

Colorado Medicaid HEDIS® 2014 Results STATEWIDE AGGREGATE REPORT

December 2014

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



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1. Executive Summary	1-1
Introduction.....	1-1
Summary of Performance.....	1-2
Limitations and Considerations	1-8
2. How to Get the Most From This Report.....	2-1
Overview.....	2-1
Data Sources.....	2-4
HEDIS Rates Reported by Medicaid Health Plans.....	2-5
Measure Calculation—Fee-for-Service (FFS) Program	2-5
Calculation of Statewide Rates.....	2-6
3. Pediatric Care	3-1
Pediatric Care.....	3-1
Childhood Immunization Status.....	3-2
Immunizations for Adolescents	3-12
Well-Child Visits in the First 15 Months of Life—Zero Visits.....	3-2
Well-Child Visits in the First 15 Months of Life—Six or More Visits.....	3-14
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	3-15
Adolescent Well-Care Visits	3-16
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents	3-17
Appropriate Testing for Children with Pharyngitis	3-20
Annual Dental Visit	3-21
Summary of Findings	3-22
4. Access to Care.....	4-1
Access to Care	4-1
Prenatal and Postpartum Care—Timeliness of Prenatal Care	4-2
Prenatal and Postpartum Care—Postpartum Care	4-3
Children’s and Adolescents’ Access to Primary Care Practitioners	4-4
Adults’ Access to Preventive/Ambulatory Health Services.....	4-8
Summary of Findings	4-9
5. Preventive Screening	5-1
Preventive Screening	5-1
Chlamydia Screening in Women	5-2
Breast Cancer Screening	5-3
Cervical Cancer Screening.....	5-4
Adult BMI Assessment	5-6
Summary of Findings	5-7
6. Mental/Behavioral Health.....	6-1
Mental/Behavioral Health	6-1
Anti-depressant Medication Management	6-2
Follow-up Care for Children Prescribed ADHD Medication.....	6-4
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	6-6
Adherence to Antipsychotic Medications for Individuals With Schizophrenia.....	6-9
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medication.....	6-10

Diabetes Monitoring for People With Diabetes and Schizophrenia	6-12
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia	6-12
Summary of Findings	6-13
7. Living With Illness	7-1
Living With Illness	7-1
Controlling High Blood Pressure	7-2
Comprehensive Diabetes Care	7-3
Annual Monitoring for Patients on Persistent Medications	7-13
Use of Imaging Studies for Low Back Pain	7-14
Pharmacotherapy Management of COPD Exacerbation	7-15
Use of Appropriate Medications for People With Asthma.....	7-17
Asthma Medication Ratio	7-18
Use of Spirometry Testing in the Assessment and Diagnosis of COPD	7-19
Disease-Modifying Anti-Rheumatic Drug Therapy in Rheumatoid Arthritis	7-20
Summary of Findings	7-21
8. Use of Services	8-1
Ambulatory Care	8-1
Inpatient Utilization: General Hospital/Acute Care	8-2
Frequency of Selected Procedures	8-3
Antibiotic Utilization	8-9
Summary of Findings	8-9
Appendix A: Tabular Results for Measures by Health Plan	A-1
Appendix B: Trend Tables	B-1
Appendix C: Methodology	C-1
Appendix D: NCQA Specification Changes to Measures	D-1
Appendix E: Information System Findings	E-1
Appendix F: Glossary	F-1

CAHPS® refers to the Consumer Assessment of Healthcare Providers and Systems and is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

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

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Introduction

During 2013, 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, 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. In July 2014, these programs covered more than one million 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 program to report results following the National Committee for Quality Assurance's (NCQA's) Healthcare Effectiveness Data and Information Set (HEDIS[®]) protocols. The Department selected 40 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.

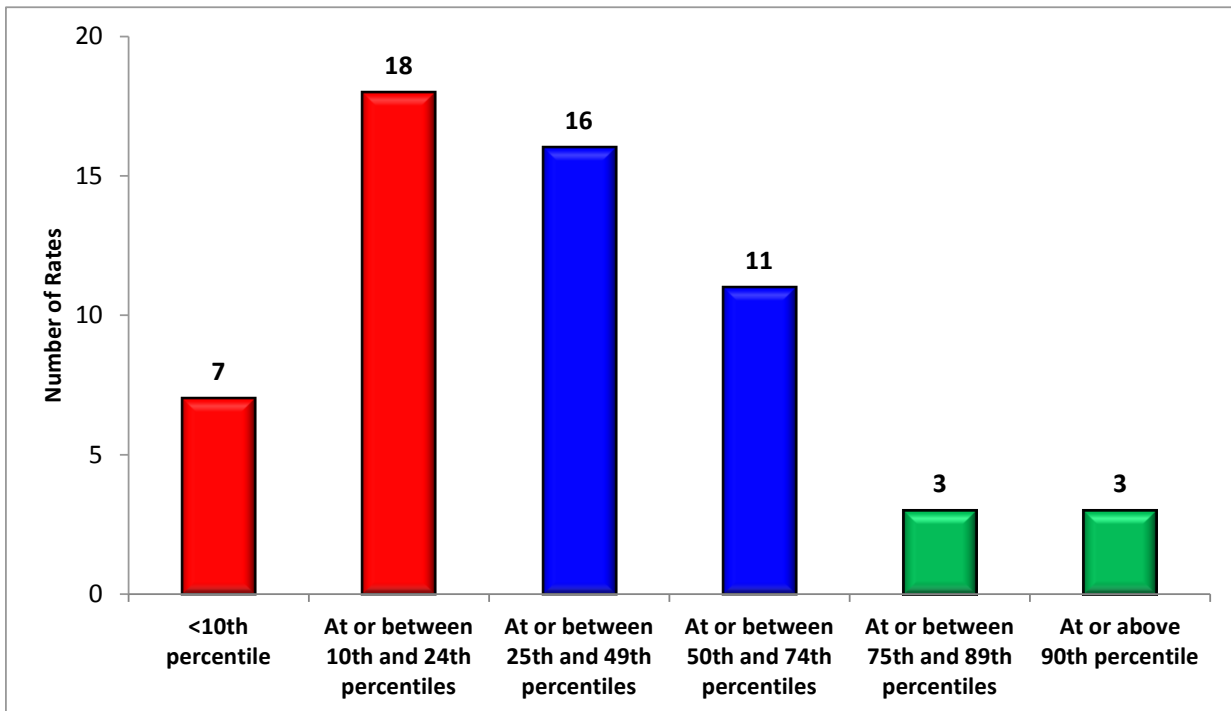
¹⁻¹ Colorado Department of Health Care Policy and Financing. Enrollment. Available at: <http://www.colorado.gov/hcpf>. Accessed on August 19, 2014.

¹⁻² Colorado Department of Health Care Policy and Financing. Colorado Medicaid Benefits and Services. Available at: <http://www.colorado.gov/cs/Satellite/HCPF/HCPF/1251567068368>. Accessed on August 19, 2014.

Summary of Performance

Figure 1-1 shows the Colorado Medicaid program’s performance on 31 measures with a total 58 indicators¹⁻³ compared with national HEDIS 2013 Medicaid percentiles. The bars represent the number of Colorado Medicaid weighted averages falling within 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 58 weighted averages that were comparable to national percentage data:

- ◆ Seven (or 12.1 percent) were below the 10th percentile.
- ◆ Eighteen (or 31.0 percent) were at or above the 10th percentile and below the 25th percentile.
- ◆ Sixteen (or 27.6 percent) were at or above the 25th percentile and below the 50th percentile.
- ◆ Eleven (or 19.0 percent) were at or above the 50th percentile and below the 75th percentile.
- ◆ Three (or 5.2 percent) were at or above the 75th percentile and below the 90th percentile.
- ◆ Three (or 5.2 percent) were at or above the 90th percentile.

¹⁻³ Performance measures reported in this graph include select measures/indicators in the Pediatric Care and Preventive Screening domains and all measures in the Access to Care, Mental/Behavioral Health, and Living With Illness domains. *Ambulatory Care, Inpatient Utilization, Antibiotic Utilization, and Frequency of Selected Procedures* are considered utilization-based measures and not performance measures; therefore, they are 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.

Table 1-1 displays statewide weighted averages from years 2012, 2013, and 2014. The values displayed in the comparison column, “Change from 2013–2014,” reflect the percentage point difference between the HEDIS 2013 and HEDIS 2014 rates. The last column, “Percentile Ranking,” presents the comparison between the 2014 rates and the national HEDIS 2013 Medicaid percentiles.

Table 1-1—Colorado Medicaid Statewide Weighted Averages					
HEDIS Measures	HEDIS 2012	HEDIS 2013	HEDIS 2014	Change From 2013–2014	2013 National Medicaid Percentile Ranking
Pediatric Care					
<i>Childhood Immunization Status¹</i>					
<i>Combination 2</i>	72.01%	61.20%	69.21%	+8.01	10th–24th
<i>Combination 3</i>	68.51%	58.33%	66.67%	+8.34	25th–49th
<i>Combination 4</i>	29.37%	50.16%	61.36%	+11.20	25th–49th
<i>Combination 5</i>	51.48%	43.75%	53.53%	+9.78	25th–49th
<i>Combination 6</i>	44.77%	37.11%	44.19%	+7.08	50th–74th
<i>Combination 7</i>	22.68%	37.89%	49.71%	+11.82	25th–49th
<i>Combination 8</i>	19.92%	34.00%	40.57%	+6.57	50th–74th
<i>Combination 9</i>	35.71%	29.00%	36.90%	+7.90	50th–74th
<i>Combination 10</i>	15.53%	26.52%	34.01%	+7.49	50th–74th
<i>Immunizations for Adolescents—Combination 1²</i>	55.20%	58.11%	65.20%	+7.09	25th–49th
<i>Well-Child Visits in the First 15 Months of Life</i>					
<i>Zero Visits*</i>	2.07%	1.88%	2.85%	0.97	10th–24th
<i>Six or More Visits</i>	62.53%	62.19%	62.11%	-0.08	25th–49th
<i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life³</i>	61.29%	61.13%	60.69%	-0.44	<10th
<i>Adolescent Well-Care Visits</i>	40.26%	38.79%	37.79%	-1.00	10th–24th
<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</i>					
<i>BMI Assessment: Total</i>	50.45%	57.24%	54.08%	-3.16	50th–74th
<i>Nutrition Counseling: Total</i>	53.91%	58.20%	54.23%	-3.97	25th–49th
<i>Physical Activity Counseling: Total</i>	42.97%	50.28%	49.25%	-1.03	50th–74th
<i>Appropriate Testing for Children with Pharyngitis</i>	—	74.23%	72.61%	-1.62	50th–74th
<i>Annual Dental Visit—Total</i>	65.86%	—	63.41%	—	75th–89th

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 2012 aggregate report or the HEDIS 2013 aggregate report.

* 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.

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

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

³ The Department's reporting requirement for this measure was administrative in HEDIS 2012 but hybrid in HEDIS 2013 and 2014. Historical rate changes between HEDIS 2012 and HEDIS 2013 may not reflect actual performance changes.

Table 1-1—Colorado Medicaid Statewide Weighted Averages

HEDIS Measures	HEDIS 2012	HEDIS 2013	HEDIS 2014	Change From 2013–2014	2013 National Medicaid Percentile Ranking
Access to Care					
<i>Prenatal and Postpartum Care</i>					
<i>Timeliness of Prenatal Care</i>	77.54%	79.82%	74.60%	-5.22	10th–24th
<i>Postpartum Care</i>	61.26%	57.63%	57.67%	0.04	10th–24th
<i>Children’s and Adolescents’ Access to Primary Care Practitioners</i>					
<i>Ages 12 to 24 Months</i>	95.47%	94.61%	95.23%	0.62	10th–24th
<i>Ages 25 Months to 6 Years</i>	84.36%	81.91%	81.40%	-0.51	<10th
<i>Ages 7 to 11 Years</i>	86.65%	86.37%	85.68%	-0.69	10th–24th
<i>Ages 12 to 19 Years</i>	86.54%	86.30%	85.48%	-0.82	10th–24th
<i>Adults’ Access to Preventive/Ambulatory Health Services—Total</i>	78.46%	77.23%	76.42%	-0.81	10th–24th
Preventive Screening					
<i>Chlamydia Screening in Women—Total</i>	55.40%	54.02%	51.66%	-2.36	25th–49th
<i>Breast Cancer Screening</i>	—	30.42%	31.17%	0.75	<10th
<i>Cervical Cancer Screening⁴</i>	—	44.91%	57.67%	+12.76	10th–24th
<i>Adult BMI Assessment</i>	55.20%	72.82%	71.34%	-1.48	25th–49th
Mental/Behavioral Health					
<i>Antidepressant Medication Management</i>					
<i>Effective Acute Phase Treatment</i>	—	63.73%	62.03%	-1.70	≥90th
<i>Effective Continuation Phase Treatment</i>	—	48.82%	46.72%	-2.10	≥90th
<i>Follow-up Care for Children Prescribed ADHD Medication</i>					
<i>Initiation</i>	—	39.47%	34.18%	-5.29	25th–49th
<i>Continuation</i>	—	43.63%	36.51%	-7.12	25th–49th
<i>Initiation and Engagement of Alcohol and Other Drug Dependence Treatment</i>					
<i>Initiation</i>	—	29.62%	30.19%	0.57	10th–24th
<i>Engagement</i>	—	5.60%	5.88%	0.28	25th–49th
<i>Adherence to Antipsychotic Medications for Individuals With Schizophrenia</i>	—	—	70.37%	—	75th–89th
<i>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medication</i>	—	—	87.78%	—	≥90th
<i>Diabetes Monitoring for People With Diabetes and Schizophrenia</i>	—	—	33.11%	—	<10th
<i>Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia</i>	—	—	21.57%	—	<10th

⁴ Due to a change in the Department’s reporting requirement from administrative in HEDIS 2013 to hybrid in HEDIS 2014, and significant measure specification revisions, rate changes between these two years do not accurately reflect any performance improvement or decline. HSAG suggests that the HEDIS 2014 rates be treated as baseline rates for future trending. Performance ranking based on HEDIS 2013 percentiles should also be used for information only.

Table 1-1—Colorado Medicaid Statewide Weighted Averages

HEDIS Measures	HEDIS 2012	HEDIS 2013	HEDIS 2014	Change From 2013–2014	2013 National Medicaid Percentile Ranking
Living With Illness					
<i>Controlling High Blood Pressure</i>	—	44.85%	50.48%	5.63	25th–49th
<i>Comprehensive Diabetes Care</i>					
<i>HbA1c Testing</i>	68.82%	67.43%	74.56%	7.13	<10th
<i>HbA1c Poor Control (>9.0%)*</i>	60.98%	62.68%	56.33%	-6.35	10th–24th
<i>HbA1c Control (<8.0%)</i>	33.83%	32.00%	37.24%	5.24	10th–24th
<i>Eye Exam</i>	43.00%	42.80%	41.68%	-1.12	10th–24th
<i>LDL-C Screening</i>	59.25%	55.81%	61.57%	5.76	<10th
<i>LDL-C Level <100 mg/dL</i>	23.72%	27.07%	29.10%	2.03	25th–49th
<i>Medical Attention for Nephropathy</i>	73.27%	70.21%	71.22%	1.01	10th–24th
<i>Blood Pressure Controlled <140/80 mm Hg</i>	33.80%	39.55%	40.61%	1.06	50th–74th
<i>Blood Pressure Controlled <140/90 mm Hg</i>	49.31%	54.09%	58.21%	4.12	25th–49th
<i>Annual Monitoring for Patients on Persistent Medications—Total</i>	83.10%	80.28%	83.29%	3.01	25th–49th
<i>Use of Imaging Studies for Low Back Pain</i>	73.84%	—	78.46%	—	50th–74th
<i>Pharmacotherapy Management of COPD Exacerbation</i>					
<i>Systemic Corticosteroid</i>	47.11%	—	59.43%	—	10th–24th
<i>Bronchodilator</i>	62.70%	—	76.11%	—	10th–24th
<i>Use of Appropriate Medications for People With Asthma—Total</i>	89.23%	—	86.07%	—	50th–74th
<i>Asthma Medication Ratio—Total</i>	—	—	65.55%	—	75th–89th
<i>Use of Spirometry Testing in the Assessment and Diagnosis of COPD</i>	—	—	23.79%	—	10th–24th
<i>Disease-Modifying Anti-Rheumatic Drug Therapy in Rheumatoid Arthritis</i>	—	—	73.17%	—	50th–74th
Use of Services[†]					
<i>Ambulatory Care: Total</i>					
<i>Outpatient Visits Per 1,000 Member Months (MM): Total</i>	346.46	—	307.00	—	—
<i>Emergency Department Visits Per 1,000 MM: Total</i>	58.73	64.84	59.14	-5.70	—
<i>Inpatient Utilization—General Hospital/Acute Care: Total</i>					
<i>Discharges per 1,000 MM (Total Inpatient)</i>	10.77	—	9.15	—	—
<i>Days per 1,000 MM (Total Inpatient)</i>	47.33	—	26.80	—	—

* 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.

Table 1-1—Colorado Medicaid Statewide Weighted Averages

HEDIS Measures	HEDIS 2012	HEDIS 2013	HEDIS 2014	Change From 2013–2014	2013 National Medicaid Percentile Ranking
<i>Average Length of Stay (Total Inpatient)</i>	4.40	—	2.93	—	—
<i>Discharges per 1,000 MM (Medicine)</i>	4.90	—	3.93	—	—
<i>Days per 1,000 MM (Medicine)</i>	20.72	—	12.87	—	—
<i>Average Length of Stay (Medicine)</i>	4.23	—	3.27	—	—
<i>Discharges per 1,000 MM (Surgery)</i>	2.13	—	1.77	—	—
<i>Days per 1,000 MM (Surgery)</i>	17.11	—	9.10	—	—
<i>Average Length of Stay (Surgery)</i>	8.04	—	5.14	—	—
<i>Discharges per 1,000 MM (Maternity)</i>	6.98	—	6.02	—	—
<i>Days per 1,000 MM (Maternity)</i>	17.72	—	8.46	—	—
<i>Average Length of Stay (Maternity)</i>	2.54	—	1.40	—	—
<i>Antibiotic Utilization (All Ages)</i>					
<i>Average Scripts for Per Member Per Year (PMPY) for Antibiotics</i>	—	—	0.94	—	—
<i>Averages Days Supplied per Antibiotic Scrip</i>	—	—	9.73	—	—
<i>Average Scripts PMPY for Antibiotics of Concern</i>	—	—	0.35	—	—
<i>Percentage of Antibiotics of Concern of all Antibiotic Scripts</i>	—	—	37.32%	—	—
<i>Frequency of Selected Procedures</i>					
<i>Bariatric weight loss surgery (0–19 Male)</i>	<0.01	0.00	0.00	0.00	—
<i>Bariatric weight loss surgery (0–19 Female)</i>	<0.01	0.00	<0.01	<0.01	—
<i>Bariatric weight loss surgery (20–44 Male)</i>	0.02	0.03	0.02	-0.01	—
<i>Bariatric weight loss surgery (20–44 Female)</i>	0.18	0.09	0.09	0.00	—
<i>Bariatric weight loss surgery (45–64 Male)</i>	0.03	0.01	0.02	0.01	—
<i>Bariatric weight loss surgery (45–64 Female)</i>	0.10	0.11	0.13	0.02	—
<i>Tonsillectomy (0–9 Male & Female)</i>	0.86	0.62	0.59	-0.03	—
<i>Tonsillectomy (10–19 Male & Female)</i>	0.55	0.47	0.39	-0.08	—
<i>Hysterectomy, Abdominal (15–44 Female)</i>	0.23	0.21	0.10	-0.11	—
<i>Hysterectomy, Abdominal (45–64 Female)</i>	0.27	0.33	0.18	-0.15	—
<i>Hysterectomy, Vaginal (15–44 Female)</i>	0.35	0.29	0.19	-0.10	—
<i>Hysterectomy, Vaginal (45–64 Female)</i>	0.34	0.26	0.17	-0.09	—
<i>Cholecystectomy, Open (30–64 Male)</i>	0.07	0.07	0.03	-0.04	—
<i>Cholecystectomy, Open (15–44 Female)</i>	0.02	0.02	0.02	0.00	—
<i>Cholecystectomy, Open (45–64 Female)</i>	0.07	0.07	0.06	-0.01	—

Table 1-1—Colorado Medicaid Statewide Weighted Averages

HEDIS Measures	HEDIS 2012	HEDIS 2013	HEDIS 2014	Change From 2013–2014	2013 National Medicaid Percentile Ranking
<i>Cholecystectomy(laparoscopic) (30–64 Male)</i>	0.39	0.36	0.29	-0.07	—
<i>Cholecystectomy(laparoscopic) (15–44 Female)</i>	1.01	0.92	0.83	-0.09	—
<i>Cholecystectomy(laparoscopic) (45–64 Female)</i>	0.82	0.72	0.74	0.02	—
<i>Back Surgery (20–44 Male)</i>	0.41	0.37	0.31	-0.06	—
<i>Back Surgery (20–44 Female)</i>	0.24	0.23	0.20	-0.03	—
<i>Back Surgery (45–64 Male)</i>	0.66	0.78	0.50	-0.28	—
<i>Back Surgery (45–64 Female)</i>	0.82	0.81	0.63	-0.18	—
<i>Mastectomy (15–44 Female)</i>	0.03	0.03	0.04	0.01	—
<i>Mastectomy (45–64 Female)</i>	0.38	0.30	0.34	0.04	—
<i>Lumpectomy (15–44 Female)</i>	0.11	0.10	0.10	0.00	—
<i>Lumpectomy (45–64 Female)</i>	0.71	0.47	0.56	0.09	—

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

- ◆ Pediatric Care—Colorado Medicaid’s statewide performance was mixed, as characterized by statistically significant increase in the *Childhood Immunization Status* measures but significant decline in the *Appropriate Testing for Children with Pharyngitis* measure. The significant rate increases in the *Childhood Immunization Status* rates may be due to a change in the Department’s reporting requirement and may not denote true performance improvement. Although no pediatric care measures ranked at or above the national 90th percentile, the *Annual Dental Visit—Total* rate was at or above the national 75th percentile. On the other hand, the *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life* measure ranked below the national 10th percentile.
- ◆ Access to Care—Colorado Medicaid’s statewide performance showed significant changes, mostly declines, in HEDIS 2014 and indicated opportunities for improvement. Three rates from the *Children’s and Adolescents’ Access to Primary Care Practitioners* and the *Adults’ Access to Primary Care--Total* measures exhibited significant decline. The youngest age group of the *Children’s and Adolescents’ Access to Primary Care Practitioners* measure reported a significant rate increase. Additionally, all measures within this domain ranked below the national 25th percentile.
- ◆ Preventive Screening—Colorado Medicaid’s statewide performance showed diverse results for measures in this domain. *Cervical Cancer Screening* rate reported a significant increase whereas the *Chlamydia Screening for Women—Total* rate exhibited a significant decline. For the *Cervical Cancer Screening* measure, due both to a change in the Department’s reporting requirement from administrative to hybrid in HEDIS 2014 and significant measure specification revisions, rate changes between these two years do not accurately reflect any performance improvement or decline. HSAG suggests that the HEDIS 2014 *Cervical Cancer Screening* rates be treated as baseline rates for future trending. Performance ranking based on HEDIS 2013

percentiles should also be used for information only. All rates within this domain were below the national 50th percentile, with the *Breast Cancer Screening* measure below the 10th percentile.

- ◆ Mental/Behavioral Health—Colorado Medicaid’s statewide performance showed diverse results for measures in this domain. *Follow-Up Care for Children Prescribed ADHD Medication* reported significant declines from last year. Although the *Diabetes Screening* measure ranked at the national 90th percentile, the *Diabetes Monitoring* and *Cardiovascular Monitoring* rates were below the national 10th percentile.
- ◆ Living With Illness—Colorado Medicaid’s statewide performance demonstrated no major changes from last year, but overall showed diverse results when compared to national benchmarks. One measure showed significant rate increase from last year: *Annual Monitoring for Patients on Persistent Medications—Total*. The *Asthma Medication Ratio—Total* rate was above the 75th percentile. Two rates under *Comprehensive Diabetes Care (HbA1c Testing and LDL-C Screening)* ranked below the national 10th percentile.
- ◆ Use of Services—Colorado Medicaid’s statewide rates remained relatively stable in this domain, with a decline in *Ambulatory Care: Total—Emergency Department Visits Per 1,000 MM: Total* by 5.70 visits per 1,000 member months from last year. 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 members’ ED utilization.

Limitations and Considerations

The following potential limitations should be considered when reviewing 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 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. In general, the FARs should include the auditor’s description and assessment of data systems and processes used by the plan to ensure complete and accurate data were included for measure calculation. The auditor’s methods and steps used to conduct the audits should also be included in the FARs.
- ◆ Some 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., *Adherence to Antipsychotics for Individuals with Schizophrenia*, *Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are Using Antipsychotic Medication*, *Diabetes Monitoring for People with Diabetes and Schizophrenia*, and *Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia*), or (2) significant changes were made to the measure’s specifications (e.g., *Cervical Cancer Screening*). Additionally, trending results should also be interpreted carefully for those measures for which the Department changed its reporting requirement from administrative to hybrid in HEDIS 2014, as indicated by the notations located at the bottom of each table.

2. How to Get the Most From This Report

Overview

This report presents the statewide and plan-specific performance on 35 HEDIS measures selected by the Department for HEDIS 2014. Thirty-five HEDIS measures with 101 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 35 selected measures, the 101 indicators, and the corresponding domains of care. The table also identifies the Department’s required data collection method.

Table 2-1—Colorado Medicaid HEDIS 2014 Measures		
Standard HEDIS 2014 Measures	2014 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>	<i>Hybrid</i>
2. <i>Immunizations for Adolescents</i>	10. <i>Immunizations for Adolescents—Combination 1</i>	<i>Hybrid</i>
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>	<i>Hybrid</i>
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>	<i>Hybrid</i>
5. <i>Adolescent Well-Care Visits</i>	14. <i>Adolescent Well-Care Visits</i>	<i>Hybrid</i>
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>	<i>Hybrid</i>

Table 2-1—Colorado Medicaid HEDIS 2014 Measures

Standard HEDIS 2014 Measures	2014 Colorado Medicaid Measures/Indicators	Data Collection Methodology
7. <i>Appropriate Testing for Children with Pharyngitis</i>	18. <i>Appropriate Testing for Children with Pharyngitis</i>	Administrative
8. <i>Annual Dental Visit</i>	19. <i>Annual Dental Visits—Total</i>	Administrative
Access to Care		
9. <i>Prenatal and Postpartum Care</i>	20. <i>Prenatal and Postpartum Care—Timeliness of Prenatal Care</i> 21. <i>Prenatal and Postpartum Care—Postpartum Care</i>	Hybrid
10. <i>Children’s and Adolescents’ Access to Primary Care Practitioners</i>	22. <i>Children’s and Adolescents’ Access to Primary Care Practitioners—Ages 12 to 24 Months</i> 23. <i>Children’s and Adolescents’ Access to Primary Care Practitioners—Ages 25 Months to 6 Years</i> 24. <i>Children’s and Adolescents’ Access to Primary Care Practitioners—Ages 7 to 11 Years</i> 25. <i>Children’s and Adolescents’ Access to Primary Care Practitioners—Ages 12 to 19 Years</i>	Administrative
11. <i>Adults’ Access to Preventive/Ambulatory Health Services</i>	26. <i>Adults’ Access to Preventive/Ambulatory Health Services—Total</i>	Administrative
Preventive Screening		
12. <i>Chlamydia Screening in Women</i>	27. <i>Chlamydia Screening in Women—Total</i>	Administrative
13. <i>Breast Cancer Screening</i>	28. <i>Breast Cancer Screening</i>	Administrative
14. <i>Cervical Cancer Screening</i>	29. <i>Cervical Cancer Screening</i>	Hybrid
15. <i>Adult BMI Assessment</i>	30. <i>Adult BMI Assessment</i>	Hybrid
Mental/Behavioral Health		
16. <i>Antidepressant Medication Management</i>	31. <i>Effective Acute Phase Treatment</i> 32. <i>Effective Continuation Phase Treatment</i>	Administrative
17. <i>Follow-up Care for Children Prescribed ADHD Medication</i>	33. <i>Initiation</i> 34. <i>Continuation</i>	Administrative
18. <i>Initiation and Engagement of Alcohol and Other Drug Dependence Treatment</i>	35. <i>Initiation</i> 36. <i>Engagement</i>	Administrative
19. <i>Adherence to Antipsychotic Medications for Individuals with Schizophrenia</i>	37. <i>Adherence to Antipsychotic Medications for Individuals with Schizophrenia</i>	Administrative
20. <i>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medication</i>	38. <i>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medication</i>	Administrative
21. <i>Diabetes Monitoring for People With Diabetes and Schizophrenia</i>	39. <i>Diabetes Monitoring for People With Diabetes and Schizophrenia</i>	Administrative
22. <i>Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia</i>	40. <i>Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia</i>	Administrative
Living With Illness		
23. <i>Controlling High Blood Pressure</i>	41. <i>Controlling High Blood Pressure</i>	Hybrid

Table 2-1—Colorado Medicaid HEDIS 2014 Measures

Standard HEDIS 2014 Measures	2014 Colorado Medicaid Measures/Indicators	Data Collection Methodology
24. <i>Comprehensive Diabetes Care</i>	42. <i>Comprehensive Diabetes Care—Hemoglobin A1c (HbA1c) Testing</i> 43. <i>Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)</i> 44. <i>Comprehensive Diabetes Care—HbA1c Control (<8.0%)</i> 45. <i>Comprehensive Diabetes Care—Eye Exam</i> 46. <i>Comprehensive Diabetes Care—Low-Density Lipoprotein Cholesterol (LDL-C) Screening</i> 47. <i>Comprehensive Diabetes Care—LDL-C Level (<100 mg/dL)</i> 48. <i>Comprehensive Diabetes Care—Medical Attention for Nephropathy</i> 49. <i>Comprehensive Diabetes Care—Blood Pressure Controlled (<140/80 mm Hg)</i> 50. <i>Comprehensive Diabetes Care—Blood Pressure Controlled (<140/90 mm Hg)</i>	Hybrid
25. <i>Annual Monitoring for Patients on Persistent Medications</i>	51. <i>Annual Monitoring for Patients on Persistent Medications—Total</i>	Administrative
26. <i>Use of Imaging Studies for Low Back Pain</i>	52. <i>Use of Imaging Studies for Low Back Pain</i>	Administrative
27. <i>Pharmacotherapy Management of COPD Exacerbation</i>	53. <i>Pharmacotherapy Management of COPD Exacerbation</i>	Administrative
28. <i>Use of Appropriate Medications for People With Asthma</i>	54. <i>Use of Appropriate Medications for People With Asthma</i>	Administrative
29. <i>Asthma Medication Ratio</i>	55. <i>Asthma Medication Ratio</i>	Administrative
30. <i>Use of Spirometry Testing in the Assessment and Diagnosis of COPD</i>	56. <i>Use of Spirometry Testing in the Assessment and Diagnosis of COPD</i>	Administrative
31. <i>Disease-Modifying Anti-Rheumatic Drug Therapy in Rheumatoid Arthritis</i>	57. <i>Disease-Modifying Anti-Rheumatic Drug Therapy in Rheumatoid Arthritis</i>	Administrative
Use of Services		
32. <i>Ambulatory Care</i>	58. <i>Ambulatory Care: Total—Outpatient Visits Per 1,000 MM—Total</i> 59. <i>Ambulatory Care: Total—Emergency Department (ED) Visits Per 1,000 MM—Total</i>	Administrative
33. <i>Inpatient Utilization—General Hospital/Acute Care</i>	60. <i>Discharges per 1,000 MM (Total Inpatient)</i> 61. <i>Days per 1,000 MM (Total Inpatient)</i> 62. <i>Average Length of Stay (Total Inpatient)</i> 63. <i>Discharges per 1,000 MM (Medicine)</i> 64. <i>Days per 1,000 MM (Medicine)</i> 65. <i>Average Length of Stay (Medicine)</i> 66. <i>Discharges per 1,000 MM (Surgery)</i> 67. <i>Days per 1,000 MM (Surgery)</i> 68. <i>Average Length of Stay (Surgery)</i> 69. <i>Discharges per 1,000 MM (Maternity)</i> 70. <i>Days per 1,000 MM (Maternity)</i> 71. <i>Average Length of Stay (Maternity)</i>	Administrative

Table 2-1—Colorado Medicaid HEDIS 2014 Measures		
Standard HEDIS 2014 Measures	2014 Colorado Medicaid Measures/Indicators	Data Collection Methodology
34. <i>Antibiotic Utilization</i>	72. <i>Average Scrips for PMPY for Antibiotics (All Ages)</i> 73. <i>Average Days Supplied per Antibiotic Scrip (All Ages)</i> 74. <i>Average Scrips PMPY for Antibiotics of Concern (All Ages)</i> 75. <i>Percentage of Antibiotics of Concern of all Antibiotic Scrips (All Ages)</i>	Administrative
35. <i>Frequency of Selected Procedures (Per 1,000 MM)</i>	76. <i>Bariatric Weight Loss Surgery (0–19 Male)</i> 77. <i>Bariatric Weight Loss Surgery (0–19 Female)</i> 78. <i>Bariatric Weight Loss Surgery (20–44 Male)</i> 79. <i>Bariatric Weight Loss Surgery (20–44 Female)</i> 80. <i>Bariatric Weight Loss Surgery (45–64 Male)</i> 81. <i>Bariatric Weight Loss Surgery (45–64 Female)</i> 82. <i>Tonsillectomy (0–9 Male & Female)</i> 83. <i>Tonsillectomy (10–19 Male & Female)</i> 84. <i>Hysterectomy, Abdominal (15–44 Female)</i> 85. <i>Hysterectomy, Abdominal (45–64 Female)</i> 86. <i>Hysterectomy, Vaginal (15–44 Female)</i> 87. <i>Hysterectomy, Vaginal (45–64 Female)</i> 88. <i>Cholecystectomy, Open (30–64 Male)</i> 89. <i>Cholecystectomy, Open (15–44 Female)</i> 90. <i>Cholecystectomy, Open (45–64 Female)</i> 91. <i>Cholecystectomy (laparoscopic) (30–64 Male)</i> 92. <i>Cholecystectomy (laparoscopic) (15–44 Female)</i> 93. <i>Cholecystectomy (laparoscopic) (45–64 Female)</i> 94. <i>Back Surgery (20–44 Male)</i> 95. <i>Back Surgery (20–44 Female)</i> 96. <i>Back Surgery (45–64 Male)</i> 97. <i>Back Surgery (45–64 Female)</i> 98. <i>Mastectomy (15–44 Female)</i> 99. <i>Mastectomy (45–64 Female)</i> 100. <i>Lumpectomy (15–44 Female)</i> 101. <i>Lumpectomy (45–64 Female)</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. 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) members using HEDIS measure specifications.

HEDIS Rates Reported by Medicaid Health Plans

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

Measure Calculation—Fee-for-Service (FFS) Program

HSAG was contracted to calculate the HEDIS 2014 rates for the Department's FFS population. Unlike in previous years when rates for Medicaid beneficiaries enrolled in the Department's Primary Care Physician Program were separately reported, the HEDIS 2014 FFS rates included this population.

- ◆ **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 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 a vendor, IMI Health, Inc., for calculation of the measures. This vendor received full certification status from NCQA on the measures required for the state's HEDIS 2014 reporting. HSAG forwarded the files to Q Mark, Inc.
- ◆ **Calculated the HEDIS measures:** IMI Health, Inc. calculated the selected HEDIS measures after these measures successfully passed NCQA's measure certification process. 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 FFS rates included in this report have been verified as an unbiased estimate of the measure.

Calculation of Statewide Rates

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. The statewide rate for a measure is essentially the weighted average rate based on the health plan's eligible population. Weighting the rate by the health plan's eligible population size ensures that a rate for a health plan with 125,000 members, for example, has a greater impact on the overall Colorado Medicaid rate than a rate for a health plan with only 10,000 members. For health plans with rates reported as *NA*; numerators, denominators, and eligible populations were included in calculations of the statewide rate. Health plans with rates reported as *NB* or *NR* were excluded from the statewide rate calculation.

²⁻¹ Through the audit process, each measure reported by a health plan is assigned an NCQA-defined audit result. Measures can receive one of four predefined audit results: *Reportable (R)*, *Small Denominator (<30)*, *Not Applicable (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 a measure is 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.

Pediatric Care

The following section provides detailed analyses of the Colorado Medicaid health plans' performance for the Pediatric Care domain. Results for the 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* (all individual antigens and *Combination 2–Combination 10*)
- ◆ *Immunizations for Adolescents—Combination 1*
- ◆ *Well-Child Visits in the First 15 Months of Life (Zero Visits and Six or More Visits)*
- ◆ *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life*
- ◆ *Adolescent Well-Care Visits*
- ◆ *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Total (Body Mass Index [BMI] Assessment, Nutrition Counseling, and Physical Activity Counseling)*
- ◆ *Appropriate Testing for Children with Pharyngitis*
- ◆ *Annual Dental Visit (for FFS population only)*

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 is also provided to compare each health plan's performance against the HEDIS 2014 weighted average as well as the high and low performance levels. The performance levels are developed based on each measure's national HEDIS 2013 Medicaid HMO percentiles. For most of the measures, high performance level (HPL) corresponds to the 90th percentile and the low performance level (LPL) to the 25th percentile. For inverse measures such as *Well-Child Visits in the First 15 Months of Life—Zero Visits*, the 10th percentile (rather than the 90th percentile) and the 75th percentile (rather than the 25th percentile) are considered the HPL and LPL, respectively.

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

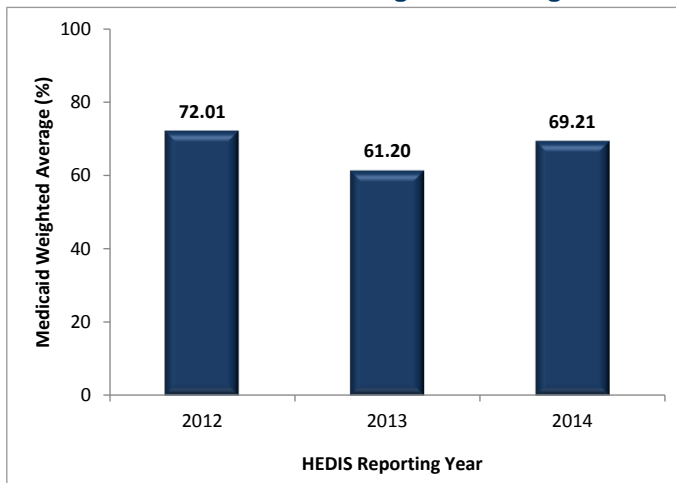
Childhood Immunization Status

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

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

Performance Results

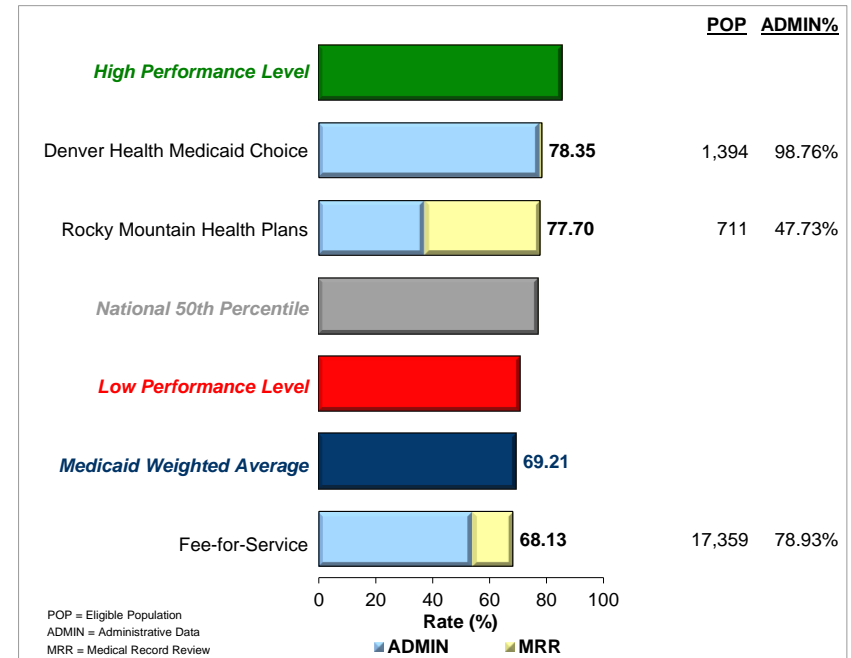
**Figure 3-1—Childhood Immunization Status—Combination 2
Colorado Medicaid Weighted Averages**



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

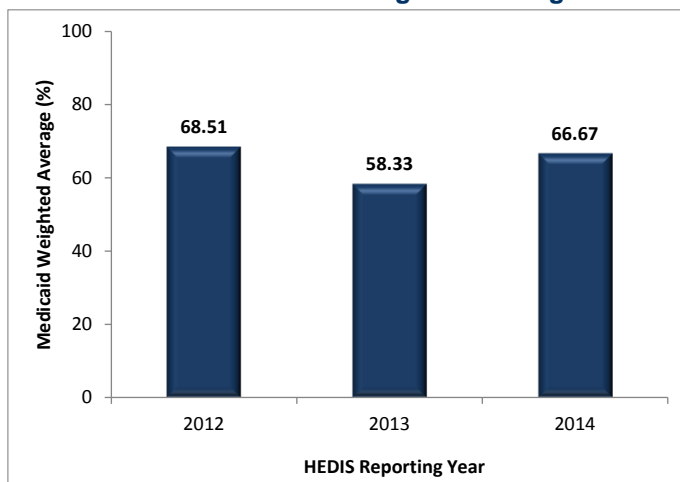
The 2014 Colorado Medicaid weighted average increased significantly by 8.01 percentage points. Nonetheless, the increase may be related to a change in the Department’s reporting requirement from administrative (2013) to hybrid (2014) and may not reflect true performance improvement.

Figure 3-2—Childhood Immunization Status—Combination 2



Although both health plans ranked above the national 50th percentile, the FFS rate and the Medicaid weighted average ranked below the low performance level. Plan performance shows a variation in rates of about 10 percentage points. The ADMIN% column also shows a wide variation among the plans in relying on administrative data for rate calculation (from 47.73 percent to 98.76 percent). One plan used administrative data almost exclusively when calculating this indicator, whereas the other plan relied more on medical records. This finding suggests that one plan had more complete claims/encounter data than the other plan and FFS in calculating this measure.

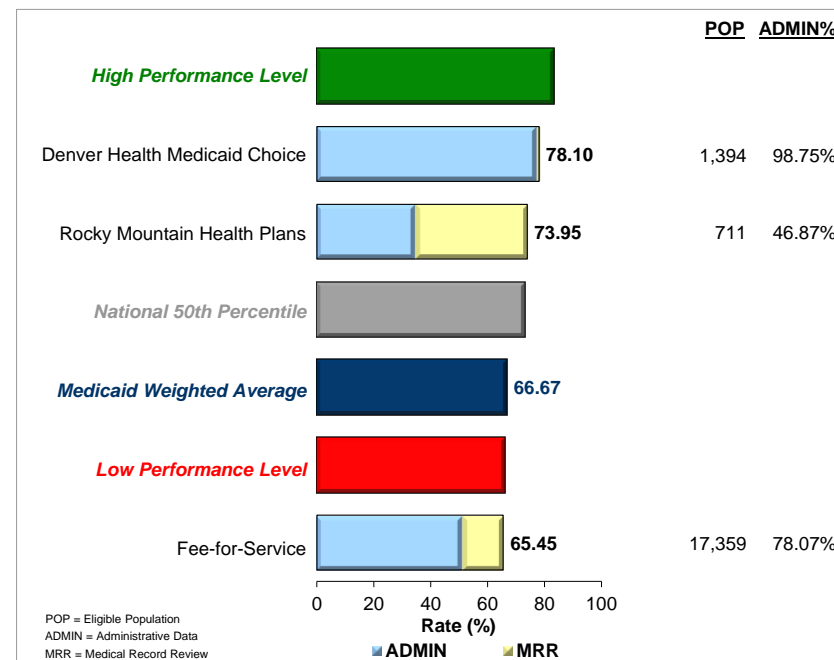
**Figure 3-3—Childhood Immunization Status—Combination 3
Colorado Medicaid Weighted Averages**



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

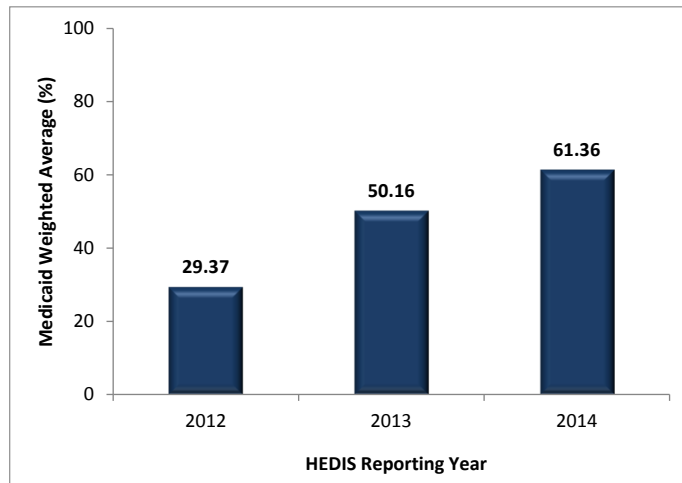
The 2014 Colorado Medicaid weighted averages increased significantly by 8.34 percentage points. Nonetheless, the increase may be related to a change in the Department’s reporting requirement from administrative (2013) to hybrid (2014) and may not reflect true performance improvement.

Figure 3-4—Childhood Immunization Status—Combination 3



Both health plans ranked above the national 50th percentile. The Medicaid weighted average was slightly above the low performance level. The FFS rate was below the low performance level. Plan performance shows a variation in rates of about 13 percentage points. There was also a wide variation among the plans in the number of immunizations performed as reflected in the claims and/or immunization registry (from 46.87 percent to 98.75 percent). One plan used its administrative data almost exclusively when calculating this indicator, whereas the other plan relied more on medical records. This finding suggests that one plan had more complete claims/encounter data than the other plan and FFS in calculating this measure.

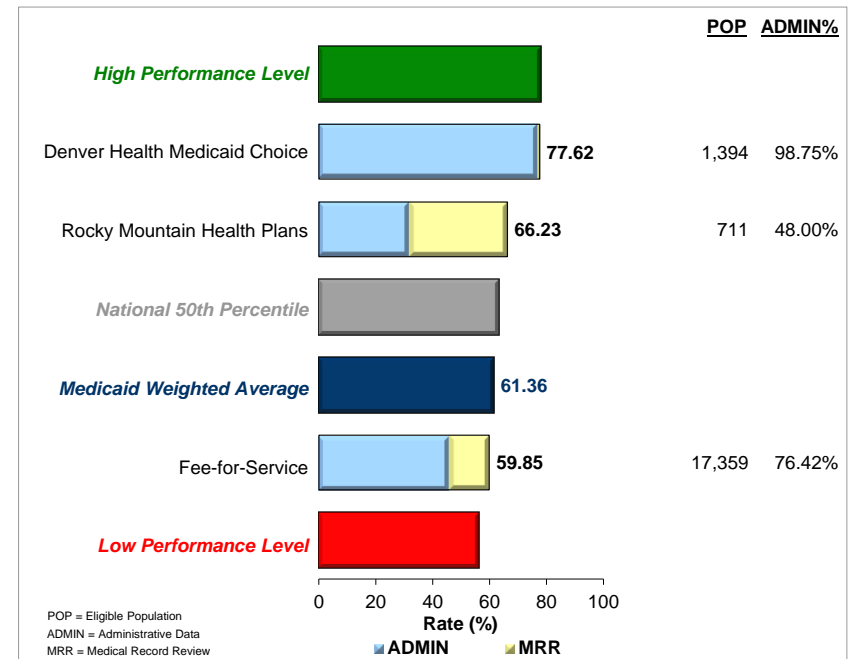
**Figure 3-5—Childhood Immunization Status—Combination 4
Colorado Medicaid Weighted Averages**



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

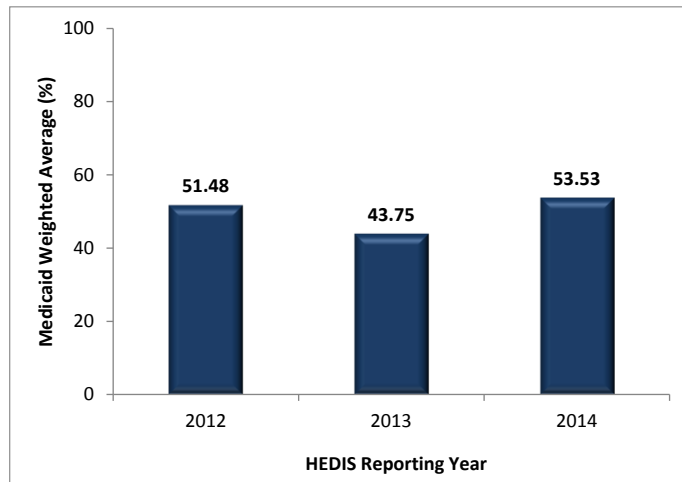
The 2014 Colorado Medicaid weighted averages increased significantly by 11.2 percentage points. Nonetheless, the increase may be related to a change in the Department’s reporting requirement from administrative (2013) to hybrid (2014) and may not reflect true performance improvement.

