Arizona Health Care Cost Containment System

Arizona Long Term Care System (ALTCS) Performance Measure

PERFORMANCE MEASURES FOR DIABETES CARE

Measurement Period: Oct. 1, 2009, through Sept. 30, 2010

November 2011

"Our first care is your health care."

AHCCCS

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Prepared by the Division of Health Care Management

Arizona Long Term Care System (ALTCS)

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For the Measurement Period Oct. 1, 2009, through Sept. 30, 2010

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Arizona Long Term Care System (ALTCS)

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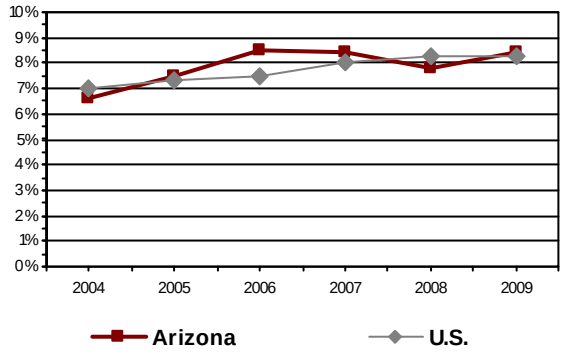
INTRODUCTION

Diabetes is a serious health problem that is growing rapidly in the United States. Approximately 19.6 million American adults, or 8.7 percent of all people 18 years and older, have been diagnosed with diabetes, according to an estimate by the federal Centers for Disease Control and Prevention (CDC).[1] About 1.9 million new cases of diabetes were diagnosed among U.S. adults in 2010.[1]

The number of people diagnosed with diabetes in the U.S. has more than tripled in the last 29 years.[4] The prevalence of diabetes in Arizona also increased during that time.[5] The rate of diagnosed diabetes in Arizona is about equal to the U.S. rate overall.[3]

Prevalence of Diabetes, Arizona vs. U.S.:
Adults who have ever been told by a doctor that they have diabetes, 2004 - 2009



Source: Centers for Disease Control and Prevention

A sedentary lifestyle and dramatic rise in obesity in the U.S. population are contributing to the increase in this costly and potentially deadly disease. Surveys conducted in recent years have found that about 60 percent of American adults are either overweight or obese.[6,7] The proportion of Arizonans who are overweight or obese is about equal to the national rate.[8] Another study found that nearly half of obese persons have type 2 diabetes.[9]

Hispanics, Blacks, American Indians and Alaska Natives are approximately twice as likely to have diabetes as non-Hispanic Whites in the U.S. The prevalence of diabetes also is higher among older Americans – 26.9 percent of all people 65 and older have diabetes – as well as among people with low socioeconomic status and those covered by Medicaid.[1,4,5]

The percentage of adults diagnosed with diabetes in Arizona, by age, 1994 – 2009 follows this prevalence of diabetes in people 65 and older.[2]

Source: Centers for Disease Control and Prevention

Total U.S. expenditures related to diabetes are approximately $174 billion a year — a 32 percent increase since 2002 — according to a study commissioned by the American Diabetes Association. That includes $116 billion in direct medical costs and another $58 billion in indirect costs because of missed work days or other losses in productivity.[9] At least 4 million hospitalizations annually in the U.S. are associated with diabetes.[10, 12]

In Arizona, diabetes-related discharges from non-federal hospitals numbered 102,827 in 2006, accounting for more than $3.5 billion in total charges, with an average length of stay of 5.1 days.[11]

It has been estimated that by 2034, the population with type 2 diabetes will have doubled, with annual medical spending related to diabetes growing to $336 billion.

ABOUT DIABETES

- People with diabetes are more susceptible to acute illness and have worse health outcomes than non-diabetics. For example, people with diabetes are more likely to die from pneumonia or influenza.
- Two of three 3 people with diabetes die of heart disease or stroke.
- Diabetes is the #1 cause of adult blindness.

THE CASE FOR IMPROVEMENT

Despite its potentially deadly effects, diabetes can be controlled. Many complications of the disease can be prevented or reduced with early detection, improved care and better education of patients so they can manage their lifestyles and help control their disease.[1,15]

Glucose Control — Control of hyperglycemia (increased blood sugar) is critical to reducing complications associated with diabetes. Physicians utilize a glycosylated hemoglobin, or HbA_{1c}, test to monitor blood glucose levels. This test indicates a person's average glucose level over a two-to three-month period by measuring the amount of glucose that has bonded with hemoglobin in the body's red blood cells.

- Patients with diabetes who maintain near normal HbA1c levels can gain, on average, an extra five years of life, eight years of sight and six years free from kidney disease.
- HbA1c control can result in quality-of-life improvements such as increased work productivity and lower health care use, while preventing the development of eye, kidney and nerve disease.

