

# **Annual Chart Book**

**Fiscal Year 2008**

## **Texas Medicaid Managed Care STAR Quality of Care Measures**

**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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## Executive Summary- STAR QOC FY 2008 Report

The 2008 Annual Quality of Care Report provides an annual update of the quality of care provided to enrollees in the STAR Program in Texas. This update is for September 1, 2007, through August 31, 2008. Overall, enrollees in the STAR program reported many positive results. Specifically, the STAR program performed better than the national average in the following areas:

1. Well-child visits in the 3<sup>rd</sup>, 4<sup>th</sup>, and 6<sup>th</sup> years of life (71 percent vs. 65 percent)
2. Adolescent well-care visits (51 percent vs. 42 percent).
3. Children and adolescent access to primary care practitioners (93 percent vs. 87 percent).
4. Appropriate medications for asthma (95 percent vs. 87 percent).
5. Follow-up within 30 days after hospitalization for mental illness (65 percent vs. 61 percent).
6. Adult inpatient admission rates for:
  - a. Long-term diabetes complications (64 per 100,000 vs.127 per 100,000).
  - b. Chronic obstructive pulmonary disease (75 per 100,000 vs. 230 per 100,000).
  - c. Congestive heart failure (149 per 100,000 vs.489 per 100,000).
  - d. Dehydration (64 per 100,000 vs.127 per 100,000).
  - e. Bacterial pneumonia (174 per 100,000 vs. 418 per 100,000).
  - f. Angina without procedure (31 per 100,000 vs.46 per 100,000).
  - g. Lower extremity amputation in diabetes (7 per 100,000 vs.39 per 100,000).
7. Pediatric inpatient admission rates for:
  - a. Pediatric gastroenteritis (146 per 100,000 vs.183 per 100,000).

In STAR, the average cost and number of prescriptions per member was lower in both cases than the national average (\$34.45 vs. \$36.67 and 8.6 vs. 10.3, respectively).

The STAR program displayed considerable improvement from fiscal year 2007 to fiscal year 2008 in several key indicators associated with effective primary and preventative care:

1. Low birth weight (8.5 per 100 improved to 6 per 100).
2. Prenatal care (57 percent improved to 83 percent).
3. Cervical cancer screening (32 percent improved to 47 percent).
4. Prescription drug costs (\$36.67 improved to \$34.45).
5. Adult inpatient admission rates for:
  - a. Short-term diabetes complications (71 per 100,000 improved to 66 per 100,000).
  - b. Long-term diabetes complications (84 per 100,000 improved to 64 per 100,000).
  - c. Chronic obstructive pulmonary disease (89 per 100,000 improved to 75 per 100,000).
  - d. Congestive heart failure (171 per 100,000 improved to 149 per 100,000).

While high performance or noticeable improvement was achieved for many measures, for some measures performance is less than national benchmarks or the prior year's results:

Performance Below National Benchmarks:

1. Well-child visits in the first 15 months of life (48 percent vs. 53 percent).
2. Postpartum care (57 percent vs. 59 percent).
3. Cervical cancer screening (47 percent vs. 65 percent).
4. Follow up within 7 days after hospitalization for mental illness (37 percent vs. 43 percent).
5. Comprehensive diabetes care (59 percent vs. 68 percent).
6. Appropriate testing for children with pharyngitis (46 percent vs. 58 percent).
7. Emergency visits with a primary diagnosis of Ambulatory Care Sensitive Conditions (ACSC) (49 percent vs. 32 percent).
8. Adult inpatient admission rates for:
  - a. Asthma (159 per 100,000 vs. 121 per 100,000).
  - b. Short-term diabetes complications (66 per 100,000 vs. 55 per 100,000).
  - c. Urinary tract infections (303 per 100,000 vs. 177 per 100,000).
  - d. Hypertension (184 per 100,000 vs. 50 per 100,000).
  - e. Uncontrolled diabetes (53 per 100,000 vs. 22 per 100,000).
9. Pediatric inpatient admission rates for:
  - a. Asthma (226 per 100,000 vs. 181 per 100,000).
  - b. Urinary tract infections (84 per 100,000 vs. 53 per 100,000).
  - c. Perforated appendix (39 per 100 vs. 31 per 100).

Performance Below Prior Year's Results:

10. Mental health readmission rates (21 percent vs. 18 percent).

To address areas of less than desired performance noted above, MCD Managed Care Operations (MCO) has taken the following actions related to improving these rates:

Internal Improvements

1. Initiated a review of performance indicators targets for MCO performance measures to determine if the targets reflect current national quality assurance guidelines and are appropriate to the population served in STAR.
2. Established analytical reviews, including trending of performance over time.
3. Established a process to share results of analytical reviews with managed care organizations and document actions taken to improve deficient performance.
4. Initiated quarterly performance management meetings with the External Quality Review Organization (EQRO) and HHSC staff that oversee contracts with MCOs to improve staff understanding and expertise.

## External Performance Gap Improvements

1. Managed Care Operations, assisted by the EQRO is implementing a plan to investigate program, MCO, individual beneficiary, and community factors that may be contributing to low performance in the following areas:
  - a. Well-child visits.
  - b. Postpartum care.
  - c. Screening for cervical cancer.
  - d. Appropriate testing for children with pharyngitis.
  - e. Inpatient admissions for asthma, urinary tract infections, hypertension, and perforated appendix.

This plan is being put in place to identify area of under-addressed needs in the following ways:

1. Establish education and self-monitoring programs to reduce potentially avoidable admissions for diabetes.
2. Establish outpatient monitoring improvement programs to reduce the percentage of emergency department visits involving a primary diagnosis of ACSC.
3. Establish educational programs to inform members about the importance of follow-up visits after hospitalization for mental illness.

Population groups for the focus for this investigation include:

1. Women (as indicated by low rates of postpartum visits and cervical cancer screening).
2. Enrollees with serious mental illness.
3. Enrollees with substance use disorders (and those with dual-diagnoses).
4. Adult and child enrollees with chronic health conditions.
5. Adolescent and young adult enrollees.

In summary, the report highlights many areas of excellent or satisfactory performance or for which performance has improved from the prior reporting period. However, it also points to areas where performance needs to improve. For these areas, MCO is establishing a plan to investigate the reasons for less than satisfactory performance and to work with managed care organizations to address those factors that will foster better performance in the future.

# Introduction

## Purpose

This report provides an annual update of the quality of care provided to enrollees in the STAR Program in Texas. This update is for September 1, 2007, through August 31, 2008, covering State Fiscal Year (SFY) 2008. 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-level results are provided. The rates are presented for the Temporary Assistance for Needy Families (TANF) and Supplemental Security Income (SSI) populations combined.

Rates for the Healthcare Effectiveness Data and Information Set (HEDIS<sup>®</sup>) 2009 measures were calculated using National Committee for Quality Assurance (NCQA) certified software. The Health and Human Services Commission (HHSC) approved the use of this software so that all HEDIS<sup>®</sup> results could be reported using an NCQA recognized tool. At HHSC's request, the Institute for Child Health Policy (ICHP) developed a methodology to allow for flexibility in the provider specialty codes when determining eligibility for HEDIS<sup>®</sup> measures. As in the prior reporting period (SFY 2007), ICHP modified the NCQA specifications to lift provider constraints when determining eligibility for HEDIS<sup>®</sup> measures. Provider specialty codes are an important component for certain HEDIS<sup>®</sup> measures and lifting the provider constraints 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<sup>®</sup> measures for seven-day and 30-day follow-up after an inpatient mental health stay. However, the current methodology allows any visit with a physician provider to count towards compliance with the mental health follow-up measures. The following HEDIS<sup>®</sup> measures rely on specific provider specialty codes, and therefore are inflated by this change in methodology:

- HEDIS<sup>®</sup> Follow-Up after Hospitalization for Mental Illness
- HEDIS<sup>®</sup> Children and Adolescents' Access to Primary Care Practitioners
- HEDIS<sup>®</sup> Prenatal Care
- HEDIS<sup>®</sup> Postpartum Care
- HEDIS<sup>®</sup> Well-Child Visits in the First 15 Months of Life
- HEDIS<sup>®</sup> Well-Child Visits in the 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup>, and 6<sup>th</sup> Years of Life
- HEDIS<sup>®</sup> Adolescent Well-Care Visits

Some HEDIS<sup>®</sup> measures require multiple years of claims data for calculation. Compared to the prior year, ICHP could calculate and report additional measures due to the availability of data:

- Use of Appropriate Medications for People with Asthma
- Well-Child Visits in the First 15 Months of Life
- Children and Adolescents' Access to Primary Care Practitioners (PCPs) (age groups requiring two years of claims data only)

Specifications for the HEDIS® Cervical Cancer Screening measure recommend three years of claims and encounter data (the measurement year and two years prior to the measurement year), thus a pap test in the current year or the two years prior to the current year count toward numerator compliance. Since only two years of data are available for MCO members with program inception dates of September 2006, results for the HEDIS® Cervical Cancer Screening measure could be lower than otherwise expected.

This report does not include charts for measures that rely on medical record review because of unavailability of data. These measures include HEDIS® Comprehensive Diabetes Care (record review components) and HEDIS® Controlling High Blood Pressure. Results for these measures will be provided in an addendum as the data become available.

A six month time lag was used for the claims and encounter data. Prior analyses with Texas data showed that, on average, over 96 percent of the claims and encounters are submitted and adjudicated by that time.

This chart book contains the following indicators:

- 1) Descriptive Information
  - Total Unduplicated Members
  - Total Unduplicated Members by Race/Ethnicity
- 2) AHRQ Pediatric and Prevention Quality Indicators
  - AHRQ Pediatric Quality Indicators (PDIs)
  - AHRQ Adult Prevention Quality Indicators (PQIs)
- 3) Quality of Care
  - HEDIS® Well-Child Visits in the First 15 Months of Life
  - HEDIS® Well-Child Visits in the 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup>, and 6<sup>th</sup> 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 (administrative components only)
  - HEDIS® Appropriate Testing for Children with Pharyngitis
  - HEDIS® Children and Adolescents' Access to Primary Care Practitioners

- HEDIS® Outpatient Drug Utilization
- HEDIS® Use of Appropriate Medications for People with Asthma
- Percent of Emergency Department Visits with a Primary Diagnosis of an Ambulatory Care Sensitive Condition

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 in Texas.

## Data Sources and Measures

Three data sources were used to calculate the quality of care indicators: (1) member-level enrollment information, (2) member-level health care claims/encounter data, and (3) member-level pharmacy data. The enrollment files contain information about the member's age, gender, the MCO in which the member is enrolled, and the number of months the member has been enrolled in the program. The member-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 member-level pharmacy data contain information about filled prescriptions, including the drug name, dosage, 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, October 2009."<sup>1</sup> The Institute for Child Health Policy prepared this document which provides specifications for HEDIS® and other quality of care measures.

Whenever possible, results from other Medicaid Programs are provided in addition to the overall Texas state mean. NCQA gathers and compiles data from Medicaid managed care plans nationally.<sup>2</sup> 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.<sup>3</sup> NCQA reports the national results as a mean and at the 10<sup>th</sup>, 25<sup>th</sup>, 50<sup>th</sup>, 75<sup>th</sup>, and 90<sup>th</sup> percentiles. For comparison with the STAR Program findings, the NCQA Medicaid Managed Care Plans 2008 mean results are shown and labeled "HEDIS® Mean" in the graphs. For measures which are non-HEDIS® quality of care indicators, comparisons are made to the HHSC 2008 Performance Indicator Dashboard standard.<sup>4</sup> When appropriate, results from the health plan's performance in the prior year are provided.

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."<sup>5</sup> 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: Pediatric Quality Indicators (PDIs) for child enrollees and Prevention Quality Indicators (PQIs) for adult enrollees. The specifications used to calculate rates for these measures come from AHRQ's PDI version 3.2 and PQI version 4.0. Rates are calculated based on the number of hospital discharges divided by the number of people in the area (except for appendicitis and low birth weight). Unlike most other measures provided in this chart book, low quality indicator rates are desired as they suggest better quality of the health care system outside the hospital setting.

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

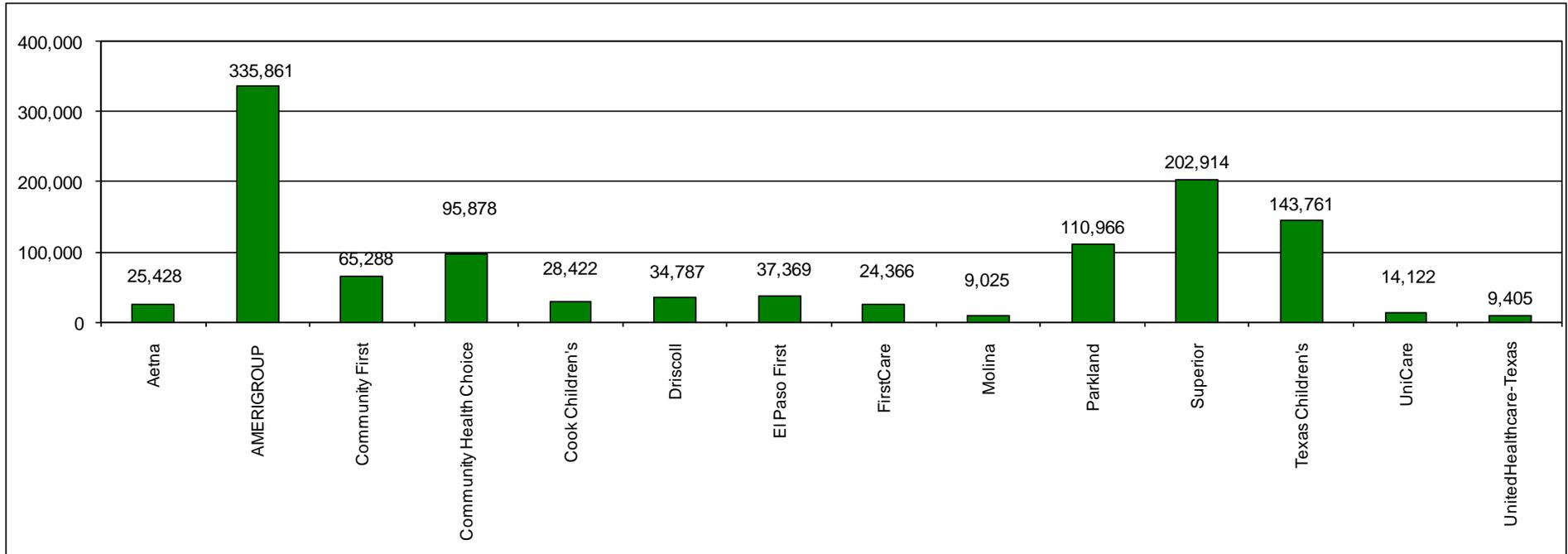
The following indicators were used to assess adult admissions for ambulatory care sensitive conditions: (1) Diabetes Short-term Complications; (2) Perforated Appendix; (3) Diabetes Long-term Complications; (4) Chronic Obstructive Pulmonary Disease; (5) Low Birth Weight; (6) Hypertension; (7) Congestive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

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.<sup>6</sup> 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, (2) because the findings were similar for each MCO, and/or (3) because the denominator for a measure was less than 30 (low denominator). 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 by MCO

STAR MCOs - August 2008

STAR Unduplicated Members = 1,137,592



**Reference: STAR Table1**

**Note:** The eligibility figures used in this chart are for August 2008 and represent a snapshot of people enrolled in each plan. Please note that these numbers may not match the denominators used to calculate various measures, since measures are calculated using the number of people enrolled in the plan throughout the measurement year.

**Key Points:**

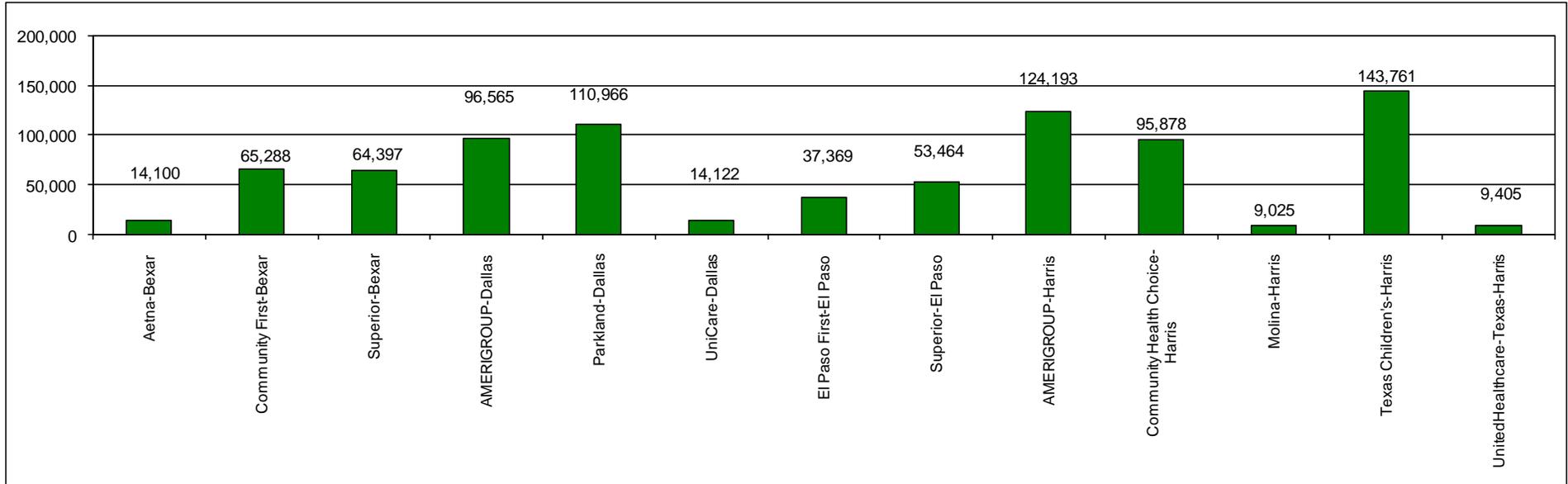
1. Chart 1 provides the total number of unduplicated members enrolled in the STAR Program, distributed by managed care organization (MCO). In August 2008, there were 1,137,592 enrollees.
2. The MCO with the largest membership was AMERIGROUP at 30 percent of all STAR Program enrollees, followed by Superior at 18 percent, and Texas Children's at 13 percent.

3. STAR Program enrollees had a mean age of 8.08 years (SD 7.86).

### Chart 2A. Total Unduplicated Members – SDA Breakout

STAR MCOs - August 2008

STAR Unduplicated Members = 1,137,592



SDA	Bexar	Dallas	El Paso	Harris	Lubbock	Nueces	Tarrant	Travis
	143,785	221,653	90,833	382,262	30,625	56,290	128,524	83,620

Reference: STAR Table1

Note: The eligibility figures used in this chart are for August 2008.

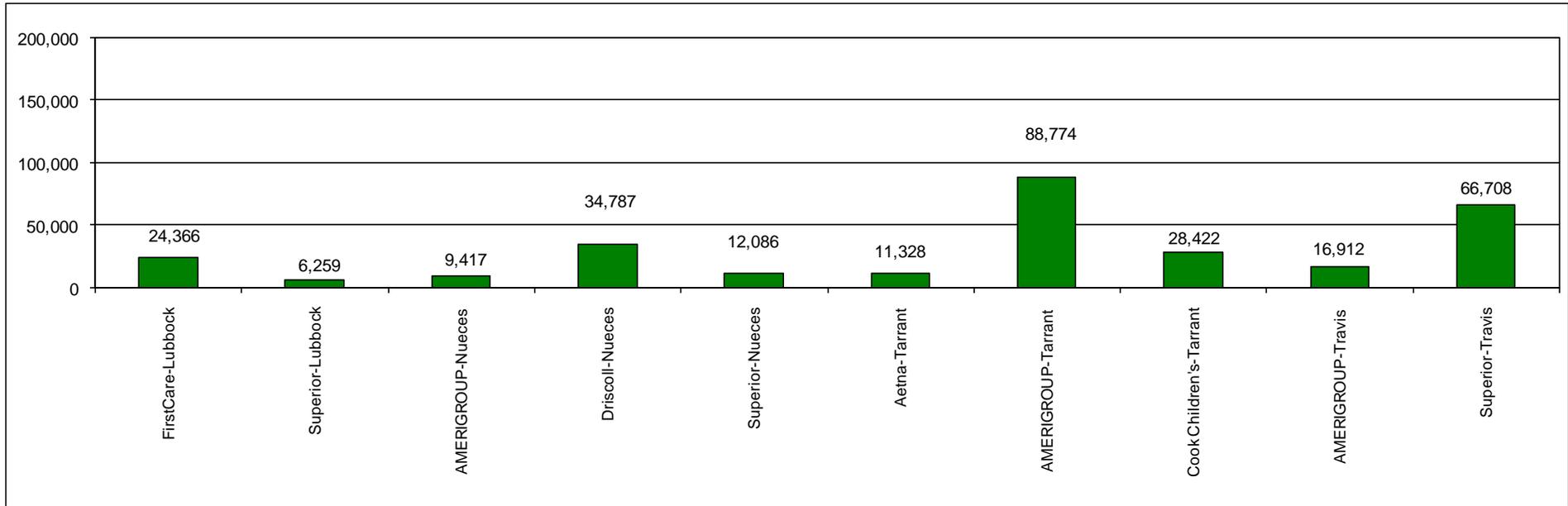
#### Key Points:

1. Charts 2A and 2B present the distribution of STAR Program members by MCO and Service Delivery Area (SDA). There were eight SDAs and 23 MCO/SDA groups in SFY 2008. Key points for both charts are provided under Chart 2B.

## Chart 2B. Total Unduplicated Members – SDA Breakout

STAR MCOs - August 2008

STAR Unduplicated Members = 1,137,592



SDA	Bexar	Dallas	El Paso	Harris	Lubbock	Nueces	Tarrant	Travis
	143,785	221,653	90,833	382,262	30,625	56,290	128,524	83,620

Reference: STAR Table1

Note: The eligibility figures used in this chart are for August 2008.

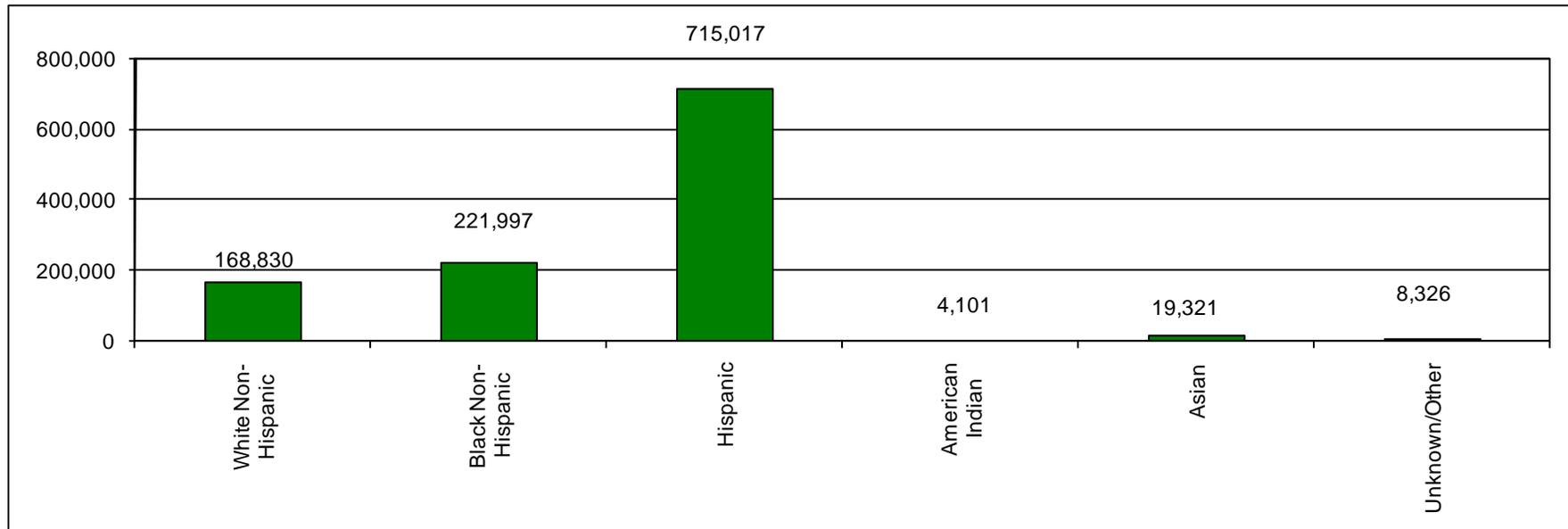
### Key Points:

1. The SDA with the largest membership was Harris at 34 percent of STAR Program enrollees, served by five health plans: AMERIGROUP, Community Health Choice, Molina, Texas Children's, and UnitedHealthcare-Texas.
2. The three largest MCO/SDA groups were Texas Children's – Harris, AMERIGROUP – Harris, and Parkland – Dallas.

