Arizona Health Care Cost Containment System
Quality Management Performance Measures
for Acute-care Contractors

Measurement Period Ending September 30, 2005

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AHCCCS

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INTRODUCTION

Overview

This is the annual report on performance measures for preventive health services provided to members enrolled with acute-care health plans that contract with the Arizona Health Care Cost Containment System (AHCCCS). The report includes data from nine publicly and privately operated health plans (Contractors).

The results reported here should be viewed as *indicators* of utilization of services, rather than absolute rates for how successfully AHCCCS and/or its Contractors provide care. By analyzing trends over time, AHCCCS and its Contractors have identified areas for improvement and implemented interventions to increase access to, and use of, services.

This report includes performance measurement data from nine publicly and privately operated health plans (Contractors).

Methodology

AHCCCS used the Health Plan Employer Data and Information Set (HEDIS®) as a guide for collecting and reporting 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 criteria for selecting members to be included in the analyses is that they be continuously enrolled for a minimum period of time with one Contractor. Thus, members included in the results of each measure represent only a portion of AHCCCS members, rather than the entire acute-care population.

This report includes results for the contract year ending September 30, 2005. Results are reported in aggregate, by individual Contractor and by county. Data also are analyzed by race or ethnicity. The report also indicates whether changes in rates overall or by Contractor are statistically significant, when compared with rates for the previous measurement period. 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 such a difference by chance only is relatively low.

Where available, national averages for managed care plans reported by NCQA, as measured under HEDIS, are compared with AHCCCS overall rates. It should be noted that the HEDIS measures of Breast Cancer Screening, Cervical Cancer Screening and Timeliness of Prenatal Care may be calculated using data extracted from medical records, as well as claims for services. The use of medical records may reflect more complete data (and thus higher rates) than claims alone.

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, such as physician visits and radiology services.

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.

With this measurement, AHCCCS has established new baseline rates for most acute-care Performance Measures.

Deviations from Previous Methodology
With the exception of the measure of Timeliness of Prenatal Care, AHCCCS has changed the process by which data is collected for these measures, utilizing a data warehouse, rather than collecting data on services and recipients directly from PMMIS. In addition, AHCCCS is mirroring the HEDIS 2005 methodology for this measurement, with the exception of utilizing a contract year as the measurement period; HEDIS uses a calendar-year measurement period. In previously reported measurements, AHCCCS collected data directly from PMMIS, using HEDIS specifications as a guide, but with additional deviations from that methodology. Thus, with this measurement, AHCCCS has established new baseline rates for most acute-care Performance Measures. Timeliness of Prenatal Care has been collected directly from PMMIS using the same process as in the previous two years, according to HEDIS specifications.

In order to have valid comparisons with data collected through the new process, AHCCCS utilized the data warehouse to calculate rates for the previous year, CYE 2004, which also are reported in this document. Except for Timeliness of Prenatal Care, the rates reported in this publication cannot be directly compared with rates in the previous AHCCCS report on Acute-care measures, published in November 2005.

Data Limitations
The data reported here are subject to at least three limitations. First, because rates are based on encounter data, they may be negatively affected if Contractors have not submitted complete and accurate encounters to AHCCCS.

This may be especially true for the measure of prenatal care. 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 obstetrical services, which may have resulted in underreporting of rates for the measure of Timeliness of Prenatal Care.

Second, data for both race and ethnicity (i.e., whether or not a person is of Hispanic or Latino origin) is limited by the way these data are stored by AHCCCS. Race and ethnicity data are collected according to current U.S. Census Bureau classifications when members apply for AHCCCS. However, the PMMIS system was designed long before the current federal standards for collecting race and ethnicity were issued in 1997, and does not accommodate both data fields at this time. After applicants become eligible, data for race and ethnicity are merged into one field when loaded into PMMIS. AHCCCS has developed a hierarchy for merging race and ethnicity data (Appendix A), so they are still useful in evaluating member demographics and possible trends related to race or ethnicity. But, while people of Hispanic origin may be of any race, the hierarchy does not allow AHCCCS to identify the race of members who are classified as Hispanic. Thus, people of Hispanic origin are reported separately, and are not included in any race category.

Third, despite the limitations of storing race and ethnicity data, people whose racial makeup includes more than one race may identify themselves as "other". In addition, members who do not identify their race and/or ethnicity on the AHCCCS application are placed in the "unknown/unspecified category." Thus, race or ethnicity of some members included in this measurement can only be described as unknown, unspecified or other.

Rotation of Measures

NCQA reports measures on a rotating basis over a two-year period, and AHCCCS has adopted a similar reporting schedule. Two measures are reported annually: Children's Access to Primary Care Practitioners (PCPs) and Adults' Access to Preventive/Ambulatory Health Services.

Four of six measures improved from CYE 2004 to CYE 2005.

Highlights of the Data

Four of six measures improved from CYE 2004 to CYE 2005, one did not show a significant change, and the other, Timeliness of Prenatal Care, showed a decline. Results by measure are as follows:

- ***Children's Access to PCPs*** – Total rates (including all age groups) for both Medicaid and KidsCare members showed statistically significant increases.
- ***Adults' Access to Preventive/Ambulatory Health Services*** – This measure also showed a statistically significant increase overall.

- ***Breast Cancer*** – The overall rate for this measure did not show a significant change from the previous year.
- ***Cervical Cancer Screening*** – The overall rate for this measure showed a statistically significant increase.
- ***Chlamydia Screening*** – This is the first year AHCCCS has reported a rate for this measure. Compared with data for the previous year, however, it showed a statistically significant increase.
- ***Timeliness of Prenatal Care*** – The overall rate for this measure declined by 3.3 percentage points.

When analyzed by area, rates for these measures were highest in Pima County, except for Breast Cancer Screening and Adults' Access to Preventive/Ambulatory Care. Rates for those two measures were highest in the combined rural counties. Results by individual counties are reported for each measure.

Data also were analyzed for members identified as Hispanic, Native American or non-Hispanic Black relative to non-Hispanic White members. Among members identified as Hispanic, rates for most measures were approximately the same or higher than rates for non-Hispanic Whites. For some measures, members identified as Black or Native American had lower rates than non-Hispanic Whites.

Compared with the most recent national HEDIS means (averages) reported by NCQA for Medicaid health plans, AHCCCS Medicaid rates were lower than the national means, except for Adults' Access to Preventive and Ambulatory Health Services.

Performance Standards and Improvement

Contractor rates are compared to Minimum Performance Standards for six measures, as specified in the AHCCCS CYE 2006 contracts with health plans (Children's Access to PCPs is counted as two measures, since Medicaid and KidsCare rates are calculated separately). The following table shows the number of measures for which each Contractor met the minimum standard:

Contractor	Number of Measures for Which Standard was Met
University Family Care	4
Arizona Physicians IPA	3
Mercy Care Plan	3
Health Choice Arizona	2
Pima Health System	2
Care 1st Healthplan of Arizona	1
Maricopa Health Plan	1
Phoenix Health Plan	1

In addition, the Comprehensive Medical and Dental Program operated by the Arizona Department of Economic Security met the MPS for the one measure in which it was included, Children's Access to PCPs/ Medicaid members.

While rates for Chlamydia Screening are reported in this publication, AHCCCS did not have a contractual requirement for this measure for CYE 2006.

With the adoption of a new data collection system and technical specifications that conform to HEDIS, AHCCCS has revised Contractor performance standards for these measures (Appendix B). The new AHCCCS Minimum Performance Standards and Goals were established in June 2006, based on preliminary results from the data warehouse. The new standards are included in the CYE 2007 contract, which became effective October 1, 2006, and do not apply to the results reported here. It should be noted, however, that some health plans already are meeting the new minimum standards.

Contracted health plans will have at least nine months to improve or maintain their rates in order to meet the CYE 2007 Minimum Performance Standards. Contractors are required to internally monitor their Performance Measure rates according to AHCCCS standardized methodology. AHCCCS will monitor Contractor-reported rates for each measure over the next several months and work with Contractors to make improvements as necessary.

The data reported here also may be used in developing future Performance Improvement Projects by AHCCCS or individual Contractors.

For questions or comments about this report, please contact:

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Children's and Adolescent's 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 (October 1, 2004, through September 30, 2005),
- 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 month), and
- had one or more visits with PCPs (pediatricians, general or family practitioners, internists, physician's assistants, nurse practitioners or obstetrician/gynecologists) during the measurement period.

Results for members who were eligible under Medicaid and the State Children's Health Insurance Program (SCHIP), known as KidsCare, were calculated separately.

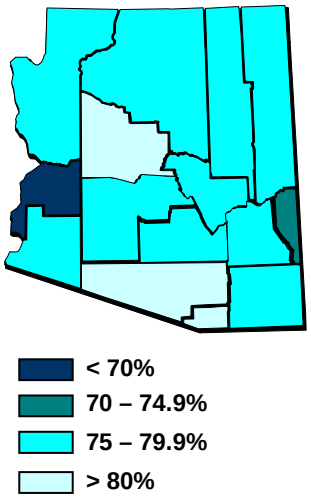
Performance Goals

AHCCCS has adopted the following Minimum Performance Standards and Goals for both Medicaid and KidsCare members for the current measurement. While rates are reported for each age group, the AHCCCS standard applies to the Contractor's overall rate. The following table also includes the most recent HEDIS means for Medicaid and commercial health plans, which are reported by age group by the National Committee for Quality Assurance (NCQA):

Age Group	AHCCCS CYE 2006 MPS	AHCCCS CYE 2007 Goal	NCQA 2005 Medicaid Mean	NCQA 2005 Commercial Mean
12 – 24 Months	79%	82%	92.0%	96.7%
25 Mos – 6 Years			81.6%	88.1%
7 – 11 Years			82.5%	88.5%
12 – 19 Years			79.1%	85.5%

Rates for all age groups except one increased

Figure 1. Children's and Adolescents' Access to PCPs by County, Medicaid Members



Results Overall and by Age Group

In the current period, total rates (all age groups combined) were 77.8 percent for Medicaid members and 84.7 percent for KidsCare members. For both Medicaid and KidsCare populations, rates for all age groups except one increased over the previous measurement period.

