State of Colorado

Colorado Department of Health Care Policy & Financing

2006-2007 External Quality Review Technical Report *for* Colorado Medicaid Managed Care

September 2007

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HSAG HEALTH SERVICES ADVISORY GROUP

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ACKNOWLEDGMENTS AND COPYRIGHTS

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Purpose of Report

The Balanced Budget Act of 1997 (BBA), Public Law 105-33, requires states to prepare an annual technical report that describes the manner in which data from activities conducted in accordance with the Code of Federal Regulations (CFR), 42 CFR 438.358, were aggregated and analyzed. The report must describe how conclusions were drawn as to the quality and timeliness of, and access to, care furnished by the states' health plans. The report of results must also contain an assessment of the strengths and weaknesses of the plans regarding health care quality, timeliness, and access, and must make recommendations for improvement. Finally, the report must assess the degree to which any previous recommendations were addressed by the health plans. In an effort to meet this requirement, the State of Colorado Department of Health Care Policy & Financing (the Department) contracted with Health Services Advisory Group, Inc. (HSAG), an external quality review organization (EQRO), to prepare a report regarding the external quality review (EQR) activities performed on the State's contracted health plans.

Scope of EQR Activities

This EQR report provides a description of the three federally mandated BBA activities and two optional activities.

As set forth in 42 CFR 438.352, these mandatory activities included:

- **Compliance monitoring evaluations.** These evaluations, conducted and reported on by the Department, were designed to determine the health plans' compliance with their contract and with State and federal regulations through review of various compliance monitoring standards and through review of individual records to evaluate implementation of the standards.
- **Validation of performance measures.** HSAG validated each of the performance measures identified by the Department to evaluate the accuracy of the performance measures reported by or on behalf of a health plan. The validation also determined the extent to which Medicaid-specific performance measures calculated by a health plan followed specifications established by the Department.
- **Validation of performance improvement projects (PIPs).** For each health plan, HSAG reviewed two PIPs to ensure that the projects were designed, conducted, and reported in a methodologically sound manner, allowing real improvements in care to be achieved and giving confidence in the reported improvements.

The optional activities included:

- **Consumer Assessment of Healthcare Providers and Systems (CAHPS®) survey.** Each health plan was responsible for conducting the survey of its members and forwarding the results to HSAG for inclusion in this report. HSAG conducted the survey for the Primary Care Physician Program on behalf of the Department.
- **Focused studies.** HSAG conducted a hybrid study (perinatal) and an administrative study (asthma). Each health plan was responsible for collecting relevant data and submitting it to HSAG for analysis.

For all available data in fiscal year (FY) 05–06 and FY 06–07, results are presented and assessed for the following:

- Denver Health Medicaid Choice (DHMC), a managed care organization (MCO).
- Rocky Mountain Health Plans (RMHP), a prepaid inpatient health plan (PIHP).
- Primary Care Physician Program (PCPP), a primary care case management program.

Table 1-1 presents a synopsis of data available for this report. Designations of "NA" indicate that the data was not applicable to the health plans.

Table 1-1—Available Data for the FY 06–07 Colorado EQR Technical Report for the Health Plans

Data	DHMC	RMHP	PCPP
2006 Compliance Monitoring Evaluations	X	X	NA
2007 Compliance Monitoring Evaluations	X	X	NA
2006 Validation of Performance Measures	X	X	X
2007 Validation of Performance Measures	X	X	X
2006 Validation of PIPs	X	X	NA
2007 Validation of PIPs	X	X	NA
2004 Focused Studies	NA	X	X
2006 Focused Studies	X	X	X
2006 Child CAHPS	X	X	X
2007 Child CAHPS	X	X	X
2006 Adult CAHPS	X	X	X
2007 Adult CAHPS	X	X	X

DHMC began serving Colorado's Medicaid population in May 2004 and was, therefore, not included in the 2004 focused study. PCPP was not subject to compliance monitoring, nor was it required to participate in PIP validation activities.

Overall Conclusions and Recommendations

To draw conclusions and make recommendations about the quality and timeliness of, and access to, care provided by the health plans, HSAG assigned each of the components reviewed for each activity (standards, performance measures, PIPs, CAHPS, and focused studies) to one or more of these three domains as described in Appendices A–E of this report.

The following is a high-level statewide summary of the conclusions drawn from the findings of the activities regarding the health plans' strengths and HSAG recommendations with respect to quality, timeliness, and access. Health-plan-specific findings, strengths, and recommendations are described in detail in Section 3, Findings, Strengths, and Recommendations With Conclusions Related to Health Care Quality, Timeliness, and Access.

Quality

All compliance monitoring standards were assigned to the quality domain: *Audits and Reporting, Claims Processing, Confidentiality, Member Facilitation and Accommodation*, and *Member Rights and Responsibilities*. The overall statewide average across the standards was 93 percent. A total of 1,469 of 1,582 applicable provisions were scored as *Met,* and four of the five categories of review averaged at least 90 percent, with the fifth category averaging 89 percent. The highest score, 95 percent, was for the *Confidentiality* standards. The lowest score was for *Member Rights and Responsibilities*, at 89 percent.

All of the performance measure results were assigned to the quality domain; however, only eight of the measures were comparable between 2006 and 2007. Six of the eight comparable measures increased or remained the same, while only two of the measures decreased from the previous to the current measurement cycle. Opportunities for improvement existed with the two comparable measures that declined from the previous to the current measurement cycle.

PIPs were assigned to the quality domain, and the health plans demonstrated strong performance in conducting PIPs. The most notable improvement was in Activity III, Clearly Defined Study Indicator(s), where all four PIPs met all of the evaluation and critical elements. Only three of the four PIPs met all of the evaluation and critical elements in the previous year.

All of the Adult Medicaid CAHPS survey results were in the quality domain. There was no clear pattern as there were increases and decreases for the various measures. The CAHPS 3.0H Child Medicaid Survey results declined; 75 percent (6 of 8) of the comparable rates for the child survey decreased between measurement cycles.

Focused study results within the quality domain for the asthma medication management focused study showed that opportunities for improvement existed for all of the health plans with the measure, *Overuse of Inhaled, Short-Acting Beta-Agonists.* Statewide performance for this measure declined as indicated by an increase of 4.4 percentage points from FY 03–04 to FY 06–07. (Lower rates indicate better performance.) For the remeasurement of the perinatal care focused study, only one of the nine measures related to quality increased: *Urinalysis With Culture Testing*.

In the domain of quality, HSAG recommends:

- Improved documentation for various compliance monitoring standards in all five categories of review: *Audits and Reporting*, *Claims Processing*, *Confidentiality*, *Member Facilitation and Accommodation*, and *Member Rights and Responsibilities*, as follows:
  - *Audits and Reporting*
    - Timely and complete reporting of required information.
  - *Claims Processing*
    - Developing a mandatory compliance plan and administrative and management arrangements or procedures that are designed to guard against fraud and abuse in provider billing.
  - *Confidentiality*
    - Enhancing health plan documentation to show full compliance with 45 CFR, Part 164, Subpart E, and other privacy laws and regulations.
  - *Member Facilitation and Accommodation*
    - Demonstrating the development and/or provision of cultural competency training programs, as needed, to network providers and staff regarding: (a) health care attitudes, values, customs, and beliefs that affect access to and benefit from health care services, and (b) the medical risks associated with the racial, ethnic, and socioeconomic conditions of member populations.
  - *Member Rights and Responsibilities*
    - Demonstrating that providers are fully in compliance with 42 CFR, Section 489.102(d), and, by reference, 42 CFR 417.436(d), concerning the implementation of advance directives.
- Implementing quality strategies that target declining performance measure results for *Comprehensive Diabetes Care* measures *(HbA1c Testing* and *Eye Exam).*
- Conducting a causal analysis that identifies possible reasons for the overall decline in satisfaction in 6 of the 8 CAHPS 3.0H Child Medicaid Survey measures and for the large decline in the two adult Medicaid CAHPS measures, *Rating of All Health Care* and *Rating of Health Plan*.
- Increasing provider education and training on the National Asthma Education and Prevention Program (NAEPP) *Guidelines for the Diagnosis and Management of Asthma*[1-1] for appropriate asthma care, and identifying members overusing short-acting beta-agonists for targeted intervention.

[1-1] In response to a recommendation by the NAEPP Coordinating Committee, an expert panel was convened by the U.S. Department of Health and Human Services National Institutes of Health National Heart, Lung, and Blood Institute (NHLBI) to update the national asthma guidelines. The new guidelines, located in the *Full Report 2007, Expert Panel Report 3: Guidelines for the Diagnosis and Management of Asthma,* were released on August 28, 2007, after the focused study report was published. The Department should update its health plans regarding the new guidelines.

- Increasing member education on the need for appropriate perinatal and postpartum care and the adverse effects of smoking during pregnancy.
- Increasing provider education on the American College of Obstetricians and Gynecologists (ACOG) Guidelines for Perinatal Care, especially for PCPP. This may be accomplished using targeted mailings to obstetricians along with standardized screening tools containing services recommended by ACOG.

Timeliness

The statewide average score for the compliance monitoring standard assigned to the timeliness domain, *Member Facilitation and Accommodation*, was 91 percent. The category was, therefore, regarded as a statewide strength.

Results for performance measures correlated to the timeliness domain demonstrated that the timeliness of childhood and adolescent immunizations was a statewide strength. Both performance measures, which had comparable data, increased from the previous measurement cycle. However, CAHPS survey results for the *Getting Care Quickly* timeliness measure for each health plan and, therefore, for the statewide average, decreased for the child Medicaid population. Due to changes in the adult CAHPS survey instrument, the *Getting Care Quickly* measure was not comparable to the previous year for the adult Medicaid population. The Perinatal Care Focused Study measures, *Timeliness of Prenatal Care* and *Postpartum Care*, declined between the two measurement cycles and demonstrated statewide opportunities to improve timely access to care for pregnant women.

In the domain of timeliness, HSAG recommends:

- Facilitating culturally and linguistically appropriate care by establishing and implementing policies to reach out to specific cultural and ethnic members for prevention, health education, and treatment of diseases prevalent in those groups.
- Conducting a causal analysis to determine the reason(s) for the statewide decline in the *Getting Care Quickly* measure for the child Medicaid population.
- Increasing provider education on ACOG perinatal, clinical practice guidelines, especially for PCPP. Providing ongoing communication designed to provide practitioners and their office staff with best practices may help to increase the provision of timely perinatal care.

Access

The compliance monitoring standard assigned to the access domain was *Member Facilitation and Accommodation,* and the statewide average score was 91 percent. The category was, therefore, regarded as a statewide strength.

The two performance measures assigned to the access domain were *Timeliness of Prenatal Care* and *Postpartum Care,* neither of which had comparable data from the previous measurement cycle. However, a comparison with 2006 HEDIS national Medicaid rates showed that both measures had ratings below the 50th percentile. The access measure for CAHPS, *Getting Needed Care*, increased

for the child Medicaid population, and due to changes in the adult CAHPS survey instrument, this measure was not comparable to the previous year for the adult Medicaid population. The Perinatal Care Focused Study measures related to access were *Timeliness of Prenatal Care* and *Postpartum Care,* both of which declined from the previous measurement cycle.

In the domain of access, HSAG recommends:

- Demonstrating that member materials are: (1) easily understood, and (2) screened for the sixth-grade reading level.
- Increasing provider education on perinatal clinical practice guidelines, especially for PCPP. Providing ongoing communication designed to give practitioners and their office staff best practices may help to increase the provision of appropriate perinatal care.
- Implementing strategies to improve member-perceived deficiencies related to *Getting Needed Care*.

2. External Quality Review (EQR) Activities

This EQR report includes a description of five performance activities: compliance monitoring evaluations, validation of performance measures, validation of PIPs, focused studies, and CAHPS. HSAG validated the performance measures, validated the PIPs, conducted the focused studies, and summarized the CAHPS results.

Details of how each activity was conducted are described in Appendices A–E, and they address:

- Objectives for conducting the activity
- Technical methods of data collection
- A description of data obtained
- Data aggregation and analysis

Conclusions drawn from the data and recommendations related to health care quality, timeliness, and access for each health plan and statewide, across the health plans, are presented in Section 3 of this report.

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3. Findings, Strengths, and Recommendations With Conclusions Related to Health Care Quality, Timeliness, and Access

Introduction

This section of the report addresses the findings from the assessment of each health plan's strengths and opportunities for improvement related to health care quality, timeliness, and access derived from analysis of the results of the five EQR activities. Recommendations are made for improving the quality and timeliness of and access to health care services furnished by each health plan. Findings from the five EQR activities conducted are detailed for each health plan in the applicable subpart of this section. This section also includes for each activity a summary of overall statewide performance related to the quality and timeliness of and access to care and services.

Compliance Monitoring Site Reviews

The Department revised its policy and procedure for its annual compliance monitoring activities, effective January 2007. Differences between the FY 05–06 annual site reviews and the FY 06–07 annual site reviews reflected a reorganization of the standards and a reduction in the number of standards from 17 in FY 05–06 to 14 in FY 06–07. Additionally, the new policy allowed for reviews to take place on a three-year cycle, meaning that approximately one-third of the 14 standards would be reviewed each year. Because of these changes in policy, a comparison of prior years' scores was not feasible.

The compliance monitoring evaluation activities were conducted by the Department using a monitoring tool developed by the Department. The review evaluated each health plan's compliance with 5 of the 14 areas: *Audits and Reporting*; *Claims Processing*; *Confidentiality*; *Member Facilitation and Accommodation*; and *Member Rights and Responsibilities*. The findings for the FY 06–07 compliance monitoring site reviews were determined from a desk audit of the documents submitted to the Department by each health plan prior to the site portion of the review, Department interviews with key health plan **s**taff members, and a review of additional documents and records conducted during the site review.

For the review of the five compliance areas (standards), the individual provisions reviewed for each standard were assigned a score of *Met*, *Not Met*, or *Not Applicable (NA)*. A summary score was then determined by calculating the percentage of applicable provisions found compliant (i.e., *Met*).

In order to draw conclusions and make overall assessments about the quality and timeliness of and access to care provided by the health plans from the findings of the compliance monitoring activity, HSAG assigned each of the standards to one or more of the three domains as depicted in Table A-1 in Appendix A.

Further details about the methodology used to conduct the EQR compliance monitoring site review activities are contained in Appendix A of this report.

Denver Health Medicaid Choice

Findings

Table 3-1 presents the number of provisions for each of the five standards, the number of provisions assigned each score (*Met*, *Not Met*, or *NA*), and the overall compliance score for the current year (FY 06–07).

Table 3-1—Summary of Scores for the Standards for FY 06–07 *for* DHMC

Description of Standard	# of Provisions	# Provisions *Met*	# Provisions *Not Met*	# *NA*	FY 06–07 Score (% of *Met* Elements)
Audits and Reporting	57	38	7	12	84%
Claims Processing	477	292	36	149	89%
Confidentiality	225	157	7	61	96%
Member Facilitation and Accommodation	236	155	23	58	87%
Member Rights and Responsibilities	110	85	16	9	84%
Totals	**1,105**	**727**	**89**	**289**	**89%**

Strengths

Of the 816 applicable provisions (1,105 – 289 = 816), DHMC scored a *Met* on 727 provisions, for a composite score of 89 percent. DHMC showed the greatest compliance with *Confidentiality*, scoring 96 percent for applicable provisions *Met*. DHMC demonstrated solid performance on the other four provisions, with scores ranging from 84 percent for *Audits and Reporting* and *Member Rights and Responsibilities* to 89 percent for *Claims Processing*.

Recommendations

Based on the results of the compliance review, the Department assigned the following recommendations to DHMC:

Audits and Reporting

- DHMC should assure that all encounter data submissions are accurate and are accompanied by proper certification.
- DHMC should notify the Department's fiscal agent on a monthly basis of all third-party payers, excluding Medicare, that it has identified.

Claims Processing

- DHMC should conduct at least one statistically valid internal audit of encounter claims data in the next contract cycle.

- DHMC should demonstrate a mandatory compliance plan and administrative and management arrangements or procedures designed to guard against fraud and abuse in provider billings.
- DHMC should demonstrate compliance with claims payment procedures as required by the Colorado Revised Statute.
- DHMC should demonstrate compliance with the requirements and limitations regarding abortions, hysterectomies, and surgical sterilizations, including maintaining certifications and documentation as specified in federal regulations.
- DHMC should demonstrate that members' medical records accurately represent the full extent of care provided and are maintained consistent with established medical and professional standards.

Confidentiality

- DHMC shall demonstrate to the Department that it is in full compliance with applicable federal confidentiality and privacy laws and regulations.

Member Facilitation and Accommodation

- DHMC should demonstrate effective coordination with members' mental health providers, as appropriate.
- DHMC should ensure that clearly written criteria and procedures are made available to all participating providers, staff, and members regarding procedures to initiate case planning.
- DHMC should demonstrate that it provides needs assessments, as necessary, at times other than initial enrollment.
- DHMC should demonstrate that it advises newly enrolled members with special health care needs that they may continue to receive covered services from ancillary providers at the level of care received prior to enrollment for 75 calendar days.
- DHMC should demonstrate that it and its providers are compliant with federal advance directive regulations.
- DHMC should develop and/or provide cultural competency training programs, as needed, to network providers and staff regarding: (a) health care attitudes, values, customs, and beliefs that affect access to and benefit from health care services, and (b) the medical risks associated with the population's racial, ethnic, and socioeconomic conditions.
- DHMC should facilitate culturally and linguistically appropriate care by establishing and implementing policies to reach specific cultural and ethnic members for prevention, health education, and treatment for diseases prevalent in those groups.
- DHMC should implement policies to ensure that it provides health care services in a way that respects individual and cultural health care attitudes, beliefs, customs, and practices.
- DHMC should demonstrate that it provides members with hearing impairments access to a teletype/telecommunications device for the deaf (TTY/TDD) or other equivalent methods in a way that promotes the accessibility and availability of covered services.

- DHMC should demonstrate that it reviews all member print materials for a sixth-grade reading level and appropriate cultural references.
- DHMC should ensure that its physicians initiate referrals and coordinate care with specialists, subspecialists, and community-based organizations in a way that is cost-effective and promotes continuity.
- DHMC should develop procedures and criteria for making referrals and coordinating care with specialists, subspecialists, and community-based organizations in a way that is cost-effective and promotes continuity.
- DHMC should demonstrate that member information is available for members with visual impairments, including, but not limited to, Braille, large print, or audiotapes.
- For members who cannot read, DHMC should demonstrate that member information is available on audiotape.

Member Rights and Responsibilities

- DHMC should establish and maintain written policies and procedures acknowledging members' right to be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation.
- DHMC should demonstrate that its member handbook includes general information about services and complete statements concerning member rights and responsibilities as listed in the contract.

Summary Assessment Related to Quality, Timeliness, and Access

The following is a summary assessment of DHMC's compliance monitoring site review results related to the domains of quality, timeliness, and access.

- **Quality:** All of the compliance monitoring site review standards were related to quality. Overall, DHMC had an 89 percent score for all provisions, with the highest score being 96 percent and the lowest score being 84 percent. DHMC demonstrated the strongest performance in the *Confidentiality* standard.
- **Timeliness and Access:** The *Member Facilitation and Accommodation* standard correlated to both the timeliness and access domains. For this standard, DHMC received 87 percent compliance, with 155 of the 178 applicable provisions *Met*.

Rocky Mountain Health Plans

Findings

Table 3-2 presents the number of provisions for each of the five standards, the number of provisions assigned each score (*Met*, *Not Met*, or *NA*), and the overall compliance score for the current year (FY 06–07).

Table 3-2—Summary of Scores for the Standards for FY 06–07 *for* RMHP

Description of Standard	# of Provisions	# Provisions *Met*	# Provisions *Not Met*	# *NA*	FY 06–07 Score (% of *Met* Elements)
Audits and Reporting	50	32	1	17	97%
Claims Processing	516	306	3	208	99%
Confidentiality	226	155	8	63	95%
Member Facilitation and Accommodation	233	168	9	56	95%
Member Rights and Responsibilities	109	81	4	24	95%
Totals	**1,134**	**742**	**25**	**368**	**97%**

Strengths

The results for the compliance monitoring evaluation demonstrated that contractual and regulatory compliance was a strength for RMHP. Of the 766 applicable provisions (1,134 – 368 = 766), RMHP scored a *Met* on 742 provisions, for a composite score of 97 percent. RMHP showed the greatest compliance with *Claims Processing*, scoring 99 percent for applicable provisions *Met*. RMHP also showed strength in *Audits and Reporting*, with 97 percent of the applicable provisions *Met*.

Recommendations

RMHP's opportunities for improvement were in *Confidentiality, Member Facilitation and Accommodation,* and *Member Rights and Responsibilities,* where the health plan was 95 percent compliant with the applicable provisions.

Based on the results of the compliance review, the Department assigned the following recommendations to RMHP:

Audits and Reporting

- RMHP should assure that future notifications to the Department are timely and contain all the necessary information.

Claims Processing

- RMHP should develop a mandatory compliance plan and administrative and management arrangements or procedures that are designed to guard against fraud and abuse in provider billing.

Confidentiality

- RMHP shall demonstrate to the Department that there will be full compliance with 45 CFR, Part 164, Subpart E, and other privacy laws and regulations.

Member Facilitation and Accommodation

- RMHP should demonstrate that it develops and/or provides cultural competency training programs, as needed, to network providers and staff regarding: (a) health care attitudes, values, customs, and beliefs that affect access to and benefit from health care services, and (b) the medical risks associated with the racial, ethnic, and socioeconomic conditions of member populations.
- RMHP should demonstrate that it facilitates culturally and linguistically appropriate care by establishing and maintaining policies, and then effectively implementing them, to reach out to specific cultural and ethnic members for prevention, health education, and treatment of diseases prevalent in those groups.
- RMHP should demonstrate that Member materials are: (1) easily understood and (2) screened for the sixth-grade reading level.

Member Rights and Responsibilities

- RMHP should demonstrate that it and its providers are fully in compliance with 42 CFR, Section 489.102(d), and, by reference, 42 CFR 417.436(d), concerning the implementation of advance directives.

Summary Assessment Related to Quality, Timeliness, and Access

The following is a summary assessment of RMHP's compliance monitoring site review results related to the domains of quality, timeliness, and access.

