



1115 WAIVER INTERIM EVALUATION REPORTS:

- **ACUTE CARE PROGRAM;**
- **ARIZONA LONG TERM CARE SYSTEM (ALTCS);**
- **COMPREHENSIVE MEDICAL AND DENTAL PROGRAM (CMDP); AND**
- **KIDSCARE DEMONSTRATIONS**

October 31, 2016



Demonstration Focus Area: AHCCCS Acute Care Program

Hypotheses:

- Quality of care for AHCCCS Acute care program members enrolled in AHCCCS Acute health plans will improve over the waiver demonstration period as it relates to:
 - *Receipt of medically necessary covered services;*
 - Childhood immunization rates will increase.
 - Adolescent immunization rates will increase.
 - EPSDT participation rates will increase.
 - Annual dental visit rates will increase.
 - Well child visits during the first 15 months of life will increase
 - Well child visits for 3, 4, 5 and 6 year olds who have at least one visit will increase
 - Adolescent well care visits will increase
 - Children's access to PCPs will increase
 - Influenza vaccinations in older adults will increase
 - Timeliness of prenatal care will increase
 - *Management of chronic conditions; and*
 - HbA1d and LDL screenings will increase for members diagnosed with diabetes
 - Long-term asthma control medication use for members diagnosed with asthma will increase
 - *Mitigation of health disparities among ethnic populations*
 - Performance measure results will indicate a reduction in disparities among ethnic populations
- Member satisfaction in the Acute care program for members enrolled in AHCCCS Acute health plans will improve over the waiver demonstration period.
- Access to medical care for AHCCCS Acute care program members enrolled in both rural- and urban-based acute plans will improve over the waiver demonstration period as demonstrated by:
 - A reduction in readmissions
 - A reduction in inpatient stays
 - Emergency department (ED) utilization will decrease
 - PCP participation in the AHCCCS program will not be adversely affected as a result of rate cuts
 - The number of providers terminating due to rate cuts will not be significant
- The AHCCCS Acute care program will continue to operate as a cost-effective delivery model
 - The AHCCCS program will operate within predicted budgetary expectations

HYPOTHESES	PERFORMANCE MEASURE	TARGET POPULATION	SAMPLING METHODOLOGY	DATA SOURCE	MEASUREMENT PERIOD
<p>Childhood immunization rates will increase</p>	<p><u>Childhood Immunizations</u></p> <p>Percentage of children, two years of age during the measurement period who had:</p> <ul style="list-style-type: none"> ▪ 4:3:1:3:3:1 combo series ▪ 4:3:1:3:3:1:4 combo series ▪ DTaP – 4 doses: ▪ IPV – 3 doses ▪ MMR – 1 dose ▪ Hib – 3 doses ▪ HBV – 3 doses ▪ VZV – 1 dose ▪ PCV – 4 doses 	<p>Children two years of age, continuously enrolled in AHCCCS acute health plans</p>	<p>The National Committee for Quality Assurance (NCQA) Health Employer Data Information Set (HEDIS)[®] methodology, or the CMS Core Measure Set methodology if different, including the sampling methodology will be utilized for this measure.</p>	<ul style="list-style-type: none"> • Claims • Encounters • Medical Record Review • ASIIS Immunization Registry • Electronic Health Records 	<p>CYE 2011: October 1, 2010 through September 30, 2011</p> <ul style="list-style-type: none"> • 4:3:1:3:3:1 combo series: 72.9% • 4:3:1:3:3:1:4 combo series: 69.1% • DTaP – 4 doses: 79.5% • IPV – 3 doses: 91.4% • MMR – 1 dose: 91.3% • Hib – 3 doses: 91.5% • HBV – 3 doses: 87.9% • VZV – 1 dose: 90.5% • PCV – 4 doses: 79.9% <p><i>Remeasurement period:</i></p> <p>CYE 2015: October 1, 2014 through September 30, 2015</p> <ul style="list-style-type: none"> • 4:3:1:3:3:1 combo series: 76.0 • 4:3:1:3:3:1:4 combo series: 71.7 • DTaP – 4 doses: 81.7 • IPV – 3 doses: 89.6 • MMR – 1 dose: 92.5 • Hib – 3 doses: 88.5 • HBV – 3 doses: 88.6 • VZV – 1 dose: 92.0 • PCV – 4 doses: 78.8 <p>Discussion: During the demonstration performance rates for the combination immunizations—4:3:1:3:3:1 combo series and 4:3:1:3:3:1:4 combo series—improved by 3.1% and 2.6% respectively. The total number of children receiving DTaP showed statistically significant increase. IPV, Hib, and PCV immunization rates declined by 1.8%, 3%, and 1.1% respectively.</p>

HYPOTHESES	PERFORMANCE MEASURE	TARGET POPULATION	SAMPLING METHODOLOGY	DATA SOURCE	MEASUREMENT PERIOD
Adolescent immunization rates will increase	<p><u>Adolescent Immunizations</u></p> <p>Percentage of adolescents that are 13 years of age during the measurement period who had:</p> <ul style="list-style-type: none"> • MCV – 1 dose • Tdap/Td – 1 dose • Combo – 1 MCV and 1 Tdap/Td 	Adolescents age 13 years of age during the measurement period	The National Committee for Quality Assurance (NCQA) Health Employer Data Information Set (HEDIS) [®] methodology, or the CMS Core Measure Set methodology if different, including the sampling methodology will be utilized for this measure.	<ul style="list-style-type: none"> • Claims • Encounters • Medical Record Review • ASIIS Immunization Registry • Electronic Health Records 	<p><i>Baseline measurement period:</i></p> <p>CYE 2011: October 1, 2010 through September 30, 2011</p> <ul style="list-style-type: none"> • MCV – 1 dose: 83.9% • Tdap/Td – 1 dose: 85.8% • Combo – 1 MCV and 1 Tdap/Td: 81.3% <p><i>Remeasurement period:</i></p> <p>CYE 2015: October 1, 2014 through September 30, 2015</p> <ul style="list-style-type: none"> • MCV – 1 dose: 89.5% • Tdap/Td – 1 dose: 91.2% • Combo – 1 MCV and 1 Tdap/Td: 88.8% <p>Discussion: Individual antigens as well as the immunization series for adolescent immunization improved during the demonstration period. Increased focus by AHCCCS managed care plans resulted in positive outcomes for the performance measure.</p>
EPSDT participation rates will increase	<p><u>EPSDT Participation</u></p> <p>Percentage of members, through 20 years of age, who received at least one initial or periodic EPSDT screen during the measurement period.</p>	Members, through age 20 years, enrolled in AHCCCS acute health plans.	Calculated using the CMS 416 specifications (e.g., Report-416)	<ul style="list-style-type: none"> • Claims • Encounters • Electronic Health Records 	<p><i>Baseline measurement period:</i></p> <p>CYE 2011: October 1, 2010 through September 30, 2011</p> <p>EPSDT rate: 63%</p> <p><i>Remeasurement period:</i></p> <p>CYE 2014: October 1, 2013 through September 30, 2014</p> <p>EPSDT rate: 53.8%</p>

HYPOTHESES	PERFORMANCE MEASURE	TARGET POPULATION	SAMPLING METHODOLOGY	DATA SOURCE	MEASUREMENT PERIOD
					<p>Discussion: EPSDT participation rates decreased by 9.2% during CYE 2011-2014. The decline is largely attributed to a change in methodology as well as historical programming limitations that were discovered in 2012. The Quality and Information Services teams worked very closely together to ensure that the methodology was programmed correctly and that data was accurate, reliable, and valid from the point of improvement. While there has been a slight decrease in the rate over the time period, 9.2% is most likely overstated.</p>
<p>Annual dental visit rates will increase</p>	<p><u>Annual Dental Visits</u> Percentage of members, ages 2 through 21 years who had at least one dental visit during the measurement period.</p>	<p>Members, ages 2 through 21 years, continuously enrolled in AHCCCS acute health plans.</p>	<p>The National Committee for Quality Assurance (NCQA) Health Employer Data Information Set (HEDIS)[®] methodology, or the CMS Core Measure Set methodology if different, including the sampling methodology will be utilized for this measure.</p>	<ul style="list-style-type: none"> • Claims • Encounters • Electronic Health Records 	<p><i>Baseline measurement period:</i> CYE 2011, October 1, 2010 through September 30, 2011 Rate:62.9%</p> <p><i>Remeasurement period:</i> CYE 2014: October 1, 2013 through September 30, 2014 Rate: 63.51%</p> <p>Discussion: The utilization rate for annual dental visits increased in CYEs 2011-2014. Oral health has been a major area of focus for AHCCCS over the past five years. Arizona was one of the first states to develop and implement a Dental Plan and has since worked very closely with CMS on dental data and oral health initiatives. AHCCCS was chosen to participate in a CMS/CHCS Learning Collaborative on Oral Health and from that</p>

