

FY 2012–2013 MEMBER HEALTH MESSAGE INTERVENTION REPORT

June 2013

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



3133 East Camelback Road, Suite 300 • Phoenix, AZ 85016
Phone 602.264.6382 • Fax 602.241.0757

FY 2012–2013 Member Health Message Intervention Report.....	1
Introduction.....	1
Intervention.....	1
Goals and Objectives	1
Intervention Design	2
Evaluation Method	2
Findings.....	4
Conclusions and Recommendations	11
Conclusions.....	11
Recommendations	11
Appendix A. Member Health Message Participant Selection Criteria	A-1
Appendix B. Clinical Codes for Identifying Intervention Participants	B-1
Appendix C. Healthy Communities Program Sites	C-1
Appendix D. Health Message Brochures	D-1
Appendix E. Child Findings by Geography	E-1

Introduction

In fiscal year (FY) 2010–2011, the State of Colorado Department of Health Care Policy and Financing (the Department) contracted with Health Services Advisory Group, Inc. (HSAG), to conduct an evaluation on the impact of the Client Health Profile Intervention in improving preventive service use among five target populations.¹ Major findings from the evaluation suggested that although Colorado Medicaid members in the intervention group appeared to be more likely to visit their physicians within five months of receiving a client health profile letter, several factors in the intervention’s original design could be improved to bring about a more positive impact in preventive service use.

Based on the review of the recommendations listed in the 2010–2011 external quality review technical report for Colorado Medicaid dated September 2011, HSAG adapted the basic components of the FY 2010–2011 intervention to develop an enhanced intervention for the Member Health Message Intervention for fiscal years 2011–2012 and 2012–2013. This intervention targets the Primary Care Physician Program (PCPP) and fee-for-service (FFS) members who did not follow recommended actions in seeking preventive care based on their age, or in managing their chronic health conditions during 2011. The intervention spans two fiscal years and involves up to two mailings to selected members. This final report describes the intervention and evaluation design and provides the results of this intervention. The Department can use these results to assess targeted use of health message mailings in the future.

Intervention

Goals and Objectives

The Member Health Message Intervention aims to increase member awareness and utilization of preventive health services by using a customized health message mailing, with a follow-up mailing to members who did not seek preventive care following the first mailing. The intervention hypothesizes that by receiving the customized health message letter, which explains the importance and availability of preventive services, the target members will seek the recommended care from a health care professional. All mailings have included English and Spanish versions of the member-specific health message. Examples of the health message letters are included in Appendix D.

¹ Health Services Advisory Group. *Client Health Profile Intervention Report*. Issued August 2011.

Intervention Design

Using the Medicaid eligibility, enrollment, and claims files, HSAG identified continuously enrolled members eligible for the intervention across three demographic groups with regard to preventive health care utilization during calendar year (CY) 2011:

- ◆ Infants without specific well-care visits prior to six months of age.
- ◆ Children without a well-care and/or dental visit during the previous calendar year (2011).
- ◆ Adults with one of six chronic health conditions who did not have a physician visit with their chronic condition listed as the primary or secondary diagnosis during the previous calendar year (2011).

Detailed member selection criteria as described in the project methodology are listed in Appendix A. Appendix B documents the diagnosis and procedure codes used to identify chronic conditions and well-child visits. To prevent confounding a separate ongoing intervention in Jefferson County, infants and children with a mailing address in Jefferson County were excluded from the Member Health Message Intervention.

Additionally, mailings targeting infants and children referenced the Colorado Healthy Communities Program to remind members of the availability of the Healthy Communities Program to assist in coordinating care. Mailings targeting infants and children contained program contact information specific to the children's county of residence. Healthy Communities Program coordinators throughout the State were asked to track calls received after each mailing. Appendix C contains a listing of Healthy Communities Program sites and the counties they serve, as well as the number of brochures mailed to infants and children within each service area during each mailing.

Evaluation Method

Due to the large number of child and adult members eligible for the intervention, random sampling was used to select members eligible to participate in the intervention and to assign them to the mailing or comparison group. A letter containing health messages specific to the client's population group was sent during the first week of April 2012 to each of the members randomly selected to receive a mailing. For infants in the second identification group, the first health message letter was sent during the first week of August 2012. For infants in the third identification group, the health message letter was sent during the first full week of November 2012. Members in the comparison group did not receive any materials. The timing of the mailings was established so that members would have approximately three months to obtain a physician visit following the mailing.

A follow-up mailing was sent during the first full week of November 2012 to members from the April and August 2012 mailing groups who did not have a well-care visit or adult preventive care visit in the months following their initial mailing. To allow enough time for members to seek care following receipt of the mailing, infants identified to receive their first mailing in November 2012 only received one mailing over the course of the study and were excluded from analysis of members receiving two mailings. Claims were extracted in May 2013, approximately six months after the November mailings were distributed to the target population groups, allowing a three-month lag time to receive all related claims.

HSAG conducted statistical tests to compare the rate of mailing group members with preventive visits to the rate of preventive visits among members in the corresponding comparison group. In general, Fisher’s exact test was used to evaluate the effectiveness of the intervention, and Table 1 shows the evaluation outcomes for each population group, as well as the number of members selected for each group. If the percentage of clients in the intervention (mailing) group who followed the recommended course of action was statistically higher than the percentage in the comparison group (with statistical significance based on a *p* value of ≤ 0.05), the intervention was considered effective. Such comparisons were evaluated among members receiving physician visits following the first mailing, and members receiving visits following two mailings.

Table 1—Evaluation Indicators by Population Group		
Population Group	Number of Members and Study Condition	Indicator
Infants	219 April mailing 261 April comparison 192 August mailing 223 August comparison 196 November mailing 187 November comparison	<ul style="list-style-type: none"> ◆ Percentage of infants who had a well-child visit after the intervention. ◆ <u>Information Only</u>: Percentage of infants by the number of visits within the first 15 months of life.
Children— No Dental Visit	1,400 mailing 1,400 comparison	◆ Percentage of children who had a dental visit after the intervention.
Children— No Well Visit	3,230 mailing 3,230 comparison	◆ Percentage of children who had a well-child visit after the intervention.
Children— No Well and No Dental Visit	2,804 mailing 2,804 comparison	◆ Percentage of children who had a well-child visit and/or a dental visit after the intervention.
Adults With Specific Chronic Conditions	2,260 mailing 2,260 comparison	<ul style="list-style-type: none"> ◆ Percentage of members who had a visit associated with their identified chronic condition(s) listed as the primary or secondary diagnosis after the intervention. ◆ <u>Information Only</u>: Percentage of members who had a visit associated with their diabetic condition and had at least one screening test conducted after the intervention.
All Members	10,301 mailing 10,365 comparison	◆ Percentage of members who had an appropriate visit after the intervention.

Findings

The Member Health Message intervention centers around mailings targeted to each population group (infants, children, and adults), but not all members in the intervention groups received their health message mailing. Table 2 shows the percentage of intervention group clients with returned mail by population.

Population Group	First Mailing			Second Mailing		
	# Mailed	# Returned	Percent	# Mailed	# Returned	Percent
Infants—April (First Group)	219	40	18.3%	46	6	13.0%
Infants—August (Second Group)	192	22	11.5%	95	5	5.3%
Infants—November (Third Group)	196	0	0.0%	N/A	N/A	N/A
Children—No Dental Visit	1,400	154	11.0%	651	48	7.4%
Children—No Well Visit	3,230	249	7.7%	1,672	106	6.3%
Children—No Well and No Dental Visit	2,804	378	13.5%	1,675	123	7.3%
Adults With Specific Chronic Conditions	2,260	166	7.3%	1,509	90	6.0%
All Members	10,301	1,009	9.8%	5,648	378	6.7%

Among the 10,301 members who were sent an initial mailing, 9.8 percent of mail was returned, and 6.7 percent of mail was returned among the 5,648 members who were sent a second mailing. If the returned mail indicated that the member changed addresses within Colorado, HSAG forwarded the mail to the new address, and these members were considered for inclusion in the second mailing as applicable. Among children, those with no well and no dental visits accounted for the greatest number of pieces of returned mail following each mailing, but among infants, those receiving their first mailing in April accounted for the highest percentage of returned mail following each mailing. Adults with chronic conditions accounted for a relatively low percentage of returned mail, with only 7.3 percent of mail returned after the first mailing and 6.0 percent of mail returned following the second mailing. Since members with returned mail did not receive their health message mailing, they were excluded from the intervention group for evaluation. Additionally, members who did not receive the first mailing were excluded from further analysis and did not receive a second mailing.

Given that this intervention sought to gauge the effect of a follow-up mailing if the member did not receive a preventive visit after the first mailing, it is important to define the following scenarios for which a member may have been excluded from analysis. Members may have been excluded from the analysis if:

- ◆ Their first or second mailing was returned.
- ◆ Their mailing address could not be verified.

- ◆ They had a visit during the initial case identification period (i.e., before January 1, 2012).
- ◆ They had a visit in the period prior to the mailings (i.e., between January 1, 2012, and April 6, 2012).
- ◆ They were no longer eligible for Medicaid at the time the mailing was received.
- ◆ The child members aged out of Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) eligibility at the time the mailing was received.

Table 3 shows the percentage of members from each mailing period who were excluded from the final analysis, by ineligibility reason. The percentages presented are not mutually exclusive, and members were counted once for each category in which they were ineligible.

