



Measuring the Health of Arkansas Medicaid Enrollees



HEDIS 2010

HEDIS 2010

Contents



HEDIS Overview	4
Results	
■ Pediatric Care	6
Well-Child Visits in the First 15 Months of Life (W15)	7
Well-Child Visits in the 3rd, 4th, 5th and 6th Years of Life (W34)	8
Adolescent Well-Care Visits (AWC)	9
Childhood Immunization Status (CIS)	10
Lead Screening in Children (LSC)	12
Annual Dental Visits (ADV)	13
Appropriate Treatment for Children with Pharyngitis (CWP)	14
Appropriate Treatment for Children with Upper Respiratory Infections (URI)	15
■ Women's Care	18
Breast Cancer Screening (BCS)	19
Cervical Cancer Screening (CCS)	19
Chlamydia Screening in Women (CHL)	20
■ Living with Illness	21
Comprehensive Diabetes Care (CDC)	23
The Use of Appropriate Medications for People with Asthma (ASM)	25
■ In Summary	21



As Medicaid programs across the country face unprecedented change and financial uncertainty, demands on the Arkansas Medicaid program continue to grow. To meet this challenge, the Division of Medical Services (DMS) actively monitors the quality of care provided to beneficiaries through effective program management and an annual, comprehensive review of the Arkansas Medicaid program's performance across key quality indicators

WHAT IS HEDIS?

The Healthcare Effectiveness Data and Information Set, or HEDIS¹, is a set of nationally recognized healthcare performance measures used to measure the quality of care and service delivery.

The HEDIS measure set consists of 76 measures across eight domains of care. These measures provide a standard way to compare performance across health plans and states.

INTERPRETING THE RESULTS

This report summarizes Arkansas Medicaid's performance on a selected set of HEDIS measures. The current year's rates are compared to the rates from previous years, and national NCOA Medicaid HEDIS benchmarks.

The national benchmarks are provided by NCOA and are updated annually using data submitted by Medicaid health plans across the country. Where applicable, results are provided for ConnectCare/ARKids First A and ARKids First B. Five-year trends are provided where available.

LIMITATIONS

SFY 2009 rates were calculated by HSAG; previous years' rates were obtained from previous reports and are presented for trending purposes only.

The reader should exercise caution when comparing rates due to possible differences in calculation methodologies.



¹ Healthcare Effectiveness Data and Information Set (HEDIS[®]) is a registered trademark of the National Committee for Quality Assurance (NCOA).



Pediatric primary healthcare involves disease prevention and the promotion of health for children and adolescents. Immunizations and health check-ups are particularly important for young children since failure to detect problems with growth, hearing, and vision may adversely affect children's development and future experiences.

Early detection of disease conditions allows healthcare providers the best opportunity to detect issues and intervene. These services provide children with the opportunity to grow and learn without health-related limitations.

This section provides a detailed analysis of Arkansas Medicaid performance for the Pediatric Care dimension.

STRATEGIES FOR IMPROVING PERFORMANCE

- Provide notices to providers identifying patients due for immunizations and well-child visits
- Educate parents on well-child and immunization periodicity schedules
- Offer immunizations at health fairs, schools, and health clinics
- Offer incentives to providers and patients for routine exams and immunizations

The Pediatric Care measures:

- ▶ 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)
- ▶ Adolescent Well-Care Visits (AWC)
- ▶ Childhood Immunization Status (CIS)
- ▶ Lead Screening in Children (LSC)
- ▶ Annual Dental Visits (ADV)
- ▶ Appropriate Treatment for Children with Upper Respiratory Infection (URI)
- ▶ Appropriate Testing for Children with Pharyngitis (CWP)

Well-Child Visits in the First 15 Months of Life (W15) — Six or More Visits

Measure Definition

Percentage of members who turned 15 months old during the measurement year and who received the recommended number of well-child visits with a primary care physician (PCP)

The American Medical Association (AMA) and the American Academy of Pediatrics (AAP) recommend timely, comprehensive well-child visits for children.

These periodic check-ups allow clinicians to assess a child's physical, behavioral, and developmental status and provide any necessary treatment, intervention, or referral to a specialist.²

Researchers have found associations between increased well-child visits and reductions in avoidable hospitalizations and reductions in emergency department (ED) use, as well as improved child health.³

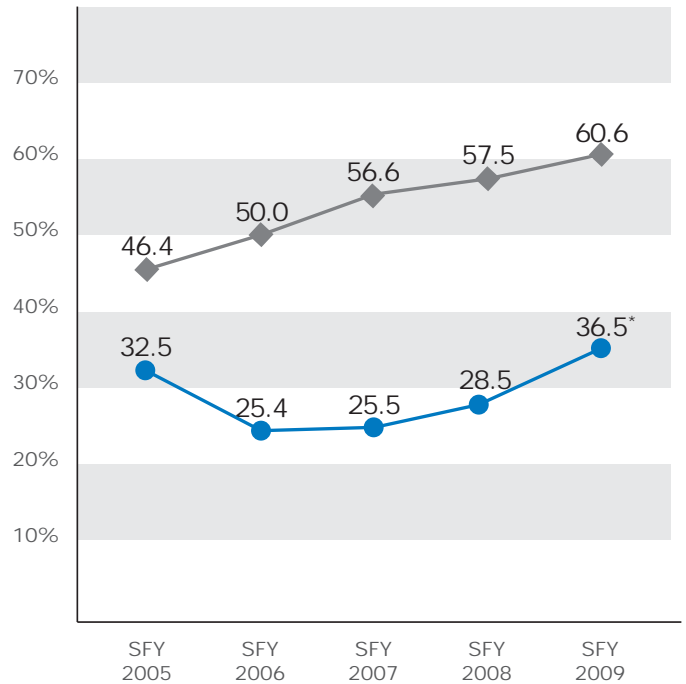
² Hakim RB, Bye BV. Effectiveness of Compliance with Pediatric Preventive Care Guidelines Among Medicaid Beneficiaries. *Pediatrics*. 2001; 108(1): 90-97.

³ Selden TM. Compliance with Well-Child Visit Recommendations: Evidence From the Medical Expenditure Panel Survey, 2000-2002. *Pediatrics*. 2006; 118(6): 1766-1778.

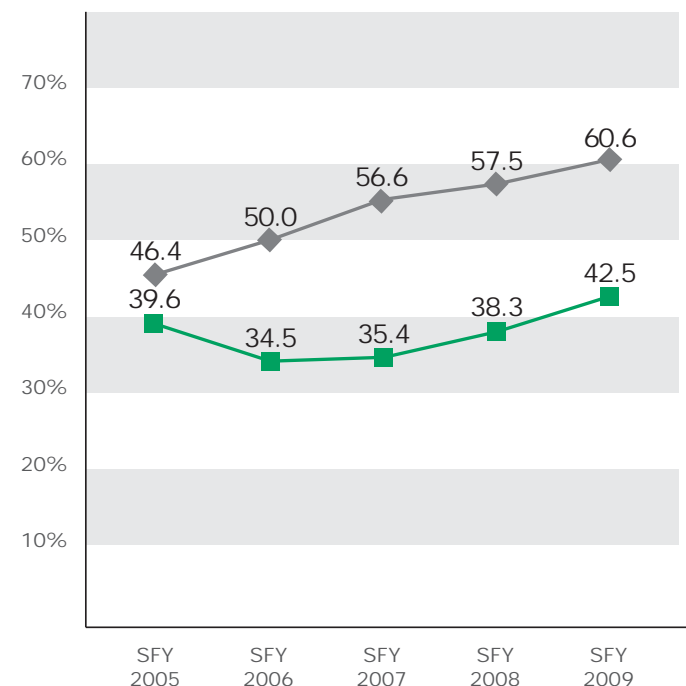
*There was a statistically significant change from the previous year's rate.

