2023 Performance Improvement Project Snapshot Report

Back to Basics

April 2024

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1. Background

The Arizona Health Care Cost Containment System (AHCCCS) contracted with Health Services Advisory Group, Inc. (HSAG), a qualified external quality review organization (EQRO), to conduct evaluation and validation of its AHCCCS-mandated performance improvement projects (PIPs). HSAG used the Department of Health and Human Services, Centers for Medicare & Medicaid Services (CMS) publication, *Protocol 1. Validation of Performance Improvement Projects: A Mandatory EQR-Related Activity*, February 2023 (CMS Protocol 1).[1-1]

HSAG's evaluation of the PIP included two key components of the quality improvement (QI) process:

1. HSAG evaluated the technical structure of the PIP to ensure that the Contractor designs, conducts, and reports the PIP in a methodologically sound manner, meeting all State and federal requirements. HSAG's review determines whether the PIP design (e.g., aim statement, population, indicator(s), sampling methods, and data collection methodology) is based on sound methodological principles and could reliably measure outcomes. Successful execution of this component ensures that reported PIP results are accurate and capable of measuring sustained improvement.
2. HSAG evaluated the implementation of the PIP. Once designed, a Contractor's effectiveness in improving outcomes depends on the systematic data collection process, analysis of data, and the identification of barriers and subsequent development of relevant interventions. Through this component, HSAG evaluates how well the Contractor improves its rates through implementation of effective processes (i.e., barrier analyses, intervention design, and evaluation of results).

The goal of HSAG's PIP validation was to ensure that AHCCCS and key stakeholders could have confidence that a Contractor executed a methodologically sound improvement project, and any reported improvement was related to and could be reasonably linked to the QI strategies and activities conducted by a Contractor during the PIP.

Methodology

Well-care visits for children and adolescents aim to promote optimal health and development. Ensuring that children and adolescents receive regular well-care visits is critical in disease prevention, early detection, and treatment. It is equally important in evaluating a child's developmental milestones, addressing parental concerns, and assessing a child's or adolescent's psychological and social development.

[1-1] Department of Health and Human Services, Centers for Medicare & Medicaid Services. *Protocol 1. Validation of Performance Improvement Projects: A Mandatory EQR-Related Activity*, February 2023. Available at: https://www.medicaid.gov/medicaid/quality-of-care/downloads/2023-eqr-protocols.pdf. Accessed on: Feb 6, 2024.

There are many benefits of well-child/well-care visits, which include preventing disease; tracking growth and development; raising concerns; and establishing a team approach to assist with the development of optimal physical, mental, and social health of a child. Adolescence is a critical stage of development during which physical, intellectual, emotional, and psychological changes occur. Adolescence is generally considered a healthy stage of life; however, during this stage, individuals begin making lifestyle choices and develop behaviors that can impact their current and future health. Adolescent well-care visits assist with promoting healthy choices and behaviors, preventing risky behaviors, and detecting conditions early that can inhibit an adolescent's development.

Due to a decline in the rates between contract year ending (CYE) 2015 and CYE 2016 for the Healthcare Effectiveness Data and Information Set (HEDIS®) *Well-Child Visits in the First 15 Months of Life (W15)*; *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life (W34)*; and *Adolescent Well-Care Visits (AWC)* performance measures, AHCCCS identified these measures as opportunities for improvement for the overall well-being of children and adolescents.[1-2] Increasing the rates for these measures also impacts other measures and focus areas including, but not limited to, childhood and adolescent immunizations, and developmental screenings.[1-3]

Purpose

For this year's 2023 validation, the Contractors continued this state-mandated clinical PIP topic: *Back to Basics*. The topic addressed CMS' requirements related to quality outcomes—specifically, the quality, timeliness, and accessibility of care and services.

The purpose of the *Back to Basics* PIP is to increase the number of child and adolescent well-child/well-care visits. The aim of this PIP is to achieve, through ongoing measurements and interventions, significant improvement sustained over time.

Contractors Reviewed

AHCCCS maintains managed care agreements with several Contractors to administer its Medicaid Managed Care program. A general description of each AHCCCS program and the associated Contractors reviewed are included below.

[1-2] Due to changes in the National Committee for Quality Assurance (NCQA) HEDIS measures, the *Well-Child Visits in the First 15 Months of Life (W15)* measure was replaced by the *Well-Child Visits in the First 30 Months of Life (W30)* measure and the *Child and Adolescent Well-Care Visits (WCV)* measure replaced the *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life (W34)* measure and the *Adolescent Well-Care Visits (AWC)* performance measure.

[1-3] Arizona Health Care Cost Containment System (AHCCCS), AHCCCS Complete Care (ACC)/KidsCare, Children's Medical and Dental Program (CMDP), and Division of Developmental Disabilities (DDD) Performance Improvement Project: Back to Basics Methodology. Updated: January 2021.

Arizona Complete Care (ACC) Program

The ACC Program provides integrated care addressing the physical and behavioral health needs for the majority of Medicaid (Title XIX) eligible children and adults as well as addressing the physical and behavioral health needs for the majority of Children's Health Insurance Program (CHIP) KidsCare (Title XXI) eligible children (under age 19 years). Seven ACC Contractors are responsible for providing services under the ACC Program. Three of the ACC Contractors are also responsible for providing services for the Serious Mental Illness (SMI)-Designated population. These Contractors are referred to as ACC-Regional Behavioral Health Agreement (ACC-RBHA) Contractors. Throughout this report, ACC Program discussions are limited to the ACC and ACC-RBHA Contractors' Non-SMI-Designated population.