- **Quality:** All of the compliance monitoring site review standards were related to quality. Overall, RMHP had a 97 percent score for all provisions, with the highest score being 99 percent and the lowest score being 95 percent. RMHP demonstrated the strongest performance in the *Claims Processing* standard.
- **Timeliness and Access:** The *Member Facilitation and Accommodation* standard correlated to both the timeliness and access domains. For this standard, RMHP received 95 percent compliance, with 168 of the 177 applicable provisions Met.

Overall Statewide Performance Related to Quality, Timeliness, and Access for the Compliance Monitoring Site Reviews

The overall statewide average for each standard is shown in Table 3-3, followed by conclusions drawn from the results of the compliance monitoring activity. Appendix F contains summary tables displaying the detailed site review scores for the standards by health plan and the statewide average.

Table 3-3—Summary of Data From the Review of Standards

Standards	FY 06–07 Statewide Average*
Audits and Reporting	90%
Claims Processing	94%
Confidentiality	95%
Member Facilitation and Accommodation	91%
Member Rights and Responsibilities	89%
Overall Statewide Compliance Score for Standards	**93%**

* Statewide average rates are weighted averages formed by summing the individual numerators and dividing by the sum of the individual denominators.

Strong statewide performance is demonstrated in Table 3-3, where the overall statewide average across all applicable provisions was 93 percent. A total of 1,469 of 1,582 applicable provisions were scored as *Met*. Further, four of the five categories of review averaged at least 90 percent, with the fifth category averaging 89 percent.

- **Quality:** All of the compliance monitoring site review standards were related to quality. The statewide compliance score across all applicable review standards was 93 percent. The highest score was for the *Confidentiality* standards, which was 95 percent. The lowest score was for *Member Rights and Responsibilities*, which was 89 percent.
- **Timeliness and Access:** The *Member Facilitation and Accommodation* standard was related to timeliness and access. For this standard, the statewide average was 91 percent. A total of 323 of 355 applicable provisions were scored as *Met*.

Statewide recommendations (i.e., those in common across the two plans) include:

Audits and Reporting

- Timely and complete reporting of required information, which was a noted opportunity for improvement.

Claims Processing

- Developing a mandatory compliance plan and administrative and management arrangements or procedures that are designed to guard against fraud and abuse in provider billing.

Confidentiality

- Enhancing documentation to the Department to show full compliance with 45 CFR, Part 164, Subpart E, and other privacy laws and regulations.

Member Facilitation and Accommodation

- Demonstrating the development and/or provision of cultural competency training programs, as needed, to network providers and staff regarding: (a) health care attitudes, values, customs, and beliefs that affect access to and benefit from health care services, and (b) the medical risks associated with the racial, ethnic, and socioeconomic conditions of member populations.
- Demonstrating the facilitation of culturally and linguistically appropriate care by establishing and maintaining policies, and then effectively implementing them, to reach out to specific cultural and ethnic members for prevention, health education, and treatment of diseases prevalent in those groups.
- Demonstrating that member materials are: (1) easily understood, and (2) screened for the sixth-grade reading level.

Member Rights and Responsibilities

- Demonstrating that providers are in full compliance with 42 CFR, Section 489.102(d), and, by reference, 42 CFR 417.436(d), concerning the implementation of advance directives.

Validation of Performance Measures

The Department elected to use HEDIS methodology to satisfy the CMS validation of performance measure protocol requirements. DHMC and RMHP had existing business relationships with licensed organizations that conducted HEDIS audits for their other lines of business. The Department allowed the health plans to use their existing auditors and requested that HSAG conduct a National Committee for Quality Assurance (NCQA) HEDIS Compliance Audit for PCPP. The NCQA HEDIS Compliance Audit followed NCQA audit methodology. This audit methodology complied with both NCQA and CMS specifications and allowed for a complete and reliable evaluation of the health plans.

The Department was responsible for preparing and providing the performance report for PCPP, and the other health plans were responsible for their respective reports. The auditor's responsibility was to express an opinion on the performance report based on the auditor's examination, using procedures NCQA and the auditor considered necessary to obtain a reasonable basis for rendering an opinion. Although HSAG did not audit all of the health plans, HSAG did review the audit reports produced by the other licensed organizations. HSAG did not discover any questionable findings or inaccuracies in the reports and, therefore, agreed that these reports were an accurate representation of the health plans.

Table 3-4 displays the key types of data sources used in the validation of performance measures and the time period to which the data applied.

Table 3-4—Description of Data Sources

Data Obtained	Time Period to Which the Data Applied
Baseline Assessment Tool (BAT)	CY 06
Certified Software Report	CY 06
Performance Measure Reports	CY 06
Supporting Documentation	CY 06
On-site Interviews and Demonstrations	CY 06

Note: CY stands for calendar year.

One of four audit findings was given to each measure: *Reportable* (R), *Not Applicable* (NA), *No Benefit* (NB), or *Not Reportable* (NR) based on NCQA standards.

In order to make overall assessments about the quality and timeliness of and access to care provided by the health plans, HSAG assigned each of the measures to one or more of the three domains as depicted in Table B-1 in Appendix B. Further detail about the NCQA audit process and the methodology used to conduct the EQR validation of performance measure activities are contained in Appendix B of this report.

When drawing conclusions regarding strengths and opportunities for improvement, HSAG considered HEDIS specification changes, where appropriate, and noted these in the report. Furthermore, FY 05–06 data for *Comprehensive Diabetes Care—Good HbA1c Control, Blood Pressure Level <130/80,* and *Blood Pressure Level <140/90* were not available due to the measures being new for HEDIS 2007. In addition, FY 05–06 data is not presented for *Childhood Immunization Status—Combo #3, Appropriate Treatment for Children With URI, Use of Appropriate Medications for People With Asthma (Total), Timeliness of Prenatal Care,* and *Postpartum Care* because data was not required by the Department for the 2005–2006 External Quality Review Technical Report.

Denver Health Medicaid Choice

Findings

Table 3-5 displays the rates and audit results for DHMC for each performance measure. All of the measures were assigned to the quality domain. *Childhood Immunization Status—Combo #2 and Combo #3, Adolescent Immunization Status—Combo #2, Timeliness of Prenatal Care,* and *Postpartum Care* were also assigned to the timeliness domain. In addition, the *Timeliness of Prenatal Care* and *Postpartum Care* performance measures were also assigned to the access domain.

Table 3-5—Review Results and Audit Designation *for* DHMC

Performance Measures	Rate		2006 HEDIS Percentile Ratings	Audit Designation	
	FY 05–06	FY 06–07		FY 05–06	FY 06–07
Childhood Immunization Status—Combo #2	85.19%	84.78%	> 90th	R	R
Childhood Immunization Status—Combo #3	—	83.70%	> 90th	—	R
Appropriate Treatment for Children with URI	—	92.53%	> 90th	—	R
Well-Child Visits in the First 15 Months of Life, 6+ Visits	NA	61.11%	75th–90th	R	R
Well-Child Visits 3–6 Years of Life	55.54%	68.61%	50th–75th	R	R
Appropriate Testing for Children with Pharyngitis	—	84.07%	> 90th	—	R
Adolescent Immunization Status—Combo #2	84.21%	90.32%	> 90th	R	R
Adolescent Well-Care Visits	27.36%	35.28%	25th–50th	R	R
Use of Appropriate Medications for People with Asthma (Total)	—	81.48%	10th–25th	—	R
Timeliness of Prenatal Care	—	77.39%	25th–50th	—	R
Postpartum Care	—	33.91%	< 10th	—	R
Controlling High Blood Pressure (Total)	55.47%	54.99%	10th–25th	R	R
Comprehensive Diabetes Care					
HbA1c Testing	83.94%	84.18%	50th–75th	R	R
*Poor HbA1c Control**	42.34%	38.93%	50th–75th	R	R
Good HbA1c Control	—	27.49%	—	—	R
Eye Exam	45.50%	46.23%	25th–50th	R	R
LDL-C Screening	86.86%	71.29%	10th–25th	R	R
LDL-C Level <100 mg/dL	59.85%	48.42%	> 90th	R	R
Medical Attention for Nephropathy	58.88%	85.16%	> 90th	R	R
Blood Pressure Level <130/80	—	38.93%	—	—	R
Blood Pressure Level <140/90	—	61.80%	—	—	R

'—' is shown when no data were available or the measure was not reported in last year's technical report.
'R' is shown when the rate was reportable, according to NCQA standards.
'NA' is shown when there were fewer than 30 cases in the denominator for the rate.
'*' is shown when the rate is structured such that 0 percent is perfect, which is the reverse of the other measures shown in the table. The national ratings have been reversed for this measure to accommodate this structure.

Strengths

It was likely that changes made to *Comprehensive Diabetes Care—Medical Attention for Nephropathy* would result in higher rates. In 2007, the specifications were amended to include the use of ACE and ARBs for numerator compliance for this indicator. Therefore, these rates are not directly comparable to previous years' rates or national benchmarks, and are displayed for informational purposes only.

Overall, DHMC showed strong results for performance measures. All of DHMC's performance measures received an audit result of *Reportable* for both the previous and current measurement cycle. Six of the seven comparable measures improved from the previous measurement cycle, 3 of which improved by at least 5 percentage points: *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life*, 13.07 percentage points; *Adolescent Well-Care Visits*, 7.92 percentage points; and *Adolescent Immunization Status—Combo #2*, 6.11 percentage points. Nine of the current measures that are comparable to the 2006 HEDIS national Medicaid percentiles had rates above the 50th percentile. Five of the comparable measures were above the 90th percentile: *Childhood Immunization Status—Combo #2, Childhood Immunization Status—Combo #3, Appropriate Treatment for Children with URI, Appropriate Testing for Children with Pharyngitis,* and *Adolescent Immunization Status—Combo #2*.

Recommendations

Between the HEDIS 2006 and HEDIS 2007 data collection periods, changes were made to specifications for *Comprehensive Diabetes Care—LDL-C Screening* and *LDL-C Level <100 mg/dL,* and for *Controlling High Blood Pressure (Total)*, which likely resulted in a decrease in rates. In previous years, the specifications allowed for the LDL-C screening to occur in either the measurement year or the year prior to the measurement year. In 2007, however, the specifications were changed to require that the screening take place during the measurement year. For *Controlling High Blood Pressure (Total)*, a change was made to the definition of adequately controlled blood pressure from ≤140/90 to <140/90, and the age limit was lowered to 18 years of age. Therefore, these three measures' rates are not directly comparable to previous years' rates or national benchmarks, and are displayed for informational purposes only.

Results of DHMC's performance measures yielded several opportunities for improvement. One of the comparable measures declined from the previous to the current measurement cycle. One of the measures with a comparable rate to the 2006 HEDIS national Medicaid percentiles was below the national 10th percentile: *Postpartum Care.*

Based on the results of this year's performance measure validation findings, recommendations for improving DHMC's performance include:

- Implementing quality improvement strategies to improve the rates for *Postpartum Care*. Potential actions might include increased member education on the need for postpartum care and increased provider training on the importance of appropriate perinatal care. Another strategy might include scheduling postpartum visits while the member is still hospitalized after delivery.

Summary Assessment Related to Quality, Timeliness, and Access

Overall, DHMC improved on the majority of measures, with five of the comparable measures exceeding the 2006 HEDIS national Medicaid 90th percentile. The following is a summary assessment of DHMC's performance measure results related to the domains of quality, timeliness, and access.

- **Quality:** DHMC's rates in the quality domain demonstrated improved performance overall. Rates for six of the seven comparable measures increased, while one of the comparable measures decreased from the previous to the current measurement cycle. Five of the comparable measures were above the 90th percentile.
- **Timeliness:** Only two of the five timeliness measures had comparable data from the previous measurement cycle, with one measure increasing and the other decreasing. *Childhood Immunization Status—Combo #2* decreased slightly by 0.41 percentage points and *Adolescent Immunization Status—Combo #2* increased by 6.11 percentage points. Both of these measures, in addition to *Childhood Immunization Status—Combo #3,* had rates above the 2006 HEDIS national Medicaid 90th percentile, demonstrating the health plan's strength in the quality and timeliness of childhood and adolescent immunizations. DHMC showed the highest ratings among all of the health plans for three of the five applicable timeliness measures. However, a comparison to the 2006 HEDIS national Medicaid percentiles showed that the *Timeliness of Prenatal Care* rate was below the 50th percentile and the *Postpartum Care* rate was below the 10th percentile. These results demonstrated significant opportunities for the health plan to improve its performance on timeliness to prenatal and postpartum care.
- **Access:** DHMC's performance in the access domain suggested opportunities for improvement for the health plan. The two measures assigned to the access domain were *Timeliness of Prenatal Care* and *Postpartum Care,* neither of which had comparable data from the previous measurement cycle. However, as was the case in the timeliness domain, a comparison to the 2006 HEDIS national Medicaid percentiles showed that the *Timeliness of Prenatal Care* rate was below the 50th percentile and the *Postpartum Care* rate was below the 10th percentile. Results for both of the access measures demonstrated significant opportunities for the health plan to improve its performance in members' access to care.

Rocky Mountain Health Plans

Findings

Table 3-6 displays the rates and audit results for RMHP for each performance measure. All of the measures were assigned to the quality domain. *Childhood Immunization Status—Combo #2 and Combo #3, Adolescent Immunization Status—Combo #2, Timeliness of Prenatal Care,* and *Postpartum Care* were also assigned to the timeliness domain. In addition, the *Timeliness of Prenatal Care* and *Postpartum Care* performance measures were assigned the access domain.

Table 3-6—Review Results and Audit Designation *for* RMHP

Performance Measures	Rate		2006 HEDIS Percentile Ratings	Audit Designation	
	FY 05–06	FY 06–07		FY 05–06	FY 06–07
Childhood Immunization Status—Combo #2	79.21%	74.46%	50th–75th	R	R
Childhood Immunization Status—Combo #3	—	68.01%	> 90th	—	R
Appropriate Treatment for Children with URI	—	90.02%	75th–90th	—	R
Well-Child Visits in the First 15 Months of Life, 6+ Visits	33.73%	27.66%	10th–25th	R	R
Well-Child Visits 3–6 Years of Life	61.49%	67.09%	50th–75th	R	R
Appropriate Testing for Children with Pharyngitis	—	80.57%	> 90th	—	R
Adolescent Immunization Status—Combo #2	46.03%	53.25%	50th–75th	R	R
Adolescent Well-Care Visits	35.73%	39.48%	50th–75th	R	R
Use of Appropriate Medications for People with Asthma (Total)	—	87.01%	25th–50th	—	R
Timeliness of Prenatal Care	—	97.08%	> 90th	—	R
Postpartum Care	—	75.91%	> 90th	—	R
Controlling High Blood Pressure (Total)	69.25%	63.75%	25th–50th	R	R
Comprehensive Diabetes Care					
HbA1c Testing	90.51%	91.00%	> 90th	R	R
*Poor HbA1c Control**	17.27%	17.76%	> 90th	R	R
Good HbA1c Control	—	57.42%	—	—	R
Eye Exam	69.59%	63.26%	75th–90th	R	R
LDL-C Screening	87.83%	71.78%	10th–25th	R	R
LDL-C Level <100 mg/dL	46.47%	42.34%	75th–90th	R	R
Medical Attention for Nephropathy	57.18%	81.75%	> 90th	R	R
Blood Pressure Level <130/80	—	38.44%	—	—	R
Blood Pressure Level <140/90	—	69.34%	—	—	R

'—' is shown when no data were available or the measure was not reported in last year's technical report.
'R' is shown when the rate was reportable, according to NCQA standards.
'NA' is shown when there were fewer than 30 cases in the denominator for the rate.
'*' is shown when the rate is structured such that 0 percent is perfect, which is the reverse of the other measures shown in the table. The national ratings have been reversed for this measure to accommodate this structure.

Strengths

It was likely that changes made to *Comprehensive Diabetes Care—Medical Attention for Nephropathy* would result in higher rates. In 2007, the specifications were amended to include the use of ACE and ARBs for numerator compliance for this indicator. Therefore, these rates are not directly comparable to previous years' rates or national benchmarks, and are displayed for informational purposes only.

Overall, RMHP showed mixed results for the performance measures. All of RMHP's performance measures received an audit result of *Reportable* for both the previous and current measurement cycle. Four of the eight comparable measures (44.44 percent) improved between the two measurement cycles. Two of the four measures that improved did so by at least 5 percentage points: *Adolescent Immunization Status—Combo #2*, 7.22 percentage points, and *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life*, 5.60 percentage points. Twelve of the current measures that are comparable to the 2006 HEDIS national Medicaid percentiles were above the 50th percentile. Six of the comparable rates were above the 90th national percentile: *Childhood Immunization Status—Combo #3*, *Appropriate Testing for Children with Pharyngitis, Timeliness of Prenatal Care, Postpartum Care,* and *Comprehensive Diabetes Care—HbA1c Testing* and *Poor HbA1c Control.* RMHP's performance measure results demonstrated the health plan's strength within all three domains.

Recommendations

Between the HEDIS 2006 and HEDIS 2007 data collection periods, changes were made to the specifications for *Comprehensive Diabetes Care—LDL-C Screening* and *LDL-C Level <100mg/dL*, and for *Controlling High Blood Pressure (Total)*, which likely resulted in a decrease in rates. In previous years, the specifications allowed for the LDL-C screening to occur in either the measurement year or the year prior to the measurement year. In 2007, however, the specifications were changed to require that the screening to take place during the measurement year. For *Controlling High Blood Pressure (Total)*, a change was made to the definition of adequately controlled blood pressure from ≤140/90 to <140/90, and the age limit was lowered to 18 years of age. Therefore, these three measures' rates are not directly comparable to previous years' rates or national benchmarks, and are displayed for informational purposes only.

The results of RMHP's performance measures yielded several opportunities for improvement. Four of the comparable measures' performance declined from the previous measurement cycle. Two of the four measures that declined did so by at least 5 percentage points: *Comprehensive Diabetes Care—Eye Exam*, 6.33 percentage points, and *Well-Child Visits in the First 15 Months of Life—Six or More Visits*, 6.07 percentage points. Each of these declining measures presented opportunities for improvement for the health plan.

Based on the results of this year's performance measure validation findings, recommendations for improving RMHP's performance include:

- Implementing quality strategies that target low or declining performance measure results, especially for *Comprehensive Diabetes Care—Poor HbA1c Control* and *Eye Exam.* Potential strategies may include increased member education on the importance of overall diabetes

management and increased provider education on diabetes clinical practice guidelines. This may be accomplished using targeted mailings to providers containing the Diabetes Clinical Practice Recommendations from the American Diabetes Association.

- Implementing quality strategies to improve rates for *Childhood Immunization Status—Combo #2* and *Well-Child Visits in the First 15 Months of Life—Six or More Visits.* Potential strategies may include increased member and provider education on the frequency at which child immunizations and well-child visits should occur. Members and providers unfamiliar with Medicaid program benefits may be unaware that immunizations are covered. Increased education on covered benefits and recommended services offered by the Medicaid program might increase immunization and well-care rates.

Summary Assessment Related to Quality, Timeliness, and Access

Overall, six of RMHP's comparable measures exceeded the 2006 HEDIS national Medicaid 90th percentile. The following is a summary assessment of RMHP's performance measure results related to the domains of quality, timeliness, and access.

- **Quality:** RMHP's results in the quality domain demonstrated mixed performance. Four of the eight comparable measures increased, while four of the measures decreased from the previous to the current measurement cycle. Six of the comparable measures had rates above the 2006 HEDIS national Medicaid 90th percentile. Opportunities for improvement existed with the four comparable measures that declined from the previous to the current measurement cycle.
- **Timeliness:** Only two of the five timeliness measures had comparable data from the previous measurement cycle, with one measure increasing and the other decreasing. *Childhood Immunization Status—Combo #2* decreased by 4.75 percentage points and *Adolescent Immunization Status—Combo #2* increased by 7.22 percentage points. Both measures had rates between the 2006 HEDIS national Medicaid 50th and 75th percentiles. The rates for *Childhood Immunization Status—Combo #3, Timeliness of Prenatal Care,* and *Postpartum Care* exceeded the 2006 HEDIS national Medicaid 90th percentile. Results for all of these measures demonstrated the health plan's strength in the quality and timeliness of childhood and adolescent immunizations and prenatal and postpartum care.
- **Access:** RMHP's performance in the access domain was a significant strength for the health plan. The two measures assigned to the access domain were *Timeliness of Prenatal Care* and *Postpartum Care,* neither of which had comparable data from the previous measurement cycle. However, comparison to the 2006 HEDIS national Medicaid percentiles showed that both measures had rates above the 90th percentile. RMHP's rates for *Timeliness of Prenatal Care* and *Postpartum Care* were the highest among all of the health plans.

Primary Care Physician Program

Findings

Table 3-7 displays the rates and audit results for PCPP for each performance measure. All of the measures were assigned to the quality domain. *Childhood Immunization Status—Combo #2 and Combo #3, Adolescent Immunization Status—Combo #2, Timeliness of Prenatal Care,* and *Postpartum Care* were also assigned to the timeliness domain. In addition, the *Timeliness of Prenatal Care* and *Postpartum Care* performance measures were assigned the access domain.

Table 3-7—Review Results and Audit Designation *for* PCPP

Performance Measures	Rate		2006 HEDIS Percentile Ratings	Audit Designation	
	FY 05–06	FY 06–07		FY 05–06	FY 06–07
Childhood Immunization Status—Combo #2	54.74%	49.39%	< 10th	R	R
Childhood Immunization Status—Combo #3	—	41.72%	25th–50th	—	R
Appropriate Treatment for Children with URI	—	85.19%	50th –75th	—	R
Well-Child Visits in the First 15 Months of Life, 6+ Visits	31.96%	35.53%	10th–25th	R	R
Well-Child Visits 3–6 Years of Life	21.41%	21.12%	< 10th	R	R
Appropriate Testing for Children with Pharyngitis	—	57.90%	50th–75th	—	R
Adolescent Immunization Status—Combo #2	23.60%	14.84%	10th–25th	R	R
Adolescent Well-Care Visits	23.11%	27.49%	< 10th	R	R
Use of Appropriate Medications for People with Asthma (Total)	—	87.85%	50th–75th	—	R
Timeliness of Prenatal Care	—	54.01%	< 10th	—	R
Postpartum Care	—	50.61%	25th–50th	—	R
Controlling High Blood Pressure (Total)	59.85%	51.09%	10th–25th	R	R
Comprehensive Diabetes Care					
HbA1c Testing	76.64%	49.15%	< 10th	R	R
*Poor HbA1c Control**	70.07%	74.45%	< 10th	R	R
Good HbA1c Control	—	17.03%	—	—	R
Eye Exam	32.36%	20.44%	< 10th	R	R
LDL-C Screening	81.51%	43.80%	< 10th	R	R
LDL-C Level <100 mg/dL	20.92%	12.65%	< 10th	R	R
Medical Attention for Nephropathy	37.47%	40.63%	25th–50th	R	R
Blood Pressure Level <130/80	—	24.09%	—	—	R
Blood Pressure Level <140/90	—	32.36%	—	—	R

'—' is shown when no data were available or the measure was not reported in last year's technical report.
'R' is shown when the rate was reportable, according to NCQA standards.
'NA' is shown when there were fewer than 30 cases in the denominator for the rate.
'*' is shown when the rate is structured such that 0 percent is perfect, which is the reverse of the other measures shown in the table. The national ratings have been reversed for this measure to accommodate this structure.