- ConnectCare/ARKids First A
- ARKids First B
- ◆ NCQA Medicaid 50th Percentile

Well-Child Visits – Six or More Visits — ConnectCare/ARKids First A



Well-Child Visits – Six or More Visits — ARKids First B



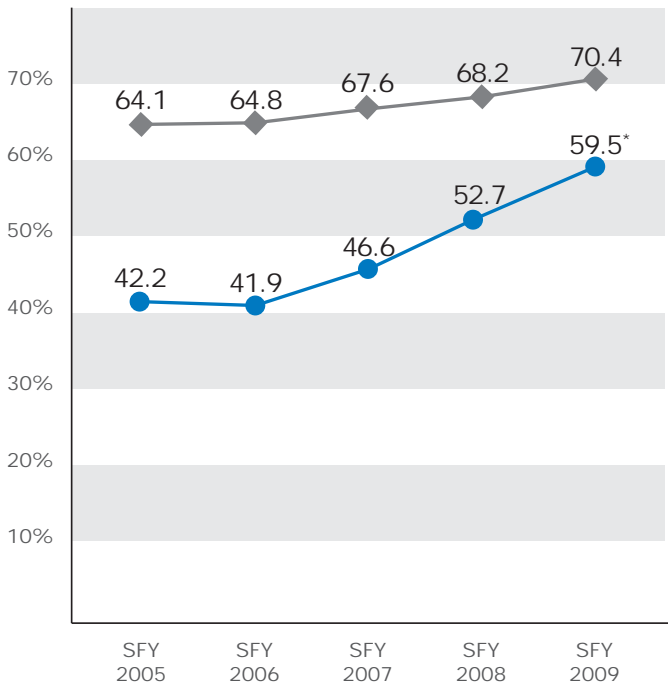
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34) —

Measure Definition

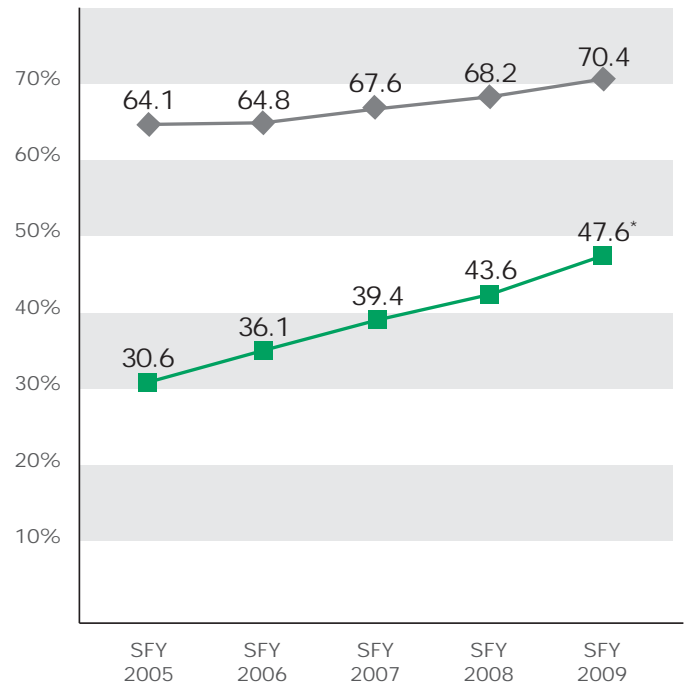
Percentage of members who turned three to six years of age during the measurement year and who received one or more well-child visits with a PCP

The American Academy of Pediatrics recommends annual well-child visits for children between 3 and 6 years of age, provided that they are growing and developing normally and have no significant health problems.

Well-Child Visits — ConnectCare/ARKids First A



Well-Child Visits — ARKids First B



● ConnectCare/ARKids First A ■ ARKids First B ◆ NCQA Medicaid 50th Percentile

*There was a statistically significant change from the previous year's rate.

Adolescent Well-Care Visits (AWC) —

Measure Definition

Percentage of members 12 to 21 years of age who had at least one comprehensive well-care visit with a PCP or an obstetrician/gynecologist (OB/GYN) during the measurement year

Social experiences and changes in cognitive abilities lead many adolescents to experiment with activities that can threaten current health or have long-term health consequences.

More than 80 percent of adults who are addicted to tobacco began smoking as adolescents.

Adolescents who begin drinking alcohol before age 15 are four times as likely to be alcohol dependent as those who delay drinking until at least age 21.⁴

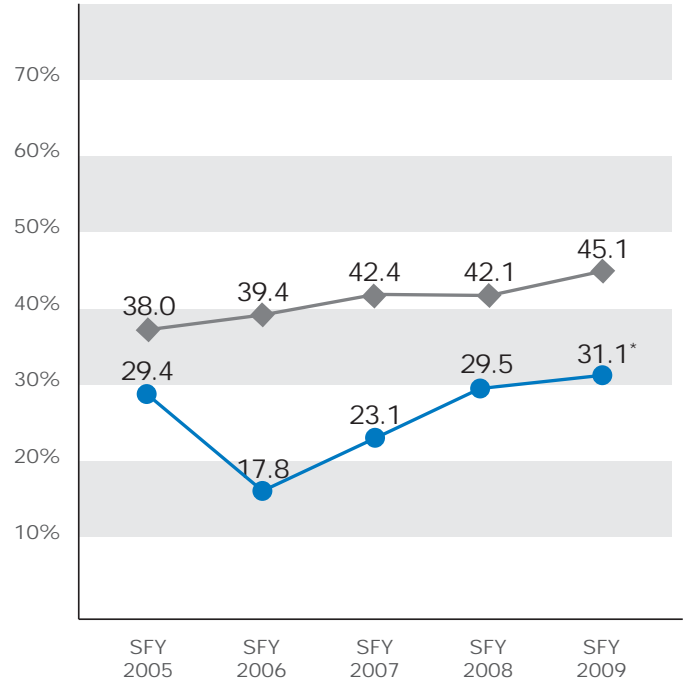
With regular well-care visits, a child’s healthcare provider can often detect and address health problems before they become more serious, and can educate adolescents on the importance of healthy behaviors.

⁴ MacKay AP, Duran C, Adolescent Health in the United States, 2007. National Center for Health Statistics, 2007.

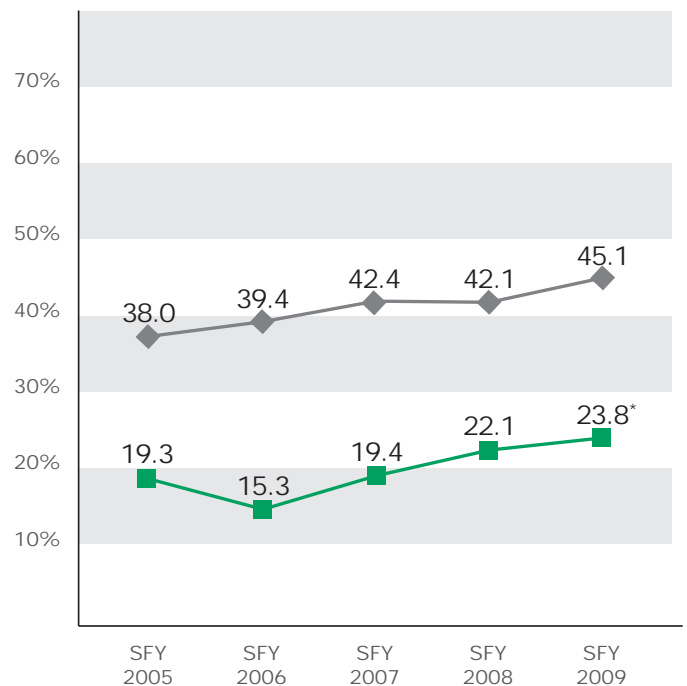
*There was a statistically significant change from the previous year’s rate.

