



2024 Performance Improvement Project Snapshot Report

Back to Basics

March 2025



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1. Background

The Arizona Health Care Cost Containment System (AHCCCS) contracted with Health Services Advisory Group, Inc. (HSAG), a qualified external quality review organization (EQRO), to conduct evaluation and validation of its AHCCCS-mandated performance improvement projects (PIPs). HSAG used the Department of Health and Human Services, Centers for Medicare & Medicaid Services (CMS) publication, *Protocol 1. Validation of Performance Improvement Projects: A Mandatory EQR-Related Activity*, February 2023 (CMS EQR Protocol 1).¹

HSAG's evaluation of the PIP included two key components of the quality improvement (QI) process:

1. HSAG evaluated the technical structure of the PIP to ensure that the Contractor designs, conducts, and reports the PIP in a methodologically sound manner, meeting all State and federal requirements. HSAG's review determines whether the PIP design (e.g., aim statement, population, indicator(s), sampling methods, and data collection methodology) is based on sound methodological principles and could reliably measure outcomes. Successful execution of this component ensures that reported PIP results are accurate and capable of measuring sustained improvement.
2. HSAG evaluated the implementation of the PIP. Once the PIP is designed, a Contractor's effectiveness in improving outcomes depends on the systematic data collection process, analysis of data, and the identification of barriers and subsequent development of relevant interventions. Through this component, HSAG evaluates how well the Contractor improves its rates through implementation of effective processes (i.e., barrier analyses, intervention design, and evaluation of results).

The goal of HSAG's PIP validation was to ensure that AHCCCS and key stakeholders could have confidence that a Contractor executed a methodologically sound improvement project, and any reported improvement was related to and could be reasonably linked to the QI strategies and activities conducted by a Contractor during the PIP.



Methodology

Well-care visits for children and adolescents aim to promote optimal health and development. Ensuring that children and adolescents receive regular well-care visits is critical in disease prevention, early detection, and treatment. It is equally important in evaluating a child's developmental milestones, addressing parental concerns, and assessing a child's or adolescent's psychological and social development.

¹ Department of Health and Human Services, Centers for Medicare & Medicaid Services. *Protocol 1. Validation of Performance Improvement Projects: A Mandatory EQR-Related Activity*, February 2023. Available at: <https://www.medicaid.gov/medicaid/quality-of-care/downloads/2023-eqr-protocols.pdf>. Accessed on: Jan 17, 2025.

There are many benefits of well-child/well-care visits, which include preventing disease; tracking growth and development; raising concerns; and establishing a team approach to assist with the development of optimal physical, mental, and social health of a child.² Adolescence is a critical stage of development during which physical, intellectual, emotional, and psychological changes occur.³ Adolescence is generally considered a healthy stage of life; however, during this stage, individuals begin making lifestyle choices and develop behaviors that can impact their current and future health. Adolescent well-care visits assist with promoting healthy choices and behaviors, preventing risky behaviors, and detecting conditions early that can inhibit an adolescent's development.

Due to a decline in the rates between contract year ending (CYE) 2015 and CYE 2016 for the Healthcare Effectiveness Data and Information Set (HEDIS®) *Well-Child Visits in the First 15 Months of Life (W15)*; *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life (W34)*; and *Adolescent Well-Care Visits (AWC)* performance measures, AHCCCS identified these measures as opportunities for improvement for the overall well-being of children and adolescents.⁴ Increasing the rates for these measures also impacts other measures and focus areas including, but not limited to, childhood and adolescent immunizations, and developmental screenings.⁵



Purpose

For this year's 2024 validation, the Contractors continued this state-mandated clinical PIP topic: *Back to Basics*. The topic addressed CMS' requirements related to quality outcomes—specifically, the quality, timeliness, and accessibility of care and services.

The purpose of the *Back to Basics* PIP is to increase the number of child and adolescent well-child/well-care visits. The aim of this PIP is to achieve, through ongoing measurements and interventions, significant improvement sustained over time.

² American Academy of Pediatrics (AAP) Schedule of Well-Child Care Visits. (2017, June 27). Available at: <https://www.healthychildren.org/English/family-life/health-management/Pages/Well-Child-Care-A-Check-Up-for-Success.aspx>. Accessed on: Jan. 17, 2025.

³ Adolescence: Preparing for Lifelong Health and Wellness. (2018). Available at: <https://archive.cdc.gov/#/details?url=https://www.cdc.gov/grand-rounds/pp/2015/20150818-adolescent-wellness.html>. Accessed on: Jan. 17, 2025.

⁴ Due to changes in the National Committee for Quality Assurance (NCQA) HEDIS measures, the *Well-Child Visits in the First 15 Months of Life (W15)* measure was replaced by the *Well-Child Visits in the First 30 Months of Life (W30)* measure, and the *Child and Adolescent Well-Care Visits (WCV)* measure replaced the *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life (W34)* measure and the *Adolescent Well-Care Visits (AWC)* performance measure.

⁵ Arizona Health Care Cost Containment System (AHCCCS), AHCCCS Complete Care (ACC)/KidsCare, Children's Medical and Dental Program (CMDP), and Division of Developmental Disabilities (DDD) Performance Improvement Project: Back to Basics Methodology. Updated: January 2021.



Contractors Reviewed

AHCCCS maintains managed care agreements with several Contractors to administer its Medicaid Managed Care program. A general description of each AHCCCS program and the associated Contractors reviewed are included below.

Arizona Complete Care (ACC) Program

The ACC Program provides integrated care addressing the physical and behavioral health needs for the majority of Medicaid (Title XIX) eligible children and adults as well as addressing the physical and behavioral health needs for the majority of Children’s Health Insurance Program (CHIP) KidsCare (Title XXI) eligible children (under age 19 years). Seven ACC Contractors are responsible for providing services under the ACC Program. Three of the ACC Contractors are also responsible for providing services for the Serious Mental Illness (SMI)-Designated population. These Contractors are referred to as ACC-Regional Behavioral Health Agreement (ACC-RBHA) Contractors. Throughout this report, ACC Program discussions are limited to the ACC and ACC-RBHA Contractors’ Non-SMI-Designated population.

