

Colorado Medicaid HEDIS® 2013 Results STATEWIDE AGGREGATE REPORT

November 2013

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 2012, 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 2012, these programs covered 671,879 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 health plans and the FFS and PCPP programs to report results following the National Committee for Quality Assurance's (NCQA's) Healthcare Effectiveness Data and Information Set (HEDIS[®]) protocols. The Department selected 47 performance indicators 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 Audit[™] 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 six different domains of care: (1) Pediatric Care, (2) Access to Care, (3) Preventive Screening, (4) Mental/Behavioral Health, (5) Living With Illness, and (6) Use of Services.

¹⁻¹ Colorado Department of Health Care Policy and Financing. *2012 Annual Report*. Denver, CO: Colorado Department of Health Care Policy and Financing; 2012. Available at:

<http://www.colorado.gov/cs/Satellite/HCPF/HCPF/1214299848506>. Accessed on August 23, 2013.

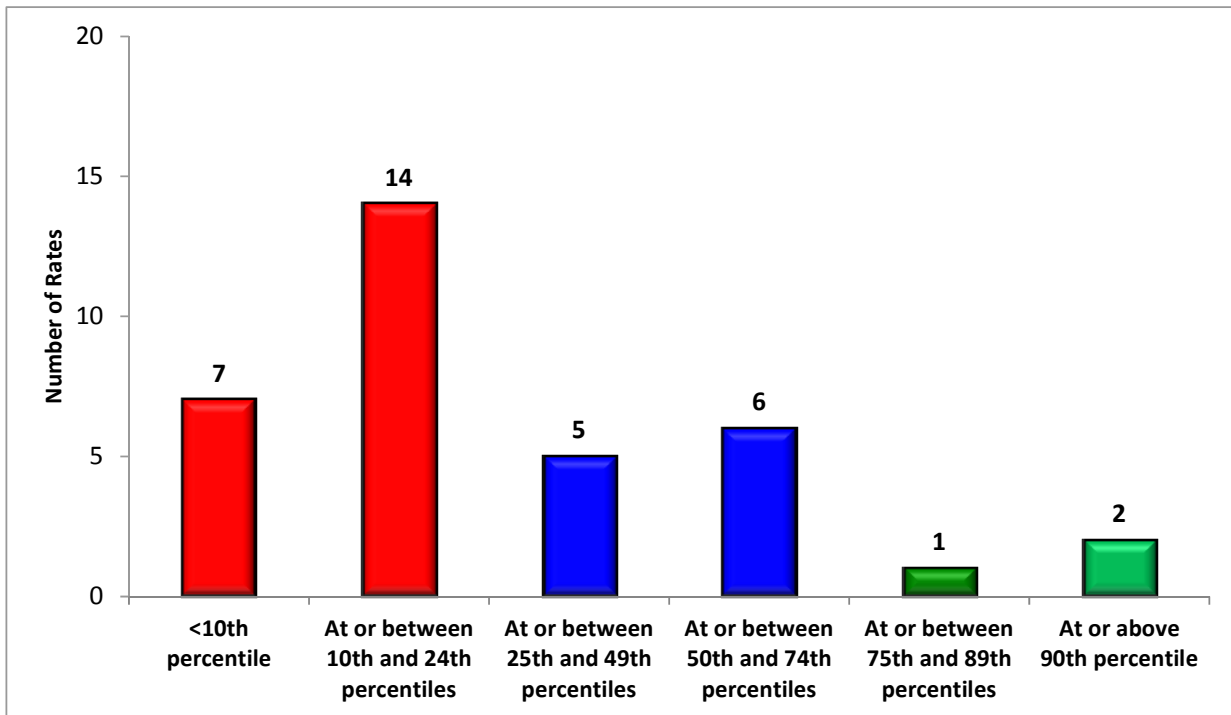
¹⁻² Colorado Department of Health Care Policy and Financing. Colorado Medicaid Benefits and Services. Available at:

http://www.colorado.gov/cs/Satellite?c=Document_C&childpagename=HCPF%2FDocument_C%2FHCPFAddLink&cid=1244045245385&pagename=HCPFWrapper. Accessed on August 23, 2013.

Summary of Performance

Figure 1-1 shows the Colorado Medicaid program’s performance on 17 measures with a total 35 indicators¹⁻³ compared with national HEDIS 2012 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 average for seven measures fell below the national 10th percentile. This means that the Colorado Medicaid program had seven measures with performance in the bottom 10 percent of all health plans nationally.

Figure 1-1—Colorado Medicaid Weighted Averages



Of the 35 weighted averages that were comparable to national percentage data:

- ◆ Seven (or 20 percent) were below the 10th percentile
- ◆ Fourteen (or 40 percent) were at or above the 10th percentile and below the 25th percentile
- ◆ Five (or 14.29 percent) were at or above the 25th percentile and below the 50th percentile
- ◆ Six (or 17.14 percent) were at or above the 50th percentile and below the 75th percentile

¹⁻³ Performance measures reported in this graph include select measures/indicators in the Pediatric Care and Preventive Screening domains as well as all measures in the Access to Care, Mental/Behavioral Health, and Living With Illness domains. Since *Ambulatory Care* is considered a utilization-based measure and not a performance measure, it is not included in this graph. In addition, for the *Well-Child Visits in the First 15 Months of Life—Zero Visits* and *Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)* indicators, the percentile was reversed to align with performance of other measures. Since three hybrid measures (*Childhood Immunization Status*, *Immunizations for Adolescents*, and *Cervical Cancer Screening*) are required by the Department to be reported administratively, these measures are not included in Figure 1-1 for benchmarking against national percentiles.

- ◆ One (or 2.86 percent) was at or above the 75th percentile and below the 90th percentile
- ◆ Two (or 5.71 percent) were at or above the 90th percentile

Table 1-1 displays statewide weighted averages from years 2011, 2012, and 2013. The values displayed in the comparison column, “Change from 2012–2013,” reflect the percentage point difference between the HEDIS 2012 and HEDIS 2013 rates. The last column, “Percentile Ranking,” presents the comparison between the 2013 rates and the national HEDIS 2012 Medicaid percentiles.

Table 1-1—Colorado Medicaid Statewide Weighted Averages

HEDIS Measures	HEDIS 2011	HEDIS 2012	HEDIS 2013	Change From 2012–2013	Percentile Ranking
Pediatric Care					
<i>Childhood Immunization Status</i>					
<i>Combination 2</i>	70.09%	72.01%	61.20%	^	^
<i>Combination 3</i>	67.20%	68.51%	58.33%	^	^
<i>Combination 4</i>	29.83%	29.37%	50.16%	^	^
<i>Combination 5</i>	43.56%	51.48%	43.75%	^	^
<i>Combination 6</i>	42.60%	44.77%	37.11%	^	^
<i>Combination 7</i>	21.43%	22.68%	37.89%	^	^
<i>Combination 8</i>	21.03%	19.92%	34.00%	^	^
<i>Combination 9</i>	31.41%	35.71%	29.00%	^	^
<i>Combination 10</i>	16.16%	15.53%	26.52%	^	^
<i>Immunizations for Adolescents—Combination 1</i>	—	55.20%	58.11%	+2.91	^
<i>Well-Child Visits in the First 15 Months of Life</i>					
<i>Zero Visits*</i>	2.08%	2.07%	1.88%	-0.19	25th–49th
<i>Six or More Visits</i>	65.86%	62.53%	62.19%	-0.34	25th–49th
<i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i>					
<i>Adolescent Well-Care Visits</i>	42.95%	40.26%	38.79%	-1.47	10th–24th
<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</i>					
<i>BMI Assessment: Total</i>	35.48%	50.45%	57.24%	+6.79	50th–74th
<i>Nutrition Counseling: Total</i>	45.67%	53.91%	58.20%	+4.29	50th–74th
<i>Physical Activity Counseling: Total</i>	32.78%	42.97%	50.28%	+7.31	50th–74th
<i>Appropriate Testing for Children with Pharyngitis</i>	—	—	74.23%	—	50th–74th

Note: Rates shaded in green with a green font indicate a statistically significant improvement from the prior year. Rates shaded in red with a red font indicate a statistically significant decline from the prior year.

— is shown when no data were available or the measure was not reported in either the HEDIS 2011 aggregate report or the HEDIS 2012 aggregate report.

^ Since the Department requires these hybrid measures to be reported using administrative data collection methodology in HEDIS 2013, trending and/or comparisons to the national HEDIS 2012 Medicaid percentiles were not performed.

* For the *Well-Child Visits in the First 15 Months of Life—Zero Visits* indicator, a lower rate indicates better performance: therefore, the percentile was reversed to align with the performance of other measures.

Table 1-1—Colorado Medicaid Statewide Weighted Averages

HEDIS Measures	HEDIS 2011	HEDIS 2012	HEDIS 2013	Change From 2012–2013	Percentile Ranking
Access to Care					
<i>Prenatal and Postpartum Care</i>					
<i>Timeliness of Prenatal Care</i>	75.42%	77.54%	79.82%	+2.28	10th–24th
<i>Postpartum Care</i>	55.29%	61.26%	57.63%	-3.63	10th–24th
<i>Children’s and Adolescents’ Access to Primary Care Practitioners</i>					
<i>Ages 12 to 24 Months</i>	95.56%	95.47%	94.61%	-0.86	10th–24th
<i>Ages 25 Months to 6 Years</i>	83.53%	84.36%	81.91%	-2.45	<10th
<i>Ages 7 to 11 Years</i>	85.39%	86.65%	86.37%	-0.28	10th–24th
<i>Ages 12 to 19 Years</i>	85.54%	86.54%	86.30%	-0.24	25th–49th
<i>Adults’ Access to Preventive/Ambulatory Health Services—Total</i>	78.78%	78.46%	77.23%	-1.23	10th–24th
Preventive Screening					
<i>Chlamydia Screening in Women—Total</i>	55.80%	55.40%	54.02%	-1.38	25th–49th
<i>Breast Cancer Screening</i>	—	—	30.42%	—	<10th
<i>Cervical Cancer Screening</i>	—	—	44.91%	—	^
<i>Adult BMI Assessment</i>	43.42%	55.20%	72.82%	+17.62	75th–89th
Mental/Behavioral Health					
<i>Anti-depressant Medication Management</i>					
<i>Effective Acute Phase Treatment</i>	—	—	63.73%	—	≥90th
<i>Effective Continuation Phase Treatment</i>	—	—	48.82%	—	≥90th
<i>Follow-up Care for Children Prescribed ADHD Medication</i>					
<i>Initiation</i>	—	—	39.47%	—	50th–74th
<i>Continuation</i>	—	—	43.63%	—	25th–49th
<i>Initiation and Engagement of Alcohol and Other Drug Dependence Treatment</i>					
<i>Initiation</i>	—	—	29.62%	—	<10th
<i>Engagement</i>	—	—	5.60%	—	10th–24th
Living With Illness					
<i>Controlling High Blood Pressure</i>	47.76%	—	44.85%	—	10th–24th
<i>Comprehensive Diabetes Care</i>					
<i>HbA1c Testing</i>	—	68.82%	67.43%	-1.39	<10th
<i>HbA1c Poor Control (>9.0%)*</i>	—	60.98%	62.68%	+1.70	<10th
<i>HbA1c Control (<8.0%)</i>	—	33.83%	32.00%	-1.83	<10th

Table 1-1—Colorado Medicaid Statewide Weighted Averages

HEDIS Measures	HEDIS 2011	HEDIS 2012	HEDIS 2013	Change From 2012–2013	Percentile Ranking
<i>Eye Exam</i>	—	43.00%	42.80%	-0.20	10th–24th
<i>LDL-C Screening</i>	—	59.25%	55.81%	-3.44	<10th
<i>LDL-C Level <100 mg/dL</i>	—	23.72%	27.07%	+3.35	10th–24th
<i>Medical Attention for Nephropathy</i>	—	73.27%	70.21%	-3.06	10th–24th
<i>Blood Pressure Controlled <140/80 mm Hg</i>	—	33.80%	39.55%	+5.75	50th–74th
<i>Blood Pressure Controlled <140/90 mm Hg</i>	—	49.31%	54.09%	+4.78	10th–24th
<i>Annual Monitoring for Patients on Persistent Medications—Total</i>	84.24%	83.10%	80.28%	-2.82	10th–24th
Use of Services[†]					
<i>Ambulatory Care: Total</i>					
<i>Emergency Department Visits Per 1,000 MM: Total</i>	63.02	58.73	64.84	+6.11	—

[^] Since the Department requires these hybrid measures to be reported using administrative data collection methodology, trending and/or comparisons to the national HEDIS 2012 Medicaid percentiles were not performed.

^{*} For the *Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)* indicator, a lower rate indicates better performance: therefore, the percentile was reversed to align with the performance of other measures.

[†] For measures in the Use of Services domain, statistical tests across years were not performed because variances were not provided in the Interactive Data Submission System (IDSS) files; differences in rates were reported without statistical test results. In addition, higher or lower rates did not necessarily denote better or poorer performance. Individual plan demographics should be considered when reviewing performance.

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

- ◆ Pediatric Care—Colorado Medicaid’s performance in this domain showed mixed performance, as characterized by slight declines in all the well-child measures but a statistically significant increase in the *Immunization for Adolescents* measure, and an increase in rate in the *Weight Assessment and Counseling* measure. The well-child measures also ranked below the national 50th percentile. Since the Department changed its reporting requirements for the *Childhood Immunization Status* measures, trending and benchmarking against the national rates were not performed.
- ◆ Access to Care—Colorado Medicaid’s performance showed a slight decline from last year in this domain. With the exception of one indicator (*Timeliness of Prenatal Care*), all access to preventive or primary care service measures exhibited a decline from HEDIS 2012, with three indicators reporting a significant decline. Additionally, all seven of the rates calculated under these measures were below the national 50th percentile.
- ◆ Preventive Screening—*Adult BMI Assessment* showed a significant increase from the previous year. *Breast Cancer Screening* was below the national 10th percentile, and *Chlamydia Screening for Women—Total* showed a significant decline.
- ◆ Mental/Behavioral Health—This is the first year these measures are included in Colorado’s HEDIS Aggregate Report. Three of the rates under this category performed below the national 50th percentile (i.e., *Follow-Up Care for Children Prescribed ADHD Medication—*

Continuation Phase and both indicators for the *Initiation and Engagement of Alcohol and Other Drug Dependence Treatment* measure). *Anti-depressant Medication Management—Effective Acute Phase Treatment* and *Effective Continuation Phase Treatment* both performed above the national 90th percentile. *Initiation and Engagement of Alcohol and Other Drug Dependence Treatment—Initiation* was below the national 10th percentile.

- ◆ Living With Illness—Colorado Medicaid’s performance in this domain has been consistent with last year’s performance, with only one indicator (*Annual Monitoring for Patients on Persistent Medications—Total*) reporting a statistically significant decline (2.82 percentage points). Nonetheless, a majority of the indicators performed below the national 25th percentile, and four of the rates were below the national 10th percentile.
- ◆ Use of Services—There was an increase in *Emergency Department Visits Per 1,000 MM: Total* by 6.11 emergency department visits per 1,000 member months from last year. This increase was mainly related to an increase in visits from the Fee-for-Service population (an increase of 6.62 visits). Of the two managed care plans, one reported a decline of 0.17 visits and the other an increase of 4.08 visits. The plan reporting an increase actually had the lowest emergency department (ED) visits. A performance summary for this measure is not reported in Figure 1-1 and Table 1-1 as this indicator requires the health plans’ member case mix to evaluate performance. Nonetheless, health plans should continue to monitor their members’ ED utilization.

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). Because the quality and the level of details provided in the FARs varied considerably by plan, HSAG was not always able to determine the reasoning behind the auditor’s findings and subsequent resolution.
- ◆ 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 (e.g., *Appropriate Testing for Children with Pharyngitis*, *Breast Cancer Screening*, *Cervical Cancer Screening*, *Controlling High Blood Pressure*, and all measures under the Mental Health domain), or (2) significant changes were made to the measures’ specifications (e.g., *Childhood Immunization Status* measures). For *Childhood Immunization Status*, trending would not be appropriate since the Department changed its reporting requirement from hybrid to administrative in HEDIS 2013.

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 2013. Twenty-one HEDIS measures with 47 unique indicators were included in this report. These measures are grouped into six domains of care for Colorado Medicaid members: Pediatric Care, Access to Care, Preventive Screening, Mental/Behavioral Health, Living With Illness, and Use of Services. While performance is reported primarily at the measure/indicator level, grouping the measures into domains encourages health plans and the Department to consider the measures as a whole rather than in isolation, and to develop the strategic and tactical changes required to improve overall performance.

Table 2-1 shows the 21 selected measures, the 47 indicators, and the corresponding domains of care. The table also identifies the Department’s required data collection method. All rates in this report are reported according to the Department’s required data collection methodology, so some plans may have low rates for certain measures compared to the rates reported in the Interactive Data Submission System (IDSS) file (e.g., *Childhood Immunization Status*, *Immunizations for Adolescents*, and *Cervical Cancer Screening*).

Table 2-1—Colorado Medicaid HEDIS 2013 Measures		
Standard HEDIS 2013 Measures	2013 Colorado Medicaid Measures/Indicators	Data Collection Methodology
Pediatric Care		
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>	Administrative
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>	Hybrid
5. <i>Adolescent Well-Care Visits</i>	14. <i>Adolescent Well-Care Visits</i>	Hybrid

Table 2-1—Colorado Medicaid HEDIS 2013 Measures

Standard HEDIS 2013 Measures	2013 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>Appropriate Testing for Children with Pharyngitis</i>	18. <i>Appropriate Testing for Children with Pharyngitis</i>	Administrative
Access to Care		
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
Preventive Screening		
11. <i>Chlamydia Screening in Women</i>	26. <i>Chlamydia Screening in Women—Total</i>	Administrative
12. <i>Breast Cancer Screening</i>	27. <i>Breast Cancer Screening</i>	Administrative
13. <i>Cervical Cancer Screening</i>	28. <i>Cervical Cancer Screening</i>	Administrative
14. <i>Adult BMI Assessment</i>	29. <i>Adult BMI Assessment</i>	Hybrid
Mental/Behavioral Health		
15. <i>Anti-depressant Medication Management</i>	30. <i>Effective Acute Phase Treatment</i> 31. <i>Effective Continuation Phase Treatment</i>	Administrative
16. <i>Follow-up Care for Children Prescribed ADHD Medication</i>	32. <i>Initiation</i> 33. <i>Continuation</i>	Administrative
17. <i>Initiation and Engagement of Alcohol and Other Drug Dependence Treatment</i>	34. <i>Initiation</i> 35. <i>Engagement</i>	Administrative

Table 2-1—Colorado Medicaid HEDIS 2013 Measures		
Standard HEDIS 2013 Measures	2013 Colorado Medicaid Measures/Indicators	Data Collection Methodology
Living With Illness		
18. <i>Controlling High Blood Pressure</i>	36. <i>Controlling High Blood Pressure</i>	Hybrid
19. <i>Comprehensive Diabetes Care</i>	37. <i>Comprehensive Diabetes Care—Hemoglobin A1c (HbA1c) Testing</i> 38. <i>Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)</i> 39. <i>Comprehensive Diabetes Care—HbA1c Control (<8.0%)</i> 40. <i>Comprehensive Diabetes Care—Eye Exam</i> 41. <i>Comprehensive Diabetes Care—Low-Density Lipoprotein Cholesterol (LDL-C) Screening</i> 42. <i>Comprehensive Diabetes Care—LDL-C Level (<100 mg/dL)</i> 43. <i>Comprehensive Diabetes Care—Medical Attention for Nephropathy</i> 44. <i>Comprehensive Diabetes Care—Blood Pressure Controlled (<140/80 mm Hg)</i> 45. <i>Comprehensive Diabetes Care—Blood Pressure Controlled (<140/90 mm Hg)</i>	Hybrid
20. <i>Annual Monitoring for Patients on Persistent Medications</i>	46. <i>Annual Monitoring for Patients on Persistent Medications—Total</i>	Administrative
Use of Services		
21. <i>Ambulatory Care</i>	47. <i>Ambulatory Care: Total—Emergency Department (ED) Visits Per 1,000 MM—Total</i>	Administrative

Data Sources

Plan-specific performance displayed in this report was based on data elements obtained from the IDSS files supplied by health plans contracted with the Department to provide Medicaid services. For statewide performance, since not all Medicaid members receive services via Medicaid health plans, HSAG collected data elements from two major sources to calculate the statewide rates: (1) HEDIS rates reported by Medicaid health plans, and (2) rates calculated for Fee-for-Service (FFS) and Primary Care Physician Program (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)

The HSAG data team used the following steps to calculate the HEDIS 2013 rates for the selected HEDIS measures for the FFS program and PCPP:

- ◆ **Identified the necessary data elements:** Based on the list of HEDIS measures selected for reporting by the Department, HSAG’s data team identified the data elements necessary to generate the HEDIS measures.
- ◆ **Obtained FFS/PCPP data:** A fiscal agent processed claims, enrollment, provider, pharmacy, and other data for the FFS program/PCPP as instructed by the Department. While the Department’s fiscal agent is Xerox Services (formerly Affiliated Computer Services, Inc.), HSAG obtained all applicable data from the Department.
- ◆ **Formatted 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.
- ◆ **Calculated 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.
- ◆ **Reviewed 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.

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

Calculation of Statewide Rates

Although plan rates for each measure can be obtained from the 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. In the last case, when a plan reports its rates via IDSS, the IDSS tool lists all applicable measures (regardless of whether they are required by the state) for the product line. If some of the measures are not required by the state for the plan to report, it will have an audit result of *NR* and a comment “plan not required to report.” 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 a rate 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.

Pediatric Care

The following section provides detailed analyses of the Colorado Medicaid health plans' performance for the Pediatric Care domain. 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* measure are displayed in Appendices A (Tabular Results) and B (Trend Tables).

The Pediatric Care domain encompasses the following measures/indicators:

- ◆ *Childhood Immunization Status (Combination 2–Combination 10)*
- ◆ *Immunizations for Adolescents—Combination 1*
- ◆ *Well-Child Visits in the First 15 Months of Life (Zero Visits and Six or More Visits)*
- ◆ *Adolescent Well-Care Visits*
- ◆ *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Total (Body Mass Index (BMI) Assessment, Nutrition Counseling, and Physical Activity Counseling)*
- ◆ *Appropriate Testing for Children with Pharyngitis*

With the exception of the *Childhood Immunization Status* measure, a graph depicting the yearly comparison of the weighted averages is presented for each of the Pediatric Care measures and indicators. Where appropriate, a horizontal bar graph also is provided that compares each health plan's performance relative to the HEDIS 2013 weighted average as well as the high and low performance levels. The performance levels are developed based on each measure's national HEDIS 2012 Medicaid HMO percentiles. Please refer to Appendix F for a full set of national HEDIS 2012 Medicaid HMO percentiles for each measure.

Childhood Immunization Status

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

Table 3-1—Combination Vaccinations for Childhood Immunization Status

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

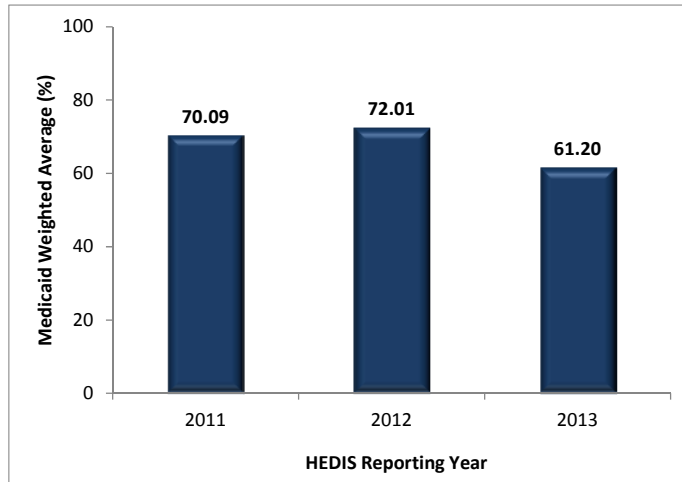
Table 3-1—Combination Vaccinations for Childhood Immunization Status

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

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

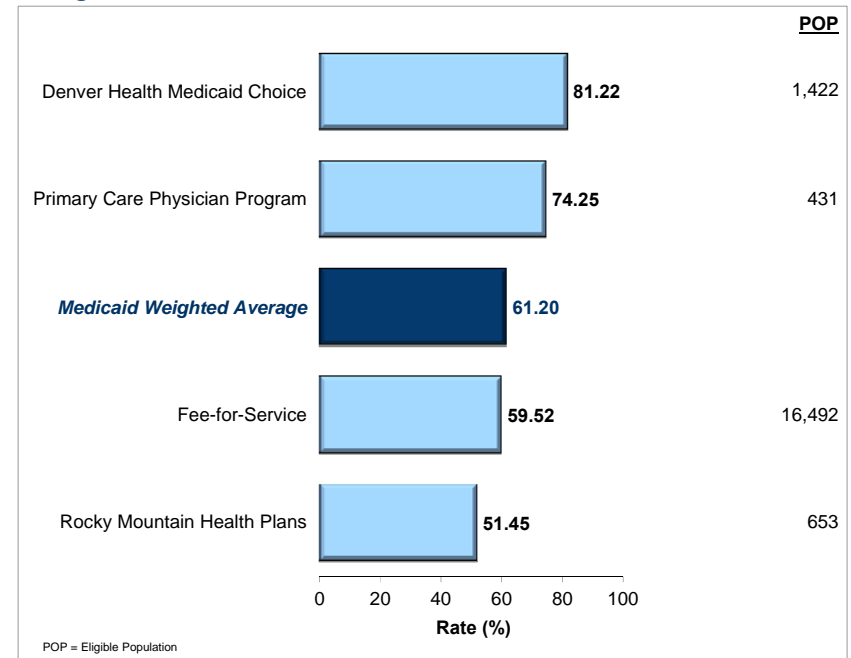
Performance Results

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



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

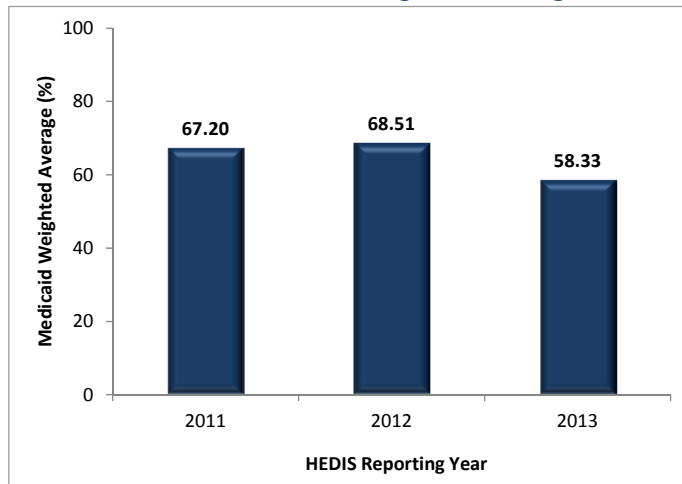
Figure 3-2—Childhood Immunization Status—Combination 2



The immunization rates presented above were derived from administrative data only. The hybrid rate submitted by RMHP in the IDSS file was 78.24 percent.

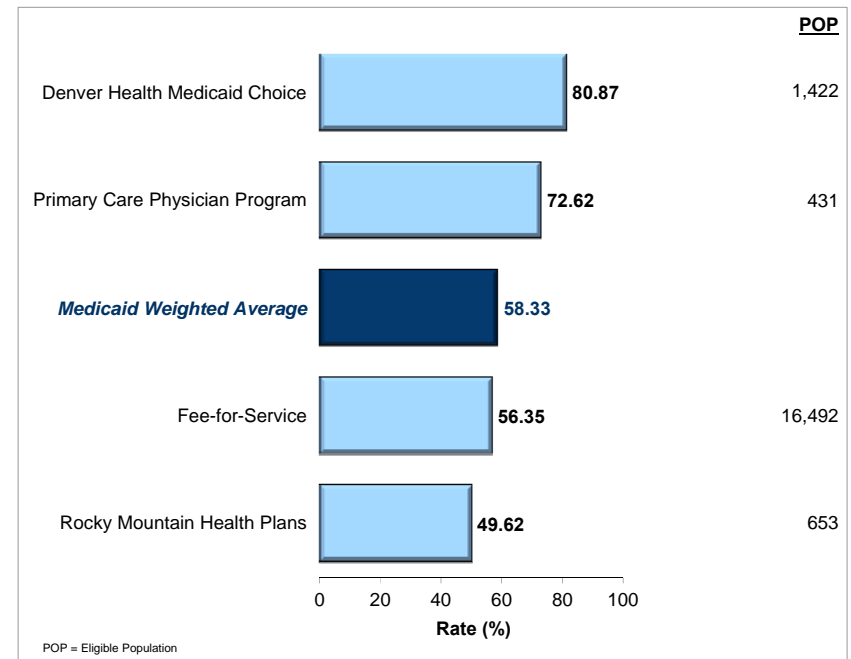
Comparing health plans based on administrative rates, Denver Health Medicaid Choice was the highest performing plan (81.22 percent) and Rocky Mountain Health Plans was the lowest (51.45 percent). Plan performance shows a variation in rates of slightly less than 30 percentage points (29.77 percentage points).

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



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

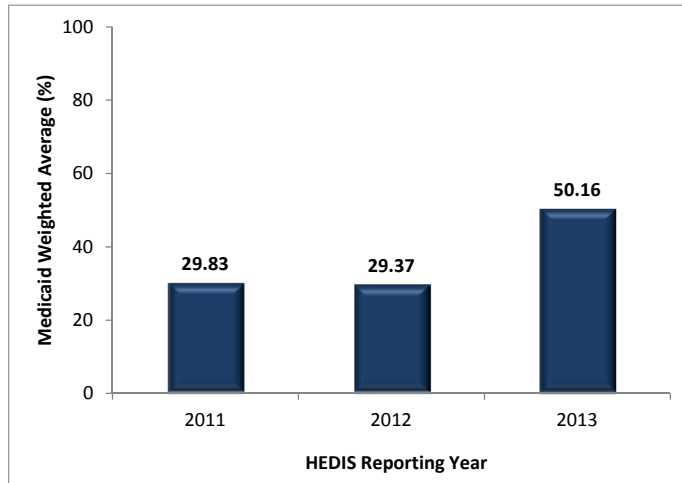
Figure 3-4—Childhood Immunization Status—Combination 3



The immunization rates presented above were derived from administrative data only. The hybrid rate submitted by RMHP in the IDSS file was 76.16 percent.

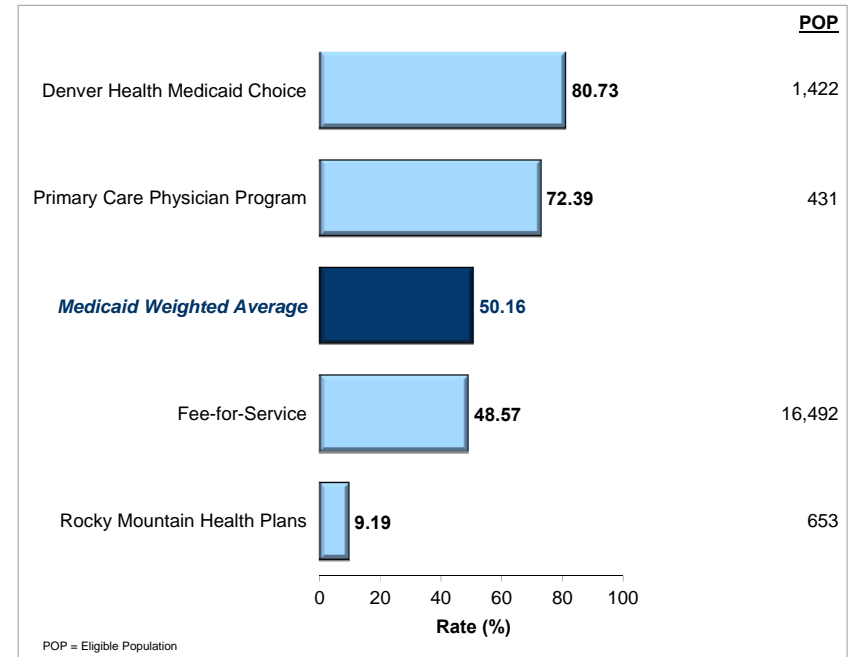
Comparing health plans based on administrative rates, Denver Health Medicaid Choice was the highest performing plan (80.87 percent) and Rocky Mountain Health Plans was the lowest (49.62 percent). Plan performance shows a variation in rates of slightly more than 30 percentage points (31.25 percentage points).

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



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

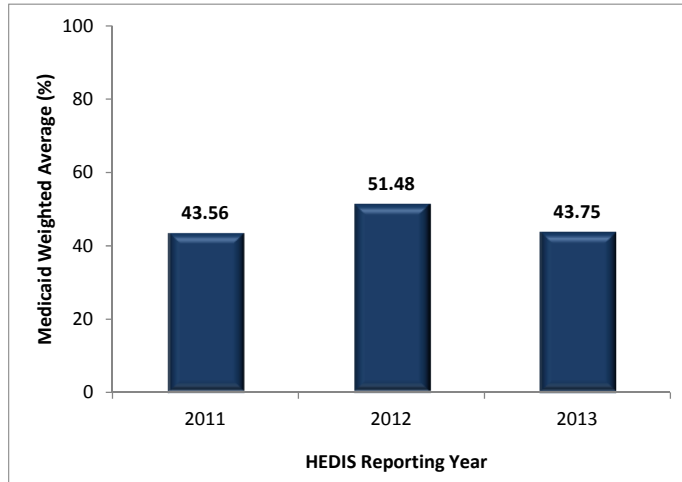
Figure 3-6—Childhood Immunization Status—Combination 4



The immunization rates presented above were derived from administrative data only. The hybrid rate submitted by RMHP in the IDSS file was 12.73 percent.

