

2009 HEDIS[®] AGGREGATE REPORT
for
Child Health Plan *Plus*

November 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

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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 plans for State fiscal year (FY) 2008–2009 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 Medicaid health plan 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 health plan 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 health plan calculated and reported. Each health plan and the SMCN population underwent a HEDIS Compliance Audit[™] through a licensed audit organization and submitted the audited results and audit statement to HSAG. A certified software vendor certified the HEDIS results for the SMCN, and HSAG audited these results. This was the first year the SMCN population underwent a HEDIS Compliance Audit. The National Committee for Quality Assurance (NCQA) HEDIS 2009 Technical Specifications, Volume 2 was used for calculation of the measures. The CHP+ program selected the following 2008 HEDIS measures:

- ◆ *Childhood Immunization Status*
- ◆ *Prenatal and Postpartum Care*
- ◆ *Well-Child Visits in the First 15 Months of Life*
- ◆ *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life*
- ◆ *Adolescent Well-Care Visits*
- ◆ *Ambulatory Care*
- ◆ *Inpatient Utilization—General Hospital/Acute Care*

This is the fifth 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. Last year the Department required reporting of all performance measure rates using only the administrative method to allow comparison of the SMCN population to the health plans. This year the Department allowed health plans to report *Childhood Immunization Status* rates using the hybrid method

***Note:** Per Department instructions, only health plan administrative rates are presented (with the exception of the *Childhood Immunization Status* measure). 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.

because the SMCN collected this measure via the hybrid method, as well. The *Prenatal and Postpartum Care* measure was also reported using the hybrid method for the SMCN population; however, that measure was not reported by the health plans. The Department required reporting of the other measures using only the administrative method.

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. NCQA/HEDIS standards, policies, and procedures consider these measures reportable, but the rates "Not Applicable," because the denominator is too small to report a valid rate.

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:** An administrative services organization (ASO) processed claims, enrollment, provider, pharmacy, and other data for the State's SMCN as instructed by the Department. On July 1, 2008, the Department changed ASOs from Anthem to Colorado Access. HSAG obtained the data dictionaries and the raw data for calendar years 2007 and 2008 from both ASOs.
- ◆ **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 Health Plan HEDIS Data

The health plans were responsible for calculating the selected measures for their respective CHP+ populations. HSAG developed a data submission template for use by each health plan. The health plan staff populated the template with the HEDIS measure results and forwarded it to HSAG (or submitted the NCQA IDSS). Each health plan contracted with an NCQA-licensed audit organization and underwent an NCQA HEDIS Compliance Audit. In addition, each health plan forwarded its NCQA Final Audit Report to HSAG. HSAG analysts prepared and validated an Excel spreadsheet with all of the data received from the health plans and the CHP+ SMCN program. All figures and tables displayed in this report were produced from the Excel dataset.

SMCN Pre-Health-Plan Period and Retroactive Enrollment

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

To ensure that members have coverage from the application date, all CHP+ members are initially enrolled in the SMCN for up to six weeks to allow prospective health plan enrollments. 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 health plan enrollment. Once a member completes the retroactive enrollment span with the SMCN, the pre-health-plan period ends and the individual becomes a member of the selected health plan.

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-health-plan 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 health plan enrollment is the first day of the following month (i.e., if authorization occurs on September 19, 2009, health plan enrollment will begin on October 1, 2009).
- ◆ If the authorization date occurs after the 21st of the month, the start date for health plan enrollment is the first day of the subsequent month (i.e., if authorization occurs on September 23, 2009, health plan enrollment will begin November 1, 2009).

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

- ◆ *Childhood Immunization Status*
 - *Childhood Immunization Status* reports the percentage of children who had the following vaccinations by their second birthday: four diphtheria, tetanus, and acellular pertussis (DTaP); three inactivated polio vaccine (IPV); one measles, mumps, and rubella (MMR); two Haemophilus influenzae type B (Hib), three hepatitis B; one varicella-zoster virus, or chicken pox (VZV); and four pneumococcal conjugate vaccine (PCV). The measure calculates a rate for each vaccine and two separate combination rates.
- ◆ *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.
- ◆ *Adolescent Well-Care Visits*
 - *Adolescent Well-Care Visits* calculates the percentage of enrolled members 12–21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN during the measurement year.
- ◆ *Prenatal and Postpartum Care (Reported this year for only the SMCN population)*
 - The *Prenatal and Postpartum Care* measure calculates the following two rates for women who had a live birth between November 6 of the year prior to the measurement year and November 5th of the measurement year:
 - *Timeliness of Prenatal Care*: The percentage of deliveries by members who received a prenatal care visit in the first trimester *or* within 42 days of enrollment.
 - *Postpartum Care*: The percentage of deliveries by members who had a postpartum visit on or between 21 and 56 days after delivery.
- ◆ *Ambulatory Care*
 - *Ambulatory Care* summarizes the utilization of ambulatory care in the following categories:
 - Outpatient Visits
 - Emergency Department Visits

- Ambulatory Surgery/Procedures
- Observation Room Stays
- ◆ *Inpatient Utilization—General Hospital/Acute Care*
 - *Inpatient Utilization—General Hospital/Acute Care* summarizes the utilization of acute inpatient care and services in the following categories:
 - Total Inpatient
 - Medicine
 - Surgery
 - Maternity

**Table 3-1—Colorado CHP+ HEDIS 2009 Tabular Results
Childhood Immunization Status (Hybrid Rates)**

Plan Name	Eligible Population	DTaP	IPV	MMR	Hib	Hep	VZV	PCV	Combo 2	Combo 3
CHP+ SMCN	360	68.1%	78.3%	79.2%	81.7%	77.5%	77.5%	65.0%	60.0%	54.4%
CO Access	214	83.2%	91.1%	93.9%	94.9%	89.3%	91.6%	78.0%	77.6%	69.6%
DHMP	85	89.4%	96.5%	96.5%	97.7%	97.7%	95.3%	95.3%	89.4%	89.4%
KAISER	45	80.0%	93.3%	93.3%	93.3%	93.3%	93.3%	84.4%	80.0%	75.6%
RMHP	74	78.4%	90.5%	90.5%	94.6%	93.2%	86.5%	75.7%	77.0%	70.3%
2009 CO CHP+ Weighted Average		76.2%	85.9%	87.0%	88.9%	85.3%	85.1%	74.0%	70.8%	65.2%
2008 CO CHP+ Weighted Average		Not Available								
2007 CO CHP+ Weighted Average		Not Available								
National HEDIS 2008 Medicaid 50th Percentile		80.5%	90.0%	91.9%	90.7%	90.3%	90.0%	76.4%	75.4%	68.6%

Note: This is the first year the Department required reporting of this measure for the Colorado CHP+ program; therefore, comparisons to previous years' rates could not be made. Per Department specifications, hybrid rates are reported for this measure.

**Table 3-2—Colorado CHP+ HEDIS 2009 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	134	6.7%	20.9%
CO Access	99	4.0%	18.2%
DHMP	26	NA	NA
KAISER	33	0.0%	63.6%
RMHP	28	NA	NA
2009 CO CHP+ Weighted Average		4.1%	29.4%
2008 CO CHP+ Weighted Average		10.6%	21.6%
2007 CO CHP+ Weighted Average		9.5%	20.8%
National HEDIS 2008 Medicaid 50th Percentile		1.9%	57.5%

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 MCN population, only the administrative rates are presented.

**Table 3-3—Colorado CHP+ HEDIS 2009 Tabular Results
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life**

Plan Name	Third–Sixth Years of Life	
	Eligible Population	Rate
CHP+ SMCN	1,150	51.4%
CO Access	1,672	59.6%
DHMP	416	68.5%
KAISER	228	64.5%
RMHP	364	62.4%
2009 CO CHP+ Weighted Average		58.7%
2008 CO CHP+ Weighted Average		55.0%
2007 CO CHP+ Weighted Average		54.6%
National HEDIS 2008 Medicaid 50th Percentile		68.2%

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

**Table 3-4—Colorado CHP+ HEDIS 2009 Tabular Results
Adolescent Well-Care Visits**

Plan Name	Adolescent Well-Care Visits	
	Eligible Population	Rate
CHP+ SMCN	2,503	36.3%
CO Access	3,901	42.4%
DHMP	706	46.6%
KAISER	530	50.9%
RMHP	661	39.8%
2009 CO CHP+ Weighted Average		41.3%
2008 CO CHP+ Weighted Average		Not Available
2007 CO CHP+ Weighted Average		Not Available
National HEDIS 2008 Medicaid 50th Percentile		42.1%

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

**Table 3-5—Colorado CHP+ HEDIS 2009 Tabular Results
Prenatal and Postpartum Care—Timeliness of Prenatal Care (Hybrid Rates)**

Plan Name	Eligible Population	Rate
CHP+ SMCN	411	69.8%
National HEDIS 2008 Medicaid 50th Percentile		84.1%

Note: The health plans were not required to report the Prenatal and Postpartum Care measure. Therefore, only the hybrid rate for the CHP+ SMCN population is displayed.

**Table 3-6—Colorado CHP+ HEDIS 2009 Tabular Results
Prenatal and Postpartum Care—Postpartum Care (Hybrid Rates)**

Plan Name	Eligible Population	Rate
CHP+ SMCN	411	62.0%
National HEDIS 2008 Medicaid 50th Percentile		60.8%

Note: The health plans were not required to report the Prenatal and Postpartum Care measure. Therefore, only the hybrid rate for the CHP+ SMCN population is displayed.

