



CHP+

Child Health Plan *Plus*

2016 HEDIS Aggregate Report for Child Health Plan *Plus*

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Introduction

The State of Colorado offers its residents a low-cost health insurance plan for qualified children age 18 and younger and pregnant women age 19 and older through its Child Health Plan *Plus* (CHP+) program, also known as the Children’s Health Insurance Program (CHIP). In July 2016, Colorado’s CHP+ enrollment was 59,666 children and pregnant women.¹⁻¹ The CHP+ services are coordinated through five health maintenance organizations (health plans) and providers under the State Managed Care Network (SMCN). Medical services covered by Colorado’s CHP+ program include regular check-ups; immunizations; medicinal prescriptions; prenatal care services; hospital services; and some vision, hearing, and dental services.

The CHP+ program is administered by Colorado’s Department of Health Care Policy & Financing (the Department). Colorado’s five CHP+ managed care health plans in fiscal year (FY) 2015–2016 included Colorado Access, Colorado Choice Health Plans (Colorado Choice), Denver Health Medical Plan, Inc. (DHMP), Kaiser Permanente Colorado (Kaiser), and Rocky Mountain Health Plans (RMHP). All counties in Colorado have a CHP+ managed care health plan; however, the SMCN is available for CHP+ eligible members prior to enrollment in a managed care health plan, for all pregnant women, and as an alternative to managed care for members who request to receive service using a fee-for-service payment strategy instead of choosing a managed care health plan. The SMCN (the State’s administrative service organization) directly contracts with providers, hospitals, and ancillary services.¹⁻²

To evaluate performance levels and to provide an objective, comparative review of the Colorado CHP+ health plans’ quality-of-care outcomes and on key performance measures, the Department required its health plans to report results following the National Committee for Quality Assurance’s (NCQA’s) Healthcare Effectiveness Data and Information Set (HEDIS[®]) protocols.¹⁻³ The Department selected 19 HEDIS performance measures yielding 51 performance measure indicators from the standard Medicaid HEDIS 2016 reporting set to evaluate the Colorado CHP+ health plans’ performance and for public reporting.

¹⁻¹ Child Health Plan *Plus*. Available at: <https://www.colorado.gov/pacific/hcpf/child-health-plan-plus>. Accessed on: Sept 6, 2016.

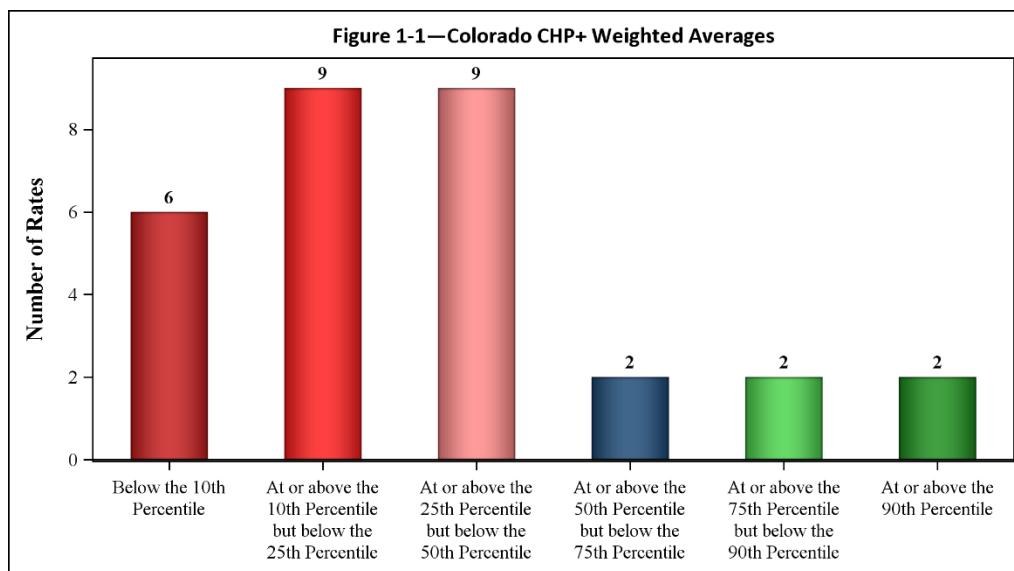
¹⁻² CHP+ State Managed Care Network (SMCN) was only required to report one measure, *Prenatal and Postpartum Care (PPC)*. However, data were not available to support the calculation of these measure indicators according to the desired measure specifications. Therefore, a performance measure assessment of SMCN is excluded from this report. Additionally, *Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis (AAB)* was a required measure; however, because all five CHP+ health plans had zero members in the eligible population for this measure, it was excluded from this report.

¹⁻³ HEDIS[®] is a registered trademark of the National Committee for Quality Assurance (NCQA).

Each health plan underwent an NCQA HEDIS Compliance Audit™ through a licensed HEDIS audit organization in order to verify the processes used to report valid HEDIS rates.¹⁻⁴ 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 examined the measures among different domains of care: Pediatric Care, Access to Care and Preventive Screening, Mental/Behavioral Health, Respiratory Conditions, and Use of Services. Please see Appendix C for additional information on NCQA’s Information System (IS) standards and the audit findings for the CHP+ health plans.¹⁻⁵

Summary of Performance

Figure 1-1 shows the Colorado CHP+ program’s performance on the 30 HEDIS performance measure indicators that were comparable to the HEDIS 2015 Quality Compass® national Medicaid percentiles.¹⁻⁶ The bars represent the number of CHP+ statewide weighted averages that fell into each national Medicaid percentile range. The percentile range shows how the CHP+ statewide weighted average ranked nationally. Measures under the Use of Services domain are considered utilization-based measures rather than performance measures; therefore, they are not included in this figure.



As depicted in Figure 1-1, two measure indicators ranked at or above the national Medicaid 90th percentile, while 15 measure indicators ranked below the national Medicaid 25th percentile, with six of

¹⁻⁴ NCQA HEDIS Compliance Audit™ is a trademark of the National Committee for Quality Assurance (NCQA).

¹⁻⁵ National Committee for Quality Assurance. HEDIS Compliance Audit Standards, Policies and Procedures, Volume 5. Washington D.C.

¹⁻⁶ Quality Compass® is a registered trademark for the National Committee for Quality Assurance (NCQA).

those measure indicators falling below the national Medicaid 10th percentile. Most measure indicators (24 indicators) ranked below the national Medicaid 50th percentile.

Detailed Statewide Performance

Statewide performance measure results for HEDIS 2016 were compared to the HEDIS 2015 national Medicaid percentiles. Table 1-2 shows the CHP+ statewide weighted averages for HEDIS 2014 through HEDIS 2016 along with the percentile ranking for each performance measure indicator. Rates shaded green with one carat (^) indicate a statistically significant improvement in performance from the previous year. Rates shaded red with two carats (^) indicate a statistically significant decline in performance from the previous year.¹⁻⁷ For reference, Table 1-1 denotes the percentile ranking performance levels.

Table 1-1—National Medicaid Percentile Ranking Performance Levels

Percentile Ranking	Performance Level
<10th	Below the National Medicaid 10th Percentile
10th–24th	At or above the National Medicaid 10th Percentile but below the National Medicaid 25th Percentile
25th–49th	At or above the National Medicaid 25th Percentile but below the National Medicaid 50th Percentile
50th–74th	At or above the National Medicaid 50th Percentile but below the National Medicaid 75th Percentile
75th–89th	At or above the National Medicaid 75th Percentile but below the National Medicaid 90th Percentile
≥90th	At or above the National Medicaid 90th Percentile

¹⁻⁷ Performance comparisons are based on the Chi-square test of statistical significance with a *p* value <0.05. Therefore, results reporting the percentages of measures that changed significantly from HEDIS 2015 rates may be under- or overstated.

Table 1-2—Colorado CHP+ Statewide Weighted Averages

Performance Measures	HEDIS 2014 Rate	HEDIS 2015 Rate	HEDIS 2016 Rate	Percentile Ranking
Pediatric Care				
Childhood Immunization Status‡				
Combination 2	73.25%	61.27%	58.04%	<10th
Combination 3	70.33%	59.89%	56.19%	<10th
Combination 4	63.50%	55.61%	52.70%	<10th
Combination 5	58.90%	50.42%	49.22%	10th–24th
Combination 6	51.53%	42.40%	35.49%^^	10th–24th
Combination 7	55.43%	47.06%	47.01%	10th–24th
Combination 8	47.79%	40.03%	33.71%^^	10th–24th
Combination 9	44.66%	37.13%	31.79%^^	25th–49th
Combination 10	42.56%	35.06%	30.65%^^	25th–49th
Immunizations for Adolescents‡				
Combination 1 (Meningococcal, Tdap/Td)	66.27%	64.11%	70.71%^	25th–49th
Well-Child Visits in the First 15 Months of Life‡				
Zero Visits*	2.16%	3.07%	4.67%	<10th
Six or More Visits	67.41%	45.18%	51.84%	25th–49th
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life‡				
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	66.29%	61.59%	67.00%^	25th–49th
Adolescent Well-Care Visits‡				
Adolescent Well-Care Visits	44.00%	40.38%	46.61%^	25th–49th
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents				
BMI Percentile Documentation—Total	69.59%	60.81%	65.31%^	25th–49th
Counseling for Nutrition—Total	64.47%	61.19%	64.85%^	50th–74th
Counseling for Physical Activity—Total ^l	58.26%	57.49%	56.89%	50th–74th
Appropriate Testing for Children With Pharyngitis				
Appropriate Testing for Children With Pharyngitis	79.09%	79.64%	80.78%	75th–89th
Access to Care				
Children and Adolescents' Access to Primary Care Practitioners				
Ages 12 to 24 Months	91.36%	93.22%	92.74%	10th–24th
Ages 25 Months to 6 Years	82.41%	80.57%	85.21%^	10th–24th
Ages 7 to 11 Years	89.16%	89.64%	88.77%	10th–24th
Ages 12 to 19 Years	88.60%	90.09%	89.90%	25th–49th

Performance Measures	HEDIS 2014 Rate	HEDIS 2015 Rate	HEDIS 2016 Rate	Percentile Ranking
Preventive Screening				
Chlamydia Screening in Women				
Total	—	57.01%	36.62%^^	<10th
Non-Recommended Cervical Cancer Screening in Adolescent Females^{1,*}				
Non-Recommended Cervical Cancer Screening in Adolescent Females	—	0.62%	0.29%	≥90th
Mental/Behavioral Health				
Antidepressant Medication Management				
Effective Acute Phase Treatment	—	NA	NA	—
Effective Continuation Phase Treatment	—	NA	NA	—
Follow-Up Care for Children Prescribed ADHD Medication				
Initiation Phase	16.78%	46.01%	15.24%^^	<10th
Continuation and Maintenance Phase	30.77%	41.82%	27.03%	10th–24th
Use of Multiple Concurrent Antipsychotics in Children and Adolescents*				
Total	—	—	4.65%	—
Respiratory Conditions				
Appropriate Treatment for Children With Upper Respiratory Infection				
Appropriate Treatment for Children With Upper Respiratory Infection	—	91.50%	92.66%	75th–89th
Medication Management for People With Asthma				
Medication Compliance 50%—Total	—	46.96%	49.64%	25th–49th
Medication Compliance 75%—Total	—	20.27%	21.79%	10th–24th
Asthma Medication Ratio				
Total	73.78%	74.20%	74.59%	≥90th
Use of Services[†]				
Ambulatory Care (Per 1,000 Member Months)				
Outpatient Visits	214.08	204.21	227.93	<10th
Emergency Department Visits*	26.47	26.31	23.80	≥90th
Inpatient Utilization—General Hospital/Acute Care				
Discharges per 1,000 Member Months (Total Inpatient)	1.23	1.28	1.18	<10th
Days per 1,000 Member Months (Total Inpatient)	4.16	4.34	3.75	<10th
Average Length of Stay (Total Inpatient)	3.37	3.41	3.17	10th–24th
Discharges per 1,000 Member Months (Medicine)	0.85	0.96	0.86	<10th
Days per 1,000 Member Months (Medicine)	2.38	2.46	2.31	<10th
Average Length of Stay (Medicine)	2.81	2.56	2.70	<10th
Discharges per 1,000 Member Months (Surgery)	0.30	0.24	0.27	<10th
Days per 1,000 Member Months (Surgery)	1.56	1.69	1.31	<10th
Average Length of Stay (Surgery)	5.27	7.06	4.81	10th–24th

Performance Measures	HEDIS 2014 Rate	HEDIS 2015 Rate	HEDIS 2016 Rate	Percentile Ranking
<i>Discharges per 1,000 Member Months (Maternity)</i>	0.19	0.16	0.12	<10th
<i>Days per 1,000 Member Months (Maternity)</i>	0.45	0.41	0.29	<10th
<i>Average Length of Stay (Maternity)</i>	2.44	2.51	2.36	10th–24th
Antibiotic Utilization*				
<i>Average Scripts PMPY for Antibiotics</i>	—	0.49	0.65	≥90th
<i>Average Days Supplied per Antibiotic Script</i>	—	10.39	10.55	<10th
<i>Average Scripts PMPY for Antibiotics of Concern</i>	—	0.19	0.25	≥90th
<i>Percentage of Antibiotics of Concern of All Antibiotic Scripts</i>	—	39.19%	39.06%	50th–74th

¹ Due to changes in the technical specifications for this measure, exercise caution when trending rates between 2016 and prior years.

