2008 HEDIS® Aggregate Report

for

Child Health Plan *Plus*

February 2009

This report was produced by Health Services Advisory Group, Inc. for the Colorado Department of Health Care Policy & Financing.

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ACKNOWLEDGMENTS AND COPYRIGHTS

1. Overview

The Colorado Department of Health Care Policy & Financing (the Department) operates the Colorado Children's Health Insurance Plan (CHIP). The CHIP program is also known as Child Health Plan *Plus* (CHP+). The Department contracted with four health maintenance organizations (HMOs) for State fiscal year (FY) 2007–2008 to deliver health care services: Colorado Access (CO Access); Denver Health Medical Plan, Inc. (DHMP); Rocky Mountain Health Plans (RMHP); and Kaiser Permanente (Kaiser). In areas of the State with no HMO coverage the CHP+ program ran a state managed care network (SMCN) via direct contracts with providers, hospitals, and ancillary services.

The Department contracted with Health Services Advisory Group, Inc. (HSAG) to provide external quality review organization (EQRO) services for the Colorado CHP+ program. The EQRO scope of work included calculation of a set of performance measures for the CHP+ SMCN and the development of a composite report, combining HMO performance measure data with SMCN data.

The Department selected the Healthcare Effectiveness Data and Information Set (HEDIS®), which is the most widely used set of performance measures in the managed care industry. The Department identified a subset of HEDIS measures that each HMO calculated and reported. Each HMO underwent a HEDIS Compliance Audit™ through a licensed audit organization and submitted the audited results and audit statement to HSAG. HEDIS results for the SMCN were calculated by HSAG and were not audited per the Department's specifications. The National Committee for Quality Assurance (NCQA) *HEDIS 2008 Technical Specifications, Volume 2* was used for calculation of the measures. The CHP+ program selected the following 2008 HEDIS measures:

- *Lead Screening in Children*
- *Children and Adolescents' Access to Primary Care Practitioners*
- *Well-Child Visits in the First 15 Months of Life*
- *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life*
- *Follow-Up Care for Children Prescribed ADHD Medication*

This is the fourth year that the Department is implementing a performance measurement system to measure CHP+ performance through an objective process and compare performance against identified goals. The Department chose to use the HEDIS measures that were developed for Medicaid, which is in accordance with NCQA specifications for the CHIP product line. DHMP, Kaiser, RMHP, and SMCN reported all rates using the administrative-only method of data collection. CO Access submitted hybrid rates; however, due to Department specifications, this report used only administrative rates from CO Access.

This report displays HEDIS measure results in two formats: tabular and graphical. All figures display the CO CHP+ weighted averages and the individual health plan's results. Calculation of the CO CHP+ weighted averages included health plan measures with a denominator of less than 30. However, NCQA/HEDIS standards, policies, and procedures consider these rates "Not Applicable" because the denominator is too small to report a valid rate.

Note: Per Department instructions, only health plan administrative rates are presented. Health plans may have collected and reported hybrid rates to NCQA; however, for comparative purposes with the SMCN population, only the administrative rates are presented.

Measure Calculation—Managed Care Network

HSAG was responsible for calculation of the selected HEDIS measures for the SMCN. To calculate the measures, HSAG completed the following steps:

- **Identify necessary data elements:** Based on the list of HEDIS measures selected for reporting by the Department, HSAG's audit staff identified the data elements that were necessary to produce the HEDIS measures.
- **Obtain SMCN data:** A third-party administrator (TPA) processed claims, enrollment, provider, pharmacy, and other data for the State's SMCN as instructed by the Department. HSAG obtained the data dictionary and the raw data for calendar years 2006 and 2007 from the TPA.
- **Format data for HEDIS calculation:** HSAG contracted with an NCQA-certified software vendor, Austin Provider Solutions (APS), for calculation of the measures. HSAG prepared the data in the vendor-specified format, validated the data against the raw source data, and forwarded the files to APS.
- **Calculate the HEDIS measures:** APS calculated the selected HEDIS measures using NCQA-certified software. NCQA certification ensures that the measure calculations are performed in full compliance with NCQA HEDIS technical specifications.
- **Review the measure results:** Once the HEDIS measure results were available, HSAG staff reviewed the results for reasonability and accuracy. This report includes the results.

Collection of HMO HEDIS Data

The HMOs were responsible for calculating the selected measures for their respective CHP+ populations. HSAG developed a data submission template for use by each HMO. The HMO staff populated the template with the HEDIS measure results and forwarded it to HSAG. Each HMO contracted with an NCQA-licensed audit organization and underwent an NCQA HEDIS Compliance Audit. HSAG analysts prepared and validated a Statistical Analysis Software (SAS) dataset. All figures and tables displayed in this report were produced from the SAS dataset.

SMCN Pre-HMO Period and Retroactive Enrollment

If an individual is an SMCN member and not yet a member of his or her selected HMO, the member is in the "pre-HMO period." This period normally lasts two to six weeks.

At times members may have difficulty enrolling in the CHP+ program. To ensure that members have coverage from the application date, a CHP+ program representative may request a retroactive enrollment. The State does retroactive enrollments with a span assigned to the SMCN to fill in the gap between the application date and the day before the start date for HMO enrollment. Once a

member completes the retroactive enrollment span with the SMCN, the pre-HMO period ends and the individual becomes a member of the selected HMO.

A potential member must complete an application for the CHP+ program to determine eligibility. After the State approves a member for the CHP+ program, an eligibility span is created for the pre-HMO period. The State determines enrollment spans as follows:

- If the authorization date occurs on or before the 21st of the month of application, the start date for HMO enrollment is the first day of the following month (i.e., if authorization occurs on September 19, 2008, HMO enrollment will begin on October 1, 2008).
- If the authorization date occurs after the 21st of the month, the start date for HMO enrollment is the first day of the subsequent month (i.e., if authorization occurs on September 23, 2008, HMO enrollment will begin November 1, 2008).

3. Tabular Results

This section presents tables showing the results for the following HEDIS measures:

- *Lead Screening in Children*
  - *Lead Screening in Children* looks at the percentage of children who had one or more capillary or venous blood tests for lead poisoning by their second birthday.
- *Children's and Adolescents' Access to Primary Care Practitioners*
  - The *Children's and Adolescents' Access to Primary Care Practitioners* measure looks at visits to pediatricians, family physicians, and other primary care providers as a way to assess general access to care for children. Rates for four age groups are provided: 12 to 24 months of age, 25 months to 6 years of age, 7 to 11 years of age, and 12 to 19 years of age.
- *Well-Child Visits in the First 15 Months of Life*
  - *Well-Child Visits in the First 15 Months of Life—Zero Visits* calculates the percentage of members who turned 15 months of age during the measurement year, were continuously enrolled from 31 days of age, and received no visits with a primary care practitioner (PCP) during their first 15 months of life.
  - *Well-Child Visits in the First 15 Months of Life—Six or More Visits* calculates the percentage of members who turned 15 months of age during the measurement year, were continuously enrolled from 31 days of age, and received six or more visits with a PCP during their first 15 months of life.
- *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life*
  - *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life* reports the percentage of members who were 3, 4, 5, or 6 years of age during the measurement year; were continuously enrolled during the measurement year; and received one or more well-child visits with a PCP during the measurement year.
- *Follow-Up Care for Children Prescribed ADHD Medication*
  - *Follow-Up Care for Children Prescribed ADHD Medication* looks at the percentage of children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 10-month period, including one visit within 30 days of the first dispensing of the ADHD medication. Two rates are reported: one for the initiation phase and the other for the continuation and maintenance phase.