Table 1-1—ACC Program Contracted MCOs

ACC Program Contractors	
Contractor Name	Contractor Abbreviation
Arizona Complete Health – Complete Care Plan	AzCH-CCP ACC-RBHA*
Banner-University Family Care	BUFC ACC
Care 1 st Health Plan	Care 1 st ACC-RBHA*
Health Choice Arizona	HCA ACC
Mercy Care	Mercy Care ACC-RBHA*
Molina Healthcare	Molina ACC
UnitedHealthcare Community Plan	UHCCP ACC

*Contractor serves both the ACC and the ACC-RBHA SMI-designated populations. Throughout this report, ACC Program discussions are limited to the ACC-RBHA Contractors’ Non-SMI-Designated population.

Arizona Department of Child Safety Comprehensive Health Plan (DCS CHP) Program

The DCS CHP Program provides physical health, dental, and behavioral health services for children and youth in foster care throughout the State of Arizona.

Table 1-2—DCS CHP Program Contracted MCO

DCS CHP Program Contractor	
Contractor Name	Contractor Abbreviation
Arizona Department of Child Safety Comprehensive Health Plan	DCS CHP

Arizona Long Term Care System (ALTCS) Developmental Disabilities (ALTCS-DD) Program

The ALTCS-DD Program provides long-term services and supports (LTSS) as well as integrated physical and behavioral health services to eligible members who have an intellectual/developmental disability (DD) as outlined under Arizona State law.

Table 1-3—ALTCS-DD Program Contracted MCO

ALTCS-DD Program Contractor	
Contractor Name	Contractor Abbreviation
Arizona Department of Economic Security, Division of Developmental Disabilities	DES/DDD



Population

The population included children and adolescents who are continuously enrolled with no more than one gap in enrollment of up to 45 days during the measurement period, in alignment with the associated measure specifications.



Indicator Criteria

The focus of the *Back to Basics* PIP was to increase the number of child and adolescent well-child/well-care visits. The PIP had one Aim statement: *The goal is to demonstrate a statistically significant increase in the number and percentage of child and adolescent well-child/well-care visits, followed by sustained improvement for one consecutive year.*

Table 1-4 outlines the indicator criteria for each performance indicator for the *Back to Basics* PIP.

Table 1-4—Performance Indicator Criteria for *Back to Basics* PIP

Performance Indicator	Numerator (N) and Denominator (D)
Indicator 1: Well-Child Visits in the First 30 Months of Life (W30)	
Percentage of children who turned 15 months old during the measurement year and who had six or more well-child visits with a primary care practitioner (PCP) during their first 15 months of life. (Not applicable for DCS CHP or DES/DDD)	N—The total number of members receiving six or more well-child visits, on different dates of service, with a PCP during their first 15 months of life. D—The eligible population
Indicator 2: Child and Adolescent Well-Care Visits (WCV)	
Percentage of children ages 3 years to 21 years who had one or more comprehensive well-care visits with a PCP or an obstetrician/gynecologist (OB/GYN) during the measurement period.	N—The total number of members receiving at least one well-care visit with a PCP or OB/GYN during the measurement period. D—The eligible population



Data Sources

The PIP was conducted by using administrative data collection methodologies in alignment with the National Committee for Quality Assurance (NCQA) HEDIS technical specifications. AHCCCS administrative encounter data and Contractor-specific claims were used to identify performance indicator data.



Measurement Periods

For CYE 2024 validation, the Contractors submitted Remeasurement 2 data for the *Back to Basics* PIP. The measurement period dates for the PIP are listed below. Table 1-5 presents the measurement periods for the *Back to Basics* PIP.

Table 1-5—Measurement Periods for *Back to Basics* PIP

<i>Back to Basics</i> PIP				
CYE 2019	Calendar Year (CY) 2020	CY 2021	CY 2022	CY 2023
Baseline Measurement (10/1/2018–09/30/2019)	Intervention Year 1 (01/01/2020–12/31/2020)	Intervention Year 2 (01/01/2021–12/31/2021)	Remeasurement Year 1 (01/01/2022–12/31/2022)	Remeasurement Year 2 (01/01/2023–12/31/2023)

Typically, PIPs include one intervention year; however, to account for the impact of the coronavirus disease 2019 (COVID-19) public health emergency (PHE), the *Back to Basics* PIP includes two intervention years within its design during which Contractors implemented strategies and interventions to improve performance. CYE 2019 served as the baseline year for most Contractors, except for Molina ACC⁶ which used CY 2020 as the baseline year for Performance Indicator 1. To evaluate performance indicator improvement, the remeasurement years align with CYs: the first remeasurement year is reflective of CY 2022, and the second remeasurement year is reflective of CY 2023.

⁶ In CYE 2019, the Molina ACC performance measure rate for Performance Indicator 1 had a small denominator, which did not allow reporting of the measure; therefore, CY 2020 served as the baseline year for Performance Indicator 1.