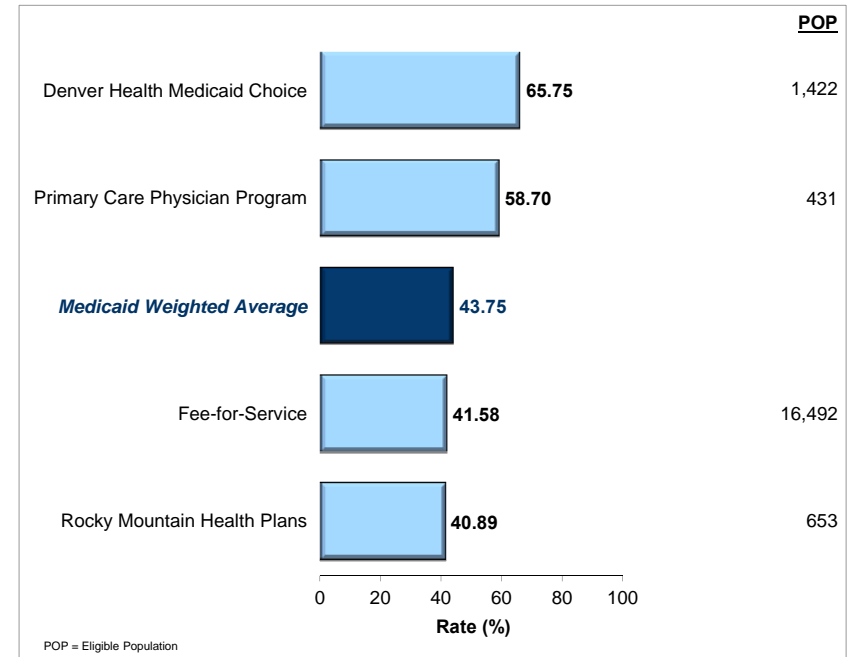
Comparing health plans based on administrative rates, Denver Health Medicaid Choice was the highest performing plan (80.73 percent) and Rocky Mountain Health Plans was the lowest (9.19 percent). Plan performance shows a variation in rates of more than 70 percentage points (71.54 percentage points).

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



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

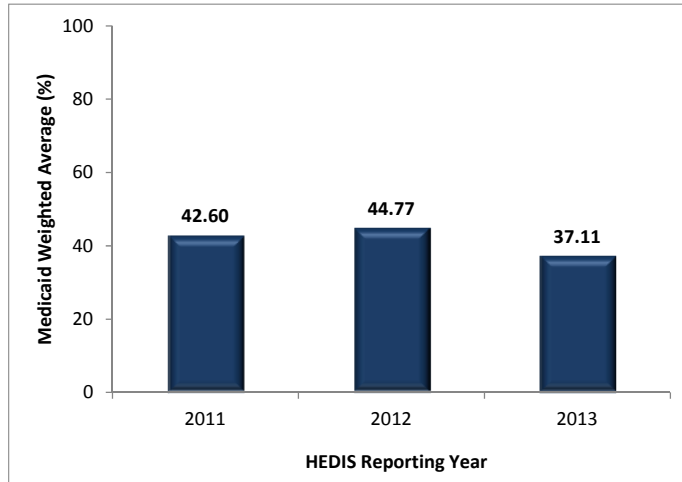
Figure 3-8—Childhood Immunization Status—Combination 5



The immunization rates presented above were derived from administrative data only. The hybrid rate submitted by RMHP in the IDSS file was 63.43 percent.

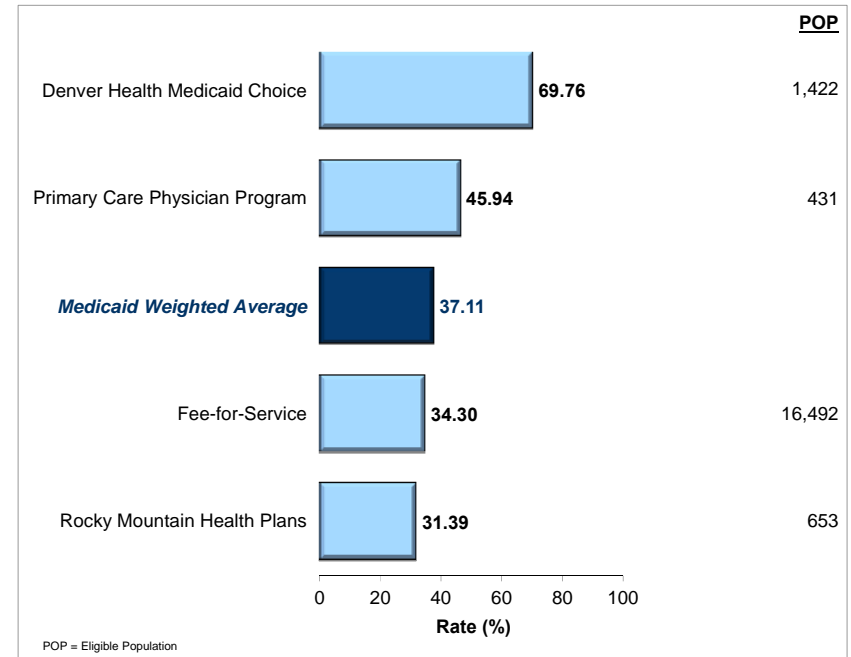
Comparing health plans based on administrative rates, Denver Health Medicaid Choice was the highest performing plan (65.75 percent) and Rocky Mountain Health Plans was the lowest (40.89 percent). Plan performance shows a variation in rates of slightly less than 25 percentage points (24.86 percentage points).

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



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

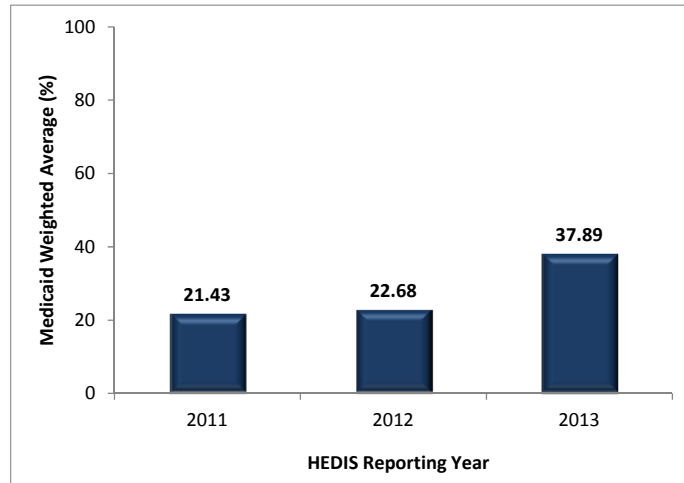
Figure 3-10—Childhood Immunization Status—Combination 6



The immunization rates presented above were derived from administrative data only. The hybrid rate submitted by RMHP in the IDSS file was 52.08 percent.

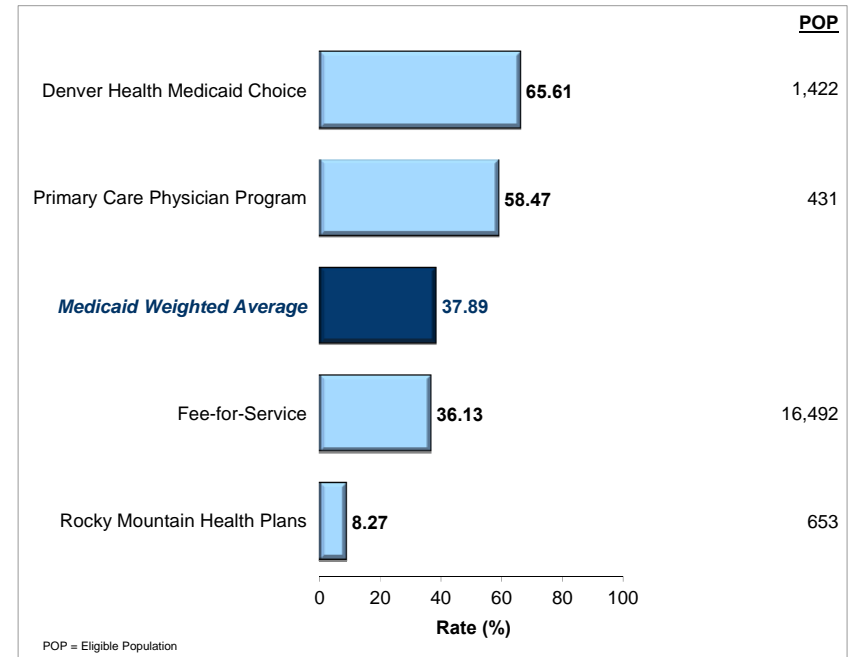
Comparing health plans based on administrative rates, Denver Health Medicaid Choice was the highest performing plan (69.76 percent) and Rocky Mountain Health Plans was the lowest (31.39 percent). Plan performance shows a variation in rates of more than 35 percentage points (38.37 percentage points).

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



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

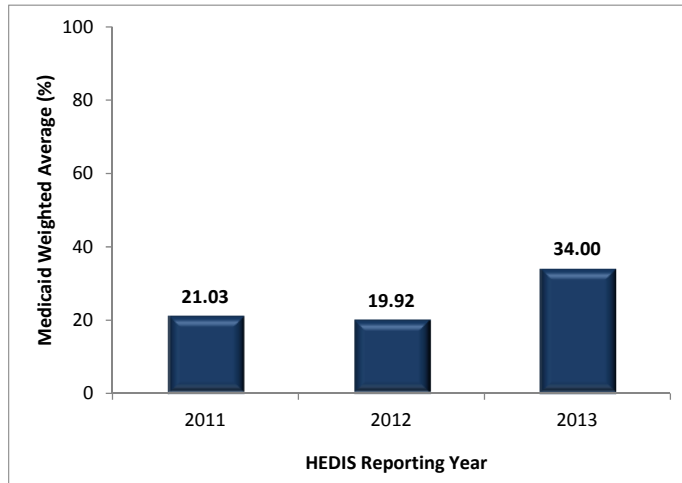
Figure 3-12—Childhood Immunization Status—Combination 7



The immunization rates presented above were derived from administrative data only. The hybrid rate submitted by RMHP in the IDSS file was 11.34 percent.

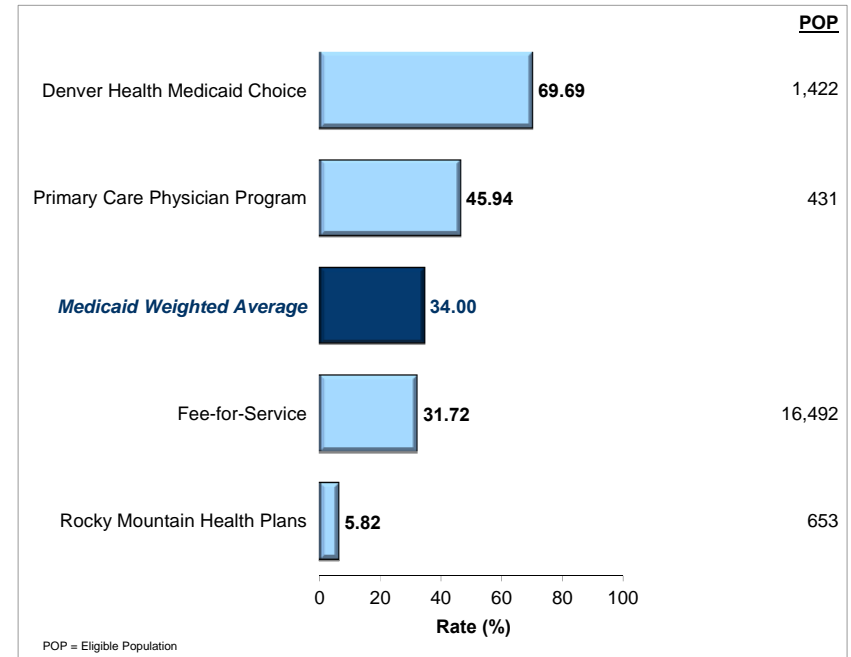
Comparing health plans based on administrative rates, Denver Health Medicaid Choice was the highest performing plan (65.61 percent) and Rocky Mountain Health Plans was the lowest (8.27 percent). Plan performance shows a variation in rates of more than 55 percentage points (57.34 percentage points).

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



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

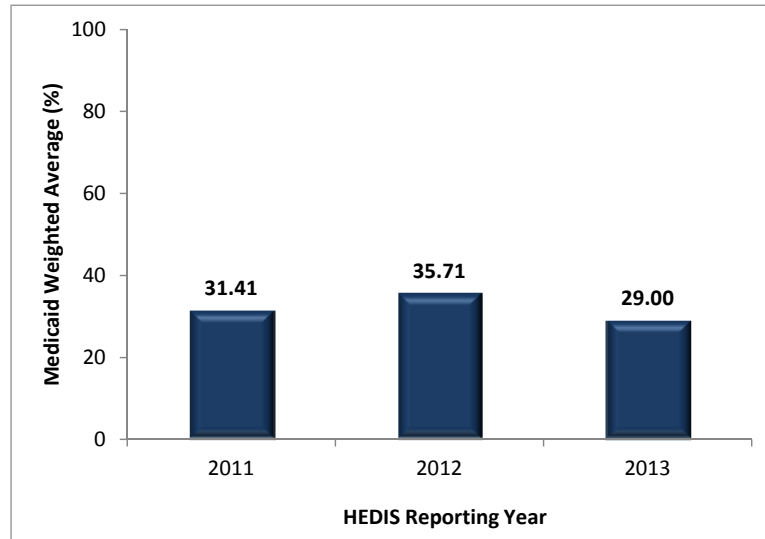
Figure 3-14—Childhood Immunization Status—Combination 8



The immunization rates presented above were derived from administrative data only. The hybrid rate submitted by RMHP in the IDSS file was 9.03 percent.

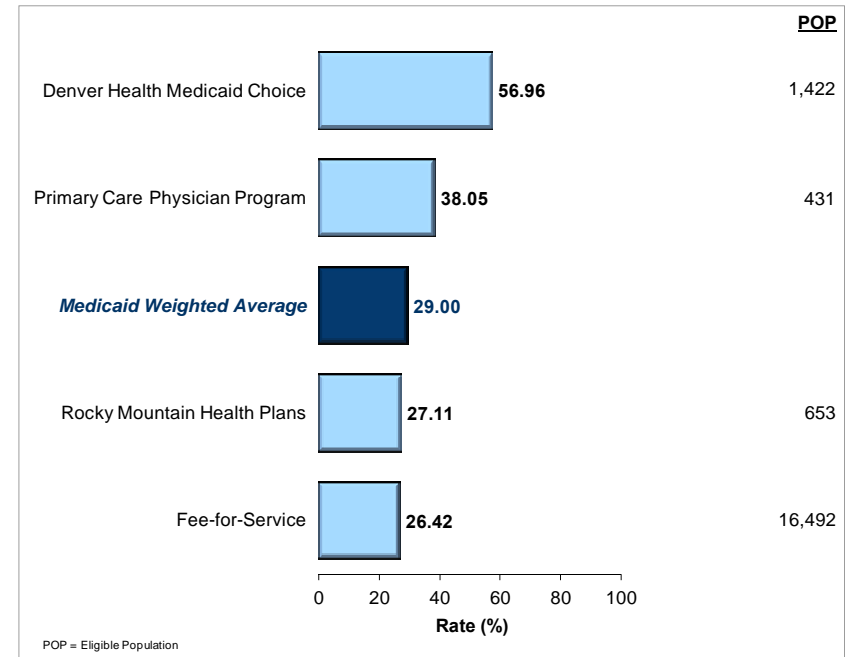
Comparing health plans based on administrative rates, Denver Health Medicaid Choice was the highest performing plan (69.69 percent) and Rocky Mountain Health Plans was the lowest (5.82 percent). Plan performance shows a variation in rates of more than 60 percentage points (63.87 percentage points).

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



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

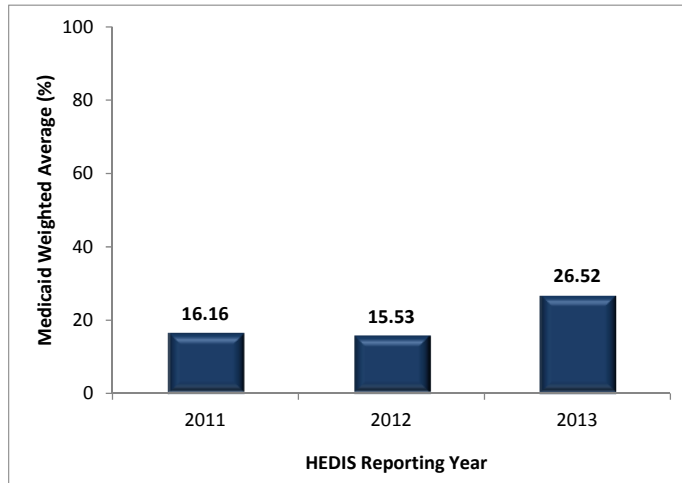
Figure 3-16—Childhood Immunization Status—Combination 9



The immunization rates presented above were derived from administrative data only. The hybrid rate submitted by RMHP in the IDSS file was 44.91 percent.

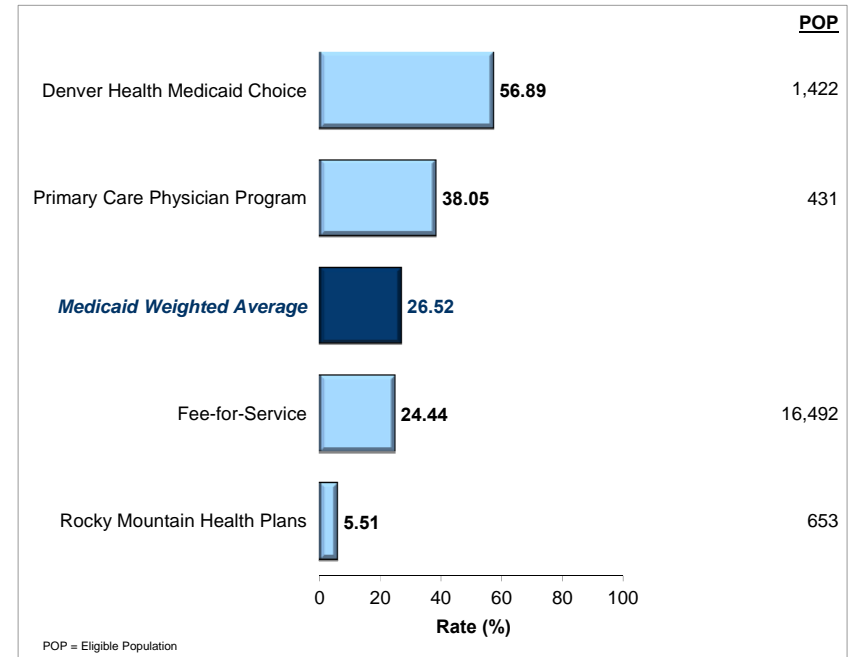
Comparing health plans based on administrative rates, Denver Health Medicaid Choice was the highest performing plan (56.96 percent) and the Department reported the lowest rate for its Fee-for-Service population (26.42 percent). Plan performance shows a variation in rates of slightly more than 30 percentage points (30.54 percentage points).

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



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

Figure 3-18—Childhood Immunization Status—Combination 10



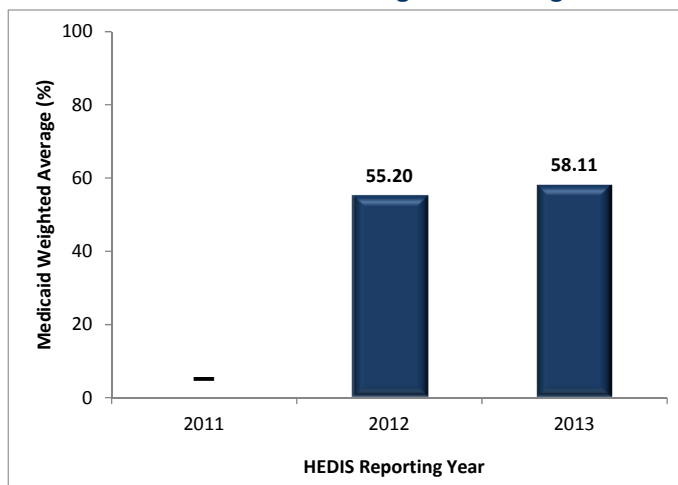
The immunization rates presented above were derived from administrative data only. The hybrid rate submitted by RMHP in the IDSS file was 8.10 percent.

Comparing health plans based on administrative rates, Denver Health Medicaid Choice was the highest performing plan (56.89 percent) and Rocky Mountain Health Plans was the lowest (5.51 percent). Plan performance shows a variation in rates of more than 50 percentage points (51.38 percentage points).

Immunizations for Adolescents

The *Immunizations for Adolescents* measure assesses the percentage of adolescents 13 years of age who had one dose of meningococcal vaccine and one tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap) or one tetanus, diphtheria toxoids vaccine (Td) by their 13th birthday. The measure calculates a rate for each vaccine and one combination rate. Since this measure was required for state reporting using administrative data since HEDIS 2012, only a two-year trending chart is available. Health plans' rates are also not compared against high and low performance levels, which are derived from national Medicaid percentiles based primarily on hybrid rates.

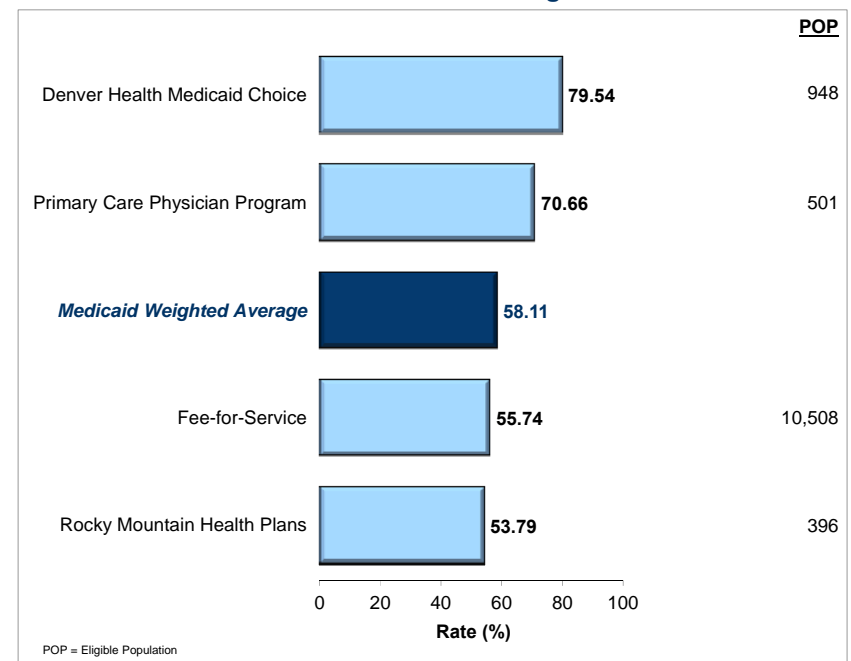
**Figure 3-19—Immunizations for Adolescents—Combination 1
Colorado Medicaid Weighted Averages**



Rate increase from HEDIS 2012 to HEDIS 2013 was statistically significant.

For the *Immunizations for Adolescents—Combination 1* indicator, the weighted average increased significantly by 2.91 percentage points in HEDIS 2013.

**Figure 3-20—Immunizations for Adolescents—Combination 1
Health Plan Ranking**

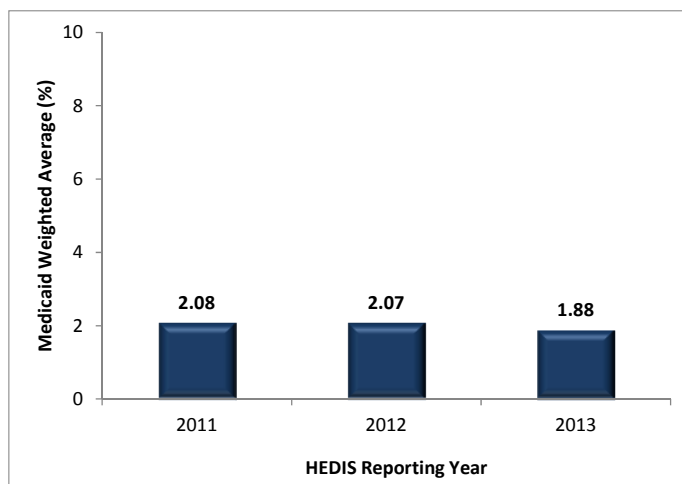


Comparing health plans based on administrative rates, Denver Health Medicaid Choice was the highest performing plan (79.54 percent) and Rocky Mountain Health Plans was the lowest (53.79 percent). Plan performance shows a variation in rates of slightly more than 25 percentage points (25.75 percentage points).

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

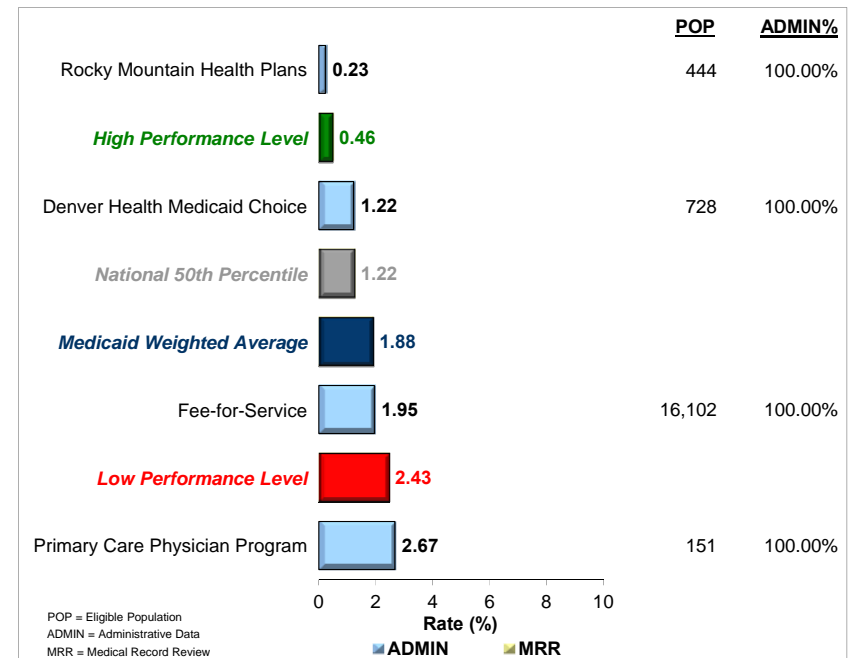
Well-Child Visits in the First 15 Months of Life—Zero Visits calculates the percentage of enrolled members who turned 15 months old during the measurement year, who were continuously enrolled in the health plan from 31 days of age through 15 months of age, and who received zero visits with a primary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

**Figure 3-21—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 Medicaid weighted average decreased very slightly from 2011 to 2012 by 0.01 percentage points, and by 0.19 percentage points from 2012 to 2013, indicating an improvement in performance.

Figure 3-22—Well-Child Visits in the First 15 Months of Life—Zero Visits

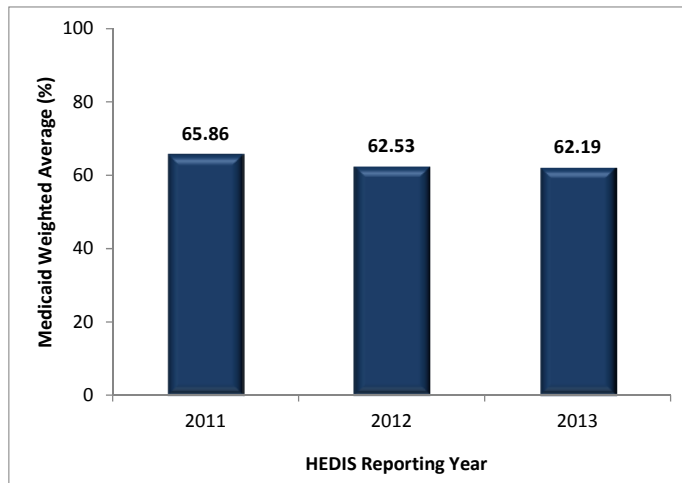


For this measure, a lower rate indicates better performance. One health plan performed above the HPL of 0.46 percent, and one health plan performed below the LPL of 2.43 percent. Two health plans reported rates above the national HEDIS 2012 Medicaid 50th percentile, including the plan performing above the HPL. The 2013 Colorado Medicaid weighted average of 1.88 percent exceeded the national HEDIS 2012 Medicaid 50th percentile by 0.66 percentage points (indicating poorer performance).

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

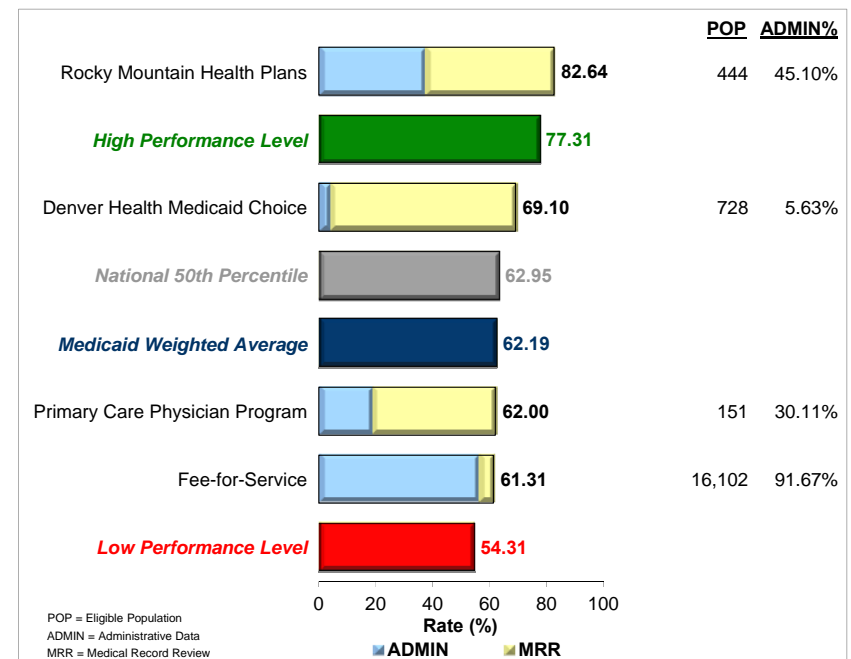
Well-Child Visits in the First 15 Months of Life—Six or More Visits calculates the percentage of enrolled members who turned 15 months old during the measurement year, who were continuously enrolled in the health plan from 31 days of age through 15 months of age, and who received six or more visits with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

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



The 2012 Colorado Medicaid weighted average decreased 3.33 percentage points from HEDIS 2011 to HEDIS 2012 and decreased 0.34 percentage points from HEDIS 2012 to HEDIS 2013. This decline was not statistically significant.

Figure 3-24—Well-Child Visits in the First 15 Months of Life—Six or More Visits

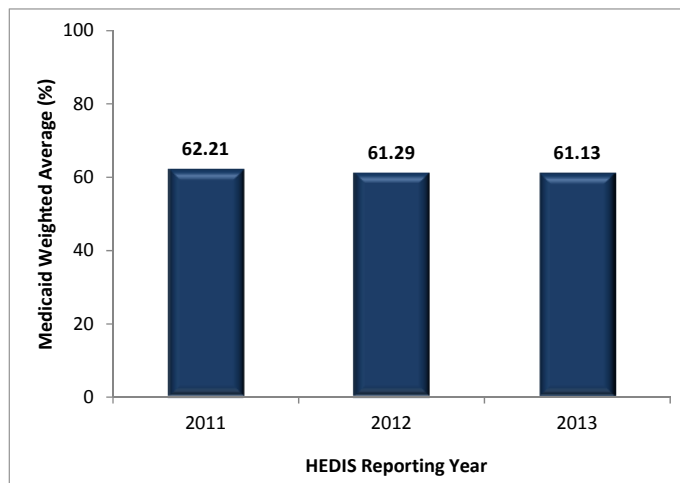


One health plan exceeded the HPL of 77.31 percent by 5.33 percentage points, and all plans performed above the LPL of 54.31 percent. The national HEDIS 2012 Medicaid 50th percentile exceeded the 2013 Colorado Medicaid weighted average of 62.19 percent by 0.76 percentage points.

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

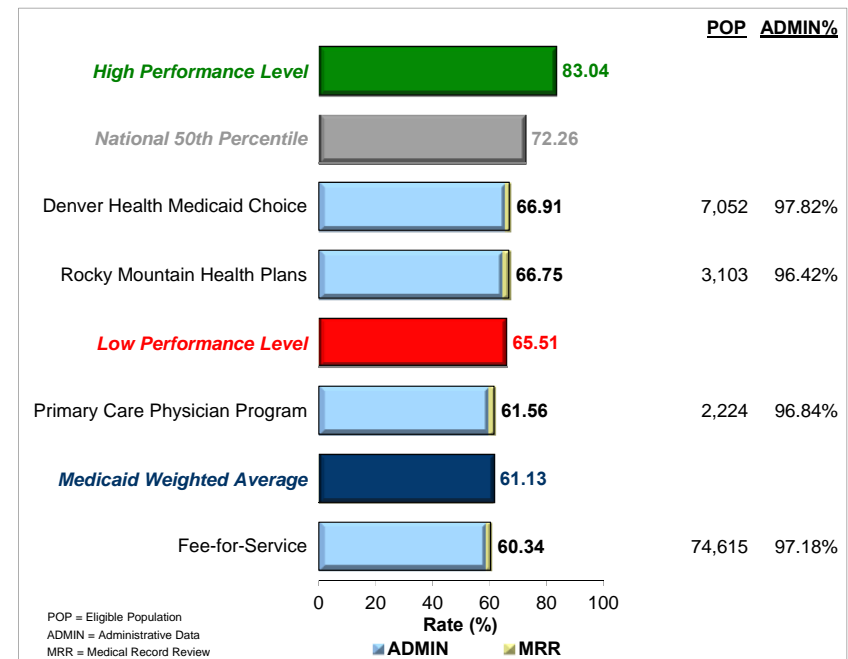
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life calculates the percentage of members who were three, four, five, or six years old during the measurement year, who were continuously enrolled during the measurement year, and who received one or more well-child visits with a PCP during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

**Figure 3-25—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 Medicaid weighted average decreased 0.92 percentage points from 2011. The 2013 weighted average decreased 0.16 percentage points from 2012; however, this decline was not statistically significant.

Figure 3-26—Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life

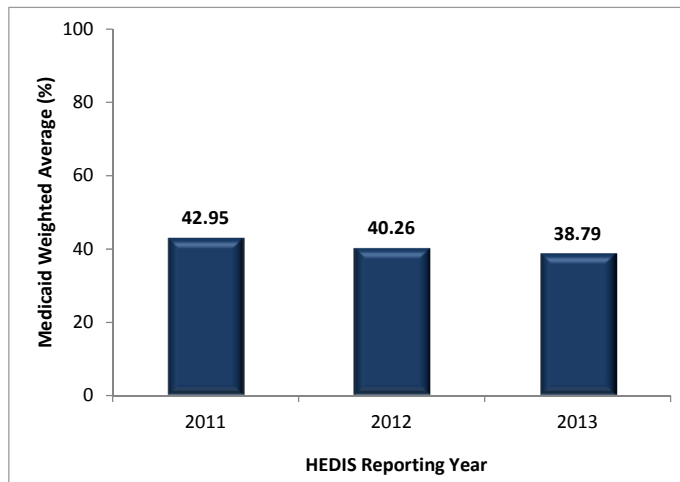


None of the health plans exceeded the HPL of 83.04 percent or the national HEDIS 2012 Medicaid 50th percentile of 72.26 percent. Two of the health plans and the weighted average performed below the LPL of 65.51 percent. The 2013 Colorado Medicaid weighted average of 61.13 was 11.13 percentage points below the national Medicaid 50th percentile and 4.38 percentage points below the LPL.