**Table 3-7—Colorado CHP+ HEDIS 2009 Tabular Results
Ambulatory Care**

Plan Name	Outpatient Visits Per 1,000 MM	ED Visits Per 1,000 MM	Ambulatory Surgery/ Procedures Per 1,000 MM	Observation Room Stays Per 1,000 MM
CHP+ SMCN	221.0	33.6	9.7	3.0
CO Access	216.1	35.3	6.2	0.5
DHMP	156.2	6.1	10.3	0.3
KAISER	242.1	24.2	3.0	0.0
RMHP	253.3	27.1	4.4	0.5
2009 CO CHP+ Weighted Average	217.9	31.6	7.5	1.5
2008 CO CHP+ Weighted Average	Not Available			
2007 CO CHP+ Weighted Average	Not Available			
National HEDIS 2008 Medicaid 50th Percentile	324.0	60.2	5.4	1.7

Note: This is the first year the Department required reporting of this measure for the Colorado CHP+ program; therefore, comparisons to previous years' rates could not be made.

**Table 3-8—Colorado CHP+ HEDIS 2009 Tabular Results
Inpatient Utilization—General Hospital/Acute Care—Total Inpatient**

Plan Name	Discharges Per 1,000 MM	Days Per 1,000 MM	Average Length of Stay
CHP+ SMCN	3.8	9.1	2.4
CO Access	1.5	1.3	0.9
DHMP	1.4	2.8	2.0
KAISER	1.8	8.1	4.5
RMHP	1.4	2.7	2.0
2009 CO CHP+ Weighted Average	2.4	5.0	2.1
2008 CO CHP+ Weighted Average	Not Available		
2007 CO CHP+ Weighted Average	Not Available		
National HEDIS 2008 Medicaid 50th Percentile	8.0	28.8	3.6

Note: This is the first year the Department required reporting of this measure for the Colorado CHP+ program; therefore, comparisons to previous years' rates could not be made.

**Table 3-9—Colorado CHP+ HEDIS 2009 Tabular Results
Inpatient Utilization—General Hospital/Acute Care—Medicine**

Plan Name	Discharges Per 1,000 MM	Days Per 1,000 MM	Average Length of Stay
CHP+ SMCN	0.9	2.5	2.9
CO Access	0.9	0.7	0.8
DHMP	0.3	0.6	1.7
KAISER	1.2	5.8	4.8
RMHP	0.9	1.7	1.9
2009 CO CHP+ Weighted Average	0.9	1.8	2.1
2008 CO CHP+ Weighted Average	Not Available		
2007 CO CHP+ Weighted Average	Not Available		
National HEDIS 2008 Medicaid 50th Percentile	3.6	13.4	3.7

Note: This is the first year the Department required reporting of this measure for the Colorado CHP+ program; therefore, comparisons to previous years' rates could not be made.

**Table 3-10—Colorado CHP+ HEDIS 2009 Tabular Results
Inpatient Utilization—General Hospital/Acute Care—Surgery**

Plan Name	Discharges Per 1,000 MM	Days Per 1,000 MM	Average Length of Stay
CHP+ SMCN	0.3	1.1	4.0
CO Access	0.5	0.7	1.5
DHMP	0.6	1.1	2.0
KAISER	0.2	0.7	3.1
RMHP	0.2	0.6	2.5
2009 CO CHP+ Weighted Average	0.4	0.9	2.4
2008 CO CHP+ Weighted Average	Not Available		
2007 CO CHP+ Weighted Average	Not Available		
National HEDIS 2008 Medicaid 50th Percentile	1.2	6.3	5.5

Note: This is the first year the Department required reporting of this measure for the Colorado CHP+ program; therefore, comparisons to previous years' rates could not be made.

**Table 3-11—Colorado CHP+ HEDIS 2009 Tabular Results
Inpatient Utilization—General Hospital/Acute Care—Maternity**

Plan Name	Discharges Per 1,000 MM	Days Per 1,000 MM	Average Length of Stay
CHP+ SMCN	5.4	11.5	2.1
CO Access	0.3	0.0	0.1
DHMP	1.0	2.3	2.3
KAISER	0.6	1.3	2.3
RMHP	0.5	1.0	1.8
2009 CO CHP+ Weighted Average	2.4	4.9	2.0
2008 CO CHP+ Weighted Average	Not Available		
2007 CO CHP+ Weighted Average	Not Available		
National HEDIS 2008 Medicaid 50th Percentile	5.5	14.2	2.6

Note: This is the first year the Department required reporting of this measure for the Colorado CHP+ program; therefore, comparisons to previous years' rates could not be made.

**Table 3-12—Colorado CHP+ HEDIS 2009 Tabular Results
Overall Results**

HEDIS Measures	CHP+ SMCN	CO Access	DHMP	Kaiser	RMHP	CO CHP+ 2009 Weighted Average
<i>Childhood Immunization Status—DTaP</i>	68.1%	83.2%	89.4%	80.0%	78.4%	76.2%
<i>Childhood Immunization Status—IPV</i>	78.3%	91.1%	96.5%	93.3%	90.5%	85.9%
<i>Childhood Immunization Status—MMR</i>	79.2%	93.9%	96.5%	93.3%	90.5%	87.0%
<i>Childhood Immunization Status—Hib</i>	81.7%	94.9%	97.7%	93.3%	94.6%	88.9%
<i>Childhood Immunization Status—Hep</i>	77.5%	89.3%	97.7%	93.3%	93.2%	85.3%
<i>Childhood Immunization Status—VZV</i>	77.5%	91.6%	95.3%	93.3%	86.5%	85.1%
<i>Childhood Immunization Status—PCV</i>	65.0%	78.0%	95.3%	84.4%	75.7%	74.0%
<i>Childhood Immunization Status—Combination 2</i>	60.0%	77.6%	89.4%	80.0%	77.0%	70.8%
<i>Childhood Immunization Status—Combination 3</i>	54.4%	69.6%	89.4%	75.6%	70.3%	65.2%
<i>Well-Child 0–15 Months—Zero Visits</i>	6.7%	4.0%	NA	0.0%	NA	4.1%
<i>Well-Child 0–15 Months—6 or More Visits</i>	20.9%	18.2%	NA	63.6%	NA	29.4%
<i>Well-Child Visits—3–6 Years</i>	51.4%	59.6%	68.5%	64.5%	62.4%	58.7%
<i>Adolescent Well-Care Visits</i>	36.3%	42.4%	46.6%	50.9%	39.8%	41.3%
<i>Ambulatory Care—Outpatient Visits/1,000 MM</i>	221.0	216.1	156.2	242.1	253.3	217.9
<i>Ambulatory Care—ED Visits/1,000 MM</i>	33.6	35.3	6.1	24.2	27.1	31.6
<i>Ambulatory Care—Ambulatory Surgery/Procedures/1,000 MM</i>	9.7	6.2	10.3	3.0	4.4	7.5

**Table 3-12—Colorado CHP+ HEDIS 2009 Tabular Results
Overall Results**

HEDIS Measures	CHP+ SMCN	CO Access	DHMP	Kaiser	RMHP	CO CHP+ 2009 Weighted Average
<i>Ambulatory Care—Observation Room Stays/1,000 MM</i>	3.0	0.5	0.3	0.0	0.5	1.5
<i>Inpatient Utilization: Total Inpatient—Discharges/1,000 MM</i>	3.8	1.5	1.4	1.8	1.4	2.4
<i>Inpatient Utilization: Total Inpatient—Days/1,000 MM</i>	9.1	1.3	2.8	8.1	2.7	5.0
<i>Inpatient Utilization: Total Inpatient—Average Length of Stay</i>	2.4	0.9	2.0	4.5	2.0	2.1
<i>Inpatient Utilization: Medicine—Discharges/1,000 MM</i>	0.9	0.9	0.3	1.2	0.9	0.9
<i>Inpatient Utilization: Medicine—Days/1,000 MM</i>	2.5	0.7	0.6	5.8	1.7	1.8
<i>Inpatient Utilization: Medicine—Average Length of Stay</i>	2.9	0.8	1.7	4.8	1.9	2.1
<i>Inpatient Utilization: Surgery—Discharges/1,000 MM</i>	0.3	0.5	0.6	0.2	0.2	0.4
<i>Inpatient Utilization: Surgery—Days/1,000 MM</i>	1.1	0.7	1.1	0.7	0.6	0.9
<i>Inpatient Utilization: Surgery—Average Length of Stay</i>	4.0	1.5	2.0	3.1	2.5	2.4
<i>Inpatient Utilization: Maternity—Discharges/1,000 MM</i>	5.4	0.3	1.0	0.6	0.5	2.4
<i>Inpatient Utilization: Maternity—Days/1,000 MM</i>	11.5	0.0	2.3	1.3	1.0	4.9
<i>Inpatient Utilization: Maternity—Average Length of Stay</i>	2.1	0.1	2.3	2.3	1.8	2.0