Table 3—Reasons for Ineligibility Among Members Excluded From Analysis				
Ineligibility Reason	First Mailing		Second Mailing	
	Number of Members	% of Ineligible Members	Number of Members	% of Ineligible Members
Mailing Returned ¹	1,009	19.1%	360	6.4%
Visit During Initial Case Identification Period ²	258	4.9%	N/A	N/A
Visit During Mailing Preparation Period	2,810	53.2%	1,188	21.2%
No Medicaid Eligibility in Period Following Receipt of Mailing	1,541	29.2%	1,058	18.9%
Aged Out of EPSDT Prior to Receipt of Mailing ³	92	1.7%	112	2.0%
Visit Following First Mailing, Ineligible for Second Mailing	N/A	N/A	2,696	48.1%
No Visit Following First Mailing, Failed Address Verification ⁴	N/A	N/A	61	1.1%
No Visit Following First Mailing, No Medicaid Eligibility Prior to Second Mailing ⁴	N/A	N/A	642	11.5%
All Members Ineligible for Analysis	5,281	100.0%	5,606	100.0%

¹ Applicable only to members selected to receive a mailing.
² Applicable only during the first mailing.
³ Applicable only to child members.
⁴ Applicable only to members otherwise eligible to receive a second mailing.

Additionally, 756 comparison group members had the same mailing address as at least one mailing group member and had to be excluded from the final analysis. Since these comparison group members may have been inadvertently exposed to the mailing, they could not be included in the comparison group. However, these members could not be analyzed with the mailing group members because the mailing was not directly addressed to them, or the mailing may have targeted a different health need (e.g., the mailing for adult members versus the mailing for infants).

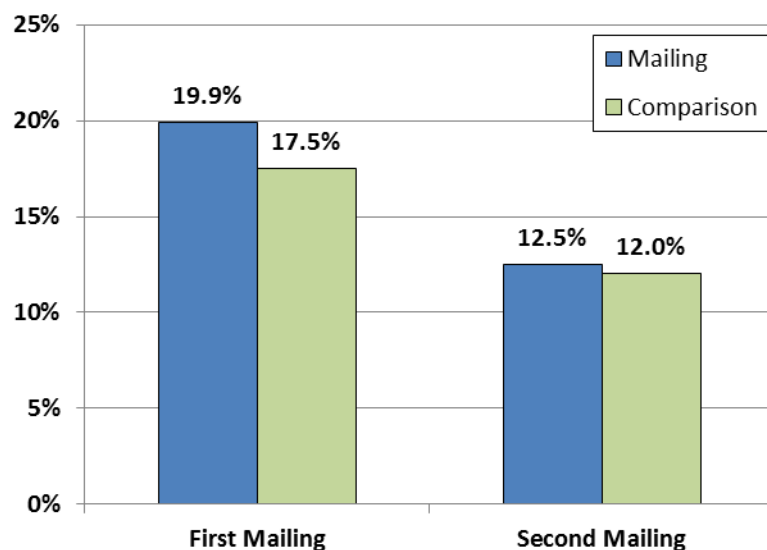
Of the 20,666 initially selected for the Member Health Message study, 14,629 (70.8 percent) were eligible for analysis of visit activity following the first mailing, and 8,801 (42.6 percent) were

eligible for the final analysis following the second mailing. Table 4 shows the number of mailing and comparison group members eligible for each analysis phase by population group.

Table 4—Members Eligible for Analysis by Population Group and Mailing				
Population Group	First Mailing		Second Mailing	
	Mailing Group	Comparison Group	Mailing Group	Comparison Group
Infants—April (First Group)	78	130	24	66
Infants—August (Second Group)	93	118	49	66
Infants—November (Third Group)	112	110	N/A	N/A
Children—No Dental Visit	959	972	497	579
Children—No Well Visit	2,450	2,430	1,346	1,614
Children—No Well and No Dental Visit	1,711	1,825	767	1,039
Adults With Specific Chronic Conditions	1,829	1,812	1,303	1,451
All Members	7,232	7,397	3,986	4,815

Among the members eligible for the final analysis, 19.9 percent of the mailing group members received at least one visit following the first mailing versus 17.5 percent of members in the comparison group, and this difference was statistically significant ($p \leq .05$). While a greater percentage of the mailing group members received visits following the second mailing, the 0.5 percentage point difference between the groups following the second mailing was not significant (12.5 percent versus 12.0 percent). Figure 1 provides a graphical representation of the findings among all study members.

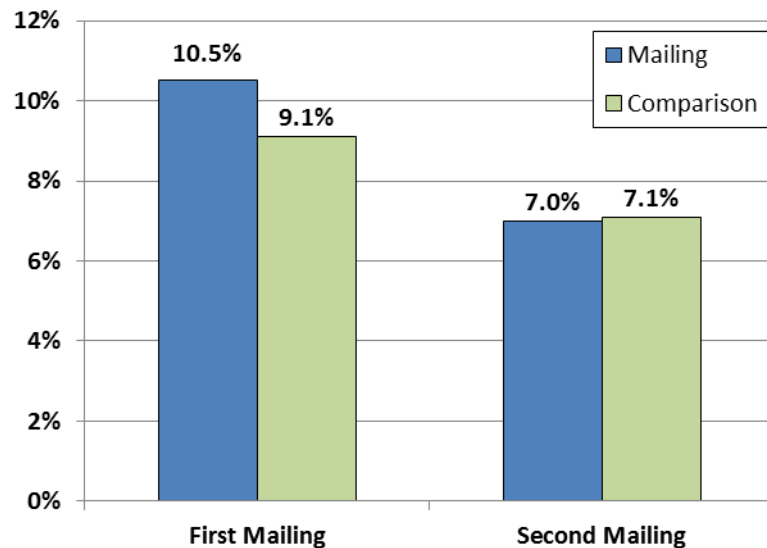
Figure 1—Percentage of Members With a Visit After a Mailing



The percentage of members who received visits after each mailing varied considerably between population groups, with the greatest difference between mailing and comparison members occurring after both the first and second mailings among the children with no well and no dental visits (5.1 percentage points difference after the first mailing, and 3.7 percentage points difference after the second mailing). The following figures show the percentage of members who received a visit after receiving the first and second mailings by population group.

Figure 2 compares the visit results of mailing and comparison groups following each mailing among adults with select chronic health conditions.

Figure 2—Percentage of Adults With Selected Chronic Health Conditions With a Visit After a Mailing



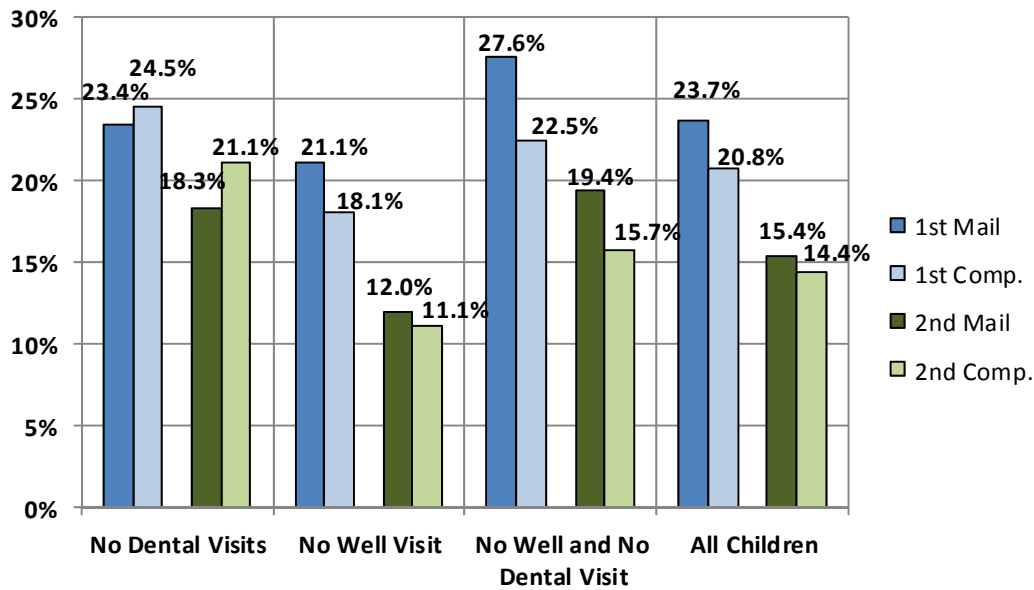
Among adults with selected chronic health conditions who received a health message mailing, 10.5 percent of members had a visit associated with at least one of their chronic health conditions compared with 9.1 percent of similar adult members who did not receive a mailing. The use of a second mailing for members without a visit following the first mailing did not appear to have an impact on the number of members who received a visit following the second mailing (7.0 percent for the mailing group and 7.1 percent for the comparison group). The differences between the mailing and comparison group adults were not statistically significant following either mailing.

As an informational measure, HSAG also assessed the number of adults with diabetes who had a diabetes screening (e.g., HbA1c screening, lipid screening, retinal exam, nephropathy screening) following each mailing. Among adults with chronic health conditions, 973 adults with diabetes were included in the intervention (482 mailing group and 491 comparison group), and 650 (66.8 percent) had at least one diabetes-related screening during the study period. When considering only the 86 mailing and comparison members with a diabetes-related visit during the first post-mailing period, 86.0 percent of adults with diabetes had at least one diabetes-related screening following the first mailing. Of the 39 members with a diabetes-related visit following the second mailing, 84.6 percent also had one or more diabetes-related screenings in the period following the second mailing. The differences between the percentage of adults with screenings in the mailing group and the

comparison group in each post-mailing period were not statistically significant, possibly due to the small number of adults considered for this measure.

A total of 10,347 children were eligible for analysis following the first mailing (5,120 mailing group, 5,227 comparison group), and 5,842 children were eligible for analysis following the second mailing (2,610 mailing group, 3,232 comparison group). Figure 3 compares the visit results of mailing and comparison groups following each mailing among children who did not have a well-child visit, a dental visit, or both types of visits during 2011.

Figure 3—Percentage of Children With a Visit After a Mailing, by Population Subgroup



Children and adolescents in the mailing group received well-child visits following each mailing at a greater rate than children and adolescents in the comparison group. While the difference between the groups following the first mailing was statistically significant, the 1.0 percentage point difference following the second mailing was not statistically significant. Results varied by the type of visit recommended, and there was not an increase in the percentage of children with dental visits following either mailing among children in the group without dental visits. While the no dental comparison group had a larger percentage of dental visits following each mailing period, these differences were not statistically significant. Children in the no well visit mailing group had a statistically significantly higher percentage of visits following the first mailing but did not see a significant improvement over comparison members (i.e., children in the no well visit comparison group) following the second mailing.