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					created a statewide workgroup made up of representatives from all MCOs as well as state SMEs/stakeholders to drive improvement in this area.
Well child visits during the first 15 months of life will increase	<p><u>Well-Child Visits</u></p> <p>Percentage of children, who had six or more well child visits during first 15 months of life.</p>	Children, ages 15 months who were continuously enrolled in AHCCCS acute health plans.	The National Committee for Quality Assurance (NCQA) Health Employer Data Information Set (HEDIS) [®] methodology, or the CMS Core Measure Set methodology if different, including the sampling methodology will be utilized for this measure.	<ul style="list-style-type: none"> • Claims • Encounters • Medical Record Review • Electronic Health Records 	<p><i>Baseline measurement period:</i></p> <p>CYE 2011: October 1, 2010 through September 30, 2011</p> <p>Rate:70.5%</p> <p><i>Remeasurement period:</i></p> <p>CYE 2014: October 1, 2013 through September 30, 2014</p> <p>Rate:71.44%</p> <p>Discussion: AHCCCS managed care plans improved the utilization rate for well child visit during the first 15 months of life by almost 1% during CYEs 2011-2014. Improvement in this area is attributed to this measure being one of six measures linked to the Agency’s payment reform initiative that give MCOs an opportunity to maintain and/or gain additional capitation payment for strong performance.</p>
Well child visits for 3, 4, 5 and 6 year olds who have at least one visit will increase	<p><u>Well-Child Visits</u></p> <p>Percentage of children who were 3, 4, 5, or 6 years and had at least one well child visit</p>	Children, ages 3 through 6 years, continuously enrolled in AHCCCS acute health plans.	The National Committee for Quality Assurance (NCQA) Health Employer Data Information Set (HEDIS) [®] methodology, or the CMS Core Measure Set	<ul style="list-style-type: none"> • Claims • Encounters • Medical Record Review • Electronic Health Records 	<p><i>Baseline measurement period:</i></p> <p>CYE 2011: October 1, 2010 through September 30, 2011</p> <p>Rate: 64.5%</p>

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	during the measurement period.		methodology if different, including the sampling methodology will be utilized for this measure.		<p><i>Remeasurement period:</i></p> <p>CYE 2014: October 1, 2013 through September 30, 2014</p> <p>Rate: 64.94%</p> <p>Discussion: There was no statically significant improvement in the utilization rate for well-child visits during CYEs 2011-2014.</p>
Adolescent well care visits will increase	<p><u>Adolescent Well Care Visits</u></p> <p>Percentage of members, ages 12 through 21 years who had at least 1 well-care visit during the measurement period.</p>	Members, ages 12 through 21 years, continuously enrolled in AHCCCS acute health plans.	The National Committee for Quality Assurance (NCQA) Health Employer Data Information Set (HEDIS) [®] methodology, or the CMS Core Measure Set methodology if different, including the sampling methodology will be utilized for this measure.	<ul style="list-style-type: none"> • Claims • Encounters • Electronic Health Record • Medical Record Review 	<p><i>Baseline measurement period:</i></p> <p>CYE 2011: October 11, 2010 through September 30, 2011</p> <p>Rate: 35.2%</p> <p><i>Remeasurement period:</i></p> <p>CYE 2014: October 1, 2013 through September 30, 2014</p> <p>Rate: 40.72%</p> <p>Discussion: AHCCCS managed care health plans improved utilization rates of adolescent well care visits by almost 6%. This measure remains a high priority for AHCCCS. It provides opportunities to address health and safety concerns and to set the stage for a healthy lifestyle into adulthood.</p>
Children’s access to PCPs will increase	<u>Children’s Access to Primary Care</u>	Members, 12 months to 19 years,	The National Committee for Quality Assurance (NCQA)	<ul style="list-style-type: none"> • Claims • Encounters 	<i>Baseline measurement period:</i>

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	<p><u>Providers (PCPs)</u></p> <p>Percentage of children/adolescents who had an annual visit with a PCP at:</p> <ul style="list-style-type: none"> • 12 - 24 months • 25 months – 6 years • 7 – 11 years • 12 – 19 years 	continuously enrolled in AHCCCS acute health plans.	Health Employer Data Information Set (HEDIS) [®] methodology, or the CMS Core Measure Set methodology if different, including the sampling methodology will be utilized for this measure.	<ul style="list-style-type: none"> • Electronic Health Record • Medical Record Review 	<p>CYE 2011: October 1, 2010 through September 30, 2011</p> <ul style="list-style-type: none"> • 12 - 24 months: 96.8% • 25 months – 6 years: 86.9% • 7 – 11 years: 89.3% • 12 – 19 years: 87.2% <p><i>Remeasurement period:</i></p> <p>CYE 2014: October 1, 2013 through September 30, 2014</p> <ul style="list-style-type: none"> • 12 - 24 months: 97.12% • 25 months – 6 years: 88.49% • 7 – 11 years: 92.43% • 12 – 19 years: 90.11% • <p>Discussion: AHCCCS managed care health plans improved access to a PCP for EPSDT age range members across all age categories—children 12-24 months (+0.32%), 25 months-6 years (+1.59%), 7-11 years (+3.13%), and 12-19 years (+2.91).</p>
Influenza vaccinations in older adults will increase	<p><u>Older Adults who receive an influenza vaccination who are:</u></p> <ul style="list-style-type: none"> • 50 – 64 years • 65+ years 	AHCCCS Acute care members ages 50-64 years of age and 65 years or older	HEDIS-like measure. The National Committee for Quality Assurance (NCQA) Health Employer Data Information Set (HEDIS) [®] methodology, or the CMS Core Measure Set methodology if different, including the sampling methodology will be utilized for this measure. AHCCCS	<ul style="list-style-type: none"> • Claims • Encounters • Electronic Health Record • Medical Record Review • ASIIS Immunization Registry 	<p><i>Baseline measurement:</i></p> <p>CYE 2014: October 1, 2013 through September 30, 2014</p> <p>50-64 years: 29.1% 65 + years: 32.8%</p> <p><i>Remeasurement period:</i></p>

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			will not include a member survey to collect data for this measure.		<p>CYE 2016: October 1, 2015 through September 30, 2016</p> <p>50-64 years: 65 + years:</p> <p>Discussion: The re-measurement data will be provided to CMS at a later date.</p>
HbA1d and LDL screenings will increase for members diagnosed with diabetes	<p><u>Diabetes Care</u></p> <p>Percentage of members who:</p> <ul style="list-style-type: none"> ▪ had one or more HbA1c test ▪ LDL screening 	Members, ages 18 – 75 years, continuously enrolled in AHCCCS acute health plans and who had a diagnosis of type 1 or type 2 diabetes.	<p>HEDIS-like measure. The National Committee for Quality Assurance (NCQA) Health Employer Data Information Set (HEDIS)[®] methodology, or the CMS Core Measure Set methodology if different, including the sampling methodology will be utilized for this measure. At this time AHCCCS is not able to collect the results of the lab tests. When EHRs and HIE are more complete within the system AHCCCS will move toward implementation of the outcomes methodology utilized by NCQA.</p>	<ul style="list-style-type: none"> • Claims • Encounters • Electronic Health Records • Medical Record Review 	<p><i>Baseline measurement:</i> CYE 2011: October 1, 2010 through September 30, 2011</p> <p>HbA1c rate: N/A LDL screening rate: N/A</p> <p><i>Remeasurement period:</i> CYE 2015: October 1, 2013 through September 30, 2014</p> <p>HbA1c rate: N/A LDL screening rate: N/A</p> <p>Discussion: AHCCCS encountered a major flaw in the historical data (CYE 2011) and it cannot be utilized for the evaluation report. The Agency experienced similar problems with the newer data run. This measure was moved to a hybrid measure to alleviate the ongoing data challenge. Data will not be available until early 2017 and will be reflective of CYE 2015.</p>

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Long-term asthma control medication use for members diagnosed with asthma will increase	<u>Asthma Management</u> Percentage of members, ages 5 through 64 years, who had at least one dispensed prescription that is acceptable as primary therapy for long-term asthma control	Members, ages 5 - 64 years, continuously enrolled in AHCCCS Acute health plans and who have a diagnosis of asthma	The National Committee for Quality Assurance (NCQA) Health Employer Data Information Set (HEDIS) [®] methodology, or the CMS Core Measure Set methodology if different, including the sampling methodology will be utilized for this measure.	<ul style="list-style-type: none"> • Claims • Encounters 	<p><i>Baseline measurement period:</i> CYE 2011: October 1, 2010 through September 30, 2011</p> <p>Rate: 94.8%</p> <p><i>Remeasurement period:</i> CYE 2014: October 1, 2013 through September 30, 2014 Rate: 80.58%</p> <p>Discussion: The observed decline for this performance measure is attributed to a change in methodology. For this reason, the baseline and re-measurement data are not comparable.</p>
Timeliness of prenatal care will increase	<u>Timeliness of Prenatal Care</u> Percentage of female members, who had a prenatal care visit during their first trimester of pregnancy or within 42 days of enrollment.	Female members enrolled in AHCCCS acute health plans, who had a live birth during the measurement period.	The National Committee for Quality Assurance (NCQA) Health Employer Data Information Set (HEDIS) [®] methodology, or the CMS Core Measure Set methodology if different, including the sampling methodology will be utilized for this measure.	<ul style="list-style-type: none"> • Claims • Encounters • Electronic Health Records • Medical Record Review 	<p><i>Baseline measurement period:</i> CYE 2011: October 1, 2010 through September 30, 2011</p> <p>Rate: N/A</p> <p><i>Remeasurement period:</i> CYE 2014: October 1, 2013 through September 30, 2014</p> <p>Rate:N/A</p> <p>Discussion: AHCCCS encountered a major flaw in the historical data (CYE 2011) and it cannot be utilized. The Agency experienced similar problems with the newer data run. This measure was moved to a hybrid measure to alleviate the ongoing data challenge. Data will not be available</p>