### Chart 3. Total Unduplicated Members by Race/Ethnicity

STAR MCOs - August 2008

STAR Unduplicated Members = 1,137,592



**Reference: STAR Table 2**

**Note:** The eligibility figures used in this chart are for August 2008.

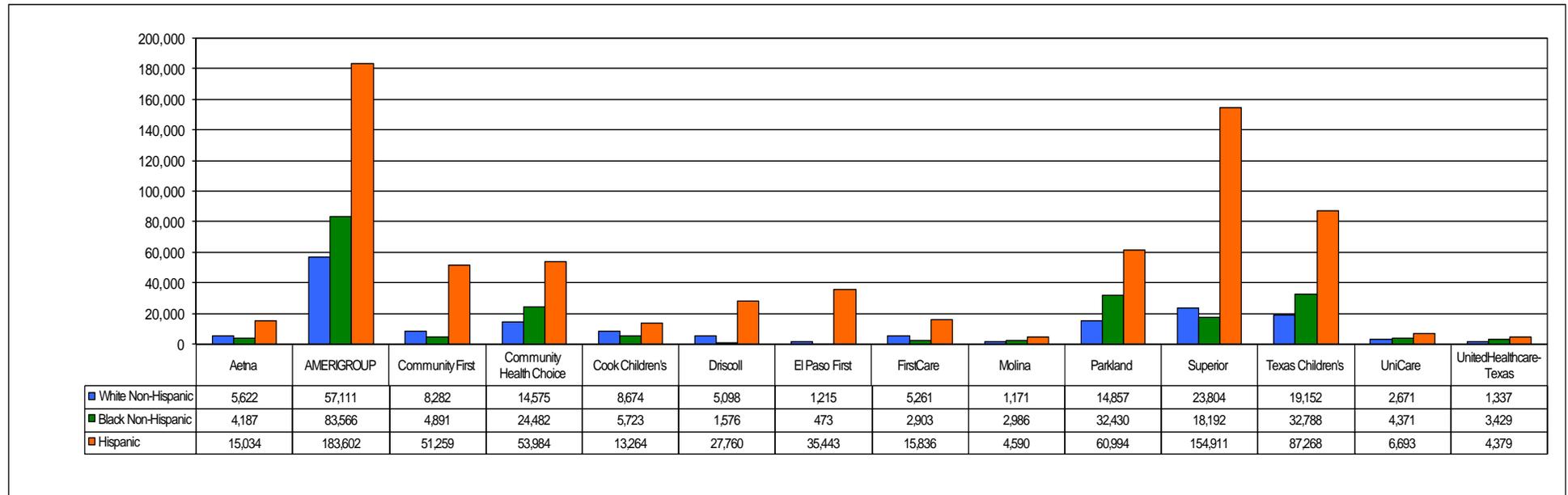
**Key Points:**

1. Chart 3 presents the racial/ethnic distribution of STAR Program enrollees in August 2008.
2. The majority of STAR Program enrollees were Hispanic (63 percent), followed by Black, non-Hispanic (20 percent), and White, non-Hispanic (15 percent). Two percent of enrollees were either Asian (1.7 percent) or American Indian (0.3 percent). Less than one percent of enrollees (0.7 percent) were of unknown or other race/ethnicity.
3. While the percentage of Hispanic enrollees increased from 59 percent in August 2007 to 63 percent in August 2008, it should be noted that the percentage of enrollees of unknown/other race/ethnicity decreased from five percent in August 2007 to less than one percent in August 2008.<sup>7</sup> It is possible that the increase in the percentage of Hispanic enrollees occurred due to re-classification of members of unknown/other race/ethnicity rather than to an actual increase in the percentage of Hispanic members in STAR.

## Chart 4. Total Unduplicated Members by Race/Ethnicity and MCO

STAR MCOs - August 2008

STAR Unduplicated Members = 1,137,592



### Reference: STAR Table 2

**Note:** The eligibility figures used in this chart are for August 2008. Only the three largest racial/ethnic groups are displayed.

### Key Points:

1. Chart 4 presents the distribution of STAR Program enrollees by MCO and race/ethnicity in August 2008.
2. The percentage of health plan members who were White, non-Hispanic ranged from three percent in El Paso First to 31 percent in Cook Children's. The health plans with the largest percentage of White, non-Hispanic members were Cook Children's (31 percent), Aetna (22 percent), and FirstCare (22 percent). The overall membership used in these calculations includes enrollees 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-Texas. The health plans with the largest percentage of Black, non-Hispanic members were UnitedHealthcare-Texas (36 percent).

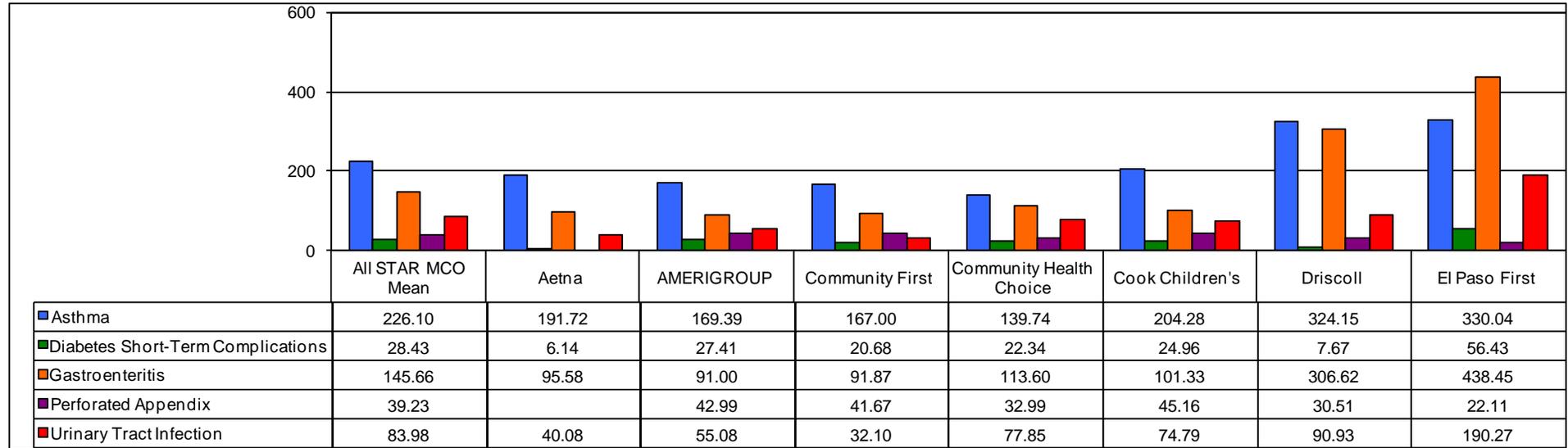
percent), Molina (33 percent), and UniCare (31 percent). The overall membership used in these calculations includes enrollees whose race/ethnicity was not known.

4. The percentage of health plan members who were Hispanic ranged from 47 percent in UnitedHealthcare-Texas to 95 percent in El Paso First. The health plans with the largest percentage of Hispanic members were El Paso First (95 percent), Driscoll (80 percent), and Community First (79 percent). The overall membership used in these calculations includes enrollees whose race/ethnicity was not known.

## Chart 5A. AHRQ Pediatric Quality Indicators by MCO

STAR Number of Appendicitis Cases: 1,514  
 STAR Number of Asthma Cases: 1,260,935  
 STAR Number of Diabetes Cases: 784,261  
 STAR Universe for All Other Measures: 1,546,736

STAR MCOs - September 1, 2007 to August 31, 2008



### Reference: STAR Table PDI09

**Note:** Rates are per 100,000 enrollees except for perforated appendix which is per 100 admissions for appendicitis. The denominator for perforated appendix was less than 30 in Aetna, Molina, UniCare and UnitedHealthcare-Texas; therefore this measure is not reported for these health plans. Eligible members are included in overall STAR rates.

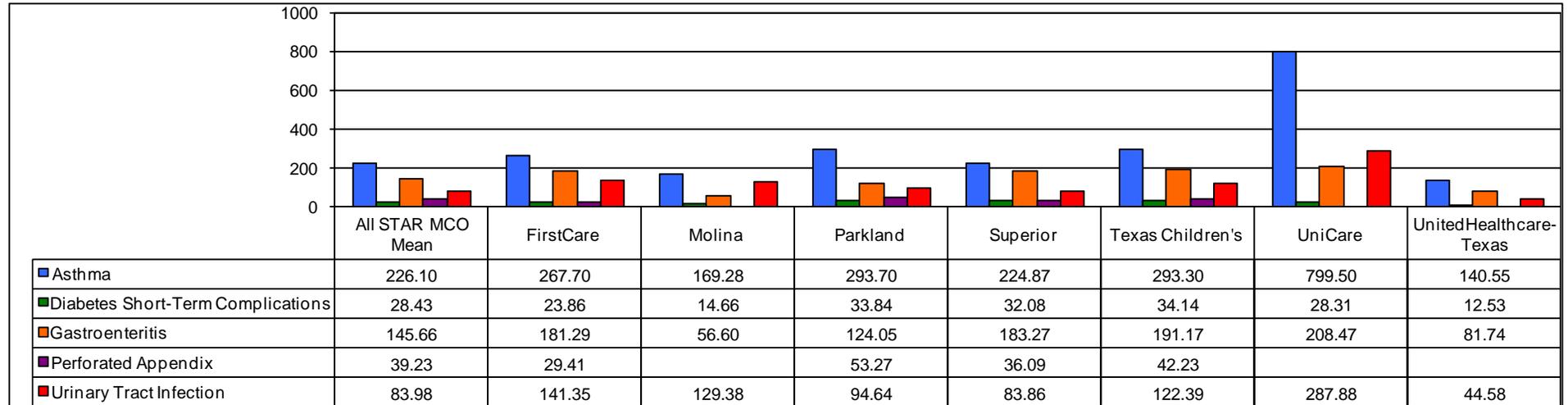
### Key Points:

1. Chart 5A presents AHRQ Pediatric Quality Indicator (PDIs) results for seven MCOs. The PDI results for the remaining seven MCOs are shown in Chart 5B. Key points for both charts are provided under Chart 5B. Please note that the Y-axis is scaled differently for Charts 5A and 5B, in order to provide a clear, visual representation of the results.

## Chart 5B. AHRQ Pediatric Quality Indicators by MCO

STAR Number of Appendicitis Cases: 1,514  
 STAR Number of Asthma Cases: 1,260,935  
 STAR Number of Diabetes Cases: 784,261  
 STAR Universe for All Other Measures: 1,546,736

STAR MCOs - September 1, 2007 to August 31, 2008



### Reference: STAR Table PDI09

**Note:** Rates are per 100,000 enrollees except for perforated appendix which is per 100 admissions for appendicitis. The denominator for perforated appendix was less than 30 in Aetna, Molina, UniCare and UnitedHealthcare-Texas; therefore this measure is not reported for these health plans. Eligible members are included in overall STAR rates.

### 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 ambulatory care sensitive conditions 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. Charts 5A and 5B provide PDI rates for asthma, diabetes short-term complications, gastroenteritis, perforated appendix, and urinary tract infections among children and adolescents in the STAR Program, up to 17 years of age, distributed by MCO. **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.<sup>8</sup> 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. The inpatient admissions rate for asthma was 226 per 100,000 members in the STAR Program overall, which is above the national rate of 181 per 100,000. Across the STAR MCOs, rates ranged from 140 per 100,000 in Community Health Choice to 800 per 100,000 in UniCare. The highest rates were observed in UniCare (4.4 times the national rate), El Paso First (1.8 times the national rate), and Driscoll (1.8 times the national rate), suggesting a need for improved ambulatory care for asthma in these health plans.
4. The inpatient admissions rate for diabetes short-term complications was 28 per 100,000 members in the STAR Program overall, which is slightly lower than the national rate of 29 per 100,000. Across the STAR MCOs, rates ranged from six per 100,000 in Aetna to 56 per 100,000 in El Paso First. Four MCOs – El Paso First, Parkland, Superior, and Texas Children’s - exceeded the national rate for this measure. The rate in El Paso First was 1.9 times the national rate.
5. The inpatient admissions rate for gastroenteritis was 146 per 100,000 members in the STAR Program overall, which is lower than the national rate of 183 per 100,000. Across the STAR MCOs, rates ranged from 57 per 100,000 in Molina to 438 per 100,000 in El Paso First. The highest rates were observed in El Paso First (2.4 times the national rate) and Driscoll (1.7 times the national rate), suggesting a need for improved ambulatory care for gastroenteritis in these health plans.
6. The inpatient admissions rate for perforated appendix was 39 per 100 admissions for appendicitis in the STAR Program overall, which is greater than the national rate of 31 per 100. Across the STAR MCOs, rates ranged from 22 per 100 in El Paso First to 53 per 100 in Parkland. The rate in Parkland was 1.7 times the national rate, suggesting a need for improved ambulatory care for appendicitis in this health plan.
7. The inpatient admissions rate for urinary tract infection was 84 per 100,000 members in the STAR Program overall, which is greater than the national rate of 53 per 100,000. Across the STAR MCOs, rates ranged from 32 per 100,000 in Community First to 288 per 100,000 in UniCare. Overall, rates were greater than that reported nationally in 11 of the 14 health plans, suggesting a need to improve ambulatory care for urinary tract infection at the program level. The highest rates were observed in UniCare (5.3 times the national rate), El Paso First (3.5 times the national rate), FirstCare (2.6 times the national rate), Molina (2.4 times the national rate), Texas Children’s (2.3 times the national rate), Parkland (1.8 times the national rate), Driscoll (1.7 times the national rate), and Superior (1.6 times the national rate).
8. PDI rates for asthma, diabetes short-term complications, gastroenteritis, and urinary tract infections in the STAR Program increased from SFY 2007 to SFY 2008 as follows:
  - a. Admission rate for asthma increased from 140 per 100,000 to 226 per 100,000;
  - b. Admission rate for diabetes short-term complications increased from 11 per 100,000 to 28 per 100,000;
  - c. Admission rate for gastroenteritis increased from 106 per 100,000 to 146 per 100,000;
  - d. Admission rate for urinary tract infection increased from 48 per 100,000 to 84 per 100,000.

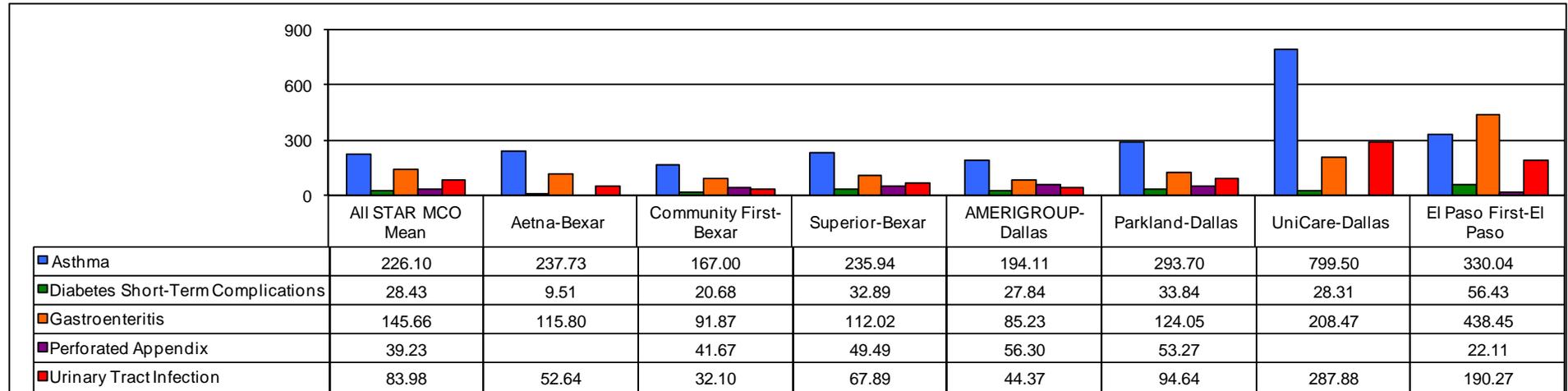
**Table 1. AHRQ Pediatric Quality Indicators**

<b>AHRQ Indicator Number</b>	<b>Indicator Name</b>	<b>Description</b>
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 6A. AHRQ Pediatric Quality Indicators – SDA Breakout

STAR Number of Appendicitis Cases: 1,514  
 STAR Number of Asthma Cases: 1,260,935  
 STAR Number of Diabetes Cases: 784,261  
 STAR Universe for All Other Measures: 1,546,736

STAR MCOs - September 1, 2007 to August 31, 2008



SDA Rate		Bexar	Dallas	El Paso	Harris	Lubbock	Nueces	Tarrant	Travis
	Asthma	204.13	278.98	286.52	202.07	262.40	346.56	166.90	157.97
Diabetes Short-Term Complications	24.88	30.58	51.67	27.98	23.95	9.85	27.63	19.50	
Gastroenteritis	103.18	112.09	403.68	135.76	180.27	355.28	75.37	56.92	
Perforated Appendix	46.84	53.21	21.94	38.88	29.27	28.57	36.36	44.87	
Urinary Tract Infection	50.07	84.46	154.32	94.58	128.41	113.53	44.14	51.32	

### Reference: STAR Table PDI09

**Note:** Rates are per 100,000 enrollees except for perforated appendix which is per 100 admissions for appendicitis. The denominator for perforated appendix was less than 30 in Aetna-Bexar, UniCare-Dallas, Molina-Harris, UnitedHealthcare-Texas-Harris, Superior-Lubbock, AMERIGROUP-Nueces, Aetna-Tarrant, and AMERIGROUP-Travis; therefore rates are not reported for these MCO/SDA groups. Eligible members are included in overall STAR rates.

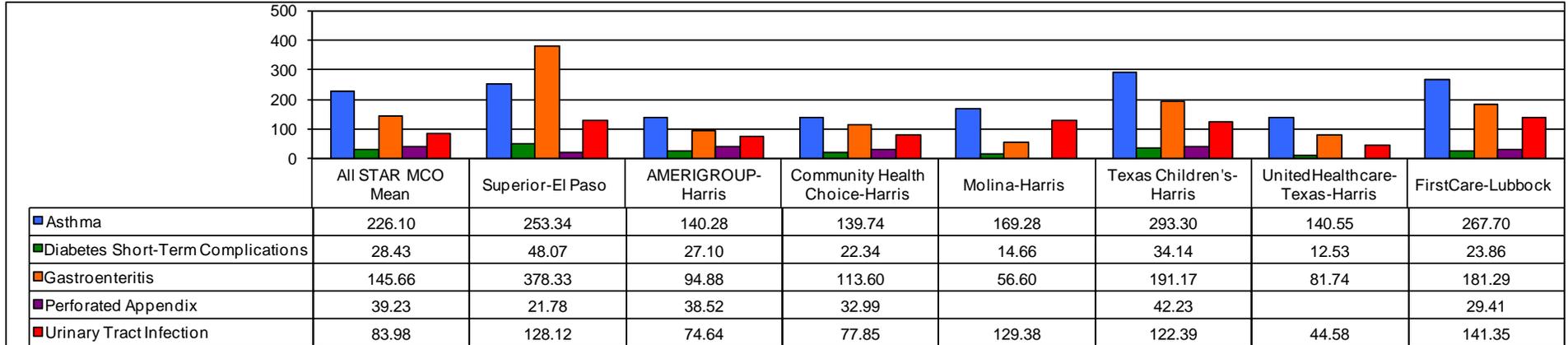
### Key Points:

- Charts 6A, 6B, and 6C present AHRQ PDI results for the 23 MCO/SDA groups evaluated in this report. Key points for all charts are provided under Chart 6C. Please note that the Y-axis is scaled differently in Chart 6A than in Charts 6B and 6C, in order to provide a clear, visual representation of the results.

### Chart 6B. AHRQ Pediatric Quality Indicators – SDA Breakout

STAR Number of Appendicitis Cases: 1,514  
 STAR Number of Asthma Cases: 1,260,935  
 STAR Number of Diabetes Cases: 784,261  
 STAR Universe for All Other Measures: 1,546,736

STAR MCOs - September 1, 2007 to August 31, 2008



SDA Rate		Bexar	Dallas	El Paso	Harris	Lubbock	Nueces	Tarrant	Travis
	Asthma	204.13	278.98	286.52	202.07	262.40	346.56	166.90	157.97
Diabetes Short-Term Complications	24.88	30.58	51.67	27.98	23.95	9.85	27.63	19.50	
Gastroenteritis	103.18	112.09	403.68	135.76	180.27	355.28	75.37	56.92	
Perforated Appendix	46.84	53.21	21.94	38.88	29.27	28.57	36.36	44.87	
Urinary Tract Infection	50.07	84.46	154.32	94.58	128.41	113.53	44.14	51.32	

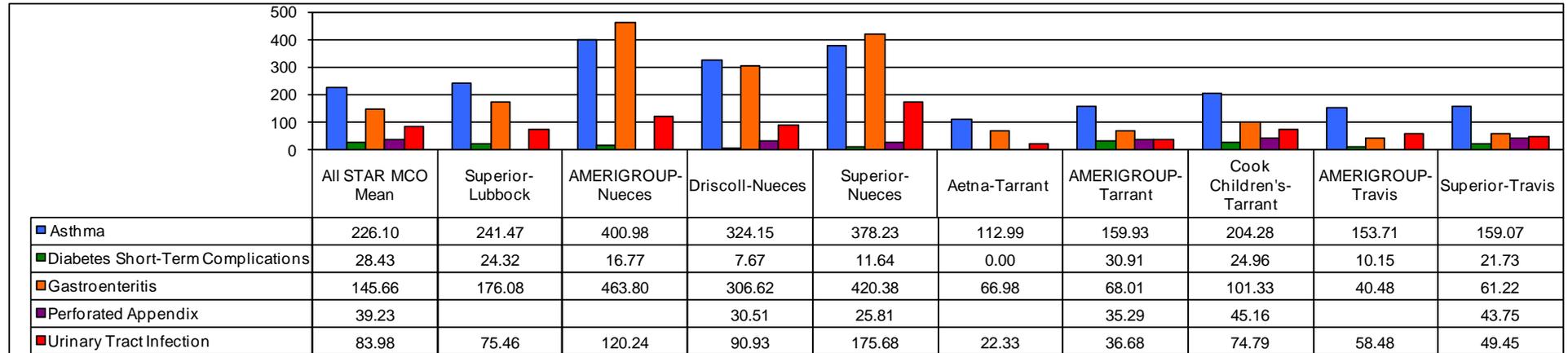
**Reference: STAR Table PDI09**

**Note:** Rates are per 100,000 enrollees except for perforated appendix which is per 100 admissions for appendicitis. The denominator for perforated appendix was less than 30 in Aetna-Bexar, UniCare-Dallas, Molina-Harris, UnitedHealthcare-Texas-Harris, Superior-Lubbock, AMERIGROUP-Nueces, Aetna-Tarrant, and AMERIGROUP-Travis; therefore rates are not reported for these MCO/SDA groups. Eligible members are included in overall STAR rates.

## Chart 6C. AHRQ Pediatric Quality Indicators – SDA Breakout

STAR Number of Appendicitis Cases: 1,514  
 STAR Number of Asthma Cases: 1,260,935  
 STAR Number of Diabetes Cases: 784,261  
 STAR Universe for All Other Measures: 1,546,736

STAR MCOs - September 1, 2007 to August 31, 2008



SDA Rate		Bexar	Dallas	El Paso	Harris	Lubbock	Nueces	Tarrant	Travis
	Asthma	204.13	278.98	286.52	202.07	262.40	346.56	166.90	157.97
Diabetes Short-Term Complications	24.88	30.58	51.67	27.98	23.95	9.85	27.63	19.50	
Gastroenteritis	103.18	112.09	403.68	135.76	180.27	355.28	75.37	56.92	
Perforated Appendix	46.84	53.21	21.94	38.88	29.27	28.57	36.36	44.87	
Urinary Tract Infection	50.07	84.46	154.32	94.58	128.41	113.53	44.14	51.32	

### Reference: STAR Table PDI09

**Note:** Rates are per 100,000 enrollees except for perforated appendix which is per 100 admissions for appendicitis. The denominator for perforated appendix was less than 30 in Aetna-Bexar, UniCare-Dallas, Molina-Harris, UnitedHealthcare-Texas-Harris, Superior-Lubbock, AMERIGROUP-Nueces, Aetna-Tarrant, and AMERIGROUP-Travis; therefore rates are not reported for these MCO/SDA groups. Eligible members are included in overall STAR rates.

### Key Points:

- Charts 6A, 6B, 6C provide AHRQ PDI rates for asthma, diabetes short-term complications, gastroenteritis, perforated appendix, and urinary tract infection among children and adolescents in the STAR Program, up to 17 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. 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.

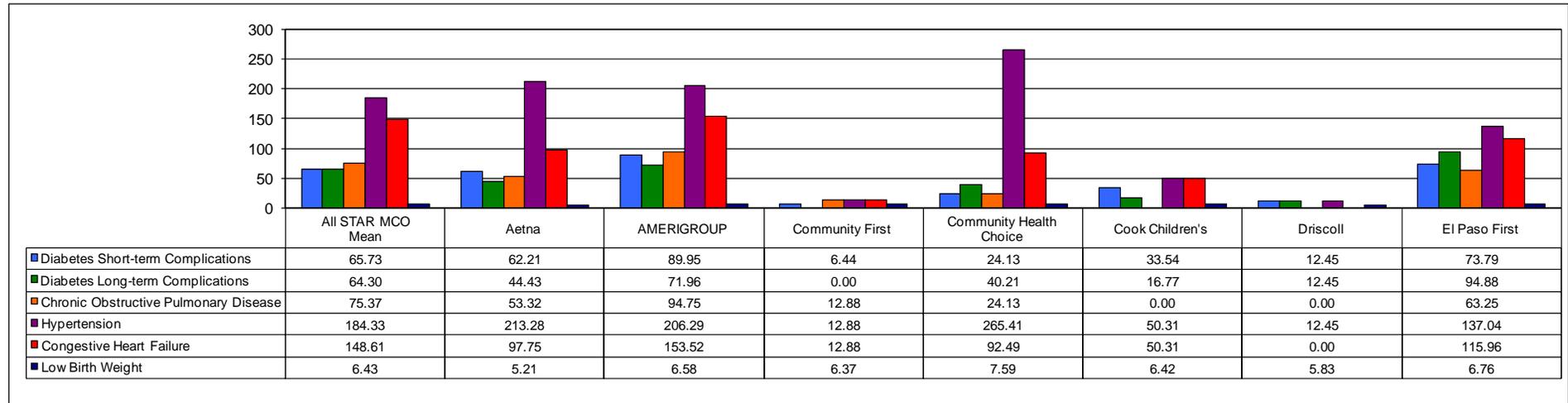
2. Inpatient admissions rates for asthma ranged from 113 per 100,000 in Aetna – Tarrant to 800 per 100,000 in UniCare – Dallas, compared with a national rate of 181 per 100,000. Rates were substantially greater than that reported nationally in UniCare – Dallas (4.4 times), AMERIGROUP – Nueces (2.2 times), Superior – Nueces (2 times), El Paso First – El Paso (1.8 times), and Driscoll – Nueces (1.8 times). At the SDA level, the Nueces SDA had the highest rate at 347 per 100,000 members. Across SDAs, inpatient admissions rates for asthma increased from SFY2007 to SFY2008. Efforts toward improving ambulatory care for asthma should focus on the above MCO/SDA groups, particularly in the Nueces SDA.
3. Inpatient admissions rates for diabetes short-term complications ranged from 0 per 100,000 in Aetna – Tarrant to 56 per 100,000 in El Paso First – El Paso, compared with a national rate of 29 per 100,000. Six MCO/SDA groups, El Paso First – El Paso, Superior – El Paso, Texas Children’s – Harris, Parkland – Dallas, Superior – Bexar, and AMERIGROUP – Tarrant, had rates greater than that reported nationally. At the SDA level, the El Paso SDA had the highest rate at 52 per 100,000 members. Across SDAs, inpatient admissions rates for diabetes short-term complications increased from SFY2007 to SFY2008.
4. Inpatient admissions rates for gastroenteritis ranged from 40 per 100,000 in AMERIGROUP – Travis to 464 per 100,000 in AMERIGROUP – Nueces, compared with a national rate of 183 per 100,000. Rates were substantially greater than that reported nationally in AMERIGROUP – Nueces (2.5 times), El Paso First – El Paso (2.4 times), Superior – Nueces (2.3 times), Superior – El Paso (2.0 times), and Driscoll – Nueces (1.7 times). At the SDA level, the El Paso SDA had the highest rate at 404 per 100,000 members. Across SDAs, inpatient admissions rates for gastroenteritis increased from SFY2007 to SFY2008. Efforts toward improving ambulatory care for gastroenteritis should focus on these MCO/SDA groups, particularly in the El Paso and Nueces SDAs.
5. Inpatient admissions rates for perforated appendix ranged from 22 per 100 in El Paso First – El Paso and Superior – El Paso to 56 per 100 in AMERIGROUP – Dallas, compared with a national rate of 31 per 100. Rates were substantially greater than that reported nationally in AMERIGROUP – Dallas (1.8 times), Parkland – Dallas (1.7 times), and Superior – Bexar (1.6 times). At the SDA level, the Dallas SDA had the highest rate at 53 per 100 admissions for appendicitis. Efforts toward improving ambulatory care for perforated appendix should focus on the MCO/SDA groups, particularly in the Dallas SDA.
6. Inpatient admissions rates for urinary tract infection ranged from 22 per 100,000 in Aetna – Tarrant to 288 per 100,000 in UniCare – Dallas, compared with a national rate of 53 per 100,000. Rates were substantially greater than that reported nationally in UniCare – Dallas (5.4 times), El Paso First – El Paso (3.6 times), Superior – Nueces (3.3 times), FirstCare – Lubbock (2.6 times), Molina – Harris (2.4 times), Superior – El Paso (2.4 times), Texas Children’s – Harris (2.3 times), AMERIGROUP – Nueces (2.2 times), Parkland – Dallas (1.8 times), and Driscoll – Nueces (1.7 times). At the SDA level, the El Paso SDA had the highest rate at 154 per 100,000 members. Across SDAs, inpatient admissions rates for urinary tract infection increased from SFY2007 to SFY2008. Efforts toward improving ambulatory care for urinary tract infection should focus on the STAR Program overall, particularly in the El Paso, Lubbock, and Nueces SDAs.
7. These findings indicate that certain MCO/SDAs should work to reduce their rates of ambulatory care sensitive conditions (ACSC) hospitalizations, particularly for asthma, gastroenteritis, perforated appendix, and urinary tract infection.
  - a. Various individual-level, contextual, and systemic factors are associated with decreased emergency room visits and hospitalizations for ACSCs. For example, infants who have the recommended number of periodic visits to a physician have lower rates of ACSC emergency room visits.<sup>9</sup> In such cases, shifting care to primary providers reduces the need for families to utilize hospitals and emergency rooms.