Adolescent Well-Care Visits

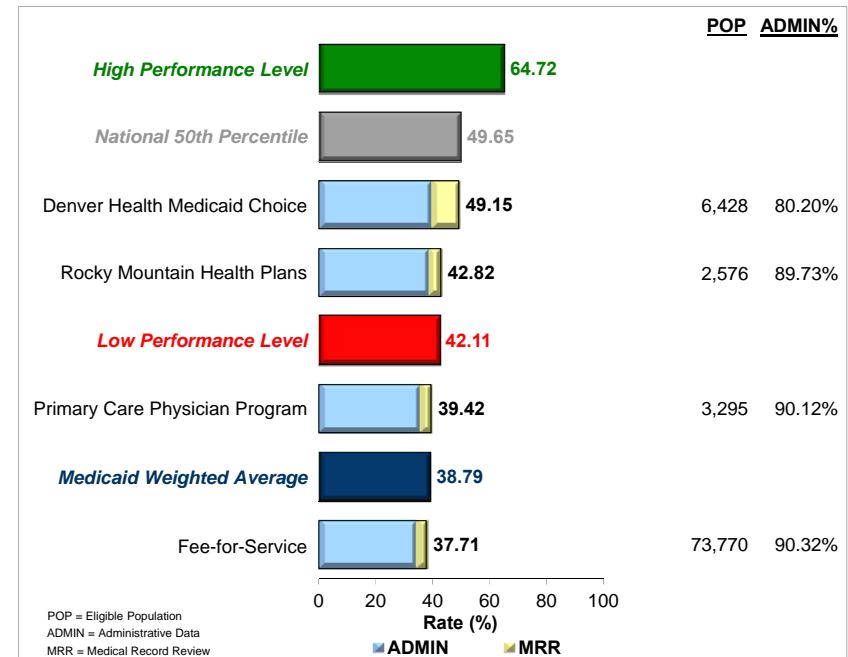
The *Adolescent Well-Care Visits* measure reports the percentage of enrolled members who were 12 to 21 years of age during the measurement year, who were continuously enrolled during the measurement year, and who had at least one comprehensive well-care visit with a PCP or an obstetrician/gynecologist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

Figure 3-27—Adolescent Well-Care Visits Colorado Medicaid Weighted Averages



The Medicaid statewide performance exhibited a decline since 2011, with the decline from year to year no more than 3 percentage points (2.69 percentage points from 2011 to 2012 and 1.47 percentage points from 2012 to 2013). The decline from 2012 to 2013 was not statistically significant.

Figure 3-28—Adolescent Well-Care Visits

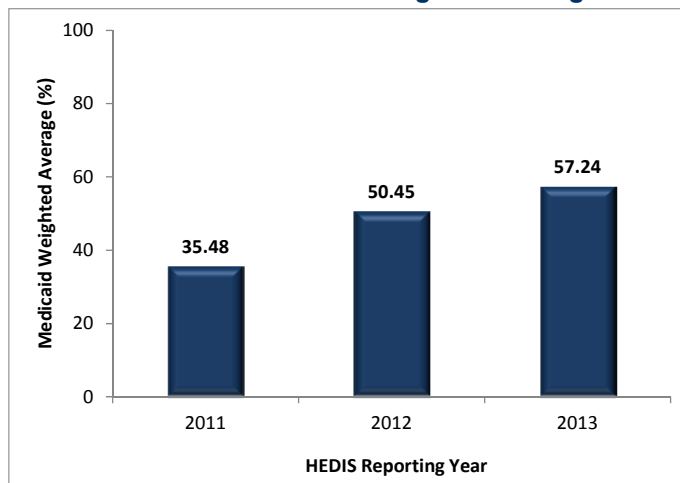


None of the health plans exceeded the HPL of 64.72 percent. Two health plans performed below the LPL of 42.11 percent. The 2013 Colorado Medicaid weighted average of 38.79 percent was 10.86 percentage points below the national HEDIS 2012 Medicaid 50th percentile.

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

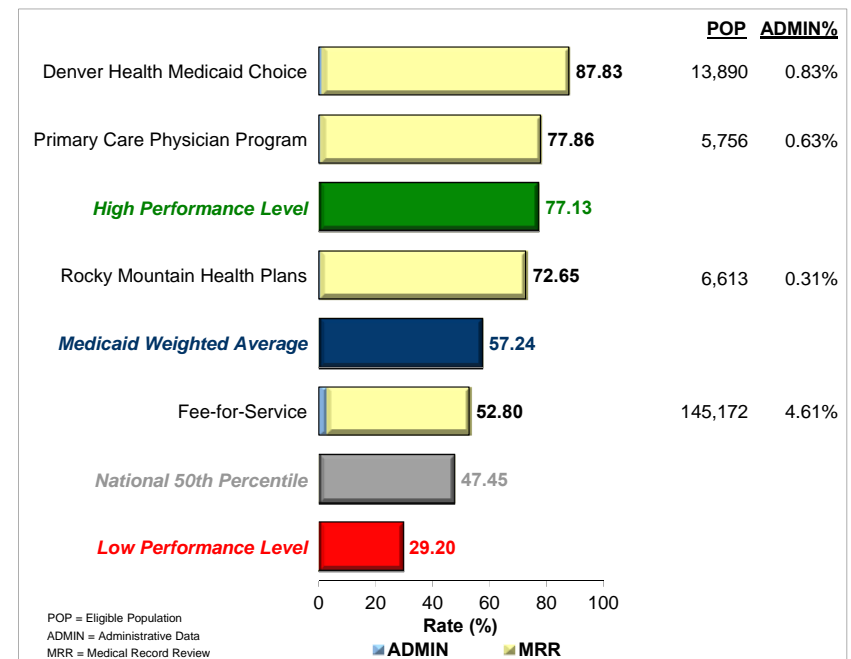
The *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents* measure calculates the percentage of enrolled members between 3 and 17 years of age, who were continuously enrolled and who had an outpatient visit with a PCP or OB/GYN and who had evidence of BMI percentile documentation, counseling for nutrition, and counseling for physical activity during the measurement year. The age cohort indicators for this measure are displayed in Appendix A (Tabular Results) and Appendix B (Trend Tables).

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



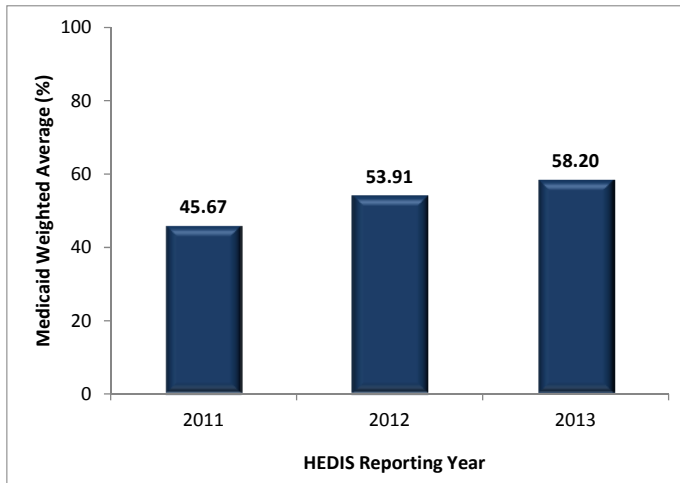
The weighted averages have increased each year from 2011 to 2013. The Colorado Medicaid Weighted average increased from 2011 to 2012 by 14.97 percentage points, and by 6.79 percentage points from 2012 to 2013; however, the observed improvement from 2012 to 2013 was not statistically significant.

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



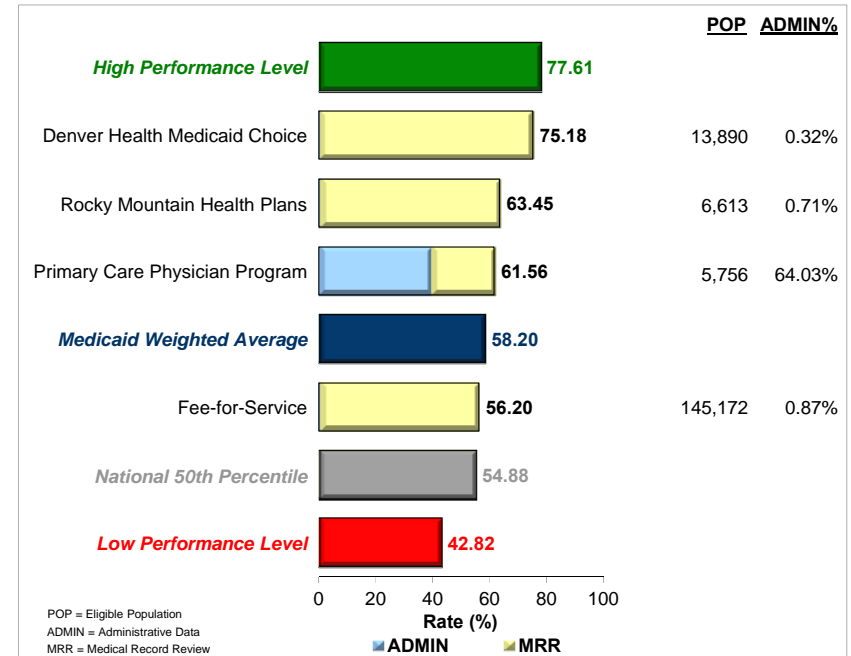
Two health plans exceeded the HPL of 77.13 percent, and all four of the health plans reported rates that exceeded the national 50th percentile. The 2013 Colorado Medicaid weighted average of 57.24 percent exceeded the national HEDIS 2012 Medicaid 50th percentile by 9.79 percentage points.

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



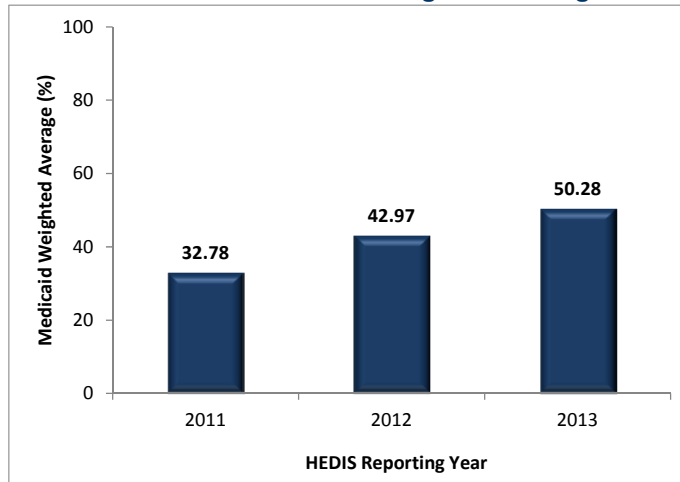
The Colorado Medicaid weighted average increased from 2011 to 2012 by 8.24 percentage points, and by 4.29 percentage points from 2012 to 2013. The observed increase between 2012 and 2013 was not statistically significant.

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



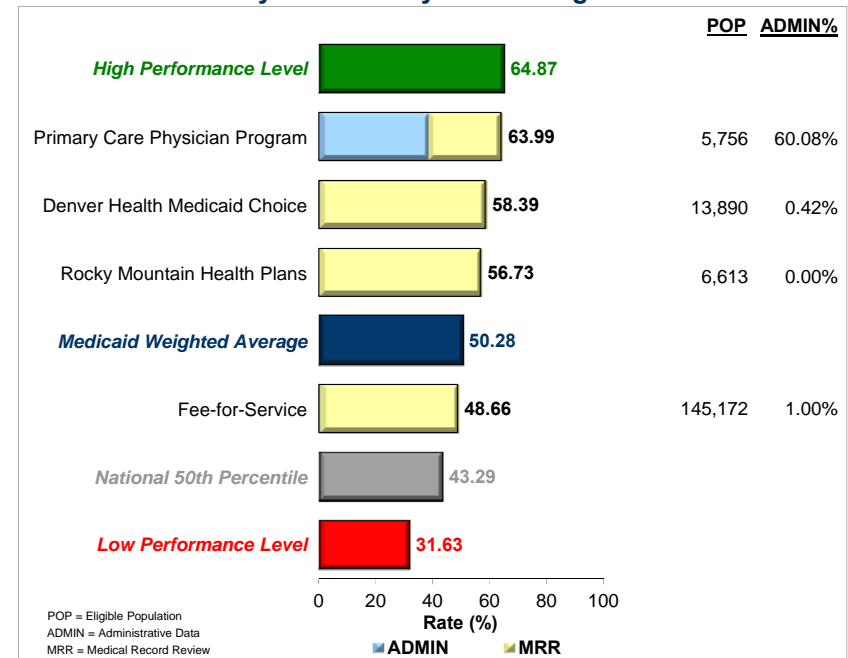
All plans exceeded the LPL (42.82 percentage points) and the national 50th percentile (54.88 percentage points). None of the plans exceeded the HPL of 77.61. The 2013 Colorado Medicaid weighted average of 58.20 percent was 3.32 percentage points above the national Medicaid 50th percentile.

**Figure 3-33—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 2011 through 2013. From 2011 to 2012, the Colorado Medicaid weighted average increased by 10.19 percentage points and by 7.31 percentage points from 2012 to 2013. The increase between 2012 and 2013 was not statistically significant.

**Figure 3-34—Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents
—Physical Activity Counseling: Total**

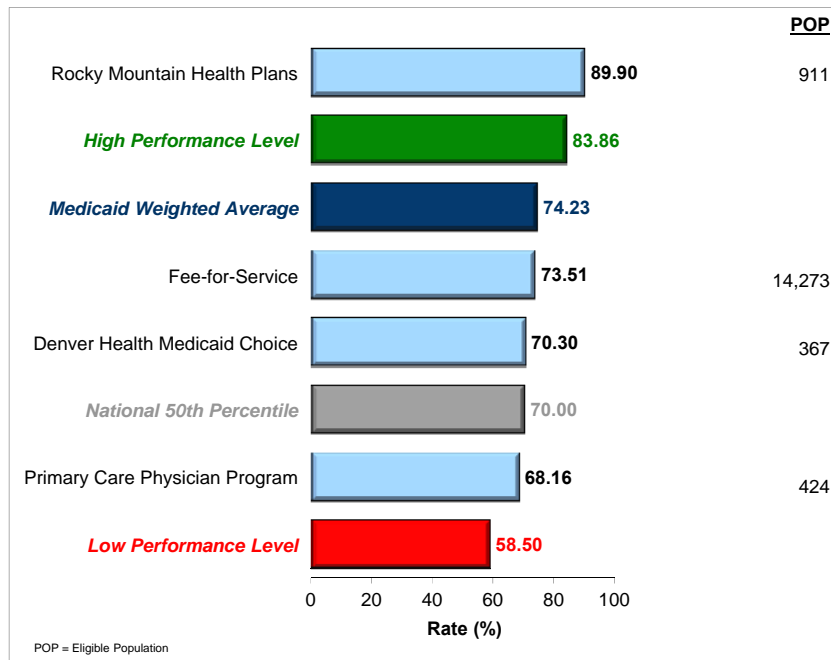


None of the health plans exceeded the HPL of 64.87 percent, but all of the health plans exceeded the LPL of 31.63 percent and the national 50th percentile of 43.29 percent. The 2013 Colorado Medicaid weighted average of 50.28 percent exceeded the national Medicaid 50th percentile by 6.99 percentage points.

Appropriate Testing for Children with Pharyngitis

The *Appropriate Testing for Children with Pharyngitis* measure is used to calculate the percentage of children 2–18 years of age who were diagnosed with pharyngitis, dispensed an antibiotic, and received a group A streptococcus (strep) test for the episode. A higher rate represents better performance (i.e., appropriate testing). This is a newly added measure for state reporting in HEDIS 2013, and a three-year trending chart is not available.

Figure 3-35—Appropriate Testing for Children with Pharyngitis



All plans performed above the LPL of 58.50 percent, and three plans exceeded the national 50th percentile of 70.00 percent. The 2013 Colorado Medicaid weighted average of 74.23 percent exceeded the national Medicaid 50th percentile by 4.23 percentage points.

Summary of Findings

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

Table 3-2—Pediatric Care Measure-Specific Performance Ratings				
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>Appropriate Testing for Children with Pharyngitis</i>				
	★★★	★★★	★★★	★★★★★

Table 3-3 presents a summary of the health plans’ overall performance for the measures in the Pediatric Care domain. It shows the number of measures falling into each performance rating.

Table 3-3—Pediatric Care: Plan-Specific Count of Measures by Performance Rating						
Health Plan Name	★★★★★	★★★★	★★★	★★	★	NA/NR/NB
FFS	0	0	6	1	1	0
PCPP	1	1	3	3	0	0
DHMC	1	2	5	0	0	0
RMHP	3	2	3	0	0	0

RMHP was the top-performing health plan in the Pediatric Care domain, with three indicators receiving a five-star rating (rates at or above the national HEDIS 2012 Medicaid 90th percentile). Conversely, the Department had several opportunities for improvement for its FFS program, with two indicators reporting rates below the 25th percentile (★★ or fewer). The majority of the plan rates clustered around fair (★★★) performance. Overall, a wide variation in performance rating existed among the plans in the Pediatric Care domain.

Access to Care

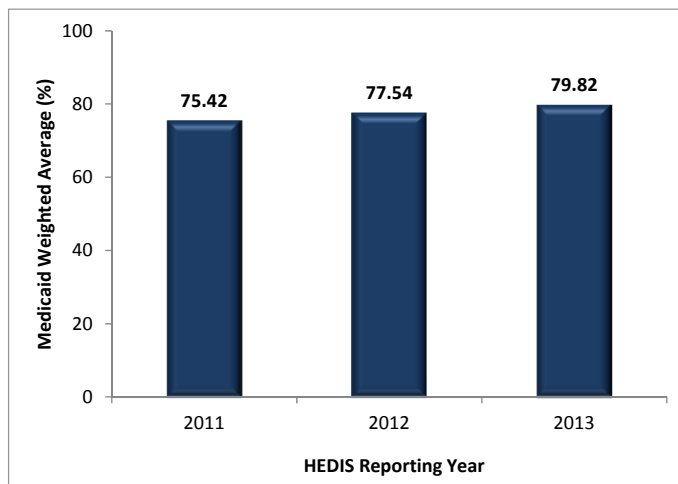
The following pages provide detailed analysis of the Colorado health plans' performance. Results for age-cohort indicators under *Adults' Access to Preventive/Ambulatory Health Services* are displayed in Appendices A (Tabular Results) and B (Trend Tables). The Access to Care domain encompasses the following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

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

Prenatal and Postpartum Care—Timeliness of Prenatal Care

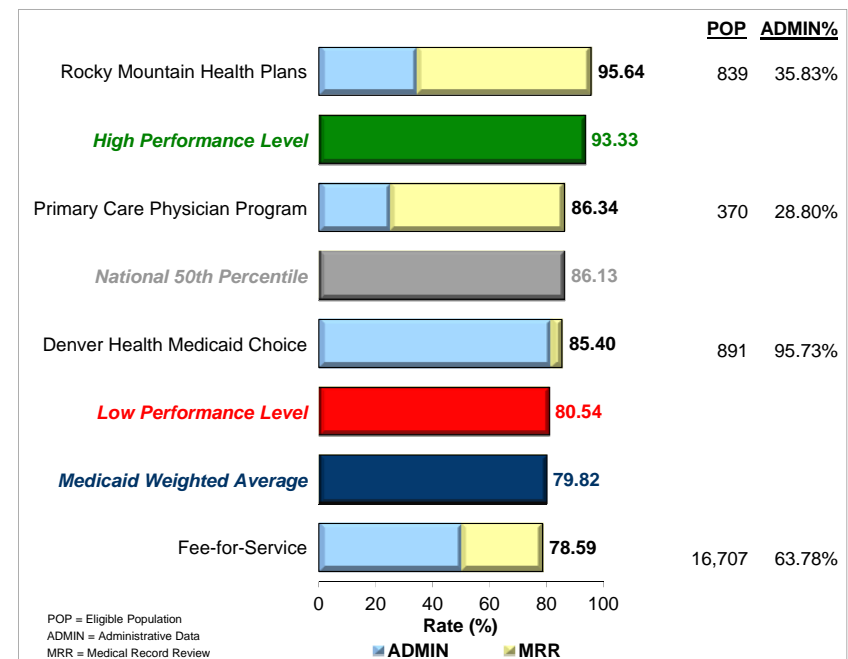
The *Timeliness of Prenatal Care* measure calculates the percentage of deliveries of live births between November 6 of the year prior to the measurement year and November 5 of the measurement year, who were continuously enrolled at least 43 days prior to delivery through 56 days after delivery, and who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

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 2011 and HEDIS 2013. The 2012 Colorado Medicaid weighted average increased 2.12 percentage points from HEDIS 2011 to HEDIS 2012. The increase between HEDIS 2012 and HEDIS 2013 was 2.28 percentage points and was not statistically significant.

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

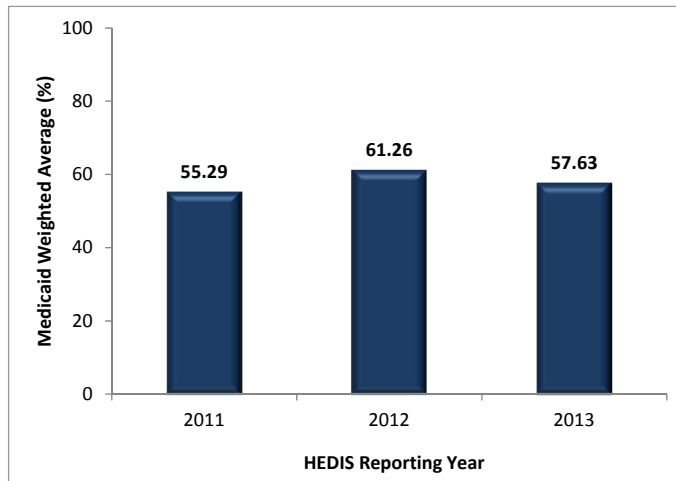


One health plan exceeded the HPL of 93.33 percent, and one health plan performed below the LPL of 80.54 percent. Two health plans (including the plan that performed above the HPL) performed above the national HEDIS 2012 Medicaid 50th percentile of 86.13 percent. The 2013 Colorado Medicaid weighted average of 79.82 percent was 0.72 percentage points below the LPL.

Prenatal and Postpartum Care—Postpartum Care

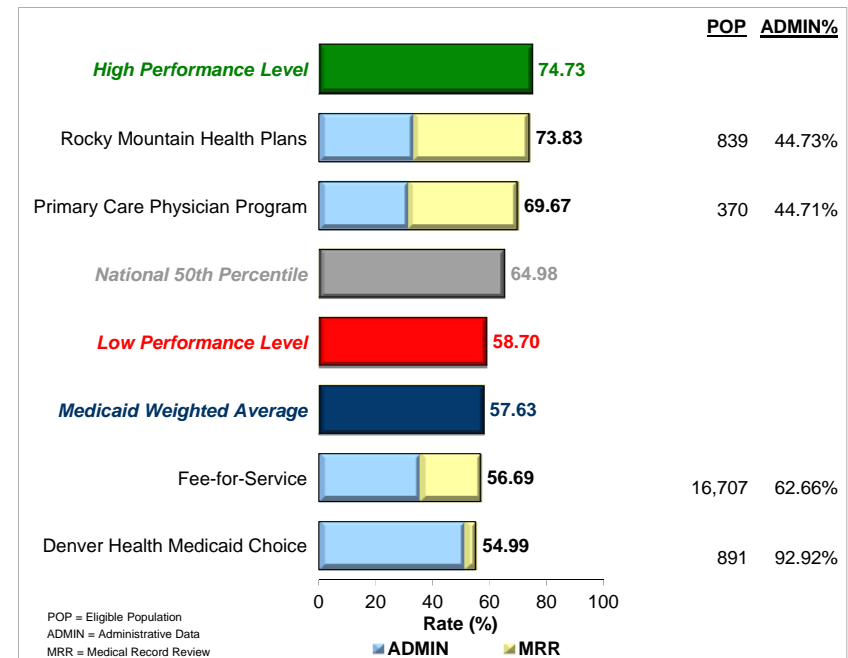
The *Postpartum Care* measure reports the percentage of deliveries of live births between November 6 of the year prior to the measurement year and November 5 of the measurement year, who were continuously enrolled at least 43 days prior to delivery through 56 days after delivery, and who received a postpartum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

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



The Medicaid weighted average increased 5.97 percentage points from HEDIS 2011 to HEDIS 2012, but it decreased 3.63 percentage points from HEDIS 2012 to HEDIS 2013. The decrease between HEDIS 2012 and HEDIS 2013 was not statistically significant.

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

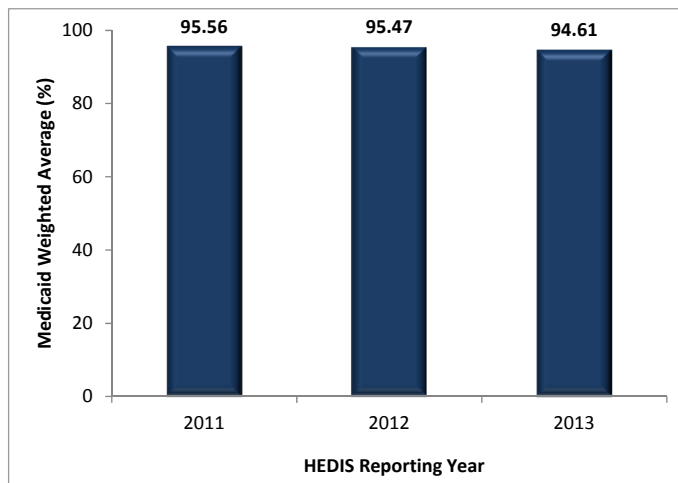


No health plans exceeded the HPL of 74.73 percent, and two of the health plans reported rates below the LPL of 58.70 percent. The 2013 Colorado Medicaid weighted average of 57.63 percent was 7.35 percentage points lower than the national HEDIS Medicaid 50th percentile of 64.98 percent.

Children’s and Adolescents’ Access to Primary Care Practitioners

Children’s and Adolescents’ Access to Primary Care Practitioners calculates the percentage of children 12 to 24 months and 25 months to 6 years who had a visit with a PCP during the measurement year and children 7 to 11 years and adolescents 12 to 19 years who had a visit with a PCP during the measurement year or the year prior to the measurement year. This measure is reported in four age groups: 12 to 24 months, 25 months to 6 years, 7 to 11 years, and 12 to 19 years.

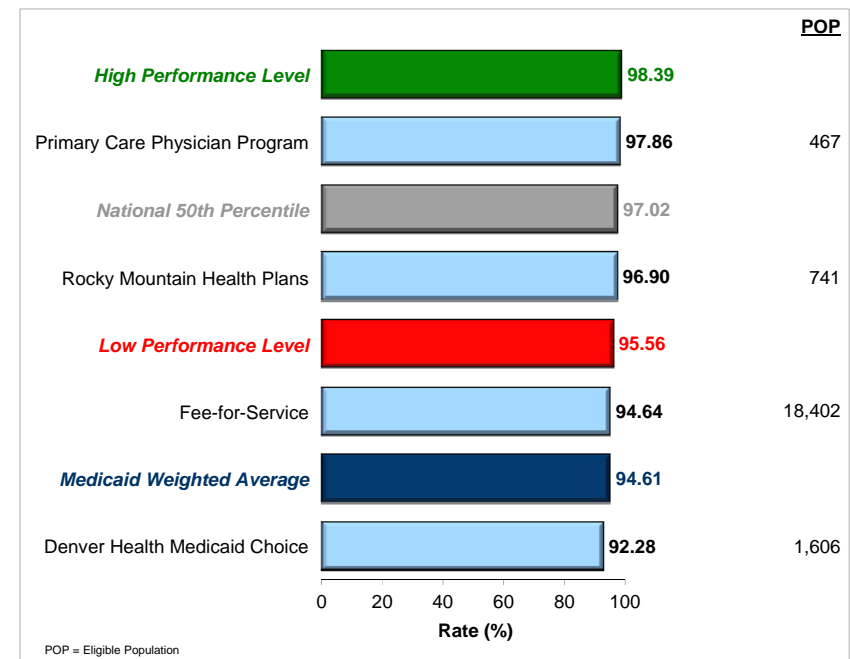
Figure 4-5—Children’s and Adolescents’ Access to Primary Care Practitioners: Ages 12 to 24 Months Colorado Medicaid Weighted Averages



Rate decrease from HEDIS 2012 to HEDIS 2013 was statistically significant.

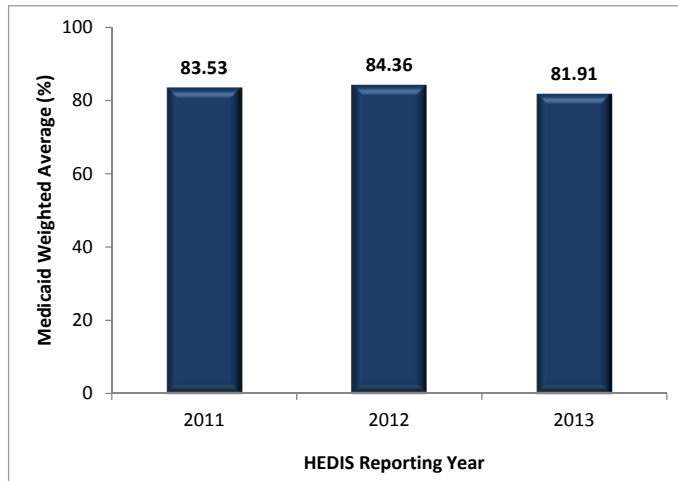
The 2012 Colorado Medicaid weighted average decreased 0.09 percentage points from HEDIS 2011 and decreased 0.86 percentage points between HEDIS 2012 and HEDIS 2013. This decline from HEDIS 2012 was statistically significant.

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 98.39 percent, and two plans fell below the LPL of 95.56 percent. The 2013 Colorado Medicaid weighted average of 94.61 percent was 2.41 percentage points below the national HEDIS 2012 Medicaid 50th percentile.

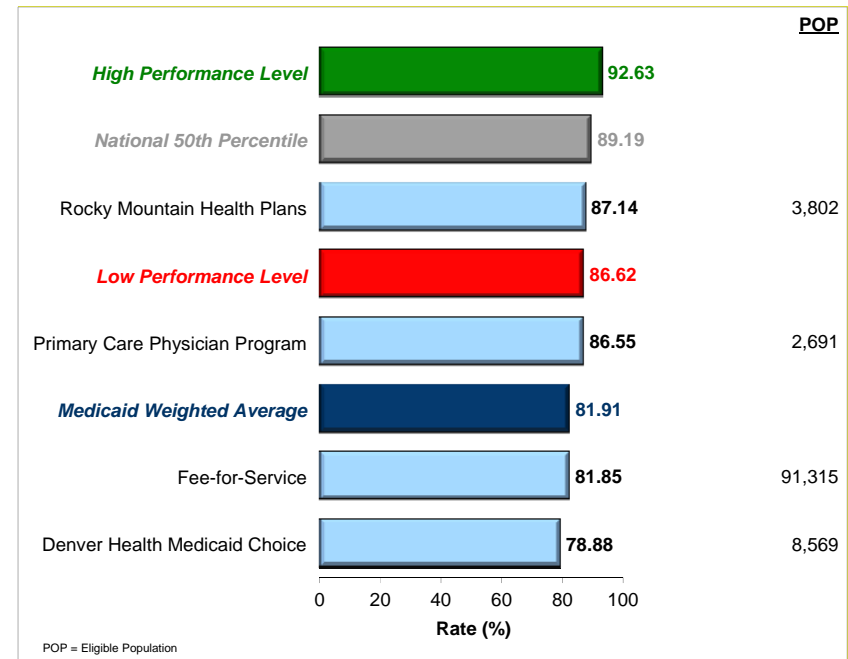
Figure 4-7—Children’s and Adolescents’ Access to Primary Care Practitioners: Ages 25 Months to 6 Years Colorado Medicaid Weighted Averages



Rate decrease from HEDIS 2012 to HEDIS 2013 was statistically significant.

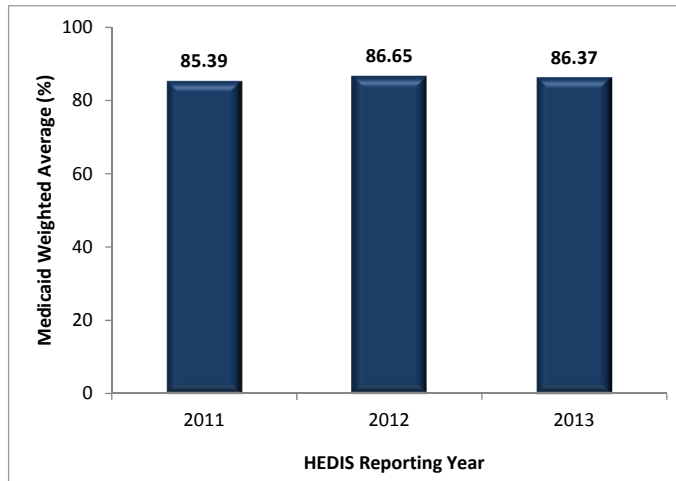
The 2012 Medicaid weighted average increased by 0.83 percentage points from HEDIS 2011 to HEDIS 2012 but decreased by 2.45 percentage points from HEDIS 2012 to HEDIS 2013. The decline from HEDIS 2012 to HEDIS 2013 was statistically significant.