Lipid Management — Control of cholesterol and lipids can reduce cardiovascular complications by 20 to 50 percent.[4] A fasting lipid profile is performed to measure total cholesterol (TC), high-density lipoproteins (HDL) and triglycerides. These results are used to calculate and manage low-density lipoprotein (LDL) levels.

Eye Care — It is estimated that regular eye exams and timely treatment, including laser therapy, could reduce the development of severe vision loss by up to 60 percent.[4] People with diabetes should have comprehensive dilated eye examinations by ophthalmologists or optometrists, in order to detect and treat retinopathy and prevent vision loss.

- New analyses from the Action to Control Cardiovascular Risk in Diabetes (ACCORD) trial released in July 2010 show that more intensive control of lipids and HbA_{1c} together significantly slowed the progression of diabetic retinopathy over four years.[19]

The purpose of this study is to monitor performance of managed care organizations contracted with the Arizona Health Care Cost Containment System (AHCCCS) to provide services to Arizona Long Term Care System (ALTCS) members. The measures evaluate the percent of ALTCS elderly and physically disabled (E/PD) members with diabetes who receive certain clinical services to detect and prevent or reduce complications of the disease.

Results of the measurement are used to determine whether these managed care organizations (known as Contractors), are meeting Performance Standards specified in their contracts. This report summarizes these results and compares Contractors' rates to performance standards and national means.

STUDY METHODS

AHCCCS modeled its HEDIS-like performance measure after the Healthcare Effectiveness Data and Information Set (HEDIS) 2011 specifications for this measurement. Developed by the National Committee for Quality Assurance (NCQA), HEDIS is a widely adopted methodology that allows for comparisons with national benchmarks, including the mean (average) for managed care plans serving Medicaid and commercial members.

AHCCCS utilized three indicators to measure Contractor performance: HbA_{1c} testing, lipid screening, and retinal exams.

Population

This study included elderly and physically disabled (E/PD) members enrolled with ALTCS managed care organizations who had a diagnosis of type 1 or type 2 diabetes in the measurement period or the year prior to the measurement period. Members were identified as having type 1 or type 2 diabetes by either pharmacy or encounter data (records of claims paid by Contractors for covered services).

For example, a member was identified for the study if he or she had a face-to-face encounter with a medical provider and the associated claim included a diagnosis of diabetes. A member

also may be identified as having diabetes when insulin or other certain types of drugs used to treat diabetes is dispensed to the member from a pharmacy.

Measurement Period
The measurement period for this study was the AHCCCS contract year from October 1, 2009 through September 30, 2010.

Sample Frame
The sample frame consisted of E/PD members who were:

- ages 18 through 75 years as of September 30, 2010,
- continuously enrolled with one ALTCS Contractor for at least 11 member months during the measurement period, and
- enrolled with that Contractor on the last day of the measurement period.

Data Sources
The primary data sources were recipient, claim/encounter, and medical record data.

Data Collection
Recipient and encounter data are stored in the AHCCCS Prepaid Medical Management Information System (PMMIS). These data are loaded into the AHCCCS Decision Support System (ADDS), from which a sample of members was selected and initial service data were collected.

However, as many as 80 percent of ALTCS elderly and physically disabled members are also covered by Medicare, which is the primary payer of services for these members. Medicare providers may bill AHCCCS Contractors for copayments for their members, but when they do not, AHCCCS does not have complete data on services provided to "dually enrolled" members. Thus, additional data for these measures is collected by Contractors using a hybrid methodology process.

AHCCCS provided an electronic data collection tool along with detailed instructions to each Contractor, which was used to collect additional service data from medical records and Contractor claims systems. The additional information was entered by Contractor staff into the electronic tool.

Data Quality and Reliability
AHCCCS conducts annual studies to evaluate the completeness of ALTCS encounter data compared with the corresponding medical records. The most recent study of claims paid by ALTCS Contractors shows an overall error rate of 2.4 percent for outpatient encounters.

In order to document the reliability of data collected outside of the AHCCCS encounter system, Contractors were required to submit copies of the appropriate sections of medical records or documentation from their claims systems. A sample of documentation was reviewed by AHCCCS and Contractor data were corrected as necessary.

Study Indicators

- ***HbA_{1c} testing*** — This indicator measured the percent of members who had one or more HbA_{1c} tests during the measurement year.
- ***Lipid (LDL-C) profile*** —This indicator measured the percent of members who had one or more fasting lipid profiles during the measurement year.
- ***Retinal examinations*** — This indicator measured an eye screening for diabetic retinal disease with a retinal or dilated eye exam by an eye-care professional (optometrist or ophthalmologist) within the measurement year. A negative retinal exam (no evidence of retinopathy) in the year prior to the measurement year also may be counted.

Performance Standards

AHCCCS has established a Minimum Performance Standard (MPS) for each diabetes measure, which is specified in the CYE 2010 ALTCS E/PD contract.

