Annual Chart Book

Fiscal Year 2006

Texas Medicaid Managed Care
STAR
Quality of Care Measures

Prepared by

The Institute for Child Health Policy
University of Florida

The Texas External Quality Review Organization
for Medicaid Managed Care and CHIP

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Introduction

Purpose

The purpose of this report is to provide an annual update of the quality of care provided to enrollees in the STAR Managed Care Organization (MCO) Program. This update is for September 1, 2005, to August 31, 2006, covering fiscal year 2006. This annual report focuses primarily on the results relevant to enrollees who are eligible for Temporary Assistance for Needy Families (TANF) as opposed to those eligible for Supplemental Security Income (SSI) as requested by the Texas Health and Human Services Commission (HHSC). However, for some quality of care measures, such as Comprehensive Diabetes Care, a significant number of those to be included in the measure are SSI-eligible. For these measures, results are provided for both TANF and SSI enrollees. Still other measures, such as Breast Cancer Screening, have only the SSI-eligible measure reported as the volume is too low for TANF enrollees to report the measure. Since measures are calculated on TANF and SSI enrollees separately for this chart book, as they were for fiscal year 2005, prior year comparisons are included as appropriate. Some quality of care measures are provided by Service Delivery Area (SDA). This will enable the reader to make comparisons of health plan performance across different geographic areas. Results for the Texas Primary Care Case Management (PCCM) and Fee-for-Service (FFS) Programs are included. The reporting period for PCCM and FFS data is September 1, 2005, to August 31, 2006. PCCM and FFS results are provided for TANF-eligible or SSI-eligible enrollees as appropriate.

The quality of care measures used in this chart book require one year of health care claims and encounter data for their calculations. The only exceptions are as follows: 1) The asthma medication indicator requires two years of pharmacy and encounter data to identify a patient as having persistent asthma; 2) The pharyngitis indicator requires one year of encounter data beginning six months prior to the normal measurement year; thus, the encounter dates of service to identify pharyngitis are March 1, 2005, through February 28, 2006, and the pharmacy dates to check for an antibiotic prescription are January 30, 2005, through March 3, 2006; and 3) The breast cancer screening indicator requires two years of encounter data to identify women who had a mammogram. A four-month time lag was used for the claims and encounter data. Prior analyses with Texas data found that, on average, 97 percent of the claims and encounters are complete by that time period.

This chart book contains the following quality of care indicators grouped under associated headings:

1) Descriptive Information
    a) HEDIS® Total Unduplicated Members
    b) HEDIS® Total Unduplicated Members by Race and Ethnicity

2) AHRQ Prevention and Pediatric Quality Indicators
    a) AHRQ Adult Prevention Quality Indicators
    b) AHRQ Pediatric Quality Indicators

3) Quality of Care
    a) HEDIS® Well-Child Visits in the First 15 Months of Life
    b) HEDIS® Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life

c) HEDIS® Adolescent Well-Care Visits
d) HEDIS® Prenatal Care
e) HEDIS® Postpartum Care
f) HEDIS® Breast Cancer Screening
g) HEDIS® Cervical Cancer Screening
h) HEDIS® Use of Appropriate Medications for People with Asthma
i) HEDIS® Follow-Up after Hospitalization for Mental Illness
j) Readmission within 30 Days after an Inpatient Stay for Mental Health
k) HEDIS® Comprehensive Diabetes Care
l) HEDIS® Appropriate Testing for Children with Pharyngitis
m) HEDIS® Controlling High Blood Pressure

Data Sources and Measures

Three data sources were used to calculate the quality of care indicators: (1) person-level enrollment information, (2) person-level health care claims/encounter data, and (3) person-level pharmacy data. The enrollment files contain information about the person's age, gender, the MCO in which the person is enrolled, and the number of months the person has been enrolled in the program. The person-level claims/encounter data contain Current Procedural Terminology (CPT) codes, International Classification of Diseases, 9th Revision (ICD-9-CM) codes, place of service (POS) codes, and other information necessary to calculate the quality of care indicators. The person-level pharmacy data contains information about filled prescriptions including the drug name, dose, date filled, and refill information. Enrollees who switched health plans during the time period studied were not included in the data analysis. Enrollees switching health plans during the time period comprised approximately three percent of the total pool; therefore, omitting this group does not have a significant impact on the results.

Information regarding the calculation of all measures included in this report can be found in the document "Quality of Care Measures Technical Report Specifications, June 2007." This document, prepared by the Institute for Child Health Policy, provides specifications for both Health Plan Employer Data and Information Set (HEDIS®) and other quality of care measures.

Whenever possible, comparisons are provided to other Medicaid Programs. The National Committee for Quality Assurance (NCQA) gathers data from Medicaid managed care plans nationally and compiles them.[1] Submission of HEDIS® data to NCQA is a voluntary process; therefore, health plans that submit HEDIS® data are not fully representative of the industry. Health plans participating in NCQA HEDIS® reporting tend to be older, are more likely to be federally qualified, and are more likely to be affiliated with a national managed care company than the overall population of health plans in the United States.[2] NCQA reports the national results as a mean and at the 10^{th}, 25^{th}, 50^{th}, 75^{th}, and 90^{th} percentiles for the participating plans. For comparison purposes to the STAR MCO Program findings, the NCQA Medicaid Managed Care Plans 2006 mean results are shown and are labeled "HEDIS® 2006 Mean" in the graphs. This information is not available for all of the quality of care indicators.

[1] The information that NCQA compiles for Medicaid Managed Care Programs can be viewed at www.ncqa.org.
[2] Beaulieu, N.D., and A.M. Epstein. 2002. "National Committee on Quality Assurance Health-Plan Accreditation: Predictors, Correlates of Performance, and Market Impact." *Medical Care*. 40 (4): 325-337.

Indicators developed for the Agency for Healthcare Research and Quality (AHRQ) were used to evaluate the performance of STAR MCOs related to inpatient admissions for various ambulatory care sensitive conditions (ACSCs). The AHRQ considers ACSCs "conditions for which good outpatient care can potentially prevent the need for hospitalization or for which early intervention can prevent complications or more severe disease."[3] The Quality Indicators use hospital inpatient discharge data and are measured as rates of admission to the hospital. Specifically, two sets of indicators were used in the analysis and are reported herein: Prevention Quality Indicators (PQIs) for adult enrollees and Pediatric Quality Indicators (PDIs) for child enrollees. The incidence of inpatient admissions for ACSCs has been measured in the past for the STAR Program. However, the use of the AHRQ specifications is new for this annual report. The change to the new AHRQ specifications was made in consultation with HHSC and the STAR and CHIP MCO Medical Directors. Unlike most other measures provided in this chart book, low quality indicator rates are desired as they suggest a better quality of the health care system outside the hospital setting.

The following indicators were used to assess adult admissions for ambulatory care sensitive conditions: (1) Diabetes Short-term Complications; (2) Perforated Appendix; (3) Diabetes Long-term Complications; (4) Chronic Obstructive Pulmonary Disease; (5) Low Birth Weight; (6) Hypertension; (7) Congestive Heart Failure; (8) Dehydration; (9) Bacterial Pneumonia; (10) Urinary Tract Infection; (11) Angina without Procedure; (12) Uncontrolled Diabetes; (13) Adult Asthma; and (14) Rate of Lower Extremity Amputation among Patients with Diabetes. For these measures, adults are those individuals ages 18 or older.

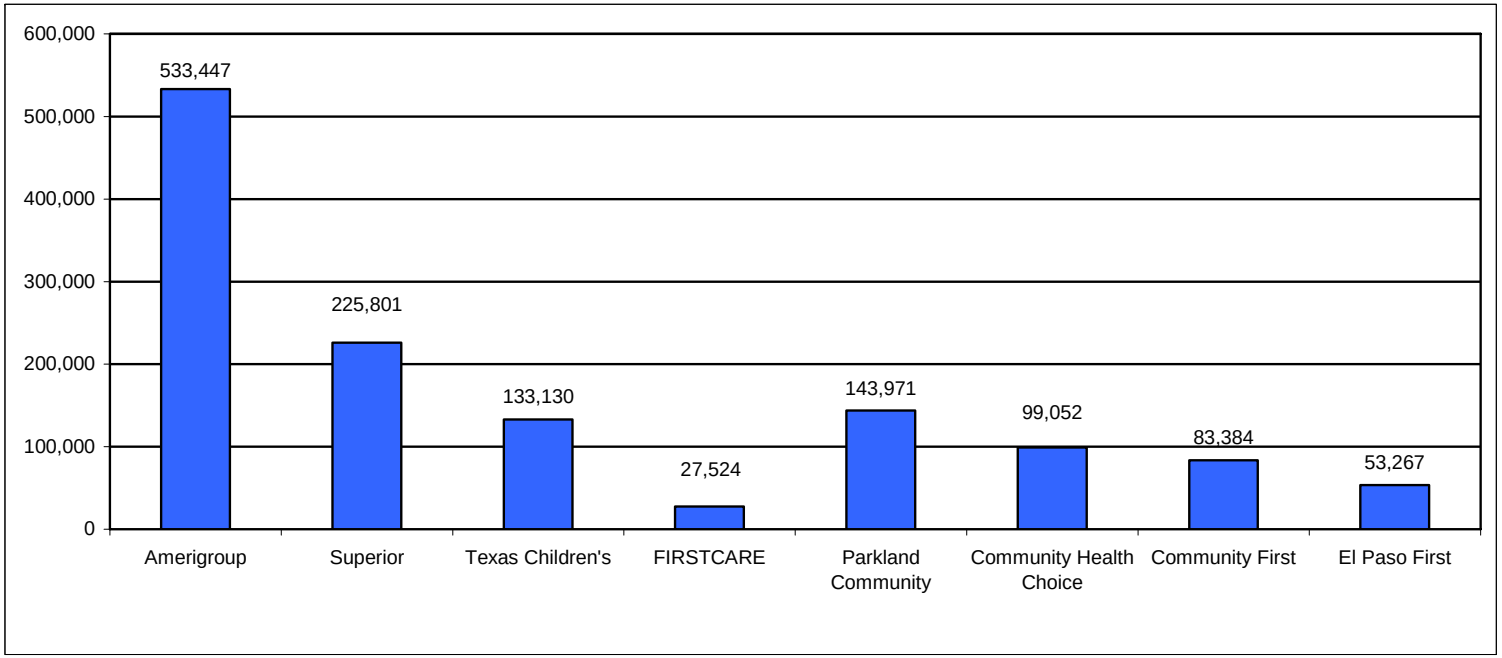
For children, there are five quality indicators measuring pediatric admissions for ambulatory care sensitive conditions: (1) Asthma; (2) Diabetes Short-term Complications; (3) Gastroenteritis; (4) Perforated Appendix; and (5) Urinary Tract Infection. The age eligibility for these measures is 17 years old and younger.

In addition to the narrative and graphs contained in this chart book, technical appendices were provided to HHSC that contain all of the data to support key findings. As previously noted, many, but not all, of the quality of care indicator results are presented for each MCO. Some results were not displayed for each MCO (1) to facilitate ease of presentation and understanding of the material and/or (2) because the findings were similar for each MCO. However, all of the findings are contained in the technical appendices. The interested reader can review those for more details. The corresponding reference table is listed beneath each graph.

[3] Agency for Healthcare Research and Quality. 2004. *AHRQ Quality Indicators—Guide to Prevention Quality Indicators: Hospital Admission for Ambulatory Care Sensitive Conditions*. Rockville, MD: AHRQ. Revision 4. (November 24, 2004). AHRQ Pub. No. 02-R0203.

Chart 1. HEDIS® Total Unduplicated Members by MCO – TANF

STAR MCOs - September 1, 2005 to August 31, 2006 TANF Total Unduplicated Members = 1,299,576



Reference: TANF STAR Table TX-1

Note: Members who switched plans during the reporting period were not included. This comprised 2.64 percent of the membership.

Key Points:

1. Chart 1 presents information on the total number of unduplicated members enrolled in the STAR Managed Care Organization (MCO) Program who are eligible for Temporary Assistance for Needy Families (TANF) by health plan. In fiscal year 2006, there were 1,299,576 enrollees eligible for TANF, an increase from the 2005 reporting year.

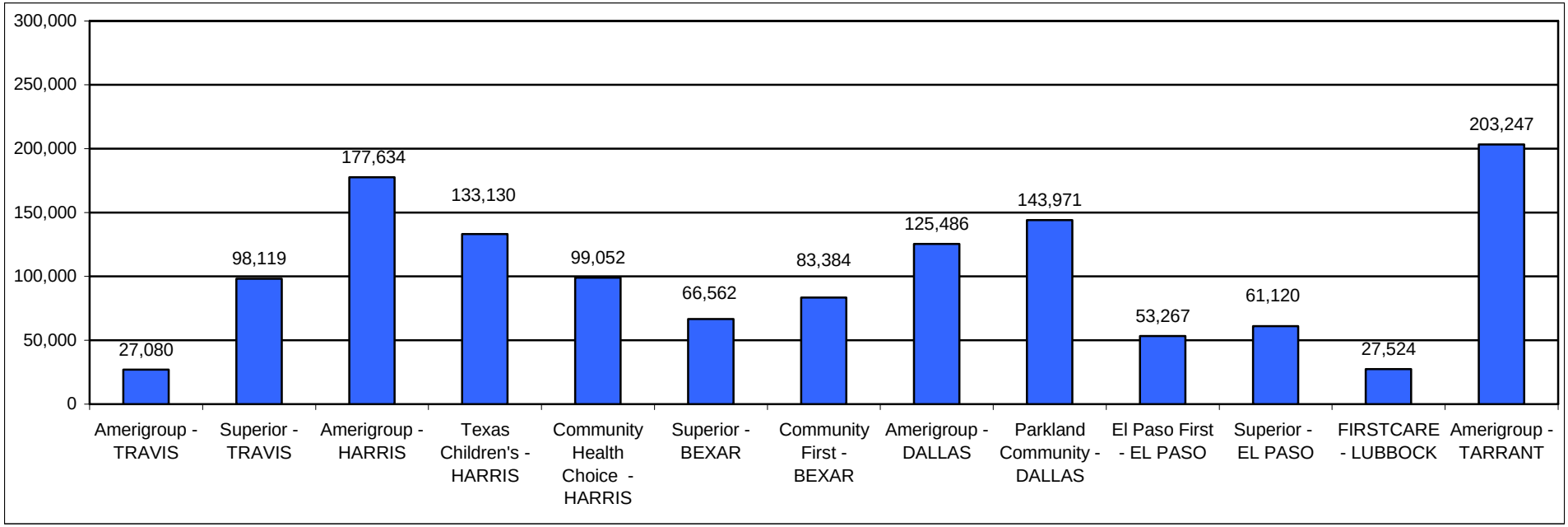
2. The health plan with the largest membership was Amerigroup at 41 percent of total STAR TANF membership followed by Superior with 17 percent of enrollees and Parkland Community with 11 percent.

3. The enrollees' mean age was 9 years old with a standard deviation of 8.5 years.

Chart 2. HEDIS® Total Unduplicated Members – TANF/SDA Breakout

STAR MCOs - September 1, 2005 to August 31, 2006

TANF Total Unduplicated Members = 1,299,576



Reference: TANF STAR Table TX-1

Note: Members who switched plans during the reporting period were not included.

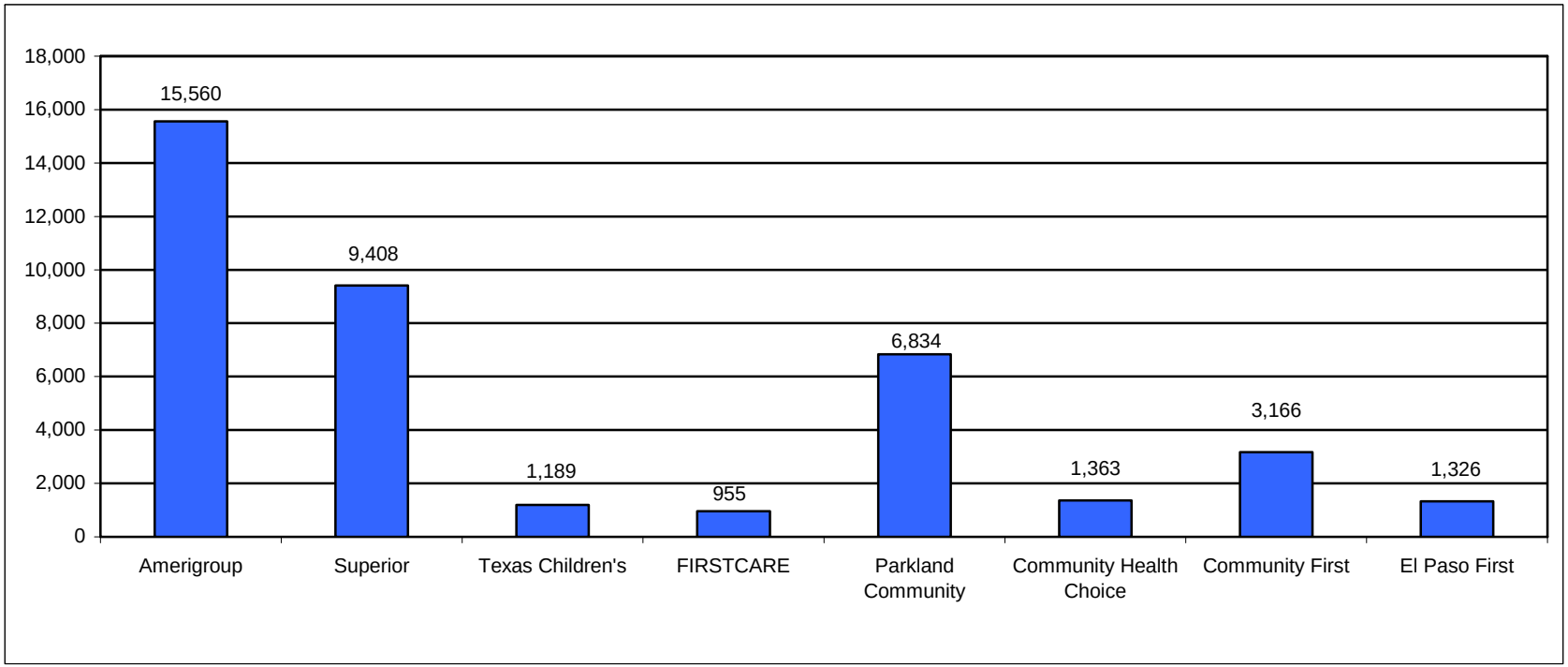
Key Points:

1. The Service Delivery Area (SDA) with the largest membership is Harris with 32 percent of TANF enrollees served by three health plans: Amerigroup, Texas Children's, and Community Health Choice.

2. Amerigroup Tarrant and Amerigroup Harris are the two largest MCO units at the SDA level for TANF-eligible members.

Chart 3. HEDIS® Total Unduplicated Members by MCO – SSI

STAR MCOs - September 1, 2005 to August 31, 2006 SSI Unduplicated Members = 39,801



Reference: SSI STAR Table TX-1

Note: Members who switched plans during the reporting period were not included.

Key Points:

1. Chart 3 provides information on STAR MCO Program enrollees who are eligible for Supplemental Security Income (SSI). There are 39,801 SSI enrollees, representing a 15 percent increase from fiscal year 2005.

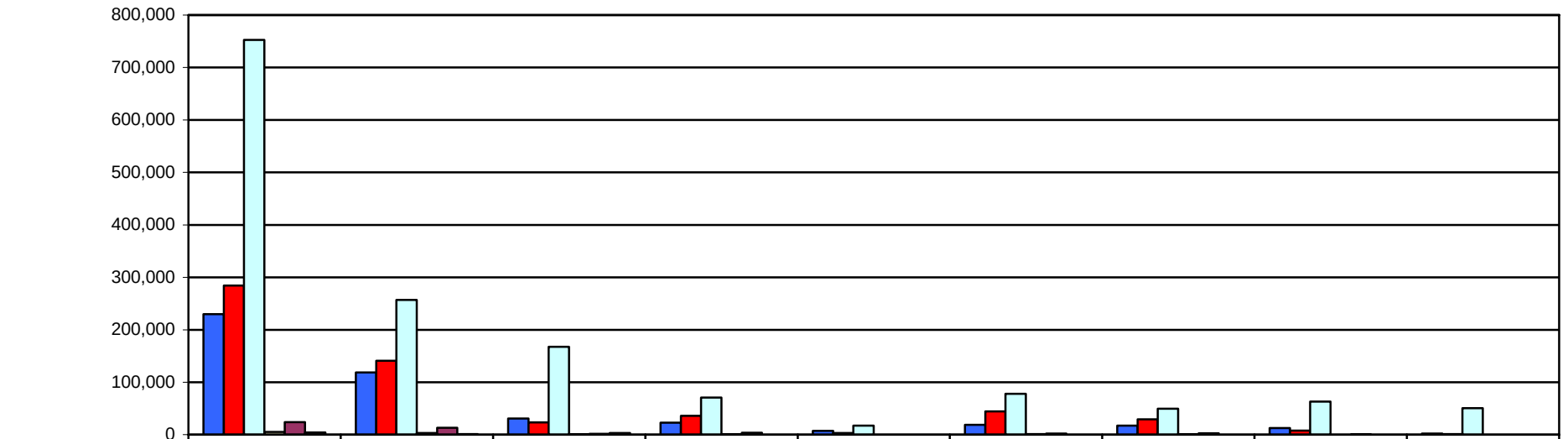
2. Amerigroup serves the largest number of SSI enrollees (39 percent).

