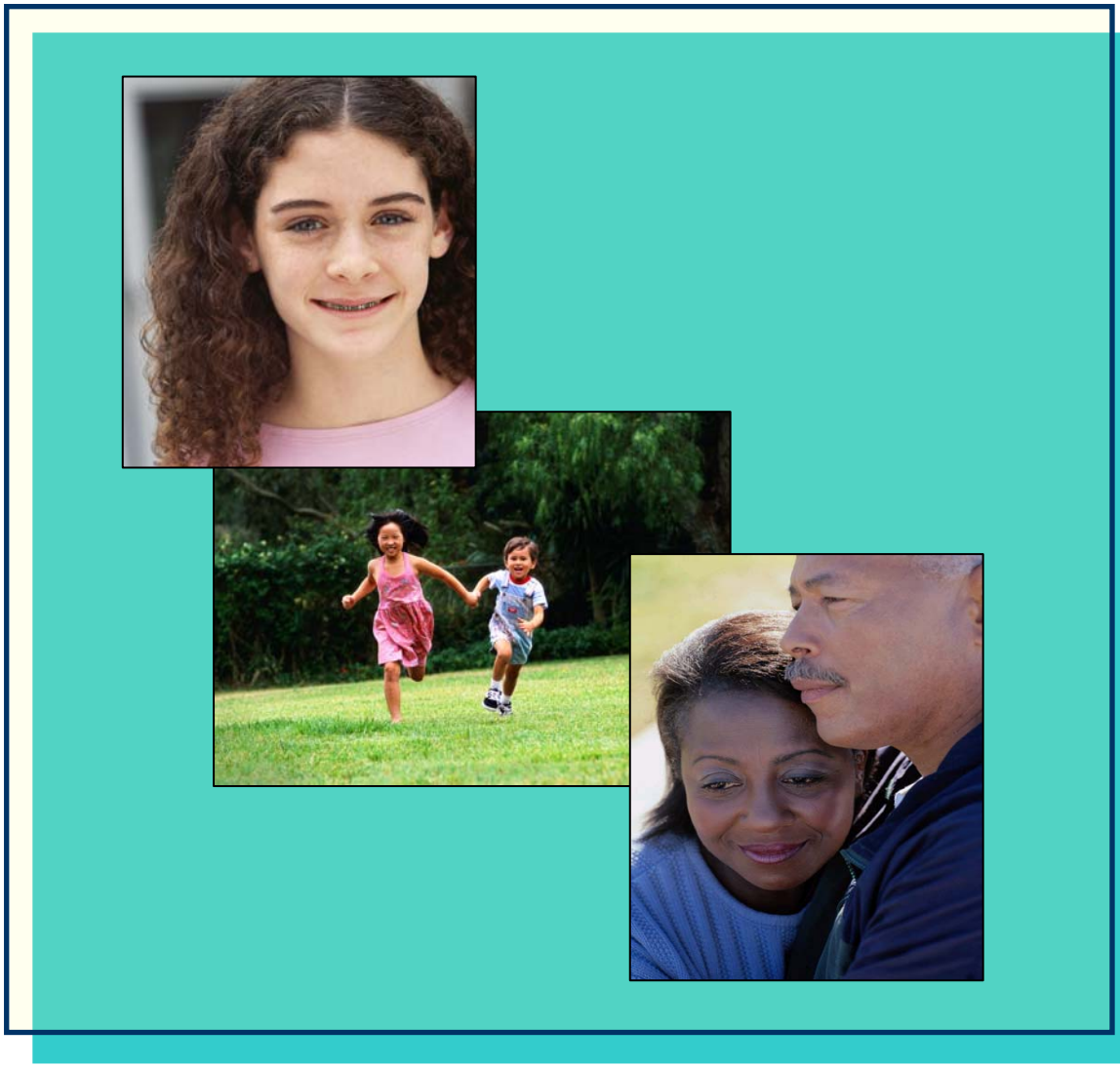

Arizona Health Care Cost Containment System
Quality Management Performance Measures
for Acute-care Contractors

Measurement Period Ending September 30, 2006

Prepared by the Division of Health Care Management
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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).

These results should be viewed as *indicators* of utilization of services, rather than absolute rates. By analyzing trends over time, AHCCCS and its Contractors have identified areas for improvement and implemented interventions to increase the use of preventive services.

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

Methodology

AHCCCS used Health Plan Employer Data and Information Set (HEDIS®) 2006 specifications to collect and report results of these measures. Developed and maintained by the National Committee for Quality Assurance (NCQA), HEDIS is the most widely used set of performance measures in the managed care industry. One of the HEDIS requirements for selecting members to be included in the measures is that they 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, 2006. Results are reported in aggregate and by individual Contractor. Data also are analyzed by race or ethnicity and county. The report indicates whether changes in rates overall or by Contractor are statistically significant, when compared with rates in the previous measurement. Changes from the previous measurement are described as increases or decreases only when analysis using the Pearson chi-square test yields a statistically significant value ($p \leq .05$); that is, the probability of obtaining a difference by chance is relatively low.

National averages for managed care plans reported by NCQA, as measured under HEDIS, are included in this report. However, it should be noted that the HEDIS measures for Well-Child Visits in the First 15 Months of Life; Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life; and Adolescent Well-Care Visits may be calculated using data extracted from medical records, as well as claims for services (this is known as a hybrid data collection methodology). The use of medical records may reflect more complete data (and thus higher rates) than claims alone. Because national averages include data reported by health plans using the hybrid data collection methodology, they may not be directly comparable to rates reported by AHCCCS, which does not currently use a hybrid methodology to collect data for these measures.

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

Data Sources

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

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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.

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.

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 and 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. 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.

Deviations from Previous Methodology

Except for the measures of Adults' Access to Preventive/Ambulatory Health Services and Annual Dental Visits, the methodology used for data collection in the current measurement differs slightly from previous methodology. Some coding changes were made to ensure data collection conforms to HEDIS, which has resulted in slightly lower rates for some measures.

Highlights of the Data

A total of 18 measures in six areas of access to care and use of preventive services are reported. Age groups for Children's and Adolescents' Access to PCPs and Adults' Access to Preventive/Ambulatory Health Services are considered separate measures. In addition, Medicaid and KidsCare rates for each of the child and adolescent measures are reported as separate measures. Results include the following:

- ***Children's Access to PCPs*** – The overall rate for Medicaid-eligible members decreased slightly as a result of programming revisions to conform to HEDIS methodology. For KidsCare members, the overall rate and rates for all age groups also declined somewhat.
- ***Adults' Access to Preventive/Ambulatory Health Services*** – The rate for the age group of 45 to 64 years showed a statistically significant increase from the previous measurement, while the overall rate and the rate for the age group of 20 to 44 years was unchanged. Both age groups had rates that exceeded the national Medicaid means reported by NCQA.
- ***Well-Child Visits in the First 15 Months of Life*** – Rates for both Medicaid and KidsCare members increased from the previous year. Both rates also are above the comparable national Medicaid and commercial managed care means reported by NCQA.
- ***Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life*** – The overall rate for Medicaid members was unchanged from the previous year, and the rate for KidsCare members declined.
- ***Adolescent Well-Care Visits*** – The overall rates for both Medicaid and KidsCare members did not show statistically significant increases. However, the rate for KidsCare members exceeded the HEDIS commercial mean.
- ***Annual Dental Visits*** – Overall rates for both Medicaid and KidsCare populations increased over the previous year, and are well above the national Medicaid mean (NCQA does not report commercial health plan rates for this measure).

Several of the AHCCCS rates exceeded the comparable HEDIS national means

Using multivariate analysis, data for each measure were analyzed for members identified as Hispanic, Native American, non-Hispanic Black or other/unknown race, compared with non-Hispanic White members (data also are collected for members identified as Asian/Pacific Islander or Cuban/Haitian; however, these groups generally were not large enough to be analyzed separately). There were disparities by race/ethnicity in nearly all measures; in most cases, non-Hispanic Whites had higher rates of service. For example, Hispanic, Black, and Native American children and adolescents were less likely than non-Hispanic Whites to have a PCP visit. However, Hispanic members 4 to 21 years of age were more likely than non-Hispanic Whites to have a visit to a dentist. Black adolescents were more likely than White members to have a comprehensive well-care visit.

Rates by county and rural vs. urban areas also are compared for each measure. In general, there were significant differences in utilization of services between members in urban counties and those in rural counties. These findings are described in the sections on the specific measures.

In addition, rates for several of the measures are reported for the Division of Developmental Disabilities (DDD), which is part of the Arizona Department of Economic Security (DES). These data are reported separately because of the uniqueness of the population and how medical services are delivered.

Performance Standards and Improvement

Contractor rates are compared to Minimum Performance Standards for up to 18 measures, as specified in the AHCCCS CYE 2007 contracts with health plans. This is the first measurement period for which AHCCCS has established minimum standards for each of the age groups. The Agency also has established Goals that Contractors should meet if they are already meeting the MPS.

The following table shows the number of measures for which each Contractor met the AHCCCS Minimum Performance Standard (MPS):

Contractor	Number of Measures in Which Contractor was Included	Number of Measures for Which MPS was Met
Mercy Care Plan	18	12
University Family Care	18	11
Arizona Physicians IPA	18	10
Phoenix Health Plan	18	9
Care 1st Healthplan of Arizona	18	7
Health Choice Arizona	18	7
Pima Health System	18	6
Maricopa Health Plan	12	3
DES/CMDP	7	7
DES/DDD	7	3

In addition, the Comprehensive Medical and Dental Program operated by DES met the MPS for all seven of the measures in which it was included (this Contractor is excluded from measures for which it has few or no members meeting the HEDIS enrollment criteria, such as the KidsCare and adult measures). The DES Division of Developmental Disabilities (DDD) was included in seven measures and met the MPS for three of them.

Maricopa Health Plan also was not included in all 18 measures. This Contractor came under new management on October 1, 2005. Because of the change in management, Maricopa Health Plan members did not meet the selection criteria for some measures, which required continuous enrollment prior to October 1, 2005. Of the 12 measures in which Maricopa Health Plan members were included, the Contractor met the MPS for three of those measures.

Contractors that did not meet the MPS for any measure will be required to implement corrective action plans (CAPs) to bring their rates up to compliance with AHCCCS contractual standards or will face sanctions. If Contractors already have CAPs in place as a result of the previous measurement, they will have to demonstrate that they have evaluated the effectiveness of interventions to improve rates and are implementing new or revised actions for improvement. The data reported here also may be used in developing future Performance Improvement Projects by AHCCCS or individual Contractors.

Finally, the data reported here indicate disparities between certain racial and ethnic subgroups, compared with their non-Hispanic White peers. Data published by AHCCCS in December 2006 — showed similar disparities in rates for Children's and Adolescents' Access to PCPs and Adults' Access to Preventive/Ambulatory Health Services as in the current report. In the previous report, there also were significant differences in rates of breast cancer screening among women who were identified as Hispanic and Native American, as well as lower rates of cervical cancer screening among Native American women. These disparities must be addressed in order to improve rates overall.

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, 2005, through September 30, 2006), 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.

To be included in the denominator, members in the age groups of 12 to 24 months and 25 months to 6 years had to be continuously enrolled with the same Contractor during the measurement year (one break in enrollment was allowed if the gap did not exceed one month). To be counted in the numerator, these members would have had one or more PCP visits during the measurement year. Members 7 to 11 years and 12 to 19 years were included in the denominator if they were continuously enrolled with the same Contractor during the measurement year and the previous year (one break in enrollment was allowed per year if the gap did not exceed one month). These members were counted in the numerator if they had at least one PCP visit during the two-year period.

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

Performance Goals

AHCCCS has adopted Minimum Performance Standards and Goals for both Medicaid and KidsCare members for the current measurement. The following table also includes the most recent HEDIS means for Medicaid and commercial health plans, which are reported by NCQA:

Age Group	AHCCCS CYE 2007 MPS	AHCCCS CYE 2007 Goal	NCQA 2006 Medicaid Mean	NCQA 2006 Commercial Mean
12 – 24 Months	85%	86%	92.4%	97.0%
25 Mos – 6 Years	78%	80%	82.8%	89.3%
7 – 11 Years	77%	79%	82.9%	88.6%
12 – 19 Years	79%	81%	80.5%	86.1%

Results Overall and by Age Group

In the current period, the total rate (all age groups combined) for Medicaid members was 75.8 percent, a decrease from the previous rate of 78.3 percent in the previous year (p<.001). The total rate for KidsCare members was 82.2 percent, a decline from the previous rate of 84.7 percent (p<.001). As previously noted, changes in rates overall and by age group were likely due to changes in coding to mirror HEDIS specifications.

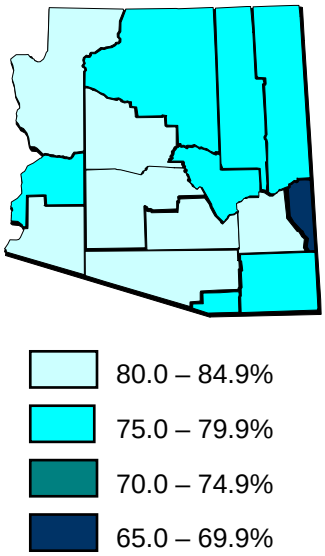
Children 12 to 24 Months: The overall rate for Medicaid-eligible children in this age group (Table 1) decreased to 81.0 percent from 84.9 percent in the previous year (p<.001). The rate for children eligible under KidsCare (Table 2) decreased to 90.8 percent from a rate of 95.3 percent in the previous year (p<.001).

Children 25 months to 6 Years: The overall rate for Medicaid-eligible children in this age group was 75.4 percent, a decrease from the previous rate of 77.1 percent (p<.001). The rate for children eligible under KidsCare declined to 79.0 percent from 83.2 percent in the previous year (p<.001).

Children 7 to 11 Years: The overall rate for Medicaid-eligible children in this age group decreased to 74.1 percent from 76.8 percent in the previous year (p<.001). The overall rate for children eligible under KidsCare also decreased, to 83.0 percent from 84.6 percent in the previous year (p=.029).

Children 12 to 19 Years: The overall rate for Medicaid-eligible members decreased to 75.9 percent from 78.9 percent in the previous year (p<.001). The rate for children eligible under KidsCare declined to 83.7 percent from 85.0 percent in the previous year (p=.044).

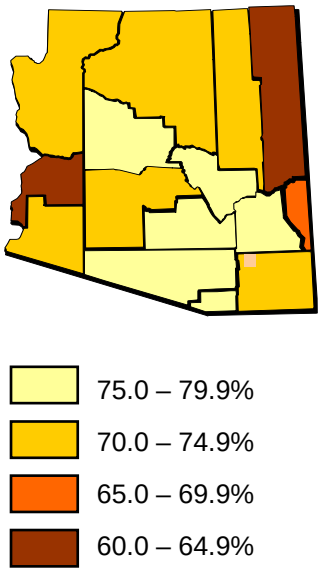
Figure 1. Children's and Adolescents' Access to PCPs by County, 12 – 24 Months, Medicaid Members



Results by County

12 to 24 Months: Current rates by county for Medicaid-eligible members ranged from 65.0 percent in Greenlee County to 81.9 percent in Yuma County. Figure 1 shows relative rates by county for Medicaid members. Rates for KidsCare members by county cannot be compared because most counties had population sizes for this eligibility group that were too small to make valid comparisons.