Table 1-1—ACC Program Contracted MCOs

ACC Program Contractors	
Contractor Name	**Contractor Abbreviation**
Arizona Complete Health – Complete Care Plan	AzCH-CCP ACC-RBHA*
Banner-University Family Care	BUFC ACC
Care 1st Health Plan	Care 1st ACC-RBHA*
Health Choice Arizona	HCA ACC
Mercy Care	Mercy Care ACC-RBHA*
Molina Healthcare	Molina ACC
UnitedHealthcare Community Plan	UHCCP ACC

*Contractor serves both the ACC and the ACC-RBHA SMI-designated populations. Throughout this report, ACC Program discussions are limited to the ACC-RBHA Contractors' non-SMI-designated population.

Arizona Department of Child Safety Comprehensive Health Plan (DCS CHP) Program

The DCS CHP Program provides physical health, dental, and behavioral health services for children and youth in foster care throughout the State of Arizona.

Table 1-2—DCS CHP Program Contracted MCO

DCS CHP Program Contractor	
Contractor Name	**Contractor Abbreviation**
Arizona Department of Child Safety Comprehensive Health Plan	DCS CHP

Arizona Long Term Care System (ALTCS) Developmental Disabilities (ALTCS-DD) Program

The ALTCS-DD Program provides long-term services and supports (LTSS) as well as integrated physical and behavioral health services to eligible members who have an intellectual/developmental disability (DD) as outlined under Arizona State law.

Table 1-3—ALTCS-DD Program Contracted MCO

ALTCS-DD Program Contractor	
Contractor Name	**Contractor Abbreviation**
Arizona Department of Economic Security, Division of Developmental Disabilities	DES/DDD

Population

The population included children and adolescents who are continuously enrolled with no more than one gap in enrollment of up to 45 days during the measurement period, in alignment with the associated measure specifications.

Indicator Criteria

The focus of the *Back to Basics* PIP was to increase the number of child and adolescent well-child/well-care visits. The PIP had one aim statement: *The goal is to demonstrate a statistically significant increase in the number and percentage of child and adolescent well-child/well-care visits, followed by sustained improvement for one consecutive year.*

Table 1-4 outlines the indicator criteria for each performance indicator for the *Back to Basics* PIP.

Table 1-4—Performance Indicator Criteria for *Back to Basics* PIP

Performance Indicator	Numerator (N) and Denominator (D)
Indicator 1: *Well-Child Visits in the First 30 Months of Life (W30)*	
Percentage of children who turned 15 months old during the measurement year and who had six or more well-child visits with a primary care practitioner (PCP) during their first 15 months of life. *(Not applicable for DCS CHP or DES/DDD)*	**N**—The total number of members receiving six or more well-child visits, on different dates of service, with a PCP during their first 15 months of life. **D**—The eligible population

Performance Indicator	Numerator (N) and Denominator (D)
Indicator 2: *Child and Adolescent Well-Care Visits (WCV)*	
Percentage of children ages 3 years to 21 years who had one or more comprehensive well-care visits with a PCP or an obstetrician/gynecologist (OB/GYN) during the measurement period.	**N**—The total number of members receiving at least one well-care visit with a PCP or OB/GYN during the measurement period. **D**—The eligible population

Data Sources

The PIP was conducted by using administrative data collection methodologies in alignment with the National Committee for Quality Assurance (NCQA) (HEDIS®) technical specifications. AHCCCS administrative encounter data and Contractor-specific claims were used to identify performance indicator data.

Measurement Periods

For Contract Year Ending (CYE) 2023 validation, the Contractors submitted Remeasurement 1 data for the *Back to Basics* PIP. The measurement period dates for the PIP are listed below. Table 1-5 presents the measurement periods for the *Back to Basics* PIP.

Table 1-5—Measurement Periods for *Back to Basics* PIP

***Back to Basics* PIP**				
CYE 2019	**Calendar Year (CY) 2020**	**CY 2021**	**CY 2022**	**CY 2023**
Baseline Measurement (10/1/2018–09/30/2019)	Intervention Year 1 (01/01/2020–12/31/2020)	Intervention Year 2 (01/01/2021–12/31/2021)	Remeasurement Year 1 (01/01/2022–12/31/2022)	Remeasurement Year 2 (01/01/2023–12/31/2023)

Typically, PIPs include one intervention year; however, to account for the impact of the coronavirus disease 2019 (COVID-19) public health emergency (PHE), the *Back to Basics* PIP includes two intervention years within its design during which Contractors implemented strategies and interventions to improve performance. CYE 2019 served as the baseline year for most Contractors, except for Molina ACC[1-4] which used CY 2020 as the baseline year for Performance Indicator 1. To evaluate performance indicator improvement, the remeasurement years align with CYs: the first remeasurement year is reflective of CY 2022, and the second remeasurement year is reflective of CY 2023.

[1-4] In CYE 2019, the Molina ACC performance measure rate for Performance Indicator 1 had a small denominator, which did not allow reporting of the measure; therefore, CY 2020 served as the baseline year for Performance Indicator 1.