2. Performance Summary

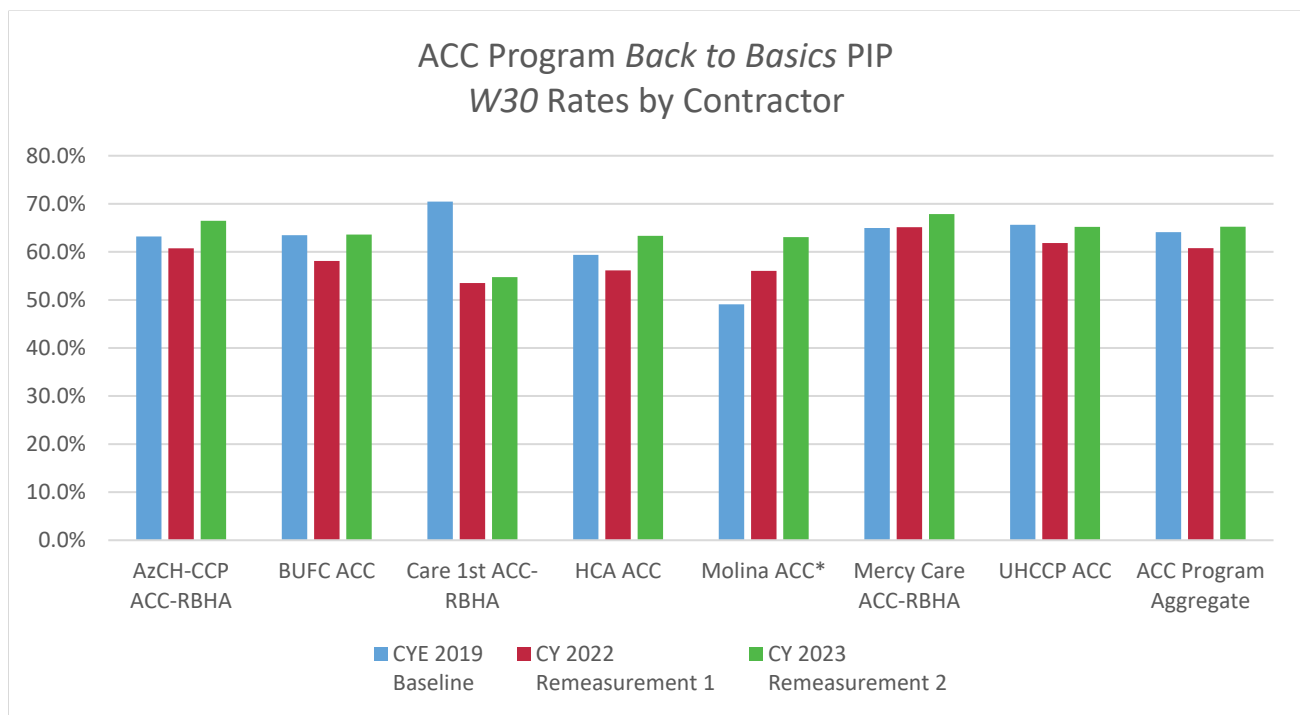


Performance Indicator Results

ACC Program

For each ACC Program Contractor, the performance indicator results for baseline, Remeasurement 1, and Remeasurement 2 are compared in Figure 2-1 and Figure 2-2 below. Additionally, tables of all performance indicator rates can be found in Appendix B. Performance Indicator Results. To account for the impact of the COVID-19 PHE, this PIP is inclusive of two intervention years.⁷

Figure 2-1—ACC Program *Back to Basics* PIP—W30 Rates by Contractor



*In CYE 2019, the Molina ACC performance measure rate for Performance Indicator 1 had a small denominator, which did not allow reporting of the measure. Therefore, the rate above reflects CY 2020 as the baseline period for Performance Indicator 1 for Molina ACC.

⁷ To account for the impact of the COVID-19 PHE, the *Back to Basics* PIP includes two intervention years within its design during which Contractors implemented strategies and interventions to improve performance.

Baseline Results

Contractor *W30* rates ranged from a low of 49.1 percent (Molina ACC) to a high of 70.5 percent (Care 1st ACC-RBHA). The ACC Program Aggregate baseline rate was 64.1 percent. Baseline rates for four of the seven Contractors exceeded the ACC Program Aggregate rate.

Remeasurement 1 Results

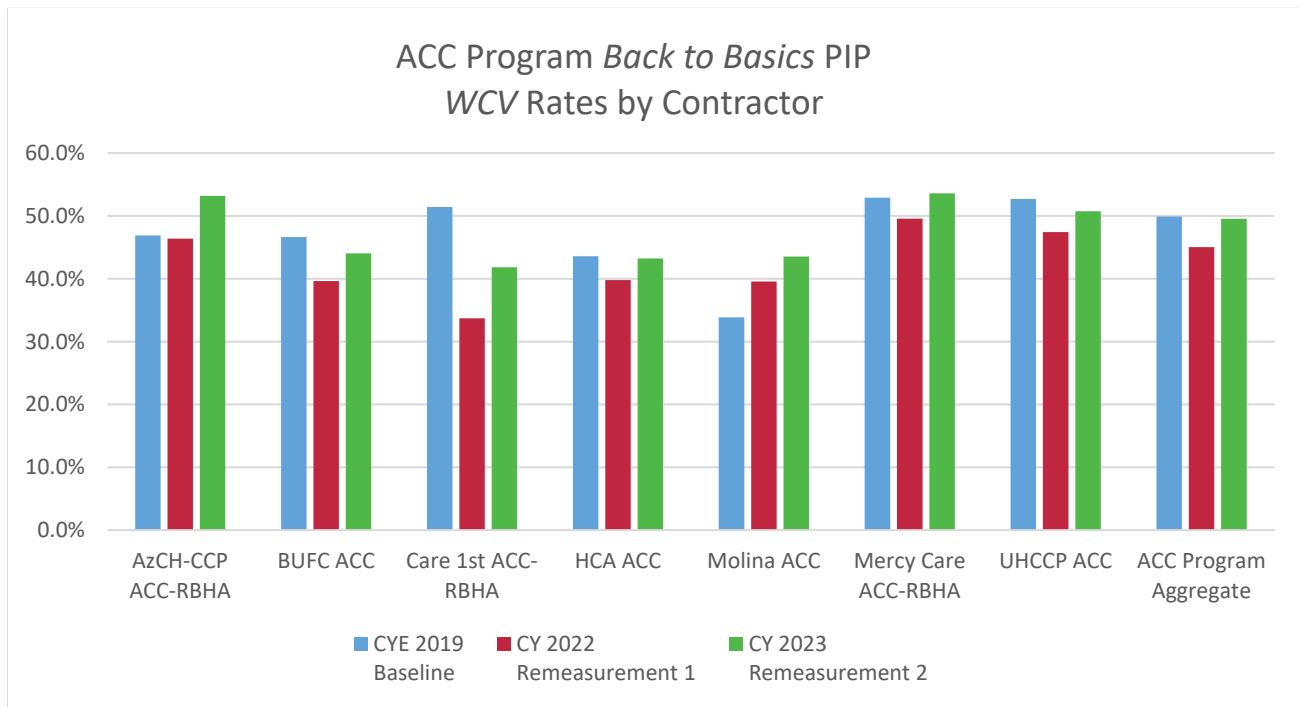
Contractor-level indicator rates demonstrated a decline at Remeasurement 1 compared to baseline rates with a few exceptions. As a result, the ACC Program Aggregate rate declined at Remeasurement 1.