Figure 2. Children's and Adolescents' Access to PCPs by County, 25 Months – 6 Years, Medicaid Members



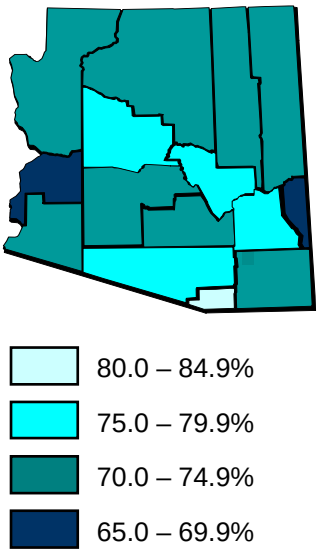
25 Months to 6 Years: Current rates by county for Medicaid-eligible members ranged from 61.8 percent in Apache County to 79.8 percent in Santa Cruz County. Figure 2 shows relative rates by county for Medicaid members. Rates for KidsCare members by county ranged from 62.5 percent in Apache County to 87.5 percent in Gila County, although some counties had relatively small population sizes for this eligibility group.

7 to 11 Years: Current rates by county for Medicaid-eligible members ranged from 67.3 percent in La Paz County to 81.8 percent in Santa Cruz County. Figure 3 shows relative rates by county for Medicaid members. Current rates for KidsCare members by county ranged from 63.6 percent in Apache County to 90.6 percent in Gila County, although some counties also had relatively small population sizes for this eligibility group.

12 to 19 Years: Current rates for individual counties for Medicaid-eligible members ranged from 65.0 percent in Greenlee County to 81.9 percent in Yuma County. Figure 4 shows relative rates by county for Medicaid members. Current rates for KidsCare members by county ranged from 66.7 percent in La Paz County to 96.1 percent in Graham County, although some counties also had relatively small population sizes for this eligibility group.

When rates were analyzed by rural and urban counties, there were significant differences for members 12 to 19 years and overall. Members 12 to 19 years in rural counties were more likely to have a PCP visits (77.1 percent compared with 75.4 percent) and rural members in all age groups combined also were more likely to have a PCP visit (76.0 percent compared with 75.3 percent).

Figure 3. Children's and Adolescents' Access to PCPs by County, 7– 11 Years, Medicaid Members



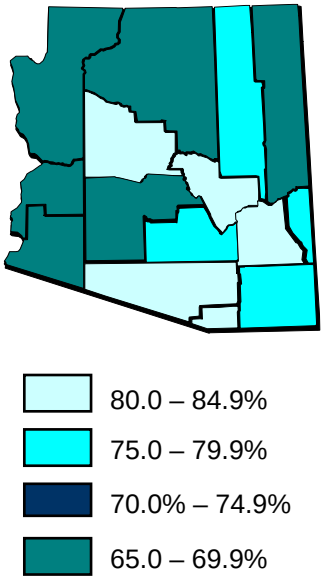
Comparison with National Benchmarks

AHCCCS Medicaid rates for all age groups 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

For all groups combined (and for three of the four age groups when analyzed separately), Hispanic, Black and Native American Medicaid-eligible members were less likely than non-Hispanic Whites to have a PCP visit. This was especially true for Native American children and adolescents. There were no significant differences among children and adolescents covered under KidsCare by age group; however, overall, Native American members were somewhat less likely to have a PCP visit. Specific rates by age group and race/ethnicity for Medicaid members are shown in Appendix A, along with results of multivariate analysis comparing the likelihood of service utilization relative to non-Hispanic White members.

Figure 4. Children's and Adolescents' Access to PCPs by County, 12 – 19 Years, Medicaid Members



Discussion

Children 24 months and younger typically have a higher rate of primary care visits because they are receiving immunizations that must be given at specific intervals, and are screened for developmental milestones during this period of rapid growth. After these "baby shots" are completed and children's growth and development begins to slow, they are less likely to have PCP visits, unless they are ill or have other specific needs. Thus, rates for this measure are highest for children 12 to 24 months.

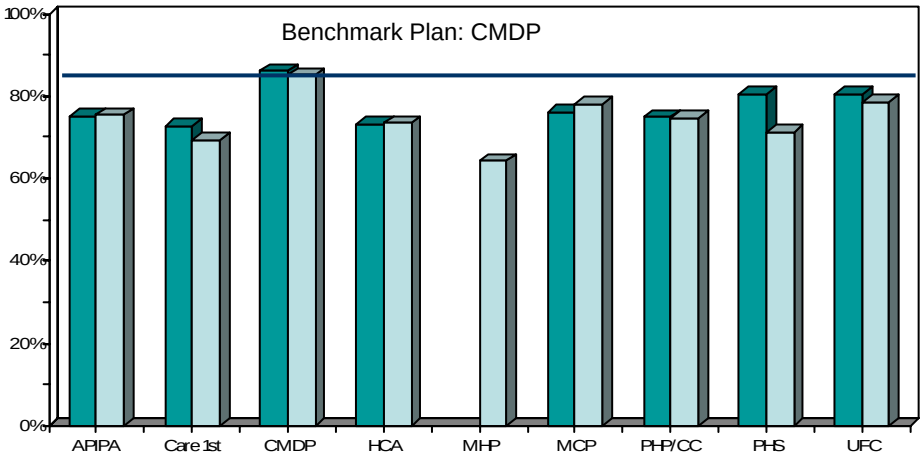
Consistent with previous measurements, children enrolled with AHCCCS Contractors through KidsCare have higher overall rates of preventive services than those enrolled under Medicaid. Parents of KidsCare members pay premiums for coverage and thus may be more likely to ensure that their children receive services such as well-care visits. These parents also may have a higher level of education and a better understanding of the 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 (IHS) 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.

In the current measurement, only DES/CMDP met the MPS for all age groups for Medicaid-eligible members; University Family Care met the Minimum standard for two age groups and Mercy Care Plan met the minimum standard for one age group. While Contractors are evaluated on their rates by age group, the following graph shows Contractor performance when all age groups are combined.

Figure 5. Rates by Contractor, Children's Access to PCPs among Medicaid Members, All Age Groups Combined

CYE 2005 and CYE 2006



As shown in Figure 5, the Comprehensive Medical and Dental Program (CMDP) had the highest rate of access to PCPs among Medicaid-eligible members for all age groups combined (85.1 percent). CMDP is a special needs health plan operated by the state Department of Economic Security (DES) for children and adolescents in foster care. When these children and adolescents are taken into custody, 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, 2005, through September 30, 2006

* Denotes that the Contractor achieved the AHCCCS Minimum Performance Standard for the age group in the current measurement.

Contractor	Age	Total Number of Members	Number with 1+ Visits	Percent with 1+ Visits	Relative Percent Change From Previous Year	Statistical Significance
AZ Physicians IPA	**12-24 mos.**	**5,388**	**4,354**	**80.8%**	**-4.0%**	**p<.001**
	25 mos. - 6 yrs	**26,420**	**19,678**	**74.5%**	**-2.3%**	**p<.001**
	7 - 11 yrs.	**16,766**	**12,465**	**74.3%**	**-3.7%**	**p<.001**
	12 -19 yrs.	**19,395**	**14,765**	**76.1%**	**-4.0%**	**p<.001**
	Total	**67,969**	**51,262**	**75.4%**	**-3.3%**	**p<.001**
AZ Physicians IPA	12-24 mos.	6,463	5,441	84.2%		
	25 mos. - 6 yrs	28,636	21,834	76.2%		
	7 - 11 yrs.	15,977	12,339	77.2%		
	12 -19 yrs.	18,429	14,611	79.3%		
	Total	69,505	54,225	78.0%		
Care 1st	**12-24 mos.**	**968**	**778**	**80.4%**	**-9.5%**	**p<.001**
	25 mos. - 6 yrs	**2,851**	**1,917**	**67.2%**	**-8.7%**	**p<.001**
	7 - 11 yrs.	**1,084**	**720**	**66.4%**	**-6.2%**	**p=.079**
	12 -19 yrs.	**1,141**	**785**	**68.8%**	**0.8%**	**p=.186**
	Total	**6,044**	**4,200**	**69.5%**	**-10.6%**	**p<.001**
Care 1st	12-24 mos.	1,443	1,282	88.8%		
	25 mos. - 6 yrs	2,180	1,605	73.6%		
	7 - 11 yrs.	514	364	70.8%		
	12 -19 yrs.	604	434	71.9%		
	Total	4,741	3,685	77.7%		
DES/CMDP	**12-24 mos. ***	**528**	**471**	**89.2%**	**-3.5%**	**p=.076**
	25 mos. - 6 yrs *	**1,802**	**1,457**	**80.9%**	**-4.0%**	**p=.009**
	7 - 11 yrs. *	**511**	**424**	**83.0%**	**-4.3%**	**p=.121**
	12 -19 yrs. *	**1,046**	**957**	**91.5%**	**-1.7%**	**p=.188**
	Total	**3,887**	**3,309**	**85.1%**	**-3.3%**	**p<.001**
DES/CMDP	12-24 mos.	489	452	92.4%		
	25 mos. - 6 yrs	1,654	1,393	84.2%		
	7 - 11 yrs.	399	346	86.7%		
	12 -19 yrs.	898	836	93.1%		
	Total	3,440	3,027	88.0%		

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MEMBERS ELIGIBLE UNDER MEDICAID

Measurement Period October 1, 2005, through September 30, 2006

* Denotes that the Contractor achieved the AHCCCS Minimum Performance Standard for the age group in the current measurement.

Contractor	Age	Total Number of Members	Number with 1+ Visits	Percent with 1+ Visits	Relative Percent Change From Previous Year	Statistical Significance
Health Choice AZ	**12-24 mos.**	**2,843**	**2,289**	**80.5%**	**-4.0%**	**p=.001**
	25 mos. - 6 yrs	**11,713**	**8,516**	**72.7%**	**-4.6%**	**p<.001**
	7 - 11 yrs.	**5,487**	**3,944**	**71.9%**	**-3.0%**	**p=.012**
	12 -19 yrs.	**5,500**	**4,048**	**73.6%**	**-4.6%**	**p<.001**
	Total	**25,543**	**18,797**	**73.6%**	**-4.3%**	**p<.001**
Health Choice AZ	12-24 mos.	2,879	2,415	83.9%		
	25 mos. - 6 yrs	11,956	9,114	76.2%		
	7 - 11 yrs.	4,614	3,420	74.1%		
	12 -19 yrs.	4,775	3,684	77.2%		
	Total	24,224	18,633	76.9%		
Maricopa Health Plan	**12-24 mos.**	**837**	**592**	**70.7%**	**n/a**	**n/a**
	25 mos. - 6 yrs	**4,317**	**2,721**	**63.0%**	**n/a**	**n/a**
	7 - 11 yrs.	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**
	12 -19 yrs.	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**
	Total	**5,154**	**3,313**	**64.3%**	**n/a**	**n/a**
Maricopa Health Plan	12-24 mos.	1,064	886	83.3%		
	25 mos. - 6 yrs	4,979	3,458	69.5%		
	7 - 11 yrs.	2,361	1,566	66.3%		
	12 -19 yrs.	2,677	1,770	66.1%		
	Total	11,081	7,680	69.3%		
Mercy Care Plan	**12-24 mos.**	**6,117**	**5,059**	**82.7%**	**-3.2%**	**p<.001**
	25 mos. - 6 yrs *	**25,041**	**19,752**	**78.9%**	**1.2%**	**p=.009**
	7 - 11 yrs.	**12,463**	**9,429**	**75.7%**	**-2.3%**	**p=.002**
	12 -19 yrs.	**12,873**	**9,884**	**76.8%**	**-1.7%**	**p=.013**
	Total	**56,494**	**44,124**	**78.1%**	**-0.8%**	**p=.009**
Mercy Care Plan	12-24 mos.	6,367	5,438	85.4%		
	25 mos. - 6 yrs	25,147	19,595	77.9%		
	7 - 11 yrs.	10,521	8,143	77.4%		
	12 -19 yrs.	11,298	8,826	78.1%		
	Total	53,333	42,002	78.8%		

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, 2005, through September 30, 2006

* Denotes that the Contractor achieved the AHCCCS Minimum Performance Standard for the age group in the current measurement.

Contractor	Age	Total Number of Members	Number with 1+ Visits	Percent with 1+ Visits	Relative Percent Change From Previous Year	Statistical Significance
Phoenix Health Plan/CC	**12-24 mos.**	**2,489**	**2,001**	**80.4%**	**-3.5%**	**p=.005**
	25 mos. - 6 yrs	**10,898**	**8,194**	**75.2%**	**-2.8%**	**p<.001**
	7 - 11 yrs.	**6,031**	**4,381**	**72.6%**	**-3.0%**	**p=.007**
	12 -19 yrs.	**5,959**	**4,354**	**73.1%**	**-4.3%**	**p<.001**
	Total	**25,377**	**18,930**	**74.6%**	**-3.4%**	**p<.001**
Phoenix Health Plan/CC	12-24 mos.	2,883	2,402	83.3%		
	25 mos. - 6 yrs	11,962	9,249	77.3%		
	7 - 11 yrs.	5,605	4,196	74.9%		
	12 -19 yrs.	5,650	4,313	76.3%		
	Total	26,100	20,160	77.2%		
Pima Health System	**12-24 mos.**	**689**	**443**	**64.3%**	**-22.4%**	**p<.001**
	25 mos. - 6 yrs	**2,728**	**1,909**	**70.0%**	**-12.7%**	**p<.001**
	7 - 11 yrs.	**1,355**	**1,003**	**74.0%**	**-9.6%**	**p<.001**
	12 -19 yrs.	**1,703**	**1,269**	**74.5%**	**-11.0%**	**p<.001**
	Total	**6,475**	**4,624**	**71.4%**	**-12.6%**	**p<.001**
Pima Health System	12-24 mos.	821	680	82.8%		
	25 mos. - 6 yrs	2,469	1,978	80.1%		
	7 - 11 yrs.	1,065	872	81.9%		
	12 -19 yrs.	1,436	1,202	83.7%		
	Total	5,791	4,732	81.7%		
University Family Care	**12-24 mos. ***	**151**	**130**	**86.1%**	**-1.0%**	**p=.797**
	25 mos. - 6 yrs	**1,148**	**864**	**75.3%**	**-3.5%**	**p=.097**
	7 - 11 yrs.	**957**	**723**	**75.5%**	**-6.2%**	**p=.008**
	12 -19 yrs. *	**1,393**	**1,150**	**82.6%**	**-1.4%**	**p=.406**
	Total	**3,649**	**2,867**	**78.6%**	**-3.2%**	**p=.004**
University Family Care	12-24 mos.	284	247	87.0%		
	25 mos. - 6 yrs	1,483	1,157	78.0%		
	7 - 11 yrs.	1,002	807	80.5%		
	12 -19 yrs.	1,474	1,234	83.7%		
	Total	4,243	3,445	81.2%		

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, 2005, through September 30, 2006

* Denotes that the Contractor achieved the AHCCCS Minimum Performance Standard for the age group in the current measurement.

