



Arkansas Medicaid Performance

A Report on Quality and Access to Care

HEDIS 2011



Table of Contents

- 3 Introduction**
- 4 HEDIS Overview**
- 5 Key Findings**
- 7 Member Demographics**

Results

▶ Pediatric Care

- 12 Well-Child Visits in the First 15 Months of Life (W15)
- 14 Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34)
- 16 Childhood Immunization Status (CIS)
- 18 Adolescent Well-Care Visits (AWC)
- 20 Immunizations for Adolescents (IMA)
- 22 Lead Screening in Children (LSC)
- 23 Annual Dental Visits (ADV)
- 24 Appropriate Treatment for Children with Upper Respiratory Infections (URI)
- 25 Appropriate Treatment for Children with Pharyngitis (CWP)

▶ Women's Care

- 28 Breast Cancer Screening (BCS)
- 29 Chlamydia Screening (CHL)
- 31 Cervical Cancer Screening (CCS)

▶ Living With Illness

- 34 Comprehensive Diabetes Care (CDC)
- 36 The Use of Appropriate Medications for People with Asthma (ASM)



With all of the uncertainties surrounding health care today, it has become increasingly more important for Arkansans to have a reliable method for determining the quality of their care. This is especially true when considering the responsibility placed on the Department of Medical Services (DMS) staff to show they are spending taxpayer dollars wisely and providing the highest quality of care to our population, many of whom are our most vulnerable.

Quality improvement, performance assessment, and transparent reporting have emerged as key expectations in today's health care environment. For that reason, the Healthcare Effectiveness Data and Information Set (HEDIS®) is used by more than 90 percent of America's health plans to measure performance on important dimensions of care and service. Public reporting of HEDIS and other core measures will also be mandated by the Centers for Medicare & Medicaid Services (CMS) in the future for Medicaid children enrolled in the Children's Health Insurance Program (CHIP).¹ The information and assessment derived from this report provides a transparent assessment of ARKids A's and ARKids B's performance.

Consistent with its overall approach to continuously improving the quality of care, Arkansas uses the information obtained through performance measurement activities, which includes collection of HEDIS® rates, to do the following:

- Design and implement programs to proactively improve quality throughout the Arkansas Medicaid system.
- Identify creative initiatives to continuously monitor, assess, and improve access to care, clinical quality of care, and the quality of services.
- Identify opportunities for improvement in the health status of the Medicaid population and improve health and wellness through preventive care services, chronic disease and special needs management, and health promotion.
- Actively engage health care providers in the community and work with them individually to improve their patients' health and the overall quality of the services they bring to Arkansans.
- Improve beneficiary satisfaction with care and services.

Analysis of HEDIS data has provided DMS with information and tools critical to the design and implementation of the Health Care Payment Improvement Initiative. The payment initiative is designed to make more efficient use of health care resources by moving away from the inefficient fee-for-service payment model to one designed to pay for coordinated episodes of care. Such broad, aggressive changes must be based on sound data; this is where HEDIS analyses can play an important role.



WHAT IS HEDIS?

The Health care Effectiveness Data and Information Set, or HEDIS, is a set of healthcare performance measures created by the National Committee for Quality Assurance (NCQA) to collect information about the quality of care and services provided to health care beneficiaries. The HEDIS measure set consists of 76 measures that compare how well health care systems perform in key areas. These measures provide a standard way to compare performance across health plans and states. DMS uses a subset of measures to evaluate the health care provided to Arkansas's Medicaid members.

DATA COLLECTION

Data collected for this report were based solely on claims data submitted to the State with the exception of the childhood and adolescent immunization measures. The findings for these measures were produced using a hybrid methodology meaning the data were supplemented with information obtained from members' medical records.

INTERPRETING THE RESULTS

This report summarizes the Arkansas Medicaid Programs' performance on a selected set of HEDIS measures for two populations, ARKids A and ARKids B. The current year's rates are compared to the rates from previous years and national NCQA Medicaid HEDIS benchmarks. The national benchmarks are provided by NCQA and are updated annually using data submitted by Medicaid managed care health plans across the country. Historically, rates of a managed care plan will generally be higher than those of the free-for-service plan utilized in Arkansas, but remain comparable. Where applicable, results are provided for both ARKids programs and, if available, five-year trends are presented as well.

A new measure evaluating adolescent immunizations was added this year. It reports the percentage of adolescents who received one dose of the meningococcal vaccine (meningitis) and one dose of tetanus/diphtheria/pertussis (Tdap) or tetanus/diphtheria (Td) by their 13th birthday. A rate is calculated for each vaccine as well as the combination of vaccinations. This being the first year for the measure, there will be no comparison data reported for previous years.

LIMITATIONS

SFY 2009 and SFY 2010 rates were calculated by HSAG; previous years' rates were obtained from previously published reports and are presented for trending purposes only. The reader should exercise caution when comparing rates due to differences in calculation methodologies. Additionally, some of the measures presented in this report are "hybrid" measures and are designed to include medical record review data. Since most measures are reported using administrative data only, caution should be used when comparing results to national benchmarks.



PEDIATRIC CARE

- Well-child visit rates continued to show improvement for ARKids A and ARKids B, with more children receiving six or more well-child visits in the first 15 months of life. Rates for children ages 3 to 6 also showed improvement in 2010 for ARKids A, but not ARKids B. Rates for children in the ARKids A program increased significantly between 2009 and 2010. However, performance for both groups remained below the NCQA National Medicaid 50th percentile.
- Adolescent well-care visit rates continued to see improvement for both populations. ARKids A experienced a statistically significant increase in SFY 2010.
- Childhood immunization rates for ARKids A members improved from previous years with the exception of the hepatitis B and pneumococcal vaccines. Influenza B vaccinations remained unchanged in that population. The ARKids B rate showed a slight, although non-significant decrease in all childhood immunizations with the exception of the influenza B vaccine which showed a minor increase for this fiscal year.
- The lead screening rates again improved significantly for both populations, with the 2010 rates remaining below the NCQA 50th percentile. However, the rate nearly doubled in performance from 2009.
- Dental visit rates continued to improve and perform well above the NCQA 50th percentile for both populations. The rate for ARKids A at 54.6 percent fell just slightly below the 75th percentile (54.8 percent), and the ARKids B rate was well above it at 60.2 percent.

- The rates for appropriate testing for children with pharyngitis and appropriate treatment for respiratory infections continued to rise, but both remained below the National Medicaid 50th percentile.

WOMEN'S CARE

- Breast cancer screening rates, which had been declining since 2005, have begun to rebound with a significant increase in the rate for 2010.
- The cervical cancer screening rate showed a small, but statistically significant decrease in SFY 2010.
- The chlamydia screening rate has continued to show steady improvement and remained above the National Medicaid 50th percentile.

LIVING WITH ILLNESS

- Rates for the three diabetes measures declined somewhat in SFY 2010, and all of the rates performed below the NCQA Medicaid 50th percentile. Nearly half of Arkansas's diabetic Medicaid beneficiaries received a yearly eye exam or had their lipid profile examined.
- Rates measuring the appropriate treatment of asthma saw very minor declines in all age groups for the ARKids A population. ARKids B rates were mixed, varying by age group; but all remained above the NCQA 50th percentile. Overall, approximately 88 percent of ARKids A and over 92 percent of ARKids B beneficiaries received the appropriate medication for asthma.

Member Demographics



Who Is Receiving Medicaid in Arkansas?

Arkansas's Medicaid program is made up of many different programs that help pay for medical services for low-income Arkansans and other vulnerable populations with special health needs. It serves a wide range of health care needs through a combination of State and federal funds.²

This report presents the results for a subset of the Medicaid population; those covered by the Medicaid/ ARKids A and CHIP/ARKids B programs, which are referred to as ARKids A and ARKids B, respectively.

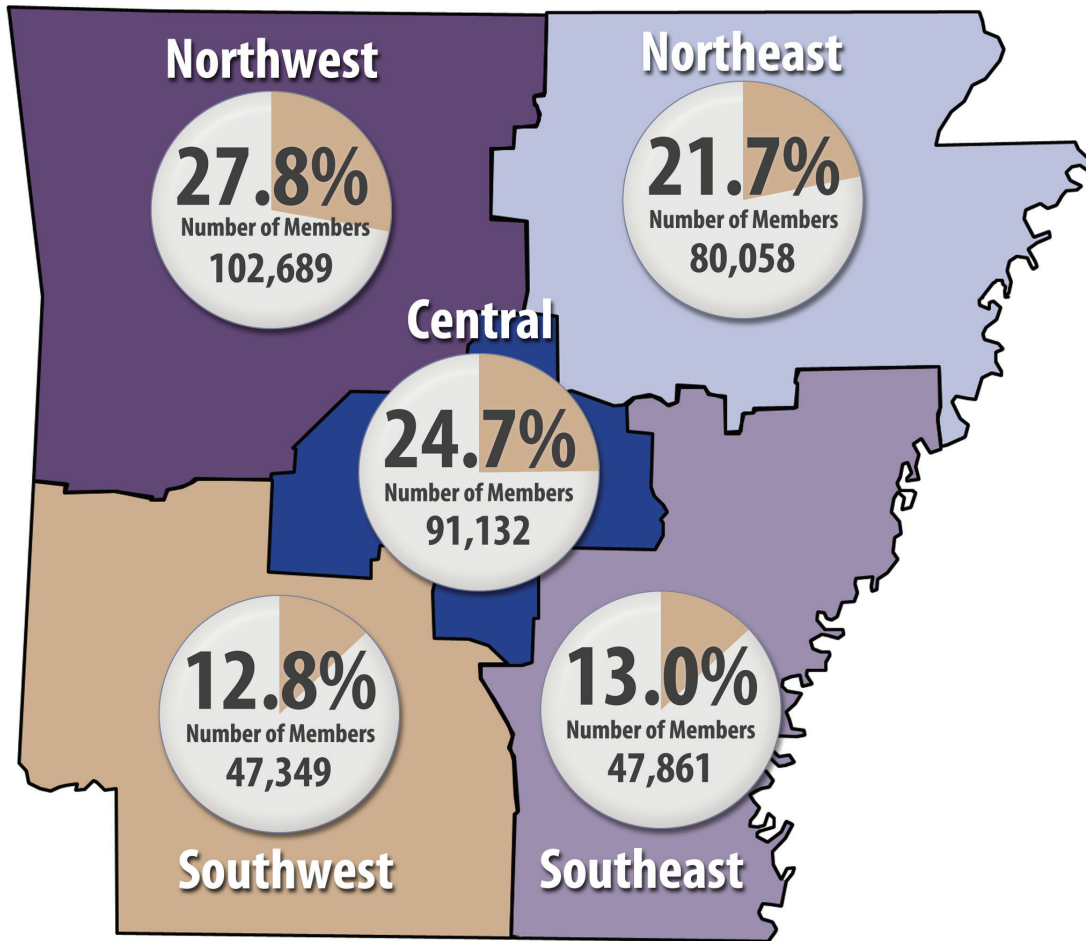
Demographic information is shown separately for ARKids A and ARKids B due to differences in the two programs. Higher income levels are allowed with ARKids B, but beneficiaries must pay a co-pay for some services. There are also limits on some services that do not apply to ARKids A.

Both programs offer basic health care coverage, including, but not limited to, physician and Emergency Room visits, prescription drugs, family planning, immunizations, and dental and vision services.

The following pages show:

- ▶ Number and percent of ARKids A and ARKids B beneficiaries living in each of Arkansas's five regions.
- ▶ Number and percent of ARKids A and ARKids B beneficiaries by race.
- ▶ Number and percent of ARKids A and ARKids B beneficiaries by age.

