

**2013 HEDIS<sup>®</sup> AGGREGATE REPORT**  
*for*  
**Child Health Plan *Plus***

December 2013

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



---

3133 East Camelback Road, Suite 300 • Phoenix, AZ 85016

Phone 602.264.6382 • Fax 602.241.0757

<b>1. Executive Summary .....</b>	<b>1-1</b>
Introduction.....	1-1
Summary of Performance.....	1-2
Limitations and Considerations .....	1-5
<b>2. Data Overview .....</b>	<b>2-1</b>
Overview.....	2-1
Data Sources.....	2-2
HEDIS Rates Reported by CHP+ Health Plans .....	2-2
Measure Calculation—State Managed Care Network (SMCN).....	2-2
Calculation of Statewide Rates.....	2-3
<b>3. Findings.....</b>	<b>3-1</b>
Pediatric Care.....	3-1
Childhood Immunization Status .....	3-2
Well-Child Visits in the First 15 Months of Life .....	3-13
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life.....	3-15
Adolescent Well-Care Visits .....	3-16
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents .....	3-17
Summary of Findings .....	3-20
Access to Care .....	3-21
Timeliness of Prenatal Care .....	3-22
Postpartum Care .....	3-23
Findings.....	3-24
Use of Services .....	3-25
Ambulatory Care .....	3-26
Findings.....	3-26
<b>Appendix A. Tabular Results for Measures by Health Plan .....</b>	<b>A-1</b>
<b>Appendix B. Trend Tables .....</b>	<b>B-1</b>
<b>Appendix C. Methodology .....</b>	<b>C-1</b>
<b>Appendix D. NCQA Specification Changes to Measures .....</b>	<b>D-1</b>
<b>Appendix E. Information System Findings .....</b>	<b>E-1</b>
<b>Appendix F. Medicaid HEDIS 2012 Percentiles .....</b>	<b>F-1</b>
<b>Appendix G. Glossary.....</b>	<b>G-1</b>

**HEDIS<sup>®</sup>** refers to the Healthcare Effectiveness Data and Information Set and is a registered trademark of the National Committee for Quality Assurance (NCQA).

**NCQA HEDIS Compliance Audit<sup>™</sup>** is a trademark of the NCQA.

## Introduction

The State of Colorado offers its residents a low-cost health insurance plan for qualified children age 18 and younger and pregnant women age 19 and older through its Child Health Plan *Plus* (CHP+) program, also known as Children's Health Insurance Program (CHIP). As of August 2013, Colorado's CHP+ enrollment was 67,825 children and 1,262 pregnant women.<sup>1-1</sup> The CHP+ services are coordinated through five health maintenance organizations (HMOs) and providers under the State Managed Care Network (SMCN). Medical services covered by Colorado's CHP+ program include regular check-ups; immunizations; medicinal prescriptions; prenatal care services; hospital services; and some vision, hearing, and dental services.

The CHP+ program is administered by Colorado's Department of Health Care Policy and Financing (the Department). During fiscal year (FY) 2012–2013, the Department contracted with five health plans to deliver health care services. Those health plans include Colorado Access, Colorado Choice Health Plan (Colorado Choice), Denver Health Medical Plan, Inc. (DHMP), Kaiser Permanente Colorado (Kaiser), and Rocky Mountain Health Plans (RMHP). In areas of the State with no managed care coverage, the CHP+ program offers an SMCN program via direct contracts with providers, hospitals, and ancillary services.

To evaluate the quality of health and health care provided by the CHP+ program, the Department implemented Healthcare Effectiveness Data and Information Set (HEDIS<sup>®</sup>) reporting. 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<sup>™</sup> through a licensed audit organization. All final audit results were submitted to Health Services Advisory Group, Inc. (HSAG), which was contracted by the Department to provide external quality review (EQR) services.

HSAG's scope of work included calculation of a set of performance measures for the SMCN and development of a composite report, combining health plan performance measure data with SMCN data. HSAG objectively analyzed the health plans' and the SMCN's data and evaluated the program's current performance relative to national Medicaid percentiles.

HSAG examined the measures among different dimensions of care: Pediatric Care, Access to Care, and Use of Services. This approach to the analysis was designed to encourage consideration of the measures as a whole rather than in isolation and to think about the strategic and tactical changes required to improve overall performance.

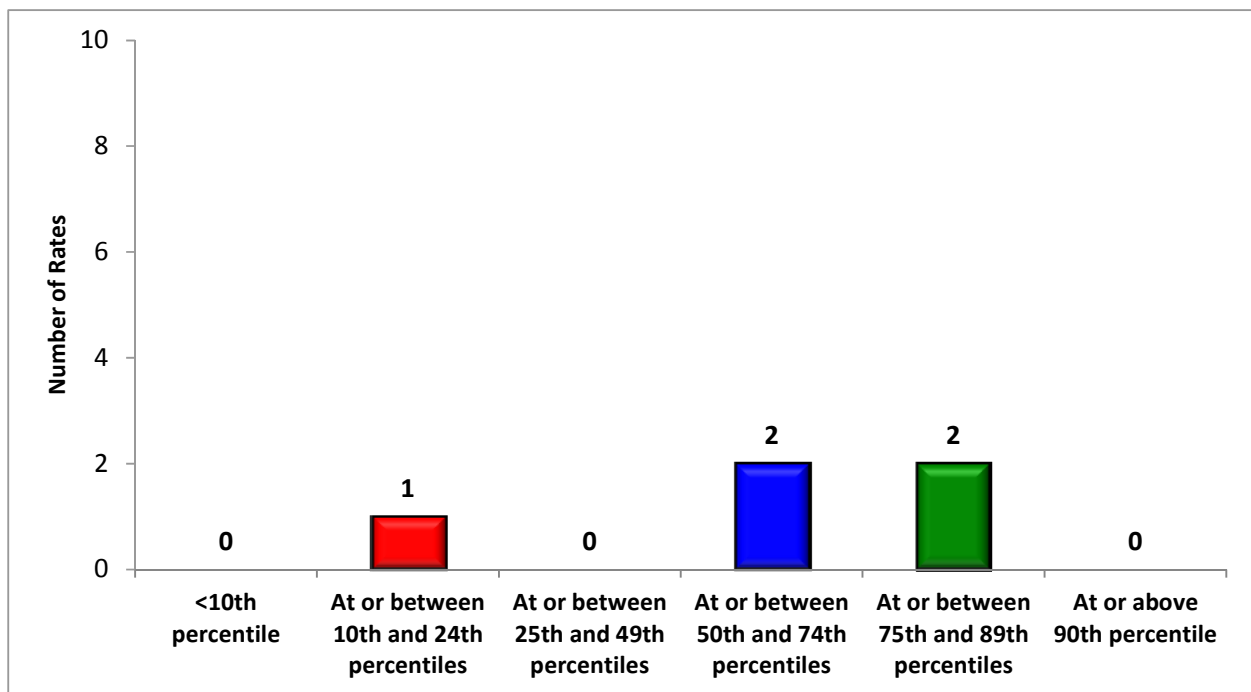
---

<sup>1-1</sup> Child Health Plan *Plus*. Available at: <http://www.chpplus.org/>. Accessed on: September 30, 2013.

## Summary of Performance

Figure 1-1 shows the Colorado CHP+ program’s performance on six measures with a total of five indicators<sup>1-2</sup> compared with national HEDIS 2012 Medicaid percentiles. The bars represent the number of Colorado CHP+ weighted averages falling into each HEDIS percentile range. The percentile range showed how the Colorado CHP+ weighted average ranked nationally. For example, the Colorado CHP+ weighted average for two measures fell at or between the 75th and 89th percentiles. This means that the Colorado CHP+ program had two measures with performance in the top 25th percentile of all health plans nationally.

**Figure 1-1—Colorado CHP+ Weighted Averages**



According to Figure 1-1, two indicators were performing within national averages (at or between the 25th and 74th percentiles), one performed at or between the 10th and 24th percentiles, and none performed below the 10th percentile. Two of the Colorado CHP+ weighted averages fell at or between the 75th and 89th percentiles.

<sup>1-2</sup> Performance measures reported in this graph include only *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (Body Mass Index, Nutrition Counseling, and Physical Activity Counseling—Total)* and *Prenatal and Postpartum Care* measures. Since *Ambulatory Care* is considered a utilization-based measure and not a performance measure, it is not included in this graph. Since four hybrid measures (*Childhood Immunization Status, Well-Child Visits in the First 15 Months of Life, Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life, and Adolescent Well-Care Visits*) are required by the Department to be reported administratively, these measures are not included in Figure 1-1 for benchmarking against national percentiles.

Table 1-1 presents the CHP+ statewide weighted averages for each measure from HEDIS 2011 to HEDIS 2013. The figures displayed in the comparison column reflect the percentage point difference between the HEDIS 2012 and HEDIS 2013 rates.

Table 1-1—Colorado CHP+ Statewide Weighted Averages				
HEDIS Measures	HEDIS 2011	HEDIS 2012	HEDIS 2013	Change from 2012–2013
<b>Pediatric Care</b>				
<i>Childhood Immunization Status</i>				
<i>Combination 2</i>	77.07%	76.73%	58.04%	^
<i>Combination 3</i>	74.11%	74.50%	55.89%	^
<i>Combination 4</i>	—	35.36%	51.43%	^
<i>Combination 5</i>	—	56.16%	44.11%	^
<i>Combination 6</i>	—	44.54%	36.70%	^
<i>Combination 7</i>	—	27.37%	41.16%	^
<i>Combination 8</i>	—	23.73%	34.73%	^
<i>Combination 9</i>	—	37.01%	30.45%	^
<i>Combination 10</i>	—	19.62%	28.93%	^
<i>Well-Child Visits in the First 15 Months of Life</i>				
<i>Zero Visits*</i>	3.04%	4.21%	2.67%	-1.54
<i>Six or More Visits</i>	32.75%	25.28%	25.48%	+0.20
<i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i>	63.32%	64.17%	61.26%	<b>-2.91</b>
<i>Adolescent Well-Care Visits</i>	42.73%	44.79%	42.09%	<b>-2.70</b>
<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</i>				
<i>BMI Assessment: Total</i>	40.90%	57.50%	68.80%	<b>+11.30</b>
<i>Nutrition Counseling: Total</i>	55.60%	58.51%	62.24%	+3.73
<i>Physical Activity Counseling: Total</i>	44.90%	49.16%	56.68%	<b>+7.52</b>
<p>Note: Rates shaded in green with a green font indicate a statistically significant improvement from the prior year.            Rates shaded in red with a red font indicate a statistically significant decline from the prior year.            — is shown when no data were available or the measure was not reported in the HEDIS 2012 aggregate report.            ^ Since the Department requires these hybrid measures to be reported using administrative data collection methodology in HEDIS 2013, trending and/or comparisons to the national HEDIS 2012 Medicaid percentiles were not performed.            * For the <i>Well-Child Visits in the First 15 Months of Life—Zero Visits</i> indicator, a lower rate indicates better performance.</p>				

Table 1-1—Colorado CHP+ Statewide Weighted Averages				
HEDIS Measures	HEDIS 2011	HEDIS 2012	HEDIS 2013	Change from 2012–2013
<b>Access to Care (SMCN Only)</b>				
<i>Prenatal and Postpartum Care</i>				
<i>Timeliness of Prenatal Care</i>	75.91%	72.26%	78.59%	+6.33
<i>Postpartum Care</i>	69.83%	67.88%	67.88%	0.00
<b>Use of Services†</b>				
<i>Ambulatory Care: Total</i>				
<i>Emergency Department Visits Per 1,000 MM: Total</i>	30.48	27.79	30.07	2.28
† For measures in the <i>Use of Services</i> dimension, statistical tests across years were not performed because variances were not provided in the plan-submitted file; differences in rates were reported without statistical test results. In addition, higher or lower rates did not necessarily denote better or poorer performance. Individual plan demographics should be considered when reviewing performance.				

A summary of statewide performance for each dimension is presented here:

- ◆ Pediatric Care—Statewide performance in the pediatric care domain was split, with significant increases and significant declines among the measures. All indicators for the *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents* measure had rate increases. In addition, two of them (*BMI Assessment: Total* and *Physical Activity Counseling: Total*) had statistically significant improvement from HEDIS 2012 and ranked above the 75th percentile. The *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life* and *Adolescent Well-Care Visits* measures had statistically significant rate declines, and the *Well-Child Visits in the First 15 Months of Life—Six or More Visits* indicator ranked below the national HEDIS 2012 Medicaid 10th percentile. These well-child visit measures represent opportunities to improve in this domain. Since the Department changed the reporting requirements for the *Childhood Immunization Status* measure, no trending was performed for this measure.
- ◆ Access to Care—The *Postpartum Care* indicator for *Prenatal and Postpartum Care* performed between the 50th and 75th percentiles. While the *Timeliness of Prenatal Care* indicator had a significant improvement of 6.33 percentage points from HEDIS 2012, room for improvement still existed as it ranked below the national HEDIS 2012 Medicaid 25th percentile.
- ◆ Use of Services—The weighted average for the *Ambulatory Care: Total—Emergency Department Visits Per 1,000 Member Months* indicator fell below the national HEDIS 2012 Medicaid 10th percentile, which means the Colorado CHP+ HMOs and the SMCN used these services less than 90 percent of the Medicaid HMOs across the country.

## Limitations and Considerations

- ◆ In general, health plans can choose to report certain measures using the hybrid methodology as allowed by NCQA. However, the Department has identified an acceptable methodology for each selected measure. Health plans were required to report rates using the administrative method in lieu of using medical record data to augment claims and encounter data. Measures that may have been impacted by the Department's specific reporting requirements were *Childhood Immunization Status; Well-Child Visits in the First 15-Months of Life; Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life; and Adolescent Well-Care Visits*. As a result, the rates presented in this report were not the plans' true performance rates. Additionally, rate comparison against national percentiles (based primarily on hybrid rates) was not performed for these measures.
- ◆ Since national HEDIS 2012 Medicaid percentiles are not available for the CHIP population, comparison of the CHP+ plans and the SMCN's rates to HEDIS 2012 Medicaid percentiles, which comprised all Medicaid plans, should be interpreted with caution.



## Overview

This report presents the statewide and plan-specific performance on HEDIS measures selected by the Department for HEDIS 2013. Seven HEDIS measures with 19 unique indicators are included in this report. These measures are grouped into three dimensions of care for Colorado CHP+ members: Pediatric Care, Access to Care (applicable to SMCN population only), and Use of Services. While performance is reported primarily at the measure/indicator level, grouping these measures into dimensions encourages health plans and the Department to consider the measures as a whole rather than in isolation and to develop the strategic and tactical changes required to improve overall performance.

Table 2-1 shows the seven selected measures, the 19 indicators, and the corresponding dimension of care. The table also identifies the Department’s required data collection method. The data collection or calculation method is specified by NCQA in the *HEDIS 2013 Volume 2 Technical Specifications* (see Appendix C for a brief description). All rates in this report are reported according to the Department’s required data collection methodology, so some plans may have lower rates for certain measures compared to the rates reported in the plan-submitted files (e.g., *Childhood Immunization Status; Well-Child Visits in the First 15 Months of Life; Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life; and Adolescent Well-Care Visits*).

Table 2-1—Colorado CHP+ HEDIS 2013 Required Measures		
Standard HEDIS 2013 Measures	2013 Colorado CHP+ Required Measures	Data Collection Methodology
<b>Pediatric Care Dimension</b>		
1. <i>Childhood Immunization Status</i>	1. <i>Childhood Immunization Status—Combination 2</i> 2. <i>Childhood Immunization Status—Combination 3</i> 3. <i>Childhood Immunization Status—Combination 4</i> 4. <i>Childhood Immunization Status—Combination 5</i> 5. <i>Childhood Immunization Status—Combination 6</i> 6. <i>Childhood Immunization Status—Combination 7</i> 7. <i>Childhood Immunization Status—Combination 8</i> 8. <i>Childhood Immunization Status—Combination 9</i> 9. <i>Childhood Immunization Status—Combination 10</i>	<i>Administrative</i>
2. <i>Well-Child Visits in the First 15 Months of Life</i>	10. <i>Well-Child Visits in the First 15 Months of Life—Zero Visits</i> 11. <i>Well-Child Visits in the First 15 Months of Life—Six or More Visits</i>	<i>Administrative</i>
3. <i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i>	12. <i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i>	<i>Administrative</i>
4. <i>Adolescent Well-Care Visits</i>	13. <i>Adolescent Well-Care Visits</i>	<i>Administrative</i>

Table 2-1—Colorado CHP+ HEDIS 2013 Required Measures		
Standard HEDIS 2013 Measures	2013 Colorado CHP+ Required Measures	Data Collection Methodology
5. <i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</i>	14. <i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Assessment: Total</i> 15. <i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Nutrition Counseling: Total</i> 16. <i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Physical Activity Counseling: Total</i>	Hybrid
<b>Access to Care Dimension (applicable to SMCN population only)</b>		
6. <i>Prenatal and Postpartum Care</i>	17. <i>Prenatal and Postpartum Care—Timeliness of Prenatal Care</i> 18. <i>Prenatal and Postpartum Care—Postpartum Care</i>	Hybrid
<b>Use of Services Dimension</b>		
7. <i>Ambulatory Care</i>	19. <i>Ambulatory Care: Total—Emergency Department (ED) Visits</i>	Administrative

## Data Sources

Plan-specific performance displayed in this report was based on data elements obtained from the Interactive Data Submission System (IDSS) files or the Excel files supplied by health plans contracted with the Department to provide CHP+ services. For statewide performance, since CHP+ members can obtain services provided by the SMCN program, HSAG collected data elements from two major sources to calculate the statewide rates: (1) HEDIS rates reported by CHP+ health plans, and (2) rates calculated for SMCN members using HEDIS measure specifications.

### HEDIS Rates Reported by CHP+ Health Plans

Since all Colorado CHP+ health plans are required by the Department to have their HEDIS results examined and verified through an NCQA HEDIS Compliance Audit, all rates included in this report have been verified as an unbiased estimate of the measure.

### Measure Calculation—State Managed Care Network (SMCN)

HSAG’s data team used the following steps to calculate the HEDIS 2013 rates for the selected HEDIS measures for the SMCN:

- ◆ **Identified the necessary data elements:** Based on the list of HEDIS measures selected for reporting by the Department, HSAG’s data team identified the data elements necessary to generate the HEDIS measures.
- ◆ **Obtained SMCN data:** Colorado Access, an administrative services organization (ASO) processed claims, enrollment, provider, pharmacy, and other data for the SMCN as instructed by the Department. HSAG obtained all applicable data from the ASO.
- ◆ **Formatted data for HEDIS measure calculation:** HSAG contracted with an NCQA-Certified software vendor, Q Mark, Inc., 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 Q Mark.

- ◆ **Calculated the HEDIS measures:** Q Mark 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.
- ◆ **Reviewed the measure results:** Once the HEDIS measure results were available, HSAG staff reviewed the results for reasonableness and accuracy; and all rates were audited. This report includes those results.

The processes of collecting, storing, and transferring the data required for the measure reporting, as well as the calculated rates, underwent an NCQA HEDIS Compliance Audit; all SMCN rates included in this report have been verified as an unbiased estimate of the measure.

## Calculation of Statewide Rates

Although plan rates for each measure can be obtained from the files submitted by health plans, statewide rates require specific calculation using other plan-specific data elements. For all measures, HSAG used the audited results,<sup>2-1</sup> numerator, denominator, rate, and eligible population elements reported in the plan-submitted files to calculate the statewide rate. Because health plans vary in membership, the statewide rate for a measure is essentially the weighted average rate based on the health plan's eligible population. Weighting the rate by the health plan's eligible population size ensures that a rate for a health plan with 125,000 members, for example, has a greater impact on the overall Colorado CHP+ rate than a rate for a health plan with only 10,000 members. For health plans with rates reported as *NA*, their numerators, denominators, and eligible populations were included in the calculations of the statewide rate. Health plans with rates reported as *NB* or *NR* were excluded from the statewide rate calculation.

---

<sup>2-1</sup> Through the audit process, each measure reported by a health plan is assigned an NCQA-defined audit result. Measures can receive one of four predefined audit results: *Reportable (R)*, *Small Denominator (<30) (NA)*, *Not Reportable (NR)*, and *Benefit Not Offered (NB)*. An audit result of *R* indicates that the health plan complied with all HEDIS specifications to produce an unbiased, reportable rate or rates, which can be released for public reporting. Although a health plan may have complied with all applicable specifications, the denominator identified may be considered too small to report a valid rate, and the measure would have been assigned an *NA* audit result. An audit result of *NR* indicates that the rate could not be publicly reported because the measure deviated from HEDIS specifications such that the reported rate was significantly biased, a health plan chose not to report the measure, or a health plan was not required to report the measure. An *NB* audit result indicates that the health plan did not offer the benefit required by the measure.

## Pediatric Care

The following section provides a detailed analysis of the Colorado CHP+ health plans' and the SMCN's performance for the Pediatric Care dimension. Results related to antigen-related indicators under *Childhood Immunization Status* and age-cohort indicators under *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents* are displayed in Appendices A (Tabular Results) and B (Trend Tables).

The Pediatric Care dimension encompasses the following five measures with a total of 16 indicators:

- ◆ *Childhood Immunization Status—Combination 2*
- ◆ *Childhood Immunization Status—Combination 3*
- ◆ *Childhood Immunization Status—Combination 4*
- ◆ *Childhood Immunization Status—Combination 5*
- ◆ *Childhood Immunization Status—Combination 6*
- ◆ *Childhood Immunization Status—Combination 7*
- ◆ *Childhood Immunization Status—Combination 8*
- ◆ *Childhood Immunization Status—Combination 9*
- ◆ *Childhood Immunization Status—Combination 10*
- ◆ *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*
- ◆ *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Body Mass Index (BMI) Assessment: Total*
- ◆ *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Nutrition Counseling: Total*
- ◆ *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Physical Activity Counseling: Total*

With the exception of the *Childhood Immunization Status* measure, a graph depicting the yearly comparison of the weighted averages is presented for each of the Pediatric Care measures/indicators. Where appropriate, a horizontal bar graph compares the health plan's performance relative to the HEDIS 2013 weighted average as well as the high and low performance levels. Since national HEDIS 2012 Medicaid percentiles are not available for the CHIP population, comparison of the CHP+ plans and the SMCN's rates to the national HEDIS 2012 Medicaid HMO percentiles, which comprised all Medicaid plans, should be interpreted with caution. Please refer to Appendix F for a full set of national HEDIS 2012 Medicaid HMO percentiles for each measure.

