



**COLORADO DEPARTMENT OF HEALTH CARE
POLICY AND FINANCING**

REPORT TO JOINT HEALTH AND HUMAN SERVICES COMMITTEE

A Comparison of the Managed Care Programs Based on Quality

C.R.S. 25.5-5-410

JULY 1, 2010



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, 2010

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 and Quality.

Section 25.5-5-410, C.R.S. (200) 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 Katie Brookler, Strategic Projects at katie.brookler@state.co.us or (303) 866-6173.

Sincerely,

A handwritten signature in black ink, appearing to read 'Joan Henneberry', is written over a horizontal line.

Joan Henneberry
Executive Director

KB:JH/lis

Enclosure: Colorado Medicaid Health Plan Report Card 2009



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Cc: Representative Sara Gagliardi, Vice-Chairman, House Health and Human Services Committee
Representative Cindy Acree, House Health and Human Services Committee
Representative Dennis Apuan, House Health and Human Services Committee
Representative Cheri Gerou, 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 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 Committee
Representative Max Tyler, House Health and Human Services Committee
Senator Linda Newell, Vice-Chair, 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 Paula Sandoval, Senate Health and Human Services Committee
Senator David Schultheis, Senate Health and Human Services Committee
Senator Brandon Shaffer, President of the Senate
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Representative Paul Weissman, House Majority Leader
Representative Mike May, House Minority Leader
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Phil Kalin, Center for Improving Value in Health Care (CIVHC) Director
Joanne Lindsay, Public Information Officer
HCPF Budget Library, HCPF Budget Division

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 2009-2010 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 2,000 clients enrolled with Colorado Access have chronic conditions.

April 2010 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 495,640.
- Of those, 44,779 people, or approximately 9%, were enrolled in a managed care organization.
- 23,170 people, or approximately 5%, were enrolled in PCPP.
- 427,691 people, or approximately 86%, were enrolled in the FFS program.

* These numbers were obtained from the Department of Health Care Policy and Financing [June 2010 caseload report](#)

Health and Outcomes Data

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 Healthcare Effectiveness Data and Information Set (HEDIS[®]).

Selected data from each of these sources was used to create a consumer report card. Letter grades are used in the report card to help Colorado Medicaid clients make an informed decision about which health care plan is best for them. Attached, please find the Colorado Medicaid Health Care Plan Report Card for 2009.

Cost Effectiveness

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. As reported last year, the cost-effectiveness measurements of this physical health inpatient plan showed a cost avoidance of \$1,058,219 for the 2004-05 fiscal year, which is the most recent year cost-effectiveness was calculated. The Centers for Medicare and Medicaid Services (CMS) has requested that the Department modify how it calculates the net savings and value with Rocky Mountain Health Plan. This impacted the Department's calculation of cost efficiency. Implementation of the CMS changes is progressing and the Department expects that it will have updated cost and quality information to provide the General Assembly in next year's version of this legislative report.



Dear Member:

Our records show that you are now in your Open Enrollment period. This is the time of year when you are able to change health plans. If you are happy with your current health plan **no change is needed**.

Most people choose a health plan with doctors or specialists they already know and like. If you want to learn more about your health plan options, visit www.HealthColorado.org or call HealthColorado at (303) 839-2120 (Denver Metro Area) or 1-888-367-6557 (all other areas).

This Health Plan Report Card tells you information to help you make a decision about changing health plans.

If you want to change health plans, call HealthColorado at (303) 839-2120 (Denver Metro Area) or 1-888-367-6557 (all other areas).

HealthColorado Enrollment
303 East 17th Avenue, Suite 105
Denver, Colorado 80202-1289



HealthColorado
Your Medicaid Choice



HealthColorado
Your Medicaid Choice

Colorado Medicaid Health Plan Report Card 2009



This Report Card tells you about the Medicaid health plans.

You can use this chart to help you choose the Medicaid health plan and doctor that is best for you.



How we got the grades for this report card

We collected information from Medicaid clients about the care they got from Medicaid health plans and Medicaid doctors. We also collected information from Medicaid doctors. Then we gave each plan a grade: **A, B, C.**

Denver Health Medicaid Choice

How well does the health plan care for children and teenagers?

Parents' overall rating of Health Plan.....	C
My child gets the right vaccines.....	A
My baby gets regular checkups	A
My children ages 3-6 get regular checkups.....	B
My children ages 12-21 get regular checkups.....	A

How well do parents like the health plan?

Getting care quickly.....	C
Parents are happy with their children's doctor.....	C

How well does the health plan care for adults?

Overall rating of Health Plan	C
Getting care for pregnant women	A
Getting care for mom after baby is born	A*
Care for heart problems	A
Getting routine care	B

How well do adults like the health plan?

Getting care when needed	C
Adults happy with their doctor	A

*Denver Health Medicaid Choice starts their care for new moms 2 weeks after babies are born and the report card grades health plans' care starting 3 weeks after babies are born. So the report card may not show how well Denver Health Choice cares for new moms.

Rocky Mountain Health Plan

How well does the health plan care for children and teenagers?

Parents' overall rating of Health Plan.....	A
My child gets the right vaccines.....	A
My baby gets regular checkups	A
My children ages 3-6 get regular checkups.....	B
My children ages 12-21 get regular checkups.....	A

How well do parents like the health plan?

Getting care quickly.....	A
Parents are happy with their children's doctor.....	A

How well does the health plan care for adults?

Overall rating of Health Plan	A
Getting care for pregnant women	A
Getting care for mom after baby is born	A
Care for heart problems	B
Getting routine care	A

How well do adults like the health plan?

Getting care when needed	A
Adults happy with their doctor	A

Well-child check-ups for children

Medicaid pays for well-child check-ups for children age 20 and under. Babies, small children, teenagers and young adults all grow and change quickly.

It is important to take children to the doctor for regular check-ups even when they are not sick. Often the doctor can find small problems and keep them from becoming big problems.

The Department of Health Care Policy Financing

Improving access to cost-effective, quality health care services for Coloradans

Primary Care Physician Program (PCPP)

How well does the health plan care for children and teenagers?

Parents' overall rating of Health Plan.....	B
My child gets the right vaccines.....	B
My baby gets regular checkups	C
My children ages 3-6 get regular checkups.....	C
My children ages 12-21 get regular checkups.....	C

How well do parents like the health plan?

Getting care quickly.....	A
Parents are happy with their children's doctor.....	A

How well does the health plan care for adults?

Overall rating of Health Plan	C
Getting care for pregnant women	C
Getting care for mom after baby is born	C
Care for heart problems	C
Getting routine care	A

How well do adults like the health plan?

Getting care when needed	A
Adults happy with their doctor	B

Regular Medicaid

How well does the health plan care for children and teenagers?

Parents' overall rating of Health Plan.....	C
My child gets the right vaccines.....	C
My baby gets regular checkups	C
My children ages 3-6 get regular checkups.....	C
My children ages 12-21 get regular checkups.....	C

How well do parents like the health plan?

Getting care quickly.....	B
Parents are happy with their children's doctor.....	A

How well does the health plan care for adults?

Overall rating of Health Plan	C
Getting care for pregnant women	C
Getting care for mom after baby is born	C
Care for heart problems	C
Getting routine care	B

How well do adults like the health plan?

Getting care when needed	B
Adults happy with their doctor	B