Children 12 to 24 Months: The total rate for Medicaid-eligible children (Table 1) did not show a significant change over the two measurement periods. The current rate is 84.8 percent, compared with a rate of 84.3 percent for the previous period ($p<.118$). However, the total rate for children eligible under KidsCare (Table 2) increased to 95.2 percent from a rate of 93.3 percent for the previous period ($p<.070$).

Children 25 months to 6 Years: The total rate for Medicaid-eligible children increased to 76.7 percent from 75.9 percent for the previous measurement period ($p<.001$). The total rate for children eligible under KidsCare also increased, to 83.0 percent from 80.6 percent for the previous measurement period ($p<.001$).

Children 7 to 11 Years: The total rate for Medicaid-eligible children increased to 76.2 percent from 75.0 percent for the previous measurement period ($p<.001$). The total rate for children eligible under KidsCare also increased, to 85.4 percent from 82.0 percent for the previous measurement period ($p<.001$).

Children 12 to 19 Years: The total rate for Medicide-eligible children increased to 78.1 percent from 76.1 percent for the previous measurement period ($p<.001$). The total rate for children eligible under KidsCare also increased, to 84.8 percent from 82.1 percent for the previous measurement period ($p<.001$).

Results by Geographic Area

Overall rates (i.e., all ages combined) by individual counties for Medicaid-eligible members ranged from 64.8 percent in La Paz County to 83.7 percent in Santa Cruz County. Figure 1 shows relative rates by county for Medicaid members.

For those covered under KidsCare, overall rates by individual county ranged from 57.7 percent in La Paz County to 88.3 percent in Cochise County (Greenlee County had a rate of 93.8 percent, but had only 16 members who qualified for inclusion in this measure).

Comparison with National Benchmarks
AHCCCS Medicaid rates were lower than the most recent national HEDIS means for Medicaid health plans. Rates for KidsCare members were lower than the commercial means.

Results by Race or Ethnicity
Compared with the overall rate for members identified as non-Hispanic White (79.2 percent), Medicaid-eligible children and adolescents who were Hispanic (78.2 percent), Black (73.3 percent) or Native American (70.0 percent) were less likely to have a PCP visit.

By age group, there was no significant difference between Hispanic and non-Hispanic White children in the three younger age groups (i.e., through 11 years of age). However, there was a significant difference in the rate for Hispanic adolescents (78.3 percent), compared with non-Hispanic White members (80.1 percent).

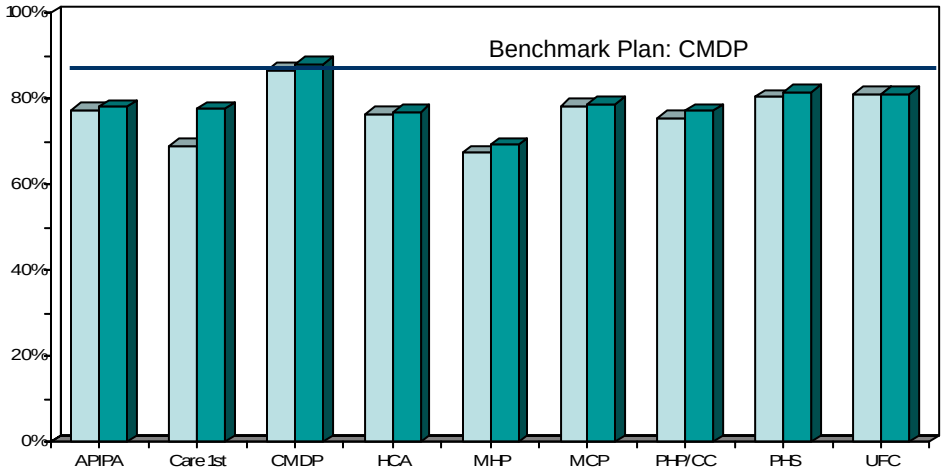
Discussion
Children 24 months and younger typically have a higher rate of primary care visits because they are receiving immunizations that must be given at specific intervals, and are screened for developmental milestones during this period of rapid growth. After these "baby shots" are completed and 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. When analyzed by age group, rates for this measure are highest for children 12 to 24 months.

Consistent with previous measurements, children enrolled with AHCCCS Contractors through KidsCare have higher overall rates of preventive services than those enrolled under Medicaid. Depending on their incomes, parents of KidsCare members may pay a premium for coverage and thus may be more likely to ensure that their children receive covered benefits, including well-care visits. These parents also may have a higher level of education and a better understanding of the value of preventive health care services.

Data obtained through this measurement indicate that Native American children and adolescents enrolled with AHCCCS health plans may have the lowest rate of access to PCPs relative to members identified as White. However, Native American members also may receive primary care through Indian Health Service facilities on a fee-for-service basis. Data for services provided by IHS facilities is not included in these data, unless a health plan paid for the service.

Figure 2. Rates by Contractor, Children's Access to PCPs among Medicaid Members, All Age Groups Combined

CYE 2004 and CYE 2005



As shown in Figure 2, The Comprehensive Medical and Dental Program (CMDP) had the highest rate of access to PCPs among Medicaid-eligible members for all age groups combined, at 88.0 percent. CMDP is a special needs health plan operated by the state Department of Economic Security for children and adolescents in foster care. When these members are taken into custody, case managers try to ensure that they are quickly seen by PCPs and other providers to identify any physical, developmental or behavioral health needs.

Table 1

Arizona Health Care Cost Containment System

CHILDREN'S ACCESS TO PRIMARY CARE PRACTITIONERS BY CONTRACTOR

MEMBERS ELIGIBLE UNDER MEDICAID

Measurement Period October 1, 2004, through September 30, 2005

*** Indicates Contractor met the AHCCCS Minimum Performance Standard**

Contractor		Number of Members	Number with 1+ Visits	Percent with 1+ Visits	Statistical Significance
AZ Physicians IPA	**12-24 mos.**	**6,463**	**5,441**	**84.2%**	**p=.429**
	25 mos. - 6 yrs	**28,636**	**21,834**	**76.2%**	**p=.649**
	7 - 11 yrs.	**15,977**	**12,339**	**77.2%**	**p=.149**
	12 -19 yrs.	**18,431**	**14,592**	**79.2%**	**p<.001**
	Total	**69,507**	**54,206**	**78.0%**	**p=.009**
AZ Physicians IPA	12-24 mos.	6,932	5,801	83.7%	
	25 mos. - 6 yrs	25,765	19,602	76.1%	
	7 - 11 yrs.	13,869	10,613	76.5%	
	12 -19 yrs.	15,472	11,991	77.5%	
	Total	62,038	48,007	77.4%	
Care 1st	**12-24 mos.**	**1,443**	**1,282**	**88.8%**	**p<.001**
	25 mos. - 6 yrs	**2,180**	**1,605**	**73.6%**	**p=.001**
	7 - 11 yrs.	**514**	**364**	**70.8%**	**N/A**
	12 -19 yrs.	**604**	**434**	**71.9%**	**N/A**
	Total	**4,741**	**3,685**	**77.7%**	**p<.001**
Care 1st	12-24 mos.	223	166	74.4%	
	25 mos. - 6 yrs	892	604	67.7%	
	7 - 11 yrs.	N/A	N/A	N/A	
	12 -19 yrs.	N/A	N/A	N/A	
	Total	1,115	770	69.1%	
DES/CMDP *	**12-24 mos.**	**489**	**452**	**92.4%**	**p=.739**
	25 mos. - 6 yrs	**1,654**	**1,393**	**84.2%**	**p=.412**
	7 - 11 yrs.	**399**	**346**	**86.7%**	**p=.274**
	12 -19 yrs.	**898**	**836**	**93.1%**	**p=.052**
	Total	**3,440**	**3,027**	**88.0%**	**p=.160**
DES/CMDP	12-24 mos.	404	371	91.8%	
	25 mos. - 6 yrs	1,151	956	83.1%	
	7 - 11 yrs.	302	253	83.8%	
	12 -19 yrs.	847	767	90.6%	
	Total	2,704	2,347	86.8%	

Results of previous measurement period (Oct. 1, 2003, through Sept. 30, 2004) shown in shaded rows.