3. The SSI enrollees' mean age was 27.5 years old with a standard deviation of 20.3 years.

Chart 4. HEDIS® Total Unduplicated Members by Race/Ethnicity and MCO – TANF

STAR MCOs - September 1, 2005 to August 31, 2006

TANF Unduplicated Members = 1,299,576



	All STAR MCOs	Amerigroup	Superior	Texas Children's	FIRSTCARE	Parkland Community	Community Health Choice	Community First	El Paso First
White NonHispanic	229,497	118,843	30,589	22,785	7,012	18,592	17,254	12,416	2,006
Black NonHispanic	284,360	140,766	23,000	35,809	3,054	44,379	29,221	7,323	808
Hispanic	752,740	256,823	167,353	70,503	17,298	77,904	49,666	62,916	50,277
American Indian	5,291	2,826	444	454	68	805	405	222	67
Asian	23,847	13,358	1,559	3,554	80	2,250	2,469	476	101
Unknown/Other	3,841	831	2,856	25	12	41	37	31	8

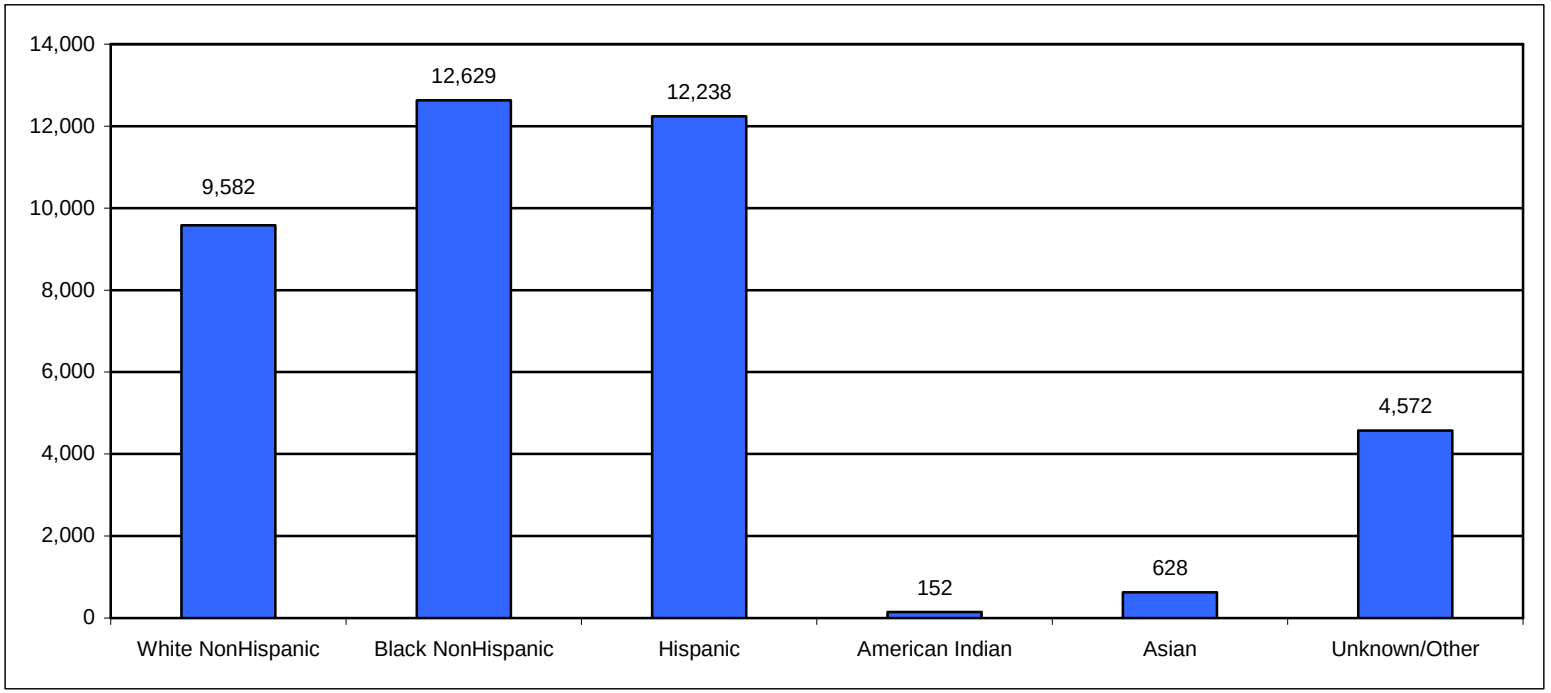
Reference: TANF STAR Table TX-2

Note: Members who switched plans during the reporting period were not included.

Note: Charts 4 and 5 should be viewed together. Key points follow Chart 5.

Chart 5. HEDIS® Total Unduplicated Members by Race/Ethnicity – SSI

STAR MCOs - September 1, 2005 to August 31, 2006 SSI Unduplicated Members = 39,801



Reference: SSI STAR Table TX-2

Note: Members who switched plans during the reporting period were not included.

Key Points:

1. Charts 4 and 5 provide information regarding the racial and ethnic makeup of STAR MCO Program enrollees. Chart 4 provides information on TANF enrollees and Chart 5 provides information on SSI enrollees. For TANF enrollees, 58 percent are Hispanic, 22 percent are Black NonHispanic, 18 percent are White NonHispanic, two percent are Asian, and less than one percent are American Indian or of unknown/other race/ethnicity. Thirty-two percent of STAR SSI enrollees are Black NonHispanic, 31 percent are Hispanic, 24 percent are White NonHispanic, two percent are Asian, and less than one percent are American Indian. Race/ethnicity is unknown for more than 11 percent of STAR SSI enrollees.

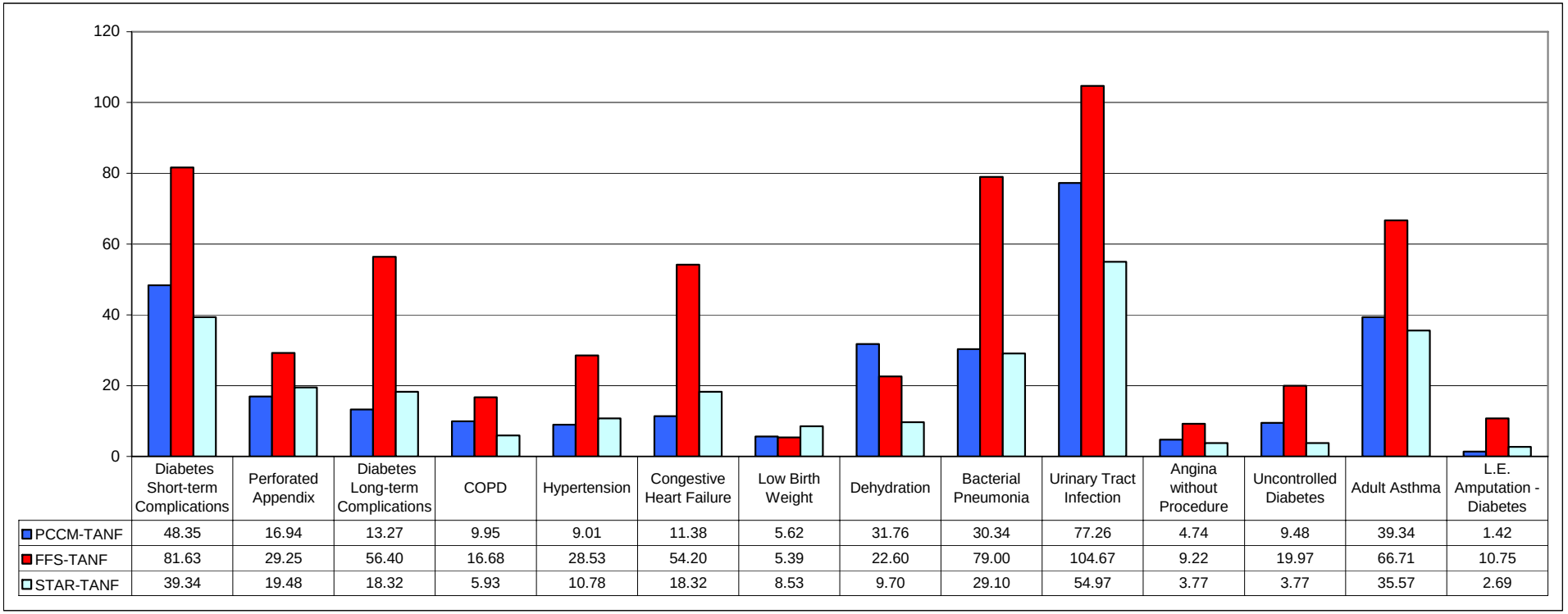
2. The racial makeup of TANF and SSI enrollees is notably different. Consideration should be given to the potential impact that new policies could have on different racial and ethnic groups that comprise TANF and SSI STAR MCO Program enrollees.

3. As HHSC proceeds with expansion of the STAR+PLUS Program beyond the Harris SDA, they should monitor the impact on STAR MCO demographics as SSI STAR enrollees may move into STAR+PLUS.

Chart 6. AHRQ Adult Prevention Quality Indicators – TANF

TANF Number of Appendicitis Cases: 77
TANF Number of Births: 41,537
TANF Denominator for All Other Measures: 185,541

STAR MCOs - September 1, 2005 to August 31, 2006



	Diabetes Short-term Complications	Perforated Appendix	Diabetes Long-term Complications	COPD	Hypertension	Congestive Heart Failure	Low Birth Weight	Dehydration	Bacterial Pneumonia	Urinary Tract Infection	Angina without Procedure	Uncontrolled Diabetes	Adult Asthma	L.E. Amputation - Diabetes
PCCM-TANF	48.35	16.94	13.27	9.95	9.01	11.38	5.62	31.76	30.34	77.26	4.74	9.48	39.34	1.42
FFS-TANF	81.63	29.25	56.40	16.68	28.53	54.20	5.39	22.60	79.00	104.67	9.22	19.97	66.71	10.75
STAR-TANF	39.34	19.48	18.32	5.93	10.78	18.32	8.53	9.70	29.10	54.97	3.77	3.77	35.57	2.69

Reference: TANF STAR Table PI-1a

Note: Members who switched plans during the reporting period were not included.

Note: Rates are per 100,000 enrollees ages 18 and older except for perforated appendix which is per 100 enrollees diagnosed with appendicitis and low birth rate which is per 100 births.

Note: COPD is the Chronic Obstructive Pulmonary Disease indicator; L.E. Amputation - Diabetes is the Lower Extremity Amputation Among Patients with Diabetes indicator.

Key Points:

1. Prevention Quality Indicators (PQIs) developed for the Agency for Healthcare Research and Quality (AHRQ) were used to evaluate the performance of STAR MCOs related to outpatient admissions for adult enrollees with various ambulatory care sensitive conditions. The

PQIs use hospital inpatient discharge data and are measured as rates of admission to the hospital. A description of the adult indicators follows the key points.

2. STAR MCOs' PQI rates in general are lower than the national rates for all but one of the indicators. TANF enrollees had a higher rate of low birth weight occurrences than the national rate (8.53 per 100 births in TANF versus 6.26 per 100 births nationally). The national rates for the PQIs are based on general community populations, which include a wide range of socioeconomic backgrounds (i.e., race/ethnicity, income, gender, insurance status). Perhaps of greater importance is that the adult indicators include persons over 65 years of age who would not be included in STAR. Therefore, the national rate is not a direct comparison to a TANF population.

3. The value in the PQIs is to monitor the rate of the various indicators using them to compare MCO performance and STAR Program performance over time.

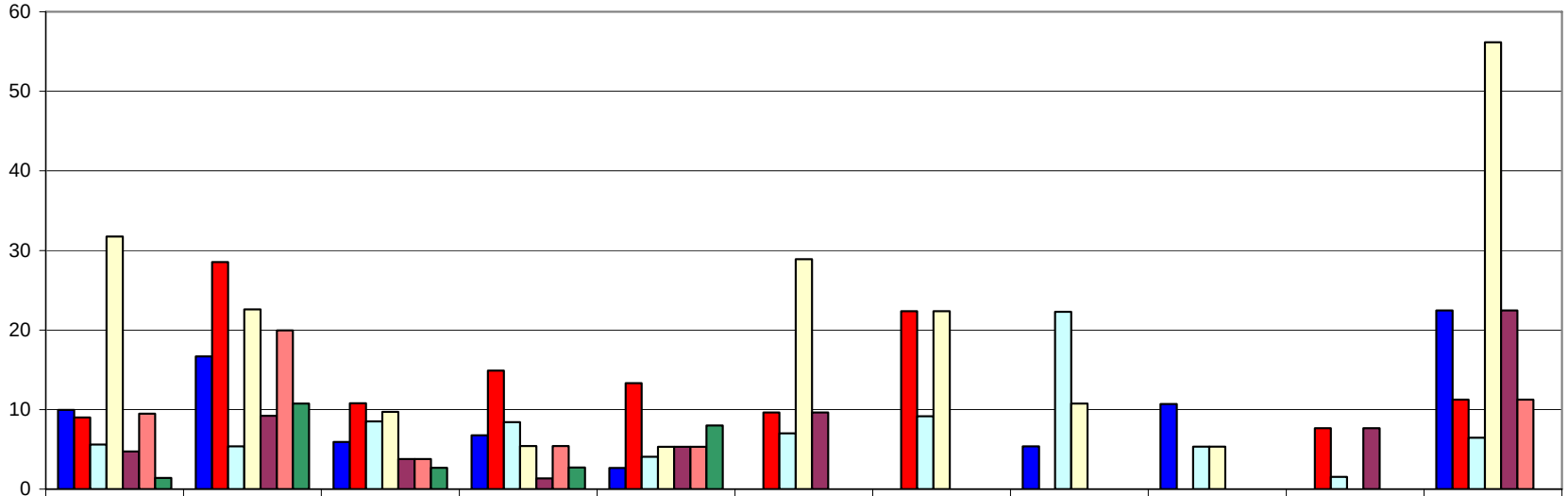
Adult Prevention Quality Indicators

AHRQ Indicator Number	Indicator Name	Description
PQI 1	Diabetes Short-term Complications Admission Rate	Number of admissions for diabetes short-term complications per 100,000 population
PQI 2	Perforated Appendix Admission Rate	Number of admissions for perforated appendix as a share of all admissions for appendicitis within an area
PQI 3	Diabetes Long-term Complications Admission Rate	Number of admissions for long-term diabetes per 100,000 population
PQI 5	Chronic Obstructive Pulmonary Disease Admission Rate	Number of admissions for COPD per 100,000 population
PQI 7	Hypertension Admission Rate	Number of admissions for hypertension per 100,000 population
PQI 8	Congestive Heart Failure Admission Rate	Number of admissions for CHF per 100,000 population
PQI 9	Low Birth Weight Rate	Number of low birth weight births as a share of per 100 births in an area
PQI 10	Dehydration Admission Rate	Number of admissions for dehydration per 100,000 population
PQI 11	Bacterial Pneumonia Admission Rate	Number of admissions for bacterial pneumonia per 100,000 population
PQI 12	Urinary Tract Infection Admission Rate	Number of admissions for urinary infection per 100,000 population
PQI 13	Angina without Procedure Admission Rate	Number of admissions for angina without procedure per 100,000 population
PQI 14	Uncontrolled Diabetes Admission Rate	Number of admissions for uncontrolled diabetes per 100,000 population *(Note: This indicator is designed to be combined with diabetes short-term complications.)*
PQI 15	Adult Asthma Admission Rate	Number of admissions for asthma in adults per 100,000 population
PQI 16	Rate of Lower Extremity Amputation Among Patients with Diabetes	Number of admissions for lower extremity amputation among patients with diabetes per 100,000 population

Chart 7A. AHRQ Adult Prevention Quality Indicators by MCO – TANF

TANF Number of Births: 41,537
TANF Denominator for All Other Measures: 185,541

STAR MCOs - September 1, 2005 to August 31, 2006



	PCCM-TANF	FFS-TANF	ALL STAR MCOs	Amerigroup	Superior	Texas Children's	FIRSTCARE	Parkland Community	Community Health Choice	Community First	El Paso First
Chronic Obstructive Pulmonary Disease	9.95	16.68	5.93	6.76	2.67	0.00	0.00	5.38	10.70	0.00	22.45
Hypertension	9.01	28.53	10.78	14.88	13.33	9.63	22.35	0.00	0.00	7.65	11.23
Low Birth Weight	5.62	5.39	8.53	8.43	4.07	7.02	9.15	22.29	5.35	1.55	6.48
Dehydration	31.76	22.60	9.70	5.41	5.33	28.90	22.35	10.76	5.35	0.00	56.14
Angina without Procedure	4.74	9.22	3.77	1.35	5.33	9.63	0.00	0.00	0.00	7.65	22.45
Uncontrolled Diabetes	9.48	19.97	3.77	5.41	5.33	0.00	0.00	0.00	0.00	0.00	11.23
Lower Extremity Amputation in Diabetes Patients	1.42	10.75	2.69	2.71	8.00	0.00	0.00	0.00	0.00	0.00	0.00

Reference: TANF STAR Table PI-1a

Note: Members who switched plans during the reporting period were not included.

Note: Rates are per 100,000 enrollees ages 18 and older except for low birth rate which is per 100 births.

Key Points:

1. There is great variability among TANF MCOs in their PQI rates. The largest differences were noted for the following ambulatory care sensitive conditions:

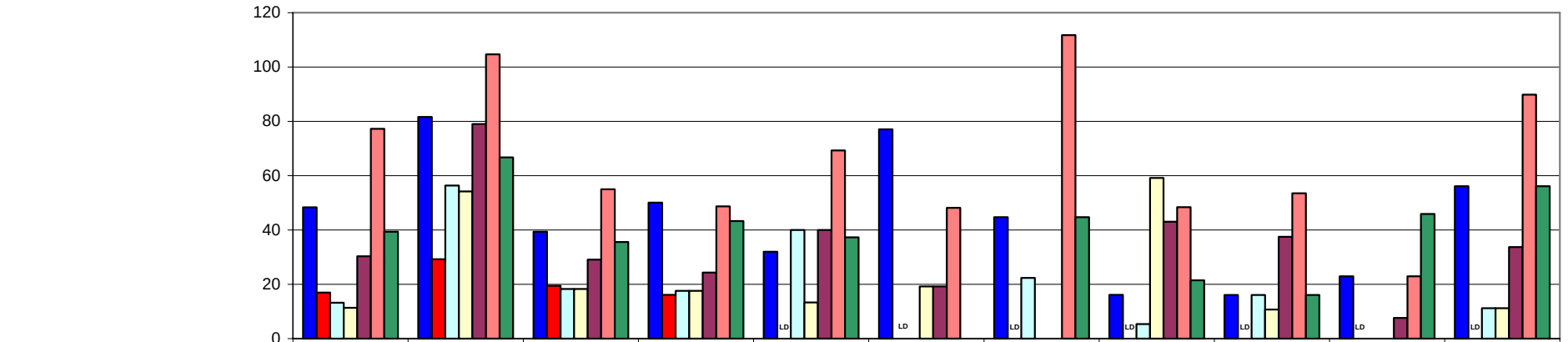
    a. Chronic Obstructive Pulmonary Disease where the hospital admission rate per 100,000 enrollees ranges from 0 (Texas Children's, FIRSTCARE, and Community First) to 22.45 (El Paso First);
    b. Hypertension where the hospital admission rate per 100,000 enrollees ranges from 0 (Parkland Community and Community Health Choice) to 22.35 (FIRSTCARE);
    c. Low Birth Weight where the hospital admission rate per 100 births ranges from 1.55 (Community First) to 22.29 (Parkland Community);
    d. Dehydration where the hospital admission rate per 100,000 enrollees ranges from 0 (Community First) to 56.14 (El Paso First); and
    e. Angina without Procedure where the hospital admission rate per 100,000 enrollees ranges from 0 (FIRSTCARE, Parkland Community, and Community Health Choice) to 22.45 (El Paso First).

2. The above comparisons should be interpreted with caution because the differences in rates may be based on a small number of members with the specified condition.

Chart 7B. AHRQ Adult Prevention Quality Indicators by MCO – TANF

TANF Number of Appendicitis Cases: 77
TANF Denominator for All Other Measures: 185,541

STAR MCOs - September 1, 2005 to August 31, 2006



	PCCM-TANF	FFS-TANF	ALL STAR MCOs	Amerigroup	Superior	Texas Children's	FIRSTCARE	Parkland Community	Community Health Choice	Community First	El Paso First
Diabetes Short-term Complications	48.35	81.63	39.34	50.06	31.99	77.06	44.70	16.14	16.05	22.94	56.14
Perforated Appendix	16.94	29.25	19.48	16.13	-	-	-	-	-	-	-
Diabetes Long-term Complications	13.27	56.40	18.32	17.59	39.99	0.00	22.35	5.38	16.05	0.00	11.23
Congestive Heart Failure	11.38	54.20	18.32	17.59	13.33	19.26	0.00	59.17	10.70	0.00	11.23
Bacterial Pneumonia	30.34	79.00	29.10	24.35	39.99	19.26	0.00	43.03	37.46	7.65	33.68
Urinary Tract Infection	77.26	104.67	54.97	48.71	69.31	48.16	111.76	48.41	53.52	22.94	89.82
Adult Asthma	39.34	66.71	35.57	43.29	37.32	0.00	44.70	21.52	16.05	45.88	56.14

Reference: TANF STAR Table PI-1a

Note: Members who switched plans during the reporting period were not included.

Note: Rates are per 100,000 enrollees ages 18 and older except for perforated appendix which is per 100 enrollees diagnosed with appendicitis.

Note: LD (Low Denominator) indicates number of members eligible for the measure less than 30 with rate not reported. Eligible members are included in overall STAR rates.

Key Points:

1. The second set of Prevention Quality Indicators (PQIs) again revealed differences in TANF MCO performance.
   a. Diabetes Short-term Complications admission rates per 100,000 enrollees ranged from 16.05 (Community Health Choice) to 77.06 (Texas Children's);
   b. Diabetes Long-term Complications admission rates per 100,000 enrollees ranged from 0 (Texas Children's and Community First) to 39.99 (Superior);

c. Congestive Heart Failure admission rates per 100,000 enrollees ranged from 0 (FIRSTCARE and Community First) to 59.17 (Parkland Community);
d. Bacterial Pneumonia admission rates per 100,000 enrollees ranged from 0 (FIRSTCARE) to 43.03 (Parkland Community);
e. Urinary Tract Infection admission rates per 100,000 enrollees ranged from 22.94 (Community First) to 111.76 (FIRSTCARE); and
f. Adult Asthma admission rates per 100,000 enrollees ranged from 0 (Texas Children's) to 56.14 (El Paso First).