* For this indicator, a lower rate indicates better performance.

‡ Changes in the rates from HEDIS 2014 to HEDIS 2015 should be interpreted with caution due to a change in the Department’s reporting requirement from hybrid for HEDIS 2014 to administrative for HEDIS 2015 and HEDIS 2016.

— Indicates that the measure was not presented in the previous year’s aggregate report; therefore, that year’s HEDIS measure rate is not presented in this year’s report. This symbol may also indicate that a percentile ranking was not determined because the HEDIS 2016 measure rate was not reportable or the measure did not have an applicable benchmark.

Rates shaded green with one caret (^) indicate a statistically significant improvement in performance from the previous year.

Rates shaded red with two carets (^) indicate a statistically significant decline in performance from the previous year.

Performance comparisons are based on the Chi-square test of statistical significance with a p value <0.05.

[†] For measures in the Use of Services domain, statistical tests across years were not performed because variances were not provided in the Interactive Data Submission System (IDSS) files; differences in rates were reported without statistical test results. In addition, higher or lower rates did not necessarily denote better or poorer performance. Rates are not risk adjusted; therefore, the percentile ranking should be interpreted with caution and may not accurately reflect high or low performance.

NA indicates that the health plan followed the specifications but the aggregated statewide weighted denominator was too small (<30) to report a valid rate.

Summary of Statewide Performance

Pediatric Care

For the Pediatric Care domain, five of the 18 HEDIS 2016 CHP+ statewide weighted averages demonstrated statistically significant improvement from the prior year: *Immunizations for Adolescents—Combination 1 (Meningococcal, Tdap/Td)*; *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life*; *Adolescent Well-Care Visits*; *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile Documentation—Total*; and *Counseling for Nutrition—Total*. The HEDIS 2016 performance measure rate for *Appropriate Testing for Children With Pharyngitis* sustained high performance from the prior year, ranking at or above the national Medicaid 75th percentile.

All of the *Childhood Immunization Status* measure indicators exhibited a decline in performance compared to the prior year, four of which were considered statistically significant declines: *Childhood Immunization Status—Combination 6*, *Combination 8*, *Combination 9*, and *Combination 10*.

Additionally, both of the *Well-Child Visits in the First 15 Months of Life* measure indicators ranked below the national Medicaid 25th percentile.

Access to Care and Preventive Screening

Regarding the Access to Care measures, one of the six HEDIS 2016 CHP+ statewide weighted averages demonstrated statistically significant improvement from the prior year, *Children and Adolescents' Access to Primary Care Practitioners—Ages 25 Months to 6 Years*. However, three of the four measure indicators ranked below the national Medicaid 25th percentile: *Children and Adolescents' Access to Primary Care Practitioners—Ages 12 to 24 Months*, *Ages 25 Months to 6 Years*, and *Ages 7 to 11 Years*.

For the Preventive Screening measures, none of the HEDIS 2016 statewide averages demonstrated statistically significant improvement from the prior year. However, the *Non-Recommended Cervical Cancer Screening in Adolescent Females* measure indicator sustained high performance from the prior year, ranking at or above the national Medicaid 90th percentile.

The remaining Preventive Screening measure, *Chlamydia Screening in Women—Total*, exhibited a statistically significant decline in performance compared to the prior year and ranked below the national Medicaid 10th percentile.

Mental/Behavioral Health

For the Mental/Behavioral Health domain, none of the HEDIS 2016 statewide averages improved from the prior year. One of two HEDIS 2016 measure indicators (where trending was possible) exhibited a statistically significant decline in performance compared to the prior year, *Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase*, and ranked below the national Medicaid 10th percentile.

Respiratory Conditions

For the Respiratory Conditions domain, none of the HEDIS 2016 statewide averages exhibited a statistically significant change in performance from the prior year. However, three of the four HEDIS 2016 statewide averages improved from the prior year. Of the measure indicators that improved, one ranked at or above the national Medicaid 75th percentile, *Appropriate Treatment for Children With Upper Respiratory Infection*, and one ranked at or above the national Medicaid 90th percentile, *Asthma Medication Ratio—Total*. Although the CHP+ statewide weighted average increased from the prior year, *Medication Management for People With Asthma—Medication Compliance 75%—Total* ranked below the national Medicaid 25th percentile.

Use of Services

For the Use of Services domain, the measure indicators are presented for information purposes only given that the results do not take into account the characteristics of the population. However, combined with other performance metrics, the CHP+ statewide weighted average utilization results provide

additional information that the CHP+ health plans may use to further assess barriers or patterns of utilization when evaluating improvement interventions.

Limitations and Considerations

- Beginning with HEDIS 2015, the Department changed the reporting requirements from hybrid to administrative methodology for several measures (*Childhood Immunization Status; 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; Immunizations for Adolescents; and Prenatal and Postpartum Care*). Therefore, caution should be exercised when interpreting the HEDIS 2015 and 2016 results for these measures since they are likely to underestimate health plan performance.
- National Medicaid HEDIS 2015 percentiles were established using administrative and/or medical record review data; therefore, caution should be exercised when comparing the results for those hybrid measures for which only administrative data were used.
- National HEDIS 2015 percentiles are not available for the CHIP population; therefore, comparison of the CHP+ health plans' rates to HEDIS 2015 Medicaid percentiles should be interpreted with caution.

Introduction

The reader's guide is designed to provide supplemental information to the reader that may aid in the interpretation and use of the results presented in this report.

CHP+ Health Plan Names

Table 2-1 presents the CHP+ health plans discussed within this report and their corresponding abbreviations.

Table 2-1—2016 CHP+ Health Plan Names and Abbreviations

CHP+ Health Plan Name	Abbreviation
Colorado Access	—
Colorado Choice Health Plans	Colorado Choice
Denver Health Medical Plan, Inc.	DHMP
Kaiser Permanente	Kaiser
Rocky Mountain Health Plans	RMHP

Summary of HEDIS 2016 Measures Required for Colorado CHP+

Within this report, HSAG presents the statewide and health plan-specific performance on HEDIS measures selected by the Department for HEDIS 2016. The HEDIS measures selected by the Department were grouped into the following domains of care for Colorado CHP+ members: Pediatric Care, Access to Care and Preventive Screening, Mental/Behavioral Health, Respiratory Conditions, and Use of Services.²⁻¹ While performance is reported primarily at the measure indicator level, grouping these measures into domains encourages the health plans and the Department to consider the measures as a whole rather than in isolation and to develop the strategic and tactical changes required to improve overall performance.

²⁻¹ CHP+ State Managed Care Network (SMCN) was only required to report one measure, *Prenatal and Postpartum Care (PPC)*. However, data were not available to support the calculation of these measure indicators according to the desired measure specifications. Therefore, a performance measure assessment of SMCN is excluded from this report. Additionally, *Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis (AAB)* was a required measure; however, because all five CHP+ health plans had zero members in the eligible population for this measure, it was excluded from this report.

Table 2-2 shows the selected HEDIS 2016 measures and measure indicators as well as the corresponding domains of care. The table also identifies the Department's required data collection method. The data collection or calculation method is described by NCQA in the *HEDIS 2016 Volume 2 Technical Specifications*. Data collection methodologies are described in detail in the next section.

Table 2-2—Colorado CHP+ HEDIS 2016 Required Measures

Performance Measures	Data Collection Methodology Required by the Department
Pediatric Care	
<i>Childhood Immunization Status—Combinations 2–10</i>	Administrative
<i>Immunizations for Adolescents—Combination 1 (Meningococcal, Tdap/Td)</i>	Administrative
<i>Well-Child Visits in the First 15 Months of Life—Zero Visits and Six or More Visits</i>	Administrative
<i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i>	Administrative
<i>Adolescent Well-Care Visits</i>	Administrative
<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile Documentation—Total, Counseling for Nutrition—Total, and Counseling for Physical Activity—Total</i>	Hybrid
<i>Appropriate Testing for Children With Pharyngitis</i>	Administrative
Access to Care and Preventive Screening	
<i>Prenatal and Postpartum Care—Timeliness of Prenatal Care and Postpartum Care *</i>	Administrative
<i>Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis**</i>	Administrative
<i>Children and Adolescents' Access to Primary Care Practitioners—Ages 12 to 24 Months, Ages 25 Months to 6 Years, Ages 7 to 11 Years, and Ages 12 to 19 Years</i>	Administrative
<i>Chlamydia Screening in Women—Total</i>	Administrative
<i>Non-Recommended Cervical Cancer Screening in Adolescent Females</i>	Administrative
Mental/Behavioral Health	
<i>Antidepressant Medication Management—Effective Acute Phase Treatment and Effective Continuation Phase Treatment</i>	Administrative
<i>Follow-up Care for Children Prescribed ADHD Medication—Initiation Phase and Continuation and Maintenance Phase</i>	Administrative
<i>Use of Multiple Concurrent Antipsychotics in Children and Adolescents—Total</i>	Administrative

Performance Measures	Data Collection Methodology Required by the Department
Respiratory Conditions	
<i>Appropriate Treatment for Children With Upper Respiratory Infection</i>	Administrative
<i>Medication Management for People With Asthma—Medication Compliance 50%—Total and Medication Compliance 75%—Total</i>	Administrative
<i>Asthma Medication Ratio—Total</i>	Administrative
Use of Services	
<i>Ambulatory Care (Per 1,000 Member Months)—Outpatient Visits and Emergency Department Visits</i>	Administrative
<i>Inpatient Utilization—General Hospital/Acute Care</i>	Administrative
<i>Antibiotic Utilization</i>	Administrative

* CHP+ State Managed Care Network's (SMCN's) rates for this measure were not reportable; therefore, analyses and discussion of the rates were excluded from this report.

** Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis was a required measure; however, because all five CHP+ health plans had zero members in the eligible population for this measure, it was excluded from this report.

According to the Department's guidance, all measure rates presented in this report are based on administrative data only, except the rates for *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents*. Of note, rates for these measures were collected and reported by Colorado Access, Colorado Choice, DHMP, and RMHP using the hybrid method: *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; and Adolescent Well-Care Visits*. Rates that were reported administratively in this report but were collected by the health plans using the hybrid method are presented in Table 2-3—Health Plan-Specific HEDIS 2016 Hybrid Measure Rates. However, RMHP's rates for all hybrid measures were deemed invalid by the health plan and are denoted as *Biased Rate (BR)* throughout this report. Rates that were designated as *BR* are not presented in Table 2-3. Of note, only Kaiser reported all HEDIS 2016 rates administratively.

Of note, HEDIS technical measure descriptions are included throughout this report, which include age requirements for inclusion in the measure. In some instances, the HEDIS technical measure definition includes individuals who would not be eligible for the CHP+ program (i.e., members within the month of their 19th birthday and younger and all pregnant women are eligible for the CHP+ program). Therefore, the measure actually reflects a more limited age group than the HEDIS technical specification definition.

Data Collection Methods

Administrative Method

The administrative method requires that the health plans identify the eligible population (i.e., the denominator) using administrative data, derived from claims and encounters. In addition, the numerator(s), or services provided to the members in the eligible population, are derived solely using administrative data collected during the reporting year, and medical record review data from the prior year may be used as supplemental data. Medical records collected during the current year cannot be used to retrieve information. When using the administrative method, the entire eligible population becomes the denominator, and sampling is not allowed.