- b. Quality of care also appears to be a factor in preventing emergency room visits and hospitalizations. For example, parental-reported quality of care indicators such as timeliness of appointments and family centeredness may be associated with fewer hospital visits.<sup>10</sup> Studies suggest that improving communication and working relationships between primary care providers and parents could offset the need for hospitalization. However, studies also have identified discrepancies in physician and parental beliefs about how to avoid unnecessary hospitalizations, with physicians emphasizing parental behavior (i.e., refilling medications, avoiding disease triggers) and parents emphasizing physician knowledge and behavior (i.e., more knowledge about the child's condition, better quality of care).<sup>11</sup>
- c. HHSC may wish to consider developing innovate programs that bring physicians and parents into a mutual working alliance, understanding the responsibilities of each other in protecting and monitoring children's health, and ultimately reducing the rate of hospital admissions for ACSCs.

## Chart 7A. AHRQ Adult Prevention Quality Indicators by MCO

STAR MCOs - September 1, 2007 to August 31, 2008

STAR Number of Births: 100,254  
STAR Universe for All Other Measures: 279,936



### Reference: STAR Table PQI09

**Note:** Rates are per 100,000 enrollees ages 18 years and older except for perforated appendix which is per 100 admissions for appendicitis and low birth weight which is per 100 births. The denominator for perforated appendix was less than 30 in most MCOs; therefore, this measure is not reported.

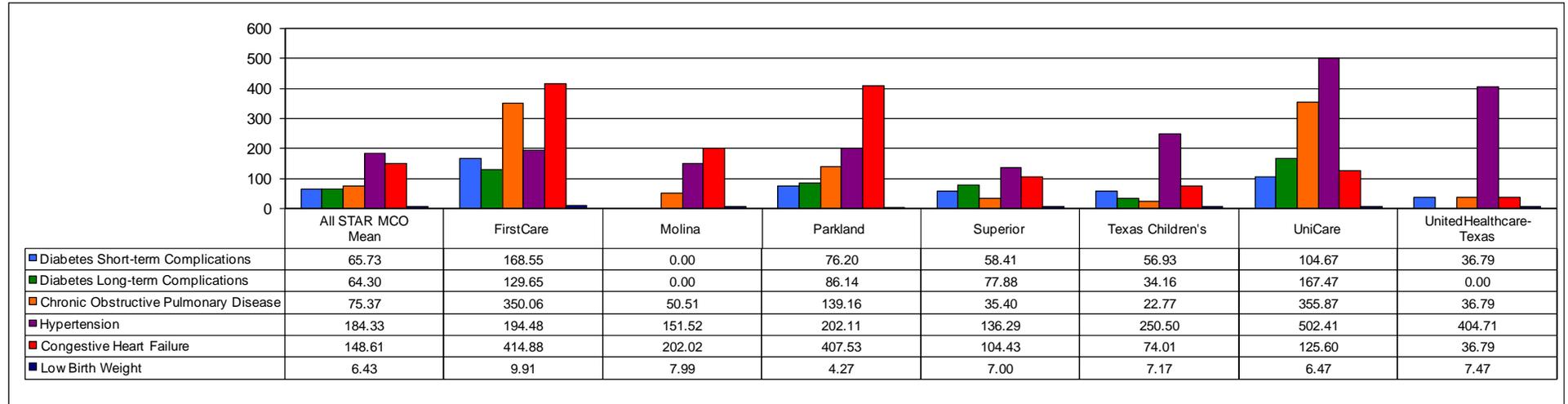
### Key Points:

- Chart 7A presents AHRQ Prevention Quality Indicators (PQIs) for diabetes short-term complications, diabetes long-term complications, chronic obstructive pulmonary disease, hypertension, congestive heart failure, and low birth weight in seven of the 14 MCOs evaluated in this report. AHRQ PQI rates for the remaining seven MCOs are shown in Chart 7B. Key points for both charts are provided under Chart 7B. Please note that the Y-axis is scaled differently for Charts 7A, 7B, 7C, and 7D in order to provide a clear, visual representation of the results.

## Chart 7B. AHRQ Adult Prevention Quality Indicators by MCO

STAR MCOs - September 1, 2007 to August 31, 2008

STAR Number of Births: 100,254  
STAR Universe for All Other Measures: 279,936



### Reference: STAR Table PQI09

**Note:** Rates are per 100,000 enrollees ages 18 years and older except for perforated appendix which is per 100 admissions for appendicitis and low birth weight which is per 100 births. The denominator for perforated appendix was less than 30 in most MCOs; therefore, this measure is not reported.

### 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 useful for monitoring trends, comparing MCO performance, and addressing access to care issues.
2. Charts 7A and 7B provide rates of inpatient admissions for six ambulatory care sensitive conditions among adults in the STAR Program, 18 years or older, distributed by MCO. **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.<sup>12</sup> 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. The inpatient admissions rate for diabetes short-term complications was 66 per 100,000 members in the STAR Program overall, which is greater than the national rate of 55 per 100,000, but lower than the rate reported for STAR in SFY2007 (71 per 100,000). Across the STAR MCOs, rates ranged from 0 per 100,000 in Molina to 169 per 100,000 in FirstCare. The highest rates were observed in FirstCare (3.1 times

the national rate), UniCare (1.9 times the national rate), and AMERIGROUP (1.6 times the national rate), suggesting a need for improved ambulatory care for diabetes short-term complications in these health plans.

4. The inpatient admissions rate for diabetes long-term complications was 64 per 100,000 members in the STAR Program overall, which is lower than the national rate of 127 per 100,000 and lower than the rate reported for STAR in SFY2007 (84 per 100,000). Across the STAR MCOs, rates ranged from 0 per 100,000 in Community First, Molina, and UnitedHealthcare-Texas to 167 per 100,000 in UniCare. Only UniCare and FirstCare exceeded the national rate, although the differences were not substantial.
5. The inpatient admissions rate for chronic obstructive pulmonary disease was 75 per 100,000 members in the STAR Program overall, which is lower than the national rate of 230 per 100,000 and lower than the rate reported for STAR in SFY2007 (89 per 100,000). Across the STAR MCOs, rates ranged from 0 per 100,000 in Cook Children's and Driscoll to 356 per 100,000 in UniCare. The highest rates were observed in UniCare (1.5 times the national rate) and FirstCare (1.5 times the national rate), suggesting a need for improved ambulatory care for chronic obstructive pulmonary disease in these health plans.
6. The inpatient admissions rate for hypertension was 184 per 100,000 members in the STAR Program overall, which is greater than the national rate of 50 per 100,000, and greater than the rate reported for STAR in 2007 (32 per 100,000) Across the STAR MCOs, rates ranged from 12 per 100,000 in Driscoll to 502 per 100,000 in UniCare. Rates were substantially greater than that reported nationally (1.5 times or more) in all MCOs except Driscoll, Community First, and Cook Children's. The highest rates were observed in UniCare (10.1 times the national rate) and UnitedHealthcare-Texas (8.1 times the national rate). There is a need for improved ambulatory care for hypertension in the STAR Program overall, particularly in UniCare and UnitedHealthcare-Texas.
7. The inpatient admissions rate for congestive heart failure was 149 per 100,000 in the STAR Program overall, which is much lower than the national rate of 489 per 100,000 and lower than the rate reported for STAR in SFY2007 (171 per 100,000). Across the STAR MCOs, rates ranged from 0 per 100,000 in Driscoll to 415 per 100,000 in FirstCare. None of the STAR MCOs exceeded the national rate of inpatient admissions for congestive heart failure.
8. The inpatient admissions rate for low birth weight was 6 per 100 births in the STAR Program overall, which is the same as the national rate of 6 per 100, but lower than the rate reported for STAR in SFY2007 (8.5 per 100). Across the STAR MCOs, rates ranged from 4 per 100 in Parkland to 10 per 100 in FirstCare. The highest rate was observed in FirstCare (1.6 times the national rate), suggesting a need for improved ambulatory care for low birth weight in this health plan.

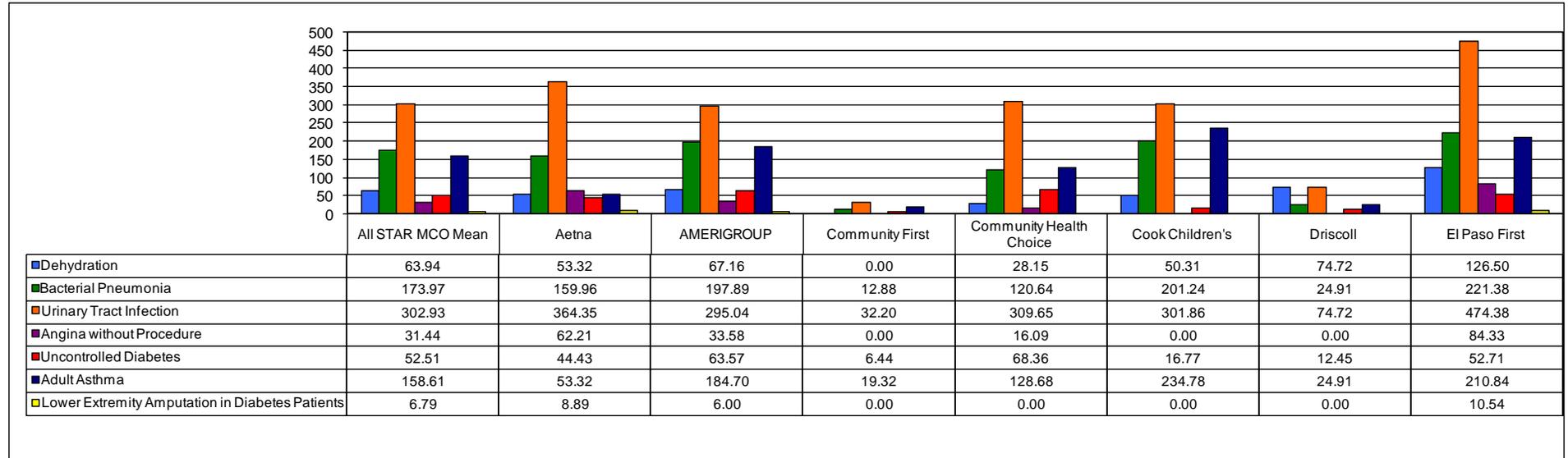
**Table 2. Adult Prevention Quality Indicators**

<b>AHRQ Indicator Number</b>	<b>Indicator Name</b>	<b>Description</b>
PQI 1	Diabetes Short-term Complications Admission Rate	Number of admissions for diabetes short-term complications per 100,000 population
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

## Chart 7C. AHRQ Adult Prevention Quality Indicators by MCO

STAR MCOs - September 1, 2007 to August 31, 2008

STAR Number of Births: 100,254  
STAR Universe for All Other Measures: 279,936



### Reference: STAR Table PQI09

**Note:** Rates are per 100,000 enrollees ages 18 years and older, except for perforated appendix which is per 100 admissions for appendicitis and low birth weight which is per 100 births. The denominator for perforated appendix was less than 30 in most MCOs; therefore, this measure is not reported.

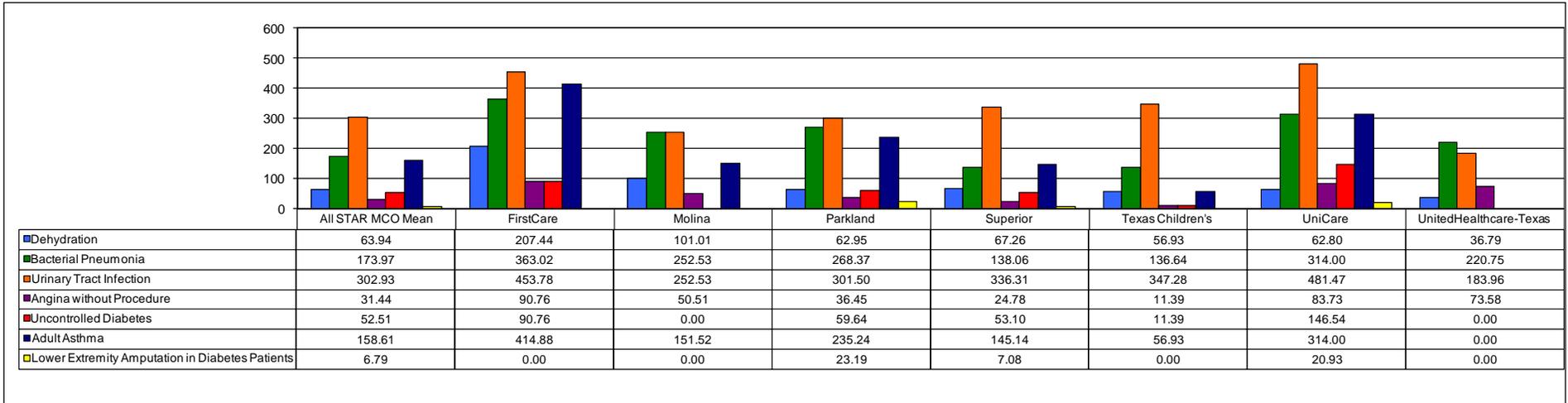
### Key Points:

1. Chart 7C presents AHRQ Prevention Quality Indicators (PQIs) for dehydration, bacterial pneumonia, urinary tract infection, angina without procedure, uncontrolled diabetes, adult asthma, and lower extremity amputation in diabetes patients in seven of the 14 MCOs evaluated in this report. AHRQ PQI rates for the remaining seven MCOs are shown in Chart 7D. Key points for both charts are provided under Chart 7D.

## Chart 7D. AHRQ Adult Prevention Quality Indicators by MCO

STAR MCOs - September 1, 2007 to August 31, 2008

STAR Number of Births: 100,254  
STAR Universe for All Other Measures: 279,936



### Reference: STAR Table PQI09

**Note:** Rates are per 100,000 enrolees ages 18 years and older except for perforated appendix which is per 100 admissions for appendicitis and low birth weight which is per 100 births. The denominator for perforated appendix was less than 30 in most MCOs; therefore this measure is not reported.

### Key Points:

- Charts 7C and 7D provide rates of inpatient admissions for seven ambulatory care sensitive conditions among adults in the STAR Program, 18 years or older, distributed by MCO. **Table 3** describes each of the AHRQ PQIs shown in Charts 7C and 7D. Discussion of PQIs in the key points below includes comparisons with national rates reported by the AHRQ. 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.
- The inpatient admissions rate for dehydration was 64 per 100,000 members in the STAR Program overall, which is much lower than the national rate of 127 per 100,000, but greater than the rate reported for STAR in SFY2007 (30 per 100,000). Across the STAR MCOs, rates ranged from 0 per 100,000 in Community First to 207 per 100,000 in FirstCare. The highest rate was observed in FirstCare (1.6 times the national rate), suggesting a need for improved ambulatory care for dehydration in this health plan.
- The inpatient admissions rate for bacterial pneumonia was 174 per 100,000 members in the STAR Program overall, which is much lower than the national rate of 418 per 100,000, but greater than the rate reported for STAR in SFY2007 (132 per 100,000). Across the STAR

MCOs, rates ranged from 13 per 100,000 in Community First to 363 per 100,000 in FirstCare. No STAR MCO was below the national rate for this measure. Although the rate for FirstCare was below the national rate, it was 2.1 times the STAR Program rate.

4. The inpatient admissions rate for urinary tract infection was 303 per 100,000 members in the STAR Program overall, which is greater than the national rate of 177 per 100,000 and greater than the rate reported for STAR in SFY2007 (90 per 100,000). Across the STAR MCOs, rates ranged from 32 per 100,000 in Community First to 481 per 100,000 in UniCare. The highest rates were observed in UniCare (2.7 times the national rate), El Paso First (2.7 times the national rate), FirstCare (2.6 times the national rate), Aetna (2.1 times the national rate), Texas Children's (2.0 times the national rate), Superior (1.9 times the national rate), Community Health Choice (1.8 times the national rate), Cook Children's (1.7 times the national rate), Parkland (1.7 times the national rate), and AMERIGROUP (1.7 times the national rate). Only Community First and Driscoll were below the national rate for this measure, suggesting a need for improved ambulatory care for dehydration in the STAR Program overall.
5. The inpatient admissions rate for angina without procedure was 31 per 100,000 members in the STAR Program overall, which is lower than the national rate of 46 per 100,000, but greater than the rate reported for STAR in SFY2007 (9 per 100,000). Across the STAR MCOs, rates ranged from 0 per 100,000 members in Community First, Cook Children's, and Driscoll to 91 per 100,000 in FirstCare. The highest rates were observed in FirstCare (2.0 times the national rate), El Paso First (1.8 times the national rate), UniCare (1.8 times the national rate), and UnitedHealthcare-Texas (1.6 times the national rate), suggesting a need to improve ambulatory care for angina without procedure in these health plans.
6. The inpatient admissions rate for uncontrolled diabetes was 53 per 100,000 members in the STAR Program overall, which is greater than the national rate of 22 per 100,000 and greater than the rate reported for STAR in SFY2007 (19 per 100,000). Across the STAR MCOs, rates ranged from 0 per 100,000 in Molina and UnitedHealthcare-Texas to 147 per 100,000 in UniCare. The highest rates were observed in UniCare (6.7 times the national rate), FirstCare (4.1 times the national rate), Community Health Choice (3.1 times the national rate), AMERIGROUP (2.9 times the national rate), Parkland (2.7 times the national rate), Superior (2.4 times the national rate), El Paso First (2.4 times the national rate), and Aetna (2.0 times the national rate). These findings suggest there is a need to improve ambulatory care for uncontrolled diabetes in the STAR Program overall, particularly in the UniCare and FirstCare health plans.
7. The inpatient admissions rate for adult asthma was 159 per 100,000 members in the STAR Program overall, which is greater than the national rate of 121 per 100,000 and greater than the rate reported for STAR in SFY2007 (102 per 100,000). Across the STAR MCOs, rates ranged from 0 per 100,000 in UnitedHealthcare-Texas to 415 per 100,000 in FirstCare. The highest rates were observed in FirstCare (3.4 times the national rate), UniCare (2.6 times the national rate), Parkland (1.9 times the national rate), Cook Children's (1.9 times the national rate), El Paso First (1.7 times the national rate), and AMERIGROUP (1.5 times the national rate), suggesting a need to improve ambulatory care for adult asthma in these health plans.
8. The inpatient admissions rate for lower extremity amputation in diabetes patients was 7 per 100,000 members in the STAR Program overall, which is much lower than the national rate of 39 per 100,000. Across the STAR MCOs, rates ranged from 0 per 100,000 members in Community First, Cook Children's, Driscoll, FirstCare, Molina, Texas Children's, and UnitedHealthcare-Texas to 23 per 100,000 in Parkland. All STAR MCOs were below the national rate for this measure.

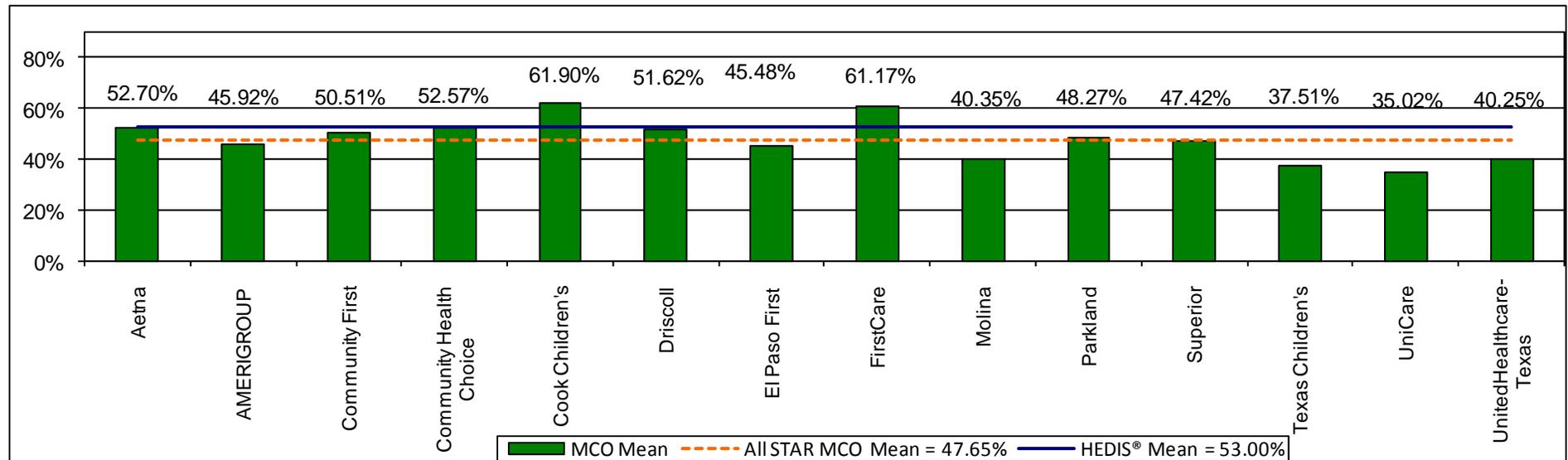
**Table 3. Adult Prevention Quality Indicators**

<b>AHRQ Indicator Number</b>	<b>Indicator Name</b>	<b>Description</b>
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 <i>(Note: This indicator is designed to be combined with diabetes short-term complications.)</i>
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 First 15 Months of Life

STAR MCOs - September 1, 2007 to August 31, 2008

STAR Eligible = 38,335



Reference: STAR Table W1509

### Key Points:

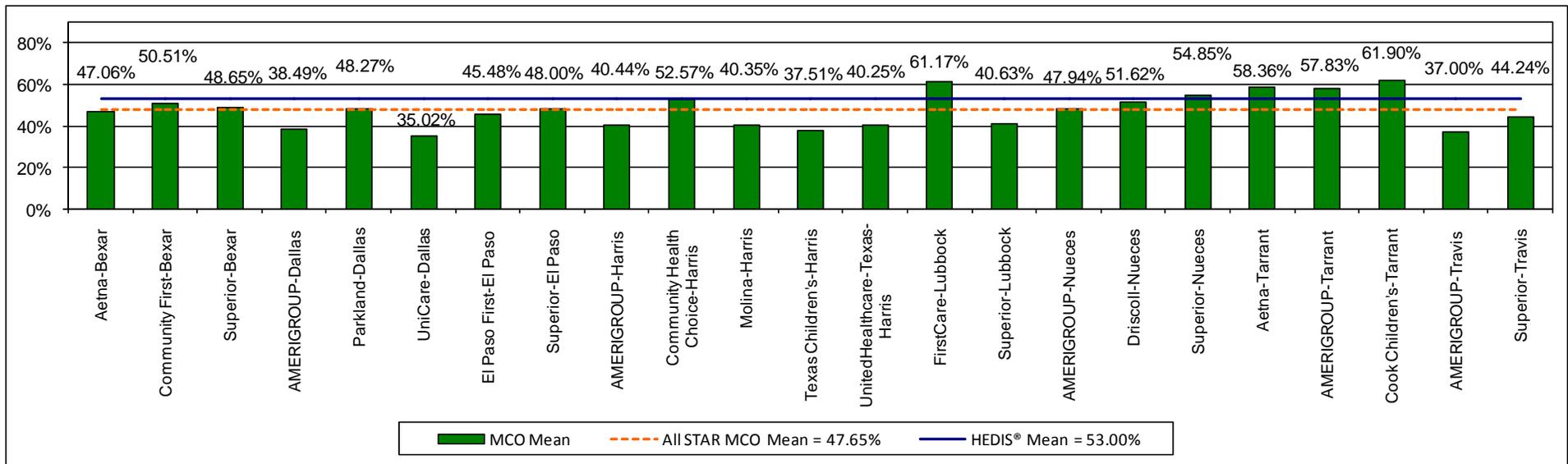
1. Chart 8 provides the percentage of STAR members who turned 15 months old during the measurement year and who had six or more well-child visits with a physician provider during their first 15 months of life, distributed by MCO. Note that the HEDIS® measure specified visits with a primary care practitioner. 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 slightly lower than the national average for Medicaid Managed Care Plans reporting to the NCQA on this measure, with 48 percent of children receiving six or more well-child visits in the first 15 months of life compared to 53 percent nationally. The STAR Program performed higher than the HHSC Performance Indicator Dashboard standard of 36 percent. Given these findings, HHSC may wish to consider raising the HHSC Performance Indicator Dashboard standard for this measure to conform to program and/or national rates.
3. There was some variation across the STAR MCOs on this measure, with rates ranging from 35 percent in UniCare to 62 percent in Cook Children's. The lowest-performing MCOs were UniCare (35 percent), Texas Children's (38 percent), UnitedHealthcare-Texas (40 percent),

and Molina (40 percent). All four performed lower than the national HEDIS<sup>®</sup> mean, suggesting there is a need to improve access to well-child visits in the first 15 months of life for children in these health plans.