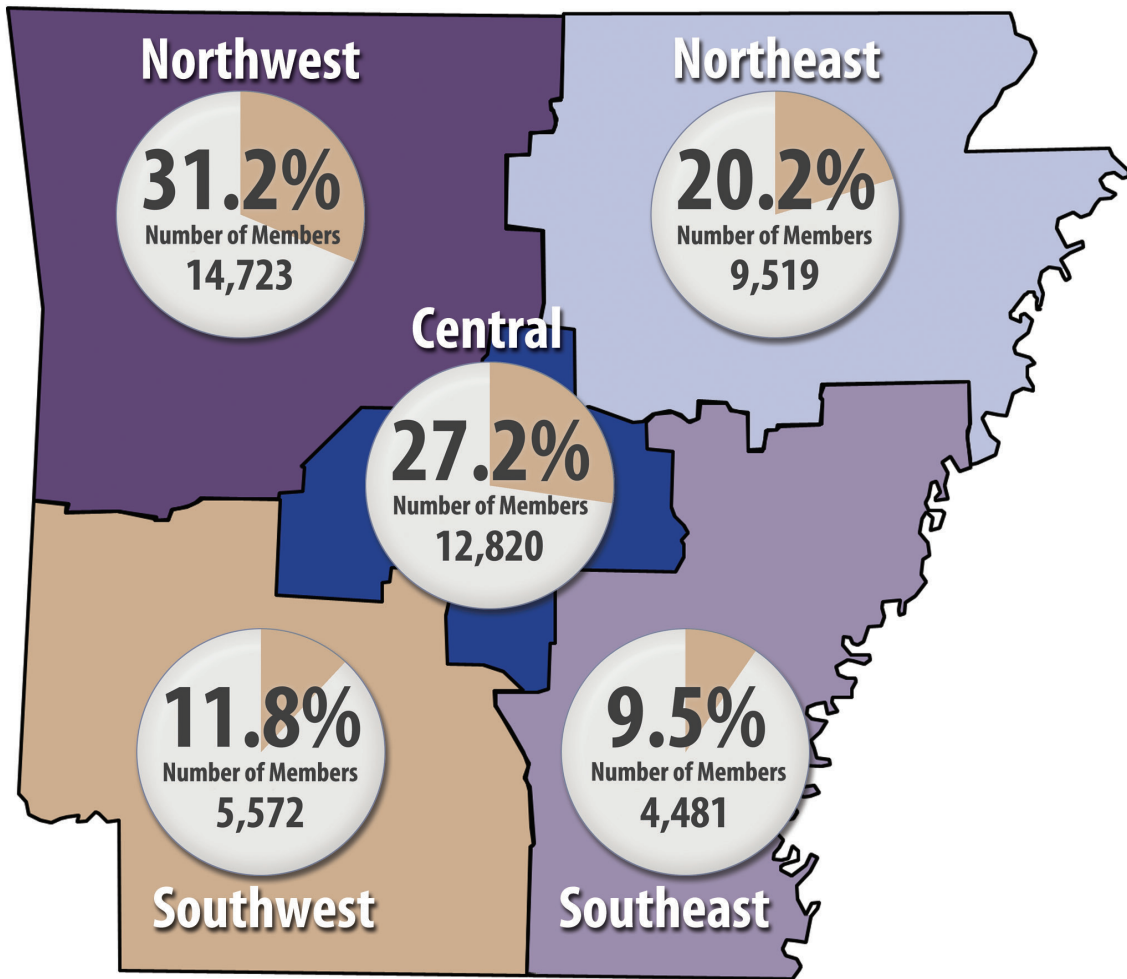
ARKids A



| Race | Number of Members | Percent |
|---------------------------|-------------------|---------|
| White | 193,717 | 52.5% |
| Black or African American | 109,223 | 29.6% |
| Hispanic or Latino | 32,067 | 8.7% |
| Other | 34,082 | 9.2% |

| Age | Number of Members | Percent |
|-------|-------------------|---------|
| 1-2 | 38,439 | 10.4% |
| 3-6 | 77,432 | 21.0% |
| 7-11 | 71,311 | 19.3% |
| 12-19 | 82,655 | 22.4% |
| 20-39 | 62,267 | 16.9% |
| 40-54 | 21,571 | 5.8% |
| 55+ | 15,414 | 4.2% |

ARKids B



| Race | Number of Members | Percent |
|---------------------------|-------------------|---------|
| White | 30,841 | 65.5% |
| Black or African American | 9,844 | 20.9% |
| Hispanic or Latino | 4,848 | 10.3% |
| Other | 1,582 | 3.4% |

| Age | Number of Members | Percent |
|--------|-------------------|---------|
| 1-2 | 2,195 | 4.7% |
| 3-6 | 6,019 | 12.8% |
| 7-11 | 16,027 | 34.0% |
| 12-19* | 22,874 | 48.5% |

* Three members were identified with ages beyond 19.

Totals may not equal 100 percent due to rounding.



Pediatric primary health care is extremely important to children of all ages from birth through adolescence, and into early adulthood. Regular check-ups ensure vaccinations are done on time; allow physicians to track physical, emotional, and cognitive development; and often prevent serious health problems from developing later in life by catching them early.

Regular check-ups give physicians the opportunity to get to know the family and become a good source of information for new parents. For parents of adolescents, a health care provider is a partner that helps them navigate the rapid and challenging changes associated with the teen years. When children are free of the burdens of medical problems, they are able to learn, grow, and mature normally.

This section provides detailed results on Pediatric Care performance for Arkansas Medicaid's beneficiaries.

The Pediatric Care Measures

- ▶ 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)
- ▶ Childhood Immunization Status (CIS)
- ▶ Adolescent Well-Care Visits (AWC)
- ▶ Immunizations for Adolescents (IMA)
- ▶ Lead Screening in Children (LSC)
- ▶ Annual Dental Visits (ADV)
- ▶ Appropriate Treatment for Children with Upper Respiratory Infection (URI)
- ▶ Appropriate Testing for Children with Pharyngitis (CWP)

Well-Child Visits in the First 15 Months of Life (W15)



MEASURE DEFINITION

Percentage of members who turned 15 months old during the measurement year and received the recommended number of check-ups with their regular physicians.

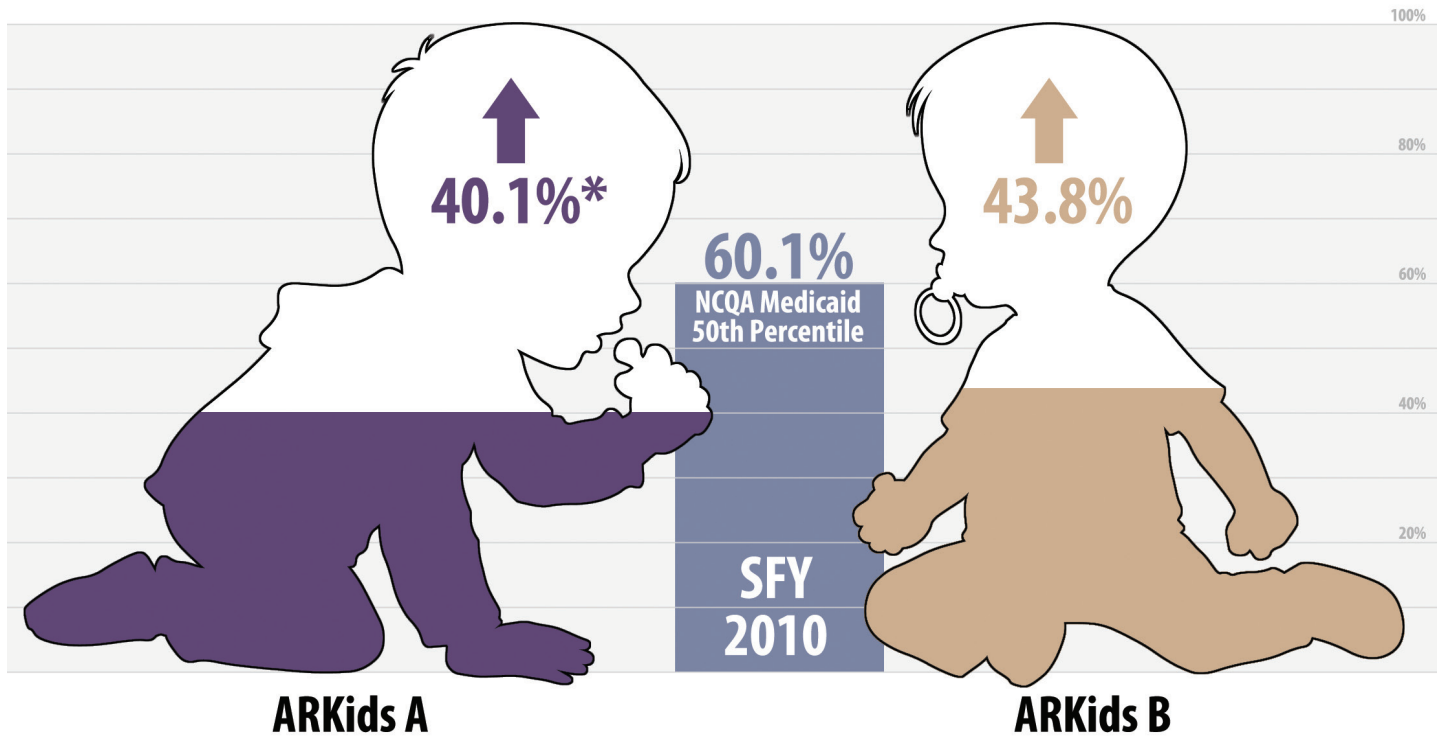
Six or more well-child visits (or check-ups) are recommended during this time of infants' rapid growth.

At these visits special attention is paid to height, weight, and head circumference, as well as vision, hearing, and other signs of normal development.

These check-ups allow the child's doctor to keep track of his or her physical and behavioral development and address any issues before they become serious problems. They also allow parents the chance to learn what to expect as their baby grows. Parents can also receive information about nutrition, sleep, preventive care, and other developmental topics.

Researchers have found that children who receive the recommended check-ups are less likely to be hospitalized or visit the emergency department and more likely to experience better health.³

| 6+ Visits | SFY 2006 | SFY 2007 | SFY 2008 | SFY 2009 | SFY 2010 |
|--------------------------------------|----------|----------|----------|----------|----------|
| NCOA Medicaid 50th Percentile | 50.0% | 56.6% | 57.5% | 60.6% | 60.1% |
| ARKids A | 25.4% | 25.5% | 28.5% | 36.5% | 40.1%* |
| ARKids B | 34.5% | 35.4% | 38.3% | 42.5% | 43.8% |



* There was a statistically significant change from SFY 2009 to SFY 2010.