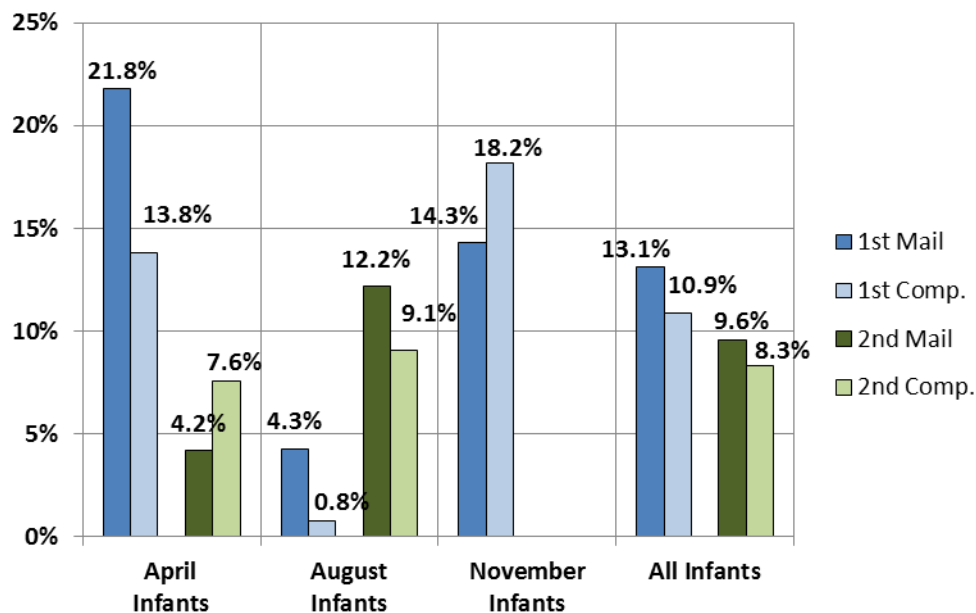
Children without a well visit or dental visit were the only population subgroup to have a higher percentage of members with recommended visits following both mailings (5.1 percentage points higher following the first mailing, 3.7 percentage points higher following the second mailing). It is important to note, however, that members were counted as having a visit in the post-mailing period if they had either a well-child visit or a dental visit. A relatively small number of members received both types of visits in the period following each mailing (77 mailing members and 75 comparison

members after the first mailing, 16 mailing members and 23 comparison members after the second mailing), and these members accounted for similar proportions of members eligible for each analysis group.

The percentage of mailing and comparison group children with visits following each mailing also varied by geography, and charts showing the results by geography and population subgroups are provided in Appendix E. A statistically significantly higher percentage of mailing group children in urban counties reported a visit following the first mailing for each of the three population subgroups. Though the mailing group members in the no well visit and the no well and no dental visit categories had a higher percentage of visits following the second mailing than the comparison group members, none of these differences were statistically significant when analyzed by geography subgroup.

Figure 4 compares the visit results of mailing and comparison groups following each mailing among the infants who did not have a well-child visit between their first month of life and 5–6 months of life (the anchor date for each group). Note that because of the timing of the intervention study, infants selected for the November mailing group and their associated comparison group members were only evaluated for one mailing.

Figure 4—Percentage of Infants With a Visit After a Mailing, by Population Subgroup



Though a greater percentage of all infants in the mailing groups had well-child visits following their mailings when compared to infants in the comparison groups, the differences were not statistically significant. When analyzed by mailing group, a greater percentage of infants who received their first mailing in April had a well-child visit following their first mailing when compared to infants in the comparison group; 21.8 percent of mailing group infants had a visit versus 13.8 percent of comparison group infants. However, a larger percentage of infants in the comparison group received a well-child visit in the period following the second mailing (4.2 percent of mailing group infants,

7.6 percent of comparison group infants). Infants receiving their first mailing in August had a higher percentage of well-child visits following both mailings. August infants had a rate of post-mailing visits 3.5 percentage points higher than comparison infants following the first mailing, and 3.1 percentage points higher following the second mailing.

As an informational measure, HSAG assessed the number of well-child visits received by infants during their first 15 months of life. All infants who were at least 15 months of age at the end of the intervention period (February 28, 2013) were considered for this measure, and 895 infants were identified. Figure 5 below shows the distribution of infants by the number of well-child visits each child had prior to 15 months of age. Twelve infants assigned to the comparison group who resided at the same mailing address as a mailing group member were excluded from this chart; none of these infants had more than four visits prior to 15 months of age.

Figure 5—Percentage of Mailing and Comparison Group Infants by Number of Visits by 15 Months of Age

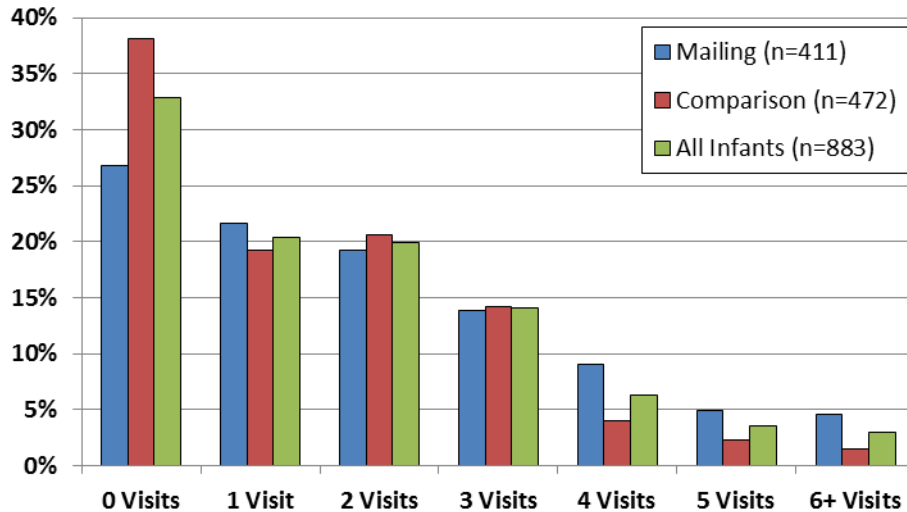


Figure 5 shows that only 2.9 percent of the infants received six or more visits prior to 15 months of age, but a greater percentage of the infants in the mailing groups had six or more visits compared to infants in the comparison groups (4.6 percent and 1.5 percent, respectively). Similarly, 26.8 percent of infants in the mailing groups did not have any well-child visits in their first 15 months of life, compared to 38.1 percent of infants in the comparison groups.

Conclusions and Recommendations

Conclusions

The major findings from this evaluation suggest that clients in the intervention group were more likely to seek preventive care within three months of receiving a health message mailing, but the effects of a second mailing were negligible. The use of a health message mailing as a tool to remind members to seek preventive health care was most effective for children who had not had a well-child visit in the previous year and children living in urban counties.

Adults with selected chronic health conditions showed limited benefit from a single health message mailing and did not benefit from a repeated mailing. Since members did not have a preventive health visit for their chronic health conditions during 2011, and the study period covered 2012, eligible adults with chronic health conditions may have gone more than two years without a preventive health visit. This indicates that a more aggressive intervention, such as direct contact from a health care provider, may be necessary for these members.

Overall results among infants were positive; but with a greater percentage of infants in the mailing groups receiving well-child visits following their mailings, the differences were not statistically significant. Given the high number of well-child visits recommended by the American Academy of Pediatrics² for appropriate clinical management of very young children, it is possible that infants received at least one well-child visit regardless of their participation in the mailing or control group. Informational results suggest that children who received a mailing had a higher overall number of well-child visits by 15 months of age, and future quality activities could build on these findings to use targeted mailings to decrease the number of children without a well-child visit in their first 15 months of life. The Department may wish to conduct follow-up activities for those children with no well-child visits during the first 15 months of life to determine the root causes for the lack of visits among these members.

Recommendations

Based on these evaluation findings, HSAG developed the following recommendations:

1. Given the results of the SFY 2011 Client Health Profile Intervention and the Member Health Message results detailed above, HSAG encourages the Department to consider using one-time health message mailings for child members. As demonstrated in both interventions, the use of a reminder mailing has the greatest impact on improving well visits among children residing in urban counties, possibly because it is easier for the parent of a child to commit to, and access, a single preventive visit than an adult with a chronic condition.
2. Further analysis into the results for child members may better inform future interventions by determining the age groups or types of members (e.g., children with and without chronic health conditions) who showed the greatest benefit from a mailing-type intervention.

² Recommendations for Preventive Pediatric Health Care. Bright Futures/American Academy of Pediatrics. Available at: <http://brightfutures.aap.org/pdfs/aap%20bright%20futures%20periodicity%20sched%20101107.pdf>. Accessed on: May 28 2013.

3. Although adult members with chronic conditions appeared to benefit from the first mailing, the use of follow-up mailings was not supported by the intervention. Based on these results, HSAG recommends that the Department explore other health care interventions for this group, including the use of a single reminder mailing with an outreach component. Initiatives to improve services and care among adults with chronic health conditions need to be multifaceted.

