

# Colorado Medicaid HEDIS® 2015 Results STATEWIDE AGGREGATE REPORT EXECUTIVE SUMMARY

February 2016

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



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### Introduction

During 2014, the Colorado Department of Health Care Policy & 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 2015, these programs covered more than 1.2 million Coloradans.<sup>1-1</sup> Colorado’s Medicaid benefits and services include health care provider visits; dental services; hospitalization, emergency services, transportation and other services; maternity and newborn care; mental health, substance use disorder, or behavioral health services; pharmacy and durable medical equipment benefits; physical, occupation, or speech therapy; laboratory services; preventive and wellness services; and family planning services.<sup>1-2</sup>

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 required 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<sup>®</sup>) 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<sup>™</sup> 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 examined the measures along six domains of care: Pediatric Care, Access to Care, Preventive Screening, Mental/Behavioral Health, Living With Illness, and Use of Services. This approach to the analysis was designed to encourage consideration of the measures as a whole rather than in isolation and to think about the strategic and tactical changes required to improve overall performance.

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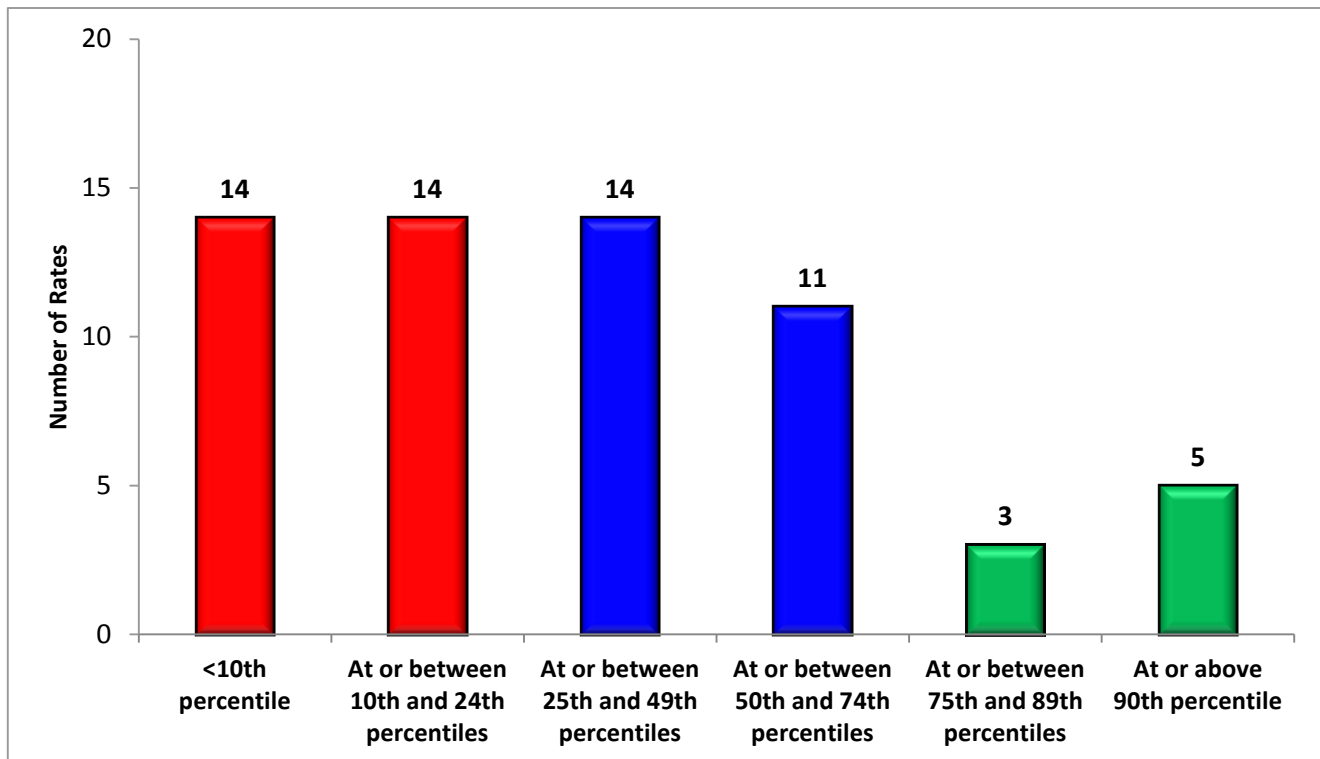
<sup>1-1</sup> Colorado Department of Health Care Policy & Financing. Enrollment. Available at: <http://www.colorado.gov/hcpf>. Accessed on September 11, 2015.

