Annual Chart Book

Fiscal Year 2007

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 Program in Texas. This update is for September 1, 2006, to August 31, 2007, covering State Fiscal Year (SFY) 2007. Results for the quality of care measures are presented at the individual managed care organization (MCO) and service delivery area (SDA) levels. When possible, comparisons to national data are provided. This year's rates are presented for the Temporary Assistance for Needy Families (TANF) and Supplemental Security Income (SSI) populations combined. This is a change since the last reporting period, when these populations were reported separately. The two populations were initially reported as separate groups because they are unique (a general Medicaid population, TANF versus those with special health care needs, SSI) and because the STAR MCOs are not responsible for payment of services for SSI clients. However, the Texas Health and Human Services Commission (HHSC) requested that we combine the two populations for the current report, because the MCOs are responsible for care coordination for the SSI population and therefore influence the quality of care these beneficiaries receive.

The present report produced rates for the Healthcare Effectiveness Data and Information Set (HEDIS®) measures using a 2008 National Committee for Quality Assurance (NCQA) certified software tool. HHSC approved the use of this software so that all HEDIS® results could be reported using a tool recognized by the NCQA. In the past, the HEDIS® measures were calculated using programming code developed by the Institute for Child Health Policy (ICHP). After discussion with HHSC, ICHP developed a methodology to allow for flexibility in the provider specialty codes used in the HEDIS® measures. Following NCQA specifications, the certified software tool requires validation of the provider specialty against the type of service rendered before a beneficiary can be considered eligible for inclusion in a HEDIS® measure. This year, ICHP modified the NCQA specifications to lift these provider constraints when determining eligibility for HEDIS® measures. Provider specialty codes are an important component for some HEDIS® measures and lifting the provider constraint may result in some rate inflation for these measures. For example, NCQA specifications require that a mental health provider be the provider of record for a beneficiary to be considered compliant with the HEDIS® measures for seven-day and 30-day follow-up after an inpatient mental health stay. The current methodology allows any visit with a physician provider to count toward compliance with the mental health follow-up measures. This is only one example. The following HEDIS® measures rely on specific provider specialty codes:

- HEDIS® Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life
- HEDIS® Adolescent Well-Care Visits
- HEDIS® Prenatal Care
- HEDIS® Postpartum Care
- HEDIS® Cervical Cancer Screening
- HEDIS® Follow-Up after Hospitalization for Mental Illness
- HEDIS® Comprehensive Diabetes Care (Eye Exam Measure)
- Children's Access to Primary Care Practitioners

The STAR Program expanded in September 2006. Several HEDIS® measures rely on two years of claims and encounter data. Due to the limited availability of adequate claims and eligibility history for a portion of the population following the expansion, the measures were restricted to those that required up to one year of data. Hence, the following HEDIS® measures could not be reported this year:

1. Use of Appropriate Medications for People with Asthma. This measure requires two years of pharmacy and encounter data to identify a patient as having persistent asthma.
2. Breast Cancer Screening. This measure requires two years of encounter data to identify women who had a mammogram.
3. Well-Child Visits in the First 15 Months of Life.
4. Children and Adolescents' Access to Primary Care Practitioners (PCPs). Two of the age cohorts could not be reported because they require two years of encounter and enrollment data.

A 12-month time lag was used for the claims and encounter data. Prior analyses with Texas data showed that, on average, over 99 percent of the claims and encounters are complete by that time period.

This chart book contains the following quality of care indicators:

1) Descriptive Information
   - Total Unduplicated Members
   - Total Unduplicated Members by Race/Ethnicity

2) AHRQ Prevention and Pediatric Quality Indicators
   - AHRQ Adult Prevention Quality Indicators (PQIs)
   - AHRQ Pediatric Quality Indicators (PDIs)

3) Quality of Care

   - HEDIS® Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life
   - HEDIS® Adolescent Well-Care Visits
   - HEDIS® Prenatal Care
   - HEDIS® Postpartum Care
   - HEDIS® Cervical Cancer Screening
   - HEDIS® Follow-Up after Hospitalization for Mental Illness
   - Readmission within 30 Days after an Inpatient Stay for Mental Health
   - HEDIS® Comprehensive Diabetes Care (both administrative and record review components)
   - HEDIS® Appropriate Testing for Children with Pharyngitis
   - Children's Access to Primary Care Practitioners
   - HEDIS® Outpatient Drug Utilization

- Percent of Emergency Department Visits with a Primary Diagnosis of an Ambulatory Care Sensitive Condition (ACSC)
- Percent of Enrollees with One or More Emergency Department Visits Due to an Ambulatory Care Sensitive Condition (ACSC)
- Percent of Hospitalizations with a Primary Diagnosis of an Ambulatory Care Sensitive Condition (ACSC)
- Percent of Enrollees with One or More Hospital Stays Due to an Ambulatory Care Sensitive Condition (ACSC)

- HEDIS® Controlling High Blood Pressure

The charts provide results for the above listed indicators, distributed by MCO and by MCO/SDA group, allowing for comparison of findings across the 14 health plans that serve the STAR Program. The Community Health Choice MCO has been abbreviated as "CHC" and the UnitedHealthcare MCO has been abbreviated as "UHC" in the charts.

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 contain information about filled prescriptions, including the drug name, dose, date filled, and refill information.

Information regarding the calculation of all measures included in this report can be found in the document "Quality of Care Measures Technical Report Specifications, December 2008."[i] This document, prepared by the Institute for Child Health Policy, provides specifications for HEDIS® and other quality of care measures.

Whenever possible, comparisons are provided to other Medicaid Programs. NCQA gathers and compiles data from Medicaid managed care plans nationally.[ii] 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.[iii] NCQA reports the national results as a mean and at the 10th, 25th, 50th, 75th, and 90th percentiles for the participating plans. For comparison with the STAR Program findings, the Medicaid Managed Care Plans 2007 mean results are shown and labeled "HEDIS® Mean" in the graphs. This information is not available for all of the quality of care indicators.

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."[iv] 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. 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.

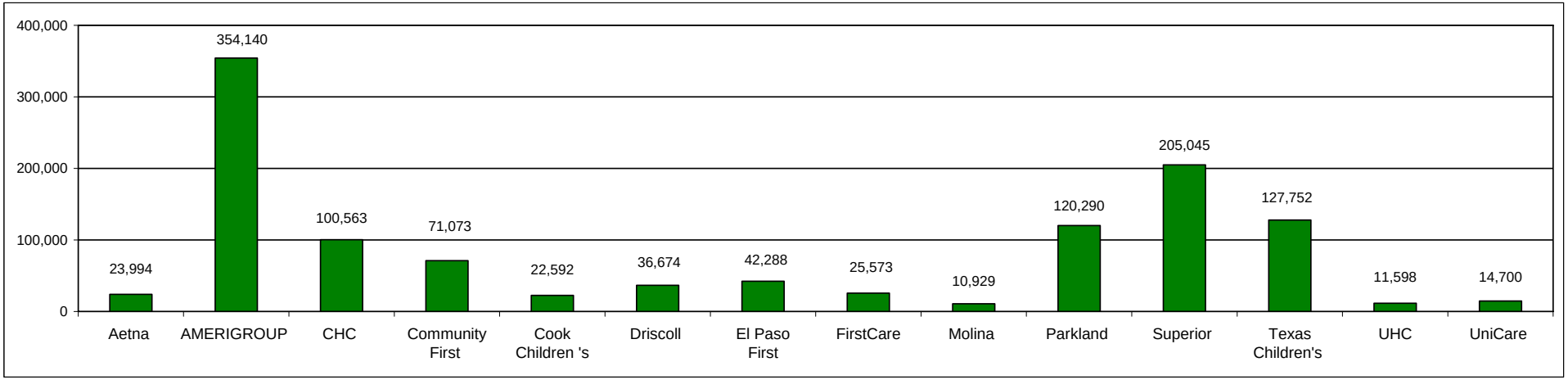
The following indicators were used to assess adult admissions for ambulatory care sensitive conditions: (1) Diabetes Short-term Complications; (2) Perforated Appendix; (3) Diabetes Long-term Complications; (4) Chronic Obstructive Pulmonary Disease; (5) Low Birth Weight; (6) Hypertension; (7) Congestive 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 was modified to include enrollees up to age 18.

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.[v] 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.

Chart 1. Total Unduplicated Members

STAR MCOs - August 2007 **STAR Unduplicated Members = 1,167,211**



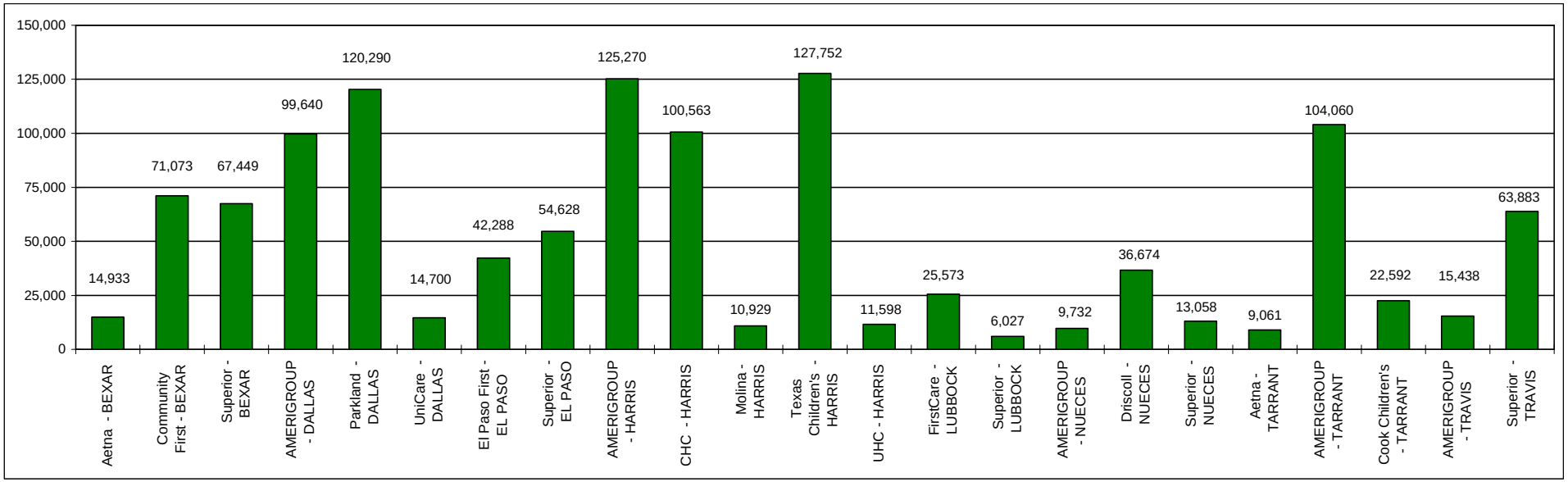
Reference : STAR Table 1
Note : The eligibility figures used in the chart are for August 2007.

Key Points:

1. Chart 1 provides the total number of unduplicated members enrolled in the STAR Program, distributed by managed care organization (MCO). In August 2007, there were 1,167,211 enrollees.
2. The MCO with the largest membership was AMERIGROUP at 30 percent of all STAR Program enrollees, followed by Superior at 18 percent, and Texas Children's at 11 percent.
3. STAR Program enrollees had a mean age of 8.46 years (SD 8.76).

Chart 2. Total Unduplicated Members – SDA Breakout

STAR MCOs - August 2007 **STAR Unduplicated Members = 1,167,211**



Reference : STAR Table 1

Note : The eligibility figures used in the chart are for August 2007.

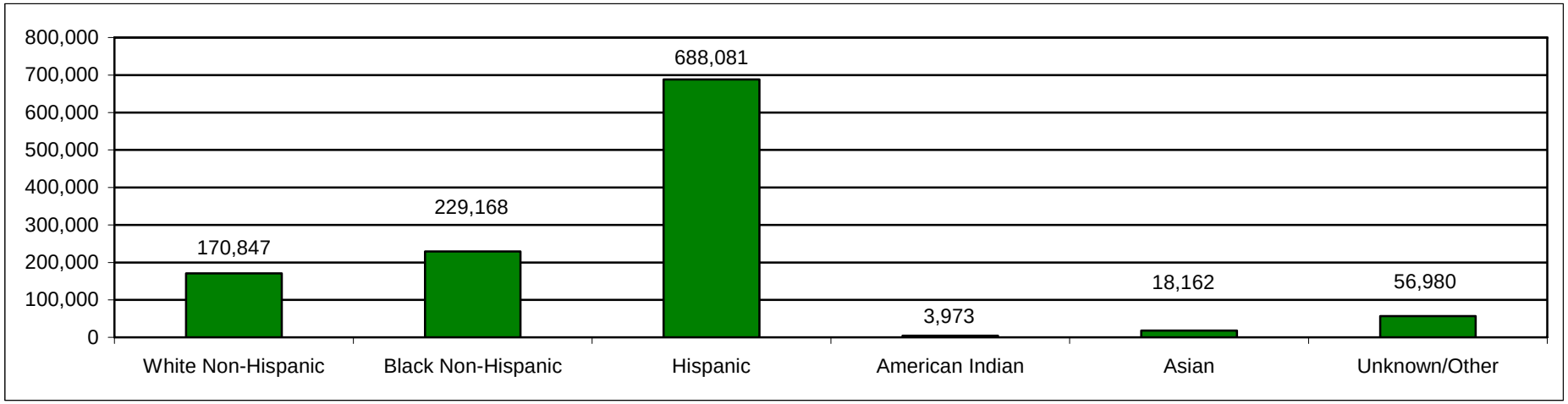
SDA	Bexar	Dallas	El Paso	Harris	Lubbock	Nueces	Tarrant	Travis
	153,455	234,630	96,916	376,112	31,600	59,464	135,713	79,321

Key Points:

1. Chart 2 presents the distribution of STAR Program members by MCO and Service Delivery Area (SDA). There were eight SDAs and 23 MCO/SDA groups in fiscal year 2007.
2. The SDA with the largest membership was Harris at 32 percent of STAR Program enrollees, served by five health plans: AMERIGROUP, Community Health Choice, UnitedHealthcare, Molina, and Texas Children's.
3. The three largest MCO/SDA groups were Texas Children's – Harris, AMERIGROUP – Harris, and Parkland Community – Dallas.

Chart 3. Total Unduplicated Members by Race/Ethnicity

STAR MCOs - August 2007 **STAR Unduplicated members = 1,167,211**



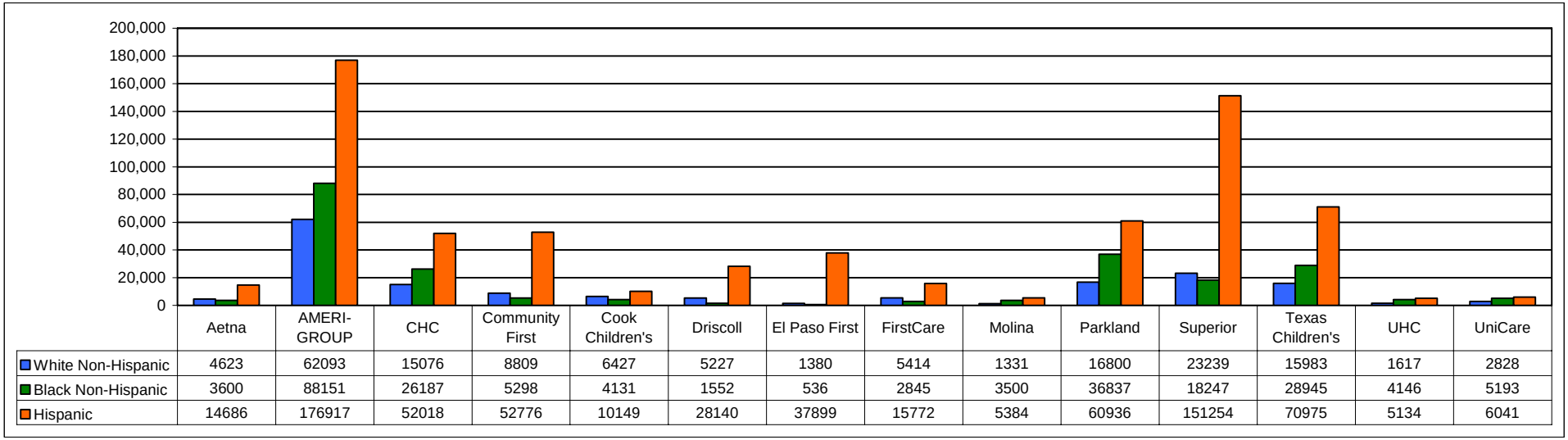
Reference : STAR Table 2
Note : The eligibility figures used in the chart are for August 2007.

Key Points:

1. Chart 3 presents the racial/ethnic distribution of STAR Program enrollees in August 2007.
2. The majority of STAR Program enrollees were Hispanic (59 percent), followed by Black, non-Hispanic (20 percent), and White, non-Hispanic (15 percent). Less than two percent of enrollees were American Indian (0.3 percent) or Asian (1.6 percent). Five percent of enrollees were of unknown or other race/ethnicity.

Chart 4. Total Unduplicated Members by Race/Ethnicity

STAR MCOs - August 2007 **STAR Unduplicated members = 1,167,211**



	Aetna	AMERI-GROUP	CHC	Community First	Cook Children's	Driscoll	El Paso First	FirstCare	Molina	Parkland	Superior	Texas Children's	UHC	UniCare
White Non-Hispanic	4623	62093	15076	8809	6427	5227	1380	5414	1331	16800	23239	15983	1617	2828
Black Non-Hispanic	3600	88151	26187	5298	4131	1552	536	2845	3500	36837	18247	28945	4146	5193
Hispanic	14686	176917	52018	52776	10149	28140	37899	15772	5384	60936	151254	70975	5134	6041

Reference :STAR Table 2
Note: Only the top three race/ethnicity groups are included.
Note : The eligibility figures used in the chart are for August 2007.

Key Points:

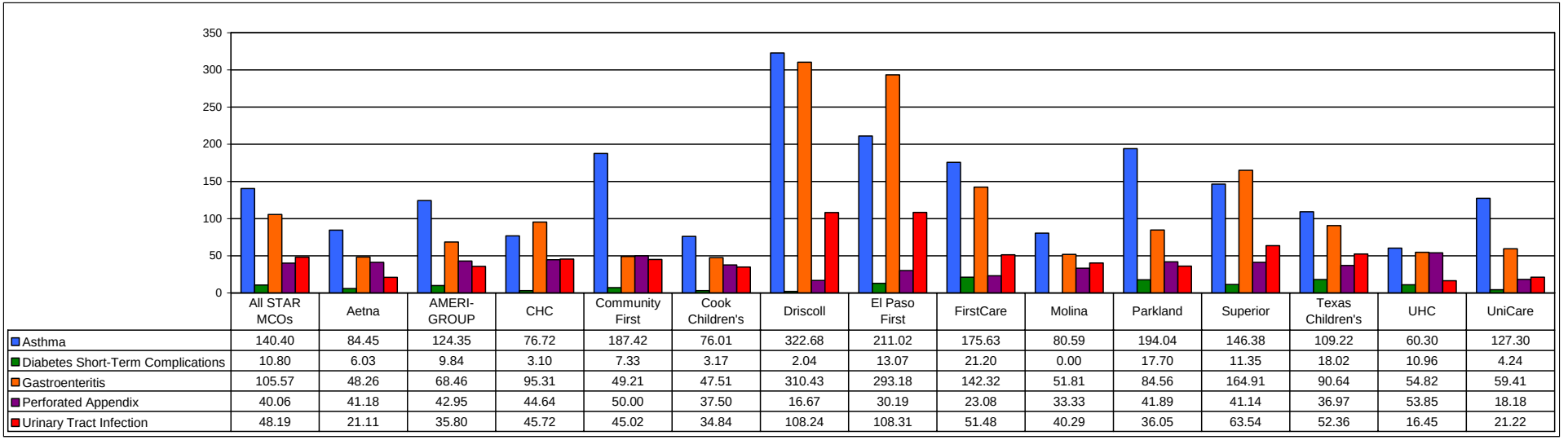
1. Chart 4 presents the distribution of STAR Program enrollees by MCO and race/ethnicity in August 2007.
2. The percentage of health plan members who were white, non-Hispanic ranged from three percent in El Paso First to 28 percent in Cook Children's. The health plans with the largest percentage of White, non-Hispanic members were Cook Children's (28 percent of health plan enrollees), FirstCare (21 percent), and Aetna (19 percent). The overall membership used in these calculations includes clients whose race/ethnicity was not known.
3. The percentage of health plan members who were Black, non-Hispanic ranged from one percent in El Paso First to 36 percent in UnitedHealthcare. The health plans with the largest percentage of Black, non-Hispanic members were UnitedHealthcare (36 percent of health plan enrollees), UniCare (35 percent), and Molina (32 percent).
4. The percentage of health plan members who were Hispanic ranged from 41 percent in UniCare to 90 percent in El Paso First. The health plans with the largest percentage of Hispanic members were El Paso First (90 percent of health plan enrollees), Driscoll (77 percent), and Community First (74 percent).