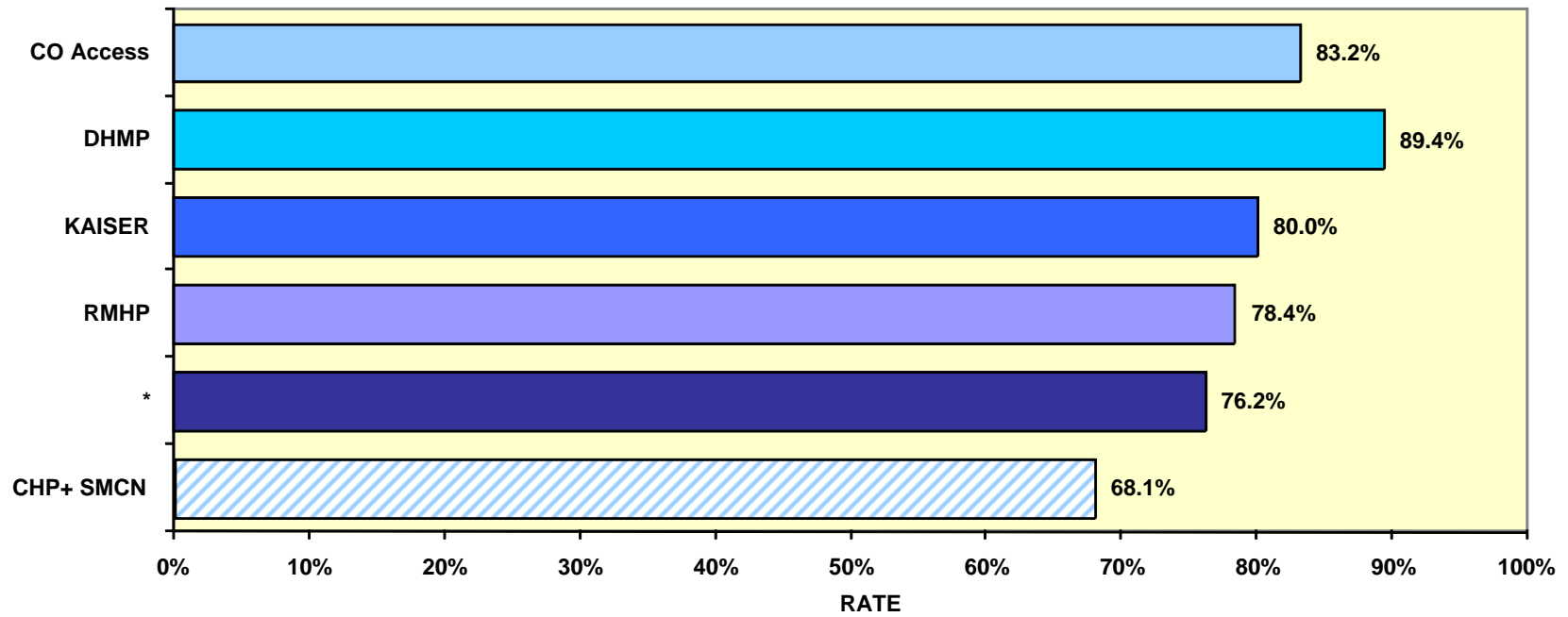
NA indicates that the health plan followed the specifications for producing a reportable denominator, but the denominator was too small to report a valid rate, resulting in a Not Applicable (NA) rate.

This section presents graphs showing Colorado CHP+ HEDIS 2009 results for the following measures:

- ◆ *Childhood Immunization Status—DTaP*
- ◆ *Childhood Immunization Status—IPV*
- ◆ *Childhood Immunization Status—MMR*
- ◆ *Childhood Immunization Status—Hib*
- ◆ *Childhood Immunization Status—Hepatitis B*
- ◆ *Childhood Immunization Status—VZV*
- ◆ *Childhood Immunization Status—Pneumococcal Conjugate*
- ◆ *Childhood Immunization Status—Combination 2 (DTaP, IPV, MMR, Hib, Hepatitis B, VZV)*
- ◆ *Childhood Immunization Status—Combination 3 (DTaP, IPV, MMR, Hib, Hepatitis B, VZV, pneumococcal conjugate)*
- ◆ *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*
- ◆ *Adolescent Well-Care Visits*

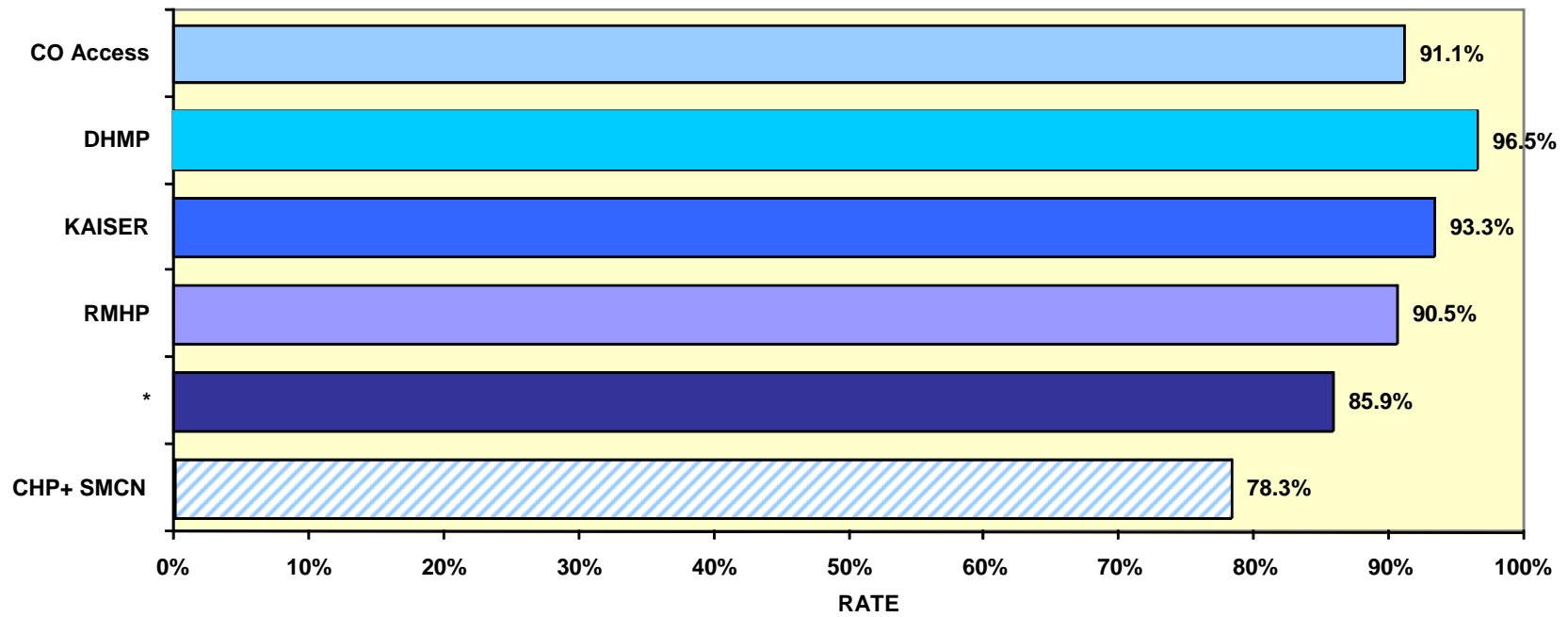
Note: Use of Services measures are not presented in graphical format. Please refer to Section 3 for tabular results.

