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Our first care is your health care
ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

July 26, 2011

Mr. James Stover
Chief Executive Officer
University Family Care
2701 East Elvira Road
Tucson, AZ 85756

RE: Contractor's Performance for Acute-care Clinical Quality Measures

Dear Mr. Stover:

The Arizona Health Care Cost Containment System (AHCCCS) has completed an evaluation of Contractor results for Clinical Quality Performance Measures reported in 2010. This is to advise you of regulatory action based on your contract with AHCCCS.

Notice to Cure

In July 2010, AHCCCS responded to Acute-care Contractors regarding their Performance Measure Notices to Cure and related corrective action plans (CAPs). At the time, AHCCCS stated that, "your Performance Measure Notice to Cure applies to pediatric measures and the measure of Timeliness of Prenatal Care. AHCCCS may impose a sanction of up to \$50,000 for each measure included in this Notice to Cure, beginning with results of the CYE 2009 measurement period, which will be reported at the end of calendar year 2010. If, at that time, the Contractor has not met the MPS (Minimum Performance Standard)... or has not achieved a statistically significant improvement from the CYE 2008 measurement period for any measure reported, the Contractor may be sanctioned for that measure."

AHCCCS has evaluated each Contractor's final results for Healthcare Effectiveness Data and Information Set (HEDIS) measures and the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Participation Rate measure for the measurement period of CYE 2009, compared with the period of CYE 2008 and contractual Minimum Performance Standards. Based on these results, AHCCCS is continuing the Notice to Cure for Clinical Quality Performance Measures issued in May 2010 and advising you of financial sanctions related to these measures.

The following table demonstrates how AHCCCS applied minimum standards in evaluating Contractor performance for the most recent measurement:

Data Collected in Contract Year	Measurement Period	Contract in which MPS is Specified	Report Published
CYE 2010	CYE 2009	CYE 2009	December 2010

While the current Notice to Cure applies to pediatric measures and the measure of Timeliness of Prenatal Care, AHCCCS may take action on other measures, including measures of chronic disease care, based on the measurement period of CYE 2010.

The attached table shows the Contractor's data for the Performance Measures and measurement periods included in the current Notice to Cure

Notice of Sanction

Based on the Contractor's failure to meet the MPS in the most recent measurement and/or show statistically significant improvement from the previous measurement, AHCCCS will sanction the Contractor a total of \$300,000 for six measures of the Medicaid population that are included in the existing NTC, as allowed in your contract:

- Children's and Adolescents' Access to PCPs at 12-24 Months
- Children's and Adolescents' Access to PCPs at 25 Months-6 Years
- Well Child Visits at 15 Months
- Well Child Visits at 3, 4, 5 and 6 Years
- Adolescent Well Care Visits
- Timeliness of Prenatal Care

This sanction will be withheld from an upcoming capitation payment.

Corrective Action Plans Required

Per the attached table, the Contractor must submit to AHCCCS new or updated CAPs for the pediatric and Timeliness of Prenatal Care measures for which it did not meet the MPS in the most recent measurement. Using the same format it previously utilized, it should document the status of all existing CAP activities to date, an evaluation of the effectiveness of each activity/intervention based on analysis of data and trends, and a determination as to whether the intervention will continue or be replaced with another intervention in order to improve the effectiveness of the CAP.

AHCCCS is not requiring CAPs for EPSDT Participation for this measurement because of a change in methodology for calculating the rate with the addition of adolescent visits every year. CAPs and sanctions may be applied if the Contractor does not show improved performance in the next measurement.

UFC
Clinical Quality Performance Measures
Notice to Cure
July 26, 2011
Page 3

All required Corrective Action Plans must be submitted to the AHCCCS Division of Health Care Management (DHCM), Clinical Quality Management (CQM) Unit, within 30 days of the date of this notice. CAPS should be submitted via the secure server with a notification directed to the attention of Kim Elliott, PhD, CPHQ, Clinical Quality Management Administrator, at Kim.Elliott@azahcccs.gov.

If you have any questions, please contact Kim Elliott at 602-417-4782, or Kim.Elliott@azahcccs.gov.

