

2010 HEDIS[®] AGGREGATE REPORT

for

Child Health Plan *Plus*

October 2010

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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Background

The Colorado Department of Health Care Policy & Financing (the Department) operates the Colorado Children's Health Insurance Program (CHIP). The Colorado CHIP is also known as Child Health Plan *Plus* (CHP+). The Department contracted with four health plans during state fiscal year (SFY) 2009–2010 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 managed care coverage, the CHP+ program ran a state managed care network (SMCN) via direct contracts with providers, hospitals, and ancillary services.

The Balanced Budget Act of 1997 (BBA), 42 Code of Federal Regulations (CFR) §457.710, requires that state CHIPs evaluate performance using measurements that are objective and independently verifiable and can be used to gauge performance against state-specified goals.

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's scope of work included calculation of a set of performance measures for the CHP+ SMCN and development of a composite report, combining health plan performance measure data with SMCN data. This was the sixth year that the Department implemented a performance measurement system to measure CHP+ performance through an objective process and compare performance against identified goals.

The Department selected the National Committee for Quality Assurance's (NCQA's) Healthcare Effectiveness Data and Information Set (HEDIS[®]) to measure performance. HEDIS 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 underwent an NCQA HEDIS Compliance Audit[™] through a licensed audit organization. The health plans submitted the final audited results and audit statement to HSAG.

This report contains a review of the validated rates of the selected CHP+ measures as well as the methodology used to gather and calculate the rates.

Findings

The following table provides a summary of the performance measure results for this reporting year, along with the national Medicaid percentiles. The HEDIS 2010 results reflect the calendar year 2009 measurement period. The SMCN and health plan results are color-coded: purple and orange indicate lower performance (i.e., below the 10th and 25th percentiles, respectively) and areas that need focused improvement, white and yellow indicate rates between the 25th and 74th percentiles, and blue and green indicate good performance (at or above the 75th and 90th percentiles, respectively).

Table 1-1—HEDIS 2010 Results Compared to HEDIS 2009 Percentiles

HEDIS Measures	HEDIS 2010 Rates					NCQA National Medicaid HEDIS 2009 Percentiles				
	CO Access	DHMP	Kaiser	RMHP	SMCN	10th	25th	50th	75th	90th
Childhood Immunization Status—Combo 2	79.8%	97.3%	88.2%	78.1%	60.3%	56.4%	68.5%	77.9%	82.0%	85.4%
Childhood Immunization Status—Combo 3	73.5%	97.3%	88.2%	76.7%	54.8%	50.9%	62.4%	71.8%	76.4%	80.6%
Well-Child Visits in the First 15 Months (Zero Visits)*	4.5%	3.2%	0.0%	2.0%	3.6%	5.3%*	3.0%*	1.5%*	1.0%*	0.3%*
Well-Child Visits in the First 15 Months (Six or More Visits)	46.6%	77.4%	57.1%	30.0%	34.6%	40.4%	51.6%	60.6%	67.9%	73.9%
Well-Child Visits (3–6 Years)	62.0%	68.9%	65.6%	63.3%	55.3%	57.5%	64.0%	70.4%	75.9%	80.3%
Adolescent Well-Care Visits	45.3%	46.9%	50.2%	42.5%	41.1%	32.8%	37.9%	45.1%	53.2%	59.4%
Weight Assessment and Counseling for Nutrition and Physical Activity (WCC)										
BMI Percentile (Total)	17.3%	70.3%	95.6%	52.3%	16.3%	0.1%	2.6%	16.9%	34.1%	47.4%
Counseling for Nutrition (Total)	43.6%	65.7%	37.7%	53.8%	35.3%	0.3%	7.7%	40.5%	53.0%	64.0%
Counseling for Physical Activity (Total)	32.6%	51.3%	39.2%	47.7%	24.6%	0.0%	0.1%	29.8%	39.7%	51.6%

* Lower rates indicate better performance for these measures; therefore, the percentiles have been reversed.

	National Medicaid HEDIS 2009 Percentile					
	<10	10–24	25–49	50–74	75–89	90–100
Color Code for Percentiles						

The following is a summary of the findings within this report:

- Overall, 10 rates were above the 90th percentile, 4 were above the 75th percentile, 10 were above the 50th percentile, 10 were above the 25th percentile, 8 were above the 10th percentile, and 3 were below the 10 percentile.
- DHMP and Kaiser generally reported the highest rates; the SMCN generally had the lowest rates.
- Across the measures, the best rates were reported for the *Weight Assessment and Counseling for Nutrition and Physical Activity (WCC)* measures and *Childhood Immunizations (Combo 2 and Combo 3)*.
- All of the trended rates (Table 1-2 below) showed improvement. The most significant improvement was for *Well-Child Visits in the First 15 Months of Life*, which had a 22.8 percentage-point increase for six or more visits. For the SMCN, *Timeliness of Prenatal Care* increased 8.1 percentage points and exceeded the 25th percentile.
- Despite the trended improvement, *Well-Child Visits in the First 15 Months of Life (Zero Visits)*, *Well-Child Visits (3–6 Years)*, and *Adolescent Well-Care Visits* had the poorest performance relative to national percentiles, and focused improvement is recommended.

Table 1-2—Overall Colorado CHP+ HEDIS Rates 2007–2010					
HEDIS Measures	HEDIS 2007	HEDIS 2008	HEDIS 2009	HEDIS 2010	Trend
<i>Childhood Immunization Status—Combination 2</i>			70.8%	74.6%	+3.8%
<i>Childhood Immunization Status—Combination 3</i>			65.2%	70.0%	+4.8%
<i>Well-Child 0–15 Months (Zero Visits)*</i>	9.5%	10.6%	4.1%	3.4%	-6.1%*
<i>Well-Child 0–15 Months (Six or More Visits)</i>	20.8%	21.6%	29.4%	43.6%	+22.8%
<i>Well-Child Visits (3–6 Years)</i>	54.6%	55.0%	58.7%	61.1%	+6.5%
<i>Adolescent Well-Care Visits</i>			41.3%	44.6%	+3.3%
<i>Timeliness of Prenatal Care (SMCN Only)**</i>			69.8%	77.9%	+8.1%
<i>Postpartum Care (SMCN Only)**</i>			60.8%	65.7%	+4.9%
Note: Rates shaded in green indicate improved performance. * Lower rates are better for this measure. ** This measure was reported by only the SMCN.					

Recommendations

HSAG offers the following measure-specific recommendations. Detailed recommendations are listed in Section 4.

Childhood Immunizations and Well-Care Visits

For these measures, the health plans and the SMCN should consider ways to improve the acquisition of claims and encounter data. Potential methods include the following:

- ◆ Conduct provider education on claims/encounter data submission policies and monitor the volume of provider submissions.
- ◆ Educate parents through language-appropriate materials (either hard copy or online) about the benefits of preventive, well-child, and adolescent health services. Highlight the benefits of having their children see providers for routine well-care services and immunizations.
- ◆ Provide physicians with feedback on immunization rates and well-care visit rates for their patients quarterly or semiannually.

Weight Assessment and Counseling for Nutrition and Physical Activity

This is the first year that the CHP+ plans have reported the *Weight Assessment and Counseling for Nutrition and Physical Activity* measure, and the plans performed well compared to national percentiles. The SMCN rates were below the 50th percentile. To maintain or improve performance levels, HSAG recommends educating providers on the appropriate billing and documentation requirements for this measure and exploring the use of standardized forms that include the specific data elements for numerator compliance.

Prenatal and Postpartum Care

The SMCN performed well on the *Postpartum Care* measure. However, there was room for improvement for *Timeliness of Prenatal Care*. The following interventions could improve performance on the *Timeliness of Prenatal Care* measure and should be considered for the SMCN population:

- ◆ Require that providers submit the individual dates of service for prenatal care (or postpartum, if applicable), along with any global maternity bill.
- ◆ Identify members in the hybrid sample for whom a medical record was not found and conduct research to determine if prenatal care services were provided by a practitioner who was not identified in the transactional system as a primary care provider (PCP), midwife, obstetrician/gynecologist (OB/GYN), or family practitioner.
- ◆ Provide prenatal care materials to pregnant women who are newly enrolled, including a list of providers they may contact for their first prenatal care visit.