AHCCCS Performance Standards

Measure	MPS	Goal
HbA_{1c} testing	80%	89%
Lipid screening	72%	91%
Retinal exams	60%	68%

If a Contractor does not meet the minimum standard, it must implement a Corrective Action Plan and may face a financial sanction if it fails to show improvement. AHCCCS also has set goals that Contractors should strive to meet if they are already meeting minimum standards.

National Benchmarks

The most recent HEDIS national means reported by NCQA are for the measurement period of calendar year 2010 (January 1, 2010 through December 31, 2010).

HEDIS National Means

Measure	Medicaid	Commercial
Hb A_{1c} testing	82.0%	89.9%
Lipid screening	74.7%	85.6%
Retinal exams	53.1%	57.7%

RESULTS

The measurement included 1,412 sample members enrolled with eight long-term care Contractors during the measurement period. Results were calculated overall and by Contractor. Data were also analyzed to determine if there were significant differences by members' race or ethnicity.

Changes in Contractor and overall rates from the previous measurement period are described as increases or decreases when analysis using the Pearson Chi-Square test yields a statistically significant value defined as $p \leq .05$; that is, the probability of obtaining such a difference by chance only is relatively low.

HbA_{1c} Testing

The overall rate of HbA_{1c} testing during the measurement year was 77.8 percent, compared with the previous rate of 86.5 percent (Table 1). The decrease is statistically significant ($p<.001$). Rates by Contractor ranged from 49.2 percent to 92.5 percent. However, it should be noted that, among the four Contractors continuing as AHCCCS ALTCS Contractors in contract year ending (CYE) 2012 (continuing Contractors), the overall performance rate was 87.1 percent. This rate is an increase from the previous year and is above both the AHCCCS Minimum Performance Standard (MPS) (Figure 1) and HEDIS national Medicaid Mean.

Individually, six Contractors, including all four continuing Contractors, exceeded the AHCCCS MPS. Four Contractors, including three of the four continuing Contractors, exceeded the HEDIS national Medicaid mean. Two Contractors also exceeded the AHCCCS goal and the HEDIS national commercial mean.

Lipid (LDL-C)

The overall rate of members who had an LDL-C test or fasting lipid profile during the measurement year was 71.5 percent (Table 2), compared with 77.9 percent in the previous measurement. The decrease is statistically significant ($p< .001$). Contractor rates ranged from 41.1 percent to 91.0 percent. However, it should be noted that, among the four continuing Contractors, the overall performance rate was 80.7 percent. This rate is an increase from the previous year and is above both the AHCCCS MPS and HEDIS national Medicaid Mean.

Individually, five Contractors, including all four continuing Contractors, exceeded the MPS (Figure 2). Four of the same five Contractors also exceeded the HEDIS national Medicaid mean and two surpassed the HEDIS national commercial mean.

Eye Examinations

The overall rate of members who had a dilated retinal exam in the measurement year or a negative exam in the previous year was 67.7 percent, compared with 63.9 percent in the previous measurement (Table 3). The increase is statistically significant ($p= .028$). Rates by Contractor ranged from 47.6 percent to 83.5 percent. The four continuing Contractors had an overall performance rate of 71.6 percent for the measurement period. This rate is a relative 15.1% increase from the previous year and is well above both the AHCCCS Goal and HEDIS national Medicaid and Commercial Plan Means.

Individually, six Contractors, including the four continuing Contractors, exceeded the MPS (Figure 3). Seven, including the four continuing Contractors, surpassed the HEDIS national means for Medicaid health plans. Six Contractors surpassed the HEDIS national commercial mean. Four, including two of the four continuing Contractors, had rates that exceeded the AHCCCS goal. The AHCCCS overall rate exceeded the HEDIS national Medicaid mean by 14.6 percent; it also exceeded the commercial mean by 10.0 percent.

Results by Race/Ethnicity

Differences by race/ethnicity are noted in the table below. Results for Native Americans should be interpreted with caution as there were only 21 members in that group.

Rates by Race/Ethnicity, CYE 2010

	Hb A1c	Lipid	Retinal
White[1]	76.96%	70.14%	66.15%
Hispanic	74.6%	67.4%	69.2%
Black	83.2%	85.3%	72.6%
Native American	91.3%	69.6%	65.2%
Other/Unknown	82.6%	78.1%	68.9%

1 Non-Hispanic Whites were used as the reference group for analyzing whether there were disparities in use of services based on race/ethnicity.

DISCUSSION

Overall Results

This is the fifth consecutive year that the AHCCCS overall rate for eye exams exceeds the national average for commercial health plans. The AHCCCS overall rates for HbA_{1c} and LDL-C testing had a statistically significant decrease. This decrease was due to non-submission of documentation of services by two of the four Contractors not awarded CYE 2012 contracts.

