

Colorado Medicaid HEDIS® 2012 Results STATEWIDE AGGREGATE REPORT

October 2012

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



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ACKNOWLEDGMENTS AND COPYRIGHTS

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Introduction

During 2011, the Colorado Department of Health Care Policy and Financing (the Department) offered managed care services to Colorado Medicaid members through the Fee-for-Service (FFS) program, the Department-run managed care program (Primary Care Physician Program [PCPP]), one managed care organization (MCO)—Denver Health Medicaid Choice (DHMC), and one prepaid inpatient health plan (PIHP)—Rocky Mountain Health Plans (RMHP). This report refers to these entities as Colorado Medicaid health plans. As of December 2010, these programs covered 498,797 Coloradans.¹⁻¹ Colorado's Medicaid benefits and services include but are not limited to physician visits; nurse practitioner or midwife services; prenatal care services; early and periodic screening, diagnosis, and treatment services (EPSDT); inpatient psychiatric services; lab and x-ray; and inpatient and outpatient hospital services.¹⁻² To evaluate performance levels and to provide an objective, comparative review of the Colorado Medicaid health plans' quality-of-care outcomes and performance measures, the Department decided to require its MCOs and the FFS and PCPP programs to report results following the National Committee of Quality Assurance's (NCQA's) Healthcare Effectiveness Data and Information Set (HEDIS[®]) protocols. The Department selected 20 performance measures from the standard Medicaid HEDIS reporting set to evaluate the Colorado Medicaid health plans' performance and for public reporting.

Each health plan underwent an NCQA HEDIS Compliance AuditTM through a licensed organization in order to verify the processes used to report valid HEDIS rates. 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 objectively evaluated each health plan's current performance level relative to national Medicaid percentiles.

HSAG has examined the measures along five different dimensions of care: (1) Pediatric Care, (2) Access to Care, (3) Living With Illness, (4) Preventive Screening, and (5) Use of Services. This approach to the analysis is designed to encourage consideration of the measures as a whole rather than in isolation, and to consider the strategic and tactical changes required to improve overall performance.

¹⁻¹ Colorado Department of Health Care Policy and Financing. *2010 Annual Report*. Denver, CO: Colorado Department of Health Care Policy and Financing; 2010. Available at:

<http://www.colorado.gov/cs/Satellite/HCPF/HCPF/1214299848506>. Accessed on September 9, 2012.

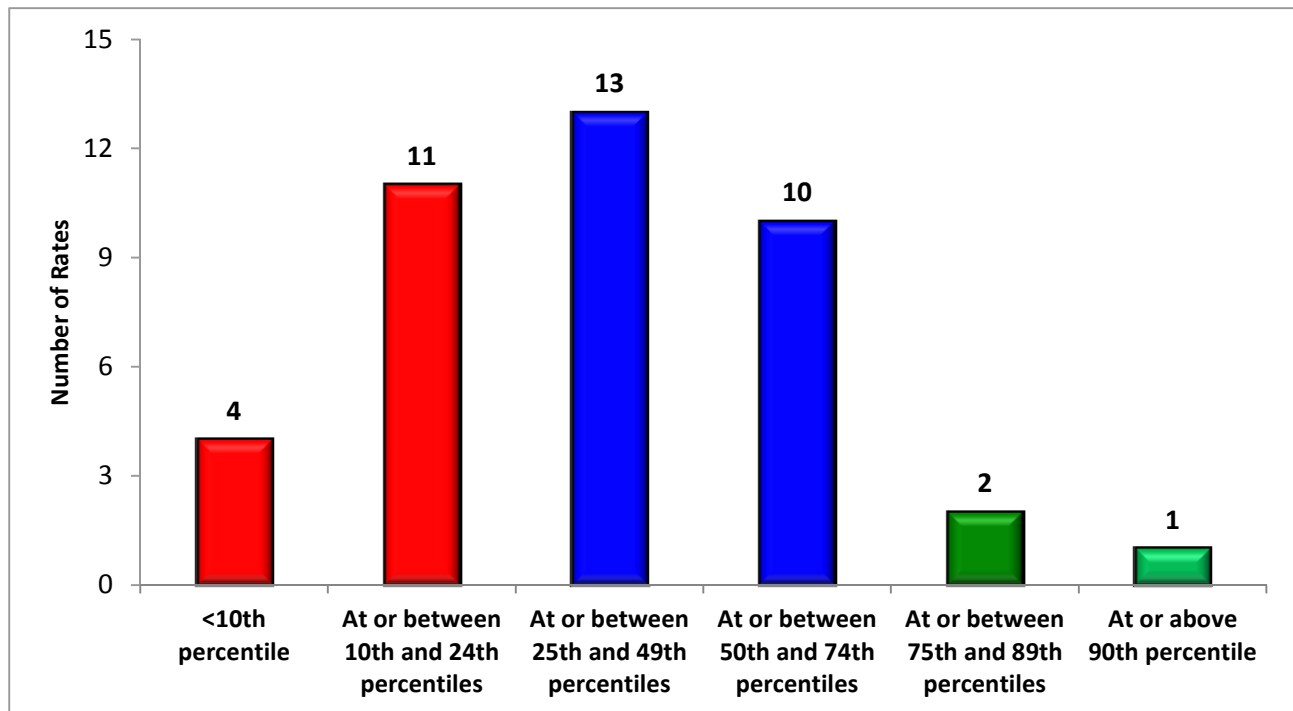
¹⁻² Colorado Department of Health Care Policy and Financing. Colorado Medicaid Benefits and Services. Available at:

http://www.colorado.gov/cs/Satellite?c=Document_C&childpagename=HCPF%2FDocument_C%2FHCPFAddLink&cid=1244045245385&pagename=HCPFWrapper. Accessed on September 9, 2012.

Key Findings

Figure 1-1 shows the Colorado Medicaid program’s performance compared with national HEDIS 2011 Medicaid percentiles. The bars represent the number of Colorado Medicaid weighted averages falling into each HEDIS percentile range. The percentile range showed how the Colorado Medicaid weighted average ranked nationally. For example, the Colorado Medicaid weighted averages for four measures fell below the national 10th percentile. This means that the Colorado Medicaid program had four measures with performance in the bottom 10 percent of all health plans nationally.

Figure 1-1—Colorado Medicaid Weighted Averages



Of the 41 weighted averages that were comparable to national percentage data:

- ◆ Four (or 9.8 percent) were below the 10th percentile
- ◆ Eleven (or 26.8 percent) were at or above the 10th percentile and below the 25th percentile
- ◆ Thirteen (or 31.7 percent) were at or above the 25th percentile and below the 50th percentile
- ◆ Ten (or 24.4 percent) were at or above the 50th percentile and below the 90th percentile
- ◆ Two (or 4.9 percent) were at or above the 75th percentile and below the 90th percentile
- ◆ One (or 2.4 percent) was at or above the 90th percentile

Thirteen, or 31.7 percent, of the Colorado Medicaid weighted averages were at or above the 50th percentile. Only four were below the 10th percentile, and one was above the 90th percentile.

Summary of Performance

For the Colorado Medicaid program, most performance measures can be categorized into four dimensions: Pediatric Care, Access to Care, Living With Illness, and Preventive Screening. Table 1-1 presents a summary of the Colorado Medicaid statewide weighted averages at the dimension level. Plans performed better in the Pediatric Care dimension than in the other dimensions, with one measure/sub-measure reporting excellent performance (★★★★★) and two measures/sub-measures reporting good performance (★★★★). A performance summary for the Use of Services dimension is not reported in Table 1-1 because higher or lower rates among these measures do not necessarily denote better or poorer performance. For plan-specific results, refer to the Summary of Findings section within each dimension of care section of this report.

Table 1-1—Colorado Medicaid Weighted Average Performance Summary by Dimension					
Dimension	5 Stars	4 Stars	3 Stars	2 Stars	1 Star
Pediatric Care	1	2	14	1	0
Access to Care	0	0	3	4	0
Living With Illness	0	0	4	6	4
Preventive Screening	0	0	2	0	0

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

Table 1-2 presents the Colorado Medicaid statewide weighted averages for each measure¹⁻³ from HEDIS 2010 to HEDIS 2012. The figures displayed in the comparison column reflect the percentage point difference between HEDIS 2011 and HEDIS 2012 rates. Trended results for the Use of Services are reported in Table 1-3.

Table 1-2—Colorado Medicaid Statewide Weighted Averages				
HEDIS Measures	HEDIS 2010	HEDIS 2011	HEDIS 2012	Change from 2011–2012
Pediatric Care				
<i>Childhood Immunization Status</i>				
<i>Combination 2</i>	76.4%	70.1%	72.0%	+1.9
<i>Combination 3</i>	71.9%	67.2%	68.5%	+1.3
<i>Combination 4</i>	30.1%	29.8%	29.4%	-0.4
<i>Combination 5</i>	37.4%	43.6%	51.5%	+7.9
<i>Combination 6</i>	36.4%	42.6%	44.8%	+2.2
<i>Combination 7</i>	18.7%	21.4%	22.7%	+1.3
<i>Combination 8</i>	18.0%	21.0%	19.9%	-1.1
<i>Combination 9</i>	21.3%	31.4%	35.7%	+4.3
<i>Combination 10</i>	11.6%	16.2%	15.5%	-0.7
<i>Immunizations for Adolescents—Combination 1</i>	—	—	55.2%	—
<i>Well-Child Visits in the First 15 Months of Life</i>				
<i>Zero Visits*</i>	5.6%	2.1%	2.1%	0.0
<i>Six or More Visits</i>	57.2%	65.9%	62.5%	-3.4
<i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i>	60.6%	62.2%	61.3%	-0.9
<i>Adolescent Well-Care Visits</i>	37.1%	42.9%	40.3%	-2.6
<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</i>				
<i>BMI Assessment: Total</i>	31.9%	35.5%	50.5%	+15.0
<i>Nutrition Counseling: Total</i>	49.0%	45.7%	53.9%	+8.2
<i>Physical Activity Counseling: Total</i>	31.4%	32.8%	43.0%	+10.2
<i>Annual Dental Visit—Total</i>	—	—	65.9%	—
<p>Note: Rates shaded in green with a green font indicate a statistically significant improvement from the prior year. Rates shaded in red with a red font indicate a statistically significant decrease from the prior year. — is shown when no data were available or the measure was not reported in the HEDIS 2011 aggregate report. *For the <i>Well-Child Visits in the First 15 Months of Life—Zero Visits</i> measure, a lower rate indicates better performance.</p>				

¹⁻³ The Use of Services dimension measures were excluded from this trending table since higher or lower values for these measures do not necessarily correspond to greater or lower performance.

Table 1-2—Colorado Medicaid Statewide Weighted Averages

HEDIS Measures	HEDIS 2010	HEDIS 2011	HEDIS 2012	Change from 2011–2012
Access to Care				
<i>Prenatal and Postpartum Care</i>				
<i>Timeliness of Prenatal Care</i>	65.1%	75.4%	77.5%	+2.1
<i>Postpartum Care</i>	60.1%	55.3%	61.3%	+6.0
<i>Children’s and Adolescents’ Access to Primary Care Practitioners</i>				
<i>Ages 12 to 24 Months</i>	93.2%	95.6%	95.5%	-0.1
<i>Ages 25 Months to 6 Years</i>	81.1%	83.5%	84.4%	+0.9
<i>Ages 7 to 11 Years</i>	83.0%	85.4%	86.6%	+1.2
<i>Ages 12 to 19 Years</i>	82.6%	85.5%	86.5%	+1.0
<i>Adults’ Access to Preventive/Ambulatory Health Services—Total</i>	80.2%	78.8%	78.5%	-0.3
Living With Illness				
<i>Use of Appropriate Medications for People With Asthma—Total</i>	—	—	89.2%	—
<i>Comprehensive Diabetes Care</i>				
<i>HbA1c Testing</i>	—	—	68.8%	—
<i>HbA1c Poor Control (>9.0%)*</i>	—	—	61.0%	—
<i>HbA1c Control (<8.0%)</i>	—	—	33.8%	—
<i>Eye Exam</i>	—	—	43.0%	—
<i>LDL-C Screening</i>	—	—	59.3%	—
<i>LDL-C Level <100 mg/dL</i>	—	—	23.7%	—
<i>Medical Attention for Nephropathy</i>	—	—	73.3%	—
<i>Blood Pressure Controlled <140/80 mm Hg</i>	—	—	33.8%	—
<i>Blood Pressure Controlled <140/90 mm Hg</i>	—	—	49.3%	—
<i>Use of Imaging Studies for Low Back Pain</i>	78.1%	71.6%	73.8%	+2.2
<i>Annual Monitoring for Patients on Persistent Medications—Total</i>	83.0%	84.2%	83.1%	-1.1
<i>Pharmacotherapy Management of COPD Exacerbation</i>				
<i>Bronchodilator</i>	32.0%	68.2%	62.7%	-5.5
<i>Systemic Corticosteroid</i>	23.8%	55.1%	47.1%	-8.0
Preventive Screening				
<i>Chlamydia Screening in Women—Total</i>	55.4%	55.8%	55.4%	-0.4
<i>Adult BMI Assessment</i>	33.2%	43.4%	55.2%	+11.8

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 decrease from the prior year.
 — is shown when no data were available or the measure was not reported in the HEDIS 2011 aggregate report.
 *For the *Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)* measure, a lower rate indicates better performance.

Sixteen of 29 measures with rates reported for HEDIS 2011 and 2012 demonstrated an improvement from last year’s results, with seven measures showing statistically significant improvement. Three measures (*Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Assessment: Total*, *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Physical Activity Counseling: Total*, and *Adult BMI Assessment*) increased by more than 10 percentage points over their HEDIS 2011 rates.

Two measures had a significant decline from 2011, and one measure, *Pharmacotherapy Management of COPD Exacerbation—Systemic Corticosteroid*, decreased by 8.0 percentage points.

Table 1-3 presents the trended results for the Use of Services dimension measures.

Table 1-3—Colorado Medicaid Statewide Weighted Averages for Use of Services Dimension				
HEDIS Measures	HEDIS 2010	HEDIS 2011	HEDIS 2012	Change from 2011–2012
Utilization of Services†				
<i>Inpatient Utilization—General Hospital/Acute Care: Total—Total Inpatient</i>				
<i>Discharges Per 1,000 MM: Total</i>	13.1	11.9	10.8	-1.1
<i>Average Length of Stay: Total</i>	4.1	4.4	4.4	0.0
<i>Inpatient Utilization—General Hospital/Acute Care: Total—Medicine</i>				
<i>Discharges Per 1,000 MM: Total</i>	5.7	5.3	4.9	-0.4
<i>Average Length of Stay: Total</i>	3.9	4.2	4.2	0.0
<i>Inpatient Utilization—General Hospital/Acute Care: Total—Surgery</i>				
<i>Discharges Per 1,000 MM: Total</i>	2.2	2.2	2.1	-0.1
<i>Average Length of Stay: Total</i>	8.2	8.6	8.0	-0.6
<i>Inpatient Utilization—General Hospital/Acute Care: Total—Maternity</i>				
<i>Discharges Per 1,000 MM: Total</i>	10.7	8.6	7.0	-1.6
<i>Average Length of Stay: Total</i>	2.5	2.5	2.5	0.0
<i>Ambulatory Care: Total</i>				
<i>Outpatient Visits Per 1,000 MM: Total</i>	383.6	351.4	346.5	-4.9
<i>Emergency Department Visits Per 1,000 MM: Total</i>	69.8	63.0	58.7	-4.3
<i>Frequency of Selected Procedures (Procedures Per 1,000 MM)</i>				
<i>Bariatric Weight Loss Surgery: Male—Ages 0–19 Years</i>	—	—	<0.1	—
<i>Bariatric Weight Loss Surgery: Female—Ages 0–19 Years</i>	—	—	<0.1	—
<i>Bariatric Weight Loss Surgery: Male—Ages 20–44 Years</i>	—	—	<0.1	—
<i>Bariatric Weight Loss Surgery: Female—Ages 20–44 Years</i>	—	—	0.2	—
<i>Bariatric Weight Loss Surgery: Male—Ages 45–64 Years</i>	—	—	<0.1	—
<i>Bariatric Weight Loss Surgery: Female—Ages 45–64 Years</i>	—	—	0.1	—

Table 1-3—Colorado Medicaid Statewide Weighted Averages for Use of Services Dimension

HEDIS Measures	HEDIS 2010	HEDIS 2011	HEDIS 2012	Change from 2011–2012
Utilization of Services†				
<i>Tonsillectomy: Ages 0–9 Years</i>	0.8	0.8	0.9	+0.1
<i>Tonsillectomy: Ages 10–19 Years</i>	0.6	0.6	0.6	0.0
<i>Abdominal Hysterectomy: Ages 15–44 Years</i>	0.4	0.3	0.2	-0.1
<i>Abdominal Hysterectomy: Ages 45–64 Years</i>	0.5	0.4	0.3	-0.1
<i>Vaginal Hysterectomy: Ages 15–44 Years</i>	0.4	0.4	0.4	0.0
<i>Vaginal Hysterectomy: Ages 45–64 Years</i>	0.3	0.3	0.3	0.0
<i>Open Cholecystectomy: Male—Ages 30–64 Years</i>	0.1	0.1	0.1	0.0
<i>Open Cholecystectomy: Female—Ages 15–44 Years</i>	<0.1	<0.1	<0.1	0.0
<i>Open Cholecystectomy: Female—Ages 45–64 Years</i>	0.1	0.1	0.1	0.0
<i>Closed Cholecystectomy: Male—Ages 30–64 Years</i>	0.4	0.4	0.4	0.0
<i>Closed Cholecystectomy: Female—Ages 15–44 Years</i>	1.2	1.1	1.0	-0.1
<i>Closed Cholecystectomy: Female—Ages 45–64 Years</i>	0.9	0.7	0.8	+0.1
<i>Back Surgery: Male—Ages 20–44 Years</i>	0.6	0.4	0.4	0.0
<i>Back Surgery: Female—Ages 20–44 Years</i>	0.4	0.2	0.2	0.0
<i>Back Surgery: Male—Ages 45–64 Years</i>	1.1	0.6	0.7	+0.1
<i>Back Surgery: Female—Ages 45–64 Years</i>	1.0	0.7	0.8	+0.1
<i>Mastectomy: Ages 15–44 Years</i>	<0.1	<0.1	<0.1	0.0
<i>Mastectomy: Ages 45–64 Years</i>	0.6	0.5	0.4	-0.1
<i>Lumpectomy: Ages 15–44 Years</i>	0.2	0.1	0.1	0.0
<i>Lumpectomy: Ages 45–64 Years</i>	0.8	0.7	0.7	0.0

†For measures in the *Utilization of Services* dimension, statistical tests across years were not performed due to lack of variances reported in the IDSS file; differences in rates were reported without statistical test results. In addition, while lower rates for these measures were generally preferred, higher or lower rates did not necessarily denote better or poorer performance. Individual plan demographics should be considered when reviewing performance.

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

Limitations and Considerations

The following potential limitations should be considered when reviewing the reported rates and weighted averages for the Colorado Medicaid health plans:

- ◆ Independent audits were conducted for the Colorado Medicaid plans by multiple licensed organizations (LOs). Any issues identified, along with the impact on the reported rates, were captured from the final audit reports (FARs). HSAG was not always able to determine the reasoning behind the auditor's findings and subsequent resolution. Each health plan should consider requiring that the independent auditors include organizational strengths, improvements made as a result of prior recommendations, and opportunities for improvement in the FARs.
- ◆ In general, health plans can choose to report some measures using the hybrid methodology as allowed by NCQA. However, the Department has identified an acceptable methodology for each selected measure. Health plans that were required to report rates using the administrative method in lieu of using medical record data to augment claims and encounter data typically display lower performance. In addition, for hybrid measures there are no benchmarks for administrative only rates, meaning that a plan that reports only an administrative rate may appear to have low performance when compared to national benchmarks. Comparing administrative only rates against national percentiles should be done with caution.
- ◆ Some of the measures presented in this report may not have adequate trending information because (1) the health plans did not report the measure in the past, or (2) significant changes were made to the measures' specifications.

2. How to Get the Most From This Report

Overview

This report presents the statewide and plan-specific performance on HEDIS measures selected by the Department for HEDIS 2012. Twenty HEDIS measures with 56 unique indicators were included in this report. These measures are grouped into five dimensions of care for Colorado Medicaid members: Pediatric Care, Access to Care, Living With Illness, Preventive Screening, and Use of Services. While performance is reported primarily at the measure level, grouping the measures into dimension 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 20 selected measures, the 56 indicators, and the corresponding dimension of care. The table also identifies the Department’s required data collection method. The data collection or calculation method is specified by NCQA in the *HEDIS 2012 Volume 2 Technical Specifications* (see Appendix C for a brief description). All rates in this report are reported according to the Department’s required data collection methodology, so some plans may have lower rates for some measures (e.g., *Immunizations for Adolescents* and *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life*) compared to those rates submitted by health plans.

Table 2-1—Colorado Medicaid HEDIS 2012 Measures		
Standard HEDIS 2012 Measures	2012 Colorado Medicaid Measures/Indicators	Data Collection Methodology
Pediatric Care Dimension		
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>Immunizations for Adolescents</i>	10. <i>Immunizations for Adolescents—Combination 1</i>	Administrative
3. <i>Well-Child Visits in the First 15 Months of Life</i>	11. <i>Well-Child Visits in the First 15 Months of Life—Zero Visits</i> 12. <i>Well-Child Visits in the First 15 Months of Life—Six or More Visits</i>	Hybrid
4. <i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i>	13. <i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i>	Administrative
5. <i>Adolescent Well-Care Visits</i>	14. <i>Adolescent Well-Care Visits</i>	Hybrid

Table 2-1—Colorado Medicaid HEDIS 2012 Measures

Standard HEDIS 2012 Measures	2012 Colorado Medicaid Measures/Indicators	Data Collection Methodology
6. <i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</i>	15. <i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Assessment: Total</i> 16. <i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Nutrition Counseling: Total</i> 17. <i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Physical Activity Counseling: Total</i>	Hybrid
7. <i>Annual Dental Visit</i>	18. <i>Annual Dental Visit—Total</i>	Administrative
Access to Care Dimension		
8. <i>Prenatal and Postpartum Care</i>	19. <i>Prenatal and Postpartum Care—Timeliness of Prenatal Care</i> 20. <i>Prenatal and Postpartum Care—Postpartum Care</i>	Hybrid
9. <i>Children’s and Adolescents’ Access to Primary Care Practitioners</i>	21. <i>Children’s and Adolescents’ Access to Primary Care Practitioners—Ages 12 to 24 Months</i> 22. <i>Children’s and Adolescents’ Access to Primary Care Practitioners—Ages 25 Months to 6 Years</i> 23. <i>Children’s and Adolescents’ Access to Primary Care Practitioners—Ages 7 to 11 Years</i> 24. <i>Children’s and Adolescents’ Access to Primary Care Practitioners—Ages 12 to 19 Years</i>	Administrative
10. <i>Adults’ Access to Preventive/Ambulatory Health Services</i>	25. <i>Adults’ Access to Preventive/Ambulatory Health Services—Total</i>	Administrative
Living With Illness Dimension		
11. <i>Use of Appropriate Medications for People With Asthma</i>	26. <i>Use of Appropriate Medications for People With Asthma—Total</i>	Administrative
12. <i>Comprehensive Diabetes Care</i>	27. <i>Comprehensive Diabetes Care—Hemoglobin A1c (HbA1c) Testing</i> 28. <i>Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)</i> 29. <i>Comprehensive Diabetes Care—HbA1c Control (<8.0%)</i> 30. <i>Comprehensive Diabetes Care—Eye Exam</i> 31. <i>Comprehensive Diabetes Care—Low-Density Lipoprotein Cholesterol (LDL-C) Screening</i> 32. <i>Comprehensive Diabetes Care—LDL-C Level (<100 mg/dL)</i> 33. <i>Comprehensive Diabetes Care—Medical Attention for Nephropathy</i> 34. <i>Comprehensive Diabetes Care—Blood Pressure Controlled <140/80 mm Hg</i> 35. <i>Comprehensive Diabetes Care—Blood Pressure Controlled <140/90 mm Hg</i>	Hybrid
13. <i>Use of Imaging Studies for Low Back Pain</i>	36. <i>Use of Imaging Studies for Low Back Pain</i>	Administrative
14. <i>Annual Monitoring for Patients on Persistent Medications</i>	37. <i>Annual Monitoring for Patients on Persistent Medications—Total</i>	Administrative

Table 2-1—Colorado Medicaid HEDIS 2012 Measures		
Standard HEDIS 2012 Measures	2012 Colorado Medicaid Measures/Indicators	Data Collection Methodology
15. <i>Pharmacotherapy Management of COPD Exacerbation</i>	38. <i>Pharmacotherapy Management of COPD Exacerbation—Bronchodilator</i> 39. <i>Pharmacotherapy Management of COPD Exacerbation—Systemic Corticosteroid</i>	Administrative
Preventive Screening Dimension		
16. <i>Chlamydia Screening in Women</i>	40. <i>Chlamydia Screening in Women—Total</i>	Administrative
17. <i>Adult BMI Assessment</i>	41. <i>Adult BMI Assessment</i>	Hybrid
Use of Services Dimension		
18. <i>Inpatient Utilization—General Hospital/Acute Care</i>	42. <i>General Hospital/Acute Care: Total—Total Inpatient</i> 43. <i>General Hospital/Acute Care: Total—Medicine</i> 44. <i>General Hospital/Acute Care: Total—Surgery</i> 45. <i>General Hospital/Acute Care: Total—Maternity</i>	Administrative
19. <i>Ambulatory Care</i>	46. <i>Ambulatory Care: Total—Outpatient Visits</i> 47. <i>Ambulatory Care: Total—Emergency Department (ED) Visits</i>	Administrative
20. <i>Frequency of Selected Procedures</i>	48. <i>Frequency of Selected Procedures—Bariatric Weight Loss Surgery</i> 49. <i>Frequency of Selected Procedures—Tonsillectomy</i> 50. <i>Frequency of Selected Procedures—Abdominal Hysterectomy</i> 51. <i>Frequency of Selected Procedures—Vaginal Hysterectomy</i> 52. <i>Frequency of Selected Procedures—Open Cholecystectomy</i> 53. <i>Frequency of Selected Procedures—Closed Cholecystectomy</i> 54. <i>Frequency of Selected Procedures—Back Surgery</i> 55. <i>Frequency of Selected Procedures—Mastectomy</i> 56. <i>Frequency of Selected Procedures—Lumpectomy</i>	Administrative

Data Sources

Plan-specific performance displayed in this report was based on data elements obtained from the Interactive Data Submission System (IDSS) files supplied by health plans contracted with the Department to provide Medicaid services. For statewide performance, since Medicaid members can obtain services provided either via Medicaid health plans or by providers from the Fee-for-Service (FFS) program and Primary Care Physician Program (PCPP), HSAG collects data elements from two major sources to calculate the statewide rates: (1) HEDIS rates reported by Medicaid health plans, and (2) rates calculated for FFS and PCPP members using HEDIS measure specifications.

HEDIS Rates Reported by Medicaid Health Plans

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

Measure Calculation—Fee for Service (FFS) Program and Primary Care Physician Program (PCPP)

HSAG data team used the following steps to calculate the HEDIS 2012 rates for the selected HEDIS measures for the FFS program and PCPP:

- ◆ **Identify 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.
- ◆ **Obtain FFS/PCPP data:** An administrative services organization (ASO) processed claims, enrollment, provider, pharmacy, and other data for the FFS program/PCPP as instructed by the Department. The Department's ASO is Affiliated Computer Services (ACS). HSAG obtained all applicable data from the Department.
- ◆ **Format data for HEDIS measure calculation:** HSAG prepared the data in the vendor-specified format, validated the data against the raw source data, and contracted with an NCQA-certified software vendor, Q Mark, Inc., for calculation of the measures. HSAG forwarded the files to Q Mark, Inc.
- ◆ **Calculate the HEDIS measures:** Q Mark, Inc., calculated the selected HEDIS measures using NCQA-certified software. NCQA certification ensures that the measure calculations are performed in full compliance with NCQA HEDIS technical specifications.
- ◆ **Review the measure results:** Once the HEDIS measure results were available, HSAG staff reviewed the results for reasonability and accuracy; and all rates were audited. This report includes those results.

Calculation of Statewide Rates

Although plan rates for each measure can be obtained from the IDSS files, statewide rates require specific calculation using other plan-specific data elements. For all measures, HSAG used the audit result,²⁻¹ numerator, denominator, rate, and eligible population elements reported in the IDSS file to calculate the statewide rate. Because health plans vary in membership, the statewide rate for a

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 *No Benefit (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.

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 rates for a health plan with 125,000 members, for example, has a greater impact on the overall Colorado Medicaid 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. For health plans with rates reported as *NB* or *NR*, these plans were excluded from the statewide rate calculation.

Performance Level Analysis and Star Ratings

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 2011 Medicaid benchmarks. The HEDIS 2011 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 percentiles are displayed to the first decimal place, plan-specific rates and statewide rates are rounded to the first decimal place before the plan's performance level is determined. As an example, when a Medicaid health plan with a reported rate exceeds the 90th percentile, this means that the plan 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.

The national benchmarks reflect the method in which the measure was reported. For hybrid measures, the benchmarks likely reflect a combination of both hybrid and administrative reporting. Since rates based on using the administrative method are generally lower than rates using the hybrid method, comparing a rate using administrative method to the national performance, whether it is the health plan's choosing or a requirement from the Department, may result in a lower performance level. NCQA does not offer administrative only benchmarks for hybrid measures.

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 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 high performance level (HPL) and the 25th percentile as the threshold associated with low performance (Low Performance Level [LPL]). For the inverted measures such as *Well-Child Visits in the First 15 Months of Life—Zero Visits* and *Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)*, 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.

HSAG also reported plan-specific and statewide performance for each measure using a 5-star rating system, shown in Table 2-2 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 Findings and Recommendations heading within each dimension of care section.

Table 2-2—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., no benefit)
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 rate 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), *Inpatient Utilization—General Hospital/Acute Care*, *Ambulatory Care*, and *Frequency of Selected Procedures* measures are considered utilization-based measures and not strictly performance measures. As such, performance summaries are not included for these measures.

For the *Well-Child Visits in the First 15 Months of Life—Zero Visits* and *Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)* measures, 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 2012 rates are compared to their HEDIS 2011 results for each measure, using Pearson’s Chi-square tests.

In general, while 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, 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 C lists measures with specification changes made by NCQA for HEDIS 2012.
- ◆ The observed changes could be due to health plans using different data collection methods between HEDIS reporting years. 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.

Pediatric Care

The following section provides detailed analyses of the Colorado Medicaid health plans' performance for the Pediatric Care dimension. Results tied to antigen-related indicators under the *Childhood Immunization Status* and *Immunizations for Adolescents* measures and age-cohort indicators under the *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents* and *Annual Dental Visit* measures are displayed in Appendices A (Tabular Results) and B (Trend Tables).

The Pediatric Care dimension encompasses the following measures:

- ◆ *Childhood Immunization Status—Combination 2*
- ◆ *Childhood Immunization Status—Combination 3*
- ◆ *Childhood Immunization Status—Combination 4*
- ◆ *Childhood Immunization Status—Combination 5*
- ◆ *Childhood Immunization Status—Combination 6*
- ◆ *Childhood Immunization Status—Combination 7*
- ◆ *Childhood Immunization Status—Combination 8*
- ◆ *Childhood Immunization Status—Combination 9*
- ◆ *Childhood Immunization Status—Combination 10*
- ◆ *Immunizations for Adolescents—Combination 1*
- ◆ *Well-Child Visits in the First 15 Months of Life—Zero Visits*
- ◆ *Well-Child Visits in the First 15 Months of Life—Six or More Visits*
- ◆ *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life*
- ◆ *Adolescent Well-Care Visits*
- ◆ *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Body Mass Index (BMI) Assessment: Total*
- ◆ *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Nutrition Counseling: Total*
- ◆ *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Physical Activity Counseling: Total*
- ◆ *Annual Dental Visit—Total*

For each of the Pediatric Care measures, a graph depicting the yearly comparison of the weighted averages for that measure is presented. In addition, a horizontal bar graph is provided that compares each health plan's performance relative to the HEDIS 2012 weighted average as well as the high and low performance levels. The performance levels are developed based on each measure's national HEDIS 2011 Medicaid percentiles. Please refer to Appendix D for a full set of national HEDIS 2011 Medicaid percentiles for each measure.

Childhood Immunization Status

Measure Definitions

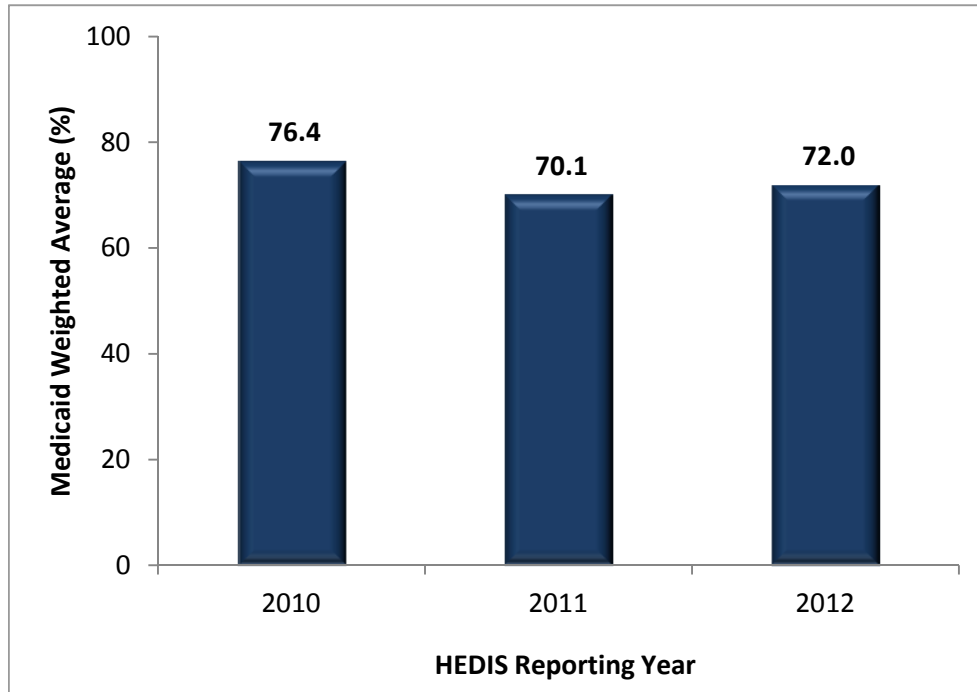
Childhood Immunization Status calculates the percentage of children who turned two years of age during the measurement year and who were identified as having the following vaccinations on or before the child’s second birthday. Table 3-1 displays the different antigens associated with various combinations.

Table 3-1—Combination Vaccinations for Childhood Immunization Status

Combination	Four DTaP	Three IPV	One MMR	Three HiB	Three Hep B	One VZV	Four PCV	Two Hep A	Required RV	Two Influenza
Combination 2	✓	✓	✓	✓	✓	✓				
Combination 3	✓	✓	✓	✓	✓	✓	✓			
Combination 4	✓	✓	✓	✓	✓	✓	✓	✓		
Combination 5	✓	✓	✓	✓	✓	✓	✓		✓	
Combination 6	✓	✓	✓	✓	✓	✓	✓			✓
Combination 7	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Combination 8	✓	✓	✓	✓	✓	✓	✓	✓		✓
Combination 9	✓	✓	✓	✓	✓	✓	✓		✓	✓
Combination 10	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

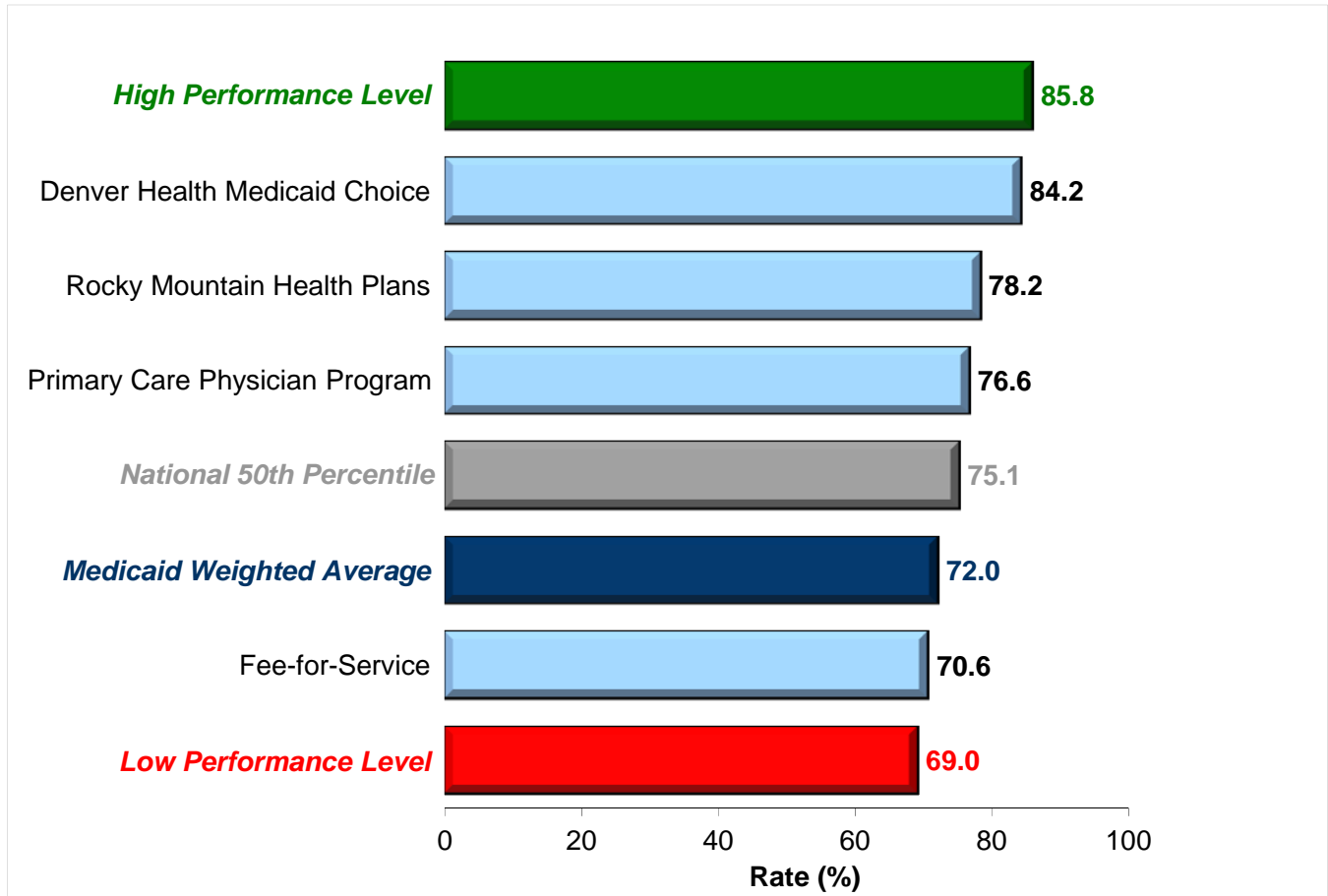
Performance Results

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



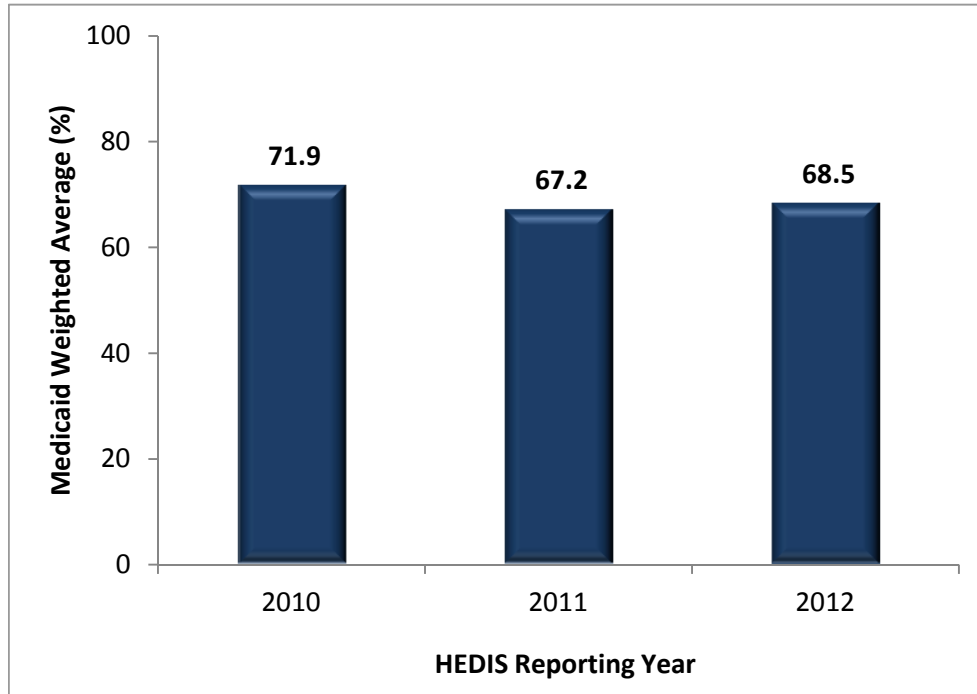
The Colorado Medicaid 2012 weighted average decreased 4.4 percentage points from the HEDIS 2010 weighted average but increased by 1.9 percentage points from the HEDIS 2011 weighted average. However, the increase from HEDIS 2011 to HEDIS 2012 was not statistically significant.

Figure 3-2—Childhood Immunization Status—Combination 2



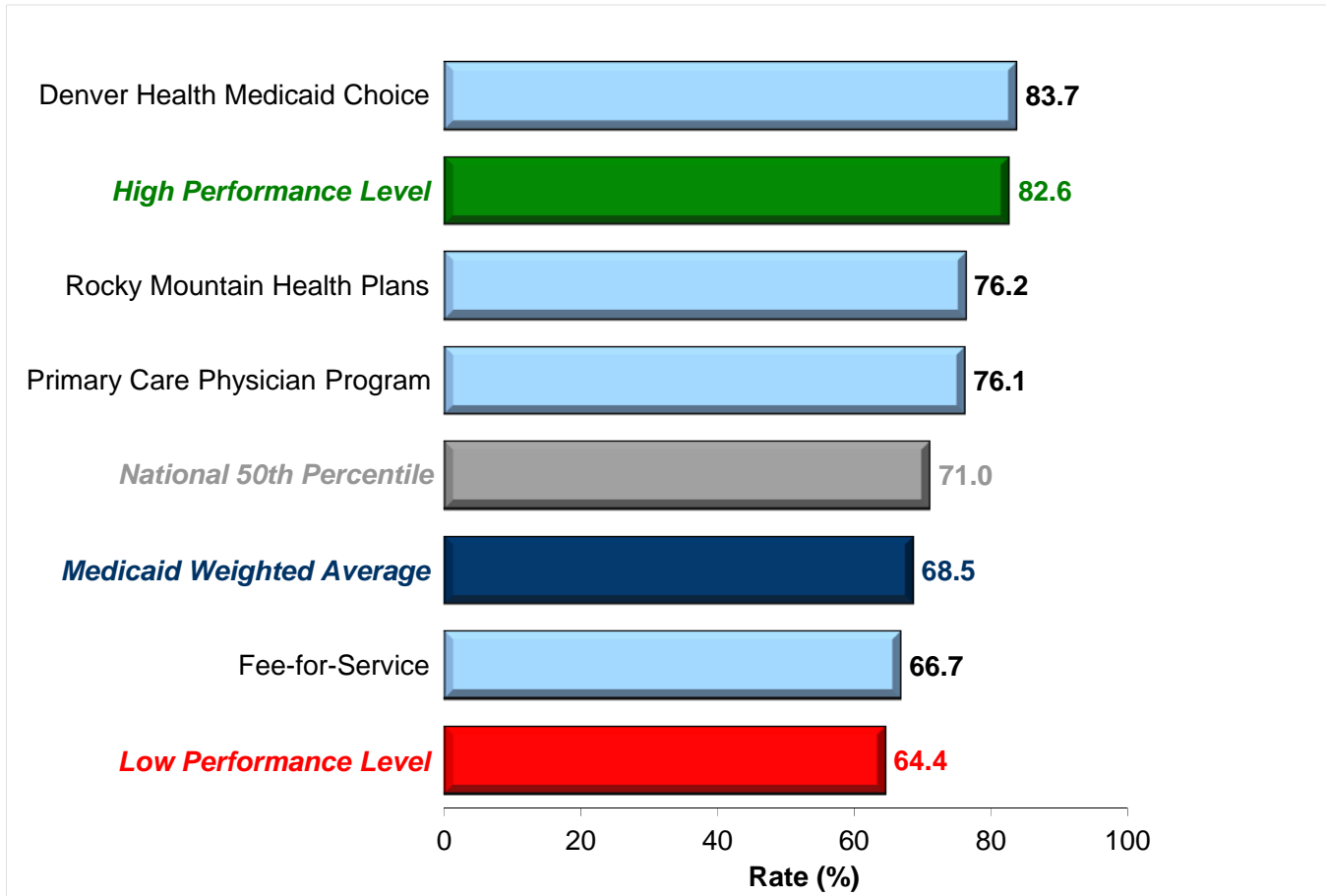
All of the health plans performed below the HPL of 85.8 percent but above the LPL of 69.0 percent. Three of the health plans reported rates above the national HEDIS 2011 Medicaid 50th percentile of 75.1 percent. The 2012 Colorado Medicaid weighted average of 72.0 percent fell below the national HEDIS 2011 Medicaid 50th percentile by 3.1 percentage points.

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



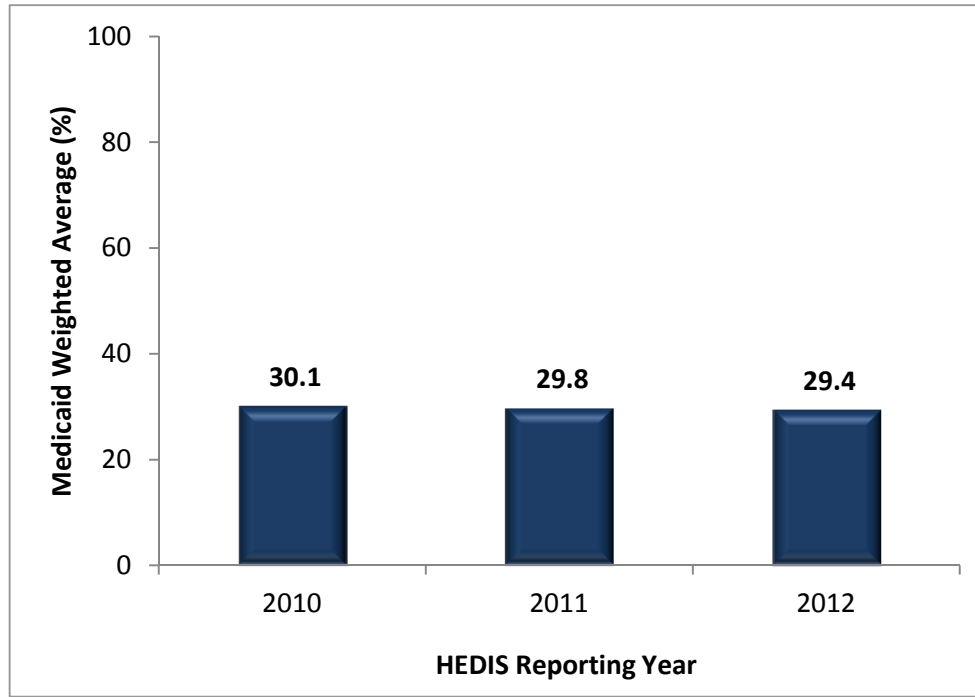
While the 2012 Colorado Medicaid weighted average was 3.4 percentage points below the 2010 weighted average, the 2012 weighted average increased by 1.3 percentage points from HEDIS 2011. This increase was not statistically significant.

Figure 3-4—Childhood Immunization Status—Combination 3



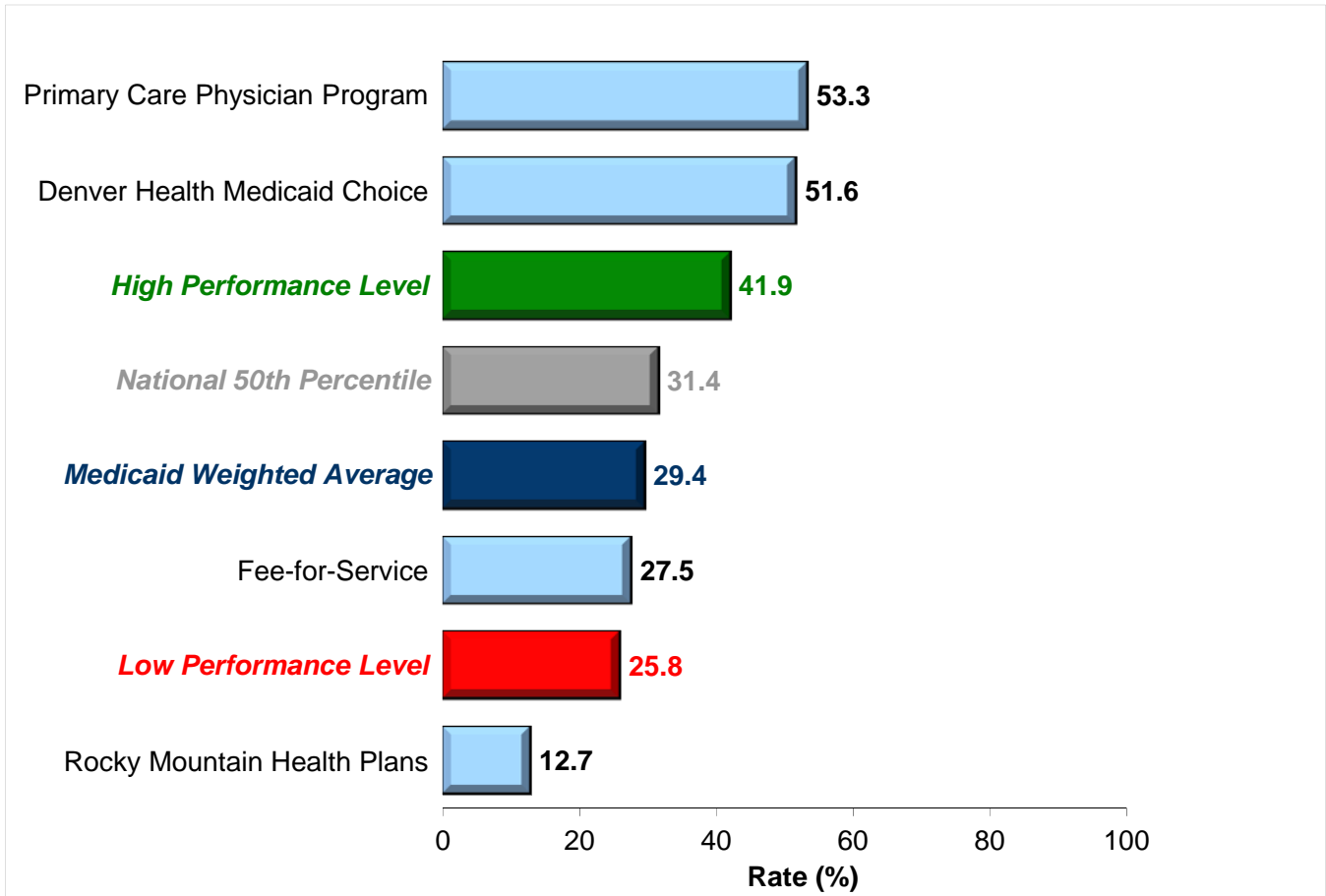
One health plan exceeded the HPL of 82.6 percent, and none of the health plans performed below the LPL of 64.4 percent. Three health plans, including the one above the HPL, reported rates above the national HEDIS 2011 Medicaid 50th percentile. The 2012 Colorado Medicaid weighted average of 68.5 percent fell below the national HEDIS 2011 Medicaid 50th percentile by 2.5 percentage points.

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



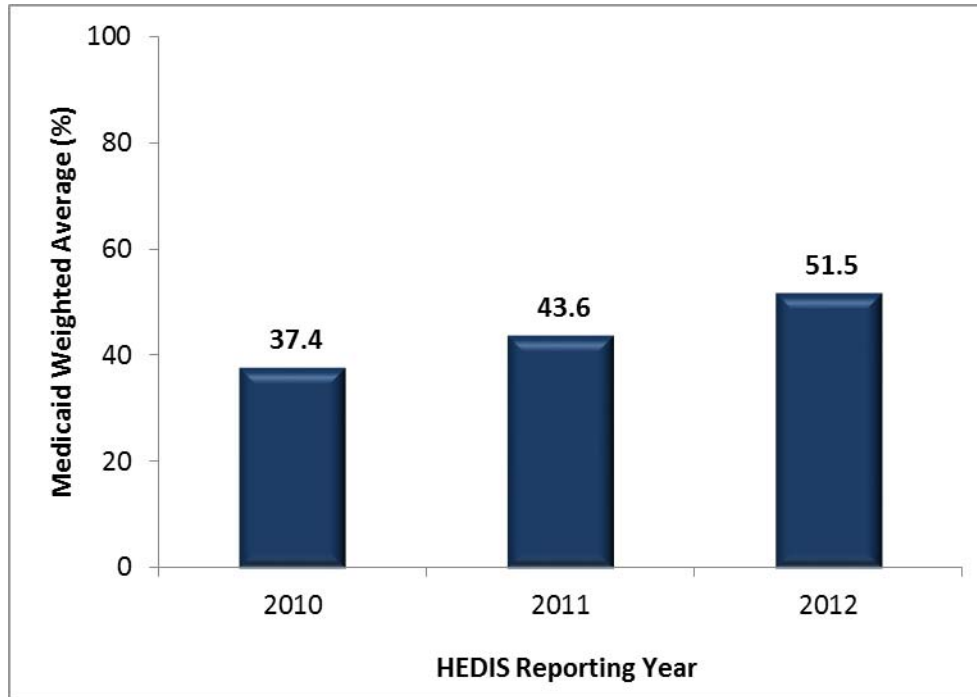
The Colorado Medicaid 2012 weighted average decreased compared to both HEDIS 2010 and HEDIS 2011 weighted averages. However, the decline from 2011 to 2012 was not statistically significant.

