 – 69 Years	65.7%	54.8%	71.6%

Discussion

Identification of tumors while they are still localized and potentially curable can significantly reduce breast cancer mortality.²⁴ However many women do not obtain mammograms at the recommended one- to two-year intervals. A significant percentage of women responding to a National Cancer Institute survey said they did not have a mammogram because they did not know they needed one or their doctor had not recommended one.²⁴ Women of some racial or ethnic groups may be especially reluctant to obtain mammograms because of embarrassment or the belief that one can do little to alter the future.²⁵⁻²⁷ However, several Contractors have reported targeted interventions that appear to have significantly improved the rate of breast cancer screening among women covered by AHCCCS.

Figure 12. Rates by Contractor, Breast Cancer Screening among Medicaid Members

CYE 2009 compared with CYE 2008



University Family Care had the highest rate of breast cancer screening (68.2 percent). All Contractors met the AHCCCS minimum standard for this measure.

CERVICAL CANCER SCREENING



The American Cancer Society estimates that more than 11,000 new cases of invasive cervical cancer were diagnosed in the United States in 2009, and that more than 4,000 women died from the disease last year. Approximately half of deaths due to cervical cancer occur in women who were not screened at timely intervals.²⁸

Cytologic screening through the use of the Papanicolaou (Pap) test has led to an 80-percent reduction in the incidence of cervical cancer. The Pap test can detect precancerous conditions and infection with the human papilloma virus (HPV). Certain types of HPV are strongly associated with cervical cancer.²⁵ While a vaccine is now available to protect teens and young women against HPV, women should continue to be screened for cervical cancer at regular intervals.

The American College of Obstetricians and Gynecologists, the American Cancer Society and the U.S. Preventive Services Task Force recommend that adolescents and other women have a Pap test and pelvic examination when they become sexually active or at age 18, whichever occurs first. Annual Pap tests are recommended until three consecutive Pap tests are interpreted as being normal. Following this, Pap tests can be performed every three years, at the discretion of a woman's health care provider.

Description

AHCCCS measured the percentage of members who:

- were ages 21 through 64 (or 24 through 64 years at the end of the measurement period, Oct. 1, 2008, through Sept. 30, 2009),
- 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 a Pap test in the measurement period or in either of the two preceding years.

Performance Goals

AHCCCS has adopted a Minimum Performance Standard for Cervical Cancer Screening for the current measurement, based on the most recent national Medicaid mean reported by NCQA. AHCCCS also has set a Goal based on a comparable national Healthy People 2010 objective. These are shown in the following table:

**AHCCCS Performance Standards for
Cervical Cancer Screening**

	Minimum Performance Standard (MPS)	Goal
Cervical Cancer Screening	65%	90%

The AHCCCS rate decreased slightly, and is lower than the national means for Medicaid and commercial health plans

Results

The overall rate of cervical cancer screening (Table 13) declined slightly, to a rate of 62.6 percent from 63.2 percent in the previous measurement period. (p=.001).

Comparison with National Benchmarks

NCQA has reported 2009 national HEDIS means for Medicaid and commercial health plans. The AHCCCS rates compare to the national means as follows:

AHCCCS Rates Compared with National HEDIS Means

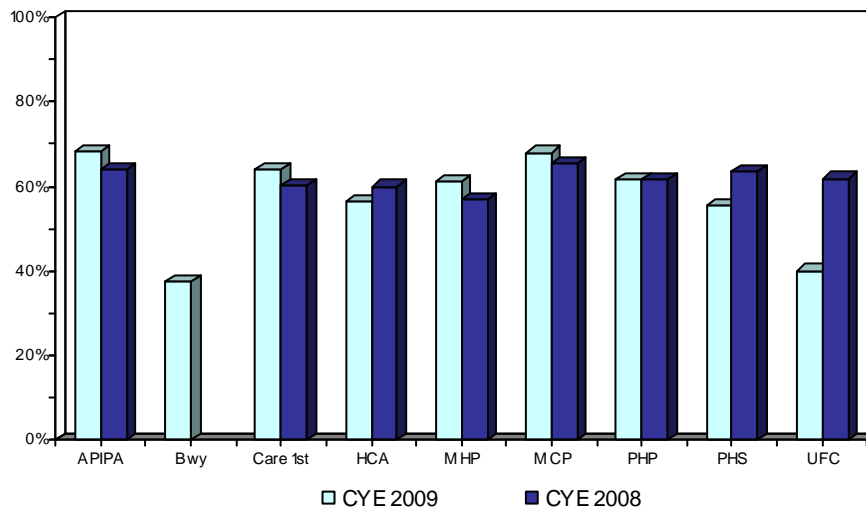
Measure/ Age Group	AHCCCS Medicaid Rate	HEDIS Medicaid Mean	HEDIS Commercial Mean
Cervical Cancer Screening	62.6%	64.8%	81.7%

Discussion

As with breast cancer screening, many women may not have Pap tests at recommended intervals because they are not aware they are due for such screening, embarrassment or cultural factors and beliefs.^{26,27}

Figure 13. Rates by Contractor, Cervical Cancer Screening among Medicaid Members

CYE 2009 compared with CYE 2008



Arizona Physicians IPA (APIPA) had the highest rate (68.2 percent). APIPA and Mercy Care Plan were the only Contractors that met the AHCCS Minimum Performance Standard for this measure.

CHLAMYDIA SCREENING



Chlamydia is one of the most commonly reported sexually transmitted diseases (STDs) in the United States, infecting an estimated 2.8 million people each year. Yet, it often is undetected because up to 80 percent of women and 50 percent of men infected with the *Chlamydia trachomatis* bacteria have no symptoms. It is estimated that, by age 30, half of sexually active women have had chlamydia.²⁹

If untreated, Chlamydia infection can cause serious reproductive and other health problems. The infection can result in pelvic inflammatory disease, which in turn can lead to infertility, an ectopic or tubal pregnancy, or chronic pelvic pain. In pregnant women, Chlamydia infections may lead to premature delivery and babies born to infected mothers can have eye infections or pneumonia.

Because Chlamydia is most prevalent among women in their late teens and early 20s — and is often without symptoms — the U.S. Preventive Services Task Force has recommended that all sexually active females 25 and younger be tested for the infection at least once a year. This can be done as part of a routine gynecologic examination.

Description

AHCCCS measured the percentage of female members who:

- were ages 16 through 24 years at the end of the measurement period (Oct. 1, 2008, through Sept. 30, 2009),
- were identified as sexually active, based on specific gynecological services received during the measurement period,
- 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
- were screened for Chlamydia infection during the measurement period.

Performance Goals

AHCCCS has adopted a Minimum Performance Standard for Chlamydia Screening for the current measurement, based on the most recent national Medicaid mean reported by NCQA. AHCCCS also has set a Goal based on the 90th percentile rate reported for Medicaid health plans nationally. These are shown in the following table:

AHCCCS Performance Standards for Chlamydia Screening

Age Group	Minimum Performance Standard (MPS)	Goal
Chlamydia Screening, 16 – 24 Years	51%	62%

The AHCCCS rate increased and exceeded the national mean for commercial health plans but was lower than the Medicaid health plan mean

Results

The overall rate for Medicaid members (Table 14) improved to 45.4 percent from 39.9 percent in the previous measurement (p<.001).

