



COLORADO DEPARTMENT OF HEALTH CARE POLICY & FINANCING

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Bill Ritter, Jr., Governor • Joan Henneberry, Executive Director

June 29, 2007

The Honorable Anne McGihon, Chair
House Health and Human Services Committee
200 E. Colfax Avenue, Room 271
Denver, CO 80203

Dear Representative McGihon:

Enclosed, please find the Colorado Department of Health Care Policy and Financing's submission to the House Health and Human Services Committee on Medicaid's Managed Care Quality.

Section 25.5-5-410, C.R.S. (2006) requires the Department to submit a report, by July 1 each fiscal year, showing a comparison of the effectiveness of the Colorado Medicaid managed care organizations and the primary care physician program based upon common performance standards that shall include but not be limited to recipient satisfaction. The attached "Colorado Medicaid Health Care Plan Report Card," is a tool developed by the Department of Health Care Policy and Financing to enable the Colorado Medicaid client to make a well-informed decision regarding which of the four available health plans is best for them.

The statute also requires the Department to report on the cost-efficiency of each managed care program. This information is also included in the attached report.

Questions regarding this report should be addressed to Lesley Abram, Quality Compliance Specialist, at lesley.abram@state.co.us or (303) 866-5879.

Sincerely,

A handwritten signature in cursive script that reads "Joan Henneberry".

Joan Henneberry
Executive Director

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A Comparison of the Managed Care Programs based on Quality

This report describes the effectiveness of medical care given to clients in the Colorado Medicaid program. For fiscal year 2007 the Colorado Department of Health Care Policy and Financing worked with four health care plans to deliver medical care to Medicaid recipients. The four plans are as follows: Denver Health Medicaid Choice, Rocky Mountain Health Plan, the Department administered Primary Care Physician Program, and the Department administered Fee-for-Service program. The Denver Health Medicaid Choice plan is the only full-risk plan.

For fiscal year 2006, the year included in the 2007 report, the Colorado Medicaid population was distributed among the four health care plans as follows*:

- The monthly average number of people enrolled in Colorado Medicaid was 399,705.
- Of those, 71,799, or approximately 17.9% were enrolled in a managed care organization.
- 36,563 people or approximately 9.1% were enrolled in PCPP.
- 291,343 people or approximately 72.8% were enrolled in the FFS program.

* These numbers were obtained from the Department of Health Care Policy and Financing Strategic Plan FY 07-08 Budget Request

The Department has several contracts to collect data on the performance of Colorado Medicaid health plans. These include client satisfaction information from the Consumer Assessment of Healthcare Providers and Systems dataset and quality of care performance measures included in the Health Plan Employer Data and Information Set (HEDIS®). In addition, the Department and the managed care organizations conduct two focused studies each year. In FY06, the two focused studies were entitled, "Adolescent Well-Care" and "Quality of Care for Diabetics."

Selected data from each of these sources was used to create a consumer report card. Letter grades are used to help Colorado Medicaid clients make an informed decision about which health care plan is best for them. The attached document includes the text and the tables that will be incorporated into Colorado Medicaid's enrollment broker's website. Attached, please find the Colorado Medicaid Health Care Plan Report Card for 2006/2007.

Additionally, Colorado statute (25.5-5-410) also requires the Department to report on the cost-efficiency of each managed care program. RMHP has a contractual provision that provides for the Department to calculate the net savings and value that has been added to the Colorado Medical Assistance Program after payment of the Administrative Services Fee. For the contract year 2004/2005, the cost-effectiveness measurements of this physical health inpatient plan showed a cost avoidance of \$1,058,219.

Colorado Medicaid Health Care Plan Report Card 2006/2007

Choosing a health plan

Before you choose a health plan, you can use these charts to help with your decision. The charts tell you how well doctors and health plans give care to Medicaid members. The charts also tell you how adults and parents feel about the care they get from Medicaid health plans. One chart is for Kids and Teens and the next chart is for Adults.

How to read the chart

- A** Best
- B** Better
- C** Average

Care for Kids and Teens							
How well does the health plan care for Kids and Teens?						How well do you like the plan for Kids and Teens?	
	Overall rating of Health Plan	Getting the right vaccines for kids	Getting well care for babies	Getting well care ages 3-6 years old	Getting well care ages 12-19 years old	Overall Rating of Health Plan for Kids (what parents thought)	Are you Happy with the Doctor or Nurse for your Kids?
Denver Health Medicaid Choice	A	A	A	B	C	B	A
Rocky Mountain Health Plan	A	A	A	B	B	A	A
Primary Care Physician Program	C	B	C	C	C	B	A
Fee-for-Service Program	C	C	C	C	C	B	B

Care for Adults

How well does the health plan care for Adults?					How well do you like the plan for Adults?	
	Overall rating of health plan	Getting check-ups for adults	Complete diabetes care	Getting care when you are pregnant	Overall rating of health plan for adults (what adults thought)	Are you happy with your doctor or nurse?
Denver Health Medicaid Choice	C	B	A	B	C	A
Rocky Mountain Health Plan	A	A	A	A	A	A
Primary Care Physician Program	C	C	C	C	B	B
Fee-for-Service Program	C	C	C	C	C	C

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