Figure 3-6—Childhood Immunization Status—Combination 4



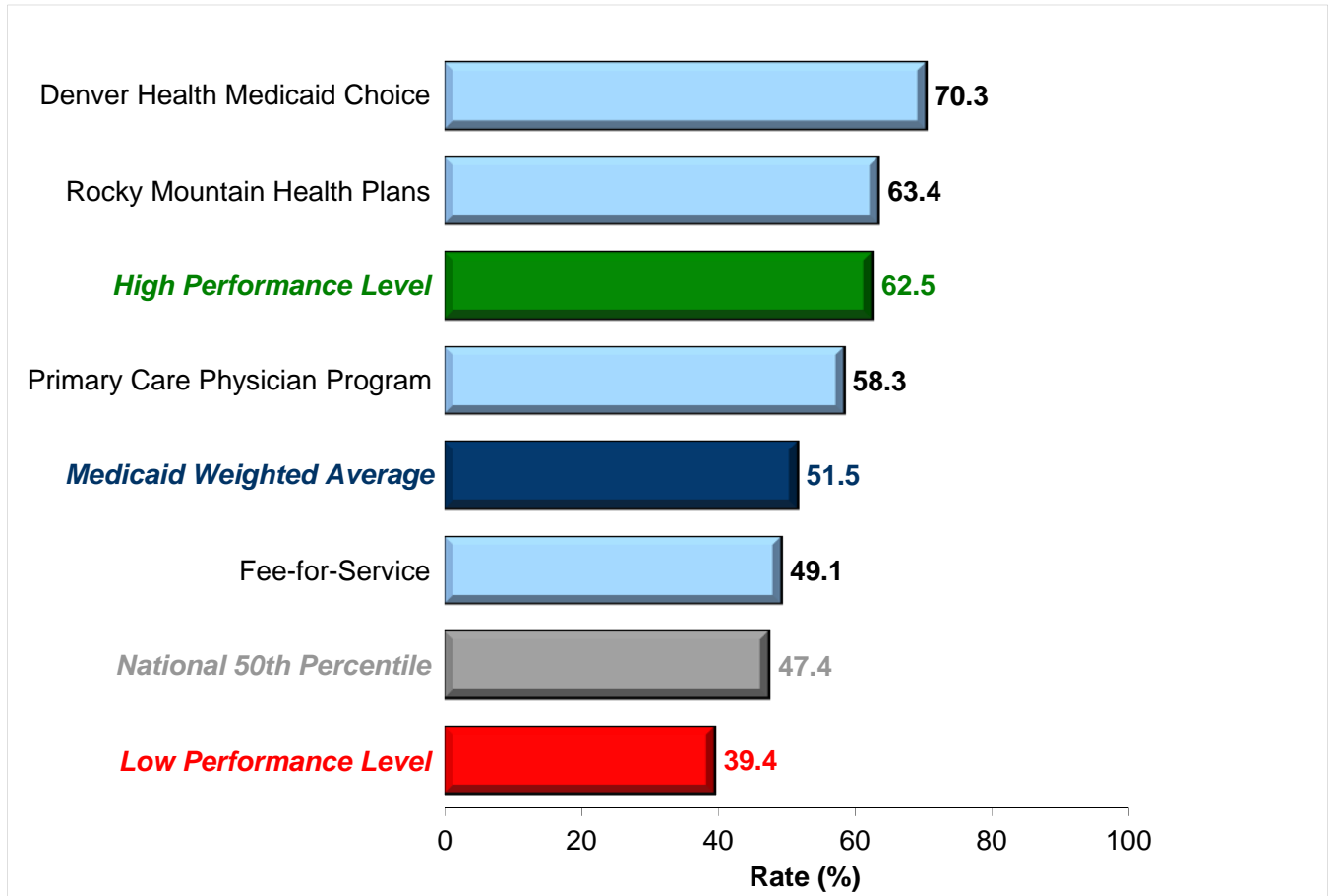
Two health plans exceeded the HPL of 41.9 percent, and one health plan reported performance below the LPL of 25.8 percent. The 2012 Colorado Medicaid weighted average of 29.4 was 2.0 percentage points below the HEDIS 2011 Medicaid 50th percentile. The only two plans performing above the Medicaid 50th percentile were the two plans surpassing the HPL. One plan exceeded the HPL by slightly less than 10.0 percentage points while the other plan exceeded the HPL by more than 10.0 percentage points.

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



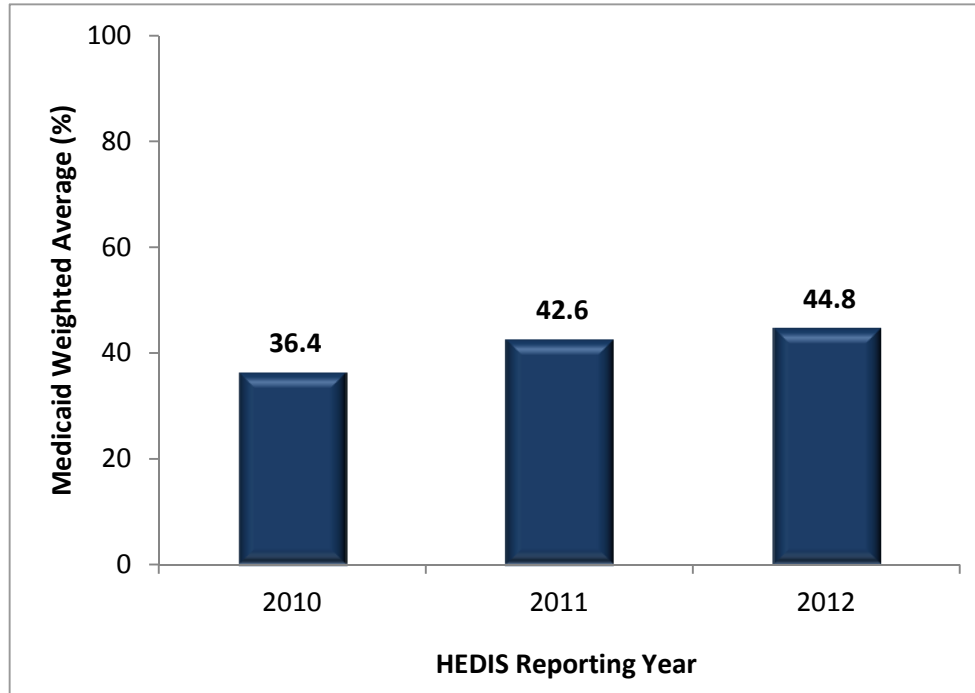
The weighted average has shown steady improvement over the past few years. The Colorado Medicaid 2012 weighted average increased by 14.1 and 7.9 percentage points from the HEDIS 2010 and HEDIS 2011 weighted averages, respectively. However, the increase from HEDIS 2011 to HEDIS 2012 was not statistically significant.

Figure 3-8—Childhood Immunization Status—Combination 5



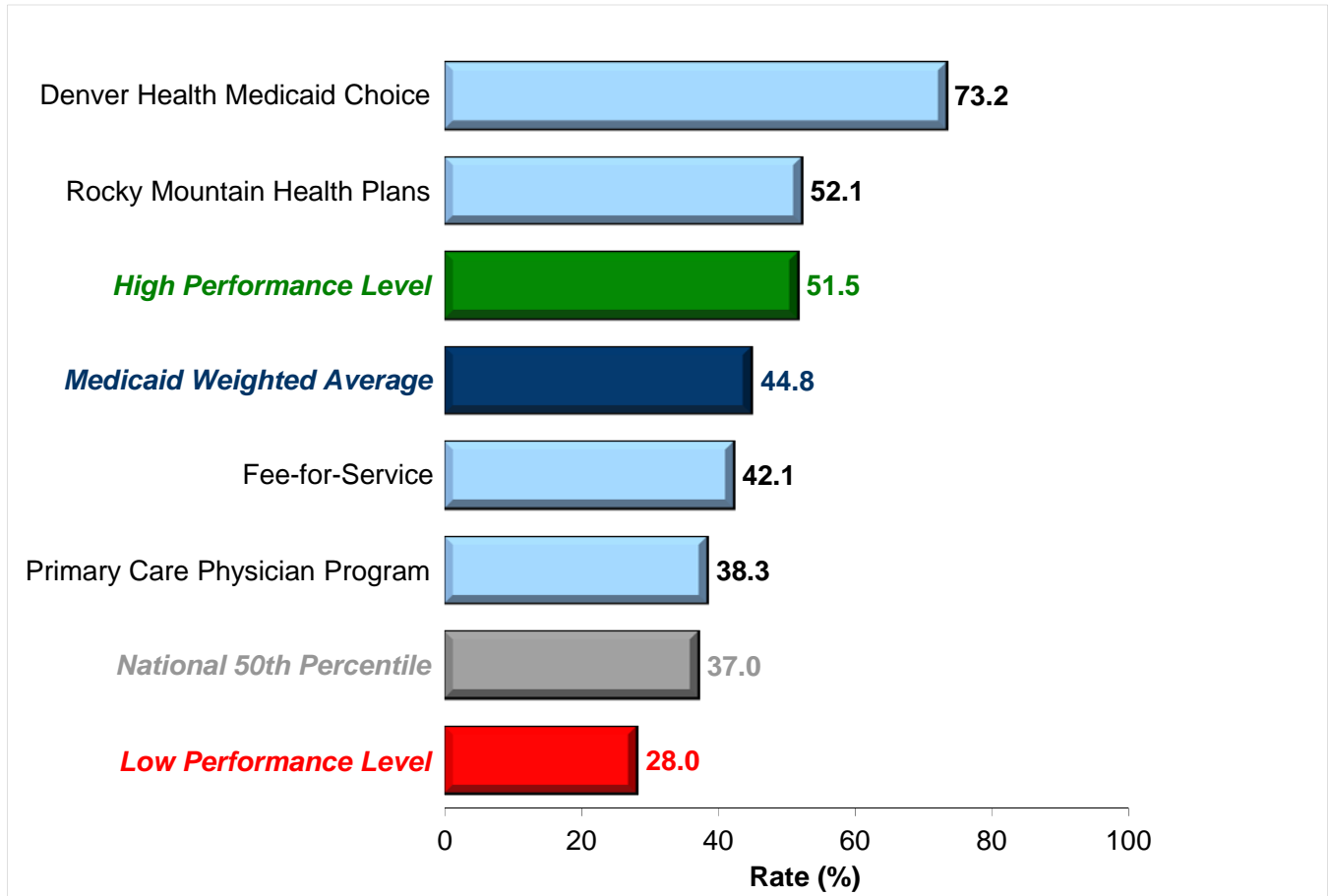
Two health plans exceeded the HPL of 62.5 percent while none fell below the LPL of 39.4 percent. The Medicaid weighted average of 51.5 percent was 4.1 percentage points above the national HEDIS 2011 Medicaid 50th percentile. All of the plans' performance rates surpassed the national Medicaid 50th percentile.

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



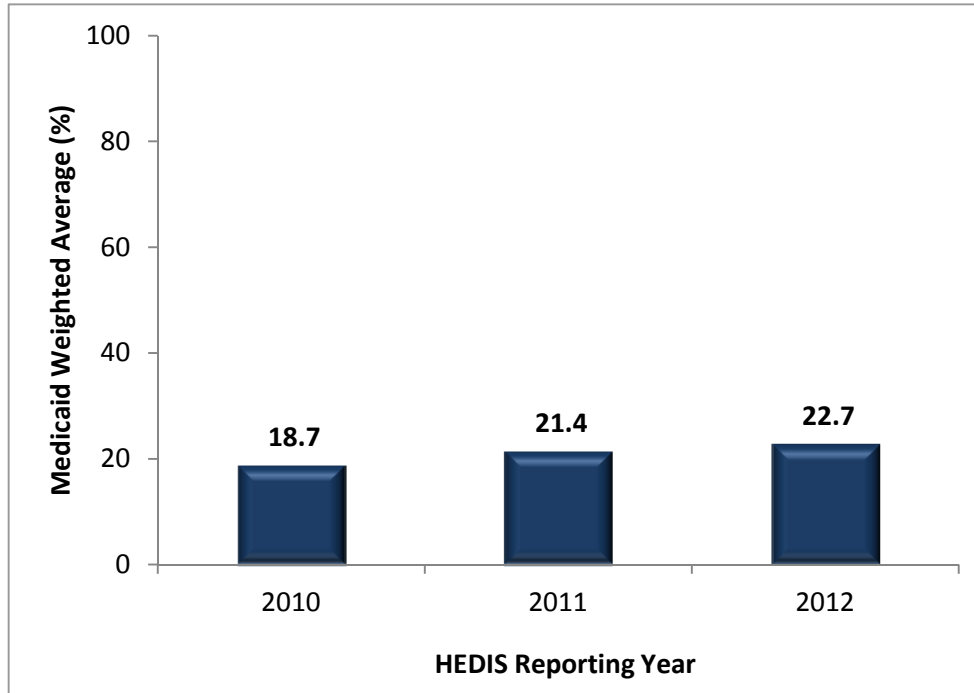
The Colorado Medicaid 2012 weighted average increased 8.4 and 2.2 percentage points from the 2010 and 2011 weighted averages, respectively. This measure has shown continued improvement, although the increase in the weighted average between 2011 and 2012 was not significant.

Figure 3-10—Childhood Immunization Status—Combination 6



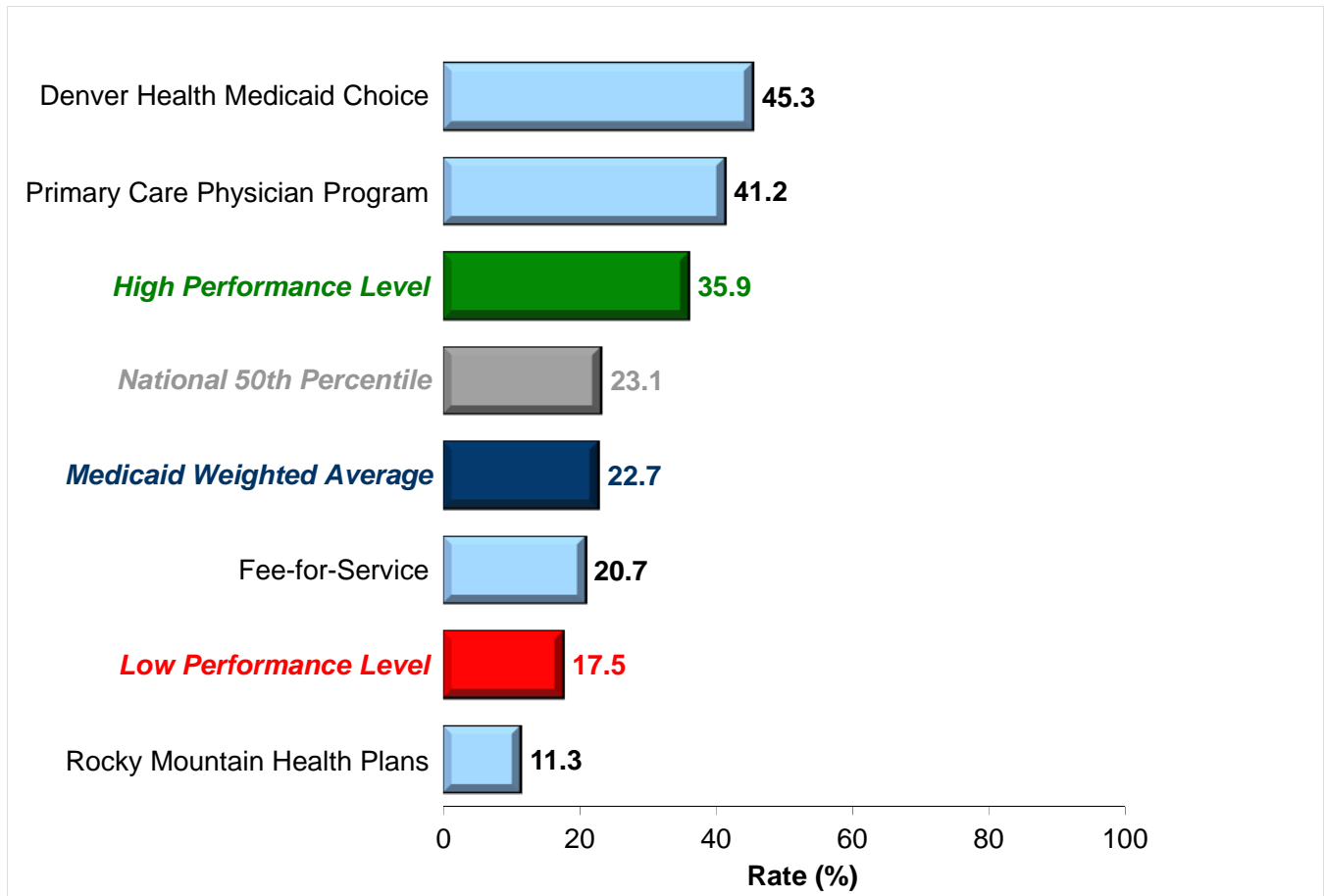
Two health plans exceeded the HPL of 51.5 percent with one of the plans exceeding the HPL by over 20.0 percentage points. None of the health plans dropped below the LPL of 28.0 percent. The two plans above the HPL exceeded the 2012 Colorado Medicaid weighted average of 44.8 percent, which was 7.8 percentage points above the national HEDIS 2011 Medicaid 50th percentile. All of the plans exceeded the national Medicaid 50th percentile of 37.0 percent.

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



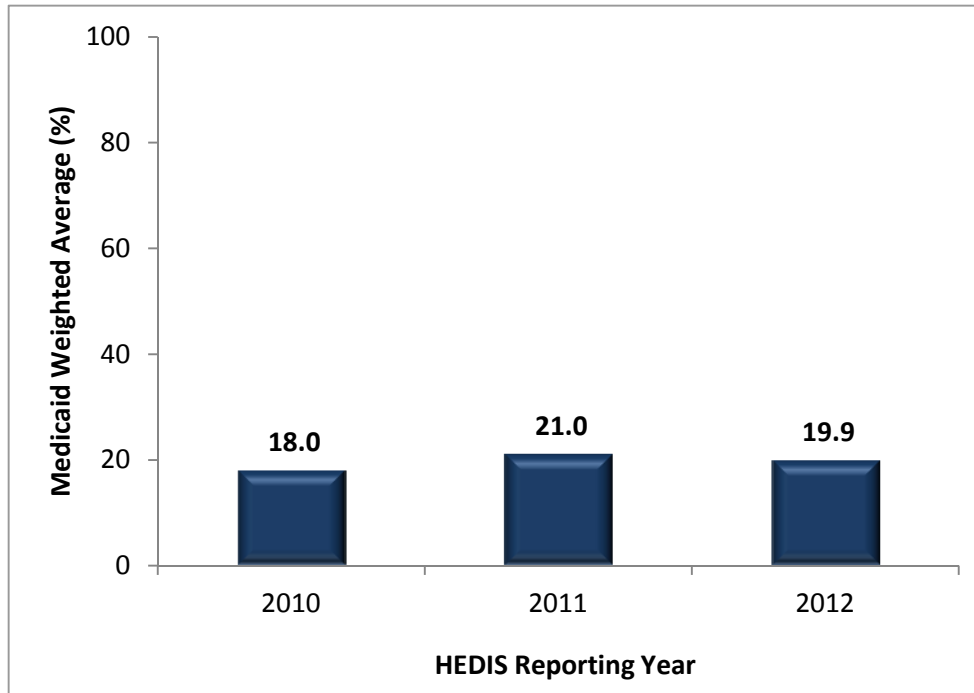
The 2012 Colorado Medicaid weighted average was 4.0 and 1.3 percentage points higher than the 2010 and 2011 weighted averages, respectively. While there has been an increase for the past two years, the increase between 2011 and 2012 was not significant.

Figure 3-12—Childhood Immunization Status—Combination 7



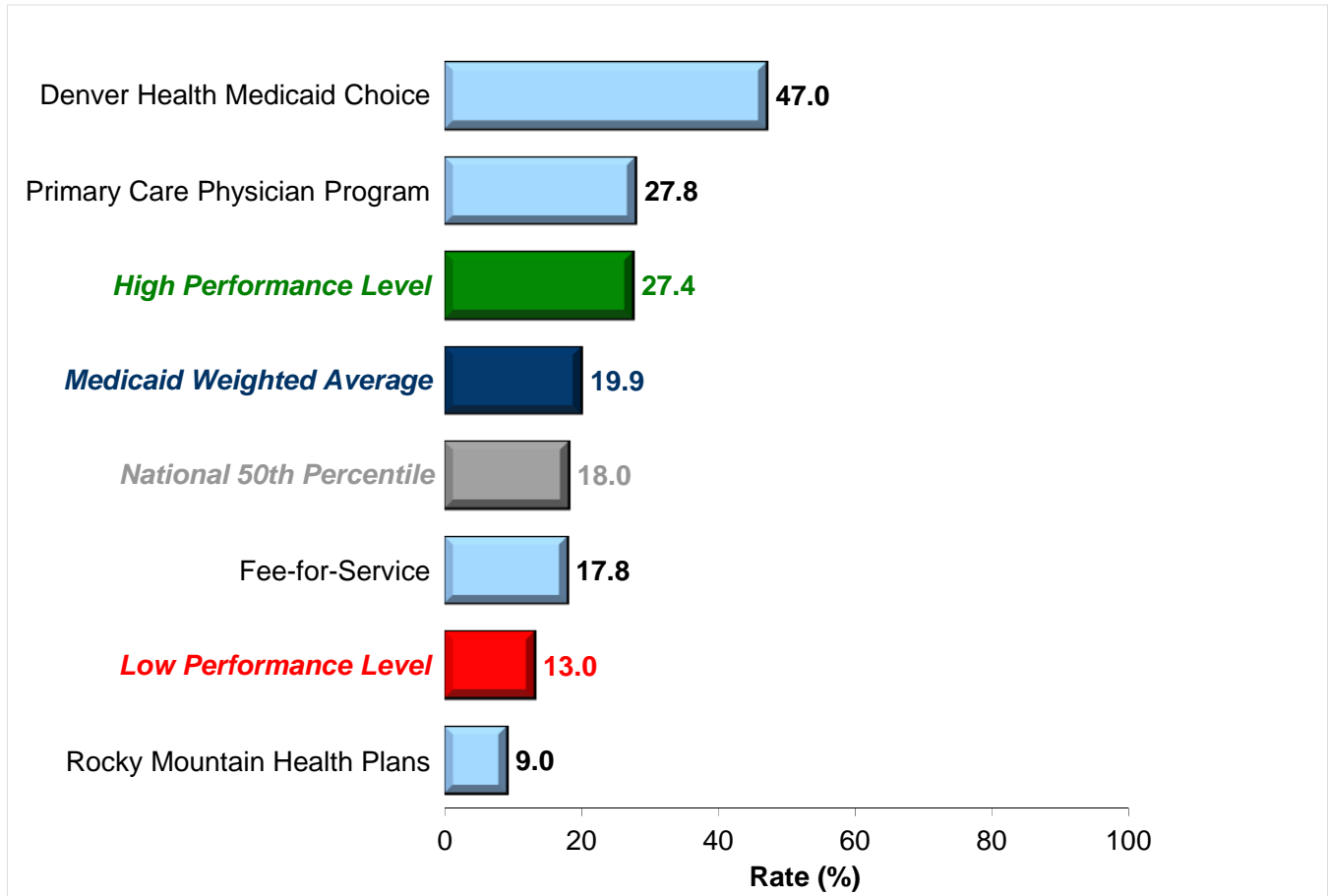
Two health plans exceeded the HPL of 35.9 percent while one plan fell below the LPL of 17.5 percent. The 2012 Colorado Medicaid weighted average of 22.7 percent was 0.4 percentage points below the national HEDIS 2011 Medicaid 50th percentile. Only the two plans exceeding the HPL were above the national Medicaid 50th percentile, and both were more than 5.0 percentage points above the HPL.

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



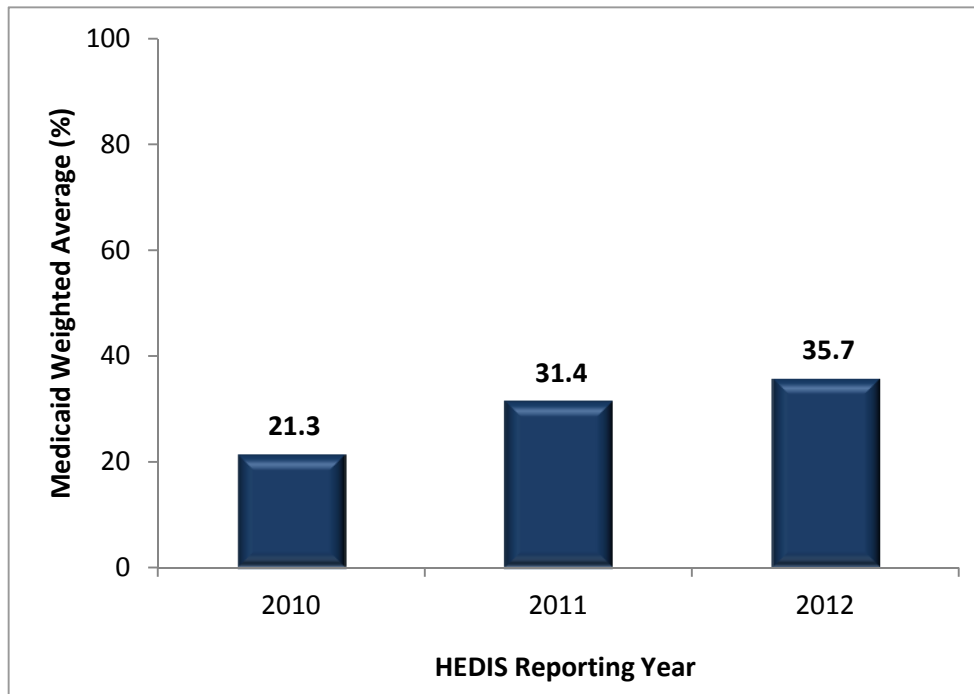
While the 2012 Colorado Medicaid weighted average was 1.9 percentage points above the 2010 weighted average, the 2012 weighted average decreased by 1.1 percentage points from 2011. This decline was not statistically significant.

Figure 3-14—Childhood Immunization Status—Combination 8



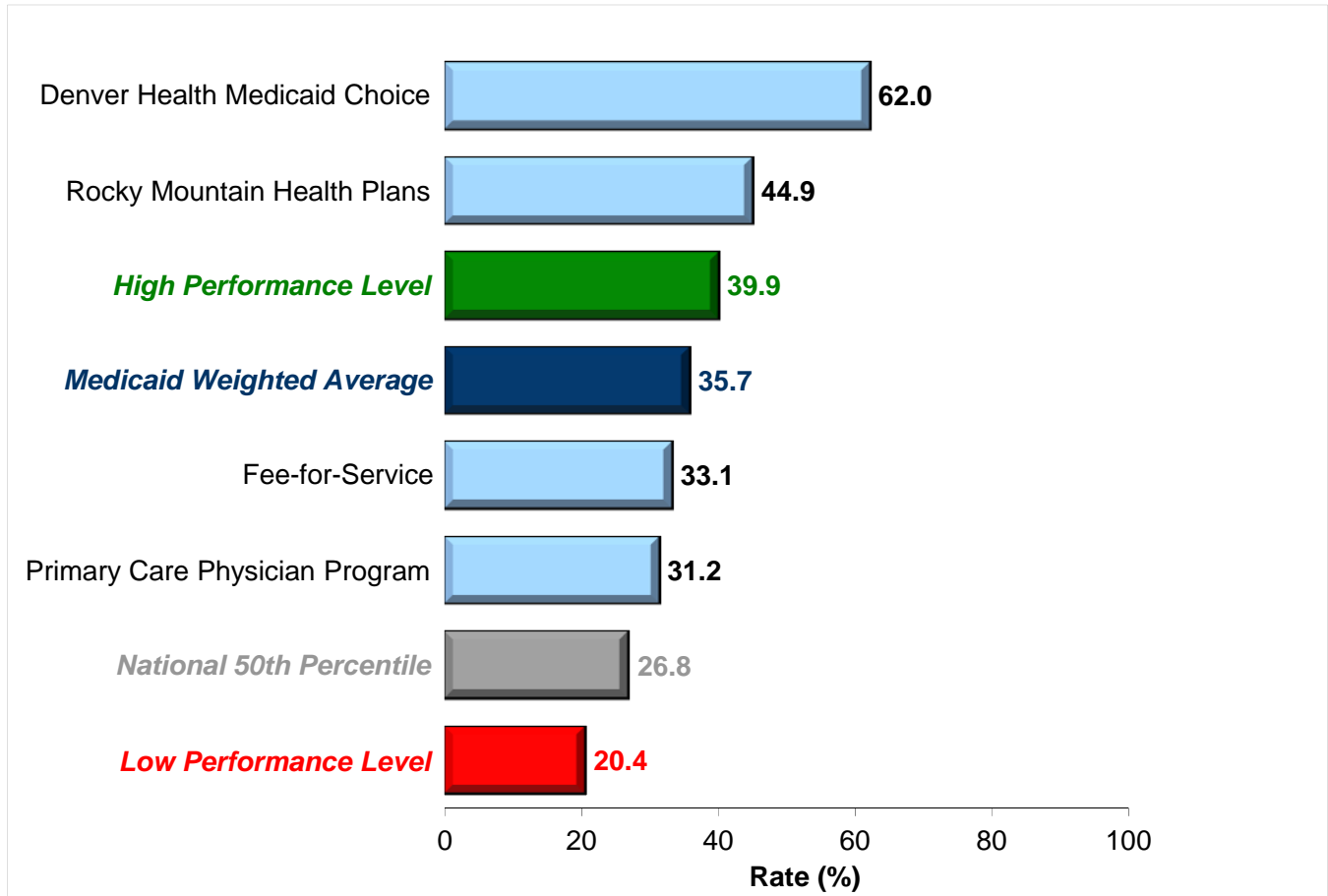
Two plans exceeded the HPL of 27.4 percent, and one plan fell below the LPL of 13.0 percent. The two health plans exceeding the HPL were the only health plans above the national HEDIS 2011 Medicaid 50th percentile. The 2012 Colorado Medicaid weighted average of 19.9 percent was 1.9 percentage points above the national Medicaid 50th percentile.

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



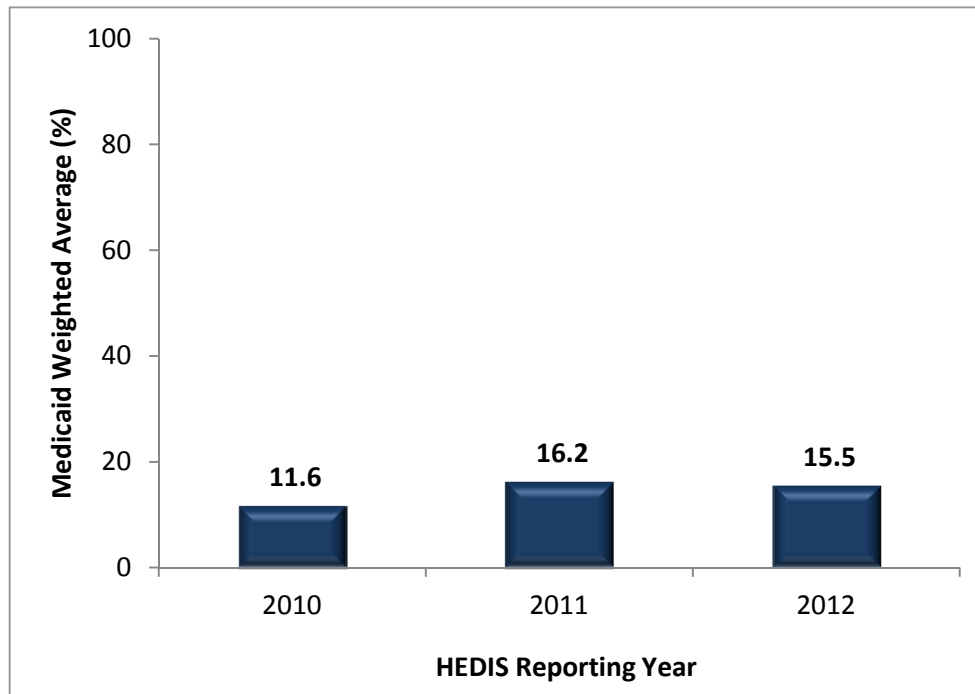
The 2012 Colorado Medicaid weighted average was 14.4 and 4.3 percentage points above the 2010 and 2011 weighted averages, respectively. While there was continued improvement over the past two years, the increase between 2011 and 2012 was not significant.

Figure 3-16—Childhood Immunization Status—Combination 9



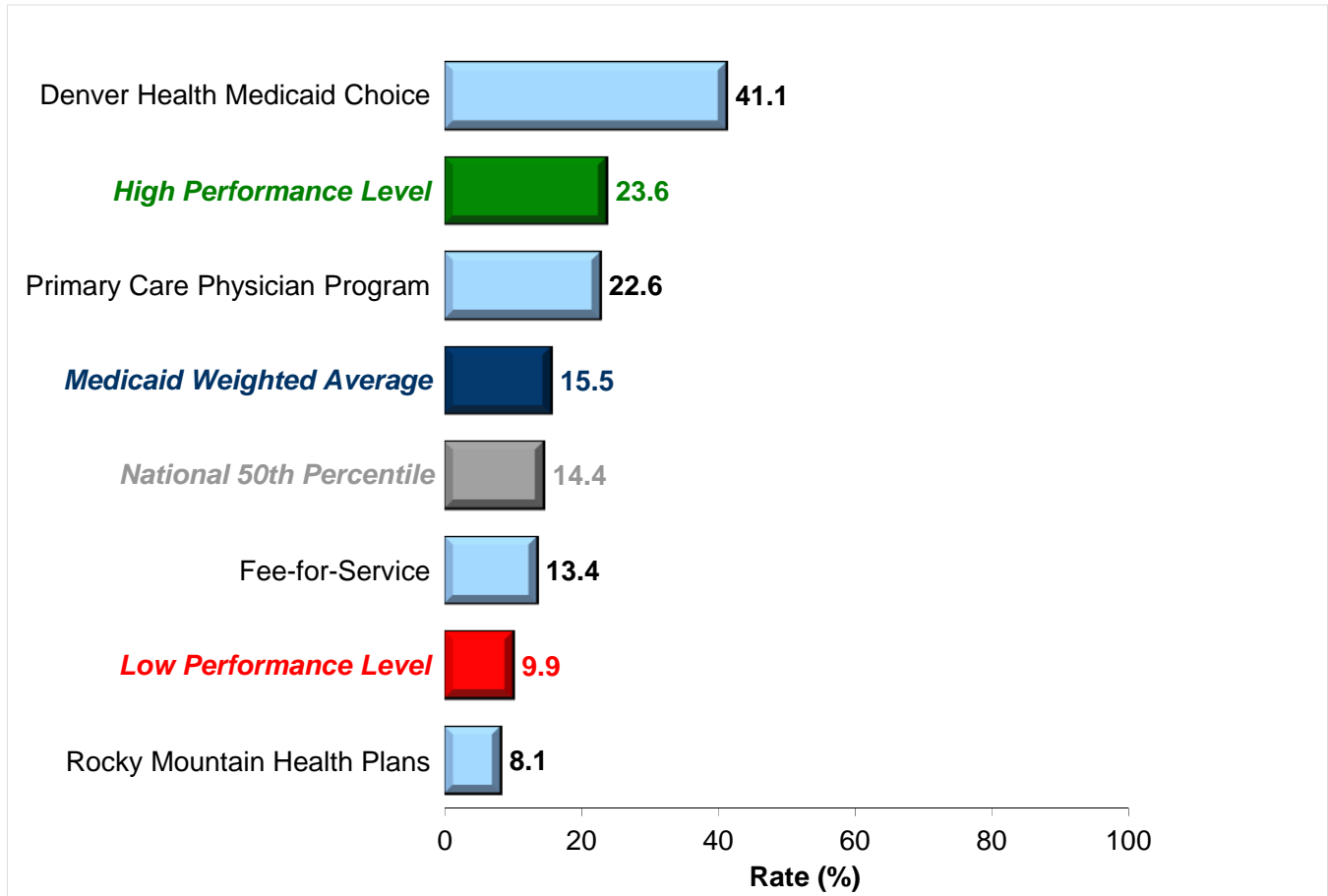
Two health plans exceeded the HPL of 39.9 percent, and none of the health plans fell below the LPL of 20.4 percent. One of the plans above the HPL reported performance greater than 20.0 percentage points above the HPL. All of the plans reported rates above the national HEDIS 2011 Medicaid 50th percentile. The 2012 Colorado Medicaid weighted average of 35.7 percent was 8.9 percentage points above the national Medicaid 50th percentile.

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



While the 2012 Colorado Medicaid weighted average was 3.9 percentage points above the 2010 weighted average, the 2012 weighted average decreased by 0.7 percentage points from the 2011 weighted average. This decline was not statistically significant.

Figure 3-18—Childhood Immunization Status—Combination 10



One health plan surpassed the HPL of 23.6 percent, and one plan fell below the LPL of 9.9 percent. Two plans, including the plan surpassing the HPL, performed better than the national HEDIS 2011 Medicaid 50th percentile. The 2012 Medicaid weighted average of 15.5 percent performed above the national Medicaid 50th percentile by 1.1 percentage points.

Immunizations for Adolescents

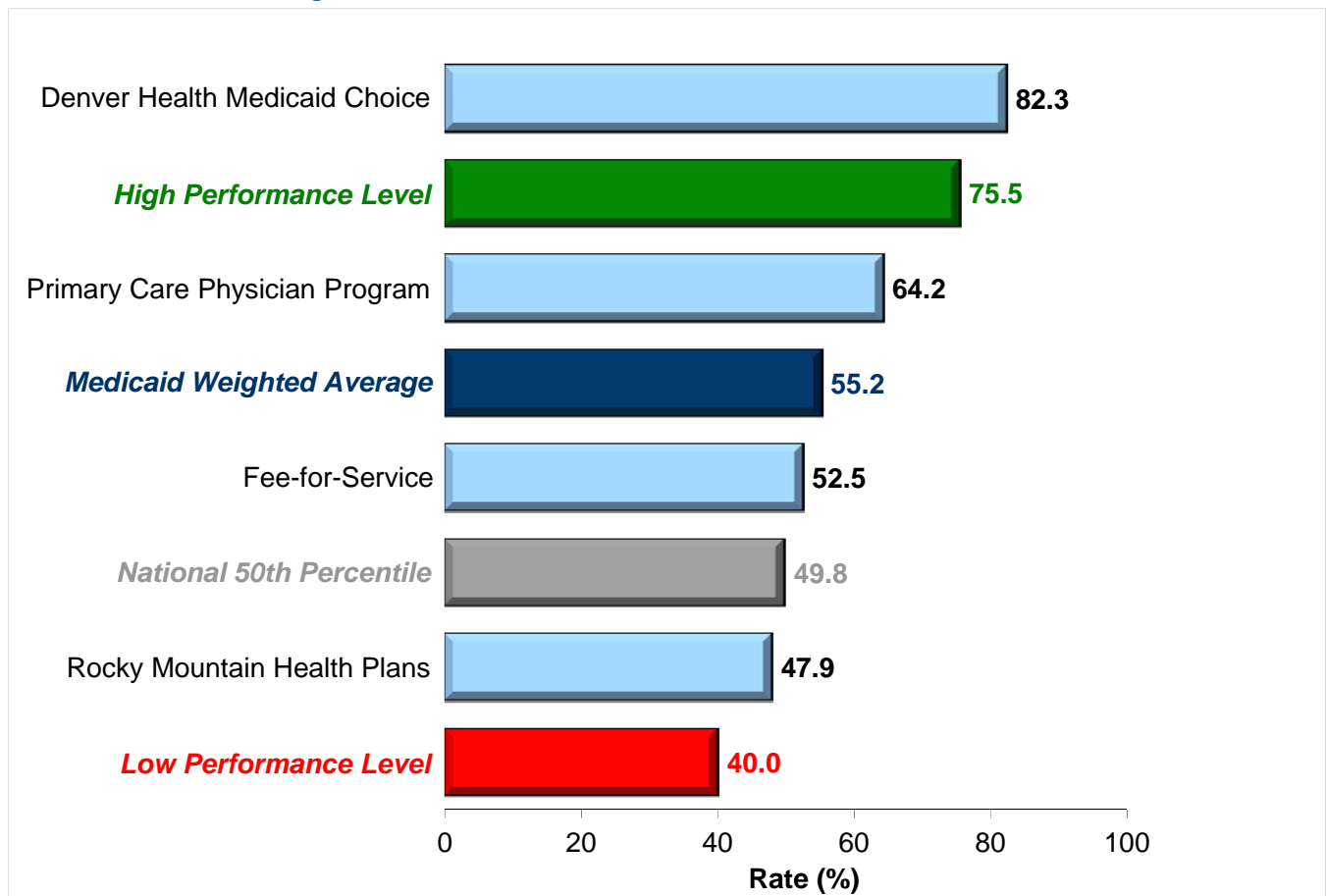
Measure Definitions

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.

Performance Results

This is a newly added measure for HEDIS 2012, and a three-year trending chart is not available.

Figure 3-19—Immunizations for Adolescents—Combination 1



One plan exceeded the HPL of 75.5 percent, and no plans fell below the LPL of 40.0 percent. Three plans, including the plan surpassing the HPL, exceeded the national HEDIS 2011 Medicaid 50th percentile. The 2012 Colorado Medicaid weighted average, 55.2 percent, exceeded the national Medicaid 50th percentile by 5.4 percentage points.³⁻¹

³⁻¹ The rate presented above was derived from administrative data only. For more information on the differences between administrative and hybrid data collection methodologies, refer to the glossary. The hybrid rate submitted by Denver Health Medicaid Choice was 86.1 percent for *Combination 1*. RMHP did not report this measure using the hybrid methodology.

Well-Child Visits

Measure Definitions

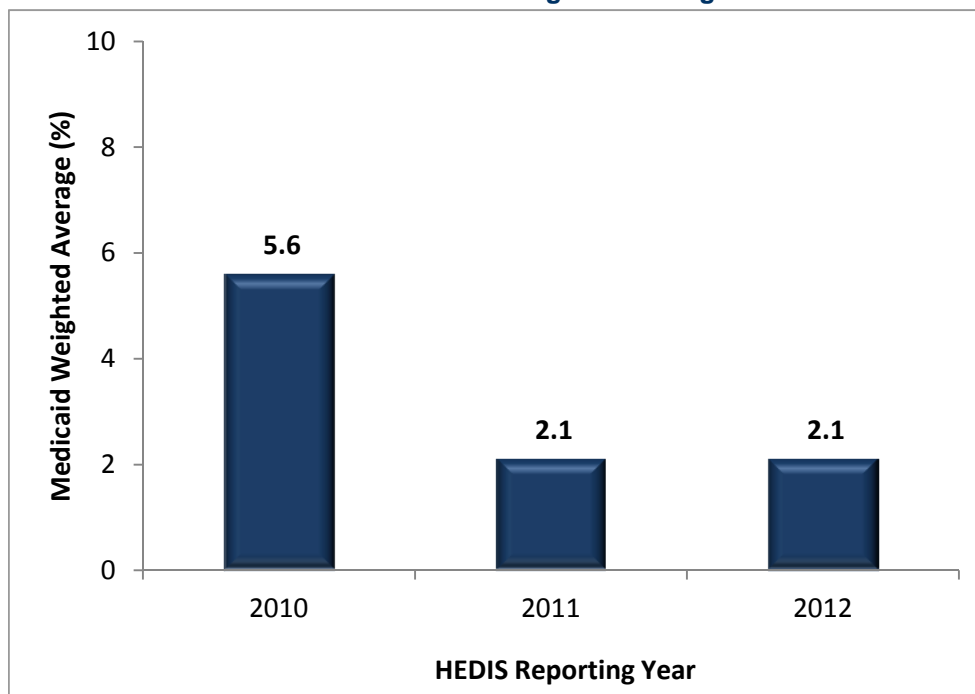
Well-Child Visits in the First 15 Months of Life—Zero Visits calculates the percentage of enrolled members who turned 15 months old during the measurement year, who were continuously enrolled in the health plan from 31 days of age through 15 months of age, and who received zero visits with a primary care practitioner (PCP) during their first 15 months of life.

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

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.

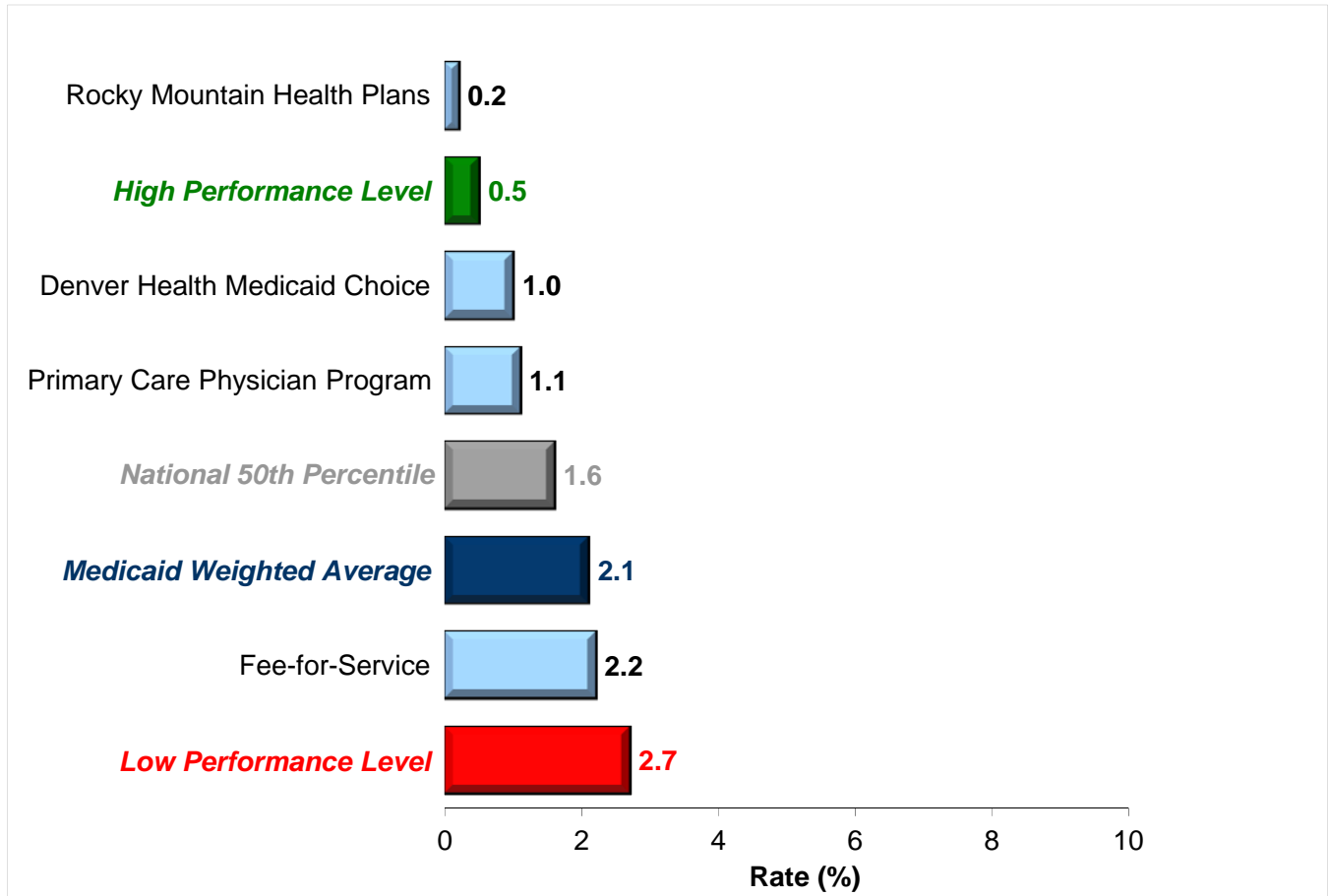
Performance Results

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



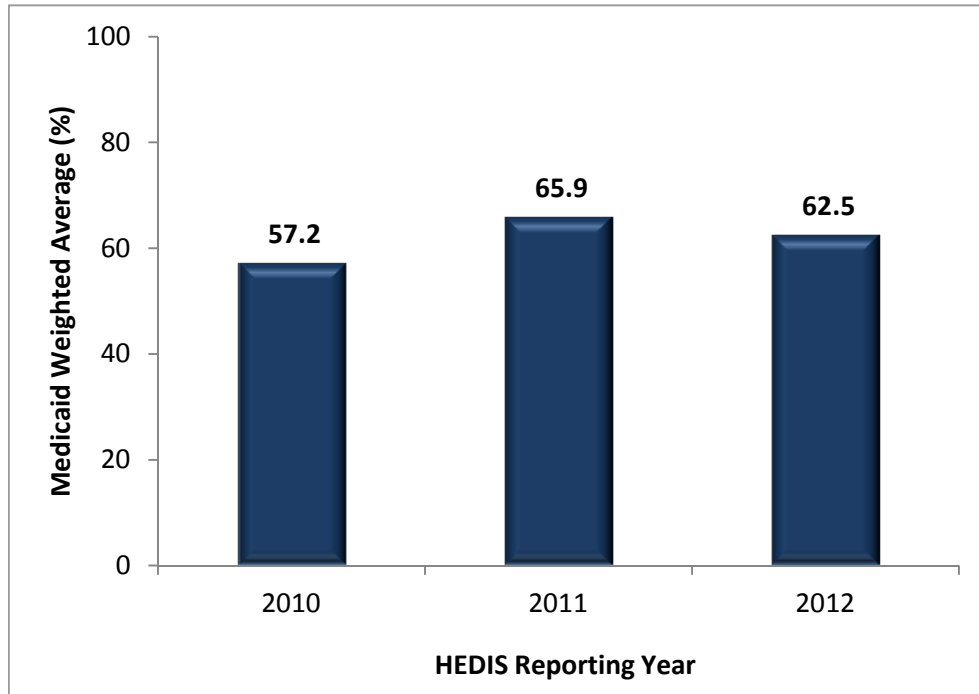
The *Well-Child Visits in the First 15 Months of Life—Zero Visits* measure is an inverse measure, meaning a declining rate signals improved performance. The Colorado weighted average decreased from 2010 to 2011 by 3.5 percentage points, indicating an *improvement* in performance on this measure (e.g., fewer children with no well-child visits). The Colorado weighted average stayed the same between 2011 and 2012 with no change in performance.

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



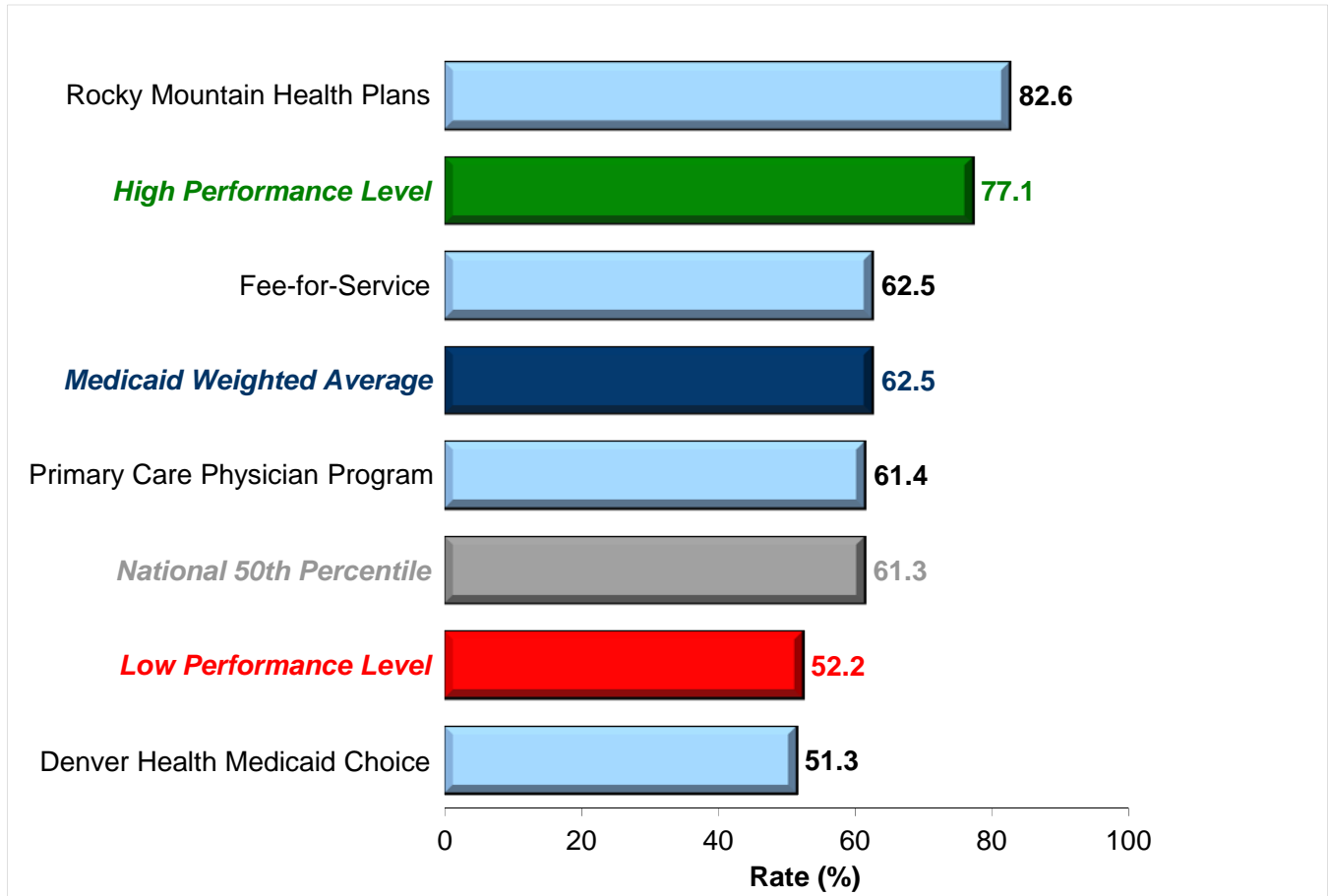
For this measure, a lower rate indicates better performance. One health plan performed better than the HPL of 0.5 percent while none of the health plans performed worse than the LPL of 2.7 percent. A total of three health plans reported rates better than the national HEDIS 2011 Medicaid 50th percentile, including the plan exceeding the HPL. The 2012 Colorado Medicaid weighted average of 2.1 percent exceeded the national HEDIS 2011 Medicaid 50th percentile by 0.5 percentage points (indicating worse performance).