Table 3-1—Colorado CHP+ HEDIS 2008 Tabular Results
Lead Screening in Children

Plan Name	Eligible Population	Rate
CHP+ SMCN	312	4.2%
CO Access	207	25.1%
DHMP	48	80.9%
KAISER	0	NR
RMHP	60	16.7%

2008 CO CHP+ Weighted Average	18.2%

National HEDIS 2007 Medicaid 50th Percentile	--

NR indicates that the health plan calculated the measure but the rate was materially biased or the health plan chose not to report the measure.

--New measure in 2008. No national data available.

Note: *Per Department instructions, only health plan administrative rates are presented. Health plans may have collected and reported hybrid rates to NCQA; however, for comparative purposes with the SMCN population, only the administrative rates are presented.*

Table 3-2—Colorado CHP+ HEDIS 2008 Tabular Results
Children's and Adolescents' Access to Primary Care Practitioners

	Ages 12 to 24 Months		Ages 25 Months to 6 Years		Ages 7 to 11 Years		Ages 12 to 19 Years	
Plan Name	**Eligible Population**	**Rate**	**Eligible Population**	**Rate**	**Eligible Population**	**Rate**	**Eligible Population**	**Rate**
CHP+ SMCN	202	78.7%	1,339	74.2%	665	86.0%	975	86.7%
CO Access	181	92.3%	1,738	85.2%	1,091	90.4%	1,434	90.9%
DHMP	56	98.2%	442	80.1%	196	91.8%	271	87.5%
KAISER	48	95.8%	298	91.3%	185	95.1%	317	95.6%
RMHP	60	98.3%	393	88.6%	224	93.3%	316	92.4%
2008 CO CHP+ Weighted Average		88.8%		81.9%		89.9%		89.9%
2007 CO CHP+ Weighted Average		87.9%		76.9%		87.6%		88.5%
2006 CO CHP+ Weighted Average		72.9%		61.8%		81.5%		82.1%
National HEDIS 2007 Medicaid 50th Percentile		95.8%		86.7%		87.2%		85.3%

Table 3-3—Colorado CHP+ HEDIS 2008 Tabular Results
Well-Child Visits in the First 15 Months of Life

Plan Name	Eligible Population	0 Visits Rate*	6 or More Visits Rate
CHP+ SMCN	76	22.4%	21.1%
CO Access	67	3.0%	13.4%
DHMP	10	NA	NA
KAISER	21	NA	NA
RMHP	34	2.9%	44.1%
2008 CO CHP+ Weighted Average		10.6%	21.6%
2007 CO CHP+ Weighted Average		9.5%	20.8%
2006 CO CHP+ Weighted Average		12.9%	26.3%
National HEDIS 2007 Medicaid 50th Percentile		1.4%	56.6%

NA indicates that the health plan followed the specifications for producing a reportable denominator, but the denominator was too small to report a valid rate, resulting in a Not Applicable (NA) rate.

**For this measure, a lower rate indicates better performance (i.e., low rates of no visits indicate better care).*

***Note:** Per Department instructions, only health plan administrative rates are presented. Health plans may have collected and reported hybrid rates to NCQA; however, for comparative purposes with the SMCN population, only the administrative rates are presented.*

Table 3-4—Colorado CHP+ HEDIS 2008 Tabular Results
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life

	Third–Sixth Years of Life	
Plan Name	**Eligible Population**	**Rate**
CHP+ SMCN	1,098	46.5%
CO Access	1,429	57.5%
DHMP	365	50.4%
KAISER	254	72.8%
RMHP	327	63.9%
2008 CO CHP+ Weighted Average		55.0%
2007 CO CHP+ Weighted Average		54.6%
2006 CO CHP+ Weighted Average		33.6%
National HEDIS 2007 Medicaid 50th Percentile		67.5%

Note: *Per Department instructions, only health plan administrative rates are presented. Health plans may have collected and reported hybrid rates to NCQA; however, for comparative purposes with the SMCN population, only the administrative rates are presented.*

Table 3-5—Colorado CHP+ HEDIS 2008 Tabular Results
Follow-Up Care for Children Prescribed ADHD Medication

	Initiation Phase		Continuation and Maintenance Phase	
Plan Name	**Eligible Population**	**Rate**	**Eligible Population**	**Rate**
CHP+ SMCN	83	28.9%	26	NA
CO Access	74	47.3%	31	48.4%
DHMP	8	NA	0	NA
KAISER	1	NA	0	NA
RMHP	16	NA	3	NA
2008 CO CHP+ Weighted Average		36.3%		38.3%
National HEDIS 2007 Medicaid 50th Percentile		32.1%		34.2%

NA indicates that the health plan followed the specifications for producing a reportable denominator, but the denominator was too small to report a valid rate, resulting in a Not Applicable (NA) rate.

Table 3-6—Colorado CHP+ HEDIS 2008 Tabular Results
Overall Results

HEDIS Measures	CHP+ SMCN	CO Access	DHMP	Kaiser	RMHP	CO CHP+ 2008 Weighted Average
Lead Screening in Children	4.2%	25.1%	80.9%	NR	16.7%	18.2%
Children's and Adolescents' Access Ages 12–24 Months	78.7%	92.3%	98.2%	95.8%	98.3%	88.8%
Children's and Adolescents' Access Ages 25 Months–6 Years	74.2%	85.2%	80.1%	91.3%	88.6%	81.9%
Children's and Adolescents' Access Ages 7–11 Years	86.0%	90.4%	91.8%	95.1%	93.3%	89.9%
Children's and Adolescents' Access Ages 12–19 Years	86.7%	90.9%	87.5%	95.6%	92.4%	89.9%
Well-Child 0–15 Months Zero Visits	22.4%	3.0%	NA	NA	2.9%	10.6%
Well-Child 0–15 Months 6 or More Visits	21.1%	13.4%	NA	NA	44.1%	21.6%
Well-Child Visits 3–6 Years	46.5%	57.5%	50.4%	72.8%	63.9%	55.0%
Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase	28.9%	47.3%	NA	NA	NA	36.3%
Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase	NA	48.4%	NA	NA	NA	38.3%

NR indicates that the health plan calculated the measure but the rate was materially biased or the health plan chose not to report the measure.