<sup>1-2</sup> Colorado Department of Health Care Policy & Financing. Colorado Medicaid Benefits and Services. Available at: <https://www.colorado.gov/hcpf/colorado-medicaid-benefits-services-overview>. Accessed on August 19, 2014.

## Summary of Performance

Figure 1-1 shows the Colorado Medicaid program’s performance on 37 measures with a total of 61 indicators<sup>1-3</sup> compared with national HEDIS 2014 Medicaid percentiles. The bars represent the number of Colorado Medicaid weighted averages falling within each HEDIS percentile range. The percentile range shows how the Colorado Medicaid weighted average ranked nationally. For example, the Colorado Medicaid weighted average for 14 measures fell below the national 10th percentile. This means that the Colorado Medicaid program had 14 measures with performance in the bottom 10 percent of all health plans nationally.

**Figure 1-1—Colorado Medicaid Weighted Averages**



Of the 61 weighted averages that were comparable to national percentage data:

- ◆ Fourteen (or 23.0 percent) were below the 10th percentile.
- ◆ Fourteen (or 23.0 percent) were at or above the 10th percentile and below the 25th percentile.
- ◆ Fourteen (or 23.0 percent) were at or above the 25th percentile and below the 50th percentile.

<sup>1-3</sup> Performance measures reported in this graph include select measures/indicators in the Pediatric Care, Preventive Screening, Mental/Behavioral Health, and Living With Illness domains and all measures in the Access to Care domain. *Ambulatory Care, Inpatient Utilization, Identification of Alcohol and Other Drug Services, Mental Health 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, Non-Recommended Cervical Cancer Screening in Adolescent Females, and Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)* measures/indicators, the percentile was reversed to align with performance of other measures. Although the *Initiation and Engagement of Alcohol and Other Drug Dependence Treatment* measure was required for FFS only, the measure received an “NR” designation in the finalized IDSS files for FFS and, therefore, was excluded from Figure 1-1.

- ◆ Eleven (or 18.0 percent) were at or above the 50th percentile and below the 75th percentile.
- ◆ Three (or 4.9 percent) were at or above the 75th percentile and below the 90th percentile.
- ◆ Five (or 8.2 percent) were at or above the 90th percentile.

Table 1-1 displays statewide weighted averages from years 2013, 2014, and 2015. The values displayed in the comparison column, “Change from 2014–2015,” reflect the percentage point difference between the HEDIS 2014 and HEDIS 2015 rates. The last column, “Percentile Ranking,” presents the comparison between the 2015 rates and the national HEDIS 2014 Medicaid percentiles.

**Table 1-1—Colorado Medicaid Statewide Weighted Averages**

HEDIS Measures	HEDIS 2013	HEDIS 2014	HEDIS 2015	Change From 2014–2015	Percentile Ranking
<b>Pediatric Care</b>					
<i>Childhood Immunization Status<sup>1</sup></i>					
<i>Combination 2</i>	61.20%	69.21%	56.25%	-12.96	<10th
<i>Combination 3</i>	58.33%	66.67%	53.35%	-13.32	<10th
<i>Combination 4</i>	50.16%	61.36%	49.45%	-11.91	<10th
<i>Combination 5</i>	43.75%	53.53%	42.53%	-11.00	10th–24th
<i>Combination 6</i>	37.11%	44.19%	35.32%	-8.87	25th–49th
<i>Combination 7</i>	37.89%	49.71%	39.70%	-10.01	10th–24th
<i>Combination 8</i>	34.00%	40.57%	33.39%	-7.18	25th–49th
<i>Combination 9</i>	29.00%	36.90%	29.47%	-7.43	25th–49th
<i>Combination 10</i>	26.52%	34.01%	27.93%	-6.08	25th–49th
<i>Immunizations for Adolescents—Combination 1<sup>1</sup></i>	58.11%	65.20%	62.33%	-2.87	25th–49th
<i>Well-Child Visits in the First 15 Months of Life<sup>2</sup></i>					
<i>Zero Visits*</i>	1.88%	2.85%	3.97%	+1.12	10th–24th
<i>Six or More Visits</i>	62.19%	62.11%	43.97%	-18.14	<10th
<i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life<sup>2</sup></i>	61.13%	60.69%	57.19%	-3.50	<10th
<i>Adolescent Well-Care Visits<sup>2</sup></i>	38.79%	37.79%	32.91%	-4.88	<10th
<i>Annual Dental Visit—Total</i>	—	63.41%	60.32%	-3.09	50th–74th
<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</i>					
<i>BMI Assessment: Total</i>	57.24%	54.08%	69.11%	+15.03	50th–74th
<i>Nutrition Counseling: Total</i>	58.20%	54.23%	57.41%	+3.18	25th–49th
<i>Physical Activity Counseling: Total</i>	50.28%	49.25%	49.88%	+0.63	25th–49th
<i>Appropriate Testing for Children With Pharyngitis</i>	74.23%	72.61%	74.20%	+1.59	50th–74th
<i>Appropriate Treatment for Children With Upper Respiratory Infection</i>	—	—	90.16%	—	50th–74th