Chart 5. AHRQ Pediatric Quality Indicators

STAR Number of Appendicitis Cases : 996

STAR MCOs - September 1, 2006 to August 31, 2007

STAR Universe for All Other Measures : 1,556,242



	All STAR MCOs	Aetna	AMERI-GROUP	CHC	Community First	Cook Children's	Driscoll	El Paso First	FirstCare	Molina	Parkland	Superior	Texas Children's	UHC	UniCare
Asthma	140.40	84.45	124.35	76.72	187.42	76.01	322.68	211.02	175.63	80.59	194.04	146.38	109.22	60.30	127.30
Diabetes Short-Term Complications	10.80	6.03	9.84	3.10	7.33	3.17	2.04	13.07	21.20	0.00	17.70	11.35	18.02	10.96	4.24
Gastroenteritis	105.57	48.26	68.46	95.31	49.21	47.51	310.43	293.18	142.32	51.81	84.56	164.91	90.64	54.82	59.41
Perforated Appendix	40.06	41.18	42.95	44.64	50.00	37.50	16.67	30.19	23.08	33.33	41.89	41.14	36.97	53.85	18.18
Urinary Tract Infection	48.19	21.11	35.80	45.72	45.02	34.84	108.24	108.31	51.48	40.29	36.05	63.54	52.36	16.45	21.22

Reference :STAR Table PDI08

Key Points:

1. The Agency for Healthcare Research and Quality (AHRQ) Pediatric Quality Indicators (PDIs) use hospital inpatient discharge data to calculate rates of admission for various ACSCs for children and adolescents. PDIs screen for inpatient stays that were potentially avoidable with better access to care in the outpatient setting. This information is useful for monitoring trends, comparing MCO performance, and addressing access to care issues.
2. Chart 5 provides PDI rates for asthma, diabetes short-term complications, gastroenteritis, perforated appendix, and urinary tract infections among children and adolescents in the STAR Program, age 0 to 18 years old, distributed by MCO. Rates are per 100,000 enrollees for all conditions except perforated appendix, for which the rate is per 100 appendicitis cases admitted. **Table 1** describes each of the five AHRQ PDIs shown here. Discussion of PDIs in the key points below includes comparisons with national rates reported by the AHRQ.[6] It should be noted that these AHRQ national estimates are based on data collected in 2003 and are area-level indicators, including commercial and Medicaid populations.
3. Inpatient admissions rates for asthma, gastroenteritis, and urinary tract infections were highest for Driscoll and El Paso First. Asthma admissions rates varied the most, ranging from 60 per 100,000 members in UnitedHealthcare to 323 per 100,000 (greater than twice the program average) in Driscoll, compared to a national rate of 181 per 100,000. Gastroenteritis admissions rates were considerably greater than the program average in Driscoll (310 per 100,000) and El Paso First (293 per 100,000), both of which were much higher than the

national rate of 183 per 100,000. Likewise, urinary tract infection admissions rates were considerably greater than the program average in Driscoll and El Paso First (108 per 100,000 each), more than double the national rate of 53 per 100,000. These findings suggest a need for improved ambulatory care for these three conditions in the Driscoll and El Paso First health plans.

4. Inpatient admissions rates for diabetes short-term complications were highest in FirstCare at 21 per 100,000 members, or nearly twice the program average, but were still lower than the national average of 29 per 100,000.
5. Inpatient admissions rates for perforated appendix were highest in UnitedHealthcare (54 per 100 cases of appendicitis compared to 31 per 100 nationally). Perforated appendix admissions rates were considerably lower than the program average in Driscoll (17 per 100) and UniCare (18 per 100).

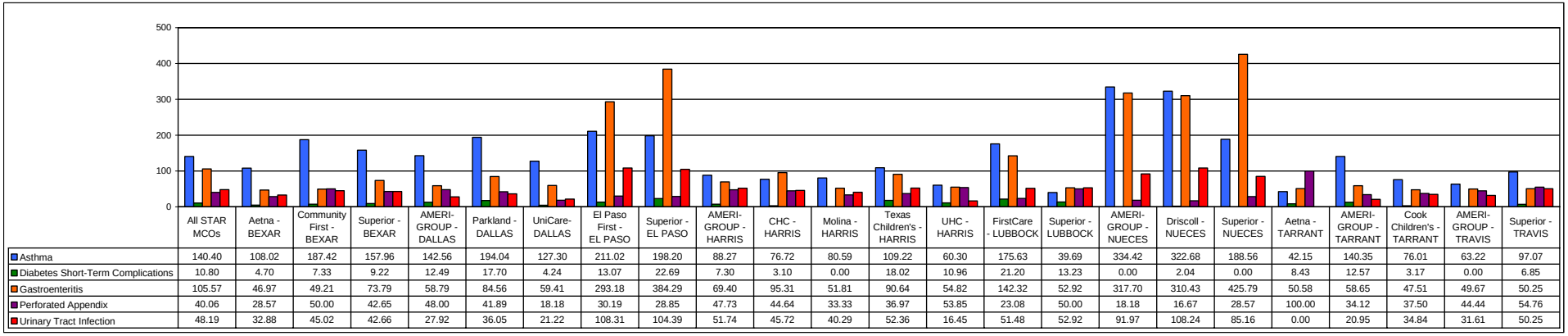
Table 1. AHRQ Pediatric Quality Indicators

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 6. AHRQ Pediatric Quality Indicators – SDA Breakout

STAR Number of Appendicitis Cases : 996
STAR Universe for All Other Measures : 1,556,242

STAR MCOs - September 1,2006 to August 31, 2007



	All STAR MCOs	Aetna - BEXAR	Community First - BEXAR	Superior - BEXAR	AMERI-GROUP - DALLAS	Parkland - DALLAS	UniCare- DALLAS	El Paso First - EL PASO	Superior - EL PASO	AMERI-GROUP - HARRIS	CHC - HARRIS	Molina - HARRIS	Texas Children's - HARRIS	UHC - HARRIS	FirstCare - LUBBOCK	Superior - LUBBOCK	AMERI-GROUP - NUECES	Driscoll - NUECES	Superior - NUECES	Aetna - TARRANT	AMERI-GROUP - TARRANT	Cook Children's - TARRANT	AMERI-GROUP - TRAVIS	Superior - TRAVIS
Asthma	140.40	108.02	187.42	157.96	142.56	194.04	127.30	211.02	198.20	88.27	76.72	80.59	109.22	60.30	175.63	39.69	334.42	322.68	188.56	42.15	140.35	76.01	63.22	97.07
Diabetes Short-Term Complications	10.80	4.70	7.33	9.22	12.49	17.70	4.24	13.07	22.69	7.30	3.10	0.00	18.02	10.96	21.20	13.23	0.00	2.04	0.00	8.43	12.57	3.17	0.00	6.85
Gastroenteritis	105.57	46.97	49.21	73.79	58.79	84.56	59.41	293.18	384.29	69.40	95.31	51.81	90.64	54.82	142.32	52.92	317.70	310.43	425.79	50.58	58.65	47.51	49.67	50.25
Perforated Appendix	40.06	28.57	50.00	42.65	48.00	41.89	18.18	30.19	28.85	47.73	44.64	33.33	36.97	53.85	23.08	50.00	18.18	16.67	28.57	100.00	34.12	37.50	44.44	54.76
Urinary Tract Infection	48.19	32.88	45.02	42.66	27.92	36.05	21.22	108.31	104.39	51.74	45.72	40.29	52.36	16.45	51.48	52.92	91.97	108.24	85.16	0.00	20.95	34.84	31.61	50.25

Reference :STAR Table PDI08

		Bexar	Dallas	El Paso	Harris	Lubbock	Nueces	Tarrant	Travis
SDA Rate	**Asthma**	**166.56**	**166.56**	**203.93**	**91.40**	**150.31**	**296.00**	**123.22**	**90.24**
	Diabetes Short-Term Complications	**7.86**	**14.41**	**18.39**	**9.87**	**19.71**	**1.29**	**10.72**	**5.47**
	Gastroenteritis	**59.45**	**71.43**	**343.51**	**82.32**	**125.67**	**336.06**	**56.25**	**50.13**
	Perforated Appendix	**45.12**	**43.13**	**29.52**	**43.25**	**28.13**	**18.52**	**36.54**	**52.94**
	Urinary Tract Infection	**42.75**	**31.39**	**106.15**	**48.76**	**51.75**	**100.82**	**21.97**	**46.49**

Note: Rates are per 100,000 enrollees ages 0 -18 except for perforated appendix which is per 100 admissions for appendicitis.

Key Points:

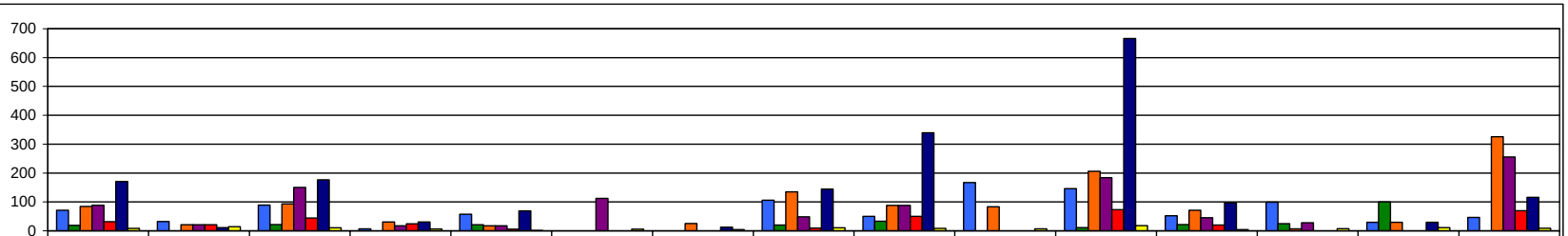
1. Chart 6 provides AHRQ PDIs for asthma, diabetes short-term complications, gastroenteritis, perforated appendix, and urinary tract infections among children and adolescents in the STAR Program, 0 to 18 years old, distributed by MCO/SDA. These PDIs are described in more detail under Chart 5, and are listed in **Table 1**. Discussion of PDIs in the key points below includes comparisons with national rates reported by the AHRQ.[7] It should be noted that these AHRQ national estimates are based on data collected in 2003 and are area-level indicators, including commercial and Medicaid populations.
2. Inpatient admissions rates for asthma, gastroenteritis, and urinary tract infections were highest in the El Paso and Nueces SDAs. Asthma admissions rates were highest in Nueces (296 per 100,000). Enrollees in El Paso had the highest inpatient admissions rates for gastroenteritis (344 per 100,000) and urinary tract infections (106 per 100,000), both of which were higher than the national rates of 183 per 100,000 and 53 per 100,000, respectively. Trends in admissions rates for these conditions appear to be associated more with SDA than health plan. While Driscoll had the highest asthma and gastroenteritis admissions rates at the health plan level, admissions rates for these conditions are considerably greater than the program average in the Nueces SDA (regardless of health plan), which is the only SDA the Driscoll MCO presently serves.

3. Inpatient admissions rates for diabetes short-term complications were highest in the Lubbock SDA (20 per 100,000, or nearly twice the program average). Diabetes admissions rates were considerably lower than the program average in the Nueces SDA (1 per 100,000). These rates compare with 29 per 100,000 nationally.
4. Inpatient admissions rates for perforated appendix were highest in the Travis SDA (53 per 100 appendicitis cases). Perforated appendix admission rates were considerably lower than the program average in the Nueces SDA (19 per 100). These rates compare with 31 per 100 nationally.

Chart 7A. AHRQ Adult Prevention Quality Indicators

STAR Number of Births : 78,096
STAR Number of Appendicitis Cases : 141
STAR Universe for All Other Measures: 284,395

STAR MCOs - September 1, 2006 to August 31, 2007



	All STAR MCOs	Aetna	AMERI-GROUP	CHC	Community First	Cook Children's	Driscoll	El Paso First	FirstCare	Molina	Parkland	Superior	Texas Children's	UHC	UniCare
Diabetes Short-term Complications	71.38	32.36	89.51	6.84	57.36	0.00	0.00	106.11	50.35	166.81	145.94	52.48	98.86	29.37	46.52
Perforated Appendix	19.15	0.00	21.62	0.00	21.43	0.00	0.00	20.00	33.33	0.00	11.11	21.62	25.00	100.00	0.00
Diabetes Long-term Complications	84.39	21.57	93.09	30.79	17.21	0.00	25.22	135.04	88.11	83.40	206.22	71.10	7.06	29.37	325.66
Chronic Obstructive Pulmonary Disease	88.61	21.57	150.37	17.11	17.21	112.08	0.00	48.23	88.11	0.00	184.01	45.71	28.24	0.00	255.87
Hypertension	31.65	21.57	44.16	23.95	5.74	0.00	0.00	9.65	50.35	0.00	72.97	20.31	0.00	0.00	69.78
Congestive Heart Failure	170.89	10.79	176.63	30.79	68.83	0.00	12.61	144.69	339.84	0.00	666.24	96.49	0.00	29.37	116.31
Low Birth Weight	8.50	14.49	10.30	6.20	1.28	5.52	4.21	10.15	8.63	6.94	17.81	3.96	7.30	11.13	9.26

Reference :STAR Table PQI08

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

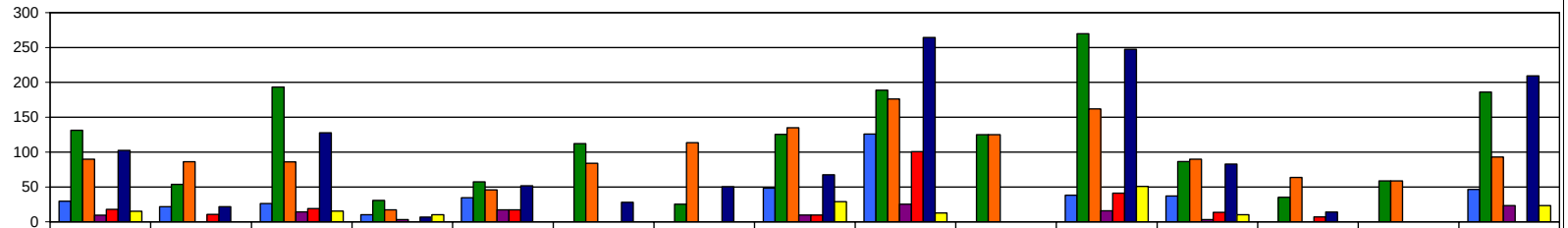
Key Points:

1. Chart 7A presents results for seven of the 14 AHRQ Prevention Quality Indicators (PQIs) addressed in this report. The remaining seven PQIs are shown in Chart 7B. Key points for both charts are provided under Chart 7B.

Chart 7B. AHRQ Adult Prevention Quality Indicators

STAR Number of Births : 78,096
STAR Number of Appendicitis Cases : 141
STAR Universe for All Other Measures: 284,395

STAR MCOs - September 1, 2006 to August 31, 2007



	All STAR MCOs	Aetna	AMERI-GROUP	CHC	Community First	Cook Children's	Driscoll	El Paso First	FirstCare	Molina	Parkland	Superior	Texas Children's	UHC	UniCare
Dehydration	29.54	21.57	26.26	10.26	34.42	0.00	0.00	48.23	125.87	0.00	38.07	37.24	0.00	0.00	46.52
Bacterial Pneumonia	131.51	53.93	193.33	30.79	57.36	112.08	25.22	125.40	188.80	125.10	269.67	86.33	35.31	58.74	186.09
Urinary Tract Infection	89.66	86.28	85.93	17.11	45.89	84.06	113.49	135.04	176.21	125.10	161.80	89.72	63.55	58.74	93.04
Angina without Procedure	9.49	0.00	14.32	3.42	17.21	0.00	0.00	9.65	25.17	0.00	15.86	3.39	0.00	0.00	23.26
Uncontrolled Diabetes	17.93	10.79	19.09	0.00	17.21	0.00	0.00	9.65	100.69	0.00	41.24	13.54	7.06	0.00	0.00
Adult Asthma	102.32	21.57	127.70	6.84	51.63	28.02	50.44	67.52	264.32	0.00	247.46	82.95	14.12	0.00	209.35
Lower Extremity Amputation in Diabetes Patients	15.12	0.00	15.51	10.26	0.00	0.00	0.00	28.94	12.59	0.00	50.76	10.16	0.00	0.00	23.26

Reference :STAR Table PQI08
Note: Rates are per 100,000 enrollees ages 18 and older.

Key Points:

1. The Agency for Healthcare Research and Quality (AHRQ) Prevention Quality Indicators (PQIs) use hospital patient discharge data to calculate rates of admission for various ambulatory care sensitive conditions among adults. PQIs screen for inpatient stays that were potentially avoidable with better access to care in outpatient settings. This information is usefully for monitoring trends, comparing MCO performance, and addressing access to care issues.
2. Charts 7A and 7B provide rates of inpatient admissions for fourteen ACSCs among adults in the STAR Program, 18 years or older, distributed by MCO. PQIs are per 100,000 enrollees for all conditions except perforated appendix, for which the rate is per 100 appendicitis cases admitted, and low birth weight, for which the rate is per 100 births. **Table 2** describes each of the AHRQ PQIs shown in Charts 7A and 7B. Discussion of PQIs in the key points below includes comparisons with national rates reported by the AHRQ.[8] It should be noted that these AHRQ national estimates are based on data collected in 2004 and are area-level indicators, including commercial and Medicaid populations.
3. PQI rates varied substantially across the 14 MCOs. For three MCOs, rates of admission for a number of conditions were considerably greater than STAR, STAR+PLUS, and CHIP program averages, although in some cases they were lower than national averages.
    - Parkland Community had high admissions rates for congestive heart failure (666 per 100,000 enrollees, compared to 489 per 100,000 nationally), diabetes long-term complications (206 per 100,000 enrollees, compared to 127 per 100,000 nationally), bacterial

pneumonia (270 per 100,000 enrollees, compared to 418 per 100,000 nationally) and adult asthma (247 per 100,000, compared to 121 per 100,000 nationally).

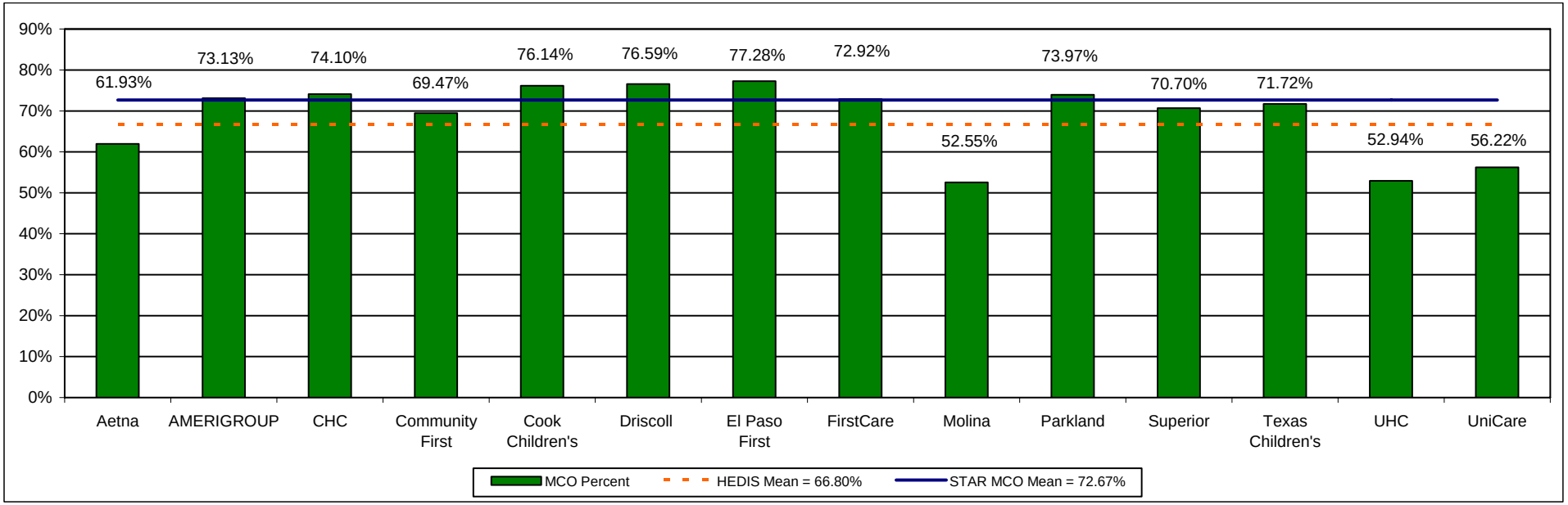
- FirstCare had high admissions rates for congestive heart failure (340 per 100,000 enrollees, compared to 489 per 100,000 nationally), dehydration (126 per 100,000 enrollees, compared to 127 per 100,000 nationally), uncontrolled diabetes (101 per 100,000 enrollees, compared to 22 per 100,000 nationally), and adult asthma (264 per 100,000 enrollees, compared to 121 per 100,000 nationally).
- UniCare had high admissions rates for diabetes long-term complications (326 per 100,000 enrollees, compared to 127 per 100,000 nationally) and adult asthma (209 per 100,000 enrollees, compared to 121 per 100,000 nationally). According to MCO administrative interviews conducted by the Texas EQRO, UniCare implemented disease management programs for members with diabetes and asthma in April 2007.[9] The lack of disease management programs for these conditions in UniCare for the first eight months of the measurement period may explain in part the high admissions rates observed here.