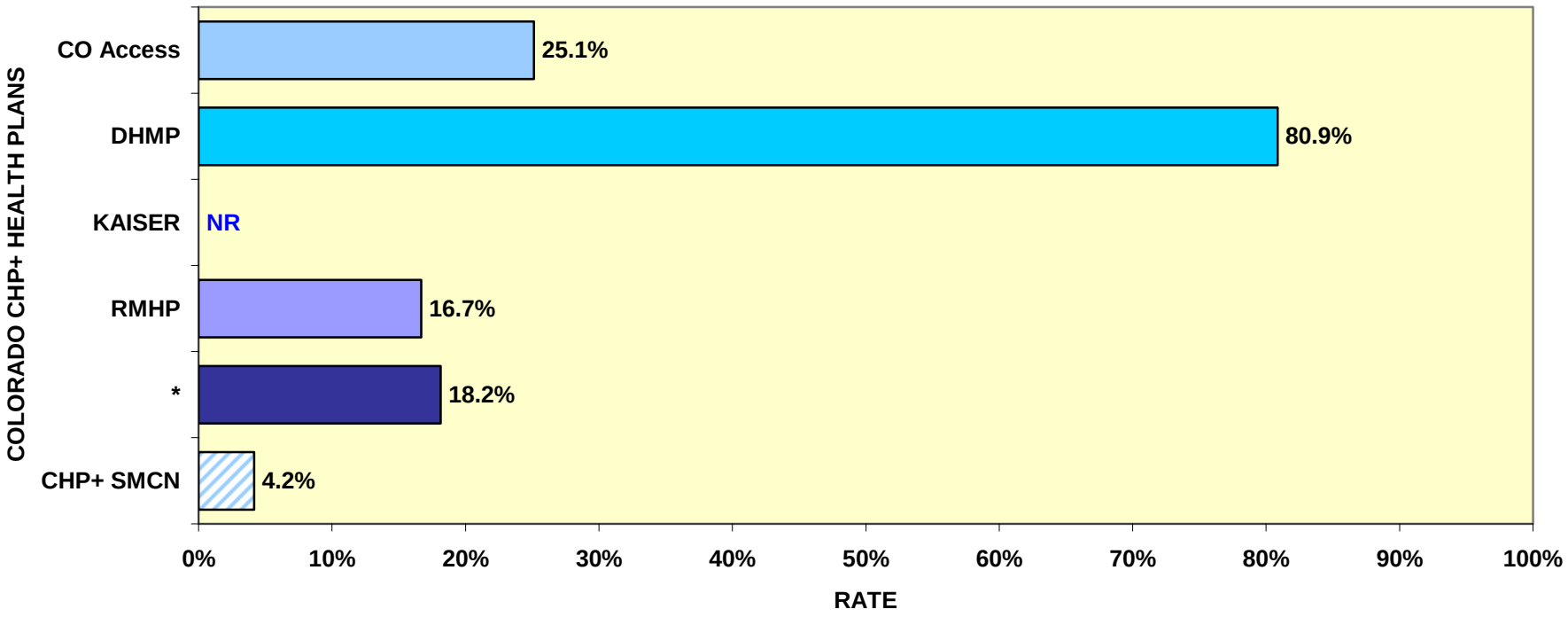
NA indicates that the health plan followed the specifications for producing a reportable denominator, but the denominator was too small to report a valid rate, resulting in a Not Applicable (NA) rate.

4. Graphical Results

This section presents graphs showing Colorado CHP+ HEDIS 2008 results for the following measures:

- *Lead Screening in Children*
- *Children's and Adolescents' Access to Primary Care Practitioners—12 to 24 Months of Age*
- *Children's and Adolescents' Access to Primary Care Practitioners—25 Months to 6 Years of Age*
- *Children's and Adolescents' Access to Primary Care Practitioners—7 to 11 Years of Age*
- *Children's and Adolescents' Access to Primary Care Practitioners—12 to 19 Years of Age*
- *Well-Child Visits in the First 15 Months of Life—Zero Visits*
- *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*
- *Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase*
- *Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase*

Figure 4-1—Colorado CHP+ HEDIS 2008 Graphical Results
Lead Screening in Children

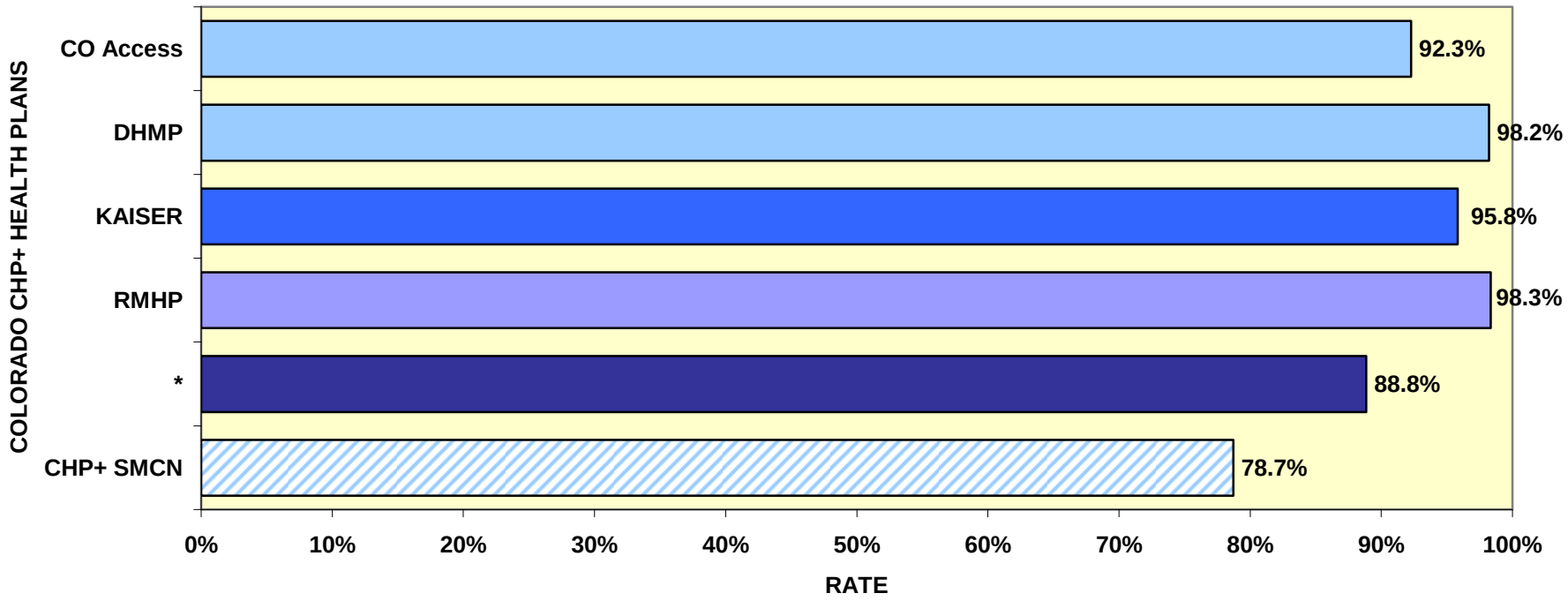


* Colorado CHP+ weighted average

Note: *Per Department instructions, only health plan administrative rates are presented. Health plans may have collected and reported hybrid rates to NCQA; however, for comparative purposes with the SMCN population, only the administrative rates are presented.*