Contractor Performance

All four of the Contractors awarded CYE 2012 contracts (Bridgeway Health Solutions, Evercare Select, Mercy Care Long Term Care Plan and SCAN Long Term Care), met the AHCCCS Minimum Performance Standards for all measures. Mercy Care Plan continues to show strong performance in these measures, meeting all minimum performance standards for the past five years.

Most Contractors had corrective action plans (CAPs) in place for at least one of the diabetes measures prior to this measurement. As most of these CAPs were implemented by early 2009, it appears corrective actions and regulatory pressure from AHCCCS resulted in the improvements demonstrated in the current measurement. An example is Evercare Select's statistically significant increase in the rate for eye examinations.

Cochise Health Systems and Pima Health systems, which were not awarded contracts for CYE 2012, reported lower rates for all three measures from the previous measurement.

Quality Improvement Efforts

AHCCCS Contractors have utilized a variety of strategies to improve care of members diagnosed with diabetes. These include intensive member education, monitoring of members' test status and follow up by case managers and nurses; distributing to primary care physicians (PCPs) practice guidelines and other tools, such as a diabetic flow sheet to help track tests that must be performed periodically, and advising Primary Care Physicians (PCPs) of members with diabetes who are due or overdue for specific services.

The interventions that involve PCPs may be especially effective, since research shows that, among people with diabetes, physicians are the primary source of information about their disease and best positioned to influence compliance with self-management and receipt of recommended services.[7] Contractors should continue to reinforce with providers the current clinical standards of care for members with diabetes.

Contractors also must ensure that, once improvement is achieved, they continue to focus on sustaining performance.

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TABLE 1
AHCCCS Clinical Quality Performance Measures for Diabetes
Hb A1c TESTS - ALTCS E/PD MEMBERS WITH DIABETES
Current Measurement Period: Oct. 1, 2009, through Sept. 30, 2010