Table 2. 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 all 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 8. HEDIS® Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life

STAR MCOs - September 1, 2006 to August 31, 2007 **STAR Enrollees in Age Group = 116,850**



Reference: STAR Table W3408

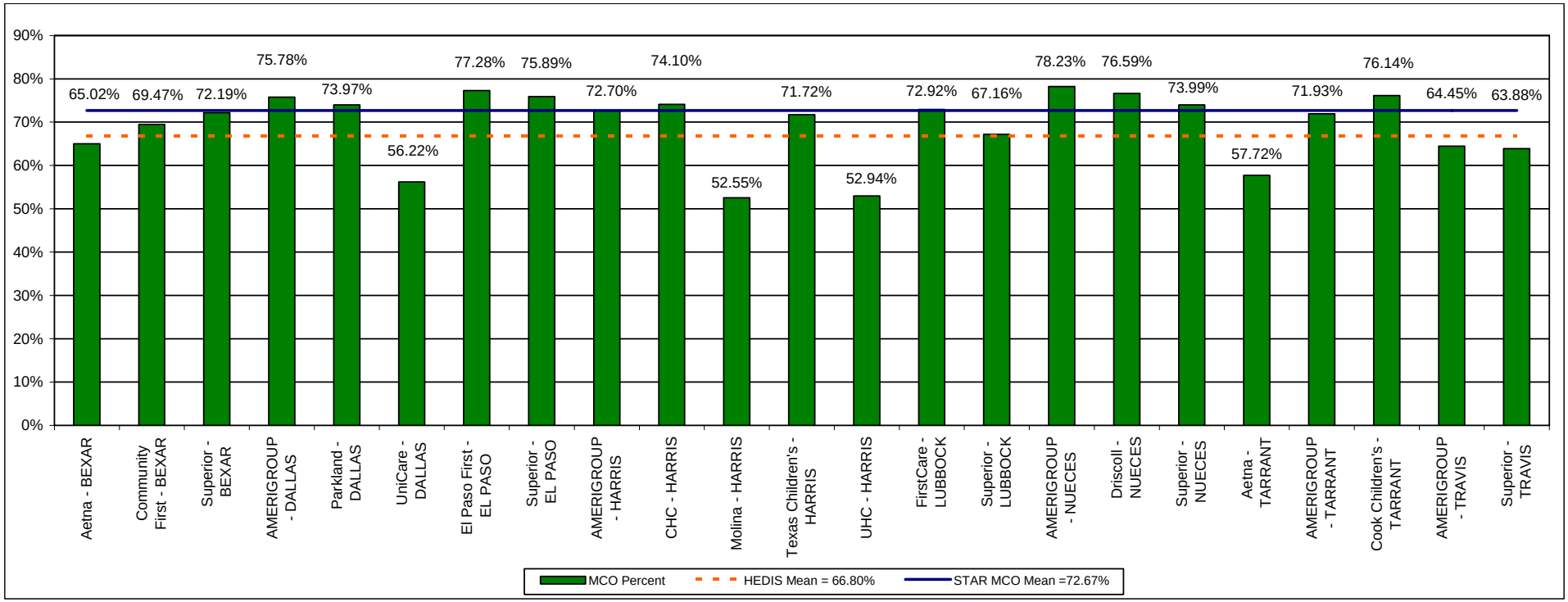
Key Points:

1. Chart 8 provides the percentage of STAR enrollees between three and six years old who received one or more well-child visits with a physician provider during the measurement period, distributed by MCO. Note that the HEDIS® measure specifies visits with a primary care practitioner. After lifting provider constraints, the results shown here are therefore slightly inflated, which should be taken into consideration when making comparisons with the national HEDIS® mean.
2. The STAR Program performed better than the national HEDIS® mean for Medicaid Managed Care Plans reporting to NCQA on this measure, with 73 percent of children receiving well-child visits in their 3rd, 4th, 5th, and 6th years of life, compared to 67 percent nationally. The STAR Program performed considerably better than the SFY 2008 HHSC Performance Indicator Dashboard standard of 56 percent for this measure.[10] Given these findings, HHSC may wish to consider raising the Performance Indicator Dashboard standard for this measure to conform to national and/or program-level rates.
3. Most MCOs met or exceeded the national HEDIS® mean, with the exception of Molina (53 percent), UnitedHealthcare (53 percent), UniCare (56 percent), and Aetna (62 percent).

4. Children who experience a substantial period of uninsurance are less likely than those with continued health insurance to have a well-child visit. It is important that those who are eligible for pubic insurance remain insured because periods of uninsurance can have adverse consequences for children's health care access and utilization.[11]

Chart 9. HEDIS® Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life – SDA Breakout

STAR MCOs - September 1, 2006 to August 31, 2007 **STAR Enrollees in Age Group = 116,850**



Reference: STAR Table W3408

SDA	Bexar	Dallas	El Paso	Harris	Lubbock	Nueces	Tarrant	Travis
MEAN	70.63%	74.60%	76.48%	72.47%	72.36%	76.28%	72.19%	63.96%

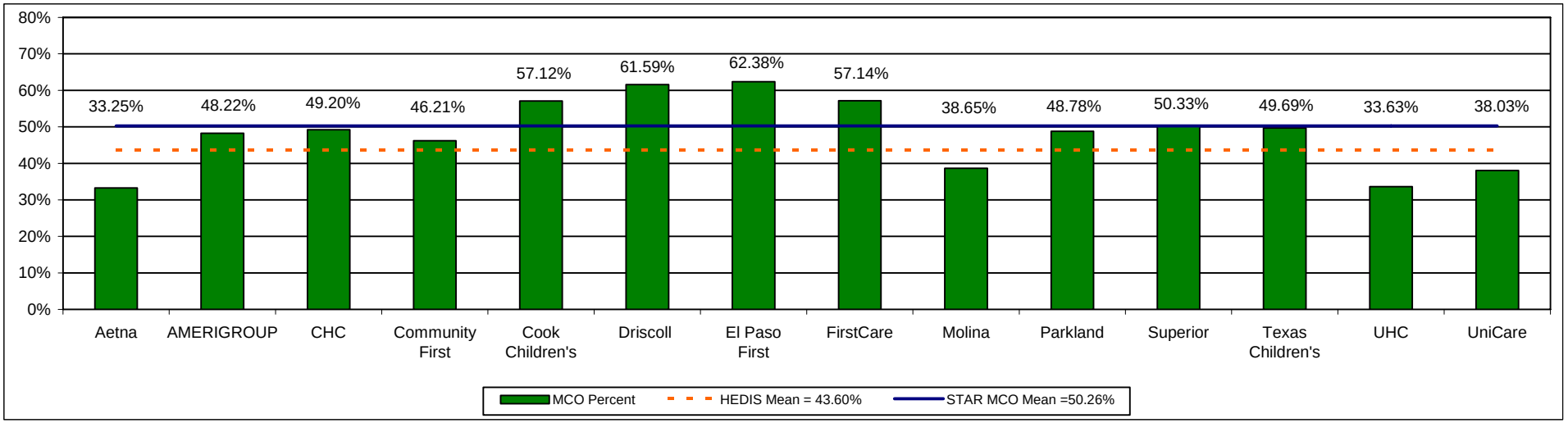
Key Points:

1. Chart 9 presents results for the HEDIS® Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life measure, distributed by MCO/SDA.
2. Seven of the twenty-three MCO/SDA groups were below the national HEDIS® mean for the percentage of children between three and six years old having a well-child visit during the measurement period: Molina – Harris (53 percent), UnitedHealthcare – Harris (53 percent), UniCare – Dallas (56 percent), Aetna – Tarrant (57 percent), Superior – Travis (64 percent), AMERIGROUP – Travis (65 percent), and Aetna – Bexar (65 percent). All SDAs were above the SFY 2008 HHSC Performance Indicator Dashboard standard of 56 percent for this measure.[12]

3. Travis was the only SDA with a mean below the national HEDIS® mean. Both health plans serving the Travis SDA (Superior and AMERIGROUP) were also below the national HEDIS® mean on this measure. Reasons for a lower mean in this SDA need to be explored further.
4. In contrast, while both Molina and UnitedHealthcare in the Harris SDA performed considerably below the national HEDIS® mean, the three other health plans serving the Harris SDA (AMERIGROUP, Texas Children's, and Community Health Choice) performed above the national HEDIS® mean. UniCare was the only health plan serving the Dallas SDA that performed below the national HEDIS® mean. Aetna was the only health plan serving the Bexar and Tarrant SDAs that performed below the national HEDIS® mean. In these cases, low utilization of well-child visits should be examined, particularly at the health plan level, given that some plans are performing well in the SDAs while others are not.
5. Gaps in health insurance can lead to a lack of well-child visits. Continuous coverage raises the likelihood that children will receive timely well-child care. More investigation is needed to determine the most effective way of eliminating these gaps.[13]

Chart 10. HEDIS® Adolescent Well-Care Visits

STAR MCOs - September 1, 2006 to August 31, 2007 **STAR Eligibles in the Age Group = 85,444**



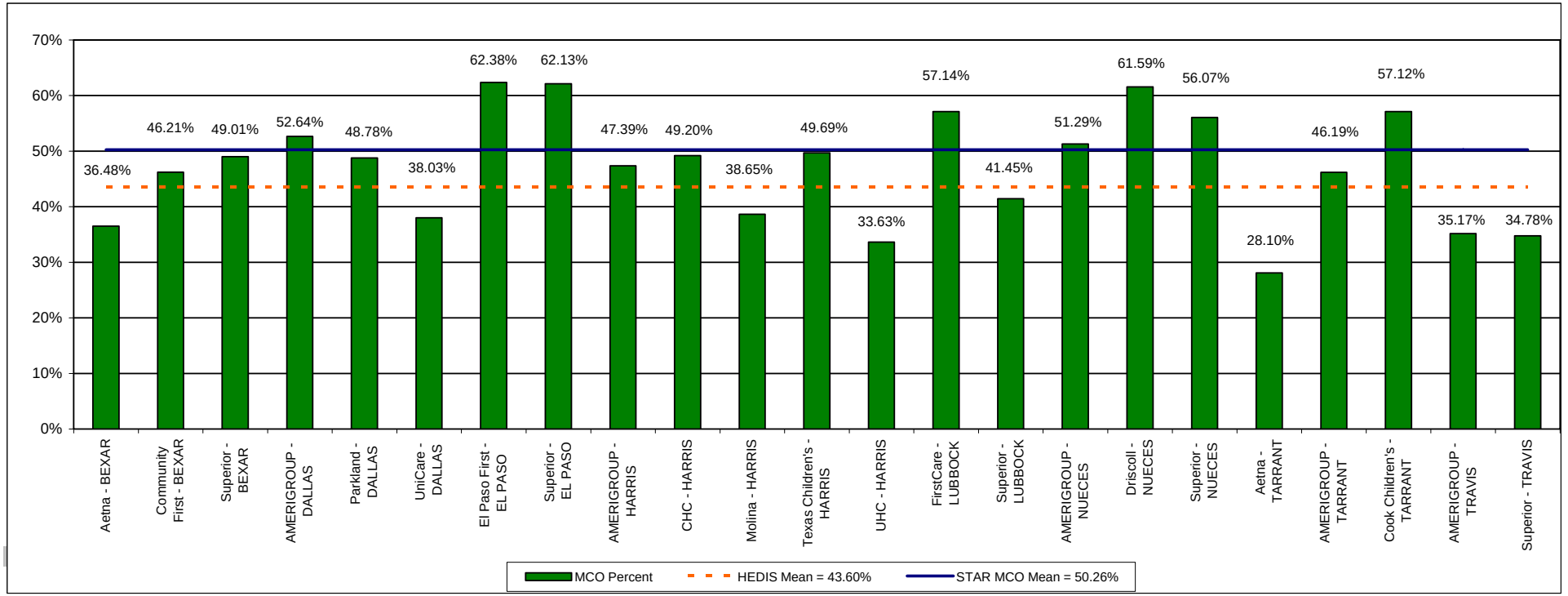
Reference : STAR Table AWC08

Key Points:

1. Chart 10 provides the percentage of STAR enrollees 12 to 21 years old who received one or more comprehensive adolescent well-care visits with a physician provider during the measurement period, distributed by MCO. Note that the HEDIS® measure specifies visits with a primary care practitioner or OB/GYM practitioner. After lifting provider constraints, the results shown here are therefore slightly inflated, which should be taken into consideration when making comparisons with the national HEDIS® mean.
2. The STAR Program performed better than the national HEDIS® measure for Medicaid Managed Care Plans reporting to NCQA on this measure, with 50 percent of adolescents receiving at least one well-care visit compared to 44 percent nationally. The STAR Program also performed considerably better than the SFY 2008 HHSC Performance Indicator Dashboard standard of 38 percent for this measure.[14] Given these findings, HHSC may wish to consider raising the Performance Indicator Dashboard standard for this measure to conform to national and/or program-level rates.
3. Most MCOs met or exceeded the national HEDIS® mean, with the exception of Aetna (33 percent), UnitedHealthcare (34 percent), UniCare (38 percent), and Molina (39 percent). It is worth noting that these are the same four health plans that performed below the national mean for the HEDIS® Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life measure, presented in Chart 8.

Chart 11. HEDIS® Adolescent Well-Care Visits – SDA Breakout

STAR MCOs - September 1, 2006 to August 31, 2007 **STAR Eligibles in the Age Group = 85,444**



Reference: Table STAR AWC08

SDA	Bexar	Dallas	El Paso	Harris	Lubbock	Nueces	Tarrant	Travis
MEAN	47.24%	50.57%	62.24%	48.40%	55.96%	58.79%	46.55%	34.84%

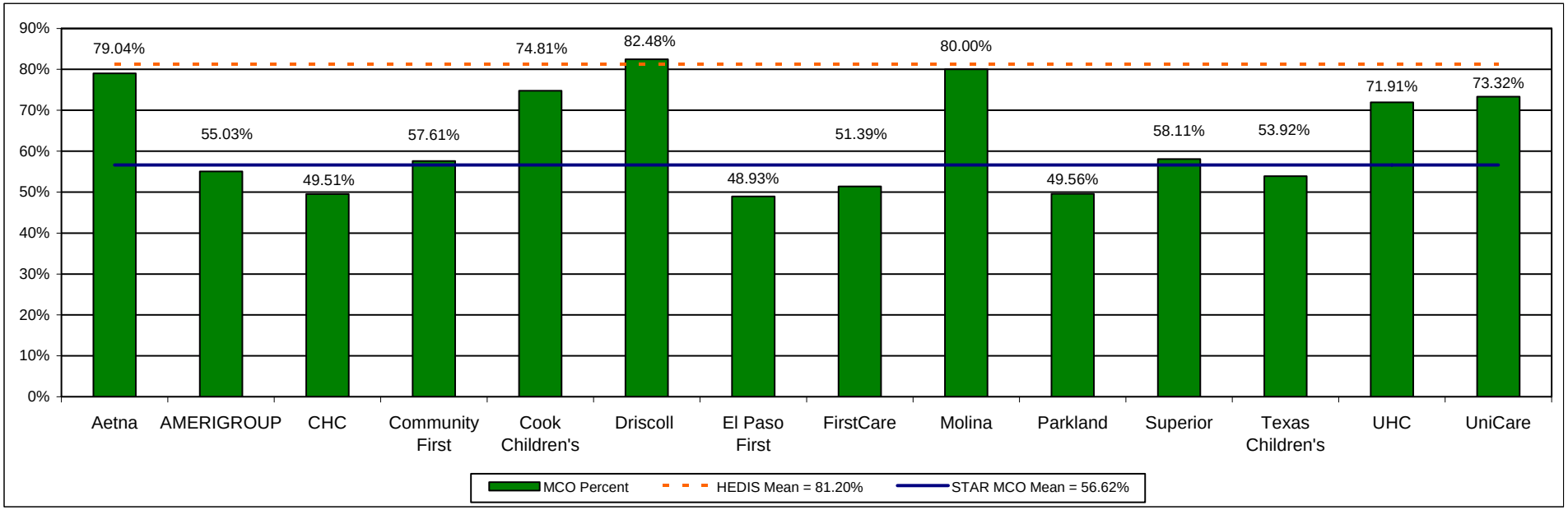
Key Points:

1. Chart 11 presents results for the HEDIS® Adolescent Well-Care Visits measure, distributed by MCO/SDA.
2. Eight of the twenty-three MCO/SDA groups were below the national HEDIS® mean for the percentage of adolescents having at least one well-care visit during the measurement period: Aetna – Tarrant (28 percent), UnitedHealthcare – Harris (34 percent), Superior – Travis (35 percent), AMERIGROUP – Travis (35 percent), Aetna – Bexar (36 percent), UniCare – Dallas (38 percent), Molina – Harris (39 percent), and Superior – Lubbock (41 percent). It is worth noting that, apart from Superior – Lubbock, these are the same MCO/SDA groups that performed below the national mean for the HEDIS® Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life measure, presented in Chart 9.

3. Travis SDA was the only SDA with a mean below the national HEDIS® mean. Travis was also below the SFY 2008 HHSC Performance Indicator Dashboard standard of 38 percent for this measure.[15]
4. Both health plans serving the Travis SDA (Superior and AMERIGROUP) were also below the national HEDIS® mean for this measure. Reasons for the lower utilization of adolescent well-care visits in the Travis SDA need to be examined further.
5. In contrast, while both Molina and UnitedHealthcare in the Harris SDA performed considerably below the national HEDIS® mean, the three other health plans serving the Harris SDA (AMERIGROUP, Texas Children's, and Community Health Choice) performed above the national HEDIS® mean. UniCare was the only health plan serving the Dallas SDA that performed below the national HEDIS® mean. Aetna was the only health plan serving the Bexar and Tarrant SDAs that performed below the national HEDIS® mean. In these cases, the low utilization of adolescent well-care visits should be specifically examined at the health plan level, particularly because some plans perform well within an SDA and others do not. These trends are the same as those reported for the HEDIS® Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life measure, presented in Chart 9.

Chart 12. HEDIS® Prenatal Care

STAR MCOs - September 1, 2006 to August 31, 2007 **STAR Eligible Births = 64,804**



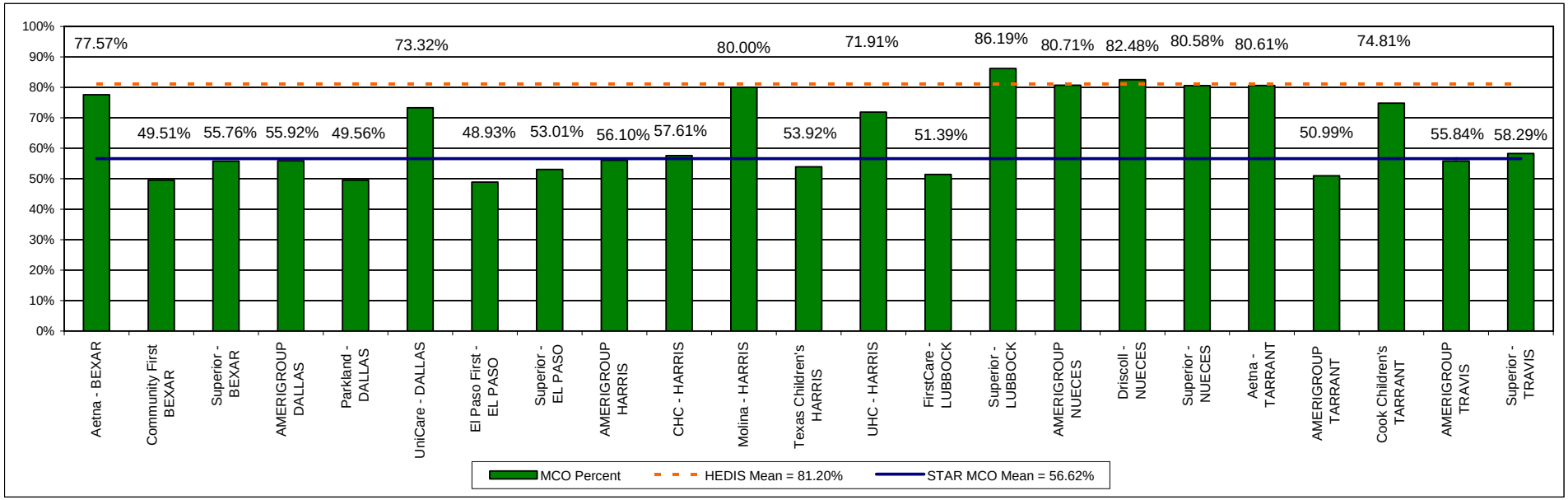
Reference: STAR Table PPC08

Key Points:

1. Chart 12 provides the percentage of live birth deliveries among women in the STAR Program who received prenatal care in their first trimester or within 42 days of enrollment in their health plan, distributed by MCO.
2. The STAR Program performed lower than the national HEDIS® mean for Medicaid Managed Care Plans reporting to NCQA on this measure, with 57 percent of live births receiving prenatal care compared to 81 percent nationally.
3. Only the Driscoll MCO met or exceeded the national HEDIS® mean, with 82 percent of live births receiving prenatal care. The lowest-performing MCOs on this measure were El Paso First (49 percent), CHC (50 percent), and Parkland Community (50 percent).
4. Prenatal care is very important as it may be the best opportunity to help manage problem pregnancies, poor health behaviors and stressful daily activities, thereby reducing the possibility that an infant will be born prematurely.[16]

Chart 13. HEDIS® Prenatal Care – SDA Breakout

STAR MCOs - September 1, 2006 to August 31, 2007 **STAR Eligible Births = 64,804**