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					until early 2017 and will be reflective of CYE 2015.
<p>Member satisfaction survey results will indicate a high degree of satisfaction with quality of life indicators</p>	<p><u>Member Satisfaction</u> Percentage of members (adults and children) who give the highest ratings (9 or 10) for:</p> <ul style="list-style-type: none"> • Rating of health plan • Rating of personal doctor/nurse • Rating of receipt of health care • Rating of specialist seen most often • Getting needed care • Getting prescription medicine • Getting care quickly • How well doctors communicate 	<p>Medicaid eligible members (adults and children) enrolled in AHCCCS acute health plans (excluding CMDP).</p>	<p>National Committee for Quality Assurance (NCQA) Health Employer Data Information Set (HEDIS)[®] methodology – CAHPS Survey Tool</p>	<p>Member Survey</p> <p>Sampling will occur utilizing the HEDIS methodology technical specifications.</p>	<p><i>Baseline Measurement period:</i> CYE 2013: October 1, 2012- September 30, 2013</p> <p>Reported for ages:</p> <ul style="list-style-type: none"> • 0 through 20 years: <ul style="list-style-type: none"> ○ Rating of health plan:70.3% ○ Rating of receipt of health care: 69.3% ○ Rating of personal doctor/nurse:74.6% ○ Rating of specialist seen most often:73.8% ○ Getting needed care: 84% ○ Getting prescription medicine: N/A ○ Getting care quickly:88.4% ○ How well doctors communicate:92.3% • 21 years and older <ul style="list-style-type: none"> ○ Rating of health plan: 55.9% ○ Rating of receipt of health care: 51.2% ○ Rating of personal doctor/nurse: 60% ○ Rating of specialist seen most often:63.6% ○ Getting needed care: 81% ○ Getting prescription medicine: N/A ○ Getting care quickly:80.6% ○ How well doctors communicate: 88.22% <p><i>Remeasurement period:</i> CYE 2016: October 1, 2015- September 30, 2016</p> <p>Reported for ages:</p> <ul style="list-style-type: none"> • 0 through 20 years: <ul style="list-style-type: none"> ○ Rating of health plan: ○ Rating of receipt of health care: ○ Rating of personal doctor/nurse:

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					<ul style="list-style-type: none"> ○ Rating of specialist seen most often: ○ Getting needed care: ○ Getting prescription medicine: ○ Getting care quickly: ○ How well doctors communicate: <ul style="list-style-type: none"> ● 21 years and older <ul style="list-style-type: none"> ○ Rating of health plan: ○ Rating of receipt of health care: ○ Rating of personal doctor/nurse: ○ Rating of specialist seen most often: ○ Getting needed care: ○ Getting prescription medicine: ○ Getting care quickly: ○ How well doctors communicate: <p>Discussion: The re-measurement data will be provided to CMS when available.</p>
<p>Readmissions will decrease</p>	<p><u>Readmissions</u> Within 30 days of discharge from an acute care stay</p>	<p>AHCCCS Acute care members</p>	<p>The National Committee for Quality Assurance (NCQA) Health Employer Data Information Set (HEDIS)[®] methodology, or the CMS Core Measure Set methodology if different, will be utilized for this measure. Behavioral health inpatient stays will be excluded in this calculation</p>	<ul style="list-style-type: none"> ● Claims ● Encounters ● Electronic Health Records 	<p><i>Base line measurement:</i> CYE 2014: October 1, 2013 through September 30, 2014 Readmissions within 30 days of discharge: 13.56%</p> <p><i>Remeasurement period:</i> CYE 2016: October 1, 2015 through September 30, 2016. Readmissions within 30 days of discharge:</p>

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					<p>Discussion: The re-measurement data will be provided to CMS when available.</p>
<p>Emergency department (ED) utilization will decrease</p>	<p><u>Emergency Department (ED) Utilization</u></p> <p>ER visits per 1,000 member months</p>	AHCCCS Acute care members	<p>ER visits per 1,000 Acute care member months.</p> <p>A sampling methodology will not be used for this measure.</p>	<ul style="list-style-type: none"> • Claims • Encounters • Electronic Health Records • Arizona Health Query (state licensed provider data bank) 	<p><i>Baseline measurement:</i></p> <p>CYE 2014: October 1, 2013 through September 30, 2014</p> <p>ED visits per 1,000: 56 visits per 1,000</p> <p><i>Remeasurement period:</i></p> <p>CYE 2016: October 1, 2015 through September 30, 2016</p> <p>ED visits per 1,000:</p> <p>Discussion: The re-measurement data will be provided to CMS when available.</p>
<p>The number of providers participating in the AHCCCS program will not be adversely affected due to rate cuts</p>	<p><u>Providers terminating as AHCCCS registered providers due to rates</u></p> <p>Percentage of AHCCCS providers that terminate participation with AHCCCS due to rate related reasons within each contract year.</p> <p>Note: Provider terminations are not program specific.</p>	Providers registered to provide services to AHCCCS members.	<p>A sampling methodology will not be applied to this measure.</p> <p>This measure is calculated by using the numbers of providers enrolled with AHCCCS on the contract year begin date versus the number of providers that terminated participation with AHCCCS during the contract year due to rate related reasons.</p>	AHCCCS Contractor Dashboards	<p><i>Baseline measurement:</i></p> <p>CYE 2011: October 1, 2010 through September 30, 2011</p> <p>Rate: 0.142%</p> <p><i>Remeasure annually:</i></p> <p><i>CYE 2012</i> Rate: 0.523%</p> <p><i>CYE 2013</i> Rate: 0.069%</p> <p><i>CYE 2014</i> Rate: 0.804%</p>

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	Therefore, the rates reported will be for the AHCCCS program overall.				<p>CYE 2015 Rate: 0.085%</p> <p>Discussion: Provider participation in the AHCCCS program was not adversely affected by rate cuts. During the evaluation period, less than 1% of AHCCCS providers terminated participation with AHCCCS due to rate related reasons within each contract year.</p>
PCP participation in the AHCCCS program will remain at the same level	<p><u>PCP Participation</u></p> <p>Percentage of licensed, active MD's and DO's practicing in Arizona that are AHCCCS registered providers</p>	Active providers (DO and MD) licensed to practice in Arizona.	<p>This measure will be calculated using the AHCCCS Provider Registration database and data from the MD and DO Medical Board data bases.</p> <p>A sampling methodology will not be applied to this measure</p>	<ul style="list-style-type: none"> Arizona Medical Board Data Base Osteopathic Medical Board Data Base AHCCCS Provider Registration Data Base 	<p><i>Baseline measurement period:</i></p> <p>CYE 2011: October 1, 2010 through September 30, 2011</p> <p>Participation percent: MD: 17,973 (33%) DO: 1,815 (3%)</p> <p><i>Remeasurement period:</i></p> <p>CYE 2015: October 1, 2014 through September 30, 2015</p> <p>Participation percent: MD: 21,359 (33%) DO: 2,459 (4%)</p> <p>Discussion: PCP participation in the AHCCCS program remained relatively the same during the evaluation. The percentage of MD's participating in the program remained consistent at 33%, and participation by DO's increased by 1%.</p>

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<p>The AHCCCS program will operate within predicted budgetary expectations</p>	<p><u>Program Costs</u> Average annual AHCCCS capitation rate changes compared to budgetary expectations</p>	<p>Members enrolled in the following AHCCCS programs:</p> <ul style="list-style-type: none"> • Acute • CMDP • EPD • DDD 	<p>In analyzing this measure AHCCCS will use the average annual capitation rates paid to all programs. A sampling methodology will not be applied.</p>	<p>AHCCCS Capitation Rates</p>	<p><i>Measurement Period</i></p> <p>CYE 2012: October 1, 2011 to September 30, 2012. AHCCCS rate change: -9.34% Budgetary expectation: 0%</p> <p>CYE 2013: October 1, 2012 to September 30, 2013. AHCCCS rate change: 2.33% Budgetary expectation: 0%</p> <p>CYE 2014: October 1, 2013 to September 30, 2014. AHCCCS rate change: 1.42% Budgetary expectation: 2%</p> <p>CYE 2015: October 1, 2014 to September 30, 2015. AHCCCS rate change: 3% Budgetary expectation: 3%</p>

Demonstration Focus Area: ALTCS Program

Hypotheses:

- Quality of care for AHCCCS ALTCS program members enrolled in AHCCCS EPD and DDD health plans will improve over the waiver demonstration period as it relates to:
 - Receipt of covered services;
 - Immunization rates will increase
 - EPSDT participation rates will increase
 - Annual dental visit rates will increase
 - Children ages 3, 4, 5 and 6 years of age who have at least one well child visit will increase
 - Adolescents ages 12 through 21 years of age who have one well care visit will increase
 - Influenza vaccinations for older adults will increase
- Access to care for AHCCCS ALTCS Program members enrolled in EPD and DDD health plans will improve over the demonstration period as evidenced by:
 - A reduction in readmissions
 - A reduction in inpatient stays
 - Stability of provider network
 - The number of providers participating in the AHCCCS program will not be adversely affected due to rate cuts
- The AHCCCS ALTCS program will continue to operate as a cost effective service delivery model during the waiver demonstration period as demonstrated by:
 - The AHCCCS program will operate within predicted budgetary expectations
- Quality of life for ALTCS members (EPD and DDD) who reside in a home and community based setting will improve over the waiver demonstration period as demonstrated by.
 - The percentage of ALTCS members residing in a home and community based setting will be maintained above 80 percent
 - The number of direct care workers with documentation of qualified training will increase
 - Member satisfaction survey results will indicate a high degree of satisfaction with quality of life indicators
 - The number of ALTCS members that reside in a home and community based setting will increase
 - The percentage of ALTCS members utilizing either Self-Directed Attendant Care or Agency with Choice will increase

