COLORADO
Department of Health Care Policy & Financing

January 28, 2015

The Honorable Kevin Lundberg, Chair
Health and Human Services Committee
200 E. Colfax Avenue
Denver, CO 80203

Dear Senator Lundberg:

Enclosed please find a legislative report to the House Public Health Care and Human Services Committee from the Department of Health Care Policy and Financing on Access to and Quality of Care for Children on Medicaid and the Children's Basic Health Plan Plus.

Section 25.5-1-113.5, C.R.S., requires the Department to report on health care access and the quality of care for children on Medicaid and the Children's Basic Health Plan. This report is divided into four sections per the legislative mandate and is organized as follows: data showing that providers for children are participating in the programs and are accepting eligible children as patients on a regular basis; data showing that eligible children are enrolling in programs under this title and are remaining enrolled so that the children have continuity of care; data showing that eligible children are receiving the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services required by federal law, including but not limited to regular preventive care and, when appropriate, timely specialty care, and that providers are accurately reporting the data from these visits; and data showing that providers are using other appropriate measures of access and quality to improve health outcomes and maximize the expenditure of health care resources.

If you require further information or have additional questions, please contact the Department's Legislative Liaison, Zach Lynkiewicz, at Zach.Lynkiewicz@state.co.us or 720-854-9882.

Sincerely,

Susan E. Birch, MBA, BSN, RN
Executive Director
SEB/cmh

Enclosure(s): Report on Access to and Quality of Care for Children on Medicaid and the Children's Basic Health Plan

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Representative Jessie Danielson, Public Health Care and Human Services Committee
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Representative Jovan Melton, Public Health Care and Human Services Committee
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Department of Health Care Policy & Financing

REPORT TO THE SENATE HEALTH AND HUMAN SERVICES COMMITTEE

ON

ACCESS TO AND QUALITY OF CARE FOR CHILDREN ON MEDICAID AND THE CHILDREN'S BASIC HEALTH PLAN

SECTION 25.5-1-113.5, C.R.S.

JANUARY 28, 2015

1570 Grant Street, Denver, CO 80203-1818 P 303.866.2993 F 303.866.4411
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Report on Access to and Quality of Care for Children on Medicaid and the Children's Basic Health Plan

Section 25.5-1-113.5, C.R.S. (2011) requires the Department of Health Care Policy and Financing (the Department) to report on health care access and the quality of care for children on Medicaid and the Children's Basic Health Plan, (Child Health Plan *Plus* (CHP+)). This report is divided into four sections per the legislative mandate - Part A through Part D, and is organized as follows:

A. Data showing that providers for children are participating in the programs and are accepting eligible children as patients on a regular basis.

B. Data showing that eligible children are enrolling in programs under this title and are remaining enrolled so that the children have continuity of care.

C. Data showing that eligible children are receiving the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services required by federal law, including but not limited to regular preventive care and, when appropriate, timely specialty care, and that providers are accurately reporting the data from these visits.

D. Data showing that providers are using other appropriate measures of access and quality to improve health outcomes and maximize the expenditure of health care resources.

The Department has a number of initiatives in place to improve the access to quality of health care delivered to children on Medicaid and CHP+ as outlined in this report, including:

- Tracking the number of providers serving the Medicaid and CHP+ populations as detailed in Part A of this report
- Increasing the continuity of primary care providers between Medicaid and CHP+, as detailed in Part B of this report
- Implementing presumptive eligibility for children in both programs, as detailed in Part B of this report
- Continuing 12 month eligibility for children in CHP+, as detailed in Part B of this report
- Providing outreach and case management to children receiving Medicaid benefits through the EPSDT program and the Accountable Care Collaborative, as detailed in Part C of this report
- Measuring the number of children who receive well-child visits under the CHP+ and Medicaid programs as detailed in Part C of this report
- Creating other opportunities and pilots that support better health outcomes, improve the access to care and the quality of health care for children receiving Medicaid or CHP+ benefits, as detailed in Part D of this report

- Adding post-partum care as a Key Performance Indicator (KPI) in the Accountable Care Collaborative to improve care for new mothers and babies.