Appendix A. Member Health Message Participant Selection Criteria

Target Population Groups for the FY 2011–2012 Client Health Profile Intervention	
Population Group	Eligibility Criteria
Infants	<ul style="list-style-type: none"> ◆ Children ages 5 to 6 months as of specific anchor date (i.e., December 31, 2011, March 1, 2012, or August 1, 2012). ◆ Are not residents of Jefferson County. ◆ Are Colorado residents, as determined by member address. ◆ Did not have a well-child visit identified via claims between the first month of life and one of the three specific anchor dates. ◆ HSAG proposes that interventions be implemented to three subgroups under this population, each identified based on their birth date and specific anchor date (i.e., December 31, 2011, March 1, 2012, or August 1, 2012).
Children	<ul style="list-style-type: none"> ◆ Children ages 2 through 20 years as of December 31, 2011. ◆ Are not residents of Jefferson County. ◆ Are Colorado residents, as determined by member address. ◆ Continuously enrolled since January 1, 2011 with no more than a one-month gap. ◆ Did not have a well-child/dental visit^{A-1} identified via claims between January 1, 2011, and December 31, 2011. HSAG will further identify three subgroups: <ul style="list-style-type: none"> ▪ Children with no well-child visit only. ▪ Children with no dental visit only. ▪ Children with no well-child and dental visit.
Adults With Specific Chronic Conditions	<ul style="list-style-type: none"> ◆ Adults ages 21 through 63 years as of December 31, 2011. ◆ Are Colorado residents, as determined by member address. ◆ Continuously enrolled since January 1, 2011, with no more than a one-month gap. ◆ Had at least one of the conditions (diabetes, coronary artery disease [CAD], congestive heart failure [CHF], chronic obstructive pulmonary disease [COPD], asthma, hypertension)^{A-2} identified via any type of claim with a date of service between January 1, 2010, and December 31, 2011. ◆ Did not have a physician visit^{A-3} between January 1, 2011, and December 31, 2011, with their chronic condition(s) listed as the primary diagnosis or secondary diagnosis.

^{A-1} Dental visits included claims in the dental, outpatient, inpatient, EPSDT, and physician tables from the Colorado database with select dental codes provided by the State. HEDIS 2012 specifications were used to identify well-child visits.

^{A-2} HEDIS 2012 specifications were used to identify adults with specific chronic conditions.

^{A-3} Physician visits are defined as physician office visits identified in the physician table from the Colorado database using place of service code (“11”) with the following billing provider types: physician (“05”), clinic (“16”), nurse mid-wife (“22”), osteopath (“26”), family planning (“29”), federally qualified health center (FQHC) (“35”), physician assistant (“39”), family/pediatric nurse practitioner (“41”), and rural health clinic (“45”). Additionally, physician visits will also be identified in the outpatient table from the Colorado database with the following characteristics: (1) revenue code as “521” or “529”; (2) FQHCs or rural clinics as the billing providers; and (3) specific attending provider types as physician (“05”), nurse mid-wife (“22”), osteopath (“26”), FQHC (“32”), physician assistant (“39”), family/pediatric nurse practitioner (“41”), and rural health clinic (“45”).

Appendix B. Clinical Codes for Identifying Intervention Participants

This appendix lists the diagnosis or procedure codes used to identify members with specific conditions or to measure compliance over the course of the intervention.

Well-Child Visit

CPT-4: 99381–99385, 99391–99395, 99432

ICD-9-CM: V20.2, V20.3, V70.0, V70.3, V70.5, V70.6, V70.8, V70.9

HCPCS: G0438, G0439

Dental Visit

CDT code: D0100–D9999

Chronic Health Conditions

Diabetes, asthma, COPD, CAD, CHF, and hypertension

- ◆ HEDIS 2012 specifications will be primarily used to identify members with specific conditions.

Asthma

- ◆ Note: medication/pharmacy claims will not be used for identifying asthma.
- ◆ Identify members as having persistent asthma who met at least one of the following criteria during the review period.
 1. At least one ED visit (Table ASM-B) with asthma as the principal diagnosis (Table ASM-A).
 2. At least one acute inpatient claim/encounter (Table ASM-B) with asthma as the principal diagnosis (Table ASM-A).
 3. At least four outpatient asthma visits (Table ASM-B) with asthma as one of the listed diagnoses (Table ASM-A).

Table ASM-A: Codes to Identify Asthma

Description	ICD-9-CM Diagnosis
Asthma	493

Table ASM-B: Codes to Identify Visit Type

Description	CPT	UB Revenue
Outpatient	99201–99205, 99211–99215, 99217–99220, 99241–99245, 99341–99345, 99347–99350, 99382–99386, 99392–99396, 99401–99404, 99411, 99412, 99420, 99429	051x, 0520–0523, 0526–0529, 057x–059x, 0982, 0983
Acute inpatient	99221–99223, 99231–99233, 99238, 99239, 99251–99255, 99291	010x, 0110–0114, 0119, 0120–0124, 0129, 0130–0134, 0139, 0140–0144, 0149, 0150–0154, 0159, 016x, 020x, 021x, 072x, 0987
ED	99281–99285	045x, 0981

- ◆ Asthma Exclusion: Members diagnosed with emphysema, COPD, cystic fibrosis, or acute respiratory failure (Table ASM-E) any time during the measurement year.

Table ASM-E: Codes to Identify Exclusions

Description	ICD-9-CM Diagnosis
Emphysema	492, 506.4, 518.1, 518.2
COPD	491.2, 493.2, 496, 506.4
Cystic fibrosis	277.0
Acute respiratory failure	518.81

COPD

- ◆ Identify all members who had any diagnosis of COPD (Table SPR-A). If the member had more than one diagnosis of COPD, include only the first one.

Table SPR-A: Codes to Identify COPD

Description	ICD-9-CM Diagnosis
Chronic bronchitis	491
Emphysema	492
COPD	496

Hypertension

- ◆ A member is considered hypertensive if there is at least one outpatient encounter (Table CBP-B) with a diagnosis of hypertension (Table CBP-A) during the review period.

Table CBP-A: Codes to Identify Hypertension

Description	ICD-9-CM Diagnosis
Hypertension	401

Table CBP-B: Codes to Identify Outpatient Visits

Description	CPT
Outpatient visits	99201–99205, 99211–99215, 99241–99245, 99384–99387, 99394–99397

- ◆ Exclude from the eligible population all members with evidence of end-stage renal disease (ESRD) (Table CBP-C) during the review period.

Table CBP-C: Codes to Identify Exclusions

Description	CPT	HCPCS	ICD-9-CM Diagnosis	ICD-9-CM Procedure	UB Revenue	UB Type of Bill	POS
Evidence of ESRD	36145, 36147, 36800, 36810, 36815, 36818, 36819, 36820, 36821, 36831–36833, 50300, 50320, 50340, 50360,	G0257, G0308–G0319, G0322, G0323, G0326, G0327, G0392,	585.5, 585.6, V42.0, V45.1	38.95, 39.27, 39.42, 39.43, 39.53, 39.93–39.95, 54.98, 55.6	0367, 080x, 082x–085x, 088x	72x	65

Description	CPT	HCPSC	ICD-9-CM Diagnosis	ICD-9-CM Procedure	UB Revenue	UB Type of Bill	POS
	50365, 50370, 50380, 90920, 90921, 90924, 90925, 90935, 90937, 90940, 90945, 90947, 90957-90962, 90965, 90966, 90969, 90970, 90989, 90993, 90997, 90999, 99512	G0393, S9339					
Pregnancy			630-679, V22, V23, V28				

Diabetes

- ◆ Definition of diabetes based on claim/encounter data only. Members who had two face-to-face encounters with a diagnosis of diabetes (Table CDC-B) on different dates of service in an outpatient setting or nonacute inpatient setting, or one face-to-face encounter in an acute inpatient or ED setting during the review period. Refer to Table CDC-C for codes to identify visit type.

Table CDC-B: Codes to Identify Diabetes

Description	ICD-9-CM Diagnosis
Diabetes	250, 357.2, 362.0, 366.41, 648.0

Table CDC-C: Codes to Identify Visit Type

Description	CPT	UB Revenue
Outpatient	92002, 92004, 92012, 92014, 99201-99205, 99211-99215, 99217-99220, 99241-99245, 99341-99345, 99347-99350, 99384-99387, 99394-99397, 99401-99404, 99411, 99412, 99420, 99429, 99455, 99456	051x, 0520-0523, 0526-0529, 057x-059x, 082x-085x, 088x, 0982, 0983
Nonacute inpatient	99304-99310, 99315, 99316, 99318, 99324-99328, 99334-99337	0118, 0128, 0138, 0148, 0158, 019x, 0524, 0525, 055x, 066x
Acute inpatient	99221-99223, 99231-99233, 99238, 99239, 99251-99255, 99291	010x, 0110-0114, 0119, 0120-0124, 0129, 0130-0134, 0139, 0140-0144, 0149, 0150-0154, 0159, 016x, 020x, 021x, 072x, 080x, 0987
ED	99281-99285	045x, 0981

Table B-1: Codes to Identify Diabetes Screenings

Screening Type	CPT	ICD-9-CM Procedure
HbA1c ¹	83036, 83037	
Lipid Profile ²	80061, 83700, 83701, 83704, 83721	
Retinal Exam ³	67028, 67030, 67031, 67036, 67039, 67040, 67041, 67042, 67043, 67101, 67105, 67107, 67108, 67110, 67112, 67113, 67121, 67141, 67145, 67208, 67210, 67218, 67220, 67221, 67227, 67228, 92002, 92004, 92012, 92014, 92018, 92019, 92134, 92225, 92226, 92227, 92228, 92230, 92235, 92240, 92250, 92260, 92203, 92204, 92205, 99213, 99214, 99215, 99242, 99243, 99244, 99245, S0620, S0621, S0625, S3000	14.1, 14.2, 14.3, 14.4, 14.5, 14.9, 95.02, 95.03, 95.04, 95.11, 95.12, 95.16
Nephropathy ⁴	82042, 82043, 82044, 84156	

¹ Consistent with HEDIS 2012 Table CDC-D.

² Consistent with HEDIS 2012 Table CDC-H.

³ Consistent with HEDIS 2012 Table CDC-G.

⁴ Consistent with HEDIS 2012 Table CDC-J.