HYPOTHESES	PERFORMANCE MEASURE	TARGET POPULATION	SAMPLING METHODOLOGY	DATA SOURCE	MEASUREMENT PERIOD
<p>Immunization rates will increase</p>	<p><u>Childhood Immunizations</u></p> <p>Percentage of children, two years of age during the measurement period who had:</p> <ul style="list-style-type: none"> ▪ 4:3:1:3:3:1 combo series ▪ 4:3:1:3:3:1:4 combo series ▪ DTaP – 4 doses ▪ IPV – 3 doses ▪ MMR – 1 dose ▪ Hib – 3 doses ▪ HBV – 3 doses ▪ VZV – 1 dose ▪ PCV – 4 doses 	<p>Children at two years of age continuously enrolled in the ALTCS DDD program.</p>	<p>The National Committee for Quality Assurance (NCQA) Health Employer Data Information Set (HEDIS)[®] methodology, or the CMS Core Measure Set methodology if different, including the sampling methodology will be utilized for this measure.</p>	<ul style="list-style-type: none"> • Claims • Encounters • Medical Record Extraction • ASIIS Immunization Registry • Electronic Health Records 	<p><i>Baseline measurement period:</i></p> <p>CYE 2011: October 1, 2010 through September 30, 2011</p> <ul style="list-style-type: none"> • 4:3:1:3:3:1 combo series: 76.3% • 4:3:1:3:3:1:4 combo series: 60.2% • DTaP – 4 doses: 74.2% • IPV – 3 doses: 79.6% • MMR – 1 dose: 80.7% • Hib – 3 doses: 87.1% • HBV – 3 doses: 78.5% • VZV – 1 dose: 82.8% • PCV – 4 doses: 76.3% <p><i>Remeasurement period:</i></p> <p>CYE 2015: October 1, 2014 through September 30, 2015</p> <ul style="list-style-type: none"> • 4:3:1:3:3:1 combo series: 45.9% • 4:3:1:3:3:1:4 combo series: 42.1% • DTaP – 4 doses: 63.9% • IPV – 3 doses: 72.2% • MMR – 1 dose: 84.2% • Hib – 3 doses: 81.2% • HBV – 3 doses: 66.2% • VZV – 1 dose: 81.2% • PCV – 4 doses: 58.6% <p>Discussion:</p> <p>The immunization rate for children under 2 years in ALTCS DDD declined during the demonstration period. The combination immunizations— 4:3:1:3:3:1 combo series and 4:3:1:3:3:1:4 combo series—decreased by 30.4% and 18.1% respectively. The total rate of children receiving MMR increased</p>

HYPOTHESES	PERFORMANCE MEASURE	TARGET POPULATION	SAMPLING METHODOLOGY	DATA SOURCE	MEASUREMENT PERIOD
					by 3.5%. The rates for DTaP, IPV, Hib, HBV, VZV, and PCV dropped during the demonstration period. AHCCCS is in the process of developing Corrective Action Plan (CAP) for Childless Immunization rates with underperforming plans.
EPSDT participation rates will increase	<p><u>EPSDT Participation</u></p> <p>Percentage of members, through age 20 years, who received at least one initial or periodic EPSDT screen during the measurement period.</p>	Members, through age 20 years, enrolled in ALTCS – DDD.	Per CMS specification (e.g., Report-416)	<ul style="list-style-type: none"> • Claims • Encounters 	<p><i>Baseline measurement period:</i></p> <p>CYE 2011: October 1, 2010 through September 30, 2011</p> <p>Rate: 50.0%</p> <p><i>Remeasurement period:</i></p> <p>CYE 2014: October 1, 2013 through September 30, 2014</p> <p>Rate: 36.6%</p> <p>Discussion: EPSDT rates for members enrolled in ALTCS DDD dropped by 13.4% during CYEs 2011-2014. The decline is largely attributed to a change in methodology as well as historical programming limitations that were discovered in 2012. The Quality and Information Services teams worked very closely together to ensure that the methodology was programmed correctly and that data was accurate, reliable, and valid from the point of improvement.</p>
Annual dental visit rates will increase	<p><u>Annual Dental Visits</u></p> <p>Percentage of members, ages 2 through 21 years who had at least one dental visit during the measurement period.</p>	Members, ages 2 through 21 years, continuously enrolled in ALTCS - DDD.	The National Committee for Quality Assurance (NCQA) Health Employer Data Information Set (HEDIS) [®] methodology, or the CMS Core Measure Set methodology if different,	<ul style="list-style-type: none"> • Claims • Encounters • Medical Record Review • Electronic Health Records 	<p><i>Baseline measurement period:</i></p> <p>CYE 2011: October 1, 2010 through September 30, 2011</p> <p>Rate: 50.3%</p> <p><i>Remeasurement period:</i></p>

HYPOTHESES	PERFORMANCE MEASURE	TARGET POPULATION	SAMPLING METHODOLOGY	DATA SOURCE	MEASUREMENT PERIOD
			including the sampling methodology will be utilized for this measure.		<p>CYE 2014: October 1, 2013 through September 30, 2014</p> <p>Rate: 52.88%</p> <p>Discussion: The annual dental visits rate for ALTCS members age 2- 21 years improved by 2.58% during CYEs 2011-2014.</p>
<p>Children ages 3, 4, 5 and 6 years of age who have at least one well child visit will increase</p>	<p><u>Well-Child Visits</u></p> <p>Percentage of children who were 3, 4, 5, or 6 years who had at least one well child visit during the measurement period.</p>	<p>Children, ages 3 through 6 years, continuously enrolled in ALTCS - DDD.</p>	<p>The National Committee for Quality Assurance (NCQA) Health Employer Data Information Set (HEDIS)[®] methodology, or the CMS Core Measure Set methodology if different, including the sampling methodology will be utilized for this measure.</p>	<ul style="list-style-type: none"> • Claims • Encounters • Medical Record Review • Electronic Health Records 	<p><i>Baseline measurement period:</i></p> <p>CYE 2011: October 1, 2010 through September 30, 2011</p> <p>Rate: 50.3%</p> <p><i>Remeasurement period:</i></p> <p>CYE 2014: October 1, 2013 through September 30, 2014</p> <p>Rate: 47.99%</p> <p>Discussion: The percentage of children who were 3-6 years who had at least one well child visit in CYE 2011-2014 decreased by 2.11%.</p>
<p>Adolescents ages 12 through 21 years of age who have one well care visit will increase</p>	<p><u>Adolescent Well Care Visits</u></p> <p>Percentage of members, ages 12 through 21 years who had at least one well-care visit during the</p>	<p>Members, ages 12 through 21 years, continuously enrolled in ALTCS - DDD.</p>	<p>The National Committee for Quality Assurance (NCQA) Health Employer Data Information Set (HEDIS)[®] methodology, or the CMS Core</p>	<ul style="list-style-type: none"> • Claims • Encounters • Medical Record Review • Electronic Health 	<p><i>Baseline measurement period:</i></p> <p>CYE 2011: October 1, 2010 through September 30, 2011</p> <p>Rate: 37.5%</p>

HYPOTHESES	PERFORMANCE MEASURE	TARGET POPULATION	SAMPLING METHODOLOGY	DATA SOURCE	MEASUREMENT PERIOD
	measurement period.		Measure Set methodology if different, including the sampling methodology will be utilized for this measure.	Records	<p><i>Remeasurement period:</i></p> <p>CYE 2014: October 1, 2013 through September 30, 2014</p> <p>Rate: 35.78%</p> <p>Discussion: The percentage of members age 12-21 years who had at least one well-care visit declined by 1.72% during CYEs 2011-2014.</p>
<p>Influenza vaccinations for older adults will increase</p>	<p>Flu Shots for Older Adults who receive an influenza vaccination who were:</p> <ul style="list-style-type: none"> • 50 – 64 years • 65+ years 	<p>AHCCCS E/PD and DDD members ages 50-64 years of age and 65 years or older</p>	<p>The National Committee for Quality Assurance (NCQA) Health Employer Data Information Set (HEDIS)[®] methodology, or the CMS Core Measure Set methodology if different, including the sampling methodology will be utilized for this measure.</p>	<ul style="list-style-type: none"> • Claims • Encounters • Medical Record Review • ASIS Immunization Registry • Electronic Health Records 	<p><i>Baseline measurement:</i></p> <p>CYE 2011: October 1, 2010 through September 30, 2011</p> <p><i>E/PD</i></p> <ul style="list-style-type: none"> • Combined rate (50-65+): 56% <p><i>DDD</i></p> <ul style="list-style-type: none"> • 50-64 years: N/A • 65+ years: N/A <p><i>Remeasurement period:</i></p> <p>CYE 2014: October 1, 2013 through September 30, 2014</p> <p><i>E/PD</i></p> <ul style="list-style-type: none"> • 50-64 years: 54.2% • 65+ years: 52.2% <p><i>DDD</i></p> <ul style="list-style-type: none"> • 50-64 years: 45.8% • 65+ years: 46.0% <p>Discussion: The methodology for this measure changed during the evaluation period. In CYE 2011, the E/PD rate</p>