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



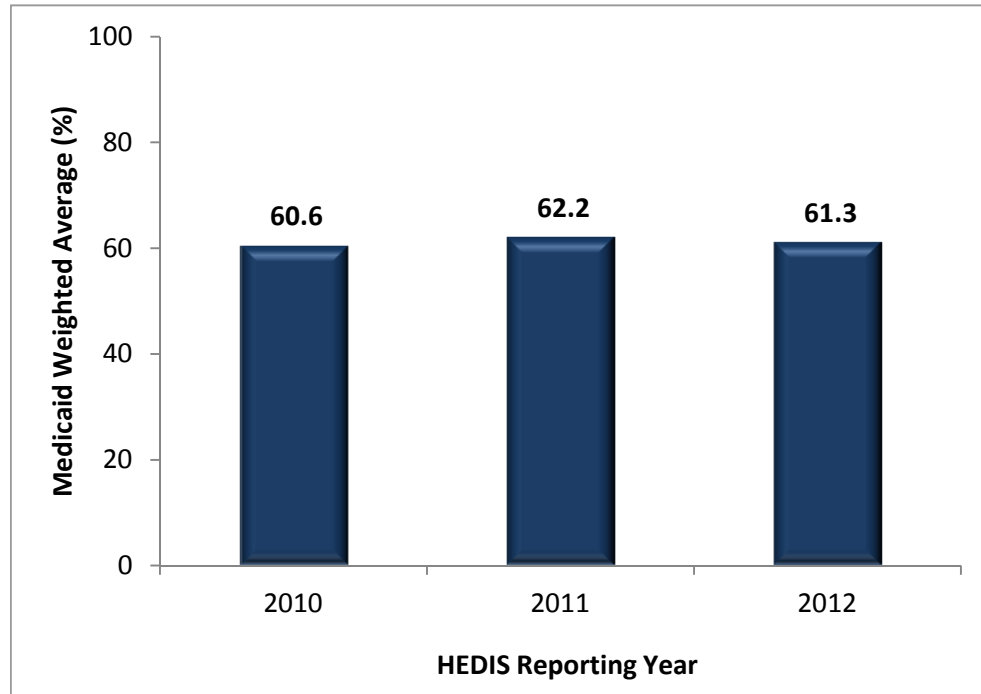
The 2012 Colorado Medicaid weighted increased 5.3 percentage points from HEDIS 2010 but decreased 3.4 percentage points from HEDIS 2011. This decline was not statistically significant.

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



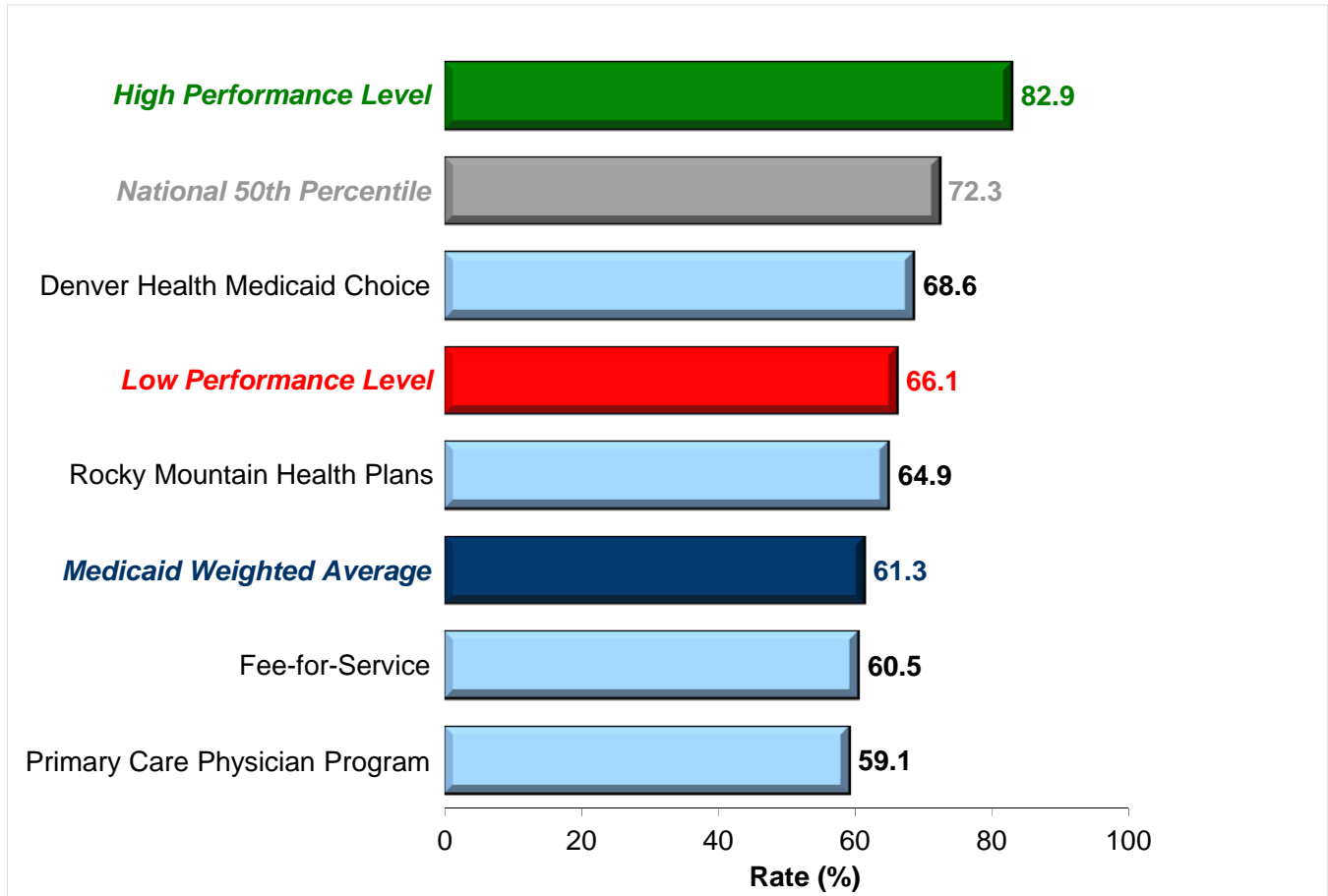
One health plan exceeded the HPL of 77.1 percent by more than 5.0 percentage points, and one health plan fell below the LPL of 52.2 percent. Three plans, including the one surpassing the HPL, reported rates exceeding the national HEDIS 2011 Medicaid 50th percentile. The 2012 Colorado Medicaid weighted average of 62.5 percent exceeded the national HEDIS 2011 Medicaid 50th percentile by 1.2 percentage points.

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



The Medicaid weighted average has remained relatively stable over the past three years. The 2012 Colorado weighted average increased 0.7 percentage points from the 2010 weighted average. However, the 2012 weighted average decreased 0.9 percentage points from the 2011 weighted average. This decline was not statistically significant.

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



None of the health plans exceeded the HPL of 82.9 percent or the national HEDIS 2011 Medicaid 50th percentile of 72.3 percent. Three of the health plans and the weighted average fell below the LPL of 66.1 percent. The 2012 Colorado Medicaid weighted average of 61.3 fell below the national Medicaid 50th percentile by 11.0 percentage points and was 4.8 percentage points below the LPL.³⁻²

³⁻²The rate presented above was derived from administrative data only. For more information on the differences between administrative and hybrid data collection methodologies, refer to the glossary. The hybrid rate submitted by the Denver Health Medicaid Choice for *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life* was 70.3 percent. RMHP did not report this measure using a hybrid methodology.

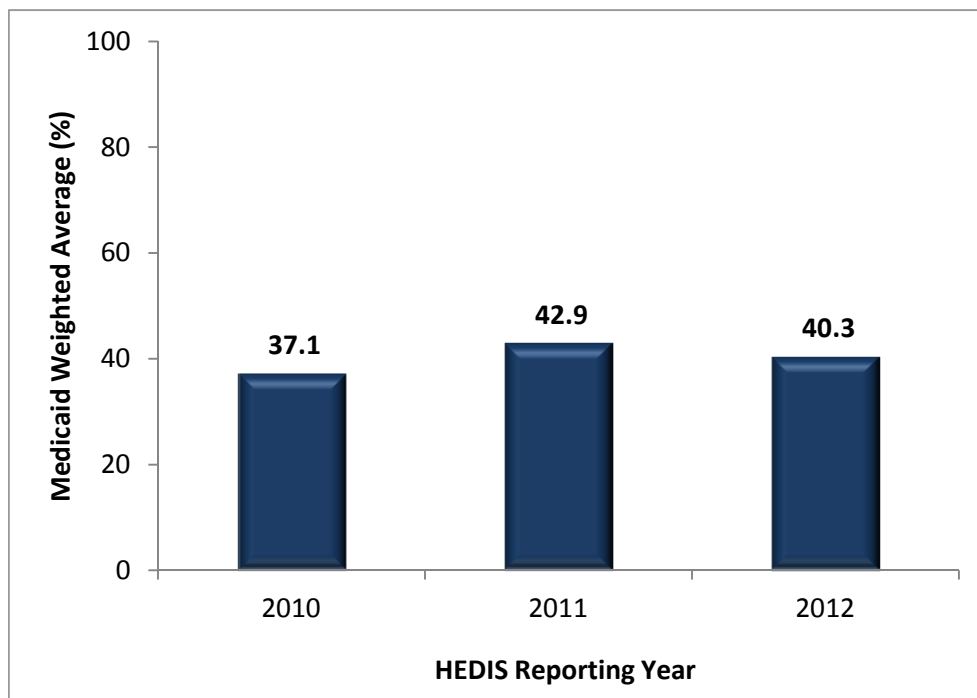
Adolescent Well-Care Visits

Measure Definition

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

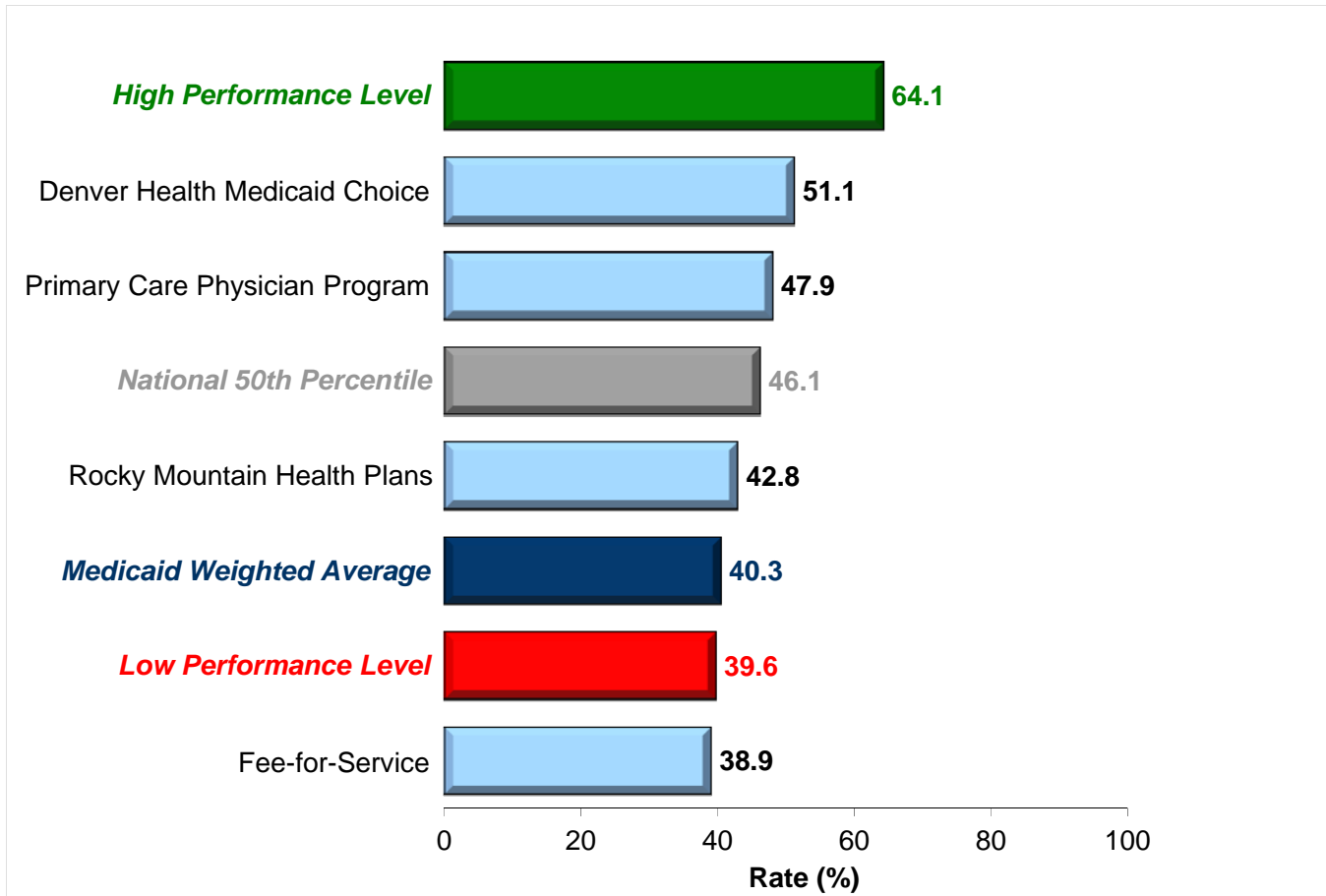
Performance Results

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



The 2011 Colorado Medicaid weighted average increased 5.8 percentage points from the 2010 weighted average. However, the 2012 weighted average decreased 2.6 percentage points from the 2011 weighted average. This observed decline was not significant. In spite of a slight decline in performance between 2011 and 2012, the statewide rates show an improvement of 3.2 percentage points during the three-year period.

Figure 3-27—Adolescent Well-Care Visits



None of the health plans exceeded the HPL of 64.1 percent. One health plan fell below the LPL of 39.6 percent, although the decrease was less than 1.0 percentage point below the LPL. Two health plans reported rates exceeding the national HEDIS 2011 Medicaid 50th percentile. The 2012 Colorado Medicaid weighted average of 40.3 percent fell below the national HEDIS 2011 Medicaid 50th percentile by 5.8 percentage points.

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

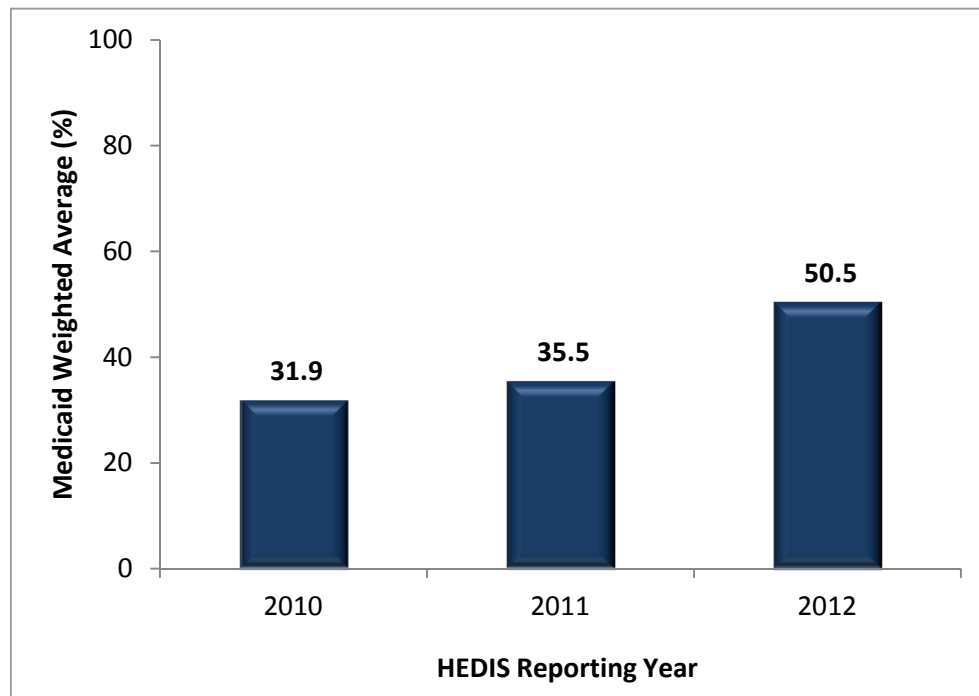
Measure Definition

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

Performance Results

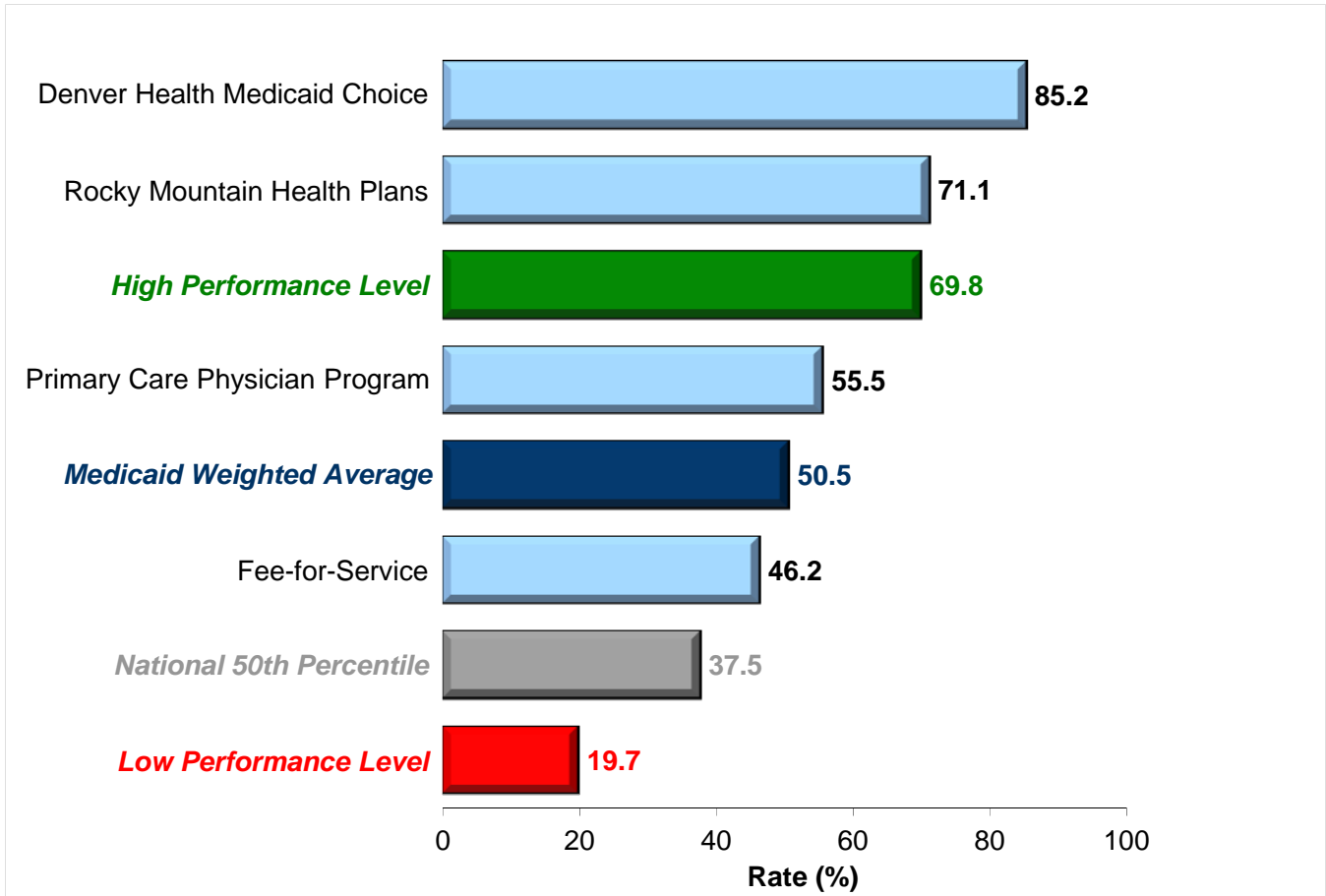
The age cohort indicators for this measure are displayed in Appendix A (Tabular Results) and Appendix B (Trend Results).

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



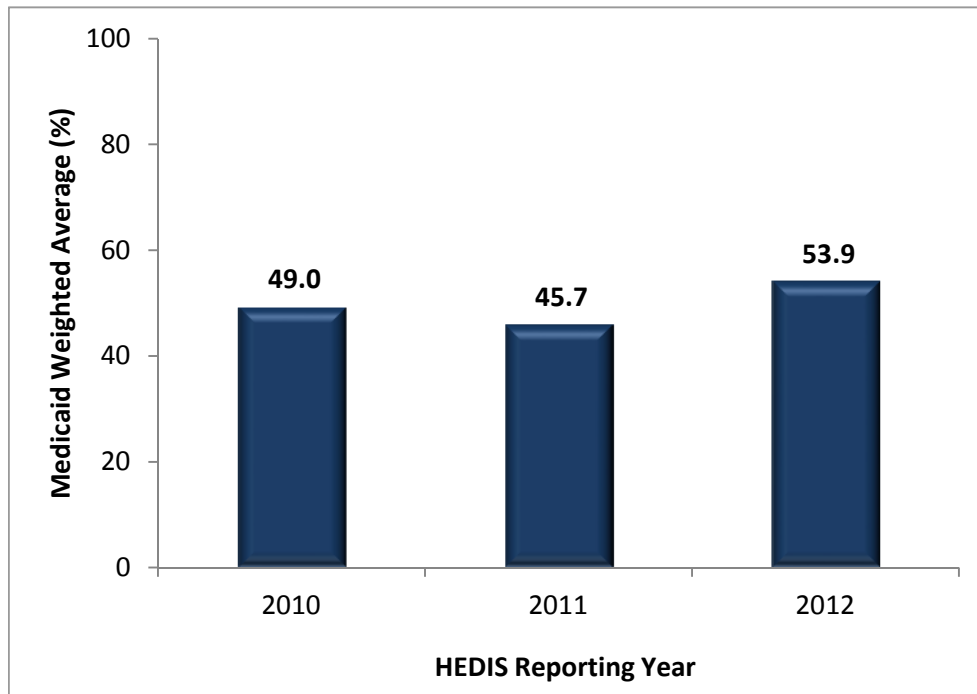
The weighted averages have increased each year from 2010 to 2012. The 2012 Colorado Medicaid weighted average increased 18.6 and 15.0 percentage points over the 2010 and 2011 weighted averages, respectively. The observed improvement from 2011 to 2012 was statistically significant.

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



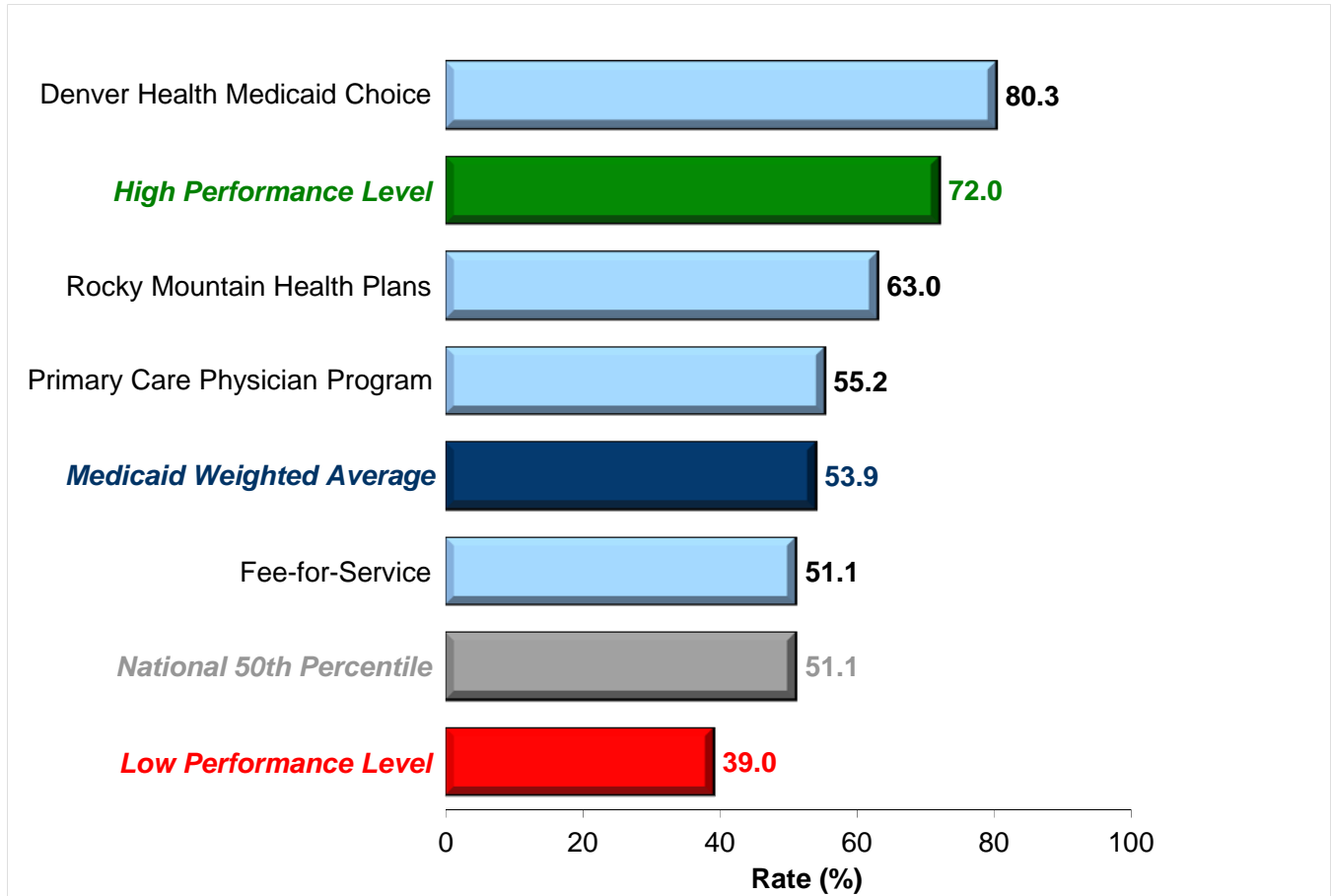
Two health plans exceeded the HPL of 69.8 percent, with one of the health plans reporting a rate more than 15.0 percentage points above the HPL. None of the health plans fell below the LPL of 19.7 percent. All four of the health plans reported rates that exceeded the national HEDIS 2011 Medicaid 50th percentile. The 2012 Colorado Medicaid weighted average of 50.5 percent exceeded the national HEDIS 2011 Medicaid 50th percentile by 13.0 percentage points.

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



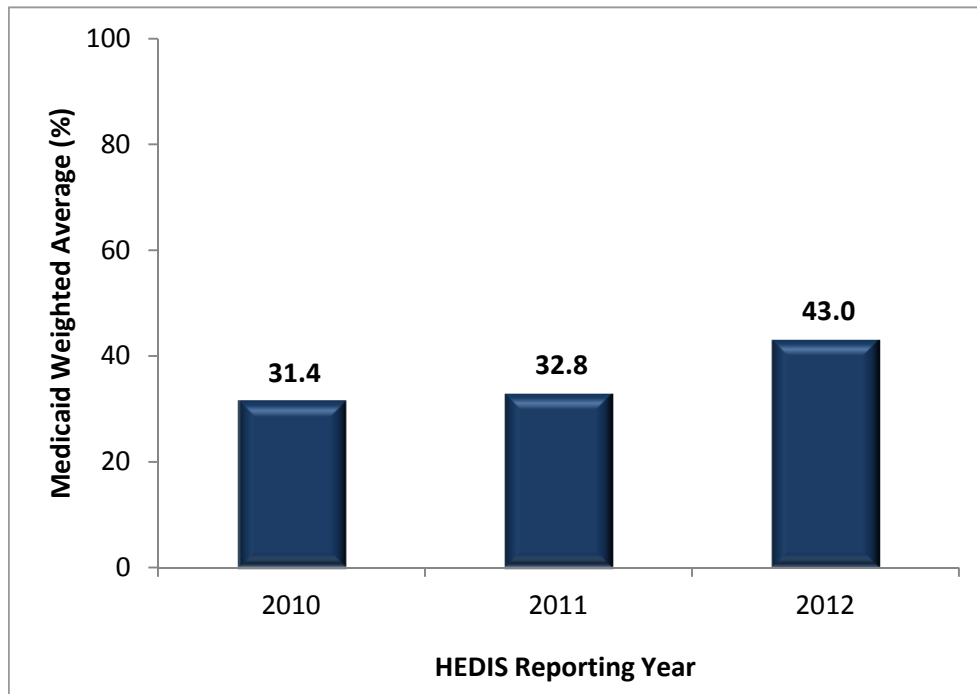
The 2012 Colorado Medicaid weighted average increased 4.9 and 8.2 percentage points, respectively, from the 2010 and 2011 weighted averages. Although there was a 3.3 percentage point decrease between 2010 and 2011, the observed increase between 2011 and 2012 is statistically significant.

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



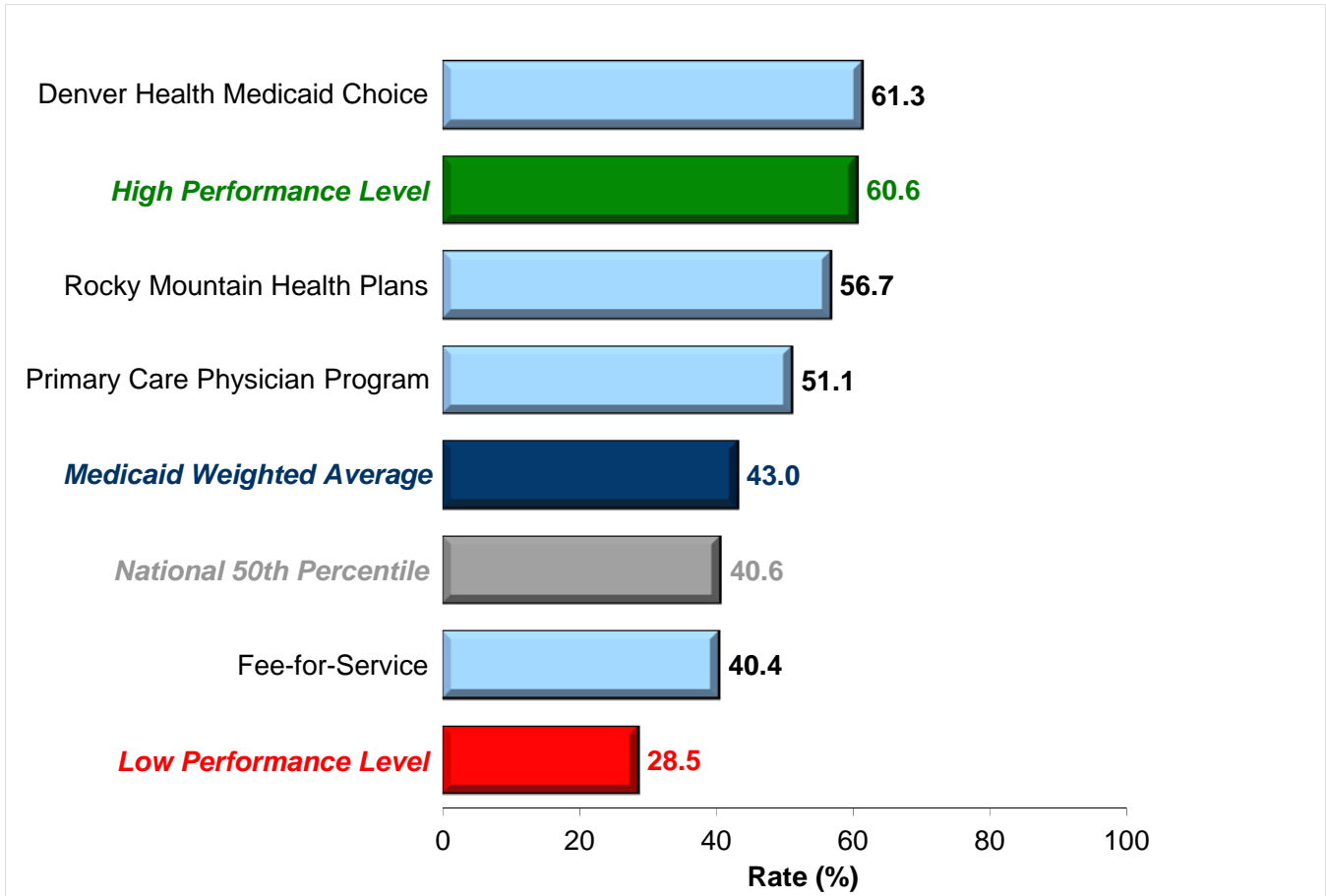
One health plan exceeded the HPL of 72.0 percent, and none of the health plans fell below the LPL of 39.0 percent. All four of the health plans and the weighted average reported rates meeting or exceeding the national HEDIS 2011 Medicaid 50th percentile of 51.1 percent. The 2012 Colorado Medicaid weighted average of 53.9 percent was 2.8 percentage points above the national Medicaid 50th percentile.

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



The Medicaid weighted average has increased each year from 2010 through 2012. The 2012 Colorado Medicaid weighted average increased 11.6 and 10.2 percentage points, respectively, from the 2010 and 2011 weighted averages. The increase between 2011 and 2012 was statistically significant.

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



One of the health plans exceeded the HPL of 60.6 percent, and none of the health plans fell below the LPL of 28.5 percent. Three health plans and the weighted average reported rates exceeding the national HEDIS 2011 Medicaid 50th percentile of 40.6 percent. The 2012 Colorado Medicaid weighted average of 43.0 percent exceeded the national Medicaid 50th percentile by 2.4 percentage points.

Annual Dental Visit

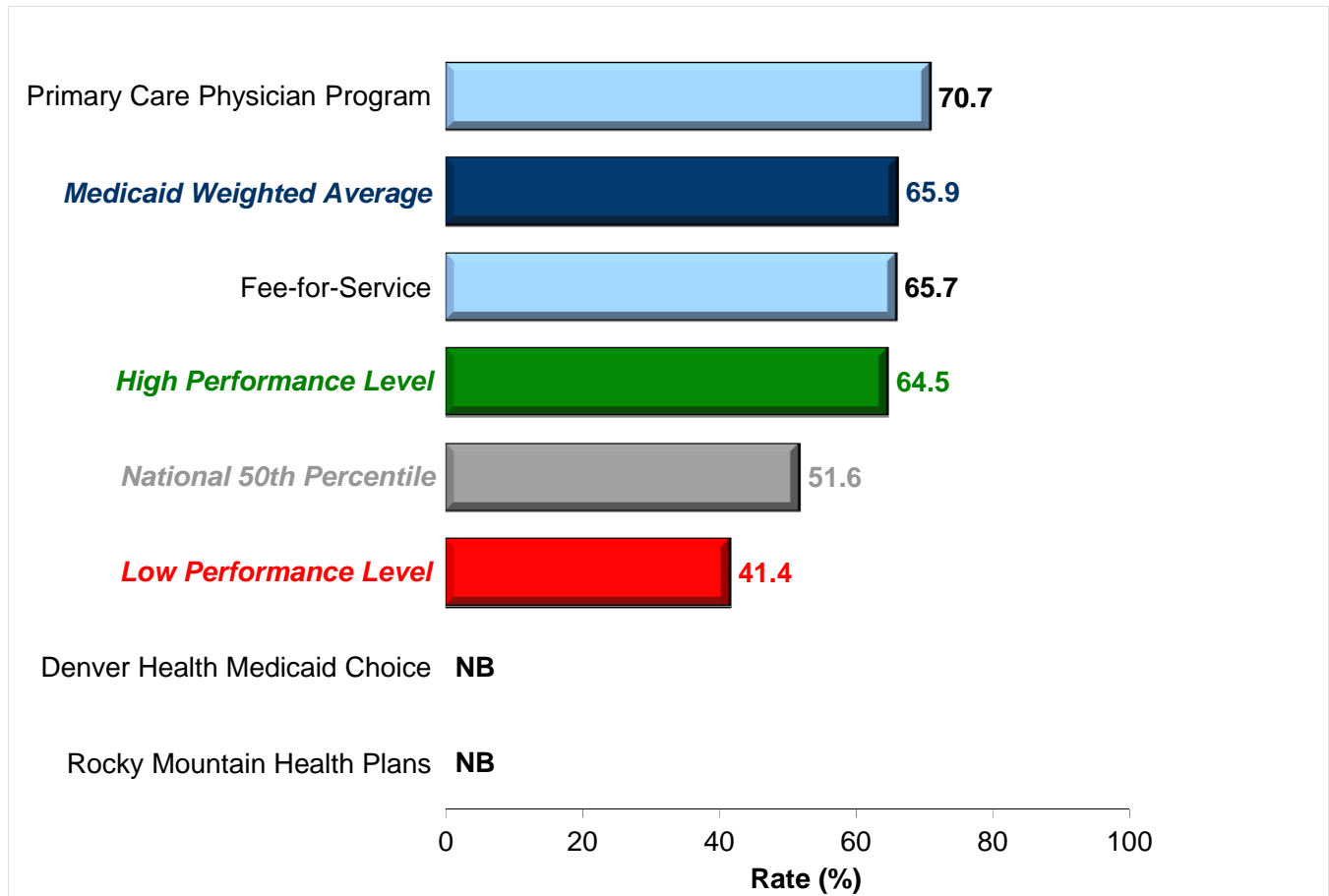
Measure Definitions

The *Annual Dental Visit* measure assesses the percentage of members 2 to 21 years of age who had at least one dental visit during the measurement year. This measure applies only if dental care is a covered benefit in the organization’s Medicaid contract.

Performance Results

This is a newly added measure for HEDIS 2012, and a three-year trending chart is not available.

Figure 3-34—Annual Dental Visit—Total



The two health plans that offered the benefit required for the *Annual Dental Visit* measure both exceeded the HPL of 64.5 percent and the national HEDIS 2011 Medicaid 50th percentile of 51.6 percent, with neither plan falling below the LPL of 41.4 percent. The 2012 Colorado Medicaid weighted average of 65.9 percent exceeded the national Medicaid 50th percentile by 14.3 percentage points and exceeded the HPL by 1.4 percentage points. Denver Health Medicaid Choice and Rocky Mountain Health Plans did not offer this benefit (NB).

Summary of Findings

Table 3-2 presents a summary of the health plans’ overall performance for the measures in the Pediatric Care dimension.

Health Plan Name	5 Stars	4 Stars	3 Stars	2 Stars	1 Star	NA/NR/NB
FFS	1	0	15	1	1	0
PCPP	4	4	9	0	1	0
DHMC	12	1	3	1	0	1
RMHP	6	2	4	3	2	1

DHMC was the top-performing health plan in the Pediatric Care dimension, with 12 measures receiving a 5-star rating (rates at or above the national HEDIS 2011 Medicaid 90th percentile). Conversely, Fee-for-Service (FFS) had many opportunities for improvement, with only one measure reporting rate above the 75th percentile (★★★★ or more) and two measures reporting rates below the 25th percentile (★★ or fewer). The majority of the rates for the Colorado Medicaid program demonstrated fair (★★★) performance. Overall, the performance represents opportunities for improvement across all measures in the Pediatric Care dimension. Keep in mind that all measures in this dimension were reported as administrative measures except *Childhood Immunization Status*, *Well-Child Visits in the First 15 Months of Life*, and *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents*. Administrative rates may be lower than hybrid rates (for more information on the differences between administrative and hybrid data collection methodologies, refer to Appendix C).

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

Measure	FFS	PCPP	DHMC	RMHP
<i>Childhood Immunization Status</i>				
<i>Combination 2</i>	★★★★	★★★★	★★★★★	★★★★
<i>Combination 3</i>	★★★★	★★★★	★★★★★	★★★★
<i>Combination 4</i>	★★★★	★★★★★	★★★★★	★
<i>Combination 5</i>	★★★★	★★★★★	★★★★★	★★★★★
<i>Combination 6</i>	★★★★	★★★★	★★★★★	★★★★★
<i>Combination 7</i>	★★★★	★★★★★	★★★★★	★
<i>Combination 8</i>	★★★★	★★★★★	★★★★★	★★
<i>Combination 9</i>	★★★★	★★★★	★★★★★	★★★★★
<i>Combination 10</i>	★★★★	★★★★★	★★★★★	★★
<i>Immunizations for Adolescents—Combination 1</i>	★★★★	★★★★★	★★★★★	★★★★

Table 3-3—Pediatric Care Performance Summary by Measure				
Measure	FFS	PCPP	DHMC	RMHP
<i>Well-Child Visits in the First 15 Months of Life</i>				
<i>Zero Visits</i>	★★★★	★★★★	★★★★	★★★★★★
<i>Six or More Visits</i>	★★★★	★★★★	★★	★★★★★★
<i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i>				
	★	★	★★★★	★★
<i>Adolescent Well-Care Visits</i>				
	★★	★★★★	★★★★	★★★★
<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</i>				
<i>BMI Assessment Total</i>	★★★★	★★★★	★★★★★★	★★★★★★
<i>Nutrition Counseling: Total</i>	★★★★	★★★★	★★★★★★	★★★★
<i>Physical Activity Counseling: Total</i>	★★★★	★★★★	★★★★★★	★★★★
<i>Annual Dental Visit—Total</i>				
	★★★★★★	★★★★★★	NB	NB

Access to Care

The following pages provide detailed analysis of the Colorado health plans' performance. Results for age-cohort indicators under *Adults' Access to Preventive/Ambulatory Health Services* are displayed in Appendices A (Tabular Results) and B (Trend Tables). The Access to Care dimension encompasses the following measures:

- ◆ *Prenatal and Postpartum Care—Timeliness of Prenatal Care*
- ◆ *Prenatal and Postpartum Care—Postpartum Care*
- ◆ *Children's and Adolescents' Access to Primary Care Practitioners—Ages 12 to 24 Months*
- ◆ *Children's and Adolescents' Access to Primary Care Practitioners—Ages 25 Months to 6 Years*
- ◆ *Children's and Adolescents' Access to Primary Care Practitioners—Ages 7 to 11 Years*
- ◆ *Children's and Adolescents' Access to Primary Care Practitioners—Ages 12 to 19 Years*
- ◆ *Adults' Access to Preventive/Ambulatory Health Services—Total*

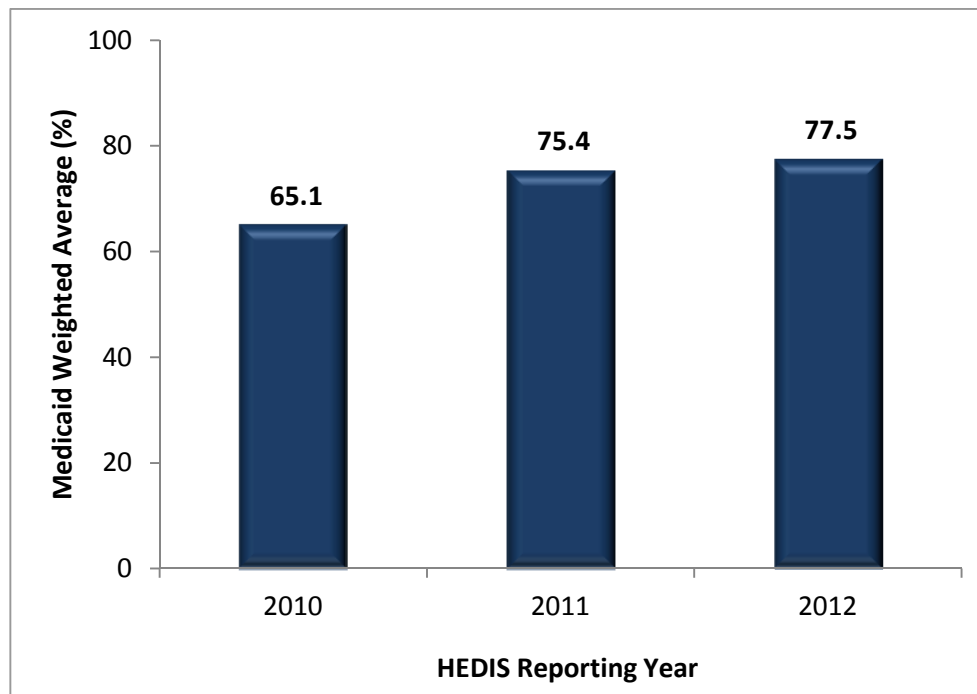
Prenatal and Postpartum Care—Timeliness of Prenatal Care

Measure Definition

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.

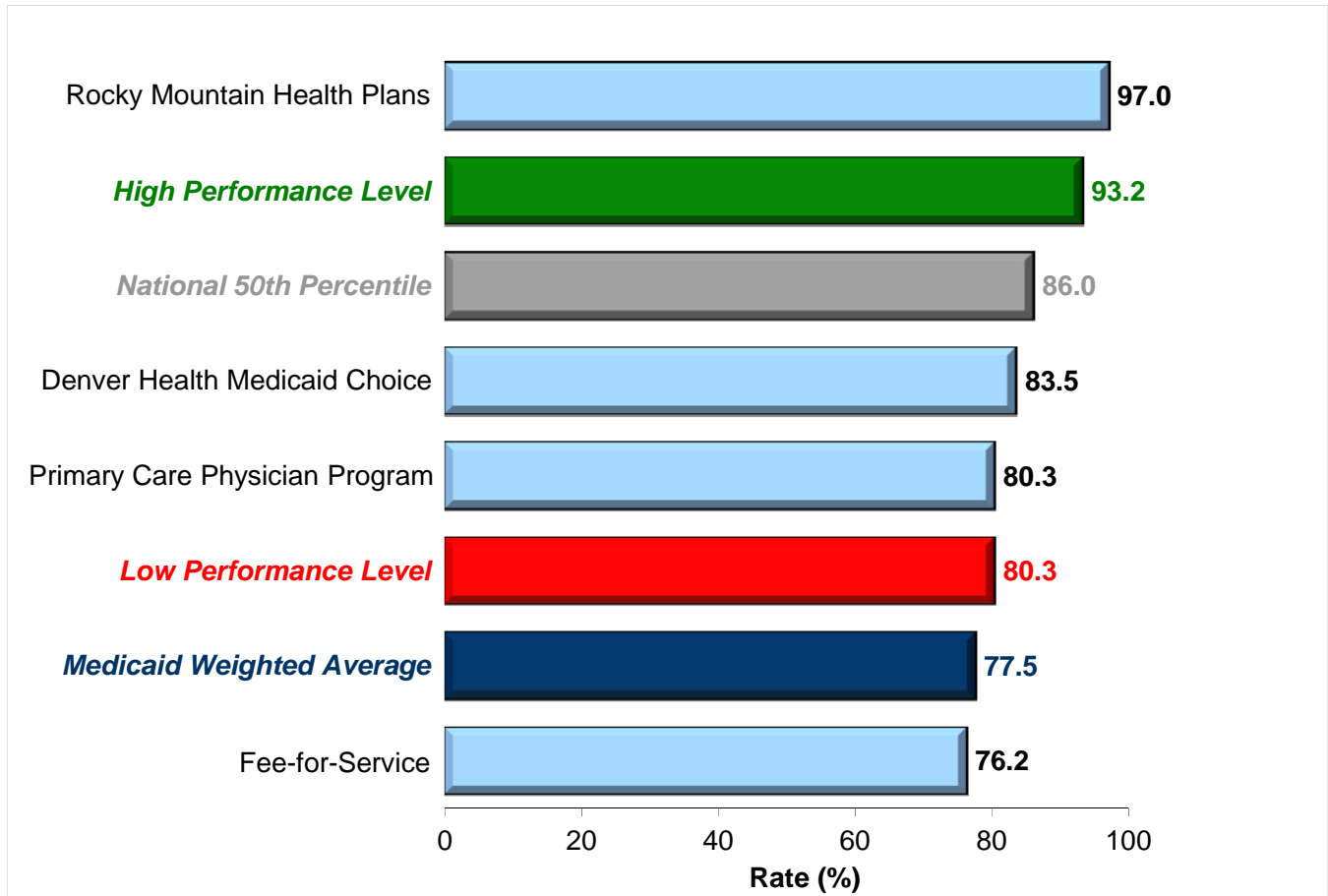
Performance Results

**Figure 4-1—Prenatal and Postpartum Care—Timeliness of Prenatal Care
Colorado Medicaid Weighted Averages**



The Medicaid weighted averages have demonstrated annual increases between HEDIS 2010 and HEDIS 2012. The 2012 Colorado Weighted Average increased 12.4 and 2.1 percentage points from HEDIS 2010 and HEDIS 2011 weighted averages, respectively. The increase between HEDIS 2011 and HEDIS 2012 was not statistically significant.

Figure 4-2—Prenatal and Postpartum Care—Timeliness of Prenatal Care



One health plan exceeded the HPL of 93.2 percent, and one health plan performed below the LPL of 80.3 percent. The health plan exceeding the HPL was the only health plan to score above the national HEDIS 2011 Medicaid 50th percentile. The 2012 Colorado Medicaid weighted average of 77.5 percent fell below the national HEDIS 2011 Medicaid 50th percentile by 8.5 percentage points and fell 2.8 percentage points below the LPL.

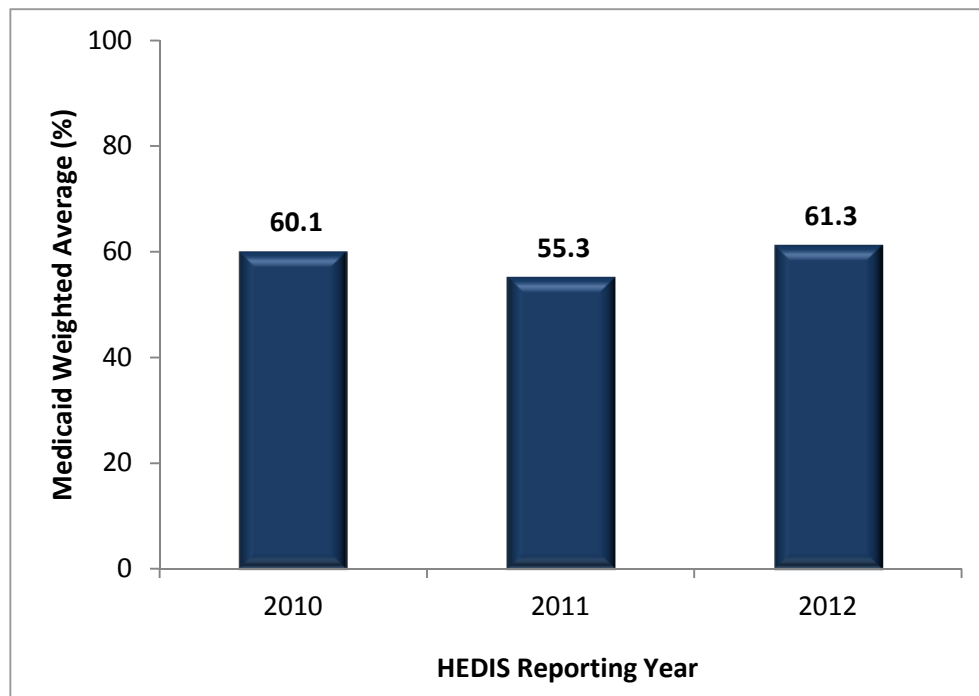
Prenatal and Postpartum Care—Postpartum Care

Measure Definition

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.

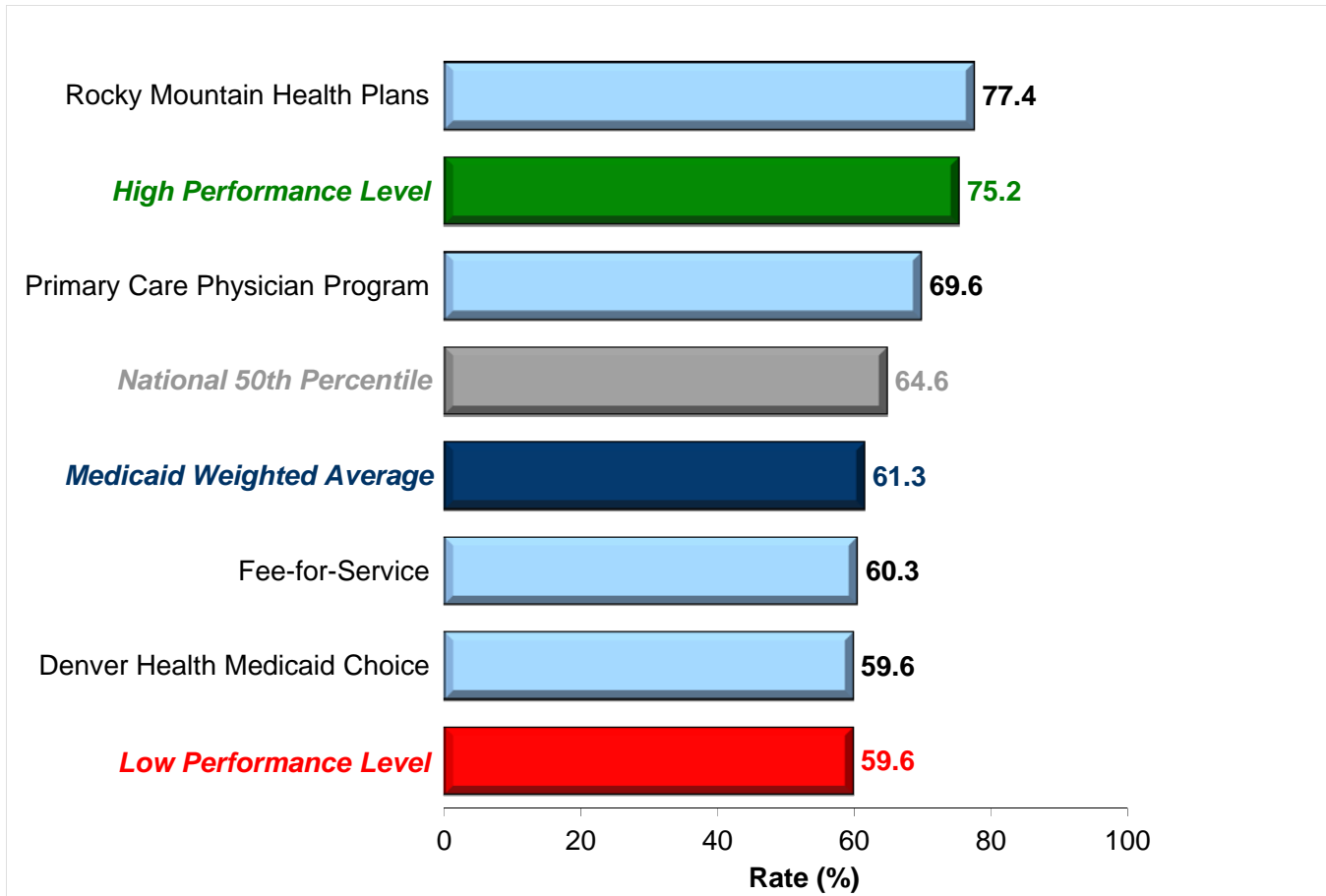
Performance Results

**Figure 4-3—Prenatal and Postpartum Care—Postpartum Care
Colorado Medicaid HEDIS Weighted Averages**



The Medicaid weighted average decreased 4.8 percentage points between HEDIS 2010 and HEDIS 2011 but increased 6.0 percentage points between HEDIS 2011 and HEDIS 2012. The observed increase from 2011 was not statistically significant.