0 Visits

| | SFY 2006 | SFY 2007 | SFY 2008 | SFY 2009 | SFY 2010 |
|--------------------------------------|----------|----------|----------|----------|----------|
| NCQA Medicaid 50th Percentile | 2.0% | 1.4% | 1.9% | 1.5% | 1.4% |
| ARKids A | 7.6% | 7.4% | 4.9% | 7.5% | 6.9% |
| ARKids B | 6.7% | 4.6% | 3.1% | 8.2% | 8.1% |

1 Visit

| | SFY 2006 | SFY 2007 | SFY 2008 | SFY 2009 | SFY 2010 |
|--------------------------------------|----------|----------|----------|----------|----------|
| NCQA Medicaid 50th Percentile | 2.5% | 1.7% | 1.9% | 1.7% | 1.6% |
| ARKids A | 9.9% | 9.5% | 8.1% | 7.5% | 6.7%* |
| ARKids B | 7.1% | 5.8% | 4.9% | 5.8% | 6.8% |

2 Visits

| | SFY 2006 | SFY 2007 | SFY 2008 | SFY 2009 | SFY 2010 |
|--------------------------------------|----------|----------|----------|----------|----------|
| NCQA Medicaid 50th Percentile | 4.0% | 3.2% | 3.1% | 2.9% | 2.8% |
| ARKids A | 9.8% | 10.3% | 9.3% | 8.5% | 8.1% |
| ARKids B | 6.3% | 6.6% | 6.0% | 9.1% | 7.3% |

3 Visits

| | SFY 2006 | SFY 2007 | SFY 2008 | SFY 2009 | SFY 2010 |
|--------------------------------------|----------|----------|----------|----------|----------|
| NCQA Medicaid 50th Percentile | 6.8% | 5.8% | 5.8% | 5.4% | 5.4% |
| ARKids A | 11.8% | 11.4% | 11.0% | 10.9% | 10.1% |
| ARKids B | 9.3% | 10.0% | 9.6% | 8.9% | 8.4% |

4 Visits

| | SFY 2006 | SFY 2007 | SFY 2008 | SFY 2009 | SFY 2010 |
|--------------------------------------|----------|----------|----------|----------|----------|
| NCQA Medicaid 50th Percentile | 12.5% | 10.5% | 10.6% | 10.0% | 10.3% |
| ARKids A | 14.7% | 15.5% | 16.9% | 13.8% | 13.2% |
| ARKids B | 13.1% | 14.6% | 15.2% | 12.2% | 12.7% |

5 Visits

| | SFY 2006 | SFY 2007 | SFY 2008 | SFY 2009 | SFY 2010 |
|--------------------------------------|----------|----------|----------|----------|----------|
| NCQA Medicaid 50th Percentile | 19.0% | 17.4% | 17.8% | 17.0% | 16.5% |
| ARKids A | 20.8% | 20.4% | 21.3% | 15.3% | 15.0% |
| ARKids B | 23.0% | 23.1% | 23.1% | 13.3% | 13.0% |

* There was a statistically significant change from SFY 2009 to SFY 2010.

Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34)



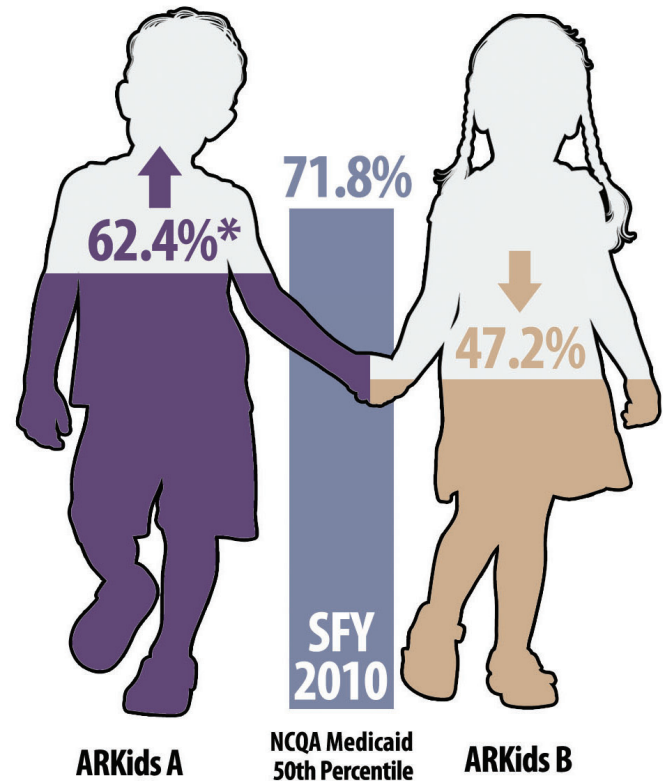
MEASURE DEFINITION

Percentage of members who turned 3 to 6 years of age during the measurement year and received one or more check-ups with their regular physician.

When a child has moved beyond the toddler stage, check-ups are still important even if there are no significant health issues.

Children between the ages of three and six, who are growing and developing normally, should be seen once a year by their regular physician. Check-ups can also be given during an appointment for an illness.

| 6+ Visits | SFY 2006 | SFY 2007 | SFY 2008 | SFY 2009 | SFY 2010 |
|--------------------------------------|----------|----------|----------|----------|----------|
| NCQA Medicaid 50th Percentile | 64.8% | 67.6% | 68.2% | 70.4% | 71.8% |
| ARKids A | 41.9% | 46.6% | 52.7% | 59.5% | 62.4% |
| ARKids B | 36.1% | 39.4% | 43.6% | 47.6% | 47.2% |



*There was a statistically significant change from SFY 2009 to SFY 2010.

Recommendations for Preventive Adolescent Health Care

| | Age | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 |
|--|-----|----|----|----|----|----|----|----|----|
| History | | | | | | | | | |
| Initial Interval | | ● | ● | ● | ● | ● | ● | ● | ● |
| Measurements | | | | | | | | | |
| Height & Weight | | ● | ● | ● | ● | ● | ● | ● | ● |
| BodyMass Index (BMI) | | ● | ● | ● | ● | ● | ● | ● | ● |
| Blood Pressure | | ● | ● | ● | ● | ● | ● | ● | ● |
| Sensory Screening | | | | | | | | | |
| Vision | | ○ | ● | ○ | ○ | ● | ○ | ○ | ● |
| Hearing | | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| Developmental/Behavioral Assessment | | | | | | | | | |
| Developmental Surveillance | | ● | ● | ● | ● | ● | ● | ● | ● |
| Psychosocial/Behavioral Assessment | | ● | ● | ● | ● | ● | ● | ● | ● |
| Alcohol & Drug Use Assessment | | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| Physical Examination | | ● | ● | ● | ● | ● | ● | ● | ● |
| Procedures | | | | | | | | | |
| Immunization | | ● | ● | ● | ● | ● | ● | ● | ● |
| Hematocrit or Hemoglobin | | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| Tuberculin Test | | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| Dyslipidemia Screening | | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| STI Screening | | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| Cervical Dysplasia Screening | | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| Anticipatory Guidance | | ● | ● | ● | ● | ● | ● | ● | ● |

- healthcare service to be performed
- health service to be performed based on identified risks

Childhood Immunization Status (CIS)

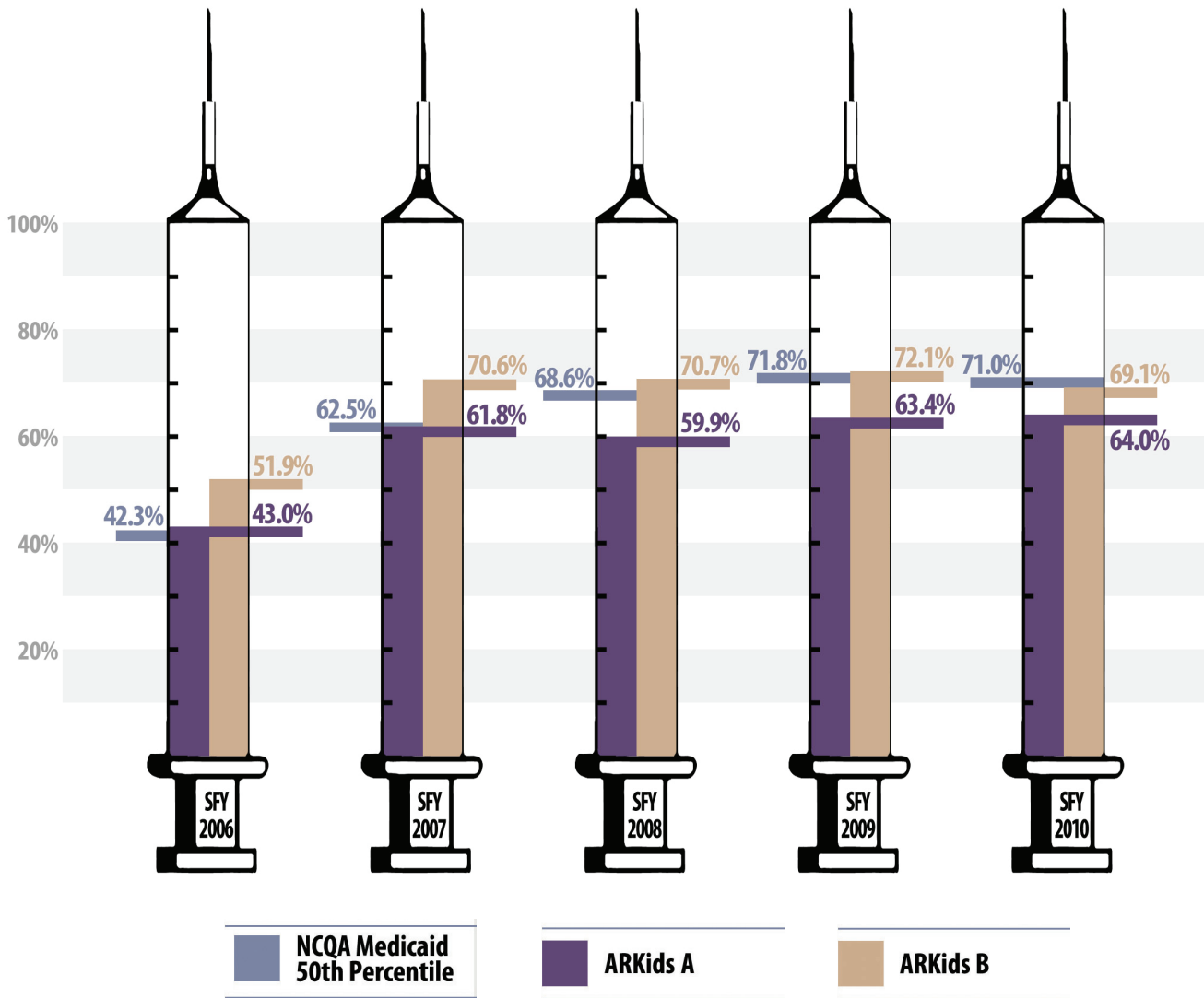


MEASURE DEFINITION

Combo 3: Percentage of members who turned 2 years of age during the measurement year and had all of their recommended vaccinations on or before their second birthday.

While the majority of children today receive their recommended immunizations, there is still an alarming number who do not.

Evidence has shown that minority children from low-income families, children who live in inner cities, or children who live in rural areas are at greatest risk for not receiving timely vaccinations.⁴





WHY IMMUNIZE?