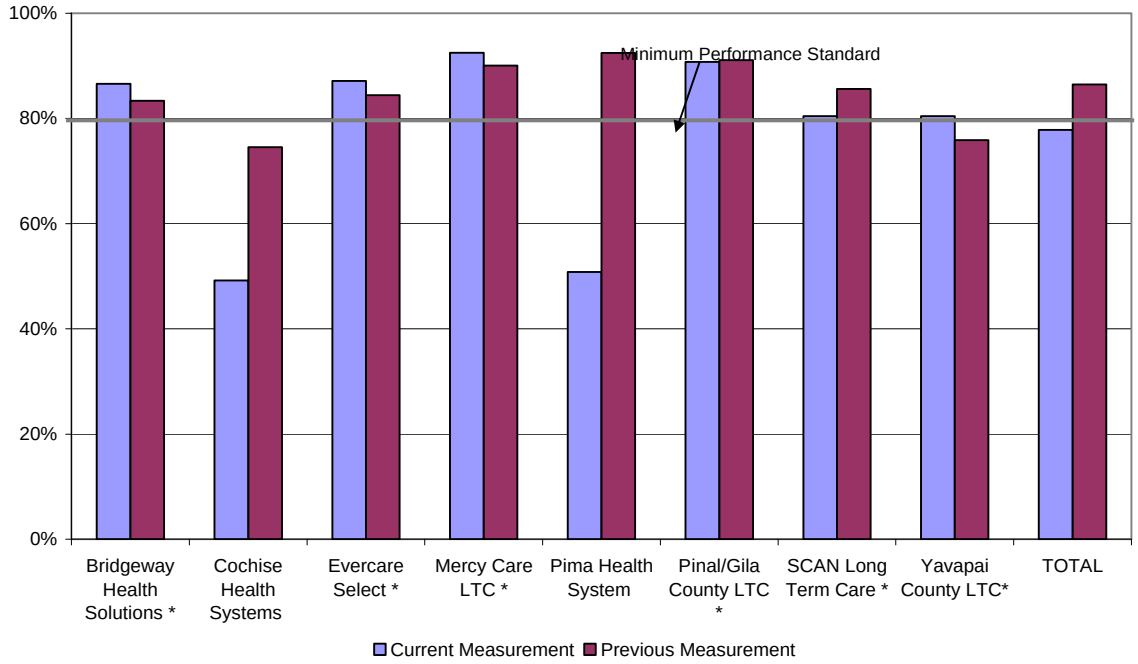
Minimum Performance Standard: 80%

Contractor	Included Cases	Total Receiving Hb A1c Test	Percent Receiving Hb A1c Test	Relative Percent Change	Significance Level
Continuing Contractors					
Bridgeway Health Solutions *	194	168	86.6%	3.9%	p=.389
	162	135	83.3%		
Evercare Select *	233	203	87.1%	3.2%	p=.416
	212	179	84.4%		
Mercy Care LTC *	266	246	92.5%	2.7%	p=.305
	301	271	90.0%		
SCAN Long Term Care *	199	160	80.4%	-6.1%	p=.200
	153	131	85.6%		
Continuing Contractor Total:	892	777	87.1%	0.7%	p=.698
	828	716	86.5%		
Discontinued Contractors					
Cochise Health Systems	124	61	49.2%	**-34.0%**	**p<.001**
	102	76	74.5%		
Pima Health System	252	128	50.8%	**-45.1%**	**p<.001**
	238	220	92.4%		
Pinal/Gila County LTC *	140	127	90.7%	-0.4%	p=.912
	157	143	91.1%		
Yavapai County LTC*	92	74	80.4%	6.0%	p=.459
	87	66	75.9%		
Discontinued Contractor Total:	608	390	64.1%	-29.9%	**p<.001**
	584	505	86.5%		
Cumulative Total					
TOTAL	1,500	1,167	77.8%	**-10.0%**	**p<.001**
	1,412	1,221	86.5%		

Notes: Bridgeway Health Solutions, Evercare Select, Mercy Care LTC and Scan Long Term Care were awarded continuing contracts in May 2011 for CYE 2012.

* Denotes the Contractor met or exceeded the AHCCCS Minimum Performance Standard (MPS).
Significance levels in bold face indicate a statistically significant change from the previous measurement ($p < .05$).
Results of the previous measurement period (Oct. 1, 2008, through Sept. 30, 2009), are shown in shaded rows

Figure 1
Hb A1c TESTS - ALTCS E/PD MEMBERS WITH DIABETES
Current Measurement Period: Oct. 1, 2009, through Sept. 30, 2010



Notes:
Bridgeway Health Solutions, Evercare Select, Mercy Care LTC and Scan Long Term Care were awarded continuing contracts in May 2011 for CYE 2012.
* Denotes the Contractor met or exceeded the AHCCCS Minimum Performance Standard (MPS).

TABLE 2
AHCCCS Clinical Quality Performance Measures for Diabetes
ANNUAL LIPID PROFILES - ALTCS E/PD MEMBERS WITH DIABETES
Current Measurement Period: Oct. 1, 2009, through Sept. 30, 2010