## Childhood Immunization Status

### Measure Definitions

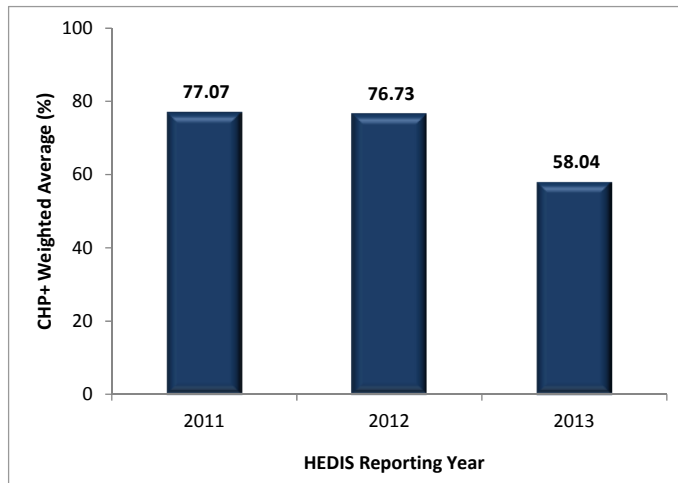
*Childhood Immunization Status* calculates the percentage of children who turned two years of age during the measurement year and who were identified as having the following vaccinations on or before the child’s second birthday. Table 3-1 displays the different antigens associated with various combinations.

Table 3-1—Combination Vaccinations for Childhood Immunization Status										
Combination	Four DTaP	Three IPV	One MMR	Three HiB	Three Hep B	One VZV	Four PCV	One Hep A	Required RV	Two Influenza
Combination 2	✓	✓	✓	✓	✓	✓				
Combination 3	✓	✓	✓	✓	✓	✓	✓			
Combination 4	✓	✓	✓	✓	✓	✓	✓	✓		
Combination 5	✓	✓	✓	✓	✓	✓	✓		✓	
Combination 6	✓	✓	✓	✓	✓	✓	✓			✓
Combination 7	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Combination 8	✓	✓	✓	✓	✓	✓	✓	✓		✓
Combination 9	✓	✓	✓	✓	✓	✓	✓		✓	✓
Combination 10	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

The dosing requirements listed in the HEDIS 2013 specifications for hepatitis A were changed from “Two hepatitis A vaccinations” in HEDIS 2012 to “At least one hepatitis A vaccination.” This specification change will impact the rates for indicators *Hepatitis A*, *Combination 4*, *7*, *8*, and *10*. In addition, the Department required the plans to use the hybrid method for HEDIS 2012 reporting and to use the administrative method for HEDIS 2013 reporting. As such, comparison between HEDIS 2012 and HEDIS 2013 weighted averages would not be appropriate. Nonetheless, a trend graph is presented for informational purposes only. Similarly, plans’ rates are not compared against high and low performance levels, which are derived from national Medicaid percentiles based primarily on hybrid rates.

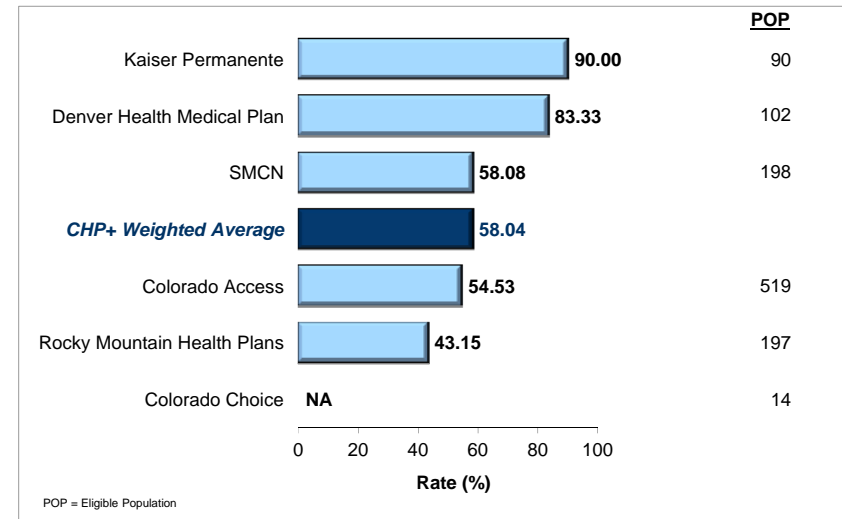
**Performance Results**

**Figure 3-1—Childhood Immunization Status—Combination 2  
Colorado CHP+ Weighted Averages**



Due to a change in the Department’s reporting requirement from hybrid methodology to administrative methodology, the 2013 weighted average is displayed for informational purposes only and should not be compared to previous years’ performance.

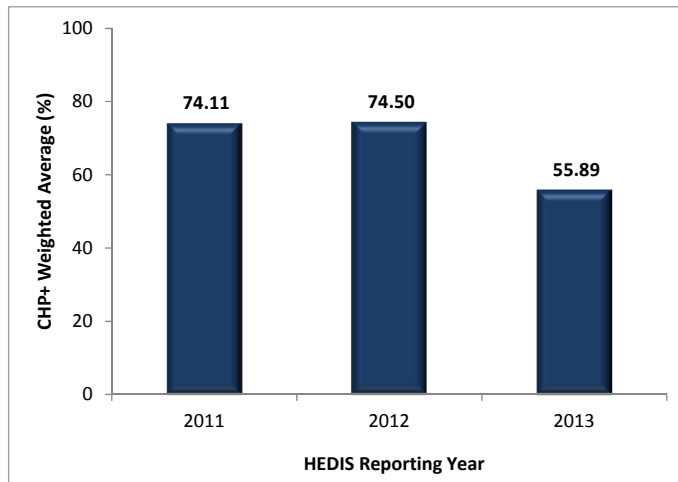
**Figure 3-2—Childhood Immunization Status—Combination 2**



The immunization rates presented above were derived from administrative data only. The hybrid rates submitted by Colorado Access and RMHP in the plan-submitted files were 74.70 percent and 69.54 percent, respectively.

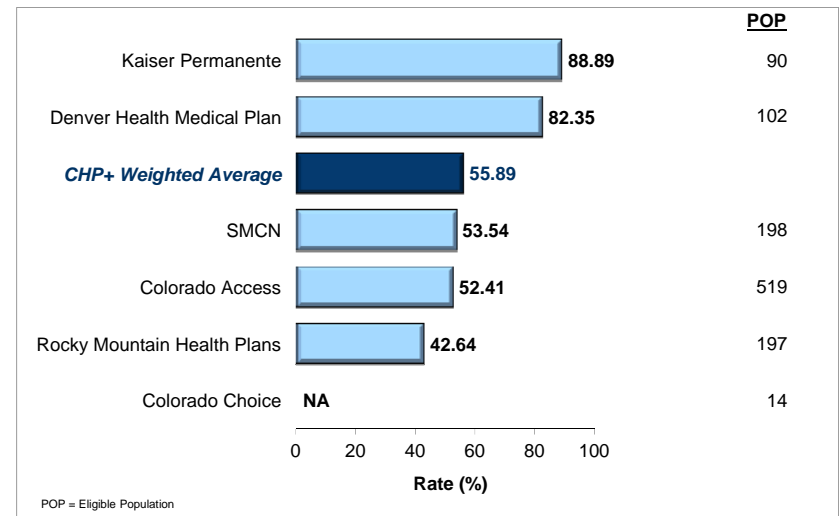
Comparing health plans based on administrative rates, Kaiser Permanente was the highest performing plan (90.00 percent) and Rocky Mountain Health Plans was the lowest (43.15 percent). Plan performance shows a variation in rates of slightly more than 45 percentage points (46.85 percentage points).

**Figure 3-3—Childhood Immunization Status—Combination 3  
Colorado CHP+ Weighted Averages**



Due to a change in the Department’s reporting requirement from hybrid methodology to administrative methodology, the 2013 weighted average is displayed for informational purposes only and should not be compared to previous years’ performance.

**Figure 3-4—Childhood Immunization Status—Combination 3**

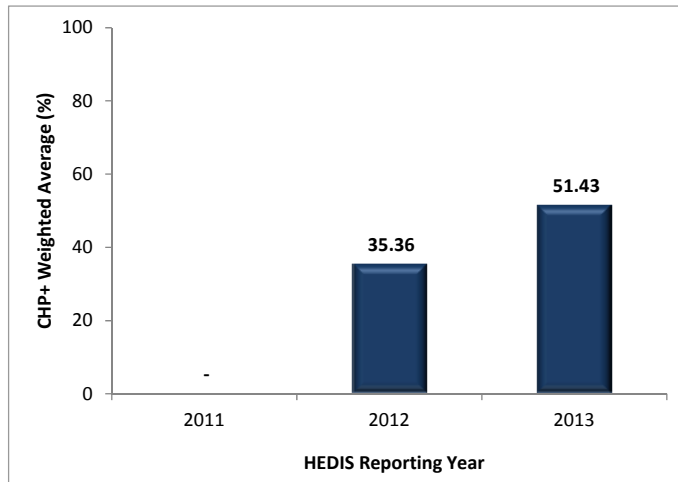


The immunization rates presented above were derived from administrative data only. The hybrid rates submitted by Colorado Access and RMHP in the plan-submitted files were 71.05 percent and 67.51 percent, respectively.

Comparing health plans based on administrative rates, Kaiser Permanente was the highest performing plan (88.89 percent) and Rocky Mountain Health Plans was the lowest (42.64 percent). Plan performance shows a variation in rates of slightly more than 45 percentage points (46.25 percentage points).

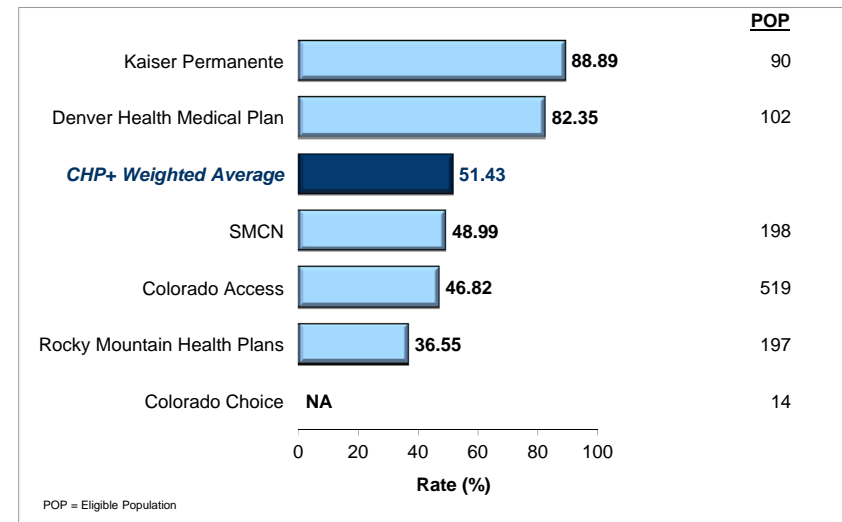
This is the second year to report rates for *Combination 4* to *Combination 10*. Therefore, only two-year weighted average trending charts are presented for them.

**Figure 3-5—Childhood Immunization Status—Combination 4  
Colorado CHP+ Weighted Averages**



Due to a change in the Department’s reporting requirement from hybrid methodology to administrative methodology and a dosing requirements change in one antigen associated with this indicator in the HEDIS 2013 specifications, the 2013 weighted average is displayed for informational purposes only and should not be compared to previous year’s performance.

**Figure 3-6—Childhood Immunization Status—Combination 4**

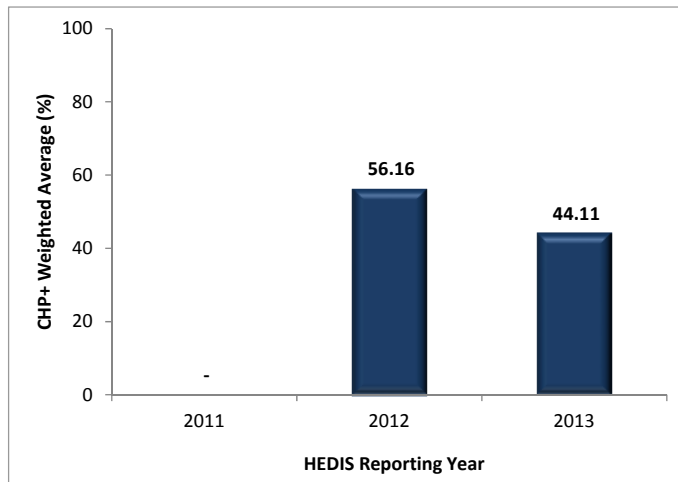


The immunization rates presented above were derived from administrative data only. The hybrid rates submitted by Colorado Access and RMHP in the plan-submitted files were 63.99 percent and 58.38 percent, respectively.

Comparing health plans based on administrative rates, Kaiser Permanente was the highest performing plan (88.89 percent) and Rocky Mountain Health Plans was the lowest (36.55 percent). Plan performance shows a variation in rates of more than 50 percentage points (52.34 percentage points).

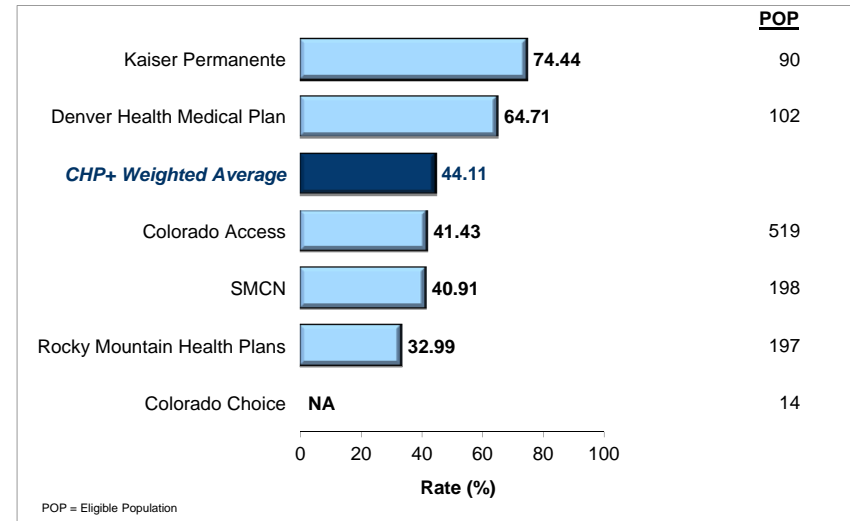


**Figure 3-7—Childhood Immunization Status—Combination 5  
Colorado CHP+ Weighted Averages**



Due to a change in the Department’s reporting requirement from hybrid methodology to administrative methodology, the 2013 weighted average is displayed for informational purposes only and should not be compared to previous year’s performance.

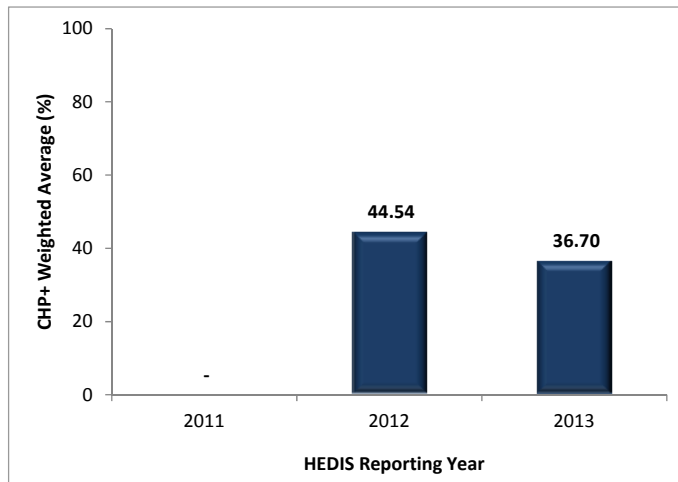
**Figure 3-8—Childhood Immunization Status—Combination 5**



The immunization rates presented above were derived from administrative data only. The hybrid rates submitted by Colorado Access and RMHP in the plan-submitted files were 57.66 percent and 54.31 percent, respectively.

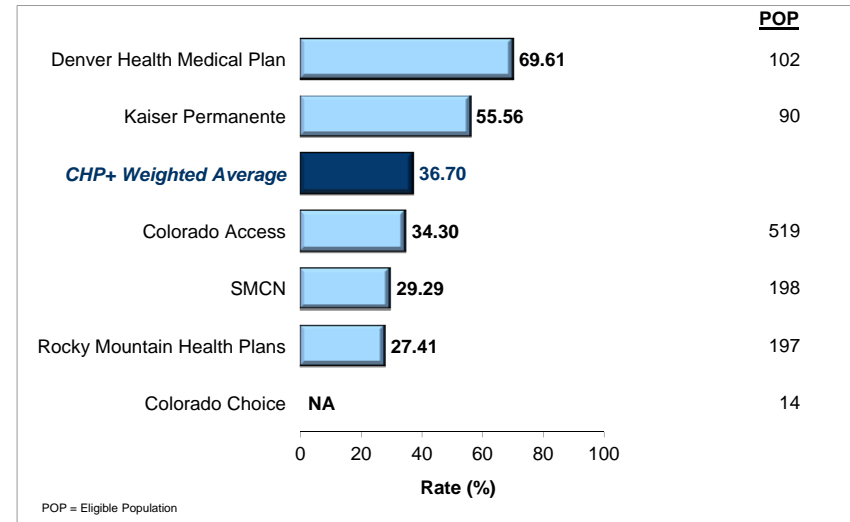
Comparing health plans based on administrative rates, Kaiser Permanente was the highest performing plan (74.44 percent) and Rocky Mountain Health Plans was the lowest (32.99 percent). Plan performance shows a variation in rates of slightly more than 40 percentage points (41.45 percentage points).

**Figure 3-9—Childhood Immunization Status—Combination 6  
Colorado CHP+ Weighted Averages**



Due to a change in the Department’s reporting requirement from hybrid methodology to administrative methodology, the 2013 weighted average is displayed for informational purposes only and should not be compared to previous year’s performance.

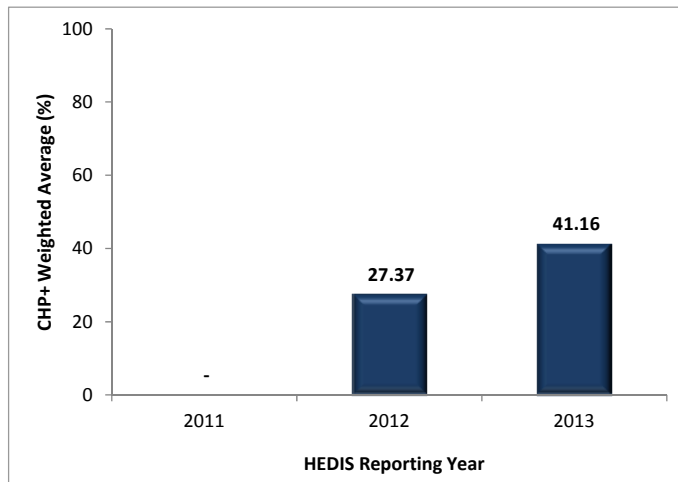
**Figure 3-10—Childhood Immunization Status—Combination 6**



The immunization rates presented above were derived from administrative data only. The hybrid rates submitted by Colorado Access and RMHP in the plan-submitted files were 48.18 percent and 45.69 percent, respectively.

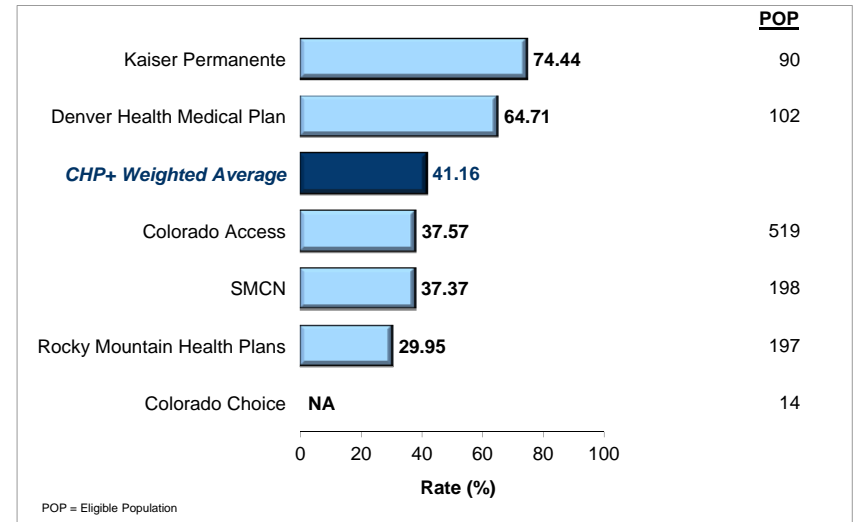
Comparing health plans based on administrative rates, Denver Health Medical Plan was the highest performing plan (69.61 percent) and Rocky Mountain Health Plans was the lowest (27.41 percent). Plan performance shows a variation in rates of more than 40 percentage points (42.20 percentage points).

**Figure 3-11—Childhood Immunization Status—Combination 7  
Colorado CHP+ Weighted Averages**



Due to a change in the Department’s reporting requirement from hybrid methodology to administrative methodology and a dosing requirements change in one antigen associated with this indicator in the HEDIS 2013 specifications, the 2013 weighted average is displayed for informational purposes only and should not be compared to previous year’s performance.

