Annual Chart Book

Fiscal Year 2005

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

Assessing the quality of health care for all citizens is essential. In the case of Medicaid Managed Care and the State Children's Health Insurance Program (SCHIP), states are required to have performance goals and measures to evaluate the quality of care provided in the program.[1] There are several conceptual frameworks that can be used to organize quality of care assessments. The Institute of Medicine (IOM) has provided a framework for assessing health care quality that includes assessing (1) the effectiveness of care, (2) the access to and timeliness of care, and (3) the patient-centeredness of care.[2] Effectiveness of care refers to providing care that is based on the use of systematically acquired evidence as to its benefit in producing better outcomes than the alternatives, which include doing nothing. Access to and timeliness of care refers to a person being able to receive needed care without undue delays. Insurance coverage is essential for good access to care, but it is not a guarantee. Geographic barriers, lack of understanding about how to use the health care system, and other factors can contribute to poor access to care, even among the insured. Finally, care should be patient-centered; that is, all patients should be treated with dignity and respect, and they should be involved in the decision-making about their care.

In addition to the preceding aspects of care, the IOM specifically discusses the important relationship between payment polices and the quality of care provided to enrollees. Ensuring that payment is appropriate for the severity of illness or the case-mix seen among the enrolled population is essential to encourage access to care and the delivery of quality care.

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, 2004, to August 31, 2005, covering fiscal year 2005. This chart book and its companion report, Texas Medicaid Managed Care STAR Financial Performance Measures, are a follow-up to the STAR MCO Program Annual Chart Book, published in December 2004, which covered quality of care measures for December 1, 2002, to November 30, 2003, and the STAR MCO Program Annual Chart Book, published in December 2003, which covered quality of care measures for March 1, 2002, to February 28, 2003. This annual report differs from previous annual chart books in that it focuses primarily on the results of 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, it is not possible to compare results to those of the previous annual chart book; therefore, prior year comparisons are not included. Also, this chart book differs in that some quality of care measures are provided by service delivery areas (SDAs). This will enable the reader to make

[1] The National Governors Association; Center for Best Practices. *State Efforts to Evaluate the Progress and Success of SCHIP*. August 2001.
[2] The Institute of Medicine. 2001. *Crossing the Quality Chasm*. Washington, DC: National Academy Press.

comparisons of health plan performance across different geographic areas. Because this is an annual chart book, results for the Primary Care Case Management (PCCM) and Fee for Service (FFS) programs are included. The reporting period for PCCM and FFS data is May 1, 2004, to April 30, 2005. PCCM and FFS results are provided for TANF-eligible or SSI-eligible enrollees as appropriate.

The format of this annual report also differs from previous chart books in that it contains less background information and focuses only on key points. Additionally, recommendations are provided in the narrative of the report under the heading "Key Points." Information regarding the calculation of all measures included in this report can be found in the document "Quality of Care Measures Technical Report Specifications, March 2006." 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.

The quality of care measures used in this chart book require at least one year of health care claims and encounter data for their calculations. Therefore, the base time frame used to prepare the measures is September 1, 2004, to August 31, 2005. A three month time lag was used for the claims and encounter data. Prior analyses with Texas data found that, on average, 96 percent of the claims and encounters are complete by that time period. A three month lag was used because the Texas Health and Human Services Commission (HHSC) have requested reports that are as close to the actual time of service delivery as possible.

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) Access to Care
    a) Percent of Enrollees with One or More Hospital Stays Due to an Ambulatory Care Sensitive Condition
    b) Percent of Hospitalizations with a Primary Diagnosis of an Ambulatory Care Sensitive Condition
    c) Percent of Enrollees with One or More Emergency Department Visits Due to an Ambulatory Care Sensitive Condition
    d) Percent of Emergency Department Use with a Primary Diagnosis of an Ambulatory Care Sensitive Condition

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 Medication 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 was enrolled in the program. The person-level claims/encounter data contain Physician's 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.

Whenever possible, comparisons are provided to other Medicaid Programs. National Committee for Quality Assurance (NCQA) gathers data from Medicaid managed care plans nationally and compiles them.[3] 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.[4] NCQA reports the national results at the 10th, 25th, 50th, 75th, and 90th percentiles for the participating plans. For comparison purposes to the STAR MCO Program findings, the newly released NCQA Medicaid Managed Care Plans 2004 mean results are shown and are labeled "HEDIS® Mean 2004" in the graphs. This information is not available for all of the quality of care indicators.

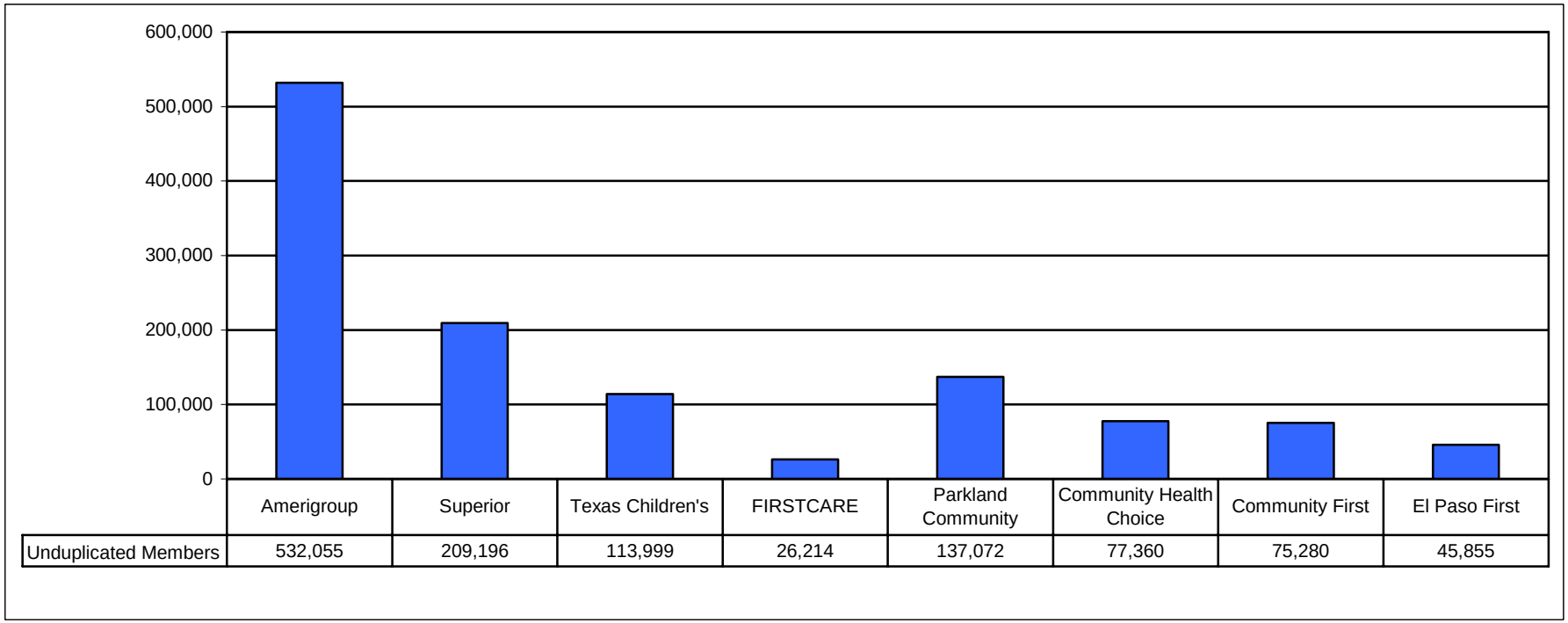
In addition to the narrative and graphs contained in this chart book, Excel spreadsheets were provided to HHSC that contain all of the data to support key findings. As previously noted, many, but not all, of the quality of care indicator results are presented for each MCO. Some results were not displayed 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 Excel spreadsheets. The interested reader can review those for more details. The corresponding reference table is listed beneath each graph.

[3] The information that NCQA compiles for Medicaid Managed Care Programs can be viewed at www.ncqa.org.
[4] 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.

Chart 1. HEDIS® Total Unduplicated Members-TANF

STAR MCOs - September 1, 2004 to August 31, 2005

TANF Unduplicated Members = 1,217,031



	Amerigroup	Superior	Texas Children's	FIRSTCARE	Parkland Community	Community Health Choice	Community First	El Paso First
Unduplicated Members	532,055	209,196	113,999	26,214	137,072	77,360	75,280	45,855

Reference: STAR TANF Table TX-1

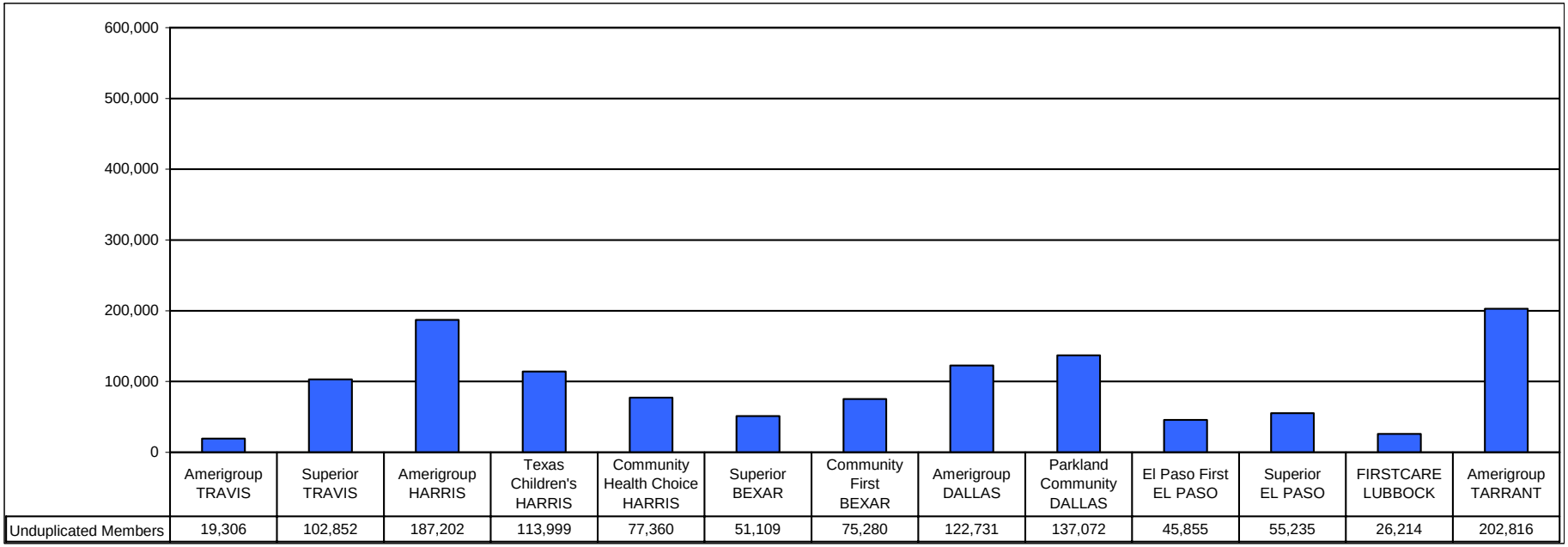
Note: Members who switched plans during the reporting period were not included. This comprised 3.43% of the membership.

Note: Charts 1, 2, and 3 should be viewed together. Key points follow Chart 3.

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

STAR MCOs - September 1, 2004 to August 31, 2005

TANF Unduplicated Members = 1,217,031



	Amerigroup TRAVIS	Superior TRAVIS	Amerigroup HARRIS	Texas Children's HARRIS	Community Health Choice HARRIS	Superior BEXAR	Community First BEXAR	Amerigroup DALLAS	Parkland Community DALLAS	El Paso First EL PASO	Superior EL PASO	FIRSTCARE LUBBOCK	Amerigroup TARRANT
Unduplicated Members	19,306	102,852	187,202	113,999	77,360	51,109	75,280	122,731	137,072	45,855	55,235	26,214	202,816

Reference: STAR TANF Table TX-1

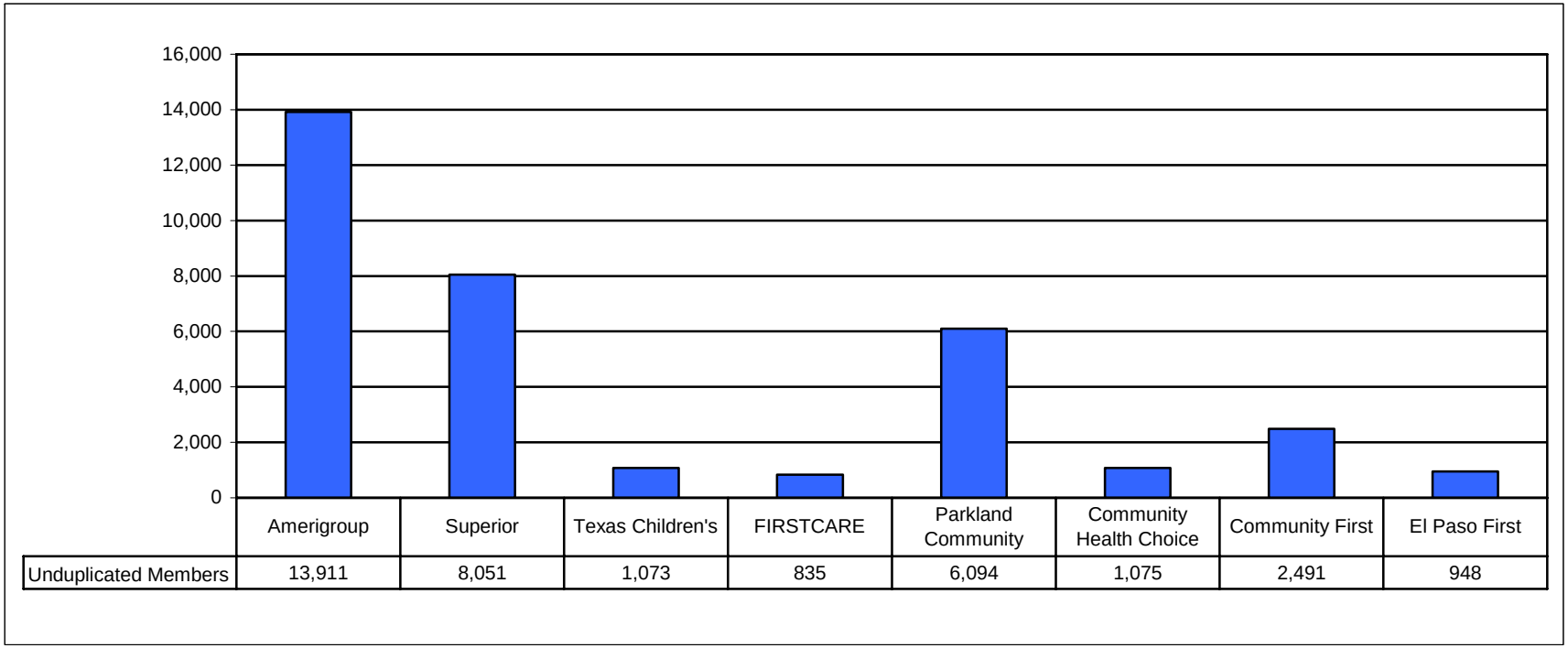
Note: Members who switched plans during the reporting period were not included.

Note: Amerigroup entered the Travis SDA in September 2004.

Note: Charts 1, 2, and 3 should be viewed together. Key points follow Chart 3.

Chart 3. HEDIS® Total Unduplicated Members-SSI

STAR MCOs - September 1, 2004 to August 31, 2005 SSI Unduplicated Members = 34,478



	Amerigroup	Superior	Texas Children's	FIRSTCARE	Parkland Community	Community Health Choice	Community First	El Paso First
Unduplicated Members	13,911	8,051	1,073	835	6,094	1,075	2,491	948

Reference: STAR SSI Table TX-1

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

Key Points:

1. Charts 1 through 3 provide information on the total number of unduplicated members ever enrolled in the STAR Managed Care Organization (MCO) Programs by MCO for the time period of September 1, 2004, to August 31, 2005. Chart 1 provides information on enrollees who are eligible for Temporary Assistance for Needy Families (TANF) by health plan. Chart 2 provides information on TANF enrollees by service delivery area (SDA). Chart 3 provides information on STAR MCO Program enrollees who are eligible for Supplemental Security Income (SSI). The majority of STAR MCO enrollees (1,217,031) are eligible for TANF. There are 34,478 SSI

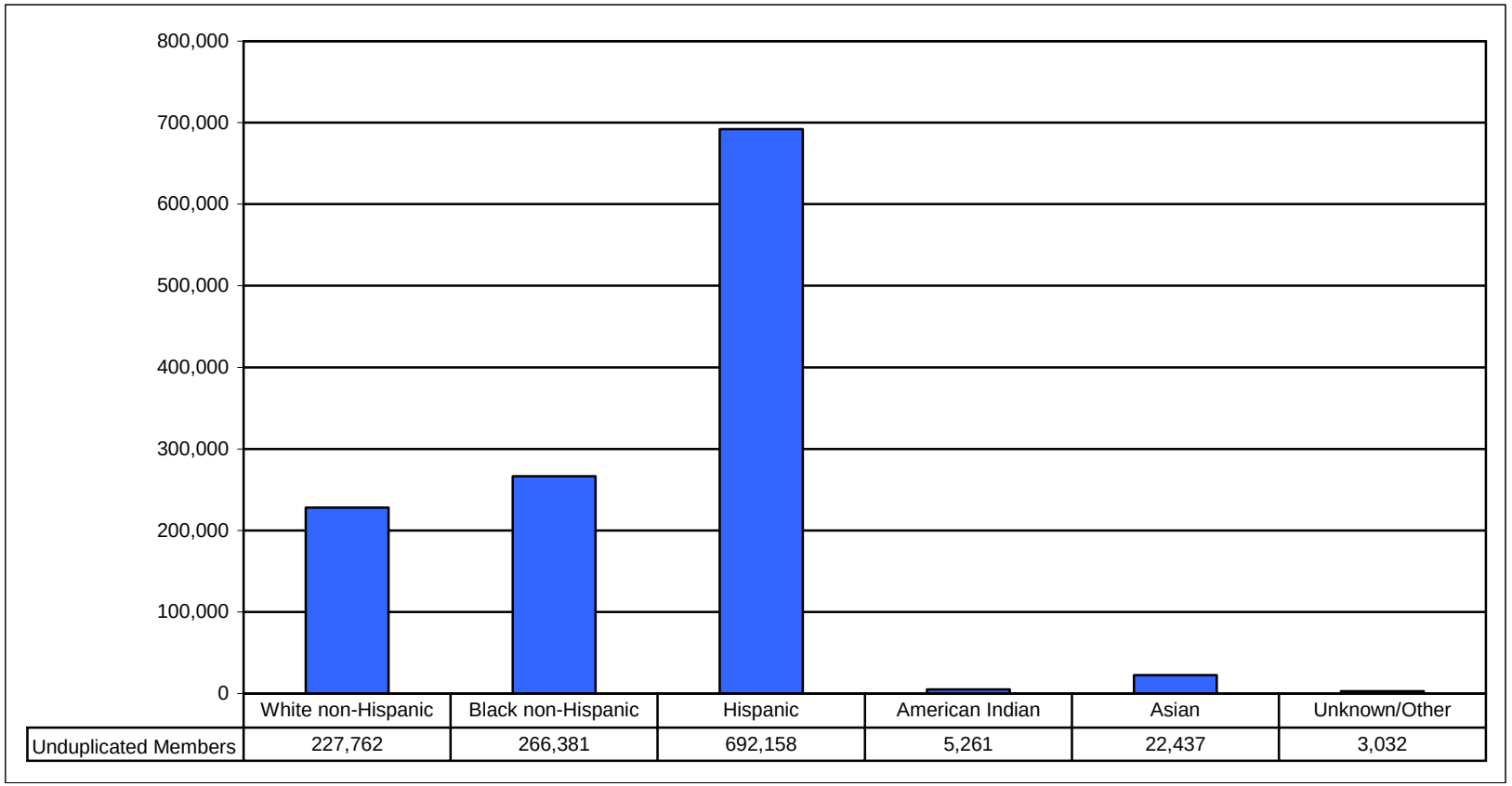
enrollees, comprising 2.8 percent of the total STAR MCO Program membership. Amerigroup has the largest percentage of membership of both TANF and SSI enrollees.

