

DDD Performance Measures, beginning CYE 2014

Measure	New Measures? (Y/N)	Administrative (A) or Hybrid (H)?	MPS	Goal	Methodology	Comments
BEHAVIORAL HEALTH MEASURES (DBHS is primary owner of these measures)						
BH Inpatient Utilization ^{(1) (2)} (days/1,000 member months)	Y	A	480	430	HEDIS - IPU (Inpatient Utilization)	The PM rate will be reflective of an aggregate rate of days per 1,000 member months.
BH Emergency Department (ED) Utilization ^{(1) (2)} (visits/1,000 member months)	Y	A	1405	1265	HEDIS - AMB (Ambulatory Care)	Only the ED visit portion of the methodology will be utilized for PM evaluation. The PM rate will be reflective of an aggregate rate of visits per 1,000 member months.
BH Hospital Readmissions ^{(1) (2)}	Y	A	0.93	0.81	Adult Core*	The average adjusted probability will serve as the reported PM rate. The PM rate will be reflective of an aggregate rate for all age groups included in the measure.
Follow-Up After Hospitalization for Mental Illness (within 7 days) ⁽¹⁾	N**	A	50%	80%	Adult Core	Intentionally left blank.
Follow-Up After Hospitalization for Mental Illness (within 30 days) ⁽¹⁾	N**	A	70%	90%	Adult Core	Intentionally left blank.
Access to Behavioral Health Provider within 7 days ⁽¹⁾	N	A	75%	85%	AHCCCS	While this is not a new measure, the service list that is used to determine the numerator has been revised to ensure timely and appropriate member care is being delivered.
Access to Behavioral Health Provider within 23 days ⁽¹⁾	N	A	90%	95%	AHCCCS	While this is not a new measure, the service list that is used to determine the numerator has been revised to ensure timely and appropriate member care is being delivered.
ADULT MEASURES						
Inpatient Utilization (days/1,000 member months)	Y	A	480	430	HEDIS - IPU (Inpatient Utilization)	The PM rate will be reflective of an aggregate rate of days per 1,000 member months (ages 20+).
ED Utilization (visits/1,000 member months)	Y	A	725	600	HEDIS - AMB (Ambulatory Care)	Only the ED visit portion of the methodology will be utilized for PM evaluation. The PM rate will be reflective of an aggregate rate of visits per 1,000 member months (ages 20+).
Readmissions within 30 days of discharge	Y	A	0.91	0.81	Adult Core*	The average adjusted probability will serve as the reported PM rate. The PM rate will be reflective of an aggregate rate for all age groups included in the measure.

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Follow-up After Hospitalization (all cause) within 7 Days	Y	A	50%	80%	Adult Core ⁽¹⁾	This measure will be for both mental health and physical health discharge diagnoses. The PM rate will be reflective of an aggregate rate for all hospitalizations.
Follow-up After Hospitalization (all cause) within 30 Days	Y	A	70%	90%	Adult Core ⁽¹⁾	This measure will be for both mental health and physical health discharge diagnoses. The PM rate will be reflective of an aggregate rate for all hospitalizations.
<i>Comprehensive Diabetes Management</i>						
HbA1c Testing	Y	H	77%	89%	Adult Core	Intentionally left blank.
LDL-C Screening	Y	H	70%	91%	Adult Core	Intentionally left blank.
Eye Exam	Y	H	49%	68%	HEDIS - CDC (Comprehensive Diabetes Care)	Intentionally left blank.
<i>Flu Shots for Adults</i>						
Ages 50-64	Y	A**	75%	90%	AHCCCS	PM rate will be reflective of the number of members within the age group that received a flu shot during the study period. AHCCCS will utilize administrative and ASIIS data for this measure calculation.
Ages 65+	Y	A**	75%	90%	AHCCCS	PM rate will be reflective of the number of members within the age group that received a flu shot during the study period. AHCCCS will utilize administrative and ASIIS data for this measure calculation.
Diabetes Admissions, short-term complications	Y	A	TBD	TBD	Adult Core	This rate will be calculated on an annual basis; there is no continuous enrollment criteria. The PM rate will be reflective of an aggregate rate for all age groups included in the measure.
Chronic obstructive pulmonary disease admissions	Y	A	TBD	TBD	Adult Core	This rate will be calculated on an annual basis; there is no continuous enrollment criteria. The PM rate will be reflective of an aggregate rate for all age groups included in the measure.