- ConnectCare/ARKids First A
- ARKids First B
- ◆ NCQA Medicaid 50th Percentile

Adolescent Well-Care Visits — ConnectCare/ARKids First A



Adolescent Well-Care Visits — ARKids First B



Childhood Immunization Status (CIS) —

Measure Definition

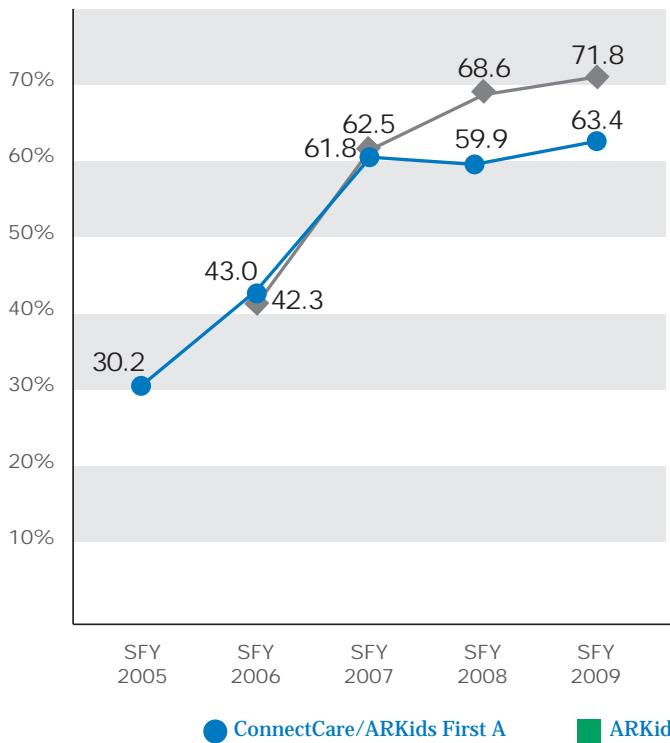
Combo 3: Percentage of members who turned two years of age during the measurement year and had four DTaP, three IPV, one MMR, two HiB, three Hep B, one VZV, and four pneumococcal vaccinations on or before their second birthday

Despite established guidelines and the documented benefits and risks associated with childhood immunizations, a gap in coverage still exists. Evidence has shown that the population at greatest risk for under-immunization is minority children from low-income families or children who live in inner cities or rural areas.⁵

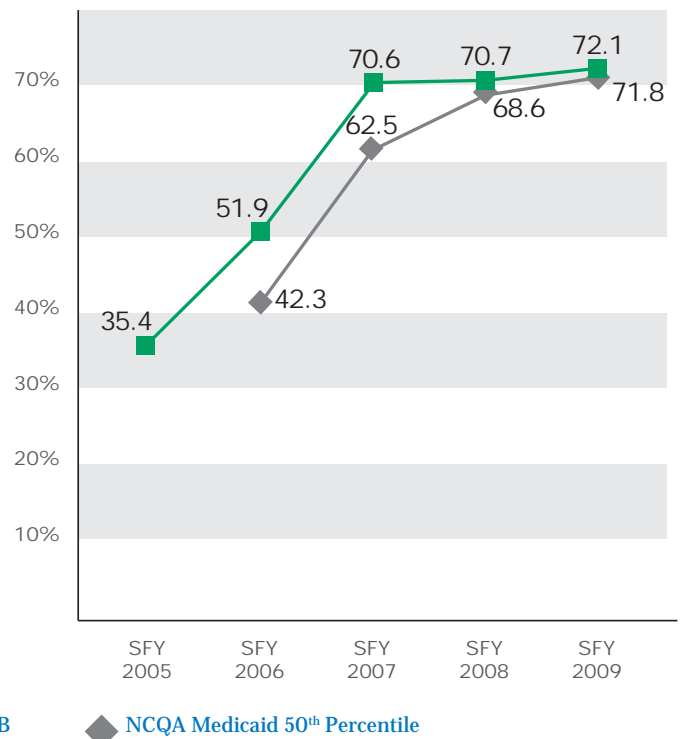
The CIS measure was the only measure reported using the hybrid method. There is no SFY 2005 Combo 3 benchmark because Combo 3 was a new NCOA HEDIS measure and national data were not available.

⁵ American Academy of Pediatrics, Committee on Practice and Ambulatory Medicine and Council on Community Pediatrics. Increasing Immunization Coverage. Pediatrics. 2003; 112(4): 993-996.

Combo Three — ConnectCare/ARKids First A



Combo Three — ARKids First B



Childhood Immunization Status (CIS) — *continued*

Combo 2

	SFY 2005	SFY 2006	SFY 2007	SFY 2008	SFY 2009
NCQA Medicaid 50 th Percentile	66.0%	72.4%	75.2%	75.4%	77.9%
ConnectCare/ARKids First A	74.3%	69.6%	72.7%	70.5%	68.4%
ARKids First B	79.1%	76.8%	78.6%	80.1%	79.0%

Polio (IPV)

	SFY 2005	SFY 2006	SFY 2007	SFY 2008	SFY 2009
NCQA Medicaid 50 th Percentile	86.9%	87.8%	89.6%	90.0%	91.0%
ConnectCare/ARKids First A	90.7%	89.9%	91.9%	92.0%	89.0%
ARKids First B	93.6%	91.9%	94.7%	94.3%	91.8%

Measles, Mumps, and Rubella (MMR)

	SFY 2005	SFY 2006	SFY 2007	SFY 2008	SFY 2009
NCQA Medicaid 50 th Percentile	89.5%	90.8%	91.7%	91.9%	92.7%
ConnectCare/ARKids First A	93.5%	89.1%	91.1%	90.5%	87.6%
ARKids First B	94.6%	89.3%	92.3%	92.1%	89.6%

Hepatitis B (Hep B)

	SFY 2005	SFY 2006	SFY 2007	SFY 2008	SFY 2009
NCQA Medicaid 50 th Percentile	84.5%	88.0%	90.5%	90.3%	92.2%
ConnectCare/ARKids First A	92.4%	92.7%	95.2%	94.7%	90.2%*
ARKids First B	95.3%	94.6%	96.6%	95.7%	92.4%

Chicken Pox (VZV)

	SFY 2005	SFY 2006	SFY 2007	SFY 2008	SFY 2009
NCQA Medicaid 50 th Percentile	87.1%	88.6%	90.5%	90.0%	91.5%
ConnectCare/ARKids First A	92.4%	89.1%	90.3%	88.7%	86.6%
ARKids First B	94.2%	88.6%	91.3%	90.7%	90.7%

H Influenza B (HiB)

	SFY 2005	SFY 2006	SFY 2007	SFY 2008	SFY 2009
NCQA Medicaid 50 th Percentile	81.3%	89.5%	90.8%	90.7%	95.4%
ConnectCare/ARKids First A	92.4%	89.4%	89.7%	91.2%	94.0%
ARKids First B	95.5%	92.9%	94.4%	93.1%	94.8%