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

— Is shown when no data were available or the measure was not reported in either the HEDIS 2013 aggregate report or the HEDIS 2014 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.

<sup>1</sup> The Department’s reporting requirement for this measure was administrative in HEDIS 2013 and 2015 but hybrid in HEDIS 2014. Historical rate changes may not reflect actual performance changes.

<sup>2</sup> The Department’s reporting requirement for this measure was hybrid in HEDIS 2013 and 2014 but administrative in HEDIS 2015. Historical rate changes may not reflect actual performance changes.

**Table 1-1—Colorado Medicaid Statewide Weighted Averages**

HEDIS Measures	HEDIS 2013	HEDIS 2014	HEDIS 2015	Change From 2014–2015	Percentile Ranking
<b>Access to Care</b>					
<i>Prenatal and Postpartum Care<sup>3</sup></i>					
<i>Timeliness of Prenatal Care</i>	79.82%	74.60%	50.62%	-23.98	<10th
<i>Postpartum Care</i>	57.63%	57.67%	33.14%	-24.53	<10th
<i>Children’s and Adolescents’ Access to Primary Care Practitioners</i>					
<i>Ages 12 to 24 Months</i>	94.61%	95.23%	92.91%	-2.32	<10th
<i>Ages 25 Months to 6 Years</i>	81.91%	81.40%	79.34%	-2.06	<10th
<i>Ages 7 to 11 Years</i>	86.37%	85.68%	83.78%	-1.90	10th–24th
<i>Ages 12 to 19 Years</i>	86.30%	85.48%	83.69%	-1.79	10th–24th
<i>Adults’ Access to Preventive/Ambulatory Health Services—Total</i>	77.23%	76.42%	72.46%	-3.96	10th–24th
<b>Preventive Screening</b>					
<i>Chlamydia Screening in Women—Total</i>	54.02%	51.66%	51.52%	-0.14	25th–49th
<i>Breast Cancer Screening</i>	30.42%	31.17%	32.41%	+1.24	<10th
<i>Cervical Cancer Screening<sup>4</sup></i>	44.91%	57.67%	56.64%	-1.03	25th–49th
<i>Non-Recommended Cervical Cancer Screening in Adolescent Females*</i>	—	—	1.74%	—	≥90th
<i>Adult BMI Assessment</i>	72.82%	71.34%	82.64%	+11.30	50th–74th
<b>Mental/Behavioral Health</b>					
<i>Antidepressant Medication Management</i>					
<i>Effective Acute Phase Treatment</i>	63.73%	62.03%	65.37%	+3.34	≥90th
<i>Effective Continuation Phase Treatment</i>	48.82%	46.72%	49.82%	+3.10	≥90th
<i>Follow-up Care for Children Prescribed ADHD Medication</i>					
<i>Initiation</i>	39.47%	34.18%	33.56%	-0.62	25th–49th
<i>Continuation</i>	43.63%	36.51%	33.37%	-3.14	10th–24th
<i>Follow-up After Hospitalization for Mental Illness</i>					
<i>30-Day Follow-up</i>	NR	—	43.01%	—	10th–24th
<i>7-Day Follow-up</i>	NR	—	15.24%	—	<10th
<i>Initiation and Engagement of Alcohol and Other Drug Dependence Treatment</i>					
<i>Initiation—Total</i>	29.62%	30.19%	NR	—	—
<i>Engagement—Total</i>	5.60%	5.88%	NR	—	—
<i>Adherence to Antipsychotic Medications for Individuals With Schizophrenia</i>	75.85%	70.37%	65.65%	-4.72	50th–74th
<i>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medication</i>	—	87.78%	88.20%	+0.42	≥90th
<i>Diabetes Monitoring for People With Diabetes and Schizophrenia</i>	—	33.11%	30.05%	-3.06	<10th
<i>Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia</i>	—	21.57%	39.53%	+17.96	<10th