Comparison with National Benchmarks

NCQA has reported 2009 national HEDIS means for Medicaid and commercial health plans. The AHCCCS rates compare to the national means as follows:

AHCCCS Rates Compared with 2008 National HEDIS Means

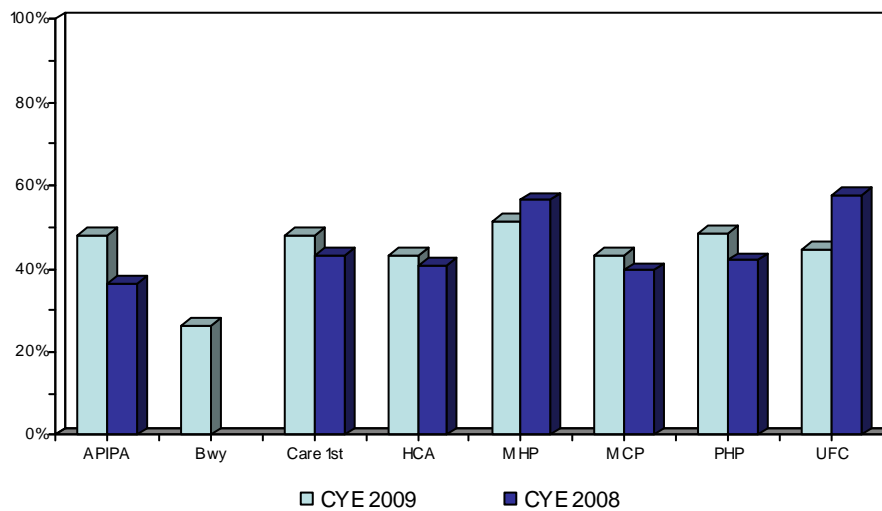
Measure/ Age Group	AHCCCS Medicaid Rate	HEDIS Medicaid Mean	HEDIS Commercial Mean
Chlamydia Screening, 16 – 24 Years	45.4%	50.8%	38.1%

Discussion

The current recommendation for chlamydia screening for all sexually active females ages 16 through 25 was made by the U.S. Preventive Services Task Force several years ago, but it appears that providers have not fully implemented this recommendation. Physicians are sometimes reluctant to discuss such screening with their patients because of the stigma associated with STDs.³⁰

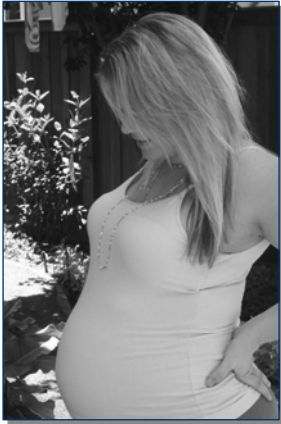
Many women probably do not seek testing because they are not aware of the seriousness of Chlamydia infection or are embarrassed about possibly having a sexually transmitted disease. The often asymptomatic nature of the infection also presents a major barrier to testing.³⁰

**Figure 14. Rates by Contractor, Chlamydia Screening, Medicaid Members
CYE 2009 compared with CYE 2008**



Maricopa Health Plan (MHP) had the highest rate for this measure in the current period (51.4 percent), exceeding both the HEDIS Medicaid and commercial means and was the only Contractor to meet the AHCCCS Minimum Performance Standard.

TIMELINESS OF PRENATAL CARE



Women who receive early and ongoing prenatal care are more likely to have better pregnancy outcomes than women who receive little or no prenatal care.³¹⁻³⁵ Babies of mothers who do not get prenatal care are three times more likely to have a low birth weight and five times more likely to die than those born to mothers who do get care.³⁶

Prenatal care affords physicians and other health care practitioners opportunities 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 mother and 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 92,616 deliveries in the state in 2009 are paid for through AHCCCS. This number includes deliveries covered by health plans, as well as those paid for directly by AHCCCS a fee-for-service basis — the majority of which (more than 14,000) were to undocumented immigrants covered under the Federal emergency Services, or FES, program who did not qualify for coverage of prenatal care through AHCCCS). ADHS also reported that 72.5 percent of AHCCCS births were to mothers who began care in their first trimester of pregnancy, while 92.6 percent of all mothers covered by private insurance began care in the first trimester.³⁷

Description

AHCCCS measured the percentage of female members who:

- had a live birth during the measurement period (Oct. 1, 2008, through Sept. 30, 2009).
- 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 enrollment, depending on the date of enrollment with the Contractor immediately preceding delivery.

Performance Goals

AHCCCS has adopted a Minimum Performance Standard for Timeliness of Prenatal Care for the current measurement, based on the most recent national Medicaid mean reported by NCQA. AHCCCS also has set a Goal based on a comparable national Healthy People 2010 objective. These are shown in the following table:

**AHCCCS Performance Standards for
Timeliness of Prenatal Care**

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

The AHCCCS rate was lower than the national Medicaid and commercial means

Results

The overall rate for Medicaid members (Table 15) had a statistically significant increase to 71.0 percent from a rate of 67.1 percent in the previous measurement (p<.001).

Comparison with National Benchmarks

NCQA has reported 2009 national HEDIS means for Medicaid and commercial health plans. The AHCCCS rates compare to the national means as follows:

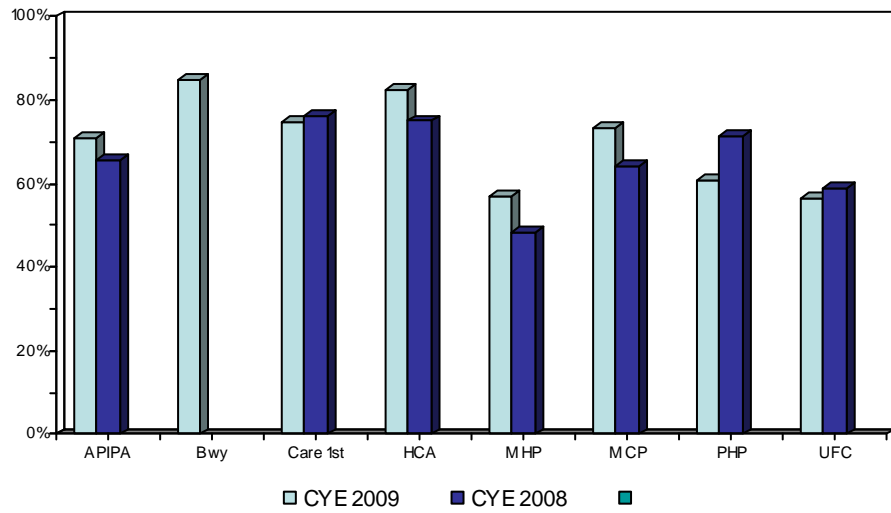
AHCCCS Rates Compared with 2008 National HEDIS Means

Measure/ Age Group	AHCCCS Medicaid Rate	HEDIS Medicaid Mean	HEDIS Commercial Mean
Timeliness of Prenatal Care	71.0%	81.4%	91.9%

Discussion

Prenatal, delivery and postpartum services provided through AHCCCS health plans typically are paid for under a “global” fee. Providers may not have reported all dates of prenatal visits when billing for OB services, which likely has resulted in underreporting of rates for this measure. AHCCCS has been working with Contractors to ensure more complete reporting, and has convened a work group with health plans to address collection of more complete data for this measure, as well as any additional member outreach efforts needed in this area.