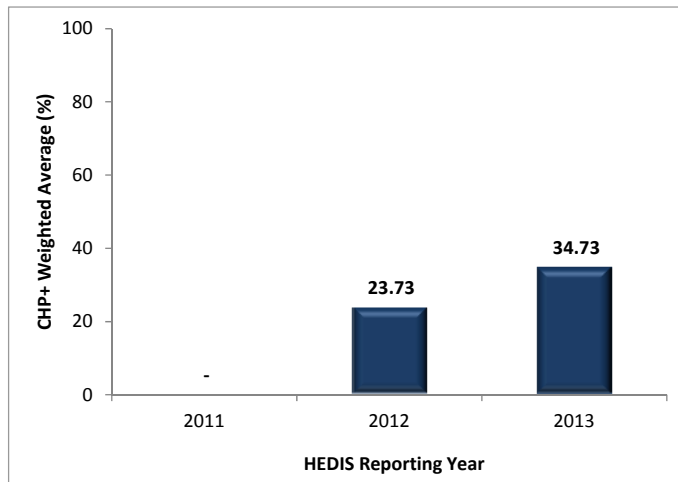
**Figure 3-12—Childhood Immunization Status—Combination 7**



The immunization rates presented above were derived from administrative data only. The hybrid rates submitted by Colorado Access and RMHP in the plan-submitted files were 52.55 percent and 49.24 percent, respectively.

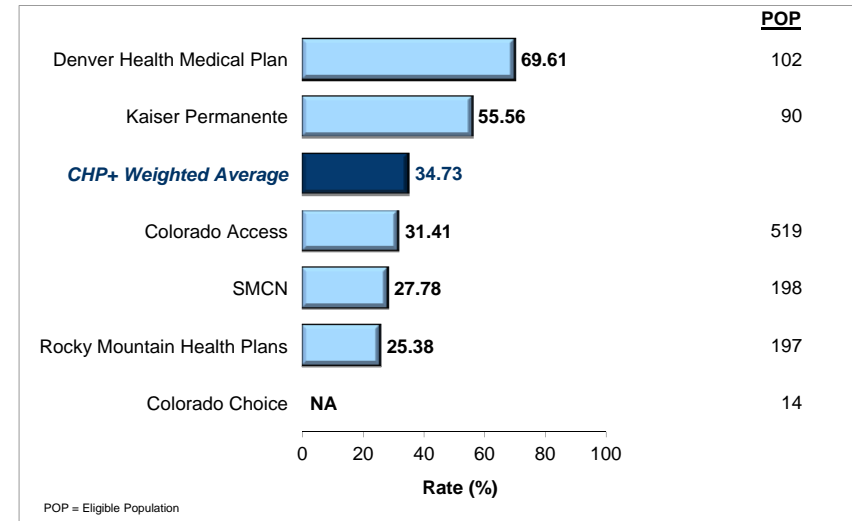
Comparing health plans based on administrative rates, Kaiser Permanente was the highest performing plan (74.44 percent) and Rocky Mountain Health Plans was the lowest (29.95 percent). Plan performance shows a variation in rates of slightly less than 45 percentage points (44.49 percentage points).

**Figure 3-13—Childhood Immunization Status—Combination 8 Colorado CHP+ Weighted Averages**



Due to a change in the Department’s reporting requirement from hybrid methodology to administrative methodology and a dosing requirements change in one antigen associated with this indicator in the HEDIS 2013 specifications, the 2013 weighted average is displayed for informational purposes only and should not be compared to previous year’s performance.

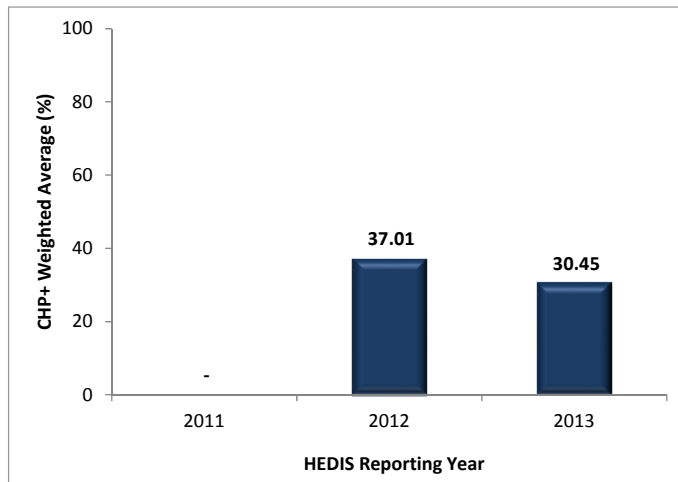
**Figure 3-14—Childhood Immunization Status—Combination 8**



The immunization rates presented above were derived from administrative data only. The hybrid rates submitted by Colorado Access and RMHP in the plan-submitted files were 44.53 percent and 42.13 percent, respectively.

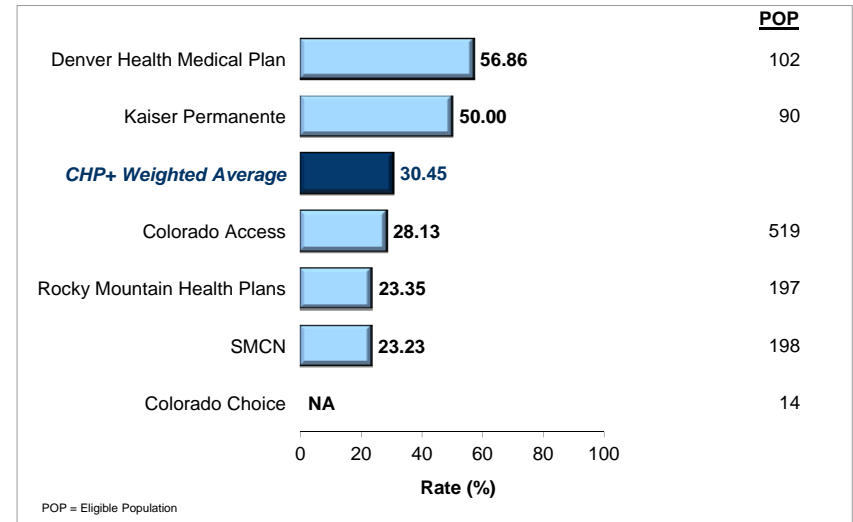
Comparing health plans based on administrative rates, Denver Health Medical Plan was the highest performing plan (69.61 percent) and Rocky Mountain Health Plans was the lowest (25.38 percent). Plan performance shows a variation in rates of slightly less than 45 percentage points (44.23 percentage points).

**Figure 3-15—Childhood Immunization Status—Combination 9  
Colorado CHP+ Weighted Averages**



Due to a change in the Department’s reporting requirement from hybrid methodology to administrative methodology, the 2013 weighted average is displayed for informational purposes only and should not be compared to previous year’s performance.

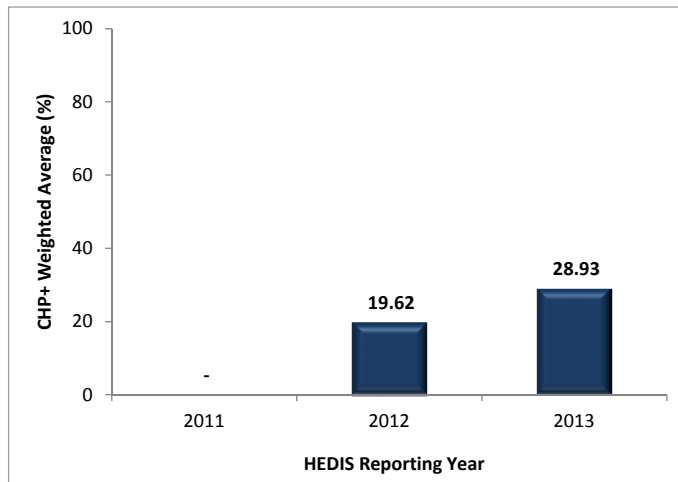
**Figure 3-16—Childhood Immunization Status—Combination 9**



The immunization rates presented above were derived from administrative data only. The hybrid rates submitted by Colorado Access and RMHP in the plan-submitted files were 39.66 percent and 39.59 percent, respectively.

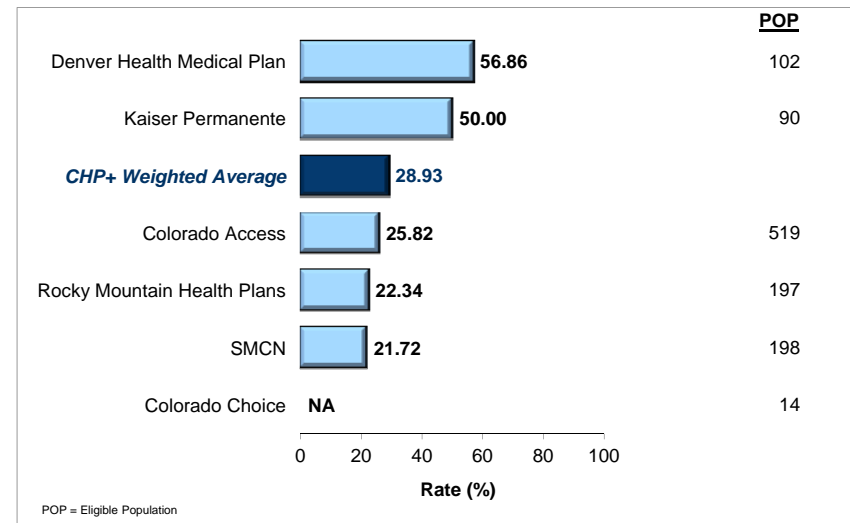
Comparing health plans based on administrative rates, Denver Health Medical Plan was the highest performing plan (56.86 percent) and SMCN was the lowest (23.23 percent). Plan performance shows a variation in rates of more than 30 percentage points (33.63 percentage points).

**Figure 3-17—Childhood Immunization Status—Combination 10  
Colorado CHP+ Weighted Averages**



Due to a change in the Department’s reporting requirement from hybrid methodology to administrative methodology and a dosing requirements change in one antigen associated with this indicator in the HEDIS 2013 specifications, the 2013 weighted average is displayed for informational purposes only and should not be compared to previous year’s performance.

**Figure 3-18—Childhood Immunization Status—Combination 10**



The immunization rates presented above were derived from administrative data only. The hybrid rates submitted by Colorado Access and RMHP in the plan-submitted files were 36.74 percent and 37.06 percent, respectively.

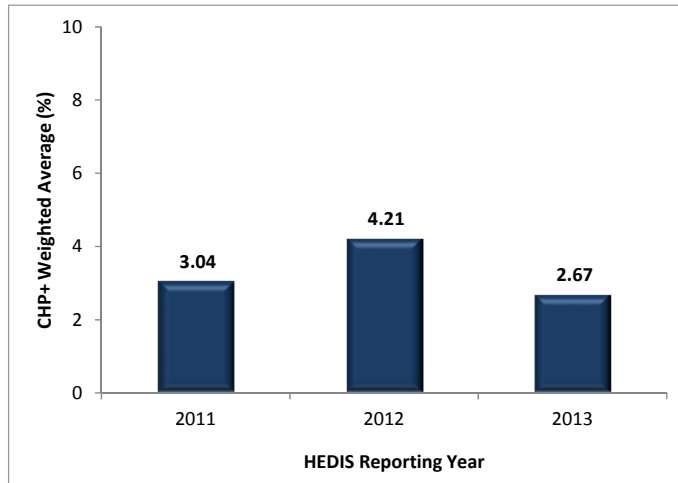
Comparing health plans based on administrative rates, Denver Health Medical Plan was the highest performing plan (56.86 percent) and SMCN was the lowest (21.72 percent). Plan performance shows a variation in rates of slightly more than 35 percentage points (35.14 percentage points).

### ***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 enrolled members who turned 15 months old during the measurement year, who were continuously enrolled in the health plan from 31 days of age through 15 months of age, and who received zero visits with a primary care practitioner (PCP) during their first 15 months of life.

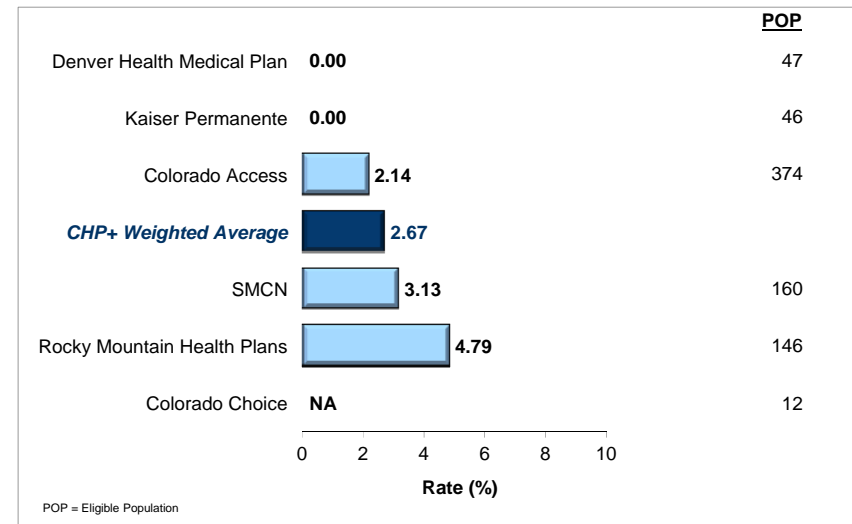
*Well-Child Visits in the First 15 Months of Life—Six or More Visits* calculates the percentage of enrolled members who turned 15 months old during the measurement year, who were continuously enrolled in the health plan from 31 days of age through 15 months of age, and who received six or more visits with a PCP during their first 15 months of life.

**Figure 3-19—Well-Child Visits in the First 15 Months of Life  
—Zero Visits  
Colorado CHP+ Weighted Averages**



For this measure, a lower rate indicates better performance. The Colorado CHP+ weighted average decreased (i.e., performance improved) between HEDIS 2012 and HEDIS 2013. While there was a 1.17 percentage point increase (a decline in performance) between HEDIS 2011 and HEDIS 2012, there was a 1.54 percentage point decrease (an improvement in performance) between HEDIS 2012 and HEDIS 2013. This change in rate was not statistically significant.

**Figure 3-20—Well-Child Visits in the First 15 Months of Life  
—Zero Visits**

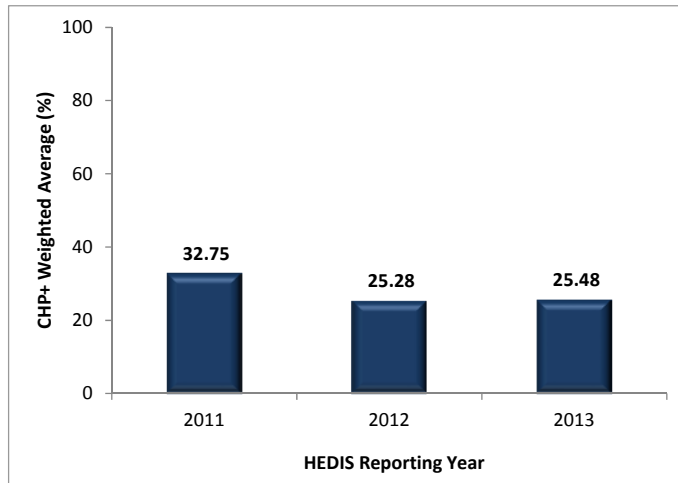


All well-child rates presented above were derived from administrative data only. The hybrid rates submitted by Colorado Access and RMHP in the plan-submitted files were 1.87 percent and 3.42 percent, respectively.

For this measure, a lower rate indicates better performance. Comparing health plans based on administrative rates, Denver Health Medical Plan and Kaiser Permanente were the highest performing plans (0.00 percent) and Rocky Mountain Health Plans was the lowest (4.79 percent). Plan performance shows a variation in rates of less than 5 percentage points (4.79 percentage points).

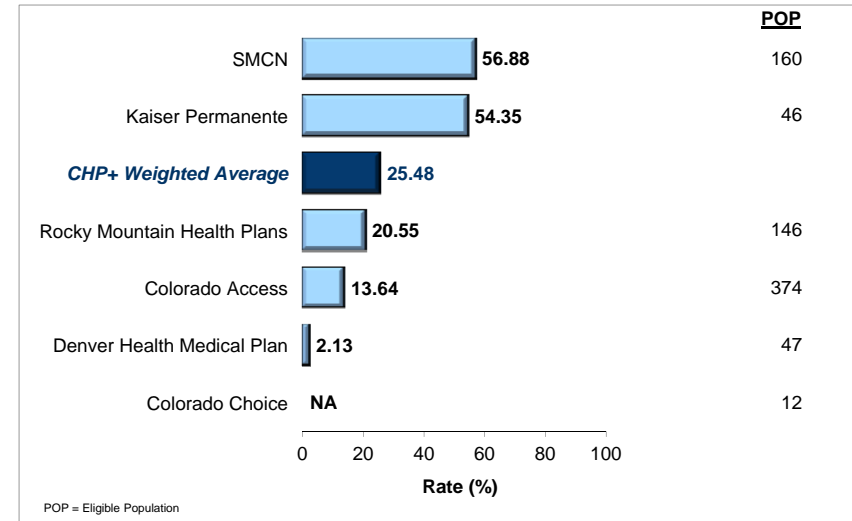


**Figure 3-21—Well-Child Visits in the First 15 Months of Life  
—Six or More Visits  
Colorado CHP+ Weighted Averages**



The Colorado CHP+ 2013 weighted average for the *Well-Child Visits in the First 15 Months of Life—Six or More Visits* measure decreased 7.47 percentage points between HEDIS 2011 and HEDIS 2012 but demonstrated steady performance with a 0.20 percentage point increase between HEDIS 2012 and HEDIS 2013. The increase in HEDIS 2013 was not statistically significant.

**Figure 3-22—Well-Child Visits in the First 15 Months of Life  
—Six or More Visits**



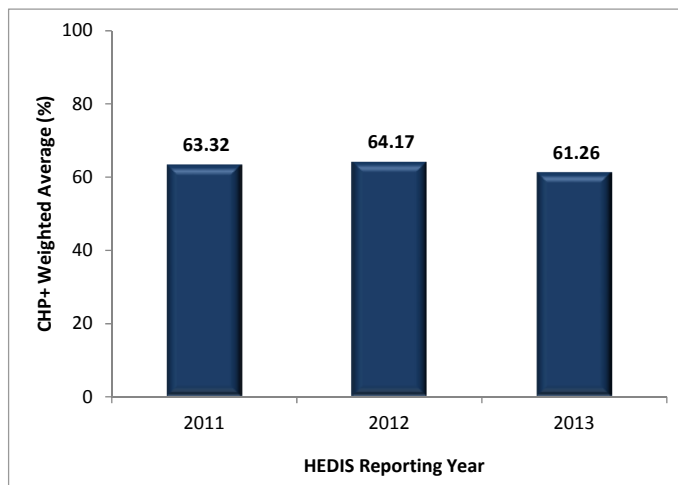
All well-child rates presented above were derived from administrative data only. The hybrid rates submitted by Colorado Access and RMHP in the plan-submitted files were 57.22 percent and 65.75 percent, respectively.

Comparing health plans based on administrative rates, SMCN was the highest performing plan (56.88 percent) and Denver Health Medical Plan was the lowest (2.13 percent). Plan performance shows a variation in rates of more than 50 percentage points (54.75 percentage points).

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

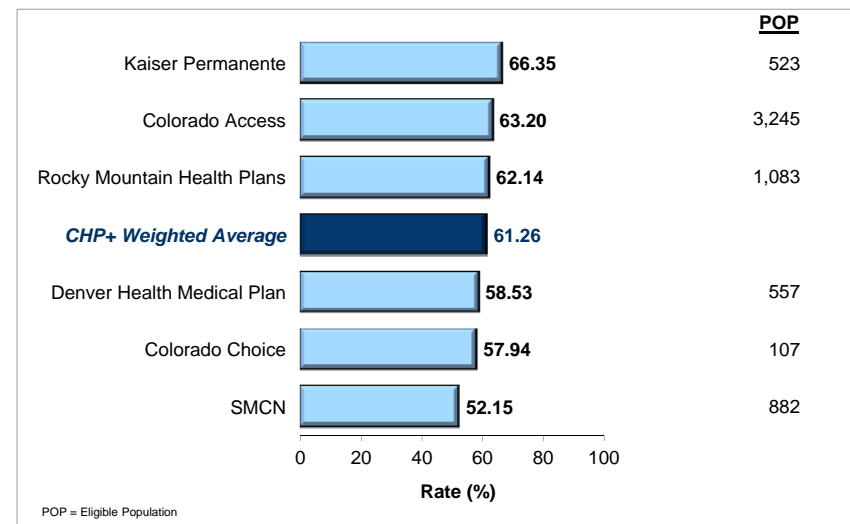
*Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life* calculates the percentage of members who were three, four, five, or six years old during the measurement year, who were continuously enrolled during the measurement year, and who received one or more well-child visits with a PCP during the measurement year.

**Figure 3-23—Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life Colorado CHP+ Weighted Averages**



While the Colorado CHP+ weighted average for the *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life* had an increase of 0.85 percentage points between HEDIS 2011 and HEDIS 2012, this rate declined 2.91 percentage points between HEDIS 2012 and HEDIS 2013. The decrease was statistically significant.

**Figure 3-24—Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life**



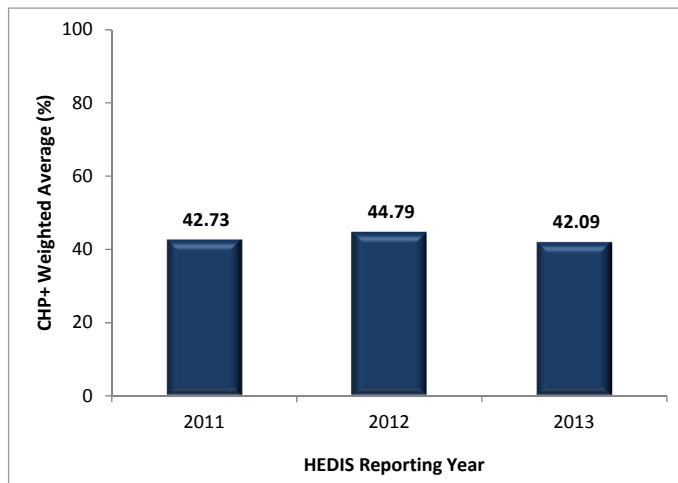
All well-child rates presented above were derived from administrative data only. The hybrid rates submitted by Colorado Access and RMHP in the plan-submitted files were 66.37 percent and 66.89 percent, respectively

Comparing health plans based on administrative rates, Kaiser Permanente was the highest performing plan (66.35 percent) and SMCN was the lowest (52.15 percent). Plan performance shows a variation in rates of slightly less than 15 percentage points (14.2 percentage points).