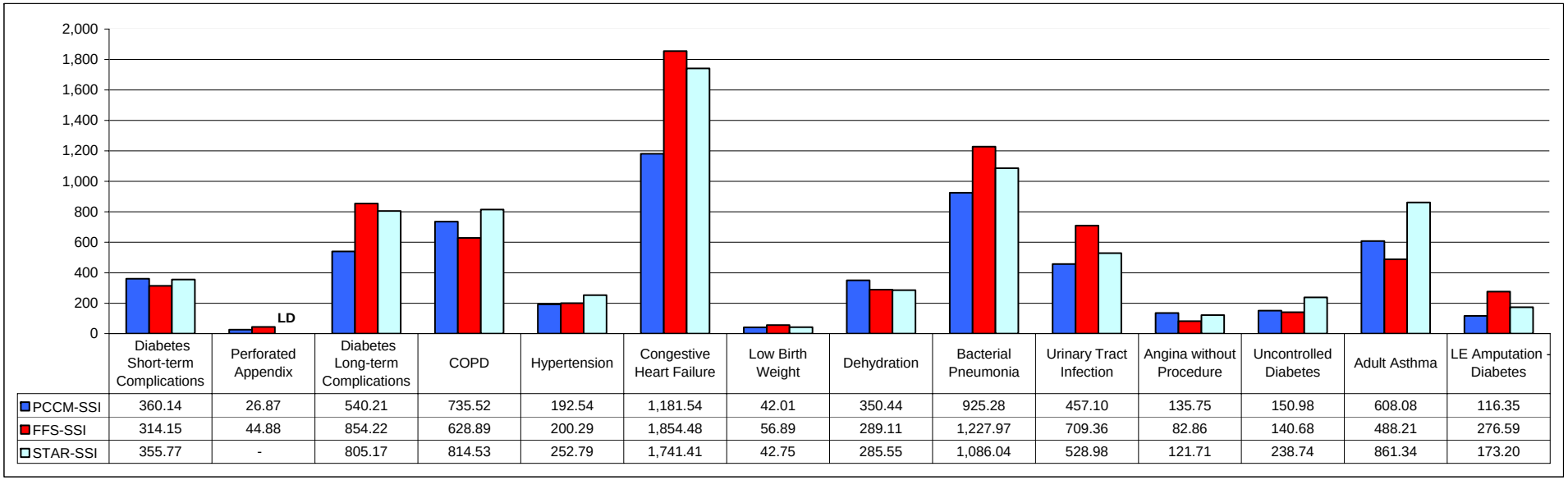
2. The perforated appendix rate is only reported for Amerigroup. All other MCOs had a denominator less than 30, which means that there was not a sufficient number of TANF-eligible individuals who met the inclusion criteria for the measure. Therefore, the perforated appendix rate is not reported for the other MCOs.

3. The above comparisons should be interpreted with caution because the differences in rates may be based on a small number of members with the specified condition.

Chart 8. AHRQ Adult Prevention Quality Indicators – SSI

SSI Number of Appendicitis Cases: 19
SSI Number of Births: 255
SSI Denominator for All Other Measures: 21,362

STAR MCOs - September 1, 2005 to August 31, 2006



	Diabetes Short-term Complications	Perforated Appendix	Diabetes Long-term Complications	COPD	Hypertension	Congestive Heart Failure	Low Birth Weight	Dehydration	Bacterial Pneumonia	Urinary Tract Infection	Angina without Procedure	Uncontrolled Diabetes	Adult Asthma	LE Amputation - Diabetes
PCCM-SSI	360.14	26.87	540.21	735.52	192.54	1,181.54	42.01	350.44	925.28	457.10	135.75	150.98	608.08	116.35
FFS-SSI	314.15	44.88	854.22	628.89	200.29	1,854.48	56.89	289.11	1,227.97	709.36	82.86	140.68	488.21	276.59
STAR-SSI	355.77	-	805.17	814.53	252.79	1,741.41	42.75	285.55	1,086.04	528.98	121.71	238.74	861.34	173.20

Reference: SSI STAR Table PI-1a
Note: Members who switched plans during the reporting period were not included.
Note: Rates are per 100,000 enrollees ages 18 and older except for perforated appendix which is per 100 enrollees diagnosed with appendicitis and low birth rate which is per 100 births.
Note: LD (Low Denominator) indicates number of members eligible for the measure less than 30 with rate not reported. Eligible members are included in overall STAR rates.
Note: COPD is the Chronic Obstructive Pulmonary Disease indicator; L.E. Amputation - Diabetes is the Lower Extremity Amputation Among Patients with Diabetes indicator.

Key Points:

1. STAR MCOs overall had much higher prevention quality indicator rates than the national rates with respect to SSI-eligible members. This is in contrast to their rates with regard to TANF-eligible enrollees, which in general were much lower than the national rates. However, as previously noted, the national rates are for general community populations and are not a direct comparison to either the TANF or SSI populations.

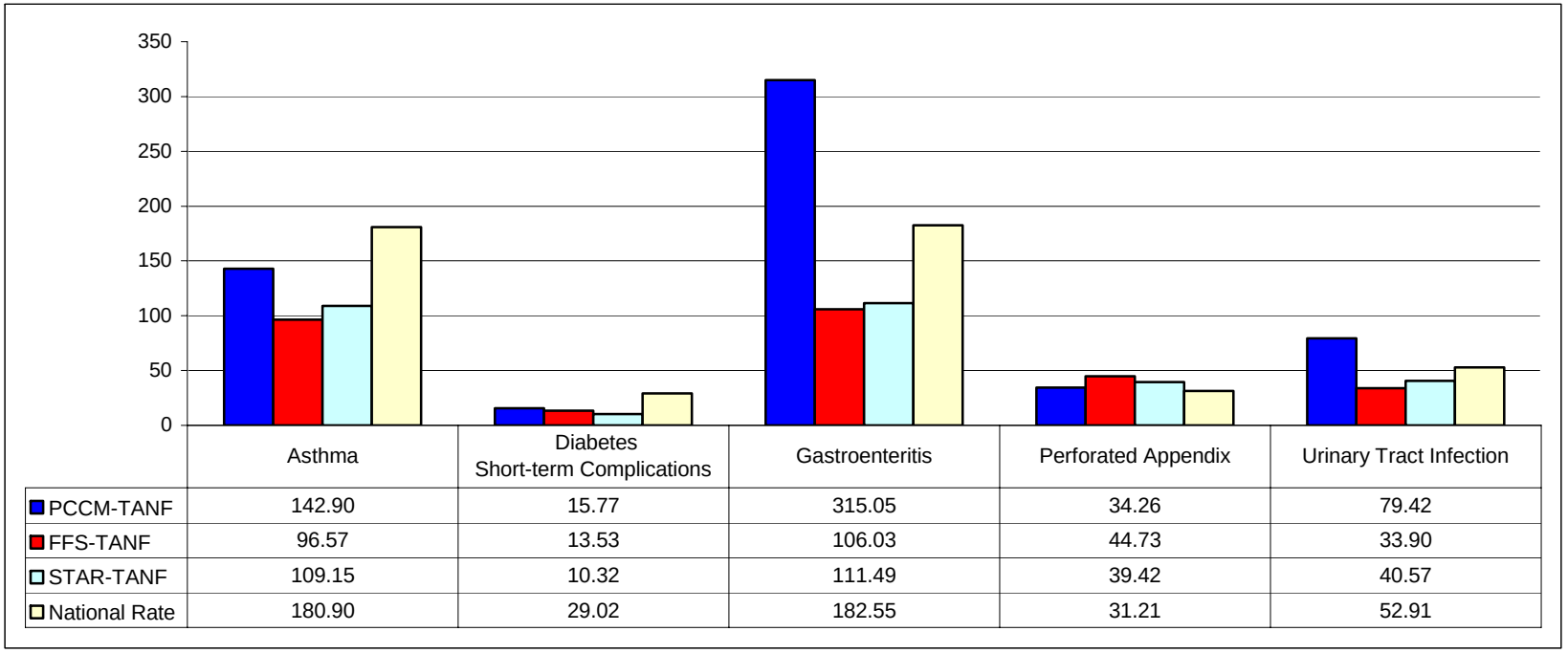
2. There were only 19 occurrences of hospital admission with appendicitis among SSI-eligible enrollees; thus, the STAR MCOs' rate for perforated appendix is not reported.

Chart 9. AHRQ Pediatric Quality Indicators – TANF

STAR TANF Number of Appendicitis Cases: 723

STAR MCOs - September 1, 2005 to August 31, 2006

STAR TANF Denominator for All Other Measures: 1,114,035



	Asthma	Diabetes Short-term Complications	Gastroenteritis	Perforated Appendix	Urinary Tract Infection
PCCM-TANF	142.90	15.77	315.05	34.26	79.42
FFS-TANF	96.57	13.53	106.03	44.73	33.90
STAR-TANF	109.15	10.32	111.49	39.42	40.57
National Rate	180.90	29.02	182.55	31.21	52.91

Reference: TANF STAR Table PI-1b

Note: Members who switched plans during the reporting period were not included.

Note: Rates are per 100,000 enrollees ages 17 and younger except for perforated appendix which is per 100 enrollees diagnosed with appendicitis.

Key Points:

1. Similar to the Prevention Quality Indicators (PQIs), Pediatric Quality Indicators (PDIs) developed for the Agency for Healthcare Research and Quality (AHRQ) were used to evaluate the performance of STAR MCOs related to inpatient admissions of child enrollees with various ambulatory care sensitive conditions. The PDIs use hospital inpatient discharge data and are measured as rates of admission to the hospital. A description of the child indicators follows the key points.

2. STAR MCOs' PDI rates for pediatric TANF-eligible enrollees for fiscal year 2006 were lower than the national rates on four of the five indicators and higher than the national rate for perforated appendix. The PDI national rates are based on a general community population and are not a direct comparison to the TANF population. However, the PDIs provide useful information to monitor trends, compare MCO performance, and to address potential access to care issues.

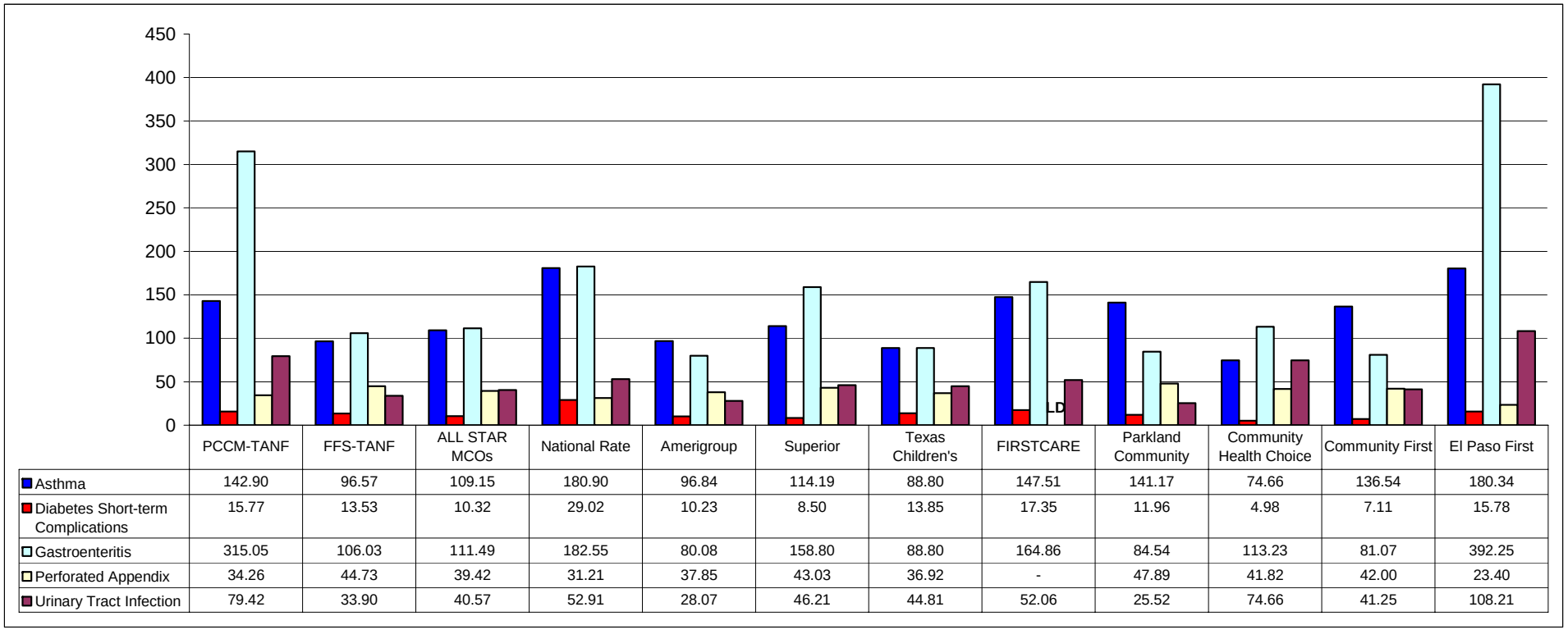
Pediatric Quality Indicators

AHRQ Indicator Number	Indicator Name	Description
PDI 14	Asthma Admission Rate	Number of admissions for long-term asthma per 100,000 population
PDI 15	Diabetes Short-term Complications Admission Rate	Number of admissions for diabetes short-term complications per 100,000 population
PDI 16	Gastroenteritis Admission Rate	Number of admissions for pediatric gastroenteritis per 100,000 population
PDI 17	Perforated Appendix Admission Rate	Number of admissions for perforated appendix as a share of all admissions for appendicitis within an area
PDI 18	Urinary Tract Infection Admission Rate	Number of admissions for urinary infection per 100,000 population

Chart 10. AHRQ Pediatric Quality Indicators by MCO – TANF

STAR MCOs - September 1, 2005 to August 31, 2006

TANF Number of Appendicitis Cases: 723
TANF Denominator for All Other Measures: 1,114,035



	PCCM-TANF	FFS-TANF	ALL STAR MCOs	National Rate	Amerigroup	Superior	Texas Children's	FIRSTCARE	Parkland Community	Community Health Choice	Community First	El Paso First
Asthma	142.90	96.57	109.15	180.90	96.84	114.19	88.80	147.51	141.17	74.66	136.54	180.34
Diabetes Short-term Complications	15.77	13.53	10.32	29.02	10.23	8.50	13.85	17.35	11.96	4.98	7.11	15.78
Gastroenteritis	315.05	106.03	111.49	182.55	80.08	158.80	88.80	164.86	84.54	113.23	81.07	392.25
Perforated Appendix	34.26	44.73	39.42	31.21	37.85	43.03	36.92	-	47.89	41.82	42.00	23.40
Urinary Tract Infection	79.42	33.90	40.57	52.91	28.07	46.21	44.81	52.06	25.52	74.66	41.25	108.21

Reference: TANF STAR Table PI-1b

Note: Members who switched plans during the reporting period were not included.

Note: Rates are per 100,000 enrollees ages 17 and younger except for perforated appendix which is per 100 enrollees diagnosed with appendicitis.

Note: LD (Low Denominator) indicates number of members eligible for the measure less than 30 with rate not reported. Eligible members are included in overall STAR rates.

Key Points:

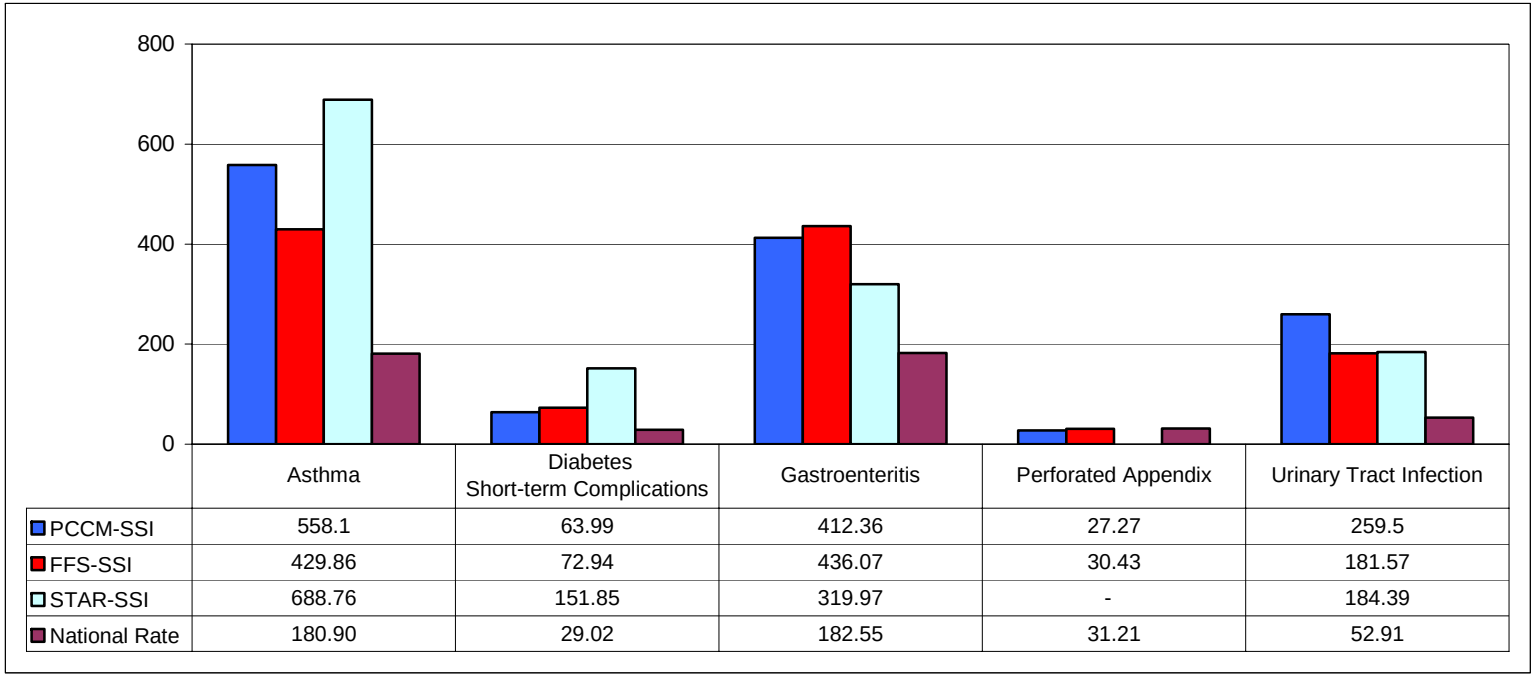
1. There are notable differences among MCOs in their PDI rates for TANF-eligible child enrollees, particularly for conditions such as: asthma, gastroenteritis, and urinary tract infection.

Chart 11. AHRQ Pediatric Quality Indicators – SSI

SSI Number of Appendicitis Cases: 15

STAR MCOs - September 1, 2005 to August 31, 2006

SSI Denominator for All Other Measures: 18,439



	Asthma	Diabetes Short-term Complications	Gastroenteritis	Perforated Appendix	Urinary Tract Infection
PCCM-SSI	558.1	63.99	412.36	27.27	259.5
FFS-SSI	429.86	72.94	436.07	30.43	181.57
STAR-SSI	688.76	151.85	319.97	-	184.39
National Rate	180.90	29.02	182.55	31.21	52.91

Reference: SSI STAR Table PI-1b

Note: Members who switched plans during the reporting period were not included.

Note: Rates are per 100,000 enrollees ages 17 and younger except for perforated appendix which is per 100 enrollees diagnosed with appendicitis.

Key Points:

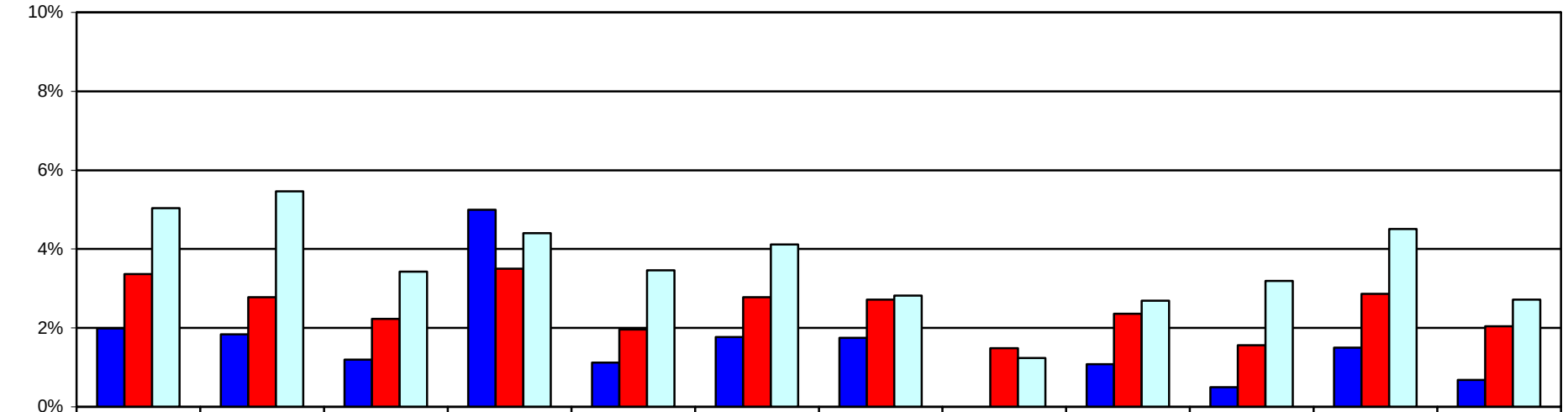
1. In contrast to the PDI rates for TANF-eligible child members, the PDI rates for SSI-eligible enrollees were higher than the national rates on four of the five sensitive conditions. However, as previously noted, the national rates are for a general community population.

2. There were only 15 cases of hospital admission for a perforated appendix among SSI-eligible children in the STAR Program. Therefore, the STAR MCOs' rate for perforated appendix is not reported here.