For the *W30* performance indicator, five Contractors showed a decline in the rates between baseline and Remeasurement 1, with a 3.3 percentage point decline for the ACC Program Aggregate rate. Molina ACC had a statistically significant 6.9 percentage point increase from 49.1 percent to 56.0 percent, while Mercy Care ACC-RBHA had a non-statistically significant 0.12 percentage point increase from 65.0 percent to 65.12 percent.

Remeasurement 2 Results

For the *W30* performance indicator, five Contractors had Remeasurement 2 rates that were above their baseline rates, with four of the five reporting statistically significant improvement. The ACC Program Aggregate Remeasurement 2 rate was above the baseline rate at 65.2 percent. Only BUFC ACC's improvement over the baseline rate at Remeasurement 2 was not statistically significant. Care 1st ACC-RBHA reported the lowest Remeasurement 2 rate among all Contractors at 54.8 percent but the highest rate for all Contractors across all measurement periods with a 70.5 percent baseline rate. For Remeasurement 2, Molina ACC was the only Contractor to sustain the statistically significant improvement achieved at Remeasurement 1.

Figure 2-2—ACC Program *Back to Basics* PIP—WCV Rates by Contractor



Baseline Results

Contractor *WCV* rates ranged from a low of 33.9 percent (Molina ACC) to a high of 52.9 percent (Mercy Care ACC-RBHA). The ACC Program Aggregate baseline rate was 49.9 percent. The baseline rate for three of the seven Contractors exceeded the ACC Program Aggregate rate.

Remeasurement 1 Results

Contractor-level indicator rates demonstrated a decline at Remeasurement 1 compared to baseline rates with a few exceptions. As a result, the ACC Program Aggregate rate declined at Remeasurement 1.

For the *WCV* performance indicator, six Contractors showed a decline in the indicator rates between baseline and Remeasurement 1, with a 4.9 percentage point decline for the ACC Program Aggregate rate. Molina ACC had a statistically significant 5.7 percentage point increase, from 33.9 percent to 39.6 percent.

Remeasurement 2 Results

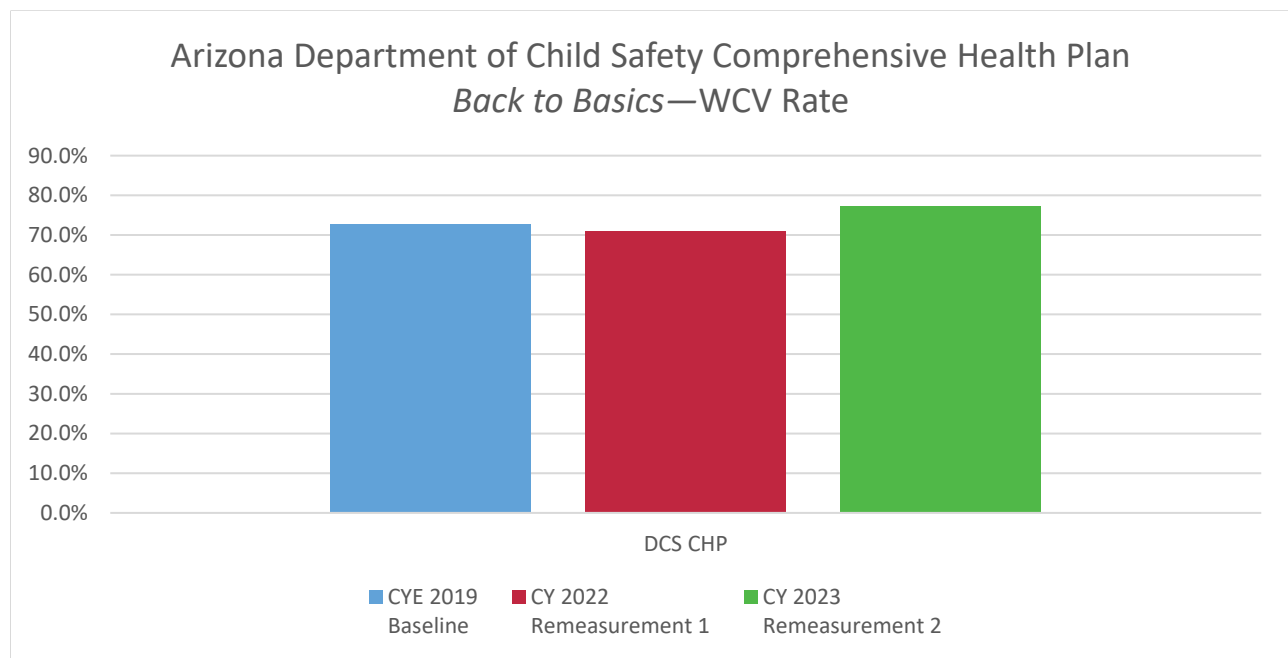
For the *WCV* performance indicator, three Contractors reported statistically significant improvement between the baseline rate and Remeasurement 2 rate. However, the ACC Program Aggregate rate declined by less than a percentage point at Remeasurement 2. Mercy Care ACC-RBHA had the highest Remeasurement 2 rate among all Contractors at 53.6 percent. Care 1st ACC-RBHA reported the lowest

Remeasurement 2 rate among all Contractors at 41.8 percent. For Remeasurement 2, Molina ACC was the only Contractor to sustain the statistically significant improvement achieved at Remeasurement 1.