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 the necessary data elements:** Based on the list of HEDIS measures selected for reporting by the Department, HSAG's audit staff identified the data elements 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. HSAG obtained all applicable data from the ASO, Colorado Access.
- ◆ **Format data for HEDIS measure 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 and reporting the results to HSAG. Each health plan contracted with an NCQA-licensed audit organization and underwent an NCQA HEDIS Compliance Audit to ensure the reported rates were accurate. In addition, each health plan forwarded its NCQA Final Audit Report to HSAG. HSAG analysts prepared and validated the data received from the health plans and the CHP+ SMCN program for use in this report.

SMCN Pre-Health-Plan Period and Retroactive Enrollment

If an individual is an 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 (e.g., 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 (e.g., if authorization occurs on September 23, 2009, health plan enrollment will begin November 1, 2009).

Childhood Immunization Status

The *Childhood Immunization Status—Combination 3 (Combo 3)* measure reports the percentage of children who had the following vaccinations by their second birthday: four diphtheria, tetanus toxoids, and acellular pertussis/diphtheria-tetanus toxoids (DTaP/DT); three inactivated poliovirus vaccine (IPV); one measles-mumps-rubella (MMR); two Haemophilus influenzae type b (HIB); three hepatitis B (Hep B); one varicella-zoster virus (VZV) and four pneumococcal conjugate vaccine (PCV). The measure calculates a rate for each vaccine and separate combination rates.

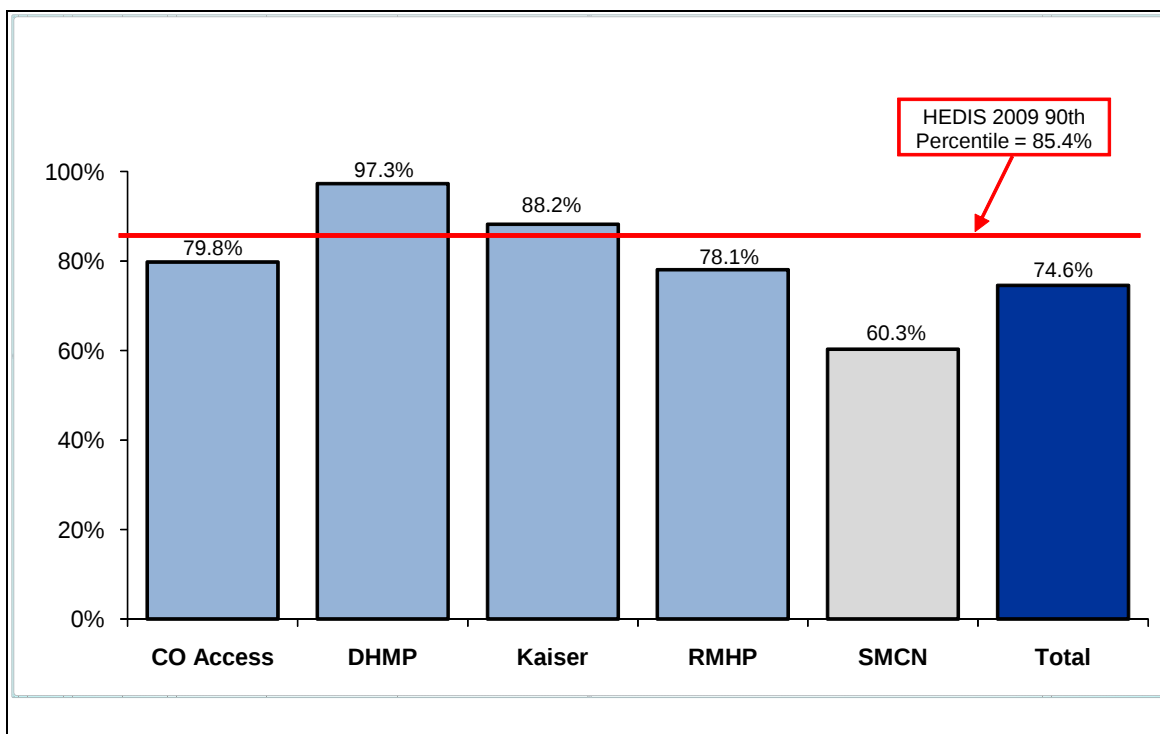
Table 3-1 displays comparative rates for the individual immunizations. Since the combination immunization rates are composites of these individual immunizations, improving the combination rates can often be achieved by targeting individual antigens that have the lowest rates. Typically, these are the immunizations that require a higher frequency of doses (i.e., DTaP and PCV).

Table 3-1—Colorado CHP+ HEDIS 2010 Results for Individual Childhood Immunizations						
HEDIS Measures	CO Access	DHMP	Kaiser	RMHP	SMCN	Total CHP+ Rate
Childhood Immunizations	N = 302	N = 73	N = 51	N = 73	N = 292	N = 791
DTaP (4 Doses)	84.1%	97.3%	88.2%	82.2%	68.2%	79.5%
IPV (3 Doses)	93.1%	97.3%	92.2%	94.5%	80.5%	88.9%
MMR (1 Dose)	90.1%	97.3%	94.1%	90.4%	83.6%	88.6%
HIB (2 Doses)	95.7%	98.6%	94.1%	97.3%	84.9%	92.0%
Hep B (3 Doses)	92.1%	98.6%	94.1%	94.5%	82.2%	89.4%
VZV (1 Dose)	90.7%	97.3%	94.1%	91.8%	82.9%	88.8%
PCV (4 Doses)	79.8%	97.3%	94.1%	84.9%	66.4%	77.9%
Note: N = eligible population						

The total 2010 CHP+ rates show that PCV and DTaP had the lowest rates, at 77.9 percent and 79.5 percent, respectively. These rates were at least 9.1 percentage points lower than the rates for the other immunizations. Increasing the overall immunization rate is dependent on improving the rates for these two antigens.

Figure 3-1 displays comparative rates for *Childhood Immunizations—Combination 2*, which combines the following vaccines: DTaP/DT, IPV, MMR, HIB, Hep B, and VZV.

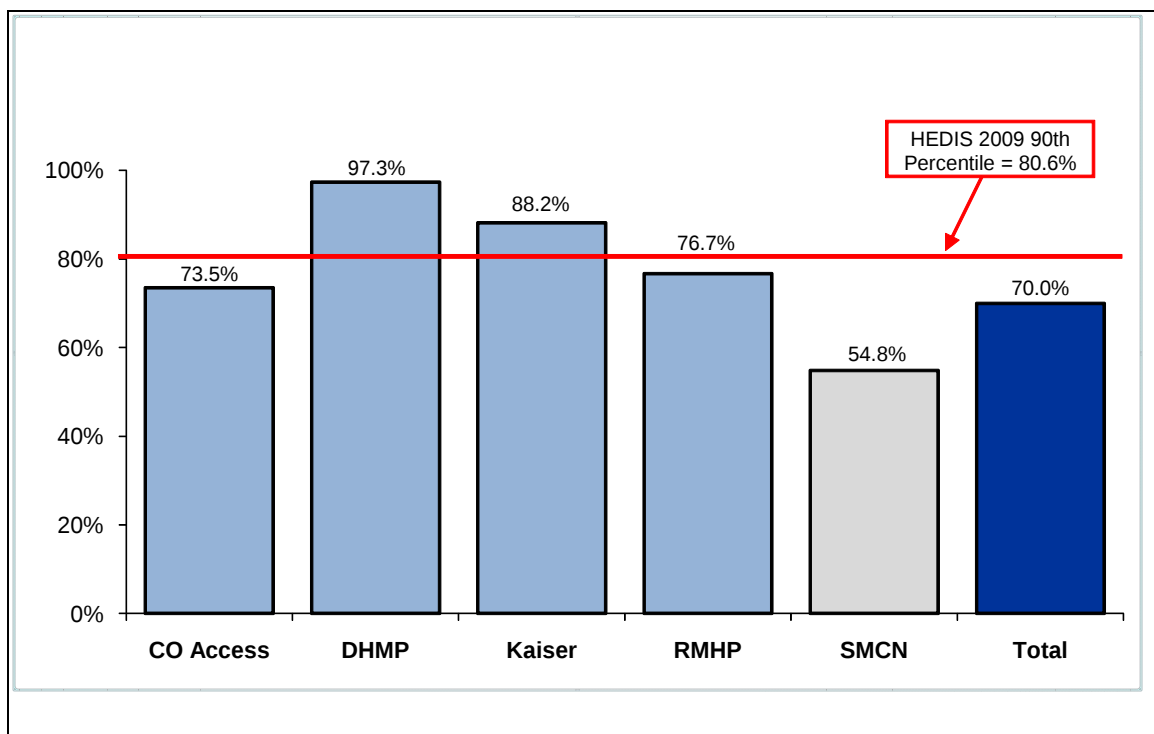
Figure 3-1—Comparison of Colorado CHP+ HEDIS 2010 Rates for Childhood Immunizations—Combination 2



The total for the CHP+ program was 74.6 percent, including the SMCN. The rates ranged from 60.3 percent for the SMCN to 97.3 percent for DHMP. Two health plans reported rates that exceeded the national Medicaid 90th percentile of 85.4 percent. Only the SMCN reported a rate below the 50th percentile of 77.9 percent. Please refer to Appendix A for the HEDIS 2009 percentiles used for benchmarking.

