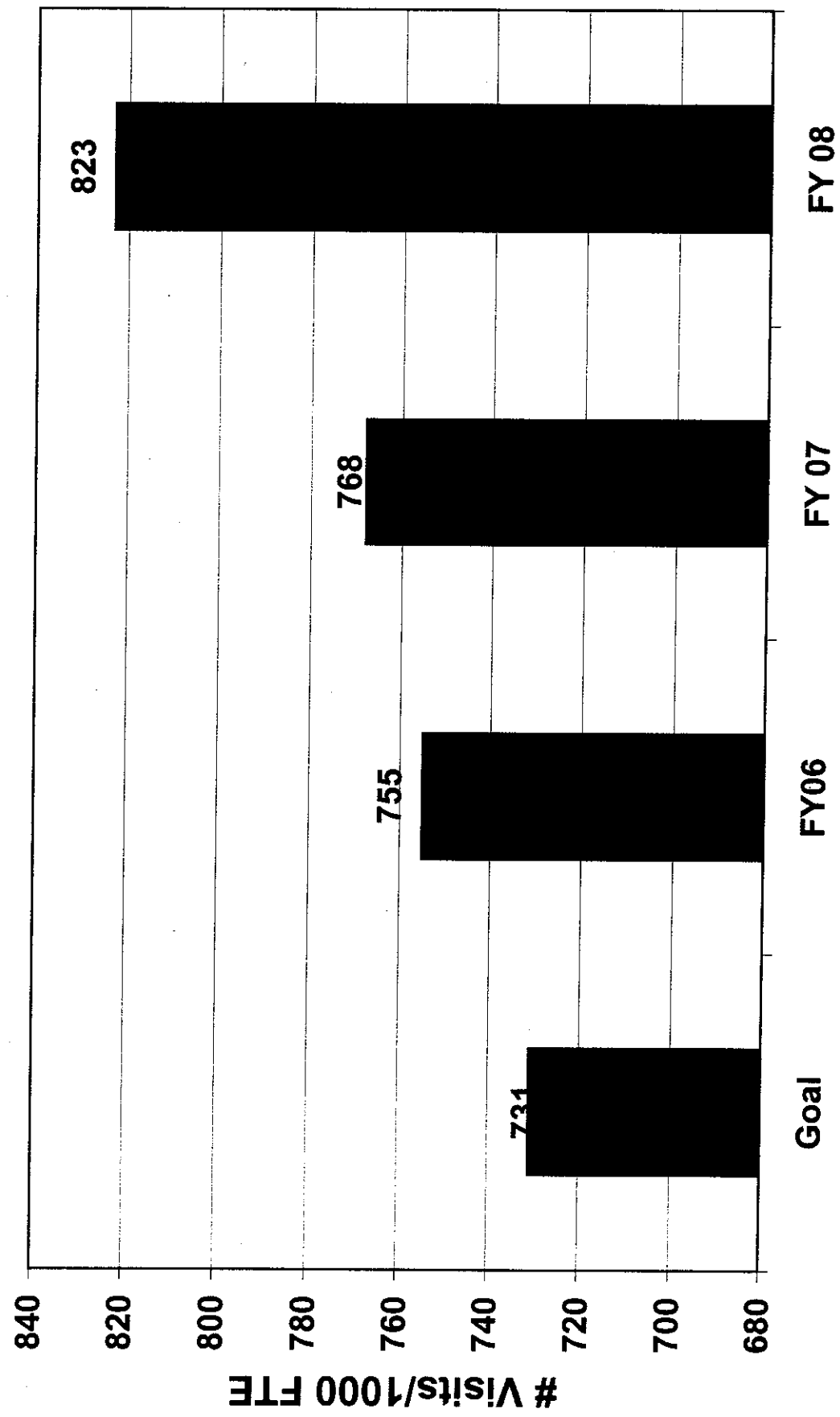