**Figure 4-1—Colorado CHP+ HEDIS 2009 Graphical Results
Childhood Immunization Status—DTaP (Hybrid Rates)**



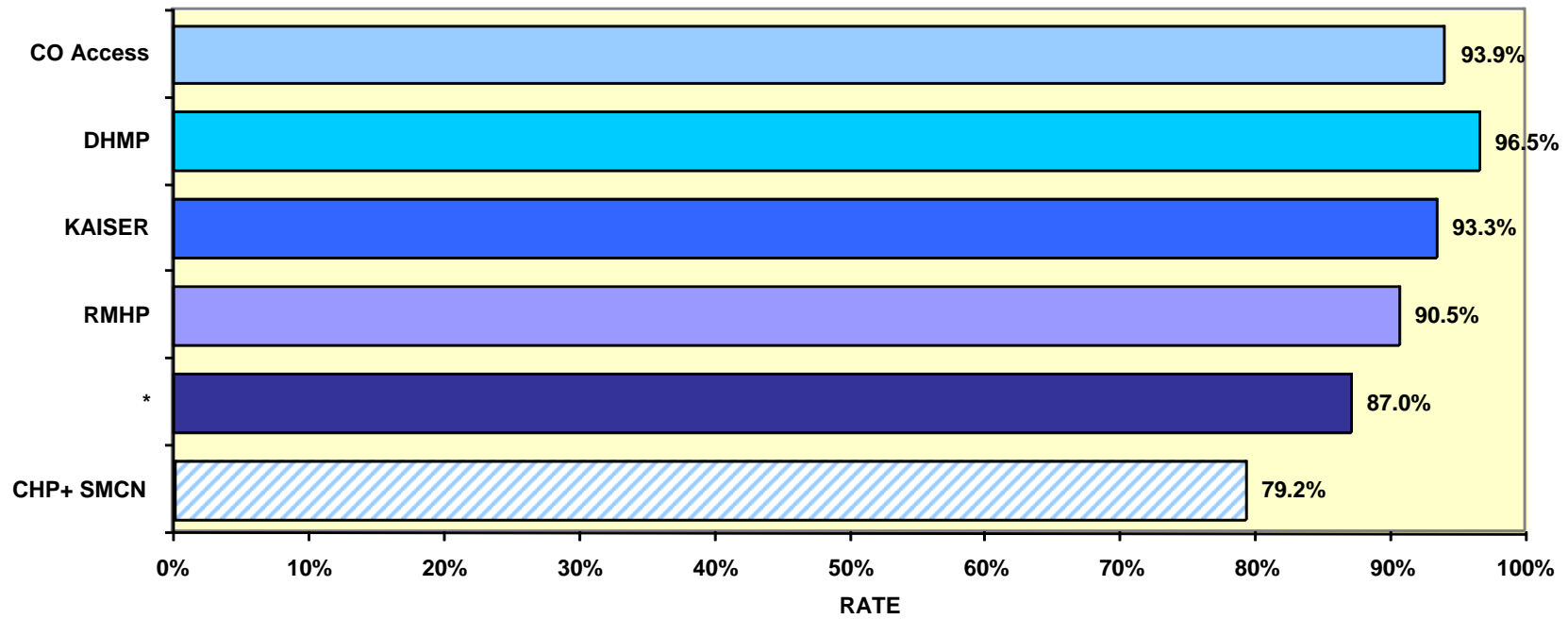
* Colorado CHP+ weighted average

Figure 4-2—Colorado CHP+ HEDIS 2009 Graphical Results
Childhood Immunization Status—IPV (Hybrid Rates)



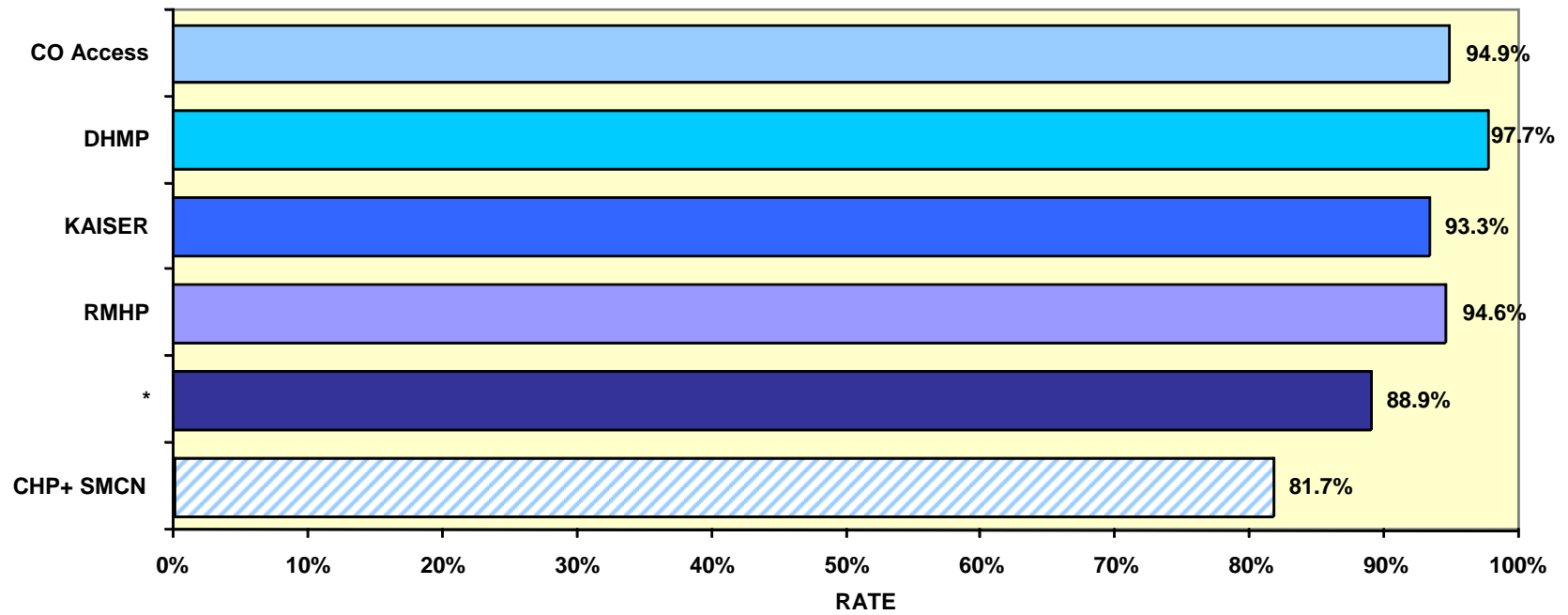
* Colorado CHP+ weighted average

Figure 4-3—Colorado CHP+ HEDIS 2009 Graphical Results
Childhood Immunization Status—MMR (Hybrid Rates)



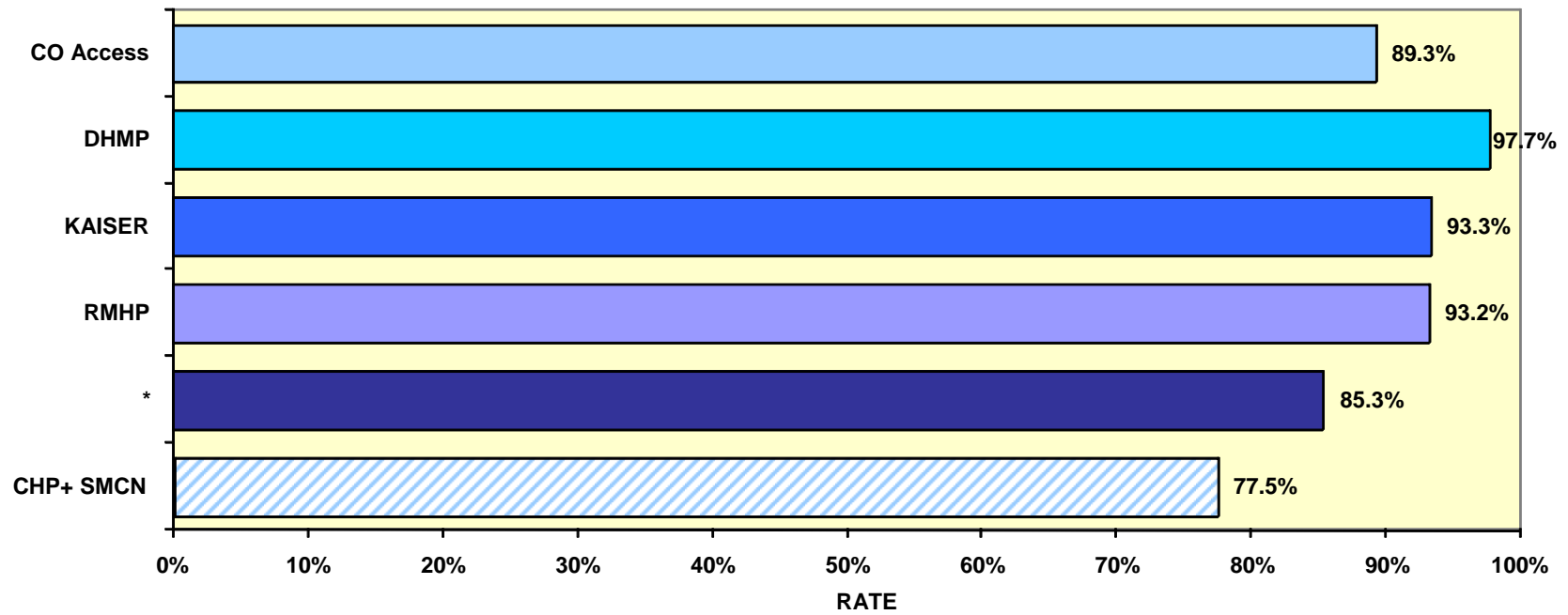
* Colorado CHP+ weighted average

Figure 4-4—Colorado CHP+ HEDIS 2009 Graphical Results
Childhood Immunization Status—Hib (Hybrid Rates)