Figure 4-4—Prenatal and Postpartum Care—Postpartum Care



One health plan exceeded the HPL of 75.2 percent, and none of the health plans performed below the LPL of 59.6 percent. Two of the health plans, including the health plan scoring above the HPL, reported rates higher than the national HEDIS 2011 Medicaid 50th percentile. The 2012 Colorado Medicaid weighted average of 61.3 percent was 3.3 percentage points lower than the national HEDIS Medicaid 50th percentile.

Children's and Adolescents' Access to Primary Care Practitioners

Measure Definition

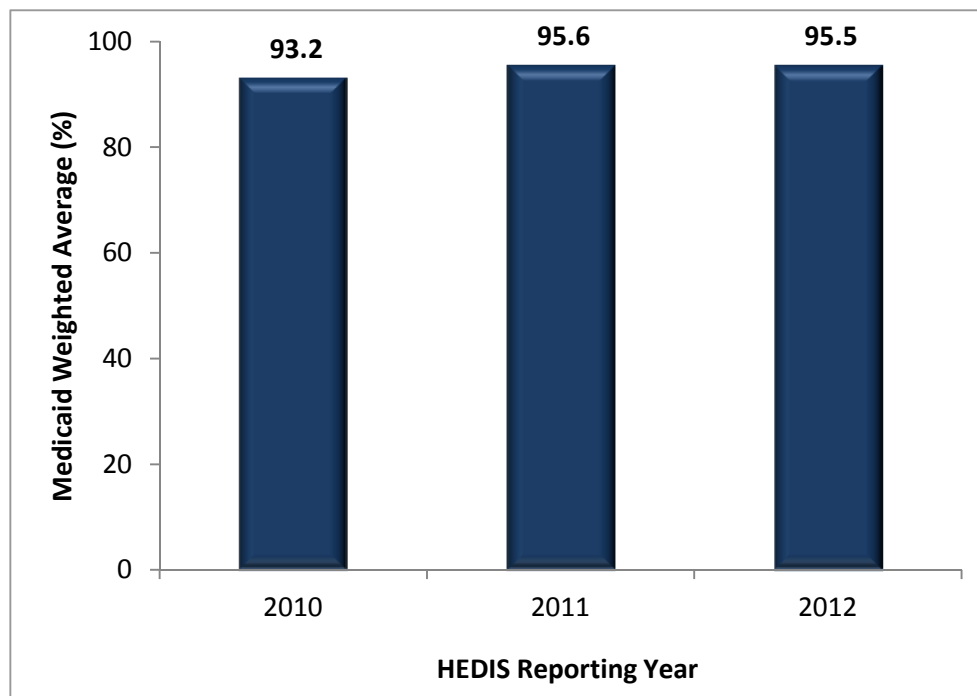
Children's and Adolescents' Access to Primary Care Practitioners calculates the percentage of:

- ◆ Children 12 to 24 months and 25 months to 6 years who had a visit with a PCP during the measurement year.
- ◆ 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.

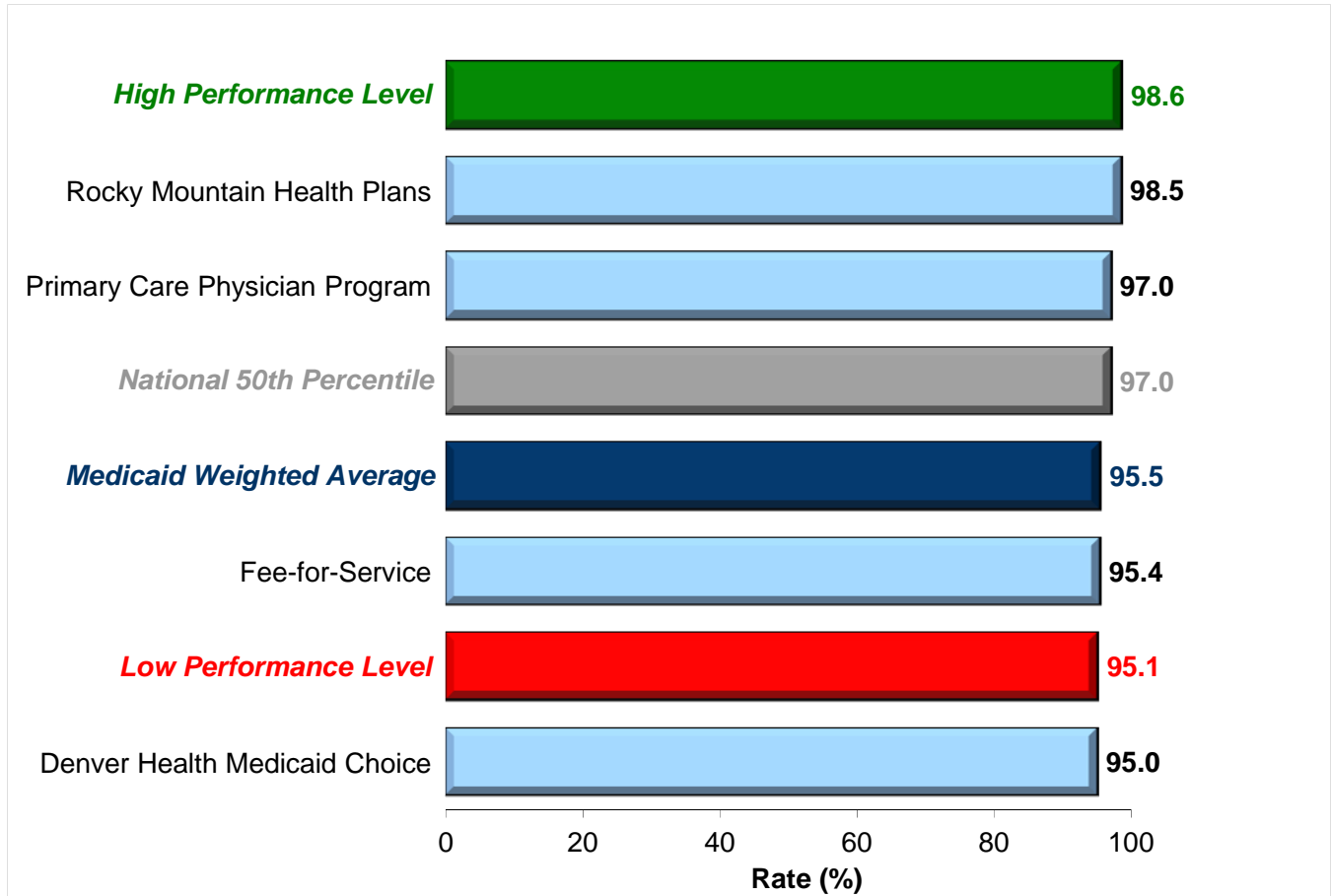
Performance Results

**Figure 4-5—Children's and Adolescents' Access to Primary Care Practitioners:
Ages 12 to 24 Months
Colorado Medicaid Weighted Averages**



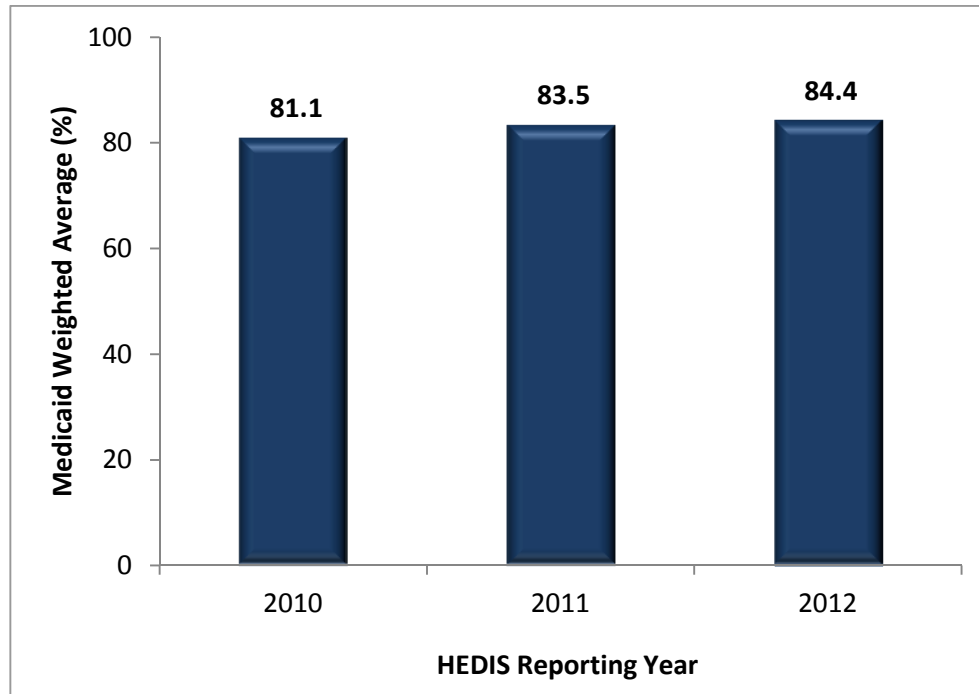
The 2012 Colorado Medicaid weighted average increased 2.3 percentage points from HEDIS 2010 to HEDIS 2012 but decreased 0.1 percentage points between HEDIS 2011 and HEDIS 2012. This decline from HEDIS 2011 was not statistically significant.

**Figure 4-6—Children’s and Adolescents’ Access to Primary Care Practitioners:
Ages 12 to 24 Months**



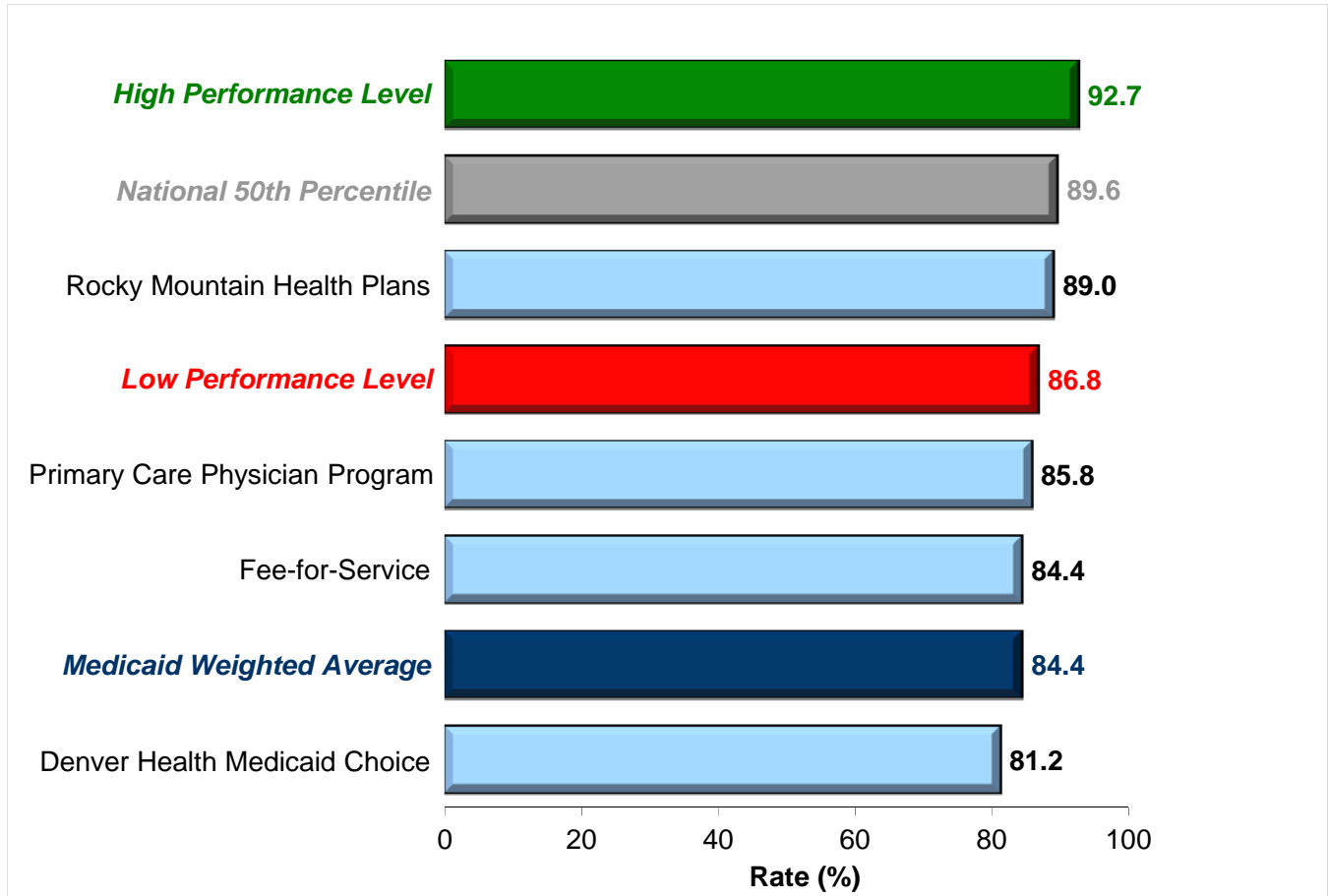
None of the health plans exceeded the HPL of 98.6 percent, and one plan fell below the LPL of 95.1 percent. Two health plans reported higher rates than the national HEDIS 2011 Medicaid 50th percentile. The 2012 Colorado Medicaid weighted average of 95.5 percent fell below the national HEDIS 2011 Medicaid 50th percentile by 1.5 percentage points.

**Figure 4-7—Children’s and Adolescents’ Access to Primary Care Practitioners:
Ages 25 Months to 6 Years
Colorado Medicaid Weighted Averages**



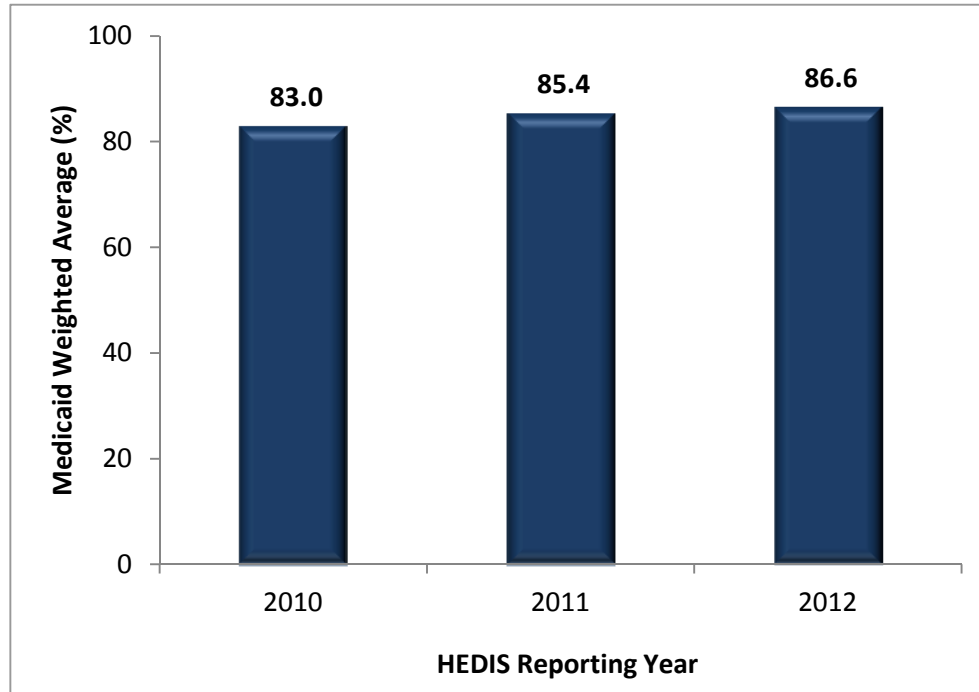
The weighted average has demonstrated a small, steady increase each year from HEDIS 2010 to HEDIS 2012. The 2012 weighted average increased 3.3 and 0.9 percentage points over the 2010 and 2011 weighted averages, respectively. The improvement from HEDIS 2011 to HEDIS 2012 was statistically significant.

**Figure 4-8—Children’s and Adolescents’ Access to Primary Care Practitioners:
Ages 25 Months to 6 Years**



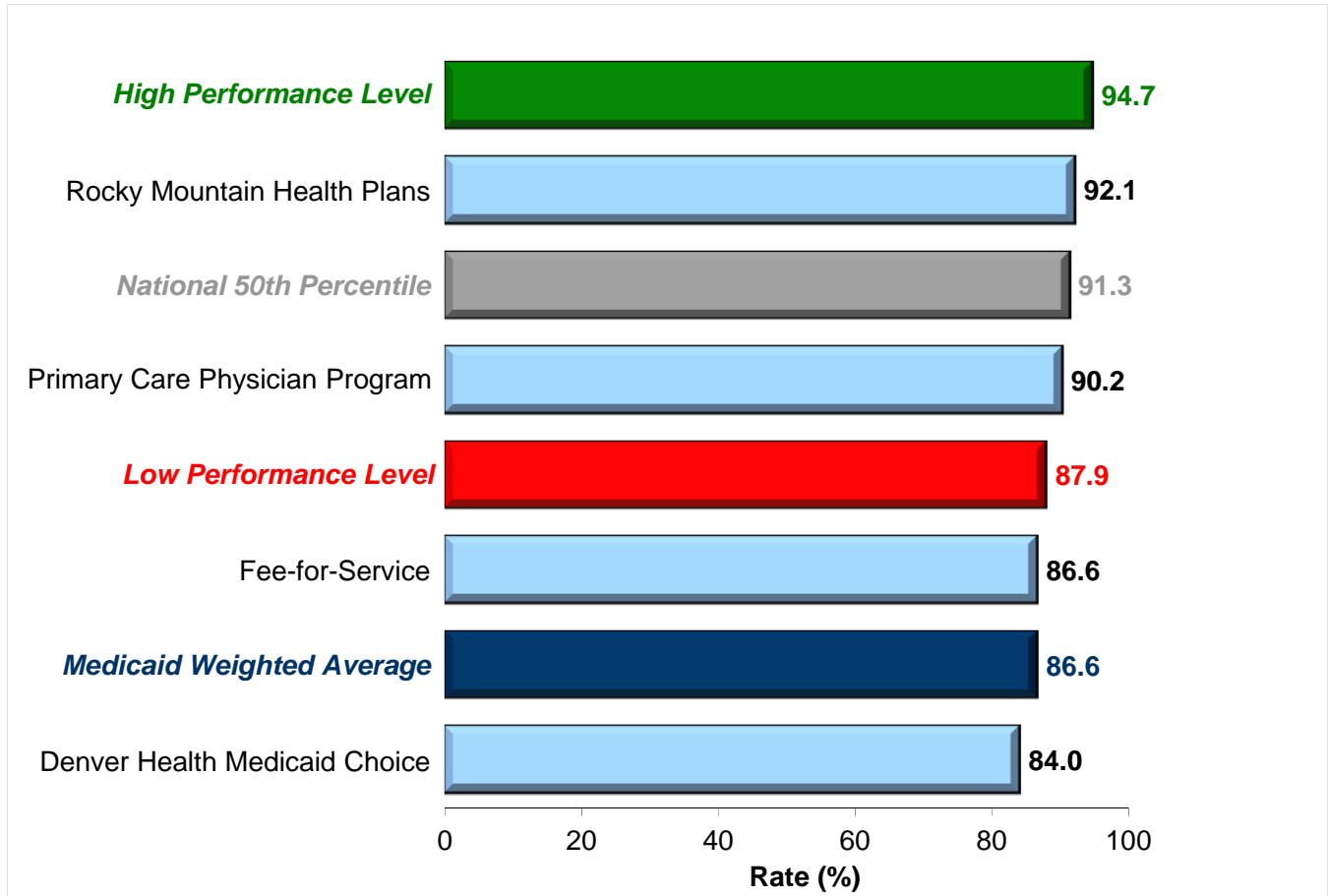
None of the health plans exceeded the HPL of 92.7 percent or scored above the national HEDIS 2011 Medicaid 50th percentile of 89.6 percent. Three of the four health plans fell below the LPL of 86.8 percent. The 2012 Colorado Medicaid weighted average of 84.4 percent was 5.2 percentage points below the national HEDIS 2011 Medicaid 50th percentile and 2.4 percentage points below the LPL.

**Figure 4-9—Children’s and Adolescents’ Access to Primary Care Practitioners:
Ages 7 to 11 Years
Colorado Medicaid Weighted Averages**



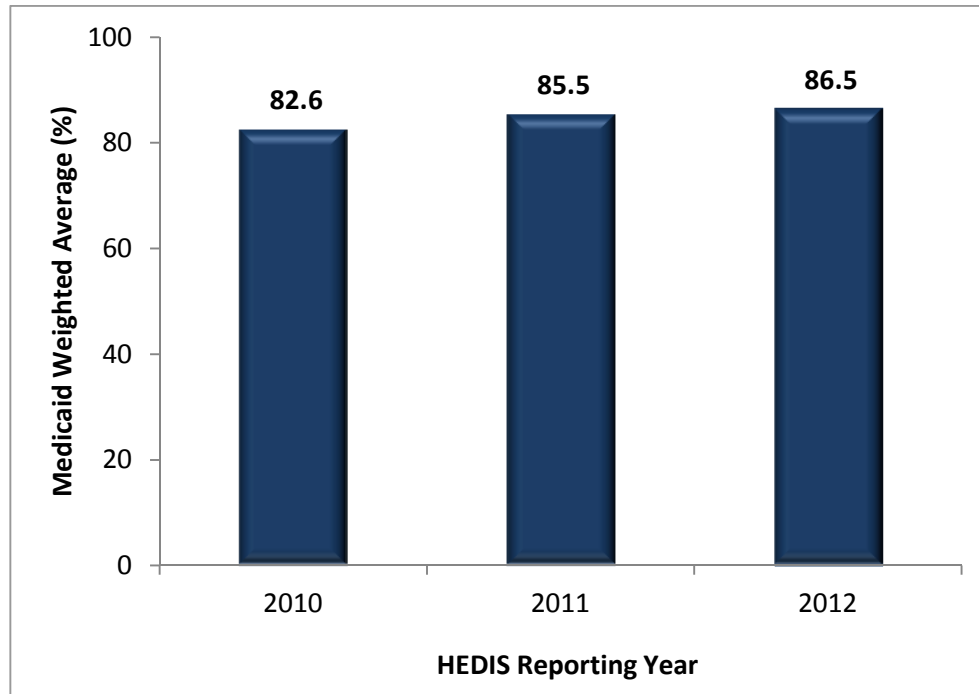
The Medicaid weighted averages have increased each year from HEDIS 2010 to HEDIS 2012. The 2012 Colorado Medicaid weighted average increased 3.6 and 1.2 percentage points over the 2010 and 2011 weighted averages, respectively. The improvement from HEDIS 2011 to HEDIS 2012 was statistically significant.

**Figure 4-10—Children’s and Adolescents’ Access to Primary Care Practitioners:
Ages 7 to 11 Years**



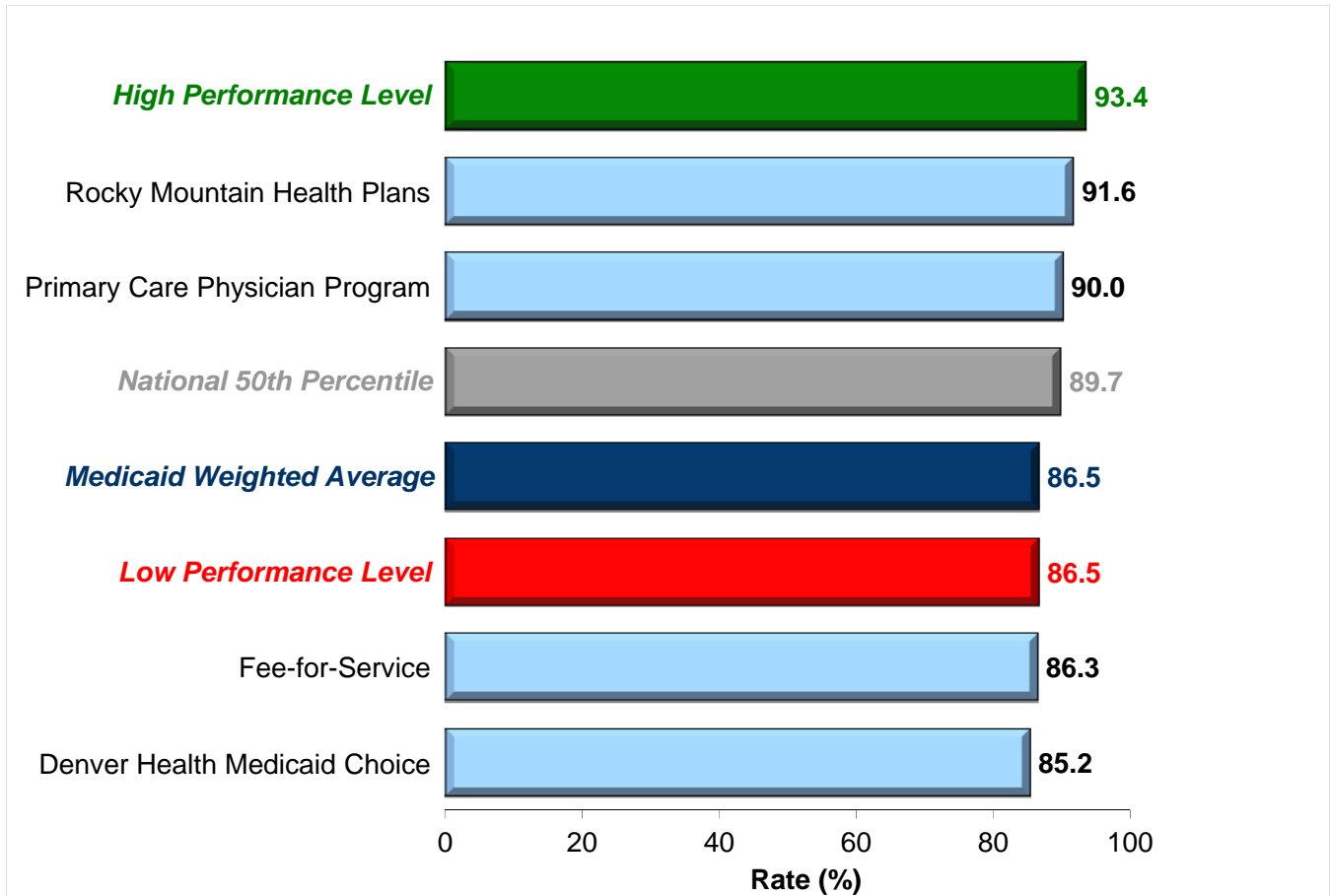
None of the health plans performed above the HPL of 94.7 percent, and performance for two health plans and the weighted average fell below the LPL of 87.9 percent. One plan reported a rate above the national HEDIS 2011 Medicaid 50th percentile of 91.3 percent. The 2012 Medicaid weighted average of 86.6 percent was 4.7 percentage points below the national HEDIS Medicaid 50th percentile and 1.3 percentage points below the LPL.

**Figure 4-11—Children’s and Adolescents’ Access to Primary Care Practitioners:
Ages 12 to 19 Years
Colorado Medicaid Weighted Averages**



The weighted averages have increased each year from HEDIS 2010 to HEDIS 2012. The 2012 Colorado Medicaid weighted average increased 3.9 and 1.0 percentage points over the 2010 and 2011 weighted averages, respectively. The improvement from HEDIS 2011 to HEDIS 2012 was statistically significant.

**Figure 4-12—Children’s and Adolescents’ Access to Primary Care Practitioners:
Ages 12 to 19 Years**



None of the health plans exceeded the HPL of 93.4 percent, and two of the health plans fell below the LPL of 86.5 percent. Two health plans reported rates exceeding the national HEDIS 2011 Medicaid 50th percentile of 89.7 percent. The 2012 Colorado Medicaid weighted average of 86.5 percent fell below the national HEDIS 2011 Medicaid 50th percentile by 3.2 percentage points and was equal to the LPL.

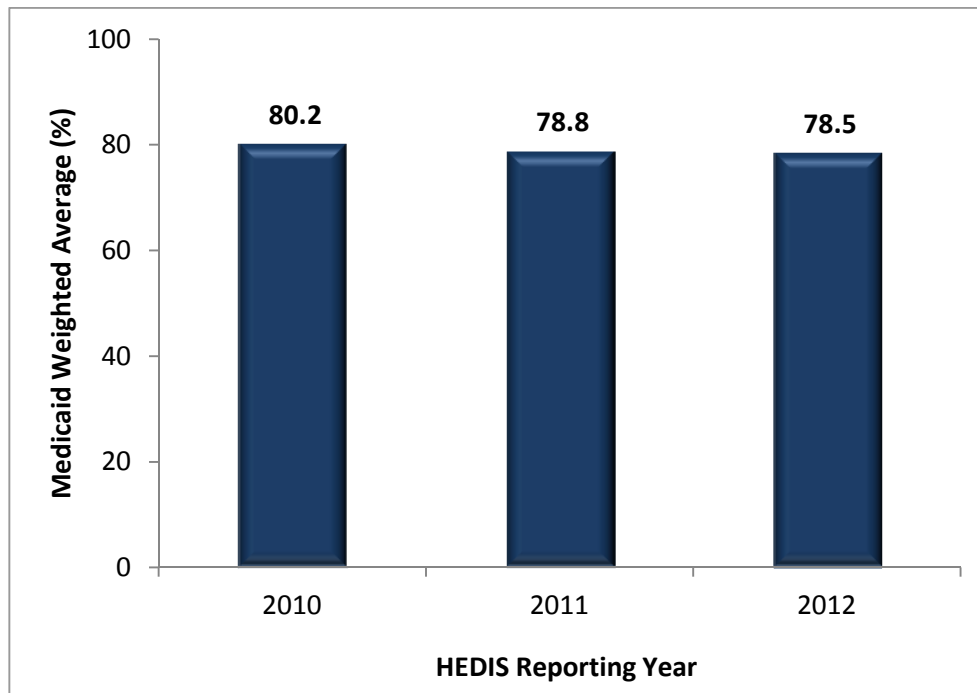
Adults' Access to Preventive/Ambulatory Health Services

Measure Definition

The *Adults' Access to Preventive/Ambulatory Health Services* measure calculates the percentage of adults 20 years and older who were continuously enrolled during the measurement year and who had an ambulatory or preventive care visit during the measurement year. For this measure, four rates are reported: *20 to 44 Years*, *45 to 64 Years*, *65 Years and Older*, and *Total*. In this section, total rates were presented. The results for each age group are displayed in Appendix A.

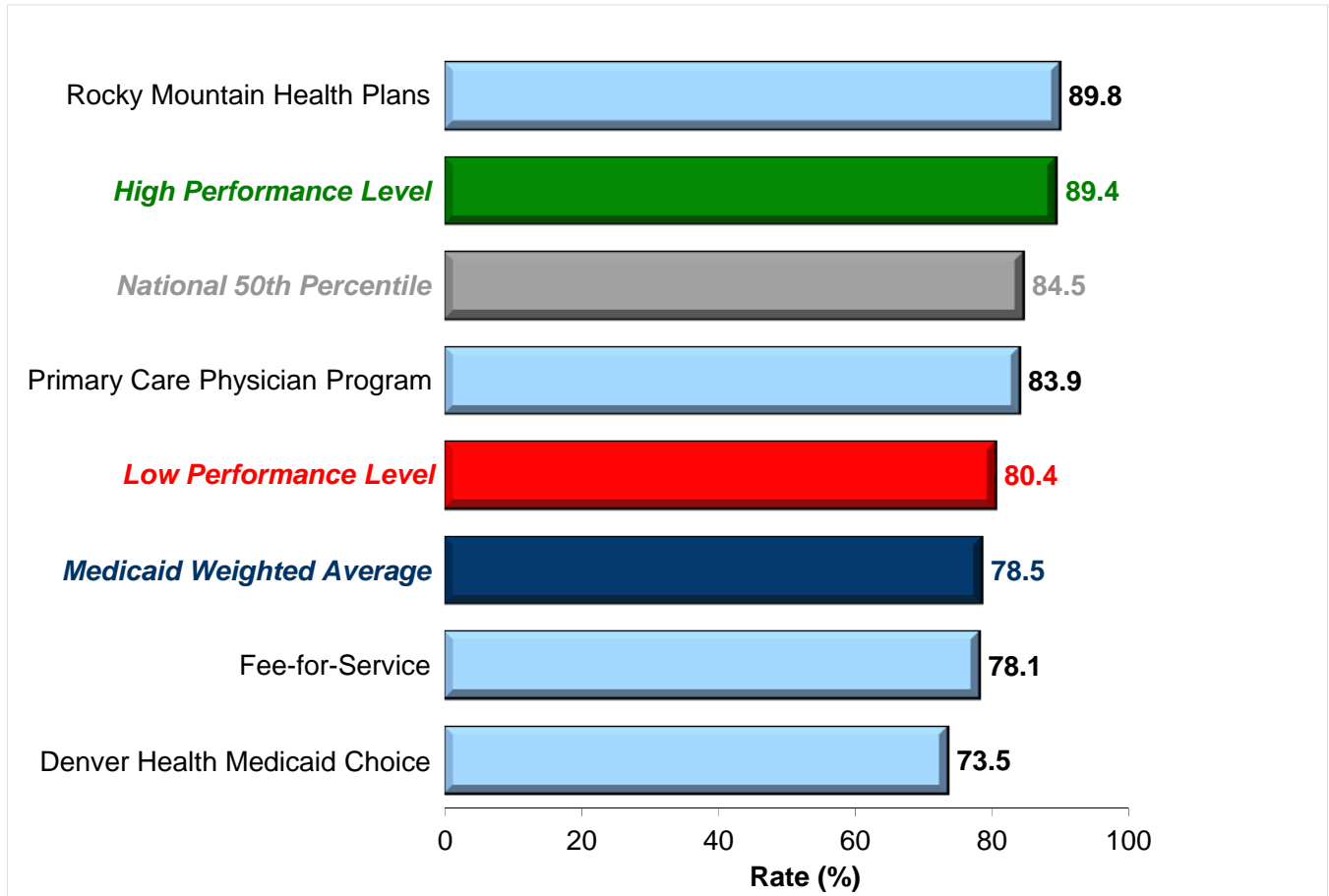
Performance Results

Figure 4-13—Adults' Access to Preventive/Ambulatory Health Services—Total Colorado Medicaid Weighted Averages



The Medicaid weighted average has decreased each year from HEDIS 2010 to HEDIS 2012. The 2012 Colorado Medicaid weighted average was 1.7 and 0.3 percentage points below the HEDIS 2010 and HEDIS 2011 weighted averages, respectively. The decline between HEDIS 2011 and HEDIS 2012 was not statistically significant.

Figure 4-14—Adults' Access to Preventive/Ambulatory Health Services—Total



One health plan exceeded the HPL of 89.4 percent, and two fell below the LPL of 80.4 percent. The only health plan to exceed the national HEDIS 2011 Medicaid 50th percentile was the health plan exceeding the HPL. The 2012 Colorado Medicaid weighted average of 78.5 percent fell below the national HEDIS 2011 Medicaid 50th percentile by 6.0 percentage points and ranked 1.9 percentage points below the LPL.

Summary of Findings

Table 4-1 presents a summary of the health plans’ overall performance for the measures in the Access to Care dimension.

Table 4-1—Access to Care Star Ratings Summary						
Health Plan Name	5 Stars	4 Stars	3 Stars	2 Stars	1 Star	NA/NR/NB
FFS	0	0	2	5	0	0
PCPP	0	0	6	1	0	0
DHMC	0	0	2	2	3	0
RMHP	3	1	3	0	0	0

RMHP was the top-performing health plan in the Access to Care dimension, with three out of seven measures receiving a 5-star rating (rates at or above the national HEDIS 2011 Medicaid 90th percentile). DHMC and FFS both had five measures reporting rates below the 25th percentile, with DHMC having three measures below the 10th percentile.

Table 4-2 presents a summary of the health plans’ performance for each of the measures in the Access to Care dimension.

Table 4-2—Access to Care Performance Summary by Measure				
Measure	FFS	PCPP	DHMC	RMHP
<i>Prenatal and Postpartum Care</i>				
<i>Timeliness of Prenatal Care</i>	★★	★★★★	★★★★	★★★★★★
<i>Postpartum Care</i>	★★★★	★★★★	★★★★	★★★★★★
<i>Children’s and Adolescents’ Access to Primary Care Practitioners</i>				
<i>Ages 12 to 24 Months</i>	★★★★	★★★★	★★	★★★★
<i>Ages 25 Months to 6 Years</i>	★★	★★	★	★★★★
<i>Ages 7 to 11 Years</i>	★★	★★★★	★	★★★★
<i>Ages 12 to 19 Years</i>	★★	★★★★	★★	★★★★
<i>Adults’ Access to Preventive/Ambulatory Health Services—Total</i>	★★	★★★★	★	★★★★

Living With Illness

The following section provides a detailed analysis of the Colorado Medicaid health plans' performance for the Living With Illness dimension. Results tied to age-cohort indicators under *Use of Appropriate Medications for People With Asthma* and the therapeutic agent-related indicators under the *Annual Monitoring for Patients on Persistent Medications* are displayed in Appendices A (Tabular Results) and B (Trend Tables). The Living With Illness dimension encompasses the following measures:

- ◆ *Use of Appropriate Medications for People With Asthma—Total*
- ◆ *Comprehensive Diabetes Care—HbA1c Testing*
- ◆ *Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)*
- ◆ *Comprehensive Diabetes Care—HbA1c Control (<8.0%)*
- ◆ *Comprehensive Diabetes Care—Eye Exam*
- ◆ *Comprehensive Diabetes Care—LDL-C Screening*
- ◆ *Comprehensive Diabetes Care—LDL-C Level <100 mg/dL*
- ◆ *Comprehensive Diabetes Care—Medical Attention for Nephropathy*
- ◆ *Comprehensive Diabetes Care—Blood Pressure Controlled <140/80 mm Hg*
- ◆ *Comprehensive Diabetes Care—Blood Pressure Controlled <140/90 mm Hg*
- ◆ *Use of Imaging Studies for Low Back Pain*
- ◆ *Annual Monitoring for Patients on Persistent Medications—Total*
- ◆ *Pharmacotherapy Management of COPD Exacerbation—Bronchodilator*
- ◆ *Pharmacotherapy Management of COPD Exacerbation—Systemic Corticosteroid*

Use of Appropriate Medications for People With Asthma

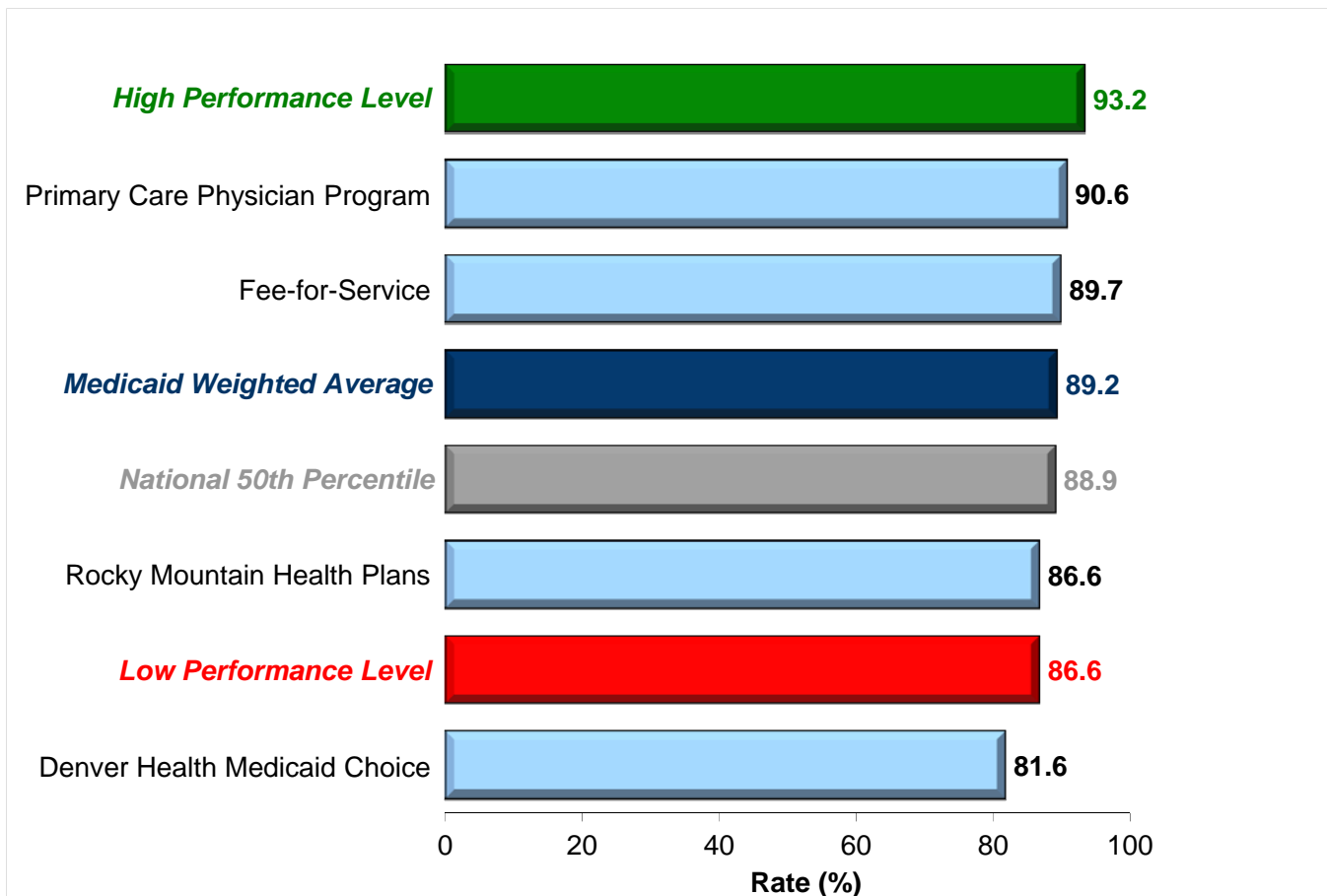
Measure Definition

The *Use of Appropriate Medications for People With Asthma* measure assesses the percentage of members between 5 to 64 years of age during the measurement year who were identified as having persistent asthma and who were appropriately prescribed medications during the measurement year. This measure is reported using five separate rates: *Use of Appropriate Medications for People With Asthma —Ages 5 to 11 Years*; *Use of Appropriate Medications for People With Asthma —Ages 12 to 18 Years*; *Use of Appropriate Medications for People With Asthma —Ages 19 to 50 Years*; *Use of Appropriate Medications for People With Asthma —Ages 51 to 64 Years*; and *Use of Appropriate Medications for People With Asthma —Total* (the total of all age groups 5 to 64 years). In this section, the *Total* rate is presented. The results for each age group are displayed in Appendix A.

Performance Results

This is a newly added measure for HEDIS 2012 and a three-year trending chart is not available.

Figure 5-1—Use of Appropriate Medications for People With Asthma—Total



None of the health plans performed above the HPL of 93.2 percent, and one health plan performed below the LPL of 86.6 percent. Two health plans performed above the national HEDIS 2011 Medicaid 50th percentile of 88.9 percent. The HEDIS 2012 Colorado Medicaid weighted average of 89.2 percent performed above the national HEDIS Medicaid 50th percentile by 0.3 percentage points. For HEDIS 2012, the upper age limit for this measure was extended from 50 years to 64 years. Therefore, caution should be used when comparing the HEDIS 2011 national Medicaid percentiles for the *Total* age group.

Comprehensive Diabetes Care

Measure Definition

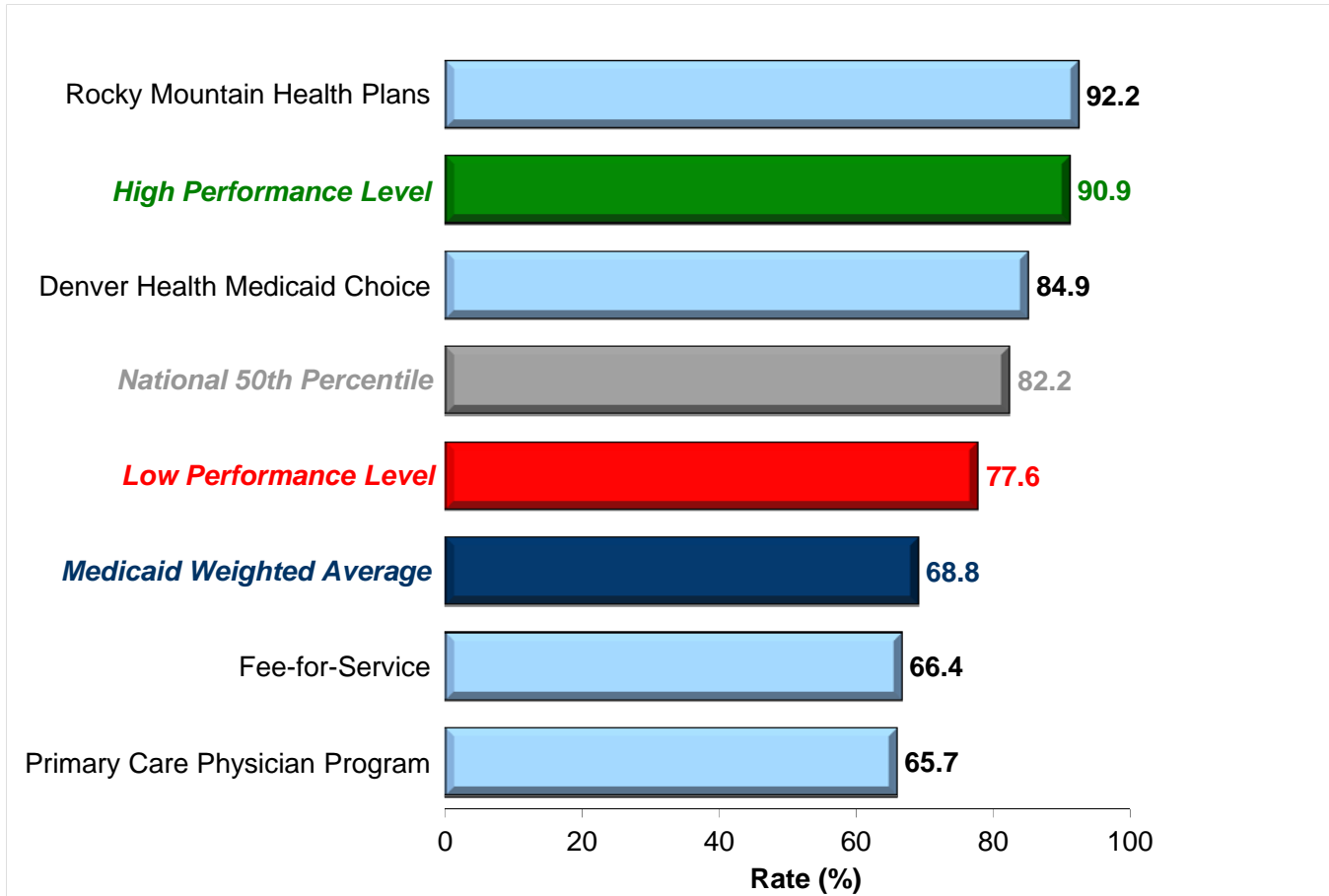
The *Comprehensive Diabetes Care* measure assesses the percentage of members 18–75 years of age with diabetes (type 1 and type 2) who had each of the following:

- ◆ Hemoglobin A1c (HbA1c) testing
- ◆ HbA1c poor control (>9.0%)
- ◆ HbA1c control (<8.0%)
- ◆ Eye exam (retinal) performed
- ◆ LDL-C screening
- ◆ LDL-C control (<100 mg/dL)
- ◆ Medical attention for nephropathy
- ◆ BP control (<140/80 mm Hg)
- ◆ BP control (<140/90 mm Hg)

Performance Results

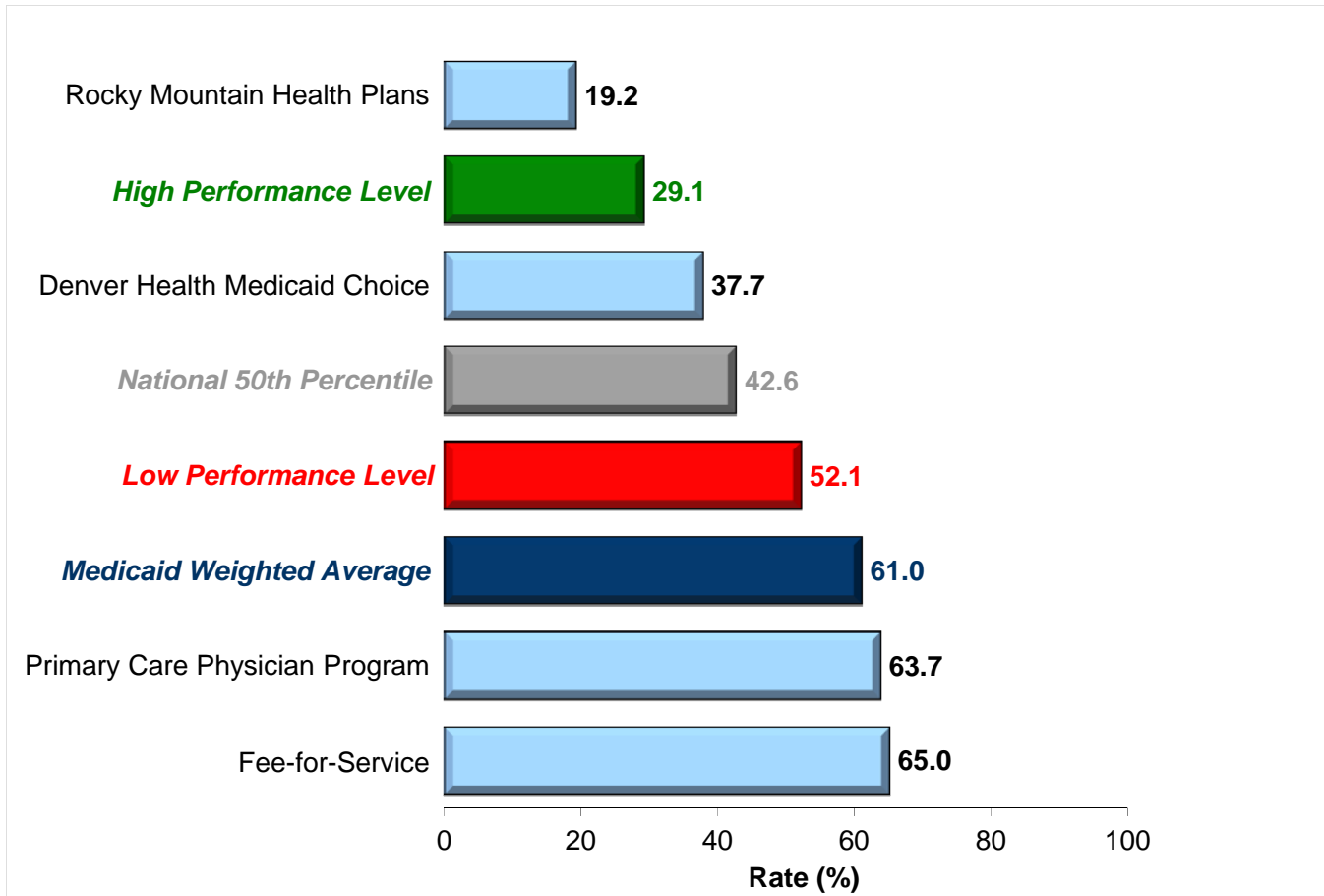
The *Comprehensive Diabetes Care* measure was newly added for HEDIS 2012 and three-year trending charts are not available.