Contractor	Age	Total Number of Members	Number with 1+ Visits	Percent with 1+ Visits	Relative Percent Change From Previous Year	Statistical Significance
TOTAL	**12-24 mos.**	**19,173**	**15,525**	**81.0%**	**-4.6%**	**p<.001**
	25 mos. - 6 yrs	**82,601**	**62,287**	**75.4%**	**-2.2%**	**p<.001**
	7 - 11 yrs.	**44,654**	**33,089**	**74.1%**	**-3.5%**	**p<.001**
	12 -19 yrs.	**49,010**	**37,212**	**75.9%**	**-3.7%**	**p<.001**
	Total	**195,438**	**148,113**	**75.8%**	**-3.3%**	**p<.001**
TOTAL	12-24 mos.	21,629	18,357	84.9%		
	25 mos. - 6 yrs	85,487	65,925	77.1%		
	7 - 11 yrs.	39,697	30,487	76.8%		
	12 -19 yrs.	44,564	35,140	78.9%		
	Total	191,377	149,909	78.3%		

Notes:

Results of previous measurement period (Oct. 1, 2004, through Sept. 30, 2005) shown in shaded rows.

Because of a change in management, Maricopa Health Plan members are not included in two age groups in thecurrent measurement, which measure services in a two-year period.

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, 2005, to September 30, 2006

* Denotes that the Contractor achieved the AHCCCS Minimum Performance Standard for the age group in the current measurement.

Contractor	Age	Total Number of Members	Number with 1+ Visits	Percent with 1+ Visits	Relative Percent Change From Previous Year	Statistical Significance
AZ Physicians	**12-24 mos. ***	**395**	**362**	**91.6%**	**-1.8%**	**p=.386**
IPA	**25 mos. - 6 yrs**	**2,607**	**2,025**	**77.7%**	**-4.3%**	**p=.003**
	7 - 11 yrs. *	**2,203**	**1,792**	**81.3%**	**-3.3%**	**p=.019**
	12 -19 yrs. *	**2,615**	**2,188**	**83.7%**	**-1.3%**	**p=.295**
	Total	**7,820**	**6,367**	**81.4%**	**-2.9%**	**p<.001**
AZ Physicians	12-24 mos.	331	309	93.4%		
IPA	25 mos. - 6 yrs	2,221	1,803	81.2%		
	7 - 11 yrs.	1,939	1,631	84.1%		
	12 -19 yrs.	2,310	1,958	84.8%		
	Total	6,801	5,701	83.8%		
Care 1st	**12-24 mos. ***	**95**	**87**	**91.6%**	**-8.4%**	**p=.001**
	25 mos. - 6 yrs	**316**	**243**	**76.9%**	**-10.3%**	**p=.039**
	7 - 11 yrs. *	**104**	**89**	**85.6%**	**-2.5%**	**p=.715**
	12 -19 yrs. *	**98**	**82**	**83.7%**	**0.1%**	**p=.988**
	Total	**613**	**501**	**81.7%**	**-9.5%**	**p<.001**
Care 1st	12-24 mos.	119	119	100.0%		
	25 mos. - 6 yrs	126	108	85.7%		
	7 - 11 yrs.	49	43	87.8%		
	12 -19 yrs.	67	56	83.6%		
	Total	361	326	90.3%		
Health Choice	**12-24 mos. ***	**223**	**191**	**85.7%**	**-10.5%**	**p=.001**
AZ	**25 mos. - 6 yrs**	**1124**	**839**	**74.6%**	**-11.5%**	**p<.001**
	7 - 11 yrs. *	**669**	**550**	**82.2%**	**-0.7%**	**p=.797**
	12 -19 yrs. *	**696**	**574**	**82.5%**	**-4.0%**	**p=.089**
	Total	**2,712**	**2,154**	**79.4%**	**-6.8%**	**p<.001**
Health Choice	12-24 mos.	162	155	95.7%		
AZ	25 mos. - 6 yrs	1,001	844	84.3%		
	7 - 11 yrs.	540	447	82.8%		
	12 -19 yrs.	604	519	85.9%		
	Total	2,307	1,965	85.2%		

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, 2005, to September 30, 2006

* Denotes that the Contractor achieved the AHCCCS Minimum Performance Standard for the age group in the current measurement.

Contractor	Age	Total Number of Members	Number with 1+ Visits	Percent with 1+ Visits	Relative Percent Change From Previous Year	Statistical Significance
Maricopa Health Plan	**12-24 mos. ***	**52**	**45**	**86.5%**	**-6.7%**	**n/a**
	25 mos. - 6 yrs	**501**	**332**	**66.3%**	**-17.7%**	**n/a**
	7 - 11 yrs.	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**
	12 -19 yrs.	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**
	Total	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**
Maricopa Health Plan	12-24 mos.	55	51	92.7%		
	25 mos. - 6 yrs	446	359	80.5%		
	7 - 11 yrs.	321	269	83.8%		
	12 -19 yrs.	249	196	78.7%		
	Total	1,071	875	81.7%		
Mercy Care Plan	**12-24 mos. ***	**485**	**445**	**91.8%**	**-4.4%**	**p=.010**
	25 mos. - 6 yrs *	**2811**	**2334**	**83.0%**	**-1.6%**	**p=.194**
	7 - 11 yrs. *	**1921**	**1636**	**85.2%**	**0.3%**	**p=.862**
	12 -19 yrs. *	**1926**	**1636**	**84.9%**	**0.2%**	**p=.895**
	Total	**7,143**	**6,051**	**84.7%**	**-0.9%**	**p=.225**
Mercy Care Plan	12-24 mos.	418	401	95.9%		
	25 mos. - 6 yrs	2,305	1,945	84.4%		
	7 - 11 yrs.	1,495	1,270	84.9%		
	12 -19 yrs.	1,498	1,270	84.8%		
	Total	5,716	4,886	85.5%		
Phoenix Healh Plan/CC	**12-24 mos. ***	**224**	**209**	**93.3%**	**-0.2%**	**p=.924**
	25 mos. - 6 yrs *	**1,519**	**1,193**	**78.5%**	**-5.7%**	**p=.002**
	7 - 11 yrs. *	**1,123**	**927**	**82.5%**	**-1.8%**	**p=.366**
	12 -19 yrs. *	**980**	**808**	**82.4%**	**-2.8%**	**p=.188**
	Total	**3,846**	**3,137**	**81.6%**	**-3.5%**	**p=.001**
Phoenix Health Plan/CC	12-24 mos.	201	188	93.5%		
	25 mos. - 6 yrs	1,285	1,070	83.3%		
	7 - 11 yrs.	891	749	84.1%		
	12 -19 yrs.	751	637	84.8%		
	Total	3,128	2,644	84.5%		

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, 2005, to September 30, 2006

* Denotes that the Contractor achieved the AHCCCS Minimum Performance Standard for the age group in the current measurement.

Contractor	Age	Total Number of Members	Number with 1+ Visits	Percent with 1+ Visits	Relative Percent Change From Previous Year	Statistical Significance
Pima Health System	**12-24 mos.**	**42**	**35**	**83.3%**	**-14.9%**	**p=.024**
	25 mos. - 6 yrs	**179**	**129**	**72.1%**	**-16.0%**	**p=.003**
	7 - 11 yrs. *	**121**	**104**	**86.0%**	**-5.0%**	**p=.287**
	12 -19 yrs. *	**208**	**170**	**81.7%**	**1.7%**	**p=.731**
	Total	**550**	**438**	**79.6%**	**-7.5%**	**p=.006**
Pima Health System	12-24 mos.	47	46	97.9%		
	25 mos. - 6 yrs	148	127	85.8%		
	7 - 11 yrs.	115	104	90.4%		
	12 -19 yrs.	173	139	80.3%		
	Total	483	416	86.1%		
University Family Care	**12-24 mos. ***	**3**	**3**	**100.0%**	**14.3%**	**p=1.000**
	25 mos. - 6 yrs	**58**	**45**	**77.6%**	**-2.3%**	**p=.803**
	7 - 11 yrs. *	**85**	**72**	**84.7%**	**-8.0%**	**p=.100**
	12 -19 yrs. *	**182**	**155**	**85.2%**	**-7.4%**	**p=.030**
	Total	**328**	**275**	**83.8%**	**-6.7%**	**p=.015**
University Family Care	12-24 mos.	8	7	87.5%		
	25 mos. - 6 yrs	68	54	79.4%		
	7 - 11 yrs.	114	105	92.1%		
	12 -19 yrs.	224	206	92.0%		
	Total	414	372	89.9%		
TOTAL	**12-24 mos.**	**1,467**	**1,332**	**90.8%**	**-4.7%**	**p<.001**
	25 mos. - 6 yrs	**8,614**	**6,808**	**79.0%**	**-5.0%**	**p<.001**
	7 - 11 yrs.	**6,226**	**5,170**	**83.0%**	**-1.8%**	**p=.029**
	12 -19 yrs.	**6,705**	**5,613**	**83.7%**	**-1.6%**	**p=.044**
	Total	**23,012**	**18,923**	**82.2%**	**-3.0%**	**p<.001**
TOTAL	12-24 mos.	1,286	1,225	95.3%		
	25 mos. - 6 yrs	7,154	5,951	83.2%		
	7 - 11 yrs.	5,143	4,349	84.6%		
	12 -19 yrs.	5,627	4,785	85.0%		
	Total	20,281	17,185	84.7%		

Notes:

Results of previous measurement period (Oct. 1, 2004, through Sept. 30, 2005) shown in shaded rows.

Because of a change in management, Maricopa Health Plan members are not included in two age groups in thecurrent measurement, which measure services in a two-year period.

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 44 percent of adults have smoked 100 or more cigarettes in their lifetimes and, of those, 62 percent still smoke either sometimes or every day (current smokers). [7] National data for 2006 show an estimated 20.8 percent of U.S. adults are current cigarette smokers, and the rate increases to 30.6 percent among adults living below the federal poverty level. [8]

Access to routine ambulatory medical services for adults is essential to the early diagnosis and treatment of disease. Regular health care visits also provide opportunities for clinicians to educate and counsel patients on smoking cessation, diet, exercise and other healthy behaviors.

Description

AHCCCS measured the percentage of Medicaid members who:

- were ages 20 through 44 and 45 through 64 years at the end of the measurement period (October 1, 2005, through September 30, 2006),
- 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 established Minimum Performance Standards and Goals for this measure. The following table also includes the most recent HEDIS means for Medicaid and commercial health plans, which are reported by age group by NCQA:

Age Group	AHCCCS CYE 2007 MPS	AHCCCS CYE 2007 Goal	NCQA 2006 Medicaid Mean	NCQA 2006 Commercial Mean
20 – 44 Years	78%	84%	76.4%	92.7%
45 – 64 Years	83%	72%	81.4%	94.8%

Figure 6. Adults' Access to Preventive/Ambulatory Health Services by County, 20 – 44 Years, Medicaid Members

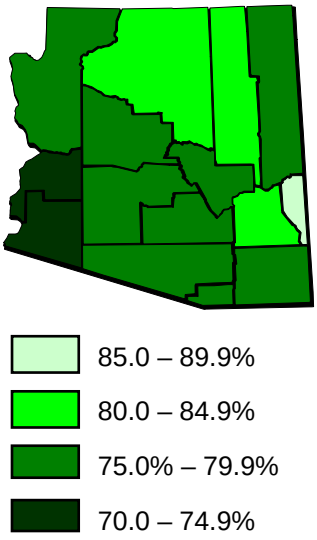
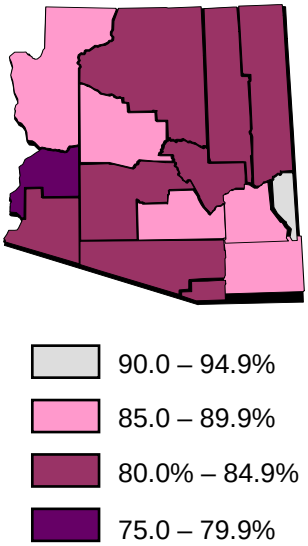


Figure 8. Adults' Access to Preventive/Ambulatory Health Services by County, 45 – 44 Years, Medicaid Members



Results Overall and by Age Group

Compared with the previous measurement period, the total rate (i.e., both ages combined) was unchanged (Table 3). The total rate in the current measurement was 79.5 percent, compared with 79.2 percent in the previous year (p=.081).

20 to 44 Years: This rate was unchanged, at 77.3 percent in both the current and previous years.

45 to 64 Years: This rate showed a statistically significant increase from the previous year. The rate in the current measurement was 84.1 percent, compared with 83.4 percent in the previous year (p=.020).

Results by County

20 to 44 Years: Rates by county ranged from 71.1 percent in La Paz County to 85.5 percent in Greenlee County. Figure 6 shows relative rates by county.

45 to 64 Years: Rates by county ranged from 79.7 percent in La Paz County to 92.7 percent in Greenlee County. Figure 8 shows relative rates by county

When rates were analyzed by rural and urban counties, rural members in both age groups and overall were more likely to have a preventive or ambulatory care visit than those living in urban counties (80.6 percent compared with 79.1 percent overall).

Comparison with National Benchmarks

AHCCCS rates for both age groups are higher than the most recent national HEDIS means for Medicaid health plans.

Results by Race or Ethnicity

For both age groups combined, Blacks were less likely than non-Hispanic Whites to have a visit. Specific rates by age group and race/ethnicity for Medicaid members are shown in Appendix A, along with results of multivariate analysis comparing the likelihood of service utilization relative to non-Hispanic White members.

Discussion

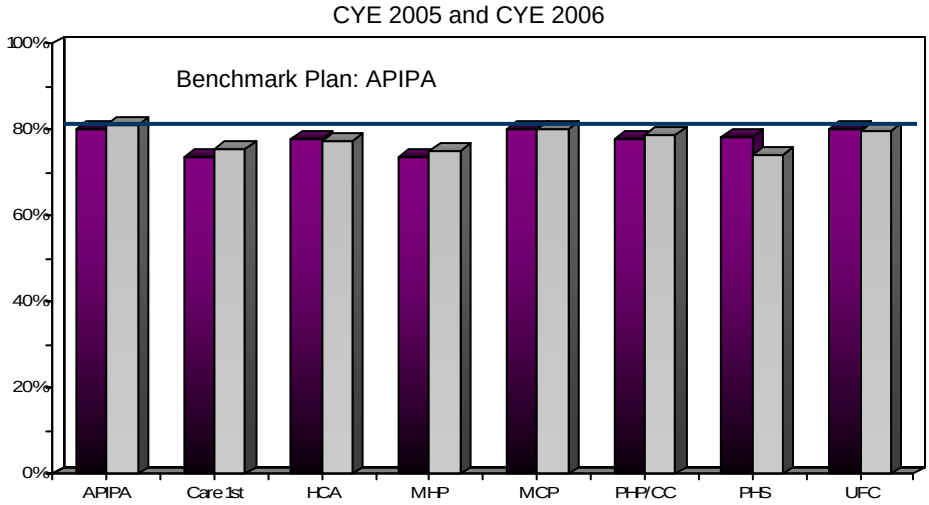
Ensuring that adult members use preventive services is challenging. This may be due to lack of awareness among members about when and what types of routine preventive health services are recommended, skepticism about the effectiveness of prevention or avoidance ─ especially if a person is engaging in 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.