Table 1

Arizona Health Care Cost Containment System

CHILDREN'S ACCESS TO PRIMARY CARE PRACTITIONERS BY CONTRACTOR

MEMBERS ELIGIBLE UNDER MEDICAID

Measurement Period October 1, 2004, through September 30, 2005

*** Indicates Contractor met the AHCCCS Minimum Performance Standard**

Contractor		Number of Members	Number with 1+ Visits	Percent with 1+ Visits	Statistical Significance
Health Choice AZ	**12-24 mos.**	**2,879**	**2,415**	**83.9%**	**p=.237**
	25 mos. - 6 yrs	**11,956**	**9,114**	**76.2%**	**p=.487**
	7 - 11 yrs.	**4,614**	**3,420**	**74.1%**	**p=.254**
	12 -19 yrs.	**4,775**	**3,684**	**77.2%**	**p.<001**
	Total	**24,224**	**18,633**	**76.9%**	**p=.203**
Health Choice AZ	12-24 mos.	2,784	2,367	85.0%	
	25 mos. - 6 yrs	9,060	6,869	75.8%	
	7 - 11 yrs.	3,121	2,277	73.0%	
	12 -19 yrs.	2,938	2,163	73.6%	
	Total	17,903	13,676	76.4%	
Maricopa Health Plan	**12-24 mos.**	**1,064**	**886**	**83.3%**	**p=.099**
	25 mos. - 6 yrs	**4,979**	**3,458**	**69.5%**	**p=.018**
	7 - 11 yrs.	**2,361**	**1,566**	**66.3%**	**p=.034**
	12 -19 yrs.	**2,677**	**1,770**	**66.1%**	**p=.089**
	Total	**11,081**	**7,680**	**69.3%**	**p=.003**
Maricopa Health Plan	12-24 mos.	1,424	1,149	80.7%	
	25 mos. - 6 yrs	4,538	3,049	67.2%	
	7 - 11 yrs.	2,248	1,424	63.3%	
	12 -19 yrs.	2,375	1,516	63.8%	
	Total	10,585	7,138	67.4%	
Mercy Care Plan	**12-24 mos.**	**6,367**	**5,438**	**85.4%**	**p=.736**
	25 mos. - 6 yrs	**25,147**	**19,595**	**77.9%**	**p=.293**
	7 - 11 yrs.	**10,521**	**8,143**	**77.4%**	**p=.039**
	12 -19 yrs.	**11,297**	**8,824**	**78.1%**	**p=.013**
	Total	**53,332**	**42,000**	**78.8%**	**p=.025**
Mercy Care Plan	12-24 mos.	6,174	5,260	85.2%	
	25 mos. - 6 yrs	19,591	15,184	77.5%	
	7 - 11 yrs.	8,576	6,529	76.1%	
	12 -19 yrs.	8,729	6,689	76.6%	
	Total	43,070	33,662	78.2%	

Results of previous measurement period (Oct. 1, 2003, through Sept. 30, 2004) shown in shaded rows.

Table 1

Arizona Health Care Cost Containment System

CHILDREN'S ACCESS TO PRIMARY CARE PRACTITIONERS BY CONTRACTOR

MEMBERS ELIGIBLE UNDER MEDICAID

Measurement Period October 1, 2004, through September 30, 2005

*** Indicates Contractor met the AHCCCS Minimum Performance Standard**

Contractor		Number of Members	Number with 1+ Visits	Percent with 1+ Visits	Statistical Significance
Phoenix Health Plan/Community Connection	**12-24 mos.**	**2,883**	**2,402**	**83.3%**	**p=.678**
	25 mos. - 6 yrs	**11,962**	**9,249**	**77.3%**	**p<.001**
	7 - 11 yrs.	**5,605**	**4,196**	**74.9%**	**p=.005**
	12 -19 yrs.	**5,650**	**4,312**	**76.3%**	**p<.001**
	Total	**26,100**	**20,159**	**77.2%**	**p<.001**
Phoenix Health Plan/Community Connection	12-24 mos.	3,162	2,647	83.7%	
	25 mos. - 6 yrs	10,316	7,752	75.1%	
	7 - 11 yrs.	3,505	2,530	72.2%	
	12 -19 yrs.	3,164	2,269	71.7%	
	Total	20,147	15,198	75.4%	
Pima Health System *	**12-24 mos.**	**821**	**680**	**82.8%**	**p=.078**
	25 mos. - 6 yrs	**2,469**	**1,978**	**80.1%**	**p=.431**
	7 - 11 yrs.	**1,065**	**872**	**81.9%**	**p=.243**
	12 -19 yrs.	**1,435**	**1,201**	**83.7%**	**p=.021**
	Total	**5,790**	**4,731**	**81.7%**	**p=.122**
Pima Health System	12-24 mos.	550	475	86.4%	
	25 mos. - 6 yrs	1,661	1,314	79.1%	
	7 - 11 yrs.	713	568	79.7%	
	12 -19 yrs.	829	662	79.9%	
	Total	3,753	3,019	80.4%	
University Family Care *	**12-24 mos.**	**284**	**247**	**87.0%**	**p=.850**
	25 mos. - 6 yrs	**1,483**	**1,157**	**78.0%**	**p=.869**
	7 - 11 yrs.	**1,002**	**807**	**80.5%**	**p=.541**
	12 -19 yrs.	**1,474**	**1,234**	**83.7%**	**p=.442**
	Total	**4,243**	**3,445**	**81.2%**	**p=.810**
University Family Care	12-24 mos.	429	371	86.5%	
	25 mos. - 6 yrs	1,606	1,249	77.8%	
	7 - 11 yrs.	1,022	834	81.6%	
	12 -19 yrs.	1,330	1,099	82.6%	
	Total	4,387	3,553	81.0%	

Results of previous measurement period (Oct. 1, 2003, through Sept. 30, 2004) shown in shaded rows.

Table 1

Arizona Health Care Cost Containment System

CHILDREN'S ACCESS TO PRIMARY CARE PRACTITIONERS BY CONTRACTOR

MEMBERS ELIGIBLE UNDER MEDICAID

Measurement Period October 1, 2004, through September 30, 2005

*** Indicates Contractor met the AHCCCS Minimum Performance Standard**

Contractor		Number of Members	Number with 1+ Visits	Percent with 1+ Visits	Statistical Significance
TOTAL	**12-24 mos.**	**22,693**	**19,243**	**84.8%**	**p=.118**
	25 mos. - 6 yrs	**90,466**	**69,383**	**76.7%**	**p<.001**
	7 - 11 yrs.	**42,058**	**32,053**	**76.2%**	**p<.001**
	12 -19 yrs.	**47,241**	**36,887**	**78.1%**	**p<.001**
	Total	**202,458**	**157,566**	**77.8%**	**p<.001**
TOTAL	12-24 mos.	22,082	18,607	84.3%	
	25 mos. - 6 yrs	74,580	56,579	75.9%	
	7 - 11 yrs.	33,356	25,028	75.0%	
	12 -19 yrs.	35,684	27,156	76.1%	
	Total	165,702	127,370	76.9%	

Results of previous measurement period (Oct. 1, 2003, through Sept. 30, 2004) shown in shaded rows.

Table 2
Arizona Health Care Cost Containment System
CHILDREN'S ACCESS TO PRIMARY CARE PRACTITIONERS BY CONTRACTOR
MEMBERS ELIGIBLE UNDER KIDSCARE
Measurement Period October 1, 2004, to September 30, 2005

*** Indicates Contractor met the AHCCCS Minimum Performance Standard**

Contractor	Age	Total Number of Members	Number with 1+ Visits	Percent with 1+ Visits	Statistical Significance
AZ Physicians IPA *	**12-24 mos.**	**331**	**309**	**93.4%**	**p=.931**
	25 mos. - 6 yrs	**2,221**	**1,803**	**81.2%**	**p=.337**
	7 - 11 yrs.	**1,939**	**1,631**	**84.1%**	**p=.050**
	12 -19 yrs.	**2,310**	**1,958**	**84.8%**	**p=.022**
	Total	**6,801**	**5,701**	**83.8%**	**p=.002**
AZ Physicians IPA	12-24 mos.	249	232	93.2%	
	25 mos. - 6 yrs	2,057	1,646	80.0%	
	7 - 11 yrs.	1,821	1,488	81.7%	
	12 -19 yrs.	2,042	1,678	82.2%	
	Total	6,169	5,044	81.8%	
Care 1st *	**12-24 mos.**	**119**	**119**	**100.0%**	**N/A**
	25 mos. - 6 yrs	**126**	**108**	**85.7%**	**p=.875**
	7 - 11 yrs.	**49**	**43**	**87.8%**	**N/A**
	12 -19 yrs.	**67**	**56**	**83.6%**	**N/A**
	Total	**361**	**326**	**90.3%**	**p=.678**
Care 1st	12-24 mos.	7	7	100.0%	
	25 mos. - 6 yrs	45	39	86.7%	
	7 - 11 yrs.	N/A	N/A	N/A	
	12 -19 yrs.	N/A	N/A	N/A	
	Total	52	46	88.5%	
Health Choice AZ *	**12-24 mos.**	**162**	**155**	**95.7%**	**p=.348**
	25 mos. - 6 yrs	**1,001**	**844**	**84.3%**	**p=.599**
	7 - 11 yrs.	**540**	**447**	**82.8%**	**p=.440**
	12 -19 yrs.	**604**	**519**	**85.9%**	**p=.050**
	Total	**2,307**	**1,965**	**85.2%**	**p=.042**
Health Choice AZ	12-24 mos.	84	78	92.9%	
	25 mos. - 6 yrs	789	658	83.4%	
	7 - 11 yrs.	380	307	80.8%	
	12 -19 yrs.	390	317	81.3%	
	Total	1,643	1,360	82.8%	

Results of previous measurement period (Oct. 1, 2003, through Sept. 30, 2004) shown in shaded rows.