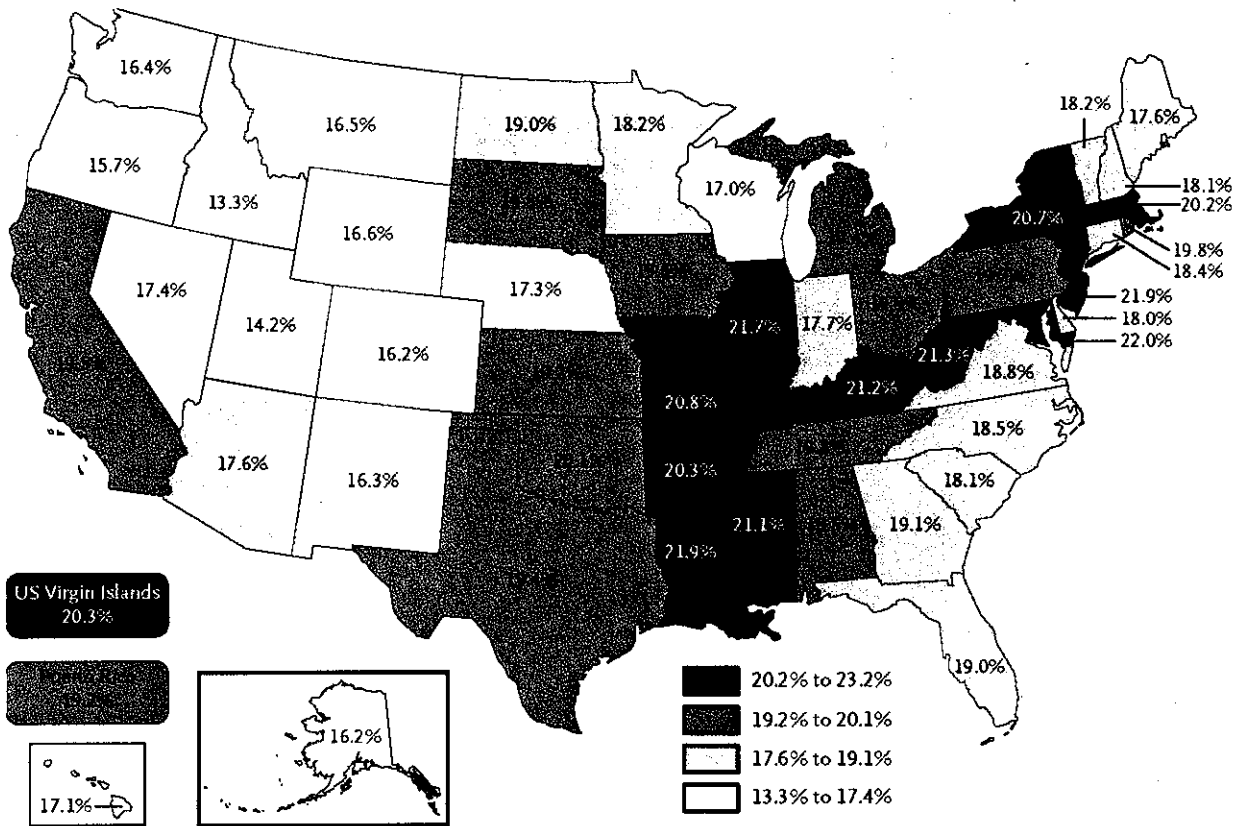