Diphtheria, Tetanus, and Acellular Pertussis (DTaP)

	SFY 2005	SFY 2006	SFY 2007	SFY 2008	SFY 2009
NCQA Medicaid 50 th Percentile	77.9%	79.0%	81.3%	80.5%	82.0%
ConnectCare/ARKids First A	79.4%	72.3%	75.7%	74.0%	70.6%
ARKids First B	83.2%	81.3%	80.6%	82.8%	82.2%

Pneumococcal Conjugate (PCV)

	SFY 2005	SFY 2006	SFY 2007	SFY 2008	SFY 2009
NCQA Medicaid 50 th Percentile		47.3%	71.7%	76.4%	79.3%
ConnectCare/ARKids First A	35.2%	47.9%	69.8%	66.7%	73.2%*
ARKids First B	40.1%	58.1%	76.5%	77.8%	79.2%

Annual Dental Visits (ADV) —

Measure Definition

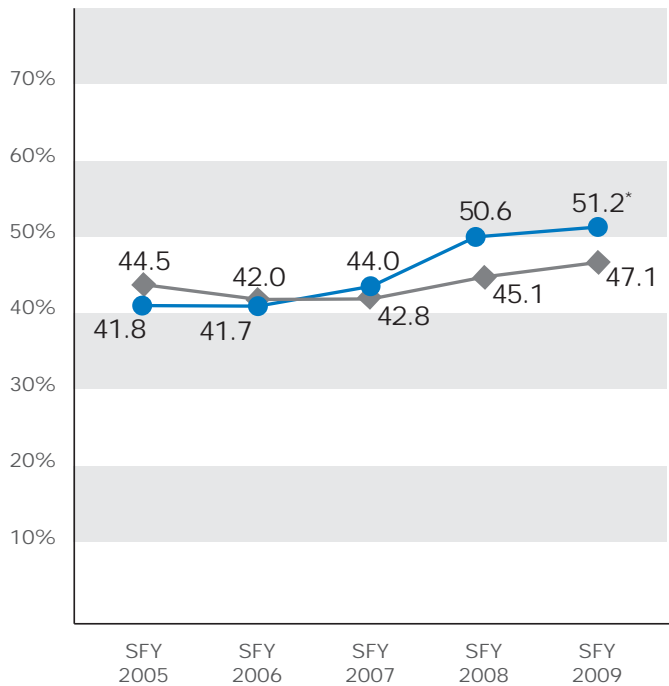
Percentage of members 2 to 21 years of age who had at least one dental visit during the measurement year

Most dental problems do not become painful or visible until they are highly advanced.

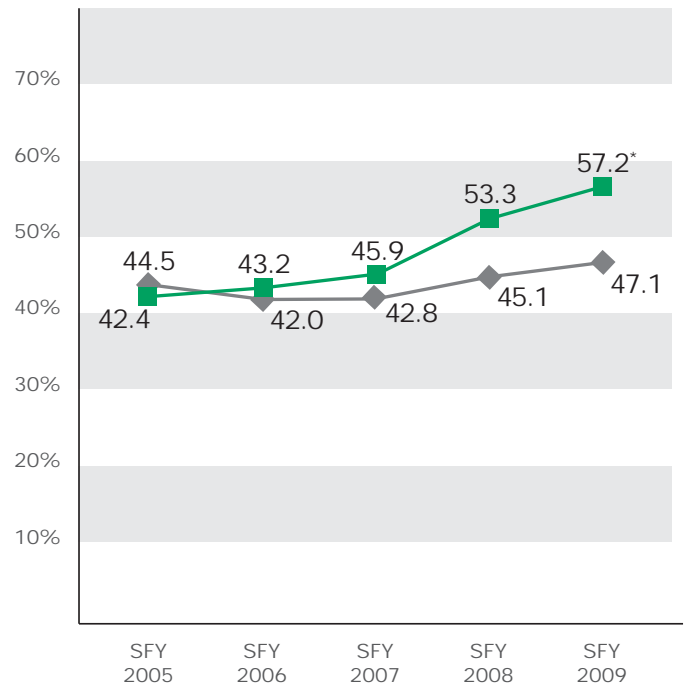
Once a tooth becomes painful the dental damage is usually irreversible and frequently the tooth requires intervention such as: filling, root canal, crowning, or extraction.

By establishing good dental habits early in a person's life, dental problems can be detected and treated.

Annual Dental Visits – ConnectCare/ARKids First A



Annual Dental Visits – ARKids First B



● ConnectCare/ARKids First A ■ ARKids First B ◆ NCQA Medicaid 50th Percentile

*There was a statistically significant change from the previous year's rate.

Appropriate Testing for Children with Pharyngitis (CWP) —

Measure Definition

The percentage of members 2 to 18 years of age who were diagnosed with pharyngitis, dispensed an antibiotic, and received a strep test for the episode during the measurement year

Pharyngitis (i.e., sore throat) occurs most commonly in children between 5 and 18 years of age. Pharyngitis is caused primarily by one of two types of infections: 1) a viral upper respiratory tract infection or 2) a Group A streptococcus (strep) bacterial infection (i.e., strep throat). Determining the cause of pharyngitis is im-

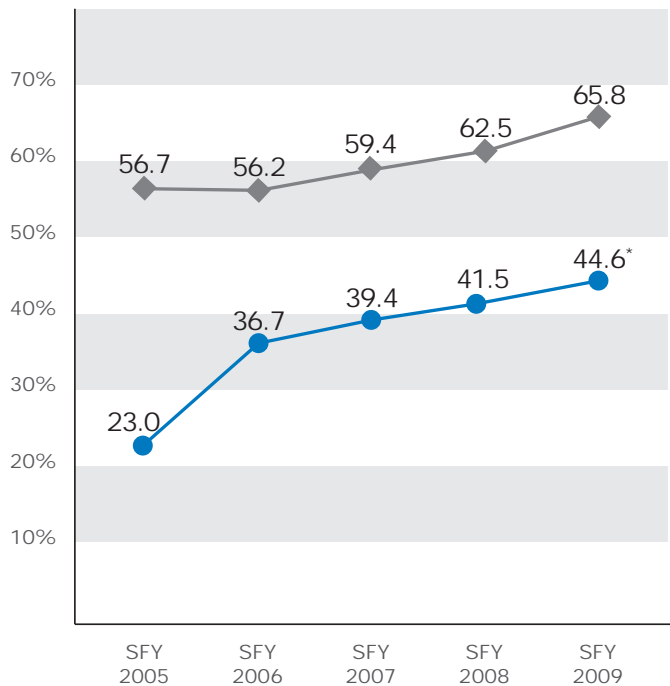
portant since antibiotics are ineffective against viral infections, the cause for most episodes of pharyngitis.⁸

However, in the Medicaid population, the average testing rate is only 61.4 percent compared to the commercial population rate of 75.6 percent.⁹ This measure identifies the percentage of children who were diagnosed with pharyngitis, dispensed an antibiotic, and received a Group A streptococcus (strep) test for the episode.