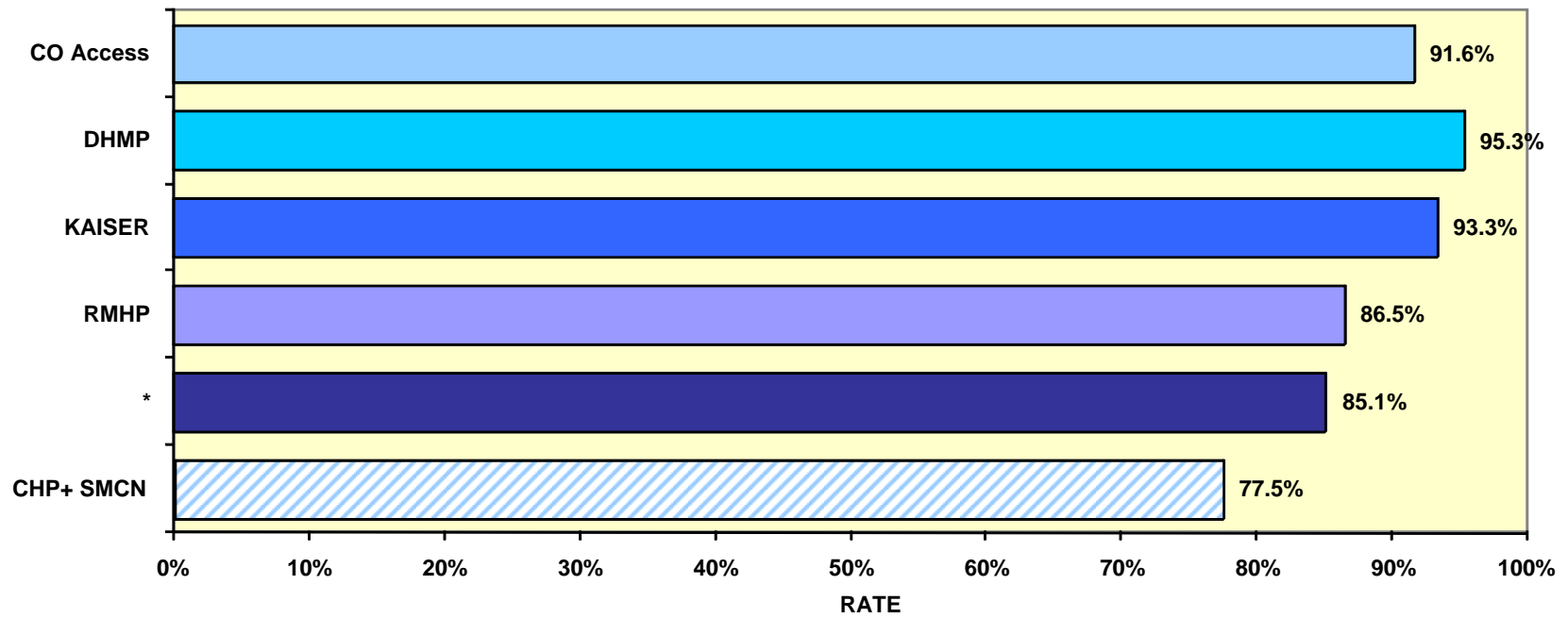
* Colorado CHP+ weighted average

**Figure 4-5—Colorado CHP+ HEDIS 2009 Graphical Results
Childhood Immunization Status—Hepatitis B (Hybrid Rates)**



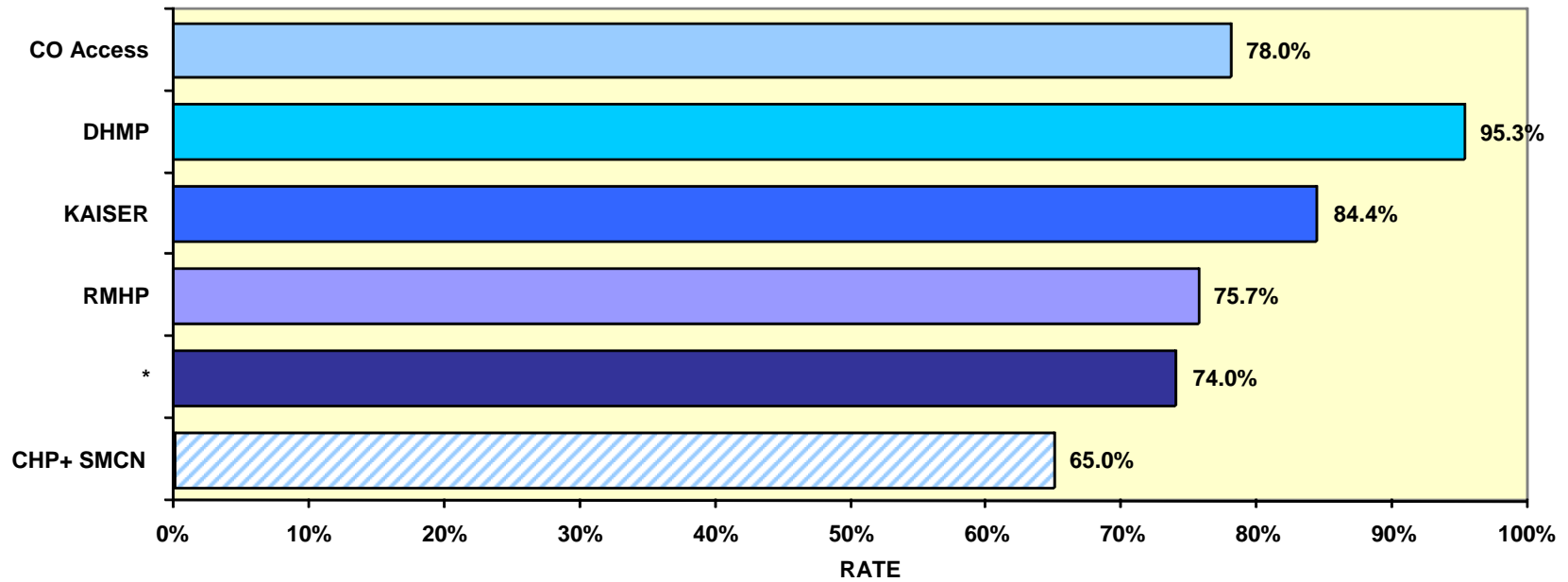
* Colorado CHP+ weighted average

Figure 4-6—Colorado CHP+ HEDIS 2009 Graphical Results
Childhood Immunization Status—VZV (Hybrid Rates)



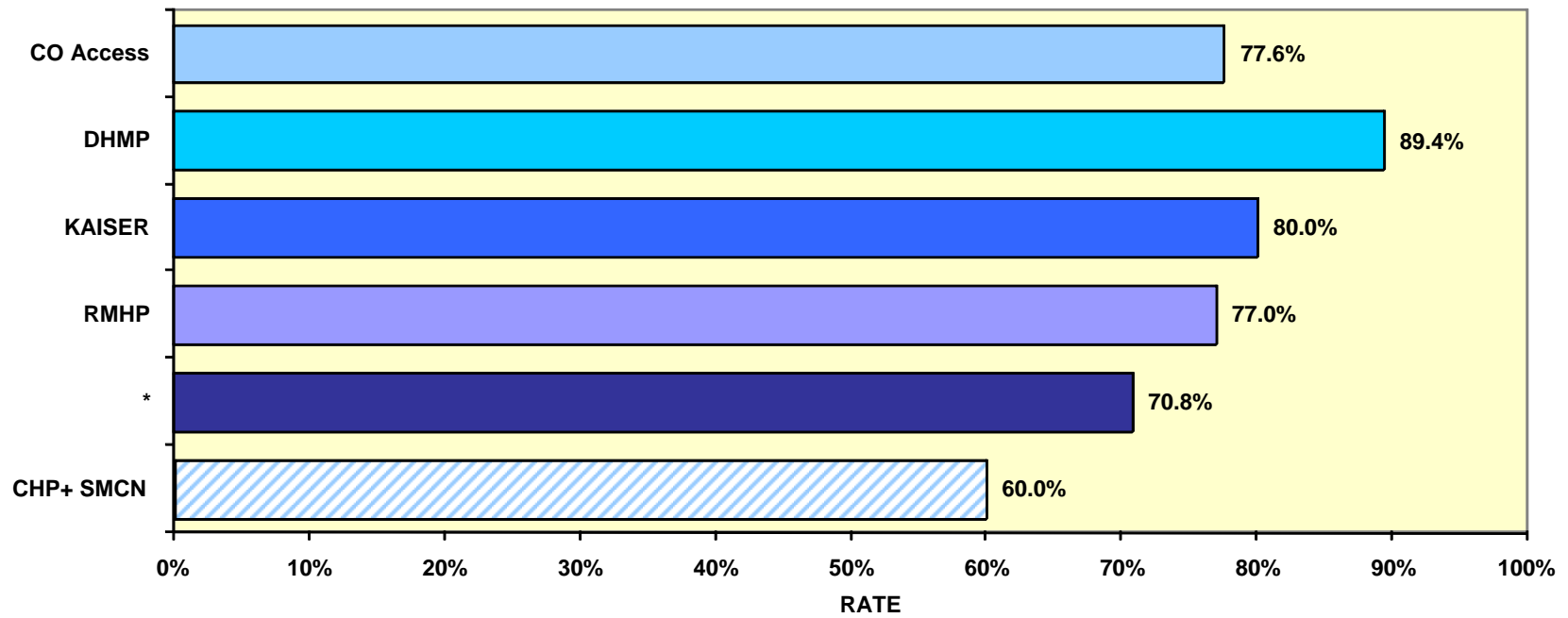
* Colorado CHP+ weighted average

Figure 4-7—Colorado CHP+ HEDIS 2009 Graphical Results
Childhood Immunization Status—Pneumococcal Conjugate (Hybrid Rates)