# ER Visits per 1000 client FTEs



<i>Inpatient utilization by Waiver</i>	<b>FY 06</b>	<b>FY 07</b>	<b>FY 08</b>
# discharges/1000 FTE for Medicaid	200/1000	204/1000	194/1000
# discharges/1000 FTE for EBD and CDAS waivers	581/1000	596/1000	537/1000
# discharges/1000 FTE for BI clients	439/1000	493/1000	300/1000
# discharges/1000 FTE for MI clients	337/1000	344/1000	348/1000
# discharges/1000 FTE for dually eligible clients	253/1000	261/1000	236/1000
# discharges/1000 FTE for DD/SLS clients	130/1000	136/1000	139/1000
# discharges/1000 FTE for C-HCBS clients	97/1000	99/1000	96/1000

HEDIS 2008 Medicaid Health Plan average - 99.6/1000



**Medicare Rates of Rehospitalization within 30 Days after Hospital Discharge.**

The rates include all patients in fee-for-service Medicare programs who were discharged between October 1, 2003, and September 30, 2004. The rate for Washington, DC, which does not appear on the map, was 23.2%.

## Hospital Readmission Summary <sup>(1)</sup> during FY 2007-2008

All Fee For Services			
Readmission Interval	Number of Readmission per 1000	Readmission Rate	Number of Readmissions
Within 7 days (1-7 days)	7	5.29%	2,321
Within 30 days (1-30 days)	17	12.59%	5,527
Within 90 days (1-90 days)	27	20.34%	8,924

Number of Discharges per 1000 FFS member (2)	132
Number of Admissions per FFS 1000 FFS member (3)	132
Total Number of Discharges	43,883
Total Number of Admissions	43,829
Total Number of Readmissions	8,924
Sum of Member Months during FY0708 (3)	3,987,783

**Notes:**

The rates shown below are cumulative.

The total readmissions is 8,924 which is equal to the number of the readmissions within 90 days because there we

(1) Readmissions to any hospital/DRG not limited to the hospital/DRGs where the patients were discharged.

(2) Annual Utilization per 1000 FFS (PCPP and Unassigned) members = (sum of statistics for period / Sum of Member Month

(3) Calculated by summing Total FFS for all months during FY0708 in the report of managed care- Revised 12-2008\_Enrollm

## Hospital Readmissions during FY 2007-2008

Readmission rate is calculated by dividing number of readmissions to number of discharges within the listed category.

Readmissions By Age Group	Within 90 days		Within 30 days		Within 7 days		
	Count	Rate	Count	Rate	Count	Rate	
<1	742	11.00%	476	7.06%	157	2.33%	6,743
1-19	913	14.71%	549	8.85%	235	3.70%	6,206
45-64	3,111	28.86%	1,968	17.91%	847	7.82%	11,568
20-44	2,130	24.71%	1,370	15.86%	605	7.02%	8,621
65-74	852	19.58%	464	10.84%	196	4.60%	4,359
75-84	745	18.96%	424	10.79%	165	4.26%	3,930
85+	431	17.85%	276	11.24%	116	4.72%	2,456
<b>Total</b>	<b>8,924</b>	<b>20.34%</b>	<b>5,527</b>	<b>12.59%</b>	<b>2,321</b>	<b>5.29%</b>	<b>43,883</b>

Readmissions By Eligibility	Within 90 days		Within 30 days		Within 7 days		
	Count	Rate	Count	Rate	Count	Rate	
AND/AB-SSI	3,415	27.27%	2,025	16.17%	706	5.67%	12,523
OAP-A	1,769	19.87%	998	10.85%	386	4.32%	9,375
BC CHILDREN	910	10.84%	591	7.04%	221	2.63%	8,391
AFDC/CWP Adults	903	19.90%	568	12.64%	227	6.00%	4,538
OAP-B-SSI	604	27.83%	361	18.51%	134	6.13%	2,186
AFDC/CWP CHILDREN	185	9.08%	112	5.45%	51	2.49%	2,055
QMB ONLY	186	9.25%	76	3.78%	31	1.54%	2,011
FOSTER CARE	141	17.89%	82	9.92%	35	3.94%	888
NON-CITIZENS (EMERGENCY)	580	68.27%	558	65.72%	472	55.91%	875
OAP STATE ONLY	178	24.82%	124	17.18%	49	6.76%	723
BC WOMEN	NR	NR	NR	NR	NR	NR	144
BCCP-WOMEN BREAST&CERVICAL CAN	34	26.36%	NR	NR	NR	NR	129
NO DATA	NR	NR	NR	NR	NR	NR	NR
UNSPECIFIED	NR	NR	NR	NR	NR	NR	NR
PRENATAL STATE ONLY	NR	NR	NR	NR	NR	NR	NR
NCRA	NR	NR	NR	NR	NR	NR	NR
<b>Total</b>	<b>8,924</b>	<b>20.34%</b>	<b>5,527</b>	<b>12.59%</b>	<b>2,321</b>	<b>5.29%</b>	<b>43,883</b>