Sincerely,



Michael Veit
Contracts & Purchasing Administrator

cc: Mary Consie, Contract Compliance Officer, Maricopa Health Plan
Kim Elliott, PhD, CPHQ, Clinical Quality Management Administrator, DHCM, AHCCCS
Kari Price, Assistant Director, DHCM
Shelli Silver, Assistant Director, DHCM

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Performance Measure Review for University Family Care

2009 Performance (meas. Period Oct. 1, 2007, to Sept. 30, 2008) ¹
2010 Performance (meas. period Oct. 1, 2008, to Sept. 30, 2009) ²

Significance Level ² (p value)
Relative Percent Change
Minimum Performance Standard ³
Current Statewide Ave.

NTC with the following:

Performance Measure	2009 Performance (meas. Period Oct. 1, 2007, to Sept. 30, 2008) ¹	2010 Performance (meas. period Oct. 1, 2008, to Sept. 30, 2009) ²	Significance Level ² (p value)	Relative Percent Change	Minimum Performance Standard ³	Current Statewide Ave.
Medicaid						
Children's Access to PCPs						
12-24 Months	91.3%	86.0%	p=.132	-5.8%	93%	87.5%
25 Months-6 Years	81.9%	81.6%	p=.844	-0.4%	83%	84.0%
7-11 Years	80.9%	86.9%	p=.001	7.5%	83%	82.8%
12-19 Years	84.4%	84.8%	p=.836	0.4%	81%	83.5%
Well-Child Visits—First 15 Months	51.6%	52.1%	p=.932	1.1%	65%	64.2%
Well-Child Visits—3, 4, 5, 6 Years	58.5%	59.6%	p=.621	1.8%	64%	69.4%
Adolescent Well-Care Visits	41.6%	40.3%	p=.391	-3.1%	41%	43.0%
Annual Dental Visits—2-21 Years	61.3%	57.1%	p<.001	-6.8%	55%	64.0%
Timeliness of Prenatal Care	58.8%	56.5%	p=.601	-3.8%	80%	71.0%
EPSDT Participation	70.6%	57.5%	p<.001	-18.7%	68%	66.1%
KidsCare						
Children's Access to PCPs (Total)						
12-24 Months	100.0%	90.6%	p=1.000	-9.4%	93%	93.0%
25 Months-6 Years	92.6%	83.1%	p=.263	-10.2%	83%	89.0%
7-11 Years	93.1%	100.0%	p=.294	7.4%	83%	89.8%
12-19 Years	94.2%	94.7%	p=1.000	0.6%	81%	88.8%

Sanction & CAP;
currently under NTC

Sanction & CAP;
currently under NTC

Sanction & CAP;
currently under NTC

Sanction & CAP;
currently under NTC

Sanction & CAP;
currently under NTC
CAP (s/s decrease)

Sanction & CAP;
currently under NTC

Waive CAP and
sanction because of
change in
methodology; if rate
does not improve in
next measurement,
AHCCCS will
require CAP and
may issue sanction

CAP

Performance Measure Review for University Family Care

Performance Measure	2009 Performance (meas. Period Oct. 1, 2007, to Sept. 30, 2008)	2010 Performance (meas. period Oct. 1, 2008, to Sept. 30, 2009) ¹	Relative Percent Change	Significance Level ² (p value)	Minimum Performance Standard ³	Current Statewide Ave.
Well-Child Visits—First 15 Months	N/A	N/A *	N/A	N/A	65%	71.0%
Well-Child Visits—3, 4, 5, 6 Years	65.4%	68.4%	4.6%	p=.704	64%	73.7%
Adolescent Well-Care Visits	50.0%	54.3%	8.6%	p=.450	41%	51.7%
Annual Dental Visits—2-21 Years	77.0%	67.6%	-12.3%	p=.011	55%	74.3%
EPSDT Participation	100.0%	79.5%	-20.5%	p<.001	68%	73.1%

NTC with the following:

Waive CAP because of change in methodology; if rate does not improve in next measurement, AHCCCS will require CAP

¹ Data in red show that, for the Medicaid population, the Contractor did not meet the AHCCCS Minimum Performance Standard (MPS) in the current measurement, did not show a statistically significant improvement from the previous measurement, and is performing below the statewide average.

² Values in bold indicate statistically significant changes from the previous to current measurement (p<.05).

³ The Minimum Performance Standard specified in the CYE 2009 Acute-care contract.

* The Contractor had only three KidsCare members who met the inclusion criteria for this measure in the current measurement.