Hybrid Method

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

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

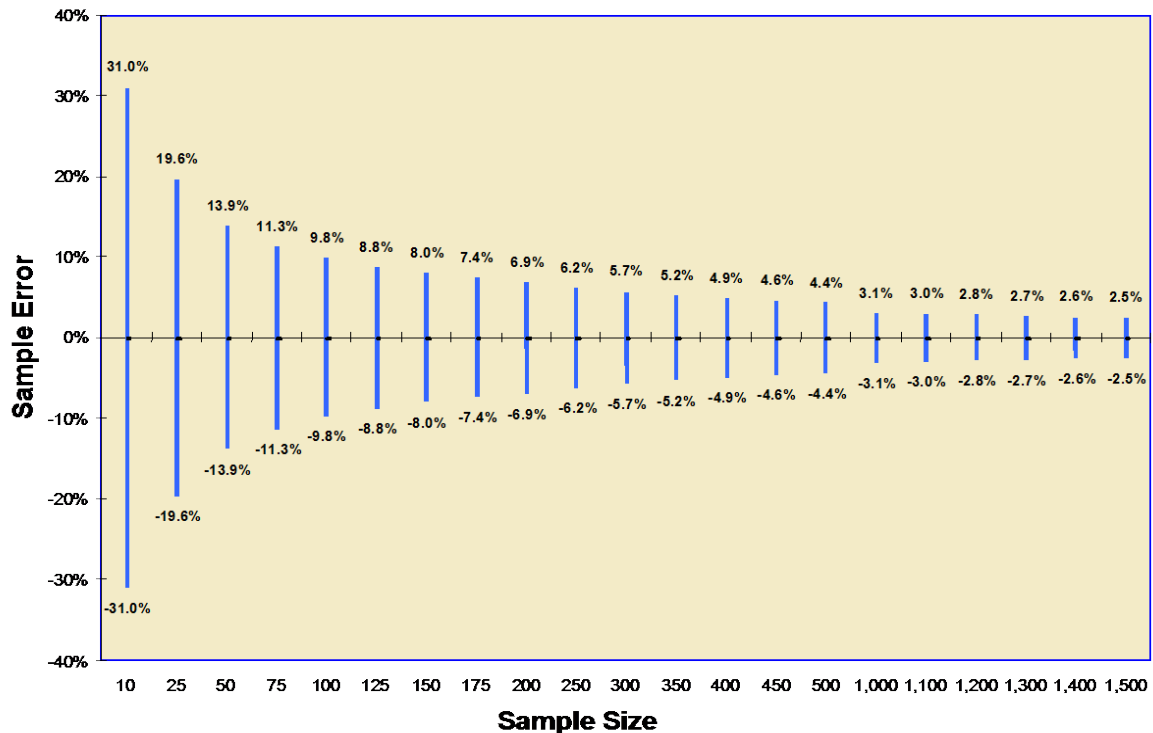
Understanding Sampling Error

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

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

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

Figure 2-1—Relationship of Sample Size to Sample Error



As Figure 2-1 shows, sample error decreases as the sample size gets larger. Consequently, when sample sizes are very large and sampling errors are very small, almost any difference is statistically significant. This does not mean that all such differences are important. On the other hand, the difference between two measured rates may not be statistically significant but may, nevertheless, be important. The judgment of the reviewer is always a requisite for meaningful data interpretation.

Hybrid Measure Rates for HEDIS 2016

As mentioned above, several performance measures were collected and reported to NCQA by Colorado Access, Colorado Choice, DHMP, and RMHP using the hybrid method. Rates that were reported administratively to HSAG for this report but were collected by the health plans using the hybrid method are presented in Table 2-3. Kaiser reported rates only administratively. The health plans' administrative rates for these measures are presented in Section 3 of this report. RMHP's rates for all hybrid measures were deemed invalid by the health plan and are denoted as *BR* throughout this report.

Table 2-3—Health Plan-Specific HEDIS 2016 Hybrid Measure Rates

Performance Measures	Colorado Access	Colorado Choice	DHMP
<i>Childhood Immunization Status</i>			
<i>Combination 2</i>	68.86%	22.22%	85.04%
<i>Combination 3</i>	65.21%	22.22%	83.46%
<i>Combination 4</i>	58.64%	20.37%	82.68%
<i>Combination 5</i>	57.18%	11.11%	78.74%
<i>Combination 6</i>	41.61%	12.96%	62.99%
<i>Combination 7</i>	52.07%	11.11%	77.95%
<i>Combination 8</i>	39.17%	12.96%	62.20%
<i>Combination 9</i>	37.71%	7.41%	60.63%
<i>Combination 10</i>	36.01%	7.41%	59.84%
<i>Immunizations for Adolescents</i>			
<i>Combination 1 (Meningococcal, Tdap/Td)</i>	71.43%	19.05%	87.50%
<i>Well-Child Visits in the First 15 Months of Life</i>			
<i>Zero Visits*</i>	3.21%	NA	4.00%
<i>Six or More Visits</i>	66.79%	NA	46.00%
<i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i>			
<i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i>	66.11%	45.56%	61.17%
<i>Adolescent Well-Care Visits</i>			
<i>Adolescent Well-Care Visits</i>	50.85%	31.01%	48.42%

* Lower rates indicate better performance for this measure indicator.

Data Sources and Measure Audit Results

Health plan-specific performance displayed in this report was based on data elements obtained from the Interactive Data Submission System (IDSS) files or the Microsoft (MS) Excel files supplied by the health plans contracted with the Department to provide CHP+ services. Prior to HSAG's receipt of the health plans' IDSS files or MS Excel files, all the health plans were required by the Department to have their HEDIS 2016 results examined and verified through an NCQA HEDIS Compliance Audit.

Through the audit process, each measure indicator rate reported by a health plan was assigned an NCQA-defined audit result. HEDIS 2016 measure indicator rates received one of five predefined audit results: *Reportable (R)*, *Not Applicable (NA)*, *Biased Rate (BR)*, *No Benefit (NB)*, *Not Required (NQ)*, and *Not Reported (NR)*. The audit results are defined in the Glossary section.

Rates designated as *NA*, *BR*, *NB*, *NQ*, or *NR* are not presented in this report. All measure indicator rates that are presented in this report have been verified as an unbiased estimate of the measure. Please see Appendix C for additional information on NCQA's Information System (IS) standards and the audit findings for the CHP+ health plans.

Calculation of Statewide Averages

For all measures, HSAG collected the audited results, numerator, denominator, rate, and eligible population elements reported in the files submitted by the five CHP+ health plans to calculate the statewide weighted averages. Given that the health plans varied in membership size, the statewide rate for a measure was the weighted average rate based on the eligible populations. Weighting the rates by the health plans' eligible population sizes ensured that a rate for the health plan with 125,000 members, for example, had a greater impact on the overall Colorado CHP+ statewide weighed average rate than a rate for the health plan with only 10,000 members. For the health plans with rates reported as *NA*, the numerators, denominators, and eligible populations were included in the calculations of the statewide rate. The health plan rates reported as *BR*, *NB*, *NQ*, or *NR* were excluded from the statewide rate calculation.

Evaluating Measure Results

National Benchmark Comparisons

Benchmark Data

HEDIS 2016 health plan rates and the statewide weighted average rates were compared to the corresponding national HEDIS benchmarks, which are expressed in percentiles of national performance for different measures. For comparative purposes, HSAG used the most recent data available from NCQA at the time of the publication of this report to evaluate the HEDIS 2016 rates: 2015 NCQA Quality Compass. Of note, rates for the *Medication Management for People With Asthma—Medication Compliance 50%—Total* measure indicator were compared to the 2015 NCQA Audit Means and Percentiles.

Regarding measures for which lower rates indicate better performance (e.g., *Well-Child Visits in the First 15 Months of Life—Zero Visits*), HSAG inverted the national percentiles to be consistently applied to these measures as with the other HEDIS measures. For example, the 10th percentile (a lower rate) was inverted to become the 90th percentile, indicating better performance.

Since national percentiles are not available specifically for the CHIP population, the CHP+ health plans' rates as well as the Colorado CHP+ statewide weighted averages were compared to the national Medicaid percentiles, which were composed of all Medicaid plans. Therefore, comparisons of Colorado's CHP+ population measure indicator rates to the national Medicaid benchmarks should be interpreted with caution.

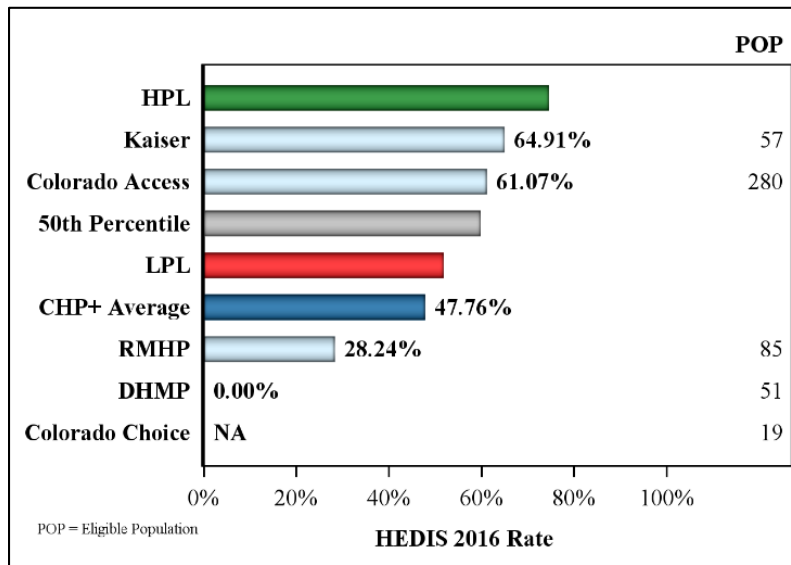
Additionally, benchmarking data (i.e., NCQA Quality Compass and NCQA Audit Means and Percentiles) are the proprietary intellectual property of NCQA; therefore, this report does not display any actual percentile values. As a result, rate comparisons to benchmarks are illustrated within this report using proxy displays.

Figure Interpretation

For each performance measure indicator presented in Sections 3–6 of this report, the horizontal bar graph figure positioned on the right side of the page presents each health plan's performance against the CHP+ HEDIS 2016 statewide weighted average (i.e., the bar shaded darker blue) as well as the HEDIS 2015 Quality Compass national Medicaid 50th percentile value (i.e., the bar shaded gray), and the high and low performance levels. The performance levels were developed based on each performance measure's HEDIS 2015 Quality Compass national Medicaid percentiles.

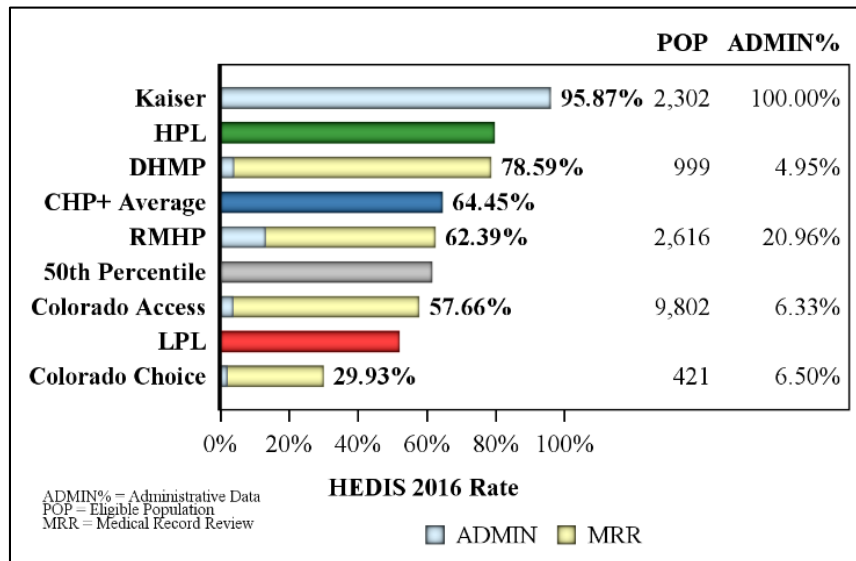
For most performance measures, “high performance level (HPL),” the bar shaded green, corresponds to the 90th percentile and “low performance level (LPL),” the bar shaded red, corresponds to the 25th percentile. For measures such as *Well-Child Visits in the First 15 Months of Life—Zero Visits*, in which lower rates indicate better performance, the 10th percentile (rather than the 90th percentile) and the 75th percentile (rather than the 25th percentile) are considered the HPL and LPL, respectively. An example of the horizontal bar graph figure for measure indicators reported administratively is shown below in Figure 2-2.

Figure 2-2—Sample Horizontal Bar Graph Figure for Administrative Measures



For performance measure rates that were reported using the hybrid method, the “ADMIN%” column presented with each horizontal bar graph figure displays the percentage of the rate derived from administrative data (e.g., claims data and immunization registry). The portion of the bar shaded yellow represents the proportion of the total measure rate attributed to records obtained using the hybrid method, while the portion of the bar shaded light blue indicates the proportion of the measure rate that was derived using the administrative method. This percentage describes the level of claims/encounter data completeness of the health plan data for calculating a particular performance measure. A low administrative data percentage suggests that the health plan relied heavily on medical records to report the rate. Conversely, a high administrative data percentage indicates that the health plan’s claims/encounter data were relatively complete for use in calculating the performance measure indicator rate. An administrative percentage of 100 percent indicates that the health plan did not report the measure indicator rate using the hybrid method. An example of the horizontal bar graph figure for measure indicators reported using the hybrid method is shown in Figure 2-3.

Figure 2-3—Sample Horizontal Bar Graph Figure for Hybrid Measures



Percentile Rankings and Star Ratings

In addition to illustrating health plan-specific and statewide performance via side-by-side comparisons to national percentiles, benchmark comparisons are denoted within this report using the percentile ranking performance levels and star ratings defined below in Table 2-4.