Figure 3-6—Childhood Immunization Status—Combination 4



Both health plans ranked above the national 50th percentile. The FFS rate and the Medicaid weighted average were above the low performance level. Plan performance shows a variation in rates of about 17 percentage points. There was also a wide variation among the plans in the number of immunizations performed as reflected in the claims and immunization registry (from 48 percent to 98.75 percent). One plan used administrative data almost exclusively when calculating this indicator, whereas the other plan relied more on medical records. This finding suggests that one plan had more complete claims/encounter data than the other plan and FFS in calculating this measure.

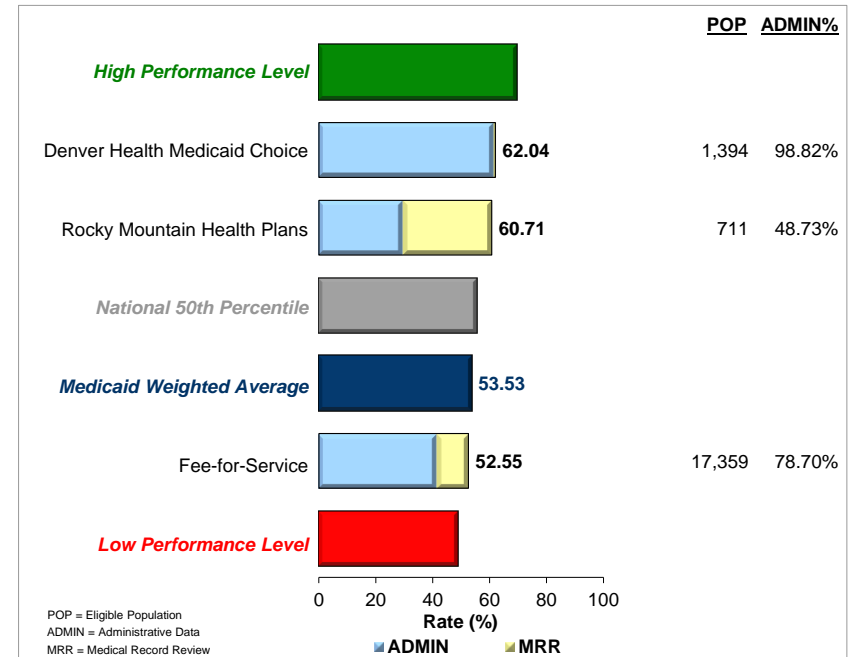
Figure 3-7—Childhood Immunization Status—Combination 5 Colorado Medicaid Weighted Averages



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

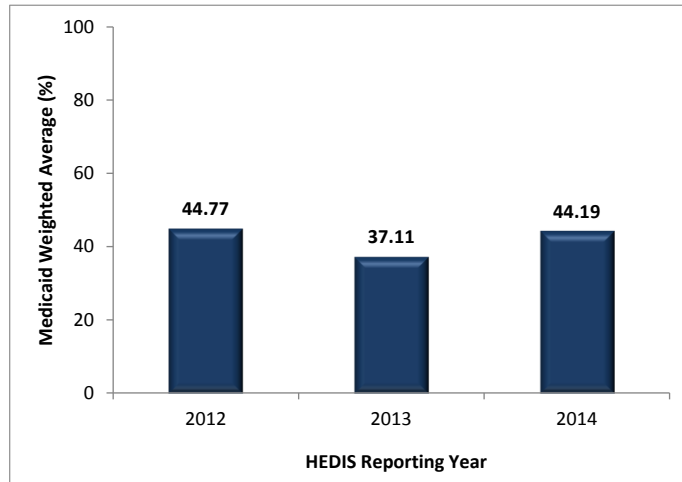
The 2014 Colorado Medicaid weighted averages increased significantly by 9.78 percentage points. Nonetheless, the increase may be related to a change in the Department’s reporting requirement from administrative (2013) to hybrid (2014) and may not reflect true performance improvement.

Figure 3-8—Childhood Immunization Status—Combination 5



Both health plans ranked above the national 50th percentile. The FFS rate and the Medicaid weighted average were above the low performance level. Plan performance shows a variation in rates of about 10 percentage points. There was also a wide variation among the plans in the number of immunizations performed as reflected in the claims and/or immunization registry (from 48.73 percent to 98.82 percent). One plan used administrative data almost exclusively when calculating this indicator, whereas the other plan relied more on medical records. This finding suggests that one plan had more complete claims/encounter data than the other plan and FFS in calculating this measure.

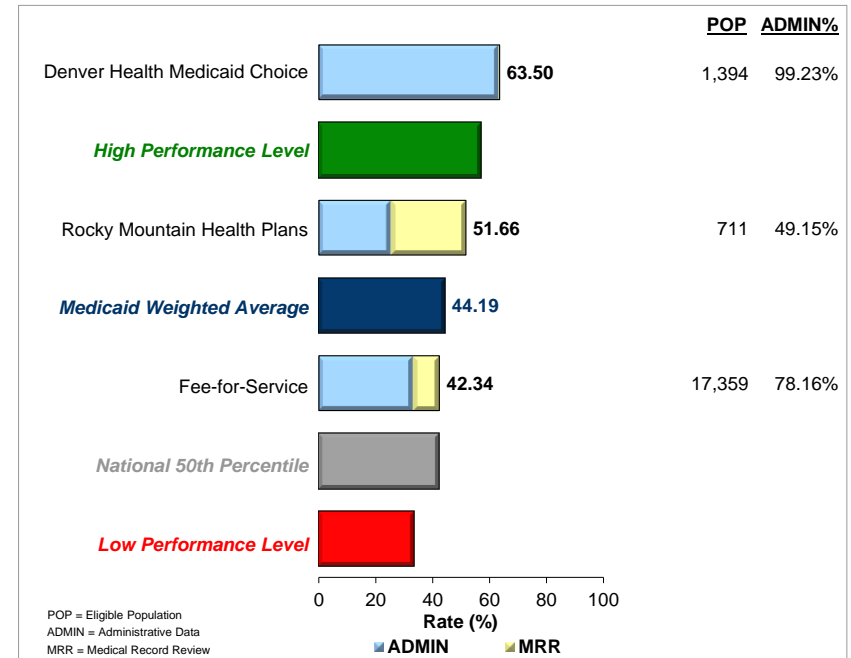
**Figure 3-9—Childhood Immunization Status—Combination 6
Colorado Medicaid Weighted Averages**



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

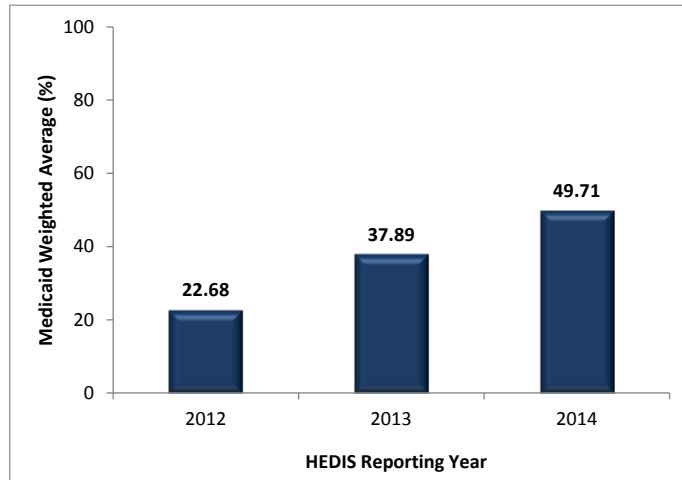
The 2014 Colorado Medicaid weighted average increased significantly by 7.08 percentage points. Nonetheless, the increase may be related to a change in the Department’s reporting requirement from administrative (2013) to hybrid (2014) and may not reflect true performance improvement.

Figure 3-10—Childhood Immunization Status—Combination 6



One plan ranked above the high performance level. All other rates, including the Medicaid weighted average, ranked above the national 50th percentile. Plan performance shows a variation in rates of slightly over 20 percentage points. There was also a wide variation among the plans in the number of immunizations performed as reflected in the claims and immunization registry (from 49.15 percent to 99.23 percent). One plan used administrative data almost exclusively when calculating this indicator, whereas the other plan relied more on medical records. Over 75 percent of the FFS rate was based on administrative data. This finding suggests that one plan had more complete claims/encounter data than the other plan and FFS in calculating this measure.

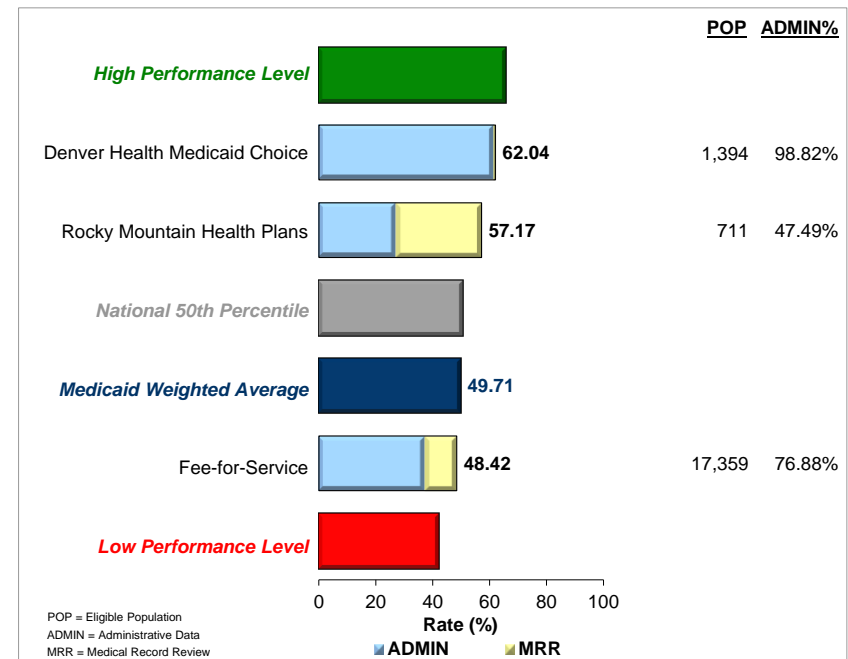
**Figure 3-10—Childhood Immunization Status—Combination 7
Colorado Medicaid Weighted Averages**



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

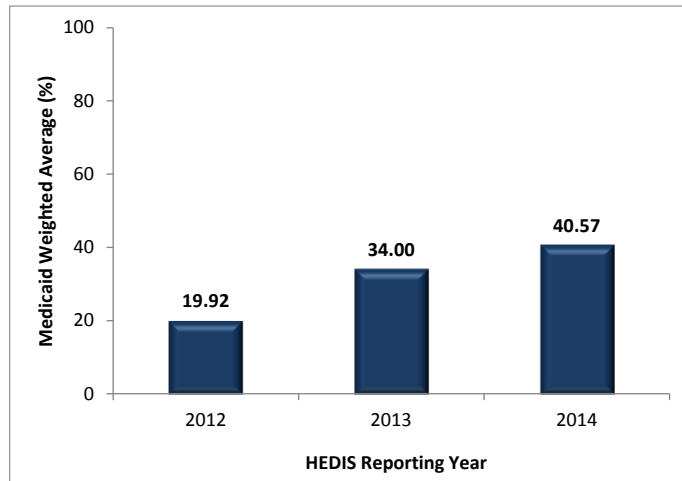
The 2014 Colorado Medicaid weighted average increased significantly by 11.82 percentage points. Nonetheless, the increase may be related to a change in the Department’s reporting requirement from administrative (2013) to hybrid (2014) and may not reflect true performance improvement.

Figure 3-11—Childhood Immunization Status—Combination 7



Both health plans ranked above the national 50th percentile. The FFS rate and the Medicaid weighted average ranked above the low performance level. Plan performance shows a variation in rates of about 14 percentage points. There was also a wide variation among the plans in the number of immunizations performed as reflected in the claims and immunization registry (from 47.49 percent to 98.82 percent). One plan used administrative data almost exclusively when calculating this indicator, whereas the other plan relied more on medical records. This finding suggests that one plan had more complete claims/encounter data than the other plan and FFS in calculating this measure.

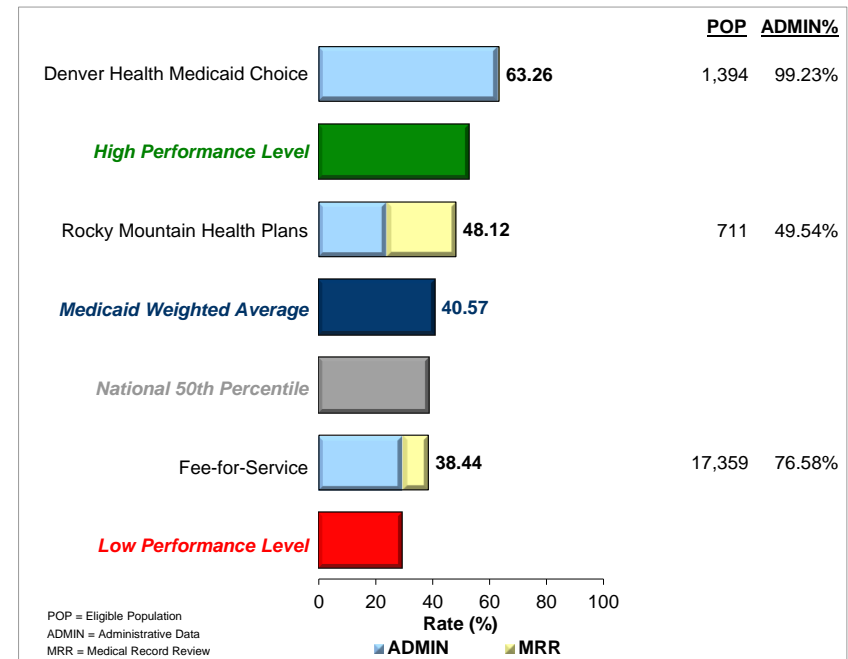
**Figure 3-12—Childhood Immunization Status—Combination 8
Colorado Medicaid Weighted Averages**



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

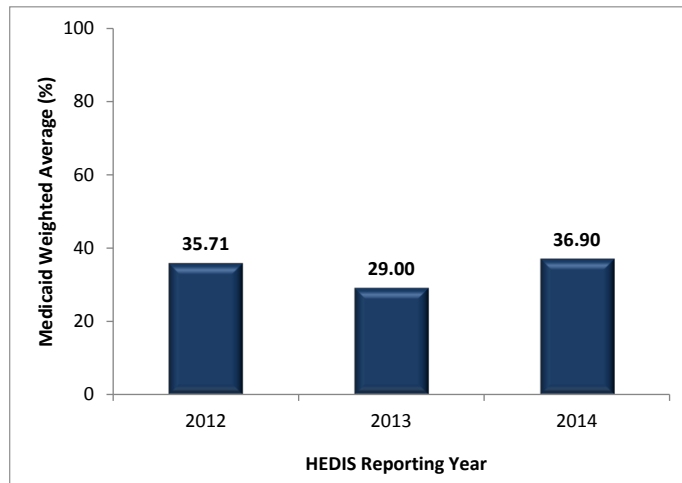
The 2014 Colorado Medicaid weighted average increased significantly by 6.57 percentage points. Nonetheless, the increase may be related to a change in the Department’s reporting requirement from administrative (2013) to hybrid (2014) and may not reflect true performance improvement.

Figure 3-13—Childhood Immunization Status—Combination 8



One plan ranked above the high performance level. All plans other than Fee-for-Service performed above the national 50th percentile. Plan performance shows a variation in rates of about 23 percentage points. A wide variation among the plans in the number of immunizations performed as reflected in the claims and immunization registry was noted (from 49.54 percent to 99.23 percent). One plan used administrative data almost exclusively when calculating this indicator, whereas the other plan relied more on medical records. This finding suggests that one plan had more complete claims/encounter data than the other plan and FFS in calculating this measure.

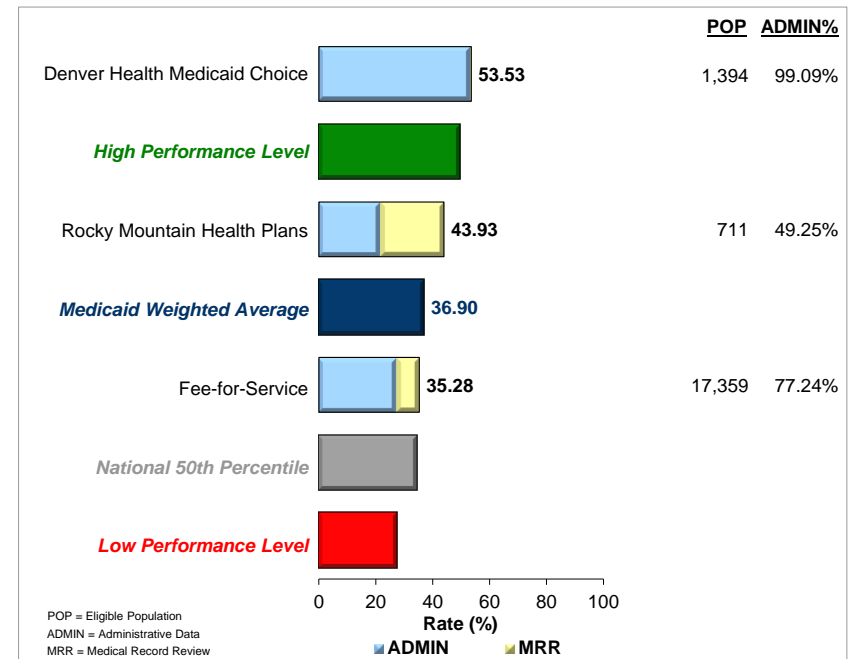
**Figure 3-14—Childhood Immunization Status—Combination 9
Colorado Medicaid Weighted Averages**



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

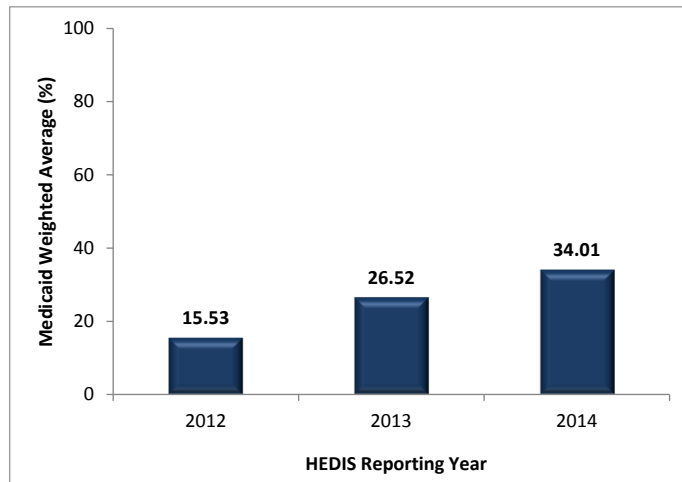
The 2014 Colorado Medicaid weighted average increased significantly by 7.9 percentage points. Nonetheless, the increase may be related to a change in the Department’s reporting requirement from administrative (2013) to hybrid (2014) and may not reflect true performance improvement.

Figure 3-15—Childhood Immunization Status—Combination 9



One plan ranked above the high performance level. All other rates, including the Medicaid weighted average, ranked above the national 50th percentile. Plan performance shows a variation in rates of about 18 percentage points. A wide variation among the plans in the number of immunizations performed, as reflected in the claims and immunization registry, was noted (from 49.25 percent to 99.09 percent). One plan used administrative data almost exclusively when calculating this indicator, whereas the other plan relied more on medical records. This finding suggests that one plan had more complete claims/encounter data than the other plan and FFS in calculating this measure.

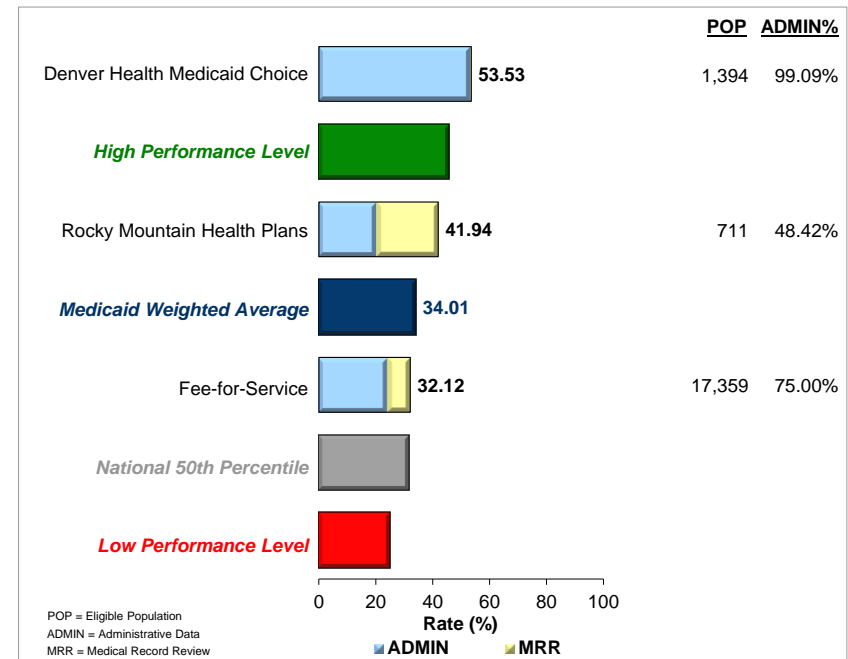
**Figure 3-16—Childhood Immunization Status—Combination 10
Colorado Medicaid Weighted Averages**



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

The 2014 Colorado Medicaid weighted average increased significantly by 7.49 percentage points. Nonetheless, the increase may be related to a change in the Department’s reporting requirement from administrative (2013) to hybrid (2014) and may not reflect true performance improvement.

Figure 3-17—Childhood Immunization Status—Combination 10

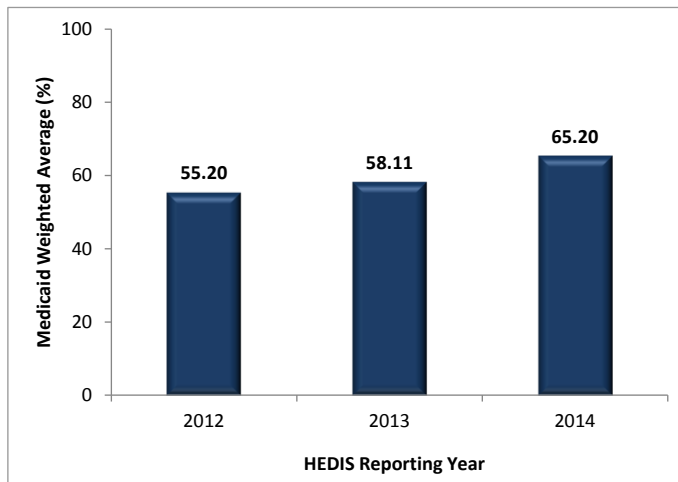


One plan ranked above the high performance level. All other rates, including the Medicaid weighted average, ranked above the national 50th percentile. Plan performance shows a variation in rates of about 21 percentage points. A wide variation among the plans in the number of immunizations performed, as reflected in the claims and immunization registry, was noted (from 48.42 percent to 99.09 percent). One plan used administrative data almost exclusively when calculating this indicator, whereas the other plan relied more on medical records. This finding suggests that one plan had more complete claims/encounter data than the other plan and FFS in calculating this measure.

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 both a rate for each vaccine and one combination rate.

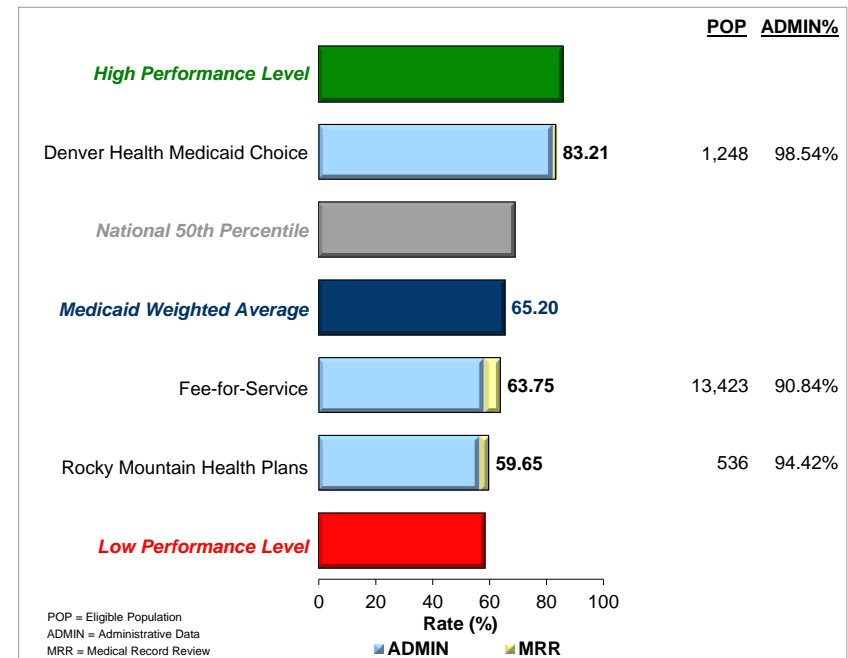
**Figure 3-18—Immunizations for Adolescents—Combination 1
Colorado Medicaid Weighted Averages**



Rate increase from 2013 to 2014 was statistically significant.

The 2014 Colorado Medicaid weighted average increased significantly by 7.09 percentage points. Nonetheless, the increase may be related to a change in the Department’s reporting requirement from administrative (2013) to hybrid (2014) and may not reflect true performance improvement.

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

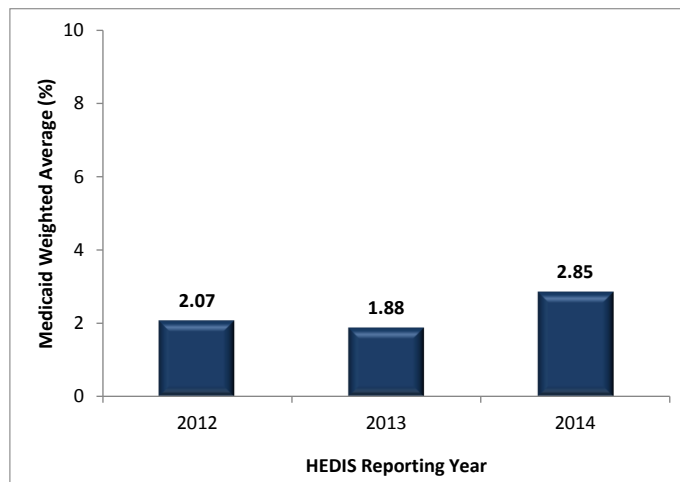


One plan ranked above the national 50th percentile. All other rates, including the Medicaid weighted average, ranked above the low performance level. Plan performance shows a rate variation of about 23 percentage points. Although this is a hybrid measure, as indicated in the ADMIN% column, all plans (including FFS), had relatively complete administrative data (i.e., claims and/or immunization registry) to calculate their rates.

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

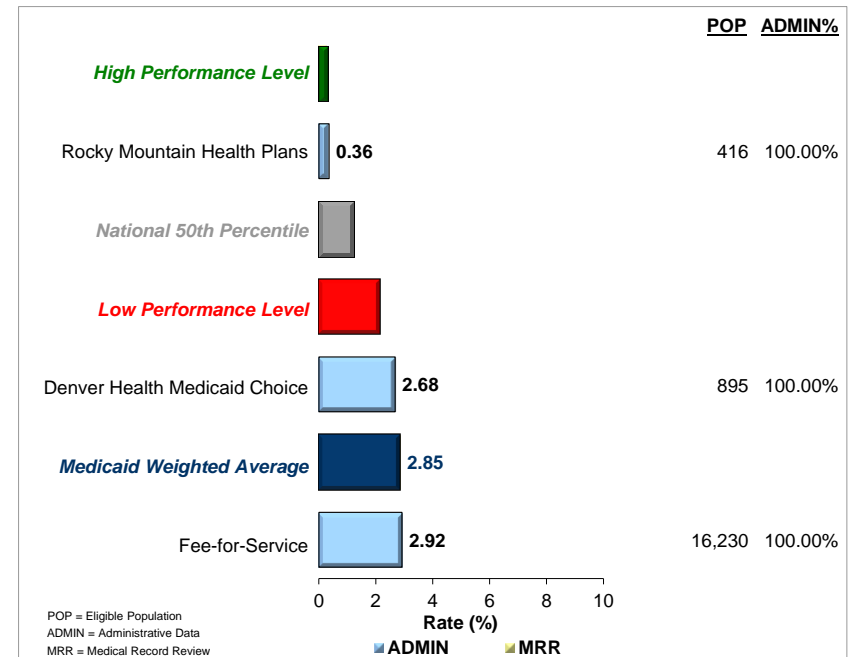
Well-Child Visits in the First 15 Months of Life—Zero Visits calculates the percentage of enrolled members who turned 15 months old during the measurement year, who were continuously enrolled in the health plan from 31 days of age through 15 months of age, and who did not see a primary care practitioner (PCP) during their first 15 months of life.

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



Since this measure is an inverse measure, a rate increase would suggest a decline in performance. The Colorado Medicaid weighted average increased from 1.88 percent to 2.85 percent in 2014. Nonetheless, the decline in performance was not statistically significant.

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

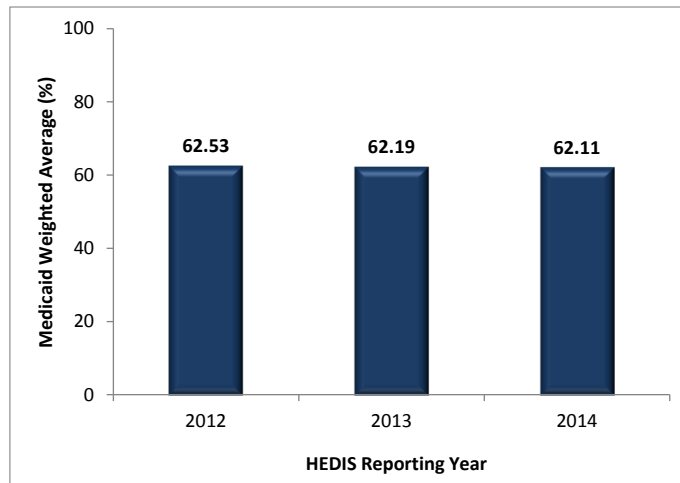


For this measure, a lower rate indicates better performance. All rates but one ranked below the low performance level.

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

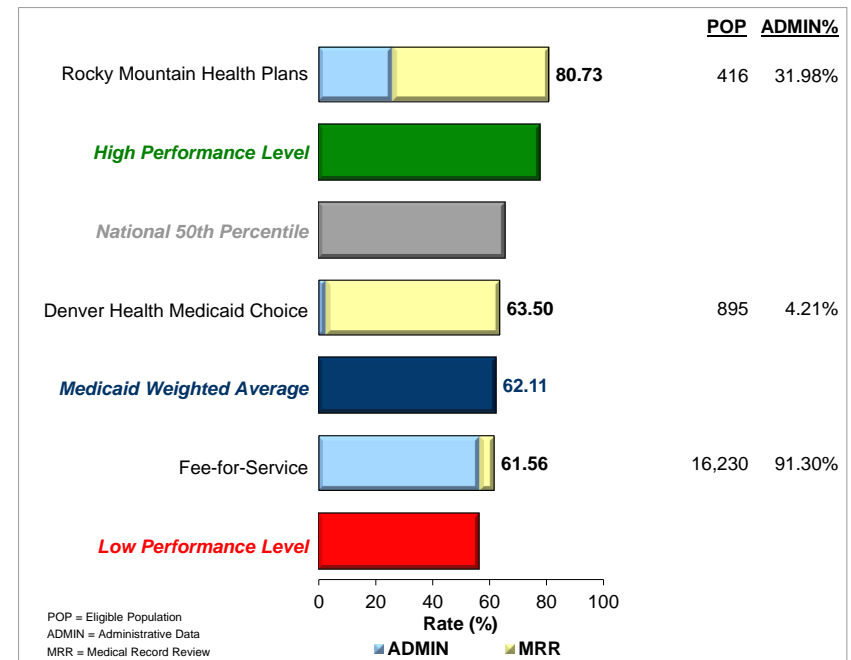
Well-Child Visits in the First 15 Months of Life—Six or More Visits calculates the percentage of enrolled members who turned 15 months old during the measurement year, who were continuously enrolled in the health plan from 31 days of age through 15 months of age, and who received six or more visits with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

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



The 2014 Colorado Medicaid weighted average showed a slight but statistically non-significant decline from prior years.

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

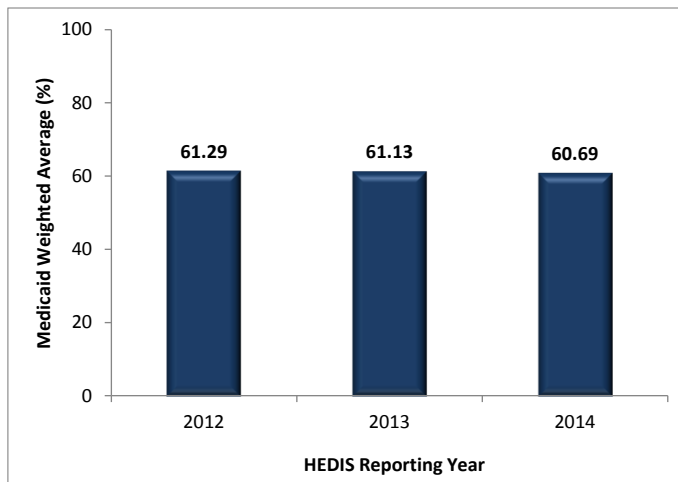


One plan ranked above the high performance level. All other rates, including the Medicaid weighted average, ranked below the national 50th percentile but above the low performance level. Plan performance varied by nearly 20 percentage points. Only one plan met the federal EPSDT participation goal of 80 percent. There was also a wide plan variation in the number of well-child visits identified from claims data (from 4.21 percent to 91.30 percent). This finding suggests that while FFS had more complete claims/encounter data in calculating this measure, the two plans did not.

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

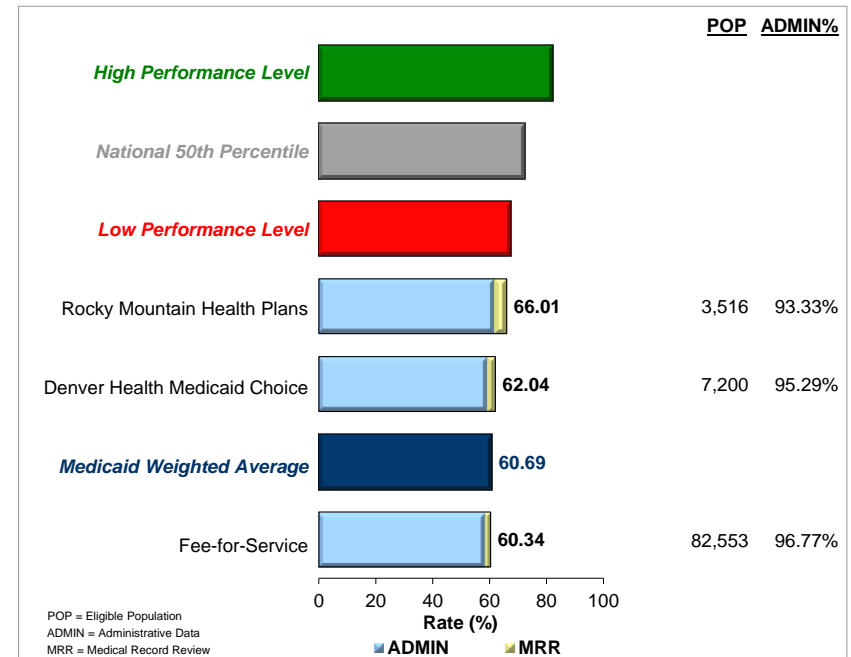
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life calculates the percentage of members who were three, four, five, or six years old during the measurement year, who were continuously enrolled during the measurement year, and who received one or more well-child visits with a PCP during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

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



The Medicaid weighted average has remained relatively stable over the past three years. The 2014 weighted average decreased 0.44 percentage points from 2013; however, this decline was not statistically significant.

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

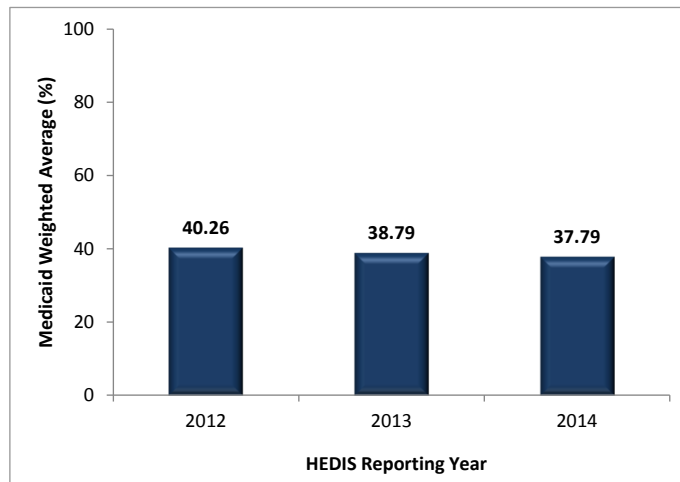


All plans and the Medicaid weighted average ranked below the low performance level. Plan performance varied by almost 5 percentage points. None of the plans met the federal EPSDT participation goal of 80 percent. Unlike the *Well-Child Visits in the First 15 Months of Life—Six or More Visits* measure, all plans and FFS had relatively more complete administrative data to calculate this measure.

Adolescent Well-Care Visits

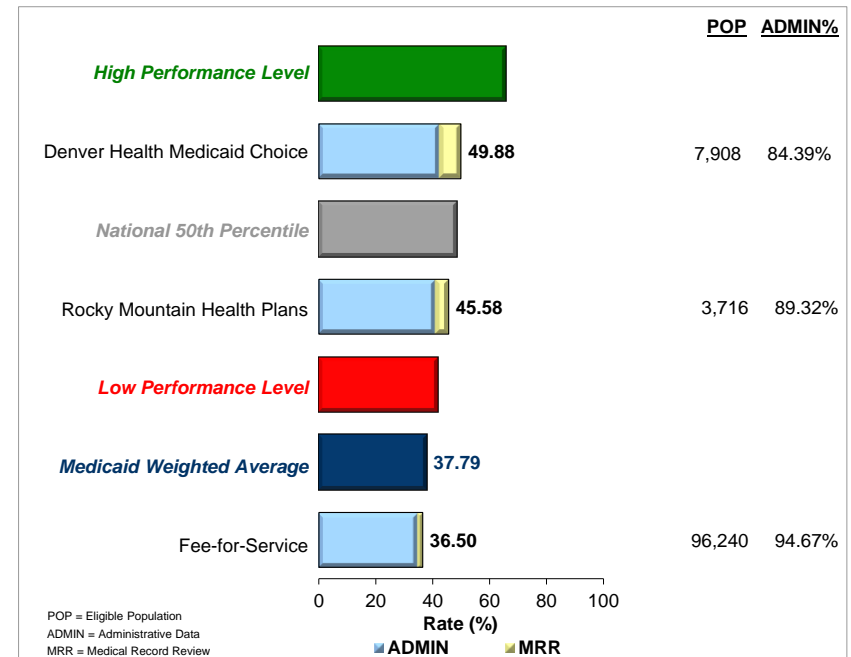
The *Adolescent Well-Care Visits* measure reports the percentage of enrolled members who were 12 to 21 years of age during the measurement year, who were continuously enrolled during the measurement year, and who had at least one comprehensive well-care visit with a PCP or an obstetrician/gynecologist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

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



The Medicaid statewide performance exhibited a decline since 2012, with the decline from year to year being no more than 2 percentage points (1.47 percentage points from 2012 to 2013 and 1 percentage point from 2013 to 2014). The decline from 2013 to 2014 was not statistically significant.

Figure 3-27—Adolescent Well-Care Visits

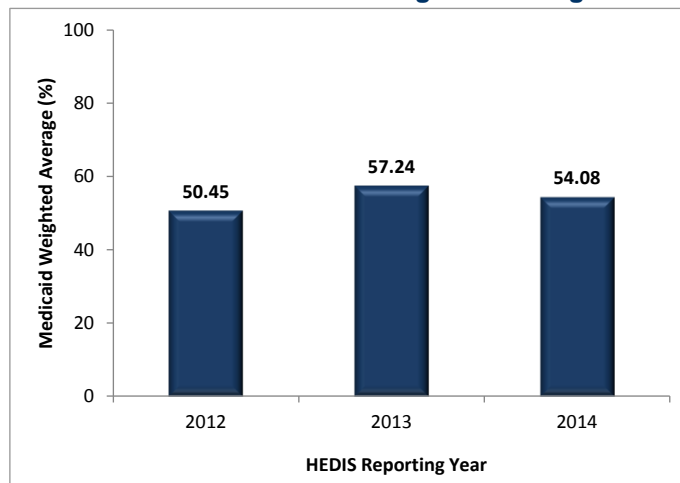


One plan ranked above the national 50th percentile. The FFS rate and the Medicaid weighted average ranked below the low performance level. Plan performance varied by about 13 percentage points. None of the plans met the federal EPSDT participation goal of 80 percent. Although this is a hybrid measure, all plans (including FFS) had relatively complete administrative data (at least 80 percent) to calculate their rates.

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

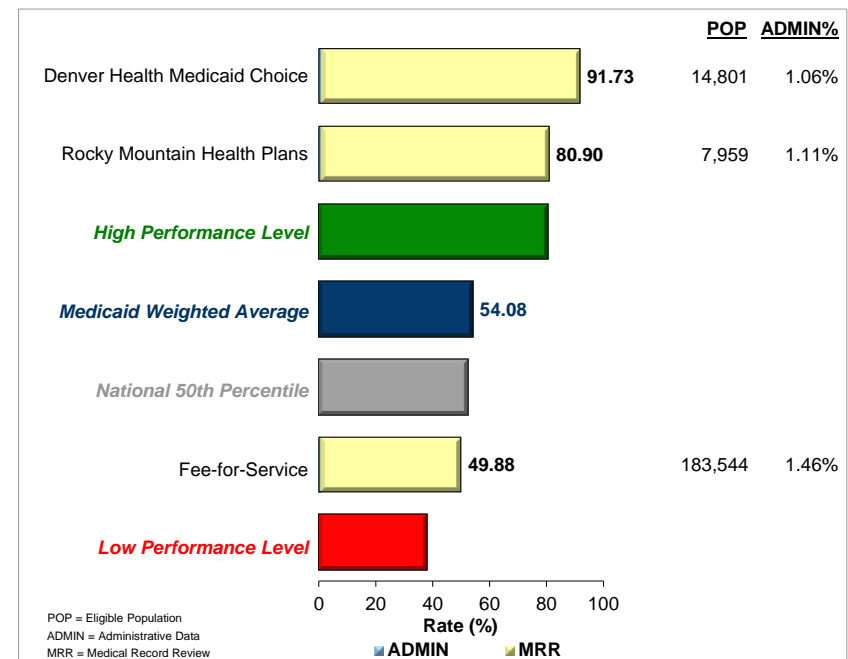
The *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents* measure calculates the percentage of enrolled members between 3 and 17 years of age who were continuously enrolled, had an outpatient visit with a PCP or OB/GYN, and had evidence of BMI percentile documentation,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

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



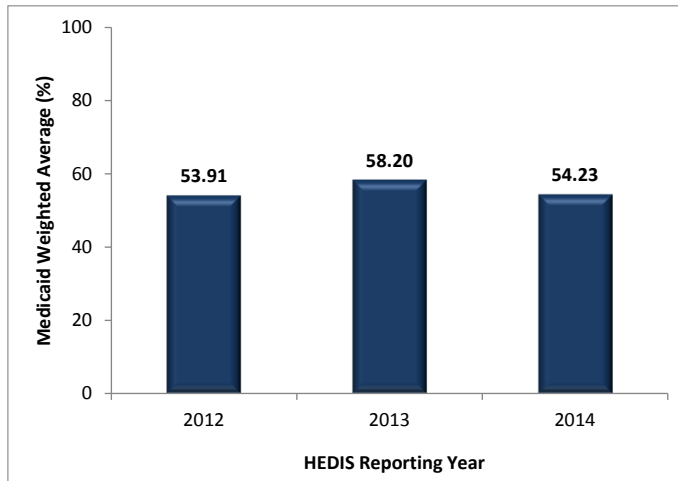
The 2014 Colorado Medicaid weighted average declined by 3.16 percentage points. However, the decline was not statistically significant.

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



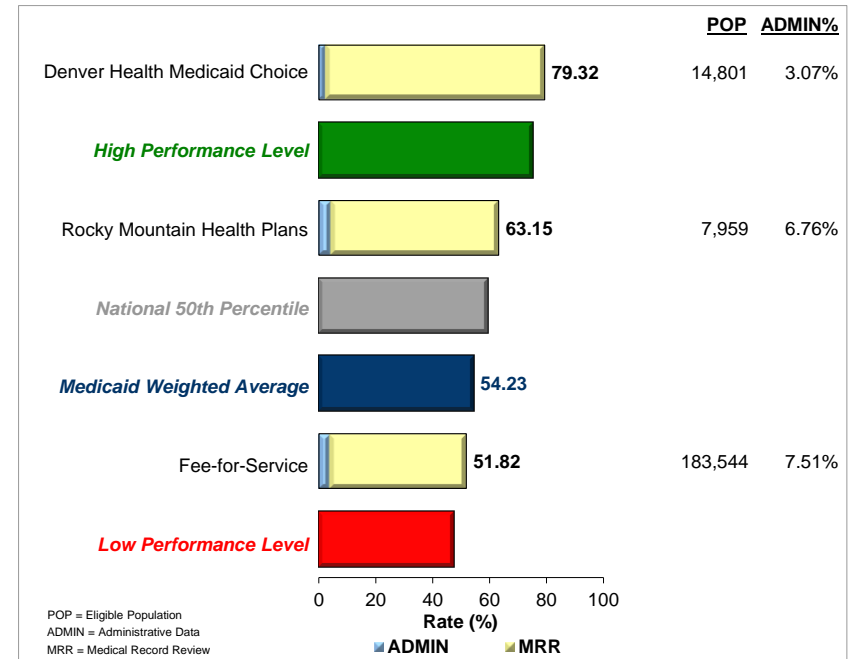
Two plans exceeded the high performance level. The Medicaid weighted average ranked above the national 50th percentile. Plan performance varied by slightly over 40 percentage points. All plans relied on medical records almost exclusively, suggesting incomplete claims/encounter data for calculating the rates.

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



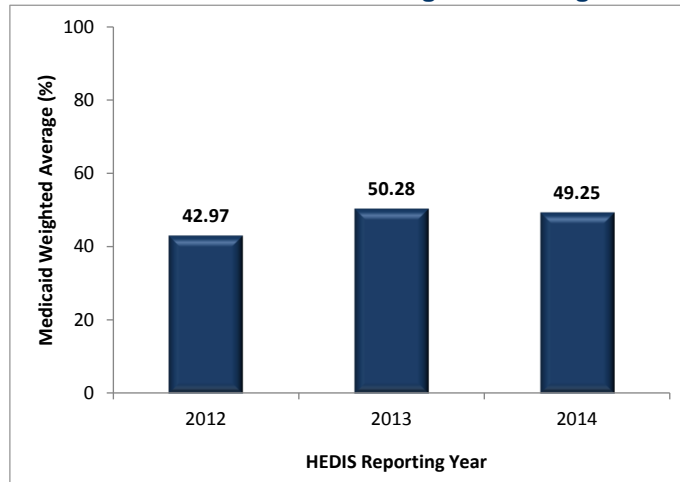
The 2014 Colorado Medicaid weighted average declined by about 3.97 percentage points. However, the decline was not statistically significant.

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



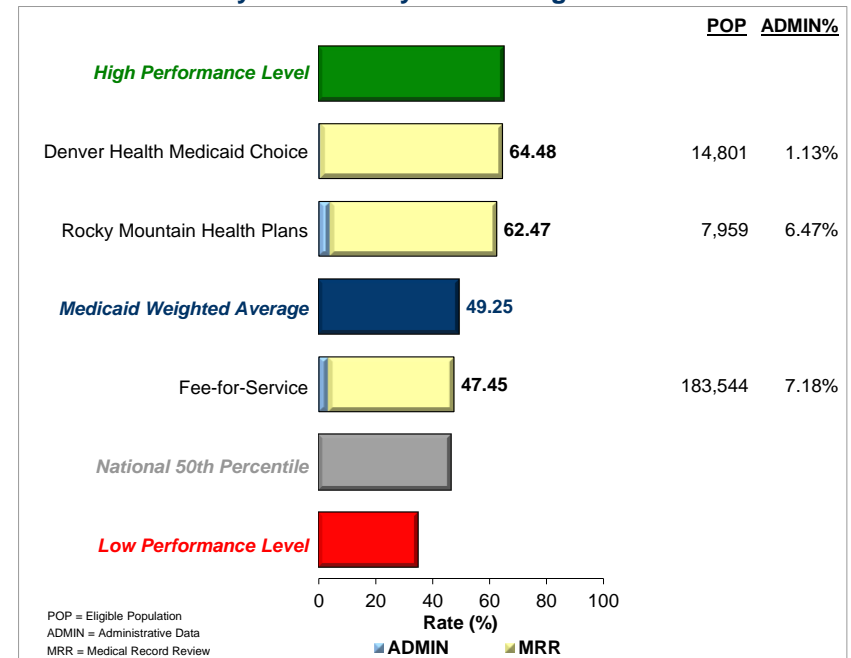
One plan ranked above the high performance level and another plan ranked above the national 50th percentile. The FFS rate and the Medicaid weighted average were above the low performance level. Plan performance varied by more than 25 percentage points. For all plans, at least 90 percent of the rates were based on medical records. This finding suggests that all plans (including FFS) did not have complete claims/encounter data to calculate this indicator.