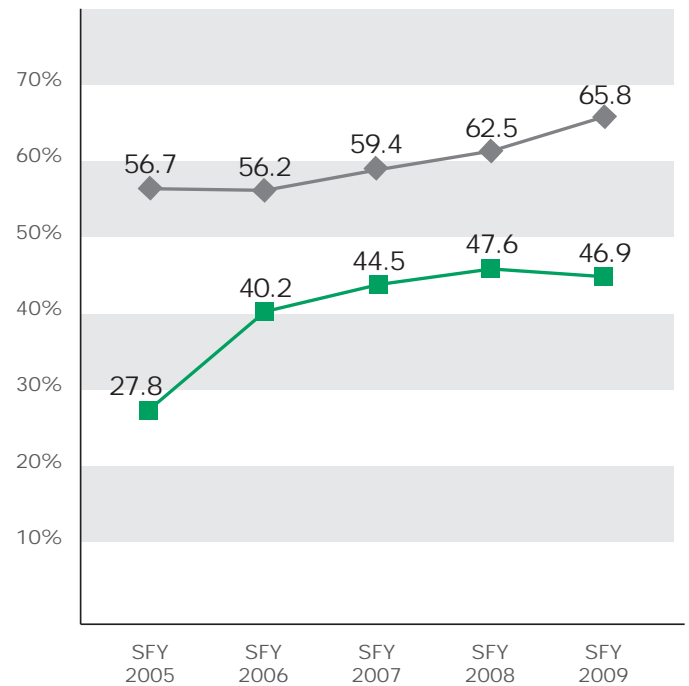
⁸ Dowell SF, Schwartz B, Phillips WR, et al. Appropriate Use of Antibiotics for URIs in Children: Part II. Cough, Pharyngitis and the Common Cold. American Family Physician. 1998. Available at: <http://www.aafp.org/afp/981015ap/dowell.html>. Accessed on: April 13, 2010.

⁹ National Committee for Quality Assurance. The State of Health Care Quality 2009. Washington, D.C.: NCOA; 2009.

Children With Pharyngitis – ConnectCare/ARKids First A



Children With Pharyngitis – ARKids First B



● ConnectCare/ARKids First A ■ ARKids First B ◆ NCQA Medicaid 50th Percentile

*There was a statistically significant change from the previous year's rate.

Appropriate Treatment for Children with Upper Respiratory Infection (URI) —

Measure Definition

The percentage of members who were 3 months to 18 years of age, were diagnosed with a URI, and were not dispensed an antibiotic prescription on or three days after the episode date during the measurement year

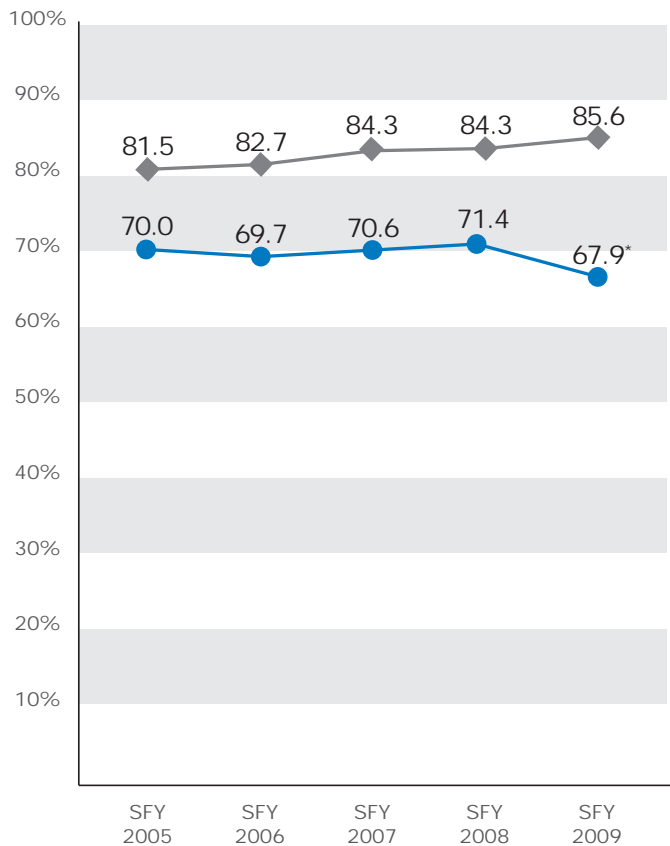
Since the origin of most upper respiratory infections (URIs) is viral, the prescribing of antibiotics for the treatment of a majority of URIs is inappropriate. The use of antibiotics is only appropriate for a URI of

bacterial origin.¹⁰ The use of antimicrobial drugs is highest among children; therefore, the pediatric age group is the initial focus of inappropriate antibiotic use.¹¹ Excessive and frequent use of unnecessary antibiotics leads to increased incidence of allergic drug reactions with significant associated morbidity and mortality.

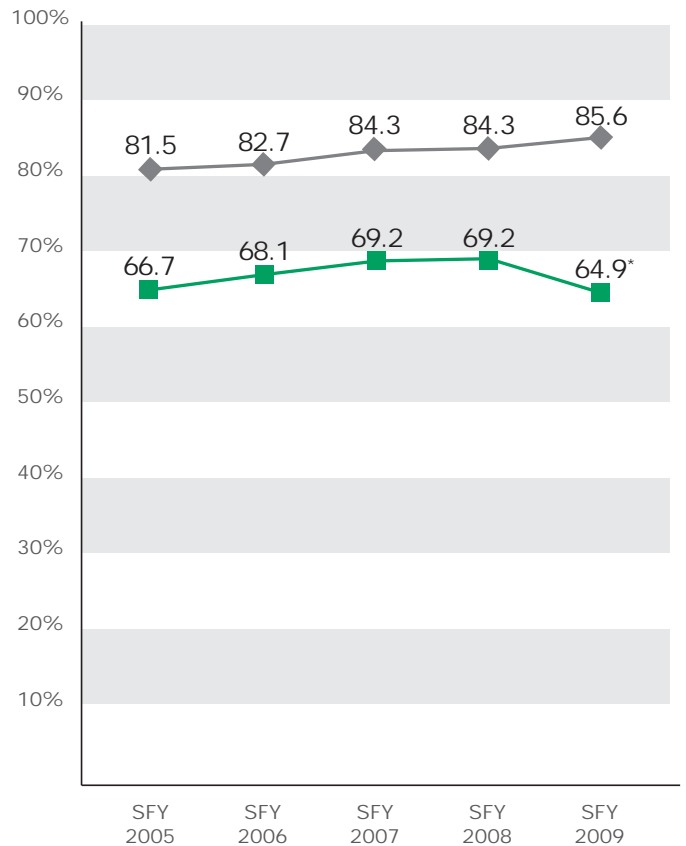
¹⁰ The Centers for Medicare & Medicaid Services. 2010 Physician Quality Reporting Initiative Measure Specifications Manual for Claims and Registry Reporting of Individual Measures. Version 4.1.

¹¹ Dowell SF, Schwartz B, Phillips WR, et al. Appropriate Use of Antibiotics for URIs in Children: Part II. Cough, Pharyngitis and the Common Cold. American Family Physician. 1998. Available at: <http://www.aafp.org/afp/981015ap/dowell.html>. Accessed on: April 13, 2010.

Upper Respiratory Infection – ConnectCare/ARKids First A



Upper Respiratory Infection – ARKids First B



● ConnectCare/ARKids First A ■ ARKids First B ◆ NCQA Medicaid 50th Percentile

*There was a statistically significant change from the previous year's rate.



The Women's Care dimension highlights measures designed to evaluate whether women 16 to 69 years of age are appropriately screened for cancer and sexually transmitted diseases (STDs), most of which are treatable if detected early.

The Women's Care measures are only reported for the ConnectCare population. All of these rates were calculated using administrative data only.