Figure 3-2 displays comparative rates for *Childhood Immunizations—Combination 3*, which combines the following vaccines: DTaP/DT, IPV, MMR, HIB, Hep B, VZV, and PCV.

Figure 3-2—Comparison of Colorado CHP+ HEDIS 2010 Rates for Childhood Immunizations—Combination 3

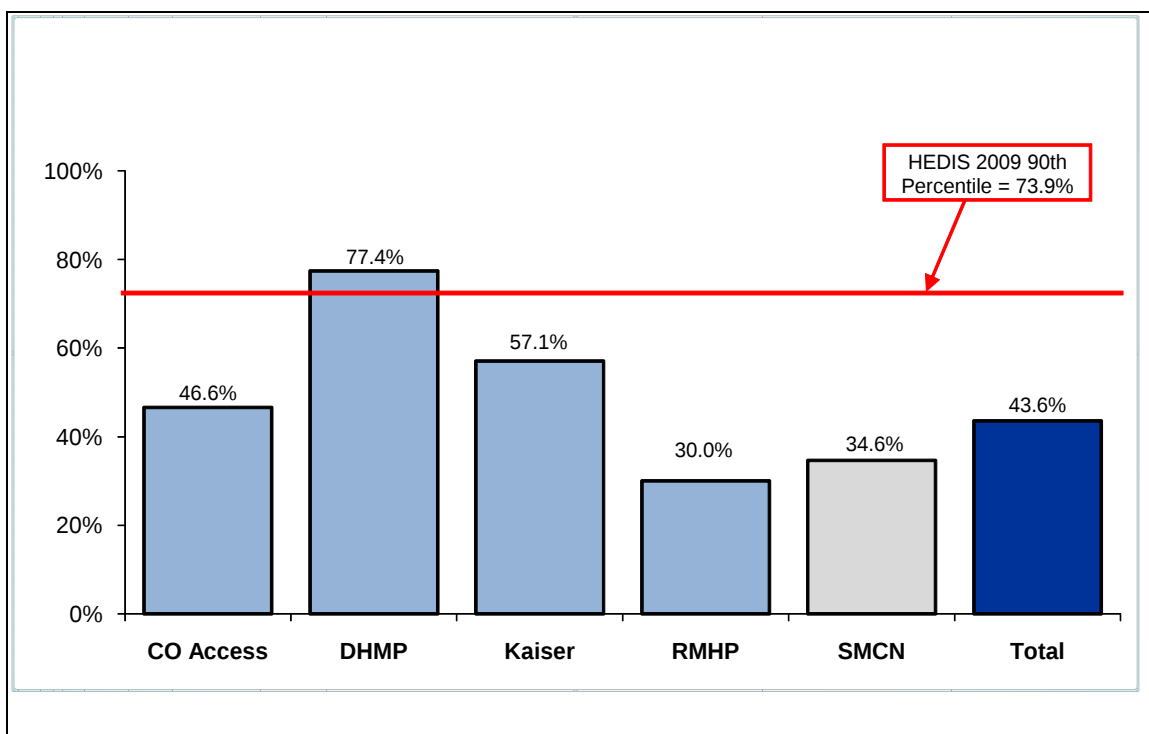


The total for the CHP+ program was 70.0 percent, which included the SMCN. The rates ranged from 54.8 percent for the SMCN to 97.3 percent for DHMP. Two health plans reported rates that exceeded the national Medicaid 90th percentile of 80.6 percent. Only the SMCN reported a rate below the 50th percentile of 71.8 percent. Please refer to Appendix A for the HEDIS 2009 percentiles used for benchmarking.

Well-Child Visits in the First 15 Months of Life

Figure 3-3 compares the performance of the four health plans and the SMCN for *Well-Child Visits in the First 15 Months of Life—Six or More Visits*. This measure 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.

Figure 3-3—Comparison of Colorado CHP+ HEDIS 2010 Rates for Well-Child Visits in the First 15 Months of Life—Six or More Visits

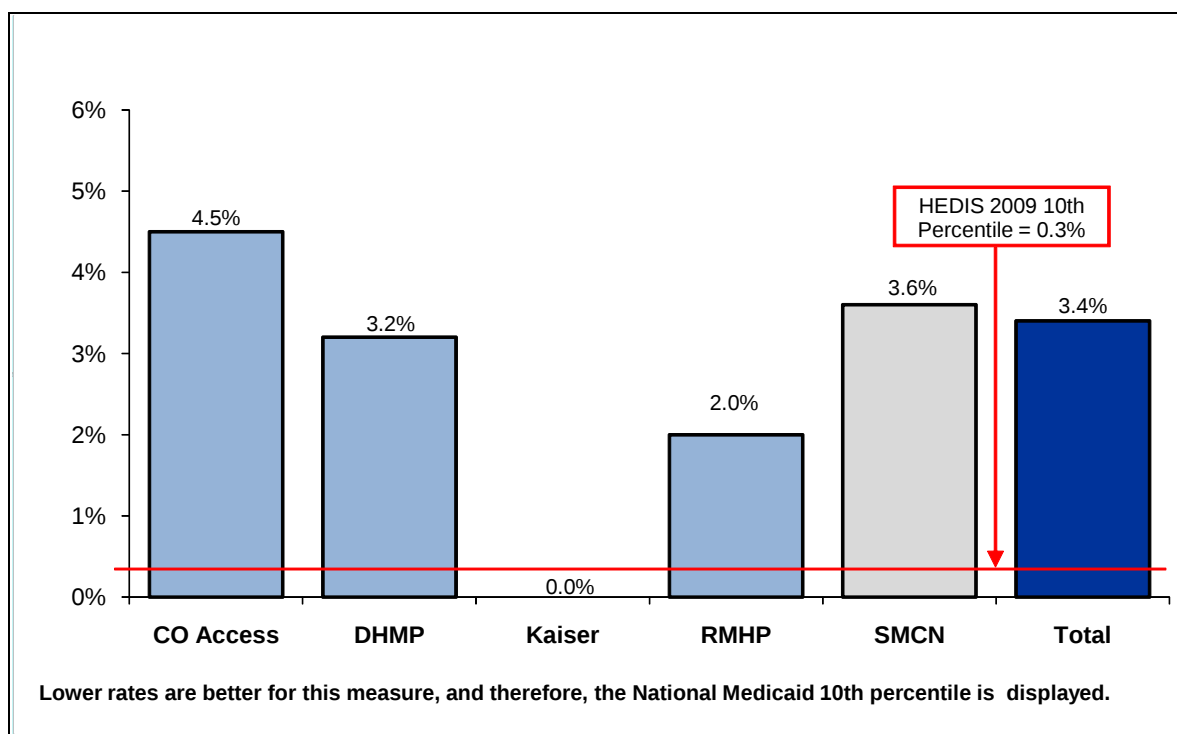


The total for the CHP+ program was 43.6 percent. The rates ranged from 30.0 percent for RMHP to 77.4 percent for DHMP, which exceeded the national Medicaid 90th percentile of 73.9 percent.

This measure needs focused improvement. Except for DHMP, none of the health plans or the SMCN reported rates above the 50th percentile of 60.6 percent, and both RMHP and the SMCN had rates below the 10th percentile of 40.4 percent. Please refer to Appendix A for the HEDIS 2009 percentiles used for benchmarking.