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



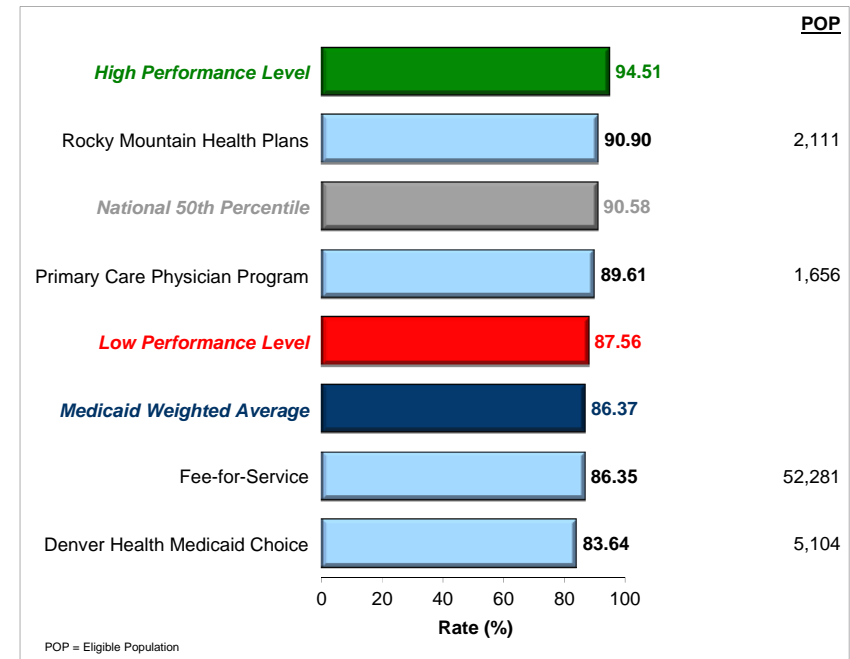
None of the health plans performed above the national HEDIS 2012 Medicaid 50th percentile of 89.19 percent. Three of the four health plans was below the LPL of 86.62 percent. The 2013 Colorado Medicaid weighted average of 81.91 percent was 7.28 percentage points below the national HEDIS 2012 Medicaid 50th percentile and 4.71 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



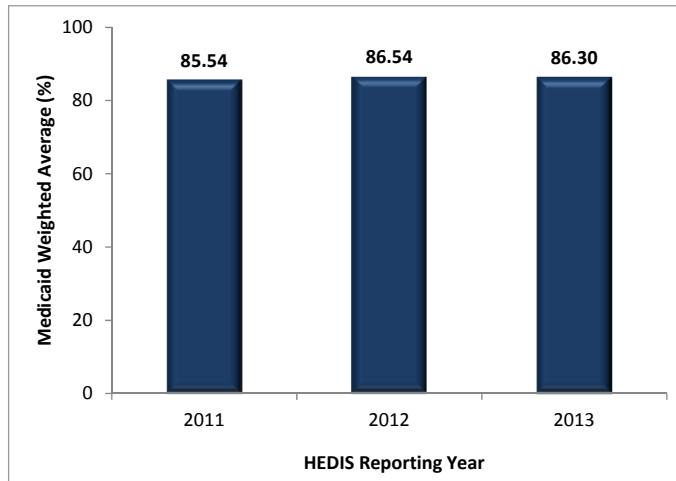
The HEDIS 2012 weighted average increased from HEDIS 2011 by 1.26 percentage points but decreased from HEDIS 2012 to HEDIS 2013 by 0.28 percentage points. The decline from HEDIS 2012 to HEDIS 2013 was not statistically significant.

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



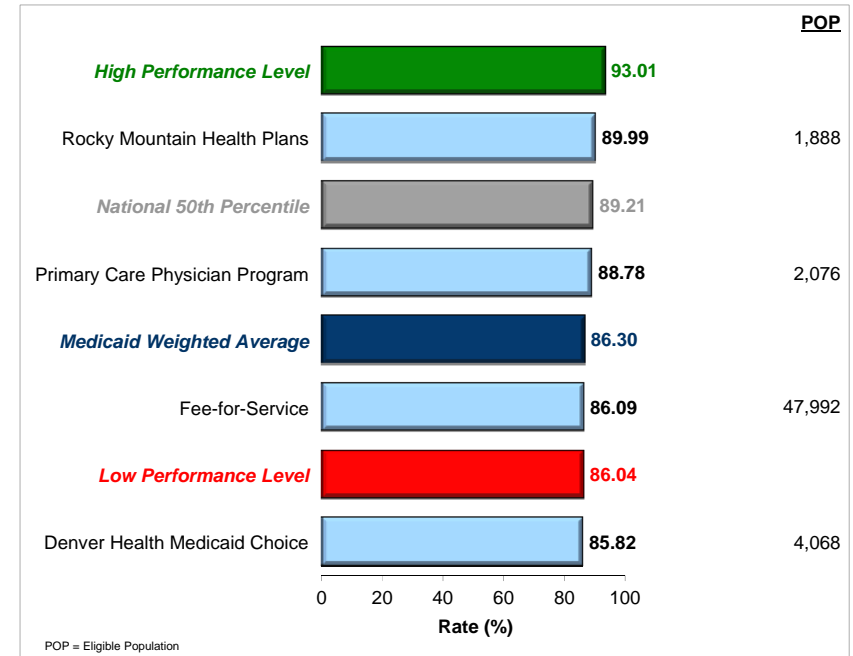
None of the health plans performed above the HPL of 94.51 percent, and performance for two health plans and the weighted average fell below the LPL of 87.56 percent. One plan reported a rate above the national HEDIS 2012 Medicaid 50th percentile of 90.58 percent. The 2013 Medicaid weighted average of 86.37 percent was 4.21 percentage points below the national HEDIS Medicaid 50th percentile and 1.19 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 2012 Colorado Medicaid weighted average increased 1.0 percentage point over the 2011 weighted average but declined by 0.24 percentage points from HEDIS 2012 to HEDIS 2013. The decline from HEDIS 2012 to HEDIS 2013 was not statistically significant.

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

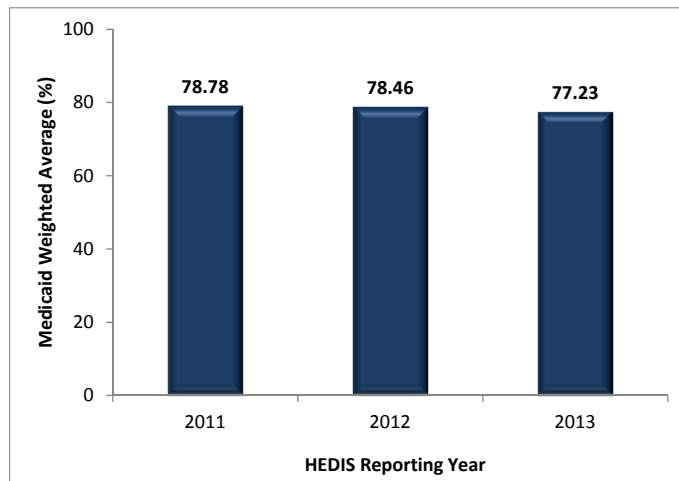


None of the health plans exceeded the HPL of 93.01 percent, and one health plan fell below the LPL of 86.04 percent. One health plan reported a rate exceeding the national HEDIS 2012 Medicaid 50th percentile of 89.21 percent. The 2013 Colorado Medicaid weighted average of 86.30 percent fell below the national HEDIS 2012 Medicaid 50th percentile by 2.91 percentage points and was 0.26 percentage points above the LPL.

Adults' Access to Preventive/Ambulatory Health Services

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 are presented. The results for each age group are displayed in Appendix A.

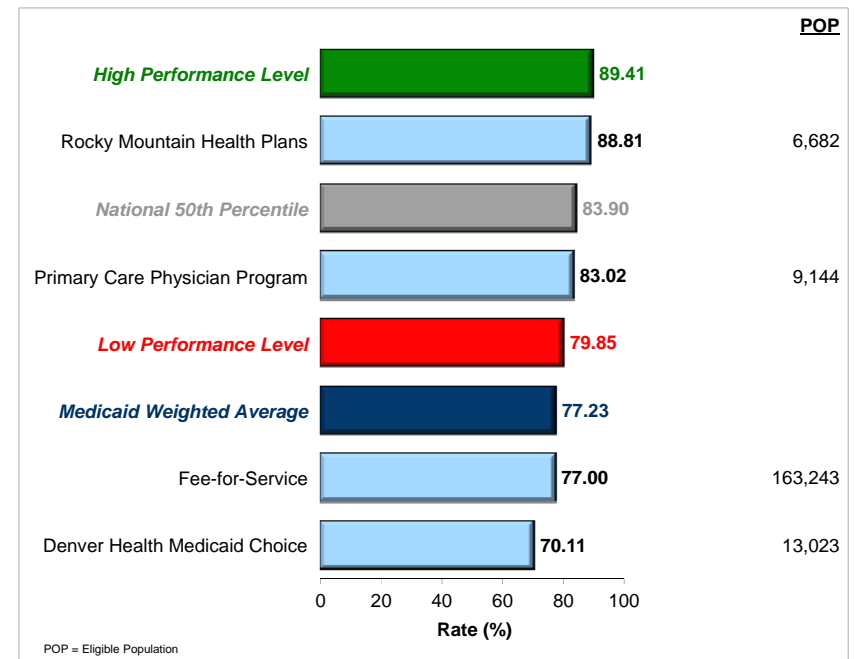
**Figure 4-13—Adults' Access to Preventive/Ambulatory Health Services—Total
Colorado Medicaid Weighted Averages**



Rate decrease from HEDIS 2012 to HEDIS 2013 was statistically significant.

The Medicaid weighted average has decreased each year from HEDIS 2011 to HEDIS 2013. The 2012 Medicaid weighted average was 0.32 percentage points below the HEDIS 2011 rate. The 2013 Medicaid weighted average was 1.23 percentage points below the HEDIS 2012 rate. The decline between HEDIS 2012 and HEDIS 2013 was statistically significant.

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



None of the health plans exceeded the HPL of 89.41 percent, and two health plans and the 2013 Medicaid weighted average performed below the LPL of 79.85 percent. The 2013 Medicaid weighted average was 6.67 percentage points below the national 50th percentile and 2.62 percentage points below the LPL.

Summary of Findings

Table 4-1 presents health plans’ performance ratings for each of the measures in the Access to Care domain.

Table 4-1—Access to Care Measure-Specific Performance Ratings				
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>	★★	★★★★	★	★★★★★

Table 4-2 presents a summary of the health plans’ overall performance for the measures in the Access to Care domain. It shows the number of measures falling into each star rating.

Table 4-2—Access to Care: Plan-Specific Count of Measures by Performance Rating						
Health Plan Name	★★★★★	★★★★	★★★	★★	★	NA/NR/NB
FFS	0	0	1	5	1	0
PCPP	0	0	6	1	0	0
DHMC	0	0	1	3	3	0
RMHP	1	2	4	0	0	0

RMHP was the top-performing health plan in the Access to Care domain, with three of the seven measures receiving at least a four-star rating (rates at or above the national HEDIS 2012 Medicaid 75th percentile). DHMC and FFS both had six measures reporting rates below the 25th percentile, with DHMC having three measures below the 10th percentile.

Preventive Screening

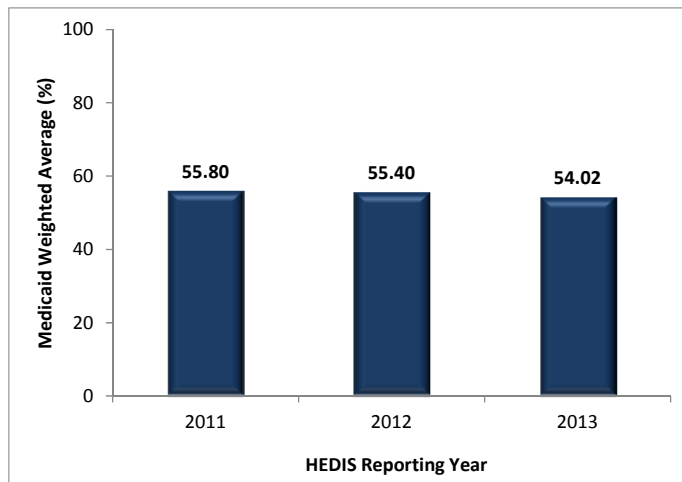
The following section provides a detailed analysis of the Colorado Medicaid health plans' performance for the Preventive Screening domain. Results tied to age-stratification indicators under *Chlamydia Screening in Women* are displayed in Appendices A (Tabular Results) and B (Trend Tables). The Preventive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

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

Chlamydia Screening in Women

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.

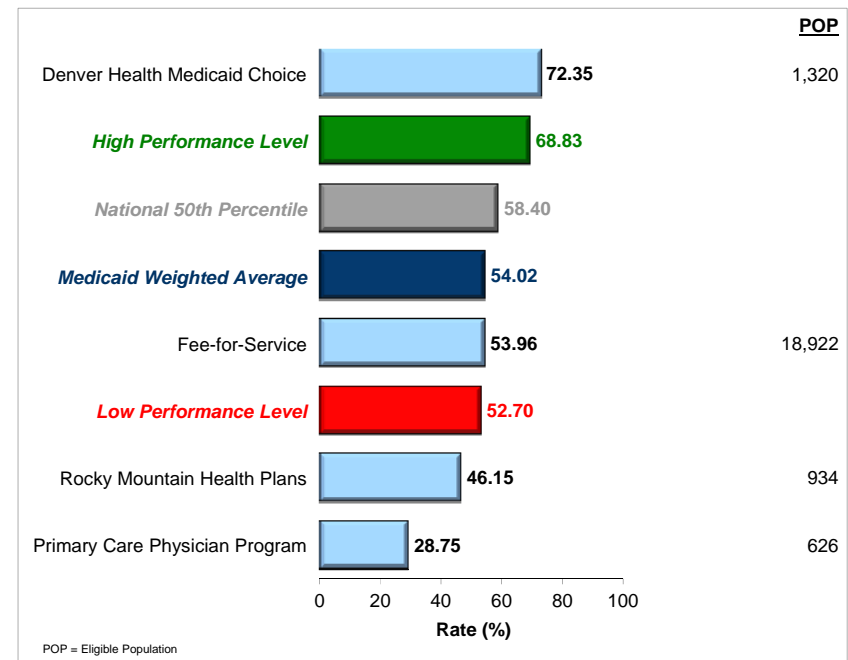
**Figure 5-1—Chlamydia Screening in Women—Total
Colorado Medicaid Weighted Averages**



Rate decrease from HEDIS 2012 to HEDIS 2013 was statistically significant.

The *Chlamydia Screening in Women—Total* indicator declined from 2011 to 2012 by 0.40 percentage points and declined a statistically significant 1.38 percentage points from 2012 to 2013.

Figure 5-2—Chlamydia Screening in Women—Total

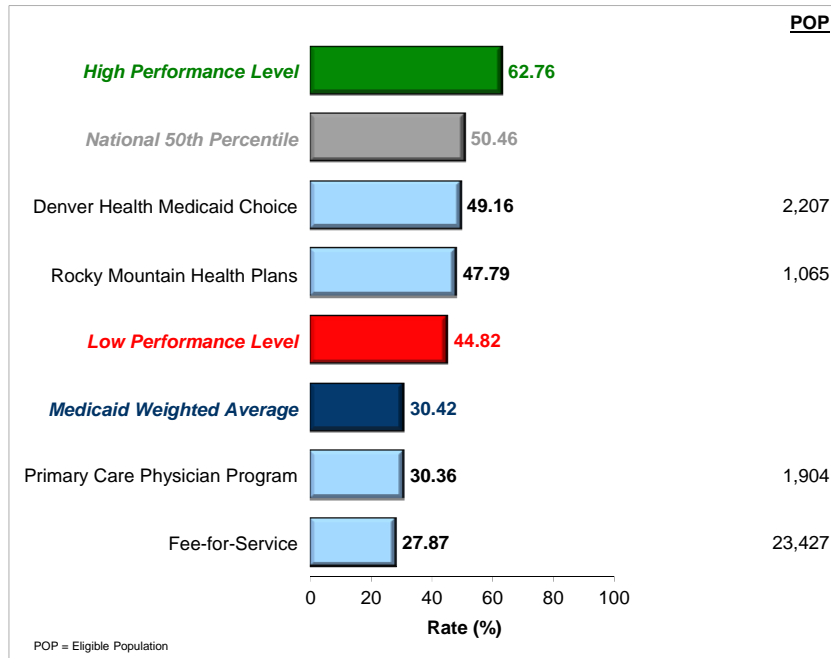


One health plan exceeded the HPL of 68.83 percent, while two of the health plans fell below the LPL of 52.70 percent. The 2013 Colorado Medicaid weighted average of 54.02 percent was 4.38 percentage points below the national Medicaid 50th percentile.

Breast Cancer Screening

The *Breast Cancer Screening* measure is used to calculate the percentage of women 40–69 years of age who had a mammogram to screen for breast cancer. This is a newly added measure for HEDIS 2013, and a three-year trending chart is not available.

Figure 5-3—Breast Cancer Screening—Total

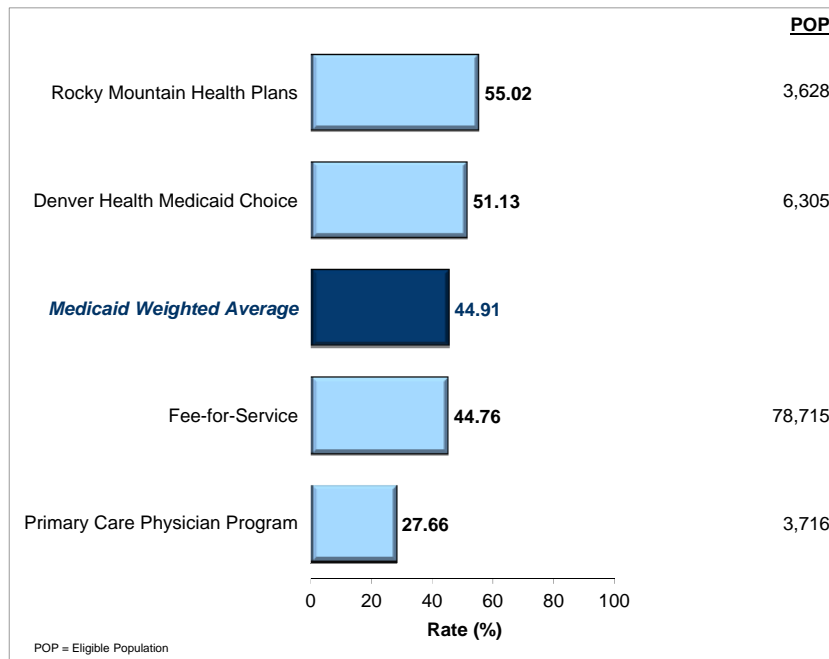


None of the plans exceeded the HPL of 62.76 percent, and two plans fell below the LPL of 44.82 percent. The 2013 Colorado Medicaid weighted average was 20.04 percentage points below the national Medicaid 50th percentile of 50.46 percent.

Cervical Cancer Screening

The *Cervical Cancer Screening* measure is used to calculate the percentage of women 21–64 years of age who received one or more Pap tests to screen for cervical cancer. This is a newly added measure for HEDIS 2013, and a three-year trending chart is not available. Since this measure is required for state reporting using administrative data, health plans’ rates are not compared against high and low performance levels, which are derived from national Medicaid percentiles based primarily on hybrid rates.

Figure 5-4—Cervical Cancer Screening—Total



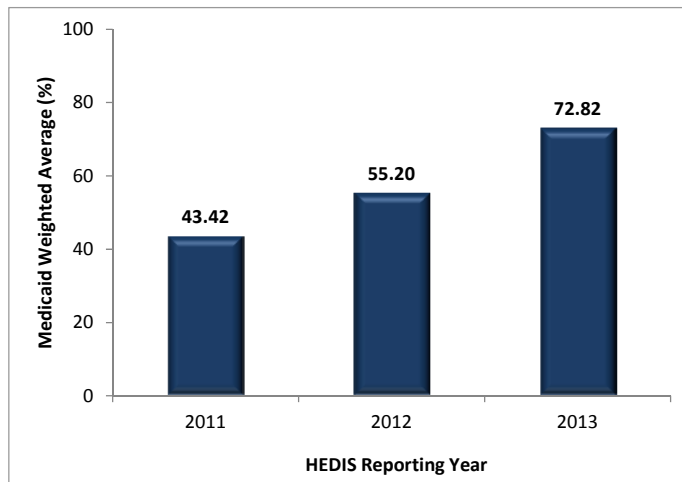
Comparing health plans based on administrative rates, Rocky Mountain Health Plans was the highest performing plan for this indicator (55.02 percent) and the Department reported the lowest rate for its Primary Care Physician Program (27.66 percent). Plan performance for this indicator shows a variation in rates of more than 25 percentage points (27.36 percentage points).

The rates presented above were derived from administrative data only. The hybrid rate submitted by RMHP in the IDSS file was 68.48 percent.

Adult BMI Assessment

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.

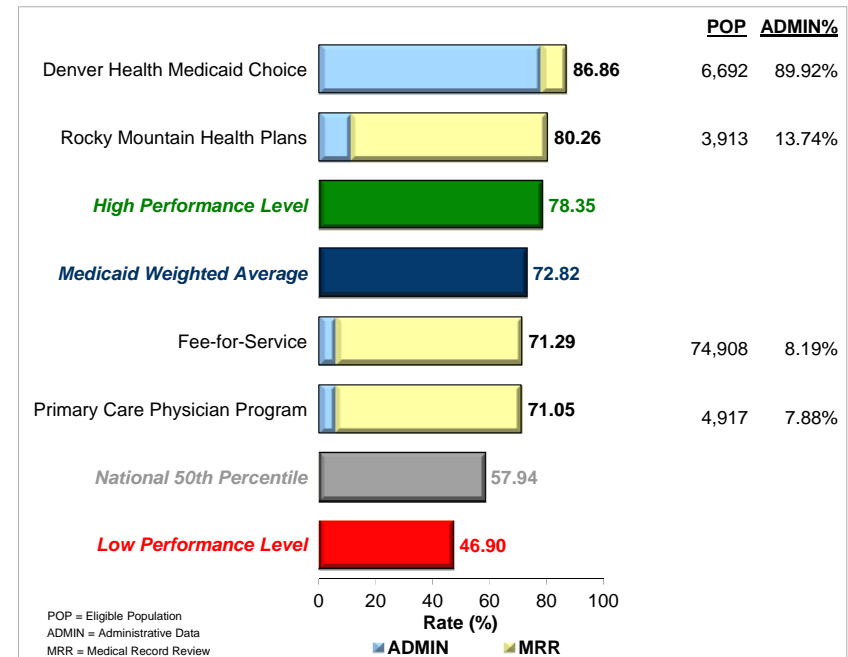
**Figure 5-5—Adult BMI Assessment
Colorado Medicaid Weighted Averages**



Rate increase from HEDIS 2012 to HEDIS 2013 was statistically significant.

The *Adult BMI Assessment* measure weighted average increased by 11.78 percentage points from HEDIS 2011 to HEDIS 2012. The HEDIS 2013 Colorado Medicaid weighted average has increased 17.62 percentage points since HEDIS 2012. The improvement in performance over the last year was statistically significant.

Figure 5-6—Adult BMI Assessment



All four plans reported rates above the national HEDIS 2012 Medicaid 50th percentile of 57.94 percent, and two performed above the HPL of 78.35 percent. The HEDIS 2013 Colorado Medicaid weighted average of 72.82 percent exceeded the national HEDIS 2012 Medicaid 50th percentile by 14.88 percentage points.

Summary of Findings

Table 5-1 presents the health plans’ performance rating for each of the measures in the Preventive Screening domain. Since the Department required the HEDIS 2013 *Cervical Cancer Screening* rate to be reported administratively, rate comparisons against the national HEDIS 2012 Medicaid percentiles were not performed. This measure is, therefore, not listed in Table 5-1.

Table 5-1—Preventive Screening Performance Summary by Measure				
Measure	FFS	PCPP	DHMC	RMHP
<i>Chlamydia Screening in Women—Total</i>	☆☆☆	★	★★★★★★	★
<i>Breast Cancer Screening</i>	★	★	☆☆☆	☆☆☆
<i>Adult BMI Assessment</i>	★★★★★	★★★★★	★★★★★★	★★★★★★

Table 5-2 presents a summary of the health plans’ overall performance for measures in the Preventive Screening domain. It shows the number of measures falling into each performance rating.

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

DHMC was the top-performing plan in this domain with two measures receiving a 5-star rating. The MCOs tended to perform better than the FFS and PCPP. While all plans except DHMC had at least one measure performing below the national HEDIS 2012 Medicaid 10th percentile, the Department had two measures below the national HEDIS 2012 Medicaid 10th percentile for its PCPP program.

Mental/Behavioral Health

The following section provides a detailed analysis of the Colorado Medicaid health plans' performance for the Mental/Behavioral Health domain. The Mental/Behavioral Health domain encompasses the following measures/indicators:

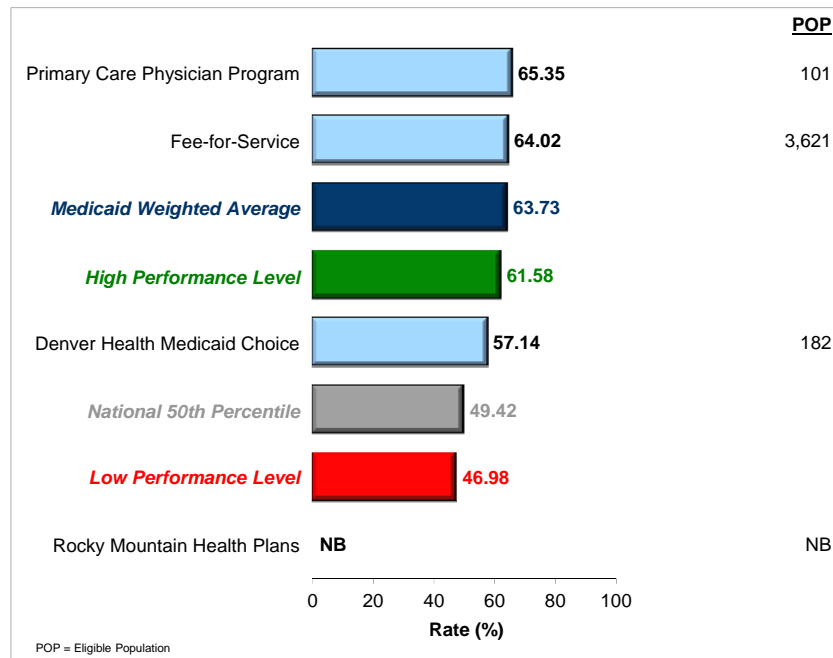
- ◆ *Anti-depressant Medication Management (Effective Acute Phase Treatment and Effective Continuation Phase Treatment)*
- ◆ *Follow-up Care for Children Prescribed ADHD Medication (Initiation and Continuation)*
- ◆ *Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (Initiation and Engagement)*

Anti-depressant Medication Management

The *Anti-depressant Medication Management* measure is used to calculate the percentage of members 18 years of age and older with a diagnosis of major depression and were newly treated with antidepressant medication and who remained on an antidepressant medication treatment. This is a newly added measure for HEDIS 2013, and a three-year trending chart is not available. Two rates are reported.

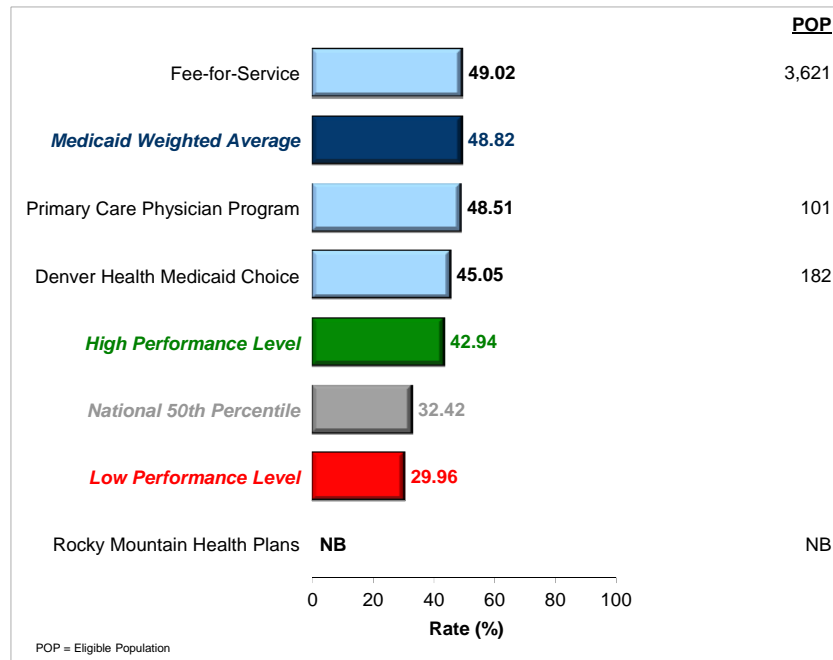
- ◆ **Effective Acute Phase Treatment.** The percentage of newly diagnosed and treated members who remained on an antidepressant medication for at least 84 days (12 weeks).
- ◆ **Effective Continuation Phase Treatment.** The percentage of newly diagnosed and treated members who remained on an antidepressant medication for at least 180 days (6 months).

**Figure 6-1—Anti-depressant Medication Management
—Effective Acute Phase Treatment**



Two health plans and the 2013 Medicaid weighted average performed above the HPL of 61.58 percent. No plans submitted rates below the LPL of 46.98. The 2013 Medicaid weighted average was 14.31 percentage points above the national 50th percentile of 49.42 percent. RMHP had no benefit for this indicator in the period covered by HEDIS 2013.

**Figure 6-2—Anti-depressant Medication Management
—Effective Continuation Phase Treatment**



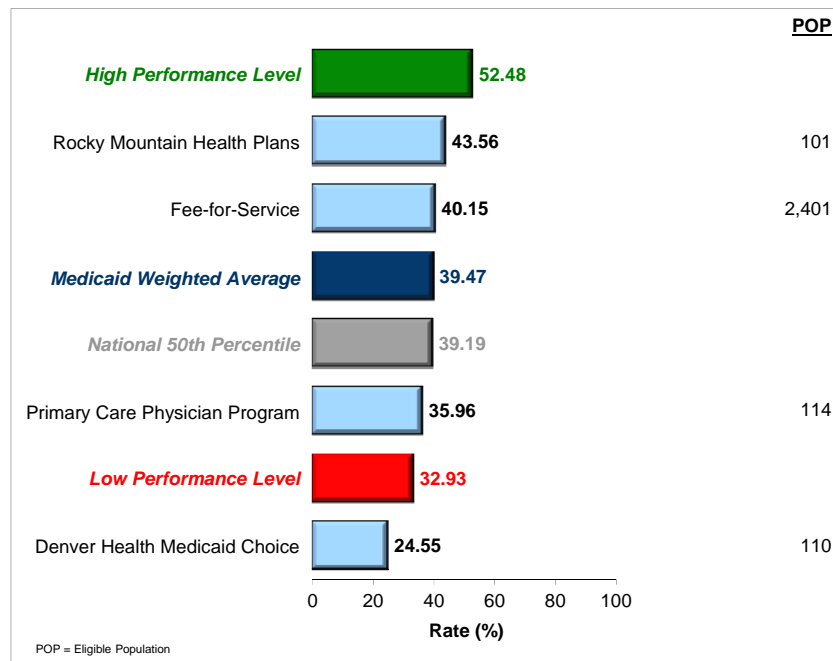
All plans performed above the HPL of 42.94 percent. The 2013 Medicaid weighted average was 16.40 percentage points above the national 50th percentile of 32.42 percent. RMHP had no benefit for this indicator in the period covered by HEDIS 2013.

Follow-up Care for Children Prescribed ADHD Medication

The *Follow-up Care for Children Prescribed ADHD Medication* measure is used to calculate the percentage of children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed. This is a newly added measure for state reporting, and a three-year trending chart is not available. Two rates are reported:

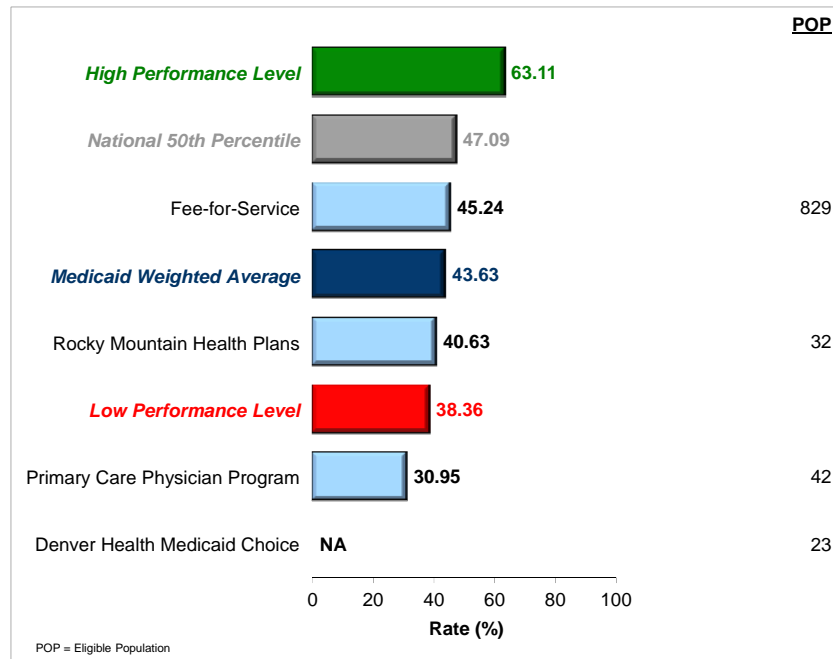
- ◆ **Initiation Phase.** The percentage of eligible members who had one follow-up visit with a practitioner with prescribing authority during the 30-day Initiation Phase.
- ◆ **Continuation and Maintenance (C&M) Phase.** The percentage of eligible members who had one follow-up visit with a practitioner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

**Figure 6-3—Follow-up Care for Children Prescribed ADHD Medication
—Initiation**



None of the plans performed above the HPL of 52.48 percent, and one plan performed below the LPL of 32.93 percent. The 2013 Medicaid weighted average was 0.28 percentage points above the national 50th percentile of 39.19 percent.

**Figure 6-4—Follow-up Care for Children Prescribed ADHD Medication
—Continuation**



No plans performed above the national 50th percentile of 47.09 percent. One plan performed below the LPL of 38.36 percent by 7.41 percentage points. The 2013 Medicaid weighted average of 43.63 percent was 3.46 percentage points below the national 50th percentile. A rate for one plan was not calculated due to the denominator population for this indicator being less than 30.