In general, African Americans and Hispanic patients have fewer primary care visits than Whites, and fewer primary care visits are associated with lower rates of preventive care. Patient characteristics associated with poverty, namely income and low educational attainment, explain these disparities.[9] Other data show that Blacks have higher rates of hypertension, smoking and leisure-time physical inactivity.[6] Thus, the significantly lower rates of annual preventive/ambulatory health visits among members who are Black should be addressed by Contractors.

One Contractor, Arizona Physicians IPA, met the MPS for both age groups; Mercy Care Plan and University Family Care each met the minimum standard for the age group of 45 to 64 years. While Contractors are evaluated on their rates by age group, the following graph shows Contractor performance when all age groups are combined.

Figure 7. Rates by Contractor, Both Age Groups of Adults Combined, Medicaid Members



As shown in Figure 7 above, APIPA had the highest rate (81.1 percent) for Adults' Access to Preventive/Ambulatory Health Services when both age groups were combined. This contractor met the MPS for both age groups. Mercy Care Plan and University Family Care each met the MPS for one age group.

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, 2005, through September 30, 2006

* Denotes that the Contractor achieved the AHCCCS Minimum Performance Standard for the age group in the current measurement.

Contractor	Age	Total Number of Members	Number with 1+ Visits	Percent with 1+ Visits	Relative Percent Change From Previous Year	Statistical Significance
AZ Physicians IPA	**20-44 ***	**22,218**	**17,499**	**78.8%**	**0.6%**	**p=.224**
	45-64 *	**10,806**	**9,296**	**86.0%**	**1.1%**	**p=.043**
	Total	**33,024**	**26,795**	**81.1%**	**1.0%**	**p=.012**
AZ Physicians IPA	20-44	24,241	18,980	78.3%		
	45-64	10,748	9,142	85.1%		
	Total	34,989	28,122	80.4%		
Care 1st	**20-44**	**2,144**	**1,587**	**74.0%**	**2.6%**	**p=.154**
	45-64	**882**	**701**	**79.5%**	**3.4%**	**p=.181**
	Total	**3,026**	**2,288**	**75.6%**	**2.9%**	**p=.052**
Care 1st	20-44	2,252	1,624	72.1%		
	45-64	890	684	76.9%		
	Total	3,142	2,308	73.5%		
Health Choice AZ	**20-44**	**8,301**	**6,304**	**75.9%**	**-1.3%**	**p=.120**
	45-64	**3,787**	**3,054**	**80.6%**	**0.5%**	**p=.680**
	Total	**12,088**	**9,358**	**77.4%**	**-0.7%**	**p=.338**
Health Choice AZ	20-44	8,717	6,708	77.0%		
	45-64	3,628	2,912	80.3%		
	Total	12,345	9,620	77.9%		
Maricopa Health Plan	**20-44**	**2,075**	**1,481**	**71.4%**	**1.7%**	**p=.368**
	45-64	**1,837**	**1,451**	**79.0%**	**-0.4%**	**p=.789**
	Total	**3,912**	**2,932**	**74.9%**	**1.0%**	**p=.415**
Maricopa Health Plan	20-44	2,537	1,780	70.2%		
	45-64	1,970	1,563	79.3%		
	Total	4,507	3,343	74.2%		
Mercy Care Plan	**20-44**	**18,501**	**14,418**	**77.9%**	**-0.2%**	**p=.710**
	45-64 *	**8,711**	**7,473**	**85.8%**	**0.7%**	**p=.277**
	Total	**27,212**	**21,891**	**80.4%**	**0.3%**	**p=.522**
Mercy Care Plan	20-44	19,028	14,859	78.1%		
	45-64	8,182	6,971	85.2%		
	Total	27,210	21,830	80.2%		

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, 2005, through September 30, 2006

* Denotes that the Contractor achieved the AHCCCS Minimum Performance Standard for the age group in the current measurement.

Contractor	Age	Total Number of Members	Number with 1+ Visits	Percent with 1+ Visits	Relative Percent Change From Previous Year	Statistical Significance
Phoenix Health Plan/ CC	**20-44**	**6,557**	**5,047**	**77.0%**	**0.9%**	**p=.327**
	45-64	**2,829**	**2,345**	**82.9%**	**1.2%**	**p=.329**
	Total	**9,386**	**7,392**	**78.8%**	**1.2%**	**p=.124**
Phoenix Health Plan CC	20-44	7,433	5,669	76.3%		
	45-64	2,902	2,377	81.9%		
	Total	10,335	8,046	77.9%		
Pima Health System	**20-44**	**2,138**	**1,519**	**71.0%**	**-7.6%**	**p<.001**
	45-64	**1,198**	**949**	**79.2%**	**-1.9%**	**p=.356**
	Total	**3,336**	**2,468**	**74.0%**	**-5.4%**	**p<.001**
Pima Health System	20-44	2,210	1,700	76.9%		
	45-64	1,173	947	80.7%		
	Total	3,383	2,647	78.2%		
University Family Care	**20-44**	**1,218**	**938**	**77.0%**	**-1.9%**	**p=.353**
	45-64 *	**868**	**722**	**83.2%**	**0.6%**	**p=.772**
	Total	**2,086**	**1,660**	**79.6%**	**-0.6%**	**p=.688**
University Family Care	20-44	1,580	1,240	78.5%		
	45-64	952	787	82.7%		
	Total	2,532	2,027	80.1%		
TOTAL	**20-44**	**63,152**	**48,793**	**77.3%**	**0.0%**	**p=.885**
	45-64	**30,918**	**25,991**	**84.1%**	**0.8%**	**p=.020**
	Total	**94,070**	**74,784**	**79.5%**	**0.4%**	**p=.081**
TOTAL	20-44	67,998	52,560	77.3%		
	45-64	30,445	25,383	83.4%		
	Total	98,443	77,943	79.2%		

Note:

Results of previous measurement period (Oct. 1, 2004, through Sept. 30, 2005) shown in shaded rows.

Well-Child Visits in the First 15 Months of Life

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

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

Description

AHCCCS measured the percentage of children who:

- turned 15 months old during the measurement period (October 1, 2005, through September 30, 2006),
- were continuously enrolled with one acute-care Contractor from 31 days of age through their 15-month birthdays (one break in enrollment, not exceeding one month, was allowed), and
- had six or more well-child visits during the first 15 months of life.

Performance Goals

AHCCCS has adopted Minimum Performance Standards and Goals for both Medicaid and KidsCare members for the current measurement. The following table also includes the most recent HEDIS means for Medicaid and commercial health plans reported by NCQA:

	AHCCCS CYE 2007 MPS	AHCCCS CYE 2007 Goal	NCQA 2006 Medicaid Mean	NCQA 2006 Commercial Mean
Well-Child Visits, 15 Months	70%	72%	48.6%	71.0%

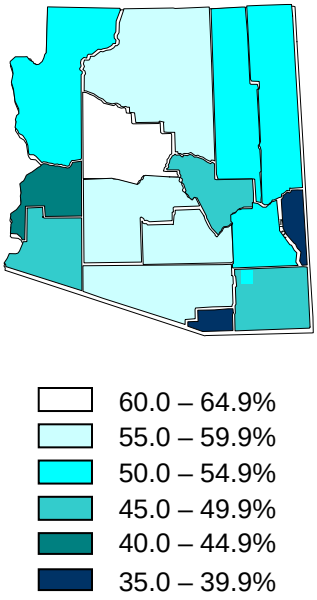
Overall Results

The overall rate for Medicaid members (Table 4) increased to 58.0 percent from 54.0 percent in the previous measurement ($p<.001$). The overall rate for KidsCare members also increased, to 72.5 percent from 59.0 percent in the previous measurement ($p<.001$). This report does not include a table of results by individual health plan for KidsCare members for this measure because several Contractors had population sizes that were too small to make valid comparisons.

Results by County

Rates by county for Medicaid members ranged from 37.6 percent in Santa Cruz County to 63.2 percent in Yavapai County. Figure 9 shows relative rates by county for these members. Rates for KidsCare members by county cannot be compared because most counties had small population sizes for this eligibility group.

Figure 9. Well-Child Visits in the First 15 months of Life, by County, Medicaid Members



When analyzed by rural and urban county groups, Medicaid-eligible children living in urban counties were more likely to have six well-child visits than those living in rural counties (58.5 percent compared with 52.5 percent).

Comparison with National Benchmarks

The AHCCCS overall rate for Medicaid members is substantially above the most recent national HEDIS mean reported by NCQA for Medicaid health plans. The rate for KidsCare members is above the most recent national mean for commercial managed care plans.

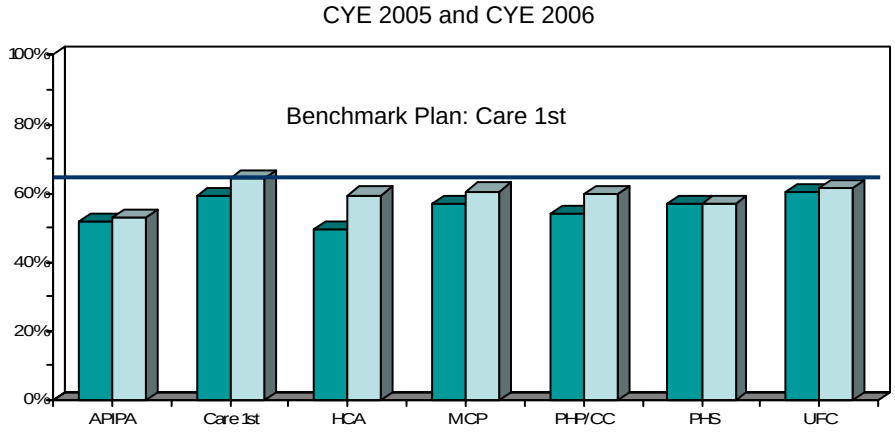
Results by Race or Ethnicity

For Medicaid members, Black and Native American children, as well as those of other or unknown race/ethnicity, were less likely than non-Hispanic White members to have six well-child visits. Native Americans had the greatest disparity with Whites for this measure. Specific rates by age group and race/ethnicity for Medicaid members are shown in Appendix A, along with results of multivariate analysis comparing the likelihood of service utilization relative to non-Hispanic White members.

Discussion

While the AHCCCS overall rate for Well-Child Visits in the First 15 Months of Life among Medicaid members is well above the national mean, there is still much room for improvement in this rate, given the goal that AHCCCS has established. The rate for Native American children may lag behind other groups as many of these members are able to receive preventive care visits through Indian Health Services, as well as through AHCCCS health plan providers. This bears further investigation, as does the low rate for well visits in Santa Cruz County.

Figure 10. Rates by Contractor, Well-Child Visits in the First 15 Months of Life, Medicaid Members



As shown in Figure 10, Care 1st Healthplan had the highest rate for this measure in the current period (64.4 percent).

Table 4
Arizona Health Care Cost Containment System
WELL-CHILD VISITS IN THE FIRST 15 MONTHS OF LIFE BY CONTRACTOR
MEMBERS ELIGIBLE UNDER MEDICAID
Measurement Period: October 1, 2005, to September 30, 2006

Contractor	Total Number of Children	Number with 6+ Visits	Percent with 6+ Visits	Relative Percent Change From Previous Year	Statistical Significance
AZ Physicians IPA	**3,006**	**1,590**	**52.9%**	**2.2%**	**p=.342**
AZ Physicians IPA	4,204	2,176	51.8%		
Care 1st	**452**	**291**	**64.4%**	**9.0%**	**p=.074**
Care 1st	672	397	59.1%		
Health Choice AZ	**1,542**	**914**	**59.3%**	**20.1%**	**p<.001**
Health Choice AZ	1,637	808	49.4%		
Mercy Care Plan	**3,163**	**1,913**	**60.5%**	**6.3%**	**p=.003**
Mercy Care Plan	3,739	2,128	56.9%		
Phoenix Health Plan/CC	**1,333**	**797**	**59.8%**	**10.7%**	**p=.001**
Phoenix Health Plan/CC	1,736	938	54.0%		
Pima HealthSystem	**391**	**222**	**56.8%**	**-0.2%**	**p=.968**
Pima HealthSystem	441	251	56.9%		
University Family Care	**111**	**68**	**61.3%**	**1.8%**	**p=.852**
University Family Care	211	127	60.2%		
TOTAL	**9,998**	**5,795**	**58.0%**	**7.3%**	**p<.001**
TOTAL	12,640	6,825	54.0%		

Notes:

Results of previous measurement period (Oct. 1, 2004, through Sept. 30, 2005) shown in shaded rows.
Because of a change in management, Maricopa Health Plan members are not included in the current measurement.

Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life

Children who are healthy are better able to learn and develop.[11,12] Well-child visits during the preschool and early school years are important in helping children reach their full potential and become productive, healthy adults. These visits allow any medical, behavioral or developmental problems to be detected and addressed.

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

Description

AHCCCS measured the percentage of members who:

- were ages 3 through 6 years at the end of the measurement period (October 1, 2005, through September 30, 2006),
- 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 at least one well-child visit during the measurement period.

Performance Goals

AHCCCS has adopted the following Minimum Performance Standard and Goal for both Medicaid and KidsCare members for the current measurement. The following table also includes the most recent HEDIS means for Medicaid and commercial health plans reported by NCQA:

	AHCCCS CYE 2007 MPS	AHCCCS CYE 2007 Goal	NCQA 2006 Medicaid Mean	NCQA 2006 Commercial Mean
Well-Child Visits, 3 through 6 Years	56%	58%	63.3%	65.5%

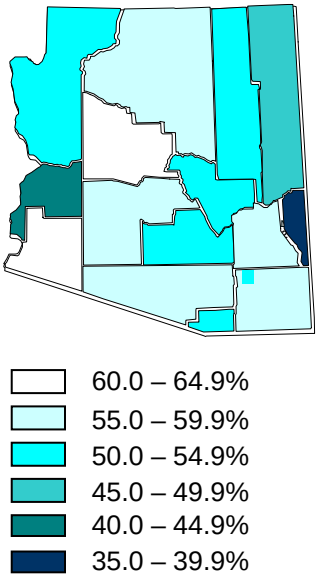
Overall Results

The overall rate for Medicaid members (Table 5) was 58.5 percent, unchanged from the previous rate of 58.3 percent (p=.514). The rate for KidsCare members (Table 6) decreased slightly to 64.0 percent from 65.7 percent in the previous year (p=.032).

