

2014 HEDIS[®] AGGREGATE REPORT
for
Child Health Plan *Plus*

December 2014

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



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HEDIS[®] 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[™] 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 February 2014, Colorado's CHP+ enrollment was 56,540 children and 866 pregnant women.¹⁻¹ 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) 2013–2014, 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[®]) 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[™] 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.

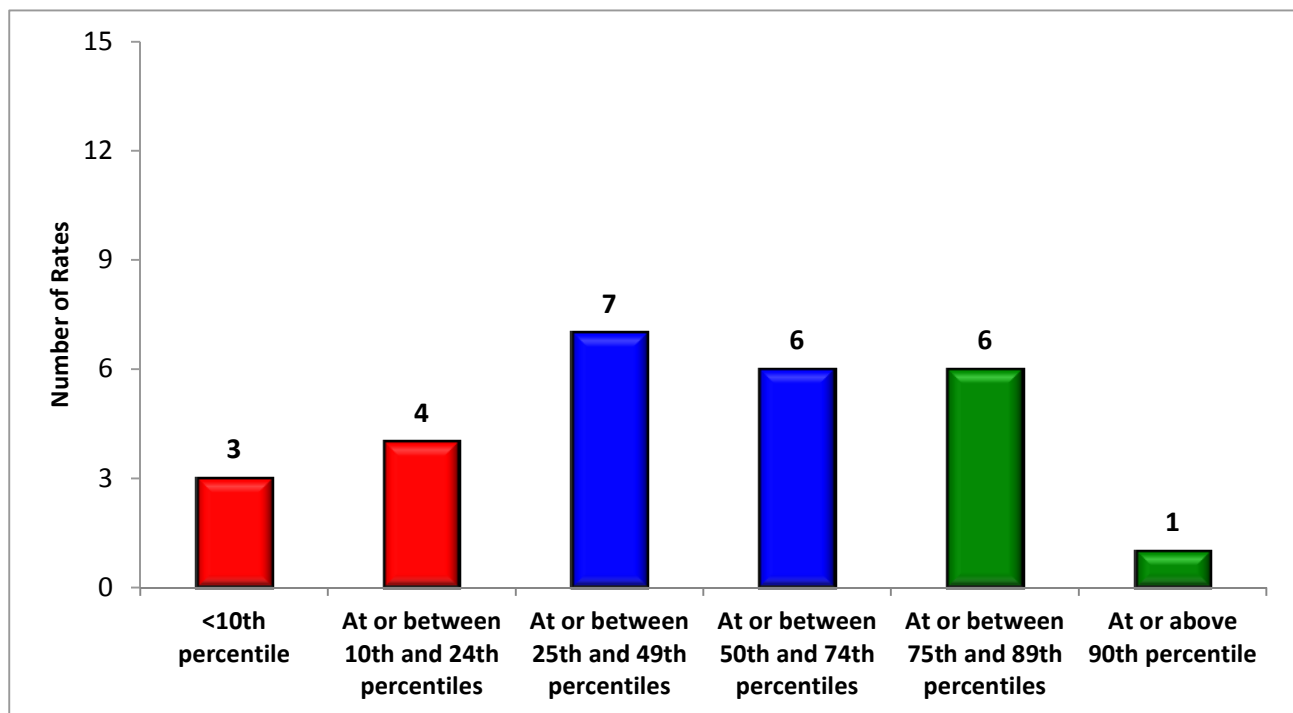
HSAG examined the measures among different domains of care: Pediatric Care, Access to Care, and Use of Services. This approach to the analysis was designed to encourage consideration of the measures as a whole rather than in isolation and to think about the strategic and tactical changes required to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

¹⁻¹ Child Health Plan *Plus*. Available at: <http://www.chplusplus.org/>. Accessed on: August 20, 2014.

Summary of Performance

Figure 1-1 shows the Colorado CHP+ program’s performance on 11 measures with a total of 27 indicators¹⁻² compared with national HEDIS 2013 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 one measure ranked at or above the 90th percentile. This means that the Colorado CHP+ program had one measure with performance in the top 10 percent of all health plans nationally.

Figure 1-1—Colorado CHP+ Weighted Averages



According to Figure 1-1, 13 indicators performed within national averages (at or between the 25th and 74th percentiles), four performed at or between the 10th and 24th percentiles, and three performed below the 10th percentile. Six of the Colorado CHP+ weighted averages fell at or between the 75th and 89th percentiles, and one fell at or above the 90th percentile.

Table 1-1 presents the CHP+ statewide weighted averages for each measure from HEDIS 2012 to HEDIS 2014. The figures displayed in the comparison column reflect the percentage point difference between the HEDIS 2013 and HEDIS 2014 rates.

¹⁻² Performance measures reported in this graph include all measures in the Pediatric Care and Access to Care domains. *Ambulatory Care* and *Inpatient Utilization* are considered utilization-based measures and not performance measures; therefore, they are not included in this graph.

Table 1-1—Colorado CHP+ Statewide Weighted Averages

HEDIS Measures	HEDIS 2012	HEDIS 2013	HEDIS 2014	Change From 2013–2014	2013 National Medicaid Percentile Ranking [†]
Pediatric Care					
<i>Childhood Immunization Status[^]</i>					
<i>Combination 2</i>	76.73%	58.04%	73.25%	+15.21	25th–49th
<i>Combination 3</i>	74.50%	55.89%	70.33%	+14.44	25th–49th
<i>Combination 4</i>	35.36%	51.43%	63.50%	+12.07	50th–74th
<i>Combination 5</i>	56.16%	44.11%	58.90%	+14.79	50th–74th
<i>Combination 6</i>	44.54%	36.70%	51.53%	+14.83	75th–89th
<i>Combination 7</i>	27.37%	41.16%	55.43%	+14.27	50th–74th
<i>Combination 8</i>	23.73%	34.73%	47.79%	+13.06	75th–89th
<i>Combination 9</i>	37.01%	30.45%	44.66%	+14.21	75th–89th
<i>Combination 10</i>	19.62%	28.93%	42.56%	+13.63	75th–89th
<i>Immunizations for Adolescents—Combination 1</i>	—	—	66.27%	—	25th–49th
<i>Well-Child Visits in the First 15 Months of Life[^]</i>					
<i>Zero Visits*</i>	4.21%	2.67%	2.16%	-0.51	75th–89th
<i>Six or More Visits</i>	25.28%	25.48%	67.41%	+41.93	50th–74th
<i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life[^]</i>	64.17%	61.26%	66.29%	+5.03	10th–24th
<i>Adolescent Well-Care Visits[^]</i>	44.79%	42.09%	44.00%	+1.91	25th–49th
<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</i>					
<i>BMI Assessment: Total</i>	57.50%	68.80%	69.59%	+0.79	50th–74th
<i>Nutrition Counseling: Total</i>	58.51%	62.24%	64.47%	+2.23	50th–74th
<i>Physical Activity Counseling: Total</i>	49.16%	56.68%	58.26%	+1.58	75th–89th
<i>Appropriate Testing for Children with Pharyngitis</i>	—	—	79.09%	—	75th–89th
<i>Follow-up Care for Children Prescribed ADHD Medication</i>					
<i>Initiation</i>	—	—	16.78%	—	<10th
<i>Continuation</i>	—	—	30.77%	—	10th–24th
<i>Asthma Medication Ratio—Total</i>	—	—	73.78%	—	≥90th

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 or HEDIS 2013 aggregate report.

[†] Since national HEDIS 2013 Medicaid percentiles were not available for the CHIP population, comparison of the CHP+ plans’ rates and the SMCN’s rates to HEDIS 2013 Medicaid percentiles, which comprised all Medicaid plans, should be interpreted with caution.

[^] Due to the Department’s reporting requirement change from an administrative methodology to a hybrid methodology in HEDIS 2014, rate changes between HEDIS 2013 and HEDIS 2014 may not accurately reflect performance changes.

* For the *Well-Child Visits in the First 15 Months of Life—Zero Visits* indicator, a lower rate indicates better performance. The 2014 percentile ranking listed is based on the original percentile values. When the percentile values are aligned to show a lower rate suggests better performance, the ranking for this indicator would be “10th–24th.”

Table 1-1—Colorado CHP+ Statewide Weighted Averages

HEDIS Measures	HEDIS 2012	HEDIS 2013	HEDIS 2014	Change From 2013–2014	2013 National Medicaid Percentile Ranking [†]
Access to Care					
<i>Prenatal and Postpartum Care (SMCN Only)</i>					
<i>Timeliness of Prenatal Care</i>	72.26%	78.59%	70.80%	-7.79	10th–24th
<i>Postpartum Care</i>	67.88%	67.88%	63.26%	-4.62	25th–49th
<i>Children’s and Adolescents’ Access to Primary Care Practitioners</i>					
<i>Ages 12 to 24 Months</i>	—	—	91.36%	—	<10th
<i>Ages 25 Months to 6 Years</i>	—	—	82.41%	—	<10th
<i>Ages 7 to 11 Years</i>	—	—	89.16%	—	25th–49th
<i>Ages 12 to 19 Years</i>	—	—	88.60%	—	25th–49th
Use of Services^{††}					
<i>Ambulatory Care: Total</i>					
<i>Outpatient Visits Per 1,000 MM: Total</i>	224.09	—	214.08	—	<10th
<i>Emergency Department Visits Per 1,000 MM: Total</i>	27.79	30.07	26.47	-3.60	<10th
<i>Inpatient Utilization—General Hospital/Acute Care: Total</i>					
<i>Discharges per 1,000 MM (Total Inpatient)</i>	4.05	—	1.23	—	<10th
<i>Days per 1,000 MM (Total Inpatient)</i>	12.53	—	4.16	—	<10th
<i>Average Length of Stay (Total Inpatient)</i>	3.09	—	3.37	—	25th–49th
<i>Discharges per 1,000 MM (Medicine)</i>	1.00	—	0.85	—	<10th
<i>Days per 1,000 MM (Medicine)</i>	3.05	—	2.38	—	<10th
<i>Average Length of Stay (Medicine)</i>	3.05	—	2.81	—	<10th
<i>Discharges per 1,000 MM (Surgery)</i>	0.34	—	0.30	—	<10th
<i>Days per 1,000 MM (Surgery)</i>	2.17	—	1.56	—	<10th
<i>Average Length of Stay (Surgery)</i>	6.35	—	5.27	—	25th–49th
<i>Discharges per 1,000 MM (Maternity)</i>	5.49	—	0.19	—	<10th
<i>Days per 1,000 MM (Maternity)</i>	14.84	—	0.45	—	<10th
<i>Average Length of Stay (Maternity)</i>	2.70	—	2.44	—	10th–24th

^{††} For measures in the Use of Services domain, 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 domain is presented here:

- ◆ Pediatric Care—Statewide performance in the pediatric care domain showed rate increases for many measures, though some of the increases could be related to a change in the Department’s reporting requirement from an administrative to a hybrid methodology in HEDIS 2014. Significant rate increases were noted for these measures: *Childhood Immunization Status* (all indicators); *Well-Child Visits in the First 15 Months of Life—Six or More Visits*; and *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life*. One measure (*Asthma Medication Ratio—Total*) benchmarked at or above the national Medicaid 90th percentile, and six additional rates benchmarked at or above the 75th percentiles. On the other hand, three measures (*Well-Child Visits in the First 15 Months of Life—Zero Visits*; *Follow-up Care for Children Prescribed ADHD Medication* [both indicators] and *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life*) were below the 25th percentile, suggesting opportunities for improvement.
- ◆ Access to Care—Statewide performance in this domain presents significant opportunity for improvement. None of the measures ranked at or above the national HEDIS 2013 Medicaid 50th percentile. Additionally, both indicators under *Prenatal and Postpartum Care* reported rate decreases, with the *Timeliness of Prenatal Care* indicator having a significant decrease of 7.79 percentage points.
- ◆ Use of Services—Most of the measures were newly added to the CHP+ HEDIS 2014 reporting set. The *Ambulatory Care: Total—Emergency Department Visits Per 1,000 Member Months* indicator was the only measure with the prior years’ rates available. The HEDIS 2014 rate declined by 12 percent (3.6 visits).

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. In HEDIS 2014, the Department changed the reporting requirements from an administrative to a hybrid methodology for several 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 *Adolescents Well-Care Visits*). As such, trending of statewide and plan performance may not reflect true performance changes.
- ◆ Since national HEDIS 2013 Medicaid percentiles are not available for the CHIP population, comparison of the CHP+ plans’ rates and the SMCN’s rates to HEDIS 2013 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 2014. Thirteen HEDIS measures with 41 unique indicators are included in this report. These measures are grouped into three domains of care for Colorado CHP+ members: Pediatric Care, Access to Care, and Use of Services. While performance is reported primarily at the measure/indicator level, grouping these measures into domains 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 13 selected measures, the 41 indicators, and the corresponding domain 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).

Table 2-1—Colorado CHP+ HEDIS 2014 Required Measures		
Standard HEDIS 2014 Measures	2014 Colorado CHP+ Required Measures	Data Collection Methodology
Pediatric Care Domain		
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>	Hybrid
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>	Hybrid
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>	Hybrid
4. <i>Adolescent Well-Care Visits</i>	13. <i>Adolescent Well-Care Visits</i>	Hybrid
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

Table 2-1—Colorado CHP+ HEDIS 2014 Required Measures		
Standard HEDIS 2014 Measures	2014 Colorado CHP+ Required Measures	Data Collection Methodology
6. <i>Immunizations for Adolescents</i>	17. <i>Immunizations for Adolescents—Combination 1</i>	<i>Hybrid</i>
7. <i>Appropriate Testing for Children with Pharyngitis</i>	18. <i>Appropriate Testing for Children with Pharyngitis</i>	<i>Administrative</i>
8. <i>Follow-up Care for Children Prescribed ADHD Medication</i>	19. <i>Follow-Up Care for Children Prescribed ADHD Medication—Initiation</i> 20. <i>Follow-Up Care for Children Prescribed ADHD Medication—Continuation</i>	<i>Administrative</i>
9. <i>Asthma Medication Ratio</i>	21. <i>Asthma Medication Ratio—Total</i>	<i>Administrative</i>
Access to Care Domain		
10. <i>Prenatal and Postpartum Care (applicable to SMCN population only)</i>	22. <i>Prenatal and Postpartum Care—Timeliness of Prenatal Care</i> 23. <i>Prenatal and Postpartum Care—Postpartum Care</i>	<i>Hybrid</i>
11. <i>Children’s and Adolescents’ Access to Primary Care Practitioners</i>	24. <i>Children’s and Adolescents’ Access to Primary Care Practitioners—Ages 12 to 24 Months</i> 25. <i>Children’s and Adolescents’ Access to Primary Care Practitioners—Ages 25 Months to 6 Years</i> 26. <i>Children’s and Adolescents’ Access to Primary Care Practitioners—Ages 7 to 11 Years</i> 27. <i>Children’s and Adolescents’ Access to Primary Care Practitioners—Ages 12 to 19 Years</i>	<i>Administrative</i>
Use of Services Domain		
12. <i>Ambulatory Care</i>	28. <i>Ambulatory Care: Total—Outpatient Visits Per 1,000 MM—Total</i> 29. <i>Ambulatory Care: Total—Emergency Department (ED) Visits Per 1,000 MM—Total</i>	<i>Administrative</i>
13. <i>Inpatient Utilization—General Hospital/Acute Care</i>	30. <i>Discharges per 1,000 MM (Total Inpatient)</i> 31. <i>Days per 1,000 MM (Total Inpatient)</i> 32. <i>Average Length of Stay (Total Inpatient)</i> 33. <i>Discharges per 1,000 MM (Medicine)</i> 34. <i>Days per 1,000 MM (Medicine)</i> 35. <i>Average Length of Stay (Medicine)</i> 36. <i>Discharges per 1,000 MM (Surgery)</i> 37. <i>Days per 1,000 MM (Surgery)</i> 38. <i>Average Length of Stay (Surgery)</i> 39. <i>Discharges per 1,000 MM (Maternity)</i> 40. <i>Days per 1,000 MM (Maternity)</i> 41. <i>Average Length of Stay (Maternity)</i>	<i>Administrative</i>

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

All Colorado CHP+ health plans are required by the Department to have their HEDIS results examined and verified through an NCQA HEDIS Compliance Audit. Therefore, 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 2014 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 a software vendor (IMI Health, Inc.) with full measure certification status with NCQA 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 IMI Health.
- ◆ **Calculated the HEDIS measures:** IMI Health calculated the selected HEDIS measures that passed NCQA's measure certification. 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,²⁻¹ 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.

²⁻¹ 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 domain. 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 domain encompasses the following nine measures with a total of 21 indicators:

- ◆ *Childhood Immunization Status* (all individual antigens and *Combination 2—Combination 10*)
- ◆ *Immunizations for Adolescents—Combination 1*
- ◆ *Well-Child Visits in the First 15 Months of Life (Zero Visits and 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—Total (Body Mass Index [BMI] Assessment, Nutrition Counseling, and Physical Activity Counseling)*
- ◆ *Appropriate Testing for Children with Pharyngitis*
- ◆ *Follow-up Care for Children Prescribed ADHD Medication (Initiation and Continuation)*
- ◆ *Asthma Medication Ratio—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 2014 weighted average as well as the high and low performance levels. Since national HEDIS 2013 Medicaid percentiles are not available for the CHIP population, comparison of the CHP+ plans and the SMCN’s rates to the national HEDIS 2013 Medicaid HMO percentiles, which comprised all Medicaid plans, should be interpreted with caution. For most of the measures, high performance level (HPL) corresponds to the 90th percentile and the low performance level (LPL) to the 25th percentile. For inverse measures such as *Well-Child Visits in the First 15 Months of Life—Zero Visits*, the 10th percentile (rather than the 90th percentile) and the 75th percentile (rather than the 25th percentile) are considered the HPL and LPL, respectively.

For measures required to use the hybrid data collection method, the ADMIN% column presented with each horizontal bar graph displays the percentage of the rate derived from administrative data (e.g., claims data and immunization registry). This percentage describes the level of claims/encounter data completeness of a CHP+ health plan for calculating a particular measure. A low percentage suggests that the plan is relying heavily on medical records to report the rate. Conversely, a high percentage indicates that the plan’s claims/encounter data are relatively complete for use in calculating the measure.

Childhood Immunization Status

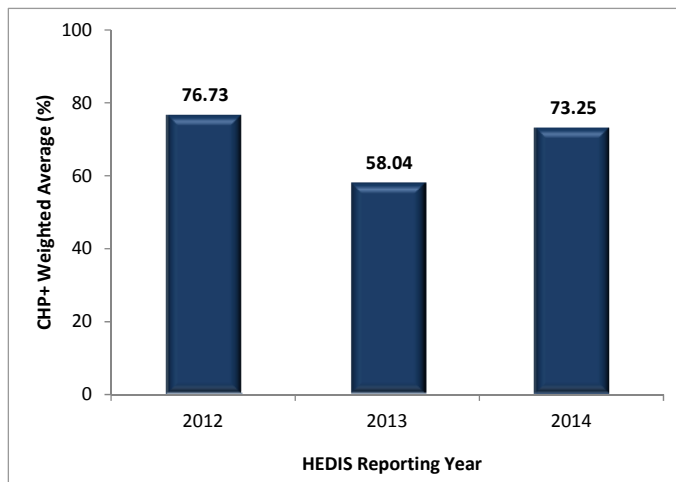
Measure Definitions

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	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Performance Results

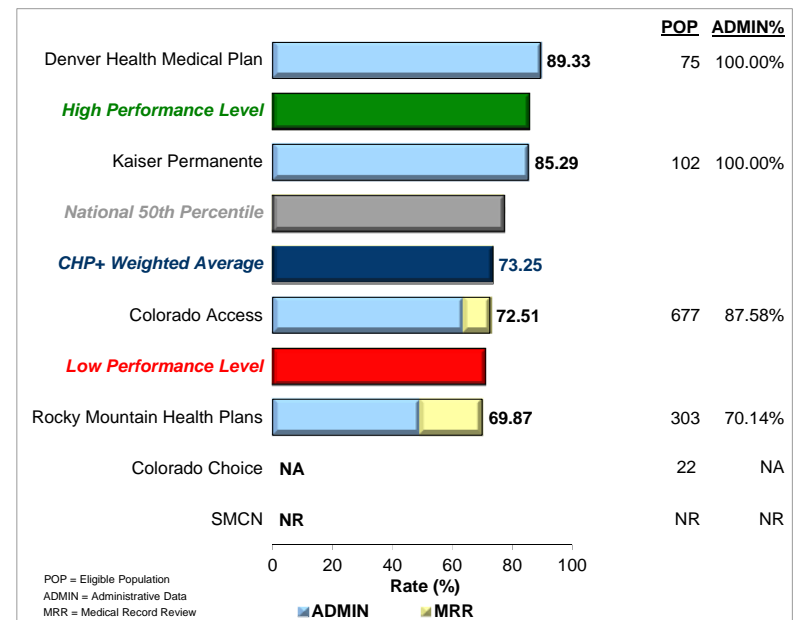
**Figure 3-1—Childhood Immunization Status—Combination 2
Colorado CHP+ Weighted Averages**



Rate increase from 2013 to 2014 was statistically significant. Combination 2 includes four diphtheria, tetanus, and acellular pertussis (DtaP); three polio (IPV); one measles, mumps, and rubella (MMR); three H influenza type B (HiB); three hepatitis B (HepB); and one chicken pox (VZV) vaccines.

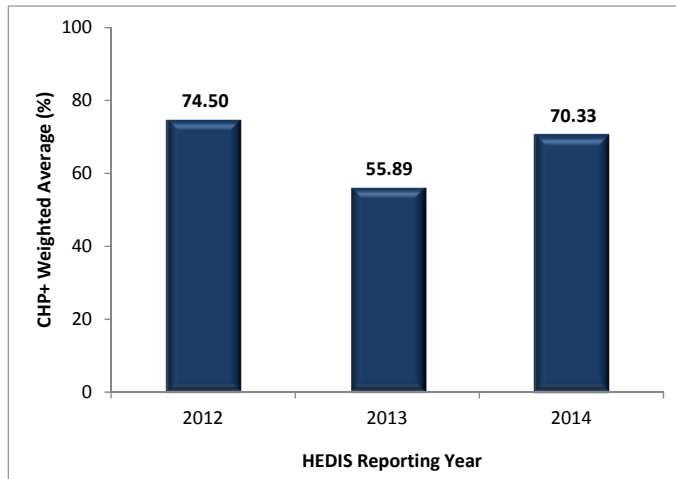
The 2014 statewide rate showed a significant increase of 15.21 percentage points from 2013. This increase may be related to a change in the Department’s reporting requirement from an administrative to a hybrid methodology and may not reflect true performance improvement.

Figure 3-2—Childhood Immunization Status—Combination 2



Three of the five plans reported a valid rate for this indicator. One plan ranked above the high performance level, and one ranked below the low performance level. The CHP+ weighted average performed between the national 50th percentile and the low performance level. Plan performance varied by about 20 percentage points. The ADMIN% column within the figure showed that all plans relied mostly on claims data (at least 70 percent) to calculate their rates, with two reporting rates exclusively from administrative data.

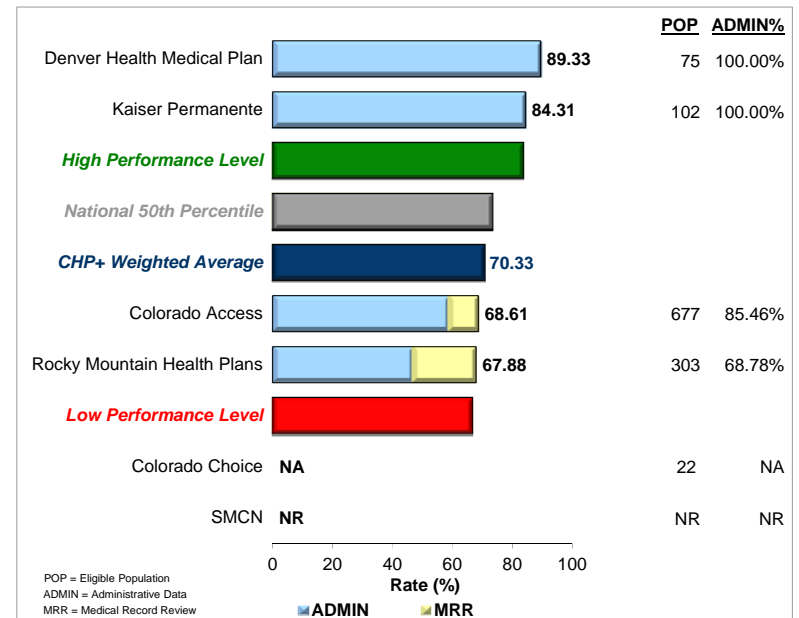
**Figure 3-3—Childhood Immunization Status—Combination 3
Colorado CHP+ Weighted Averages**



Rate increase from 2013 to 2014 was statistically significant. Combination 3 includes four diphtheria, tetanus, and acellular pertussis (DTaP); three polio (IPV); one measles, mumps, and rubella (MMR); three H influenza type B (HiB); three hepatitis B (HepB), one chicken pox (VZV); and four pneumococcal conjugate (PCV) vaccines.