## Chart 9. HEDIS® Well-Child Visits in the First 15 Months of Life – SDA Breakout

STAR MCOs - September 1, 2007 to August 31, 2008

STAR Eligible = 38,335



SDA	Bexar	Dallas	El Paso	Harris	Lubbock	Nueces	Tarrant	Travis
Mean	49.48%	44.98%	46.99%	44.44%	59.41%	51.67%	58.28%	43.04%

Reference: STAR Table W1509

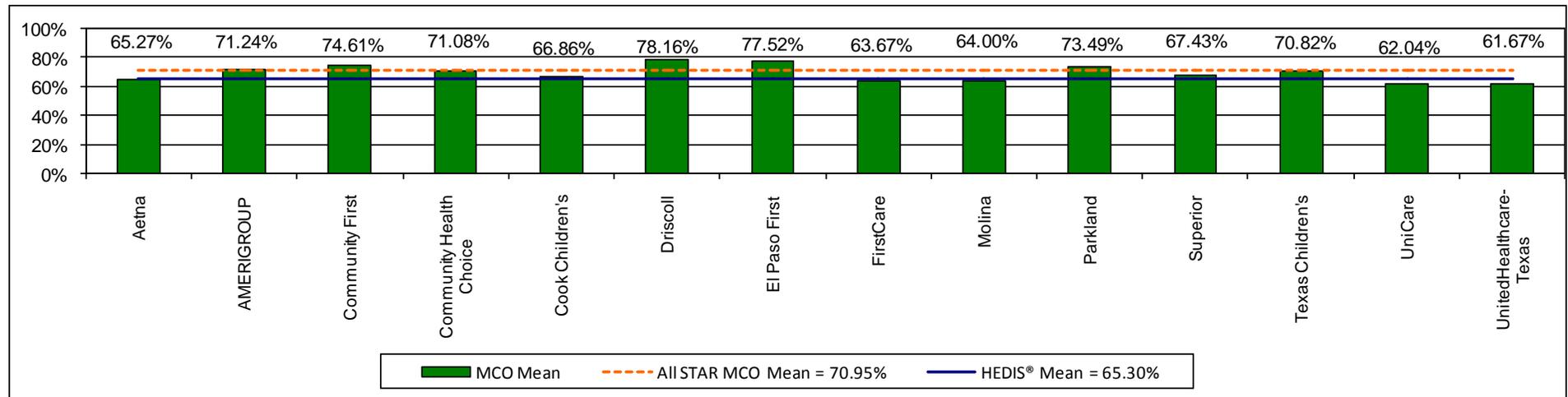
### Key Points:

- Chart 9 provides results for the HEDIS® Well-Child Visits in the First 15 Months of Life measure, distributed by MCO/SDA.
- There was some variation across the MCO/SDA groups on this measure, with rates ranging from 35 percent in UniCare – Dallas to 62 percent in Cook Children’s – Tarrant. Six MCO/SDA groups performed at or above the national HEDIS® mean: Community Health Choice – Harris (53 percent), FirstCare – Lubbock (61 percent), Superior – Nueces (55 percent), Aetna – Tarrant (58 percent), AMERIGROUP – Tarrant (58 percent), and Cook Children’s – Tarrant (62 percent). The lowest-performing MCO/SDA groups were UniCare – Dallas (35 percent), AMERIGROUP – Travis (37 percent), and Texas Children’s – Harris (38 percent). While these three MCO/SDA groups performed comparably to the HHSC Performance Indicator Dashboard standard of 36 percent, they performed well below the national HEDIS® mean for this measure.
- At the SDA level, rates ranged from 43 percent in the Travis SDA to 59 percent in the Lubbock SDA.

## Chart 10. HEDIS® Well-Child Visits in the 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup>, and 6<sup>th</sup> Years of Life

STAR MCOs - September 1, 2007 to August 31, 2008

STAR Enrollees in Age Group = 154,972



Reference: STAR Table W3409

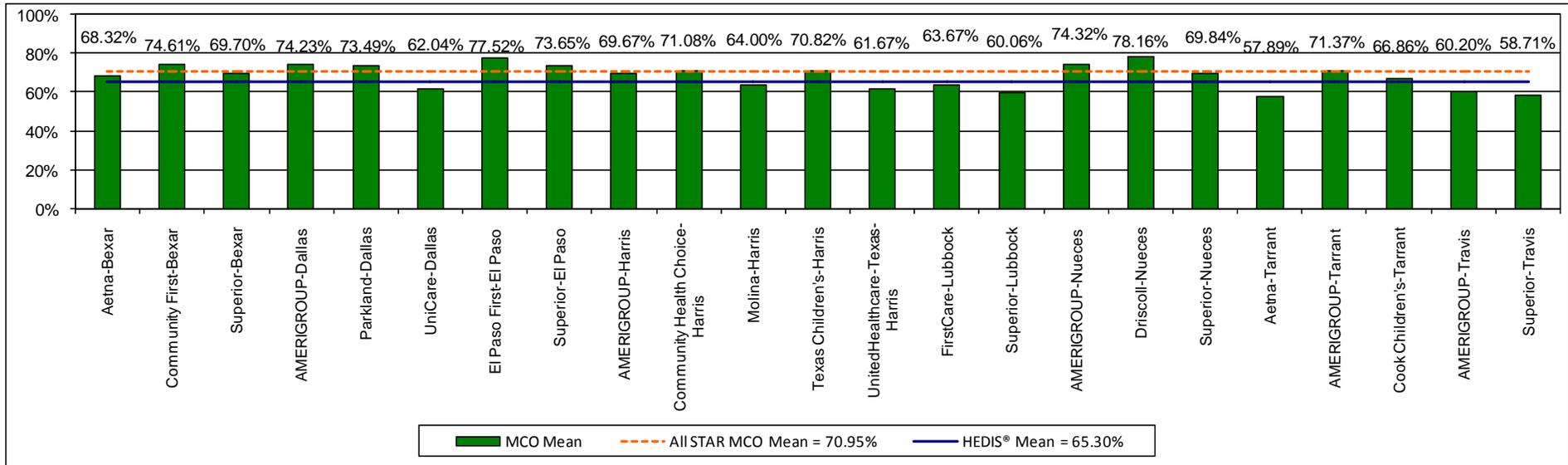
### Key Points:

1. Chart 10 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 that visits be with a primary care practitioner. Due to not enforcing provider type constraints in the calculation, the results shown here are 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 average for Medicaid Managed Care Plans reporting to the NCQA for this measure, with 71 percent of children receiving well-child visits in their 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup>, and 6<sup>th</sup> years of life, compared to 65 percent nationally. The STAR Program also performed considerably better than the SFY 2008 HHSC Performance Indicator Dashboard standard of 56 percent for this measure. 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 were at or above the national HEDIS® mean, with the exception of FirstCare (64 percent), Molina (64 percent), UniCare (62 percent), and UnitedHealthcare-Texas (62 percent).

# Chart 11. HEDIS® Well-Child Visits in the 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup>, and 6<sup>th</sup> Years of Life – SDA Breakout

STAR MCOs - September 1, 2007 to August 31, 2008

STAR Enrollees in Age Group = 154,972



SDA Mean	Bexar	Dallas	El Paso	Harris	Lubbock	Nueces	Tarrant	Travis
	72.00%	73.39%	75.35%	70.18%	62.95%	75.97%	70.29%	58.97%

Reference: STAR Table W3409

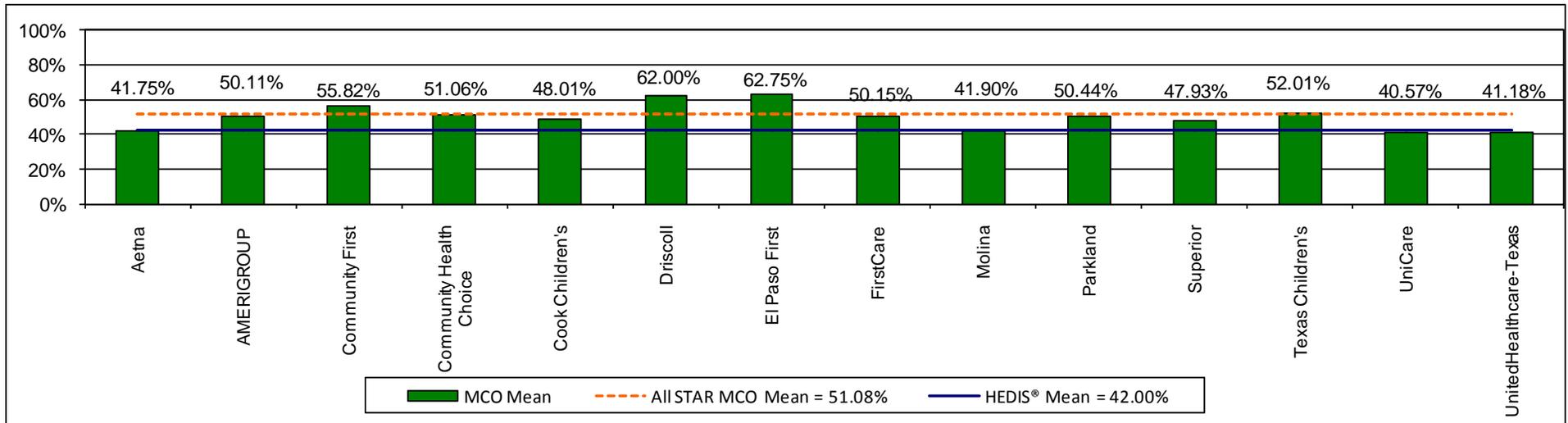
### Key Points:

1. Chart 11 presents results for the HEDIS® Well-Child Visits in the 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup>, and 6<sup>th</sup> Years of Life measure, distributed by MCO/SDA.
2. Eight MCO/SDA groups were slightly below the national HEDIS® mean for this measure: UniCare – Dallas (62 percent), Molina – Harris (64 percent), UnitedHealthcare-Texas – Harris (62 percent), FirstCare – Lubbock (64 percent), Superior – Lubbock (60 percent), Aetna – Tarrant (58 percent), AMERIGROUP – Travis (60 percent), and Superior – Travis (59 percent). All MCO/SDA groups were above the SFY 2008 HHSC Performance Indicator Dashboard standard of 56 percent.
3. At the SDA level, the percentage of children between three and six years old having a well-child visit during the measurement period ranged from 59 percent in the Travis SDA to 76 percent in the Nueces SDA. In comparing SDA performance to SFY2007, Lubbock declined approximately 9 percent in well-child visits (from 72 percent in 2007).

## Chart 12. HEDIS® Adolescent Well-Care Visits

STAR MCOs - September 1, 2007 to August 31, 2008

STAR Eligible in the Age Group = 113,118



Reference: STAR Table AWC09

### Key Points:

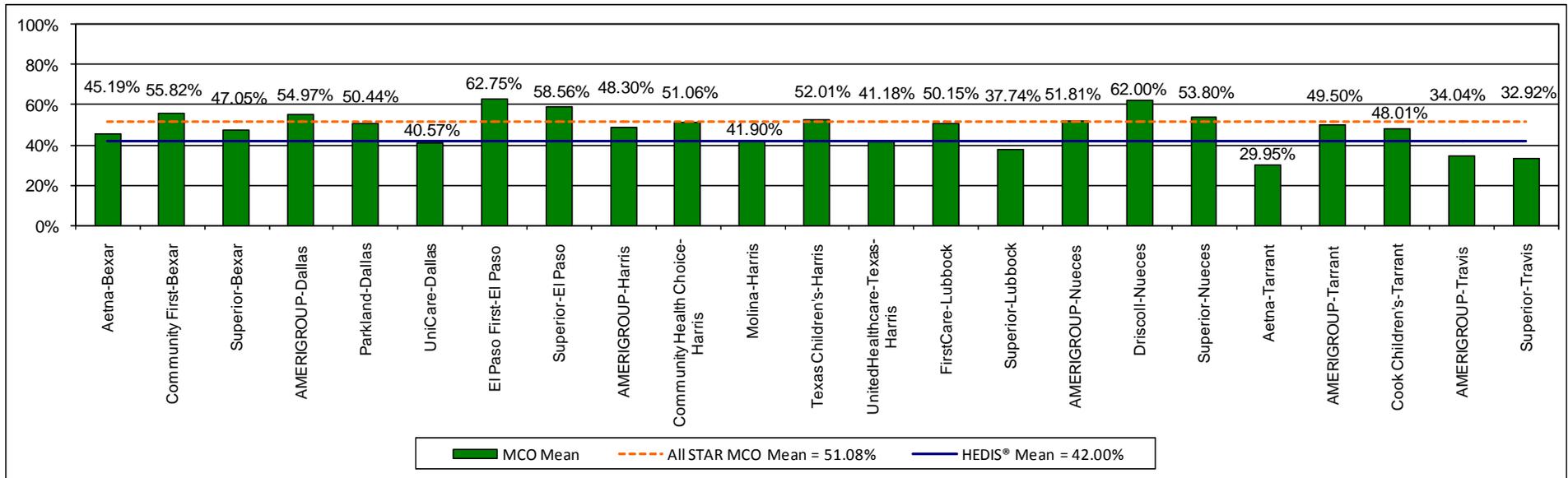
1. Chart 12 provides the percentage of STAR enrollees 12 to 21 years old who received one or more comprehensive adolescent well-care visits with a physician provider during the measurement period, distributed by MCO. Note that the HEDIS® measure specifies the visits be with a primary care practitioner or an OB/GYN practitioner. Due to not enforcing the provider type constraints, the results shown here are 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 average for Medicaid Managed Care Plans reporting to the NCQA on this measure, with 51 percent of adolescents receiving at least one well-care visit compared to 42 percent nationally. The STAR Program also performed considerably better than the SFY 2008 HHSC Performance Indicator Dashboard standard of 38 percent for this measure. 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. The percentage of adolescents receiving well-care visits in 2008 remained relatively unchanged from SFY2007 (50 percent).
3. Most MCOs were at or above the national HEDIS® mean, with the exception of UniCare (41 percent). Three MCOs improved their performance on this measure considerably since the prior reporting year (SFY 2007): Aetna (33 percent to 42 percent), Community First (46 percent to 55.82 percent), and Texas Children's (47.93 percent to 52.01 percent).

percent to 56 percent), and UnitedHealthcare-Texas (34 percent to 41 percent). Performance was lower than in the prior reporting year for Cook Children's (57 percent to 48 percent) and FirstCare (57 percent to 50 percent).

### Chart 13. HEDIS® Adolescent Well-Care Visits – SDA Breakout

STAR MCOs - September 1, 2007 to August 31, 2008

STAR Eligible in the Age Group = 113,118



SDA	Bexar	Dallas	El Paso	Harris	Lubbock	Nueces	Tarrant	Travis
Mean	50.97%	52.14%	60.39%	49.81%	47.74%	58.80%	48.55%	33.09%

Reference: STAR Table AWC09

#### Key Points:

1. Chart 13 presents results for the HEDIS® Adolescent Well-Care Visits measure, distributed by MCO/SDA.
2. Six 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: UniCare – Dallas (41 percent), UnitedHealthcare-Texas – Harris (41 percent), Superior – Lubbock (38 percent), Aetna – Tarrant (30 percent), AMERIGROUP – Travis (34 percent), and Superior – Travis (33 percent). Three MCO/SDA groups – Aetna – Tarrant, AMERIGROUP – Travis, and Superior – Travis – performed below the SFY 2008 HHSC Performance Indicator Dashboard standard of 38 percent for this measure, suggesting a need for strategies to increase adolescent well-care visits in these MCO/SDA groups.
3. At the SDA level, rates ranged from 33 percent in the Travis SDA to 60 percent in the El Paso SDA. Travis was the only SDA with a mean below both the national mean and the HHSC Performance Indicator Dashboard standard for this measure. Both health plans serving the

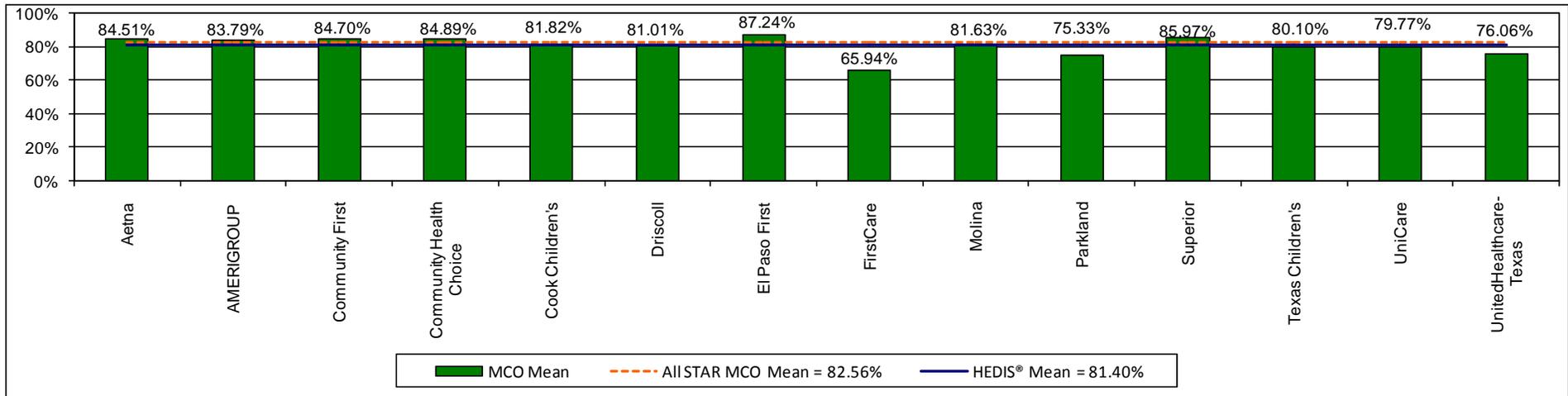
Travis SDA (AMERIGROUP and Superior) were also below both the national mean and the HHSC Performance Indicator Dashboard standard. Reasons for the lower utilization of adolescent well-care visits in the Travis SDA need to be examined further.

4. The percentage of adolescent well-care visits across SDAs remained relatively unchanged since 2007, however the percentage of adolescent well-care visits in Lubbock declined by nine percentage points from 2007 (56 percent).

## Chart 14. HEDIS® Prenatal Care

STAR MCOs - September 1, 2007 to August 31, 2008

STAR Eligible Births = 84,098



Reference: STAR Table PPC09

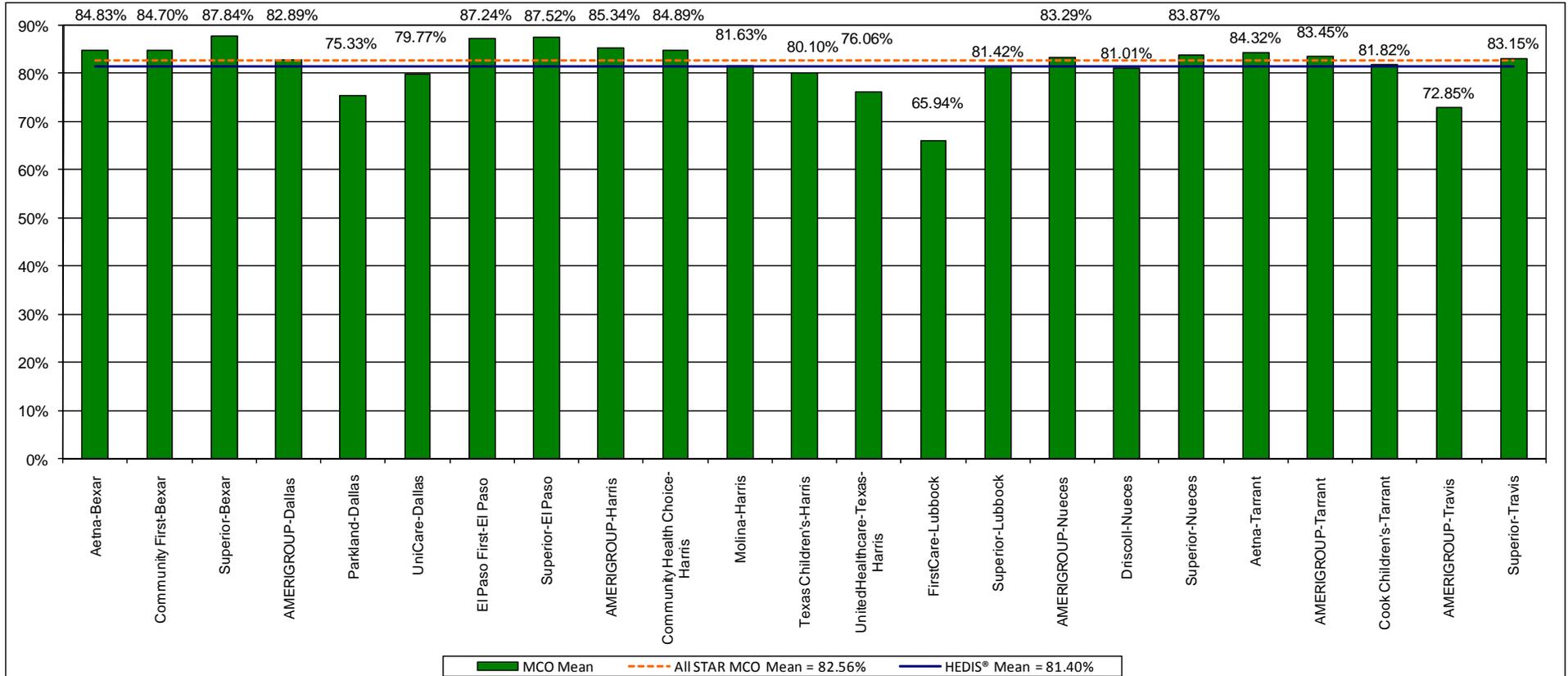
### Key Points:

1. Chart 14 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 comparably to the national average for Medicaid Managed Care Plans reporting to the NCQA on this measure, with 83 percent of live births receiving prenatal care compared to 81 percent nationally. This represents a substantial improvement since the last reporting period (SFY 2007), when only 57 percent of live births in STAR received prenatal care. The STAR Program also performed higher than the HHSC Performance Indicator Dashboard standard of 72 percent for this measure.
3. Most STAR MCOs were at or above the national HEDIS® mean, with the exception of FirstCare (66 percent), Parkland (75 percent), UniCare (80 percent), and UnitedHealthcare-Texas (76 percent). FirstCare performed below the HHSC Performance Indicator Dashboard standard of 72 percent, suggesting a need for improvements in access to prenatal care for this health plan.

# Chart 15. HEDIS® Prenatal Care – SDA Breakout

STAR MCOs - September 1, 2007 to August 31, 2008

STAR Eligible Births = 84,098



SDA Mean	Bexar	Dallas	El Paso	Harris	Lubbock	Nueces	Tarrant	Travis
	86.24%	77.67%	87.42%	84.04%	68.85%	82.24%	83.36%	81.39%

Reference: STAR Table PPC09

### Key Points:

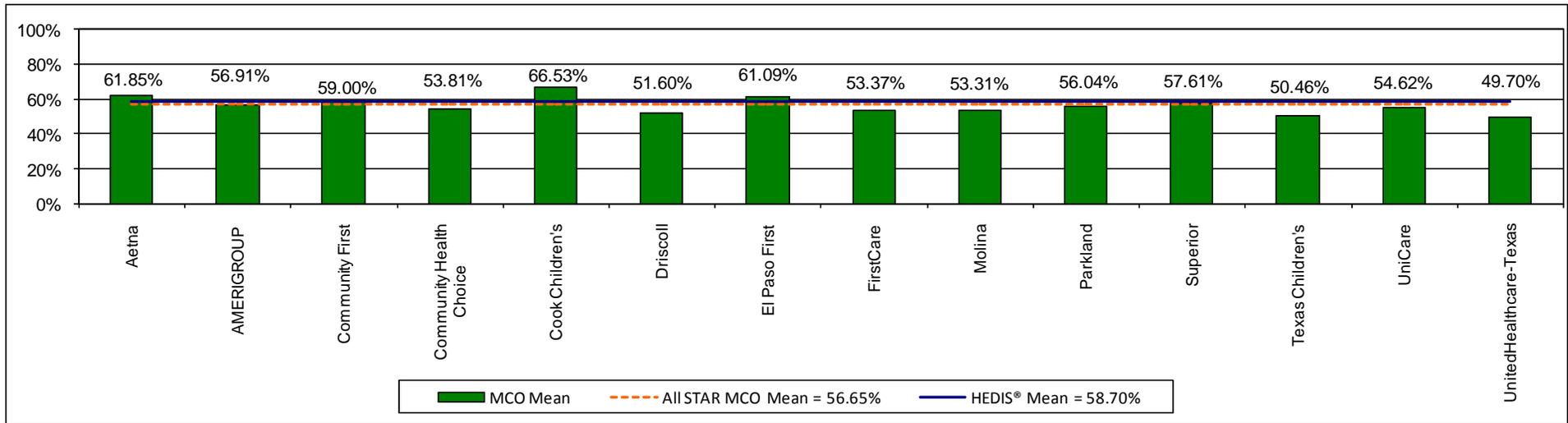
1. Chart 15 presents results for the HEDIS® Prenatal Care measure, distributed by MCO/SDA.

2. Six MCO/SDA groups performed below the national HEDIS® mean for the percentage of live births having prenatal care during the measurement period: Parkland – Dallas (75 percent), UniCare – Dallas (80 percent), Texas Children’s – Harris (80 percent), UnitedHealthcare-Texas – Harris (76 percent), FirstCare – Lubbock (66 percent), and AMERIGROUP – Travis (73 percent). FirstCare – Lubbock performed below the HHSC Performance Indicator Dashboard standard of 72 percent for this measure, suggesting a need for improved access to prenatal care in this MCO/SDA group.
3. At the SDA level, rates ranged from 69 percent in the Lubbock SDA to 87 percent in the El Paso SDA. Lubbock was the only SDA to perform below the HHSC Performance Indicator Dashboard standard of 72 percent, although this lower percentage was driven by performance in FirstCare – Lubbock. Performance in Superior – Lubbock (81 percent) was comparable to that reported nationally and above the HHSC Performance Indicator Dashboard standard.