Figure 3-4 compares the performance of the health plans and the SMCN for *Well-Child Visits in the First 15 Months of Life—Zero Visits*. For this measure, lower rates indicate better performance. Rates reflect the percentage of children in the eligible population who did not have any well-child visits in their first 15 months of life.

Figure 3-4—Comparison of Colorado CHP+ HEDIS 2010 Rates for Well-Child Visits in the First 15 Months of Life—Zero Visits

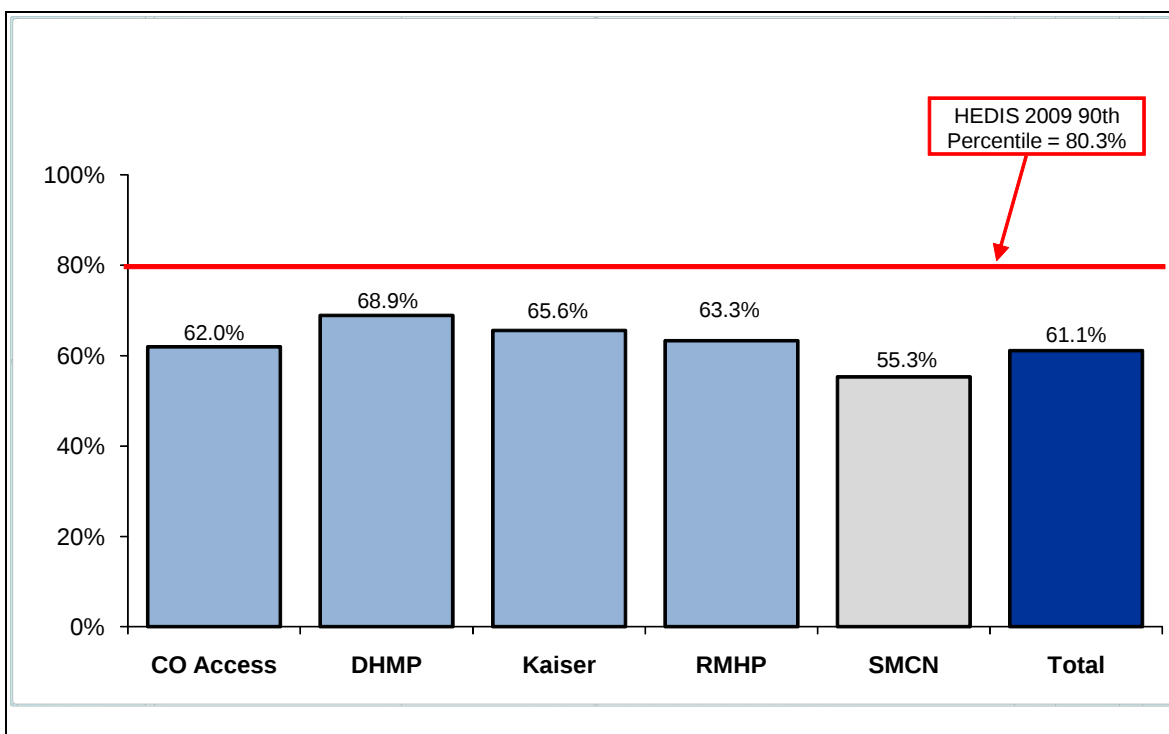


The overall rate for the CHP+ program was 3.4 percent. The rates ranged from 4.5 percent for Colorado Access to 0.0 percent for Kaiser, which exceeded the national Medicaid 10th percentile of 0.3 percent. For this measure, a lower rate reflects better care (i.e., fewer children with zero well-child visits). Except for Kaiser, none of the health plans reported a rate below the 50th percentile of 1.5 percent. Please refer to Appendix A for the HEDIS 2009 percentiles used for benchmarking.

Well-Child Visits in the Third, Fourth, Fifth, and Sixth Year of Life

Figure 3-5 presents the comparative rates for *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life*. This measure calculates 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.

Figure 3-5—Comparison of Colorado CHP+ HEDIS 2010 Rates for Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life

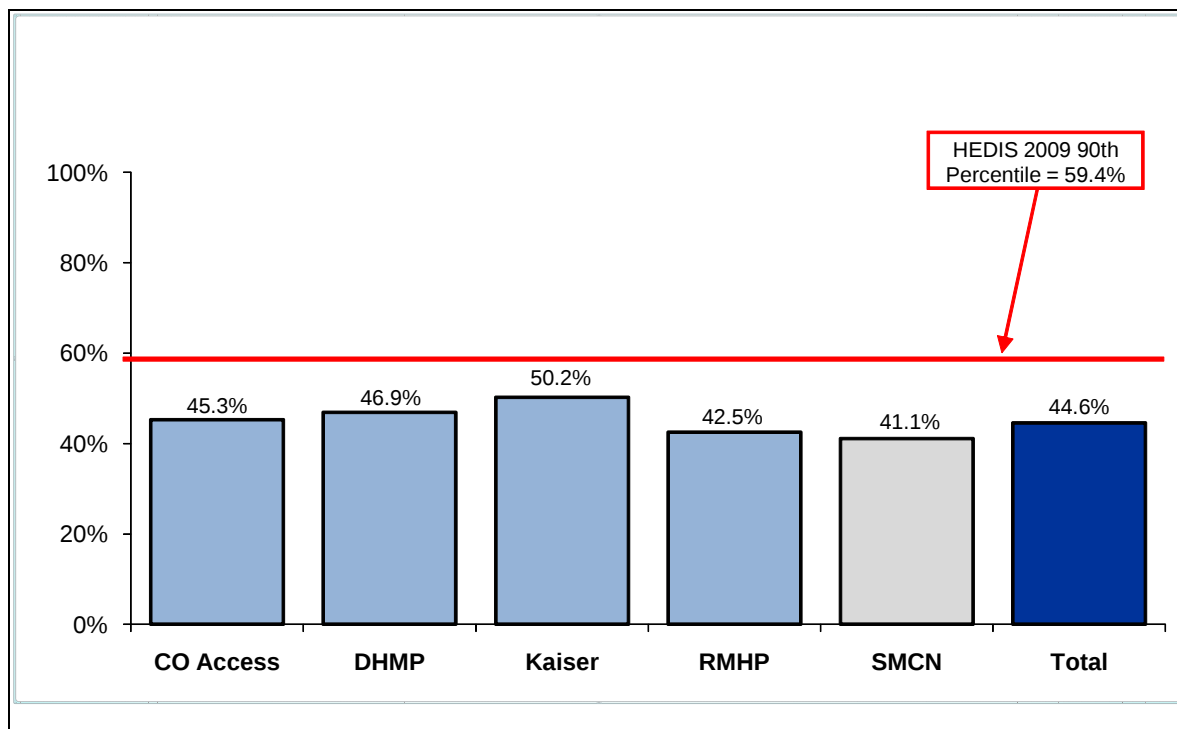


The overall rate for the CHP+ program was 61.1 percent. The rates were close together and ranged from 55.3 percent for the SMCN to 68.9 percent for DHMP. None of the health plans reported a rate above the 50th percentile of 70.4 percent. Please refer to Appendix A for the HEDIS 2009 percentiles used for benchmarking.

Adolescent Well-Care Visits

Figure 3-6 presents the comparative rates for *Adolescent Well-Care Visits*. This measure 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.

Figure 3-6—Comparison of Colorado CHP+ HEDIS 2010 Rates for Adolescent Well-Care Visits



The total for the CHP+ program was 44.6 percent. This measure showed consistent performance among the SMCN and health plan rates, ranging from 41.1 percent for the SMCN to 50.2 percent for Kaiser.