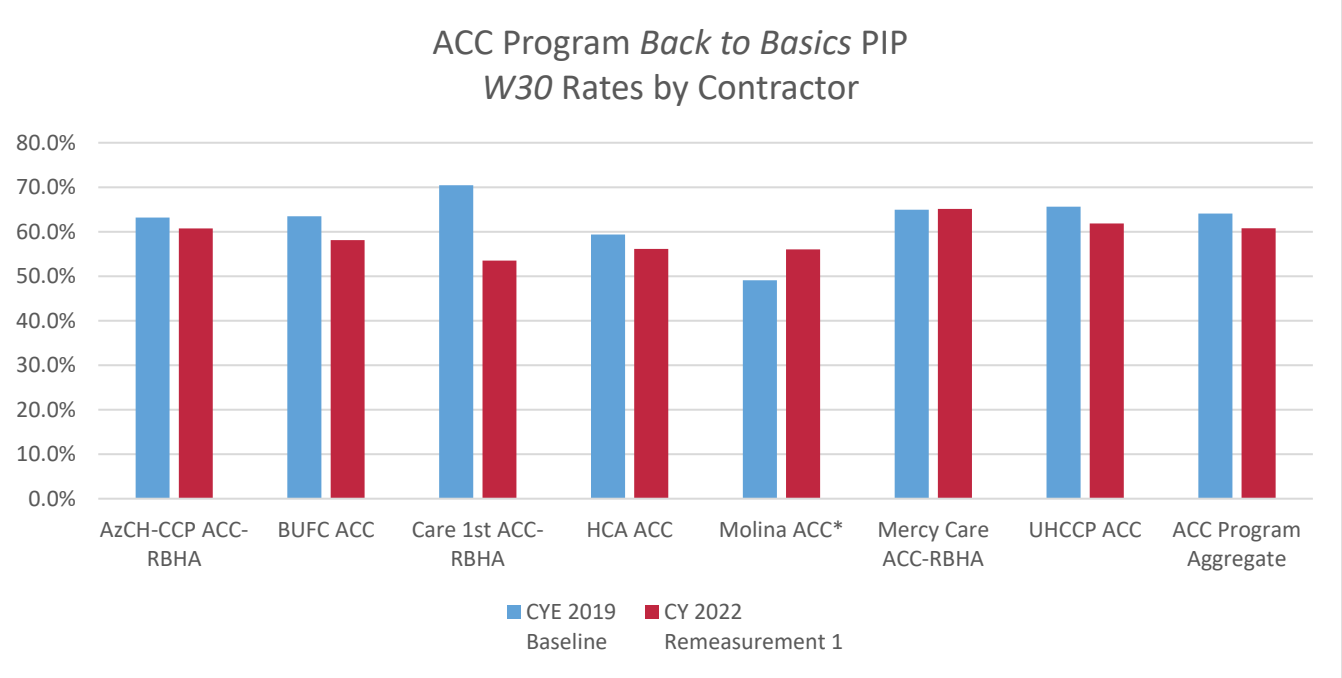
2. Performance Summary

Performance Indicator Results

ACC Program

For each ACC Program Contractor, the performance indicator results for baseline and Remeasurement 1 are compared below. To account for the impact of the COVID-19 PHE, this PIP is inclusive of two intervention years.[2-1]

Figure 2-1—ACC Program *Back to Basics* PIP—*W30* Rates by Contractor



*In CYE 2019, the Molina ACC performance measure rate for Performance Indicator 1 had a small denominator, which did not allow reporting of the measure. Therefore, the rate above reflects CY 2020 as the baseline period for Performance Indicator 1 for Molina ACC.

[2-1] To account for the impact of the COVID-19 PHE, the *Back to Basics* PIP includes two intervention years within its design during which Contractors implemented strategies and interventions to improve performance.