Figure 15. Rates by Contractor, Timeliness of Prenatal Care, Medicaid Members
 CYE 2009 compared with CYE 2008



Bridgeway Health Solutions(Bwy) had the highest rate for Timeliness of Prenatal Care (85.0 percent). Two Contractors, Bridgeway and Health Choice Arizona, met the Minimum Performance Standard for this measure.

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 6 years or, if older, 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. Many of DDD's clients 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.³⁸ 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 at regular intervals to monitor and improve their health.

In general, people with developmental disabilities also have poorer 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.³⁹ Thus, they also require regular dental visits.

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

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. They 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. Performance Measures are collected according to HEDIS methodology in the same way as Performance Measures for Acute-care Contractors.

This section reports DDD’s performance in the following measures:

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

	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, rates for all age groups and overall showed significant increases (Table 16). The rate for the 12-to-24-month group increased to 100.0 from the previous rate of 84.3 percent in the previous measurement (p=.002). The rate for members 25 months to 6 years increased to 85.3 percent from the previous rate of 76.6 percent (p<.001). The rate for members 7 to 11 years increased to 80.6 percent from the previous rate of 72.2 percent (p<.001). The rate for members 12 to 19 years increased to 79.7 percent from 72.0 percent in the previous year (p<.001). The overall rate (all age groups combined) increased to 81.7 percent from 73.5 percent in the current measurement (p<.001).

Well-Child Visits in the Third through Sixth Years of Life

In the current measurement, 51.8 percent of children had an annual well-care visit (Table 17), an increase from 46.9percent in the previous year (p<.001).

Adolescent Well-Care Visits

In the current measurement, 39.3 percent of adolescents had a well-care visit (Table 18), an increase from the previous year's rate of 35.3 percent ($p < .001$).

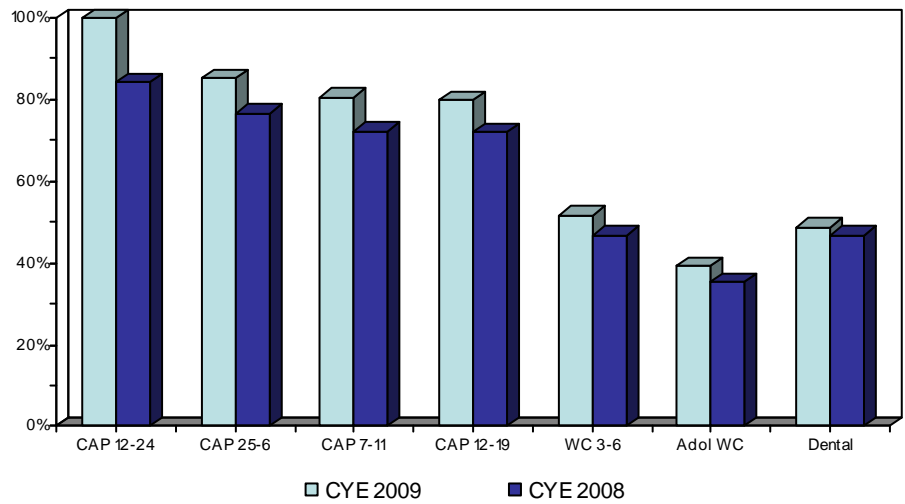
Annual Dental Visits

The rate of annual dental visits (Table 19) increased in the current measurement, to 48.7 percent from 46.9 percent in the previous year ($p = .005$).

Discussion

In the current measurement, DDD showed statistically significant improvement in all its acute-care performance measures. The Division also met its Minimum Performance Standards for all of the measures reported here.

Figure 16. DDD Performance Measure Rates
CYE 2009 compared with CYE 2008



CONCLUSION



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

Overall Results

In the current measurement, Contractors significantly improved rates of primary and preventive care services, as measured under HEDIS.

In July 2007, AHCCCS advised Acute-care Contractors that they would face significant financial sanctions in the next couple of years if they did not increase rates to meet Minimum Performance Standards. This was followed by ongoing monitoring over the next couple of years, including requiring Contractors to evaluate the effectiveness of corrective actions and implement new interventions as necessary. This regulatory approach has encouraged health plans to apply the resources necessary to significantly increase rates. Contractors will be required to continue improvement efforts, focusing on areas where they perform poorly.

The data reported here 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. The AHCCCS rates for Adults' Access to Preventive/Ambulatory Health Services, Well Child Visits in the First 15 Months of Life and Annual Dental Visits among Medicaid members are well above the national means for Medicaid managed care plans, with rates for several other measures also exceeding national Medicaid means. The rates for Annual Dental Visits among both the Medicaid and KidsCare populations also exceed the 90th percentile of Medicaid health plans nationally.

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 national means for commercial health plans.

However, several Contractors' rates for Children's and Adolescents' Access to PCPs still lag behind national means. AHCCCS-contracted health plans must focus resources on increasing rates for this measure. Data capture for Timeliness of Prenatal Care also is of concern, and AHCCCS has convened a work group to address this measure.

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For questions or comments about this report, please contact:

Rochelle Tigner, Quality Improvement Manager
Clinical Quality Management Unit
Division of Health Care Management, MD 6700
701 E. Jefferson St.
Phoenix, AZ 85034
rochelle.tigner@azahcccs.gov

Table 2
Arizona Health Care Cost Containment System
CHILDREN'S ACCESS TO PRIMARY CARE PRACTITIONERS BY CONTRACTOR
MEMBERS ELIGIBLE UNDER KIDSCARE
Measurement Period Oct. 1, 2008, to Sept. 30, 2009

Minimum Performance Standards:	12-24 Months	93
Rates in bold face denote the Contractor met	25 Months - 6 Years	83
the AHCCCS Minimum Performance Standard	7-11 Years	83
	12-19 Years	81