Table 2
Arizona Health Care Cost Containment System
CHILDREN'S ACCESS TO PRIMARY CARE PRACTITIONERS BY CONTRACTOR
MEMBERS ELIGIBLE UNDER KIDSCARE
Measurement Period October 1, 2004, to September 30, 2005

*** Indicates Contractor met the AHCCCS Minimum Performance Standard**

Contractor	Age	Total Number of Members	Number with 1+ Visits	Percent with 1+ Visits	Statistical Significance
Maricopa Health Plan *	**12-24 mos.**	**55**	**51**	**92.7%**	**p=.0001**
	25 mos. - 6 yrs	**446**	**359**	**80.5%**	**p=.001**
	7 - 11 yrs.	**321**	**269**	**83.8%**	**p<.001**
	12 -19 yrs.	**249**	**196**	**78.7%**	**p=.016**
	Total	**1,071**	**875**	**81.7%**	**p<.001**
Maricopa Health Plan	12-24 mos.	46	43	93.5%	
	25 mos. - 6 yrs	442	314	71.0%	
	7 - 11 yrs.	284	204	71.8%	
	12 -19 yrs.	240	166	69.2%	
	Total	1,012	727	71.8%	
Mercy Care Plan *	**12-24 mos.**	**418**	**401**	**95.9%**	**p=.438**
	25 mos. - 6 yrs	**2,305**	**1,945**	**84.4%**	**p=.030**
	7 - 11 yrs.	**1,495**	**1,270**	**84.9%**	**p=.948**
	12 -19 yrs.	**1,498**	**1,270**	**84.8%**	**p=.751**
	Total	**5,716**	**4,886**	**85.5%**	**p=.034**
Mercy Care Plan	12-24 mos.	242	229	94.6%	
	25 mos. - 6 yrs	1978	1620	81.9%	
	7 - 11 yrs.	1255	1065	84.9%	
	12 -19 yrs.	1168	985	84.3%	
	Total	4,643	3,899	84.0%	
Phoenix Health Plan/Community Connection *	**12-24 mos.**	**201**	**188**	**93.5%**	**p=.396**
	25 mos. - 6 yrs	**1,285**	**1,070**	**83.3%**	**p=.095**
	7 - 11 yrs.	**891**	**749**	**84.1%**	**p=.041**
	12 -19 yrs.	**751**	**637**	**84.8%**	**p=.007**
	Total	**3,128**	**2,644**	**84.5%**	**p<.001**
Phoenix Health Plan/Community Connection	12-24 mos.	134	122	91.0%	
	25 mos. - 6 yrs	1,127	909	80.7%	
	7 - 11 yrs.	593	474	79.9%	
	12 -19 yrs.	456	359	78.7%	
	Total	2,310	1,864	80.7%	
Pima Health System *	**12-24 mos.**	**47**	**46**	**97.9%**	**p=1.000**
	25 mos. - 6 yrs	**148**	**127**	**85.8%**	**p=.569**
	7 - 11 yrs.	**115**	**104**	**90.4%**	**p=.275**
	12 -19 yrs.	**173**	**139**	**80.3%**	**p=.148**
	Total	**483**	**416**	**86.1%**	**p=.968**
Pima Health System	12-24 mos.	20	20	100.0%	
	25 mos. - 6 yrs	101	84	83.2%	
	7 - 11 yrs.	67	57	85.1%	
	12 -19 yrs.	88	77	87.5%	
	Total	276	238	86.2%	

Results of previous measurement period (Oct. 1, 2003, through Sept. 30, 2004) shown in shaded rows.

Table 2
Arizona Health Care Cost Containment System
CHILDREN'S ACCESS TO PRIMARY CARE PRACTITIONERS BY CONTRACTOR
MEMBERS ELIGIBLE UNDER KIDSCARE
Measurement Period October 1, 2004, to September 30, 2005

*** Indicates Contractor met the AHCCCS Minimum Performance Standard**

Contractor	Age	Total Number of Members	Number with 1+ Visits	Percent with 1+ Visits	Statistical Significance
University Family Care *	**12-24 mos.**	**8**	**7**	**87.5%**	**p=1.000**
	25 mos. - 6 yrs	**68**	**54**	**79.4%**	**p=.972**
	7 - 11 yrs.	**114**	**105**	**92.1%**	**p=.358**
	12 -19 yrs.	**224**	**206**	**92.0%**	**p=.226**
	Total	**414**	**372**	**89.9%**	**p=.132**
University Family Care	12-24 mos.	8	6	75.0%	
	25 mos. - 6 yrs	108	86	79.6%	
	7 - 11 yrs.	160	142	88.8%	
	12 -19 yrs.	256	227	88.7%	
	Total	532	461	86.7%	
TOTAL	**12-24 mos.**	**1,341**	**1,276**	**95.2%**	**p=.070**
	25 mos. - 6 yrs	**7,600**	**6,310**	**83.0%**	**p<.001**
	7 - 11 yrs.	**5,464**	**4,618**	**84.5%**	**p=.001**
	12 -19 yrs.	**5,876**	**4,981**	**84.8%**	**p<.001**
	Total	**20,281**	**17,185**	**84.7%**	**p<.001**
TOTAL	12-24 mos.	790	737	93.3%	
	25 mos. - 6 yrs	6,647	5,356	80.6%	
	7 - 11 yrs.	4,560	3,737	82.0%	
	12 -19 yrs.	4,640	3,809	82.1%	
	Total	**16,637**	**13,639**	**82.0%**	

Results of previous measurement period (Oct. 1, 2003, through Sept. 30, 2004) shown in shaded rows.

Adults' Access to Preventive and Ambulatory Health Services

Three behaviors – tobacco use, poor nutrition and lack of physical activity – are major contributors to some of this country's leading killers: cardiovascular disease, cancer, chronic lower respiratory diseases and diabetes.[6] 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 as many as 62 percent of adults currently smoke cigarettes, either sometimes or every day. [7]

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.

Description

AHCCCS measured the percentage of members who:

- were ages 20 through 64 years at the end of the measurement period (October 1, 2004, through September 30, 2005),
- 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 month), and
- had one or more preventive/ambulatory visits during the measurement period, including encounters with primary care physicians, specialists, physician's assistants, nurse practitioners, ophthalmologists and optometrists.

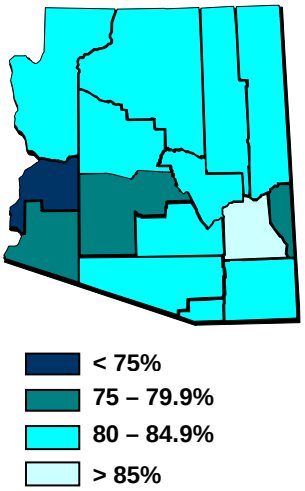
Performance Goals

AHCCCS has adopted the following Minimum Performance Standards and Goals for the current measurement. While rates are reported for each age group, the AHCCCS standard applies to the Contractor's overall rate. The following table also includes the most recent HEDIS means for Medicaid and commercial health plans, which are reported by age group by the National Committee for Quality Assurance (NCQA):

Age Group	AHCCCS CYE 2006 MPS	AHCCCS CYE 2006 Goal	NCQA 2005 Medicaid Mean	NCQA 2005 Commercial Mean
20 – 44 Years	80%	82%	75.8%	92.7%
45 – 64 Years			81.1%	94.6%

AHCCCS rates for both age groups are higher than the most recent national means.

Figure 3. Adults' Access to Preventive/Ambulatory Health Services, by County



Results Overall and by Age Group

Compared with the previous measurement period, the total rate (i.e., both ages combined) increased (Table 3). The total rate was 79.2 percent, compared with 78.6 percent in the previous period (p=.004).

Adults 20 to 44 Years: This rate increased to 77.3 percent, from 76.7 percent in the previous measurement period (p=.007).

Adults 45 to 64 Years: This rate did not show a statistically significant change. The current rate is 83.4 percent, compared with 83.0 percent in the previous period (p=.181).

Results by Geographic Area

Total rates ranged from 72.9 percent in La Paz County to 85.8 percent in Graham County. Figure 3 shows relative rates by county.

Comparison with National Benchmarks

AHCCCS rates for both age groups are higher than the most recent national HEDIS means for Medicaid health plans. For adults 20 to 44 years, the AHCCCS rate was 1.5 percentage points higher and for adults 45 to 64 years, the AHCCCS rate was greater by 2.3 percentage points.

Results by Race or Ethnicity

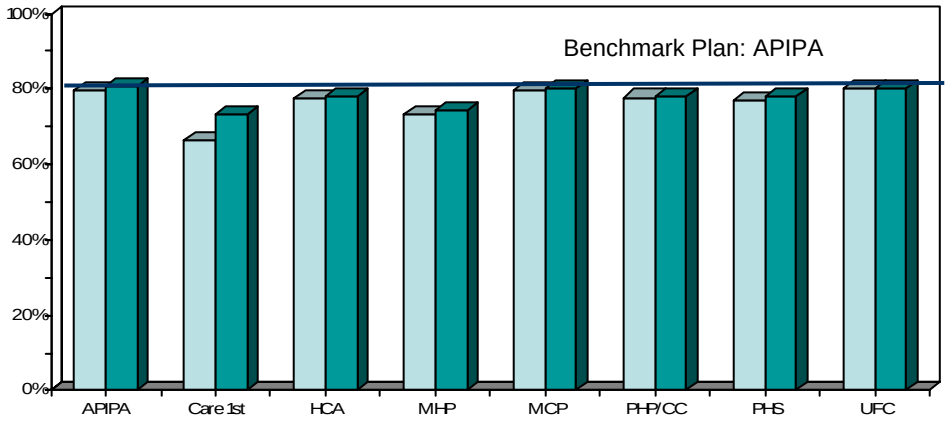
Overall, there was no significant difference in rates of adults' access to preventive and abulatory care among members who were identified as Hispanic (78.9 percent), non-Hispanic White (79.7 percent) and Native American (79.9 percent). However, Blacks (76.2 percent) were less likely than non-Hispanic Whites to have a preventive or ambulatory care visit.