Strengths

It was likely that changes made to *Comprehensive Diabetes Care—Medical Attention for Nephropathy* would result in higher rates. In 2007, the specifications were amended to include the use of ACE and ARBs for numerator compliance for this indicator. Therefore, these rates are not directly comparable to previous years' rates or national benchmarks, and are displayed for informational purposes only.

PCPP showed some improvement in its performance measures over the previous measurement cycle. All of PCPP's performance measures received a *Reportable* audit result for both the previous and current measurement cycle. Two of the eight comparable measures improved between the two measurement cycles. Three of the comparable measures with published 2006 HEDIS national Medicaid percentiles were above the national 50th percentile.

Recommendations

Between the HEDIS 2006 and HEDIS 2007 data collection periods, changes were made to the specifications for *Comprehensive Diabetes Care—LDL-C Screening* and *LDL-C Level <100mg/dL*, and for *Controlling High Blood Pressure (Total)*, which likely resulted in a decrease in rates. In previous years, the specifications allowed for the LDL-C screening to occur in either the measurement year or the year prior to the measurement year. In 2007, however, the specifications were changed to require that the screening take place during the measurement year. For *Controlling High Blood Pressure (Total)*, a change was made to the definition of adequately controlled blood pressure from ≤140/90 to <140/90, and the age limit was lowered to 18 years of age. Therefore, these three measures' rates are not directly comparable to previous years' rates or national benchmarks, and are displayed for informational purposes only.

Overall, PCPP's results for performance measures demonstrated the health plan's need for improvement compared to HEDIS national Medicaid percentiles and to the other health plans in the Colorado Medicaid program. None of the comparable measures exceeded the 75th percentile. Four of the six comparable measures that decreased in performance did so by at least 5.0 percentage points. The two measures that decreased by less than 5 percentage points were: *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life* (declined by 0.29 percentage points) and *Comprehensive Diabetes Care—Poor HbA1c Control* (declined by 4.38 percentage points). Seven of the comparable measures with published 2006 HEDIS national Medicaid percentiles were below the 10th percentile.

Based on the results of this year's performance measure validation findings, recommendations for improving PCPP's performance include:

- Implementing quality strategies that target low or declining performance measure results, especially for *Comprehensive Diabetes Care—HbA1c Testing, Poor HbA1c Control,* and *Eye Exam.* Potential strategies may include increased member education on the importance of overall diabetes management and increased provider education on diabetes clinical practice guidelines. This may be accomplished using targeted mailings to providers containing the Diabetes Clinical Practice Recommendations from the American Diabetes Association.

- Implementing quality strategies to improve rates for *Childhood Immunization Status—Combo #2* and *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life*. Potential strategies may include increased member and provider education on the frequency at which immunizations and well-child visits should occur. Members and providers unfamiliar with Medicaid program benefits may be unaware that immunizations and well-child visits are covered. Increased education on covered benefits and recommended services offered by the Medicaid program might increase rates for immunizations and well-child visits.

Summary Assessment Related to Quality, Timeliness, and Access

Overall, PCPP declined in six of the eight comparable measures. Also, seven of the comparable measures were below the 2006 HEDIS national Medicaid 10th percentile. The following is a summary assessment of PCPP's performance measure results related to the domains of quality, timeliness, and access.

- **Quality:** PCPP's performance in the quality domain demonstrated several opportunities for improvement. Only two of the eight comparable measures increased: *Well-Child Visits in the First 15 Months of Life—Six or More Visits* and *Adolescent Well-Care Visits*. Rates for six of the comparable measures decreased from the previous to the current measurement cycle. None of the comparable measures had rates above the national HEDIS 2006 Medicaid 75th percentile. Opportunities for improvement existed in six of the comparable measures that declined from the previous to the current measurement cycle. The performance measures for *Comprehensive Diabetes Care* showed the largest declines among the comparable measures.
- **Timeliness:** Only two of the five timeliness measures had comparable data from the previous measurement cycle, with both measures decreasing. *Childhood Immunization Status—Combo #2* decreased by 5.35 percentage points and *Adolescent Immunization Status—Combo #2* decreased by 8.76 percentage points. The *Timeliness of Prenatal Care* and *Childhood Immunization Status—Combo #2* rates were below the 2006 HEDIS national Medicaid 10th percentile, and the *Postpartum Care* and *Adolescent Immunization Status—Combo #2* measures had rates between the 10th and 25th percentiles. The rate for *Childhood Immunization Status—Combo #3* fell between the 2006 HEDIS national Medicaid 25th and 50th percentiles. Results for all of these measures demonstrated significant opportunities to improve quality and timeliness for childhood and adolescent immunizations and prenatal and postpartum care.
- **Access:** PCPP's performance in the access domain demonstrated additional opportunities for improvement for the health plan. The two measures assigned to the access domain were *Timeliness of Prenatal Care* and *Postpartum Care,* neither of which had comparable data from the previous measurement cycle. However, a comparison to the 2006 HEDIS national Medicaid percentiles showed that *Timeliness of Prenatal Care* was below the 10th percentile and *Postpartum Care* was between the 25th and 50th percentiles.

Overall Statewide Performance Related to Quality, Timeliness, and Access for the Validation of Performance Measures

Table 3-8 provides a statewide summary of the rates for the performance measures for FY 05–06 and FY 06–07. All of the measures were assigned to the quality domain. *Childhood Immunization Status—Combo #2 and Combo #3, Adolescent Immunization Status—Combo #2, Timeliness of Prenatal Care,* and *Postpartum Care* were also assigned to the timeliness domain. In addition, the *Timeliness of Prenatal Care* and *Postpartum Care* performance measures were assigned to the access domain. It should be noted that four health plans were included in the calculation of the overall FY 05–06 rates and three health plans were included in the calculation of the overall FY 06–07 rates.

Table 3-8—Statewide Summary of Rates for the Performance Measures

Performance Measures	Overall Rates		2006 HEDIS Percentiles
	FY 05–06	FY 06–07	
Childhood Immunization Status—Combo #2	69.00%	69.54%	25th–50th
Childhood Immunization Status—Combo #3	—	64.48%	> 90th
Appropriate Treatment for Children with URI	—	89.25%	50th–75th
Well-Child Visits in the First 15 Months of Life, 6+ Visits	36.44%	41.43%	10th–25th
Well-Child Visits 3–6 Years of Life	47.13%	52.27%	10th–25th
Appropriate Testing for Children with Pharyngitis	—	74.18%	75th–90th
Adolescent Immunization Status—Combo #2	43.91%	52.80%	50th–75th
Adolescent Well-Care Visits	28.47%	34.08%	25th–50th
Use of Appropriate Medications for People with Asthma (Total)	—	85.45%	25th–50th
Timeliness of Prenatal Care	—	76.16%	25th–50th
Postpartum Care	—	53.48%	25th–50th
Controlling High Blood Pressure (Total)	59.97%	56.61%	25th–50th
Comprehensive Diabetes Care			
HbA1c Testing	82.62%	74.78%	25th–50th
*Poor HbA1c Control**	43.71%	43.71%	50th–75th
Good HbA1c Control	—	33.98%	—
Eye Exam	49.65%	43.31%	25th–50th
LDL-C Screening	84.48%	62.29%	< 10th
LDL-C Level <100 mg/dL	40.55%	34.47%	50th–75th
Medical Attention for Nephropathy	49.61%	69.18%	> 90th
Blood Pressure Level <130/80	—	33.82%	—
Blood Pressure Level <140/90	—	54.50%	—

'—' is shown when no data were available, or the measure was not reported in last year's technical report.
'NA' is shown when there were fewer than 30 cases in the denominator for the rate for each provider.
'*' is shown when the rate is structured such that 0 percent is perfect, which is the reverse of the other measures shown in the table. The national ratings have been reversed for this measure to accommodate this structure.

Strengths

It was likely that changes made to *Comprehensive Diabetes Care—Medical Attention for Nephropathy* would result in higher rates. In 2007, the specifications were amended to include the use of ACE and ARBs for numerator compliance for this indicator. Therefore, these rates are not directly comparable to previous years' rates or national benchmarks, and are displayed for informational purposes only.

Overall, the statewide results for performance measures were mixed. Five of the eight comparable measures improved, and one measure, *Comprehensive Diabetes Care—Poor HbA1c Control,* remained unchanged. Three of the five measures that improved did so by at least 5 percentage points: *Adolescent Immunization Status—Combo #2*, 8.89 percentage points; *Adolescent Well-Care Visits*, 5.61 percentage points; and *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life*, 5.14 percentage points. Five of the comparable measures with published 2006 HEDIS national Medicaid percentiles were above the 50th percentile.

Recommendations

Between the HEDIS 2006 and HEDIS 2007 data collection periods, changes were made to the specifications for *Comprehensive Diabetes Care—LDL-C Screening* and *LDL-C Level <100mg/dL*, and for *Controlling High Blood Pressure (Total)*, which likely resulted in a decrease in rates. In previous years, the specifications allowed for the LDL-C screening to occur in either the measurement year or the year prior to the measurement year. In 2007, however, the specifications were changed to require that the screening take place during the measurement year. For *Controlling High Blood Pressure (Total)*, a change was made to the definition of adequately controlled blood pressure from ≤140/90 to <140/90, and the age limit was lowered to 18 years of age. Therefore, these three measures' rates are not directly comparable to previous years' rates or national benchmarks, and are displayed for informational purposes only.

Statewide, the Medicaid program showed several opportunities for improvement for performance measures. Two of the eight comparable measures declined from the previous to the current measurement cycle, *Comprehensive Diabetes Care—HbA1c Testing* and *Eye Exam*, and both declined by at least 5 percentage points. Overall, PCPP exhibited the largest opportunity for improvement.

Based on the results of this year's performance measure validation findings, recommendations for improving statewide performance include:

- Implementing quality strategies that target low or declining performance measure results, especially for *Comprehensive Diabetes Care—HbA1c Testing* and *Eye Exam.* Potential strategies may include increased member education on the importance of overall diabetes management and increased provider education on diabetes clinical practice guidelines. This may be accomplished using targeted mailings to providers containing the Diabetes Clinical Practice Recommendations from the American Diabetes Association.

Summary Assessment Related to Quality, Timeliness, and Access

The results of the statewide performance measures showed improvement on five measures, with one measure unchanged. The following is a summary assessment of the statewide performance measure results related to the domains of quality, timeliness, and access.

- **Quality:** Results in the quality domain demonstrated improved performance. Six of the eight comparable measures increased or remained the same, while only two of the measures decreased from the previous to the current measurement cycle. Only one of the comparable measures had a rate above the 2006 HEDIS national Medicaid 90th percentile. Opportunities for improvement existed with the two comparable measures that declined from the previous to the current measurement cycle.
- **Timeliness:** Only two of the five timeliness measures had comparable data from the previous measurement cycle. The measure, *Adolescent Immunization Status—Combo #2,* increased by 8.89 percentage points. The rate for *Childhood Immunization Status—Combo #3* was greater than the 2006 HEDIS national Medicaid 90th percentile. Results for these measures demonstrated a statewide strength in quality and timeliness for childhood and adolescent immunizations. Neither *Timeliness of Prenatal Care* nor *Postpartum Care* had comparable data from the previous measurement cycle. However, a comparison to the 2006 HEDIS national Medicaid percentiles showed that both measures had rates below the 50th percentile.
- **Access:** Statewide performance in the access domain demonstrated opportunities for improvement for the Medicaid program. The two measures assigned to the access domain were *Timeliness of Prenatal Care* and *Postpartum Care*. As was the case in the timeliness domain, neither of the measures had comparable data from the previous measurement cycle. However, a comparison to the 2006 HEDIS national Medicaid percentiles showed that both measures had rates below the 50th percentile.

Validation of Performance Improvement Projects

Validation of PIPs was conducted for DHMC and RMHP only. PCPP did not participate in this activity. For each participating health plan, HSAG performed validation activities on two PIPs. HSAG, in collaboration with the Department, developed the PIP Summary Form, which each health plan completed and submitted to HSAG for review and evaluation. For ongoing PIP studies, the health plan updated the form to include new data to support activities from the previous validation cycle. Data needed to conduct the PIP validation were obtained from the health plan's PIP Summary Form. This form provided detailed information about each health plan's PIP as it related to the 10 CMS protocol activities being reviewed and evaluated. The evaluation elements within each activity were scored by the HSAG PIP Review Team as *Met*, *Partially Met*, *Not Met*, or *Not Applicable (NA)*. To ensure a valid and reliable review, some of the elements were designated as critical elements by HSAG. All of the critical elements had to be *Met* for the PIP to produce valid and reliable results.

In addition to the validation status, each PIP was given an overall percentage score for all evaluation elements *Met* (including critical elements) and a percentage score for critical elements *Met.* HSAG assessed the implications of the study's findings on the likely validity and reliability of the results, as follows:

- *Met*: Confidence/high confidence in the reported PIP results.
- *Partially Met*: Low confidence in the reported PIP results.
- *Not Met*: Reported PIP results that were not credible.

While the focus of a health plan's PIP may have been to improve performance related to health care quality, timeliness, or access, EQR activities were designed to evaluate the validity and quality of the health plan's processes for conducting valid PIPs. Therefore, HSAG assigned all PIPs to the quality domain.

Further details about the EQR validation of PIP activities are contained in Appendix C of this report.

Denver Health Medicaid Choice

Findings

DHMC conducted two PIPs; *Childhood Immunizations* and *Member Satisfaction With Access to Pharmacy Services*. Both PIPS were continued from the prior year.

For the *Childhood Immunizations* PIP, HSAG reviewed Activities I through VIII. Table 3-9 and Table 3-10 show DHMC's scores based on HSAG's evaluation. Each activity was reviewed and scored according to HSAG's validation methodology.

Table 3-9—PIP Validation Scores *for Childhood Immunizations* *for* DHMC

Review Activity	Total Possible Evaluation Elements (Including Critical Elements)	Total *Met*	Total *Partially Met*	Total *Not Met*	Total *NA*	Total Possible Critical Elements	Total Critical Elements *Met*	Total Critical Elements *Partially Met*	Total Critical Elements *Not Met*	Total Critical Elements *NA*
I. Appropriate Study Topic	6	6	0	0	0	1	1	0	0	0
II. Clearly Defined, Answerable Study Question	2	2	0	0	0	1	1	0	0	0
III. Clearly Defined Study Indicator(s)	7	6	0	0	1	3	3	0	0	0
IV. Use a Representative and Generalizable Study Population	3	3	0	0	0	2	2	0	0	0
V. Valid Sampling Techniques	6	0	0	0	6	1	0	0	0	1
VI. Accurate/Complete Data Collection	11	11	0	0	0	1	1	0	0	0
VII. Appropriate Improvement Strategies	4	2	0	0	2	No Critical Elements				
VIII. Sufficient Data Analysis and Interpretation	9	6	0	0	3	2	2	0	0	0
IX. Real Improvement Achieved	4	Not Assessed				No Critical Elements				
X. Sustained Improvement Achieved	1	Not Assessed				No Critical Elements				
Totals for All Activities	**53**	**36**	**0**	**0**	**12**	**11**	**10**	**0**	**0**	**1**

Table 3-10—FY 05–06 and FY 06–07 Overall PIP Validation Scores and Validation Status *for Childhood Immunizations* *for* DHMC

	FY 05–06	FY 06–07
Percentage Score of Evaluation Elements *Met**	**97%**	**100%**
Percentage Score of Critical Elements *Met***	**100%**	**100%**
Validation Status***	***Met***	***Met***

* The percentage score is calculated by dividing the total *Met* by the sum of the total *Met*, *Partially Met*, and *Not 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*.

****Met* equals confidence/high confidence that the PIP was valid.
Partially Met equals low confidence that the PIP was valid.
Not Met equals reported PIP results that were not valid.

For the *Member Satisfaction With Access to Pharmacy Services* PIP, HSAG reviewed Activities I through VIII. Table 3-11 and Table 3-12 show DHMC's scores based on HSAG's evaluation. Each activity has been reviewed and scored according to HSAG's validation methodology.

Table 3-11—PIP Validation Scores
***for* Member Satisfaction With Access to Pharmacy Services**
***for* DHMC**

Review Activity	Total Possible Evaluation Elements (Including Critical Elements)	Total Met	Total *Partially Met*	Total *Not Met*	Total *NA*	Total Possible Critical Elements	Total Critical Elements *Met*	Total Critical Elements *Partially Met*	Total Critical Elements *Not Met*	Total Critical Elements *NA*
I. Appropriate Study Topic	6	6	0	0	0	1	1	0	0	0
II. Clearly Defined, Answerable Study Question	2	2	0	0	0	1	1	0	0	0
III. Clearly Defined Study Indicator(s)	7	6	0	0	1	3	3	0	0	0
IV. Use a Representative and Generalizable Study Population	3	3	0	0	0	2	2	0	0	0
V. Valid Sampling Techniques	6	6	0	0	0	1	1	0	0	0
VI. Accurate/Complete Data Collection	11	6	0	0	5	1	0	0	0	1
VII. Appropriate Improvement Strategies	4	2	0	0	2	No Critical Elements				
VIII. Sufficient Data Analysis and Interpretation	9	5	0	0	4	2	2	0	0	0
IX. Real Improvement Achieved	4	Not Assessed				No Critical Elements				
X. Sustained Improvement Achieved	1	Not Assessed				No Critical Elements				
Totals for All Activities	**53**	**36**	**0**	**0**	**12**	**11**	**10**	**0**	**0**	**1**

Table 3-12—FY 05–06 and FY 06–07 Overall PIP Validation Scores and Validation Status
***for* Member Satisfaction With Access to Pharmacy Services**
***for* DHMC**

	FY 05–06	FY 06–07
Percentage Score of Evaluation Elements *Met**	**92%**	**100%**
Percentage Score of Critical Elements *Met***	**80%**	**100%**
Validation Status***	***Partially Met***	***Met***

* The percentage score is calculated by dividing the total *Met* by the sum of the total *Met*, *Partially Met*, and *Not 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*.
****Met* equals confidence/high confidence that the PIP was valid.
Partially Met equals low confidence that the PIP was valid
Not Met equals reported PIP results that were not valid.

Strengths

DHMC received a *Met* validation status for both PIPs, with 100 percent scores for all applicable evaluation and critical elements. The overall evaluation score of 100 percent for DHMC's *Childhood Immunization* PIP was an improvement over the previous year's score of 97 percent. Contributing to the improved score was the inclusion of the study overview in the written instructions for the data collection tool, which was missing in the previous year's tool. DHMC demonstrated sustained improvement in the percentage of critical elements *Met* by achieving a score of 100 percent for both the previous and current year.

For its *Member Satisfaction With Access to Pharmacy Services* PIP, DMHC received 100 percent scores for all applicable evaluation and critical elements. The overall evaluation score of 100 percent was an improvement over the previous year's score of 92 percent. The 100 percent score for critical elements was an improvement over the previous year's score of 80 percent. The overall score improved from *Partially Met* in the previous year to *Met,* which demonstrated the health plan's improvement in developing well-defined, objective, and measurable study indicators.

Overall, DHMC demonstrated improved performance and a sound understanding of the required processes in conducting valid PIPs. For both studies, DHMC presented well-defined study topics and had answerable study questions with clearly defined study indicators that supported the study topic. The improvement strategies were appropriate and were verified by sufficient data analysis and interpretation.

Recommendations

The PIP validation did not identify any opportunities for improvement for either PIP. There are no recommendations.

Summary Assessment Related to Quality, Timeliness, and Access

While the focus of DHMC's two PIPs, *Childhood Immunizations* and *Member Satisfaction With Access to Pharmacy Services,* were directed at improving both the quality of and access to care and services, the EQR activities related to PIPs were designed to evaluate the validity and quality of the health plan's processes for conducting valid PIPs. Therefore, the summary assessment of DHMC's PIP validation results related to the domain of quality.

Overall, DHMC's processes for conducting valid PIPs were strong. Both PIPs were given a validation status of *Met,* with overall scores of 100 percent. For this validation cycle, DHMC successfully addressed all of the PIP validation activities for evaluation and critical elements. DHMC's improved performance confirmed the health plan's ability to apply performance improvement techniques to its own internal procedures, thereby improving its processes for conducting PIPs.

Rocky Mountain Health Plans

Findings

RMHP conducted two PIPs (i.e., *Improving Postpartum Visit Rates* and *Improving Well-Care Rates for Children and Adolescents*). Both PIPs were continued from the prior year.

For the *Improving Postpartum Visit Rates* PIP, HSAG reviewed Activities I through VI. Table 3-13 and Table 3-14 show RMHP's scores based on HSAG's evaluation. Each activity has been reviewed and scored according to HSAG's validation methodology.