DCS CHP Program

For the Contractor, the performance indicator results for baseline, Remeasurement 1, and Remeasurement 2 are compared in Figure 2-3 below. Additionally, a table of all of performance indicator rates can be found in **Error! Reference source not found.**

Figure 2-3—DCS CHP Program *Back to Basics* PIP—WCV Rate



Baseline Results

The DCS CHP Program *WCV* rate for the baseline measurement period was 72.6 percent.

Remeasurement 1 Results

The DCS CHP Program *WCV* rate decreased slightly from the baseline rate to the Remeasurement 1 rate. The rate decreased 1.6 percentage points, from 72.6 percent to 71.0 percent.

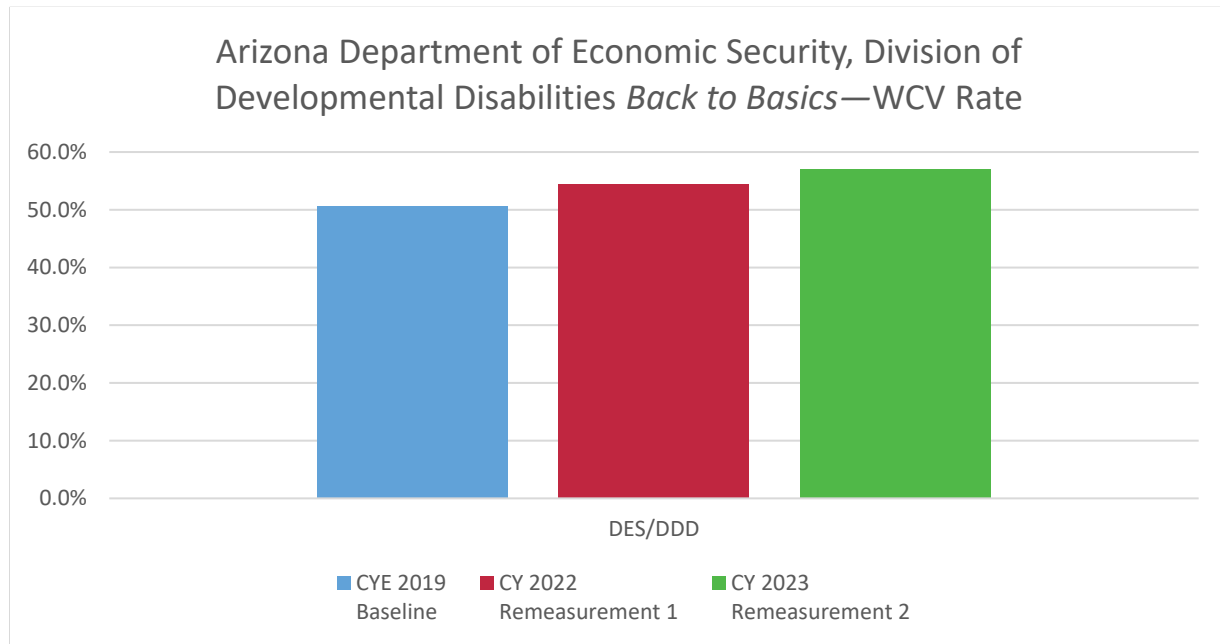
Remeasurement 2 Results

The DCS CHP Program *WCV* rate increased from the baseline rate to the Remeasurement 2 rate. The rate increased 4.5 percentage points, from 72.6 percent to 77.1 percent, which was statistically significant.

ALTCS-DD Program

For the Contractor, the performance indicator results for baseline, Remeasurement 1, and Remeasurement 2 are compared in Figure 2-4 below. Additionally, a table of all performance indicator rates can be found in Appendix B. Performance Indicator Results.

Figure 2-4—ALTCS-DD Program *Back to Basics* PIP—WCV Rate for DES/DDD



Baseline Results

The DES/DDD *WCV* rate for the baseline measurement period was 72.6 percent.

Remeasurement 1 Results

The DES/DDD *WCV* rate increased from the baseline rate to the Remeasurement 1 rate. The increase of 3.7 percentage points from 50.7 percent to 54.4 percent was statistically significant.

Remeasurement 2 Results

The DES/DDD *WCV* rate increased from the baseline rate to the Remeasurement 2 rate. The rate increased 6.4 percentage points, from 50.7 percent to 57.1 percent, which was statistically significant. Additionally, for Remeasurement 2, the Contractor sustained the statistically significant improvement that was achieved at Remeasurement 1.



Disparities

AHCCCS requires each of its Contractors to conduct and include subpopulation and disparity analysis findings for the *Back to Basics* PIP. The Contractors must also ensure that interventions are initiated to address specific data analysis findings.

HSAG identified that each Contractor except one provided evidence that the required subpopulation, disparity analysis, and interventions were present in the *Back to Basics* PIP and submitted for annual validation. One Contractor identified disparities; however, no data was documented to support how the disparities were identified. Additionally, no actions were defined resulting from the subpopulation/disparity findings, and some of the interventions implemented/planned addressed the identified disparities.







Data Validation

For the project to achieve real improvements in care and for interested parties to have confidence in the reported improvements, the PIPs must be designed, conducted, and reported using sound methodology and must be completed in a reasonable time. This structured method of assessing and improving Contractor processes is expected to have a favorable effect on health outcomes and member satisfaction.