- Aligning state-wide Performance Improvement Projects (PIPs) to focus on care transitions for high-risk populations.

<u>Part A</u> – Providers are participating in the programs and accepting eligible children as clients:

Under the Commit Project, Medicaid is in the process of transitioning our MMIS (Medicaid Management Information System) to a new system. Colorado is required to re-enroll providers by 2016 which will provide us will updated provider information. The new Interchange system will allow providers to update their information, allowing the department to obtain more accurate and timely provider enrollment data by 2017.

Current provider numbers for Medicaid Primary Care are listed below:

General Practice	350
Internal Medicine	1,872
Pediatrics- including Nurse Practitioner, Neonatology; and Adolescent Medicine	886
Family Practice	1578
Free Standing Clinics	191
Perinatology	7

These numbers do not indicate which providers have open panels, the number of practice locations for a provider, and specialty areas.

Prior to FY 2014-15, Children on Medicaid received dental care through Delta Dental. In FY 2014-15, the Department contracted with DentaQuest to provide dental services for all Medicaid members. The following table summarizes provider information for Medicaid dental providers:

	State Dental Provider Network
Number of Dental Providers Who Accept Medicaid Colorado	1394
Number of Those Providers Who Have Open Panels	Data Not Collected
Number of Newly Contracted Dental Providers Who Accept Medicaid in 2014.	256

CHP+ enrollees receive health care through one or more of the following HMO's: Colorado Access, Colorado Choice Health Plans, Kaiser Permanente, Denver Health Medical Plan and Rocky Mountain Health Plan. Dental Services are provided by Delta Dental.

For children enrolled in CHP+, the Department contracts directly with health care providers to offer coverage during pre-Health Maintenance Organization (HMO) enrollment and in counties where health maintenance organizations are unable to offer coverage. This network of providers is referred to as the State Managed Care Network and is comprised of approximately 12,464 providers including all specialties[1]. Of those providers, 10,850 have open panels. The Department contracts with Colorado Access for administrative services to manage the State Managed Care Network.

Table 1 summarizes the total number of CHP+ providers for each health plan and the Dental plan, the total number of those providers with open panels, and the total number of new providers who have signed contracts with the State Managed Care Network or HMO to serve CHP+ children and pregnant women.

Table 1: Providers Participating in the CHP+ Network[1]

	State Managed Care Network	Colorado Access	Kaiser Permanente	Denver Health	Rocky Mountain Health Plan	Colorado Choice	Delta Dental
Number of Providers Who Accept CHP+	12,464	13,819	886	570	2,890	2,444	2,339
Number of CHP+ Providers Who Have Open Panels	10,850	12,384	886	570	2,035	2, 444	2,339
Number of New CHP+ Providers	1,107	1,220	95	154	162	166	252
Number of New Providers (Effective 1/1/2014 or sooner) Regardless of Open Panel	957	1,406	42	154	1,085	166	252

[1] Data provided by CHP+ SMCN Third Party Administrator

Part B - Eligible children are enrolling in programs under Titles 19 and 21 and are remaining enrolled so that children have continuity of care:

Table 2 summarizes the average monthly number of children enrolled in the Medicaid and CHP+ and the average length of enrollment.

Table 2: FY 2013-14 Children's Caseload and Length of Enrollment: Medicaid and CHP+[2]

	Medicaid	CHP+
FY 2013-14 Caseload (# of clients)	320,803	61,553
FY 2013-14 Average Length of Enrollment in months	16.61	9.07

CHP+ also provided services for a total of 3,263 (average monthly enrollment 1,686) adult pregnant women per month during fiscal year 2013-14.