Chart 12. HEDIS® Well-Child Visits in the First 15 Months of Life (No Visits to Two Visits) – TANF

PCCM TANF Enrollees in Age Group = 11,916
FFS TANF Enrollees in Age Group = 6,901
STAR TANF Enrollees in Age Group = 18,232

STAR MCOs - September 1, 2005 to August 31, 2006



	PCCM-TANF	FFS-TANF	All STAR MCOs	HEDIS® 2006 Mean	Amerigroup	Superior	Texas Children's	FIRSTCARE	Parkland Community	Community Health Choice	Community First	El Paso First
None	1.99%	1.84%	1.20%	5.00%	1.12%	1.77%	1.75%	0.00%	1.08%	0.50%	1.50%	0.68%
One	3.37%	2.78%	2.23%	3.50%	1.96%	2.78%	2.72%	1.49%	2.36%	1.56%	2.87%	2.04%
Two	5.04%	5.46%	3.43%	4.40%	3.46%	4.12%	2.82%	1.24%	2.69%	3.19%	4.51%	2.72%

Reference: TANF STAR Table PI-2

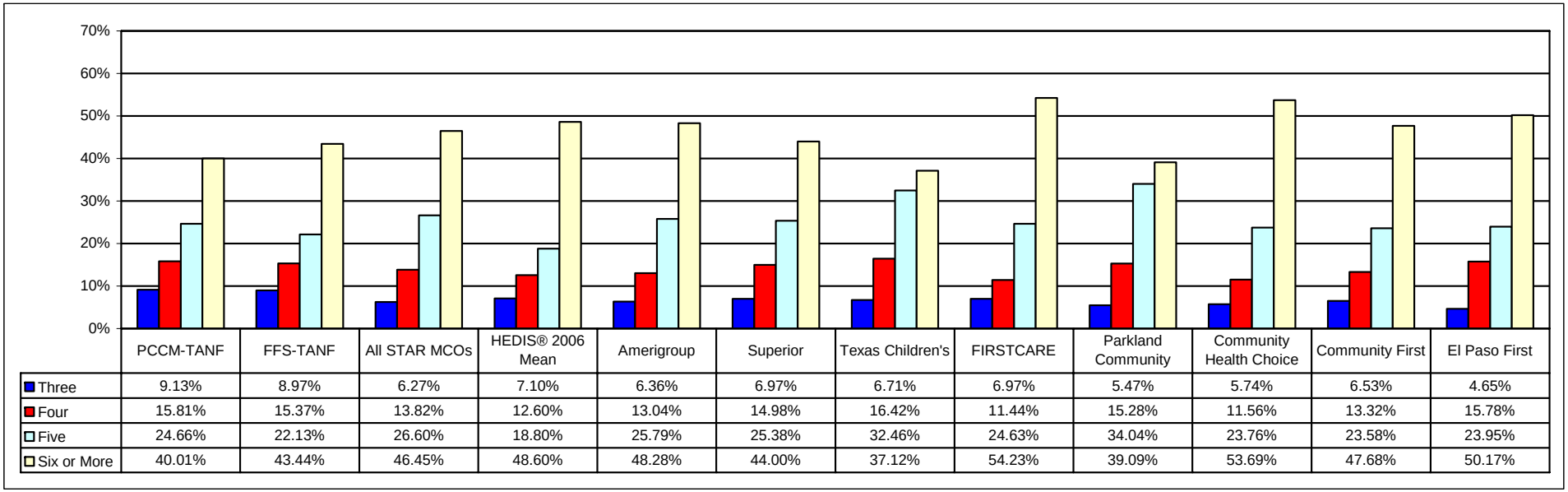
Note: Members who switched plans during the reporting period were not included.

Note: Charts 12, 13, and 14 need to be viewed together because children in the first 15 months of life are expected to have up to six preventive care visits. Charts 12 and 13 are in a different format to allow comparison of multiple data points. The percentages of children experiencing no visits to two visits are described in Chart 12. Chart 13 contains information about the percentages of children with three to six or more visits. Chart 14 displays the Service Delivery Area comparison for six preventive care visits only.

Chart 13. HEDIS® Well-Child Visits in the First 15 Months of Life (Three, Four, Five, or Six or More Visits) – TANF

PCCM TANF Enrollees in Age Group = 11,916
FFS TANF Enrollees in Age Group = 6,901
STAR TANF Enrollees in Age Group = 18,232

STAR MCOs - September 1, 2005 to August 31, 2006



	PCCM-TANF	FFS-TANF	All STAR MCOs	HEDIS® 2006 Mean	Amerigroup	Superior	Texas Children's	FIRSTCARE	Parkland Community	Community Health Choice	Community First	El Paso First
Three	9.13%	8.97%	6.27%	7.10%	6.36%	6.97%	6.71%	6.97%	5.47%	5.74%	6.53%	4.65%
Four	15.81%	15.37%	13.82%	12.60%	13.04%	14.98%	16.42%	11.44%	15.28%	11.56%	13.32%	15.78%
Five	24.66%	22.13%	26.60%	18.80%	25.79%	25.38%	32.46%	24.63%	34.04%	23.76%	23.58%	23.95%
Six or More	40.01%	43.44%	46.45%	48.60%	48.28%	44.00%	37.12%	54.23%	39.09%	53.69%	47.68%	50.17%

Reference: TANF STAR Table PI-2

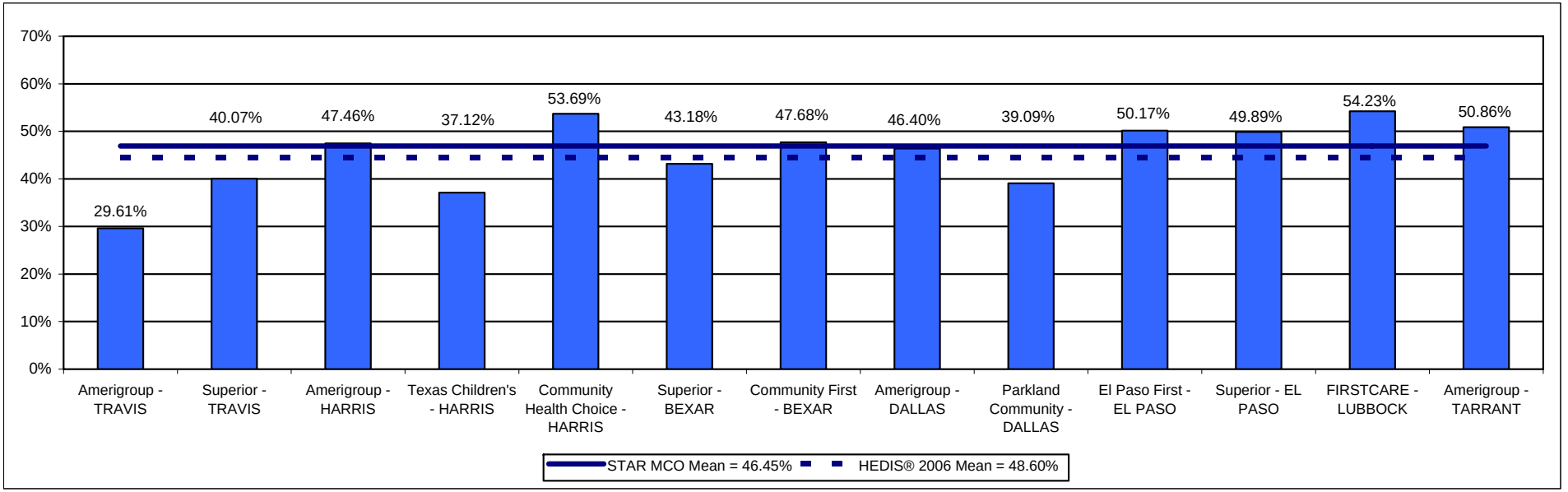
Note: Members who switched plans during the reporting period were not included.

Note: Charts 12, 13, and 14 need to be viewed together because children in the first 15 months of life are expected to have up to six preventive care visits. Charts 12 and 13 are in a different format to allow comparison of multiple data points. The percentages of children experiencing no visits to two visits are described in Chart 12. Chart 13 contains information about the percentages of children with three to six or more visits. Chart 14 displays the Service Delivery Area comparison for six preventive care visits only.

Chart 14. HEDIS® Well-Child Visits in the First 15 Months of Life (Six or More Visits) – TANF/SDA Breakout

STAR MCOs - September 1, 2005 to August 31, 2006

TANF Enrollees in Age Group = 18,232



Reference: TANF STAR Table PI-2

SDA	Travis	Harris	Bexar	Dallas	El Paso	Lubbock	Tarrant
MEAN	38.89%	47.12%	45.98%	42.16%	50.03%	54.23%	50.86%

Note: Members who switched plans during the reporting period were not included.

Key Points:

1. Access to preventive care visits is a fundamental component of pediatric health care for both children and adolescents. Preventive care visits that meet the American Academy of Pediatrics (AAP) periodicity schedule are associated with a decrease in avoidable inpatient admissions for infants across various racial and ethnic groups, income levels, and health status.[4]

2. Very few children in the STAR MCO Program experienced two or fewer preventive care visits in the first 15 months of life (See Chart 12). These results are similar to those reported for fiscal year 2005.

[4] Hakim, R., and B. Bye. 2001. "Effectiveness of Compliance with Pediatric Preventive Care Guidelines among Medicaid Beneficiaries." *Pediatrics* 108: 90-97.

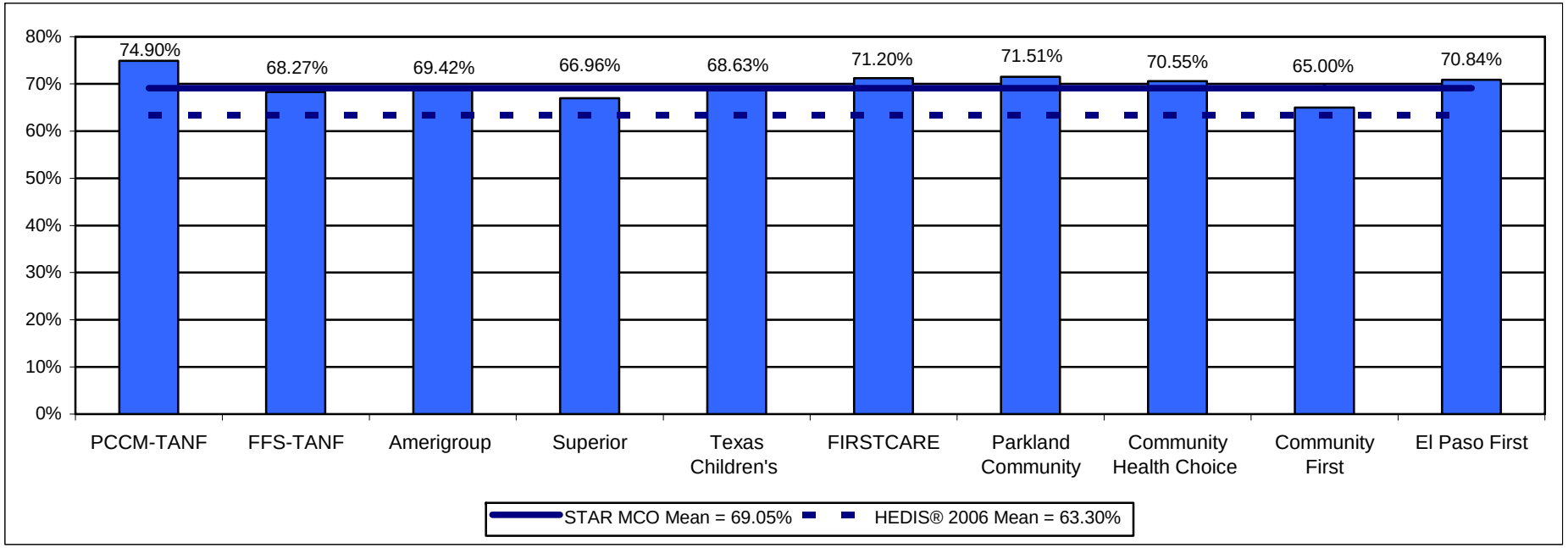
3. FIRSTCARE and Community Health Choice had the highest percentage of child enrollees with six or more visits in the first 15 months of life. Texas Children's had the lowest percentage of enrollees in this age cohort with six or more visits (See Chart 13).

4. Not all MCOs are performing at the level of the HEDIS® mean for six or more visits. There is variation noted, not only among MCOs, but also when comparing SDAs. On average, Amerigroup statewide performs near the national HEDIS® mean of 49 percent; when viewed by SDA, Amerigroup's performance ranges from 30 to 51 percent. HHSC should consider additional analysis to determine possible drivers of apparent geographic differences in these performance results.

Chart 15. HEDIS® Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life – TANF

PCCM TANF Enrollees in Age Group = 121,053
FFS TANF Enrollees in Age Group = 21,922
STAR TANF Enrollees in Age Group = 97,493

STAR MCOs - September 1, 2005 to August 31, 2006



Reference: TANF STAR Table PI-2

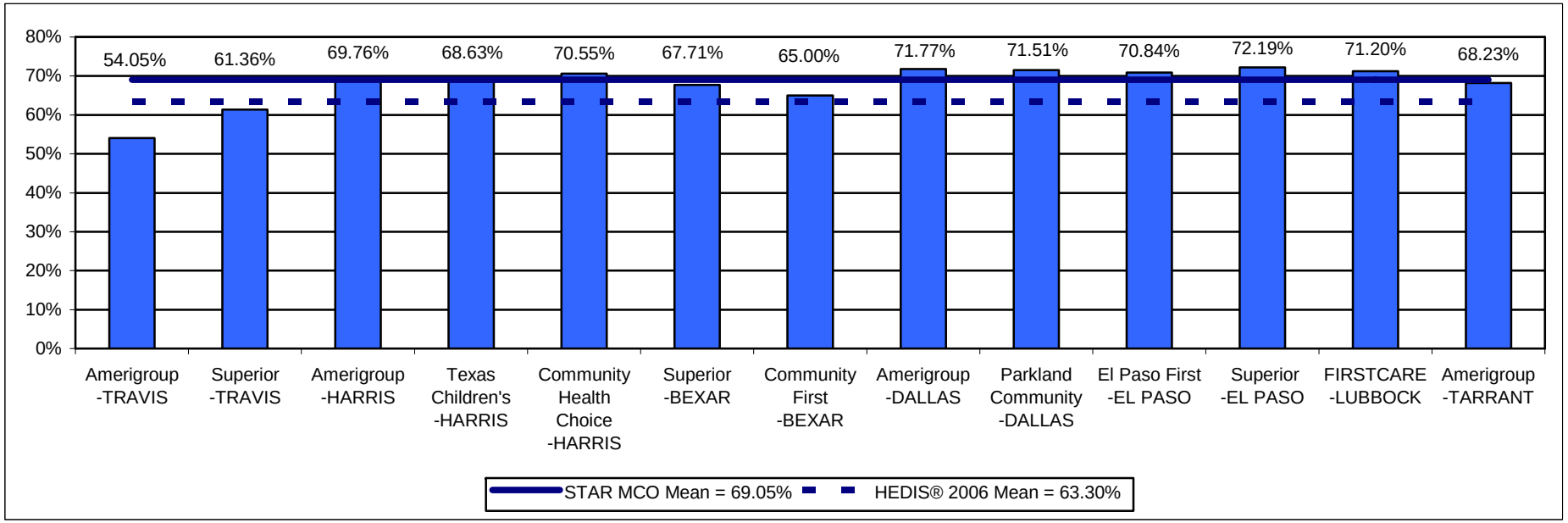
Note: Members who switched plans during the reporting period were not included.

Note: Charts 15 and 16 should be viewed together. Key points follow Chart 16.

Chart 16. HEDIS® Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life – TANF/SDA Breakout

STAR MCOs - September 1, 2005 to August 31, 2006

TANF Enrollees in Age Group = 97,493



Reference: TANF STAR Table PI-2

SDA	Travis	Harris	Bexar	Dallas	El Paso	Lubbock	Tarrant
MEAN	60.64%	69.53%	66.11%	71.62%	71.65%	71.20%	68.23%

Note: Members who switched plans during the reporting period were not included.

Key Points:

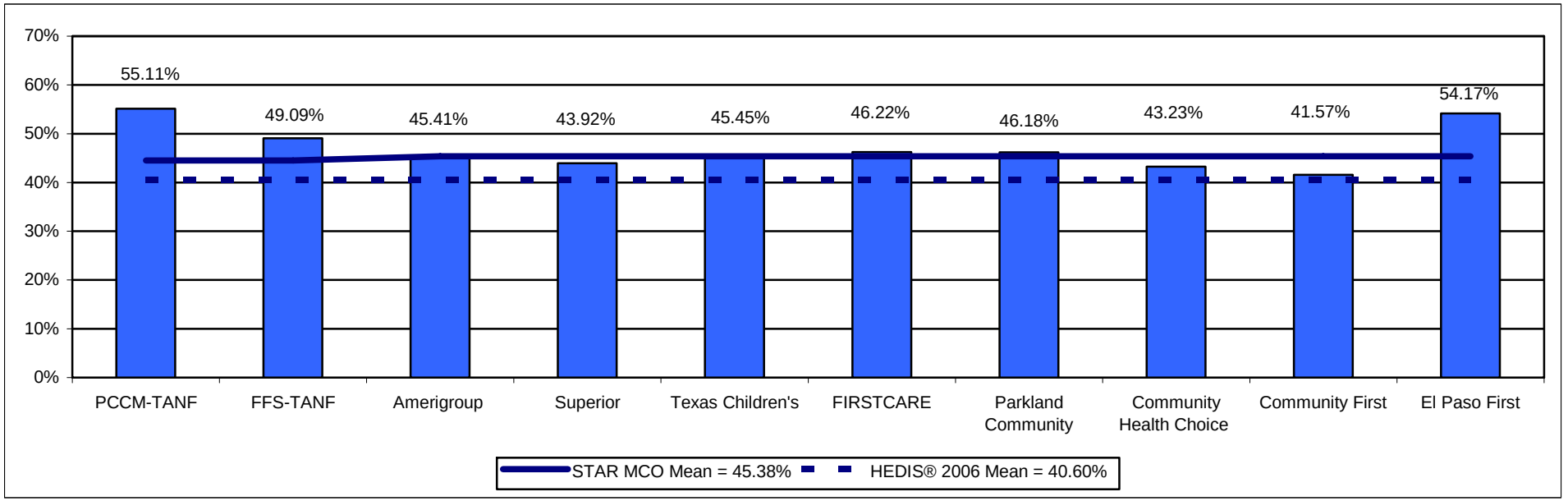
1. The STAR MCO Program performed better than the national average for Medicaid Managed Care Plans reporting to the National Committee for Quality Assurance (NCQA) on this measure with 69 percent of children receiving well-child visits in their 3rd, 4th, 5th, and 6th years of life compared to 63 percent nationally.

2. There was some variability among STAR MCOs' performance, but most were at or above the HEDIS® 2006 mean. Amerigroup and Superior serving Travis residents were the only providers scoring lower than the national HEDIS® 2006 mean for the percentage of children between three and six years old experiencing a well-child visit. Travis was the only SDA with a mean below the national mean, further supporting the recommendation for additional analysis to determine geographic impact on this measure.

Chart 17. HEDIS® Adolescent Well-Care Visits – TANF

PCCM TANF Enrollees in Age Group = 101,935
FFS TANF Enrollees in Age Group = 28,923
STAR TANF Enrollees in Age Group = 68,434

STAR MCOs - September 1, 2005 to August 31, 2006



Reference: TANF STAR Table PI-2

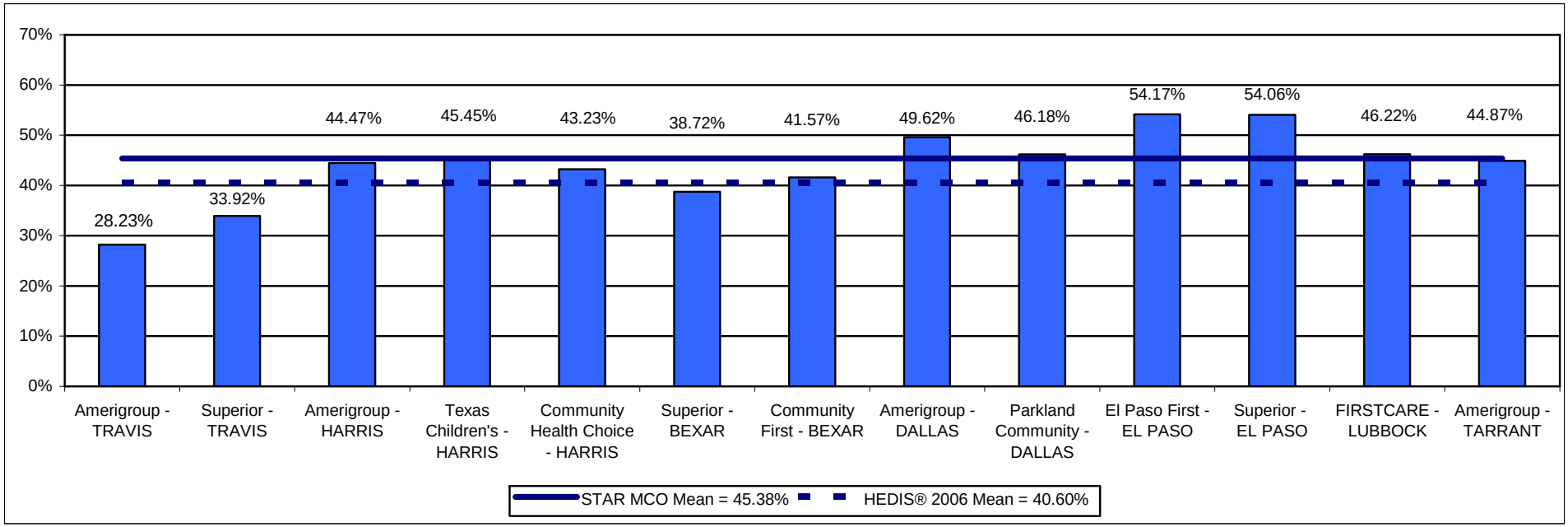
Note: Members who switched plans during the reporting period were not included.

Note: Charts 17 and 18 should be viewed together. Key points follow Chart 18.

Chart 18. HEDIS® Adolescent Well-Care Visits – TANF/SDA Breakout

STAR MCOs - September 1, 2005 to August 31, 2006

TANF Enrollees in Age Group = 68,434



Reference: TANF STAR Table PI-2

SDA	Travis	Harris	Bexar	Dallas	El Paso	Lubbock	Tarrant
MEAN	33.21%	44.56%	40.35%	47.90%	54.11%	46.22%	44.87%

Note: Members who switched plans during the reporting period were not included.