Results by County

Rates by county for Medicaid members ranged from 36.1 percent in Greenlee County to 63.3 percent in Yuma County. Figure 11 shows relative rates by county for these members. Rates for KidsCare members ranged from 44.7 percent in Santa Cruz County to 68.3 percent in Coconino County.

Figure 11. Well-Child Visits in the Third through Sixth Years of Life, By County, Medicaid Members



When analyzed by rural and urban county groups, Medicaid-eligible members in urban counties were more likely to have an annual well-child visit than members in rural areas (59.0 percent compared with 56.6 percent). The same was true for KidsCare members (65.2 percent compared with 58.3 percent).

Comparison with National Benchmarks

The AHCCCS overall rate for Medicaid members is lower than the most recent national HEDIS mean for Medicaid health plans. The KidsCare rate is slightly lower than the national commercial mean.

Results by Race or Ethnicity

For Medicaid members, Blacks and Native Americans were less likely than non-Hispanic Whites to have a visit. Rates by race/ethnicity for Medicaid members are shown in Appendix A, along with results of multivariate analysis comparing the likelihood of service utilization relative to non-Hispanic White members.

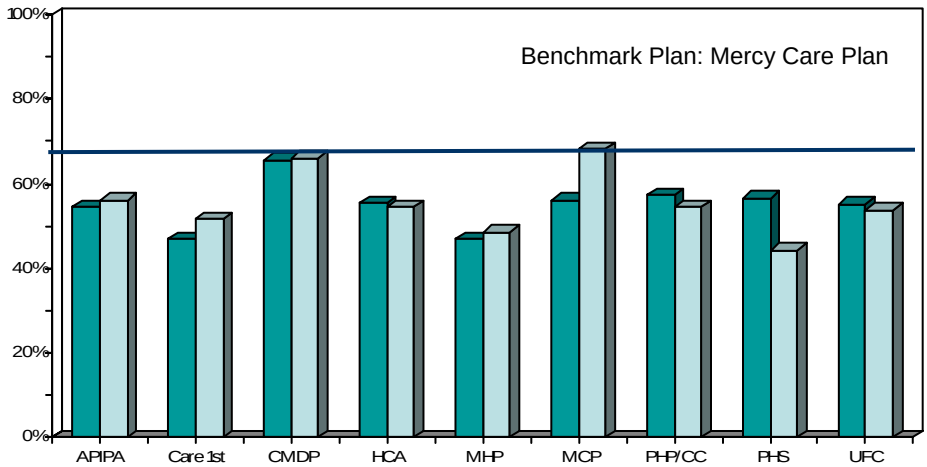
Discussion

Children in this age group typically have a lower rate of well-child visits than younger children. In the first two years of life, children are receiving immunizations that must be given at specific intervals, and are screened for developmental milestones during this period of rapid growth. After these "baby shots" are completed and children's growth and development begins to slow, they are less likely to have primary care visits, unless they are ill or have other specific needs.

As seen in the measure of Well-Child Visits in the First 15 Months of Life, Native American children may have lower rates because they are receiving services through IHS, but this bears further investigation to ensure that they are receiving the necessary services for optimum health and development.

Figure 12. Rates by Contractor, Well-Child Visits in Third through Sixth Years of Life, Medicaid Members

CYE 2005 and CYE 2006



As seen in the preceding figure, Mercy Care Plan had the highest rate of well-child visits for Medicaid members in this age group in the current period, at 68.2 percent. Three Contractors met the MPS for Medicaid-eligible children and five met the minimum standard for KidsCare.

Table 5

Arizona Health Care Cost Containment System

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

MEMBERS ELIGIBLE UNDER MEDICAID

Measurement Period October 1, 2005, through September 30, 2006

* Denotes that the Contractor achieved the AHCCCS Minimum Performance Standard in the current measurement.

Contractor	Total Number of Members	Number with 1+ Visits	Percent with 1+ Visits	Relative Percent Change From Previous Year	Statistical Significance
AZ Physicians IPA *	**22,015**	**12,319**	**56.0%**	**-3.4%**	**p<.001**
AZ Physicians IPA	23,134	13,397	57.9%		
Care 1st	**1,801**	**930**	**51.6%**	**-0.5%**	**p=.875**
Care 1st	1,808	938	51.9%		
DES/CMDP *	**1,385**	**913**	**65.9%**	**-4.0%**	**p=.159**
DES/CMDP	1,272	873	68.6%		
Health Choice AZ	**9,674**	**5,379**	**55.6%**	**-6.5%**	**p<.001**
Health Choice AZ	9,449	5,619	59.5%		
Maricopa Health Plan	**3,609**	**1,761**	**48.8%**	**-13.1%**	**p<.001**
Maricopa Health Plan	3,905	2,193	56.2%		
Mercy Care Plan *	**20,596**	**14,006**	**68.0%**	**16.3%**	**p<.001**
Mercy Care Plan	19,810	11,584	58.5%		
Phoenix Health Plan/CC	**9,045**	**4,929**	**54.5%**	**-7.7%**	**p<.001**
Phoenix Health Plan/CC	9,472	5,590	59.0%		
Pima Health System	**2,118**	**940**	**44.4%**	**-22.9%**	**p<.001**
Pima Health System	1,947	1,121	57.6%		
University Family Care	**972**	**519**	**53.4%**	**-4.4%**	**p=.310**
University Family Care	1,189	664	55.8%		
TOTAL	**71,215**	**41,696**	**58.5%**	**0.4%**	**p=.514**
TOTAL	71,986	41,979	58.3%		

Note:

Results of previous measurement period (Oct. 1, 2004, through Sept. 30, 2005) shown in shaded rows.

Table 6

Arizona Health Care Cost Containment System

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

MEMBERS ELIGIBLE UNDER KIDSCARE

Measurement Period October 1, 2005, to September 30, 2006

* Denotes that the Contractor achieved the AHCCCS Minimum Performance Standard in the current measurement.

Contractor	Total Number of Members	Number with 1+ Visits	Percent with 1+ Visits	Relative Percent Change From Previous Year	Statistical Significance
AZ Physicians IPA *	**2,099**	**1,190**	**56.7%**	**-7.9%**	**p=.002**
AZ Physicians IPA	1,818	1,119	61.6%		
Care 1st *	**166**	**105**	**63.3%**	**6.4%**	**p=.527**
Care 1st	106	63	59.4%		
Health Choice AZ *	**889**	**540**	**60.7%**	**-12.9%**	**p<.001**
Health Choice AZ	826	576	69.7%		
Maricopa Health Plan	**416**	**222**	**53.4%**	**-25.0%**	**p<.001**
Maricopa Health Plan	360	256	71.1%		
Mercy Care Plan *	**2,295**	**1,768**	**77.0%**	**16.8%**	**p<.001**
Mercy Care Plan	1,873	1,235	65.9%		
Phoenix Health Plan/CC *	**1,266**	**772**	**61.0%**	**-10.5%**	**p<.001**
Phoenix Health Plan/CC	1,047	713	68.1%		
Pima Health System	**135**	**56**	**41.5%**	**-39.1%**	**p<.001**
Pima Health System	116	79	68.1%		
University Family Care	**51**	**28**	**54.9%**	**-15.5%**	**p=.278**
University Family Care	60	39	65.0%		
TOTAL	**7,317**	**4,681**	**64.0%**	**-2.7%**	**p=.032**
TOTAL	6,206	4,080	65.7%		

Notes:

Results of previous measurement period (Oct. 1, 2004, through Sept. 30, 2005) shown in shaded rows.

Adolescent Well-Care Visits

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

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

Description

This indicator measured the percentage of members who:

- were ages 12 to 21 years if eligible under Medicaid or 12 to 19 years if eligible under KidsCare at the end of the measurement period (October 1, 2005, through September 30, 2006),
- were continuously enrolled with one acute-care Contractor during the measurement period (one break in enrollment, not exceeding one month, was allowed), and
- had at least one well-care visit during the measurement year.

Performance Goals

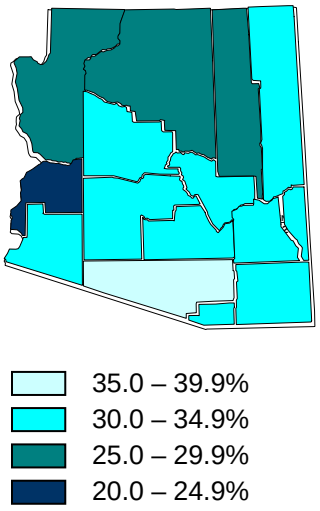
AHCCCS has adopted the following Minimum Performance Standard and Goal for both Medicaid and KidsCare members for the current measurement. The following table also includes the most recent HEDIS means for Medicaid and commercial health plans reported by NCQA:

	AHCCCS CYE 2007 MPS	AHCCCS CYE 2007 Goal	NCQA 2006 Medicaid Mean	NCQA 2006 Commercial Mean
Adolescent Well-Care Visits	37%	38%	40.6%	38.7%

Overall Results

The overall rate for this measure was unchanged from the previous period (Table 7). The rate for Medicaid-eligible adolescents was 32.8 percent, compared with from 33.1 percent in the previous period (p=.201). The rate for KidsCare members (Table 8) also did not show a statistically significant change, at 39.5 percent, compared with 40.3 percent in the previous period (p=.221).

Figure 13. Adolescent Well-Care Visits, by County, Medicaid Members



Results by County

Rates for Medicaid members by county ranged from 22.7 percent in La Paz County to 37.0 percent in Pima County. Figure 13 shows relative rates by county for these members. Rates for KidsCare members ranged from 17.4 percent in La Paz County (which had only 23 members in this eligibility group) to 43.7 percent in Pima County.

When analyzed by rural and urban county groups, Medicaid-eligible adolescents in urban counties were more likely to have a well-care visit (33.2 percent compared with 31.9 percent). This also was true of adolescents covered under KidsCare (40.4 percent compared with 36.9 percent).

Comparison with National Benchmarks

The AHCCCS overall rate for Medicaid members is lower than the most recent national mean for Medicaid health plans reported by NCQA. However, the rate for KidsCare members exceeds the HEDIS national mean for commercial health plans.

Results by Race or Ethnicity

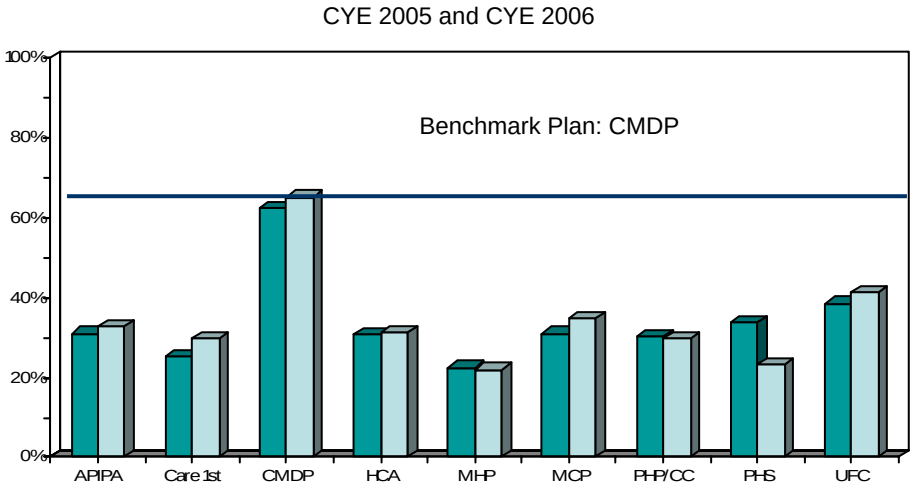
Among Medicaid members, Native Americans were less likely to have a well-care visit than non-Hispanic White members and Blacks were more likely to have a visit. Among KidsCare members, Native Americans also were less likely to have a well-care visit than non-Hispanic White members and Hispanic adolescents were more likely to have a visit. Rates by race/ethnicity for Medicaid members are shown in Appendix A, along with results of multivariate analysis comparing the likelihood of service utilization relative to non-Hispanic White members.

Discussion

The relatively low rates for adolescent preventive care visits, both nationally and among AHCCCS health plans, demonstrates the difficulty in getting adolescents to do something they may not think is worthwhile, and parents not taking them to the doctor unless they are sick. However, the rate in Pima County is encouraging and warrants exploration of strategies used to get these members in for well visits.

The low rate among Native American youth may be affected by data collection issues, as previously noted (i.e., if services are obtained through IHS, they will not be encountered in this measurement). It also may be that this population is even less likely to obtain health care services when they perceive no need. Given that the death rate in Arizona for Native American adolescents is twice that of non-Hispanic White teens,[12] it is important that health plans pay attention to this population to try to reduce their risk of disease and premature death. Contractors should explore strategies to better reach Native American adolescents and encourage them to receive annual well-care visits.

Figure 14. Rates by Contractor, Adolescent Well-Care Visits, Medicaid Members



As shown in figure 14 above, CMDP had the highest rate of Adolescent Well-Care Visits among the Medicaid population, at 65.1 percent. CMDP and University Family Care were the only Contractors to meet the MPS for Medicaid members in the current measurement; however, six Contractors met the minimum standard for the KidsCare population.

Table 7

Arizona Health Care Cost Containment System

ADOLESCENT WELL-CARE VISITS BY CONTRACTOR

MEMBERS ELIGIBLE UNDER MEDICAID

Measurement Period October 1, 2005 through September 30, 2006

* Denotes that the Contractor achieved the AHCCCS Minimum Performance Standard in the current measurement.

Contractor	Total Number of Members	Number with 1+ Visits	Percent with 1+ Visits	Relative Percent Change From Previous Year	Statistical Significance
AZ Physicians IPA	**27,520**	**9,034**	**32.8%**	**-1.8%**	**p=.129**
AZ Physicians IPA	28,783	9,622	33.4%		
Care 1st	**2,118**	**628**	**29.7%**	**6.2%**	**p=.212**
Care 1st	2,202	615	27.9%		
DES/CMDP *	**1,910**	**1,244**	**65.1%**	**0.9%**	**p=.718**
DES/CMDP	1,758	1,135	64.6%		
Health Choice AZ	**8,878**	**2,757**	**31.1%**	**-4.8%**	**p=.024**
Health Choice AZ	8,987	2,932	32.6%		
Maricopa Health Plan	**3,317**	**725**	**21.9%**	**-14.4%**	**p<.001**
Maricopa Health Plan	3,840	980	25.5%		
Mercy Care Plan	**20,022**	**6,936**	**34.6%**	**7.4%**	**p<.001**
Mercy Care Plan	19,959	6,440	32.3%		
Phoenix Health Plan/CC	**8,430**	**2,494**	**29.6%**	**-5.7%**	**p=.010**
Phoenix Health Plan/CC	9,087	2,852	31.4%		
Pima Health System	**2,545**	**592**	**23.3%**	**-33.6%**	**p<.001**
Pima Health System	2,595	909	35.0%		
University Family Care *	**1,550**	**639**	**41.2%**	**6.6%**	**p=.131**
University Family Care	1,846	714	38.7%		
Total	**76,290**	**25,049**	**32.8%**	**-0.9%**	**p=.201**
Total	79,057	26,199	33.1%		

Note:

Results of previous measurement period (Oct. 1, 2004, through Sept. 30, 2005) shown in shaded rows.