Figure 4-2—Colorado CHP+ HEDIS 2008 Graphical Results

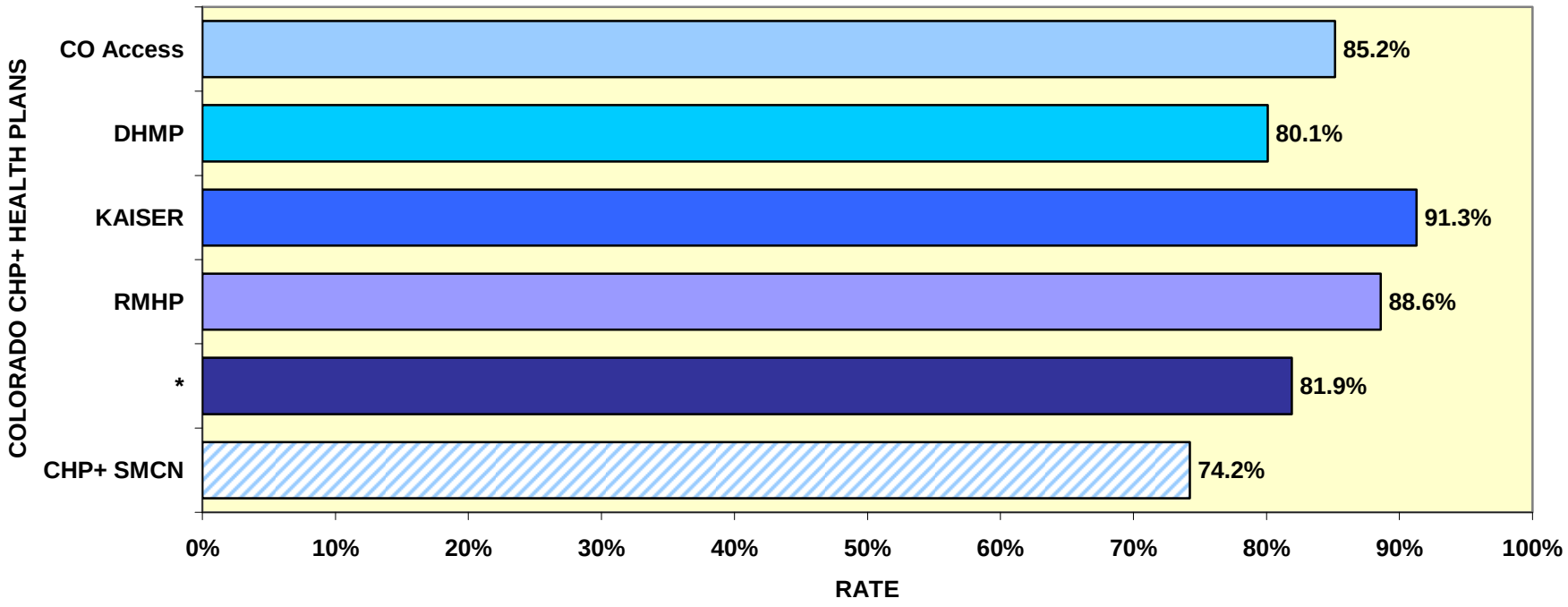
Children's and Adolescents' Access to Primary Care Practitioners—12 to 24 Months of Age



* Colorado CHP+ weighted average

Figure 4-3—Colorado CHP+ HEDIS 2008 Graphical Results

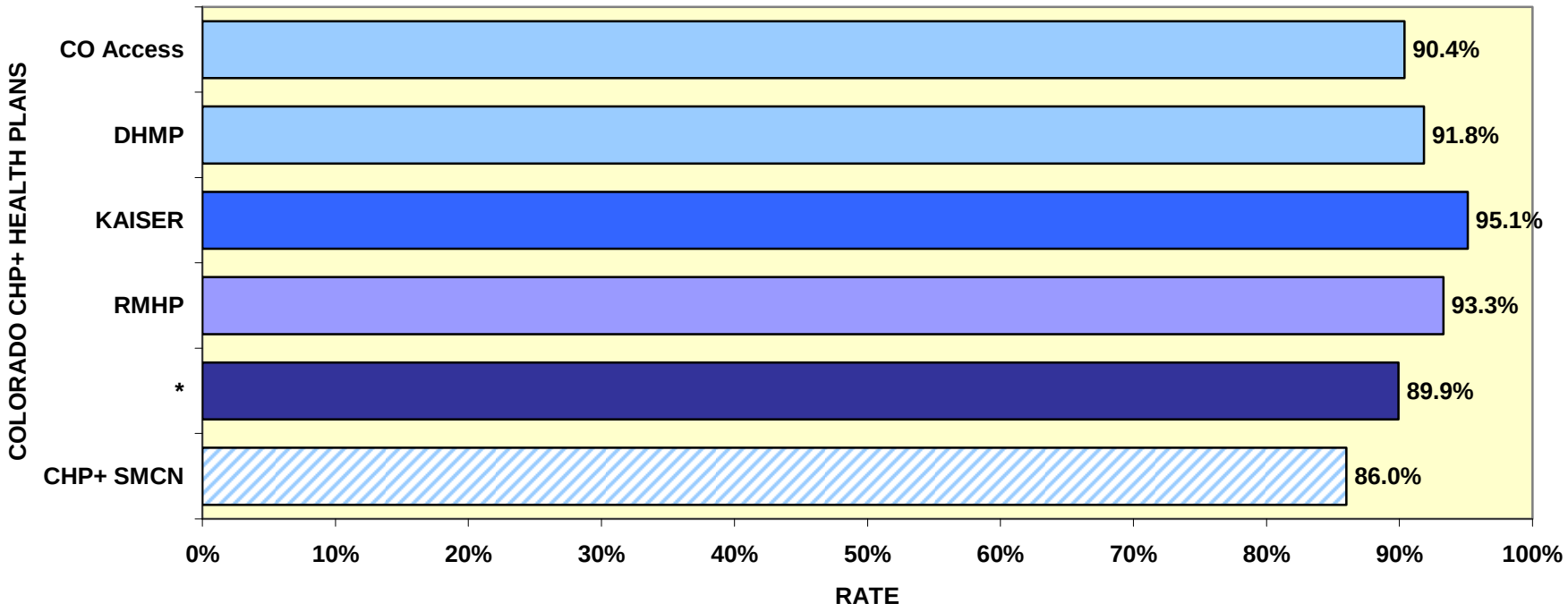
Children's and Adolescents' Access to Primary Care Practitioners—25 Months to 6 Years of Age