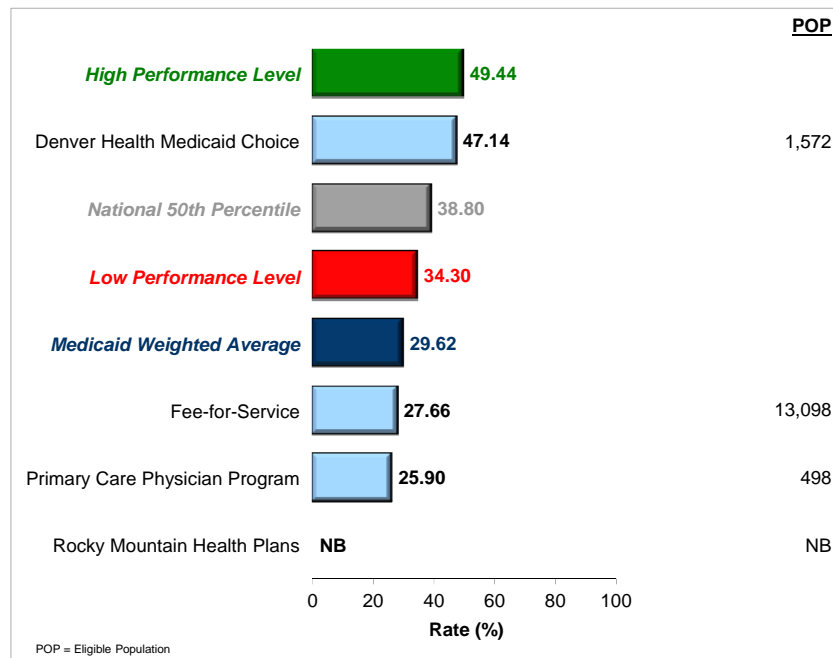
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment

The *Initiation and Engagement of Alcohol and Other Drug Dependence Treatment* measure is used to calculate the percentage of adolescent and adult members with a new episode of alcohol or other drug (AOD) dependence who received the following:

- ◆ Initiation of AOD Treatment. The percentage of members who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization within 14 days of the diagnosis.
- ◆ Engagement of AOD Treatment. The percentage of members who initiated treatment and who had two or more additional services with a diagnosis of AOD within 30 days of the initiation visit.

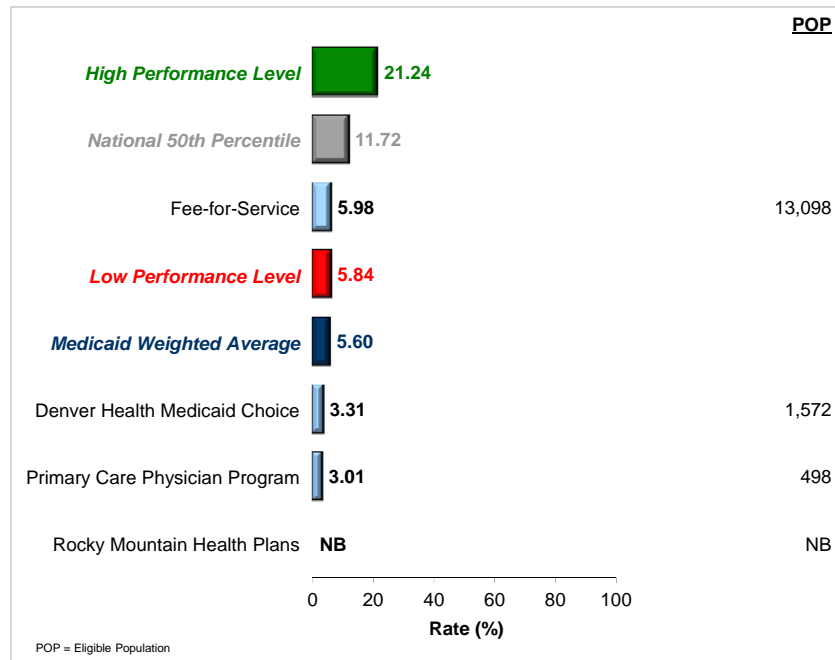
This is a newly added measure for HEDIS 2013, and a three-year trending chart is not available.

Figure 6-5—Initiation and Engagement of Alcohol and Other Drug Dependence Treatment—Initiation



None of the plans performed higher than the HPL of 49.44 percent, and one plan performed above the national 50th percentile of 38.80 percent. The 2013 Medicaid weighted average was 4.68 percentage points below the LPL of 34.30 percent. One plan had no benefit for this measure.

Figure 6-6—Initiation and Engagement of Alcohol and Other Drug Dependence Treatment—Engagement



All plans performed below the national 50th percentile of 11.72 percent. Only one plan performed above the LPL of 5.84 percent. The 2013 Medicaid weighted average was 0.24 percentage points below the LPL. One plan had no benefit under this measure.

Summary of Findings

Table 6-1 presents the health plans’ performance ratings for each of the measures in the Mental/Behavioral Health domain.

Table 6-1—Mental/Behavioral Health Measure-Specific Performance Ratings				
Measure	FFS	PCPP	DHMC	RMHP
<i>Anti-depressant Medication Management</i>				
<i>Effective Acute Phase Treatment</i>	★★★★★	★★★★★	★★★★★	NB
<i>Effective Continuation Phase Treatment</i>	★★★★★	★★★★★	★★★★★	NB
<i>Follow-up Care for Children Prescribed ADHD Medication</i>				
<i>Initiation</i>	★★★	★★★	★★	★★★
<i>Continuation</i>	★★★	★★	NA	★★★
<i>Initiation and Engagement of Alcohol and Other Drug Dependence Treatment</i>				
<i>Initiation</i>	★	★	★★★★★	NB
<i>Engagement</i>	★★★	★★	★★	NB

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 6-2 presents a summary of the health plans’ overall performance for measures in the Mental/Behavioral Health domain.

Table 6-2—Mental/Behavioral Health: Plan-Specific Count of Measures by Performance Rating						
Health Plan Name	★★★★★	★★★★	★★★	★★	★	NA/NR/NB
FFS	2	0	3	0	1	0
PCPP	2	0	1	2	1	0
DHMC	1	2	0	2	0	1
RMHP	0	0	2	0	0	4

FFS was the top-performing health plan in the Mental/Behavioral Health domain, with five indicators receiving at least a three-star rating (rates at or above the national HEDIS 2012 Medicaid 25th percentile) and two indicators rated at five stars (at or above the national HEDIS 2012 Medicaid 90th percentile).

Living With Illness

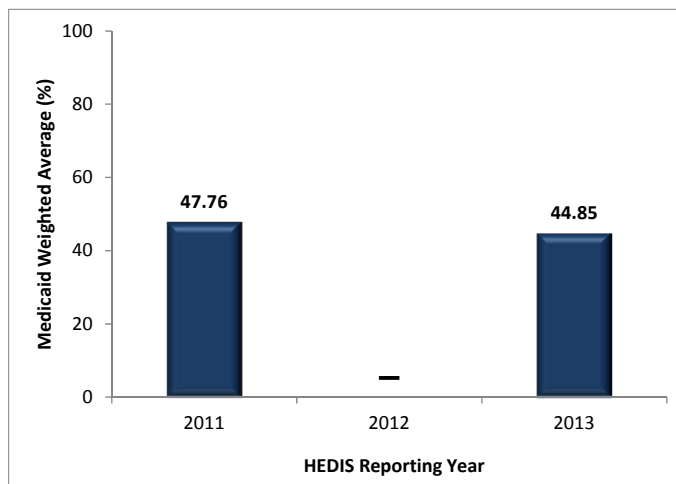
The following section provides a detailed analysis of the Colorado Medicaid health plans' performance for the Living With Illness domain. Results tied to the therapeutic agent-related indicators under the *Annual Monitoring for Patients on Persistent Medications* measure are displayed in Appendices A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

- ◆ *Controlling High Blood Pressure*
- ◆ *Comprehensive Diabetes Care (HbA1c Testing, HbA1c Poor Control [$>9.0\%$], HbA1c Control [$<8.0\%$], Eye Exam, LDL-C Screening, LDL-C Level [<100 mg/dL], Medical Attention for Nephropathy, Blood Pressure Controlled [$<140/80$ mm Hg], and Blood Pressure Controlled [$<140/90$ mm Hg])*
- ◆ *Annual Monitoring for Patients on Persistent Medications—Total*

Controlling High Blood Pressure

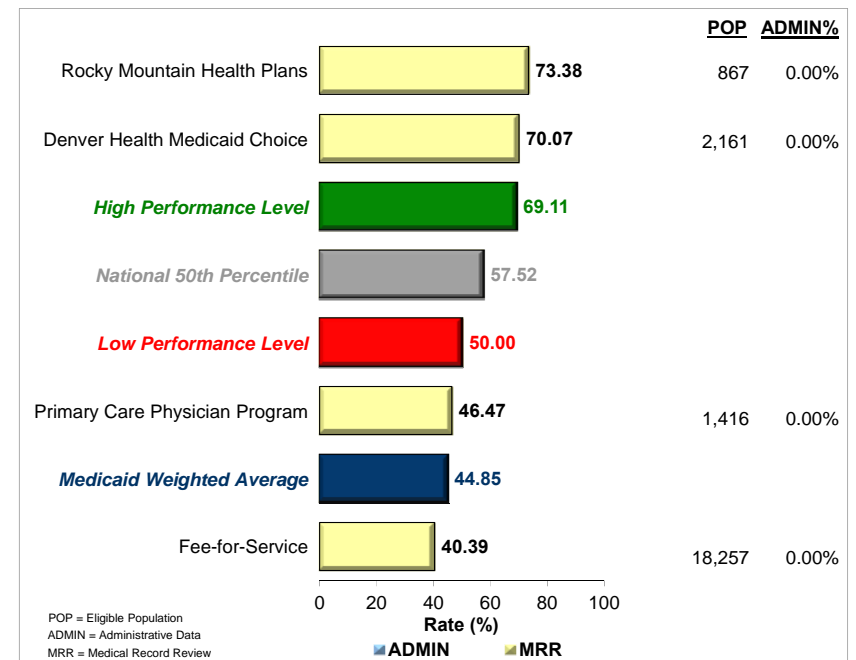
The *Controlling High Blood Pressure* measure is used to calculate the percentage of members 18–85 years of age who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled (<140/90) during the measurement year. This measure was added for HEDIS 2013, after being removed for HEDIS 2012.

Figure 7-1—Controlling High Blood Pressure Colorado Medicaid Weighted Averages



The 2013 Medicaid weighted average was 2.91 percentage points below the rate reported in HEDIS 2011.

Figure 7-2—Controlling High Blood Pressure



Two health plans reported rates above the HPL of 69.11 percent, and the other two plans were below the LPL of 50.00 percent. The 2013 Medicaid weighted average was 5.15 percentage points below the LPL.

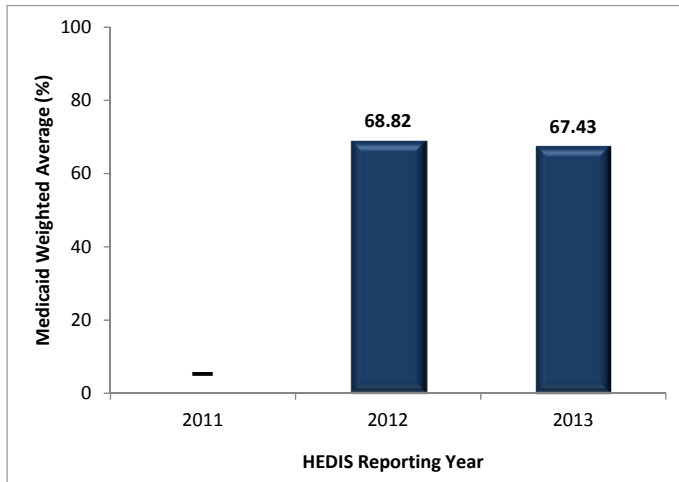
Comprehensive Diabetes Care

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)

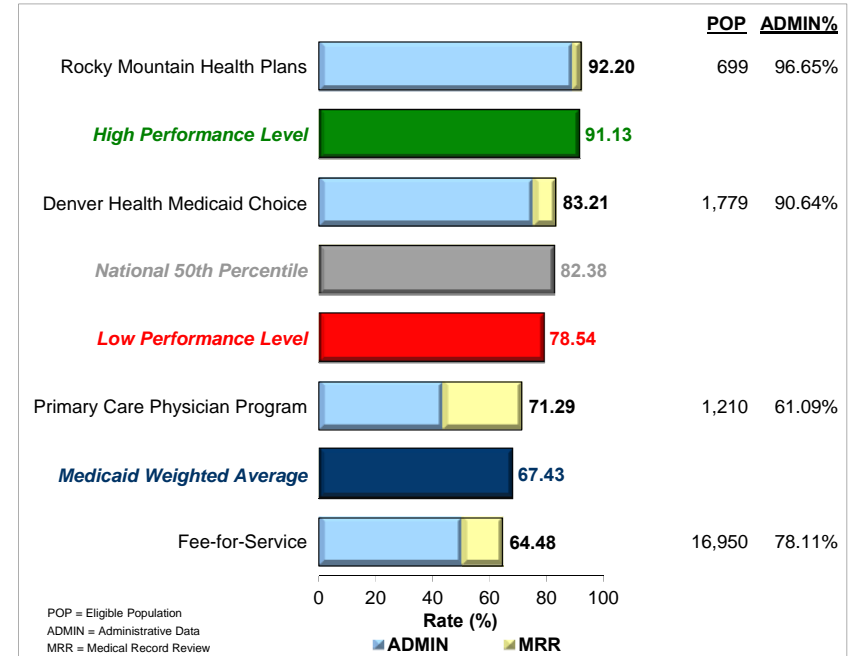
The *Comprehensive Diabetes Care* measure was newly added for HEDIS 2012; therefore, only a two-year trending charts is available.

**Figure 7-3—Comprehensive Diabetes Care—HbA1c Testing
Colorado Medicaid Weighted Averages**



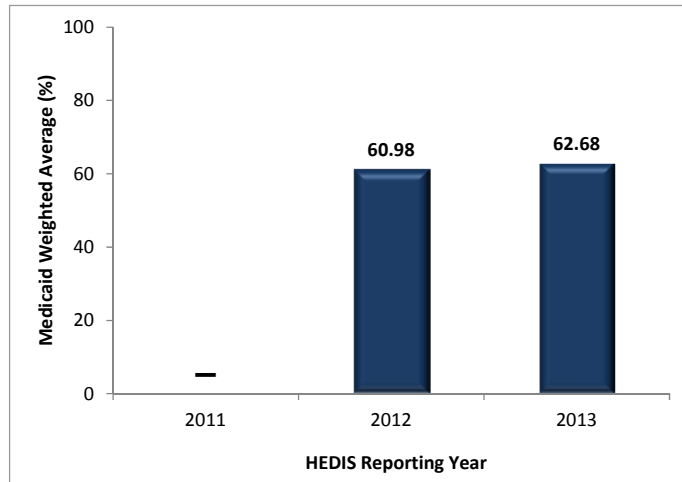
The HEDIS 2013 Medicaid weighted average was 1.39 percentage points below the rate reported in HEDIS 2012; however, this decline was not statistically significant.

Figure 7-4—Comprehensive Diabetes Care—HbA1c Testing



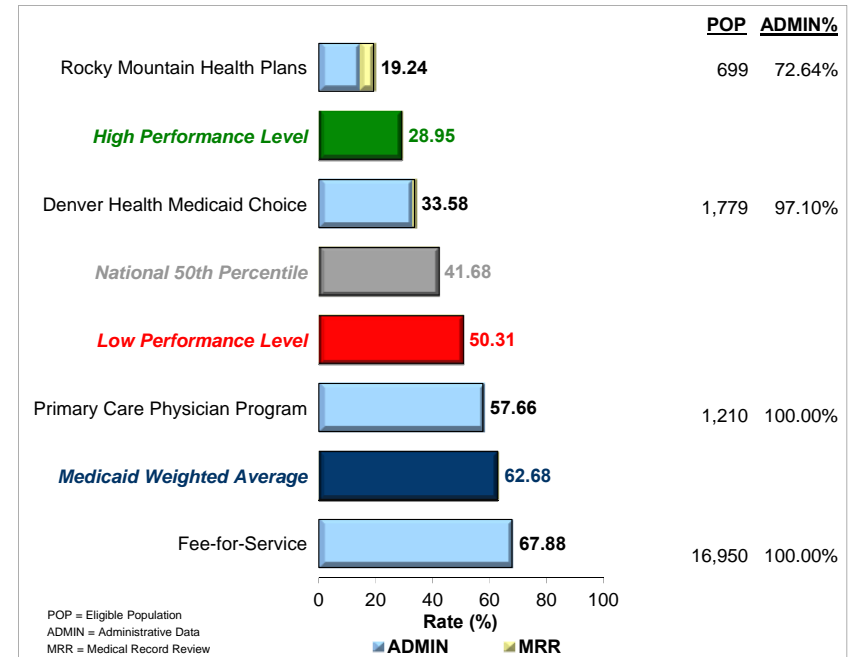
One plan reported a rate higher than the HPL of 91.13 percent, while two plans, and the Medicaid weighted average, were below the LPL of 78.54 percent. The Medicaid weighted average of 67.43 percent was 14.95 percentage points below the national 50th percentile of 82.38 percent.

**Figure 7-5—Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)
Colorado Medicaid Weighted Averages**



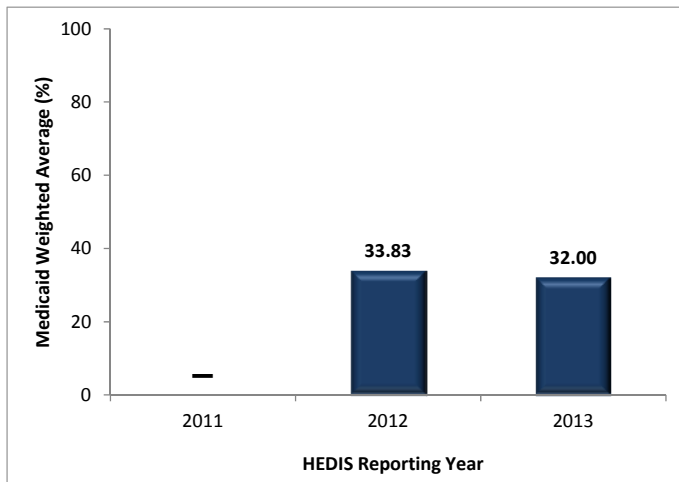
A lower rate for this indicator indicates better performance. The rate reported in HEDIS 2013 was 1.70 percentage points higher than the rate reported in HEDIS 2012, indicating a decline in performance. This decline was not statistically significant.

Figure 7-6—Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)



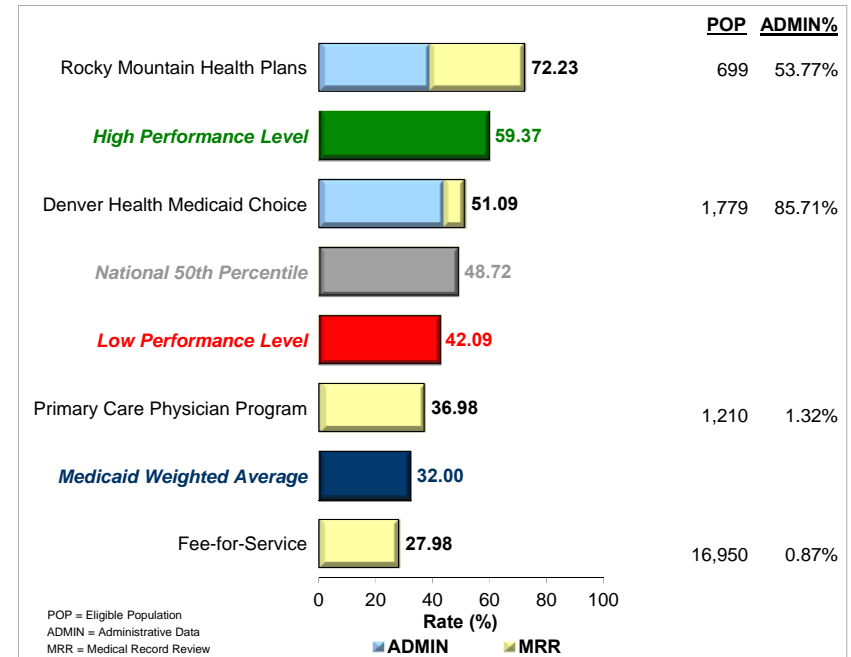
A lower rate for this indicator indicates better performance. One plan performed better than the HPL of 28.95 percent, and two plans and the Medicaid weighted average performed below the LPL of 50.31 percent. Two plans, including the plan that performed above the HPL, scored above the national HEDIS 2012 Medicaid 50th percentile of 41.68 percent. The 2013 Colorado Medicaid weighted average of 62.68 percent performed 21 percentage points below the national HEDIS Medicaid 50th percentile and 12.37 percentage points below the LPL.

**Figure 7-7—Comprehensive Diabetes Care—HbA1c Control (<8.0%)
Colorado Medicaid Weighted Averages**



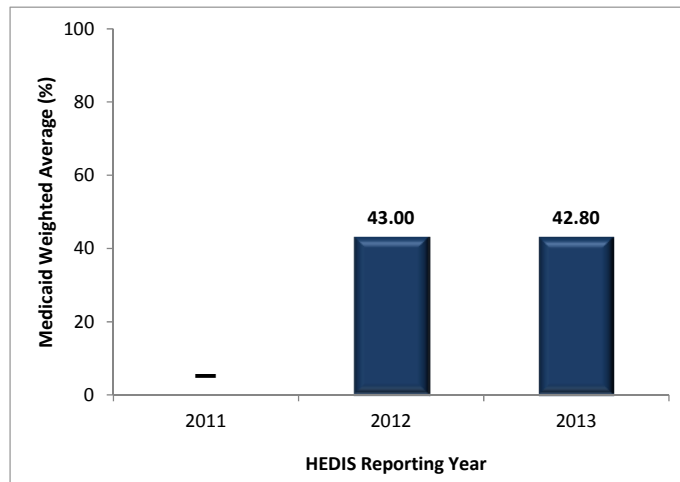
The HEDIS 2013 Medicaid weighted average rate of 32.00 percent declined from the HEDIS 2012 rate by 1.83 percentage points; however, this decline was not statistically significant.

Figure 7-8—Comprehensive Diabetes Care—HbA1c Control (<8.0%)



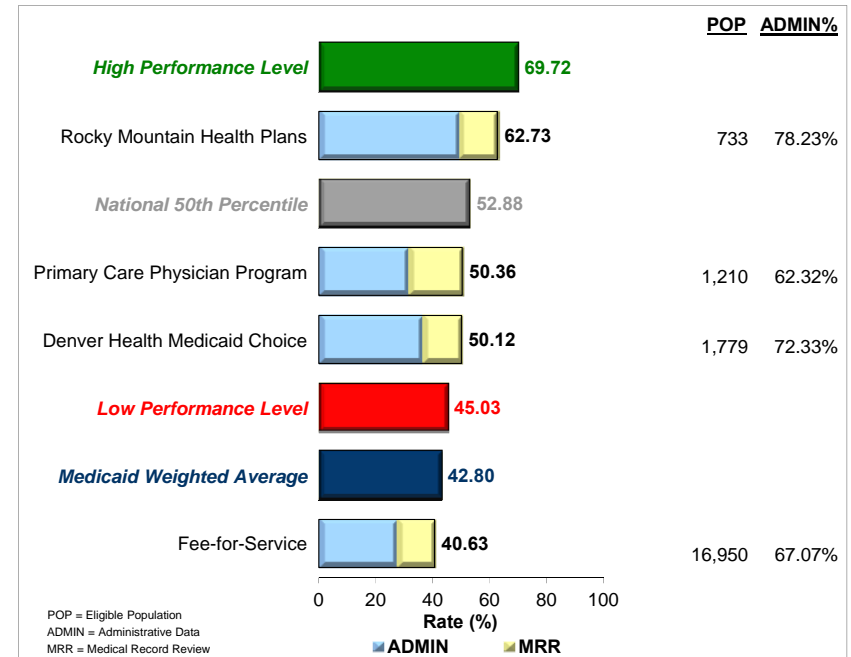
One plan exceeded the HPL of 59.37 percent, while two plans and the Medicaid weighted average fell below the LPL of 42.09 percent. The 2013 Colorado Medicaid weighted average of 32.00 percent was 16.72 percentage points below the national HEDIS Medicaid 50th percentile and 10.09 percentage points below the LPL.

**Figure 7-9—Comprehensive Diabetes Care—Eye Exam
Colorado Medicaid Weighted Averages**



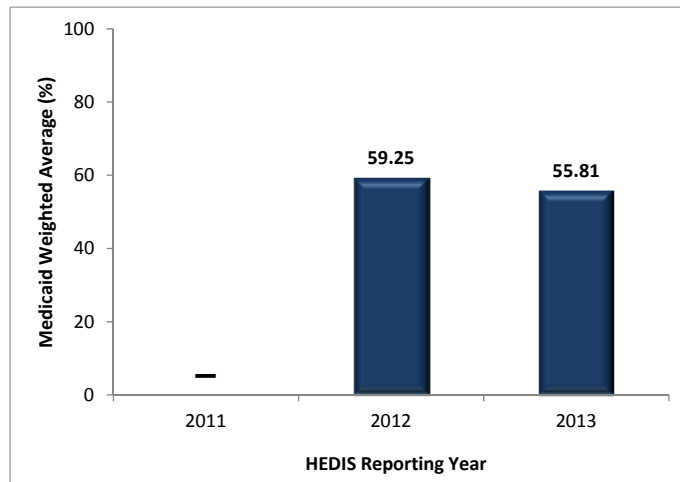
The HEDIS 2013 Medicaid weighted average rate of 42.80 percent declined from the HEDIS 2012 rate by 0.20 percentage points; however, this decline was not statistically significant.

Figure 7-10—Comprehensive Diabetes Care—Eye Exam



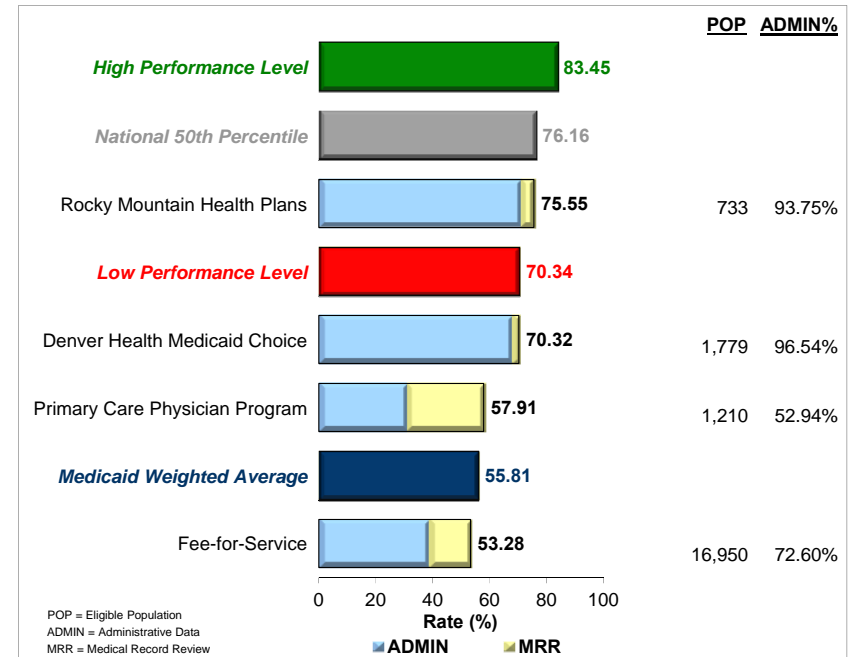
None of the plans exceeded the HPL of 69.72 percent, and one plan performed below the LPL of 45.03 percent. One plan reported a rate above the national HEDIS 2012 Medicaid 50th percentile of 52.88 percent. The 2013 Colorado Medicaid weighted average was 10.08 percentage points below the national Medicaid 50th percentile and 2.23 percentage points below the LPL.

**Figure 7-11—Comprehensive Diabetes Care—LDL-C Screening
Colorado Medicaid Weighted Averages**



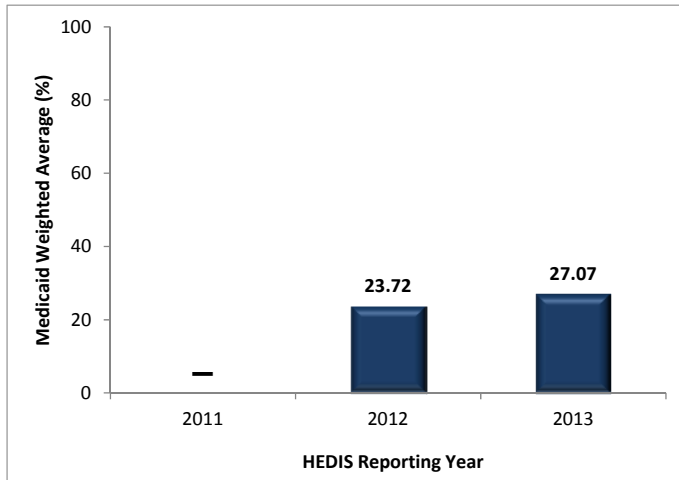
The HEDIS 2013 Medicaid weighted average was 3.44 percentage points lower than the rate reported for HEDIS 2012; however, this decline was not statistically significant.

Figure 7-12—Comprehensive Diabetes Care—LDL-C Screening



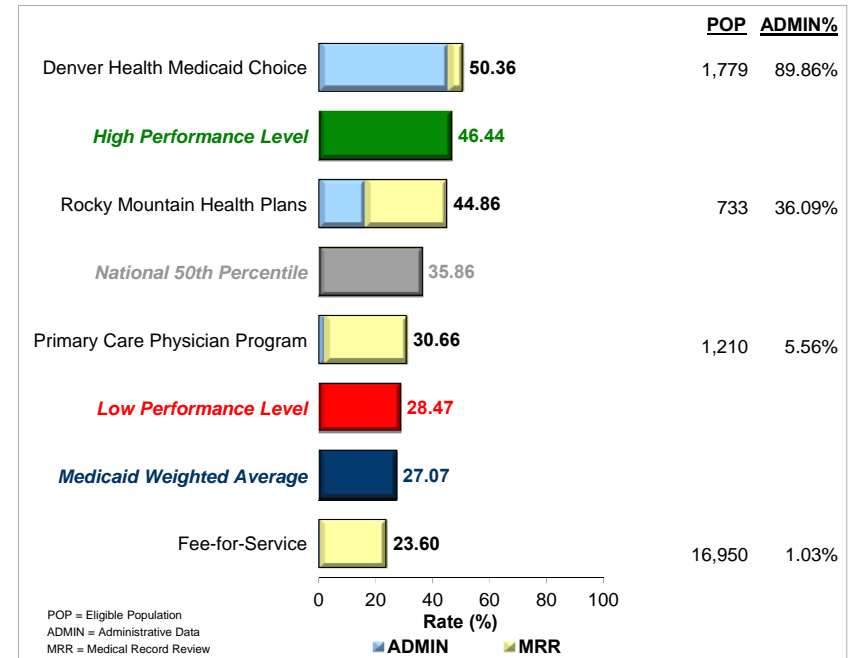
None of the health plans exceeded the HPL of 83.45 percent, and three of the health plans and the Medicaid weighted average performed below the LPL of 70.34 percent. The 2013 Colorado Medicaid weighted average of 55.81 percent was 20.35 percentage points below the national HEDIS 2012 Medicaid 50th percentile and 14.53 percentage points below the LPL.

**Figure 7-13—Comprehensive Diabetes Care—LDL-C Level (<100 mg/dL)
Colorado Medicaid Weighted Averages**



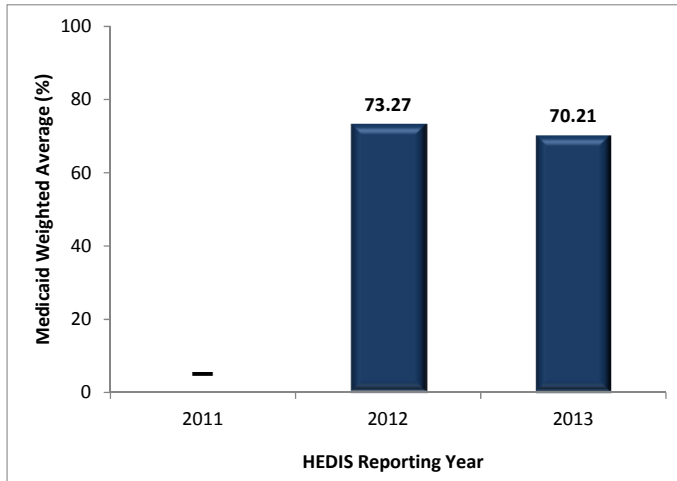
The 2013 HEDIS Medicaid weighted average increased 3.35 percentage points from HEDIS 2012; however, this increase was not statistically significant.

Figure 7-14—Comprehensive Diabetes Care—LDL-C Level (<100 mg/dL)



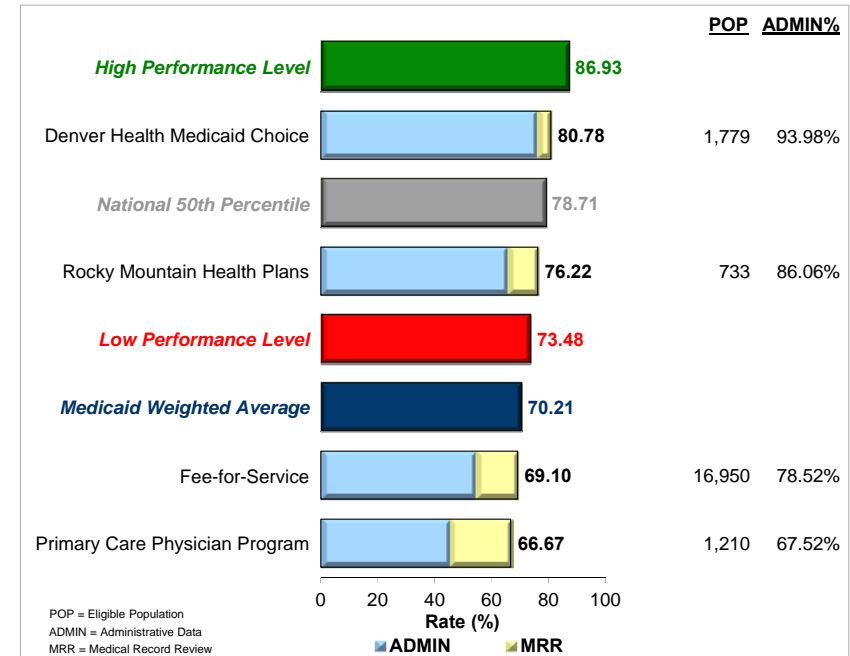
One health plan performed above the HPL of 46.44 percent, and one health plan performed below the LPL of 28.47 percent. The 2013 Colorado Medicaid weighted average of 27.07 percent was 8.79 percentage points below the national HEDIS 2012 Medicaid 50th percentile and 1.40 percentage points below the LPL.