2. Over 31 percent of TANF enrollees reside in the Harris SDA and are served through three health plans: Amerigroup, Texas Children's, and Community Health Choice (See Chart 2).

3. The mean age and distribution of TANF STAR MCO enrollees statewide is nine years old with a standard deviation of ±8.7. The SSI membership is older with a mean age of 28 years old and a standard deviation of ±20.4.

Chart 4. HEDIS® Total Unduplicated Members by Race and Ethnicity-TANF

STAR MCOs - September 1, 2004 to August 31, 2005 TANF Unduplicated Members = 1,217,031



	White non-Hispanic	Black non-Hispanic	Hispanic	American Indian	Asian	Unknown/Other
Unduplicated Members	227,762	266,381	692,158	5,261	22,437	3,032

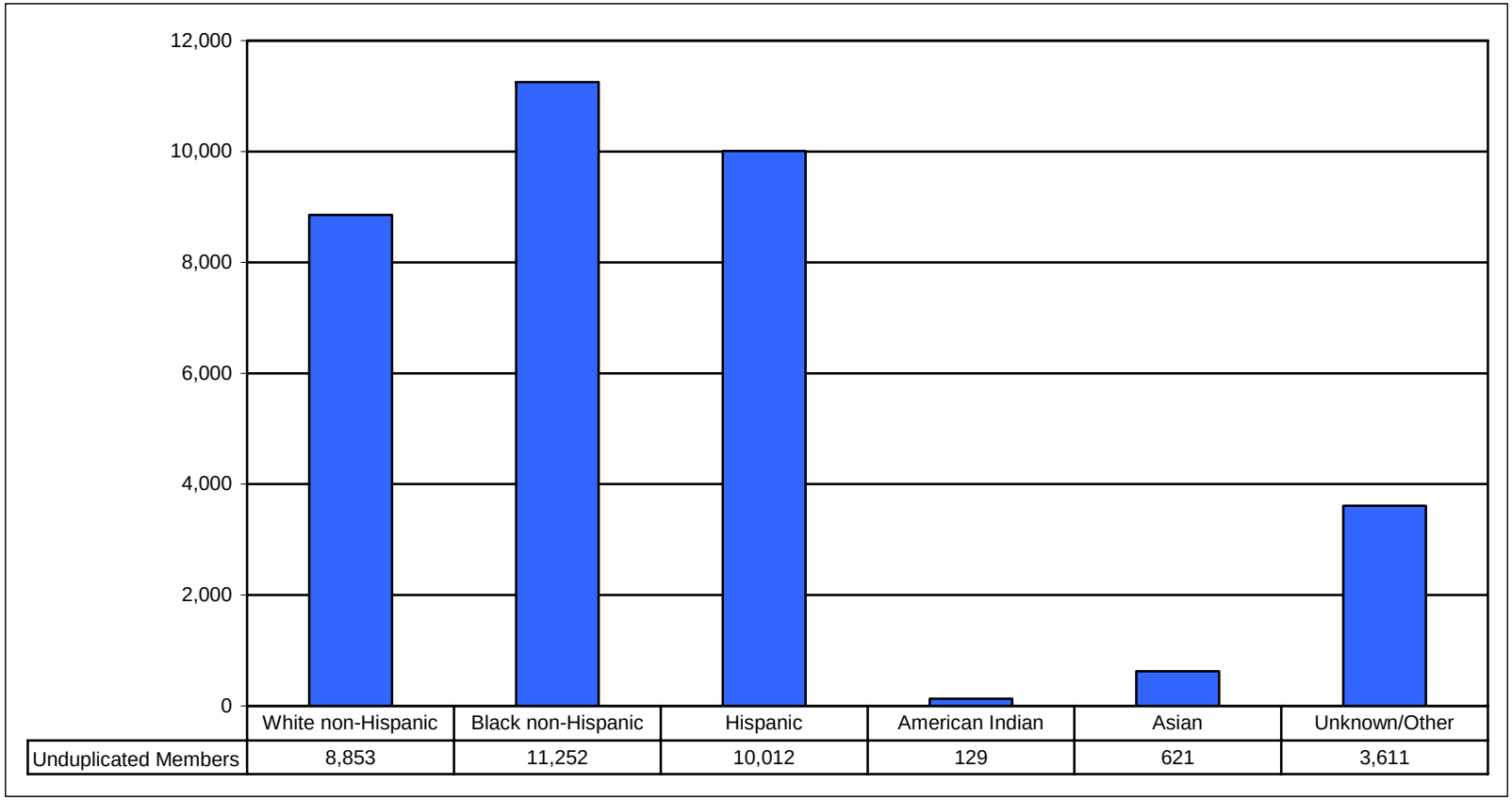
Reference: STAR TANF Table TX-2

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 and Ethnicity-SSI

STAR MCOs - September 1, 2004 to August 31, 2005 SSI Unduplicated Members = 34,478



	White non-Hispanic	Black non-Hispanic	Hispanic	American Indian	Asian	Unknown/Other
Unduplicated Members	8,853	11,252	10,012	129	621	3,611

Reference: STAR SSI 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 with Chart 4 providing information on TANF enrollees and Chart 5 providing information on SSI enrollees. For TANF enrollees, 57 percent of enrollees are

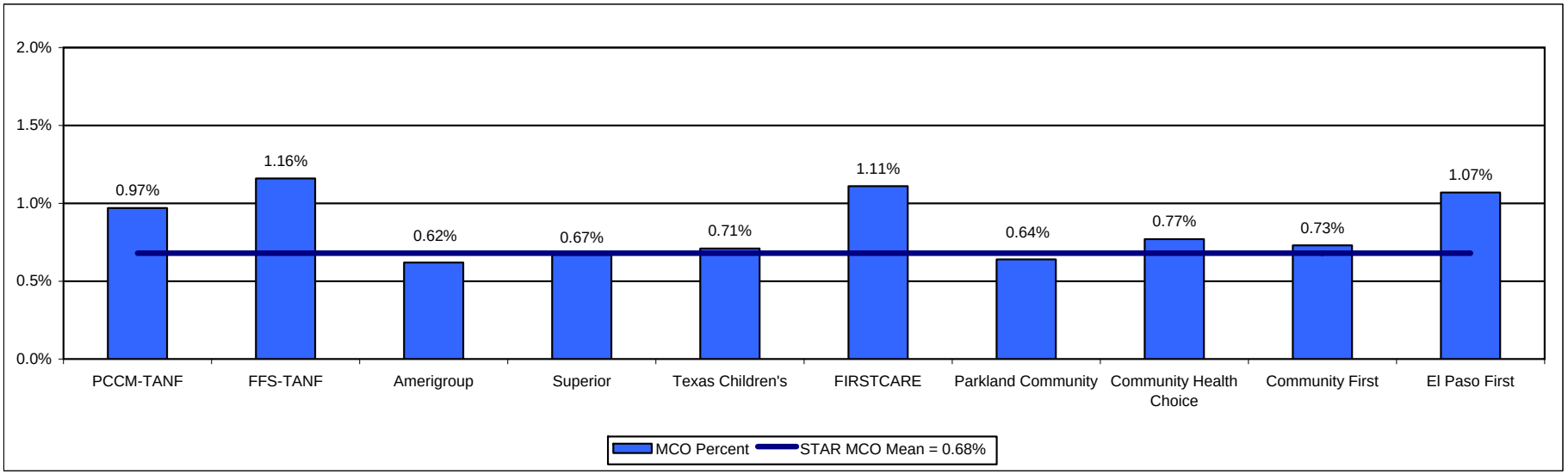
Hispanic, 22 percent are Black non-Hispanic, 19 percent are White non-Hispanic, two percent are Asian, and less than one percent are American Indian. Thirty-three percent of STAR SSI enrollees are Black non-Hispanic, 29 percent are Hispanic, 26 percent are White non-Hispanic, two percent are Asian, and less than one percent are American Indian. Race and ethnicity is unknown for over ten percent of STAR SSI enrollees.

2. The racial makeup of TANF and SSI enrollees are 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.

Chart 6. Percent of Enrollees with One or More Hospital Stays Due to an Ambulatory Care Sensitive Condition-TANF

Eligible Enrollees, PCCM-TANF = 514,283
Eligible Enrollees, FFS-TANF = 2,364,989
Eligible Enrollees, STAR TANF = 1,217,031

STAR MCOs - September 1, 2004 to August 31, 2005



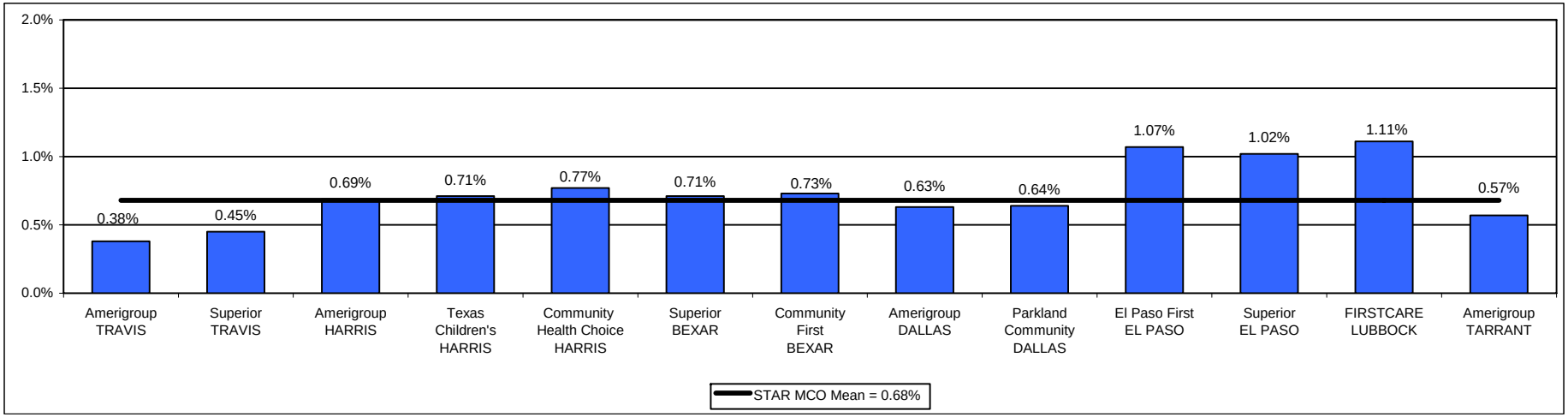
Reference: STAR TANF Tables PI-1 and TX-1

Note: Charts 6, 7, 8, and 9 need to be viewed together. The key findings about hospital stays for ambulatory care sensitive conditions are summarized following Chart 9.

Chart 7. Percent of Enrollees with One or More Hospital Stays Due to an Ambulatory Care Sensitive Condition-TANF/SDA Breakout

STAR MCOs - September 1, 2004 to August 31, 2005

TANF Eligible Enrollees = 1,217,031



Reference: STAR TANF Tables PI-1 and TX-1

SDA	Travis	Harris	Bexar	Dallas	El Paso	Lubbock	Tarrant
MEAN	0.44%	0.71%	0.72%	0.63%	1.03%	1.11%	0.57%

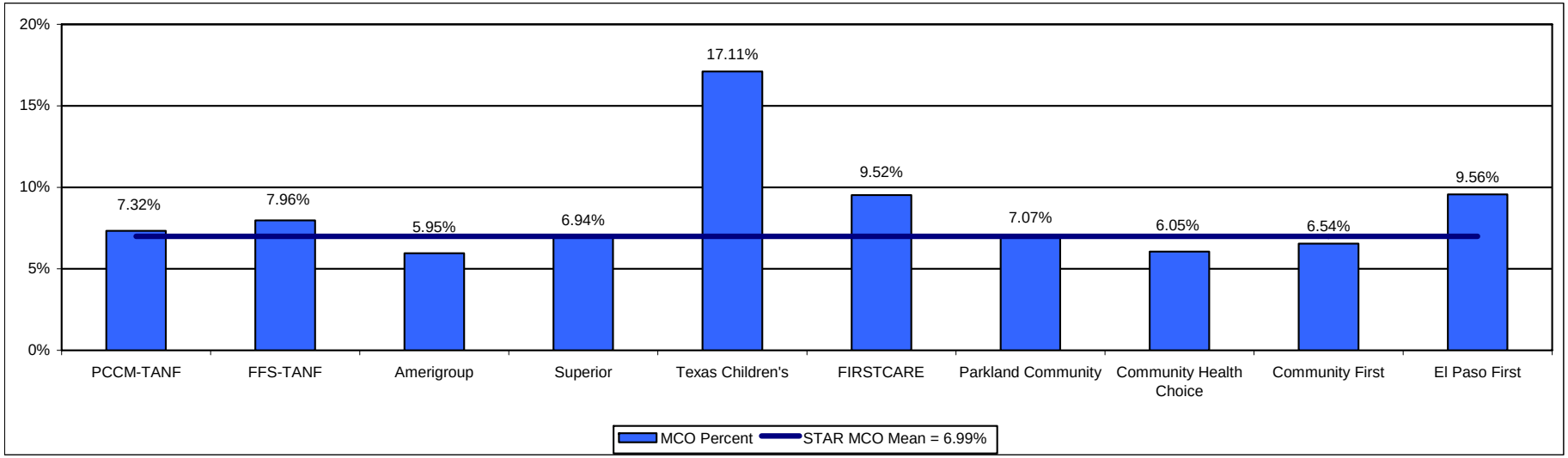
Note: The mean for a single-MCO SDA may not equal the MCO's mean due to incomplete SDA labeling in the data set.

Note: Charts 6, 7, 8, and 9 need to be viewed together. The key findings about hospital stays for ambulatory care sensitive conditions are summarized following Chart 9.

Chart 8. Percent of Hospitalizations with a Primary Diagnosis of an Ambulatory Care Sensitive Condition-TANF

Total Hospitalizations, PCCM-TANF = 72,746
Total Hospitalizations, FFS-TANF = 373,359
Total Hospitalizations, STAR TANF = 125,974

STAR MCOs - September 1, 2004 to August 31, 2005

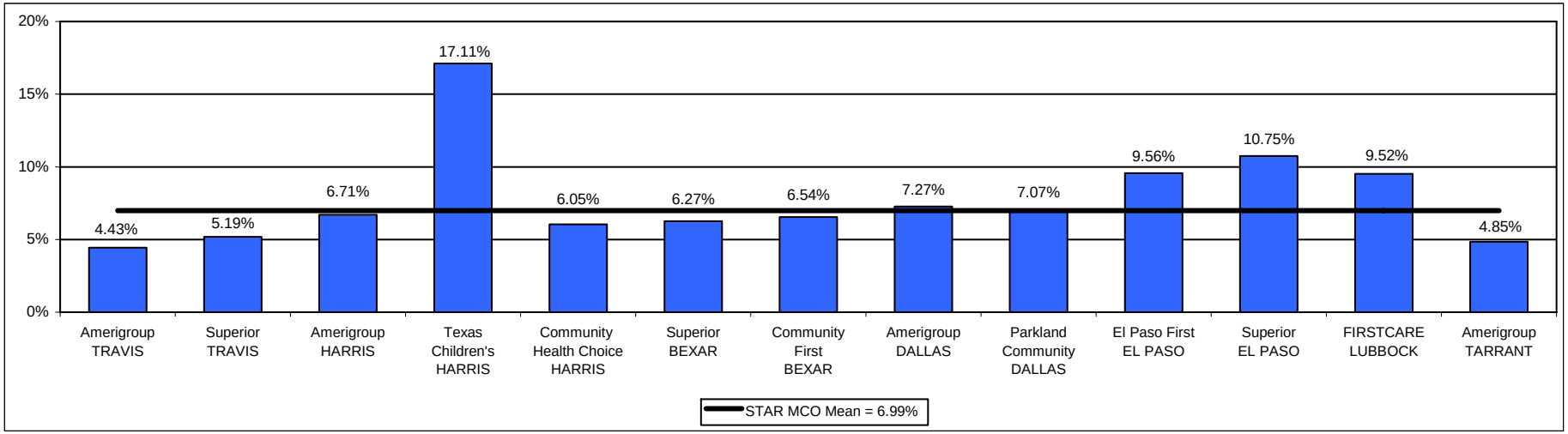


Reference: STAR TANF Table PI-1

Note: Charts 6, 7, 8, and 9 need to be viewed together. The key findings about hospital stays for ambulatory care sensitive conditions are summarized following Chart 9.

Chart 9. Percent of Hospitalizations with a Primary Diagnosis of an Ambulatory Care Sensitive Condition-TANF/SDA Breakout

STAR MCOs - September 1, 2004 to August 31, 2005 TANF Hospitalizations = 125,974



Reference: STAR TANF Table PI-1

SDA	Travis	Harris	Bexar	Dallas	El Paso	Lubbock	Tarrant
MEAN	5.06%	7.99%	6.40%	7.14%	10.03%	9.43%	4.83%

Note: The mean for a single-MCO SDA may not equal the MCO's mean due to incomplete SDA labeling in the data set.

Key Points:

1. Ambulatory Care Sensitive Conditions (ACSCs) are those conditions (such as angina, bacterial pneumonia, congenital syphilis, specific types of heart failure, specific types of hypertension, and immunization-preventable conditions) that should not result in an inpatient stay or an emergency room visit if there is good access to care in the outpatient setting. Preventable hospitalizations and emergency room visits are costly and may not reflect good quality of or access to care for enrollees.

2. Overall, less than one percent of STAR MCO Program enrollees who were eligible for TANF experienced one or more hospital stays due to an ACSC during the reporting period (See Chart 6).

3. There was variability in the hospitalizations with Texas Children's having the highest percentage of hospitalizations for ACSCs at 17 percent and Amerigroup having the lowest percentage of ACSC hospitalizations at less than six percent (See Chart 8).

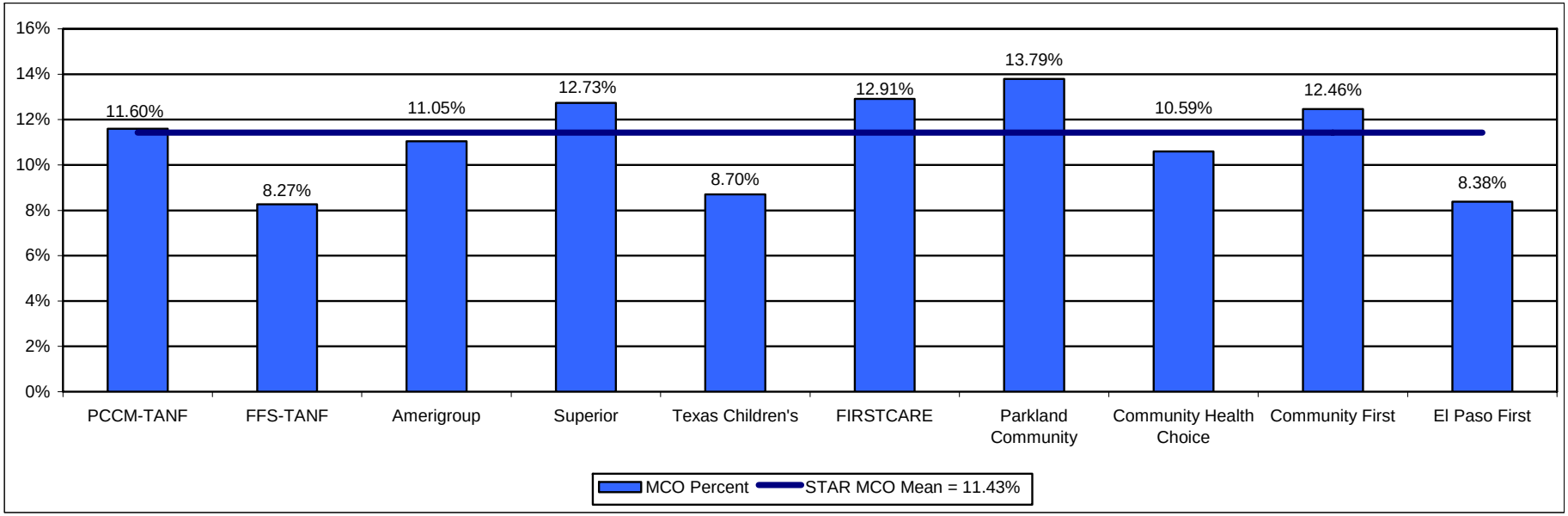
4. There was some variation in hospitalization rates among SDAs (See Chart 9) with El Paso SDA having the highest percentage at ten percent and Tarrant having the lowest at less than five percent.