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



The 2014 Colorado Medicaid weighted average declined by about 1.03 percentage points. However, the decline was not statistically significant.

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

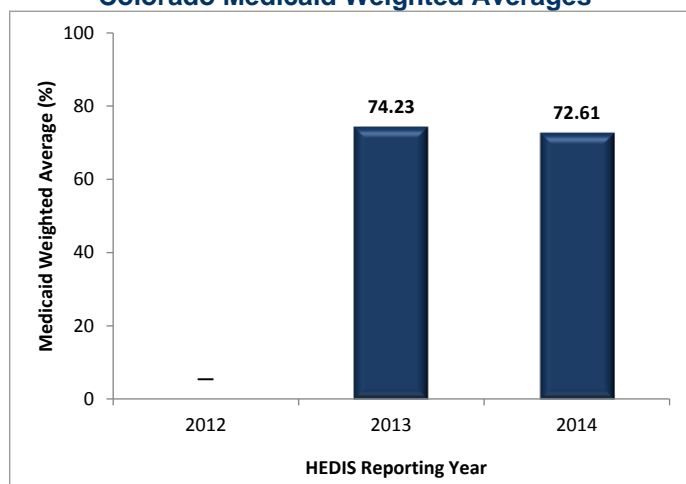


All plans and the Medicaid weighted average were above the national 50th percentile. Plan performance varied by about 17 percentage points. For all plans, at least 90 percent of the rates were based on medical records. This finding suggests that all plans (including FFS) did not have complete claims/encounter data to calculate this indicator.

Appropriate Testing for Children with Pharyngitis

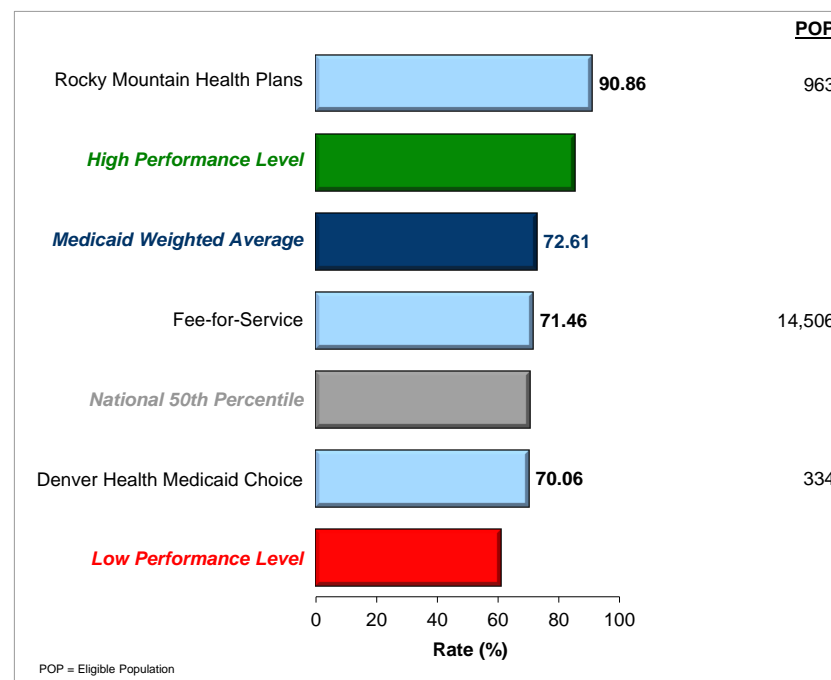
The *Appropriate Testing for Children with Pharyngitis* measure is used to calculate the percentage of children 2–18 years of age who were diagnosed with pharyngitis, dispensed an antibiotic, and received a Group A streptococcus (strep) test for the episode. A higher rate represents better performance (i.e., appropriate testing). This measure was required for state reporting starting HEDIS 2013; a trending chart shows rates for 2013 and 2014.

**Figure 3-34—Appropriate Testing for Children with Pharyngitis
Colorado Medicaid Weighted Averages**



The 2014 Colorado Medicaid weighted average showed a slight but statistically significant rate decrease of 1.62 percentage points.

Figure 3-35—Appropriate Testing for Children with Pharyngitis

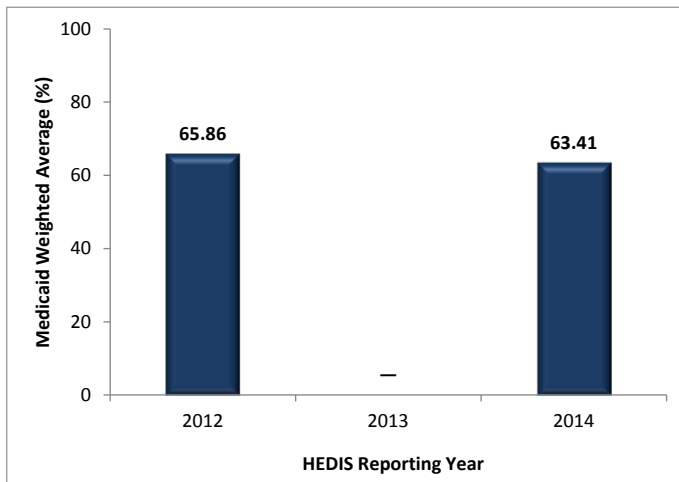


One plan ranked above the high performance level. The FFS rate and the Medicaid weighted average were above the national 50th percentile. The remaining plan ranked above the low performance level. Plan performance varied by close to 21 percentage points.

Annual Dental Visit

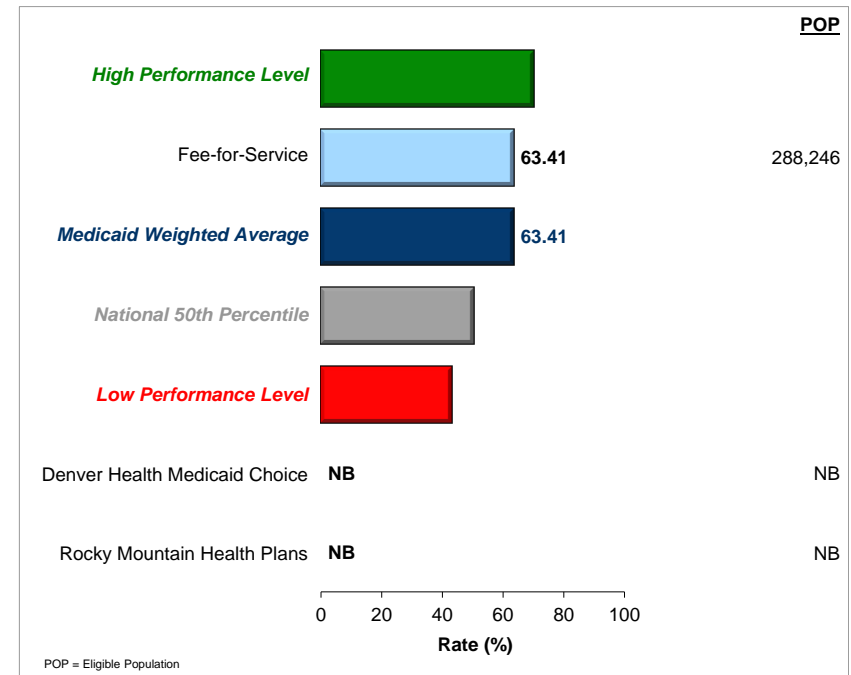
The *Annual Dental Visit* measure is used to calculate the percentage of children 2–21 years of age who had at least one dental visit during the measurement year for health plans with dental care as a covered benefit. This is a measure required for HEDIS 2012 and 2014 reporting for Fee-for-Service only.

Figure 3-36—Annual Dental Visits—Total Colorado Medicaid Weighted Averages



Compared to HEDIS 2012, the 2014 Colorado Medicaid weighted average showed very minor change (2.45 percentage points).

Figure 3-37—Annual Dental Visits—Total



The FFS and the Medicaid weighted average rates ranked above the national 50th percentile.

Summary of Findings

Table 3-2 presents health plans’ performance ratings for each measure in the Pediatric Care domain. Performance ratings are assigned by comparing the plans’ HEDIS 2014 rates to the HEDIS 2013 Medicaid benchmarks across five categories (from ★ representing *Poor Performance* to ★★★★★ representing *Excellent Performance*). Details about the performance ratings are found in Appendix C. Table 3-2 shows that across all plans, performance was comparable to the national averages in immunizations and weight assessment and counseling. Plan performance was most diverse in all well-child-related measures, including *Adolescent Well-Care Visits*. More plan rates in the three well-child visit measures ranked below the national 25th percentiles than in any other Pediatric Care measures.

Table 3-2—Pediatric Care Measure-Specific Performance Ratings			
Measure	FFS	DHMC	RMHP
<i>Childhood Immunization Status</i>			
<i>Combination 2</i>	★★	★★★★	★★★★
<i>Combination 3</i>	★★	★★★★	★★★★
<i>Combination 4</i>	★★★★	★★★★★	★★★★
<i>Combination 5</i>	★★★★	★★★★★	★★★★
<i>Combination 6</i>	★★★★	★★★★★	★★★★★
<i>Combination 7</i>	★★★★	★★★★★	★★★★
<i>Combination 8</i>	★★★★	★★★★★	★★★★★
<i>Combination 9</i>	★★★★	★★★★★	★★★★★
<i>Combination 10</i>	★★★★	★★★★★	★★★★★
<i>Immunizations for Adolescents—Combination 1</i>	★★★★	★★★★★	★★★★
<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>	★★★★	★★★★	★★★★★
<i>Annual Dental Visits—Total</i>	★★★★★	NB	NB

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	1	13	3	2	0
DHMC	6	5	5	2	0	1
RMHP	3	6	8	1	0	1

DHMC was the top-performing health plan in the Pediatric Care domain, with six rates receiving a five-star rating (for rates at or above the national HEDIS 2013 Medicaid 90th percentile). Conversely, the Department had several opportunities for improvement for its FFS program, with five rates ranking below the 25th percentile (★★ or fewer). A wide variation in performance rating existed among the plans in the Pediatric Care domain.

Access to Care

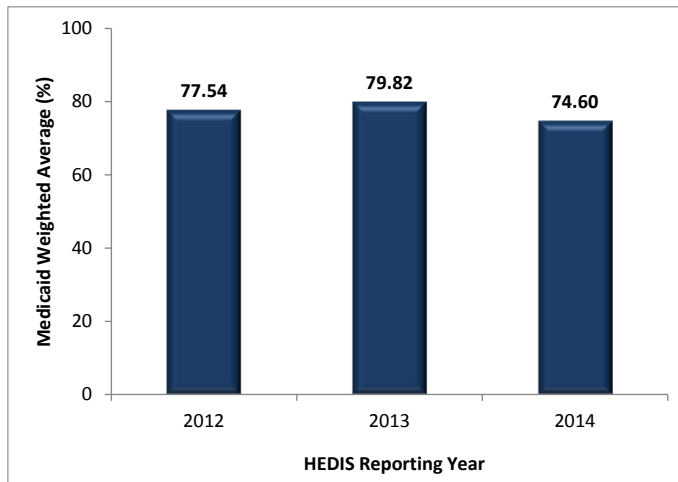
The following pages provide detailed analysis of the Colorado health plans' performance. Results for age-cohort indicators under *Adults' Access to Preventive/Ambulatory Health Services* are displayed in Appendices A (Tabular Results) and B (Trend Tables). The Access to Care domain encompasses the following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

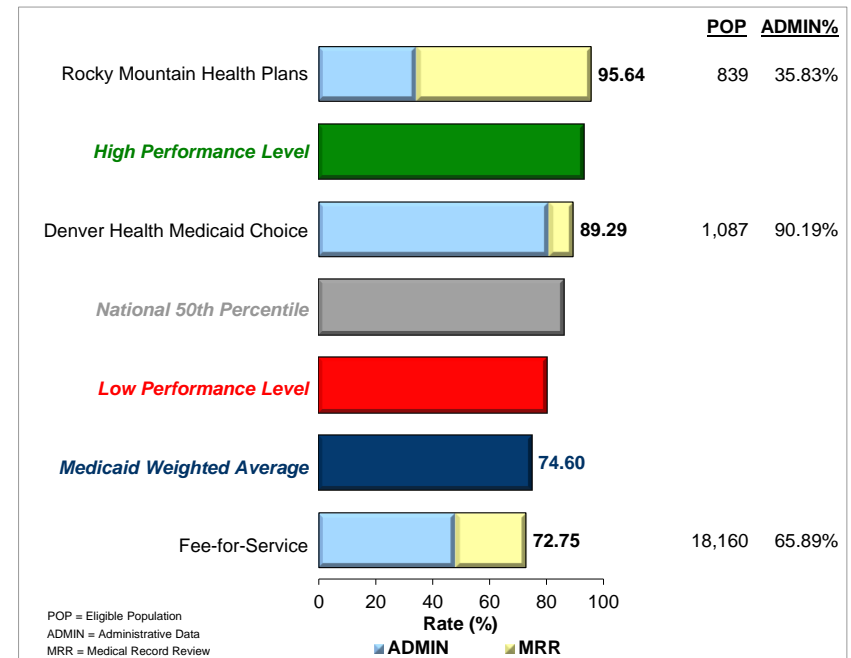
The *Timeliness of Prenatal Care* measure calculates the percentage of deliveries of live births between November 6 of the year prior to the measurement year and November 5 of the measurement year, who were continuously enrolled at least 43 days prior to delivery through 56 days after delivery, and who 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 an increase between HEDIS 2012 and HEDIS 2013, but a decline in HEDIS 2014. The decline (5.22 percentage points) was not statistically significant.

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

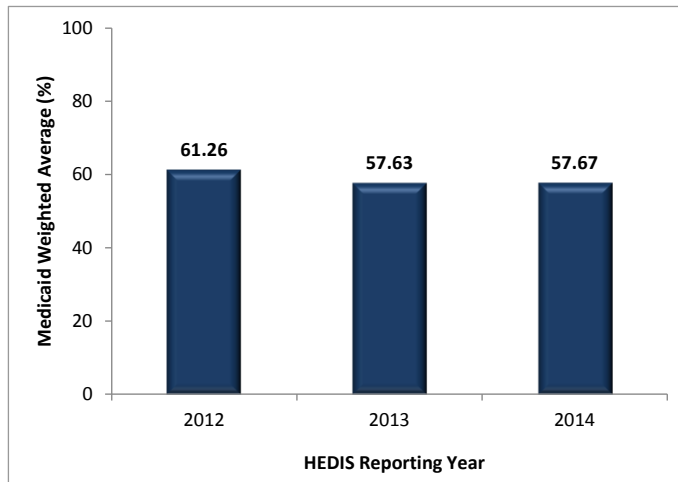


One plan ranked above the high performance level. The FFS rate and the Medicaid weighted average were below the low performance level. Plan performance varied by slightly more than 20 percentage points. There was a wide variation among the plans in the number of deliveries with timely prenatal care visits, as reflected in the administrative data (from 35.83 percent to 90.19 percent). This finding suggests that some plans have more complete administrative data to calculate this indicator than other plans.

Prenatal and Postpartum Care—Postpartum Care

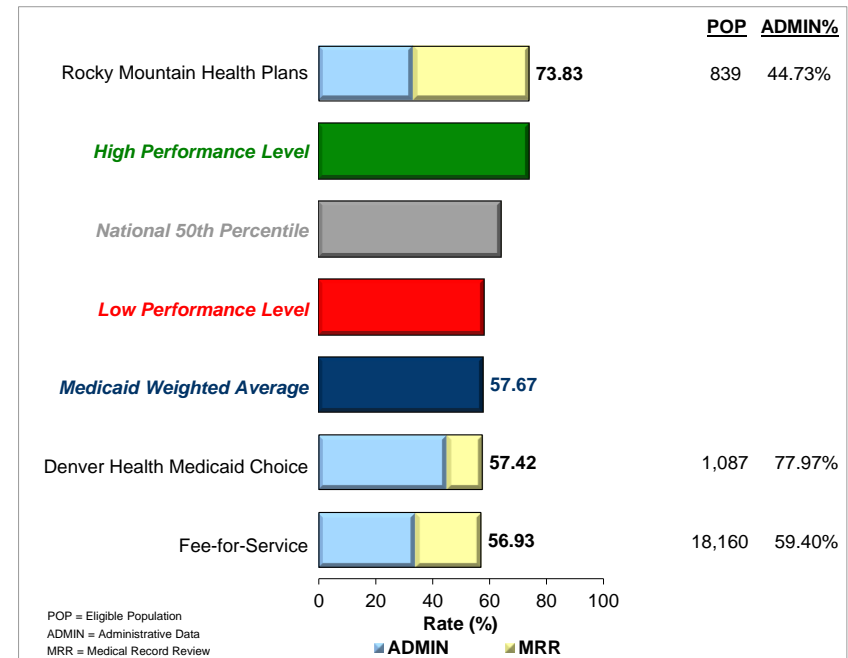
The *Postpartum Care* measure reports the percentage of deliveries of live births between November 6 of the year prior to the measurement year and November 5 of the measurement year, who were continuously enrolled at least 43 days prior to delivery through 56 days after delivery, and who received a postpartum 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 2014 Medicaid weighted average remained fairly stable when compared to the 2013 rate.

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

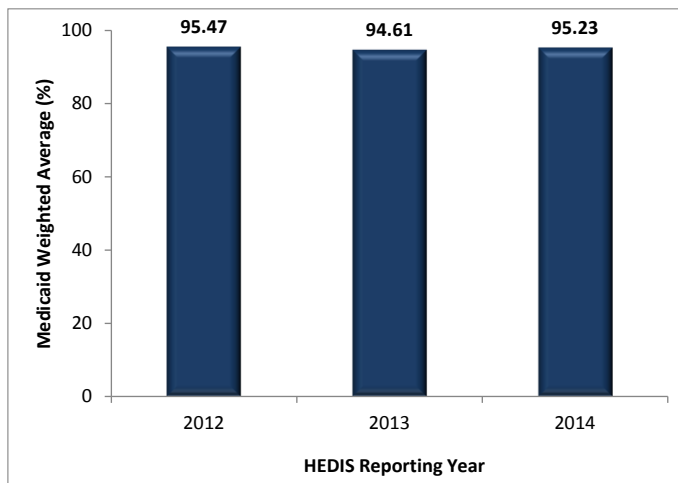


One plan ranked above the high performance level. All other rates, including the Medicaid weighted average, ranked below the low performance level. Plan performance varied by nearly 17 percentage points. There was a wide variation among the plans in the number of deliveries with timely postpartum visits, as reflected from claims data (from 44.73 percent to 77.97 percent). Over 75 percent of the rate for one plan was based on claims data, while the other plan relied more on medical records to calculate its rate. This finding suggests that the level of claims/encounter data completeness in each plan varied.

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.

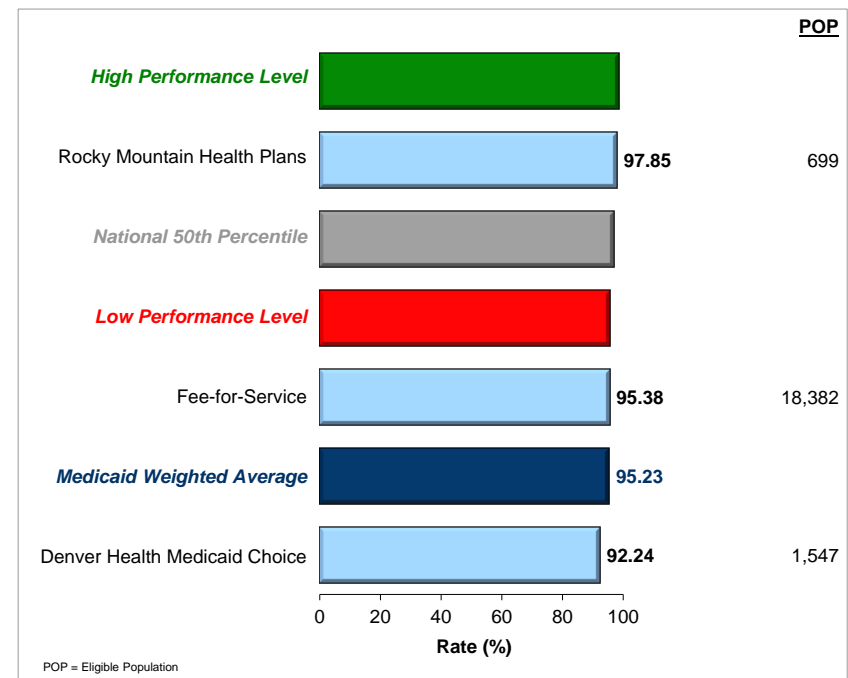
Figure 4-5—Children’s and Adolescents’ Access to Primary Care Practitioners: Ages 12 to 24 Months Colorado Medicaid Weighted Averages



Rate increase from 2013 to 2014 was statistically significant.

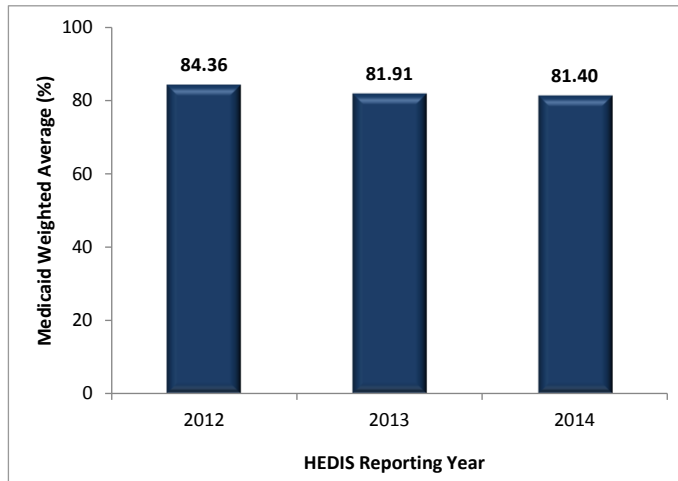
The 2014 Medicaid weighted average showed a slight but significant increase (0.62 percentage points) from 2013.

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



One plan ranked above the national 50th percentile. All other rates, including the Medicaid weighted average, ranked below the low performance level. Plan performance varied by 5.6 percentage points.

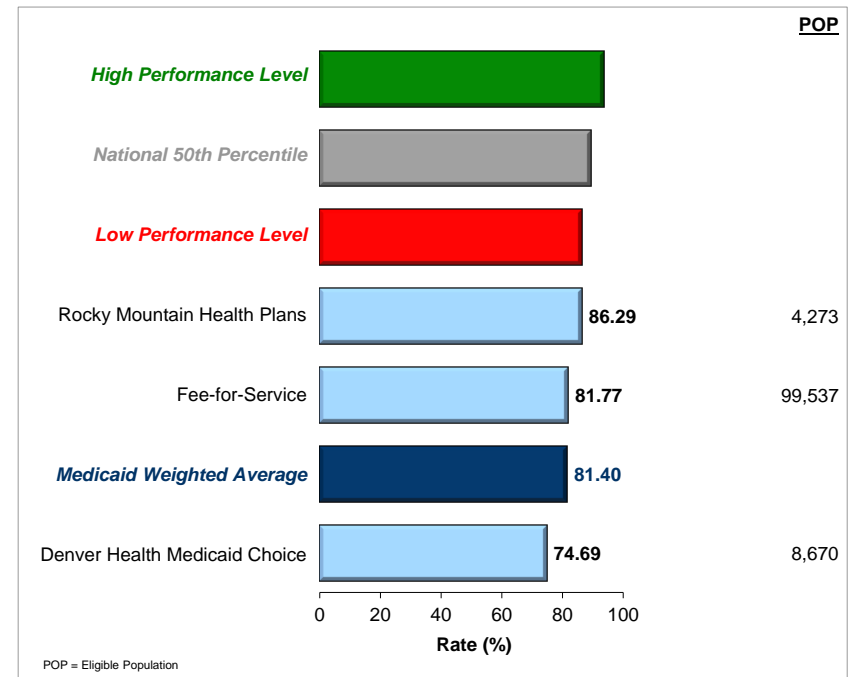
Figure 4-7—Children’s and Adolescents’ Access to Primary Care Practitioners: Ages 25 Months to 6 Years Colorado Medicaid Weighted Averages



Rate decrease from 2013 to 2014 was statistically significant.

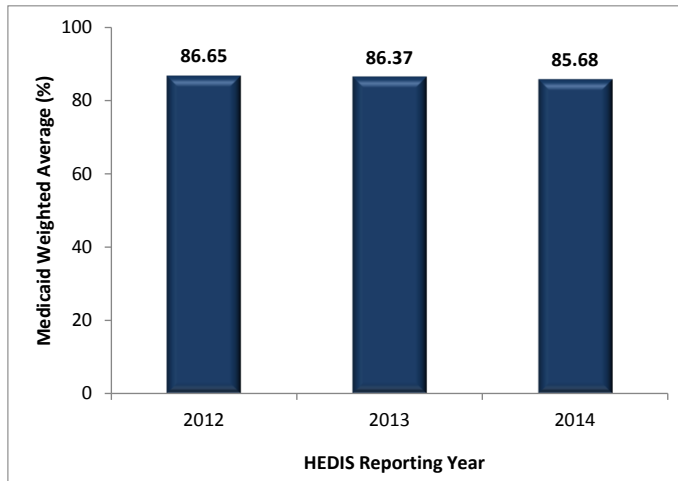
The 2014 Medicaid weighted average declined significantly from 2013, though the decline was less than 1 percentage point. The 2014 rate showed continual decline in access for this age group.

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



All plans and the Medicaid weighted average tanked below the low performance level. Plan performance varied by more than 10 percentage points.

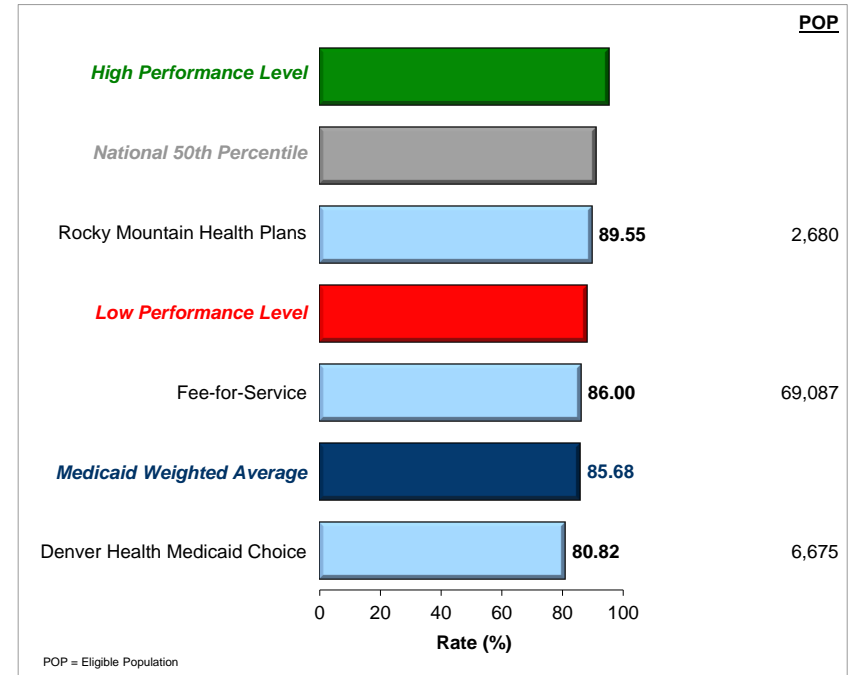
Figure 4-9—Children’s and Adolescents’ Access to Primary Care Practitioners: Ages 7 to 11 Years Colorado Medicaid Weighted Averages



Rate decrease from 2013 to 2014 was statistically significant.

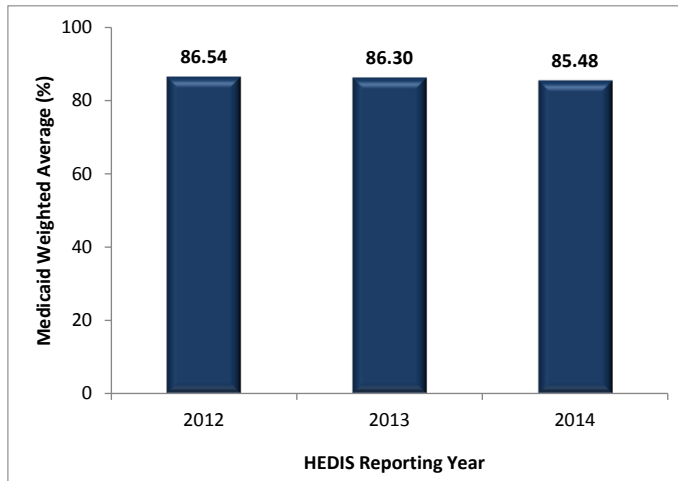
The 2014 Medicaid weighted average declined significantly from 2013, though the decline was less than 1 percentage point. The 2014 rate showed continual decline in access for this age group.

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



No plans performed above the national 50th percentile. One plan performed above the low performance level. Plan performance varied by 8.73 percentage points.

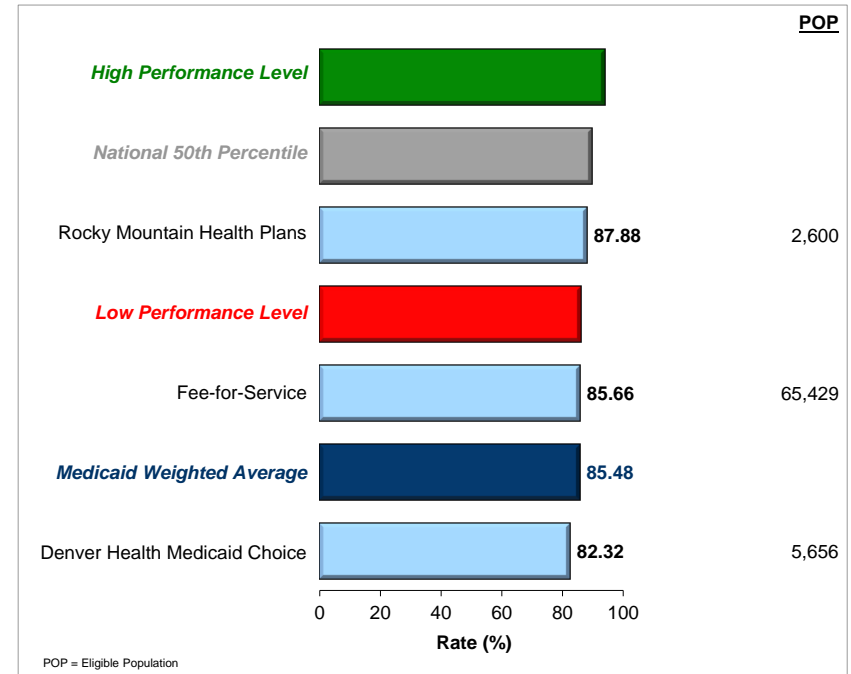
Figure 4-11—Children’s and Adolescents’ Access to Primary Care Practitioners: Ages 12 to 19 Years Colorado Medicaid Weighted Averages



Rate decrease from 2013 to 2014 was statistically significant.

The 2014 Medicaid weighted average declined significantly from 2013, though the decline was less than 1 percentage point. The 2014 rate showed continual decline in access for this age group.

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

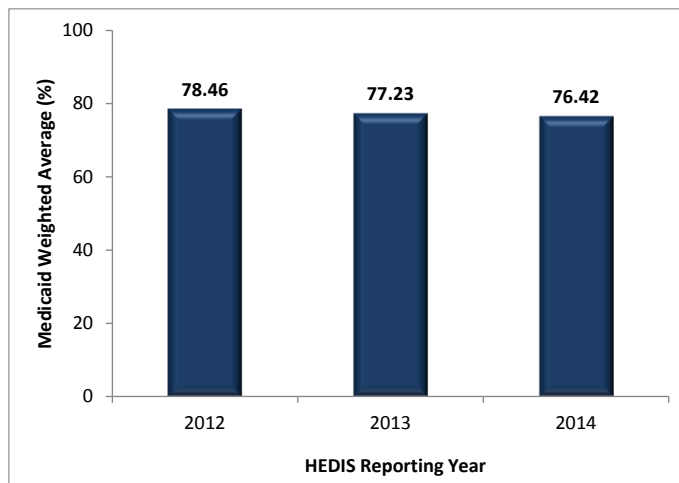


No plans performed above the national 50th percentile. One plan performed above the low performance level. Plan performance varied by 5.56 percentage points.

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.

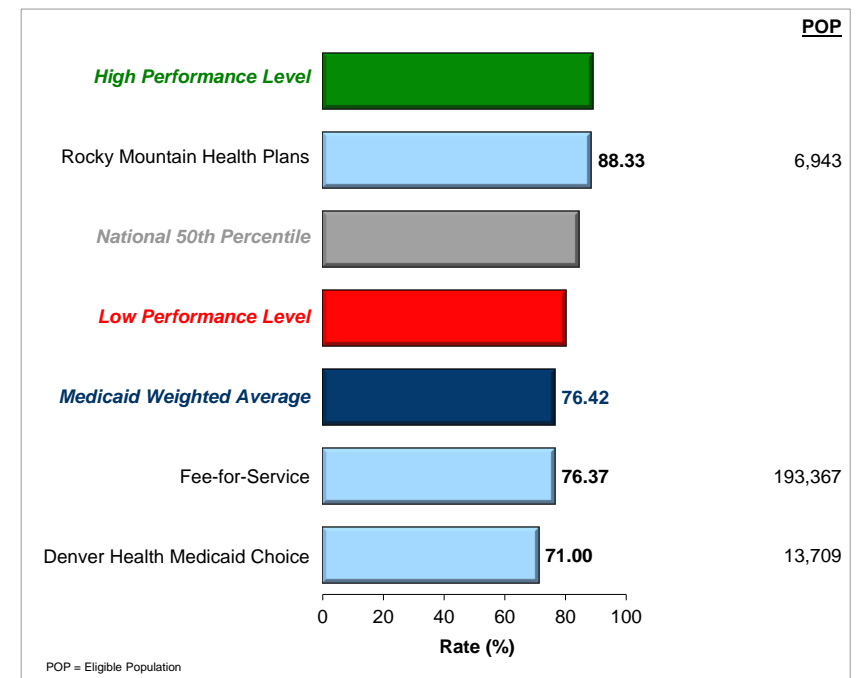
**Figure 4-13—Adults' Access to Preventive/Ambulatory Health Services—Total
Colorado Medicaid Weighted Averages**



Rate decrease from 2013 to 2014 was statistically significant.

The 2014 Medicaid weighted average declined significantly from 2013, though the decline was less than 1 percentage point. The 2014 rate showed continual decline in access for this age group.

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



No plans performed above the national 50th percentile. One plan performed above the low performance level. Plan performance varied by 17.33 percentage points.

Summary of Findings

Table 4-1 presents health plans’ performance ratings for each of the measures in the Access to Care domain. Wide variation in plan performance was noted for all rates except *Children’s and Adolescents’ Access to Primary Care Practitioners—Ages 25 Months to 6 Years* for which no plans ranked above the national 25th percentile.

Table 4-1—Access to Care Measure-Specific Performance Ratings			
Measure	FFS	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	0	6	1	0
DHMC	0	0	1	2	4	0
RMHP	2	2	2	1	0	0

RMHP was the top-performing health plan in the Access to Care domain with four of the seven measures receiving at least a four-star rating (rates at or above the national HEDIS 2013 Medicaid 75th percentile). Although all FFS rates ranked below the national 25th percentile, DHMC had the largest number of rates ranking below the 10th percentile.

Preventive Screening

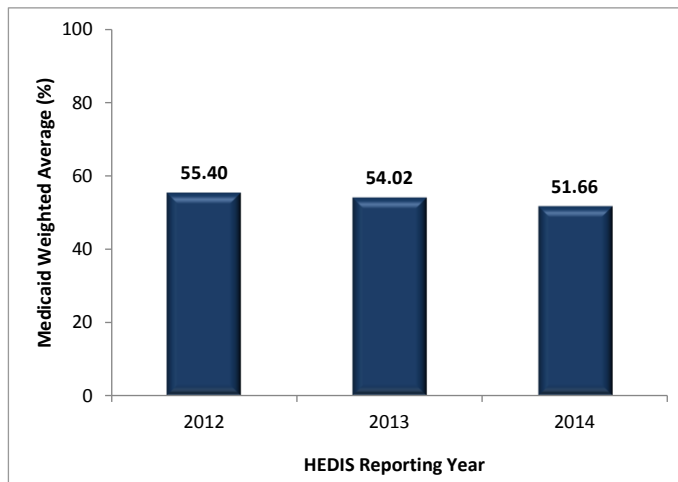
The following section provides a detailed analysis of the Colorado Medicaid health plans' performance for the Preventive Screening domain. Results for age-cohort indicators under *Chlamydia Screening in Women* are displayed in Appendices A (Tabular Results) and B (Trend Tables). The Preventive Screening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

- ◆ *Chlamydia Screening in Women—Total*
- ◆ *Breast Cancer Screening*
- ◆ *Cervical Cancer Screening*
- ◆ *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.

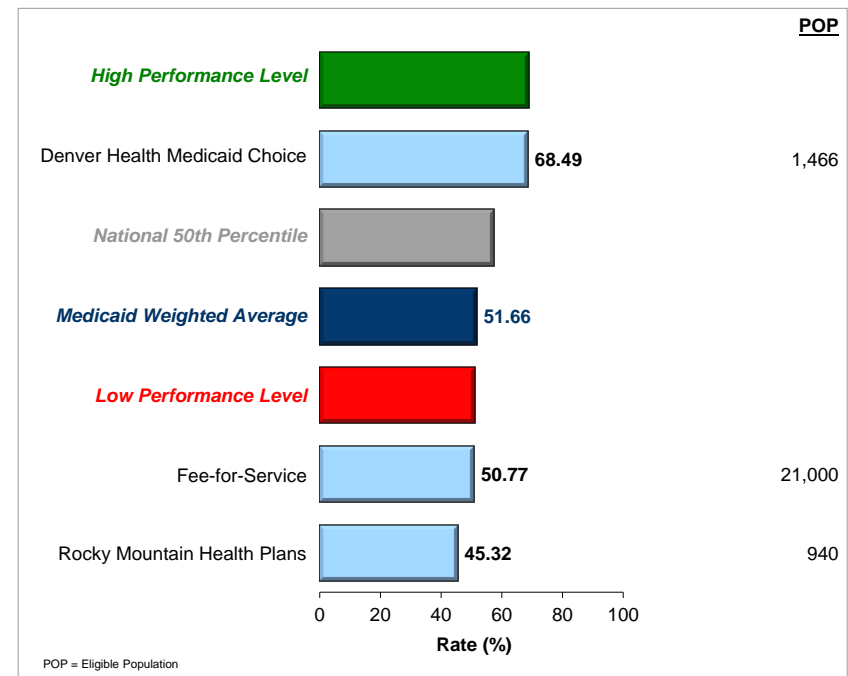
**Figure 5-1—Chlamydia Screening in Women—Total
Colorado Medicaid Weighted Averages**



Rate decrease from 2013 to 2014 was statistically significant.

The 2014 Medicaid weighted average declined significantly by 2.36 percentage points from 2013. The 2014 rate demonstrated a trend of continual decline in performance.

Figure 5-2—Chlamydia Screening in Women—Total

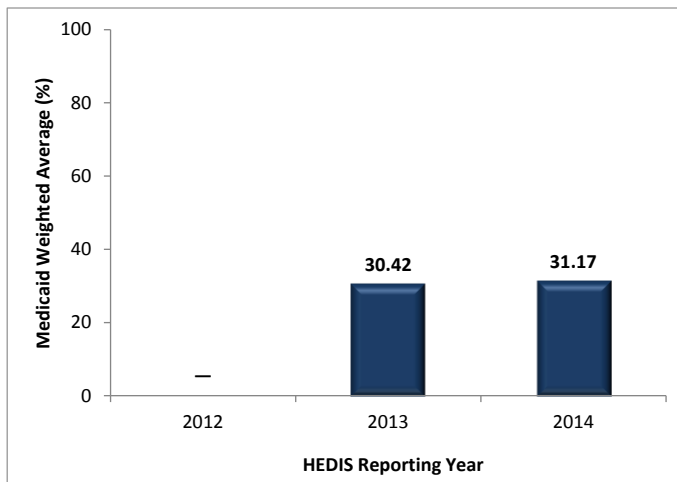


One plan ranked above the national 50th percentile. The remaining plans performed below the low performance level. Nonetheless, the Medicaid weighted average was above the low performance level. Plan performance varied by 23.17 percentage points.

Breast Cancer Screening

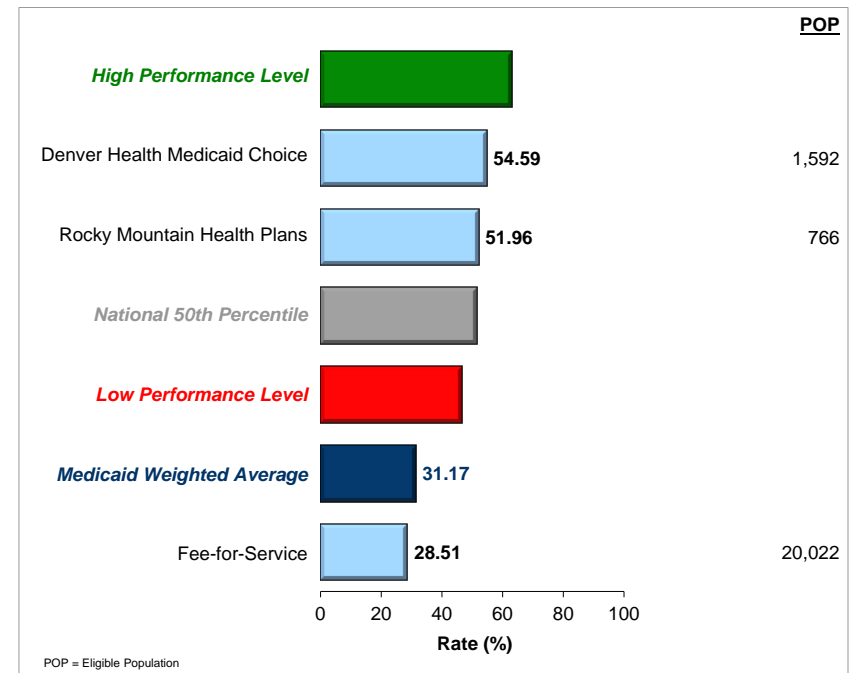
The *Breast Cancer Screening* measure is used to calculate the percentage of women 40–69 years of age who had a mammogram to screen for breast cancer. This measure was required for reporting since HEDIS 2013; a trending chart showed comparison between 2013 and 2014.

Figure 5-3—Breast Cancer Screening—Total Colorado Medicaid Weighted Averages



The 2014 Medicaid weighted average showed a slight but insignificant increase from 2013 to 2014. The increase was less than 1 percentage point.

Figure 5-4—Breast Cancer Screening—Total

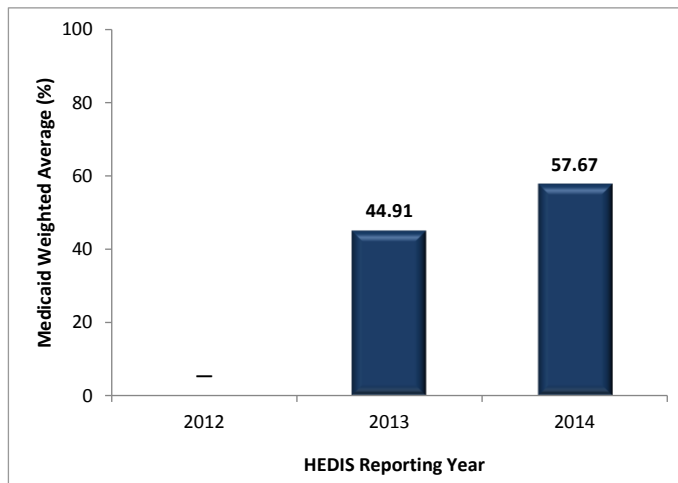


Two plans ranked above the national 50th percentile. The FFS rate and the Medicaid weighted average were below the low performance level. Plan performance varied by slightly over 26 percentage points.

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. Although Figure 5-5 displays 2013 and 2014 statewide rates, it should be noted that due to a change in the Department’s reporting requirement from administrative to hybrid and significant measure specification changes, rate changes between these two years do not accurately reflect any performance improvement or decline. HSAG suggests that the HEDIS 2014 rates be treated as baseline rates for future trending. Performance ranking based on HEDIS 2013 percentiles should also be used for information only.

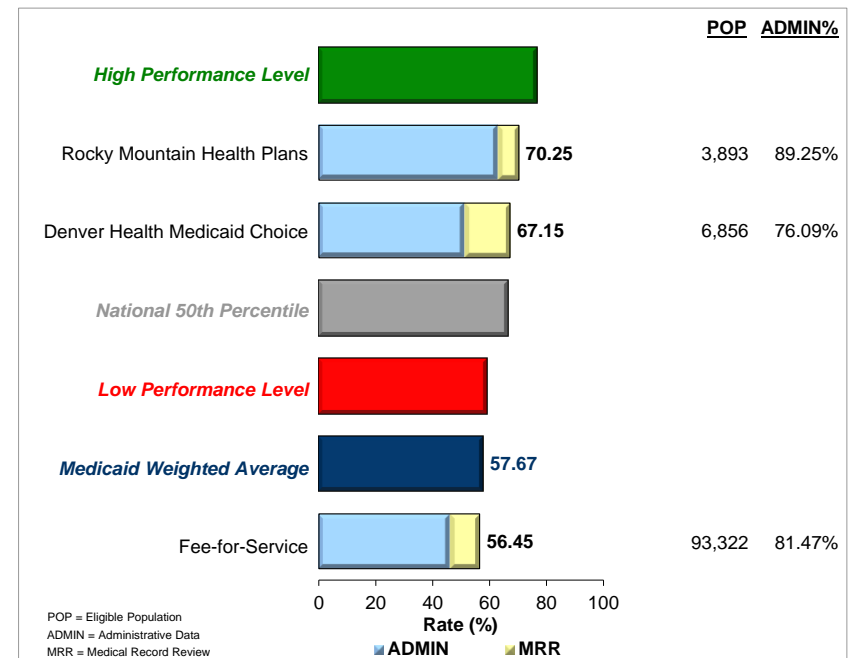
Figure 5-5—Cervical Cancer Screening—Total Colorado Medicaid Weighted Averages



Rate increase from 2013 to 2014 was statistically significant.

The 2014 Medicaid weighted average showed a significant increase from 2013 (12.76 percentage points). The rate increase may be related to both a change in the Department’s reporting requirement from administrative to hybrid and a significant change in the measure specification. This increase may not reflect true performance improvement.

Figure 5-6—Cervical Cancer Screening—Total

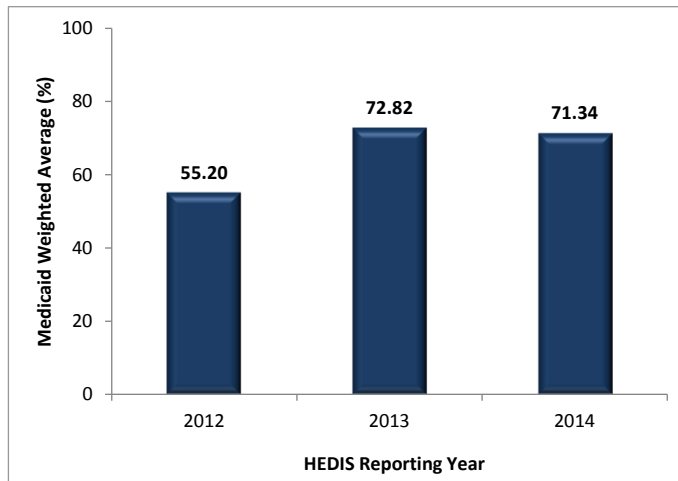


Two plans ranked above the national 50th percentile. The FFS rate and the Medicaid weighted average were below the low performance level. Plan performance varied by 13.8 percentage points. At least 75 percent of the rate for each plan was based on administrative data, which suggests that all plans have moderately complete administrative data in calculating this measure.