Contractor	Age	Total Number of Members	Number with 1+ Visits	Percent with 1+ Visits	Relative Percent Change From Previous Year	Statistical Significance
AZ Physicians IPA	12-24 mos.	206	191	92.7%	1.4%	P=.591
	25 mos. - 6 yrs.	1,328	1,184	89.2%	4.4%	P=.001
	7 - 11 yrs.	1,397	1,262	90.3%	6.0%	P<.001
	12 -19 yrs.	1,666	1,472	88.4%	1.9%	P=.103
	Total	4,597	4,109	89.4%	3.8%	P<.001
AZ Physicians IPA	12-24 mos.	422	386	91.5%		
	25 mos. - 6 yrs.	2,696	2,302	85.4%		
	7 - 11 yrs.	2,312	1,970	85.2%		
	12 -19 yrs.	2,930	2,540	86.7%		
	Total	8,360	7,198	86.1%		
Bridgeway Health Solutions	12-24 mos.	17	15	88.2%	N/A	N/A
	25 mos. - 6 yrs.	102	89	87.3%	N/A	N/A
	7 - 11 yrs.	0	0	0.0%	N/A	N/A
	12 -19 yrs.	0	0	0.0%	N/A	N/A
	Total	119	104	87.4%	N/A	N/A
Bridgeway Health Solutions	12-24 mos.	N/A	N/A	N/A		
	25 mos. - 6 yrs.	N/A	N/A	N/A		
	7 - 11 yrs.	N/A	N/A	N/A		
	12 -19 yrs.	N/A	N/A	N/A		
	Total	N/A	N/A	N/A		
Care1st Healthplan	12-24 mos.	46	42	91.3%	-6.5%	P=.182
	25 mos. - 6 yrs.	305	278	91.1%	2.7%	P=.290
	7 - 11 yrs.	142	121	85.2%	3.2%	P=.527
	12 -19 yrs.	147	127	86.4%	-0.4%	P=.920
	Total	640	568	88.8%	0.9%	P=.633
Care1st Healthplan	12-24 mos.	86	84	97.7%		
	25 mos. - 6 yrs.	454	403	88.8%		
	7 - 11 yrs.	178	147	82.6%		
	12 -19 yrs.	204	177	86.8%		
	Total	922	811	88.0%		

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Measurement Period Oct. 1, 2008, to Sept. 30, 2009

Minimum Performance Standards:	12-24 Months	93
Rates in bold face denote the Contractor met	25 Months - 6 Years	83
the AHCCCS Minimum Performance Standard	7-11 Years	83
	12-19 Years	81

Contractor	Age	Total Number of Members	Number with 1+ Visits	Percent with 1+ Visits	Relative Percent Change From Previous Year	Statistical Significance
Health Choice AZ	12-24 mos.	216	203	94.0%	1.2%	P=.618
	25 mos. - 6 yrs.	1,152	1,010	87.7%	2.4%	P=.131
	7 - 11 yrs.	696	617	88.6%	8.4%	P<.001
	12 -19 yrs.	690	609	88.3%	5.3%	P=.012
	Total	2,754	2,439	88.6%	4.5%	P<.001
Health Choice AZ	12-24 mos.	280	260	92.9%		
	25 mos. - 6 yrs.	1,391	1,191	85.6%		
	7 - 11 yrs.	894	731	81.8%		
	12 -19 yrs.	845	708	83.8%		
	Total	3,410	2,890	84.8%		
Maricopa Health Plan	12-24 mos.	29	26	89.7%	-3.8%	P=.688
	25 mos. - 6 yrs.	280	238	85.0%	-0.1%	P=.971
	7 - 11 yrs.	251	229	91.2%	6.7%	P=.032
	12 -19 yrs.	250	206	82.4%	1.4%	P=.714
	Total	810	699	86.3%	1.9%	P=.318
Maricopa Health Plan	12-24 mos.	88	82	93.2%		
	25 mos. - 6 yrs.	510	434	85.1%		
	7 - 11 yrs.	387	331	85.5%		
	12 -19 yrs.	357	290	81.2%		
	Total	1342	1137	84.7%		
Mercy Care Plan	12-24 mos.	284	261	91.9%	-2.6%	P=.158
	25 mos. - 6 yrs.	2,016	1,831	90.8%	2.1%	P=.027
	7 - 11 yrs.	1,713	1,559	91.0%	3.6%	P=.001
	12 -19 yrs.	1,759	1,600	91.0%	4.4%	P<.001
	Total	5,772	5,251	91.0%	2.7%	P<.001
Mercy Care Plan	12-24 mos.	639	603	94.4%		
	25 mos. - 6 yrs.	3,481	3,096	88.9%		
	7 - 11 yrs.	2,415	2,122	87.9%		
	12 -19 yrs.	2,369	2,064	87.1%		
	Total	8,904	7,885	88.6%		

Table 2
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MEMBERS ELIGIBLE UNDER KIDSCARE
Measurement Period Oct. 1, 2008, to Sept. 30, 2009

Minimum Performance Standards:	12-24 Months	93
Rates in bold face denote the Contractor met the AHCCCS Minimum Performance Standard	25 Months - 6 Years	83
	7-11 Years	83
	12-19 Years	81

Contractor	Age	Total Number of Members	Number with 1+ Visits	Percent with 1+ Visits	Relative Percent Change From Previous Year	Statistical Significance
Phoenix Health Plan	12-24 mos.	197	188	95.4%	0.3%	P=.873
	25 mos. - 6 yrs.	1,320	1,166	88.3%	-1.4%	P=.279
	7 - 11 yrs.	988	867	87.8%	-0.2%	P=.878
	12 -19 yrs.	926	811	87.6%	1.0%	P=.564
	Total	3,431	3,032	88.4%	-0.3%	P=.672
Phoenix Health Plan	12-24 mos.	266	253	95.1%		
	25 mos. - 6 yrs.	1,838	1,646	89.6%		
	7 - 11 yrs.	1,379	1,213	88.0%		
	12 -19 yrs.	1,214	1,053	86.7%		
	Total	4,697	4,165	88.7%		
University Family Care	12-24 mos.	32	29	90.6%	-9.4%	P=1.000
	25 mos. - 6 yrs.	160	133	83.1%	-10.2%	P=.263
	7 - 11 yrs.	36	36	100.0%	7.4%	P=.294
	12 -19 yrs.	57	54	94.7%	0.6%	P=1.000
	Total	285	252	88.4%	-5.6%	P=.066
University Family Care	12-24 mos.	2	2	100.0%		
	25 mos. - 6 yrs.	27	25	92.6%		
	7 - 11 yrs.	58	54	93.1%		
	12 -19 yrs.	86	81	94.2%		
	Total	173	162	93.6%		
TOTAL	12-24 mos.	1,027	955	93.0%	-0.7%	P=.429
	25 mos. - 6 yrs.	6,663	5,929	89.0%	1.7%	P=.005
	7 - 11 yrs.	5,223	4,691	89.8%	4.2%	P<.001
	12 -19 yrs.	5,495	4,879	88.8%	2.8%	P<.001
	Total	18,408	16,454	89.4%	2.5%	P<.001
TOTAL	12-24 mos.	1,783	1,670	93.7%		
	25 mos. - 6 yrs.	10,397	9,097	87.5%		
	7 - 11 yrs.	7,623	6,568	86.2%		
	12 -19 yrs.	8,005	6,913	86.4%		
	Total	27,808	24,248	87.2%		

Notes:

Results of previous measurement period (Oct. 1, 2007, through Sept. 30, 2008) shown in shaded rows.

Changes from the previous measurement are considered statistically significant when $P \leq .05$.

University Family Care did not have enough KidsCare members ages 12 to 24 months who met the criteria for the eligible population to be included in the measurement

Bridgeway Health Solutions did not become an AHCCCS Contractor for the Acute-care program until Oct. 1, 2008, and did not have any members who met the two-year continuous enrollment criteria for the age groups 7 to 11 and 12 to 19.