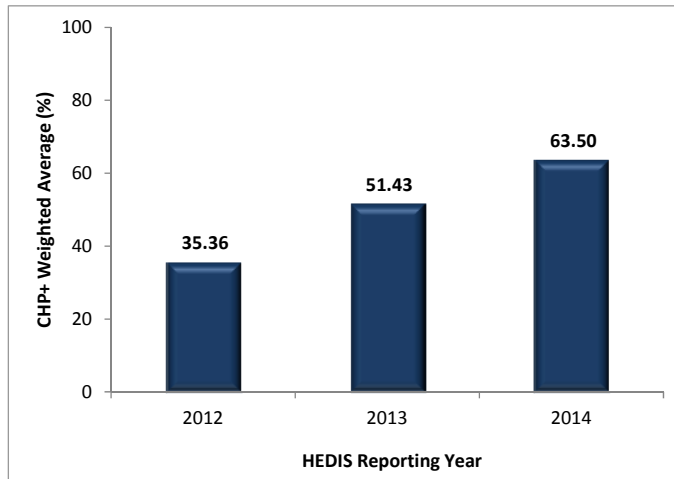
The 2014 statewide rate showed a significant increase of 14.44 percentage points from 2013. This increase may be related to a change in the Department’s reporting requirement from an administrative to a hybrid methodology and may not reflect true performance improvement.

Figure 3-4—Childhood Immunization Status—Combination 3



Three of the five plans reported a valid rate for this indicator. Two plans ranked above the high performance level, and none ranked below the low performance level. The CHP+ weighted average performed between the national 50th percentile and the low performance level. Plan performance varied by 21.45 percentage points. The ADMIN% column within the figure showed that all plans relied mostly on claims data (at least 65 percent) to calculate their rates, with two reporting rates exclusively from administrative data.

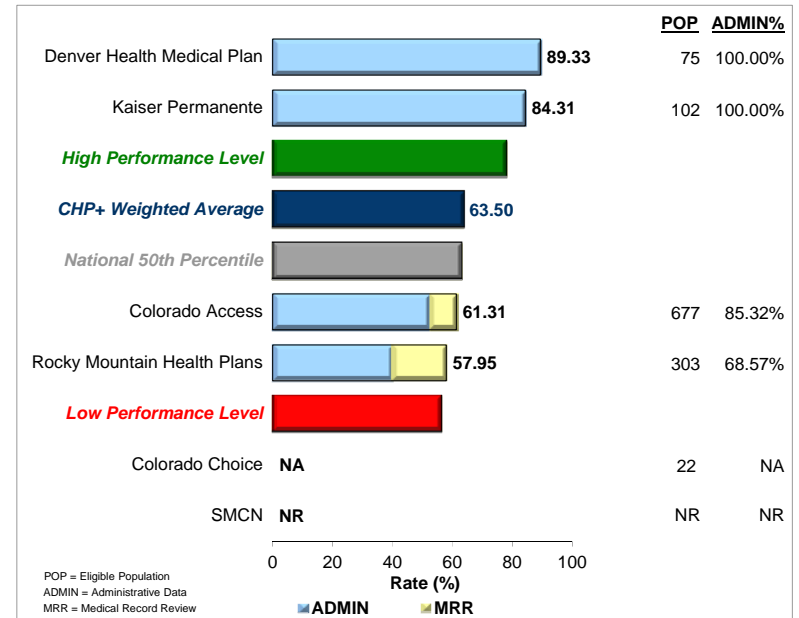
**Figure 3-5—Childhood Immunization Status—Combination 4
Colorado CHP+ Weighted Averages**



Rate increase from 2013 to 2014 was statistically significant. Combination 4 includes four diphtheria, tetanus, and acellular pertussis (DTaP); three polio (IPV); one measles, mumps, and rubella (MMR); three H influenza type B (HiB); three hepatitis B (HepB); one chicken pox (VZV); four pneumococcal conjugate (PCV); and one hepatitis A (HepA) vaccine.

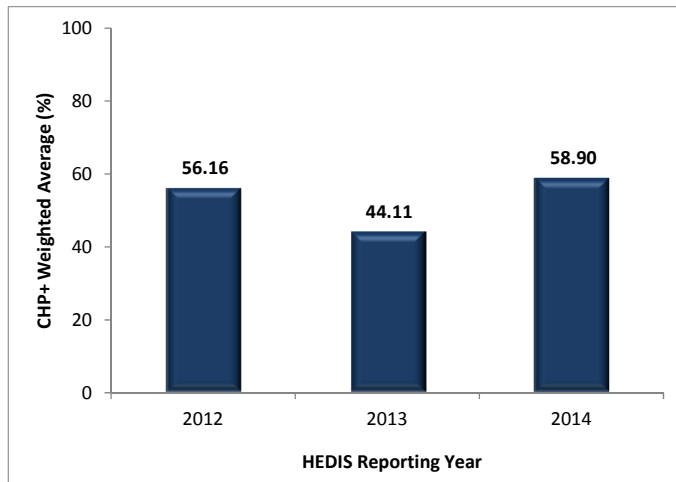
The 2014 statewide rate showed a significant increase of 12.07 percentage points from 2013. This increase may be related to a change in the Department’s reporting requirement from an administrative to a hybrid methodology and may not reflect true performance improvement.

Figure 3-6—Childhood Immunization Status—Combination 4



Three of the five plans reported a valid rate for this indicator. Two plans ranked above the high performance level, and none ranked below the low performance level. The CHP+ weighted average performed above the national 50th percentile. Plan performance varied by 31.38 percentage points. The ADMIN% column within the figure showed that all plans relied mostly on claims data (at least 65 percent) to calculate their rates, with two reporting rates exclusively from administrative data.

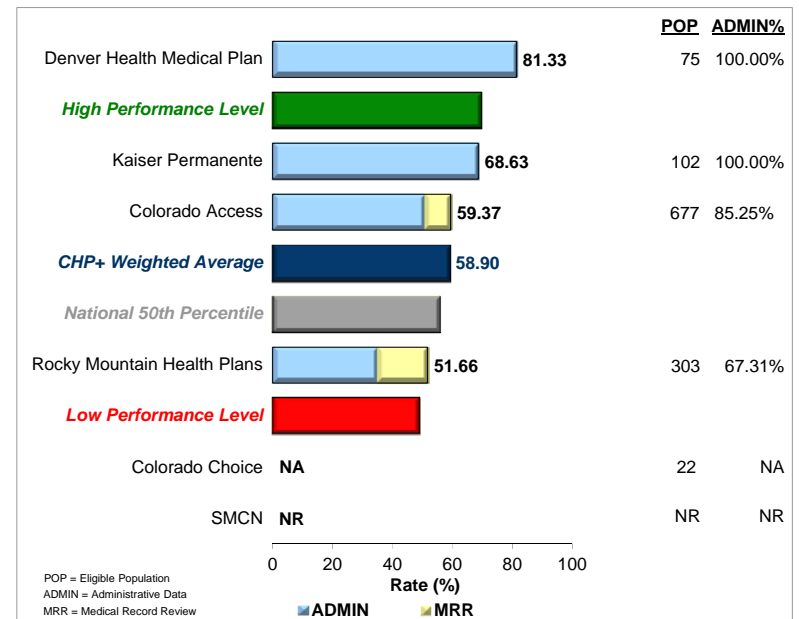
**Figure 3-7—Childhood Immunization Status—Combination 5
Colorado CHP+ Weighted Averages**



Rate increase from 2013 to 2014 was statistically significant. Combination 5 includes four diphtheria, tetanus, and acellular pertussis (DTaP); three polio (IPV); one measles, mumps, and rubella (MMR); three H influenza type B (HiB); three hepatitis B (HepB); one chicken pox (VZV); four pneumococcal conjugate (PCV); and two or three rotavirus (RV) vaccines.

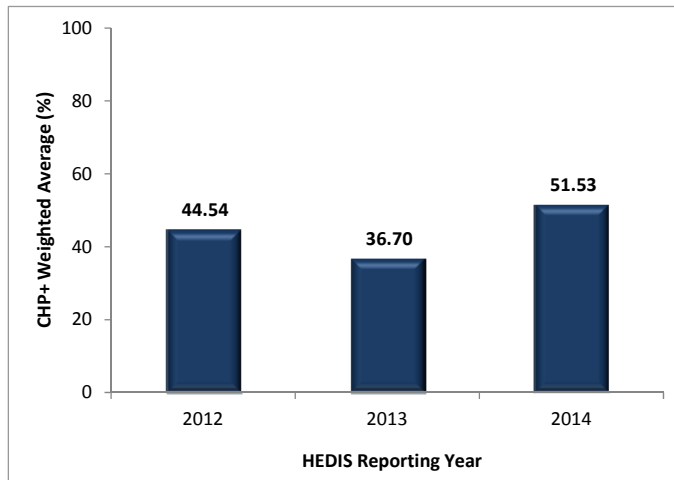
The 2014 statewide rate showed a significant increase of 14.79 percentage points from 2013. This increase may be related to a change in the Department’s reporting requirement from an administrative to a hybrid methodology and may not reflect true performance improvement.

Figure 3-8—Childhood Immunization Status—Combination 5



Three of the five plans reported a valid rate for this indicator. One plan ranked above the high performance level, and none ranked below the low performance level. The CHP+ weighted average and all plans except one had rates above the national 50th percentile. Plan performance varied by 29.67 percentage points. The ADMIN% column within the figure showed that all plans relied mostly on claims data (at least 65 percent) to calculate their rates, with two reporting rates exclusively from administrative data.

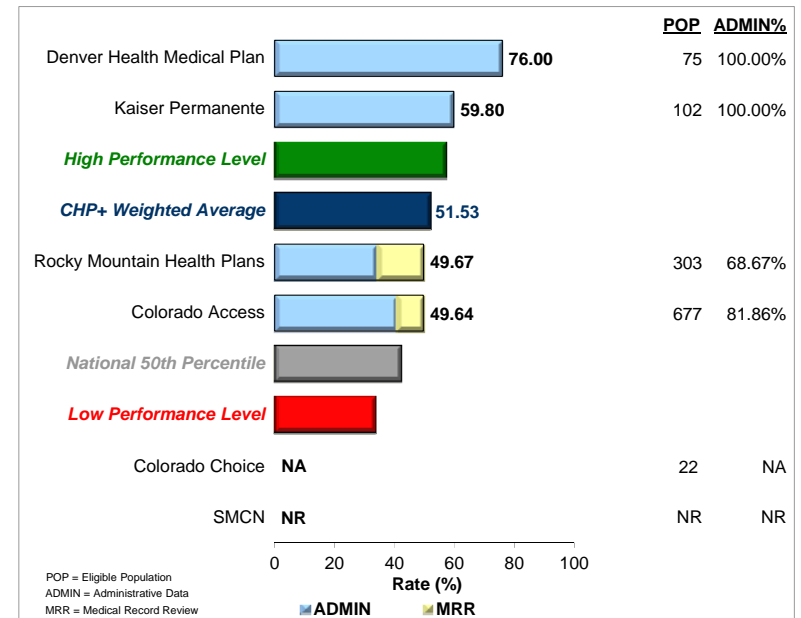
**Figure 3-9—Childhood Immunization Status—Combination 6
Colorado CHP+ Weighted Averages**



Rate increase from 2013 to 2014 was statistically significant. Combination 6 includes four diphtheria, tetanus, and acellular pertussis (DTaP); three polio (IPV); one measles, mumps, and rubella (MMR); three H influenza type B (HiB); three hepatitis B (HepB); one chicken pox (VZV); four pneumococcal conjugate (PCV); and two influenza (flu) vaccines.

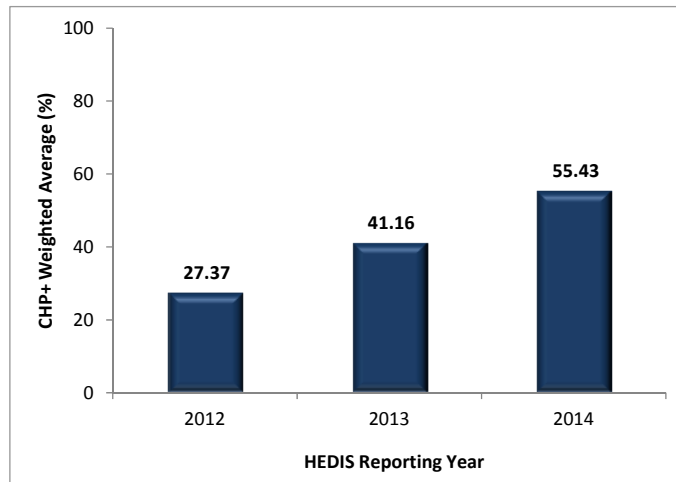
The 2014 statewide rate showed a significant increase of 14.83 percentage points from 2013. This increase may be related to a change in the Department’s reporting requirement from an administrative to a hybrid methodology and may not reflect true performance improvement.

Figure 3-10—Childhood Immunization Status—Combination 6



Three of the five plans reported a valid rate for this indicator. Two plans ranked above the high performance level, and none ranked below the low performance level. The CHP+ weighted average and all other plans had rates above the national 50th percentile. Plan performance varied by 26.36 percentage points. The ADMIN% column within the figure showed that all plans relied mostly on claims data (at least 65 percent) to calculate their rates, with two reporting rates exclusively from administrative data.

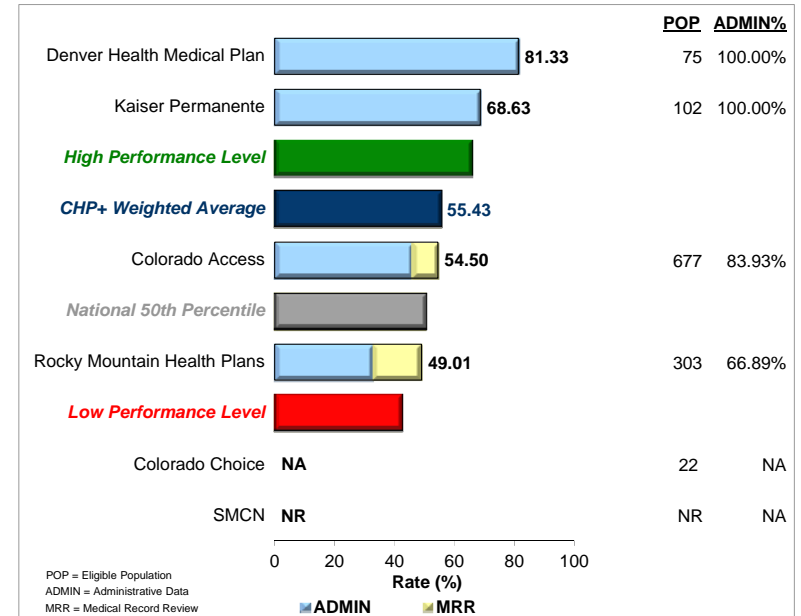
**Figure 3-11—Childhood Immunization Status—Combination 7
Colorado CHP+ Weighted Averages**



Rate increase from 2013 to 2014 was statistically significant. Combination 7 includes four diphtheria, tetanus, and acellular pertussis (DTaP); three polio (IPV); one measles, mumps, and rubella (MMR); three H influenza type B (HiB); three hepatitis B (HepB); one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (HepA) vaccine; and two or three rotavirus (RV) vaccines.

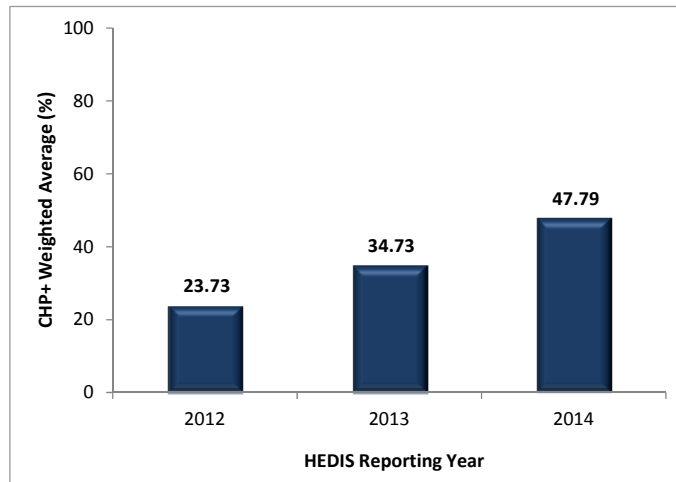
The 2014 statewide rate showed a significant increase of 14.27 percentage points from 2013. This increase may be related to a change in the Department’s reporting requirement from an administrative to a hybrid methodology and may not reflect true performance improvement.

Figure 3-12—Childhood Immunization Status—Combination 7



Three of the five plans reported a valid rate for this indicator. Two plans ranked above the high performance level, and none ranked below the low performance level. The CHP+ weighted average and all but one plan had rates above the national 50th percentile. Plan performance varied by 32.32 percentage points. The ADMIN% column within the figure showed that all plans relied mostly on claims data (at least 65 percent) to calculate their rates, with two reporting rates exclusively from administrative data.

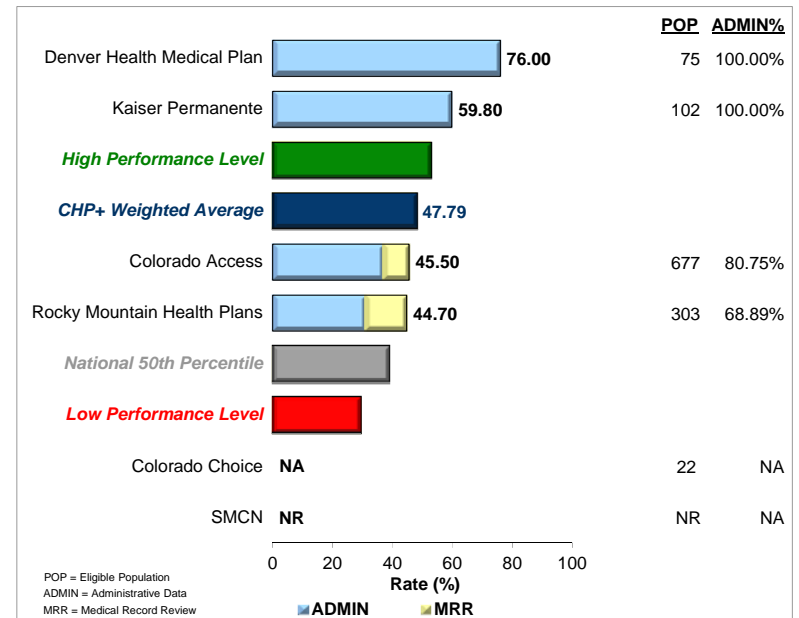
**Figure 3-13—Childhood Immunization Status—Combination 8
Colorado CHP+ Weighted Averages**



Rate increase from 2013 to 2014 was statistically significant. Combination 8 includes four diphtheria, tetanus, and acellular pertussis (DTaP); three polio (IPV); one measles, mumps, and rubella (MMR); three H influenza type B (HiB); three hepatitis B (HepB); one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (HepA) vaccine; and two influenza (flu) vaccines.

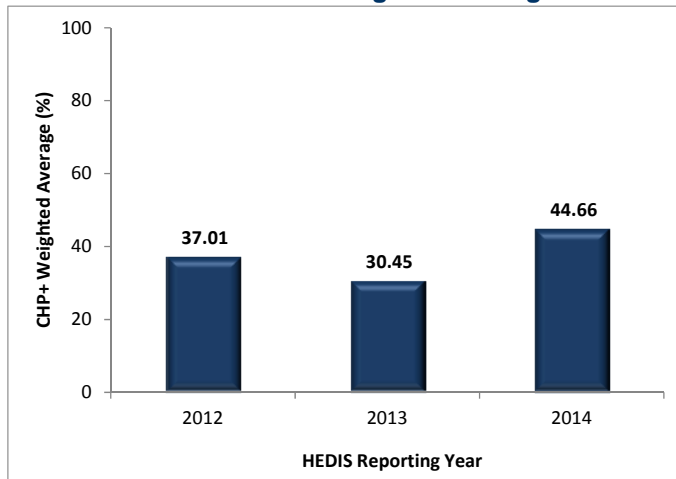
The 2014 statewide rate showed a significant increase of 13.06 percentage points from 2013. This increase may be related to a change in the Department’s reporting requirement from an administrative to a hybrid methodology and may not reflect true performance improvement.

Figure 3-14—Childhood Immunization Status—Combination 8



Three of the five plans reported a valid rate for this indicator. Two plans ranked above the high performance level, and none ranked below the low performance level. The CHP+ weighted average and all other plans performed had rates the national 50th percentile. Plan performance varied by 31.3 percentage points. The ADMIN% column within the figure showed that all plans relied mostly on claims data (at least 65 percent) to calculate their rates, with two reporting rates exclusively from administrative data.

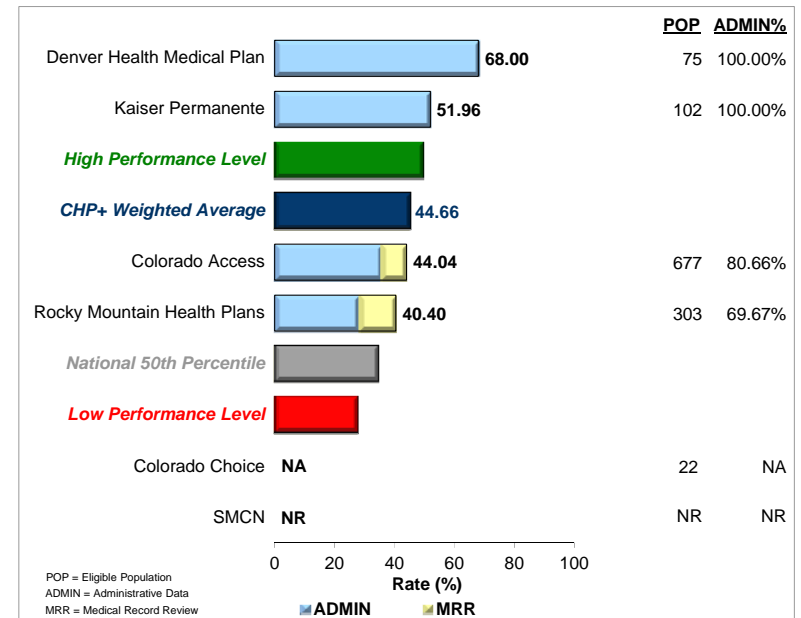
**Figure 3-15—Childhood Immunization Status—Combination 9
Colorado CHP+ Weighted Averages**



Rate increase from 2013 to 2014 was statistically significant. Combination 9 includes four diphtheria, tetanus, and acellular pertussis (DTaP); three polio (IPV); one measles, mumps, and rubella (MMR); three H influenza type B (HiB); three hepatitis B (HepB); one chicken pox (VZV); four pneumococcal conjugate (PCV); two or three rotavirus (RV); and two influenza (flu) vaccines.

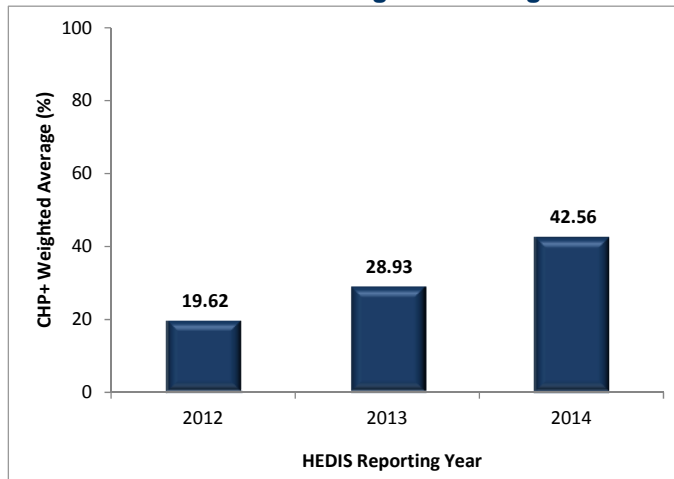
The 2014 statewide rate showed a significant increase of 14.21 percentage points from 2013. This increase may be related to a change in the Department’s reporting requirement from an administrative to a hybrid methodology and may not reflect true performance improvement.

Figure 3-16—Childhood Immunization Status—Combination 9



Three of the five plans reported a valid rate for this indicator. Two plans ranked above the high performance level, and none ranked below the low performance level. The CHP+ weighted average and all other plans had rates above the national 50th percentile. Plan performance varied by 27.6 percentage points. The ADMIN% column within the figure showed that all plans relied mostly on claims data (at least 65 percent) to calculate their rates, with two reporting rates exclusively from administrative data.