Table 2-4—Percentile Ranking Performance Levels

Star Rating	Percentile Ranking	Performance Level
★	<10th	Below the National Medicaid 10th Percentile
	10th–24th	At or above the National Medicaid 10th Percentile but below the National Medicaid 25th Percentile
★★	25th–49th	At or above the National Medicaid 25th Percentile but below the National Medicaid 50th Percentile
★★★	50th–74th	At or above the National Medicaid 50th Percentile but below the National Medicaid 75th Percentile
★★★★	75th–89th	At or above the National Medicaid 75th Percentile but below the National Medicaid 90th Percentile
★★★★★	≥90th	At or above the National Medicaid 90th Percentile

Measures in the Use of Services measure domain are designed to capture the frequency of services provided and characteristics of the populations served. Higher or lower rates in this domain do not necessarily indicate better or worse performance. These rates and the associated percentile rankings are provided for information purposes only.

Of note, health plan-specific rates and statewide rates were rounded to the second decimal place before performance levels were determined. As HSAG assigned percentile rankings and star ratings, an em dash (—) was presented to indicate that the measure indicator was not required and not presented in previous years' HEDIS deliverables or the measure did not have an applicable benchmark; therefore, the performance level was not presented in this report.

Trend Analysis

In addition to the percentile ranking and star rating results, HSAG also compared HEDIS 2016 CHP+ statewide weighted averages and health plan-specific rates to the corresponding HEDIS 2015 rates. HSAG also evaluated the extent of changes observed in the rates between years. Year-over-year performance comparisons are based on the Chi-square test of statistical significance with a *p* value <0.05. Note that statistical testing could not be performed on the utilization-based measures under the Use of Services domain given that variances were not available in the IDSS for HSAG to use for statistical testing.

In general, results from statistical significance testing provide information on whether a change in the rate may suggest improvement or decline in performance. At the statewide level, if the number of health plans reporting *NR* or *BR* differs vastly from year to year, the statewide performance may not represent all of the contracted health plans, and any changes observed across years may need to take this factor into consideration. Nonetheless, changes (regardless of whether they are statistically significant) could be related to the following factors independent of any effective interventions designed to improve the quality of care:

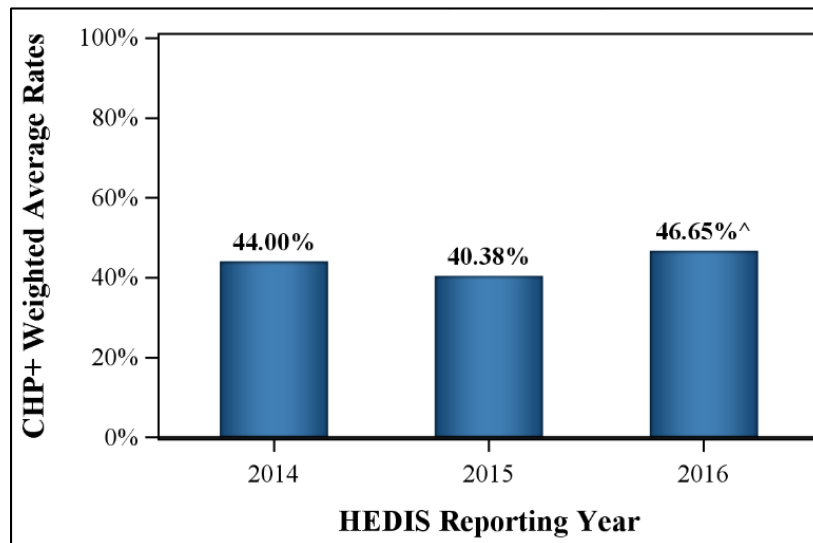
- Substantial changes in measure specifications. The “Measure Changes Between HEDIS 2015 to HEDIS 2016” section below lists measures with specification changes made by NCQA.
- Substantial changes in membership composition within the health plan.

Figure Interpretation

Within the Executive Summary and Appendix B of this report, performance measure indicator rates and results of significance testing between HEDIS 2015 and HEDIS 2016 are presented in tabular format. HEDIS 2016 rates shaded green with one caret (^) indicate a statistically significant improvement in performance from the previous year. HEDIS 2016 rates shaded red with two carets (^) indicate a statistically significant decline in performance from the previous year.

For each performance measure indicator presented in Sections 3–6 of this report, the vertical bar graph figure positioned on the left side of the page presents the HEDIS 2014, HEDIS 2015, and HEDIS 2016 CHP+ statewide weighted averages, with significance testing performed between the HEDIS 2015 and HEDIS 2016 weighted averages. Within these figures, HEDIS 2016 rates with one caret (^) indicate a statistically significant improvement in performance from HEDIS 2015. HEDIS 2016 rates with two carets (^) indicate a statistically significant decline in performance from HEDIS 2015. An example of the vertical bar graph figure for measure indicators reported is shown in Figure 2-4.

Figure 2-4—Sample Vertical Bar Graph Figure Showing Statistically Significant Improvement



Measure Changes Between HEDIS 2015 to HEDIS 2016

With the release of HEDIS 2016, value sets were updated to include International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM) and International Classification of Diseases, 10th Revision, Procedure Coding System (ICD-10-PCS), which were effective October 1, 2015.²⁻² Additionally, the following is a list of measures with technical specification changes that NCQA announced for HEDIS 2016.^{2-3,2-4} These changes may have an effect on the HEDIS 2016 rates that are presented in this report.

Childhood Immunization Status (CIS)

- Added a note to the measles, mumps, and rubella (MMR) vaccine clarifying that the “14-day rule” does not apply to this vaccine.
- Added a new value set to the administrative method to identify hepatitis B vaccines administered at birth.

Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)

- Removed the BMI value option for members 16–17 years of age from the numerator.
- Revised the physical activity requirement to indicate that notation of anticipatory guidance related solely to safety (e.g., wears helmet or water safety) without specific mention of physical activity recommendations does not meet criteria.

Appropriate Treatment for Children With Pharyngitis (CWP)

- Changed age requirement from 2–18 years of age to 3–18 years of age.

Non-Recommended Cervical Cancer Screening in Adolescent Females (NCS)

- Added a requirement to not include denied claims in the numerator.

Antidepressant Medication Management (AMM)

- Added a method and value sets to identify acute and nonacute inpatient discharges for required exclusions (Step 2).
- Changed the description of “SSNRI antidepressants” to “SNRI antidepressants” in Table AMM-C.
- Added levomilnacipran to the description of “SNRI antidepressants” in Table AMM-C.

²⁻² *The ICD-10 Classification of Mental and Behavioural Disorders: Clinical Descriptions and Diagnostic Guidelines*. Geneva: World Health Organization, 1992. Print.

²⁻³ National Committee for Quality Assurance. *HEDIS® 2016, Volume 2: Technical Specifications for Health Plans*. Washington, DC: NCQA Publication, 2015.

²⁻⁴ National Committee for Quality Assurance. *HEDIS® 2016, Volume 2: Technical Update*. Washington, DC: NCQA Publication, 2015.

Follow-up Care for Children Prescribed ADHD Medication (ADD)

- Added value sets to identify acute inpatient encounters for Step 4 of the event/diagnosis (for both *Initiation Phase* and *Continuation and Maintenance Phase*).

Medication Management for People With Asthma (MMA)

- Added Table MMA-A: Asthma Medications and Table MMA-B: Asthma Controller Medications.
- Deleted all “Long-acting, inhaled beta-2 agonists” from Table MMA-A.
- Replaced all references of Table ASM-C to Table MMA-A in Step 1.
- Replaced all references of Table ASM-D to Table MMA-B throughout the measure specification.
- Added “Numerator events by supplemental data” to the Data Elements for Reporting table to capture the number of members who met numerator criteria using supplemental data.

Asthma Medication Ratio (AMR)

- Replaced all references of Table ASM-C to Table MMA-A in Step 1.
- Added “Numerator events by supplemental data” to the Data Elements for Reporting table to capture the number of members who met numerator criteria using supplemental data.

Inpatient Utilization—General Hospital/Acute Care (IPU)

- Added a method and value sets to identify acute inpatient discharges in Step 1.

Glossary

Table 2-5 below provides definitions of terms, abbreviations, and acronyms used through this report.

Table 2-5—Definition of Terms

Term	Description
ADHD	Attention-deficit/hyperactivity disorder.
Audit Result	The HEDIS auditor’s final determination, based on audit findings, of the appropriateness of the health plan to publicly report its HEDIS measure rates. Each measure indicator rate included in the HEDIS audit receives an audit result of <i>Reportable (R)</i> , <i>Not Applicable (NA)</i> , <i>Biased Rate (BR)</i> , <i>No Benefit (NB)</i> , <i>Not Required (NQ)</i> , and <i>Not Reported (NR)</i> .
ADMIN%	Percentage of the final hybrid measure rate that was derived administratively (e.g., claims data and immunization registry).
BMI	Body Mass Index.
BR	Biased Rate: indicates that the health plan’s reported rate was invalid; therefore, the rate was not presented.

Term	Description
Continuous Enrollment Requirement	The minimum amount of time that a member must be enrolled in the health plan to be eligible for inclusion in a measure to ensure that the health plan has a sufficient amount of time to be held accountable for providing services to that member.
CHIP	Children's Health Insurance Program.
CHP+	Child Health Plan <i>Plus</i> , Colorado's program implementing the CHIP.
Data Completeness	The degree to which occurring services/diagnoses appear in the health plan's administrative data systems.
Denominator	The number of members who meet all criteria specified in a measure for inclusion in the eligible population. When using the administrative method, the entire eligible population becomes the denominator. When using the hybrid method, a sample of the eligible population becomes the denominator.
DTaP	Diphtheria, tetanus toxoids, and acellular pertussis vaccine.
ED	Emergency department.
EDI	Electronic data interchange; the direct computer-to-computer transfer of data.
Electronic Data	Data that are maintained in a computer environment versus a paper environment.
Encounter Data	Billing data received from a capitated provider. (Although the health plan does not reimburse the provider for each encounter, submission of encounter data allows the health plan to collect the data for future HEDIS reporting.)
EQR	External quality review.
Exclusions	Conditions outlined in HEDIS measure specifications that describe when a member should not be included in the denominator.
Final Audit Report	Following the health plan's completion of any corrective actions, an auditor completes the final audit report, documenting all final findings and results of the HEDIS audit. The final audit report includes a summary report, IS capabilities assessment, medical record review validation findings, measure results, and the auditor's audit opinion (the final audit statement).
FY	Fiscal year.
HEDIS	The Healthcare Effectiveness Data and Information Set (HEDIS), developed and maintained by NCQA, is a set of performance measures used to assess the quality of care provided by managed health care organizations.
HEDIS Repository	The data warehouse where all data used for HEDIS reporting are stored.
Hep A	Hepatitis A vaccine.
Hep B	Hepatitis B vaccine.
Hib Vaccine	Haemophilus influenza type B vaccine.
HMO	Health maintenance organization.

Term	Description
HPL	High performance level. (For most performance measures, the Department defined the HPL as the most recent 90th national Medicaid percentile. For measures such as <i>Well-Child Visits in the First 15 Months of Life—Zero Visits</i> , in which lower rates indicate better performance, the 10th percentile [rather than the 90th percentile] is considered the HPL.)
HSAG	Health Services Advisory Group, Inc., the State’s external quality review organization.
Hybrid Measures	Measures that can be reported using the hybrid method.
IDSS	The Interactive Data Submission System, a tool used to submit data to NCQA.
IPV	Inactivated polio virus vaccine.
IS	Information System; an automated system for collecting, processing, and transmitting data.
IS Standards	Information System (IS) standards; an NCQA-defined set of standards that measure how an organization collects, stores, analyzes, and reports medical, customer service, member, practitioner, and vendor data. ²⁻⁵
IT	Information technology; the technology used to create, store, exchange, and use information in its various forms.
LPL	Low performance level. (For most performance measures, the Department defined the LPL as the most recent 25th national Medicaid percentile. For measures such as <i>Well-Child Visits in the First 15 Months of Life—Zero Visits</i> , in which lower rates in indicate better performance, the 75th percentile [rather than the 25th percentile] is considered the LPL).
Material Bias	For most measures reported as a rate, any error that causes a ± 5 percent difference in the reported rate is considered materially biased. For non-rate measures, any error that causes a ± 10 percent difference in the reported rate or calculation is considered materially biased.
Medical Record Validation	The process that auditors follow to verify that the health plan’s medical record abstraction meets industry standards and abstracted data are accurate.
Medicaid Percentiles	The NCQA national percentiles for each HEDIS measure for the Medicaid product line used to compare the health plan’s performance and assess the reliability of the health plan’s HEDIS rates.
MMR	Measles, mumps, and rubella vaccine.
MRR	Medical record review.
NA	Not Applicable; indicates that the health plan followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in an NA designation.

²⁻⁵ National Committee for Quality Assurance. HEDIS Compliance Audit Standards, Policies and Procedures, Volume 5. Washington D.C.