STRATEGIES FOR IMPROVING PERFORMANCE

- Provide notices for providers identifying women due for preventive screenings
- Provide reminders to women to schedule their annual exams
- Offer women alternative screening sites such as mobile screening units
- Provide routine well-woman screenings during other office appointments
- Provide educational materials to physicians on effective strategies for communicating information to women on sex, STDs, and gynecological health

The Women's Care measures:

- ▶ Breast Cancer Screening (BCS)
- ▶ Cervical Cancer Screening (CCS)
- ▶ Chlamydia Screening in Women (CHL)

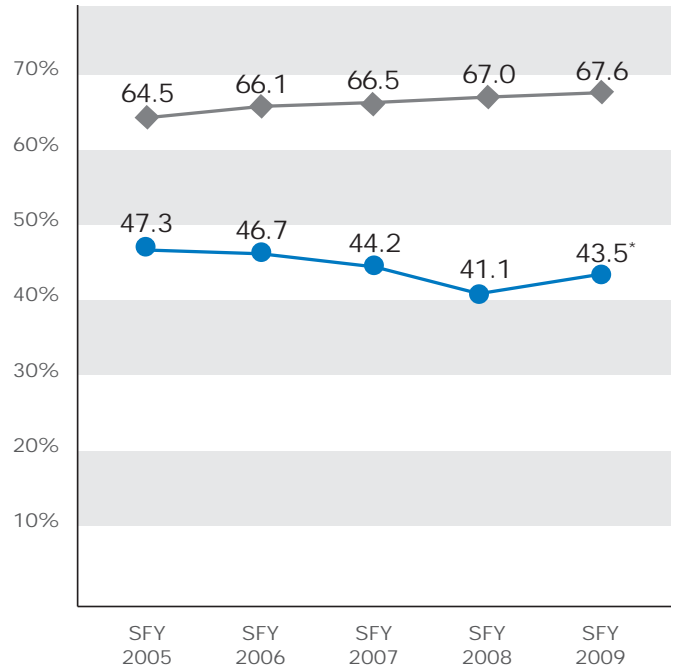
Cervical Cancer Screening (CCS) —

Measure Definition

Percentage of women 21 through 64 years of age who received one or more Pap tests to screen for cervical cancer during the measurement year or two years prior

A well-established method for preventing cervical cancer is the identification of pre-cancers before they become invasive. The Pap test is the most common way to screen for cervical pre-cancers and cancers.

Cervical Cancer Screening – ConnectCare



● ConnectCare ◆ NCQA Medicaid 50th Percentile

*There was a statistically significant change from the previous year's rate.



Breast Cancer Screening (BCS) —

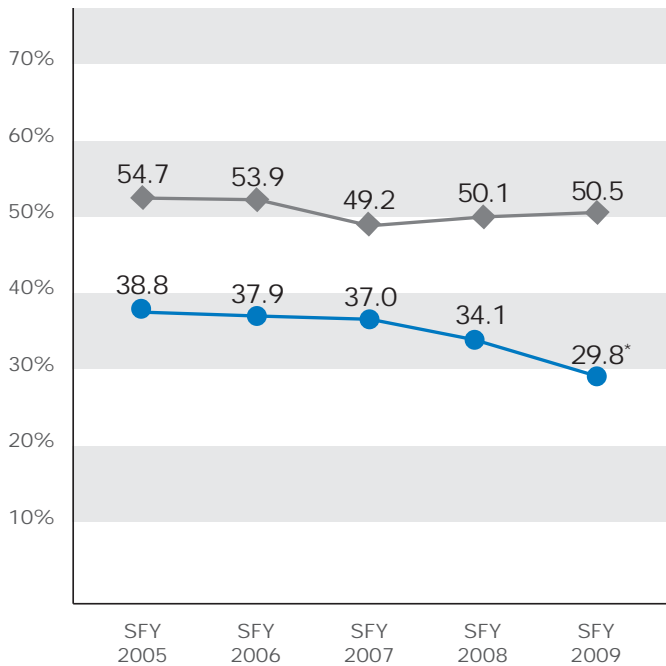
Measure Definition

Percentage of women 40 to 69 years of age who had one or more mammograms during the measurement year or the year prior

Breast cancer is the most prevalent cancer among women, and is the second leading cause of cancer deaths among women in the United States.¹²

¹² Task Force on Community Preventive Services. Recommendations for Client- and Provider-Directed Interventions to Increase Breast, Cervical, and Colorectal Cancer Screening. American Journal of Preventive Medicine. 2008; 35(1 Supplement): S21-S25.

Breast Cancer Screening – ConnectCare



● ConnectCare ◆ NCQA Medicaid 50th Percentile

*There was a statistically significant change from the previous year's rate.





Chlamydia Screening in Women (CHL)

Measure Definition

Percentage of women 16 to 24 years of age, identified as sexually active and having had at least one test for Chlamydia during the measurement year

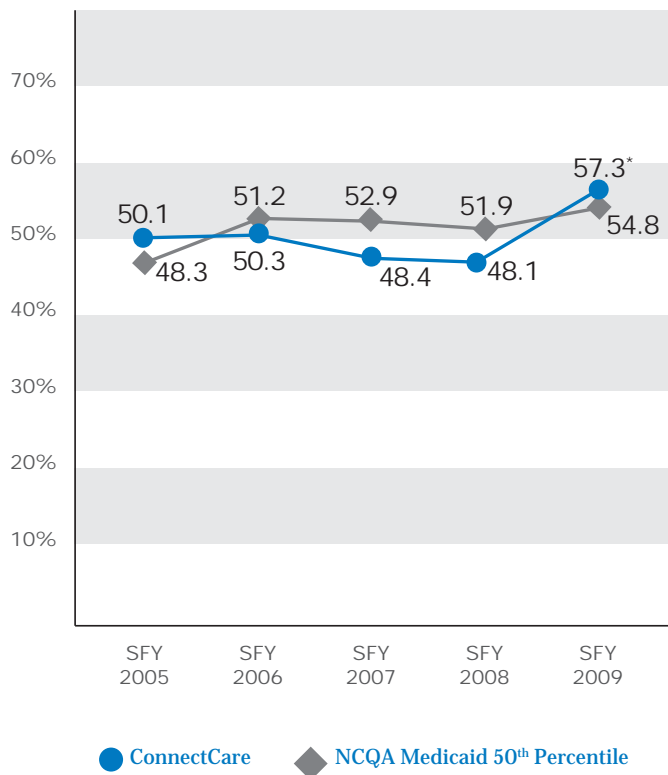
Chlamydia is the most commonly reported STD in the United States; it infects approximately 2.3 million people between the ages of 14 and 39 years.¹³

Chlamydia is sometimes referred to as a “silent” disease, since approximately 75 percent of women with it exhibit no symptoms. As such, regular screening is critical to successful treatment.¹⁴

¹³ Centers for Disease Control and Prevention. Chlamydia—CDC Fact Sheet. Available at: <http://www.cdc.gov/std/Chlamydia/STDFact-Chlamydia.htm#Common>. Accessed on: July 10, 2009.

¹⁴ National Committee for Quality Assurance. The State of Health Care Quality 2009. Washington, D.C.: NCQA; 2009.

Chlamydia Screening in Women – ConnectCare



*There was a statistically significant change from the previous year's rate.