Key Points:

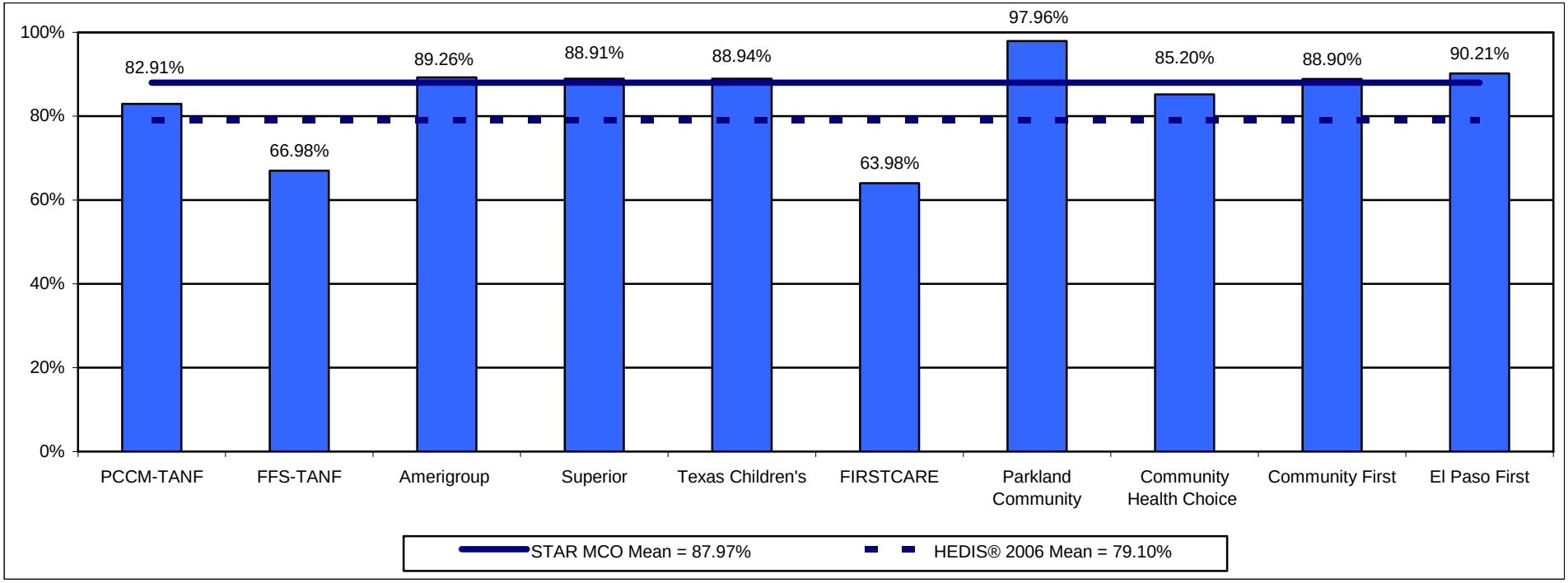
1. Similar to the previous fiscal year, all STAR MCO plans performed equal to or above the national average for Medicaid Managed Care Plans reporting to the NCQA on the percentage of adolescents receiving well-care visits.

2. There were some notable differences in performance by Service Delivery Area. Travis served by Amerigroup and Superior had the smallest percentage of adolescent enrollees receiving well-care visits, below the HEDIS® 2006 mean. Travis was the only SDA with mean performance much below the national mean while Bexar's mean performance was slightly below the mean.

Chart 19. HEDIS® Prenatal Care – TANF

PCCM TANF Eligible Births = 54,144
FFS TANF Eligible Births = 8,780
STAR TANF Eligible Births = 50,264

STAR MCOs - September 1, 2005 to August 31, 2006



Reference: TANF STAR Table PI-3

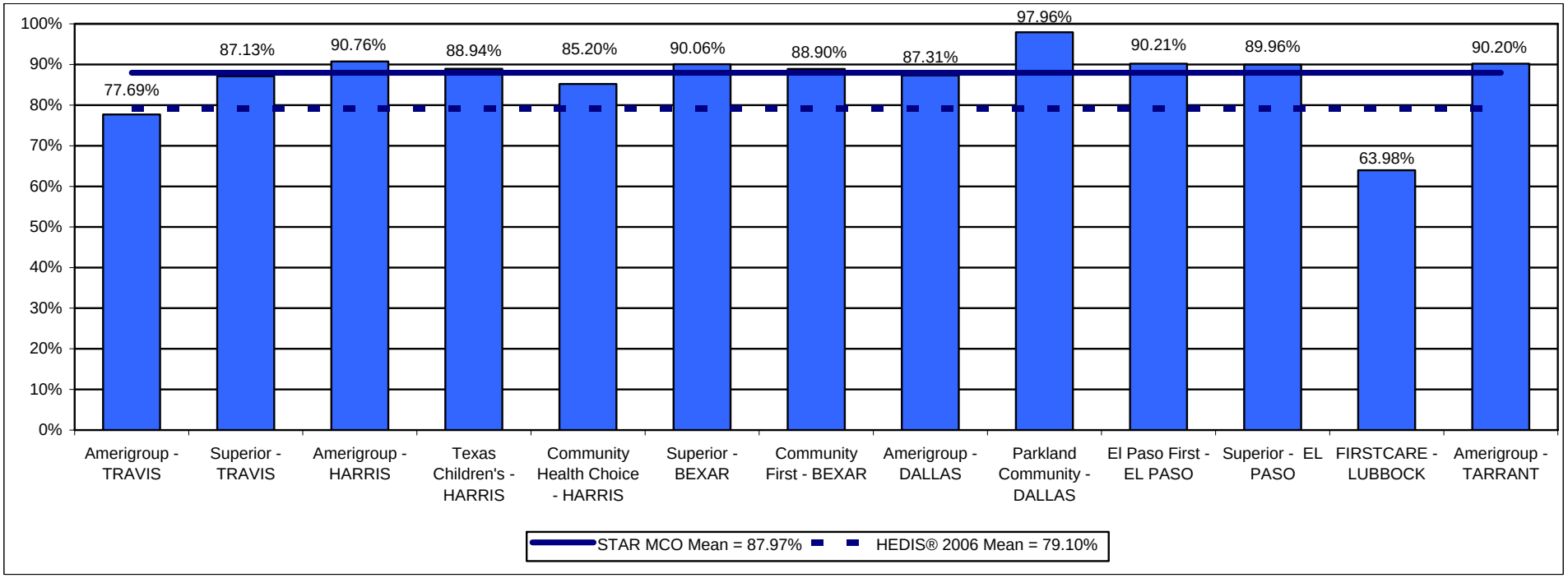
Note: Members who switched plans during the reporting period were not included.

Note: Charts 19 and 20 should be viewed together. Key points follow Chart 20.

Chart 20. HEDIS® Prenatal Care – TANF/SDA Breakout

STAR MCOs - September 1, 2005 to August 31, 2006

TANF Eligible Births = 50,264



Reference: TANF STAR Table PI-3

SDA	Travis	Harris	Bexar	Dallas	El Paso	Lubbock	Tarrant
MEAN	84.96%	88.26%	89.46%	93.92%	90.09%	63.98%	90.20%

Note: Members who switched plans during the reporting period were not included.

Key Points:

1. Overall, 88 percent of TANF-eligible women in the STAR MCO Program received prenatal care in their first trimester or within 42 days of enrollment in the MCO. This result repeats the MCOs' performance from the previous reporting year and exceeds the 2006 national average of 79 percent for Medicaid MCOs participating in HEDIS®. Parkland Community had the highest percentage of pregnant enrollees seeking prenatal care during the first trimester while the percentage of FIRSTCARE female enrollees with prenatal care was the only one below the HEDIS® mean.

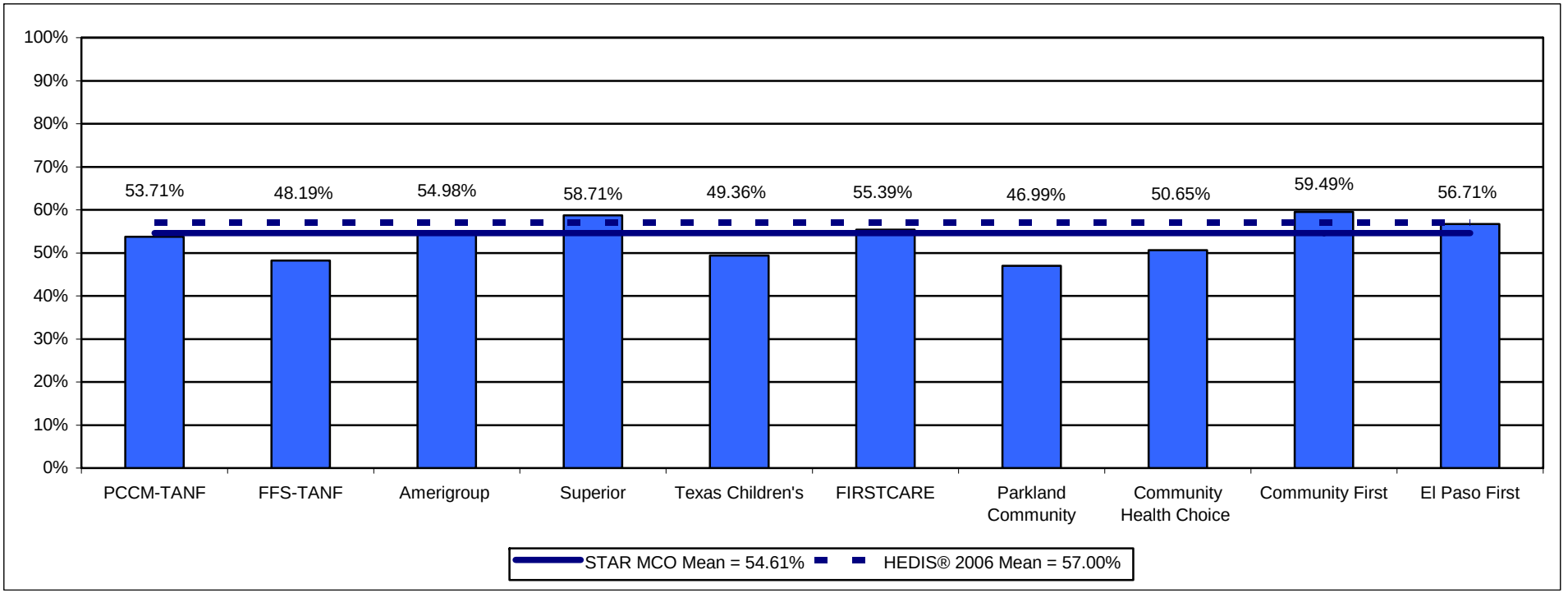
2. There was some variation among SDAs on this performance indicator. The SDA with the lowest performance was Lubbock and the SDA with the highest performance was Dallas.

3. While the STAR MCO Program performed well on this indicator overall, HHSC should consider reviewing the FIRSTCARE results with the MCO to see if additional quality improvement measures are warranted.

Chart 21. HEDIS® Postpartum Care – TANF

PCCM TANF Eligible Births = 54,144
FFS TANF Eligible Births = 8,780
STAR TANF Eligible Births = 50,264

STAR MCOs - September 1, 2005 to August 31, 2006



Reference: TANF STAR Table PI-3

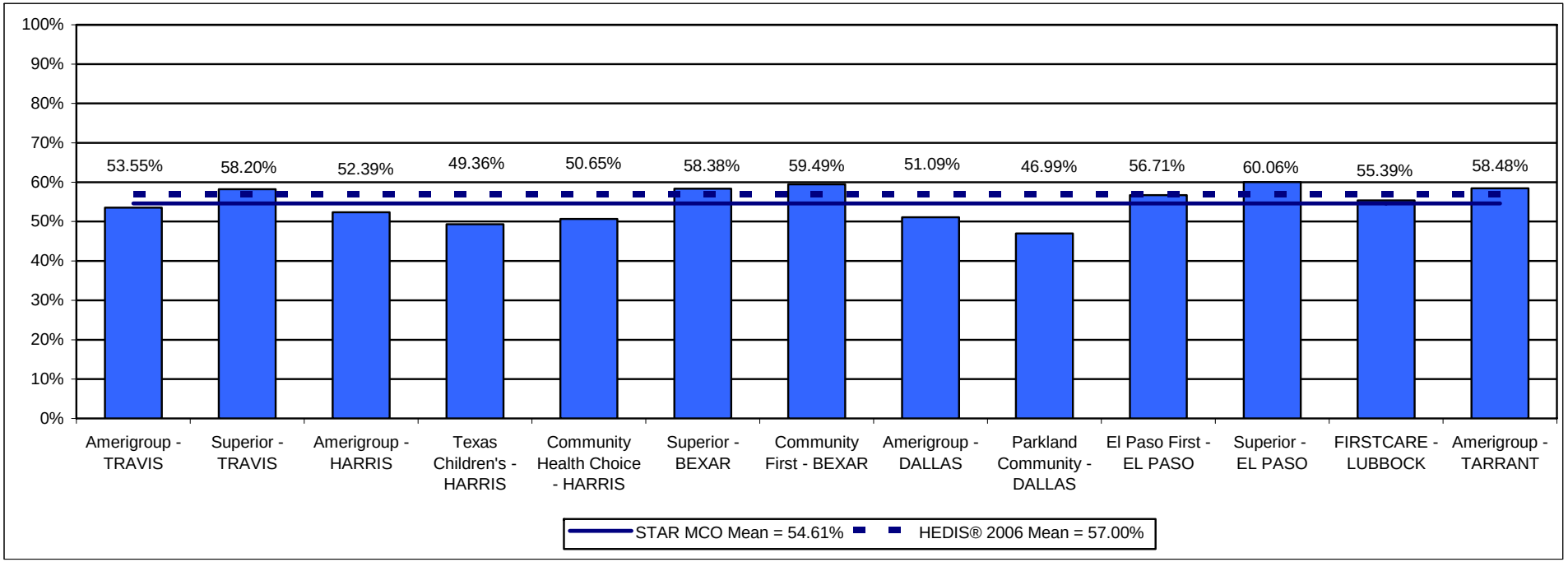
Note: Members who switched plans during the reporting period were not included.

Note: Charts 21 and 22 should be viewed together. Key points follow Chart 22.

Chart 22. HEDIS® Postpartum Care – TANF/SDA Breakout

STAR MCOs - September 1, 2005 to August 31, 2006

TANF Eligible Births = 50,264



Reference: TANF STAR Table PI-3

SDA	Travis	Harris	Bexar	Dallas	El Paso	Lubbock	Tarrant
MEAN	57.13%	51.31%	58.96%	48.54%	58.30%	55.39%	58.48%

Note: Members who switched plans during the reporting period were not included.

Key Points:

1. The postpartum period is a time of major change and adjustment. Critical issues related to physical and emotional well-being and the promotion of breastfeeding can be addressed during the postpartum visit.[5]

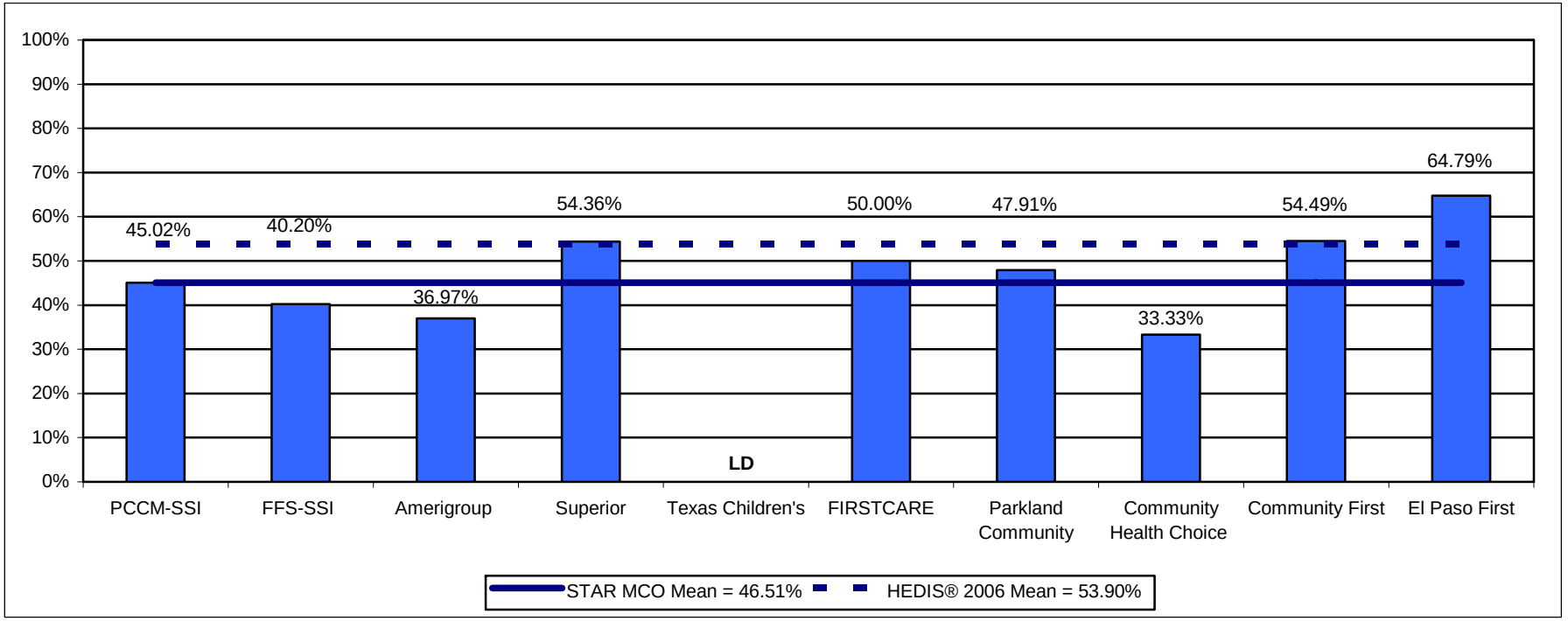
[5] American Academy of Pediatrics. 1997. "Workgroup on Breastfeeding: Policy Statement." *Pediatrics* 100 (6): 1035-1039.

2. In terms of postpartum care, the STAR MCOs on average are performing slightly below the Medicaid average for plans reporting to NCQA (55 percent compared to 57 percent of women receiving postpartum care between 21 and 56 days after delivery). Community First had the highest percentage of eligible female enrollees who received postpartum care and Parkland Community had the lowest percentage.

Chart 23. HEDIS® Breast Cancer Screening – SSI

PCCM SSI Eligible Enrollees = 1,788
FFS SSI Eligible Enrollees = 68,339
STAR SSI Eligible Enrollees = 2,449

STAR MCOs - September 1, 2005 to August 31, 2006



Reference: SSI STAR Table PI-3

Note: Members who switched plans during the reporting period were not included.

Note: LD (Low Denominator) indicates number of members eligible for this measure less than 30 with rate not reported. Eligible members are included in overall STAR rate.

Key Points:

1. Breast cancer is the second leading cause of cancer deaths among women. Early detection greatly improves the chances of survival and mammograms are recommended on an annual basis for women age 50 and older.[6]

2. Nationally, among Medicaid Plans reporting to NCQA, 54 percent of female enrollees between 52 and 69 years of age had at least one mammogram during the past two years. In Texas, only 46 enrollees eligible for this measure (less than 2 percent of all eligible members) were enrolled in TANF. Therefore, this chart uses data from SSI-eligible females. Forty-seven percent of STAR MCO SSI enrollees had a mammogram. Community Health Choice had the lowest performance for this measure while El Paso First performed well above the HEDIS® 2006 mean.

3. The MCOs are responsible for coordinating the care of women qualifying for this measure, but the claims are paid through Texas Medicaid and Healthcare Partnership (TMHP). Therefore, TMHP claims were used in calculating this measure.

4. Due to the efficacy of mammograms in detecting breast cancer among women ages 50 and older, HHSC should consider developing strategies to increase breast cancer screening rates for STAR MCO Program enrollees. These strategies should particularly focus on MCOs such as Community Health Choice and Amerigroup where the percentage of members with screening is below 40 percent. These strategies will need to take into consideration the high percentage of Hispanic women of Mexican descent enrolled in the program. Studies have demonstrated that women of Mexican descent are more likely than other groups to cite embarrassment, shame, and failure to take care of themselves as primary reasons for not undergoing breast cancer screening.[7]

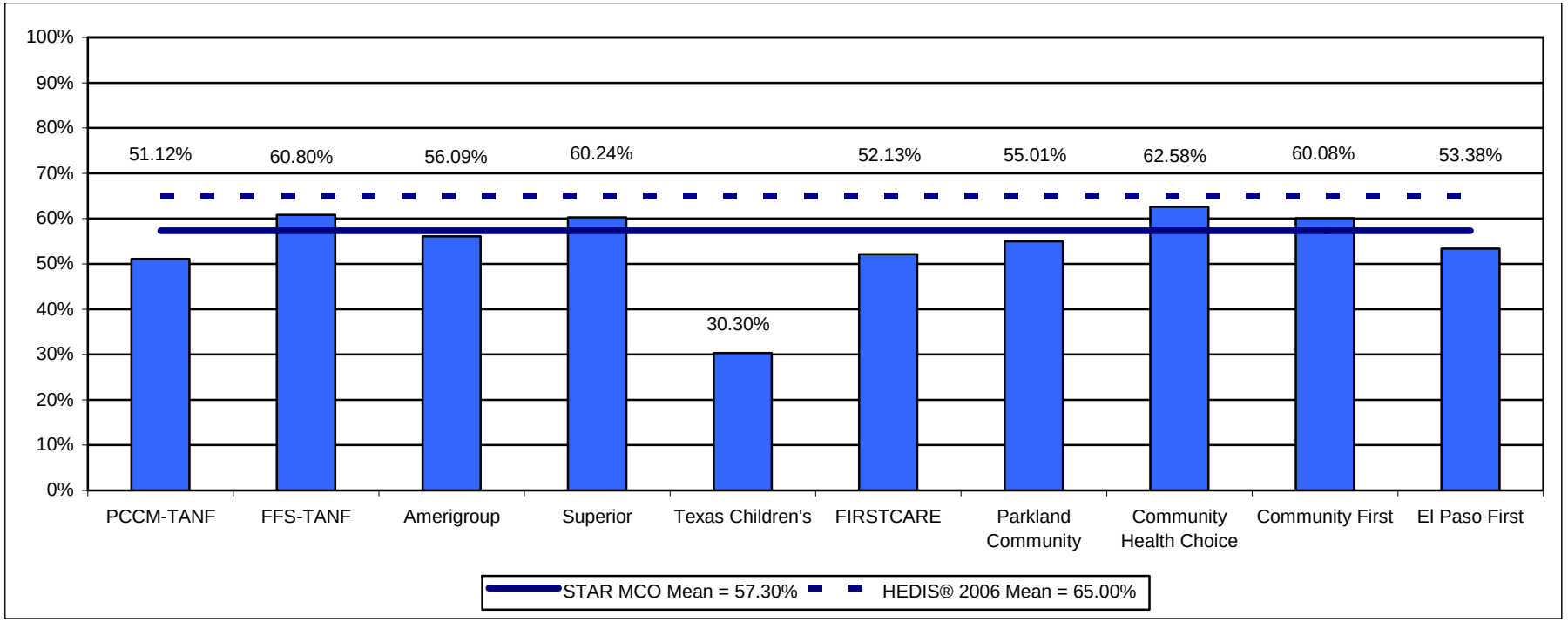
[6] McGlynn, E.A., E.Kerr, C. Damberg, and S. Asch. (Eds). 2000. *Quality of Care for Women: A Review of Selected Clinical Conditions and Quality Indicators*. Santa Monica, California: Rand Health.