When analyzed by age group, the only significant difference was in adults 20 to 44 years; non-Hispanic Blacks (74.7 percent) were less likely than non-Hispanic Whites (78.2 percent) to have a preventive or ambulatory visit.

Discussion

Ensuring that adult members use preventive services is challenging. This may be due to lack of knowledge among members about when and what types of routine preventive health services are recommended, 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.

Figure 4. Rates by Contractor, Both Age Groups of Adults Combined
CYE 2004 and CYE 2005



As shown in Figure 4, most Contractors' total rates for Adults' Access to Preventive/Ambulatory Health Services are at or near 80 percent. APIPA and Care 1st Healthplan showed statistically significant increases between the two periods measured. APIPA also had the highest rate for this measure in the current period, at 80.4 percent.

Table 3
Arizona Health Care Cost Containment System
ADULTS' ACCESS TO PREVENTIVE/AMBULATORY HEALTH SERVICES
BY CONTRACTOR
MEMBERS ELIGIBLE UNDER MEDICAID
Measurement Period October 1, 2004, through September 30, 2005

*** Indicates Contractor met the AHCCCS Minimum Performance Standard**

Contractor	Years	Number of Members	Number with ≥1 Visits	Percent with ≥1 Visits	Statistical Significance
AZ Physicians IPA *	**21-44**	**24,241**	**18,980**	**78.3%**	**p=.026**
	45-64	**10,748**	**9,142**	**85.1%**	**p=.519**
	Total	**34,989**	**28,122**	**80.4%**	**p=.019**
AZ Physicians IPA	21-44	23,050	17,851	77.4%	
	45-64	10,011	8,483	84.7%	
	Total	33,061	26,334	79.7%	
Care 1st	**21-44**	**2,252**	**1,624**	**72.1%**	**p=.004**
	45-64	**890**	**684**	**76.9%**	**p<.001**
	Total	**3,142**	**2,308**	**73.5%**	**p<.001**
Care 1st	21-44	903	604	66.9%	
	45-64	363	234	64.5%	
	Total	1,266	838	66.2%	
Health Choice AZ	**21-44**	**8,717**	**6,708**	**77.0%**	**p=.341**
	45-64	**3,628**	**2,912**	**80.3%**	**p=.667**
	Total	**12,345**	**9,620**	**77.9%**	**p=.321**
Health Choice AZ	21-44	7,104	5,421	76.3%	
	45-64	3,061	2,444	79.8%	
	Total	10,165	7,865	77.4%	
Maricopa Health Plan	**21-44**	**2,537**	**1,780**	**70.2%**	**p=.209**
	45-64	**1,970**	**1,563**	**79.3%**	**p=.710**
	Total	**4,507**	**3,343**	**74.2%**	**p=.336**
Maricopa Health Plan	21-44	2,723	1,867	68.6%	
	45-64	1,972	1,574	79.8%	
	Total	4,695	3,441	73.3%	
Mercy Care Plan *	**21-44**	**19,028**	**14,859**	**78.1%**	**p=.804**
	45-64	**8,182**	**6,971**	**85.2%**	**p=.021**
	Total	**27,210**	**21,830**	**80.2%**	**p=.219**
Mercy Care Plan	21-44	15,908	12,405	78.0%	
	45-64	7,093	5,947	83.8%	
	Total	23,001	18,352	79.8%	

Results of previous measurement period (Oct. 1, 2003, through Sept. 30, 2004) shown in shaded rows.

Table 3
Arizona Health Care Cost Containment System
ADULTS' ACCESS TO PREVENTIVE/AMBULATORY HEALTH SERVICES
BY CONTRACTOR
MEMBERS ELIGIBLE UNDER MEDICAID
Measurement Period October 1, 2004, through September 30, 2005

*** Indicates Contractor met the AHCCCS Minimum Performance Standard**

Contractor	Years	Number of Members	Number with ≥1 Visits	Percent with ≥1 Visits	Statistical Significance
Phoenix Health Plan/ Community Connection	**21-44**	**7,433**	**5,669**	**76.3%**	**p=.597**
	45-64	**2,902**	**2,377**	**81.9%**	**p=.513**
	Total	**10,335**	**8,046**	**77.9%**	**p=.939**
Phoenix Health Plan/ Community Connection	21-44	7,052	5,352	75.9%	
	45-64	2,834	2,340	82.6%	
	Total	9,886	7,692	77.8%	
Pima Health System	**21-44**	**2,210**	**1,700**	**76.9%**	**p=.077**
	45-64	**1,173**	**947**	**80.7%**	**p=.539**
	Total	**3,383**	**2,647**	**78.2%**	**p=.313**
Pima Health System	21-44	1,693	1,261	74.5%	
	45-64	982	803	81.8%	
	Total	2,675	2,064	77.2%	
University Family Care *	**21-44**	**1,580**	**1,240**	**78.5%**	**p=.922**
	45-64	**952**	**787**	**82.7%**	**p=.610**
	Total	**2,532**	**2,027**	**80.1%**	**p=.784**
University Family Care	21-44	1,824	1,434	78.6%	
	45-64	996	832	83.5%	
	Total	2,820	2,266	80.4%	
TOTAL	**21-44**	**67,998**	**52,560**	**77.3%**	**p=.007**
	45-64	**30,445**	**25,383**	**83.4%**	**p=.181**
	Total	**98,443**	**77,943**	**79.2%**	**p=.004**
TOTAL	21-44	60,257	46,195	76.7%	
	45-64	27,312	22,657	83.0%	
	Total	87,569	68,852	78.6%	

Results of previous measurement period (Oct. 1, 2003, through Sept. 30, 2004) shown in shaded rows.

Breast Cancer Screening

Breast cancer is the second most commonly diagnosed cancer among women, after skin cancer.[8] One out of 67 women will be diagnosed with breast cancer by the age of 50.[9] According to the Centers for Disease Control and Prevention, more than 180,000 women were diagnosed with breast cancer in 2003 (the latest year for which data are available), and more than 41,000 women died of the disease.[8] On average, nearly 700 Arizona women die of breast cancer each year.[10]

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.[11]

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.[12,13]

Description

AHCCCS measured the percentage of members who:

- were ages 52 through 69 years at the end of the measurement period (October 1, 2004, through September 30, 2005),
- were continuously enrolled with one acute-care Contractor during the measurement period and the preceding year (one break in enrollment per year was allowed if each gap did not exceed one month), and
- had a mammogram in the two-year period.

Performance Goals

AHCCCS has adopted the following Minimum Performance Standards and Goals for the current measurement. The following table also includes the most recent HEDIS means for Medicaid and commercial health plans reported by the National Committee for Quality Assurance (NCQA):

	AHCCCS CYE 2006 MPS	AHCCCS CYE 2006 Goal	NCQA 2005 Medicaid Mean	NCQA 2005 Commercial Mean
Breast Cancer Screening	57%	60%	53.9%	72.0%

The overall rate was unchanged from the previous year.

Overall Results

Compared with the previous measurement period, the overall rate was unchanged (p=.491). The rate of breast cancer screening for the current measurement period was 48.8 percent, compared with 48.3 percent in the previous period (Table 4).

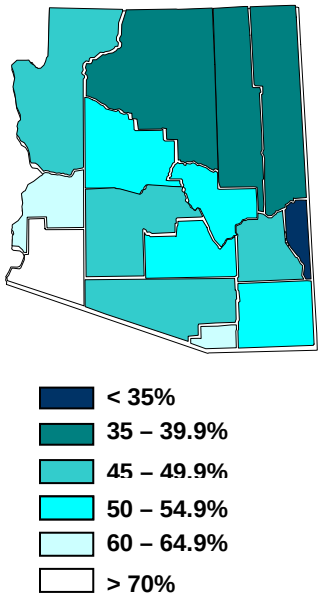
Results by Geographic Area

Rates by individual counties ranged from 31.3 percent in Greenlee County to 70.7 percent in Yuma County. Figure 5 shows relative rates by county.

Comparison with National Benchmark

The AHCCCS overall rate is 5.1 percentage points lower than the most recent national HEDIS mean reported by NCQA for Medicaid health plans.

Figure 5. Breast Cancer Screening with Mammography, by County



Results by Race or Ethnicity

There were significant differences in rates of breast cancer screening among women who were identified as Hispanic and Native American, compared with non-Hispanic White women. The rate for members of Hispanic origin (55.8 percent) was greater than the rate for non-Hispanic White women (46.3 percent).

The rate for members identified as Native American (34.2 percent) was significantly lower than the rate for non-Hispanic Whites. Non-Hispanic Blacks (47.8 percent) did not show a significant difference from non-Hispanic Whites.