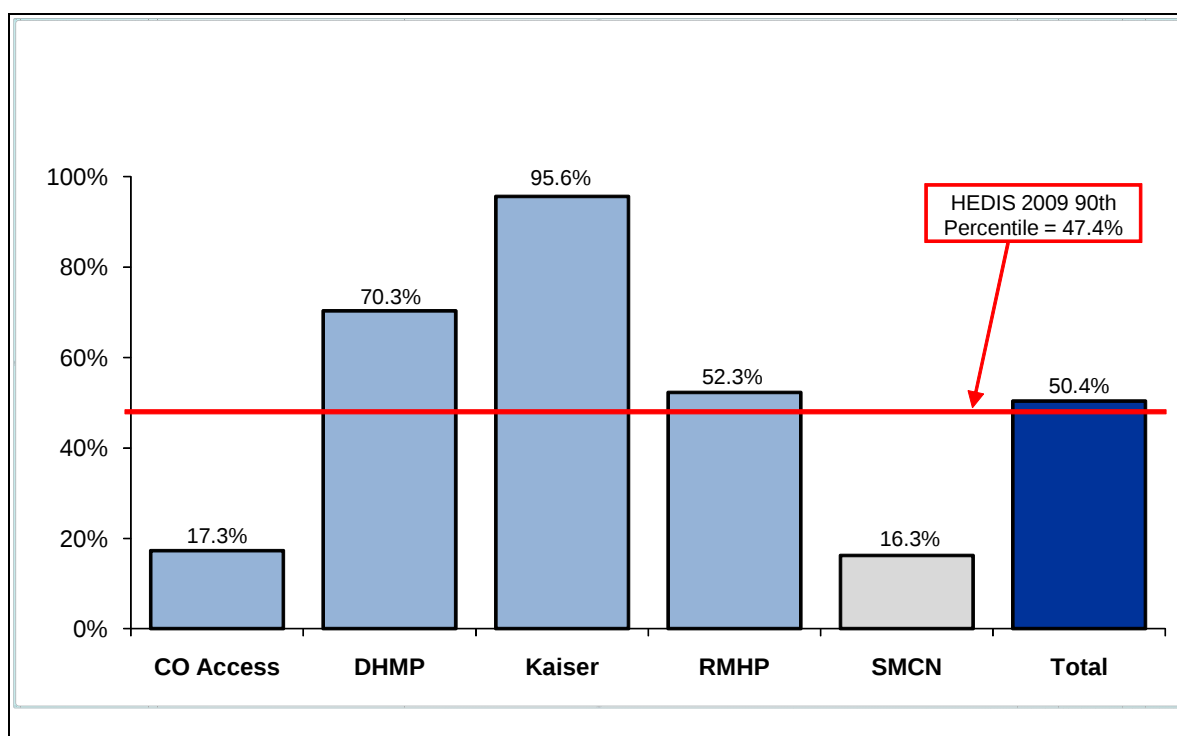
None of the reported rates was higher than the 90th percentile of 59.4 percent. However, Colorado Access, DHMP, and Kaiser were all above the 50th percentile of 45.1 percent. Please refer to Appendix A for the HEDIS 2009 percentiles used for benchmarking.

Weight Assessment and Counseling for Nutrition and Physical Activity

Body Mass Index (BMI) Percentile

Figure 3-7 presents the comparative rates for *Weight Assessment and Counseling for Nutrition and Physical Activity—BMI Percentile*. The *Weight Assessment and Counseling for Nutrition and Physical Activity—BMI Percentile* measure calculates the percentage of members 2–17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of BMI percentile documentation during the measurement year.

Figure 3-7—Comparison of Colorado CHP+ HEDIS 2010 Rates for Weight Assessment and Counseling for Nutrition and Physical Activity—BMI Percentile

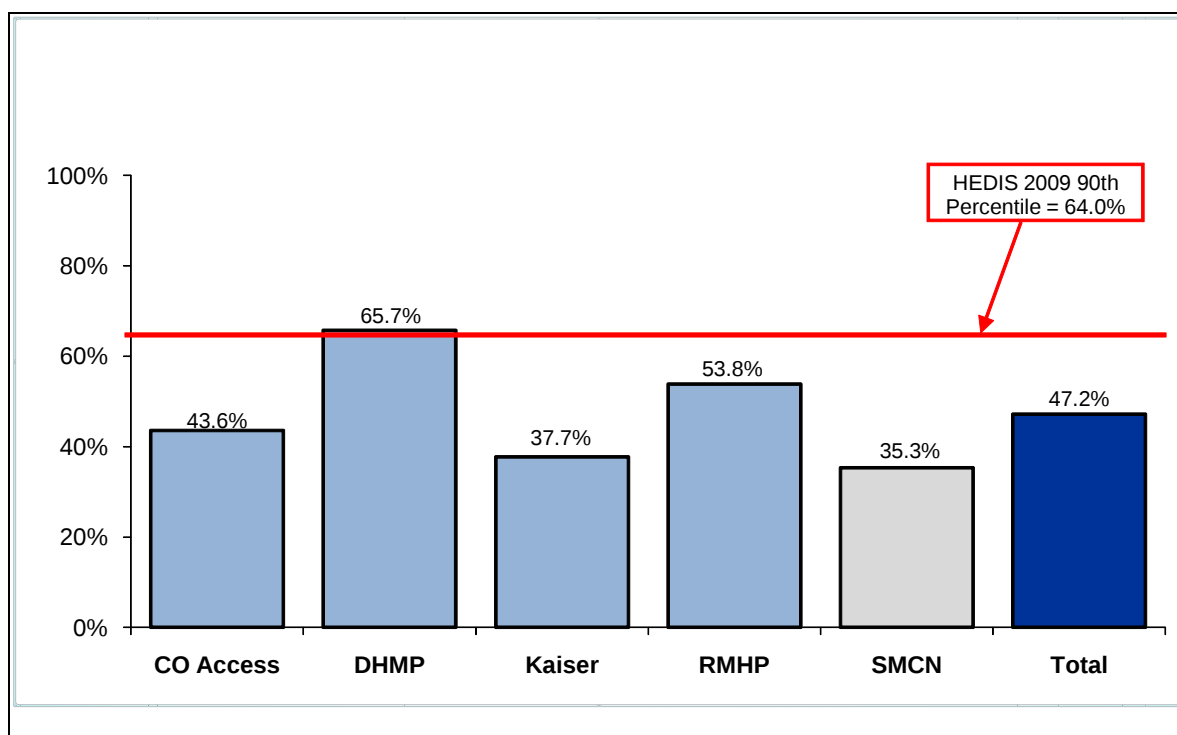


The total for the CHP+ program was 50.4 percent. The rates ranged from 16.3 percent for the SMCN to 95.6 percent for Kaiser. The CHP+ rate and three of the health plans reported rates higher than the 90th percentile of 47.4 percent. Please refer to Appendix A for the HEDIS 2009 percentiles used for benchmarking.

Counseling for Nutrition

Figure 3-8 presents the comparative rates for *Weight Assessment and Counseling for Nutrition and Physical Activity—Counseling for Nutrition*. The *Weight Assessment and Counseling for Nutrition and Physical Activity—Counseling for Nutrition* calculates the percentage of members 2–17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of counseling for nutrition during the measurement year.

Figure 3-8—Comparison of Colorado CHP+ HEDIS 2010 Rates for Weight Assessment and Counseling for Nutrition and Physical Activity—Counseling for Nutrition