Adult BMI Assessment

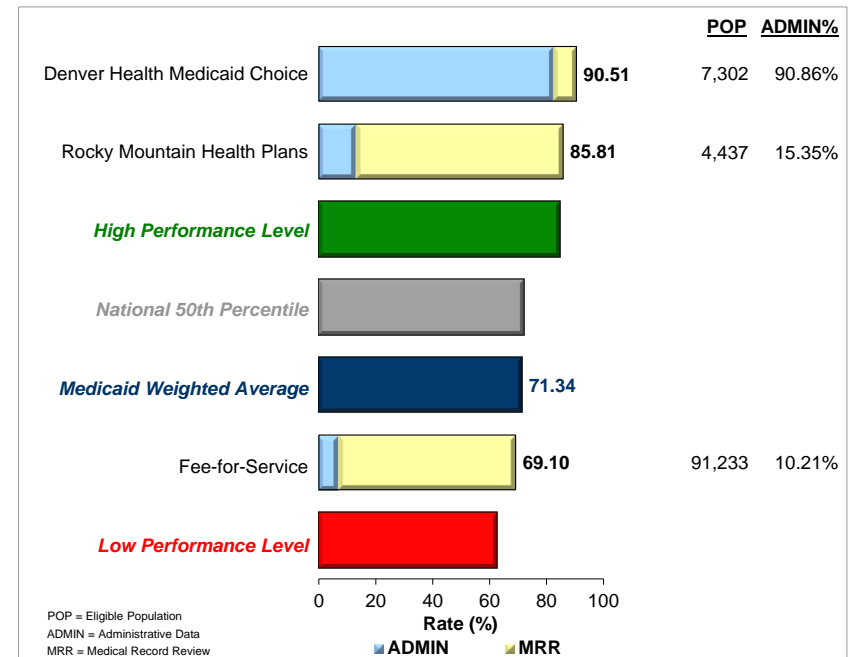
The *Adult BMI Assessment* measure assesses the percentage of members 18 to 74 years of age who had an outpatient visit and whose body mass index (BMI) was documented during the measurement year or the year prior to the measurement year.

**Figure 5-7—Adult BMI Assessment
Colorado Medicaid Weighted Averages**



The 2014 Medicaid weighted average showed a slight but statistically nonsignificant decline from 2013 (1.48 percentage points).

Figure 5-8—Adult BMI Assessment



Two plans ranked above the high performance level. The FFS rate and the Medicaid weighted average were above the low performance level but below the national 50th percentile. Plan performance varied by 21.41 percentage points. The ADMIN% column also shows a wide variation of plans' claims/encounter data completeness in calculating this measure. While one plan relied very heavily on claims to report this rate, another plan and FFS relied heavily on medical records.

Summary of Findings

Table 5-1 presents the health plans’ performance rating for each of the measures in the Preventive Screening domain. Across all measures in this domain, plan performance was the strongest in *Adult BMI Assessment*.

Table 5-1—Preventive Screening Performance Summary by Measure			
Measure	FFS	DHMC	RMHP
<i>Chlamydia Screening in Women—Total</i>	★★	★★★★	★
<i>Breast Cancer Screening</i>	★	★★★★	★★★★
<i>Cervical 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	0	1	2	1	0
DHMC	1	1	2	0	0	0
RMHP	1	0	2	0	1	0

DHMC was the top-performing plan in this domain with two measures receiving at least a 4-star rating and no measure below the 25th percentile (a 2-star rating). Both RMHP and FFS had one rate receiving a 1-star rating. Opportunities for improvement existed for the Department on all FFS measures.

Mental/Behavioral Health

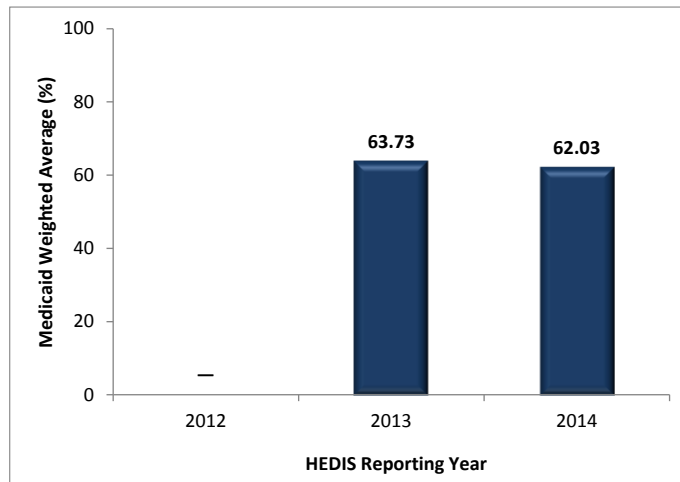
The following section provides a detailed analysis of the Colorado Medicaid health plans' performance for the Mental/Behavioral Health domain. The Mental/Behavioral Health domain encompasses the following measures/indicators:

- ◆ *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)*
- ◆ *Adherence to Antipsychotic Medications for Individuals With Schizophrenia*
- ◆ *Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medication*
- ◆ *Diabetes Monitoring for People With Diabetes and Schizophrenia*
- ◆ *Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia*

Anti-depressant Medication Management

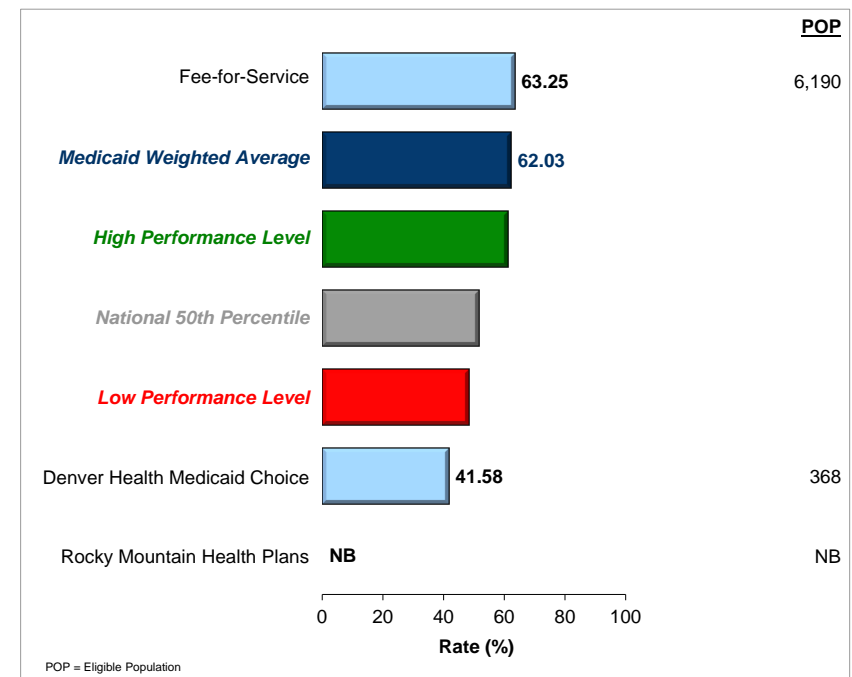
The *Anti-depressant Medication Management* measure is used to calculate the percentage of members 18 years of age and older with a diagnosis of major depression and were newly treated with antidepressant medication and who remained on an antidepressant medication treatment. This measure is required for reporting since HEDIS 2013; a trending chart shows comparison between 2013 and 2014. Two rates are reported—*Effective Acute Phase Treatment* and *Effective Continuation Phase Treatment*.

**Figure 6-1—Antidepressant Medication Management
—Effective Acute Phase Treatment
Colorado Medicaid Weighted Averages**



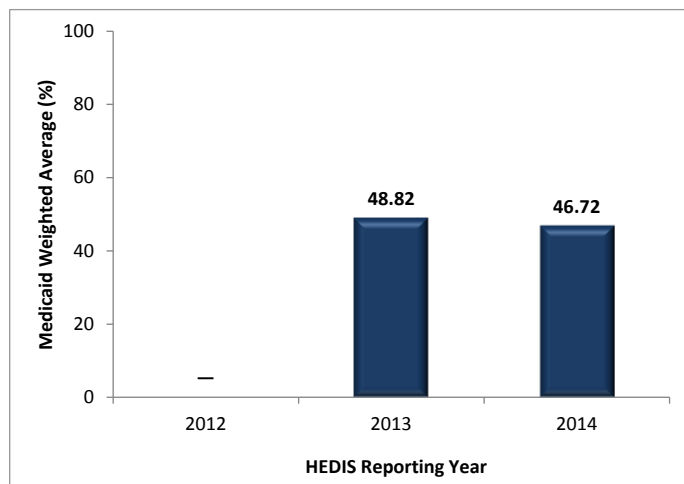
The 2014 Medicaid weighted average for the *Effective Acute Phase Treatment* indicator shows a slight but statistically non-significant decline from last year (1.7 percentage points).

**Figure 6-2—Antidepressant Medication Management
—Effective Acute Phase Treatment**



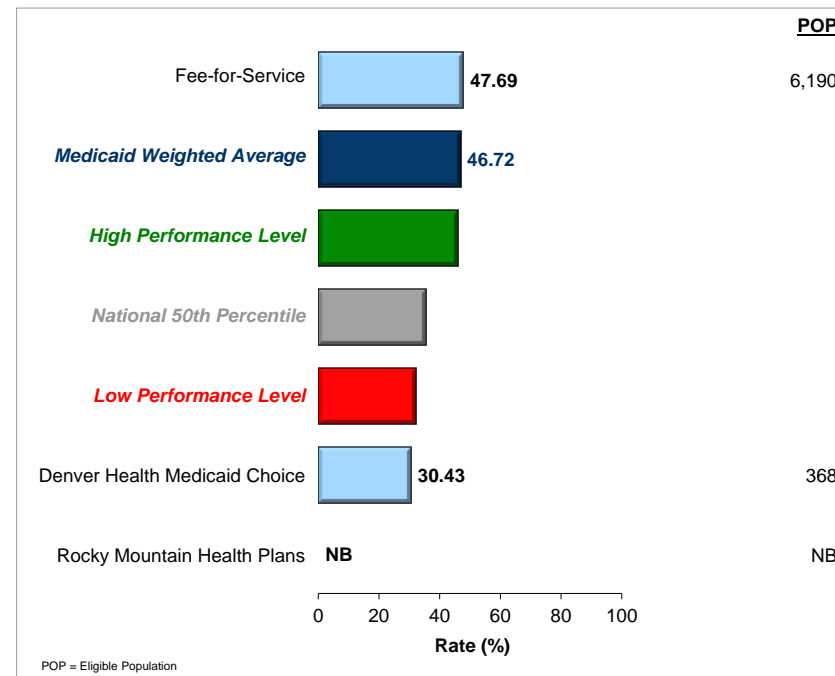
The FFS rate and the Medicaid Weighted Average ranked above the high performance level. One plan with mental health benefit performed below the low performance level. Plan performance varied by slightly more than 20 percentage points.

**Figure 6-3—Anti-depressant Medication Management
—Effective Continuation Phase Treatment
Colorado Medicaid Weighted Averages**



The 2014 Medicaid weighted average for the *Effective Continuation Phase Treatment* indicator shows a slight but statistically non-significant decline from last year (2.1 percentage points).

**Figure 6-4—Anti-depressant Medication Management
—Effective Continuation Phase Treatment**

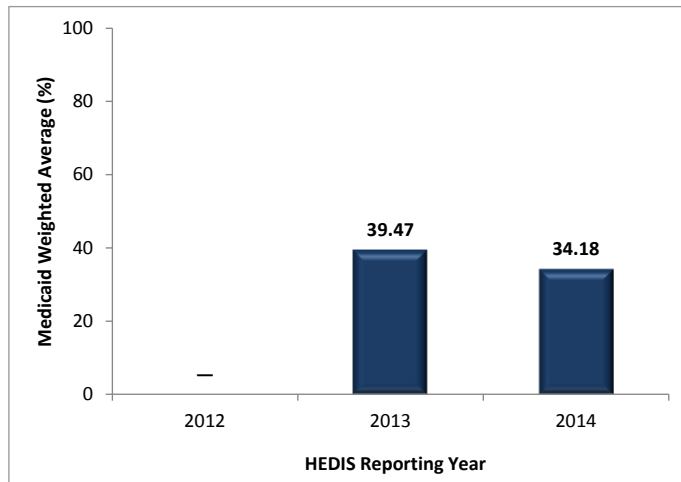


The FFS rate and the Medicaid weighted average ranked above the high performance level. One plan with mental health benefit performed below the low performance level. Plan performance varied by about 17 percentage points.

Follow-up Care for Children Prescribed ADHD Medication

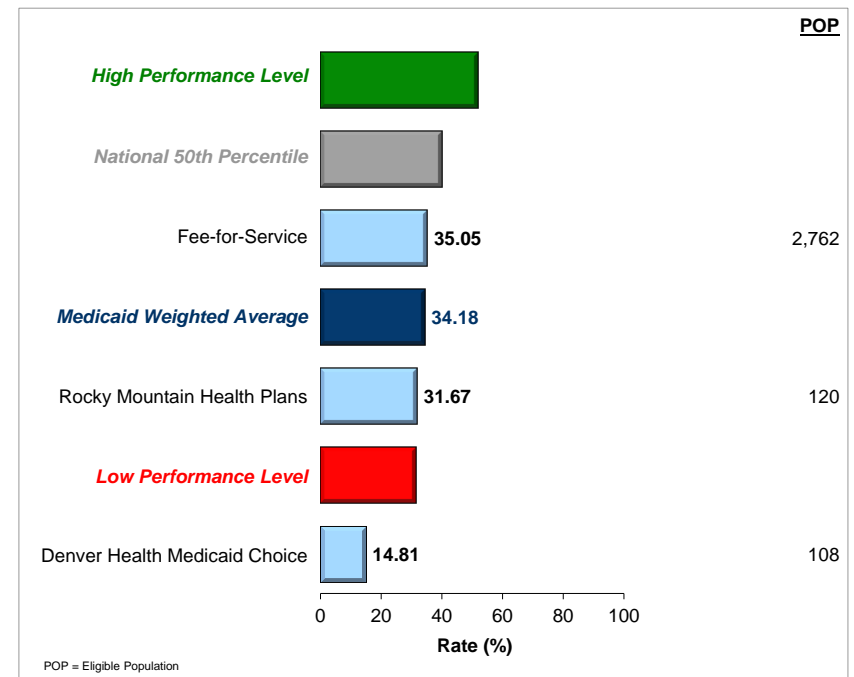
The *Follow-up Care for Children Prescribed ADHD Medication* measure is used to calculate the percentage of children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when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

**Figure 6-5—Follow-up Care for Children Prescribed ADHD Medication—Initiation
Colorado Medicaid Weighted Averages**



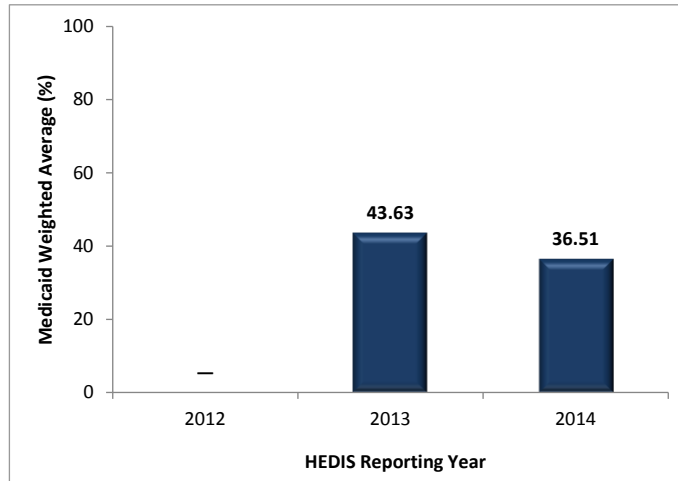
The 2014 Medicaid weighted average for the *Initiation Phase* indicator shows a significant decline from last year (5.29 percentage points).

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



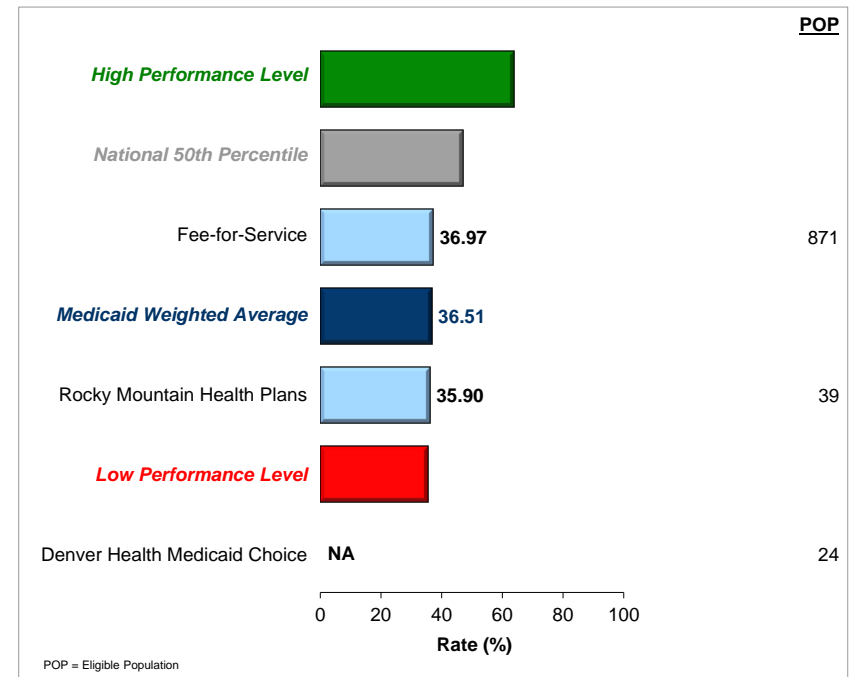
All rates but one ranked above the low performance level but below the national 50th percentile. Plan performance varied by slightly more than 20 percentage points.

**Figure 6-7—Follow-up Care for Children Prescribed ADHD Medication
—Continuation
Colorado Medicaid Weighted Averages**



The 2014 Medicaid weighted average for the *Continuation and Maintenance (C&M) Phase* indicator shows a significant decline from last year (7.12 percentage points).

Figure 6-8—Follow-up Care for Children Prescribed ADHD Medication—Continuation



All rates but one ranked above the low performance level but below the national 50th percentile. Plan performance varied very slightly (1.07 percentage points). A valid rate for one plan was not calculated due to the denominator population being less than 30.

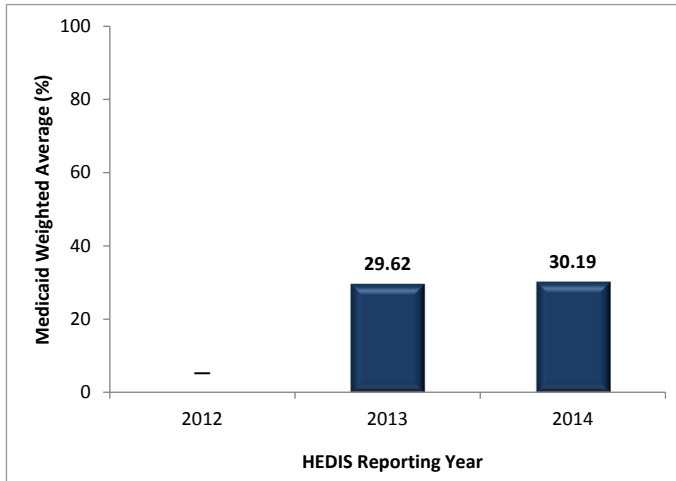
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment

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.

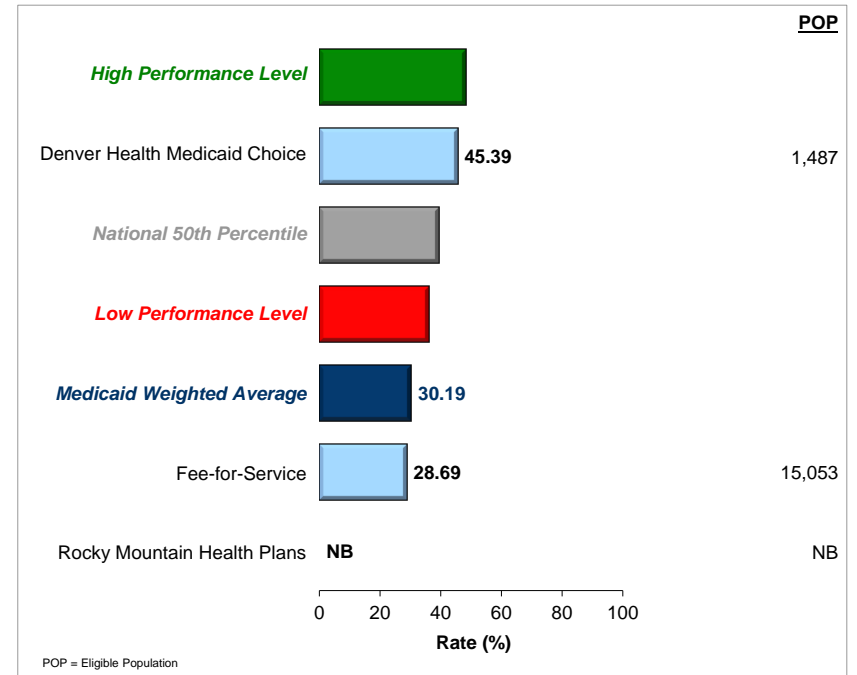
This measure is required for reporting since HEDIS 2013; a trending chart shows comparison between 2013 and 2014.

**Figure 6-9—Initiation and Engagement of Alcohol and Other Drug Dependence Treatment—Initiation
Colorado Medicaid Weighted Averages**



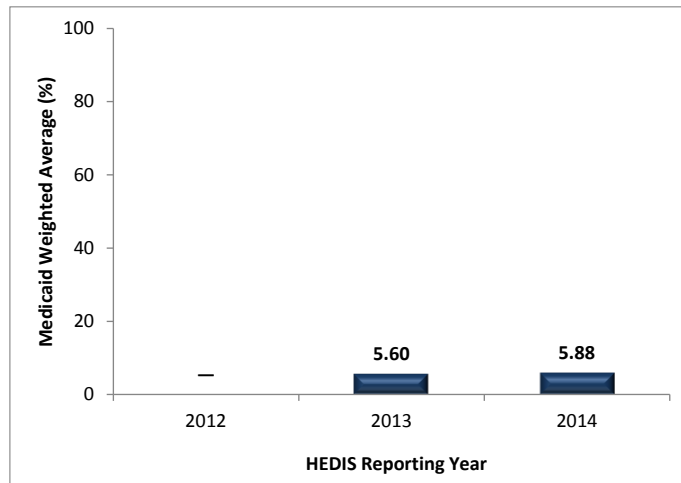
The 2014 Medicaid weighted average for the *Initiation* indicator shows a slight but statistically non-significant increase from last year (0.57 percentage points).

Figure 6-10—Initiation and Engagement of Alcohol and Other Drug Dependence Treatment—Initiation



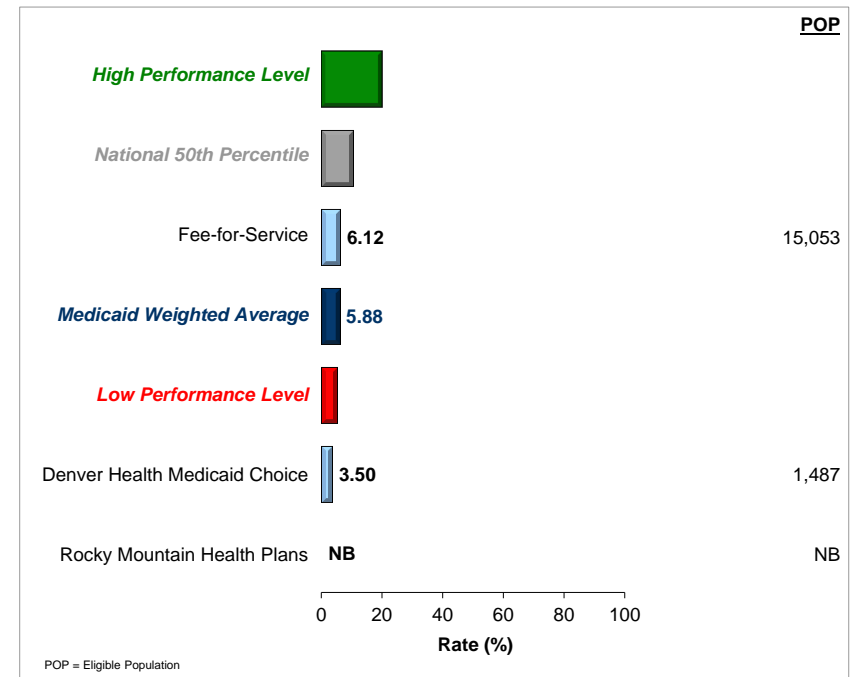
One plan ranked above the national 50th percentile. The FFS rate and the Medicaid weighted average were below the low performance level. Plan performance varied by 16.7 percentage points.

**Figure 6-11—Initiation and Engagement of Alcohol and Other Drug Dependence Treatment—Engagement
Colorado Medicaid Weighted Averages**



The 2014 Medicaid weighted average for the *Engagement* indicator shows a slight but statistically non-significant increase from last year (0.28 percentage points).

Figure 6-12—Initiation and Engagement of Alcohol and Other Drug Dependence Treatment—Engagement

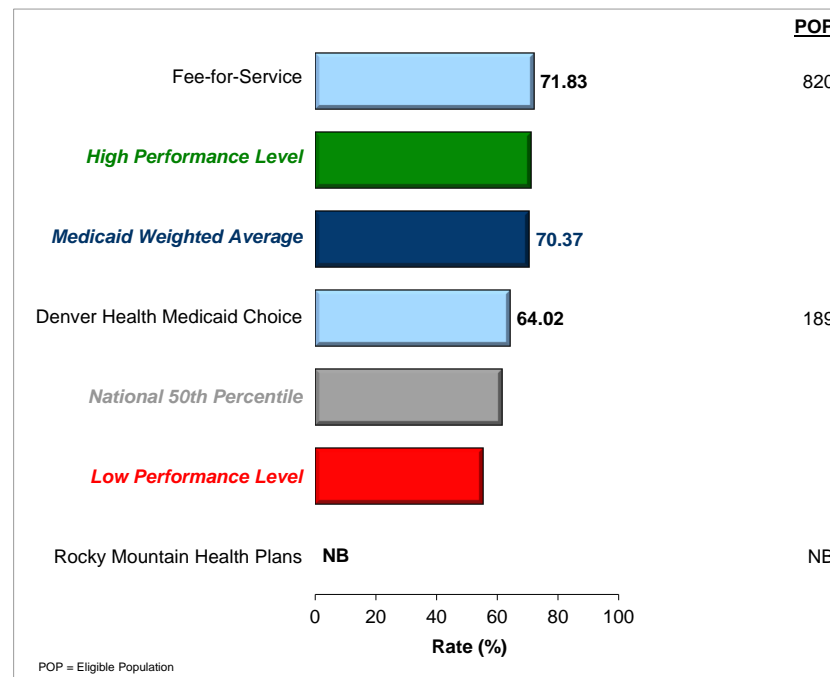


The FFS rate and the Medicaid weighted average ranked above the low performance level but below the national 50th percentile. One plan with a benefit to cover these services reported a rate below the low performance level. Plan performance varied by 2.62 percentage points.

Adherence to Antipsychotic Medications for Individuals With Schizophrenia

The *Adherence to Antipsychotic Medications for Individuals With Schizophrenia* measure is used to calculate the percentage of members 19–64 years of age during the measurement year and with schizophrenia who were dispensed and remained on an antipsychotic medication for at least 80 percent of their treatment period. This is a newly added measure to the Department’s HEDIS 2014 reporting set. No trending with prior years’ rates was performed.

Figure 6-13—Adherence to Antipsychotic Medications for Individuals With Schizophrenia

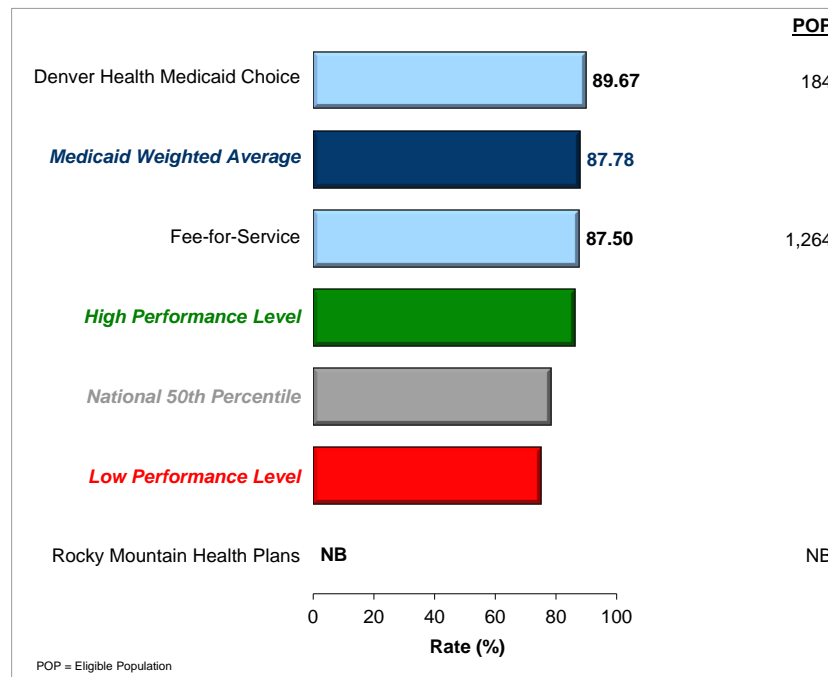


Fee-for-Service ranked above the high performance level. One plan indicated not offering the benefit associated with this indicator. The remaining plan and the Medicaid Weighted Average were above the national 50th percentile. Plan performance varied by 7.81 percentage points.

Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medication

The *Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medication* measure is used to calculate the percentage of members 18–64 years of age and with schizophrenia or bipolar disorder who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year. This is a newly added measure to the Department’s HEDIS 2014 reporting set. No trending with prior years’ rates was performed.

Figure 6-14—Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medication

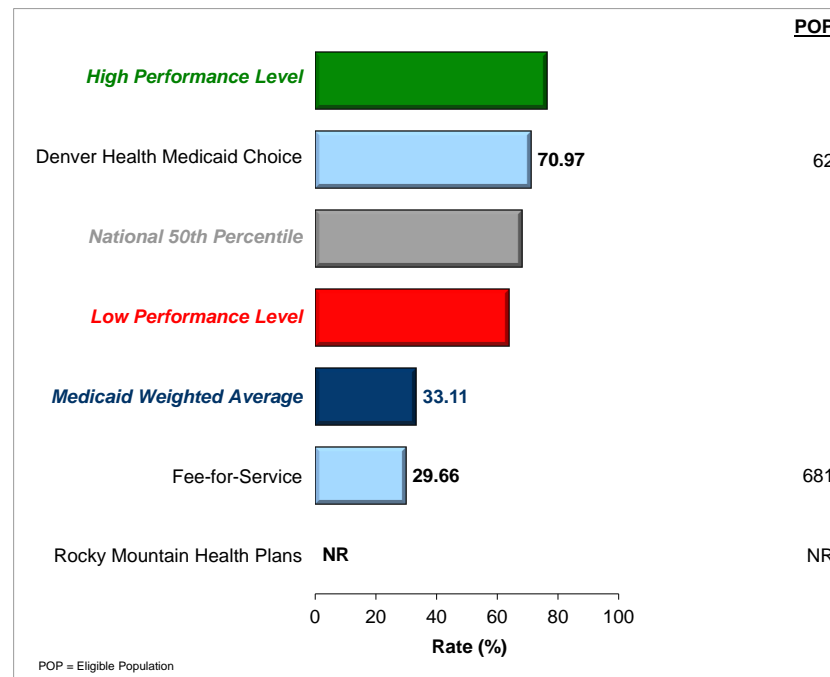


The 2014 Medicaid weighted average was 87.78 percent. The statewide rate and the two plans with a benefit corresponding with this measure ranked above the high performance level. Plan performance varied very slightly (2.17 percentage points).

Diabetes Monitoring for People With Diabetes and Schizophrenia

The *Diabetes Monitoring for People With Diabetes and Schizophrenia* measure is used to calculate the percentage of members 18–64 years of age with schizophrenia and diabetes who had both an LDL-C test and an HbA1c test during the measurement year. This is a newly added measure to the Department’s HEDIS 2014 reporting set. No trending with prior years’ rates was performed.

Figure 6-15—Diabetes Monitoring for People With Diabetes and Schizophrenia



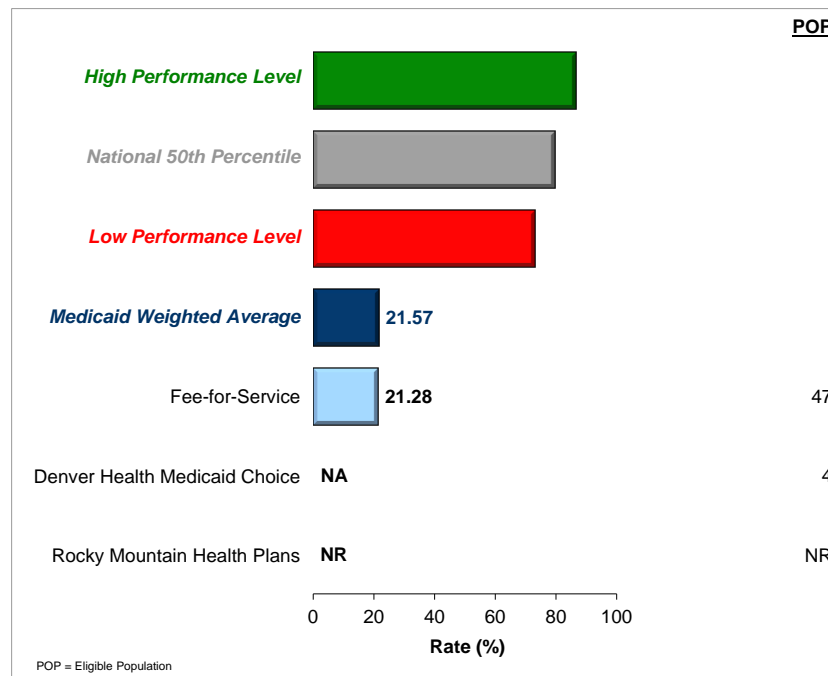
The 2014 Medicaid weighted average was 33.11 percent. Rocky Mountain Health Plans indicated that it chose not to report a rate for this measure. One plan ranked above the national 50th percentile. This statewide rate and the FFS rate were below the low performance level. Plan performance varied widely between the one plan and FFS (slightly over 40 percentage points).

The large variation in statewide and plan-specific performance between this measure and the *Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medication* measure underscores the challenges in caring for members with physical and behavioral health conditions. Chronic condition management requires significantly more resources and coordination at the provider and member level than providing screening services for at risk members.

Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia

The *Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia* measure is used to calculate the percentage of members 18–64 years of age with schizophrenia and cardiovascular disease, who had an LDL-C test during the measurement year. This is a newly added measure to the Department’s HEDIS 2014 reporting set. No trending with prior years’ rates was performed.

Figure 6-16—Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia



The 2014 Medicaid weighted average (21.57 percent) and the FFS rate ranked below the low performance level. One plan indicated that it chose not to report a rate for this measure. Another plan’s rate was not calculated due to its denominator being less than 30.

Summary of Findings

Table 6-1 presents the health plans’ performance ratings for each measure in the Mental/Behavioral Health domain. Plan performance varied across all measures in this domain. The measure with highest plan performance was the *Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medication* measure.

Table 6-1 also indicated that RMHP was assigned a *NB* (Benefits Not Offered) designation by its auditors for four measures and a *NR* (Plan Chose Not to Report) designation for two measures in this domain. While one could argue that since behavioral health services were carved out to Colorado’s Behavioral Health Organizations, pharmacy claims associated with any behavioral or mental conditions may not be completely accessible to this plan to identify the eligible population associated with these measures. Nonetheless, it was unclear as to how RMHP could ascertain the receipt of complete pharmacy data to identify the eligible population for the *Follow-up Care for Children Prescribed ADHD Medication* measure. Since the *Diabetes Monitoring for People With Diabetes and Schizophrenia* and *Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia* measures do not require any particular behavioral health services, a rate could be reported. Opportunities existed for all plans to work with the Department to clarify the pharmacy benefit structure in order to ensure the plans have the potential to obtain complete data to report any of these measures.

Table 6-1—Mental/Behavioral Health Measure-Specific Performance Ratings			
Measure	FFS	DHMC	RMHP
<i>Antidepressant 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
<i>Adherence to Antipsychotic Medications for Individuals With Schizophrenia</i>	★★★★★	★★★★	NB
<i>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medication</i>	★★★★★	★★★★★	NB
<i>Diabetes Monitoring for People With Diabetes and Schizophrenia</i>	★	★★★★	NR
<i>Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia</i>	★	NA	NR
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. NR indicates that the health plan chose not to report the measure.			

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

Health Plan Name	★★★★★	★★★★	★★★	★★	★	NA/NR/NB
FFS	4	0	3	1	2	0
DHMC	1	1	2	2	2	2
RMHP	0	0	2	0	0	8

FFS was the top-performing health plan in the Mental/Behavioral Health domain, with four indicators receiving a five-star rating and three indicators receiving a three-star rating (rates at or above the national HEDIS 2013 Medicaid 25th percentile).

Living With Illness

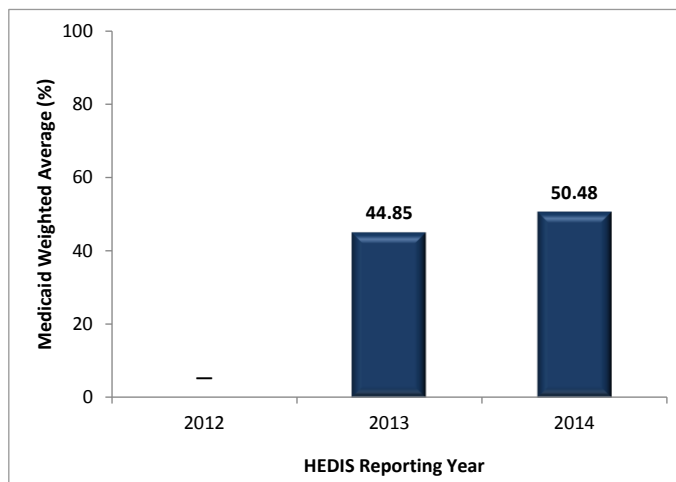
The following section provides a detailed analysis of the Colorado Medicaid health plans' performance for the *Living With Illness* domain. Results for the therapeutic agent-related indicators under the *Annual Monitoring for Patients on Persistent Medications* measure are displayed in Appendices A (Tabular 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*
- ◆ *Use of Imaging Studies for Low Back Pain*
- ◆ *Pharmacotherapy Management of COPD Exacerbation (Systemic Corticosteroid and Bronchodilator)*
- ◆ *Use of Appropriate Medications for People With Asthma—Total*
- ◆ *Asthma Medication Ratio—Total*
- ◆ *Use of Spirometry Testing in the Assessment and Diagnosis of COPD*
- ◆ *Disease-Modifying Anti-Rheumatic Drug Therapy in Rheumatoid Arthritis*

Controlling High Blood Pressure

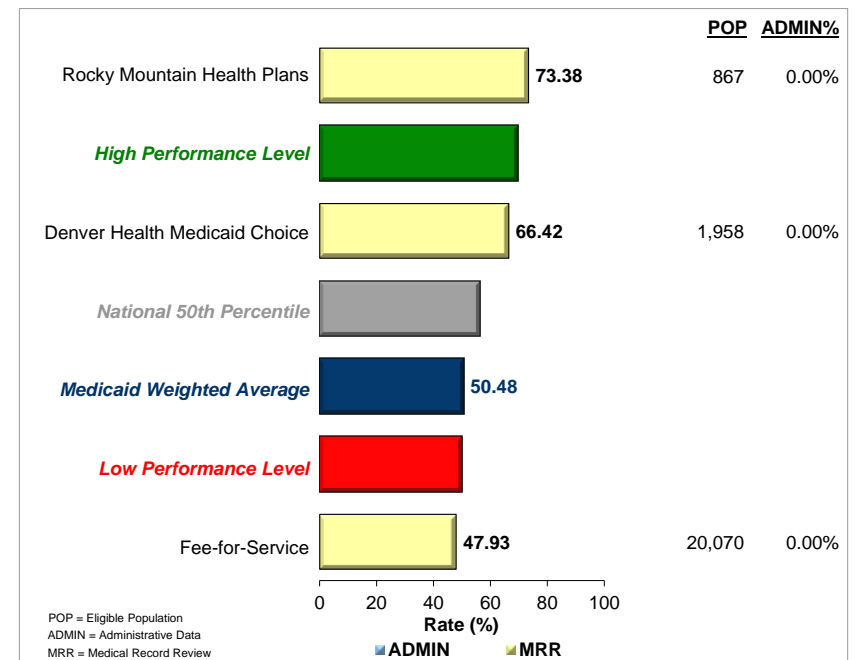
The *Controlling High Blood Pressure* measure is used to calculate the percentage of members 18–85 years of age who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled (<140/90) during the measurement year. This measure was added for HEDIS 2013, after being removed for HEDIS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

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



The 2014 Medicaid weighted average shows an increase of 5.63 percentage points from 2013. The increase was not statistically significant.

Figure 7-2—Controlling High Blood Pressure



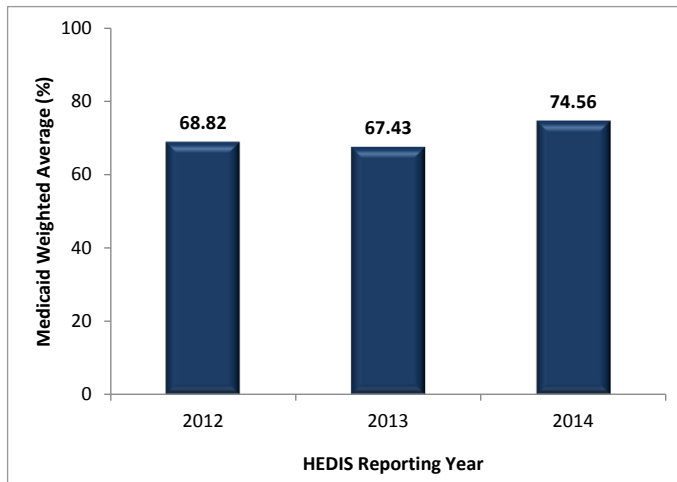
One plan ranked above the high performance level. Another plan and the Medicaid weighted average ranked above the low performance level. Plan performance varied by 25.45 percentage points. Since this measure strictly relied on medical records for rate reporting, no plans relied on administrative data to calculate the rate.

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:

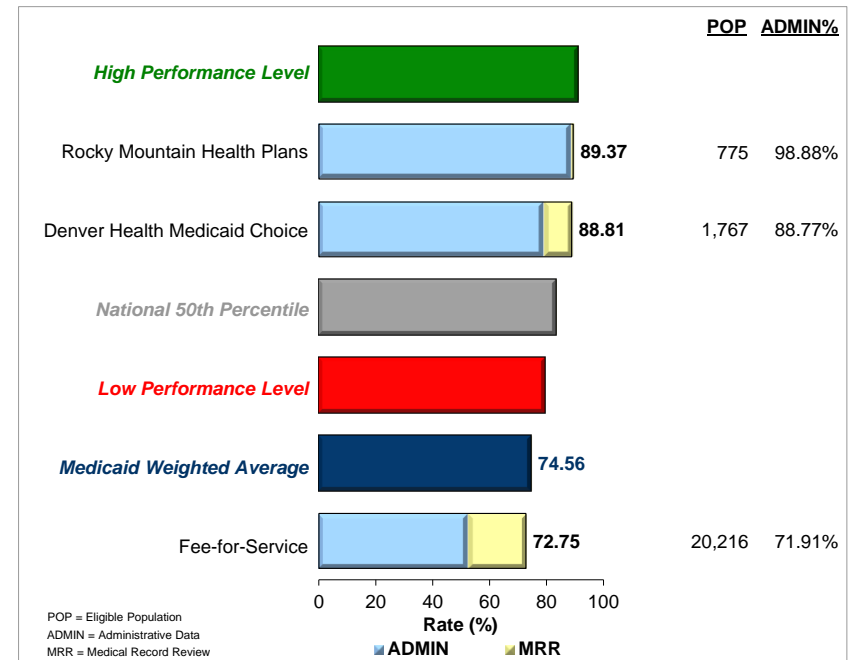
- ◆ Hemoglobin A1c (HbA1c) testing
- ◆ HbA1c poor control (>9.0%)
- ◆ HbA1c control (<8.0%)
- ◆ Eye exam (retinal) performed
- ◆ LDL-C screening
- ◆ LDL-C control (<100 mg/dL)
- ◆ Medical attention for nephropathy
- ◆ BP control (<140/80 mm Hg)
- ◆ BP control (<140/90 mm Hg)

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



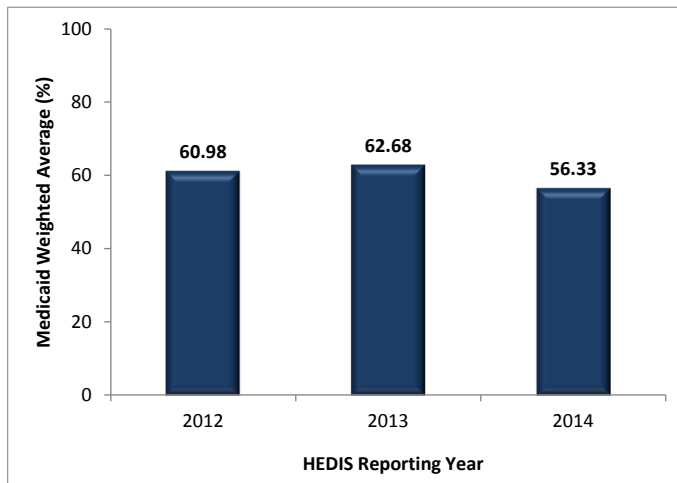
The 2014 Medicaid weighted average shows an increase of 7.13 percentage points from 2013. However, this increase was not statistically significant.

Figure 7-4—Comprehensive Diabetes Care—HbA1c Testing



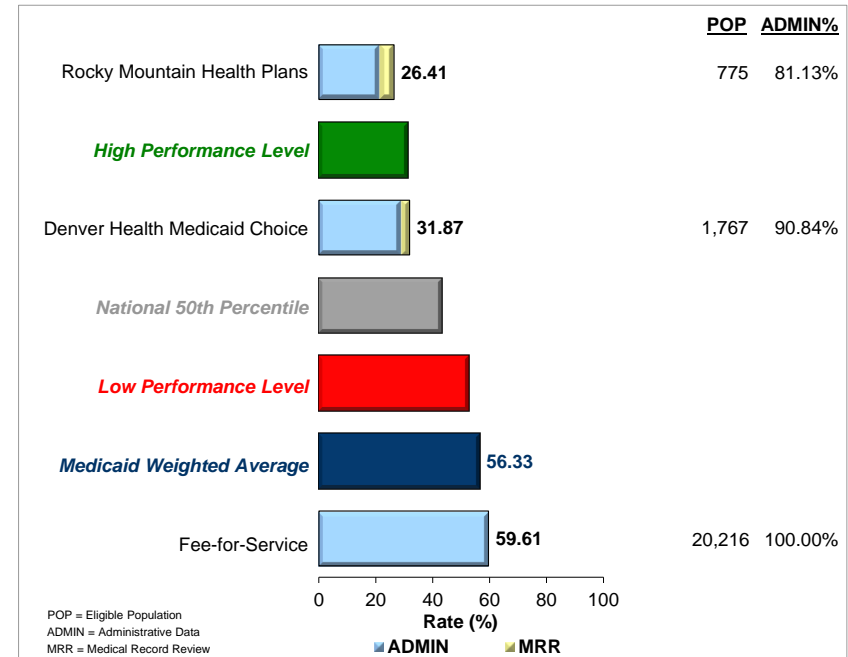
Two plans ranked above the national 50th percentile. The FFS rate and the Medicaid weighted average ranked below the low performance level. Plan performance varied by 16.62 percentage points. All plans, including FFS, relied mostly on claims data (at least 70 percent) to calculate their rates. This finding suggests that all plans had relatively complete administrative data when calculating this measure.

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



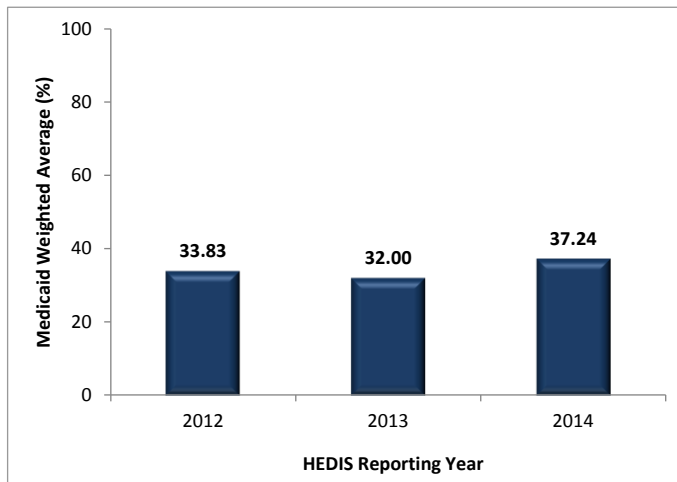
A lower rate for this indicator indicates better performance. The 2014 Medicaid weighted average shows decline in rate by 6.35 percentage points from last year, suggesting an improvement in performance. However, this improvement was not statistically significant.