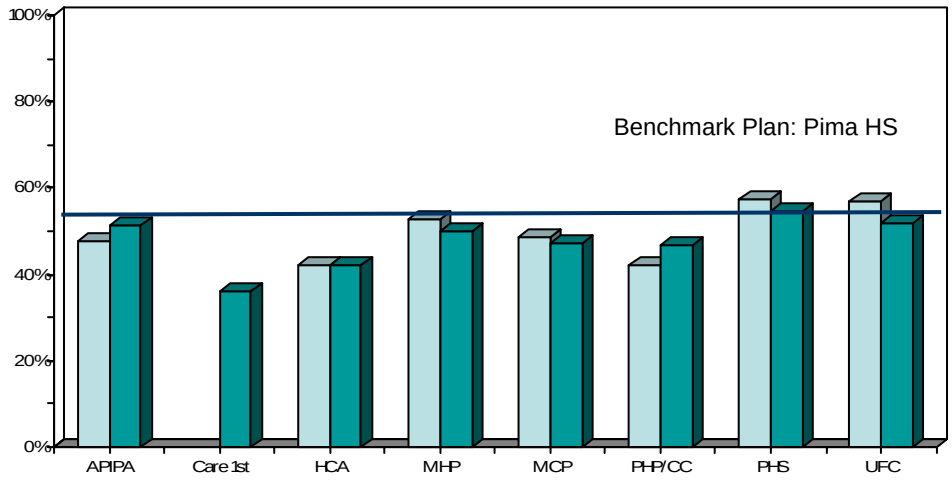
Discussion

The identification of tumors while they are still localized and potentially curable can significantly reduce breast cancer mortality.[14] However, many women do not obtain mammograms at the recommended one- to two-year intervals. A significant percentage of women responding to a recent National Cancer Institute survey said that they did not have a mammogram because they did not know they needed one or their doctor had not recommended one.[15] Women of certain 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.[16,17]

Data obtained through this measurement indicate that Native American women enrolled with AHCCCS health plans may be receiving mammograms at a rate well below women of other races; however, Native American women may receive these services through Indian Health Service facilities on a fee-for-service basis even though they are enrolled with AHCCCS health plans. In these cases, the services may not be captured in AHCCCS encounter data unless a health plan paid for them.

Possible underreporting of services for Native American women may have contributed to lower rates in some counties, such as Coconino, Apache and Navajo, where many of these women live.

Figure 6. Rates by Contractor, Breast Cancer Screening with Mammography
CYE 2004 and CYE 2005



As shown in Figure 6, Pima Health System had the highest rate of breast cancer screening in the current measurement period, at 54.6 percent. Only one Contractor, APIPA, showed a significant change in its rate of breast cancer screening between the two periods measured. Care 1st Healthplan did not have any members who met the two-year enrollment criteria for the measurement period of CYE 2004.

Table 4
Arizona Health Care Cost Containment System
BREAST CANCER SCREENING BY CONTRACTOR
Measurement Period October 1, 2003 through September 30, 2005

*** Indicates Contractor met the AHCCCS Minimum Performance Standard**

Contractor	Number of Members	Number Receiving Mammograms	Percent Receiving Mammograms	Statistical Significance
AZ Physicians IPA	**4,292**	**2,208**	**51.4%**	**p=.001**
	3,527	1,683	47.7%	
Care 1st	**119**	**43**	**36.1%**	**N/A**
	N/A	N/A	N/A	
Health Choice AZ	**1,212**	**512**	**42.2%**	**p=.986**
	789	333	42.2%	
Maricopa Health Plan	**799**	**401**	**50.2%**	**p=.321**
	807	425	52.7%	
Mercy Care Plan	**3,263**	**1,542**	**47.3%**	**p=.375**
	2,625	1,271	48.4%	
Phoenix Health Plan/CC	**1,193**	**559**	**46.9%**	**p=.064**
	647	274	42.3%	
Pima Health System	**456**	**249**	**54.6%**	**p=.442**
	356	204	57.3%	
University Family Care	**464**	**240**	**51.7%**	**p=.115**
	412	235	57.0%	
TOTAL	**11,798**	**5,754**	**48.8%**	**p=.491**
	9,163	4,425	48.3%	

Results of previous measurement period (Oct. 1, 2002, through Sept. 30, 2004) shown in shaded rows.

Cervical Cancer Screening

Nearly 10,000 new cases of invasive cervical cancer are diagnosed and about 3,700 women die of the disease each year.[18] Approximately half of these deaths occur in women who were not screened at timely intervals.[14]

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.[14]

The American College of Obstetricians and Gynecologists, the American Cancer Society and the U.S. Preventive Services Task Force recommend that 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 years at the end of the measurement period (October 1, 2004, through September 30, 2005),
- 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 month), and
- had a Pap test in the measurement period or in either of the two preceding years.

Performance Goals

AHCCCS has adopted the following Minimum Performance Standards and Goals for the current measurement. The following table also includes the most recent HEDIS means for Medicaid and commercial health plans reported by the National Committee for Quality Assurance (NCQA):

	AHCCCS CYE 2006 MPS	AHCCCS CYE 2006 Goal	NCQA 2005 Medicaid Mean	NCQA 2005 Commercial Mean
Cervical Cancer Screening	61%	63%	65.0%	81.8%

The overall rate improved, compared with the previous period.

Overall Results

The overall rate improved, compared with the previous measurement period (Table 5). The rate of cervical cancer screening increased to 54.4 percent in the current period from 52.5 percent ($p<.001$).

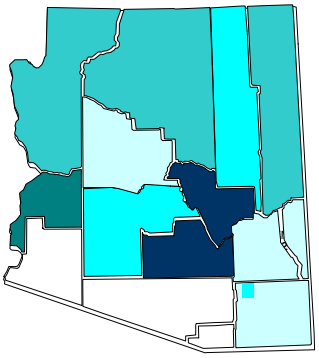
Results by Geographic Area

Rates by individual counties ranged from 30.5 percent in Gila County to 64.6 percent in Yuma County. Figure 7 shows relative rates by county.

Comparison with National Benchmark

The AHCCCS overall rate is 10.6 percentage points lower than the most recent national HEDIS mean for Medicaid health plans.

Figure 7. Cervical Cancer Screening with Pap tests, by County



Results by Race or Ethnicity

Rates for women who were identified as Hispanic (61.3 percent) or non-Hispanic Black (54.7 percent) were significantly higher than women who were identified as non-Hispanic White (51.3 percent).

The rate for members identified as Native American (45.9 percent) was significantly lower than non-Hispanic White women.

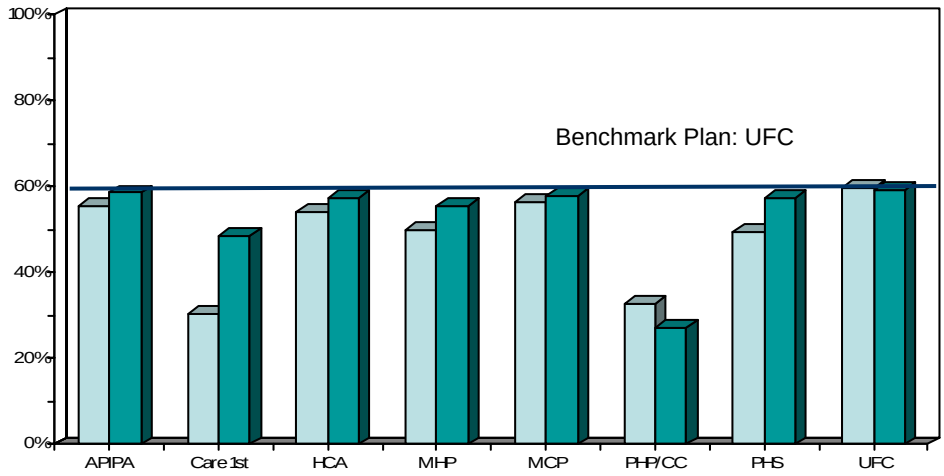
Discussion

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.[15-17]

Results for this measure are calculated from laboratory data, as well as from physician encounters. One Contractor has reported to AHCCCS that a large laboratory provider accounted for a significant percentage of omissions of encounter data for this health plan during both periods measured (CYE 2004 and CYE 2005). This laboratory company, which contracts with several AHCCCS health plans, experienced significant issues in formatting its data to be compliant with federal standards under the Health Insurance Portability and Accountability Act (HIPAA). This problem may have affected other Contractor's rates and thus overall results for this measure.

Data obtained through this measurement indicate that Native American women enrolled with AHCCCS health plans may Pap tests at a lower rate than women of other races; however, as in the case of mammograms, Native American women enrolled with health plans may receive these services through Indian Health Service facilities on a fee-for-service basis. Thus, data on these services may not be captured in AHCCCS health plan encounter data.

Figure 8. Rates by Contractor, Cervical Cancer Screening with Pap Tests
CYE 2004 and CYE 2005



University Family Care had the highest rate of cervical cancer screening in the current period, at 59.1 percent. Five Contractors showed significant increases between the two periods measured. One, Phoenix Health Plan, showed a statistically significant decline, which may be related to problems with capturing laboratory data for this service.