Baseline Results

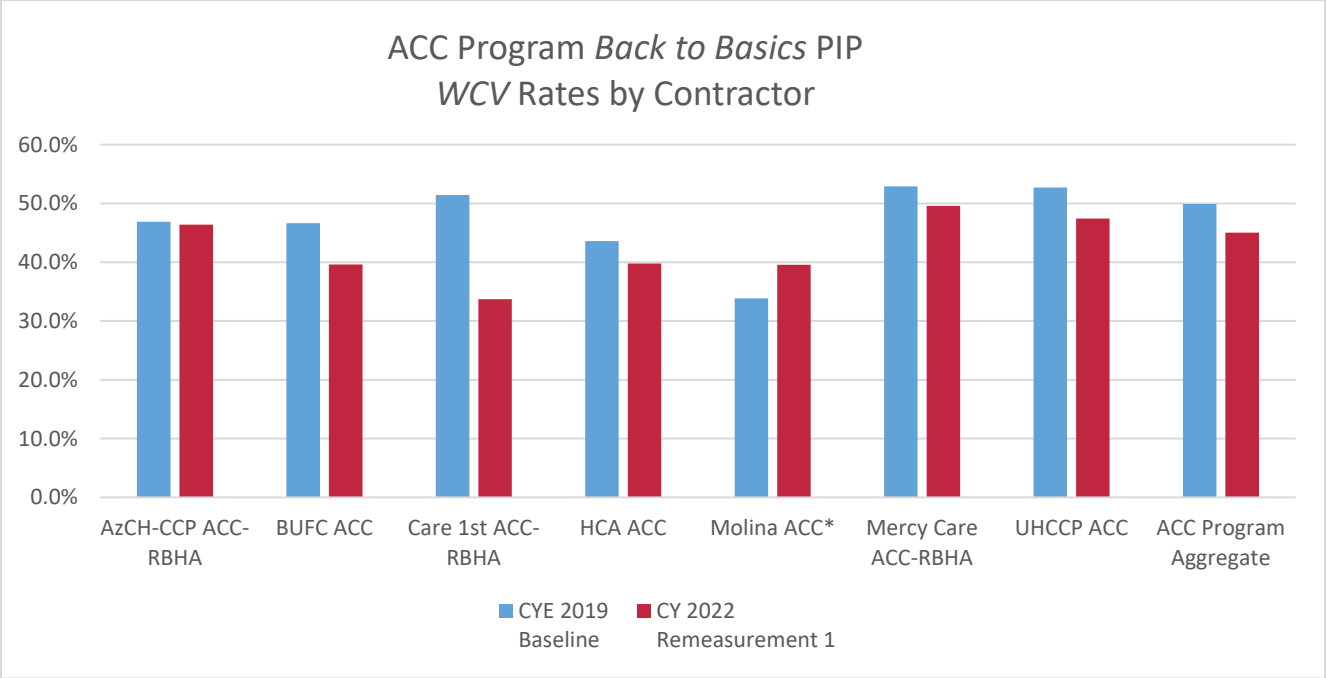
Contractor *W30* rates ranged from a low of 49.1 percent (Molina ACC) to a high of 70.5 percent (Care 1st ACC-RBHA). The ACC Program Aggregate baseline rate was 64.1 percent. Baseline rates for four of the seven Contractors exceeded the ACC Program Aggregate rate.

Remeasurement 1 Results

Contractor-level indicator rates demonstrated a decline at Remeasurement 1 compared to baseline rates with a few exceptions. As a result, the ACC Program Aggregate rate declined at Remeasurement 1.

For the *W30* performance indicator, five Contractors showed a decline in the rates between baseline and Remeasurement 1, with a 3.3 percentage point decline for the ACC Program Aggregate rate. Molina ACC had a statistically significant 6.9 percentage point increase from 49.1 percent to 56.0 percent, while Mercy Care ACC-RBHA had a non-statistically significant 0.12 percentage point increase from 65.0 percent to 65.12 percent.

Figure 2-2—ACC Program *Back to Basics* PIP—*WCV* Rates by Contractor



*In CYE 2019, the Molina ACC performance measure rate for Performance Indicator 1 had a small denominator, which did not allow reporting of the measure. Therefore, the rate above reflects CY 2020 as the baseline period for Performance Indicator 1 for Molina ACC.

Baseline Results

Contractor *WCV* rates ranged from a low of 33.9 percent (Molina ACC) to a high of 52.9 percent (Mercy Care ACC-RBHA). The ACC Program Aggregate baseline rate was 49.9 percent. The baseline rate for three of the seven Contractors exceeded the ACC Program Aggregate rate.

Remeasurement 1 Results

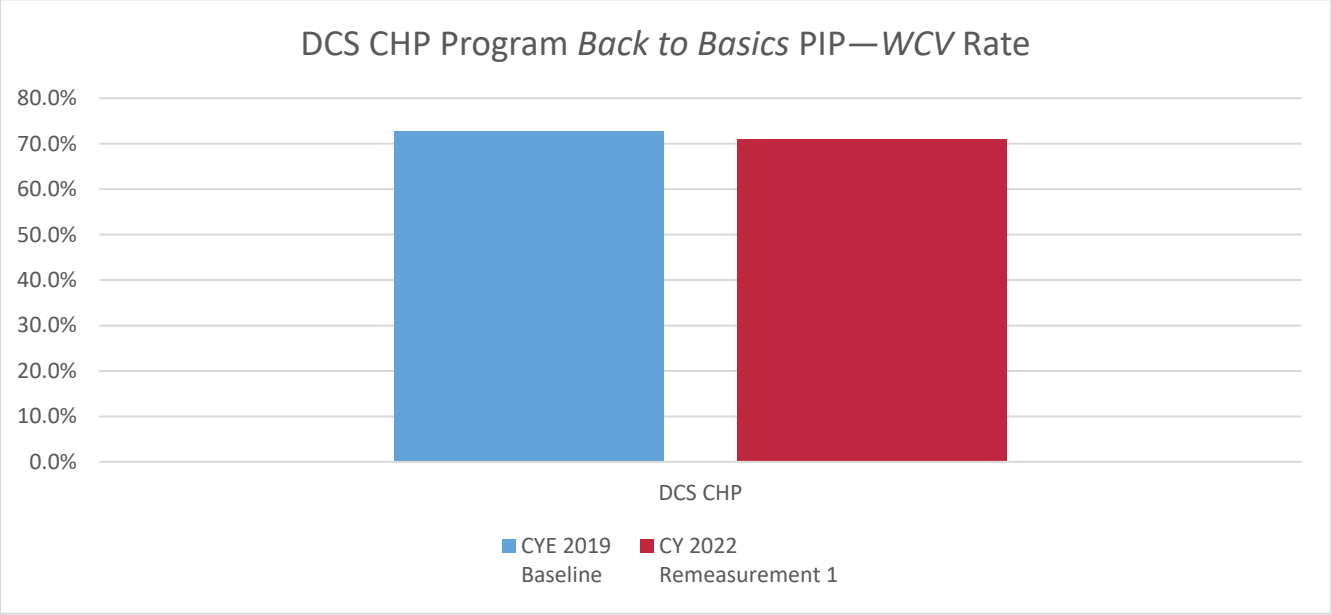
Contractor-level indicator rates demonstrated a decline at Remeasurement 1 compared to baseline rates with a few exceptions. As a result, the ACC Program Aggregate rate declined at Remeasurement 1.