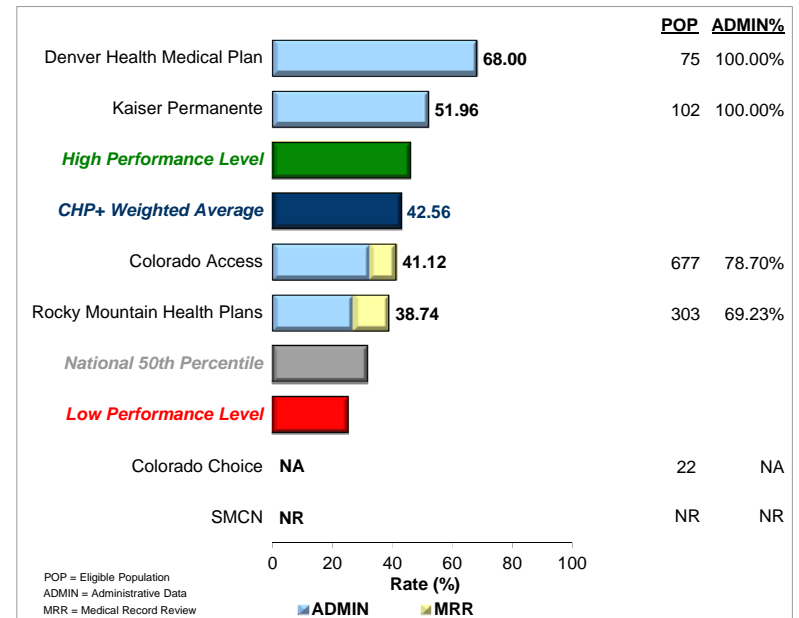
**Figure 3-17—Childhood Immunization Status—Combination 10
Colorado CHP+ Weighted Averages**



Rate increase from 2013 to 2014 was statistically significant. Combination 10 includes four diphtheria, tetanus, and acellular pertussis (DTaP); three polio (IPV); one measles, mumps, and rubella (MMR); three H influenza type B (HiB); three hepatitis B (HepB); one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (HepA) vaccine; two or three rotavirus (RV); and two influenza (flu) vaccines.

The 2014 statewide rate showed a significant increase of 13.63 percentage points from 2013. This increase may be related to a change in the Department’s reporting requirement from an administrative to a hybrid methodology and may not reflect true performance improvement.

Figure 3-18—Childhood Immunization Status—Combination 10

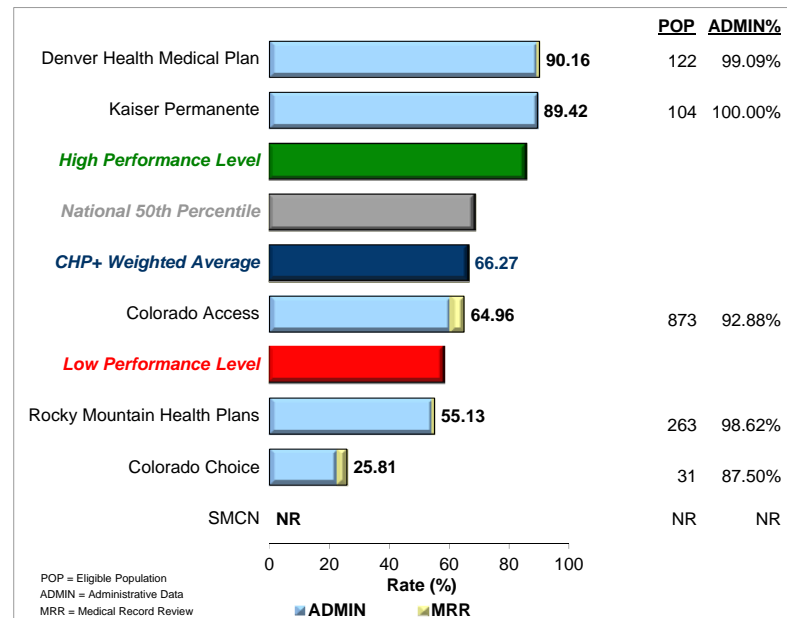


Three of the five plans reported a valid rate for this indicator. Two plans ranked above the high performance level, and none ranked below the low performance level. The CHP+ weighted average and all other plans had rates above the national 50th percentile. Plan performance varied by 29.26 percentage points. The ADMIN% column within the figure showed that all plans relied mostly on claims data (at least 65 percent) to calculate their rates, with two reporting rates exclusively from administrative data.

Immunizations for Adolescents

The *Immunizations for Adolescents* measure assesses the percentage of adolescents 13 years of age who had one dose of meningococcal vaccine and one tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap) or one tetanus, diphtheria toxoids vaccine (Td) by their 13th birthday. The measure calculates a rate for each vaccine and one combination rate (*Combination 1*). This measure was newly added to the Department’s HEDIS 2014 reporting set as a required measure for all plans except SMCN; no rate trending was performed. The HEDIS 2014 statewide rate for *Combination 1* was 66.27 percent. Figure 3-19 displays the ranking of statewide and plan rates relative to the national HEDIS 2013 Medicaid percentiles.

Figure 3-19—Immunizations for Adolescents—Combination 1 Health Plan Ranking

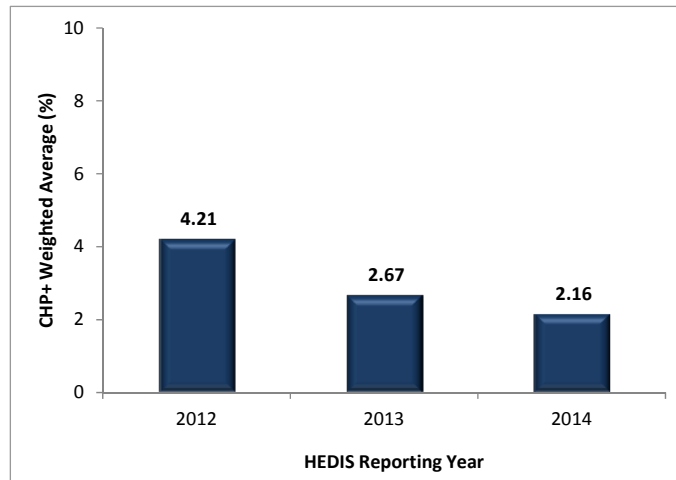


Two plans ranked above the high performance level, and two ranked below the low performance level. The CHP+ weighted average fell slightly below the national 50th percentile. Plan performance varied by 64.35 percentage points. All plans used at least 85 percent of their administrative data to calculate this indicator, which suggests that all plans had relatively complete administrative data when calculating this indicator.

Well-Child Visits in the First 15 Months of Life

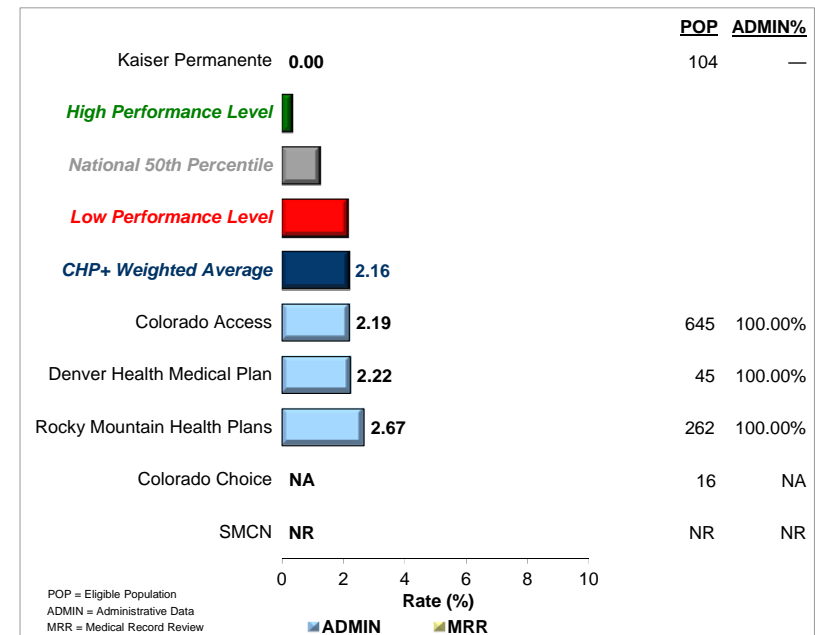
Well-Child Visits in the First 15 Months of Life calculates the percentage of enrolled members who turned 15 months old during the measurement year, who were continuously enrolled in the health plan from 31 days of age through 15 months of age, and who received zero, one, two, three, four, five, or six or more visits with a primary care practitioner (PCP) during their first 15 months of life. This measure was required for HEDIS 2014 reporting for all plans except SMCN. Rates for the zero and six or more visits are presented here. Rates for all other indicators are displayed in Appendices A and B.

**Figure 3-20—Well-Child Visits in the First 15 Months of Life—Zero Visits
Colorado CHP+ Weighted Averages**



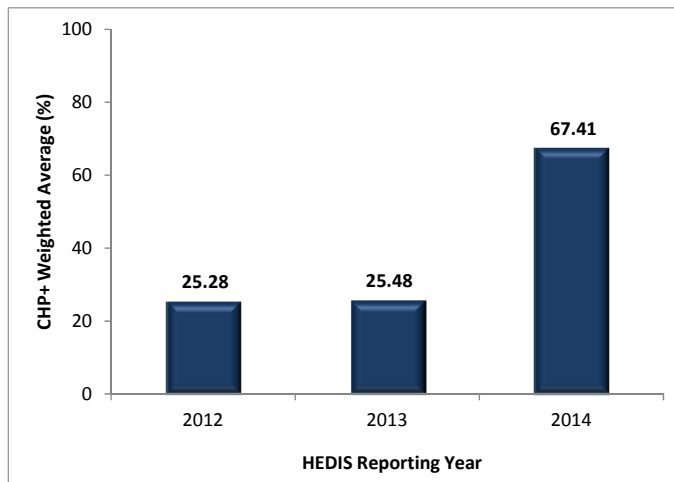
For this measure, a lower rate indicates better performance. The HEDIS 2014 weighted average declined slightly (0.51 percentage points) from 2013. The decline (an indication of performance improvement) was not statistically significant. Additionally, the decline may be related to a change in the Department’s reporting requirement from an administrative to a hybrid methodology and may not reflect true performance improvement.

Figure 3-21—Well-Child Visits in the First 15 Months of Life—Zero Visits



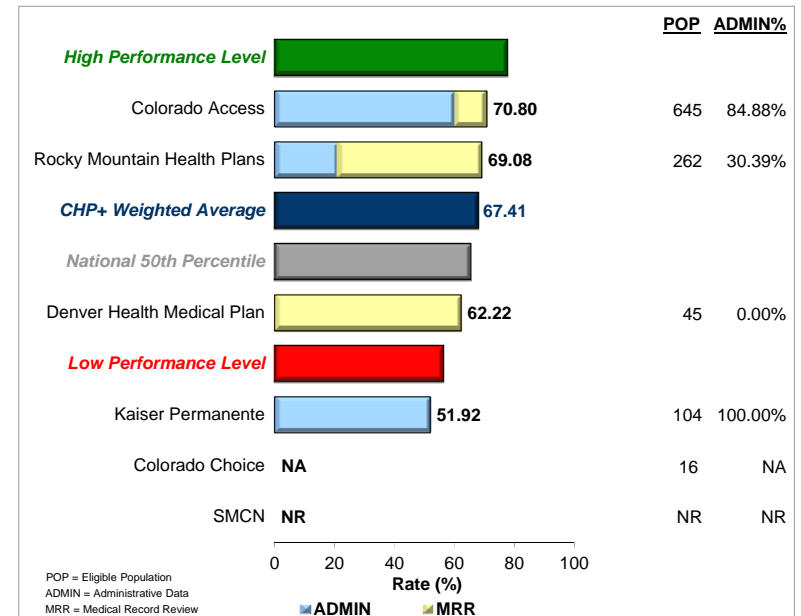
For this measure, a lower rate indicates better performance. One plan performed above the high performance level, but the rates for all other plans and the CHP+ weighted average were below the low performance level. Plan performance varied by 2.67 percentage points.

**Figure 3-22—Well-Child Visits in the First 15 Months of Life
—Six or More Visits
Colorado CHP+ Weighted Averages**



The HEDIS 2014 weighted average increased significantly (41.93 percentage points) from 2013. The increase may be related to a change in the Department’s reporting requirement from an administrative to a hybrid methodology and may not reflect true performance improvement.

**Figure 3-23—Well-Child Visits in the First 15 Months of Life
—Six or More Visits**

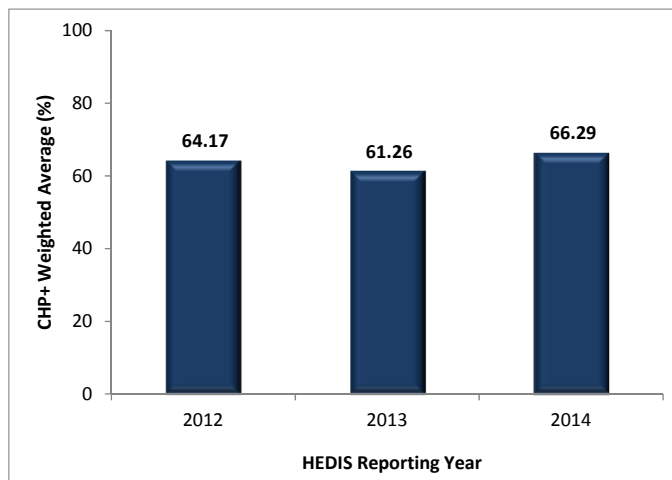


The CHP+ weighted average and two plans had rates above the national 50th percentile. One plan performed below the low performance level. Interestingly, the highest-performing plan for the zero visits indicator was the lowest-performing plan for the 6+ visits indicator. None of the plans met the federal Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) participation goal of 80 percent. Plan performance varied by 18.88 percentage points. There was also a wide variation in the number of well-child visits identified from claims data (from 0 percent to 100 percent), which suggests that some plans had more complete claims/encounter data to calculate the rates than others.

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

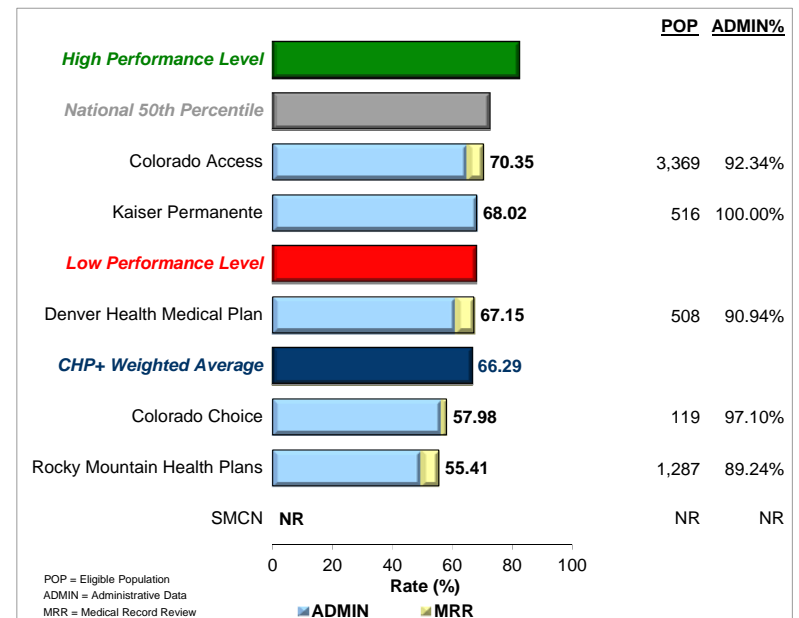
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life calculates the percentage of members who were three, four, five, or six years old during the measurement year, who were continuously enrolled during the measurement year, and who received one or more well-child visits with a PCP during the measurement year. This measure was required for HEDIS 2014 reporting for all plans except SMCN.

Figure 3-24—Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life Colorado CHP+ Weighted Averages



The HEDIS 2014 weighted average increased significantly (5.03 percentage points) from 2013. The increase may be related to a change in the Department’s reporting requirement from an administrative to a hybrid methodology and may not reflect true performance improvement.

Figure 3-25—Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life

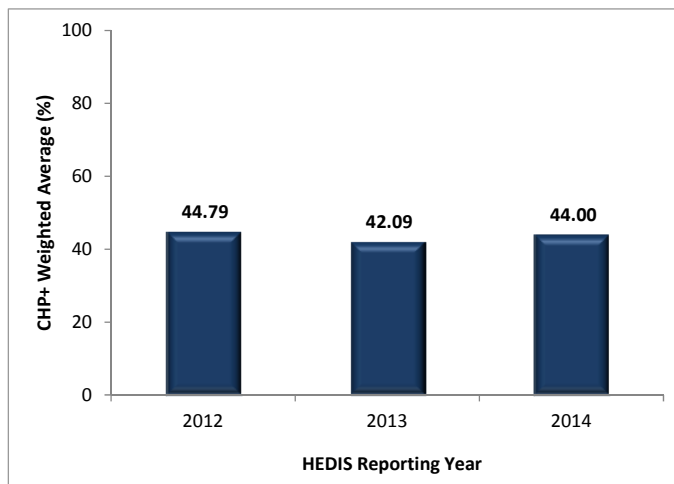


None of the plans performed at or above the national 50th percentile. Two plans ranked at or above the low performance level. The CHP+ weighted average and rates for three other plans were below the low performance level. Plan performance varied by 14.94 percentage points. All plans relied mostly on claims data (at least 85 percent) to calculate their rates. This finding suggests that, unlike the *Well-Child Visits in the First 15 Months* measure, all plans had relatively more complete administrative data to calculate this measure.

Adolescent Well-Care Visits

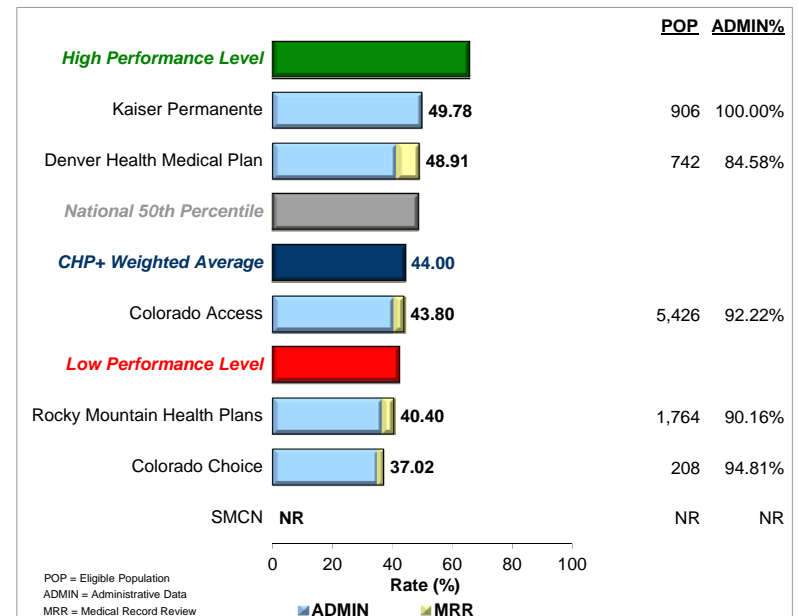
Adolescent Well-Care Visits reports the percentage of enrolled members who were 12 to 21 years of age during the measurement year, continuously enrolled during the measurement year, and had at least one comprehensive well-care visit with a PCP or an obstetrician/gynecologist (OB/GYN) during the measurement year. This measure was required for HEDIS 2014 reporting for all plans except SMCN.

**Figure 3-26—Adolescent Well-Care Visits
Colorado CHP+ Weighted Averages**



The HEDIS 2014 weighted average increased slightly (1.91 percentage points) from 2013, though the increase was not statistically significant. The increase may be related to a change in the Department’s reporting requirement from an administrative to a hybrid methodology and may not reflect true performance improvement.

Figure 3-27—Adolescent Well-Care Visits

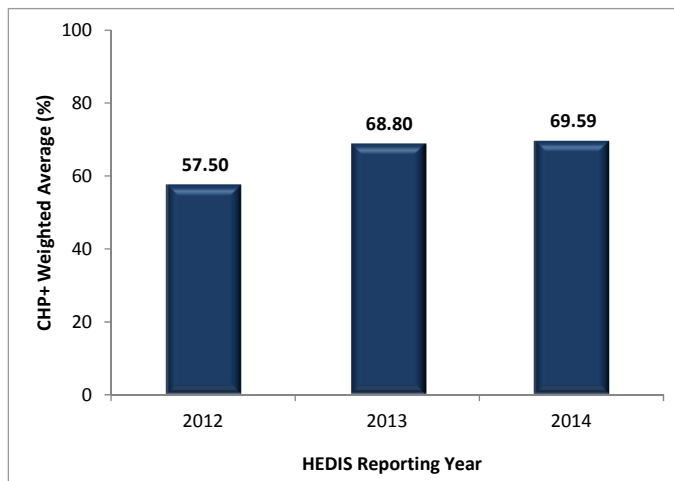


Two plans performed above the national 50th percentile, but two performed below the low performance level. The CHP+ weighted average exceeded the low performance level. None of the plans met the federal EPSDT participation goal of 80 percent. Plan performance varied by 12.76 percentage points. All plans relied mostly on claims data (at least 80 percent) to calculate their rates, which suggests that all plans had relatively complete administrative data.

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

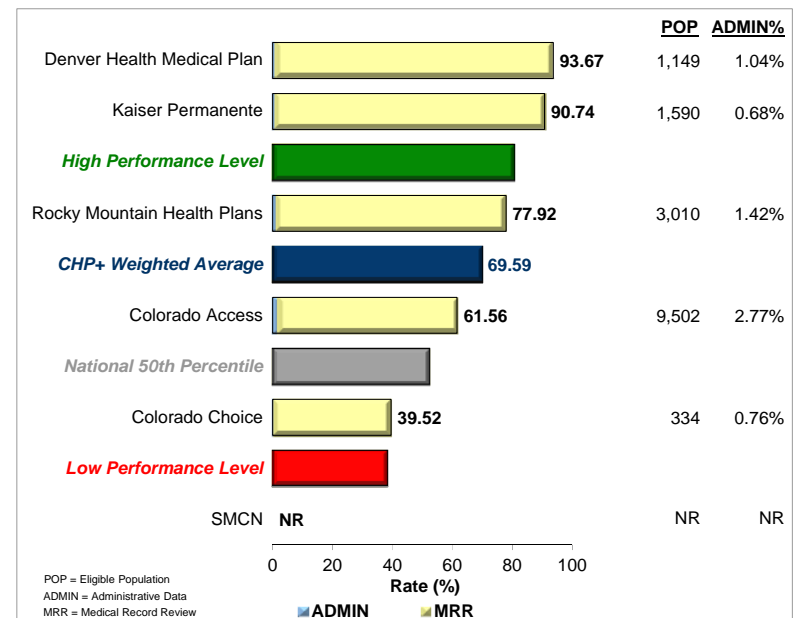
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC) calculates the percentage of enrolled members between 3 and 17 years of age, who were continuously enrolled for the measurement year, had an outpatient visit with a PCP or OB/GYN, and had evidence of BMI percentile documentation, counseling for nutrition, and counseling for physical activity during the measurement year. This measure was required for HEDIS 2014 reporting for all plans except SMCN.

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



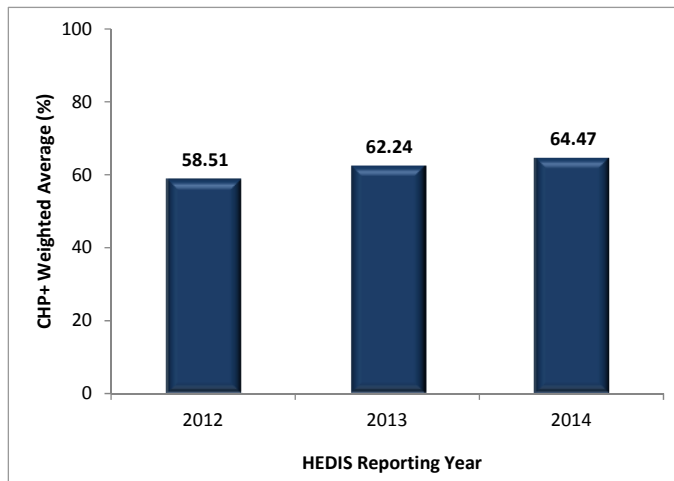
The weighted average for the *BMI Assessment: Total* indicator has shown steady improvement over the past few years. The HEDIS 2014 rate increased 0.79 percentage point from 2013. This increase was not statistically significant.