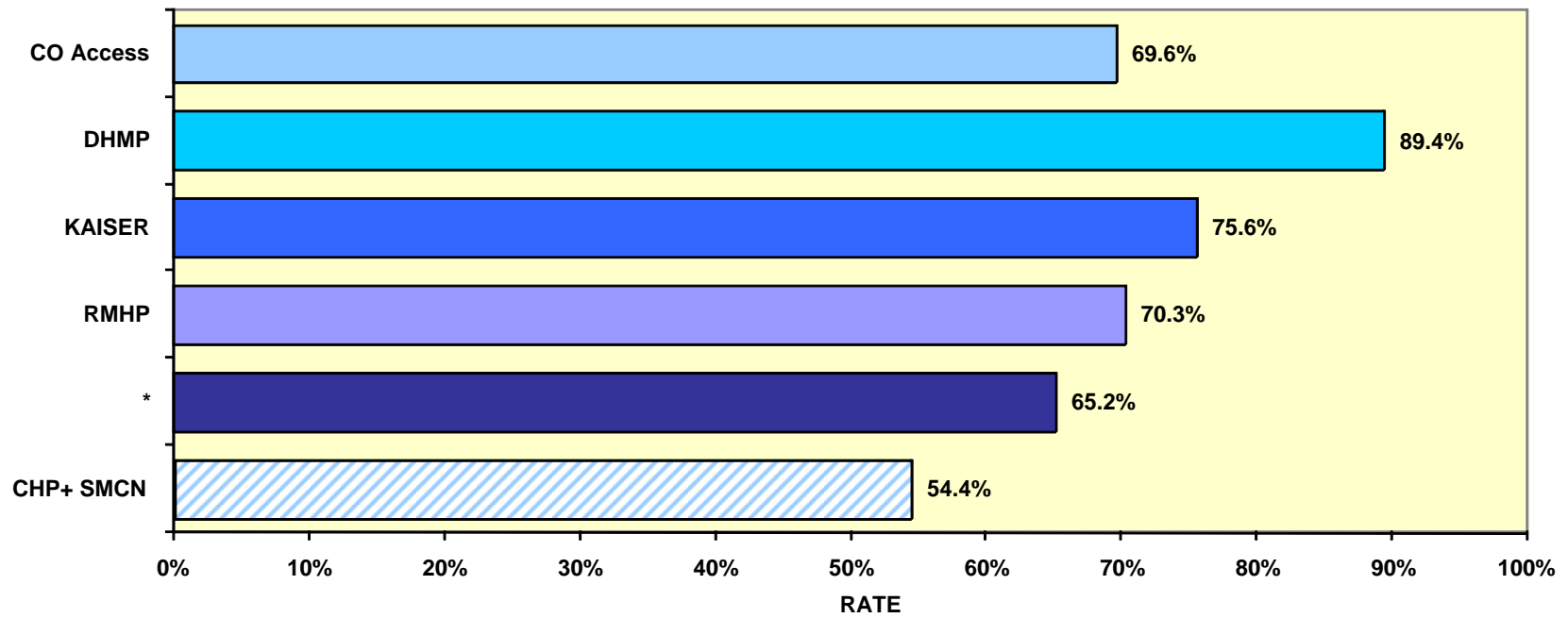
* Colorado CHP+ weighted average

**Figure 4-8—Colorado CHP+ HEDIS 2009 Graphical Results
Childhood Immunization Status—Combination 2 (Hybrid Rates)**



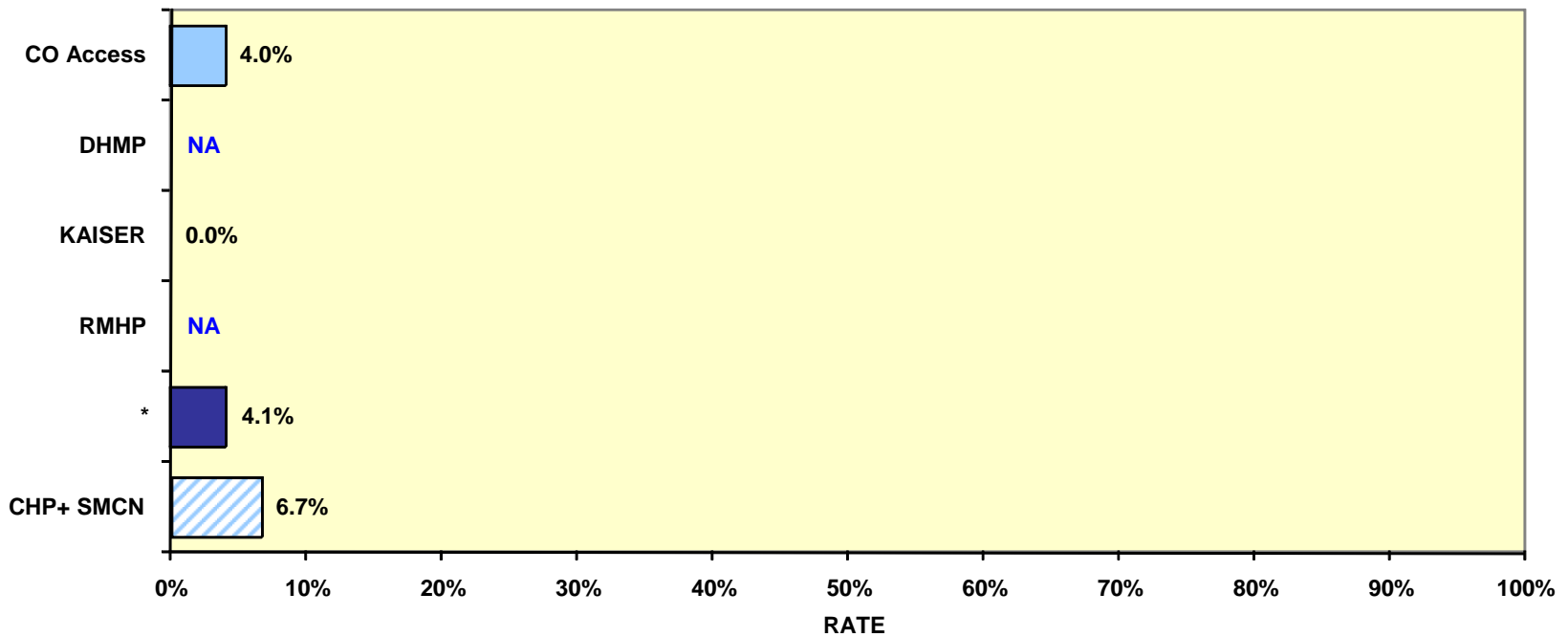
* Colorado CHP+ weighted average

**Figure 4-9—Colorado CHP+ HEDIS 2009 Graphical Results
Childhood Immunization Status—Combination 3 (Hybrid Rates)**



* Colorado CHP+ weighted average

**Figure 4-10—Colorado CHP+ HEDIS 2009 Graphical Results
Well-Child Visits in the First 15 Months of Life—Zero Visits**

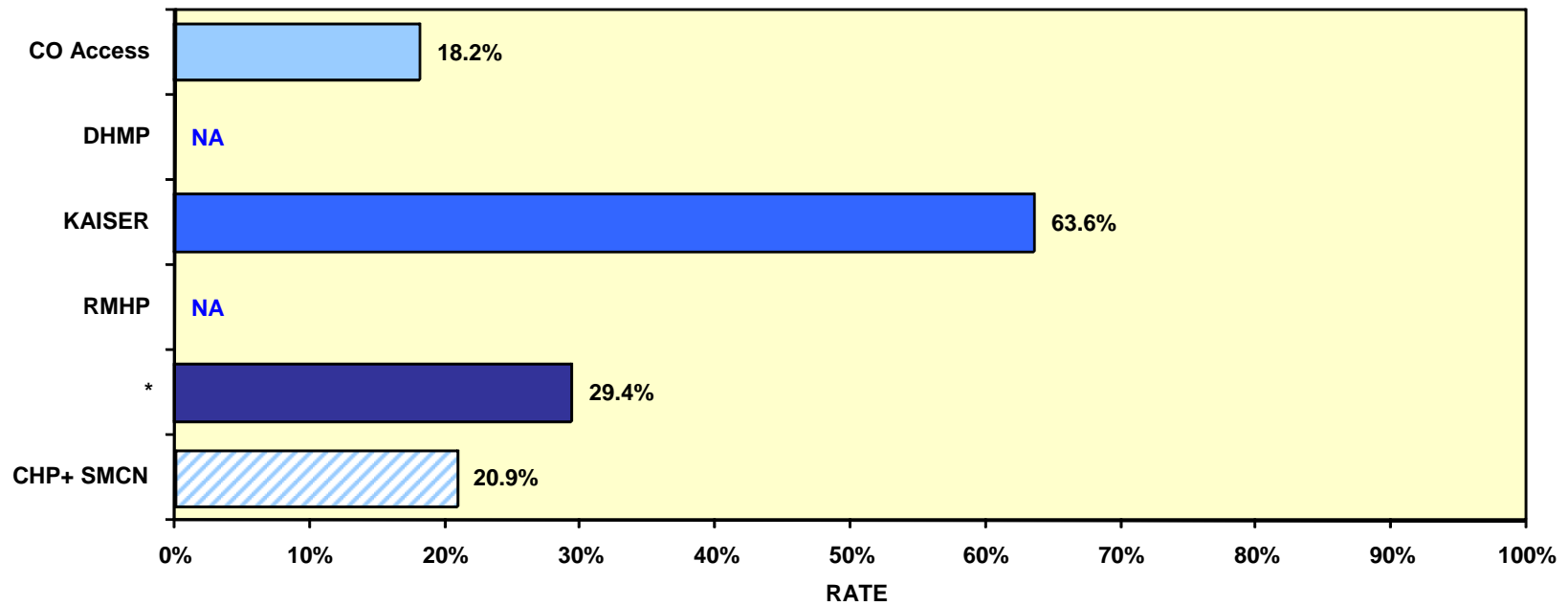


*Colorado CHP+ weighted average

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 hybrid rates and reported them to NCQA; however, for comparative purposes with the MCN population, only administrative rates are presented.