HYPOTHESES	PERFORMANCE MEASURE	TARGET POPULATION	SAMPLING METHODOLOGY	DATA SOURCE	MEASUREMENT PERIOD
					was measured as a combined rate. AHCCCS did not measure the influenza vaccination for DDD members in CYE 2011.
The rate of readmissions within 30 days will decrease	<u>Readmissions within</u> Readmissions within 30 days of an inpatient stay	ALTCS EPD and DDD members	The CMS Core Measure Set methodology will be utilized for this measure.	<ul style="list-style-type: none"> • Claims • Encounters 	<p><i>Baseline measurement:</i></p> <p>CYE 2014: October 1, 2013 through September 30, 2014</p> <ul style="list-style-type: none"> • E/PD Readmissions within 30 days of discharge: 15.52 • DDD Readmissions within 30 days of discharge: 11.54 <p><i>Remeasurement period:</i></p> <p>CYE 2016: October 1, 2015 through September 30, 2016</p> <ul style="list-style-type: none"> • E/PD Readmissions within 30 days of discharge: • DDD Readmissions within 30 days of discharge: <p>Discussion: The re-measurement data will be provided to CMS at a later date.</p>
Emergency Department (ED) utilization will decrease	<u>Emergency Department Utilization</u> ED visits per 1,000 member months	ALTCS E/PD and DDD members	ED visits per 1,000 ALTCS member months. A sampling methodology will not be used for this measure.	<ul style="list-style-type: none"> • Claims • Encounters • Medical Record Review • Electronic 	<p><i>Baseline measurement:</i></p> <p>CYE 2014: October 1, 2013 through September 30, 2014</p> <ul style="list-style-type: none"> • E/PD ED visits per 1,000: 63%

HYPOTHESES	PERFORMANCE MEASURE	TARGET POPULATION	SAMPLING METHODOLOGY	DATA SOURCE	MEASUREMENT PERIOD
				Health Records	<ul style="list-style-type: none"> • DDD ED visits per 1,000: 41% <p><i>Remeasurement period:</i></p> <p>CYE 2016: October 1, 2015 through September 30, 2016</p> <ul style="list-style-type: none"> • E/PD ED visits per 1,000: • DDD ED visits per 1,000: <p>Discussion: The re-measurement data will be provided to CMS when available.</p>
<p>The number of providers participating in the AHCCCS program will not be adversely affected due to rate cuts</p>	<p><u>Providers Requesting Termination due to Rates</u></p> <p>Percentage of AHCCCS providers that terminate their participation with AHCCCS due to rate related reason</p> <p>Note: Same results as reported in the Acute section as providers serve more than one line of business/AHCCCS Program (i.e. Acute, ALTCS, etc.)</p>	<p>Providers registered to provide services to AHCCCS members.</p>	<p>This measure will be calculated using the numbers of providers enrolled with AHCCCS on the contract year begin date versus the number of providers that terminated their participation with AHCCCS during the contract year due to rate related reasons.</p>	<ul style="list-style-type: none"> • Contractor dashboards 	<p><i>Baseline measurement:</i></p> <p>CYE 2011: October 1, 2010 through September 30, 2011</p> <p>Rate: 0.142%</p> <p><i>Remeasure annually:</i></p> <p><i>CYE 2012</i> Rate: 0.523%</p> <p><i>CYE 2013</i> Rate: 0.069%</p> <p><i>CYE 2014</i> Rate: 0.804%</p> <p><i>CYE 2015</i> Rate: 0.085%</p> <p>Discussion: Provider participation in the AHCCCS program was</p>

HYPOTHESES	PERFORMANCE MEASURE	TARGET POPULATION	SAMPLING METHODOLOGY	DATA SOURCE	MEASUREMENT PERIOD
					not adversely affected by rate cuts. During the evaluation period, less than 1% of AHCCCS providers terminated participation with AHCCCS due to rate related reasons within each contract year.
<p>Member satisfaction survey results will indicate a high degree of satisfaction with quality of life indicators</p>	<p>Member satisfaction Percentage of ALTCS members (ALTCS E/PD, DDD and ALTCS Contractors combined) that respond with above average ratings for the following:</p> <ul style="list-style-type: none"> • Satisfaction with Contractor/Health Plan • Satisfaction with health care • Satisfaction with Case Manager • Satisfaction with Primary Care Provider • Satisfaction with specialty physician • How well doctors communicate • Access to services, supports and care needed • Getting care quickly • Degree to which the member feels that s/he has control over his/her own care (only members using Self-Directed Attendant Care - E/PD members only, or Agency with Choice – E/PD and DDD members) 	<p>Members enrolled with an ALTCS Contractor.</p>	<p>Random selection of enrolled ALTCS members from each ALTCS Contractor. Survey data will be collected using an independent survey research firm.</p>	<p>Member Survey</p> <p>Sampling will occur utilizing the HEDIS methodology technical specifications.</p>	<p><i>Measurement period:</i></p> <ul style="list-style-type: none"> • Satisfaction with Contractor/Health Plan: • Satisfaction with health care: • Satisfaction with Case Manager: • Satisfaction with Primary Care Provider: • Satisfaction with specialty physician: • How well doctors communicate: • Access to services, supports and care needed: • Getting care quickly: • Degree to which the member feels that s/he has control over his/her own care: (only members using Self-Directed Attendant Care or Agency with Choice)

HYPOTHESES	PERFORMANCE MEASURE	TARGET POPULATION	SAMPLING METHODOLOGY	DATA SOURCE	MEASUREMENT PERIOD
The number of ALTCS members that reside in a home and community based setting will increase	<u>HCBS Placement</u> The percentage of ALTCS members (E/PD and DDD combined) residing in a home and community based setting.	Members enrolled in the ALTCS program (excluding tribal members enrolled in the ALTCS Fee-for-Service Program).	This measure will be calculated using member placement and ALTCS enrollment data. A sampling methodology will not be utilized	PMMIS ACE	<i>Baseline measurement period:</i> CYE 2012: October 1, 2011 through September 30, 2012 EPD: 72% DDD: 72% <i>Remeasurement period:</i> CYE 2015: October 1, 2014 through September 30, 2015 EPD: 86% DDD: 86% Discussion: The priority of the ALTCS program is to ensure that members are living in the most integrated setting that meet their needs and actively engaged and participating in community life. During the evaluation period, the program continued to achieve remarkable success in increasing member placement in home and community based settings (HCBS). As of CYE 2015, 86% of ALTCS members resided in a HCBS compared to 72% in CYE 2012.
The percent of ALTCS members receiving services from workers that have passed a direct care workers fundamentals test will increase	<u>Direct Care Worker Training and Testing</u> The percent of direct care workers providing services to ALTCS members that have passed the direct care worker fundamentals test.	ALTCS Contractor HCB providers.	The percentage of direct care workers identified in the database as having passed the fundamentals test. A sampling methodology will not be utilized for this measure.	DCW Database	<i>Baseline measurement period:</i> CYE 2013: October 1, 2012 through September 30, 2013 Number: <i>Remeasurement period:</i> CYE 2016: October 1, 2015 through September 30, 2016 Number:

HYPOTHESES	PERFORMANCE MEASURE	TARGET POPULATION	SAMPLING METHODOLOGY	DATA SOURCE	MEASUREMENT PERIOD
					<p>Discussion: Please see page 27 for information regarding direct care workers training and testing.</p>
<p>The percent of ALTCS members utilizing Self-Directed Attendant Care or Agency with Choice will increase</p>	<p><u>Directed Care Option Utilization</u> Percentage of ALTCS members utilizing either Self-Directed Attendant Care (E/PD) or Agency with Choice (E/PD and DDD)</p>	<p>ALTCS-enrolled members who are residing in their own home.</p>	<p>The number/percent of ALTCS members residing in their own home and choosing Self Directed Attendant Care or Agency with Choice. A sampling methodology will not be utilized</p>	<p>PMMIS ACE</p>	<p><i>Baseline measurement period:</i> CYE 2013: October 1, 2012 through September 30, 2013 Number of members: 2,268</p> <p><i>Remeasurement period:</i> CYE 2015: October 1, 2014 through September 30, 2015 Number of members: 4,000</p> <p>Discussion: The Agency with Choice and Self Directed Attendant Care are important programs that empower members to have more control over their lives, leading to increased satisfaction and improved quality of life. During the waiver evaluation period, utilization of utilization of directed care option has increased by 43%. In CYE 2015, 4,000 members received direct care services compared to 2,268 in CYE 2013.</p>
<p>The AHCCCS program will operate within predicted budgetary expectations</p>	<p><u>Program Costs</u> Average annual statewide ALTCS-E/PD Contractor capitation rates with HCBS percentage built into the capitation rates compared to capitation rates with HCBS percentage fixed at level when HCBS</p>	<p>Members enrolled in the ALTCS – E/PD program, excluding those enrolled with Tribal Contractors.</p>	<p>In analyzing this measure AHCCCS will use the average annual capitation rates paid to ALTCS/EPD Contractors. A sampling methodology will not be utilized.</p>	<p>Encounters</p>	<p><i>Measurement period:</i> <i>CYE 2012:</i></p> <ul style="list-style-type: none"> • <i>EPD capitation rate at capitation mix:</i> 71.55% • <i>EPD capitation rate at fix mix:</i> \$3,833.08 <p><i>CYE 2013:</i></p> <ul style="list-style-type: none"> • <i>EPD capitation rate at capitation mix:</i> 73.15%

HYPOTHESES	PERFORMANCE MEASURE	TARGET POPULATION	SAMPLING METHODOLOGY	DATA SOURCE	MEASUREMENT PERIOD
	reconciliation/incentive was implemented (i.e. 40.2%, 1998) (Fix-Mix Model).				<ul style="list-style-type: none"> • <i>EPD capitation rate at fix mix:</i> \$3,917 <p><i>CYE 2014:</i></p> <ul style="list-style-type: none"> • <i>EPD capitation rate at capitation mix:</i>73.08% • <i>EPD capitation rate at fix mix:</i> \$4,086 <p><i>CYE 2015:</i></p> <ul style="list-style-type: none"> • <i>EPD capitation rate at capitation mix:</i> 73.41% • <i>EPD capitation rate at fix mix:</i> \$4,237

Direct Care Worker Training and Testing

The data in the database is representative of DCWs and testing records as of 10/01/12 when the requirements went into effect. The data reflects individuals who are currently employed and individuals who are no longer employed as a DCW. There are some limitations pertaining to duplication and are noted accordingly in the table below.