<u>Part C</u> – Medicaid eligible children are receiving the EPSDT services required by federal law, including but not limited to regular preventive care and, when appropriate, timely specialty care, and that providers are accurately reporting the data from these visits:

The Centers for Medicare and Medicaid Services (CMS) requires annual reporting for EPSDT screenings. The most recent version of this report, called the CMS 416 report, is available for Federal Fiscal Year 2012-2013. This reporting period covers October 1, 2012 through September 30th, 2013. The Department is currently calculating data for FFY 2013-2014. Children are eligible to receive EPSDT services if they are eligible for Medicaid and are 20 years old or under. CHP+ clients are not eligible for EPSDT benefits.

The FFY 2012-13 CMS 416 report indicates that 518,128 children were eligible for EPSDT services with 481,579 having at least 90 days of continuous eligibility to be counted on the report. Those children who may have received a well check, but did not remain on Medicaid beyond 90 days are not counted in the report. In 1989, CMS set the benchmark for the percentage of children in each age group receiving recommended EPSDT services at 80%. In FY 2012-13, 64% of eligible Colorado children received any initial and periodic screening services.[3] This is a decrease of 3% from the previous year.

[2] FY 2010-11 Medical Premiums Expenditure and Caseload Report, June, 2011, Page 3.

Table 3 summarizes the percentage of all EPSDT-eligible children in Colorado receiving at least one well child check per year in the age range identified.

Table 3 – Percent of EPSDT children that receive recommended services, FFY 2012-13

Age range	Percentage of all EPSDT-eligible children in Colorado receiving the recommended number of EPSDT screenings[4]
Under 1 year old	100%
1-2 years old	97%
3-5 years old	66%
6-9 years old	39%
10-14 years old	43%
15-18 years old	33%
19-20 years old	21%
Aggregate percentage of all eligible children receiving recommended number of EPSDT services, FY 2012-2013	64%

In FY 2013-14, the ACC added well-child checks as a Key Performance Indicator (KPI) in an attempt to increase these rates. In FY 2014-15, the Department narrowed the focus of the KPI to visits for 3-9 years olds to facilitate more targeted interventions by the RCCOs and PCMPs. Adolescent well care is one of the measures being incentivized under the ACC shared savings. Rates for all age groups will continue to be monitored.

The EPSDT Outreach and Administrative Case Management program known as the Healthy Communities Program provides the following services to clients and providers:

- Generate awareness of the existence of the Medicaid and CHP+ programs;
- Offer information on how to apply for Medicaid and CHP+ and the availability of face-to-face application assistance;
- Inform families where to submit their application for processing and eligibility determination;
- Educate families on the value of preventive health care services and how to access their benefits at the appropriate settings;
- Link clients to Medicaid and CHP+ providers that will serve as the client's Medical Home;
- Missed appointment follow-up for providers who request the service;
- Provide clients with information and referrals to other community programs and resources; and
- Explain the re-enrollment process to families that continue to be eligible for Medicaid and CHP+ to eliminate gaps in coverage
- Works with RCCOs and Providers to help them understand the requirements under EPSDT.

[4] CMS 416 Report, Line 7

As of 2014, the Health Communities staff has also moved within the Accountable Care Collaborative Team at the Department to facilitate coordination with RCCOs and Healthy Communities staff. In addition to the EPSDT 416 Report the Department calculates HEDIS (Healthcare Effectiveness and Data Information Set) measures for child health.

Table 5 summarizes the weighted average percentage of children enrolled in Medicaid receiving well care visits. HEDIS is calculated on a calendar year so these rates are reported in 2014 for services received in 2013.[5]

Table 5

HEDIS® Measure	Colorado Medicaid Weighted Average 2011*	Colorado Medicaid Weighted Average 2012*	Colorado Medicaid Weighted Average 2013*	NCQA National Medicaid HEDIS 2012 rate**
Well Child visits in the 1st 15 months of life (6 or more visits)	65.9%	62.5%	62.19%	61.75%
Well child visits in the 3rd, 4th, 5th, and 6th years of life	62.2%	61.3%	61.13%	72.3%
Adolescent well-care visits	42.9%	40.3%	38.79%	49.71%

* Average is weighted by number of enrollees in all of Medicaid

** National mean for Medicaid HMOs is the national comparison benchmark

CHP+ clients are not eligible for EPSDT benefits. However, there are Healthcare Effectiveness Data and Information Set (HEDIS®) data available related to the number of children in CHP+ that receive the appropriate number of well-child visits by age group.