### Adolescent Well-Care Visits

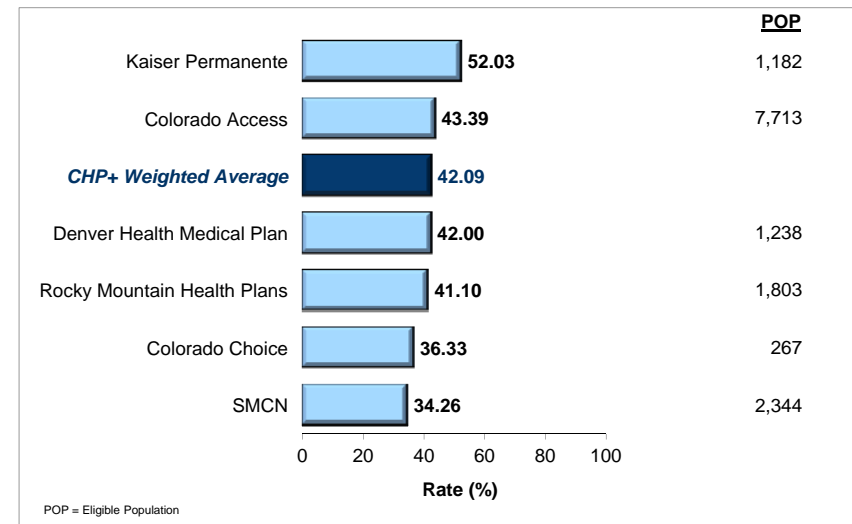
*Adolescent Well-Care Visits* reports the percentage of enrolled members who were 12 to 21 years of age during the measurement year, continuously enrolled during the measurement year, and had at least one comprehensive well-care visit with a PCP or an obstetrician/gynecologist (OB/GYN) during the measurement year.

**Figure 3-25—Adolescent Well-Care Visits  
Colorado CHP+ Weighted Averages**



Although the Colorado CHP+ weighted average demonstrated a statistically significant increase of 2.06 percentage points between HEDIS 2011 and HEDIS 2012, this rate fell 2.70 percentage points between HEDIS 2012 and HEDIS 2013, which was a statistically significant decrease.

**Figure 3-26—Adolescent Well-Care Visits**



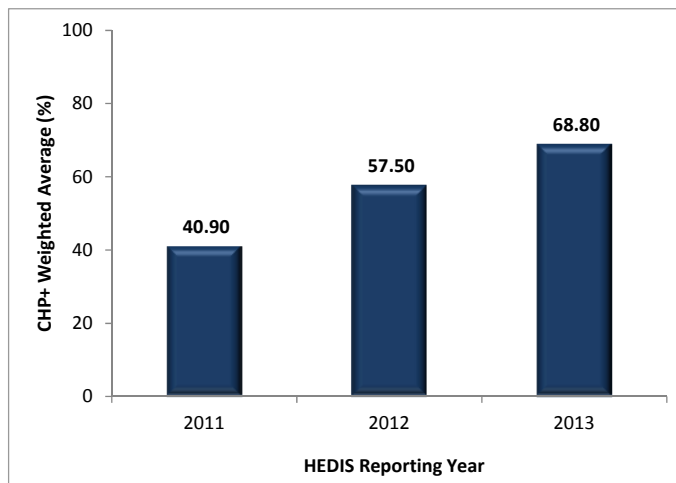
All rates presented above were derived from administrative data only. The hybrid rate submitted by RMHP in the plan-submitted file was 40.18 percent.

Comparing health plans based on administrative rates, Kaiser Permanente was the highest performing plan (52.03 percent) and SMCN was the lowest (34.26 percent). Plan performance shows a variation in rates of more than 15 percentage points (17.77 percentage points).

### Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents

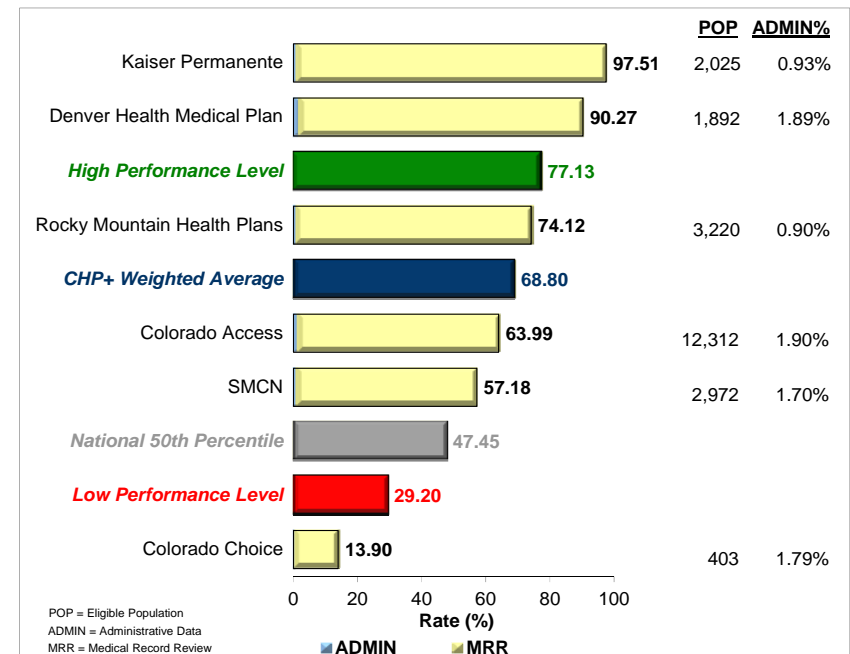
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC) calculates the percentage of enrolled members between 3 and 17 years of age, who were continuously enrolled for the measurement year, had an outpatient visit with a PCP or OB/GYN, and had evidence of BMI percentile documentation, counseling for nutrition, and counseling for physical activity during the measurement year.

**Figure 3-27—Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents —BMI Assessment: Total Colorado CHP+ Weighted Averages**



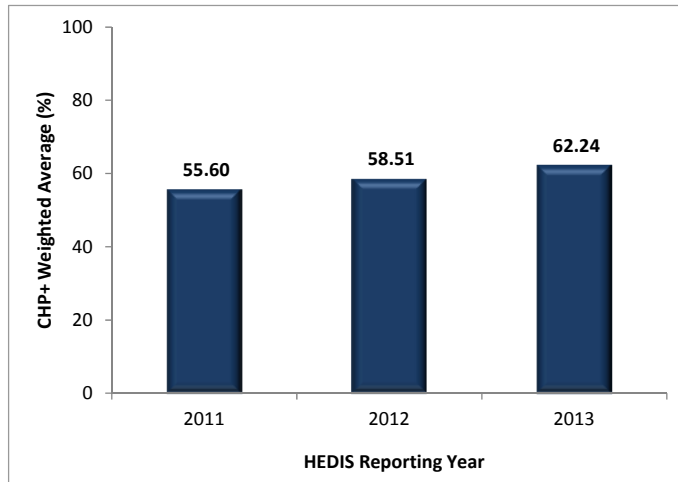
The weighted average for the *BMI Assessment: Total* indicator has shown steady improvement over the past few years. The rate increased 16.60 percentage points between HEDIS 2011 and HEDIS 2012, and increased by an additional 11.30 percentage points between HEDIS 2012 and HEDIS 2013. This rate increase was statistically significant.

**Figure 3-28—Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents —BMI Assessment: Total**



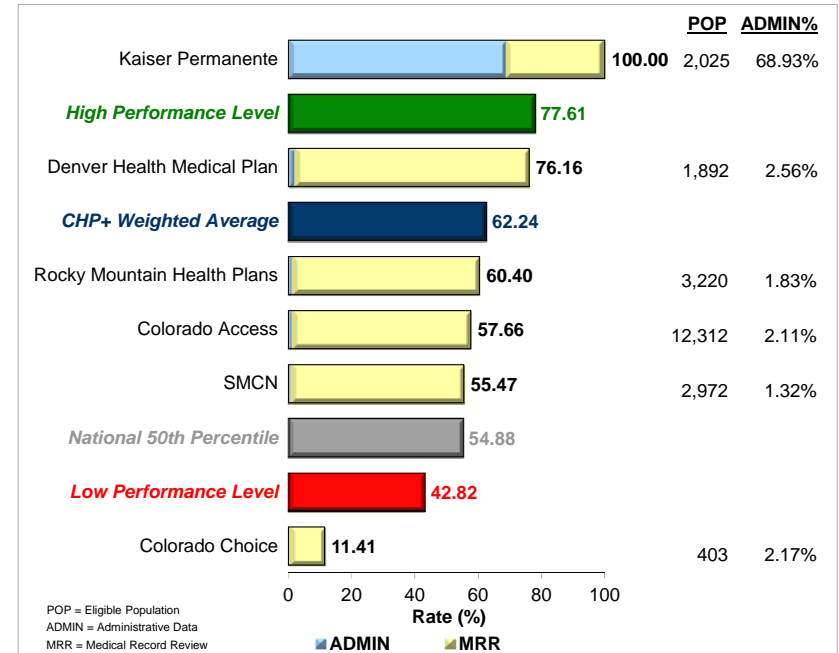
Two health plans performed above the HPL, while only one health plan fell below the LPL. Five plans and the CHP+ weighted average performed above the national HEDIS 2012 Medicaid 50th percentile. All plans relied heavily on medical record review to report this indicator.

**Figure 3-29—Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents  
—Nutrition Counseling: Total  
Colorado CHP+ Weighted Averages**



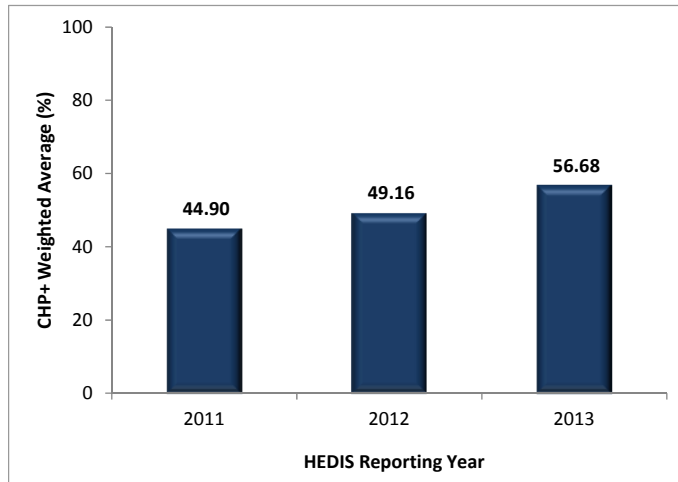
The Colorado CHP+ 2013 weighted average for the *Nutrition Counseling—Total* indicator has shown steady improvement. The rate increased by 2.91 percentage points between HEDIS 2011 and HEDIS 2012 and 3.73 percentage points between HEDIS 2012 and HEDIS 2013. The increase from HEDIS 2012 to HEDIS 2013 was not statistically significant.

**Figure 3-30—Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents  
—Nutrition Counseling: Total**



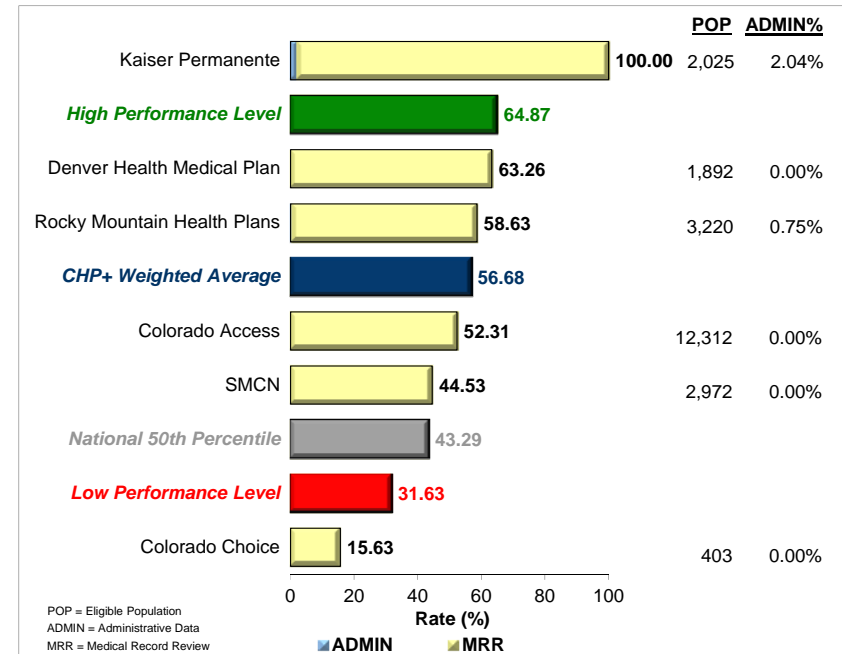
One health plan exceeded the HPL of 77.61 percent by more than 22 percentage points, although another health plan fell below the LPL of 42.82 percent by more than 31 percentage points. The remaining plans all performed better than the national HEDIS 2012 Medicaid 50th percentile of 54.88 percent. The Colorado CHP+ statewide weighted average was 62.24 percent, 7.36 percentage points higher than the national HEDIS 2012 Medicaid 50th percentile. All plans except Kaiser relied heavily on medical record review to report this indicator. Being a staff-model HMO, Kaiser could use its own system to locate additional clinical information for most of its records.

**Figure 3-31—Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents —Physical Activity Counseling: Total Colorado CHP+ Weighted Averages**



The Colorado CHP+ weighted average for the *Physical Activity Counseling—Total* indicator has shown continuous improvement. The rate improved 4.26 percentage points between 2011 and 2012 and improved an additional 7.52 percentage points between 2012 and 2013. The increase from HEDIS 2012 to HEDIS 2013 was statistically significant.

**Figure 3-32—Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents —Physical Activity Counseling: Total**



One health plan performed below the LPL by 16 percentage points, although one plan performed above the HPL of 64.87 percent by over 35 percentage points. The remaining plans all performed above the national HEDIS 2012 Medicaid 50th percentile of 43.29 percent. The CHP+ 2013 statewide weighted average exceeded the national HEDIS 2012 Medicaid 50th percentile by 13.39 percentage points. All plans relied heavily on medical record review to report this indicator.

### Summary of Findings

Table 3-2 presents the health plans’ performance rating for each of the measures in the Pediatric Care dimension. Since the Department required the HEDIS 2013 rates associated with the *Childhood Immunization Status* and all well-child measures to be reported administratively, rate comparisons against the national HEDIS 2012 percentiles were not performed. These measures are, therefore, not listed in Table 3-2.

Table 3-2—Pediatric Care Measure-Specific Performance Ratings						
Measure	Colorado Access	Colorado Choice	DHMP	Kaiser	RMHP	SMCN
<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</i>						
<i>BMI Assessment: Total</i>	★★★	★★	★★★★★	★★★★★	★★★★★	★★★
<i>Nutrition Counseling: Total</i>	★★★	★★	★★★★	★★★★★	★★★	★★★
<i>Physical Activity Counseling: Total</i>	★★★	★★	★★★★	★★★★★	★★★★★	★★★

Table 3-3 presents a summary of the health plans’ overall performance for the Pediatric Care measures.

Table 3-3—Pediatric Care: Plan-Specific Count of Measures by Performance Ratings						
Health Plan Name	★★★★★	★★★★	★★★	★★	★	NA/NR/NB
Colorado Access	0	0	3	0	0	0
Colorado Choice	0	0	0	2	0	0
DHMP	1	2	0	0	0	0
Kaiser	3	0	0	0	0	0
RMHP	0	2	1	0	0	0
SMCN	0	0	3	0	0	0

Kaiser was the top-performing CHP+ health plan in the Pediatric Care domain, with three measures/indicators receiving a five-star rating (rates above the national HEDIS 2012 Medicaid 90th percentile). DHMP was the second top-performing plan, with one measure earning five stars and two measures earning four stars. Overall, there was a wide variation in performance ratings among the CHP+ health plans.

## Access to Care

The following pages provide an analysis of the access to obstetric care for members of the Colorado State Managed Care Network (SMCN). No plan rating performance tables were provided or analyzed because the SMCN is the only CHP+ plan offering obstetric care.

The Access to Care dimension encompasses the following measures:

- ◆ *Prenatal and Postpartum Care—Timeline of Prenatal Care*
- ◆ *Prenatal and Postpartum Care—Postpartum Care*

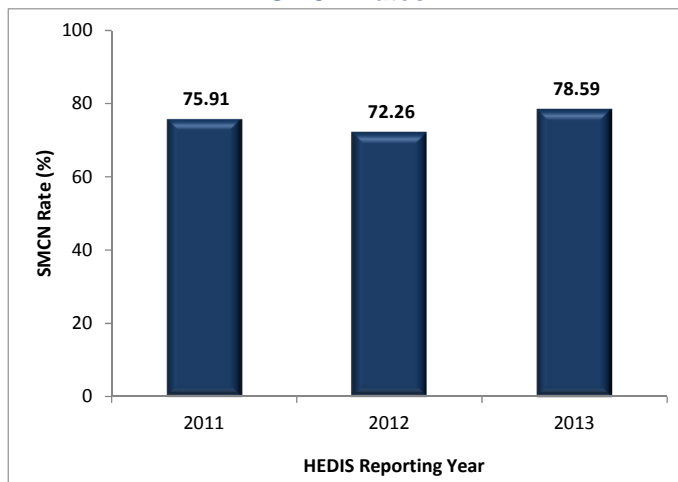


### Timeliness of Prenatal Care

The *Timeliness of Prenatal Care* measure calculates the percentage of deliveries of live births between November 6 of the year prior to the measurement year and November 5 of the measurement year, who were continuously enrolled at least 43 days prior to delivery through 56 days after delivery, and who received a prenatal care visit as a member of the health plan in the first trimester or within 42 days of enrollment in the health plan.

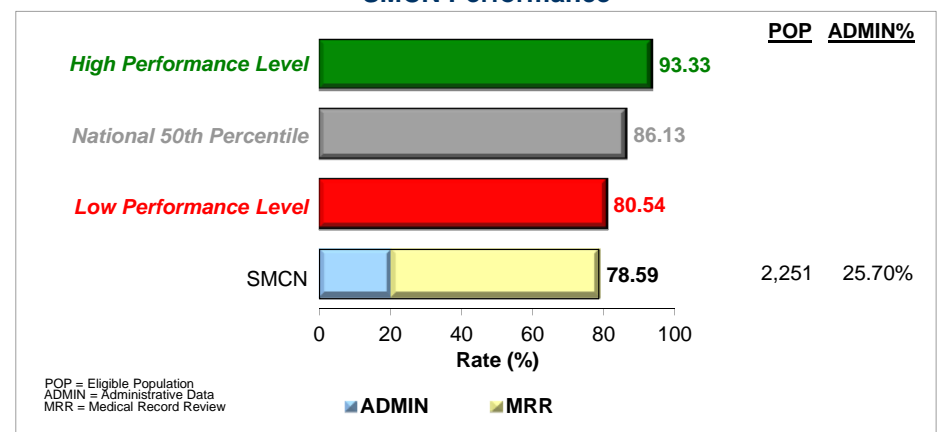
For this measure, the SMCN is the only reporting plan; therefore, a weighted average was not calculated. The SMCN rates are graphically displayed along with the LPL, HPL, and national HEDIS 50th percentile in two different figures.

**Figure 3-33—Prenatal and Postpartum Care  
—Timeliness of Prenatal Care  
SMCN Rates**



The SMCN's rate for *Prenatal and Postpartum Care—Timeliness of Prenatal Care* decreased by 3.65 percentage points from HEDIS 2011 to HEDIS 2012, but it increased 6.33 percentage points from HEDIS 2012 to HEDIS 2013. The increase in HEDIS 2013 was statistically significant.

**Figure 3-34—Prenatal and Postpartum Care  
—Timeliness of Prenatal Care  
SMCN Performance**

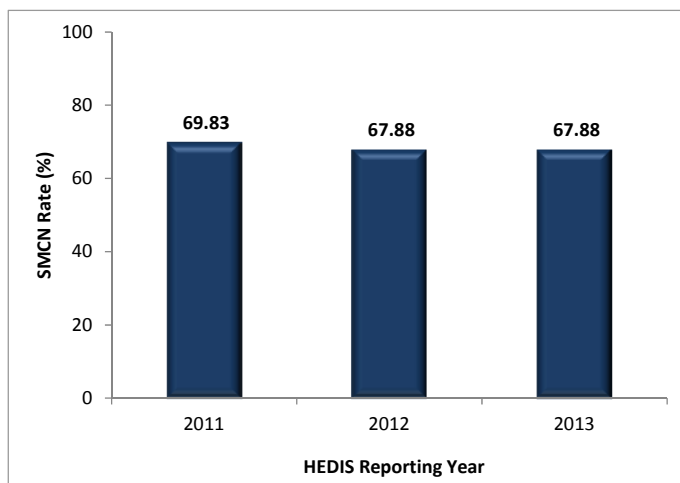


The SMCN's rate was 1.95 percentage points below the LPL of 80.54 percent during HEDIS 2013. With 25.70 percent of the rates based on administrative data, this indicator still relied heavily on the medical record data.

### Postpartum Care

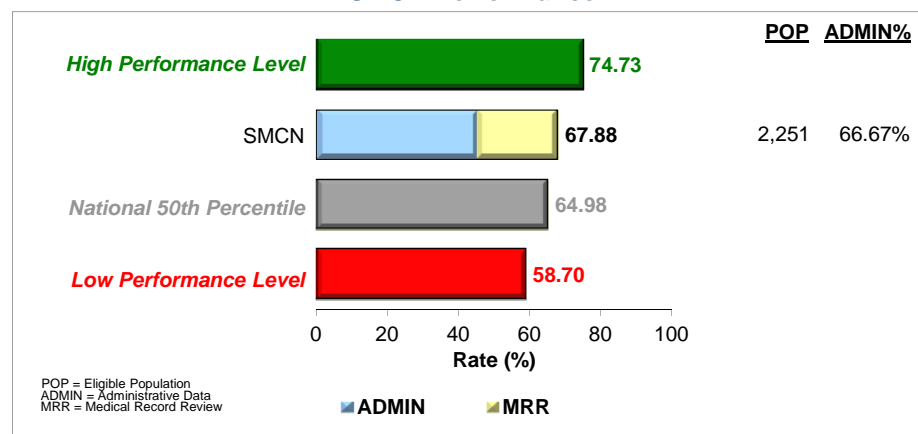
The *Postpartum Care* measure reports the percentage of deliveries of live births between November 6 of the year prior to the measurement year and November 5 of the measurement year, who were continuously enrolled at least 43 days prior to delivery through 56 days after delivery, and who received a postpartum visit on or between 21 days and 56 days after delivery.