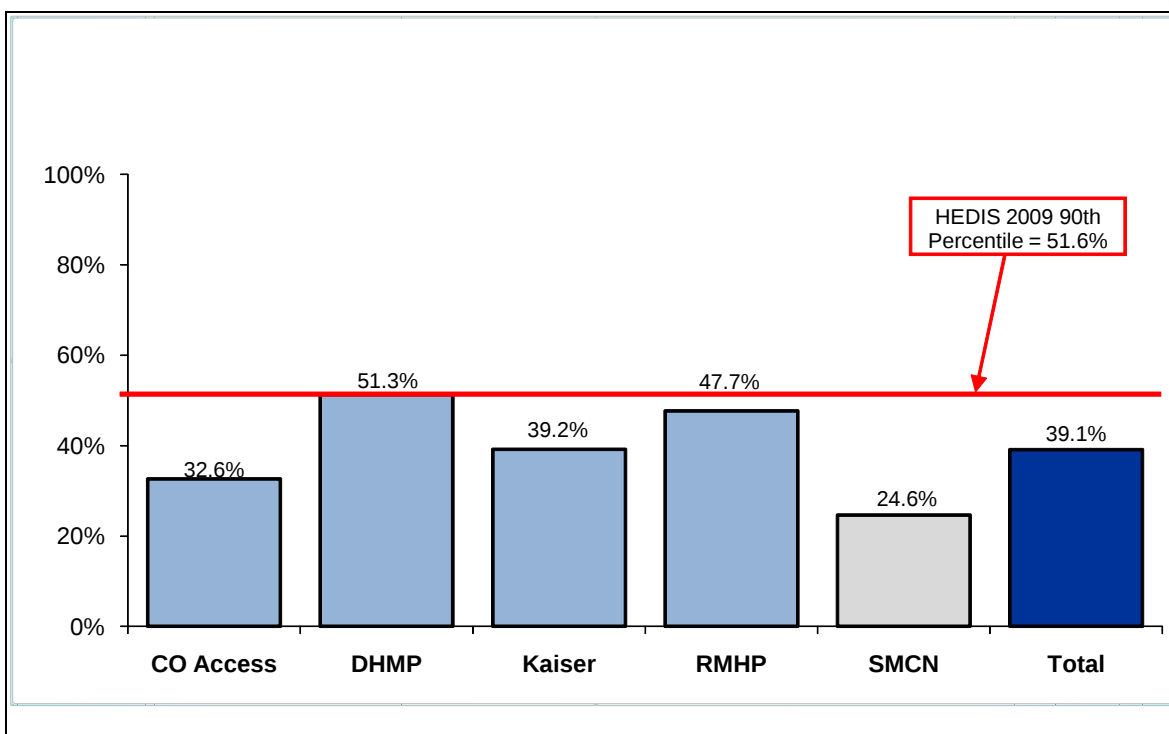


The total for the CHP+ program was 47.2 percent. The rates ranged from 35.3 percent for the SMCN to 65.7 percent for DHMP, which was above the 90th percentile of 64.0 percent. Only Kaiser and the SMCN reported rates below the 50th percentile of 40.5 percent. Please refer to Appendix A for the HEDIS 2009 percentiles used for benchmarking.

Counseling for Physical Activity

Figure 3-9 presents the comparative rates for *Weight Assessment and Counseling for Nutrition and Physical Activity—Counseling for Physical Activity*. The *Weight Assessment and Counseling for Nutrition and Physical Activity—Counseling for Physical Activity* calculates the percentage of members 2–17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of counseling for physical activity during the measurement year.

Figure 3-9—Comparison of Colorado CHP+ HEDIS 2010 Rates for Weight Assessment and Counseling for Nutrition and Physical Activity—Counseling for Physical Activity



The rate for the CHP+ program was 39.1 percent. The rates ranged from 24.6 percent for the SMCN to 51.3 percent for DHMP, which was slightly below the 90th percentile of 51.6 percent. Only the rate for the SMCN was below the 50th percentile of 29.8 percent. Please refer to Appendix A for the HEDIS 2009 percentiles used for benchmarking.

Timeliness of Prenatal Care and Postpartum Care (SMCN Only)

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 5 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.

Table 3-2 below displays the rates for the SMCN. The CHP+ health plans were not required to report these measures for this year.

Table 3-2—SMCN HEDIS 2010 Rates						
HEDIS Measures	SMCN HEDIS 2010 Rates	NCQA National Medicaid HEDIS 2009 Percentiles				
		10th	25th	50th	75th	90th
<i>Timeliness of Prenatal Care</i>	77.9%	67.9%	78.5%	85.6%	89.4%	92.2%
<i>Postpartum Care</i>	65.7%	50.3%	57.9%	63.9%	68.4%	72.7%

For *Timeliness of Prenatal Care*, the SMCN rate of 77.9 percent was between the NCQA national Medicaid HEDIS 2009 10th and 25th percentiles. The *Postpartum Care* rate of 65.7 percent was above the 50th percentile.

Discussion

Results for the individual health plans and the SMCN showed significant variation. DHMP and Kaiser generally reported the best rates, with DHMP reporting five rates above the 90th percentile and Kaiser reporting four rates above the 90th percentile. RMHP reported five rates above the 50th percentile, and four rates below the 50th percentile, including one rate that was below the 10th percentile. Colorado Access reported six rates between the 50th and 75th percentiles and three rates below the 25th percentile.

The SMCN generally had the lowest rates. None of the rates was above the 50th percentile. Three rates were below the 25th percentile and two other rates for the SMCN were below the 10th percentile.

Across the measures, the best rates were reported for the *Weight Assessment and Counseling for Nutrition and Physical Activity* measures, with four rates above the 90th percentile, three rates above the 75th percentile, and another four rates above the 50th percentile. This measure also had the most variation, with rates ranging from 16.3 percent for the SMCN to 95.6 percent for Kaiser for *BMI Percentile*.

Childhood Immunization Status (Combo 2 and Combo 3) had four rates above the 90th percentile, one rate above the 75th percentile, and three rates above the 50th percentile. None of the health plan rates was below the 50th percentile. However, the rate for the SMCN was below the 25th percentile for both *Combo 2* and *Combo 3*.

Adolescent Well-Care Visits showed consistent performance among the health plans and the SMCN, with rates ranging from 41.1 percent to 50.2 percent. Three health plans reported rates above the 50th percentile, and the remaining two rates were between the 25th and 49th percentiles.

Well-Child Visits in the First 15 Months of Life, *Well-Child Visits (3–6 Years)*, and *Adolescent Well-Care Visits* had the lowest rates relative to national percentiles. Focused improvement is needed in these areas.

Utilization Measures

Table 3-3 displays the member months (MM) for each health plan, the SMCN, and the CHP+ program. The largest contribution of member months came from children between 1 and 9 years of age.

Colorado Access, with 359,261 member months, had the largest population, followed by the SMCN. The other three health plans had significantly fewer member months. Due to this population difference, the overall utilization rates tend to be closer to the rates reported by Colorado Access and the SMCN.

Table 3-3—Colorado CHP+ Member Months for 2009						
Member Months	CO Access	DHMP	Kaiser	RMHP	SMCN	Total CHP+
<1	13,068	1,012	2,219	2,603	13,979	32,881
1-9	178,036	24,639	27,135	24,778	142,374	396,962
10-19	168,157	24,145	30,655	22,836	126,536	372,329
20-64	0	0	0	0	20,654	20,654
Unknown	0	2	0	0	0	2
Total	359,261	49,798	60,009	50,217	303,543	822,830

Table 3-4 displays the utilization rates of the selected measures for each health plan, the SMCN, and the CHP+ program.

Table 3-4—Colorado CHP+ HEDIS 2010 Utilization Measures						
HEDIS Measures	CO Access	DHMP	Kaiser	RMHP	SMCN	Total CHP+
Ambulatory Care						
<i>Outpatient Visits per 1,000 MM</i>	251.41	165.19	242.51	274.15	242.56	243.66
<i>ED Visits per 1,000 MM</i>	38.91	39.64	23.96	29.37	35.83	36.15
<i>Ambulatory Surgical Procedures per 1,000 MM</i>	6.29	11.45	2.80	4.76	10.41	7.77
<i>Observation Room Stays per 1,000 MM</i>	0.76	0.08	0.03	0.50	3.29	1.58
Inpatient Utilization						
<i>Total Inpatient Discharges per 1,000 MM</i>	1.86	1.87	1.30	2.03	8.69	1.99
<i>Total Medicine Discharges per 1,000 MM</i>	1.15	1.14	0.28	1.15	1.23	1.12
<i>Total Surgery Discharges per 1,000 MM</i>	0.45	0.44	0.57	0.66	0.52	0.49
<i>Total Maternity Discharges per 1,000 MM</i>	0.55	0.58	0.33	0.48	14.32	0.78

Table 3-4—Colorado CHP+ HEDIS 2010 Utilization Measures

HEDIS Measures	CO Access	DHMP	Kaiser	RMHP	SMCN	Total CHP+
Average Length of Stay (ALOS) in Days						
<i>Inpatient ALOS</i>	0.56	3.45	3.15	3.10	1.03	1.93
<i>Medicine ALOS</i>	0.58	2.23	1.88	2.34	2.45	1.58
<i>Surgery ALOS</i>	0.66	3.27	4.06	4.82	5.56	3.31
<i>Maternity ALOS</i>	0.31	8.71	2.30	1.91	0.44	1.04

For *Ambulatory Care*, RMHP reported the highest *Outpatient Visits per 1,000 MM* rate and the second-lowest *ED Visits per 1,000 MM* rate. By contrast, DHMP had the lowest *Outpatient Visits per 1,000 MM* rate and the highest *ED Visits per 1,000 MM* rate. On average, the *Ambulatory Surgical Procedures per 1,000 MM* rate was also significantly higher for DHMP than for the other health plans, though only slightly higher than the SMCN rate.