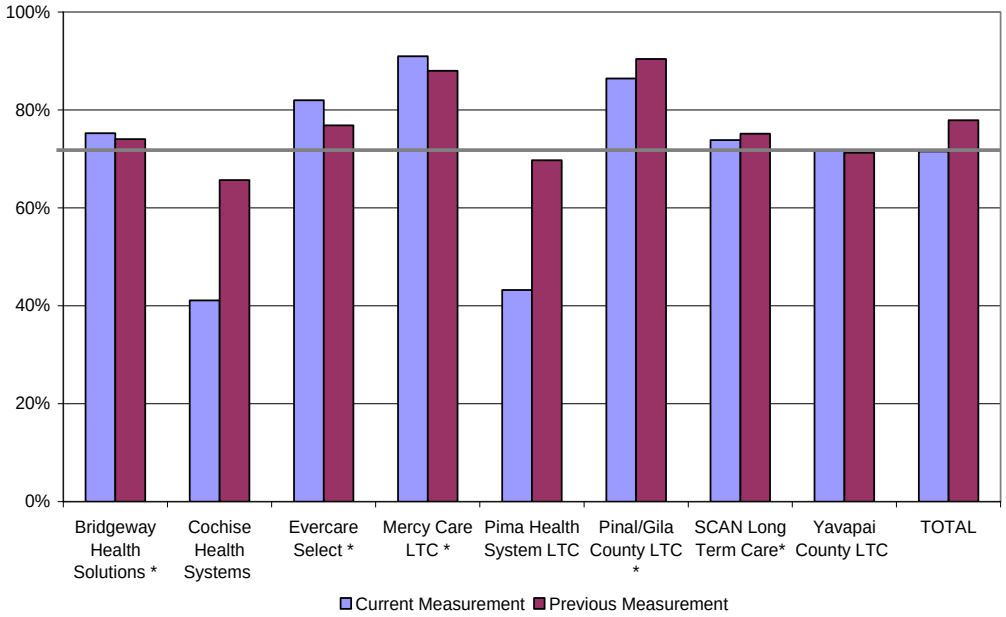
Minimum Performance Standard: 72%

Contractor	Included Cases	Total Receiving Fasting Lipid	Percent Receiving Fasting Lipid	Relative Percent Change	Significance Level
Continuing Contractors					
Bridgeway Health Solutions *	194	146	75.3%	1.6%	p=.798
	162	120	74.1%		
Evercare Select *	233	191	82.0%	6.6%	p=.184
	212	163	76.9%		
Mercy Care LTC *	266	242	91.0%	3.3%	p=.256
	301	265	88.0%		
SCAN Long Term Care*	199	147	73.9%	-1.7%	p=.783
	153	115	75.2%		
Continuing Contractor Total:	892	726	81.4%	1.6%	p=.489
	828	663	80.1%		
Discontinued Contractors					
Cochise Health Systems	124	51	41.1%	**-37.4%**	**p<.001**
	102	67	65.7%		
Pima Health System LTC	252	109	43.3%	**-38.0%**	**p<.001**
	238	166	69.7%		
Pinal/Gila County LTC *	140	121	86.4%	-4.4%	p=.278
	157	142	90.4%		
Yavapai County LTC	92	66	71.7%	0.7%	p=.944
	87	62	71.3%		
Discontinued Contractor Total:	608	347	57.1%	-23.7%	**p<.001**
	584	437	74.8%		
Cumulative Total					
TOTAL	1,500	1,073	71.5%	**-8.2%**	**p<.001**
	1,412	1,100	77.9%		

Notes: Bridgeway Health Solutions, Evercare Select, Mercy Care LTC and Scan Long Term Care were awarded continuing contracts in May 2011 for CYE 2012.

* Denotes the Contractor met or exceeded the AHCCCS Minimum Performance Standard (MPS).
Significance levels in bold face indicate a statistically significant change from the previous measurement ($p < .05$).
Results of the previous measurement period (Oct. 1, 2008, through Sept. 30, 2009), are shown in shaded rows

Figure 2
LIPID PROFILES - ALTCS E/PD MEMBERS WITH DIABETES
Current Measurement Period: Oct. 1, 2009, through Sept. 30, 2010



Notes:
Bridgeway Health Solutions, Evercare Select, Mercy Care LTC and Scan Long Term Care were awarded continuing contracts in May 2011 for CYE 2012.
* Denotes the Contractor met or exceeded the AHCCCS Minimum Performance Standard (MPS).

TABLE 3
AHCCCS Clinical Quality Performance Measures for Diabetes
RETINAL EXAMS - ALTCS E/PD MEMBERS WITH DIABETES
Current Measurement Period: Oct. 1, 2009, through Sept. 30, 2010