**Figure 3-35—Prenatal and Postpartum Care—Postpartum Care SMCN Rates**



The SMCN’s rate for *Prenatal and Postpartum Care—Postpartum Care* decreased 1.95 percentage points between HEDIS 2011 and HEDIS 2012. However, the rate experienced no change between HEDIS 2012 and HEDIS 2013.

**Figure 3-36—Prenatal and Postpartum Care—Postpartum Care SMCN Performance**



Although the SMCN did not meet the HPL during HEDIS 2013, the rate was 2.90 percentage points higher than the national HEDIS 2012 Medicaid 50th percentile. Unlike the *Prenatal and Postpartum Care—Timeliness of Prenatal Care* indicator, this measure relied less on medical record data with two-thirds of the rate being from administrative data.

## Findings

### Summary of Findings

Table 3-4 presents a summary of the SMCN’s overall performance on the Access to Care dimension.

Table 3-4—Access to Care Star Ratings Summary						
Health Plan Name	★★★★	★★★	★★	★	NA/NR/NB	
SMCN	0	0	1	1	0	0

Overall, the SMCN demonstrated average performance in the Access to Care dimension, and all measures were above the 10th percentile (i.e., no one-star ratings). Opportunities for improvement exist to improve these rates.

Table 3-5 presents the SMCN’s performance on the individual *Prenatal and Postpartum Care* measures.

Table 3-5—Individual Access to Care Performance Summary by Measure	
Measure	SMCN
<i>Prenatal and Postpartum Care</i>	
<i>Timeliness of Prenatal Care</i>	★★
<i>Postpartum Care</i>	★★★★

## Use of Services

For all measures in this dimension, HEDIS methodology requires that the rates be derived using only the administrative method. While the national HEDIS 2012 Medicaid 50th percentiles are provided for reference, it is important to assess utilization based on the characteristics of each health plan’s population, including (but not limited to) age and gender composition and clinical condition profile.

The Use of Services dimension encompasses the following measures:

- ◆ *Ambulatory Care: Total—Emergency Department Visits*

For the *Ambulatory Care* measure, member months (MM) served as an eligible population proxy and were used to derive the weight when calculating the Colorado CHP+ weighted average. Table 3-6 displays the member months for each health plan, the SMCN, and the CHP+ program. The largest contributions of member months came from children between 1 and 9 years of age and between 10 and 19 years of age. Most of the member months from the 20 years of age or older age groups were from the SMCN since CHP+ members older than 19 years of age and pregnant were enrolled exclusively in the SMCN.

Age	Colorado Access	Colorado Choice	DHMP	Kaiser	RMHP	SMCN	Total CHP+
< 1	17,498	508	1,009	2,037	4,521	12,184	37,757
1–9	242,018	6,873	28,349	32,952	61,015	128,172	499,379
10–19	241,953	7,159	29,218	37,849	52,214	126,630	495,023
20–44	8	0	71	0	0	25,838	25,917
45–64	0	0	0	0	0	42	42
65+	0	0	0	0	0	0	0
Unknown	0	0	0	0	0	0	0
<b>Total</b>	<b>501,477</b>	<b>14,540</b>	<b>58,647</b>	<b>72,838</b>	<b>117,750</b>	<b>292,866</b>	<b>1,058,118</b>

Appendix A displays the utilization rates of the selected measures for each health plan, the SMCN, and the CHP+ program.

### Ambulatory Care

The *Ambulatory Care: Total—Emergency Department (ED) Visits* measure summarizes utilization of ambulatory care for ED visits.

Table 3-7 shows the total emergency department visits per 1,000 member months (MM) for the *Ambulatory Care* measure.

Table 3-7—Ambulatory Care: Total Emergency Department Visits Per 1,000 MM for Total Age Group	
Health Plan Name	Emergency Department Visits
Colorado Access	32.93
Colorado Choice	20.84
Denver Health Medical Plan	31.48
Kaiser Permanente	24.73
Rocky Mountain Health Plans	22.76
SMCN	29.61
2013 Colorado CHP+ Weighted Average	30.07
2012 Colorado CHP+ Weighted Average	27.79
2011 Colorado CHP+ Weighted Average	30.48
HEDIS 2012 Medicaid 50th Percentile	63.15

### Findings

According to Table 3-7, the CO CHP+ weighted averages increased slightly between 2012 and 2013 for emergency department visits.

The report presents rates for measures in the Use of Services dimension 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 Utilization of Services measures rank health plans for their utilization of services. If a health plan’s emergency department (ED) visits rate (for the *Ambulatory Care* measure) ranks lower than the 50th percentile, its members are accessing the ED less than other health plans nationwide. If the health plan ranks above the 50th percentile, ED utilization is higher than other health plans nationwide. Nonetheless, comparing a health plan’s ED visits rate to the national percentiles may not provide a complete picture of whether a health plan is managing its members’ health effectively and efficiently. For some health plans, high ED utilization may not indicate that members are accessing unnecessary services. Conversely, a low ED visits rate alone

would not indicate if a health plan is managing its members' health effectively and efficiently. The health plan may need to further verify whether its members are accessing their primary care providers for services.

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

## Appendix A. Tabular Results for Measures by Health Plan

Appendix A presents tables showing results for the measures by health plan. Where applicable, the results provided for each measure include the eligible population and rate for each health plan; the HEDIS 2011, HEDIS 2012, and HEDIS 2013 Colorado CHP+ weighted averages; and the national HEDIS 2012 Medicaid 50th percentile. Since national HEDIS 2012 Medicaid percentiles are not available for the CHIP population, comparison of the CHP+ plans and the SMCN’s rates to HEDIS 2012 Medicaid percentiles, which comprised all Medicaid plans, should be interpreted with caution. The *Prenatal and Postpartum Care* measure was only reported by the SMCN; therefore, no weighted averages were calculated for this measure. The following is a list of the tables and the measures presented in this appendix.

- ◆ Table A-1—*Childhood Immunization Status—Antigens*
- ◆ Table A-2—*Childhood Immunization Status—Combinations*
- ◆ Table A-3—*Well-Child Visits in the First 15 Months of Life*
- ◆ Table A-4—*Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life*
- ◆ Table A-5—*Adolescent Well-Care Visits*
- ◆ Table A-6—*Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents*
- ◆ Table A-7—*Prenatal and Postpartum Care (SMCN only)*
- ◆ Table A-8—*Ambulatory Care: Total—Emergency Department Visits Per 1,000 MM*

Following are some specific notations used for tables in this appendix.

Notation	Interpretation
—	Data elements were not relevant or data were not available in the HEDIS 2011 aggregate report.
	No rates were populated for cells with grey shading since these age groups for the <i>Ambulatory Care</i> measures were not appropriate for the CHP+ population.

**Table A-1—Childhood Immunization Status—Antigens<sup>^</sup>**

Health Plan Name	Eligible Population	DTaP	IPV	MMR	HiB	Hepatitis B	VZV	Pneumococcal Conjugate	Hepatitis A	Rotavirus	Influenza
Colorado Access*	519	62.04%	73.22%	81.12%	75.92%	67.44%	78.42%	63.01%	67.82%	52.02%	49.13%
Colorado Choice	14	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Denver Health Medical Plan	102	84.31%	93.14%	88.24%	93.14%	94.12%	87.25%	86.27%	89.22%	70.59%	74.51%
Kaiser Permanente	90	91.11%	92.22%	92.22%	93.33%	93.33%	92.22%	90.00%	93.33%	75.56%	56.67%
Rocky Mountain Health Plans*	197	62.94%	78.17%	82.23%	80.20%	53.81%	79.70%	62.94%	65.48%	57.36%	53.81%
SMCN	198	62.63%	77.27%	78.28%	75.76%	74.24%	76.26%	61.11%	67.17%	51.52%	38.38%
2013 Colorado CHP+ Weighted Average	—	65.98%	77.41%	81.88%	78.84%	70.00%	79.64%	66.16%	70.71%	55.80%	50.36%
2012 Colorado CHP+ Weighted Average	—	83.08%	90.96%	90.02%	91.90%	87.90%	89.08%	83.32%	37.84%	64.75%	51.35%
2011 Colorado CHP+ Weighted Average	—	81.75%	88.90%	88.53%	90.14%	88.90%	88.29%	82.00%	—	—	—
HEDIS 2012 Medicaid 50th Percentile	—	80.63%	92.21%	91.65%	92.46%	90.75%	91.22%	80.93%	38.32%	63.70%	44.90%

<sup>^</sup> For the *Childhood Immunization Status* measure, the data collection methodology required by the Department was changed from hybrid in HEDIS 2012 to administrative in HEDIS 2013. In addition, the dosing requirements listed in the HEDIS 2013 specifications for hepatitis A were changed from “Two hepatitis A vaccinations” to “At least one hepatitis A vaccination.” Please use caution when interpreting the trend for the weighted average or when comparing with the HEDIS 2012 Medicaid 50th percentile.

\* Per the Department’s data collection methodology requirement, the rates reported in this table for Colorado Access and Rocky Mountain Health Plans are administrative rates only and not their final, reported hybrid rates in the plan-submitted files. For more information on the differences between administrative and hybrid data collection methodologies, refer to the glossary. Colorado Access reported hybrid rates of 81.02 percent, 91.00 percent, 88.81 percent, 91.48 percent, 86.62 percent, 85.89 percent, 80.29 percent, 74.70 percent, 68.61 percent, and 56.45 percent for the *Childhood Immunization Status* indicators *DTaP*, *IPV*, *MMR*, *HiB*, *Hepatitis B*, *VZV*, *Pneumococcal Conjugate*, *Hepatitis A*, *Rotavirus*, and *Influenza*, respectively. Rocky Mountain Health Plans reported hybrid rates of 75.63 percent, 87.82 percent, 83.76 percent, 86.29 percent, 83.25 percent, 81.73 percent, 75.63 percent, 67.51 percent, 65.99 percent, and 55.33 percent for the *Childhood Immunization Status* indicators *DTaP*, *IPV*, *MMR*, *HiB*, *Hepatitis B*, *VZV*, *Pneumococcal Conjugate*, *Hepatitis A*, *Rotavirus*, and *Influenza*, respectively.



**Table A-2—Childhood Immunization Status—Combinations^**

Health Plan Name	Eligible Population	Combo 2	Combo 3	Combo 4	Combo 5	Combo 6	Combo 7	Combo 8	Combo 9	Combo 10
Colorado Access*	519	54.53%	52.41%	46.82%	41.43%	34.30%	37.57%	31.41%	28.13%	25.82%
Colorado Choice	14	NA	NA	NA	NA	NA	NA	NA	NA	NA
Denver Health Medical Plan	102	83.33%	82.35%	82.35%	64.71%	69.61%	64.71%	69.61%	56.86%	56.86%
Kaiser Permanente	90	90.00%	88.89%	88.89%	74.44%	55.56%	74.44%	55.56%	50.00%	50.00%
Rocky Mountain Health Plans*	197	43.15%	42.64%	36.55%	32.99%	27.41%	29.95%	25.38%	23.35%	22.34%
SMCN	198	58.08%	53.54%	48.99%	40.91%	29.29%	37.37%	27.78%	23.23%	21.72%
2013 Colorado CHP+ Weighted Average	—	58.04%	55.89%	51.43%	44.11%	36.70%	41.16%	34.73%	30.45%	28.93%
2012 Colorado CHP+ Weighted Average	—	76.73%	74.50%	35.36%	56.16%	44.54%	27.37%	23.73%	37.01%	19.62%
2011 Colorado CHP+ Weighted Average	—	77.07%	74.11%	—	—	—	—	—	—	—
HEDIS 2012 Medicaid 50th Percentile	—	75.35%	71.93%	33.92%	52.92%	37.57%	26.03%	20.88%	29.79%	16.51%

^ For the *Childhood Immunization Status* measure, the data collection methodology required by the Department was changed from hybrid in HEDIS 2012 to administrative in HEDIS 2013. In addition, the dosing requirements listed in the HEDIS 2013 specifications for hepatitis A, a vaccine associated with *Combination 4, 7, 8, and 10*, were changed from “Two hepatitis A vaccinations” to “At least one hepatitis A vaccination.” Please use caution when interpreting the trend for the weighted average or when comparing with the HEDIS 2012 Medicaid 50th percentile.

\* Per the Department’s data collection methodology requirement, the rates reported in this table for Colorado Access and Rocky Mountain Health Plans are administrative rates only and not their final, reported hybrid rates in the plan-submitted files. For more information on the differences between administrative and hybrid data collection methodologies, refer to the glossary. Colorado Access reported hybrid rates of 74.70 percent, 71.05 percent, 63.99 percent, 57.66 percent, 48.18 percent, 52.55 percent, 44.53 percent, 39.66 percent, and 36.74 percent for the *Childhood Immunization Status* indicators *Combinations 2 through 10*, respectively. Rocky Mountain Health Plans reported hybrid rates of 69.54 percent, 67.51 percent, 58.38 percent, 54.31 percent, 45.69 percent, 49.24 percent, 42.13 percent, 39.59 percent, and 37.06 percent for the *Childhood Immunization Status* indicators *Combinations 2 through 10*, respectively.

Table A-3—Well-Child Visits in the First 15 Months of Life			
Health Plan Name	Eligible Population	Zero Visits <sup>†</sup>	Six or More Visits
Colorado Access*	374	2.14%	13.64%
Colorado Choice	12	NA	NA
Denver Health Medical Plan	47	0.00%	2.13%
Kaiser Permanente	46	0.00%	54.35%
Rocky Mountain Health Plans*	146	4.79%	20.55%
SMCN	160	3.13%	56.88%
2013 Colorado CHP+ Weighted Average	—	2.67%	25.48%
2012 Colorado CHP+ Weighted Average	—	4.21%	25.28%
2011 Colorado CHP+ Weighted Average	—	3.04%	32.75%
HEDIS 2012 Medicaid 50th Percentile	—	1.22%	62.95%
<p>† For <i>Well-Child Visits in the First 15 Months of Life—Zero Visits</i>, a lower rate indicates better performance.</p> <p>* Per the Department’s data collection methodology requirement, the rates reported in this table for Colorado Access and Rocky Mountain Health Plans are administrative rates only and not their final, reported hybrid rates in the plan-submitted files. For more information on the differences between administrative and hybrid data collection methodologies, refer to the glossary. The hybrid rates for <i>Well-Child Visits in the First 15 Months of Life—Zero Visits</i> submitted by Colorado Access and Rocky Mountain Health Plans were 1.87 percent and 3.42 percent, respectively. The hybrid rates for <i>Six or More Visits</i> submitted by Colorado Access and Rocky Mountain Health Plans were 57.22 percent and 65.75 percent, respectively.</p>			

Table A-4—Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life		
Health Plan Name	Eligible Population	Rate
Colorado Access*	3,245	63.20%
Colorado Choice	107	57.94%
Denver Health Medical Plan	557	58.53%
Kaiser Permanente	523	66.35%
Rocky Mountain Health Plans*	1,083	62.14%
SMCN	882	52.15%
2013 Colorado CHP+ Weighted Average	—	61.26%
2012 Colorado CHP+ Weighted Average	—	64.17%
2011 Colorado CHP+ Weighted Average	—	63.32%
HEDIS 2012 Medicaid 50th Percentile	—	72.26%
<p>* Per the Department’s data collection methodology requirement, the rates reported in this table for Colorado Access and Rocky Mountain Health Plans are administrative rates only and not their final, reported hybrid rates in the plan-submitted files. For more information on the differences between administrative and hybrid data collection methodologies, refer to the glossary. The hybrid rates submitted by Colorado Access and Rocky Mountain Health Plans were 66.37 percent and 66.89 percent, respectively.</p>		

Table A-5—Adolescent Well-Care Visits		
Health Plan Name	Eligible Population	Rate
Colorado Access	7,713	43.39%
Colorado Choice	267	36.33%
Denver Health Medical Plan	1,238	42.00%
Kaiser Permanente	1,182	52.03%
Rocky Mountain Health Plans*	1,803	41.10%
SMCN	2,344	34.26%
2013 Colorado CHP+ Weighted Average	—	42.09%
2012 Colorado CHP+ Weighted Average	—	44.79%
2011 Colorado CHP+ Weighted Average	—	42.73%
HEDIS 2012 Medicaid 50th Percentile	—	49.65%
<p>* Per the Department’s data collection methodology requirement, the rates reported in this table for Rocky Mountain Health Plans are administrative rates only and not the final, reported hybrid rates in the plan-submitted files. For more information on the differences between administrative and hybrid data collection methodologies, refer to the glossary. The hybrid rate submitted by Rocky Mountain Health Plans was 40.18 percent.</p>		

**Table A-6—Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents**

Health Plan Name	Ages 3–11 Years				Ages 12–17 Years				Total			
	Eligible Population	BMI	Nutrition	Physical Activity	Eligible Population	BMI	Nutrition	Physical Activity	Eligible Population	BMI	Nutrition	Physical Activity
Colorado Access	7,395	64.23%	62.31%	50.77%	4,917	63.58%	49.67%	54.97%	12,312	63.99%	57.66%	52.31%
Colorado Choice	228	12.72%	13.16%	8.77%	175	15.43%	9.14%	24.57%	403	13.90%	11.41%	15.63%
Denver Health Medical Plan	1,184	90.55%	78.74%	59.45%	708	89.81%	71.97%	69.43%	1,892	90.27%	76.16%	63.26%
Kaiser Permanente	1,187	97.23%	100.00%	100.00%	838	97.87%	100.00%	100.00%	2,025	97.51%	100.00%	100.00%
Rocky Mountain Health Plans	2,089	74.74%	66.44%	59.17%	1,131	73.01%	49.69%	57.67%	3,220	74.12%	60.40%	58.63%
SMCN	1,708	58.19%	60.34%	43.53%	1,264	55.87%	49.16%	45.81%	2,972	57.18%	55.47%	44.53%
2013 Colorado CHP+ Weighted Average	—	69.32%	66.53%	55.43%	—	67.98%	55.23%	58.75%	—	68.80%	62.24%	56.68%
2012 Colorado CHP+ Weighted Average	—	60.05%	63.34%	46.44%	—	55.69%	53.36%	54.04%	—	57.50%	58.51%	49.16%
2011 Colorado CHP+ Weighted Average	—	40.10%	59.20%	42.40%	—	42.00%	50.20%	48.60%	—	40.90%	55.60%	44.90%
HEDIS 2012 Medicaid 50th Percentile	—	47.52%	57.09%	42.17%	—	49.42%	50.00%	47.00%	—	47.45%	54.88%	43.29%

**Table A-7—Prenatal and Postpartum Care**

Health Plan Name	Timeliness of Prenatal Care		Postpartum Care	
	Eligible Population	Rate	Eligible Population	Rate
2013 SMCN Rate	2,251	78.59%	2,251	67.88%
2012 SMCN Rate	2,000	72.26%	2,000	67.88%
2011 SMCN Rate	1,763	75.91%	1,763	69.83%
HEDIS 2012 Medicaid 50th Percentile	—	86.13%	—	64.98%

Table A-8—Ambulatory Care: Total Emergency Department Visits Per 1,000 MM									
Health Plan Name	Age <1 Year	Ages 1–9 Years	Ages 10–19 Years	Ages 20–44 Years	Ages 45–64 Years	Ages 65–74 Years	Ages 75–84 Years	Ages 85+ Years	Total
Colorado Access	65.04	33.39	30.14	0.00					32.93
Colorado Choice	39.37	19.79	20.53						20.84
Denver Health Medical Plan	42.62	34.08	28.61	14.08					31.48
Kaiser Permanente	66.76	26.04	21.32						24.73
Rocky Mountain Health Plans	32.51	21.09	23.86						22.76
SMCN	54.33	24.66	24.75	66.34	47.62				29.61
2013 Colorado CHP+ Weighted Average	56.84	29.02	27.19	66.17	47.62				30.07
2012 Colorado CHP+ Weighted Average	47.43	26.21	26.18	53.76	27.78				27.79
2011 Colorado CHP+ Weighted Average	—	—	—	—	—	—	—	—	30.48
HEDIS 2012 Medicaid 50th Percentile	94.83	48.71	40.28	103.27	80.69	33.74	27.37	21.72	63.15

Appendix B includes trend tables for each of the Colorado CHP+ health plans. Where applicable, measure rates for HEDIS 2011, HEDIS 2012, and HEDIS 2013 are presented. Also, the HEDIS 2013 rates were compared to the HEDIS 2012 rates using a Pearson’s Chi-square test to determine statistically significant changes in rates from one year to the next. These results are presented as percentage point changes and can be interpreted based on the legend below.

Change From HEDIS 2012–2013	Interpretation
+2.5	The HEDIS 2013 rate is 2.5 percentage points <i>higher</i> than the HEDIS 2012 rate.
- 2.5	The HEDIS 2013 rate is 2.5 percentage points <i>lower</i> than the HEDIS 2012 rate.
+2.5	The HEDIS 2013 rate is 2.5 percentage points <i>statistically significantly higher</i> than the HEDIS 2012 rate.
- 2.5	The HEDIS 2013 rate is 2.5 percentage points <i>statistically significantly lower</i> than the HEDIS 2012 rate.

Please note that the *Ambulatory Care* utilization measure reported visits per 1,000 member months. A statistical test across years was not performed because variances were not provided in the plan-submitted files for the *Ambulatory Care* measure. For this measure, a difference in rate will still be reported without statistical test results.