5. There are no national comparison data available for this measure.

Chart 10. Percent of Enrollees with One or More Emergency Department Visits Due to an Ambulatory Care Sensitive Condition-TANF

Eligible Enrollees, PCCM-TANF = 514,283
Eligible Enrollees, FFS-TANF = 2,364,989
Eligible Enrollees, STAR TANF = 1,217,031

STAR MCOs - September 1, 2004 to August 31, 2005



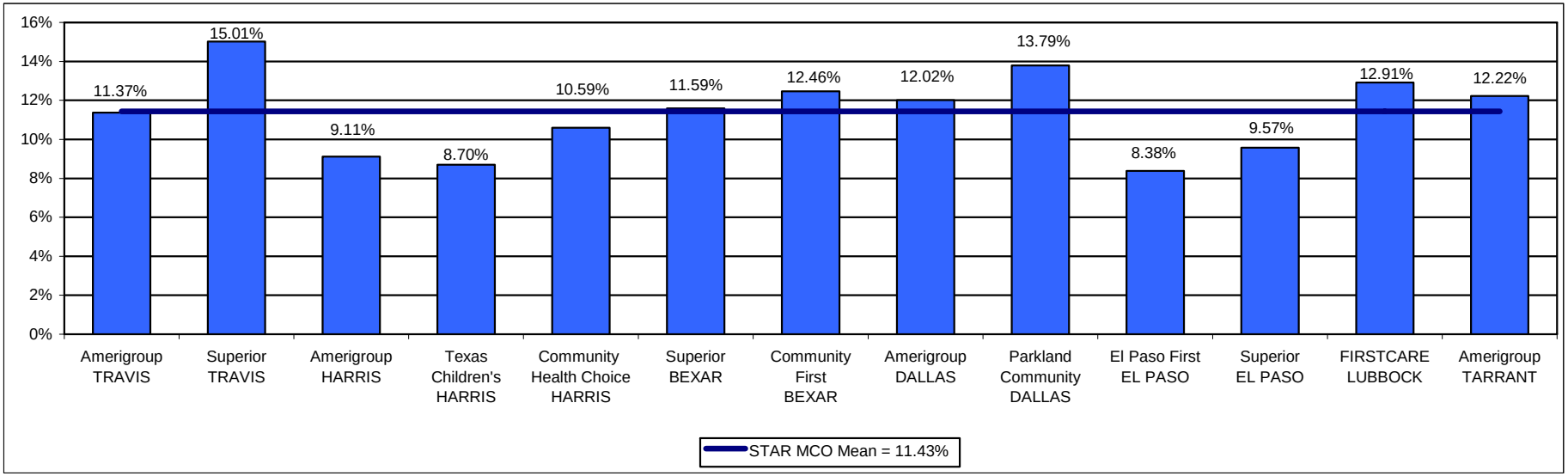
Reference: STAR TANF Tables PI-1 and TX-1

Note: Charts 10, 11, 12, and 13 need to be viewed together. The key findings about emergency department visits for ambulatory care sensitive conditions are summarized following Chart 13.

Chart 11. Percent of Enrollees with One or More Emergency Department Visits Due to an Ambulatory Care Sensitive Condition- TANF/SDA Breakout

STAR MCOs - September 1, 2004 to August 31, 2005

TANF Eligible Enrollees = 1,217,031



Reference: STAR TANF Tables PI-1 and TX-1

SDA	Travis	Harris	Bexar	Dallas	El Paso	Lubbock	Tarrant
MEAN	14.14%	9.06%	12.00%	12.62%	8.84%	12.63%	12.00%

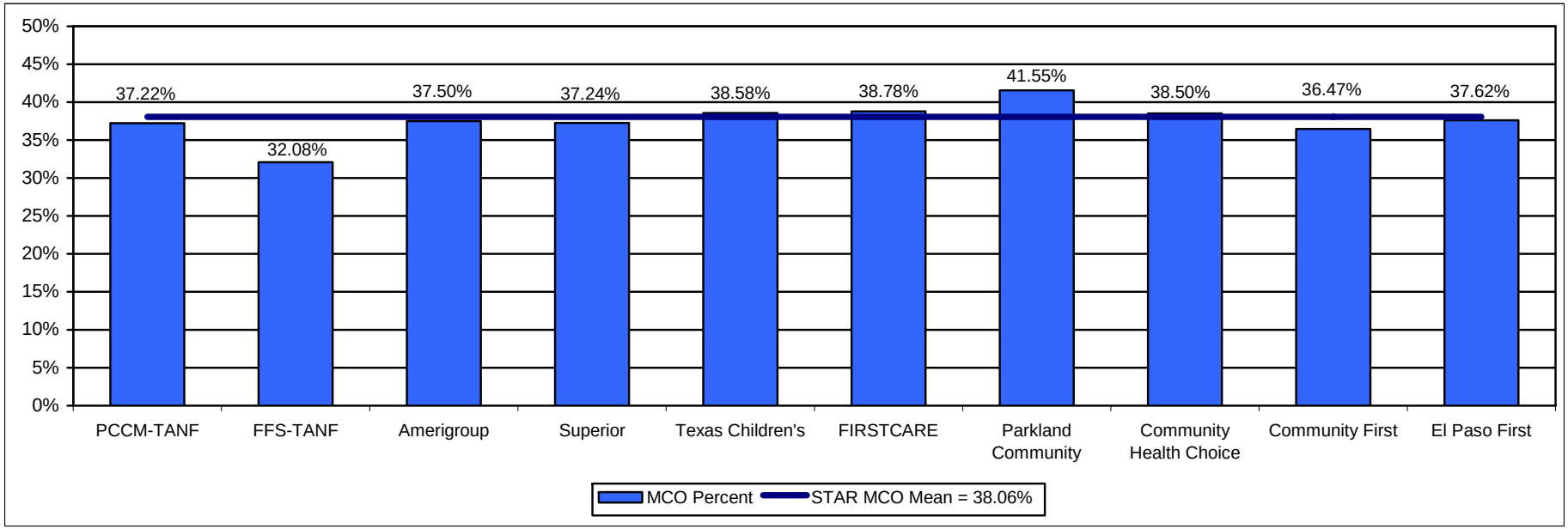
Note: The mean for a single-MCO SDA may not equal the MCO's mean due to incomplete SDA labeling in the data set.

Note: Charts 10, 11, 12, and 13 need to be viewed together. The key findings about emergency department visits for ambulatory care sensitive conditions are summarized following Chart 13.

Chart 12. Percent of Emergency Department Visits with a Primary Diagnosis of an Ambulatory Care Sensitive Condition-TANF

Total ED Visits, PCCM-TANF = 218,405
Total ED Visits, FFS-TANF = 818,746
Total ED Visits, STAR TANF = 520,862

STAR MCOs - September 1, 2004 to August 31, 2005

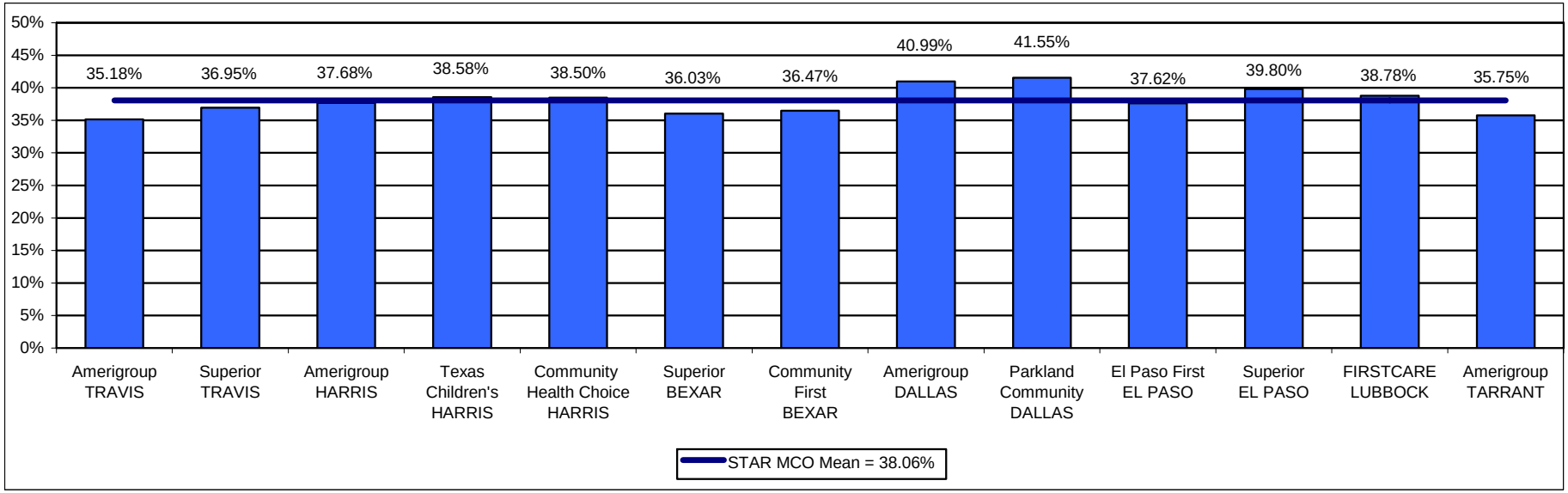


Reference: STAR TANF Table PI-1

Note: Charts 10, 11, 12, and 13 need to be viewed together. The key findings about emergency department visits for ambulatory care sensitive conditions are summarized following Chart 13.

Chart 13. Percent of Emergency Department Visits with a Primary Diagnosis of an Ambulatory Care Sensitive Condition-TANF/SDA Breakout

STAR MCOs - September 1, 2004 to August 31, 2005 TANF ED Visits = 520,862



Reference: STAR TANF Table PI-1

SDA	Travis	Harris	Bexar	Dallas	El Paso	Lubbock	Tarrant
MEAN	35.83%	36.93%	35.93%	39.97%	37.81%	37.81%	34.85%

Note: The mean for a single-MCO SDA may not equal the MCO's mean due to incomplete SDA labeling in the data set.

Key Points:

1. Eleven percent of TANF-eligible STAR MCO Program enrollees experienced one or more emergency department (ED) visits due to an ACSC during the reporting period. Twelve percent of TANF-eligible PCCM enrollees and 8 percent of TANF-eligible FFS enrollees experienced one or more ACSC-related emergency department (ED) visits. (See Chart 10).

2. Thirty-eight percent of all STAR MCO Program ED visits were due to an ACSC-related condition. There was only a small amount of variation among health plans with all plans evidencing between 36 percent and 42 percent of ED visits due to an ACSC. The percentages of ED visits due to an ACSC were also similar across SDAs (See Charts 12 and 13).

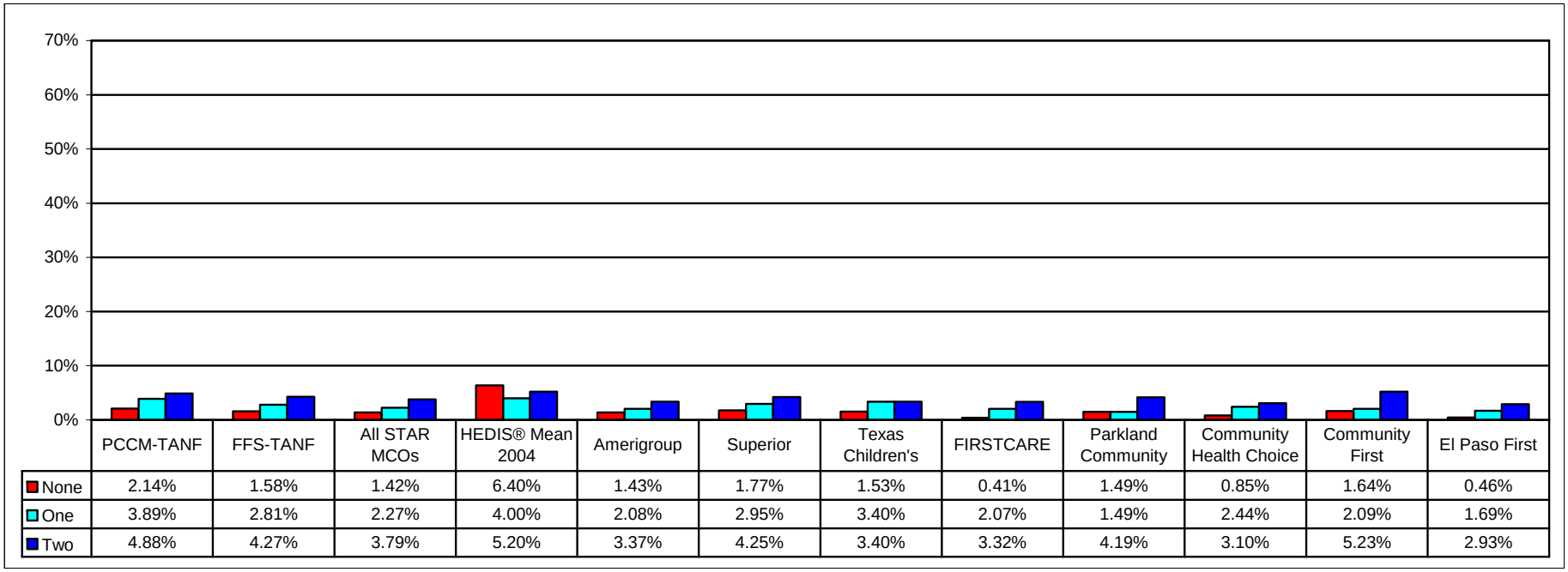
3. Thirty-seven percent of all ED visits by TANF-eligible PCCM enrollees were due to an ACSC-related condition. Thirty-two percent of all ED visits by TANF-eligible FFS enrollees were ACSC-related.

4. National comparison data are not available for this measure.

Chart 14. HEDIS® Well-Child Visits in the First 15 Months of Life (No Visits to Two Visits)-TANF

Enrollees in Age Group, PCCM-TANF= 9,262
Enrollees in Age Group, FFS-TANF= 44,055
Enrollees in Age Group, STAR TANF= 13,049

STAR MCOs - September 1, 2004 to August 31, 2005



	PCCM-TANF	FFS-TANF	All STAR MCOs	HEDIS® Mean 2004	Amerigroup	Superior	Texas Children's	FIRSTCARE	Parkland Community	Community Health Choice	Community First	El Paso First
None	2.14%	1.58%	1.42%	6.40%	1.43%	1.77%	1.53%	0.41%	1.49%	0.85%	1.64%	0.46%
One	3.89%	2.81%	2.27%	4.00%	2.08%	2.95%	3.40%	2.07%	1.49%	2.44%	2.09%	1.69%
Two	4.88%	4.27%	3.79%	5.20%	3.37%	4.25%	3.40%	3.32%	4.19%	3.10%	5.23%	2.93%

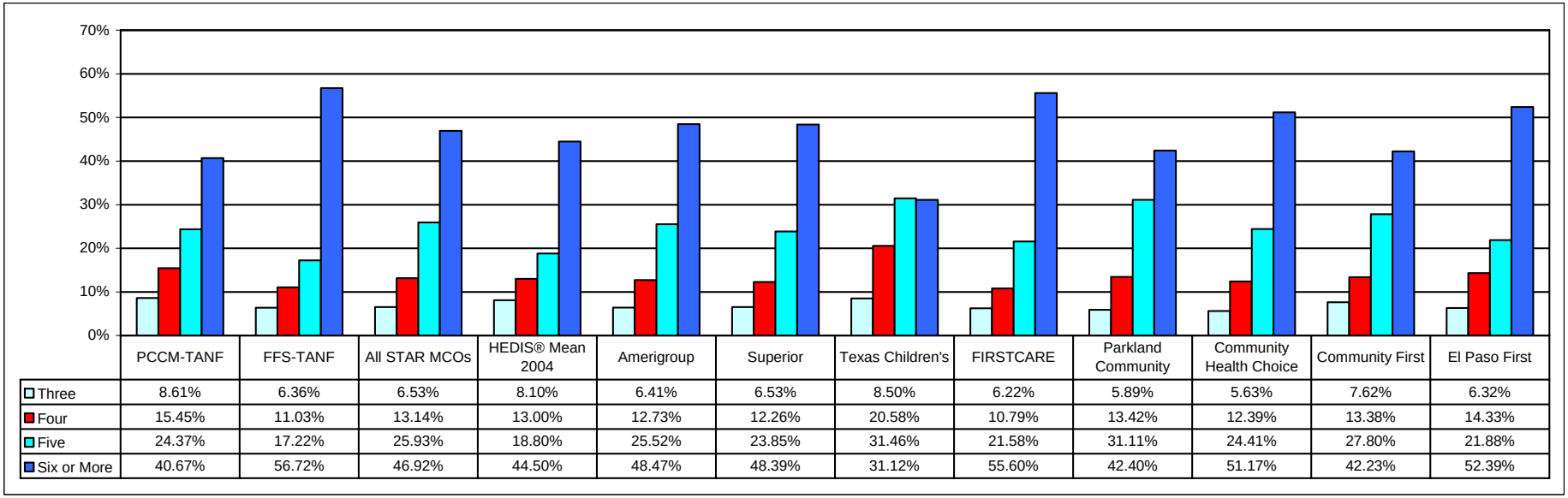
Reference: STAR TANF Table PI-2

Note: Charts 14, 15, and 16 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 14 and 15 are in a different format to allow comparison of multiple data points. The percentages experiencing no visits to two visits are described in Chart 14, and Chart 15 contains information about the percentages with three to six or more visits. Chart 16 displays the Service Delivery Area comparison for six preventive care visits only.

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

Enrollees in Age Group, PCCM-TANF= 9,262
Enrollees in Age Group, FFS-TANF= 44,055
Enrollees in Age Group, STAR TANF= 13,049

STAR MCOs - September 1, 2004 to August 31, 2005



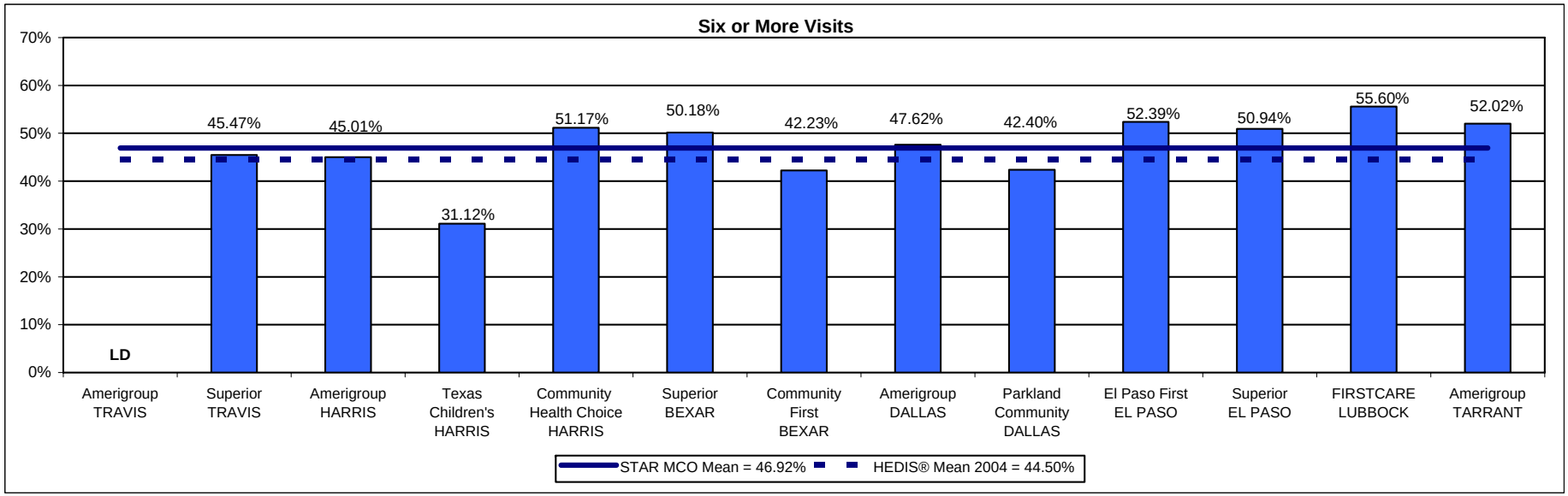
	PCCM-TANF	FFS-TANF	All STAR MCOs	HEDIS® Mean 2004	Amerigroup	Superior	Texas Children's	FIRSTCARE	Parkland Community	Community Health Choice	Community First	El Paso First
Three	8.61%	6.36%	6.53%	8.10%	6.41%	6.53%	8.50%	6.22%	5.89%	5.63%	7.62%	6.32%
Four	15.45%	11.03%	13.14%	13.00%	12.73%	12.26%	20.58%	10.79%	13.42%	12.39%	13.38%	14.33%
Five	24.37%	17.22%	25.93%	18.80%	25.52%	23.85%	31.46%	21.58%	31.11%	24.41%	27.80%	21.88%
Six or More	40.67%	56.72%	46.92%	44.50%	48.47%	48.39%	31.12%	55.60%	42.40%	51.17%	42.23%	52.39%

Reference: STAR TANF Table PI-2

Note: Charts 14, 15, and 16 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 14 and 15 are in a different format to allow comparison of multiple data points. The percentages experiencing no visits to two visits are described in Chart 14, and Chart 15 contains information about the percentages with three to six or more visits. Chart 16 displays the Service Delivery Area comparison for six preventive care visits only.