Chronic illnesses afflict 133 million people in the United States — nearly half of all Americans — and account for the majority of healthcare costs. By 2020, an estimated 157 million people will be diagnosed with a chronic illness.¹⁵

These illnesses are responsible for seven out of every ten deaths (or 1.7 million people) in the United States each year. Chronic illnesses also contribute to disabilities and decreased quality of life for many Americans. Additionally, more than 25 million people experience limitations in daily activities due to these conditions.¹⁶

¹⁵ Partnership for Solutions. Chronic Conditions: Making the Case for Ongoing Care. Available at: <http://www.partnershipforsolutions.org/DMS/files/chronicbook2004.pdf>. Accessed on: August 26, 2010

¹⁶ Centers for Disease Control and Prevention. Chronic Disease Overview. Available at: <http://www.cdc.gov/nccdphp/overview.htm>. Accessed on: August 26, 2010

STRATEGIES FOR IMPROVING PERFORMANCE

- Offer targeted case management programs to individuals that provide one-on-one education about their disease
- Provide incentives to members who receive recommended screenings
- Distribute educational newsletters to members and providers that contain disease-specific articles and updates
- Offer continuing education to providers on current clinical care and practice guidelines
- Distribute health status report cards to members that reinforce recommended screening requirements

The Living with Illness measures:

- ▶ Comprehensive Diabetes Care (CDC)
- ▶ Use of Appropriate Medications for People with Asthma (ASM)

Comprehensive Diabetes Care (CDC) —

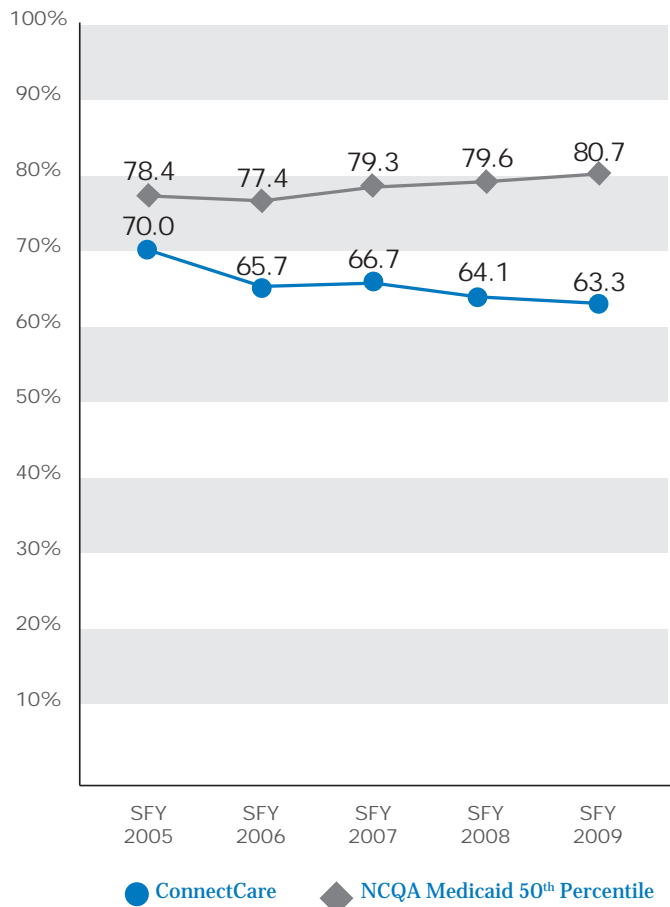
Measure Definition

HbA1c: The percentage of persons with diabetes (Type 1 and Type 2) 18-75 years of age who had one or more HbA1c tests during the measurement year

According to the American Diabetes Association, effective care management to control the disease can help to reduce costs and prevent or reduce complications associated with the disease.¹⁷

¹⁷ Economic consequences of diabetes in the U.S. in 2007. American Diabetes Association. Diabetes Care 31:596-615, 2008

HbA1c Testing — ConnectCare HbA1c



Comprehensive Diabetes Care (CDC) — continued

Measure Definition

LDL-C Screening: The percentage of persons 18–75 years of age with diabetes (Type 1 and Type 2) who had one or more LDL-C screenings during the measurement year

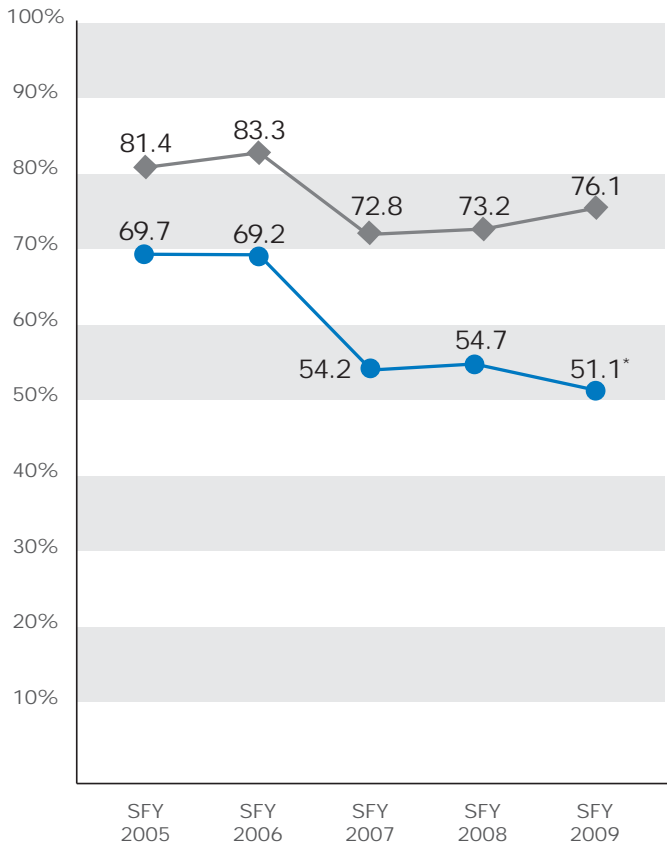
Eye Exam: The percentage of persons with diabetes (Type 1 and Type 2) 18–75 years of age who were screened for diabetic retinal disease during the measurement year

LDL-C Screening: Controlling lipid levels has been shown to reduce macrovascular complications, which affect the heart, brain, and legs (CDC, 2008).¹⁸

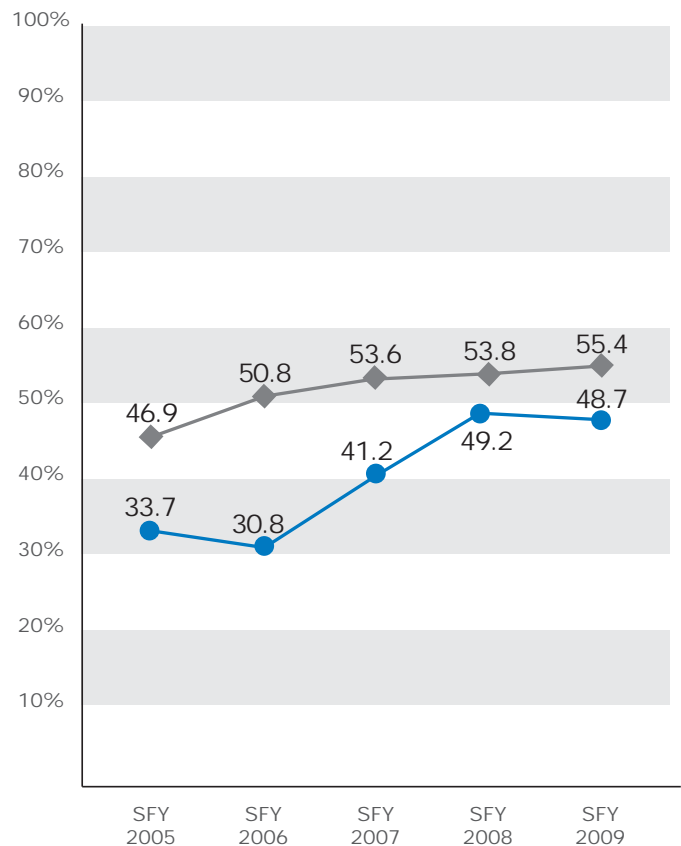
Eye Exam: Retinal examinations and timely treatment of conditions can reduce the development of vision loss, which is a complication often associated with diabetes.