\* For the *Non-Recommended Cervical Cancer Screening in Adolescent Females* measure, a lower rate indicates better performance; therefore, the percentile was reversed to align with the performance of other measures.

<sup>3</sup> The Department’s reporting requirement for this measure was hybrid for HEDIS 2013 and 2014 for plans and FFS, but was hybrid for HEDIS 2015 for plans only. FFS was required to report administratively for HEDIS 2015. Historical rate changes may not accurately reflect actual performance changes.

<sup>4</sup> Due to a change in the Department’s reporting requirement from administrative in HEDIS 2013 to hybrid in HEDIS 2014 and HEDIS 2015 and significant measure specification revisions from HEDIS 2013 to HEDIS 2014, rate changes between HEDIS 2013 and HEDIS 2014 do not accurately reflect any performance improvement or decline. The HEDIS 2014 rates should be treated as baseline rates when compared to HEDIS 2015.

<sup>5</sup> Although the *Initiation and Engagement of Alcohol and Other Drug Dependence Treatment* measure was required for FFS, the measure was not reported in the finalized Interactive Data Submission System (IDSS) files for FFS.

**Table 1-1—Colorado Medicaid Statewide Weighted Averages**

HEDIS Measures	HEDIS 2013	HEDIS 2014	HEDIS 2015	Change From 2014–2015	Percentile Ranking
<b>Living With Illness</b>					
<i>Controlling High Blood Pressure</i>	44.85%	50.48%	53.54%	+3.06	25th–49th
<i>Persistence of Beta-Blocker Treatment After a Heart Attack</i>	—	—	73.90%	—	10th–24th
<i>Comprehensive Diabetes Care</i>					
<i>HbA1c Testing</i>	67.43%	74.56%	82.16%	+7.60	25th–49th
<i>HbA1c Poor Control (&gt;9.0%)*</i>	62.68%	56.33%	44.18%	-12.15	50th–74th
<i>HbA1c Control (&lt;8.0%)</i>	32.00%	37.24%	43.61%	+6.37	25th–49th
<i>Eye Exam</i>	42.80%	41.68%	45.85%	+4.17	10th–24th
<i>Medical Attention for Nephropathy</i>	70.21%	71.22%	73.64%	+2.42	10th–24th
<i>Blood Pressure Controlled &lt;140/90 mm Hg</i>	54.09%	58.21%	61.91%	+3.70	50th–74th
<i>Annual Monitoring for Patients on Persistent Medications—Total</i>	80.28%	83.29%	85.20%	+1.91	25th–49th
<i>Use of Imaging Studies for Low Back Pain</i>	—	78.46%	78.71%	+0.25	75th–89th
<i>Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis</i>	—	—	29.52%	—	50th–74th
<i>Pharmacotherapy Management of COPD Exacerbation</i>					
<i>Systemic Corticosteroid</i>	—	59.43%	59.73%	+0.30	10th–24th
<i>Bronchodilator</i>	—	76.11%	75.65%	-0.46	10th–24th
<i>Use of Appropriate Medications for People With Asthma—Total</i>	—	86.07%	86.17%	+0.10	50th–74th
<i>Medication Management for People With Asthma</i>					
<i>Medication Compliance 50% — Total</i>	—	—	66.46%	—	75th–89th
<i>Medication Compliance 75% — Total</i>	—	—	43.49%	—	≥90th
<i>Asthma Medication Ratio—Total</i>	60.16%	65.55%	73.17%	+7.62	75th–89th
<i>Use of Spirometry Testing in the Assessment and Diagnosis of COPD</i>	—	23.79%	22.87%	-0.92	10th–24th
<i>Disease-Modifying Anti-Rheumatic Drug Therapy in Rheumatoid Arthritis</i>	—	73.17%	75.33%	+2.16	50th–74th
<b>Use of Services<sup>†</sup></b>					
<i>Ambulatory Care: Total</i>					
<i>Outpatient Visits per 1,000 Member Months (MM): Total</i>	—	307.00	289.90	-17.10	10th–24th
<i>Emergency Department Visits per 1,000 MM: Total</i>	64.84	59.14	62.03	+2.89	25th–49th
<i>Inpatient Utilization—General Hospital/Acute Care: Total</i>					
<i>Discharges per 1,000 MM (Total Inpatient)</i>	—	9.15	7.87	-1.28	50th–74th
<i>Days per 1,000 MM (Total Inpatient)</i>	—	26.80	9.58	-17.22	<10th
<i>Average Length of Stay (Total Inpatient)</i>	—	2.93	1.22	-1.71	<10th
<i>Discharges per 1,000 MM (Medicine)</i>	—	3.93	3.76	-0.17	50th–74th
<i>Days per 1,000 MM (Medicine)</i>	—	12.87	4.83	-8.04	10th–24th