- Protect our children and communities
- Vaccinations are required for school admission
- Reduce and eventually eliminate deadly diseases
- Prevent outbreaks of rare diseases

Diphtheria, Tetanus, and Acellular Pertussis (DTaP)

| | SFY 2006 | SFY 2007 | SFY 2008 | SFY 2009 | SFY 2010 |
|--------------------------------------|----------|----------|----------|----------|----------|
| NCQA Medicaid 50th Percentile | 79.0% | 81.3% | 80.5% | 82.0% | 81.8% |
| ARKids A | 72.3% | 75.7% | 74.0% | 70.6% | 72.2% |
| ARKids B | 81.3% | 80.6% | 82.8% | 82.2% | 78.4% |

Hepatitis B (HEPB)

| | SFY 2006 | SFY 2007 | SFY 2008 | SFY 2009 | SFY 2010 |
|--------------------------------------|----------|----------|----------|----------|----------|
| NCQA Medicaid 50th Percentile | 88.0% | 90.5% | 90.3% | 92.2% | 91.8% |
| ARKids A | 92.7% | 95.2% | 94.7% | 90.2% | 88.9% |
| ARKids B | 94.6% | 96.6% | 95.7% | 92.4% | 89.3% |

Pneumococcal Conjugate (PCV)

| | SFY 2006 | SFY 2007 | SFY 2008 | SFY 2009 | SFY 2010 |
|--------------------------------------|----------|----------|----------|----------|----------|
| NCQA Medicaid 50th Percentile | 47.3% | 71.7% | 76.4% | 79.3% | 79.3% |
| ARKids A | 47.9% | 69.8% | 66.7% | 73.2% | 71.9% |
| ARKids B | 58.1% | 76.5% | 77.8% | 79.2% | 78.7% |

Measles, Mumps, and Rubella (MMR)

| | SFY 2006 | SFY 2007 | SFY 2008 | SFY 2009 | SFY 2010 |
|--------------------------------------|----------|----------|----------|----------|----------|
| NCQA Medicaid 50th Percentile | 90.8% | 91.7% | 91.9% | 92.7% | 91.7% |
| ARKids A | 89.1% | 91.1% | 90.5% | 87.6% | 89.1% |
| ARKids B | 89.3% | 92.3% | 92.1% | 89.6% | 87.0% |

Varicella (VZV)

| | SFY 2006 | SFY 2007 | SFY 2008 | SFY 2009 | SFY 2010 |
|--------------------------------------|----------|----------|----------|----------|----------|
| NCQA Medicaid 50th Percentile | 88.6% | 90.5% | 90.0% | 91.5% | 91.3% |
| ARKids A | 89.1% | 90.3% | 88.7% | 86.6% | 89.6% |
| ARKids B | 88.6% | 91.3% | 90.7% | 90.7% | 87.2% |

Polio (IPV)

| | SFY 2006 | SFY 2007 | SFY 2008 | SFY 2009 | SFY 2010 |
|--------------------------------------|----------|----------|----------|----------|----------|
| NCQA Medicaid 50th Percentile | 87.8% | 89.6% | 90.0% | 91.0% | 90.7% |
| ARKids A | 89.9% | 91.9% | 92.0% | 89.0% | 89.1% |
| ARKids B | 91.9% | 94.7% | 94.3% | 91.8% | 89.8% |

H Influenza B (HIB)

| | SFY 2006 | SFY 2007 | SFY 2008 | SFY 2009 | SFY 2010 |
|--------------------------------------|----------|----------|----------|----------|----------|
| NCQA Medicaid 50th Percentile | 89.5% | 90.8% | 90.7% | 95.4% | 95.4% |
| ARKids A | 89.4% | 89.7% | 91.2% | 94.0% | 94.0% |
| ARKids B | 92.9% | 94.4% | 93.1% | 94.8% | 95.1% |

Adolescent Well-Care Visits (AWC)



MEASURE DEFINITION

Percentage of members 12-21 years of age who had at least one complete check-up with a physician during the measurement year.



Many emotional, physical, and social changes take place during the adolescent years that can lead a teen to take risks and behave in ways that can have lifelong effects.

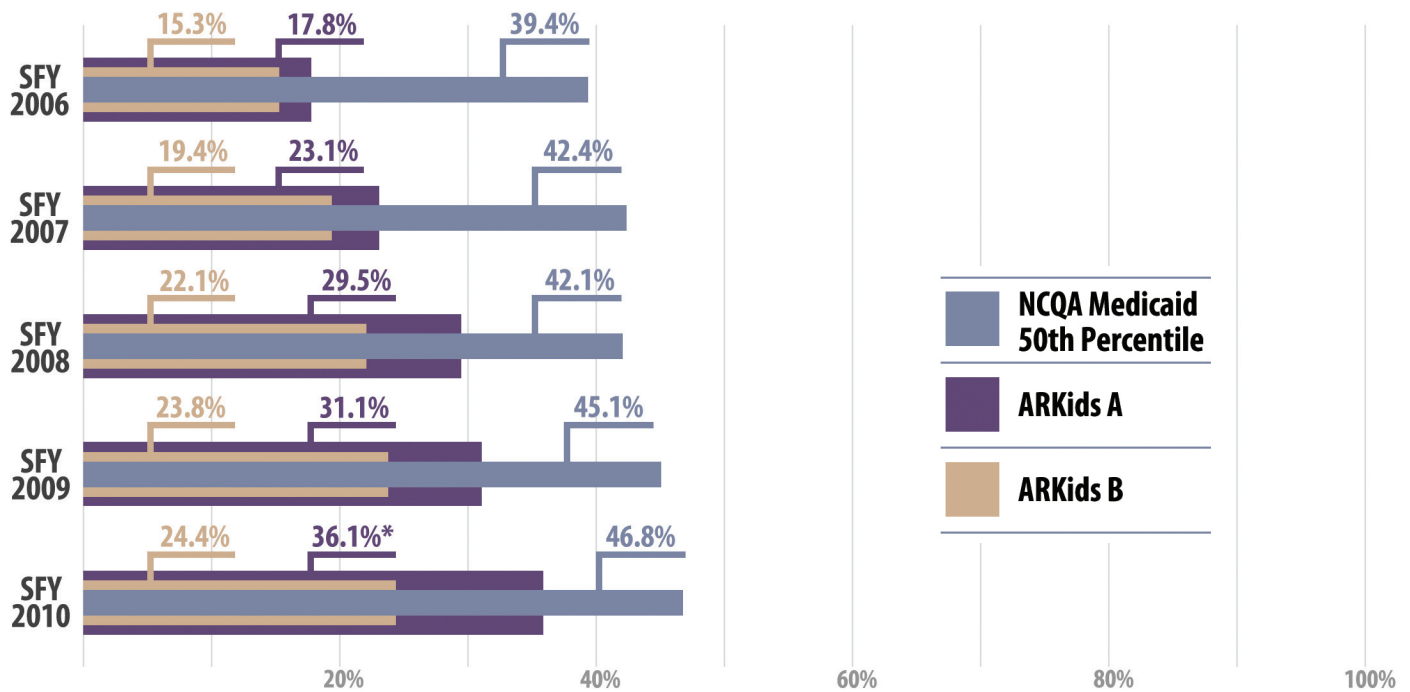
For instance, more than 80 percent of adults who are addicted to tobacco began smoking as teens.⁵

Adolescents who begin drinking alcohol before age 15 are four times more likely to be alcohol dependent than those who waited until at least age 21.⁶

Regular well-care visits allow health care providers the opportunity to talk openly and confidentially with teens about the issues that concern them during this critical time of their lives.

These visits allow free communication about puberty, substance abuse, family issues, school and social problems, and a multitude of other topics that can become so important to teenagers.

Very often, an issue can be detected early before it grows into a major health problem.



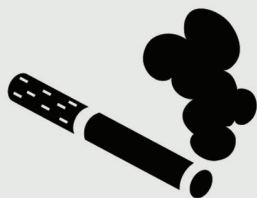
*There was a statistically significant change from SFY 2009 to SFY 2010.

2011 Arkansas Youth Risk Behavior Survey Highlights (Grades 9–12)

In the past month:

18%

Smoked cigarettes



26%

Rode in a car with a driver who had been drinking



45%

Talked on a cell phone while driving



In the last year:

10%

Attempted suicide



26%

Were offered, sold or given an illegal drug at school



Ever:

50%

Reported having had sexual intercourse



The Centers for Disease Control (CDC) developed the Youth Risk Behavior Surveillance System (YRBSS) to monitor six categories of priority, health-risk behaviors among youth. It was completed by 1,375 students in 39 public high schools in Arkansas during the spring of 2011. The results are representative of all students in grades 9-12.

Immunizations for Adolescents (IMA)

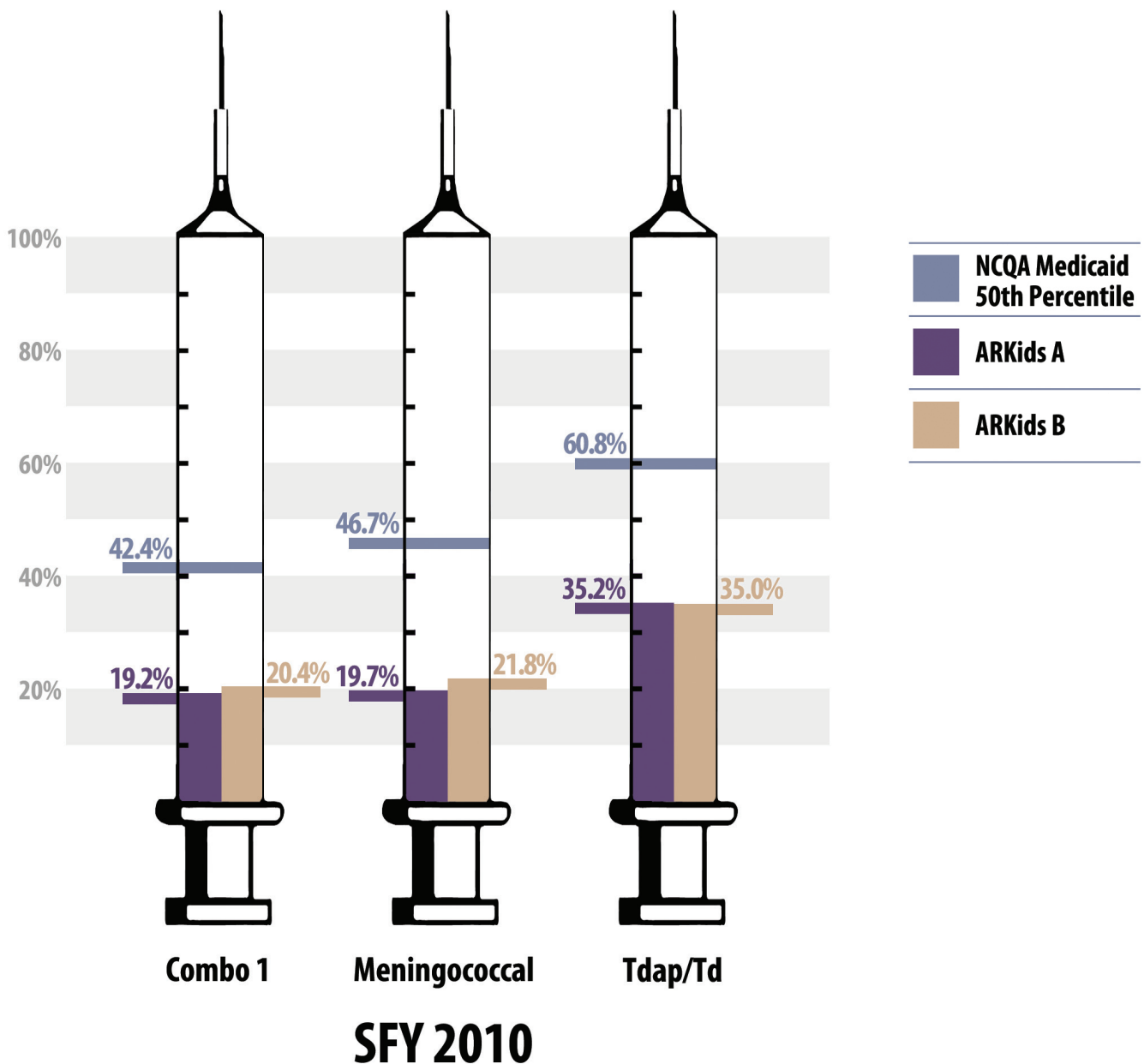


MEASURE DEFINITION

Percentage of teens 13 years of age who had one dose of meningococcal vaccine and one Tdap (tetanus, diphtheria, and pertussis) or one Td (tetanus and diphtheria) by their 13th birthday.