## Chart 16. HEDIS® Postpartum Care

STAR MCOs - September 1, 2007 to August 31, 2008

STAR Eligible Births = 84,098



Reference: STAR Table PPC09

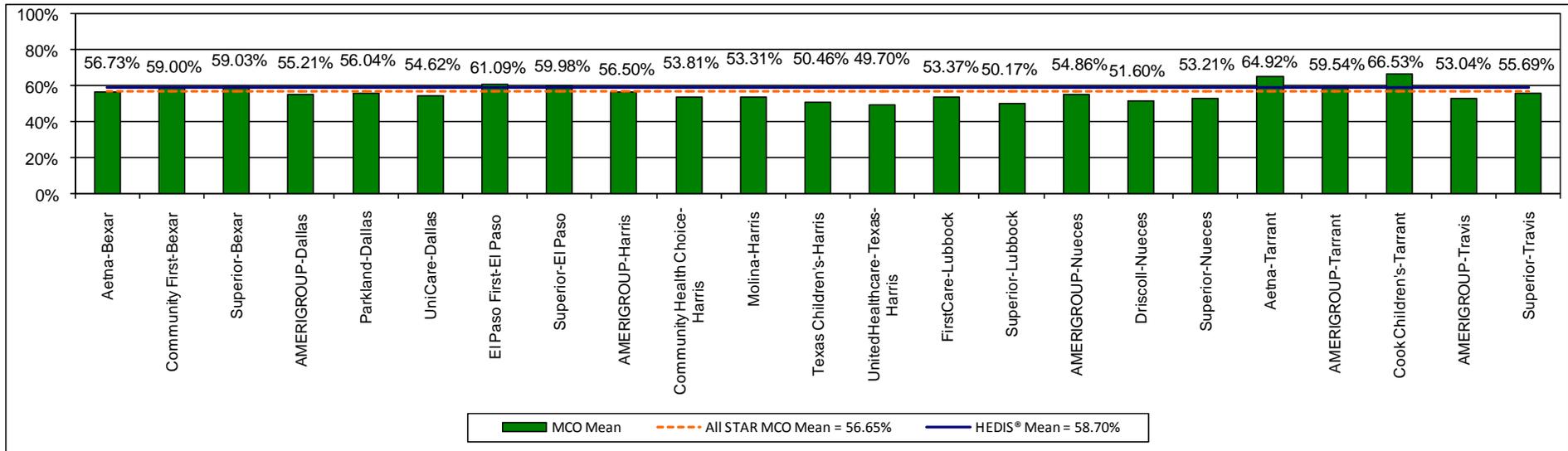
### Key Points:

1. Chart 16 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 the NCQA on this measure, with 57 percent of live births receiving postpartum care compared to 59 percent nationally. The STAR Program also performed lower than the HHSC Performance Indicator Dashboard standard of 65 percent for this measure. This represents little change since the prior reporting period (SFY 2007), when 56 percent of live births in STAR received postpartum care.
3. Four STAR MCOs performed above the national HEDIS® mean for this measure: Aetna (62 percent), Community First (59 percent), Cook Children's (67 percent), and El Paso First (61 percent). Only Cook Children's performed above the HHSC Performance Indicator Dashboard standard of 65 percent. These findings suggest a program-wide need for improved access to postpartum care in the STAR Program.

# Chart 17. HEDIS® Postpartum Care – SDA Breakout

STAR MCOs - September 1, 2007 to August 31, 2008

STAR Eligible Births = 84,098



SDA Mean	Bexar	Dallas	El Paso	Harris	Lubbock	Nueces	Tarrant	Travis
	58.77%	55.70%	60.37%	54.35%	52.77%	52.75%	61.96%	55.24%

Reference: STAR Table PPC09

### Key Points:

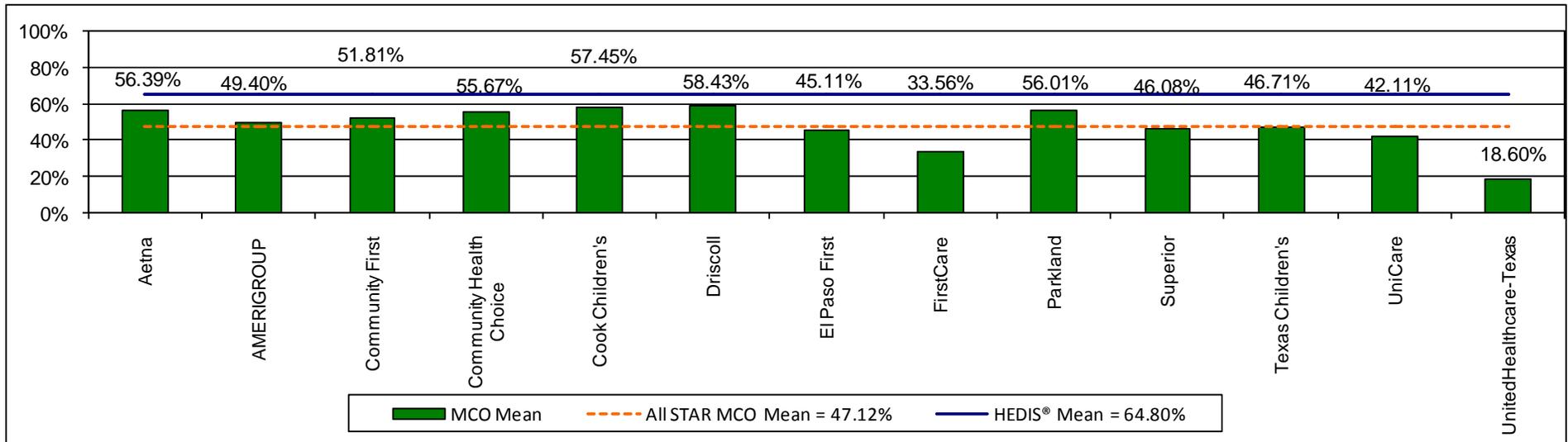
1. Chart 17 presents results for the HEDIS® Postpartum Care measure, distributed by MCO/SDA.
2. Seven MCO/SDA groups were at or above the national HEDIS® mean for the percentage of live births having postpartum care during the measurement period: Community First – Bexar (59 percent), Superior – Bexar (59 percent), El Paso First – El Paso (61 percent), Superior – El Paso (60 percent), Aetna – Tarrant (65 percent), AMERIGROUP – Tarrant (60 percent), and Cook Children’s – Tarrant (67 percent). Only Aetna – Tarrant and Cook Children’s – Tarrant met the HHSC Performance Indicator Dashboard standard of 65 percent for this measure.
3. At the SDA level, rates ranged from 53 percent in the Lubbock and Nueces SDAs to 62 percent in the Tarrant SDA. While STAR performed comparably to the national HEDIS® means for this measure, none of the STAR SDAs performed above the HHSC Performance Indicator Dashboard standard.

4. Professional organizations such as the American Academy of Pediatrics and the American College of Gynecologists recommend a postpartum care visit for women between four to six weeks after giving birth.<sup>13</sup> The primary goals of postpartum care visits are to assess women for postpartum depression, evaluate their overall health, address any preexisting or developing health problems, discuss family planning, and provide education about infant care and development.
5. Women in the STAR Program access and utilize postpartum care at a rate below the national average and the HHSC Performance Indicator Dashboard standard. This finding is a cause for concern because research has found that low-income women experience poorer mental and overall physical health in the postpartum period than their more affluent counterparts, emphasizing the need for postpartum care, services, and support for this population.<sup>14</sup> Women may underutilize postpartum care due to various factors that include a lack of understanding or knowledge about the importance of postpartum care, a focus on infant rather than personal health, or the daily stressors associated with economic disadvantage. It is recommended that providers encourage women to seek postpartum care and emphasize the importance of the postpartum care visit prior to discharge from the hospital.
6. Some programs have found success in combining both postpartum infant and maternal care into nurse home visits, to guarantee that women receive timely health services after giving birth.<sup>15</sup> Such programs represent a coordination of care among physicians, hospitals, and nurses through a referral system that ensures continuity of care after discharge from the hospital. HHSC may wish to consider these findings and develop postpartum care protocols and programs in efforts to increase postpartum care visits.

## Chart 18. HEDIS® Cervical Cancer Screening

STAR MCOs - September 1, 2007 to August 31, 2008

STAR Eligible Enrollees = 8,864



### Reference: STAR Table CCS09

**Note:** The denominator in Molina was less than 30 eligible members; therefore, this rate is not reported for the Molina health plan. Eligible members are included in overall STAR rates.

### Key Points:

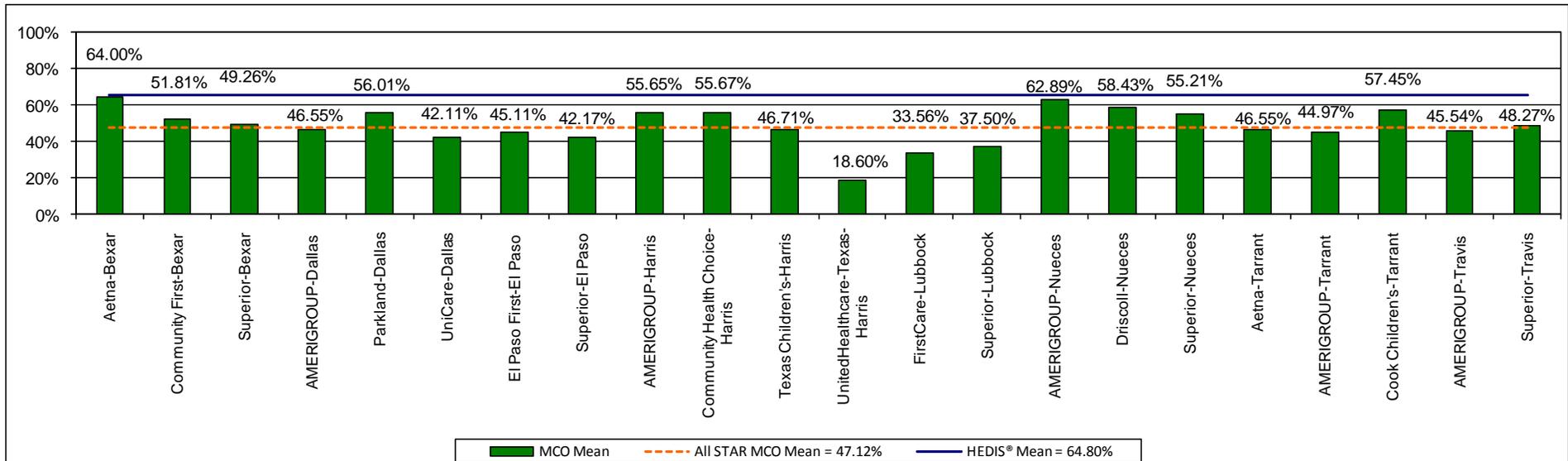
1. Chart 18 provides the percentage of women between 21 and 64 years of age in the STAR Program who received one or more Pap tests to screen for cervical cancer during the measurement period, distributed by MCO. It should be noted that HEDIS® specifications for this measure allow women to be numerator compliant if they received a Pap test in the measurement year or during the two years prior to the measurement year. Because only two years of historical data are available for the expansion area and the new health plans, lower rates in STAR are expected, which should be taken into consideration when comparing STAR rates with the national HEDIS® mean.
2. The STAR Program performed considerably lower than the national average for Medicaid Managed Care Plans reporting to the NCQA on this measure, with 47 percent of women receiving cervical cancer screening compared to 65 percent nationally. The STAR Program also performed lower than the HHSC Performance Indicator Dashboard standard of 60 percent for this measure. Although performance in STAR was low overall, it should be noted that these findings represent an improvement over the prior reporting period (SFY 2007), when only 32 percent of women in STAR received cervical cancer screening.

3. Results varied considerably by health plan, ranging from 19 percent of women receiving cervical cancer screening in UnitedHealthcare-Texas to 58 percent in Driscoll. None of the STAR MCOs performed above either the national HEDIS<sup>®</sup> mean or the HHSC Performance Indicator standard for this measure.

# Chart 19. HEDIS® Cervical Cancer Screening – SDA Breakout

STAR MCOs - September 1, 2007 to August 31, 2008

STAR Eligible Enrollees = 8,864



SDA Mean	Bexar	Dallas	El Paso	Harris	Lubbock	Nueces	Tarrant	Travis
	51.66%	51.15%	43.41%	52.51%	34.61%	58.77%	46.32%	47.80%

### Reference: STAR Table CCS09

Note: The denominator in Molina-Harris was less than 30 eligible members; therefore, this rate is not reported for Molina-Harris. Eligible members are included in overall STAR rates.

### Key Points:

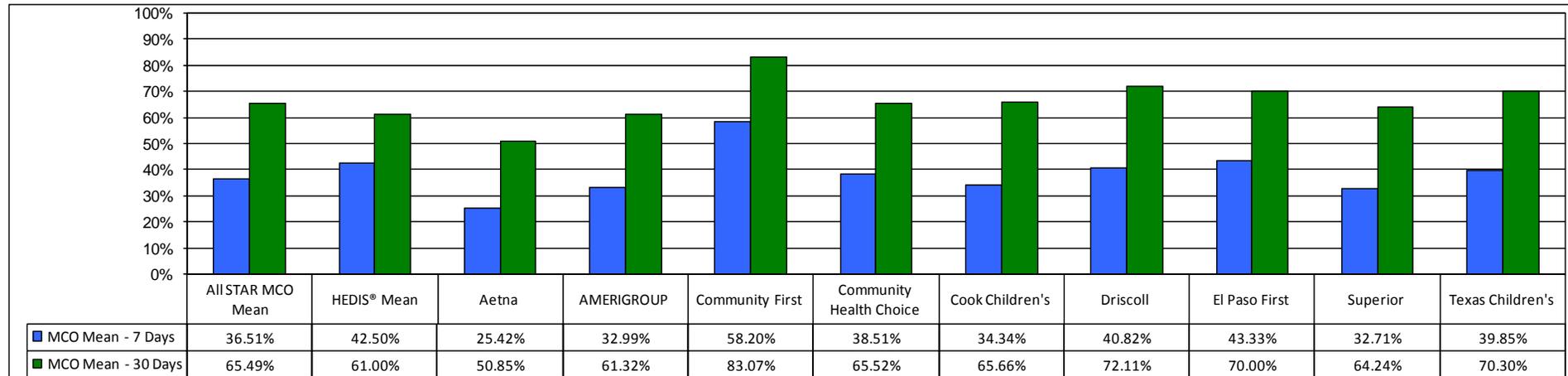
1. Chart 19 presents results for the HEDIS® Cervical Cancer Screening measure, distributed by MCO/SDA.
2. None of the MCO/SDA groups were at or above the national HEDIS® mean for this measure. The lowest-performing MCO/SDA groups were UnitedHealthcare-Texas – Harris (19 percent), FirstCare – Lubbock (34 percent), and Superior – Lubbock (38 percent). Only Aetna – Bexar (64 percent) and AMERIGROUP – Nueces (63 percent) performed above the HHSC Performance Indicator Dashboard standard of 60 percent.

3. None of the eight SDAs were at or above either the national HEDIS<sup>®</sup> mean or the HHSC Performance Indicator Dashboard standard for this measure. The greatest need for improved cervical cancer screening appears to be in the Lubbock SDA, where only 35 percent of women received cervical cancer screening.
4. Women in the STAR Program overall and particularly in UnitedHealthcare – Texas had lower rates of cervical cancer screening than those reported nationally. It should be noted that STAR rates for cervical cancer screening may be lower because only two years of historical data are available for the expansion area and the new health plans. National averages for cervical cancer screening are based on women receiving a Pap test in the measurement year or during the two years prior to the measurement year (three years total). Thus, the rates of cervical cancer screening among female members of STAR should be interpreted with caution.
5. Barriers to cervical cancer screening are briefly discussed because disadvantaged Hispanic and African-American women have higher rates of diagnosis and/or mortality from cervical cancer than non-Hispanic Whites.<sup>16</sup> Research has found that poverty, low educational levels, not having a primary care provider, and, among Hispanics, lack of acculturation all decrease the likelihood of cervical cancer screening.<sup>17</sup> Furthermore, research has identified cultural beliefs about vulnerability and disease risk that impede Hispanic and African-American women from seeking cervical cancer screenings. Intrinsic barriers to cervical cancer screening in these populations include the belief that only women who engage in sexually risky behavior should have pap smears, the belief that having no discernable symptoms indicates the absence of disease, and thinking that it is better to not know if one has cervical cancer. HHSC may wish to consider addressing factors that prevent cervical cancer screening among members of the STAR Program and develop culturally sensitive educational programs that educate women, address cultural beliefs about reproductive health and disease, and encourage regular cervical cancer screenings.

## Chart 20. HEDIS® Follow-Up after Hospitalization for Mental Illness

STAR MCOs - September 1, 2007 to August 31, 2008

STAR Mental Health Hospitalizations = 2,246



### Reference: STAR Table FUH09

**Note:** The denominator was less than 30 eligible members in FirstCare, Molina, Parkland, UniCare, and UnitedHealthcare-Texas; therefore, these measures are not reported for these health plans. Eligible members are included in overall STAR rates.

### Key Points:

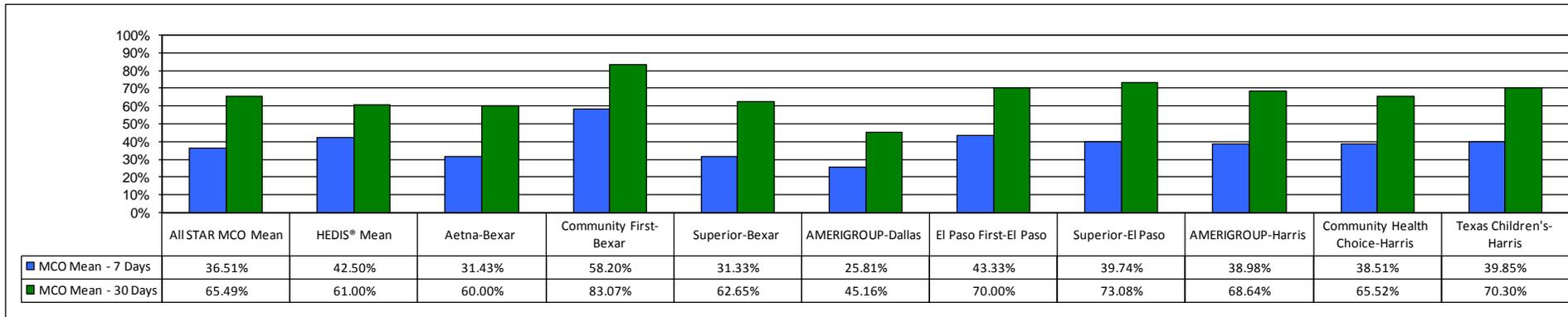
1. Chart 20 provides the percentage of STAR Program enrollees six years of age or older who were hospitalized for mental illness and who had an outpatient visit, an intensive outpatient encounter, or a partial hospitalization with a physician provider during the measurement period, distributed by MCO. 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 ignoring the provider type constraints in calculations, 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 average for Medicaid Managed Care Plans reporting to the NCQA on this measure at the seven-day follow-up period, with 37 percent receiving follow-up within seven days of discharge compared with 43 percent nationally. While performance in STAR was lower than that reported nationally, it exceeded the HHSC Performance Indicator Dashboard standard of 32 percent for this measure. This represents little change since the prior reporting period (SFY 2007), when 36 percent in STAR received seven-day follow-up after hospitalization for a mental illness.

3. The STAR Program performed higher than the national average for Medicaid Managed Care Plans reporting to the NCQA on this measure at the 30-day follow up period, with 65 percent receiving follow-up within 30 days of discharge compared with 61 percent nationally. The STAR Program also performed higher than the HHSC Performance Indicator Dashboard standard of 52 percent for this measure. This represents a slight decrease since the prior reporting period (SFY 2007), when 67 percent in STAR received 30-day follow-up after hospitalization for a mental illness.
4. Results for the seven-day follow-up period varied across the STAR MCOs. Only Community First (58 percent) and El Paso First (43 percent) were above the national HEDIS<sup>®</sup> mean. Rates in both Community First and El Paso First have increased substantially since the prior reporting period (SFY 2007), increasing from 35 percent and 24 percent of eligible enrollees, respectively. The lowest-performing MCO was Aetna (25 percent), which was also the only MCO to perform below the HHSC Performance Indicator Dashboard standard for this measure.
5. At the 30-day follow-up period, only Aetna (51 percent) performed lower than both the national HEDIS mean and the HHSC Performance Indicator Dashboard standard for this measure. These findings suggest a need for improved follow-up after hospitalization for mental illness in Aetna, at both the seven- and 30-day follow-up periods. HHSC may also wish to consider raising the Performance Indicator Dashboard standard for this measure to conform to national and/or program rates.

## Chart 21A. HEDIS® Follow-Up after Hospitalization for Mental Illness – SDA Breakout

STAR MCOs - September 1, 2007 to August 31, 2008

STAR Mental Health Hospitalizations = 2,246



SDA Mean		Bexar	Dallas	El Paso	Harris	Lubbock	Nueces	Tarrant	Travis
	7 Days	44.36%	21.05%	40.74%	38.84%	21.43%	35.34%	31.96%	31.85%
	30 Days	72.31%	45.61%	72.22%	68.36%	46.43%	68.10%	60.89%	56.30%

### Reference: STAR Table FUH09

Note: The denominator was less than 30 eligible members in Parkland-Dallas, UniCare-Dallas, Molina-Harris, UnitedHealthcare-Texas-Harris, FirstCare-Lubbock, and Aetna-Tarrant; therefore, these measures are not reported for these MCO/SDA groups. Eligible members are included in overall STAR rates.

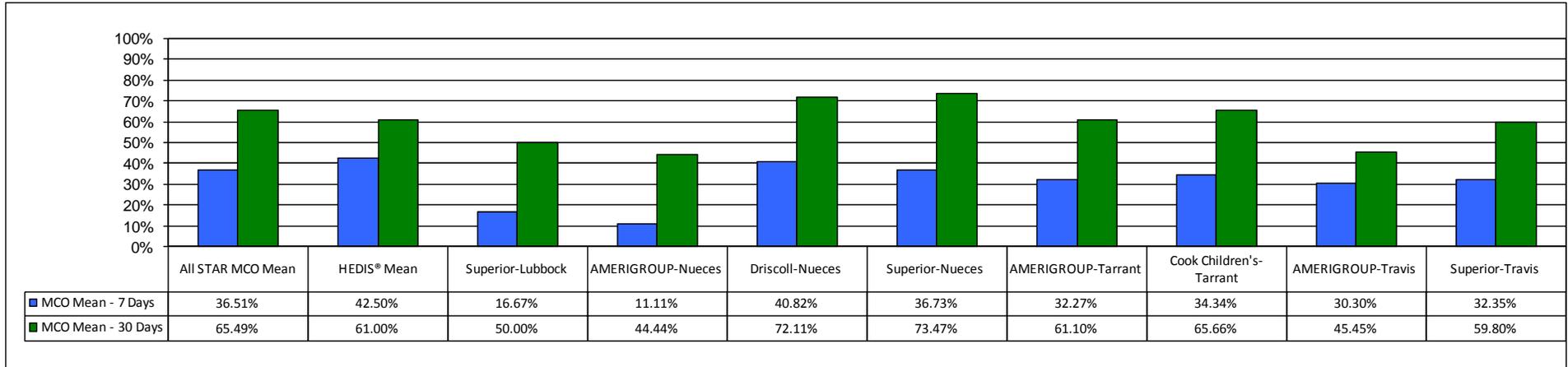
### Key Points:

1. Chart 21A presents results for the HEDIS® Follow-Up after Hospitalization for Mental Illness measure for nine MCO/SDA groups in the Bexar, Dallas, El Paso, and Harris SDAs. Chart 21B presents results for this measure for eight MCO/SDA groups in the Lubbock, Nueces, Tarrant, and Travis SDAs. The remaining six MCO/SDAs had low denominators for this measure (as indicated in the note above). Key points for both charts are presented under Chart 21B.

## Chart 21B. HEDIS® Follow-Up after Hospitalization for Mental Illness – SDA Breakout

STAR MCOs - September 1, 2007 to August 31, 2008

STAR Mental Health Hospitalizations = 2,246



SDA Mean		Bexar	Dallas	El Paso	Harris	Lubbock	Nueces	Tarrant	Travis
	7 Days	44.36%	21.05%	40.74%	38.84%	21.43%	35.34%	31.96%	31.85%
	30 Days	72.31%	45.61%	72.22%	68.36%	46.43%	68.10%	60.89%	56.30%

### Reference: STAR Table FUH09

Note: The denominator was less than 30 eligible members in Parkland-Dallas, UniCare-Dallas, Molina-Harris, UnitedHealthcare-Texas-Harris, FirstCare-Lubbock, and Aetna-Tarrant; therefore, these measures are not reported for these MCO/SDA groups. Eligible members are included in overall STAR rates.