Reference: STAR Table PPC08

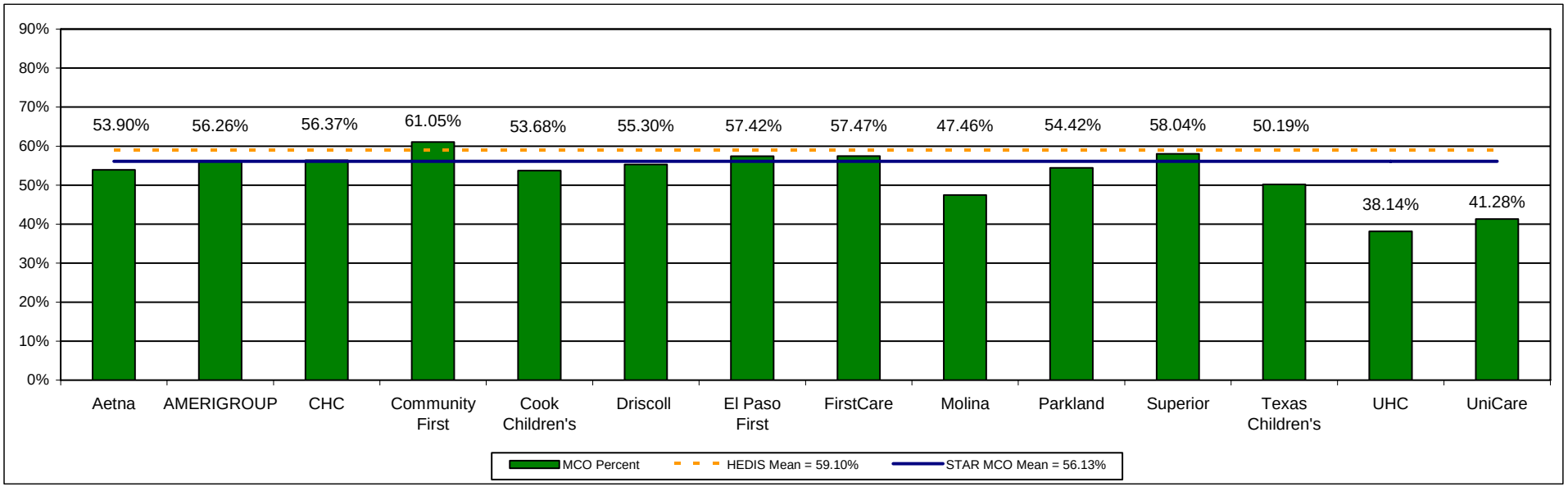
SDA	Bexar	Dallas	El Paso	Harris	Lubbock	Nueces	Tarrant	Travis
MEAN	55.06%	52.30%	51.35%	57.23%	54.74%	81.64%	55.73%	57.91%

Key Points:

1. Chart 13 presents results for the HEDIS® Prenatal Care measure, distributed by MCO/SDA.
2. Only two MCO/SDA groups met or exceeded the national HEDIS® mean for the percentage of live births having prenatal care during the measurement period: Superior – Lubbock (86 percent) and Driscoll – Nueces (82 percent). The lowest-performing MCO/SDA groups for this measure were El Paso First – El Paso (49 percent), Community First – Bexar (50 percent), and Parkland Community – Dallas (50 percent).
3. Nueces SDA exceeded the national HEDIS® mean for this measure. All SDAs except Nueces feel below the national HEDIS® mean and the SFY 2008 HHSC Performance Indicator Dashboard standard of 72 percent for this measure, suggesting the need for improved prenatal care. HHSC may wish to consider raising the Performance Indicator Dashboard standard for this measure to conform to the national HEDIS® mean.
4. A ten-year study of prenatal visits found that family physicians reduced their provision of prenatal visits by nearly 50 percent. This rate was greater in rural, non-metropolitan areas.[17]

Chart 14. HEDIS® Postpartum Care

STAR MCOs - September 1, 2006 to August 31, 2007 **STAR Eligible Births = 64,804**



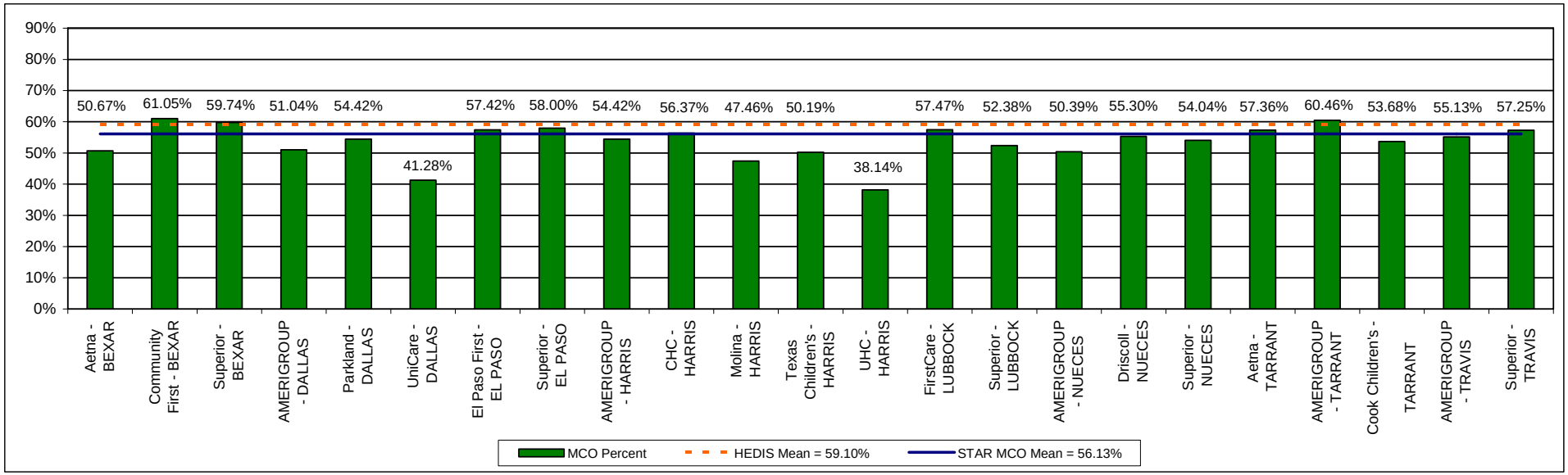
Reference: STAR Table PPC08

Key Points:

1. Chart 14 provides the percentage of deliveries of live births among women in the STAR Program who had a postpartum visit on or between 21 and 56 days after delivery, distributed by MCO.
2. The STAR Program performed slightly lower than the national average for Medicaid Managed Care Plans reporting to NCQA on this measure, with 56 percent of live births receiving postpartum care compared to 59 percent nationally.
3. There was little variation among MCOs on this measure, with most performing within six percentage points of the national HEDIS® mean. Only Community First met or exceeded the national mean, with 61 percent of live births receiving postpartum care during the measurement period. The lowest-performing MCOs were UnitedHealthcare (38 percent), UniCare (41 percent), and Molina (47 percent).

Chart 15. HEDIS® Postpartum Care – SDA Breakout

STAR MCOs - September 1, 2006 to August 31, 2007 **STAR Eligible Births = 64,804**



Reference: STAR Table PPC08

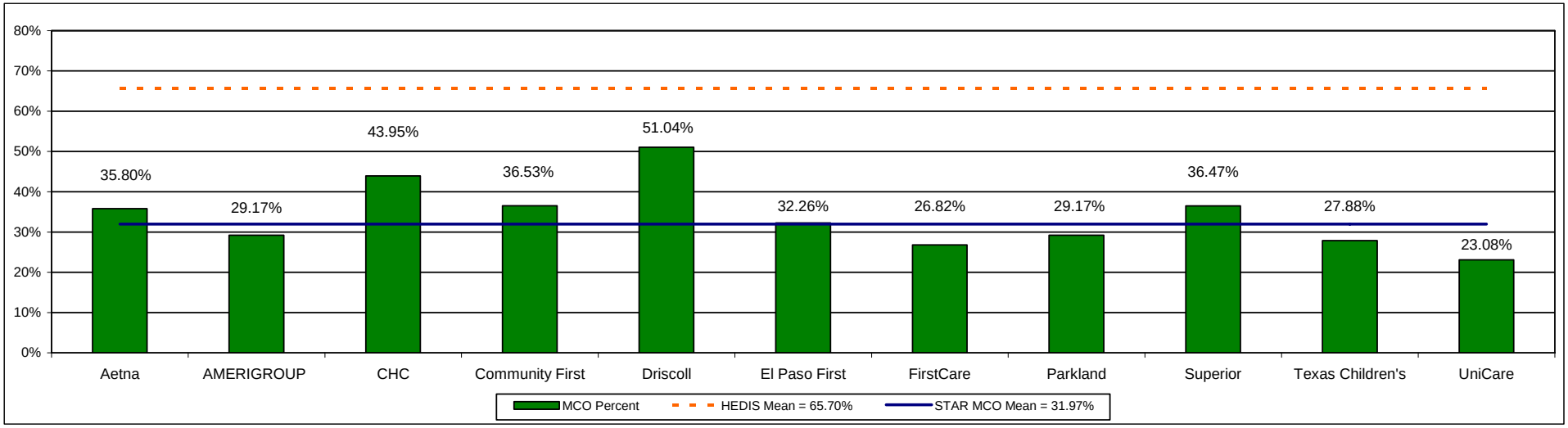
SDA	Bexar	Dallas	El Paso	Harris	Lubbock	Nueces	Tarrant	Travis
Mean	59.44%	52.93%	57.76%	54.30%	56.98%	53.94%	59.71%	56.92%

Key Points:

1. Chart 15 presents results for the HEDIS® Postpartum Care measure, distributed by MCO/SDA.
2. Only three MCO/SDA groups met or exceeded the national HEDIS® mean for the percentage of live births having postpartum care during the measurement period: Community First – Bexar (61 percent), AMERIGROUP – Tarrant (60 percent), and Superior – Bexar (60 percent). The lowest-performing MCO/SDA groups for this measure were UnitedHealthcare – Harris (38 percent), UniCare – Dallas (41 percent), and Molina – Harris (47 percent). In UnitedHealthcare, results were below the national and program means, suggesting that the need for improved postpartum care is greatest in the UnitedHealthcare MCO.
3. The Bexar and Tarrant SDAs performed above the national HEDIS® mean for this measure.

Chart 16. HEDIS® Cervical Cancer Screening

STAR MCOs - September 1, 2006 to August 31, 2007 **STAR Eligible Enrollees = 10,702**



Reference : STAR Table CCS08

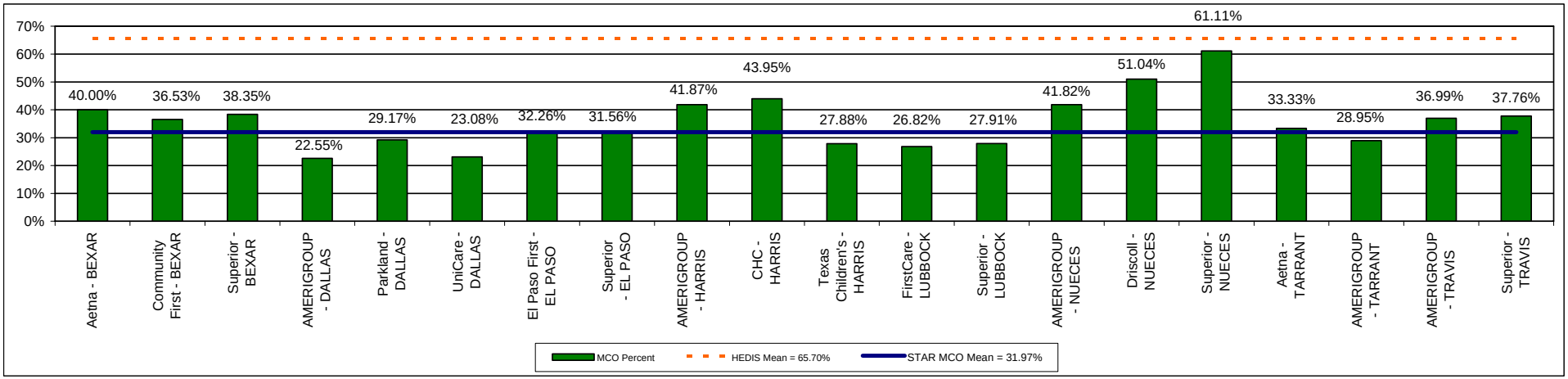
Note: UHC, Molina and Cook Children's had LD (Low Denominator). LD indicates number of members eligible for the measure less than 30 with rate not reported. Eligible members are included in overall STAR rates.

Key Points:

1. Chart 16 provides the percentage of women between 21 to 64 years of age in the STAR Program who received one or more Pap tests to screen for cervical cancer during the measurement period, distributed by MCO.
2. The STAR Program performed considerably lower than the national HEDIS® mean for Medicaid Managed Care Plans reporting to NCQA on this measure, with 32 percent of women receiving cervical cancer screening compared to 66 percent nationally. It should be noted that HEDIS® specifications for this measure allow inclusion of women who received a Pap test in the measurement year or during the two years prior to the measurement year. Because this report uses only one year of claims data, lower rates in STAR are expected, which should be taken into consideration when comparing STAR rates with the national HEDIS® mean.
3. Results varied somewhat by health plan, ranging from 23 percent of women receiving cervical cancer screening in UniCare to 51 percent in Driscoll. None of the health plans met or exceeded the national HEDIS® mean for this measure.
4. A qualitative study of African-American and Hispanic older women found that barriers to screening included: embarrassment with, fear of, and pain from the test, difficulty in accessing screening, stigma associated with Medicaid coverage, and prior negative experiences with cancer detection.[18] These potential barriers should be taken into account when trying to increase screening among women.

Chart 17. HEDIS® Cervical Cancer Screening – SDA Breakout

STAR MCOs - September 1, 2006 to August 31, 2007 **STAR Eligible Enrollees = 10,702**



Reference : STAR Table CCS08

SDA	Bexar	Dallas	El Paso	Harris	Lubbock	Nueces	Tarrant	Travis
MEAN	37.57%	26.55%	31.88%	40.17%	26.93%	50.00%	29.21%	37.63%

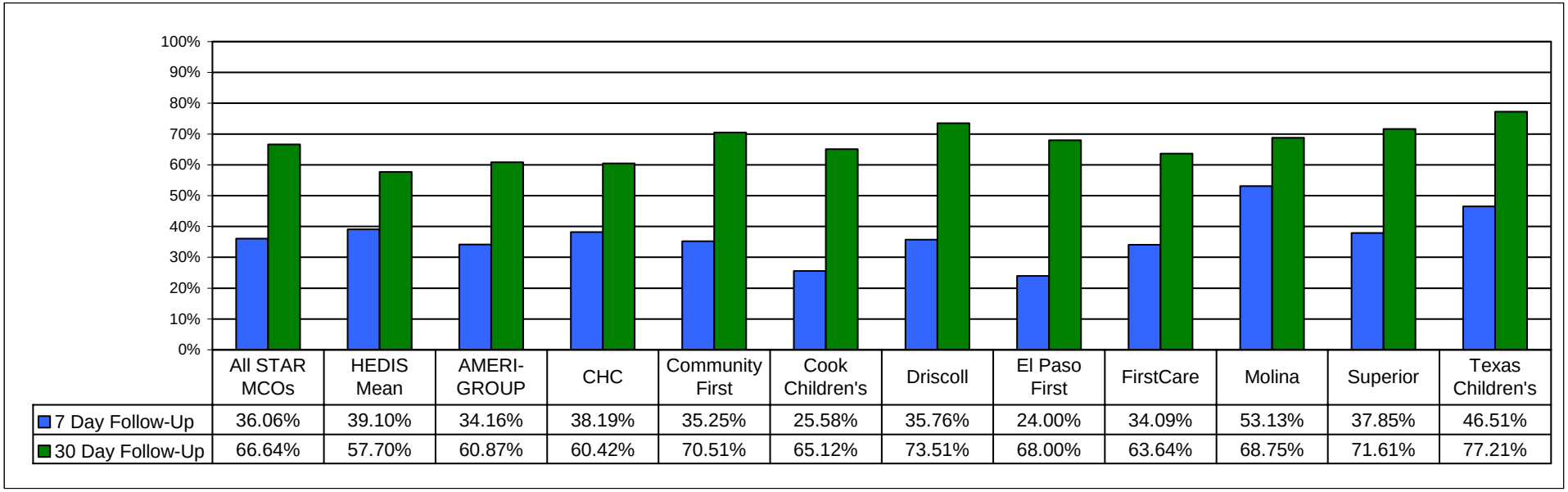
Note: UHC, Molina and Cook Children's had LD (Low Denominator). LD indicates number of members eligible for the measure less than 30 with rate not reported. Eligible members are included in overall STAR rates.

Key Points:

1. Chart 17 presents results for the HEDIS® Cervical Cancer Screening measure, distributed by MCO/SDA.
2. None of the MCO/SDA groups met or exceeded the national HEDIS® mean for this measure. The lowest-performing MCO/SDA groups for this measure were AMERIGROUP – Dallas (23 percent), UniCare – Dallas (23 percent), and FirstCare - Lubbock (27 percent).
3. None of the eight SDAs met or exceeded the national HEDIS® mean for this measure. The percentage of women receiving cervical cancer screening during the measurement period was lowest in the Dallas SDA, followed by Lubbock SDA and Tarrant SDA in which percentages were lower than both the national and program means for all three MCOs, suggesting that the need for improved cervical cancer screening is greatest in the Dallas, Lubbock, and Tarrant SDAs.

Chart 18. HEDIS® Follow-Up after Hospitalization for Mental Illness

STAR MCOs - September 1, 2006 to August 31, 2007 **STAR Mental Health Hospitalizations = 2,335**



	All STAR MCOs	HEDIS Mean	AMERI-GROUP	CHC	Community First	Cook Children's	Driscoll	El Paso First	FirstCare	Molina	Superior	Texas Children's
7 Day Follow-Up	36.06%	39.10%	34.16%	38.19%	35.25%	25.58%	35.76%	24.00%	34.09%	53.13%	37.85%	46.51%
30 Day Follow-Up	66.64%	57.70%	60.87%	60.42%	70.51%	65.12%	73.51%	68.00%	63.64%	68.75%	71.61%	77.21%

Reference: STAR Table FUH08

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

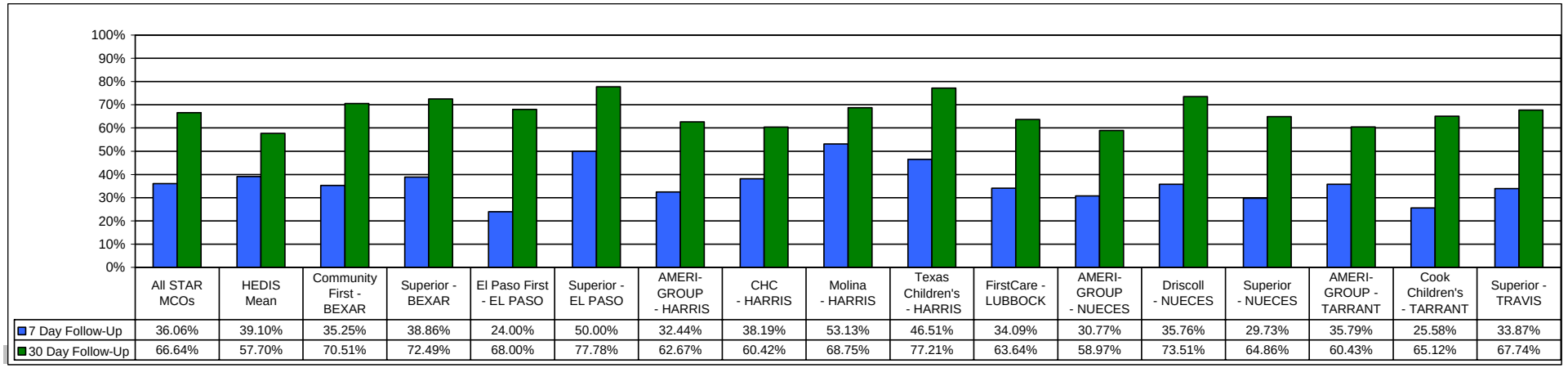
Key Points:

1. Chart 18 provides the percentage of STAR Program enrollees six years of age or older who were hospitalized for mental illness and who had an outpatient visit, an intensive outpatient encounter, or a partial hospitalization with a physician provider during the measurement period, distributed by MCO. Two percentages are shown – one for follow-up within seven days of discharge, and one for follow-up within 30 days of discharge. Rates for this measure are slightly inflated due to the lifting of provider constraints, which should be taken into consideration when comparing rates with the national HEDIS® means (which specify that follow-up occur with a mental health provider).
2. The STAR Program performed lower than the national HEDIS® mean for Medicaid Managed Care Plans reporting to NCQA on this measure at the seven-day follow-up period, with 36 percent receiving follow-up within seven days of discharge compared with 39 percent nationally. However, 67 percent received follow-up within 30 days of discharge compared with 58 percent nationally.

4. Results for the seven-day follow-up period were variable across MCOs. Only Molina (53 percent) and Texas Children's (47 percent) were at or above the national HEDIS® mean. The lowest-performing MCOs were El Paso First (24 percent) and Cook Children's (26 percent), both below the SFY 2008 HHSC Performance Indicator Dashboard standard of 32 percent for this measure.[19]
5. All of the MCOs met or exceeded the national HEDIS® mean for the 30-day follow-up period. The STAR Program performed considerably better than the SFY 2008 HHSC Performance Indicator Dashboard standard of 52 percent for this measure.[20] Hence, HHSC may wish to consider raising the Performance Indicator Dashboard standard for this measure to conform to national and/or program rates.