It is recommended that older children receive booster shots of vaccines that can wear off over time.

Whenever teens receive regular check-ups or physicals for sports or camp, health care providers should work with them to make sure they get up to date on important booster shots.





WHY IMMUNIZE TEENS?⁷

- ▶ *Some childhood vaccinations wear off, leaving teens and their community unprotected.*
- ▶ *As children get older, they are more at risk for catching diseases like meningitis.*
- ▶ *Meningococcal meningitis (swelling of the brain) can spread quickly, killing a healthy teen in 48 hours.*
- ▶ *Many teens also suffer from pertussis (whooping cough), and can pass it on to children and unprotected infants who are at higher risk of hospitalization or death.*
- ▶ *Most cases of tetanus in the United States happen when people who have not had their booster shot get a cut or puncture wound.*
- ▶ *Boosters are often required for school enrollment.*



Lead Screening in Children (LSC)



MEASURE DEFINITION

Percentage of 2-year-olds who had one or more tests for lead by their second birthday.

Although much progress has been made, childhood lead poisoning remains a critical environmental health concern.

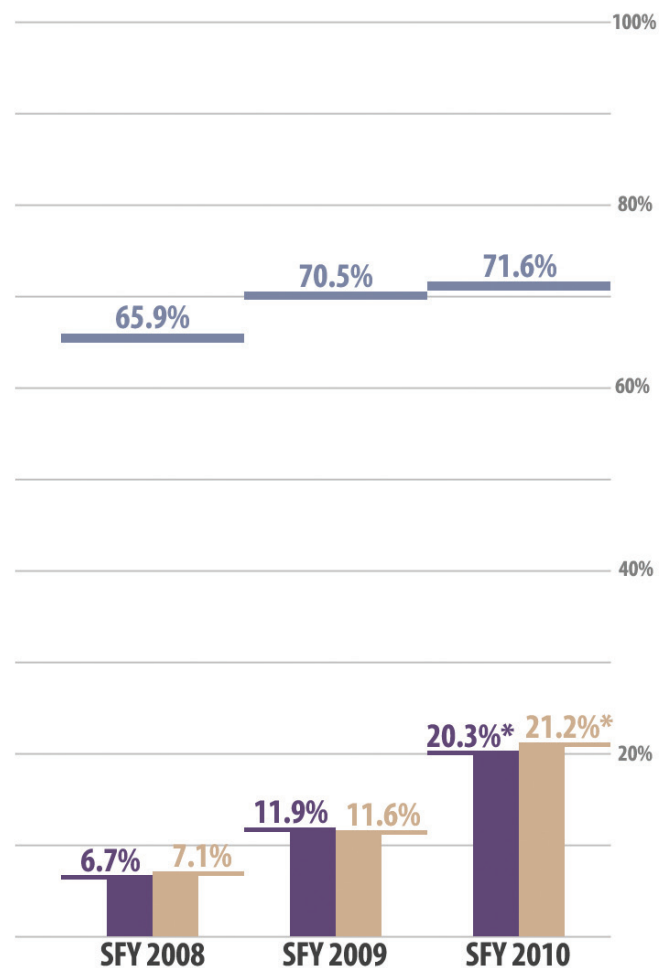
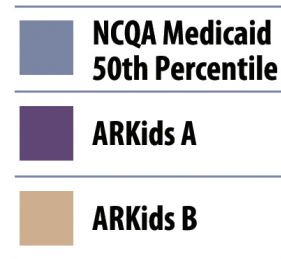
It has been shown that exposure to lead at levels previously thought to be safe can cause permanent damage. There are also usually no symptoms to serve as a warning that the damage is occurring.⁸

Such low-level lead exposure has been linked to lower scores on standardized IQ tests and grade-level testing for school-aged children.⁹

Increased blood lead levels can cause learning disabilities, behavioral problems, seizures, and even death.

The good news is that lead poisoning in children is now well understood and interventions can be highly successful.

Testing for lead in the blood of young children allows for early identification of those who can be helped through effective interventions.



*There was a statistically significant change from SFY 2009 to SFY 2010.

Annual Dental Visits (ADV)



MEASURE DEFINITION

Percentage of members 2-21 years of age who had at least one dental visit during the measurement year.

Good dental habits early in life can prevent serious tooth and gum problems. Regular dental check-ups allow children to receive exams, fluoride treatments, and molar sealants that prevent cavities from forming.

Once a tooth becomes painful, the damage usually cannot be reversed; and the tooth often needs a filling, root canal, crown, or extraction.

During regular exams dentists can spot problems early enough to prevent these painful and often expensive treatments.

Number of Members Receiving Dental Services in 2010¹⁰

Preventive Services
166,127

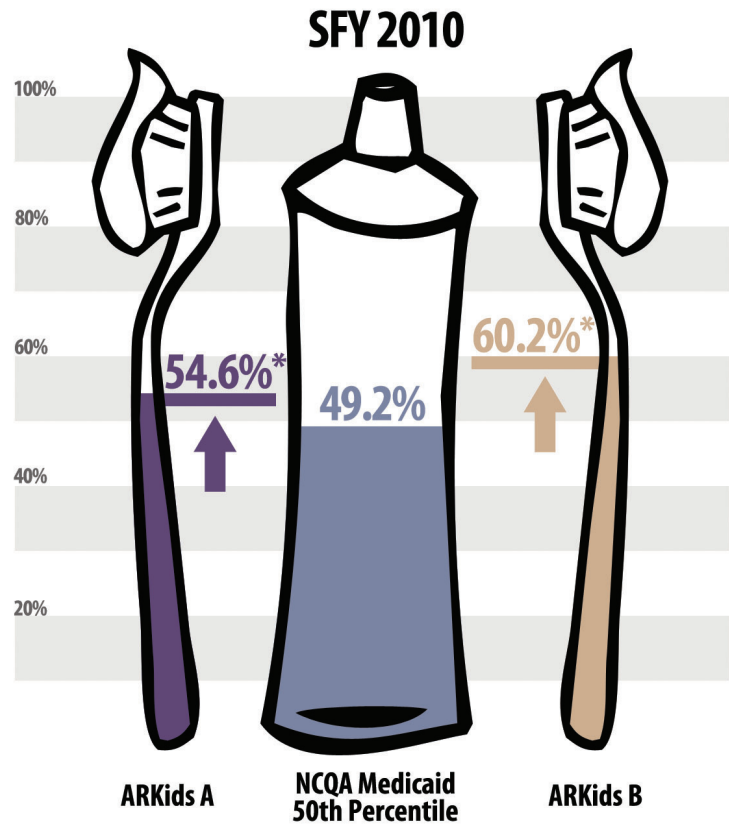
Diagnostic Services
171,420

Treatment
91,532

Permanent Molar Sealant
16,541 (ages 6-14)

Any Type Service
180,653

| ADV | SFY 2006 | SFY 2007 | SFY 2008 | SFY 2009 | SFY 2010 |
|-------------------------------|----------|----------|----------|----------|----------|
| NCQA Medicaid 50th Percentile | 42.0% | 42.8% | 45.1% | 47.1% | 49.2% |
| ARKids A | 41.7% | 44.0% | 50.6% | 51.2% | 54.6%* |
| ARKids B | 43.2% | 45.9% | 53.3% | 57.2% | 60.2%* |



*There was a statistically significant change from SFY 2009 to SFY 2010.

Appropriate Treatment for Children with Upper Respiratory Infections (URI)



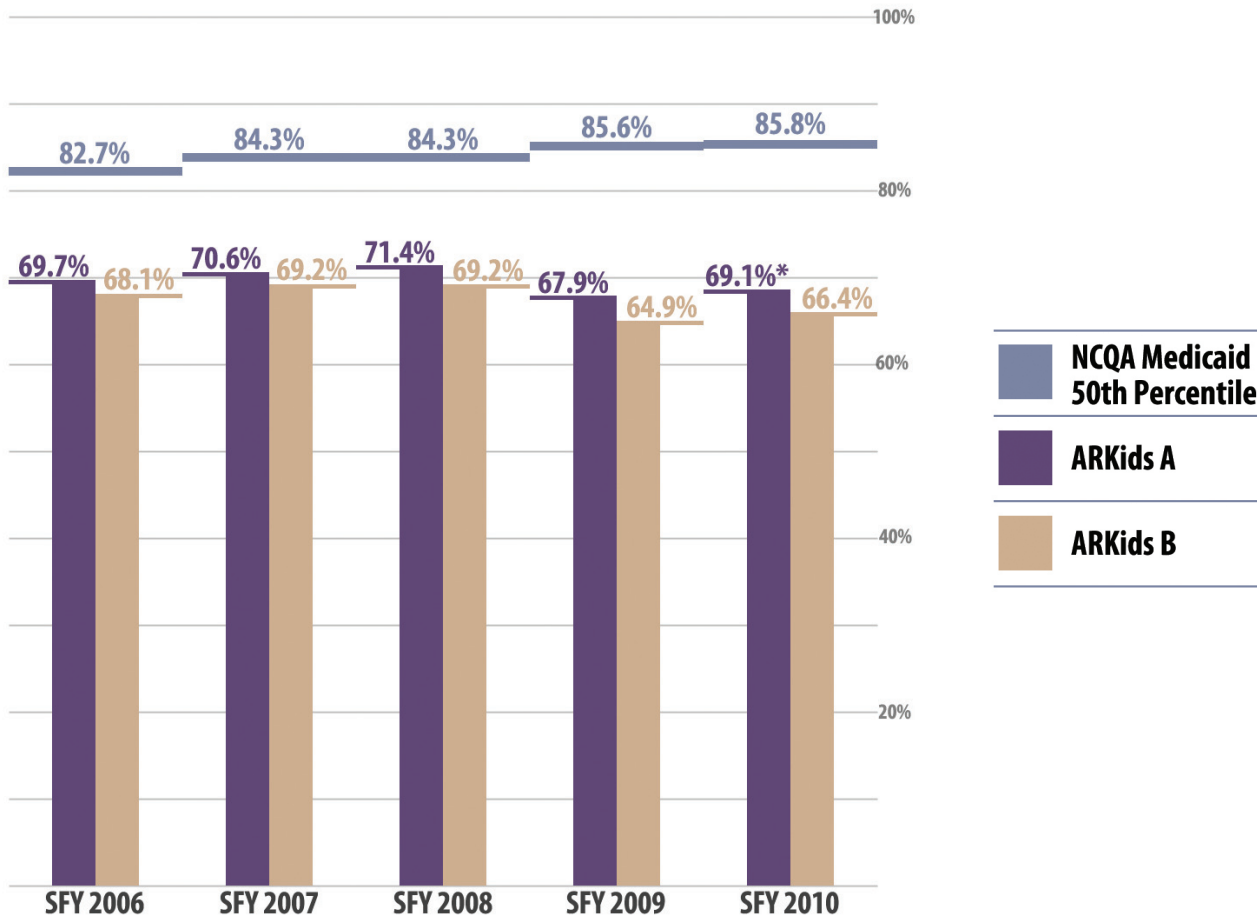
MEASURE DEFINITION

The percentage of members who were 3 months to 18 years of age, were diagnosed with a URI, and were not prescribed an antibiotic.