The health plan and statewide trend tables are presented as follows:

- ◆ Table B-1—Colorado Access
- ◆ Table B-2—Denver Health Medical Plan, Inc. (DHMP)
- ◆ Table B-3—Kaiser Permanente (Kaiser)
- ◆ Table B-4—Rocky Mountain Health Plans (RMHP)
- ◆ Table B-5—State Managed Care Network (SMCN)
- ◆ Table B-6—Colorado CHP+ Statewide Trend Table

Colorado Choice began providing services in July 2010; consequently, its population size did not meet the reporting requirements for FY 2011–2012. Since HEDIS 2013 rates are the first rates reported by the health plan, a trend table is not provided.

**Table B-1—Colorado Access Trend Table**

Measures	HEDIS 2011	HEDIS 2012	HEDIS 2013	Change From 2012–2013
<b>Pediatric Care</b>				
<i>Childhood Immunization Status</i>				
<i>DTaP</i>	84.94%	83.38%	62.04% <sup>1</sup>	^
<i>IPV</i>	91.03%	92.52%	73.22% <sup>1</sup>	^
<i>MMR</i>	91.99%	91.97%	81.12% <sup>1</sup>	^
<i>HiB</i>	91.99%	94.18%	75.92% <sup>1</sup>	^
<i>Hepatitis B</i>	89.74%	87.26%	67.44% <sup>1</sup>	^
<i>VZV</i>	91.67%	91.14%	78.42% <sup>1</sup>	^
<i>Pneumococcal Conjugate</i>	85.90%	83.93%	63.01% <sup>1</sup>	^
<i>Hepatitis A</i>	—	37.12%	67.82% <sup>1</sup>	^
<i>Rotavirus</i>	—	63.43%	52.02% <sup>1</sup>	^
<i>Influenza</i>	—	52.08%	49.13% <sup>1</sup>	^
<i>Combination 2</i>	81.09%	77.01%	54.53% <sup>1</sup>	^
<i>Combination 3</i>	78.53%	74.79%	52.41% <sup>1</sup>	^
<i>Combination 4</i>	—	32.69%	46.82% <sup>1</sup>	^
<i>Combination 5</i>	—	52.35%	41.43% <sup>1</sup>	^
<i>Combination 6</i>	—	45.15%	34.30% <sup>1</sup>	^
<i>Combination 7</i>	—	21.88%	37.57% <sup>1</sup>	^
<i>Combination 8</i>	—	21.61%	31.41% <sup>1</sup>	^
<i>Combination 9</i>	—	35.18%	28.13% <sup>1</sup>	^
<i>Combination 10</i>	—	16.07%	25.82% <sup>1</sup>	^
<i>Well-Child Visits in the First 15 Months of Life</i>				
<i>Zero Visits*</i>	3.05% <sup>2</sup>	4.59% <sup>2</sup>	2.14% <sup>2</sup>	-2.45
<i>Six or More Visits</i>	12.80% <sup>3</sup>	11.66% <sup>3</sup>	13.64% <sup>3</sup>	+1.98
<i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i>	66.03%	66.62% <sup>4</sup>	63.20% <sup>4</sup>	<b>-3.42</b>
<i>Adolescent Well-Care Visits</i>	43.14%	44.50%	43.39%	-1.11
<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</i>				
<i>BMI Assessment: Ages 3 to 11 Years</i>	21.20%	51.76%	64.23%	<b>+12.47</b>
<i>Nutrition Counseling: Ages 3 to 11 Years</i>	58.00%	57.25%	62.31%	+5.06
<i>Physical Activity Counseling: Ages 3 to 11 Years</i>	38.80%	41.18%	50.77%	<b>+9.59</b>
<i>BMI Assessment: Ages 12 to 17 Years</i>	26.09%	53.85%	63.58%	+9.73



**Table B-1—Colorado Access Trend Table**

Measures	HEDIS 2011	HEDIS 2012	HEDIS 2013	Change From 2012–2013
<i>Nutrition Counseling: Ages 12 to 17 Years</i>	45.34%	51.92%	49.67%	-2.25
<i>Physical Activity Counseling: Ages 12 to 17 Years</i>	43.48%	54.49%	54.97%	+0.48
<i>BMI Assessment: Total</i>	23.11%	52.55%	63.99%	<b>+11.44</b>
<i>Nutrition Counseling: Total</i>	53.04%	55.23%	57.66%	+2.43
<i>Physical Activity Counseling: Total</i>	40.63%	46.23%	52.31%	+6.08

**Use of Services†**

*Ambulatory Care: Total*

<i>Emergency Department Visits Per 1,000 MM: Total</i>	30.88	28.97	32.93	+3.96
--	-------	-------	-------	-------

— is shown when no data were available or the measure was not reported in the HEDIS 2011 aggregate report.

^ Since the Department requires these hybrid measures to be reported using administrative data collection methodology in HEDIS 2013, trending was not performed.

\* For the *Well-Child Visits in the First 15 Months of Life—Zero Visits* indicator, a lower rate indicates better performance.

† For measures in the *Use of Services* dimension, statistical tests across years were not performed because variances were not provided in the plan-submitted file; differences in rates were reported without statistical test results. In addition, higher or lower rates did not necessarily denote better or poorer performance. Individual plan demographics should be considered when reviewing performance.

<sup>1</sup> Per the Department’s required data collection methodology, the rate displayed reflects administrative data only and is not the final, reported hybrid rate in the plan-submitted file. Colorado Access reported hybrid rates of 81.02 percent, 91.00 percent, 88.81 percent, 91.48 percent, 86.62 percent, 85.89 percent, 80.29 percent, 74.70 percent, 68.61 percent, 56.45 percent, 74.70 percent, 71.05 percent, 63.99 percent, 57.66 percent, 48.18 percent, 52.55 percent, 44.53 percent, 39.66 percent, and 36.74 percent for the *Childhood Immunization Status—DTaP through Combination 10* indicators for HEDIS 2013, respectively.

<sup>2</sup> Per the Department’s required data collection methodology, the rate displayed reflects administrative data only and is not the final, reported hybrid rate in the plan-submitted file. Colorado Access reported a hybrid rate of 2.15 percent, 4.24 percent, and 1.87 percent for the *Well-Child Visits in the First 15 Months of Life—Zero Visits* measure for HEDIS 2011, HEDIS 2012, and HEDIS 2013, respectively.

<sup>3</sup> Per the Department’s required data collection methodology, the rate displayed reflects administrative data only and is not the final, reported hybrid rate in the plan-submitted file. Colorado Access reported a hybrid rate of 51.84 percent, 51.59 percent, and 57.22 percent for the *Well-Child Visits in the First 15 Months of Life—Six or More Visits* measure for HEDIS 2011, HEDIS 2012, and HEDIS 2013, respectively.

<sup>4</sup> Per the Department’s required data collection methodology, the rate displayed reflects administrative data only and is not the final, reported hybrid rate in the plan-submitted file. Colorado Access reported a hybrid rate of 71.97 percent and 66.37 percent for measure *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life* for HEDIS 2012 and HEDIS 2013, respectively.

**Table B-2—Denver Health Medical Plan Trend Table**

Measures	HEDIS 2011	HEDIS 2012	HEDIS 2013	Change From 2012–2013
<b>Pediatric Care</b>				
<i>Childhood Immunization Status</i>				
<i>DTaP</i>	87.32%	91.23%	84.31%	^
<i>IPV</i>	97.18%	100.00%	93.14%	^
<i>MMR</i>	92.96%	100.00%	88.24%	^
<i>HiB</i>	97.18%	100.00%	93.14%	^
<i>Hepatitis B</i>	98.59%	100.00%	94.12%	^
<i>VZV</i>	92.96%	100.00%	87.25%	^
<i>Pneumococcal Conjugate</i>	88.73%	96.49%	86.27%	^
<i>Hepatitis A</i>	—	61.40%	89.22%	^
<i>Rotavirus</i>	—	75.44%	70.59%	^
<i>Influenza</i>	—	82.46%	74.51%	^
<i>Combination 2</i>	87.32%	91.23%	83.33%	^
<i>Combination 3</i>	84.51%	91.23%	82.35%	^
<i>Combination 4</i>	—	61.40%	82.35%	^
<i>Combination 5</i>	—	73.68%	64.71%	^
<i>Combination 6</i>	—	80.70%	69.61%	^
<i>Combination 7</i>	—	49.12%	64.71%	^
<i>Combination 8</i>	—	56.14%	69.61%	^
<i>Combination 9</i>	—	68.42%	56.86%	^
<i>Combination 10</i>	—	43.86%	56.86%	^
<i>Well-Child Visits in the First 15 Months of Life</i>				
<i>Zero Visits*</i>	0.00%	3.23% <sup>1</sup>	0.00%	-3.23
<i>Six or More Visits</i>	76.32%	9.68% <sup>2</sup>	2.13%	-7.55
<i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i>	69.33%	69.38% <sup>3</sup>	58.53%	<b>-10.85</b>
<i>Adolescent Well-Care Visits</i>	47.59%	49.55% <sup>4</sup>	42.00%	<b>-7.55</b>
<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</i>				
<i>BMI Assessment: Ages 3 to 11 Years</i>	82.14%	86.97%	90.55%	+3.58
<i>Nutrition Counseling: Ages 3 to 11 Years</i>	84.92%	82.38%	78.74%	-3.64
<i>Physical Activity Counseling: Ages 3 to 11 Years</i>	63.89%	64.75%	59.45%	-5.30
<i>BMI Assessment: Ages 12 to 17 Years</i>	83.65%	92.67%	89.81%	-2.86
<i>Nutrition Counseling: Ages 12 to 17 Years</i>	83.65%	84.67%	71.97%	<b>-12.70</b>

**Table B-2—Denver Health Medical Plan Trend Table**

Measures	HEDIS 2011	HEDIS 2012	HEDIS 2013	Change From 2012–2013
<i>Physical Activity Counseling: Ages 12 to 17 Years</i>	78.62%	85.33%	69.43%	<b>-15.90</b>
<i>BMI Assessment: Total</i>	82.73%	89.05%	90.27%	+1.22
<i>Nutrition Counseling: Total</i>	84.43%	83.21%	76.16%	<b>-7.05</b>
<i>Physical Activity Counseling: Total</i>	69.59%	72.26%	63.26%	<b>-9.00</b>
<b>Use of Services†</b>				
<i>Ambulatory Care: Total</i>				
<i>Emergency Department Visits Per 1,000 MM: Total</i>	35.19	30.64	31.48	+0.84

— is shown when no data were available or the measure was not reported in the HEDIS 2011 aggregate report.

^ Since the Department requires these hybrid measures to be reported using administrative data collection methodology in HEDIS 2013, trending was not performed.

\* For the *Well-Child Visits in the First 15 Months of Life—Zero Visits* indicator, a lower rate indicates better performance.

† For measures in the *Use of Services* dimension, statistical tests across years were not performed because variances were not provided in the plan-submitted file; differences in rates were reported without statistical test results. In addition, higher or lower rates did not necessarily denote better or poorer performance. Individual plan demographics should be considered when reviewing performance.

<sup>1</sup> Per the Department’s required data collection methodology, the rate displayed reflects administrative data only and is not the final, reported hybrid rate in the plan-submitted file. DHMP reported a hybrid rate of 3.23 percent for the *Well-Child Visits in the First 15 Months of Life—Zero Visits* measure for HEDIS 2012.

<sup>2</sup> Per the Department’s required data collection methodology, the rate displayed reflects administrative data only and is not the final, reported hybrid rate in the plan-submitted file. DHMP reported a hybrid rate of 67.74 percent for the *Well-Child Visits in the First 15 Months of Life—Six or More Visits* measure for HEDIS 2012.

<sup>3</sup> Per the Department’s required data collection methodology, the rate displayed reflects administrative data only and is not the final, reported hybrid rate in the plan-submitted file. DHMP reported a hybrid rate of 73.94 percent for the *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life* measure for HEDIS 2012.

<sup>4</sup> Per the Department’s required data collection methodology, the rate displayed reflects administrative data only and is not the final, reported hybrid rate in the plan-submitted file. DHMP reported a hybrid rate of 56.69 percent for the *Adolescent Well-Care Visits* measure for HEDIS 2012.

**Table B-3—Kaiser Permanente Trend Table**

Measures	HEDIS 2011	HEDIS 2012	HEDIS 2013	Change From 2012–2013
<b>Pediatric Care</b>				
<i>Childhood Immunization Status</i>				
<i>DTaP</i>	86.81%	86.84%	91.11%	^
<i>IPV</i>	94.51%	90.79%	92.22%	^
<i>MMR</i>	92.31%	92.11%	92.22%	^
<i>HiB</i>	94.51%	92.11%	93.33%	^
<i>Hepatitis B</i>	94.51%	93.42%	93.33%	^
<i>VZV</i>	92.31%	89.47%	92.22%	^
<i>Pneumococcal Conjugate</i>	91.21%	90.79%	90.00%	^
<i>Hepatitis A</i>	—	77.63%	93.33%	^
<i>Rotavirus</i>	—	84.21%	75.56%	^
<i>Influenza</i>	—	51.32%	56.67%	^
<i>Combination 2</i>	84.62%	81.58%	90.00%	^
<i>Combination 3</i>	84.62%	81.58%	88.89%	^
<i>Combination 4</i>	—	75.00%	88.89%	^
<i>Combination 5</i>	—	75.00%	74.44%	^
<i>Combination 6</i>	—	47.37%	55.56%	^
<i>Combination 7</i>	—	72.37%	74.44%	^
<i>Combination 8</i>	—	46.05%	55.56%	^
<i>Combination 9</i>	—	44.74%	50.00%	^
<i>Combination 10</i>	—	43.42%	50.00%	^
<i>Well-Child Visits in the First 15 Months of Life</i>				
<i>Zero Visits*</i>	0.00%	0.00%	0.00%	0.00
<i>Six or More Visits</i>	49.33%	50.85%	54.35%	+3.50
<i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i>	67.33%	75.79%	66.35%	<b>-9.44</b>
<i>Adolescent Well-Care Visits</i>	44.17%	58.16%	52.03%	<b>-6.13</b>
<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</i>				
<i>BMI Assessment: Ages 3 to 11 Years</i>	95.93%	97.37%	97.23%	-0.14
<i>Nutrition Counseling: Ages 3 to 11 Years</i>	68.78%	73.25%	100.00%	<b>+26.75</b>
<i>Physical Activity Counseling: Ages 3 to 11 Years</i>	68.33%	73.25%	100.00%	<b>+26.75</b>
<i>BMI Assessment: Ages 12 to 17 Years</i>	95.00%	95.45%	97.87%	+2.42
<i>Nutrition Counseling: Ages 12 to 17 Years</i>	66.11%	71.21%	100.00%	<b>+28.79</b>

**Table B-3—Kaiser Permanente Trend Table**

Measures	HEDIS 2011	HEDIS 2012	HEDIS 2013	Change From 2012–2013
<i>Physical Activity Counseling: Ages 12 to 17 Years</i>	66.11%	71.21%	100.00%	+28.79
<i>BMI Assessment: Total</i>	95.51%	96.67%	97.51%	+0.84
<i>Nutrition Counseling: Total</i>	67.58%	72.50%	100.00%	+27.50
<i>Physical Activity Counseling: Total</i>	67.33%	72.50%	100.00%	+27.50
<b>Use of Services†</b>				
<i>Ambulatory Care: Total</i>				
<i>Emergency Department Visits Per 1,000 MM: Total</i>	31.58	24.34	24.73	+0.39
<p>— is shown when no data were available or the measure was not reported in the HEDIS 2011 aggregate report.</p> <p>^ Since the Department requires these hybrid measures to be reported using administrative data collection methodology in HEDIS 2013, trending was not performed.</p> <p>* For the <i>Well-Child Visits in the First 15 Months of Life—Zero Visits</i> indicator, a lower rate indicates better performance.</p> <p>† For measures in the <i>Use of Services</i> dimension, statistical tests across years were not performed because variances were not provided in the plan-submitted file; differences in rates were reported without statistical test results. In addition, higher or lower rates did not necessarily denote better or poorer performance. Individual plan demographics should be considered when reviewing performance.</p>				

**Table B-4—Rocky Mountain Health Plans Trend Table**

Measures	HEDIS 2011	HEDIS 2012	HEDIS 2013	Change From 2012–2013
<b>Pediatric Care</b>				
<i>Childhood Immunization Status</i>				
<i>DTaP</i>	86.41%	86.39%	62.94% <sup>1</sup>	^
<i>IPV</i>	89.32%	89.35%	78.17% <sup>1</sup>	^
<i>MMR</i>	84.47%	86.39%	82.23% <sup>1</sup>	^
<i>HiB</i>	88.35%	89.35%	80.20% <sup>1</sup>	^
<i>Hepatitis B</i>	87.38%	84.62%	53.81% <sup>1</sup>	^
<i>VZV</i>	84.47%	83.43%	79.70% <sup>1</sup>	^
<i>Pneumococcal Conjugate</i>	81.55%	82.84%	62.94% <sup>1</sup>	^
<i>Hepatitis A</i>	—	21.30%	65.48% <sup>1</sup>	^
<i>Rotavirus</i>	—	63.91%	57.36% <sup>1</sup>	^
<i>Influenza</i>	—	54.44%	53.81% <sup>1</sup>	^
<i>Combination 2</i>	76.70%	77.51%	43.15% <sup>1</sup>	^
<i>Combination 3</i>	73.79%	74.56%	42.64% <sup>1</sup>	^
<i>Combination 4</i>	—	21.30%	36.55% <sup>1</sup>	^
<i>Combination 5</i>	—	60.36%	32.99% <sup>1</sup>	^
<i>Combination 6</i>	—	48.52%	27.41% <sup>1</sup>	^
<i>Combination 7</i>	—	18.34%	29.95% <sup>1</sup>	^
<i>Combination 8</i>	—	18.34%	25.38% <sup>1</sup>	^
<i>Combination 9</i>	—	42.01%	23.35% <sup>1</sup>	^
<i>Combination 10</i>	—	16.57%	22.34% <sup>1</sup>	^
<i>Well-Child Visits in the First 15 Months of Life</i>				
<i>Zero Visits*</i>	3.23% <sup>2</sup>	2.70% <sup>2</sup>	4.79% <sup>2</sup>	+2.09
<i>Six or More Visits</i>	38.71% <sup>3</sup>	23.42% <sup>3</sup>	20.55% <sup>3</sup>	-2.87
<i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i>	65.01% <sup>4</sup>	60.98%	62.14% <sup>4</sup>	+1.16
<i>Adolescent Well-Care Visits</i>	44.47% <sup>5</sup>	41.20% <sup>5</sup>	41.10% <sup>5</sup>	-0.10
<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</i>				
<i>BMI Assessment: Ages 3 to 11 Years</i>	60.32%	66.41%	74.74%	<b>+8.33</b>
<i>Nutrition Counseling: Ages 3 to 11 Years</i>	61.54%	63.36%	66.44%	+3.08
<i>Physical Activity Counseling: Ages 3 to 11 Years</i>	55.47%	58.02%	59.17%	+1.15
<i>BMI Assessment: Ages 12 to 17 Years</i>	53.66%	67.06%	73.01%	+5.95
<i>Nutrition Counseling: Ages 12 to 17 Years</i>	49.39%	53.53%	49.69%	-3.84

**Table B-4—Rocky Mountain Health Plans Trend Table**

Measures	HEDIS 2011	HEDIS 2012	HEDIS 2013	Change From 2012–2013
<i>Physical Activity Counseling: Ages 12 to 17 Years</i>	56.71%	60.00%	57.67%	-2.33
<i>BMI Assessment: Total</i>	57.66%	66.67%	74.12%	<b>+7.45</b>
<i>Nutrition Counseling: Total</i>	56.69%	59.49%	60.40%	+0.91
<i>Physical Activity Counseling: Total</i>	55.96%	58.80%	58.63%	-0.17
<b>Use of Services†</b>				
<i>Ambulatory Care: Total</i>				
<i>Emergency Department Visits Per 1,000 MM: Total</i>	25.39	24.02	22.76	-1.26

— is shown when no data were available or the measure was not reported in the HEDIS 2011 aggregate report.

<sup>^</sup> Since the Department requires these hybrid measures to be reported using administrative data collection methodology in HEDIS 2013, trending was not performed.

\* For the *Well-Child Visits in the First 15 Months of Life—Zero Visits* indicator, a lower rate indicates better performance.

† For measures in the *Use of Services* dimension, statistical tests across years were not performed because variances were not provided in the plan-submitted file; differences in rates were reported without statistical test results. In addition, higher or lower rates did not necessarily denote better or poorer performance. Individual plan demographics should be considered when reviewing performance.

<sup>1</sup> Per the Department’s required data collection methodology, the rate displayed reflects administrative data only. RMHP reported hybrid rates of 75.63 percent, 87.82 percent, 83.76 percent, 86.29 percent, 83.25 percent, 81.73 percent, 75.63 percent, 67.51 percent, 65.99 percent, 55.33 percent, 69.54 percent, 67.51 percent, 58.38 percent, 54.31 percent, 45.69 percent, 49.24 percent, 42.13 percent, 39.59 percent, and 37.06 percent for the *Childhood Immunization Status—DTaP* through *Combination 10* indicators for HEDIS 2013, respectively.

<sup>2</sup> Per the Department’s required data collection methodology, the rate displayed reflects administrative data only and is not the final, reported hybrid rate in the plan-submitted file. RMHP reported a hybrid rate of 1.08 percent, 1.80 percent, and 3.42 percent for the *Well-Child Visits in the First 15 Months of Life—Zero Visits* measure for HEDIS 2011, HEDIS 2012, and HEDIS 2013, respectively.

<sup>3</sup> Per the Department’s required data collection methodology, the rate displayed reflects administrative data only and is not the final, reported hybrid rate in the plan-submitted file. RMHP reported a hybrid rate of 82.80 percent, 63.96 percent, and 65.75 percent for the *Well-Child Visits in the First 15 Months of Life—Six or More Visits* measure for HEDIS 2011, HEDIS 2012, and HEDIS 2013, respectively.

<sup>4</sup> Per the Department’s required data collection methodology, the rate displayed reflects administrative data only and is not the final, reported hybrid rate in the plan-submitted file. RMHP reported a hybrid rate of 65.16 percent and 66.89 percent for the *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life* measure for HEDIS 2011 and HEDIS 2013.