Figure 3-29—Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents —BMI Assessment: Total



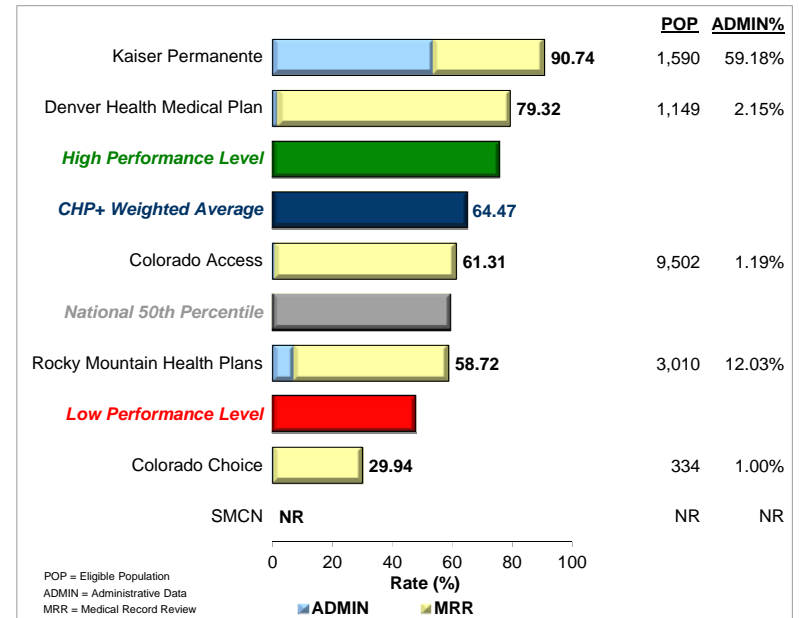
Two health plans performed above the high performance level, and none performed below the low performance level. The CHP+ weighted average ranked between the high performance level and the national 50th percentile. Plan performance varied by 54.15 percentage points. All plans relied almost exclusively on medical records when calculating their rates, suggesting incomplete claims/encounter data.

Figure 3-30—Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents —Nutrition Counseling: Total Colorado CHP+ Weighted Averages



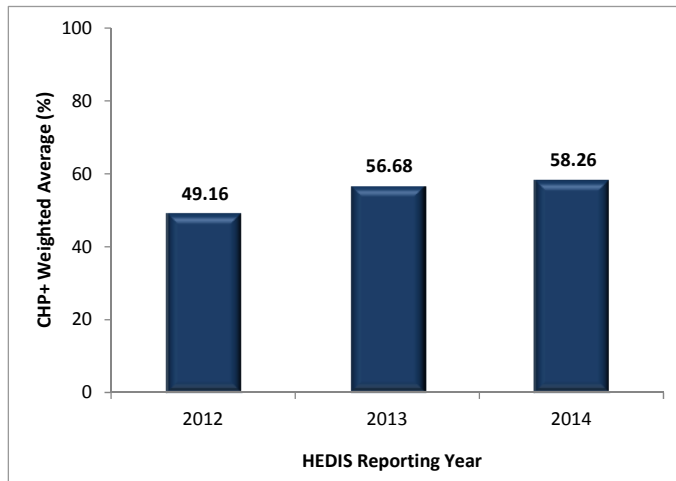
The 2014 weighted average for the *Nutrition Counseling—Total* indicator has shown steady improvement. The rate increased by 2.23 percentage points from 2013. The increase was not statistically significant.

Figure 3-31—Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents —Nutrition Counseling: Total



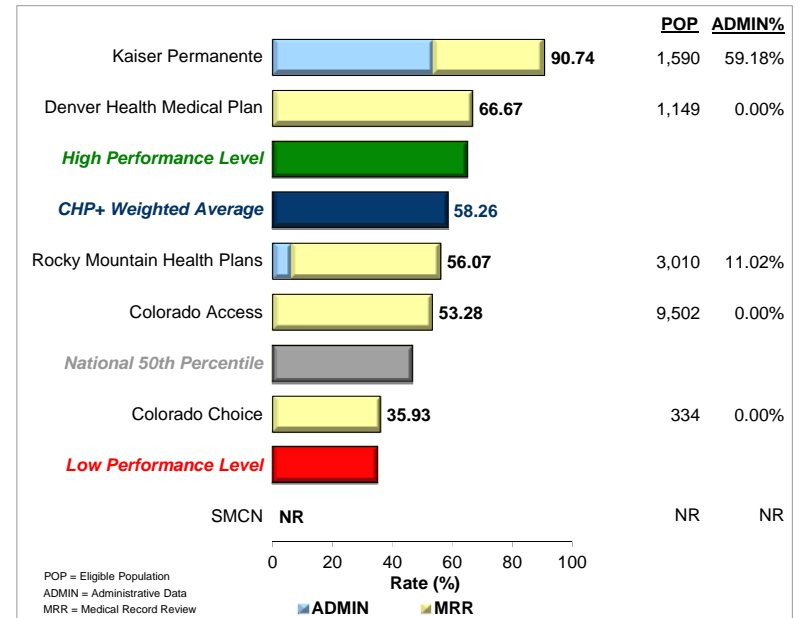
Two plans ranked above the high performance level, and one plan ranked below the low performance level. The CHP+ weighted average ranked between the high performance level and the national 50th percentile. Plan performance varied by 60.8 percentage points. The use of administrative data by the plans, as displayed in the ADMIN% column, varied widely (from 1 percent to 59.18 percent). This finding suggests that not all plans have complete claims/encounter data to calculate this indicator.

Figure 3-32—Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents —Physical Activity Counseling: Total Colorado CHP+ Weighted Averages



The 2014 weighted average for the *Physical Activity Counseling—Total* indicator has shown continuous improvement. The rate improved 1.58 percentage points from 2013. The increase was not statistically significant.

Figure 3-33—Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents —Physical Activity Counseling: Total

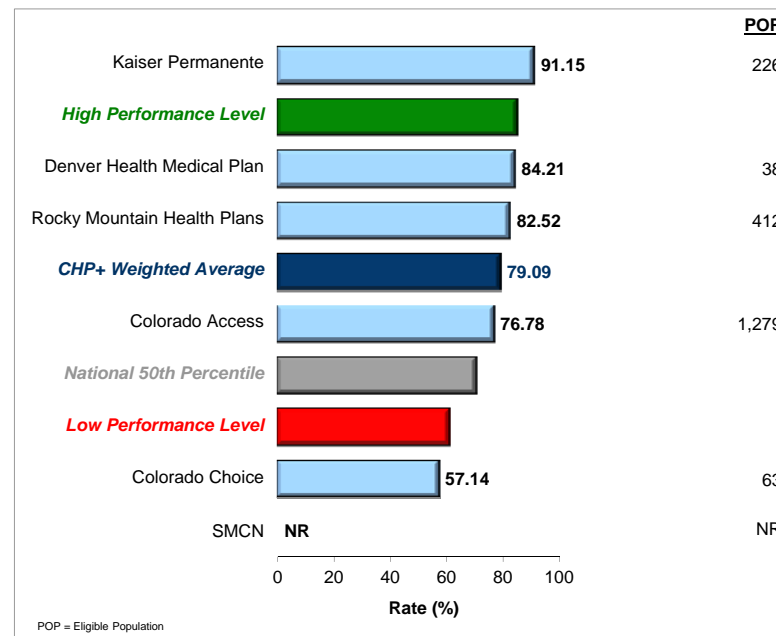


Two plans ranked above the high performance level, and none ranked below the low performance level. The CHP+ weighted average ranked between the high performance level and the national 50th percentile. Plan performance varied by 54.81 percentage points. The use of administrative data by the plans, as displayed in the ADMIN% column, varied widely: three plans relied solely on medical records, while one relied more on administrative data (nearly 60 percent) to calculate the rate. This finding suggests that not all plans have complete claims/encounter data to calculate this indicator.

Appropriate Testing for Children With Pharyngitis

The *Appropriate Testing for Children with Pharyngitis* measure is used to calculate the percentage of children 2–18 years of age who were diagnosed with pharyngitis, dispensed an antibiotic, and received a group A streptococcus (strep) test for the episode. A higher rate represents better performance (i.e., appropriate testing). This measure was newly added to the Department’s HEDIS 2014 reporting set as a required measure for all plans except SMCN; no rate trending was performed. The HEDIS 2014 statewide rate was 79.09 percent. Figure 3-34 displays the ranking of statewide and plan rates relative to the national HEDIS 2013 Medicaid percentiles.

Figure 3-34—Appropriate Testing for Children with Pharyngitis



One plan ranked above the high performance level, and one ranked below the low performance level. The CHP+ weighted average ranked between the high performance level and the national 50th percentile. Plan performance varied by 34.01 percentage points.

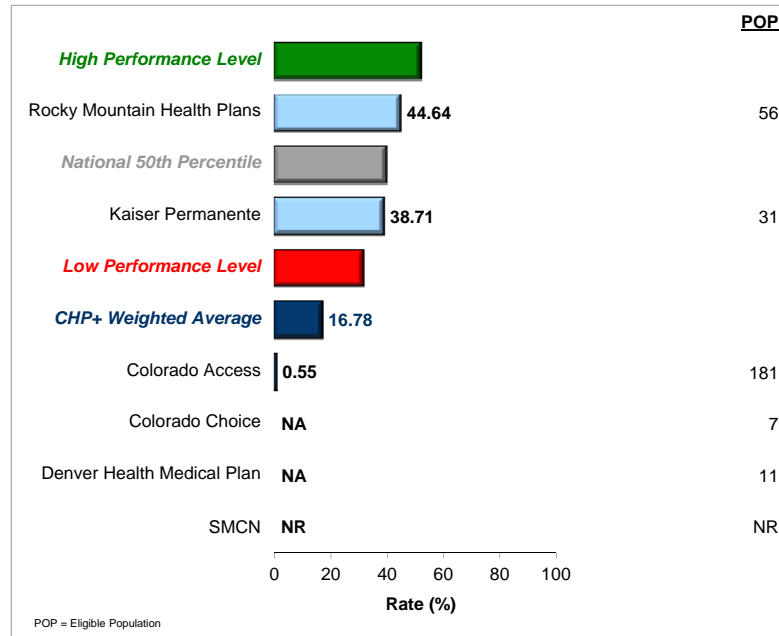
Follow-up Care for Children Prescribed ADHD Medication

The *Follow-up Care for Children Prescribed ADHD Medication* measure is used to calculate the percentage of children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed. Two rates are reported:

- ◆ **Initiation Phase.** The percentage of eligible members who had one follow-up visit with a practitioner with prescribing authority during the 30-day Initiation Phase.
- ◆ **Continuation and Maintenance (C&M) Phase.** The percentage of eligible members who had one follow-up visit with a practitioner with prescribing authority during the 30-day Initiation Phase and had at least two follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended.

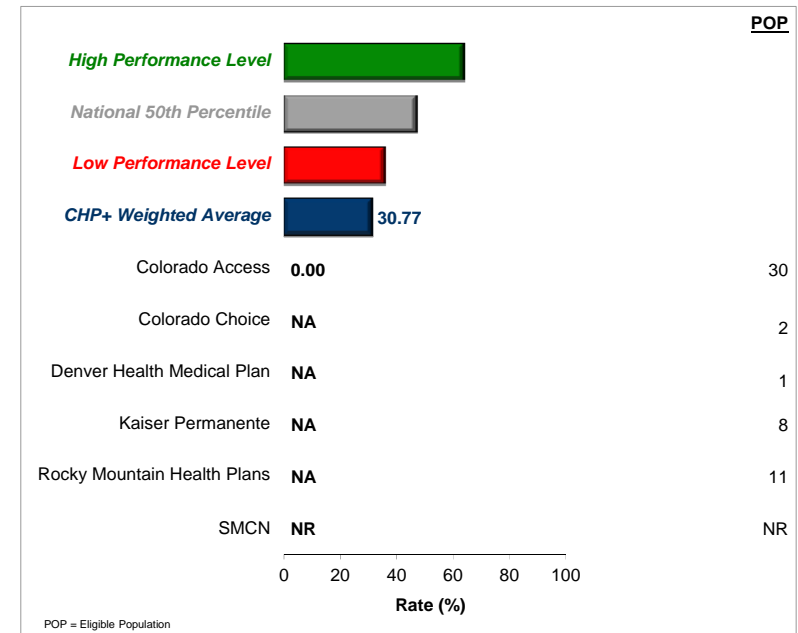
This measure was newly added to the Department's HEDIS 2014 reporting set as a required measure for all plans except SMCN; no rate trending was performed. The HEDIS 2014 statewide rates were 16.78 percent for the Initiation Phase and 30.77 percent for the Continuation and Maintenance Phase, respectively. Figure 3-35 and Figure 3-36 display the ranking of statewide and plan rates relative to the national HEDIS 2013 Medicaid percentiles for these indicators.

**Figure 3-35—Follow-up Care for Children Prescribed ADHD Medication
—Initiation**



Three plans reported a valid rate for the Initiation indicator. One plan ranked above the national 50th percentile, and another plan ranked above the low performance level. The CHP+ weighted average fell below the low performance level. Plan performance varied more than 40 percentage points (44.09 percentage points).

**Figure 3-36—Follow-up Care for Children Prescribed ADHD Medication
—Continuation**

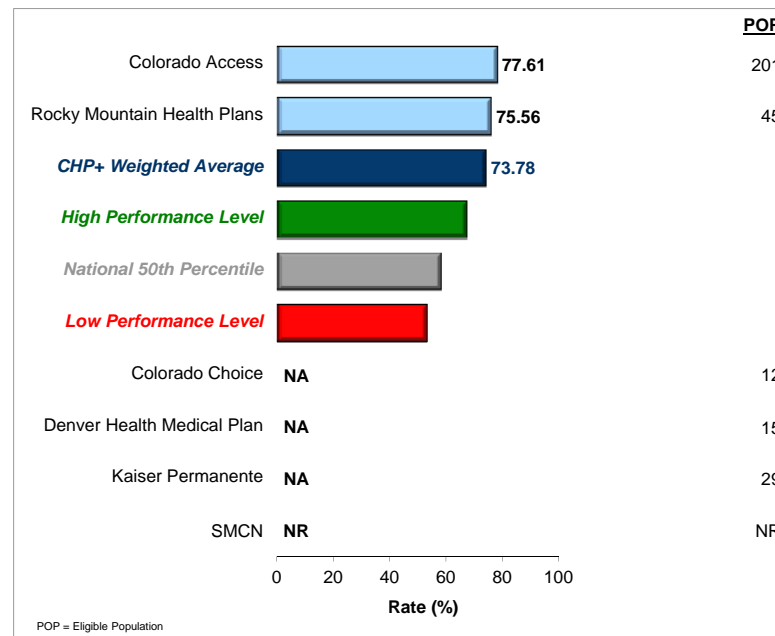


For the Continuation indicator, only one plan reported a valid rate, which fell below the low performance level. The CHP+ weighted average also fell below the low performance level.

Asthma Medication Ratio

The *Asthma Medication Ratio* measure assesses the percentage of members 5–64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year. This measure was newly added to the Department’s HEDIS 2014 reporting set as a required measure for all plans except SMCN; no rate trending was performed. The HEDIS 2014 statewide rate for all ages was 73.78 percent. Figure 3-37 displays the ranking of statewide and plan rates relative to the national HEDIS 2013 Medicaid percentiles for the *Asthma Medication Ratio—Total* indicator.

Figure 3-37—Asthma Medication Ratio—Total



Two plans reported a valid rate for the *Total* indicator and ranked above the high performance level. The CHP+ weighted average was also above the high performance level. Plan performance varied by 2.05 percentage points.

Summary of Findings

Table 3-2 presents the health plans’ performance rating for each of the measures in the Pediatric Care domain. Performance ratings are assigned by comparing the plans’ HEDIS 2014 rates to the HEDIS 2013 Medicaid benchmarks across five categories (from ★ representing *Poor Performance* to ★★★★★ representing *Excellent Performance*). Details about the performance ratings are found in Appendix C. SMCN was not required to report any measures in this domain. Plan performance was generally weakest in measures related to well-child visits.

Table 3-2—Pediatric Care Measure-Specific Performance Ratings						
Measure	Colorado Access	Colorado Choice	DHMP	Kaiser	RMHP	SMCN
<i>Childhood Immunization Status</i>						
<i>Combination 2</i>	★★★	NA	★★★★★	★★★★★	★★	NR
<i>Combination 3</i>	★★★	NA	★★★★★	★★★★★	★★★	NR
<i>Combination 4</i>	★★★	NA	★★★★★	★★★★★	★★★	NR
<i>Combination 5</i>	★★★	NA	★★★★★	★★★★★	★★★	NR
<i>Combination 6</i>	★★★★★	NA	★★★★★	★★★★★	★★★★★	NR
<i>Combination 7</i>	★★★	NA	★★★★★	★★★★★	★★★	NR
<i>Combination 8</i>	★★★★★	NA	★★★★★	★★★★★	★★★	NR
<i>Combination 9</i>	★★★★★	NA	★★★★★	★★★★★	★★★	NR
<i>Combination 10</i>	★★★★★	NA	★★★★★	★★★★★	★★★★★	NR
<i>Immunizations for Adolescents—Combination 1</i>	★★★	★	★★★★★	★★★★★	★★	NR
<i>Well-Child Visits in the First 15 Months of Life</i>						
<i>Zero Visits</i>	★★	NA	★★	★★★★★	★★	NR
<i>Six or More Visits</i>	★★★	NA	★★★	★★	★★★	NR
<i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i>	★★★	★	★★	★★★	★	NR
<i>Adolescent Well-Care Visits</i>	★★★	★	★★★	★★★	★★	NR
<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</i>						
<i>BMI Assessment: Total</i>	★★★	★★★	★★★★★	★★★★★	★★★★★	NR
<i>Nutrition Counseling: Total</i>	★★★	★	★★★★★	★★★★★	★★★	NR
<i>Physical Activity Counseling: Total</i>	★★★	★★★	★★★★★	★★★★★	★★★★★	NR
<i>Appropriate Testing for Children with Pharyngitis</i>	★★★	★★	★★★★★	★★★★★	★★★★★	NR
<i>Follow-up Care for Children Prescribed ADHD Medication</i>						
<i>Initiation</i>	★	NA	NA	★★★	★★★	NR
<i>Continuation</i>	★	NA	NA	NA	NA	NR
<i>Asthma Medication Ratio—Total</i>	★★★★★	NA	NA	NA	★★★★★	NR

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	1	4	13	1	2	0
Colorado Choice	0	0	2	1	4	14
DHMP	13	1	2	2	0	3
Kaiser	13	2	3	1	0	2
RMHP	1	5	9	4	1	1
SMCN	0	0	0	0	0	21

Kaiser and DHMP were the top-performing CHP+ health plans in the Pediatric Care domain; both had 13 rates receiving five-star ratings (rates above the national HEDIS 2013 Medicaid 90th percentile). Colorado Choice had four rates receiving one-star ratings (rates below the national 10th percentile). Overall, performance ratings among the CHP+ health plans varied widely.

Access to Care

The following pages provide an analysis of the measures under the Access to Care domain.

The Access to Care domain encompasses the following measures:

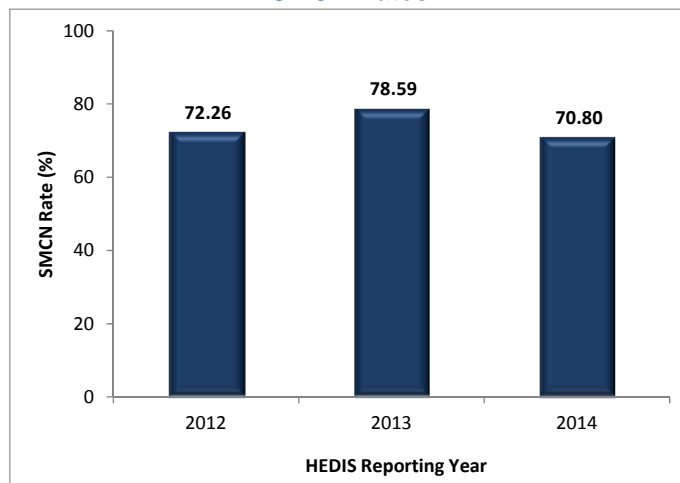
- ◆ *Prenatal and Postpartum Care (Timeline of Prenatal Care and Postpartum Care)*
- ◆ *Children’s and Adolescents’ Access to Primary Care Practitioners (Ages 12 to 24 Months, Ages 25 Months to 6 Years, Ages 7 to 11 Years, and Ages 12 to 19 Years)*

SMCN was required to report the *Prenatal and Postpartum Care* measure, and all other plans were required to report the *Children’s and Adolescents’ Access to Primary Care Practitioners* measure.

Timeliness of Prenatal Care

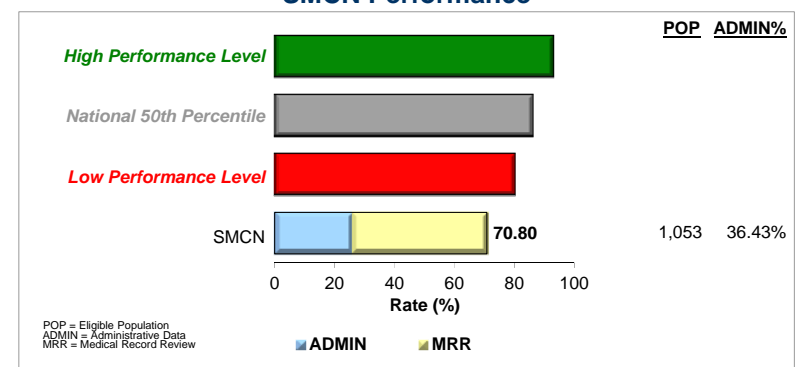
The *Timeliness of Prenatal Care* measure calculates the percentage of deliveries of live births between November 6 of the year prior to the measurement year and November 5 of the measurement year, who were continuously enrolled at least 43 days prior to delivery through 56 days after delivery, and who 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.

**Figure 3-38—Prenatal and Postpartum Care
—Timeliness of Prenatal Care
SMCN Rates**



The SMCN’s 2014 rate for *Prenatal and Postpartum Care—Timeliness of Prenatal Care* decreased significantly by 7.79 percentage points from 2013.

**Figure 3-39—Prenatal and Postpartum Care
—Timeliness of Prenatal Care
SMCN Performance**

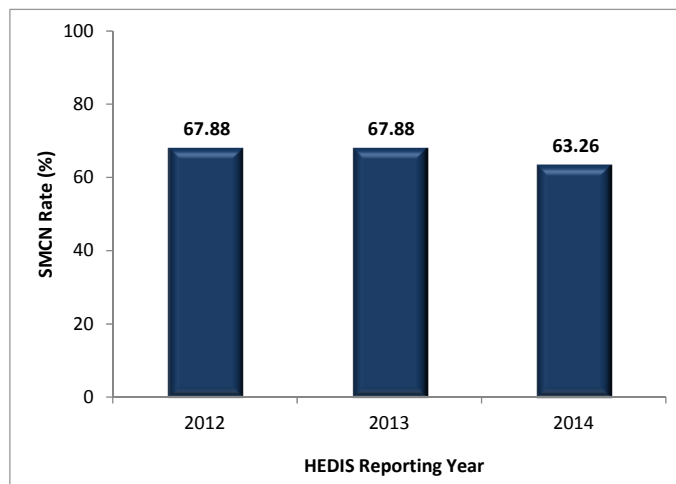


The SMCN’s rate performed below the low performance level. Slightly less than two-thirds of this rate was derived from medical records.

Postpartum Care

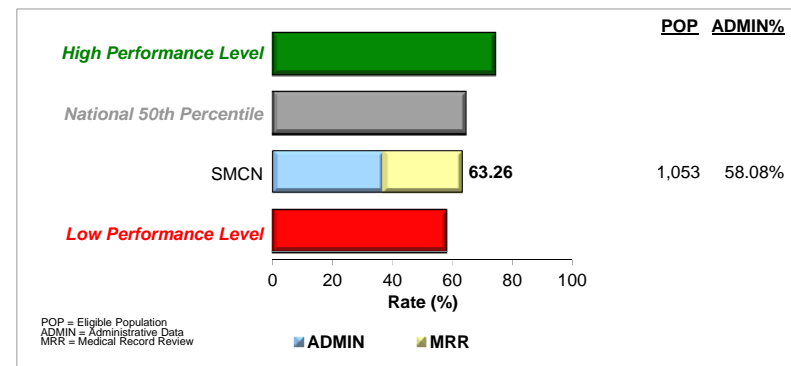
The *Postpartum Care* measure reports the percentage of deliveries of live births between November 6 of the year prior to the measurement year and November 5 of the measurement year, who were continuously enrolled at least 43 days prior to delivery through 56 days after delivery, and who received a postpartum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

Figure 3-40—Prenatal and Postpartum Care—Postpartum Care SMCN Rates



The SMCN’s 2014 rate for *Prenatal and Postpartum Care—Postpartum Care* decreased 4.62 percentage points from 2013. This decline was not statistically significant.