**Figure 7-15—Comprehensive Diabetes Care
—Medical Attention for Nephropathy
Colorado Medicaid Weighted Averages**



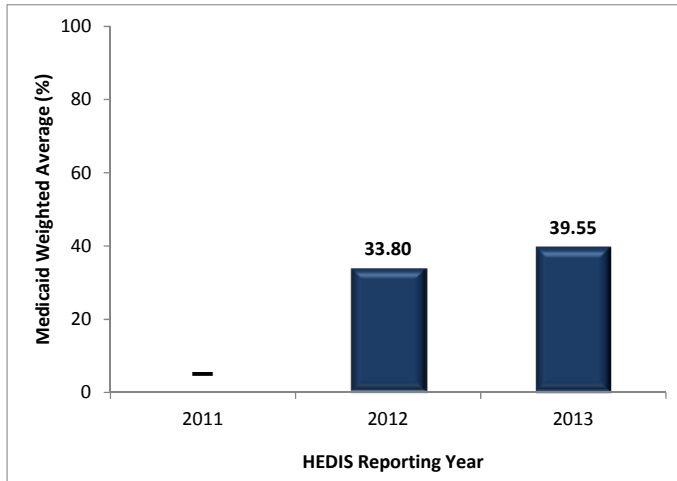
The 2013 HEDIS Medicaid weighted average decreased 3.06 percentage points from HEDIS 2012; however, this decrease was not statistically significant.

**Figure 7-16—Comprehensive Diabetes Care
—Medical Attention for Nephropathy**



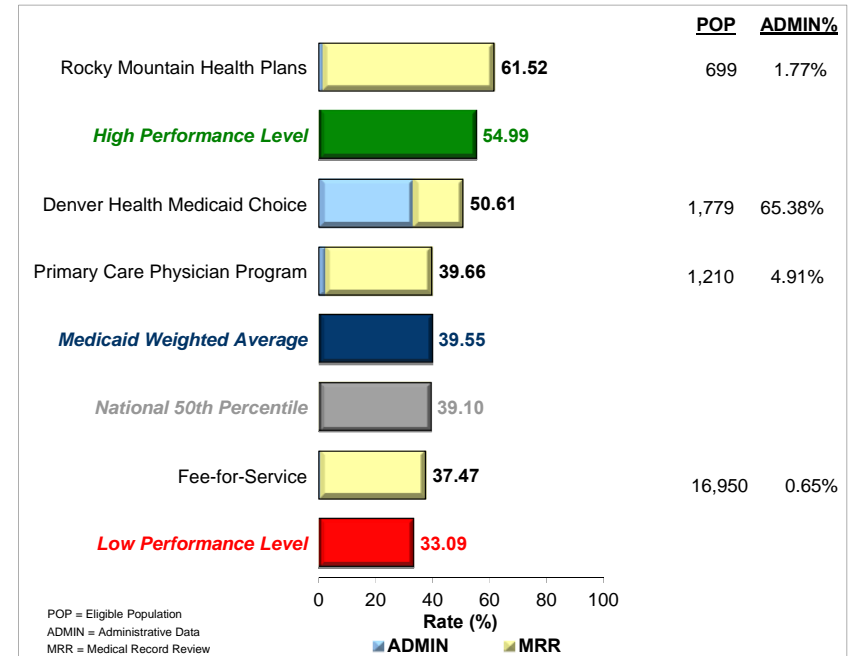
None of the health plans exceeded the HPL of 86.93 percent, but two health plans fell below the LPL of 73.48 percent. One health plan performed above the national HEDIS 2012 Medicaid 50th percentile. The 2013 Colorado Medicaid weighted average of 70.21 percent was 8.50 and 3.27 percentage points below the national HEDIS 2012 Medicaid 50th percentile and the LPL, respectively.

Figure 7-17—Comprehensive Diabetes Care—Blood Pressure Controlled (<140/80 mm Hg) Colorado Medicaid Weighted Averages



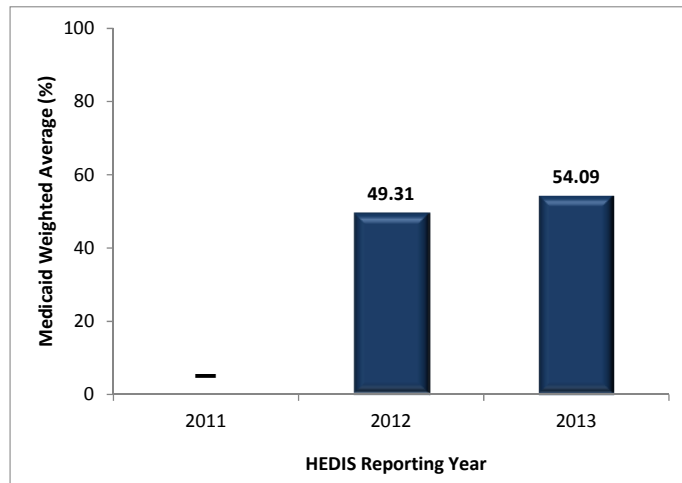
The 2013 HEDIS Medicaid weighted average increased 5.75 percentage points from HEDIS 2012; however, this increase was not statistically significant.

Figure 7-18—Comprehensive Diabetes Care—Blood Pressure Controlled (<140/80 mm Hg)



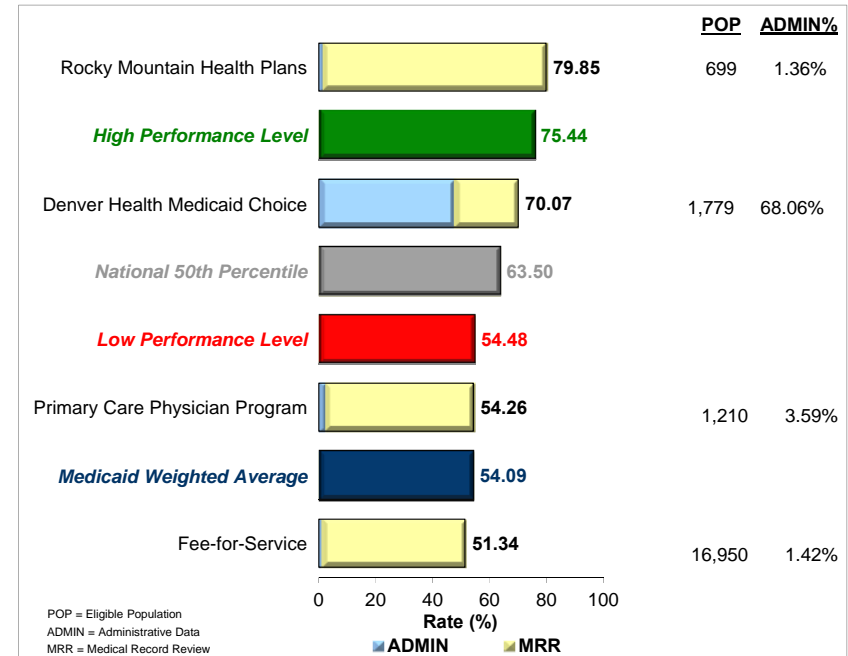
One health plan performed above the HPL of 54.99 percent, while no plans performed below the LPL of 33.09 percent. Only one plan performed below the national 50th percentile of 39.10 percent. The 2013 Colorado Medicaid weighted average of 39.55 percent was 0.45 percentage points above the national 50th percentile.

Figure 7-19—Comprehensive Diabetes Care—Blood Pressure Controlled (<140/90 mm Hg) Colorado Medicaid Weighted Averages



The 2013 HEDIS Medicaid weighted average increased 4.78 percentage points from HEDIS 2012; however, this increase was not statistically significant.

Figure 7-20—Comprehensive Diabetes Care—Blood Pressure Controlled (<140/90 mm Hg)



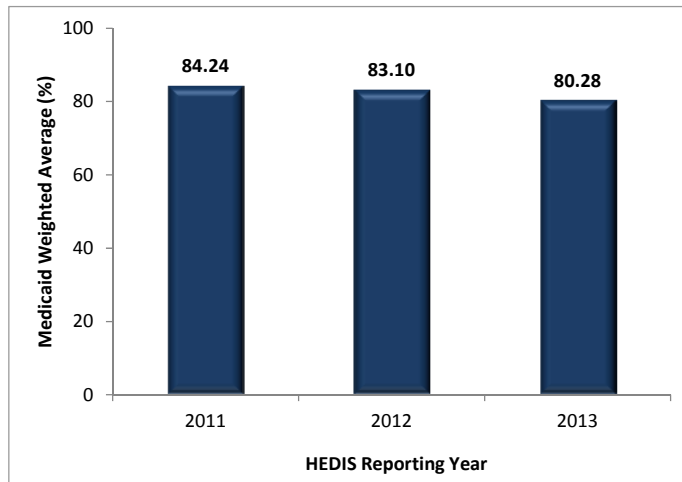
One health plan exceeded the HPL of 75.44 percent, and two health plans and the weighted average fell below the LPL of 54.48 percent. Two health plans, including the one performing above the HPL, reported rates ranking above the national HEDIS 2012 Medicaid 50th percentile. The 2013 Colorado Medicaid weighted average of 54.09 percent fell below the national Medicaid 50th percentile by 9.41 percentage points and fell below the LPL by 0.39 percentage points.

Annual Monitoring for Patients on Persistent Medications

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.

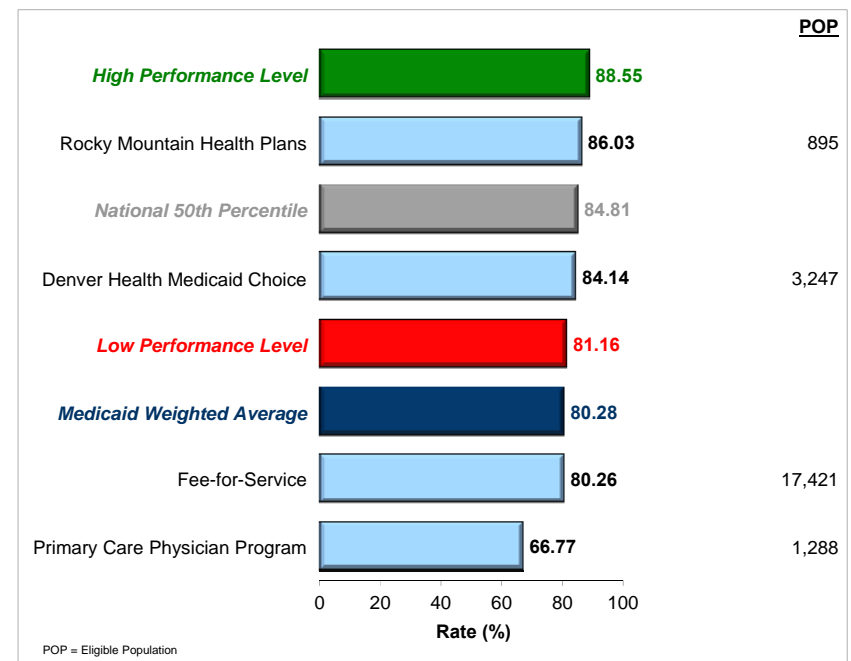
Figure 7-21—Annual Monitoring for Patients on Persistent Medications —Total

Colorado Medicaid Weighted Averages



The weighted average decreased 1.14 percentage points between HEDIS 2011 and HEDIS 2012 and decreased again from HEDIS 2012 to HEDIS 2013 by 2.82 percentage points. This decline in the weighted average was not statistically significant.

Figure 7-22—Annual Monitoring for Patients on Persistent Medications —Total



Two plans, and the Medicaid weighted average, fell below the LPL of 81.16 percent. The 2012 Colorado Medicaid weighted average of 80.28 percent was 4.53 percentage points below the national Medicaid 50th percentile.

Summary of Findings

Table 7-1 presents the health plans’ performance for each of the measures in the *Living With Illness* dimension.

Table 7-1—Living With Illness Measure-Specific Performance Ratings				
Measure	FFS	PCPP	DHMC	RMHP
<i>Controlling High Blood Pressure</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>Annual Monitoring for Patients on Persistent Medications—Total</i>	★★	★	★★★	★★★

Table 7-2 presents a summary of the health plans’ overall performance for measures in the Living With Illness domain. It shows the number of measures falling into each performance rating.

Table 7-2—Living With Illness: Plan-Specific Count of Measures by Performance Rating						
Health Plan Name	★★★★★	★★★★	★★★	★★	★	NA/NR/NB
FFS	0	0	1	5	5	0
PCPP	0	0	3	4	4	0
DHMC	2	3	5	1	0	0
RMHP	6	2	3	0	0	0

RMHP was the top-performing health plan in the Living With Illness domain, with six measures receiving a five-star rating (rates at or above the national HEDIS 2012 Medicaid 90th percentile). Conversely, with 10 measures reporting rates below the 25th percentiles (★★ or fewer), FFS presented many opportunities for improvement. Overall, opportunities for improvement were present across all of the measures in the Living With Illness domain.

For the measure in this domain, HEDIS methodology requires that the rate be derived using only the administrative method. While the national HEDIS 2012 Medicaid 50th percentile is provided for reference, it is important to assess utilization based on the characteristics of each health plan’s population.

The Use of Services domain encompasses the *Ambulatory Care: Total—Emergency Department Visits* measure.

Measure Definitions

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

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

Performance Results

Table 8-1 shows emergency department visits per 1,000 MM for ambulatory care for the total age group.

Table 8-1—Ambulatory Care: Total Emergency Department Visits Per 1,000 MM for Total Age Group	
Health Plan Name	Emergency Department Visits
Fee-for-Service	67.02
Primary Care Physician Program	57.84
Denver Health Medicaid Choice	44.56
Rocky Mountain Health Plans	62.73
2013 Colorado Medicaid Weighted Average	64.84
2012 Colorado Medicaid Weighted Average	58.73
2011 Colorado Medicaid Weighted Average	63.02
HEDIS 2012 Medicaid 50th Percentile	63.15

For emergency department visits, the Colorado Medicaid weighted averages demonstrated a decline from HEDIS 2011 to HEDIS 2012 and an increase from HEDIS 2012 to HEDIS 2013.

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 2011, 2012, and 2013 Colorado Medicaid weighted averages; and the national HEDIS 2012 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—*Appropriate Testing for Children with Pharyngitis*
- ◆ Table A-9—*Prenatal and Postpartum Care*
- ◆ Table A-10—*Children’s and Adolescents’ Access to Primary Care Practitioners*
- ◆ Table A-11—*Adults’ Access to Preventive/Ambulatory Health Services*
- ◆ Table A-12—*Chlamydia Screening in Women*
- ◆ Table A-13—*Breast Cancer Screening*
- ◆ Table A-14—*Cervical Cancer Screening*
- ◆ Table A-15—*Adult BMI Assessment*
- ◆ Table A-16—*Anti-depressant Medication Management*
- ◆ Table A-17—*Follow-up Care for Children Prescribed ADHD Medication*
- ◆ Table A-18—*Initiation and Engagement of Alcohol and Other Drug Dependence Treatment*
- ◆ Table A-19—*Controlling High Blood Pressure*
- ◆ Table A-20—*Comprehensive Diabetes Care*
- ◆ Table A-21—*Comprehensive Diabetes Care (Continued)*
- ◆ Table A-22—*Annual Monitoring for Patients on Persistent Medications*
- ◆ Table A-23—*Ambulatory Care: Total—Emergency Department Visits 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; the HEDIS 2012 aggregate report; or the HEDIS 2012 Medicaid means, ratios, and percentiles 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	16,492	65.47%	81.77%	81.02%	82.36%	81.17%	81.04%	66.79%	68.10%	55.55%	44.12%
Primary Care Physician Program	431	77.73%	92.34%	91.88%	93.27%	91.88%	91.88%	85.38%	92.34%	67.98%	53.60%
Denver Health Medicaid Choice	1,422	81.29%	90.01%	90.01%	89.52%	92.33%	89.87%	84.18%	89.38%	68.21%	74.05%
Rocky Mountain Health Plans*	653	79.17%	88.36%	91.27%	91.88%	62.48%	90.66%	79.79%	12.86%	70.29%	54.36%
2013 Colorado Medicaid Weighted Average	—	67.41%	82.85%	82.29%	83.47%	81.60%	82.28%	68.96%	68.34%	57.29%	46.93%
2012 Colorado Medicaid Weighted Average	—	77.00%	89.48%	88.46%	91.61%	89.63%	87.36%	78.77%	33.75%	62.69%	52.21%
2011 Colorado Medicaid Weighted Average	—	75.19%	86.68%	85.99%	88.13%	88.81%	86.97%	77.20%	32.95%	53.23%	49.58%
HEDIS 2012 Medicaid 50th Percentile	—	80.63%	92.21%	91.65%	92.46%	90.75%	91.22%	80.93%	38.32%	63.70%	44.90%

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

* Per the Department’s data collection methodology requirement, the rates reported in this table for Rocky Mountain Health Plans are administrative rates only and not their final, audited hybrid rates in the IDSS file. For more information on the differences between administrative and hybrid data collection methodologies, refer to Appendix C. Rocky Mountain Health Plans reported hybrid rates of 85.42 percent, 94.68 percent, 92.36 percent, 95.83 percent, 91.44 percent, 91.20 percent, 86.34 percent, 13.19 percent, 73.38 percent, and 55.56 percent for the *Childhood Immunization Status* indicators *DTaP*, *IPV*, *MMR*, *HiB*, *Hepatitis B*, *VZV*, *Pneumococcal Conjugate*, *Hepatitis A*, *Rotavirus*, and *Influenza*, respectively.

Table A-2—Childhood Immunization Status—Combinations[^]

Health Plan Name	Eligible Population	Combo 2	Combo 3	Combo 4	Combo 5	Combo 6	Combo 7	Combo 8	Combo 9	Combo 10
Fee-for-Service	16,492	59.52%	56.35%	48.57%	41.58%	34.30%	36.13%	31.72%	26.42%	24.44%
Primary Care Physician Program	431	74.25%	72.62%	72.39%	58.70%	45.94%	58.47%	45.94%	38.05%	38.05%
Denver Health Medicaid Choice	1,422	81.22%	80.87%	80.73%	65.75%	69.76%	65.61%	69.69%	56.96%	56.89%
Rocky Mountain Health Plans [*]	653	51.45%	49.62%	9.19%	40.89%	31.39%	8.27%	5.82%	27.11%	5.51%
2013 Colorado Medicaid Weighted Average	—	61.20%	58.33%	50.16%	43.75%	37.11%	37.89%	34.00%	29.00%	26.52%
2012 Colorado Medicaid Weighted Average	—	72.01%	68.51%	29.37%	51.48%	44.77%	22.68%	19.92%	35.71%	15.53%
2011 Colorado Medicaid Weighted Average	—	70.09%	67.20%	29.83%	43.56%	42.60%	21.43%	21.03%	31.41%	16.16%
HEDIS 2012 Medicaid 50th Percentile	—	75.35%	71.93%	33.92%	52.92%	37.57%	26.03%	20.88%	29.79%	16.51%

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

^{*} Per the Department’s data collection methodology requirement, the rates reported in this table for Rocky Mountain Health Plans are administrative rates only and not their final, audited hybrid rates in the IDSS file. For more information on the differences between administrative and hybrid data collection methodologies, refer to Appendix C. Rocky Mountain Health Plans reported hybrid rates of 78.24 percent, 76.16 percent, 12.73 percent, 63.43 percent, 52.08 percent, 11.34 percent, 9.03 percent, 44.91 percent, and 8.10 percent for the *Childhood Immunization Status* indicators *Combinations 2 through 10*, respectively.

Table A-3—Immunizations for Adolescents				
Health Plan Name	Eligible Population	Meningococcal	Tdap/Td	Combo 1
Fee-for-Service	10,508	57.32%	75.15%	55.74%
Primary Care Physician Program	501	71.06%	86.83%	70.66%
Denver Health Medicaid Choice	948	80.17%	81.75%	79.54%
Rocky Mountain Health Plans	396	57.32%	81.57%	53.79%
2013 Colorado Medicaid Weighted Average	—	59.63%	76.34%	58.11%
2012 Colorado Medicaid Weighted Average	—	56.80%	75.36%	55.20%
2011 Colorado Medicaid Weighted Average	—	—	—	—
HEDIS 2012 Medicaid 50th Percentile	—	64.23%	78.83%	62.29%

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	16,102	1.95%	61.31%
Primary Care Physician Program	151	2.67%	62.00%
Denver Health Medicaid Choice	728	1.22%	69.10%
Rocky Mountain Health Plans	444	0.23%	82.64%
2013 Colorado Medicaid Weighted Average	—	1.88%	62.19%
2012 Colorado Medicaid Weighted Average	—	2.07%	62.53%
2011 Colorado Medicaid Weighted Average	—	2.08%	65.86%
HEDIS 2012 Medicaid 50th Percentile	—	1.22%	62.95%

*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	74,615	60.34%
Primary Care Physician Program	2,224	61.56%
Denver Health Medicaid Choice	7,052	66.91%
Rocky Mountain Health Plans	3,103	66.75%
2013 Colorado Medicaid Weighted Average	—	61.13%
2012 Colorado Medicaid Weighted Average	—	61.29%
2011 Colorado Medicaid Weighted Average	—	62.21%
HEDIS 2012 Medicaid 50th Percentile	—	72.26%

Table A-6—Adolescent Well-Care Visits		
Health Plan Name	Eligible Population	Rate
Fee-for-Service	73,770	37.71%
Primary Care Physician Program	3,295	39.42%
Denver Health Medicaid Choice	6,428	49.15%
Rocky Mountain Health Plans	2,576	42.82%
2013 Colorado Medicaid Weighted Average	—	38.79%
2012 Colorado Medicaid Weighted Average	—	40.26%
2011 Colorado Medicaid Weighted Average	—	42.95%
HEDIS 2012 Medicaid 50th Percentile	—	49.65%

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	105,302	53.51%	58.67%	45.02%	39,870	51.43%	51.43%	55.71%	145,172	52.80%	56.20%	48.66%
Primary Care Physician Program	3,698	77.66%	65.20%	65.93%	2,058	78.26%	54.35%	60.14%	5,756	77.86%	61.56%	63.99%
Denver Health Medicaid Choice	10,118	88.08%	75.83%	54.97%	3,772	87.16%	73.39%	67.89%	13,890	87.83%	75.18%	58.39%
Rocky Mountain Health Plans	4,841	74.60%	66.67%	57.78%	1,772	67.94%	55.73%	54.20%	6,613	72.65%	63.45%	56.73%
2013 Colorado Medicaid Weighted Average	—	57.87%	60.58%	46.95%	—	56.05%	53.46%	56.82%	—	57.24%	58.20%	50.28%
2012 Colorado Medicaid Weighted Average	—	49.19%	55.64%	40.47%	—	53.61%	49.54%	49.38%	—	50.45%	53.91%	42.97%
2011 Colorado Medicaid Weighted Average	—	37.23%	50.52%	31.67%	—	31.54%	34.69%	35.37%	—	35.48%	45.67%	32.78%
HEDIS 2012 Medicaid 50th Percentile	—	47.52%	57.09%	42.17%	—	49.42%	50.00%	47.00%	—	47.45%	54.88%	43.29%

Table A-8—Appropriate Testing for Children with Pharyngitis

Health Plan Name	Eligible Population	Rate
Fee-for-Service	14,273	73.51%
Primary Care Physician Program	424	68.16%
Denver Health Medicaid Choice	367	70.30%
Rocky Mountain Health Plans	911	89.90%
2013 Colorado Medicaid Weighted Average	—	74.23%
2012 Colorado Medicaid Weighted Average	—	—
2011 Colorado Medicaid Weighted Average	—	—
HEDIS 2012 Medicaid 50th Percentile	—	70.00%

Table A-9—Prenatal and Postpartum Care				
Health Plan Name	Timeliness of Prenatal Care		Postpartum Care	
	Eligible Population	Rate	Eligible Population	Rate
Fee-for-Service	16,707	78.59%	16,707	56.69%
Primary Care Physician Program	370	86.34%	370	69.67%
Denver Health Medicaid Choice	891	85.40%	891	54.99%
Rocky Mountain Health Plans	839	95.64%	839	73.83%
2013 Colorado Medicaid Weighted Average	—	79.82%	—	57.63%
2012 Colorado Medicaid Weighted Average	—	77.54%	—	61.26%
2011 Colorado Medicaid Weighted Average	—	75.42%	—	55.29%
HEDIS 2012 Medicaid 50th Percentile	—	86.13%	—	64.98%

Table A-10—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	18,402	94.64%	91,315	81.85%	52,281	86.35%	47,992	86.09%
Primary Care Physician Program	467	97.86%	2,691	86.55%	1,656	89.61%	2,076	88.78%
Denver Health Medicaid Choice	1,606	92.28%	8,569	78.88%	5,104	83.64%	4,068	85.82%
Rocky Mountain Health Plans	741	96.90%	3,802	87.14%	2,111	90.90%	1,888	89.99%
2013 Colorado Medicaid Weighted Average	—	94.61%	—	81.91%	—	86.37%	—	86.30%
2012 Colorado Medicaid Weighted Average	—	95.47%	—	84.36%	—	86.65%	—	86.54%
2011 Colorado Medicaid Weighted Average	—	95.56%	—	83.53%	—	85.39%	—	85.54%
HEDIS 2012 Medicaid 50th Percentile	—	97.02%	—	89.19%	—	90.58%	—	89.21%

Table A-11—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	94,210	75.83%	37,348	81.63%	31,685	75.03%	163,243	77.00%
Primary Care Physician Program	3,942	82.06%	2,627	84.62%	2,575	82.83%	9,144	83.02%
Denver Health Medicaid Choice	6,733	66.48%	4,126	75.42%	2,164	71.30%	13,023	70.11%
Rocky Mountain Health Plans	4,024	85.71%	1,646	91.62%	1,012	96.54%	6,682	88.81%
2013 Colorado Medicaid Weighted Average	—	75.84%	—	81.60%	—	75.93%	—	77.23%
2012 Colorado Medicaid Weighted Average	—	77.70%	—	81.65%	—	76.85%	—	78.46%
2011 Colorado Medicaid Weighted Average	—	78.25%	—	82.05%	—	76.57%	—	78.78%
HEDIS 2012 Medicaid 50th Percentile	—	82.34%	—	87.31%	—	87.79%	—	83.90%

Table A-12—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	9,074	48.78%	9,848	58.74%	18,922	53.96%
Primary Care Physician Program	342	27.49%	284	30.28%	626	28.75%
Denver Health Medicaid Choice	689	71.26%	631	73.53%	1,320	72.35%
Rocky Mountain Health Plans	404	44.31%	530	47.55%	934	46.15%
2013 Colorado Medicaid Weighted Average	—	49.39%	—	58.33%	—	54.02%
2012 Colorado Medicaid Weighted Average	—	52.73%	—	57.85%	—	55.40%
2011 Colorado Medicaid Weighted Average	—	54.03%	—	57.56%	—	55.80%
HEDIS 2012 Medicaid 50th Percentile	—	54.18%	—	64.36%	—	58.40%

Table A-13—Breast Cancer Screening		
Health Plan Name	Total	
	Eligible Population	Rate
Fee-for-Service	23,427	27.87%
Primary Care Physician Program	1,904	30.36%
Denver Health Medicaid Choice	2,207	49.16%
Rocky Mountain Health Plans	1,065	47.79%
2013 Colorado Medicaid Weighted Average	—	30.42%
2012 Colorado Medicaid Weighted Average	—	—
2011 Colorado Medicaid Weighted Average	—	—
HEDIS 2012 Medicaid 50th Percentile	—	50.46%

Table A-14—Cervical Cancer Screening		
Health Plan Name	Total	
	Eligible Population	Rate
Fee-for-Service	78,715	44.76%
Primary Care Physician Program	3,716	27.66%
Denver Health Medicaid Choice	6,305	51.13%
Rocky Mountain Health Plans*	3,628	55.02%
2013 Colorado Medicaid Weighted Average	—	44.91%
2012 Colorado Medicaid Weighted Average	—	—
2011 Colorado Medicaid Weighted Average	—	—
HEDIS 2012 Medicaid 50th Percentile	—	69.10%
<p>* Per the Department’s data collection methodology requirement, the rate reported in this table for Rocky Mountain Health Plans is the administrative rate only and not the final, audited hybrid rate in the IDSS file. For more information on the differences between administrative and hybrid data collection methodologies, refer to Appendix C. Rocky Mountain Health Plans reported a hybrid rate of 68.48 percent.</p>		

Table A-15—Adult BMI Assessment		
Health Plan Name	Eligible Population	Rate
Fee-for-Service	74,908	71.29%
Primary Care Physician Program	4,917	71.05%
Denver Health Medicaid Choice	6,692	86.86%
Rocky Mountain Health Plans	3,913	80.26%
2013 Colorado Medicaid Weighted Average	—	72.82%
2012 Colorado Medicaid Weighted Average	—	55.20%
2011 Colorado Medicaid Weighted Average	—	43.42%
HEDIS 2012 Medicaid 50th Percentile	—	57.94%

Table A-16—Anti-depressant Medication Management				
Health Plan Name	Acute Phase		Continuation Phase	
	Eligible Population	Rate	Eligible Population	Rate
Fee-for-Service	3,621	64.02%	3,621	49.02%
Primary Care Physician Program	101	65.35%	101	48.51%
Denver Health Medicaid Choice	182	57.14%	182	45.05%
Rocky Mountain Health Plans	NB	NB	NB	NB
2013 Colorado Medicaid Weighted Average	—	63.73%	—	48.82%
2012 Colorado Medicaid Weighted Average	—	—	—	—
2011 Colorado Medicaid Weighted Average	—	—	—	—
HEDIS 2012 Medicaid 50th Percentile	—	49.42%	—	32.42%

Table A-17—Follow-up Care for Children Prescribed ADHD Medication				
Health Plan Name	Initiation		Continuation	
	Eligible Population	Rate	Eligible Population	Rate
Fee-for-Service	2,401	40.15%	829	45.24%
Primary Care Physician Program	114	35.96%	42	30.95%
Denver Health Medicaid Choice	110	24.55%	23	NA
Rocky Mountain Health Plans	101	43.56%	32	40.63%
2013 Colorado Medicaid Weighted Average	—	39.47%	—	43.63%
2012 Colorado Medicaid Weighted Average	—	—	—	—
2011 Colorado Medicaid Weighted Average	—	—	—	—
HEDIS 2012 Medicaid 50th Percentile	—	39.19%	—	47.09%

Table A-18—Initiation and Engagement of Alcohol and Other Drug Dependence Treatment				
Health Plan Name	Initiation		Engagement	
	Eligible Population	Rate	Eligible Population	Rate
Fee-for-Service	13,098	27.66%	13,098	5.98%
Primary Care Physician Program	498	25.90%	498	3.01%
Denver Health Medicaid Choice	1,572	47.14%	1,572	3.31%
Rocky Mountain Health Plans	NB	NB	NB	NB
2013 Colorado Medicaid Weighted Average	—	29.62%	—	5.60%
2012 Colorado Medicaid Weighted Average	—	—	—	—
2011 Colorado Medicaid Weighted Average	—	—	—	—
HEDIS 2012 Medicaid 50th Percentile	—	38.80%	—	11.72%

Table A-19—Controlling High Blood Pressure		
Health Plan Name	Eligible Population	Rate
Fee-for-Service	18,257	40.39%
Primary Care Physician Program	1,416	46.47%
Denver Health Medicaid Choice	2,161	70.07%
Rocky Mountain Health Plans	867	73.38%
2013 Colorado Medicaid Weighted Average	—	44.85%
2012 Colorado Medicaid Weighted Average	—	—
2011 Colorado Medicaid Weighted Average	—	47.76%
HEDIS 2012 Medicaid 50th Percentile	—	57.52%

Table A-20—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	16,950	64.48%	16,950	67.88%	16,950	27.98%	16,950	40.63%	16,950	53.28%
Primary Care Physician Program	1,210	71.29%	1,210	57.66%	1,210	36.98%	1,210	50.36%	1,210	57.91%
Denver Health Medicaid Choice	1,779	83.21%	1,779	33.58%	1,779	51.09%	1,779	50.12%	1,779	70.32%
Rocky Mountain Health Plans	699	92.20%	699	19.24%	699	72.23%	733	62.73%	733	75.55%
2013 Colorado Medicaid Weighted Average	—	67.43%	—	62.68%	—	32.00%	—	42.80%	—	55.81%
2012 Colorado Medicaid Weighted Average	—	68.82%	—	60.98%	—	33.83%	—	43.00%	—	59.25%
2011 Colorado Medicaid Weighted Average	—	—	—	—	—	—	—	—	—	—
HEDIS 2012 Medicaid 50th Percentile	—	82.38%	—	41.68%	—	48.72%	—	52.88%	—	76.16%

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

Table A-21—Comprehensive Diabetes Care (Continued)

Plan Name	LDL-C Level <100 mg/dL		Medical Attention for 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	16,950	23.60%	16,950	69.10%	16,950	37.47%	16,950	51.34%
Primary Care Physician Program	1,210	30.66%	1,210	66.67%	1,210	39.66%	1,210	54.26%
Denver Health Medicaid Choice	1,779	50.36%	1,779	80.78%	1,779	50.61%	1,779	70.07%
Rocky Mountain Health Plans	733	44.86%	733	76.22%	699	61.52%	699	79.85%
2013 Colorado Medicaid Weighted Average	—	27.07%	—	70.21%	—	39.55%	—	54.09%
2012 Colorado Medicaid Weighted Average	—	23.72%	—	73.27%	—	33.80%	—	49.31%
2011 Colorado Medicaid Weighted Average	—	—	—	—	—	—	—	—
HEDIS 2012 Medicaid 50th Percentile	—	35.86%	—	78.71%	—	39.10%	—	63.50%

Table A-22—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	7,687	87.20%	162	86.42%	6,183	86.41%	3,389	52.99%	17,421	80.26%
Primary Care Physician Program	462	72.51%	17	NA	410	77.07%	399	48.87%	1,288	66.77%
Denver Health Medicaid Choice	1,592	87.44%	16	NA	1,269	86.68%	370	60.81%	3,247	84.14%
Rocky Mountain Health Plans	375	86.67%	18	NA	304	91.78%	198	75.76%	895	86.03%
2013 Colorado Medicaid Weighted Average	—	86.55%	—	86.85%	—	86.19%	—	54.32%	—	80.28%
2012 Colorado Medicaid Weighted Average	—	86.60%	—	89.69%	—	86.62%	—	66.39%	—	83.10%
2011 Colorado Medicaid Weighted Average	—	87.92%	—	87.74%	—	88.06%	—	67.55%	—	84.24%
HEDIS 2012 Medicaid 50th Percentile	—	86.89%	—	90.95%	—	86.40%	—	65.29%	—	84.81%