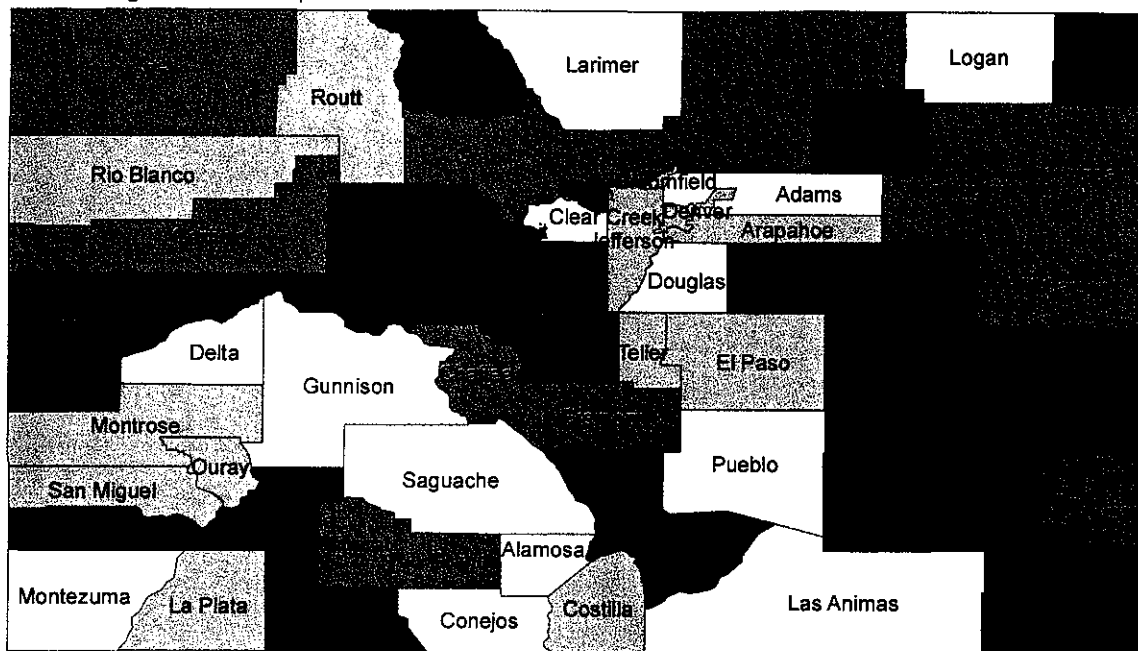
# Prevention Quality Indicator Analysis (FY2008)

## Overall Admission Rate for Acute and Chronic Indicators

The following maps graphically represent the performance of Colorado counties relative to each other on the quality indicator listed above. The upper map represents all Medicaid eligible clients including those with dual Medicare/Medicaid eligibility. The bottom map analyzes those with Medicaid eligibility only. Green shades represent counties that fell below the average performance of the state with darker green having the fewest admissions. Red shades represent counties that scored above average. All numbers are rates per 100,000 individuals. The analysis was done on a 5 quantile classification system to control for outliers.

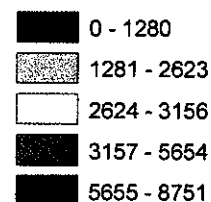
**AHRQ National Average (2004): 1,879 (Includes clients with dual eligibility)**