Table 5
Arizona Health Care Cost Containment System
CERVICAL CANCER SCREENING BY CONTRACTOR
Measurement Period October 1, 2004 through September 30, 2005

*** Indicates Contractor met the AHCCCS Minimum Performance Standard**

Contractor	Number of Members	Number Receiving Pap Tests	Percent Receiving Pap Tests	Statistical Significance
AZ Physicians IPA	**24,077**	**14,115**	**58.6%**	**p<.001**
	22,488	12,536	55.7%	
Care 1st	**2,107**	**1,029**	**48.8%**	**p<.001**
	847	257	**30.3%**	
Health Choice Arizona	**8,313**	**4,775**	**57.4%**	**P<.001**
	6,821	3,687	54.1%	
Maricopa Health Plan	**2,704**	**1,508**	**55.8%**	**P<.001**
	2,820	1,406	49.9%	
Mercy Care Plan	**18,870**	**10,893**	**57.7%**	**p=.058**
	15,781	8,950	56.7%	
Phoenix Health Plan/CC	**7,193**	**1,969**	**27.4%**	**P<.001**
	6,731	2,215	32.9%	
Pima Health System	**2,214**	**1,269**	**57.3%**	**P<.001**
	1,723	851	49.4%	
University Family Care	**1,667**	**986**	**59.1%**	**p=.738**
	1,824	1,089	59.7%	
TOTAL	**67,145**	**36,544**	**54.4%**	**p<.001**
	59,035	30,991	52.5%	

Results of previous measurement period (Oct. 1, 2003, through Sept. 30, 2004) shown in shaded rows.

Chlamydia Screening

Chlamydia is one of the most commonly reported sexually transmitted diseases in the United States, infecting an estimated 2.8 million people each year. Yet, it often is undetected because approximately 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.[19]

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 25 years at the end of the measurement period (October 1, 2004, through September 30, 2005),
- 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 month), and
- were screened for chlamydia infection during the measurement period.

Performance Goals

While rates for Chlamydia Screening are reported in this publication, AHCCCS did not have a contractual requirement for this measure in its CYE 2006 contract with health plans.

The overall rate improved, compared with the previous period.

Overall Results
The overall rate for this measure also improved, compared with the previous period (Table 6). The rate of chlamydia screening increased to 41.1 percent in the current period from 40.0 percent (p=.035).

Results by Geographic Area
Rates by individual counties ranged from 15.5 percent in Santa Cruz County to 51.8 percent in Pima County. Figure 9 shows relative rates by county.

Comparison with National Benchmark
The AHCCCS overall rate is 9.3 percentage points lower than the most recent national mean for Medicaid health plans reported by NCQA.

Results by Race or Ethnicity
Rates for females identified as being of Hispanic origin (43.0 percent) or non-Hispanic Black (45.6 percent) were significantly higher than the rate for non-Hispanic White members (38.7 percent).

The rate for Native Americans (37.5 percent) was not significantly different than the rate for non-Hispanic White members.

Discussion
The current recommendation for annual screening of all sexually active females ages 16 through 25 was made by the U.S. Preventive Services Task Force in 2001, but it appears that providers have not fully implemented this recommendation. Many women probably do not seek testing because they are not aware of the problem of chlamydia or are embarrassed about possibly having a sexually transmitted disease. The often asymptomatic nature of the infection further presents a barrier to testing.

Results for this measure also may have been affected by significant data issues experienced by one of the state's largest laboratory providers, as discussed in the previous section on Cervical Cancer Screening. This appears to have affected data for Phoenix Health Plan, which identified that this laboratory provider accounted for a significant percentage of its encounter omissions during CYE 2004 and CYE 2005. Other Contractors' rates and thus overall rates also may have been affected by this problem.

Figure 9. Chlamydia Screening, by County

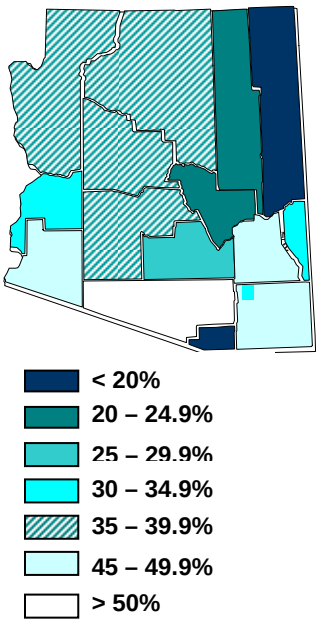
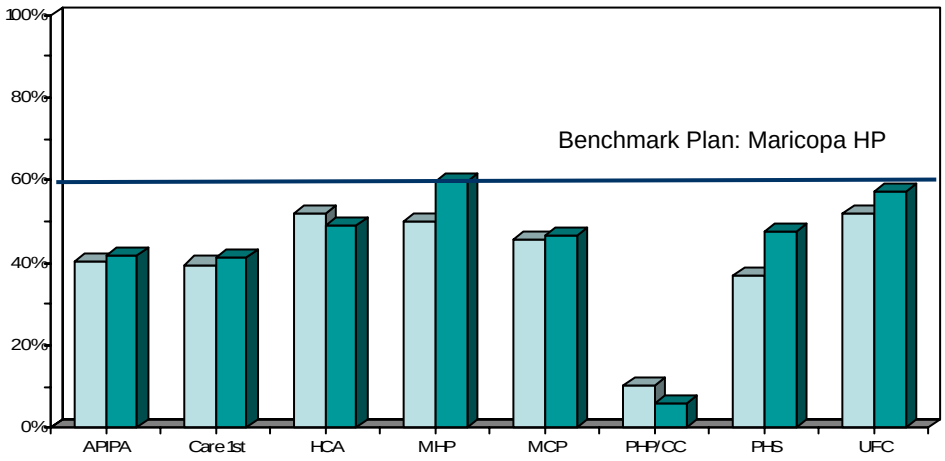


Figure 10. Rates by Contractor, Chlamydia Screening

CYE 2004 and CYE 2005



Maricopa Health Plan had the highest rate of chlamydia screening in the current period, at 59.5 percent. Maricopa Health Plan and Pima Health System showed statistically significant increases between measurement periods.

Table 6
Arizona Health Care Cost Containment System
CHLAMYDIA SCREENING BY CONTRACTOR
Measurement Period October 1, 2004 through September 30, 2005

Contractor	Number of Members	Number Receiving Screening	Percent Receiving Screening	Statistical Significance
AZ Physicians IPA	**6,096**	**2,536**	**41.6%**	**p=.130**
	5,749	2,313	40.2%	
Care 1st Arizona	**602**	**248**	**41.2%**	**p=.689**
	212	84	39.6%	
Health Choice AZ	**2,306**	**1130**	**49.0%**	**p=.074**
	1846	956	51.8%	
Maricopa Health Plan	**627**	**373**	**59.5%**	**p=.001**
	621	312	50.2%	
Mercy Care Plan	**5,214**	**2,432**	**46.6%**	**p=.283**
	4,295	1,956	45.5%	
Phoenix Health Plan/CC	**2,069**	**124**	**6.0%**	**p<.001**
	1917	195	10.2%	
Pima Health System	**634**	**302**	**47.6%**	**p=.001**
	386	142	36.8%	
University Family Care	**378**	**217**	**57.4%**	**p=.117**
	439	228	51.9%	
TOTAL	**17,926**	**7,362**	**41.1%**	**p=.035**
	15,465	6,186	40.0%	

Results of previous measurement period (Oct. 1, 2003, through Sept. 30, 2004) shown in shaded rows.

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.[20-24] 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.[25]

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.

According to the Arizona Department of Health Services, 68.4 percent of all births covered by AHCCCS in 2005 (including those covered through health plans, or on a fee-for-service basis) were to mothers who began care in their first trimester of pregnancy.[26]

Description

AHCCCS measured the percentage of female members who:

- had a live birth during the measurement period (October 1, 2004, through September 30, 2005).
- 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.

Performance Goals

AHCCCS has adopted the following Minimum Performance Standards and Goals for the current measurement. The following table also includes the most recent HEDIS means for Medicaid and commercial health plans reported by the National Committee for Quality Assurance (NCQA):

	AHCCCS CYE 2006 MPS	AHCCCS CYE 2006 Goal	NCQA 2005 Medicaid Mean	NCQA 2005 Commercial Mean
Timeliness of Prenatal Care	62%	68%	79.1%	91.8%

The overall rate was unchanged from the previous year.

Overall Results

Compared with the previous measurement period, the overall rate was declined ($p<.001$). The rate of timely prenatal care for the current measurement period was 64.1 percent, compared with 67.4 percent in the previous period (Table 7).

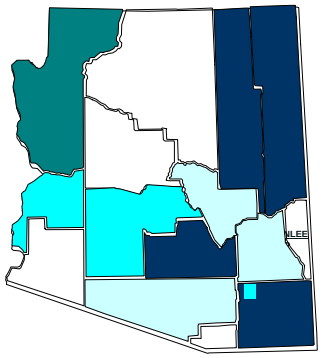
Results by Geographic Area

Rates by individual counties ranged from 13.4 percent in Apache County to 79.4 percent in Yavapai County. Figure 11 shows relative rates by county.

Comparison with National Benchmark

The AHCCCS overall rate is 15 percentage points lower than the most recent national HEDIS mean for Medicaid health plans.

Figure 11. Timeliness of Prenatal Care, by County



Results by Race or Ethnicity

There were nor significant differences among rates for women who were identified as being of Hispanic origin (64.3 percent), Non-Hispanic Blacks (62.6 percent) or Native American (64.1 percent), compared with non-Hispanic White members (63.9 percent).