Table A-23—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	105.04	51.25	44.27	99.83	86.30	53.69	45.94	38.48	67.02
Primary Care Physician Program	83.78	46.18	39.87	81.05	73.04	53.99	51.69	49.17	57.84
Denver Health Medicaid Choice	30.76	39.24	26.88	67.52	61.57	40.90	41.25	40.70	44.56
Rocky Mountain Health Plans	67.63	39.13	39.68	106.08	90.16	65.61	56.30	57.28	62.73
2013 Colorado Medicaid Weighted Average	97.71	49.69	42.57	97.28	83.62	53.18	46.36	39.53	64.84
2012 Colorado Medicaid Weighted Average	85.85	46.11	40.61	89.88	68.80	42.45	36.99	32.19	58.73
2011 Colorado Medicaid Weighted Average	95.86	49.24	43.65	94.76	79.76	45.97	41.99	37.08	63.02
HEDIS 2012 Medicaid 50th Percentile	94.83	48.71	40.28	103.27	80.69	33.74	27.37	21.72	63.15

Appendix B includes trend tables for each of the Colorado Medicaid health plans. Where applicable, each measure’s rate for 2011, 2012, and 2013 is presented along with trend analysis results. For purposes of the trend analysis, the 2013 rates were compared to the 2012 rates to determine if there were any statistically significant differences using the Pearson’s Chi-square test. The trends are shown in the following example with specific notations:

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

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

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

- ◆ Table B-1—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-5—Colorado Medicaid Statewide Trend Table

Table B-1—Fee-for-Service Trend Table

Measures	HEDIS 2011	HEDIS 2012	HEDIS 2013	Change From 2012–2013
Pediatric Care				
<i>Childhood Immunization Status[^]</i>				
<i>DTaP</i>	73.24%	75.91%	65.47%	^
<i>IPV</i>	85.16%	88.81%	81.77%	^
<i>MMR</i>	84.67%	87.83%	81.02%	^
<i>HiB</i>	86.86%	91.24%	82.36%	^
<i>Hepatitis B</i>	87.59%	89.05%	81.17%	^
<i>VZV</i>	85.89%	86.62%	81.04%	^
<i>Pneumococcal Conjugate</i>	75.18%	77.62%	66.79%	^
<i>Hepatitis A</i>	30.41%	32.36%	68.10%	^
<i>Rotavirus</i>	48.91%	61.31%	55.55%	^
<i>Influenza</i>	45.74%	49.88%	44.12%	^
<i>Combination 2</i>	67.64%	70.56%	59.52%	^
<i>Combination 3</i>	64.48%	66.67%	56.35%	^
<i>Combination 4</i>	27.01%	27.49%	48.57%	^
<i>Combination 5</i>	38.69%	49.15%	41.58%	^
<i>Combination 6</i>	38.44%	42.09%	34.30%	^
<i>Combination 7</i>	18.00%	20.68%	36.13%	^
<i>Combination 8</i>	17.76%	17.76%	31.72%	^
<i>Combination 9</i>	26.52%	33.09%	26.42%	^
<i>Combination 10</i>	12.65%	13.38%	24.44%	^
<i>Immunizations for Adolescents</i>				
<i>Meningococcal</i>	—	54.10%	57.32%	+3.22
<i>Tdap/Td</i>	—	73.92%	75.15%	+1.23
<i>Combination 1</i>	—	52.52%	55.74%	+3.22
<i>Well-Child Visits in the First 15 Months of Life</i>				
<i>Zero Visits*</i>	2.19%	2.19%	1.95%	-0.24
<i>Six or More Visits</i>	65.45%	62.53%	61.31%	-1.22
<i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i>				
	61.07%	60.53%	60.34%	-0.19
<i>Adolescent Well-Care Visits</i>				
	41.85%	38.93%	37.71%	-1.22
<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</i>				
<i>BMI Assessment: Ages 3 to 11 Years</i>	31.58%	44.56%	53.51%	+8.95
<i>Nutrition Counseling: Ages 3 to 11 Years</i>	47.02%	52.72%	58.67%	+5.95
<i>Physical Activity Counseling: Ages 3 to 11 Years</i>	28.07%	37.76%	45.02%	+7.26

Table B-1—Fee-for-Service Trend Table

Measures	HEDIS 2011	HEDIS 2012	HEDIS 2013	Change From 2012–2013
<i>BMI Assessment: Ages 12 to 17 Years</i>	25.40%	50.43%	51.43%	+1.00
<i>Nutrition Counseling: Ages 12 to 17 Years</i>	30.16%	47.01%	51.43%	+4.42
<i>Physical Activity Counseling: Ages 12 to 17 Years</i>	31.75%	47.01%	55.71%	+8.70
<i>BMI Assessment: Total</i>	29.68%	46.23%	52.80%	+6.57
<i>Nutrition Counseling: Total</i>	41.85%	51.09%	56.20%	+5.11
<i>Physical Activity Counseling: Total</i>	29.20%	40.39%	48.66%	+8.27
<i>Appropriate Testing for Children with Pharyngitis</i>	—	—	73.51%	—
Access to Care				
<i>Prenatal and Postpartum Care</i>				
<i>Timeliness of Prenatal Care</i>	73.72%	76.16%	78.59%	+2.43
<i>Postpartum Care</i>	53.53%	60.34%	56.69%	-3.65
<i>Children’s and Adolescents’ Access to Primary Care Practitioners</i>				
<i>Ages 12 to 24 Months</i>	95.54%	95.36%	94.64%	-0.72
<i>Ages 25 Months to 6 Years</i>	83.48%	84.42%	81.85%	-2.57
<i>Ages 7 to 11 Years</i>	85.26%	86.55%	86.35%	-0.20
<i>Ages 12 to 19 Years</i>	84.85%	86.26%	86.09%	-0.17
<i>Adults’ Access to Preventive/Ambulatory Health Services</i>				
<i>Ages 20 to 44 Years</i>	77.96%	77.62%	75.83%	-1.79
<i>Ages 45 to 64 Years</i>	81.29%	81.25%	81.63%	+0.38
<i>Ages 65 Years and Older</i>	75.45%	75.81%	75.03%	-0.78
<i>Total</i>	78.13%	78.07%	77.00%	-1.07
Preventive Screening				
<i>Chlamydia Screening in Women</i>				
<i>Ages 16 to 20 Years</i>	53.74%	52.86%	48.78%	-4.08
<i>Ages 21 to 24 Years</i>	57.79%	58.59%	58.74%	+0.15
<i>Total</i>	55.80%	55.89%	53.96%	-1.93
<i>Breast Cancer Screening</i>	—	—	27.87%	—
<i>Cervical Cancer Screening</i>	—	—	44.76%	—
<i>Adult BMI Assessment</i>	40.15%	52.07%	71.29%	+19.22
Mental/Behavioral Health				
<i>Anti-depressant Medication Management</i>				
<i>Effective Acute Phase Treatment</i>	—	—	64.02%	—
<i>Effective Continuation Phase Treatment</i>	—	—	49.02%	—
<i>Follow-up Care for Children Prescribed ADHD Medication</i>				
<i>Initiation</i>	—	—	40.15%	—
<i>Continuation</i>	—	—	45.24%	—
<i>Initiation and Engagement of Alcohol and Other Drug Dependence Treatment</i>				
<i>Initiation</i>	—	—	27.66%	—
<i>Engagement</i>	—	—	5.98%	—

Table B-1—Fee-for-Service Trend Table

Measures	HEDIS 2011	HEDIS 2012	HEDIS 2013	Change From 2012–2013
Living With Illness				
<i>Controlling High Blood Pressure</i>	43.55%	—	40.39%	—
<i>Comprehensive Diabetes Care</i>				
<i>HbA1c Testing</i>	—	66.42%	64.48%	-1.94
<i>HbA1c Poor Control (>9.0%)*</i>	—	64.96%	67.88%	+2.92
<i>HbA1c Control (<8.0%)</i>	—	30.90%	27.98%	-2.92
<i>Eye Exam</i>	—	40.63%	40.63%	0.00
<i>LDL-C Screening</i>	—	57.18%	53.28%	-3.90
<i>LDL-C Level <100 mg/dL</i>	—	19.46%	23.60%	+4.14
<i>Medical Attention for Nephropathy</i>	—	72.99%	69.10%	-3.89
<i>Blood Pressure Controlled <140/80 mm Hg</i>	—	30.90%	37.47%	+6.57
<i>Blood Pressure Controlled <140/90 mm Hg</i>	—	46.47%	51.34%	+4.87
<i>Annual Monitoring for Patients on Persistent Medications</i>				
<i>ACE Inhibitors or ARBs</i>	87.69%	86.70%	87.20%	+0.50
<i>Digoxin</i>	89.05%	91.49%	86.42%	-5.07
<i>Diuretics</i>	88.35%	86.77%	86.41%	-0.36
<i>Anticonvulsants</i>	67.61%	67.30%	52.99%	-14.31
<i>Total</i>	84.32%	83.46%	80.26%	-3.20
Use of Services†				
<i>Ambulatory Care: Total</i>				
<i>Emergency Department Visits Per 1,000 MM: Total</i>	64.74	60.40	67.02	+6.62
<p>— is shown when no data were available or the measure was not reported in the HEDIS 2011 or HEDIS 2012 aggregate reports.</p> <p>^ Since the Department requires these hybrid measures to be reported using administrative data collection methodology in HEDIS 2013, trending was not performed. .</p> <p>* For the <i>Well-Child Visits in the First 15 Months of Life—Zero Visits</i> and the <i>Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)</i> indicators, a lower rate indicates better performance.</p> <p>† For measures in the Use of Services domain, statistical tests across years were not performed because variances were not provided in the IDSS file; differences in rates were reported without statistical test results. In addition, higher or lower rates did not necessarily denote better or poorer performance. Individual plan demographics should be considered when reviewing performance.</p>				

Table B-2—Primary Care Physician Program Trend Table

Measures	HEDIS 2011	HEDIS 2012	HEDIS 2013	Change From 2012–2013
Pediatric Care				
<i>Childhood Immunization Status[^]</i>				
<i>DTaP</i>	86.37%	79.53%	77.73%	^
<i>IPV</i>	95.62%	94.23%	92.34%	^
<i>MMR</i>	94.16%	93.18%	91.88%	^
<i>HiB</i>	97.32%	94.23%	93.27%	^
<i>Hepatitis B</i>	93.67%	93.70%	91.88%	^
<i>VZV</i>	95.38%	93.70%	91.88%	^
<i>Pneumococcal Conjugate</i>	93.19%	88.71%	85.38%	^
<i>Hepatitis A</i>	47.20%	55.64%	92.34%	^
<i>Rotavirus</i>	72.02%	64.57%	67.98%	^
<i>Influenza</i>	50.61%	43.57%	53.60%	^
<i>Combination 2</i>	81.75%	76.64%	74.25%	^
<i>Combination 3</i>	80.78%	76.12%	72.62%	^
<i>Combination 4</i>	45.74%	53.28%	72.39%	^
<i>Combination 5</i>	62.53%	58.27%	58.70%	^
<i>Combination 6</i>	46.47%	38.32%	45.94%	^
<i>Combination 7</i>	35.28%	41.21%	58.47%	^
<i>Combination 8</i>	26.52%	27.82%	45.94%	^
<i>Combination 9</i>	37.71%	31.23%	38.05%	^
<i>Combination 10</i>	21.41%	22.57%	38.05%	^
<i>Immunizations for Adolescents</i>				
<i>Meningococcal</i>	—	66.74%	71.06%	+4.32
<i>Tdap/Td</i>	—	80.47%	86.83%	+6.36
<i>Combination 1</i>	—	64.16%	70.66%	+6.50
<i>Well-Child Visits in the First 15 Months of Life</i>				
<i>Zero Visits*</i>	1.30%	1.06%	2.67%	+1.61
<i>Six or More Visits</i>	57.14%	61.38%	62.00%	+0.62
<i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i>	70.07%	59.07%	61.56%	+2.49
<i>Adolescent Well-Care Visits</i>	47.69%	47.93%	39.42%	-8.51
<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</i>				
<i>BMI Assessment: Ages 3 to 11 Years</i>	48.35%	58.74%	77.66%	+18.92
<i>Nutrition Counseling: Ages 3 to 11 Years</i>	56.61%	63.20%	65.20%	+2.00
<i>Physical Activity Counseling: Ages 3 to 11 Years</i>	45.45%	55.76%	65.93%	+10.17

Table B-2—Primary Care Physician Program Trend Table

Measures	HEDIS 2011	HEDIS 2012	HEDIS 2013	Change From 2012–2013
<i>BMI Assessment: Ages 12 to 17 Years</i>	44.38%	49.30%	78.26%	+28.96
<i>Nutrition Counseling: Ages 12 to 17 Years</i>	44.38%	40.14%	54.35%	+14.21
<i>Physical Activity Counseling: Ages 12 to 17 Years</i>	44.97%	42.25%	60.14%	+17.89
<i>BMI Assessment: Total</i>	46.72%	55.47%	77.86%	+22.39
<i>Nutrition Counseling: Total</i>	51.58%	55.23%	61.56%	+6.33
<i>Physical Activity Counseling: Total</i>	45.26%	51.09%	63.99%	+12.90
<i>Appropriate Testing for Children with Pharyngitis</i>	—	—	68.16%	—
Access to Care				
<i>Prenatal and Postpartum Care</i>				
<i>Timeliness of Prenatal Care</i>	84.01%	80.26%	86.34%	+6.08
<i>Postpartum Care</i>	70.35%	69.58%	69.67%	+0.09
<i>Children’s and Adolescents’ Access to Primary Care Practitioners</i>				
<i>Ages 12 to 24 Months</i>	96.94%	97.04%	97.86%	+0.82
<i>Ages 25 Months to 6 Years</i>	88.43%	85.80%	86.55%	+0.75
<i>Ages 7 to 11 Years</i>	90.38%	90.19%	89.61%	-0.58
<i>Ages 12 to 19 Years</i>	91.66%	90.05%	88.78%	-1.27
<i>Adults’ Access to Preventive/Ambulatory Health Services</i>				
<i>Ages 20 to 44 Years</i>	83.58%	81.70%	82.06%	+0.36
<i>Ages 45 to 64 Years</i>	87.96%	85.97%	84.62%	-1.35
<i>Ages 65 Years and Older</i>	85.99%	84.54%	82.83%	-1.71
<i>Total</i>	85.77%	83.89%	83.02%	-0.87
Preventive Screening				
<i>Chlamydia Screening in Women</i>				
<i>Ages 16 to 20 Years</i>	30.54%	29.89%	27.49%	-2.40
<i>Ages 21 to 24 Years</i>	27.68%	21.13%	30.28%	+9.15
<i>Total</i>	29.39%	26.11%	28.75%	+2.64
<i>Breast Cancer Screening</i>	—	—	30.36%	—
<i>Cervical Cancer Screening</i>	—	—	27.66%	—
<i>Adult BMI Assessment</i>	35.52%	50.85%	71.05%	+20.20
Mental/Behavioral Health				
<i>Anti-depressant Medication Management</i>				
<i>Effective Acute Phase Treatment</i>	—	—	65.35%	—
<i>Effective Continuation Phase Treatment</i>	—	—	48.51%	—
<i>Follow-up Care for Children Prescribed ADHD Medication</i>				
<i>Initiation</i>	—	—	35.96%	—
<i>Continuation</i>	—	—	30.95%	—
<i>Initiation and Engagement of Alcohol and Other Drug Dependence Treatment</i>				
<i>Initiation</i>	—	—	25.90%	—
<i>Engagement</i>	—	—	3.01%	—

Table B-2—Primary Care Physician Program Trend Table

Measures	HEDIS 2011	HEDIS 2012	HEDIS 2013	Change From 2012–2013
Living With Illness				
<i>Controlling High Blood Pressure</i>	43.31%	—	46.47%	—
<i>Comprehensive Diabetes Care</i>				
<i>HbA1c Testing</i>	—	65.69%	71.29%	+5.60
<i>HbA1c Poor Control (>9.0%)*</i>	—	63.75%	57.66%	-6.09
<i>HbA1c Control (<8.0%)</i>	—	32.60%	36.98%	+4.38
<i>Eye Exam</i>	—	45.74%	50.36%	+4.62
<i>LDL-C Screening</i>	—	56.45%	57.91%	+1.46
<i>LDL-C Level <100 mg/dL</i>	—	25.30%	30.66%	+5.36
<i>Medical Attention for Nephropathy</i>	—	68.13%	66.67%	-1.46
<i>Blood Pressure Controlled <140/80 mm Hg</i>	—	27.74%	39.66%	+11.92
<i>Blood Pressure Controlled <140/90 mm Hg</i>	—	40.88%	54.26%	+13.38
<i>Annual Monitoring for Patients on Persistent Medications</i>				
<i>ACE Inhibitors or ARBs</i>	89.49%	76.02%	72.51%	-3.51
<i>Digoxin</i>	NA	NA	NA	—
<i>Diuretics</i>	87.36%	76.57%	77.07%	+0.50
<i>Anticonvulsants</i>	70.62%	62.24%	48.87%	-13.37
<i>Total</i>	83.16%	71.93%	66.77%	-5.16
Use of Services†				
<i>Ambulatory Care: Total</i>				
<i>Emergency Department Visits Per 1,000 MM: Total</i>	63.92	55.52	57.84	+2.32
<p>— is shown when no data were available or the measure was not reported in the HEDIS 2011 or HEDIS 2012 aggregate reports.</p> <p>^ Since the Department requires these hybrid measures to be reported using administrative data collection methodology in HEDIS 2013, trending was not performed.</p> <p>* For the <i>Well-Child Visits in the First 15 Months of Life—Zero Visits</i> and the <i>Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)</i> indicators, a lower rate indicates better performance.</p> <p>† For measures in the Use of Services domain, statistical tests across years were not performed because variances were not provided in the IDSS file; differences in rates were reported without statistical test results. In addition, higher or lower rates did not necessarily denote better or poorer performance. Individual plan demographics should be considered when reviewing performance.</p>				

Table B-3—Denver Health Medicaid Choice Trend Table

Measures	HEDIS 2011	HEDIS 2012	HEDIS 2013	Change From 2012–2013
Pediatric Care				
<i>Childhood Immunization Status</i>				
<i>DTaP</i>	86.86%	84.67%	81.29%	^
<i>IPV</i>	95.86%	93.43%	90.01%	^
<i>MMR</i>	93.67%	92.46%	90.01%	^
<i>HiB</i>	95.38%	93.19%	89.52%	^
<i>Hepatitis B</i>	96.84%	94.16%	92.33%	^
<i>VZV</i>	92.70%	92.21%	89.87%	^
<i>Pneumococcal Conjugate</i>	89.54%	85.64%	84.18%	^
<i>Hepatitis A</i>	56.45%	52.80%	89.38%	^
<i>Rotavirus</i>	82.48%	72.75%	68.21%	^
<i>Influenza</i>	81.75%	79.08%	74.05%	^
<i>Combination 2</i>	86.13%	84.18%	81.22%	^
<i>Combination 3</i>	85.64%	83.70%	80.87%	^
<i>Combination 4</i>	55.23%	51.58%	80.73%	^
<i>Combination 5</i>	78.10%	70.32%	65.75%	^
<i>Combination 6</i>	76.89%	73.24%	69.76%	^
<i>Combination 7</i>	50.85%	45.26%	65.61%	^
<i>Combination 8</i>	51.82%	46.96%	69.69%	^
<i>Combination 9</i>	70.80%	62.04%	56.96%	^
<i>Combination 10</i>	47.93%	41.12%	56.89%	^
<i>Immunizations for Adolescents¹</i>				
<i>Meningococcal</i>	—	83.08%	80.17%	-2.91
<i>Tdap/Td</i>	—	84.20%	81.75%	-2.45
<i>Combination 1</i>	—	82.34%	79.54%	-2.80
<i>Well-Child Visits in the First 15 Months of Life</i>				
<i>Zero Visits*</i>	0.98%	0.97%	1.22%	+0.25
<i>Six or More Visits</i>	67.73%	51.34%	69.10%	+17.76
<i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life²</i>				
<i>Adolescent Well-Care Visits</i>	49.15%	51.09%	49.15%	-1.94
<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</i>				
<i>BMI Assessment: Ages 3 to 11 Years</i>	78.59%	84.64%	88.08%	+3.44
<i>Nutrition Counseling: Ages 3 to 11 Years</i>	79.23%	80.25%	75.83%	-4.42
<i>Physical Activity Counseling: Ages 3 to 11 Years</i>	55.27%	57.05%	54.97%	-2.08

Table B-3—Denver Health Medicaid Choice Trend Table

Measures	HEDIS 2011	HEDIS 2012	HEDIS 2013	Change From 2012–2013
<i>BMI Assessment: Ages 12 to 17 Years</i>	75.51%	86.96%	87.16%	+0.20
<i>Nutrition Counseling: Ages 12 to 17 Years</i>	66.33%	80.43%	73.39%	-7.04
<i>Physical Activity Counseling: Ages 12 to 17 Years</i>	57.14%	76.09%	67.89%	-8.20
<i>BMI Assessment: Total</i>	77.86%	85.16%	87.83%	+2.67
<i>Nutrition Counseling: Total</i>	76.16%	80.29%	75.18%	-5.11
<i>Physical Activity Counseling: Total</i>	55.72%	61.31%	58.39%	-2.92
<i>Appropriate Testing for Children with Pharyngitis</i>	—	—	70.30%	—
Access to Care				
<i>Prenatal and Postpartum Care</i>				
<i>Timeliness of Prenatal Care</i>	82.93%	83.45%	85.40%	+1.95
<i>Postpartum Care</i>	60.98%	59.61%	54.99%	-4.62
<i>Children’s and Adolescents’ Access to Primary Care Practitioners</i>				
<i>Ages 12 to 24 Months</i>	93.92%	94.98%	92.28%	-2.70
<i>Ages 25 Months to 6 Years</i>	80.01%	81.18%	78.88%	-2.30
<i>Ages 7 to 11 Years</i>	81.48%	83.99%	83.64%	-0.35
<i>Ages 12 to 19 Years</i>	85.31%	85.19%	85.82%	+0.63
<i>Adults’ Access to Preventive/Ambulatory Health Services</i>				
<i>Ages 20 to 44 Years</i>	73.22%	71.07%	66.48%	-4.59
<i>Ages 45 to 64 Years</i>	78.69%	77.98%	75.42%	-2.56
<i>Ages 65 Years and Older</i>	70.21%	72.55%	71.30%	-1.25
<i>Total</i>	74.29%	73.52%	70.11%	-3.41
Preventive Screening				
<i>Chlamydia Screening in Women</i>				
<i>Ages 16 to 20 Years</i>	73.13%	67.79%	71.26%	+3.47
<i>Ages 21 to 24 Years</i>	72.76%	67.80%	73.53%	+5.73
<i>Total</i>	72.96%	67.80%	72.35%	+4.55
<i>Breast Cancer Screening</i>	—	—	49.16%	—
<i>Cervical Cancer Screening</i>	—	—	51.13%	—
<i>Adult BMI Assessment</i>	82.24%	84.91%	86.86%	+1.95
Mental/Behavioral Health				
<i>Anti-depressant Medication Management</i>				
<i>Effective Acute Phase Treatment</i>	—	—	57.14%	—
<i>Effective Continuation Phase Treatment</i>	—	—	45.05%	—
<i>Follow-up Care for Children Prescribed ADHD Medication</i>				
<i>Initiation</i>	—	—	24.55%	—
<i>Continuation</i>	—	—	NA	—
<i>Initiation and Engagement of Alcohol and Other Drug Dependence Treatment</i>				
<i>Initiation</i>	—	—	47.14%	—
<i>Engagement</i>	—	—	3.31%	—

Table B-3—Denver Health Medicaid Choice Trend Table

Measures	HEDIS 2011	HEDIS 2012	HEDIS 2013	Change From 2012–2013
Living With Illness				
<i>Controlling High Blood Pressure</i>	66.18%	—	70.07%	—
<i>Comprehensive Diabetes Care</i>				
<i>HbA1c Testing</i>	—	84.91%	83.21%	-1.70
<i>HbA1c Poor Control (>9.0%)*</i>	—	37.71%	33.58%	-4.13
<i>HbA1c Control (<8.0%)</i>	—	46.72%	51.09%	+4.37
<i>Eye Exam</i>	—	56.20%	50.12%	-6.08
<i>LDL-C Screening</i>	—	75.43%	70.32%	-5.11
<i>LDL-C Level <100 mg/dL</i>	—	54.01%	50.36%	-3.65
<i>Medical Attention for Nephropathy</i>	—	79.32%	80.78%	+1.46
<i>Blood Pressure Controlled <140/80 mm Hg</i>	—	55.47%	50.61%	-4.86
<i>Blood Pressure Controlled <140/90 mm Hg</i>	—	71.05%	70.07%	-0.98
<i>Annual Monitoring for Patients on Persistent Medications</i>				
<i>ACE Inhibitors or ARBs</i>	88.49%	90.09%	87.44%	-2.65
<i>Digoxin</i>	NA	NA	NA	—
<i>Diuretics</i>	87.01%	88.82%	86.68%	-2.14
<i>Anticonvulsants</i>	61.71%	60.98%	60.81%	-0.17
<i>Total</i>	84.67%	86.05%	84.14%	-1.91
Use of Services[†]				
<i>Ambulatory Care: Total</i>				
<i>Emergency Department Visits Per 1,000 MM: Total</i>	47.30	40.48	44.56	+4.08
— is shown when no data were available or the measure was not reported in the HEDIS 2011 or HEDIS 2012 aggregate reports.				
[^] Since the Department requires these hybrid measures to be reported using administrative data collection methodology in HEDIS 2013, trending was not performed.				
[*] For the <i>Well-Child Visits in the First 15 Months of Life—Zero Visits</i> and the <i>Comprehensive Diabetes Care-HbA1c Poor Control (>9.0%)</i> indicators, a lower rate indicates better performance.				
[†] For measures in the Use of Services domain, statistical tests across years were not performed because variances were not provided in the IDSS file; differences in rates were reported without statistical test results. In addition, higher or lower rates did not necessarily denote better or poorer performance. Individual plan demographics should be considered when reviewing performance.				
¹ Per the Department’s required data collection methodology, the rate displayed reflects administrative data only and is not the final, audited hybrid rate in the IDSS file. Denver Health Medicaid Choice reported a hybrid rate of 86.86, 88.08, and 86.13 percent, respectively, for the <i>Immunizations for Adolescents—Meningococcal, Tdap/Td, and Combination 1</i> measures for HEDIS 2012.				
² Per the Department’s required data collection methodology, the rate displayed reflects administrative data only and is not the final, audited hybrid rate in the IDSS file. Denver Health Medicaid Choice reported a hybrid rate of 70.32 percent for the <i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i> measure for HEDIS 2012.				

Table B-4—Rocky Mountain Health Plans Trend Table

Measures	HEDIS 2011	HEDIS 2012	HEDIS 2013	Change From 2012–2013
Pediatric Care				
<i>Childhood Immunization Status</i>				
<i>DTaP</i>	86.62%	85.42%	79.17%	Rotated ^{1,2}
<i>IPV</i>	95.38%	94.68%	88.36%	Rotated ^{1,2}
<i>MMR</i>	93.92%	92.36%	91.27%	Rotated ^{1,2}
<i>HiB</i>	95.13%	95.83%	91.88%	Rotated ^{1,2}
<i>Hepatitis B</i>	95.38%	91.44%	62.48%	Rotated ^{1,2}
<i>VZV</i>	93.92%	91.20%	90.66%	Rotated ^{1,2}
<i>Pneumococcal Conjugate</i>	84.91%	86.34%	79.79%	Rotated ^{1,2}
<i>Hepatitis A</i>	24.33%	13.19%	12.86%	Rotated ^{1,2}
<i>Rotavirus</i>	73.48%	73.38%	70.29%	Rotated ^{1,2}
<i>Influenza</i>	61.56%	55.56%	54.36%	Rotated ^{1,2}
<i>Combination 2</i>	82.24%	78.24%	51.45%	Rotated ^{1,2}
<i>Combination 3</i>	78.59%	76.16%	49.62%	Rotated ^{1,2}
<i>Combination 4</i>	22.14%	12.73%	9.19%	Rotated ^{1,2}
<i>Combination 5</i>	63.50%	63.43%	40.89%	Rotated ^{1,2}
<i>Combination 6</i>	54.99%	52.08%	31.39%	Rotated ^{1,2}
<i>Combination 7</i>	20.19%	11.34%	8.27%	Rotated ^{1,2}
<i>Combination 8</i>	18.00%	9.03%	5.82%	Rotated ^{1,2}
<i>Combination 9</i>	47.45%	44.91%	27.11%	Rotated ^{1,2}
<i>Combination 10</i>	17.03%	8.10%	5.51%	Rotated ^{1,2}
<i>Immunizations for Adolescents</i>				
<i>Meningococcal</i>	—	50.68%	57.32%	+6.64
<i>Tdap/Td</i>	—	83.56%	81.57%	-1.99
<i>Combination 1</i>	—	47.95%	53.79%	+5.84
<i>Well-Child Visits in the First 15 Months of Life</i>				
<i>Zero Visits*</i>	0.90%	0.23%	0.23%	Rotated ¹
<i>Six or More Visits</i>	81.19%	82.64%	82.64%	Rotated ¹
<i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i>				
	68.10%	64.86%	66.75%	+1.89
<i>Adolescent Well-Care Visits</i>				
	49.88%	42.82%	42.82%	Rotated ¹
<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</i>				
<i>BMI Assessment: Ages 3 to 11 Years</i>	64.80%	73.36%	74.60%	+1.24
<i>Nutrition Counseling: Ages 3 to 11 Years</i>	61.51%	65.13%	66.67%	+1.54
<i>Physical Activity Counseling: Ages 3 to 11 Years</i>	48.03%	55.59%	57.78%	+2.19

Table B-4—Rocky Mountain Health Plans Trend Table

Measures	HEDIS 2011	HEDIS 2012	HEDIS 2013	Change From 2012–2013
<i>BMI Assessment: Ages 12 to 17 Years</i>	56.07%	65.63%	67.94%	+2.31
<i>Nutrition Counseling: Ages 12 to 17 Years</i>	54.21%	57.81%	55.73%	-2.08
<i>Physical Activity Counseling: Ages 12 to 17 Years</i>	55.14%	59.38%	54.20%	-5.18
<i>BMI Assessment: Total</i>	62.53%	71.06%	72.65%	+1.59
<i>Nutrition Counseling: Total</i>	59.61%	62.96%	63.45%	+0.49
<i>Physical Activity Counseling: Total</i>	49.88%	56.71%	56.73%	+0.02
<i>Appropriate Testing for Children with Pharyngitis</i>	—	—	89.90%	—
Access to Care				
<i>Prenatal and Postpartum Care</i>				
<i>Timeliness of Prenatal Care</i>	96.95%	96.95%	95.64%	-1.31
<i>Postpartum Care</i>	77.44%	77.44%	73.83%	-3.61
<i>Children’s and Adolescents’ Access to Primary Care Practitioners</i>				
<i>Ages 12 to 24 Months</i>	99.27%	98.54%	96.90%	-1.64
<i>Ages 25 Months to 6 Years</i>	89.96%	89.04%	87.14%	-1.90
<i>Ages 7 to 11 Years</i>	92.37%	92.08%	90.90%	-1.18
<i>Ages 12 to 19 Years</i>	93.41%	91.57%	89.99%	-1.58
<i>Adults’ Access to Preventive/Ambulatory Health Services</i>				
<i>Ages 20 to 44 Years</i>	87.71%	86.94%	85.71%	-1.23
<i>Ages 45 to 64 Years</i>	91.81%	91.48%	91.62%	+0.14
<i>Ages 65 Years and Older</i>	96.13%	96.40%	96.54%	+0.14
<i>Total</i>	90.77%	89.76%	88.81%	-0.95
Preventive Screening				
<i>Chlamydia Screening in Women</i>				
<i>Ages 16 to 20 Years</i>	47.38%	42.30%	44.31%	+2.01
<i>Ages 21 to 24 Years</i>	46.51%	48.16%	47.55%	-0.61
<i>Total</i>	46.96%	45.41%	46.15%	+0.74
<i>Breast Cancer Screening</i>	—	—	47.79%	—
<i>Cervical Cancer Screening</i>	—	—	55.02%	—
<i>Adult BMI Assessment</i>	60.10%	69.91%	80.26%	+10.35
Mental/Behavioral Health				
<i>Anti-depressant Medication Management</i>				
<i>Effective Acute Phase Treatment</i>	—	—	NB	—
<i>Effective Continuation Phase Treatment</i>	—	—	NB	—
<i>Follow-up Care for Children Prescribed ADHD Medication</i>				
<i>Initiation</i>	—	—	43.56%	—
<i>Continuation</i>	—	—	40.63%	—
<i>Initiation and Engagement of Alcohol and Other Drug Dependence Treatment</i>				
<i>Initiation</i>	—	—	NB	—
<i>Engagement</i>	—	—	NB	—