\* Dual eligible clients represented

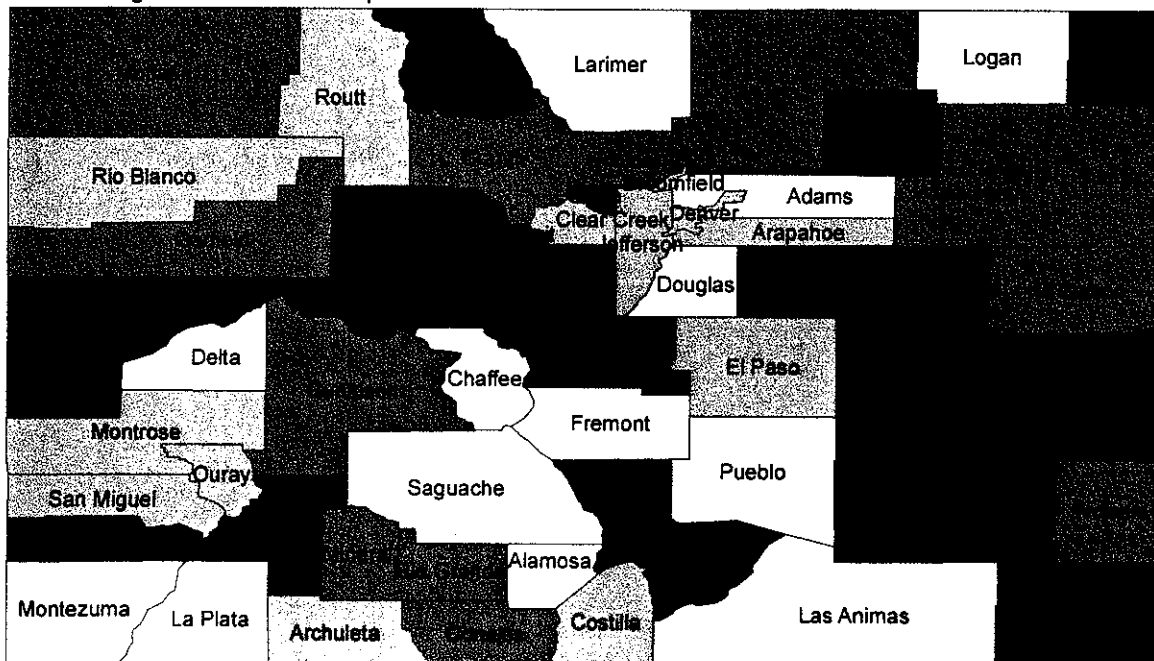


**Population: 5,034**  
**Statewide Rate: 2,812**

**Rate per 100,000**

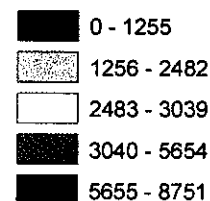


\* Dual eligible clients NOT represented



**Population: 4,720**  
**Statewide Rate: 2,637**

**Rate per 100,000**





# Colorado Health and Health Care

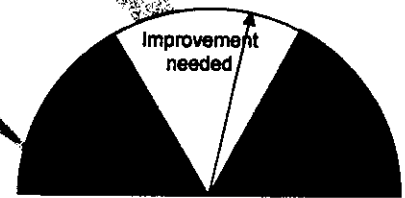
## Focus: Medicaid Clients' Maternal Health 2006

### Introduction

An increased focus on health status and health outcomes in Colorado's public health insurance programs is an important part of Governor Bill Ritter's Building Blocks for Health Care Reform to contain costs, improve quality and expand the availability of care. This is the premier issue in a series of profiles highlighting the health and health care of Colorado Medicaid and Child Health Plan Plus (CHP+) clients. Colorado Medicaid and CHP+ are public health insurance programs for low-income families, the elderly, and people with disabilities. Administered by the Colorado Department of Health Care Policy and Financing, it is the goal of Colorado Medicaid and CHP+ to improve the health and functioning of Medicaid and CHP+ clients by improving access to quality, cost-effective health care services for all eligible clients. *Colorado Health and Health Care* profiles examine the Department's progress in achieving that goal.

### Maternal Health of Medicaid Clients in 2006

This issue of *Colorado Health and Health Care* looks at Colorado Medicaid's successes and challenges regarding maternal health. In 2006, approximately 34% of the babies born in Colorado were born to women whose prenatal care was covered by Medicaid. There are several maternal health indicators that represent definite challenges to Colorado Medicaid. However, compared to national averages and goals (*Healthy People 2010*) as well as the population in Colorado not covered by Medicaid (mainly covered by private insurance), there are several areas of maternal health in which the Medicaid population either equals or exceeds the performance of comparison groups.