Table 3-13—PIP Validation Scores
for Improving Postpartum Visit Rates
***for* RMHP**

Review Activity	Total Possible Evaluation Elements (Including Critical Elements)	Total *Met*	Total *Partially Met*	Total *Not Met*	Total *NA*	Total Possible Critical Elements	Total Critical Elements *Met*	Total Critical Elements *Partially Met*	Total Critical Elements *Not Met*	Total Critical Elements *NA*
I. Appropriate Study Topic	6	6	0	0	0	1	1	0	0	0
II. Clearly Defined, Answerable Study Question	2	2	0	0	0	1	1	0	0	0
III. Clearly Defined Study Indicator(s)	7	5	0	0	2	3	3	0	0	0
IV. Use a Representative and Generalizable Study Population	3	3	0	0	0	2	2	0	0	0
V. Valid Sampling Techniques	6	6	0	0	0	1	1	0	0	0
VI. Accurate/Complete Data Collection	11	11	0	0	0	1	1	0	0	0
VII. Appropriate Improvement Strategies	4	Not Assessed				No Critical Elements				
VIII. Sufficient Data Analysis and Interpretation	9	Not Assessed				Not Assessed				
IX. Real Improvement Achieved	4	Not Assessed				No Critical Elements				
X. Sustained Improvement Achieved	1	Not Assessed				No Critical Elements				
Totals for All Activities	**53**	**33**	**0**	**0**	**2**	**9**	**9**	**0**	**0**	**0**

Table 3-14—FY 05–06 and FY 06–07 Overall PIP Validation Scores and Validation Status
for Improving Postpartum Visit Rates
***for* RMHP**

	FY 05–06	FY 06–07
Percentage Score of Evaluation Elements *Met**	**100%**	**100%**
Percentage Score of Critical Elements *Met***	**100%**	**100%**
Validation Status***	***Met***	***Met***

* The percentage score is calculated by dividing the total *Met* by the sum of the total *Met*, *Partially Met*, and *Not 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*.
*** *Met* equals confidence/high confidence that the PIP was valid.
Partially Met equals low confidence that the PIP was valid.
Not Met equals reported PIP results that were not valid.

For the *Improving Well-Care Rates for Children and Adolescents* PIP, HSAG reviewed Activities I through VI. Table 3-15 and Table 3-16 show RMHP's scores based on HSAG's evaluation. Each activity has been reviewed and scored according to HSAG's validation methodology.

Table 3-15—PIP Validation Scores
for Improving Well-Care Rates for Children and Adolescents
***for* RMHP**

Review Activity	Total Possible Evaluation Elements (Including Critical Elements)	Total *Met*	Total *Partially Met*	Total *Not Met*	Total *NA*	Total Possible Critical Elements	Total Critical Elements *Met*	Total Critical Elements *Partially Met*	Total Critical Elements *Not Met*	Total Critical Elements *NA*
I. Appropriate Study Topic	6	6	0	0	0	1	1	0	0	0
II. Clearly Defined, Answerable Study Question	2	2	0	0	0	1	1	0	0	0
III. Clearly Defined Study Indicator(s)	7	5	0	0	2	3	3	0	0	0
IV. Use a Representative and Generalizable Study Population	3	3	0	0	0	2	2	0	0	0
V. Valid Sampling Techniques	6	0	0	0	6	1	0	0	0	1
VI. Accurate/Complete Data Collection	11	6	0	0	5	1	0	0	0	1
VII. Appropriate Improvement Strategies	4	Not Assessed				No Critical Elements				
VIII. Sufficient Data Analysis and Interpretation	9	Not Assessed				Not Assessed				
IX. Real Improvement Achieved	4	Not Assessed				No Critical Elements				
X. Sustained Improvement Achieved	1	Not Assessed				No Critical Elements				
Totals for All Activities	**53**	**22**	**0**	**0**	**13**	**9**	**7**	**0**	**0**	**2**

Table 3-16—FY 05–06 and FY 06–07 Overall PIP Validation Scores and Validation Status *for Improving Well-Care Rates for Children and Adolescents* *for* RMHP

	FY 05–06	FY 06–07
Percentage Score of Evaluation Elements *Met**	**100%**	**100%**
Percentage Score of Critical Elements *Met***	**100%**	**100%**
Validation Status***	***Met***	***Met***

* The percentage score is calculated by dividing the total *Met* by the sum of the total *Met*, *Partially Met*, and *Not 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*.
*** *Met* equals confidence/high confidence that the PIP was valid.
Partially Met equals low confidence that the PIP was valid.
Not Met equals reported PIP results that were not valid.

Strengths

RMHP received a *Met* validation status for both PIPs, with 100 percent scores for all applicable evaluation and critical elements. RMHP maintained a 100 percent score for all evaluation and critical elements for the *Improving Postpartum Visit Rates* and *Improving Well-Care Rates for Children and Adolescents* PIPs for both the previous and current year. The *Met* validation status was maintained from the previous to the current year for both PIPs.

Overall, RMHP demonstrated consistent performance and a sound understanding of the required processes in conducting valid PIPs. For both studies, RMHP presented well-defined study topics and had answerable study questions with clearly defined study indicators that supported the study topic. Improvement strategies were appropriate and were verified by sufficient data analysis and interpretation. RMHP's performance confirmed the health plan's ability to conduct valid, measurable, and appropriate PIPs.

Recommendations

The PIP validation did not identify any opportunities for improvement for either PIP. There are no recommendations.

Summary Assessment Related to Quality, Timeliness, and Access

While the focus of RMHP's *Improving Well-Care Rates for Children and Adolescents* was directed at improving quality, and the *Improving Postpartum Visit Rates* PIP was directed at improving both the quality of and access to care and services, the EQR activities related to PIPs were designed to evaluate the validity and quality of the health plan's processes for conducting valid PIPs. Therefore, the summary assessment of RMHP's PIP validation results related to the domain of quality.

Overall, RMHP's process for conducting valid PIPs was strong. Both PIPs were given a validation status of *Met,* with overall scores of 100 percent for both the previous and current year. RMHP successfully addressed all of the PIP validation activities for evaluation and critical elements for two consecutive measurement cycles, thereby confirming the health plan's strong performance in conducting valid PIPs.

Overall Statewide Performance Related to Quality, Timeliness, and Access for the Validation of Performance Improvement Projects

Table 3-17—Summary of Data from Validation of Performance Improvement Projects

Validation Activity	Number of PIPs Meeting All Evaluation Elements/Number Reviewed		Number of PIPs Meeting All Critical Elements/Number Reviewed	
	FY 06–07	FY 05–06	FY 06–07	FY 05–06
I. Appropriate Study Topic	4/4	4/4	4/4	4/4
II. Clearly Defined, Answerable Study Question	4/4	4/4	4/4	4/4
III. Clearly Defined Study Indicator(s)	4/4	3/4	4/4	3/4
IV. Use a Representative and Generalizable Study Population	4/4	1/1	4/4	1/1
V. Valid Sampling Techniques	4/4	1/1	4/4	1/1
VI. Accurate/Complete Data Collection	4/4	0/1	4/4	1/1
VII. Appropriate Improvement Strategies	2/2	1/1	No Critical Elements	
VIII. Sufficient Data Analysis and Interpretation	2/2	0/0	0/0	0/0
IX. Real Improvement Achieved	0/0	0/0	No Critical Elements	
X. Sustained Improvement Achieved	0/0	0/0	No Critical Elements	

As previously discussed, the EQR activities related to PIPs were designed to evaluate the validity and quality of health plan processes for conducting valid PIPs. Therefore, the summary assessment of the health plans' PIP validation results related to the domain of quality.

Overall, the health plans demonstrated strong performance in conducting PIPs. The most notable improvement was for Activity III, Clearly Defined Study Indicator(s), where all of the four PIPs *Met* all of the evaluation and critical elements, compared to only three of the four PIPs in the previous year. This improvement was attributed to DHMC's performance improvement effort for its *Member Satisfaction With Access to Pharmacy Services* PIP, which had only 80 percent of the critical elements *Met* in the previous year, compared to 100 percent of the critical elements *Met* in the current year. All four of the PIPs showed sustained performance for Activity I, Appropriate Study Topic; Activity II, Clearly Defined, Answerable Study Question; Activity IV, Representative Study Population; Activity V, Valid Sampling Techniques; Activity VI, Accurate/Complete Data Collection; and VIII, Sufficient Data Analysis and Interpretation.

Both health plans demonstrated improved and/or sustained performance and a sound understanding of the required processes in conducting valid PIPs. DHMC's improved performance over the previous year confirmed the health plan's ability to apply performance improvement techniques to

its own internal procedures, thereby improving its processes for conducting PIPs. RMHP's sustained performance confirmed the health plan's ability to conduct valid, measurable, and appropriate PIPs.

The PIP validation did not identify any opportunities for improvement for either of the health plans' PIPs. Therefore, there are no recommendations.

Consumer Assessment of Healthcare Providers and Systems (CAHPS)

The CAHPS surveys ask consumers and patients to report on and evaluate their experiences with health care. These surveys cover topics that are important to consumers, such as the communication skills of providers and the accessibility of services. Because the surveys are standardized, the same questions are asked throughout the country. This enables fair comparisons of health plans in Colorado and across the nation.

DHMC and RMHP were responsible for conducting annual CAHPS surveys. Results were forwarded to HSAG for analysis. HSAG conducted the surveys on behalf of the Department for PCPP.

For each of the four global ratings, the rates are based on responses by members who chose a value of 9 or 10 on a scale of 0 to 10. For the composites, rates are based on responses by members who chose "Always" or "Not a Problem." Additional details about the technical methods of data collection and analysis of survey data and the 2006 NCQA CAHPS national averages are contained in Appendix D of this report, including details about how changes in rates published in the 2006 External Quality Review Technical Report were re-reported in order to compare the FY 05–06 rates to the FY 06–07 rates.

Denver Health Medicaid Choice

Findings

Table 3-18 displays the child Medicaid results achieved by DHMC during the current year (FY 06–07) and the prior year (FY 05–06).

Table 3-18—Child Medicaid Question Summary Rates and Global Proportions *for* DHMC

Measure	FY 05–06 Rate	FY 06–07 Rate
Getting Needed Care	77.1%	82.6%
Getting Care Quickly	47.0%	44.7%
How Well Doctors Communicate	62.4%	68.1%
Courteous and Helpful Office Staff	61.0%	62.2%
Customer Service	NA	NA
Rating of Personal Doctor	71.1%	70.3%
Rating of Specialist Seen Most Often	NA	NA
Rating of All Health Care	60.3%	62.4%
Rating of Health Plan	62.7%	65.0%
NA indicates that a rate was not assigned due to there being fewer than 100 respondents.		

Table 3-19 displays the adult Medicaid results achieved by DHMC during the current year (FY 06–07) and the prior year (FY 05–06).

Table 3-19—Adult Medicaid Question Summary Rates and Global Proportions *for* DHMC

Measure	FY 05–06 Rate	FY 06–07 Rate
*Getting Needed Care**	*	44.5%
*Getting Care Quickly**	*	49.3%
How Well Doctors Communicate	60.7%	72.4%
*Courteous and Helpful Office Staff***	64.2%	**
*Customer Service**	*	NA
Rating of Personal Doctor	68.9%	69.4%
Rating of Specialist Seen Most Often	51.8%	56.2%
Rating of All Health Care	58.4%	46.1%
Rating of Health Plan	54.5%	51.4%

NA indicates that a rate was not assigned due to there being fewer than 100 respondents.
* Due to changes in the CAHPS survey, the results for these measures are not comparable across the two years reported in the table, per the Agency for Healthcare Research and Quality (AHRQ) and NCQA.
**This measure has been eliminated.

Assessment and Recommendations

All of the measures within the CAHPS survey addressed quality. In addition, *Getting Needed Care* addressed access, and *Getting Care Quickly* addressed timeliness.

For the child Medicaid population, five of the seven comparable and reportable measures' rates increased between the two years. Two rates improved by at least 5 percentage points, *Getting Needed Care* (5.5 percentage points) and *How Well Doctors Communicate* (5.7 percentage points).[3-1] Three of the measures (*Rating of Personal Doctor*, *Rating of Health Plan*, and *Getting Needed Care*) had ratings above the 2006 NCQA CAHPS national average. DHMC had the highest rates among all of the health plans for two of the measures: *Rating of Personal Doctor* and *Rating of Health Plan*. The change in rates between FY 05–06 and FY 06–07 for *Getting Needed Care* shows a marked improvement in access, as well as quality, and is considered a noted strength for the health plan.

Four measures, *Getting Care Quickly*, *How Well Doctors Communicate*, *Courteous and Helpful Office Staff*, and *Rating of All Health Care*, had rates below the 2006 NCQA CAHPS national average. Three of the measures, *Getting Care Quickly*, *Courteous and Helpful Office Staff*, and *Rating of All Health Care*, had the lowest rates among the health plans. However, the overall pattern shown in Table 3-18 is that of improvement, especially in the areas that increased at least 5 percentage points for the child Medicaid population.

[3-1] A change of 5 percentage points was chosen because it results in an effect size of approximately 1.0, based on the typical variances for the global proportions. Effect sizes of this magnitude are often considered at least noteworthy (Valentine, J. C. & Cooper, H. (2003). *Effect size substantive interpretation guidelines: Issues in the interpretation of effect sizes*. Washington, DC: What Works Clearinghouse), given the present sample sizes and certain caveats pertaining to content domains. Available at: http://www.whatworks.ed.gov/reviewprocess/essig.pdf.

For the adult Medicaid population, three of the five comparable and reportable measures' rates increased: *How Well Doctors Communicate* (11.7 percentage points), *Rating of Personal Doctor* (0.5 percentage points), and *Rating of Specialist Seen Most Often* (4.4 percentage points). The *How Well Doctors Communicate* composite measure was a strength given its large increase from the previous year. The *Rating of Specialist Seen Most Often* global rating was also considered a strength for the health plan. Two of the comparable measures, *Rating of a Personal Doctor* and *How Well Doctors Communicate*, had rates above the 2006 NCQA CAHPS national average. These two measures also had the highest rates among all of the health plans.

Two of the comparable measures decreased for the adult Medicaid population: *Rating of All Health Care* (12.3 percentage points) and *Rating of Health Plan* (3.1 percentage points). *Rating of All Health Care* was a noted area for improvement given the large decrease in the rate between the two measurement cycles. Three of the comparable measures, *Rating of Specialist Seen Most Often*, *Rating of All Health Care*, and *Rating of Health Plan*, were below than the 2006 NCQA CAHPS national average. Four of the measures, *Getting Needed Care*, *Getting Care Quickly*, *Rating of Specialist Seen Most Often*, and *Rating of All Health Care,* had the lowest rates among the health plans, suggesting that members might be experiencing barriers when accessing care. The results in Table 3-19 showed no clear patterns; the increases and decreases generally offset each other in terms of net quality change. The result was a general opportunity for improvement for most of the measures with comparable data for the adult Medicaid population.

The child Medicaid and adult Medicaid survey results showed large increases for *How Well Doctors Communicate*. These increases suggested that performance improvement strategies to improve communication between providers and patients were successful. The *Rating of Personal Doctor* global rating had the highest rate among the health plans for both the child Medicaid and adult Medicaid populations.

Based on the results of this year's CAHPS findings, recommendations for improving DHMC's performance include:

- Implementing improvement strategies to increase satisfaction for the declining child Medicaid and adult Medicaid survey measure results. Potential actions might include examining prior-authorization processes to determine if barriers exist to accessing needed services in a timely manner. Identifying and eliminating barriers that prevent members from accessing needed care could improve member satisfaction for both the child and adult populations.
- Conducting causal analysis to identify the reason(s) for the large decline in the adult Medicaid population's rates for *Rating of All Health Care* and *Rating of Health Plan*. At the member level, overall satisfaction is driven principally by member perception of both health plan and physician office operations. An analysis of grievance, appeal, and complaint logs might identify possible reasons for dissatisfaction. Quality improvement activities that target member-perceived deficiencies in these areas may lead to higher levels of overall satisfaction.

Rocky Mountain Health Plans

Findings

Table 3-20 displays the child Medicaid results achieved by RMHP during the current year (FY 06–07) and the prior year (FY 05–06).

Table 3-20—Child Medicaid Question Summary Rates and Global Proportions *for* RMHP

Measure	FY 05–06 Rate	FY 06–07 Rate
Getting Needed Care	88.0%	86.7%
Getting Care Quickly	60.2%	55.3%
How Well Doctors Communicate	73.1%	69.2%
Courteous and Helpful Office Staff	74.4%	71.8%
Customer Service	NA	NA
Rating of Personal Doctor	70.8%	66.1%
Rating of Specialist Seen Most Often	62.0%	NA
Rating of All Health Care	71.2%	65.9%
Rating of Health Plan	66.2%	60.9%

NA indicates that a rate was not assigned due to there being fewer than 100 respondents.

Table 3-21 displays the adult Medicaid results achieved by RMHP during the current year (FY 06–07) and the prior year (FY 05–06).

Table 3-21—Adult Medicaid Question Summary Rates and Global Proportions *for* RMHP

Measure	FY 05–06 Rate	FY 06–07 Rate
*Getting Needed Care**	*	58.1%
*Getting Care Quickly**	*	58.6%
How Well Doctors Communicate	65.1%	67.1%
*Courteous and Helpful Office Staff***	73.4%	**
*Customer Service**	*	46.3%
Rating of Personal Doctor	64.2%	66.8%
Rating of Specialist Seen Most Often	64.1%	61.2%
Rating of All Health Care	59.9%	50.6%
Rating of Health Plan	64.4%	56.9%

* Due to changes in the CAHPS survey, the results for these measures are not comparable across the two years reported in the table, per AHRQ and NCQA.

**This measure has been eliminated.

Assessment and Recommendations

All of the measures within the CAHPS survey addressed quality. In addition, *Getting Needed Care* addressed access, and *Getting Care Quickly* addressed timeliness.

For the child Medicaid population, three of the measures were above the 2006 NCQA CAHPS national average: *Rating of Personal Doctor*, *Rating of All Health Care*, and *Getting Needed Care*. All but two of the measures, *Rating of Personal Doctor* and *Rating of Health Plan*, received the highest rates among all of the health plans.

Despite the positive showing among the health plans compared with 2006 NCQA CAHPS national averages, rates for all seven of the comparable and reportable measures declined. Two rates declined by 5.3 percentage points: *Rating of All Health Care* and *Rating of Health Plan*. Given the size of the decline, these two measures were recommended areas for improvement. *Getting Care Quickly* declined by 4.9 percentage points, followed closely by *Rating of Personal Doctor* that had a decline of 4.7 percentage points. Given the magnitude of the declines, these two measures were also areas for improvement.

The overall pattern seen in Table 3-20 is one generalized by decline, as all rates decreased between measurement cycles. The result was an opportunity for improvement for all of the child Medicaid measures with comparable data, with *Rating of All Health Care* and *Rating of Health Plan* being candidates for causal analysis and performance improvement interventions.

For the adult Medicaid population, two of the five comparable and reportable measures increased: *How Well Doctors Communicate* (2.0 percentage points) and *Rating of Personal Doctor* (2.6 percentage points). Four of the comparable measures, *Rating of Personal Doctor*, *Rating of Specialist Seen Most Often*, *Rating of Health Plan*, and *How Well Doctors Communicate*, had rates greater than the 2006 NCQA CAHPS national average. Two of the measures, *Rating of Health Plan* and *Getting Needed Care*, had the highest rates among all of the health plans.

The three comparable measures that decreased from FY 05–06 to FY 06–07 for the adult Medicaid population were: *Rating of Specialist Seen Most Often* (2.9 percentage points), *Rating of All Health Care* (9.3 percentage points), and *Rating of Health Plan* (7.5 percentage points). Given the large decreases in the rates between the two measurement cycles for *Rating of All Health Care* and *Rating of Health Plan,* both were recommended as areas for improvement. The overall pattern seen in Table 3-21 is one of increases and decreases that suggest a net decline in quality.

Both the child Medicaid and adult Medicaid survey results showed large decreases for *Rating of All Health Care* and *Rating of Health Plan*, suggesting a decreased level of satisfaction overall. The child Medicaid survey results demonstrated an overall need for improvement due to a decline in all of the measures' rates from the previous measurement cycle. Based on the results of this year's CAHPS findings, recommendations for improving RMHP's performance include:

- Implementing quality interventions that improve satisfaction for all of the declining child Medicaid survey measures. Potential actions could include an analysis of grievance, appeal, and complaint logs to identify possible reasons for dissatisfaction. Other actions might include analyzing appointment wait times at the provider level, which could impact rates for *Getting Care Quickly*.

- Conducting causal analysis to identify the reason(s) for the large decline for the adult Medicaid population's *Rating of All Health Care* and *Rating of Health Plan* global ratings. At the member level, overall satisfaction is driven principally by member perception of both health plan and physician office operations. An analysis of grievance, appeal, and complaint logs might identify possible reasons for dissatisfaction. Quality improvement activities that target member-perceived deficiencies in these two areas may lead to higher levels of overall satisfaction.

Primary Care Physician Program

Findings

Table 3-22 displays the child Medicaid results achieved by PCPP during the current year (FY 06–07) and the prior year (FY 05–06).

Table 3-22—Child Medicaid Question Summary Rates and Global Proportions *for* PCPP

Measure	FY 05–06 Rate	FY 06–07 Rate
Getting Needed Care	77.5%	80.7%
Getting Care Quickly	57.4%	53.7%
How Well Doctors Communicate	70.5%	65.6%
Courteous and Helpful Office Staff	71.1%	69.9%
Customer Service	NA	NA
Rating of Personal Doctor	65.9%	60.4%
Rating of Specialist Seen Most Often	60.7%	65.8%
Rating of All Health Care	64.8%	64.1%
Rating of Health Plan	61.7%	61.1%
NA indicates that a rate was not assigned due to there being fewer than 100 respondents.		

Table 3-23 displays the adult Medicaid results achieved by PCPP during the current year (FY 06–07) and the prior year (FY 05–06).

Table 3-23—Adult Medicaid Question Summary Rates and Global Proportions *for* PCPP

Measure	FY 05–06 Rate	FY 06–07 Rate
*Getting Needed Care**	*	57.3%
*Getting Care Quickly**	*	59.9%
How Well Doctors Communicate	63.2%	67.3%
*Courteous and Helpful Office Staff***	67.9%	**
*Customer Service**	*	NA
Rating of Personal Doctor	60.1%	65.1%
Rating of Specialist Seen Most Often	65.3%	64.9%
Rating of All Health Care	58.8%	51.2%
Rating of Health Plan	53.7%	50.4%

NA indicates that a rate was not assigned due to there being fewer than 100 respondents.
* Due to changes in the CAHPS survey, the results for these measures are not comparable across the two years reported in the table, per AHRQ and NCQA.
**This measure has been eliminated.