Figure 3-41—Prenatal and Postpartum Care—Postpartum Care SMCN Performance



The SMCN rate was slightly below the national 50th percentile. Slightly over 40 percent of the rate was based on medical records.

Children's and Adolescents' Access to Primary Care Practitioners

Children's and Adolescents' Access to Primary Care Practitioners calculates the percentage of children 12 to 24 months and 25 months to 6 years who had a visit with a PCP during the measurement year and children 7 to 11 years and adolescents 12 to 19 years who had a visit with a PCP during the measurement year or the year prior to the measurement year. This measure is reported in four age groups: 12 to 24 months, 25 months to 6 years, 7 to 11 years, and 12 to 19 years. This measure was added to the Department's HEDIS 2014 reporting set for all plans except SMCN; no trending was performed. The statewide rates for these age groups were 91.36 percent, 82.41 percent, 89.16 percent, and 88.60 percent, respectively. Figure 3-42 through Figure 3-45 display the ranking of statewide and plan rates relative to the national HEDIS 2013 Medicaid percentiles for each indicator.

Figure 3-42—Children’s and Adolescents’ Access to Primary Care Practitioners: Ages 12 to 24 Months

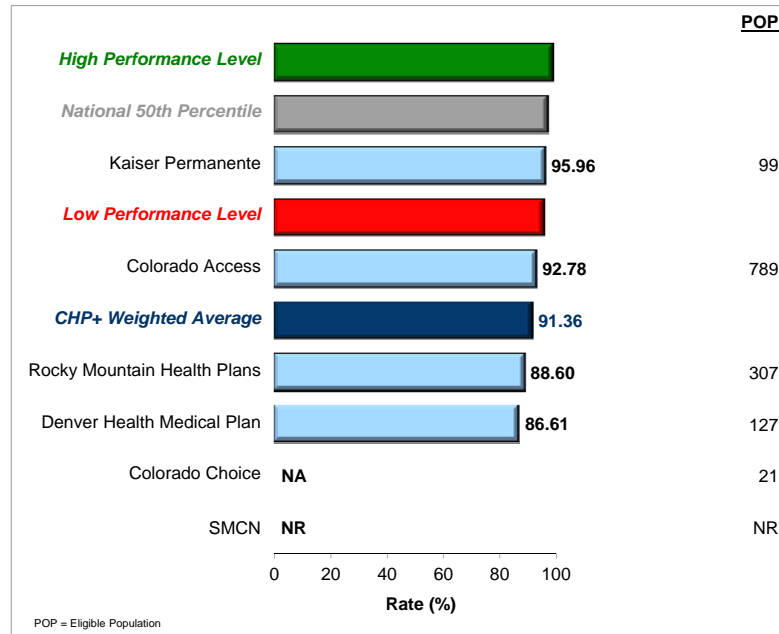
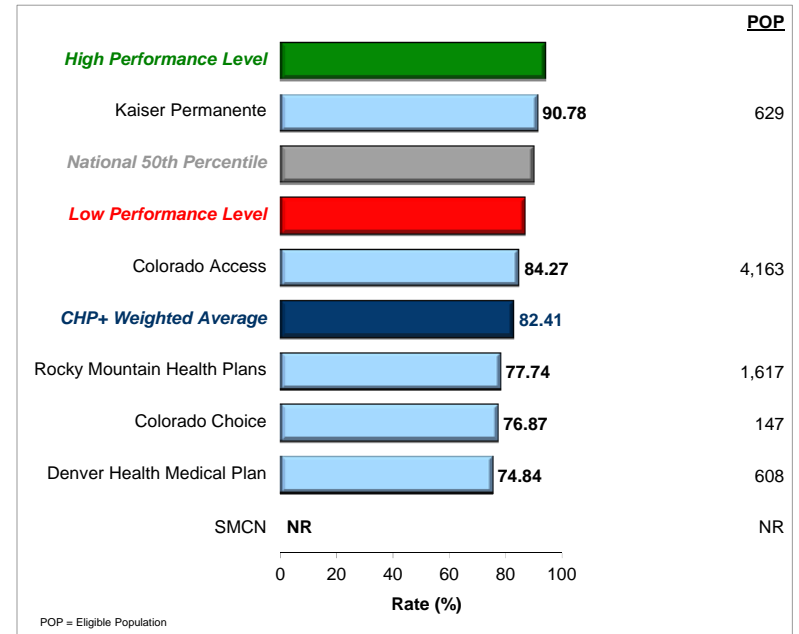


Figure 3-43—Children’s and Adolescents’ Access to Primary Care Practitioners: Ages 25 Months to 6 Years



Four plans reported a valid rate for this age group, with one plan performing above the low performance level. The CHP+ weighted average also ranked below the low performance level. Plan performance varied by 9.35 percentage points.

One plan performed above the low performance level. The CHP+ weighted average ranked below the low performance level. Plan performance varied by 15.94 percentage points.

Figure 3-44—Children’s and Adolescents’ Access to Primary Care Practitioners: Ages 7 to 11 Years

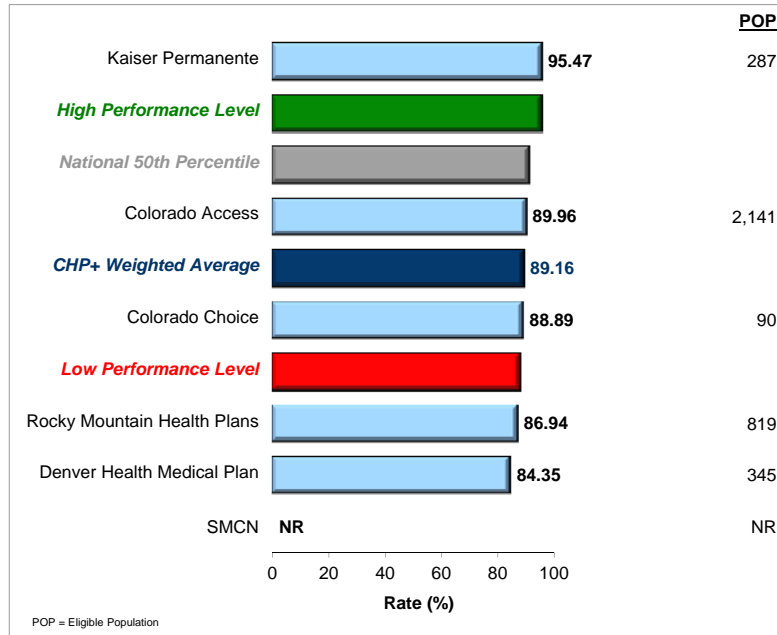
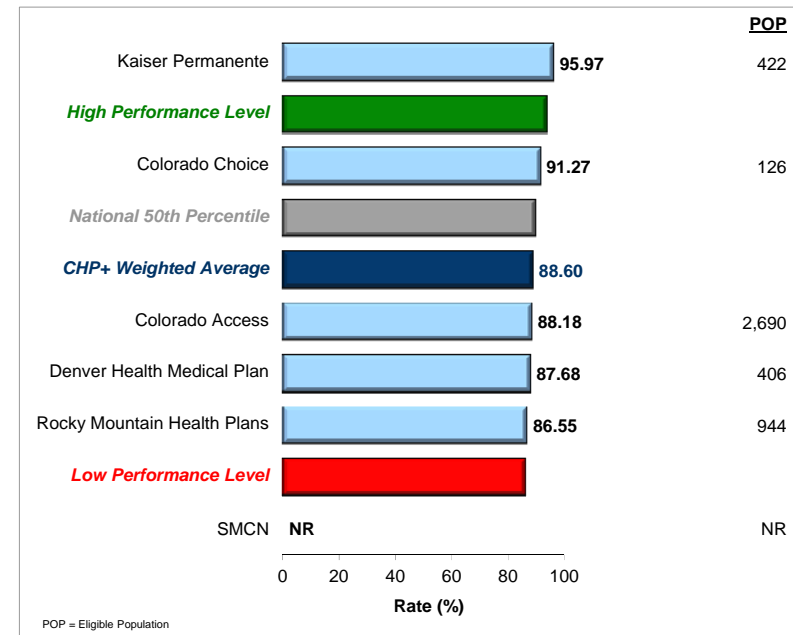


Figure 3-45—Children’s and Adolescents’ Access to Primary Care Practitioners: Ages 12 to 19 Years



Three plans performed above the low performance level. The CHP+ weighted average also ranked above the low performance level. Plan performance varied by 11.12 percentage points.

Statewide and plan performance was the strongest for this age group. One plan performed above the high performance level, and another plan performed above the national 50th percentile. The CHP+ weighted average ranked slightly below the national 50th percentile. Plan performance varied by 9.42 percentage points.

Findings

Summary of Findings

Table 3-4 presents a summary of the plans’ performance on the two measures under the Access to Care domain. The *Children’s and Adolescents’ Access to Primary Care Practitioners* measure was the only measure with more than one plan reporting the rates. For this measure, plan performance was weakest in the younger age groups (Ages 12 to 24 Months and Ages 25 Months to 6 Years).

Table 3-4—Individual Access to Care Performance Summary by Measure						
Measure	Colorado Access	Colorado Choice	DHMP	Kaiser	RMHP	SMCN
<i>Prenatal and Postpartum Care (SMCN Only)</i>						
<i>Timeliness of Prenatal Care</i>	NR	NR	NR	NR	NR	★★
<i>Postpartum Care</i>	NR	NR	NR	NR	NR	★★★★
<i>Children’s and Adolescents’ Access to Primary Care Practitioners</i>						
<i>Ages 12 to 24 Months</i>	★★	NA	★	★★★★	★	NR
<i>Ages 25 Months to 6 Years</i>	★★	★	★	★★★★	★	NR
<i>Ages 7 to 11 Years</i>	★★★★	★★★★	★★	★★★★★★	★★	NR
<i>Ages 12 to 19 Years</i>	★★★★	★★★★	★★★★	★★★★★★	★★★★	NR

Table 3-5 presents a summary of the health plans’ overall performance for the Access to Care measures.

Table 3-5—Access to Care Star Ratings Summary						
Health Plan Name	★★★★★	★★★★	★★★	★★	★	NA/NR/NB
Colorado Access	0	0	2	2	0	2
Colorado Choice	0	0	2	0	1	3
Denver Health Medical Plan	0	0	1	1	2	2
Kaiser Permanente	2	0	2	0	0	2
Rocky Mountain Health Plans	0	0	1	1	2	2
SMCN	0	0	1	1	0	4

Kaiser was the top-performing plan in this domain, with two measures receiving five-star ratings (at or above the national Medicaid HEDIS 2013 90th percentile). None of the other plans reporting rates in this domain above the 75th percentile. Denver Health Medical Plan and Rocky Mountain Health Plans both had two rates performing below the national 10th percentile.

Use of Services

For all measures in this domain, HEDIS methodology requires that the rates be derived using only the administrative method. The Use of Services domain encompasses the following measures:

- ◆ *Ambulatory Care: Total (Outpatient Visits and Emergency Department Visits)*
- ◆ *Inpatient Utilization—General Hospital/Acute Care: Total*

All plans except the SMCN were required to report these measures in HEDIS 2014. The plan’s 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 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.

Age	Colorado Access	Colorado Choice	DHMP	Kaiser	RMHP	SMCN	Total CHP+
< 1	16,102	509	1,671	2,491	4,063	NR	24,836
1–9	245,527	8,829	33,950	44,242	66,528	NR	399,076
10–19	219,396	8,633	29,682	42,963	53,798	NR	354,472
20–44	28	0	35	0	4	NR	67
45–64	0	0	0	0	0	NR	0
65+	0	0	0	0	0	NR	0
Unknown	0	0	0	0	0	NR	0
Total	481,053	17,971	65,338	89,696	124,393	NR	778,451

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

Ambulatory Care

The *Ambulatory Care: Total* measure summarizes utilization of ambulatory care for outpatient visits and emergency department (ED) visits. Table 3-7 shows the total number of these visits per 1,000 member months (MM).

Table 3-7—Ambulatory Care: Total Visits Per 1,000 MM for Total Age Group		
Health Plan Name	Outpatient Visits	Emergency Department Visits
Colorado Access	239.95	30.97
Colorado Choice	189.86	19.09
Denver Health Medical Plan	111.45	29.68
Kaiser Permanente	163.04	10.69
Rocky Mountain Health Plans	208.28	19.82
SMCN	NR	NR
2014 Colorado CHP+ Weighted Average	214.08	26.47
2013 Colorado CHP+ Weighted Average	—	30.07
2012 Colorado CHP+ Weighted Average	224.09	27.79

Findings

The *Ambulatory Care: Total—Emergency Department (ED) Visits Per 1,000 MM—Total* indicator was the only indicator with prior years’ rates available for yearly comparison. The CO CHP+ weighted average for the ED visits decreased from 2013 by 3.6 visits (12 percent). Plan visit rates varied from 10.69 visits to 30.97 visits. For outpatient visits, plan rates varied from 111.45 to 239.95 visits.

The report presents rates for measures in the Use of Services domain for informational purposes only. The rates do not indicate the quality and timeliness of, and access to, care and services. Exercise caution in connecting these data to the efficacy of the program because many factors influence these data.

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

Inpatient Utilization

The Inpatient Utilization—General Hospital/Acute Care measure summarizes utilization of acute inpatient care and services in four categories: Total Inpatient, Maternity, Surgery, and Medicine. This measure was required for CHP+ HEDIS 2014 reporting for all plans except the SMCN. For

each of these categories Statewide and plan rates are presented below for all eligible ages on the following metrics:

- ◆ Discharges Per 1,000 MM
- ◆ Days Per 1,000 MM
- ◆ Average Length of Stay

Rates for specific age groups are presented in Appendix A.

Performance Results

Table 3-8 shows the total inpatient, medicine, surgery, and maternity discharges per 1,000 MM for the total age group. HEDIS 2012 weighted averages are available for comparison.

Table 3-8—Inpatient Utilization—General Hospital/Acute Care: Total Discharges Per 1,000 MM for Total Age Group				
Health Plan Name	Total Inpatient	Medicine	Surgery	Maternity
Colorado Access	1.42	0.97	0.33	0.25
Colorado Choice	1.06	0.39	0.39	0.23
Denver Health Medical Plan	1.01	0.81	0.17	0.07
Kaiser Permanente	0.78	0.58	0.13	0.14
Rocky Mountain Health Plans	0.98	0.64	0.34	0.02
SMCN	NR	NR	NR	NR
2014 Colorado CHP+ Weighted Average	1.23	0.85	0.30	0.19
2013 Colorado CHP+ Weighted Average	—	—	—	—
2012 Colorado CHP+ Weighted Average	4.05	1.00	0.34	5.49

Overall, the 2014 Colorado Medicaid weighted average for the four types of services showed a decline in the number of discharges from the 2012 rates. Plan rate variation in discharges was smallest in the Maternity category and largest in the Total Inpatient category.

Table 3-9 shows the total inpatient, medicine, surgery, and maternity days per 1,000 MM for the total age group. HEDIS 2012 weighted averages are available for comparison.

Table 3-9—Inpatient Utilization—General Hospital/Acute Care: Total Days Per 1,000 MM for Total Age Group				
Health Plan Name	Total Inpatient	Medicine	Surgery	Maternity
Colorado Access	5.22	2.85	2.10	0.61
Colorado Choice	2.89	1.28	1.28	0.35
Denver Health Medical Plan	2.72	2.17	0.46	0.20

Table 3-9—Inpatient Utilization—General Hospital/Acute Care: Total Days Per 1,000 MM for Total Age Group				
Health Plan Name	Total Inpatient	Medicine	Surgery	Maternity
Kaiser Permanente	2.41	1.73	0.51	0.35
Rocky Mountain Health Plans	2.23	1.32	0.89	0.06
SMCN	NR	NR	NR	NR
2014 Colorado CHP+ Weighted Average	4.16	2.38	1.56	0.45
2013 Colorado CHP+ Weighted Average	—	—	—	—
2012 Colorado CHP+ Weighted Average	12.53	3.05	2.17	14.84

Overall, the 2014 Colorado Medicaid weighted average for the four types of services showed a decline in the number of days from the 2012 rates. Plan rate variation was smallest in the Maternity category and largest in the Total Inpatient category.

Table 3-10 displays the total inpatient, medicine, surgery, and maternity average length of stay for the total age group.

Table 3-10—Inpatient Utilization—General Hospital/Acute Care: Total Average Length of Stay for Total Age Group				
Health Plan Name	Total Inpatient	Medicine	Surgery	Maternity
Colorado Access	3.68	2.93	6.34	2.44
Colorado Choice	2.74	3.29	3.29	1.50
Denver Health Medical Plan	2.70	2.68	2.73	3.00
Kaiser Permanente	3.09	2.98	3.83	2.50
Rocky Mountain Health Plans	2.28	2.08	2.64	3.00
SMCN	NR	NR	NR	NR
2014 Colorado CHP+ Weighted Average	3.37	2.81	5.27	2.44
2013 Colorado CHP+ Weighted Average	—	—	—	—
2012 Colorado CHP+ Weighted Average	3.09	3.05	6.35	2.70

Overall, the 2014 Colorado Medicaid weighted average declined from 2012 for three of the four types of services except Total Inpatient. Plan rate variation was smallest in the Medicine category and largest in the Surgery category.

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 2012, HEDIS 2013, and HEDIS 2014 Colorado CHP+ weighted averages; and the national HEDIS 2013 Medicaid 50th percentile. Since national HEDIS 2013 Medicaid percentiles are not available for the CHIP population, comparison of the CHP+ plans and the SMCN’s rates to HEDIS 2013 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. In each table, cells with HEDIS 2014 rates or 2014 Medicaid Weighted Averages at or above the national Medicaid 50th percentile are coded in green. The following is a list of the tables and the measures presented in this appendix.

Measure	Table References
<i>Childhood Immunization Status—Antigens</i>	Table A-1
<i>Childhood Immunization Status—Combinations</i>	Table A-2
<i>Immunizations for Adolescents—Combination 1</i>	Table A-3
<i>Well-Child Visits in the First 15 Months of Life</i>	Table A-4
<i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i>	Table A-5
<i>Adolescent Well-Care Visits</i>	Table A-6
<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</i>	Table A-7
<i>Appropriate Testing for Children with Pharyngitis</i>	Table A-8
<i>Follow-up Care for Children Prescribed ADHD Medication</i>	Table A-9
<i>Asthma Medication Ratio—Total</i>	Table A-10
<i>Prenatal and Postpartum Care (SMCN only)</i>	Table A-11
<i>Children’s and Adolescents’ Access to Primary Care Practitioners</i>	Table A-12
<i>Ambulatory Care: Total</i>	Table A-13—Table A-14
<i>Inpatient Utilization--General Hospital/Acute Care</i>	Table A-15—Table A-26

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

Notation	Interpretation
—	Data elements were not relevant or data were not available in previous aggregate reports.
NR	Not Reportable due to one of the following: <ul style="list-style-type: none"> ◆ The calculated rate was materially biased. ◆ The organization chose not to report the measure. ◆ The organization was not required to report the measure.
NA	Indicates that the health plan followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in a Not Applicable (NA) audit designation.
	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[^]

Health Plan Name	Eligible Population	DTaP	IPV	MMR	HiB	Hepatitis B	VZV	Pneumococcal Conjugate	Hepatitis A	Rotavirus	Influenza
Colorado Access	677	77.86%	88.56%	86.37%	89.78%	87.10%	84.43%	77.86%	73.97%	71.05%	60.10%
Colorado Choice	22	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Denver Health Medical Plan	75	89.33%	98.67%	93.33%	98.67%	97.33%	93.33%	93.33%	94.67%	88.00%	78.67%
Kaiser Permanente	102	87.25%	95.10%	96.08%	94.12%	94.12%	97.06%	92.16%	96.08%	71.57%	64.71%
Rocky Mountain Health Plans	303	74.83%	85.76%	83.77%	83.44%	85.10%	83.77%	75.83%	68.21%	64.57%	56.95%
SMCN	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
2014 Colorado CHP+ Weighted Average	—	77.85%	88.08%	86.65%	88.35%	86.90%	85.62%	78.61%	75.27%	69.60%	60.00%
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%

[^] For the *Childhood Immunization Status* measure, the data collection methodology required by the Department was hybrid, administrative, and hybrid for HEDIS 2012, HEDIS 2013, and HEDIS 2014, respectively. Changes observed in the Colorado CHP+ Weighted Averages between these years may not reflect performance improvement or decline.

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	677	72.51%	68.61%	61.31%	59.37%	49.64%	54.50%	45.50%	44.04%	41.12%
Colorado Choice	22	NA	NA	NA	NA	NA	NA	NA	NA	NA
Denver Health Medical Plan	75	89.33%	89.33%	89.33%	81.33%	76.00%	81.33%	76.00%	68.00%	68.00%
Kaiser Permanente	102	85.29%	84.31%	84.31%	68.63%	59.80%	68.63%	59.80%	51.96%	51.96%
Rocky Mountain Health Plans	303	69.87%	67.88%	57.95%	51.66%	49.67%	49.01%	44.70%	40.40%	38.74%
SMCN	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
2014 Colorado CHP+ Weighted Average	—	73.25%	70.33%	63.50%	58.90%	51.53%	55.43%	47.79%	44.66%	42.56%
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%

^ For the *Childhood Immunization Status* measure, the data collection methodology required by the Department was hybrid, administrative, and hybrid for HEDIS 2012, HEDIS 2013, and HEDIS 2014, respectively. Changes observed in the Colorado CHP+ Weighted Averages between these years may not reflect performance improvement or decline.

Table A-3—Immunizations for Adolescents				
Health Plan Name	Eligible Population	Meningococcal	Tdap/Td	Combination 1
Colorado Access	873	65.94%	87.59%	64.96%
Colorado Choice	31	25.81%	61.29%	25.81%
Denver Health Medical Plan	122	90.98%	91.80%	90.16%
Kaiser Permanente	104	90.38%	92.31%	89.42%
Rocky Mountain Health Plans	263	55.13%	88.97%	55.13%
SMCN	NR	NR	NR	NR
2014 Colorado CHP+ Weighted Average	—	67.02%	87.99%	66.27%
2013 Colorado CHP+ Weighted Average	—	—	—	—
2012 Colorado CHP+ Weighted Average	—	—	—	—

Table A-4—Well-Child Visits in the First 15 Months of Life[^]			
Health Plan Name	Eligible Population	Zero Visits[†]	Six or More Visits
Colorado Access	645	2.19%	70.80%
Colorado Choice	16	NA	NA
Denver Health Medical Plan	45	2.22%	62.22%
Kaiser Permanente	104	0.00%	51.92%
Rocky Mountain Health Plans	262	2.67%	69.08%
SMCN	NR	NR	NR
2014 Colorado CHP+ Weighted Average	—	2.16%	67.41%
2013 Colorado CHP+ Weighted Average	—	2.67%	25.48%
2012 Colorado CHP+ Weighted Average	—	4.21%	25.28%

[†] For *Well-Child Visits in the First 15 Months of Life—Zero Visits*, a lower rate indicates better performance.
[^] For the *Well-Child Visits in the First 15 Months of Life* measure, the data collection methodology required by the Department was changed from administrative for HEDIS 2013 to hybrid for HEDIS 2014. Changes observed in the Colorado CHP+ Weighted Averages between these years may not reflect actual performance changes.

Table A-5—Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life [^]		
Health Plan Name	Eligible Population	Rate
Colorado Access	3,369	70.35%
Colorado Choice	119	57.98%
Denver Health Medical Plan	508	67.15%
Kaiser Permanente	516	68.02%
Rocky Mountain Health Plans	1,287	55.41%
SMCN	NR	NR
2014 Colorado CHP+ Weighted Average	—	66.29%
2013 Colorado CHP+ Weighted Average	—	61.26%
2012 Colorado CHP+ Weighted Average	—	64.17%
[^] For the <i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i> measure, the data collection methodology required by the Department was changed from administrative for HEDIS 2013 to hybrid for HEDIS 2014. Changes observed in the Colorado CHP+ Weighted Averages between these years may not reflect actual performance changes.		

Table A-6—Adolescent Well-Care Visits [^]		
Health Plan Name	Eligible Population	Rate
Colorado Access	5,426	43.80%
Colorado Choice	208	37.02%
Denver Health Medical Plan	742	48.91%
Kaiser Permanente	906	49.78%
Rocky Mountain Health Plans	1,764	40.40%
SMCN	NR	NR
2014 Colorado CHP+ Weighted Average	—	44.00%
2013 Colorado CHP+ Weighted Average	—	42.09%
2012 Colorado CHP+ Weighted Average	—	44.79%
[^] For the <i>Adolescent Well-Care Visits</i> measure, the data collection methodology required by the Department was changed from administrative for HEDIS 2013 to hybrid for HEDIS 2014. Changes observed in the Colorado CHP+ Weighted Averages between these years may not reflect actual performance changes.		