Figure 5-2—Comprehensive Diabetes Care—HbA1c Testing



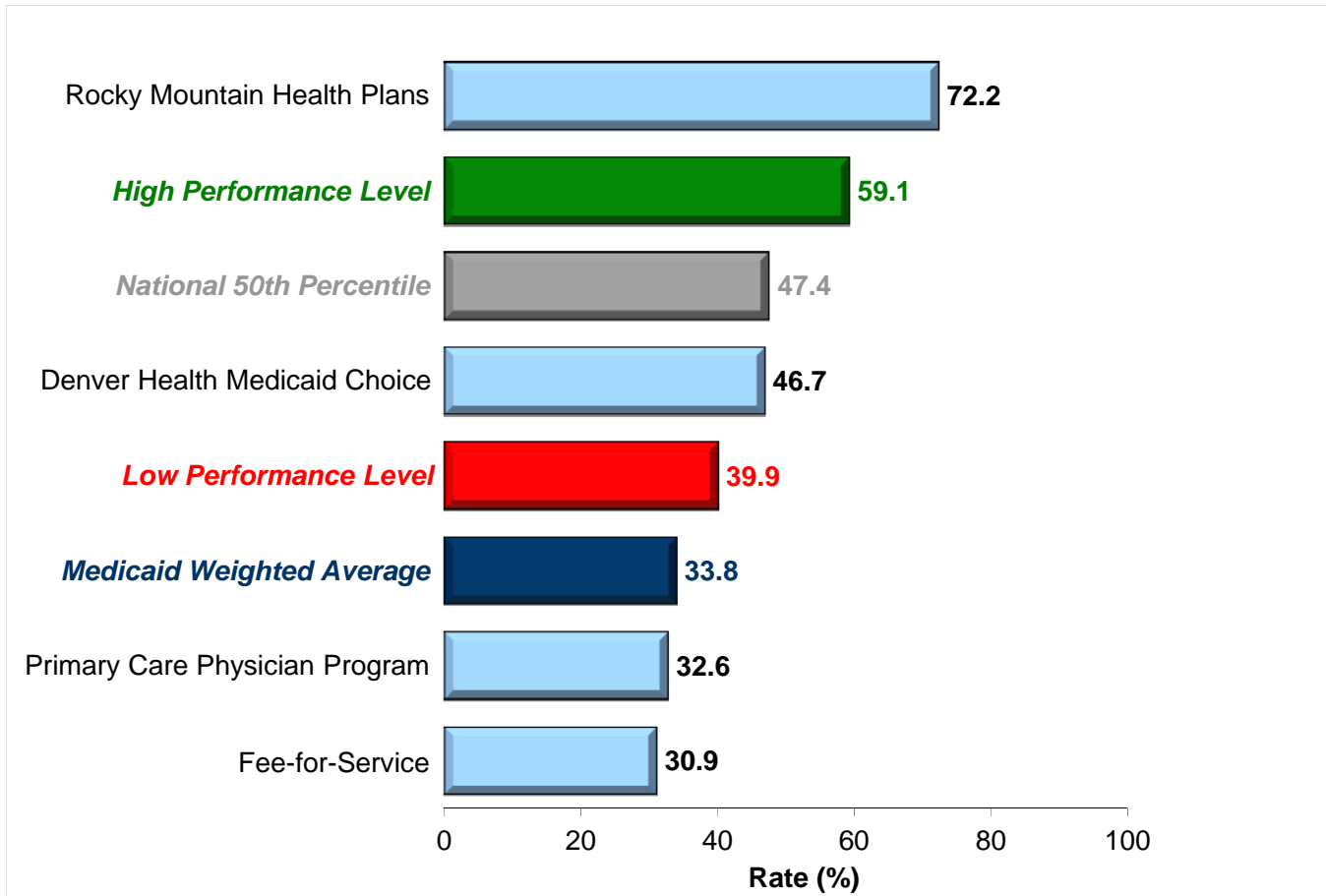
One health plan performed above the HPL of 90.9 percent while two plans performed below the LPL of 77.6 percent. Two plans, including the plan performing above the HPL, exceeded the national HEDIS 2011 Medicaid 50th percentile of 82.2 percent. The 2012 Colorado Medicaid weighted average of 68.8 percent was 13.4 percentage points below the national HEDIS 2011 Medicaid 50th percentile and performed 8.8 percentage points below the LPL.

Figure 5-3—Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)



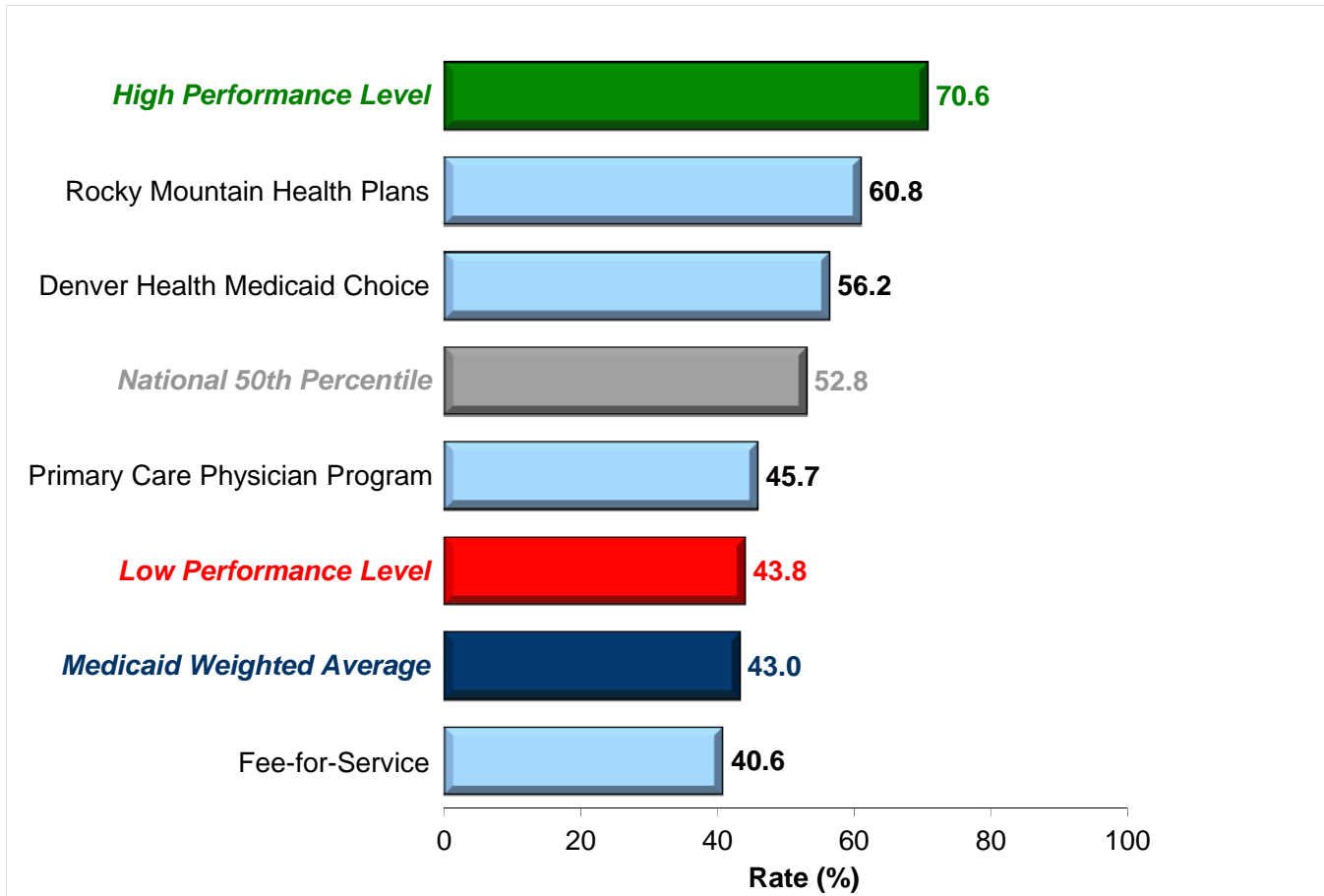
A lower rate for this indicator indicates better performance. One plan performed better than the HPL of 29.1 percent, and two plans and the weighted average scored below the LPL of 52.1 percent. Two plans, including the plan that performed above the HPL, scored above the national HEDIS 2011 Medicaid 50th percentile of 42.6 percent. The 2012 Colorado Medicaid weighted average of 61.0 percent performed 18.4 percentage points below the national HEDIS Medicaid 50th percentile and 8.9 percentage points below the LPL.

Figure 5-4—Comprehensive Diabetes Care—HbA1c Control (<8.0%)



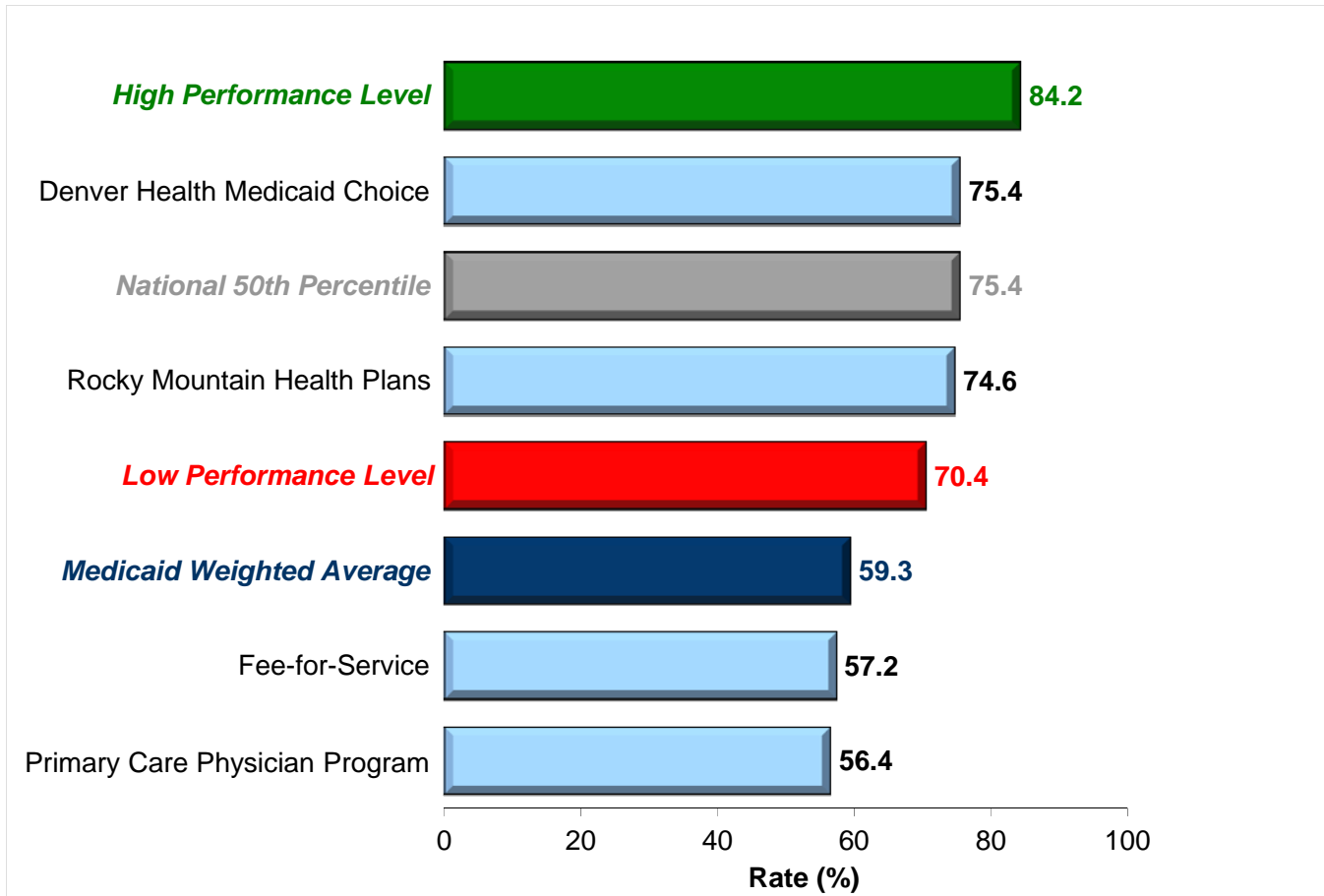
One plan exceeded the HPL of 59.1 percent while two plans and the Medicaid weighted average fell below the LPL of 39.9 percent. The 2012 Colorado Medicaid weighted average of 33.8 percent fell 13.6 percentage points below the national HEDIS Medicaid 50th percentile and 6.1 percentage points below the LPL.

Figure 5-5—Comprehensive Diabetes Care—Eye Exam



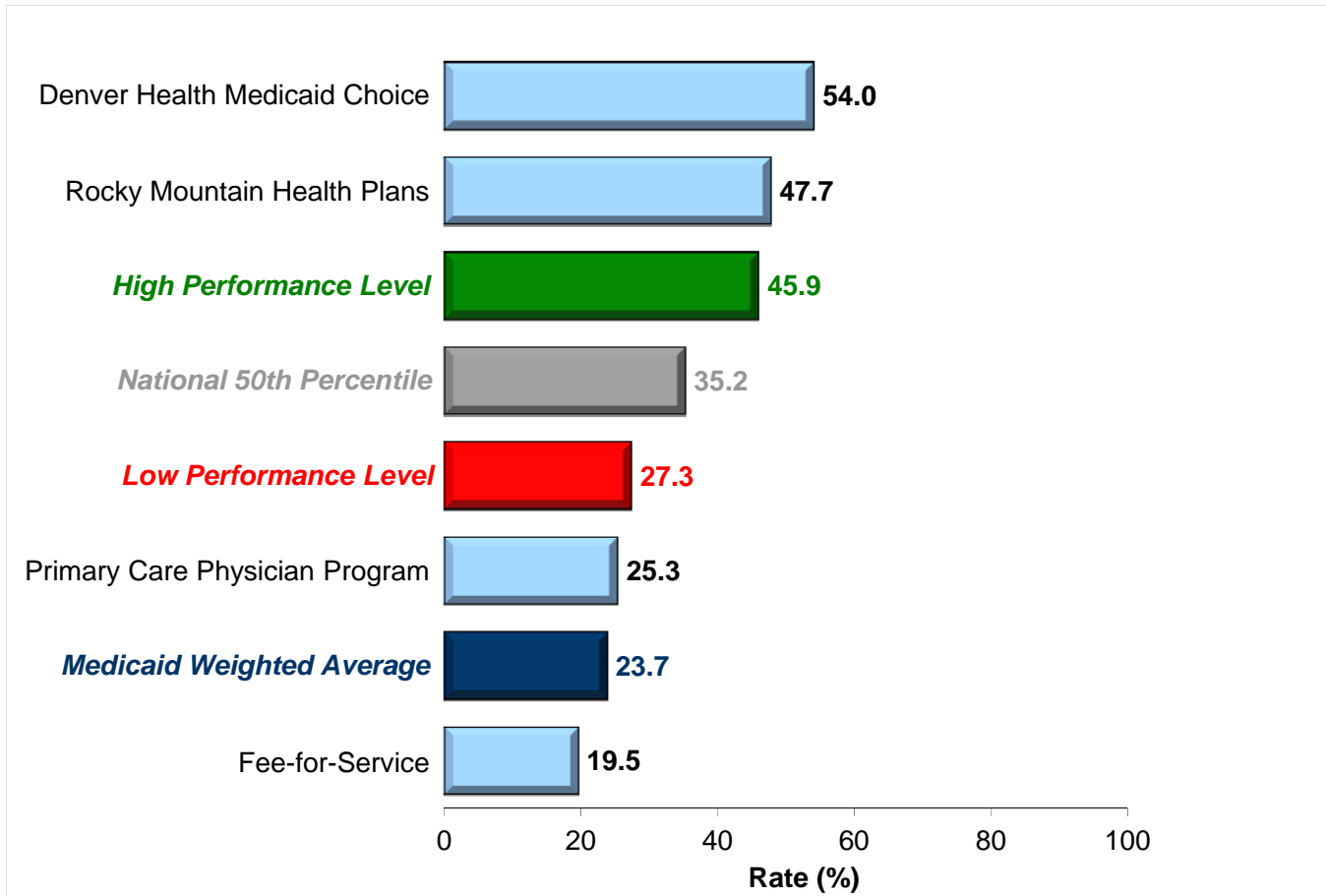
None of the plans exceeded the HPL of 70.6 percent, and one plan performed below the LPL of 43.8 percent. Two plans reported rates above the national HEDIS 2011 Medicaid 50th percentile of 52.8 percent. The 2012 Colorado Medicaid weighted average fell below the national Medicaid 50th percentile by 9.8 percentage points and fell below the LPL by 0.8 percentage points.

Figure 5-6—Comprehensive Diabetes Care—LDL-C Screening



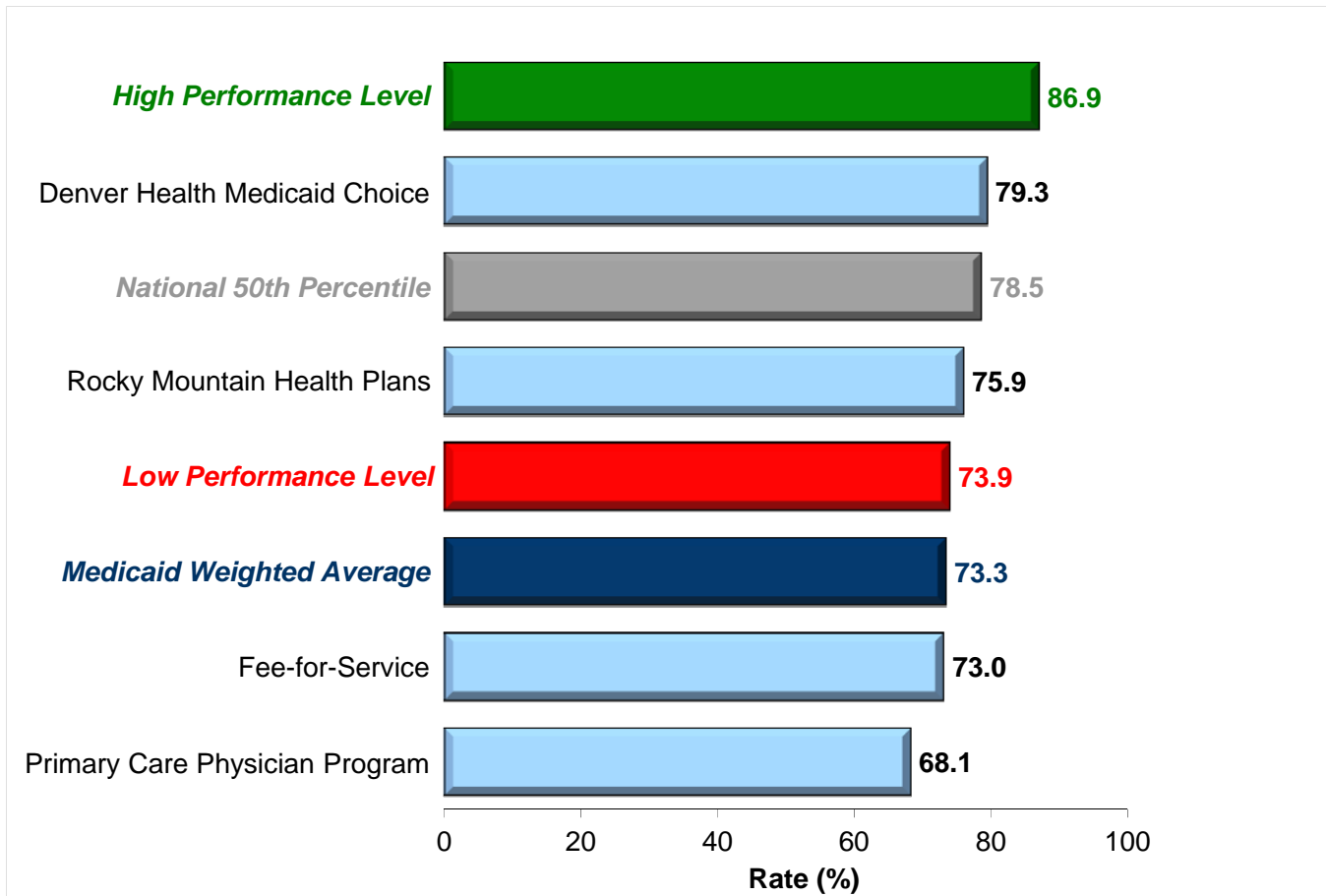
None of the health plans exceeded the HPL of 84.2 percent, and two of the health plans fell below the LPL of 70.4 percent. One health plan met the national HEDIS 2011 Medicaid 50th percentile of 75.4 percent. The 2012 Colorado Medicaid weighted average of 59.3 percent fell below the national HEDIS 2011 Medicaid 50th percentile and the LPL by 16.1 and 11.1 percentage points, respectively.

Figure 5-7—Comprehensive Diabetes Care—LDL-C Level <100 mg/dL



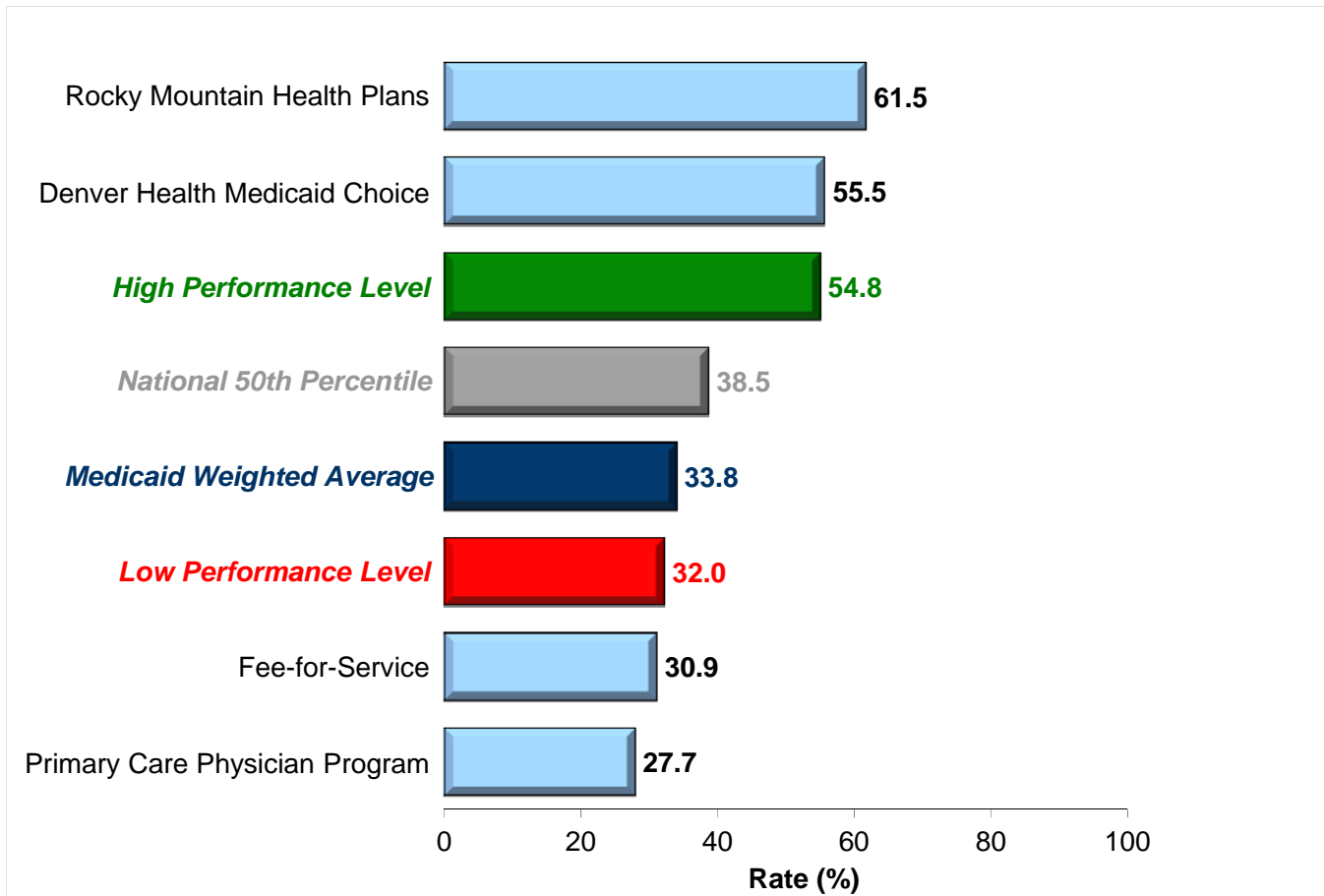
Two health plans performed above the HPL of 45.9 percent, and two health plans performed below the LPL of 27.3 percent. The Medicaid weighted average also fell below the LPL. The 2012 Colorado Medicaid weighted average of 23.7 percent fell below the national HEDIS 2011 Medicaid 50th percentile by 11.5 percentage points and below the LPL by 3.6 percentage points.

Figure 5-8—Comprehensive Diabetes Care—Medical Attention for Nephropathy



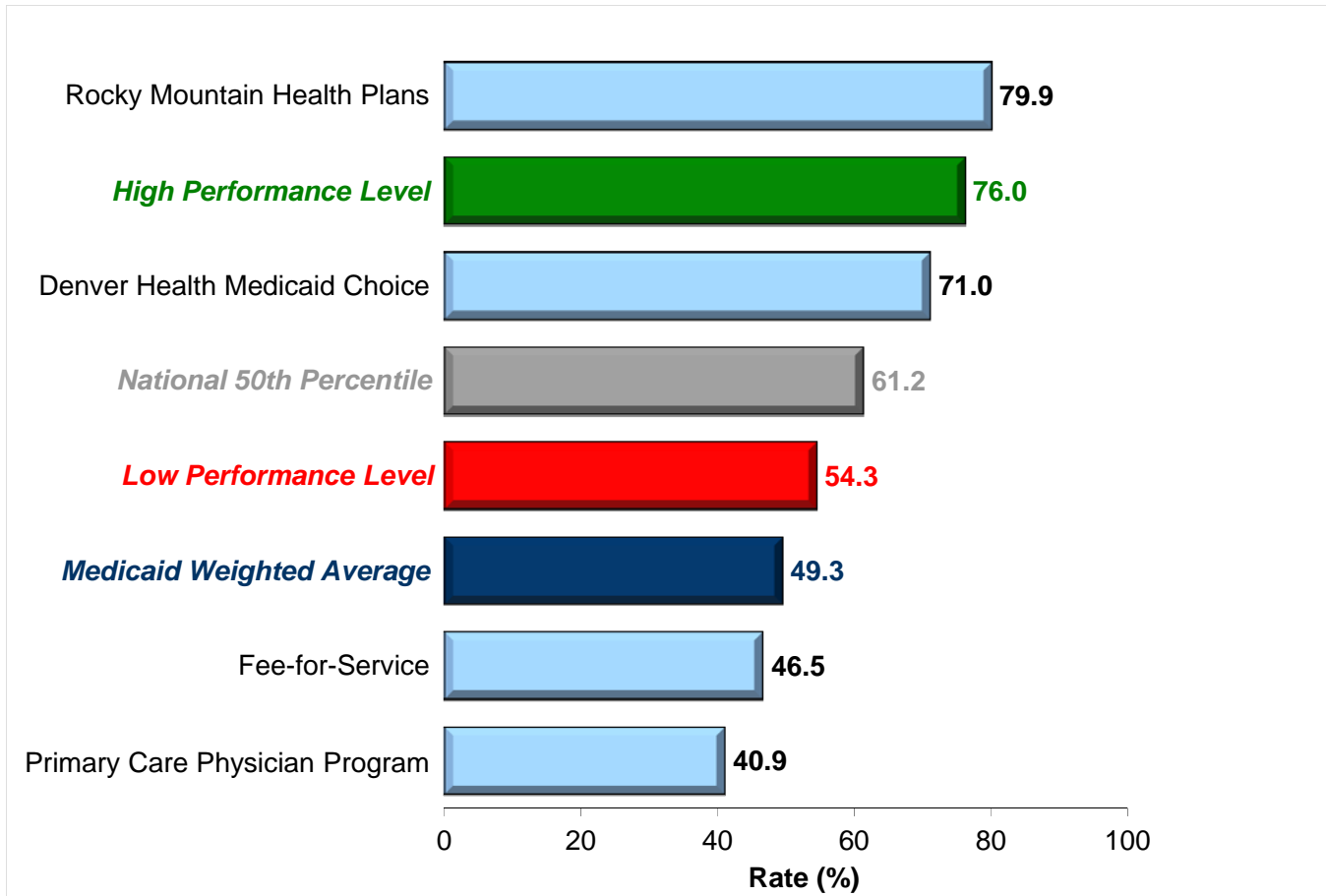
None of the health plans exceeded the HPL of 86.9 percent, but two health plans fell below the LPL of 73.9 percent. One health plan performed above the national HEDIS 2011 Medicaid 50th percentile. The 2012 Colorado Medicaid weighted average of 73.3 percent was 5.2 and 0.6 percentage points below the national HEDIS 2011 Medicaid 50th percentile and the LPL, respectively.

Figure 5-9—Comprehensive Diabetes Care—Blood Pressure Controlled <140/80 mm Hg



Two health plans performed above the HPL of 54.8 percent, and two health plans performed below the LPL of 32.0 percent. The two health plans exceeding the HPL were the only health plans to exceed the national HEDIS 2011 Medicaid 50th percentile. The 2012 Colorado Medicaid weighted average of 33.8 percent fell 4.7 percentage points below the national Medicaid 50th percentile. All of the plans performed either above the HPL or below the LPL, with a range in performance of over 30.0 percentage points.

Figure 5-10—Comprehensive Diabetes Care—Blood Pressure Controlled <140/90 mm Hg



One health plan exceeded the HPL of 76.0 percent, and two health plans and the weighted average fell below the LPL of 54.3 percent. Two health plans, including the one performing above the HPL, reported rates ranking above the national HEDIS 2011 Medicaid 50th percentile. The 2012 Colorado Medicaid weighted average of 49.3 percent fell below the national Medicaid 50th percentile by 11.9 percentage points and fell below the LPL by 5.0 percentage points.

The majority of the *Comprehensive Diabetes Care* measures had ranges of more than 25.0 percentages points between the highest and lowest scoring plans.

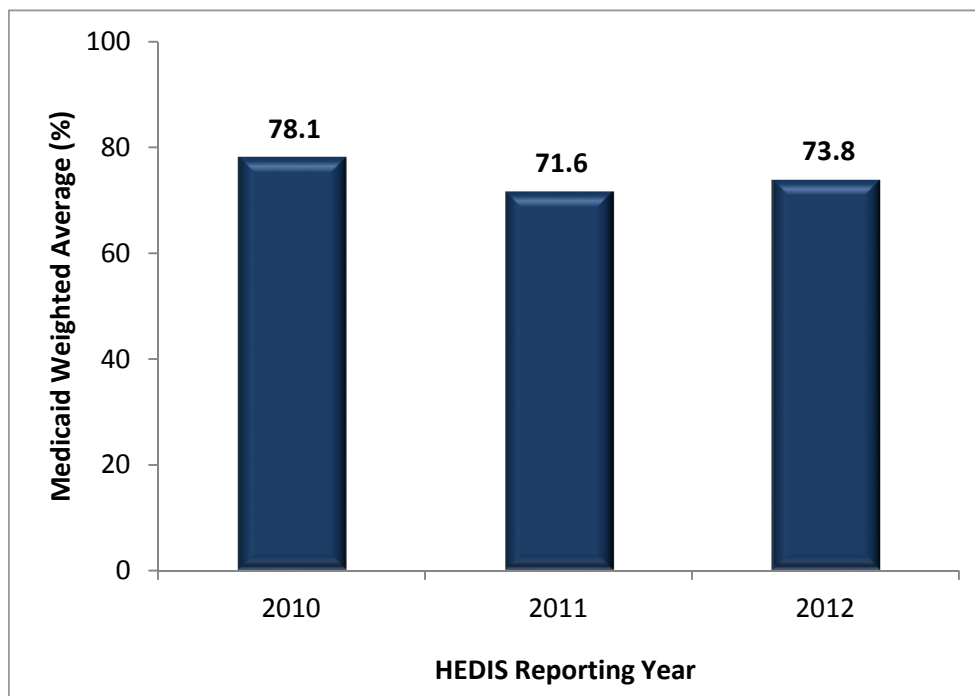
Use of Imaging Studies for Low Back Pain

Measure Definition

The *Use of Imaging Studies for Low Back Pain* measure assesses the percentage of members between 18 and 50 years of age, enrolled 180 days prior to the index episode start date (IESD) through 28 days after the IESD, who had a primary diagnosis of low back pain and who did not have an imaging study (x-ray, magnetic resonance imaging [MRI], computed topography [CT] scan) within 28 days of diagnosis.

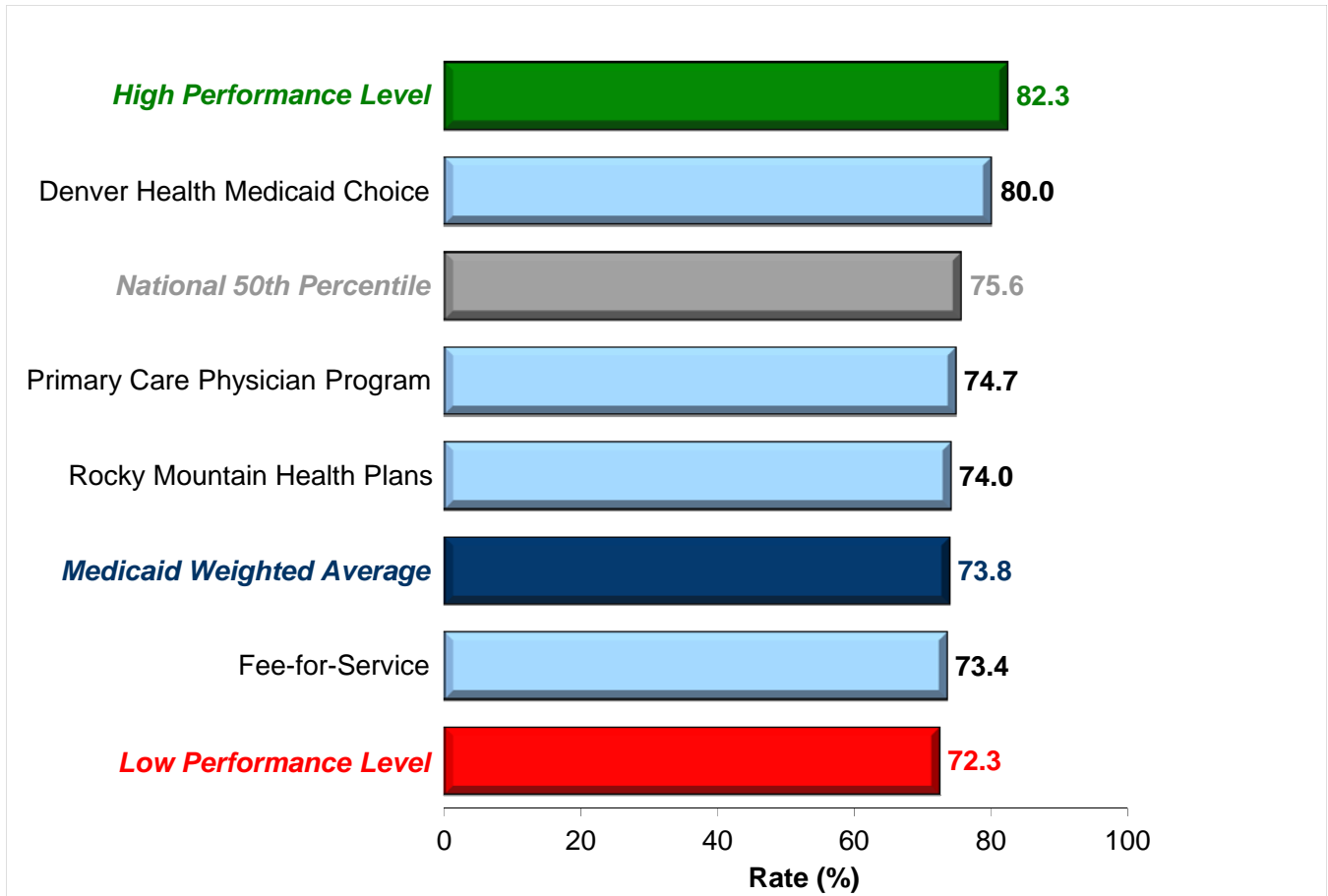
Performance Results

**Figure 5-11—Use of Imaging Studies for Low Back Pain
Colorado Medicaid Weighted Averages**



The weighted average decreased from HEDIS 2010 to HEDIS 2011 by 6.5 percentage points. However, the weighted average increased by 2.2 percentage points between HEDIS 2011 and HEDIS 2012. This increase was not statistically significant.

Figure 5-12—Use of Imaging Studies for Low Back Pain



None of the health plans exceeded the HPL of 82.3 percent or fell below the LPL of 72.3 percent. One health plan performed above the national HEDIS 2011 Medicaid 50th percentile of 75.6 percent. The 2012 Medicaid weighted average of 73.8 percent fell below the national HEDIS 2011 Medicaid 50th percentile by 1.8 percentage points.

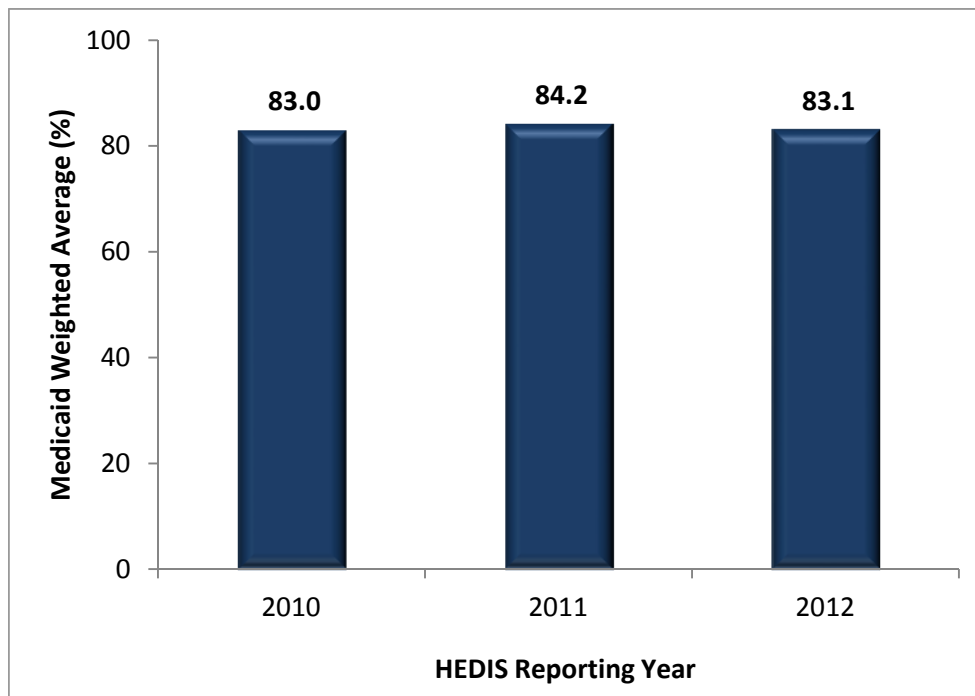
Annual Monitoring for Patients on Persistent Medications

Measure Definition

The *Annual Monitoring for Patients on Persistent Medications* measure assesses the percentage of members 18 years of age and older who received at least a 180-day supply of ambulatory medication therapy for a select therapeutic agent during the measurement year and at least one therapeutic monitoring event for the therapeutic agent in the measurement year. The selected therapeutic agents measured were: angiotensin converting enzyme (ACE) inhibitors or angiotensin receptor blockers (ARB), digoxin, diuretics, and anticonvulsants. The *Total* indicator is presented here; the individual medication results can be found in Appendix A.

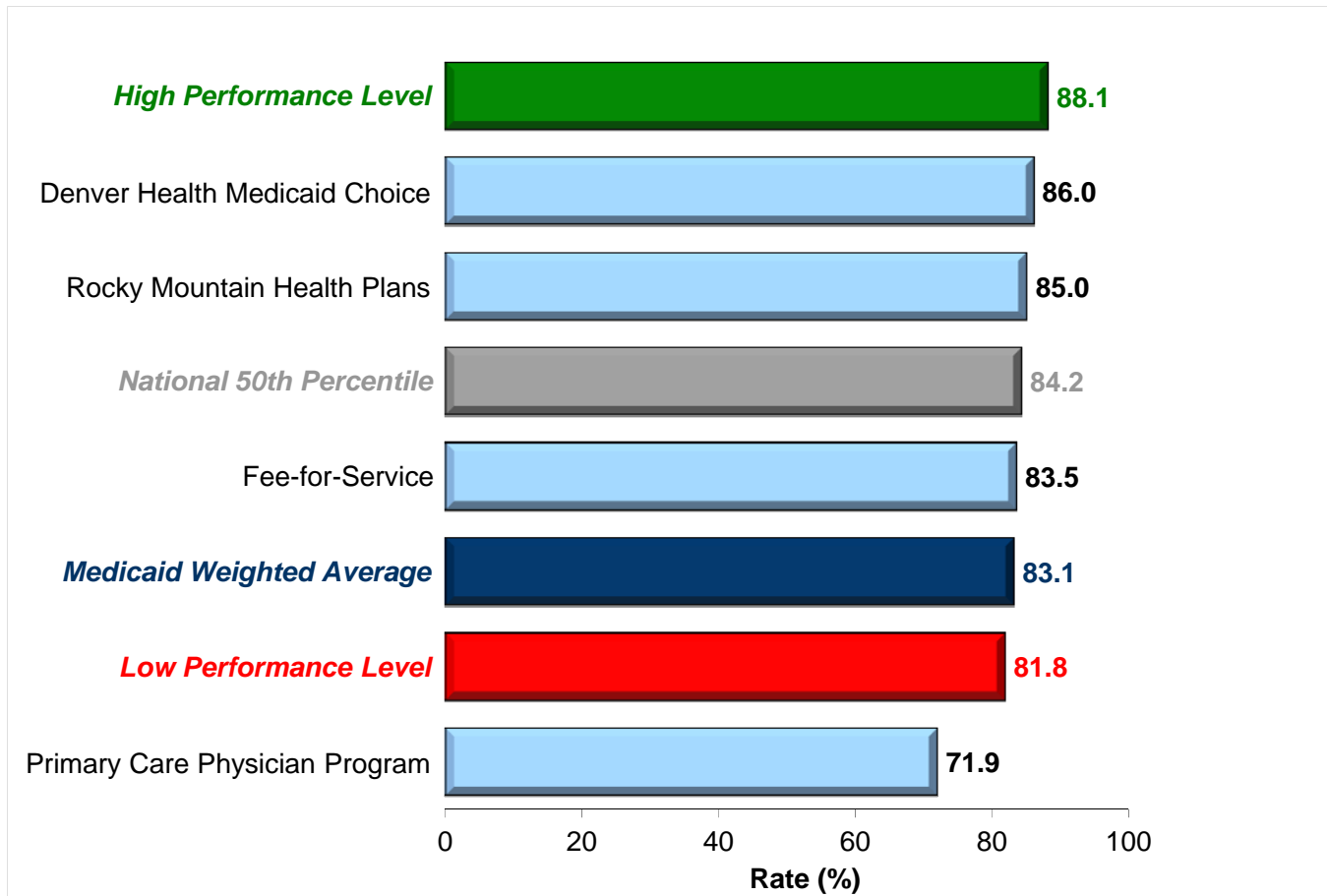
Performance Results

Figure 5-13—Annual Monitoring for Patients on Persistent Medications—Total Colorado Medicaid Weighted Averages



The weighted average increased 1.2 percentage points between HEDIS 2010 and HEDIS 2011. However, the 2012 Colorado Medicaid weighted average decreased 1.1 percentage points between HEDIS 2011 and HEDIS 2012. This decline in the weighted average was statistically significant.

Figure 5-14—Annual Monitoring for Patients on Persistent Medications—Total



None of the health plans exceeded the HPL of 88.1 percent. One plan fell below the LPL of 81.8 percent by nearly 10.0 percentage points. Two health plans reported rates above the national HEDIS 2011 Medicaid 50th percentile of 84.2 percent. The 2012 Colorado Medicaid weighted average of 83.1 percent fell below the national Medicaid 50th percentile by 1.1 percentage points.

Pharmacotherapy Management of COPD Exacerbation

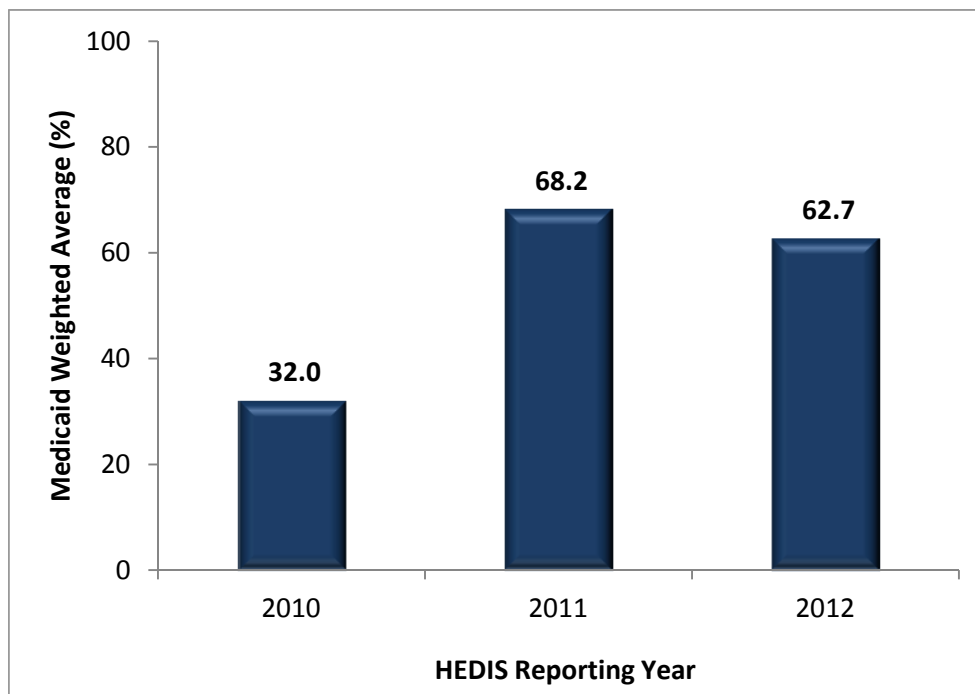
Measure Definition

The *Pharmacotherapy Management of COPD Exacerbation* measure assesses the percentage of members 40 years of age and older who had an acute inpatient discharge or ED encounter between January 1 to November 30 of the measurement year and who were dispensed appropriate medications. The two rates reported include:

- ◆ Members who were dispensed a bronchodilator within 30 days of the event.
- ◆ Members who were dispensed a systemic corticosteroid within 14 days of the event.

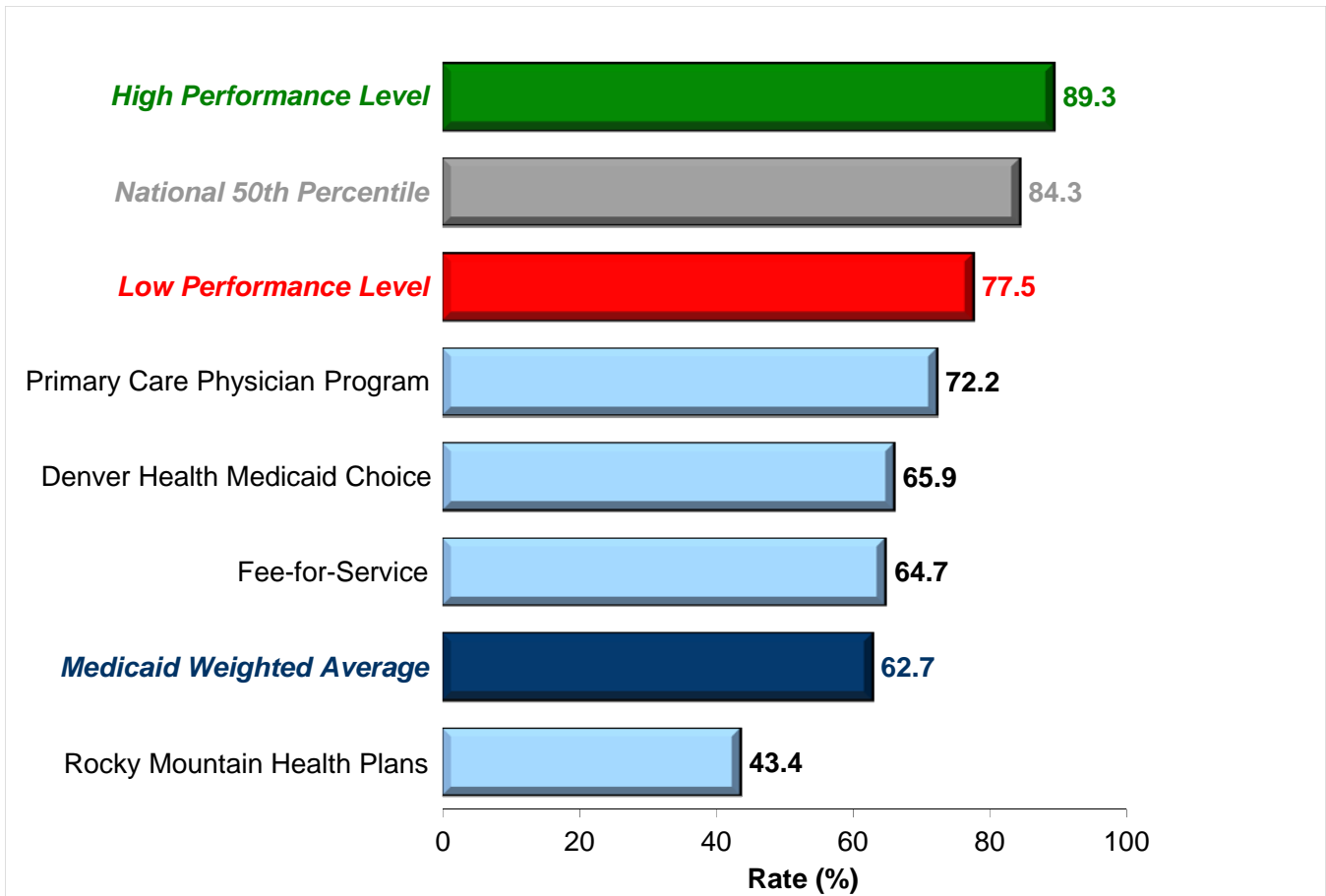
Performance Results

**Figure 5-15—Pharmacotherapy Management of COPD Exacerbation—Bronchodilator
Colorado Medicaid Weighted Averages**



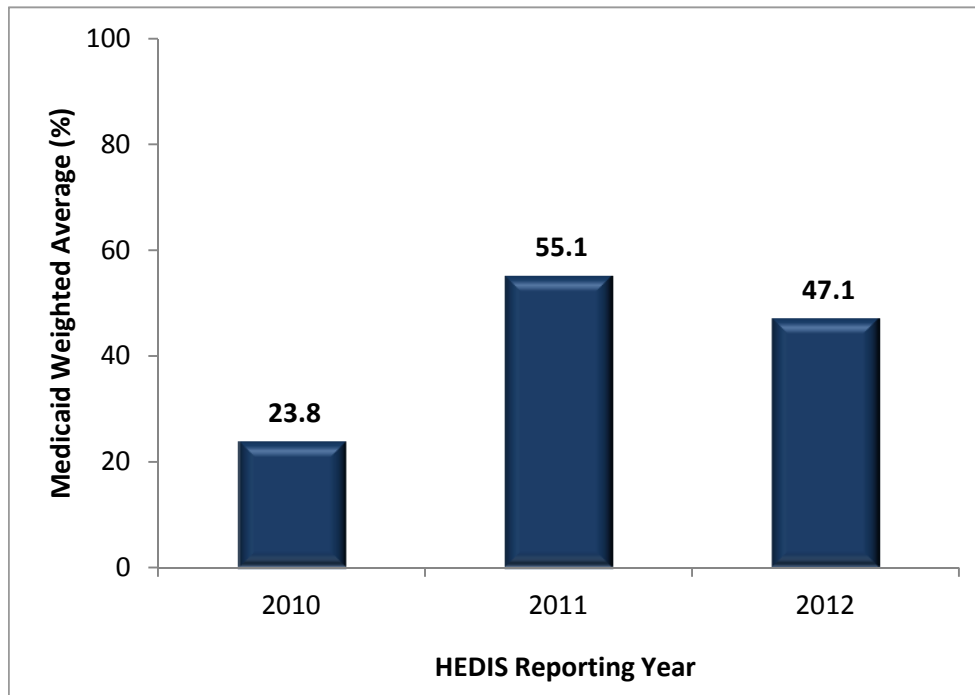
The 2011 Colorado Medicaid weighted average increased 36.2 percentage points over the HEDIS 2010 weighted average but decreased 5.5 percentage points between HEDIS 2011 and HEDIS 2012. This was not a statistically significant decline.