Assessment and Recommendations

All of the measures within the CAHPS survey address quality. In addition, *Getting Needed Care* addressed access, and *Getting Care Quickly* addressed timeliness.

For the child Medicaid population, two of the rates showed improvement: *Getting Needed Care* (3.2 percentage points) and *Rating of Specialist Seen Most Often* (5.1 percentage points). Both of these measures were equal to or above the 2006 NCQA CAHPS national average. However, none of the measures' rates were higher than the other two health plans, and three of the measures, *Rating of Personal Doctor*, *Getting Needed Care*, and *How Well Doctors Communicate*, had the lowest rates among all of the health plans.

Six of the eight comparable and reportable measures showed declines in their rates. *Rating of Personal Doctor* declined by 5.5 percentage points, followed by *How Well Doctors Communicate*, which declined by 4.9 percentage points. Both measures were recommended areas for improvement.

The pattern shown in Table 3-22 is one of overall decline, as 75 percent (six of the eight comparable measures) decreased between measurement cycles. This implied that there was an overall opportunity for improvement for the child Medicaid measures, with *Rating of Personal Doctor* and *How Well Doctors Communicate* as potential candidates for causal analysis and strategic interventions to promote improvement.

The adult Medicaid survey results showed that two of the five comparable and reportable measures increased: *How Well Doctors Communicate* (4.1 percentage points) and *Rating of Personal Doctor* (5.0 percentage points). Three of the comparable measures, *Rating of Personal Doctor*, *Rating of*

Specialist Seen Most Often, and *How Well Doctors Communicate* had rates above the 2006 NCQA CAHPS national average. Three of the measures, *Rating of Specialist Seen Most Often*, *Rating of All Health Care*, and *Getting Care Quickly* had the highest rates among all of the health plans. Both *Rating of Personal Doctor* and *How Well Doctors Communicat*e were strengths for the health plan, considering the substantively large increases in rates between measurement cycles.

The three comparable measures that decreased were: *Rating of Specialist Seen Most Often* (0.4 percentage points), *Rating of All Health Care* (7.6 percentage points), and *Rating of Health Plan* (3.3 percentage points). Two measures, *Rating of Personal Doctor* and *Rating of Health Plan*, had the lowest rates among all of the health plans. *Rating of All Health Care* was a recommended area for improvement, given the large decrease in the rate between the two measurement cycles.

The overall pattern seen in the tables was one of increases and decreases that generally offset each other in terms of a net quality change. The result was an overall opportunity for improvement for most of the adult Medicaid comparable measures. The results of the child Medicaid and adult Medicaid surveys did not yield any similarities between the two populations as was seen in the previous two plans. Based on the results of this year's CAHPS findings, recommendations for improving the PCPP's performance include:

- Implementing quality interventions that improve satisfaction for all of the declining child Medicaid measures, prioritizing the *How Well Doctors Communicate* and *Rating of Personal Doctor* measures. At the member level, satisfaction with providers is often driven by member perception of physician office operations and physician communication with the member. Quality improvement initiatives to improve communication between the physician and the member or his/her family may lead to higher levels of overall satisfaction.
- Conducting causal analysis to identify the reason(s) for the large decline in the adult Medicaid *Rating of All Health Care* and *Rating of Health Plan* global ratings. At the member level, overall satisfaction is driven principally by member perception of both health plan and physician office operations. An analysis of grievance, appeal, and complaint logs might identify possible reasons for dissatisfaction. Quality improvement activities that target member-perceived deficiencies in these two areas may lead to higher levels of overall satisfaction.

Overall Statewide Performance for Consumer Assessment of Healthcare Providers and Systems (CAHPS)

Table 3-24 displays the child Medicaid statewide averages during the current year (FY 06–07) and the prior year (FY 05–06).

Table 3-24—Child Medicaid Statewide Averages

Measure	FY 05–06 Rate	FY 06–07 Rate
Getting Needed Care	80.9%	83.3%
Getting Care Quickly	54.9%	51.2%
How Well Doctors Communicate	68.7%	67.6%
Courteous and Helpful Office Staff	68.8%	68.0%
Customer Service	NA	NA
Rating of Personal Doctor	69.3%	65.6%
Rating of Specialist Seen Most Often	61.4%	65.8%
Rating of All Health Care	65.4%	64.1%
Rating of Health Plan	63.5%	62.3%

Statewide rates for both years are the means of the available rates for the plans in this report, fostering a level of comparability not possible if previously reported statewide means had been used.
NA indicates that none of the plans met the threshold of 100 responses required to report a measure.

Table 3-25 displays the adult Medicaid statewide averages during the current year (FY 06–07) and the prior year (FY 05–06).

Table 3-25—Adult Medicaid Statewide Averages

Measure	FY 05–06 Rate	FY 06–07 Rate
*Getting Needed Care**	*	53.3%
*Getting Care Quickly**	*	55.9%
How Well Doctors Communicate	63.0%	68.9%
*Courteous and Helpful Office Staff***	68.5%	**
*Customer Service**	*	46.3%
Rating of Personal Doctor	64.4%	67.1%
Rating of Specialist Seen Most Often	60.4%	60.8%
Rating of All Health Care	59.0%	49.3%
Rating of Health Plan	57.5%	52.9%

Statewide rates for both years are the means of the rates for the plans in this report, fostering a level of comparability not possible if previously reported statewide means had been used.
* Due to changes in the CAHPS survey, the results for these measures are not comparable across the two years reported in the table, per AHRQ and NCQA.
**This measure has been eliminated.

All of the measures within the CAHPS survey addressed quality. In addition, *Getting Needed Care* addressed access, and *Getting Care Quickly* addressed timeliness.

Results from the child Medicaid survey showed that two of the comparable statewide averages improved: *Rating of Specialist Seen Most Often* (improved by 4.4 percentage points, but was comprised of scores from only two of the three plans) and *Getting Needed Care* (improved by 2.4 percentage points). Eight of 22 total reportable rates for all of the health plans were at or above the 2006 NCQA CAHPS national average. RMHP had the highest reportable rates among the health plans for five measures: *Rating of All Health Care*, *Getting Needed Ca*re, *Getting Care Quickly*, *How Well Doctors Communicate*, and *Courteous and Helpful Office Staff*.

Six of the eight comparable and reportable measures' rates for the child Medicaid population declined. The largest statewide average decline was for *Rating of Personal Doctor* and *Getting Care Quickly*, which declined by 3.7 percentage points. Sixty-four percent (14 of 22) of the reportable rates for all health plans were below the 2006 NCQA CAHPS national average. DHMC had the lowest rates among all health plans for three measures: *Rating of All Health Care*, *Getting Care Quickly*, and *Courteous and Helpful Office Staff*. PCPP had the lowest rates among all health plans for *Getting Needed Care*, *How Well Doctors Communicate*, and *Rating of Personal Doctor*.

The adult Medicaid survey results showed that three of the five comparable and reportable measures increased: *How Well Doctors Communicate* (5.9 percentage points), *Rating of Personal Doctor* (2.7 percentage points), and *Rating of Specialist Seen Most Often* (0.4 percentage points). The large increase for *How Well Doctors Communicate* suggested improved member satisfaction with physician communication from the previous year. Sixty percent (9 of 15) of the comparable and reportable measures had rates above the 2006 NCQA CAHPS national average. PCPP had the highest rates overall for the *Rating of Specialist Seen Most Often*, *Rating of All Health Care*, and *Getting Care Quickly* measures.

All of the health plans had adult Medicaid rates below the 2006 NCQA CAHPS national average for the *Rating of All Health Care* global rating, with differences ranging from 3.1 percentage points to 8.2 percentage points. The two comparable measures that decreased were: *Rating of All Health Care* (9.7 percentage points) and *Rating of Health Plan* (4.6 percentage points). The large decline in rates for these two measures suggested a statewide opportunity for improvement in overall member satisfaction with the Medicaid program.

The overall pattern for the adult Medicaid population seen in Table 3-25 is one of increases and decreases that generally offset each other in terms of a net quality change. The overall pattern shown for the child Medicaid population in Table 3-24 was one of overall decline, as 75 percent (six of the eight) of the comparable rates decreased between measurement cycles. The result was an overall opportunity for improvement for the child Medicaid measures. Based on the results of this year's CAHPS findings, recommendations for improving performance statewide include:

- Implementing a statewide task force to conduct a causal analysis that identifies possible reasons for the overall decline in satisfaction for six of the eight child Medicaid survey measures. Once the root cause(s) is determined, the task force should implement quality improvement activities that target member-perceived deficiencies in those areas. Successful improvement strategies may lead to higher levels of overall satisfaction.

- Conducting causal analysis to identify the reason(s) for the large decline for two of the adult Medicaid survey measures: *Rating of All Health Care* and *Rating of Health Plan*, which was a common result for all of the health plans. At the member level, overall satisfaction is driven principally by member perception of both health plan and physician office operations. An analysis of grievance, appeal, and complaint logs might identify possible reasons for dissatisfaction with physician services and health care received by members. Quality improvement activities that target member-perceived deficiencies in these areas may lead to higher levels of overall satisfaction with the Medicaid program.

Focused Studies

HSAG conducted two focused studies of health care for the Department. The topics of these studies were asthma medication management and the timely and appropriate provision of perinatal care services. Both focused studies were based on remeasurements of baseline studies conducted by HSAG in FY 03–04. As such, the methodology was the same as the methodology of the FY 03–04 studies. For both studies, DHMC and RMHP were required to collect their own data and submit it to HSAG for analysis. HSAG collected data on behalf of the Department for PCPP. Detailed information about the methods of data collection and analysis for each study can be found in Appendix E.

When appropriate, this section includes comparisons to the original FY 03–04 Colorado Medicaid baseline studies. However, due to population changes in the distribution of members across health plans, caution should be used when interpreting differences in performance between study years. Additionally, DHMC did not join the Medicaid program until May 2004 and, therefore, did not participate in the FY 03–04 study. A more comprehensive list of limitations is included in each focused study report.

Asthma

The FY 06–07 Colorado Asthma Medication Management Focused Study evaluated the services received by Colorado Medicaid members within the health plans who had been diagnosed with asthma. The focused study also assessed the use of appropriate medications for the treatment of asthma and the overuse of inhaled, short-acting beta-agonists. Measures evaluated and reported in the baseline and remeasurement study were:

- *Use of Appropriate Medications for People With Asthma* (HEDIS 2007)
- *Overuse of Inhaled, Short-Acting Beta-Agonists*

Perinatal

The perinatal care focused study was conducted in order to understand the extent to which pregnant women were receiving prenatal and postpartum care. The timeliness of prenatal care and postpartum care was assessed through the HEDIS measures. The completeness of prenatal services was measured by compliance with selected elements in the current American College of Obstetricians and Gynecologists (ACOG) national quality standards. Measures evaluated and reported in the baseline and remeasurement study were:

- *Timeliness of Prenatal Care* (HEDIS measure)
- *Substance Abuse Screening*
- *Tobacco Cessation Screening*
- *Tobacco Cessation Education*

- *Urinalysis With Culture Testing*
- *Prior Preterm Delivery and History Evaluation*
- *Preterm Birth Risk Assessment*
- *Chlamydia Screening* (modified HEDIS measure)
- *Postpartum Care* (HEDIS measure)

To draw conclusions and make overall assessments about the quality and timeliness of and access to care provided by the health plans using findings from the focused studies, HSAG assigned each of the measures to one or more of the three domains as depicted in Table E-1 in Appendix E.

Denver Health Medicaid Choice

Findings

Table 3-26 displays rates obtained by DHMC for each measure of each focused study. It should be noted that DHMC was not a Colorado Medicaid health plan participant at the time of the baseline study.

Table 3-26—Focused Study Rates *for* DHMC*

Focused Study Indicators	FY 03–04	FY 06–07 Rate
Asthma Medication Management		
Use of Appropriate Medications for People With Asthma (HEDIS)		81.5%
*Overuse of Inhaled, Short-Acting Beta-Agonists***		25.9%
Perinatal Care		
Timeliness of Prenatal Care (HEDIS)		77.1%
Substance Abuse Screening		82.8%
Tobacco Cessation Screening		84.1%
Tobacco Cessation Education		85.0%
Urinalysis With Culture Testing		74.4%
Prior Preterm Delivery and History Evaluation		77.5%
Preterm Birth Risk Assessment		81.5%
Chlamydia Screening (modified HEDIS measure)		82.8%
Postpartum Care (HEDIS)		33.5%

* DHMC did not begin serving Medicaid members until May 2004; therefore, the health plan was not included in either of the FY 03–04 focused studies.

** The *Overuse of Inhaled, Short-Acting Beta-Agonists* measure is structured so that lower rates indicate better performance, which is the opposite structure used for the remaining measures in the table.

Assessment and Recommendations

Asthma

This was the first year of asthma medication management reporting for DHMC, so a comparison to the previous year's results cannot be made. Both of the measures used in the asthma medication management focused study were quality measures. Therefore, the summary assessment of DHMC's asthma medication management focused study results related to the quality domain.

The DHMC rate for *Use of Appropriate Medications for People With Asthma,* which calculated the percentage of members who received at least one dispensed prescription for inhaled corticosteroids, nedocromil, cromolyn sodium, leukotriene modifiers, or methylxanthines, was 81.5 percent, which was less than the NCQA HEDIS 2006 national Medicaid 25th percentile rate of 84.0 percent. DHMC's rate for the measure was the lowest among the health plans for this measurement cycle. The DHMC rate for *Overuse of Inhaled, Short-Acting Beta-Agonists* was 25.9 percent, which was the highest rate among the health plans. Lower rates for this measure indicated better performance. Conversely, higher rates indicated a need for enhanced member education on appropriate use of asthma medication and disease management.

For the 2006–2007 asthma medication management focused studies, DHMC showed the weakest performance among the health plans. Although this was the first year DHMC participated in this focused study, both measures were recommended opportunities for improvement for the health plan.

Based on the results of this year's asthma medication management focused study findings, recommendations for improving DHMC's performance include:

- Implementing quality improvement strategies and interventions to increase appropriate medication management for asthma medication. Potential strategies should include increased member education on appropriate asthma management and encouraging providers to evaluate member compliance with prescribed medications at every office visit.
- Increasing provider education and training on the national guidelines for appropriate asthma care. Ongoing communication designed to provide practitioners and their office staff with best practices may help to increase the provision of appropriate asthma care.
- Researching a notification system that alerts case managers when members obtain multiple monthly refills of inhaled, short-acting beta-agonists. Once alerted, case managers should contact members and provide additional education on the appropriate use and management of asthma medication. Another potential strategy might include issuing automatic education mailers or prerecorded telephone messages to members that receive more than one canister of inhaled, short-acting beta-agonists per month. The materials should remind the member to contact a provider if the member has difficulty managing asthma.

Perinatal

Because this was the first year of reporting for DHMC, comparison to the previous year's results cannot be made. All of the perinatal care focused study measures were quality measures. In addition, the HEDIS measures, *Timeliness of Prenatal Care* and *Postpartum Care,* also correlate to the domains of timeliness and access.

Five of the nine rates for the perinatal care focused study exceeded 80.0 percent. The rate for *Timeliness of Prenatal Care*, which calculated the percentage of women who received a prenatal care visit in the first trimester, or within 42 days of enrollment, was 77.1 percent and was less than the NCQA HEDIS 2006 national Medicaid 50th percentile. The rate for *Postpartum Care,* which calculated the percentage of women who received a postpartum care visit on or between 21 and 56 days after delivery, was 33.5 percent. The rate for *Postpartum Care* was 8.3 percentage points below the NCQA HEDIS 2006 national Medicaid 10th percentile rate of 41.8 percent, presenting an opportunity for improvement for the health plan. DHMC's rate for *Postpartum Care* was the lowest among all of the health plans. *Tobacco Cessation Education* had the highest rate among all of the health plans and was considered a strength for the health plan.

The HEDIS measures, *Timeliness of Prenatal Care* and *Postpartum Care,* correlated to the domains of timeliness and access, in addition to quality. Poor performance in either of these indicators suggests a deficiency in members' timely access to services. Alone, the ratings may suggest a general need for improvement in members' timely access to perinatal services. However, when focused study results are compared with the lowest-rated measures for the adults CAHPS survey (*Getting Needed Care*, *Getting Care Quickly*, and *Rating of All Health Care*), a trend emerges that suggests members are experiencing barriers to accessing needed health care. The results of both the CAHPS survey and the perinatal care focused study revealed an opportunity for improvement for the health plan to improve member access to services.

Based on the results of this year's perinatal care focused study findings, recommendations for improving DHMC's performance include:

- Conducting a causal analysis to determine the possible reasons(s) that members are not receiving perinatal care services.
- Implementing quality improvement strategies that eliminate barriers to needed services. Potential actions might include geomapping to verify that providers are within appropriate driving distances for members. Additional actions might include increased member education on the need for prenatal and postpartum care or scheduling postpartum visits while the member is still hospitalized after delivery.
- Implementing automatic education mailers and prerecorded phone messages to remind members of prenatal screenings or postpartum screenings once members are discharged from the hospital.
- Increasing provider education on perinatal clinical practice guidelines and disseminating standardized screening tools that contain the ACOG-recommended services.

Rocky Mountain Health Plans

Findings

Table 3-27 displays rates obtained by RMHP for each measure of each focused study. Rates are listed for both the remeasurement (FY 06–07) and baseline study (FY 03–04).

Table 3-27—Focused Study Rates *for* RMHP

Focused Study Indicators	FY 03–04 Rate	FY 06–07 Rate
Asthma Medication Management		
Use of Appropriate Medications for People With Asthma (HEDIS)	68.7%	87.0%
*Overuse of Inhaled, Short-Acting Beta-Agonists**	7.9%	13.6%
Perinatal Care		
Timeliness of Prenatal Care (HEDIS)	93.5%	97.1%
Substance Abuse Screening	90.6%	97.6%
Tobacco Cessation Screening	91.8%	96.8%
Tobacco Cessation Education	70.9%	49.2%
Urinalysis With Culture Testing	74.6%	88.8%
Prior Preterm Delivery and History Evaluation	88.7%	98.9%
Preterm Birth Risk Assessment	89.5%	98.1%
Chlamydia Screening (modified HEDIS measure)	80.1%	86.1%
Postpartum Care (HEDIS)	70.9%	75.9%

* The *Overuse of Inhaled, Short-Acting Beta-Agonists* measure is structured so that lower rates indicate better performance, which is the opposite structure used for the remaining measures in the table.

Assessment and Recommendations

Asthma

Both of the measures used in the asthma medication management focused study were quality measures. Therefore, the summary assessment of RMHP's asthma medication management focused study results related to the quality domain.

The RMHP rate for *Use of Appropriate Medications for People With Asthma*, which calculated the percentage of members who received at least one dispensed prescription for inhaled corticosteroids, nedocromil, cromolyn sodium, leukotriene modifiers, or methylxanthines, was 87.0 percent and was almost exactly at the NCQA HEDIS 2006 national Medicaid 50th percentile rate of 87.1 percent. RMHP's rate for this measure increased 18.3 percentage points from the previous measurement cycle. RMHP had the highest rate among the health plans for this measure, which was considered a strength for the health plan.

Conversely, the RMHP rate for *Overuse of Inhaled, Short-Acting Beta-Agonists* was 13.6 percent, an increase of 5.7 percentage points from the previous measurement cycle. Lower rates for this measure indicated better performance. This increase suggested a possible decline in clinical care and a need for enhanced member education on appropriate use of asthma medication and disease management.

For the 2006–2007 asthma medication management focused studies, RMHP showed the strongest performance among the health plans. Based on the results of this year's asthma medication management focused study findings, recommendations for improving RMHP's performance include:

- Implementing quality improvement strategies and interventions to increase appropriate management of asthma medication to the NCQA HEDIS 75th percentile rate of 89.7 percent during the next remeasurement cycle. Potential strategies include increased member education on appropriate asthma management, targeting member education activities to members 18 to 56 years of age who had the highest rates for *Overuse of Inhaled, Short-Acting Beta-Agonists*. Additional strategies may include encouraging providers to evaluate member compliance with prescribed medications at every office visit.
- Increasing provider education and training on the national guidelines for appropriate asthma care. Ongoing communication designed to provide practitioners and their office staff with best practices may help to increase the provision of appropriate asthma care.
- Researching a notification system that alerts case managers when members obtain multiple monthly refills of inhaled, short-acting beta-agonists. Once alerted, case managers should contact members and provide additional education on the appropriate use and management of asthma medication. Another potential strategy might include issuing automatic education mailers or prerecorded phone messages to members who receive more than one canister of inhaled, short-acting beta-agonists per month. The materials should remind the member to contact a provider if the member has difficulty managing asthma.

Perinatal

All of the perinatal care focused study measures were quality measures. Additionally, the HEDIS measures, *Timeliness of Prenatal Care* and *Postpartum Care* also correlated to the domains of timeliness and access.

The HEDIS measure, *Timeliness of Prenatal Care*, which calculated the percentage of women who received a prenatal care visit in the first trimester or within 42 days of enrollment, showed an increase of 3.6 percentage points between the two measurement cycles. *Timeliness of Prenatal Care* was a recognized strength for the health plan, with a rate of 97.1 percent, which was 5.6 percentage points above the NCQA HEDIS 2006 national Medicaid 90th percentile rate of 91.5 percent. The HEDIS measure, *Postpartum Care,* which calculated the percentage of women who received a postpartum care visit on or between 21 and 56 days after delivery, increased 5.0 percentage points to 75.9 percent. *Postpartum Care* was above the NCQA HEDIS 2006 national Medicaid 90th percentile rate of 71.0 percent, demonstrating a strength for the health plan.

Eight of the nine rates (88.9 percent) for the perinatal care focused study increased between the measurement cycles. The largest increase was for *Urinalysis With Culture Testing,* at 14.2 percentage points, followed by *Prior Preterm Delivery and History Evaluation,* at 10.2 percentage points. Both measures represented strengths in RMHP's perinatal care program. Five of the nine measures had rates that exceeded 90.0 percent, with a sixth measure, *Urinalysis With Culture Testing*, exceeding 88 percent. Seven of the eight measures had rate increases of at least 5.0 percentage points. The only decreasing rate was for *Tobacco Cessation Education*, which decreased 21.7 percentage points, demonstrating an opportunity for improvement for the health plan.