Table A-7—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	6,107	61.76%	63.24%	50.00%	3,395	61.15%	57.55%	59.71%	9,502	61.56%	61.31%	53.28%
Colorado Choice	203	36.45%	33.50%	29.06%	131	44.27%	24.43%	46.56%	334	39.52%	29.94%	35.93%
Denver Health Medical Plan	741	93.96%	81.13%	61.13%	408	93.15%	76.03%	76.71%	1,149	93.67%	79.32%	66.67%
Kaiser Permanente	968	90.09%	90.09%	90.09%	622	92.16%	92.16%	92.16%	1,590	90.74%	90.74%	90.74%
Rocky Mountain Health Plans	1,990	78.00%	61.67%	58.33%	1,020	77.78%	52.94%	51.63%	3,010	77.92%	58.72%	56.07%
SMCN	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
2014 Colorado CHP+ Weighted Average	—	69.60%	66.24%	55.93%	—	69.60%	61.14%	62.79%	—	69.59%	64.47%	58.26%
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%

Table A-8—Appropriate Testing for Children with Pharyngitis		
Health Plan Name	Eligible Population	Rate
Colorado Access	1,279	76.78%
Colorado Choice	63	57.14%
Denver Health Medical Plan	38	84.21%
Kaiser Permanente	226	91.15%
Rocky Mountain Health Plans	412	82.52%
SMCN	NR	NR
2014 Colorado CHP+ Weighted Average	—	79.09%
2013 Colorado CHP+ Weighted Average	—	—
2012 Colorado CHP+ Weighted Average	—	—

Table A-9—Follow-up Care for Children Prescribed ADHD Medication				
Health Plan Name	Initiation		Continuation	
	Eligible Population	Rate	Eligible Population	Rate
Colorado Access	181	0.55%	30	0.00%
Colorado Choice	7	NA	2	NA
Denver Health Medical Plan	11	NA	1	NA
Kaiser Permanente	31	38.71%	8	NA
Rocky Mountain Health Plans	56	44.64%	11	NA
SMCN	NR	NR	NR	NR
2014 Colorado CHP+ Weighted Average	—	16.78%	—	30.77%
2013 Colorado CHP+ Weighted Average	—	—	—	—
2012 Colorado CHP+ Weighted Average	—	—	—	—

Table A-10—Asthma Medication Ratio

Health Plan Name	Ages 5 to 11 Years		Ages 12 to 18 Years		Ages 19 to 50 Years		Ages 51 to 64 Years		Total	
	Eligible Population	Rate	Eligible Population	Rate	Eligible Population	Rate	Eligible Population	Rate	Eligible Population	Rate
Colorado Access	108	80.56%	92	73.91%	1	NA	0	NA	201	77.61%
Colorado Choice	5	NA	7	NA	0	NA	0	NA	12	NA
Denver Health Medical Plan	9	NA	6	NA	0	NA	0	NA	15	NA
Kaiser Permanente	13	NA	15	NA	1	NA	0	NA	29	NA
Rocky Mountain Health Plans	29	NA	16	NA	0	NA	0	NA	45	75.56%
SMCN	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
2014 Colorado CHP+ Weighted Average	—	76.22%	—	70.47%	—	NA	—	NA	—	73.78%
2013 Colorado CHP+ Weighted Average	—	—	—	—	—	—	—	—	—	—
2012 Colorado CHP+ Weighted Average	—	—	—	—	—	—	—	—	—	—

Table A-11—Prenatal and Postpartum Care

Health Plan Name	Timeliness of Prenatal Care		Postpartum Care	
	Eligible Population	Rate	Eligible Population	Rate
2014 SMCN Rate	—	70.80%	—	63.26%
2013 SMCN Rate	—	78.59%	—	67.88%
2012 SMCN Rate	—	72.26%	—	67.88%

Table A-12—Children's and Adolescents' Access to Primary Care Practitioners

Health Plan Name	Ages 12 to 24 Months		Ages 25 Months to 6 Years		Ages 7 to 11 Years		Ages 12 to 19 Years	
	Eligible Population	Rate	Eligible Population	Rate	Eligible Population	Rate	Eligible Population	Rate
Colorado Access	789	92.78%	4,163	84.27%	2,141	89.96%	2,690	88.18%
Colorado Choice	21	NA	147	76.87%	90	88.89%	126	91.27%
Denver Health Medical Plan	127	86.61%	608	74.84%	345	84.35%	406	87.68%
Kaiser Permanente	99	95.96%	629	90.78%	287	95.47%	422	95.97%
Rocky Mountain Health Plans	307	88.60%	1,617	77.74%	819	86.94%	944	86.55%
SMCN	NR	NR	NR	NR	NR	NR	NR	NR
2014 Colorado CHP+ Weighted Average	—	91.36%	—	82.41%	—	89.16%	—	88.60%
2013 Colorado CHP+ Weighted Average	—	—	—	—	—	—	—	—
2012 Colorado CHP+ Weighted Average	—	—	—	—	—	—	—	—

Table A-13—Ambulatory Care: Total Outpatient 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	620.73	239.65	212.36	71.43					239.95
Colorado Choice	538.31	184.39	174.91						189.86
Denver Health Medical Plan	270.50	107.89	106.66	28.57					111.45
Kaiser Permanente	200.32	150.81	172.99						163.04
Rocky Mountain Health Plans	567.31	210.95	177.87	0.00					208.28
SMCN	NR	NR	NR	NR	NR	NR	NR	NR	NR
2014 Colorado CHP+ Weighted Average	544.57	212.58	192.59	44.78					214.08
2013 Colorado CHP+ Weighted Average	—	—	—	—	—	—	—	—	—
2012 Colorado CHP+ Weighted Average	679.98	211.73	189.84	358.87	527.78				224.09

Table A-14—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	64.28	32.01	27.36	0.00					30.97
Colorado Choice	15.72	18.01	20.39						19.09
Denver Health Medical Plan	70.02	33.58	22.98	0.00					29.68
Kaiser Permanente	9.63	9.92	11.47						10.69
Rocky Mountain Health Plans	33.47	19.41	19.31	0.00					19.82
SMCN	NR	NR	NR	NR	NR	NR	NR	NR	NR
2014 Colorado CHP+ Weighted Average	53.15	27.28	23.68	<0.01					26.47
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

Table A-15—Inpatient Utilization—General Hospital/Acute Care: Total—Discharges per 1,000 MM (Inpatient)									
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	6.09	1.29	1.22	0.00					1.42
Colorado Choice	5.89	0.68	1.16						1.06
Denver Health Medical Plan	4.79	1.18	0.61	0.00					1.01
Kaiser Permanente	1.20	0.70	0.84						0.78
Rocky Mountain Health Plans	4.68	0.95	0.74	0.00					0.98
SMCN	NR	NR	NR	NR	NR	NR	NR	NR	NR
2014 Colorado CHP+ Weighted Average	5.27	1.15	1.05	0.00					1.23
2013 Colorado CHP+ Weighted Average	—	—	—	—	—	—	—	—	—
2012 Colorado CHP+ Weighted Average	6.13	1.15	1.65	90.70	55.56				4.05

Table A-16—Inpatient Utilization—General Hospital/Acute Care: Total—Days per 1,000 MM (Inpatient)									
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	29.31	4.46	4.31	0.00					5.22
Colorado Choice	23.58	1.47	3.13						2.89
Denver Health Medical Plan	12.57	3.00	1.85	0.00					2.72
Kaiser Permanente	2.41	1.79	3.05						2.41
Rocky Mountain Health Plans	11.57	2.04	1.77	0.00					2.23
SMCN	NR	NR	NR	NR	NR	NR	NR	NR	NR
2014 Colorado CHP+ Weighted Average	22.47	3.57	3.53	0.00					4.16
2013 Colorado CHP+ Weighted Average	—	—	—	—	—	—	—	—	—
2012 Colorado CHP+ Weighted Average	40.24	3.25	5.62	246.40	166.67				12.53

Table A-17—Inpatient Utilization—General Hospital/Acute Care: Total—Average Length of Stay (Inpatient)									
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	4.82	3.45	3.54	NA					3.68
Colorado Choice	4.00	2.17	2.70						2.74
Denver Health Medical Plan	2.63	2.55	3.06	NA					2.70
Kaiser Permanente	2.00	2.55	3.64						3.09
Rocky Mountain Health Plans	2.47	2.16	2.38	NA					2.28
SMCN	NR	NR	NR	NR	NR	NR	NR	NR	NR
2014 Colorado CHP+ Weighted Average	4.26	3.12	3.38	NA					3.37
2013 Colorado CHP+ Weighted Average	—	—	—	—	—	—	—	—	—
2012 Colorado CHP+ Weighted Average	6.56	2.84	3.42	2.72	3.00				3.09

Table A-18—Inpatient Utilization—General Hospital/Acute Care: Total—Discharges per 1,000 MM (Medicine)									
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	5.03	1.03	0.61	0.00					0.97
Colorado Choice	0.00	0.11	0.70						0.39
Denver Health Medical Plan	4.19	1.09	0.30	0.00					0.81
Kaiser Permanente	1.20	0.59	0.54						0.58
Rocky Mountain Health Plans	4.18	0.62	0.39	0.00					0.64
SMCN	NR	NR	NR	NR	NR	NR	NR	NR	NR
2014 Colorado CHP+ Weighted Average	4.35	0.90	0.54	0.00					0.85
2013 Colorado CHP+ Weighted Average	—	—	—	—	—	—	—	—	—
2012 Colorado CHP+ Weighted Average	5.25	0.95	0.74	0.25	0.00				1.00

Table A-19—Inpatient Utilization—General Hospital/Acute Care: Total—Days per 1,000 MM (Medicine)									
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	19.69	2.85	1.61	0.00					2.85
Colorado Choice	0.00	0.34	2.32						1.28
Denver Health Medical Plan	11.37	2.80	0.94	0.00					2.17
Kaiser Permanente	2.41	1.54	1.89						1.73
Rocky Mountain Health Plans	10.34	1.16	0.84	0.00					1.32
SMCN	NR	NR	NR	NR	NR	NR	NR	NR	NR
2014 Colorado CHP+ Weighted Average	15.46	2.36	1.49	0.00					2.38
2013 Colorado CHP+ Weighted Average	—	—	—	—	—	—	—	—	—
2012 Colorado CHP+ Weighted Average	28.01	2.20	1.90	1.09	0.00				3.05

Table A-20—Inpatient Utilization—General Hospital/Acute Care: Total—Average Length of Stay (Medicine)									
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	3.91	2.76	2.65	NA					2.93
Colorado Choice	NA	3.00	3.33						3.29
Denver Health Medical Plan	2.71	2.57	3.11	NA					2.68
Kaiser Permanente	2.00	2.62	3.52						2.98
Rocky Mountain Health Plans	2.47	1.88	2.14	NA					2.08
SMCN	NR	NR	NR	NR	NR	NR	NR	NR	NR
2014 Colorado CHP+ Weighted Average	3.56	2.63	2.74	NA					2.81
2013 Colorado CHP+ Weighted Average	—	—	—	—	—	—	—	—	—
2012 Colorado CHP+ Weighted Average	5.34	2.32	2.57	4.33	NA				3.05

Table A-21—Inpatient Utilization—General Hospital/Acute Care: Total—Discharges per 1,000 MM (Surgery)									
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	1.06	0.26	0.36	0.00					0.33
Colorado Choice	0.00	0.11	0.70						0.39
Denver Health Medical Plan	0.60	0.09	0.24	0.00					0.17
Kaiser Permanente	0.00	0.11	0.16						0.13
Rocky Mountain Health Plans	0.49	0.33	0.33	0.00					0.34
SMCN	NR	NR	NR	NR	NR	NR	NR	NR	NR
2014 Colorado CHP+ Weighted Average	0.81	0.24	0.33	0.00					0.30
2013 Colorado CHP+ Weighted Average	—	—	—	—	—	—	—	—	—
2012 Colorado CHP+ Weighted Average	0.88	0.20	0.45	0.25	0.00				0.34

Table A-22—Inpatient Utilization—General Hospital/Acute Care: Total—Days per 1,000 MM (Surgery)									
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	9.63	1.61	2.09	0.00					2.10
Colorado Choice	0.00	0.34	2.32						1.28
Denver Health Medical Plan	1.20	0.21	0.71	0.00					0.46
Kaiser Permanente	0.00	0.25	0.81						0.51
Rocky Mountain Health Plans	1.23	0.89	0.87	0.00					0.89
SMCN	NR	NR	NR	NR	NR	NR	NR	NR	NR
2014 Colorado CHP+ Weighted Average	6.52	1.19	1.64	0.00					1.56
2013 Colorado CHP+ Weighted Average	—	—	—	—	—	—	—	—	—
2012 Colorado CHP+ Weighted Average	12.23	1.05	2.55	0.46	0.00				2.17

Table A-23—Inpatient Utilization—General Hospital/Acute Care: Total—Length of Stay (Surgery)									
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	9.12	6.27	5.80	NA					6.34
Colorado Choice	NA	3.00	3.33						3.29
Denver Health Medical Plan	2.00	2.33	3.00	NA					2.73
Kaiser Permanente	NA	2.20	5.00						3.83
Rocky Mountain Health Plans	2.50	2.68	2.61	NA					2.64
SMCN	NR	NR	NR	NR	NR	NR	NR	NR	NR
2014 Colorado CHP+ Weighted Average	8.10	5.05	4.97	NA					5.27
2013 Colorado CHP+ Weighted Average	—	—	—	—	—	—	—	—	—
2012 Colorado CHP+ Weighted Average	13.90	5.26	5.73	1.83	NA				6.35

Table A-24—Inpatient Utilization—General Hospital/Acute Care: Total—Discharges per 1,000 MM (Maternity)				
Health Plan Name	Ages 10–19 Years	Ages 20–44 Years	Ages 45–64 Years	Total
Colorado Access	0.25	0.00		0.25
Colorado Choice	0.23			0.23
Denver Health Medical Plan	0.07	0.00		0.07
Kaiser Permanente	0.14			0.14
Rocky Mountain Health Plans	0.02	0.00		0.02
SMCN	NR	NR	NR	NR
2014 Colorado CHP+ Weighted Average	0.19	0.00		0.19
2013 Colorado CHP+ Weighted Average	—	—	—	—
2012 Colorado CHP+ Weighted Average	0.46	90.20	55.56	5.49

Table A-25—Inpatient Utilization—General Hospital/Acute Care: Total—Days per 1,000 MM (Maternity)				
Health Plan Name	Ages 10–19 Years	Ages 20–44 Years	Ages 45–64 Years	Total
Colorado Access	0.61	0.00		0.61
Colorado Choice	0.35			0.35
Denver Health Medical Plan	0.20	0.00		0.20
Kaiser Permanente	0.35			0.35
Rocky Mountain Health Plans	0.06	0.00		0.06
SMCN	NR	NR	NR	NR
2014 Colorado CHP+ Weighted Average	0.45	0.00		0.45
2013 Colorado CHP+ Weighted Average	—	—	—	—
2012 Colorado CHP+ Weighted Average	1.18	244.85	166.67	14.84

Table A-26—Inpatient Utilization—General Hospital/Acute Care: Total—Average Length of Stay (Maternity)				
Health Plan Name	Ages 10–19 Years	Ages 20–44 Years	Ages 45–64 Years	Total
Colorado Access	2.44	NA		2.44
Colorado Choice	1.50			1.50
Denver Health Medical Plan	3.00	NA		3.00
Kaiser Permanente	2.50			2.50
Rocky Mountain Health Plans	3.00	NA		3.00
SMCN	NR	NR	NR	NR
2014 Colorado CHP+ Weighted Average	2.44	NA		2.44
2013 Colorado CHP+ Weighted Average	—	—	—	—
2012 Colorado CHP+ Weighted Average	2.54	2.71	3.00	2.70

Appendix B includes trend tables for each of the Colorado CHP+ health plans. Where applicable, measure rates for HEDIS 2012, HEDIS 2013, and HEDIS 2014 are presented. Also, the HEDIS 2014 rates were compared to the HEDIS 2013 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. Please note that statistical tests were not performed for measures under the Use of Service domain.

Change From HEDIS 2012–2013	Interpretation
+2.5	The HEDIS 2014 rate is 2.5 percentage points <i>higher</i> than the HEDIS 2013 rate.
- 2.5	The HEDIS 2014 rate is 2.5 percentage points <i>lower</i> than the HEDIS 2013 rate.
+2.5	The HEDIS 2014 rate is 2.5 percentage points <i>statistically significantly higher</i> than the HEDIS 2013 rate.
- 2.5	The HEDIS 2014 rate is 2.5 percentage points <i>statistically significantly lower</i> than the HEDIS 2013 rate.

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

- ◆ Table B-1—Colorado Access
- ◆ Table B-2—Colorado Choice
- ◆ Table B-3—Denver Health Medical Plan, Inc. (DHMP)
- ◆ Table B-4—Kaiser Permanente (Kaiser)
- ◆ Table B-5—Rocky Mountain Health Plans (RMHP)
- ◆ Table B-6—State Managed Care Network (SMCN)
- ◆ Table B-7—Colorado CHP+ Statewide Trend Table

Table B-1—Colorado Access Trend Table

Measures	HEDIS 2012	HEDIS 2013	HEDIS 2014	Change From 2013–2014
Pediatric Care				
<i>Childhood Immunization Status¹</i>				
<i>DTaP</i>	83.38%	62.04%	77.86%	+15.82
<i>IPV</i>	92.52%	73.22%	88.56%	+15.34
<i>MMR</i>	91.97%	81.12%	86.37%	+5.25
<i>HiB</i>	94.18%	75.92%	89.78%	+13.86
<i>Hepatitis B</i>	87.26%	67.44%	87.10%	+19.66
<i>VZV</i>	91.14%	78.42%	84.43%	+6.01
<i>Pneumococcal Conjugate</i>	83.93%	63.01%	77.86%	+14.85
<i>Hepatitis A</i>	37.12%	67.82%	73.97%	+6.15
<i>Rotavirus</i>	63.43%	52.02%	71.05%	+19.03
<i>Influenza</i>	52.08%	49.13%	60.10%	+10.97
<i>Combination 2</i>	77.01%	54.53%	72.51%	+17.98
<i>Combination 3</i>	74.79%	52.41%	68.61%	+16.20
<i>Combination 4</i>	32.69%	46.82%	61.31%	+14.49
<i>Combination 5</i>	52.35%	41.43%	59.37%	+17.94
<i>Combination 6</i>	45.15%	34.30%	49.64%	+15.34
<i>Combination 7</i>	21.88%	37.57%	54.50%	+16.93
<i>Combination 8</i>	21.61%	31.41%	45.50%	+14.09
<i>Combination 9</i>	35.18%	28.13%	44.04%	+15.91
<i>Combination 10</i>	16.07%	25.82%	41.12%	+15.30
<i>Immunizations for Adolescents</i>				
<i>Meningococcal</i>	—	—	65.94%	—
<i>Tdap/Td</i>	—	—	87.59%	—
<i>Combination 1</i>	—	—	64.96%	—
<i>Well-Child Visits in the First 15 Months of Life²</i>				
<i>Zero Visits*</i>	4.59%	2.14%	2.19%	+0.05
<i>Six or More Visits</i>	11.66%	13.64%	70.80%	+57.16
<i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life³</i>	66.62%	63.20%	70.35%	+7.15
<i>Adolescent Well-Care Visits⁴</i>	44.50%	43.39%	43.80%	+0.41

Table B-1—Colorado Access Trend Table

Measures	HEDIS 2012	HEDIS 2013	HEDIS 2014	Change From 2013–2014
<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</i>				
<i>BMI Assessment: Ages 3 to 11 Years</i>	51.76%	64.23%	61.76%	-2.47
<i>Nutrition Counseling: Ages 3 to 11 Years</i>	57.25%	62.31%	63.24%	+0.93
<i>Physical Activity Counseling: Ages 3 to 11 Years</i>	41.18%	50.77%	50.00%	-0.77
<i>BMI Assessment: Ages 12 to 17 Years</i>	53.85%	63.58%	61.15%	-2.43
<i>Nutrition Counseling: Ages 12 to 17 Years</i>	51.92%	49.67%	57.55%	+7.88
<i>Physical Activity Counseling: Ages 12 to 17 Years</i>	54.49%	54.97%	59.71%	+4.74
<i>BMI Assessment: Total</i>	52.55%	63.99%	61.56%	-2.43
<i>Nutrition Counseling: Total</i>	55.23%	57.66%	61.31%	+3.65
<i>Physical Activity Counseling: Total</i>	46.23%	52.31%	53.28%	+0.97
<i>Appropriate Testing for Children with Pharyngitis</i>	—	—	76.78%	—
<i>Follow-up Care for Children Prescribed ADHD Medication</i>				
<i>Initiation</i>	—	—	0.55%	—
<i>Continuation</i>	—	—	0.00%	—
<i>Asthma Medication Ratio</i>				
<i>Ages 5 to 11 Years</i>	—	—	80.56%	—
<i>Ages 12 to 18 Years</i>	—	—	73.91%	—
<i>Ages 19 to 50 Years</i>	—	—	NA	—
<i>Ages 51 to 64 Years</i>	—	—	NA	—
<i>Total</i>	—	—	77.61%	—
Access to Care				
<i>Children’s and Adolescents’ Access to Primary Care Practitioners</i>				
<i>Ages 12 to 24 Months</i>	—	—	92.78%	—
<i>Ages 25 Months to 6 Years</i>	—	—	84.27%	—
<i>Ages 7 to 11 Years</i>	—	—	89.96%	—
<i>Ages 12 to 19 Years</i>	—	—	88.18%	—
Use of Services†				
<i>Ambulatory Care: Total</i>				
<i>Outpatient Visits Per 1,000 MM: Total</i>	234.54	—	239.95	—
<i>Emergency Department Visits Per 1,000 MM: Total</i>	28.97	32.93	30.97	-1.96
<i>Inpatient Utilization—General Hospital/Acute Care: Total</i>				
<i>Discharges per 1,000 MM (Total Inpatient)</i>	1.49	—	1.42	—

Table B-1—Colorado Access Trend Table

Measures	HEDIS 2012	HEDIS 2013	HEDIS 2014	Change From 2013–2014
<i>Days per 1,000 MM (Total Inpatient)</i>	5.42	—	5.22	—
<i>Average Length of Stay (Total Inpatient)</i>	3.64	—	3.68	—
<i>Discharges per 1,000 MM (Medicine)</i>	0.97	—	0.97	—
<i>Days per 1,000 MM (Medicine)</i>	2.50	—	2.85	—
<i>Average Length of Stay (Medicine)</i>	2.58	—	2.93	—
<i>Discharges per 1,000 MM (Surgery)</i>	0.35	—	0.33	—
<i>Days per 1,000 MM (Surgery)</i>	2.53	—	2.10	—
<i>Average Length of Stay (Surgery)</i>	7.17	—	6.34	—
<i>Discharges per 1,000 MM (Maternity)</i>	0.35	—	0.25	—
<i>Days per 1,000 MM (Maternity)</i>	0.82	—	0.61	—
<i>Average Length of Stay (Maternity)</i>	2.33	—	2.44	—

— is shown when no data were available or the measure was not reported in the HEDIS 2012 or HEDIS 2013 aggregate reports.

* 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* domain, 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.

¹ The Department’s reporting requirement for the *Childhood Immunization Status* measure was hybrid in HEDIS 2012 and 2014 but administrative in HEDIS 2013. Historical rate changes may not reflect actual performance changes. The HEDIS 2013 rates displayed reflect administrative data only and are not the final, reported hybrid rates in the plan’s IDSS file. The plan’s final, 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.

² The Department’s reporting requirement for all the indicators under the *Well-Child Visits in the First 15 Months of Life* measure were administrative in HEDIS 2012 and 2013 but hybrid in HEDIS 2014. Historical rate changes may not reflect actual performance changes. The HEDIS 2012 and 2013 rates for the *Zero Visits* and the *Six or More Visits* indicators displayed here reflect administrative data only and are not the final, reported hybrid rates in the plan’s IDSS files. The final, reported hybrid HEDIS 2012 and 2013 rates for the *Zero Visits* indicator were 4.24 percent and 1.87 percent, and the rates for the *Six or More Visits* indicator were 51.59 percent and 57.22 percent, respectively.

³ The Department’s reporting requirement for the *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life* measure was administrative in HEDIS 2012 and 2013 but hybrid in HEDIS 2014. Historical rate changes may not reflect actual performance changes. The HEDIS 2012 and 2013 rates displayed here reflect administrative data only and are not the final, reported hybrid rate in the plan’s IDSS files. The final, reported hybrid rates for HEDIS 2012 and 2013 were 71.97 percent and 66.37 percent, respectively.