Chart 19. HEDIS® Follow-Up after Hospitalization for Mental Illness – SDA Breakout

STAR MCOs - September 1, 2006 to August 31, 2007 **STAR Mental Health Hospitalizations = 2,335**



	All STAR MCOs	HEDIS Mean	Community First - BEXAR	Superior - BEXAR	El Paso First - EL PASO	Superior - EL PASO	AMERI-GROUP - HARRIS	CHC - HARRIS	Molina - HARRIS	Texas Children's - HARRIS	FirstCare - LUBBOCK	AMERI-GROUP - NUECES	Driscoll - NUECES	Superior - NUECES	AMERI-GROUP - TARRANT	Cook Children's - TARRANT	Superior - TRAVIS
7 Day Follow-Up	36.06%	39.10%	35.25%	38.86%	24.00%	50.00%	32.44%	38.19%	53.13%	46.51%	34.09%	30.77%	35.76%	29.73%	35.79%	25.58%	33.87%
30 Day Follow-Up	66.64%	57.70%	70.51%	72.49%	68.00%	77.78%	62.67%	60.42%	68.75%	77.21%	63.64%	58.97%	73.51%	64.86%	60.43%	65.12%	67.74%

Reference: STAR Table FUH08

SDA MEAN		Bexar	El Paso	Harris	Lubbock	Nueces	Tarrant	Travis
	7-Day	35.87%	37.50%	39.41%	33.85%	33.92%	34.83%	32.39%
	30-Day	70.82%	73.08%	67.13%	69.23%	69.60%	60.53%	66.90%

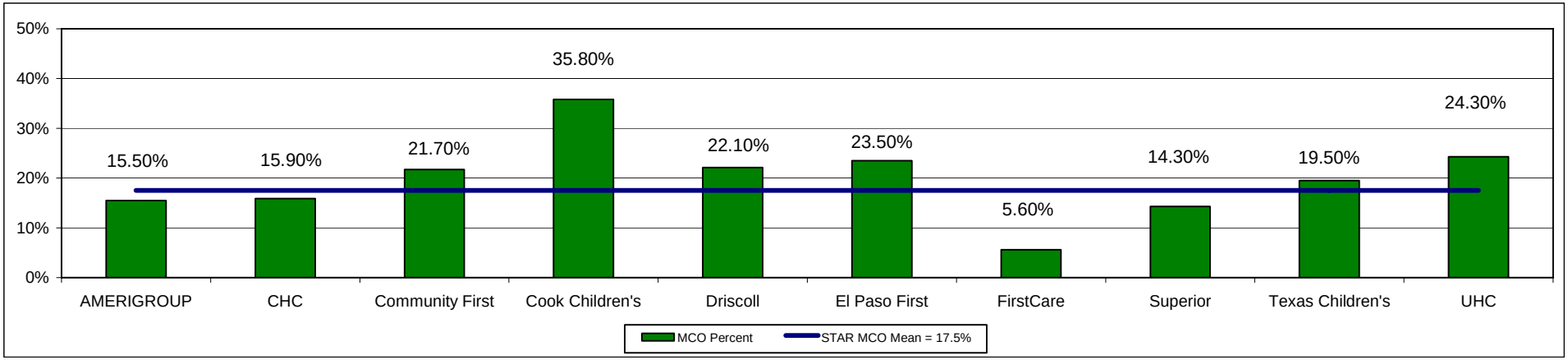
Note: Aetna-TARRANT, Aetna-BEXAR, AMERIGROUP-TRAVIS, AMERIGROUP-DALLAS, Parkland-DALLAS, UniCare-DALLAS, Superior-LUBBOCK, and UHC-HARRIS had LD (Low Denominator). LD indicates number of members eligible for the measure less than 30 with rate not reported. Eligible members are included in overall STAR rates.

Key Points:

1. Chart 19 presents results for the HEDIS® Follow-Up after Hospitalization for Mental Illness measure, distributed by MCO/SDA.
2. The lowest-performing MCO/SDA groups for the seven-day follow-up measure were El Paso First – El Paso (24 percent), Cook Children's – Tarrant (26 percent), and Superior – Nueces (30 percent). At the SDA level, results were lower than the national HEDIS® mean for all SDAs, suggesting that improvements in seven-day follow-up after hospitalization for mental illness are needed for the STAR Program overall.
3. At 30 days following discharge, all of the MCO/SDA groups were above the national HEDIS® mean for this measure. All MCO/SDA groups performed better than the SFY 2008 HHSC Performance Indicator Dashboard standard of 52 percent for this measure.[21]
4. Introducing parity legislation that equalizes cost sharing for mental health care as well as primary care may increase the use of clinically appropriate mental health services.[22]
5. Readmission rates may be a sign that a patient was discharged too soon or that the treatment was somehow inadequate. This could be due to a failure to meet basic treatment objectives or standards of care, or poor discharge planning and/or lack of continuity of care.[23]

Chart 20. Readmission within 30 Days after an Inpatient Stay for Mental Health

STAR MCOs - September 1, 2006 to August 31, 2007 **STAR Inpatient Mental Health Eligible Stays = 2,628**



Reference: Table STAR MHReadmit08
Note : Results in this chart exclude enrollees in the Dallas SDA (for Amerigroup, Parkland Community, and Unicare) because they receive behavioral health services via the NorthSTAR program.

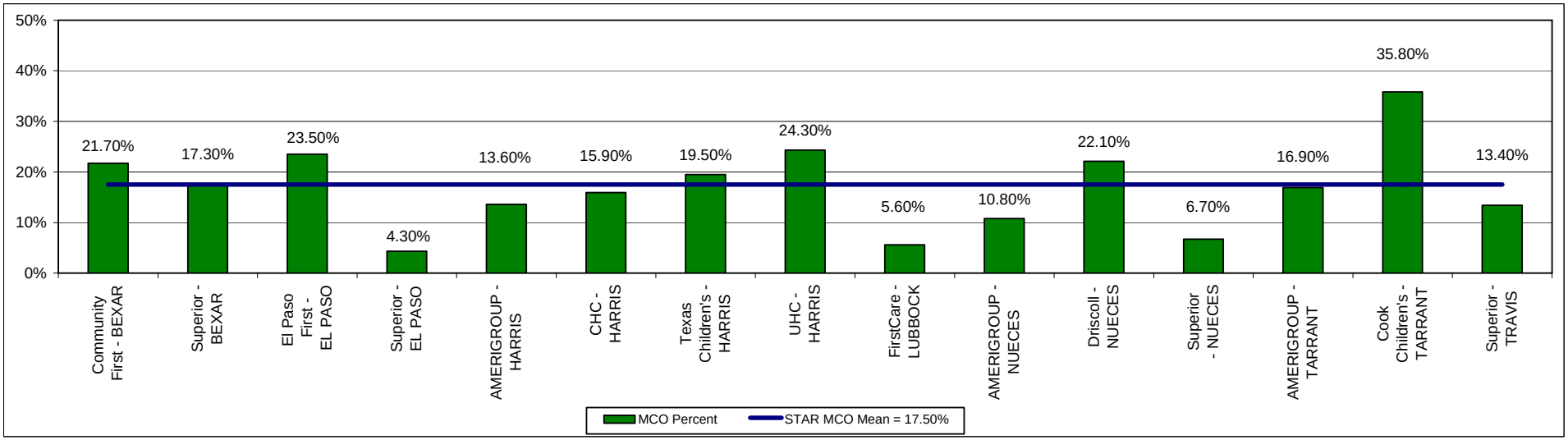
Note: Aetna and Molina had LD (Low Denominator). LD indicates number of members eligible for the measure less than 30 with rate not reported. Eligible members are included in overall STAR rates.

Key Points:

1. Chart 20 provides the percentage of STAR Program enrollees who were readmitted within 30 days following an inpatient stay for mental health problems, distributed by MCO. Mental health readmissions are frequently used as a measure of an adverse outcome, which potentially result from efforts to contain behavioral health care costs such as reducing the initial length of stay.[2]
2. The percentage of mental health readmissions varied by MCO, with a difference of about 30 percentage points between the health plans with the lowest and the highest percentage of readmissions. FirstCare had the lowest percent of readmissions, at 6 percent. The lowest-performing MCOs (those with the highest percentage of readmissions) were Cook Children's (36 percent), UnitedHealthcare (24 percent), and El Paso First (24 percent).

Chart 21. Readmission within 30 Days after an Inpatient Stay for Mental Health – SDA Breakout

STAR MCOs - September 1, 2006 to August 31, 2007 **STAR Inpatient Mental Health Eligible Stays = 2,628**



Reference: Table STAR MHReadmit08

SDA	Bexar	El Paso	Harris	Lubbock	Nueces	Tarrant	Travis
MEAN	19.90%	14.40%	16.50%	8.30%	18.10%	18.60%	13.40%

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

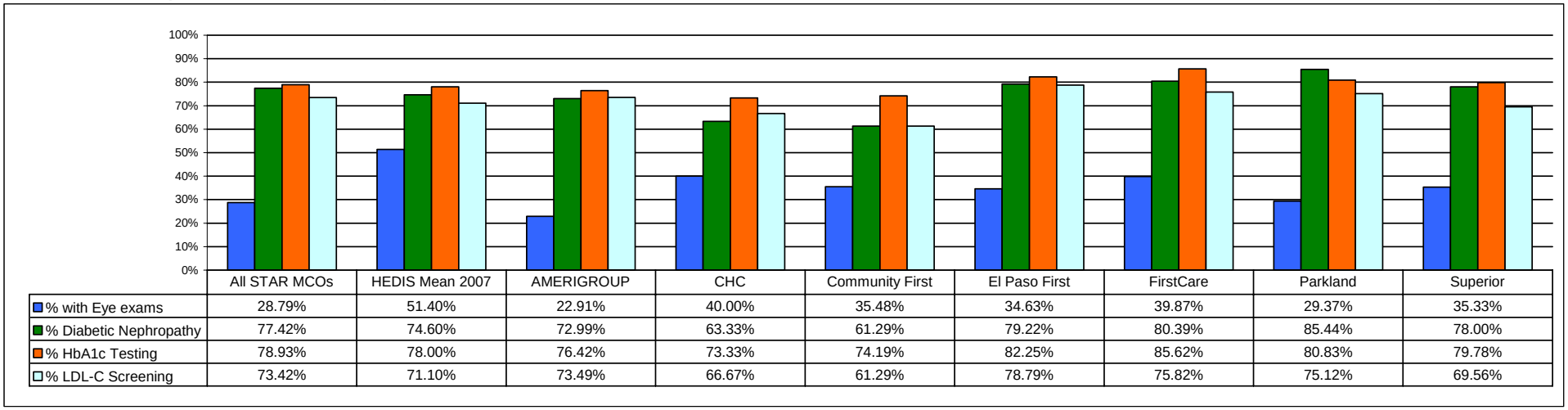
Note: Aetna, Molina, AMERIGROUP-TRAVIS, and Superior-LUBBOCK had LD (Low Denominator). LD indicates number of members eligible for the measure less than 30 with rate not reported. Eligible members are included in overall STAR rates.

Key Points:

1. Chart 21 provides the percentage of STAR Program enrollees who were readmitted within 30 days following an inpatient stay for mental health problems, distributed by MCO/SDA.
2. Three MCO/SDA groups performed substantially better than STAR overall for this measure: Superior – El Paso (4 percent), FirstCare – Lubbock (6 percent), and Superior – Nueces (7 percent). The lowest-performing MCO/SDA groups (those with the highest rates of readmission) were Cook Children's – Tarrant (36 percent), UnitedHealthcare – Harris (24 percent), and El Paso First – El Paso (24 percent).
3. The Lubbock SDA performed substantially better than the STAR Program overall for this measure, with a readmission rate of 8 percent.
4. Factors that can influence readmission to a mental health facility include condition severity, family and community support, and after-care planning. To decrease rates of readmission at the program level, HHSC may consider reviewing and disseminating successful strategies used by FirstCare, which was the highest-performing MCO on this indicator and contracts with Magellan Behavioral Health for delivering behavioral health services.[25]

Chart 22. HEDIS® Comprehensive Diabetes Care (administrative component only)

STAR MCOs - September 1, 2006 to August 31, 2007 **STAR Eligibles = 2,980**



	All STAR MCOs	HEDIS Mean 2007	AMERIGROUP	CHC	Community First	El Paso First	FirstCare	Parkland	Superior
% with Eye exams	28.79%	51.40%	22.91%	40.00%	35.48%	34.63%	39.87%	29.37%	35.33%
% Diabetic Nephropathy	77.42%	74.60%	72.99%	63.33%	61.29%	79.22%	80.39%	85.44%	78.00%
% HbA1c Testing	78.93%	78.00%	76.42%	73.33%	74.19%	82.25%	85.62%	80.83%	79.78%
% LDL-C Screening	73.42%	71.10%	73.49%	66.67%	61.29%	78.79%	75.82%	75.12%	69.56%

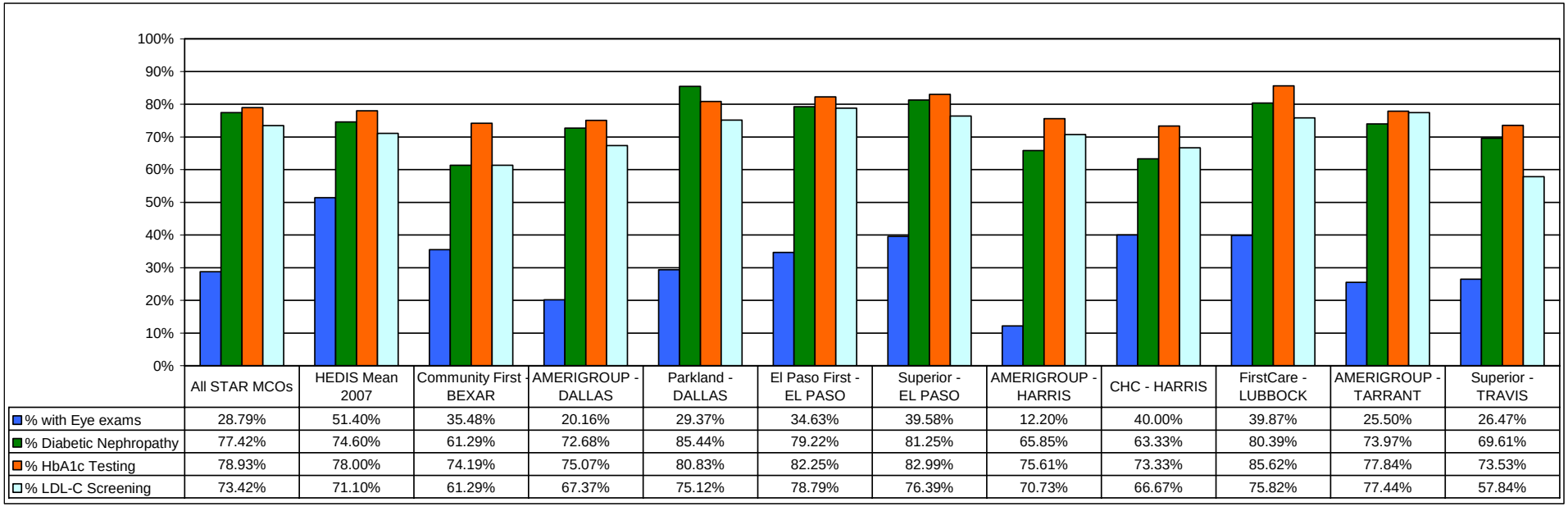
Reference : STAR Table CDC08
Note: Cook Children's, Driscoll, UniCare, Aetna, Molina, UHC, and Texas Children's had LD (Low Denominator). LD indicates number of members eligible for the measure less than 30 with rate not reported. Eligible members are included in overall STAR rates.

Key Points:

1. Chart 22 provides the percentage of STAR Program enrollees 18 to 75 years of age with diabetes (type 1 and 2) who had eye exams, medical attention for diabetic nephropathy, hemoglobin A1c (HbA1c) testing, and LDL-C screening during the measurement period, distributed by MCO. HEDIS® technical specifications for the Comprehensive Diabetes Care measures allow for the use of administrative and medical record review. Results shown in Charts 22 and 23 were calculated using administrative data only.
2. The STAR Program overall met or exceeded national HEDIS® means for all measures except eye exams. Among STAR Program enrollees with diabetes, 29 percent had received eye exams during the measurement period, compared with 51 percent nationally.
3. With the exception of eye exams, there was little variation among MCOs on these measures. Community First and Community Health Choice performed lower than the national HEDIS® means for all measures.

Chart 23. HEDIS® Comprehensive Diabetes Care – SDA Breakout (administrative component only)

STAR MCOs - September 1, 2006 to August 31, 2007 **STAR Eligibles = 2,980**



	All STAR MCOs	HEDIS Mean 2007	Community First - BEXAR	AMERIGROUP - DALLAS	Parkland - DALLAS	El Paso First - EL PASO	Superior - EL PASO	AMERIGROUP - HARRIS	CHC - HARRIS	FirstCare - LUBBOCK	AMERIGROUP - TARRANT	Superior - TRAVIS
% with Eye exams	28.79%	51.40%	35.48%	20.16%	29.37%	34.63%	39.58%	12.20%	40.00%	39.87%	25.50%	26.47%
% Diabetic Nephropathy	77.42%	74.60%	61.29%	72.68%	85.44%	79.22%	81.25%	65.85%	63.33%	80.39%	73.97%	69.61%
% HbA1c Testing	78.93%	78.00%	74.19%	75.07%	80.83%	82.25%	82.99%	75.61%	73.33%	85.62%	77.84%	73.53%
% LDL-C Screening	73.42%	71.10%	61.29%	67.37%	75.12%	78.79%	76.39%	70.73%	66.67%	75.82%	77.44%	57.84%

Reference : STAR Table CDC08

		Bexar	Dallas	El Paso	Harris	Lubbock	Nueces	Tarrant	Travis
SDA Mean	Eye Exams	28.13%	26.28%	37.38%	22.09%	39.08%	36.36%	25.69%	24.17%
	Diabetic Neph.	64.06%	80.99%	80.35%	60.47%	80.46%	63.64%	74.05%	70.00%
	HbA1c Testing	71.88%	78.76%	82.66%	74.42%	84.48%	77.27%	77.85%	70.83%
	LDL-C Screening	50.00%	72.64%	77.46%	67.44%	74.71%	70.45%	77.06%	56.67%

Note: Aetna, Molina, UniCare, Cook Children's, Texas Children's, UHC, Driscoll, AMERIGROUP - TRAVIS, AMERIGROUP - NUECES, Superior - BEXAR, Superior - NUECES and Superior - LUBBOCK had LD (Low Denominator). LD 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:

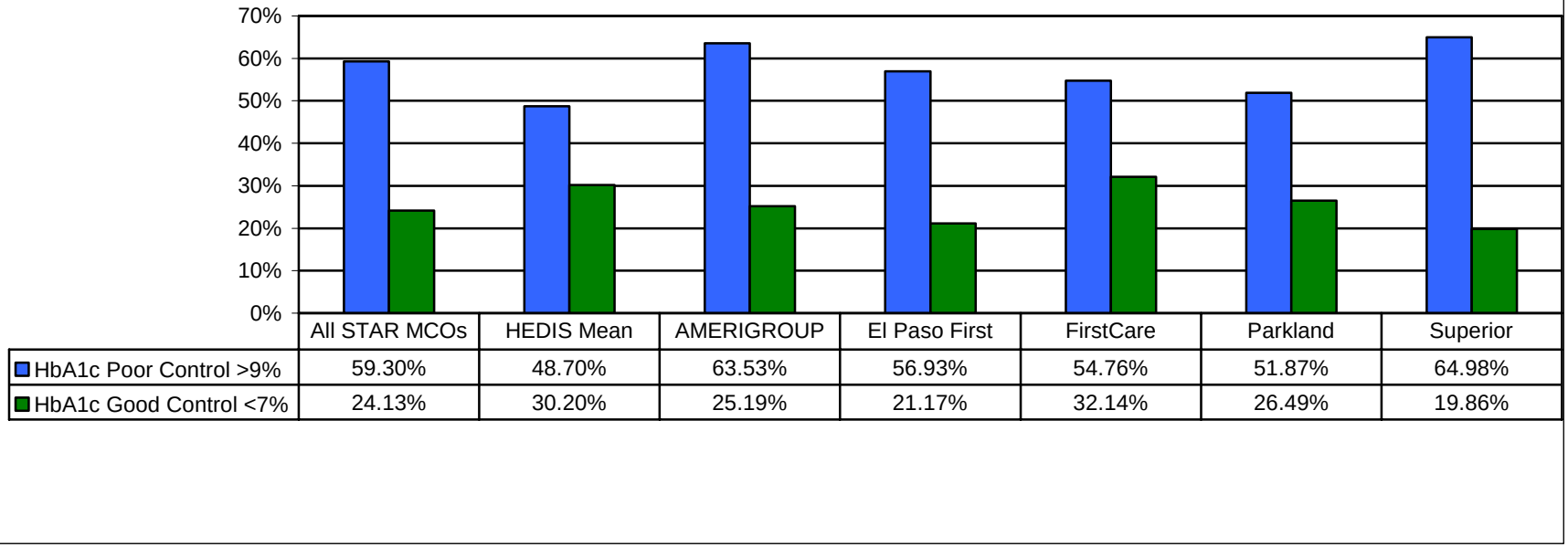
1. Chart 23 presents results for the HEDIS® Comprehensive Diabetes Care measure, distributed by MCO/SDA.
2. Results for eye exams varied considerably at the MCO/SDA level, ranging from 12 percent in AMERIGROUP – Harris to 40 percent in Community Health Choice – Harris. The percentage of STAR Program enrollees with diabetes who received eye exams in the Harris SDA overall was 22 percent. These findings suggest that receiving eye exams is associated more with health plan than geography. The AMERIGROUP MCO had the three lowest rates and therefore the greatest need for improvement on this measure.
3. Results for the other three measures were relatively constant across MCO/SDA groups. Superior – Travis had the lowest percentage of diabetic enrollees who received LDL-C screening during the measurement period (58 percent). Community Health Choice – Harris had the

lowest percentage who received HbA1c testing (73 percent). Community First – Bexar had the lowest percentage who received medical attention for diabetic nephropathy (61 percent).