Term	Description
NB	No Benefit; indicates that the required benefit to calculate the measure was not offered.
NCQA	The National Committee for Quality Assurance (NCQA) is a not-for-profit organization that assesses, through accreditation reviews and standardized measures, the quality of care provided by managed health care delivery systems; reports results of those assessments to employers, consumers, public purchasers, and regulators; and ultimately seeks to improve the health care provided within the managed care industry.
NR	Not Reported; indicates that the health plan chose not to report the required HEDIS 2016 measure indicator rate. This designation was assigned to rates during previous reporting years to indicate one of the following designations: The health plan chose not to report the required measure indicator rate, or the health plan's reported rate was invalid.
Numerator	The number of members in the denominator who received all the services as specified in the measure.
NQ	Not Required; indicates that the health plan was not required to report this measure.
OB/GYN	Obstetrician/Gynecologist.
PCP	Primary care practitioner.
PCV	Pneumococcal conjugate vaccine.
POP	Eligible population.
PPC	Prenatal and Postpartum Care.
Provider Data	Electronic files containing information about physicians such as type of physician, specialty, reimbursement arrangement, and office location.
Retroactive Enrollment	When the effective date of a member's enrollment in the health plan occurs prior to the date that the health plan is notified of that member's enrollment. Medicaid members who are retroactively enrolled in the health plan may be excluded from a HEDIS measure denominator if the time period from the date of enrollment to the date of notification exceeds the measure's allowable gap specifications.
Revenue Codes	Cost codes for facilities to bill based on the categories of services, procedures, supplies, and materials.
RV	Rotavirus vaccine.
SMCN	State Managed Care Network.
Software Vendor	A third party, with source code certified by NCQA, that contracts with the health plan to write source code for HEDIS measures. (For the measures to be certified, the vendor must submit programming codes associated with the measure to NCQA for automated testing of program logic, and a minimum percentage of the measures must receive a "Pass" or "Pass With Qualifications" designation.)

Term	Description
The Department	The Colorado Department of Health Care Policy & Financing.
URI	Upper respiratory infection.
Quality Compass	NCQA Quality Compass benchmark.
VZV	Varicella zoster virus (chicken pox) vaccine.

Pediatric Care

The following section provides a detailed analysis of the Colorado CHP+ health plans' performance within the Pediatric Care domain. The Pediatric Care domain encompasses the following measures/indicators:

- *Childhood Immunization Status—Combination 2—Combination 10*
- *Immunizations for Adolescents—Combination 1 (Meningococcal, Tdap/Td)*
- *Well-Child Visits in the First 15 Months of Life—Zero Visits and Six or More Visits*
- *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life*
- *Adolescent Well-Care Visits*
- *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile Documentation, Counseling for Nutrition, and Counseling for Physical Activity—Total*
- *Appropriate Testing for Children With Pharyngitis*

Please see the “Reader’s Guide” section for guidance on interpreting the figures presented within this section. For reference, additional analyses for each measure indicator are displayed in Appendices A and B.

Childhood Immunization Status

Childhood Immunization Status measures the percentage of members 2 years of age who received the following vaccinations on or before their second birthday. Table 3-1 displays the different antigens associated with various combinations.

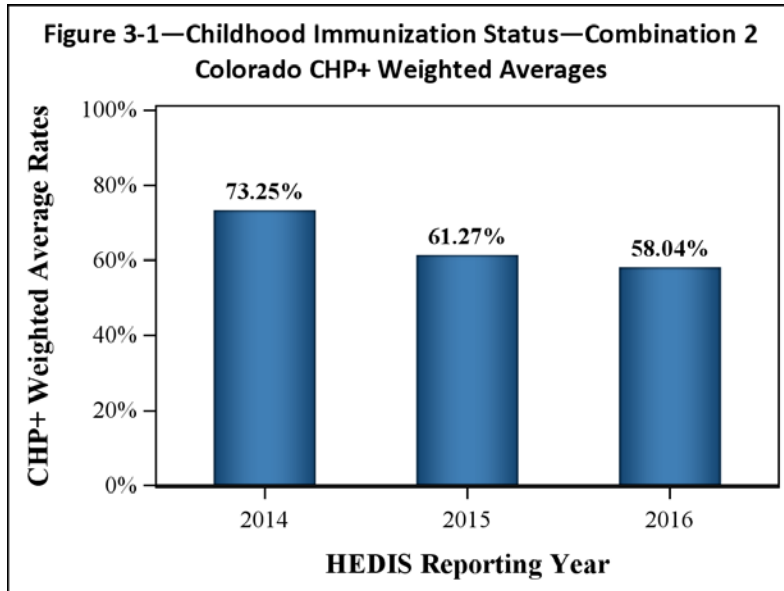
Table 3-1—Combination Vaccinations for Childhood Immunization Status

Combination	Four DTaP	Three IPV	One MMR	Three HiB	Three Hep B	One VZV	Four PCV	One Hep A	Required RV	Two Influenza
Combination 2	✓	✓	✓	✓	✓	✓				
Combination 3	✓	✓	✓	✓	✓	✓	✓			
Combination 4	✓	✓	✓	✓	✓	✓	✓	✓		
Combination 5	✓	✓	✓	✓	✓	✓	✓		✓	
Combination 6	✓	✓	✓	✓	✓	✓	✓			✓
Combination 7	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Combination 8	✓	✓	✓	✓	✓	✓	✓	✓		✓
Combination 9	✓	✓	✓	✓	✓	✓	✓		✓	✓
Combination 10	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

The Department required the health plans to use the hybrid method for HEDIS reporting in 2014 while requiring the health plans to use the administrative method in 2015 and 2016. As such, comparison of HEDIS 2014 rates to HEDIS 2015 and HEDIS 2016 rates would not be appropriate.

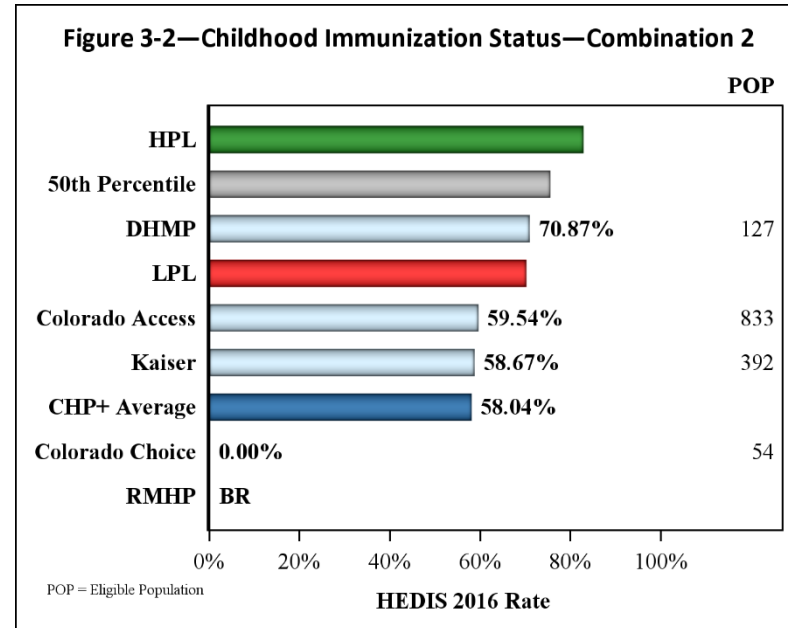
Childhood Immunization Status—Combination 2

Childhood Immunization Status—Combination 2 measures the percentage of members 2 years of age who received the following vaccines by their second birthday: four diphtheria, tetanus and acellular pertussis; three polio; one measles, mumps and rubella; three haemophilus influenzae type B; three hepatitis B; and one chicken pox.



Changes in the rates from HEDIS 2014 to HEDIS 2015 should be interpreted with caution due to a change in the Department’s reporting requirement from hybrid for HEDIS 2014 to administrative for HEDIS 2015 and HEDIS 2016.

The CHP+ statewide weighted average did not demonstrate a statistically significant change from HEDIS 2015 to HEDIS 2016.

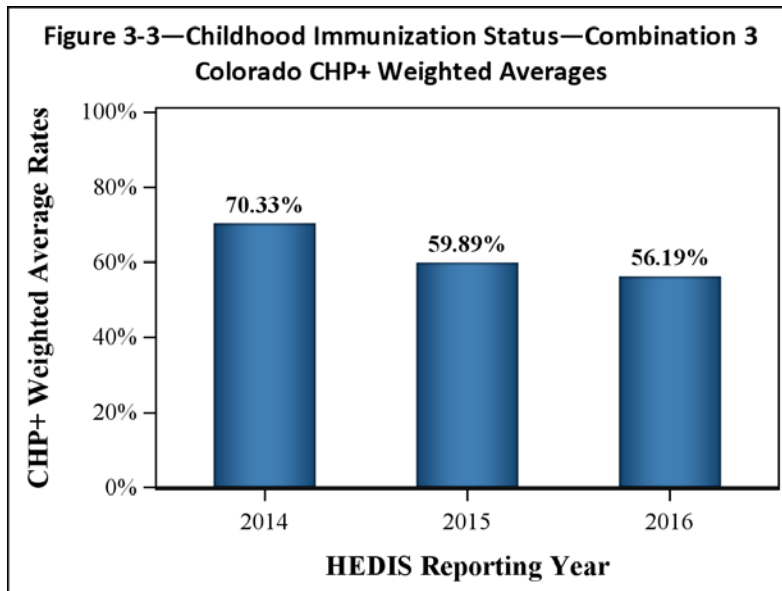


BR indicates that RMHP’s reported rate was invalid; therefore, the rate is not presented.

No health plans ranked above the national Medicaid 50th percentile. Three health plans and the CHP+ statewide weighted average ranked below the LPL. Health plan performance varied from 0.00 percent to 70.87 percent.

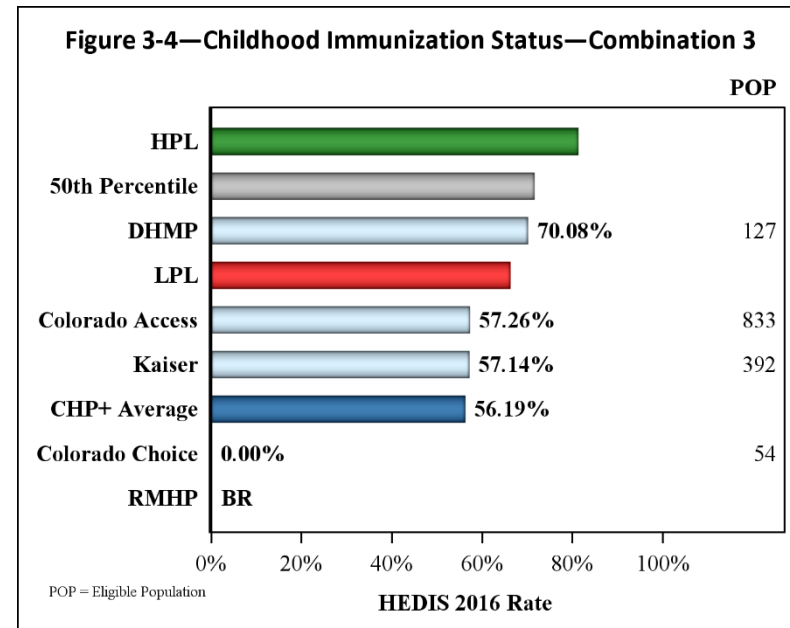
Childhood Immunization Status—Combination 3

Childhood Immunization Status—Combination 3 measures the percentage of members 2 years of age who received the following vaccines by their second birthday: four diphtheria, tetanus and acellular pertussis; three polio; one measles, mumps and rubella; three haemophilus influenzae type B; three hepatitis B; one chicken pox; and four pneumococcal conjugate.



Changes in the rates from HEDIS 2014 to HEDIS 2015 should be interpreted with caution due to a change in the Department’s reporting requirement from hybrid for HEDIS 2014 to administrative for HEDIS 2015 and HEDIS 2016.

The CHP+ statewide weighted average did not demonstrate a statistically significant change from HEDIS 2015 to HEDIS 2016.

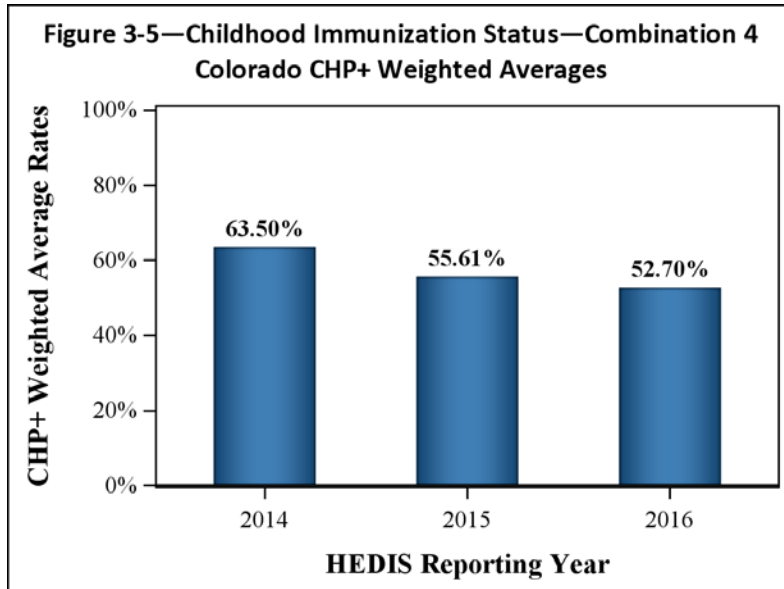


BR indicates that RMHP’s reported rate was invalid; therefore, the rate is not presented.