Chart 16. HEDIS® Well-Child Visits in the First 15 Months of Life (Six or More Visits) –TANF/SDA Breakout

STAR MCOs - September 1, 2004 to August 31, 2005 TANF Enrollees in Age Group = 13,049



Reference: STAR TANF Table PI-2

SDA	Travis	Harris	Bexar	Dallas	El Paso	Lubbock	Tarrant
MEAN	45.21%	44.55%	45.25%	44.66%	51.62%	55.60%	52.02%

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. 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.[5]

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 14).

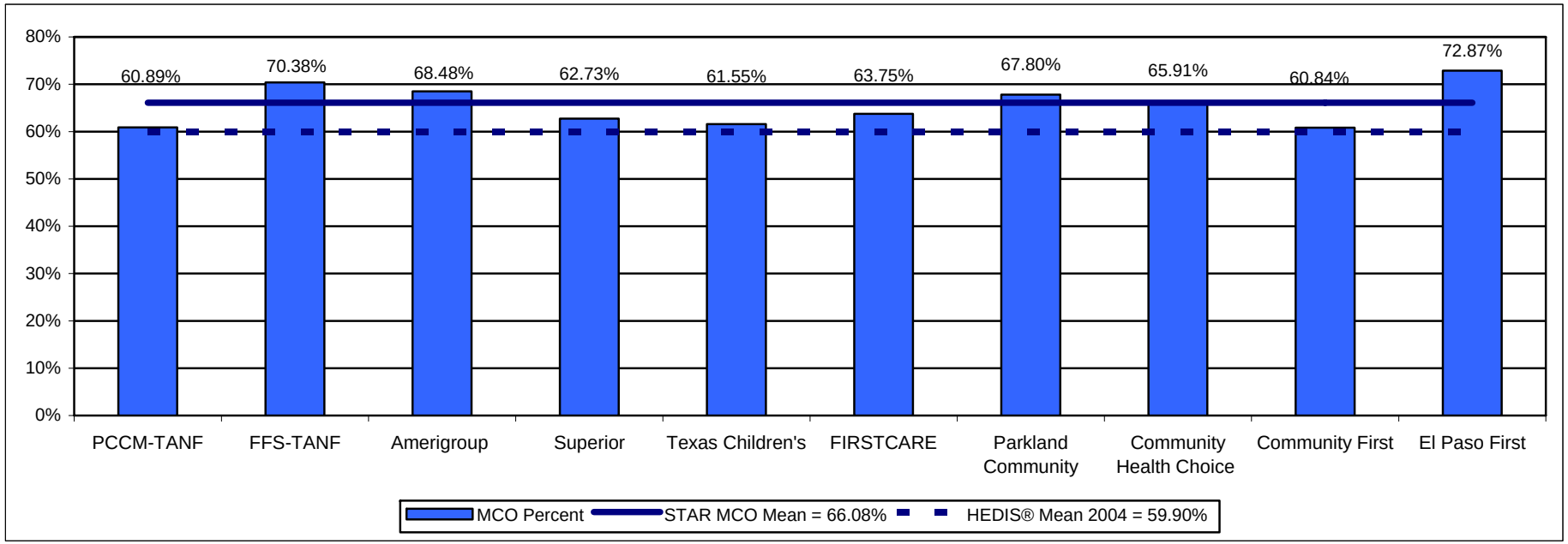
[5] Hakim, R., and B. Bye. 2001. "Effectiveness of Compliance with Pediatric Preventive Care Guidelines among Medicaid Beneficiaries." *Pediatrics*. 108: 90-97.

3. FIRSTCARE is noteworthy for having the highest percentage of 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 Charts 15 and 16).

Chart 17. HEDIS® Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life-TANF

Enrollees in Age Group, PCCM-TANF= 45,378
Enrollees in Age Group, FFS-TANF= 150,940
Enrollees in Age Group, STAR TANF= 100,049

STAR MCOs - September 1, 2004 to August 31, 2005

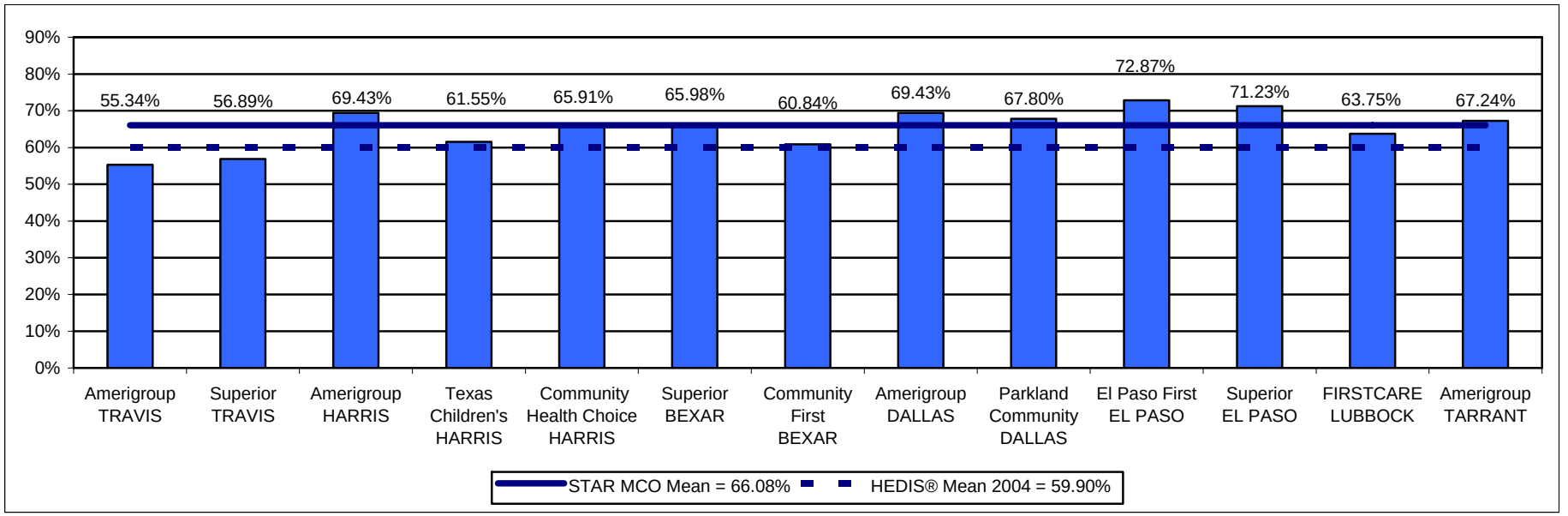


Reference: STAR TANF Table PI-2

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

Chart 18. HEDIS® Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life-TANF/SDA Breakout

STAR MCOs - September 1, 2004 to August 31, 2005 TANF Enrollees in Age Group = 100,049



Reference: STAR TANF Table PI-2

SDA	Travis	Harris	Bexar	Dallas	El Paso	Lubbock	Tarrant
MEAN	56.83%	66.37%	62.79%	68.51%	71.87%	63.75%	67.24%

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 66 percent of children receiving well-child visits in their 3rd, 4th, 5th and 6th years of life compared to 60 percent nationally.

2. There was some variability among STAR MCO plan performance, but all were at or above the HEDIS® 2004 mean. At 61 percent, Community First had the lowest percentages of children in the 3rd, 4th, 5th, and 6th years of life receiving a well-child visit. El Paso First and Amerigroup had the highest percentages of children in this age cohort receiving well-child visits (73 percent and 68 percent, respectively) (See Chart 17).

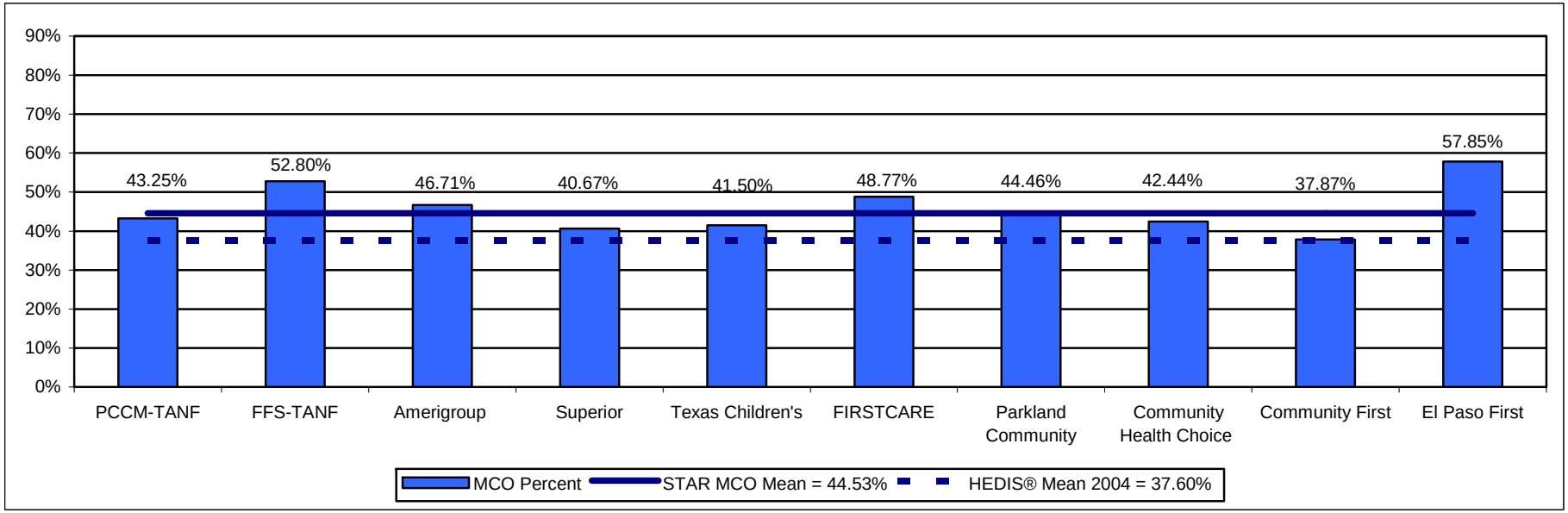
3. There was variability among SDA performance. Travis SDA had the lowest percentage of children between the ages of three and 6 years old experiencing a well-child visit (57 percent). This was also below the HEDIS® mean. At 72 percent, El Paso SDA demonstrated the highest percentage of children in the 3rd, 4th, 5th, and 6th years of life receiving a well-child visit.

4. The percentage of both TANF-eligible PCCM and FFS enrollees who received a well-child visit in the 3rd, 4th, 5th and 6th years of life exceeded the HEDIS® mean.

Chart 19. HEDIS® Adolescent Well Care Visits-TANF

Enrollees in Age Group, PCCM-TANF= 37,155
Enrollees in Age Group, FFS -TANF= 138,881
Enrollees in Age Group, STAR TANF= 71,037

STAR MCOs - September 1, 2004 to August 31, 2005



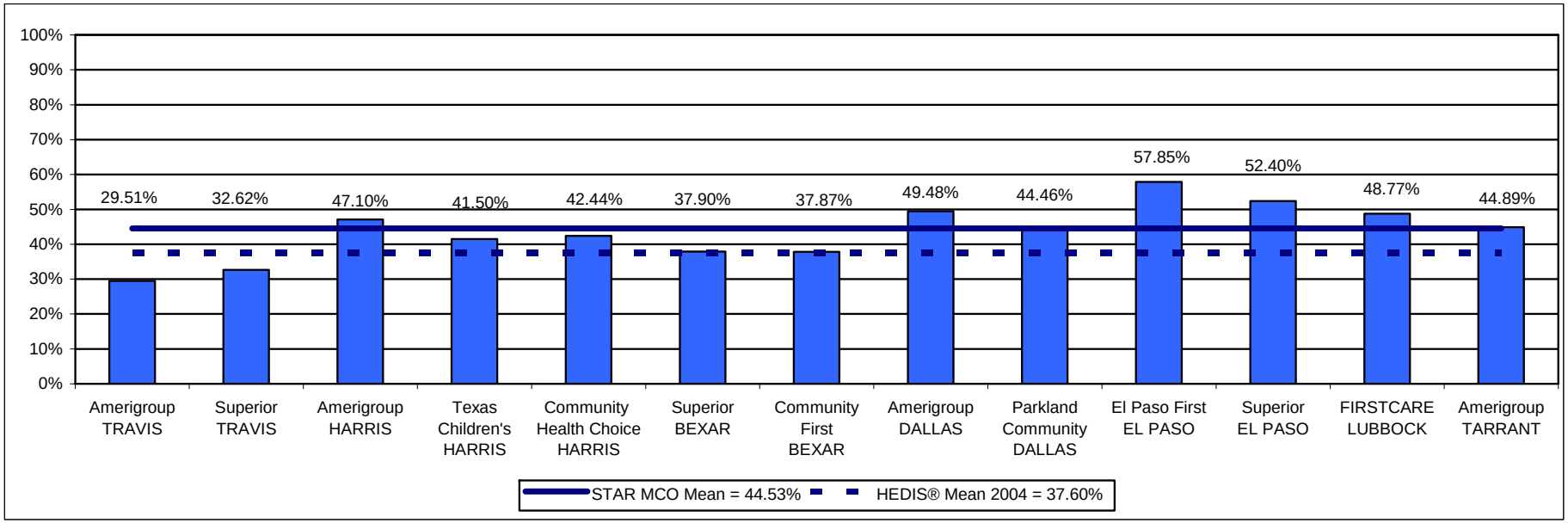
Reference: STAR TANF Table PI-2

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

Chart 20. HEDIS® Adolescent Well Care Visits-TANF/SDA Breakout

STAR MCOs - September 1, 2004 to August 31, 2005

TANF Enrollees in Age Group = 71,037



Reference: STAR TANF Table PI-2

SDA	Travis	Harris	Bexar	Dallas	El Paso	Lubbock	Tarrant
MEAN	32.49%	44.52%	37.89%	47.01%	54.70%	48.77%	44.89%

Key Points:

1. The STAR MCO Program performed better than the national average for Medicaid Managed Care Plans reporting to the NCQA on this measure with 45 percent of adolescents receiving preventive care visits compared to the national average of 38 percent (See Chart 19).

2. There was some variability among STAR MCO plan performance; however, all plans were at or above the HEDIS® mean.

3. There was variability among SDA performance. Travis SDA had the lowest percentage of adolescents experiencing a well care visit (32 percent). At 55 percent, El Paso SDA demonstrated the highest percentage of adolescents receiving a well care visit.

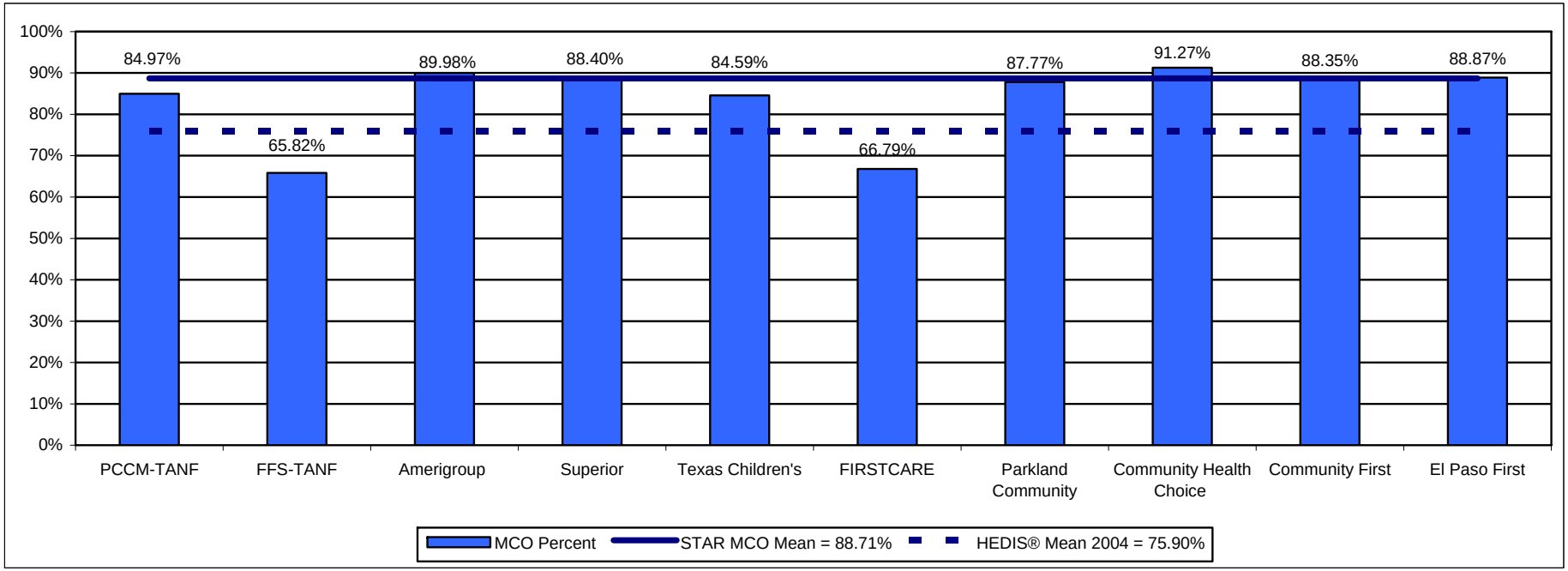
4. The percentage of both TANF-eligible PCCM and FFS adolescent enrollees who received a well care visit exceeded the HEDIS® mean.

5. All Texas Medicaid Programs compare favorably to national averages with respect to the delivery of child and adolescent preventive care. El Paso First is particularly noteworthy for this measure. Texas should continue to support the provision of these important services to children and adolescents.