For the *WCV* performance indicator, six Contractors showed a decline in the indicator rates between baseline and Remeasurement 1, with a 4.9 percentage point decline for the ACC Program Aggregate rate. Molina ACC had a statistically significant 5.7 percentage point increase, from 33.9 percent to 39.6 percent.

DCS CHP Program

For the Contractor, the performance indicator results for baseline and Remeasurement 1 are compared below.

Figure 2-3—DCS CHP Program *Back to Basics* PIP—*WCV* Rate



Baseline Results

The DCS CHP Program *WCV* rate for the baseline measurement period was 72.6 percent.

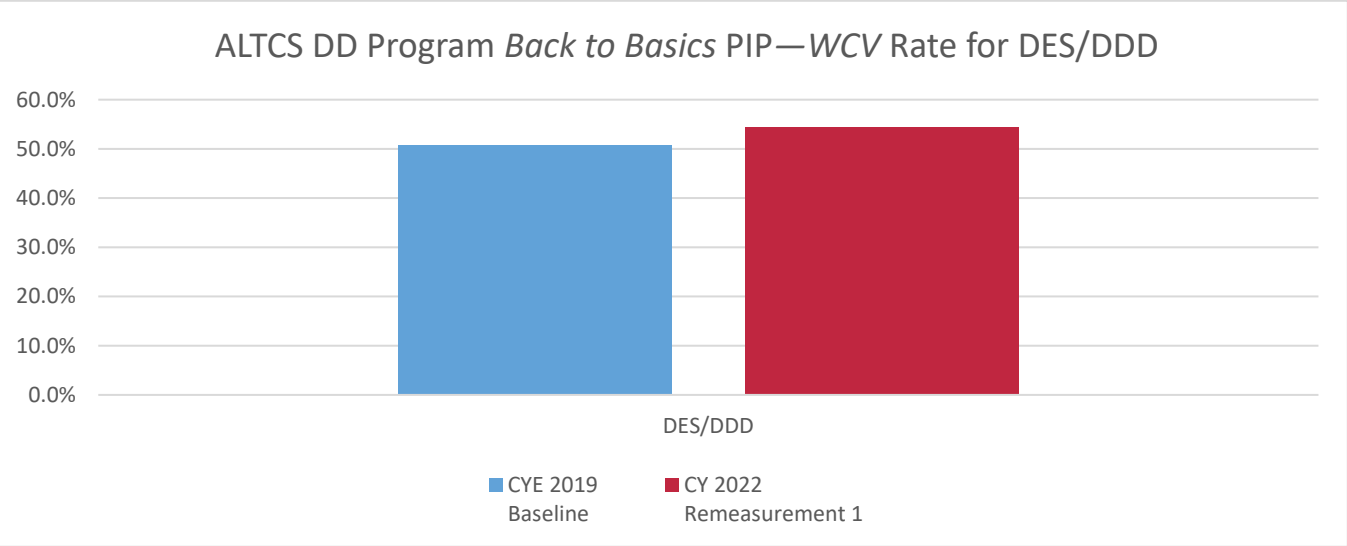
Remeasurement 1 Results

The DCS CHP Program *WCV* rate decreased slightly from the baseline rate to the Remeasurement 1 rate. The rate decreased 1.6 percentage points, from 72.6 percent to 71.0 percent.

ALTCS-DD Program

For the Contractor, the performance indicator results for baseline and Remeasurement 1 are compared below.

Figure 2-4— ALTCS-DD Program *Back to Basics* PIP—*WCV* Rate for DES/DDD



Baseline Results

The DES/DDD *WCV* rate for the baseline measurement period was 72.6 percent.

Remeasurement 1 Results

The DES/DDD *WCV* rate increased from the baseline rate to the Remeasurement 1 rate. The increase of 3.7 percentage points from 50.7 percent to 54.4 percent was statistically significant.

Disparities

AHCCCS requires each of its Contractors to conduct and include subpopulation and disparity analysis findings for the *Back to Basics* PIP. The Contractors must also ensure that interventions are initiated to address specific data analysis findings.