RMHP had the highest ratings among all of the health plans in eight of the nine perinatal care measures. RMHP's results for the two HEDIS measures, *Timeliness of Prenatal Care* and *Postpartum Care,* demonstrated the health plan's strength in verifying members have access to services in a timely manner. Based on the results of this year's perinatal care focused study findings, recommendations for improving RMHP's performance include:

- Increasing education for pregnant women on the adverse effects of smoking during pregnancy.
- Training providers to educate all pregnant women on the adverse effects of tobacco use during pregnancy.
- Sharing best practices with other health plans to improve the overall performance of perinatal care statewide.

Primary Care Physician Program

Findings

Table 3-28 displays rates obtained by PCPP for each measure of each focused study. Rates are listed for both the remeasurement (FY 06–07) and baseline study (FY 03–04).

Table 3-28—Focused Study Rates *for* PCPP		
Focused Study Indicators	FY 03–04 Rate	FY 06–07 Rate
Asthma Medication Management		
Use of Appropriate Medications for People With Asthma (HEDIS)	74.3%	83.5%
*Overuse of Inhaled, Short-Acting Beta-Agonists**	7.5%	12.8%
Perinatal Care		
Timeliness of Prenatal Care (HEDIS)	51.8%	53.9%
Substance Abuse Screening	61.2%	49.1%
Tobacco Cessation Screening	59.9%	51.6%
Tobacco Cessation Education	57.1%	55.7%
Urinalysis With Culture Testing	38.8%	52.5%
Prior Preterm Delivery and History Evaluation	57.1%	52.6%
Preterm Birth Risk Assessment	61.2%	48.6%
Chlamydia Screening (modified HEDIS measure)	55.9%	52.3%
Postpartum Care (HEDIS)	47.0%	45.8%

* The *Overuse of Inhaled, Short-Acting Beta-Agonists* measure is structured so that lower rates indicate better performance, which is the opposite structure used for the remaining measures in the table.

Assessment and Recommendations

Asthma

Both of the measures used in the asthma medication management focused study were quality measures. Therefore, the summary assessment of PCPP's asthma medication management focused study results related to the quality domain.

The PCPP rate for *Use of Appropriate Medications for People With Asthma*, which calculated the percentage of members who received at least one dispensed prescription for inhaled corticosteroids, nedocromil, cromolyn sodium, leukotriene modifiers, or methylxanthines, was 83.5 percent, slightly less than the NCQA HEDIS 2006 national Medicaid 25th percentile rate of 84.0 percent. PCPP's rate for this measure increased 9.2 percentage points from the previous measurement cycle and was considered a strength for the health plan. Conversely, the PCPP rate for *Overuse of Inhaled, Short-Acting Beta-Agonists* was 12.8 percent, an increase of 5.3 percentage points from the previous measurement cycle. Lower rates for this measure indicated better performance. This increase

suggested a possible decline in clinical care and the need for enhanced member education on appropriate use of asthma medication and disease management.

Based on the results of this year's asthma medication management focused study findings, recommendations for improving PCPP's performance include:

- Implementing quality improvement strategies and interventions to increase appropriate management of asthma medication to the NCQA HEDIS 50th percentile rate of 87.1 percent during the next remeasurement cycle. Potential strategies include increased member education on appropriate asthma management, targeting member education activities to members 18 to 56 years of age who had the highest rates for *Overuse of Inhaled, Short-Acting Beta-Agonists*. Additional strategies may include encouraging providers to evaluate member compliance with prescribed medications at every office visit.
- Increasing provider education and training on the national guidelines for appropriate asthma care. Ongoing communication designed to provide practitioners and their office staff with best practices may help to increase the provision of appropriate asthma care.
- Researching a notification system that alerts case managers when members obtain multiple monthly refills of inhaled, short-acting beta-agonists. Once alerted, case managers should contact members and provide additional education on the appropriate use and management of asthma medication. Another potential strategy might include issuing automatic education mailers or prerecorded phone messages to members who receive more than one canister of inhaled, short-acting beta-agonists per month. The materials should remind the member to contact a provider if the member has difficulty managing asthma.

Perinatal

All of the perinatal care focused study measures were quality measures. Additionally, the HEDIS measures, *Timeliness of Prenatal Care* and *Postpartum Care* also correlated to the domains of timeliness and access.

The HEDIS measure, *Timeliness of Prenatal Care,* which calculated the percentage of women who received a prenatal care visit in the first trimester or within 42 days of enrollment, showed an increase of 2.1 percentage points between the two measurement cycles. However, at 53.9 percent, the rate was 7.2 percentage points below the NCQA HEDIS 2006 national Medicaid 10th percentile rate of 61.1 percent. The HEDIS measure, *Postpartum Care,* which calculated the percentage of women who received a postpartum care visit on or between 21 and 56 days after delivery, decreased 1.2 percentage points to 45.8 percent and was 3.9 percentage points below the NCQA HEDIS 2006 national Medicaid 25th percentile rate of 49.7 percent. Both HEDIS measures demonstrated opportunities for improvement when compared with the NCQA HEDIS 2006 national Medicaid rates.

Two of the nine perinatal care rates increased. *Timeliness of Prenatal Care* increased by 2.1 percentage points. *Urinalysis With Culture Testing* increased by 13.7 percentage points, a noted strength for the health plan. None of the nine rates reached 60 percent, demonstrating a generalized opportunity for improvement for the health plan. The largest decrease was for *Preterm Birth Risk Assessment,* at 12.6 percentage points, followed by *Substance Abuse Screening,* at 12.1 percentage

points. The relative decline for both of these measures indicated significant opportunities for improvement. Three of the seven declining measures had decreases in rates of at least 5.0 percentage points: *Preterm Birth Risk Assessment, Substance Abuse Screening,* and *Tobacco Cessation Screening*. PCPP had the lowest rates among the health plans for seven of the nine measures.

Based on the results of this year's perinatal care focused study findings, recommendations for improving PCPP's performance include:

- Conducting a causal analysis to determine the reason(s) that pregnant women are not receiving perinatal screenings, tests, education, and other prenatal and postpartum care consistent with selected ACOG screening guidelines.
- Implementing quality improvement strategies to improve the rates for all perinatal care focused study measures. Potential actions include increased member education on the need for prenatal and postpartum care and increased provider training on the importance of appropriate perinatal care. Another strategy might include scheduling postpartum visits while the member is still hospitalized after delivery.
- Implementing automatic education mailers and prerecorded phone messages to remind members of prenatal screenings or postpartum screenings once members are discharged from the hospital.
- Increasing provider education on perinatal clinical practice guidelines and disseminating standardized screening tools containing the ACOG-recommended services.

Overall Statewide Performance for the Focused Studies

Table 3-29 displays the statewide average rates for each focused study. Rates are listed for both the remeasurement (FY 06–07) and baseline study (FY 03–04).

Table 3-29—Focused Study Rates *for* Statewide Average Rates

Focused Study Indicators	FY 03–04 Rate[1]	FY 06–07 Rate[2]
Asthma Medication Management		
Use of Appropriate Medications for People With Asthma (HEDIS)	71.1%	83.9%
*Overuse of Inhaled, Short-Acting Beta-Agonists**	10.4%	14.8%
Perinatal Care		
Timeliness of Prenatal Care (HEDIS)	82.0%	75.4%
Substance Abuse Screening	80.4%	74.9%
Tobacco Cessation Screening	81.0%	75.9%
Tobacco Cessation Education	57.7%	57.0%
Urinalysis With Culture Testing	64.7%	71.1%
Prior Preterm Delivery and History Evaluation	76.4%	76.1%
Preterm Birth Risk Assessment	79.6%	74.6%
Chlamydia Screening (modified HEDIS measure)	73.0%	71.8%
Postpartum Care (HEDIS)	61.9%	54.8%

[1] The aggregate rate for Colorado Access, RMHP, and PCPP.
[2] The aggregate rate for DHMC, RMHP, and PCPP.
* The *Overuse of Inhaled, Short-Acting Beta-Agonists* measure is structured so that lower rates indicate better performance, which is the opposite structure used for the remaining measures in the table.

Asthma

Both of the measures used in the asthma medication management focused study were quality measures. Therefore, the summary assessment of the asthma medication management focused study results related to the quality domain.

The HEDIS measure, *Use of Appropriate Medications for People With Asthma,* which calculated the percentage of members who received at least one dispensed prescription for inhaled corticosteroids, nedocromil, cromolyn sodium, leukotriene modifiers, or methylxanthines, increased by 12.8 percentage points to 83.9 percent, and was only 0.1 percentage point less than the NCQA HEDIS 2006 national Medicaid 25th percentile of 84.0 percent. At 87.0 percent, RMHP's rate for this measure was the highest among all of the health plans. The results of this measure indicated a statewide strength in appropriately prescribing asthma medication.

Conversely, the statewide rate for *Overuse of Inhaled, Short-Acting Beta-Agonists* was 14.8 percent, an increase of 4.4 percentage points from the previous measurement cycle. Lower rates for this

measure indicated better performance. PCPP had the lowest rate among the health plans, at 12.8 percent. Declining performance was consistent among the health plans with comparative rates. Although this was the first year of DHMC's asthma medication management focused study, DHMC's rate was nearly twice the rate of RMHP. The statewide increase demonstrated a statewide opportunity for improvement and the need for enhanced member education on the appropriate use of asthma medication and disease management.

For the 2006–2007 Asthma Medication Management Focused Study, RMHP showed the strongest performance among the health plans. Based on the results of this year's asthma medication management focused study findings, recommendations for improving performance statewide include:

- Implementing a statewide task force to implement quality improvement strategies to increase appropriate management of asthma medication to the NCQA HEDIS 75th percentile rate of 89.7 percent during the next remeasurement cycle. Potential strategies include increased member education on appropriate use of asthma medication and encouraging providers to evaluate member compliance with prescribed medications at every office visit.
- Increasing provider education and training on the national guidelines for appropriate asthma care. Ongoing communication designed to provide practitioners and their office staff with best practices may help to increase the provision of appropriate asthma care.
- Identifying members overusing short-acting, beta-agonists for targeted intervention. Patients who overuse short-acting, beta-agonists may be more likely to use less cost-effective resources, such as the emergency department, urgent care, and inpatient services. Targeted interventions could follow recommendations outlined in Healthy People 2010, including encouraging providers to establish an asthma action plan. The asthma action plan should explain self-management skills, when and how to take medication correctly, and what to do when asthma worsens.

Perinatal

All but two of the perinatal care focused study measures were quality measures. The exceptions were the HEDIS measures, *Timeliness of Prenatal Care* and *Postpartum Care*, which correlated to the domains of timeliness and access.

The HEDIS *Timeliness of Prenatal Care* measure calculated the percentage of women who received a prenatal care visit in the first trimester or within 42 days of enrollment. The statewide rate showed a decrease of 6.6 percentage points between the two measurement cycles. At 75.4 percent, *Timeliness of Prenatal Care* was just above the NCQA HEDIS 2006 national Medicaid 25th percentile rate of 74.2 percent. The HEDIS measure, *Postpartum Care,* which calculated the percentage of women who received a postpartum care visit on or between 21 and 56 days after delivery, showed a decrease of 7.1 percentage points to 54.8 percent, and was 4.0 percentage points below the NCQA HEDIS 2006 national Medicaid 50th percentile rate of 58.8 percent. Both HEDIS measures demonstrated statewide opportunities to improve timely access to care by pregnant women.

Only one of the nine perinatal care rates increased. *Urinalysis With Culture Testing* increased by 6.4 percentage points. The largest statewide decrease was for *Postpartum Care,* at 7.1 percentage points, followed by *Timeliness of Prenatal Care* at 6.6 percentage points. The relative decline for both of these measures indicated significant opportunities for improvement for the perinatal care focused study. None of the nine rates reached 80.0 percent, and five of the seven rates that decreased, did so by at least 5.0 percentage points: *Postpartum Care*, *Timeliness of Prenatal Care*, *Substance Abuse Screening, Tobacco Cessation Screening, and Preterm Birth Risk Assessment*. RMHP showed the strongest performance in the perinatal care focused study and had the highest rates among the health plans for eight of the nine measures. PCPP had the lowest rates among the health plans for seven of the nine measures.

Based on the results of this year's perinatal care focused study findings, recommendations for improving performance statewide include:

- Implementing a statewide quality improvement task force using best practices developed by RMHP for prenatal and postpartum care to facilitate improvement in other health plans' perinatal care measures.
- Increasing member education on the need for appropriate perinatal care and the adverse effects of smoking during pregnancy.
- Increasing provider education on perinatal clinical practice guidelines, especially for PCPP. This may be accomplished using targeted mailings to obstetricians along with standardized screening tools containing the ACOG-recommended services.
- Providing ongoing communication designed to give practitioners and their office staff best practices to increase the provision of appropriate perinatal care.

4. Assessment of Health Plan Follow-up on Prior Recommendations

Introduction

This section of the report presents an assessment of how effectively the health plans addressed the improvement recommendations made by the Department and HSAG during the previous year. As noted in Section 3 of this report, the Department revised its compliance monitoring process, and point-to-point comparisons of the prior year's recommendations may not be possible for all elements.

Denver Health Medicaid Choice

Compliance Monitoring Site Reviews—In the Department's May 2006 Final Site Review Findings report, DHMC received a total score of 92 percent in the compliance monitoring evaluation. There were six corrective actions that included implementing a tracking system to monitor the quality-of-care concern process, communication to members about their rights relative to terminated providers, member handbook approval by the Department, monitoring appointment wait times, continuity-of-care policies, and distinguishing differences between care management and case management policies. The FY 07 site review findings documented that DMHC had not addressed all elements scored *Partially Met* or *Not Met* from the FY 06 site review. Those continued as ongoing corrective actions monitored by the Department.

Validation of Performance Measures—In FY 05–06, DHMC had low performance levels for four measures: *Adolescent Well-Care Visits*; *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life*; *Controlling High Blood Pressure*; and *Comprehensive Diabetes Care—Eye Exam.* All of these measures fell below the national HEDIS Medicaid 50th percentile; therefore, HSAG recommended that improvement efforts focus on improving rates for these measures. Rates for all three comparable measures improved from FY 05–06 to FY 06–07. The rate for *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life* improved by 13.07 percentage points and was the only one of the four measures to exceed the 50th percentile. Furthermore, even though improvements were seen in the *Adolescent Well-Care Visits* measure and the *Comprehensive Diabetes Care—Eye Exam* measure, rates for both measures still fell below the 50th percentile; therefore, DHMC should consider additional efforts that could increase the rates for these measures.

Validation of Performance Improvement Projects—For its 2005 *Childhood Immunizations* PIP, HSAG recommended that DHMC include in its manual data collection tool a brief overview of the PIP study. DHMC submitted the overview and received a *Met* score for that element. There were no other recommendations identified. For its 2005 *Member Satisfaction With Access To Pharmacy Services* PIP, DHMC was required to provide consistent timelines throughout the study report. There were no recommendations for either of the 2006 PIPs, indicating compliance.

Focused Studies—DHMC became an MCO in May 2004 and, therefore, did not participate in the baseline focused studies.

Rocky Mountain Health Plans

Compliance Monitoring Site Reviews—In the Department's May 2006 Final Site Review Findings report, RMHP received a total score of 96 percent in the compliance monitoring evaluation. There were four corrective actions required as a result of the review related to: (1) providing members information about brand-name drug costs; (2) monitoring access to care; (3) cultural sensitivity policies, procedures, and training; and (4) advance directives policy and procedure compliance. The FY 07 site review findings documented that RMHP had not addressed all elements scored *Partially Met* or *Not Met* from the FY 06 site review, and that there were continuing corrective actions regarding cultural sensitivity and advance directives. There was evidence that RMHP was in compliance with providing members information regarding cost differences when brand-name medications were requested.

Validation of Performance Measures—In FY 05–06, RMHP only had two measures, *Adolescent Well-Care Visits* and *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life*, on which HSAG recommended focusing improvement efforts. It appeared that RMHP directed additional improvement efforts toward the well-care measures because the rates for both measures increased from FY 05–06 to FY 06–07. In addition, the rates went from falling below the HEDIS national Medicaid 50th percentile to exceeding the 50th percentile.

Validation of Performance Improvement Projects—RMHP had a *Met* validation status for both PIPs, *Improving Postpartum Care Visit Rates* and *Improving Well-Care Visit Rates for Children and Adolescents*. There were no recommendations for either PIP.

Focused Studies—No health-plan-specific recommendations were made for RMHP in the Colorado Medicaid 2004 Asthma Medication Management Focused Study Evaluation or in the Colorado Medicaid 2004 Perinatal Care Focused Study Evaluation. However, RMHP showed strong performance in the remeasurements, with improved rates in eight of the nine perinatal measures and in one of the two asthma measures.

Primary Care Physician Program

Compliance Monitoring Site Reviews—As a primary care case management program run by Colorado Medicaid, PCPP was not subject to compliance monitoring reviews.

Validation of Performance Measures—PCPP in FY 05–06 was recommended to increase improvement efforts for the *Adolescent Immunization Status* measure and all three of the well-care measures: *Well-Child Visits in the First 15 Months of Life—Six or More Visits*; *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life*; and *Adolescent Well-Care Visits*. Both the *Well-Child Visits in the First 15 Months of Life—Six or More Visits* and *Adolescent Well-Care Visits* measures' rates increased from FY 05–06 to FY 06–07; however, these increases were less than 5 percentage points. Furthermore, none of the measures exceeded the 2006 HEDIS national Medicaid 25th percentile. In fact, rates for *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life* and *Adolescent Well-Care Visits* fell below the 10th percentile. PCPP needs to increase improvement efforts in these areas of care due to continued low levels of performance.

Focused Studies—HSAG recommended in the Colorado Medicaid 2004 Perinatal Care Focused Study Evaluation report that provider education on perinatal care guidelines be increased for PCPP. There were no plan-specific recommendations in the Colorado Medicaid 2004 Asthma Medication Management Focused Study Evaluation. PCPP's performance on the asthma remeasurement showed improved rates for one of the two measures. However, for the perinatal remeasurement, PCPP showed poorer performance on seven of the nine measures than was reported in the baseline study.

Appendix A. EQR Activities—Compliance Monitoring Site Reviews

Introduction

This appendix describes the manner in which the compliance monitoring site review activities were conducted, the resulting data were aggregated and analyzed, and conclusions were drawn as to the quality and timeliness of and access to care furnished by the health plans.

Objectives

Private accreditation organizations, state licensing and Medicaid agencies, and the federal Medicare program all recognize that having standards is only the first step in promoting safe and effective health care. Making sure that the standards are followed is the second step. According to 42 CFR 438.358, a state or its EQRO must conduct a review within a three-year period to determine the health plans' compliance with quality assessment and performance improvement (QAPI) program standards.

The assessment of this compliance was accomplished through monitoring tools developed by the Department that incorporated questions from the protocol and items from the current contract. The compliance monitoring evaluation activities were conducted by the Department, with the results presented by the EQRO in this EQR technical report.

Site reviews were conducted annually. Beginning in FY 07, each site review will address approximately one-third of the 14 contract standards to ensure that over a three-year period, all of the standards are evaluated at least once. The primary objective of the FY 06 and FY 07 site reviews was to determine health plan compliance with federal and State regulations and with contractual requirements in the following five compliance areas:

- *Audits and Reporting*
- *Claims Processing*
- *Confidentiality*
- *Member Facilitation and Accommodation*
- *Member Rights and Responsibilities*

The information and findings from the compliance monitoring evaluations are used by the Department and the individual health plans to:

- Evaluate the quality and timeliness of and access to care furnished by the health plans.
- Identify, implement, and monitor system interventions to improve quality.
- Evaluate the current performance processes.
- Plan and initiate activities to sustain and enhance current performance processes.

Technical Methods of Data Collection

The site review process consisted of a desk audit and an administrative office visit for each health plan. The primary technical method of data collection was the compliance monitoring tool. The Department also followed the guidelines set forth in the February 11, 2003, CMS protocols, *Monitoring Medicaid Managed Care Organizations (MCOs) and Prepaid Inpatient Health Plans (PIHPs)*. Questions and documents to be submitted for review were derived from the protocols.

Health plan site reviews consist of the following:

- **Desk Audit:** The desk audit component consisted of a review of health plan documentation and included one or more of the following: encounter data (bills, supporting medical records, payment records, and correspondence), policies and procedures, practice guidelines, member and provider handbooks, marketing materials, privacy notices, notices of action, release forms, and other easily reviewable documentation. The desk audit was conducted by Quality Improvement Section employees at Department of Health Care Policy & Financing (the Department) offices in advance of the administrative office visit.
- **Administrative Office Visit:** The administrative office visit component consisted of an in-person interview with health plan staff, review of health plan documents and logs not suitable for the desk audit review, interviews with up to three network providers and their staff, and physical inspection of health plan and provider locations. The administrative office visit may have also included in-person interviews with provider/subcontractor staff and a physical inspection of provider/subcontractor documents and locations. A comprehensive administrative office visit for new health plan contracts lasts three or four days. Regular administrative office visits last one to three days. The administrative office visit component of the site review also included questions or concerns arising from the earlier desk audit component.

At the end of the administrative office visit, an exit interview with health plan representative(s) summarized the findings, strengths, and areas for improvement.

Description of Data Obtained

To assess the health plans' compliance with federal and State requirements, the Department obtained information from a wide range of written documents produced by the health plans, including:

- Committee meeting agendas, minutes, and handouts.
- Policies and procedures.
- The QAPI program plan, work plan, and annual evaluation.
- Management/monitoring reports (e.g., grievances, utilization).
- Quarterly compliance reports.
- Provider service and delegation agreements and contracts.
- Clinical review criteria.
- Practice guidelines.

- The provider manual and directory.
- The member handbook and informational materials.
- Staff training materials and documentation of attendance.
- Member satisfaction results.
- Correspondence.
- Records or files related to appeals, grievances, denials, documentation of services, recredentialing, and care coordination.

Additional information for the site review was also obtained through interaction, discussions, and interviews with key health plan staff (e.g., health plan leadership, member services staff, the medical director, etc.).

Data Aggregation, Analysis, and How Conclusions Were Drawn

Upon completing the site review, the Department aggregated all information obtained. The Department analyzed the findings from the document and record reviews and from the interviews. The findings resulted in scores of *Met, Not Met*, or *Not Applicable*.