Chart 24A. HEDIS® Comprehensive Diabetes Care HbA1c Control (medical record review)

STAR Samples Reviewed = 1,032
STAR Eligible Enrollees = 2,591

STAR MCOs - September 1, 2006 to August 31, 2007



	All STAR MCOs	HEDIS Mean	AMERIGROUP	El Paso First	FirstCare	Parkland	Superior
HbA1c Poor Control >9%	59.30%	48.70%	63.53%	56.93%	54.76%	51.87%	64.98%
HbA1c Good Control <7%	24.13%	30.20%	25.19%	21.17%	32.14%	26.49%	19.86%

Reference : STAR Table CDC(Medical Review)08

Key Points:

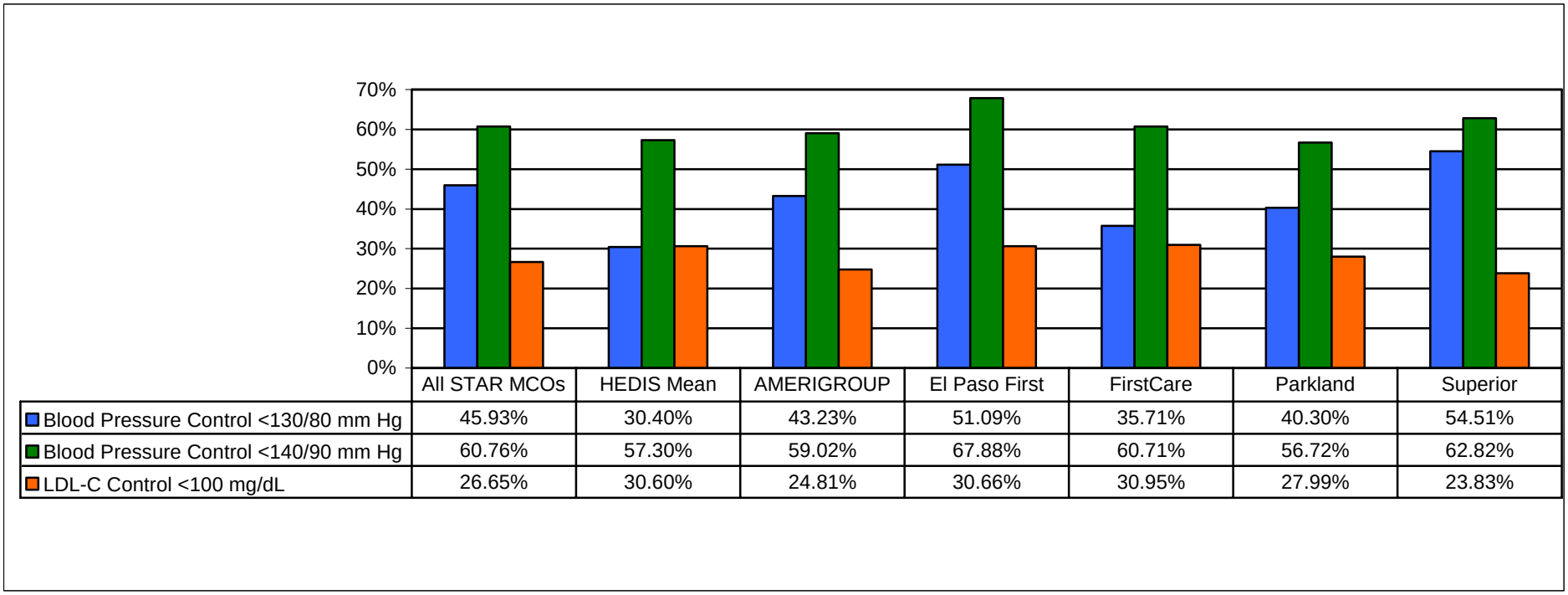
1. Chart 24A provides the percentage of STAR enrollees 18 to 75 years of age who had diabetes and had (1) poor HbA1c control (> 9%) and (2) good HbA1c control (< 7%) during the measurement period, distributed by MCO. For the poor HbA1c control indicator, lower percentages represent better performance. Results are shown only for AMERIGROUP, El Paso First, FirstCare, Parkland, and Superior. The remaining health plans were excluded because they had denominators less than 30.
2. The STAR Program performed lower than the national HEIDIS® mean for Medicaid Managed Care Plans reporting to NCQA on this measure for both poor HbA1c control (59 percent versus 49 percent nationally) and good HbA1c control (24 percent versus 30 percent nationally). The STAR Program also performed lower than the HHSC Performance Indicator Dashboard standard (51 percent) for poor HbA1c control.[26]
3. There was some variation across MCOs for these indicators. Superior was the lowest-performing health plan for both poor HbA1c control (65 percent) and good HbA1c control (20 percent). However, the EQRO recommends program-wide efforts to promote healthy blood glucose levels among diabetic STAR members.

Chart 24B. HEDIS® Comprehensive Diabetes Care Blood Pressure and LDC-C Control (medical record review)

STAR Samples Reviewed = 1,032

STAR MCOs - September 1, 2006 to August 31, 2007

STAR Eligible Enrollees = 2,591



	All STAR MCOs	HEDIS Mean	AMERIGROUP	El Paso First	FirstCare	Parkland	Superior
Blood Pressure Control <130/80 mm Hg	45.93%	30.40%	43.23%	51.09%	35.71%	40.30%	54.51%
Blood Pressure Control <140/90 mm Hg	60.76%	57.30%	59.02%	67.88%	60.71%	56.72%	62.82%
LDL-C Control <100 mg/dL	26.65%	30.60%	24.81%	30.66%	30.95%	27.99%	23.83%

Reference : STAR Table CDC(Medical Review)08

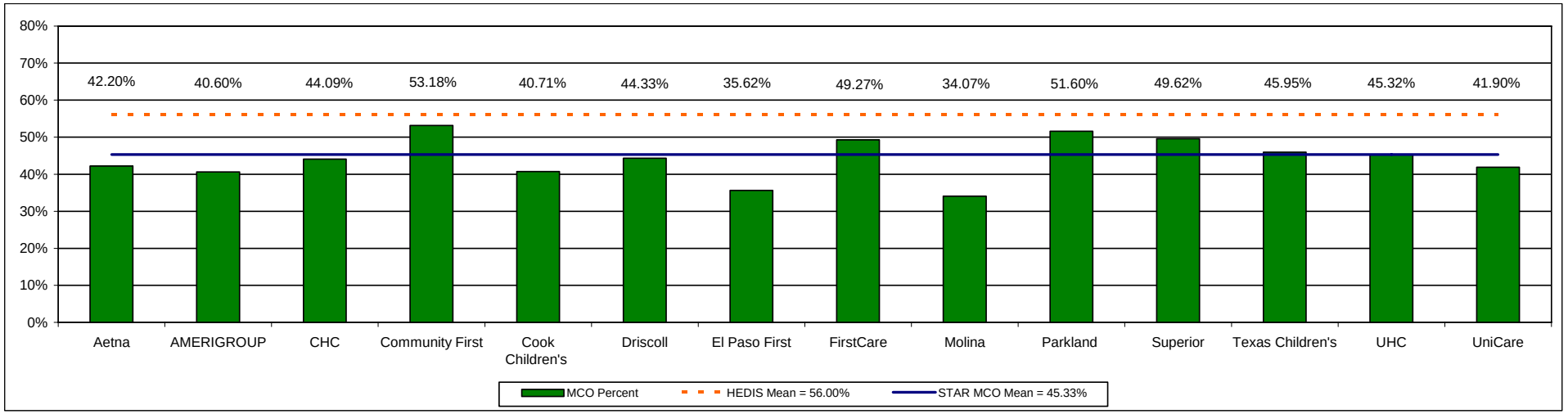
Key Points:

1. Chart 24B provides the percentage of STAR enrollees who had diabetes and had (1) blood pressure control <130/80 mm Hg, (2) blood pressure control <140/90 mm Hg, and (3) LDL-C control <100 mg/dL during the measurement period, distributed by MCO. Results are shown only for AMERIGROUP, El Paso First, FirstCare, Parkland, and Superior. The remaining health plans were excluded because they had denominators less than 30.
2. For both blood pressure control indicators, the STAR Program performed better than the national HEDIS® mean for Medicaid Managed Care Plans reporting to NCQA, with 46 percent of members having blood pressure control <130/80 mm Hg (compared with 30 percent nationally) and 61 percent of members having blood pressure control <140/90 mm Hg (compared with 57 percent nationally). For LDL-C control < 100 mg/dL, the STAR Program performed slightly lower than the national HEDIS® mean (27 percent versus 31 percent).

3. Results for all three indicators varied somewhat across the health plans. For blood pressure control, only Parkland was below the national HEDIS® mean (at <140/90 mm Hg). For LDL-C control < 100 mg/dL, AMERIGROUP, Parkland, and Superior were below the national HEDIS® mean.
4. Control of low-density lipoprotein cholesterol for diabetic members was notably below the HHSC Performance Indicator Dashboard standard of 37 percent for this measure, at both the program level and for each of the health plans assessed.[27] Ensuring patient compliance with statin therapy is an important component in reducing LDL cholesterol levels. Recent studies have found significant reductions in LDL-C levels after switching patients to rosuvastatin from any other statin medication.[28, 29]

Chart 25. HEDIS® Appropriate Testing for Children with Pharyngitis

STAR MCOs - September 1, 2006 to August 31, 2007 **STAR Eligibles = 24,827**



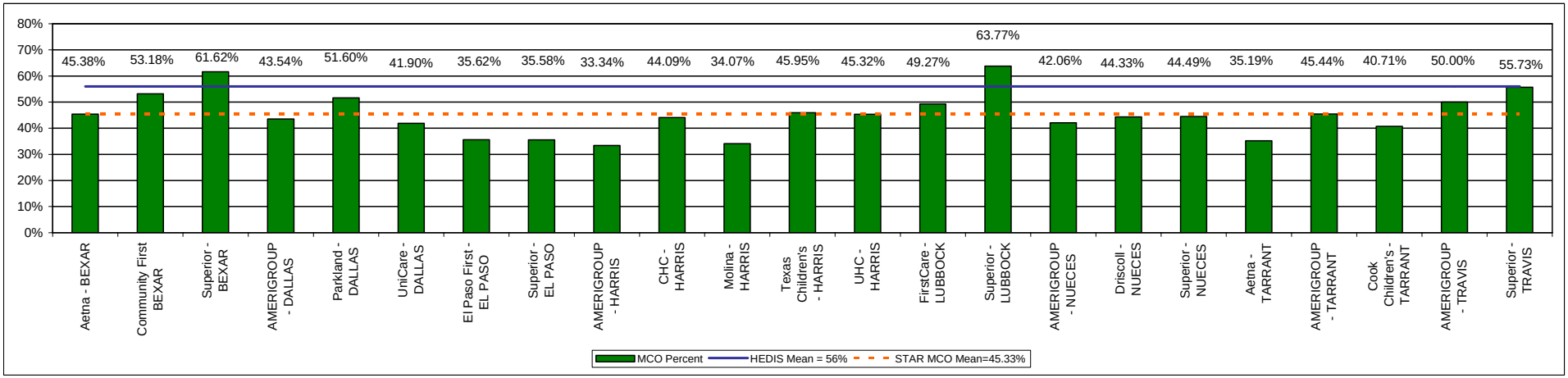
Reference : STAR Table CWP08

Key Points:

1. Chart 25 provides the percentage of children two to 18 years of age in the STAR Program who were diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus test for the episode, distributed by MCO.
2. The STAR Program performed lower than the national HEDIS® mean for Medicaid Managed Care Plans reporting to NCQA on this measure, with 45 percent of children with pharyngitis receiving appropriate testing compared to 56 percent nationally.
3. None of the health plans met or exceeded the national HEDIS® mean for this measure. Community First had the highest percentage of children with pharyngitis receiving appropriate testing, at 53 percent. The lowest-performing MCOs on this measure were Molina (34 percent) and El Paso First (36 percent).

Chart 26. HEDIS® Appropriate Testing for Children with Pharyngitis – SDA Breakout

STAR MCOs - September 1, 2006 to August 31, 2007 **STAR Eligibles = 24,827**



Reference : STAR Table CWP08

SDA	Bexar	Dallas	El Paso	Harris	Lubbock	Nueces	Tarrant	Travis
Mean	57.26%	47.15%	35.59%	40.53%	51.52%	44.12%	44.99%	54.99%

Key Points:

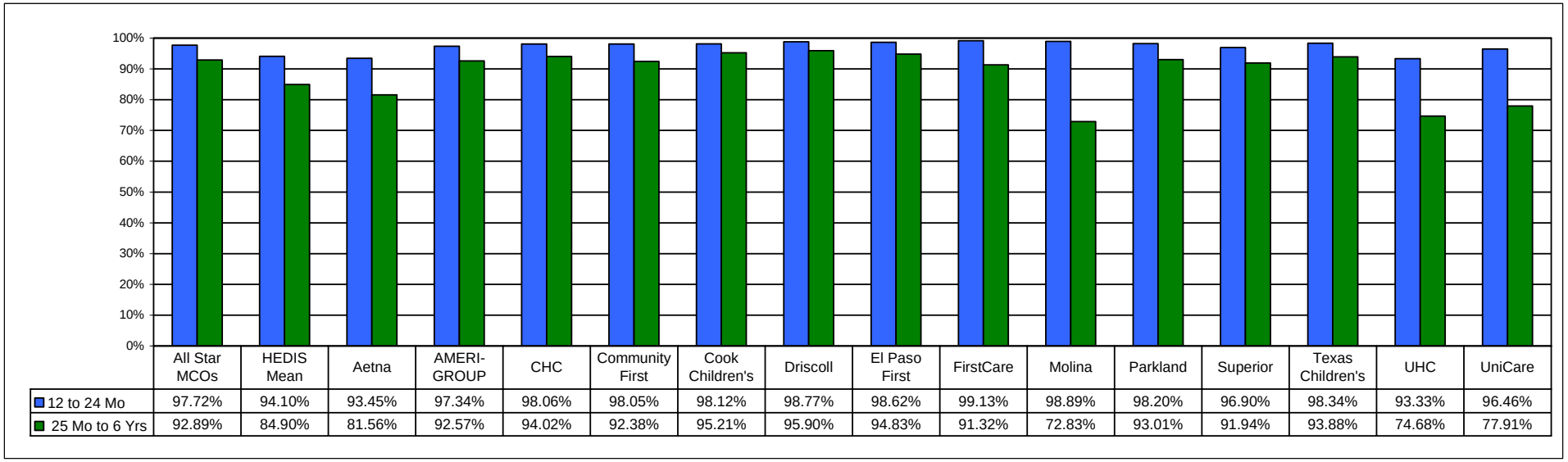
1. Chart 26 presents results for the HEDIS® Appropriate Testing for Children with Pharyngitis measure, distributed by MCO/SDA.
2. Two MCO/SDA groups met or exceeded the national HEDIS® mean for this measure: Superior – Bexar (62 percent) and Superior – Lubbock (64 percent). The lowest-performing MCO/SDA groups for this measure were AMERIGROUP – Harris (33 percent), Molina – Harris (34 percent), Aetna – Tarrant (35 percent), Superior – El Paso (36 percent), and El Paso First – El Paso (36 percent).
3. At the SDA level, only the Bexar SDA met or exceeded the national HEDIS® mean (57 percent, compared with 56 percent nationally).
4. The overall low performance of the STAR Program on this measure suggests a need to develop strategies for increasing appropriate testing of children presenting to primary care providers with sore throats.

Chart 27. Children's Access to Primary Care Practitioners

STAR Eligibles 12 - 24 months = 47,889

STAR MCOs - September 1, 2006 to August 31, 2007

STAR Eligibles 25 months - 6 Years = 148,730



	All Star MCOs	HEDIS Mean	Aetna	AMERI-GROUP	CHC	Community First	Cook Children's	Driscoll	El Paso First	FirstCare	Molina	Parkland	Superior	Texas Children's	UHC	UniCare
12 to 24 Mo	97.72%	94.10%	93.45%	97.34%	98.06%	98.05%	98.12%	98.77%	98.62%	99.13%	98.89%	98.20%	96.90%	98.34%	93.33%	96.46%
25 Mo to 6 Yrs	92.89%	84.90%	81.56%	92.57%	94.02%	92.38%	95.21%	95.90%	94.83%	91.32%	72.83%	93.01%	91.94%	93.88%	74.68%	77.91%

Reference : STAR Table CAP08

Note: This measure is based on HEDIS® Children and Adolescents' Access to Primary Care Practitioners; the adolescent group could not be reported due to lack of sufficient data.

Key Points:

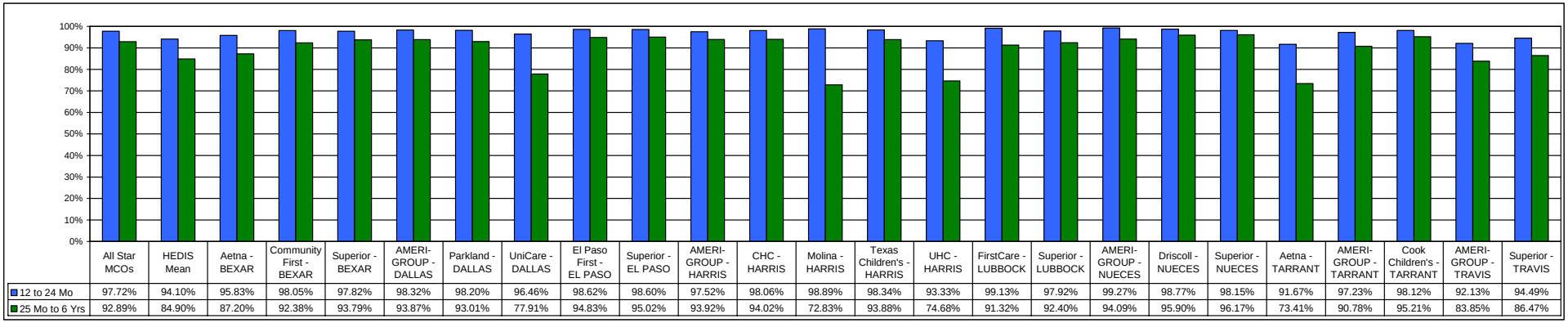
1. Chart 27 provides the percentage of children ages one to six years old in the STAR Program who had a visit with a physician provider during the measurement period, distributed by MCO. Percentages were calculated using the HEDIS® measure, Children and Adolescents' Access to Primary Care Practitioners, but excluded children ages seven and older and adolescents. The specifications for this measure contain four age cohorts: 12 to 24 months, two to six years, seven to 11 years, and 12 to 19 years. Two of the four age cohorts (i.e., seven to 11 years and 12 to 19 years) could not be reported because this measure requires two years of eligibility and encounter data and not enough history was available for all the health plans. Furthermore, the HEDIS® measure specifies visits with a primary care practitioner. After lifting provider constraints, the percentages shown here are slightly inflated, which should be taken into consideration when making comparisons with the national HEDIS® means.
2. The STAR Program performed better than the national HEDIS® mean on this measure for both age groups. Among children 12 to 24 months old, 98 percent had a visit with a physician provider in the STAR Program, compared with 94 percent nationally. Among children two to six years old, 93 percent had a visit with a physician provider in the STAR Program, compared with 85 percent nationally.

3. There was little variation among MCOs in the percentage of children 12 to 24 months old who saw a physician provider. Only two MCOs did not exceed the national HEDIS® mean for this measure: Aetna (93 percent) and UnitedHealthcare (93 percent).
4. The percentage of children two to six years old who saw a physician provider varied somewhat across MCOs, ranging from 73 percent in Molina to 96 percent in Driscoll.