Rates for *Inpatient Utilization* were consistent among the health plans, except the rate for *Total Medicine Discharges per 1,000 MM* for Kaiser, which was considerably lower than the other health plans. For the SMCN, the rates for *Total Inpatient Discharges per 1,000 MM* and *Total Maternity Discharges per 1,000 MM* were considerably higher than the health plans. However, the SMCN's rate for *Total Maternity Discharges per 1,000 MM* was consistent with the population served by the SMCN compared to the health plans, since most of the maternity cases are covered by the SMCN. The SMCN's rate for *Total Inpatient Discharges per 1,000 MM* should be investigated to determine the causes of the high rate, and if necessary, interventions should be implemented.

Rates for *Average Length of Stay (ALOS)* were also consistent across most health plans for most measures. However, Colorado Access had significantly lower rates across all measures than the other health plans and the SMCN. DHMP's rate for *Maternity ALOS* was significantly higher than the rates of the other health plans and the SMCN. The CHP+ program's highest rates were for *Surgery ALOS* and *Inpatient ALOS* (3.31 days and 1.93 days, respectively).

Trended Results

Table 3-5 below displays the overall CHP+ rates for HEDIS 2007 through HEDIS 2010, along with the trended result. The trended result is the difference between HEDIS 2010 and the first reported rate in the table rows. *Weight Assessment and Counseling for Nutrition and Physical Activity* was not reported in prior years; therefore, trended results were not available. In addition, trended results for *Childhood Immunization Status* and *Adolescent Well-Care Visits* were limited to one year. Trended changes displayed in green indicate improvement.

Table 3-5—Overall Trended Colorado CHP+ HEDIS Rates 2007–2010					
HEDIS Measures	HEDIS 2007	HEDIS 2008	HEDIS 2009	HEDIS 2010	Trend
Childhood Immunization Status—DTaP (4 Doses)			76.2%	79.5%	+3.3%
Childhood Immunization Status—IPV (3 Doses)			85.9%	88.9%	+3.0%
Childhood Immunization Status—MMR (1 Dose)			87.0%	88.6%	+1.6%
Childhood Immunization Status—HIB (2 Doses)			88.9%	92.0%	+3.1%
Childhood Immunization Status—Hep B (3 Doses)			85.3%	89.4%	+4.1%
Childhood Immunization Status—VZV (1 Dose)			85.1%	88.8%	+3.7%
Childhood Immunization Status—PCV (4 Doses)			74.0%	77.9%	+3.9%
Childhood Immunization Status—Combination 2			70.8%	74.6%	+3.8%
Childhood Immunization Status—Combination 3			65.2%	70.0%	+4.8%
Well-Child Visits 0–15 Months (Zero Visits)*	9.5%	10.6%	4.1%	3.4%	-6.1%*
Well-Child Visits 0–15 Months (Six or More Visits)	20.8%	21.6%	29.4%	43.6%	+22.8%
Well-Child Visits (3–6 Years)	54.6%	55.0%	58.7%	61.1%	+6.5%
Adolescent Well-Care Visits			41.3%	44.6%	+3.3%
Timeliness of Prenatal Care (SMCN Only)**			69.8%	77.9%	+8.1%
Postpartum Care (SMCN Only)**			60.8%	65.7%	+4.9%
Note: Rates shaded in green indicate improved performance. * Lower rates are better for this measure. ** This measure was reported by only the SMCN population.					

All of the trended rates showed improvement. The most significant improvement was seen in the *Well-Child Visits in the First 15 Months of Life* measure, which had a 22.8 percentage-point increase for the *Six or More Visits* rate and a corresponding decrease of 6.1 percentage points for the *Zero Visits* rate. *Childhood Immunization Status—Combo 2* and *Combo 3* both showed increased rates primarily due to the individual antigen improvement. For the SMCN, the rate for *Timeliness of Prenatal Care* increased 8.1 percentage points, moving from the just above the 10th percentile to the above the 25th percentile. The rate for *Postpartum Care* gained 4.9 percentage points, increasing from the 25th percentile to the 50th percentile.

Trended Utilization Measures

Table 3-6 displays the overall CHP+ rates for HEDIS 2009 and HEDIS 2010, along with the trended result. These measures were first reported in 2009, so the trended result reflects just one year. Most HEDIS 2010 rates were similar to the rates reported in 2009. Trended changes displayed in green reflect increased utilization while trended changes displayed in red reflect a decrease in utilization.

Table 3-6—Trended Colorado CHP+ HEDIS Utilization Measures			
HEDIS Measures	HEDIS 2009	HEDIS 2010	Trend
Ambulatory Care			
<i>Outpatient Visits per 1,000 MM</i>	217.9	243.7	+25.8
<i>ED Visits per 1,000 MM</i>	31.6	36.2	+4.6
<i>Ambulatory Surgical Procedures per 1,000 MM</i>	7.5	7.8	+0.3
<i>Observation Room Stays per 1,000 MM</i>	1.5	1.6	+0.1
Inpatient Utilization			
<i>Total Inpatient Discharges per 1,000 MM</i>	2.4	2.0	-0.4
<i>Total Medicine Discharges per 1,000 MM</i>	0.9	1.1	+0.2
<i>Total Surgery Discharges per 1,000 MM</i>	0.4	0.5	+0.1
<i>Total Maternity Discharges per 1,000 MM</i>	2.4	0.8	-1.6
Average Length of Stay (ALOS) in Days			
<i>Inpatient ALOS</i>	2.1	1.9	-0.2
<i>Medicine ALOS</i>	2.1	1.6	-0.5
<i>Surgery ALOS</i>	2.4	3.3	+0.9
<i>Maternity ALOS</i>	2.0	1.0	-1.0

For *Ambulatory Care*, the rates for *Outpatient Visits per 1,000 MM* and *ED Visits per 1,000 MM* had the largest increases. The rates for *Ambulatory Surgical Procedures per 1,000 MM* and *Observation Room Stays per 1,000 MM* showed very little change. *Inpatient Utilization* also showed little change in the rates. The largest change was for *Total Maternity Discharges per 1,000 MM*, which declined by 1.6 per 1,000 MM.

The *Average Length of Stay (ALOS)* declined slightly for *Inpatient ALOS*, *Medicine ALOS*, and *Maternity ALOS*. However, the rate for *Surgery ALOS* increased by almost one day.

4. Conclusions and Recommendations

Conclusions

This is the sixth year that the Colorado CHP+ program has reported HEDIS performance measures. Each of the health plans and the SMCN submitted audited rates to HSAG for inclusion in this report. Most measures reported this year remained consistent, including the *Prenatal and Postpartum Care* measure, which continued to apply only to the SMCN. The Department added the *Weight Assessment and Counseling for Nutrition and Physical Activity* measure in SFY 2009–2010. The health plans and the SMCN reported the *Childhood Immunization Status* and *Weight Assessment and Counseling for Nutrition and Physical Activity* measures using the hybrid method. SMCN reported the *Prenatal and Postpartum Care* measure using the hybrid method. Although plans may report the well-child measures using the hybrid method, the Department required that the health plans and the SMCN report the measures using only administrative data.

As a whole, the *Weight Assessment and Counseling for Nutrition and Physical Activity* measure reported high performance. Total CHP+ performance for *BMI Percentile* was above the 90th percentile, which was commendable. The rates for *Counseling for Nutrition and Physical Activity* ranked between the 50th and 74th percentiles nationally. This was mostly due to the exceptional performance of Kaiser, Denver, and RHHP for *BMI Percentile*.

Rates for the CHP+ program for the *Adolescent Well-Care Visits* and *Childhood Immunization Status* measures ranked between the 25th and 49th percentiles. The best-performing health plans for the *Adolescent Well-Care Visits* measure were Kaiser, DHMP, and Colorado Access. All three plans performed between the 50th and 74th percentiles. Rates for the *Childhood Immunization Status* measure were above the 90th percentile for DHMP and Kaiser. RMHP and Colorado Access also showed good performance for the *Childhood Immunization Status* measure, with rates ranking above the 50th percentile.