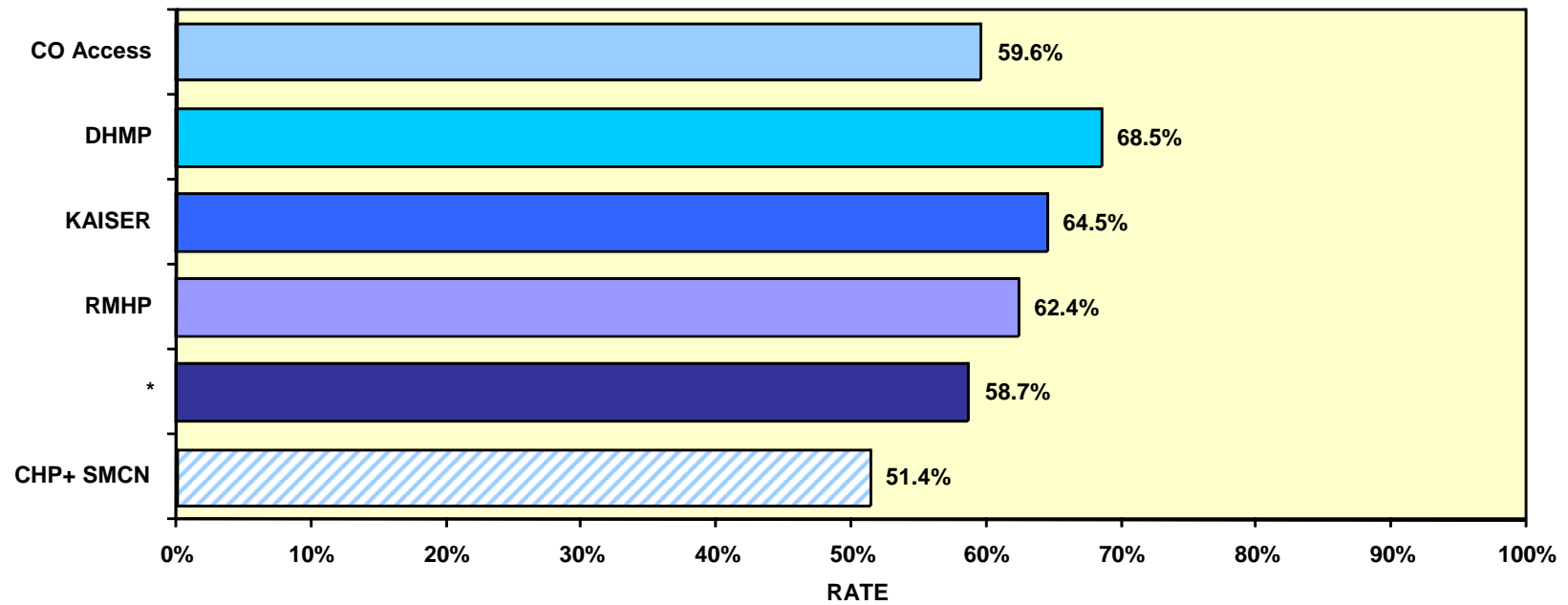
Figure 4-11—Colorado CHP+ HEDIS 2009 Graphical Results
Well-Child Visits in the First 15 Months of Life—Six or More Visits



* Colorado CHP+ weighted average

Notes: 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 MCN population, only the administrative rates are presented.

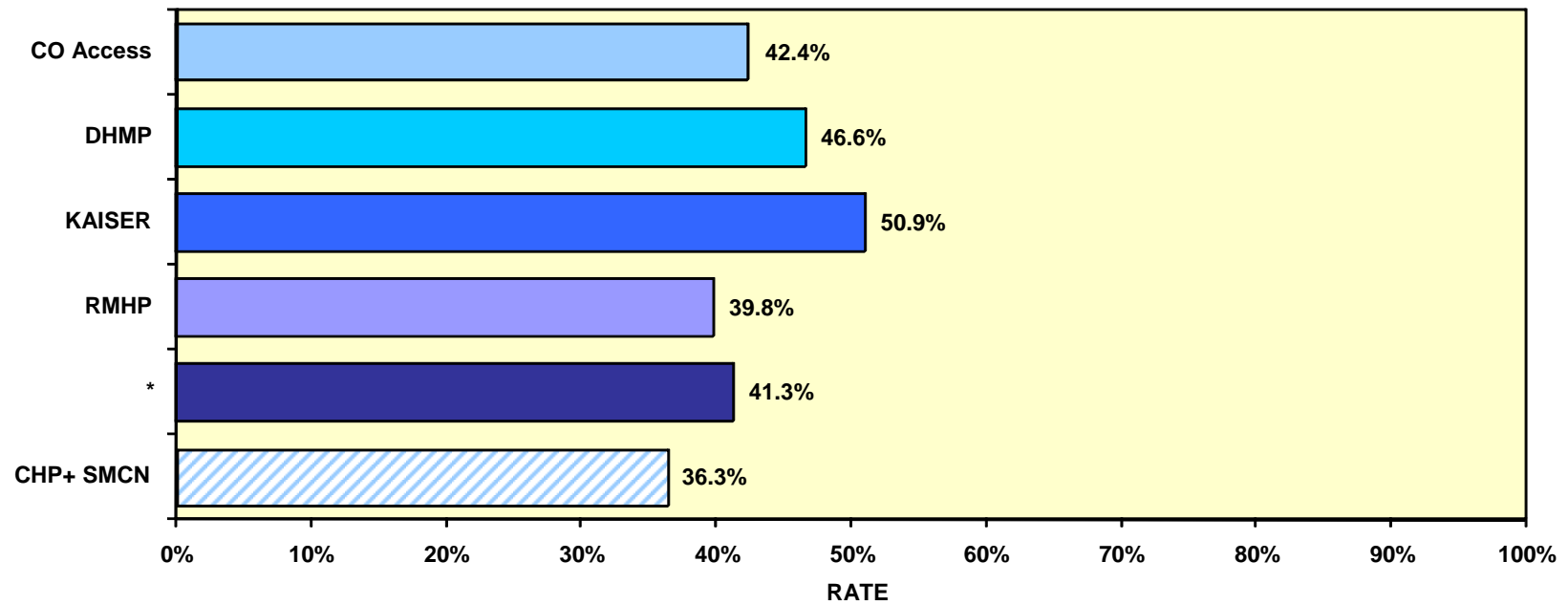
Figure 4-12—Colorado CHP+ HEDIS 2009 Graphical Results
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life



* Colorado CHP+ weighted average

Notes: 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 MCN population, only the administrative rates are presented.

Figure 4-13—Colorado CHP+ HEDIS 2009 Graphical Results
Adolescent Well-Care Visits



* Colorado CHP+ weighted average

Notes: 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 MCN population, only the administrative rates are presented.

5. Conclusions and Recommendations

Conclusions

This is the fifth year that the Colorado CHP+ program has reported HEDIS performance measures. In previous years, the health plans submitted audited rates; however, the SMCN has not submitted audited rates. This year the Department contracted with HSAG to audit the rates submitted by the SMCN, thus ensuring the reliability of the rates reported for the Colorado CHP+ program and allowing for valid comparisons to the health plans. Only two measures reported this year were reported last year. They are: *Well-Child Visits in the First 15 Months of Life* and *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life*. Three measures—*Lead Screening in Children*, *Children’s and Adolescents’ Access to Primary Care Practitioners*, and *Follow-Up Care for Children Prescribed ADHD Medication*—were removed from the reporting set. Four measures—*Childhood Immunization Status*, *Adolescent Well-Care Visits*, *Ambulatory Care*, and *Inpatient Utilization—General Hospital/Acute Care*—were added to the set. In addition to these measures, the Department specified reporting of the *Prenatal and Postpartum Care* measure for the CHP+ SMCN population only.

Since this is the first year the Colorado CHP+ program reported the *Childhood Immunization Status* measure, year-to-year comparisons could not be made. The Department required that the health plans and the SMCN report this measure using the hybrid method. The 2009 Colorado CHP+ program weighted averages for all of the antigens, including the two combination rates, performed below the national HEDIS 2008 Medicaid 50th percentile. The Colorado CHP+ weighted averages for MMR, Hepatitis B, and VZV ranked between the 10th and 25th HEDIS 2008 Medicaid percentiles. The Colorado CHP+ weighted average for IPV scored at the 25th percentile of 85.9 percent, and the weighted averages for DTaP, Hib, PCV, and Combination 2 and 3 ranked between the 25th and 50th percentiles. DHMP outperformed the other health plans on all of the antigen rates for this measure, and its Combination 3 rate of 89.4 percent ranked well above the HEDIS 2008 Medicaid 90th percentile of 78.2 percent. For the Combination 3 rate, DHMP outperformed the second-highest-ranking health plan by 13.8 percentage points. The poorest performance for all the antigen and combination rates was for the CHP+ SMCN population. The Combination 3 rate for the CHP+ SMCN population was 54.4 percent, which was above the HEDIS 2008 Medicaid 10th percentile of 50.1 percent.