The primary objective of PIP validation is to determine the validity and reliability of a PIP through assessing a Contractor's compliance with State and federal requirements. For CYE 2024, AHCCCS required Contractors to conduct PIPs in accordance with Title 42 Code of Federal Regulations (42 CFR) §438.330(b)(1) and §438.330(d)(2)(i–iv). In accordance with §438.330(d)(2)(i–iv), each PIP must include:

Figure 2-5—PIP Validation Requirements

	Measuring performance using objective quality indicators
	Implementing system interventions to achieve improvement in quality
	Evaluating effectiveness of the interventions
	Planning and initiating of activities for increasing or sustaining improvement

HSAG used the AHCCCS PIP Report, which each Contractor completed and submitted to HSAG, for its review and validation. The AHCCCS PIP Report standardizes the process for submitting information regarding PIPs and ensures alignment with the CMS protocol requirements.

HSAG, with AHCCCS’ input and approval, developed a PIP Validation Tool to ensure a uniform validation of the PIPs. Using this tool, HSAG evaluated each of the PIPs according to CMS EQR Protocol 1. The HSAG PIP Team consisted of, at a minimum, an analyst with expertise in statistics, PIP design, and performance improvement processes, and a clinician with expertise in performance improvement processes. CMS EQR Protocol 1 identifies nine steps that should be validated for each PIP. The nine steps included in the PIP Validation Tool are listed below:

Table 2-1—CMS EQR Protocol 1 Steps

Protocol Steps	
Step Number	Description
1	Review the Selected PIP Topic
2	Review the PIP Aim Statement
3	Review the Identified PIP Population
4	Review the Sampling Method
5	Review the Selected Performance Indicator(s)
6	Review the Data Collection Procedures
7	Review the Data Analysis and Interpretation of PIP Results
8	Assess the Improvement Strategies
9	Assess the Likelihood that Significant and Sustained Improvement Occurred

HSAG used the methodology described below to evaluate PIPs conducted by the Contractors to determine PIP validity and to rate the compliance with CMS EQR Protocol 1.

Each required step is evaluated on one or more elements that form a valid PIP. The HSAG PIP Review Team scores each evaluation element within a given step as *Met*, *Partially Met*, *Not Met*, *Not Applicable*, or *Not Assessed*. HSAG designates evaluation elements pivotal to the PIP process as “critical elements.” For a PIP to produce valid and reliable results, all critical elements must be *Met*. Given the importance of critical elements to the scoring methodology, any critical element that receives a *Not Met* score results in an overall rating of *No Confidence* for the PIP. The Contractor is assigned two confidence levels, the overall confidence of adherence to acceptable methodology for all phases of the PIP and the overall confidence that the PIP achieved significant improvement.

In addition to the two overall confidence levels, HSAG assigns the PIP a percentage score for all evaluation elements (including critical elements) for each confidence level. HSAG calculates the percentage scores by dividing the total number of elements scored as *Met* by the total number of elements scored as *Met*, *Partially Met*, and *Not Met* with *Not Assessed* and *Not Applicable* elements removed. HSAG also calculates a critical element percentage score by dividing the total number of critical elements scored as *Met* by the sum of the critical elements scored as *Met*, *Partially Met*, and *Not Met* with *Not Assessed* and *Not Applicable* elements removed. HSAG assessed the PIP’s results for the two confidence levels using the following methods.

1. Overall Confidence of Adherence to Acceptable Methodology for All Phases of the PIP

- *High Confidence*: High confidence in reported PIP results. All critical evaluation elements were *Met*, and 90 to 100 percent of all evaluation elements were *Met* across all steps.
- *Moderate Confidence*: Moderate confidence in reported PIP results. All critical evaluation elements were *Met*, and 80 to 89 percent of all evaluation elements were *Met* across all steps.
- *Low Confidence*: Low confidence in reported PIP results. Across all steps, 65 to 79 percent of all evaluation elements were *Met*; or one or more critical evaluation elements were *Partially Met*.
- *No Confidence*: No confidence in reported PIP results. Across all steps, less than 65 percent of all evaluation elements were *Met*; or one or more critical evaluation elements were *Not Met*.

2. Overall Confidence That the PIP Achieved Significant Improvement

- *High Confidence*: All performance indicators demonstrated *statistically significant* improvement over the baseline.
- *Moderate Confidence*: To receive Moderate Confidence for significant improvement, one of the three scenarios below occurred:
 - All performance indicators demonstrated improvement over the baseline **and** some but not all performance indicators demonstrated *statistically significant* improvement over the baseline.
 - All performance indicators demonstrated improvement over the baseline **and** none of the performance indicators demonstrated *statistically significant* improvement over the baseline.
 - Some but not all performance indicators demonstrated improvement over baseline **and** some but not all performance indicators demonstrated *statistically significant* improvement over baseline.
- *Low Confidence*: The remeasurement methodology was not the same as the baseline methodology for at least one performance indicator **or** some but not all performance indicators demonstrated improvement over the baseline and none of the performance indicators demonstrated *statistically significant* improvement over the baseline.
- *No Confidence*: The remeasurement methodology was not the same as the baseline methodology for all performance indicators **or** none of the performance indicators demonstrated improvement over the baseline.

The Contractors had the opportunity to receive initial PIP validation scores and detailed feedback, request technical assistance and guidance from HSAG, make any necessary corrections, and resubmit the PIP for final validation. HSAG provided the completed validation tools to AHCCCS and the Contractors.



Validation Findings

HSAG’s validation evaluates the technical methods of the PIP (i.e., the design, data analysis, implementation, and outcomes). Based on its review, HSAG determined the overall methodological validity of the PIP. Table 2-2 and Table 2-3 summarize the Contractors’ *Back to Basics* PIP validated during the review period with an overall confidence level of *High Confidence*, *Moderate Confidence*, *Low Confidence*, or *No Confidence* for the two required confidence levels identified below. In addition, Table 2-2 and Table 2-3 display the percentage score of evaluation elements that received a *Met* validation score, as well as the percentage score of critical elements that received a *Met* validation score. Critical elements are those within the PIP Validation Tool that HSAG has identified as essential for producing a valid and reliable PIP.

Table 2-2 displays the overall confidence levels for the *Back to Basics* PIP for the ACC Program.