After completing data aggregation, analysis, and scoring, the Department prepared a preliminary site review report of the findings. The health plans were given the opportunity to respond to the Department's report. Health plan comments were addressed and all necessary corrections were made to the final report. Standards that received a *Not Met* required a health plan corrective action plan (CAP). The CAP included specific actions to be taken to meet the standard and included time frames for completion. The Department monitored the health plans' progress in meeting CAP objectives and time frames.

The BBA, at 42 CFR 438.204(d) and (g) and at 438.320, provides a framework for using findings from EQR activities to evaluate quality, timeliness, and access. HSAG recognizes the interdependence of quality, timeliness, and access, and assigned each of the standards and record reviews to one or more of the three domains. Using this framework, Table A-1 shows HSAG's assignment of standards and record reviews to the three domains of quality, timeliness, and access.

Table A-1—Assignment of Standards to Performance Domains			
Standards	**Quality**	**Timeliness**	**Access**
Audits and Reporting	✓		
Claims Processing	✓		
Confidentiality	✓		
Member Facilitation and Accommodation	✓	✓	✓
Member Rights and Responsibilities	✓		

Introduction

This appendix describes the manner in which, in accordance with 42 CFR 438.358, the validation of performance measure activities was conducted, the resulting data were aggregated and analyzed, and conclusions were drawn as to the quality and timeliness of and access to care furnished by the health plans.

Objectives

As set forth in 42 CFR 438.358, validation of performance measures was one of the mandatory EQR activities. All of the performance measures for the Colorado health plans and PCPP were HEDIS measures. The primary objectives of the performance measure validation process were to:

- Evaluate the accuracy of performance measure data collected by the health plan.
- Determine the extent to which the specific performance measures calculated by the health plan (or on behalf of the health plan) followed the specifications established for each performance measure.
- Identify overall strengths and areas for improvement in the performance measure calculation process.

DHMC and RMHP had existing business relationships with licensed organizations that conducted HEDIS audits for their other lines of business. The Department allowed the health plans to use their existing auditors. The Department mandated that HSAG conduct the NCQA HEDIS Compliance Audit for PCPP. The NCQA HEDIS Compliance Audit followed NCQA audit methodology and encompassed a more in-depth examination of the health plan's processes than the requirements for validating performance measures as set forth by CMS. Therefore, using this audit methodology complied with both NCQA and CMS specifications and allowed for a complete and reliable evaluation of the health plans. The NCQA audit process is described below.

Technical Methods of Data Collection

The following process describes the standard practice for HEDIS audits regardless of the auditing firm. HSAG used a number of different methods and information sources to conduct the audit assessment, including:

- Teleconference calls with Department personnel and vendor representatives, as necessary.
- Detailed review of the Department's completed responses to the Baseline Assessment Tool (BAT), published by NCQA as Appendix B to the *HEDIS Compliance Audit: Standards, Policies, and Procedures, Volume 5*, and updated information communicated by NCQA to the audit team directly.

- On-site meetings in the Department's offices, including:
  - Staff interviews.
  - Live system and procedure demonstration.
  - Documentation review and requests for additional information.
  - Primary HEDIS data source verification.
  - Programming logic review and inspection of dated job logs.
  - Computer database and file structure review.
  - Discussion and feedback sessions.
- Detailed evaluation of the computer programming used to access administrative data sets, manipulate medical record review (MRR) data, and calculate HEDIS measures.
- Reabstraction of a sample of medical records selected by the auditors, with a comparison of results to the Department's MRR contractor's determinations for the same records.
- Requests for corrective actions and modifications to the Department's HEDIS data collection and reporting processes, as well as data samples, as necessary, and verification that actions were taken.
- Accuracy checks of the final HEDIS rates as presented within the NCQA-published Interactive Data Submission System (IDSS)—2007 completed by the Department or its contractor.
- Interviews by auditors, as part of the on-site visit, of a variety of individuals whose job functions or responsibilities played a role in the production of HEDIS data. Typically, such individuals included the HEDIS coordinator, information systems director, medical records staff, claims processing staff, enrollment and provider data manager, programmers, analysts, and others involved in the HEDIS preparation process. Representatives of vendors or contractors who provided or processed HEDIS 2007 (and earlier historical) data may also have been interviewed and asked to provide documentation of their work.

The Department was responsible for preparing and providing the performance report for PCPP, and the health plans were responsible for their respective reports. The auditor's responsibility was to express an opinion on the performance report based on the auditor's examination, using procedures NCQA and the auditor considered necessary to obtain a reasonable basis for rendering an opinion. Although HSAG did not audit the health plans, HSAG did review the audit reports produced by the other licensed organizations. HSAG did not discover any questionable findings or inaccuracies in the reports; therefore, HSAG agreed that these reports were an accurate representation of the health plans.

Description of Data Obtained

As identified in the HEDIS audit methodology, the following key types of data were obtained and reviewed as part of the validation of performance measures:

- **Baseline Assessment Tool (BAT)**. The completed BAT provided background information on the Department's and health plans' policies, processes, and data in preparation for the on-site validation activities.

- **Certified Software Report**. The vendor's certified software report was reviewed to confirm that all of the required measures for reporting had a *Pass* status.
- **Previous Performance Measure Reports**. Previous performance measure reports were reviewed to determine trending patterns and rate reasonability.
- **Supporting Documentation**. This additional information assisted reviewers with completing the validation process, including performance measure definitions, file layouts, system flow diagrams, system log files, policies and procedures, data collection process descriptions, and file consolidations or extracts.
- **On-site Interviews and Demonstrations**. This information was obtained through interaction, discussion, and formal interviews with key health plan and State staff members, as well as through system demonstrations.

Table B-1 displays the data sources used in the validation of performance measures and the time period to which the data applied.

Table B-1—Description of Data Sources	
Data Obtained	Time Period to Which the Data Applied
BAT	CY 06
Certified Software Report	CY 06
Performance Measure Reports	CY 06
Supporting Documentation	CY 06
On-site Interviews and Demonstrations	CY 06

Note: CY stands for calendar year.

Data Aggregation, Analysis, and How Conclusions Were Drawn

The following process describes the standard practice for HEDIS audits regardless of the auditing firm.

HSAG determined results for each performance measure based on the validation activities described above. After completing the validation process, HSAG prepared a report of the performance measure review findings and recommendations for PCPP. This report was forwarded to the Department and PCPP. Health plan auditors forwarded reports to the Department and the health plans.

The BBA, at 42 CFR 438.204(d) and (g) and 438.320, provides a framework for using findings from EQR activities to evaluate the domains of quality, timeliness, and access. HSAG recognized the interdependence of quality, timeliness, and access, and has assigned each of the performance measures to one or more of the three domains. Using this framework, Table B-2 shows HSAG's assignment of performance measures to these domains.

Table B-2—Assignment of Performance Measures to Performance Domains			
Performance Measures	**Quality**	**Timeliness**	**Access**
Childhood Immunization Status—Combo #2	✓	✓	
Childhood Immunization Status—Combo #3	✓	✓	
Appropriate Treatment for Children with URI	✓		
Well-Child Visits in the First 15 Months of Life, 6+ Visits	✓		
Well-Child Visits 3–6 Years of Life	✓		
Appropriate Testing for Children with Pharyngitis	✓		
Adolescent Immunization Status—Combo #2	✓	✓	
Use of Appropriate Medications for People with Asthma (Total)	✓		
Timeliness of Prenatal Care	✓	✓	✓
Postpartum Care	✓	✓	✓
Controlling High Blood Pressure (Total)	✓		
Comprehensive Diabetes Care			
HbA1c Testing	✓		
Poor HbA1c Control	✓		
Good HbA1c Control	✓		
Eye Exam	✓		
LDL-C Screening	✓		
LDL-C Level <100 mg/dL	✓		
Medical Attention for Nephropathy	✓		
Blood Pressure Level <130/80	✓		
Blood Pressure Level <140/90	✓		

Appendix C. EQR Activities—Validation of Performance Improvement Projects

Introduction

This appendix describes the manner in which, in accordance with 42 CFR 438.358, the validation of performance improvement activities was conducted, the resulting data were aggregated and analyzed, and conclusions were drawn as to the quality and timeliness of and access to care furnished by the health plans.

Objectives

As part of its quality assessment and performance improvement program, each health plan was required by the Department to conduct PIPs in accordance with 42 CFR 438.240. The purpose of the PIPs was to achieve, through ongoing measurements and intervention, significant improvement that is sustained over time in both clinical care and nonclinical areas. This structured method of assessing and improving health plan processes is expected to have a favorable affect on health outcomes and member satisfaction. Additionally, as one of the mandatory EQR activities under the BBA, the State was required to validate the PIPs conducted by its contracted health plans and PIHPs. The Department contracted with HSAG to meet this validation requirement.

The primary objective of PIP validation was to determine each health plan's compliance with requirements set forth in 42 CFR 438.240(b)(1), including:

- Measurement of performance using objective quality indicators.
- Implementation of systematic interventions to achieve improvement in quality.
- Evaluation of the effectiveness of the interventions.
- Planning and initiation of activities for increasing or sustaining improvement.

For each health plan, HSAG performed validation activities on two PIPs.

Technical Methods of Data Collection

The methodology used to validate PIPs was based on CMS guidelines as outlined in the CMS publication, *Validating Performance Improvement Projects: A Protocol for Use in Conducting Medicaid External Quality Review Activities*, Final Protocol, Version 1.0, May 1, 2002 (CMS PIP Protocol). Using this protocol, HSAG, in collaboration with the Department, developed the PIP Summary Form, which each health plan completed and submitted to HSAG for review and evaluation. The PIP Summary Form standardized the process for submitting information regarding PIPs and ensured that all CMS protocol requirements were addressed.

HSAG, with the Department's input and approval, developed a PIP validation tool to ensure uniform validation of PIPs. Using this tool, HSAG reviewed each of the PIPs for the following 10 CMS protocol activities:

- Activity I. Appropriate Study Topic
- Activity II. Clearly Defined, Answerable Study Question
- Activity III. Clearly Defined Study Indicator(s)
- Activity IV. Correctly Identified Study Population
- Activity V. Valid Sampling Techniques
- Activity VI. Accurate/Complete Data Collection
- Activity VII. Appropriate Improvement Strategies
- Activity VIII. Sufficient Data Analysis and Interpretation
- Activity IX. Real Improvement Achieved
- Activity X. Sustained Improvement Achieved

Description of Data Obtained

The data needed to conduct the PIP validation were obtained from the health plan's PIP Summary Form. This form provided detailed information about each health plan's PIP as it related to the 10 activities being reviewed and evaluated.

Table C-1—Description of Health Plan Data Sources

Data Obtained	Time Period to Which the Data Applied
PIP Summary Form (Completed by the Health Plan)	FY 05–06

Data Aggregation, Analysis, and How Conclusions Were Drawn

Each required protocol activity consisted of evaluation elements necessary to complete a valid PIP. The evaluation elements within each activity were scored by the HSAG review team as *Met, Partially Met, Not Met*, or *NA*. To ensure a valid and reliable review, some of the elements were designated as critical elements by HSAG. All of the critical elements had to be *Met* for the PIP to produce valid and reliable results.

All PIPs were assigned a validation status as follows:

- *Met*: All critical elements were *Met* and 80 percent to 100 percent of all critical and noncritical elements were *Met*.
- *Partially Met*: All critical elements were *Met* and 60 percent to 79 percent of all critical and noncritical elements were *Met*, or one critical element or more was *Partially Met*.

- *Not Met*: All critical elements were *Met* and less than 60 percent of all critical and noncritical elements were *Met,* or one critical element or more was *Not Met*.
- *NA*: Elements (including critical elements if they were not assessed) were removed from all scoring. (For example, an administrative study would not include medical record review. Elements related to medical record review would be given an *NA* validation status and not be included in any scores).

In addition to the validation status (e.g., *Met*), each PIP was given an overall percentage score for all evaluation elements (including critical elements), which was calculated by dividing the total number of elements *Met* by the sum of the total *Met, Partially Met,* and *Not Met*. A critical element percentage score was then calculated by dividing the total number of critical elements *Met* by the sum of the critical elements *Met, Partially Met*, and *Not Met*.

HSAG assessed the implications of the study's findings on the likely validity and reliability of the results as follows:

- *Met*: Confidence/high confidence in the reported PIP results
- *Partially Met*: Low confidence in the reported PIP results
- *Not Met*: Reported PIP results that were not credible

After completing the validation review, HSAG prepared a report of the findings and recommendations for each validated PIP. These reports, which complied with 42 CFR 438.364, were forwarded to the Department and the appropriate health plan.

While the focus of a health plan's PIP may have been to improve performance related to health care quality, timeliness, or access, EQR activities were designed to evaluate the validity and quality of the health plan's processes for conducting valid PIPs. Therefore, HSAG assigned all PIPs to the quality domain.

Appendix D. EQR Activities—Consumer Assessment of Healthcare Providers and Systems (CAHPS)

Introduction

This appendix describes the manner in which the CAHPS data were aggregated and analyzed and how conclusions were drawn as to the quality, timeliness, and access to care furnished by the health plans.

Objectives

The overarching objective of the CAHPS surveys was to effectively and efficiently obtain information on members' levels of satisfaction with their health care experiences.

Technical Methods of Data Collection

The technical method of data collection was through the administration of the CAHPS 4.0H Adult Medicaid Survey to the adult population and the CAHPS 3.0H Child Medicaid Survey (without the children with chronic conditions measurement set) to the child population. The surveys include a set of standardized items (51 items for the CAHPS 4.0H Adult Medicaid Survey and 76 items for the CAHPS 3.0H Child Medicaid Survey) that assess patient perspectives on care. The surveys were administered in English, with the option to complete the survey by telephone in Spanish. To support the reliability and validity of the findings, HEDIS sampling and data collection procedures were followed for the selection of members and the distribution of surveys. These procedures were designed to capture accurate and complete information to promote both the standardized administration of the instruments and the comparability of the resulting data. Data from survey respondents were aggregated into a database for analysis.

The survey questions were categorized into nine measures of satisfaction. These measures included four global ratings and five composite scores. The global ratings reflected patients' overall satisfaction with their personal doctor, specialist, health plan, and all health care. The composite scores were derived from sets of questions to address different aspects of care (i.e., getting needed care and how well doctors communicate). When a minimum of 100 responses for a measure was not achieved, the result of the measure was "Not Applicable" (NA).

For each of the four global ratings, the percentage of respondents who chose the top satisfaction ratings (a response value of 9 or 10 on a scale of 0 to 10) was calculated. This percentage is referred to as a question summary rate. In addition to the question summary rate, a three-point mean was calculated. Response values of 0 to 6 were given a score of 1, response values of 7 and 8 were given a score of 2, and response values of 9 and 10 were given a score of 3. The three-point mean was the sum of the response scores (1, 2, or 3) divided by the total number of responses to the global rating question. In the 2006 External Quality Review Technical Report, the global ratings summary rates

were reported using responses of 8, 9, and 10 as a top-box response. For 2007, in order to appropriately compare FY 05–06 rates to FY 06–07 rates, the FY 05–06 rate was re-reported in the 2007 External Quality Review Technical Report using responses of only 9 and 10 as a top-box response.

For each of the five composite scores, the percentage of respondents who chose a positive response was calculated. CAHPS composite questions in the adult Medicaid survey had response choices of "Never," "Sometimes," "Usually," and "Always." For the child Medicaid survey, response choices fell into one of two categories: 1) "Never," "Sometimes," "Usually," and "Always" or 2) "Big Problem," "Small Problem," and "Not a Problem."

A positive or top-box response for the composites was defined as a response of "Always" or "Not a Problem." The percentage of top-box responses was referred to as a global proportion for the composite scores. In the 2006 External Quality Review Technical Report, global proportions for composites that had a response of "Never," "Sometimes," "Usually," and "Always" were reported on responses of "Always" and "Usually," while the 2007 External Quality Review Technical Report re-reports FY 05–06 global proportions on a response option of "Always" only.

In addition to the global proportion, a three-point mean was calculated for each of the composite scores. Scoring was based on a three-point scale. Responses of "Always" and "Not a Problem" were given a score of 3, responses of "Usually" or "Small Problem" were given a score of 2, and all other responses were given a score of 1. The three-point mean was the average of the mean score for each question included in the composite.

Although more detail on the psychometric construction of the reported scores was presented in the separate CAHPS reports provided to the Department, an understanding of the handling of missing data is important to interpret the findings. For surveys such as CAHPS, not all questions are answered by all respondents. Missing data can be a function of several issues, such as respondents not feeling comfortable answering certain questions due to lack of experience with the aspect of care being addressed, or human error in skipping an item when completing the survey, among other reasons. Because an analyst cannot determine the precise reason for the missing data, or whether the data were missing randomly or systematically, the aggregation of items used different denominators according to the number of valid responses for each item. Because of this situation, some degree of caution should be used when interpreting findings from the survey. Even though considerable efforts were made to limit the amount of missing data, thereby limiting a plausible source of bias, some degree of missing data is almost inevitable in large-scale surveys such as CAHPS

Description of Data Obtained

Table D-1 and Table D-2 present the question summary rates (i.e., the percentage of respondents offering a positive response) of the 2007 global ratings for DHMC's, RMHP's, and PCPP's adult and child Medicaid populations. Data presented in the tables below for DHMC and RMHP were provided to HSAG by the plans. The plans reported that NCQA methodology was followed in calculating these results. HSAG did not validate these results. Measures at or above the NCQA national averages are highlighted in yellow.

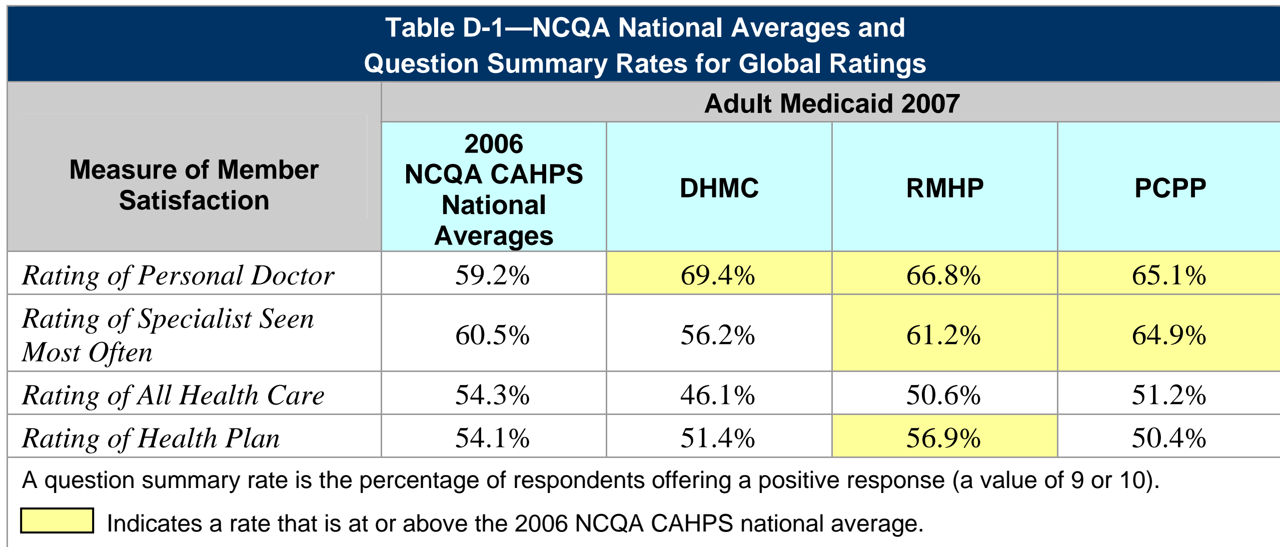

Table D-1—NCQA National Averages and Question Summary Rates for Global Ratings

Measure of Member Satisfaction	Adult Medicaid 2007			
	2006 NCQA CAHPS National Averages	DHMC	RMHP	PCPP
Rating of Personal Doctor	59.2%	69.4%	66.8%	65.1%
Rating of Specialist Seen Most Often	60.5%	56.2%	61.2%	64.9%
Rating of All Health Care	54.3%	46.1%	50.6%	51.2%
Rating of Health Plan	54.1%	51.4%	56.9%	50.4%

A question summary rate is the percentage of respondents offering a positive response (a value of 9 or 10).

Indicates a rate that is at or above the 2006 NCQA CAHPS national average.

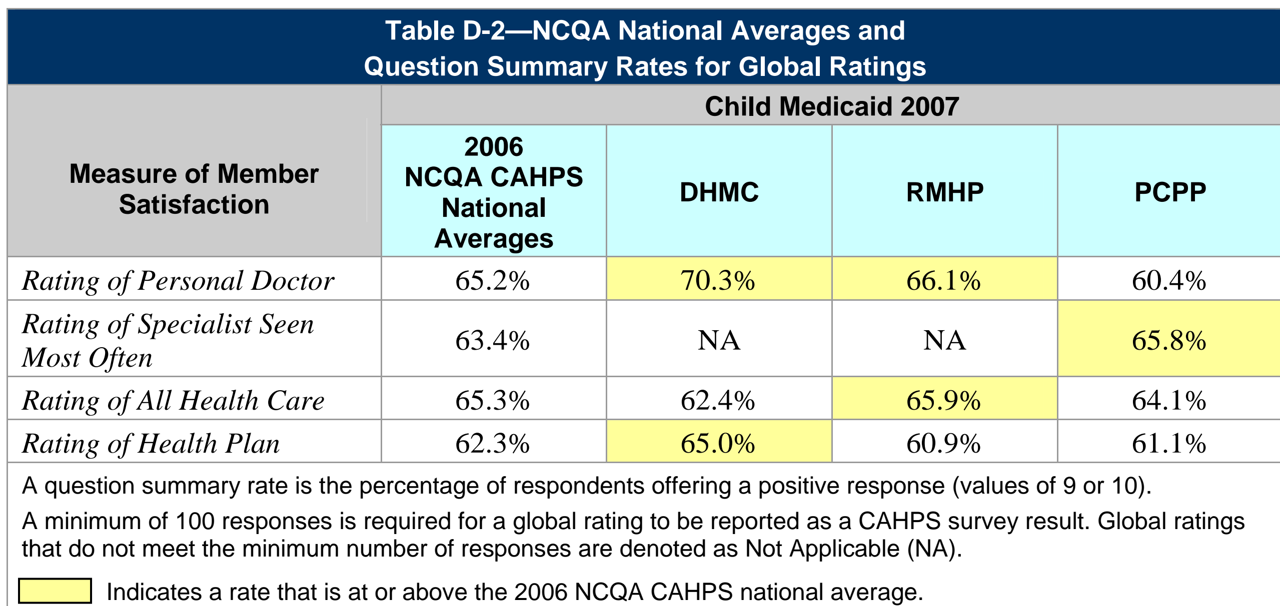

Table D-2—NCQA National Averages and Question Summary Rates for Global Ratings

Measure of Member Satisfaction	Child Medicaid 2007			
	2006 NCQA CAHPS National Averages	DHMC	RMHP	PCPP
Rating of Personal Doctor	65.2%	70.3%	66.1%	60.4%
Rating of Specialist Seen Most Often	63.4%	NA	NA	65.8%
Rating of All Health Care	65.3%	62.4%	65.9%	64.1%
Rating of Health Plan	62.3%	65.0%	60.9%	61.1%

A question summary rate is the percentage of respondents offering a positive response (values of 9 or 10).