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



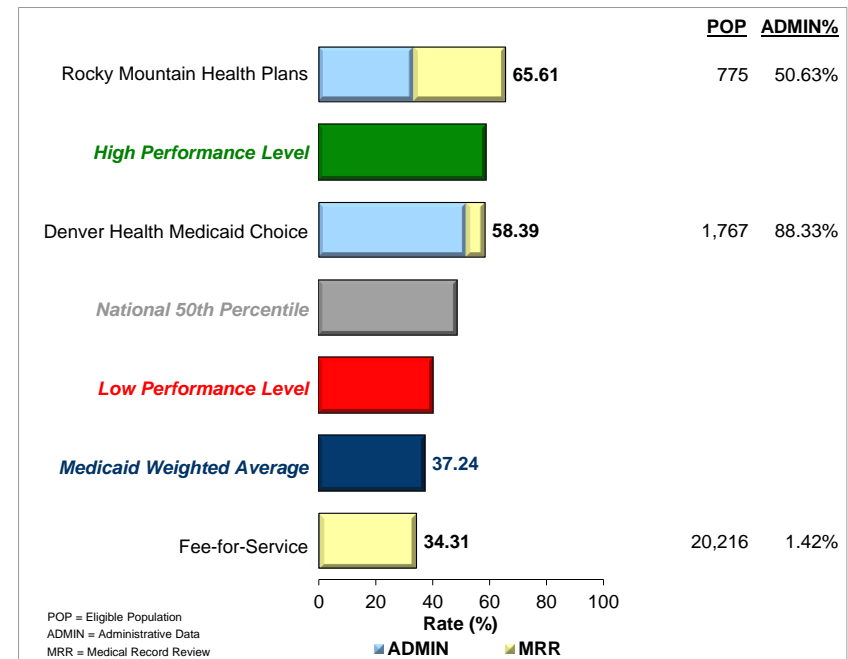
A lower rate for this indicator indicates better performance. One plan ranked above the high performance level. The FFS rate and the Medicaid weighted average ranked below the low performance level. Plan performance varied by 33.2 percentage points. All plans, including FFS, relied mostly on claims data (at least 80 percent) to calculate their rates. Similar to the *HbA1c Testing* indicator, this finding suggests that all plans had relatively complete administrative data when calculating this measure.

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



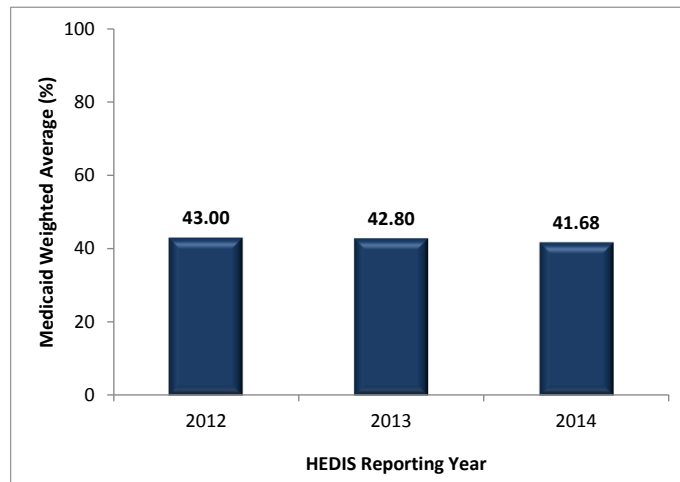
The 2014 Medicaid weighted average shows an increase in rate by 5.24 percentage points from last year. However, this increase was not statistically significant.

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



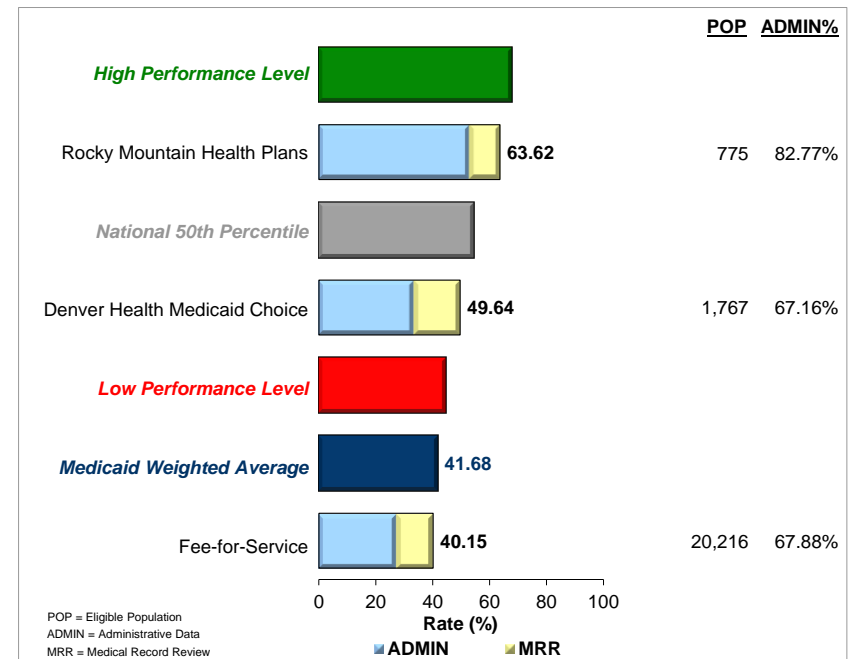
One plan exceeded the high performance level. The FFS rate and the Medicaid weighted average ranked below the low performance level. Plan performance varied by 31.3 percentage points. There was a wide variation in the extent to which the plans (including FFS) relied on claims data when calculating their rates (from 1.42 percent to 88.33 percent). Although one plan relied heavily on claims data (88.33 percent), the FFS rate relied almost exclusively on medical records. This finding shows that administrative data completeness varied widely among the plans and FFS.

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



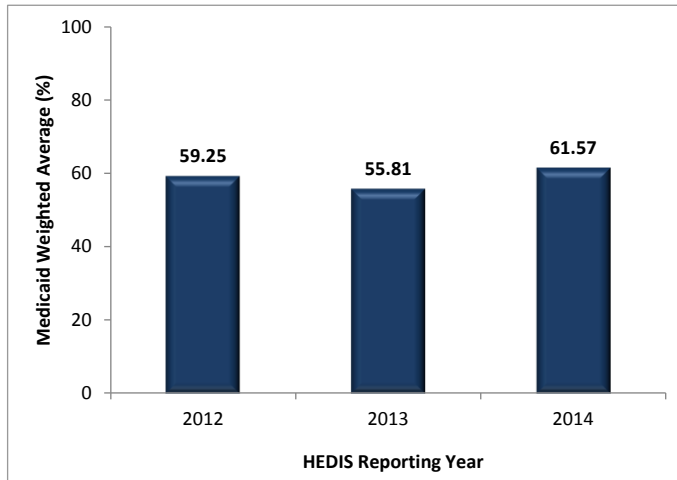
The 2014 Medicaid weighted average shows a decline in rate by 1.12 percentage points from last year. However, this decline was not statistically significant.

Figure 7-10—Comprehensive Diabetes Care—Eye Exam



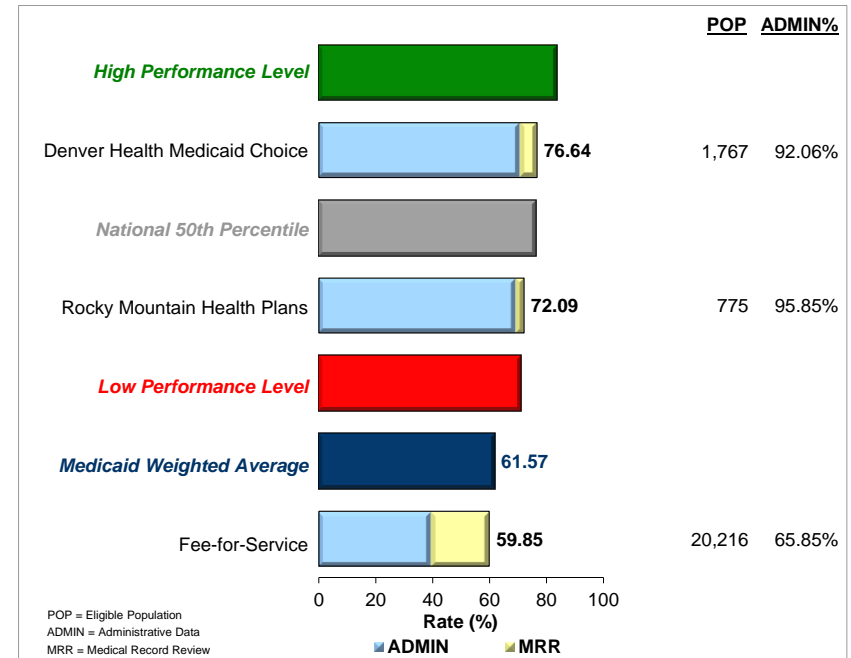
One plan ranked above the national 50th percentile. The FFS rate and the Medicaid weighted average were below the low performance level. Plan performance varied by 23.47 percentage points. All plans (including FFS) used more claims data (at least 65 percent) than medical records to calculate their rates.

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



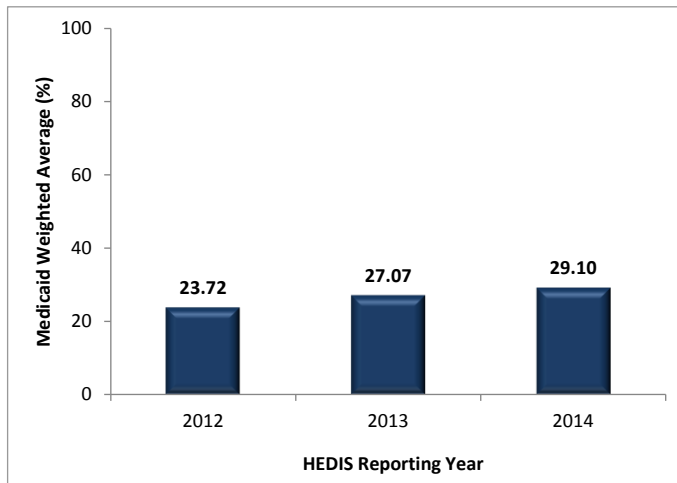
The 2014 Medicaid weighted average shows an increase in rate by 5.76 percentage points from last year. However, this increase was not statistically significant.

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



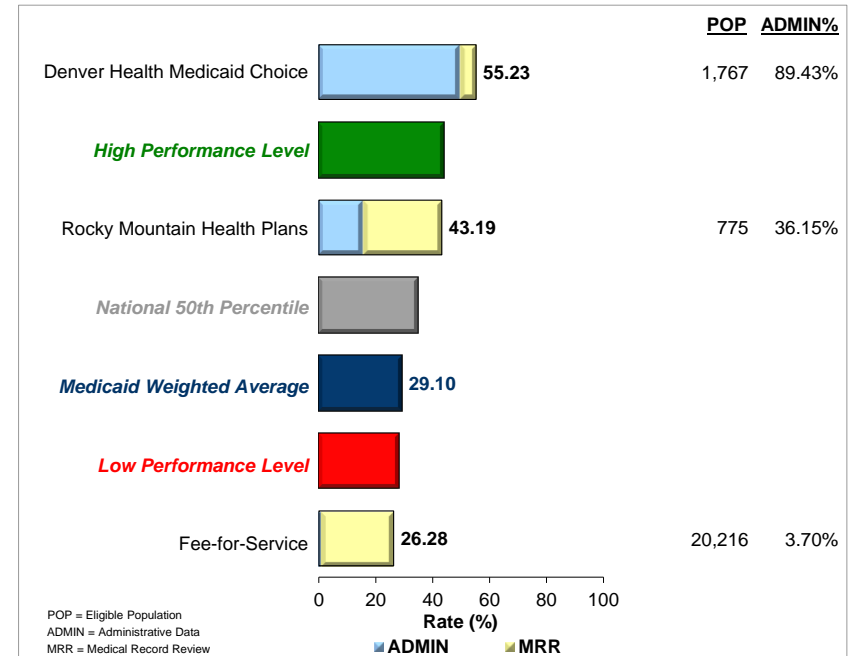
One plan ranked above the national 50th percentile. The FFS rate and the Medicaid weighted average ranked below the low performance level. Plan performance varied by 16.79 percentage points. All plans (including FFS) used more claims data (at least 65 percent) than medical records to calculate their rates.

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



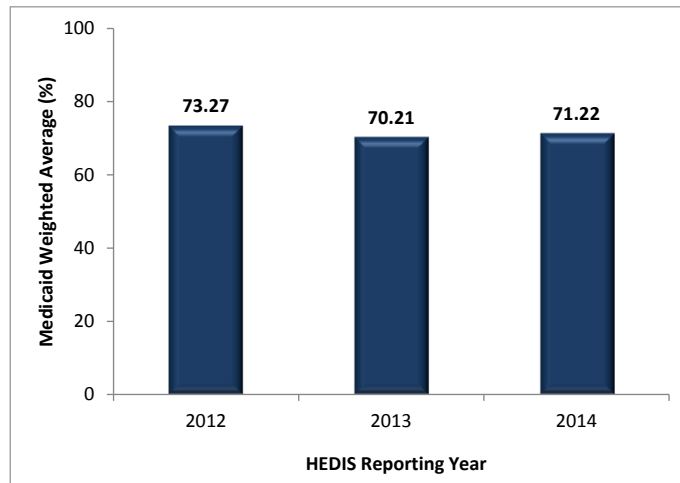
The 2014 Medicaid weighted average shows an increase in rate by 2.03 percentage points from last year. However, this increase was not statistically significant.

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



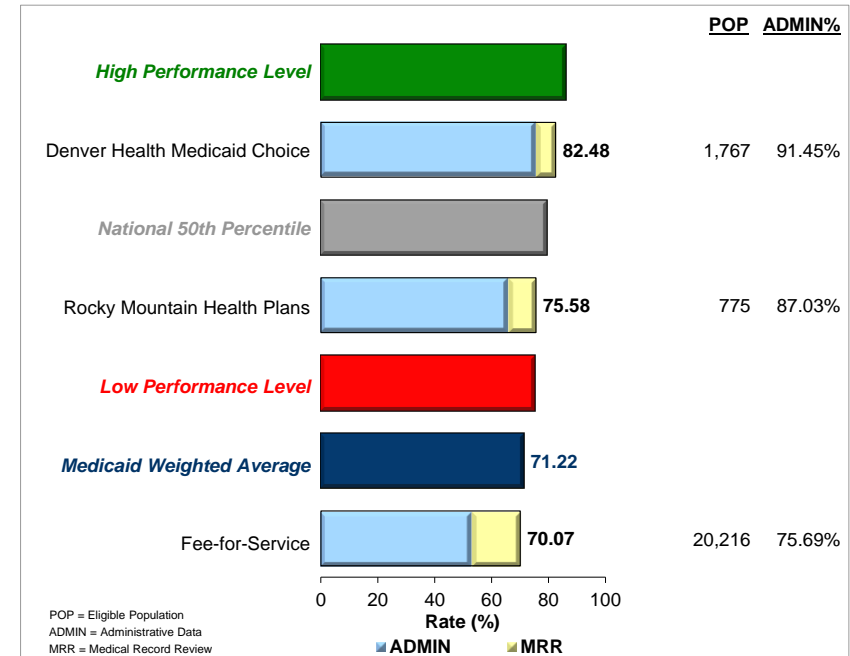
One plan ranked above the high performance level. The Medicaid weighted average ranked above the low performance level but below the national 50th percentile. Plan performance varied by 28.95 percentage points. There was a very wide variation among the plans in how much of their rates were based on claims data versus medical records (from 3.70 percent to 89.43 percent). One plan used claims data heavily (89.43 percent) to calculate the rate, whereas FFS relied almost exclusively on medical records.

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



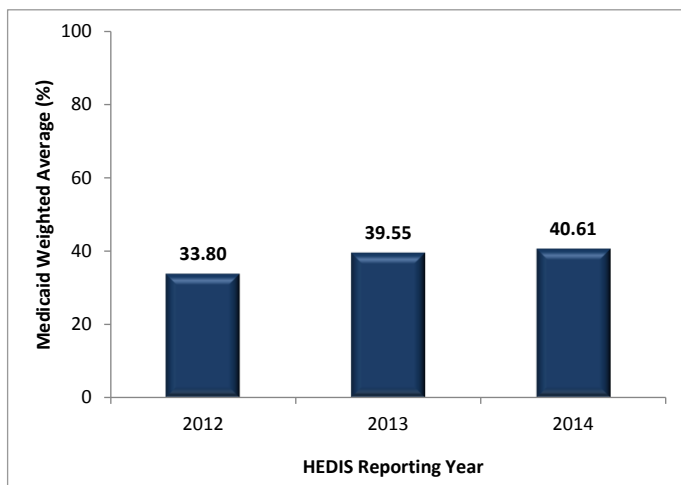
The 2014 Medicaid weighted average shows an increase in rate by 1.01 percentage points from last year. However, this increase was not statistically significant.

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



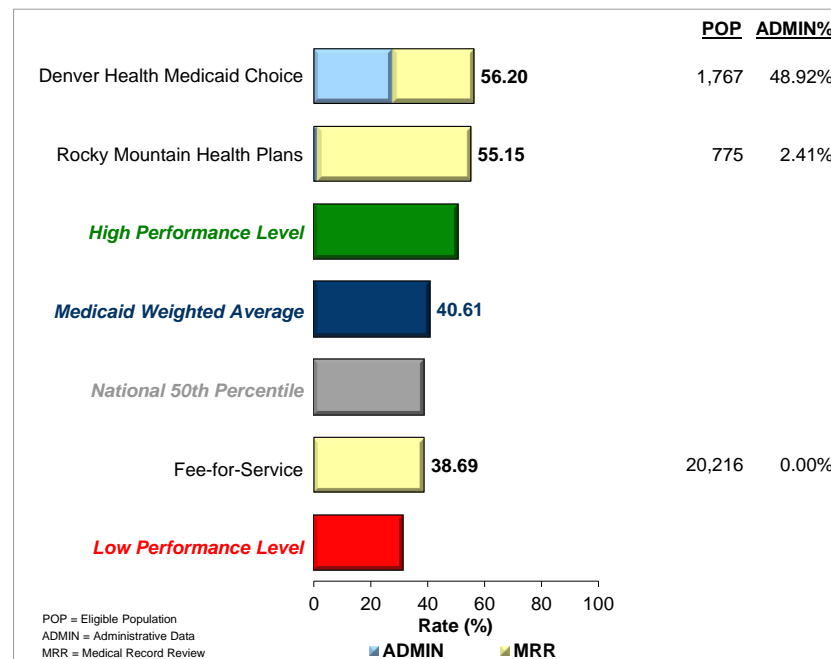
One plan ranked above the national 50th percentile. Fee-for-Service and the Medicaid weighted average ranked below the low performance level. Plan performance varied by 12.41 percentage points. All plans (including FFS) used more claims data (at least 75 percent) than medical records to calculate their rates.

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



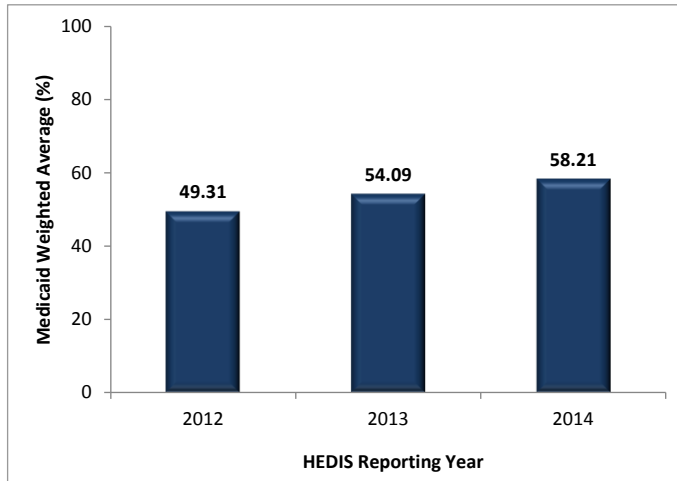
The 2014 Medicaid weighted average shows an increase in rate by 1.06 percentage points from last year. However, this increase was not statistically significant.

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



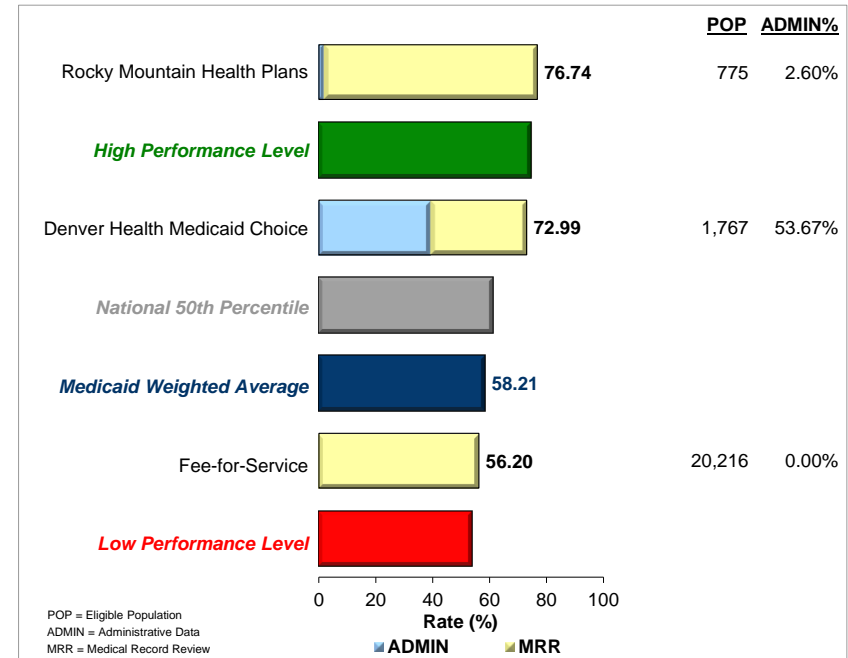
Two plans ranked above the high performance level. The Medicaid weighted average ranked above the national 50th percentile. Fee-for-Service ranked above the low performance level. Plan performance varied by 17.51 percentage points. There was a wide variation among the plans in how much they relied on claims data in calculating rates. All plans (including FFS) relied heavily on medical records. The percentage of rates derived from administrative data ranged from 0 percent to 48.92 percent.

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



The 2014 Medicaid weighted average shows an increase in rate by 4.12 percentage points from last year. However, this increase was not statistically significant.

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



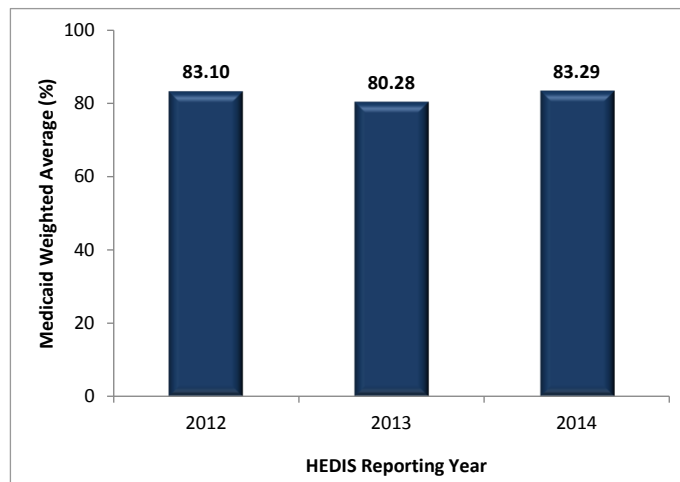
One plan ranked above the high performance level. Another plan ranked above the national 50th percentile. The FFS rate and the Medicaid weighted average ranked above the low performance level. Plan performance varied by 20.54 percentage points. There was a wide variation among the plans in how much they relied on administrative data rather than medical records when calculating the rates. All plans (including FFS) relied more on medical records than claims data (ranging from 0 percent to 53.67 percent).

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.

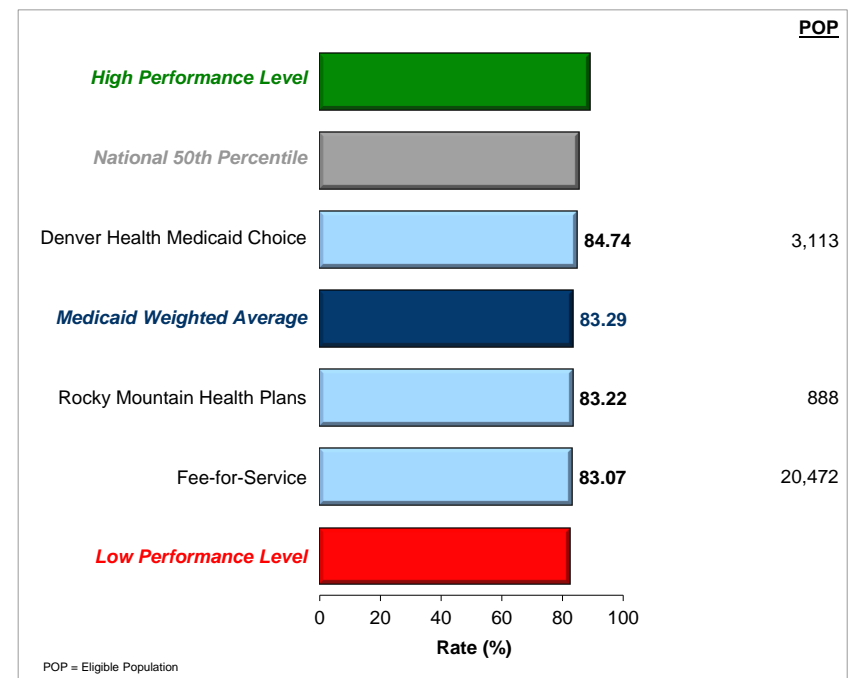
Figure 7-21—Annual Monitoring for Patients on Persistent Medications —Total

Colorado Medicaid Weighted Averages



The 2014 Medicaid weighted average shows a slight, significant increase from last year (3.01 percentage points).

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

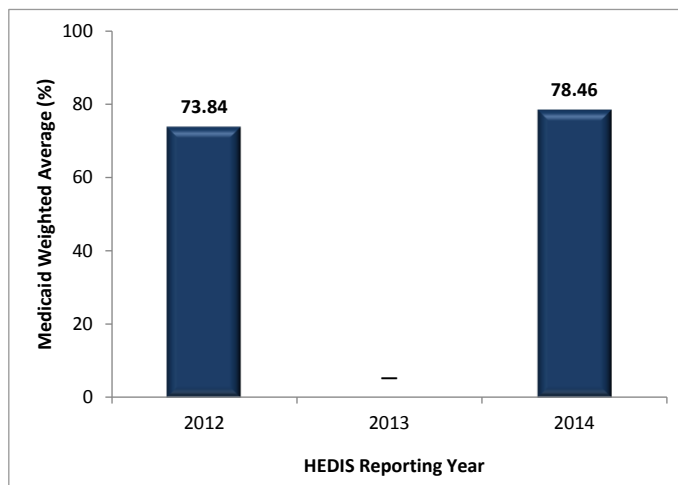


The Medicaid weighted average and all plans ranked above the low performance level but below the national 50th percentile. Plan performance varied slightly (1.67 percentage points).

Use of Imaging Studies for Low Back Pain

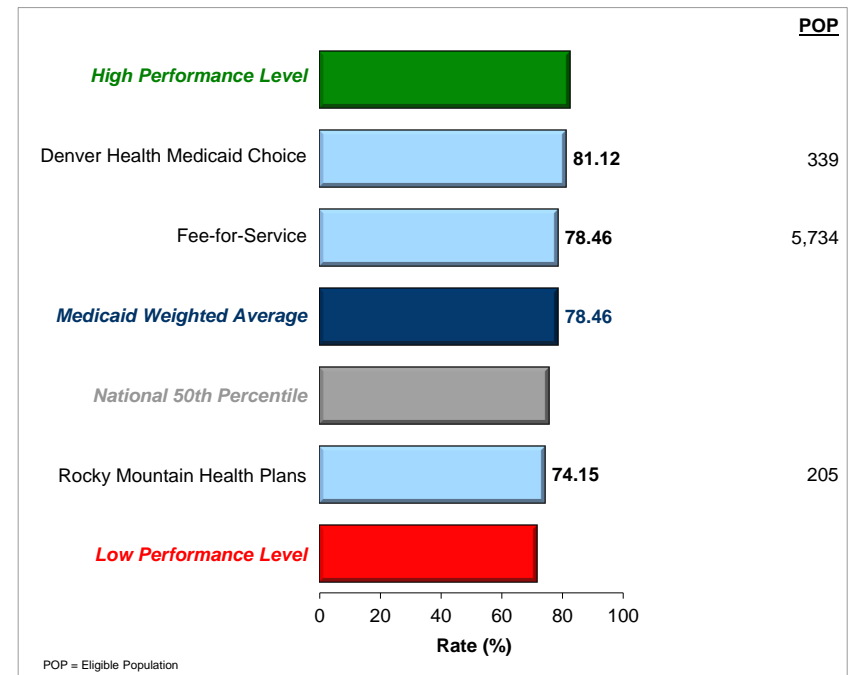
The *Use of Imaging Studies for Low Back Pain* measure assesses the percentage of members 18–50 years of age with a primary diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of diagnosis. This measure was required for HEDIS 2012 and HEDIS 2014 reporting. Figure 7-23 compares the rates for these two years is provided below.

**Figure 7-23—Use of Imaging Studies for Low Back Pain
Colorado Medicaid Weighted Averages**



The 2014 Medicaid weighted average was 78.46 percent, slightly higher than the 2012 rate.

Figure 7-24—Use of Imaging Studies for Low Back Pain

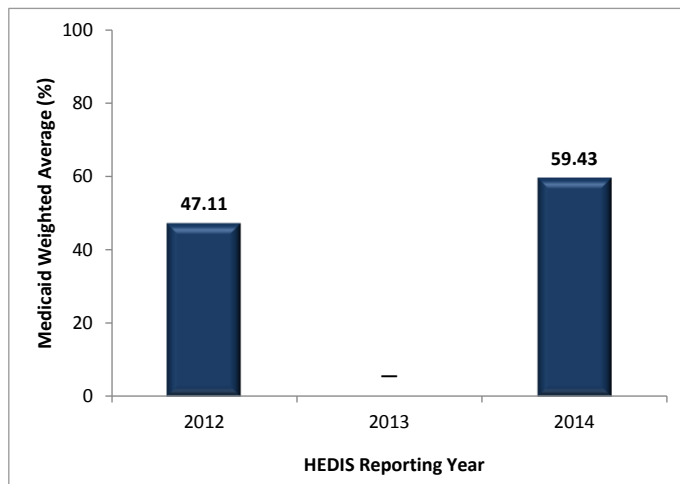


The Medicaid weighted average and all plans benchmarked above the low performance level but below the high performance level. Plan performance varied by 6.97 percentage points.

Pharmacotherapy Management of COPD Exacerbation

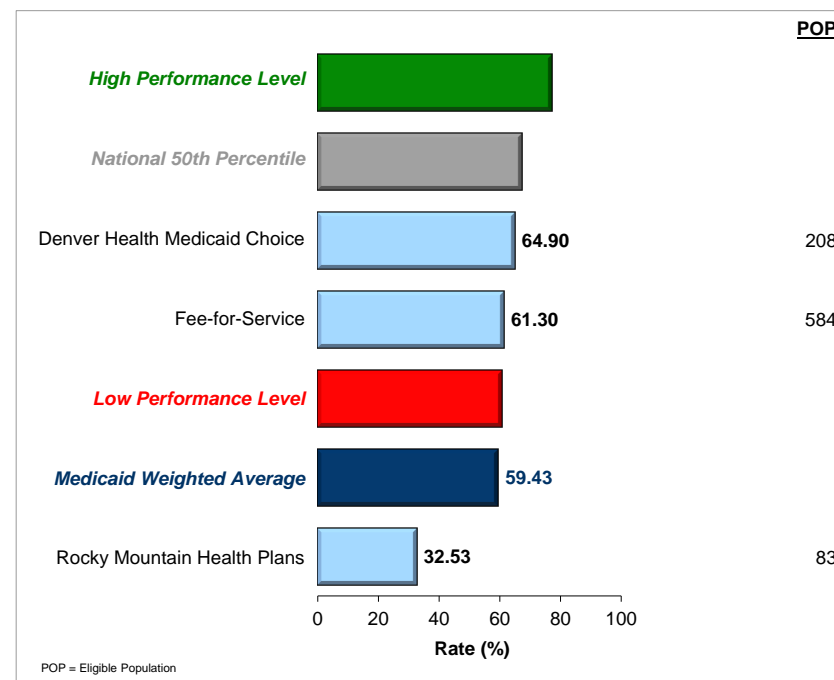
The *Pharmacotherapy Management of COPD Exacerbation* measure assesses the percentage of COPD exacerbations for members 40 years of age and older who had an acute inpatient discharge or ED visit on or between January 1—November 30 of the measurement year and who were dispensed appropriate medications. Two rates are reported —*Systemic Corticosteroid* (dispensed within 14 days of the event) and *Bronchodilator* (dispensed within 30 days of the event). These indicators are required for reporting in HEDIS 2012 and 2014. A trending chart comparing these rates is shown below.

**Figure 7-25—Pharmacotherapy Management of COPD Exacerbation
—Systemic Corticosteroids
Colorado Medicaid Weighted Averages**



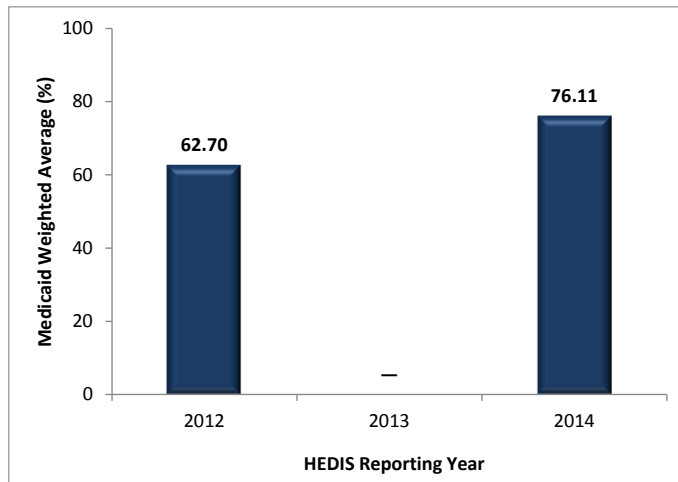
The 2014 weighted average was 59.43 percent and was 12.32 percentage points higher than the HEDIS 2012 rate.

**Figure 7-26—Pharmacotherapy Management of COPD Exacerbation
—Systemic Corticosteroids**



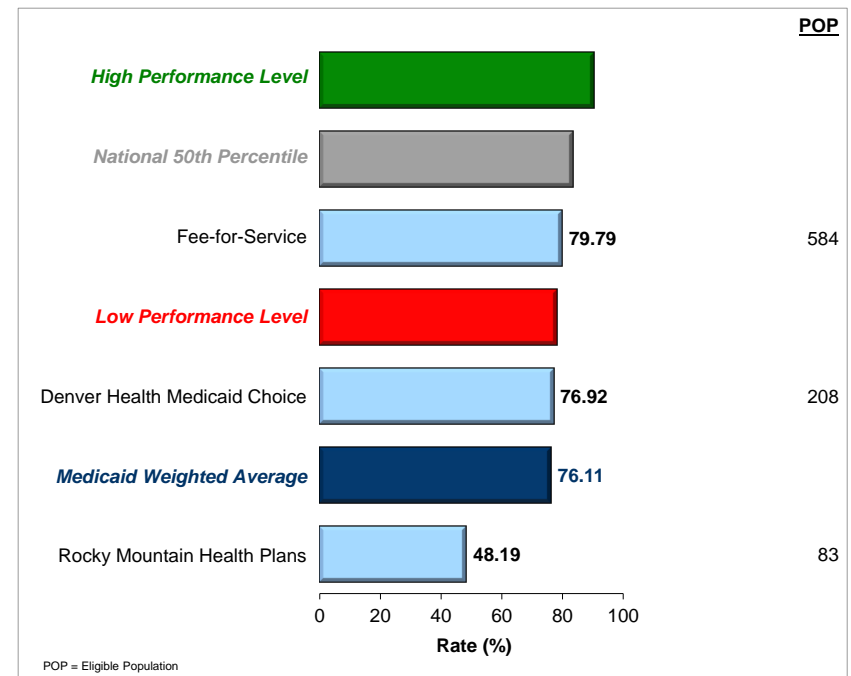
Neither any plans nor the Medicaid weighted average ranked above the national 50th percentile. Fee-for-Service and one plan ranked above the low performance level. Plan performance varied by 32.37 percentage points.

**Figure 7-27—Pharmacotherapy Management of COPD Exacerbation
—Bronchodilator
Colorado Medicaid Weighted Averages**



The 2014 weighted average was 76.11 percent, 13.41 percentage points higher than the 2012 rate.

**Figure 7-28—Pharmacotherapy Management of COPD Exacerbation
—Bronchodilator**

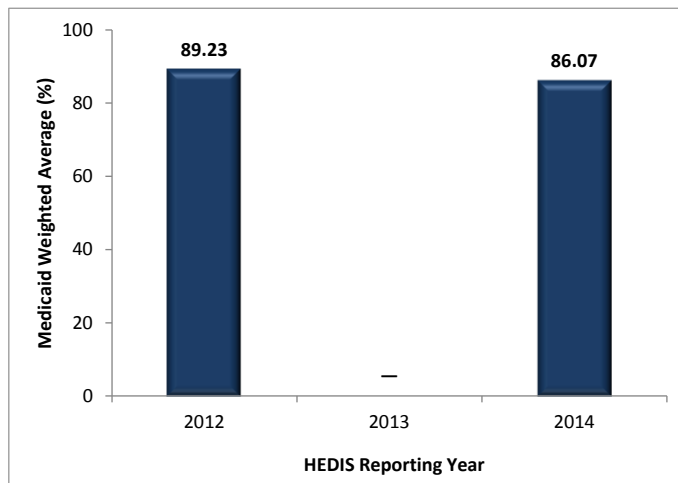


Neither any plans nor the Medicaid weighted average ranked above the national 50th percentile. All plans except Fee-for-Service ranked below the low performance level. Plan performance varied by 31.6 percentage points.

Use of Appropriate Medications for People With Asthma

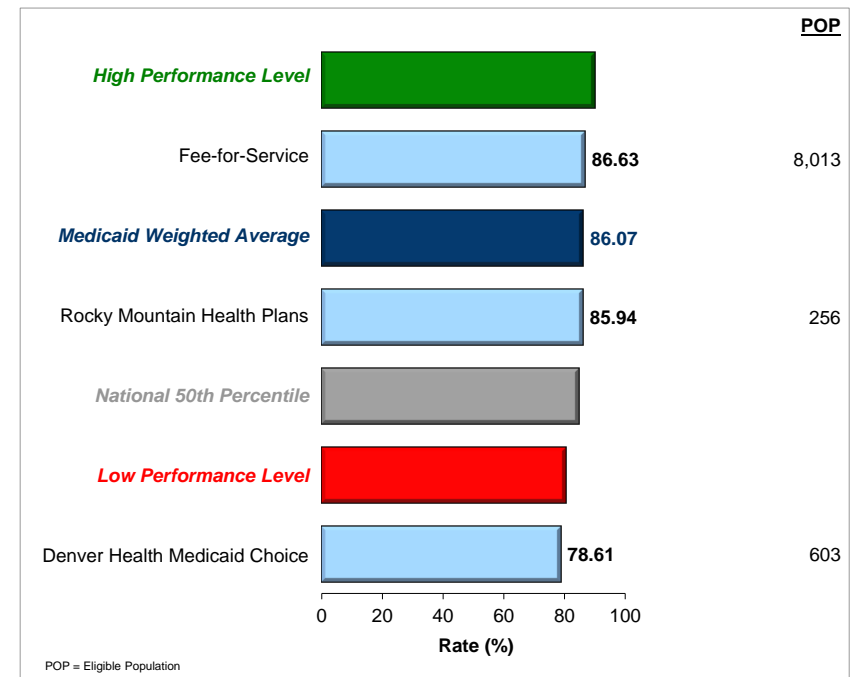
The *Use of Appropriate Medications for People With Asthma* measure assesses the percentage of members 5–64 years of age during the measurement year who were identified as having persistent asthma and who were appropriately prescribed medication during the measurement year. This measure is required for HEDIS 2012 and 2014 reporting. A trending chart comparing the two rates is provided. The *Total* indicator is presented here; the individual medication results can be found in Appendix A.

**Figure 7-29—Use of Appropriate Medications for People With Asthma
Colorado Medicaid Weighted Averages**



The 2014 weighted average was 86.07 percent, 3.16 percentage points lower than the 2012 rate.

**Figure 7-30—Use of Appropriate Medications for People With Asthma
—Total**

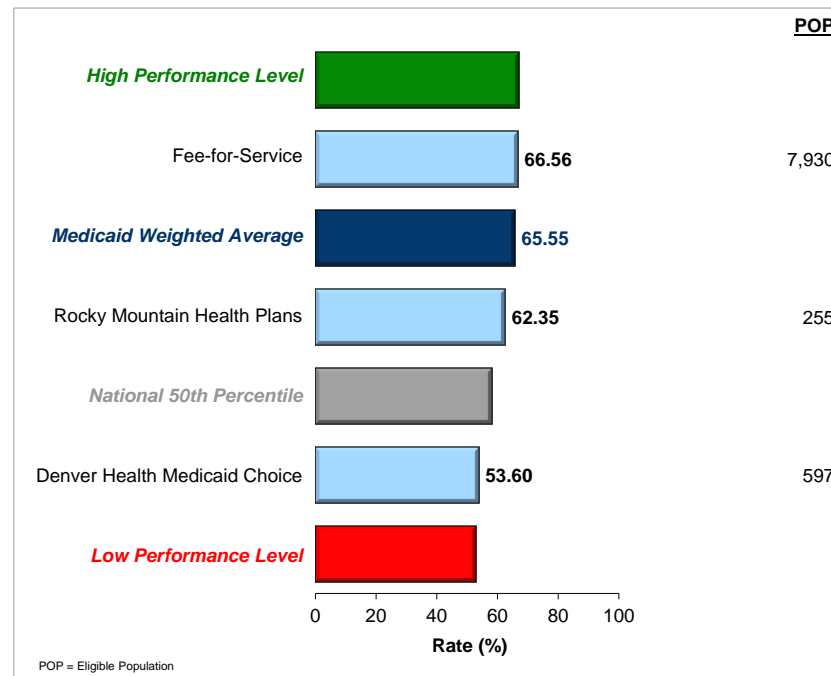


All plans but one ranked between the national 50th percentile and the high performance level. Plan performance varied by 8.02 percentage points.

Asthma Medication Ratio

The *Asthma Medication Ratio* measure assesses the percentage of members 5–64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year. This is a newly added measure to the Department’s HEDIS 2014 reporting set. No trending with prior years’ rates was performed. Results for individual age groups can be found in Appendix A.

Figure 7-31— Asthma Medication Ratio—Total

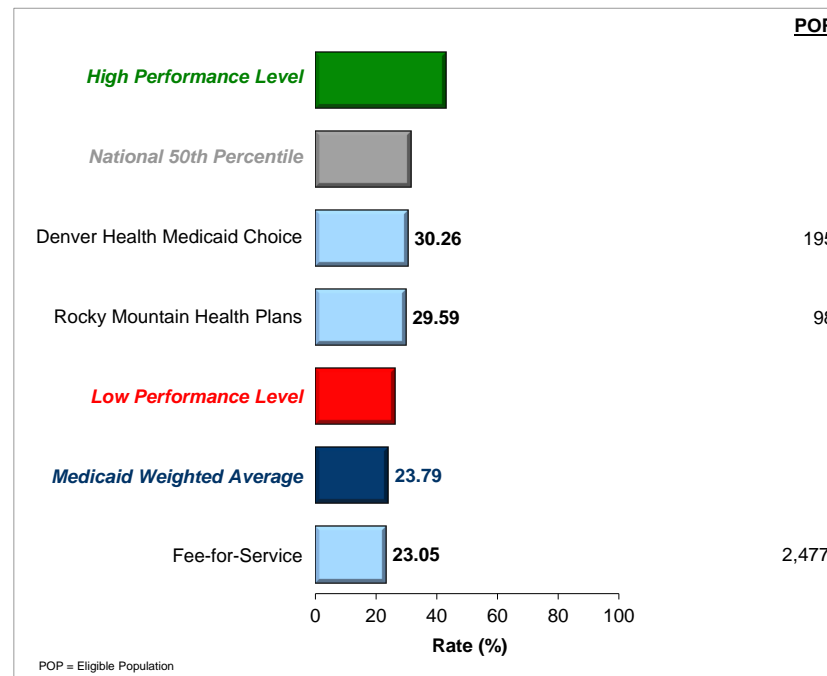


All plans but one and the Medicaid weighted average ranked below the high performance level but above the national 50th percentile. No plans ranked below the low performance level. Plan performance varied by 12.96 percentage points.

Use of Spirometry Testing in the Assessment and Diagnosis of COPD

The *Use of Spirometry Testing in the Assessment and Diagnosis of COPD* measure assesses the percentage of members 40 years of age and older with a new diagnosis of COPD or newly active COPD, who received appropriate spirometry testing to confirm the diagnosis. This measure is newly added to the Department’s HEDIS 2014 reporting set. No trending with prior years’ rates was performed.

Figure 7-32—Use of Spirometry Testing in the Assessment and Diagnosis of COPD

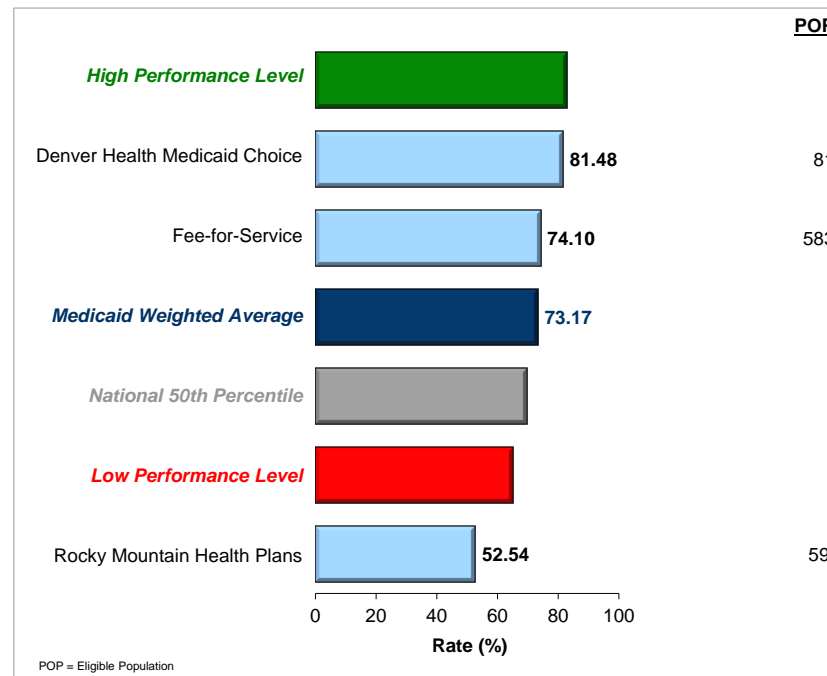


The Medicaid weighted average (23.79 percent) and Fee-for-Service ranked below the low performance level. The other two plans ranked above the low performance level but below the national 50th percentile. Plan performance varied by 7.21 percentage points.

Disease-Modifying Anti-Rheumatic Drug Therapy in Rheumatoid Arthritis

The *Disease-Modifying Anti-Rheumatic Drug Therapy in Rheumatoid Arthritis* measure assesses the percentage of members 18 years of age and older who were diagnosed with rheumatoid arthritis and who were dispensed at least one ambulatory prescription for a disease-modifying anti-rheumatic drug (DMARD). This measure is newly added to the Department’s HEDIS 2014 reporting set. No trending with prior years’ rates was performed.

Figure 7-33—Disease Modifying Anti-Rheumatic Drug Therapy in Rheumatoid Arthritis



The Medicaid weighted average and all plans but one ranked above the national 50th percentile. One plan ranked below the low performance level. Plan performance varied by 28.94 percentage points.

Summary of Findings

Table 7-1 presents the health plans’ performance for each measure in the *Living With Illness* domain. Wide plan performance was noted for almost all the measures except the *Annual Monitoring for Patients on Persistent Medications—Total* measure. Measures with better overall plan performance include *Comprehensive Diabetes Care—Blood Pressure Controlled (<140/80 mmHg and <140/90 mm Hg)* and *Asthma Medication Ratio—Total*.

