

CRS Performance Measures, beginning CYE 2014

Measure	New Measures? (Y/N)	Administrative (A) or Hybrid (H)?	MPS	Goal	Methodology	Comments
Timeliness of Initial Service Plan Development	N	H	95%	100%	AHCCCS	Intentionally left blank.
Initiation of Services (within 30 days)	N	A	75%	90%	AHCCCS	Intentionally left blank.
Access to Behavioral Health Provider within 7 days	Y	A	75%	85%	AHCCCS	Intentionally left blank.
Access to Behavioral Health Provider within 23 days	Y	A	90%	95%	AHCCCS	Intentionally left blank.
Children's Access to PCPs: 12-24 mo.	Y	A	93%	97%	Children's Core	Intentionally left blank.
Children's Access to PCPs: 25 mo.-6 yrs.	Y	A	84%	90%	Children's Core	Intentionally left blank.
Children's Access to PCPs: 7-11 yrs.	Y	A	83%	90%	Children's Core	Intentionally left blank.
Children's Access to PCPs: 12-19 yrs.	Y	A	82%	90%	Children's Core	Intentionally left blank.
Well-Child Visits: 15 mo.	Y	A	65%	90%	Children's Core	The PM rate will be reflective of those children in the denominator who have 6+ Well Child visits by the age of 15 months.
Well-Child Visits: 3-6 yrs.	Y	A	66%	80%	Children's Core	Intentionally left blank.
Adolescent Well-Care Visit: 12-21 yrs.	Y	A	41%	50%	Children's Core	Intentionally left blank.
Children's Dental Visits: 2-21	Y	A	60%	75%	HEDIS - ADV (Annual Dental Visits)	Intentionally left blank.
EPSDT Participation ⁽¹⁾	Y	A	68%	80%	CMS 416 data will be used	Line 10
EPSDT Dental Participation ⁽²⁾	Y	A	46%	54%	CMS 416 data will be used	Line 12.a./Line 1.b.
Emergency Department (ED) Utilization (visits/1,000 member months)	Y	A	700	560	Children's Core	The PM rate will be reflective of an aggregate rate of all members included in the methodology.
Inpatient Utilization (days/1,000 member months)	Y	A	480	430	HEDIS - IPU (Inpatient Utilization)	The PM rate will be reflective of an aggregate rate of days per 1,000 member months.
Hospital Readmissions	Y	A	0.81	0.75	AHCCCS*	Intentionally left blank.
CAHPS Health Plan Survey v 4.0, Child version including Children with Chronic Conditions Supplemental Survey	Y	Member Survey	Results will not be used as a PM rate; rather, AHCCCS will meet with contractors following receipt of survey results to discuss and plan future interventions, which may include opportunities to sustain positive feedback or Corrective Action Plans in areas of lower satisfaction.			
Childhood Immunization Status ⁽³⁾						
DTaP	Y	H	85%	90%	Children's Core	Intentionally left blank.
IPV	Y	H	91%	95%	Children's Core	Intentionally left blank.
MMR	Y	H	91%	95%	Children's Core	Intentionally left blank.
Hib	Y	H	90%	95%	Children's Core	Intentionally left blank.

HBV	Y	H	90%	95%	Children's Core	Intentionally left blank.
VZV	Y	H	88%	95%	Children's Core	Intentionally left blank.
PCV	Y	H	82%	95%	Children's Core	Intentionally left blank.
4:3:1:3:3:1 Series	Y	H	74%	80%	Children's Core	Intentionally left blank.
4:3:1:3:3:1:4 Series	Y	H	68%	80%	Children's Core	Intentionally left blank.
Hepatitis A (HAV)	Y	H	40%	60%	Children's Core	Intentionally left blank.
Rotovirus	Y	H	60%	80%	Children's Core	Intentionally left blank.
Influenza	Y	H	45%	80%	Children's Core	Intentionally left blank.
<i>Immunizations for Adolescents</i> ⁽³⁾						
Adolescent Meningococcal	Y	H	75%	90%	Children's Core	Intentionally left blank.
Adolescent Tdap	Y	H	75%	90%	Children's Core	Intentionally left blank.
Adolescent Combo	Y	H	75%	90%	Children's Core	Intentionally left blank.

⁽¹⁾ The EPSDT Participation rate is the percent of all children and adolescents younger than 21 years who were due for at least one EPSDT visit, depending on their age and the state's EPSDT Periodicity Schedule, and had a visit during the contract year.

⁽²⁾ EPSDT Dental Participation Standards are based on the CMS-established goal that states improve their rates of children ages one through 20 enrolled in Medicaid or CHIP who received any preventive dental service by 10 percentage points over a five-year period.

⁽³⁾ AHCCCS will measure and report results of these individual antigens; however, a Contractor may not be held accountable for specific Performance Standards unless AHCCCS determines that completion of a specific antigen or antigens is affecting overall completion of the childhood immunization series.

Rates by Contractor for each measure will be compared with the MPS specified in the contract in effective during the measurement period; Performance Standards in the CYE 2014 contract apply to results calculated by AHCCCS for the CYE 2014 measurement period.