No health plans ranked above the national Medicaid 50th percentile. Three health plans and the CHP+ statewide weighted average ranked below the LPL. Health plan performance varied from 0.00 percent to 70.08 percent.

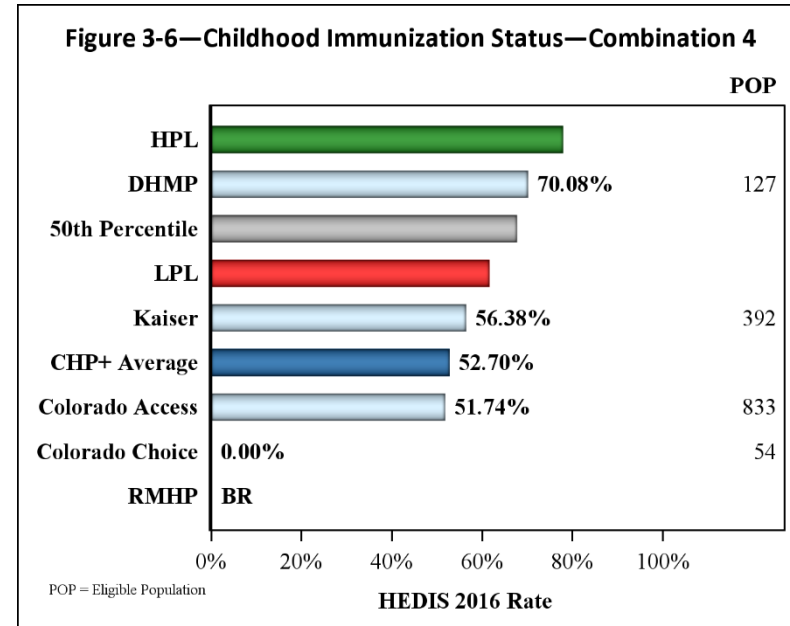
Childhood Immunization Status—Combination 4

Childhood Immunization Status—Combination 4 measures the percentage of members 2 years of age who received the following vaccines by their second birthday: four diphtheria, tetanus and acellular pertussis; three polio; one measles, mumps and rubella; three haemophilus influenzae type B; three hepatitis B; one chicken pox; four pneumococcal conjugate; and one hepatitis A.



Changes in the rates from HEDIS 2014 to HEDIS 2015 should be interpreted with caution due to a change in the Department’s reporting requirement from hybrid for HEDIS 2014 to administrative for HEDIS 2015 and HEDIS 2016.

The CHP+ statewide weighted average did not demonstrate a statistically significant change from HEDIS 2015 to HEDIS 2016.

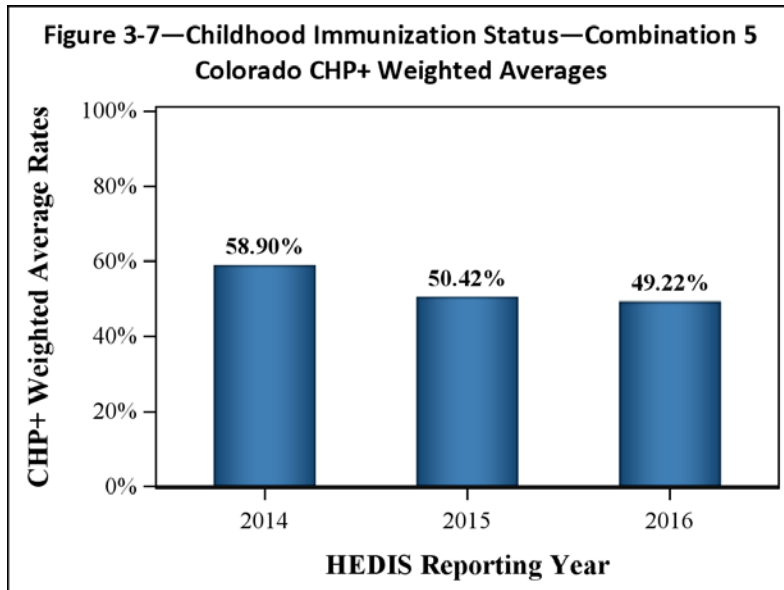


BR indicates that RMHP’s reported rate was invalid; therefore, the rate is not presented.

One health plan ranked above the national Medicaid 50th percentile but below the HPL. The remaining three health plans and the CHP+ statewide weighted average ranked below the LPL. Health plan performance varied from 0.00 percent to 70.08 percent.

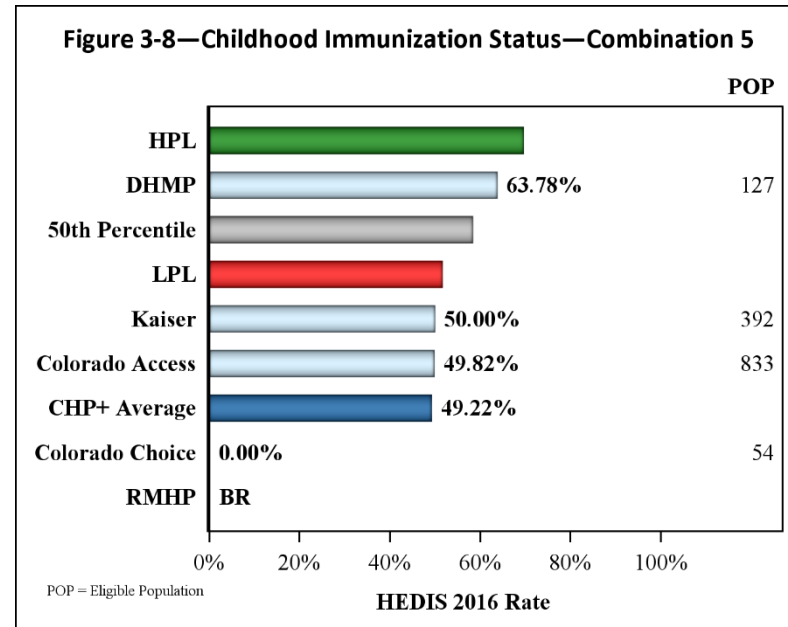
Childhood Immunization Status—Combination 5

Childhood Immunization Status—Combination 5 measures the percentage of members 2 years of age who received the following vaccines by their second birthday: four diphtheria, tetanus and acellular pertussis; three polio; one measles, mumps and rubella; three haemophilus influenzae type B; three hepatitis B; one chicken pox; four pneumococcal conjugate; and two or three rotavirus.



Changes in the rates from HEDIS 2014 to HEDIS 2015 should be interpreted with caution due to a change in the Department’s reporting requirement from hybrid for HEDIS 2014 to administrative for HEDIS 2015 and HEDIS 2016.

The CHP+ statewide weighted average did not demonstrate a statistically significant change from HEDIS 2015 to HEDIS 2016.

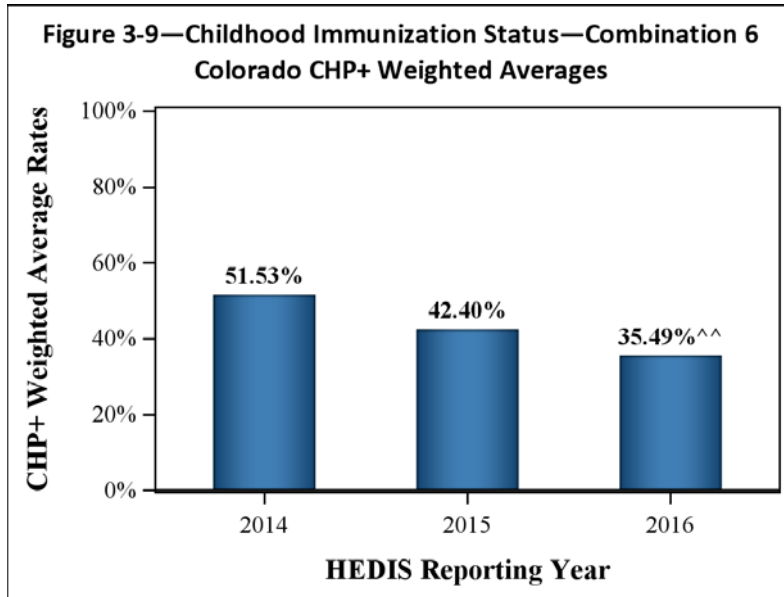


BR indicates that RMHP’s reported rate was invalid; therefore, the rate is not presented.

One health plan ranked above the national Medicaid 50th percentile but below the HPL. The remaining three health plans and the CHP+ statewide weighted average ranked below the LPL. Health plan performance varied from 0.00 percent to 63.78 percent.

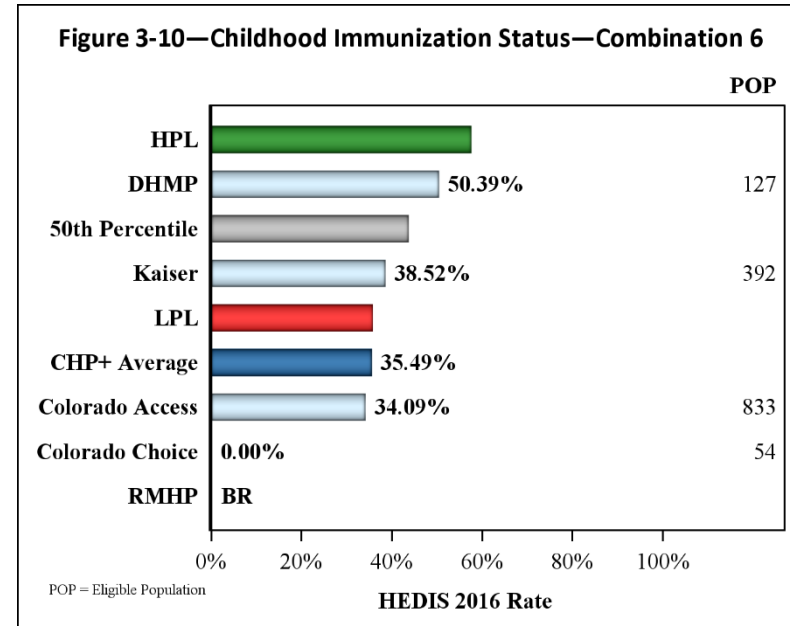
Childhood Immunization Status—Combination 6

Childhood Immunization Status—Combination 6 measures the percentage of members 2 years of age who received the following vaccines by their second birthday: four diphtheria, tetanus and acellular pertussis; three polio; one measles, mumps and rubella; three haemophilus influenzae type B; three hepatitis B; one chicken pox; four pneumococcal conjugate; and two influenza.



Changes in the rates from HEDIS 2014 to HEDIS 2015 should be interpreted with caution due to a change in the Department’s reporting requirement from hybrid for HEDIS 2014 to administrative for HEDIS 2015 and HEDIS 2016. Rates with two carets (^) indicate a statistically significant decline in performance from the previous year.

The CHP+ statewide weighted average demonstrated a statistically significant decline in performance from HEDIS 2015 to HEDIS 2016.

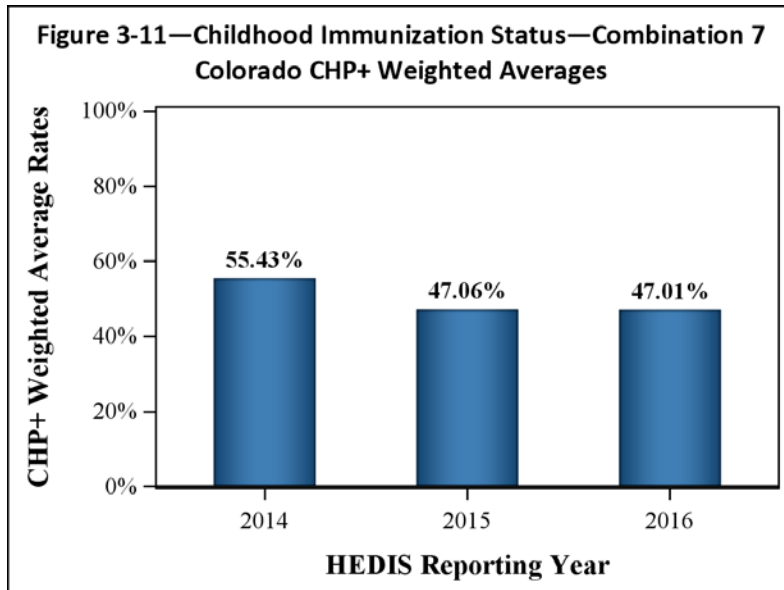


BR indicates that RMHP’s reported rate was invalid; therefore, the rate is not presented.