Table 7-1—Living With Illness Measure-Specific Performance Ratings			
Measure	FFS	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>	★★★	★★★	★★★
<i>Use of Imaging Studies for Low Back Pain</i>	★★★	★★★★★	★★★
<i>Pharmacotherapy Management of COPD Exacerbation</i>			
<i>Systemic Corticosteroid</i>	★★★	★★★	★
<i>Bronchodilator</i>	★★★	★★	★
<i>Use of Appropriate Medications for People With Asthma—Total</i>	★★★	★★	★★★
<i>Asthma Medication Ratio—Total</i>	★★★★★	★★★	★★★
<i>Use of Spirometry Testing in the Assessment and Diagnosis of COPD</i>	★★	★★★	★★★
<i>Disease-Modifying Anti-Rheumatic Drug Therapy in Rheumatoid Arthritis</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	1	8	5	4	0
DHMC	2	7	7	2	0	0
RMHP	5	3	7	0	3	0

RMHP was the top-performing health plan in the Living With Illness domain, with five measures receiving a five-star rating (for rates at or above the national HEDIS 2013 National Medicaid 90th percentile). Conversely, with nine measures reporting rates below the 25th percentile (★★ or fewer), FFS presented many opportunities for improvement. Overall, opportunities for improvement were present across all measures in the Living With Illness domain.

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

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

Ambulatory Care

Measure Definitions

The *Ambulatory Care: Total* measure summarizes utilization of ambulatory care for *Outpatient Visits and Emergency Department (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 outpatient and emergency department visits per 1,000 MM for ambulatory care for all ages.

Table 8-1—Ambulatory Care: Total Visits Per 1,000 MM for Total Age Group		
Health Plan Name	Outpatient Visits	Emergency Department Visits
Fee-for-Service	310.19	60.39
Denver Health Medicaid Choice	225.92	44.05
Rocky Mountain Health Plans	401.91	58.85
2014 Colorado Medicaid Weighted Average	307.00	59.14
2013 Colorado Medicaid Weighted Average	—	64.84
2012 Colorado Medicaid Weighted Average	346.46	58.73

For emergency department visits, the Colorado Medicaid weighted averages demonstrated an increase from HEDIS 2012 to HEDIS 2013 but an 8.8 percent decline from HEDIS 2013 to HEDIS 2014. *Outpatient Visits* was not required for HEDIS 2013 reporting. Comparing the 2012 and 2014 rates, statewide utilization declined 11.39 percent (from 346.46 to 307).

Inpatient Utilization: General Hospital/Acute Care

Measure Definitions

The *General Hospital/Acute Care: Total—Total Inpatient* measure summarizes the utilization of acute inpatient services for total inpatient stays for discharges per 1,000 member months (MM), inpatient days per 1,000 MM, and average length of stay.

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

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

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

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

Performance Results

Table 8-2 shows the total inpatient, medicine, surgery, and maternity discharges per 1,000 MM for all ages.

Table 8-2—Inpatient Utilization—General Hospital/Acute Care: Total Discharges Per 1,000 MM for Total Age Group				
Health Plan Name	Total Inpatient	Medicine	Surgery	Maternity
Fee-for-Service	9.44	3.90	1.82	6.49
Denver Health Medicaid Choice	5.53	4.27	1.17	0.15
Rocky Mountain Health Plans	9.25	4.08	1.73	6.14
2014 Colorado Medicaid Weighted Average	9.15	3.93	1.77	6.02
2013 Colorado Medicaid Weighted Average	—	—	—	—
2012 Colorado Medicaid Weighted Average	10.77	4.90	2.13	6.98

This measure is required for HEDIS 2012 and 2014 reporting. Comparing the 2012 and 2014 rates, the Colorado Medicaid weighted averages for the four types of services showed a decline in the number of discharges.

Table 8-3 shows the total number of days per 1,000 MM for all ages. Comparing the 2012 and 2014 rates, the Colorado Medicaid weighted averages for the four types of services showed a decline in the total number of days.

Table 8-3—Inpatient Utilization—General Hospital/Acute Care: Total Days Per 1,000 MM for Total Age Group				
Health Plan Name	Total Inpatient	Medicine	Surgery	Maternity
Fee-for-Service	26.98	12.60	9.26	8.94
Denver Health Medicaid Choice	21.84	14.41	7.21	0.40
Rocky Mountain Health Plans	32.87	16.74	8.86	12.94
2014 Colorado Medicaid Weighted Average	26.80	12.87	9.10	8.46
2013 Colorado Medicaid Weighted Average	—	—	—	—
2012 Colorado Medicaid Weighted Average	47.33	20.72	17.11	17.72

Table 8-4 displays the total inpatient, medicine, surgery, and maternity average length of stay for all ages. Comparing the 2012 and 2014 rates, the Colorado Medicaid weighted averages for the four types of services showed a decline in the average length of stay, with the decline in *Surgery* greater than in the other settings.

Table 8-4—Inpatient Utilization—General Hospital/Acute Care: Total Average Length of Stay for Total Age Group				
Health Plan Name	Total Inpatient	Medicine	Surgery	Maternity
Fee-for-Service	2.86	3.23	5.09	1.38
Denver Health Medicaid Choice	3.95	3.37	6.15	2.61
Rocky Mountain Health Plans	3.55	4.10	5.13	2.11
2014 Colorado Medicaid Weighted Average	2.93	3.27	5.14	1.40
2013 Colorado Medicaid Weighted Average	—	—	—	—
2012 Colorado Medicaid Weighted Average	4.40	4.23	8.04	2.54

Frequency of Selected Procedures

The following measures under *Frequency of Selected Procedures* have shown wide regional variation and have generated concern regarding potential inappropriate utilization.

Measure Definitions

The *Frequency of Selected Procedures—Bariatric Weight Loss Surgery* measure summarizes bariatric weight loss surgery utilization for individuals in the following age groups: 0 to 19, 20 to 44, and 45 to 64.

The *Frequency of Selected Procedures—Tonsillectomy* measure summarizes tonsillectomy utilization for children in the following age groups: 0 to 9, and 10 to 19.

The *Frequency of Selected Procedures—Abdominal Hysterectomy* measure summarizes abdominal hysterectomy utilization for females in the following age groups: 15 to 44, and 45 to 64.

The *Frequency of Selected Procedures—Vaginal Hysterectomy* measure summarizes vaginal hysterectomy utilization for females in the following age groups: 15 to 44, and 45 to 64.

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

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

The *Frequency of Selected Procedures—Back Surgery* measure summarizes back surgery utilization for males and females in the following age groups: 20 to 44, and 45 to 64.

The *Frequency of Selected Procedures—Mastectomy* measure summarizes mastectomy utilization for females in the following age groups: 15 to 44, and 45 to 64.

The *Frequency of Selected Procedures—Lumpectomy* measure summarizes lumpectomy utilization for females in the following age groups: 15 to 44, and 45 to 64.

Results

Table 8-5 shows the frequency, by gender, of bariatric weight loss surgery procedures per 1,000 MM for individuals in the following age groups: 0 to 19, 20 to 44, and 45 to 64.

Table 8-5—Frequency of Selected Procedures Bariatric Weight Loss Surgery Procedures Per 1,000 MM						
Health Plan Name	Male Aged 0–19 Years	Female Aged 0–19 Years	Male Aged 20–44 Years	Female Aged 20–44 Years	Male Aged 45–64 Years	Female Aged 45–64 Years
Fee-for-Service	0.00	<0.01*	0.02	0.09	0.02	0.12
Denver Health Medicaid Choice	0.00	0.00	0.00	0.05	0.00	0.03
Rocky Mountain Health Plans	0.00	0.00	0.07	0.23	0.00	0.53
2014 Colorado Medicaid Weighted Average	0.00	<0.01	0.02	0.09	0.02	0.13
2013 Colorado Medicaid Weighted Average	0.00	0.00	0.03	0.09	0.01	0.11
2012 Colorado Medicaid Weighted Average	<0.01	<0.01	0.02	0.18	0.03	0.10

* Though the audited rate was 0.00, at least one procedure was reported for this category.

The health plans' frequency of bariatric weight loss surgery procedures per 1,000 MM for males ranged from 0.00 to 0.07. On the other hand, the range for females varied by age group, with the frequency for females between 0 to 19 years of age ranging from 0.00 to < 0.01, the frequency for females between 20 to 44 years of age ranging from 0.09 to 0.23, and the frequency for females between 45 to 64 years of age ranging from 0.03 to 0.53. The 2014 Colorado Medicaid weighted averages for different groups were about the same as the 2013 rates.

Table 8-6 shows the frequency of tonsillectomy procedures per 1,000 MM for children in the following age groups: 0 to 9 and 10 to 19.

Table 8-6—Frequency of Selected Procedures Tonsillectomy Procedures Per 1,000 MM		
Health Plan Name	Ages 0–9 Years	Ages 10–19 Years
Fee-for-Service	0.58	0.38
Denver Health Medicaid Choice	0.36	0.19
Rocky Mountain Health Plans	1.31	0.92
2014 Colorado Medicaid Weighted Average	0.59	0.39
2013 Colorado Medicaid Weighted Average	0.62	0.47
2012 Colorado Medicaid Weighted Average	0.86	0.55

The health plans' frequency of tonsillectomy procedures per 1,000 MM for children 0 to 9 years of age ranged from 0.36 to 1.31, while the frequency of tonsillectomy procedures per 1,000 MM for children 10 to 19 years of age ranged from 0.19 to 0.92. The 2014 Colorado Medicaid weighted averages were lower than those in 2012 for both age groups.

Table 8-7 shows the frequency of abdominal hysterectomy procedures per 1,000 MM for females in the following age groups: 15 to 44 and 45 to 64.

Table 8-7—Frequency of Selected Procedures Abdominal Hysterectomy Procedures Per 1,000 MM		
Health Plan Name	Ages 15–44 Years	Ages 45–64 Years
Fee-for-Service	0.10	0.19
Denver Health Medicaid Choice	0.06	0.12
Rocky Mountain Health Plans	0.29	0.13
2014 Colorado Medicaid Weighted Average	0.10	0.18
2013 Colorado Medicaid Weighted Average	0.21	0.33
2012 Colorado Medicaid Weighted Average	0.23	0.27

The health plans' frequency of abdominal hysterectomy procedures per 1,000 MM for females 15 to 44 years of age ranged from 0.06 to 0.29, while the frequency for females 45 to 64 years of age

ranged from 0.12 to 0.19. The 2014 Colorado Medicaid weighted averages were lower than those in 2012 for both age groups.

Table 8-8 shows the frequency of vaginal hysterectomy procedures per 1,000 MM for females in the following age groups: 15 to 44 and 45 to 64 years of age.

Table 8-8—Frequency of Selected Procedures Vaginal Hysterectomy Procedures Per 1,000 MM		
Health Plan Name	Ages 15–44 Years	Ages 45–64 Years
Fee-for-Service	0.18	0.17
Denver Health Medicaid Choice	0.09	0.15
Rocky Mountain Health Plans	0.60	0.20
2014 Colorado Medicaid Weighted Average	0.19	0.17
2013 Colorado Medicaid Weighted Average	0.29	0.26
2012 Colorado Medicaid Weighted Average	0.35	0.34

The health plans’ frequency of vaginal hysterectomy procedures per 1,000 MM for females 15 to 44 years of age ranged from 0.09 to 0.60, while the frequency for females 45 to 64 years of age ranged from 0.15 to 0.20. The 2014 Colorado Medicaid weighted averages were lower than those in 2012 for both age groups.

Table 8-9 shows the frequency of open cholecystectomy procedures per 1,000 MM for males between the ages of 30 and 64 and for females in the following age groups: 15 to 44, and 45 to 64.

Table 8-9—Frequency of Selected Procedures Open Cholecystectomy Procedures Per 1,000 MM			
Health Plan Name	Males Aged 30–64 Years	Females Aged 15–44 Years	Females Aged 45–64 Years
Fee-for-Service	0.03	0.01	0.06
Denver Health Medicaid Choice	0.05	0.05	0.06
Rocky Mountain Health Plans	0.05	0.00	0.07
2014 Colorado Medicaid Weighted Average	0.03	0.02	0.06
2013 Colorado Medicaid Weighted Average	0.07	0.02	0.07
2012 Colorado Medicaid Weighted Average	0.07	0.02	0.07

Plan variation in this procedure was minimal across all age groups. The 2014 statewide rate shows a decrease in open cholecystectomy procedures for males and for females aged 45 to 64 years.

Table 8-10 shows the frequency of laparoscopic cholecystectomy procedures per 1,000 MM for males between 30 and 64 years of age and for females in the following age groups: 15 to 44, and 45 to 64.

Table 8-10—Frequency of Selected Procedures Laparoscopic Cholecystectomy Procedures Per 1,000 MM			
Health Plan Name	Males Aged 30–64 Years	Females Aged 15–44 Years	Females Aged 45–64 Years
Fee-for-Service	0.28	0.83	0.73
Denver Health Medicaid Choice	0.20	0.55	0.36
Rocky Mountain Health Plans	0.94	1.35	1.60
2014 Colorado Medicaid Weighted Average	0.29	0.83	0.74
2013 Colorado Medicaid Weighted Average	0.36	0.92	0.72
2012 Colorado Medicaid Weighted Average	0.39	1.01	0.82

Plan variations in the frequency of laparoscopic cholecystectomy procedure were consistent across all age and gender groups. The 2014 statewide rates show general decline in the number of procedures performed.

Table 8-11 shows the frequency of back surgery procedures per 1,000 MM for males and females in the following age groups: 20 to 44, and 45 to 64.

Table 8-11—Frequency of Selected Procedures Back Surgery Procedures Per 1,000 MM				
Health Plan Name	Males Aged 20–44 Years	Females Aged 20–44 Years	Males Aged 45–64 Years	Females Aged 45–64 Years
Fee-for-Service	0.32	0.21	0.52	0.67
Denver Health Medicaid Choice	0.06	0.04	0.09	0.15
Rocky Mountain Health Plans	0.63	0.23	0.95	0.73
2014 Colorado Medicaid Weighted Average	0.31	0.20	0.50	0.63
2013 Colorado Medicaid Weighted Average	0.37	0.23	0.78	0.81
2012 Colorado Medicaid Weighted Average	0.41	0.24	0.66	0.82

Plan variations in the frequency of back surgery procedures were consistent across all age and gender groups. The 2014 statewide rates show general decline in the number of procedures performed.

Table 8-12 shows the frequency of mastectomy procedures per 1,000 MM for females in the following age groups: 15 to 44 and 45 to 64.

Table 8-12—Frequency of Selected Procedures Mastectomy Procedures Per 1,000 MM		
Health Plan Name	Ages 15–44 Years	Ages 45–64 Years
Fee-for-Service	0.04	0.37
Denver Health Medicaid Choice	0.02	0.03
Rocky Mountain Health Plans	0.04	0.07
2014 Colorado Medicaid Weighted Average	0.04	0.34
2013 Colorado Medicaid Weighted Average	0.03	0.30
2012 Colorado Medicaid Weighted Average	0.03	0.38

Plan rates in mastectomy tend to be low except Fee-for-Service for ages 45 to 64 years. The 2014 statewide rates show increase in the number of procedures performed from prior years.

Table 8-13 shows the frequency of lumpectomy procedures per 1,000 MM for females in the following age groups: 15 to 44 and 45 to 64.

Table 8-13—Frequency of Selected Procedures Lumpectomy Procedures Per 1,000 MM		
Health Plan Name	Ages 15–44 Years	Ages 45–64 Years
Fee-for-Service	0.10	0.58
Denver Health Medicaid Choice	0.09	0.27
Rocky Mountain Health Plans	0.30	0.53
2014 Colorado Medicaid Weighted Average	0.10	0.56
2013 Colorado Medicaid Weighted Average	0.10	0.47
2012 Colorado Medicaid Weighted Average	0.11	0.71

The health plans’ frequency of lumpectomy procedures per 1,000 MM for females 15 to 44 years of age was much lower than that of females 45 to 64 years of age. One plan consistently had lower rates in both age groups than the other plans did. The 2014 statewide rate shows an increase in the number of lumpectomy procedures performed for the 45 to 64 years age group.

Antibiotic Utilization

This measure summarizes results of outpatient utilization of antibiotic prescriptions during the measure year, stratified by age and gender. Table 8-14 presents HEDIS 2014 results for the following indicators for all ages:

- ◆ *Average Scripts for PMPY for Antibiotics*
- ◆ *Average Days Supplied per Antibiotic Script*
- ◆ *Average Scripts PMPY for Antibiotics of Concern*
- ◆ *Percentage of Antibiotics of Concern of all Antibiotic Scripts*

Table 8-14—Antibiotic Utilization				
Health Plan Name	Average Scripts for PMPY for Antibiotics	Average Days Supplied per Antibiotic Script	Average Scripts PMPY for Antibiotics of Concern ¹	Percentage of Antibiotics of Concern of all Antibiotic Scripts
Fee-for-Service	0.99	9.74	0.37	37.69%
Denver Health Medicaid Choice	0.35	9.54	0.10	27.65%
Rocky Mountain Health Plans	1.01	9.71	0.36	35.93%
2014 Colorado Medicaid Weighted Average	0.94	9.73	0.35	37.32%

¹ Antibiotics of concern include quinolone, cephalosporin (2nd–4th generation), azithromycins and clarithromycins, amoxicillin/clavulanate, ketolides, and clindamycin.

Plan variations were greatest in *Average Scripts for PMPY for Antibiotics* (0.35 to 1.01) and least in *Average Days Supplied per Antibiotic Script* (overall, about 9 to 10 days per script). In general, at the statewide level, close to 4 out of 10 antibiotic scripts dispensed were antibiotics of concern.

Summary of Findings

Colorado Medicaid’s statewide rates remained relatively stable in the Use of Services domain. For the *Ambulatory Care* measure, emergency visits declined by 5.70 visits per 1,000 member months (an 8.8 percent decline) from last year. Although the HEDIS 2013 rates were not available for comparison, the statewide HEDIS 2014 *Outpatient Visits* rate declined slightly more than 10 percent from 2012.

Inpatient utilization also declined from 2012. Across all inpatient settings (i.e., medicine, surgery, maternity, and total inpatient), the decrease in the total number of discharges was approximately 15 percent from 2012. The percent of decrease in the total number of days was at least 35 percent and in the average length of stay was at least 20 percent.

Statewide 2014 rates for the *Frequency of Selected Procedures* measure identified notable changes from 2013 of at least 30 percent for several procedures. These procedures included abdominal

hysterectomy (declined for both age groups), back surgery (declined for males, 45 to 64 years), open cholecystectomy (declined for males, 20 to 44 years), and mastectomy (increased for females, 15 to 44 years). Increase or decline in the use of these procedures may be due to a variety of factors, including changing demographic and/or clinical profiles among members, various plan efforts in reducing inappropriate utilization, and influx of new members with different service utilization patterns resulting from Medicaid expansion.

Performance across plans showed wide variations in most of the measures in this domain. Although the frequencies of member months by age group were relatively similar across the plans, one plan (RMHP) reported utilization rates consistently higher than the other plan in many instances—and even higher than FFS in some instances. While higher utilization in outpatient and emergency visits under *Ambulatory Care* may be related to members' demographic and clinical profiles within each plan, high rates in the *Frequency of Selected Procedures* measure may warrant further research to ascertain if inappropriate utilization existed. This is especially true when many of these rates fell in the top 5 percent of the national Medicaid percentiles (i.e., above the 95th percentiles). For RMHP, procedures suspected of inappropriate utilization include bariatric weight loss (females, 45 to 64 years), tonsillectomy (both age groups), vaginal hysterectomy (15 to 44 years), laparoscopic cholecystectomy (all applicable gender and age groups), back surgery (males, 20 to 44 years), and lumpectomy (15 to 44 years).

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 and the 2012, 2013, and 2014 Colorado Medicaid weighted averages. Cells with HEDIS 2014 rates or 2014 Medicaid weighted averages at or above the national Medicaid 50th percentile are coded in green. The following is a list of tables and measures presented in this appendix.

Measure	Table References
<i>Childhood Immunization Status—Antigens</i>	Table A-1
<i>Childhood Immunization Status—Combinations</i>	Table A-2
<i>Immunizations for Adolescents</i>	Table A-3
<i>Well-Child Visits in the First 15 Months of Life</i>	Table A-4
<i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i>	Table A-5
<i>Adolescent Well-Care Visits</i>	Table A-6
<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</i>	Table A-7
<i>Appropriate Testing for Children with Pharyngitis</i>	Table A-8
<i>Annual Dental Visit</i>	Table A-9
<i>Prenatal and Postpartum Care</i>	Table A-10
<i>Children’s and Adolescents’ Access to Primary Care Practitioners</i>	Table A-11
<i>Adults’ Access to Preventive/Ambulatory Health Services</i>	Table A-12
<i>Chlamydia Screening in Women</i>	Table A-13
<i>Breast Cancer Screening</i>	Table A-14
<i>Cervical Cancer Screening</i>	Table A-15
<i>Adult BMI Assessment</i>	Table A-16
<i>Anti-depressant Medication Management</i>	Table A-17
<i>Follow-up Care for Children Prescribed ADHD Medication</i>	Table A-18
<i>Initiation and Engagement of Alcohol and Other Drug Dependence Treatment</i>	Table A-19
<i>Adherence to Antipsychotic Medications for Individuals With Schizophrenia</i>	Table A-20
<i>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medication</i>	Table A-21
<i>Diabetes Monitoring for People With Diabetes and Schizophrenia</i>	Table A-22
<i>Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia</i>	Table A-23
<i>Controlling High Blood Pressure</i>	Table A-24
<i>Comprehensive Diabetes Care</i>	Tables A-25 & A-26
<i>Annual Monitoring for Patients on Persistent Medications</i>	Table A-27
<i>Use of Imaging Studies for Low Back Pain</i>	Table A-28

Measure	Table References
<i>Pharmacotherapy Management of COPD Exacerbation</i>	Table A-29
<i>Use of Appropriate Medications for People With Asthma</i>	Table A-30
<i>Asthma Medication Ratio—Total</i>	Table A-31
<i>Use of Spirometry Testing in the Assessment and Diagnosis of COPD</i>	Table A-32
<i>Disease-Modifying Anti-Rheumatic Drug Therapy in Rheumatoid Arthritis</i>	Table A-33
<i>Ambulatory Care—Outpatient Visits</i>	Table A-34
<i>Ambulatory Care—Emergency Department Visits</i>	Table A-35
<i>Inpatient Utilization—General Hospital/Acute Care</i>	Table A-36 to Table A-47
<i>Antibiotic Utilization</i>	Table A-48 to Table A-51
<i>Frequency of Selected Procedures</i>	Table A-52 to Table A-57

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 2012 aggregate report; the HEDIS 2013 aggregate report; or the HEDIS 2013 Medicaid means, ratios, and percentiles file.
NR	Not Reportable due to one of the following: <ul style="list-style-type: none"> ◆ The calculated rate was materially biased. ◆ The organization chose not to report the measure. ◆ The organization was not required to report the measure.
NA	Indicates that the health plan followed the specifications, but the denominator was too small (<30) to report a valid rate, resulting in a Not Applicable (NA) audit designation.
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	17,359	72.26%	88.08%	86.62%	87.59%	88.32%	86.62%	74.21%	76.40%	65.69%	51.09%
Denver Health Medicaid Choice	1,394	79.08%	90.27%	90.02%	90.02%	91.00%	89.78%	83.21%	88.56%	65.94%	71.53%
Rocky Mountain Health Plans	711	81.02%	94.70%	91.61%	89.62%	93.82%	91.39%	79.91%	74.17%	73.51%	57.84%
2014 Colorado Medicaid Weighted Average	—	73.07%	88.48%	87.04%	87.84%	88.71%	87.02%	75.06%	77.19%	66.00%	52.80%
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%

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

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	17,359	68.13%	65.45%	59.85%	52.55%	42.34%	48.42%	38.44%	35.28%	32.12%
Denver Health Medicaid Choice	1,394	78.35%	78.10%	77.62%	62.04%	63.50%	62.04%	63.26%	53.53%	53.53%
Rocky Mountain Health Plans	711	77.70%	73.95%	66.23%	60.71%	51.66%	57.17%	48.12%	43.93%	41.94%
2014 Colorado Medicaid Weighted Average	—	69.21%	66.67%	61.36%	53.53%	44.19%	49.71%	40.57%	36.90%	34.01%
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%

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

Table A-3—Immunizations for Adolescents[^]

Health Plan Name	Eligible Population	Meningococcal	Tdap/Td	Combo 1
Fee-for-Service	13,423	64.48%	82.24%	63.75%
Denver Health Medicaid Choice	1,248	83.70%	86.37%	83.21%
Rocky Mountain Health Plans	536	59.87%	88.25%	59.65%
2014 Colorado Medicaid Weighted Average	—	65.89%	82.79%	65.20%
2013 Colorado Medicaid Weighted Average	—	59.63%	76.34%	58.11%
2012 Colorado Medicaid Weighted Average	—	56.80%	75.36%	55.20%

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

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	16,230	2.92%	61.56%
Denver Health Medicaid Choice	895	2.68%	63.50%
Rocky Mountain Health Plans	416	0.36%	80.73%
2014 Colorado Medicaid Weighted Average	—	2.85%	62.11%
2013 Colorado Medicaid Weighted Average	—	1.88%	62.19%
2012 Colorado Medicaid Weighted Average	—	2.07%	62.53%

*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	82,553	60.34%
Denver Health Medicaid Choice	7,200	62.04%
Rocky Mountain Health Plans	3,516	66.01%
2014 Colorado Medicaid Weighted Average	—	60.69%
2013 Colorado Medicaid Weighted Average	—	61.13%
2012 Colorado Medicaid Weighted Average	—	61.29%

Table A-6—Adolescent Well-Care Visits		
Health Plan Name	Eligible Population	Rate
Fee-for-Service	96,240	36.50%
Denver Health Medicaid Choice	7,908	49.88%
Rocky Mountain Health Plans	3,716	45.58%
2014 Colorado Medicaid Weighted Average	—	37.79%
2013 Colorado Medicaid Weighted Average	—	38.79%
2012 Colorado Medicaid Weighted Average	—	40.26%

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	128,333	50.00%	54.03%	46.98%	55,211	49.56%	46.02%	48.67%	183,544	49.88%	51.82%	47.45%
Denver Health Medicaid Choice	10,356	91.84%	81.56%	61.70%	4,445	91.47%	74.42%	70.54%	14,801	91.73%	79.32%	64.48%
Rocky Mountain Health Plans	5,629	82.37%	67.31%	63.78%	2,330	77.44%	53.38%	59.40%	7,959	80.90%	63.15%	62.47%
2014 Colorado Medicaid Weighted Average	—	54.27%	56.52%	48.69%	—	53.61%	48.33%	50.64%	—	54.08%	54.23%	49.25%
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%

Table A-8—Appropriate Testing for Children with Pharyngitis

Health Plan Name	Eligible Population	Rate
Fee-for-Service	14,506	71.46%
Denver Health Medicaid Choice	334	70.06%
Rocky Mountain Health Plans	963	90.86%
2014 Colorado Medicaid Weighted Average	—	72.61%
2013 Colorado Medicaid Weighted Average	—	74.23%
2012 Colorado Medicaid Weighted Average	—	—

Table A-9—Annual Dental Visit		
Health Plan Name	Eligible Population	Rate
Fee-for-Service	288,246	63.41%
Denver Health Medicaid Choice	NB	NB
Rocky Mountain Health Plans	NB	NB
2014 Colorado Medicaid Weighted Average	—	63.41%
2013 Colorado Medicaid Weighted Average	—	—
2012 Colorado Medicaid Weighted Average	—	65.86%

Table A-10—Prenatal and Postpartum Care				
Health Plan Name	Timeliness of Prenatal Care		Postpartum Care	
	Eligible Population	Rate	Eligible Population	Rate
Fee-for-Service	18,160	72.75%	18,160	56.93%
Denver Health Medicaid Choice	1,087	89.29%	1,087	57.42%
Rocky Mountain Health Plans ¹	839	95.64%	839	73.83%
2014 Colorado Medicaid Weighted Average	—	74.60%	—	57.67%
2013 Colorado Medicaid Weighted Average	—	79.82%	—	57.63%
2012 Colorado Medicaid Weighted Average	—	77.54%	—	61.26%

¹ The plan chose to rotate the measure. Measure rotation allows the health plan to use the audited and reportable rate from the previous year as specified by NCQA in the HEDIS 2014 *Technical Specifications for Health Plans, Volume 2*.

Table A-11—Children's and Adolescents' Access to Primary Care Practitioners

Health Plan Name	Ages 12 to 24 Months		Ages 25 Months to 6 Years		Ages 7 to 11 Years		Ages 12 to 19 Years	
	Eligible Population	Rate	Eligible Population	Rate	Eligible Population	Rate	Eligible Population	Rate
Fee-for-Service	18,382	95.38%	99,537	81.77%	69,087	86.00%	65,429	85.66%
Denver Health Medicaid Choice	1,547	92.24%	8,670	74.69%	6,675	80.82%	5,656	82.32%
Rocky Mountain Health Plans	699	97.85%	4,273	86.29%	2,680	89.55%	2,600	87.88%
2014 Colorado Medicaid Weighted Average	—	95.23%	—	81.40%	—	85.68%	—	85.48%
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%

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

Health 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	111,443	74.55%	46,965	81.19%	34,959	75.70%	193,367	76.37%
Denver Health Medicaid Choice	7,300	66.60%	4,229	76.54%	2,180	75.00%	13,709	71.00%
Rocky Mountain Health Plans	4,300	85.35%	1,703	91.90%	940	95.53%	6,943	88.33%
2014 Colorado Medicaid Weighted Average	—	74.46%	—	81.17%	—	76.15%	—	76.42%
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%

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	10,132	46.10%	10,868	55.12%	21,000	50.77%
Denver Health Medicaid Choice	755	68.34%	711	68.64%	1,466	68.49%
Rocky Mountain Health Plans	450	42.67%	490	47.76%	940	45.32%
2014 Colorado Medicaid Weighted Average	—	47.45%	—	55.61%	—	51.66%
2013 Colorado Medicaid Weighted Average	—	49.39%	—	58.33%	—	54.02%
2012 Colorado Medicaid Weighted Average	—	52.73%	—	57.85%	—	55.40%

Table A-13—Breast Cancer Screening

Health Plan Name	Eligible Population	Rate
Fee-for-Service	20,022	28.51%
Denver Health Medicaid Choice	1,592	54.59%
Rocky Mountain Health Plans	766	51.96%
2014 Colorado Medicaid Weighted Average	—	31.17%
2013 Colorado Medicaid Weighted Average	—	30.42%
2012 Colorado Medicaid Weighted Average	—	—

Table A-14—Cervical Cancer Screening^		
Health Plan Name	Eligible Population	Rate
Fee-for-Service	93,322	56.45%
Denver Health Medicaid Choice	6,856	67.15%
Rocky Mountain Health Plans	3,893	70.25%
2014 Colorado Medicaid Weighted Average	—	57.67%
2013 Colorado Medicaid Weighted Average	—	44.91%
2012 Colorado Medicaid Weighted Average	—	—

^Due to a change in the Department’s reporting requirement from administrative to hybrid in HEDIS 2014 and significant measure specification revisions, rate changes between these two years do not accurately reflect any performance improvement or decline. HSAG suggests that the HEDIS 2014 rates be treated as baseline rates for future trending. Performance ranking based on HEDIS 2013 percentiles should also be used for information only.

Table A-15—Adult BMI Assessment		
Health Plan Name	Eligible Population	Rate
Fee-for-Service	91,233	69.10%
Denver Health Medicaid Choice	7,302	90.51%
Rocky Mountain Health Plans	4,437	85.81%
2014 Colorado Medicaid Weighted Average	—	71.34%
2013 Colorado Medicaid Weighted Average	—	72.82%
2012 Colorado Medicaid Weighted Average	—	55.20%

Table A-16—Antidepressant Medication Management				
Health Plan Name	Effective Acute Phase Treatment		Effective Continuation Phase Treatment	
	Eligible Population	Rate	Eligible Population	Rate
Fee-for-Service	6,190	63.25%	6,190	47.69%
Denver Health Medicaid Choice	368	41.58%	368	30.43%
Rocky Mountain Health Plans	NB	NB	NB	NB
2014 Colorado Medicaid Weighted Average	—	62.03%	—	46.72%
2013 Colorado Medicaid Weighted Average	—	63.73%	—	48.82%
2012 Colorado Medicaid Weighted Average	—	—	—	—

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	2,762	35.05%	871	36.97%
Denver Health Medicaid Choice	108	14.81%	24	NA
Rocky Mountain Health Plans	120	31.67%	39	35.90%
2014 Colorado Medicaid Weighted Average	—	34.18%	—	36.51%
2013 Colorado Medicaid Weighted Average	—	39.47%	—	43.63%
2012 Colorado Medicaid Weighted Average	—	—	—	—

Table A-18—Initiation and Engagement of Alcohol and Other Drug Dependence Treatment

Health Plan Name	Ages 13 to 17 Years			Ages 18 Years and Older			Total		
	Eligible Population	Initiation Rate	Engagement Rate	Eligible Population	Initiation Rate	Engagement Rate	Eligible Population	Initiation Rate	Engagement Rate
Fee-for-Service	1,210	23.14%	9.67%	13,843	29.18%	5.81%	15,053	28.69%	6.12%
Denver Health Medicaid Choice	100	22.00%	1.00%	1,387	47.08%	3.68%	1,487	45.39%	3.50%
Rocky Mountain Health Plans	NB	NB	NB	NB	NB	NB	NB	NB	NB
2014 Colorado Medicaid Weighted Average	—	23.05%	9.01%	—	30.81%	5.61%	—	30.19%	5.88%
2013 Colorado Medicaid Weighted Average	—	26.86%	10.99%	—	29.88%	5.10%	—	29.62%	5.60%
2012 Colorado Medicaid Weighted Average	—	—	—	—	—	—	—	—	—

Table A-19—Adherence to Antipsychotic Medications for Individuals With Schizophrenia

Health Plan Name	Eligible Population	Rate
Fee-for-Service	820	71.83%
Denver Health Medicaid Choice	189	64.02%
Rocky Mountain Health Plans	NB	NB
2014 Colorado Medicaid Weighted Average	—	70.37%
2013 Colorado Medicaid Weighted Average	—	—
2012 Colorado Medicaid Weighted Average	—	—

Table A-20—Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medication

Health Plan Name	Eligible Population	Rate
Fee-for-Service	1,264	87.50%
Denver Health Medicaid Choice	184	89.67%
Rocky Mountain Health Plans	NB	NB
2014 Colorado Medicaid Weighted Average	—	87.78%
2013 Colorado Medicaid Weighted Average	—	—
2012 Colorado Medicaid Weighted Average	—	—

Table A-21—Diabetes Monitoring for People With Diabetes and Schizophrenia

Health Plan Name	Eligible Population	Rate
Fee-for-Service	681	29.66%
Denver Health Medicaid Choice	62	70.97%
Rocky Mountain Health Plans	NR	NR
2014 Colorado Medicaid Weighted Average	—	33.11%
2013 Colorado Medicaid Weighted Average	—	—
2012 Colorado Medicaid Weighted Average	—	—

Table A-22—Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia		
Health Plan Name	Eligible Population	Rate
Fee-for-Service	47	21.28%
Denver Health Medicaid Choice	4	NA
Rocky Mountain Health Plans	NR	NR
2014 Colorado Medicaid Weighted Average	—	21.57%
2013 Colorado Medicaid Weighted Average	—	—
2012 Colorado Medicaid Weighted Average	—	—

Table A-23—Controlling High Blood Pressure		
Health Plan Name	Eligible Population	Rate
Fee-for-Service	20,070	47.93%
Denver Health Medicaid Choice	1,958	66.42%
Rocky Mountain Health Plans ¹	867	73.38%
2014 Colorado Medicaid Weighted Average	—	50.48%
2013 Colorado Medicaid Weighted Average	—	44.85%
2012 Colorado Medicaid Weighted Average	—	—
¹ The plan chose to rotate the measure. Measure rotation allows the health plan to use the audited and reportable rate from the previous year as specified by NCQA in the HEDIS 2014 <i>Technical Specifications for Health Plans, Volume 2</i> .		

Table A-24—Comprehensive Diabetes Care

Health 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	20,216	72.75%	20,216	59.61%	20,216	34.31%	20,216	40.15%	20,216	59.85%
Denver Health Medicaid Choice	1,767	88.81%	1,767	31.87%	1,767	58.39%	1,767	49.64%	1,767	76.64%
Rocky Mountain Health Plans	775	89.37%	775	26.41%	775	65.61%	775	63.62%	775	72.09%
2014 Colorado Medicaid Weighted Average	—	74.56%	—	56.33%	—	37.24%	—	41.68%	—	61.57%
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%

Table A-25—Comprehensive Diabetes Care

Health Plan Name	LDL-C Level <100mg/dL		Monitoring Attention for Nephropathy		Blood Pressure Control <140/80 mmHg		Blood Pressure Control <140/90 mmHg	
	Eligible Population	Rate	Eligible Population	Rate	Eligible Population	Rate	Eligible Population	Rate
Fee-for-Service	20,216	26.28%	20,216	70.07%	20,216	38.69%	20,216	56.20%
Denver Health Medicaid Choice	1,767	55.23%	1,767	82.48%	1,767	56.20%	1,767	72.99%
Rocky Mountain Health Plans	775	43.19%	775	75.58%	775	55.15%	775	76.74%
2014 Colorado Medicaid Weighted Average	—	29.10%	—	71.22%	—	40.61%	—	58.21%
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%

Table A-26—Annual Monitoring for Patients on Persistent Medications

Health 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	10,061	85.61%	176	89.77%	7,275	86.28%	2,960	66.18%	20,472	83.07%
Denver Health Medicaid Choice	1,559	87.30%	12	NA	1,226	86.05%	316	67.41%	3,113	84.74%
Rocky Mountain Health Plans	382	85.86%	15	NA	315	86.67%	176	70.45%	888	83.22%
2014 Colorado Medicaid Weighted Average	—	85.84%	—	89.16%	—	86.26%	—	66.51%	—	83.29%
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%

Table A-27—Use of Imaging Studies for Low Back Pain

Health Plan Name	Eligible Population	Rate
Fee-for-Service	5,734	78.46%
Denver Health Medicaid Choice	339	81.12%
Rocky Mountain Health Plans	205	74.15%
2014 Colorado Medicaid Weighted Average	—	78.46%
2013 Colorado Medicaid Weighted Average	—	—
2012 Colorado Medicaid Weighted Average	—	73.84%

Table A-28—Pharmacotherapy Management of COPD Exacerbation				
Health Plan Name	Systemic Corticosteroid		Bronchodilator	
	Eligible Population	Rate	Eligible Population	Rate
Fee-for-Service	584	61.30%	584	79.79%
Denver Health Medicaid Choice	208	64.90%	208	76.92%
Rocky Mountain Health Plans	83	32.53%	83	48.19%
2014 Colorado Medicaid Weighted Average	—	59.43%	—	76.11%
2013 Colorado Medicaid Weighted Average	—	—	—	—
2012 Colorado Medicaid Weighted Average	—	47.11%	—	62.70%

Table A-29—Use of Appropriate Medications for People With Asthma										
Health Plan Name	Ages 5 to 11 Years		Ages 12 to 18 Years		Ages 19 to 50 Years		Ages 51 to 64 Years		Total	
	Eligible Population	Rate	Eligible Population	Rate	Eligible Population	Rate	Eligible Population	Rate	Eligible Population	Rate
Fee-for-Service	3,499	92.45%	2,262	85.85%	1,901	78.06%	351	80.06%	8,013	86.63%
Denver Health Medicaid Choice	226	89.82%	155	84.52%	153	64.05%	69	60.87%	603	78.61%
Rocky Mountain Health Plans	94	95.74%	83	84.34%	63	71.43%	16	NA	256	85.94%
2014 Colorado Medicaid Weighted Average	—	92.38%	—	85.72%	—	76.85%	—	77.52%	—	86.07%
2013 Colorado Medicaid Weighted Average	—	—	—	—	—	—	—	—	—	—
2012 Colorado Medicaid Weighted Average	—	92.34%	—	89.30%	—	84.01%	—	89.06%	—	89.23%

Table A-30—Asthma Medication Ratio										
Health Plan Name	Ages 5 to 11 Years		Ages 12 to 18 Years		Ages 19 to 50 Years		Ages 51 to 64 Years		Total	
	Eligible Population	Rate	Eligible Population	Rate	Eligible Population	Rate	Eligible Population	Rate	Eligible Population	Rate
Fee-for-Service	3,455	78.38%	2,243	63.66%	1,881	49.81%	351	58.40%	7,930	66.56%
Denver Health Medicaid Choice	222	71.62%	154	53.25%	152	34.21%	69	39.13%	597	53.60%
Rocky Mountain Health Plans	93	77.42%	83	57.83%	63	42.86%	16	NA	255	62.35%
2014 Colorado Medicaid Weighted Average	—	77.96%	—	62.82%	—	48.47%	—	55.96%	—	65.55%
2013 Colorado Medicaid Weighted Average	—	68.77%	—	60.22%	—	45.81%	—	51.20%	—	60.16%
2012 Colorado Medicaid Weighted Average	—	—	—	—	—	—	—	—	—	—

Table A-31—Use of Spirometry Testing in the Assessment and Diagnosis of COPD		
Health Plan Name	Eligible Population	Rate
Fee-for-Service	2,477	23.05%
Denver Health Medicaid Choice	195	30.26%
Rocky Mountain Health Plans	98	29.59%
2014 Colorado Medicaid Weighted Average	—	23.79%
2013 Colorado Medicaid Weighted Average	—	—
2012 Colorado Medicaid Weighted Average	—	—

Table A-32—Disease-Modifying Anti-Rheumatic Drug Therapy in Rheumatoid Arthritis		
Health Plan Name	Eligible Population	Rate
Fee-for-Service	583	74.10%
Denver Health Medicaid Choice	81	81.48%
Rocky Mountain Health Plans	59	52.54%
2014 Colorado Medicaid Weighted Average	—	73.17%
2013 Colorado Medicaid Weighted Average	—	—
2012 Colorado Medicaid Weighted Average	—	—

Table A-33—Ambulatory Care: Total Outpatient Visits Per 1,000 MM									
Health Plan Name	Age <1 Year	Ages 1–9 Years	Ages 10–19 Years	Ages 20–44 Years	Ages 45–64 Years	Ages 65–74 Years	Ages 75–84 Years	Ages 85+ Years	Total
Fee-for-Service	761.05	248.56	220.59	318.64	492.28	427.72	385.80	262.17	310.19
Denver Health Medicaid Choice	438.80	157.48	168.65	259.78	378.59	407.62	375.04	335.18	225.92
Rocky Mountain Health Plans	731.22	300.37	263.46	428.02	758.14	883.57	788.35	800.95	401.91
2014 Colorado Medicaid Weighted Average	734.50	243.08	217.95	318.55	491.24	437.32	394.35	277.78	307.00
2013 Colorado Medicaid Weighted Average	—	—	—	—	—	—	—	—	—
2012 Colorado Medicaid Weighted Average	701.67	263.04	234.75	348.49	562.24	591.34	592.60	546.28	346.46

Table A-34—Ambulatory Care: Total Emergency Department Visits Per 1,000 MM									
Health Plan Name	Age <1 Year	Ages 1–9 Years	Ages 10–19 Years	Ages 20–44 Years	Ages 45–64 Years	Ages 65–74 Years	Ages 75–84 Years	Ages 85+ Years	Total
Fee-for-Service	95.42	46.92	40.12	93.10	72.90	39.59	31.66	27.65	60.39
Denver Health Medicaid Choice	73.65	31.21	23.10	73.74	66.42	44.85	41.64	48.75	44.05
Rocky Mountain Health Plans	59.97	36.86	38.24	99.95	86.71	60.54	60.22	56.98	58.85
2014 Colorado Medicaid Weighted Average	92.53	45.29	38.73	92.11	72.80	40.44	32.87	29.05	59.14
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

Table A-35—Inpatient Utilization—General Hospital/Acute Care: Total—Discharges per 1,000 MM (Inpatient)									
Health Plan Name	Age <1 Year	Ages 1–9 Years	Ages 10–19 Years	Ages 20–44 Years	Ages 45–64 Years	Ages 65–74 Years	Ages 75–84 Years	Ages 85+ Years	Total
Fee-for-Service	10.83	1.91	3.71	18.59	18.73	17.65	18.79	18.83	9.44
Denver Health Medicaid Choice	6.11	1.49	2.04	11.70	15.72	4.01	4.72	4.99	5.53
Rocky Mountain Health Plans	5.99	1.62	4.68	17.38	21.04	28.57	30.48	31.41	9.25
2014 Colorado Medicaid Weighted Average	10.30	1.87	3.61	18.11	18.57	17.03	18.27	18.69	9.15
2013 Colorado Medicaid Weighted Average	—	—	—	—	—	—	—	—	—
2012 Colorado Medicaid Weighted Average	13.76	2.24	4.55	19.91	23.58	22.10	24.03	23.25	10.77

Table A-36—Inpatient Utilization—General Hospital/Acute Care: Total—Days per 1,000 MM (Inpatient)									
Health Plan Name	Age <1 Year	Ages 1–9 Years	Ages 10–19 Years	Ages 20–44 Years	Ages 45–64 Years	Ages 65–74 Years	Ages 75–84 Years	Ages 85+ Years	Total
Fee-for-Service	45.33	6.41	8.60	39.41	78.55	63.70	64.16	58.02	26.98
Denver Health Medicaid Choice	28.68	4.26	6.48	38.11	86.06	15.89	20.87	23.27	21.84
Rocky Mountain Health Plans	25.45	4.66	12.13	46.89	105.14	136.61	191.33	157.78	32.87
2014 Colorado Medicaid Weighted Average	43.36	6.18	8.55	39.58	79.93	62.34	64.62	59.35	26.80
2013 Colorado Medicaid Weighted Average	—	—	—	—	—	—	—	—	—
2012 Colorado Medicaid Weighted Average	114.79	7.46	15.81	63.84	141.17	124.47	122.12	119.47	47.33

Table A-37—Inpatient Utilization—General Hospital/Acute Care: Total—Average Length of Stay (Inpatient)									
Health Plan Name	Age <1 Year	Ages 1–9 Years	Ages 10–19 Years	Ages 20–44 Years	Ages 45–64 Years	Ages 65–74 Years	Ages 75–84 Years	Ages 85+ Years	Total
Fee-for-Service	4.18	3.35	2.32	2.12	4.19	3.61	3.41	3.08	2.86
Denver Health Medicaid Choice	4.69	2.85	3.18	3.26	5.48	3.97	4.43	4.67	3.95
Rocky Mountain Health Plans	4.25	2.88	2.59	2.70	5.00	4.78	6.28	5.02	3.55
2014 Colorado Medicaid Weighted Average	4.21	3.31	2.37	2.18	4.31	3.66	3.54	3.18	2.93
2013 Colorado Medicaid Weighted Average	—	—	—	—	—	—	—	—	—
2012 Colorado Medicaid Weighted Average	8.34	3.33	3.48	3.21	5.99	5.63	5.08	5.14	4.40

Table A-38—Inpatient Utilization—General Hospital/Acute Care: Total—Discharges per 1,000 MM (Medicine)									
Health Plan Name	Age <1 Year	Ages 1–9 Years	Ages 10–19 Years	Ages 20–44 Years	Ages 45–64 Years	Ages 65–74 Years	Ages 75–84 Years	Ages 85+ Years	Total
Fee-for-Service	9.14	1.52	0.95	3.56	11.77	12.08	13.69	15.55	3.90
Denver Health Medicaid Choice	4.73	1.18	1.57	9.99	10.48	2.89	2.41	1.66	4.27
Rocky Mountain Health Plans	4.68	1.20	1.39	3.74	13.93	22.50	25.03	25.20	4.08
2014 Colorado Medicaid Weighted Average	8.64	1.48	1.01	3.97	11.73	11.73	13.31	15.34	3.93
2013 Colorado Medicaid Weighted Average	—	—	—	—	—	—	—	—	—
2012 Colorado Medicaid Weighted Average	11.65	1.76	1.12	4.13	15.55	15.28	17.77	18.31	4.90

Table A-39—Inpatient Utilization—General Hospital/Acute Care: Total—Days per 1,000 MM (Medicine)									
Health Plan Name	Age <1 Year	Ages 1–9 Years	Ages 10–19 Years	Ages 20–44 Years	Ages 45–64 Years	Ages 65–74 Years	Ages 75–84 Years	Ages 85+ Years	Total
Fee-for-Service	31.78	4.46	2.90	11.48	40.85	38.19	40.39	45.28	12.60
Denver Health Medicaid Choice	19.80	2.95	4.39	28.58	50.28	9.78	6.62	6.65	14.41
Rocky Mountain Health Plans	18.80	3.06	3.73	14.28	65.21	101.43	133.83	113.95	16.74
2014 Colorado Medicaid Weighted Average	30.40	4.29	3.04	12.65	42.31	37.85	40.62	45.72	12.87
2013 Colorado Medicaid Weighted Average	—	—	—	—	—	—	—	—	—
2012 Colorado Medicaid Weighted Average	82.72	4.46	3.65	14.17	67.14	69.54	75.85	88.29	20.72

Table A-40—Inpatient Utilization—General Hospital/Acute Care: Total—Average Length of Stay (Medicine)									
Health Plan Name	Age <1 Year	Ages 1–9 Years	Ages 10–19 Years	Ages 20–44 Years	Ages 45–64 Years	Ages 65–74 Years	Ages 75–84 Years	Ages 85+ Years	Total
Fee-for-Service	3.48	2.95	3.06	3.22	3.47	3.16	2.95	2.91	3.23
Denver Health Medicaid Choice	4.19	2.51	2.81	2.86	4.80	3.39	2.75	4.00	3.37
Rocky Mountain Health Plans	4.02	2.54	2.68	3.82	4.68	4.51	5.35	4.52	4.10
2014 Colorado Medicaid Weighted Average	3.52	2.91	3.01	3.18	3.61	3.23	3.05	2.98	3.27
2013 Colorado Medicaid Weighted Average	—	—	—	—	—	—	—	—	—
2012 Colorado Medicaid Weighted Average	7.10	2.53	3.27	3.43	4.32	4.55	4.27	4.82	4.23