Antibiotics do not kill viruses, which cause most upper respiratory infections (URIs). Therefore, using antibiotics to treat URIs is not considered an effective treatment. ¹¹

Antibiotics can cause serious side effects in some patients which lead to further illness and even death. Excessive and frequent use of unnecessary antibiotics is also causing many bacteria to become drug-resistant, making it more difficult to treat many illnesses such as pneumonia and meningitis.

Appropriate treatment of upper respiratory infections will be a focus of the first wave of episodes that will be implemented as part of the Arkansas Payment Improvement Initiative (APII).



*There was a statistically significant change from SFY 2009 to SFY 2010.

Appropriate Testing for Children with Pharyngitis (CWP)



MEASURE DEFINITION

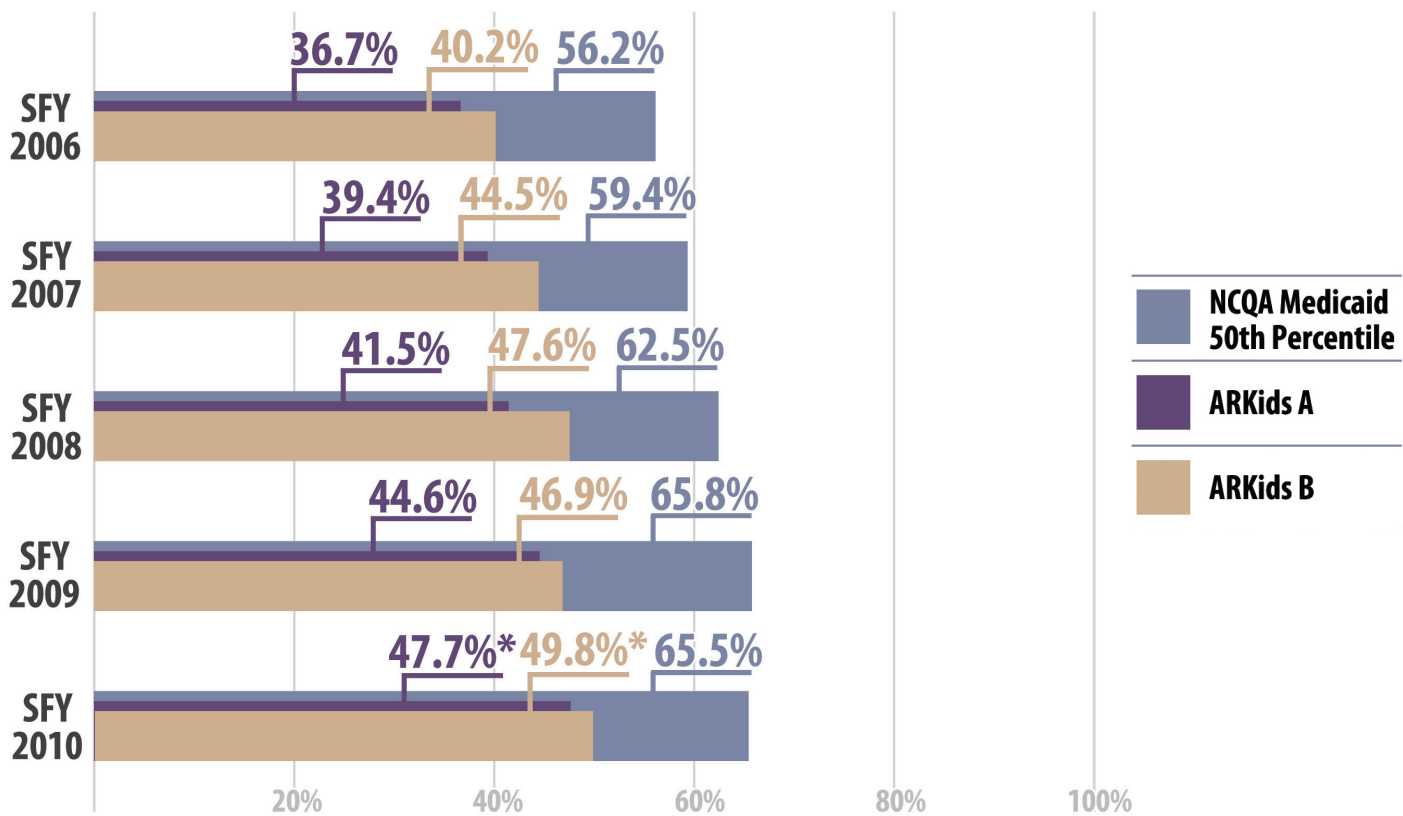
The percentage of members 2 to 18 years of age who were diagnosed with a sore throat (pharyngitis), given a strep test, and prescribed an antibiotic during the measurement year.

Sore throats (pharyngitis) are most common in children between 5 and 18 years of age. They are usually caused by one of two types of infections: (1) a viral, upper respiratory tract infection, or (2) a Group A strep bacterial infection (strep throat).¹²

Accurately identifying the cause of a sore throat is important since antibiotics are not effective against the viral infections which cause most sore throats.¹²

However, children in the United States who have Medicaid are not given strep tests as often as those who have private insurance (62.3 percent vs. 77.4 percent in 2009).¹³

This measure identifies the percentage of Arkansas children who were diagnosed with sore throat and were given an antibiotic after receiving a Group A streptococcus (strep) test.



*There was a statistically significant change from SFY 2009 to SFY 2010.



Early detection of breast cancer, cervical cancer, and Chlamydia saves many women's lives. It can also prevent many severe health problems later in life. All three of these diseases can occur silently, without symptoms, making screening a crucial part of every woman's routine health care.

The following section looks at measures designed to evaluate whether women 16 to 69 years of age are being routinely screened for three diseases that are treatable if caught early.

The Women's Health Care measures:

- ▶ Breast Cancer Screening (BCS)
- ▶ Chlamydia Screening (CHL)
- ▶ Cervical Cancer Screening (CCS)



Strategies for Improving Performance

- Provide notices for providers identifying women due for preventive screenings.
- Provide reminders to women to schedule their annual exams.
- Offer women alternative screening sites such as mobile screening units.
- Provide routine well-woman screenings during other office appointments.
- Provide educational materials to physicians on effective strategies for communicating information to women on sex, STDs, and gynecological health.

Breast Cancer Screening (BCS)



MEASURE DEFINITION

Percentage of women 40 to 69 years of age who had one or more mammograms during the measurement year or the year before.



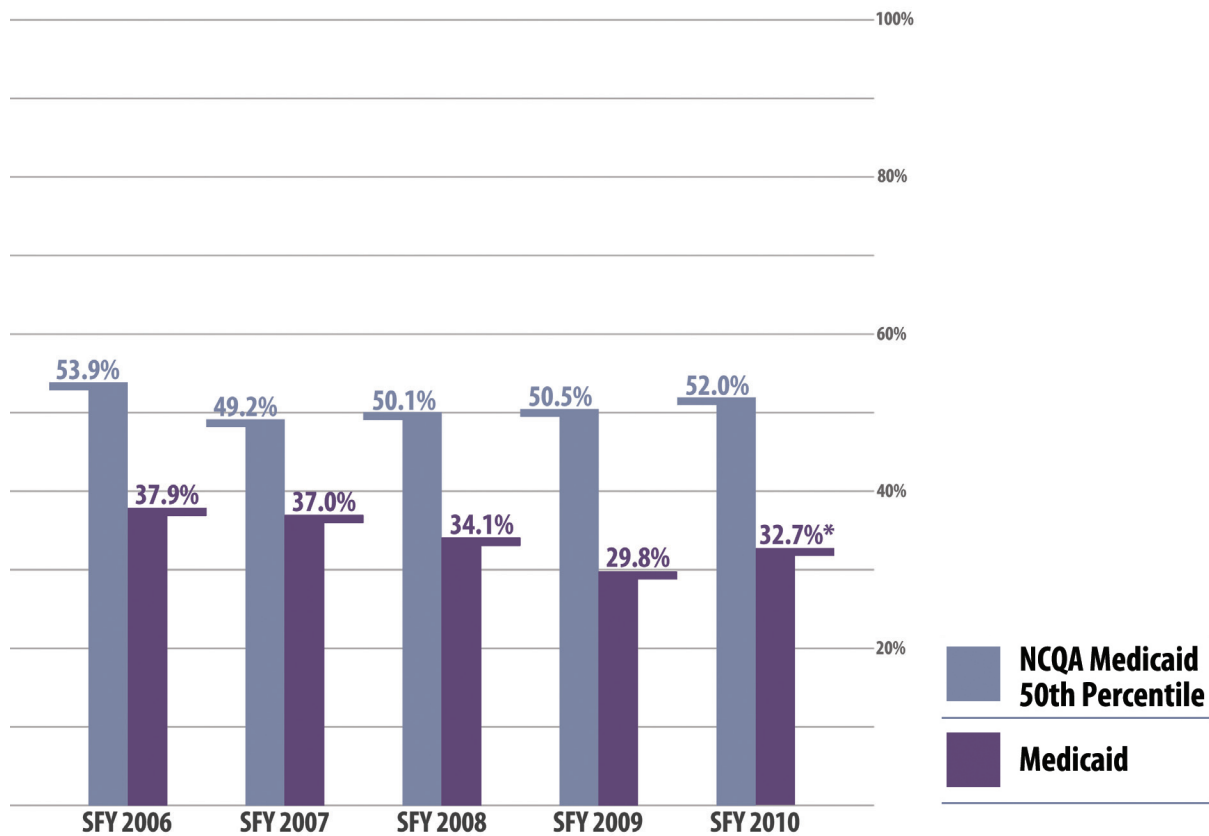
CURRENT RECOMMENDATION

Since 2009, it is recommended that women who have an average risk of breast cancer receive a routine mammogram every two years beginning at age 50.

Breast cancer is the most common cancer and the second leading cause of cancer deaths among women in the United States.

A mammogram is an X-ray of the breast that has been shown to be the best method of finding cancers in the breast while they are still too small to feel and are easier to treat.

Arkansas Medicaid will work with health systems and providers' offices to focus greater attention to this important and underused preventive intervention.¹⁴



*There was a statistically significant change from SFY 2009 to SFY 2010.

Chlamydia Screening (CHL)

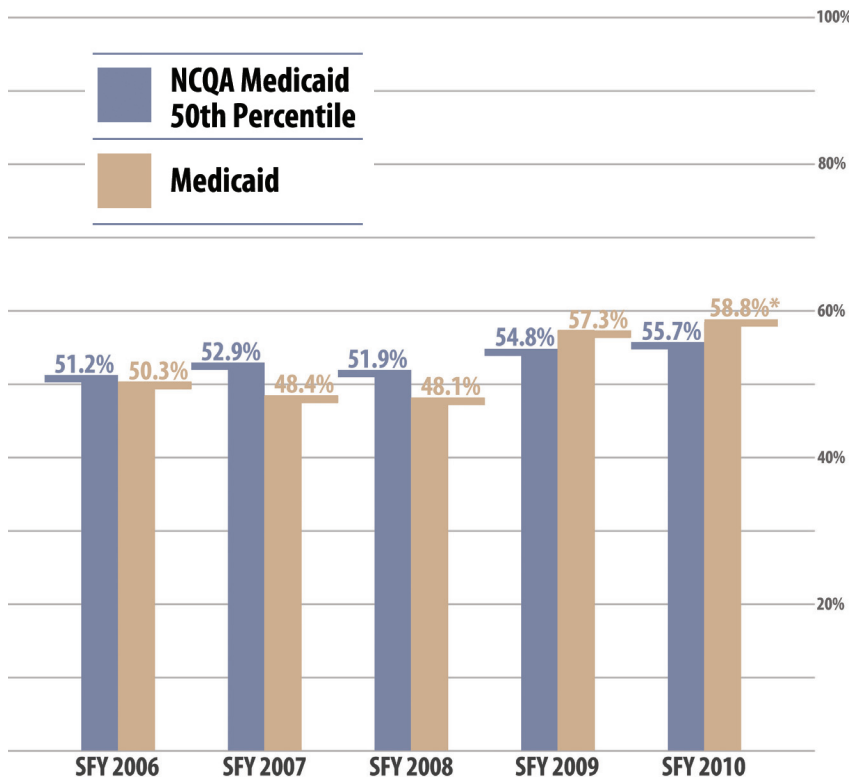


MEASURE DEFINITION

Percentage of sexually active women 16 to 24 years of age, who had at least one test for Chlamydia during the measurement year.