### Key Points:

1. Charts 21A and 21B present results for the HEDIS® Follow-Up after Hospitalization for Mental Illness measure, distributed by MCO/SDA.
2. For the seven-day follow-up measure, two MCO/SDA groups performed higher than both the national HEDIS® mean and the HHSC Performance Indicator Dashboard standard of 32 percent: Community First – Bexar (58 percent) and El Paso First – El Paso (43 percent). The lowest-performing MCO/SDA groups for the seven-day follow-up measure were AMERIGROUP – Nueces (11 percent), Superior – Lubbock (17 percent), and AMERIGROUP – Dallas (26 percent).
3. For the 30-day follow-up measure, 11 MCO/SDA groups performed higher than both the national HEDIS® mean and the HHSC Performance Indicator Dashboard standard of 52 percent. The highest-performing MCO/SDA groups were: Community First – Bexar (83 percent), Superior – Nueces (73 percent), and Superior – El Paso (73 percent). Four MCO/SDA groups performed below the HHSC Performance

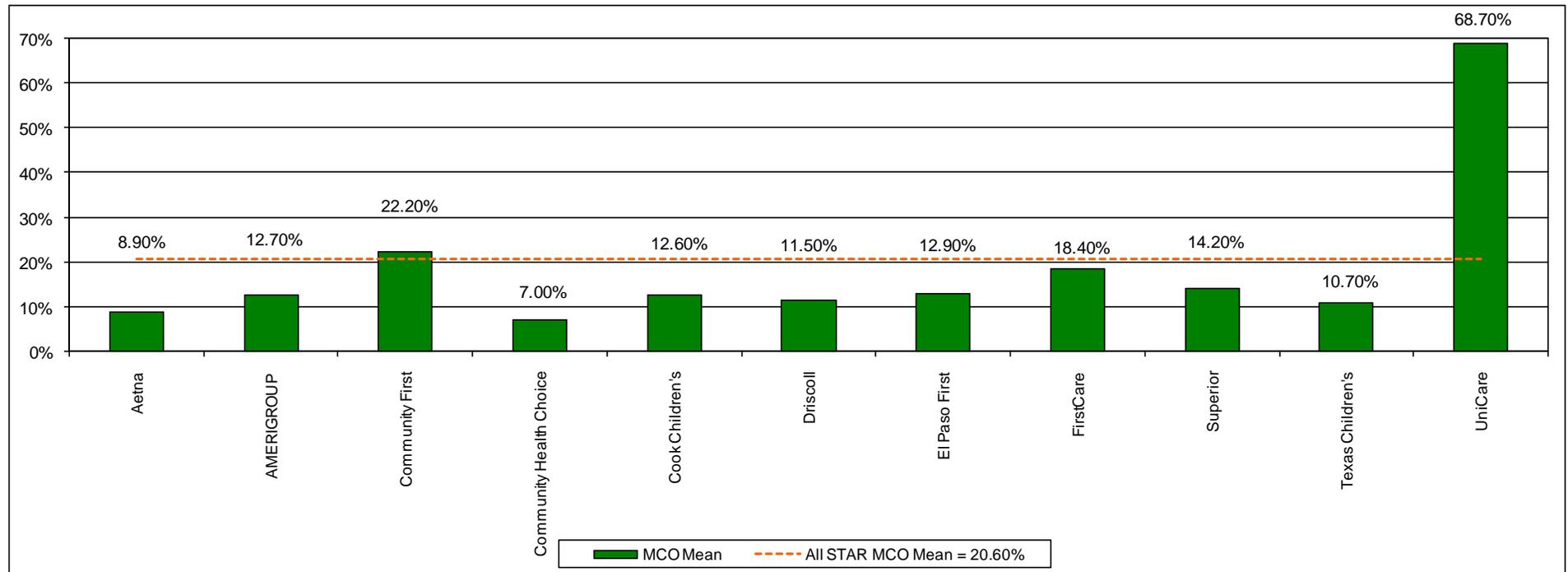
Indicator Dashboard standard: AMERIGROUP – Nueces (44 percent), AMERIGROUP – Dallas (45 percent), AMERIGROUP – Travis (45 percent), and Superior – Lubbock (50 percent).

4. At the SDA level, results for the seven-day follow-up measure were lower than the national HEDIS<sup>®</sup> mean for all SDAs except Bexar (44 percent), suggesting there is a program-wide need to improve follow-up at seven days following hospitalization for mental illness. Results for the 30-day follow-up measure were lower than the national HEDIS<sup>®</sup> mean in the Dallas (46 percent), Lubbock (46 percent), and Travis (56 percent) SDAs. From 2007 to 2008, rates were noticeably lower in Lubbock for both seven-day (decrease from 34 percent to 21 percent) and 30-day (decrease from 69 percent to 46 percent) follow-up after hospitalization for a mental illness. In addition, the percentage of those receiving 30-day follow-up declined considerably in Travis from 2007 (from 70 percent to 56 percent).
5. These findings suggest the need to improve seven-day follow-up rates after hospitalization for a mental health problem across the STAR Program, and in particular in AMERIGROUP – Nueces and Superior – Lubbock. The initial period after being discharged from a hospital for mental illness can be difficult for people who may not be stabilized pharmaceutically, who may struggle to meet their basic needs and care for themselves, and who may lack the social support needed for healing and recovery.<sup>18</sup> Factors that may prevent immediate follow-up after a hospital discharge include living in a rural area, greater functional impairment, being unaware of follow-up services, and holding the belief that the problem would resolve on its own.
6. Research has identified several factors that improve rates of seven-day follow-up after a hospital visit.<sup>19</sup> Home-based visits after discharge, ongoing home intervention-based therapy, and contact with the same mental health providers from the hospital stay to outpatient treatment have a positive impact on seven-day follow-up rates.

## Chart 22. Readmission within 30 Days after an Inpatient Stay for Mental Health

STAR MCOs - September 1, 2007 to August 31, 2008

STAR Inpatient Mental Health Eligible Stays = 3,787



### Reference: STAR Table MHReadmit09

**Note:** The denominator was less than 30 eligible members in Molina, Parkland and UnitedHealthcare-Texas; therefore, rates for these health plans are not reported. Eligible members are included in overall STAR rates.

### Key Points:

1. Chart 22 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. For this measure, low rates of readmission indicate good performance.
2. In the STAR Program overall, 21 percent of eligible members were readmitted within 30 days after an inpatient stay for mental health. Readmission rates for most MCOs were below the program mean, ranging from seven percent in Community Health Choice to 18 percent in

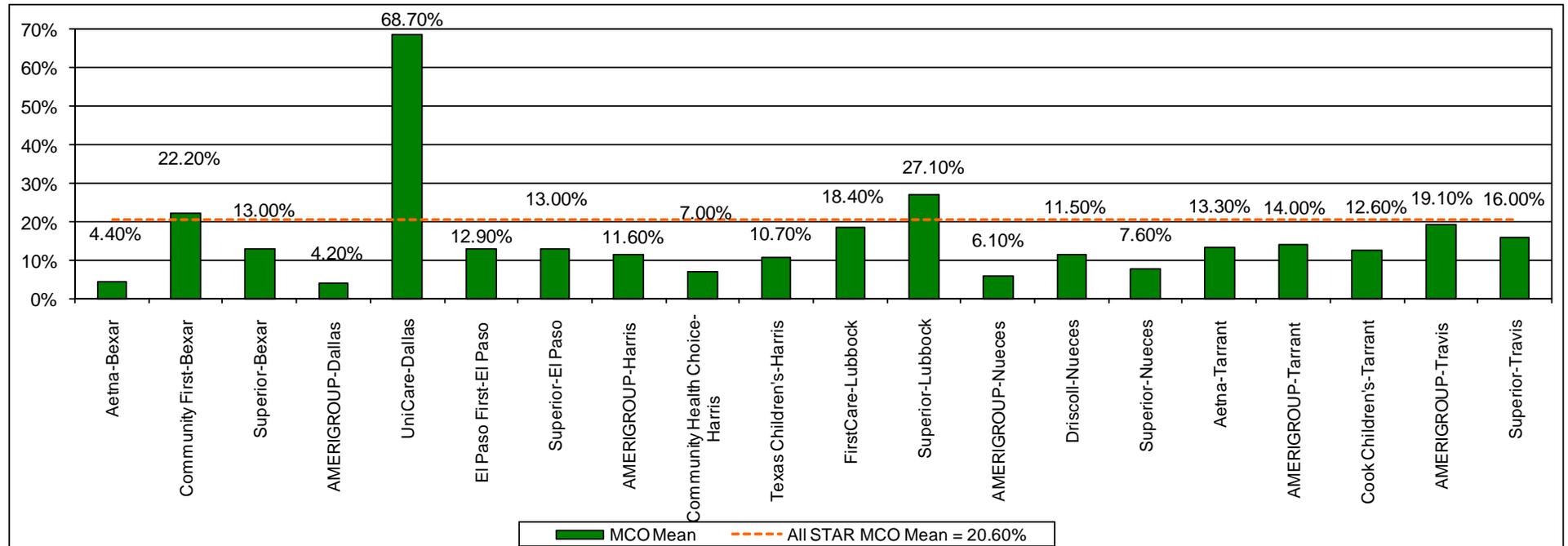
FirstCare. Rates were higher than the program mean in Community First (22 percent) and UniCare (69 percent). Performance on this measure declined slightly from SFY2007, when 18 percent of STAR enrollees were readmitted within 30 days following a inpatient stay for mental health.

3. The mental health readmission rate in UniCare was considerably greater than the program mean, and warrants further investigation. UniCare is one of three MCOs that provide behavioral health services through the NorthSTAR Program in the Dallas SDA. The other MCOs that use NorthSTAR are Parkland (readmission rate not reported) and AMERIGROUP, which provides behavioral health services through NorthSTAR in the Dallas SDA but not in the Bexar, Harris, Nueces, Tarrant, or Travis SDAs. The mental health readmission rate for AMERIGROUP – Dallas (see Chart 23) is much lower (4 percent) than the rate for UniCare – Dallas (69 percent), even though each provide mental health services through NorthSTAR.

### Chart 23. Readmission within 30 Days after an Inpatient Stay for Mental Health – SDA Breakout

STAR MCOs - September 1, 2007 to August 31, 2008

STAR Inpatient Mental Health Eligible Stays = 3,787



SDA Mean	Bexar	Dallas	El Paso	Harris	Lubbock	Nueces	Tarrant	Travis
	17.50%	60.70%	13.00%	9.90%	23.30%	9.80%	13.70%	16.70%

**Reference: STAR Table MHReadmit09**

**Note:** The denominator was less than 30 members in Parkland-Dallas, Molina-Harris and UnitedHealthcare-Texas-Harris; therefore, rates in these MCO/SDA groups are not reported. Eligible members are included in overall STAR rates.

**Key Points:**

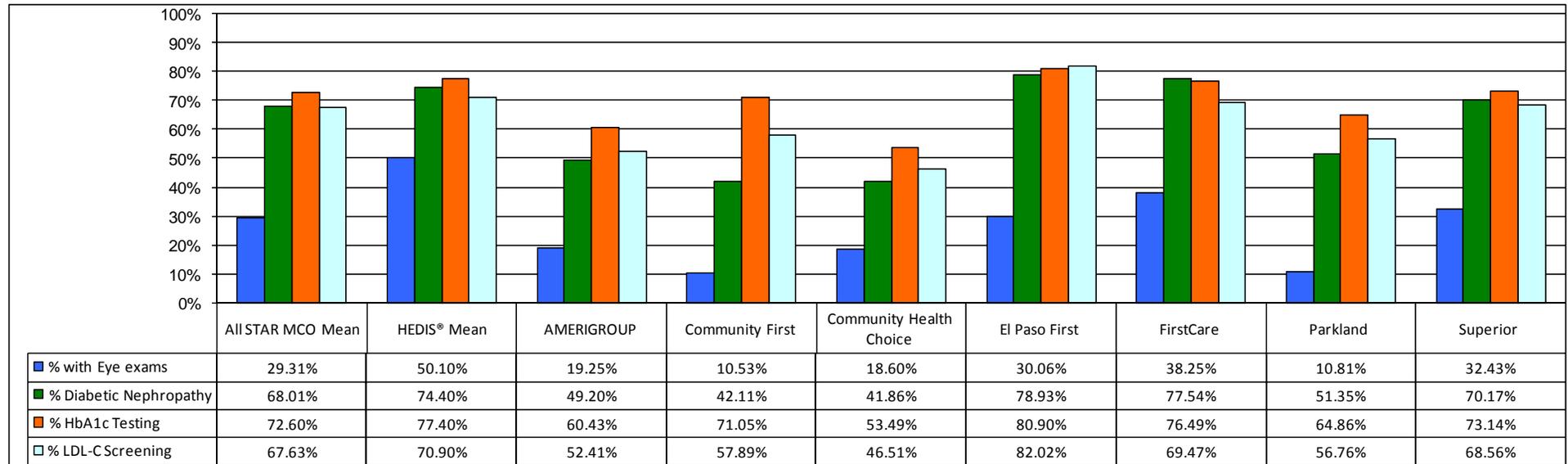
1. Chart 23 provides the percentage of STAR Program enrollees who were readmitted within 30 days following an inpatient stay for mental health problems, distributed by MCO/SDA.
2. Five MCO/SDA groups performed substantially better than STAR overall for this measure: AMERIGROUP – Dallas (4 percent), Aetna – Bexar (4 percent), AMERIGROUP – Nueces (6 percent), Community Health Choice – Harris (7 percent), and Superior – Nueces (8 percent).

3. The lowest-performing MCO/SDA group was UniCare – Dallas (69 percent), which exceeded the STAR Program rate by 48 percent. Behavioral health services in both UniCare – Dallas and AMERIGROUP – Dallas are offered through the NorthSTAR Program. However, the readmission rate in AMERIGROUP – Dallas was well below the overall rate, suggesting that the substantially higher rate in UniCare – Dallas may be independent of services provided through NorthSTAR.
4. At the SDA level, readmission rates ranged from 10 percent in Nueces and Harris to 61 percent in Dallas. The substantially higher rate in the Dallas SDA is attributed to performance in UniCare – Dallas. From 2007 to 2008, Nueces reduced the percentage of readmissions (from 18 to 10 percent), while Lubbock increased the percentage of readmissions (from 8 to 23 percent)
5. The rate of readmission within 30 days after an inpatient stay for mental health for UniCare – Dallas was unusually high (69 percent) compared to the other plans and the national average. It is suggested that UniCare – Dallas re-evaluate their mental health program, in an effort to reduce this rate. Research has identified the importance of discharge planning in reducing hospital readmissions after a mental health stay.<sup>20</sup> Discharge planning for outpatient treatment has been shown to reduce the length of hospital stays, reduce self-reported patient symptoms, and increase adherence to after-care treatment recommendations. One managed care program succeeded in their efforts to decrease hospital readmission rates by targeting high-risk patients (severely and persistently mentally ill) and providing them with phone call reminders of upcoming outpatient treatment appointments.<sup>21</sup> UniCare – Dallas may want to consider a similar approach, identifying those enrollees at greatest risk for a readmission to the hospital, providing them with reminder calls, and directing them to their care providers if patients indicate the potential to drop out of treatment. Furthermore, UniCare – Dallas may want to consider implementing or improving care coordination and home-based visits after discharge to decrease mental health hospital readmission rates.

## Chart 24. HEDIS® Comprehensive Diabetes Care (Administrative component only)

STAR MCOs - September 1, 2007 to August 31, 2008

STAR Eligible = 1,832



### Reference: STAR Table CDC09

**Note:** The denominator was less than 30 members in Aetna, Cook Children's, Driscoll, Molina, Texas Children's, UniCare and UnitedHealthcare-Texas; therefore, rates are not shown for these health plans. Eligible members are included in overall STAR rates.

### Key Points:

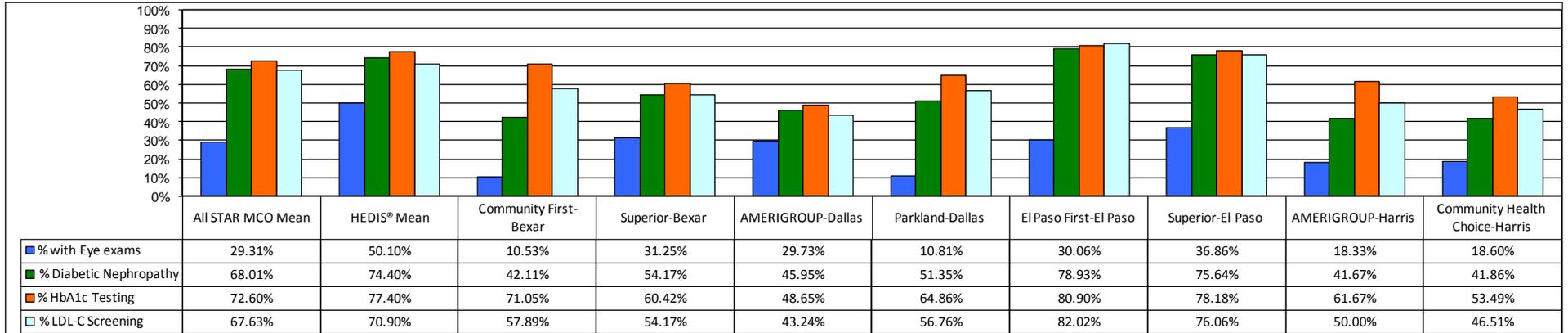
1. Chart 24 provides the percentage of STAR Program enrollees 18 to 75 years of age with diabetes (type 1 and 2) who had eye exams, medical attention for diabetic nephropathy, hemoglobin A1c (HbA1c) testing, and LDL-C screening during the measurement period, distributed by MCO. HEDIS® technical specifications for the Comprehensive Diabetes Care measures allow for the use of administrative and medical record review data. Results shown in Chart 24 were calculated using administrative data only. Note that only eye exams conducted by a vision specialist are counted as eye exam visits.
2. For the percentage of eligible members receiving eye exams, the STAR Program performed considerably lower than both the national HEDIS® mean and the HHSC Performance Indicator Dashboard standard (45 percent). Across the STAR MCOs, rates ranged from 11 percent in Community First and Parkland to 38 percent in FirstCare.

3. For the percentage of eligible members receiving medical attention for diabetic nephropathy, the STAR Program performed lower than the national HEDIS<sup>®</sup> mean but exceeded the HHSC Performance Indicator Dashboard standard (41 percent). Across the STAR MCOs, rates ranged from 42 percent in Community Health Choice and Community First to 79 percent in El Paso First.
4. For the percentage of eligible members receiving HbA1c testing, the STAR Program performed lower than the national HEDIS<sup>®</sup> mean but higher than the HHSC Performance Indicator Dashboard standard (70 percent). Across the STAR MCOs, rates ranged from 53 percent in Community Health Choice to 81 percent in El Paso First.
5. For the percentage of eligible members receiving LDL-C screening, the STAR Program performed slightly lower than the national HEDIS<sup>®</sup> mean but higher than the HHSC Performance Indicator Dashboard standard (65 percent). Across the STAR MCOs, rates ranged from 47 percent in Community Health Choice to 82 percent in El Paso First.

## Chart 25A. HEDIS® Comprehensive Diabetes Care – SDA Breakout (Administrative component only)

STAR MCOs - September 1, 2007 to August 31, 2008

STAR Eligible = 1,832



SDA Mean	Bexar	Dallas	El Paso	Harris	Lubbock	Nueces	Tarrant	Travis
	% with Eye exams	21.98%	18.75%	33.94%	14.29%	35.14%	19.35%	13.95%
% Diabetic Nephropathy	49.45%	47.50%	77.05%	40.00%	78.29%	54.84%	46.51%	55.72%
% HbA1c Testing	65.93%	56.25%	79.35%	55.71%	76.49%	69.35%	60.47%	62.19%
% LDL-C Screening	56.04%	50.00%	78.62%	46.43%	69.77%	54.84%	55.81%	51.74%

### Reference: STAR Table CDC09

Note: The denominator was less than 30 members in Aetna-Bexar, UniCare-Dallas, Molina-Harris, Texas Children's-Harris, UnitedHealthcare-Texas-Harris, AMERIGROUP-Nueces, Driscoll-Nueces, Superior-Nueces, Aetna-Tarrant, and Cook Children's-Tarrant; therefore, rates are not shown for these MCO/SDA groups. Eligible members are included in overall STAR rates.

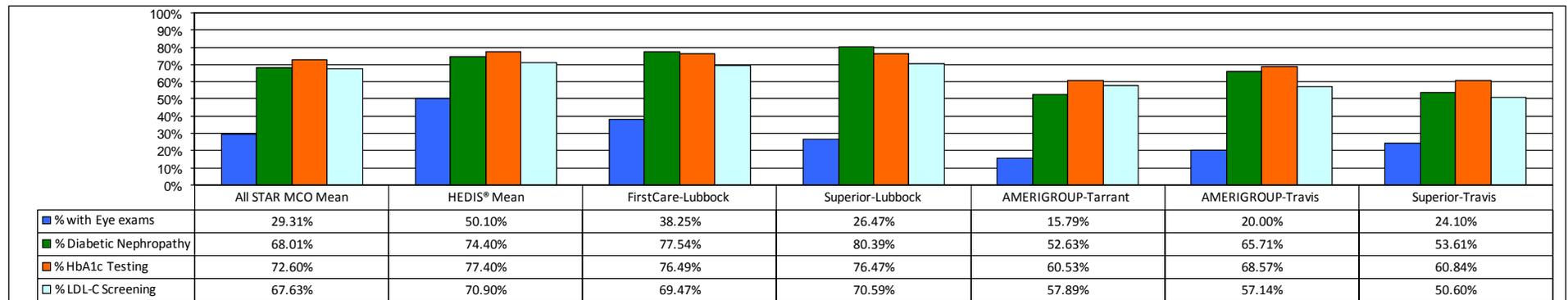
### Key Points:

1. Chart 25A presents results for the HEDIS Comprehensive Diabetes Care measures for eight MCO/SDA groups in the Bexar, Dallas, El Paso, and Harris SDAs. Chart 25B presents results for the HEDIS Comprehensive Diabetes Care measures for five MCO/SDA groups in the Lubbock, Tarrant, and Travis SDAs. The remaining ten MCO/SDA groups had low denominators, as indicated in the note above. Key points for both charts are presented under Chart 25B.

## Chart 25B. HEDIS® Comprehensive Diabetes Care – SDA Breakout (Administrative component only)

STAR MCOs - September 1, 2007 to August 31, 2008

STAR Eligible = 1,832



SDA Mean		Bexar	Dallas	El Paso	Harris	Lubbock	Nueces	Tarrant	Travis
	% with Eye exams	21.98%	18.75%	33.94%	14.29%	35.14%	19.35%	13.95%	23.38%
	% Diabetic Nephropathy	49.45%	47.50%	77.05%	40.00%	78.29%	54.84%	46.51%	55.72%
	% HbA1c Testing	65.93%	56.25%	79.35%	55.71%	76.49%	69.35%	60.47%	62.19%
% LDL-C Screening	56.04%	50.00%	78.62%	46.43%	69.77%	54.84%	55.81%	51.74%	

### Reference: STAR Table CDC09

Note: The denominator was less than 30 members in Aetna-Bexar, UniCare-Dallas, Molina-Harris, Texas Children's-Harris, UnitedHealthcare-Texas-Harris, AMERIGROUP-Nueces, Driscoll-Nueces, Superior-Nueces, Aetna-Tarrant, and Cook Children's-Tarrant; therefore, rates are not shown for these MCO/SDA groups. Eligible members are included in overall STAR rates.

### Key Points:

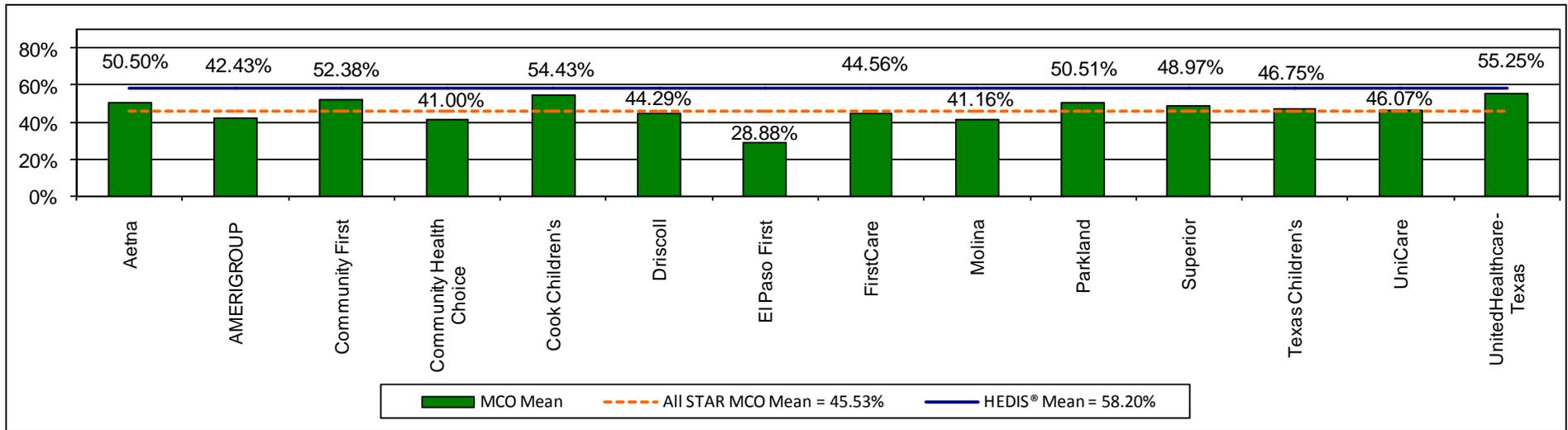
1. Charts 25A and 25B present results for the HEDIS® Comprehensive Diabetes Care measures, distributed by MCO/SDA.
2. For the percentage of eligible members receiving eye exams, rates ranged from 11 percent in Community First – Bexar and Parkland – Dallas to 38 percent in FirstCare-Lubbock. None of the STAR MCO/SDA groups were above either the national HEDIS® mean or the HHSC Performance Indicator Dashboard standard for this measure (45 percent). At the SDA level, rates ranged from 14 percent in Tarrant to 35 percent in Lubbock.
3. For the percentage of eligible members receiving medical attention for diabetic nephropathy, rates ranged from 42 percent in AMERIGROUP – Harris, Community Health Choice – Harris, and Community First – Bexar to 80 percent in Superior – Lubbock. All of the MCO/SDA groups met or exceeded the HHSC Performance Indicator Dashboard standard for this measure (41 percent). Four MCO/SDA groups exceeded the national HEDIS® mean for this measure: FirstCare – Lubbock (78 percent), Superior – Lubbock (80 percent), El Paso First – El Paso (79 percent), and Superior – El Paso (76 percent). At the SDA level, rates ranged from 40 percent in Harris to 78 percent in Lubbock.

4. For the percentage of eligible members receiving HbA1c testing, rates ranged from 49 percent in AMERIGROUP – Dallas to 81 percent in El Paso First – El Paso. Five MCO/SDA groups met or exceeded the HHSC Performance Indicator Dashboard standard for this measure (70 percent): Community First – Bexar (71 percent), El Paso First – El Paso (81 percent), Superior – El Paso (78 percent), FirstCare – Lubbock (76 percent), and Superior – Lubbock (76 percent). El Paso First – El Paso and Superior – El Paso also exceeded the national HEDIS<sup>®</sup> mean for this measure. At the SDA level, rates ranged from 56 percent in Harris and Dallas to 79 percent in El Paso.
5. For the percentage of eligible members receiving LDL-C screening, rates ranged from 43 percent in AMERIGROUP – Dallas to 82 percent in El Paso First – El Paso. Four MCO/SDA groups met or exceeded the HHSC Performance Indicator Dashboard standard for this measure (65 percent): El Paso First – El Paso (82 percent), Superior – El Paso (76 percent), FirstCare – Lubbock (69 percent), and Superior – Lubbock (71 percent). El Paso First – El Paso and Superior – El Paso also exceeded the national HEDIS<sup>®</sup> mean for this measure. At the SDA level, rates ranged from 46 percent in Harris to 79 percent in El Paso.
6. The low percentage of STAR Program enrollees with diabetes who receive eye exams warrants further attention. Diabetic retinopathy is the leading cause of blindness in the adult population.<sup>22</sup> Without regular eye exams, diabetic enrollees in the STAR Program are at risk for eventual blindness. Research has found that diabetic care coordinated by a specially trained nurse supervised by a physician increases eye exams and positive health outcomes for diabetics more broadly.<sup>23</sup> One of the key reasons for the success of nurse-coordinated care for diabetics is that nurses likely have more time to spend with patients than physicians, increasing their effectiveness in communicating with and educating patients about the complexity of diabetes. Furthermore, in minority communities, nurses are more likely than physicians to share similar cultural and ethnic backgrounds with their patients. HHSC may want to consider utilizing specially trained nurses in the education, care, and management of diabetes, ensuring that diabetic enrollees receive regular eye exams.