<sup>5</sup> Per the Department’s required data collection methodology, the rate displayed reflects administrative data only and is not the final, reported hybrid rate in the plan-submitted file. RMHP reported a hybrid rate of 44.77 percent, 44.91 percent, and 40.18 percent for the *Adolescent Well-Care Visits* measure for HEDIS 2011, HEDIS 2012, and HEDIS 2013, respectively.

**Table B-5—State Managed Care Network Trend Table**

Measures	HEDIS 2011	HEDIS 2012	HEDIS 2013	Change From 2012–2013
<b>Pediatric Care</b>				
<i>Childhood Immunization Status</i>				
<i>DTaP</i>	71.79%	75.53%	62.63%	^
<i>IPV</i>	81.20%	86.70%	77.27%	^
<i>MMR</i>	82.91%	85.64%	78.28%	^
<i>HiB</i>	84.62%	87.23%	75.76%	^
<i>Hepatitis B</i>	83.33%	86.17%	74.24%	^
<i>VZV</i>	82.48%	86.70%	76.26%	^
<i>Pneumococcal Conjugate</i>	71.37%	75.53%	61.11%	^
<i>Hepatitis A</i>	—	30.85%	67.17%	^
<i>Rotavirus</i>	—	56.91%	51.52%	^
<i>Influenza</i>	—	37.77%	38.38%	^
<i>Combination 2</i>	65.81%	69.15%	58.08%	^
<i>Combination 3</i>	61.11%	65.96%	53.54%	^
<i>Combination 4</i>	—	29.26%	48.99%	^
<i>Combination 5</i>	—	46.81%	40.91%	^
<i>Combination 6</i>	—	27.66%	29.29%	^
<i>Combination 7</i>	—	21.28%	37.37%	^
<i>Combination 8</i>	—	13.83%	27.78%	^
<i>Combination 9</i>	—	23.40%	23.23%	^
<i>Combination 10</i>	—	12.23%	21.72%	^
<i>Well-Child Visits in the First 15 Months of Life</i>				
<i>Zero Visits*</i>	5.13%	6.77%	3.13%	-3.64
<i>Six or More Visits</i>	52.56%	48.12%	56.88%	+8.76
<i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i>	51.57%	53.46%	52.15%	-1.31
<i>Adolescent Well-Care Visits</i>	38.76%	40.27%	34.26%	<b>-6.01</b>
<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</i>				
<i>BMI Assessment: Ages 3 to 11 Years</i>	40.08%	60.23%	58.19%	-2.04
<i>Nutrition Counseling: Ages 3 to 11 Years</i>	47.11%	72.51%	60.34%	<b>-12.17</b>
<i>Physical Activity Counseling: Ages 3 to 11 Years</i>	23.14%	43.27%	43.53%	+0.26
<i>BMI Assessment: Ages 12 to 17 Years</i>	37.87%	30.42%	55.87%	<b>+25.45</b>
<i>Nutrition Counseling: Ages 12 to 17 Years</i>	45.56%	39.58%	49.16%	+9.58



**Table B-5—State Managed Care Network Trend Table**

Measures	HEDIS 2011	HEDIS 2012	HEDIS 2013	Change From 2012–2013
<i>Physical Activity Counseling: Ages 12 to 17 Years</i>	39.64%	34.17%	45.81%	+11.64
<i>BMI Assessment: Total</i>	39.17%	42.82%	57.18%	+14.36
<i>Nutrition Counseling: Total</i>	46.47%	53.28%	55.47%	+2.19
<i>Physical Activity Counseling: Total</i>	29.93%	37.96%	44.53%	+6.57
<b>Access to Care (SMCN Only)</b>				
<i>Prenatal and Postpartum Care</i>				
<i>Timeliness of Prenatal Care</i>	75.91%	72.26%	78.59%	+6.33
<i>Postpartum Care</i>	69.83%	67.88%	67.88%	0.00
<b>Use of Services†</b>				
<i>Ambulatory Care: Total</i>				
<i>Emergency Department Visits Per 1,000 MM: Total</i>	30.55	27.72	29.61	+1.89

— is shown when no data were available or the measure was not reported in the HEDIS 2011 aggregate report.

^ Since the Department requires these hybrid measures to be reported using administrative data collection methodology in HEDIS 2013, trending was not performed.

\* For the *Well-Child Visits in the First 15 Months of Life—Zero Visits* indicator, a lower rate indicates better performance.

† For measures in the *Use of Services* dimension, statistical tests across years were not performed because variances were not provided in the plan-submitted file; differences in rates were reported without statistical test results. In addition, higher or lower rates did not necessarily denote better or poorer performance. Individual plan demographics should be considered when reviewing performance.

**Table B-6—Colorado CHP+ Statewide Weighted Averages**

HEDIS Measures	HEDIS 2011	HEDIS 2012	HEDIS 2013	Change From 2012–2013	2013 Plan Rate Range
<b>Pediatric Care</b>					
<i>Childhood Immunization Status</i>					
<i>DTaP</i>	81.75%	83.08%	65.98%	^	62.04%–91.11%
<i>IPV</i>	88.90%	90.96%	77.41%	^	73.22%–93.14%
<i>MMR</i>	88.53%	90.02%	81.88%	^	78.28%–92.22%
<i>HiB</i>	90.14%	91.90%	78.84%	^	75.76%–93.33%
<i>Hepatitis B</i>	88.90%	87.90%	70.00%	^	53.81%–94.12%
<i>VZV</i>	88.29%	89.08%	79.64%	^	76.26%–92.22%
<i>Pneumococcal Conjugate</i>	82.00%	83.32%	66.16%	^	61.11%–90.00%
<i>Hepatitis A</i>	—	37.84%	70.71%	^	65.48%–93.33%
<i>Rotavirus</i>	—	64.75%	55.80%	^	51.52%–75.56%
<i>Influenza</i>	—	51.35%	50.36%	^	38.38%–74.51%
<i>Combination 2</i>	77.07%	76.73%	58.04%	^	43.15%–90.00%
<i>Combination 3</i>	74.11%	74.50%	55.89%	^	42.64%–88.89%
<i>Combination 4</i>	—	35.36%	51.43%	^	36.55%–88.89%
<i>Combination 5</i>	—	56.16%	44.11%	^	32.99%–74.44%
<i>Combination 6</i>	—	44.54%	36.70%	^	27.41%–69.61%
<i>Combination 7</i>	—	27.37%	41.16%	^	29.95%–74.44%
<i>Combination 8</i>	—	23.73%	34.73%	^	25.38%–69.61%
<i>Combination 9</i>	—	37.01%	30.45%	^	23.23%–56.86%
<i>Combination 10</i>	—	19.62%	28.93%	^	21.72%–56.86%
<i>Well-Child Visits in the First 15 Months of Life</i>					
<i>Zero Visits*</i>	3.04%	4.21%	2.67%	-1.54	0.00%–4.79%
<i>Six or More Visits</i>	32.75%	25.28%	25.48%	+0.20	2.13%–56.88%
<i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i>	63.32%	64.17%	61.26%	<b>-2.91</b>	52.15%–66.35%
<i>Adolescent Well-Care Visits</i>	42.73%	44.79%	42.09%	<b>-2.70</b>	34.26%–52.03%
<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</i>					
<i>BMI Assessment: Ages 3 to 11 Years</i>	40.10%	60.05%	69.32%	<b>+9.27</b>	12.72%–97.23%
<i>Nutrition Counseling: Ages 3 to 11 Years</i>	59.20%	63.34%	66.53%	+3.19	13.16%–100.0%
<i>Physical Activity Counseling: Ages 3 to 11 Years</i>	42.40%	46.44%	55.43%	<b>+8.99</b>	8.77%–100.0%

**Table B-6—Colorado CHP+ Statewide Weighted Averages**

HEDIS Measures	HEDIS 2011	HEDIS 2012	HEDIS 2013	Change From 2012–2013	2013 Plan Rate Range
<i>BMI Assessment: Ages 12 to 17 Years</i>	42.00%	55.69%	67.98%	+12.29	15.43%–97.87%
<i>Nutrition Counseling: Ages 12 to 17 Years</i>	50.20%	53.36%	55.23%	+1.87	9.14%–100.0%
<i>Physical Activity Counseling: Ages 12 to 17 Years</i>	48.60%	54.04%	58.75%	+4.71	24.57%–100.0%
<i>BMI Assessment: Total</i>	40.90%	57.50%	68.80%	+11.30	13.90%–97.51%
<i>Nutrition Counseling: Total</i>	55.60%	58.51%	62.24%	+3.73	11.41%–100.0%
<i>Physical Activity Counseling: Total</i>	44.90%	49.16%	56.68%	+7.52	15.63%–100.0%
<b>Access to Care (SMCN Only)</b>					
<i>Prenatal and Postpartum Care</i>					
<i>Timeliness of Prenatal Care</i>	75.91%	72.26%	78.59%	+6.33	78.59%–78.59%
<i>Postpartum Care</i>	69.83%	67.88%	67.88%	0.00	67.88%–67.88%
<b>Use of Services†</b>					
<i>Ambulatory Care: Total</i>					
<i>Emergency Department Visits Per 1,000 MM: Total</i>	30.48	27.79	30.07	+2.28	20.84–32.93

—is shown when no data were available or the measure was not reported in the HEDIS 2011 aggregate report.

^ Since the Department requires these hybrid measures to be reported using administrative data collection methodology in HEDIS 2013, trending was not performed.

\* For the *Well-Child Visits in the First 15 Months of Life—Zero Visits* indicator, a lower rate indicates better performance.

† For measures in the *Use of Services* dimension, statistical tests across years were not performed because variances were not provided in the plan-submitted file; differences in rates were reported without statistical test results. In addition, higher or lower rates did not necessarily denote better or poorer performance. Individual plan demographics should be considered when reviewing performance.

This appendix contains detailed methodology for the following analysis components:

- ◆ Percentile ranking
- ◆ Star rating
- ◆ Trend analysis
- ◆ Data collection methods: Administrative versus Hybrid
- ◆ Measure audit results
- ◆ Understand sampling error

## Percentile Rankings

Plan-specific and statewide performance levels are described in this report using several methods. In general, the plan rates or the statewide rates are compared to the corresponding national HEDIS 2012 Medicaid benchmarks. Since national HEDIS 2012 Medicaid percentiles are not available for the CHIP population, the CHP+ plans and the SMCN's rates as well as the Colorado CHP+ weighted averages were compared to the national HEDIS 2012 Medicaid percentiles, which comprised all Medicaid plans. The HEDIS 2012 benchmarks, expressed in percentiles of national performance for different measures, were the most recent data available from NCQA at the time of the publication of this report. Since the HEDIS 2012 percentiles are displayed to the second decimal place, plan-specific rates and statewide rates are rounded to the second decimal place before the plan's performance level is determined. When a health plan with a reported rate exceeds the 90th percentile, this means that the plan's performance ranks in the top 10 percent of all health plans nationally. Similarly, health plans reporting rates below the 25th percentile rank in the bottom 25 percent of all health plans nationally.

This report uses two consistent methods to describe plan and statewide performance. First, plan-specific or statewide rates are compared to a high performance level (HPL) and a low performance level (LPL) predetermined by the Department. HSAG uses this approach to report plan-specific or statewide performance based on a plan's rank relative to the HPL and the LPL. The results are mostly reported in the horizontal bar graph displayed for each measure within each dimension of care section. For this report, the 90th percentile is determined as the HPL and the 25th percentile as the threshold associated with the LPL. For the inverted measures such as *Well-Child Visits in the First 15 Months of Life—Zero Visits*, since a lower rate (i.e., fewer “no-visits” or fewer “poor control” cases) indicates better care, the 10th percentile (rather than the 90th percentile) represents high performance and the 75th percentile (rather than the 25th percentile) represents low performance.

## Star Ratings

HSAG also reported plan-specific and statewide performance for each measure using a 5-star rating system, shown in Table C-1 below. The 5-star rating system provides a more detailed evaluation of the health plan’s and statewide performance. Star rating results are displayed in a summary table under the Summary of Findings heading within each dimension of care section.

Table C-1—Star Rating Summary	
Performance Star	Description
Excellent Performance (★★★★★)	indicates a rate at or above the 90th percentile
Good Performance (★★★★)	indicates a rate at or above the 75th percentile and below the 90th percentile
Average Performance (★★★)	indicates a rate at or above the 25th percentile and below the 75th percentile
Fair Performance (★★)	indicates a rate at or above the 10th percentile and below the 25th percentile
Poor Performance (★)	indicates a rate below the 10th percentile
NA (No stars assigned)	indicates NA audit designation (i.e., too small denominator size)
NR (No stars assigned)	indicates NR audit designation (i.e., not reported)
NB (No stars assigned)	indicates NB audit designation (i.e., benefit not offered)
NC (No stars assigned)	indicates Not Comparable (i.e., measure not comparable to national percentiles or national percentiles not available)

Performance level analysis is performed for all measures except those under the Use of Services dimension. Since changes in utilization rates as reported in the IDSS may be due to factors other than quality improvement initiatives that aim at reducing costly services use (e.g., changes in a member’s demographic and clinical profiles), *Ambulatory Care* is considered a utilization-based measure and not strictly a performance measure. As such, performance summaries are not included for this measure.

For the *Well-Child Visits in the First 15 Months of Life—Zero Visits* indicator, where lower rates represent better performance, the percentiles were inverted to align with performance (e.g., if the *Well-Child Visits in the First 15 Months of Life—Zero Visits* rate was above the 10th percentile and at or below the 25th percentile, it would be inverted to be at or above the 75th percentile and below the 90th percentile to represent the level of performance, i.e., four stars ★★★★★).

## Trend Analysis

In addition to the performance level and star rating results, HSAG also evaluates the extent of changes observed in the statewide rates and in the plan rates in this report. For each measure, a graph depicting three-year-changes in statewide rates is shown under each dimension of care section. Plan-level rate changes are reported in Appendix B. Plan-specific HEDIS 2013 rates are compared to their HEDIS 2012 results for each measure, using Pearson's Chi-square tests.

In general, results from the trend analysis and statistical significance tests provide information on whether a change in the rate may suggest improvement or decline in performance. Nonetheless, changes (regardless of whether they are statistically significant) could be related to the following factors independent of any effective interventions designed to improve the quality of care:

- ◆ The observed changes could be due to substantial changes in measure specifications. Appendix D lists measures with specification changes made by NCQA for HEDIS 2013.
- ◆ The observed changes could be due to health plans using different data collection methods between HEDIS reporting years or due to a change in the data reporting requirements made by the Department. Appendix C also describes the two data collection methods a health plan could use for reporting HEDIS measures. Since hybrid methodology uses medical records to supplement the results using administrative data, health plans using hybrid methods generally report higher rates when compared to using the administrative method only.
- ◆ The observed changes could be due to substantial changes in membership composition within a health plan.

At the statewide level, if the number of health plans reporting *NR* differs vastly from year to year, the statewide performance may not represent all of the contracted health plans; and any changes observed across years may need to take this factor into consideration.

Although three years of HEDIS rates are presented for utilization measures under the Use of Services dimension, statistical significance testing was not performed. Since these measures report rates per 1,000 member months or averages instead of percentages, variances were not available in the IDSS for HSAG to use for statistical testing. As such, differences in the reported rates for these measures were presented without statistical test results.

## Collection Methods: Administrative Versus Hybrid

### **Administrative Method**

The administrative method requires health plans to identify the eligible population (i.e., the denominator) using administrative data, derived from claims and encounters (i.e., statistical claims). In addition, the numerator(s), or services provided to the members in the eligible population, are derived solely from administrative data. Medical records cannot be used to retrieve information. When using the administrative method, the entire eligible population becomes the denominator, and sampling is not allowed. There are measures in one of the three dimensions of care in which HEDIS methodology requires that the rates be derived using only the administrative method, and medical record review is not permitted.

### **Hybrid Method**

The hybrid method requires health plans to identify the eligible population using administrative data and then extract a systematic sample of members from the eligible population, which becomes the denominator. Administrative data are used to identify services provided to those members. Medical records must then be reviewed for those members who do not have evidence of a service being provided using administrative data.

The hybrid method generally produces higher rates because the completeness of documentation in the medical record exceeds what is typically captured in administrative data; however, the medical record review component of the hybrid method is considered more labor intensive. For example, a health plan has 10,000 members who qualify for the *Prenatal and Postpartum Care* measure. The health plan chooses to use the hybrid method. After randomly selecting 411 eligible members, the health plan finds that 161 members had evidence of a postpartum visit using administrative data. The health plan then obtains and reviews medical records for the 250 members who did not have evidence of a postpartum visit using administrative data. Of those 250 members, 54 were found to have a postpartum visit recorded in the medical record. Therefore, the final rate for this measure, using the hybrid method, would be  $(161 + 54)/411$ , or 52.3 percent, a 13.1 percentage point increase from the administrative only rate of 39.2 percent.

## Rotated Measures

It should be noted that NCQA allows health plans to “rotate” select HEDIS measures in certain circumstances. A “rotation” schedule enables health plans to use the audited and reportable rate from the prior year. This strategy allows health plans with higher rates for some measures to focus resources on other measures’ rates. Rotated measures must have been audited in the prior year and must have received a *Report* audit designation. Only hybrid measures are eligible to be rotated. The health plans that meet the HEDIS criteria for hybrid measure rotation may exercise that option if they choose to do so.

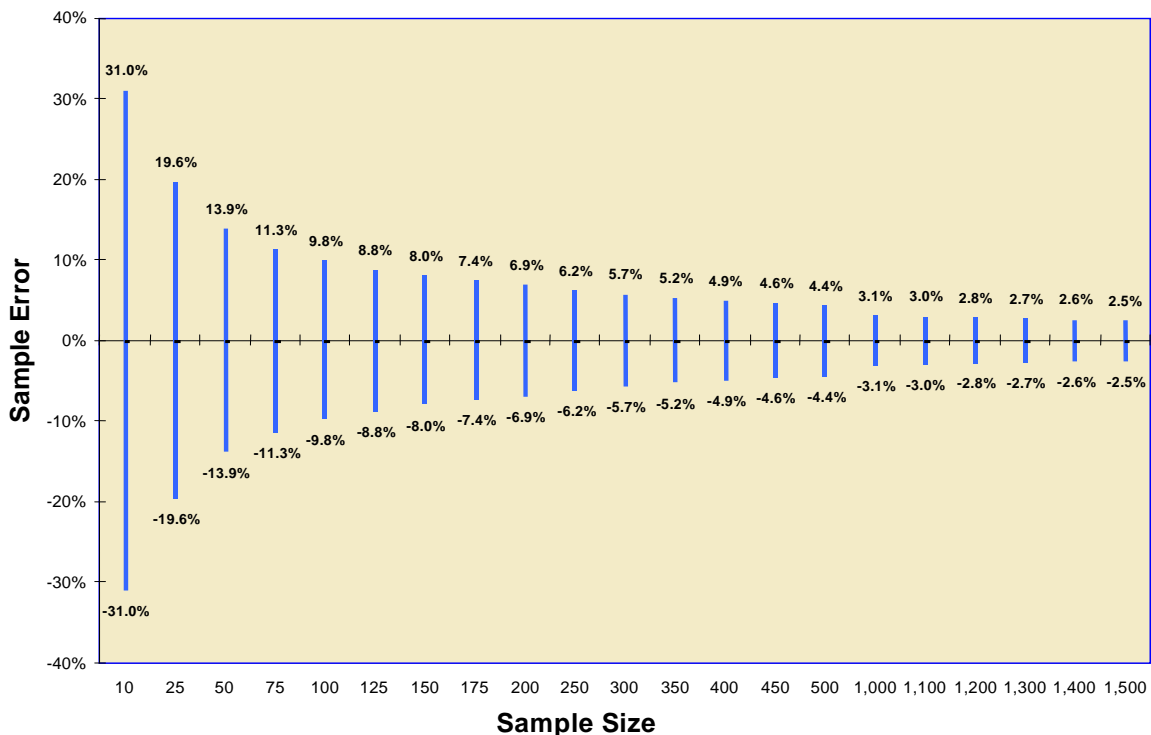
## Understanding Sampling Error

Correct interpretation of results for measures collected using the HEDIS hybrid methodology requires an understanding of sampling error. It is rarely possible, logistically or financially, to complete medical record review for the entire eligible population for a given measure. Measures collected using the HEDIS hybrid method include only a sample from the eligible population, and statistical techniques are used to maximize the probability that the sample results reflect the experience of the entire eligible population.

For results to be generalized to the entire eligible population, the process of sample selection must be such that everyone in the eligible population has an equal chance of being selected. The HEDIS hybrid method prescribes a systematic sampling process selecting at least 411 members of the eligible population. Health plans may use a 5 percent, 10 percent, 15 percent, or 20 percent oversample to replace invalid cases (e.g., a male selected for *Postpartum Care*).

Figure C-1 shows that if 411 health plan members are included in a measure, the margin of error is approximately  $\pm 4.9$  percentage points. Note that the data in this figure are based on the assumption that the size of the eligible population is greater than 2,000. The smaller the sample included in the measure, the larger the sampling error.

**Figure C-1—Relationship of Sample Size to Sample Error**



As Figure C-1 shows, sample error decreases as the sample size gets larger. Consequently, when sample sizes are very large and sampling errors are very small, almost any difference is statistically significant. This does not mean that all such differences are important. On the other hand, the difference between two measured rates may not be statistically significant but may, nevertheless, be important. The judgment of the reviewer is always a requisite for meaningful data interpretation.



The following is a list of changes NCQA made to specifications from HEDIS 2012 to HEDIS 2013. These changes may have an effect on the rates reported by health plans. Caution should be used when making comparisons between years.

## **NCQA Changes to HEDIS 2013 Measures**

### ***Childhood Immunization Status***

- ◆ Revised dosing requirement for hepatitis A.
- ◆ Added ICD-9-CM Diagnosis code 999.42 to Table CIS-B.
- ◆ Added a footnote to Table CIS-B that 999.4 (without a fifth digit) is valid only if the date of service is prior to October 1, 2011.

### ***Immunizations for Adolescents***

- ◆ Added ICD-9-CM Diagnosis code 999.42 to Table IMA-B.
- ◆ Added a footnote to Table IMA-B that 999.4 (without a fifth digit) is valid only if the date of service is prior to October 1, 2011.

### ***Well-Child Visits in the First 15 Months of Life***

- ◆ Revised example in continuous enrollment to account for leap year.
- ◆ Deleted obsolete CPT code 99432 from Table W15-A.