	Description	Number	Note
1	The number of DCWs noted in the system	37,371	The training programs have until the end of the month to update all of the testing records. So the numbers reported below is an underrepresentation of the number of DCWs who have passed the tests.
2	The number of DCWs who passed the Level 1 Fundamentals Module	20,605	All DCWs must, at a minimum, pass the Fundamentals Test.
3	The number of DCWs who passed the Level 1 Fundamentals Module <u>and</u> designated as a family member in the system	3,218	DCWs serving family members only are exempt from passing either one of the Level 2 modules.
4	The number of DCWs who passed both the Level 1 Fundamentals Module and the Level 2 Developmental Disabilities Module	4,549	DCWs must pass the Level 2 module(s) that correspond to the population(s) they serve. <i>There is a limited amount of duplication of testing records as a result of the way that the testing data is structure. For example if the DCW took the Level 2 DD and Level 2 APD modules on different day, the DCW is noted in both lines 4 & 5 and not in line 6.</i>
5	The number of DCWs who passed both the Level 1 Fundamentals Module and the Level 2 Aging and Physical Disabilities Module	5,474	
6	The number of DCWs who passed both the Level 1 Fundamentals Module, Level 2 Developmental Disabilities Module and Level 2 Aging and Physical Disabilities Module	3,417	

Demonstration Focus Area: Special Plans for Individuals with Special Needs

Hypotheses:

- *Quality of care for AHCCCS acute care program members enrolled in Special Plans for Individuals with Special Needs will improve over the waiver demonstration period as it relates to receipt of covered services:*
 - Immunization rates will increase for children enrolled in the CMDP program
 - EPSDT participation rates will increase for children enrolled in the CMDP program
 - Annual dental visit rates will increase for children enrolled in the CMDP program
 - The rate at which children 3, 4, 5 and 6 years of age receive at least one well child visit will increase for children enrolled in the CMDP program
 - The rate of members ages 12 through 18 years of age who had at least one well-care visit will increase for children enrolled in the CMDP program
 - Children's access to PCPs will increase for children enrolled in the CMDP program

- *Access to medical care for AHCCCS acute care program members enrolled in Special Plans for Individuals with Special Needs will improve over the waiver demonstration period as demonstrated by:*
 - A reduction in readmissions within 30 days of discharge from a behavioral health inpatient stay
 - Emergency department (ED) utilization for the primary reason of a behavioral health condition will decrease

- *The AHCCCS program Special Plans for Individuals with Special Needs will continue to operate as a cost effective service delivery model*
 - The AHCCCS program will operate within predicted budgetary expectations for the CMDP program
 - The AHCCCS program will operate within predicted budgetary expectations for the Behavioral Health program
 - The AHCCCS program will operate within predicted budgetary expectations for the Children's Rehabilitative Services program

HYPOTHESES	PERFORMANCE MEASURE	TARGET POPULATION	SAMPLING METHODOLOGY	DATA SOURCE	MEASUREMENT PERIOD
Immunization rates will increase	<p>Childhood Immunizations:</p> <p>Percentage of children, two years of age who had:</p> <ul style="list-style-type: none"> • 4:3:1:3:3:1 combo series: • 4:3:1:3:3:1:4 combo series: • DTaP – 4 doses: • IPV – 3 doses: • MMR – 1 dose: • Hib – 3 doses: • HBV – 3 doses: • VZV – 1 dose: • PCV – 4 doses: 	<p>Children at two years of age continuously enrolled in CMDP.</p>	<p>The National Committee for Quality Assurance (NCQA) Health Employer Data Information Set (HEDIS)[®] methodology, or the CMS Core Measure Set methodology if different, including the sampling methodology will be utilized for this measure.</p>	<ul style="list-style-type: none"> • Claims • Encounters • Medical Record Review • ASIIS Immunization Registry • Electronic Health Records 	<p><i>Baseline measurement period:</i></p> <p>CYE 2011: October 1, 2010 through September 30, 2011</p> <ul style="list-style-type: none"> • 4:3:1:3:3:1 combo series: 85.1% • 4:3:1:3:3:1:4 combo series: 77.3% • DTaP – 4 doses: 85.1% • IPV – 3 doses: 95.5% • MMR – 1 dose: 95.2% • Hib – 3 doses: 94.4% • HBV – 3 doses: 95.2% • VZV – 1 dose: 95.2% • PCV – 4 doses: 85.1% <p><i>Remeasurement period:</i></p> <p>CYE 2015, October 1, 2014 through September 30, 2015</p> <ul style="list-style-type: none"> • 4:3:1:3:3:1 combo series: 78.1% • 4:3:1:3:3:1:4 combo series: 68.8% • DTaP – 4 doses: 82.4% • IPV – 3 doses: 95.1% • MMR – 1 dose: 98.0% • Hib – 3 doses: 94.5% • HBV – 3 doses: 93.1% • VZV – 1 dose: 97.4% • PCV – 4 doses: 77.7% <p>Discussion:</p> <p>During the demonstration period, the percentage of children, two years of age who had MMR, and VZV increased by 2.8% and 2.2% respectively. Immunization rates for the combination series — 4:3:1:3:3:1 combo series and 4:3:1:3:3:1:4 combo series—decreased by 7% and 8.5%. The</p>

HYPOTHESES	PERFORMANCE MEASURE	TARGET POPULATION	SAMPLING METHODOLOGY	DATA SOURCE	MEASUREMENT PERIOD
					immunization rates for the following individual antigens also declined—DTaP(-2.7%), IPV (0.4%), HBV(-2.1%) , and PCV (-7.4%).
EPSDT participation rates will increase	<p><u>EPSDT Participation</u></p> <p>Percentage of members, through age 20 years, who received at least one initial or periodic EPSDT screen during the measurement period.</p>	Members, through 18 years of age, enrolled in CMDP.	Per CMS specification (e.g., Report-416)	<ul style="list-style-type: none"> • Claims • Encounters • Medical Record Review • Electronic Health Records 	<p><i>Baseline measurement period:</i></p> <p>CYE 2011: October 1, 2010 through September 30, 2011</p> <p>Rate: 97.8%</p> <p><i>Remeasurement period:</i></p> <p>CYE 2014: October 1, 2013 through September 30, 2014</p> <p>Rate: 82.6%</p> <p>Discussion: EPSDT participation rate for CMDP members decreased by 15.2% in CYEs 2011-2014. The decline is largely attributed to a change in methodology as well as historical programming limitations that were discovered in 2012. The Quality and Information Services teams worked very closely together to ensure that the methodology was programmed correctly and that data was accurate, reliable, and valid from the point of improvement.</p>
Annual dental visit rates will increase	<p><u>Annual Dental Visits</u></p> <p>Percentage of members, ages 2 through 18 years who had at least one dental visit during the measurement period.</p>	Members, ages 2 through 18 years, continuously enrolled in CMDP.	The National Committee for Quality Assurance (NCQA) Health Employer Data Information Set (HEDIS) [®] methodology, or the CMS Core Measure Set methodology if different, including the sampling methodology will be	<ul style="list-style-type: none"> • Claims • Encounters • Medical Record Review • Electronic Health Records 	<p><i>Baseline measurement period:</i></p> <p>CYE 2011: October 1, 2010 through September 30, 2011</p> <p>Rate: 97.8%</p>