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Congestive heart failure admissions	Y	A	TBD	TBD	Adult Core	This rate will be calculated on an annual basis; there is no continuous enrollment criteria. The PM rate will be reflective of an aggregate rate for all age groups included in the measure.
ADL Maintenance/Improvement (Functional Status Assessment)	Y	H	PHASED IMPLEMENTATION - TABLED FOR CYE 14			
HCBS Member Satisfaction Survey	Y	n/a	This survey is currently being developed. Results will not be used as a PM rate; rather, AHCCCS will meet with contractors following receipt of survey results to discuss and plan future interventions, which may include opportunities to sustain positive feedback or Corrective Action Plans in areas of lower satisfaction.			
CAHPS Health Plan Survey v 4.0 - Adult questionnaire	Y	n/a	A CAHPS survey is not planned for the ALTCS E/PD population at this time. AHCCCS will continue to monitor national movement for LTSS satisfaction surveys and reserves the right to implement a CAHPS or CAHPS-like survey at a later date.			
CHILDRENS MEASURES						
Children's Access to PCPs: 12-24 mo.	N	A	93%	97%	Children's Core	Intentionally left blank.
Children's Access to PCPs: 25 mo.-6 yrs.	N	A	84%	90%	Children's Core	Intentionally left blank.
Children's Access to PCPs: 7-11 yrs.	N	A	83%	90%	Children's Core	Intentionally left blank.
Children's Access to PCPs: 12-19 yrs.	N	A	82%	90%	Children's Core	Intentionally left blank.
Well-Child Visits: 3-6 yrs.	N	A	66%	80%	Children's Core	Intentionally left blank.
Adolescent Well-Care Visit: 12-21 yrs.	N	A	41%	50%	Children's Core	Intentionally left blank.
Children's Dental Visits: 2-21	N	A	60%	75%	HEDIS - ADV (Annual Dental Visits)	Intentionally left blank.
EPSDT Participation ⁽³⁾	N	A	68%	80%	CMS 416 will be used	Line 10
EPSDT Dental Participation ⁽⁴⁾	N	A	46%	54%	CMS 416 data will be used	Line 12.a./Line 1.b.
Emergency Department (ED) Utilization (visits/1,000 member months)	Y	A	700	560	Children's Core	The PM rate will be reflective of an aggregate rate of all members included in the methodology.
Inpatient Utilization (days/1,000 member months)	Y	A	480	430	HEDIS - IPU (Inpatient Utilization)	The PM rate will be reflective of an aggregate rate of days per 1,000 member months.
Hospital Readmissions	Y	A	0.81	0.75	AHCCCS*	Intentionally left blank.

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CAHPS Health Plan Survey v 4.0, Child version including Children with Chronic Conditions Supplemental Survey	Y	Member Survey	Results will not be used as a PM rate; rather, AHCCCS will meet with contractors following receipt of survey results to discuss and plan future interventions, which may include opportunities to sustain positive feedback or Corrective Action Plans in areas of lower satisfaction.			
<i>Childhood Immunization Status</i> ⁽⁵⁾						
DTaP	N	H	85%	90%	Children's Core	Intentionally left blank.
IPV	N	H	91%	95%	Children's Core	Intentionally left blank.
MMR	N	H	91%	95%	Children's Core	Intentionally left blank.
Hib	N	H	90%	95%	Children's Core	Intentionally left blank.
HBV	N	H	90%	95%	Children's Core	Intentionally left blank.
VZV	N	H	88%	95%	Children's Core	Intentionally left blank.
PCV	N	H	82%	95%	Children's Core	Intentionally left blank.
4:3:1:3:3:1 Series	N	H	74%	80%	Children's Core	Intentionally left blank.
4:3:1:3:3:1:4 Series	N	H	68%	80%	Children's Core	Intentionally left blank.
Hepatitis A (HAV)	Y	H	40%	60%	Children's Core	Intentionally left blank.
Rotovirus	Y	H	60%	80%	Children's Core	Intentionally left blank.
Influenza	Y	H	45%	80%	Children's Core	Intentionally left blank.
<i>Immunizations for Adolescents</i> ⁽⁵⁾						
Adolescent Meningococcal	N	H	75%	90%	Children's Core	Intentionally left blank.
Adolescent Tdap	N	H	75%	90%	Children's Core	Intentionally left blank.
Adolescent Combo	N	H	75%	90%	Children's Core	Intentionally left blank.

* Based on information from CMS, there are no standardized risk adjustment tables for Medicaid. AHCCCS is finalizing the methodology for this measure and will release it soon. The goal for the adult measure is to align as closely as possible with the NCQA risk adjustment tables as long as they are reflective of/meaningful to the population served. For the Children's readmission measure, AHCCCS is determining the best way to risk adjust this population and will provide additional detail soon.

** While this is not a new performance measure, the measure has previously been tabled so official data has not been provided on this measure before.

⁽¹⁾ These measures will be calculated using data from Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS) via their Regional Behavioral Health Authorities (RBHAs). These results will be shared with DBHS and corrective action will be expected from DBHS if these measures fail to meet the MPS. It is expected that DDD will work with DBHS to coordinate care and achieve performance standards for these measures.

⁽²⁾ Diagnosis codes that will be used to identify mental-health related utilization will include the following ICD-9-CM codes: 295-299, 300.3, 300.4, 301, 308, 309, 311-314

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⁽³⁾ The EPSDT Participation rate is the percent of all children and adolescents younger than 21 years who were due for at least one EPSDT visit, depending on their age and the state's EPSDT Periodicity Schedule, and had a visit during the contract year.

⁽⁴⁾ EPSDT Dental Participation Standards are based on the CMS-established goal that states improve their rates of children ages one through 20 enrolled in Medicaid or CHIP who received any preventive dental service by 10 percentage points over a five-year period.

⁽⁵⁾ AHCCCS will continue to measure and report results of these individual antigens; however, a Contractor may not be held accountable for specific Performance Standards unless AHCCCS determines that completion of a specific antigen or antigens is affecting overall completion of the childhood immunization series.

General Notes:

1. The measurement period for all measures is reflective of Contract Year (October 1 - September 30)
2. Age ranges of each measure will follow the established methodology; some adult measures will be reflective of members aged 18+ while others will reflect members 20+ or 21+.
3. Allowable gaps will follow the established methodology. If an option for a Medicaid gap exists, use that specification.
4. Rates by Contractor for each measure will be compared with the MPS specified in the contract in effective during the measurement period; Performance Standards in the CYE 2014 contract apply to results calculated by AHCCCS for the CYE 2014 measurement period.