#### On the Right Track

- No Alcohol Use During Pregnancy
- Cesarean Section Rate
- Breastfeeding in Early Postpartum Period
- Infant Had Well-Baby Check-Up
- Baby Placed on Back to Sleep

#### Improvement Needed

- Adequate Maternal Weight Gain
- Low Birth Weight Babies
- NICU Admission Rate

#### Major Challenges

- Unintended Pregnancy
- Timeliness of Prenatal Care
- Tobacco Use During Pregnancy
- Multivitamin Use During Pregnancy
- Stress During Pregnancy
- Postpartum Depression Symptoms

### On the Right Track

#### No Alcohol Use During Pregnancy

While 14% of women not on Medicaid reported using alcohol during the last three months of pregnancy, only 7% of women on Medicaid reported such use, which is a statistically significant difference. Medicaid's rate is just slightly above the *Healthy People 2010* goal of 6% or less using alcohol at the end of pregnancy.

#### Cesarean Section Rate

Approximately 24% of the deliveries to women on Medicaid in 2006 were by cesarean section, a figure below both the Colorado and national rates of 27% and 31%, respectively. The *Healthy People 2010* target for primary cesarean sections in women of low-risk is 15%.

#### Breastfeeding in Early Postpartum Period

While there was a statistically significant difference between the percentages of women on Medicaid and not on Medicaid who reported breastfeeding in the early postpartum period (86% and 92%), both populations exceed the *Healthy People 2010* goal of 75%.

#### Well-Baby Check-Up

Nearly 98% of women on Medicaid obtained a well-baby check-up for their infants born in 2006, almost equal to the proportion of women not on Medicaid (99%).

#### Baby Placed on Back to Sleep

A slightly higher proportion of women not on Medicaid reported placing their babies on his/her back to sleep (81%) than did women on Medicaid (79%). Both values are well above the *Healthy People 2010* goal of 70%.

The majority of data in this status report is derived from Colorado PRAMS for births in calendar year 2006. Colorado PRAMS – the Pregnancy Risk Assessment Monitoring System – is an ongoing, population-based risk factor surveillance system administered and managed by the Colorado Department of Public Health and Environment (CDPHE). PRAMS is designed to identify and monitor behaviors and experiences of women before, during, and after pregnancy.

## Improvement Needed

### Adequate Maternal Weight Gain

Although there was no statistically significant difference between the proportion of women on Medicaid and not on Medicaid who gained an appropriate amount of weight for their body mass index during pregnancy (26% and 34%), about two-thirds of Colorado women either gained too little or exceeded appropriate weight ranges.

### Low Birth Weight Babies

Babies born to women on Medicaid were slightly more likely to have a low birth weight (under 2,500 grams) than babies born to women not on Medicaid (9% and 8% respectively). The difference is not statistically significant. The *Healthy People 2010* target is 5%.

### NICU Admission Rate

There was no statistical significance between the percentage of babies born to women on Medicaid and not on Medicaid who were admitted to a neonatal intensive care unit (both approximately 12%).

## Major Challenges

### Unintended Pregnancy

There is a statistically significant difference in the rate of unintended pregnancy between Medicaid and non-Medicaid women. 58% of women on Medicaid reported that their pregnancies were unintended compared to 30% of women not on Medicaid. The *Healthy People 2010* target for unintended pregnancy is 30%.

### Timeliness of Prenatal Care

A greater proportion of women on Medicaid (25%) did not receive prenatal care as early as they wanted when compared to women not on Medicaid (12%). Despite this statistically significant difference, however, a majority of women on Medicaid did initiate prenatal care during the first trimester.

### Tobacco Use During Pregnancy

A much greater proportion of women on Medicaid smoked cigarettes during the last three months of their pregnancy (18%) than did women not on Medicaid (6%). This difference is statistically significant. However, a larger proportion of women who smoked during early pregnancy were able to decrease or stop their tobacco use. The *Healthy People 2010* goal is to have less than 1% of pregnant women using tobacco.

### Multivitamin Use During Pregnancy

A significant smaller proportion of women on Medicaid (18%) took a multivitamin every day during pregnancy than women not on Medicaid (40%). A related *Healthy People 2010* goal is that 80% of women begin pregnancy with an optimum folic acid level by using multivitamins or folic acid supplements prior to pregnancy.