* Colorado CHP+ weighted average

Figure 4-4—Colorado CHP+ HEDIS 2008 Graphical Results

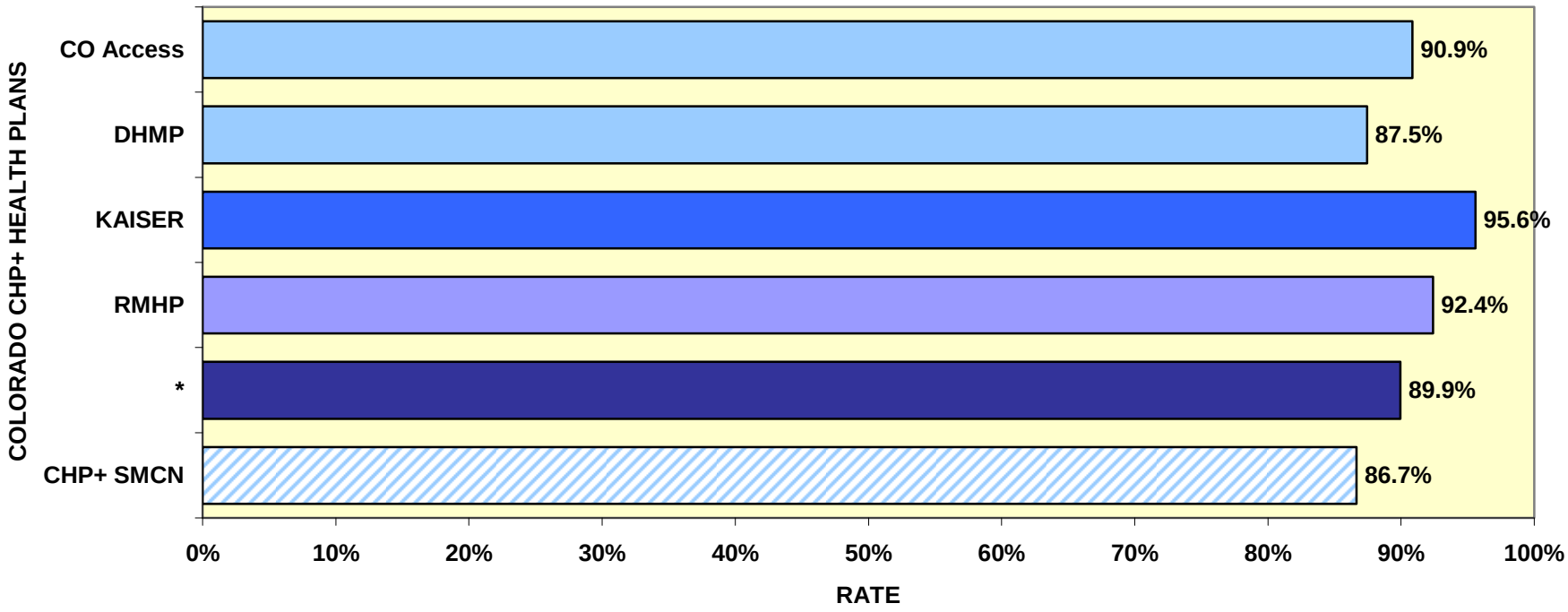
Children's and Adolescents' Access to Primary Care Practitioners—7 to 11 Years of Age



* Colorado CHP+ weighted average

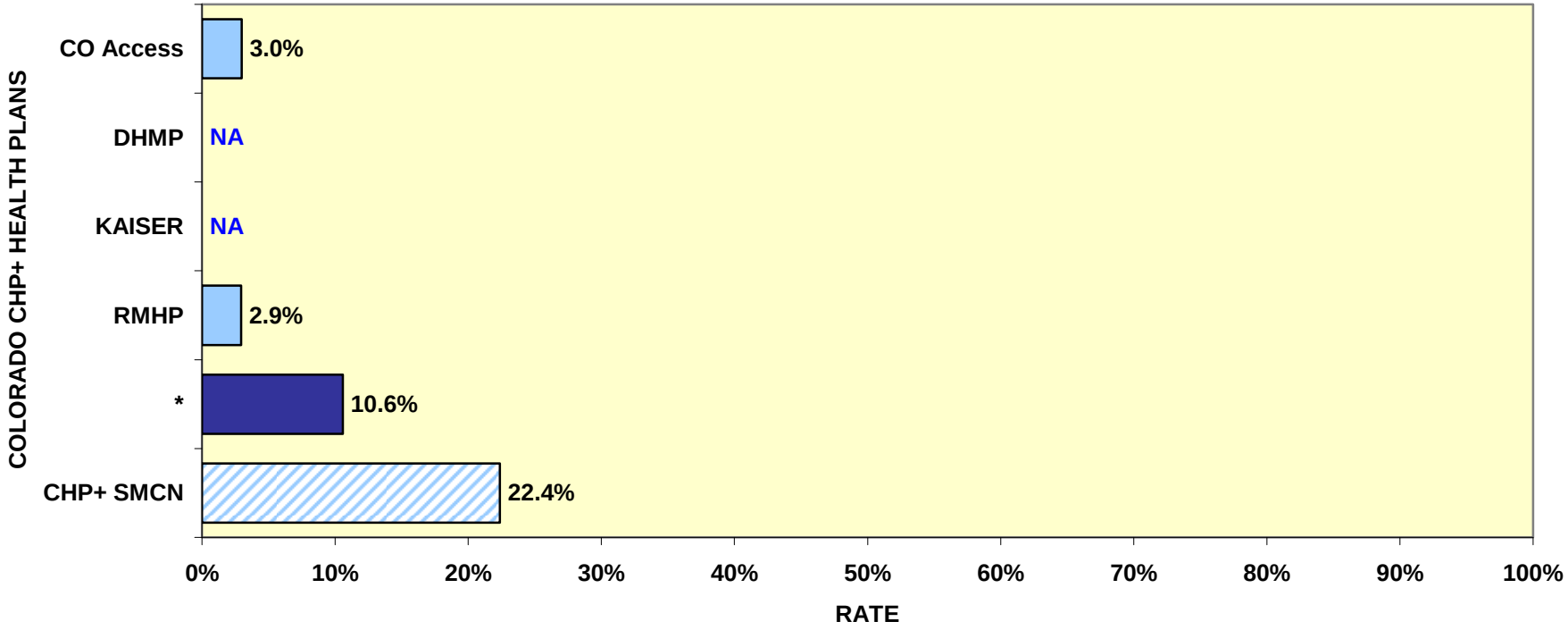
Figure 4-5—Colorado CHP+ HEDIS 2008 Graphical Results