Chart 21. HEDIS® Prenatal Care-TANF

Eligible Births, PCCM-TANF= 26,374
Eligible Births, FFS-TANF= 58,127
Eligible Births, STAR TANF= 44,974

STAR MCOs - September 1, 2004 to August 31, 2005

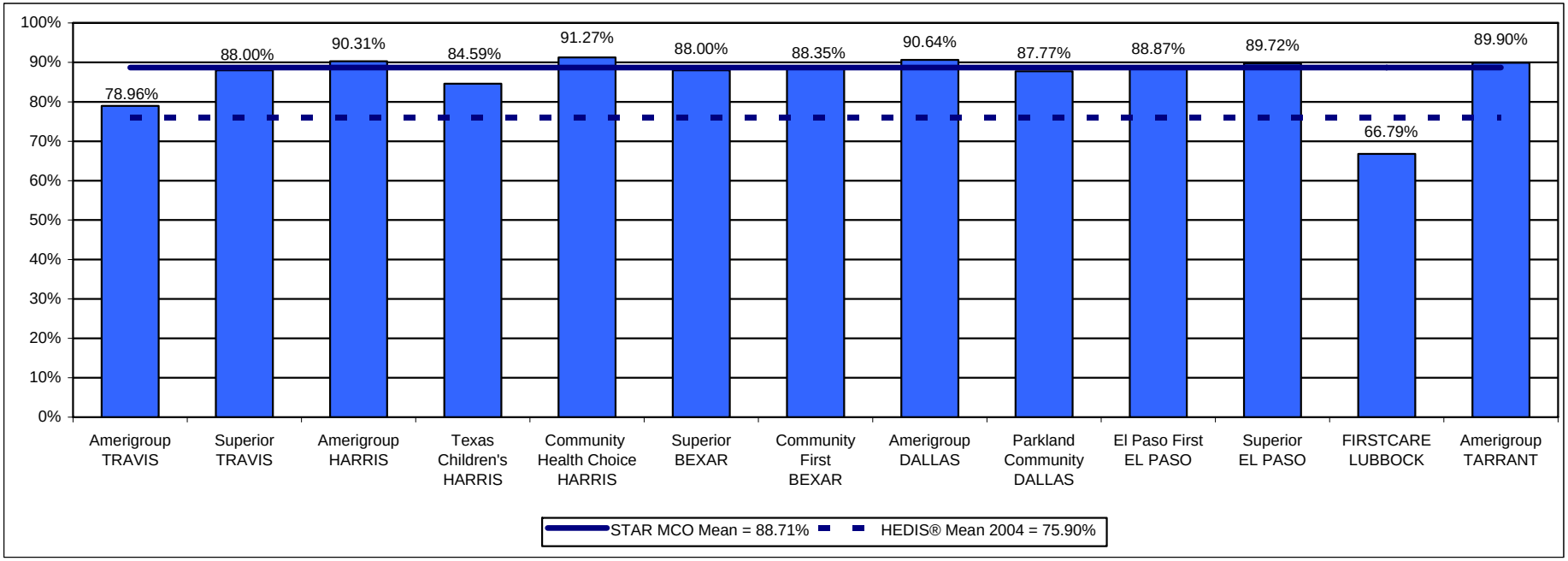


Reference: STAR TANF Table PI-3

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

Chart 22. HEDIS® Prenatal Care-TANF/SDA Breakout

STAR MCOs - September 1, 2004 to August 31, 2005 TANF Eligible Births = 44,974



Reference: STAR TANF Table PI-3

SDA	Travis	Harris	Bexar	Dallas	El Paso	Lubbock	Tarrant
MEAN	87.23%	90.11%	88.22%	89.09%	89.28%	66.79%	89.90%

Key Points:

1. The American College of Obstetricians and Gynecologists and the American Academy of Pediatrics recommend that all pregnant women receive early (i.e., in the first trimester) and regular prenatal care visits.

2. Overall, 89 percent of TANF-eligible women in the STAR MCO Program initiated prenatal care in their first trimester or within 42 days of enrollment in the MCO. This result exceeds that of the 2004 national average of 76 percent for Medicaid MCOs participating in HEDIS®. Community Health Choice had the highest percentage of pregnant enrollees (91 percent) seeking prenatal care during the first trimester. The percentage of FIRSTCARE female enrollees with prenatal care was lower than the HEDIS® mean.

3. There was little variation among SDAs on this performance indicator. The SDA with the lowest performance was Lubbock with 67 percent. The SDA with the highest performance was Harris with 90 percent.

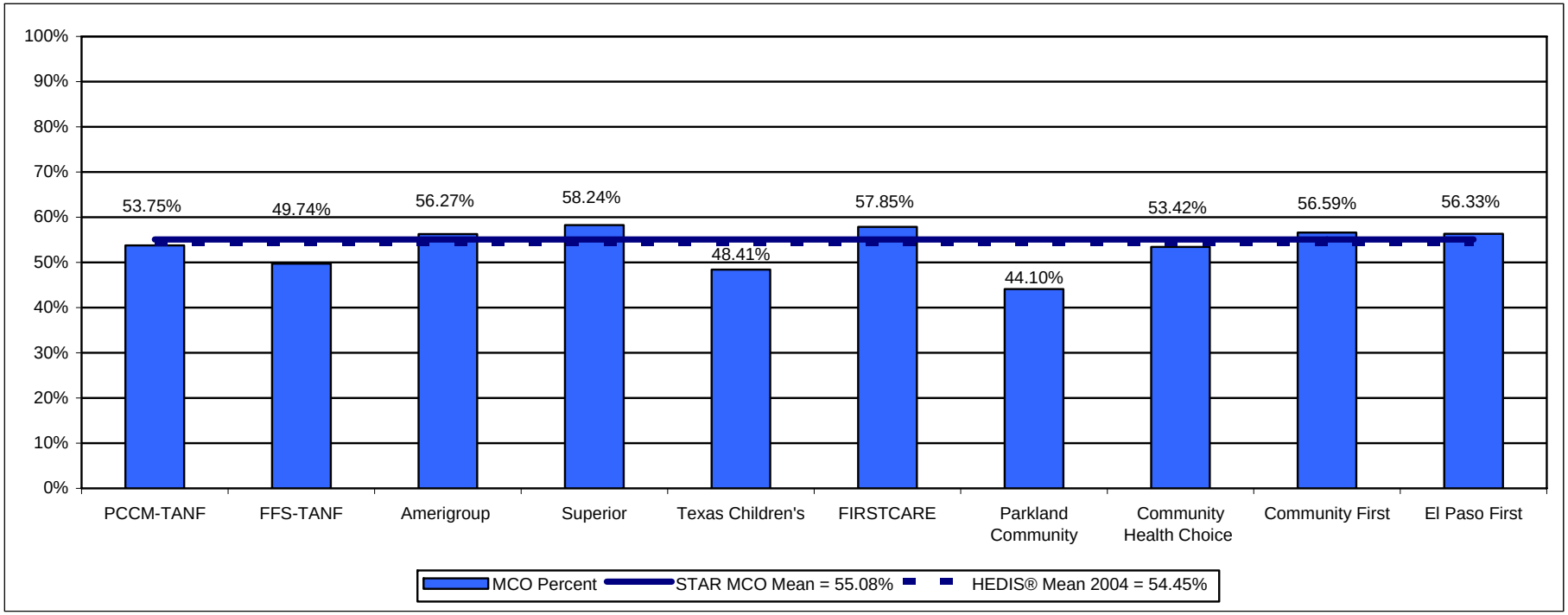
4. The percentage of TANF-eligible PCCM and FFS enrollees who received prenatal care fell short of the overall percentage of TANF-eligible STAR MCO Program enrollees who received prenatal care.

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

Chart 23. HEDIS® Postpartum Care-TANF

Eligible Births, PCCM-TANF= 26,374
Eligible Births, FFS-TANF= 58,127
Eligible Births, STAR TANF= 44,937

STAR MCOs - September 1, 2004 to August 31, 2005



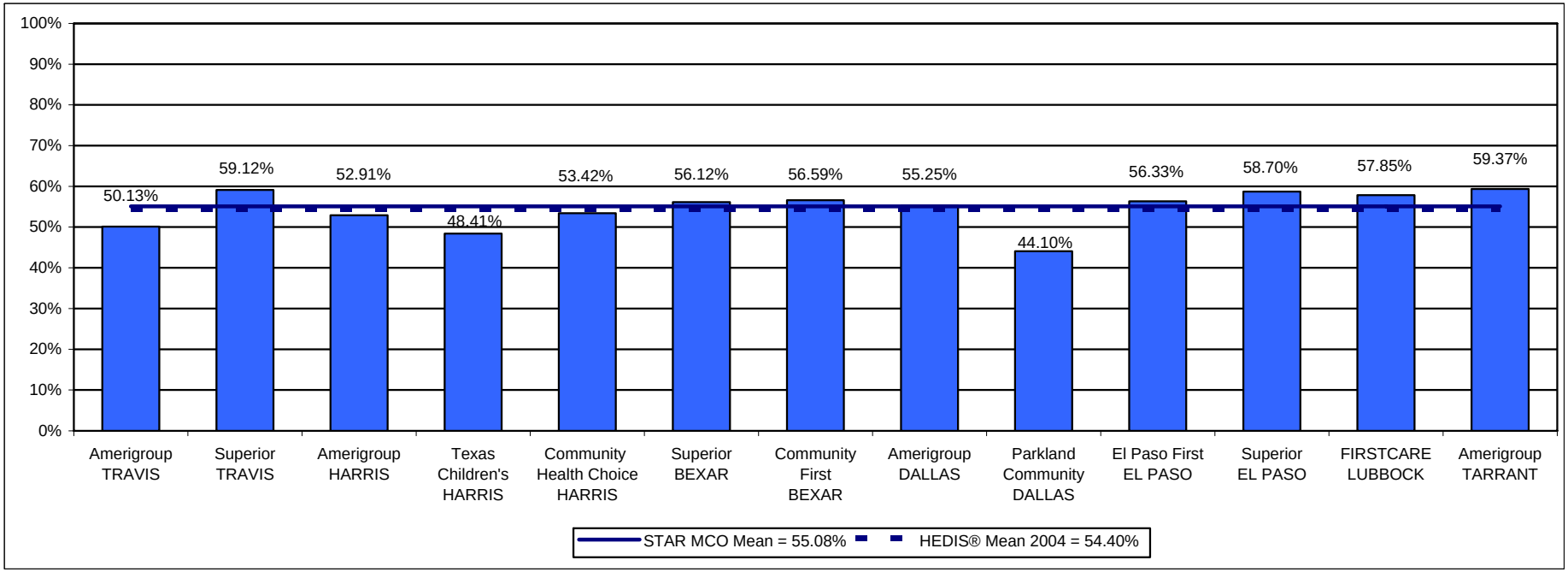
Reference: STAR TANF Table PI-3

Note: Charts 23 and 24 should be viewed together. Key points follow Chart 24.

Chart 24. HEDIS® Postpartum Care-TANF/SDA Breakout

STAR MCOs - September 1, 2004 to August 31, 2005

TANF Eligible Births = 44,937



Reference: STAR TANF Table PI-3

SDA	Travis	Harris	Bexar	Dallas	El Paso	Lubbock	Tarrant
MEAN	58.35%	52.68%	56.42%	49.23%	57.47%	57.85%	59.37%

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.[6]

2. In terms of postpartum care, the STAR MCOs are performing slightly better than the Medicaid average for plans reporting to NCQA (55 percent compared to 54 percent of women receiving postpartum care on or between 21 to 56 days after delivery). Superior had

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

the highest percentage of eligible female enrollees who received postpartum care (58 percent). The result for Parkland Community, at 44 percent, is substantially lower than that of the national average.

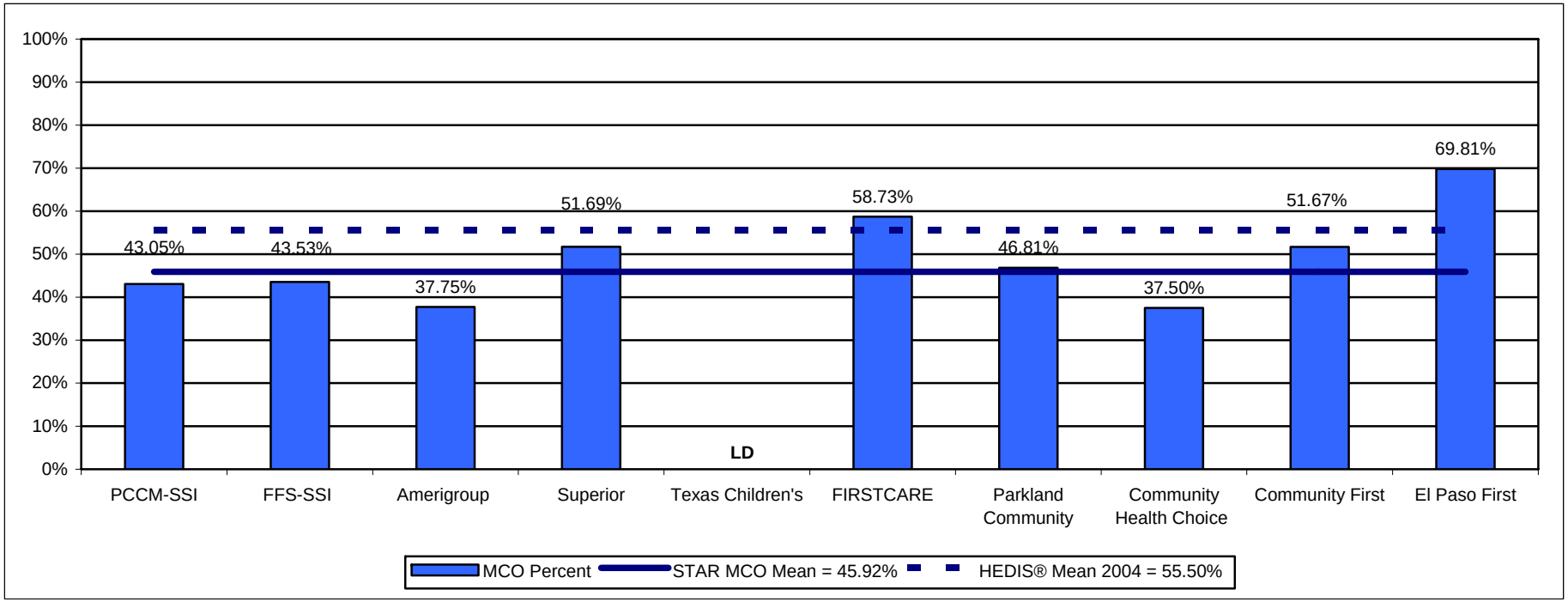
3. There was some variation in performance noted among the SDAs with Dallas having the lowest percentage of women receiving postpartum care (49 percent) and Tarrant having the highest percentage of women receiving postpartum care (59 percent).

4. Results for PCCM and FFS TANF-eligible enrollees were slightly lower than that of STAR MCO Program TANF-eligible enrollees.

Chart 25. HEDIS® Breast Cancer Screening-SSI

Eligible Enrollees, PCCM-SSI= 1,598
Eligible Enrollees, FFS-SSI= 58,164
Eligible Enrollees, STAR SSI= 2,106

STAR MCOs - September 1, 2004 to August 31, 2005



Reference: STAR SSI Table PI-3

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.[7]

2. Nationally, among Medicaid Plans reporting to NCQA, 56 percent of female enrollees age 50 and older had a mammogram. In Texas, 46 percent of STAR MCO SSI enrollees had a mammogram. The results ranged from a low of 38 percent of enrollees in Amerigroup and Community Health Choice to a high of 70 percent of enrollees in El Paso First.

3. Ninety-eight percent of women qualifying for this measure were in the Supplemental Security Income (SSI) eligibility category. The MCOs are responsible for coordinating their care but their claims are paid through Texas Medicaid and Healthcare Partnership (TMHP). Therefore, TMHP claims were used in calculating this measure.

4. Results for PCCM and FFS SSI-eligible enrollees were comparable to STAR MCO Program enrollees.

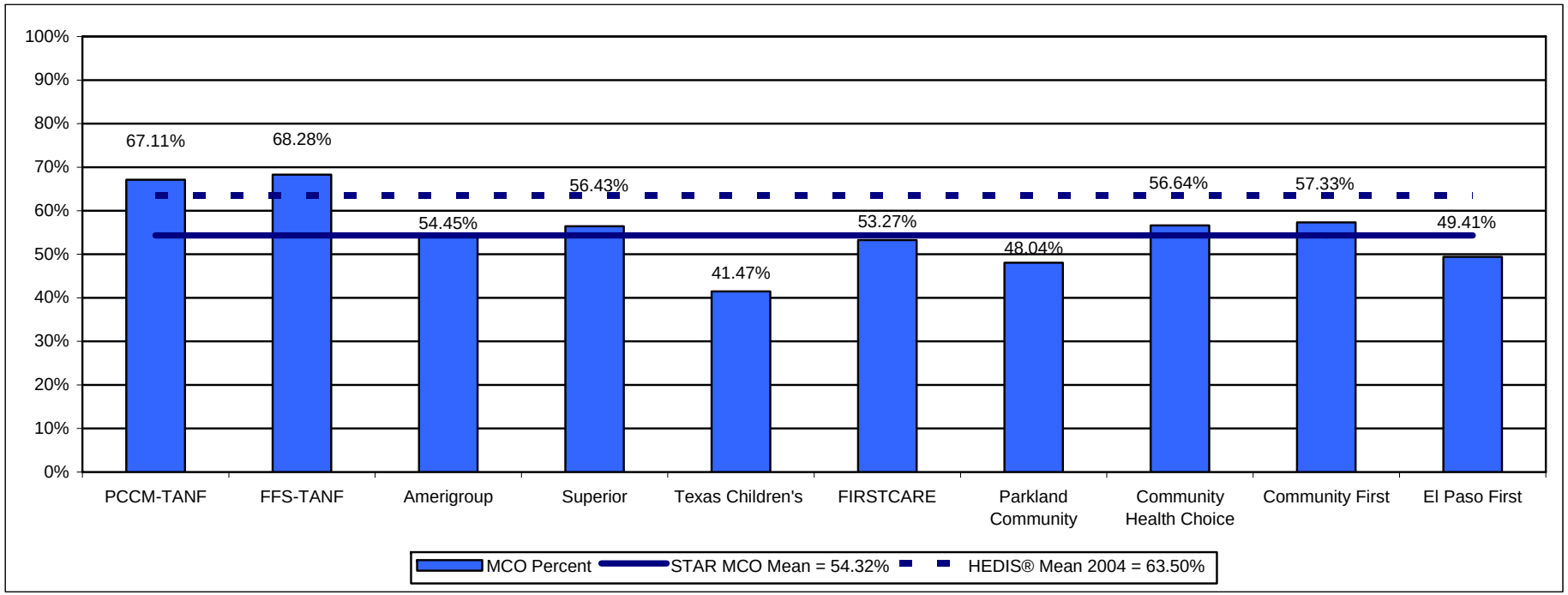
5. Due to the efficacy of mammograms in detecting breast cancer among women ages 50 and older, Texas should consider developing strategies to increase breast cancer screening rates for STAR MCO Program enrollees. These strategies should particularly focus on MCOs like Amerigroup and Community Health Choice where the percentage of women 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 oneself as primary reasons for not undergoing breast cancer screening.[8] The Centers for Disease Control (CDC) are funding multiethnic studies to address barriers to receiving breast cancer screening.[9] HHSC should consider participating in initiatives to develop successful program models to encourage racial and ethnic minority women to obtain necessary preventive care, which includes breast and cervical cancer screenings.