## Chart 26. HEDIS® Appropriate Testing for Children with Pharyngitis

STAR MCOs - September 1, 2007 to August 31, 2008

STAR Eligible = 44,904



Reference: STAR Table CWP09

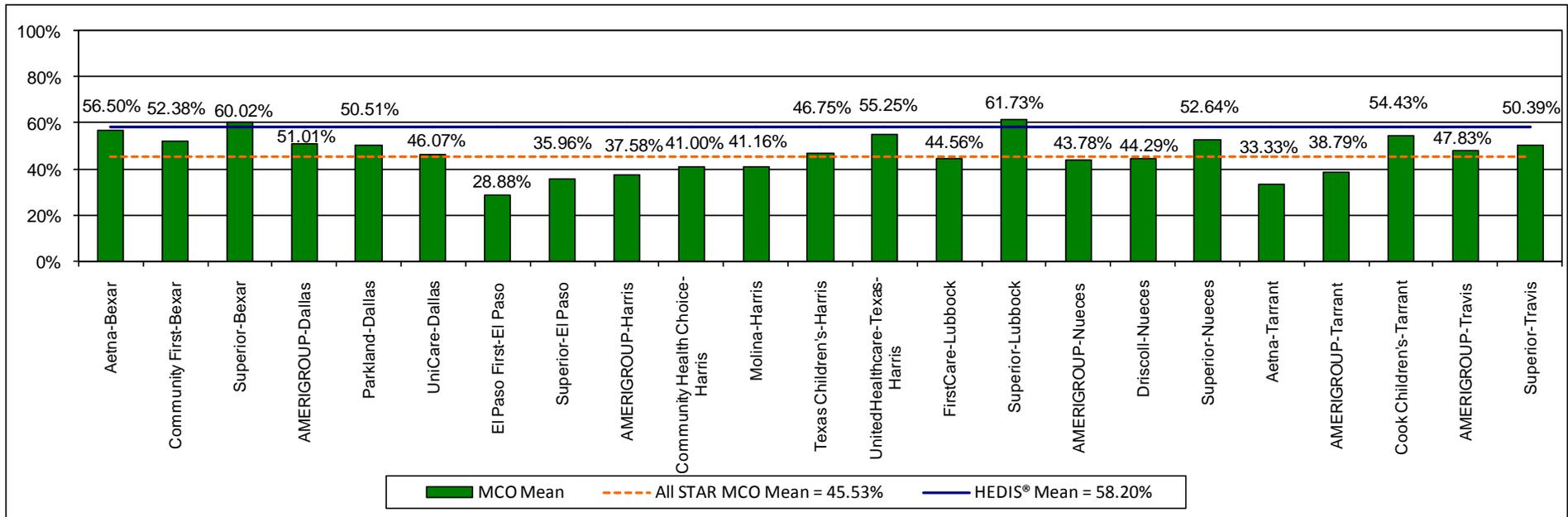
### Key Points:

1. Chart 26 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 average for Medicaid Managed Care Plans reporting to the NCQA on this measure, with 46 percent of children with pharyngitis receiving appropriate testing compared to 58 percent nationally. This result has remained essentially unchanged since 2007 when 45 percent of children with pharyngitis received appropriate testing.
3. None of the health plans were at or above the national HEDIS® mean for this measure, which represents no change since the prior reporting period (SFY 2007). UnitedHealthcare-Texas had the highest percentage of children with pharyngitis receiving appropriate testing, at 55 percent. The lowest-performing MCO on this measure was El Paso First (29 percent).
4. These findings suggest there is a program-wide need for improvements to testing for children with pharyngitis.

## Chart 27. HEDIS® Appropriate Testing for Children with Pharyngitis – SDA Breakout

STAR MCOs - September 1, 2007 to August 31, 2008

STAR Eligible = 44,904



SDA	Bexar	Dallas	El Paso	Harris	Lubbock	Nueces	Tarrant	Travis
Mean	56.04%	50.56%	33.43%	42.51%	47.95%	45.93%	41.39%	50.03%

Reference: STAR Table CWP09

### Key Points:

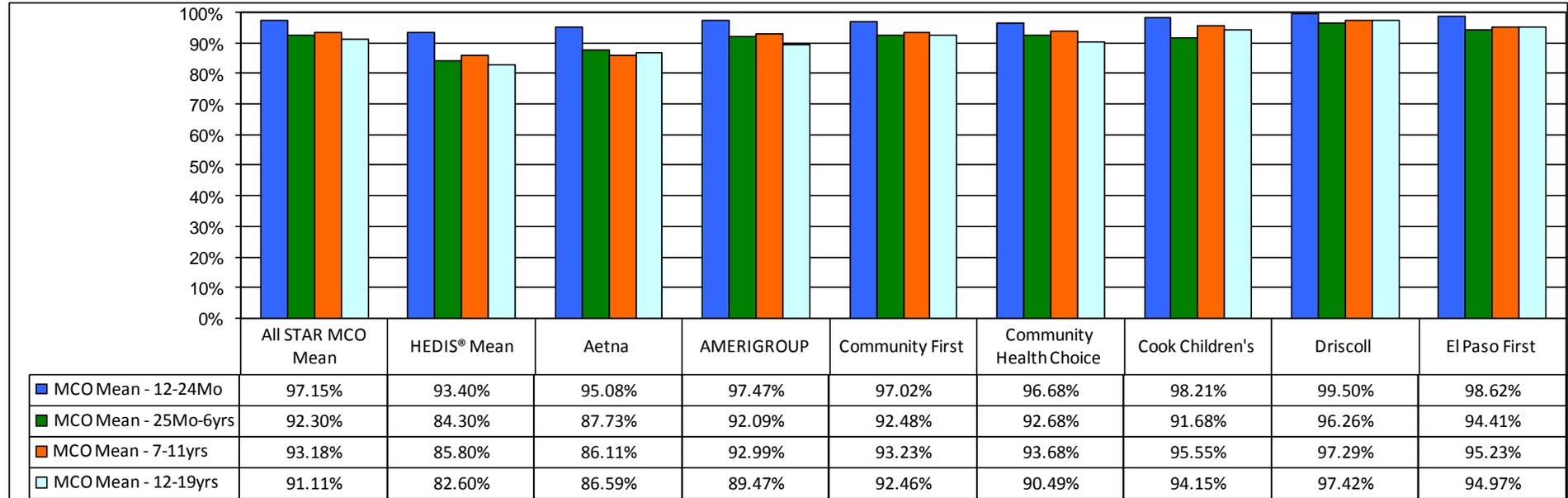
1. Chart 27 presents results for the HEDIS® Appropriate Testing for Children with Pharyngitis measure, distributed by MCO/SDA.
2. Two MCO/SDA groups exceeded the national HEDIS® mean for this measure: Superior – Bexar (60 percent) and Superior – Lubbock (62 percent). These were also the only two MCO/SDA groups that exceeded the national HEDIS® mean for this measure in the prior reporting year (SFY 2007). The lowest-performing MCO/SDA groups were El Paso First – El Paso (29 percent) and Aetna – Tarrant (33 percent).
3. At the SDA level, rates of appropriate testing for children with pharyngitis ranged from 33 percent in El Paso to 56 percent in Bexar. None of the SDAs were at or above the national HEDIS® mean.

4. Lower rates of diagnosis and treatment of pharyngitis in children in the STAR Program compared to the national average may be due to a number of factors, including access to care, parental decisions about the necessity of care, and physician decisions about testing and treatment of pharyngitis.<sup>23</sup> Additionally, it should be noted that many cases of pharyngitis never present to a physician for care. There are various strategies for managing pharyngitis among physicians that include simply observing symptoms without actual testing or treatment. Research has found that the most cost-effective approach to sore throat symptoms, considering the risks of not treating the condition, is to perform a throat culture when deemed medically necessary. HHSC may want to consider developing physician training in how to more effectively make treatment decisions in pharyngitis, and in some cases aggressively test for and treat pharyngitis in children.

## Chart 28A. HEDIS® Children and Adolescents' Access to Primary Care Practitioners

STAR Eligible 12-24 Months = 60,503  
 STAR Eligible 25 Months to 6 Years = 196,133  
 STAR Eligible 7 to 11 Years = 50,961  
 STAR Eligible 12 to 19 Years = 49,961

STAR MCOs - September 1, 2007 to August 31, 2008



Reference: STAR Table CAP09

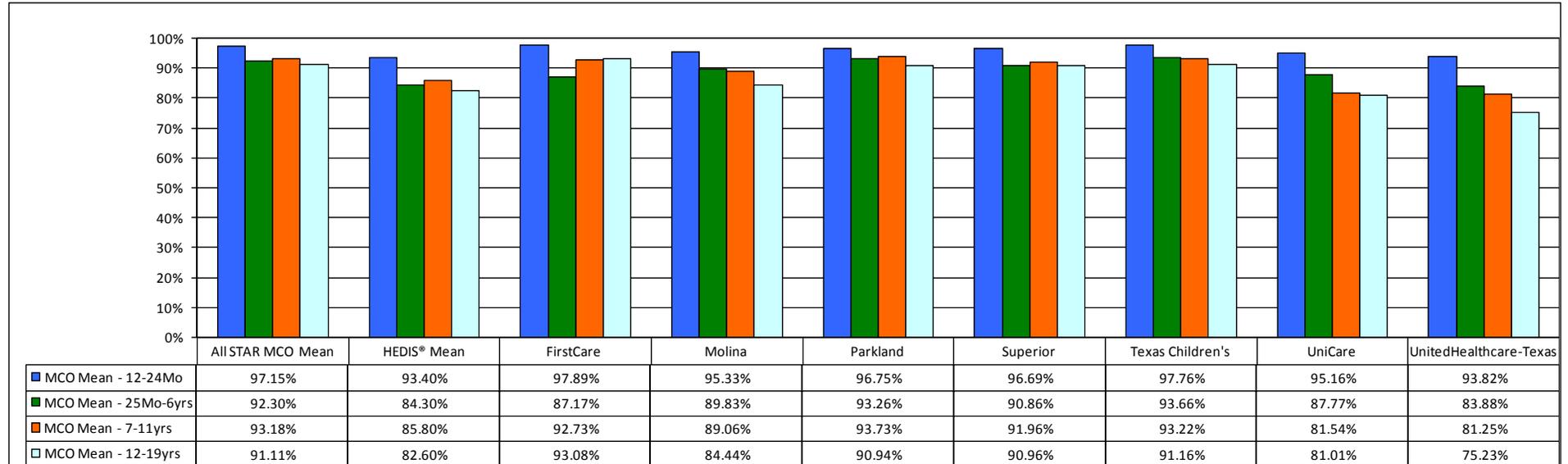
### Key Points:

1. Chart 28A presents results for the HEDIS® Children and Adolescents' Access to Primary Care Practitioners measure for seven MCOs in the STAR Program. Chart 28B presents results for the HEDIS® Children and Adolescents' Access to Primary Care Practitioners measure for the remaining seven MCOs in the STAR Program. Key points for both charts are presented under Chart 28B.

## Chart 28B. HEDIS® Children and Adolescents' Access to Primary Care Practitioners

STAR Eligible 12-24 Months = 60,503  
 STAR Eligible 25 Months to 6 Years = 196,133  
 STAR Eligible 7 to 11 Years = 50,961  
 STAR Eligible 12 to 19 Years = 49,961

STAR MCOs - September 1, 2007 to August 31, 2008



Reference: STAR Table CAP09

### Key Points:

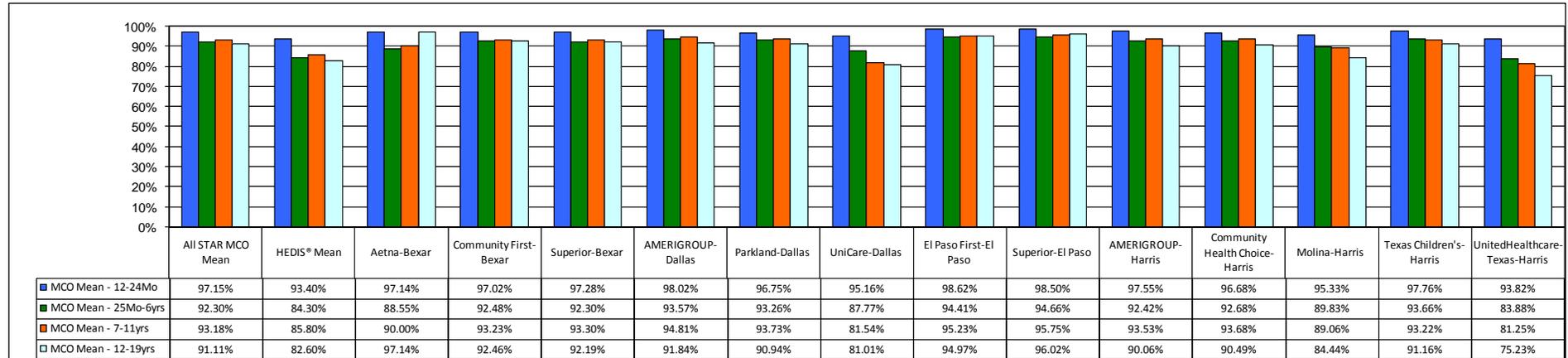
1. Charts 28A and 28B provide the percentage of children and adolescents in the STAR Program who had a visit with a physician provider during the measurement period, distributed by MCO. Rates are presented separately for four age groups – 12 to 24 months, 25 months to 6 years, 7 to 11 years, and 12 to 19 years. The HEDIS® measure specifies visits with a primary care practitioner. Due to not enforcing provider type 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 average on this measure for all four age groups. Among children 12 to 24 months old, 97 percent had a visit with a physician provider compared with 93 percent nationally. Among children 25 months to six years old, 92 percent had a visit with a physician provider compared with 84 percent nationally. Among children and adolescents seven to 11 years old, 93 percent had a visit with a physician provider compared with 86 percent nationally. Among adolescents 12 to 19 years old, 91 percent had a visit with a physician provider compared with 83 percent nationally.

3. Across the STAR MCOs:
  - a. There was little variation in the percentage of children 12 to 24 months old who saw a physician provider. Rates ranged from 94 percent in UnitedHealthcare-Texas to nearly 100 percent in Driscoll.
  - b. There was slightly more variation in the percentage of children 25 months to six years old who saw a physician provider. Rates ranged from 84 percent in UnitedHealthcare-Texas to 96 percent in Driscoll.
  - c. There was slightly more variation in the percentage of children and adolescents seven to 11 years old who saw a physician provider. Rates ranged from 81 percent in UnitedHealthcare-Texas to 97 percent in Driscoll.
  - d. There was some variation in the percentage of adolescents 12 to 19 years old who saw a physician provider. Rates ranged from 75 percent in UnitedHealthcare-Texas to 97 percent in Driscoll.
4. While the STAR Program overall performed well for all age groups on this measure, UniCare performed below the HEDIS<sup>®</sup> mean for children and adolescents seven to 19 years old, while UnitedHealthcare-Texas performed below the national HEDIS<sup>®</sup> mean for children and adolescents 25 months to 19 years old.

# Chart 29A. HEDIS® Children and Adolescents' Access to Primary Care Practitioners – SDA Breakout

STAR Eligible 12-24 Months = 60,503  
 STAR Eligible 25 Months to 6 Years = 196,133  
 STAR Eligible 7 to 11 Years = 50,961  
 STAR Eligible 12 to 19 Years = 49,961

STAR MCOs - September 1, 2007 to August 31, 2008



SDA Mean		Bexar	Dallas	El Paso	Harris	Lubbock	Nueces	Tarrant	Travis
	12-24Mo	97.15%	97.10%	98.55%	97.21%	97.43%	98.94%	97.21%	94.18%
	25Mo-6yrs	92.18%	93.18%	94.55%	92.77%	88.29%	96.04%	91.09%	83.83%
	7-11yrs	93.21%	94.14%	95.55%	93.37%	92.67%	96.87%	91.82%	84.64%
12-19yrs	92.42%	91.29%	95.59%	90.41%	93.15%	97.02%	87.31%	79.64%	

Reference: STAR Table CAP09

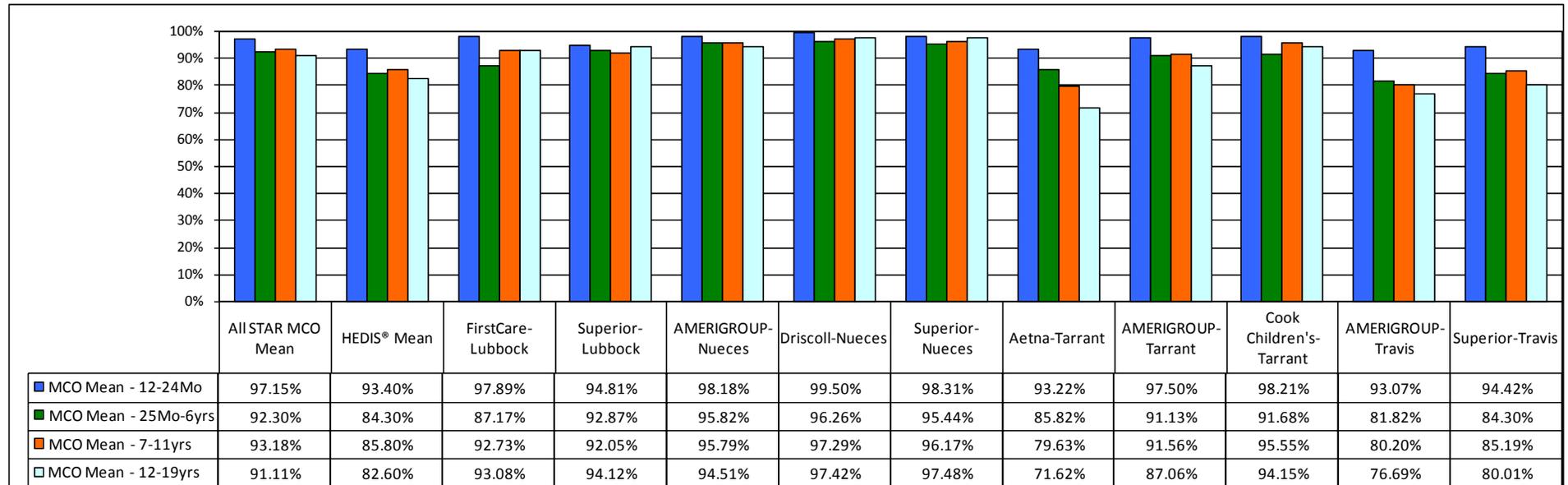
## Key Points:

- Chart 29A presents results for the HEDIS® Children and Adolescents' Access to Primary Care Practitioners measure for 13 MCO/SDA groups in the Bexar, Dallas, El Paso, and Harris SDAs. Chart 29B presents results for this measure for 10 MCO/SDA groups in the Lubbock, Nueces, Tarrant, and Travis SDAs. Key points for both charts are presented under Chart 29B.

# Chart 29B. HEDIS® Children and Adolescents' Access to Primary Care Practitioners – SDA Breakout

STAR Eligible 12-24 Months = 60,503  
 STAR Eligible 25 Months to 6 Years = 196,133  
 STAR Eligible 7 to 11 Years = 50,961  
 STAR Eligible 12 to 19 Years = 49,961

STAR MCOs - September 1, 2007 to August 31, 2008



SDA Mean		Bexar	Dallas	El Paso	Harris	Lubbock	Nueces	Tarrant	Travis
	12-24Mo	97.15%	97.10%	98.55%	97.21%	97.43%	98.94%	97.21%	94.18%
	25Mo-6yrs	92.18%	93.18%	94.55%	92.77%	88.29%	96.04%	91.09%	83.83%
	7-11yrs	93.21%	94.14%	95.55%	93.37%	92.67%	96.87%	91.82%	84.64%
	12-19yrs	92.42%	91.29%	95.59%	90.41%	93.15%	97.02%	87.31%	79.64%

Reference: STAR Table CAP09

## Key Points:

- Charts 29A and 29B provide the percentage of children and adolescents in the STAR Program who had a visit with a physician provider during the measurement period, distributed by MCO/SDA. Rates are presented separately for four age groups – 12 to 24 months, 25 months to six years, seven to 11 years, and 12 to 19 years. 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.
- For children 12 to 24 months old, there was little variation among the 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

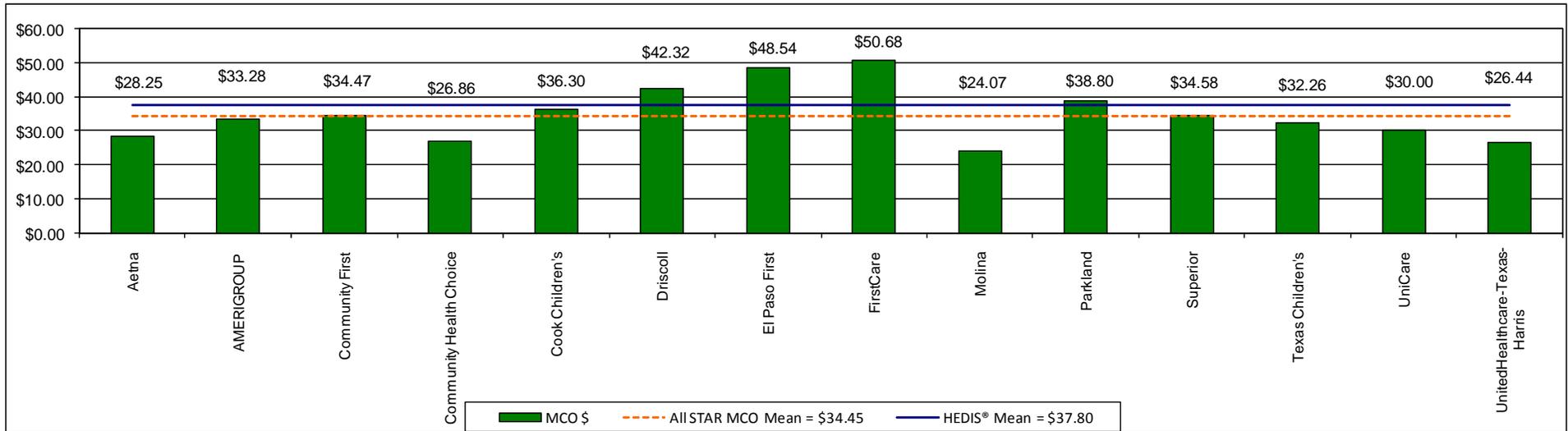
MCO/SDA groups were AMERIGROUP – Travis (93 percent), Aetna – Tarrant (93 percent), and UnitedHealthcare-Texas – Harris (94 percent).

3. For children 25 months to six years old, there was some variation among the MCO/SDA groups on this measure. The lowest-performing MCO/SDA groups were AMERIGROUP – Travis (82 percent), UnitedHealthcare-Texas – Harris (84 percent), and Superior – Travis (84 percent).
4. For children and adolescents seven to 11 years old, there was some variation among the MCO/SDA groups on this measure. The lowest-performing MCO/SDA groups were Aetna – Tarrant (80 percent), AMERIGROUP – Travis (80 percent), and UnitedHealthcare-Texas – Harris (81 percent).
5. For adolescents 12 to 19 years old, there was considerable variation among the MCO/SDA groups on this measure, ranging from 72 percent in Aetna – Tarrant to 97 percent in Superior – Nueces, Driscoll – Nueces, and Aetna – Bexar. The lowest-performing MCO/SDA groups were Aetna – Tarrant (72 percent), UnitedHealthcare-Texas – Harris (75 percent), and AMERIGROUP – Travis (77 percent). These MCO/SDA groups performed below the national HEDIS mean and should consider improvements in access to physician providers for adolescents.

## Chart 30. HEDIS® Outpatient Drug Utilization - Average Cost of Prescriptions per Member per Month

STAR MCOs - September 1, 2007 to August 31, 2008

STAR Cost of Prescriptions: \$470,506,304



Reference: STAR Table ORX09

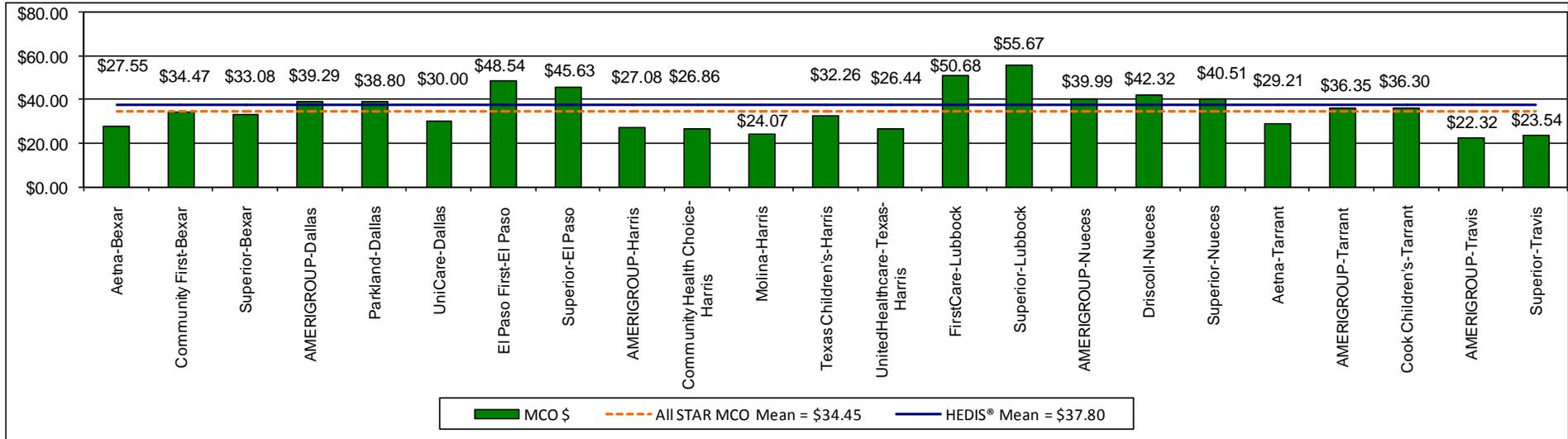
### Key Points:

1. Chart 30 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 utilization of prescription drugs.
2. Prescription drug costs were slightly lower in the STAR Program (mean = \$34.45) compared with the national HEDIS® mean (mean = \$37.80). Prescriptions drug costs are slightly lower than in SFY 2007 (mean = \$36.67).
3. Ten MCOs were at or below the national HEDIS® mean for this measure, suggesting lower utilization. The lowest means were in Molina (\$24.07), UnitedHealthcare-Texas (\$26.44), and Community Health Choice (\$26.86). The mean monthly prescription costs for FirstCare (\$50.68) and El Paso First (\$48.54) were considerably greater than both the national and program means. These findings suggest that further research may be warranted for these health plans, exploring the extent to which utilization and/or prescription drug costs contribute to the higher average cost of monthly prescriptions.