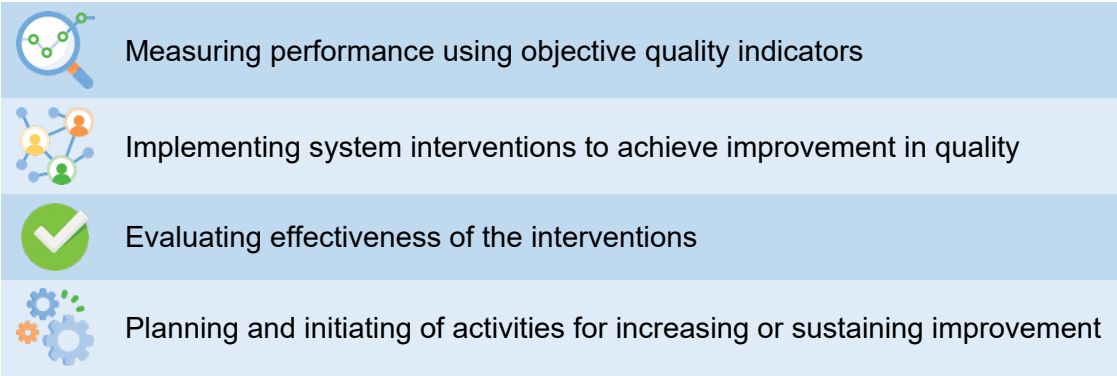
HSAG identified that each Contractor provided evidence that the required subpopulation, disparity analysis and interventions were present in the *Back to Basics* PIP and submitted for annual validation.

Data Validation

For the project to achieve real improvements in care and for interested parties to have confidence in the reported improvements, the PIPs must be designed, conducted, and reported using sound methodology and must be completed in a reasonable time. This structured method of assessing and improving Contractor processes is expected to have a favorable effect on health outcomes and member satisfaction.

The primary objective of PIP validation is to determine the validity and reliability of a PIP through assessing a Contractor's compliance with State and federal requirements. For CYE 2023, AHCCCS required Contractors to conduct PIPs in accordance with Title 42 Code of Federal Regulations (CFR) §438.330(b)(1) and §438.330(d)(2)(i–iv). In accordance with §438.330(d)(2)(i–iv), each PIP must include:

Figure 2-5—PIP Validation Requirements



HSAG used the AHCCCS PIP Report, which each Contractor completed and submitted to HSAG, for its review and validation. The AHCCCS PIP Report standardizes the process for submitting information regarding PIPs and ensures alignment with the CMS protocol requirements.

HSAG, with AHCCCS's input and approval, developed a PIP Validation Tool to ensure a uniform validation of the PIPs. Using this tool, HSAG evaluated each of the PIPs according to CMS Protocol 1. The HSAG PIP Team consisted of, at a minimum, an analyst with expertise in statistics, PIP design, and performance improvement processes, and a clinician with expertise in performance improvement processes. CMS Protocol 1 identifies nine steps that should be validated for each PIP. The nine steps included in the PIP Validation Tool are listed below:

Table 2-1—CMS Protocol Steps

Protocol Steps	
Step Number	**Description**
1	Review the Selected PIP Topic
2	Review the PIP Aim Statement

Protocol Steps	
Step Number	**Description**
3	Review the Identified PIP Population
4	Review the Sampling Method
5	Review the Selected Performance Indicator(s)
6	Review the Data Collection Procedures
7	Review the Data Analysis and Interpretation of PIP Results
8	Assess the Improvement Strategies
9	Assess the Likelihood that Significant and Sustained Improvement Occurred

HSAG used the methodology described below to evaluate PIPs conducted by the Contractors to determine PIP validity and to rate the compliance with CMS Protocol 1.

Each required step is evaluated on one or more elements that form a valid PIP. The HSAG PIP Review Team scores each evaluation element within a given step as *Met*, *Partially Met*, *Not Met*, *Not Applicable*, or *Not Assessed*. HSAG designates evaluation elements pivotal to the PIP process as "critical elements." For a PIP to produce valid and reliable results, all critical elements must be *Met*. Given the importance of critical elements to the scoring methodology, any critical element that receives a *Not Met* score results in an overall rating of *No Confidence* for the PIP. The Contractor is assigned two confidence levels, the overall confidence of adherence to acceptable methodology for all phases of the PIP and the overall confidence that the PIP achieved significant improvement.

In addition to the two overall confidence levels, HSAG assigns the PIP a percentage score for all evaluation elements (including critical elements) for each confidence level. HSAG calculates the percentage scores by dividing the total number of elements scored as *Met* by the total number of elements scored as *Met*, *Partially Met*, and *Not Met* with *Not Assessed* and *Not Applicable* elements removed. HSAG also calculates a critical element percentage score by dividing the total number of critical elements scored as *Met* by the sum of the critical elements scored as *Met*, *Partially Met*, and *Not Met* with *Not Assessed* and *Not Applicable* elements removed. HSAG assessed the PIP's results for the two confidence levels using the following methods.

1. Overall Confidence of Adherence to Acceptable Methodology for All Phases of the PIP

- *High Confidence*: High confidence in reported PIP results. All critical evaluation elements were *Met*, and 90 to 100 percent of all evaluation elements were *Met* across all steps.
- *Moderate Confidence*: Moderate confidence in reported PIP results. All critical evaluation elements were *Met*, and 80 to 89 percent of all evaluation elements were *Met* across all steps.
- *Low Confidence*: Low confidence in reported PIP results. Across all steps, 65 to 79 percent of all evaluation elements were *Met*; or one or more critical evaluation elements were *Partially Met*.
- *No Confidence*: No confidence in reported PIP results. Across all steps, less than 65 percent of all evaluation elements were *Met*; or one or more critical evaluation elements were *Not Met*.