### Stress During Pregnancy

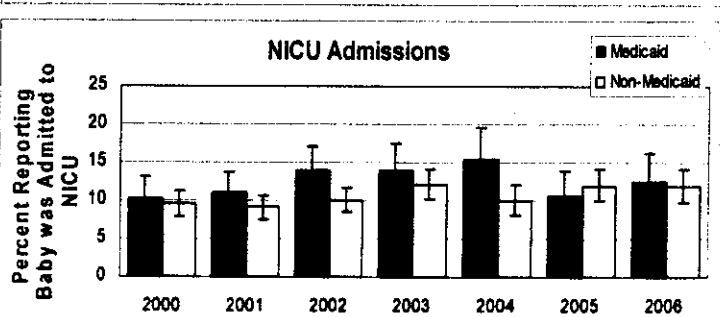
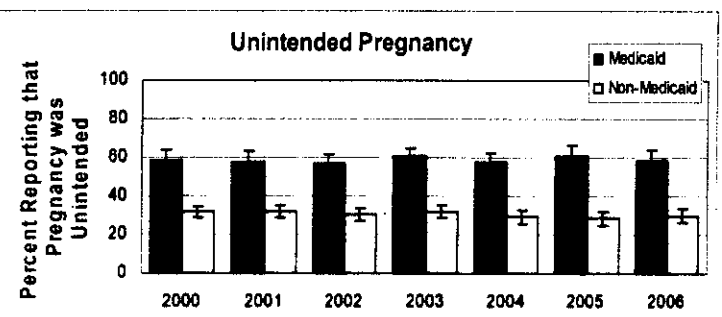
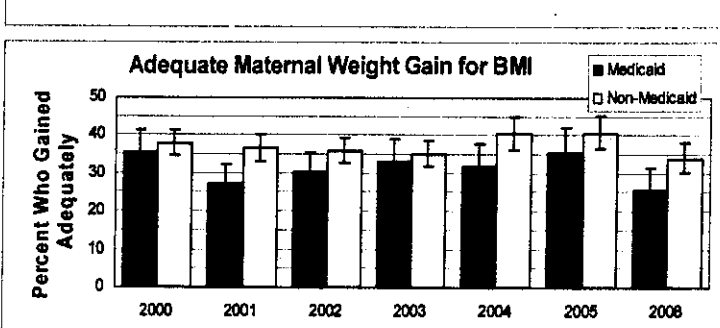
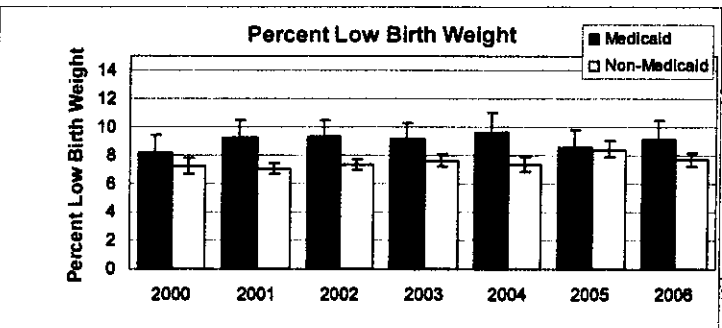
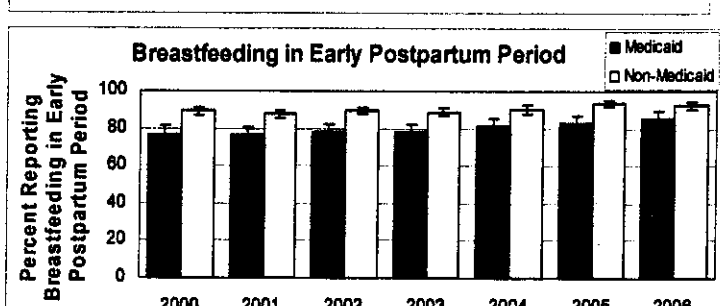
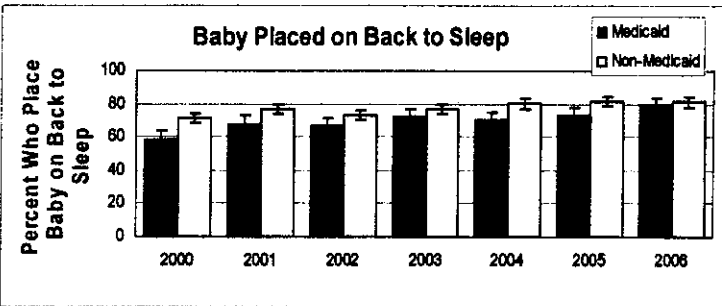
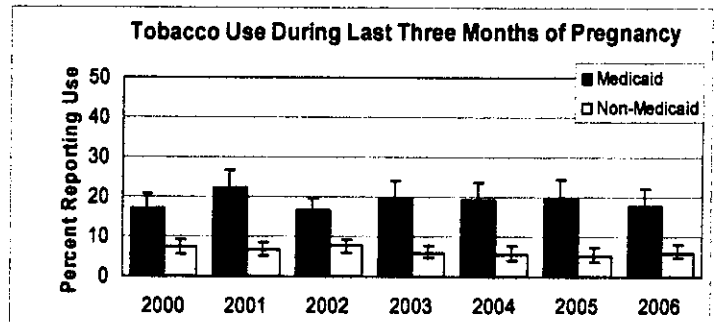
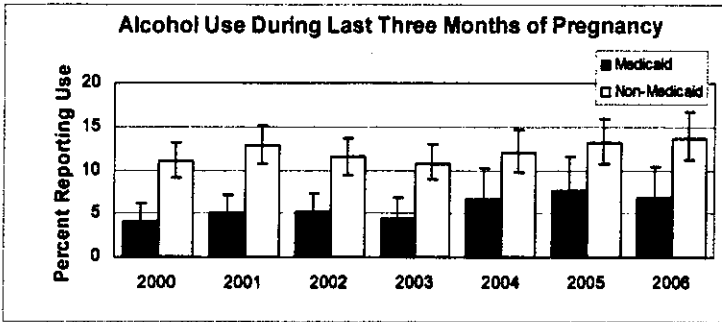
Women on Medicaid reported being faced with many more stressors during pregnancy than women not on Medicaid reported. A significantly higher proportion of women on Medicaid (12%) reported facing six or more major stressors during pregnancy, while only 1% of women not on Medicaid reported facing six or more stressors. While 38% of women not on Medicaid reported facing no major stressors, only 19% of women on Medicaid reported facing no major stressors during pregnancy.