**Table 1-1—Colorado Medicaid Statewide Weighted Averages**

HEDIS Measures	HEDIS 2013	HEDIS 2014	HEDIS 2015	Change From 2014–2015	Percentile Ranking
<i>Average Length of Stay (Medicine)</i>	—	3.27	1.28	-1.99	<10th
<i>Discharges per 1,000 MM (Surgery)</i>	—	1.77	1.84	+0.07	75th–89th
<i>Days per 1,000 MM (Surgery)</i>	—	9.10	2.34	-6.76	<10th
<i>Average Length of Stay (Surgery)</i>	—	5.14	1.27	-3.87	<10th
<i>Discharges per 1,000 MM (Maternity)</i>	—	6.02	3.34	-2.68	25th–49th
<i>Days per 1,000 MM (Maternity)</i>	—	8.46	3.55	-4.91	10th–24th
<i>Average Length of Stay (Maternity)</i>	—	1.40	1.06	-0.34	<10th
<b>Identification of Alcohol and Other Drug Services</b>					
<i>Any Service</i>	—	—	4.85%	—	50th–74th
<i>Inpatient</i>	—	—	1.08%	—	50th–74th
<i>Intensive Outpatient/Patient Hospitalization</i>	—	—	<0.01%	—	10th–24th
<i>Outpatient/ED</i>	—	—	4.34%	—	50th–74th
<b>Mental Health Utilization</b>					
<i>Any Service</i>	—	—	0.71%	—	<10th
<i>Inpatient</i>	—	—	0.10%	—	<10th
<i>Intensive Outpatient/Patient Hospitalization</i>	—	—	0.00%	—	10th–24th
<i>Outpatient/ED</i>	—	—	0.64%	—	<10th
<b>Antibiotic Utilization (All Ages)</b>					
<i>Average Scripts for per Member per Year(PMPY) for Antibiotics</i>	—	0.94	0.90	-0.04	25th–49th
<i>Averages Days Supplied per Antibiotic Script</i>	—	9.73	9.67	-0.06	75th–89th
<i>Average Scripts PMPY for Antibiotics of Concern</i>	—	0.35	0.34	-0.01	25th–49th
<i>Percentage of Antibiotics of Concern of all Antibiotic Scripts</i>	—	37.32%	38.29%	+0.97	10th–24th
<b>Frequency of Selected Procedures</b>					
<i>Bariatric Weight Loss Surgery (0–19 Male)</i>	0.00	0.00	0.00	0.00	—
<i>Bariatric Weight Loss Surgery (0–19 Female)</i>	0.00	<0.01	0.00	0.00	—
<i>Bariatric Weight Loss Surgery (20–44 Male)</i>	0.03	0.02	0.01	-0.01	50th–74th
<i>Bariatric Weight Loss Surgery (20–44 Female)</i>	0.09	0.09	0.06	-0.03	50th–74th
<i>Bariatric Weight Loss Surgery (45–64 Male)</i>	0.01	0.02	0.01	-0.01	50th–74th
<i>Bariatric Weight Loss Surgery (45–64 Female)</i>	0.11	0.13	0.06	-0.07	50th–74th
<i>Tonsillectomy (0–9 Male and Female)</i>	0.62	0.59	0.53	-0.06	25th–49th
<i>Tonsillectomy (10–19 Male and Female)</i>	0.47	0.39	0.33	-0.06	50th–74th
<i>Hysterectomy, Abdominal (15–44 Female)</i>	0.21	0.10	0.08	-0.02	10th–24th
<i>Hysterectomy, Abdominal (45–64 Female)</i>	0.33	0.18	0.18	0.00	10th–24th