Table A-41—Inpatient Utilization—General Hospital/Acute Care: Total—Discharges per 1,000 MM (Surgery)									
Health Plan Name	Age <1 Year	Ages 1–9 Years	Ages 10–19 Years	Ages 20–44 Years	Ages 45–64 Years	Ages 65–74 Years	Ages 75–84 Years	Ages 85+ Years	Total
Fee-for-Service	1.66	0.40	0.59	2.12	6.89	5.57	5.09	3.27	1.82
Denver Health Medicaid Choice	1.38	0.32	0.42	1.37	5.23	1.12	2.31	3.32	1.17
Rocky Mountain Health Plans	1.31	0.41	0.81	1.96	7.07	6.07	5.45	6.21	1.73
2014 Colorado Medicaid Weighted Average	1.63	0.39	0.58	2.07	6.77	5.29	4.95	3.34	1.77
2013 Colorado Medicaid Weighted Average	—	—	—	—	—	—	—	—	—
2012 Colorado Medicaid Weighted Average	2.07	0.48	0.72	2.50	7.96	6.79	6.23	4.91	2.13

Table A-42—Inpatient Utilization—General Hospital/Acute Care: Total—Days per 1,000 MM (Surgery)									
Health Plan Name	Age <1 Year	Ages 1–9 Years	Ages 10–19 Years	Ages 20–44 Years	Ages 45–64 Years	Ages 65–74 Years	Ages 75–84 Years	Ages 85+ Years	Total
Fee-for-Service	13.51	1.95	2.84	10.05	37.55	25.51	23.77	12.70	9.26
Denver Health Medicaid Choice	8.88	1.31	1.96	8.62	35.77	6.11	14.25	16.62	7.21
Rocky Mountain Health Plans	6.64	1.60	3.35	7.88	39.76	35.18	57.50	43.83	8.86
2014 Colorado Medicaid Weighted Average	12.92	1.88	2.79	9.89	37.48	24.48	24.00	13.60	9.10
2013 Colorado Medicaid Weighted Average	—	—	—	—	—	—	—	—	—
2012 Colorado Medicaid Weighted Average	31.66	3.00	5.11	16.18	73.71	54.86	46.18	31.05	17.11

Table A-43—Inpatient Utilization—General Hospital/Acute Care: Total—Length of Stay (Surgery)									
Health Plan Name	Age <1 Year	Ages 1–9 Years	Ages 10–19 Years	Ages 20–44 Years	Ages 45–64 Years	Ages 65–74 Years	Ages 75–84 Years	Ages 85+ Years	Total
Fee-for-Service	8.13	4.91	4.84	4.73	5.45	4.58	4.67	3.89	5.09
Denver Health Medicaid Choice	6.42	4.14	4.68	6.31	6.83	5.47	6.17	5.00	6.15
Rocky Mountain Health Plans	5.07	3.88	4.13	4.01	5.62	5.79	10.55	7.06	5.13
2014 Colorado Medicaid Weighted Average	7.93	4.82	4.80	4.78	5.54	4.63	4.85	4.07	5.14
2013 Colorado Medicaid Weighted Average	—	—	—	—	—	—	—	—	—
2012 Colorado Medicaid Weighted Average	15.31	6.30	7.11	6.47	9.26	8.08	7.41	6.32	8.04

Table A-44—Inpatient Utilization—General Hospital/Acute Care: Total—Discharges per 1,000 MM (Maternity)				
Health Plan Name	Ages 10–19 Years	Ages 20–44 Years	Ages 45–64 Years	Total
Fee-for-Service	2.18	12.90	0.07	6.49
Denver Health Medicaid Choice	0.05	0.34	0.00	0.15
Rocky Mountain Health Plans	2.48	11.68	0.04	6.14
2014 Colorado Medicaid Weighted Average	2.02	12.07	0.07	6.02
2013 Colorado Medicaid Weighted Average	—	—	—	—
2012 Colorado Medicaid Weighted Average	2.71	13.28	0.07	6.98

Table A-45—Inpatient Utilization—General Hospital/Acute Care: Total—Days per 1,000 MM (Maternity)				
Health Plan Name	Ages 10–19 Years	Ages 20–44 Years	Ages 45–64 Years	Total
Fee-for-Service	2.86	17.88	0.15	8.94
Denver Health Medicaid Choice	0.12	0.91	0.00	0.40
Rocky Mountain Health Plans	5.05	24.73	0.16	12.94
2014 Colorado Medicaid Weighted Average	2.72	17.04	0.14	8.46
2013 Colorado Medicaid Weighted Average	—	—	—	—
2012 Colorado Medicaid Weighted Average	7.05	33.48	0.32	17.72

Table A-46—Inpatient Utilization—General Hospital/Acute Care: Total—Average Length of Stay (Maternity)				
Health Plan Name	Ages 10–19 Years	Ages 20–44 Years	Ages 45–64 Years	Total
Fee-for-Service	1.31	1.39	2.08	1.38
Denver Health Medicaid Choice	2.38	2.65	NA	2.61
Rocky Mountain Health Plans	2.04	2.12	4.00	2.11
2014 Colorado Medicaid Weighted Average	1.35	1.41	2.11	1.40
2013 Colorado Medicaid Weighted Average	—	—	—	—
2012 Colorado Medicaid Weighted Average	2.60	2.52	4.79	2.54

Table A-47—Antibiotic Utilization—Average Scripts for PMPY for Antibiotics									
Health Plan Name	Ages 0–9 Years	Ages 10–17 Years	Ages 18–34 Years	Ages 35–49 Years	Ages 50–64 Years	Ages 65–74 Years	Ages 75–84 Years	Ages 85+ Years	Total
Fee-for-Service	0.92	0.63	1.30	1.25	1.45	1.02	0.79	0.80	0.99
Denver Health Medicaid Choice	0.23	0.16	0.66	0.58	0.65	0.22	0.12	0.24	0.35
Rocky Mountain Health Plans	1.02	0.63	1.39	1.30	1.07	0.37	0.23	0.28	1.01
2014 Colorado Medicaid Weighted Average	0.87	0.59	1.26	1.20	1.35	0.71	0.52	0.53	0.94
2013 Colorado Medicaid Weighted Average	—	—	—	—	—	—	—	—	—
2012 Colorado Medicaid Weighted Average	—	—	—	—	—	—	—	—	—

Table A-48—Antibiotic Utilization—Average Days Supplied per Antibiotic Script									
Health Plan Name	Ages 0–9 Years	Ages 10–17 Years	Ages 18–34 Years	Ages 35–49 Years	Ages 50–64 Years	Ages 65–74 Years	Ages 75–84 Years	Ages 85+ Years	Total
Fee-for-Service	9.56	11.15	9.21	9.58	10.03	9.88	9.49	9.03	9.74
Denver Health Medicaid Choice	9.50	10.22	8.67	9.58	10.74	11.04	9.89	11.28	9.54
Rocky Mountain Health Plans	9.45	11.04	9.11	9.85	10.14	13.27	12.13	8.32	9.71
2014 Colorado Medicaid Weighted Average	9.55	11.13	9.19	9.59	10.07	10.19	9.66	9.24	9.73
2013 Colorado Medicaid Weighted Average	—	—	—	—	—	—	—	—	—
2012 Colorado Medicaid Weighted Average	—	—	—	—	—	—	—	—	—

Table A-49—Antibiotic Utilization—Average Scripts PMPY for Antibiotics of Concern

Health Plan Name	Ages 0–9 Years	Ages 10–17 Years	Ages 18–34 Years	Ages 35–49 Years	Ages 50–64 Years	Ages 65–74 Years	Ages 75–84 Years	Ages 85+ Years	Total
Fee-for-Service	0.35	0.22	0.45	0.52	0.69	0.47	0.40	0.33	0.37
Denver Health Medicaid Choice	0.05	0.04	0.16	0.18	0.28	0.11	0.07	0.10	0.10
Rocky Mountain Health Plans	0.34	0.19	0.48	0.59	0.52	0.16	0.12	0.10	0.36
2014 Colorado Medicaid Weighted Average	0.32	0.21	0.43	0.50	0.63	0.33	0.27	0.22	0.35
2013 Colorado Medicaid Weighted Average	—	—	—	—	—	—	—	—	—
2012 Colorado Medicaid Weighted Average	—	—	—	—	—	—	—	—	—

Table A-50—Antibiotic Utilization—Percentage of Antibiotics of Concerns of all Antibiotic Scripts

Health Plan Name	Ages 0–9 Years	Ages 10–17 Years	Ages 18–34 Years	Ages 35–49 Years	Ages 50–64 Years	Ages 65–74 Years	Ages 75–84 Years	Ages 85+ Years	Total
Fee-for-Service	37.32%	35.44%	34.52%	41.78%	47.30%	45.71%	51.11%	41.50%	37.69%
Denver Health Medicaid Choice	22.44%	23.51%	23.43%	30.85%	42.45%	49.30%	56.12%	41.67%	27.65%
Rocky Mountain Health Plans	33.31%	29.76%	34.74%	45.11%	48.79%	43.35%	52.56%	34.92%	35.93%
2014 Colorado Medicaid Weighted Average	36.85%	34.98%	34.16%	41.48%	47.09%	45.92%	51.52%	40.80%	37.32%
2013 Colorado Medicaid Weighted Average	—	—	—	—	—	—	—	—	—
2012 Colorado Medicaid Weighted Average	—	—	—	—	—	—	—	—	—

Table A-51—Frequency of Selected Procedures—Bariatric Weight Loss Surgery						
Health Plan Name	Ages 0–19		Ages 20–44		Ages 45–64	
	Male	Female	Male	Female	Male	Female
Fee-for-Service	0.00	<0.01	0.02	0.09	0.02	0.12
Denver Health Medicaid Choice	0.00	0.00	0.00	0.05	0.00	0.03
Rocky Mountain Health Plans	0.00	0.00	0.07	0.23	0.00	0.53
2014 Colorado Medicaid Weighted Average	0.00	<0.01	0.02	0.09	0.02	0.13
2013 Colorado Medicaid Weighted Average	0.00	0.00	0.03	0.09	0.01	0.11
2012 Colorado Medicaid Weighted Average	<0.01	<0.01	0.02	0.18	0.03	0.10

Table A-52—Frequency of Selected Procedures—Tonsillectomy		
Health Plan Name	Ages 0–9	Ages 10–19
Fee-for-Service	0.58	0.38
Denver Health Medicaid Choice	0.36	0.19
Rocky Mountain Health Plans	1.31	0.92
2014 Colorado Medicaid Weighted Average	0.59	0.39
2013 Colorado Medicaid Weighted Average	0.62	0.47
2012 Colorado Medicaid Weighted Average	0.86	0.55

Table A-53—Frequency of Selected Procedures—Hysterectomy				
Health Plan Name	Abdominal		Vaginal	
	Ages 15–44	Ages 45–64	Ages 15–44	Ages 45–64
Fee-for-Service	0.10	0.19	0.18	0.17
Denver Health Medicaid Choice	0.06	0.12	0.09	0.15
Rocky Mountain Health Plans	0.29	0.13	0.60	0.20
2014 Colorado Medicaid Weighted Average	0.10	0.18	0.19	0.17
2013 Colorado Medicaid Weighted Average	0.21	0.33	0.29	0.26
2012 Colorado Medicaid Weighted Average	0.23	0.27	0.35	0.34

Table A-54—Frequency of Selected Procedures—Cholecystectomy						
Health Plan Name	Open			Laparoscopic		
	Male, Ages 30–64	Female, Ages 15–44	Female, Ages 45–64	Male, Ages 30–64	Female, Ages 15–44	Female, Ages 45–64
Fee-for-Service	0.03	0.01	0.06	0.28	0.83	0.73
Denver Health Medicaid Choice	0.05	0.05	0.06	0.20	0.55	0.36
Rocky Mountain Health Plans	0.05	0.00	0.07	0.94	1.35	1.60
2014 Colorado Medicaid Weighted Average	0.03	0.02	0.06	0.29	0.83	0.74
2013 Colorado Medicaid Weighted Average	0.07	0.02	0.07	0.36	0.92	0.72
2012 Colorado Medicaid Weighted Average	0.07	0.02	0.07	0.39	1.01	0.82

Table A-55—Frequency of Selected Procedures—Back Surgery				
Health Plan Name	Ages 20–44		Ages 45–64	
	Male	Female	Male	Female
Fee-for-Service	0.32	0.21	0.52	0.67
Denver Health Medicaid Choice	0.06	0.04	0.09	0.15
Rocky Mountain Health Plans	0.63	0.23	0.95	0.73
2014 Colorado Medicaid Weighted Average	0.31	0.20	0.50	0.63
2013 Colorado Medicaid Weighted Average	0.37	0.23	0.78	0.81
2012 Colorado Medicaid Weighted Average	0.41	0.24	0.66	0.82

Table A-56—Frequency of Selected Procedures—Mastectomy/Lumpectomy				
Health Plan Name	Mastectomy		Lumpectomy	
	Ages 15–44	Ages 45–64	Ages 15–44	Ages 45–64
Fee-for-Service	0.04	0.37	0.10	0.58
Denver Health Medicaid Choice	0.02	0.03	0.09	0.27
Rocky Mountain Health Plans	0.04	0.07	0.30	0.53
2014 Colorado Medicaid Weighted Average	0.04	0.34	0.10	0.56
2013 Colorado Medicaid Weighted Average	0.03	0.30	0.10	0.47
2012 Colorado Medicaid Weighted Average	0.03	0.38	0.11	0.71

Appendix B includes trend tables for each of the Colorado Medicaid health plans. Where applicable, each measure’s rate for 2012, 2013, and 2014 is presented along with trend analysis results. Please note that statistical tests were not performed for measures under the Use of Service domain. For purposes of the trend analysis, the 2014 rates were compared to the 2013 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 2014 rate is 2.5 percentage points <i>higher</i> than the 2013 rate.
-2.5	The 2014 rate is 2.5 percentage points <i>lower</i> than the 2013 rate.
+2.5	The 2014 rate is 2.5 percentage points <i>statistically significantly higher</i> than the 2013 rate.
-2.5	The 2014 rate is 2.5 percentage points <i>statistically significantly lower</i> than the 2013 rate.

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

- ◆ Table B-1—Fee-for-Service
- ◆ Table B-2—Denver Health Medicaid Choice
- ◆ Table B-3—Rocky Mountain Health Plans
- ◆ Table B-4—Colorado Medicaid Statewide Trend Table

Table B-1—Fee-for-Service Trend Table

Measures	HEDIS 2012	HEDIS 2013	HEDIS 2014	Change From 2013 to 2014
Pediatric Care				
<i>Childhood Immunization Status¹</i>				
<i>DTaP</i>	75.91%	65.47%	72.26%	+6.79
<i>IPV</i>	88.81%	81.77%	88.08%	+6.31
<i>MMR</i>	87.83%	81.02%	86.62%	+5.60
<i>HiB</i>	91.24%	82.36%	87.59%	+5.23
<i>Hepatitis B</i>	89.05%	81.17%	88.32%	+7.15
<i>VZV</i>	86.62%	81.04%	86.62%	+5.58
<i>Pneumococcal Conjugate</i>	77.62%	66.79%	74.21%	+7.42
<i>Hepatitis A</i>	32.36%	68.10%	76.40%	+8.30
<i>Rotavirus</i>	61.31%	55.55%	65.69%	+10.14
<i>Influenza</i>	49.88%	44.12%	51.09%	+6.97
<i>Combination 2</i>	70.56%	59.52%	68.13%	+8.61
<i>Combination 3</i>	66.67%	56.35%	65.45%	+9.10
<i>Combination 4</i>	27.49%	48.57%	59.85%	+11.28
<i>Combination 5</i>	49.15%	41.58%	52.55%	+10.97
<i>Combination 6</i>	42.09%	34.30%	42.34%	+8.04
<i>Combination 7</i>	20.68%	36.13%	48.42%	+12.29
<i>Combination 8</i>	17.76%	31.72%	38.44%	+6.72
<i>Combination 9</i>	33.09%	26.42%	35.28%	+8.86
<i>Combination 10</i>	13.38%	24.44%	32.12%	+7.68
<i>Immunizations for Adolescents²</i>				
<i>Meningococcal</i>	54.10%	57.32%	64.48%	+7.16
<i>Tdap/Td</i>	73.92%	75.15%	82.24%	+7.09
<i>Combination 1</i>	52.52%	55.74%	63.75%	+8.01
<i>Well-Child Visits in the First 15 Months of Life</i>				
<i>Zero Visits*</i>	2.19%	1.95%	2.92%	+0.97
<i>Six or More Visits</i>	62.53%	61.31%	61.56%	+0.25
<i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life³</i>				
	60.53%	60.34%	60.34%	0.00
<i>Adolescent Well-Care Visits</i>				
	38.93%	37.71%	36.50%	-1.21
<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</i>				
<i>BMI Assessment: Ages 3 to 11 Years</i>	44.56%	53.51%	50.00%	-3.51
<i>Nutrition Counseling: Ages 3 to 11 Years</i>	52.72%	58.67%	54.03%	-4.64
<i>Physical Activity Counseling: Ages 3 to 11 Years</i>	37.76%	45.02%	46.98%	+1.96
<i>BMI Assessment: Ages 12 to 17 Years</i>	50.43%	51.43%	49.56%	-1.87

Table B-1—Fee-for-Service Trend Table

Measures	HEDIS 2012	HEDIS 2013	HEDIS 2014	Change From 2013 to 2014
<i>Nutrition Counseling: Ages 12 to 17 Years</i>	47.01%	51.43%	46.02%	-5.41
<i>Physical Activity Counseling: Ages 12 to 17 Years</i>	47.01%	55.71%	48.67%	-7.04
<i>BMI Assessment: Total</i>	46.23%	52.80%	49.88%	-2.92
<i>Nutrition Counseling: Total</i>	51.09%	56.20%	51.82%	-4.38
<i>Physical Activity Counseling: Total</i>	40.39%	48.66%	47.45%	-1.21
<i>Appropriate Testing for Children with Pharyngitis</i>	—	73.51%	71.46%	-2.05
Annual Dental Visit				
<i>Ages 2 to 3 Years</i>	55.87%	—	56.11%	—
<i>Ages 4 to 6 Years</i>	70.37%	—	67.13%	—
<i>Ages 7 to 10 Years</i>	73.53%	—	70.42%	—
<i>Ages 11 to 14 Years</i>	67.71%	—	65.76%	—
<i>Ages 15 to 18 Years</i>	59.04%	—	56.21%	—
<i>Ages 19 to 21 Years</i>	36.08%	—	33.07%	—
<i>Total</i>	65.68%	—	63.41%	—
Access to Care				
Prenatal and Postpartum Care				
<i>Timeliness of Prenatal Care</i>	76.16%	78.59%	72.75%	-5.84
<i>Postpartum Care</i>	60.34%	56.69%	56.93%	+0.24
Children's and Adolescents' Access to Primary Care Practitioners				
<i>Ages 12 to 24 Months</i>	95.36%	94.64%	95.38%	+0.74
<i>Ages 25 Months to 6 Years</i>	84.42%	81.85%	81.77%	-0.08
<i>Ages 7 to 11 Years</i>	86.55%	86.35%	86.00%	-0.35
<i>Ages 12 to 19 Years</i>	86.26%	86.09%	85.66%	-0.43
Adults' Access to Preventive/Ambulatory Health Services				
<i>Ages 20 to 44 Years</i>	77.62%	75.83%	74.55%	-1.28
<i>Ages 45 to 64 Years</i>	81.25%	81.63%	81.19%	-0.44
<i>Ages 65 Years and Older</i>	75.81%	75.03%	75.70%	+0.67
<i>Total</i>	78.07%	77.00%	76.37%	-0.63
Preventive Screening				
Chlamydia Screening in Women				
<i>Ages 16 to 20 Years</i>	52.86%	48.78%	46.10%	-2.68
<i>Ages 21 to 24 Years</i>	58.59%	58.74%	55.12%	-3.62
<i>Total</i>	55.89%	53.96%	50.77%	-3.19
<i>Breast Cancer Screening</i>	—	27.87%	28.51%	+0.64
<i>Cervical Cancer Screening⁴</i>	—	44.76%	56.45%	+11.69
<i>Adult BMI Assessment</i>	52.07%	71.29%	69.10%	-2.19

Table B-1—Fee-for-Service Trend Table

Measures	HEDIS 2012	HEDIS 2013	HEDIS 2014	Change From 2013 to 2014
Mental/Behavioral Health				
<i>Antidepressant Medication Management</i>				
<i>Effective Acute Phase Treatment</i>	—	64.02%	63.25%	-0.77
<i>Effective Continuation Phase Treatment</i>	—	49.02%	47.69%	-1.33
<i>Follow-up Care for Children Prescribed ADHD Medication</i>				
<i>Initiation</i>	—	40.15%	35.05%	-5.10
<i>Continuation</i>	—	45.24%	36.97%	-8.27
<i>Initiation and Engagement of Alcohol and Other Drug Dependence Treatment</i>				
<i>Initiation of AOD Treatment: Ages 13 to 17 Years</i>	—	26.19%	23.14%	-3.05
<i>Engagement of AOD Treatment: Ages 13 to 17 Years</i>	—	12.12%	9.67%	-2.45
<i>Initiation of AOD Treatment: Ages 18+ Years</i>	—	27.80%	29.18%	+1.38
<i>Engagement of AOD Treatment: Ages 18+ Years</i>	—	5.40%	5.81%	+0.41
<i>Initiation of AOD Treatment: Total</i>	—	27.66%	28.69%	+1.03
<i>Engagement of AOD Treatment: Total</i>	—	5.98%	6.12%	+0.14
<i>Adherence to Antipsychotic Medications for Individuals With Schizophrenia</i>	—	75.40%	71.83%	-3.57
<i>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medication</i>	—	—	87.50%	—
<i>Diabetes Monitoring for People With Diabetes and Schizophrenia</i>	—	—	29.66%	—
<i>Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia</i>	—	—	21.28%	—
Living With Illness				
<i>Controlling High Blood Pressure</i>	—	40.39%	47.93%	+7.54
<i>Comprehensive Diabetes Care</i>				
<i>HbA1c Testing</i>	66.42%	64.48%	72.75%	+8.27
<i>HbA1c Poor Control (>9.0%)*</i>	64.96%	67.88%	59.61%	-8.27
<i>HbA1c Control (<8.0%)</i>	30.90%	27.98%	34.31%	+6.33
<i>Eye Exam</i>	40.63%	40.63%	40.15%	-0.48
<i>LDL-C Screening</i>	57.18%	53.28%	59.85%	+6.57
<i>LDL-C Level <100 mg/dL</i>	19.46%	23.60%	26.28%	+2.68
<i>Medical Attention for Nephropathy</i>	72.99%	69.10%	70.07%	+0.97
<i>Blood Pressure Controlled <140/80 mm Hg</i>	30.90%	37.47%	38.69%	+1.22
<i>Blood Pressure Controlled <140/90 mm Hg</i>	46.47%	51.34%	56.20%	+4.86
<i>Annual Monitoring for Patients on Persistent Medications</i>				
<i>ACE Inhibitors or ARBs</i>	86.70%	87.20%	85.61%	-1.59
<i>Anticonvulsants</i>	67.30%	52.99%	66.18%	+13.19
<i>Digoxin</i>	91.49%	86.42%	89.77%	+3.35

Table B-1—Fee-for-Service Trend Table

Measures	HEDIS 2012	HEDIS 2013	HEDIS 2014	Change From 2013 to 2014
<i>Diuretics</i>	86.77%	86.41%	86.28%	-0.13
<i>Total</i>	83.46%	80.26%	83.07%	+2.81
<i>Use of Imaging Studies for Low Back Pain</i>	73.43%	—	78.46%	—
<i>Pharmacotherapy Management of COPD Exacerbation</i>				
<i>Systemic Corticosteroids</i>	47.43%	—	61.30%	—
<i>Bronchodilator</i>	64.72%	—	79.79%	—
<i>Use of Appropriate Medication for People With Asthma</i>				
<i>Ages 5 to 11 Years</i>	92.08%	—	92.45%	—
<i>Ages 12 to 18 Years</i>	89.30%	—	85.85%	—
<i>Ages 19 to 50 Years</i>	84.90%	—	78.06%	—
<i>Ages 51 to 64 Years</i>	92.28%	—	80.06%	—
<i>Total</i>	89.73%	—	86.63%	—
<i>Asthma Medication Ratio</i>				
<i>Ages 5 to 11 Years</i>	—	70.52%	78.38%	+7.86
<i>Ages 12 to 18 Years</i>	—	60.68%	63.66%	+2.98
<i>Ages 19 to 50 Years</i>	—	47.05%	49.81%	+2.76
<i>Ages 51 to 64 Years</i>	—	54.95%	58.40%	+3.45
<i>Total</i>	—	61.76%	66.56%	+4.80
<i>Use of Spirometry Testing in the Assessment and Diagnosis of COPD</i>	—	—	23.05%	—
<i>Disease-Modifying Anti-Rheumatic Drug Therapy in Rheumatoid Arthritis</i>	—	—	74.10%	—
Use of Services†				
<i>Ambulatory Care: Total</i>				
<i>Outpatient Visits Per 1,000 MM: Total</i>	346.57	—	310.19	—
<i>Emergency Department Visits Per 1,000 MM: Total</i>	60.40	67.02	60.39	-6.63
<i>Inpatient Utilization—General Hospital/Acute Care: Total</i>				
<i>Discharges per 1,000 MM (Total Inpatient)</i>	10.79	—	9.44	—
<i>Days per 1,000 MM (Total Inpatient)</i>	48.81	—	26.98	—
<i>Average Length of Stay (Total Inpatient)</i>	4.52	—	2.86	—
<i>Discharges per 1,000 MM (Medicine)</i>	4.72	—	3.90	—
<i>Days per 1,000 MM (Medicine)</i>	20.96	—	12.60	—
<i>Average Length of Stay (Medicine)</i>	4.44	—	3.23	—
<i>Discharges per 1,000 MM (Surgery)</i>	2.11	—	1.82	—
<i>Days per 1,000 MM (Surgery)</i>	17.67	—	9.26	—
<i>Average Length of Stay (Surgery)</i>	8.35	—	5.09	—
<i>Discharges per 1,000 MM (Maternity)</i>	7.41	—	6.49	—

Table B-1—Fee-for-Service Trend Table

Measures	HEDIS 2012	HEDIS 2013	HEDIS 2014	Change From 2013 to 2014
<i>Days per 1,000 MM (Maternity)</i>	19.05	—	8.94	—
<i>Average Length of Stay (Maternity)</i>	2.57	—	1.38	—
Antibiotic Utilization				
<i>Average Scripts for PMPY for Antibiotics (All Ages)</i>	—	—	0.99	—
<i>Average Days Supplied per Antibiotic Script (All Ages)</i>	—	—	9.74	—
<i>Average Scripts PMPY for Antibiotics of Concern (All Ages)</i>	—	—	0.37	—
<i>Percentage of Antibiotics of Concern of all Antibiotic Scripts (All Ages)</i>	—	—	37.69%	—
Frequency of Selected Procedures				
<i>Bariatric weight loss surgery: Ages 0 to 19 Male</i>	<0.01	0.00	0.00	0.00
<i>Bariatric weight loss surgery: Ages 0 to 19 Female</i>	<0.01	0.00	<0.01	0.00
<i>Bariatric weight loss surgery: Ages 20 to 44 Male</i>	0.02	0.03	0.02	-0.01
<i>Bariatric weight loss surgery: Ages 20 to 44 Female</i>	0.18	0.08	0.09	0.01
<i>Bariatric weight loss surgery: 45 to 64 Male</i>	0.03	0.01	0.02	0.01
<i>Bariatric weight loss surgery: Ages 45 to 64 Female</i>	0.10	0.11	0.12	0.01
<i>Tonsillectomy: Ages 0 to 9 Male & Female</i>	0.90	0.60	0.58	-0.02
<i>Tonsillectomy: Ages 10 to 19 Male & Female</i>	0.55	0.44	0.38	-0.06
<i>Hysterectomy, Abdominal: Ages 15 to 44 Female</i>	0.24	0.21	0.10	-0.11
<i>Hysterectomy, Abdominal: Ages 45 to 64 Female</i>	0.32	0.32	0.19	-0.13
<i>Hysterectomy, Vaginal: Ages 15 to 44 Female</i>	0.35	0.26	0.18	-0.08
<i>Hysterectomy, Vaginal: Ages 45 to 64 Female</i>	0.37	0.27	0.17	-0.10
<i>Cholecystectomy, Open: Ages 30 to 64 Male</i>	0.06	0.06	0.03	-0.03
<i>Cholecystectomy, Open (15-44 Female)</i>	0.02	0.02	0.01	-0.01
<i>Cholecystectomy, Open (45-64 Female)</i>	0.09	0.07	0.06	-0.01
<i>Cholecystectomy(laparoscopic): Ages 30 to 64 Male</i>	0.42	0.36	0.28	-0.08
<i>Cholecystectomy(laparoscopic): Ages 15 to 44 Female</i>	1.04	0.91	0.83	-0.08
<i>Cholecystectomy(laparoscopic): Ages 45 to 64 Female</i>	0.84	0.68	0.73	0.05
<i>Back Surgery: Ages 20 to 44 Male</i>	0.43	0.37	0.32	-0.05
<i>Back Surgery: Ages 20 to 44 Female</i>	0.26	0.23	0.21	-0.02
<i>Back Surgery: Ages 45 to 64 Male</i>	0.70	0.80	0.52	-0.28
<i>Back Surgery: Ages 45 to 64 Female</i>	0.87	0.77	0.67	-0.10

Table B-1—Fee-for-Service Trend Table

Measures	HEDIS 2012	HEDIS 2013	HEDIS 2014	Change From 2013 to 2014
<i>Mastectomy: Ages 15 to 44 Female</i>	0.04	0.03	0.04	0.01
<i>Mastectomy: Ages 45 to 64 Female</i>	0.44	0.32	0.37	0.05
<i>Lumpectomy: Ages 15 to 44 Female</i>	0.11	0.09	0.10	0.01
<i>Lumpectomy: Ages 45 to 64 Female</i>	0.82	0.50	0.58	0.08

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

- ¹ The Department’s reporting requirement for the *Childhood Immunization Status* measure was hybrid in HEDIS 2012 and 2014 but administrative in HEDIS 2013. Historical rate changes may not reflect actual performance changes.
- ² The Department’s reporting requirement for the *Immunization for Adolescents* measure was administrative in HEDIS 2012 and HEDIS 2013 but hybrid in HEDIS 2014. Historical rate changes may not reflect actual performance changes.
- ³ The Department’s reporting requirement for the *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life* measure was administrative in HEDIS 2012 but hybrid in HEDIS 2013 and 2014. Historical rate changes between HEDIS 2012 and HEDIS 2013 may not reflect actual performance changes.
- ⁴ Due to a change in the Department’s reporting requirement from administrative to hybrid and significant measure specification changes, rate changes between these two years do not accurately reflect any performance improvement or decline. HSAG suggests that the HEDIS 2014 rates be treated as baseline rates for future trending. Performance ranking based on HEDIS 2013 percentiles should also be used for information only.
- * 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.

Table B-2—Denver Health Medicaid Choice Trend Table

Measures	HEDIS 2012	HEDIS 2013	HEDIS 2014	Change From 2013 to 2014
Pediatric Care				
<i>Childhood Immunization Status¹</i>				
<i>DTaP</i>	84.67%	81.29%	79.08%	-2.21
<i>IPV</i>	93.43%	90.01%	90.27%	+0.26
<i>MMR</i>	92.46%	90.01%	90.02%	+0.01
<i>HiB</i>	93.19%	89.52%	90.02%	+0.50
<i>Hepatitis B</i>	94.16%	92.33%	91.00%	-1.33
<i>VZV</i>	92.21%	89.87%	89.78%	-0.09
<i>Pneumococcal Conjugate</i>	85.64%	84.18%	83.21%	-0.97
<i>Hepatitis A</i>	52.80%	89.38%	88.56%	-0.82
<i>Rotavirus</i>	72.75%	68.21%	65.94%	-2.27
<i>Influenza</i>	79.08%	74.05%	71.53%	-2.52
<i>Combination 2</i>	84.18%	81.22%	78.35%	-2.87
<i>Combination 3</i>	83.70%	80.87%	78.10%	-2.77
<i>Combination 4</i>	51.58%	80.73%	77.62%	-3.11
<i>Combination 5</i>	70.32%	65.75%	62.04%	-3.71
<i>Combination 6</i>	73.24%	69.76%	63.50%	-6.26
<i>Combination 7</i>	45.26%	65.61%	62.04%	-3.57
<i>Combination 8</i>	46.96%	69.69%	63.26%	-6.43
<i>Combination 9</i>	62.04%	56.96%	53.53%	-3.43
<i>Combination 10</i>	41.12%	56.89%	53.53%	-3.36
<i>Immunizations for Adolescents²</i>				
<i>Meningococcal</i>	83.08%	80.17%	83.70%	+3.53
<i>Tdap/Td</i>	84.20%	81.75%	86.37%	+4.62
<i>Combination 1</i>	82.34%	79.54%	83.21%	+3.67
<i>Well-Child Visits in the First 15 Months of Life</i>				
<i>Zero Visits*</i>	0.97%	1.22%	2.68%	+1.46
<i>Six or More Visits</i>	51.34%	69.10%	63.50%	-5.60
<i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life³</i>				
	68.57%	66.91%	62.04%	-4.87
<i>Adolescent Well-Care Visits</i>				
	51.09%	49.15%	49.88%	+0.73
<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</i>				
<i>BMI Assessment: Ages 3 to 11 Years</i>	84.64%	88.08%	91.84%	+3.76
<i>Nutrition Counseling: Ages 3 to 11 Years</i>	80.25%	75.83%	81.56%	+5.73
<i>Physical Activity Counseling: Ages 3 to 11 Years</i>	57.05%	54.97%	61.70%	+6.73
<i>BMI Assessment: Ages 12 to 17 Years</i>	86.96%	87.16%	91.47%	+4.31

Table B-2—Denver Health Medicaid Choice Trend Table

Measures	HEDIS 2012	HEDIS 2013	HEDIS 2014	Change From 2013 to 2014
<i>Nutrition Counseling: Ages 12 to 17 Years</i>	80.43%	73.39%	74.42%	+1.03
<i>Physical Activity Counseling: Ages 12 to 17 Years</i>	76.09%	67.89%	70.54%	+2.65
<i>BMI Assessment: Total</i>	85.16%	87.83%	91.73%	+3.90
<i>Nutrition Counseling: Total</i>	80.29%	75.18%	79.32%	+4.14
<i>Physical Activity Counseling: Total</i>	61.31%	58.39%	64.48%	+6.09
<i>Appropriate Testing for Children with Pharyngitis</i>	—	70.30%	70.06%	-0.24
Annual Dental Visit				
<i>Ages 2 to 3 Years</i>	NB	—	NB	—
<i>Ages 4 to 6 Years</i>	NB	—	NB	—
<i>Ages 7 to 10 Years</i>	NB	—	NB	—
<i>Ages 11 to 14 Years</i>	NB	—	NB	—
<i>Ages 15 to 18 Years</i>	NB	—	NB	—
<i>Ages 19 to 21 Years</i>	NB	—	NB	—
<i>Total</i>	NB	—	NB	—
Access to Care				
Prenatal and Postpartum Care				
<i>Timeliness of Prenatal Care</i>	83.45%	85.40%	89.29%	+3.89
<i>Postpartum Care</i>	59.61%	54.99%	57.42%	+2.43
Children's and Adolescents' Access to Primary Care Practitioners				
<i>Ages 12 to 24 Months</i>	94.98%	92.28%	92.24%	-0.04
<i>Ages 25 Months to 6 Years</i>	81.18%	78.88%	74.69%	-4.19
<i>Ages 7 to 11 Years</i>	83.99%	83.64%	80.82%	-2.82
<i>Ages 12 to 19 Years</i>	85.19%	85.82%	82.32%	-3.50
Adults' Access to Preventive/Ambulatory Health Services				
<i>Ages 20 to 44 Years</i>	71.07%	66.48%	66.60%	+0.12
<i>Ages 45 to 64 Years</i>	77.98%	75.42%	76.54%	+1.12
<i>Ages 65 Years and Older</i>	72.55%	71.30%	75.00%	+3.70
<i>Total</i>	73.52%	70.11%	71.00%	+0.89
Preventive Screening				
Chlamydia Screening in Women				
<i>Ages 16 to 20 Years</i>	67.79%	71.26%	68.34%	-2.92
<i>Ages 21 to 24 Years</i>	67.80%	73.53%	68.64%	-4.89
<i>Total</i>	67.80%	72.35%	68.49%	-3.86
<i>Breast Cancer Screening</i>	—	49.16%	54.59%	+5.43
<i>Cervical Cancer Screening⁴</i>	—	51.13%	67.15%	+16.02
<i>Adult BMI Assessment</i>	84.91%	86.86%	90.51%	+3.65

Table B-2—Denver Health Medicaid Choice Trend Table

Measures	HEDIS 2012	HEDIS 2013	HEDIS 2014	Change From 2013 to 2014
Mental/Behavioral Health				
<i>Antidepressant Medication Management</i>				
<i>Effective Acute Phase Treatment</i>	—	57.14%	41.58%	-15.56
<i>Effective Continuation Phase Treatment</i>	—	45.05%	30.43%	-14.62
<i>Follow-up Care for Children Prescribed ADHD Medication</i>				
<i>Initiation</i>	—	24.55%	14.81%	-9.74
<i>Continuation</i>	—	NA	NA	—
<i>Initiation and Engagement of Alcohol and Other Drug Dependence Treatment</i>				
<i>Initiation of AOD Treatment: Ages 13 to 17 Years</i>	—	33.90%	22.00%	-11.90
<i>Engagement of AOD Treatment: Ages 13 to 17 Years</i>	—	1.69%	1.00%	-0.69
<i>Initiation of AOD Treatment: Ages 18+ Years</i>	—	48.21%	47.08%	-1.13
<i>Engagement of AOD Treatment: Ages 18+ Years</i>	—	3.44%	3.68%	+0.24
<i>Initiation of AOD Treatment: Total</i>	—	47.14%	45.39%	-1.75
<i>Engagement of AOD Treatment: Total</i>	—	3.31%	3.50%	+0.19
<i>Adherence to Antipsychotic Medications for Individuals With Schizophrenia</i>	—	—	64.02%	—
<i>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medication</i>	—	—	89.67%	—
<i>Diabetes Monitoring for People With Diabetes and Schizophrenia</i>	—	—	70.97%	—
<i>Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia</i>	—	—	NA	—
Living With Illness				
<i>Controlling High Blood Pressure</i>	—	70.07%	66.42%	-3.65
<i>Comprehensive Diabetes Care</i>				
<i>HbA1c Testing</i>	84.91%	83.21%	88.81%	+5.60
<i>HbA1c Poor Control (>9.0%)*</i>	37.71%	33.58%	31.87%	-1.71
<i>HbA1c Control (<8.0%)</i>	46.72%	51.09%	58.39%	+7.30
<i>Eye Exam</i>	56.20%	50.12%	49.64%	-0.48
<i>LDL-C Screening</i>	75.43%	70.32%	76.64%	+6.32
<i>LDL-C Level <100 mg/dL</i>	54.01%	50.36%	55.23%	+4.87
<i>Medical Attention for Nephropathy</i>	79.32%	80.78%	82.48%	+1.70
<i>Blood Pressure Controlled <140/80 mm Hg</i>	55.47%	50.61%	56.20%	+5.59
<i>Blood Pressure Controlled <140/90 mm Hg</i>	71.05%	70.07%	72.99%	+2.92
<i>Annual Monitoring for Patients on Persistent Medications</i>				
<i>ACE Inhibitors or ARBs</i>	90.09%	87.44%	87.30%	-0.14

Table B-2—Denver Health Medicaid Choice Trend Table

Measures	HEDIS 2012	HEDIS 2013	HEDIS 2014	Change From 2013 to 2014
<i>Anticonvulsants</i>	60.98%	60.81%	67.41%	+6.60
<i>Digoxin</i>	NA	NA	NA	—
<i>Diuretics</i>	88.82%	86.68%	86.05%	-0.63
<i>Total</i>	86.05%	84.14%	84.74%	+0.60
<i>Use of Imaging Studies for Low Back Pain</i>	80.00%	—	81.12%	—
<i>Pharmacotherapy Management of COPD Exacerbation</i>				
<i>Systemic Corticosteroids</i>	56.10%	—	64.90%	—
<i>Bronchodilator</i>	65.85%	—	76.92%	—
<i>Use of Appropriate Medication for People With Asthma</i>				
<i>Ages 5 to 11 Years</i>	96.34%	—	89.82%	—
<i>Ages 12 to 18 Years</i>	89.42%	—	84.52%	—
<i>Ages 19 to 50 Years</i>	67.24%	—	64.05%	—
<i>Ages 51 to 64 Years</i>	50.79%	—	60.87%	—
<i>Total</i>	81.65%	—	78.61%	—
<i>Asthma Medication Ratio</i>				
<i>Ages 5 to 11 Years</i>	—	—	71.62%	—
<i>Ages 12 to 18 Years</i>	—	—	53.25%	—
<i>Ages 19 to 50 Years</i>	—	—	34.21%	—
<i>Ages 51 to 64 Years</i>	—	—	39.13%	—
<i>Total</i>	—	—	53.60%	—
<i>Use of Spirometry Testing in the Assessment and Diagnosis of COPD</i>	—	—	30.26%	—
<i>Disease-Modifying Anti-Rheumatic Drug Therapy in Rheumatoid Arthritis</i>	—	—	81.48%	—
Use of Services†				
<i>Ambulatory Care: Total</i>				
<i>Outpatient Visits Per 1,000 MM: Total</i>	289.62	—	225.92	—
<i>Emergency Department Visits Per 1,000 MM: Total</i>	40.48	44.56	44.05	-0.51
<i>Inpatient Utilization—General Hospital/Acute Care: Total</i>				
<i>Discharges per 1,000 MM (Total Inpatient)</i>	10.87	—	5.53	—
<i>Days per 1,000 MM (Total Inpatient)</i>	36.43	—	21.84	—
<i>Average Length of Stay (Total Inpatient)</i>	3.35	—	3.95	—
<i>Discharges per 1,000 MM (Medicine)</i>	7.13	—	4.27	—
<i>Days per 1,000 MM (Medicine)</i>	20.93	—	14.41	—
<i>Average Length of Stay (Medicine)</i>	2.94	—	3.37	—
<i>Discharges per 1,000 MM (Surgery)</i>	1.44	—	1.17	—

Table B-2—Denver Health Medicaid Choice Trend Table

Measures	HEDIS 2012	HEDIS 2013	HEDIS 2014	Change From 2013 to 2014
<i>Days per 1,000 MM (Surgery)</i>	9.71	—	7.21	—
<i>Average Length of Stay (Surgery)</i>	6.76	—	6.15	—
<i>Discharges per 1,000 MM (Maternity)</i>	4.43	—	0.15	—
<i>Days per 1,000 MM (Maternity)</i>	11.13	—	0.40	—
<i>Average Length of Stay (Maternity)</i>	2.51	—	2.61	—
Antibiotic Utilization				
<i>Average Scripts for PMPY for Antibiotics (All Ages)</i>	—	—	0.35	—
<i>Average Days Supplied per Antibiotic Script (All Ages)</i>	—	—	9.54	—
<i>Average Scripts PMPY for Antibiotics of Concern (All Ages)</i>	—	—	0.10	—
<i>Percentage of Antibiotics of Concern of all Antibiotic Scripts (All Ages)</i>	—	—	27.65%	—
Frequency of Selected Procedures				
<i>Bariatric weight loss surgery: Ages 0 to19 Male</i>	0.00	NR	0.00	—
<i>Bariatric weight loss surgery: Ages 0 to19 Female</i>	0.00	NR	0.00	—
<i>Bariatric weight loss surgery: Ages 20 to 44 Male</i>	0.00	NR	0.00	—
<i>Bariatric weight loss surgery: Ages 20 to 44 Female</i>	0.09	NR	0.05	—
<i>Bariatric weight loss surgery: Ages 45 to 64 Male</i>	0.04	NR	0.00	—
<i>Bariatric weight loss surgery: Ages 45 to 64 Female</i>	0.00	NR	0.03	—
<i>Tonsillectomy: Ages 0 to 9 Male & Female</i>	0.26	NR	0.36	—
<i>Tonsillectomy: Ages10 to19 Male & Female</i>	0.26	NR	0.19	—
<i>Hysterectomy, Abdominal: Ages 15 to 44 Female</i>	0.03	NR	0.06	—
<i>Hysterectomy, Abdominal: Ages 45 to 64 Female</i>	0.10	NR	0.12	—
<i>Hysterectomy, Vaginal: Ages 15 to 44 Female</i>	0.06	NR	0.09	—
<i>Hysterectomy, Vaginal: Ages 45 to 64 Female</i>	0.07	NR	0.15	—
<i>Cholecystectomy, Open: Ages 30 to 64 Male</i>	0.09	NR	0.05	—
<i>Cholecystectomy, Open (15-44 Female)</i>	0.03	NR	0.05	—
<i>Cholecystectomy, Open (45-64 Female)</i>	0.00	NR	0.06	—
<i>Cholecystectomy(laparoscopic): Ages 30 to 64 Male</i>	0.09	NR	0.20	—

Table B-2—Denver Health Medicaid Choice Trend Table

Measures	HEDIS 2012	HEDIS 2013	HEDIS 2014	Change From 2013 to 2014
<i>Cholecystectomy(laparoscopic): Ages 15 to 44 Female</i>	0.46	NR	0.55	—
<i>Cholecystectomy(laparoscopic): Ages 45 to 64 Female</i>	0.63	NR	0.36	—
<i>Back Surgery: Ages 20 to 44 Male</i>	0.24	NR	0.06	—
<i>Back Surgery: Ages 20 to 44 Female</i>	0.05	NR	0.04	—
<i>Back Surgery: Ages 45 to 64 Male</i>	0.29	NR	0.09	—
<i>Back Surgery: Ages 45 to 64 Female</i>	0.17	NR	0.15	—
<i>Mastectomy: Ages 15 to 44 Female</i>	0.01	NR	0.02	—
<i>Mastectomy: Ages 45 to 64 Female</i>	0.10	NR	0.03	—
<i>Lumpectomy: Ages 15 to 44 Female</i>	0.06	NR	0.09	—
<i>Lumpectomy: Ages 45 to 64 Female</i>	0.23	NR	0.27	—

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

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

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

² The Department’s reporting requirement for the *Immunization for Adolescents* measure was administrative in HEDIS 2012 and HEDIS 2013 but hybrid in HEDIS 2014. Historical rate changes may not reflect actual performance changes. DHMC followed the Department’s reporting requirements for HEDIS 2013 and 2014. For HEDIS 2012, DHMC reported a hybrid rate of 86.86, 88.08, and 86.13 percent, respectively in its IDSS file. The 2012 rates shown in this table are the plan’s administrative rates.

³ The Department’s reporting requirement for the *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life* measure was administrative in HEDIS 2012 but hybrid in HEDIS 2013 and 2014. Historical rate changes between HEDIS 2012 and HEDIS 2013 may not reflect actual performance changes. DHMC followed the Department’s reporting requirements for HEDIS 2013 and 2014. For HEDIS 2012, DHMC reported a hybrid rate of 70.32 percent in its IDSS file. The 2012 rates shown in this table are the plan’s administrative rate.

⁴ Due to a change in the Department’s reporting requirement from administrative in HEDIS 2013 to hybrid in HEDIS 2014 and significant measure specification changes, rate changes between these two years do not accurately reflect any performance improvement or decline. HSAG suggests that the HEDIS 2014 rates should be treated as baseline rates for future trending. Performance ranking based on HEDIS 2013 percentiles should also be used for information only. The Department’s required data collection methodology for this measure in HEDIS 2013 was administrative. DHMC followed this requirement; the HEDIS 2013 rate for the *Cervical Cancer Screening* measure displayed here was the HMO’s final rate in its IDSS file.