Table B-4—Rocky Mountain Health Plans Trend Table

Measures	HEDIS 2011	HEDIS 2012	HEDIS 2013	Change From 2012–2013
Living With Illness				
<i>Controlling High Blood Pressure</i>	80.06%	—	73.38%	—
<i>Comprehensive Diabetes Care</i>				
<i>HbA1c Testing</i>	—	92.20%	92.20%	Rotated ¹
<i>HbA1c Poor Control (>9.0%)*</i>	—	19.24%	19.24%	Rotated ¹
<i>HbA1c Control (<8.0%)</i>	—	72.23%	72.23%	Rotated ¹
<i>Eye Exam</i>	—	60.80%	62.73%	+1.93
<i>LDL-C Screening</i>	—	74.59%	75.55%	+0.96
<i>LDL-C Level <100 mg/dL</i>	—	47.73%	44.86%	-2.87
<i>Medical Attention for Nephropathy</i>	—	75.86%	76.22%	+0.36
<i>Blood Pressure Controlled <140/80 mm Hg</i>	—	61.52%	61.52%	Rotated ¹
<i>Blood Pressure Controlled <140/90 mm Hg</i>	—	79.85%	79.85%	Rotated ¹
<i>Annual Monitoring for Patients on Persistent Medications</i>				
<i>ACE Inhibitors or ARBs</i>	86.03%	86.11%	86.67%	+0.56
<i>Digoxin</i>	NA	NA	NA	—
<i>Diuretics</i>	89.44%	89.86%	91.78%	+1.92
<i>Anticonvulsants</i>	69.23%	74.86%	75.76%	+0.90
<i>Total</i>	84.09%	85.03%	86.03%	+1.00
Use of Services[†]				
<i>Ambulatory Care: Total</i>				
<i>Emergency Department Visits Per 1,000 MM: Total</i>	56.89	62.90	62.73	-0.17
<p>— is shown when no data were available or the measure was not reported in the HEDIS 2011 or HEDIS 2012 aggregate reports.</p> <p>* For the <i>Well-Child Visits in the First 15 Months of Life—Zero Visits</i> and the <i>Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)</i> indicators, a lower rate indicates better performance.</p> <p>† For measures in the Use of Services domain, statistical tests across years were not performed because variances were not provided in the IDSS file; differences in rates were reported without statistical test results. In addition, higher or lower rates did not necessarily denote better or poorer performance. Individual plan demographics should be considered when reviewing performance.</p> <p>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 <i>HEDIS 2013 Technical Specifications for Health Plans, Volume 2</i>.</p> <p>² Rocky Mountain Health Plans chose to rotate the <i>Childhood Immunization Status</i> measure for HEDIS 2013. Therefore, the results in the HEDIS 2012 and HEDIS 2013 columns are from the same measurement year (2011). Per the data collection methodology required by the Department, a hybrid rate was reported for HEDIS 2012; and the rate displayed for HEDIS 2013 was obtained from administrative data elements in the HEDIS 2012 IDSS file. Additionally, due to a change in the Department’s reporting methodology for this measure in HEDIS 2013, trending was not performed.</p>				

Table B-5—Colorado Medicaid Statewide Trend Table

HEDIS Measures	HEDIS 2011	HEDIS 2012	HEDIS 2013	Change From 2012–2013	Plan Rate Range [‡]
Pediatric Care					
<i>Childhood Immunization Status[^]</i>					
<i>DTaP</i>	75.19%	77.00%	67.41%	^	65.47%–81.29%
<i>IPV</i>	86.68%	89.48%	82.85%	^	81.77%–92.34%
<i>MMR</i>	85.99%	88.46%	82.29%	^	81.02%–91.88%
<i>HiB</i>	88.13%	91.61%	83.47%	^	82.36%–93.27%
<i>Hepatitis B</i>	88.81%	89.63%	81.60%	^	62.48%–92.33%
<i>VZV</i>	86.97%	87.36%	82.28%	^	81.04%–91.88%
<i>Pneumococcal Conjugate</i>	77.20%	78.77%	68.96%	^	66.79%–85.38%
<i>Hepatitis A</i>	32.95%	33.75%	68.34%	^	12.86%–92.34%
<i>Rotavirus</i>	53.23%	62.69%	57.29%	^	55.55%–70.29%
<i>Influenza</i>	49.58%	52.21%	46.93%	^	44.12%–74.05%
<i>Combination 2</i>	70.09%	72.01%	61.20%	^	51.45%–81.22%
<i>Combination 3</i>	67.20%	68.51%	58.33%	^	49.62%–80.87%
<i>Combination 4</i>	29.83%	29.37%	50.16%	^	9.19%–80.73%
<i>Combination 5</i>	43.56%	51.48%	43.75%	^	40.89%–65.75%
<i>Combination 6</i>	42.60%	44.77%	37.11%	^	31.39%–69.76%
<i>Combination 7</i>	21.43%	22.68%	37.89%	^	8.27%–65.61%
<i>Combination 8</i>	21.03%	19.92%	34.00%	^	5.82%–69.69%
<i>Combination 9</i>	31.41%	35.71%	29.00%	^	26.42%–56.96%
<i>Combination 10</i>	16.16%	15.53%	26.52%	^	5.51%–56.89%
<i>Immunizations for Adolescents</i>					
<i>Meningococcal</i>	—	56.80%	59.63%	+2.83	57.32%–80.17%
<i>Tdap/Td</i>	—	75.36%	76.34%	+0.98	75.15%–86.83%
<i>Combination 1</i>	—	55.20%	58.11%	+2.91	53.79%–79.54%
<i>Well-Child Visits in the First 15 Months of Life</i>					
<i>Zero Visits*</i>	2.08%	2.07%	1.88%	-0.19	0.23%–2.67%
<i>Six or More Visits</i>	65.86%	62.53%	62.19%	-0.34	61.31%–82.64%
<i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i>					
	62.21%	61.29%	61.13%	-0.16	60.34%–66.91%
<i>Adolescent Well-Care Visits</i>	42.95%	40.26%	38.79%	-1.47	37.71%–49.15%
<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</i>					
<i>BMI Assessment: Ages 3 to 11 Years</i>	37.23%	49.19%	57.87%	+8.68	53.51%–88.08%
<i>Nutrition Counseling: Ages 3 to 11 Years</i>	50.52%	55.64%	60.58%	+4.94	58.67%–75.83%
<i>Physical Activity Counseling: Ages 3 to 11 Years</i>	31.67%	40.47%	46.95%	+6.48	45.02%–65.93%

Table B-5—Colorado Medicaid Statewide Trend Table

HEDIS Measures	HEDIS 2011	HEDIS 2012	HEDIS 2013	Change From 2012–2013	Plan Rate Range [‡]
<i>BMI Assessment: Ages 12 to 17 Years</i>	31.54%	53.61%	56.05%	+2.44	51.43%–87.16%
<i>Nutrition Counseling: Ages 12 to 17 Years</i>	34.69%	49.54%	53.46%	+3.92	51.43%–73.39%
<i>Physical Activity Counseling: Ages 12 to 17 Years</i>	35.37%	49.38%	56.82%	+7.44	54.20%–67.89%
<i>BMI Assessment: Total</i>	35.48%	50.45%	57.24%	+6.79	52.80%–87.83%
<i>Nutrition Counseling: Total</i>	45.67%	53.91%	58.20%	+4.29	56.20%–75.18%
<i>Physical Activity Counseling: Total</i>	32.78%	42.97%	50.28%	+7.31	48.66%–63.99%
<i>Appropriate Testing for Children with Pharyngitis</i>	—	—	74.23%	—	68.16%–89.90%
Access to Care					
<i>Prenatal and Postpartum Care</i>					
<i>Timeliness of Prenatal Care</i>	75.42%	77.54%	79.82%	+2.28	78.59%–95.64%
<i>Postpartum Care</i>	55.29%	61.26%	57.63%	-3.63	54.99%–73.83%
<i>Children’s and Adolescents’ Access to Primary Care Practitioners</i>					
<i>Ages 12 to 24 Months</i>	95.56%	95.47%	94.61%	-0.86	92.28%–97.86%
<i>Ages 25 Months to 6 Years</i>	83.53%	84.36%	81.91%	-2.45	78.88%–87.14%
<i>Ages 7 to 11 Years</i>	85.39%	86.65%	86.37%	-0.28	83.64%–90.90%
<i>Ages 12 to 19 Years</i>	85.54%	86.54%	86.30%	-0.24	85.82%–89.99%
<i>Adults’ Access to Preventive/Ambulatory Health Services</i>					
<i>Ages 20 to 44 Years</i>	78.25%	77.70%	75.84%	-1.86	66.48%–85.71%
<i>Ages 45 to 64 Years</i>	82.05%	81.65%	81.60%	-0.05	75.42%–91.62%
<i>Ages 65 Years and Older</i>	76.57%	76.85%	75.93%	-0.92	71.30%–96.54%
<i>Total</i>	78.78%	78.46%	77.23%	-1.23	70.11%–88.81%
Preventive Screening					
<i>Chlamydia Screening in Women</i>					
<i>Ages 16 to 20 Years</i>	54.03%	52.73%	49.39%	-3.34	27.49%–71.26%
<i>Ages 21 to 24 Years</i>	57.56%	57.85%	58.33%	+0.48	30.28%–73.53%
<i>Total</i>	55.80%	55.40%	54.02%	-1.38	28.75%–72.35%
<i>Breast Cancer Screening</i>	—	—	30.42%	—	27.87%–49.16%
<i>Cervical Cancer Screening</i>	—	—	44.91%	—	27.66%–55.02%
<i>Adult BMI Assessment</i>	43.42%	55.20%	72.82%	+17.62	71.05%–86.86%
Mental/Behavioral Health					
<i>Anti-depressant Medication Management</i>					
<i>Effective Acute Phase Treatment</i>	—	—	63.73%	—	57.14%–65.35%
<i>Effective Continuation Phase Treatment</i>	—	—	48.82%	—	45.05%–49.02%

Table B-5—Colorado Medicaid Statewide Trend Table

HEDIS Measures	HEDIS 2011	HEDIS 2012	HEDIS 2013	Change From 2012–2013	Plan Rate Range [¥]
<i>Follow-up Care for Children Prescribed ADHD Medication</i>					
<i>Initiation</i>	—	—	39.47%	—	24.55%–43.56%
<i>Continuation</i>	—	—	43.63%	—	30.95%–45.24%
<i>Initiation and Engagement of Alcohol and Other Drug Dependence Treatment</i>					
<i>Initiation</i>	—	—	29.62%	—	25.90%–47.14%
<i>Engagement</i>	—	—	5.60%	—	3.01%–5.98%
Living With Illness					
<i>Controlling High Blood Pressure</i>	47.76%	—	44.85%	—	40.39%–73.38%
<i>Comprehensive Diabetes Care</i>					
<i>HbA1c Testing</i>	—	68.82%	67.43%	-1.39	64.48%–92.20%
<i>HbA1c Poor Control (>9.0%)*</i>	—	60.98%	62.68%	+1.70	19.24%–67.88%
<i>HbA1c Control (<8.0%)</i>	—	33.83%	32.00%	-1.83	27.98%–72.23%
<i>Eye Exam</i>	—	43.00%	42.80%	-0.20	40.63%–62.73%
<i>LDL-C Screening</i>	—	59.25%	55.81%	-3.44	53.28%–75.55%
<i>LDL-C Level <100 mg/dL</i>	—	23.72%	27.07%	+3.35	23.60%–50.36%
<i>Medical Attention for Nephropathy</i>	—	73.27%	70.21%	-3.06	66.67%–80.78%
<i>Blood Pressure Controlled <140/80 mm Hg</i>	—	33.80%	39.55%	+5.75	37.47%–61.52%
<i>Blood Pressure Controlled <140/90 mm Hg</i>	—	49.31%	54.09%	+4.78	51.34%–79.85%
<i>Annual Monitoring for Patients on Persistent Medications</i>					
<i>ACE Inhibitors or ARBs</i>	87.92%	86.60%	86.55%	-0.05	72.51%–87.44%
<i>Digoxin</i>	87.74%	89.69%	86.85%	-2.84	86.42%–86.42%
<i>Diuretics</i>	88.06%	86.62%	86.19%	-0.43	77.07%–91.78%
<i>Anticonvulsants</i>	67.55%	66.39%	54.32%	-12.07	48.87%–75.76%
<i>Total</i>	84.24%	83.10%	80.28%	-2.82	66.77%–86.03%
Use of Services[†]					
<i>Ambulatory Care: Total</i>					
<i>Emergency Department Visits Per 1,000 MM: Total</i>	63.02	58.73	64.84	+6.11	44.56–67.02

— is shown when no data were available or the measure was not reported in the HEDIS 2011 or HEDIS 2012 aggregate reports.
[^] Since the Department requires these hybrid measures to be reported using administrative data collection methodology in HEDIS 2013, trending was not performed.
^{*} For the *Well-Child Visits in the First 15 Months of Life—Zero Visits* and the *Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)* indicators, a lower rate indicates better performance.
[†] For measures in the Use of Services domain, statistical tests across years were not performed because variances were not provided in the IDSS file; differences in rates were reported without statistical test results. In addition, higher or lower rates did not necessarily denote better or poorer performance. Individual plan demographics should be considered when reviewing performance.
[¥] Non-reportable rates such as NA, NB, or NR were excluded when calculating plan rate range.

This appendix contains a detailed methodology for the following analysis components:

- ◆ Percentile ranking
- ◆ Star rating
- ◆ Trend analysis
- ◆ Data collection methods: Administrative versus Hybrid
- ◆ Rotated measures
- ◆ Understanding sampling error

Percentile Rankings

Plan-specific and statewide performance levels are described in this report using several methods. In general, the plan rates or the statewide rates are compared to the corresponding national HEDIS 2012 Medicaid benchmarks. The HEDIS 2012 benchmarks, expressed in percentiles of national performance for different measures, were the most recent data available from NCQA at the time this report was published. Since the HEDIS 2012 percentiles are displayed to the second decimal place, plan-specific rates and statewide rates are rounded to the second decimal place before the plan's performance level is determined. When a Medicaid health plan with a reported rate exceeds the 90th percentile, this means that the plan's performance ranks in the top 10 percent of all health plans nationally. Similarly, health plans reporting rates below the 25th percentile rank in the bottom 25 percent of all health plans nationally.

This report uses two consistent methods to describe plan and statewide performance. First, plan-specific or statewide rates are compared to a high performance level (HPL) and a low performance level (LPL) predetermined by the Department. HSAG uses this approach to report plan-specific or statewide performance based on a plan's rank relative to the HPL and the LPL. The results are mostly reported in the horizontal bar graph displayed for each measure within each dimension of care section. For this report, the 90th percentile is determined as the HPL and the 25th percentile as the threshold associated with low performance (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.

Star Ratings

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

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

Performance level analysis is performed for all measures except those under the Use of Services dimension. Since changes in the 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), the *Ambulatory Care* measure is considered a utilization-based measure and not a performance measure. As such, performance summaries are not included for this measure.

For the *Well-Child Visits in the First 15 Months of Life—Zero Visits* and *Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)* measures, where lower rates represent better performance, the percentiles were reversed 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 domain of care section. Plan-level rate changes are reported in Appendix B. Plan-specific HEDIS 2013 rates are compared to their HEDIS 2012 results for each measure, using the Pearson's Chi-square test.

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

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

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

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

Collection Methods: Administrative Versus Hybrid

Administrative Method

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

Hybrid Method

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

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

Rotated Measures

It should be noted that NCQA allows health plans to “rotate” select HEDIS measures in some circumstances. A “rotation” schedule enables health plans to use the audited and reportable rate from the prior year. This strategy allows health plans with higher rates for some measures to focus resources on other measures’ rates. Rotated measures must have been audited in the prior year and must have received a *Report* audit designation. Only hybrid measures are eligible to be rotated. The health plans that met the HEDIS criteria for hybrid measure rotation could exercise that option if they chose to do so. One plan (RMHP) chose to rotate at least one measure in HEDIS 2013. Following NCQA methodology, rotated measures were assigned the same reported rates from measurement year 2011 and were included in the calculations for the Colorado Medicaid weighted averages.^{C-1}

Understanding Sampling Error

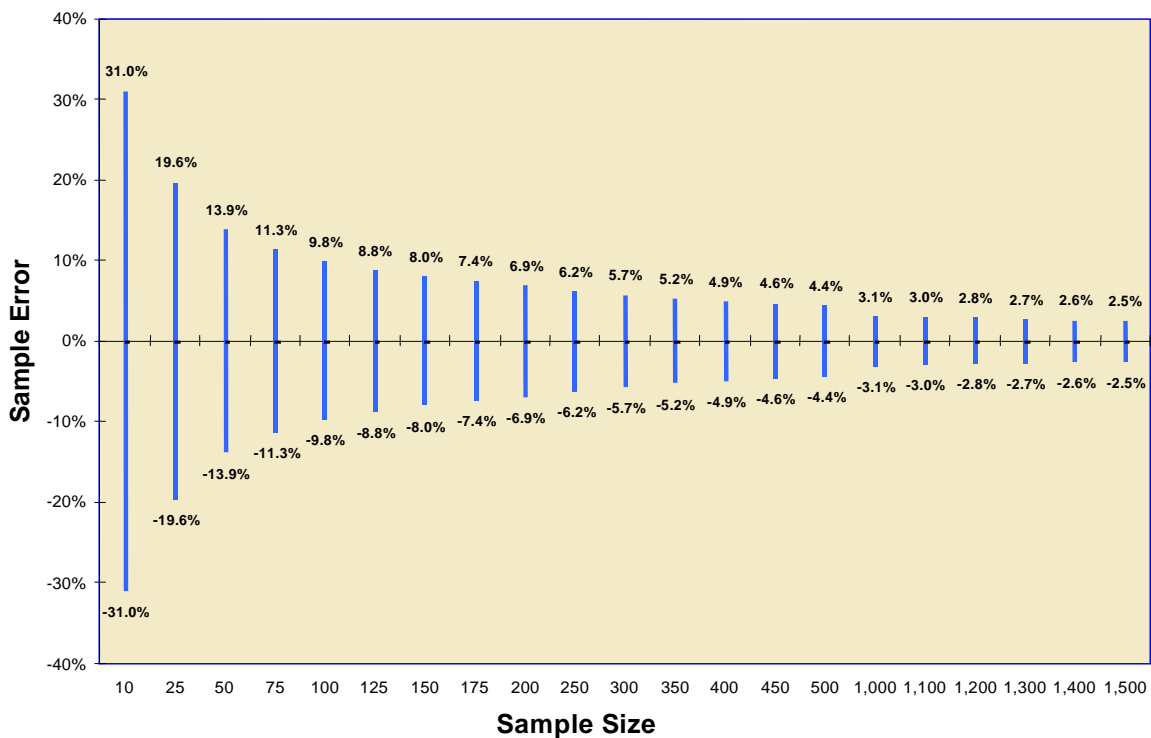
Correct interpretation of results for measures collected using the HEDIS hybrid methodology requires an understanding of sampling error. It is rarely possible, logistically or financially, to complete medical record review for the entire eligible population for a given measure. Measures collected using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

^{C-1} Key measures that were eligible for rotation in HEDIS 2013 were *Adult BMI Assessment; Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents; Childhood Immunization Status; Comprehensive Diabetes Care; Well-Child Visits in the First 15 Months of Life; Well-Child Visits in the Third, Fourth, Fifth and Sixth Year of Life; and Adolescent Well-Care Visits.*

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

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

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



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

Appendix D. NCQA Specification Changes to Measures

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

NCQA Changes to HEDIS 2013 Measures

Childhood Immunization Status

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

Immunizations for Adolescents

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

Well-Child Visits in the First 15 Months of Life

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

Prenatal and Postpartum Care

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

Adults' Access to Preventive/Ambulatory Health Services

- ◆ Added HCPCS codes S0620 and S0621 to Table AAP-A.

Comprehensive Diabetes Care

- ◆ Added sitagliptin-simvastatin to the description of “Antidiabetic combinations” in Table CDC-A.
- ◆ Deleted CPT codes 92002, 92004, 92012, and 92014 from Table CDC-C.
- ◆ Added ICD-9-CM Diagnosis code 425 to Table CDC-P and clarified in the hybrid specification that cardiomyopathy is considered chronic heart failure (a required exclusion for HbA1c control [$<7.0\%$] for a selected population).
- ◆ Added thoracic aortic aneurysm to the required exclusions for HbA1c control ($<7.0\%$) for a selected population and added corresponding codes to Table CDC-P.

- ◆ Added instructions to use only facility claims to identify CABG for the required exclusion for the HbA1c control (<7.0%) for a selected population (do not use professional claims).
- ◆ Clarified that codes from Table CDC-D should be used to identify the most recent HbA1c test for the HbA1c control indicators.
- ◆ Clarified that a negative dilated eye exam in the year prior to the measurement year meets criteria for the Eye Exam indicator.
- ◆ Deleted ICD-9-CM Procedure codes (which identify procedures that occur in an inpatient setting) from Table CDC-G: Codes to Identify Eye Exams. The intent of the measure is to identify eye visits performed in an outpatient setting, which are identified by CPT and HCPCS.
- ◆ Clarified that codes from Table CDC-H should be used to identify the most recent LDL-C test for the LDL-C control indicator.
- ◆ Deleted obsolete CPT code 36145 from Table CDC-K.
- ◆ Deleted obsolete HCPCS codes G0392 and G0393 from Table CDC-K.
- ◆ Deleted Aliskiren-hydrochlorothiazide-amlodipine from the “Antihypertensive combinations” description in Table CDC-L.
- ◆ Clarified that an incomplete reading is not compliant for the BP control indicators.
- ◆ Clarified that the Friedewald equation may not be used if a direct or calculated result is present in the medical record for the most recent LDL-C test.

Annual Monitoring for Patients on Persistent Medications

- ◆ Clarified that organizations sum the day’s supply for all medications to determine treatment days in the Event/diagnosis criteria.

Asthma Medication Ratio

- ◆ First-year measure.

Chlamydia Screening in Women

- ◆ Added HCPCS code G0450 to Table CHL-B.
- ◆ Added ICD-9-CM Diagnosis codes 302.76 and 625.0 to Table CHL-B.
- ◆ Added LOINC code 69002-4 to Table CHL-B.

Adult BMI Assessment

- ◆ Deleted obsolete HCPCS code G0344 from Table ABA-A.

Breast Cancer Screening

- ◆ Added CPT modifier codes RT and LT to Table BCS-B and revised the optional exclusion for bilateral mastectomy to include instances where a mastectomy is performed on the right side and the left side of the body on the same date of service.

Appropriate Testing for Children With Pharyngitis

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

Antidepressant Medication Management

- ◆ Deleted Negative Diagnosis History.
- ◆ Deleted the Mental Health benefit.
- ◆ Revised Continuous Enrollment criteria.
- ◆ Deleted codes 300.4 and 309.1 from Table AMM-A.
- ◆ Deleted Table AMM-C: Additional Codes to Identify Depression.
- ◆ Previous Table AMM-D is now Table AMM-C.

Adherence to Antipsychotic Medications for Individuals With Schizophrenia

- ◆ First-year measure.

Follow-Up After Hospitalization for Mental Illness

- ◆ Added instructions to use only facility claims (not professional claims) to identify discharges with a principal mental health diagnosis.

Follow-Up Care for Children Prescribed ADHD Medication

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

Initiation and Engagement of Alcohol and Other Drug Dependence Treatment

- ◆ Added HCPCS code G0443 to Table IET-B.

Frequency of Selected Procedures

- ◆ Removed the term “closed” from the laparoscopic cholecystectomy procedure, throughout the measure.
- ◆ Added CPT code 22633 to Table FSP-A.

NCQA's Information System (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 of the health plans used NCQA-Certified software to produce the HEDIS rates. NCQA certification helps ensure the validity of the results that are produced. Through certification, NCQA tests that the software produces valid results and the calculations meet the technical specifications for the measures.

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 table summarized the IS standards' audit findings for all Colorado Medical health plans and the PCPP program.

Table E-1—Summary of Compliance With IS Standards

NCQA's IS Standards	HSAG's Findings Based on HEDIS 2013 FAR Review
<p>IS 1.0—Medical Service Data—Sound Coding Methods and Data Capture</p> <ul style="list-style-type: none"> ◆ Industry standard codes are required and captured. ◆ Primary and secondary diagnosis codes are identified. ◆ Nonstandard codes (if used) are mapped to industry standard codes. ◆ Standard submission forms are used. ◆ Timely and accurate data entry processes and sufficient edit checks are used. ◆ Data completeness is continually assessed, and all contracted vendors involved in medical claims processing are monitored. 	<p>The Colorado Medicaid MCOs were fully compliant with IS 1.0. The Department was found to be substantially compliant with this standard with minimal impact on HEDIS reporting. This audit finding was due to data completeness issues associated with diagnoses and procedure details for services provided by Federally Qualified Health Centers and Rural Health Centers as a result of the current processing logic of the Medicaid Management Information System (MMIS). The auditor indicated in the FAR that the Department submitted a Customer Service Request to modify the processing logic and is still awaiting a solution. Nonetheless, the issue identified only had minimal impact on the measure reporting.</p>
<p>IS 2.0—Enrollment Data—Data Capture, Transfer, and Entry</p> <ul style="list-style-type: none"> ◆ All HEDIS-relevant information for data entry or electronic transmissions of enrollment data are accurate and complete. ◆ Manual entry of enrollment data is timely and accurate, and sufficient edit checks are in place. ◆ The health plans continually assess data completeness and take steps to improve performance. ◆ The health plans effectively monitor the quality and accuracy of electronic submissions. ◆ The health plans have effective control processes for the transmission of enrollment data. 	<p>The Colorado Medicaid health plans and the Department were fully compliant with IS 2.0. No issues or concerns were noted for this standard relevant to the selected Colorado Medicaid measures.</p>
<p>IS 3.0—Practitioner Data—Data Capture, Transfer, and Entry</p> <ul style="list-style-type: none"> ◆ Provider specialties are fully documented and mapped to HEDIS provider specialties. ◆ Effective procedures for submitting HEDIS-relevant information are in place. ◆ Electronic transmissions of practitioner data are checked to ensure accuracy. ◆ Processes and edit checks ensure accurate and timely entry of data into the transaction files. ◆ Data completeness is assessed and steps are taken to improve performance. ◆ Vendors are regularly monitored against expected performance standards. 	<p>The Colorado Medicaid health plans and the Department were fully compliant with IS 3.0. No issues or concerns were noted for this standard relevant to the selected Colorado Medicaid measures.</p>

Table E-1—Summary of Compliance With IS Standards

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

Table E-1—Summary of Compliance With IS Standards

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

Appendix F. National HEDIS 2012 Medicaid Percentiles

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

Measures	P10	P25	P50	P75	P90
Pediatric Care					
<i>Childhood Immunization Status</i>					
<i>DTaP</i>	71.53%	75.74%	80.63%	85.16%	88.47%
<i>IPV</i>	84.03%	88.19%	92.21%	94.65%	95.86%
<i>MMR</i>	85.65%	88.81%	91.65%	93.52%	95.42%
<i>HiB</i>	85.12%	88.86%	92.46%	94.79%	96.11%
<i>Hepatitis B</i>	80.05%	86.86%	90.75%	93.52%	95.38%
<i>VZV</i>	85.64%	88.56%	91.22%	93.19%	95.12%
<i>Pneumococcal Conjugate</i>	71.59%	74.94%	80.93%	85.16%	87.74%
<i>Hepatitis A</i>	25.79%	33.09%	38.32%	45.70%	52.78%
<i>Rotavirus</i>	46.30%	56.87%	63.70%	70.49%	74.07%
<i>Influenza</i>	24.57%	36.98%	44.90%	54.06%	59.69%
<i>Combination 2</i>	64.23%	69.10%	75.35%	80.79%	84.18%
<i>Combination 3</i>	58.88%	64.72%	71.93%	77.49%	82.48%
<i>Combination 4</i>	20.92%	27.78%	33.92%	40.39%	46.93%
<i>Combination 5</i>	36.50%	46.47%	52.92%	59.76%	64.68%
<i>Combination 6</i>	20.19%	30.90%	37.57%	45.50%	56.20%
<i>Combination 7</i>	15.29%	20.92%	26.03%	33.33%	38.50%
<i>Combination 8</i>	10.90%	14.36%	20.88%	25.69%	31.25%
<i>Combination 9</i>	14.81%	22.87%	29.79%	38.19%	45.05%
<i>Combination 10</i>	8.10%	11.54%	16.51%	21.41%	27.49%
<i>Immunizations for Adolescents</i>					
<i>Meningococcal</i>	42.86%	53.04%	64.23%	73.89%	82.84%
<i>Tdap/Td</i>	53.53%	70.60%	78.83%	85.16%	90.27%
<i>Combination 1</i>	39.77%	50.36%	62.29%	70.83%	80.91%
<i>Well-Child Visits in the First 15 Months of Life</i>					
<i>Zero Visits*</i>	0.46%	0.72%	1.22%	2.43%	3.89%
<i>Six or More Visits</i>	43.80%	54.31%	62.95%	70.70%	77.31%
<i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i>	61.07%	65.51%	72.26%	79.32%	83.04%

Measures	P10	P25	P50	P75	P90
<i>Adolescent Well-Care Visits</i>	35.52%	42.11%	49.65%	57.61%	64.72%
<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</i>					
<i>BMI Assessment: Ages 3 to 11 Years</i>	1.31%	27.99%	47.52%	68.58%	77.97%
<i>Nutrition Counseling: Ages 3 to 11 Years</i>	0.71%	43.32%	57.09%	69.45%	78.79%
<i>Physical Activity Counseling: Ages 3 to 11 Years</i>	0.09%	29.82%	42.17%	54.48%	63.57%
<i>BMI Assessment: Ages 12 to 17 Years</i>	2.04%	29.50%	49.42%	67.65%	75.00%
<i>Nutrition Counseling: Ages 12 to 17 Years</i>	1.17%	36.38%	50.00%	63.60%	74.81%
<i>Physical Activity Counseling: Ages 12 to 17 Years</i>	0.20%	32.95%	47.00%	60.34%	69.11%
<i>BMI Assessment: Total</i>	1.55%	29.20%	47.45%	66.67%	77.13%
<i>Nutrition Counseling: Total</i>	0.82%	42.82%	54.88%	67.15%	77.61%
<i>Physical Activity Counseling: Total</i>	0.16%	31.63%	43.29%	56.20%	64.87%
<i>Appropriate Testing for Children with Pharyngitis</i>	49.98%	58.50%	70.00%	76.37%	83.86%
Access to Care					
<i>Prenatal and Postpartum Care</i>					
<i>Timeliness of Prenatal Care</i>	72.02%	80.54%	86.13%	90.39%	93.33%
<i>Postpartum Care</i>	52.43%	58.70%	64.98%	71.05%	74.73%
<i>Children's and Adolescents' Access to Primary Care Practitioners</i>					
<i>Ages 12 to 24 Months</i>	93.06%	95.56%	97.02%	97.88%	98.39%
<i>Ages 25 Months to 6 Years</i>	83.16%	86.62%	89.19%	91.40%	92.63%
<i>Ages 7 to 11 Years</i>	83.37%	87.56%	90.58%	92.88%	94.51%
<i>Ages 12 to 19 Years</i>	81.78%	86.04%	89.21%	91.59%	93.01%
<i>Adults' Access to Preventive/Ambulatory Health Services</i>					
<i>Ages 20 to 44 Years</i>	67.40%	77.96%	82.34%	85.43%	88.52%
<i>Ages 45 to 64 Years</i>	78.26%	84.09%	87.31%	89.94%	90.96%
<i>Ages 65 Years and Older</i>	63.72%	79.24%	87.79%	91.11%	93.10%
<i>Total</i>	70.66%	79.85%	83.90%	86.67%	89.41%
Preventive Screening					
<i>Chlamydia Screening in Women</i>					
<i>Ages 16 to 20 Years</i>	42.94%	48.80%	54.18%	61.21%	67.38%
<i>Ages 21 to 24 Years</i>	52.45%	59.09%	64.36%	69.86%	72.67%
<i>Total</i>	47.62%	52.70%	58.40%	63.89%	68.83%
<i>Breast Cancer Screening</i>	36.80%	44.82%	50.46%	56.58%	62.76%
<i>Cervical Cancer Screening</i>	51.85%	61.81%	69.10%	73.24%	78.51%
<i>Adult BMI Assessment</i>	4.41%	46.90%	57.94%	70.60%	78.35%

Measures	P10	P25	P50	P75	P90
Mental/Behavioral Health					
<i>Anti-depressant Medication Management</i>					
<i>Effective Acute Phase Treatment</i>	43.40%	46.98%	49.42%	52.74%	61.58%
<i>Effective Continuation Phase Treatment</i>	26.73%	29.96%	32.42%	37.31%	42.94%
<i>Follow-up Care for Children Prescribed ADHD Medication</i>					
<i>Initiation</i>	22.97%	32.93%	39.19%	44.46%	52.48%
<i>Continuation</i>	21.79%	38.36%	47.09%	56.10%	63.11%
<i>Initiation and Engagement of Alcohol and Other Drug Dependence Treatment</i>					
<i>Initiation</i>	29.93%	34.30%	38.80%	43.62%	49.44%
<i>Engagement</i>	2.41%	5.84%	11.72%	18.56%	21.24%
Living With Illness					
<i>Controlling High Blood Pressure</i>	42.22%	50.00%	57.52%	63.65%	69.11%
<i>Comprehensive Diabetes Care</i>					
<i>HbA1c Testing</i>	74.90%	78.54%	82.38%	87.01%	91.13%
<i>HbA1c Poor Control (>9.0%)*</i>	28.95%	34.33%	41.68%	50.31%	58.24%
<i>HbA1c Control (<8.0%)</i>	35.04%	42.09%	48.72%	55.70%	59.37%
<i>Eye Exam</i>	36.25%	45.03%	52.88%	61.75%	69.72%
<i>LDL-C Screening</i>	64.38%	70.34%	76.16%	80.88%	83.45%
<i>LDL-C Level <100 mg/dL</i>	23.06%	28.47%	35.86%	41.02%	46.44%
<i>Medical Attention for Nephropathy</i>	68.43%	73.48%	78.71%	83.03%	86.93%
<i>Blood Pressure Controlled <140/80 mm Hg</i>	27.31%	33.09%	39.10%	46.20%	54.99%
<i>Blood Pressure Controlled <140/90 mm Hg</i>	47.02%	54.48%	63.50%	69.82%	75.44%
<i>Annual Monitoring for Patients on Persistent Medications</i>					
<i>ACE Inhibitors or ARBs</i>	80.15%	83.72%	86.89%	89.18%	91.33%
<i>Digoxin</i>	83.33%	87.93%	90.95%	93.41%	95.56%
<i>Diuretics</i>	78.52%	83.19%	86.40%	88.93%	91.30%
<i>Anticonvulsants</i>	53.72%	61.70%	65.29%	70.27%	74.71%
<i>Total</i>	78.45%	81.16%	84.81%	87.02%	88.55%
Utilization of Services					
<i>Ambulatory Care: Total</i>					
<i>Emergency Department Visits Per 1,000 MM: Total</i>	42.03	52.45	63.15	72.77	80.04
* For this indicator, a lower rate indicates better performance; therefore, the 10th percentile is a better-performing level than the 90th percentile.					

Appendix G includes terms, acronyms, and abbreviations that are commonly used in HEDIS and NCQA literature and text. This glossary can be used as a reference and guide to identify common 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[®]G-1

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

G-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.^{G-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).

^{G-2} Colorado Department of Public Health and Environment. *Colorado Immunization Information System*. Available at: <http://www.colorado.gov/cs/Satellite/CDPHE-DCEED/CBON/1251607754827>. Accessed on: October 2, 2013.

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.^{G-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.

^{G-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 24, 2013.

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.^{G-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.

^{G-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 Plans.

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.