Children's and Adolescents' Access to Primary Care Practitioners—12 to 19 Years of Age



* Colorado CHP+ weighted average

Figure 4-6—Colorado CHP+ HEDIS 2008 Graphical Results
Well-Child Visits in the First 15 Months of Life—Zero Visits

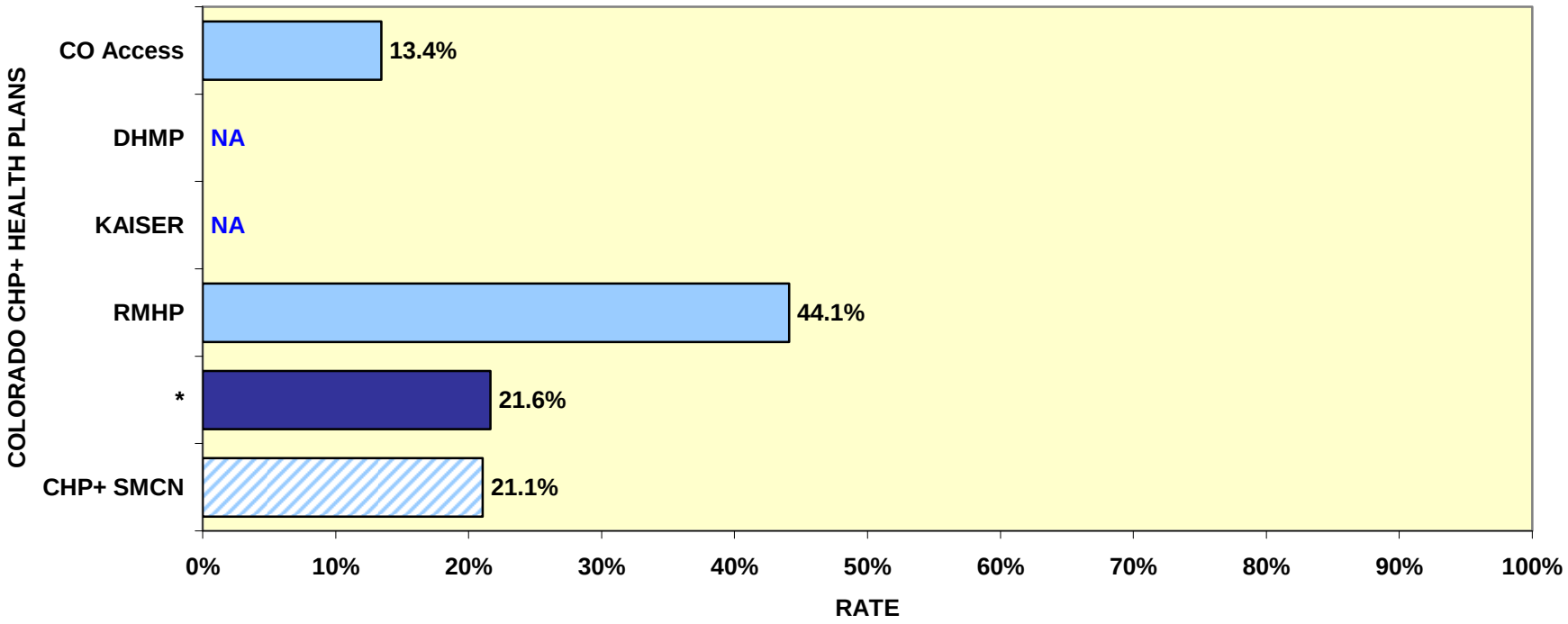


* Colorado CHP+ weighted average

Notes: *The figure shows the percentage of children who received* ***no*** *visits by 15 months of age. For this measure, a lower rate indicates better performance (i.e., low rates of no visits indicate better care).*

Per Department instructions, only health plan administrative rates are presented. Health plans may have collected and reported hybrid rates to NCQA; however, for comparative purposes with the SMCN population, only the administrative rates are presented.

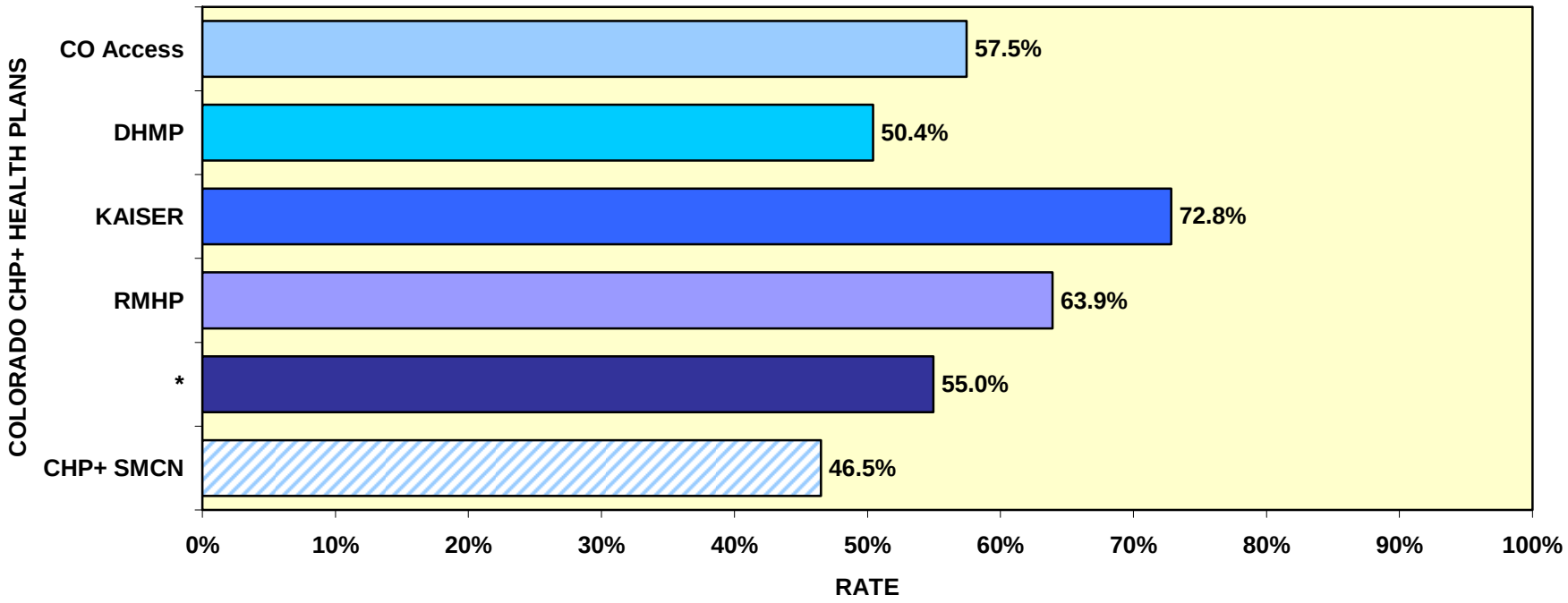
Figure 4-7—Colorado CHP+ HEDIS 2008 Graphical Results
Well-Child Visits in the First 15 Months of Life—Six or More Visits



