

# COLORADO DEPARTMENT OF HEALTH CARE POLICY AND FINANCING

REPORT TO JOINT HEALTH AND HUMAN SERVICES COMMITTEE

A COMPARISON OF THE MEDICAID MANAGED CARE PROGRAMS
BASED ON QUALITY & EFFICIENCY

C.R.S. 25.5-5-410

JULY 1, 2009

Cc: Representative Sara Gagliardi, Vice-Chairman, House Health and Human Services Committee

Representative Cindy Acree, House Health and Human Services Committee

Representative Cheri Gerou, House Health and Human Services Committee

Representative Daniel Kagan, House Health and Human Services Committee

Representative John Kefalas, House Health and Human Services Committee

Representative Jim Kerr, House Health and Human Services Committee

Representative B.J. Nikkel, House Health and Human Services Committee

Representative Dianne Primavera, House Health and Human Services Committee

Representative Ellen Roberts, House Health and Human Services Committee

Representative Spencer Swalm, House Health and Human Services

Senator Lois Tochtrop, Vice-Chairman, Senate Health and Human Services Committee

Senator Morgan Carroll, Senate Health and Human Services Committee

Senator Kevin Lundberg, Senate Health and Human Services Committee

Senator Shawn Mitchell, Senate Health and Human Services Committee

Senator John P. Morse, Senate Health and Human Services Committee

Senator Linda Newell, Senate Health and Human Services Committee

Senator David Schultheis, Senate Health and Human Services Committee

Senator Brandon C. Shaffer, President of the Senate

Senator John Morse, Senate Majority Leader

Senator Josh Penry, Senate Minority Leader

Representative Terrance D. Carroll, Speaker of the House

Representative Paul Weissmann, House Majority Leader

Representative Mike May, House Minority Leader

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### COLORADO DEPARTMENT OF HEALTH CARE POLICY & FINANCING

1570 Grant Street, Denver, CO 80203-1818 • (303) 866-2993 • (303) 866-4411 Fax • (303) 866-3883 TTY Bill Ritter, Jr., Governor • Joan Henneberry, Executive Director

July 1, 2009

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

Dear Representative Riesberg:

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 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 Beverly Hirsekorn, Manager of Health Outcomes and Quality Management, at beverly.hirsekorn@state.co.us or 303-866-6320.

Sincerely,

Joan Henneberry Executive Director

John Christery

BH:JH/tr

Enclosure: Colorado Medicaid Managed Care Report Card



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July 1, 2009

The Honorable Betty Boyd, Chairman Senate Health and Human Services Committee 200 E. Colfax Avenue, Room 346 Denver, CO 80203

Dear Senator Boyd:

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

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Sincerely,

Joan Henneberry Executive Director

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Enclosure: Colorado Medicaid Managed Care Report Card

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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 FY 2008-09 the Colorado Department of Health Care Policy and Financing worked with five health care plans to deliver medical care to Medicaid recipients. The five plans are as follows: Denver Health Medicaid Choice, Rocky Mountain Health Plan (RMHP), Colorado Access, the Department-administered Primary Care Physician Program, and the Department-administered Fee-for-Service program. The Denver Health Medicaid Choice and Colorado Access plans are fully capitated. The majority of approximately 2,300 clients using Colorado Access have chronic conditions.

April 2009 year-to-date figures show 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 431,216.
- Of those, 41,171, or approximately 10% were enrolled in a managed care organization.
- 22,889 people or 5% were enrolled in PCPP.
- 367,156 people or approximately 85% were enrolled in the FFS program.

The Department has two primary activities that collect data on the performance of Colorado Medicaid health plans. These include client satisfaction information from the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) dataset and quality of care performance measures included in the Health Plan Employer Data and Information Set (HEDIS®).

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 web site. Attached, please find the Colorado Medicaid Health Care Plan Report Card for 2008/2009.

Additionally, Colorado statute (25.5-5-410 C.R.S.) (2009) FY 2008-09 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 FY 2004-05, the most recent year that this information has been calculated, the cost-effectiveness measurements of this physical health inpatient plan showed a cost avoidance of \$1,058,219.

<sup>\*</sup> Department of Health Care Policy and Financing's Report to the Joint Budget Committee, May 15, 2009

## Colorado Medicaid Health Care Plan Report Card 2008/2009

#### 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

How well does the health plan care for Kids and Teens?							
	Getting the right vaccines for kids	Getting regular check-ups for babies	Getting well care ages 3-6 years old	Getting well care ages 12-21 years old			
Denver Health Medicaid Choice	Α	Α	В	Α			
Rocky Mountain Health Plan	Α	С	В	A			
Primary Care Physician Program	В	С	С	С			
Fee-for-Service Program	С	С	С	С			

Care for Adults								
How well does the health plan care for Adults?				How well do you like the plan for Adults?				
	Getting check- ups for adults	Care for heart problems	Getting care when you are pregnant	Overall rating of health plan for adults	Are you happy with your doctor or nurse?			
Denver Health Medicaid Choice	С	В	В	В	A			
Rocky Mountain Health Plan	В	В	Α	Α	Α			
Primary Care Physician Program	С	С	В	В	В			
Fee-for- Service Program	С	С	С	С	С			