Table B-3—Rocky Mountain Health Plans Trend Table

Measures	HEDIS 2012	HEDIS 2013	HEDIS 2014	Change From 2013 to 2014
Pediatric Care				
<i>Childhood Immunization Status¹</i>				
<i>DTaP</i>	85.42%	79.17%	81.02%	+1.85
<i>IPV</i>	94.68%	88.36%	94.70%	+6.34
<i>MMR</i>	92.36%	91.27%	91.61%	+0.34
<i>HiB</i>	95.83%	91.88%	89.62%	-2.26
<i>Hepatitis B</i>	91.44%	62.48%	93.82%	+31.34
<i>VZV</i>	91.20%	90.66%	91.39%	+0.73
<i>Pneumococcal Conjugate</i>	86.34%	79.79%	79.91%	+0.12
<i>Hepatitis A</i>	13.19%	12.86%	74.17%	+61.31
<i>Rotavirus</i>	73.38%	70.29%	73.51%	+3.22
<i>Influenza</i>	55.56%	54.36%	57.84%	+3.48
<i>Combination 2</i>	78.24%	51.45%	77.70%	+26.25
<i>Combination 3</i>	76.16%	49.62%	73.95%	+24.33
<i>Combination 4</i>	12.73%	9.19%	66.23%	+57.04
<i>Combination 5</i>	63.43%	40.89%	60.71%	+19.82
<i>Combination 6</i>	52.08%	31.39%	51.66%	+20.27
<i>Combination 7</i>	11.34%	8.27%	57.17%	+48.90
<i>Combination 8</i>	9.03%	5.82%	48.12%	+42.30
<i>Combination 9</i>	44.91%	27.11%	43.93%	+16.82
<i>Combination 10</i>	8.10%	5.51%	41.94%	+36.43
<i>Immunizations for Adolescents²</i>				
<i>Meningococcal</i>	50.68%	57.32%	59.87%	+2.55
<i>Tdap/Td</i>	83.56%	81.57%	88.25%	+6.68
<i>Combination 1</i>	47.95%	53.79%	59.65%	+5.86
<i>Well-Child Visits in the First 15 Months of Life</i>				
<i>Zero Visits*</i>	0.23%	0.23%	0.36%	+0.13
<i>Six or More Visits</i>	82.64%	82.64%	80.73%	-1.91
<i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life³</i>				
<i>Adolescent Well-Care Visits</i>	42.82%	42.82%	45.58%	+2.76
<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</i>				
<i>BMI Assessment: Ages 3 to 11 Years</i>	73.36%	74.60%	82.37%	+7.77
<i>Nutrition Counseling: Ages 3 to 11 Years</i>	65.13%	66.67%	67.31%	+0.64
<i>Physical Activity Counseling: Ages 3 to 11 Years</i>	55.59%	57.78%	63.78%	+6.00
<i>BMI Assessment: Ages 12 to 17 Years</i>	65.63%	67.94%	77.44%	+9.50

Table B-3—Rocky Mountain Health Plans Trend Table

Measures	HEDIS 2012	HEDIS 2013	HEDIS 2014	Change From 2013 to 2014
<i>Nutrition Counseling: Ages 12 to 17 Years</i>	57.81%	55.73%	53.38%	-2.35
<i>Physical Activity Counseling: Ages 12 to 17 Years</i>	59.38%	54.20%	59.40%	+5.20
<i>BMI Assessment: Total</i>	71.06%	72.65%	80.90%	+8.25
<i>Nutrition Counseling: Total</i>	62.96%	63.45%	63.15%	-0.30
<i>Physical Activity Counseling: Total</i>	56.71%	56.73%	62.47%	+5.74
<i>Appropriate Testing for Children with Pharyngitis</i>	—	89.90%	90.86%	+0.96
Annual Dental Visits: Total				
<i>Ages 2 to 3 Years</i>	NB	—	NB	—
<i>Ages 4 to 6 Years</i>	NB	—	NB	—
<i>Ages 7 to 10 Years</i>	NB	—	NB	—
<i>Ages 11 to 14 Years</i>	NB	—	NB	—
<i>Ages 15 to 18 Years</i>	NB	—	NB	—
<i>Ages 19 to 21 Years</i>	NB	—	NB	—
<i>Total</i>	NB	—	NB	—
Access to Care				
<i>Prenatal and Postpartum Care[†]</i>				
<i>Timeliness of Prenatal Care</i>	96.95%	95.64%	95.64%	Rotated
<i>Postpartum Care</i>	77.44%	73.83%	73.83%	Rotated
<i>Children's and Adolescents' Access to Primary Care Practitioners</i>				
<i>Ages 12 to 24 Months</i>	98.54%	96.90%	97.85%	+0.95
<i>Ages 25 Months to 6 Years</i>	89.04%	87.14%	86.29%	-0.85
<i>Ages 7 to 11 Years</i>	92.08%	90.90%	89.55%	-1.35
<i>Ages 12 to 19 Years</i>	91.57%	89.99%	87.88%	-2.11
<i>Adults' Access to Preventive/Ambulatory Health Services</i>				
<i>Ages 20 to 44 Years</i>	86.94%	85.71%	85.35%	-0.36
<i>Ages 45 to 64 Years</i>	91.48%	91.62%	91.90%	+0.28
<i>Ages 65 Years and Older</i>	96.40%	96.54%	95.53%	-1.01
<i>Total</i>	89.76%	88.81%	88.33%	-0.48
Preventive Screening				
<i>Chlamydia Screening in Women</i>				
<i>Ages 16 to 20 Years</i>	42.30%	44.31%	42.67%	-1.64
<i>Ages 21 to 24 Years</i>	48.16%	47.55%	47.76%	+0.21
<i>Total</i>	45.41%	46.15%	45.32%	-0.83
<i>Breast Cancer Screening</i>	—	47.79%	51.96%	+4.17
<i>Cervical Cancer Screening⁴</i>	—	55.02%	70.25%	+15.23
<i>Adult BMI Assessment</i>	69.91%	80.26%	85.81%	+5.55

Table B-3—Rocky Mountain Health Plans Trend Table

Measures	HEDIS 2012	HEDIS 2013	HEDIS 2014	Change From 2013 to 2014
Mental/Behavioral Health				
<i>Antidepressant Medication Management</i>				
<i>Effective Acute Phase Treatment</i>	—	NB	NB	—
<i>Effective Continuation Phase Treatment</i>	—	NB	NB	—
<i>Follow-up Care for Children Prescribed ADHD Medication</i>				
<i>Initiation</i>	—	43.56%	31.67%	-11.89
<i>Continuation</i>	—	40.63%	35.90%	-4.73
<i>Initiation and Engagement of Alcohol and Other Drug Dependence Treatment</i>				
<i>Initiation of AOD Treatment: Ages 13 to 17 Years</i>	—	NB	NB	—
<i>Engagement of AOD Treatment: Ages 13 to 17 Years</i>	—	NB	NB	—
<i>Initiation of AOD Treatment: Ages 18+ Years</i>	—	NB	NB	—
<i>Engagement of AOD Treatment: Ages 18+ Years</i>	—	NB	NB	—
<i>Initiation of AOD Treatment: Total</i>	—	NB	NB	—
<i>Engagement of AOD Treatment: Total</i>	—	NB	NB	—
<i>Adherence to Antipsychotic Medications for Individuals With Schizophrenia</i>	—	—	NB	—
<i>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medication</i>	—	—	NB	—
<i>Diabetes Monitoring for People With Diabetes and Schizophrenia</i>	—	—	NR	—
<i>Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia</i>	—	—	NR	—
Living With Illness				
<i>Controlling High Blood Pressure[†]</i>	—	73.38%	73.38%	Rotated
<i>Comprehensive Diabetes Care</i>				
<i>HbA1c Testing^{††}</i>	92.20%	92.20%	89.37%	-2.83
<i>HbA1c Poor Control (>9.0%)^{*††}</i>	19.24%	19.24%	26.41%	+7.17
<i>HbA1c Control (<8.0%)^{††}</i>	72.23%	72.23%	65.61%	-6.62
<i>Eye Exam</i>	60.80%	62.73%	63.62%	+0.89
<i>LDL-C Screening</i>	74.59%	75.55%	72.09%	-3.46
<i>LDL-C Level <100 mg/dL</i>	47.73%	44.86%	43.19%	-1.67
<i>Medical Attention for Nephropathy</i>	75.86%	76.22%	75.58%	-0.64
<i>Blood Pressure Controlled <140/80 mm Hg^{††}</i>	61.52%	61.52%	55.15%	-6.37
<i>Blood Pressure Controlled <140/90 mm Hg^{††}</i>	79.85%	79.85%	76.74%	-3.11
<i>Annual Monitoring for Patients on Persistent Medications</i>				
<i>ACE Inhibitors or ARBs</i>	86.11%	86.67%	85.86%	-0.81
<i>Anticonvulsants</i>	74.86%	75.76%	70.45%	-5.31

Table B-3—Rocky Mountain Health Plans Trend Table

Measures	HEDIS 2012	HEDIS 2013	HEDIS 2014	Change From 2013 to 2014
<i>Digoxin</i>	NA	NA	NA	—
<i>Diuretics</i>	89.86%	91.78%	86.67%	-5.11
<i>Total</i>	85.03%	86.03%	83.22%	-2.81
<i>Use of Imaging Studies for Low Back Pain</i>	74.04%	—	74.15%	—
<i>Pharmacotherapy Management of COPD Exacerbation</i>				
<i>Systemic Corticosteroids</i>	28.95%	—	32.53%	—
<i>Bronchodilator</i>	43.42%	—	48.19%	—
<i>Use of Appropriate Medication for People With Asthma</i>				
<i>Ages 5 to 11 Years</i>	96.39%	—	95.74%	—
<i>Ages 12 to 18 Years</i>	84.38%	—	84.34%	—
<i>Ages 19 to 50 Years</i>	82.54%	—	71.43%	—
<i>Ages 51 to 64 Years</i>	NA	—	NA	—
<i>Total</i>	86.58%	—	85.94%	—
<i>Asthma Medication Ratio</i>				
<i>Ages 5 to 11 Years</i>	—	55.43%	77.42%	+21.99
<i>Ages 12 to 18 Years</i>	—	53.25%	57.83%	+4.58
<i>Ages 19 to 50 Years</i>	—	48.05%	42.86%	-5.19
<i>Ages 51 to 64 Years</i>	—	NA	NA	—
<i>Total</i>	—	52.27%	62.35%	+10.08
<i>Use of Spirometry Testing in the Assessment and Diagnosis of COPD</i>	—	—	29.59%	—
<i>Disease-Modifying Anti-Rheumatic Drug Therapy in Rheumatoid Arthritis</i>	—	—	52.54%	—
Use of Services†††				
<i>Ambulatory Care: Total</i>				
<i>Outpatient Visits Per 1,000 MM: Total</i>	436.59	—	401.91	—
<i>Emergency Department Visits Per 1,000 MM: Total</i>	62.90	62.73	58.85	-3.88
<i>Inpatient Utilization—General Hospital/Acute Care: Total</i>				
<i>Discharges per 1,000 MM (Total Inpatient)</i>	10.59	—	9.25	—
<i>Days per 1,000 MM (Total Inpatient)</i>	31.09	—	32.87	—
<i>Average Length of Stay (Total Inpatient)</i>	2.94	—	3.55	—
<i>Discharges per 1,000 MM (Medicine)</i>	2.65	—	4.08	—
<i>Days per 1,000 MM (Medicine)</i>	7.19	—	16.74	—
<i>Average Length of Stay (Medicine)</i>	2.71	—	4.10	—
<i>Discharges per 1,000 MM (Surgery)</i>	3.46	—	1.73	—
<i>Days per 1,000 MM (Surgery)</i>	15.42	—	8.86	—

Table B-3—Rocky Mountain Health Plans Trend Table

Measures	HEDIS 2012	HEDIS 2013	HEDIS 2014	Change From 2013 to 2014
<i>Average Length of Stay (Surgery)</i>	4.45	—	5.13	—
<i>Discharges per 1,000 MM (Maternity)</i>	8.33	—	6.14	—
<i>Days per 1,000 MM (Maternity)</i>	15.78	—	12.94	—
<i>Average Length of Stay (Maternity)</i>	1.89	—	2.11	—
<i>Antibiotic Utilization</i>				
<i>Average Scripts for PMPY for Antibiotics (All Ages)</i>	—	—	1.01	—
<i>Average Days Supplied per Antibiotic Script (All Ages)</i>	—	—	9.71	—
<i>Average Scripts PMPY for Antibiotics of Concern (All Ages)</i>	—	—	0.36	—
<i>Percentage of Antibiotics of Concern of all Antibiotic Scripts (All Ages)</i>	—	—	35.93%	—
<i>Frequency of Selected Procedures</i>				
<i>Bariatric weight loss surgery: Ages 0 to 19 Male</i>	0.00	0.00	0.00	0.00
<i>Bariatric weight loss surgery: Ages 0 to 19 Female</i>	0.00	0.00	0.00	0.00
<i>Bariatric weight loss surgery: Ages 20 to 44 Male</i>	0.00	0.07	0.07	0.00
<i>Bariatric weight loss surgery: Ages 20 to 44 Female</i>	0.42	0.23	0.23	0.00
<i>Bariatric weight loss surgery: Ages 45 to 64 Male</i>	0.00	0.00	0.00	0.00
<i>Bariatric weight loss surgery: Ages 45 to 64 Female</i>	0.38	0.14	0.53	0.39
<i>Tonsillectomy: Ages 0 to 9 Male & Female</i>	1.45	1.20	1.31	0.11
<i>Tonsillectomy: Ages 10 to 19 Male & Female</i>	1.37	0.99	0.92	-0.07
<i>Hysterectomy, Abdominal: Ages 15 to 44 Female</i>	0.24	0.35	0.29	-0.06
<i>Hysterectomy, Abdominal: Ages 45 to 64 Female</i>	0.15	0.63	0.13	-0.50
<i>Hysterectomy, Vaginal: Ages 15 to 44 Female</i>	1.23	0.91	0.60	-0.31
<i>Hysterectomy, Vaginal: Ages 45 to 64 Female</i>	0.76	0.21	0.20	-0.01
<i>Cholecystectomy, Open: Ages 30 to 64 Male</i>	0.13	0.17	0.05	-0.12
<i>Cholecystectomy, Open (15-44 Female)</i>	0.02	0.02	0.00	-0.02
<i>Cholecystectomy, Open (45-64 Female)</i>	0.00	0.00	0.07	0.07
<i>Cholecystectomy(laparoscopic): Ages 30 to 64 Male</i>	0.63	0.44	0.94	0.50
<i>Cholecystectomy(laparoscopic): Ages 15 to 44 Female</i>	1.74	1.52	1.35	-0.17

Table B-3—Rocky Mountain Health Plans Trend Table

Measures	HEDIS 2012	HEDIS 2013	HEDIS 2014	Change From 2013 to 2014
<i>Cholecystectomy(laparoscopic): Ages 45 to 64 Female</i>	1.21	1.67	1.60	-0.07
<i>Back Surgery: Ages 20 to 44 Male</i>	0.48	0.58	0.63	0.05
<i>Back Surgery: Ages 20 to 44 Female</i>	0.25	0.32	0.23	-0.09
<i>Back Surgery: Ages 45 to 64 Male</i>	1.11	0.56	0.95	0.39
<i>Back Surgery: Ages 45 to 64 Female</i>	1.13	1.81	0.73	-1.08
<i>Mastectomy: Ages 15 to 44 Female</i>	0.00	0.09	0.04	-0.05
<i>Mastectomy: Ages 45 to 64 Female</i>	0.23	0.28	0.07	-0.21
<i>Lumpectomy: Ages 15 to 44 Female</i>	0.20	0.32	0.30	-0.02
<i>Lumpectomy: Ages 45 to 64 Female</i>	0.68	0.35	0.53	0.18

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

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

† RMHP chose to rotate the measure for HEDIS 2014, using HEDIS 2013 results. Measure rotation allows the health plan to use the audited and reportable rate from the previous year as specified by NCQA in the HEDIS 2014 *Technical Specifications for Health Plans, Volume 2*.

†† RMHP chose to rotate the *HbA1c Testing, HbA1c Poor Control (>9.0%), HbA1c Control (<8.0%), Blood Pressure Controlled <140/80 mm Hg, and Blood Pressure Controlled <140/90 mm Hg* indicators under *Comprehensive Diabetes Care* for HEDIS 2013, using HEDIS 2012 results. Measure rotation allows the health plan to use the audited and reportable rate from the previous year as specified by NCQA in the HEDIS 2013 *Technical Specifications for Health Plans, Volume 2*.

††† 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 The Department’s reporting requirement for the *Childhood Immunization Status* measure was hybrid in HEDIS 2012 and 2014 but administrative in HEDIS 2013. Historical rate changes may not reflect actual performance changes. RMHP chose to rotate the *Childhood Immunization Status* measure for HEDIS 2013. The Department required this measure to be reported administratively in HEDIS 2013, so the rate displayed here for HEDIS 2013 reflects administrative data extrapolated from RMHP’s HEDIS 2012 rate. For this measure, RMHP reported a rotated hybrid rate of 78.24 percent (Combo 2), 76.16 percent (Combo 3), 12.73 percent (Combo 4), 63.43 percent (Combo 5), 52.08 percent (Combo 6), 11.34 percent (Combo 7), 9.03 percent (Combo 8), 44.91 percent (Combo 9), and 8.10 percent (Combo 10) for HEDIS 2013.

² The Department’s reporting requirement for the *Immunization for Adolescents* measure was administrative in HEDIS 2012 and HEDIS 2013 but hybrid in HEDIS 2014. Historical rate changes may not reflect actual performance changes. RMHP followed the Department’s reporting requirements for each year. The 2012 and 2013 rates displayed here are the plan’s final rates in its IDSS files.

³ The Department’s reporting requirement for the *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life* measure was administrative in HEDIS 2012 but hybrid in HEDIS 2013 and 2014. Historical rate changes between HEDIS 2012 and HEDIS 2013 may not reflect actual performance changes. RMHP followed the Department’s reporting requirements for each year. The 2012 rate displayed here is the plan’s final rate in its IDSS file.

⁴ Due to a change in the Department’s reporting requirement from administrative in HEDIS 2013 to hybrid in HEDIS 2014 and significant measure specification changes, rate changes between these two years do not accurately reflect any performance improvement or decline. HSAG suggests that the HEDIS 2014 rates be treated as baseline rates for future trending. Performance ranking based on HEDIS 2013 percentiles should also be used for information only. For HEDIS 2013, RMHP reported a rotated hybrid rate of 68.48 percent in its IDSS file.

Table B-4—Colorado Medicaid Statewide Trend Table

Measures	HEDIS 2012	HEDIS 2013	HEDIS 2014	Change From 2013 to 2014	Plan Rate Range [‡]
Pediatric Care					
<i>Childhood Immunization Status¹</i>					
<i>DTaP</i>	77.00%	67.41%	73.07%	+5.66	72.26%–81.02%
<i>IPV</i>	89.48%	82.85%	88.48%	+5.63	88.08%–94.70%
<i>MMR</i>	88.46%	82.29%	87.04%	+4.75	86.62%–91.61%
<i>HiB</i>	91.61%	83.47%	87.84%	+4.37	87.59%–90.02%
<i>Hepatitis B</i>	89.63%	81.60%	88.71%	+7.11	88.32%–93.82%
<i>VZV</i>	87.36%	82.28%	87.02%	+4.74	86.62%–91.39%
<i>Pneumococcal Conjugate</i>	78.77%	68.96%	75.06%	+6.10	74.21%–83.21%
<i>Hepatitis A</i>	33.75%	68.34%	77.19%	+8.85	74.17%–88.56%
<i>Rotavirus</i>	62.69%	57.29%	66.00%	+8.71	65.69%–73.51%
<i>Influenza</i>	52.21%	46.93%	52.80%	+5.87	51.09%–71.53%
<i>Combination 2</i>	72.01%	61.20%	69.21%	+8.01	68.13%–78.35%
<i>Combination 3</i>	68.51%	58.33%	66.67%	+8.34	65.45%–78.10%
<i>Combination 4</i>	29.37%	50.16%	61.36%	+11.20	59.85%–77.62%
<i>Combination 5</i>	51.48%	43.75%	53.53%	+9.78	52.55%–62.04%
<i>Combination 6</i>	44.77%	37.11%	44.19%	+7.08	42.34%–63.50%
<i>Combination 7</i>	22.68%	37.89%	49.71%	+11.82	48.42%–62.04%
<i>Combination 8</i>	19.92%	34.00%	40.57%	+6.57	38.44%–63.26%
<i>Combination 9</i>	35.71%	29.00%	36.90%	+7.90	35.28%–53.53%
<i>Combination 10</i>	15.53%	26.52%	34.01%	+7.49	32.12%–53.53%
<i>Immunizations for Adolescents²</i>					
<i>Meningococcal</i>	56.80%	59.63%	65.89%	+6.26	59.87%–83.70%
<i>Tdap/Td</i>	75.36%	76.34%	82.79%	+6.45	82.24%–88.25%
<i>Combination 1</i>	55.20%	58.11%	65.20%	+7.09	59.65%–83.21%
<i>Well-Child Visits in the First 15 Months of Life</i>					
<i>Zero Visits*</i>	2.07%	1.88%	2.85%	+0.97	0.36%–2.92%
<i>Six or More Visits</i>	62.53%	62.19%	62.11%	-0.08	61.56%–80.73%
<i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life³</i>	61.29%	61.13%	60.69%	-0.44	60.34%–66.01%
<i>Adolescent Well-Care Visits</i>	40.26%	38.79%	37.79%	-1.00	36.50%–49.88%
<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</i>					
<i>BMI Assessment: Ages 3 to 11 Years</i>	49.19%	57.87%	54.27%	-3.60	50.00%–91.84%
<i>Nutrition Counseling: Ages 3 to 11 Years</i>	55.64%	60.58%	56.52%	-4.06	54.03%–81.56%

Table B-4—Colorado Medicaid Statewide Trend Table

Measures	HEDIS 2012	HEDIS 2013	HEDIS 2014	Change From 2013 to 2014	Plan Rate Range [‡]
<i>Physical Activity Counseling: Ages 3 to 11 Years</i>	40.47%	46.95%	48.69%	+1.74	46.98%–63.78%
<i>BMI Assessment: Ages 12 to 17 Years</i>	53.61%	56.05%	53.61%	-2.44	49.56%–91.47%
<i>Nutrition Counseling: Ages 12 to 17 Years</i>	49.54%	53.46%	48.33%	-5.13	46.02%–74.42%
<i>Physical Activity Counseling: Ages 12 to 17 Years</i>	49.38%	56.82%	50.64%	-6.18	48.67%–0.54%
<i>BMI Assessment: Total</i>	50.45%	57.24%	54.08%	-3.16	49.88%–91.73%
<i>Nutrition Counseling: Total</i>	53.91%	58.20%	54.23%	-3.97	51.82%–79.32%
<i>Physical Activity Counseling: Total</i>	42.97%	50.28%	49.25%	-1.03	47.45%–64.48%
<i>Appropriate Testing for Children with Pharyngitis</i>	—	74.23%	72.61%	-1.62	70.06%–90.86%
<i>Annual Dental Visits: Total</i>					
<i>Ages 2 to 3 Years</i>	55.88%	—	56.11%	—	Not Applicable ⁴
<i>Ages 4 to 6 Years</i>	70.43%	—	67.13%	—	Not Applicable ⁴
<i>Ages 7 to 10 Years</i>	73.79%	—	70.42%	—	Not Applicable ⁴
<i>Ages 11 to 14 Years</i>	67.98%	—	65.76%	—	Not Applicable ⁴
<i>Ages 15 to 18 Years</i>	59.26%	—	56.21%	—	Not Applicable ⁴
<i>Ages 19 to 21 Years</i>	36.18%	—	33.07%	—	Not Applicable ⁴
<i>Total</i>	65.86%	—	63.41%	—	Not Applicable ⁴
Access to Care					
<i>Prenatal and Postpartum Care</i>					
<i>Timeliness of Prenatal Care</i>	77.54%	79.82%	74.60%	-5.22	72.75%–95.64%
<i>Postpartum Care</i>	61.26%	57.63%	57.67%	+0.04	56.93%–73.83%
<i>Children’s and Adolescents’ Access to Primary Care Practitioners</i>					
<i>Ages 12 to 24 Months</i>	95.47%	94.61%	95.23%	+0.62	92.24%–97.85%
<i>Ages 25 Months to 6 Years</i>	84.36%	81.91%	81.40%	-0.51	74.69%–86.29%
<i>Ages 7 to 11 Years</i>	86.65%	86.37%	85.68%	-0.69	80.82%–89.55%
<i>Ages 12 to 19 Years</i>	86.54%	86.30%	85.48%	-0.82	82.32%–87.88%
<i>Adults’ Access to Preventive/Ambulatory Health Services</i>					
<i>Ages 20 to 44 Years</i>	77.70%	75.84%	74.46%	-1.38	66.60%–85.35%
<i>Ages 45 to 64 Years</i>	81.65%	81.60%	81.17%	-0.43	76.54%–91.90%
<i>Ages 65 Years and Older</i>	76.85%	75.93%	76.15%	+0.22	75.00%–95.53%
<i>Total</i>	78.46%	77.23%	76.42%	-0.81	71.00%–88.33%

Table B-4—Colorado Medicaid Statewide Trend Table

Measures	HEDIS 2012	HEDIS 2013	HEDIS 2014	Change From 2013 to 2014	Plan Rate Range [‡]
Preventive Screening					
<i>Chlamydia Screening in Women</i>					
<i>Ages 16 to 20 Years</i>	52.73%	49.39%	47.45%	-1.94	42.67%–68.34%
<i>Ages 21 to 24 Years</i>	57.85%	58.33%	55.61%	-2.72	47.76%–68.64%
<i>Total</i>	55.40%	54.02%	51.66%	-2.36	45.32%–68.49%
<i>Breast Cancer Screening</i>	—	30.42%	31.17%	+0.75	28.51%–54.59%
<i>Cervical Cancer Screening⁵</i>	—	44.91%	57.67%	+12.76	56.45%–70.25%
<i>Adult BMI Assessment</i>	55.20%	72.82%	71.34%	-1.48	69.10%–90.51%
Mental/Behavioral Health					
<i>Antidepressant Medication Management</i>					
<i>Effective Acute Phase Treatment</i>	—	63.73%	62.03%	-1.70	41.58%–63.25%
<i>Effective Continuation Phase Treatment</i>	—	48.82%	46.72%	-2.10	30.43%–47.69%
<i>Follow-up Care for Children Prescribed ADHD Medication</i>					
<i>Initiation</i>	—	39.47%	34.18%	-5.29	14.81%–35.05%
<i>Continuation</i>	—	43.63%	36.51%	-7.12	35.90%–36.97%
<i>Initiation and Engagement of Alcohol and Other Drug Dependence Treatment</i>					
<i>Initiation of AOD Treatment: Ages 13 to 17 Years</i>	—	26.86%	23.05%	-3.81	22.00%–23.14%
<i>Engagement of AOD Treatment: Ages 13 to 17 Years</i>	—	10.99%	9.01%	-1.98	1.00%–9.67%
<i>Initiation of AOD Treatment: Ages 18+ Years</i>	—	29.88%	30.81%	+0.93	29.18%–47.08%
<i>Engagement of AOD Treatment: Ages 18+ Years</i>	—	5.10%	5.61%	+0.51	3.68%–5.81%
<i>Initiation of AOD Treatment: Total</i>	—	29.62%	30.19%	+0.57	28.69%–45.39%
<i>Engagement of AOD Treatment: Total</i>	—	5.60%	5.88%	+0.28	3.50%–6.12%
<i>Adherence to Antipsychotic Medications for Individuals With Schizophrenia</i>	—	—	70.37%	—	64.02%–71.83%
<i>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medication</i>	—	—	87.78%	—	87.50%–89.67%
<i>Diabetes Monitoring for People With Diabetes and Schizophrenia</i>	—	—	33.11%	—	29.66%–70.97%
<i>Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia</i>	—	—	21.57%	—	21.28%–21.28%

Table B-4—Colorado Medicaid Statewide Trend Table

Measures	HEDIS 2012	HEDIS 2013	HEDIS 2014	Change From 2013 to 2014	Plan Rate Range [‡]
Living With Illness					
<i>Controlling High Blood Pressure</i>	—	44.85%	50.48%	+5.63	47.93%–73.38%
<i>Comprehensive Diabetes Care</i>					
<i>HbA1c Testing</i>	68.82%	67.43%	74.56%	+7.13	72.75%–89.37%
<i>HbA1c Poor Control (>9.0%)*</i>	60.98%	62.68%	56.33%	-6.35	26.41%–59.61%
<i>HbA1c Control (<8.0%)</i>	33.83%	32.00%	37.24%	+5.24	34.31%–65.61%
<i>Eye Exam</i>	43.00%	42.80%	41.68%	-1.12	40.15%–63.62%
<i>LDL-C Screening</i>	59.25%	55.81%	61.57%	+5.76	59.85%–76.64%
<i>LDL-C Level <100 mg/dL</i>	23.72%	27.07%	29.10%	+2.03	26.28%–55.23%
<i>Medical Attention for Nephropathy</i>	73.27%	70.21%	71.22%	+1.01	70.07%–82.48%
<i>Blood Pressure Controlled <140/80 mm Hg</i>	33.80%	39.55%	40.61%	+1.06	38.69%–56.20%
<i>Blood Pressure Controlled <140/90 mm Hg</i>	49.31%	54.09%	58.21%	+4.12	56.20%–76.74%
<i>Annual Monitoring for Patients on Persistent Medications</i>					
<i>ACE Inhibitors or ARBs</i>	86.60%	86.55%	85.84%	-0.71	85.61%–87.30%
<i>Anticonvulsants</i>	66.39%	54.32%	66.51%	+12.19	66.18%–70.45%
<i>Digoxin</i>	89.69%	86.85%	89.16%	+2.31	89.77%–89.77%
<i>Diuretics</i>	86.62%	86.19%	86.26%	+0.07	86.05%–86.67%
<i>Total</i>	83.10%	80.28%	83.29%	+3.01	83.07%–84.74%
<i>Use of Imaging Studies for Low Back Pain</i>	73.84%	—	78.46%	—	74.15%–81.12%
<i>Pharmacotherapy Management of COPD Exacerbation</i>					
<i>Systemic Corticosteroids</i>	47.11%	—	59.43%	—	32.53%–64.90%
<i>Bronchodilator</i>	62.70%	—	76.11%	—	48.19%–79.79%
<i>Use of Appropriate Medication for People With Asthma</i>					
<i>Ages 5 to 11 Years</i>	92.34%	—	92.38%	—	89.82%–95.74%
<i>Ages 12 to 18 Years</i>	89.30%	—	85.72%	—	84.34%–5.85%
<i>Ages 19 to 50 Years</i>	84.01%	—	76.85%	—	64.05%–78.06%
<i>Ages 51 to 64 Years</i>	89.06%	—	77.52%	—	60.87%–80.06%
<i>Total</i>	89.23%	—	86.07%	—	78.61%–86.63%
<i>Asthma Medication Ratio</i>					
<i>Ages 5 to 11 Years</i>	—	—	77.96%	—	71.62%–78.38%
<i>Ages 12 to 18 Years</i>	—	—	62.82%	—	53.25%–63.66%
<i>Ages 19 to 50 Years</i>	—	—	48.47%	—	34.21%–49.81%
<i>Ages 51 to 64 Years</i>	—	—	55.96%	—	39.13%–58.40%
<i>Total</i>	—	—	65.55%	—	53.60%–66.56%

Table B-4—Colorado Medicaid Statewide Trend Table

Measures	HEDIS 2012	HEDIS 2013	HEDIS 2014	Change From 2013 to 2014	Plan Rate Range [‡]
<i>Use of Spirometry Testing in the Assessment and Diagnosis of COPD</i>	—	—	23.79%	—	23.05%–30.26%
<i>Disease-Modifying Anti-Rheumatic Drug Therapy in Rheumatoid Arthritis</i>	—	—	73.17%	—	52.54%–81.48%
Use of Services[†]					
<i>Ambulatory Care: Total</i>					
<i>Outpatient Visits Per 1,000 MM: Total</i>	346.46	—	307.00	—	225.92–401.91
<i>Emergency Department Visits Per 1,000 MM: Total</i>	58.73	64.84	59.14	-5.70	44.05–60.39
<i>Inpatient Utilization—General Hospital/Acute Care: Total</i>					
<i>Discharges per 1,000 MM (Total Inpatient)</i>	10.77	—	9.15	—	5.53–9.44
<i>Days per 1,000 MM (Total Inpatient)</i>	47.33	—	26.80	—	21.84–32.87
<i>Average Length of Stay (Total Inpatient)</i>	4.40	—	2.93	—	2.86–3.95
<i>Discharges per 1,000 MM (Medicine)</i>	4.90	—	3.93	—	3.90–4.27
<i>Days per 1,000 MM (Medicine)</i>	20.72	—	12.87	—	12.60–16.74
<i>Average Length of Stay (Medicine)</i>	4.23	—	3.27	—	3.23–4.10
<i>Discharges per 1,000 MM (Surgery)</i>	2.13	—	1.77	—	1.17–1.82
<i>Days per 1,000 MM (Surgery)</i>	17.11	—	9.10	—	7.21–9.26
<i>Average Length of Stay (Surgery)</i>	8.04	—	5.14	—	5.09–6.15
<i>Discharges per 1,000 MM (Maternity)</i>	6.98	—	6.02	—	0.15–6.49
<i>Days per 1,000 MM (Maternity)</i>	17.72	—	8.46	—	0.40–12.94
<i>Average Length of Stay (Maternity)</i>	2.54	—	1.40	—	1.38–2.61
<i>Antibiotic Utilization</i>					
<i>Average Scripts for PMPY for Antibiotics (All Ages)</i>	—	—	0.94	—	0.35–1.01
<i>Average Days Supplied per Antibiotic Scrip (All Ages)</i>	—	—	9.73	—	9.54–9.74
<i>Average Scripts PMPY for Antibiotics of Concern (All Ages)</i>	—	—	0.35	—	0.10–0.37
<i>Percentage of Antibiotics of Concern of all Antibiotic Scripts (All Ages)</i>	—	—	37.32%	—	27.65%–37.69%
<i>Frequency of Selected Procedures</i>					
<i>Bariatric weight loss surgery: Ages 0 to 19 Male</i>	<0.01	0.00	0.00	0.00	0.00–0.00

Table B-4—Colorado Medicaid Statewide Trend Table

Measures	HEDIS 2012	HEDIS 2013	HEDIS 2014	Change From 2013 to 2014	Plan Rate Range [¥]
<i>Bariatric weight loss surgery: Ages 0 to 19 Female</i>	<0.01	0.00	<0.01	0.00	0.00– <0.01
<i>Bariatric weight loss surgery: Ages 20 to 44 Male</i>	0.02	0.03	0.02	-0.01	0.00–0.07
<i>Bariatric weight loss surgery: Ages 20 to 44 Female</i>	0.18	0.09	0.09	0.00	0.05–0.23
<i>Bariatric weight loss surgery: Ages 45 to 64 Male</i>	0.03	0.01	0.02	0.01	0.00–0.02
<i>Bariatric weight loss surgery: Ages 45 to 64 Female</i>	0.10	0.11	0.13	0.02	0.03–0.53
<i>Tonsillectomy: Ages 0 to 9 Male & Female</i>	0.86	0.62	0.59	-0.03	0.36–1.31
<i>Tonsillectomy: Ages 10 to 19 Male & Female</i>	0.55	0.47	0.39	-0.08	0.19 - 0.92
<i>Hysterectomy, Abdominal: Ages 15 to 44 Female</i>	0.23	0.21	0.10	-0.11	0.06–0.29
<i>Hysterectomy, Abdominal: Ages 45 to 64 Female</i>	0.27	0.33	0.18	-0.15	0.12–0.19
<i>Hysterectomy, Vaginal: Ages 15 to 44 Female</i>	0.35	0.29	0.19	-0.10	0.09–0.60
<i>Hysterectomy, Vaginal: Ages 45 to 64 Female</i>	0.34	0.26	0.17	-0.09	0.15–0.20
<i>Cholecystectomy, Open: Ages 30 to 64 Male</i>	0.07	0.07	0.03	-0.04	0.03–0.05
<i>Cholecystectomy, Open (15-44 Female)</i>	0.02	0.02	0.02	0.00	0.00–0.05
<i>Cholecystectomy, Open (45-64 Female)</i>	0.07	0.07	0.06	-0.01	0.06–0.07
<i>Cholecystectomy(laparoscopic): Ages 30 to 64 Male</i>	0.39	0.36	0.29	-0.07	0.20–0.94
<i>Cholecystectomy(laparoscopic): Ages 15 to 44 Female</i>	1.01	0.92	0.83	-0.09	0.55–1.35
<i>Cholecystectomy(laparoscopic): Ages 45 to 64 Female</i>	0.82	0.72	0.74	0.02	0.36–1.60
<i>Back Surgery: Ages 20 to 44 Male</i>	0.41	0.37	0.31	-0.06	0.06–0.63
<i>Back Surgery: Ages 20 to 44 Female</i>	0.24	0.23	0.20	-0.03	0.04–0.23
<i>Back Surgery: Ages 45 to 64 Male</i>	0.66	0.78	0.50	-0.28	0.09–0.95
<i>Back Surgery: Ages 45 to 64 Female</i>	0.82	0.81	0.63	-0.18	0.15–0.73
<i>Mastectomy: Ages 15 to 44 Female</i>	0.03	0.03	0.04	0.01	0.02–0.04
<i>Mastectomy: Ages 45 to 64 Female</i>	0.38	0.30	0.34	0.04	0.03–0.37

Table B-4—Colorado Medicaid Statewide Trend Table

Measures	HEDIS 2012	HEDIS 2013	HEDIS 2014	Change From 2013 to 2014	Plan Rate Range [¥]
<i>Lumpectomy: Ages 15 to 44 Female</i>	0.11	0.10	0.10	0.00	0.09–0.30
<i>Lumpectomy: Ages 45 to 64 Female</i>	0.71	0.47	0.56	0.09	0.27–0.58

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

¹ The Department’s reporting requirement for the *Childhood Immunization Status* measure was hybrid in HEDIS 2012 and 2014 but administrative in HEDIS 2013. Historical rate changes may not reflect actual performance changes.

² The Department’s reporting requirement for the *Immunization for Adolescents* measure was administrative in HEDIS 2012 and HEDIS 2013 but hybrid in HEDIS 2014. Historical rate changes may not reflect actual performance changes.

³ The Department’s reporting requirement for the *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life* measure was administrative in HEDIS 2012 but hybrid in HEDIS 2013 and 2014. Historical rate changes between HEDIS 2012 and HEDIS 2013 may not reflect actual performance changes.

⁴ Since FFS was the only entity that reported HEDIS 2014 for this measure, no plan rate range is displayed.

⁵ Due to a change in the Department’s reporting requirement from administrative in HEDIS 2013 to hybrid in HEDIS 2014 and significant measure specification changes, rate changes between these two years do not accurately reflect any performance improvement or decline. HSAG suggests that the HEDIS 2014 rates be treated as baseline rates for future trending. Performance ranking based on HEDIS 2013 percentiles should also be used for information only.

* 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 2013 Medicaid benchmarks. The HEDIS 2013 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 NCQA Audit Means and Percentiles data that is comprised of HEDIS Means and Percentiles for Reporting is the proprietary intellectual property of NCQA, this report will not display any actual percentile values. Nonetheless, percentile level rankings are presented. Since the HEDIS 2013 percentiles are displayed to the second decimal place, plan-specific rates and statewide rates are rounded to the second decimal place before the plan's performance level is determined. When a 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 2014 rates are compared to their HEDIS 2013 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 2014.
- ◆ The observed changes could be due to health plans using different data collection methods between HEDIS reporting years or due to a change in the data reporting requirements made by the Department. Appendix C also describes the two data collection methods a health plan could use for reporting HEDIS measures. Since hybrid methodology uses medical records to supplement the results using administrative data, health plans using hybrid methods generally report higher rates when compared to using the administrative method only.
- ◆ The observed changes could be due to substantial changes in membership composition within a health plan.

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

Although three years of HEDIS rates are presented for utilization measures under the Use of Services 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 2014. 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

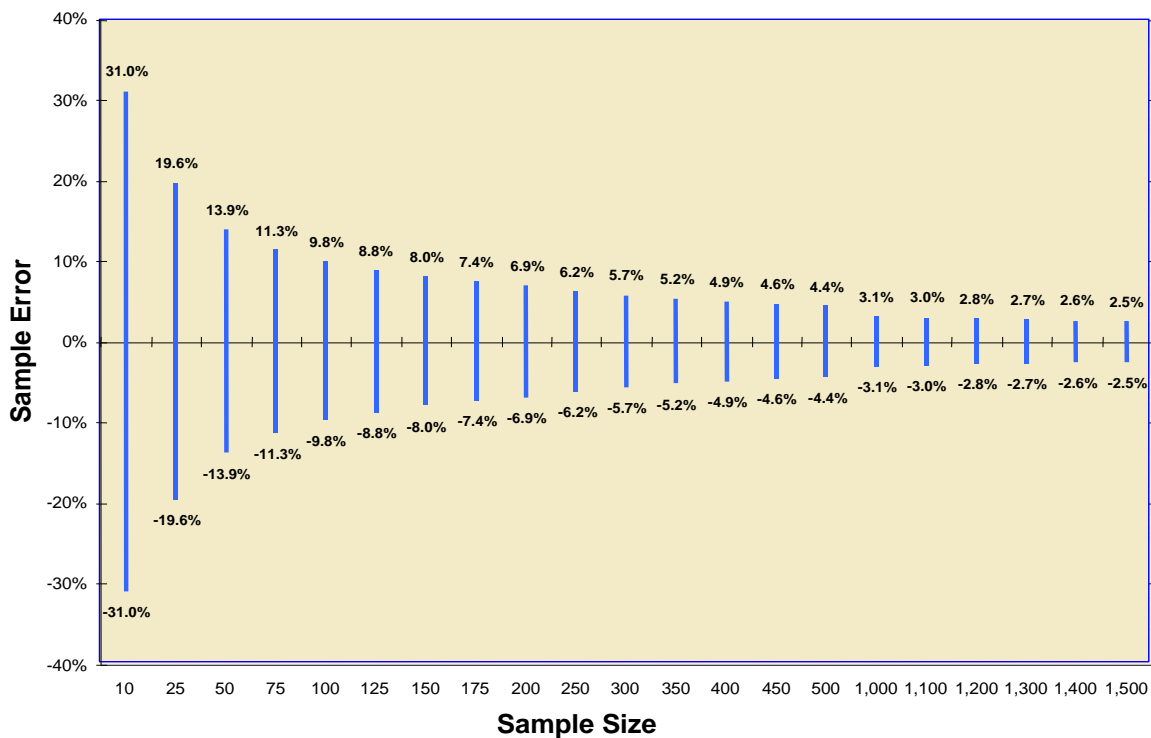
Correct interpretation of results for measures collected using the HEDIS hybrid methodology requires an understanding of sampling error. It is rarely possible, logistically or financially, to complete medical record review for the entire eligible population for a given measure. Measures collected using 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 measures required by the Department for HEDIS 2013 and 2014 reporting that contain changes NCQA made to the specifications from 2013 to 2014. 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 2014 Measures

Well-Child Visits in the First 15 Months of Life

- ◆ Revised example in continuous enrollment to account for leap year.
- ◆ Clarified that visits must be on different dates of services for the numerators in the Administrative Specification.

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

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

Prenatal and Postpartum Care

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

Breast Cancer Screening

- ◆ Revised the continuous enrollment time frame.
- ◆ Revised the age criterion to women 50–74 years of age.

- ◆ Revised the numerator time frame.

Cervical Cancer Screening

- ◆ Added the hybrid reporting method for commercial plans.
- ◆ Added steps to allow for two appropriate screening methods of cervical cancer screening: cervical cytology performed every three years in women 21–64 years of age and cervical cytology/HPV co-testing performed every five years in women 30–64 years of age.
 - Note: Due to significant specification changes, NCQA will not publicly report this measure for HEDIS 2014. This means that NCQA will not publish HEDIS 2014 percentiles for this measure. HSAG suggests that the HEDIS 2014 rates reported by plans be treated as baseline rates or rates for internal use.

Adult BMI Assessment

- ◆ Clarified that ranges and thresholds do not meet numerator criteria.

Antidepressant Medication Management

- ◆ Deleted the Index Episode Start Date.
- ◆ Revised the Negative Medication History time frame.
- ◆ Revised the Index Prescription Start Date (IPSD) definition.
- ◆ Revised the Continuous Enrollment Criteria.
- ◆ Revised the Anchor Date.
- ◆ Revised the Event/Diagnosis Steps.

Follow-Up Care for Children Prescribed ADHD Medication

- ◆ Revised dates in intake period and age criteria to account for a year that is not a leap year.

Initiation and Engagement of Alcohol and Other Drug (AOD) Dependent Treatment

- ◆ Clarified in the Initiation of AOD Treatment numerator that an IESD and initiation visit occurring on the same day must be with different providers.

Controlling High Blood Pressure

- ◆ Removed “Telephone call record” as an acceptable method for confirming the hypertension diagnosis.
- ◆ Clarified Step 2 of the numerator to state when a blood pressure reading is not compliant.
- ◆ Revised the Optional Exclusion criteria to allow exclusion of all members who had a nonacute inpatient encounter during the measurement year (previously the exclusion was limited to nonacute inpatient admissions).

Comprehensive Diabetes Care

- ◆ Added canagliflozin to the description of “Sodium glucose cotransporter 2 (sglt2) inhibitor” in Table CDC-A.
- ◆ Clarified requirements for using the HbA1c Level 7.0-9.0 Value Set for the HbA1c Control (<8.0%) indicator.
- ◆ Clarified hybrid requirements for the HbA1c Control indicators.
- ◆ Clarified medical record documentation requirements for a negative retinal or dilated eye exam.
- ◆ Clarified that a finding (e.g., normal, within normal limits) is acceptable for the LDL-C Screening indicator.
- ◆ Clarified hybrid requirements for the LDL-C Control (<100 mg/dL) indicator.
- ◆ Clarified Step 2 of the numerator for BP Control indicators in the Hybrid Specifications to state when a BP reading is not compliant.
- ◆ Clarified in the Note section that organizations must use the most recent result for indicators that require it, regardless of data source.

Frequency of Selected Procedures

- ◆ Deleted MS-DRG codes from the measure.
- ◆ To standardize and reduce the total number of value sets used in HEDIS, the same value sets are used to identify mastectomy in this measure and the Breast Cancer Screening (BCS) measure. The value sets for unilateral mastectomy and bilateral modifier contain obsolete codes (because of the BCS measure’s long look-back period), which are expected to have no impact on the FSP measure (because of its one-year look-back period).

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, 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 external vendors to produce the HEDIS rates. These vendors developed software in which the measures had passed NCQA's measure certification. NCQA certification helps ensure the validity of the results that are produced. Through certification, NCQA tests that the source code developed for the measures within 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 program, while the other health plans contracted with different LOs to perform their audits. The following table summarized the IS standards' audit findings for all Colorado Medical health plans and the FFS program.

Table E-1—Summary of Compliance With IS Standards

NCQA’s IS Standards	HSAG’s Findings Based on HEDIS 2014 FAR Review
<p>IS 1.0—Medical Service Data—Sound Coding Methods and Data Capture</p> <ul style="list-style-type: none"> ◆ Industry standard codes are required and captured. ◆ Primary and secondary diagnosis codes are identified. ◆ Nonstandard codes (if used) are mapped to industry standard codes. ◆ Standard submission forms are used. ◆ Timely and accurate data entry processes and sufficient edit checks are used. ◆ Data completeness is continually assessed, and all contracted vendors involved in medical claims processing are monitored. 	<p>The Colorado Medicaid MCOs were fully compliant with IS 1.0. The Department was found substantially compliant with this standard.</p> <p>Based on the final audit report for the Department, it was found that, due to current set up of the Medicaid Management Information Systems (MMIS), data completeness related to claims submitted by Federally qualified health centers (FQHCs) and rural health clinics (RHCs) continued to be a challenge for the Department during calendar year (CY) 2013. Because FQHCs and RHCs submitted facility claims, diagnosis and procedure details were frequently unavailable. Measure reporting impact analysis conducted determined that impact on administrative measures was minimal. Also, for hybrid measures, sample cases originally identified as administrative numerator positive were, in fact, found negative and required medical record procurement. The HSAG calculation team worked with IMI Health and the medical record vendor to resolve this issue.</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 MCOs and the Department were fully compliant with IS 2.0.</p> <p>The MCOs and the Department had current enrollment-related policies and procedures which were reviewed and found to meet HEDIS requirements.</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 	<p>Colorado Medicaid MCOs and the Department were fully compliant with IS 3.0.</p> <p>There were no concerns related to the processes in place to enroll providers. Documentation pertaining to provider data was reviewed and found to meet HEDIS requirements.</p>

Table E-1—Summary of Compliance With IS Standards

NCQA’s IS Standards	HSAG’s Findings Based on HEDIS 2014 FAR Review
<p>timely entry of data into the transaction files.</p> <ul style="list-style-type: none"> ◆ Data completeness is assessed and steps are taken to improve performance. ◆ Vendors are regularly monitored against expected performance standards. 	
<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>Colorado Medicaid MCOs and the Department were fully compliant with IS 4.0.</p> <p>The Department and the MCOs possessed adequate data collection tools to capture all fields relevant to HEDIS reporting.</p> <p>No issues or concerns relevant to the selected Colorado Medicaid measures were noted for this standard.</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>Colorado Medicaid MCOs and the Department were fully compliant with IS 5.0.</p> <p>No issues or concerns relevant to the selected Colorado Medicaid measures were noted for this standard.</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 2014 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>Colorado Medicaid MCOs and the Department were fully compliant with IS 7.0.</p> <p>No issues or concerns relevant to the selected Colorado Medicaid measures were noted for this standard.</p>

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

Software Vendor

A third party, with source code certified by NCQA, that contracts with a health plan to write source code for HEDIS measures. To obtain measure certification, the vendor must submit its programmed HEDIS measures 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.^{F-1}

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).

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

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.

^{F-2} 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.^{F-3}

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.

^{F-3} 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.