Table 2-2—ACC Program *Back to Basics* PIP Overall Confidence Levels

Contractor	Validation Rating 1			Validation Rating 2		
	Overall Confidence of Adherence to Acceptable Methodology for All Phases of the PIP			Overall Confidence That the PIP Achieved Significant Improvement		
	Percentage Score of Evaluation Elements <i>Met</i> ¹	Percentage Score of Critical Elements <i>Met</i> ²	Confidence Level ³	Percentage Score of Evaluation Elements <i>Met</i> ¹	Percentage Score of Critical Elements <i>Met</i> ²	Confidence Level ³
AzCH-CCP ACC-RBHA	100%	100%	<i>High Confidence</i>	100%	100%	<i>High Confidence</i>
BUFC ACC	100%	100%	<i>High Confidence</i>	33%	100%	<i>Low Confidence</i>
Care 1 st ACC	100%	100%	<i>High Confidence</i>	33%	100%	<i>No Confidence</i>
HCA ACC	100%	100%	<i>High Confidence</i>	33%	100%	<i>Moderate Confidence</i>
Mercy Care ACC	80%	89%	<i>Low Confidence</i>	100%	100%	<i>High Confidence</i>
Molina ACC	87%	89%	<i>Low Confidence</i>	100%	100%	<i>High Confidence</i>
UHCCP ACC	100%	100%	<i>High Confidence</i>	33%	100%	<i>No Confidence</i>

¹ **Percentage Score of Evaluation Elements *Met***—The percentage score is calculated by dividing the total elements *Met* (critical and non-critical) by the sum of the total elements of all categories (*Met*, *Partially Met*, and *Not Met*).

- ² **Percentage Score of Critical Elements *Met***—The percentage score of critical elements *Met* is calculated by dividing the total critical elements *Met* by the sum of the critical elements *Met*, *Partially Met*, and *Not Met*.
- ³ **Confidence Level**—Based on the scores assigned for individual evaluation elements and the confidence level definitions provided in the PIP Validation Tool.

All but two Contractors adhered to acceptable methodology through all phases of the PIP. Mercy Care ACC did not update the resubmission narrative summary to reflect the revised statistical testing and did not provide CY 2023 intervention effectiveness data for two interventions. Molina ACC reported a *p* value that HSAG was unable to replicate in the resubmission for the *W30* measure statistical testing between the baseline rate and the Remeasurement 2 rate. Three Contractors achieved statistically significant improvement between the baseline rates and the Remeasurement 2 rates for both performance indicators, resulting in a *High Confidence* level for achieving significant improvement. One contractor had statistically significant improvement for one of the two performance indicators resulting in a *Moderate Confidence* level for achieving significant improvement.

Table 2-3 displays the overall confidence levels for the *Back to Basics* PIP for the DCS CHP Program.

Table 2-3—DCS CHP Program *Back to Basics* PIP Overall Confidence Levels

Contractor	Validation Rating 1			Validation Rating 2		
	Overall Confidence of Adherence to Acceptable Methodology for All Phases of the PIP			Overall Confidence That the PIP Achieved Significant Improvement		
	Percentage Score of Evaluation Elements <i>Met</i> ¹	Percentage Score of Critical Elements <i>Met</i> ²	Confidence Level ³	Percentage Score of Evaluation Elements <i>Met</i> ¹	Percentage Score of Critical Elements <i>Met</i> ²	Confidence Level ³
DCS CHP	100%	100%	<i>High Confidence</i>	100%	100%	<i>High Confidence</i>

- ¹ **Percentage Score of Evaluation Elements *Met***—The percentage score is calculated by dividing the total elements *Met* (critical and non-critical) by the sum of the total elements of all categories (*Met*, *Partially Met*, and *Not Met*).
- ² **Percentage Score of Critical Elements *Met***—The percentage score of critical elements *Met* is calculated by dividing the total critical elements *Met* by the sum of the critical elements *Met*, *Partially Met*, and *Not Met*.
- ³ **Confidence Level**—Populated from the PIP Validation Tool and based on the percentage scores.

DCS CHP adhered to acceptable methodology through all phases of the PIP. The Contractor achieved statistically significant improvement between the baseline rate and the Remeasurement 2 rate for the performance indicator, resulting in a *High Confidence* level for achieving significant improvement.

Table 2-4 displays the overall confidence levels for the *Back to Basics* PIP for the DES/DDD Program.

Table 2-4—DES/DDD Program *Back to Basics* PIP Overall Confidence Levels

Contractor	Overall Confidence of Adherence to Acceptable Methodology for All Phases of the PIP			Overall Confidence That the PIP Achieved Significant Improvement		
	Percentage Score of Evaluation Elements <i>Met</i> ¹	Percentage Score of Critical Elements <i>Met</i> ²	Confidence Level ³	Percentage Score of Evaluation Elements <i>Met</i> ¹	Percentage Score of Critical Elements <i>Met</i> ²	Confidence Level ³
DES/DDD	87%	89%	<i>Low Confidence</i>	100%	100%	<i>High Confidence</i>

¹ **Percentage Score of Evaluation Elements *Met***—The percentage score is calculated by dividing the total elements *Met* (critical and non-critical) by the sum of the total elements of all categories (*Met*, *Partially Met*, and *Not Met*).

² **Percentage Score of Critical Elements *Met***—The percentage score of critical elements *Met* is calculated by dividing the total critical elements *Met* by the sum of the critical elements *Met*, *Partially Met*, and *Not Met*.

³ **Confidence Level**—Populated from the PIP Validation Tool and based on the percentage scores.

DES/DDD adhered to acceptable methodology through all phases of the PIP except that the Contractor deleted baseline data from one of its subcontractors from this year's submissions. The issue was identified in the initial submission but was not corrected in the resubmission. The Contractor achieved statistically significant improvement between the baseline rate and the Remeasurement 2 rate for the performance indicator, resulting in a *High Confidence* level for achieving significant improvement. Additionally, the Contractor achieved statistically significant improvement at Remeasurement 2 when compared to the baseline rate, sustaining the statistically significant improvement achieved at Remeasurement 1.