Chart 28. Children's Access to Primary Care Practitioners – SDA Breakout

STAR MCOs - September 1, 2006 to August 31, 2007

STAR Eligibles 12 - 24 months = 47,889
STAR Eligibles 25 months - 6 years = 148,730



	All Star MCOs	HEDIS Mean	Aetna - BEXAR	Community First - BEXAR	Superior - BEXAR	AMERI-GROUP - DALLAS	Parkland - DALLAS	UniCare - DALLAS	El Paso First - EL PASO	Superior - EL PASO	AMERI-GROUP - HARRIS	CHC - HARRIS	Molina - HARRIS	Texas Children's - HARRIS	UHC - HARRIS	FirstCare - LUBBOCK	Superior - LUBBOCK	AMERI-GROUP - NUECES	Driscoll - NUECES	Superior - NUECES	Aetna - TARRANT	AMERI-GROUP - TARRANT	Cook Children's - TARRANT	AMERI-GROUP - TRAVIS	Superior - TRAVIS
12 to 24 Mo	97.72%	94.10%	95.83%	98.05%	97.82%	98.32%	98.20%	96.46%	98.62%	98.60%	97.52%	98.06%	98.89%	98.34%	93.33%	99.13%	97.92%	99.27%	98.77%	98.15%	91.67%	97.23%	98.12%	92.13%	94.49%
25 Mo to 6 Yrs	92.89%	84.90%	87.20%	92.38%	93.79%	93.87%	93.01%	77.91%	94.83%	95.02%	93.92%	94.02%	72.83%	93.88%	74.68%	91.32%	92.40%	94.09%	95.90%	96.17%	73.41%	90.78%	95.21%	83.85%	86.47%

Reference : STAR Table CAP08

SDA MEAN		Bexar	Dallas	El Paso	Harris	Lubbock	Nueces	Tarrant	Travis
	12-24 Mo	97.92%	98.22%	98.61%	97.94%	99.06%	98.72%	97.23%	93.92%
	25 Mo-6 Yrs	92.94%	93.25%	94.94%	93.77%	91.42%	95.73%	91.04%	86.05%

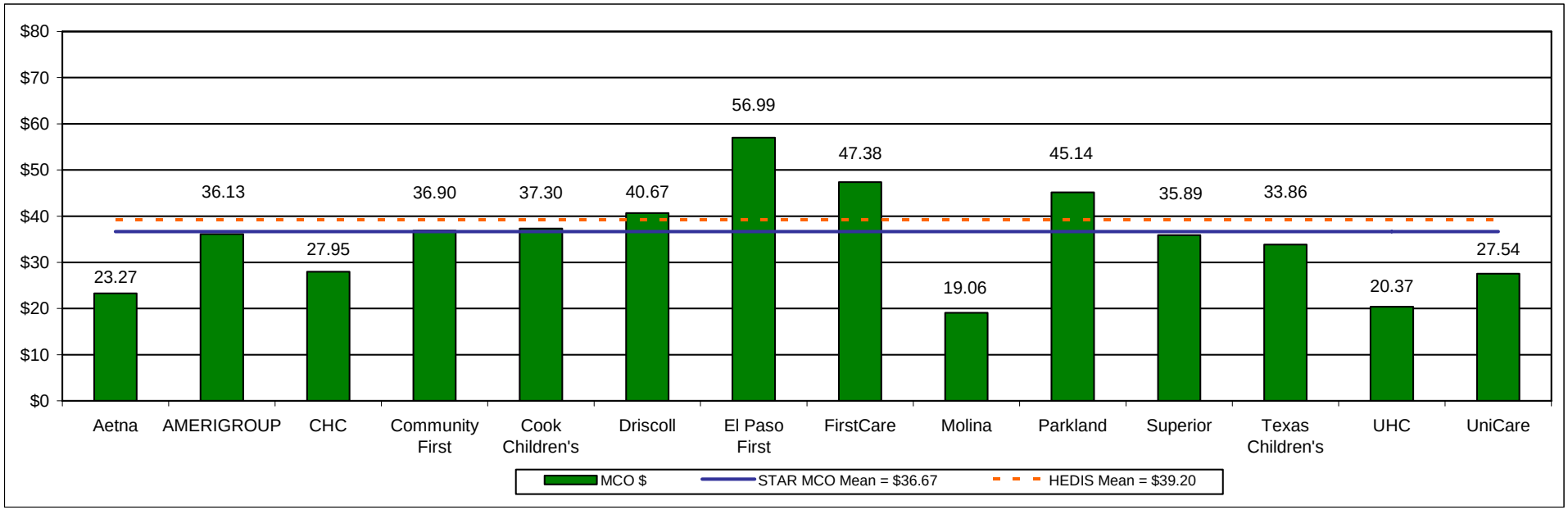
Note: This measure is based on HEDIS® Children and Adolescents' Access to Primary Care Practitioners; the adolescent group could not be reported due to lack of sufficient data.

Key Points:

1. Chart 28 provides the percentage of children ages one to six years old in the STAR Program who had a visit with a physician provider during the measurement period, distributed by MCO/SDA. Percentages were calculated using the HEDIS® Children and Adolescents' Access to Primary Care Practitioners specifications for ages 12 to 24 months and two to six years. Two of the four age cohorts (i.e., seven to 11 years and 12 to 19 years) could not be reported because this measure requires two years of eligibility and encounter data and not enough history was available for all the health plans. Furthermore, the HEDIS® measure specifies visits with a primary care practitioner. After lifting provider constraints, the percentages shown here are slightly inflated, which should be taken into consideration when making comparisons with the national HEDIS® means.
2. For children 12 to 24 months old, there was little variation among MCO/SDA groups in the percentage who had a visit with a physician provider. Almost all of the MCO/SDA groups were at or above the national HEDIS® mean for this measure. The lowest-performing MCO/SDA groups were Aetna – Tarrant (92 percent), AMERIGROUP – Travis (92 percent), and UnitedHealthcare - Harris (93 percent).
3. For children two to six years old, there was some variation among MCO/SDA groups on this measure. The lowest-performing MCO/SDA groups were Molina – Harris (73 percent), Aetna – Tarrant (73 percent), and UnitedHealthcare – Harris (75 percent). The SDA means for both Harris SDA and Tarrant SDA exceeded the national mean, and other health plans in these SDAs performed well. Therefore, performance on this measure is more likely associated with health plan than with geography.

Chart 29. HEDIS® Outpatient Drug Utilization - Average Cost of Prescriptions per Member per Month

STAR MCOs - September 1, 2006 to August 31, 2007 **STAR Number of Prescriptions = 471,235,824**



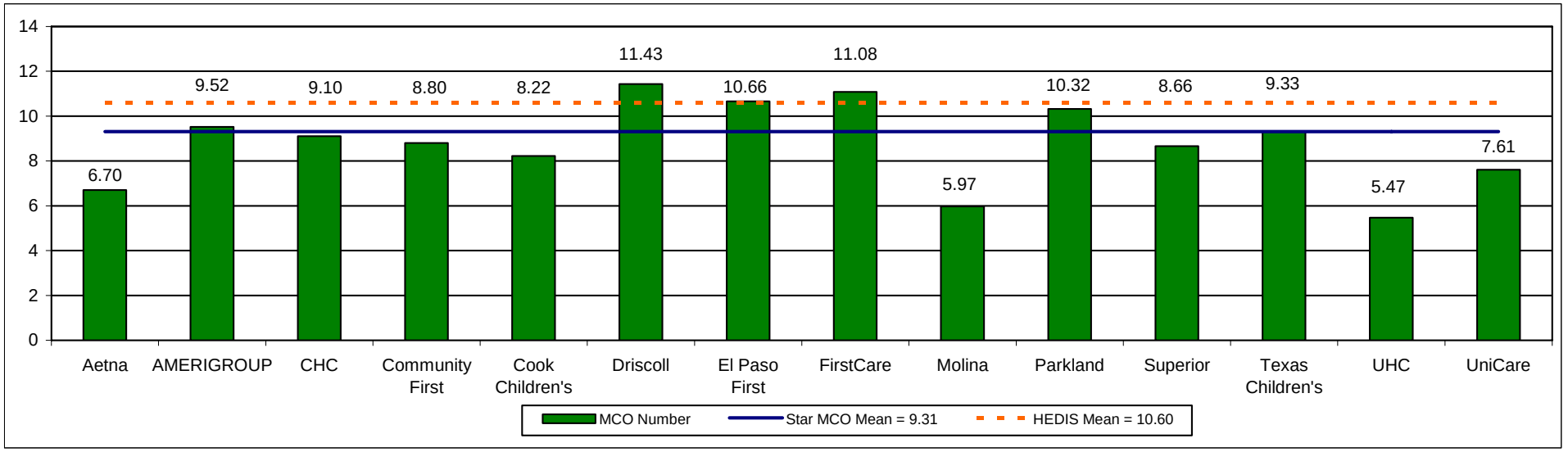
Reference: STAR Table ORX08

Key Points:

1. Chart 29 provides the mean monthly cost of prescriptions per member in the STAR Program during the measurement period, distributed by MCO. This measure functions as an indicator of both utilization and affordability of prescription drugs.
2. Prescription drug costs were slightly lower in the STAR Program (mean = $36.67) compared with the national HEDIS® mean (mean = $39.20).
3. Ten MCOs met or exceeded the national HEDIS® mean for this measure, suggesting lower utilization and/or greater affordability. The lowest means were in Molina ($19.06), UnitedHealthcare ($20.37), and Aetna ($23.27). Notably, the mean monthly prescription drug cost for El Paso First ($56.99) was considerably greater than both the national and program means. Drug costs for FirstCare ($47.38), Parkland Community ($45.14), and Driscoll ($40.67) were also higher than the national and program means. These findings suggest that further research may be warranted for these three health plans, exploring the extent to which utilization and/or prescription drug costs contribute to the higher average cost of monthly prescriptions in these health plans. Conversely, it is possible that there are issues with access to care for those plans that have low pharmacy costs and this possibility should also be explored.

Chart 30. HEDIS® Outpatient Drug Utilization - Average Number of Prescriptions per Member per Year

STAR MCOs - September 1, 2006 to August 31, 2007 **STAR Number of Prescriptions = 471,235,824**



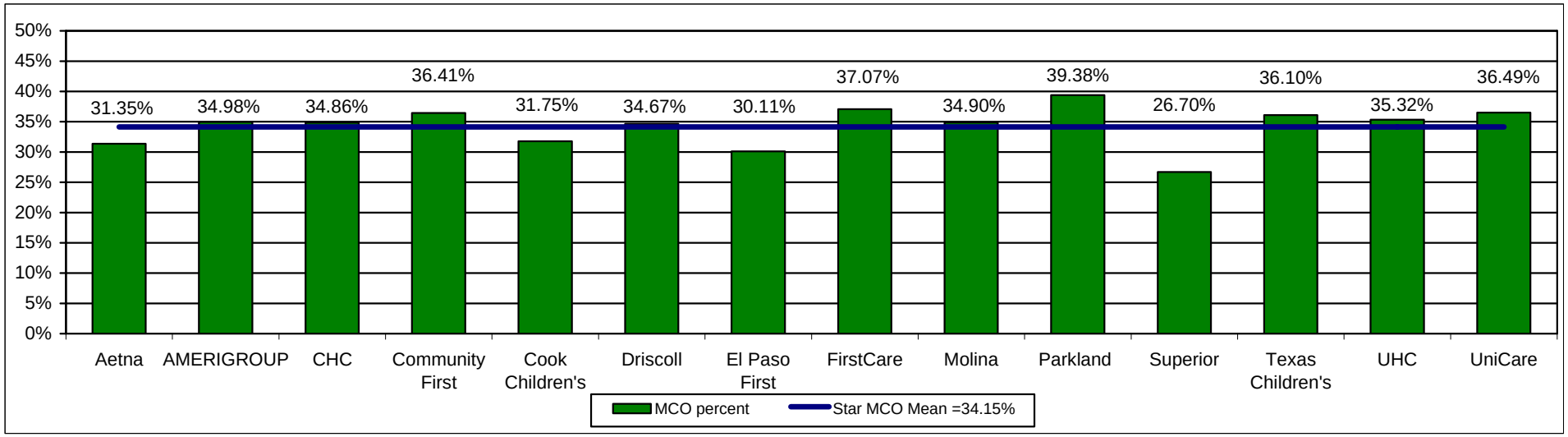
Reference: STAR Table ORX08

Key Points:

1. Chart 30 provides the mean annual number of prescriptions per member in the STAR Program during the measurement period, distributed by MCO.
2. The average annual number of prescriptions per member was slightly lower in the STAR Program (mean = 9.31) compared with the national HEDIS® mean (mean = 10.60).
3. Seven MCOs fell below both the program and national means for this measure. The health plans with the highest average annual number of prescriptions per member were Driscoll (11.43), FirstCare (11.08), and El Paso First (10.66) – all of which were above both the program and national means. HHSC may wish to consider studies to investigate the extent to which above-average prescription drug utilization in these MCOs is related to actual need for prescription drugs among members or unnecessary prescriptions offered by providers. Also, as previously noted, HHSC may want to review potential issues with access to care for those plans with low prescription drug costs.

Chart 31. Percent of Emergency Department Visits with a Primary Diagnosis of an Ambulatory Care Sensitive Condition

STAR MCOs - September 1, 2006 to August 31, 2007 **STAR ED Visits = 472,544**



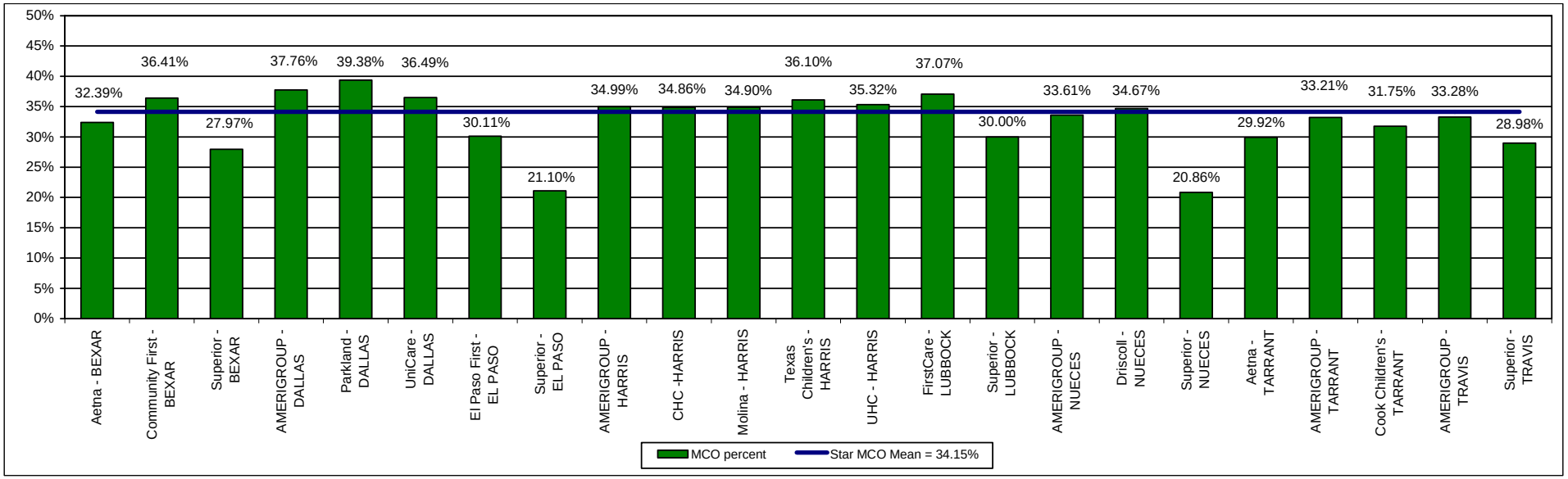
Reference : STAR Table ACSC08

Key Points:

1. Chart 31 provides the percentage of emergency department visits among STAR Program enrollees during the measurement period with a primary diagnosis of an ambulatory care sensitive condition (ACSC), distributed by MCO. ACSCs are medical problems that are potentially treatable through proper outpatient monitoring and an effective community health care system. Therefore, admission of members with ACSCs to the emergency room may be considered an indication that outpatient monitoring and community health care systems are under-performing; they represent trips to the emergency room that could potentially have been prevented. For this measure, the higher the percentage, the lower the health plan performance.
2. Most MCOs fell within five percentage points of the STAR Program mean for this measure (34 percent), with the exception of Superior, for which 27 percent of emergency department visits had a primary diagnosis of an ACSC. The lowest-performing health plans on this measure were Parkland Community (39 percent), FirstCare (37 percent), and UniCare (36 percent). While results for these three health plans were not considerably greater than the program mean or the SFY 2008 HHSC Performance Indicator Dashboard standard of 32 percent for this measure, some improvement in outpatient monitoring and treatment of ACSCs may be indicated.[30]

Chart 32. Percent of Emergency Department Visits with a Primary Diagnosis of an Ambulatory Care Sensitive Condition – SDA Breakout

STAR MCOs - September 1, 2006 to August 31, 2007 **STAR ED Visits = 472,544**



Reference: STAR Table ACSC08

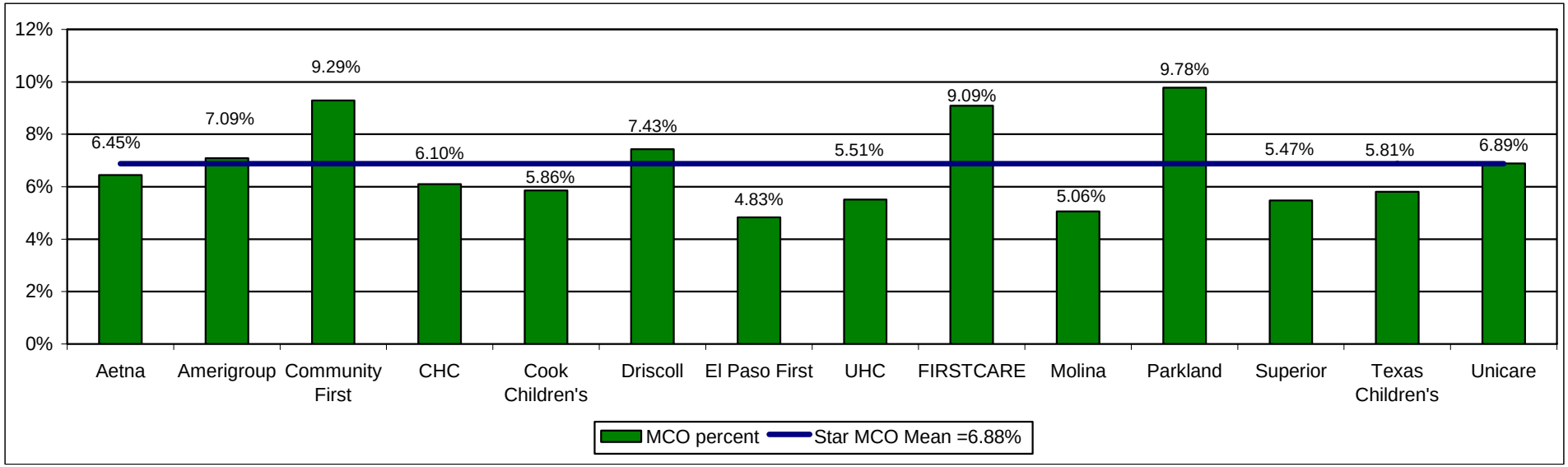
SDA	Bexar	Dallas	El Paso	Harris	Lubbock	Nueces	Tarrant	Travis
MEAN	32.72%	38.60%	25.22%	35.32%	35.84%	31.61%	32.82%	29.92%

Key Points:

1. Chart 32 provides the percentage of emergency department visits among STAR Program enrollees during the measurement period with a primary diagnosis of an ambulatory care sensitive condition (ACSC), distributed by MCO/SDA. ACSCs are described in more detail under Chart 31.
2. Twelve MCO/SDA groups (slightly more than half of all MCO/SDA groups in the program) were below the STAR Program mean for this measure (34 percent). The lowest-performing MCO/SDA groups for this measure were Parkland Community – Dallas (39 percent), AMERIGROUP – Dallas (38 percent), and FirstCare – Lubbock (37 percent). Percentages for these three MCO/SDA groups were higher than both the program mean and the SFY 2008 HHSC Performance Indicator Dashboard standard of 32 percent for this measure.[31]
3. At the SDA level, the El Paso SDA was considerably below the program mean on this measure (25 percent vs. 34 percent), suggesting that outpatient monitoring and treatment of enrollees with ACSCs in this SDA are effective, and may serve as a model for improving quality on this measure for other health plans and SDAs.