[5] HEDIS Aggregate Report for Medicaid 2011-2013, Health Services Advisory Group, Inc.

Table 6 summarizes the weighted average percentage of children enrolled in CHP+ receiving well care visits[6]

Table 6

HEDIS® Measure	Colorado CHP+ HEDIS 2011 rate*	Colorado CHP+ HEDIS 2012 rate*	Colorado CHP+ HEDIS 2013 rate*	NCQA National Medicaid HEDIS 2012 rate**
Well Child visits in the 1st 15 months of life (6 or more visits)	33%	25.3%	61.41%	61.75%
Well child visits in the 3rd, 4th, 5th, and 6th years of life	63%	64.2%	66.29%	72.3%
Adolescent well-care visits	43%	44.8%	44.0%	49.71%

* Average is weighted by number of enrollees in each HMO

** National mean for Medicaid HMOs is the national comparison benchmark for CHP+

<u>Part D</u> - Providers are using other appropriate measures of access and quality to improve health outcomes and maximize the expenditure of health care resources:

The Department has several initiatives that support better health outcomes; improve access to care and the quality of health care for children receiving Medicaid or CHP+ benefits as highlighted below:

Initiated in FY 2014-2015, each plan was required to complete a Performance Improvement Project (PIP) related to care transitions. These projects are designed to achieve, through ongoing measurements and intervention, significant improvement, sustained over time, in clinical care and non-clinical care areas that are expected to have a favorable effect on health outcomes and Member satisfaction. Year One of these PIPs was focused on planning and data collection. Project interventions will begin in FY 2015-16 and will be included in next year's report.

[6] HEDIS Aggregate Report for Child Health Plan *Plus*, October 2011-2013, Health Services Advisory Group, Inc.

The care transition topics for each plan are included below:

- Managed Care:
  - **Denver Health Managed Care** – Improving Follow-up Communications Between Referring Providers and Specialty Clinics.
  - **Rocky Mountain Health Plans** – Improving Transitions of Care for Individuals Recently Discharged From a Correctional Facility.
- CHP+:
  - **Colorado Access** - Improving Transitions for Children Aging Out of the CHP+ HMO Plan.
  - **Colorado Choice** - Improving the Transition Process for Children Aging out of the CHP+ HMO Plan.
  - **Denver Health** - Improving Follow-up Communications between Referring Providers and Specialty Clinics.
  - **Kaiser Permanente** – Improving Access and Transition to Behavioral Health Services.
  - **Rocky Mountain Health Plans** – Transitions of Care for CHP+ Members with Special Health Care Needs as They Transition from CHP+ Coverage.
- Regional Care Collaborative Organizations:
  - **Region 1 – Rocky Mountain Health Plans** – Improving Transitions of Care for Individuals Recently Discharged from a Correctional Facilities.
  - **Region 2 – Colorado Access** – Adolescent Depression Screening in Primary Care and Transition of Care to a Behavioral Health Provider.
  - **Region 3 – Colorado Access** – Adolescent Depression Screening in Primary Care and Transition of Care to a Behavioral Health Provider.
  - **Region 4 – Integrated Community Health Partners** – Improving the Rate of Completed Behavioral Health Services within 30 Days after Jail Release.
  - **Region 5 – Colorado Access** – Adolescent Depression Screening in Primary Care and Transition of Care to a Behavioral Health Provider.
  - **Region 6 – Colorado Community Health Alliance** – Depression Screening in Primary Care and Transition to Behavioral Health Services.

- **Region 7 – Community Health Partnership** – Decreasing All-Cause Readmissions for Members who are Homeless.

- Behavioral Health Organizations:

  Access Behavioral Care – Northeast – Adolescent Depression Screening in Primary Care with Transition of Care to Behavioral Health Provider

  Access Behavioral Care – Denver – Adolescent Depression Screening in Primary Care with Transition of Care to Behavioral Health Provider.