[7] 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.
[8] 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. 3; 80 (1):81-91.
[9] Lawson HW, Henson R, Bobo JK, Kaeser MK. March 31, 2000. Implementing Recommendations for the Early Detection of Breast and Cervical Cancer among Low-Income Women*. MMWR.* 49: 35-55

Chart 26. HEDIS® Cervical Cancer Screening-TANF

Eligible Enrollees, PCCM-TANF= 2,724
Eligible Enrollees, FFS-TANF= 29,382
Eligible Enrollees, STAR TANF= 6,846

STAR MCOs - September 1, 2004 to August 31, 2005



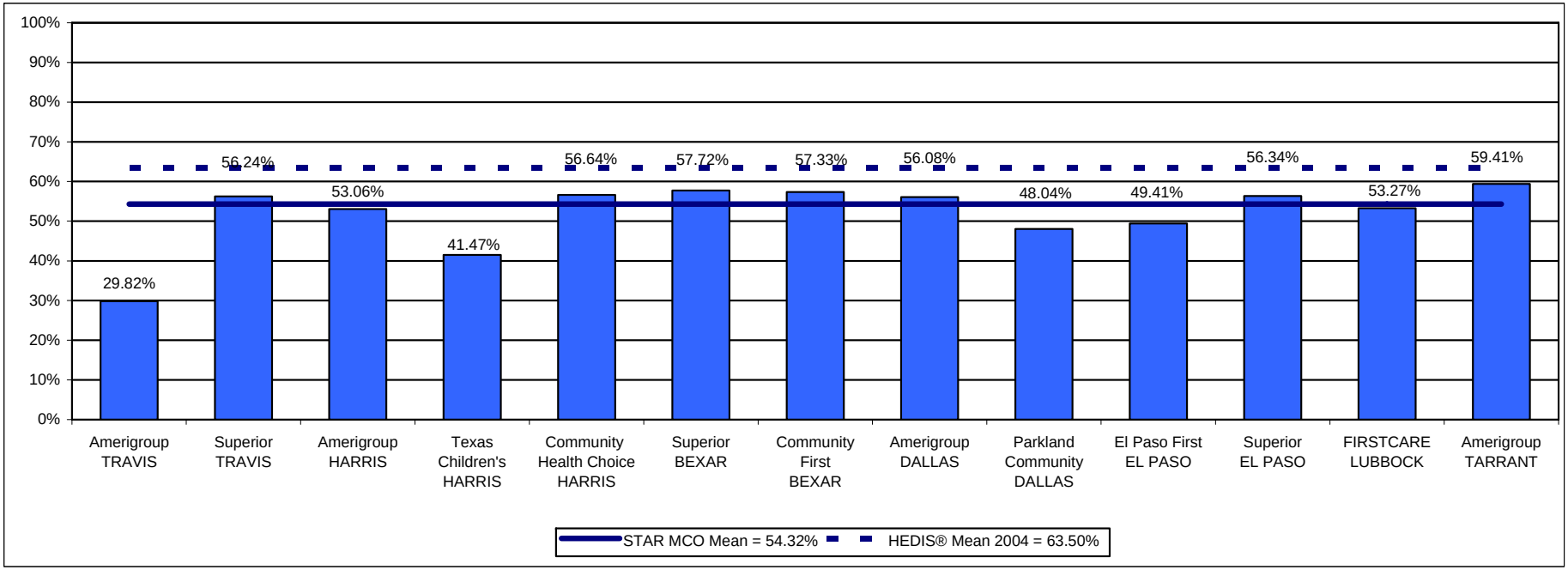
Reference: STAR TANF Table PI-3

Note: Charts 26, 27, and 28 should be viewed together. Key points follow Chart 28.

Chart 27. HEDIS® Cervical Cancer Screening-TANF/SDA Breakout

STAR MCOs - September 1, 2004 to August 31, 2005

TANF Eligible Enrollees = 6,846



SDA	Travis	Harris	Bexar	Dallas	El Paso	Lubbock	Tarrant
MEAN	54.03%	52.43%	57.52%	51.79%	53.38%	53.27%	59.41%

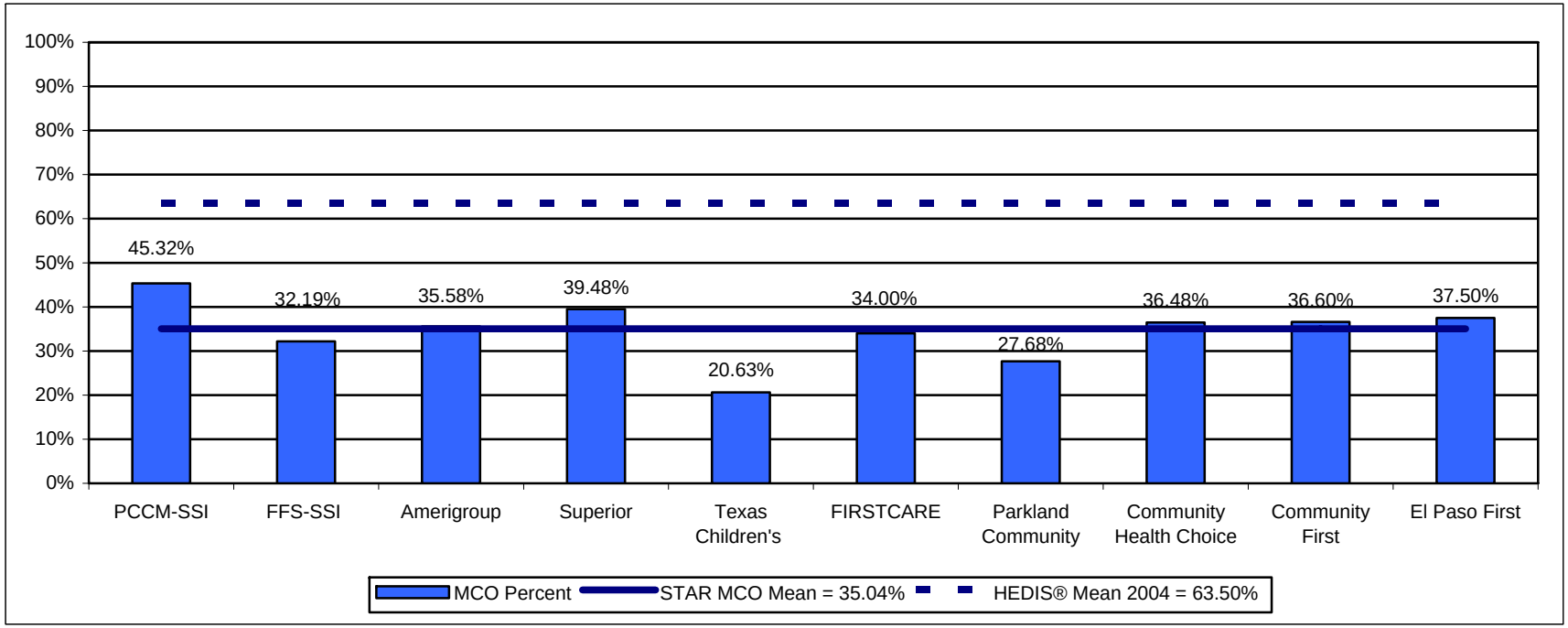
Reference: STAR TANF Table PI-3

Note: Charts 26, 27, and 28 should be viewed together. Key points follow Chart 28.

Chart 28. HEDIS® Cervical Cancer Screening-SSI

Eligible Enrollees, PCCM-SSI= 5,728
Eligible Enrollees, FFS-SSI= 115,353
Eligible Enrollees, STAR SSI= 7,248

STAR MCOs - September 1, 2004 to August 31, 2005



Reference: STAR SSI Table PI-3

Key Points:

1. Cervical cancer is the third most common type of cancer in women. Since the Pap smear was introduced half a century ago, it has been responsible for a 70 percent to 80 percent decrease in death rates from cervical cancer across entire populations.[10]

[10] 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. Forty-nine percent of STAR members eligible for this measure were in the TANF population with the remaining 51 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-four percent of female TANF enrollees and 35 percent of female SSI enrollees between the ages of 21 and 64 received a Pap test compared to 64 percent of female enrollees in Medicaid plans reporting to NCQA.

4. A higher percentage of PCCM and FFS TANF-eligible enrollees received cervical cancer screening compared to TANF-eligible STAR MCO Program enrollees. Sixty-seven percent of PCCM TANF-eligible enrollees and 68 percent of FFS TANF-eligible enrollees received cervical cancer screening. Both programs exceeded the HEDIS® mean of 64 percent.

5. For SSI-eligible enrollees, a higher percentage of PCCM enrollees received cervical cancer screening compared to STAR MCO Program enrollees while a lower percentage of FFS enrollees received screening.

6. In the STAR MCO Program, there was some variability among health plan performance for both TANF and SSI enrollees. Texas Children's exhibited the lowest percent of women receiving cervical cancer screening for both TANF and SSI enrollees (41 percent and 21 percent, respectively).

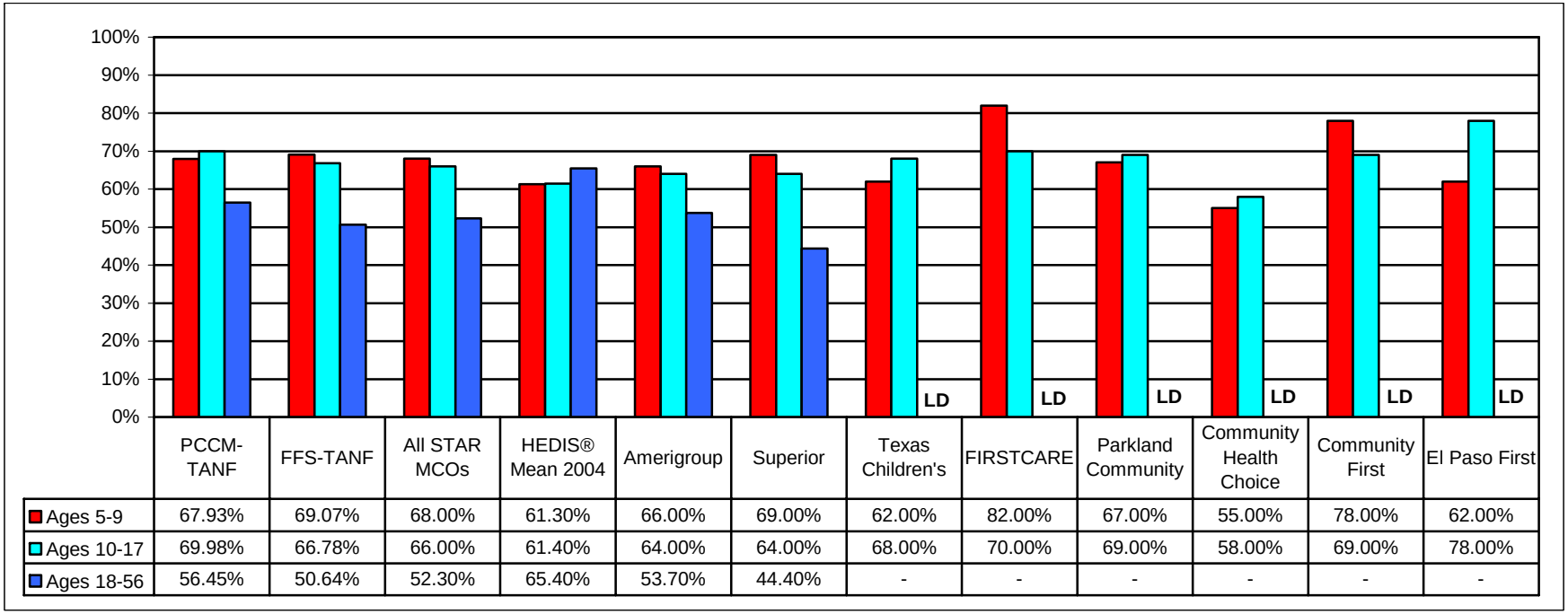
7. Due to the efficacy of cervical cancer screening efforts, Texas should consider developing strategies to increase rates among the STAR MCO Program. Texas should consider identifying successful strategies employed in the PCCM and FFS Programs and applying them to the STAR MCO Program. The preceding discussion related to breast cancer screening applies to cervical cancer screening. Strategies that take into consideration the high Hispanic population in Texas should be considered. Women at the greatest risk for inadequate preventive care, including cervical cancer screening, are those who are Hispanic, poorly educated, have inadequate knowledge about cancer risks in women, and have poor social support at home.[11]

[11] Behbakht K., A. Lynch, S.Teal, K. Degeest, and S., Massad. "Social and cultural barriers to Papanicolaou test screening in an urban population." *Obstetrics and Gynecology*. 12;104 (6): 1355-61.

Chart 29. HEDIS® Use of Appropriate Medication for People with Asthma-TANF

STAR MCOs - September 1, 2004 to August 31, 2005

PCCM-TANF Enrollees:	Children =	2,635	Adolescents =	2,255	Adults =	186
FFS-TANF Enrollees:	Children =	10,836	Adolescents =	8,306	Adults =	1,169
STAR TANF Enrollees:	Children =	3,627	Adolescents =	2,916	Adults =	258



	PCCM-TANF	FFS-TANF	All STAR MCOs	HEDIS® Mean 2004	Amerigroup	Superior	Texas Children's	FIRSTCARE	Parkland Community	Community Health Choice	Community First	El Paso First
Ages 5-9	67.93%	69.07%	68.00%	61.30%	66.00%	69.00%	62.00%	82.00%	67.00%	55.00%	78.00%	62.00%
Ages 10-17	69.98%	66.78%	66.00%	61.40%	64.00%	64.00%	68.00%	70.00%	69.00%	58.00%	69.00%	78.00%
Ages 18-56	56.45%	50.64%	52.30%	65.40%	53.70%	44.40%	-	-	-	-	-	-

Reference: STAR TANF Table PI-4

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

Note: Data for this quarterly reporting period for this indicator are not comparable to annual data presented in the previous STAR MCO Program Annual Chart Book as the annual chart book used 18 months of pharmacy data and this report includes 2 years of data per HEDIS® specifications. The current measurement period includes a higher number of enrollees diagnosed with asthma.

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 exceeded the HEDIS® 2004 mean for both children and adolescents. Sixty-eight percent of STAR TANF enrollees, ages five through nine, received appropriate asthma medications compared to 61 percent of enrollees of Medicaid plans reporting to NCQA. Sixty-six percent of adolescents, ages 10 through 17, received appropriate medications compared to the national average of 61 percent. With the exception of Community Health Choice's performance with both children and adolescents, all STAR MCOs performed better than the HEDIS® average for both age groups.

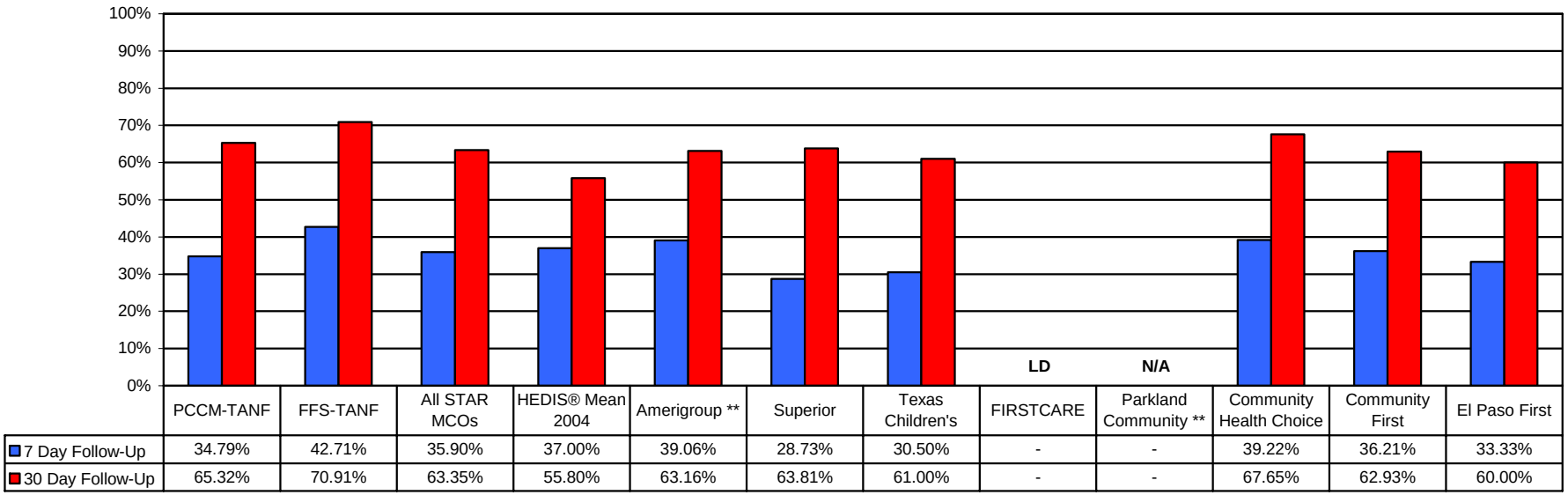
2. STAR MCO performance for TANF enrollees, ages 18-56 years old, is difficult to assess. All MCOs except Amerigroup and Superior had fewer than 30 adult TANF enrollees diagnosed with asthma.

3. Overall, 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 30. HEDIS® Follow-Up after Hospitalization for Mental Illness-TANF

Mental Health Hospitalizations, PCCM-TANF= 914
Mental Health Hospitalizations, FFS-TANF= 7,686
Mental Health Hospitalizations, STAR TANF= 1,457

STAR MCOs - September 1, 2004 to August 31, 2005



	PCCM-TANF	FFS-TANF	All STAR MCOs	HEDIS® Mean 2004	Amerigroup **	Superior	Texas Children's	FIRSTCARE	Parkland Community **	Community Health Choice	Community First	El Paso First
7 Day Follow-Up	34.79%	42.71%	35.90%	37.00%	39.06%	28.73%	30.50%	-	-	39.22%	36.21%	33.33%
30 Day Follow-Up	65.32%	70.91%	63.35%	55.80%	63.16%	63.81%	61.00%	-	-	67.65%	62.93%	60.00%

Reference: STAR TANF Table PI-5

**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: Due to inability to consistently identify provider type in the encounter data, MH follow-up is defined by diagnosis code on subsequent visits rather than provider type as specified by HEDIS®.

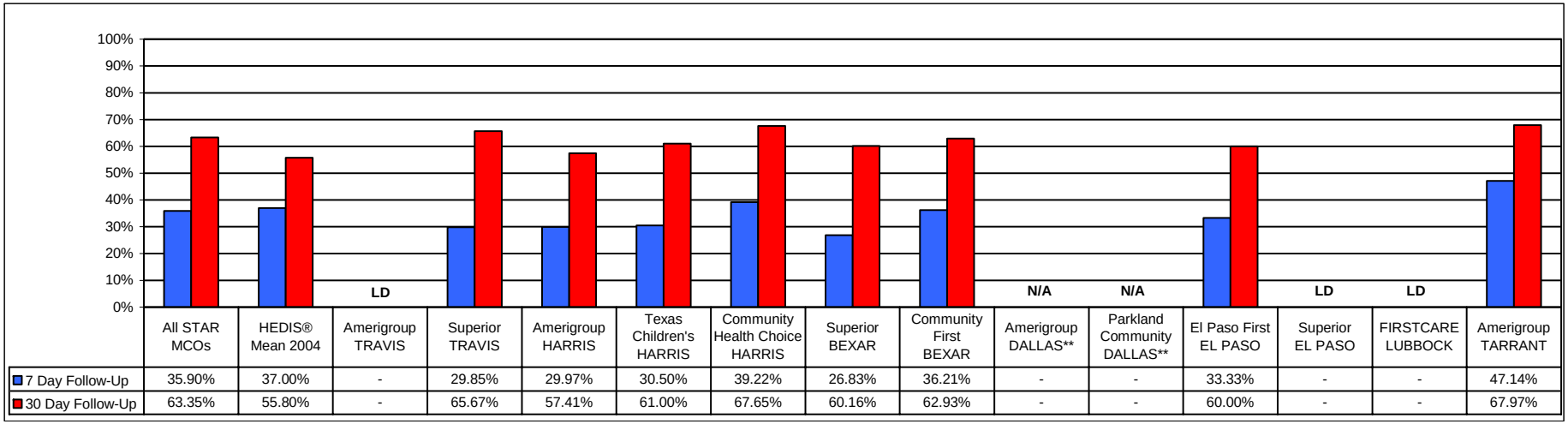
Note: LD (Low Denominator) indicates number of members eligible for the measure less than 30 with rate not reported. Eligible members are included in overall STAR rates.

Note: Charts 30, 31, and 32 should be viewed together. Key points follow Chart 32.

Chart 31. HEDIS® Follow-Up after Hospitalization for Mental Illness-TANF/SDA Breakout

STAR MCOs - September 1, 2004 to August 31, 2005

TANF Mental Health Hospitalizations = 1,457



	All STAR MCOs	HEDIS® Mean 2004	Amerigroup TRAVIS	Superior TRAVIS	Amerigroup HARRIS	Texas Children's HARRIS	Community Health Choice HARRIS	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	35.90%	37.00%	-	29.85%	29.97%	30.50%	39.22%	26.83%	36.21%	-	-	33.33%	-	-	47.14%
30 Day Follow-Up	63.35%	55.80%	-	65.67%	57.41%	61.00%	67.65%	60.16%	62.93%	-	-	60.00%	-	-	67.97%

Reference: STAR TANF Table PI-5

		Travis	Harris	Bexar	Dallas	El Paso	Lubbock	Tarrant
SDA MEAN	7-Day	29.68%	31.66%	31.38%	N/A	34.15%	LD	47.14%
	30-Day	65.16%	60.26%	61.51%	N/A	65.85%	LD	67.97%

**Note: N/A 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: Due to inability to consistently identify provider type in the encounter data, mental health follow-up is defined by diagnosis code on subsequent visits rather than provider type as specified by HEDIS®.