* Colorado CHP+ weighted average

Note: *Per Department instructions, only health plan administrative rates are presented. Health plans may have collected and reported hybrid rates to NCQA; however, for comparative purposes with the SMCN population, only the administrative rates are presented.*

Figure 4-8—Colorado CHP+ HEDIS 2008 Graphical Results
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life

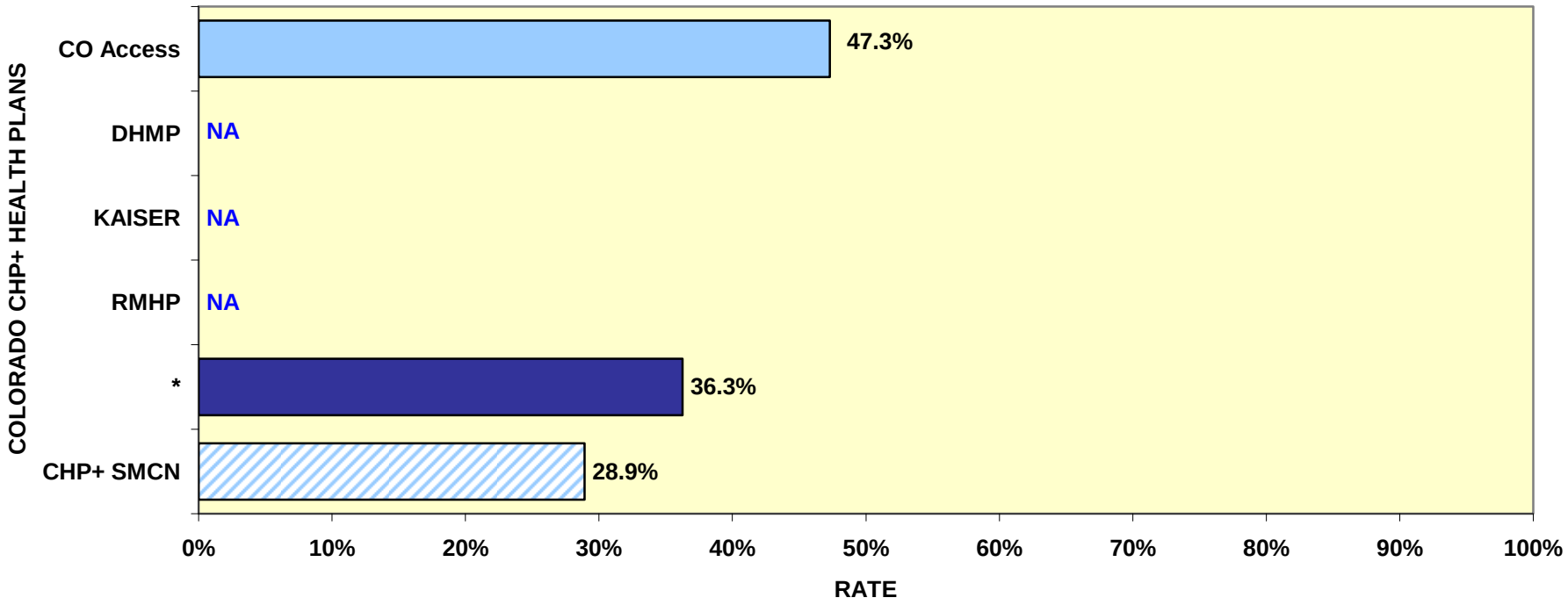


* Colorado CHP+ weighted average

Note: *Per Department instructions, only health plan administrative rates are presented. Health plans may have collected and reported hybrid rates to NCQA; however, for comparative purposes with the SMCN population, only the administrative rates are presented.*

Figure 4-9—Colorado CHP+ HEDIS 2008 Graphical Results

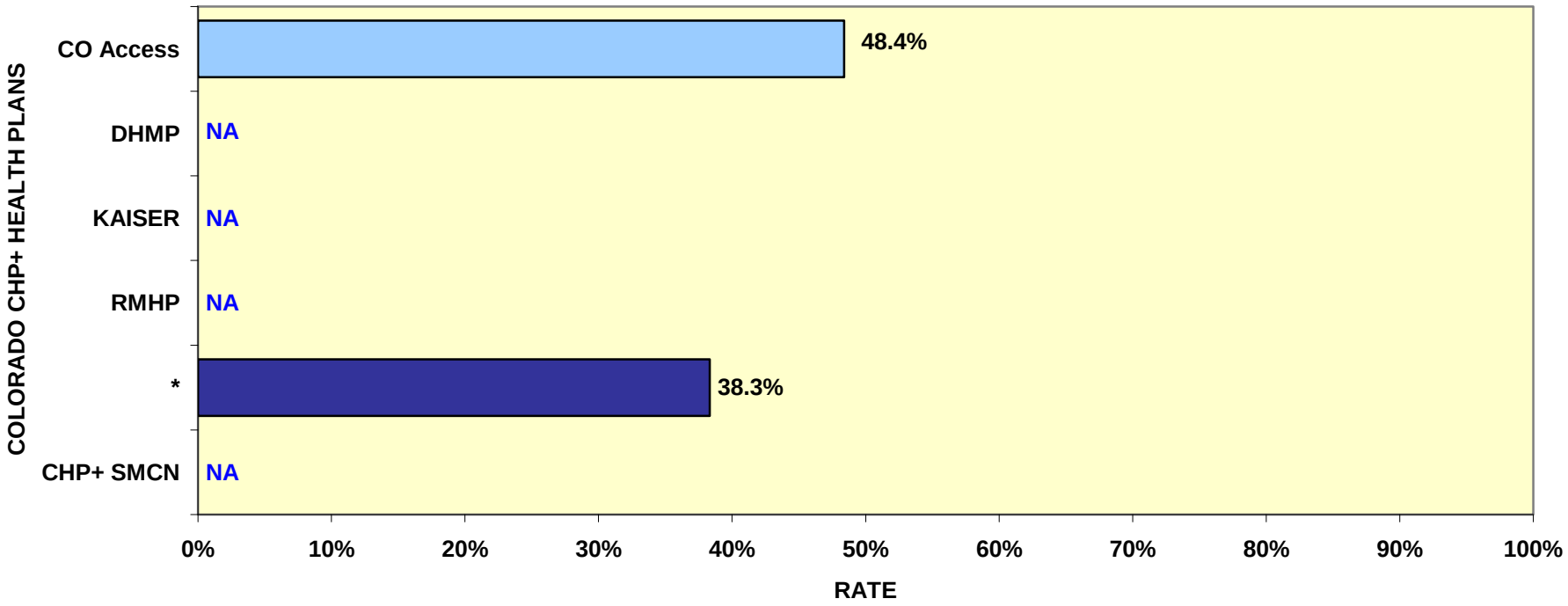
Follow-Up Care for Children Prescribed ADHD Medications—Initiation Phase