⁴ The Department’s reporting requirement for the *Adolescent Well-Care Visits* measure was administrative in HEDIS 2012 and 2013 but hybrid in HEDIS 2014. Colorado Access followed the Department’s requirement in HEDIS 2012 and 2013. The HEDIS 2012 and 2013 rates displayed here were the plan’s final rates in its IDSS files.

Table B-2—Colorado Choice Trend Table

Measures	HEDIS 2012	HEDIS 2013	HEDIS 2014	Change From 2013–2014
Pediatric Care				
<i>Childhood Immunization Status¹</i>				
<i>DTaP</i>	—	NA	NA	—
<i>IPV</i>	—	NA	NA	—
<i>MMR</i>	—	NA	NA	—
<i>HiB</i>	—	NA	NA	—
<i>Hepatitis B</i>	—	NA	NA	—
<i>VZV</i>	—	NA	NA	—
<i>Pneumococcal Conjugate</i>	—	NA	NA	—
<i>Hepatitis A</i>	—	NA	NA	—
<i>Rotavirus</i>	—	NA	NA	—
<i>Influenza</i>	—	NA	NA	—
<i>Combination 2</i>	—	NA	NA	—
<i>Combination 3</i>	—	NA	NA	—
<i>Combination 4</i>	—	NA	NA	—
<i>Combination 5</i>	—	NA	NA	—
<i>Combination 6</i>	—	NA	NA	—
<i>Combination 7</i>	—	NA	NA	—
<i>Combination 8</i>	—	NA	NA	—
<i>Combination 9</i>	—	NA	NA	—
<i>Combination 10</i>	—	NA	NA	—
<i>Immunizations for Adolescents</i>				
<i>Meningococcal</i>	—	—	25.81%	—
<i>Tdap/Td</i>	—	—	61.29%	—
<i>Combination 1</i>	—	—	25.81%	—
<i>Well-Child Visits in the First 15 Months of Life²</i>				
<i>Zero Visits*</i>	—	NA	NA	—
<i>Six or More Visits</i>	—	NA	NA	—
<i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life²</i>	—	57.94%	57.98%	+0.04
<i>Adolescent Well-Care Visits²</i>	—	36.33%	37.02%	+0.69

Table B-2—Colorado Choice Trend Table

Measures	HEDIS 2012	HEDIS 2013	HEDIS 2014	Change From 2013–2014
<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</i>				
<i>BMI Assessment: Ages 3 to 11 Years</i>	—	12.72%	36.45%	+23.73
<i>Nutrition Counseling: Ages 3 to 11 Years</i>	—	13.16%	33.50%	+20.34
<i>Physical Activity Counseling: Ages 3 to 11 Years</i>	—	8.77%	29.06%	+20.29
<i>BMI Assessment: Ages 12 to 17 Years</i>	—	15.43%	44.27%	+28.84
<i>Nutrition Counseling: Ages 12 to 17 Years</i>	—	9.14%	24.43%	+15.29
<i>Physical Activity Counseling: Ages 12 to 17 Years</i>	—	24.57%	46.56%	+21.99
<i>BMI Assessment: Total</i>	—	13.90%	39.52%	+25.62
<i>Nutrition Counseling: Total</i>	—	11.41%	29.94%	+18.53
<i>Physical Activity Counseling: Total</i>	—	15.63%	35.93%	+20.30
<i>Appropriate Testing for Children with Pharyngitis</i>	—	—	57.14%	—
<i>Follow-up Care for Children Prescribed ADHD Medication</i>				
<i>Initiation</i>	—	—	NA	—
<i>Continuation</i>	—	—	NA	—
<i>Asthma Medication Ratio</i>				
<i>Ages 5 to 11 Years</i>	—	—	NA	—
<i>Ages 12 to 18 Years</i>	—	—	NA	—
<i>Ages 19 to 50 Years</i>	—	—	NA	—
<i>Ages 51 to 64 Years</i>	—	—	NA	—
<i>Total</i>	—	—	NA	—
Access to Care				
<i>Children’s and Adolescents’ Access to Primary Care Practitioners</i>				
<i>Ages 12 to 24 Months</i>	—	—	NA	—
<i>Ages 25 Months to 6 Years</i>	—	—	76.87%	—
<i>Ages 7 to 11 Years</i>	—	—	88.89%	—
<i>Ages 12 to 19 Years</i>	—	—	91.27%	—
Use of Services†				
<i>Ambulatory Care: Total</i>				
<i>Outpatient Visits Per 1,000 MM: Total</i>	—	—	189.86	—
<i>Emergency Department Visits Per 1,000 MM: Total</i>	—	20.84	19.09	-1.75

Table B-2—Colorado Choice Trend Table

Measures	HEDIS 2012	HEDIS 2013	HEDIS 2014	Change From 2013–2014
<i>Inpatient Utilization—General Hospital/Acute Care: Total</i>				
<i>Discharges per 1,000 MM (Total Inpatient)</i>	—	—	1.06	—
<i>Days per 1,000 MM (Total Inpatient)</i>	—	—	2.89	—
<i>Average Length of Stay (Total Inpatient)</i>	—	—	2.74	—
<i>Discharges per 1,000 MM (Medicine)</i>	—	—	0.39	—
<i>Days per 1,000 MM (Medicine)</i>	—	—	1.28	—
<i>Average Length of Stay (Medicine)</i>	—	—	3.29	—
<i>Discharges per 1,000 MM (Surgery)</i>	—	—	0.39	—
<i>Days per 1,000 MM (Surgery)</i>	—	—	1.28	—
<i>Average Length of Stay (Surgery)</i>	—	—	3.29	—
<i>Discharges per 1,000 MM (Maternity)</i>	—	—	0.23	—
<i>Days per 1,000 MM (Maternity)</i>	—	—	0.35	—
<i>Average Length of Stay (Maternity)</i>	—	—	1.50	—

— is shown when no data were available or the measure was not reported in the HEDIS 2012 or the HEDIS 2013 aggregate reports.

* 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* domain, 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.

¹ The Department’s reporting requirement for the *Childhood Immunization Status* measure was hybrid in HEDIS 2012 and 2014 but administrative in HEDIS 2013. Historical rate changes may not reflect actual performance changes. Colorado Choice reported only administrative rates for this measure. Hybrid rates were not submitted, although the Department required a hybrid data collection methodology.

² The Department’s reporting requirement for these measures was administrative in HEDIS 2012 and HEDIS 2013 but hybrid in HEDIS 2014: *Well-Child Visits in the First 15 Months of Life*; *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life*; and *Adolescents Well-Care Visits*. Historical rate changes may not reflect actual performance changes. Colorado Choice began providing services in July 2010; consequently, its population size did not meet the reporting requirements for FY 2011–2012 (HEDIS 2012). HEDIS 2013 was the first year for Colorado Choice to conduct an NCQA HEDIS Compliance Audit. The HEDIS 2013 rates for these measures displayed here were the plan’s final, reported rates in its IDSS file.

Table B-3—Denver Health Medical Plan Trend Table

Measures	HEDIS 2012	HEDIS 2013	HEDIS 2014	Change From 2013–2014
Pediatric Care				
<i>Childhood Immunization Status¹</i>				
<i>DTaP</i>	91.23%	84.31%	89.33%	+5.02
<i>IPV</i>	100.00%	93.14%	98.67%	+5.53
<i>MMR</i>	100.00%	88.24%	93.33%	+5.09
<i>HiB</i>	100.00%	93.14%	98.67%	+5.53
<i>Hepatitis B</i>	100.00%	94.12%	97.33%	+3.21
<i>VZV</i>	100.00%	87.25%	93.33%	+6.08
<i>Pneumococcal Conjugate</i>	96.49%	86.27%	93.33%	+7.06
<i>Hepatitis A</i>	61.40%	89.22%	94.67%	+5.45
<i>Rotavirus</i>	75.44%	70.59%	88.00%	+17.41
<i>Influenza</i>	82.46%	74.51%	78.67%	+4.16
<i>Combination 2</i>	91.23%	83.33%	89.33%	+6.00
<i>Combination 3</i>	91.23%	82.35%	89.33%	+6.98
<i>Combination 4</i>	61.40%	82.35%	89.33%	+6.98
<i>Combination 5</i>	73.68%	64.71%	81.33%	+16.62
<i>Combination 6</i>	80.70%	69.61%	76.00%	+6.39
<i>Combination 7</i>	49.12%	64.71%	81.33%	+16.62
<i>Combination 8</i>	56.14%	69.61%	76.00%	+6.39
<i>Combination 9</i>	68.42%	56.86%	68.00%	+11.14
<i>Combination 10</i>	43.86%	56.86%	68.00%	+11.14
<i>Immunizations for Adolescents</i>				
<i>Meningococcal</i>	—	—	90.98%	—
<i>Tdap/Td</i>	—	—	91.80%	—
<i>Combination 1</i>	—	—	90.16%	—
<i>Well-Child Visits in the First 15 Months of Life²</i>				
<i>Zero Visits*</i>	3.23%	0.00%	2.22%	+2.22
<i>Six or More Visits</i>	9.68%	2.13%	62.22%	+60.09
<i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life³</i>				
	69.38%	58.53%	67.15%	+8.62
<i>Adolescent Well-Care Visits⁴</i>				
	49.55%	42.00%	48.91%	+6.91

Table B-3—Denver Health Medical Plan Trend Table				
Measures	HEDIS 2012	HEDIS 2013	HEDIS 2014	Change From 2013–2014
<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</i>				
<i>BMI Assessment: Ages 3 to 11 Years</i>	86.97%	90.55%	93.96%	+3.41
<i>Nutrition Counseling: Ages 3 to 11 Years</i>	82.38%	78.74%	81.13%	+2.39
<i>Physical Activity Counseling: Ages 3 to 11 Years</i>	64.75%	59.45%	61.13%	+1.68
<i>BMI Assessment: Ages 12 to 17 Years</i>	92.67%	89.81%	93.15%	+3.34
<i>Nutrition Counseling: Ages 12 to 17 Years</i>	84.67%	71.97%	76.03%	+4.06
<i>Physical Activity Counseling: Ages 12 to 17 Years</i>	85.33%	69.43%	76.71%	+7.28
<i>BMI Assessment: Total</i>	89.05%	90.27%	93.67%	+3.40
<i>Nutrition Counseling: Total</i>	83.21%	76.16%	79.32%	+3.16
<i>Physical Activity Counseling: Total</i>	72.26%	63.26%	66.67%	+3.41
<i>Appropriate Testing for Children with Pharyngitis</i>	—	—	84.21%	—
<i>Follow-up Care for Children Prescribed ADHD Medication</i>				
<i>Initiation</i>	—	—	NA	—
<i>Continuation</i>	—	—	NA	—
<i>Asthma Medication Ratio</i>				
<i>Ages 5 to 11 Years</i>	—	—	NA	—
<i>Ages 12 to 18 Years</i>	—	—	NA	—
<i>Ages 19 to 50 Years</i>	—	—	NA	—
<i>Ages 51 to 64 Years</i>	—	—	NA	—
<i>Total</i>	—	—	NA	—
Access to Care				
<i>Children’s and Adolescents’ Access to Primary Care Practitioners</i>				
<i>Ages 12 to 24 Months</i>	—	—	86.61%	—
<i>Ages 25 Months to 6 Years</i>	—	—	74.84%	—
<i>Ages 7 to 11 Years</i>	—	—	84.35%	—
<i>Ages 12 to 19 Years</i>	—	—	87.68%	—
Use of Services†				
<i>Ambulatory Care: Total</i>				
<i>Outpatient Visits Per 1,000 MM: Total</i>	157.26	—	111.45	—
<i>Emergency Department Visits Per 1,000 MM: Total</i>	30.64	31.48	29.68	-1.80

Table B-3—Denver Health Medical Plan Trend Table

Measures	HEDIS 2012	HEDIS 2013	HEDIS 2014	Change From 2013–2014
<i>Inpatient Utilization—General Hospital/Acute Care: Total</i>				
<i>Discharges per 1,000 MM (Total Inpatient)</i>	1.66	—	1.01	—
<i>Days per 1,000 MM (Total Inpatient)</i>	2.81	—	2.72	—
<i>Average Length of Stay (Total Inpatient)</i>	1.69	—	2.70	—
<i>Discharges per 1,000 MM (Medicine)</i>	1.13	—	0.81	—
<i>Days per 1,000 MM (Medicine)</i>	1.76	—	2.17	—
<i>Average Length of Stay (Medicine)</i>	1.56	—	2.68	—
<i>Discharges per 1,000 MM (Surgery)</i>	0.35	—	0.17	—
<i>Days per 1,000 MM (Surgery)</i>	0.73	—	0.46	—
<i>Average Length of Stay (Surgery)</i>	2.07	—	2.73	—
<i>Discharges per 1,000 MM (Maternity)</i>	0.37	—	0.07	—
<i>Days per 1,000 MM (Maternity)</i>	0.65	—	0.20	—
<i>Average Length of Stay (Maternity)</i>	1.75	—	3.00	—

— is shown when no data were available or the measure was not reported in the HEDIS 2012 or the HEDIS 2013 aggregate reports.

* 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* domain, 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.

¹ The Department’s reporting requirement for the *Childhood Immunization Status* measure was hybrid in HEDIS 2012 and 2014 but administrative in HEDIS 2013. Historical rate changes may not reflect actual performance changes. DHMP followed the Department’s requirement in HEDIS 2013; the HEDIS 2013 rates displayed here were the plan’s final rates in its IDSS file.

² The Department’s reporting requirement for all the indicators under the *Well-Child Visits in the First 15 Months of Life* measure were administrative in HEDIS 2012 and 2013 but hybrid in HEDIS 2014. Historical rate changes may not reflect actual performance changes. The HEDIS 2012 rates for the *Zero Visits* and the *Six or More Visits* indicators displayed here reflect administrative data only and are not the final, reported hybrid rates in the plan’s IDSS file. The final, reported hybrid HEDIS 2012 rate for the *Zero Visits* indicator were 3.23 percent and the rate for the *Six or More Visits* indicator was 67.74 percent, respectively.

³ The Department’s reporting requirement for the *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life* measure was administrative in HEDIS 2012 and 2013 but hybrid in HEDIS 2014. Historical rate changes may not reflect actual performance changes. The HEDIS 2012 rate displayed here reflects administrative data only and is not the final, reported hybrid rate in the plan’s IDSS file. The final, reported hybrid rate for HEDIS 2012 was 73.94 percent. DHMP followed the Department’s requirement in HEDIS 2013; the HEDIS 2013 rates displayed here were the plan’s final rate in its IDSS file.

⁴ The Department’s reporting requirement for the *Adolescent Well-Care Visits* measure was administrative in HEDIS 2012 and 2013 but hybrid in HEDIS 2014. The HEDIS 2012 rate displayed here reflects administrative data only and is not the final, reported hybrid rate in the plan’s IDSS file. The final, reported hybrid rate for HEDIS 2012 was 56.69 percent. DHMP followed the Department’s requirement in HEDIS 2013; the HEDIS 2013 rates displayed here were the plan’s final rate in its IDSS file.

Table B-4—Kaiser Permanente Trend Table

Measures	HEDIS 2012	HEDIS 2013	HEDIS 2014	Change From 2013–2014
Pediatric Care				
<i>Childhood Immunization Status¹</i>				
<i>DTaP</i>	86.84%	91.11%	87.25%	-3.86
<i>IPV</i>	90.79%	92.22%	95.10%	+2.88
<i>MMR</i>	92.11%	92.22%	96.08%	+3.86
<i>HiB</i>	92.11%	93.33%	94.12%	+0.79
<i>Hepatitis B</i>	93.42%	93.33%	94.12%	+0.79
<i>VZV</i>	89.47%	92.22%	97.06%	+4.84
<i>Pneumococcal Conjugate</i>	90.79%	90.00%	92.16%	+2.16
<i>Hepatitis A</i>	77.63%	93.33%	96.08%	+2.75
<i>Rotavirus</i>	84.21%	75.56%	71.57%	-3.99
<i>Influenza</i>	51.32%	56.67%	64.71%	+8.04
<i>Combination 2</i>	81.58%	90.00%	85.29%	-4.71
<i>Combination 3</i>	81.58%	88.89%	84.31%	-4.58
<i>Combination 4</i>	75.00%	88.89%	84.31%	-4.58
<i>Combination 5</i>	75.00%	74.44%	68.63%	-5.81
<i>Combination 6</i>	47.37%	55.56%	59.80%	+4.24
<i>Combination 7</i>	72.37%	74.44%	68.63%	-5.81
<i>Combination 8</i>	46.05%	55.56%	59.80%	+4.24
<i>Combination 9</i>	44.74%	50.00%	51.96%	+1.96
<i>Combination 10</i>	43.42%	50.00%	51.96%	+1.96
<i>Immunizations for Adolescents</i>				
<i>Meningococcal</i>	—	—	90.38%	—
<i>Tdap/Td</i>	—	—	92.31%	—
<i>Combination 1</i>	—	—	89.42%	—
<i>Well-Child Visits in the First 15 Months of Life²</i>				
<i>Zero Visits*</i>	0.00%	0.00%	0.00%	0.00
<i>Six or More Visits</i>	50.85%	54.35%	51.92%	-2.43
<i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life²</i>				
	75.79%	66.35%	68.02%	+1.67
<i>Adolescent Well-Care Visits²</i>				
	58.16%	52.03%	49.78%	-2.25

Table B-4—Kaiser Permanente Trend Table

Measures	HEDIS 2012	HEDIS 2013	HEDIS 2014	Change From 2013–2014
<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</i>				
<i>BMI Assessment: Ages 3 to 11 Years</i>	97.37%	97.23%	90.09%	-7.14
<i>Nutrition Counseling: Ages 3 to 11 Years</i>	73.25%	100.00%	90.09%	-9.91
<i>Physical Activity Counseling: Ages 3 to 11 Years</i>	73.25%	100.00%	90.09%	-9.91
<i>BMI Assessment: Ages 12 to 17 Years</i>	95.45%	97.87%	92.16%	-5.71
<i>Nutrition Counseling: Ages 12 to 17 Years</i>	71.21%	100.00%	92.16%	-7.84
<i>Physical Activity Counseling: Ages 12 to 17 Years</i>	71.21%	100.00%	92.16%	-7.84
<i>BMI Assessment: Total</i>	96.67%	97.51%	90.74%	-6.77
<i>Nutrition Counseling: Total</i>	72.50%	100.00%	90.74%	-9.26
<i>Physical Activity Counseling: Total</i>	72.50%	100.00%	90.74%	-9.26
<i>Appropriate Testing for Children with Pharyngitis</i>	—	—	91.15%	—
<i>Follow-up Care for Children Prescribed ADHD Medication</i>				
<i>Initiation</i>	—	—	38.71%	—
<i>Continuation</i>	—	—	NA	—
<i>Asthma Medication Ratio</i>				
<i>Ages 5 to 11 Years</i>	—	—	NA	—
<i>Ages 12 to 18 Years</i>	—	—	NA	—
<i>Ages 19 to 50 Years</i>	—	—	NA	—
<i>Ages 51 to 64 Years</i>	—	—	NA	—
<i>Total</i>	—	—	NA	—
Access to Care				
<i>Children’s and Adolescents’ Access to Primary Care Practitioners</i>				
<i>Ages 12 to 24 Months</i>	—	—	95.96%	—
<i>Ages 25 Months to 6 Years</i>	—	—	90.78%	—
<i>Ages 7 to 11 Years</i>	—	—	95.47%	—
<i>Ages 12 to 19 Years</i>	—	—	95.97%	—
Use of Services†				
<i>Ambulatory Care: Total</i>				
<i>Outpatient Visits Per 1,000 MM: Total</i>	232.89	—	163.04	—
<i>Emergency Department Visits Per 1,000 MM: Total</i>	24.34	24.73	10.69	-14.04

Table B-4—Kaiser Permanente Trend Table

Measures	HEDIS 2012	HEDIS 2013	HEDIS 2014	Change From 2013–2014
<i>Inpatient Utilization—General Hospital/Acute Care: Total</i>				
<i>Discharges per 1,000 MM (Total Inpatient)</i>	0.91	—	0.78	—
<i>Days per 1,000 MM (Total Inpatient)</i>	2.92	—	2.41	—
<i>Average Length of Stay (Total Inpatient)</i>	3.20	—	3.09	—
<i>Discharges per 1,000 MM (Medicine)</i>	0.63	—	0.58	—
<i>Days per 1,000 MM (Medicine)</i>	1.67	—	1.73	—
<i>Average Length of Stay (Medicine)</i>	2.66	—	2.98	—
<i>Discharges per 1,000 MM (Surgery)</i>	0.12	—	0.13	—
<i>Days per 1,000 MM (Surgery)</i>	0.45	—	0.51	—
<i>Average Length of Stay (Surgery)</i>	3.86	—	3.83	—
<i>Discharges per 1,000 MM (Maternity)</i>	0.31	—	0.14	—
<i>Days per 1,000 MM (Maternity)</i>	1.50	—	0.35	—
<i>Average Length of Stay (Maternity)</i>	4.80	—	2.50	—

— is shown when no data were available or the measure was not reported in the HEDIS 2012 or the HEDIS 2013 aggregate reports.

* 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* domain, 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.

¹ The Department’s reporting requirement for the *Childhood Immunization Status* measure was hybrid in HEDIS 2012 and 2014 but administrative in HEDIS 2013. Nonetheless, being a staff HMO, Kaiser’s administrative data and medical record data are fully integrated in its system for HEDIS reporting. Despite choosing hybrid methodology for measure reporting, almost all the rates were derived from administrative data. The HEDIS 2012, 2013, and 2014 rates displayed here are Kaiser’s final rates in its submitted file.

² The Department’s reporting requirement for these measures was administrative in HEDIS 2012 and HEDIS 2013 but hybrid in HEDIS 2014: *Well-Child Visits in the First 15 Months of Life*; *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life*; and *Adolescents Well-Care Visits*. Nonetheless, being a staff HMO, Kaiser’s administrative data and medical record data are integrated in its system for HEDIS reporting. Despite choosing hybrid methodology for measure reporting, almost all the rates were derived from administrative data. The HEDIS 2012, 2013, and 2014 rates displayed here are Kaiser’s final rates in its submitted file.