In general, DMHP and Kaiser reported the highest rates, with several ranking above the 90th percentile. The SMCN had the lowest rates, with two below the 10th percentile, three between the 10th and 24th percentiles, and four between the 25th and 49th percentiles.

All of the trended rates showed improvement for the CHP+ program. The most significant improvement was in the rate for the *Well-Child Visits in the First 15 Months of Life (Six or More Visits)* measure, which had a 22.8 percentage-point increase for *Six or More Visits* and a corresponding 6.1 percentage-point decrease for *Zero Visits*. Despite improved rates, the *Well-Child Visits in the First 15 Months of Life* and the *Well-Child Visits (3–6 Years)* measures had the lowest rates relative to national percentiles. None of the health plans or the SMCN reported rates above the 50th percentile for any of the well-child visit measures, although use of the administrative method may have resulted in lower rates. The audit means and percentiles produced by NCQA are derived from rates reported either administratively or using the hybrid method, which includes medical record review. Reporting these measures using the hybrid method typically yields higher performance.

Only the SMCN was required to report the *Timeliness of Prenatal Care* and *Postpartum Care* measures. Performance for *Timeliness of Prenatal Care* was between the 10th and 25th percentiles. *Postpartum Care*, however, had good performance. The rate ranked between the 50th and 75th percentiles. Delivering or capturing prenatal care services represents an area for improvement.

Recommendations

Based on the review of health plan and SMCN performance, including a comparison of reported rates to performance goals established by the Department, HSAG makes the following measure-specific recommendations:

Childhood Immunization Status

All of the health plans had fairly high rates for the *Childhood Immunization Status* measure; therefore, HSAG has no recommendations for the health plans at this time. The SMCN should consider using this year's hybrid sample to identify missing or incomplete immunization information. The missing information could then be used to identify the reasons for missing immunizations (e.g., the medical record was not found, there was parental noncompliance, the provider did not submit service information). The SMCN could then select interventions to capture the missing information relative to the top reasons for missing immunizations. Possible SMCN interventions include:

- ◆ Exploring methods to capture the rendering provider consistently during claims processing, including claims submitted from large group or multispecialty practices.
- ◆ Exploring methods to ensure complete data submission by providers.
- ◆ Educating parents through language-appropriate materials about the benefits, schedule, safety, and risks associated with vaccine-preventable diseases and the impact immunizations have on the prevalence of these diseases. In addition, the SMCN could provide parents with information as to where they can find reliable and accurate immunization and vaccine information online to minimize the negative impact of false and inaccurate information.
- ◆ Establishing language-appropriate reminder postcards to members for immunization services that are due.
- ◆ Providing physicians with a list of patients who are due or past due for routine immunizations so the physician can follow up with the patient. The SMCN could also provide physicians feedback on the immunization rates of their patients quarterly or semiannually.

Well-Child and Adolescent Well-Care Measures

Since the Department requires that health plans report well-child and adolescent well-care measures using the administratively-only method, health plans and the SMCN should consider ways to improve the acquisition of claims and encounter data submitted by providers. In addition, the health plans and the SMCN should target efforts that encourage parents to ensure that their children receive the recommended number of well-care visits in a timely manner. Possible interventions include:

- ◆ Conducting provider education on claims/encounter data submission policies and monitoring the volume of provider submissions.
- ◆ Establishing a patient reminder card system using language-appropriate reminder postcards to members for well-care services that are due.
- ◆ Exploring methods to ensure complete data submission by providers.
- ◆ Providing physicians with a list of patients who are due for well-child or adolescent services.
- ◆ Educating parents through language-appropriate materials (either hard copy or online) about the benefits of preventive, well-child, and adolescent health services. Health plans and the SMCN could highlight for parents the benefits of having their children or adolescents see providers for routine well-care services.
- ◆ Designating health plan staff to call members for upcoming services that are due.

Weight Assessment and Counseling for Nutrition and Physical Activity

This is the first year that the CHP+ plans have reported the *Weight Assessment and Counseling for Nutrition and Physical Activity* measure, and the plans performed well compared to national percentiles. The SMCN rates were below the 50th percentile. To maintain or improve performance levels, HSAG recommends educating providers on the appropriate billing and documentation requirements for this measure and exploring the use of standardized forms that include the specific data elements for numerator compliance.

Prenatal and Postpartum Care

The SMCN performed well (between the 50th and 75th percentiles) on the *Postpartum Care* measure. However, there was room for improvement in performance for *Timeliness of Prenatal Care*. The SMCN reported these measures using the hybrid method. Therefore, medical records were obtained and reviewed for members whose claims did not meet the criteria for a prenatal or postpartum visit. The SMCN should use the hybrid sample from this year to identify the potential reasons for missing prenatal care services. Once the reasons are identified, the SMCN should target areas that would most likely impact compliance. The following interventions could improve performance on the *Timeliness of Prenatal Care* measure:

- ◆ Require that providers submit individual dates of service for prenatal care (or postpartum, if applicable), along with any global maternity bill.
- ◆ Explore methods to ensure complete data submission by providers.
- ◆ Identify members in the hybrid sample for whom a medical record was not found and conduct research to determine if prenatal care services were provided by a practitioner who was not identified in the transactional system as a PCP, midwife, OB/GYN, or family practitioner.
- ◆ Provide prenatal care materials to pregnant women who are newly enrolled, including a list of providers they may contact for their first prenatal care visit.

Appendix A. Medicaid HEDIS 2009 Percentiles

HEDIS Measures	P10	P25	P50	P75	P90
<i>Childhood Immunization Status (Combo 2)</i>	56.4%	68.5%	77.9%	82.0%	85.4%
<i>Childhood Immunization Status (Combo 3)</i>	50.9%	62.4%	71.8%	76.4%	80.6%
<i>Well-Child Visits in the First 15 Months of Life (Zero Visits)*</i>	0.3%	1.0%	1.5%	3.0%	5.3%
<i>Well-Child Visits in the First 15 Months of Life (Six or More Visits)</i>	40.4%	51.6%	60.6%	67.9%	73.9%
<i>Well-Child Visits (3–6 Years)</i>	57.5%	64.0%	70.4%	75.9%	80.3%
<i>Adolescent Well-Care Visits</i>	32.8%	37.9%	45.1%	53.2%	59.4%
<i>Timeliness of Prenatal Care</i>	67.9%	78.5%	85.6%	89.4%	92.2%
<i>Postpartum Care</i>	50.3%	57.9%	63.9%	68.4%	72.7%
<i>Weight Assessment and Counseling for Nutrition and Physical Activity</i>					
<i>BMI Percentile</i>	0.1%	2.6%	16.9%	34.1%	47.4%
<i>Counseling for Nutrition</i>	0.3%	7.7%	40.5%	53.0%	64.0%
<i>Counseling for Physical Activity</i>	0.0%	0.1%	29.8%	39.7%	51.6%
<i>Ambulatory Care</i>					
<i>Outpatient Visits per 1,000 MM</i>	233.5	301.2	351.6	387.4	443.7
<i>ED Visits per 1,000 MM</i>	39.3	48.4	61.3	70.3	79.8
<i>Ambulatory Surgical Procedures per 1,000 MM</i>	3.8	6.4	8.8	11.8	14.1
<i>Observation Room Stays per 1,000 MM</i>	0.2	0.9	1.5	2.4	3.7
<i>Inpatient Utilization</i>					
<i>Total Inpatient Discharges per 1,000 MM</i>	5.3	6.6	8.2	9.9	11.8
<i>Total Medicine Discharges per 1,000 MM</i>	1.6	2.5	3.4	4.5	5.5
<i>Total Surgery Discharges per 1,000 MM</i>	0.6	0.8	1.3	1.7	2.0
<i>Total Maternity Discharges per 1,000 MM</i>	3.0	4.0	5.5	7.8	10.6
<i>Average Length of Stay (ALOS) in Days</i>					
<i>Inpatient ALOS (in Days)</i>	2.9	3.1	3.6	3.9	4.3
<i>Medicine ALOS (in Days)</i>	2.9	3.1	3.7	4.0	4.4
<i>Surgery ALOS (in Days)</i>	4.0	4.8	5.5	6.4	7.1
<i>Maternity ALOS (in Days)</i>	2.3	2.5	2.6	2.8	3.0

* A lower rate indicates better performance (e.g., a rate in the 10th percentile is better than a rate in the 90th percentile).