2. Overall Confidence That the PIP Achieved Significant Improvement

- *High Confidence*: All performance indicators demonstrated *statistically significant* improvement over the baseline.
- *Moderate Confidence*: To receive Moderate Confidence for significant improvement, one of the three scenarios below occurred:
  - All performance indicators demonstrated improvement over the baseline **and** some but not all performance indicators demonstrated *statistically significant* improvement over the baseline.
  - All performance indicators demonstrated improvement over the baseline **and** none of the performance indicators demonstrated *statistically significant* improvement over the baseline.
  - Some but not all performance indicators demonstrated improvement over baseline **and** some but not all performance indicators demonstrated *statistically significant* improvement over baseline.
- *Low Confidence*: The remeasurement methodology was not the same as the baseline methodology for at least one performance indicator **or** some but not all performance indicators demonstrated improvement over the baseline and none of the performance indicators demonstrated *statistically significant* improvement over the baseline.
- *No Confidence*: The remeasurement methodology was not the same as the baseline methodology for all performance indicators **or** none of the performance indicators demonstrated improvement over the baseline.

The Contractors had the opportunity to receive initial PIP validation scores and detailed feedback, request technical assistance and guidance from HSAG, make any necessary corrections, and resubmit the PIP for final validation. HSAG provided the completed validation tools to AHCCCS and the Contractors.

Validation Findings

HSAG's validation evaluates the technical methods of the PIP (i.e., the design, data analysis, implementation, and outcomes). Based on its review, HSAG determined the overall methodological validity of the PIP. Table 2-2 and Table 2-3 summarizes the Contractors' *Back to Basics* PIP validated during the review period with an overall confidence level of *High Confidence, Moderate Confidence, Low Confidence* or *No Confidence* for the two required confidence levels identified below. In addition, Table 2-2 and Table 2-3 displays the percentage score of evaluation elements that received a *Met* validation score, as well as the percentage score of critical elements that received a *Met* validation score. Critical elements are those within the PIP Validation Tool that HSAG has identified as essential for producing a valid and reliable PIP.

Table 2-2 displays the overall confidence levels for the *Back to Basics* PIP for the ACC Program.

Table 2-2—ACC Program *Back to Basics* PIP Overall Confidence Levels

Contractor	Overall Confidence of Adherence to Acceptable Methodology for All Phases of the PIP			Overall Confidence That the PIP Achieved Significant Improvement		
	Percentage Score of Evaluation Elements *Met*[1]	Percentage Score of Critical Elements *Met*[2]	Confidence Level[3]	Percentage Score of Evaluation Elements *Met*[1]	Percentage Score of Critical Elements *Met*[2]	Confidence Level[3]
AzCH-CCP ACC-RBHA	100%	100%	*High Confidence*	33%	100%	*No Confidence*
BUFC ACC	87%	89%	*Low Confidence*	33%	100%	*No Confidence*
Care 1st ACC	100%	100%	*High Confidence*	33%	100%	*No Confidence*
HCA ACC	100%	100%	*High Confidence*	33%	100%	*No Confidence*
Mercy Care ACC	100%	100%	*High Confidence*	33%	100%	*Low Confidence*
Molina ACC	100%	100%	*High Confidence*	100%	100%	*High Confidence*
UHCCP ACC	100%	100%	*High Confidence*	33%	100%	*No Confidence*

[1] **Percentage Score of Evaluation Elements *Met***—The percentage score is calculated by dividing the total elements *Met* (critical and non-critical) by the sum of the total elements of all categories (*Met*, *Partially Met*, and *Not Met)*.

[2] **Percentage Score of Critical Elements *Met***—The percentage score of critical elements *Met* is calculated by dividing the total critical elements *Met* by the sum of the critical elements *Met*, *Partially Met*, and *Not Met*.

[3] **Confidence Level**—Populated from the PIP Validation Tool and based on the percentage scores.

All but one Contractor adhered to acceptable methodology through all phases of the PIP. BUFC ACC did not perform statistical testing between the baseline performance indicator rates and the Remeasurement 1 performance indicator rates. Only Molina ACC achieved statistically significant improvement between the baseline rates and the Remeasurement 1 rates for both performance indicators, resulting in a *High Confidence* for both confidence levels.

Table 2-3 displays the overall confidence levels for the *Back to Basics* PIP for the DCS CHP Program.

Table 2-3—DCS CHP Program *Back to Basics* PIP Overall Confidence Levels

Contractor	Overall Confidence of Adherence to Acceptable Methodology for All Phases of the PIP			Overall Confidence That the PIP Achieved Significant Improvement		
	Percentage Score of Evaluation Elements *Met*[1]	Percentage Score of Critical Elements *Met*[2]	Confidence Level[3]	Percentage Score of Evaluation Elements *Met*[1]	Percentage Score of Critical Elements *Met*[2]	Confidence Level[3]
DCS CHP	100%	100%	*High Confidence*	33%	100%	*No Confidence*

[1] **Percentage Score of Evaluation Elements *Met***—The percentage score is calculated by dividing the total elements *Met* (critical and non-critical) by the sum of the total elements of all categories (*Met*, *Partially Met*, and *Not Met)*.
[2] **Percentage Score of Critical Elements *Met***—The percentage score of critical elements *Met* is calculated by dividing the total critical elements *Met* by the sum of the critical elements *Met*, *Partially Met*, and *Not Met*.
[3] **Confidence Level**—Populated from the PIP Validation Tool and based on the percentage scores.