Table 4
Arizona Health Care Cost Containment System
WELL-CHILD VISITS IN THE FIRST 15 MONTHS OF LIFE BY CONTRACTOR
MEMBERS ELIGIBLE UNDER MEDICAID
Measurement Period: Oct. 1, 2008, to Sept. 30, 2009

Minimum Performance Standard:

65

Rates in bold face denote the Contractor met the AHCCCS Minimum Performance Standard

Contractor	Total Number of Members	Number with 6+ Visits	Percent with 6+ Visits	Relative Percent Change From Previous Year	Statistical Significance
AZ Physicians IPA	3,421	2,003	58.6%	2.7%	P=.163
AZ Physicians IPA	5,150	2,937	57.0%		
Care1st Healthplan	820	595	72.6%	10.2%	P=.004
Care1st Healthplan	758	499	65.8%		
Health Choice AZ	2,877	1,756	61.0%	5.2%	P=.020
Health Choice AZ	2,752	1,596	58.0%		
Maricopa Health Plan	829	570	68.8%	9.1%	P=.013
Maricopa Health Plan	835	526	63.0%		
Mercy Care Plan	5,869	3,824	65.2%	10.5%	P<.001
Mercy Care Plan	6,011	3,545	59.0%		
Phoenix Health Plan	2,498	1,739	69.6%	6.7%	P=.001
Phoenix Health Plan	2,315	1,511	65.3%		
University Family Care	140	73	52.1%	1.1%	P=.932
University Family Care	95	49	51.6%		
TOTAL	16,454	10,560	64.2%	7.8%	P<.001
TOTAL	17,916	10,663	59.5%		

Notes:

Results of previous measurement period (Oct. 1, 2007, through Sept. 30, 2008) shown in shaded rows.

Changes from the previous measurement are considered statistically significant when $P \leq .05$.

Bridgeway Health Solutions did not become an AHCCCS Contractor for the Acute-care program until Oct. 1, 2008, and did not have members who met the continuous enrollment criterion for this measure.

Table 5
Arizona Health Care Cost Containment System
WELL-CHILD VISITS IN THE FIRST 15 MONTHS OF LIFE BY CONTRACTOR
MEMBERS ELIGIBLE UNDER KIDSCARE
Measurement Period: Oct. 1, 2008, to Sept. 30, 2009

Minimum Performance Standard:

65

Rates in bold face denote the Contractor met the AHCCCS Minimum Performance Standard

Contractor	Number of Members	Number with 6+ Visits	Percent with 6+ Visits	Relative Percent Change From Previous Year	Statistical Significance
AZ Physicians IPA	228	145	63.6%	-7.8%	p=.070
AZ Physicians IPA	467	322	69.0%		
Care1st Healthplan	50	42	84.0%	15.3%	p=.516
Care1st Healthplan	81	59	72.8%		
Health Choice AZ	182	125	68.7%	5.3%	p=.251
Health Choice AZ	282	184	65.2%		
Maricopa Health Plan	41	26	63.4%	-14.4%	p=.009
Maricopa Health Plan	85	63	74.1%		
Mercy Care Plan	372	274	73.7%	0.8%	p=.858
Mercy Care Plan	620	453	73.1%		
Phoenix Health Plan	172	130	75.6%	-1.4%	p=.507
Phoenix Health Plan	244	187	76.6%		
TOTAL	1,045	742	71.0%	-0.4%	p=.221
TOTAL	1,779	1,268	71.3%		

Notes:

Results of previous measurement period (Oct. 1, 2007, through Sept. 30, 2008) shown in shaded rows.

Changes from the previous measurement are considered statistically significant when $P \leq .05$.

University Family Care did not have enough KidsCare members who met the continuous enrollment criterion for this measure to report a rate.

Bridgeway Health Solutions did not become an AHCCCS Contractor for the Acute-care program until Oct. 1, 2008, and did not have KidsCare members who met the continuous enrollment criterion for this measure.

Table 6
Arizona Health Care Cost Containment System
WELL-CHILD VISITS IN THE THIRD, FOURTH, FIFTH AND SIXTH YEARS OF LIFE BY CONTRACTOR
MEMBERS ELIGIBLE UNDER MEDICAID
Measurement Period: Oct. 1, 2008, through Sept. 30, 2009

Minimum Performance Standard:

64

Rates in bold face denote the Contractor met the AHCCCS Minimum Performance Standard

Contractor	Number of Members	Number with 6+ Visits	Percent with 6+ Visits	Relative Percent Change From Previous Year	Statistical Significance
AZ Physicians IPA	18,490	12,142	65.7%	5.1%	P<.001
AZ Physicians IPA	22,087	13,795	62.5%		
Bridgeway Health Solutions	1,101	627	56.9%	N/A	N/A
Bridgeway Health Solutions	N/A	N/A	N/A		
Care1st Healthplan	3,740	2,720	72.7%	8.0%	P<.001
Care1st Healthplan	2,837	1,911	67.4%		
DES/CMDP	1,166	785	67.3%	7.6%	P=.018
DES/CMDP	1,084	678	62.5%		
Health Choice AZ	15,349	9,737	63.4%	3.4%	P=.001
Health Choice AZ	11,045	6,777	61.4%		
Maricopa Health Plan	3,830	2,549	66.6%	4.4%	P=.013
Maricopa Health Plan	3,297	2,102	63.8%		
Mercy Care Plan	26,766	19,911	74.4%	7.0%	P<.001
Mercy Care Plan	23,938	16,647	69.5%		
Phoenix Health Plan	15,673	11,717	74.8%	2.4%	P=.002
Phoenix Health Plan	9,700	7,085	73.0%		
University Family Care	4,053	2,414	59.6%	1.8%	P=.621
University Family Care	600	351	58.5%		
TOTAL	90,168	62,602	69.4%	4.9%	P<.001
TOTAL	74,588	49,346	66.2%		

Notes:

Results of previous measurement period (Oct. 1, 2007, through Sept. 30, 2008) shown in shaded rows.

Changes from the previous measurement are considered statistically significant when $P \leq .05$.

Bridgeway Health Solutions did not become an AHCCCS Contractor for the Acute-care program until Oct. 1, 2008.

Table 7
Arizona Health Care Cost Containment System
WELL-CHILD VISITS IN THE THIRD, FOURTH, FIFTH AND SIXTH YEARS OF LIFE BY CONTRACTOR
MEMBERS ELIGIBLE UNDER KIDSCARE
Measurement Period Oct. 1, 2008, to Sept. 30, 2009

Minimum Performance Standard:

64

Rates in bold face denote the Contractor met the AHCCCS Minimum Performance Standard

Contractor	Number of Members	Number with 1+ Visits	Percent with 1+ Visits	Relative Percent Change From Previous Year	Statistical Significance
AZ Physicians IPA	1,100	755	68.6%	2.4%	P=.330
AZ Physicians IPA	2,200	1,475	67.0%		
Bridgeway Health Solutions	87	49	56.3%	N/A	N/A
Bridgeway Health Solutions	N/A	N/A	N/A		
Care1st Healthplan	249	201	80.7%	3.0%	P=.409
Care1st Healthplan	375	294	78.4%		
Health Choice AZ	922	663	71.9%	5.7%	P=.034
Health Choice AZ	1,123	764	68.0%		
Maricopa Health Plan	224	166	74.1%	-2.9%	P=.526
Maricopa Health Plan	423	323	76.4%		
Mercy Care Plan	1,642	1,316	80.1%	3.3%	P=.028
Mercy Care Plan	2,840	2,204	77.6%		
Phoenix Health Plan	1,090	775	71.1%	-7.1%	P=.008
Phoenix Health Plan	1,537	1,176	76.5%		
University Family Care	133	91	68.4%	4.6%	P=.704
University Family Care	26	17	65.4%		
TOTAL	5,447	4,016	73.7%	0.5%	P=.301
TOTAL	8,524	6,253	73.4%		

Note:

Results of previous measurement period (Oct. 1, 2007, through Sept. 30, 2008) shown in shaded rows.