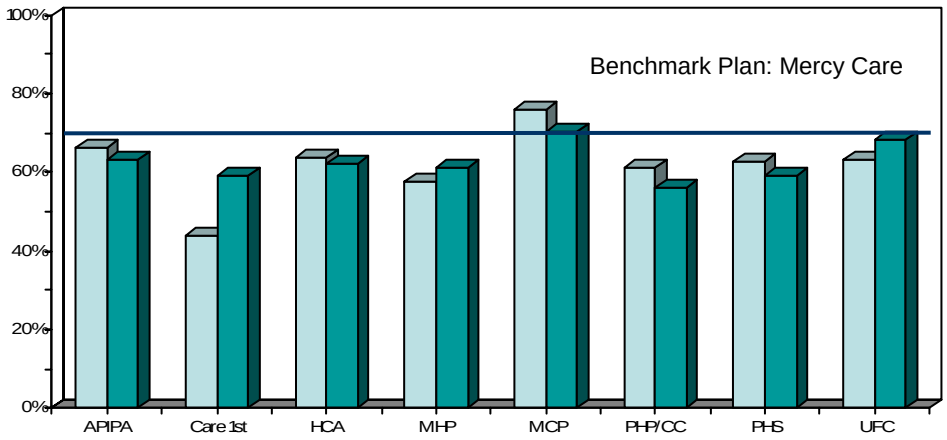
Discussion

As previously noted, 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 may have resulted in underreporting of rates for the measure of Timeliness of Prenatal Care.

In addition, laboratory tests for obstetrical patients are used to help identify prenatal care under this measure. As previously discussed, one of the state's largest laboratory providers experienced significant issues with data reporting during the two periods measured; these issues may have affected rates for this measure.

Figure 12. Rates by Contractor, Timeliness of Prenatal Care

CYE 2004 and CYE 2005



As shown in Figure 12, Mercy Care Plan had the highest rate of Timeliness of Prenatal Care in the current measurement period, at 70.3 percent. One Contractor, Care 1st Healthplan, showed a statistically significant increase in its rate, while three other Contractors showed significant decreases. One Contractor, Phoenix Health Plan, has identified issues with incorrect coding for prenatal visits, as well as underreporting of specific visit dates related to the total OB billing process, and is working to correct these problems.

Table 7
Arizona Health Care Cost Containment System
TIMELINESS OF PRENATAL CARE BY CONTRACTOR
Measurement Period October 1, 2004, through September 30, 2005

*** Indicates Contractor met the AHCCCS Minimum Performance Standard**

Contractor	Visit within First Trimester			Visit within 42 days of enrollment			Total			Statistical Significance
	Enrollment	With Visits	Percent	Enrollment	With Visits	Percent	Enrollment	With Visits	Percent	
AZ Physicians IPA *	**2,521**	**2,086**	**82.7%**	**7,592**	**4,315**	**56.8%**	**10,113**	**6,401**	**63.3%**	**p<.001**
	2,702	2,267	83.9%	8,028	4,854	60.5%	10,730	7,121	66.4%	
Care 1st	**241**	**170**	**70.5%**	**934**	**527**	**56.4%**	**1,175**	**697**	**59.3%**	**p<.001**
	53	30	56.6%	514	220	42.8%	567	250	44.1%	
Health Choice AZ *	**891**	**701**	**78.7%**	**3,084**	**1,774**	**57.5%**	**3,975**	**2,475**	**62.3%**	**p=.259**
	915	779	85.1%	2,744	1,545	56.3%	3,659	2,324	63.5%	
Maricopa Health Plan	**137**	**87**	**63.5%**	**454**	**276**	**60.8%**	**591**	**363**	**61.4%**	**p=.149**
	173	110	63.6%	530	294	55.5%	703	404	57.5%	
Mercy Care Plan *	**2,120**	**1,726**	**81.4%**	**6,673**	**4,459**	**66.8%**	**8,793**	**6,185**	**70.3%**	**p<.001**
	2,506	2,237	89.3%	6,277	4,417	70.4%	8,783	6,654	75.8%	
Phoenix Health Plan/CC	**775**	**557**	**71.9%**	**2,877**	**1,500**	**52.1%**	**3,652**	**2,057**	**56.3%**	**p<.001**
	814	689	84.6%	2,708	1,472	54.4%	3,522	2,161	61.4%	
Pima Health System	**176**	**121**	**68.8%**	**768**	**439**	**57.2%**	**944**	**560**	**59.3%**	**p=.139**
	144	106	73.6%	615	371	60.3%	759	477	62.8%	
University Family Care *	**72**	**57**	**79.2%**	**149**	**94**	**63.1%**	**221**	**151**	**68.3%**	**p=.209**
	172	139	80.8%	304	163	53.6%	476	302	63.4%	
TOTAL	**6,933**	**5,505**	**79.4%**	**22,531**	**13,384**	**59.4%**	**29,464**	**18,889**	**64.1%**	**p<.001**
	7,479	6,357	85.0%	21,720	13,336	61.4%	29,199	19,693	67.4%	

Results of previous measurement period (Oct. 1, 2003, through Sept. 30, 2004) shown in shaded rows.

CONCLUSION

Overall Results and Improvement Efforts

The data reported here indicate that children and adults enrolled with AHCCCS have a high degree of access to the health care system, as evidenced by rates of primary care visits. However, many women enrolled with AHCCCS may not be taking advantage of preventive services such as mammograms, screening for cervical cancer and chlamydia, and prenatal care.

AHCCCS and/or its contracted health plans have begun addressing this problem by:

- ***Identifying evidence-based methods for increasing member knowledge of the importance and use of these services.*** This outreach to members must go beyond the usual reminders mailed to members due for services or pre-recorded telephone contact. A proven strategy to increase breast cancer screening among women enrolled with health plans who are overdue for mammograms is targeted telephone counseling, in which a nurse or other professional, trained to address barriers or objections, calls members, discusses their specific issues and assists with scheduling mammograms.[27-30]

  Similar approaches providing education and assistance in small-group neighborhood settings also have proven effective in increasing cervical cancer screening among low-income and minority women enrolled with health plans. These initiatives include culturally relevant messages and education. [31,32]

- ***Analyzing and reporting performance measure data by individual county and race or ethnicity.*** This marks the first report of these measures by individual counties. Detailed data will be provided to Contractors, and may guide interventions, such as increasing network capacity where possible or more intensive outreach, targeted to specific areas.

  This report also includes an initial evaluation of performance measure data by race or ethnicity. Based on these data, members identified as Native American or Black both had lower rates of Children's Access to PCPs. Native Americans also showed lower rates of breast and cervical cancer screening, as well as chlamydia testing. Members identified as Black had lower rates of Adults' Access to Preventive and Ambulatory Health Services. These data also may provide guidance to Contractors for improved outreach that is culturally relevant to specific populations.

- ***Improving data collection processes.*** The data used to calculate these measures — particularly Cervical Cancer Screening, Chlamydia Screening and Timeliness of Prenatal Care — may be underreported. Problems with reporting of laboratory data appear to have been corrected in CYE 2006. For the measure of Timeliness of Prenatal Care, Contractors must ensure that obstetrical providers report the first and last dates of prenatal visits for each member with the global billing, and that visits are coded correctly. Several Contractors have begun looking at the completeness of their prenatal claims data, and ways to improve this information. AHCCCS will continue to work with them to help ensure they collect all data necessary to accurately reflect health plan performance.

In addition, some Contractors have developed "pay-for-performance" programs to reward providers that achieve specific levels of performance, including measures of preventive health. These approaches also have shown some success in other programs.[33,34] AHCCCS was recently chosen to participate in a Pay-for-Performance Purchasing Institute designed to help states implement innovative, provider-level incentive programs. The 18-month program — which is coordinated by the Center for Health Care Strategies and funded by the Commonwealth Fund — will offer states intensive training and technical assistance in developing incentive structures, selecting performance measures, engaging providers, and disseminating data and outcomes. AHCCCS will partner with its contracted health plans and others, such as medical associations, on this initiative. Performance measures, such as those reported here, may be selected for this program.

AHCCCS will further increase Minimum Performance Standards and Goals for these measures in the CYE 2008 contract. The agency is considering other contractual measures to ensure that Contractors dedicate appropriate resources to meet AHCCCS Performance Measure requirements.

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Appendix A

PMMIS Race/Ethnicity Hierarchy

	DES Field Coded with "Y"		AHCCCS Conversion
AI	American Indian (Native American)	NA	Native American
HI	Hispanic or Latino	HS	Hispanic
BL	Black	BL	Black
AS	Asian	AS	Asian/Pacific Islander
NH	Native Hawaiian/Pacific Islander	AS	Asian/Pacific Islander
WH	White (Caucasian)	CW	Caucasian/White
UD	Unable to Determine (Other)	UN	Unknown/Unspecified
RA	Refused to Answer	UN	Unknown/Unspecified

Appendix B

For the next measurement period (October 1, 2005, through September 30, 2006), AHCCCS has adopted the following Minimum Performance Standard (MPS) and Goal for each of the measures reported in this publication. If Contractors are already meeting the MPS for a particular measure, they should strive to meet the Goal.

Measure/Age Group	AHCCCS CYE 2007 MPS*	AHCCCS CYE 2007 Goal*
Children's Access to PCPs, 12 – 24 Months	85%	86%
Children's Access to PCPs, 25 Months – 6 Years	78%	80%
Children's Access to PCPs, 7 – 11 Years	77%	79%
Children's Access to PCPs, 12 – 19 Years	79%	81%
Adults' Access to Preventive/Ambulatory Health Services, 20-44 Years	78%	80%
Adults' Access to Preventive/Ambulatory Health Services, 45-64 Years	83%	84%
Breast Cancer Screening	50%	52%
Cervical Cancer Screening	57%	60%
Chlamydia Screening	43%	45%
Timeliness of Prenatal Care	70%	72%

* AHCCCS Performance Standards will be compared to rates for the measurement period of CYE 2006, as specified in CYE 2007 contracts with health plans.

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