CAD

- ◆ ICD-9-CM: 414.x, 410.xx, 429.9

CHF

- ◆ ICD-9-CM: 428.x

Appendix C. Healthy Communities Program Sites

Healthy Communities Office	Colorado Counties Served	Total Number of Brochures Mailed		
		April	August ^{C-1}	November ^{C-2}
Boulder County Housing and Human Services	Boulder	305	10	186
Broomfield Health and Human Services	Broomfield, Clear Creek	48	2	28
Denver Health and Hospitals	Denver	592	22	305
El Paso—Four Counties	Dolores, Eagle, Gilpin, Montezuma	244	3	141
El Paso—Memorial Hospital	El Paso	908	37	522
Fremont County Public Health Agency	Custer, Fremont	229	0	135
Garfield County Nursing Services	Garfield, Pitkin	100	2	51
Kit Carson Health and Human Services	Cheyenne, Kit Carson, Lincoln	122	2	83
Larimer County Department of Health	Larimer	322	11	187
Mesa County Health Department	Delta, Gunnison, Hinsdale, Mesa, Ouray, San Miguel	196	6	100
Montrose Health and Human Services	Montrose	37	1	18
Northwest Colorado Visiting Nurses Association	Grand, Jackson, Moffat, Rio Blanco, Routt	220	0	126
Otero County Health Department	Bent, Crowley, Huerfano, Las Animas, Otero	469	9	270
Park County Public Health Department	Park, Summit	85	0	43
Prowers County Nursing Service	Baca, Kiowa, Prowers	126	0	83
Pueblo County Department of Social Services—Pueblo Step Up	Pueblo	392	11	222
Rio Grande County Nursing Service	Alamosa, Chaffee, Conejos, Costilla, Lake, Mineral, Rio Grande, Saguache	519	6	320
San Juan Basin Health Department	Archuleta, La Plata, San Juan	191	2	95
Teller County Public Health Department	Teller	55	0	29
Tri County Health Department	Adams, Arapahoe, Douglas, Elbert	1,651	49	885
Weld County Health Department	Weld	440	15	252
Family Voices Colorado	Logan, Morgan, Phillips, Sedgwick, Washington, Yuma	402	4	254

^{C-1} The August mailing was limited to the second group of infants identified for the intervention.

^{C-2} The November mailing consisted of brochures for the third group of infants identified for the intervention, and a second mailing for the infants and children who did not receive a well-child visit after their first mailing.

The following pages contain the health message brochures in English and Spanish for adults, infants, children, and adolescents eligible for the Member Health Message Intervention. Because they were legally adults, children ages 18 and older (adolescents) received brochures addressed directly to them, rather than to their parents or guardians.

The brochures are presented in the following order:

- ◆ Adults—initial mailing, April 2012 (pages D-2 and D-3)
- ◆ Adults—repeat mailing, November 2012 (pages D-4 and D-5)
- ◆ Infants—initial mailings
 - April and August 2012 mailings (pages D-6 and D-7)
 - November 2012 mailing (pages D-8 and D-9)
- ◆ Infants—repeat mailing, November 2012 (pages D-10 and D-11)
- ◆ Children—initial mailing, April 2012 (pages D-12 and D-13)
- ◆ Children—repeat mailing, November 2012 (pages D-14 and D-15)
- ◆ Adolescents—initial mailing, April 2012 (pages D-16 and D-17)
- ◆ Adolescents—repeat mailing, November 2012 (pages D-18 and D-19)



Colorado Medicaid Program We Care About Your Health!



You Need a Yearly Health Check-Up

If you have a chronic or disabling health condition, you will stay healthier if you see your doctor on a regular basis.

Medicaid covers the cost of these visits.

If you need help finding a doctor, or have a question about coverage or co-pays, call 303.866.3513 in the Denver metro area or 1.800.221.3943 toll-free outside the Denver metro area.



Smoking:

If you want to quit smoking or using tobacco products, call the **QuitLine, 1-800-QuitNow (1-800-784-8669)**, for personal coaching to help you quit. To receive medication to help you quit, contact your Medicaid provider for a prescription.



Nutrition and Fitness:

Height and weight checks are recommended at every health care visit. Ask your health care provider for information on how to stay active and lose weight.



Nurse Advice Line:

Hospital emergency rooms should only be used for life-threatening emergencies. Call the Nurse Advice Line at 1.800.283.3221 for information on how to care for other health problems. A nurse is available to answer your questions 24 hours a day.

Call a doctor for an appointment today!!

Department of Health Care Policy and Financing
Improving access to cost-effective, quality health care services for Coloradans
www.colorado.gov/hcpf

Healthy Living Initiatives





El Programa de Medicaid de Colorado No preocupamos por su salud!



Usted necesita un chequeo de salud cada año.

Si usted tiene una condición de salud crónica o incapacitante, tendrá mejor salud si visita su doctor regularmente.

El programa de Medicaid cubre los costos de estas visitas.

Si necesita ayuda para hallar un doctor, o si tiene alguna pregunta sobre cobertura o co-pagos, llame al 303.866.3513 en el área metropolitana de Denver, o al número de teléfono gratuito 1.800.221.3943 afuera del área metropolitana de Denver.



Fumar:

Si quiere parar de fumar o de usar productos de tabaco, llame a **QuitLine, 1-800-QuitNow (1-800-784-8669)**, para obtener consejería personal. Para recibir medicaciones que le ayuden a no fumar, póngase en contacto con su proveedor de Medicaid para una receta médica.



Nutrición y buen estado físico:

Medida de estatura y cálculo de peso son recomendados para cada visita de cuidado de salud. Preguntele a su proveedor de cuidado de salud por información para mantener una vida activa y perder peso.



Línea de consejería de enfermera:

Las salas de emergencia de hospitales deben ser usadas solamente para emergencias que amenazan la vida. Llame a Nurse Advice Line (línea de consejería de enfermera), 1.800.283.3221, para información sobre cuidado para otros problemas de salud. Una enfermera está disponible 24 horas al día para contestar sus preguntas.

Llame hoy a su doctor para una cita!

Department of Health Care Policy and Financing
para mejorar el acceso de los residentes de Colorado a una atención médica de calidad y a costos razonables.
www.colorado.gov/hcpf



Healthy Living Initiatives



Colorado Medicaid Program We Care About Your Health!



This Is a Reminder You need a yearly health check-up

If you have a chronic or disabling health condition, you will stay healthier if you see your doctor on a regular basis.
There is little or no cost to you for these visits.

If you need help finding a doctor, or have a question about coverage or co-pays, call **303-866-3513** in the Denver metro area or **1-800-221-3943** toll-free outside the Denver metro area.



Nutrition and Fitness:

Height and weight checks are recommended at every health care visit. Ask your health care provider for information on how to stay active and maintain a healthy weight.



Smoking:

If you want to quit smoking or using tobacco products, call the **QuitLine, 1-800-QuitNow (1-800-784-8669)**, for personal coaching to help you quit. To receive medication to help you quit, contact your Medicaid provider for a prescription.



Nurse Advice Line:

Hospital emergency rooms should only be used for life-threatening emergencies. Call the Nurse Advice Line at **1-800-283-3221** to talk to a nurse about how to care for other health problems. A nurse is available to answer your questions 24 hours a day.

Call a doctor today for an appointment!!

Department of Health Care Policy and Financing
Improve health care access and outcomes for the people we serve while demonstrating sound
stewardship of financial resources.
www.colorado.gov/hcpf

Healthy Living Initiatives





El Programa de Medicaid de Colorado Nos preocupamos por su salud!



Este es un recordatorio

Usted necesita una consulta de salud cada año.

Si usted tiene una condición de salud crónica o incapacitante, tendrá mejor salud si consulta con su doctor regularmente.

Estas consultas son a bajo costo o sin costo alguno.

Si necesita ayuda para hallar un doctor, o si tiene alguna pregunta sobre cobertura o co-pagos, llame al 303-866-3513 en la área metropolitana de Denver, o al número de teléfono gratuito 1-800-221-3943 fuera de la área metropolitana de Denver.



Fumar:

Si quiere parar de fumar o de usar productos de tabaco, llame a **QuitLine**, **1.800.QuitNow (1-800-784-8669)**, para obtener consejería personal. Para recibir medicaciones que le ayuden a no fumar, póngase en contacto con su proveedor de Medicaid para una receta médica.



Nutrición y buen estado físico:

Medidas de estatura y cálculos de peso son recomendados para cada visita de cuidado de salud. Pregunte a su proveedor de cuidado de salud por información para mantener una vida activa y un peso sano.



Línea de consejería de enfermera:

Las salas de emergencia de hospitales deben ser usadas solamente para emergencias que amenazan la vida. Llame a Nurse Advice Line (línea de consejería de enfermera), 1-800-283-3221, para consultar con una enfermera sobre cuidado para otros problemas de salud. Una enfermera está disponible 24 horas al día para contestar sus preguntas.

Llame hoy a su doctor para una cita!

Department of Health Care Policy and Financing
Mejorar el acceso y el resultado acerca la atención médica para las personas que servimos y demostrar una administración responsable sobre los recursos financieros.

www.colorado.gov/hcpf

Healthy Living Initiatives





Colorado Medicaid Program We Care About Your Health!



Your Baby Needs Many Check-Ups in the First Two Years

Recommended Visits: After newborn visit, see a doctor at 1 month, 2 months, 4 months, 6 months, 9 months, 12 months, 15 months, 18 months and 24 months.

It's not too late to catch-up!

If you need help finding a doctor or have a question about coverage or co-pays call **303.255.6266**.



Vaccinations:

Babies need to start vaccinations (shots) when they are two months of age. Vaccinations (shots) will help keep your baby healthy.



Growth and Development:

It is important that babies have development and weight and height checks often during the first two years of life.



Dental Care:

It's important for children to see a dentist at age one, and receive regular yearly check-ups. Medicaid and CHP+ pay for these dental visits for children. To find a Medicaid dentist you can go to call: **303.255.6266**.