# Chart 31. HEDIS® Outpatient Drug Utilization - Average Cost of Prescriptions per Member per Month – SDA Breakout

STAR MCOs - September 1, 2007 to August 31, 2008

STAR Cost of Prescriptions: \$470,506,304



SDA	Bexar	Dallas	El Paso	Harris	Lubbock	Nueces	Tarrant	Travis
Mean	\$33.19	\$38.46	\$46.86	\$28.80	\$51.67	\$41.54	\$35.80	\$23.30

Reference: STAR Table ORX09

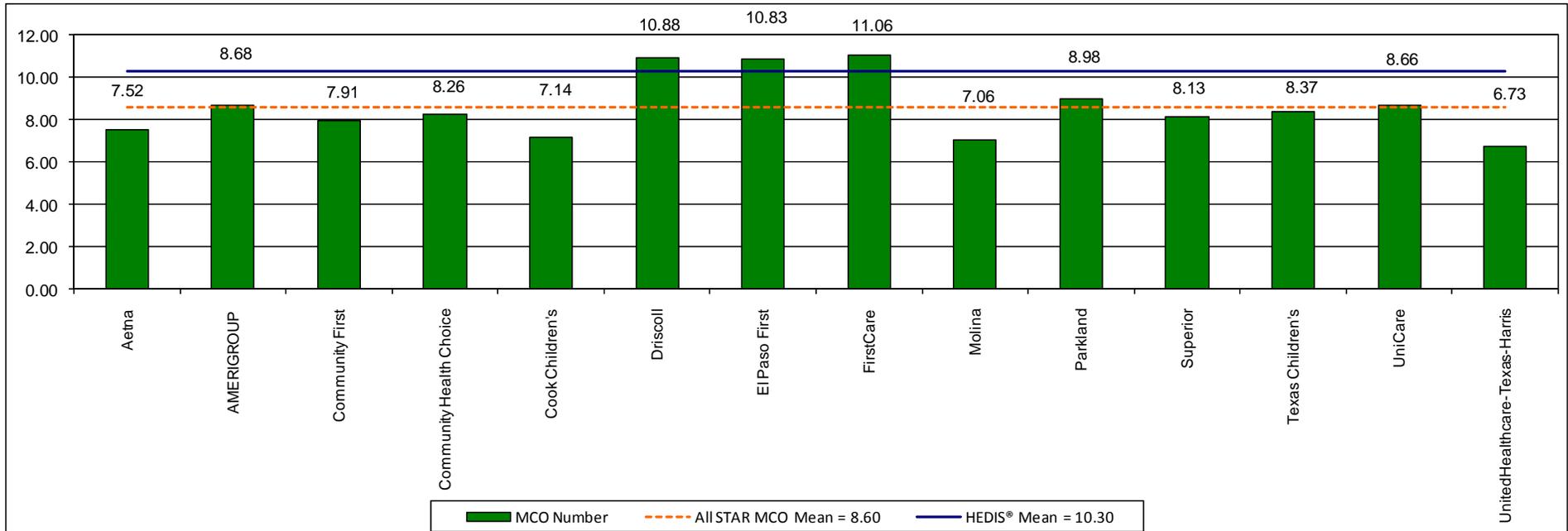
### Key Points:

1. Chart 31 provides results for the HEDIS® Outpatient Drug Utilization measure, distributed by MCO/SDA.
2. The average cost of prescriptions per member per month varied considerably across the MCO/SDA groups, ranging from \$22.32 in AMERIGROUP – Travis to \$55.67 in Superior – Lubbock. The MCO/SDA groups with the lowest average prescription costs were AMERIGROUP – Travis (\$22.32), Superior – Travis (\$23.54), and Molina – Harris (\$24.07). The highest average prescription costs were observed in Superior – Lubbock (\$55.67) and FirstCare – Lubbock (\$50.68) – both considerably greater than both the national and program means.
3. At the SDA level, average prescription costs ranged from \$23.30 in the Travis SDA to \$51.67 in the Lubbock SDA. HHSC may wish to consider studies in the Lubbock SDA to determine the reasons behind higher average drug costs.

## Chart 32. HEDIS® Outpatient Drug Utilization - Average Number of Prescriptions per Member per Year

STAR MCOs - September 1, 2007 to August 31, 2008

STAR Number of Prescriptions = 9,789,499



Reference: STAR Table ORX09

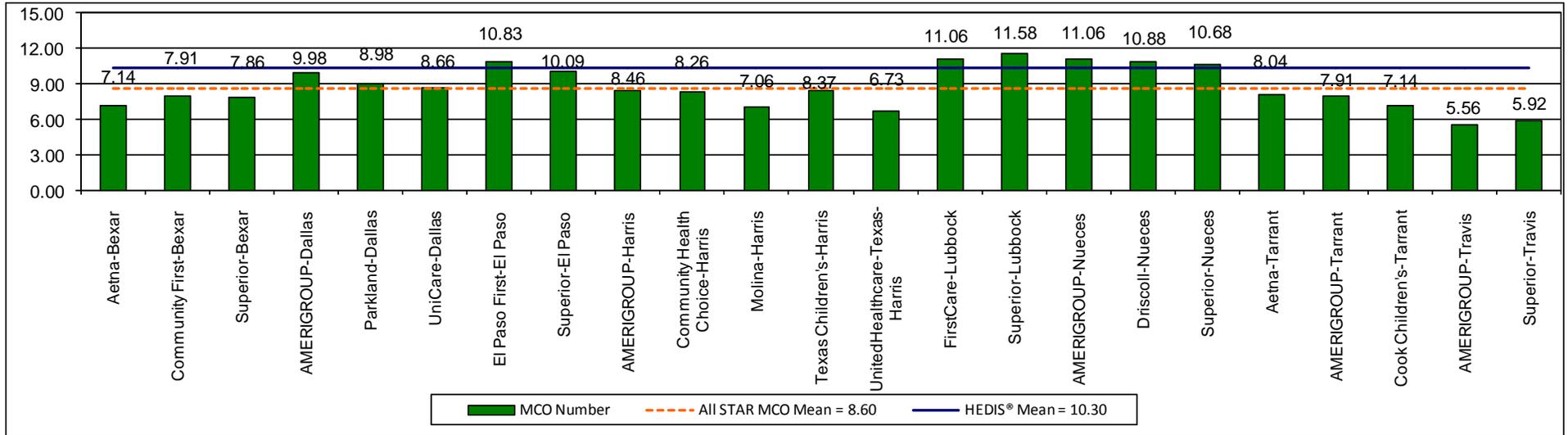
### Key Points:

1. Chart 32 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 = 8.60) compared with the national HEDIS® mean (mean = 10.30).
3. Eight 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 FirstCare (11.06), Driscoll (10.88), and El Paso First (10.83) – 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.

### Chart 33. HEDIS® Outpatient Drug Utilization - Average Number of Prescriptions per Member per Year – SDA Breakout

STAR MCOs - September 1, 2007 to August 31, 2008

STAR Number of Prescriptions = 9,789,499



SDA	Bexar	Dallas	El Paso	Harris	Lubbock	Nueces	Tarrant	Travis
Mean	7.81	9.39	10.40	8.30	11.17	10.86	7.77	5.85

Reference: STAR Table ORX09

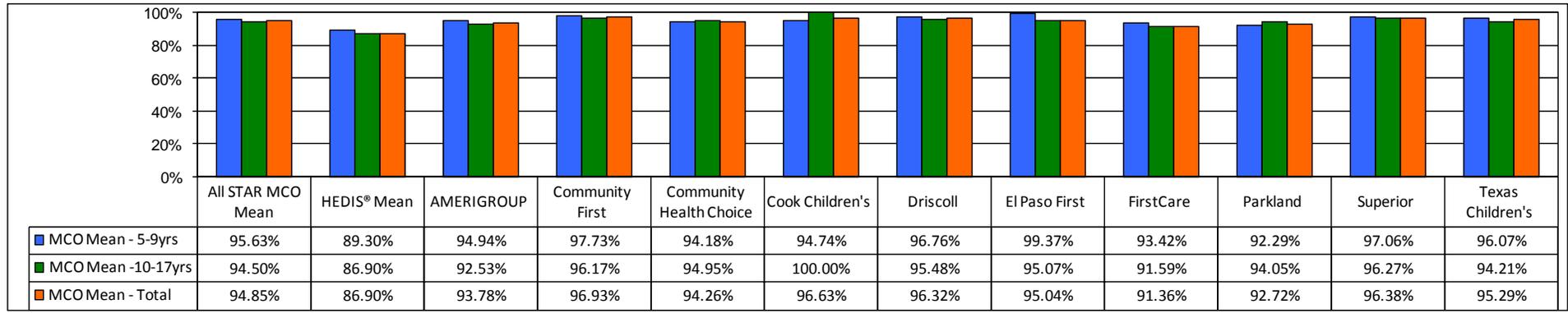
#### Key Points:

1. Chart 33 provides results for the HEDIS® Outpatient Drug Utilization measure, distributed by MCO/SDA.
2. The average number of annual prescriptions per member varied considerably across the MCO/SDA groups, ranging from 5.56 in AMERIGROUP – Travis to 11.58 in Superior – Lubbock. The MCO/SDA groups with the lowest average number of prescriptions were AMERIGROUP – Travis (5.56), Superior – Travis (5.92), and UnitedHealthcare-Texas – Harris (6.73). The highest means were observed in Superior – Lubbock (11.58), FirstCare – Lubbock (11.06), and AMERIGROUP – Nueces (11.06) – all greater than both the national and program means.
3. At the SDA level, means ranged from 5.85 in the Travis SDA to 11.17 in the Lubbock SDA.

## Chart 34. HEDIS® Use of Appropriate Medications for People with Asthma

STAR MCOs - September 1, 2007 to August 31, 2008

STAR Eligible = 6,868



### Reference: STAR Table ASM09

Note: The denominator was less than 30 eligible members in Aetna, Molina, UniCare and UnitedHealthcare-Texas; therefore, rates are not shown for these health plans. Eligible members are included in overall STAR rates.

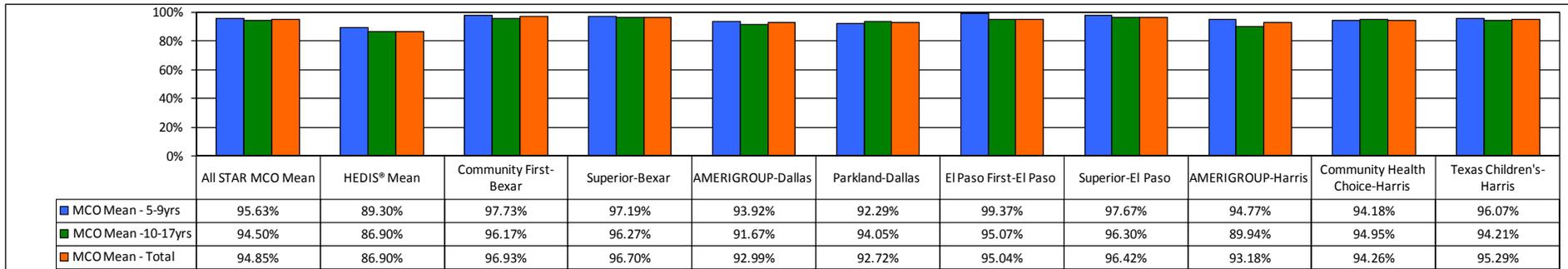
### Key Points:

1. Chart 34 provides the percentage of STAR Program enrollees five to 56 years old who were identified as having persistent asthma and who were appropriately prescribed medication during the measurement period, distributed by MCO. HEDIS® specifications for this measure require reporting in four separate age groups: five to nine years old, 10 to 17 years old, 18 to 56 years old, and all age groups combined. For the present report, greater than half of the MCOs had low denominators for members 18 to 56 years old; therefore results for this age group are not shown.
2. Among eligible children in STAR five to nine years old, 96 percent received appropriate medications for asthma, compared with 89 percent nationally. All STAR MCOs performed above the national HEDIS® mean for this age group, ranging from 92 percent in Parkland to 99 percent in El Paso First.
3. Among eligible children and adolescents in STAR 10 to 17 years old, 95 percent received appropriate medications for asthma, compared with 87 percent nationally. All STAR MCOs performed above the national HEDIS® mean for this age group, ranging from 92 percent in FirstCare to 100 percent in Cook Children's. All STAR MCOs also performed well above the HHSC Performance Indicator Dashboard standard of 57 percent for this measure. Given these findings, HHSC may wish to consider raising the Performance Indicator Dashboard standard for this age group.
4. Among eligible STAR members in all age groups, 95 percent received appropriate medications for asthma, compared with 87 percent nationally. All STAR MCOs performed above the national HEDIS mean for this age group, ranging from 91 percent in FirstCare to 97 percent in Community First and Cook Children's.

## Chart 35A. HEDIS® Use of Appropriate Medications for People with Asthma - SDA Breakout

STAR MCOs - September 1, 2007 to August 31, 2008

STAR Eligible = 6,868



SDA Mean		Bexar	Dallas	El Paso	Harris	Lubbock	Nueces	Tarrant	Travis
	5-9yrs	97.51%	92.99%	98.31%	95.15%	94.44%	97.13%	95.24%	96.20%
	10-17yrs	96.27%	92.91%	95.90%	92.99%	90.74%	96.98%	94.66%	94.63%
Total	96.88%	92.79%	95.93%	94.34%	91.49%	97.13%	94.61%	94.93%	

### Reference: STAR Table ASM09

Note: The denominator was less than 30 eligible members in Aetna-Bexar, UniCare-Dallas, Molina-Harris, UnitedHealthcare-Texas-Harris, Superior-Lubbock and Aetna-Tarrant; therefore, rates are not reported for these MCO/SDA groups. Eligible members are included in overall STAR rates.

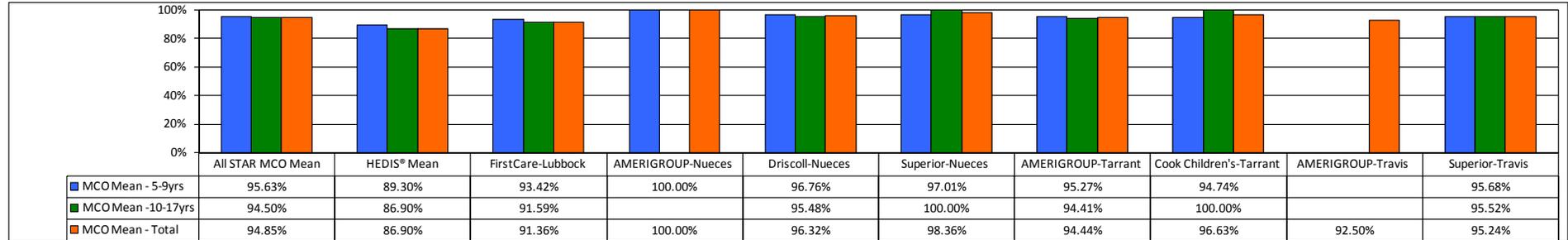
### Key Points:

1. Chart 35A provides results for the HEDIS® Use of Appropriate Medications for People with Asthma measure for eight MCO/SDA groups in the Bexar, Dallas, El Paso, and Harris SDAs. Chart 35B provides results for this measure for nine MCO/SDA groups in the Harris, Lubbock, Nueces, Tarrant, and Travis SDAs. Results for the five- to nine-year-old age group are not presented for AMERIGROUP – Travis, and results for the 10- to 17-year-old age group are not presented for AMERIGROUP – Nueces or AMERIGROUP – Travis because of low denominators. Key points for both charts are presented under Chart 35B.

## Chart 35B. HEDIS® Use of Appropriate Medications for People with Asthma - SDA Breakout

STAR MCOs - September 1, 2007 to August 31, 2008

STAR Eligible = 6,868



SDA Mean		Bexar	Dallas	El Paso	Harris	Lubbock	Nueces	Tarrant	Travis
	5-9yrs	97.51%	92.99%	98.31%	95.15%	94.44%	97.13%	95.24%	96.20%
	10-17yrs	96.27%	92.91%	95.90%	92.99%	90.74%	96.98%	94.66%	94.63%
Total	96.88%	92.79%	95.93%	94.34%	91.49%	97.13%	94.61%	94.93%	

### Reference: STAR Table ASM09

Note: The denominator was less than 30 eligible members in Aetna-Bexar, UniCare-Dallas, Molina-Harris, UnitedHealthcare-Texas-Harris, Superior-Lubbock, and Aetna-Tarrant; therefore, rates are not reported for these MCO/SDA groups. Eligible members are included in overall STAR rates.

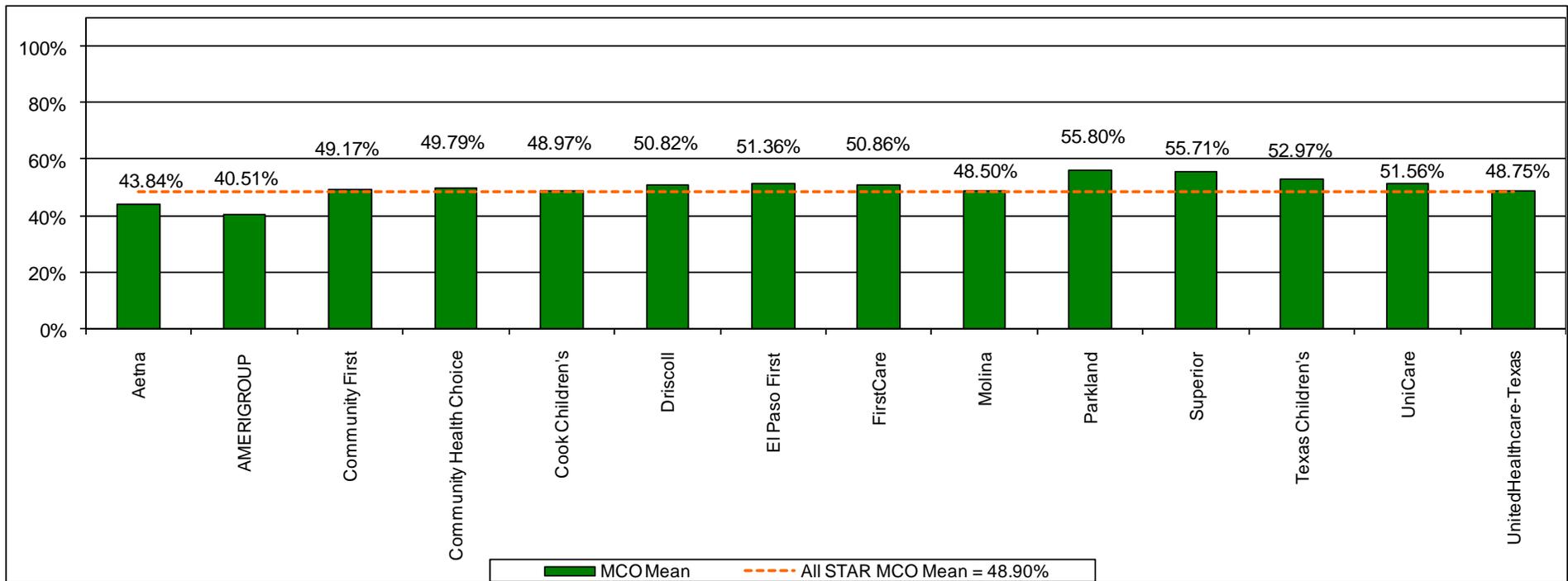
### Key Points:

1. Charts 35A and 35B provide results for the HEDIS® Use of Appropriate Medications for People with Asthma measure, distributed by MCO/SDA.
2. For the five- to nine-year-old age group, all MCO/SDA groups performed above the national HEDIS® mean, ranging from 92 percent in Parkland – Dallas to 100 percent in AMERIGROUP - Nueces.
3. For the 10- to 17-year-old age group, all MCO/SDA groups performed above the national HEDIS® mean, ranging from 90 percent in AMERIGROUP – Harris to 100 percent in Superior – Nueces and Cook Children's – Tarrant.
4. For the eligible STAR members in all age groups, all MCO/SDA groups performed above the national HEDIS® mean, ranging from 91 percent in FirstCare - Lubbock to 100 percent in AMERIGROUP - Nueces.
5. At the SDA level, the El Paso SDA performed the highest for children five to nine years old (98 percent), while the Nueces SDA performed the highest for children and adolescents 10 to 17 years old (97 percent) and for all ages combined (97 percent).

### Chart 36. Percent of Emergency Department Visits with a Primary Diagnosis of an Ambulatory Care Sensitive Condition

STAR MCOs - September 1, 2007 to August 31, 2008

STAR ED Visits = 607,620



Reference: STAR Table ACSC09

#### Key Points:

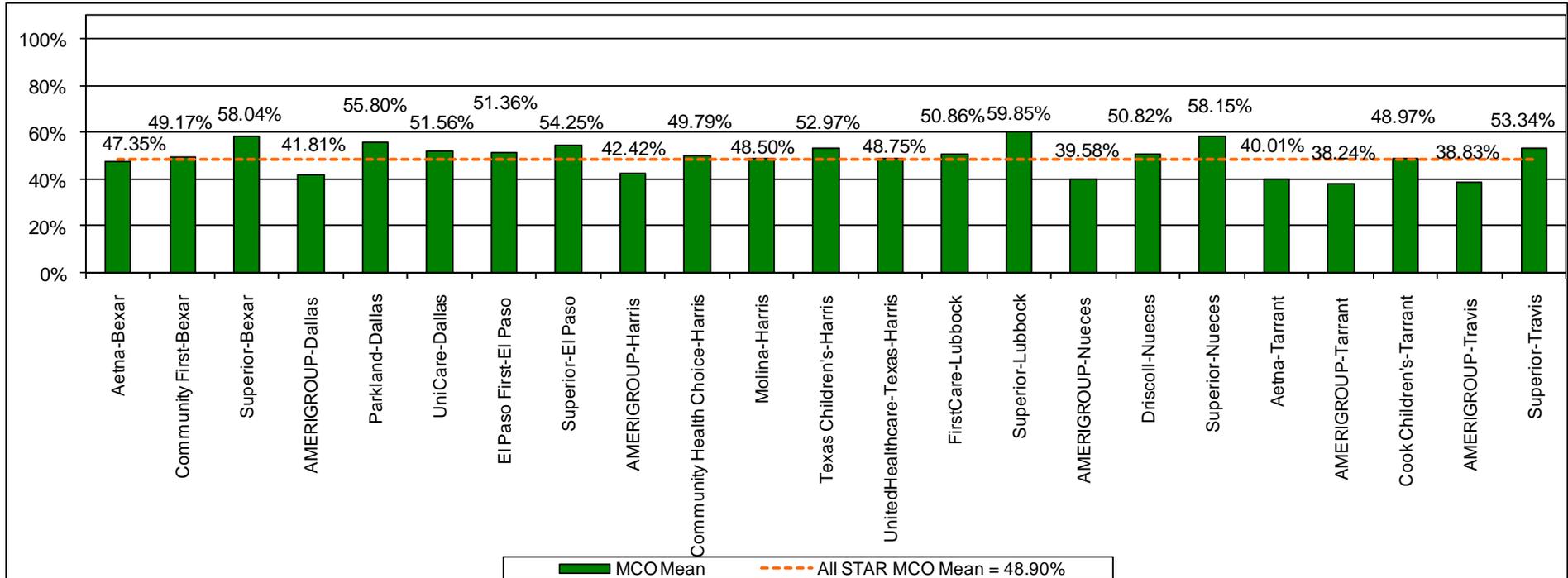
1. Chart 36 provides the percentage of emergency department visits among STAR Program enrollees during the measurement period with a primary diagnosis of an ambulatory care sensitive condition (ACSC), distributed by MCO. ACSCs are medical problems that are potentially treatable through proper outpatient 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 underperforming; 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. In the STAR Program overall, 49 percent of emergency department visits involved a primary diagnosis of an ACSC, which is greater than the HHSC Performance Indicator Dashboard standard of 32 percent for this measure.

3. Rates of emergency department visits with a primary diagnosis of an ACSC ranged from 41 percent in AMERIGROUP to 56 percent in Parkland and Superior – all of which are greater than the HHSC Performance Indicator Dashboard standard. These findings suggest that there is a program-wide need for improvement in outpatient monitoring for ACSCs and a reduction in the percentage of emergency department visits involving a primary diagnosis of an ACSC.

# Chart 37. Percent of Emergency Department Visits with a Primary Diagnosis of an Ambulatory Care Sensitive Condition – SDA Breakout

STAR MCOs - September 1, 2007 to August 31, 2008

STAR ED Visits = 607,620



SDA Mean	Bexar	Dallas	El Paso	Harris	Lubbock	Nueces	Tarrant	Travis
	52.52%	50.06%	52.98%	48.53%	52.50%	50.15%	40.48%	49.74%

Reference: STAR Table ACSC09

### Key Points:

1. Chart 37 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 36.

2. None of the MCO/SDA groups were below the HHSC Performance Indicator Dashboard standard of 32 percent for this measure, suggesting there is a program-wide need for improvement in outpatient monitoring for ACSCs and a reduction in the percentage of emergency department visits involving a primary diagnosis of an ACSC. The lowest-performing MCO/SDA groups were Superior – Lubbock (60 percent), Superior – Nueces (58 percent), and Superior – Bexar (58 percent).
3. At the SDA level, rates ranged from 40 percent in the Tarrant SDA to 53 percent in the Bexar, El Paso, and Lubbock SDAs – none of which were below the HHSC Performance Indicator Dashboard standard.

## Endnotes

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- <sup>8</sup> AHRQ. 2007. "Pediatric Quality Indicators (PDI) Comparative Data for Area Indicators, Version 3.1." Available at [http://www.qualityindicators.ahrq.gov/downloads/pdi/pdi\\_area\\_comparative\\_v31.pdf](http://www.qualityindicators.ahrq.gov/downloads/pdi/pdi_area_comparative_v31.pdf).
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- <sup>13</sup> American Academy of Pediatrics, American College of Obstetricians and Gynecologists. 2007. *Guidelines for perinatal care, 6th edition*. Washington DC: American College of Obstetricians and Gynecologists.
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