Figure 5-16—Pharmacotherapy Management of COPD Exacerbation—Bronchodilator



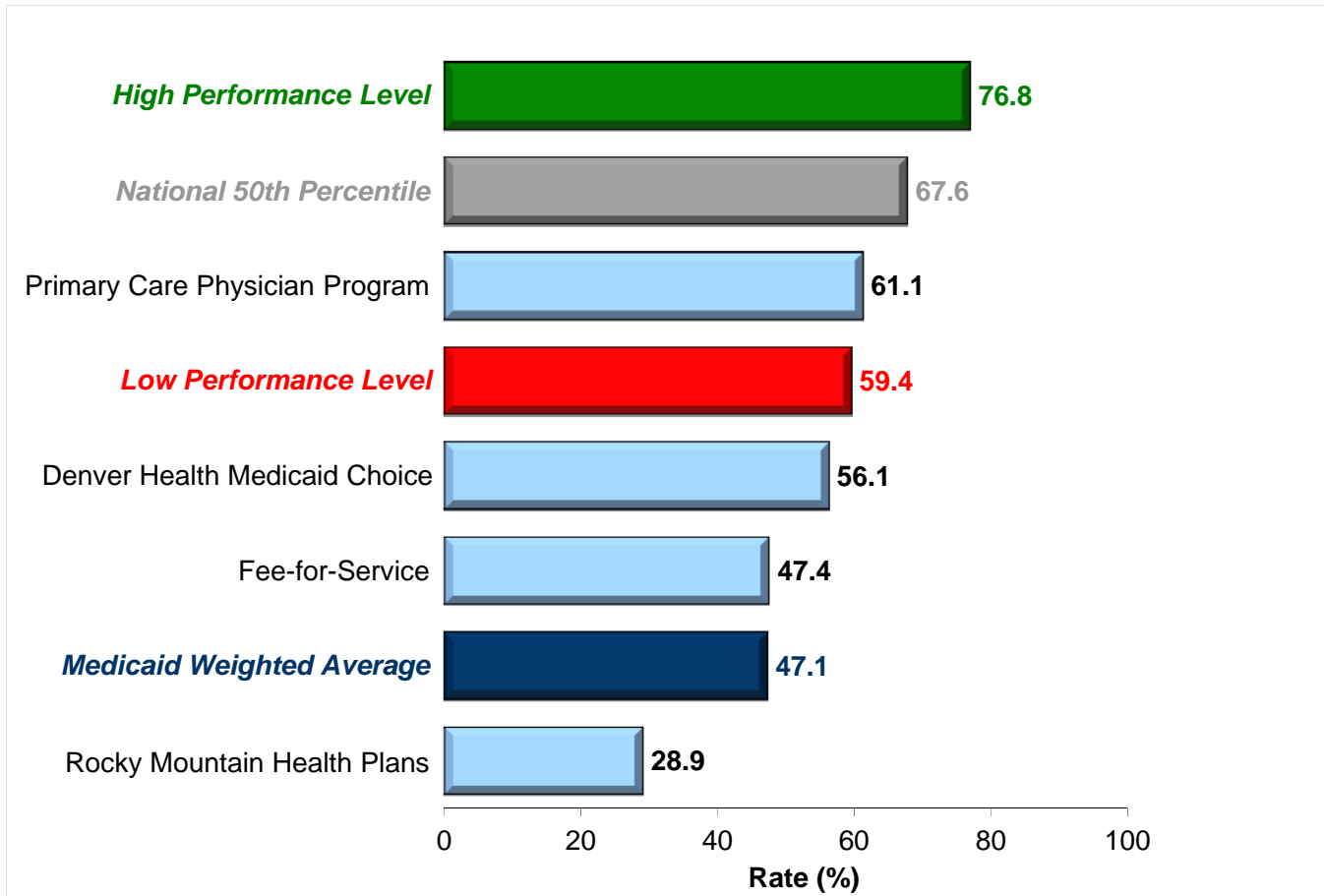
None of the health plans exceeded the HPL of 89.3 percent, and all four of the plans fell below the LPL of 77.5 percent. The lowest-performing plan fell below the LPL by nearly 35.0 percentage points. The 2012 Colorado Medicaid weighted average of 62.7 percent fell below the national HEDIS 2011 Medicaid 50th percentile by 21.6 percentage points and fell 14.8 percentage points below the LPL.

**Figure 5-17—Pharmacotherapy Management of COPD Exacerbation—Systemic Corticosteroid
Colorado Medicaid Weighted Averages**



The 2011 weighted average increased 31.3 percentage points over the 2010 weighted average. However, the 2012 Colorado Medicaid weighted average decreased 8.0 percentage points from the 2011 weighted average. While the observed decline was statistically significant, the 2012 rate was 23.3 percentage points above the HEDIS 2010 rate.

Figure 5-18—Pharmacotherapy Management of COPD Exacerbation—Systemic Corticosteroid



None of the health plans exceeded the HPL of 76.8 percent or the national HEDIS 2011 Medicaid 50th percentile of 67.6 percent. Three of the four plans fell below the LPL of 59.4 percent. The 2012 Colorado Medicaid weighted average of 47.1 percent fell below the national HEDIS 2011 Medicaid 50th percentile by 20.5 percentage points and fell below the LPL by 12.3 percentage points.

Summary of Findings

Table 5-1 presents a summary of the health plans’ overall performance for measures in the Living With Illness dimension.

Health Plan Name	5 Stars	4 Stars	3 Stars	2 Stars	1 Star	NA/NR/NB
FFS	0	0	3	5	6	0
PCPP	0	1	3	4	6	0
DHMC	2	2	7	1	2	0
RMHP	6	0	6	0	2	0

RMHP was the top-performing health plan in the Living With Illness dimension, with six measures receiving a 5-star rating (rates at or above the national HEDIS 2011 Medicaid 90th percentile). Conversely, Fee-for-Service (FFS) presented many opportunities for improvement, with 11 measures reporting rates below the 25th percentiles (★★ or fewer). The majority of rates for the Colorado Medicaid program demonstrated fair (★★★) performance. Overall, performance represents opportunities for improvement across all of the measures in the Living With Illness dimension.

Table 5-2 presents a summary of the health plans’ performance for each of the measures in the Living With Illness dimension.

Measure	FFS	PCPP	DHMC	RMHP
<i>Use of Appropriate Medications for People With Asthma—Total*</i>	★★★★	★★★★★	★	★★★★
<i>Comprehensive Diabetes Care</i>				
<i>HbA1c Testing</i>	★	★	★★★★	★★★★★
<i>HbA1c Poor Control (>9.0%)</i>	★	★	★★★★	★★★★★
<i>HbA1c Control (<8.0%)</i>	★	★	★★★★	★★★★★
<i>Eye Exam</i>	★★	★★★★	★★★★	★★★★
<i>LDL-C Screening</i>	★	★	★★★★	★★★★
<i>LDL-C Level <100 mg/dL</i>	★	★★	★★★★★	★★★★★
<i>Medical Attention for Nephropathy</i>	★★	★★	★★★★	★★★★
<i>Blood Pressure Controlled <140/80 mm Hg</i>	★★	★★	★★★★★	★★★★★
<i>Blood Pressure Controlled <140/90 mm Hg</i>	★★	★	★★★★★	★★★★★
<i>Use of Imaging Studies for Low Back Pain</i>	★★★★	★★★★	★★★★★	★★★★
<i>Annual Monitoring for Patients on Persistent Medications—Total</i>	★★★★	★	★★★★	★★★★

**Table 5-2—Living With Illness Performance
Summary by Measure**

Measure	FFS	PCPP	DHMC	RMHP
<i>Pharmacotherapy Management of COPD Exacerbation</i>				
<i>Bronchodilator</i>	★	★★	★	★
<i>Systemic Corticosteroid</i>	★★	★★★	★★	★

* For HEDIS 2012, the upper age limit for the *Use of Appropriate Medications for People With Asthma* measure was extended from 50 to 64; therefore, please use caution when comparing with HEDIS 2011 national Medicaid percentiles for the *Total* age group.

Preventive Screening

The following section provides a detailed analysis of the Colorado Medicaid health plans' performance for the Preventive Screening dimension. Results tied to age-cohort indicators under *Chlamydia Screening in Women* are displayed in Appendices A (Tabular Results) and B (Trend Tables). The Preventive Screening dimension encompasses the following measures:

- ◆ *Chlamydia Screening in Women—Total*
- ◆ *Adult BMI Assessment*

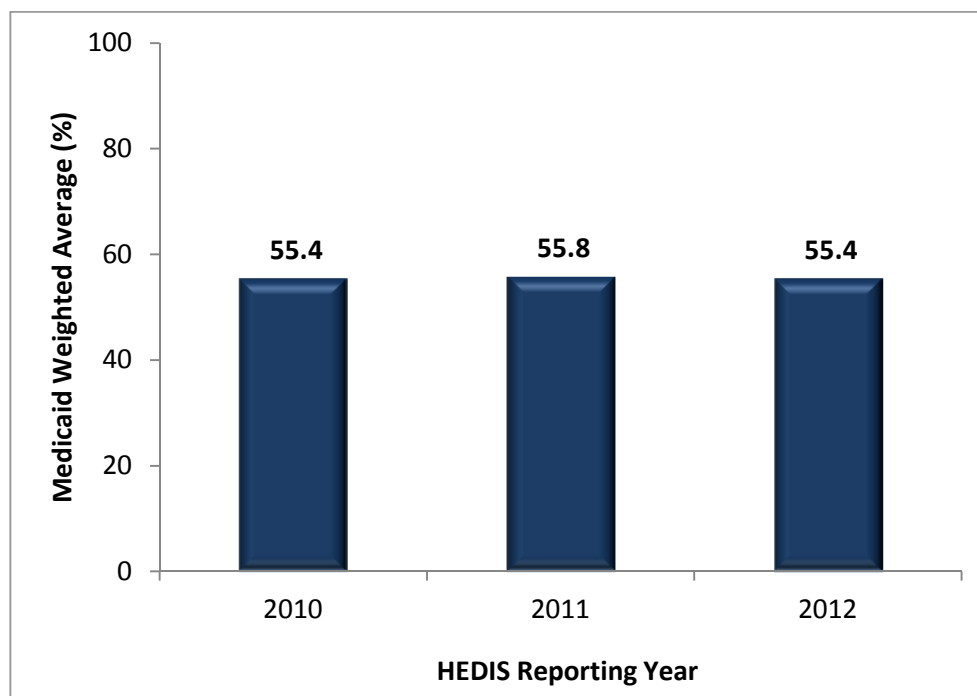
Chlamydia Screening in Women

Measure Definition

The *Chlamydia Screening in Women* measure is reported using the administrative method only. This measure reports the percentage of women 16 to 24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year. The measure is reported using three separate rates: *Chlamydia Screening in Women—Ages 16 to 20 Years*; *Chlamydia Screening in Women—Ages 21 to 24 Years*; and *Chlamydia Screening in Women—Total* (the total of both age groups, 16 to 24 years). In this section, *Total* rates are presented. The results for each age group are displayed in Appendix A.

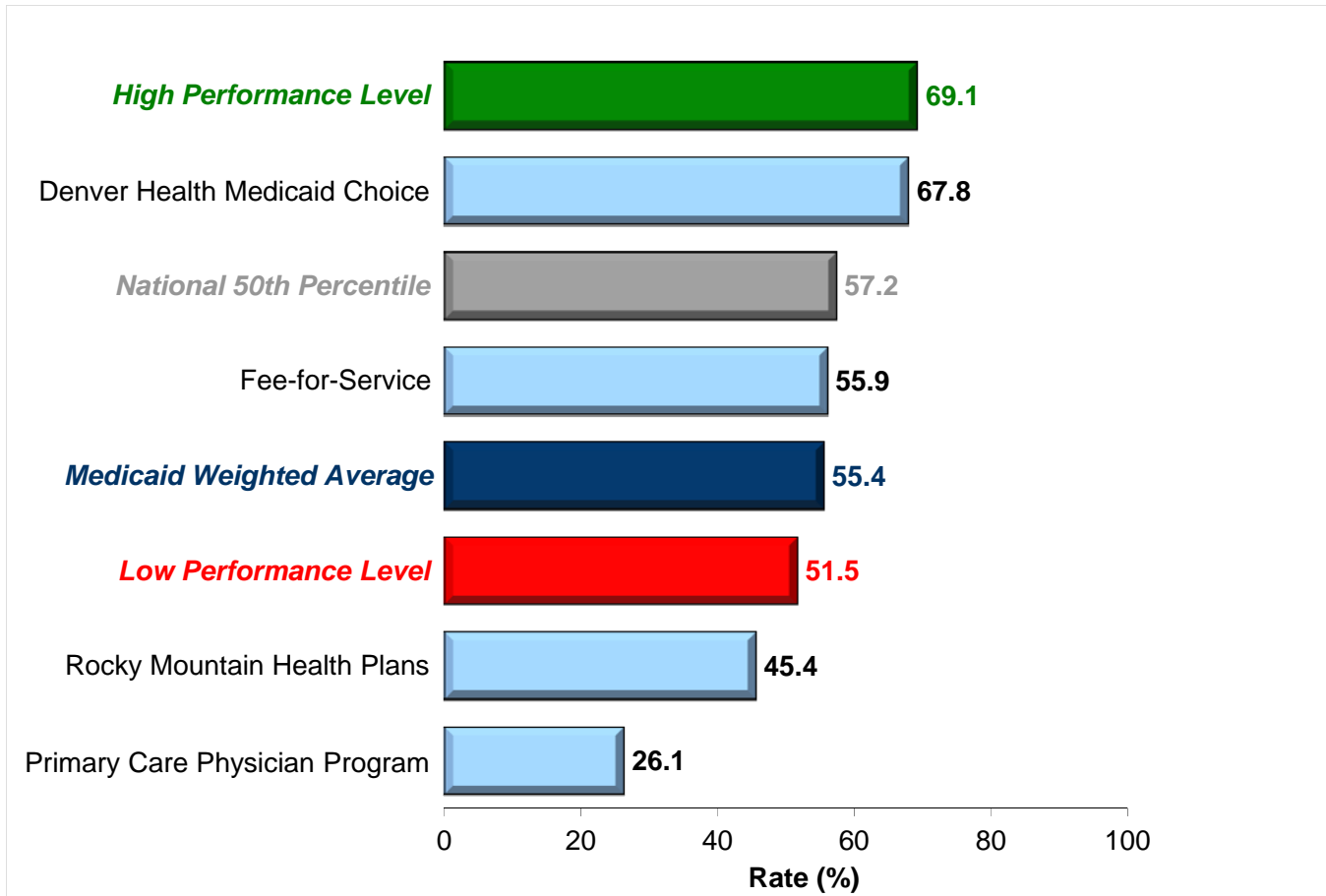
Performance Results

**Figure 6-1—Chlamydia Screening in Women—Total
Colorado Medicaid Weighted Averages**



The *Chlamydia Screening in Women—Total* indicator has remained stable over the past three years. The weighted average increased by 0.4 percentage points between HEDIS 2010 and HEDIS 2011 and dropped by 0.4 percentage point from HEDIS 2011 to HEDIS 2012. This decline was not statistically significant.

Figure 6-2—Chlamydia Screening in Women—Total



None of the health plans exceeded the HPL of 69.1 percent while two of the health plans fell below the LPL of 51.5 percent. One health plan’s rate performed above the national HEDIS 2011 Medicaid 50th percentile of 57.2 percent. The 2012 Colorado Medicaid Weighted Average of 55.4 percent fell below the national Medicaid 50th percentile by 1.8 percentage points.

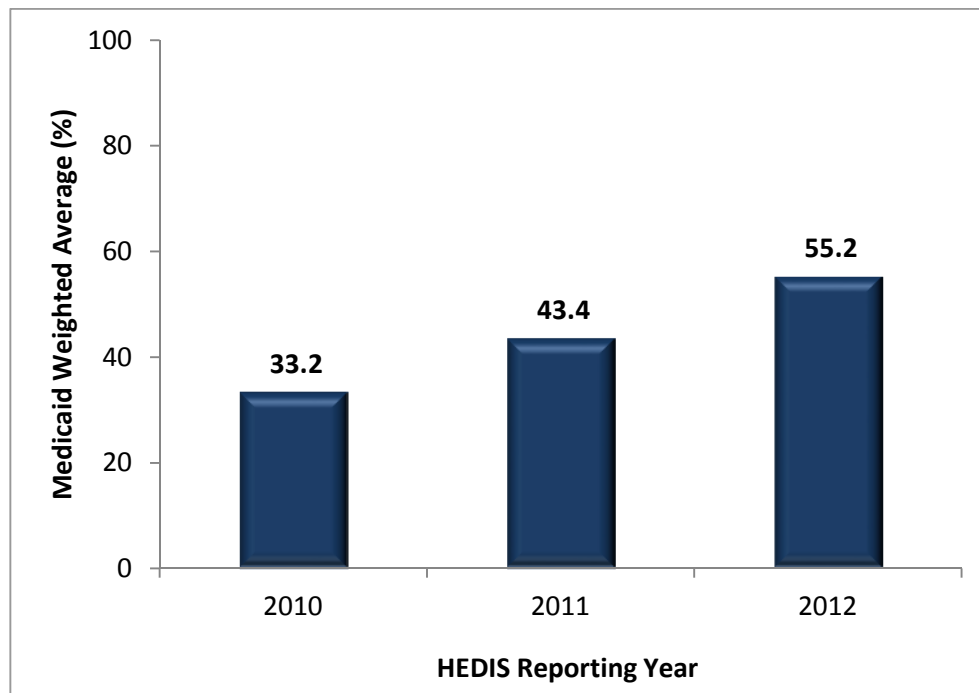
Adult BMI Assessment

Measure Definition

The *Adult BMI Assessment* measure assesses the percentage of members 18 to 74 years of age who had an outpatient visit and whose body mass index (BMI) was documented during the measurement year or the year prior to the measurement year.

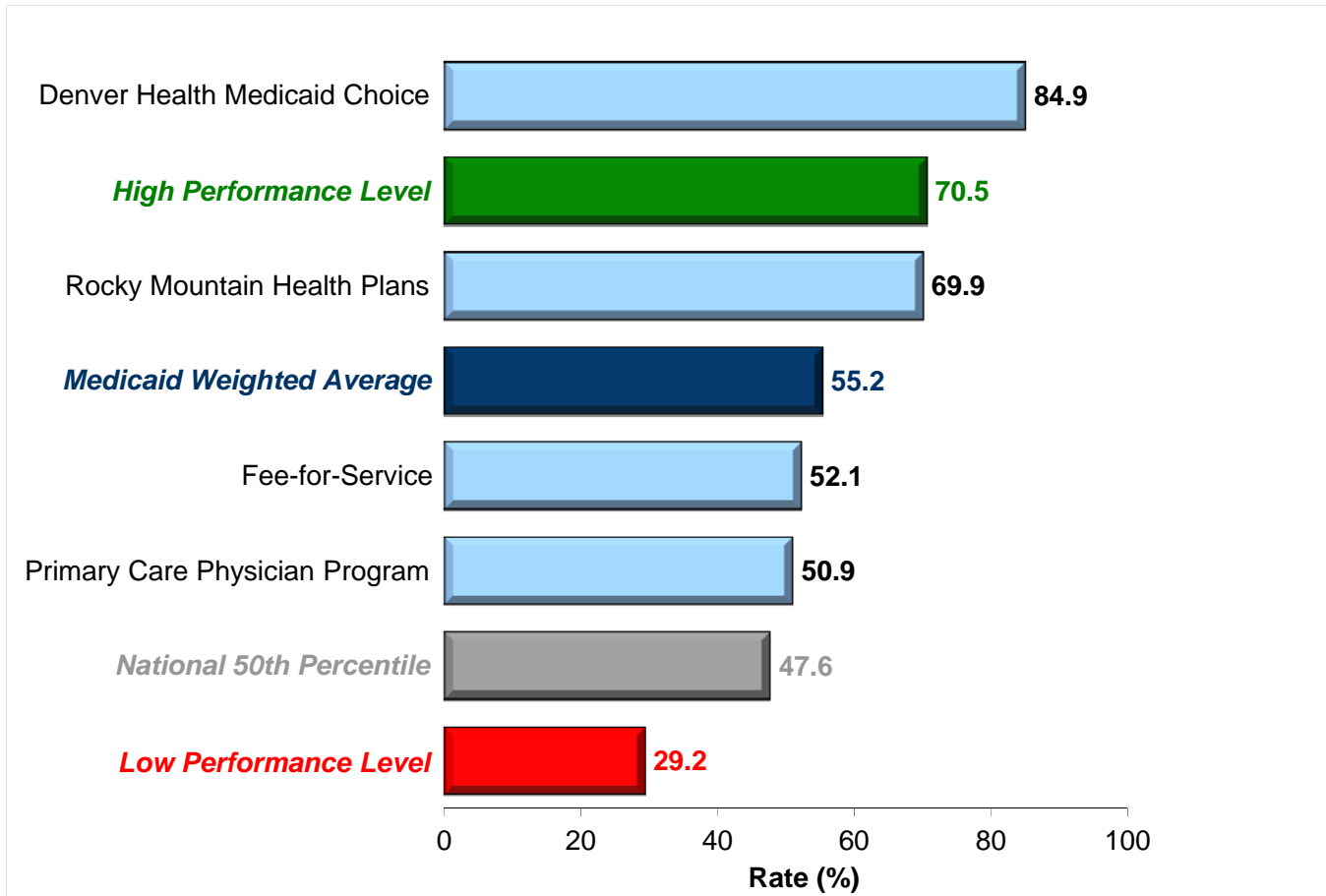
Performance Results

**Figure 6-3—Adult BMI Assessment
Colorado Medicaid Weighted Averages**



The *Adult BMI Assessment* measure weighted average has increased steadily by approximately 10.0 percentage points each year between HEDIS 2010 and HEDIS 2012. The HEDIS 2012 Colorado Medicaid weighted average has increased 22.0 percentage points since HEDIS 2010. The improvement in performance over the last year was statistically significant.

Figure 6-4—Adult BMI Assessment



One health plan performed above the HPL of 70.5 while none of the health plans performed below the LPL of 29.2 percent. All four plans reported rates above the national HEDIS 2011 Medicaid 50th percentile of 47.6 percent. The HEDIS 2012 Colorado Medicaid weighted average of 55.2 percent exceeded the national HEDIS 2011 Medicaid 50th percentile by 7.6 percentage points.

Summary of Findings

Table 6-1 presents a summary of the health plans’ overall performance for measures in the Preventive Screening dimension.

Table 6-1—Preventive Screening Star Ratings Summary						
Health Plan Name	5 Stars	4 Stars	3 Stars	2 Stars	1 Star	NA/NR/NB
FFS	0	0	2	0	0	0
PCPP	0	0	1	0	1	0
DHMC	1	1	0	0	0	0
RMHP	0	1	0	0	1	0

DHMC was the top-performing plan in this dimension with one measure receiving a 5-star rating and one measure receiving a 4-star rating. PCPP and RMHP, on the other hand, each had one measure which fell below the national HEDIS 2011 Medicaid 10th percentile.

Table 6-2 presents a summary of the health plans’ performance for each of the measures in the Preventive Screening dimension.

Table 6-2—Preventive Screening Performance Summary by Measure				
Measure	FFS	PCPP	DHMC	RMHP
<i>Chlamydia Screening in Women—Total</i>	☆☆☆	★	★★★★	★
<i>Adult BMI Assessment</i>	☆☆☆	☆☆☆	★★★★★	★★★★★

For all measures in this dimension, HEDIS methodology requires that the rates be derived using only the administrative method. While the national HEDIS 2011 Medicaid 50th percentiles are provided for reference, it is important to assess utilization based on the characteristics of each health plan's population.

The Use of Services dimension encompasses the following measures:

- ◆ *Inpatient Utilization—General Hospital/Acute Care: Total—Total Inpatient*
- ◆ *Inpatient Utilization—General Hospital/Acute Care: Total—Medicine*
- ◆ *Inpatient Utilization—General Hospital/Acute Care: Total—Surgery*
- ◆ *Inpatient Utilization—General Hospital/Acute Care: Total—Maternity*
- ◆ *Ambulatory Care: Total—Outpatient Visits*
- ◆ *Ambulatory Care: Total—Emergency Department Visits*
- ◆ *Frequency of Selected Procedures—Bariatric Weight Loss Surgery*
- ◆ *Frequency of Selected Procedures—Tonsillectomy*
- ◆ *Frequency of Selected Procedures—Abdominal Hysterectomy*
- ◆ *Frequency of Selected Procedures—Vaginal Hysterectomy*
- ◆ *Frequency of Selected Procedures—Open Cholecystectomy*
- ◆ *Frequency of Selected Procedures—Closed Cholecystectomy*
- ◆ *Frequency of Selected Procedures—Back Surgery*
- ◆ *Frequency of Selected Procedures—Mastectomy*
- ◆ *Frequency of Selected Procedures—Lumpectomy*

Inpatient Utilization: General Hospital/Acute Care

Measure Definitions

The *General Hospital/Acute Care: Total—Total Inpatient* measure summarizes the utilization of acute inpatient services (i.e., medicine, surgery, and maternity) based on discharges per 1,000 member months (MM), inpatient days per 1,000 MM, and average length of stay.

The *General Hospital/Acute Care: Total—Medicine* measure summarizes the utilization of acute inpatient services for medicine.

The *General Hospital/Acute Care: Total—Surgery* measure summarizes the utilization of acute inpatient services for surgery.

The *General Hospital/Acute Care: Total—Maternity* measure summarizes the utilization of acute inpatient services for maternity.

In this section, discharges per 1,000 MM and average length of stay results for the total age group were presented. The results for each age group and the days per 1,000 MM can be found in Appendix A.

Performance Results

Table 7-1 shows the total inpatient, medicine, surgery, and maternity discharges per 1,000 MM for the total age group.

Table 7-1—Inpatient Utilization—General Hospital/Acute Care: Total Discharges Per 1,000 MM for Total Age Group				
Health Plan Name	Total Inpatient	Medicine	Surgery	Maternity
Fee-for-Service	10.8	4.7	2.1	7.4
Primary Care Physician Program	10.2	6.3	2.7	2.1
Denver Health Medicaid Choice	10.9	7.1	1.4	4.4
Rocky Mountain Health Plans	10.6	2.7	3.5	8.3
2012 Colorado Medicaid Weighted Average	10.8	4.9	2.1	7.0
2011 Colorado Medicaid Weighted Average	11.9	5.3	2.2	8.6
2010 Colorado Medicaid Weighted Average	13.1	5.7	2.2	10.7
HEDIS 2011 Medicaid 50th Percentile	7.9	3.0	1.3	5.3

Overall, the 2012 Colorado Medicaid weighted average for the four types of services showed a decline in the number of discharges from last year’s rates. Almost all the rates for the health plans and all the weighted averages were higher than the national HEDIS 2011 Medicaid 50th percentile. Only the discharge rates for the maternity group from two plans and the discharge rate for the medicine group from one plan fell below the national Medicaid 50th percentile.

Table 7-2 displays the total inpatient, medicine, surgery, and maternity average length of stay for the total age group.

Table 7-2—Inpatient Utilization—General Hospital/Acute Care: Total Average Length of Stay for Total Age Group				
Health Plan Name	Total Inpatient	Medicine	Surgery	Maternity
Fee-for-Service	4.5	4.4	8.4	2.6
Primary Care Physician Program	5.0	4.3	8.0	2.3
Denver Health Medicaid Choice	3.4	2.9	6.8	2.5
Rocky Mountain Health Plans	2.9	2.7	4.5	1.9
2012 Colorado Medicaid Weighted Average	4.4	4.2	8.0	2.5
2011 Colorado Medicaid Weighted Average	4.4	4.2	8.6	2.5
2010 Colorado Medicaid Weighted Average	4.1	3.9	8.2	2.5
HEDIS 2011 Medicaid 50th Percentile	3.6	3.5	5.7	2.6

The 2012 Colorado Medicaid weighted average stayed relatively the same as the 2011 weighted average, although the average length of stay decreased for the surgery group. Three of the four 2012 statewide weighted averages exceeded the national HEDIS 2011 Medicaid 50th percentiles, though performance varied by plan.

Ambulatory Care

Measure Definitions

The *Ambulatory Care: Total—Outpatient Visits* measure summarizes utilization of ambulatory care for outpatient visits.

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

In this section, the results for the total age group were presented. The results for each age group can be found in Appendix A.

Performance Results

Table 7-3 shows outpatient and emergency department visits per 1,000 MM for ambulatory care for the total age group.

Table 7-3—Ambulatory Care: Total Outpatient and Emergency Department Visits Per 1,000 MM for Total Age Group		
Health Plan Name	Outpatient Visits	Emergency Department Visits
Fee-for-Service	346.6	60.4
Primary Care Physician Program	379.5	55.5
Denver Health Medicaid Choice	289.6	40.5
Rocky Mountain Health Plans	436.6	62.9
2012 Colorado Medicaid Weighted Average	346.5	58.7
2011 Colorado Medicaid Weighted Average	351.4	63.0
2010 Colorado Medicaid Weighted Average	383.6	69.8
HEDIS 2011 Medicaid 50th Percentile	349.5	63.3

For both outpatient and emergency department visits, the Colorado Medicaid weighted averages for 2012 demonstrated a decline in the number of visits from both 2010 and 2011. Both 2012 weighted averages were below the national HEDIS 2011 Medicaid 50th percentiles.

Frequency of Selected Procedures

The following measures have shown wide regional variation and have generated concern regarding potential inappropriate utilization.

Measure Definitions

The *Frequency of Selected Procedures—Bariatric Weight Loss Surgery* measure summarizes bariatric weight loss surgery utilization for individuals between the ages of 0 and 19, 20 and 44, and 45 and 64.

The *Frequency of Selected Procedures—Tonsillectomy* measure summarizes tonsillectomy utilization for children between the ages of 0 and 9, and 10 and 19.

The *Frequency of Selected Procedures—Abdominal Hysterectomy* measure summarizes abdominal hysterectomy utilization for females between the ages of 15 and 44, and 45 and 64.

The *Frequency of Selected Procedures—Vaginal Hysterectomy* measure summarizes vaginal hysterectomy utilization for females between the ages of 15 and 44, and 45 and 64.

The *Frequency of Selected Procedures—Open Cholecystectomy* measure summarizes open cholecystectomy utilization for females between the ages of 15 and 44, and 45 and 64, and for males between the ages of 30 and 64.

The *Frequency of Selected Procedures—Closed Cholecystectomy* measure summarizes closed cholecystectomy utilization for females between the ages of 15 and 44, and 45 and 64, and for males between the ages of 30 and 64.

The *Frequency of Selected Procedures—Back Surgery* measure summarizes back surgery utilization for males and females between the ages of 20 and 44, and 45 and 64.

The *Frequency of Selected Procedures—Mastectomy* measure summarizes mastectomy utilization for females between the ages of 15 and 44, and 45 and 64.

The *Frequency of Selected Procedures—Lumpectomy* measure summarizes lumpectomy utilization for females between the ages of 15 and 44, and 45 and 64.

Performance Results

Table 7-4 shows the frequency of bariatric weight loss surgery procedures per 1,000 MM for individuals between 0 and 19 years of age, between 20 and 44 years of age, and between 45 and 64 years of age by gender. Since this is the first year this measure was reported by gender, previous year weighted averages and HEDIS 2011 percentiles were not available.

**Table 7-4—Frequency of Selected Procedures
Bariatric Weight Loss Surgery Procedures Per 1,000 MM**

Health Plan Name	Male	Female	Male	Female	Male	Female
	Ages 0–19 Years	Ages 0–19 Years	Ages 20–44 Years	Ages 20–44 Years	Ages 45–64 Years	Ages 45–64 Years
Fee-for-Service	<0.1	<0.1	<0.1	0.2	<0.1	0.1
Primary Care Physician Program	0.0	0.0	0.0	0.2	0.0	0.0
Denver Health Medicaid Choice	0.0	0.0	0.0	0.1	<0.1	0.0
Rocky Mountain Health Plans	0.0	0.0	0.0	0.4	0.0	0.4
2012 Colorado Medicaid Weighted Average	<0.1	<0.1	<0.1	0.2	<0.1	0.1
2011 Colorado Medicaid Weighted Average	—	—	—	—	—	—
2010 Colorado Medicaid Weighted Average	—	—	—	—	—	—
HEDIS 2011 Medicaid 50th Percentile	—	—	—	—	—	—

The health plans’ frequency of bariatric weight loss surgery procedures per 1,000 MM for males ranged between 0.0 to < 0.1. On the other hand, the range for females varied by age group, with the frequency for females between 0 to 19 years of age ranging from 0.0 to < 0.1, the frequency for females between 20 to 44 years of age ranging from 0.1 to 0.4, and the frequency for females between 45 to 64 years of age ranging from 0.0 to 0.4. The 2012 Colorado Medicaid weighted average was the highest for females between the ages of 20 to 44 years.

Table 7-5 shows the frequency of tonsillectomy procedures per 1,000 MM for children between 0 and 9 years of age, and between 10 and 19 years of age.

**Table 7-5—Frequency of Selected Procedures
Tonsillectomy Procedures Per 1,000 MM**

Health Plan Name	Ages 0–9 Years	Ages 10–19 Years
Fee-for-Service	0.9	0.5
Primary Care Physician Program	0.8	0.5
Denver Health Medicaid Choice	0.3	0.3
Rocky Mountain Health Plans	1.5	1.4
2012 Colorado Medicaid Weighted Average	0.9	0.6
2011 Colorado Medicaid Weighted Average	0.8	0.6
2010 Colorado Medicaid Weighted Average	0.8	0.6
HEDIS 2011 Medicaid 50th Percentile	0.8	0.4

The health plans’ frequency of tonsillectomy procedures per 1,000 MM for children 0 to 9 years of age ranged from 0.3 to 1.5, while the frequency of tonsillectomy procedures per 1,000 MM for children 10 to 19 years of age ranged from 0.3 to 1.4. The 2012 Colorado Medicaid weighted average frequency of tonsillectomy procedures per 1,000 MM was lower for children between 10 and 19 years of age than for children between 0 and 9 years of age and above the HEDIS Medicaid 50th percentile for both age groups.

Table 7-6 shows the frequency of abdominal hysterectomy procedures per 1,000 MM for females between 15 and 44 years of age, and between 45 and 64 years of age.

Table 7-6—Frequency of Selected Procedures Abdominal Hysterectomy Procedures Per 1,000 MM		
Health Plan Name	Ages 15–44 Years	Ages 45–64 Years
Fee-for-Service	0.2	0.3
Primary Care Physician Program	0.2	0.1
Denver Health Medicaid Choice	<0.1	0.1
Rocky Mountain Health Plans	0.2	0.2
2012 Colorado Medicaid Weighted Average	0.2	0.3
2011 Colorado Medicaid Weighted Average	0.3	0.4
2010 Colorado Medicaid Weighted Average	0.4	0.5
HEDIS 2011 Medicaid 50th Percentile	0.2	0.5

The health plans’ frequency of abdominal hysterectomy procedures per 1,000 MM for females 15 to 44 years of age ranged from <0.1 to 0.2, while the frequency of abdominal hysterectomy procedures per 1,000 MM for females 45 to 64 years of age ranged from 0.1 to 0.3. The 2012 Colorado Medicaid weighted average frequency of abdominal hysterectomy procedures per 1,000 MM was lower for females between 15 and 44 years of age. The statewide average has decreased over the past three years for both age groups.

Table 7-7 shows the frequency of vaginal hysterectomy procedures per 1,000 MM for females between 15 and 44 years of age, and between 45 and 64 years of age.

Table 7-7—Frequency of Selected Procedures Vaginal Hysterectomy Procedures Per 1,000 MM		
Health Plan Name	Ages 15–44 Years	Ages 45–64 Years
Fee-for-Service	0.3	0.4
Primary Care Physician Program	0.2	0.1
Denver Health Medicaid Choice	0.1	0.1
Rocky Mountain Health Plans	1.2	0.8
2012 Colorado Medicaid Weighted Average	0.4	0.3
2011 Colorado Medicaid Weighted Average	0.4	0.3
2010 Colorado Medicaid Weighted Average	0.4	0.3
HEDIS 2011 Medicaid 50th Percentile	0.2	0.2

The health plans’ frequency of vaginal hysterectomy procedures per 1,000 MM for females 15 to 44 years of age ranged from 0.1 to 1.2, while the frequency of vaginal hysterectomy procedures per 1,000 MM for females 45 to 64 years of age ranged from 0.1 to 0.8. The 2012 Colorado Medicaid

weighted average frequency of vaginal hysterectomy procedures per 1,000 MM was lower for females between 45 and 64 years of age. The 2012 Colorado Medicaid weighted average was above the HEDIS Medicaid 50th percentile; however, the statewide weighted average has demonstrated a stable three-year trend.

Table 7-8 shows the frequency of open cholecystectomy procedures per 1,000 MM for females between the ages of 15 and 44, and 45 and 64, and for males between the ages of 30 and 64.

Table 7-8—Frequency of Selected Procedures Open Cholecystectomy Procedures Per 1,000 MM			
Health Plan Name	Males Ages 30–64 Years	Females Ages 15–44 Years	Females Ages 45–64 Years
Fee-for-Service	0.1	<0.1	0.1
Primary Care Physician Program	0.1	<0.1	0.1
Denver Health Medicaid Choice	0.1	<0.1	0.0
Rocky Mountain Health Plans	0.1	<0.1	0.0
2012 Colorado Medicaid Weighted Average	0.1	<0.1	0.1
2011 Colorado Medicaid Weighted Average	0.1	<0.1	0.1
2010 Colorado Medicaid Weighted Average	0.1	<0.1	0.1
HEDIS 2011 Medicaid 50th Percentile	0.0	0.0	0.1

The 2012 Colorado Medicaid weighted average of open cholecystectomy procedures per 1,000 MM was lowest for females between 15 and 44 years of age, and highest for females between 45 and 64 years of age and the male group.

Table 7-9 shows the frequency of closed cholecystectomy procedures per 1,000 MM for females between 15 and 44 years of age, and 45 and 64 years of age, and for males between 30 and 64 years of age.

Table 7-9—Frequency of Selected Procedures Closed Cholecystectomy Procedures Per 1,000 MM			
Health Plan Name	Males Ages 30–64 Years	Females Ages 15–44 Years	Females Ages 45–64 Years
Fee-for-Service	0.4	1.0	0.8
Primary Care Physician Program	0.3	0.8	0.5
Denver Health Medicaid Choice	0.1	0.5	0.6
Rocky Mountain Health Plans	0.6	1.7	1.2
2012 Colorado Medicaid Weighted Average	0.4	1.0	0.8
2011 Colorado Medicaid Weighted Average	0.4	1.1	0.7
2010 Colorado Medicaid Weighted Average	0.4	1.2	0.9
HEDIS 2011 Medicaid 50th Percentile	0.3	0.8	0.7

The 2012 Colorado Medicaid weighted average of closed cholecystectomy procedures per 1,000 MM was lowest for males between 30 and 64 years of age. Although the frequency was highest for females between 15 and 44 years of age, the rate for this group has steadily decreased over the three-year period.

Table 7-10 shows the frequency of back surgery procedures per 1,000 MM for females and males between the ages of 20 and 44, and 45 and 64.

Table 7-10—Frequency of Selected Procedures Back Surgery Procedures Per 1,000 MM				
Health Plan Name	Males Ages 20–44 Years	Females Ages 20–44 Years	Males Ages 45–64 Years	Females Ages 45–64 Years
Fee-for-Service	0.4	0.3	0.7	0.9
Primary Care Physician Program	0.3	0.2	0.5	0.9
Denver Health Medicaid Choice	0.2	<0.1	0.3	0.2
Rocky Mountain Health Plans	0.5	0.3	1.1	1.1
2012 Colorado Medicaid Weighted Average	0.4	0.2	0.7	0.8
2011 Colorado Medicaid Weighted Average	0.4	0.2	0.6	0.7
2010 Colorado Medicaid Weighted Average	0.6	0.4	1.1	1.0
HEDIS 2011 Medicaid 50th Percentile	0.3	0.2	0.5	0.5

The 2012 Colorado Medicaid weighted average of back surgery procedures per 1,000 MM was lowest for females between 20 and 44 years of age, and highest for females between 45 and 64 years of age.

Table 7-11 shows the frequency of mastectomy procedures per 1,000 MM for females between 15 and 44 years of age, and 45 and 64 years of age.

Table 7-11—Frequency of Selected Procedures Mastectomy Procedures Per 1,000 MM		
Health Plan Name	Ages 15–44 Years	Ages 45–64 Years
Fee-for-Service	<0.1	0.4
Primary Care Physician Program	<0.1	0.1
Denver Health Medicaid Choice	<0.1	0.1
Rocky Mountain Health Plans	0.0	0.2
2012 Colorado Medicaid Weighted Average	<0.1	0.4
2011 Colorado Medicaid Weighted Average	<0.1	0.5
2010 Colorado Medicaid Weighted Average	<0.1	0.6
HEDIS 2011 Medicaid 50th Percentile	0.0	0.1

The health plans' frequency of mastectomy procedures per 1,000 MM for females 15 to 44 years of age was <0.1 or 0.0 for all plans, while the frequency of mastectomy procedures per 1,000 MM for females 45 to 64 years of age ranged from 0.1 to 0.4. The 2012 Colorado Medicaid weighted average frequency of mastectomy procedures per 1,000 MM was lower for females between 15 and 44 years of age. While the frequency of procedures was higher for females 45 to 64 years of age, there has been a steady decline in the statewide rate for this group over the three years.

Table 7-12 shows the frequency of lumpectomy procedures per 1,000 MM for females between 15 and 44 years of age, and 45 and 64 years of age.

Table 7-12—Frequency of Selected Procedures Lumpectomy Procedures Per 1,000 MM		
Health Plan Name	Ages 15–44 Years	Ages 45–64 Years
Fee-for-Service	0.1	0.8
Primary Care Physician Program	0.1	0.1
Denver Health Medicaid Choice	0.1	0.2
Rocky Mountain Health Plans	0.2	0.7
2012 Colorado Medicaid Weighted Average	0.1	0.7
2011 Colorado Medicaid Weighted Average	0.1	0.7
2010 Colorado Medicaid Weighted Average	0.2	0.8
HEDIS 2011 Medicaid 50th Percentile	0.2	0.4

The health plans' frequency of lumpectomy procedures per 1,000 MM for females 15 to 44 years of age ranged from 0.1 to 0.2, while the frequency of lumpectomy procedures per 1,000 MM for females 45 to 64 years of age ranged from 0.1 to 0.8. The 2012 Colorado Medicaid weighted average frequency of lumpectomy procedures per 1,000 MM was lower for females between 15 and 44 years of age.

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 2010, 2011, and 2012 Colorado Medicaid weighted averages; and the national HEDIS 2011 Medicaid 50th percentile. The following is a list of the tables and measures presented in this appendix.

- ◆ Table A-1—*Childhood Immunization Status—Antigens*
- ◆ Table A-2—*Childhood Immunization Status—Combinations*
- ◆ Table A-3—*Immunizations for Adolescents*
- ◆ Table A-4—*Well-Child Visits in the First 15 Months of Life*
- ◆ Table A-5—*Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life*
- ◆ Table A-6—*Adolescent Well-Care Visits*
- ◆ Table A-7—*Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents*
- ◆ Table A-8—*Annual Dental Visit*
- ◆ Table A-9—*Annual Dental Visits (Continued)*
- ◆ Table A-10—*Prenatal and Postpartum Care*
- ◆ Table A-11—*Children’s and Adolescents’ Access to Primary Care Practitioners*
- ◆ Table A-12—*Adults’ Access to Preventive/Ambulatory Health Services*
- ◆ Table A-13—*Use of Appropriate Medications for People With Asthma*
- ◆ Table A-14—*Comprehensive Diabetes Care*
- ◆ Table A-15—*Comprehensive Diabetes Care (Continued)*
- ◆ Table A-16—*Use of Imaging Studies for Low Back Pain*
- ◆ Table A-17—*Annual Monitoring for Patients on Persistent Medications*
- ◆ Table A-18—*Pharmacotherapy Management of COPD Exacerbation*
- ◆ Table A-19—*Chlamydia Screening in Women*
- ◆ Table A-20—*Adult BMI Assessment*
- ◆ Table A-21—*Inpatient Utilization—General Hospital/Acute Care: Total—Total Inpatient Discharges Per 1,000 MM*
- ◆ Table A-22—*Inpatient Utilization—General Hospital/Acute Care: Total —Total Inpatient Days Per 1,000 MM*
- ◆ Table A-23—*Inpatient Utilization—General Hospital/Acute Care: Total—Total Inpatient Average Length of Stay*
- ◆ Table A-24—*Inpatient Utilization—General Hospital/Acute Care: Total—Medicine Discharges Per 1,000 MM*
- ◆ Table A-25—*Inpatient Utilization—General Hospital/Acute Care: Total—Medicine Days Per 1,000 MM*

- ◆ Table A-26—*Inpatient Utilization—General Hospital/Acute Care: Total—Medicine Average Length of Stay*
- ◆ Table A-27—*Inpatient Utilization—General Hospital/Acute Care: Total—Surgery Discharges Per 1,000 MM*
- ◆ Table A-28—*Inpatient Utilization—General Hospital/Acute Care: Total—Surgery Days Per 1,000 MM*
- ◆ Table A-29—*Inpatient Utilization—General Hospital/Acute Care: Total—Surgery Average Length of Stay*
- ◆ Table A-30—*Inpatient Utilization—General Hospital/Acute Care: Total—Maternity Discharges Per 1,000 MM*
- ◆ Table A-31—*Inpatient Utilization—General Hospital/Acute Care: Total—Maternity Days Per 1,000 MM*
- ◆ Table A-32—*Inpatient Utilization—General Hospital/Acute Care: Total—Maternity Average Length of Stay*
- ◆ Table A-33—*Ambulatory Care: Total—Outpatient Visits Per 1,000 MM*
- ◆ Table A-34—*Ambulatory Care: Total—Emergency Department Visits Per 1,000 MM*
- ◆ Table A-35—*Frequency of Selected Procedures: Bariatric Weight Loss Surgery Procedures Per 1,000 MM*
- ◆ Table A-36—*Frequency of Selected Procedures: Tonsillectomy Procedures Per 1,000 MM*
- ◆ Table A-37—*Frequency of Selected Procedures: Abdominal Hysterectomy Procedures Per 1,000 MM*
- ◆ Table A-38—*Frequency of Selected Procedures: Vaginal Hysterectomy Procedures Per 1,000 MM*
- ◆ Table A-39—*Frequency of Selected Procedures: Open Cholecystectomy Procedures Per 1,000 MM*
- ◆ Table A-40—*Frequency of Selected Procedures: Closed Cholecystectomy Procedures Per 1,000 MM*
- ◆ Table A-41—*Frequency of Selected Procedures: Back Surgery Procedures Per 1,000 MM*
- ◆ Table A-42—*Frequency of Selected Procedures: Mastectomy Procedures Per 1,000 MM*
- ◆ Table A-43—*Frequency of Selected Procedures: Lumpectomy Procedures Per 1,000 MM*

The following are specific notations used in the tables of this appendix.

Notation	Interpretation
—	Data elements were not relevant or data were not available in the HEDIS 2011 aggregate report or the HEDIS 2011 Medicaid percentile file.
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.
NB	Indicates that the health plan did not offer the benefit required by the measure.

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
Fee-for-Service	16,073	75.9%	88.8%	87.8%	91.2%	89.1%	86.6%	77.6%	32.4%	61.3%	49.9%
Primary Care Physician Program	383	79.5%	94.2%	93.2%	94.2%	93.7%	93.7%	88.7%	55.6%	64.6%	43.6%
Denver Health Medicaid Choice	1,434	84.7%	93.4%	92.5%	93.2%	94.2%	92.2%	85.6%	52.8%	72.7%	79.1%
Rocky Mountain Health Plans	653	85.4%	94.7%	92.4%	95.8%	91.4%	91.2%	86.3%	13.2%	73.4%	55.6%
2012 Colorado Medicaid Weighted Average	—	77.0%	89.5%	88.5%	91.6%	89.6%	87.4%	78.8%	33.7%	62.7%	52.2%
2011 Colorado Medicaid Weighted Average	—	75.2%	86.7%	86.0%	88.1%	88.8%	87.0%	77.2%	33.0%	53.2%	49.6%
2010 Colorado Medicaid Weighted Average	—	82.8%	92.3%	91.9%	92.5%	93.1%	91.3%	81.3%	33.6%	43.6%	43.0%
HEDIS 2011 Medicaid 50th Percentile	—	81.7%	92.3%	91.9%	91.0%	91.8%	91.3%	81.3%	36.4%	59.4%	44.0%

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	
Fee-for-Service	16,073	70.6%	66.7%	27.5%	49.1%	42.1%	20.7%	17.8%	33.1%	13.4%	
Primary Care Physician Program	383	76.6%	76.1%	53.3%	58.3%	38.3%	41.2%	27.8%	31.2%	22.6%	
Denver Health Medicaid Choice	1,434	84.2%	83.7%	51.6%	70.3%	73.2%	45.3%	47.0%	62.0%	41.1%	
Rocky Mountain Health Plans	653	78.2%	76.2%	12.7%	63.4%	52.1%	11.3%	9.0%	44.9%	8.1%	
2012 Colorado Medicaid Weighted Average	—	72.0%	68.5%	29.4%	51.5%	44.8%	22.7%	19.9%	35.7%	15.5%	
2011 Colorado Medicaid Weighted Average	—	70.1%	67.2%	29.8%	43.6%	42.6%	21.4%	21.0%	31.4%	16.2%	
2010 Colorado Medicaid Weighted Average	—	76.4%	71.9%	30.1%	37.4%	36.4%	18.7%	18.0%	21.3%	11.6%	
HEDIS 2011 Medicaid 50th Percentile	—	75.1%	71.0%	31.4%	47.4%	37.0%	23.1%	18.0%	26.8%	14.4%	

Table A-3—Immunizations for Adolescents				
Health Plan Name	Eligible Population	Meningococcal	Tdap/Td	Combo 1
Fee-for-Service	8,706	54.1%	73.9%	52.5%
Primary Care Physician Program	466	66.7%	80.5%	64.2%
Denver Health Medicaid Choice*	804	83.1%	84.2%	82.3%
Rocky Mountain Health Plans	365	50.7%	83.6%	47.9%
2012 Colorado Medicaid Weighted Average	—	56.8%	75.4%	55.2%
2011 Colorado Medicaid Weighted Average	—	—	—	—
2010 Colorado Medicaid Weighted Average	—	—	—	—
HEDIS 2011 Medicaid 50th Percentile	—	54.8%	68.5%	49.8%

* The rates reported in this table are administrative rates only. For more information on the differences between administrative and hybrid data collection methodologies, refer to the glossary. DHMC reported hybrid rates of 86.9, 88.1, and 86.1 percent, respectively, for the *Immunizations for Adolescents—Meningococcal, Tdap/Td, and Combination 1* measures for HEDIS 2012.

Table A-4—Well-Child Visits in the First 15 Months of Life			
Health Plan Name	Eligible Population	Zero Visits*	Six or More Visits
Fee-for-Service	16,081	2.2%	62.5%
Primary Care Physician Program	191	1.1%	61.4%
Denver Health Medicaid Choice	776	1.0%	51.3%
Rocky Mountain Health Plans	444	0.2%	82.6%
2012 Colorado Medicaid Weighted Average	—	2.1%	62.5%
2011 Colorado Medicaid Weighted Average	—	2.1%	65.9%
2010 Colorado Medicaid Weighted Average	—	5.6%	57.2%
HEDIS 2011 Medicaid 50th Percentile	—	1.6%	61.3%

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

Table A-5—Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life		
Health Plan Name	Eligible Population	Rate
Fee-for-Service	65,202	60.5%
Primary Care Physician Program	1,820	59.1%
Denver Health Medicaid Choice *	6,010	68.6%
Rocky Mountain Health Plans	2,681	64.9%
2012 Colorado Medicaid Weighted Average	—	61.3%
2011 Colorado Medicaid Weighted Average	—	62.2%
2010 Colorado Medicaid Weighted Average	—	60.6%
HEDIS 2011 Medicaid 50th Percentile	—	72.3%

* The rates reported in this table are administrative rates only. For more information on the differences between administrative and hybrid data collection methodologies, refer to the glossary. DHMC reported a hybrid rate of 70.3 percent for this measure for HEDIS 2012.