[7] Garbers S., D. Jessop, H. Foti, M. Uribelarrea, and M. Chiasson MA. 2003. "Barriers to Breast Cancer Screening for Low-Income Mexican and Dominican Women in New York City." *Journal of Urban Health* 80 (1): 81-91.

Chart 24. HEDIS® Cervical Cancer Screening – TANF

PCCM TANF Eligible Enrollees = 5,518
FFS TANF Eligible Enrollees = 13,494
STAR TANF Eligible Enrollees = 5,394

STAR MCOs - September 1, 2005 to August 31, 2006



Reference: TANF STAR Table PI-3

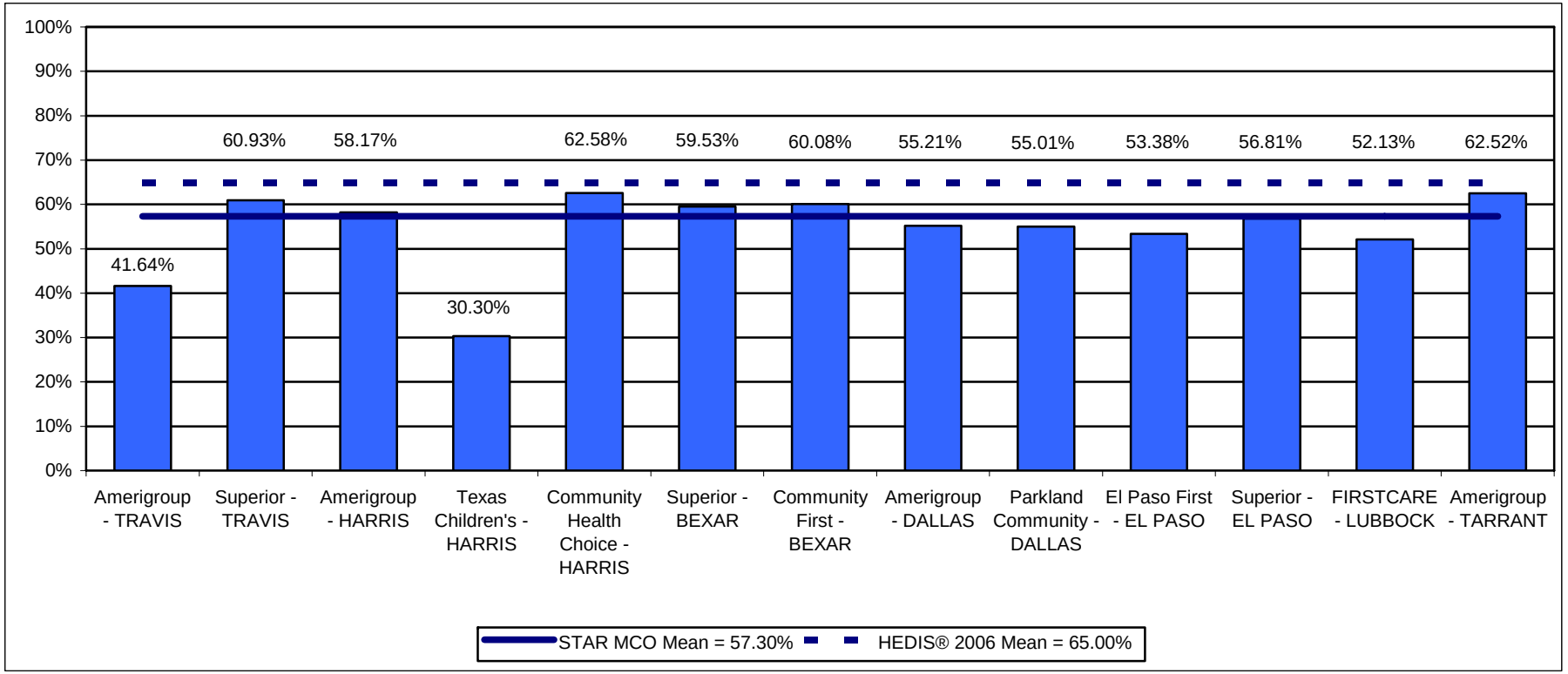
Note: Members who switched plans during the reporting period were not included.

Note: Charts 24, 25, and 26 should be viewed together. Key points follow Chart 26.

Chart 25. HEDIS® Cervical Cancer Screening – TANF/SDA Breakout

STAR MCOs - September 1, 2005 to August 31, 2006

TANF Eligible Enrollees = 5,394



Reference: TANF STAR Table PI-3

SDA	Travis	Harris	Bexar	Dallas	El Paso	Lubbock	Tarrant
MEAN	57.33%	55.93%	59.81%	55.10%	54.93%	52.13%	62.52%

Note: Members who switched plans during the reporting period were not included.

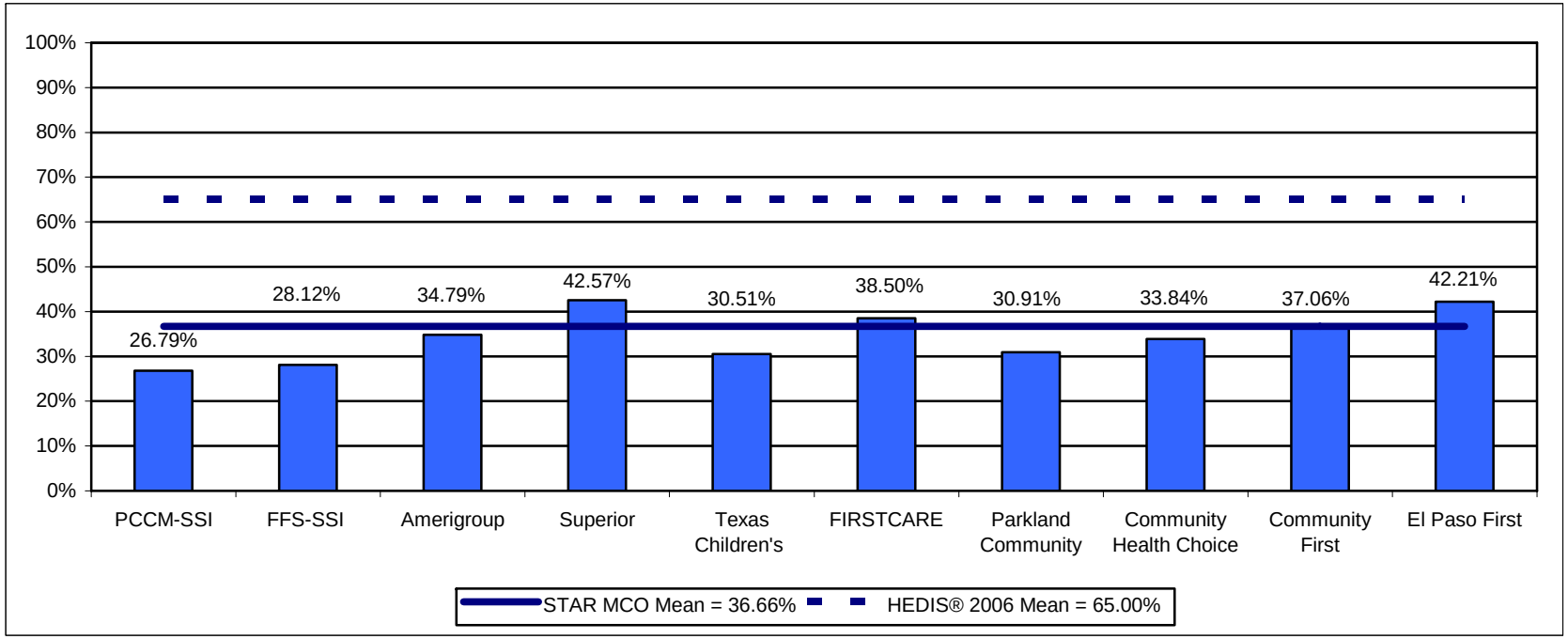
Note: LD (Low Denominator) indicates number of members eligible for the measure less than 30 with rate not reported. Eligible members are included in overall STAR rates.

Note: Charts 24, 25, and 26 should be viewed together. Key points follow Chart 26.

Chart 26. HEDIS® Cervical Cancer Screening – SSI

PCCM SSI Eligible Enrollees = 27,768
FFS SSI Eligible Enrollees = 96,451
STAR SSI Eligible Enrollees = 8,041

STAR MCOs - September 1, 2005 to August 31, 2006



Reference: SSI STAR Table PI-3

Note: Members who switched plans during the reporting period were not included.

Key Points:

1. Cervical cancer is the third most common type of cancer in women. Since the Pap smear was introduced in the twentieth century, it has been responsible for a 70 to 80 percent decrease in death rates from cervical cancer across entire populations.[8]

[8] Austin, R.M. 1997. "College of American Pathologists Conference XXX (Thirty) on quality and liability issues with the Papanicolaou smear: Introduction." *Archives of Pathology Laboratory Medicine* 121: 227-228.

2. Results for both TANF and SSI enrollees are provided for this indicator, which estimates the percentage of women 21 to 64 years of age who had at least one Pap test during the past three years. Forty percent of STAR members eligible for this measure were in the TANF population and 60 percent in the SSI population.

3. Statewide STAR MCO Program data show that both TANF and SSI enrollees experience cervical cancer screenings at a lower rate than that of enrollees in Medicaid plans reporting to NCQA. Fifty-seven percent of female TANF enrollees and only 37 percent of female SSI enrollees between the ages of 21 and 64 received a Pap test compared to 65 percent of female enrollees in Medicaid plans reporting to NCQA.

4. There was some variability among health plan performance for both TANF and SSI enrollees. Texas Children's had the lowest percentage of women receiving cervical cancer screening for both TANF and SSI enrollees (30 percent and 31 percent, respectively).

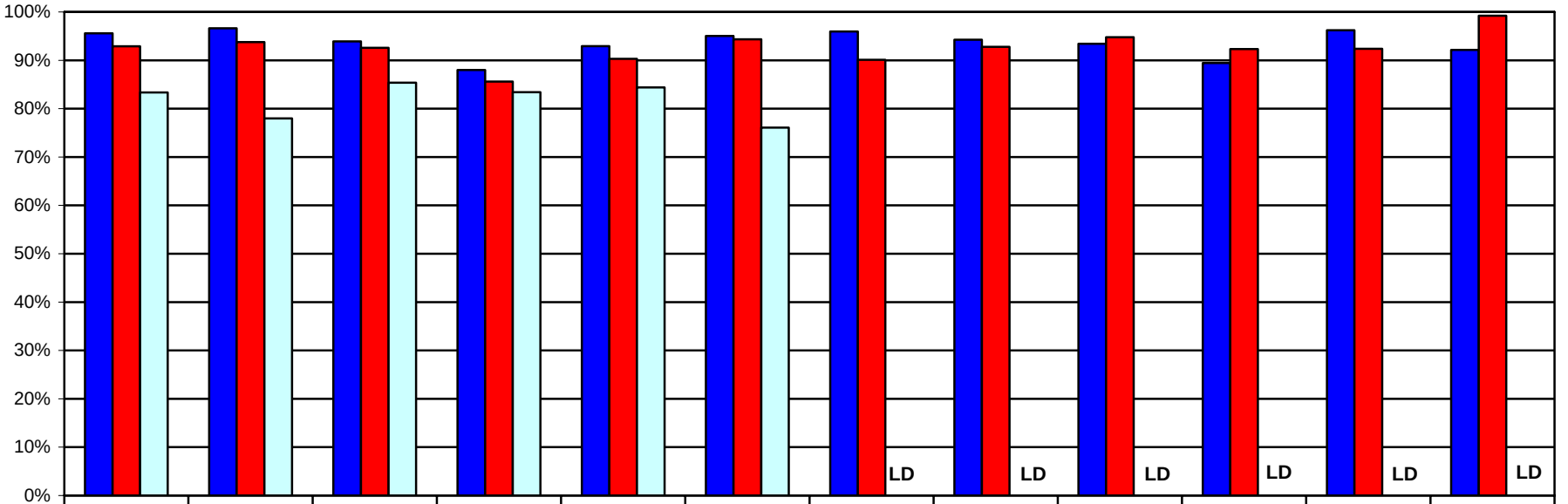
5. Due to the efficacy of cervical cancer screening efforts, HHSC should consider developing strategies to increase rates among women in the STAR MCO Program. The discussion related to breast cancer screening following Chart 23 applies to cervical cancer screening as well. Strategies that take into consideration the large proportion of Hispanic population in Texas should be considered. According to research, women at the greatest risk for inadequate preventive care, including cervical cancer screening, are those of Hispanic origin, poorly educated, with inadequate knowledge about cancer risks in women, and with poor social support at home.[9]

[9] Behbakht K., A. Lynch, S.Teal, K. Degeest, and S., Massad. 2004. "Social and Cultural Barriers to Papanicolaou Test Screening in an Urban Population." *Obstetrics and Gynecology* 104 (6): 1355-61.

Chart 27. HEDIS® Use of Appropriate Medications for People with Asthma – TANF

PCCM TANF Enrollees:	Children = 1,633	Adolescents = 1,286	Adults = 90
FFS TANF Enrollees:	Children = 1,639	Adolescents = 1,284	Adults = 300
STAR TANF Enrollees:	Children = 2,974	Adolescents = 2,166	Adults = 171

STAR MCOs - September 1, 2005 to August 31, 2006



	PCCM-TANF	FFS-TANF	All STAR MCOs	HEDIS® 2006 Mean	Amerigroup	Superior	Texas Children's	FIRSTCARE	Parkland Community	Community Health Choice	Community First	El Paso First
Ages 5-9	95.59%	96.64%	93.91%	88.00%	92.96%	95.04%	95.95%	94.25%	93.42%	89.43%	96.24%	92.16%
Ages 10-17	92.92%	93.77%	92.57%	85.60%	90.31%	94.33%	90.12%	92.78%	94.78%	92.31%	92.38%	99.24%
Ages 18-56	83.33%	78.00%	85.38%	83.40%	84.38%	76.09%	-	-	-	-	-	-

Reference: TANF STAR Table PI-4

Note: Members who switched plans during the reporting period were not included.

Note: HEDIS® age groups are Children (5 to 9 years old), Adolescents (10 to 17 years old), and Adults (18 to 56 years old).

Note: LD (Low Denominator) indicates number of members eligible for the measure less than 30 with rate not reported. Eligible members are included in overall STAR rates.

Key Points:

1. The findings for this indicator are positive. Overall, STAR MCOs continued to exceed the HEDIS® 2006 mean for both children and adolescents receiving appropriate asthma medication. All STAR MCOs performed better than the HEDIS® average for both age groups.

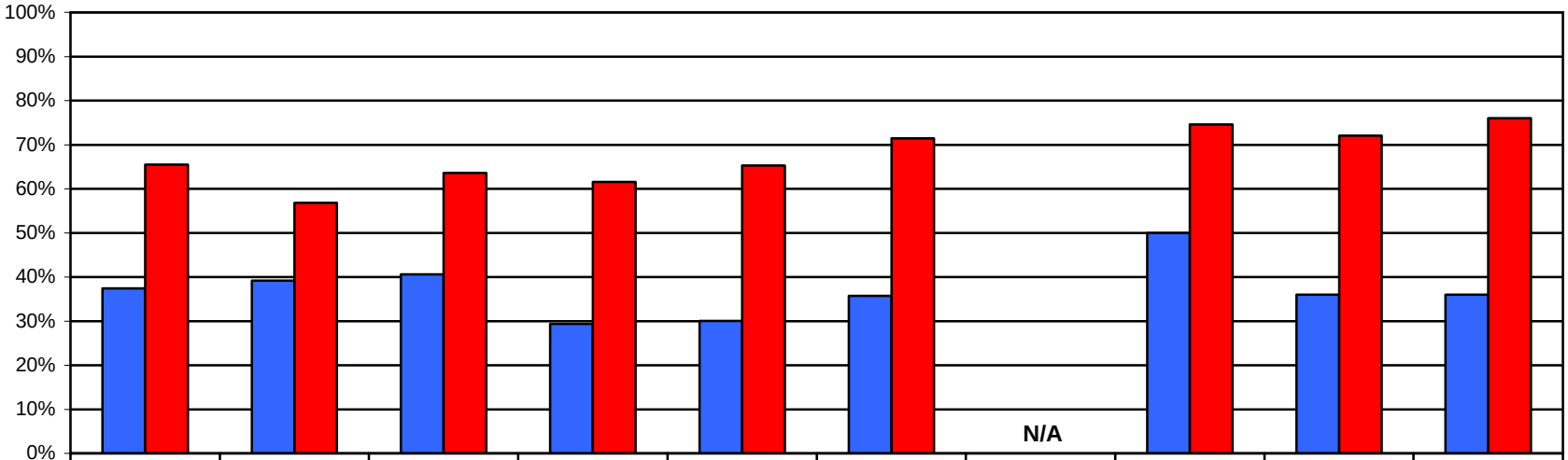
2. STAR MCO performance for TANF adult enrollees (ages 18 to 56) is difficult to assess. All MCOs except Amerigroup and Superior had fewer than 30 adult TANF enrollees diagnosed with asthma. Therefore, due to the low number of members eligible for inclusion in this measure, the results are not reported.

3. The percentage of TANF-eligible PCCM and FFS enrollees in all age groups who received appropriate asthma medication was comparable to that of TANF-eligible STAR MCO Program enrollees.

Chart 28. HEDIS® Follow-Up after Hospitalization for Mental Illness – TANF

STAR MCOs - September 1, 2005 to August 31, 2006

TANF Total Mental Health Hospitalizations = 1,367



	All STAR MCOs	HEDIS® 2006 Mean	Amerigroup **	Superior	Texas Children's	FIRSTCARE	Parkland Community**	Community Health Choice	Community First	El Paso First
7 Day Follow-Up	37.45%	39.20%	40.63%	29.34%	30.06%	35.71%	-	50.00%	36.03%	36.00%
30 Day Follow-Up	65.47%	56.80%	63.57%	61.57%	65.32%	71.43%	-	74.55%	72.06%	76.00%

Reference: TANF STAR Table PI-5

Note: Members who switched plans during the reporting period were not included.

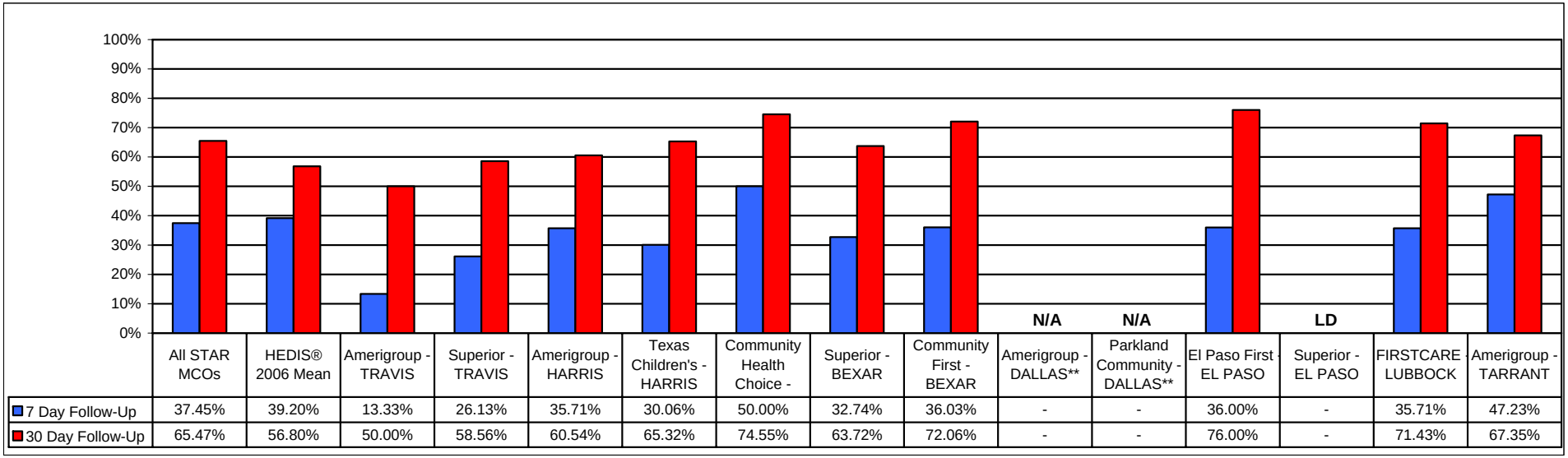
**Note: Results in this chart exclude enrollees in the Dallas SDA (for Amerigroup and Parkland Community) because they receive behavioral health services via the NorthSTAR program.

Note: Charts 28, 29, and 30 should be viewed together. Key points follow Chart 30.