* Colorado CHP+ weighted average

Figure 4-10—Colorado CHP+ HEDIS 2008 Graphical Results

Follow-Up Care for Children Prescribed ADHD Medications—Continuation and Maintenance Phase



* Colorado CHP+ weighted average

Conclusions

For the fourth year of HEDIS performance measure reporting the Colorado CHP+ program continued to show improvement in the HEDIS measure rates from the previous years. However, some of these rates were still below the national average, leaving room for improvement across all programs. This year only three measures from the previous year were reported again and two different measures were added.

The *Well-Child Visits in the First 15 Months of Life* measure continues to be an area where the CHP+ program can improve. The *Zero Visits* weighted average of 10.6 percent showed a slight increase compared to last year and ranked above the national HEDIS 2007 Medicaid 90th percentile. For this measure, a lower rate indicates better performance. The *Six or More Visits* weighted average rate only increased by 0.8 percentage points from last year, and the rate ranked below the national 2007 HEDIS Medicaid 10th percentile. SMCN showed a 6.9 percentage-point improvement for the *Six or More Visits* rate; however, the *Zero Visits* rate increased by 8.2 percentage points, indicating an increase in children receiving no well-child visits.

When compared to last year's weighted average, the *Well-Child in the Third, Fourth, Fifth, and Sixth Years of Life* measure remained the same. This rate still did not meet the national HEDIS 2007 Medicaid 50th percentile and fell below the 10th percentile by 0.7 percentage points. Individual performance on this measure was mixed. DHMP had an 11 percentage-point decrease, while Kaiser's rate increased by 11 percentage points. RMHP and the SMCN also improved their rates.

All of the *Children's and Adolescents' Access to Primary Care Practitioners* CO CHP+ weighted average rates showed improvement from last year to this year. The *Ages 25 Months to 6 Years* age span showed the largest improvement with an increase of 5 percentage points. The two older age spans exceeded the HEDIS 2007 Medicaid 50th percentile while the two younger age spans did not. Performance varied by age span and program. All of the HMOs' and the SMCN's rates improved in the *Ages 7 to 11 Years* age span and all of the HMOs' rates improved in the *Ages 12 to 19 Years* age span.

Lead Screening in Children was a new HEDIS measure in 2008; therefore, no national data or previous years' data were available for comparison. Rates for the HMOs and the SMCN ranged from a high of 80.9 percent to a low of 4.2 percent, with one HMO reporting an NR for the measure. Performance on this measure can be better assessed next year. The CO CHP+ weighted average was 18.2 percent.

Follow-Up Care for Children Prescribed ADHD Medication was reported as two submeasures—*Initiation* and *Continuation and Maintenance*. While this measure was not reported by the HMOs and the SMCN last year, comparisons can be made to national data. For both submeasures, the CO CHP+ weighted average ranked at about the national HEDIS 2007 50th percentile. Several of the

Note: Per Department instructions, only health plan administrative rates are presented. Health plans may have collected and reported hybrid rates to NCQA; however, for comparative purposes with the SMCN population, only the administrative rates are presented.

HMOs and the SMCN reported an NA for this measure because they did not have denominators large enough to report a valid rate.

Strong caution should be exercised when interpreting results for the SMCN. The reported rates were not audited by an NCQA-licensed organization.

Recommendations

The Balanced Budget Act of 1997 (BBA), 42 Code of Federal Regulations (CFR) §457.710 requires that State Children's Health Insurance Programs evaluate performance using measurements that are objective and independently verifiable and can be used to gauge performance against state-specified goals. By requiring the health plans to collect and report HEDIS performance measures and by evaluating them against identified performance targets, the Department has met this requirement. Based on opportunities for improvement identified in compiling this report, HSAG recommends that the Department:

- Consider implementing the HEDIS Compliance Audit process for the SMCN. Although the SMCN's structure and operations are different from those of the other health plans, the SMCN could use NCQA's HEDIS Compliance Audit methodology to validate the performance measure data and explore any potential issues that could result in a bias to the reported rates. This would help to ensure the validity and reliability of the data being compared. HSAG is contracted to perform a HEDIS compliance audit of the SMCN in 2009.
- Reevaluate the Department-established performance goals based on the 2007 performance of the health plans. Adjusting the goals to allow the health plans to realize improvement can be effective. The Department may also consider implementing an incentive program to reward high performance.
- Encourage the health plans to implement targeted performance improvement activities specifically for the CHP+ population. The health plans should conduct a barrier analysis of this particular population to identify specific interventions that may be successful for improving results. Barrier analysis can also be used to identify reasons for poor performance. The health plans can start with data mining or have their quality improvement committee meet and brainstorm the potential root causes for poor performance. More extensive barrier analysis may include focus groups, interviews, or surveys to understand what causes poor performance.
- Consider adding different HEDIS measures to the Department-established list. A measure such as *Childhood Immunization Status* could be beneficial in evaluating the CHP+ population. However, before implementing new HEDIS measures, the Department should investigate how readily available these data are and the effort needed to obtain them.
- Modify data collection requirements, as recommended in previous years, so that all health plans use the hybrid method for HEDIS measure data collection, where applicable. Although the hybrid method is more labor intensive due to the inclusion of medical record review, the hybrid method generally produces higher rates and allows for comparison of the individual HMO and SMCN rates.

The following are measure-specific recommendations:

- For the well-child measures, potential strategies may include increased member and provider education on the importance of well-child visits. The State could encourage health plans and contracted providers to coordinate the outreach calls of health plans with providers' well-child appointment scheduling while on the phone with a member's parent or legal guardian. The State could also coordinate with health plans to develop age-specific forms for missed appointments. The health plans could use these forms to collect information to understand why members missed appointments or for follow-up and member education.
- For *Lead Screening for Children,* the health plans could implement quality strategies to improve the measure's rates. Potential actions might include collaboration with health plans to reeducate providers regarding Medicaid blood lead screening policies, with supporting scientific evidence and data. Educational initiatives could be developed to disseminate information regarding any federal or State laws and requirements for blood lead screening.
- For the *Children's and Adolescents' Access to Primary Care Practitioners* measure, the health plans should investigate whether or not barriers exist to accessing care or if there are issues with providers submitting encounter data to the health plans for services rendered. This will help the health plans focus on problem areas for improvement.