Approximately 2.3 million people between the ages of 14 and 39 are infected with Chlamydia every year. About 75 percent of women who have it will show no symptoms.¹⁵

Infected pregnant women can pass it to their infants during birth, leading to serious eye damage or pneumonia, making screening tests very important.¹⁶



*There was a statistically significant change from SFY 2009 to SFY 2010.

Why Screen for Chlamydia?

Transmission

Most common bacterial sexually transmitted disease



Symptoms

Those who are infected usually have no symptoms



Can lead to a very serious condition called pelvic inflammatory disease



Results

Can cause tubal pregnancy as well as other fertility problems in both men and women



Increases the likelihood of becoming infected with HIV if exposed



Why Screen for Cervical Cancer? ¹⁷

Frequency

Six out of 10 cervical cancers occur in women who have never had a Pap test or have not been tested in the past five years.



Symptoms

Pre-cancers and early cancers usually show no symptoms.



Results

Over the past 50 years, routine screening has reduced cervical cancer deaths by 74%.



The five-year survival rate for early invasive cancer of the cervix is 92%.



The five-year survival rate for pre-invasive cervical cancer is nearly 100%.



Cervical Cancer Screening (CCS)

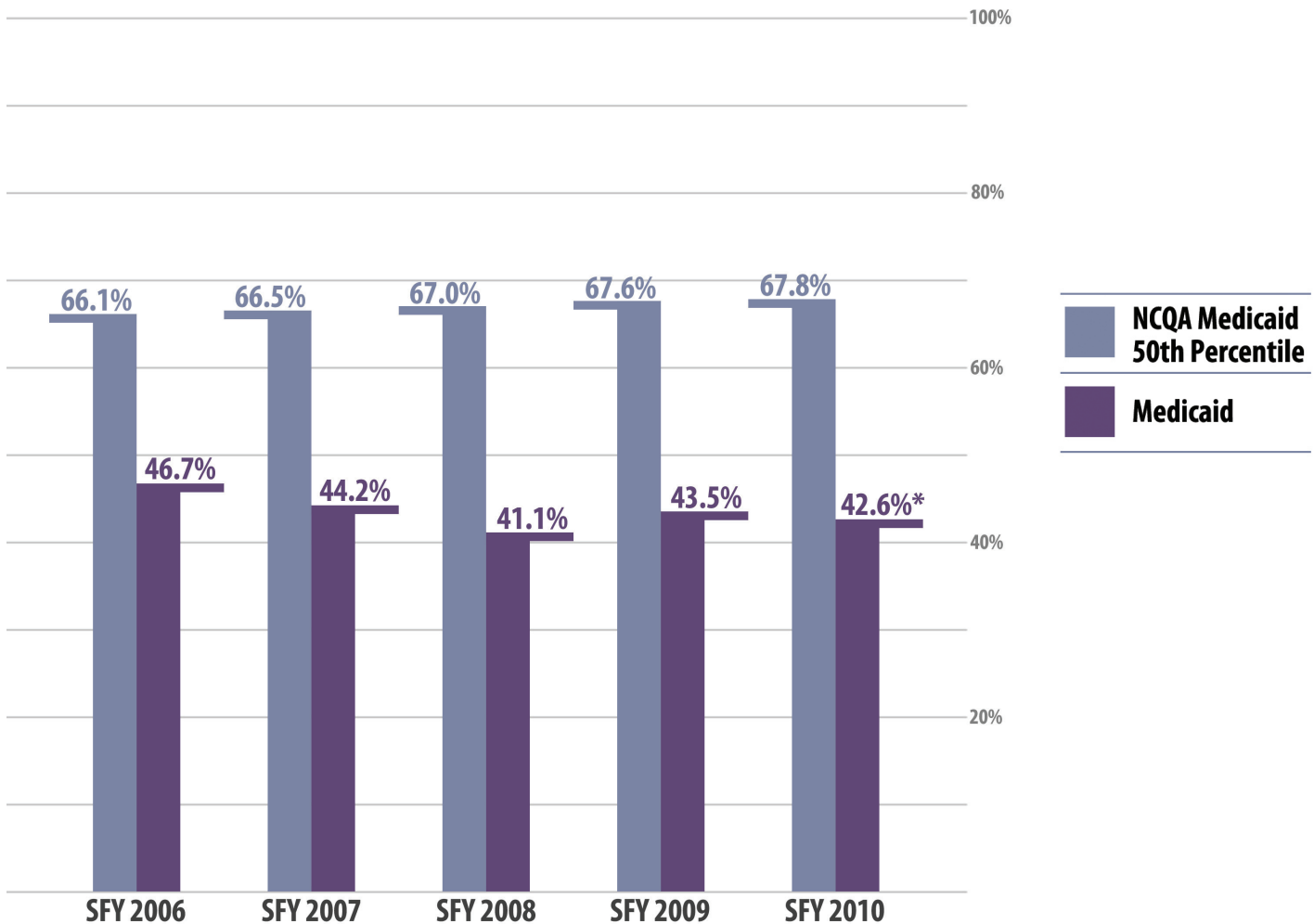


MEASURE DEFINITION

Percentage of women 21 through 64 years of age who had one or more Pap smears within the last three years.

A very reliable method for preventing cervical cancer is to look for changes in the cells before they grow into full-scale, aggressive cancer.

The Pap smear is a simple test and is the most commonly used tool to screen for pre-cancers and cancers of the cervix. Regular screening decreases the chances of death from cervical cancer for women in most age groups.



*There was a statistically significant change from SFY 2009 to SFY 2010.



Nearly half of all Americans suffer with a long-term or “chronic illness.” That’s about 133 million people in the United States accounting for the majority of health care costs in the country. The additional costs in terms of reduced quality of life are impossible to measure.¹⁸

Chronic illnesses are responsible for seven out of every ten deaths in the United States each year. They also make existing disabilities more difficult to treat and more demanding for patients. These conditions limit the activities of more than 25 million people daily.¹⁹

The Living With Illness measures:

- ▶ Comprehensive Diabetes Care (CDC)
- ▶ Use of Appropriate Medications for People with Asthma (ASM)



Strategies for Improving Performance

- *Make sure patients receive one-on-one education about their disease.*
- *Offer incentives to members who get their recommended tests.*
- *Send newsletters to members and health care providers that contain articles and updates about specific diseases.*
- *Make training and guidelines on the most up-to-date treatments available to health care providers.*
- *Send health status report cards to members that clearly show which tests are necessary and when they should be done.*

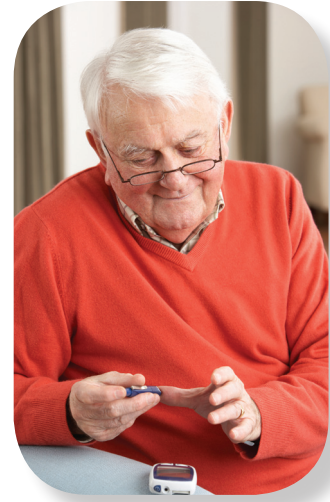
Comprehensive Diabetes Care (CDC)



MEASURE DEFINITION

HbA1c Testing: The percentage of persons with Type 1 or Type 2 diabetes, 18-75 years of age, who had one or more hemoglobin tests during the measurement year.

LDL-C Screening: Percentage of people 18-75 years of age with diabetes who had at least one LDL cholesterol (LDL-C) test during the measurement year.



According to the American Diabetes Association, 25.8 million children and adults in the United States—8.3 percent of the population—have diabetes. The best way to prevent severe complications of this chronic illness is on-going, one-on-one treatment by a team of health care providers.

The team can include a range of specialists such as endocrinologists, dietitians, nurse educators, eye doctors, podiatrists, pharmacists, dentists, and therapists.

HbA1c Testing: The HbA1c test is currently one of the best ways to check if diabetes is under control. Measuring the hemoglobin A1c level can tell how high the blood glucose has been, on average, over the previous 8-12 weeks.

The American Diabetes Association has recently recommended HbA1c testing to diagnose diabetes as well as identify those at high risk of developing this disease.

LDL-C Screening: Controlling cholesterol levels has been shown to reduce damage to the large blood vessels, such as those in the heart, brain, and legs.

HbA1c Testing

| | SFY 2006 | SFY 2007 | SFY 2008 | SFY 2009 | SFY 2010 |
|--------------------------------------|----------|----------|----------|----------|----------|
| NCQA Medicaid 50th Percentile | 77.4% | 79.3% | 79.6% | 80.7% | 81.1% |
| Medicaid | 65.7% | 66.7% | 64.1% | 63.3% | 58.4%* |

Lipid Profile Performed

| | SFY 2006 | SFY 2007 | SFY 2008 | SFY 2009 | SFY 2010 |
|--------------------------------------|----------|----------|----------|----------|----------|
| NCQA Medicaid 50th Percentile | 83.3% | 72.8% | 73.2% | 76.1% | 75.4% |
| Medicaid | 69.2% | 54.2% | 54.7% | 51.1% | 48.7%* |

*There was a statistically significant change from SFY 2009 to SFY 2010.