HYPOTHESES	PERFORMANCE MEASURE	TARGET POPULATION	SAMPLING METHODOLOGY	DATA SOURCE	MEASUREMENT PERIOD
			utilized for this measure.		<p><i>Remeasurement period:</i></p> <p>CYE 2014: October 1, 2013 through September 30, 2014</p> <p>Rate: 78.8%</p> <p>Discussion: In CYEs 2011-2014, Annual dental visits for CMDP members declined by 19%.</p>
The rate at which children 3, 4, 5 and 6 years of age receive at least one well child visit will increase	<p><u>Well-Child Visits</u></p> <p>Percentage of children 3, 4, 5, or 6 years who had at least one well child visit during the measurement period.</p>	Members, ages 3 through 6 years, continuously enrolled in CMDP.	The National Committee for Quality Assurance (NCQA) Health Employer Data Information Set (HEDIS) [®] methodology, or the CMS Core Measure Set methodology if different, including the sampling methodology will be utilized for this measure.	<ul style="list-style-type: none"> • Claims • Encounters • Medical Record Reviews • Electronic Health Records 	<p>Baseline measurement period:</p> <p>CYE 2011: October 1, 2010 through September 30, 2011</p> <p>Rate: 64.8%</p> <p>Remeasurement period:</p> <p>CYE 2014: October 1, 2013 through September 30, 2014</p> <p>Rate: 71.8%</p> <p>Discussion: Well Child visits for CMDP members age 3-6 years increased by 7% in CYEs 2011-2014.</p>
The rate of members ages 12 through 18 years of age who had at least one well-care visit will increase	<p><u>Adolescent Well Care Visits</u></p> <p>Percentage of members, ages 12 through 18 years who had at least one well-care visit during the measurement period.</p>	Members, ages 12 through 18 years, continuously enrolled in CMDP.	The National Committee for Quality Assurance (NCQA) Health Employer Data Information Set (HEDIS) [®] methodology, or the CMS Core Measure Set methodology if different, including the sampling methodology will be	<ul style="list-style-type: none"> • Claims • Encounters • Medical Record Reviews • Electronic Health Records 	<p><i>Baseline measurement period:</i></p> <p>CYE 2011: October 1, 2010 through September 30, 2011</p> <p>Rate: 64.0%</p> <p><i>Remeasurement period:</i></p>

HYPOTHESES	PERFORMANCE MEASURE	TARGET POPULATION	SAMPLING METHODOLOGY	DATA SOURCE	MEASUREMENT PERIOD
			utilized for this measure.		<p>CYE 2014: October 1, 2013 through September 30, 2014</p> <p>Rate: 68.2%</p> <p>Discussion: Adolescent Well Care Visits for CMDP members improved by 4.2%.</p>
Children’s access to PCPs will increase	<p><u>Children’s Access to PCPs</u></p> <p>Percentage of children/adolescents who had an annual visit with a PCP at:</p> <ul style="list-style-type: none"> ▪ 12 - 24 months ▪ 25 months – 6 years ▪ 7 – 11 years ▪ 12 – 19 years 	Members, 12 months to 19 years, continuously enrolled in CMDP.	The National Committee for Quality Assurance (NCQA) Health Employer Data Information Set (HEDIS) [®] methodology, or the CMS Core Measure Set methodology if different, including the sampling methodology will be utilized for this measure.	<ul style="list-style-type: none"> • Claims • Encounters • Medical Record Reviews • Electronic Health Records 	<p><i>Baseline measurement period:</i></p> <p>CYE 2011: October 1, 2010 through September 30, 2011</p> <p><i>Rate: 93.6</i></p> <p><i>Remeasurement period:</i></p> <p>CYE 2014: October 1, 2013 through September 30, 2014</p> <p><i>Rate: 95.6</i></p> <p>Discussion: In CYEs 2011-2014, Children’s access to PCPs improved by 2%.</p>
The AHCCCS program will operate within predicted budgetary expectations	<p><u>Program Costs:</u></p> <p>Average annual AHCCCS capitation rate changes compared to budgetary expectations</p>	<p>Members enrolled in:</p> <ul style="list-style-type: none"> • Acute • CMDP • EPD • DDD • CRS • BHS 	In analyzing this measure AHCCCS will use the average annual capitation rates paid to all programs. A sampling methodology will not be applied to this measure.		<p><i>Measurement period:</i></p> <p>CYE 2012: EPD capitation rate at capitation mix: 71.55%</p> <p>EPD capitation rate at fix mix: \$3,833.08</p> <p>CYE 2013: EPD capitation rate at capitation mix: 73.15%</p> <p>EPD capitation rate at fix mix: \$3,917</p>

HYPOTHESES	PERFORMANCE MEASURE	TARGET POPULATION	SAMPLING METHODOLOGY	DATA SOURCE	MEASUREMENT PERIOD
					CYE 2014: EPD capitation rate at capitation mix:73.08% EPD capitation rate at fix mix: \$4,086 CYE 2015: EPD capitation rate at capitation mix: 73.41% EPD capitation rate at fix mix: \$4,237
The AHCCCS program will operate within predicted budgetary expectations	<u>Program Costs:</u> Average annual AHCCCS capitation rate changes compared to budgetary expectations	Members enrolled in: <ul style="list-style-type: none"> • Acute • CMDP • EPD • DDD • CRS • BHS 	In analyzing this measure AHCCCS will use the average annual capitation rates paid to all programs. A sampling methodology will not be applied to this measure		<i>Measurement Period</i> CYE 2012: <ul style="list-style-type: none"> • AHCCCS rate change: -0.41% • Budgetary expectation: 0% CYE 2013: <ul style="list-style-type: none"> • AHCCCS rate change: -1.95% • Budgetary expectation:0% CYE 2014: <ul style="list-style-type: none"> • AHCCCS rate change: 7.97% • Budgetary expectation:2% CYE 2015: <ul style="list-style-type: none"> • AHCCCS rate change:-1.89% • Budgetary expectation:3%

Demonstration Focus Area: CHIP (KidsCare) Demonstration

Hypothesis:

- *Quality of care for members enrolled in AHCCCS KidsCare program will improve over the waiver demonstration period as it relates to:*
 - *Receipt of covered services;*
 - Childhood immunization rates will increase.
 - Adolescent immunization rates will increase.
 - EPSDT participation rates will increase.
 - Annual dental visit rates will increase.
 - Well child visits during the first 15 months of life will increase
 - Well child visits for 3, 4, 5 and 6 year olds who have at least one visit will increase
 - Adolescent well care visits will increase
 - Children's access to PCPs will increase
- *Member satisfaction in the KidsCare program will improve over the waiver demonstration period*
- *Access to medical care for KidsCare members enrolled in both rural- and urban-based acute plans will improve over the waiver demonstration period as demonstrated by:*
 - A reduction in readmissions
 - A reduction in inpatient stays
 - Emergency department (ED) utilization will decrease

HYPOTHESES	PERFORMANCE MEASURE	TARGET POPULATION	SAMPLING METHODOLOGY	DATA SOURCE	MEASUREMENT PERIOD
Childhood immunization rates will increase	<p><u>Childhood Immunizations</u></p> <p>Percentage of children, two years of age who had:</p> <ul style="list-style-type: none"> • 4:3:1:3:3:1 combo series: • 4:3: 1:3:3:1:4 combo series: • DTaP – 4 doses: • IPV – 3 doses: • MMR – 1 dose: • Hib – 3 doses: • HBV – 3 doses: • VZV – 1 dose: • PCV – 4 doses: 	KidsCare members who turn two years of age and are continuously enrolled in an AHCCCS acute health plan.	The National Committee for Quality Assurance (NCQA) Health Employer Data Information Set (HEDIS) [®] methodology, or the CMS Core Measure Set methodology if different, including the sampling methodology will be utilized for this measure.	<ul style="list-style-type: none"> • Claims • Encounters • Medical Record Reviews • ASIIS Immunization Registry • Electronic Health Records 	<p><i>Baseline measurement period:</i></p> <p>CYE 2011: October 1, 2010 through September 30, 2011</p> <ul style="list-style-type: none"> • 4:3:1:3:3:1 combo series: 91.2% • 4:3:1:3:3:1:4 combo series: 89.7% • DTaP – 4 doses: 90.6% • IPV – 3 doses: 96.7% • MMR – 1 dose: 96.7% • Hib – 3 doses: 96.7% • HBV – 3 doses: 90.6% • VZV – 1 dose: 96.3% • PCV – 4 doses: 95.2% <p><i>Remeasurement period:</i></p> <p>CYE 2014: October 1, 2013 through September 30, 2014</p> <ul style="list-style-type: none"> • 4:3:1:3:3:1 combo series: N/A • 4:3:1:3:3:1:4 combo series: N/A • DtaP – 4 doses: N/A • IPV – 3 doses: N/A • MMR – 1 dose: N/A • Hib – 3 doses: N/A • HBV – 3 doses: N/A • VZV – 1 dose: N/A • PCV – 4 doses: N/A <p>Discussion: The population size for KidsCare was too small in CYE 14. Therefore, re-measurement was conducted for this immunization in CYE 14.</p>
Adolescent	<u>Adolescent</u>	KidsCare members	The National Committee for	• Claims	<i>Baseline measurement period:</i>

HYPOTHESES	PERFORMANCE MEASURE	TARGET POPULATION	SAMPLING METHODOLOGY	DATA SOURCE	MEASUREMENT PERIOD
immunizations will increase	<p><u>Immunizations</u></p> <p>Percentage of adolescents that are 13 years of age during the measurement period who had:</p> <ul style="list-style-type: none"> • MCV – 1 dose • Tdap/Td – 1 dose • Combo – 1 MCV and 1 Tdap/Td 		<p>Quality Assurance (NCQA) Health Employer Data Information Set (HEDIS)[®] methodology, or the CMS Core Measure Set methodology if different, including the sampling methodology will be utilized for this measure.</p>	<ul style="list-style-type: none"> • Encounters • Medical Record Reviews • ASIIS Immunization Registry • Electronic Health Records 	<p>CYE 2011: October 1, 2010 through September 30, 2011</p> <p>MCV – 1 dose: 86.3% Tdap/Td – 1 dose: 90.0% Combo – 1 MCV and 1 Tdap/Td: 84.6%</p> <p><i>Re-measurement period:</i></p> <p>CYE 2012: October 1, 2011 through September 30, 2012</p> <p>MCV – 1 dose: Tdap/Td – 1 dose: Combo – 1 MCV and 1 Tdap/Td</p> <p>Discussion: Data will be provided to CMS when available.</p>
EPSDT participation rates will increase	<p><u>EPSDT Participation</u></p> <p>Percentage of members, through age 18 years, who received at least one initial or periodic EPSDT screen during the measurement period.</p>	<p>KidsCare members, through age 18 years, enrolled in an AHCCCS acute health plan.</p>	<p>Per CMS specification (e.g., Report-416)</p>	<ul style="list-style-type: none"> • Claims • Encounters 	<p><i>Baseline measurement period:</i></p> <p>CYE 2011: October 1, 2010 through September 30, 2011</p> <p>Rate: 63.9%</p> <p><i>Re-measurement period:</i></p> <p>CYE 2012: October 1, 2011 through September 30, 2012</p> <p>Rate:</p> <p>Discussion: Data will be provided to CMS when available.</p>