**Table 1-1—Colorado Medicaid Statewide Weighted Averages**

HEDIS Measures	HEDIS 2013	HEDIS 2014	HEDIS 2015	Change From 2014–2015	Percentile Ranking
<i>Hysterectomy, Vaginal (15–44 Female)</i>	0.29	0.19	0.16	-0.03	50th–74th
<i>Hysterectomy, Vaginal (45–64 Female)</i>	0.26	0.17	0.18	+0.01	50th–74th
<i>Cholecystectomy, Open (30–64 Male)</i>	0.07	0.03	0.03	0.00	50th–74th
<i>Cholecystectomy, Open (15–44 Female)</i>	0.02	0.02	0.01	-0.01	25th–74th
<i>Cholecystectomy, Open (45–64 Female)</i>	0.07	0.06	0.03	-0.03	50th–74th
<i>Cholecystectomy(laparoscopic) (30–64 Male)</i>	0.36	0.29	0.29	0.00	25th–49th
<i>Cholecystectomy(laparoscopic) (15–44 Female)</i>	0.92	0.83	0.70	-0.13	25th–49th
<i>Cholecystectomy(laparoscopic) (45–64 Female)</i>	0.72	0.74	0.67	-0.07	25th–49th
<i>Back Surgery (20–44 Male)</i>	0.37	0.31	0.23	-0.08	25th–49th
<i>Back Surgery (20–44 Female)</i>	0.23	0.20	0.17	-0.03	25th–49th
<i>Back Surgery (45–64 Male)</i>	0.78	0.50	0.54	+0.04	25th–49th
<i>Back Surgery (45–64 Female)</i>	0.81	0.63	0.55	-0.08	50th–74th
<i>Mastectomy (15–44 Female)</i>	0.03	0.04	0.02	-0.02	50th–74th
<i>Mastectomy (45–64 Female)</i>	0.30	0.34	0.17	-0.17	50th–74th
<i>Lumpectomy (15–44 Female)</i>	0.10	0.10	0.09	-0.01	10th–24th
<i>Lumpectomy (45–64 Female)</i>	0.47	0.56	0.35	-0.21	25th–49th

\* 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 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. Rates are not risk adjusted; therefore, the percentile ranking should be interpreted with caution and may not accurately reflect high or low performance.

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

- ◆ **Pediatric Care**—Colorado Medicaid’s statewide performance showed rate declines across most indicators within this domain. Rate decreases are noted within *Childhood Immunization Status; Immunizations for Adolescents; Well-Child Visits in the First 15 Months of Life; Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life; Adolescent Well-Care Visits; and Annual Dental Visit—Total*. The significant rate decreases observed for many of the aforementioned measures may be due to a change in the Department’s reporting methodology requirement for these measures and may not denote true performance declines. Rate increases (some of which were significant) were observed across individual indicators for the *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents* measure and the *Appropriate Testing for Children With Pharyngitis* measures. The *Appropriate Treatment for Children With Upper Respiratory Infection* measure was newly added to Colorado Medicaid’s 2015 HEDIS assessment. Although no pediatric care measures ranked at or above the national 90th percentile, the *Annual Dental Visit—Total, Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Assessment: Total, Appropriate Testing for Children With Pharyngitis, and Appropriate Treatment for*



*Children With Upper Respiratory Infection* measures were at or above the national 50th percentile. Conversely, the measures related to immunizations and physician visits for children and adolescents ranked below the national 50th percentile, with nine of fourteen 14 indicators in this group ranking below the national 25th percentile.