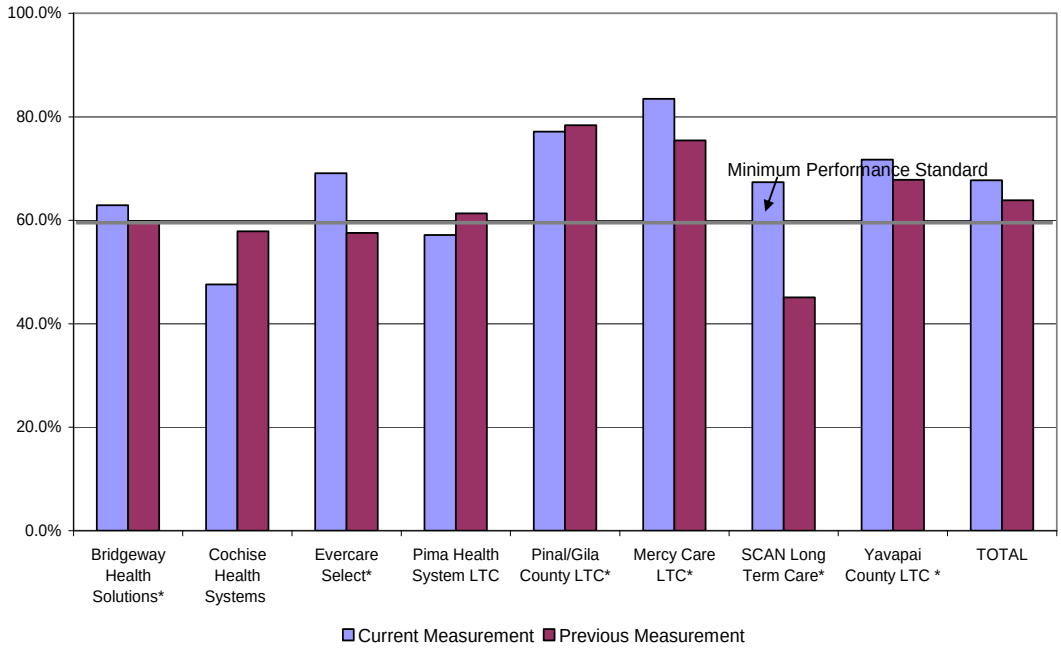
Minimum Performance Standard: 60%

Contractor	Included Cases	Total Receiving Retinal Exam	Percent Receiving Retinal Exam	Relative Percent Change	Significance Level
Continuing Contractors					
Bridgeway Health Solutions*	194	122	62.9%	5.0%	p=.561
	162	97	59.9%		
Evercare Select*	233	161	69.1%	**20.1%**	**p=.011**
	212	122	57.5%		
Mercy Care LTC*	266	222	83.5%	**10.7%**	**p=.019**
	301	227	75.4%		
SCAN Long Term Care*	199	134	**67.3%**	49.3%	**p<.001**
	153	69	45.1%		
Continuing Contractor Total:	892	639	71.6%	15.1%	**p<.001**
	828	515	62.2%		
Discontinued Contractors					
Cochise Health Systems	124	59	47.6%	-17.7%	p=.124
	102	59	57.8%		
Pima Health System LTC	252	144	57.1%	-6.8%	p=.344
	238	146	61.3%		
Pinal/Gila County LTC*	140	108	77.1%	-1.5%	p=.804
	157	123	78.3%		
Yavapai County LTC *	92	66	71.7%	5.8%	p=.568
	87	59	67.8%		
Discontinued Contractor Total:	608	377	62.0%	-6.5%	p=.125
	584	387	66.3%		
Cumulative Total					
TOTAL	1,500	1,016	67.7%	**6.0%**	**p=.028**
	1,412	902	63.9%		

Notes: Bridgeway Health Solutions, Evercare Select, Mercy Care LTC and Scan Long Term Care were awarded continuing contracts in May 2011 for CYE 2012.

* Denotes the Contractor met or exceeded the AHCCCS Minimum Performance Standard (MPS).
Significance levels in bold face indicate a statistically significant change from the previous measurement ($p < .05$).
Results of the previous measurement period (Oct. 1, 2008, through Sept. 30, 2009), are shown in shaded rows

Figure 3
RETINAL EXAMS - ALTCS E/PD MEMBERS WITH DIABETES
Current Measurement Period: Oct. 1, 2009, through Sept. 30, 2010



Notes:
Bridgeway Health Solutions, Evercare Select, Mercy Care LTC and Scan Long Term Care were awarded continuing contracts in May 2011 for CYE 2012.
* Denotes the Contractor met or exceeded the AHCCCS Minimum Performance Standard (MPS).

Appendix:
METHODOLOGY

Arizona Health Care Cost Containment System (AHCCCS)
Arizona Long Term Care System (ALTCS)

DIABETES PERFORMANCE MEASURES

Purpose

The purpose of this study is to monitor performance of health plans contracted with the Arizona Long Term Care System (ALTCS) for diabetes-related measures. These measures evaluate the percent of ALTCS members with diabetes who receive certain clinical services to detect and prevent or reduce complications.

Measurement Period

October 1, 2009, through September 30, 2010

Study Questions

1. What is the number and percent, overall, and by Contractor, of members enrolled with ALTCS Contractors who met the sample frame criteria and who had one or more HbA1c blood tests during the measurement period?
2. What is the number and percent, overall, and by Contractor, of members enrolled with ALTCS Contractors who met the sample frame criteria and who had at one or more fasting lipid profiles (cholesterol, high density lipoprotein or HDL and low density lipoprotein or LDL) during the measurement period?
3. What is the number and percent, overall, and by Contractor, of members enrolled with ALTCS Contractors who meet the sample frame criteria and had a retinal exam during the measurement period or a negative exam during the preceding year?

Population

This study includes AHCCCS members diagnosed with diabetes, using a HEDIS® 2011 like definition. Members may be identified as having diabetes during the measurement year or the twelve months prior to the measurement period.

Population Exclusions

The following members are excluded from this study:

- Members less than 18 years of age
- Members greater than 75 years of age
- Members not enrolled the last day of the measurement period
- Members with a gap in coverage resulting in less than 11 member-months of enrollment with the same health plan during the measurement period
- Members with steroid-induced diabetes or gestational diabetes
- Members with a diagnosis of polycystic ovaries who did not have two face-to-face encounters with a diagnosis of diabetes in any setting during the measurement year or prior year

- Tribal and Fee for Service members, due to the inability to accurately collect complete data on these populations. These members may obtain medical care outside of the AHCCCS system; therefore, data would not be available from AHCCCS administrative data.

Population Stratification
The population will be stratified by Contractor (E/PD and VD populations for each Contractor are combined before stratifying).

Sample Frame
The sample frame consists of members 18 through 75 years of age as of September 30, 2010, who were continuously enrolled with one ALTCS E/PD Contractor for at least 11 members-months during the measurement period, and diagnosed with type 1 or type 2 diabetes.

- Prior Period Coverage (PPC) is considered a break in enrollment.
- A change of county service area with the same Contractor is not considered a break in enrollment.
- Members must have been enrolled on the last day of the measurement period.

Sample Selection
The sample frame will be identified through enrollment, claims and encounter records using the stated criteria. A statistical software program will be used to select a representative, random sample, using a 95-percent confidence level and a confidence interval of +/-5 percent. Each Contractor's lowest rate of the three indicators as reported for the previous measurement will be used to calculate the estimated proportion of incidence for the current sample. An over sampling rate of 10 percent also will be utilized to determine the sample.