One health plan ranked above the national Medicaid 50th percentile but below the HPL. Two health plans ranked below the LPL. Health plan performance varied from 0.00 percent to 50.39 percent.

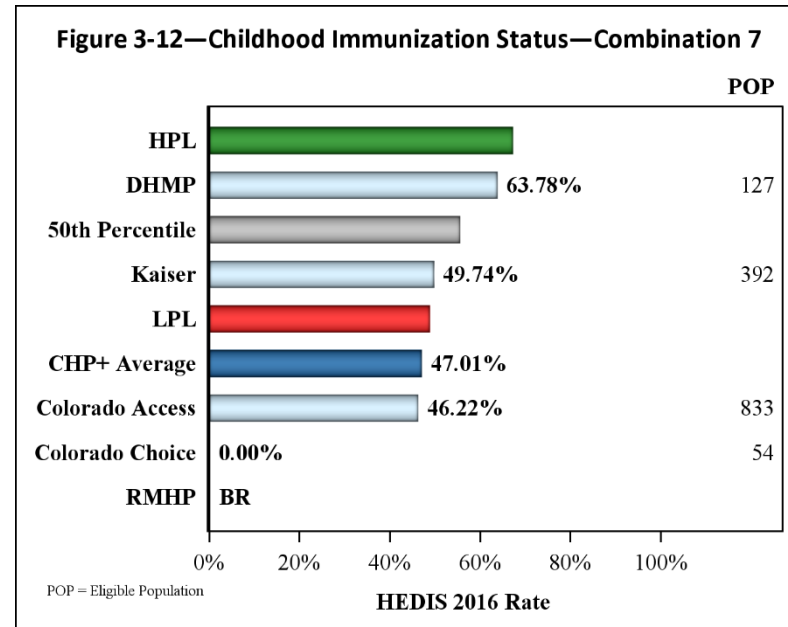
Childhood Immunization Status—Combination 7

Childhood Immunization Status—Combination 7 measures the percentage of members 2 years of age who received the following vaccines by their second birthday: four diphtheria, tetanus and acellular pertussis; three polio; one measles, mumps and rubella; three haemophilus influenzae type B; three hepatitis B; one chicken pox; four pneumococcal conjugate; one hepatitis A; and two or three rotavirus.



Changes in the rates from HEDIS 2014 to HEDIS 2015 should be interpreted with caution due to a change in the Department’s reporting requirement from hybrid for HEDIS 2014 to administrative for HEDIS 2015 and HEDIS 2016.

The CHP+ statewide weighted average did not demonstrate a statistically significant change from HEDIS 2015 to HEDIS 2016.

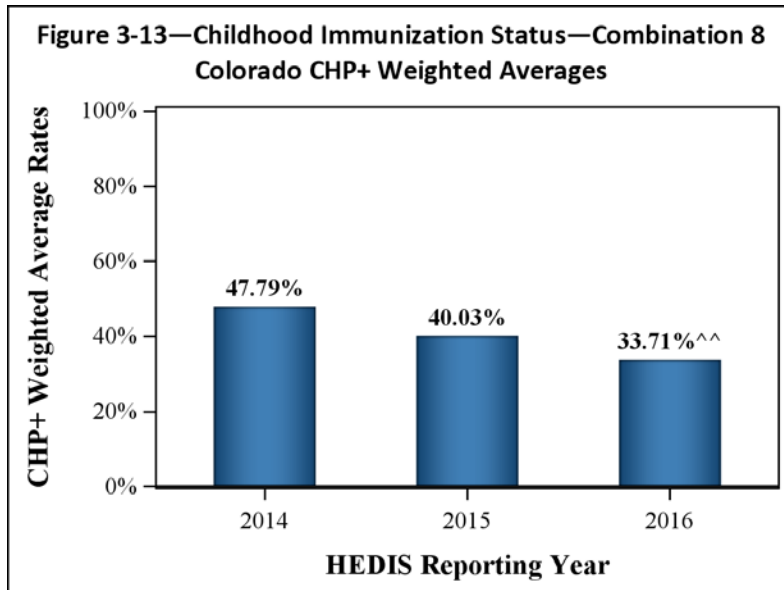


BR indicates that RMHP’s reported rate was invalid; therefore, the rate is not presented.

One health plan ranked above the national Medicaid 50th percentile but below the HPL. Two health plans and the CHP+ statewide weighted average ranked below the LPL. Health plan performance varied from 0.00 percent to 63.78 percent.

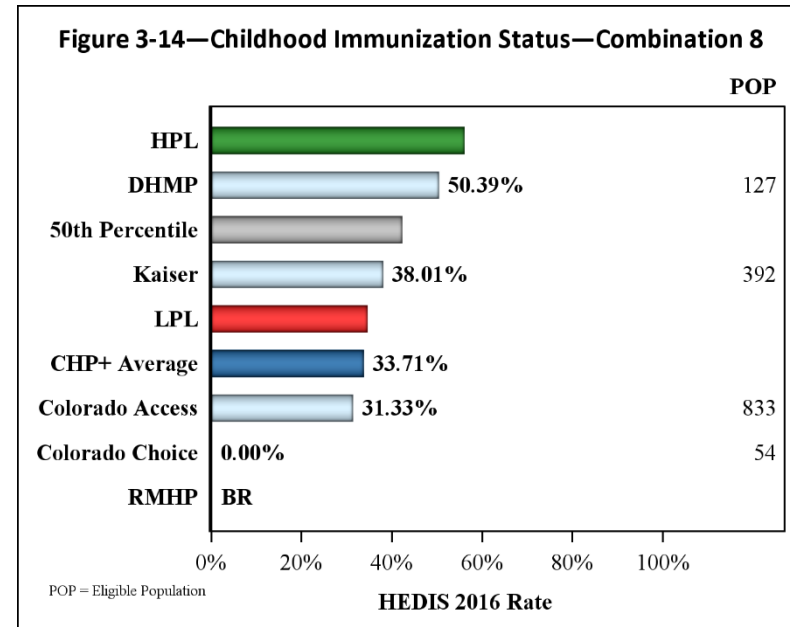
Childhood Immunization Status—Combination 8

Childhood Immunization Status—Combination 8 measures the percentage of members 2 years of age who received the following vaccines by their second birthday: four diphtheria, tetanus and acellular pertussis; three polio; one measles, mumps and rubella; three haemophilus influenzae type B; three hepatitis B; one chicken pox; four pneumococcal conjugate; one hepatitis A; and two influenza.



Changes in the rates from HEDIS 2014 to HEDIS 2015 should be interpreted with caution due to a change in the Department’s reporting requirement from hybrid for HEDIS 2014 to administrative for HEDIS 2015 and HEDIS 2016. Rates with two carets (^^) indicate a statistically significant decline in performance from the previous year.

The CHP+ statewide weighted average demonstrated a statistically significant decline in performance from HEDIS 2015 to HEDIS 2016.

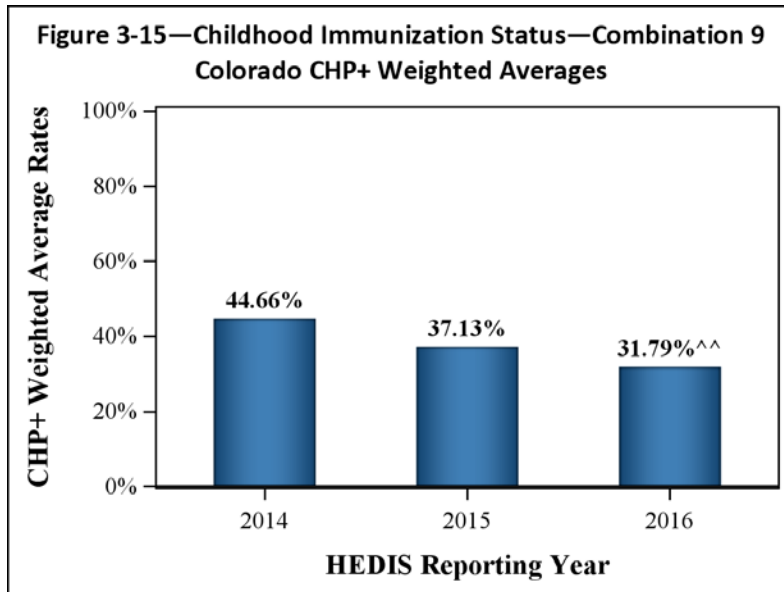


BR indicates that RMHP’s reported rate was invalid; therefore, the rate is not presented.

One health plan ranked above the national Medicaid 50th percentile but below the HPL. Two health plans and the CHP+ statewide weighted average ranked below the LPL. Health plan performance varied from 0.00 percent to 50.39 percent.

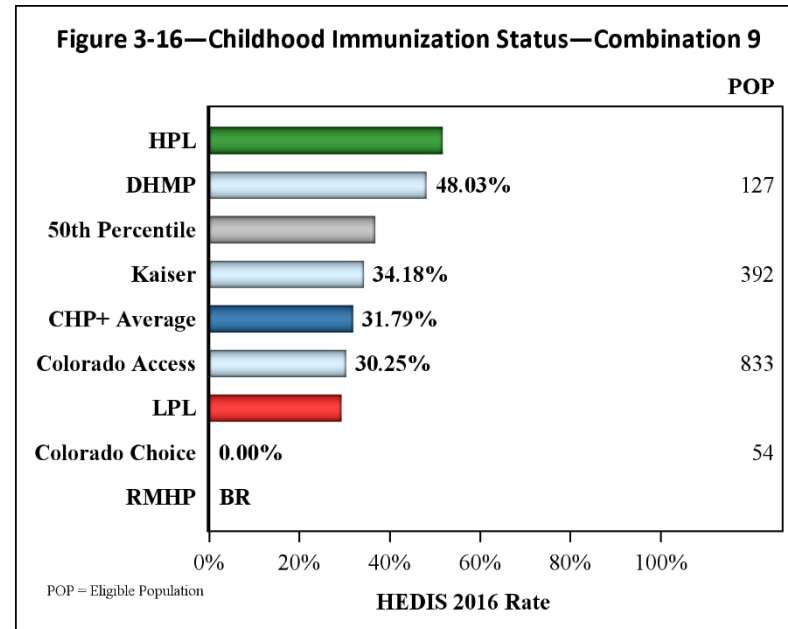
Childhood Immunization Status—Combination 9

Childhood Immunization Status—Combination 9 measures the percentage of members 2 years of age who received the following vaccines by their second birthday: four diphtheria, tetanus and acellular pertussis; three polio; one measles, mumps and rubella; three haemophilus influenzae type B; three hepatitis B; one chicken pox; four pneumococcal conjugate; two or three rotavirus; and two influenza.



Changes in the rates from HEDIS 2014 to HEDIS 2015 should be interpreted with caution due to a change in the Department’s reporting requirement from hybrid for HEDIS 2014 to administrative for HEDIS 2015 and HEDIS 2016. Rates with two carets (^) indicate a statistically significant decline in performance from the previous year.

The CHP+ statewide weighted average demonstrated a statistically significant decline in performance from HEDIS 2015 to HEDIS 2016.

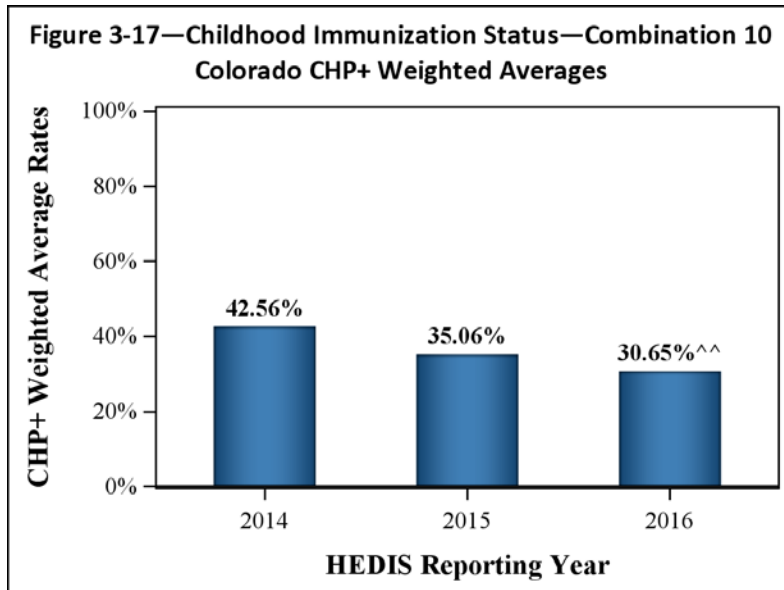


BR indicates that RMHP’s reported rate was invalid; therefore, the rate is not presented.