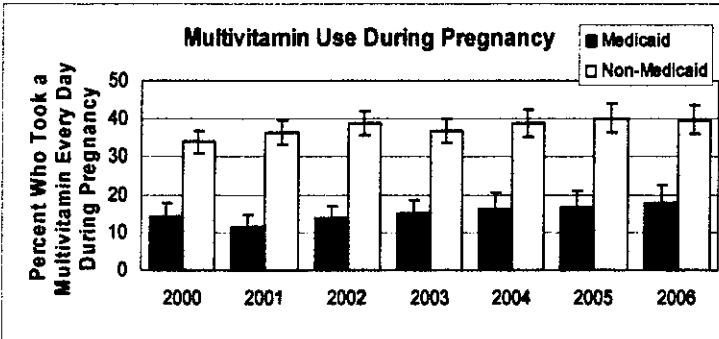
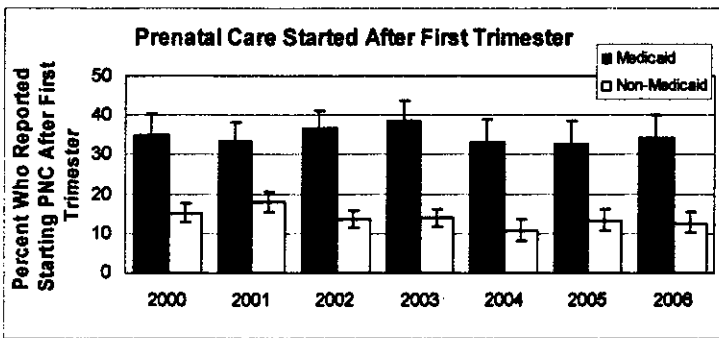
### Postpartum Depression Symptoms

A significantly greater proportion of women on Medicaid reported feeling constantly depressed, down or hopeless after giving birth (4%) than did women not on Medicaid (0.4%).



The following tables show the historical performance of several maternal health measures discussed above.





DRAFT