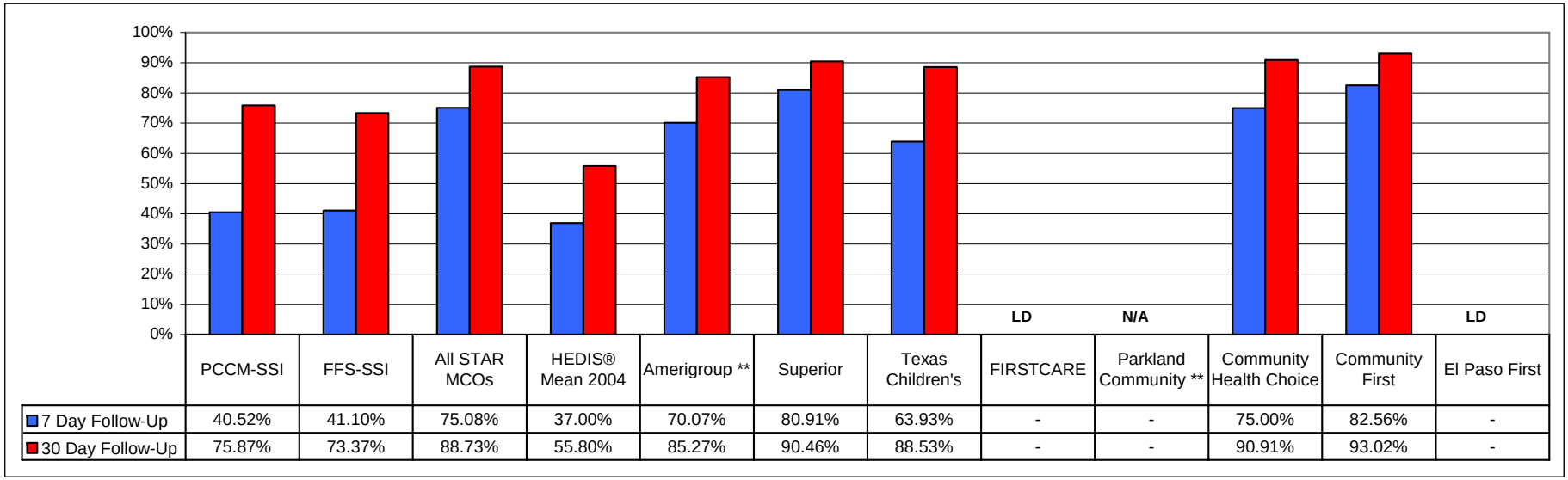
Note: LD (Low Denominator) indicates number of members eligible for the measure less than 30 with rate not reported. Eligible members are included in overall SDA and STAR rates.

Note: Charts 30, 31, and 32 should be viewed together. Key points follow Chart 32.

Chart 32. HEDIS® Follow-Up after Hospitalization for Mental Illness-SSI

Mental Health Hospitalizations, PCCM-SSI= 1,641
Mental Health Hospitalizations, FFS-SSI= 6,981
Mental Health Hospitalizations, STAR SSI= 967

STAR MCOs - September 1, 2004 to August 31, 2005



	PCCM-SSI	FFS-SSI	All STAR MCOs	HEDIS® Mean 2004	Amerigroup **	Superior	Texas Children's	FIRSTCARE	Parkland Community **	Community Health Choice	Community First	El Paso First
7 Day Follow-Up	40.52%	41.10%	75.08%	37.00%	70.07%	80.91%	63.93%	-	-	75.00%	82.56%	-
30 Day Follow-Up	75.87%	73.37%	88.73%	55.80%	85.27%	90.46%	88.53%	-	-	90.91%	93.02%	-

Reference: STAR SSI Table PI-5

**Note: N/A 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: Due to inability to consistently identify provider type in the encounter data, mental health follow-up is defined by diagnosis code on subsequent visits rather than provider type as specified by HEDIS®.

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.[12] HEDIS® contains a measure designed to assess outpatient follow-up at 7 days and 30 days after an inpatient stay for mental illness.

2. Results for both TANF and SSI enrollees are provided for this indicator. Sixty percent of STAR mental health hospitalizations occurred in the TANF population with the remaining 40 percent in the SSI population.

3. Thirty-six percent of STAR TANF enrollees had an outpatient follow-up within seven days of an inpatient admission for mental illness compared to 75 percent of SSI enrollees and 37 percent of enrollees in Medicaid plans reporting to NCQA. Sixty-three percent of TANF enrollees had a follow-up visit within 30 days compared to 89 percent of SSI enrollees and 56 percent of enrollees reported in the HEDIS® mean (See Charts 30 and 32).

4. For TANF enrollees, the seven day follow-up for enrollees in all SDAs was below the HEDIS® mean with the exception of Tarrant. Forty-seven percent of TANF enrollees served in the Tarrant SDA received follow-up care after being discharged from a psychiatric inpatient stay compared to the HEDIS® mean of 37 percent (See Chart 31).

5. Overall, follow-up rates for TANF-eligible PCCM and FFS enrollees were comparable to that of TANF-eligible STAR MCO Program enrollees.

6. Follow-up rates for SSI enrollees for all health plans exceeded the HEDIS® mean. This is possibly indicative of the severity evidenced by SSI enrollees as the more severely ill. This could possibly result in more intensive aftercare services than TANF enrollees require.

7. Overall, follow-up rates for SSI-eligible PCCM and FFS enrollees were slightly lower than that of SSI-eligible STAR MCO Program enrollees.

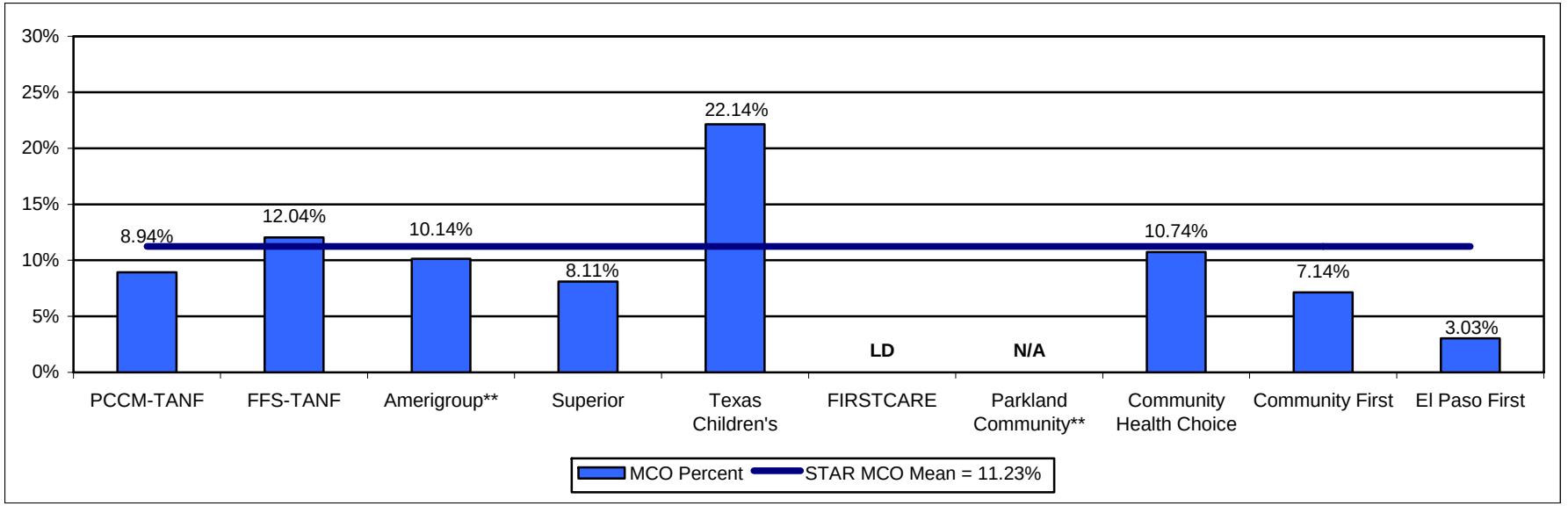
8. Overall, the results for this quality of care indicator are positive for the STAR program relative to Medicaid plans reporting to NCQA. While there is some variation, the MCOs should be provided encouragement to continue to perform well on this measure to ensure continued high quality of care for this vulnerable population.

[12] 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 33. Readmission within 30 Days after an Inpatient Stay for Mental Health-TANF

Mental Health Inpatient Stays, PCCM-TANF= 1,029
Mental Health Inpatient Stays, FFS-TANF= 8,761
Mental Health Inpatient Stays, STAR TANF= 1,674

STAR MCOs - September 1, 2004 to August 31, 2005



Reference: STAR TANF Table PI-6

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

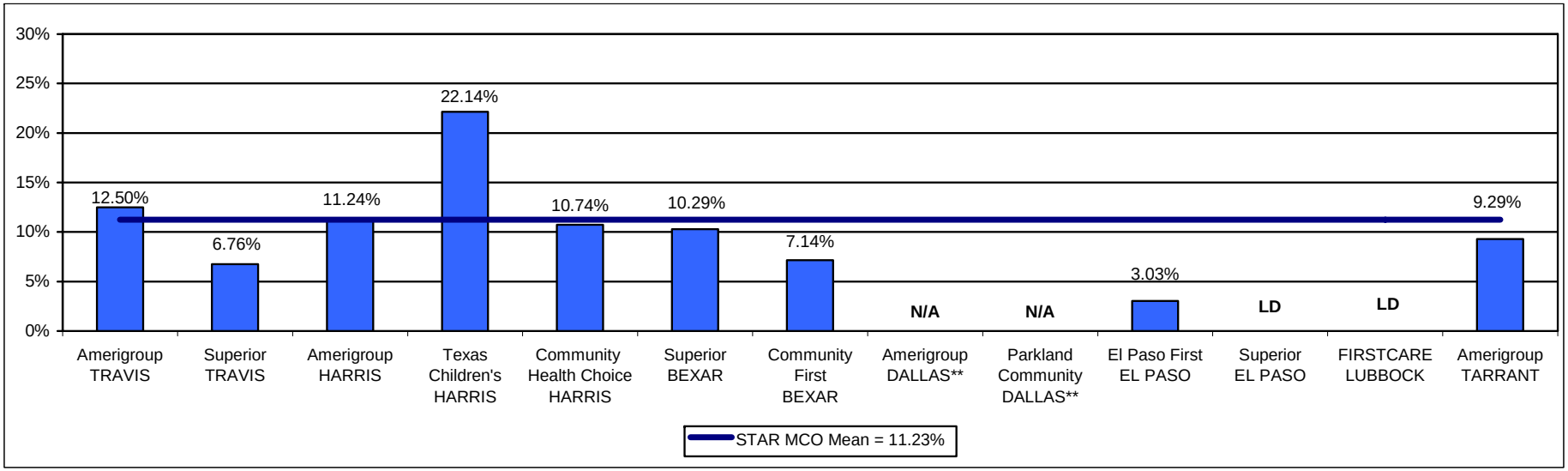
Note: LD (Low Denominator) indicates number of members eligible for the measure less than 30 with rate not reported. Eligible members are included in overall STAR rates.

Note: Charts 33, 34, and 35 should be viewed together. Key points follow Chart 35.

Chart 34. Readmission within 30 Days after an Inpatient Stay for Mental Health-TANF/SDA Breakout

STAR MCOs - September 1, 2004 to August 31, 2005

TANF Mental Health Inpatient Stays = 1,674



Reference: STAR TANF Table PI-6

SDA	Travis	Harris	Bexar	Dallas	El Paso	Lubbock	Tarrant
MEAN	7.56%	15.02%	8.88%	N/A	6.52%	LD	9.29%

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

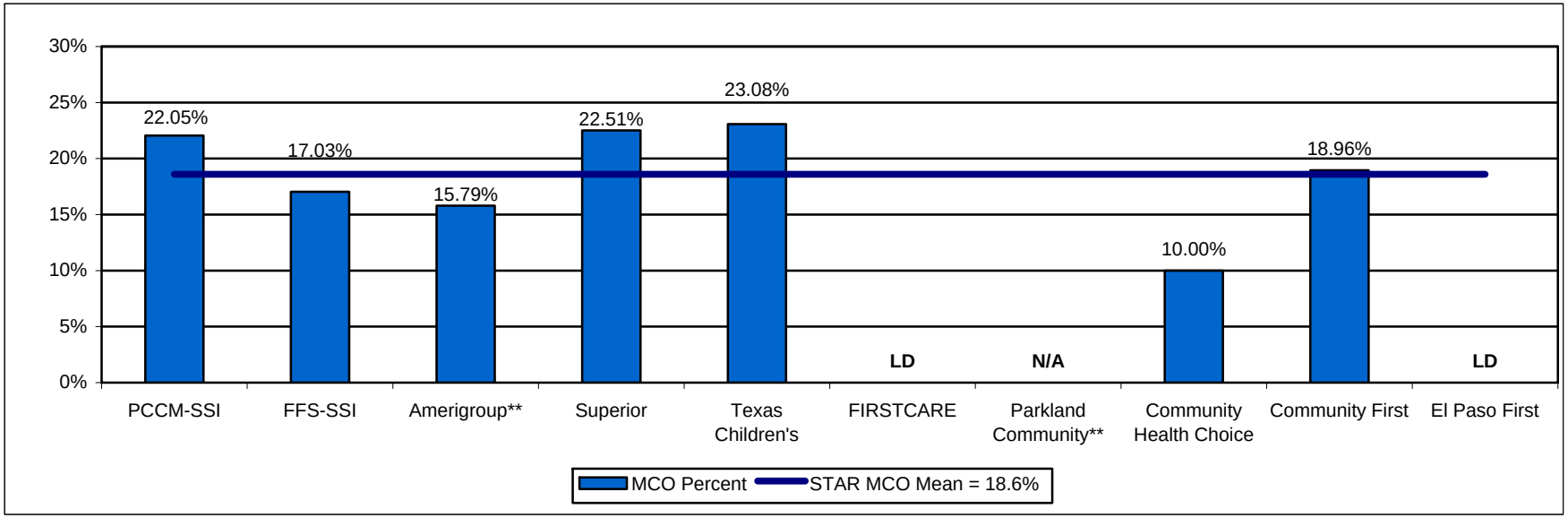
Note: LD (Low Denominator) indicates number of members eligible for the measure less than 30 with rate not reported. Eligible members are included in overall STAR rates.

Note: Charts 33, 34, and 35 should be viewed together. Key points follow Chart 35.

Chart 35. Readmission within 30 Days after an Inpatient Stay for Mental Health-SSI

Mental Health Inpatient Stays, PCCM-SSI= 2,082
Mental Health Inpatient Stays, FFS-SSI= 8,572
Mental Health Inpatient Stays, STAR SSI= 1,215

STAR MCOs - September 1, 2004 to August 31, 2005



Reference: STAR SSI Table PI-6

**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.[13,14] For that reason, mental health readmissions are frequently used as a measure of an adverse outcome.[15]

2. Results for both TANF and SSI enrollees are provided for this indicator. Fifty-eight percent of STAR mental health hospitalizations occurred in the TANF population with the remaining 42 percent occurring in the SSI population.

3. National comparison data is not available for this measure; however, 11 percent of TANF-eligible enrollees who were hospitalized for a mental health problem were readmitted to an inpatient facility within 30 days of discharge. Nineteen percent of SSI-eligible enrollees were readmitted within 30 days after a mental health inpatient stay.

4. For TANF enrollees, there was some variability in STAR MCO Program plan performance with El Paso First having three percent of enrollees readmitted to an inpatient facility within 30 days and Texas Children's having 22 percent of enrollees readmitted to a hospital within 30 days of a mental health inpatient stay (See Chart 33).

5. While the percentage of SSI-eligible PCCM enrollees who were readmitted to an inpatient facility within 30 days was higher than that of SSI-eligible STAR MCO Program enrollees (22 percent compared to 19 percent), results for SSI-eligible FFS enrollees were lower than that of SSI-eligible enrollees in the STAR MCO Program (17 percent compared to 19 percent). Results for TANF-eligible PCCM, FFS, and STAR MCO Program enrollees were within 3 percentage points of each other.

6. There was some variability in STAR MCO Program plan performance for SSI enrollees with Community Health Choice having ten percent of their enrollees readmitted to an inpatient facility within 30 days and Texas Children's having 23 percent of enrollees readmitted to a hospital within 30 days of a mental health inpatient stay.

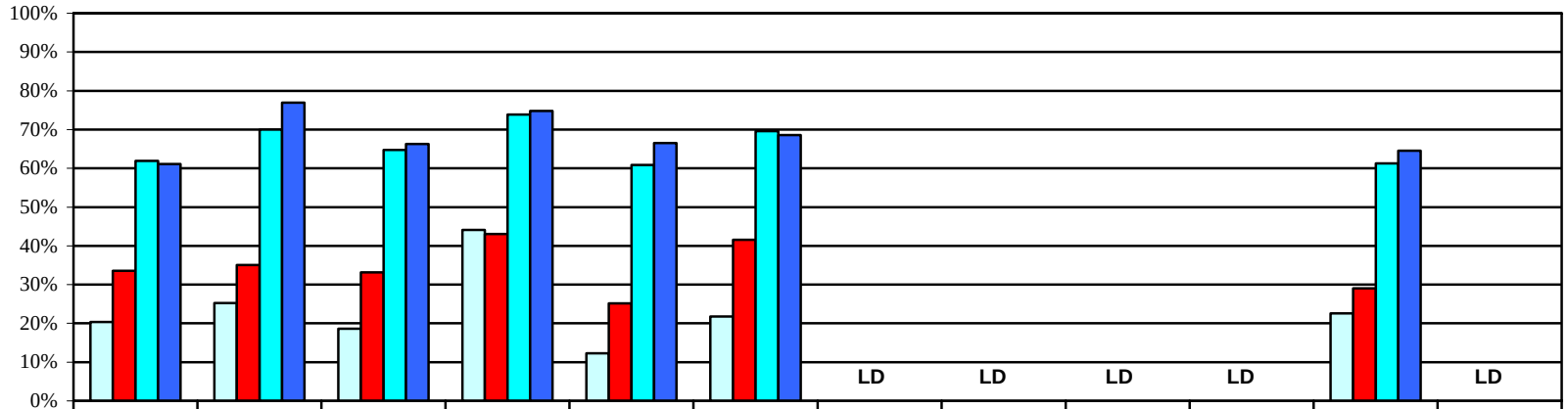
7. Many factors can influence readmission to a mental health facility, including patient severity, family resources, after care planning, and community supports. Texas should consider identifying plans that have performed well on this indicator and request that they analyze and disseminate successful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

[13] 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.
[14] 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.
[15] 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 36. HEDIS® Comprehensive Diabetes Care–TANF (administrative data component only)

Eligible Enrollees, PCCM-TANF= 265
Eligible Enrollees, FFS-TANF= 3,817
Eligible Enrollees, STAR TANF= 516

STAR MCOs - March 1, 2004 to February 28, 2005



	PCCM-TANF	FFS-TANF	All STAR MCOs	HEDIS® Mean 2004	Amerigroup	Superior	Texas Children's	FIRSTCARE	Parkland Community	Community Health Choice	Community First	El Paso First
% with Eye Exams	20.38%	25.23%	18.61%	44.10%	12.29%	21.74%	-	-	-	-	22.58%	-
% Diabetic Nephropathy	33.58%	35.05%	33.14%	43.10%	25.14%	41.55%	-	-	-	-	29.03%	-
% HbA1c Testing	61.89%	70.00%	64.73%	73.90%	60.89%	69.57%	-	-	-	-	61.29%	-
% LDL-C Screening	61.13%	76.95%	66.28%	74.80%	66.48%	68.60%	-	-	-	-	64.52%	-

Reference: STAR TANF Table PI-7

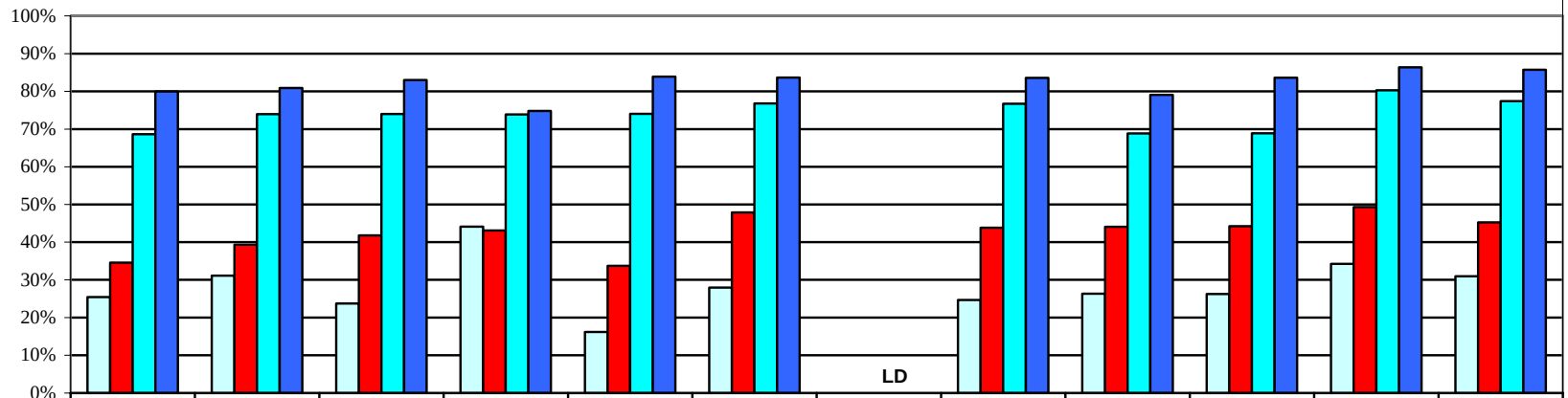
Note: LD (Low Denominator) indicates number of members eligible for the measure less than 30 with rate not reported. Eligible members are included in overall STAR rates.