Table B-5—Rocky Mountain Health Plans Trend Table

Measures	HEDIS 2012	HEDIS 2013	HEDIS 2014	Change From 2013–2014
Pediatric Care				
<i>Childhood Immunization Status¹</i>				
<i>DTaP</i>	86.39%	62.94%	74.83%	+11.89
<i>IPV</i>	89.35%	78.17%	85.76%	+7.59
<i>MMR</i>	86.39%	82.23%	83.77%	+1.54
<i>HiB</i>	89.35%	80.20%	83.44%	+3.24
<i>Hepatitis B</i>	84.62%	53.81%	85.10%	+31.29
<i>VZV</i>	83.43%	79.70%	83.77%	+4.07
<i>Pneumococcal Conjugate</i>	82.84%	62.94%	75.83%	+12.89
<i>Hepatitis A</i>	21.30%	65.48%	68.21%	+2.73
<i>Rotavirus</i>	63.91%	57.36%	64.57%	+7.21
<i>Influenza</i>	54.44%	53.81%	56.95%	+3.14
<i>Combination 2</i>	77.51%	43.15%	69.87%	+26.72
<i>Combination 3</i>	74.56%	42.64%	67.88%	+25.24
<i>Combination 4</i>	21.30%	36.55%	57.95%	+21.40
<i>Combination 5</i>	60.36%	32.99%	51.66%	+18.67
<i>Combination 6</i>	48.52%	27.41%	49.67%	+22.26
<i>Combination 7</i>	18.34%	29.95%	49.01%	+19.06
<i>Combination 8</i>	18.34%	25.38%	44.70%	+19.32
<i>Combination 9</i>	42.01%	23.35%	40.40%	+17.05
<i>Combination 10</i>	16.57%	22.34%	38.74%	+16.40
<i>Immunizations for Adolescents</i>				
<i>Meningococcal</i>	—	—	55.13%	—
<i>Tdap/Td</i>	—	—	88.97%	—
<i>Combination 1</i>	—	—	55.13%	—
<i>Well-Child Visits in the First 15 Months of Life²</i>				
<i>Zero Visits*</i>	2.70%	4.79%	2.67%	-2.12
<i>Six or More Visits</i>	23.42%	20.55%	69.08%	+48.53
<i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life³</i>	60.98%	62.14%	55.41%	-6.73
<i>Adolescent Well-Care Visits⁴</i>	41.20%	41.10%	40.40%	-0.70

Table B-5—Rocky Mountain Health Plans Trend Table

Measures	HEDIS 2012	HEDIS 2013	HEDIS 2014	Change From 2013–2014
<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</i>				
<i>BMI Assessment: Ages 3 to 11 Years</i>	66.41%	74.74%	78.00%	+3.26
<i>Nutrition Counseling: Ages 3 to 11 Years</i>	63.36%	66.44%	61.67%	-4.77
<i>Physical Activity Counseling: Ages 3 to 11 Years</i>	58.02%	59.17%	58.33%	-0.84
<i>BMI Assessment: Ages 12 to 17 Years</i>	67.06%	73.01%	77.78%	+4.77
<i>Nutrition Counseling: Ages 12 to 17 Years</i>	53.53%	49.69%	52.94%	+3.25
<i>Physical Activity Counseling: Ages 12 to 17 Years</i>	60.00%	57.67%	51.63%	-6.04
<i>BMI Assessment: Total</i>	66.67%	74.12%	77.92%	+3.80
<i>Nutrition Counseling: Total</i>	59.49%	60.40%	58.72%	-1.68
<i>Physical Activity Counseling: Total</i>	58.80%	58.63%	56.07%	-2.56
<i>Appropriate Testing for Children with Pharyngitis</i>	—	—	82.52%	—
<i>Follow-up Care for Children Prescribed ADHD Medication</i>				
<i>Initiation</i>	—	—	44.64%	—
<i>Continuation</i>	—	—	NA	—
<i>Asthma Medication Ratio</i>				
<i>Ages 5 to 11 Years</i>	—	—	NA	—
<i>Ages 12 to 18 Years</i>	—	—	NA	—
<i>Ages 19 to 50 Years</i>	—	—	NA	—
<i>Ages 51 to 64 Years</i>	—	—	NA	—
<i>Total</i>	—	—	75.56%	—
Access to Care				
<i>Children’s and Adolescents’ Access to Primary Care Practitioners</i>				
<i>Ages 12 to 24 Months</i>	—	—	88.60%	—
<i>Ages 25 Months to 6 Years</i>	—	—	77.74%	—
<i>Ages 7 to 11 Years</i>	—	—	86.94%	—
<i>Ages 12 to 19 Years</i>	—	—	86.55%	—
Use of Services†				
<i>Ambulatory Care: Total</i>				
<i>Outpatient Visits Per 1,000 MM: Total</i>	252.41	—	208.28	—
<i>Emergency Department Visits Per 1,000 MM: Total</i>	24.02	22.76	19.82	-2.94

Table B-5—Rocky Mountain Health Plans Trend Table

Measures	HEDIS 2012	HEDIS 2013	HEDIS 2014	Change From 2013–2014
<i>Inpatient Utilization—General Hospital/Acute Care: Total</i>				
<i>Discharges per 1,000 MM (Total Inpatient)</i>	1.64	—	0.98	—
<i>Days per 1,000 MM (Total Inpatient)</i>	4.18	—	2.23	—
<i>Average Length of Stay (Total Inpatient)</i>	2.54	—	2.28	—
<i>Discharges per 1,000 MM (Medicine)</i>	1.20	—	0.64	—
<i>Days per 1,000 MM (Medicine)</i>	2.34	—	1.32	—
<i>Average Length of Stay (Medicine)</i>	1.96	—	2.08	—
<i>Discharges per 1,000 MM (Surgery)</i>	0.42	—	0.34	—
<i>Days per 1,000 MM (Surgery)</i>	1.79	—	0.89	—
<i>Average Length of Stay (Surgery)</i>	4.23	—	2.64	—
<i>Discharges per 1,000 MM (Maternity)</i>	0.05	—	0.02	—
<i>Days per 1,000 MM (Maternity)</i>	0.10	—	0.06	—
<i>Average Length of Stay (Maternity)</i>	2.00	—	3.00	—

— is shown when no data were available or the measure was not reported in the HEDIS 2012 or the HEDIS 2013 aggregate reports.

* 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* domain, 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.

¹ The Department’s reporting requirement for the *Childhood Immunization Status* measure was hybrid in HEDIS 2012 and 2014 but administrative in HEDIS 2013. Historical rate changes may not reflect actual performance changes. The HEDIS 2013 rates displayed reflect administrative data only and are not the final, reported hybrid rate in the plan-submitted file. RMHP reported the final, 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.

² The Department’s reporting requirement for all the indicators under the *Well-Child Visits in the First 15 Months of Life* measure were administrative in HEDIS 2012 and 2013 but hybrid in HEDIS 2014. Historical rate changes may not reflect actual performance changes. The HEDIS 2012 and 2013 rates for the *Zero Visits* and the *Six or More Visits* indicators displayed here reflect administrative data only and are not the final, reported hybrid rates in the plan’s IDSS files. The final, reported hybrid HEDIS 2012 and 2013 rates for the *Zero Visits* indicator were 1.80 percent and 3.42 percent, and the rates for the *Six or More Visits* indicator was 63.96 percent and 65.75 percent, respectively.

³ The Department’s reporting requirement for the *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life* measure was administrative in HEDIS 2012 and 2013 but hybrid in HEDIS 2014. Historical rate changes may not reflect actual performance changes. The HEDIS 2012 rate displayed here is the final, reported rate in RMHP’s submitted file. The HEDIS 2013 rate displayed here reflects administrative data only and is not the final, reported hybrid rate in the plan’s file. The final, reported hybrid HEDIS 2013 rate was 66.89 percent.

⁴ The Department’s reporting requirement for the *Adolescent Well-Care Visits* measure was administrative in HEDIS 2012 and 2013 but hybrid in HEDIS 2014. The HEDIS 2012 and 2013 rates displayed here reflect administrative data only and are not the final, reported hybrid rates in the plan’s submitted files. The final, reported hybrid HEDIS 2012 and 2013 rates were 44.91 percent and 40.18 percent, respectively.

Table B-6—State Managed Care Network Trend Table

Measures	HEDIS 2012	HEDIS 2013	HEDIS 2014	Change From 2013–2014
Access to Care				
<i>Prenatal and Postpartum Care</i>				
<i>Timeliness of Prenatal Care</i>	72.26%	78.59%	70.80%	-7.79
<i>Postpartum Care</i>	67.88%	67.88%	63.26%	-4.62

Table B-7—Colorado CHP+ Statewide Trend Table

Measures	HEDIS 2012	HEDIS 2013	HEDIS 2014	Change From 2013–2014	Plan Rate Range [¥]
Pediatric Care					
<i>Childhood Immunization Status¹</i>					
<i>DTaP</i>	83.08%	65.98%	77.85%	+11.87	74.83%–89.33%
<i>IPV</i>	90.96%	77.41%	88.08%	+10.67	85.76%–98.67%
<i>MMR</i>	90.02%	81.88%	86.65%	+4.77	83.77%–96.08%
<i>HiB</i>	91.90%	78.84%	88.35%	+9.51	83.44%–98.67%
<i>Hepatitis B</i>	87.90%	70.00%	86.90%	+16.90	85.10%–97.33%
<i>VZV</i>	89.08%	79.64%	85.62%	+5.98	83.77%–97.06%
<i>Pneumococcal Conjugate</i>	83.32%	66.16%	78.61%	+12.45	75.83%–93.33%
<i>Hepatitis A</i>	37.84%	70.71%	75.27%	+4.56	68.21%–96.08%
<i>Rotavirus</i>	64.75%	55.80%	69.60%	+13.80	64.57%–88.00%
<i>Influenza</i>	51.35%	50.36%	60.00%	+9.64	56.95%–78.67%
<i>Combination 2</i>	76.73%	58.04%	73.25%	+15.21	69.87%–89.33%
<i>Combination 3</i>	74.50%	55.89%	70.33%	+14.44	67.88%–89.33%
<i>Combination 4</i>	35.36%	51.43%	63.50%	+12.07	57.95%–89.33%
<i>Combination 5</i>	56.16%	44.11%	58.90%	+14.79	51.66%–81.33%
<i>Combination 6</i>	44.54%	36.70%	51.53%	+14.83	49.64%–76.00%
<i>Combination 7</i>	27.37%	41.16%	55.43%	+14.27	49.01%–81.33%
<i>Combination 8</i>	23.73%	34.73%	47.79%	+13.06	44.70%–76.00%
<i>Combination 9</i>	37.01%	30.45%	44.66%	+14.21	40.40%–68.00%
<i>Combination 10</i>	19.62%	28.93%	42.56%	+13.63	38.74%–68.00%
<i>Immunizations for Adolescents</i>					
<i>Meningococcal</i>	—	—	67.02%	—	25.81%–90.98%
<i>Tdap/Td</i>	—	—	87.99%	—	61.29%–92.31%
<i>Combination 1</i>	—	—	66.27%	—	25.81%–90.16%
<i>Well-Child Visits in the First 15 Months of Life²</i>					
<i>Zero Visits*</i>	4.21%	2.67%	2.16%	-0.51	0.00%–2.67%
<i>Six or More Visits</i>	25.28%	25.48%	67.41%	+41.93	51.92%–70.80%
<i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life²</i>	64.17%	61.26%	66.29%	+5.03	55.41%–70.35%
<i>Adolescent Well-Care Visits²</i>	44.79%	42.09%	44.00%	+1.91	37.02%–49.78%

Table B-7—Colorado CHP+ Statewide Trend Table

Measures	HEDIS 2012	HEDIS 2013	HEDIS 2014	Change From 2013–2014	Plan Rate Range [¥]
<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</i>					
<i>BMI Assessment: Ages 3 to 11 Years</i>	60.05%	69.32%	69.60%	+0.28	36.45%–93.96%
<i>Nutrition Counseling: Ages 3 to 11 Years</i>	63.34%	66.53%	66.24%	-0.29	33.50%–0.09%
<i>Physical Activity Counseling: Ages 3 to 11 Years</i>	46.44%	55.43%	55.93%	+0.50	29.06%–90.09%
<i>BMI Assessment: Ages 12 to 17 Years</i>	55.69%	67.98%	69.60%	+1.62	44.27%–93.15%
<i>Nutrition Counseling: Ages 12 to 17 Years</i>	53.36%	55.23%	61.14%	+5.91	24.43%–92.16%
<i>Physical Activity Counseling: Ages 12 to 17 Years</i>	54.04%	58.75%	62.79%	+4.04	46.56%–92.16%
<i>BMI Assessment: Total</i>	57.50%	68.80%	69.59%	+0.79	39.52%–93.67%
<i>Nutrition Counseling: Total</i>	58.51%	62.24%	64.47%	+2.23	29.94%–90.74%
<i>Physical Activity Counseling: Total</i>	49.16%	56.68%	58.26%	+1.58	35.93%–90.74%
<i>Appropriate Testing for Children with Pharyngitis</i>	—	—	79.09%	—	57.14%–91.15%
<i>Follow-up Care for Children Prescribed ADHD Medication</i>					
<i>Initiation</i>	—	—	16.78%	—	0.55%–44.64%
<i>Continuation</i>	—	—	30.77%	—	0.00%–0.00%
<i>Asthma Medication Ratio</i>					
<i>Ages 5 to 11 Years</i>	—	—	76.22%	—	80.56%–80.56%
<i>Ages 12 to 18 Years</i>	—	—	70.47%	—	73.91%–73.91%
<i>Ages 19 to 50 Years</i>	—	—	NA	—	—
<i>Ages 51 to 64 Years</i>	—	—	NA	—	—
<i>Total</i>	—	—	73.78%	—	75.56%–77.61%
Access to Care					
<i>Prenatal and Postpartum Care</i>					
<i>Timeliness of Prenatal Care</i>	72.26%	78.59%	70.80%	-7.79	70.80%–70.80%
<i>Postpartum Care</i>	67.88%	67.88%	63.26%	-4.62	63.26%–63.26%
<i>Children’s and Adolescents’ Access to Primary Care Practitioners</i>					
<i>Ages 12 to 24 Months</i>	—	—	91.36%	—	86.61%–95.96%
<i>Ages 25 Months to 6 Years</i>	—	—	82.41%	—	74.84%–90.78%
<i>Ages 7 to 11 Years</i>	—	—	89.16%	—	84.35%–95.47%
<i>Ages 12 to 19 Years</i>	—	—	88.60%	—	86.55%–95.97%

Table B-7—Colorado CHP+ Statewide Trend Table

Measures	HEDIS 2012	HEDIS 2013	HEDIS 2014	Change From 2013–2014	Plan Rate Range [¥]
Use of Services[†]					
<i>Ambulatory Care: Total</i>					
<i>Outpatient Visits Per 1,000 MM: Total</i>	224.09	—	214.08	—	111.45–239.95
<i>Emergency Department Visits Per 1,000 MM: Total</i>	27.79	30.07	26.47	-3.60	10.69–30.97
<i>Inpatient Utilization—General Hospital/Acute Care: Total</i>					
<i>Discharges per 1,000 MM (Total Inpatient)</i>	4.05	—	1.23	—	0.78–1.42
<i>Days per 1,000 MM (Total Inpatient)</i>	12.53	—	4.16	—	2.23–5.22
<i>Average Length of Stay (Total Inpatient)</i>	3.09	—	3.37	—	2.28–3.68
<i>Discharges per 1,000 MM (Medicine)</i>	1.00	—	0.85	—	0.39–0.97
<i>Days per 1,000 MM (Medicine)</i>	3.05	—	2.38	—	1.28–2.85
<i>Average Length of Stay (Medicine)</i>	3.05	—	2.81	—	2.08–3.29
<i>Discharges per 1,000 MM (Surgery)</i>	0.34	—	0.30	—	0.13–0.39
<i>Days per 1,000 MM (Surgery)</i>	2.17	—	1.56	—	0.46–2.10
<i>Average Length of Stay (Surgery)</i>	6.35	—	5.27	—	2.64–6.34
<i>Discharges per 1,000 MM (Maternity)</i>	5.49	—	0.19	—	0.02–0.25
<i>Days per 1,000 MM (Maternity)</i>	14.84	—	0.45	—	0.06–0.61
<i>Average Length of Stay (Maternity)</i>	2.70	—	2.44	—	1.50–3.00

— is shown when no data were available or the measure was not reported in the HEDIS 2012 or the HEDIS 2013 aggregate reports.

* 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* domain, 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.

¥ Non-reportable rates such as NA, NB, or NR were excluded when calculating plan rate range.

¹ The Department's reporting requirement for this measure was hybrid in HEDIS 2012 and 2014 but administrative in HEDIS 2013. Historical rate changes may not reflect actual performance changes.

² The Department's reporting requirement for this measure was administrative in HEDIS 2012 and 2013 but hybrid in HEDIS 2014. Historical rate changes may not reflect actual performance changes.

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 2013 Medicaid benchmarks. Since national HEDIS 2013 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 2013 Medicaid percentiles, which comprised all Medicaid plans. The HEDIS 2013 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 NCQA Audit Means and Percentiles data that is comprised of HEDIS Means and Percentiles for Reporting is the proprietary intellectual property of NCQA, this report will not display any actual percentile values. Nonetheless, percentile level rankings are presented. Since the HEDIS 2013 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* and *Inpatient Utilization—General Hospital/Acute Care* are considered a utilization-based measures and not strictly performance measures. 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 2014 rates are compared to their HEDIS 2013 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 2014.
- ◆ 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.

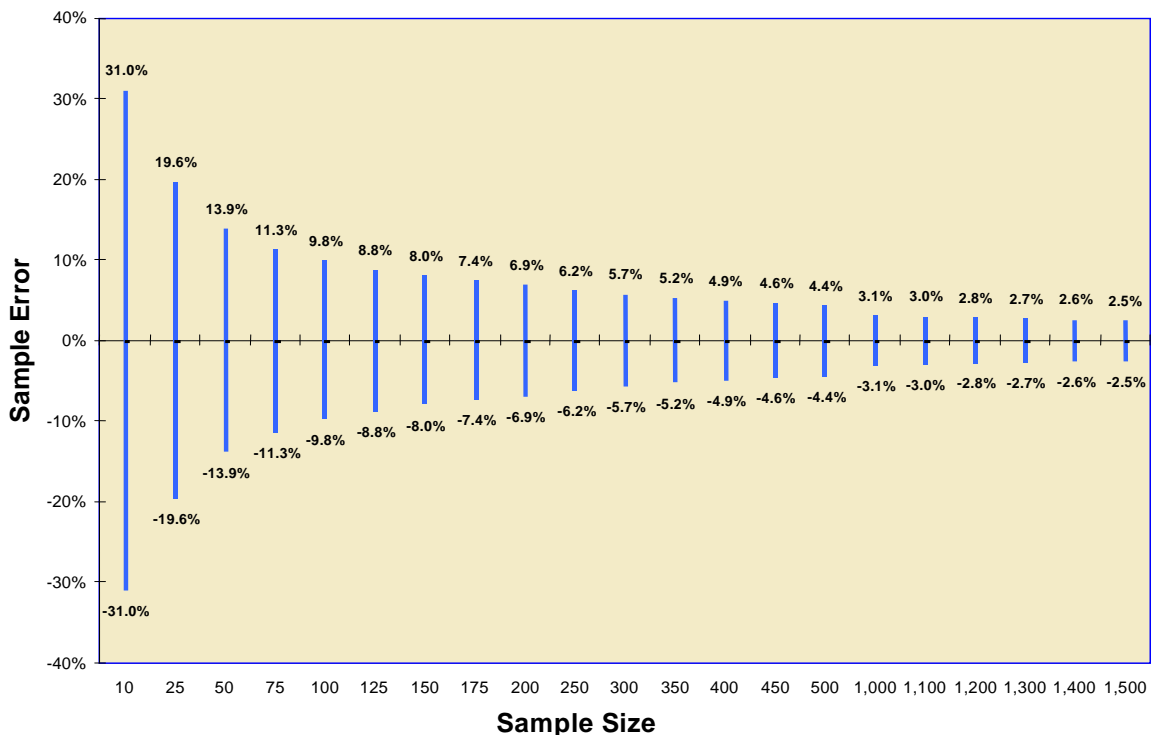
Understanding Sampling Error

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 ± 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.

Appendix D. **NCQA Specification Changes to Measures**

The following is a list of measures required by the Department for HEDIS 2013 and 2014 reporting that contain changes NCQA made to specifications from 2013 to 2014. These changes may have an effect on the rates reported by health plans.

NCQA Changes to HEDIS 2014 Measures

Well-Child Visits in the First 15 Months of Life

- ◆ Revised example in continuous enrollment to account for leap year.

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

- ◆ Clarified that ranges and thresholds do not meet numerator criteria for BMI percentile.
- ◆ Clarified that members must receive educational materials during a face-to-face visit in order to meet Hybrid specification criteria for the Counseling for Nutrition and Counseling for Physical Activity indicators.
- ◆ Added a note stating that a physical exam finding or observation alone is not compliant for Counseling for physical activity.
- ◆ Clarified in the note section that services specific to an acute or chronic condition do not count toward the Counseling for nutrition and Counseling for physical activity indicators.

Prenatal and Postpartum Care

- ◆ Moved steps to identify the eligible population (which previously were steps 1 and 2 under the Denominator section of the Administrative specification) to the Eligible Population section.
- ◆ Removed references to “family practitioner” and “midwife” because these practitioners are included in the definitions of PCP and OB/GYN and other prenatal care practitioners, respectively.
- ◆ Consolidated the steps for identifying numerator events.
- ◆ Consolidated four decision rules (formerly in Table PPC-C) into three decision rules.

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 a vendor to produce the reported HEDIS measures. The vendors submitted programming codes developed for each HEDIS measure to NCQA to undergo the measure certification process. 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 2014 FAR Review
<p>IS 1.0—Medical Service Data—Sound Coding Methods and Data Capture</p> <ul style="list-style-type: none"> ◆ Industry standard codes are required and captured. ◆ Primary and secondary diagnosis codes are identified. ◆ Nonstandard codes (if used) are mapped to industry standard codes. ◆ Standard submission forms are used. ◆ Timely and accurate data entry processes and sufficient edit checks are used. ◆ Data completeness is continually assessed, and all contracted vendors involved in medical claims processing are monitored. 	<p>The SMCN and all the MCOs were fully compliant with this standard. No issues or concerns were noted for this standard relevant to the selected Colorado CHP+ measures.</p>
<p>IS 2.0—Enrollment Data—Data Capture, Transfer, and Entry</p> <ul style="list-style-type: none"> ◆ All HEDIS-relevant information for data entry or electronic transmissions of enrollment data are accurate and complete. ◆ Manual entry of enrollment data is timely and accurate, and sufficient edit checks are in place. ◆ The health plans continually assess data completeness and take steps to improve performance. ◆ The health plans effectively monitor the quality and accuracy of electronic submissions. ◆ The health plans have effective control processes for the transmission of enrollment data. 	<p>The SMCN and all the MCOs were fully compliant with this standard. However, auditors from two MCOs and the SMCN noted their plans' challenges in ensuring the timely completeness of CHP+ enrollment data due to lack of immediate reconciliation with the State. Nonetheless, despite these challenges, the auditors identified no major impact on HEDIS reporting. Final audit reports for the SMCN and Colorado Access indicated the plan (also a third-party administrator for SMCN on behalf of the Department) had effective routines to capture correct enrollment data. For the other MCO (Denver Health Medical Plan), the auditor noted that despite challenges and changes in enrollment, the rates remained consistent over the years. None of the measures required for CHP+ reporting had an "NR" (Not Report due to material bias) audit designation in the IDSS.</p>
<p>IS 3.0—Practitioner Data—Data Capture, Transfer, and Entry</p> <ul style="list-style-type: none"> ◆ Provider specialties are fully documented and mapped to HEDIS provider specialties. ◆ Effective procedures for submitting HEDIS-relevant information are in place. ◆ Electronic transmissions of practitioner data are checked to ensure accuracy. ◆ Processes and edit checks ensure accurate and timely entry of data into the transaction files. ◆ Data completeness is assessed and steps are taken to improve performance. ◆ Vendors are regularly monitored against expected performance standards. 	<p>The SMCN and all 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 2014 FAR Review
<p>IS 4.0—Medical Record Review Processes—Training, Sampling, Abstraction, and Oversight</p> <ul style="list-style-type: none"> ◆ Forms or tools used for medical record review capture all fields relevant to HEDIS reporting. ◆ Checking procedures are in place to ensure data integrity for electronic transmission of information. ◆ Retrieval and abstraction of data from medical records are accurately performed. ◆ Data entry processes, including edit checks, are timely and accurate. ◆ Data completeness is assessed, including steps to improve performance. ◆ Vendor performance is monitored against expected performance standards. 	<p>The SMCN and all 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>IS 5.0—Supplemental Data—Capture, Transfer, and Entry</p> <ul style="list-style-type: none"> ◆ Nonstandard coding schemes are fully documented and mapped to industry standard codes. ◆ Effective procedures for submitting HEDIS-relevant information are in place. ◆ Electronic transmissions of supplemental data are checked to ensure accuracy. ◆ Data entry processes, including edit checks, are timely and accurate. ◆ Data completeness is assessed, including steps to improve performance. ◆ Vendor performance is monitored against expected performance standards. 	<p>For SMCN, the Department and its third-party administrator did not use any supplemental data for HEDIS 2014. All MCOs were fully compliant with IS 5.0. Each MCO reported using both nonstandard and standard supplemental databases for reporting. The Colorado Immunization Information System (CIIS) and prior years’ audited medical record data were mentioned in several final audit reports as supplemental databases of choice. No issues or concerns were noted for this standard relevant to the selected Colorado CHP+ measures.</p>
<p>IS 6.0—Member Call Center Data—Capture, Transfer, and Entry</p>	<p>This standard was not applicable to the selected Colorado CHP+ measures under the scope of the audit.</p>
<p>IS 7.0—Data Integration—Accurate HEDIS Reporting, Control Procedures That Support HEDIS Reporting Integrity</p> <ul style="list-style-type: none"> ◆ Nonstandard coding schemes are fully documented and mapped to industry standard codes. ◆ Data transfers to the HEDIS repository from transaction files are accurate. ◆ File consolidations, extracts, and derivations are accurate. ◆ The repository structure and formatting are suitable for HEDIS measures and enable required programming efforts. ◆ Report production is managed effectively and operators perform appropriately. ◆ HEDIS reporting software is managed properly. ◆ Physical control procedures ensure HEDIS data integrity. 	<p>The SMCN and all MCOs were fully compliant with IS 7.0. The SMCN and all but one MCO (Kaiser) used a software vendor for HEDIS reporting. No issues or concerns were noted for this standard relevant to the selected Colorado CHP+ measures.</p>

Appendix F 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.

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 the measures to be certified, the vendor must submit programming codes associated with the measure 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[®]

Current Procedural Terminology (CPT[®]) is a listing of billing codes generated by the American Medical Association to report the provision of medical services and procedures.^{F.1}

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.

^{F.1} 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.^{F-2}

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.

^{F-2} 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 ± 5 percent difference in the reported rate is considered materially biased. For non-rate measures, any error that causes a ± 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.