Chart 33. Percent of Enrollees with One or More Emergency Department Visits Due to an Ambulatory Care Sensitive Condition

STAR MCOs - September 1, 2006 to August 31, 2007 **STAR Enrollees in Age Group = 1,840,643**



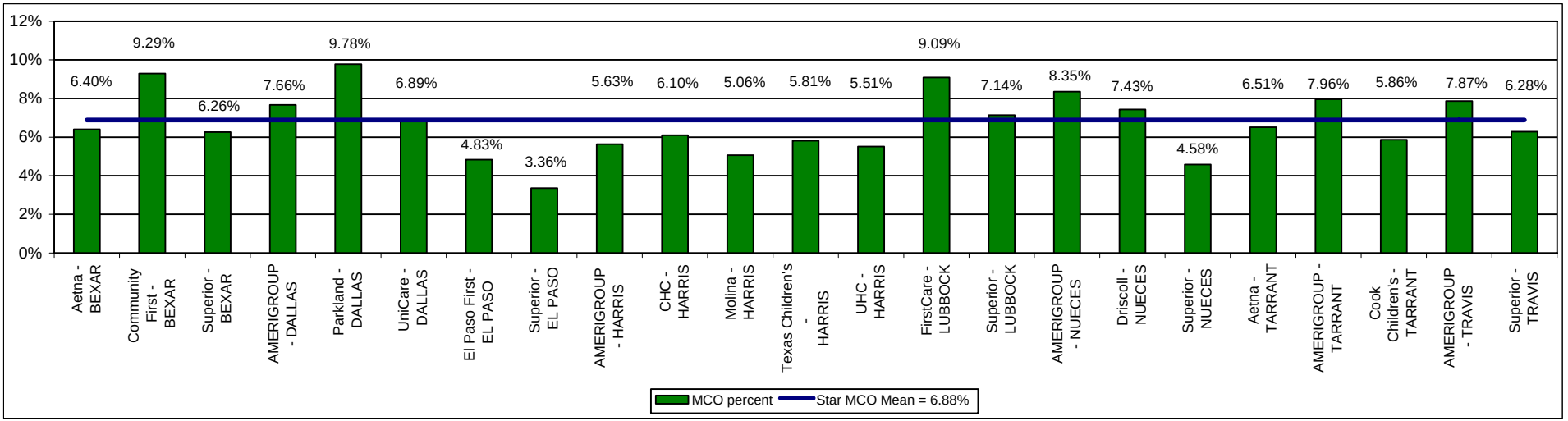
Reference : STAR Table ACSC08

Key Points:

1. Chart 33 provides the percentage of STAR Program enrollees who had one or more emergency department visits due to an ambulatory care sensitive condition (ACSC), by MCO. ACSCs are described in more detail under Chart 31. Because ACSCs are considered conditions that are potentially treatable through proper outpatient monitoring and an effective community health care system, “good” performance is indicated by a lower percentage of emergency department visits.
2. Findings for individual MCOs varied around the program mean of 7 percent. The lowest percentage of enrollees with one or more ACSC-related emergency department visits was in the El Paso First MCO (5 percent). This is consistent with findings from Charts 31 and 32, suggesting that outpatient monitoring and treatment in this health plan are comprehensive enough to prevent most ACSC-related emergency department visits. The lowest-performing MCOs on this measure were Parkland Community (10 percent), Community First (9 percent), and FirstCare (9 percent).

Chart 34. Percent of Enrollees with One or More Emergency Department Visits Due to an Ambulatory Care Sensitive Condition – SDA Breakout

STAR MCOs - September 1, 2006 to August 31, 2007 **STAR Enrollees in Age Group = 1,840,643**



Reference : STAR Table ACSC08

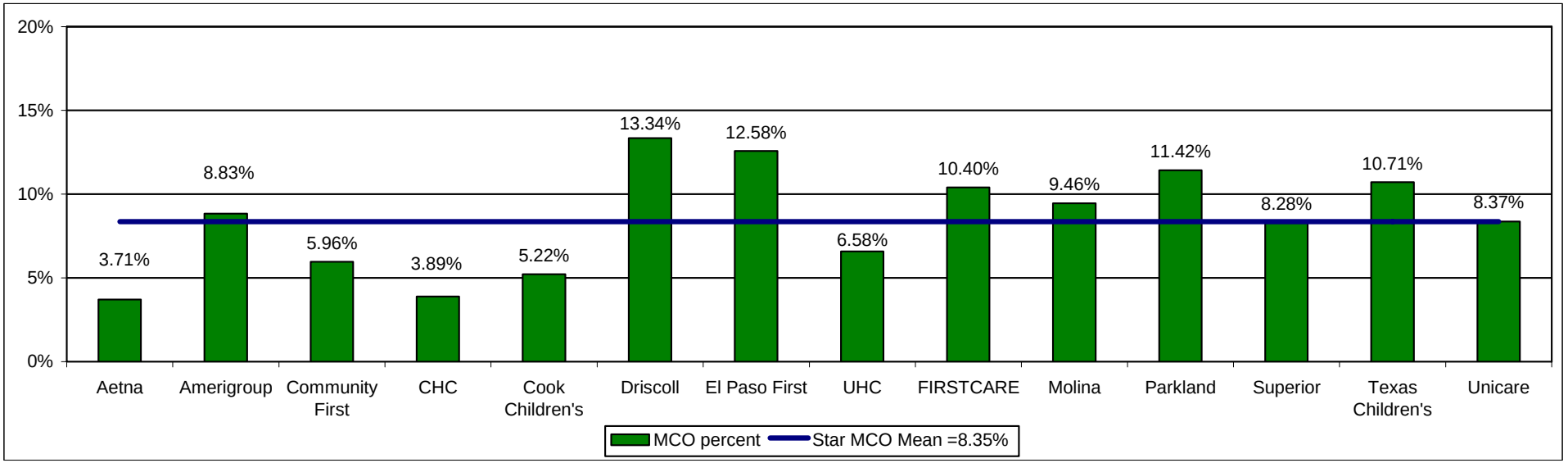
SDA	Bexar	Dallas	El Paso	Harris	Lubbock	Nueces	Tarrant	Travis
MEAN	7.68%	8.67%	4.01%	5.79%	8.73%	6.97%	7.52%	6.60%

Key Points:

1. Chart 34 provides the percentage of STAR Program enrollees who had one or more emergency department visits due to an ambulatory care sensitive condition (ACSC), by MCO/SDA. ACSCs are described in more detail under Chart 31. “Good” performance is indicated by a lower percentage of emergency department visits.
2. Findings for MCO/SDA groups varied around the program mean for this measure (7 percent). The MCO/SDA groups most in need of improvement are Parkland Community – Dallas (10 percent), Community First – Bexar (9 percent), and FirstCare – Lubbock (9 percent).
3. At the SDA level, the El Paso and Harris SDAs performed the best on this measure, at 4 percent and 6 percent respectively. Both health plans in the El Paso SDA (El Paso First and Superior) performed considerably better than the program average. Likewise, all five plans in the Harris SDA (AMERIGROUP, Community Health Choice, UnitedHealthcare, Molina, and Texas Children’s) performed better than the program average. This finding suggests that performance on this measure is related more to geography than health plan. Enrollees in these SDAs may potentially have lower rates of ACSCs, which would reduce ACSC-related burden on emergency departments.

Chart 35. Percent of Hospitalizations with a Primary Diagnosis of an Ambulatory Care Sensitive Condition

STAR MCOs - September 1, 2006 to August 31, 2007 **STAR Inpatient Stays = 152,778**



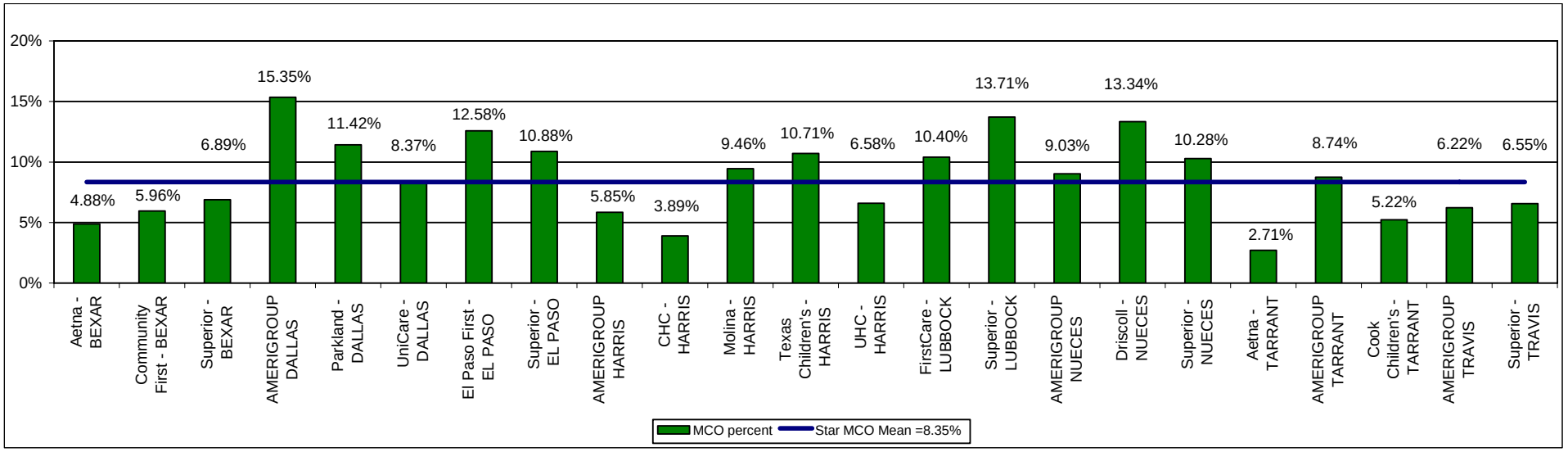
Reference : STAR Table ACSC08

Key Points:

1. Chart 35 provides the percentage of hospitalizations among STAR Program enrollees with a primary diagnosis of an ambulatory care sensitive condition (ACSC), distributed by MCO. ACSCs are described in more detail under Chart 31. Because ACSCs are considered conditions that are potentially treatable through proper outpatient monitoring and an effective community health care system, “good” performance is indicated by a lower percentage of hospitalizations.
2. Findings for MCOs varied around the STAR Program mean (8 percent). The MCOs with the lowest percentage of ACSC-related hospitalizations was Aetna, at 4 percent. The MCOs in need of improvement on this measure are Driscoll (13 percent), El Paso First (13 percent), and Parkland Community (11 percent) – all higher than the SFY 2008 HHSC Performance Indicator Dashboard standard of 11 percent for this measure.[32]

Chart 36. Percent of Hospitalizations with a Primary Diagnosis of an Ambulatory Care Sensitive Condition – SDA Breakout

STAR MCOs - September 1, 2006 to August 31, 2007 **STAR Inpatient Stays = 152,778**



Reference : STAR Table ACSC08

SDA	Bexar	Dallas	El Paso	Harris	Lubbock	Nueces	Tarrant	Travis
MEAN	6.23%	12.25%	11.51%	6.13%	10.93%	11.56%	7.57%	6.50%

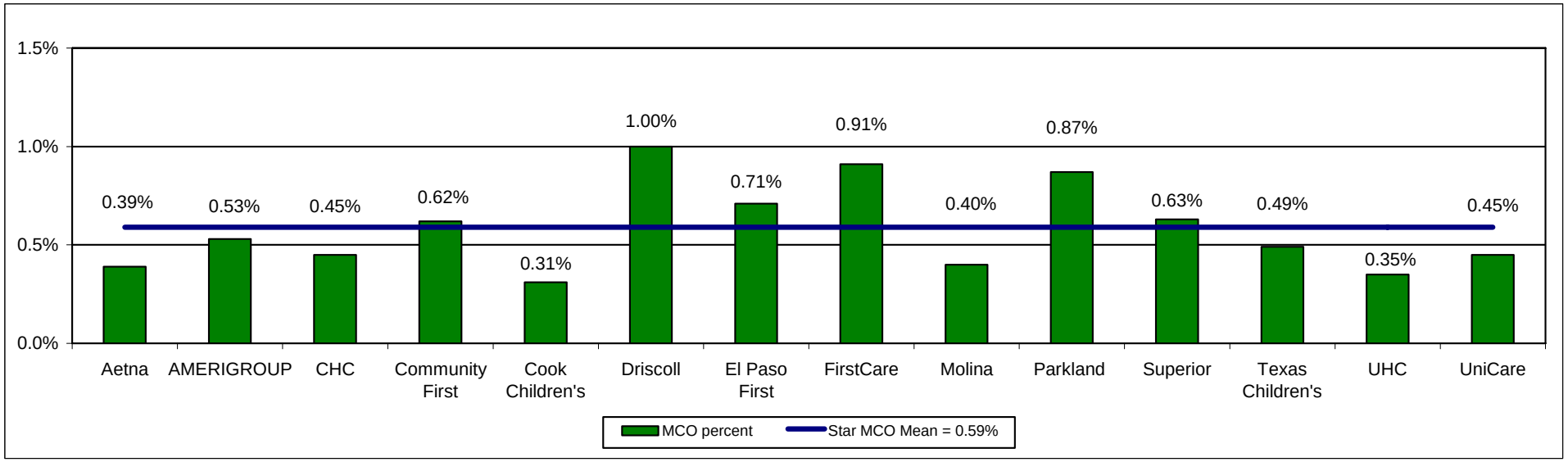
Key Points:

1. Chart 36 provides the percentage of hospitalizations among STAR Program enrollees with a primary diagnosis of an ambulatory care sensitive condition (ACSC), distributed by MCO/SDA. ACSCs are described in more detail under Chart 31. “Good” performance is indicated by a lower percentage of hospitalizations.
2. Results varied considerably across MCO/SDA groups on this measure, ranging from 3 percent in Aetna – Tarrant to 15 percent in AMERIGROUP – Dallas. The lowest-performing MCO/SDA groups on this measure were AMERIGROUP – Dallas (15 percent), Superior – Lubbock (14 percent), and Driscoll – Nueces (13 percent) – all higher than the SFY 2008 HHSC Performance Indicator Dashboard standard of 11 percent for this measure.[33]
3. At the SDA level, the best performance was observed in the Harris SDA, with 6 percent of ACSC-related hospitalizations. Among health plans in the Harris SDA, results ranged from 4 percent in Community Health Choice to 11 percent in Texas Children’s. The lowest-performing SDAs on this measure were Dallas (12 percent), Nueces (12 percent), and El Paso (12 percent). While findings within the Harris SDA were variable across health plans, the percentage of ACSC-related hospitalizations among health plans in the El Paso and Lubbock SDAs was consistently greater than the STAR Program mean.

4. Studies in California have shown that spending money on primary care to prevent these hospitalizations would be more cost effective than paying for the hospitalizations.[34]

Chart 37. Percent of Enrollees with One or More Hospital Stays Due to an Ambulatory Care Sensitive Condition

STAR MCOs - September 1, 2006 to August 31, 2007 **STAR Enrollees in Age Group = 1,840,643**



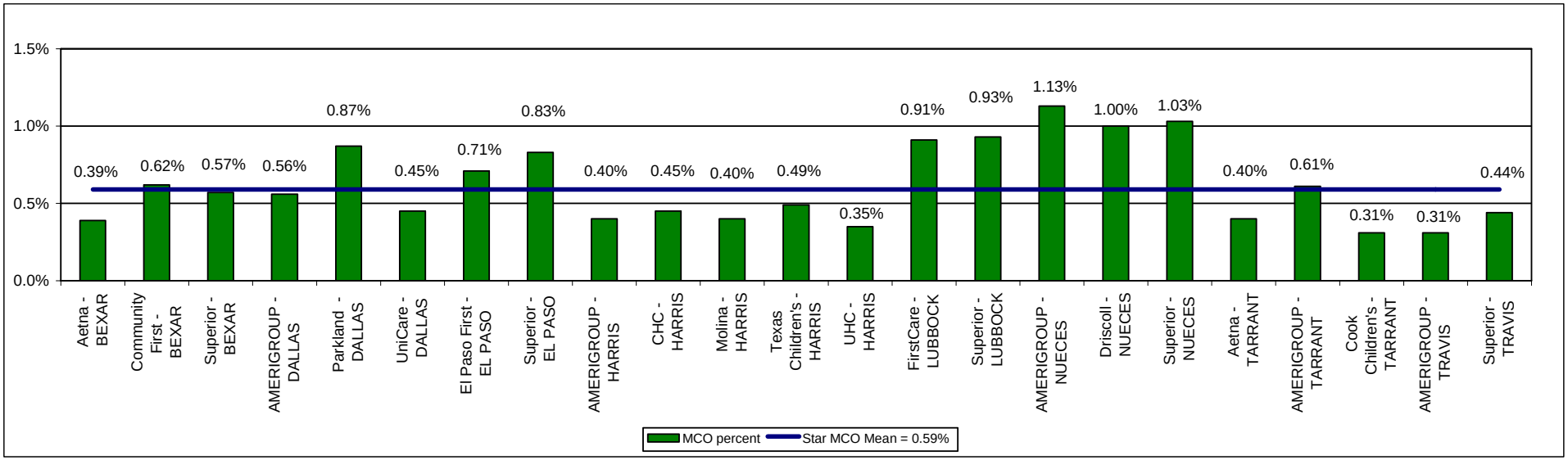
Reference : STAR Table ACSC08

Key Points:

1. Chart 37 provides the percentage of STAR Program enrollees who had one or more hospital stays due to an ambulatory care sensitive condition (ACSC). ACSCs are described in more detail under Chart 31. Because ACSCs are considered conditions that are potentially treatable through proper outpatient monitoring and an effective community health care system, “good” performance is indicated by a lower percentage of enrollees with ACSC-related hospital stays.
2. Overall, the percentage of enrollees with ACSC-related hospital stays was low, at less than one percent in the STAR Program. The MCO with the lowest percentage of enrollees with ACSC-related hospital stays was Cook Children’s, at 0.31 percent. The MCOs in most need of improvement on this indicator were Driscoll (1.00 percent), FirstCare (0.91 percent), and Parkland Community (0.87 percent).

Chart 38. Percent of Enrollees with One or More Hospital Stays Due to an Ambulatory Care Sensitive Condition – SDA Breakout

STAR MCOs - September 1, 2006 to August 31, 2007 **STAR Enrollees in Age Group = 1,840,643**



Reference : STAR Table ACSC08

SDA	Bexar	Dallas	El Paso	Harris	Lubbock	Nueces	Tarrant	Travis
MEAN	0.58%	0.71%	0.78%	0.44%	0.92%	1.03%	0.55%	0.41%

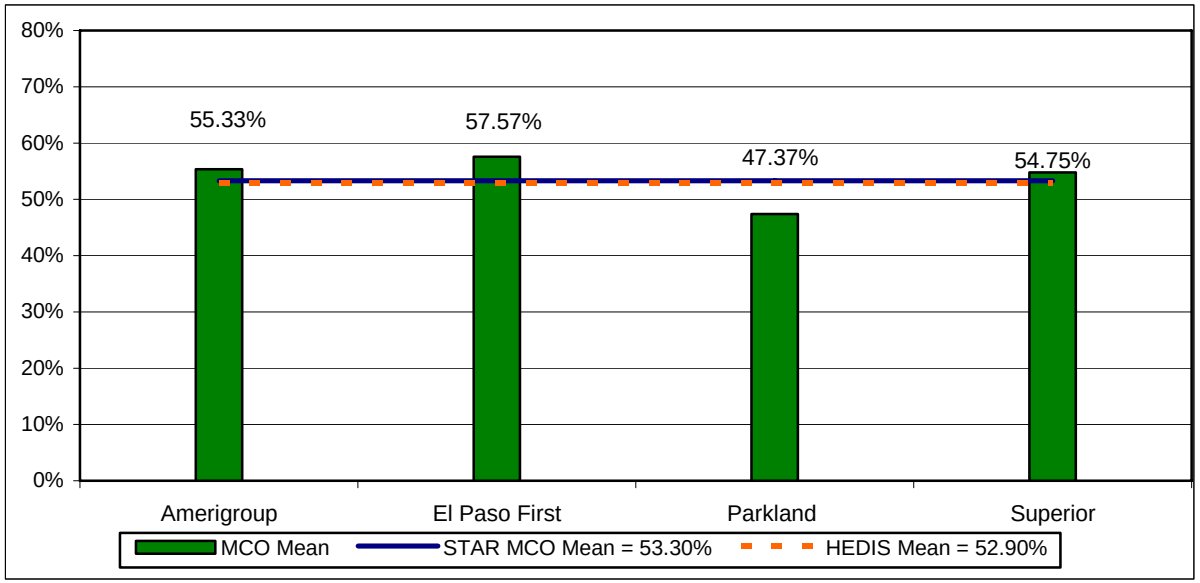
Key Points:

1. Chart 38 provides the percentage of STAR Program enrollees who had one or more hospital stays due to an ambulatory care sensitive condition (ACSC). ACSCs are described in more detail under Chart 31. “Good” performance is indicated by a lower percentage of enrollees with ACSC-related hospital stays.
2. Three MCO/SDA groups exceeded the program mean substantially, and may represent the MCO/SDA groups in most need of improvement on this measure: AMERIGROUP – Nueces (1.13 percent), Superior – Nueces (1.03 percent), and Driscoll – Nueces (1.00 percent). All three of these groups are in the Nueces SDA, for which 1.03 percent of enrollees had ACSC-related hospital stays. These findings suggest that performance on this indicator is related more to geography than to health plan. HHSC may consider studies to explore the area-level factors that may be responsible for the increased need for or utilization of ACSC-related hospital stays in the Nueces SDA.

Chart 39. HEDIS® Controlling High Blood Pressure

STAR Samples Reviewed = 788

STAR MCOs - September 1, 2006 to August 31, 2007 **STAR Eligible Enrollees = 2,955**



Reference: STAR Table CBP08

Key Points:

1. Chart 39 provides the percentage of STAR enrollees 18 to 85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90 mm Hg) during the measurement period, distributed by MCO. Results are shown only for AMERIGROUP, El Paso First, Parkland Community, and Superior. The remaining MCOs were excluded because they had denominators less than 30.
2. The STAR Program performed approximately the same as the national HEDIS® mean for Medicaid Managed Care Plans reporting to NCQA on this measure, with 53 percent of members having adequately controlled blood pressure.
3. Of the four MCOs assessed, only Parkland Community performed lower than the national HEDIS® mean (47 percent vs. 53 percent). The highest-performing MCO was El Paso First, with 58 percent of members having adequately controlled blood pressure. With the exception of Parkland Community, all MCOs met or exceeded the SFY 2008 HHSC Performance Indicator Dashboard standard of 52 percent for this measure.[35]

Endnotes

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