Changes from the previous measurement are considered statistically significant w

Bridgeway Health Solutions did not become an AHCCCS Contractor for the Acute-care program until Oct. 1, 2008.

Table 8
Arizona Health Care Cost Containment System
ADOLESCENT WELL-CARE VISITS BY CONTRACTOR
MEMBERS ELIGIBLE UNDER MEDICAID
Measurement Period: Oct. 1, 2008, through Sept. 30, 2009

Minimum Performance Standard:

41

Rates in bold face denote the Contractor met the AHCCCS Minimum Performance Standard

Contractor	Total Number of Members	Number with 1+ Visits	Percent with 1+ Visits	Relative Percent Change From Previous Year	Statistical Significance
AZ Physicians IPA	26,985	11,603	43.0%	8.0%	P<.001
AZ Physicians IPA	31,969	12,732	39.8%		
Bridgeway Health Solutions	1,336	441	33.0%	N/A	N/A
Bridgeway Health Solutions	N/A	N/A	N/A		
Care1st Healthplan	3,390	1,402	41.4%	-4.7%	P=.119
Care1st Healthplan	2,419	1,050	43.4%		
DES/CMDP	1,719	1,130	65.7%	2.2%	P=.377
DES/CMDP	1,700	1,093	64.3%		
Health Choice AZ	17,865	6,624	37.1%	2.3%	P=.149
Health Choice AZ	11,762	4,264	36.3%		
Maricopa Health Plan	4,507	1,718	38.1%	9.8%	P=.002
Maricopa Health Plan	3,579	1,242	34.7%		
Mercy Care Plan	29,811	12,842	43.1%	3.6%	P<.001
Mercy Care Plan	26,628	11,072	41.6%		
Phoenix Health Plan	18,560	9,244	49.8%	-3.3%	P=.005
Phoenix Health Plan	10,238	5,275	51.5%		
University Family Care	6,663	2,686	40.3%	-3.1%	P=.391
University Family Care	1,296	539	41.6%		
TOTAL	110,836	47,690	43.0%	3.4%	P<.001
TOTAL	89,591	37,267	41.6%		

Note:

Results of previous measurement period (Oct. 1, 2007, through Sept. 30, 2008) shown in shaded rows.

Changes from the previous measurement are considered statistically significant when $P \leq .05$.

Bridgeway Health Solutions did not become an AHCCCS Contractor for the Acute-care program until Oct. 1, 2008.

Table 9
Arizona Health Care Cost Containment System
ADOLESCENT WELL-CARE VISITS BY CONTRACTOR
MEMBERS ELIGIBLE UNDER KIDSCARE
Measurement Period: Oct. 1, 2008, through Sept. 30, 2009

Minimum Performance Standard:

41

Rates in bold face denote the Contractor met the AHCCCS Minimum Performance Standard

Contractor	Total Number of Members	Number with 1+ Visits	Percent with 1+ Visits	Relative Percent Change From Previous Year	Statistical Significance
AZ Physicians IPA	2,643	1,338	50.6%	6.1%	P=.018
AZ Physicians IPA	4,330	2,066	47.7%		
Bridgeway Health Solutions	208	94	45.2%	N/A	N/A
Bridgeway Health Solutions	N/A	N/A	N/A		
Care1st Healthplan	275	135	49.1%	-13.4%	P=.060
Care1st Healthplan	344	195	56.7%		
Health Choice AZ	1,700	850	50.0%	12.7%	P=.001
Health Choice AZ	1,488	660	44.4%		
Maricopa Health Plan	353	186	52.7%	3.5%	P=.602
Maricopa Health Plan	548	279	50.9%		
Mercy Care Plan	2,800	1,488	53.1%	2.9%	P=.225
Mercy Care Plan	3,669	1,894	51.6%		
Phoenix Health Plan	1,924	1,019	53.0%	-19.5%	P<.001
Phoenix Health Plan	1,868	1,229	65.8%		
University Family Care	444	241	54.3%	8.6%	P=.450
University Family Care	94	47	50.0%		
TOTAL	10,347	5,351	51.7%	0.2%	P=.643
TOTAL	12,341	6,370	51.6%		

Note:

Results of previous measurement period (Oct. 1, 2007, through Sept. 30, 2008) shown in shaded rows.

Changes from the previous measurement are considered statistically significant when $P \leq .05$.

Bridgeway Health Solutions did not become an AHCCCS Contractor for the Acute-care program until Oct. 1, 200

Table 10
Arizona Health Care Cost Containment System
ANNUAL DENTAL VISITS AGE 2-21 BY CONTRACTOR
MEMBERS ELIGIBLE UNDER MEDICAID
Measurement Period: Oct. 1, 2008, through Sept. 30, 2009

Minimum Performance Standard:

55

Rates in bold face denote the Contractor met the AHCCCS Minimum Performance Standard

Contractor	Total Number of Members	Number Receiving Dental Services	Percent Receiving Dental Services	Relative Percent Change from Previous Year	Statistical Significance
AZ Physicians IPA	70,885	45,726	64.5%	3.8%	P<.001
AZ Physicians IPA	83,757	52,050	62.1%		
Bridgeway Health Solutions	3,804	2,480	65.2%	N/A	N/A
Bridgeway Health Solutions	N/A	N/A	N/A		
Care1st Healthplan	10,710	6,812	63.6%	2.2%	P=.055
Care1st Healthplan	8,040	5,004	62.2%		
DES/CMDP	4,370	3,051	69.8%	-6.7%	P<.001
DES/CMDP	4,118	3,083	74.9%		
Health Choice AZ	52,522	34,980	66.6%	10.1%	P<.001
Health Choice AZ	36,075	21,829	60.5%		
Maricopa Health Plan	13,239	8,438	63.7%	14.1%	P<.001
Maricopa Health Plan	10,945	6,113	55.9%		
Mercy Care Plan	89,595	57,123	63.8%	6.0%	P<.001
Mercy Care Plan	79,538	47,851	60.2%		
Phoenix Health Plan	53,967	33,901	62.8%	5.4%	P<.001
Phoenix Health Plan	31,572	18,821	59.6%		
University Family Care	16,298	9,310	57.1%	-6.8%	P<.001
University Family Care	2,876	1,763	61.3%		
TOTAL	315,390	201,821	64.0%	5.0%	P<.001
TOTAL	256,921	156,514	60.9%		

Notes:

Results of previous measurement period (Oct. 1, 2007, through Sept. 30, 2008) shown in shaded rows.