DCS CHP adhered to acceptable methodology through all phases of the PIP. The Contractor did not achieve statistically significant improvement between the baseline rate and the Remeasurement 1 rate for the performance indicator, resulting in a *No Confidence* level for achieving significant improvement.

Table 2-4 displays the overall confidence levels for the *Back to Basics* PIP for DES/DDD Program.

Table 2-4—DES/DDD Program *Back to Basics* PIP Overall Confidence Levels

Contractor	Overall Confidence of Adherence to Acceptable Methodology for All Phases of the PIP			Overall Confidence That the PIP Achieved Significant Improvement		
	Percentage Score of Evaluation Elements *Met*[1]	Percentage Score of Critical Elements *Met*[2]	Confidence Level[3]	Percentage Score of Evaluation Elements *Met*[1]	Percentage Score of Critical Elements *Met*[2]	Confidence Level[3]
DES/DDD	100%	100%	*High Confidence*	100%	100%	*High Confidence*

[1] **Percentage Score of Evaluation Elements *Met***—The percentage score is calculated by dividing the total elements *Met* (critical and non-critical) by the sum of the total elements of all categories (*Met*, *Partially Met*, and *Not Met)*.
[2] **Percentage Score of Critical Elements *Met***—The percentage score of critical elements *Met* is calculated by dividing the total critical elements *Met* by the sum of the critical elements *Met*, *Partially Met*, and *Not Met*.
[3] **Confidence Level**—Populated from the PIP Validation Tool and based on the percentage scores.

DES/DDD adhered to acceptable methodology through all phases of the PIP. The Contractor achieved statistically significant improvement between the baseline rate and the Remeasurement 1 rate for the performance indicator, resulting in a *High Confidence* for both confidence levels.

Data Limitations

The following data limitations were noted as part of the AHCCCS *Back to Basics* PIP:

- As of CYE 2020, AHCCCS has transitioned to Contractor-calculated performance measure rates reflective of CY measurement periods for evaluating Contractor performance to support MCO oversight and external quality review (EQR) annual reporting. As such, the baseline measurement period did not use the same 12-month period as the Remeasurement 1 period. The baseline measurement period was October 1, 2019, through September 30, 2020. The Remeasurement 1 measurement period was CY 2022—January 1, 2022, through December 31, 2022.
- CYE 2019 served as the baseline year for all Contractors except Molina ACC, which used CY 2020 as the baseline year for Performance Indicator 1. In CYE 2019, the Molina ACC performance measure rate for Performance Indicator 1 had a small denominator, which did not allow reporting of the measure; therefore, CY 2020 served as the baseline year for Performance Indicator 1.

3. Conclusions and Recommendations

Conclusions

All Contractors adhered to acceptable methodology through all phases of the PIP with few exceptions. All Contractors were able to measure the effectiveness of interventions and perform accurate statistical testing except one Contractor that did not perform statistical testing between the baseline rates and the Remeasurement 1 rates. Two Contractors were able to achieve statistically significant improvement for all performance indicators when comparing baseline rates to Remeasurement 1 rates. Contractor-level indicator rates demonstrated a decline at Remeasurement 1 compared to baseline rates with few exceptions. As a result, the ACC Program Aggregate rate declined at Remeasurement 1.

For the *W30* performance indicator, five Contractors showed a decline in the rates between baseline and Remeasurement 1, with a decline of approximately 3 percentage points for the ACC Program Aggregate rate. One Contractor had a statistically significant increase of approximately 7 percentage points while another Contractor had an increase of less than 1 percentage point at Remeasurement 1.

For the *WCV* performance indicator, six Contractors showed a decline in the indicator rates between baseline and Remeasurement 1, with a decline of approximately 5 percentage points for the ACC Program Aggregate rate. One Contractor had an increase of approximately 6 percentage points at Remeasurement 1.

Recommendations

To support successful progression of the *Back to Basics* PIP in the next CY, HSAG recommends that the Contractors:

- Seek technical assistance from HSAG to understand the requirements for statistical testing, if needed.
- Revisit the causal/barrier analysis used to develop interventions and adjust the interventions to facilitate improvement.
- Continue to implement identified interventions with clearly defined intervention effectiveness measures to assess the effectiveness of each intervention.
- Develop interventions that affect a large enough percentage of the eligible population to drive improvement in the overall indicator rates.

Appendix A. Acknowledgements and Copyrights

HEDIS® refers to the Healthcare Effectiveness Data and Information Set and is a registered trademark of NCQA.

American Academy of Pediatrics (AAP) Schedule of Well-Child Care Visits. (2017, June 27). Available at: https://www.healthychildren.org/English/family-life/health-management/Pages/Well-Child-Care-A-Check-Up-for-Success.aspx. Accessed on: Mar 15, 2024.

Adolescence: Preparing for Lifelong Health and Wellness. (2018). Available at: https://www.cdc.gov/grand-rounds/pp/2015/20150818-adolescent-wellness.html. Accessed on: Mar 15, 2024.