¹⁸ Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. Preventing diabetes and its complications. Available at: <http://www.cdc.gov/nccdphp/publications/factsheets/Prevention/diabetes.htm>. Accessed April 2, 2010.

LDL-C Screening — ConnectCare



Eye Exam — ConnectCare



● ConnectCare ◆ NCQA Medicaid 50th Percentile

*There was a statistically significant change from the previous year's rate.

Living With Illness

The Use of Appropriate Medications for People with Asthma (ASM) —

Measure Definition

Percentage of members 5 to 50 years of age with persistent asthma who were appropriately prescribed medication during the measurement year

Asthma is one of the most common diseases in the nation. It is estimated that 38.4 million people in the United States will have an asthma diagnosis in their lifetime, and 8.7 million of them are children.¹⁹ A lack of proper asthma management frequently results in hospitalizations, ED visits, and missed work and school days. Proper management of asthma can reduce ED visits and hospitalizations and increase work and school productivity.

¹⁹ American Lung Association Epidemiology & Statistics Unit Research and Program Services. Trends in Asthma Morbidity and Mortality. American Lung Association Epidemiology & Statistics Unit Research and Program Services. Washington, D.C.: American Lung Association; February 2010.

ASM Years 5-9

	SFY 2005	SFY 2006	SFY 2007	SFY 2008	SFY 2009
NCQA Medicaid 50 th Percentile	66.6%	90.2%	91.7%	91.8%	92.7%
ConnectCare/ARKids First A	94.8%	95.0%	94.4%	95.0%	94.6%
ARKids First B	97.0%	97.3%	98.1%	97.5%	95.9%

ASM Years 10-17

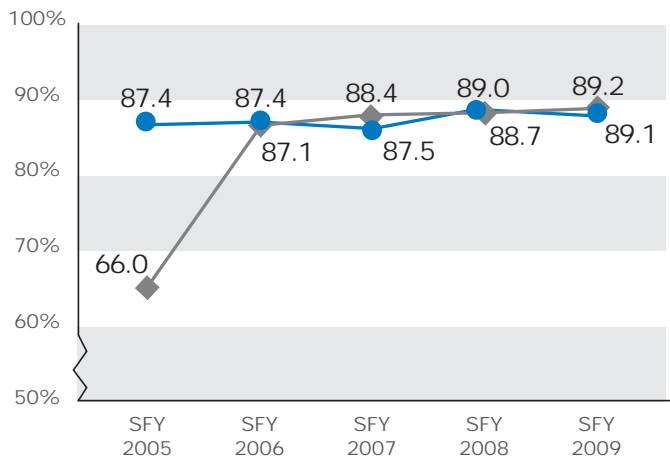
	SFY 2005	SFY 2006	SFY 2007	SFY 2008	SFY 2009
NCQA Medicaid 50 th Percentile	64.0%	87.4%	88.8%	89.5%	89.6%
ConnectCare/ARKids First A	91.8%	90.4%	92.3%	91.1%	90.7%
ARKids First B	91.3%	92.3%	93.0%	91.3%	91.7%

ASM Years 18-50

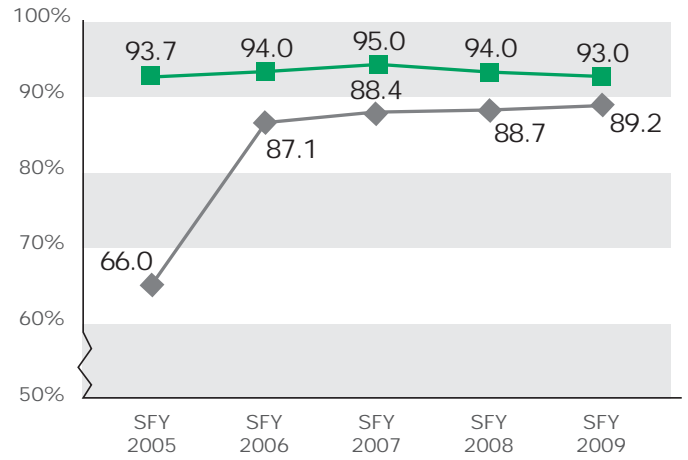
	SFY 2005	SFY 2006	SFY 2007	SFY 2008	SFY 2009
NCQA Medicaid 50 th Percentile	74.8%	84.9%	85.4%	85.8%	85.6%
ConnectCare/ARKids First A	73.7%	70.7%	68.5%	74.3%	67.0%*
ARKids First B	NA	NA	NA	NA	NA

*There was a statistically significant change from the previous year's rate.

ASM Years 5-50 — ConnectCare/ARKids First A



ASM Years 5-50 — ARKids First B



● ConnectCare/ARKids First A ■ ARKids First B ◆ NCQA Medicaid 50th Percentile

Overall, performance during state fiscal year (SFY) 2009 continued to show improvement in both the ConnectCare/ARKids First A and ARKids First B populations; however, many of the rates continue to perform below the NCQA Medicaid 50th percentile.

Pediatric Care

- All well-child visit rates improved for both ARKids First A and ARKids First B members; however, performance remained below the NCQA 50th percentile.
- Childhood Immunization Rates (Combo 3) rates for ARKids First A and ARKids First B members improved from previous years. The ARKids First B rate exceeded the NCQA 50th percentile.
- The lead screening rates improved significantly from SFY 2008 to SFY 2009 for both populations, but remained below the NCQA 50th percentile.
- Dental visit rates continued to improve and ranked above the NCQA 50th percentile for both populations.
- The rates for appropriate testing for children with pharyngitis and treatment for respiratory infections were below the NCQA 50th percentile.

Women's Care

- Breast cancer screening rates have been declining since SFY 2005. Over the last two years this rate has dropped 7.2 percentage points and is below the NCQA 50th percentile.
- The cervical cancer screening and chlamydia screening rates both showed statistically significant improvement in SFY 2009. Moreover, the chlamydia rate exceeded the NCQA 50th percentile.

Living With Illness

- Rates for the three diabetes measures declined in SFY 2009, and all of the rates performed below the NCQA Medicaid 50th percentile.
- Asthma rates for the ConnectCare/ARKids First A were similar to prior performance with the exception of the 18-50 year age group. This group's rate dropped from SFY 2008 to SFY 2009.

The Total rate for this population was less than 0.1 percentage point from the NCQA 50th percentile.

- The ARKids First B rates for asthma were also fairly stable with only a slight decline in the 5-9 year age group rate. The Total rate for this population exceeded the NCQA 50th percentile.



For more information about this report please contact:

Health Services Advisory Group, Inc.
124 West Capitol Avenue, Suite 990B
Little Rock, AR 72201
501-801-5881
www.hsag.com



This material was prepared by Health Services Advisory Group, Inc. (HSAG) under contract with the Arkansas Department of Human Services, Division of Medical Services. The contents presented do not necessarily reflect their policies. The Arkansas Department of Human Services is in compliance with Titles VI and VII of the Civil Rights Act.