Changes from the previous measurement are considered statistically significant when $P \leq .05$.

Bridgeway Health Solutions did not become an AHCCCS Contractor for the Acute-care program until Oct. 1, 2008.

Table 11
Arizona Health Care Cost Containment System
ANNUAL DENTAL VISITS AGE 2-19 BY CONTRACTOR
MEMBERS ELIGIBLE UNDER KIDSCARE
Measurement Period: Oct. 1, 2008, through Sept. 30, 2009

Minimum Performance Standard:

55

Rates in bold face denote the Contractor met the AHCCCS Minimum Performance Standard

Contractor	Total Number of Members	Number Receiving Dental Services	Percent Receiving Dental Services	Relative Percent Change from Previous Year	Statistical Significance
AZ Physicians IPA	6,295	4,612	73.3%	2.8%	P=.006
AZ Physicians IPA	10,760	7,672	71.3%		
Bridgeway Health Solutions	456	325	71.3%	N/A	N/A
Bridgeway Health Solutions	N/A	N/A	N/A		
Care1st Healthplan	853	640	75.0%	1.5%	P=.579
Care1st Healthplan	1,120	828	73.9%		
Health Choice AZ	4,433	3,345	75.5%	6.4%	P<.001
Health Choice AZ	4,497	3,188	70.9%		
Maricopa Health Plan	1,016	742	73.0%	9.0%	P=.001
Maricopa Health Plan	1,709	1,145	67.0%		
Mercy Care Plan	7,607	5,698	74.9%	3.4%	P<.001
Mercy Care Plan	10,998	7,965	72.4%		
Phoenix Health Plan	5,266	3,970	75.4%	3.0%	P=.007
Phoenix Health Plan	5,937	4,344	73.2%		
University Family Care	888	600	67.6%	-12.3%	P=.011
University Family Care	183	141	77.0%		
TOTAL	26,814	19,932	74.3%	3.5%	P<.001
TOTAL	35,204	25,283	71.8%		

Notes:

Results of previous measurement period (Oct. 1, 2007, through Sept. 30, 2008) shown in shaded rows.

Changes from the previous measurement are considered statistically significant when $P \leq .05$.

Bridgeway Health Solutions did not become an AHCCCS Contractor for the Acute-care program until Oct. 1, 2008.

Table 12
Arizona Health Care Cost Containment System
BREAST CANCER SCREENING, AGES 52-69 YEARS, BY CONTRACTOR
Measurement Period: Oct. 1, 2007, through Sept. 30, 2009

Minimum Performance Standard:

54

Rates in bold face denote the Contractor met the AHCCCS Minimum Performance Standard

Contractor	Total Number of Members	Number Receiving Mammograms	Percent Receiving Mammograms	Relative Percent Change from Previous Year	Statistical Significance
AZ Physicians IPA	4,948	3,371	68.1%	10.7%	P<.001
AZ Physicians IPA	6,663	4,101	61.5%		
Care1st Healthplan	575	324	56.3%	5.8%	P=.313
Care1st Healthplan	503	268	53.3%		
Health Choice AZ	1,940	1,102	56.8%	8.3%	P=.006
Health Choice AZ	2,024	1,062	52.5%		
Maricopa Health Plan	618	409	66.2%	6.6%	P=.135
Maricopa Health Plan	612	380	62.1%		
Mercy Care Plan	6,143	4,175	68.0%	-1.2%	P=.325
Mercy Care Plan	5,862	4,033	68.8%		
Phoenix Health Plan	1,635	1,036	63.4%	13.3%	P<.001
Phoenix Health Plan	1,584	886	55.9%		
Pima Health System	43	27	62.8%	5.5%	P=.673
Pima Health System	635	378	59.5%		
University Family Care	415	283	68.2%	-2.0%	P=.675
University Family Care	339	236	69.6%		
TOTAL	16,317	10,727	65.7%	5.6%	P<.001
TOTAL	18,222	11,344	62.3%		

Notes:

Results of previous measurement period (Oct. 1, 2007, through Sept. 30, 2008) shown in shaded rows.

Changes from the previous measurement are considered statistically significant when $P \leq .05$.

Bridgeway Health Solutions did not become an AHCCCS Contractor for the Acute-care program until Oct. 1, 2008.

Table 13

Arizona Health Care Cost Containment System
CERVICAL CANCER SCREENING BY CONTRACTOR
Measurement Period: Oct. 1, 2008, through Sept. 30, 2009

Minimum Performance Standard:

65

Rates in bold face denote the Contractor met the AHCCCS Minimum Performance Standard

Contractor	Total Number of Members	Number Receiving Pap Tests	Percent Receiving Pap Tests	Relative Percent Change From Previous Year	Statistical Significance
AZ Physicians IPA	28,038	19,121	68.2%	6.9%	P<.001
AZ Physicians IPA	31,631	20,186	63.8%		
Bridgeway Health Solutions	1,826	686	37.6%	N/A	N/A
Bridgeway Health Solutions	N/A	N/A	N/A		
Care1st Healthplan	3,850	2,455	63.8%	6.1%	P=.002
Care1st Healthplan	2,861	1,720	60.1%		
Health Choice AZ	20,027	11,278	56.3%	-5.9%	P<.001
Health Choice AZ	12,424	7,437	59.9%		
Maricopa Health Plan	3,112	1,904	61.2%	7.3%	P=.001
Maricopa Health Plan	2,521	1,437	57.0%		
Mercy Care Plan	34,574	23,508	68.0%	4.0%	P<.001
Mercy Care Plan	29,041	18,992	65.4%		
Phoenix Health Plan	17,455	10,760	61.6%	-0.1%	P=.906
Phoenix Health Plan	8,793	5,427	61.7%		
Pima Health System	85	47	55.3%	-13.1%	P=.115
Pima Health System	3,428	2,181	63.6%		
University Family Care	7,096	2,844	40.1%	-35.1%	P<.001
University Family Care	1,117	690	61.8%		
TOTAL	116,063	72,603	62.6%	-1.1%	P=.001
TOTAL	91,816	58,070	63.2%		

Notes:

Results of previous measurement period (Oct. 1, 2007, through Sept. 30, 2008) shown in shaded rows.

Changes from the previous measurement are considered statistically significant when $P \leq .05$.

Bridgeway Health Solutions did not become an AHCCCS Contractor for the Acute-care program until Oct. 1, 2008.