### ***Prenatal and Postpartum Care***

- ◆ Clarified in the Note section that the organization must define a method to determine which EDD (estimated date of delivery) to use and use one date consistently if multiple dates are documented.

### ***Asthma Medication Ratio***

- ◆ First-year measure.

### ***Appropriate Testing for Children With Pharyngitis***

- ◆ Added LOINC code 68954-7 to Table CWP-D.

### ***Follow-Up Care for Children Prescribed ADHD Medication***

- ◆ Revised dates in intake period and age criteria to account for leap year.
- ◆ Added clonidine and guanfacine to the description of “Alpha-2 receptor agonist” in Table ADD-A.
- ◆ Added atomoxetine to description of “Miscellaneous ADHD medications” in Table ADD-A.
- ◆ Deleted Table ADD-B; use Tables IAD-A and IAD-B to exclude members who had an acute inpatient claim/ encounter with a principal diagnosis or DRG for substance abuse during the 30 days after the Index Prescription Start Date (IPSD).

## Information Systems Findings

NCQA's IS standards are the guidelines used by certified HEDIS compliance auditors to assess a health plan's HEDIS reporting capabilities. HSAG evaluated each health plan on seven IS standards. To assess a health plan's adherence to standards, HSAG reviewed several documents for the CHP+ plans and the SMCN which included the final audit reports (generated by an NCQA-licensed audit organization [LO]), IDSS files, and audit review tables. The findings indicated that, overall, the health plans were compliant with most of NCQA's IS standards. However, none of the issues identified resulted in a bias to any HEDIS results. All health plans were able to accurately report all of the Department-required HEDIS performance measures.

All health plans except Kaiser contracted with an NCQA-Certified software vendor to produce the reported HEDIS measures. NCQA certification helps to ensure the validity of the results that are produced. Through certification, NCQA tests that software produces valid results and the calculations meet NCQA standards. Kaiser's auditor reviewed and approved source code for each reported measure.

Each Colorado CHP+ health plan contracted with an LO to perform the NCQA HEDIS Compliance Audit. HSAG audited the SMCN program, while the other health plans contracted with different LOs to perform their audits. The following table summarized the IS standards' audit findings for all CHP+ health plans and the SMCN program.

**Table E-1—Summary of Compliance With IS Standards**

NCQA’s IS Standards	HSAG’s Findings Based on HEDIS 2013 FAR Review
<p><b>IS 1.0—Medical Service Data—Sound Coding Methods and Data Capture</b></p> <ul style="list-style-type: none"> <li>◆ Industry standard codes are required and captured.</li> <li>◆ Primary and secondary diagnosis codes are identified.</li> <li>◆ Nonstandard codes (if used) are mapped to industry standard codes.</li> <li>◆ Standard submission forms are used.</li> <li>◆ Timely and accurate data entry processes and sufficient edit checks are used.</li> <li>◆ Data completeness is continually assessed, and all contracted vendors involved in medical claims processing are monitored.</li> </ul>	<p>The SMCN and all the MCOs were fully compliant with this standard. There were no issues or concerns noted for this standard relevant to the selected Colorado CHP+ measures.</p>
<p><b>IS 2.0—Enrollment Data—Data Capture, Transfer, and Entry</b></p> <ul style="list-style-type: none"> <li>◆ All HEDIS-relevant information for data entry or electronic transmissions of enrollment data are accurate and complete.</li> <li>◆ Manual entry of enrollment data is timely and accurate, and sufficient edit checks are in place.</li> <li>◆ The health plans continually assess data completeness and take steps to improve performance.</li> <li>◆ The health plans effectively monitor the quality and accuracy of electronic submissions.</li> <li>◆ The health plans have effective control processes for the transmission of enrollment data.</li> </ul>	<p>The SMCN and all but one of the MCOs were fully compliant with this standard. There were no issues or concerns noted for this standard relevant to the selected Colorado CHP+ measures. The Colorado Access’ auditor noted that the plan did not have an oversight process of the manual entry of membership data. Nonetheless, the issue resulted in a minimal impact on HEDIS reporting.</p>
<p><b>IS 3.0—Practitioner Data—Data Capture, Transfer, and Entry</b></p> <ul style="list-style-type: none"> <li>◆ Provider specialties are fully documented and mapped to HEDIS provider specialties.</li> <li>◆ Effective procedures for submitting HEDIS-relevant information are in place.</li> <li>◆ Electronic transmissions of practitioner data are checked to ensure accuracy.</li> <li>◆ Processes and edit checks ensure accurate and timely entry of data into the transaction files.</li> <li>◆ Data completeness is assessed and steps are taken to improve performance.</li> <li>◆ Vendors are regularly monitored against expected performance standards.</li> </ul>	<p>The SMCN and all the MCOs were fully compliant with IS 3.0. No issues or concerns were noted for this standard relevant to the selected Colorado CHP+ measures.</p>

**Table E-1—Summary of Compliance With IS Standards**

NCQA’s IS Standards	HSAG’s Findings Based on HEDIS 2013 FAR Review
<p><b>IS 4.0—Medical Record Review Processes—Training, Sampling, Abstraction, and Oversight</b></p> <ul style="list-style-type: none"> <li>◆ Forms or tools used for medical record review capture all fields relevant to HEDIS reporting.</li> <li>◆ Checking procedures are in place to ensure data integrity for electronic transmission of information.</li> <li>◆ Retrieval and abstraction of data from medical records are accurately performed.</li> <li>◆ Data entry processes, including edit checks, are timely and accurate.</li> <li>◆ Data completeness is assessed, including steps to improve performance.</li> <li>◆ Vendor performance is monitored against expected performance standards.</li> </ul>	<p>The SMCN and all the MCOs were fully compliant with IS 4.0. No issues or concerns were noted for this standard relevant to the selected Colorado CHP+ measures.</p>
<p><b>IS 5.0—Supplemental Data—Capture, Transfer, and Entry</b></p> <ul style="list-style-type: none"> <li>◆ Nonstandard coding schemes are fully documented and mapped to industry standard codes.</li> <li>◆ Effective procedures for submitting HEDIS-relevant information are in place.</li> <li>◆ Electronic transmissions of supplemental data are checked to ensure accuracy.</li> <li>◆ Data entry processes, including edit checks, are timely and accurate.</li> <li>◆ Data completeness is assessed, including steps to improve performance.</li> <li>◆ Vendor performance is monitored against expected performance standards.</li> </ul>	<p>The SMCN and all the MCOs were fully compliant with IS 5.0. No issues or concerns were noted for this standard relevant to the selected Colorado CHP+ measures.</p>
<p><b>IS 6.0—Member Call Center Data—Capture, Transfer, and Entry</b></p>	<p>This standard was not applicable to the selected Colorado CHP+ measures under the scope of the audit.</p>

**Table E-1—Summary of Compliance With IS Standards**

NCQA’s IS Standards	HSAG’s Findings Based on HEDIS 2013 FAR Review
<p><b>IS 7.0—Data Integration—Accurate HEDIS Reporting, Control Procedures That Support HEDIS Reporting Integrity</b></p> <ul style="list-style-type: none"> <li>◆ Nonstandard coding schemes are fully documented and mapped to industry standard codes.</li> <li>◆ Data transfers to the HEDIS repository from transaction files are accurate.</li> <li>◆ File consolidations, extracts, and derivations are accurate.</li> <li>◆ The repository structure and formatting are suitable for HEDIS measures and enable required programming efforts.</li> <li>◆ Report production is managed effectively and operators perform appropriately.</li> <li>◆ HEDIS reporting software is managed properly.</li> <li>◆ Physical control procedures ensure HEDIS data integrity.</li> </ul>	<p>The SMCN and all the MCOs were fully compliant with IS 7.0. No issues or concerns were noted for this standard relevant to the selected Colorado CHP+ measures.</p>

## Appendix F. Medicaid HEDIS 2012 Percentiles

Appendix F provides the national HEDIS Medicaid percentiles published by NCQA using prior-year rates. The rates are presented for the 10th, 25th, 50th, 75th, and 90th percentiles. The rates are presented in tables by dimension. While this information is helpful to evaluate the current rates of the health plans, since national HEDIS 2012 percentiles are not available for the CHIP population, the HEDIS 2012 Medicaid percentiles were used for plan rate and weighted average comparison.

Measures	P10	P25	P50	P75	P90
<b>Pediatric Care</b>					
<i>Childhood Immunization Status</i>					
<i>DTaP</i>	71.53%	75.74%	80.63%	85.16%	88.47%
<i>IPV</i>	84.03%	88.19%	92.21%	94.65%	95.86%
<i>MMR</i>	85.65%	88.81%	91.65%	93.52%	95.42%
<i>HiB</i>	85.12%	88.86%	92.46%	94.79%	96.11%
<i>Hepatitis B</i>	80.05%	86.86%	90.75%	93.52%	95.38%
<i>VZV</i>	85.64%	88.56%	91.22%	93.19%	95.12%
<i>Pneumococcal Conjugate</i>	71.59%	74.94%	80.93%	85.16%	87.74%
<i>Hepatitis A</i>	25.79%	33.09%	38.32%	45.70%	52.78%
<i>Rotavirus</i>	46.30%	56.87%	63.70%	70.49%	74.07%
<i>Influenza</i>	24.57%	36.98%	44.90%	54.06%	59.69%
<i>Combination 2</i>	64.23%	69.10%	75.35%	80.79%	84.18%
<i>Combination 3</i>	58.88%	64.72%	71.93%	77.49%	82.48%
<i>Combination 4</i>	20.92%	27.78%	33.92%	40.39%	46.93%
<i>Combination 5</i>	36.50%	46.47%	52.92%	59.76%	64.68%
<i>Combination 6</i>	20.19%	30.90%	37.57%	45.50%	56.20%
<i>Combination 7</i>	15.29%	20.92%	26.03%	33.33%	38.50%
<i>Combination 8</i>	10.90%	14.36%	20.88%	25.69%	31.25%
<i>Combination 9</i>	14.81%	22.87%	29.79%	38.19%	45.05%
<i>Combination 10</i>	8.10%	11.54%	16.51%	21.41%	27.49%
<i>Well-Child Visits in the First 15 Months of Life</i>					
<i>Zero Visits*</i>	0.46%	0.72%	1.22%	2.43%	3.89%
<i>Six or More Visits</i>	43.80%	54.31%	62.95%	70.70%	77.31%
<i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i>	61.07%	65.51%	72.26%	79.32%	83.04%
<i>Adolescent Well-Care Visits</i>	35.52%	42.11%	49.65%	57.61%	64.72%

Measures	P10	P25	P50	P75	P90
<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</i>					
<i>BMI Assessment: Ages 3 to 11 Years</i>	1.31%	27.99%	47.52%	68.58%	77.97%
<i>Nutrition Counseling: Ages 3 to 11 Years</i>	0.71%	43.32%	57.09%	69.45%	78.79%
<i>Physical Activity Counseling: Ages 3 to 11 Years</i>	0.09%	29.82%	42.17%	54.48%	63.57%
<i>BMI Assessment: Ages 12 to 17 Years</i>	2.04%	29.50%	49.42%	67.65%	75.00%
<i>Nutrition Counseling: Ages 12 to 17 Years</i>	1.17%	36.38%	50.00%	63.60%	74.81%
<i>Physical Activity Counseling: Ages 12 to 17 Years</i>	0.20%	32.95%	47.00%	60.34%	69.11%
<i>BMI Assessment: Total</i>	1.55%	29.20%	47.45%	66.67%	77.13%
<i>Nutrition Counseling: Total</i>	0.82%	42.82%	54.88%	67.15%	77.61%
<i>Physical Activity Counseling: Total</i>	0.16%	31.63%	43.29%	56.20%	64.87%
<b>Access to Care</b>					
<i>Prenatal and Postpartum Care</i>					
<i>Timeliness of Prenatal Care</i>	72.02%	80.54%	86.13%	90.39%	93.33%
<i>Postpartum Care</i>	52.43%	58.70%	64.98%	71.05%	74.73%
<b>Use of Services</b>					
<i>Ambulatory Care: Total</i>					
<i>Emergency Department Visits Per 1,000 MM: Total</i>	42.03	52.45	63.15	72.77	80.04
* For this indicator, a lower rate indicates better performance; therefore, the 10th percentile is a better performing level than the 90th percentile.					

Appendix G includes terms, acronyms, and abbreviations that are commonly used in HEDIS and NCQA literature and text. This glossary can be used as a reference and guide to identify common language used throughout the report.



## Terms, Acronyms, and Abbreviations

### **Administrative Data**

Any automated data within a health plan (e.g., claims/encounter data, member data, provider data, hospital billing data, pharmacy data, and laboratory data).

### **Administrative Method**

The administrative method requires health plans to identify the eligible population (i.e., the denominator) using administrative data. In addition, the numerator(s), or services provided to the members who are in the eligible population, are solely derived from administrative data. Medical records cannot be used to retrieve information. When using the administrative method, the entire eligible population becomes the denominator, and sampling is not allowed.

The administrative method is cost efficient but can produce lower rates due to incomplete data submission by capitated providers. For example, a health plan has 10,000 members who qualify for the *Prenatal and Postpartum Care* measure. The health plan chooses to perform the administrative method and finds that 4,000 members out of the 10,000 have evidence of a postpartum visit using administrative data. The final rate for this measure, using the administrative method, would therefore be 4,000/10,000, or 40 percent.

### **Audit Result**

The auditor's final determination, based on audit findings, of the appropriateness of the health plan publicly reporting its HEDIS measure rates. Each measure included in the HEDIS audit receives either a *Report*, *Not Applicable*, *No Benefit*, or *Not Report* audit result.

### **Certified HEDIS Software Vendor**

A third party, with source code certified by NCQA, that contracts with a health plan to write source code for HEDIS measures. For a vendor's software to be certified by NCQA, all of the vendor's programmed HEDIS measures must be submitted to NCQA for automated testing of program logic, and a minimum percentage of the measures must receive a "Pass" or "Pass With Qualifications" designation.

### **Continuous Enrollment Requirement**

The minimum amount of time that a member must be enrolled in a health plan to be eligible for inclusion in a measure to ensure that the health plan has a sufficient amount of time to be held accountable for providing services to that member.

### **CHIP**

Child Health Insurance Program.

### **CHP+**

Child Health Plan Plus.

## **CPT<sup>®</sup>**

Current Procedural Terminology (CPT<sup>®</sup>) is a listing of billing codes generated by the American Medical Association to report the provision of medical services and procedures.<sup>G-1</sup>

## **Data Completeness**

The degree to which occurring services/diagnoses appear in the health plan's administrative data systems.

## **Denominator**

The number of members who meet all criteria specified in a measure for inclusion in the eligible population. When using the administrative method, the entire eligible population becomes the denominator. When using the hybrid method, a sample of the eligible population becomes the denominator.

## **DHMP**

Denver Health Medical Plan, Inc.

## **DTaP**

Diphtheria, tetanus toxoids, and acellular pertussis vaccine.

## **ED**

Emergency department.

## **EDI**

Electronic data interchange is the direct computer-to-computer transfer of data.

## **Electronic Data**

Data that are maintained in a computer environment versus a paper environment.

## **Encounter Data**

Billing data received from a capitated provider. Although the health plan does not reimburse the provider for each encounter, submission of encounter data allows a health plan to collect the data for future HEDIS reporting.

## **EQR**

External quality review.

---

<sup>G-1</sup> American Medical Association. *CPT-Current Procedural Terminology*. Available at: <http://www.ama-assn.org/ama/pub/physician-resources/solutions-managing-your-practice/coding-billing-insurance/cpt.shtml>. Accessed on: August 30, 2011.

**Exclusions**

Conditions outlined in HEDIS measure specifications that describe when a member should not be included in the denominator.

**Final Audit Report**

Following a health plan's completion of any corrective actions, an auditor completes the final audit report, documenting all final findings and results of the HEDIS audit. The final report includes a summary report, IS capabilities assessment, medical record review validation findings, measure results, and audit opinion (the final audit statement).

**HEDIS**

The Healthcare Effectiveness Data and Information Set (HEDIS), developed and maintained by NCQA, is a set of performance measures used to assess the quality of care provided by managed health care organizations.

**HEDIS Repository**

The data warehouse where all data used for HEDIS reporting are stored.

**HEDIS Warehouse**

See HEDIS repository.

**HiB Vaccine**

Haemophilus influenza type B vaccine.

**HMO**

Health maintenance organization.

**HPL**

High performance level. For most key measures, the Department has defined the HPL as the most recent national HEDIS Medicaid 90th percentile, except for one measure (*Well-Child Visits in the First 15 Months of Life—Zero Visits*), for which a lower rate indicates better performance. For this measure, the 10th percentile (rather than the 90th) shows excellent performance.

**HSAG**

Health Services Advisory Group, Inc.

**Hybrid Measures**

Measures that can be reported using the hybrid method.

**Hybrid Method**

The hybrid method requires health plans to identify the eligible population using administrative data, then extract a systematic sample of 411 members from the eligible population, which becomes the denominator. Administrative data are then used to identify services provided to those 411

members. Medical records must then be reviewed for those members who do not have evidence of a service being provided using administrative data.

The hybrid method generally produces better results but is considerably more labor intensive. For example, a health plan has 10,000 members who qualify for the *Prenatal and Postpartum Care* measure. The health plan chooses to perform the hybrid method. After randomly selecting 411 eligible members, the health plan finds that 161 members have evidence of a postpartum visit using administrative data. The health plan then obtains and reviews medical records for the 250 members who do not have evidence of a postpartum visit using administrative data. Of those 250 members, 54 are found to have a postpartum visit recorded in the medical record. The final rate for this measure, using the hybrid method, would therefore be  $(161 + 54) / 411$ , or 52 percent.

### **ICD-9-CM**

ICD-9-CM, the acronym for the International Classification of Diseases, Ninth Revision, Clinical Modification, is the classification of diseases and injuries into groups according to established criteria used for reporting morbidity, mortality, and utilization rates, as well as for billing purposes.

### **IDSS**

The Interactive Data Submission System is a tool used to submit data to NCQA.

### **Inpatient Data**

Data derived from an inpatient hospital stay.

### **IPV**

Inactivated polio virus vaccine.

### **IS**

Information System: An automated system for collecting, processing, and transmitting data.

### **IS Standards**

Information system (IS) standards: An NCQA-defined set of standards that measure how an organization collects, stores, analyzes, and reports medical, customer service, member, practitioner, and vendor data.<sup>G-2</sup>

### **IT**

Information technology: The technology used to create, store, exchange, and use information in its various forms.

### **LPL**

Low performance level. For most key measures, the Department has defined the LPL as the most recent national HEDIS Medicaid 25th percentile. For one measure (*Well-Child Visits in the First 15 Months of Life—Zero Visits*), a lower rate indicates better performance. The LPL for this measure is the 75th percentile rather than the 25th percentile.

---

<sup>G-2</sup> National Committee for Quality Assurance. HEDIS Compliance Audit Standards, Policies and Procedures, Volume 5. Washington D.C.

### **Manual Data Collection**

Collection of data through a paper versus an automated process.

### **Material Bias**

For most measures reported as a rate, any error that causes a  $\pm 5$  percent difference in the reported rate is considered materially biased. For non-rate measures, any error that causes a  $\pm 10$  percent difference in the reported rate or calculation is considered materially biased.

### **Medical Record Validation**

The process that auditors follow to verify that a health plan's medical record abstraction meets industry standards and abstracted data are accurate.

### **Medicaid Percentiles**

The NCQA national percentiles for each HEDIS measure for the Medicaid product line used to compare health plan performance and assess the reliability of a health plan's HEDIS rates.

### **Membership Data**

Electronic health plan files containing information about members, such as name, date of birth, gender, current address, and enrollment (i.e., when the member joined the health plan).

### **MMR**

Measles, mumps, and rubella vaccine.

### **NA**

Not Applicable: If a health plan's denominator for a measure is too small (i.e., less than 30) to report a valid rate, the result/rate is NA.

### **NB**

No Benefit: If a health plan did not offer the benefit required by the measure.

### **NCQA**

The National Committee for Quality Assurance (NCQA) is a not-for-profit organization that assesses, through accreditation reviews and standardized measures, the quality of care provided by managed health care delivery systems; reports results of those assessments to employers, consumers, public purchasers, and regulators; and ultimately seeks to improve the health care provided within the managed care industry.

### **NR**

The *Not Report* HEDIS audit finding.

A measure has an *NR* audit finding for one of three reasons:

1. The health plan chose not to report the measure.
2. The health plan calculated the measure but the result was materially biased.
3. The health plan was not required to report.

***Numerator***

The number of members in the denominator who received all the services as specified in the measure.

***Over-read Process***

The process of re-reviewing a sample of medical records by a different abstractor to assess the degree of agreement between two different abstractors and ensure the accuracy of abstracted data. The over-read process should be conducted by a health plan as part of its medical record review process. Auditors overread a sample of the health plan's medical records as part of the audit process.

***PCP***

Primary care practitioner.

***PCV***

Pneumococcal conjugate vaccine.

***Provider Data***

Electronic files containing information about physicians, such as type of physician, specialty, reimbursement arrangement, and office location.

***Retroactive Enrollment***

When the effective date of a member's enrollment in a health plan occurs prior to the date that the health plan is notified of that member's enrollment. Medicaid members who are retroactively enrolled in a health plan must be excluded from a HEDIS measure denominator if the time period from the date of enrollment to the date of notification exceeds the measure's allowable gap specifications.

***Revenue Codes***

Cost codes for facilities to bill based on the categories of services, procedures, supplies, and materials.

***RMHP***

Rocky Mountain Health Plans.

***SMCN***

State Managed Care Network.

***The Department***

The Colorado Department of Health Care Policy and Financing.

***UB-04 Claims***

A type of claim form used to bill hospital-based inpatient, outpatient, emergency room and clinic drugs, supplies, and/or services. UB-04 codes are primarily Type of Bill and Revenue codes. The UB-04 replaced the UB-92.

**Vendor**

Any third party that contracts with a health plan to perform services. The most common delegated services from vendors are pharmacy services, vision care services, laboratory services, claims processing, HEDIS software services, and provider credentialing.

**VZV**

Varicella zoster virus (chicken pox) vaccine.