HYPOTHESES	PERFORMANCE MEASURE	TARGET POPULATION	SAMPLING METHODOLOGY	DATA SOURCE	MEASUREMENT PERIOD
Annual dental visit rates will increase	<p><u>Annual Dental Visits</u></p> <p>Percentage of members, ages 2 through 18 years who had at least one dental visit during the measurement period.</p>	KidsCare members, ages 2 through 18 years, continuously enrolled in an AHCCCS acute health plan.	The National Committee for Quality Assurance (NCQA) Health Employer Data Information Set (HEDIS) [®] methodology, or the CMS Core Measure Set methodology if different, including the sampling methodology will be utilized for this measure.	<ul style="list-style-type: none"> • Claims • Encounters • Medical Record Reviews • ASIIS Immunization Registry • Electronic Health Records 	<p><i>Baseline measurement period:</i></p> <p>CYE 2011: October 1, 2010 through September 30, 2011</p> <p>Rate: 78.1%</p> <p><i>Re-measurement period:</i></p> <p>CYE 2012: October 1, 2011 through September 30, 2012</p> <p>Rate:</p> <p>Discussion: Data will be provided to CMS when available.</p>
The rate at which children receive six or more well child visits during the first 15 months of life will increase	<p><u>Well-Child Visits</u></p> <p>Percentage of children 15 months who had six or more well child visits during first 15 months of life</p>	KidsCare members, ages 15 months continuously enrolled in an AHCCCS acute health plan.	The National Committee for Quality Assurance (NCQA) Health Employer Data Information Set (HEDIS) [®] methodology, or the CMS Core Measure Set methodology if different, including the sampling methodology will be utilized for this measure.	<ul style="list-style-type: none"> • Claims • Encounters • Medical Record Reviews • Electronic Health Records 	<p><i>Baseline measurement period:</i></p> <p>CYE 2011: October 1, 2010 through September 30, 2011</p> <p>Rate: 66.7%</p> <p><i>Re-measurement period:</i></p> <p>CYE 2012: October 1, 2011 through September 30, 2012</p> <p>Rate: N/A</p> <p>Discussion: There were no KidsCare members that met the minimum inclusion for this measure in CYE 2012.</p>

HYPOTHESES	PERFORMANCE MEASURE	TARGET POPULATION	SAMPLING METHODOLOGY	DATA SOURCE	MEASUREMENT PERIOD
The rate at which children, 3, 4, 5 and 6 years of age who had at least one well child visit will increase	<u>Well-Child Visits</u> Percentage of children 3, 4, 5, or 6 years of age who had at least one well child visit during the measurement period.	KidsCare members 3 through 6 years of age continuously enrolled in an AHCCCS acute health plan.	The National Committee for Quality Assurance (NCQA) Health Employer Data Information Set (HEDIS) [®] methodology, or the CMS Core Measure Set methodology if different, including the sampling methodology will be utilized for this measure.	<ul style="list-style-type: none"> • Claims • Encounters • Medical Record Reviews • Electronic Health Records 	<p><i>Baseline measurement period:</i></p> <p>CYE 2011: October 1, 2010 through September 30, 2011</p> <p>Rate: 72.7%</p> <p><i>Re-measurement period:</i></p> <p>CYE 2012: October 1, 2011 through September 30, 2012</p> <p>Rate: 76.6%</p> <p>Discussion: Well Child Visits for KidsCare increased by 4 percent from CYE 2011- 2012.</p>
The rate at which adolescents ages 12 through 18 years receive one well visit will increase	<u>Adolescent Well Care Visits</u> Percentage of members, ages 12 through 18 years who had at least one well-care visit during the measurement period.	KidsCare members ages 12 through 18 years, continuously enrolled in an AHCCCS acute health plan.	The National Committee for Quality Assurance (NCQA) Health Employer Data Information Set (HEDIS) [®] methodology, or the CMS Core Measure Set methodology if different, including the sampling methodology will be utilized for this measure.	<ul style="list-style-type: none"> • Claims • Encounters • Medical Record Reviews • Electronic Health Records 	<p><i>Baseline measurement period:</i></p> <p>CYE 2011: October 1, 2010 through September 30, 2011</p> <p>Rate: 50.6%</p> <p><i>Re-measurement period:</i></p> <p>CYE 2012: October 1, 2011 through September 30, 2012</p> <p>Rate: 55.6%</p> <p>Discussion: The rate of KidsCare members, ages 12 through 18 years who had at least one well-care visit during the measurement period increased by 5 percent during CYE 2011-</p>

HYPOTHESES	PERFORMANCE MEASURE	TARGET POPULATION	SAMPLING METHODOLOGY	DATA SOURCE	MEASUREMENT PERIOD
					2012.
Children’s access to PCPs will increase	<p><u>Children’s Access to PCPs</u></p> <p>Percentage of children/adolescents who had an annual visit with a PCP at:</p> <ul style="list-style-type: none"> • 12 - 24 months • 25 months – 6 years • 7 – 11 years • 12 – 18 years 	KidsCare members, 12 months to 18 years, continuously enrolled in an AHCCCS acute health plan.	The National Committee for Quality Assurance (NCQA) Health Employer Data Information Set (HEDIS) [®] methodology, or the CMS Core Measure Set methodology if different, including the sampling methodology will be utilized for this measure.	<ul style="list-style-type: none"> • Claims • Encounters • Medical Record Reviews • Electronic Health Records 	<p><i>Baseline measurement period:</i></p> <p>CYE 2011: October 1, 2010 through September 30, 2011</p> <p>Rate: 94.2%</p> <p><i>Remeasurement period:</i></p> <p>CYE 2012: October 1, 2011 through September 30, 2012</p> <p>Rate: 94.7%</p> <p>Discussion: The percentage of children/adolescents enrolled in KidsCare who had an annual visit with a primary care physician remained consistent from CYE 2011-2012.</p>
Member satisfaction in the KidsCare program will improve over the waiver demonstration period	<p><u>Member Satisfaction</u></p> <p>Percentage of members (adults and children) who give the highest ratings (9 or 10) for:</p> <ul style="list-style-type: none"> • Rating of health plan • Rating of personal doctor/nurse • Rating of receipt of health care • Rating of specialist seen most often • Getting needed care • Getting prescription medicine • Getting care quickly 	KidsCare members enrolled in an AHCCCS acute health plan	Random selection of enrolled KidsCare members from each Acute care Contractor. Survey data will be collected using an independent survey research firm.	<p>Member Survey</p> <p>Sampling will occur utilizing the HEDIS methodology technical specifications</p>	<p><i>Measurement period:</i></p> <p><i>Baseline Measurement period:</i></p> <p>CYE 2013: October 1, 2012- September 30, 2013</p> <ul style="list-style-type: none"> • Rating of health plan: 2.60 • Rating of personal doctor/nurse: 2.59 • Rating of receipt of health care: 2.59 • Rating of specialist seen most often: 2.58 • Getting needed care: 2.42 • Getting prescription medicine: 2.51 • Getting care quickly: 2.59 • How well doctors communicate: 2.64 <p><i>Re-measurement period:</i></p>

HYPOTHESES	PERFORMANCE MEASURE	TARGET POPULATION	SAMPLING METHODOLOGY	DATA SOURCE	MEASUREMENT PERIOD
	<ul style="list-style-type: none"> How well doctors communicate 				<p>CYE 2016: October 1, 2015- September 30, 2016</p> <ul style="list-style-type: none"> Rating of health plan: Rating of personal doctor/nurse: Rating of receipt of health care: Rating of specialist seen most often: Getting needed care: Getting prescription medicine: Getting care quickly: How well doctors communicate: <p>Discussion: Re-measurement will provide the re-measurement data to CMS when available.</p>
<p>Emergency department (ED) utilization will decrease</p>	<p><u>Emergency Department Utilization</u></p> <p>ED visits per 1,000 member months</p>	<p>KidsCare members, 12 months to 18 years, continuously enrolled in an AHCCCS acute health plan.</p>	<p>The National Committee for Quality Assurance (NCQA) Health Employer Data Information Set (HEDIS)[®] methodology, or the CMS Core Measure Set methodology if different, including the sampling methodology will be utilized for this measure.</p>	<ul style="list-style-type: none"> Claims Encounters 	<p><i>Baseline measurement period:</i></p> <p>CYE 2011: October 1, 2010 through September 30, 2011</p> <p>Rate: N/A</p> <p><i>Re-measurement period:</i></p> <p>CYE 2016: October 1, 2015 through September 30, 2016</p> <p>Rate: N/A</p> <p>Discussion: The ED utilization measurement was not implemented for KidsCare members.</p>