Nurse Advice Line:

Hospital emergency rooms should only be used for life-threatening emergencies. Call the Nurse Advice Line at **1.800.283.3221** for information on how to care for other health problems. A nurse is available to answer your questions 24 hours a day.

Mom needs a check-up with a doctor after delivery too. If you have not visited your doctor since your baby was born, call for an appointment today, 303.255.6266.

Call a doctor or dentist for an appointment today!!

Department of Health Care Policy and Financing
Improving access to cost-effective, quality health care services for Coloradans
www.colorado.gov/hcpf



Healthy Living Initiatives



El Programa de Medicaid de Colorado No preocupamos por su salud!



Su bebé necesita muchos chequeos durante los primeros dos años de edad

Visitas Recomendadas: Después de la visita al doctor para un bebé recién nacido, se recomiendan visitas el primer mes, y luego a los dos meses, cuatro meses, seis meses, nueve meses, doce meses, quince meses, dieciocho meses, y veinticuatro meses.

No es demasiado tarde para ponerse al día!

Si necesita ayuda para hallar un doctor, o si tiene una pregunta sobre la cobertura o co-pagos, llame al 303.255.6266.



Vacunaciones:

Los bebés necesitan empezar sus vacunaciones a los dos meses de edad. Vacunaciones ayudan a mantener a su bebé en buena salud.



Crecimiento y desarrollo:

Es importante que los bebés tengan chequeos de desarrollo, estatura y peso seguidamente durante los primeros dos años de vida.



Cuidado Dental:

Es importante que los niños visiten un dentista al cumplir el primer año de edad, y que reciban chequeos regularmente cada año. Los programas de Medicaid y CHP+ pagan por estas visitas dentales para los niños. Para hallar un dentista de Medicaid, llame al 303.255.6266.



Línea de consejería de enfermera:

Las salas de emergencia de hospitales deben ser usadas solamente para emergencias que amenazan la vida. Llame a Nurse Advice Line (línea de consejería de enfermera), 1.800.283.3221, para información sobre cuidado para otros problemas de salud. Una enfermera está disponible 24 horas al día para contestar sus preguntas.

La mamá también necesita un chequeo con un doctor después del parto. Si usted no ha visitado a su doctor desde que su bebé nació, llame hoy al 303.255.6266 para una cita.

Llame hoy a un doctor o un dentista para una cita!

Department of Health Care Policy and Financing
para mejorar el acceso de los residentes de Colorado a una atención médica de calidad y a costos razonables.
www.colorado.gov/hcpf



Healthy Living Initiatives



Colorado Medicaid Program We Care About Your Health!



Your baby needs many check-ups in the first two years

After the newborn visit, take your baby to a doctor at 1 month old, 2 months old, 4 months old, 6 months old, 9 months old, 12 months old, 15 months old, 18 months old and 24 months old.

If you need help finding a doctor or have a question about coverage or co-pays call **303-678-6141** or **1-800-221-3943** toll-free outside the Denver metro area.

There is no cost to you for a doctor or dental baby visit.



Vaccinations:

Babies need to start vaccinations (shots) when they are two months of age. Vaccinations (shots) will help keep your baby healthy.



Growth and Development:

It is important that babies have development and weight and height checks often during the first two years of life.



Dental Care:

It's important for children to see a dentist at age one, and get recommended and regular yearly check-ups. Medicaid and CHP+ pay for these dental visits for children. To find a Medicaid dentist call: **303-678-6141**.



Nurse Advice Line:

Hospital emergency rooms should only be used for life-threatening emergencies. Call the Nurse Advice Line at **1-800-283-3221** to talk to a nurse about how to care for other health problems. A nurse is available to answer your questions 24 hours a day.

Mom needs a check-up with a doctor after delivery too. If you have not visited your doctor since your baby was born, call today for an appointment, 303-678-6141.

Call a doctor or dentist today to make an appointment for your baby!!

Department of Health Care Policy and Financing
Improve health care access and outcomes for the people we serve while demonstrating sound
stewardship of financial resources.

www.colorado.gov/hcpf

Healthy Living Initiatives





El Programa de Medicaid de Colorado Nos preocupamos por su salud!



Su bebé necesita muchas consultas de cuidado de salud durante los primeros dos años de edad

Después de la visita al doctor para un bebé recién nacido, se recomiendan consultas el primer mes, y luego a los dos meses, cuatro meses, seis meses, nueve meses, doce meses, quince meses, dieciocho meses, y veinticuatro meses.

Si necesita ayuda para hallar un doctor, o si tiene una pregunta sobre la cobertura o co-pagos, llame al **303-678-6141**, o al número de teléfono gratuito **1-800-221-3943** fuera de la área metropolitana de Denver.

No hay costo para estas consultas con el doctor o dentista.



Vacunaciones:

Los bebés necesitan empezar sus vacunaciones a los dos meses de edad. Vacunaciones ayudan a mantener a su bebé en buena salud.



Crecimiento y desarrollo:

Es importante que los bebés tengan consultas de desarrollo, estatura y peso seguidamente durante los primeros dos años de vida.



Cuidado Dental:

Es importante que los niños visiten un dentista al cumplir el primer año de edad, y que reciban una consulta regularmente cada año. Los programas de Medicaid y CHP+ pagan por estas visitas dentales para los niños. Para hallar un dentista de Medicaid, llame al: **303-678-6141**.



Línea de consejería de enfermera:

Las salas de emergencia de hospitales deben ser usadas solamente para emergencias que amenazan la vida. Llame a Nurse Advice Line (línea de consejería de enfermera), **1-800-283-3221**, para consultar con una enfermera sobre cuidado para otros problemas de salud. Una enfermera está disponible 24 horas al día para contestar sus preguntas.

La mamá también necesita un consulta con un doctor después del parto. Si usted no ha visitado a su doctor desde que su bebé nació, llame hoy al 303-678-6141 para una cita.

Llame hoy a un doctor o a un dentista y pida una cita para su bebé!

Department of Health Care Policy and Financing
Mejorar el acceso y el resultado acerca la atención médica para las personas que servimos y demostrar una administración responsable sobre los recursos financieros.

www.colorado.gov/hcpf

Healthy Living Initiatives





Colorado Medicaid Program We Care About Your Health!



This Is a Reminder Your baby needs many check-ups in the first two years

After the newborn visit, take your baby to a doctor at 1 month old, 2 months old, 4 months old, 6 months old, 9 months old, 12 months old, 15 months old, 18 months old and 24 months old.

If you need help finding a doctor or have a question about coverage or co-pays call **303-678-6141** or **1-800-221-3943** toll-free outside the Denver metro area.

There is no cost to you for a doctor or dental baby visit.



Vaccinations:

Babies need to start vaccinations (shots) when they are two months of age. Vaccinations (shots) will help keep your baby healthy.



Growth and Development:

It is important that babies have development and weight and height checks often during the first two years of life.



Dental Care:

It's important for children to see a dentist at age one, and get recommended and regular yearly check-ups. Medicaid and CHP+ pay for these dental visits for children. To find a Medicaid dentist call: **303-678-6141**.



Nurse Advice Line:

Hospital emergency rooms should only be used for life-threatening emergencies. Call the Nurse Advice Line at **1-800-283-3221** to talk to a nurse about how to care for other health problems. A nurse is available to answer your questions 24 hours a day.

Mom needs a check-up with a doctor after delivery too. If you have not visited your doctor since your baby was born, call today for an appointment, 303-678-6141.

Call a doctor or dentist today to make an appointment for your baby!!

Department of Health Care Policy and Financing
Improve health care access and outcomes for the people we serve while demonstrating sound
stewardship of financial resources.

www.colorado.gov/hcpf

Healthy Living Initiatives





El Programa de Medicaid de Colorado Nos preocupamos por su salud!



Este es un recordatorio

Su bebé necesita muchas consultas de cuidado de salud durante los primeros dos años de edad

Después de la visita al doctor para un bebé recién nacido, se recomiendan consultas el primer mes, y luego a los dos meses, cuatro meses, seis meses, nueve meses, doce meses, quince meses, dieciocho meses, y veinticuatro meses.

Si necesita ayuda para hallar un doctor, o si tiene una pregunta sobre la cobertura o co-pagos, llame al **303-678-6141**, o al número de teléfono gratuito **1-800-221-3943** fuera de la área metropolitana de Denver. No hay costo para estas consultas con el doctor o dentista.



Vacunaciones:

Los bebés necesitan empezar sus vacunaciones a los dos meses de edad. Vacunaciones ayudan a mantener a su bebé en buena salud.



Crecimiento y desarrollo:

Es importante que los bebés tengan consultas de desarrollo, estatura y peso seguidamente durante los primeros dos años de vida.



Cuidado Dental:

Es importante que los niños visiten un dentista al cumplir el primer año de edad, y que reciban una consulta regularmente cada año. Los programas de Medicaid y CHP+ pagan por estas visitas dentales para los niños. Para hallar un dentista de Medicaid, llame al: **303-678-6141**.



Línea de consejería de enfermera:

Las salas de emergencia de hospitales deben ser usadas solamente para emergencias que amenazan la vida. Llame a Nurse Advice Line (línea de consejería de enfermera), **1.800.283.3221**, para consultar con una enfermera sobre cuidado para otros problemas de salud. Una enfermera está disponible 24 horas al día para contestar sus preguntas.

La mamá también necesita un consulta con un doctor después del parto. Si usted no ha visitado a su doctor desde que su bebé nació, llame hoy al 303.678-6141 para una cita.

Llame hoy a un doctor o a un dentista y pida una cita para su bebé!

Department of Health Care Policy and Financing
Mejorar el acceso y el resultado acerca la atención médica para las personas que servimos y demostrar una administración responsable sobre los recursos financieros.

www.colorado.gov/hcpf

Healthy Living Initiatives





Colorado Medicaid Program We Care About Your Health!