Note: Charts 36, 37, and 38 should be viewed together. Key points follow Chart 38.

Chart 37. HEDIS® Comprehensive Diabetes Care–SSI (administrative data component only)

Eligible Enrollees, PCCM-SSI= 2,347
Eligible Enrollees, FFS-SSI= 25,462
Eligible Enrollees, STAR SSI= 3,071

STAR MCOs - September 1, 2004 to August 31, 2005



	PCCM-SSI	FFS-SSI	All STAR MCOs	HEDIS® Mean 2004	Amerigroup	Superior	Texas Children's	FIRSTCARE	Parkland Community	Community Health Choice	Community First	El Paso First
% with Eye Exams	25.44%	31.13%	23.74%	44.10%	16.17%	27.96%	-	24.66%	26.35%	26.23%	34.27%	30.95%
% Diabetic Nephropathy	34.55%	39.31%	41.78%	43.10%	33.74%	47.87%	-	43.84%	44.05%	44.26%	49.30%	45.24%
% HbA1c Testing	68.64%	73.94%	74.02%	73.90%	74.02%	76.78%	-	76.71%	68.84%	68.85%	80.28%	77.38%
% LDL-C Screening	79.97%	80.92%	82.97%	74.80%	83.93%	83.65%	-	83.56%	79.04%	83.61%	86.39%	85.71%

Reference: STAR SSI Table PI-7

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.

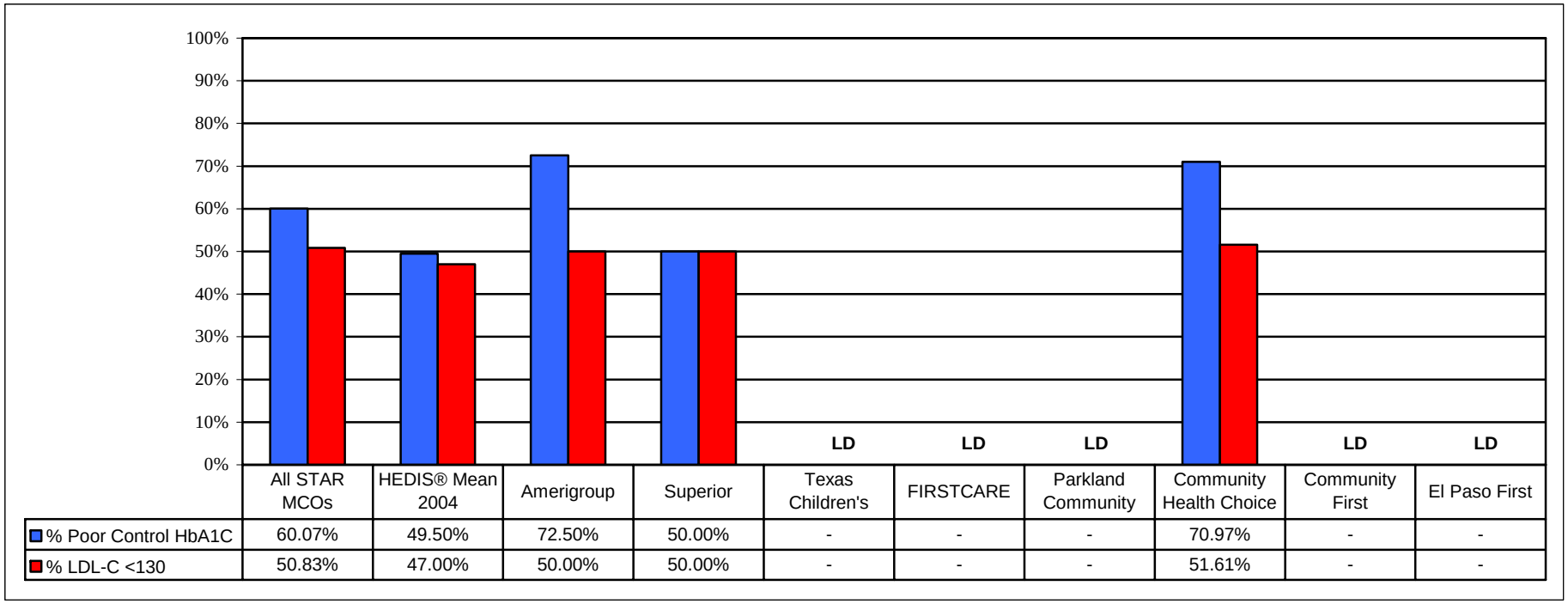
Note: Charts 36, 37, and 38 should be viewed together. Key points follow Chart 38.

Chart 38. HEDIS® Comprehensive Diabetes Care–TANF (medical record review component only)

Total STAR Sample Reviewed = 303

STAR MCOs - January 1, 2004 to December 31, 2004

Eligible Enrollees, STAR TANF= 489



	All STAR MCOs	HEDIS® Mean 2004	Amerigroup	Superior	Texas Children's	FIRSTCARE	Parkland Community	Community Health Choice	Community First	El Paso First
% Poor Control HbA1C	60.07%	49.50%	72.50%	50.00%	-	-	-	70.97%	-	-
% LDL-C <130	50.83%	47.00%	50.00%	50.00%	-	-	-	51.61%	-	-

Reference: STAR TANF Table PI-7-H

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: "Poor Control HbA1C" means a lower rate indicates better performance (i.e., low rates of poor control indicate better care).

Key Points:

1. Diabetes is the sixth leading cause 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.

2. HEDIS® technical specifications for the Comprehensive Diabetes Care measures allow for the use of administrative or 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 36 and 37). 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 38). 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, 2004, through December 31, 2004.

3. Results are shown for both TANF and SSI enrollees for the administrative component of this measure. Only 14 percent of STAR members eligible for this measure were in the TANF population with the remaining 86 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. For SSI enrollees, two of the measures, HbA1C testing and LDL-C screening, either approximated or exceeded the HEDIS® mean. The remaining two measures for SSI enrollees and all four measures for TANF enrollees fell short of the HEDIS® average indicating an opportunity for improvement.

5. Overall, administrative component results for both TANF and SSI-eligible PCCM and FFS enrollees were comparable to overall results for TANF and SSI-eligible STAR MCO Program enrollees.

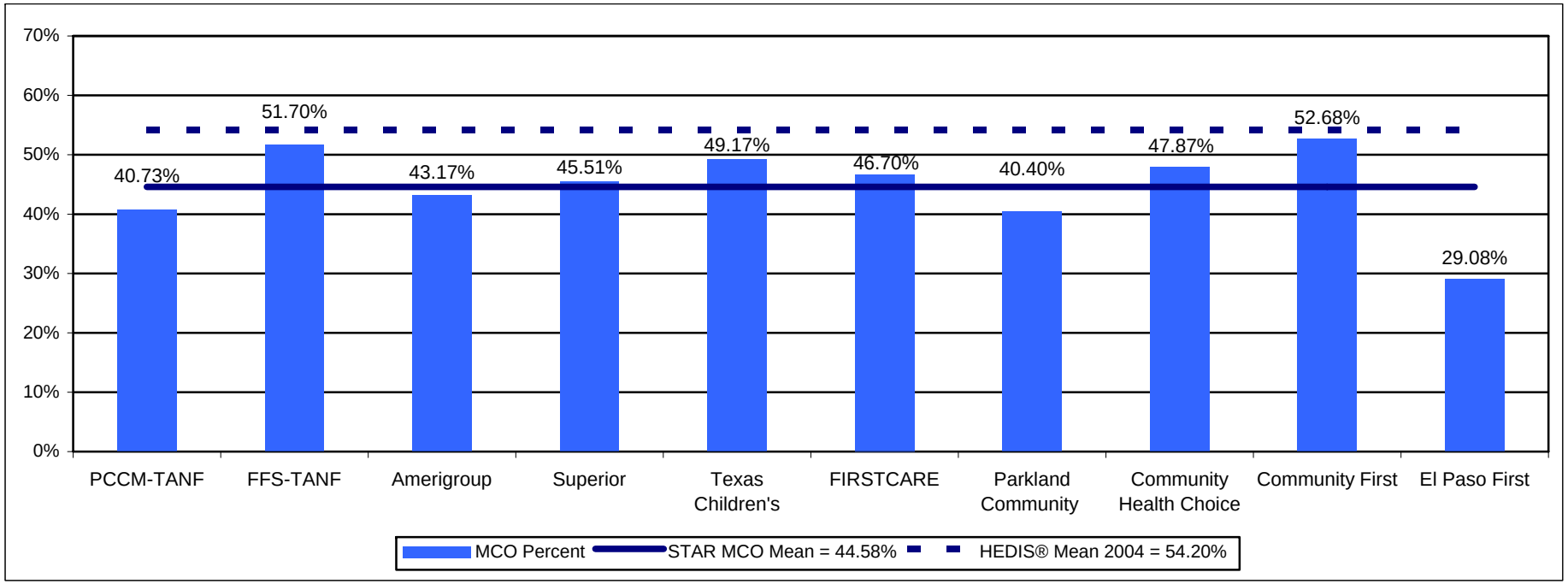
6. The medical record review component was conducted only with the TANF population in response to HHSC's request to focus on that population. Because there are substantially fewer members eligible for this measure in the TANF population, HHSC should consider expanding to include both TANF and SSI enrollees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

7. Of the three MCOs with an adequate sample to report a rate, all three performed above the HEDIS® mean for maintaining LDL-C in control at less than 130. Superior also reported a poor control of HbA1C rate at 50 percent comparable to the HEDIS® mean. Amerigroup and Community Health Choice demonstrated poorer performance at over 70 percent.

Chart 39. HEDIS® Appropriate Testing for Children with Pharyngitis-TANF

Eligible Children, PCCM-TANF= 12,673
Eligible Children, FFS-TANF= 41,140
Eligible Children, STAR TANF= 31,057

STAR MCOs - September 1, 2004 to August 31, 2005



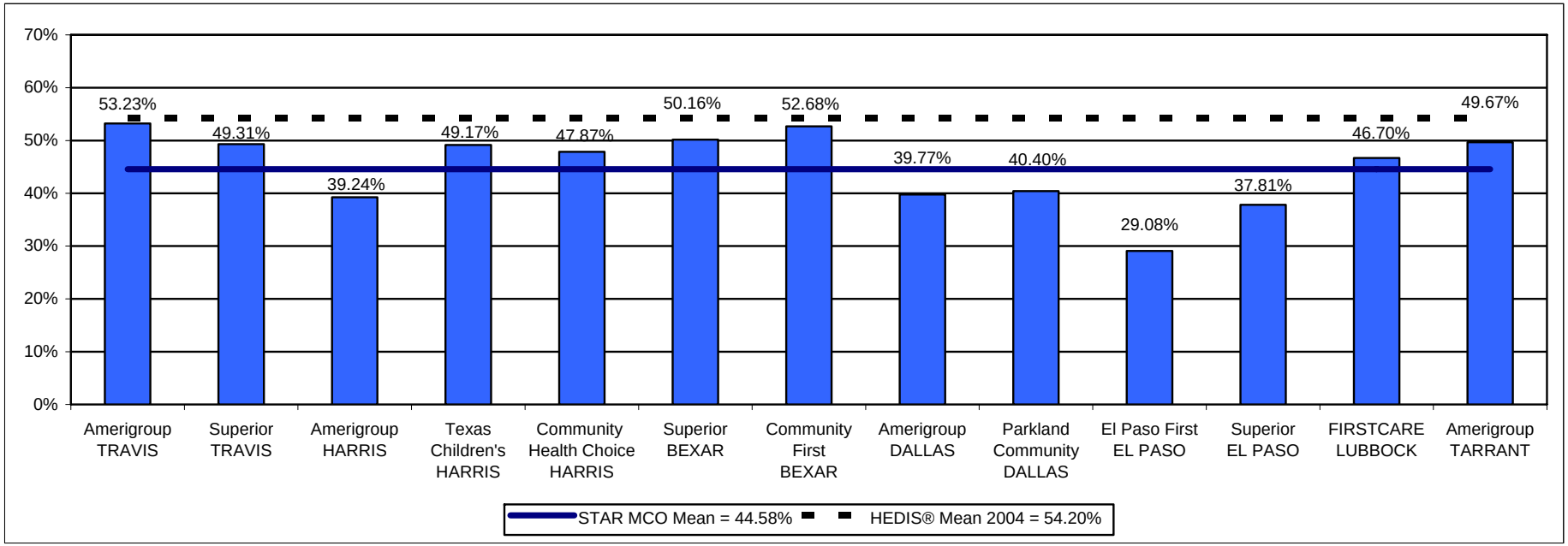
Reference: STAR TANF PI-14

Note: Charts 39 and 40 should be viewed together. Key points follow Chart 40.

Chart 40. HEDIS® Appropriate Testing for Children with Pharyngitis–TANF/SDA Breakout

STAR MCOs by SDA - September 1, 2004 to August 31, 2005

TANF Eligible Children = 31,057



Reference: STAR TANF PI-14

Key Points:

1. Sore throat is one of the most common reasons for a child to visit their Primary Care Provider.[16] While most children with a sore throat have an infectious cause (pharyngitis), fewer than 20 percent have a clear indication for antibiotic therapy (i.e., group A beta-hemolytic streptococcal infection).[17] Due to concerns with antibiotic resistance and inappropriate use of antibiotic medications, testing of children presenting to their Primary Care Provider with sore throats is warranted.

2. Overall, 45 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 54 percent.

3. Results for TANF-eligible PCCM enrollees were lower than that of STAR MCO Program enrollees (41 percent compared to 45 percent). Results for TANF-eligible FFS enrollees were higher than that of enrollees in the STAR MCO Program (52 percent compared to 45 percent).

4. These findings show a great deal of variability among the STAR MCOs. Community First and Texas Children's had the highest percent of children who received appropriate testing (53 percent and 49 percent, respectively). El Paso First had the lowest percentage of enrollees who received appropriate testing (29 percent).

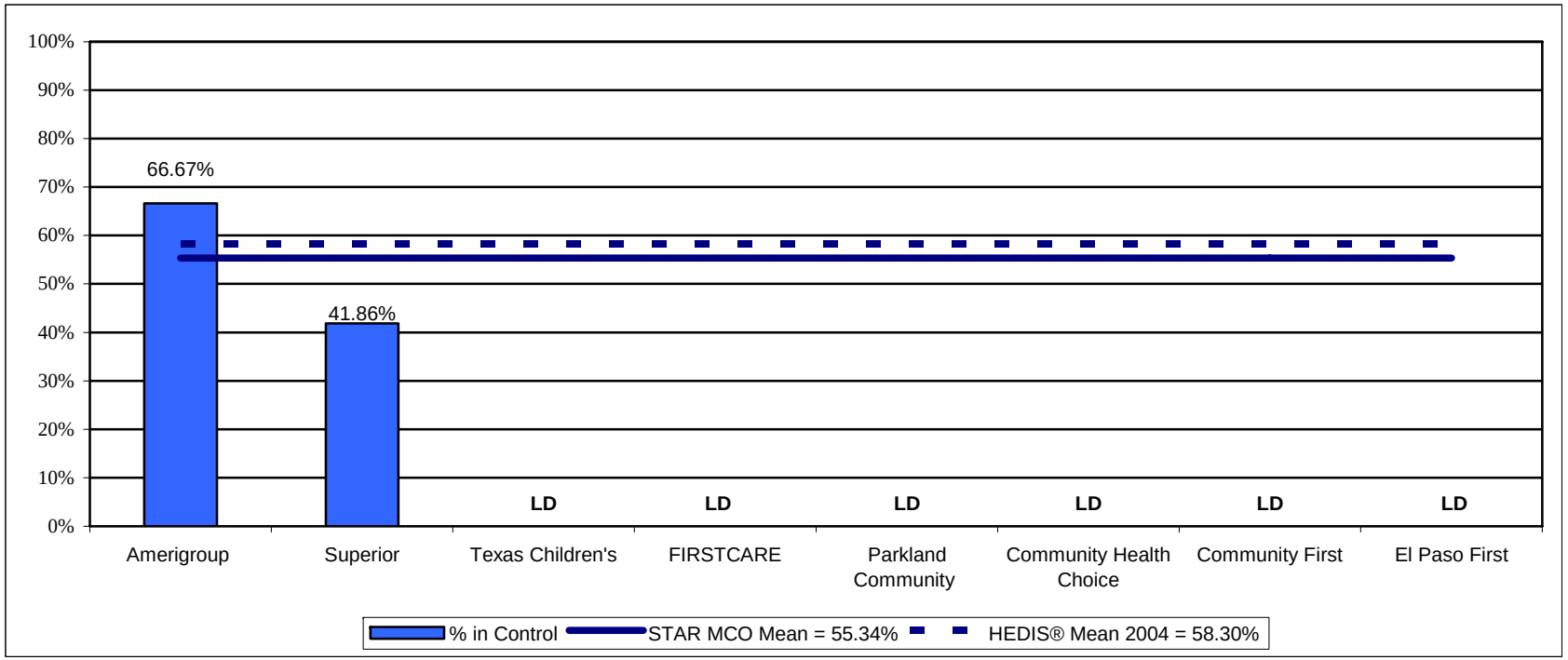
5. Due to the overall low performance of the STAR MCO Program, it is suggested that the MCOs develop strategies to increase appropriate testing of children presenting to Primary Care Providers with sore throats.

[16] Gerber, M.A.. 1998. "Diagnosis of group A streptococcal pharyngitis." Pediatric Annals. 27: 269-73
[17] Vincent, M.T. 2004. "Pharyngitis." American Family Physician. 69: 1465-70.

Chart 41. HEDIS® Controlling High Blood Pressure –TANF

Total STAR Sample Reviewed = 103
Eligible Enrollees, STAR TANF= 170

STAR MCOs - January 1, 2004 to December 31, 2004



Reference: STAR TANF Table PI-15

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. Recent data from the National Health and Nutrition Examination Survey (NHANES) show that over 50 million Americans have high blood pressure warranting some form of medical treatment.[18] Also, 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.[19]

2. Chart 41 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. This measure is reported annually because it is based solely upon medical record review. 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, 2004, through December 31, 2004.

3. Overall, 55 percent of eligible STAR MCO Program enrollees had adequately controlled high blood pressure. This figure compares favorably with the 58 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 fit the age criteria. These two MCOs demonstrated variation in the percent of eligible members who had adequately controlled blood pressure with Amerigroup at 67 percent and Superior at 42 percent.

4. The medical record review component was conducted only with the TANF population in response to 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.

[18] 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.
[19] World Health Report 2002: Reducing risks, promoting healthy life. Geneva, Switzerland: World Health Organization, 2002. http://www.who.int/whr/2002.