Table 14

Arizona Health Care Cost Containment System
CHLAMYDIA SCREENING, AGES 16-24, BY CONTRACTOR
Measurement Period: Oct. 1, 2008, through Sept. 30, 2009

Minimum Performance Standard: 51

Rates in bold face denote the Contractor met the AHCCCS Minimum Performance Standard

Contractor	Number of Members	Number Receiving Screening	Percent Receiving Screening	Relative Percent Change From Previous Year	Statistical Significance
AZ Physicians IPA	4,347	2,088	48.0%	31.3%	P<.001
AZ Physicians IPA	7,395	2,706	36.6%		
Bridgeway Health Solutions	277	73	26.4%	N/A	N/A
Bridgeway Health Solutions	N/A	N/A	N/A		
Care1st Healthplan	806	386	47.9%	11.1%	P=.051
Care1st Healthplan	833	359	43.1%		
Health Choice AZ	3,468	1,495	43.1%	5.7%	P=.054
Health Choice AZ	3,268	1,333	40.8%		
Maricopa Health Plan	698	359	51.4%	-8.9%	P=.063
Maricopa Health Plan	648	366	56.5%		
Mercy Care Plan	5,789	2,503	43.2%	9.1%	P<.001
Mercy Care Plan	7,470	2,961	39.6%		
Phoenix Health Plan	3,289	1,593	48.4%	15.4%	P<.001
Phoenix Health Plan	2,563	1,076	42.0%		
University Family Care	1,187	529	44.6%	-22.8%	P<.001
University Family Care	234	135	57.7%		
TOTAL	19,861	9,026	45.4%	14.0%	P<.001
TOTAL	22,411	8,936	39.9%		

Notes:

Results of previous measurement period (Oct. 1, 2007, through Sept. 30, 2008) shown in shaded rows.

Changes from the previous measurement are considered statistically significant when $P \leq .05$.

Bridgeway Health Solutions did not become an AHCCCS Contractor for the Acute-care program until Oct. 1, 2008.

Table 15

Arizona Health Care Cost Containment System
TIMELINESS OF PRENATAL CARE BY CONTRACTOR
Measurement Period: October 1, 2008, through September 30, 2009
 CYE 2009 MPS = 80

Contractor	Number of Members	Number With Visits	Percent With visits	Relative Percent Change from Previous Year	Statistical Significance
AZ Physicians IPA	5,480	3,884	70.9%	8.2%	P<.001
AZ Physicians IPA	7,713	5,052	65.5%		
Bridgeway Health Solutions	367	312	85.0%	N/A	N/A
Bridgeway Health Solutions	N/A	N/A	N/A		
Care1st Health Plan	1,458	1,087	74.6%	-2.3%	P=.329
Care1st HealthPlan	987	753	76.3%		
Health Choice AZ	4,815	3,968	82.4%	9.8%	P<.001
Health Choice AZ	3,956	2,968	75.0%		
Maricopa Health Plan	925	528	57.1%	17.6%	P=.001
Maricopa Health Plan	583	283	48.5%		
Mercy Care Plan	7,852	5,742	73.1%	14.1%	P<.001
Mercy Care Plan	9,731	6,237	64.1%		
Phoenix Health Plan	4,846	2,950	60.9%	-14.7%	P<.001
Phoenix Health Plan	2,930	2,092	71.4%		
University Family Care	1,383	782	56.5%	-3.8%	P=.601
University Family Care	148	87	58.8%		
TOTAL	27,126	19,253	71.0%	5.8%	P<.001
TOTAL	26,048	17,472	67.1%		

Notes:

Results of previous measurement period (Oct. 1, 2007, through Sept. 30, 2008) shown in shaded rows.

Changes from the previous measurement are considered statistically significant when $P \leq .05$.

Bridgeway Health Solutions did not become an AHCCCS Contractor for the Acute-care program until Oct. 1, 2008.

Table 16
Arizona Health Care Cost Containment System
CHILDREN'S ACCESS TO PRIMARY CARE PRACTITIONERS
MEMBERS ELIGIBLE UNDER DES/DDD
Measurement Period Oct. 1, 2008, to Sept. 30, 2009

Minimum Performance Standards:	12-24 Months	78
Rates in bold face denote the Contractor met	25 Months - 6 Yr	70
the AHCCCS Minimum Performance Standard	7-11 Years	70
	12-19 Years	70

Contractor	Age	Total Number of Members	Number with 1+ Visits	Percent with 1+ Visits	Relative Percent Change From Previous Year	Statistical Significance
DES/DDD	12-24 mos.	59	59	100.0%	18.6%	P=.002
	25 mos. - 6 yrs	3,162	2,697	85.3%	11.3%	P<.001
	7 - 11 yrs.	3,559	2,868	80.6%	11.7%	P<.001
	12 -19 yrs.	4,044	3,222	79.7%	10.6%	P<.001
	Total	10,824	8,846	81.7%	11.2%	P<.001
DES/DDD	12-24 mos.	51	43	84.3%		
	25 mos. - 6 yrs	3,055	2,341	76.6%		
	7 - 11 yrs.	3,284	2,370	72.2%		
	12 -19 yrs.	3,785	2,727	72.0%		
	Total	10,175	7,481	73.5%		

Notes:

Results of previous measurement period (Oct. 1, 2007, through Sept. 30, 2008) shown in shaded rows.

Changes from the previous measurement are considered statistically significant when $P \leq .05$.

Table 17
Arizona Health Care Cost Containment System
WELL-CHILD VISITS IN THE THIRD, FOURTH, FIFTH AND SIXTH YEARS OF LIFE
MEMBERS ELIGIBLE UNDER DES/DDD
Measurement Period: Oct. 1, 2008, through Sept. 30, 2009

Minimum Performance Standard:

44

Rates in bold face denote the Contractor met the AHCCCS Minimum Performance Standard

Contractor	Total Number of Members	Number with 1+ Visits	Percent with 1+ Visits	Relative Percent Change From Previous Year	Statistical Significance
DES/DDD	3,001	1,554	51.8%	10.5%	P<.001
DES/DDD	2,854	1,338	46.9%		

Notes:

Results of previous measurement period (Oct. 1, 2007, through Sept. 30, 2008) shown in shaded rows.

Changes from the previous measurement are considered statistically significant when $P \leq .05$.

Table 18
Arizona Health Care Cost Containment System
ADOLESCENT WELL-CARE VISITS
MEMBERS ELIGIBLE UNDER DES/DDD
Measurement Period: Oct. 1, 2008, through Sept. 30, 2009

Minimum Performance Standard:

31

Rates in bold face denote the Contractor met the AHCCCS Minimum Performance Standard

Contractor	Total Number of Members	Number with 1+ Visits	Percent with 1+ Visits	Relative Percent Change From Previous Year	Statistical Significance
DES/DDD	5,016	1,969	39.3%	11.1%	P<.001
DES/DDD	4,708	1,664	35.3%		

Notes:

Results of previous measurement period (Oct. 1, 2007, through Sept. 30, 2008) shown in shaded rows.

Changes from the previous measurement are considered statistically significant when P<.05.

Table 19
Arizona Health Care Cost Containment System
ANNUAL DENTAL VISITS - Ages 2-21
MEMBERS ELIGIBLE UNDER DES/DDD
Measurement Period: Oct. 1, 2008, through Sept. 30, 2009

Minimum Performance Standard:

41

Rates in bold face denote the Contractor met the AHCCCS Minimum Performance Standard

Contractor	Total Number of Members	Total Dental Services	Percent Dental Services	Relative Percent Change from Previous Year	Statistical Significance
DES/DDD	12,078	5,884	48.7%	3.9%	P=.005
DES/DDD	11,343	5,320	46.9%		

Notes:

Results of previous measurement period (Oct. 1, 2007, through Sept. 30, 2008) shown in shaded rows.

Changes from the previous measurement are considered statistically significant when $P < .05$.