- ◆ Access to Care—Colorado Medicaid demonstrated significant declines across all Access to Care measures in HEDIS 2015. Additionally, all measures within this domain ranked below the national 25th percentile, with four of seven indicators ranking below the national 10th percentile, further indicating opportunities for improvement.
- ◆ Preventive Screening—Colorado Medicaid’s statewide performance showed diverse results for measures in this domain. While significant rate increases were observed for 2015 *Breast Cancer Screening* and *Adult BMI Assessment* measures, decreases were observed for the *Chlamydia Screening in Women—Total* indicator and *Cervical Cancer Screening* measure. The *Non-Recommended Cervical Cancer Screening in Adolescent Females* measure was newly added for HEDIS 2015. For the *Cervical Cancer Screening* measure, due to both 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 prior to HEDIS 2014 do not accurately reflect performance improvement or decline. The HEDIS 2014 *Cervical Cancer Screening* rates were, therefore, treated as baseline rates for future trending. The slight decline in the *Cervical Cancer Screening* rate from 2014 to 2015 should be assessed within this context. Ranking of Colorado Medicaid’s 2015 rates varied considerably by measure: the newly added *Non-Recommended Cervical Cancer Screening in Adolescent Females* rate ranked above the national 90th percentile while the *Breast Cancer Screening* rate ranked below the national 10th percentile, despite the significant increase in these rates from 2014 to 2015.
- ◆ Mental/Behavioral Health—Colorado Medicaid’s statewide performance showed mixed results for measures within this domain. Although significant rate differences (increases) were observed solely for the *Antidepressant Medication Management* indicators, most other measures and indicators had relatively small rate changes. The exception was the *Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia* measure (which showed a 17.96 percentage point increase from 2014). While rates of the *Antidepressant Medication Management* indicators and the *Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medication* measure ranked above the national 90th percentile, the majority of the remaining indicators and measures ranked below the national 50th percentile, with five of the twelve domain measures and indicators ranking below the national 25th percentile.
- ◆ Living With Illness—Colorado Medicaid’s statewide performance in this domain demonstrated generally positive rate changes from 2014 to 2015 but overall showed diverse results when compared to national benchmarks. Two *Comprehensive Diabetes Care* indicators (*HbA1c Testing* and *HbA1c Poor Control [ $>9.0\%$ ]*), *Annual Monitoring for Patients on Persistent Medications—Total*, and *Asthma Medication Ratio—Total* indicators all had significant rate increases from 2014 to 2015 (the rate decrease for *HbA1c Poor Control [ $>9.0\%$ ]* is positive due to the inverse nature of this measure, wherein lower rates are better). Four measures/indicators were added to this domain for Colorado Medicaid’s 2015 HEDIS assessment: *Persistence of Beta-Blocker Treatment After a Heart Attack*, *Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis*, and *Medication Management for People With Asthma: Medication Compliance 50% and 75%—Total* indicators. As previously stated, comparison of individual

domain measures and indicators to national benchmarks showed that a little under half had 2015 rates ranking above the national 50th percentile, with four indicators ranking above the national 75th percentile. Conversely, six of the remaining 10 measures/indicators ranked below the national 25th percentile.

- ◆ Use of Services—Colorado Medicaid’s statewide rates show a reduction in utilization across the majority of measures and indicators in the Use of Services domain. Two measures were added to Colorado Medicaid’s 2015 HEDIS assessment: *Identification of Alcohol and Other Drug Services*, and *Mental Health Utilization*. Overall, hospitalization-based measures such as the *Ambulatory Care* and *Inpatient Utilization—General Hospital/Acute Care: Total* indicators showed relatively large rate declines when compared to prescription and surgical procedure-based measures. The largest rate decreases were observed for the *Ambulatory Care: Total—Outpatient Visits per 1,000 MM Total* indicator (rate decrease of 17.10 visits per 1,000 MM) and the *Inpatient Utilization—General Hospital/Acute Care: Total—Days per 1,000 MM (Total Inpatient)* indicator (rate decrease of 17.22 visits per 1,000 MM). These measures and indicators were not compared to national benchmarks.

## 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., *Non-Recommended Cervical Cancer Screening in Adolescent Females*), or (2) significant changes were made to the measure’s specifications. Additionally, trending results should also be interpreted carefully for those measures for which the Department changed its reporting requirement between administrative and hybrid methodology over the past several years, as indicated by the notations located at the bottom of each table.