Chart 29. HEDIS® Follow-Up after Hospitalization for Mental Illness – TANF/SDA Breakout

STAR MCOs - September 1, 2005 to August 31, 2006

TANF Total Mental Health Hospitalizations = 1,367



	All STAR MCOs	HEDIS® 2006 Mean	Amerigroup - TRAVIS	Superior - TRAVIS	Amerigroup - HARRIS	Texas Children's - HARRIS	Community Health Choice -	Superior - BEXAR	Community First - BEXAR	Amerigroup - DALLAS**	Parkland Community - DALLAS**	El Paso First - EL PASO	Superior - EL PASO	FIRSTCARE - LUBBOCK	Amerigroup - TARRANT
7 Day Follow-Up	37.45%	39.20%	13.33%	26.13%	35.71%	30.06%	50.00%	32.74%	36.03%	-	-	36.00%	-	35.71%	47.23%
30 Day Follow-Up	65.47%	56.80%	50.00%	58.56%	60.54%	65.32%	74.55%	63.72%	72.06%	-	-	76.00%	-	71.43%	67.35%

Reference: TANF STAR Table PI-5

		Travis	Harris	Bexar	Dallas	El Paso	Lubbock	Tarrant
SDA	7 Day	23.40%	36.74%	34.54%	-	32.56%	35.71%	47.23%
MEAN	30 Day	56.74%	64.64%	68.27%	-	72.09%	71.43%	67.35%

Note: Members who switched plans during the reporting period were not included.

**Note: N/A (Not Available) results in this chart exclude enrollees in the Dallas SDA (for Amerigroup and Parkland Community) because they receive behavioral health services via the NorthSTAR program.

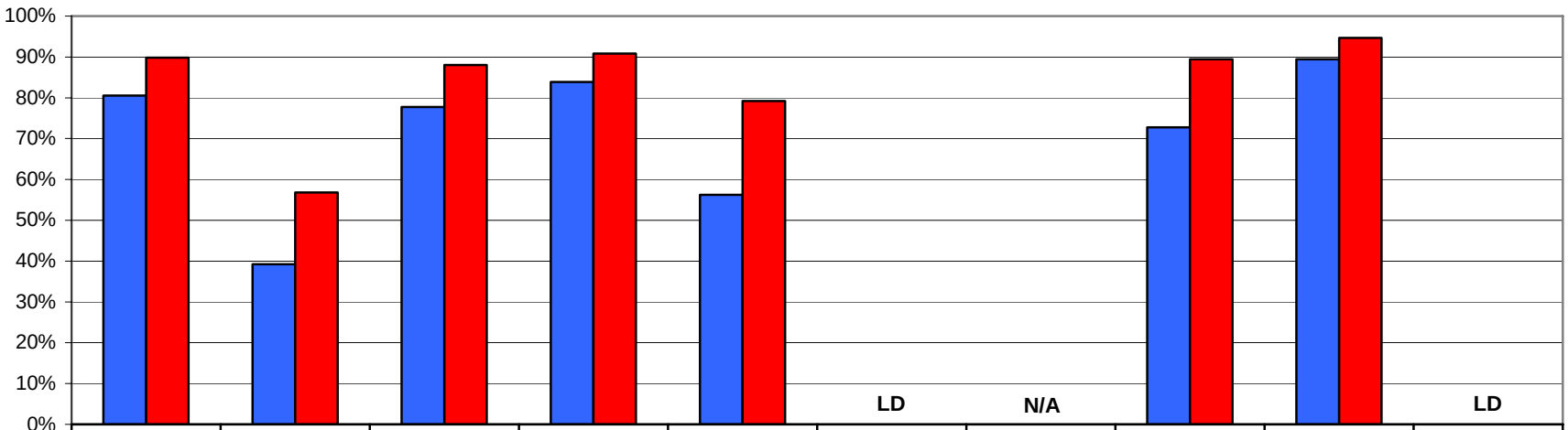
Note: LD (Low Denominator) indicates number of members eligible for the measure less than 30 with rate not reported. Eligible members are included in overall STAR rates.

Note: Charts 28, 29, and 30 should be viewed together. Key points follow Chart 30.

Chart 30. HEDIS® Follow-Up after Hospitalization for Mental Illness – SSI

STAR MCOs - September 1, 2005 to August 31, 2006

SSI Mental Health Hospitalizations = 1,064



	All STAR MCOs	HEDIS® 2006 Mean	Amerigroup**	Superior	Texas Children's	FIRSTCARE	Parkland Community**	Community Health Choice	Community First	El Paso First
7 Day Follow-Up	80.55%	39.20%	77.75%	83.86%	56.25%	-	-	72.73%	89.42%	-
30 Day Follow-Up	89.85%	56.80%	88.04%	90.82%	79.17%	-	-	89.39%	94.71%	-

Reference SSI STAR Table PI-5

Note: Members who switched plans during the reporting period were not included.

**Note: N/A (Not Available) results in this chart exclude enrollees in the Dallas SDA (for Amerigroup and Parkland Community) because they receive behavioral health services via the NorthSTAR program.

Note: LD (Low Denominator) indicates number of members eligible for the measure less than 30 with rate not reported. Eligible members are included in overall STAR rates.

Key Points:

1. Ensuring continuity of care and providing follow-up in the community after inpatient stays for mental illness have been shown to reduce enrollees' health care costs and to improve their outcomes of care.[10] HEDIS® contains a measure designed to assess outpatient follow-up at seven days and 30 days after an inpatient stay for mental illness.

2. The HEDIS® measure includes follow-up visits with a mental health provider only. Due to difficulty in identifying provider type in the claims and encounter data, the measure reported for STAR includes follow-up visits for a mental health diagnosis with any medical provider. Therefore, rates reported for Texas would be expected to be somewhat higher than the HEDIS® reported rates.

3. Results for both TANF and SSI enrollees are provided for this indicator. Fifty-six percent of STAR mental health hospitalizations occurred in the TANF population and 44 percent in the SSI population.

4. The percentage of STAR TANF enrollees who had an outpatient follow-up within seven days and within 30 days of an inpatient admission for mental illness is comparable to the percentage of enrollees in Medicaid plans reporting to NCQA (See Chart 29).

5. Follow-up rates for SSI enrollees for all health plans greatly exceeded the HEDIS® mean. This may indicate that SSI enrollees are the more severely ill, which could possibly result in more intensive aftercare services than those provided to TANF enrollees (See Chart 30).

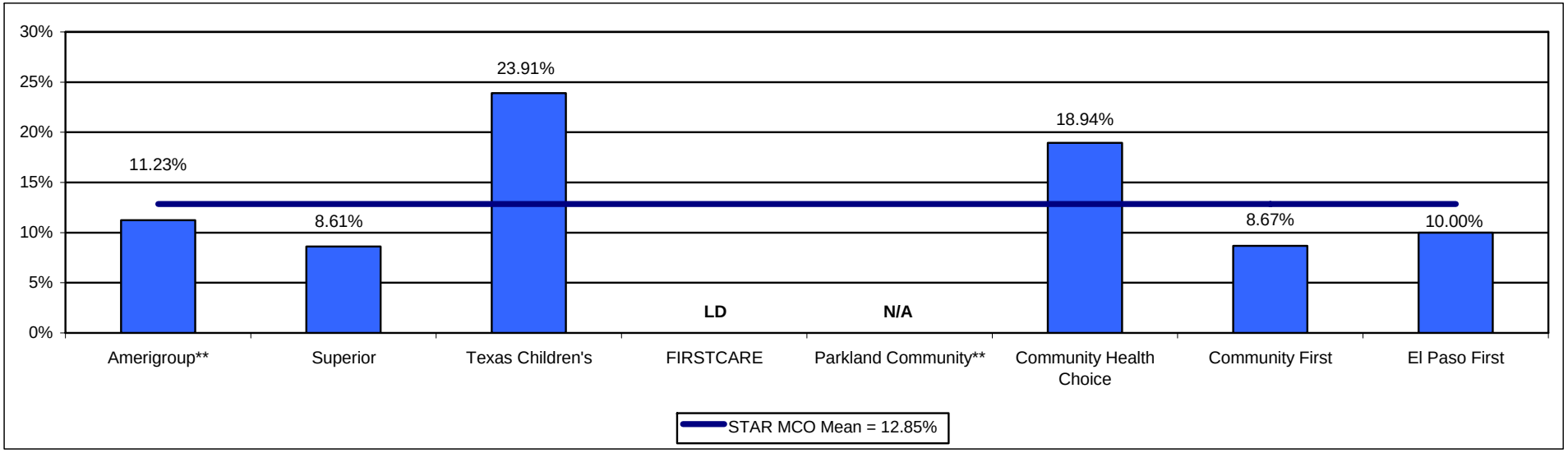
6. While there is some variation in the results for this quality of care indicator, the MCOs should be encouraged to continue to perform well on this measure to ensure continued high quality of care for this vulnerable population.

[10] Fortney, J. G. Sullivan, K. Williams, C. Jackson, S. C., Morton, and P. Kogel. 2003. "Measuring Continuity of Care for Clients of Public Mental Health Systems." *Health Services Research* 38 (4): 1157-1175.

Chart 31. Readmission within 30 Days after an Inpatient Stay for Mental Health – TANF

STAR MCOs - September 1, 2005 to August 31, 2006

TANF Inpatient Mental Health Stays = 1,596



Reference: TANF STAR Table PI-6

Note: Members who switched plans during the reporting period were not included.

**Note: N/A (Not Available) indicates Dallas SDA mental health provided by NorthSTAR and not reported for STAR MCOs (Parkland Community and Amerigroup).

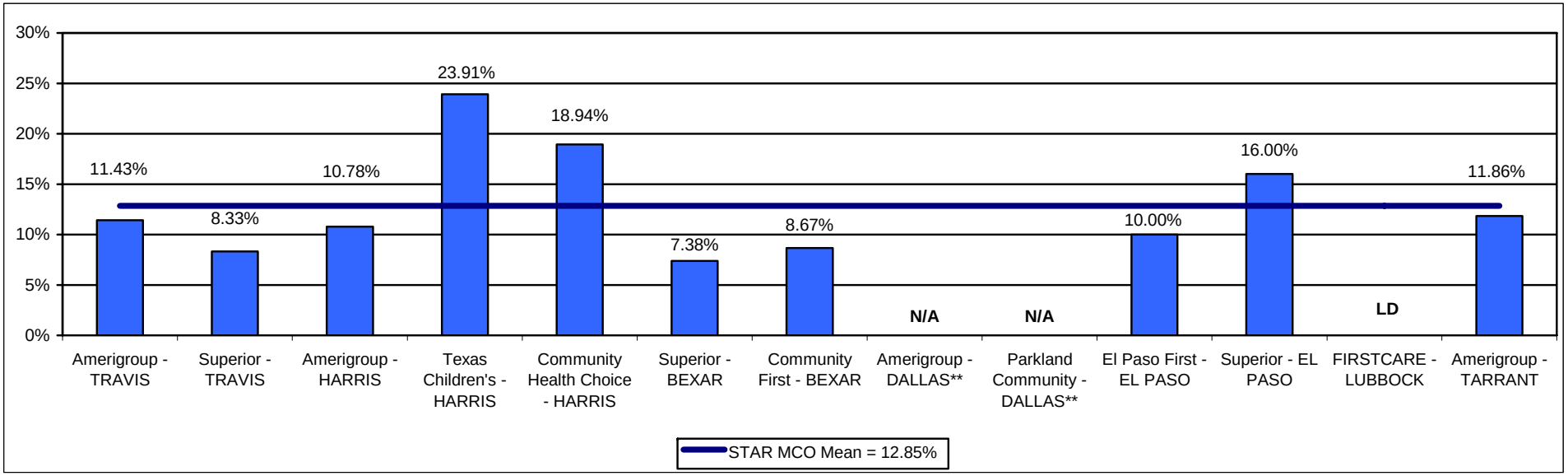
Note: LD (Low Denominator) indicates number of members eligible for the measure less than 30 with rate not reported. Eligible members are included in overall STAR rates.

Note: Charts 31, 32, and 33 should be viewed together. Key points follow Chart 33.

Chart 32. Readmission within 30 Days after an Inpatient Stay for Mental Health – TANF/SDA Breakout

STAR MCOs - September 1, 2005 to August 31, 2006

TANF Inpatient Mental Health Stays = 1,596



Reference: TANF STAR Table PI-6

SDA	Travis	Harris	Bexar	Dallas	El Paso	Lubbock	Tarrant
MEAN	9.03%	16.67%	8.09%	N/A	12.73%	0.00%	11.86%

Note: Members who switched plans during the reporting period were not included.

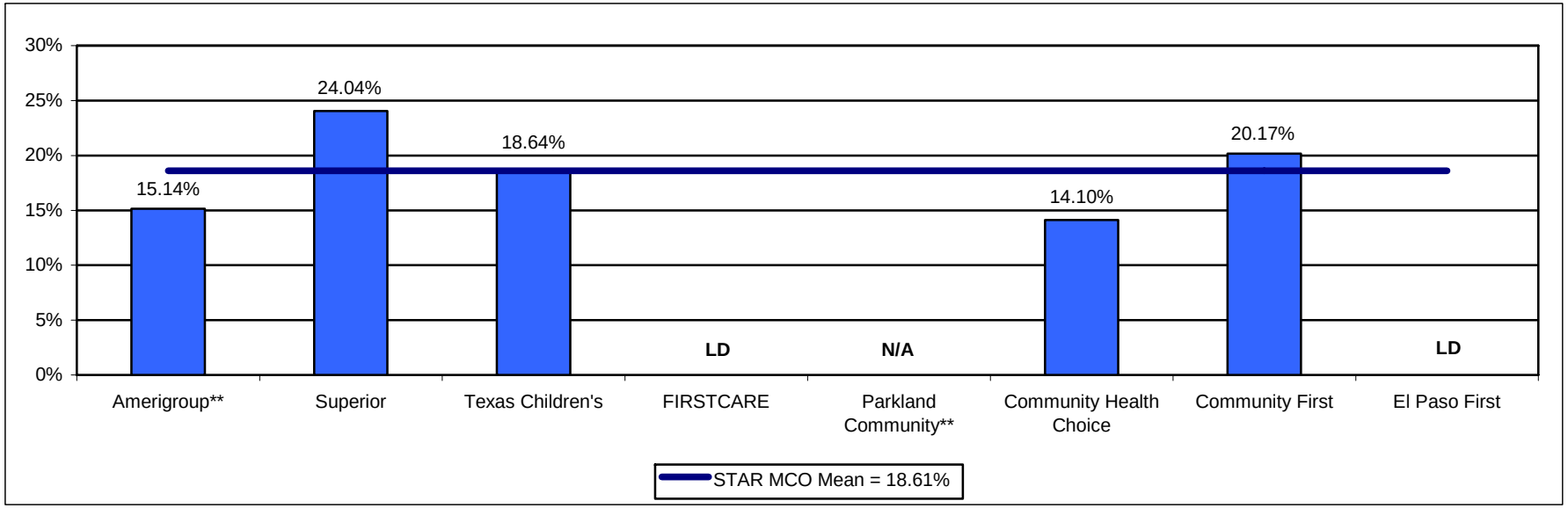
**Note: N/A (Not Available) indicates Dallas SDA mental health provided by NorthSTAR and not reported for STAR MCOs (Parkland Community and Amerigroup).

Note: LD (Low Denominator) indicates number of members eligible for the measure less than 30 with rate not reported. Eligible members are included in overall STAR rates.

Note: Charts 31, 32, and 33 should be viewed together. Key points follow Chart 33.

Chart 33. Readmission within 30 Days after an Inpatient Stay for Mental Health – SSI

STAR MCOs - September 1, 2005 to August 31, 2006 SSI Inpatient Mental Health Stays = 1,338



Reference: SSI STAR Table PI-6

Note: Members who switched plans during the reporting period were not included.

**Note: N/A indicates Dallas SDA mental health provided by NorthSTAR and not reported for STAR MCOs (Parkland Community and Amerigroup).

Note: LD (Low Denominator) indicates number of members eligible for the measure less than 30 with rate not reported. Eligible members are included in overall STAR rates.

Key Points:

1. With the increase of managed care in behavioral health services, there is an increasing emphasis placed on time-limited treatment in both inpatient and outpatient psychiatric settings. Some have argued that while decreased length of stay does help contain behavioral health care costs, quality of care can be compromised.[11,12] For that reason, mental health readmissions are frequently used as a measure of an adverse outcome.[13]

2. Results for both TANF and SSI enrollees are provided for this indicator. A little more than half of STAR mental health hospitalizations occurred in the TANF population.

3. National comparison data are not available for this measure. Thirteen percent of TANF-eligible enrollees and 19 percent of SSI-eligible enrollees who were hospitalized for a mental health problem were readmitted to an inpatient facility within 30 days of discharge.

4. For TANF enrollees, there was some variability in STAR MCO Program plan performance with Superior and Community First having the smallest percentages of readmissions within 30 days and Texas Children's well above the STAR MCO mean for percent of enrollees readmitted within 30 days (See Chart 31).

5. For SSI enrollees, there was a difference of about 10 percentage points between the health plans with the lowest and the highest percentages of readmissions (See Chart 33).

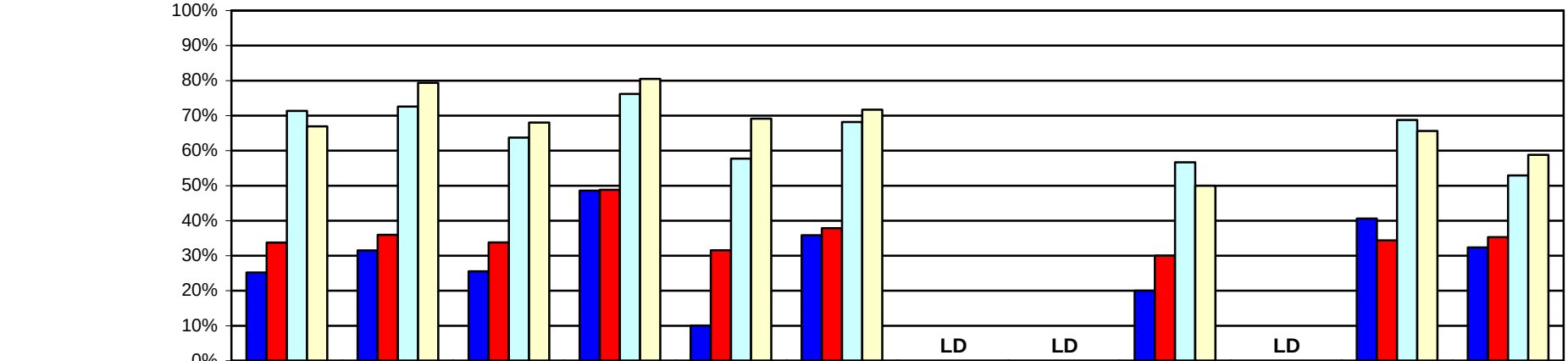
6. Many factors can influence readmission to a mental health facility, including patient severity, family resources, after care planning, and community supports. HHSC should consider identifying plans that have performed well on this indicator and request that they analyze and disseminate successful strategies. Additionally, HHSC should consider reviewing the data for Texas Children's to determine the underlying factors regarding their comparatively high readmission rate.

[11] Lieberman, P. B., S. Wiitala, B. Elliott, et al. 1998. "Decreasing Length of Stay: Are There Effects on Outcomes of Psychiatric Hospitalization?" *American Journal of Psychiatry* 155: 905–909.
[12] Pincus H. A., D. Zarin, and J. West. 1996. "Peering into the 'Black Box'. Measuring Outcomes of Managed Care." *Archives of General Psychiatry* 53: 870–877.
[13] Figueroa, R., J. Harman, and J. Engberg. 2004. **"**Use of Claims Data to Examine the Impact of Length of Inpatient Psychiatric Stay on Readmission Rate." *Psychiatric Services* 55 (5): 560-5.

Chart 34. HEDIS® Comprehensive Diabetes Care – TANF (administrative data component only)

STAR MCOs - September 1, 2005 to August 31, 2006

TANF Eligible Enrollees = 485



	PCCM-TANF	FFS-TANF	All STAR MCOs	HEDIS® 2006 Mean	Amerigroup	Superior	Texas Children's	FIRSTCARE	Parkland Community	Community Health Choice	Community First	El Paso First
% with Eye Exams	25.21%	31.51%	25.57%	48.60%	10.07%	35.86%	-	-	20.00%	-	40.63%	32.35%
% Diabetic Nephropathy	33.76%	35.96%	33.81%	48.80%	31.54%	37.88%	-	-	30.00%	-	34.38%	35.29%
% HbA1c Testing	71.37%	72.60%	63.71%	76.20%	57.72%	68.18%	-	-	56.67%	-	68.75%	52.94%
% LDL-C Screening	66.95%	79.35%	68.04%	80.50%	69.13%	71.72%	-	-	50.00%	-	65.63%	58.82%

Reference: TANF STAR Table PI-7

Note: Members who switched plans during the reporting period were not included.