Your Child Needs a Yearly Health Check-Up

It's important for your child to see a doctor and a dentist every year.
Medicaid covers the cost of these visits.

If you need help finding a doctor or a dentist or have a question about coverage or co-pays call **303.255.6266**.



Dental Care:

It's important for children to see a dentist at age one, and receive recommended and regular yearly check-ups. Medicaid and CHP+ pay for these dental visits for children. To find a Medicaid dentist you can call: **303.255.6266**.



Nutrition and Fitness:

Height and weight checks are recommended for everyone at every health care visit. Ask your doctor for information on how kids can stay active and keep a healthy weight.



Behavioral Health:

Adolescents (ages 11-20) should be screened for depression every year. It's important to identify problems early, and get the right referrals and treatment. Ask your provider about this when you take your teen in for a yearly check-up.



Nurse Advice Line:

Hospital emergency rooms should only be used for life-threatening emergencies. Call the Nurse Advice Line at **1.800.283.3221** for information on how to care for other health problems. A nurse is available to answer your questions 24 hours a day.

Call a doctor or dentist for an appointment today!!

Department of Health Care Policy and Financing
Improving access to cost-effective, quality health care services for Coloradans
www.colorado.gov/hcpf



Healthy Living Initiatives



El Programa de Medicaid de Colorado No preocupamos por su salud!



Su niño necesita un chequeo de cuidado de salud cada año.

**Es importante que su niño visite a un doctor y un dentista cada año.
El programa de Medicaid cubre los costos de estas visitas.**

Si necesita ayuda para hallar un doctor o un dentista, o si tiene una pregunta sobre cobertura o co-pagos, llame al **303.255.6266**.



Cuidado Dental:

Es importante que los niños visiten con un dentista al cumplir el primer año de edad, y que reciban regularmente los chequeos recomendados para cada año. Los programas de Medicaid y CHIP+ pagan por estas visitas dentales para los niños. Para hallar un dentista de Medicaid, llame al **303.255.6266**.



Nutrición y buen estado físico:

Medida de estatura y cálculo de peso son recomendados para todos durante cada visita de cuidado de salud. Preguntele a su doctor por información que le ayude a su niño a mantener una vida activa y perder peso.



Salud mental/comportamiento:

Adolescentes (11-20 años de edad) necesitan una detección sistemática para la depresión cada año. Es importante que problemas sean identificados lo más pronto posible para que el adolescente sea referido al tratamiento correcto. Consulte con su proveedor de salud durante el chequeo de salud anual de su hijo o hija adolescente.



Línea de consejería de enfermera:

Las salas de emergencia de hospitales deben ser usadas solamente para emergencias que amenazan la vida. Llame a Nurse Advice Line (línea de consejería de enfermera), **1.800.283.3221**, para información sobre cuidado para otros problemas de salud. Una enfermera está disponible 24 horas al día para contestar sus preguntas.

Llame hoy a un doctor o un dentista para una cita!

Department of Health Care Policy and Financing
para mejorar el acceso de los residentes de Colorado a una atención médica de calidad y a costos razonables.
www.colorado.gov/hcpf



Healthy Living Initiatives



Colorado Medicaid Program We Care About Your Health!



This Is a Reminder Your child needs a yearly health check-up

**It's important for your child to see a doctor and a dentist every year.
There is no cost to you for a doctor or dentist visit.**

If you need help finding a doctor or a dentist or have a question about coverage or co-pays call **303-678-6141** or **1-800-221-3943** toll-free outside the Denver metro area.



Nutrition and Fitness:

Height and weight checks are recommended for everyone at every health care visit. Ask your doctor for information on how kids can stay active and keep a healthy weight.



Dental Care:

It's important for children to see a dentist at age one, and get recommended and regular yearly check-ups. Medicaid and CHP+ pay for these dental visits for children. To find a Medicaid dentist you can call: **303-678-6141**.



Behavioral Health:

Teenagers (ages 11–20) should be screened for depression every year. It's important to identify problems early and to get the right referrals and treatment. Ask your provider about this when you take your teen in for a yearly check-up.



Nurse Advice Line:

Hospital emergency rooms should only be used for life-threatening emergencies. Call the Nurse Advice Line at **1-800-283-3221** to talk to a nurse about how to care for other health problems. A nurse is available to answer your questions 24 hours a day.

**Call a doctor or dentist today and make an appointment for
your child!!**

Department of Health Care Policy and Financing
Improve health care access and outcomes for the people we serve while demonstrating sound
stewardship of financial resources.

www.colorado.gov/hcpf

Healthy Living Initiatives





El Programa de Medicaid de Colorado Nos preocupamos por su salud!



Este es un recordatorio

Su niño necesita una consulta de cuidado de salud cada año.

**Es importante que su niño visite a un doctor y un dentista cada año.
Las consultas con el doctor o el dentista son a bajo costo o sin costo alguno.**

Si necesita ayuda para hallar un doctor o un dentista, o si tiene una pregunta sobre cobertura o co-pagos, llame al **303-678-6141**, o al número de teléfono gratuito **1-800-221-3943** fuera de la área metropolitana de Denver.



Cuidado Dental:

Es importante que los niños visiten con un dentista al cumplir el primer año de edad, y que reciban regularmente el cuidado recomendado para cada año. Los programas de Medicaid y CHIP+ pagan por estas visitas dentales para los niños. Para hallar un dentista de Medicaid, llame al: **303-678-6141**.



Nutrición y buen estado físico:

Medidas de estatura y cálculos de peso son recomendados para todos durante cada consulta de cuidado de salud. Pregunte a su doctor por información que ayude a su niño a mantener una vida activa y un peso sano.



Salud mental/comportamiento:

Adolescentes (11-20 años de edad) necesitan una detección sistemática para la depresión cada año. Es importante que problemas sean identificados lo más pronto posible para que el adolescente sea referido al tratamiento correcto. Consulte sobre esto con su proveedor de salud durante la visita de salud anual de su hijo o hija



Línea de consejería de enfermera:

Las salas de emergencia de hospitales deben ser usadas solamente para emergencias que amenazan la vida. Llame a Nurse Advice Line (línea de consejería de enfermera), **1-800-283-3221**, para consultar con una enfermera sobre cuidado para otros problemas de salud. Una enfermera está disponible 24 horas al día para contestar sus preguntas.

Llame hoy a un doctor o un dentista para una cita!

Department of Health Care Policy and Financing
Mejorar el acceso y el resultado acerca la atención médica para las personas que servimos y demostrar una administración responsable sobre los recursos financieros.

www.colorado.gov/hcpf

Healthy Living Initiatives





Colorado Medicaid Program We Care About Your Health!



You Need a Yearly Health Check-Up

**It's important for you to see a doctor and a dentist every year.
Medicaid covers the cost of these visits.**

If you need help finding a doctor or a dentist or have a question about coverage or co-pays call **303.255.6266**.



Dental Care:

It's important for you to see a dentist and receive recommended and regular yearly check-ups. Medicaid and CHP+ pay for these dental visits. To find a Medicaid dentist you can call: **303.255.6266**.



Nutrition and Fitness:

Height and weight checks are recommended for everyone at every health care visit. Ask your doctor for information on how you can stay active and keep a healthy weight.



Behavioral Health:

Adolescents (ages 18-20) should be screened for depression every year. It's important to identify problems early, and get the right referrals and treatment. Ask your provider about this when you are seen for a yearly check-up.



Nurse Advice Line:

Hospital emergency rooms should only be used for life-threatening emergencies. Call the Nurse Advice Line at **1.800.283.3221** for information on how to care for other health problems. A nurse is available to answer your questions 24 hours a day.

Call a doctor or dentist for an appointment today!!

Department of Health Care Policy and Financing
Improving access to cost-effective, quality health care services for Coloradans
www.colorado.gov/hcpf



Healthy Living Initiatives



El Programa de Medicaid de Colorado No preocupamos por su salud!



Necesitas un chequeo de salud cada año.

Es importante que visites a un doctor y un dentista cada año.
El programa de Medicaid cubre los costos de estas visitas.

Si necesitas ayuda para hallar un doctor o un dentista, o si tienes alguna pregunta sobre cobertura o co-pagos, llama al **303.255.6266**.



Cuidado Dental:

Es importante que visites a un dentista para recibir regularmente los chequeos recomendados para cada año. Los programas de Medicaid y CHP+ pagan por estas visitas dentales. Para hallar un dentista de Medicaid, llama al **303.255.6266**.



Nutrición y buen estado físico:

Medida de estatura y cálculo de peso son recomendados para todos a cada visita de cuidado de salud. Preguntale a tu doctor por información para mantener una vida activa y perder peso.



Salud mental/comportamiento:

Adolescentes (18-20 años de edad) necesitan una detección sistemática para la depresión cada año. Es importante que problemas sean identificados lo más pronto posible para que la persona sea referida al tratamiento correcto. Consulta con tu proveedor de salud durante tu chequeo de salud anual.



Línea de consejería de enfermera:

Las salas de emergencia de hospitales deben ser usadas solamente para emergencias que amenazan la vida. Llama a Nurse Advice Line (línea de consejería de enfermera), **1.800.283.3221**, para información sobre cuidado para otros problemas de salud. Una enfermera está disponible 24 horas al día para contestar tus preguntas.

Llama hoy a un doctor o un dentista para una cita!

Department of Health Care Policy and Financing
para mejorar el acceso de los residentes de Colorado a una atención médica de calidad y a costos razonables.
www.colorado.gov/hcpf



Healthy Living Initiatives



Colorado Medicaid Program We Care About Your Health!



This Is a Reminder You need a yearly health check-up

**It's important for you to see a doctor and a dentist every year.
There is no cost to you for doctor or dentist visits.**

If you need help finding a doctor or a dentist or have a question about coverage or co-pays call **303-678-6141** or **1-800-221-3943** toll-free outside the Denver metro area.