Table A-6—Adolescent Well-Care Visits		
Health Plan Name	Eligible Population	Rate
Fee-for-Service	64,050	38.9%
Primary Care Physician Program	2,917	47.9%
Denver Health Medicaid Choice	5,194	51.1%
Rocky Mountain Health Plans	2,576	42.8%
2012 Colorado Medicaid Weighted Average	—	40.3%
2011 Colorado Medicaid Weighted Average	—	42.9%
2010 Colorado Medicaid Weighted Average	—	37.1%
HEDIS 2011 Medicaid 50th Percentile	—	46.1%

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
Fee-for-Service	96,394	44.6%	52.7%	37.8%	35,029	50.4%	47.0%	47.0%	131,423	46.2%	51.1%	40.4%
Primary Care Physician Program	3,344	58.7%	63.2%	55.8%	1,816	49.3%	40.1%	42.3%	5,160	55.5%	55.2%	51.1%
Denver Health Medicaid Choice	8,745	84.6%	80.3%	57.1%	2,997	87.0%	80.4%	76.1%	11,742	85.2%	80.3%	61.3%
Rocky Mountain Health Plans	4,308	73.4%	65.1%	55.6%	1,601	65.6%	57.8%	59.4%	5,909	71.1%	63.0%	56.7%
2012 Colorado Medicaid Weighted Average	—	49.2%	55.6%	40.5%	—	53.6%	49.5%	49.4%	—	50.5%	53.9%	43.0%
2011 Colorado Medicaid Weighted Average	—	37.2%	50.5%	31.7%	—	31.5%	34.7%	35.4%	—	35.5%	45.7%	32.8%
2010 Colorado Medicaid Weighted Average	—	32.8%	51.0%	28.1%	—	29.5%	43.5%	40.4%	—	31.9%	49.0%	31.4%
HEDIS 2011 Medicaid 50th Percentile	—	37.5%	53.3%	39.4%	—	36.3%	46.7%	42.8%	—	37.5%	51.1%	40.6%

Table A-8—Annual Dental Visit

Health Plan Name	Ages 2 to 3 Years		Ages 4 to 6 Years		Ages 7 to 10 Years		Ages 11 to 14 Years	
	Eligible Population	Rate	Eligible Population	Rate	Eligible Population	Rate	Eligible Population	Rate
Fee-for-Service	33,869	55.9%	48,204	70.4%	50,321	73.5%	38,762	67.7%
Primary Care Physician Program	879	56.4%	1,357	72.5%	1,889	80.7%	1,912	73.5%
Denver Health Medicaid Choice	NB	NB	NB	NB	NB	NB	NB	NB
Rocky Mountain Health Plans	NB	NB	NB	NB	NB	NB	NB	NB
2012 Colorado Medicaid Weighted Average	—	55.9%	—	70.4%	—	73.8%	—	68.0%
2011 Colorado Medicaid Weighted Average	—	—	—	—	—	—	—	—
2010 Colorado Medicaid Weighted Average	—	—	—	—	—	—	—	—
HEDIS 2011 Medicaid 50th Percentile	—	32.0%	—	57.9%	—	62.5%	—	57.9%

Table A-9—Annual Dental Visit (Continued)						
Health Plan Name	Ages 15 to 18 Years		Ages 19 to 21 Years		Total	
	Eligible Population	Rate	Eligible Population	Rate	Eligible Population	Rate
Fee-for-Service	26,254	59.0%	6,532	36.1%	203,942	65.7%
Primary Care Physician Program	1,255	63.8%	178	39.9%	7,470	70.7%
Denver Health Medicaid Choice	NB	NB	NB	NB	NB	NB
Rocky Mountain Health Plans	NB	NB	NB	NB	NB	NB
2012 Colorado Medicaid Weighted Average	—	59.3%	—	36.2%	—	65.9%
2011 Colorado Medicaid Weighted Average	—	—	—	—	—	—
2010 Colorado Medicaid Weighted Average	—	—	—	—	—	—
HEDIS 2011 Medicaid 50th Percentile	—	49.4%	—	36.7%	—	51.6%

Table A-10—Prenatal and Postpartum Care				
Health Plan Name	Timeliness of Prenatal Care		Postpartum Care	
	Eligible Population	Rate	Eligible Population	Rate
Fee-for-Service	16,780	76.2%	16,780	60.3%
Primary Care Physician Program	313	80.3%	313	69.6%
Denver Health Medicaid Choice	904	83.5%	904	59.6%
Rocky Mountain Health Plans	881	97.0%	881	77.4%
2012 Colorado Medicaid Weighted Average	—	77.5%	—	61.3%
2011 Colorado Medicaid Weighted Average	—	75.4%	—	55.3%
2010 Colorado Medicaid Weighted Average	—	65.1%	—	60.1%
HEDIS 2011 Medicaid 50th Percentile	—	86.0%	—	64.6%

Table A-11—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
Fee-for-Service	18,140	95.4%	80,665	84.4%	43,733	86.6%	39,452	86.3%
Primary Care Physician Program	372	97.0%	2,197	85.8%	1,896	90.2%	2,160	90.0%
Denver Health Medicaid Choice	1,455	95.0%	7,377	81.2%	4,373	84.0%	3,470	85.2%
Rocky Mountain Health Plans	683	98.5%	3,321	89.0%	1,666	92.1%	1,565	91.6%
2012 Colorado Medicaid Weighted Average	—	95.5%	—	84.4%	—	86.6%	—	86.5%
2011 Colorado Medicaid Weighted Average	—	95.6%	—	83.5%	—	85.4%	—	85.5%
2010 Colorado Medicaid Weighted Average	—	93.2%	—	81.1%	—	83.0%	—	82.6%
HEDIS 2011 Medicaid 50th Percentile	—	97.0%	—	89.6%	—	91.3%	—	89.7%

Table A-12—Adults' Access to Preventive/Ambulatory Health Services

Plan Name	Ages 20 to 44 Years		Ages 45 to 64 Years		Ages 65 Years and Older		Total	
	Eligible Population	Rate	Eligible Population	Rate	Eligible Population	Rate	Eligible Population	Rate
Fee-for-Service	82,917	77.6%	32,949	81.3%	30,008	75.8%	145,874	78.1%
Primary Care Physician Program	3,426	81.7%	2,773	86.0%	2,678	84.5%	8,877	83.9%
Denver Health Medicaid Choice	5,721	71.1%	3,633	78.0%	2,226	72.6%	11,580	73.5%
Rocky Mountain Health Plans	3,323	86.9%	1,456	91.5%	1,029	96.4%	5,808	89.8%
2012 Colorado Medicaid Weighted Average	—	77.7%	—	81.6%	—	76.8%	—	78.5%
2011 Colorado Medicaid Weighted Average	—	78.2%	—	82.0%	—	76.6%	—	78.8%
2010 Colorado Medicaid Weighted Average	—	79.6%	—	83.8%	—	78.0%	—	80.2%
HEDIS 2011 Medicaid 50th Percentile	—	83.2%	—	87.4%	—	85.5%	—	84.5%

Table A-13—Use of Appropriate Medications for People With Asthma

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
Fee-for-Service	2,916	92.1%	1,570	89.3%	1,675	84.9%	764	92.3%	6,925	89.7%
Primary Care Physician Program	163	90.2%	141	91.5%	135	88.1%	103	93.2%	542	90.6%
Denver Health Medicaid Choice	191	96.3%	104	89.4%	116	67.2%	63	50.8%	474	81.6%
Rocky Mountain Health Plans	83	96.4%	64	84.4%	63	82.5%	21	NA	231	86.6%
2012 Colorado Medicaid Weighted Average	—	92.3%	—	89.3%	—	84.0%	—	89.1%	—	89.2%
2011 Colorado Medicaid Weighted Average	—	—	—	—	—	—	—	—	—	—
2010 Colorado Medicaid Weighted Average	—	—	—	—	—	—	—	—	—	—
HEDIS 2011 Medicaid 50th Percentile	—	92.3%	—	—	—	—	—	—	—	88.9%

*For HEDIS 2012, the upper age limit for the *Use of Appropriate Medications for People With Asthma* measure was extended from 50 to 64; therefore, use caution when comparing with HEDIS 2011 national Medicaid percentiles for the *Total* age group.

Table A-14—Comprehensive Diabetes Care

Plan Name	HbA1c Testing		HbA1c Poor Control (>9.0%)*		HbA1c Control (<8.0%)		Eye Exam		LDL-C Screening	
	Eligible Population	Rate	Eligible Population	Rate	Eligible Population	Rate	Eligible Population	Rate	Eligible Population	Rate
Fee-for-Service	15,411	66.4%	15,411	65.0%	15,411	30.9%	15,411	40.6%	15,411	57.2%
Primary Care Physician Program	1,327	65.7%	1,327	63.7%	1,327	32.6%	1,327	45.7%	1,327	56.4%
Denver Health Medicaid Choice	1,543	84.9%	1,543	37.7%	1,543	46.7%	1,543	56.2%	1,543	75.4%
Rocky Mountain Health Plans	699	92.2%	699	19.2%	699	72.2%	699	60.8%	699	74.6%
2012 Colorado Medicaid Weighted Average	—	68.8%	—	61.0%	—	33.8%	—	43.0%	—	59.3%
2011 Colorado Medicaid Weighted Average	—	—	—	—	—	—	—	—	—	—
2010 Colorado Medicaid Weighted Average	—	—	—	—	—	—	—	—	—	—
HEDIS 2011 Medicaid 50th Percentile	—	82.2%	—	42.6%	—	47.4%	—	52.8%	—	75.4%

*For *Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)*, a lower rate indicates better performance.

Table A-15—Comprehensive Diabetes Care (Continued)								
Plan Name	LDL-C Level <100 mg/dL		Monitoring Nephropathy		Blood Pressure Control <140/80 mm Hg		Blood Pressure Control <140/90 mm Hg	
	Eligible Population	Rate	Eligible Population	Rate	Eligible Population	Rate	Eligible Population	Rate
Fee-for-Service	15,411	19.5%	15,411	73.0%	15,411	30.9%	15,411	46.5%
Primary Care Physician Program	1,327	25.3%	1,327	68.1%	1,327	27.7%	1,327	40.9%
Denver Health Medicaid Choice	1,543	54.0%	1,543	79.3%	1,543	55.5%	1,543	71.0%
Rocky Mountain Health Plans	699	47.7%	699	75.9%	699	61.5%	699	79.9%
2012 Colorado Medicaid Weighted Average	—	23.7%	—	73.3%	—	33.8%	—	49.3%
2011 Colorado Medicaid Weighted Average	—	—	—	—	—	—	—	—
2010 Colorado Medicaid Weighted Average	—	—	—	—	—	—	—	—
HEDIS 2011 Medicaid 50th Percentile	—	35.2%	—	78.5%	—	38.5%	—	61.2%

Table A-16—Use of Imaging Studies for Low Back Pain		
Health Plan Name	Eligible Population	Rate
Fee-for-Service	5,074	73.4%
Primary Care Physician Program	194	74.7%
Denver Health Medicaid Choice	300	80.0%
Rocky Mountain Health Plans	208	74.0%
2012 Colorado Medicaid Weighted Average	—	73.8%
2011 Colorado Medicaid Weighted Average	—	71.6%
2010 Colorado Medicaid Weighted Average	—	78.1%
HEDIS 2011 Medicaid 50th Percentile	—	75.6%

Table A-17—Annual Monitoring for Patients on Persistent Medications

Plan Name	ACE Inhibitors or ARBs		Digoxin		Diuretics		Anticonvulsants		Total	
	Eligible Population	Rate	Eligible Population	Rate	Eligible Population	Rate	Eligible Population	Rate	Eligible Population	Rate
Fee-for-Service	6,181	86.7%	141	91.5%	4,446	86.8%	2,223	67.3%	12,991	83.5%
Primary Care Physician Program	488	76.0%	16	NA	397	76.6%	392	62.2%	1,293	71.9%
Denver Health Medicaid Choice	1,352	90.1%	17	NA	1,109	88.8%	346	61.0%	2,824	86.0%
Rocky Mountain Health Plans	324	86.1%	20	NA	276	89.9%	175	74.9%	795	85.0%
2012 Colorado Medicaid Weighted Average	—	86.6%	—	89.7%	—	86.6%	—	66.4%	—	83.1%
2011 Colorado Medicaid Weighted Average	—	87.9%	—	87.7%	—	88.1%	—	67.6%	—	84.2%
2010 Colorado Medicaid Weighted Average	—	86.4%	—	86.5%	—	86.7%	—	69.2%	—	83.0%
HEDIS 2011 Medicaid 50th Percentile	—	86.5%	—	90.3%	—	85.8%	—	68.6%	—	84.2%

Table A-18—Pharmacotherapy Management of COPD Exacerbation

Health Plan Name	Eligible Population	Bronchodilator	Systemic Corticosteroid
Fee-for-Service	428	64.7%	47.4%
Primary Care Physician Program	36	72.2%	61.1%
Denver Health Medicaid Choice	82	65.9%	56.1%
Rocky Mountain Health Plans	76	43.4%	28.9%
2012 Colorado Medicaid Weighted Average	—	62.7%	47.1%
2011 Colorado Medicaid Weighted Average	—	68.2%	55.1%
2010 Colorado Medicaid Weighted Average	—	32.0%	23.8%
HEDIS 2011 Medicaid 50th Percentile	—	84.3%	67.6%

Table A-19—Chlamydia Screening in Women						
Health Plan Name	Ages 16 to 20 Years		Ages 21 to 24 Years		Total	
	Eligible Population	Rate	Eligible Population	Rate	Eligible Population	Rate
Fee-for-Service	8,066	52.9%	9,032	58.6%	17,098	55.9%
Primary Care Physician Program	281	29.9%	213	21.1%	494	26.1%
Denver Health Medicaid Choice	621	67.8%	531	67.8%	1,152	67.8%
Rocky Mountain Health Plans	383	42.3%	434	48.2%	817	45.4%
2012 Colorado Medicaid Weighted Average	—	52.7%	—	57.8%	—	55.4%
2011 Colorado Medicaid Weighted Average	—	54.0%	—	57.6%	—	55.8%
2010 Colorado Medicaid Weighted Average	—	53.6%	—	57.4%	—	55.4%
HEDIS 2011 Medicaid 50th Percentile	—	53.6%	—	62.5%	—	57.2%

Table A-20—Adult BMI Assessment		
Health Plan Name	Eligible Population	Rate
Fee-for-Service	61,957	52.1%
Primary Care Physician Program	5,230	50.9%
Denver Health Medicaid Choice	5,811	84.9%
Rocky Mountain Health Plans	3,010	69.9%
2012 Colorado Medicaid Weighted Average	—	55.2%
2011 Colorado Medicaid Weighted Average	—	43.4%
2010 Colorado Medicaid Weighted Average	—	33.2%
HEDIS 2011 Medicaid 50th Percentile	—	47.6%

Table A-21—Inpatient Utilization—General Hospital/Acute Care: Total—Total Inpatient Discharges 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
Fee-for-Service	13.8	2.3	4.6	20.5	22.9	21.5	23.2	22.3	10.8
Primary Care Physician Program	7.5	2.2	3.2	12.8	18.9	22.2	24.0	29.1	10.2
Denver Health Medicaid Choice	16.7	2.2	3.9	16.0	34.4	27.5	33.3	39.4	10.9
Rocky Mountain Health Plans	7.5	1.8	5.3	21.5	20.7	27.4	28.9	27.4	10.6
2012 Colorado Medicaid Weighted Average	13.8	2.2	4.5	19.9	23.6	22.1	24.0	23.3	10.8
2011 Colorado Medicaid Weighted Average	14.6	2.4	5.6	23.3	24.3	23.2	24.9	24.7	11.9
2010 Colorado Medicaid Weighted Average	12.0	2.6	6.9	28.8	26.5	21.6	23.4	22.6	13.1
HEDIS 2011 Medicaid 50th Percentile	9.3	1.8	3.4	18.4	17.4	15.4	16.0	19.2	7.9

Table A-22—Inpatient Utilization—General Hospital/Acute Care: Total—Total Inpatient Days 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
Fee-for-Service	125.2	7.8	16.8	66.7	144.7	124.7	122.2	118.4	48.8
Primary Care Physician Program	47.6	8.1	11.6	52.9	119.0	118.7	122.5	141.0	51.5
Denver Health Medicaid Choice	47.7	4.9	9.6	40.6	148.1	134.0	127.1	131.6	36.4
Rocky Mountain Health Plans	44.8	4.8	11.4	48.1	85.7	108.7	107.2	107.6	31.1
2012 Colorado Medicaid Weighted Average	114.8	7.5	15.8	63.8	141.2	124.5	122.1	119.5	47.3
2011 Colorado Medicaid Weighted Average	124.0	8.4	18.6	75.2	149.2	125.4	125.8	109.9	52.6
2010 Colorado Medicaid Weighted Average	53.9	9.0	22.0	92.0	160.0	122.1	122.7	102.7	53.4
HEDIS 2011 Medicaid 50th Percentile	45.5	5.5	10.3	55.1	92.2	74.5	86.5	97.9	27.0

Table A-23—Inpatient Utilization—General Hospital/Acute Care: Total—Total Inpatient Average Length of Stay									
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
Fee-for-Service	9.0	3.4	3.6	3.3	6.3	5.8	5.3	5.3	4.5
Primary Care Physician Program	6.3	3.7	3.6	4.1	6.3	5.3	5.1	4.8	5.0
Denver Health Medicaid Choice	2.9	2.3	2.4	2.5	4.3	4.9	3.8	3.3	3.4
Rocky Mountain Health Plans	6.0	2.7	2.2	2.2	4.1	4.0	3.7	3.9	2.9
2012 Colorado Medicaid Weighted Average	8.3	3.3	3.5	3.2	6.0	5.6	5.1	5.1	4.4
2011 Colorado Medicaid Weighted Average	8.5	3.6	3.3	3.2	6.1	5.4	5.0	4.4	4.4
2010 Colorado Medicaid Weighted Average	4.5	3.4	3.2	3.2	6.0	5.7	5.2	4.5	4.1
HEDIS 2011 Medicaid 50th Percentile	4.7	2.9	3.0	3.1	4.8	5.1	5.3	5.2	3.6

Table A-24—Inpatient Utilization—General Hospital/Acute Care: Total—Medicine Discharges 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
Fee-for-Service	11.7	1.8	1.1	4.0	14.6	14.8	17.1	17.8	4.7
Primary Care Physician Program	5.9	1.8	1.4	5.3	12.7	15.9	18.2	23.6	6.3
Denver Health Medicaid Choice	15.7	1.8	1.2	5.9	28.4	21.8	27.6	30.7	7.1
Rocky Mountain Health Plans	3.6	0.9	0.8	2.5	8.3	10.2	13.7	14.3	2.7
2012 Colorado Medicaid Weighted Average	11.6	1.8	1.1	4.1	15.5	15.3	17.8	18.3	4.9
2011 Colorado Medicaid Weighted Average	12.7	1.9	1.3	4.4	16.2	16.1	18.8	19.8	5.3
2010 Colorado Medicaid Weighted Average	10.4	2.1	1.4	5.1	18.1	15.0	17.2	18.4	5.7
HEDIS 2011 Medicaid 50th Percentile	7.8	1.4	0.9	3.5	11.7	9.7	10.7	15.3	3.0

Table A-25—Inpatient Utilization—General Hospital/Acute Care: Total—Medicine Days 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
Fee-for-Service	90.5	4.6	3.8	14.3	65.7	69.6	76.3	88.9	21.0
Primary Care Physician Program	23.7	4.5	4.6	21.7	63.4	75.4	71.8	102.1	27.1
Denver Health Medicaid Choice	41.6	3.9	2.0	12.6	98.9	75.1	91.1	87.9	20.9
Rocky Mountain Health Plans	12.8	1.8	1.5	6.1	23.7	31.6	39.1	50.0	7.2
2012 Colorado Medicaid Weighted Average	82.7	4.5	3.6	14.2	67.1	69.5	75.8	88.3	20.7
2011 Colorado Medicaid Weighted Average	85.2	5.0	4.4	15.7	69.9	74.2	78.0	79.0	22.7
2010 Colorado Medicaid Weighted Average	37.5	6.0	5.2	19.0	79.9	69.5	75.8	74.4	22.4
HEDIS 2011 Medicaid 50th Percentile	28.4	3.5	2.7	11.9	46.7	39.1	47.6	64.9	11.0

Table A-26—Inpatient Utilization—General Hospital/Acute Care: Total—Medicine Average Length of Stay									
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
Fee-for-Service	7.7	2.6	3.5	3.6	4.5	4.7	4.5	5.0	4.4
Primary Care Physician Program	4.0	2.5	3.3	4.1	5.0	4.7	3.9	4.3	4.3
Denver Health Medicaid Choice	2.6	2.1	1.7	2.1	3.5	3.4	3.3	2.9	2.9
Rocky Mountain Health Plans	3.5	2.0	2.0	2.4	2.9	3.1	2.9	3.5	2.7
2012 Colorado Medicaid Weighted Average	7.1	2.5	3.3	3.4	4.3	4.6	4.3	4.8	4.2
2011 Colorado Medicaid Weighted Average	6.7	2.7	3.5	3.6	4.3	4.6	4.1	4.0	4.2
2010 Colorado Medicaid Weighted Average	3.6	2.8	3.7	3.7	4.4	4.6	4.4	4.0	3.9
HEDIS 2011 Medicaid 50th Percentile	3.9	2.5	2.9	3.3	3.9	4.4	4.1	4.3	3.5

Table A-27—Inpatient Utilization—General Hospital/Acute Care: Total—Surgery Discharges 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
Fee-for-Service	2.1	0.5	0.7	2.5	8.2	6.6	6.0	4.5	2.1
Primary Care Physician Program	1.6	0.4	0.9	2.7	6.2	6.3	5.8	5.6	2.7
Denver Health Medicaid Choice	0.9	0.3	0.5	1.2	5.9	5.6	5.5	8.1	1.4
Rocky Mountain Health Plans	3.9	0.9	0.8	3.7	12.3	17.2	15.2	13.0	3.5
2012 Colorado Medicaid Weighted Average	2.1	0.5	0.7	2.5	8.0	6.8	6.2	4.9	2.1
2011 Colorado Medicaid Weighted Average	1.9	0.5	0.8	2.7	8.0	7.0	6.1	4.9	2.2
2010 Colorado Medicaid Weighted Average	1.5	0.5	0.8	2.7	8.3	6.5	6.2	4.2	2.2
HEDIS 2011 Medicaid 50th Percentile	1.5	0.4	0.5	2.1	5.9	4.7	4.0	0.5	1.3

Table A-28—Inpatient Utilization—General Hospital/Acute Care: Total—Surgery Days 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
Fee-for-Service	34.2	3.2	5.6	16.9	78.6	55.0	45.9	29.4	17.7
Primary Care Physician Program	23.9	3.6	4.7	20.3	55.5	43.2	50.7	38.9	21.4
Denver Health Medicaid Choice	6.1	1.0	1.6	5.9	49.0	58.6	35.0	41.8	9.7
Rocky Mountain Health Plans	32.0	3.0	2.4	13.5	61.7	77.1	68.0	57.6	15.4
2012 Colorado Medicaid Weighted Average	31.7	3.0	5.1	16.2	73.7	54.9	46.2	31.0	17.1
2011 Colorado Medicaid Weighted Average	38.7	3.4	4.9	19.2	78.9	51.1	47.8	30.9	18.9
2010 Colorado Medicaid Weighted Average	15.9	3.0	4.8	21.4	79.8	52.5	46.9	28.3	18.0
HEDIS 2011 Medicaid 50th Percentile	13.4	1.8	2.1	9.0	38.9	30.1	28.2	4.3	7.1

Table A-29—Inpatient Utilization—General Hospital/Acute Care: Total—Surgery Average Length of Stay									
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
Fee-for-Service	16.2	6.7	7.6	6.7	9.6	8.3	7.6	6.5	8.4
Primary Care Physician Program	15.2	8.7	5.2	7.4	9.0	6.8	8.7	7.0	8.0
Denver Health Medicaid Choice	6.4	3.1	3.4	4.7	8.3	10.5	6.3	5.1	6.8
Rocky Mountain Health Plans	8.3	3.4	3.1	3.6	5.0	4.5	4.5	4.4	4.5
2012 Colorado Medicaid Weighted Average	15.3	6.3	7.1	6.5	9.3	8.1	7.4	6.3	8.0
2011 Colorado Medicaid Weighted Average	20.0	6.8	6.4	7.1	9.9	7.3	7.8	6.3	8.6
2010 Colorado Medicaid Weighted Average	10.4	6.1	6.3	7.8	9.6	8.0	7.6	6.7	8.2
HEDIS 2011 Medicaid 50th Percentile	9.5	4.5	4.3	4.6	6.3	7.2	7.2	7.3	5.7

Table A-30—Inpatient Utilization—General Hospital/Acute Care: Total—Maternity Discharges Per 1,000 MM				
Health Plan Name	Ages 10–19 Years	Ages 20–44 Years	Ages 45–64 Years	Total
Fee-for-Service	2.8	13.9	0.1	7.4
Primary Care Physician Program	0.9	4.8	<0.1	2.1
Denver Health Medicaid Choice	2.3	8.9	0.1	4.4
Rocky Mountain Health Plans	3.7	15.3	0.1	8.3
2012 Colorado Medicaid Weighted Average	2.7	13.3	0.1	7.0
2011 Colorado Medicaid Weighted Average	3.6	16.3	0.1	8.6
2010 Colorado Medicaid Weighted Average	4.7	20.9	0.1	10.7
HEDIS 2011 Medicaid 50th Percentile	1.9	10.9	0.1	5.3

Table A-31—Inpatient Utilization—General Hospital/Acute Care: Total—Maternity Days Per 1,000 MM				
Health Plan Name	Ages 10–19 Years	Ages 20–44 Years	Ages 45–64 Years	Total
Fee-for-Service	7.4	35.5	0.4	19.1
Primary Care Physician Program	2.2	10.8	<0.1	4.9
Denver Health Medicaid Choice	5.9	22.1	0.2	11.1
Rocky Mountain Health Plans	7.4	28.5	0.3	15.8
2012 Colorado Medicaid Weighted Average	7.1	33.5	0.3	17.7
2011 Colorado Medicaid Weighted Average	9.4	40.3	0.4	21.4
2010 Colorado Medicaid Weighted Average	11.9	51.5	0.3	26.5
HEDIS 2011 Medicaid 50th Percentile	5.2	29.5	0.2	14.0

Table A-32—Inpatient Utilization—General Hospital/Acute Care: Total—Maternity Average Length of Stay				
Health Plan Name	Ages 10–19 Years	Ages 20–44 Years	Ages 45–64 Years	Total
Fee-for-Service	2.6	2.6	5.4	2.6
Primary Care Physician Program	2.4	2.2	2.0	2.3
Denver Health Medicaid Choice	2.6	2.5	1.8	2.5
Rocky Mountain Health Plans	2.0	1.9	3.0	1.9
2012 Colorado Medicaid Weighted Average	2.6	2.5	4.8	2.5
2011 Colorado Medicaid Weighted Average	2.6	2.5	3.2	2.5
2010 Colorado Medicaid Weighted Average	2.5	2.5	3.0	2.5
HEDIS 2011 Medicaid 50th Percentile	2.6	2.6	2.7	2.6

Table A-33—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	Age 85+ Years	Total
Fee-for-Service	751.5	266.4	236.2	347.2	555.9	555.9	553.5	525.8	346.6
Primary Care Physician Program	550.3	260.9	257.0	373.7	580.0	588.0	544.4	549.7	379.5
Denver Health Medicaid Choice	184.2	202.7	189.2	294.4	523.7	909.9	1,060.0	905.2	289.6
Rocky Mountain Health Plans	761.5	328.7	279.2	457.0	778.5	863.7	864.0	782.6	436.6
2012 Colorado Medicaid Weighted Average	701.7	263.0	234.8	348.5	562.2	591.3	592.6	546.3	346.5
2011 Colorado Medicaid Weighted Average	715.1	266.5	237.2	345.9	563.4	573.2	571.4	544.9	351.4
2010 Colorado Medicaid Weighted Average	708.4	283.1	261.7	396.5	624.4	606.3	597.5	547.1	383.6
HEDIS 2011 Medicaid 50th Percentile	761.7	298.7	225.7	404.8	588.3	517.4	445.5	360.8	349.5

Table A-34—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
Fee-for-Service	92.8	47.7	42.2	91.4	69.9	40.6	34.6	30.5	60.4
Primary Care Physician Program	95.1	44.6	42.2	81.9	61.1	43.5	37.0	35.1	55.5
Denver Health Medicaid Choice	19.4	33.2	22.7	65.2	58.3	54.4	54.9	65.8	40.5
Rocky Mountain Health Plans	64.8	39.4	40.5	108.7	86.4	65.0	68.9	44.2	62.9
2012 Colorado Medicaid Weighted Average	85.9	46.1	40.6	89.9	68.8	42.5	37.0	32.2	58.7
2011 Colorado Medicaid Weighted Average	95.9	49.2	43.7	94.8	79.8	46.0	42.0	37.1	63.0
2010 Colorado Medicaid Weighted Average	103.3	57.1	50.6	101.4	87.9	53.3	51.3	49.1	69.8
HEDIS 2011 Medicaid 50th Percentile	92.9	49.1	41.2	103.2	82.9	33.3	23.0	20.1	63.3

Table A-35—Frequency of Selected Procedures Bariatric Weight Loss Surgery Procedures Per 1,000 MM						
Health Plan Name	Male Ages 0–19 Years	Female Ages 0-19 Years	Male Ages 20–44 Years	Female Ages 20–44 Years	Male Ages 45–64 Years	Female Ages 45–64 Years
Fee-for-Service	<0.1	<0.1	<0.1	0.2	<0.1	0.1
Primary Care Physician Program	0.0	0.0	0.0	0.2	0.0	0.0
Denver Health Medicaid Choice	0.0	0.0	0.0	0.1	<0.1	0.0
Rocky Mountain Health Plans	0.0	0.0	0.0	0.4	0.0	0.4
2012 Colorado Medicaid Weighted Average	<0.1	<0.1	<0.1	0.2	<0.1	0.1
2011 Colorado Medicaid Weighted Average	—	—	—	—	—	—
2010 Colorado Medicaid Weighted Average	—	—	—	—	—	—
HEDIS 2011 Medicaid 50th Percentile	—	—	—	—	—	—

Table A-36—Frequency of Selected Procedures Tonsillectomy Procedures Per 1,000 MM		
Health Plan Name	Ages 0–9 Years	Ages 10–19 Years
Fee-for-Service	0.9	0.5
Primary Care Physician Program	0.8	0.5
Denver Health Medicaid Choice	0.3	0.3
Rocky Mountain Health Plans	1.5	1.4
2012 Colorado Medicaid Weighted Average	0.9	0.6
2011 Colorado Medicaid Weighted Average	0.8	0.6
2010 Colorado Medicaid Weighted Average	0.8	0.6
HEDIS 2011 Medicaid 50th Percentile	0.8	0.4

Table A-37—Frequency of Selected Procedures Abdominal Hysterectomy Procedures Per 1,000 MM		
Health Plan Name	Ages 15–44 Years	Ages 45–64 Years
Fee-for-Service	0.2	0.3
Primary Care Physician Program	0.2	0.1
Denver Health Medicaid Choice	<0.1	0.1
Rocky Mountain Health Plans	0.2	0.2
2012 Colorado Medicaid Weighted Average	0.2	0.3
2011 Colorado Medicaid Weighted Average	0.3	0.4
2010 Colorado Medicaid Weighted Average	0.4	0.5
HEDIS 2011 Medicaid 50th Percentile	0.2	0.5

Table A-38—Frequency of Selected Procedures Vaginal Hysterectomy Procedures Per 1,000 MM		
Health Plan Name	Ages 15–44 Years	Ages 45–64 Years
Fee-for-Service	0.3	0.4
Primary Care Physician Program	0.2	0.1
Denver Health Medicaid Choice	0.1	0.1
Rocky Mountain Health Plans	1.2	0.8
2012 Colorado Medicaid Weighted Average	0.4	0.3
2011 Colorado Medicaid Weighted Average	0.4	0.3
2010 Colorado Medicaid Weighted Average	0.4	0.3
HEDIS 2011 Medicaid 50th Percentile	0.2	0.2

Table A-39—Frequency of Selected Procedures Open Cholecystectomy Procedures Per 1,000 MM			
Health Plan Name	Males Ages 30–64 Years	Females Ages 15–44 Years	Females Ages 45–64 Years
Fee-for-Service	0.1	<0.1	0.1
Primary Care Physician Program	0.1	<0.1	0.1
Denver Health Medicaid Choice	0.1	<0.1	0.0
Rocky Mountain Health Plans	0.1	<0.1	0.0
2012 Colorado Medicaid Weighted Average	0.1	<0.1	0.1
2011 Colorado Medicaid Weighted Average	0.1	<0.1	0.1
2010 Colorado Medicaid Weighted Average	0.1	<0.1	0.1
HEDIS 2011 Medicaid 50th Percentile	0.0	0.0	0.1

Table A-40—Frequency of Selected Procedures Closed Cholecystectomy Procedures Per 1,000 MM			
Health Plan Name	Males Ages 30–64 Years	Females Ages 15–44 Years	Females Ages 45–64 Years
Fee-for-Service	0.4	1.0	0.8
Primary Care Physician Program	0.3	0.8	0.5
Denver Health Medicaid Choice	0.1	0.5	0.6
Rocky Mountain Health Plans	0.6	1.7	1.2
2012 Colorado Medicaid Weighted Average	0.4	1.0	0.8
2011 Colorado Medicaid Weighted Average	0.4	1.1	0.7
2010 Colorado Medicaid Weighted Average	0.4	1.2	0.9
HEDIS 2011 Medicaid 50th Percentile	0.3	0.8	0.7

Table A-41—Frequency of Selected Procedures Back Surgery Procedures Per 1,000 MM				
Health Plan Name	Males Ages 20–44 Years	Females Ages 20-44 Years	Males Ages 45–64 Years	Females Ages 45–64 Years
Fee-for-Service	0.4	0.3	0.7	0.9
Primary Care Physician Program	0.3	0.2	0.5	0.9
Denver Health Medicaid Choice	0.2	<0.1	0.3	0.2
Rocky Mountain Health Plans	0.5	0.3	1.1	1.1
2012 Colorado Medicaid Weighted Average	0.4	0.2	0.7	0.8
2011 Colorado Medicaid Weighted Average	0.4	0.2	0.6	0.7
2010 Colorado Medicaid Weighted Average	0.6	0.4	1.1	1.0
HEDIS 2011 Medicaid 50th Percentile	0.3	0.2	0.5	0.5

Table A-42—Frequency of Selected Procedures Mastectomy Procedures Per 1,000 MM		
Health Plan Name	Ages 15–44 Years	Ages 45–64 Years
Fee-for-Service	<0.1	0.4
Primary Care Physician Program	<0.1	0.1
Denver Health Medicaid Choice	<0.1	0.1
Rocky Mountain Health Plans	0.0	0.2
2012 Colorado Medicaid Weighted Average	<0.1	0.4
2011 Colorado Medicaid Weighted Average	<0.1	0.5
2010 Colorado Medicaid Weighted Average	<0.1	0.6
HEDIS 2011 Medicaid 50th Percentile	0.0	0.1

Table A-43—Frequency of Selected Procedures Lumpectomy Procedures Per 1,000 MM		
Health Plan Name	Ages 15–44 Years	Ages 45–64 Years
Fee-for-Service	0.1	0.8
Primary Care Physician Program	0.1	0.1
Denver Health Medicaid Choice	0.1	0.2
Rocky Mountain Health Plans	0.2	0.7
2012 Colorado Medicaid Weighted Average	0.1	0.7
2011 Colorado Medicaid Weighted Average	0.1	0.7
2010 Colorado Medicaid Weighted Average	0.2	0.8
HEDIS 2011 Medicaid 50th Percentile	0.2	0.4

Appendix B includes trend tables for each of the Colorado Medicaid health plans. Where applicable, each measure’s rate for 2010, 2011, and 2012 is presented along with trend analysis results. For purposes of the trend analysis, the 2012 rates were compared to the 2011 rates to determine if there were any statistically significant differences using Pearson’s Chi-square tests. The trends are shown in the following example with specific notations:

Change from 2011–2012	Interpretation
+2.5	The 2012 rate is 2.5 percentage points <i>higher</i> than the 2011 rate.
-2.5	The 2012 rate is 2.5 percentage points <i>lower</i> than the 2011 rate.
+2.5	The 2012 rate is 2.5 percentage points <i>statistically significantly higher</i> than the 2011 rate.
-2.5	The 2012 rate is 2.5 percentage points <i>statistically significantly lower</i> than the 2011 rate.

Please note that since some utilization measures under *Inpatient Utilization—General Hospital/Acute Care, Ambulatory Care, and Frequency of Selected Procedures* report rates per 1,000 member months as averages instead of percentages, statistical tests across years were not performed due to lack of variances reported in the IDSS file for those measures. Differences in the reported rates for these measures were reported without statistical test results.

The health plan trend tables are presented as follows:

- ◆ Table B-1—Fee-for-Service
- ◆ Table B-2—Primary Care Physician Program
- ◆ Table B-3—Denver Health Medicaid Choice
- ◆ Table B-4—Rocky Mountain Health Plans

Table B-1—Fee-for-Service Trend Table

Measures	HEDIS 2010	HEDIS 2011	HEDIS 2012	Change from 2011–2012
Pediatric Care				
<i>Childhood Immunization Status</i>				
<i>DTaP</i>	82.0%	73.2%	75.9%	+2.7
<i>IPV</i>	91.7%	85.2%	88.8%	+3.6
<i>MMR</i>	91.5%	84.7%	87.8%	+3.1
<i>HiB</i>	91.7%	86.9%	91.2%	+4.3
<i>Hepatitis B</i>	92.7%	87.6%	89.1%	+1.5
<i>VZV</i>	90.8%	85.9%	86.6%	+0.7
<i>Pneumococcal Conjugate</i>	80.0%	75.2%	77.6%	+2.4
<i>Hepatitis A</i>	30.9%	30.4%	32.4%	+2.0
<i>Rotavirus</i>	38.4%	48.9%	61.3%	+12.4
<i>Influenza</i>	39.4%	45.7%	49.9%	+4.2
<i>Combination 2</i>	74.7%	67.6%	70.6%	+3.0
<i>Combination 3</i>	69.8%	64.5%	66.7%	+2.2
<i>Combination 4</i>	27.0%	27.0%	27.5%	+0.5
<i>Combination 5</i>	32.1%	38.7%	49.1%	+10.4
<i>Combination 6</i>	32.4%	38.4%	42.1%	+3.7
<i>Combination 7</i>	14.6%	18.0%	20.7%	+2.7
<i>Combination 8</i>	14.4%	17.8%	17.8%	0.0
<i>Combination 9</i>	16.3%	26.5%	33.1%	+6.6
<i>Combination 10</i>	7.5%	12.7%	13.4%	+0.7
<i>Immunizations for Adolescents</i>				
<i>Meningococcal</i>	—	—	54.1%	—
<i>Tdap/Td</i>	—	—	73.9%	—
<i>Combination 1</i>	—	—	52.5%	—
<i>Well-Child Visits in the First 15 Months of Life</i>				
<i>Zero Visits*</i>	6.1%	2.2%	2.2%	0.0
<i>Six or More Visits</i>	55.0%	65.5%	62.5%	-3.0
<i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i>				
<i>Adolescent Well-Care Visits</i>	35.0%	41.8%	38.9%	-2.9

Table B-1—Fee-for-Service Trend Table

Measures	HEDIS 2010	HEDIS 2011	HEDIS 2012	Change from 2011–2012
<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</i>				
<i>BMI Assessment: Ages 3 to 11 Years</i>	22.2%	31.6%	44.6%	+13.0
<i>Nutrition Counseling: Ages 3 to 11 Years</i>	46.0%	47.0%	52.7%	+5.7
<i>Physical Activity Counseling: Ages 3 to 11 Years</i>	22.2%	28.1%	37.8%	+9.7
<i>BMI Assessment: Ages 12 to 17 Years</i>	19.3%	25.4%	50.4%	+25.0
<i>Nutrition Counseling: Ages 12 to 17 Years</i>	39.4%	30.2%	47.0%	+16.8
<i>Physical Activity Counseling: Ages 12 to 17 Years</i>	37.6%	31.7%	47.0%	+15.3
<i>BMI Assessment: Total</i>	21.4%	29.7%	46.2%	+16.5
<i>Nutrition Counseling: Total</i>	44.3%	41.8%	51.1%	+9.3
<i>Physical Activity Counseling: Total</i>	26.3%	29.2%	40.4%	+11.2
<i>Annual Dental Visit</i>				
<i>Ages 2 to 3 Years</i>	—	—	55.9%	—
<i>Ages 4 to 6 Years</i>	—	—	70.4%	—
<i>Ages 7 to 10 Years</i>	—	—	73.5%	—
<i>Ages 11 to 14 Years</i>	—	—	67.7%	—
<i>Ages 15 to 18 Years</i>	—	—	59.0%	—
<i>Ages 19 to 21 Years</i>	—	—	36.1%	—
<i>Total</i>	—	—	65.7%	—
Access to Care				
<i>Prenatal and Postpartum Care</i>				
<i>Timeliness of Prenatal Care</i>	62.5%	73.7%	76.2%	+2.5
<i>Postpartum Care</i>	59.6%	53.5%	60.3%	+6.8
<i>Children’s and Adolescents’ Access to Primary Care Practitioners</i>				
<i>Ages 12 to 24 Months</i>	92.9%	95.5%	95.4%	-0.1
<i>Ages 25 Months to 6 Years</i>	80.8%	83.5%	84.4%	+0.9
<i>Ages 7 to 11 Years</i>	82.1%	85.3%	86.6%	+1.3
<i>Ages 12 to 19 Years</i>	81.4%	84.8%	86.3%	+1.5
<i>Adults’ Access to Preventive/Ambulatory Health Services</i>				
<i>Ages 20 to 44 Years</i>	79.4%	78.0%	77.6%	-0.4
<i>Ages 45 to 64 Years</i>	83.4%	81.3%	81.3%	0.0
<i>Ages 65 Years and Older</i>	77.3%	75.5%	75.8%	+0.3
<i>Total</i>	79.7%	78.1%	78.1%	0.0

Table B-1—Fee-for-Service Trend Table

Measures	HEDIS 2010	HEDIS 2011	HEDIS 2012	Change from 2011–2012
Living With Illness				
<i>Use of Appropriate Medications for People With Asthma</i>				
<i>Ages 5–11 Years</i>	—	—	92.1%	—
<i>Ages 12–18 Years</i>	—	—	89.3%	—
<i>Ages 19–50 Years</i>	—	—	84.9%	—
<i>Ages 51–64 Years</i>	—	—	92.3%	—
<i>Total</i>	—	—	89.7%	—
<i>Comprehensive Diabetes Care</i>				
<i>HbA1c Testing</i>	—	—	66.4%	—
<i>HbA1c Poor Control (>9.0%)*</i>	—	—	65.0%	—
<i>HbA1c Control (<8.0%)</i>	—	—	30.9%	—
<i>Eye Exam</i>	—	—	40.6%	—
<i>LDL-C Screening</i>	—	—	57.2%	—
<i>LDL-C Level <100 mg/dL</i>	—	—	19.5%	—
<i>Medical Attention for Nephropathy</i>	—	—	73.0%	—
<i>Blood Pressure Controlled <140/80 mm Hg</i>	—	—	30.9%	—
<i>Blood Pressure Controlled <140/90 mm Hg</i>	—	—	46.5%	—
<i>Use of Imaging Studies for Low Back Pain</i>	78.1%	71.6%	73.4%	+1.8
<i>Annual Monitoring for Patients on Persistent Medications</i>				
<i>ACE Inhibitors or ARBs</i>	86.4%	87.7%	86.7%	-1.0
<i>Anticonvulsants</i>	69.7%	67.6%	67.3%	-0.3
<i>Digoxin</i>	88.6%	89.1%	91.5%	+2.4
<i>Diuretics</i>	87.4%	88.3%	86.8%	-1.5
<i>Total</i>	83.5%	84.3%	83.5%	-0.8
<i>Pharmacotherapy Management of COPD Exacerbation</i>				
<i>Bronchodilator</i>	25.6%	67.3%	64.7%	-2.6
<i>Systemic Corticosteroid</i>	17.5%	54.7%	47.4%	-7.3
Preventive Screening				
<i>Chlamydia Screening in Women</i>				
<i>Ages 16 to 20 Years</i>	53.0%	53.7%	52.9%	-0.8
<i>Ages 21 to 24 Years</i>	56.7%	57.8%	58.6%	+0.8
<i>Total</i>	54.8%	55.8%	55.9%	+0.1
<i>Adult BMI Assessment</i>	27.7%	40.1%	52.1%	+12.0

Table B-1—Fee-for-Service Trend Table

Measures	HEDIS 2010	HEDIS 2011	HEDIS 2012	Change from 2011–2012
Utilization of Services†				
<i>Inpatient Utilization—General Hospital/Acute Care: Total—Total Inpatient</i>				
<i>Discharges Per 1,000 MM: Total</i>	13.3	12.2	10.8	-1.4
<i>Days Per 1,000 MM: Total</i>	52.2	54.6	48.8	-5.8
<i>Average Length of Stay: Total</i>	3.9	4.5	4.5	0.0
<i>Inpatient Utilization—General Hospital/Acute Care: Total—Medicine</i>				
<i>Discharges Per 1,000 MM: Total</i>	5.4	5.3	4.7	-0.6
<i>Days Per 1,000 MM: Total</i>	20.4	23.2	21.0	-2.2
<i>Average Length of Stay: Total</i>	3.8	4.4	4.4	0.0
<i>Inpatient Utilization—General Hospital/Acute Care: Total—Surgery</i>				
<i>Discharges Per 1,000 MM: Total</i>	2.2	2.2	2.1	-0.1
<i>Days Per 1,000 MM: Total</i>	17.7	19.5	17.7	-1.8
<i>Average Length of Stay: Total</i>	8.0	8.8	8.4	-0.4
<i>Inpatient Utilization—General Hospital/Acute Care: Total—Maternity</i>				
<i>Discharges Per 1,000 MM: Total</i>	11.6	9.1	7.4	-1.7
<i>Days Per 1,000 MM: Total</i>	28.9	23.1	19.1	-4.0
<i>Average Length of Stay: Total</i>	2.5	2.5	2.6	+0.1
<i>Ambulatory Care: Total</i>				
<i>Outpatient Visits Per 1,000 MM: Total</i>	385.0	353.4	346.6	-6.8
<i>Emergency Department Visits Per 1,000 MM: Total</i>	71.0	64.7	60.4	-4.3
<i>Frequency of Selected Procedures (Procedures Per 1,000 MM)</i>				
<i>Bariatric Weight Loss Surgery: Male—Ages 0–19 Years</i>	—	—	<0.1	—
<i>Bariatric Weight Loss Surgery: Female—Ages 0–19 Years</i>	—	—	<0.1	—
<i>Bariatric Weight Loss Surgery: Male—Ages 20–44 Years</i>	—	—	<0.1	—
<i>Bariatric Weight Loss Surgery: Female—Ages 20–44 Years</i>	—	—	0.2	—
<i>Bariatric Weight Loss Surgery: Male—Ages 45–64 Years</i>	—	—	<0.1	—
<i>Bariatric Weight Loss Surgery: Female—Ages 45–64 Years</i>	—	—	0.1	—
<i>Tonsillectomy: Ages 0–9 Years</i>	0.8	0.8	0.9	+0.1
<i>Tonsillectomy: Ages 10–19 Years</i>	0.5	0.6	0.5	-0.1
<i>Abdominal Hysterectomy: Ages 15–44 Years</i>	0.4	0.3	0.2	-0.1
<i>Abdominal Hysterectomy: Ages 45–64 Years</i>	0.6	0.4	0.3	-0.1
<i>Vaginal Hysterectomy: Ages 15–44 Years</i>	0.4	0.3	0.3	0.0

Table B-1—Fee-for-Service Trend Table

Measures	HEDIS 2010	HEDIS 2011	HEDIS 2012	Change from 2011–2012
<i>Vaginal Hysterectomy: Ages 45–64 Years</i>	0.4	0.3	0.4	+0.1
<i>Open Cholecystectomy: Male—Ages 30-64 Years</i>	0.1	0.1	0.1	0.0
<i>Open Cholecystectomy: Female—Ages 15–44 Years</i>	<0.1	<0.1	<0.1	0.0
<i>Open Cholecystectomy: Female—Ages 45–64 Years</i>	0.1	0.1	0.1	0.0
<i>Closed Cholecystectomy: Male—Ages 30–64 Years</i>	0.4	0.4	0.4	0.0
<i>Closed Cholecystectomy: Female—Ages 15–44 Years</i>	1.2	1.1	1.0	-0.1
<i>Closed Cholecystectomy: Female—Ages 45–64 Years</i>	1.0	0.6	0.8	+0.2
<i>Back Surgery: Male—Ages 20–44 Years</i>	0.7	0.5	0.4	-0.1
<i>Back Surgery: Female—Ages 20–44 Years</i>	0.4	0.3	0.3	0.0
<i>Back Surgery: Male—Ages 45–64 Years</i>	1.3	0.6	0.7	+0.1
<i>Back Surgery: Female—Ages 45–64 Years</i>	1.1	0.8	0.9	+0.1
<i>Mastectomy: Ages 15–44 Years</i>	<0.1	<0.1	<0.1	0.0
<i>Mastectomy: Ages 45–64 Years</i>	0.7	0.5	0.4	-0.1
<i>Lumpectomy: Ages 15–44 Years</i>	0.2	0.1	0.1	0.0
<i>Lumpectomy: Ages 45–64 Years</i>	0.9	0.8	0.8	0.0

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

*For the *Well-Child Visits in the First 15 Months of Life—Zero Visits* and *Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)* measures, a lower rate indicates better performance.

†For measures in the *Utilization of Services* dimension, statistical tests across years were not performed due to lack of variances reported in the IDSS file; differences in rates were reported without statistical test results. In addition, while lower rates for these measures were generally preferred, higher or lower rates did not necessarily denote better or poorer performance. Individual plan demographics should be considered when reviewing performance.

Table B-2—Primary Care Physician Program Trend Table

Measures	HEDIS 2010	HEDIS 2011	HEDIS 2012	Change from 2011–2012
Pediatric Care				
<i>Childhood Immunization Status</i>				
<i>DTaP</i>	84.8%	86.4%	79.5%	-6.9
<i>IPV</i>	91.5%	95.6%	94.2%	-1.4
<i>MMR</i>	94.9%	94.2%	93.2%	-1.0
<i>HiB</i>	96.9%	97.3%	94.2%	-3.1
<i>Hepatitis B</i>	93.8%	93.7%	93.7%	0.0
<i>VZV</i>	94.1%	95.4%	93.7%	-1.7
<i>Pneumococcal Conjugate</i>	87.3%	93.2%	88.7%	-4.5
<i>Hepatitis A</i>	38.6%	47.2%	55.6%	+8.4
<i>Rotavirus</i>	59.7%	72.0%	64.6%	-7.4
<i>Influenza</i>	52.4%	50.6%	43.6%	-7.0
<i>Combination 2</i>	81.1%	81.8%	76.6%	-5.2
<i>Combination 3</i>	78.0%	80.8%	76.1%	-4.7
<i>Combination 4</i>	37.5%	45.7%	53.3%	+7.6
<i>Combination 5</i>	53.2%	62.5%	58.3%	-4.2
<i>Combination 6</i>	43.9%	46.5%	38.3%	-8.2
<i>Combination 7</i>	27.9%	35.3%	41.2%	+5.9
<i>Combination 8</i>	21.7%	26.5%	27.8%	+1.3
<i>Combination 9</i>	33.0%	37.7%	31.2%	-6.5
<i>Combination 10</i>	17.2%	21.4%	22.6%	+1.2
<i>Immunizations for Adolescents</i>				
<i>Meningococcal</i>	—	—	66.7%	—
<i>Tdap/Td</i>	—	—	80.5%	—
<i>Combination 1</i>	—	—	64.2%	—
<i>Well-Child Visits in the First 15 Months of Life</i>				
<i>Zero Visits*</i>	4.1%	1.3%	1.1%	-0.2
<i>Six or More Visits</i>	62.2%	57.1%	61.4%	+4.3
<i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i>	63.5%	70.1%	59.1%	-11.0
<i>Adolescent Well-Care Visits</i>	50.1%	47.7%	47.9%	+0.2

Table B-2—Primary Care Physician Program Trend Table

Measures	HEDIS 2010	HEDIS 2011	HEDIS 2012	Change from 2011–2012
<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</i>				
<i>BMI Assessment: Ages 3 to 11 Years</i>	40.6%	48.3%	58.7%	+10.4
<i>Nutrition Counseling: Ages 3 to 11 Years</i>	51.4%	56.6%	63.2%	+6.6
<i>Physical Activity Counseling: Ages 3 to 11 Years</i>	41.0%	45.5%	55.8%	+10.3
<i>BMI Assessment: Ages 12 to 17 Years</i>	27.5%	44.4%	49.3%	+4.9
<i>Nutrition Counseling: Ages 12 to 17 Years</i>	33.8%	44.4%	40.1%	-4.3
<i>Physical Activity Counseling: Ages 12 to 17 Years</i>	33.1%	45.0%	42.3%	-2.7
<i>BMI Assessment: Total</i>	35.5%	46.7%	55.5%	+8.8
<i>Nutrition Counseling: Total</i>	44.5%	51.6%	55.2%	+3.6
<i>Physical Activity Counseling: Total</i>	38.0%	45.3%	51.1%	+5.8
<i>Annual Dental Visit</i>				
<i>Ages 2 to 3 Years</i>	—	—	56.4%	—
<i>Ages 4 to 6 Years</i>	—	—	72.5%	—
<i>Ages 7 to 10 Years</i>	—	—	80.7%	—
<i>Ages 11 to 14 Years</i>	—	—	73.5%	—
<i>Ages 15 to 18 Years</i>	—	—	63.8%	—
<i>Ages 19 to 21 Years</i>	—	—	39.9%	—
<i>Total</i>	—	—	70.7%	—
Access to Care				
<i>Prenatal and Postpartum Care</i>				
<i>Timeliness of Prenatal Care</i>	66.9%	84.0%	80.3%	-3.7
<i>Postpartum Care</i>	57.0%	70.3%	69.6%	-0.7
<i>Children’s and Adolescents’ Access to Primary Care Practitioners</i>				
<i>Ages 12 to 24 Months</i>	97.5%	96.9%	97.0%	+0.1
<i>Ages 25 Months to 6 Years</i>	85.8%	88.4%	85.8%	-2.6
<i>Ages 7 to 11 Years</i>	86.9%	90.4%	90.2%	-0.2
<i>Ages 12 to 19 Years</i>	88.2%	91.7%	90.0%	-1.7
<i>Adults’ Access to Preventive/Ambulatory Health Services</i>				
<i>Ages 20 to 44 Years</i>	83.8%	83.6%	81.7%	-1.9
<i>Ages 45 to 64 Years</i>	88.1%	88.0%	86.0%	-2.0
<i>Ages 65 Years and Older</i>	85.4%	86.0%	84.5%	-1.5
<i>Total</i>	85.8%	85.8%	83.9%	-1.9

Table B-2—Primary Care Physician Program Trend Table

Measures	HEDIS 2010	HEDIS 2011	HEDIS 2012	Change from 2011–2012
Living With Illness				
<i>Use of Appropriate Medications for People With Asthma</i>				
<i>Ages 5–11 Years</i>	—	—	90.2%	—
<i>Ages 12–18 Years</i>	—	—	91.5%	—
<i>Ages 19–50 Years</i>	—	—	88.1%	—
<i>Ages 51–64 Years</i>	—	—	93.2%	—
<i>Total</i>	—	—	90.6%	—
<i>Comprehensive Diabetes Care</i>				
<i>HbA1c Testing</i>	—	—	65.7%	—
<i>HbA1c Poor Control (>9.0%)*</i>	—	—	63.7%	—
<i>HbA1c Control (<8.0%)</i>	—	—	32.6%	—
<i>Eye Exam</i>	—	—	45.7%	—
<i>LDL-C Screening</i>	—	—	56.4%	—
<i>LDL-C Level <100 mg/dL</i>	—	—	25.3%	—
<i>Medical Attention for Nephropathy</i>	—	—	68.1%	—
<i>Blood Pressure Controlled <140/80 mm Hg</i>	—	—	27.7%	—
<i>Blood Pressure Controlled <140/90 mm Hg</i>	—	—	40.9%	—
<i>Use of Imaging Studies for Low Back Pain</i>	81.8%	71.1%	74.7%	+3.6
<i>Annual Monitoring for Patients on Persistent Medications</i>				
<i>ACE Inhibitors or ARBs</i>	87.4%	89.5%	76.0%	-13.5
<i>Anticonvulsants</i>	71.3%	70.6%	62.2%	-8.4
<i>Digoxin</i>	77.8%	NA	NA	—
<i>Diuretics</i>	85.8%	87.4%	76.6%	-10.8
<i>Total</i>	82.0%	83.2%	71.9%	-11.3
<i>Pharmacotherapy Management of COPD Exacerbation</i>				
<i>Bronchodilator</i>	31.6%	75.0%	72.2%	-2.8
<i>Systemic Corticosteroid</i>	27.8%	62.5%	61.1%	-1.4
Preventive Screening				
<i>Chlamydia Screening in Women</i>				
<i>Ages 16 to 20 Years</i>	33.6%	30.5%	29.9%	-0.6
<i>Ages 21 to 24 Years</i>	34.3%	27.7%	21.1%	-6.6
<i>Total</i>	33.9%	29.4%	26.1%	-3.3
<i>Adult BMI Assessment</i>	28.5%	35.5%	50.9%	+15.4

Table B-2—Primary Care Physician Program Trend Table

Measures	HEDIS 2010	HEDIS 2011	HEDIS 2012	Change from 2011–2012
Utilization of Services†				
<i>Inpatient Utilization—General Hospital/Acute Care: Total—Total Inpatient</i>				
<i>Discharges Per 1,000 MM: Total</i>	11.5	11.5	10.2	-1.3
<i>Days Per 1,000 MM: Total</i>	56.6	56.4	51.5	-4.9
<i>Average Length of Stay: Total</i>	4.9	4.9	5.0	+0.1
<i>Inpatient Utilization—General Hospital/Acute Care: Total—Medicine</i>				
<i>Discharges Per 1,000 MM: Total</i>	7.0	7.0	6.3	-0.7
<i>Days Per 1,000 MM: Total</i>	28.7	29.2	27.1	-2.1
<i>Average Length of Stay: Total</i>	4.1	4.2	4.3	+0.1
<i>Inpatient Utilization—General Hospital/Acute Care: Total—Surgery</i>				
<i>Discharges Per 1,000 MM: Total</i>	3.2	3.0	2.7	-0.3
<i>Days Per 1,000 MM: Total</i>	24.4	23.2	21.4	-1.8
<i>Average Length of Stay: Total</i>	7.7	7.7	8.0	+0.3
<i>Inpatient Utilization—General Hospital/Acute Care: Total—Maternity</i>				
<i>Discharges Per 1,000 MM: Total</i>	2.4	2.6	2.1	-0.5
<i>Days Per 1,000 MM: Total</i>	6.2	6.9	4.9	-2.0
<i>Average Length of Stay: Total</i>	2.6	2.6	2.3	-0.3
<i>Ambulatory Care: Total</i>				
<i>Outpatient Visits Per 1,000 MM: Total</i>	461.6	410.0	379.5	-30.5
<i>Emergency Department Visits Per 1,000 MM: Total</i>	66.4	63.9	55.5	-8.4
<i>Frequency of Selected Procedures (Procedures Per 1,000 MM)</i>				
<i>Bariatric Weight Loss Surgery: Male—Ages 0–19 Years</i>	—	—	0.0	—
<i>Bariatric Weight Loss Surgery: Female—Ages 0–19 Years</i>	—	—	0.0	—
<i>Bariatric Weight Loss Surgery: Male—Ages 20–44 Years</i>	—	—	0.0	—
<i>Bariatric Weight Loss Surgery: Female—Ages 20–44 Years</i>	—	—	0.2	—
<i>Bariatric Weight Loss Surgery: Male—Ages 45–64 Years</i>	—	—	0.0	—
<i>Bariatric Weight Loss Surgery: Female—Ages 45–64 Years</i>	—	—	0.0	—
<i>Tonsillectomy: Ages 0–9 Years</i>	1.1	1.0	0.8	-0.2
<i>Tonsillectomy: Ages 10–19 Years</i>	0.6	0.7	0.5	-0.2
<i>Abdominal Hysterectomy: Ages 15–44 Years</i>	0.4	0.4	0.2	-0.2
<i>Abdominal Hysterectomy: Ages 45–64 Years</i>	0.4	0.2	0.1	-0.1
<i>Vaginal Hysterectomy: Ages 15–44 Years</i>	0.2	0.3	0.2	-0.1

Table B-2—Primary Care Physician Program Trend Table

Measures	HEDIS 2010	HEDIS 2011	HEDIS 2012	Change from 2011–2012
<i>Vaginal Hysterectomy: Ages 45–64 Years</i>	0.1	0.1	0.1	0.0
<i>Open Cholecystectomy: Male—Ages 30–64 Years</i>	0.1	<0.1	0.1	+0.1
<i>Open Cholecystectomy: Female—Ages 15–44 Years</i>	0.1	0.1	<0.1	-0.1
<i>Open Cholecystectomy: Female—Ages 45–64 Years</i>	0.0	0.0	0.1	+0.1
<i>Closed Cholecystectomy: Male—Ages 30–64 Years</i>	0.5	0.3	0.3	0.0
<i>Closed Cholecystectomy: Female—Ages 15–44 Years</i>	0.8	1.1	0.8	-0.3
<i>Closed Cholecystectomy: Female—Ages 45–64 Years</i>	0.6	0.7	0.5	-0.2
<i>Back Surgery: Male—Ages 20–44 Years</i>	0.3	0.2	0.3	+0.1
<i>Back Surgery: Female—Ages 20–44 Years</i>	0.4	0.2	0.2	0.0
<i>Back Surgery: Male—Ages 45–64 Years</i>	0.9	0.6	0.5	-0.1
<i>Back Surgery: Female—Ages 45–64 Years</i>	1.0	0.7	0.9	+0.2
<i>Mastectomy: Ages 15–44 Years</i>	0.1	<0.1	<0.1	0.0
<i>Mastectomy: Ages 45–64 Years</i>	0.3	0.1	0.1	0.0
<i>Lumpectomy: Ages 15–44 Years</i>	0.2	0.2	0.1	-0.1
<i>Lumpectomy: Ages 45–64 Years</i>	0.5	0.1	0.1	0.0

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

* For the *Well-Child Visits in the First 15 Months of Life—Zero Visits* and *Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)* measures, a lower rate indicates better performance.