Table 8

Arizona Health Care Cost Containment System

ADOLESCENT WELL-CARE VISITS BY CONTRACTOR

MEMBERS ELIGIBLE UNDER KIDSCARE

Measurement Period October 1, 2005 through September 30, 2006

* Denotes that the Contractor achieved the AHCCCS Minimum Performance Standard in the current measurement.

Contractor	Total Number of Members	Number with 1+ Visits	Percent with 1+ Visits	Relative Percent Change From Previous Year	Statistical Significance
AZ Physicians IPA *	**4,065**	**1,599**	**39.3%**	**0.8%**	**p=.789**
AZ Physicians IPA	3,617	1,412	39.0%		
Care 1st *	**240**	**103**	**42.9%**	**6.7%**	**p=.588**
Care 1st	169	68	40.2%		
Health Choice AZ *	**1,228**	**482**	**39.3%**	**-4.4%**	**p=.378**
Health Choice AZ	1,052	432	41.1%		
Maricopa Health Plan	**442**	**133**	**30.1%**	**-24.4%**	**p=.002**
Maricopa Health Plan	452	180	39.8%		
Mercy Care Plan *	**3,105**	**1,321**	**42.5%**	**3.3%**	**p=.308**
Mercy Care Plan	2,575	1,061	41.2%		
Phoenix Health Plan/CC *	**1,619**	**604**	**37.3%**	**-1.8%**	**p=.703**
Phoenix Health Plan/CC	1,279	486	38.0%		
Pima Health System	**361**	**104**	**28.8%**	**-38.2%**	**p<.001**
Pima Health System	279	130	46.6%		
University Family Care *	**194**	**95**	**49.0%**	**-6.1%**	**p=.514**
University Family Care	234	122	52.1%		
Total	**11,254**	**4,441**	**39.5%**	**-2.1%**	**p=.221**
Total	9,657	3,891	40.3%		

Note:

Results of previous measurement period (Oct. 1, 2004, through Sept. 30, 2005) shown in shaded rows.

Annual Dental Visits

Oral health is inseparable from overall health status. A child's ability to learn and function well can be affected by problems of the teeth and gums. Dental disease results in children's failure to thrive, impaired speech development, absence from and inability to concentrate in school and reduced self-esteem. Even though most oral diseases are preventable, tooth decay is one of the most common health problems among children today. [14,15]

Brushing, flossing and other oral health practices can reduce the risk of developing diseases of the teeth and gums. Regular professional dental care also is important. Preventive services, such as the application of topical fluorides, are known to reduce the rate of tooth decay and other oral diseases in children.[15] Routine dental visits serve to educate individuals about dental hygiene and preventive measures.

Description

AHCCCS measured the percentage of children and adolescents who:

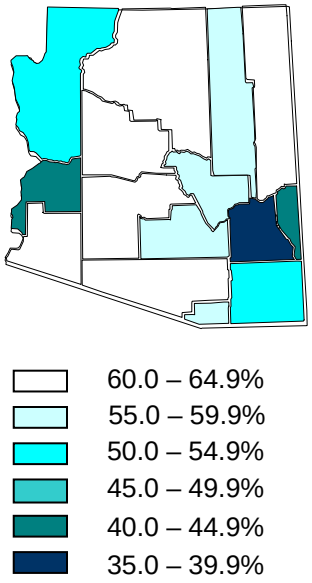
- were ages 4 to 21 years if eligible under Medicaid, or 4 to 19 years if eligible under KidsCare, at the end of the measurement period (October 1, 2005, through September 30, 2006),
- were continuously enrolled with one acute-care Contractor during the measurement period (one break in enrollment, not exceeding one month, was allowed), and
- had at least one dental visit during the measurement year.

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 NCQA: NCQA does not report rates for annual dental visits for commercial health plans, since employer-sponsored dental coverage is typically provided through a separate managed care plan or other arrangement.

	AHCCCS CYE 2007 MPS	AHCCCS CYE 2007 Goal	NCQA 2006 Medicaid Mean	NCQA 2006 Commercial Mean
Annual Dental Visits, 4 – 21 Yrs	51%	57%	41.0%	N/A

Figure 15. Annual Dental Visits, by County, Medicaid Members



Overall Results

Among Medicaid members (Table 9), the overall rate improved to 59.6 percent from 58.2 percent in the previous year ($p<.001$). Among KidsCare members (Table 10), the rate also improved, to 71.0 percent from 69.7 percent in the previous year ($p=.002$).

Results by County

For Medicaid members, the lowest rate was in Graham County, at 38.7 percent, and the highest rate was in Coconino County, at 63.4 percent. Figure 15 shows relative rates by county for these members. KidsCare rates ranged from 50.0 percent in both Apache and Graham counties to 69.2 percent in Pinal County.

When analyzed by rural and urban county groups, members in urban counties were more likely to have a dental visit than those in rural areas. This was true for Medicaid (60.6 percent compared with 56.8 percent) and KidsCare (72.5 percent compared with 65.8 percent).

Comparison with National Benchmarks

The rate of dental visits among children covered under Medicaid is well above the most recent national HEDIS mean for Medicaid health plans, and also exceeds the threshold for the 90th percentile of Medicaid plans, which was 52.8 percent in 2006. As noted, there is no national commercial rate with which to compare AHCCCS rates.

Results by Race or Ethnicity

Among Medicaid members, Native American and Black members, as well as those of other or unknown race, were somewhat less likely to have a dental visit than non-Hispanic White members. Hispanics were more likely to have a visit. Among KidsCare members, Native Americans were less likely to have a dental visit than non-Hispanic White members, and Hispanics were more likely to have a visit. Rates by race/ethnicity for Medicaid members are shown in Appendix A, along with results of multivariate analysis comparing the likelihood of service utilization relative to non-Hispanic White members.

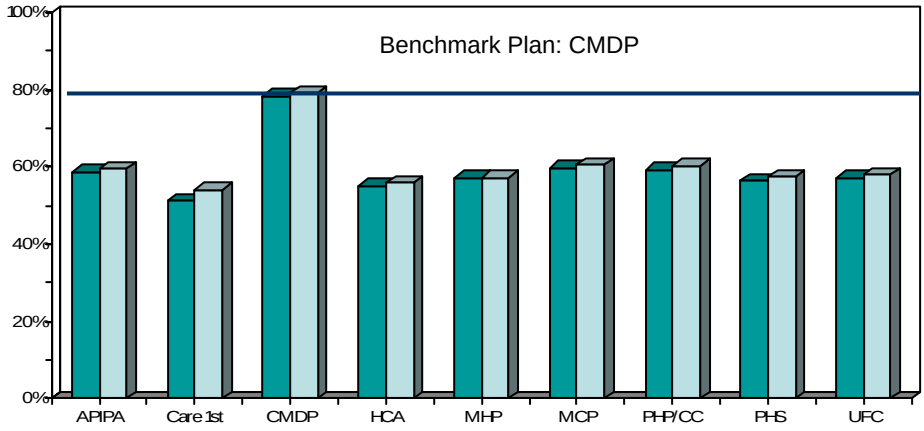
Discussion

Over the last several years, AHCCCS has focused much attention on improving rates of dental services among enrolled children and adolescents. In 2003, the Agency implemented a Performance Improvement Project (PIP), which is requiring all Acute-care Contractors to show statistically significant improvement in rates of annual dental visits. This PIP and other previous initiatives appear to have had a very positive effect on improving this measure. The high rates among Medicaid and KidsCare members in two rural counties, Coconino and Pinal respectively, may be the result of focused efforts in those areas, particularly among Head Start programs, to ensure that younger children receive dental services.

While this is a service area in which AHCCCS excels nationally, more work needs to be done to ensure that children and adolescents who are Native American or Black have regular dental check ups.

Figure 16. Rates by Contractor, Annual Dental Visits, Medicaid Members

CYE 2005 and CYE 2006



As shown in Figure 16, CMDP had the highest rate of Annual Dental Visits for Medicaid members in the current measurement (79.2 percent). All Contractors met the MPS for both the Medicaid and KidsCare populations.

Table 9

Arizona Health Care Cost Containment System

ANNUAL DENTAL VISITS AGE 4-21 BY CONTRACTOR

MEMBERS ELIGIBLE UNDER MEDICAID

Measurement Period October 1, 2005, through September 30, 2006

* Denotes that the Contractor achieved the AHCCCS Minimum Performance Standard in the current measurement.

Contractor	Total Number of Members	Total Dental Services	Percent Dental Services	Relative Percent Change from Previous Year	Statistical Significance
AZ Physicians IPA *	**66,561**	**39,664**	**59.6%**	**2.9%**	**p<.001**
AZ Physicians IPA	70,179	40,652	57.9%		
Care 1st *	**5,210**	**2,819**	**54.1%**	**5.4%**	**p=.004**
Care 1st	5,300	2,721	51.3%		
DES/CMDP *	**4,037**	**3,198**	**79.2%**	**1.1%**	**p=.369**
DES/CMDP	3,682	2,886	78.4%		
Health Choice AZ *	**23,945**	**13,399**	**56.0%**	**1.3%**	**p=.107**
Health Choice AZ	24,068	13,292	55.2%		
Maricopa Health Plan *	**8,846**	**5,068**	**57.3%**	**2.4%**	**p=.065**
Maricopa Health Plan	10,100	5,652	56.0%		
Mercy Care Plan *	**52,636**	**31,931**	**60.7%**	**1.5%**	**p=.002**
Mercy Care Plan	52,026	31,083	59.7%		
Phoenix Health Plan/CC *	**23,032**	**13,909**	**60.4%**	**3.2%**	**p<.001**
Phoenix Health Plan/CC	24,615	14,403	58.5%		
Pima Health System *	**5,924**	**3,410**	**57.6%**	**1.8%**	**p=.256**
Pima Health System	5,875	3,321	56.5%		
University Family Care *	**3,313**	**1,924**	**58.1%**	**2.1%**	**p=.305**
University Family Care	3,989	2,269	56.9%		
TOTAL	**193,504**	**115,322**	**59.6%**	**2.4%**	**p<.001**
TOTAL	199,834	116,279	58.2%		

Note:
Results of previous measurement period (Oct. 1, 2004, through Sept. 30, 2005) shown in shaded rows.

Table 10

Arizona Health Care Cost Containment System

ANNUAL DENTAL VISITS AGE 4-19 BY CONTRACTOR

MEMBERS ELIGIBLE UNDER KIDSCARE

Measurement Period October 1, 2005, through September 30, 2006

* Denotes that the Contractor achieved the AHCCCS Minimum Performance Standard in the current measurement.

Contractor	Total Number of Members	Total Dental Services	Percent Dental Services	Relative Percent Change from Previous Year	Statistical Significance
AZ Physicians IPA *	**9,224**	**6,247**	**67.7%**	**1.3%**	**p=.209**
AZ Physicians IPA	8,237	5,505	66.8%		
Care 1st *	**632**	**444**	**70.3%**	**7.2%**	**p=.109**
Care 1st	412	270	65.5%		
Health Choice AZ *	**3,086**	**2,124**	**68.8%**	**4.2%**	**p=.023**
Health Choice AZ	2,729	1,802	66.0%		
Maricopa Health Plan *	**1,256**	**869**	**69.2%**	**0.3%**	**p=.920**
Maricopa Health Plan	1,242	857	69.0%		
Mercy Care Plan *	**8,043**	**5,934**	**73.8%**	**1.4%**	**p=.180**
Mercy Care Plan	6,609	4,811	72.8%		
Phoenix Health Plan/CC *	**4,460**	**3,372**	**75.6%**	**0.0%**	**p=.981**
Phoenix Health Plan/CC	3,604	2,724	75.6%		
Pima Health System *	**677**	**471**	**69.6%**	**7.8%**	**p=.062**
Pima Health System	550	355	64.5%		
University Family Care *	**335**	**207**	**61.8%**	**-3.5%**	**p=.524**
University Family Care	409	262	64.1%		
TOTAL	**27,713**	**19,668**	**71.0%**	**1.8%**	**p=.002**
TOTAL	23,792	16,586	69.7%		

Note:
Results of previous measurement period (Oct. 1, 2004, through Sept. 30, 2005) shown in shaded rows.

Acute-care Measures for DES/DDD

Overview

The Arizona Department of Economic Security's Division of Developmental Disabilities (DDD) provides needed supports to Arizona residents who are at risk of having a developmental disability if younger than 6 years or, if older, have a diagnosis of epilepsy, cerebral palsy, mental retardation or autism, which was made prior to the age of 18 years. The Division also provides services to Arizonans who have substantial functional limitations in at least three major areas, such as self-care, learning and mobility.

More than 60 percent of clients served by DDD also are covered under Medicaid through the Arizona Long Term Care System (ALTCS), a program of the Arizona Health Cost Containment System (AHCCCS). In addition to long-term care and supportive services provided through DDD, these members also receive primary and acute medical services through subcontracts with health plans.

Performance Standards

Under its contract with DDD, AHCCCS has established Performance Standards for primary and preventive care provided to children and adolescents. These standards measure the extent to which DDD ensures that these members receive necessary health services and screenings, including well-child visits and regular dental care. These measures are collected according to HEDIS methodology in the same way as Performance Measures for Acute-care Contractors. This section reports DDD's performance in four of the following measures:

	AHCCCS CYE 2007 MPS	AHCCCS CYE 2007 Goal	NCQA 2006 Medicaid Mean
Children's Access to PCPs (All Ages Combined)	73%	75%	N/A
Well-Child Visits 3 – 6 Yrs	42%	46%	63.3%
Adolescent Well-Care Visits	31%	33%	40.6%
Annual Dental Visits, 4 – 21 Yrs	39%	41%	41.0%

Eligibility for ALTCS members, including those with developmental disabilities, differs from eligibility for Acute-care health plans in that medical and functional criteria are considered, along with a different set of financial criteria. Thus, as many as two-thirds of DDD members with AHCCCS coverage also have other insurance coverage. Because DDD does not pay for services provided through other insurers, AHCCCS not does not have encounters for those services. The above Performance Standards reflect the limitation in collecting complete data for DDD members.

In addition to the four measures above, AHCCCS also attempted to collect data for Well-Child Visits in the First 15 Months of Life for DDD members. However, there were no DDD members in that age group who met the HEDIS enrollment criteria.

Children's and Adolescents' Access to PCPs

As with the Acute-care population, this measure looks at visits to pediatricians, family physicians and other primary care practitioners as a way to gauge general access to care for children and adolescents with developmental disabilities.