Nutrition and Fitness:

Height and weight checks are recommended for everyone at every health care visit. Ask your doctor for information on how you can stay active and keep a healthy weight.



Behavioral Health:

Teens (ages 18-20) should be screened for depression every year. It's important to identify problems early and to get the right referrals and treatment. Ask your provider about this when you are seen for a yearly check-up.



Dental Care:

It's important for you to see a dentist and get recommended and regular yearly check-ups. Medicaid and CHP+ pay for these dental visits for persons up to age 21. CHP+ pays for these dental visits for persons up to age 19. To find a Medicaid dentist you can call: **303-678-6141**.



Nurse Advice Line:

Hospital emergency rooms should only be used for life-threatening emergencies. Call the Nurse Advice Line at **1-800-283-3221** to talk to a nurse about how to care for other health problems. A nurse is available to answer your questions 24 hours a day.

Call a doctor or dentist today for an appointment!!

Department of Health Care Policy and Financing
Improve health care access and outcomes for the people we serve while demonstrating sound
stewardship of financial resources.
www.colorado.gov/hcpf

Healthy Living Initiatives





El Programa de Medicaid de Colorado Nos preocupamos por su salud!



Este es un recordatorio Necesitas una consulta de salud cada año.

Es importante que visites a un doctor y un dentista cada año.
Las consultas con el doctor o el dentista son a bajo costo o sin costo alguno.

Si necesitas ayuda para hallar un doctor o un dentista, o si tienes alguna pregunta sobre cobertura o co-pagos, llama al **303-678-6141** o al número de teléfono gratuito **1-800-221-3943** fuera de la área metropolitana de Denver.



Cuidado Dental:

Es importante que visites con un dentista para recibir regularmente los chequeos recomendados para cada año. El programa de Medicaid paga por consultas dentales para personas más jóvenes que 21 años de edad. CHP+ paga por estas visitas para personas más jóvenes que 19 años de edad. Para hallar un dentista de Medicaid, llama al **303-678-6141**.



Nutrición y buen estado físico:

Medidas de estatura y cálculos de peso son recomendados para todos a cada consulta de cuidado de salud. Pregunta a tu doctor por información para mantener una vida activa y un peso sano.



Salud mental/comportamiento:

Adolescentes (18-20 años de edad) necesitan una detección sistemática para la depresión cada año. Es importante que problemas sean identificados lo más pronto posible para que la persona sea referida al tratamiento correcto. Consulta con tu proveedor de salud durante tu visita de salud anual.



Línea de consejería de enfermera:

Adolescentes (18-20 años de edad) necesitan una detección sistemática para la depresión cada año. Es importante que problemas sean identificados lo más pronto posible para que la persona sea referida al tratamiento correcto. Consulta con tu proveedor de salud durante tu visita de salud anual.

Llama hoy a un doctor o un dentista para una cita!

Department of Health Care Policy and Financing
Mejorar el acceso y el resultado acerca la atención médica para las personas que servimos y demostrar una administración responsable sobre los recursos financieros.

www.colorado.gov/hcpf

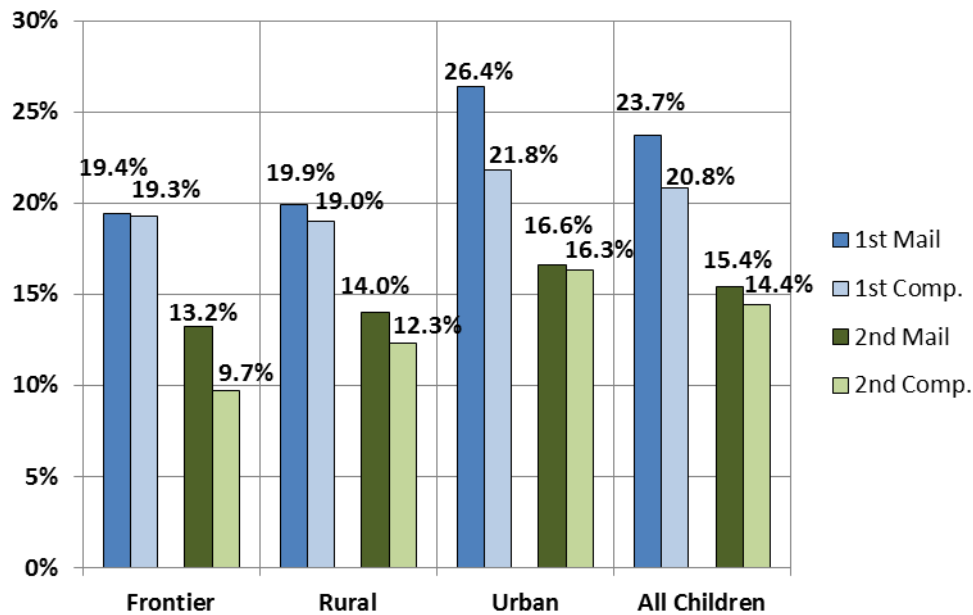
Healthy Living Initiatives



Appendix E. Child Findings by Geography

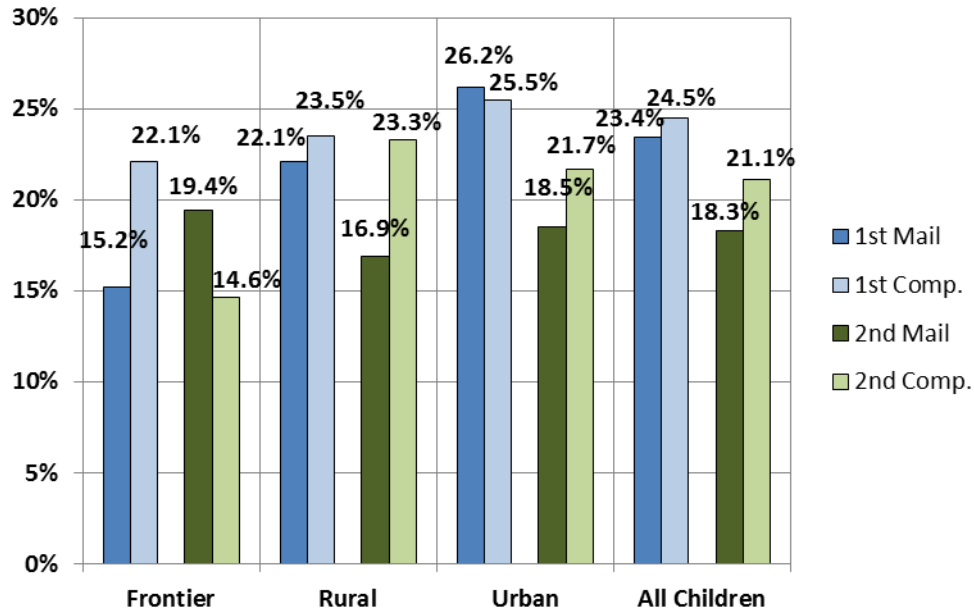
The following charts compare the visit results of mailing and comparison groups following each mailing among children in each geography type who did not have a well-child visit, a dental visit, or both types of visits during 2011. As described in the Member Health Message Intervention Interim Report, sampling among eligible children was stratified by county type (urban, rural, or frontier) to assure representation of rural and frontier county residents. Counties' geographic designation was determined by the Colorado Rural Health Center.^{E-1}

Figure E-1—Percentage of Children With a Visit After a Mailing, by Geography Subgroup
All Child Population Subgroups

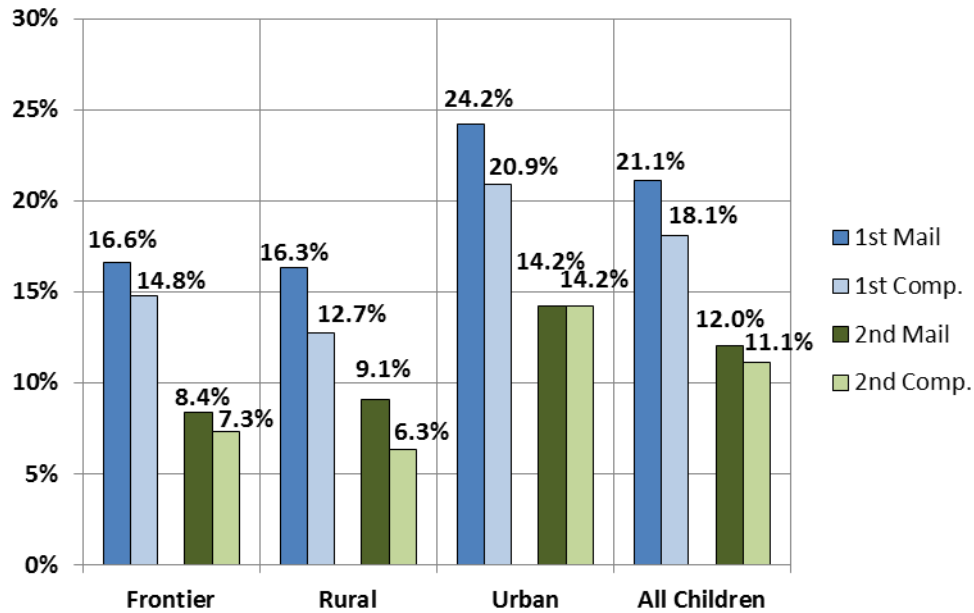


^{E-1} Colorado Rural Health Center. *Colorado's Rural, Urban, and Frontier Counties*. Updated January 2012. Available at: <http://www.coruralhealth.org/resources/images/countytypemap2012.jpg>

**Figure E-2—Percentage of Children With a Visit After a Mailing, by Geography Subgroup
No Dental Visit Population Subgroup**



**Figure E-3—Percentage of Children With a Visit After a Mailing, by Geography Subgroup
No Well Visit Population Subgroup**



**Figure E-4—Percentage of Children With a Visit After a Mailing, by Geography Subgroup
No Well and No Dental Visits Population Subgroup**