†For measures in the *Utilization of Services* dimension, statistical tests across years were not performed due to lack of variances reported in the IDSS file; differences in rates were reported without statistical test results. In addition, while lower rates for these measures were generally preferred, higher or lower rates did not necessarily denote better or poorer performance. Individual plan demographics should be considered when reviewing performance.

Table B-3—Denver Health Medicaid Choice Trend Table

Measures	HEDIS 2010	HEDIS 2011	HEDIS 2012	Change from 2011–2012
Pediatric Care				
<i>Childhood Immunization Status</i>				
<i>DTaP</i>	86.6%	86.9%	84.7%	-2.2
<i>IPV</i>	95.6%	95.9%	93.4%	-2.5
<i>MMR</i>	93.9%	93.7%	92.5%	-1.2
<i>HiB</i>	96.6%	95.4%	93.2%	-2.2
<i>Hepatitis B</i>	95.4%	96.8%	94.2%	-2.6
<i>VZV</i>	93.7%	92.7%	92.2%	-0.5
<i>Pneumococcal Conjugate</i>	88.6%	89.5%	85.6%	-3.9
<i>Hepatitis A</i>	59.9%	56.4%	52.8%	-3.6
<i>Rotavirus</i>	80.0%	82.5%	72.7%	-9.8
<i>Influenza</i>	68.9%	81.8%	79.1%	-2.7
<i>Combination 2</i>	86.1%	86.1%	84.2%	-1.9
<i>Combination 3</i>	85.2%	85.6%	83.7%	-1.9
<i>Combination 4</i>	58.6%	55.2%	51.6%	-3.6
<i>Combination 5</i>	75.2%	78.1%	70.3%	-7.8
<i>Combination 6</i>	65.7%	76.9%	73.2%	-3.7
<i>Combination 7</i>	52.6%	50.9%	45.3%	-5.6
<i>Combination 8</i>	50.1%	51.8%	47.0%	-4.8
<i>Combination 9</i>	58.6%	70.8%	62.0%	-8.8
<i>Combination 10</i>	46.0%	47.9%	41.1%	-6.8
<i>Immunizations for Adolescents¹</i>				
<i>Meningococcal</i>	—	—	83.1%	—
<i>Tdap/Td</i>	—	—	84.2%	—
<i>Combination 1</i>	—	—	82.3%	—
<i>Well-Child Visits in the First 15 Months of Life</i>				
<i>Zero Visits*</i>	0.7%	1.0%	1.0%	0.0
<i>Six or More Visits</i>	86.1%	67.7%	51.3%	-16.4
<i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life²</i>				
<i>Adolescent Well-Care Visits</i>	46.0%	49.1%	51.1%	+2.0

Table B-3—Denver Health Medicaid Choice Trend Table

Measures	HEDIS 2010	HEDIS 2011	HEDIS 2012	Change from 2011–2012
<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</i>				
<i>BMI Assessment: Ages 3 to 11 Years</i>	77.6%	78.6%	84.6%	+6.0
<i>Nutrition Counseling: Ages 3 to 11 Years</i>	73.3%	79.2%	80.3%	+1.1
<i>Physical Activity Counseling: Ages 3 to 11 Years</i>	46.0%	55.3%	57.1%	+1.8
<i>BMI Assessment: Ages 12 to 17 Years</i>	75.3%	75.5%	87.0%	+11.5
<i>Nutrition Counseling: Ages 12 to 17 Years</i>	66.3%	66.3%	80.4%	+14.1
<i>Physical Activity Counseling: Ages 12 to 17 Years</i>	56.2%	57.1%	76.1%	+19.0
<i>BMI Assessment: Total</i>	77.1%	77.9%	85.2%	+7.3
<i>Nutrition Counseling: Total</i>	71.8%	76.2%	80.3%	+4.1
<i>Physical Activity Counseling: Total</i>	48.2%	55.7%	61.3%	+5.6
Access to Care				
<i>Prenatal and Postpartum Care</i>				
<i>Timeliness of Prenatal Care</i>	83.5%	82.9%	83.5%	+0.6
<i>Postpartum Care</i>	58.4%	61.0%	59.6%	-1.4
<i>Children’s and Adolescents’ Access to Primary Care Practitioners</i>				
<i>Ages 12 to 24 Months</i>	93.6%	93.9%	95.0%	+1.1
<i>Ages 25 Months to 6 Years</i>	79.2%	80.0%	81.2%	+1.2
<i>Ages 7 to 11 Years</i>	85.1%	81.5%	84.0%	+2.5
<i>Ages 12 to 19 Years</i>	85.8%	85.3%	85.2%	-0.1
<i>Adults’ Access to Preventive/Ambulatory Health Services</i>				
<i>Ages 20 to 44 Years</i>	74.9%	73.2%	71.1%	-2.1
<i>Ages 45 to 64 Years</i>	78.7%	78.7%	78.0%	-0.7
<i>Ages 65 Years and Older</i>	69.5%	70.2%	72.6%	+2.4
<i>Total</i>	74.8%	74.3%	73.5%	-0.8
Living With Illness				
<i>Use of Appropriate Medications for People With Asthma</i>				
<i>Ages 5–11 Years</i>	—	—	96.3%	—
<i>Ages 12–18 Years</i>	—	—	89.4%	—
<i>Ages 19–50 Years</i>	—	—	67.2%	—
<i>Ages 51–64 Years</i>	—	—	50.8%	—
<i>Total</i>	—	—	81.6%	—

Table B-3—Denver Health Medicaid Choice Trend Table

Measures	HEDIS 2010	HEDIS 2011	HEDIS 2012	Change from 2011–2012
<i>Comprehensive Diabetes Care</i>				
<i>HbA1c Testing</i>	—	—	84.9%	—
<i>HbA1c Poor Control (>9.0%)*</i>	—	—	37.7%	—
<i>HbA1c Control (<8.0%)</i>	—	—	46.7%	—
<i>Eye Exam</i>	—	—	56.2%	—
<i>LDL-C Screening</i>	—	—	75.4%	—
<i>LDL-C Level <100 mg/dL</i>	—	—	54.0%	—
<i>Medical Attention for Nephropathy</i>	—	—	79.3%	—
<i>Blood Pressure Controlled <140/80 mm Hg</i>	—	—	55.5%	—
<i>Blood Pressure Controlled <140/90 mm Hg</i>	—	—	71.0%	—
<i>Use of Imaging Studies for Low Back Pain</i>	79.4%	75.5%	80.0%	+4.5
<i>Annual Monitoring for Patients on Persistent Medications</i>				
<i>ACE Inhibitors or ARBs</i>	88.8%	88.5%	90.1%	+1.6
<i>Anticonvulsants</i>	60.2%	61.7%	61.0%	-0.7
<i>Digoxin</i>	NA	NA	NA	—
<i>Diuretics</i>	88.4%	87.0%	88.8%	+1.8
<i>Total</i>	84.7%	84.7%	86.0%	+1.3
<i>Pharmacotherapy Management of COPD Exacerbation</i>				
<i>Bronchodilator</i>	55.6%	71.0%	65.9%	-5.1
<i>Systemic Corticosteroid</i>	49.6%	60.9%	56.1%	-4.8
Preventive Screening				
<i>Chlamydia Screening in Women</i>				
<i>Ages 16 to 20 Years</i>	77.2%	73.1%	67.8%	-5.3
<i>Ages 21 to 24 Years</i>	80.0%	72.8%	67.8%	-5.0
<i>Total</i>	78.5%	73.0%	67.8%	-5.2
<i>Adult BMI Assessment</i>	83.7%	82.2%	84.9%	+2.7
Utilization of Services†				
<i>Inpatient Utilization—General Hospital/Acute Care: Total—Total Inpatient</i>				
<i>Discharges Per 1,000 MM: Total</i>	12.8	9.9	10.9	+1.0
<i>Days Per 1,000 MM: Total</i>	69.4	37.2	36.4	-0.8
<i>Average Length of Stay: Total</i>	5.4	3.7	3.4	-0.3

Table B-3—Denver Health Medicaid Choice Trend Table

Measures	HEDIS 2010	HEDIS 2011	HEDIS 2012	Change from 2011–2012
<i>Inpatient Utilization—General Hospital/Acute Care: Total—Medicine</i>				
<i>Discharges Per 1,000 MM: Total</i>	8.6	5.9	7.1	+1.2
<i>Days Per 1,000 MM: Total</i>	41.7	18.4	20.9	+2.5
<i>Average Length of Stay: Total</i>	4.9	3.1	2.9	-0.2
<i>Inpatient Utilization—General Hospital/Acute Care: Total—Surgery</i>				
<i>Discharges Per 1,000 MM: Total</i>	1.3	1.5	1.4	-0.1
<i>Days Per 1,000 MM: Total</i>	19.4	12.4	9.7	-2.7
<i>Average Length of Stay: Total</i>	15.3	8.1	6.8	-1.3
<i>Inpatient Utilization—General Hospital/Acute Care: Total—Maternity</i>				
<i>Discharges Per 1,000 MM: Total</i>	6.6	5.3	4.4	-0.9
<i>Days Per 1,000 MM: Total</i>	18.1	13.3	11.1	-2.2
<i>Average Length of Stay: Total</i>	2.7	2.5	2.5	0.0
<i>Ambulatory Care: Total</i>				
<i>Outpatient Visits Per 1,000 MM: Total</i>	296.8	264.5	289.6	+25.1
<i>Emergency Department Visits Per 1,000 MM: Total</i>	63.1	47.3	40.5	-6.8
<i>Frequency of Selected Procedures (Procedures Per 1,000 MM)</i>				
<i>Bariatric Weight Loss Surgery: Male—Ages 0–19 Years</i>	—	—	0.0	—
<i>Bariatric Weight Loss Surgery: Female—Ages 0–19 Years</i>	—	—	0.0	—
<i>Bariatric Weight Loss Surgery: Male—Ages 20–44 Years</i>	—	—	0.0	—
<i>Bariatric Weight Loss Surgery: Female—Ages 20–44 Years</i>	—	—	0.1	—
<i>Bariatric Weight Loss Surgery: Male—Ages 45–64 Years</i>	—	—	<0.1	—
<i>Bariatric Weight Loss Surgery: Female—Ages 45–64 Years</i>	—	—	0.0	—
<i>Tonsillectomy: Ages 0–9 Years</i>	0.3	0.4	0.3	-0.1
<i>Tonsillectomy: Ages 10–19 Years</i>	0.3	0.2	0.3	+0.1
<i>Abdominal Hysterectomy: Ages 15–44 Years</i>	0.1	0.1	<0.1	-0.1
<i>Abdominal Hysterectomy: Ages 45–64 Years</i>	0.2	0.2	0.1	-0.1
<i>Vaginal Hysterectomy: Ages 15–44 Years</i>	<0.1	0.1	0.1	0.0
<i>Vaginal Hysterectomy: Ages 45–64 Years</i>	0.2	0.2	0.1	-0.1
<i>Open Cholecystectomy: Male—Ages 30–64 Years</i>	0.1	0.1	0.1	0.0
<i>Open Cholecystectomy: Female—Ages 15–44 Years</i>	<0.1	<0.1	<0.1	0.0
<i>Open Cholecystectomy: Female—Ages 45–64 Years</i>	<0.1	0.1	0.0	-0.1
<i>Closed Cholecystectomy: Male—Ages 30–64 Years</i>	0.1	0.2	0.1	-0.1

Table B-3—Denver Health Medicaid Choice Trend Table

Measures	HEDIS 2010	HEDIS 2011	HEDIS 2012	Change from 2011–2012
<i>Closed Cholecystectomy: Female—Ages 15–44 Years</i>	0.6	0.6	0.5	-0.1
<i>Closed Cholecystectomy: Female—Ages 45–64 Years</i>	0.3	0.4	0.6	+0.2
<i>Back Surgery: Male—Ages 20–44 Years</i>	0.1	0.1	0.2	+0.1
<i>Back Surgery: Female—Ages 20–44 Years</i>	0.1	<0.1	<0.1	0.0
<i>Back Surgery: Male—Ages 45–64 Years</i>	0.1	0.3	0.3	0.0
<i>Back Surgery: Female—Ages 45–64 Years</i>	0.2	0.3	0.2	-0.1
<i>Mastectomy: Ages 15–44 Years</i>	0.0	0.0	<0.1	0.0
<i>Mastectomy: Ages 45–64 Years</i>	0.0	0.2	0.1	-0.1
<i>Lumpectomy: Ages 15–44 Years</i>	<0.1	<0.1	0.1	+0.1
<i>Lumpectomy: Ages 45–64 Years</i>	0.4	0.3	0.2	-0.1

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

*For the *Well-Child Visits in the First 15 Months of Life—Zero Visits* and *Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)* measures, a lower rate indicates better performance.

†For measures in the *Utilization of Services* dimension, statistical tests across years were not performed due to lack of variances reported in the IDSS file; differences in rates were reported without statistical test results. In addition, while lower rates for these measures were generally preferred, higher or lower rates did not necessarily denote better or poorer performance. Individual plan demographics should be considered when reviewing performance.

¹ The rate displayed reflects administrative data only. DHMC reported hybrid rates of 86.9, 88.1, and 86.1 percent, respectively, for the *Immunizations for Adolescents—Meningococcal, Tdap/Td, and Combination 1* measures for HEDIS 2012.

² The rate displayed reflects administrative data only. DHMC reported a hybrid rate of 70.3 percent for the *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life* measure for HEDIS 2012.

Table B-4—Rocky Mountain Health Plans Trend Table

Measures	HEDIS 2010	HEDIS 2011	HEDIS 2012	Change from 2011–2012
Pediatric Care				
<i>Childhood Immunization Status</i>				
<i>DTaP</i>	91.0%	86.6%	85.4%	-1.2
<i>IPV</i>	97.6%	95.4%	94.7%	-0.7
<i>MMR</i>	94.9%	93.9%	92.4%	-1.5
<i>HiB</i>	97.8%	95.1%	95.8%	+0.7
<i>Hepatitis B</i>	96.8%	95.4%	91.4%	-4.0
<i>VZV</i>	95.6%	93.9%	91.2%	-2.7
<i>Pneumococcal Conjugate</i>	89.8%	84.9%	86.3%	+1.4
<i>Hepatitis A</i>	28.2%	24.3%	13.2%	-11.1
<i>Rotavirus</i>	64.7%	73.5%	73.4%	-0.1
<i>Influenza</i>	58.4%	61.6%	55.6%	-6.0
<i>Combination 2</i>	89.3%	82.2%	78.2%	-4.0
<i>Combination 3</i>	85.9%	78.6%	76.2%	-2.4
<i>Combination 4</i>	27.7%	22.1%	12.7%	-9.4
<i>Combination 5</i>	60.6%	63.5%	63.4%	-0.1
<i>Combination 6</i>	54.3%	55.0%	52.1%	-2.9
<i>Combination 7</i>	24.1%	20.2%	11.3%	-8.9
<i>Combination 8</i>	20.7%	18.0%	9.0%	-9.0
<i>Combination 9</i>	40.1%	47.4%	44.9%	-2.5
<i>Combination 10</i>	18.2%	17.0%	8.1%	-8.9
<i>Immunizations for Adolescents</i>				
<i>Meningococcal</i>	—	—	50.7%	—
<i>Tdap/Td</i>	—	—	83.6%	—
<i>Combination 1</i>	—	—	47.9%	—
<i>Well-Child Visits in the First 15 Months of Life</i>				
<i>Zero Visits*</i>	0.0%	0.9%	0.2%	-0.7
<i>Six or More Visits</i>	72.6%	81.2%	82.6%	+1.4
<i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i>				
<i>Adolescent Well-Care Visits</i>	48.2%	49.9%	42.8%	-7.1

Table B-4—Rocky Mountain Health Plans Trend Table

Measures	HEDIS 2010	HEDIS 2011	HEDIS 2012	Change from 2011–2012
<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</i>				
<i>BMI Assessment: Ages 3 to 11 Years</i>	58.6%	64.8%	73.4%	+8.6
<i>Nutrition Counseling: Ages 3 to 11 Years</i>	62.6%	61.5%	65.1%	+3.6
<i>Physical Activity Counseling: Ages 3 to 11 Years</i>	54.9%	48.0%	55.6%	+7.6
<i>BMI Assessment: Ages 12 to 17 Years</i>	57.0%	56.1%	65.6%	+9.5
<i>Nutrition Counseling: Ages 12 to 17 Years</i>	53.5%	54.2%	57.8%	+3.6
<i>Physical Activity Counseling: Ages 12 to 17 Years</i>	48.2%	55.1%	59.4%	+4.3
<i>BMI Assessment: Total</i>	58.2%	62.5%	71.1%	+8.6
<i>Nutrition Counseling: Total</i>	60.1%	59.6%	63.0%	+3.4
<i>Physical Activity Counseling: Total</i>	53.0%	49.9%	56.7%	+6.8
Access to Care				
<i>Prenatal and Postpartum Care</i>				
<i>Timeliness of Prenatal Care</i>	95.0%	97.0%	97.0%	Rotated ¹
<i>Postpartum Care</i>	73.7%	77.4%	77.4%	Rotated ¹
<i>Children’s and Adolescents’ Access to Primary Care Practitioners</i>				
<i>Ages 12 to 24 Months</i>	98.8%	99.3%	98.5%	-0.8
<i>Ages 25 Months to 6 Years</i>	91.8%	90.0%	89.0%	-1.0
<i>Ages 7 to 11 Years</i>	91.7%	92.4%	92.1%	-0.3
<i>Ages 12 to 19 Years</i>	92.7%	93.4%	91.6%	-1.8
<i>Adults’ Access to Preventive/Ambulatory Health Services</i>				
<i>Ages 20 to 44 Years</i>	87.7%	87.7%	86.9%	-0.8
<i>Ages 45 to 64 Years</i>	90.4%	91.8%	91.5%	-0.3
<i>Ages 65 Years and Older</i>	95.6%	96.1%	96.4%	+0.3
<i>Total</i>	90.6%	90.8%	89.8%	-1.0
Living With Illness				
<i>Use of Appropriate Medications for People With Asthma</i>				
<i>Ages 5–11 Years</i>	—	—	96.4%	—
<i>Ages 12–18 Years</i>	—	—	84.4%	—
<i>Ages 19–50 Years</i>	—	—	82.5%	—
<i>Ages 51–64 Years</i>	—	—	NA	—
<i>Total</i>	—	—	86.6%	—

Table B-4—Rocky Mountain Health Plans Trend Table

Measures	HEDIS 2010	HEDIS 2011	HEDIS 2012	Change from 2011–2012
<i>Comprehensive Diabetes Care</i>				
<i>HbA1c Testing</i>	—	—	92.2%	—
<i>HbA1c Poor Control (>9.0%)*</i>	—	—	19.2%	—
<i>HbA1c Control (<8.0%)</i>	—	—	72.2%	—
<i>Eye Exam</i>	—	—	60.8%	—
<i>LDL-C Screening</i>	—	—	74.6%	—
<i>LDL-C Level <100 mg/dL</i>	—	—	47.7%	—
<i>Medical Attention for Nephropathy</i>	—	—	75.9%	—
<i>Blood Pressure Controlled <140/80 mm Hg</i>	—	—	61.5%	—
<i>Blood Pressure Controlled <140/90 mm Hg</i>	—	—	79.9%	—
<i>Use of Imaging Studies for Low Back Pain</i>	72.6%	66.9%	74.0%	+7.1
<i>Annual Monitoring for Patients on Persistent Medications</i>				
<i>ACE Inhibitors or ARBs</i>	75.4%	86.0%	86.1%	+0.1
<i>Anticonvulsants</i>	73.9%	69.2%	74.9%	+5.7
<i>Digoxin</i>	NA	NA	NA	—
<i>Diuretics</i>	75.1%	89.4%	89.9%	+0.5
<i>Total</i>	75.3%	84.1%	85.0%	+0.9
<i>Pharmacotherapy Management of COPD Exacerbation</i>				
<i>Bronchodilator</i>	62.9%	65.9%	43.4%	-22.5
<i>Systemic Corticosteroid</i>	34.3%	39.0%	28.9%	-10.1
Preventive Screening				
<i>Chlamydia Screening in Women</i>				
<i>Ages 16 to 20 Years</i>	45.2%	47.4%	42.3%	-5.1
<i>Ages 21 to 24 Years</i>	45.8%	46.5%	48.2%	+1.7
<i>Total</i>	45.5%	47.0%	45.4%	-1.6
<i>Adult BMI Assessment</i>	48.7%	60.1%	69.9%	+9.8
Utilization of Services†				
<i>Inpatient Utilization—General Hospital/Acute Care: Total—Total Inpatient</i>				
<i>Discharges Per 1,000 MM: Total</i>	12.1	11.6	10.6	-1.0
<i>Days Per 1,000 MM: Total</i>	33.5	33.8	31.1	-2.7
<i>Average Length of Stay: Total</i>	2.8	2.9	2.9	0.0

Table B-4—Rocky Mountain Health Plans Trend Table

Measures	HEDIS 2010	HEDIS 2011	HEDIS 2012	Change from 2011–2012
<i>Inpatient Utilization—General Hospital/Acute Care: Total—Medicine</i>				
<i>Discharges Per 1,000 MM: Total</i>	4.0	3.8	2.7	-1.1
<i>Days Per 1,000 MM: Total</i>	11.8	11.5	7.2	-4.3
<i>Average Length of Stay: Total</i>	3.0	3.0	2.7	-0.3
<i>Inpatient Utilization—General Hospital/Acute Care: Total—Surgery</i>				
<i>Discharges Per 1,000 MM: Total</i>	2.4	2.6	3.5	+0.9
<i>Days Per 1,000 MM: Total</i>	11.3	12.5	15.4	+2.9
<i>Average Length of Stay: Total</i>	4.6	4.7	4.5	-0.2
<i>Inpatient Utilization—General Hospital/Acute Care: Total—Maternity</i>				
<i>Discharges Per 1,000 MM: Total</i>	11.6	10.3	8.3	-2.0
<i>Days Per 1,000 MM: Total</i>	21.3	19.6	15.8	-3.8
<i>Average Length of Stay: Total</i>	1.8	1.9	1.9	0.0
<i>Ambulatory Care: Total</i>				
<i>Outpatient Visits Per 1,000 MM: Total</i>	470.5	437.8	436.6	-1.2
<i>Emergency Department Visits Per 1,000 MM: Total</i>	63.3	56.9	62.9	+6.0
<i>Frequency of Selected Procedures (Procedures Per 1,000 MM)</i>				
<i>Bariatric Weight Loss Surgery: Male—Ages 0–19 Years</i>	—	—	0.0	—
<i>Bariatric Weight Loss Surgery: Female—Ages 0–19 Years</i>	—	—	0.0	—
<i>Bariatric Weight Loss Surgery: Male—Ages 20–44 Years</i>	—	—	0.0	—
<i>Bariatric Weight Loss Surgery: Female—Ages 20–44 Years</i>	—	—	0.4	—
<i>Bariatric Weight Loss Surgery: Male—Ages 45–64 Years</i>	—	—	0.0	—
<i>Bariatric Weight Loss Surgery: Female—Ages 45–64 Years</i>	—	—	0.4	—
<i>Tonsillectomy: Ages 0–9 Years</i>	1.2	1.4	1.5	+0.1
<i>Tonsillectomy: Ages 10–19 Years</i>	1.5	1.1	1.4	+0.3
<i>Abdominal Hysterectomy: Ages 15–44 Years</i>	0.3	0.2	0.2	0.0
<i>Abdominal Hysterectomy: Ages 45–64 Years</i>	0.3	0.3	0.2	-0.1
<i>Vaginal Hysterectomy: Ages 15–44 Years</i>	1.1	1.3	1.2	-0.1
<i>Vaginal Hysterectomy: Ages 45–64 Years</i>	0.5	0.6	0.8	+0.2
<i>Open Cholecystectomy: Male—Ages 30–64 Years</i>	0.0	0.0	0.1	+0.1
<i>Open Cholecystectomy: Female—Ages 15–44 Years</i>	0.0	0.0	<0.1	0.0
<i>Open Cholecystectomy: Female—Ages 45–64 Years</i>	0.0	0.2	0.0	-0.2
<i>Closed Cholecystectomy: Male—Ages 30–64 Years</i>	0.5	0.8	0.6	-0.2

Table B-4—Rocky Mountain Health Plans Trend Table

Measures	HEDIS 2010	HEDIS 2011	HEDIS 2012	Change from 2011–2012
<i>Closed Cholecystectomy: Female—Ages 15–44 Years</i>	1.5	1.6	1.7	+0.1
<i>Closed Cholecystectomy: Female—Ages 45–64 Years</i>	1.5	1.4	1.2	-0.2
<i>Back Surgery: Male—Ages 20–44 Years</i>	0.7	0.8	0.5	-0.3
<i>Back Surgery: Female—Ages 20–44 Years</i>	0.4	0.5	0.3	-0.2
<i>Back Surgery: Male—Ages 45–64 Years</i>	1.5	0.7	1.1	+0.4
<i>Back Surgery: Female—Ages 45–64 Years</i>	1.3	1.2	1.1	-0.1
<i>Mastectomy: Ages 15–44 Years</i>	0.0	<0.1	0.0	0.0
<i>Mastectomy: Ages 45–64 Years</i>	0.4	0.3	0.2	-0.1
<i>Lumpectomy: Ages 15–44 Years</i>	0.4	0.2	0.2	0.0
<i>Lumpectomy: Ages 45–64 Years</i>	1.1	0.4	0.7	+0.3

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

*For the *Well-Child Visits in the First 15 Months of Life—Zero Visits* and *Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)* measures, a lower rate indicates better performance.

†For measures in the *Utilization of Services* dimension, statistical tests across years were not performed due to lack of variances reported in the IDSS file; differences in rates were reported without statistical test results. In addition, while lower rates for these measures were generally preferred, higher or lower rates did not necessarily denote better or poorer performance. Individual plan demographics should be considered when reviewing performance.

¹ Plan chose to rotate the measure. Measure rotation allows the health plan to use the audited and reportable rate from the previous year as specified by NCQA in the *HEDIS 2012 Technical Specifications for Health Plans, Volume 2*.

Key Information Systems Findings

NCQA's IS standards are the guidelines used by NCQA-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 FFS, PCPP, DHMC, and RMHP, 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. None of the issues 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 used NCQA-Certified software to produce the HEDIS measures. NCQA certification helps to ensure the validity of the results that are produced. Through certification, NCQA tests that software produces valid results and the calculations meet NCQA standards.

Each Colorado Medicaid health plan contracted with an LO to perform the NCQA HEDIS Compliance Audit™. HSAG audited the FFS and PCPP programs, while the other health plans contracted with different LOs to perform their audits. The following lists the IS standards' findings.

IS 1.0—Medical Service Data—Sound Coding Methods and Data Capture

This standard assesses whether:

- ◆ 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.

Only one MCO was fully compliant with this standard. It was identified that RMHP's claims vertexers did not enter all diagnosis codes, and processors did not correct the error. It was recommended that RMHP provide remedial training to claims processors. The auditor determined that these concerns had no impact on HEDIS reporting.^{C-1} The FFS/PCPP programs were found to be substantially compliant with this standard as they were not able to capture complete medical service data from the FQHCs and RHCs, and incomplete data from those sources could impact administrative rates.^{C-2}

^{C-1} 2012 Compliance Audit, Final Audit Report, HEDIS, Rocky Mountain Health Plans, June 15, 2012.

^{C-2} HEDIS Compliance Audit, Final Audit Report, Colorado Department of Health Care Policy and Financing, July 2012.

IS 2.0—Enrollment Data—Data Capture, Transfer, and Entry

This standard assesses whether:

- ◆ All HEDIS-relevant information for data entry or electronic transmissions of enrollment data was 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.

The Colorado Medicaid MCOs were fully compliant with IS 2.0. The FFS and PCPP programs were found to be substantially compliant with this standard due to a large increase in enrollment that backlogged the processing of enrollment applications. The backlog was resolved and resulted in minimal impact to HEDIS reporting.

IS 3.0—Practitioner Data—Data Capture, Transfer, and Entry

This standard assesses whether:

- ◆ 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.

The Colorado Medicaid health plans were fully compliant with IS 3.0. There were no issues or concerns noted for this standard relevant to the selected Colorado Medicaid measures.

IS 4.0—Medical Record Review Processes—Training, Sampling, Abstraction, and Oversight

This standard assesses whether:

- ◆ Forms or tools used for medical record review captured 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.

HSAG found that all Colorado Medicaid health plans used medical record documentation to augment their HEDIS rates. All plans were fully compliant with IS 4.0 with the auditors noting no concerns.

IS 5.0—Supplemental Data—Capture, Transfer, and Entry

This standard assesses whether:

- ◆ 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.

HSAG found that, overall, the Colorado Medicaid health plans used supplemental data to help augment their rates. Supplemental data are all nonclaims data available to the health plan, such as lab results, State immunization registry information, disease management records, electronic medical records, or other internal databases. These require a more detailed review by the auditor to ensure that the data are valid. The documentation provided did not always identify the data used; however, all of the plans were fully compliant with this standard. Any supplemental data used by the plans were considered reliable and valid.

IS 6.0—Member Call Center Data—Capture, Transfer, and Entry

This standard assesses whether member call center data are reliably and accurately captured. However, since the health plans were not required to report member call center measures, this standard is not applicable.

IS 7.0—Data Integration—Accurate HEDIS Reporting, Control Procedures That Support HEDIS Reporting Integrity

This standard assesses whether:

- ◆ 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.
- ◆ 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.

The Colorado Medicaid MCOs were fully compliant with IS 7.0. The FFS and PCPP programs were found to be substantially compliant with this standard because it was discovered during final rate review that the immunization file for the *Immunization for Adolescents* measure was not included in the calculation of the rate. It was recommended that the Department, HSAG, and Q Mark, Inc., the certified software vendor, implement processes to ensure that this error does not happen in future reporting.^{C-3}

^{C-3} HEDIS Compliance Audit, Final Audit Report, Colorado Department of Health Care Policy and Financing, July 2012

Appendix D. National HEDIS 2011 Medicaid Percentiles

Appendix D provides the national HEDIS Medicaid percentiles published by NCQA derived using prior-year rates. This information is helpful to evaluate health plans' current rates. The rates are presented for the 10th, 25th, 50th, 75th, and 90th percentiles in tables by dimension.

Measures	P10	P25	P50	P75	P90
Pediatric Care					
<i>Childhood Immunization Status</i>					
<i>DTaP</i>	70.8%	77.3%	81.7%	85.6%	88.5%
<i>IPV</i>	85.6%	88.3%	92.3%	94.6%	95.9%
<i>MMR</i>	86.1%	89.3%	91.9%	93.6%	95.4%
<i>HiB</i>	84.3%	87.6%	91.0%	94.3%	96.1%
<i>Hepatitis B</i>	82.9%	87.3%	91.8%	94.6%	95.9%
<i>VZV</i>	85.4%	89.0%	91.3%	93.6%	95.1%
<i>Pneumococcal Conjugate</i>	68.8%	74.2%	81.3%	85.0%	88.8%
<i>Hepatitis A</i>	24.3%	29.0%	36.4%	42.8%	48.7%
<i>Rotavirus</i>	43.6%	49.9%	59.4%	65.2%	72.2%
<i>Influenza</i>	22.0%	34.5%	44.0%	53.3%	60.3%
<i>Combination 2</i>	62.3%	69.0%	75.1%	80.7%	85.8%
<i>Combination 3</i>	56.8%	64.4%	71.0%	76.7%	82.6%
<i>Combination 4</i>	20.0%	25.8%	31.4%	37.0%	41.9%
<i>Combination 5</i>	34.4%	39.4%	47.4%	55.0%	62.5%
<i>Combination 6</i>	16.8%	28.0%	37.0%	44.8%	51.5%
<i>Combination 7</i>	13.6%	17.5%	23.1%	28.0%	35.9%
<i>Combination 8</i>	8.8%	13.0%	18.0%	22.1%	27.4%
<i>Combination 9</i>	12.2%	20.4%	26.8%	34.3%	39.9%
<i>Combination 10</i>	6.3%	9.9%	14.4%	18.6%	23.6%
<i>Immunizations for Adolescents</i>					
<i>Meningococcal</i>	38.0%	45.9%	54.8%	67.9%	79.7%
<i>Tdap/Td</i>	45.3%	54.7%	68.5%	83.2%	87.8%
<i>Combination 1</i>	33.8%	40.0%	49.8%	63.7%	75.5%
<i>Well-Child Visits in the First 15 Months of Life</i>					
<i>Zero Visits*</i>	0.5%	0.8%	1.6%	2.7%	4.4%
<i>Six or More Visits</i>	41.9%	52.2%	61.3%	68.9%	77.1%

Measures	P10	P25	P50	P75	P90
<i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i>	60.9%	66.1%	72.3%	77.6%	82.9%
<i>Adolescent Well-Care Visits</i>	35.0%	39.6%	46.1%	57.2%	64.1%
<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</i>					
<i>BMI Assessment: Ages 3 to 11 Years</i>	0.6%	17.2%	37.5%	61.1%	73.0%
<i>Nutrition Counseling: Ages 3 to 11 Years</i>	0.6%	39.9%	53.3%	64.4%	73.2%
<i>Physical Activity Counseling: Ages 3 to 11 Years</i>	0.0%	26.6%	39.4%	49.4%	59.9%
<i>BMI Assessment: Ages 12 to 17 Years</i>	0.8%	18.9%	36.3%	54.3%	67.2%
<i>Nutrition Counseling: Ages 12 to 17 Years</i>	0.8%	31.3%	46.7%	56.8%	66.4%
<i>Physical Activity Counseling: Ages 12 to 17 Years</i>	0.0%	29.7%	42.8%	53.7%	63.2%
<i>BMI Assessment: Total</i>	0.7%	19.7%	37.5%	58.8%	69.8%
<i>Nutrition Counseling: Total</i>	0.7%	39.0%	51.1%	61.6%	72.0%
<i>Physical Activity Counseling: Total</i>	0.0%	28.5%	40.6%	51.0%	60.6%
<i>Annual Dental Visit</i>					
<i>Ages 2 to 3 Years</i>	12.4%	22.5%	32.0%	41.0%	46.9%
<i>Ages 4 to 6 Years</i>	32.4%	47.9%	57.9%	67.3%	72.1%
<i>Ages 7 to 10 Years</i>	37.0%	51.9%	62.5%	68.7%	76.4%
<i>Ages 11 to 14 Years</i>	25.7%	46.5%	57.9%	63.8%	70.3%
<i>Ages 15 to 18 Years</i>	22.4%	38.9%	49.4%	53.0%	58.3%
<i>Ages 19 to 21 Years</i>	14.8%	26.3%	36.7%	40.9%	42.7%
<i>Total</i>	27.1%	41.4%	51.6%	57.6%	64.5%
Access to Care					
<i>Prenatal and Postpartum Care</i>					
<i>Timeliness of Prenatal Care</i>	71.4%	80.3%	86.0%	90.0%	93.2%
<i>Postpartum Care</i>	53.7%	59.6%	64.6%	70.6%	75.2%
<i>Children's and Adolescents' Access to Primary Care Practitioners</i>					
<i>Ages 12 to 24 Months</i>	92.6%	95.1%	97.0%	97.8%	98.6%
<i>Ages 25 Months to 6 Years</i>	82.0%	86.8%	89.6%	91.2%	92.7%
<i>Ages 7 to 11 Years</i>	85.2%	87.9%	91.3%	93.3%	94.7%
<i>Ages 12 to 19 Years</i>	81.1%	86.5%	89.7%	91.9%	93.4%
<i>Adults' Access to Preventive/Ambulatory Health Services</i>					
<i>Ages 20 to 44 Years</i>	69.3%	78.5%	83.2%	86.4%	88.4%
<i>Ages 45 to 64 Years</i>	78.7%	84.5%	87.4%	89.8%	91.0%
<i>Ages 65 Years and Older</i>	73.1%	78.5%	85.5%	89.5%	91.9%
<i>Total</i>	74.4%	80.4%	84.5%	87.5%	89.4%

Measures	P10	P25	P50	P75	P90
Living With Illness					
<i>Use of Appropriate Medications for People With Asthma</i>					
<i>Ages 5–11 Years</i>	87.5%	90.1%	92.3%	94.3%	96.0%
<i>Ages 12–18 Years[†]</i>	—	—	—	—	—
<i>Ages 19–50 Years[†]</i>	—	—	—	—	—
<i>Ages 51–64 Years[†]</i>	—	—	—	—	—
<i>Total[^]</i>	83.6%	86.6%	88.9%	90.5%	93.2%
<i>Comprehensive Diabetes Care</i>					
<i>HbA1c Testing</i>	73.6%	77.6%	82.2%	87.1%	90.9%
<i>HbA1c Poor Control (>9.0%)*</i>	29.1%	34.9%	42.6%	52.1%	60.4%
<i>HbA1c Control (<8.0%)</i>	33.8%	39.9%	47.4%	54.8%	59.1%
<i>Eye Exam</i>	34.0%	43.8%	52.8%	63.7%	70.6%
<i>LDL-C Screening</i>	63.7%	70.4%	75.4%	80.3%	84.2%
<i>LDL-C Level <100 mg/dL</i>	21.5%	27.3%	35.2%	41.4%	45.9%
<i>Medical Attention for Nephropathy</i>	68.1%	73.9%	78.5%	82.5%	86.9%
<i>Blood Pressure Controlled <140/80 mm Hg</i>	25.0%	32.0%	38.5%	44.2%	54.8%
<i>Blood Pressure Controlled <140/90 mm Hg</i>	43.8%	54.3%	61.2%	68.3%	76.0%
<i>Use of Imaging Studies for Low Back Pain</i>	67.0%	72.3%	75.6%	79.7%	82.3%
<i>Annual Monitoring for Patients on Persistent Medications</i>					
<i>ACE Inhibitors or ARBs</i>	79.9%	83.6%	86.5%	88.6%	90.6%
<i>Anticonvulsants</i>	57.6%	63.2%	68.6%	72.5%	76.6%
<i>Digoxin</i>	80.4%	87.5%	90.3%	93.3%	95.5%
<i>Diuretics</i>	79.3%	82.8%	85.8%	88.6%	90.7%
<i>Total</i>	78.3%	81.8%	84.2%	86.7%	88.1%
<i>Pharmacotherapy Management of COPD Exacerbation</i>					
<i>Bronchodilator</i>	71.1%	77.5%	84.3%	87.1%	89.3%
<i>Systemic Corticosteroid</i>	46.5%	59.4%	67.6%	73.5%	76.8%
Preventive Screening					
<i>Chlamydia Screening in Women</i>					
<i>Ages 16 to 20 Years</i>	42.9%	48.7%	53.6%	60.6%	66.7%
<i>Ages 21 to 24 Years</i>	50.5%	57.6%	62.5%	68.7%	72.2%
<i>Total</i>	46.0%	51.5%	57.2%	63.4%	69.1%
<i>Adult BMI Assessment</i>	3.2%	29.2%	47.6%	61.7%	70.5%

Measures	P10	P25	P50	P75	P90
Utilization of Services					
<i>Inpatient Utilization—General Hospital/Acute Care: Total—Total Inpatient</i>					
<i>Discharges Per 1,000 MM: Total</i>	5.6	6.4	7.9	9.0	10.7
<i>Days Per 1,000 MM: Total</i>	19.0	21.8	27.0	33.8	39.4
<i>Average Length of Stay: Total</i>	2.8	3.2	3.6	3.9	4.2
<i>Inpatient Utilization—General Hospital/Acute Care: Total—Medicine</i>					
<i>Discharges Per 1,000 MM: Total</i>	1.4	2.2	3.0	3.7	4.8
<i>Days Per 1,000 MM: Total</i>	4.4	6.8	11.0	13.6	18.2
<i>Average Length of Stay: Total</i>	2.8	3.2	3.5	3.8	4.0
<i>Inpatient Utilization—General Hospital/Acute Care: Total—Surgery</i>					
<i>Discharges Per 1,000 MM: Total</i>	0.7	0.9	1.3	1.8	2.2
<i>Days Per 1,000 MM: Total</i>	3.1	5.1	7.1	10.4	13.8
<i>Average Length of Stay: Total</i>	3.7	4.7	5.7	6.6	7.5
<i>Inpatient Utilization—General Hospital/Acute Care: Total—Maternity</i>					
<i>Discharges Per 1,000 MM: Total</i>	3.1	4.1	5.3	7.6	10.7
<i>Days Per 1,000 MM: Total</i>	6.8	11.1	14.0	19.6	27.3
<i>Average Length of Stay: Total</i>	2.2	2.5	2.6	2.8	2.9
<i>Ambulatory Care: Total</i>					
<i>Outpatient Visits Per 1,000 MM: Total</i>	264.5	314.7	349.5	391.9	439.0
<i>Emergency Department Visits Per 1,000 MM: Total</i>	44.4	55.7	63.3	70.5	76.6
<i>Frequency of Selected Procedures (Procedures Per 1,000 MM)</i>					
<i>Bariatric Weight Loss Surgery: Male—Ages 0–19 Years[†]</i>	—	—	—	—	—
<i>Bariatric Weight Loss Surgery: Female—Ages 0–19 Years[†]</i>	—	—	—	—	—
<i>Bariatric Weight Loss Surgery: Male—Ages 20–44 Years[†]</i>	—	—	—	—	—
<i>Bariatric Weight Loss Surgery: Female—Ages 20–44 Years[†]</i>	—	—	—	—	—
<i>Bariatric Weight Loss Surgery: Male—Ages 45–64 Years[†]</i>	—	—	—	—	—
<i>Bariatric Weight Loss Surgery: Female—Ages 45–64 Years[†]</i>	—	—	—	—	—
<i>Tonsillectomy: Ages 0–9 Years</i>	0.4	0.6	0.8	1.0	1.2
<i>Tonsillectomy: Ages 10–19 Years</i>	0.1	0.3	0.4	0.5	0.6
<i>Abdominal Hysterectomy: Ages 15–44 Years</i>	0.1	0.2	0.2	0.3	0.4
<i>Abdominal Hysterectomy: Ages 45–64 Years</i>	0.2	0.3	0.5	0.6	0.7
<i>Vaginal Hysterectomy: Ages 15–44 Years</i>	0.0	0.1	0.2	0.3	0.4
<i>Vaginal Hysterectomy: Ages 45–64 Years</i>	0.0	0.1	0.2	0.3	0.5
<i>Open Cholecystectomy: Male—Ages 30–64 Years</i>	0.0	0.0	0.0	0.1	0.1
<i>Open Cholecystectomy: Female—Ages 15–44 Years</i>	0.0	0.0	0.0	0.0	0.0

Measures	P10	P25	P50	P75	P90
<i>Open Cholecystectomy: Female—Ages 45–64 Years</i>	0.0	0.0	0.1	0.1	0.1
<i>Closed Cholecystectomy: Male—Ages 30–64 Years</i>	0.1	0.2	0.3	0.4	0.5
<i>Closed Cholecystectomy: Female—Ages 15–44 Years</i>	0.5	0.6	0.8	1.0	1.2
<i>Closed Cholecystectomy: Female—Ages 45–64 Years</i>	0.3	0.5	0.7	0.8	1.1
<i>Back Surgery: Male—Ages 20–44 Years</i>	0.1	0.2	0.3	0.5	0.6
<i>Back Surgery: Female—Ages 20–44 Years</i>	0.1	0.1	0.2	0.3	0.4
<i>Back Surgery: Male—Ages 45–64 Years</i>	0.1	0.3	0.5	0.8	1.0
<i>Back Surgery: Female—Ages 45–64 Years</i>	0.1	0.3	0.5	0.7	1.0
<i>Mastectomy: Ages 15–44 Years</i>	0.0	0.0	0.0	0.0	0.0
<i>Mastectomy: Ages 45–64 Years</i>	0.0	0.1	0.1	0.2	0.3
<i>Lumpectomy: Ages 15–44 Years</i>	0.1	0.1	0.2	0.2	0.2
<i>Lumpectomy: Ages 45–64 Years</i>	0.2	0.3	0.4	0.6	0.8

* For this measure, a lower rate indicates better performance; therefore, the 10th percentile is a better-performing level than the 90th percentile.

† This is a new measure/sub-measure for HEDIS 2012; therefore, HEDIS 2011 national percentiles are not available.

^ For HEDIS 2012, the upper age limit for the *Use of Appropriate Medications for People With Asthma* measure was extended from 50 to 64; therefore, please use caution when comparing with HEDIS 2011 national Medicaid percentiles for the *Total* age group.

Appendix E 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 HEDIS language used throughout the report.

Terms, Acronyms, and Abbreviations

ACE Inhibitors

Angiotensin converting enzyme inhibitors.

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.

ARBs

Angiotensin receptor blockers.

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 finding.

CAHPS^{®E-1}

Consumer Assessment of Healthcare Providers and Systems is a set of standardized surveys that assess patient satisfaction with the experience of care.

E-1 CAHPS[®] is a registered trademark of the Agency for Healthcare Research and Quality.

Certified HEDIS Software Vendor

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

CIIS

The Colorado Immunization Information System (CIIS) is a computerized information system that collects and disseminates consolidated immunization information for Coloradans. The system is operated by the Colorado Department of Public Health and Environment.^{E-2}

CHC

Community Health Center(s).

Claims-Based Denominator

When the eligible population for a measure is obtained from claims data. For claims-based denominator hybrid measures, health plans must identify their eligible population and draw their sample no earlier than January of the year following the measurement year to ensure that all claims incurred through December 31 of the measurement year are captured in their systems.

CMS

The Centers for Medicare & Medicaid Services (CMS) is a federal agency within the Department of Health and Human Services (DHHS) that regulates requirements and procedures for external quality review of managed care organizations. CMS provides health insurance to individuals through Medicare, Medicaid, and the State Children's Health Insurance Program (SCHIP). In addition, CMS regulates laboratory testing through Clinical Laboratory Improvement Amendments (CLIA), develops coverage policies, and initiates quality-of-care improvement activities. CMS also maintains oversight of nursing homes and continuing care providers. This includes home health agencies, intermediate care facilities for the mentally retarded, and hospitals.

CMS 1500

A type of health insurance claim form used to bill professional services (formerly HCFA 1500).

^{E-2} Colorado Department of Public Health and Environment. *Colorado Immunization Information System*. Available at: <http://www.cdphs.state.co.us/dc/immunization/ciis/>. Accessed on: September 13, 2012.

Cohorts

Population components of a measure based on the age of the member at a particular point in time. A separate HEDIS rate is calculated for each cohort in a measure. For example, the *Children's and Adolescents' Access to Primary Care Practitioners* measure has four cohorts: Cohort 1, children 12 to 24 months of age as of December 31 of the measurement year; Cohort 2, children 25 months to 6 years of age as of December 31 of the measurement year; Cohort 3, children 7 to 11 years of age as of December 31 of the measurement year; and Cohort 4, adolescents 12 to 19 years of age as of December 31 of the measurement year.

Computer Logic

A programmed, step-by-step sequence of instructions to perform a given task.

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.

COPD

Chronic obstructive pulmonary disease.

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.^{E-3}

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.

^{E-3} 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: September 13, 2012.

DHMC

Denver Health Medicaid Choice.

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.

Exclusions

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

FFS

Fee-for-service: A reimbursement mechanism that pays the provider for services billed.

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).

FQHC

Federally Qualified Health Center(s).

HCPCS

Healthcare Common Procedure Coding System: A standardized alphanumeric coding system that maps to certain CPT[®] codes (see also CPT[®]).

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.

Formerly the Health Plan Employer Data and Information Set.

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 poliovirus 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.^{E-4}

IT

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

LOINC[®]

Logical Observation Identifiers Names and Codes. A universal code system for identifying laboratory and clinical observations.

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.

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 nonrate measures, any error that causes a ± 10 percent difference in the reported rate or calculation is considered materially biased.

MCO

Managed care organization.

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.

^{E-4} National Committee for Quality Assurance. HEDIS Compliance Audit Standards, Policies and Procedures, Volume 5. Washington D.C.

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).

Mg/dL

Milligrams per deciliter.

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.

NDC

National drug codes used for billing pharmacy services.

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 the measure.

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.

PCPP

Primary Care Physician Program.

PCV

Pneumococcal conjugate vaccine.

Pharmacy Data

Data derived from the provision of pharmacy services.

Primary Source Verification

The practice of reviewing the processes and procedures to input, transmit, and track data from the originating source to the HEDIS repository to verify that the originating information matches the output information for HEDIS reporting.

Proprietary Codes

Unique billing codes developed by a health plan that have to be mapped to industry standard codes for HEDIS reporting.

Provider Data

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

Record of Administration, Data Management, and Processes (Roadmap)

The Roadmap, completed by each health plan undergoing the HEDIS audit process, provides information to auditors regarding the health plan's systems for collecting and processing data for HEDIS reporting. Auditors review the Roadmap prior to the scheduled on-site visit to gather preliminary information for planning/targeting on-site visit assessment activities; determining the core set of measures to be reviewed; determining which hybrid measures will be included in medical record validation; requesting core measures' source code, as needed; identifying areas that require additional clarification during the on-site visit; and determining whether the core set of measures needs to be expanded.

Previously the Baseline Assessment Tool (BAT).

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.

RHC

Rural Health Clinic(s).

RMHP

Rocky Mountain Health Plan.

Sample Frame

Members of the eligible population who meet all criteria specified in the measure from which a systematic sample is drawn.

Source Code

The written computer programming logic for determining the eligible population and the denominators/numerators for calculating the rate for each measure.

The Department

The Colorado Department of Health Care Policy and Financing.

Type of Bill Code

A code indicating the specific type of bill (inpatient, outpatient, etc.). The first digit is a leading zero. The second and third digits are the facility code. The fourth digit is a frequency code.

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.