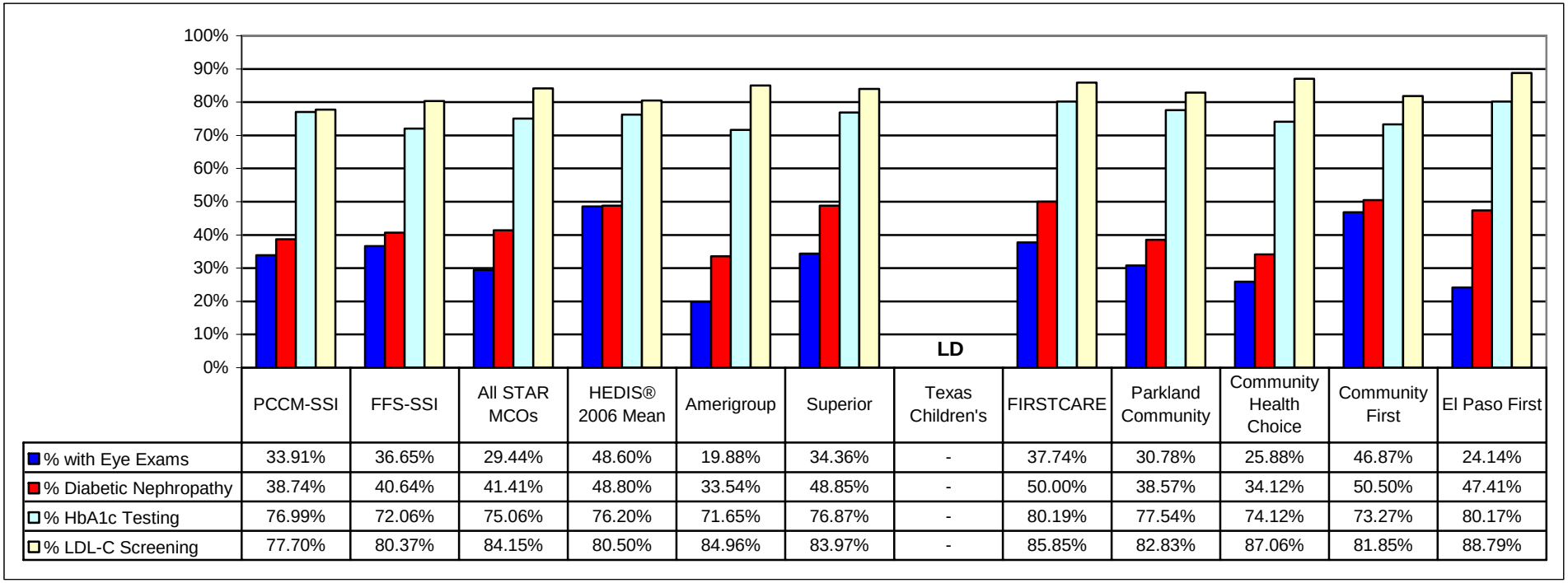
Note: LD (Low Denominator) indicates number of members eligible for the measure less than 30 with rate not reported. Eligible members are included in overall STAR rates.

Note: Charts 34, 35, and 36 should be viewed together. Key points follow Chart 36.

Chart 35. HEDIS® Comprehensive Diabetes Care – SSI (administrative data component only)

PCCM SSI Eligible Enrollees = 10,545
FFS SSI Eligible Enrollees = 17,411
STAR SSI Eligible Enrollees = 3,584

STAR MCOs - September 1, 2005 to August 31, 2006



	PCCM-SSI	FFS-SSI	All STAR MCOs	HEDIS® 2006 Mean	Amerigroup	Superior	Texas Children's	FIRSTCARE	Parkland Community	Community Health Choice	Community First	El Paso First
% with Eye Exams	33.91%	36.65%	29.44%	48.60%	19.88%	34.36%	-	37.74%	30.78%	25.88%	46.87%	24.14%
% Diabetic Nephropathy	38.74%	40.64%	41.41%	48.80%	33.54%	48.85%	-	50.00%	38.57%	34.12%	50.50%	47.41%
% HbA1c Testing	76.99%	72.06%	75.06%	76.20%	71.65%	76.87%	-	80.19%	77.54%	74.12%	73.27%	80.17%
% LDL-C Screening	77.70%	80.37%	84.15%	80.50%	84.96%	83.97%	-	85.85%	82.83%	87.06%	81.85%	88.79%

Reference: SSI STAR Table PI-7

Note: Members who switched plans during the reporting period were not included.

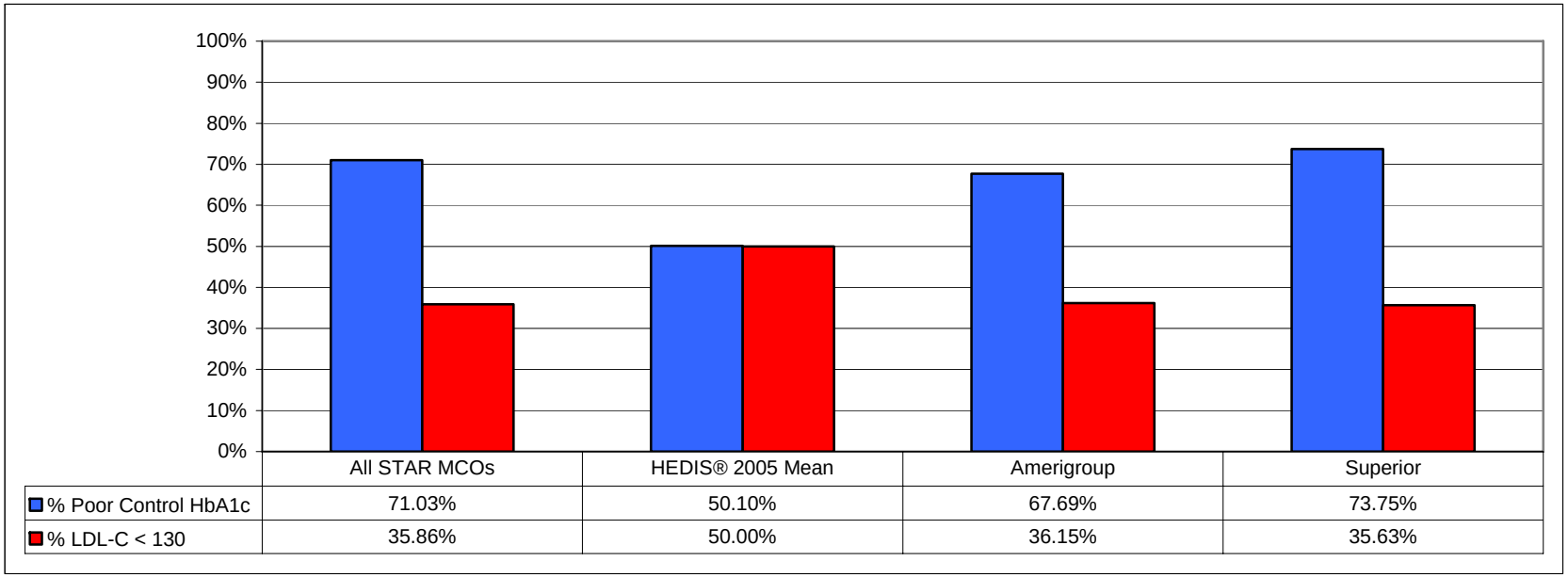
Note: LD (Low Denominator) indicates number of members eligible for the measure less than 30 with rate not reported. Eligible members are included in overall STAR rates.

Note: Charts 34, 35, and 36 should be viewed together. Key points follow Chart 36.

Chart 36. HEDIS® Comprehensive Diabetes Care – TANF/SSI Combined (medical record review component only)

Total Sample Reviewed = 290
Eligible Enrollees = 516

STAR MCOs - January 1, 2005 to December 31, 2005



	All STAR MCOs	HEDIS® 2005 Mean	Amerigroup	Superior
% Poor Control HbA1c	71.03%	50.10%	67.69%	73.75%
% LDL-C < 130	35.86%	50.00%	36.15%	35.63%

Reference: TANF STAR Table PI-7

Note: Members who switched plans during the reporting period were not included.

Note: TANF STAR and SSI STAR enrollees were included in this measure.

Note: Only two health plans had large enough eligible populations to achieve a sample size according to HEDIS® specifications.

Note: "Poor Control HbA1c" means a lower rate indicates better performance (i.e., low rates of poor control indicate better care).

Note: The HEDIS® 2005 mean is used because the measurement period for medical record review is calendar year 2005.

Key Points:

1. Diabetes is one of the leading causes of death in the United States. Diabetes can lead to long term complications such as heart disease, stroke, blindness, high blood pressure, kidney disease, amputation, and even death.[14]

[14] Nathan, D.M. 1993. "Long-Term Complications of Diabetes Mellitus." *New England Journal of Medicine 328* (23): 1676-1685.

2. HEDIS® technical specifications for the Comprehensive Diabetes Care measures allow for the use of administrative and medical record review. For this report, the following components of diabetes care were assessed using only administrative data: screening for diabetic retinal disease, screening for diabetic nephropathy, testing for HbA1c, and LDL-C screening (See Charts 34 and 35). Two of the diabetes measures, relating to control of Hemoglobin A1C (HbA1c) and LDL-C, are reported annually because they are based solely upon medical record review (See Chart 36). Because of the need to obtain and review records, the measurement period for the medical record review is the HEDIS® measurement year of January 1, 2005, through December 31, 2005.

3. Results are shown for both TANF and SSI enrollees for the administrative component of this measure. Only 12 percent of STAR members eligible for this measure were in the TANF population with the remaining 88 percent in the SSI population.

4. For both TANF and SSI enrollees, there was wide variation among the administrative components of diabetes care measured. However, overall, a higher percentage of SSI enrollees received all four components of diabetes care compared to TANF enrollees.

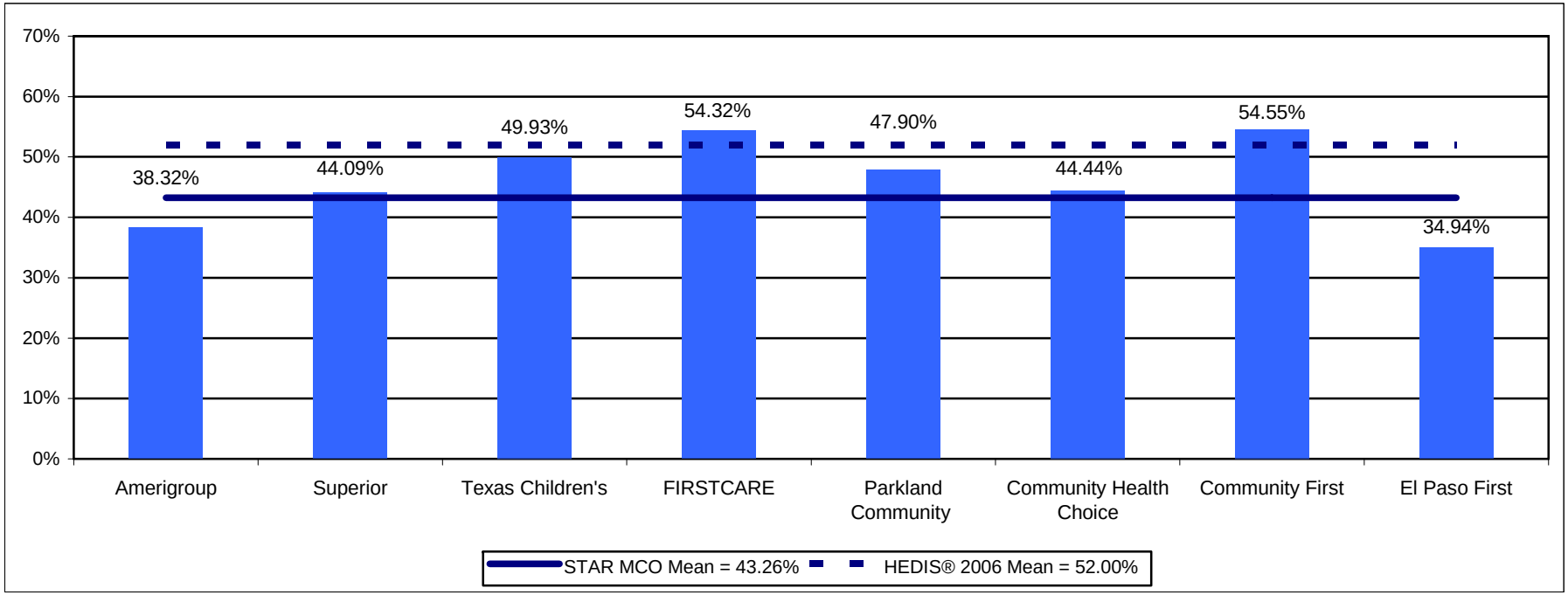
5. For medical record review, eligible members from both TANF and SSI were included in sampling. Only two health plans had a member pool large enough and between 18 and 75 years old to qualify for this measure per HEDIS® specifications. Thus, results could not be reported for the remaining health plans.

6. All of the MCOs but one offer disease management programs for those with diabetes. However, the mixed results from these diabetes measures indicate there is room for improvement in the medical management of enrollees with diabetes. HHSC should continue to monitor these measures to assess the effectiveness of the MCO disease management programs.

Chart 37. HEDIS® Appropriate Testing for Children with Pharyngitis – TANF

STAR MCOs - September 1, 2005 to August 31, 2006

TANF Eligible Children = 33,986



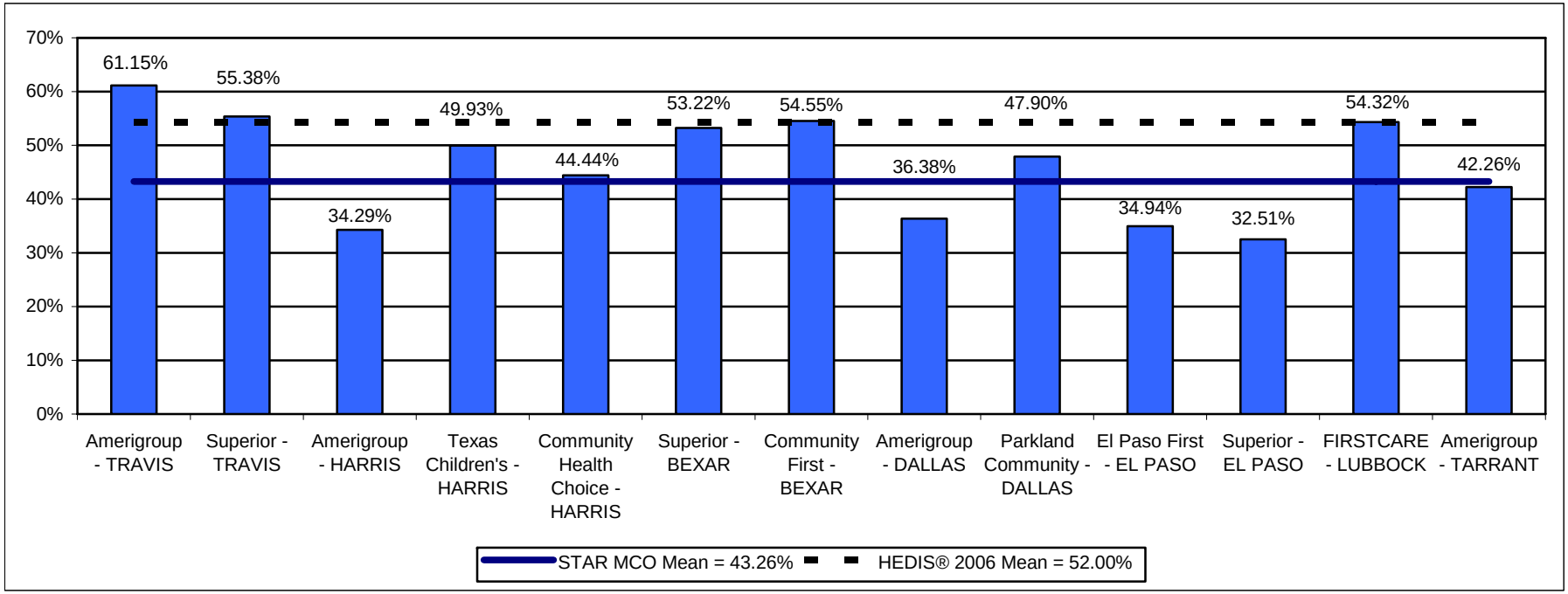
Reference: TANF STAR Table PI-14

Note: Members who switched plans during the reporting period were not included.

Note: Charts 37 and 38 should be viewed together. Key points follow Chart 38.

Chart 38. HEDIS® Appropriate Testing for Children with Pharyngitis – TANF/SDA Breakout

STAR MCOs - September 1, 2005 to August 31, 2006 TANF Eligible Children = 33,986



Reference: TANF STAR PI-14

SDA	Travis	Harris	Bexar	Dallas	El Paso	Lubbock	Tarrant
MEAN	56.03%	41.53%	53.99%	41.45%	33.06%	54.32%	42.26%

Note: Members who switched plans during the reporting period were not included.

Key Points:

1. Sore throat is one of the most common reasons for a child to visit his or her Primary Care Provider (PCP).[15] While most children with a sore throat have an infectious cause (pharyngitis), less than 20 percent have a clear indication for antibiotic therapy (i.e., group A beta-hemolytic

[15] Gerber, M.A. 1998. "Diagnosis of group A streptococcal pharyngitis." *Pediatric Annals* 27: 269-73.

streptococcal infection).[16] Due to concerns with antibiotic resistance and inappropriate use of antibiotic medications, testing of children presenting to PCPs with sore throats is warranted.

2. Overall, 43 percent of TANF-eligible children enrolled in the STAR MCO Program who were diagnosed with pharyngitis received appropriate Group A streptococcus testing. This is lower than the HEDIS® mean of 52 percent.

3. The results show a great deal of variability among the STAR MCOs by SDA. Amerigroup in the Travis SDA had the highest percent of children who received appropriate testing and Amerigroup in the Harris SDA had the second lowest rate. Superior El Paso had the lowest percentage of enrollees who received appropriate testing.

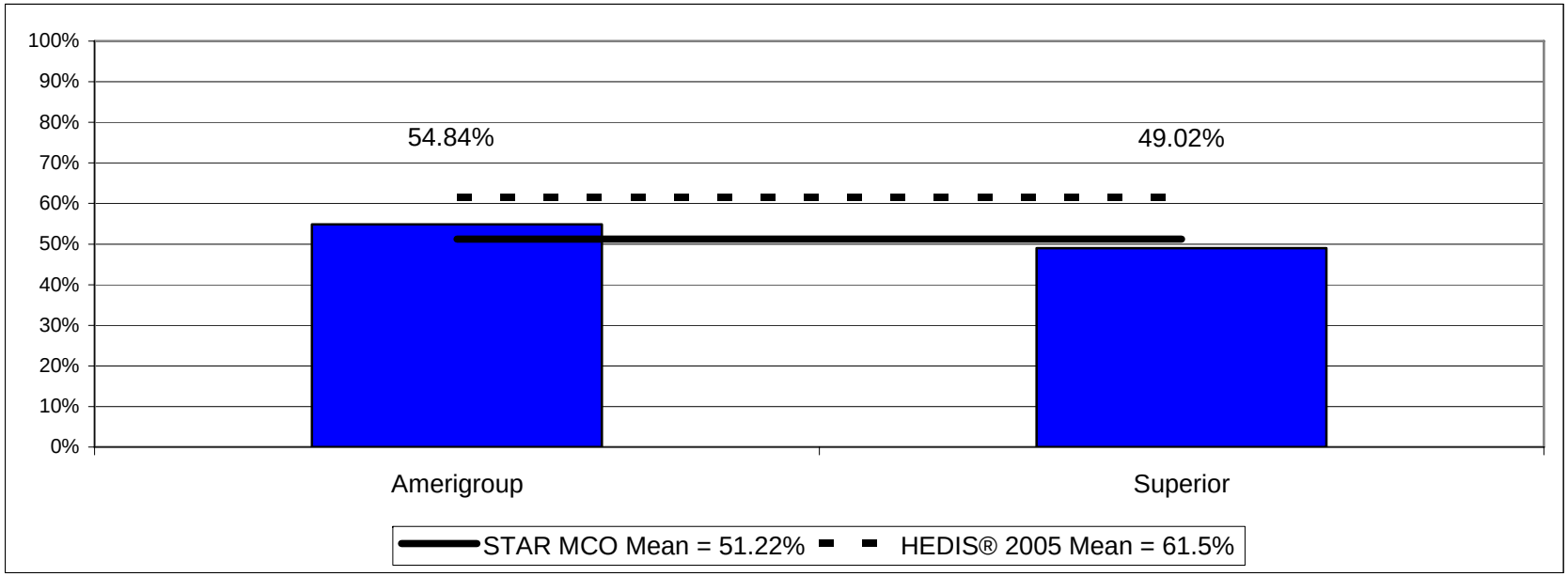
4. Due to the overall low performance of the STAR MCO Program, it is suggested that the MCOs develop strategies to increase appropriate testing of children presenting to PCPs with sore throats.

[16] Vincent, M.T. 2004. "Pharyngitis." *American Family Physician* 69: 1465-70.

Chart 39. HEDIS® Controlling High Blood Pressure – TANF

Total Sample Reviewed = 82
Eligible Enrollees = 120

STAR MCOs - January 1, 2005 to December 31, 2005



Reference: TANF STAR Table PI-15

Note: Members who switched plans during the reporting period were not included.

Note: Only two health plans had large enough eligible populations to achieve a sample size according to HEDIS® specifications.

Note: The HEDIS® 2005 mean is used because the measurement period for medical record review is calendar year 2005.

Key Points:

1. Results from the National Health and Nutrition Examination Survey show that over 50 million Americans have high blood pressure warranting some form of medical treatment.[17] The World Health Organization reports that suboptimal blood pressure is responsible for 62 percent of cerebrovascular disease and 49 percent of ischemic heart disease. Additionally, suboptimal blood pressure is the number one risk factor for death worldwide.[18]

[17] Hajjar, I., and T.A. Kotchen 2003. " Trends in prevalence, awareness, treatment, and control of hypertension in the United States, 1988–2000." *JAMA 2*290: 199–206.
[18] World Health Organization. 2002. *World Health Report 2002: Reducing Risks, Promoting Healthy Life*. Geneva, Switzerland: World Health Organization.

2. This chart provides information on the percentage of enrolled members 46-85 years of age who had a diagnosis of hypertension and whose BP was adequately controlled (less than or equal to 140/90) during the measurement year. Because of the need to obtain and review medical records, the measurement period for the medical record review is the HEDIS® measurement year of January 1, 2005, through December 31, 2005.

3. Overall, 51 percent of eligible STAR MCO Program enrollees had adequately controlled high blood pressure. This figure compares favorably with the 62 percent of eligible enrollees who had controlled high blood pressure in the Medicaid programs reporting to NCQA. Individual MCO results are provided for Amerigroup and Superior only because the other MCOs did not have a sufficient number of members who had hypertension and were eligible for the measure. These two MCOs demonstrated slight variation in the percent of eligible members who had adequately controlled blood pressure with Amerigroup at 55 percent and Superior at 49 percent.

4. The medical record review component was conducted only with the TANF population in response to the HHSC's request to focus on that population. Because there are substantially fewer members eligible for this measure in the TANF population, HHSC should consider expanding to include both TANF and SSI enrollees for STAR if this measure is to be used in performance improvement efforts with the MCOs.