The *Well-Child Visits in the First 15 Months of Life* measure was reported previously for the Colorado CHP+ program. Two of the health plans, DHMP, and RMHP did not have a denominator of at least 30 members for the *Well-Child Visits in the First 15 Months of Life* measure and, therefore, their rates for this measure were not NA. The NCQA specifications require a denominator with a minimum of 30 members to report an applicable rate. The weighted average for the Colorado CHP+ program’s *Zero Visits* rate decreased by 6.5 percentage points to 4.1 percent, which ranked above the HEDIS 2008 Medicaid 75th percentile of 3.1 percent. This decrease indicates improved performance for the *Zero Visits* rate since a lower rate indicates better performance for this measure. The Colorado CHP+ program weighted average for *Six or More Visits* (29.4 percent) increased by 7.8 percentage points, indicating better performance for this measure, which moved from ranking below the 10th percentile last year to above the HEDIS 2008 Medicaid 10th percentile this year.

Kaiser's rate of 63.6 percent for the *Six or More Visits* measure ranked above the HEDIS 2008 Medicaid 50th percentile of 57.5 percent, and the CO Access and CHP+ SMCN produced rates that ranked below the HEDIS 2008 Medicaid 10th percentile. The rates for the well-child measures were reported using only the administrative method; therefore, no medical record documentation was used to augment the administrative rates reported. The national audit means and percentiles used for comparison to the Medicaid percentiles were based on data collected through both administrative and hybrid methodologies. Hybrid rates were generated using a combination of both administrative and medical record data and were typically higher than rates derived only from administrative rates.

The Colorado CHP+ weighted average for the *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life* measure showed improvement compared to previous years. The Department determined that reporting of this measure would use only the administrative method again this year, and as mentioned previously, this should be taken into consideration when comparing rates to the national Medicaid percentiles. The Colorado CHP+ weighted average of 58.7 percent ranks just below the HEDIS 2008 Medicaid 25th percentile of 59.8 percent.

This is the first year the Department required the health plans to report the *Adolescent Well-Care Visits* measure for the Colorado CHP+ program, and the Department directed reporting of this measure using only the administrative method. Performance for this measure was better than performance for the other two well-child visit measures compared to national Medicaid audit means and percentiles. The Colorado CHP+ weighted average of 41.3 percent ranked just below the HEDIS 2008 Medicaid 50th percentile of 42.1 percent. Performance ranged from a high of 50.9 percent by Kaiser to a low of 36.3 percent for the CHP+ SMCN program. None of the health plans' rates fell below the HEDIS 2008 Medicaid 10th percentile of 27.2 percent.

Prenatal members are only enrolled in the SMCN; therefore, the health plans were not asked to report on the *Prenatal and Postpartum Care* measure. This measure has not been reported previously. The rates were reported using the hybrid method for both the *Timeliness of Care* and *Postpartum Care* indicators. The CHP+ SMCN program reported a rate of 69.8 percent for the *Timeliness of Care* measure, which performed between the 10th and 25th percentiles. The CHP+ SMCN program performed better on the *Postpartum Care* measure, with a rate of 62.0 percent, which was between the 50th and 75th percentiles.

This was the first year the Colorado CHP+ program reported the *Ambulatory Care* measure. The *Ambulatory Care* rates are displayed for four types of ambulatory care: outpatient visits, emergency room visits, ambulatory surgery/procedures, and observation room stays. The Colorado CHP+ weighted averages for *Outpatient Visits* and *Emergency Department Visits Per 1,000 Member Months* fell below the HEDIS 2008 Medicaid 10th percentile. The Colorado CHP+ weighted average for *Observation Room Stays Per 1,000 Member Months* ranked between the 25th and 50th percentiles, and the rate for *Ambulatory Surgery/Procedures Per 1,000 Member Months* performed between the HEDIS 2008 Medicaid 75th and 90th percentiles.

The Department required that the health plans report the *Inpatient Utilization—General Hospital/Acute Care* measure this year. The rates are displayed for discharges/days per 1,000 member months (MMs) and the average length of stay for medicine, surgery, and maternity inpatient stays. The *Inpatient Utilization—General Hospital/Acute Care—Total Inpatient* category represents the sum of the three categories (medicine, surgery, and maternity). The Colorado CHP+

weighted averages for all three categories in the *Total Inpatient (Discharges per 1,000 MMs, Days Per 1,000 MMs, and Average Length of Stay)* all ranked below the 10th percentile. The Colorado CHP+ weighted average for *Inpatient Utilization—General Hospital/Acute Care Total Inpatient—Discharges Per 1,000 Member Months* was 2.4 discharges per 1,000 member months (the 10th percentile was 5.7 discharges). The Colorado CHP+ weighted average for *Inpatient Utilization—General Hospital/Acute Care Total Inpatient—Days Per 1,000 Member Months* was 5.0 days per 1,000 member months (the 10th percentile was 16.6 days). The Colorado CHP+ weighted average for *Inpatient Utilization—General Hospital/Acute Care Total Inpatient—Average Length of Stay* was 2.1 days (the 10th percentile was 2.8 days).

Caution should be exercised when analyzing the *Ambulatory Care* and *Inpatient Utilization—General Hospital/Acute Care* measures. The rates for these two measures are displayed for informational purposes only. The rates do not indicate the quality and timeliness of, and access to, care and services. The reader should exercise caution in connecting these data to the efficacy of the program because many factors influence these data.

National benchmarks for the *Ambulatory Care* and *Inpatient Utilization—General Hospital/Acute Care* measures rank organizations for their utilization of services. If an organization's ED visits rate (for the *Ambulatory Care* measure) ranks lower than the 50th percentile, it simply means that its members are accessing the ED less than other organizations nationwide. If the organization's rate ranks above the 50th percentile, it means that ED utilization is higher than other organizations nationwide. Therefore, if the goal is to keep members out of the ED for unnecessary services, organizations should research the reasons for ED visits to identify ways to cut down on unnecessary use. For some organizations, however, high ED utilization may not indicate that members are accessing unnecessary services. In this case, high rates of ED use may not indicate a problem with utilization of services. Each organization would have to make this determination based upon its own population.

HSAG recommends that the health plans and the SMCN review their results for these measures and identify whether a rate is higher or lower than expected for their population. Focused analysis related to these measures could help identify the key drivers associated with the rates.

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. The Department met this requirement by setting performance goals and requiring that the health plans collect and report HEDIS performance measures. Based on its review of health plan performance, including a comparison of health plan performance to goals established by the Department, HSAG recommends that the Department:

- ◆ Continue to encourage the health plans to implement targeted performance improvement activities specifically for the CHP+ population based upon the findings from the rates reported. To determine which areas to target, the health plans should perform a root-cause analysis of

performance below the standard. Specifically, for rates that fell below the HEDIS 2008 Medicaid 50th percentile, health plans could investigate the reasons for poor performance.

- ◆ Since all of the health plans reported the *Childhood Immunization Status* measure using the hybrid method this year, plans that fell below the 50th percentile ranking could research the reason(s) for lower-than-average performance. The abstractors that reviewed the medical records may be able to identify areas of possible concern (e.g., records missing the Hepatitis B antigen given in the hospital, records missing data from a free immunization clinic). The current year's hybrid sample could be used to help identify which antigens were included in the administrative data, which antigens came from the medical record, and antigens that were either not given or for which documentation was not found. Alternate sources of data (e.g., the immunization registry) could be acquired to supplement the HEDIS reporting data if the health plan is not already using these sources of data.
- ◆ To improve rates for the well-child and adolescent care measures, HSAG explored best practices and evaluated and categorized interventions that appeared to be more successful. HSAG noted that successful PIPs or QIPs targeted specific barriers in addition to provider-related interventions. Health plans should actively identify barriers to well-child visits among their population. Once barriers are identified the health plan should implement interventions based upon specific barriers. Assuming that culturally appropriate materials are available, member interventions such as reminders and newsletters have been associated with real improvement. Newsletters should contain updated and timely information. Articles, profiles of providers, and member tools typically appear in newsletters. Most often, newsletters are distributed quarterly but some plans have monthly newsletters. Reminders are usually sent to members in conjunction with birthdays or other milestones. Provider interventions include provider-specific feedback on well-child visit rates and encounter/claims data review for missed opportunities such as performing well-child assessments during sick visits.
- ◆ Only the SMCN reported the *Prenatal and Postpartum Care* measure. The *Prenatal and Postpartum Care* measure is reported in two rates: *Timeliness of Prenatal Care* and *Postpartum Care*. Both of these measures can be impacted by the use of global billing for obstetrical services, which may cover the entire pregnancy through delivery and sometimes through the postpartum checkup. Since many providers submit bills to cover the entire pregnancy, global bills typically do not include dates of service for prenatal and postpartum care. Some plans have implemented a process to collect dates of service in addition to the applicable CPT codes for prenatal and postpartum visits as part of the global bill. This helps to alleviate the need for costly medical record review for HEDIS reporting. However, plans should also conduct a causal/barrier analysis for members who may not access these types of services for cultural, financial, or other reasons. Interventions from PIPs that have improved *Prenatal and Postpartum Care* performance include:
 - Encouraging providers to submit CPT Category II codes to facilitate the administrative capture of prenatal and postpartum visits.
 - Distributing HEDIS results to medial directors.
 - Providing bus tokens or taxi vouchers to members for transportation.
 - Offering incentives for timely prenatal and postpartum visits. Incentives ranged from baby books to infant car seats.
 - Using multiple attempts to contact members regarding missed appointments.

- Providing priority scheduling to late-entry prenatal patients.
- Using an obstetrical database to identify patients four to six weeks post-delivery who had not attended a postpartum visit and contacting them to facilitate an appointment.