Identification of Members with Diabetes
Members with diabetes will be identified, according to HEDIS 2011 like specifications, by pharmacy data (National Drug Code or NDC list) or by specific diagnosis codes. To be included in the measurement, members must have had two face-to-face encounters with different dates of service in an ambulatory or non-acute inpatient setting, or one face-to-face encounter in an acute inpatient or emergency room setting during the measurement year, or the year prior to the measurement year, with a diagnosis of diabetes.

Indicators
AHCCCS will work with ALTCS E/PD Contractors to collect data for this measurement through a hybrid methodology, following a HEDIS like process.

HbA1c Testing
This indicator measures whether selected members received one or more HbA1c tests during the measurement period, identified through either administrative data or medical record review, according to HEDIS 2011 like specifications. A member is considered to have had an HbA1c test if:

- a claim or encounter, using codes listed in the following table, or an automated laboratory record with a service date during the measurement period was found for the member

Codes to Identify HbA1c Tests

CPT Code	CPT Category II
83036, 83037	3044F, 3045F, 3046F

or

- At a minimum, documentation in the medical record must include a note indicating the date on which the HbA1c test was performed and the result. The organization may count notation of the following in the medical record review:
  - A1c
  - Hemoglobin A1c
  - HgbA1c
  - HbA1c
  - Glycohemoglobin A1c

Fasting Lipid Profile

This indicator measures whether selected members received one or more LDL-C tests during the measurement period, identified through either administrative data or medical record review, according to HEDIS 2011 like specifications. A member is considered to have had an LDL-C test if:

- a claim or encounter, using codes listed in the following table, or an automated laboratory record with a service date during the measurement period that was found for the member,

Codes to Identify LDL-C Screening

CPT Code	CPT Category II
80061, 83700, 83701, 83704, 83721	3048F, 3049F, 3050F

or

- there was documentation in the member's medical record (at a minimum, a note or lab result record) indicating the date a fasting lipid profile was performed and the result.

Retinal Exam

This indicator measures an eye screening for diabetic retinal disease, documented through either administrative data or medical record review. It includes a retinal or dilated eye exam by an eye care professional (optometrist or ophthalmologist) within the measurement period or a negative retinal exam (no evidence of retinopathy) by an eye-care professional in the year prior to the measurement year. At a minimum, documentation in the medical record must include:

- a note or letter from an ophthalmologist, optometrist or other health-care professional summarizing the date on which the procedure was performed and the results of a retinal evaluation performed by an eye-care professional

or

- a chart or photograph of retinal abnormalities. If fundus photography was used in the exam, there must be documentation in the medical record indicating the date on which the procedure was performed and evidence that an eye-care professional reviewed the results. Alternatively, results may be read by a qualified reading center that operates under the direction of a medical director who is a retinal specialist.

or

- a note, which may be prepared by a primary care provider, indicating the date on which the procedure was performed, and that an ophthalmoscopic exam was completed by an eye-care professional, with results of the exam.

or

- a claim or encounter, using codes listed in the following table:

CPT Code	CPT Category II	HCPCS	ICD-9-CM Procedure
67028, 67030, 67031, 67036 67039-67040, 67041-67043, 67101, 67105, 67107, 67108, 67110,67112, 67113, 67121, 67141, 67145, 67208, 67210, 67218, 67220, 67221, 67227, 67228, 92002, 92004, 92012, 92014, 92018, 92019, 92225, 92226, 92230, 92235, 92240, 92250, 92260, 99203-99205, 99213-99215, 99242-99245	2022F, 2024F, 2026F, 3072F	S0625, S3000, S0620, S0621	14.1-14.5, 14.9, 95.02-95.04, 95.11, 95.12, 95.16

Denominator

1. The number of members who met the sample frame criteria.

Numerators

1. The number of ALTCS EP/D members who had one or more HbA1c tests during the measurement period.
2. The number of ALTCS EP/D members who had one or more fasting lipid profiles during the measurement period.
3. The number of ALTCS EP/D members who had a retinal exam during the measurement period or a negative retinal exam in the preceding year.

Confidentiality Plan

AHCCCS continues to work in collaboration with Contractors to maintain compliance with the Health Insurance Portability and Accountability Act (HIPAA) requirements. The Data Analysis and Research (DA&R) Unit maintains the following security and confidentiality protocols:

- To prevent unauthorized access, the sample member file is maintained on a secure, password-protected computer, by the DA&R project lead.
- Only AHCCCS employees who analyze data for this project will have access to study data.
- Requested data are used only for the purpose of performing health care operations, oversight of the health care system, or research.
- Only the minimum amount of necessary information to complete the project is sent to and returned from Contractors.
- Sample files given to Contractors are tracked to ensure that all records are returned.