A minimum of 100 responses is required for a global rating to be reported as a CAHPS survey result. Global ratings that do not meet the minimum number of responses are denoted as Not Applicable (NA).

Indicates a rate that is at or above the 2006 NCQA CAHPS national average.

Table D-3 and Table D-4 present the global proportions (i.e., the percentage of respondents offering a positive response) for the 2007 composite scores for the adult and child populations. Data presented in the tables below for DHMC and RMHP were provided to HSAG by the plans. The plans reported that NCQA methodology was followed in calculating these results. HSAG did not validate these results.

Table D-3—NCQA National Averages and Global Proportions for Composite Scores

Measure of Member Satisfaction	Adult Medicaid 2007			
	2006 NCQA CAHPS National Averages	DHMC	RMHP	PCPP
*Getting Needed Care**	*	44.5%	58.1%	57.3%
*Getting Care Quickly**	*	49.3%	58.6%	59.9%
How Well Doctors Communicate	61.3%	72.4%	67.1%	67.3%
*Courteous and Helpful Office Staff***	**	**	**	**
*Customer Service**	*	NA	46.3%	NA

* Due to changes in the CAHPS survey, results for these measures are not comparable with the most recent national data available.

** This measure has been eliminated.

A global proportion is the percentage of respondents offering a positive response (“Always”).

A minimum of 100 responses is required for a composite measure to be reported as a CAHPS survey result. Composite measures that do not meet the minimum number of responses are denoted as Not Applicable (NA).

[yellow box] Indicates a rate that is at or above the 2006 NCQA CAHPS national average.

Table D-4—NCQA National Averages and Global Proportions for Composite Scores

Measure of Member Satisfaction	Child Medicaid 2007			
	2006 NCQA CAHPS National Averages	DHMC	RMHP	PCPP
Getting Needed Care	80.7%	82.6%	86.7%	80.7%
Getting Care Quickly	55.9%	44.7%	55.3%	53.7%
How Well Doctors Communicate	71.1%	68.1%	69.2%	65.6%
Courteous and Helpful Office Staff	73.2%	62.2%	71.8%	69.9%
Customer Service	73.6%	NA	NA	NA

A global proportion is the percentage of respondents offering a positive response (“Always” or “Not a Problem”).

A minimum of 100 responses is required for a composite score to be reported as a CAHPS survey result. Composite scores that do not meet the minimum number of responses are denoted as Not Applicable (NA).

[yellow box] Indicates a rate that is at or above the 2006 NCQA CAHPS national average.

Data Aggregation, Analysis, and How Conclusions Were Drawn

Overall perceptions of the quality of medical care and services received can be assessed both from criterion and normative frames of reference. A normative frame of reference was used to compare the responses within each health plan.

The BBA, at 42 CFR 438.204(d) and (g) and 438.320, provides a framework for using findings from EQR activities to evaluate quality, timeliness, and access. HSAG recognized the interdependence of quality, timeliness, and access, and has assigned each of the CAHPS survey questions to one or more of the three domains. Using this framework, Table D-5 shows HSAG's assignment of the CAHPS measures to these performance domains.

Table D-5—Assignment of CAHPS Measures to Performance Domains

CAHPS Measures	Quality	Timeliness	Access
Getting Needed Care	✓		✓
Getting Care Quickly	✓	✓	
How Well Doctors Communicate	✓		
Courteous and Helpful Office Staff	✓		
Customer Service	✓		
Rating of Personal Doctor	✓		
Rating of Specialist Seen Most Often	✓		
Rating of All Health Care	✓		
Rating of Health Plan	✓		

Introduction

HSAG conducted two focused studies of health care for the Department. The topics of these studies were the pharmacological treatment of asthma and the timely and appropriate provision of perinatal care services.

Objectives

The objectives of each of the focused studies were specific to the clinical topic. As such, the objectives are separately delineated under a subheading for the clinical topic, as presented below.

Asthma Medication Management Focused Study

The main objective of the asthma medication management focused study was to evaluate the extent to which Colorado Medicaid members with asthma received appropriate medication management. The asthma study assessed utilization of short-acting beta-agonists to complement the HEDIS asthma measure and allowed the Department and the health plans to monitor overuse of inhaled, short-acting beta-agonists, defined as 12 or more canisters per year.

Comparing the results of the FY 06–07 study with the results of the FY 03–04 study will help the Department and health plans assess the success of any intervention plans that may have been implemented since the last study. The study results can be used to help identify areas of increased, sustained, and needed improvement.

Perinatal Care Focused Study

The perinatal care focused study was conducted in order to understand the extent to which pregnant women were receiving prenatal and postpartum care, as measured by NCQA HEDIS measures, and the completeness of prenatal service, as indicated by compliance with selected ACOG national quality standards.

Comparing the results of the FY 06–07 study with the results of the FY 03–04 study will help the Department and the health plans measure the success of any intervention plans that may have been implemented since the last study. The study results can be used to help identify areas of increased, sustained, and needed improvement.

Technical Methods of Data Collection

The technical methods of data collection and analysis for each of the two focused studies were specific to the clinical topic of each study. As such, these methodologies are separately delineated under a subheading for the clinical topic, as presented below.

Asthma Medication Management Focused Study

The asthma study focused on members enrolled in one of the following health plans: DHMC, RMHP, or PCPP. The study population was limited to beneficiaries between 5 and 56 years of age as of December 31, 2006, who were continuously enrolled and identified as having persistent asthma during 2005 and 2006. Optional exclusions were applied for emphysema and chronic obstructive pulmonary disease. Persistent asthma was defined in the *HEDIS 2007 Technical Specifications,* Volume 2 by any of the following events (during 2005 and 2006):

- At least four asthma medication dispensing events
- At least one emergency department visit with a primary diagnosis of asthma
- At least one hospitalization with a primary diagnosis of asthma
- At least four outpatient visits with a corresponding diagnosis of asthma and at least two asthma medication dispensing events

Each health plan provided a database to HSAG containing the population of members enrolled in the health plan who had asthma, along with pharmacy claims information. For the PCPP population, HSAG obtained the information from the Department and determined the asthma population using the agreed-upon selection and pharmacy criteria. HSAG examined administrative and pharmacy claims data provided by the health plans and the Department to assess utilization of appropriate medications for the treatment of asthma and potential overuse of short-acting beta-agonists.

Perinatal Care Focused Study

The perinatal care focused study included pregnant women enrolled in DHMC, RMHP, and PCPP who delivered a live birth between November 6, 2005, and November 5, 2006, and who were continuously enrolled at least 43 days prior to delivery through 56 days after delivery. The study measures included HEDIS perinatal care measures and compliance with selected ACOG screening guidelines.

The technical method of data collection for the perinatal care focused study was through the aggregation of data on two HEDIS measures and seven ACOG indicators. Using a hybrid methodology, which is recommended in HEDIS, data were collected from two sources: administrative data (i.e., claims and encounter data) and medical record review abstraction data. Each health plan was responsible for locating its members' medical records and for the subsequent medical record abstraction. HSAG was responsible for locating the medical records and abstracting the records for the PCPP. Data collected from the medical record reviews were merged with administrative data to form a combined data set that was used to calculate reported rates in the study.

Description of Data Obtained

The description of the data obtained in each of the focused studies was specific to the clinical topic of each study. As such, these descriptions are separately delineated under a subheading for the clinical topic, as presented below.

Asthma Management Focused Study

Use of Appropriate Medications for People With Asthma (HEDIS 2007) was calculated as the percentage of members in the study population who received at least one dispensed prescription for inhaled corticosteroids, nedocromil, cromolyn sodium, leukotriene modifiers, or methylxanthines during FY 06–07.

Overuse of Inhaled, Short-Acting Beta-Agonists was calculated as the percentage of members in the study population who received dispensed prescriptions for 12 or more canisters of inhaled, short-acting beta-agonists during FY 06–07. (Note: More than one canister may have been dispensed on any given date in FY 06–07 and all of them would have been counted for this measure.)

Only short-acting, beta-agonist-type inhalers were included for this numerator. The following were specifically excluded: long-acting beta-agonists, inhaled corticosteroids, inhaled anti-inflammatories, methyxanthines, nebulized medications, oral bronchodilators, leukotriene modifiers, and mast cell stabilizers.

Perinatal Care Focused Study

HEDIS Measures

1. *Timeliness of Prenatal Care*: The percentage of women in the study population who received a prenatal care visit as members of their respective Medicaid program in the first trimester or within 42 days of enrollment in the Medicaid program.
2. *Postpartum Care*: The percentage of women in the study population who had a postpartum visit on or between 21 and 56 days after delivery.
3. *Chlamydia Screening*: The percentage of women in the study population who were screened during their pregnancy for chlamydia. This measure differed from the HEDIS measure in that only pregnant women were included.

ACOG Standards Measures

4. *Substance Abuse Screening*: The percentage of women in the study population who were screened at any time during their pregnancy for the use of alcohol or illicit/recreational drugs.

5a. *Tobacco Cessation Screening*: The percentage of women in the study population who were screened during their pregnancy for tobacco use.

5b. *Tobacco Cessation Education*: The percentage of women in the study population who used tobacco and received education on smoking/tobacco use, or were advised to stop.

6. *Urinalysis with Culture Testing*: The percentage of women in the study population who had a urinalysis with culture performed during pregnancy.

7a. *Prior Preterm Delivery and History Evaluation*: The percentage of women in the study population with an evaluation of a prior preterm delivery/history present in their medical record. (Note: Women experiencing their first pregnancy were excluded from this measure.)

7b. *Preterm Birth Risk Assessment*: The percentage of women in the study population with an assessment of current preterm birth risk factors present in their medical record within their first three visits with a provider.

Data Aggregation, Analysis, and How Conclusions Were Drawn

Two indicators were evaluated and reported in the asthma focused study. These measures were based on administrative data and used the entire eligible population. No sampling was employed.

The samples for the perinatal study were drawn using HEDIS systematic sampling methodology. The sample size for RMHP was 411, PCPP was 432 and DHMC used its entire eligible population of 227.

The technical method of data analysis for both studies used quality indicator rates for each of the health plans. The rates were formed by dividing the number of people who had received the selected services by the number of people who were eligible for those services. The rates were then assessed both through criterion and normative frames of reference, as described earlier in this report.

In order to draw conclusions and make overall assessments about the quality and timeliness of and access to care provided by the health plans from the focused study findings, HSAG assigned each of the measures to one or more of the three domains as depicted in Table E-1.

Table E-1—Assignment of Focused Study Measures to Performance Domains

Focused Studies Indicators	Quality	Timeliness	Access
Asthma Medication Management			
Use of Appropriate Medications for People With Asthma (HEDIS)	✓		
Overuse of Inhaled, Short-Acting Beta-Agonists	✓		
Perinatal Care			
Timeliness of Prenatal Care (HEDIS)	✓	✓	✓
Substance Abuse Screening	✓		
Tobacco Cessation Screening	✓		
Tobacco Cessation Education	✓		
Urinalysis With Culture Testing	✓		
Prior Preterm Delivery and History Evaluation	✓		
Preterm Birth Risk Assessment	✓		
Chlamydia Screening	✓		
Postpartum Care (HEDIS)	✓	✓	✓

Appendix F. Summary Tables of EQR Activity Results—All Health Plans

Introduction

The following details findings for each health plan from the five EQR activities conducted. This section also depicts the comparative findings from health plan to health plan and the statewide average.

Results From the Compliance Monitoring Site Reviews

Table F-1—Summary of Scores for the Standards for FY 06–07			
Description of Standard	**DHMC**	**RMHP**	**Statewide Average***
Audits and Reporting	84%	97%	90%
Claims Processing	89%	99%	94%
Confidentiality	96%	95%	95%
Member Facilitation and Accommodation	87%	95%	91%
Member Rights and Responsibilities	84%	95%	89%
Totals	**89%**	**97%**	**93%**
* Statewide average rates are weighted averages formed by summing the individual numerators and dividing by the sum of the individual denominators.			

Results From the Validation of Performance Measures

It should be noted that changes were made to specifications for the following measures: C*omprehensive Diabetes Care—LDL-C Screening*, *LDL-C Level <100 mg/dL* and *Medical Attention for Nephropathy,* and for *Controlling High Blood Pressure (Total)*. The changes likely resulted in lower rates for the LDL-C and blood pressure measures and higher rates for the nephropathy measure. Therefore, these rates are not directly comparable to previous years' rates or national benchmarks, and are displayed for informational purposes only.

Furthermore, FY 05–06 data for *Comprehensive Diabetes Care—Good HbA1c Control, Blood Pressure <130/80,* and *Blood Pressure <140/90* were not available due to the measures being new for HEDIS 2007. In addition, FY 05–06 data is not presented for *Childhood Immunization Status—Combo #3, Appropriate Treatment for Children With URI, Use of Appropriate Medications for People With Asthma (Total), Timeliness of Prenatal Care,* and *Postpartum Care* because data were not required by the Department for the 2005–2006 External Quality Review Technical Report.

Table F-2—Comparison Trends of Quality Performance by Colorado Medicaid Health Plans and PCPP

Performance Measures	DHMC		RMHP		PCPP	
	2006	2007	2006	2007	2006	2007
Childhood Immunization Status—Combo #2	85.19%	84.78%	79.21%	74.46%	54.74%	49.39%
Childhood Immunization Status—Combo #3	—	83.70%	—	68.01%	—	41.72%
Appropriate Treatment for Children with URI	—	92.53%	—	90.02%	—	85.19%
Well-Child Visits in the First 15 Months of Life, 6+ Visits	NA	61.11%	33.73%	27.66%	31.96%	35.53%
Well-Child Visits 3–6 Years of Life	55.54%	68.61%	61.49%	67.09%	21.41%	21.12%
Appropriate Testing for Children with Pharyngitis	—	84.07%	—	80.57%	—	57.90%
Adolescent Immunization Status—Combo #2	84.21%	90.32%	46.03%	53.25%	23.60%	14.84%
Adolescent Well-Care Visits	27.36%	35.28%	35.73%	39.48%	23.11%	27.49%
Use of Appropriate Medications for People with Asthma (Total)	—	81.48%	—	87.01%	—	87.85%
Timeliness of Prenatal Care	—	77.39%	—	97.08%	—	54.01%
Postpartum Care	—	33.91%	—	75.91%	—	50.61%
Controlling High Blood Pressure (Total)	55.47%	54.99%	69.25%	63.75%	59.85%	51.09%
Comprehensive Diabetes Care						
HbA1c Testing	83.94%	84.18%	90.51%	91.00%	76.64%	49.15%
*Poor HbA1c Control**	42.34%	38.93%	17.27%	17.76%	70.07%	74.45%
Good HbA1c Control	—	27.49%	—	57.42%	—	17.03%
Eye Exam	45.50%	46.23%	69.59%	63.26%	32.36%	20.44%
LDL-C Screening	86.86%	71.29%	87.83%	71.78%	81.51%	43.80%
LDL-C Level <100 mg/dL	59.85%	48.42%	46.47%	42.34%	20.92%	12.65%
Medical Attention for Nephropathy	58.88%	85.16%	57.18%	81.75%	37.47%	40.63%
Blood Pressure Level <130/80	—	38.93%	—	38.44%	—	24.09%
Blood Pressure Level <140/90	—	61.80%	—	69.34%	—	32.36%

'—' is shown when no data were available or the measure was not reported in last year's technical report.
'NA' is shown when there were fewer than 30 cases in the denominator for the rate.
'*' is shown when the rate is structured such that 0 percent is perfect, which is the reverse of the other measures shown in the table.

Results From the Validation of Performance Improvement Projects

Table F-3—Summary of Data From Validation of Performance Improvement Projects

Validation Activity	Total Possible Evaluation Elements	DHMC		RMHP	
		Childhood Immunization	Pharmacy Access	Postpartum Visits	Well-Care Visits
I. Appropriate Study Topic	6	6/6	6/6	6/6	6/6
II. Clearly Defined, Answerable Study Question	2	2/2	2/2	2/2	2/2
III. Clearly Defined Study Indicator(s)	7	6/6	6/6	5/5	5/5
IV. Use a Representative and Generalizable Study Population	3	3/3	3/3	3/3	3/3
V. Valid Sampling Techniques	6	NA	6/6	6/6	NA
VI. Accurate/Complete Data Collection	11	11/11	6/6	11/11	6/6
VII. Appropriate Improvement Strategies	4	2/2	2/2	NA	NA
VIII. Sufficient Data Analysis and Interpretation	9	6/6	5/5	NA	NA
IX. Real Improvement Achieved	4	NA	NA	NA	NA
X. Sustained Improvement Achieved	1	NA	NA	NA	NA
Total	**53**	**36/36**	**36/36**	**33/33**	**22/22**

Notes:

1. Not all possible evaluation elements were scored. Some elements were Not Assessed (NA) (e.g., Activity V, Sampling, was NA when the entire population was used). Other elements were NA because the PIP had not yet reached that stage of the study.
2. Only scored elements were used when validating the PIP.
3. Total scores are presented as “number met/number scored.”

Results From the Consumer Assessment of Healthcare Providers and Systems (CAHPS)

Table F-4—NCQA National Averages and Question Summary Rates for Global Ratings				
Measure of Member Satisfaction	Adult 2007			
	2006 NCQA CAHPS National Averages	DHMC	RMHP	PCPP
Rating of Personal Doctor	59.2%	69.4%	66.8%	65.1%
Rating of Specialist Seen Most Often	60.5%	56.2%	61.2%	64.9%
Rating of All Health Care	54.3%	46.1%	50.6%	51.2%
Rating of Health Plan	54.1%	51.4%	56.9%	50.4%
The question summary rate is the percentage of respondents offering a positive response (values of 9 or 10).				

Table F-5—NCQA National Averages and Question Summary Rates for Global Ratings				
Measure of Member Satisfaction	Child 2007			
	2006 NCQA CAHPS National Averages	DHMC	RMHP	PCPP
Rating of Personal Doctor	65.2%	70.3%	66.1%	60.4%
Rating of Specialist Seen Most Often	63.4%	NA	NA	65.8%
Rating of All Health Care	65.3%	62.4%	65.9%	64.1%
Rating of Health Plan	62.3%	65.0%	60.9%	61.1%
The question summary rate is the percentage of respondents offering a positive response (values of 9 or 10). A minimum of 100 responses is required for a global rating to be reported as a CAHPS survey result. Global ratings that do not meet the minimum number of responses are denoted as Not Applicable (NA).				

Table F-6—NCQA National Averages and Global Proportions for Composite Scores				
Measure of Member Satisfaction	Adult 2007			
	2006 NCQA CAHPS National Averages	DHMC	RMHP	PCPP
*Getting Needed Care**	*	44.5%	58.1%	57.3%
*Getting Care Quickly**	*	49.3%	58.6%	59.9%
How Well Doctors Communicate	61.3%	72.4%	67.1%	67.3%
*Courteous and Helpful Office Staff***	**	**	**	**
*Customer Service**	*	NA	46.3%	NA

* Due to changes in the CAHPS survey, the results for these measures are not comparable with the most recent national data available.

** This measure has been eliminated.

A global proportion is the percentage of respondents offering a positive response (“Always”).

A minimum of 100 responses is required for a composite score to be reported as a CAHPS survey result. Composite scores that do not meet the minimum number of responses are denoted as Not Applicable (NA).

Table F-7—NCQA National Averages and Global Proportions for Composite Scores				
Measure of Member Satisfaction	Child 2007			
	2006 NCQA CAHPS National Averages	DHMC	RMHP	PCPP
Getting Needed Care	80.7%	82.6%	86.7%	80.7%
Getting Care Quickly	55.9%	44.7%	55.3%	53.7%
How Well Doctors Communicate	71.1%	68.1%	69.2%	65.6%
Courteous and Helpful Office Staff	73.2%	62.2%	71.8%	69.9%
Customer Service	73.6%	NA	NA	NA

A global proportion is the percentage of respondents offering a positive response (“Always” or “Not a Problem”).

A minimum of 100 responses is required for a composite score to be reported as a CAHPS survey result. Composite scores that do not meet the minimum number of responses are denoted as Not Applicable (NA).

Results From the Focused Studies

Table F-8—Focused Studies Rates			
Focused Studies Indicators	**DHMC**	**RMHP**	**PCPP**
Asthma Medication Management			
Use of Appropriate Medications for People With Asthma (HEDIS)	81.5%	87.0%	83.5%
*Overuse of Inhaled, Short-Acting Beta-Agonists**	25.9%	13.6%	12.8%
Perinatal Care			
Timeliness of Prenatal Care (HEDIS)	77.1%	97.1%	53.9%
Substance Abuse Screening	82.8%	97.6%	49.1%
Tobacco Cessation Screening	84.1%	96.8%	51.6%
Tobacco Cessation Education	85.0%	49.2%	55.7%
Urinalysis With Culture Testing	74.4%	88.8%	52.5%
Prior Preterm Delivery and History Evaluation	77.5%	98.9%	52.6%
Preterm Birth Risk Assessment	81.5%	98.1%	48.6%
Chlamydia Screening	82.8%	86.1%	52.3%
Postpartum Care (HEDIS)	33.5%	75.9%	45.8%

* The *Overuse of Inhaled, Short-Acting Beta-Agonists* measure is structured so that lower rates indicate better performance, which is the opposite structure used for the remaining measures in the table.