By age group, there were significant changes in rates for children 12 to 24 months and overall (Table 11). The rate for the 12-to-24-month group was 77.6 percent in the current year, a decrease from the previous year's rate of 90.1 percent (p=.050). The rate for members 25 months to 6 years was 67.7 percent in the current year, compared with the previous rate of 69.2 percent (p=.244). The rate for members 7 to 11 years was 67.6 percent in the current year, unchanged from the previous rate of 67.9 percent (p=.827). The rate for members 12 to 19 years was 68.8 percent, compared with 70.9 percent in the previous year (p=.062). The overall rate (all age groups combined) was 68.1 percent in the current measurement, a decline from the previous year's rate of 69.6 percent (p=.037).

With the exception of children 12 to 24 months, there were significant disparities in rates for racial/ethnic subgroups compared with non-Hispanic white members. Among children 25 months to 6 years and 7 to 11 years, Native Americans were less likely then Whites to have a PCP visit, while Hispanic children were more likely to have a visit. Among members 12 to 19 years and overall, Native Americans again were less likely to have a PCP visit, while both Hispanic and Black members were more likely to have a visit (see Appendix A).

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

Like all children, those with special health care needs require preventive health care services. In addition to early intervention services and therapies to help support optimal development, children with disabilities should have well-child checkups at regular intervals to monitor and improve their health.

In the current measurement, 43.8 percent of children in this age group had an annual well-care visit (Table 12), an increase over the previous year's rate of 38.4 percent (p<.001).

Native American children were about half as likely to have a well-care visit as non-Hispanic whites, while Hispanics, Blacks and those identified as other or unknown were more likely to have a well-child visit than White members (see Appendix A).

Adolescent Well-Care Visits

Many children and adolescents with developmental disabilities have comorbid physical conditions, such as asthma, cerebral palsy and diabetes. They also suffer from emotional and behavioral problems, and adolescents in particular are more likely to need mental health services than younger children with special health care needs.[16] Adolescent well-care visits enable providers to focus on the special needs of these members, so that they may experience the best possible health.

In the current measurement, 28.8 percent of adolescents had a well-care visit (Table 13), which was unchanged from the previous year's rate of 28.3 percent (p=.637).

Here too, Native Americans were about half as likely to have a well-care visit as non-Hispanic whites, while Hispanics and Blacks were more likely to have a well-child visit than White members (see Appendix A).

Annual Dental Visits

In general, people with developmental disabilities have poorer oral health and oral hygiene than those without such disabilities. Data indicate that people who have mental retardation have more untreated caries and a higher prevalence of gingivitis and other periodontal diseases than the general population. Medications, malocclusion, multiple disabilities, and poor oral hygiene combine to increase the risk of dental disease in people with developmental disabilities.[17]

In the current measurement, 40.7 percent of children and adolescents had an annual dental visit (Table 14), which was unchanged from the previous rate of 41.1 percent (p=.549).

Native American children were less likely to have a dental visit than non-Hispanic whites, while Hispanic members were more likely to have a dental visit than White members (see Appendix A).

Discussion

Overall performance for DDD was mostly unchanged from the previous year, as rates for five measures showed no statistically significant changes, while one rate increased. The Division met its Minimum Performance Standard for three of seven measures.

Native American children and adolescents enrolled in DDD displayed significantly lower rates of service in nearly all measures. As with the Acute-care population, these members may show lower rates of visits because they are receiving services through Indian Health Service, which are not encountered by AHCCCS. However, this requires further investigation to determine if these members are receiving important health care services, especially given their special needs status and increased risk of physical complications.

Table 11

Arizona Health Care Cost Containment System

CHILDREN'S ACCESS TO PRIMARY CARE PRACTITIONERS

MEMBERS ELIGIBLE UNDER DES/DDD

Measurement Period October 1, 2005, to September 30, 2006

* Denotes that the Contractor achieved the AHCCCS Minimum Performance Standard in the current measurement.

Contractor	Age	Total Number of Members	Number with 1+ Visits	Percent with 1+ Visits	Relative Percent Change From Previous Year	Statistical Significance
DES/DDD	**12-24 mos. ***	**58**	**45**	**77.6%**	**-13.9%**	**p=.050**
	25 mos. - 6 yrs	**2,874**	**1,946**	**67.7%**	**-2.1%**	**p=.244**
	7 - 11 yrs.	**2,748**	**1,857**	**67.6%**	**-0.4%**	**p=.827**
	12 -19 yrs.	**3,269**	**2,248**	**68.8%**	**-3.0%**	**p=.062**
	Total	**8,949**	**6,096**	**68.1%**	**-2.1%**	**p=.037**
DES/DDD	12-24 mos.	71	64	90.1%		
	25 mos. - 6 yrs	2,778	1,921	69.2%		
	7 - 11 yrs.	2,517	1,708	67.9%		
	12 -19 yrs.	3,047	2,161	70.9%		
	Total	8,413	5,854	69.6%		

Note:

Results of previous measurement period (Oct. 1, 2004, through Sept. 30, 2005) shown in shaded rows.

Table 12

Arizona Health Care Cost Containment System

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

MEMBERS ELIGIBLE UNDER DES/DDD

Measurement Period October 1, 2005, through September 30, 2006

* Denotes that the Contractor achieved the AHCCCS Minimum Performance Standard in the current measurement.

Contractor	Total Number of Members	Number with 1+ Visits	Percent with 1+ Visits	Relative Percent Change From Previous Year	Statistically Significance
DES/DDD *	**2,690**	**1,178**	**43.8%**	**14.0%**	**p<.001**
DES/DDD	2,592	996	38.4%		

Note:

Results of previous measurement period (Oct. 1, 2004, through Sept. 30, 2005) shown in shaded rows.

Table 13

Arizona Health Care Cost Containment System

ADOLESCENT WELL-CARE VISITS

MEMBERS ELIGIBLE UNDER DES/DDD

Measurement Period October 1, 2005 through September 30, 2006

Contractor	Total Number of Members	Number with 1+ Visits	Percent with 1+ Visits	Relative Percent Change From Previous Year	Statistical Significance
DES/DDD	**4,169**	**1,200**	**28.8%**	**1.7%**	**p=.637**
DES/DDD	3,935	1,114	28.3%		

Note:

Results of previous measurement period (Oct. 1, 2004, through Sept. 30, 2005) shown in shaded rows.

Table 14

Arizona Health Care Cost Containment System

ANNUAL DENTAL VISITS - Ages 4-21

MEMBERS ELIGIBLE UNDER DES/DDD

Measurement Period October 1, 2005 to September 30, 2006

* Denotes that the Contractor achieved the AHCCCS Minimum Performance Standard in the current measurement.

Contractor	Total Number of Members	Total Dental Services	Percent Dental Services	Relative Percent Change from Previous Year	Statistical Significance
DES/DDD *	**9,545**	**3,882**	**40.7%**	**-1.1%**	**p=.549**
DES/DDD	8,909	3,662	41.1%		

Note:

Results of previous measurement period (Oct. 1, 2004, through Sept. 30, 2005) shown in shaded rows.

CONCLUSION

Overall Results

The data reported here indicate that children and adults enrolled with AHCCCS have a relatively high degree of access to the health care system, as evidenced by rates of primary care visits. AHCCCS excels in rates of Well-Child Visits in the First 15 months of Life and Annual Dental Visits, compared with Medicaid managed care plans nationally. Rates for Adults' Access to Preventive/Ambulatory Health Services also are above national Medicaid means. However, health plans must focus resources on increasing rates of children's access to primary care and well-care visits among 3- through 6-year-olds and adolescents.

Disparities by Race and Ethnicity

Analysis of data indicates lower rates of service among Native Americans for several measures, as well as lower rates for Black and Hispanic members for some measures

.

American Indians and Alaska Natives are more likely to live in poverty and have less than a high school education than non-Hispanic Whites, both of which indicate less access to primary care and prevention services. A recent report from several leading cancer organizations found that more Native Americans than non-Hispanic Whites reported being obese; and that screening rates for breast, colorectal, prostate and cervical cancers were lower among Native Americans than Whites. The report also notes high rates of smoking among Native Americans.[18]

Other national data show that racial and ethnic minorities are more likely to rate their health as fair or poor, compared with non-Hispanic White persons: Native Americans are about twice as likely to rate their health as fair or poor, and Blacks and Hispanics also are more likely to rate their health as such. In addition Black and Mexican-American children generally have higher rates of obesity and untreated dental decay, [6] problems that could be addressed with regular medical and dental care.

Research suggests that Native American populations experience more perceived barriers to care than their White counterparts. Many Native Americans indicate that work or family responsibilities, lack of transportation, and inconvenient clinic/office hours of operation are common barriers to care. Native Americans also perceive more issues of racial and economic discrimination by providers. Others have indicated a lack of trust and confidence in their child's provider.[19] Other studies have shown that Hispanic parents identify language differences, transportation difficulties, and long waiting times as major barriers to health care for their children.[20]

Strategies for Improvement

These trends underscore the disparities in use of services among racial/ethnic subgroups, as indicated by this analysis of AHCCCS Performance Measure data. Strategies to reduce disparities and improve Performance Measure rates may include: [21-25]

- Utilizing community lay health workers, who encourage members or parents of children to receive preventive services.
- Conducting one-on-one outreach to educate and motivate patients.
- Seeking member feedback to strengthen commitment and adherence to medical regimens.
- Ensuring the diversity and cultural competency of providers through provider and staff education so that members feel comfortable seeing them.
- Encouraging expanded clinic hours among providers to make it easier for families to take their children to well-care visits.
- Implementing incentives, either with providers or members, to increase rates of preventive care visits.
- Partner with other community programs to reach populations also enrolled in AHCCCS, including Head Start, which serves low-income children 3 to 6 years old and Early Head Start, which focuses on younger children.

While AHCCCS health plans may be using some of these approaches, and the program overall has a strong cultural competency focus, Contractors should consider whether these and other approaches could be better used to improve rates among specific groups of members. Contracted health plans also should try to determine if Native Americans enrolled I their plans are receiving services through IHS or not at all.

In July 2007, AHCCCS advised Acute-care Contractors that they would face financial sanctions in the next couple of years if they do not increase rates to meet Minimum Performance Standards. Detailed data from this measurement will be provided to Contractors, and may further guide interventions to improve performance, particularly in specific geographic areas or among certain populations.

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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

Performance Measure Rates (%) by Race/Ethnicity, Medicaid Members

Children's and Adolescents' Access to PCPs

Age Group	Asian/ Pacific Islander	Black	White	Hispanic	Native American	Other/ Unknown*
12 – 24 Months	78.1	76.0	82.9	80.4	69.5	87.0
25 Mos – 6 Years	75.9	71.6	77.2	74.9	61.1	76.7
7 – 11 Years	73.4	69.7	76.7	74.1	63.6	75.7
12 – 19 Years	71.3	72.8	77.9	76.5	67.8	70.3

Adults' Access to Preventive/Ambulatory Health Services

Age Group	Asian/ Pacific Islander	Black	White	Hispanic	Native American	Other/ Unknown*
20 – 44 Years	71.5	75.1	78.0	77.4	80.4	71.9
45 – 64 Years	85.0	80.5	83.5	85.2	82.7	86.6

Well-Child Visits in the First 15 Months of Life

	Asian/ Pacific Islander	Black	White	Hispanic	Native American	Other/ Unknown*
Well-Child Visits, 15 Months	66.1	50.6	59.6	58.0	36.9	41.9

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

	Asian/ Pacific Islander	Black	White	Hispanic	Native American	Other/ Unknown*
Well-Child Visits, 3 through 6 Years	58.3	53.8	58.4	59.8	43.1	55.3

Adolescent Well-Care Visits

	Asian/ Pacific Islander	Black	White	Hispanic	Native American	Other/ Unknown*
Adolescent Well-Care Visits	31.1	34.2	32.6	33.5	24.9	31.2

Annual Dental Visits

	Asian/ Pacific Islander	Black	White	Hispanic	Native American	Other/ Unknown*
Annual Dental Visits, 4 to 21 Years	62.4	50.6	57.3	62.8	51.3	52.1

* Includes Cuban/Haitian and members who did not specify a race or ethnicity

Multivariate Analysis of Performance Measures by Race/Ethnicity

The following tables include results of multivariate analysis of data by race/ethnicity for each performance measure. This analysis was conducted to identify disparities in utilization of health care services among racial/ethnic minorities relative to utilization of services by non-Hispanic White members.

Highlighted rows indicate disparities between the racial/ethnic subgroup and non-Hispanic whites included in the measurements (these disparities may be either positive or negative). RR equals relative risk: if the value in this column is $\geq$ 1.0, members in this group are more likely than non-Hispanic white members to have the particular service being measured (these rows are highlighted in blue); if the value is < 1.0, members of this group are less likely to have the service (these rows are highlighted in tan).

Note: For purposes of this analysis, the "Other" category includes Asian/Pacific Islanders and Cuban/Haitians, as these groups generally did not have large enough population sizes to be analyzed separately, as well as members for whom race was unknown or unspecified.