Comprehensive Diabetes Care (CDC)



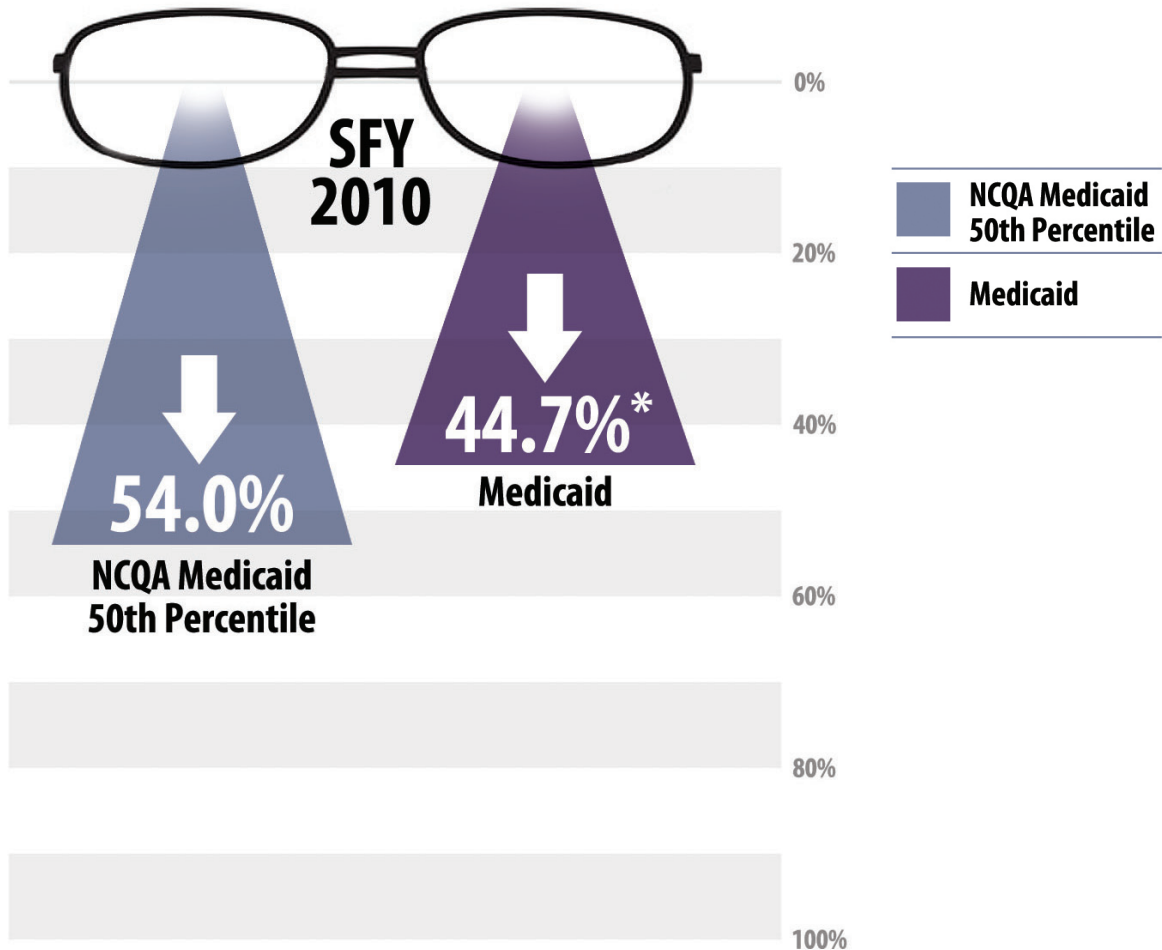
MEASURE DEFINITION

Eye Exam: Percentage of persons with diabetes 18-75 years of age who were tested for diabetic retinal disease during the measurement year.

Eye Exam: Diabetes is the leading cause of new cases of blindness among adults ages 20-74 and increases the risk of glaucoma and cataracts.²⁰

Receiving regular eye exams and catching problems early can prevent minor vision problems from ballooning into major ones, such as vision loss.²⁰

| Eye Exam | SFY 2006 | SFY 2007 | SFY 2008 | SFY 2009 | SFY 2010 |
|--------------------------------------|----------|----------|----------|----------|----------|
| NCQA Medicaid 50th Percentile | 50.8% | 53.6% | 53.8% | 55.4% | 54.0% |
| Medicaid | 30.8% | 41.2% | 49.2% | 48.7% | 44.7%* |



*There was a statistically significant change from SFY 2009 to SFY 2010.

The Use of Appropriate Medications for People with Asthma (ASM)



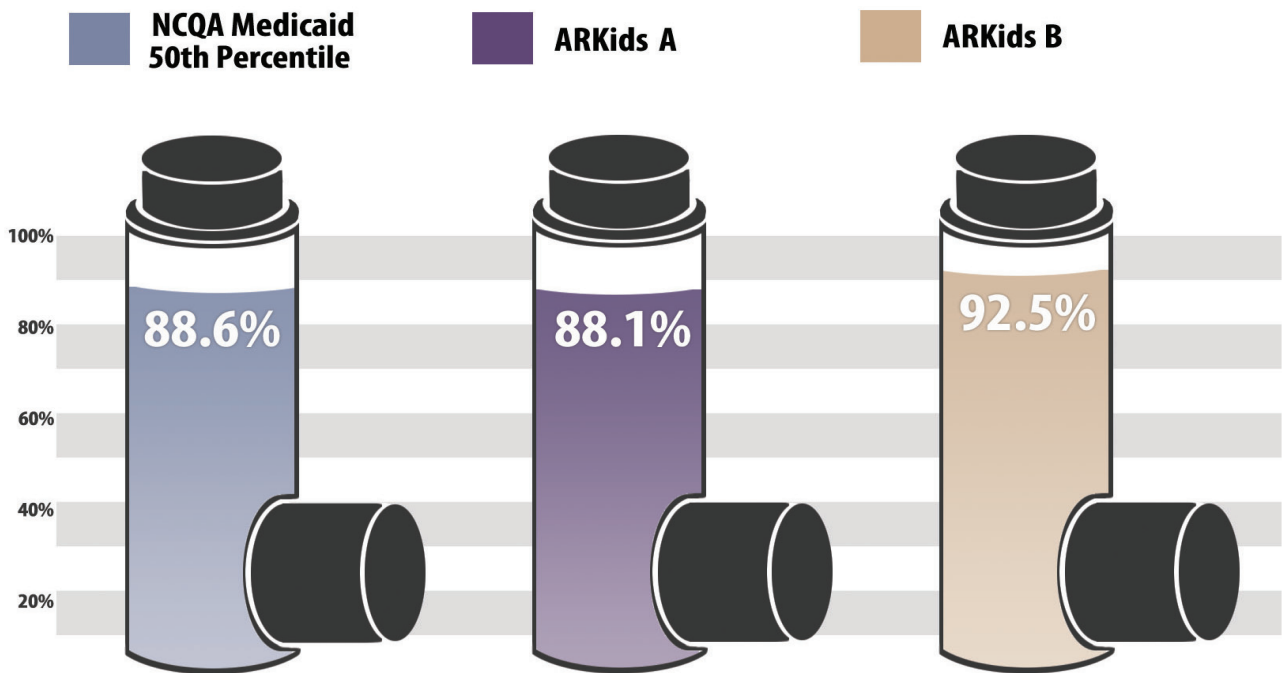
MEASURE DEFINITION

Percentage of asthma patients 5 to 50 years of age who were appropriately prescribed medication during the measurement year.

Asthma is one of the most common diseases in the nation. Over 38 million people in the United States will be diagnosed with asthma in their lifetime; 8.7 million are children.²¹

With proper treatment, patients can control their asthma and lead full, active lives. When not treated properly, patients may have repeated trips to the ER, miss many work and school days, or even need to be hospitalized.²¹

SFY 2010



| | SFY 2006 | SFY 2007 | SFY 2008 | SFY 2009 | SFY 2010 |
|--------------------------------------|----------|----------|----------|----------|----------|
| NCQA Medicaid 50th Percentile | 87.1% | 88.4% | 88.7% | 89.2% | 88.6% |
| ARKids A | 87.4% | 87.5% | 89.0% | 89.1% | 88.1% |
| ARKids B | 94.0% | 95.0% | 94.0% | 93.0% | 92.5% |

Source Citation

1. Healthcare Effectiveness Data and Information Set (HEDIS®) is a registered trademark of the National Committee for Quality Assurance (NCQA).
2. Oswalt A, Staats Reiss N, Dombek M. Early Childhood Medical Care. Available at: http://www.vbhcs.org/poc/view_doc.php?type=doc&id=14301&cn=462. Accessed on August 3, 2012.
3. Selden TM. Compliance with Well-Child Visit Recommendations: Evidence From the Medical Expenditure Panel Survey, 2000-2002. *Pediatrics*. 2006; 118(6): 1766-1778.
4. American Academy of Pediatrics, Committee on Practice and Ambulatory Medicine and Council on Community Pediatrics. Increasing Immunization Coverage. *Pediatrics*. 2003; 112(4): 993-996.
5. U.S. Department of Health & Human Services. Youth & Tobacco: Preventing Tobacco Use Among Young People. A Report of the Surgeon General. Available at: http://www.cdc.gov/tobacco/data_statistics/sgr/1994/index.htm. Accessed on August 3, 2012.
6. MacKay AP, Duran C. Adolescent Health in the United States, 2007. National Center for Health Statistics. Available at: <http://www.cdc.gov/nchs/data/misc/adolescent2007.pdf>. Accessed on August 3, 2012.
7. Centers for Disease Control and Prevention. Vaccines & Immunizations. Available at: <http://www.cdc.gov/vaccines/default.htm>. Accessed on August 3, 2012.
8. Miranda ML, Kim D, Osgood C, and Hastings D. Children's Environmental Health Initiative; The Impact of Early Childhood Lead Exposure on Educational Test Performance among Connecticut Schoolchildren, Phase 1 Report, February 14, 2011. Available at: http://www.sde.ct.gov/sde/lib/sde/pdf/deps/student/health/linking_lead_and_education_data.pdf. Accessed on August 3, 2012.
9. Centers for Disease Control and Prevention. Lead: Topic Home. Available at: <http://www.cdc.gov/lead/>. Accessed on August 3, 2012.
10. Arkansas Department of Human Services, Centers for Medicare & Medicaid Services, Form CMS 416 2010 Annual EPSDT Report.
11. The Centers for Medicare & Medicaid Services. 2010 Physician Quality Reporting Initiative Measure Specifications Manual for Claims and Registry Reporting of Individual Measures, Version 4.1.
12. Dowell SF, Schwartz B, Phillips WR. Centers for Disease Control and Prevention. Appropriate Use of Antibiotics for URIs in Children: Part II. Cough, Pharyngitis and the Common Cold. *American Family Physician*. 1998 Oct 1;58(5):1113-8, 1123.
13. National Committee for Quality Assurance. The State of Health Care Quality 2010. Washington, D.C.: NCQA; 2010. Available at: <http://www.ncqa.org/portals/0/state%20of%20health%20care/2010/sohc%202010%20-%20full2.pdf>. Accessed on August 3, 2012.
14. Task Force on Community Preventive Services. Recommendations for Client- and Provider-Directed Interventions to Increase Breast, Cervical, and Colorectal Cancer Screening. *American Journal of Preventive Medicine*. 2008 Jul;35(1 Suppl):S21-5.
15. Centers for Disease Control and Prevention. Chlamydia—CDC Fact Sheet. Available at: <http://www.cdc.gov/std/chlamydia/stdfact-chlamydia.htm>. Accessed on: August 3 2012.
16. U.S. Department of Health & Human Services. Human Services Office on Women's Health. Chlamydia Fact Sheet. Available at: <http://women-shealth.gov/publications/our-publications/fact-sheet/chlamydia.cfm#h>. Accessed on August 3, 2012.
17. American Cancer Society. Detailed Guide: Cervical Cancer. What Are the Key Statistics About Cervical Cancer? Available at: <http://www.cancer.org/Cancer/CervicalCancer/DetailedGuide/cervical-cancer-key-statistics>. Accessed on August 3, 2012.
18. Partnership for Solutions. Chronic Conditions: Making the Case for Ongoing Care. September 2004 Update. Available at: <http://www.partnershipforsolutions.org/DMS/files/chronicbook2004.pdf>. Accessed on: August 3, 2012.
19. Centers for Disease Control and Prevention. Chronic Diseases and Health Promotion. Available at: <http://www.cdc.gov/nccdphp/overview.htm>. Accessed on: August 3, 2012.
20. Centers for Disease Control and Prevention. National Diabetes Fact Sheet: National Estimates and General Information on Diabetes and Prediabetes in the United States, 2011. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2011. Available at: http://www.cdc.gov/diabetes/pubs/pdf/ndfs_2011.pdf. Accessed on August 3, 2012.
21. American Lung Association Epidemiology & Statistics Unit Research and Program Services. Trends in Asthma Morbidity and Mortality. Washington, D.C.: American Lung Association; February 2010.



For more information about this report please contact:

Health Services Advisory Group, Inc.
124 West Capitol Avenue, Suite 990B
Little Rock, AR 72201
501-801-5881
www.hsag.com