Data Limitations

The following data limitations were noted as part of the AHCCCS *Back to Basics* PIP:

- As of CYE 2020, AHCCCS has transitioned to Contractor-calculated performance measure rates reflective of CY measurement periods for evaluating Contractor performance to support MCO oversight and external quality review (EQR) annual reporting. As such, the baseline measurement period did not use the same 12-month period as the Remeasurement 1 period. The baseline measurement period was October 1, 2019, through September 30, 2020. The Remeasurement 1 measurement period was CY 2022—January 1, 2022, through December 31, 2022, and the Remeasurement 2 measurement period was CY 2023—January 1, 2023, through December 31, 2023.

- CYE 2019 served as the baseline year for all Contractors except Molina ACC, which used CY 2020 as the baseline year for Performance Indicator 1. In CYE 2019, the Molina ACC performance measure rate for Performance Indicator 1 had a small denominator, which did not allow reporting of the measure; therefore, CY 2020 served as the baseline year for Performance Indicator 1.

3. Conclusions and Recommendations



Conclusions

All Contractors adhered to acceptable methodology through all phases of the *Back to Basics* PIP with three exceptions. One Contractor did not update the narrative to reflect revised statistical testing, one Contractor reported a p value that HSAG was unable to replicate, and one Contractor did not include deleted baseline data for its subcontractor. All Contractors were able to measure the effectiveness of interventions, except one Contractor that failed to report CY 2023 intervention effectiveness data for two interventions. Five Contractors were able to achieve statistically significant improvement for both performance indicators when comparing baseline rates to Remeasurement 2 rates. One Contractor achieved statistically significant improvement for one of the two performance indicators.

For the *W30* performance indicator, six Contractors showed an increase in the rates between baseline and Remeasurement 2, with an increase of approximately 1.1 percentage points for the ACC Program Aggregate rate. Four Contractors reported statistically significant improvement between the baseline rate and the Remeasurement 2 rate. For Remeasurement 2, one Contractor sustained the statistically significant improvement achieved at Remeasurement 1.

For the *WCV* performance indicator, five Contractors showed a statistically significant increase in the indicator rates between baseline and Remeasurement 2. The ACC Program Aggregate rate improved compared to Remeasurement 1 but essentially stayed the same as the baseline rate at Remeasurement 2. For Remeasurement 2, two Contractors sustained the statistically significant improvement achieved at Remeasurement 1.



Recommendations

To support successful progression of the *Back to Basics* PIP in the next CY, HSAG recommends that the Contractors:

- Seek technical assistance from HSAG to understand the requirements for statistical testing, if needed.
- If improvement was not achieved, revisit the causal/barrier analysis used to develop interventions and adjust the interventions or develop new interventions to facilitate improvement.
- Continue to implement identified interventions with clearly defined intervention effectiveness measures to assess the effectiveness of each intervention.
- Assure that all interventions are evaluated for effectiveness through a measure directly linked to the intervention.

- HSAG recommends that AHCCCS consider retiring the *Back to Basics* PIP based on six of nine Contractors achieving statistically significant improvement for one performance indicator and five of nine Contractors achieving statistically significant improvement for both performance indicators. Additionally, all Contractors have progressed through baseline and two remeasurements required by CMS EQR Protocol 1.

Appendix A. Acknowledgements and Copyrights

HEDIS[®] refers to the Healthcare Effectiveness Data and Information Set and is a registered trademark of NCQA.

Appendix B. Performance Indicator Results

ACC Program *Back to Basics* PIP—W30 Rates by Contractor

ACC Program W30 Rates by Contractor			
Contractor	CYE 2019	CY 2022 Remeasurement 1	CY 2023 Remeasurement 2
AzCH-CCP-ACC-RBHA	63.2%	60.7%	63.6%
BUFC ACC	63.5%	58.1%	69.5%
Care 1st ACC-RBHA	70.5%	53.5%	54.8%
HCA ACC	59.4%	56.1%	53.3%
Molina ACC*	49.1%	56.0%	63.1%
Mercy Care ACC-RBHA	65.0%	65.1%	67.9%
UHCCP ACC	65.6%	61.9%	65.2%
ACC Program Aggregate Rate	64.1%	60.8%	65.2%

*In CYE 2019, the Molina ACC performance measure rate for Performance Indicator 1 had a small denominator, which did not allow reporting of the measure. Therefore, the rate above reflects CY 2020 as the baseline period for Performance Indicator 1 for Molina ACC.

ACC Program *Back to Basics* PIP—WCV Rates by Contractor

ACC Program WCV Rates by Contractor			
Contractor	CYE 2019	CY 2022 Remeasurement 1	CY 2023 Remeasurement 2
AzCH-CCP-ACC-RBHA	46.9%	46.4%	51.2%
BUFC ACC	46.6%	39.6%	44.0%
Care 1st ACC-RBHA	51.4%	33.7%	41.8%
HCA ACC	43.6%	39.8%	43.2%
Molina ACC	33.9%	39.6%	43.5%
Mercy Care ACC-RBHA	52.9%	49.6%	53.6%
UHCCP ACC	52.7%	47.4%	50.7%
ACC Program Aggregate Rate	49.9%	45.0%	49.6%

DCS CHP Program *Back to Basics* PIP—WCV Rate

DCS CHP Program WCV Rate			
Contractor	CYE 2019	CY 2022 Remeasurement 1	CY 2023 Remeasurement 2
DCS CHP	72.6%	71.0%	77.1%

ALTCS-DD Program *Back to Basics* PIP—WCV Rate

DCS CHP Program WCV Rate			
Contractor	CYE 2019	CY 2022 Remeasurement 1	CY 2023 Remeasurement 2
DES/DDD	50.7%	54.4%	57.1%