  Behavioral Healthcare, Inc. – Adolescent Depression Screening in Primary Care with a Transition of Care to Behavioral Health Provider.

  Colorado Health Partnerships, LLC – Improving the Rate of Completed Behavioral Health Services within 30 Days after Jail Release.

  Foothills Behavioral Health Partners – Improving Transition from Jail to Community Based Behavioral Health Treatment.

Quality Measurement:

The Department has continued efforts to monitor and improve health outcomes for the CHP+ and Medicaid through collection of Quality Measures. The Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA) included provisions to strengthen the quality of care provided to and health outcomes of children in Medicaid and CHIP. CHIPRA required HHS to identify and publish a core measure set of children's health care quality measures for voluntary use by State Medicaid and CHIP programs.

In 2013, the following HEDIS measures were calculated for Medicaid and CHP+ Plans:

- Childhood Immunization Status;
- Immunizations for Adolescents
- Well-Child Visits in the First 15 Months of Life;
- Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life;
- Adolescent Well-Care Visits;
- Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents; and
- Appropriate Testing for Children with Pharyngitis
- Prenatal and Postpartum Care
- Percent of Children and Adolescents' Accessing Primary Care Practitioner
- Asthma Medication Ratio

- Follow-up Care for Children Prescribed ADHD Medication
- Number of Ambulatory Care Visits
- Inpatient Utilization – General Hospital /Acute Care

These measures are collected and shared in a variety of settings including an annual report of measures and which will be published in the summer of 2015 and contained in a separate legislative report due in June. These measures are also shared with health plans in a quality meetings, and through our quarterly population health reports.

Population Health

The Colorado Department of Health Care Policy and Financing (HCPF); Colorado Department of Human Services (CDHS) and the Colorado Department of Public Health and Environment (CDPHE) partnered to create the Colorado Cross-Agency Collaborative. This Collaborative is producing a series of focused quarterly reports using metrics from the state agencies that focus on health issues in Colorado. The Collaborative recognizes that each agency strives to positively impact Coloradans. Oftentimes, however, these efforts could be better coordinated. By leveraging points of intersection, the Collaborative intends to foster alignment and the establishment of priority efforts and targeted interventions in order to more effectively improve Coloradans' health.

The Collaborative's short-term goals are to:

- Identify, track and trend metrics collected by State agencies
- Develop aligned initiatives that impact Coloradans' health
- Set targets and benchmarks for performance

The Collaborative's long-term goals are to:

- Expand the scope of this project to include alignment with other State agencies
- Create a combined, statewide strategy of common programs that create economic opportunities through improved health
- Expand population health data to allow for community, state, and national comparisons
- Improve efficiency of programs and resource allocation

The Behavioral Health report was released November 2014 and the Child Health report is due out February 2015. This project allows for a more comprehensive and coordinated view of population health in Colorado.

Help Me Grow

Finally, Children benefit from early identification and intervention of physical, developmental, behavioral and emotional conditions as well as identification of conditions that put them "at-risk" for adverse outcomes. Linking children to appropriate community-based supports as early as possible is essential to optimal child development. It is often challenging for parents to identify

and connect to needed supports and services. This is especially true for families that are high-risk or have multiple-needs. In conjunction with the office of the Lieutenant Governor and the Department of Public Health and Environment, the Department has created a new program called "Help Me Grow" for all children in Colorado. This contact center will act as a medi-connector for services and programs that serve children and youth 20 and under. A plan will be in place by May of 2015 as to how to implement this connector for all children in Colorado.

Conclusion

The Department is committed to improving the health outcomes, access to and quality of health care to the pediatric population served by the Medicaid and CHP+ programs. The Department is using a combination of strategies to achieve this goal, including: performance measurement that includes health outcomes, increasing provider participation, increasing the continuity of care between Medicaid and CHP+, working with our state partners in achieving health outcomes and partnering on aligned initiatives. The Department is dedicated to building a culture of outcomes-driven policy to better serve clients and providers as well as to be a responsible steward of public funds.