Medicaid Members

	Children's and Adolescents' Access to PCPs, 12-24 Months										
	n	Total	%		n	Total	%	RR	Std. Err	Lower Limit	Upper Limit
Hispanic	3638	4391	82.85%		10769	13391	80.4%	0.9837	0.0158	0.9683	0.9994
Black	3638	4391	82.85%		784	1032	76.0%	0.9528	0.0369	0.9183	0.9886
Native American	3638	4391	82.85%		372	535	69.5%	0.9052	0.0577	0.8544	0.9589
Other	3638	4391	82.85%		554	661	83.8%	1.0063	0.0361	0.9706	1.0433

	Children's and Adolescents' Access to PCPs, 25 Months-6 Years										
	n	Total	%		n	Total	%	RR	Std. Err	Lower Limit	Upper Limit
Hispanic	14622	18951	77.16%		42628	56943	74.9%	0.9830	0.0091	0.9741	0.9920
Black	14622	18951	77.16%		3750	5240	71.6%	0.9578	0.0187	0.9400	0.9759
Native American	14622	18951	77.16%		1641	2687	61.1%	0.8706	0.0312	0.8439	0.8981
Other	14622	18951	77.16%		2367	3097	76.4%	0.9947	0.0210	0.9739	1.0158

	Children's and Adolescents' Access to PCPs, 7-11 Years										
	n	Total	%		n	Total	%	RR	Std. Err	Lower Limit	Upper Limit
Hispanic	8335	10871	76.67%		19741	26637	74.1%	0.9808	0.0126	0.9686	0.9932
Black	8335	10871	76.67%		2353	3374	69.7%	0.9467	0.0245	0.9238	0.9702
Native American	8335	10871	76.67%		968	1522	63.6%	0.8958	0.0394	0.8612	0.9318
Other	8335	10871	76.67%		1692	2250	75.2%	0.9890	0.0259	0.9638	1.0150

	Children's and Adolescents' Access to PCPs, 12-19 Years										
	n	Total	%		n	Total	%	RR	Std. Err	Lower Limit	Upper Limit
Hispanic	10833	13899	77.94%		20213	26441	76.4%	0.9891	0.0111	0.9782	1.0002
Black	10833	13899	77.94%		3373	4636	72.8%	0.9615	0.0197	0.9427	0.9806
Native American	10833	13899	77.94%		1294	1910	67.7%	0.9220	0.0322	0.8928	0.9522
Other	10833	13899	77.94%		1499	2124	70.6%	0.9446	0.0289	0.9177	0.9722

	Children's and Adolescents' Access to PCPs, All Age Groups Combined										
	n	Total	%		n	Total	%	RR	Std. Err	Lower Limit	Upper Limit
Hispanic	37428	48112	77.79%		93351	123412	75.6%	0.9843	0.0057	0.9786	0.9899
Black	37428	48112	77.79%		10260	14282	71.8%	0.9555	0.0113	0.9447	0.9663
Native American	37428	48112	77.79%		4275	6654	64.2%	0.8940	0.0185	0.8776	0.9107
Other	37428	48112	77.79%		6112	8132	75.2%	0.9807	0.0134	0.9676	0.9939

	Adults' Access to Preventive/Ambulatory Health Services, 20-44 Years										
	n	Total	%		n	Total	%	RR	Std. Err	Lower Limit	Upper Limit
Hispanic	22304	28596	78.00%		18258	23602	77.4%	0.9954	0.0092	0.9862	1.0046
Black	22304	28596	78.00%		4319	5755	75.0%	0.9784	0.0161	0.9628	0.9943
Native American	22304	28596	78.00%		1675	2083	80.4%	1.0172	0.0221	0.9950	1.0399
Other	22304	28596	78.00%		2237	3116	71.8%	0.9537	0.0229	0.9321	0.9757

	Adults' Access to Preventive/Ambulatory Health Services, 45-64 Years										
	n	Total	%		n	Total	%	RR	Std. Err	Lower Limit	Upper Limit
Hispanic	12962	15532	83.45%		6797	7979	85.2%	1.0112	0.0115	0.9996	1.0229
Black	12962	15532	83.45%		2003	2489	80.5%	0.9802	0.0206	0.9603	1.0006
Native American	12962	15532	83.45%		484	585	82.7%	0.9953	0.0377	0.9585	1.0335
Other	12962	15532	83.45%		3745	4333	86.4%	1.0191	0.0137	1.0052	1.0332

	Adults' Access to Preventive/Ambulatory Health Services, Both Age Groups Combined										
	n	Total	%		n	Total	%	RR	Std. Err	Lower Limit	Upper Limit
Hispanic	35266	44128	79.92%		25055	31581	79.3%	0.9959	0.0073	0.9887	1.0033
Black	35266	44128	79.92%		6322	8244	76.7%	0.9771	0.0128	0.9647	0.9897
Native American	35266	44128	79.92%		2159	2668	80.9%	1.0069	0.0190	0.9880	1.0263
Other	35266	44128	79.92%		5982	7449	80.3%	1.0027	0.0122	0.9906	1.0150

	Well Child Visits, First 15 Months of Life (6 or More Visits)									
	n	Total	%		n	Total	%	RR	Std. Err	Lower Limit	Upper Limit
Hispanic	1371	2302	59.56%		3956	6820	58.0%	0.9835	0.0393	0.9457	1.0229
Black	1371	2302	59.56%		251	496	50.6%	0.9002	0.0932	0.8201	0.9882
Native American	1371	2302	59.56%		104	282	36.9%	0.7218	0.1564	0.6173	0.8440
Other	1371	2302	59.56%		196	403	48.6%	0.8766	0.1058	0.7886	0.9745

	Well Child Visits, Third through Sixth Years of Life									
	n	Total	%		n	Total	%	RR	Std. Err	Lower Limit	Upper Limit
Hispanic	8968	15347	58.43%		27273	45604	59.8%	1.0147	0.0153	0.9992	1.0303
Black	8968	15347	58.43%		2326	4327	53.8%	0.9479	0.0307	0.9193	0.9775
Native American	8968	15347	58.43%		932	2161	43.1%	0.8170	0.0502	0.7770	0.8591
Other	8968	15347	58.43%		1393	2478	56.2%	0.9757	0.0372	0.9400	1.0127

	Adolescent Well Care Visits									
	n	Total	%	n	Total	%	RR	Std. Err	Lower Limit	Upper Limit
Hispanic	7282	22366	32.56%	13506	40342	33.5%	1.0212	0.0233	0.9976	1.0453
Black	7282	22366	32.56%	2506	7326	34.2%	1.0377	0.0369	1.0001	1.0768
Native American	7282	22366	32.56%	784	3144	24.9%	0.8126	0.0635	0.7626	0.8659
Other	7282	22366	32.56%	971	3112	31.2%	0.9682	0.0555	0.9160	1.0235

	Annual Dental Visits, 4-21 Years									
	n	Total	%	n	Total	%	RR	Std. Err	Lower Limit	Upper Limit
Hispanic	28734	50175	57.27%	70537	112371	62.8%	1.0590	0.0088	1.0498	1.0684
Black	28734	50175	57.27%	7946	15698	50.6%	0.9229	0.0172	0.9072	0.9389
Native American	28734	50175	57.27%	3666	7151	51.3%	0.9307	0.0238	0.9088	0.9532
Other	28734	50175	57.27%	4439	8109	54.7%	0.9715	0.0212	0.9511	0.9923

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	Children's and Adolescents' Access to PCPs, 12-24 Months									
	n	Total	%	n	Total	%	RR	Std. Err	Lower Limit	Upper Limit
Hispanic	14	17	82.35%	19	22	86.4%	1.0261	0.2757	0.7789	1.3518
Native American	14	17	82.35%	3	9	33.3%	0.5536	0.9498	0.2141	1.4311
Other	14	17	82.35%	9	10	90.0%	1.0489	0.3018	0.7756	1.4184

	Children's and Adolescents' Access to PCPs, 25 Months-6 Years									
	N	Total	%	n	Total	%	RR	Std. Err	Lower Limit	Upper Limit
Hispanic	892	1404	63.53%	641	816	78.6%	1.1324	0.0534	1.0735	1.1946
Black	892	1404	63.53%	57	81	70.4%	1.0632	0.1468	0.9180	1.2312
Native American	892	1404	63.53%	37	108	34.3%	0.6568	0.2642	0.5043	0.8555
Other	892	1404	63.53%	319	465	68.6%	1.0473	0.0732	0.9734	1.1268

	Children's and Adolescents' Access to PCPs, 7-11 Years									
	n	Total	%	n	Total	%	RR	Std. Err	Lower Limit	Upper Limit
Hispanic	1017	1529	66.51%	611	803	76.1%	1.0818	0.0526	1.0263	1.1402
Black	1017	1529	66.51%	68	99	68.7%	1.0194	0.1377	0.8883	1.1698
Native American	1017	1529	66.51%	61	154	39.6%	0.7103	0.1982	0.5826	0.8660
Other	1017	1529	66.51%	100	163	61.3%	0.9519	0.1269	0.8384	1.0807

	Children's and Adolescents' Access to PCPs, 12-19 Years of Age									
	n	Total	%	n	Total	%	RR	Std. Err	Lower Limit	Upper Limit
Hispanic	1290	1917	67.29%	641	807	79.4%	1.1005	0.0470	1.0500	1.1535
Black	1290	1917	67.29%	153	189	81.0%	1.1122	0.0759	1.0309	1.1998
Native American	1290	1917	67.29%	78	217	35.9%	0.6573	0.1803	0.5489	0.7872
Other	1290	1917	67.29%	87	140	62.1%	0.9528	0.1330	0.8341	1.0883

	Children's and Adolescents' Access to PCPs, All Age Groups Combined									
	n	Total	%		n	Total	%	RR	Std. Err	Lower Limit	Upper Limit
Hispanic	3213	4867	66.02%		1912	2448	78.1%	1.1028	0.0291	1.0712	1.1354
Black	2321	3463	67.02%		278	369	75.3%	1.0708	0.0629	1.0055	1.1403
Native American	3213	4867	66.02%		179	488	36.7%	0.6749	0.1183	0.5996	0.7596
Other	3213	4867	66.02%		515	778	66.2%	1.0016	0.0541	0.9489	1.0573

	Well Child Visits, Third through Sixth Years of Life									
	n	Total	%		n	Total	%	RR	Std. Err	Lower Limit	Upper Limit
Hispanic	497	1330	37.37%		421	757	55.6%	1.3138	0.0943	1.1955	1.4437
Black	497	1330	37.37%		44	81	54.3%	1.2940	0.2115	1.0473	1.5987
Native American	497	1330	37.37%		16	100	16.0%	0.5070	0.4545	0.3219	0.7987
Other	497	1330	37.37%		200	422	47.4%	1.1820	0.1223	1.0460	1.3357

	Adolescent Well Care Visits									
	n	Total	%		n	Total	%	RR	Std. Err	Lower Limit	Upper Limit
Hispanic	653	2441	26.75%		350	1004	34.9%	1.2248	0.1070	1.1004	1.3632
Black	653	2441	26.75%		93	235	39.6%	1.3434	0.1711	1.1322	1.5941
Native American	653	2441	26.75%		31	273	11.4%	0.4832	0.3379	0.3446	0.6774
Other	653	2441	26.75%		73	219	33.3%	1.1845	0.1985	0.9713	1.4446

	Annual Dental Visits, 4-21 Years									
	n	Total	%		n	Total	%	RR	Std. Err	Lower Limit	Upper Limit
Hispanic	1958	5250	37.30%		1305	2529	51.6%	1.2530	0.0515	1.1901	1.3193
Black	1958	5250	37.30%		181	414	43.7%	1.1199	0.1148	0.9984	1.2561
Native American	1958	5250	37.30%		124	524	23.7%	0.7044	0.1577	0.6017	0.8248
Other	1958	5250	37.30%		314	828	37.9%	1.0122	0.0939	0.9214	1.1119

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	Children's and Adolescents' Access to PCPs, 12-24 Months									
	n	Total	%		n	Total	%	RR	Std. Err	Lower Limit	Upper Limit
Hispanic	364	387	94.06%		829	919	90.2%	0.9785	0.0329	0.9468	1.0112
Black	364	387	94.06%		27	32	84.4%	0.9442	0.1512	0.8117	1.0983
Native American	364	387	94.06%		36	45	80.0%	0.9170	0.1482	0.7907	1.0635
Other	364	387	94.06%		76	84	90.5%	0.9800	0.0738	0.9103	1.0550

	Children's and Adolescents' Access to PCPs, 25 Months-6 Years									
	n	Total	%	n	Total	%	RR	Std. Err	Lower Limit	Upper Limit
Hispanic	1551	1948	79.62%	4530	5761	78.6%	0.9931	0.0262	0.9674	1.0194
Black	1551	1948	79.62%	103	136	75.7%	0.9722	0.0977	0.8817	1.0721
Native American	1551	1948	79.62%	135	189	71.4%	0.9400	0.0929	0.8566	1.0315
Other	1551	1948	79.62%	489	580	84.3%	1.0320	0.0417	0.9898	1.0759

	Children's and Adolescents' Access to PCPs, 7-11 Years									
	n	Total	%	n	Total	%	RR	Std. Err	Lower Limit	Upper Limit
Hispanic	1345	1630	82.52%	3282	3924	83.6%	1.0074	0.0263	0.9813	1.0342
Black	1345	1630	82.52%	106	128	82.8%	1.0020	0.0820	0.9231	1.0876
Native American	1345	1630	82.52%	106	136	77.9%	0.9688	0.0922	0.8835	1.0624
Other	1345	1630	82.52%	331	408	81.1%	0.9907	0.0519	0.9406	1.0435

	Children's and Adolescents' Access to PCPs, 12-19 Years									
	n	Total	%	n	Total	%	RR	Std. Err	Lower Limit	Upper Limit
Hispanic	1819	2158	84.29%	3055	3660	83.5%	0.9947	0.0232	0.9719	1.0181
Black	1819	2158	84.29%	146	173	84.4%	1.0007	0.0666	0.9362	1.0696
Native American	1819	2158	84.29%	136	182	74.7%	0.9350	0.0864	0.8576	1.0195
Other	1819	2158	84.29%	457	532	85.9%	1.0103	0.0389	0.9717	1.0504

	Children's and Adolescents' Access to PCPs, All Age Groups Combined									
	n	Total	%	n	Total	%	RR	Std. Err	Lower Limit	Upper Limit
Hispanic	5079	6123	82.95%	11696	14264	82.0%	0.9937	0.0137	0.9802	1.0074
Black	5079	6123	82.95%	382	469	81.4%	0.9900	0.0447	0.9468	1.0353
Native American	5079	6123	82.95%	413	552	74.8%	0.9439	0.0497	0.8982	0.9920
Other	5079	6123	82.95%	1353	1604	84.4%	1.0092	0.0239	0.9853	1.0336

	Well Child Visits, First 15 Months of Life									
	n	Total	%	n	Total	%	RR	Std. Err	Lower Limit	Upper Limit
Hispanic	125	168	74.40%	275	374	73.5%	0.9932	0.1075	0.8920	1.1060
Black	125	168	74.40%	9	16	56.3%	0.8438	0.4411	0.5428	1.3117
Native American	125	168	74.40%	14	27	51.9%	0.8004	0.3741	0.5506	1.1636
Other	125	168	74.40%	21	27	77.8%	1.0255	0.2203	0.8228	1.2782

	Well Child Visits, Third through Sixth Years of Life									
	n	Total	%	n	Total	%	RR	Std. Err	Lower Limit	Upper Limit
Hispanic	938	1571	59.71%	3282	4991	65.8%	1.0611	0.0453	1.0142	1.1103
Black	938	1571	59.71%	62	114	54.4%	0.9423	0.1730	0.7926	1.1202
Native American	938	1571	59.71%	65	137	47.4%	0.8607	0.1809	0.7183	1.0314
Other	938	1571	59.71%	334	504	66.3%	1.0661	0.0744	0.9897	1.1484

	Adolescent Well Care Visits									
	n	**Total**	**%**		**n**	**Total**	**%**	**RR**	**Std. Err**	**Lower Limit**	**Upper Limit**
Hispanic	1245	3436	36.23%		2587	6226	41.6%	1.1037	0.0532	1.0464	1.1640
Black	1245	3436	36.23%		144	344	41.9%	1.1095	0.1322	0.9721	1.2663
Native American	1245	3436	36.23%		78	328	23.8%	0.7223	0.1988	0.5921	0.8812
Other	1245	3436	36.23%		387	920	42.1%	1.1133	0.0879	1.0196	1.2155

	Annual Dental Visits, 4-21 Years									
	n	**Total**	**%**		**n**	**Total**	**%**	**RR**	**Std. Err**	**Lower Limit**	**Upper Limit**
Hispanic	4921	7350	66.95%		12521	16932	73.9%	1.0601	0.0184	1.0408	1.0797
Black	4921	7350	66.95%		427	672	63.5%	0.9689	0.0595	0.9129	1.0282
Native American	4921	7350	66.95%		387	701	55.2%	0.8870	0.0686	0.8282	0.9499
Other	4921	7350	66.95%		1412	2058	68.6%	1.0147	0.0333	0.9814	1.0491