One health plan ranked above the national Medicaid 50th percentile but below the HPL. One health plan ranked below the LPL. Health plan performance varied from 0.00 percent to 48.03 percent.

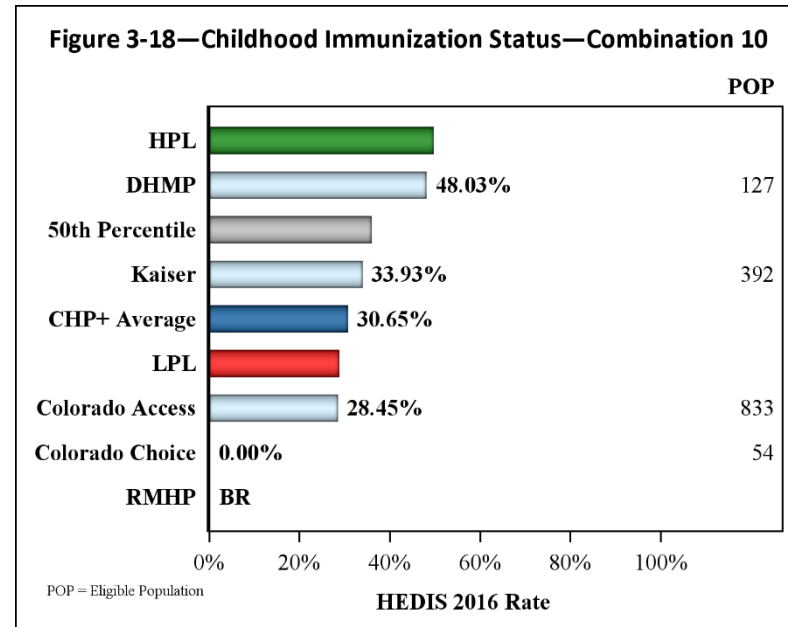
Childhood Immunization Status—Combination 10

Childhood Immunization Status—Combination 10 measures the percentage of members 2 years of age who received the following vaccines by their second birthday: four diphtheria, tetanus and acellular pertussis; three polio; one measles, mumps and rubella; three haemophilus influenzae type B; three hepatitis B; one chicken pox; four pneumococcal conjugate; one hepatitis A; two or three rotavirus; and two influenza.



Changes in the rates from HEDIS 2014 to HEDIS 2015 should be interpreted with caution due to a change in the Department’s reporting requirement from hybrid for HEDIS 2014 to administrative for HEDIS 2015 and HEDIS 2016. Rates with two carets (^^) indicate a statistically significant decline in performance from the previous year.

The CHP+ statewide weighted average demonstrated a statistically significant decline in performance from HEDIS 2015 to HEDIS 2016.

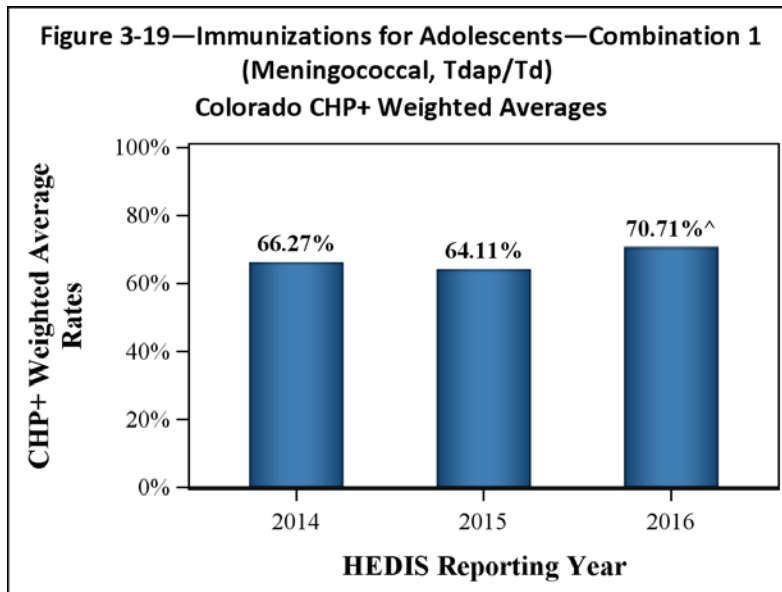


BR indicates that RMHP’s reported rate was invalid; therefore, the rate is not presented.

One health plan ranked above the national Medicaid 50th percentile but below the HPL. Two health plans ranked below the LPL. Health plan performance varied from 0.00 percent to 48.03 percent.

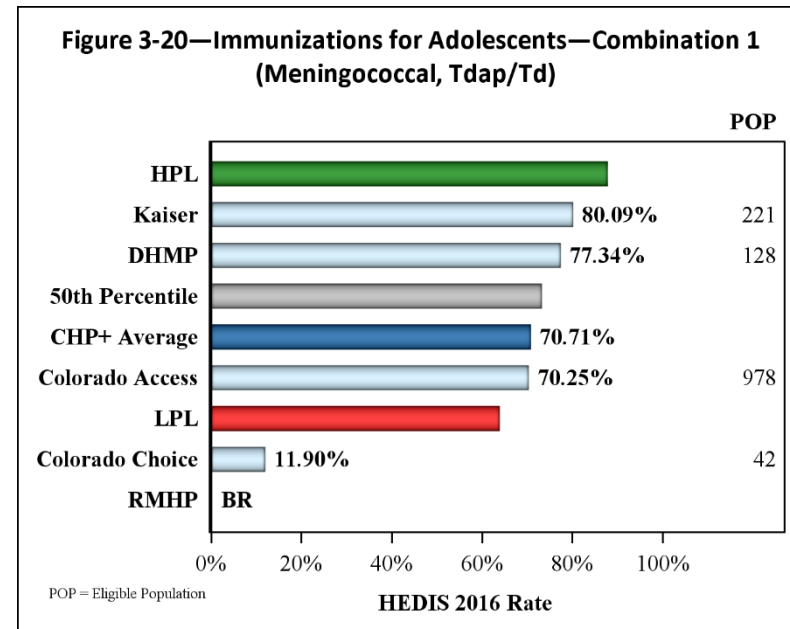
Immunizations for Adolescents—Combination 1 (Meningococcal, Tdap/Td)

Immunizations for Adolescents—Combination 1 (Meningococcal, Tdap/Td) measures the percentage of members 13 years of age who had the following vaccines by their 13th birthday: one dose of meningococcal vaccine and one tetanus, diphtheria toxoids, and acellular pertussis vaccine (Tdap) or one tetanus, diphtheria toxoids vaccine (Td).



Changes in the rates from HEDIS 2014 to HEDIS 2015 should be interpreted with caution due to a change in the Department’s reporting requirement from hybrid for HEDIS 2014 to administrative for HEDIS 2015 and HEDIS 2016. Rates with one caret (^) indicate a statistically significant improvement in performance from the previous year.

The CHP+ statewide weighted average demonstrated a statistically significant improvement in performance from HEDIS 2015 to HEDIS 2016.

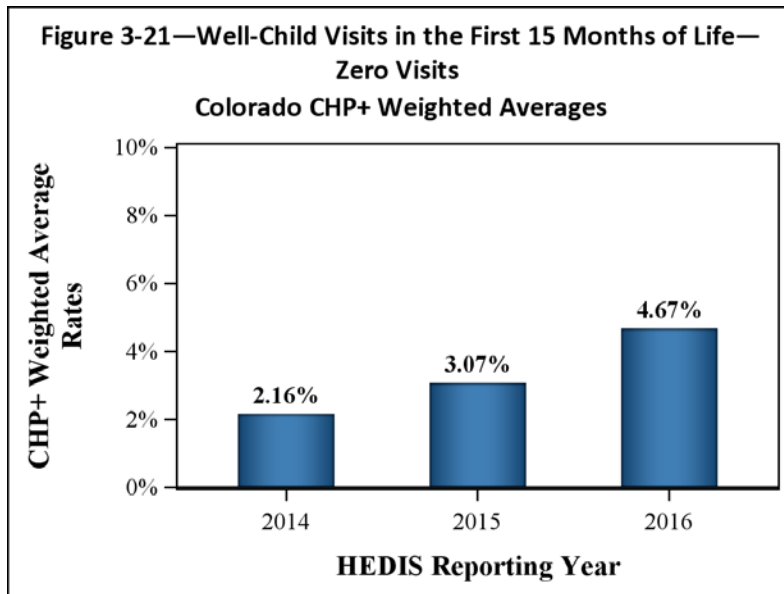


BR indicates that RMHP’s reported rate was invalid; therefore, the rate is not presented.

Two health plans ranked above the national Medicaid 50th percentile but below the HPL. One health plan ranked below the LPL. Health plan performance varied from 11.90 percent to 80.09 percent.

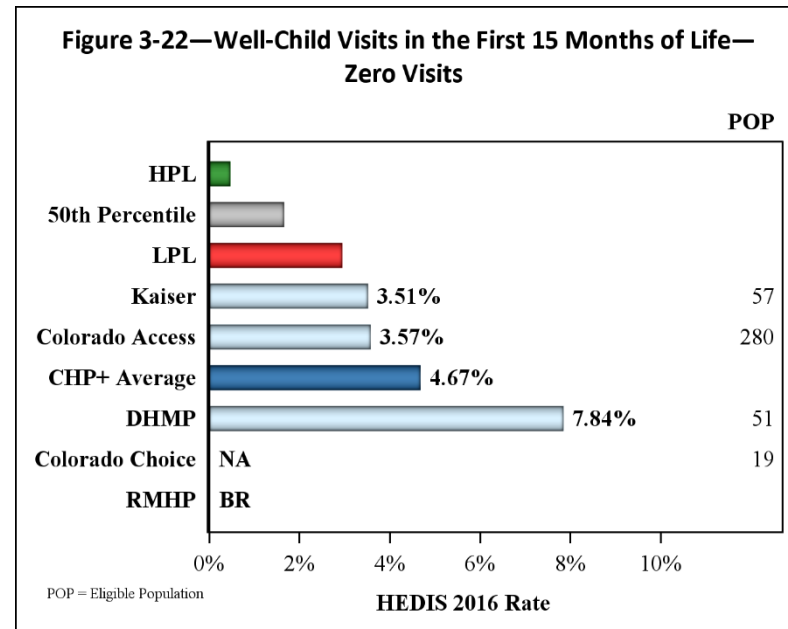
Well-Child Visits in the First 15 Months of Life—Zero Visits

Well-Child Visits in the First 15 Months of Life—Zero Visits measures the percentage of members 15 months of age who did not have a well-child visit during their first 15 months of life. For this indicator, a lower rate indicates better performance.



Changes in the rates from HEDIS 2014 to HEDIS 2015 should be interpreted with caution due to a change in the Department’s reporting requirement from hybrid for HEDIS 2014 to administrative for HEDIS 2015 and HEDIS 2016.

The CHP+ statewide weighted average did not demonstrate a statistically significant change in performance from HEDIS 2015 to HEDIS 2016.



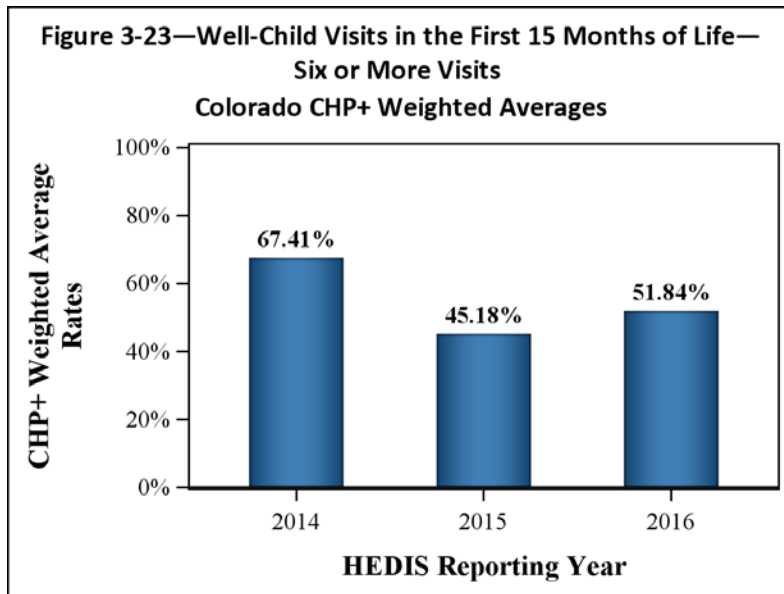
NA indicates that the health plan followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in a Not Applicable (NA) audit designation.

BR indicates that RMHP’s reported rate was invalid; therefore, the rate is not presented.

No health plans ranked above the national Medicaid 50th percentile. Three health plans and the CHP+ statewide weighted average ranked below the LPL. Health plan performance varied from 3.51 percent to 7.84 percent.

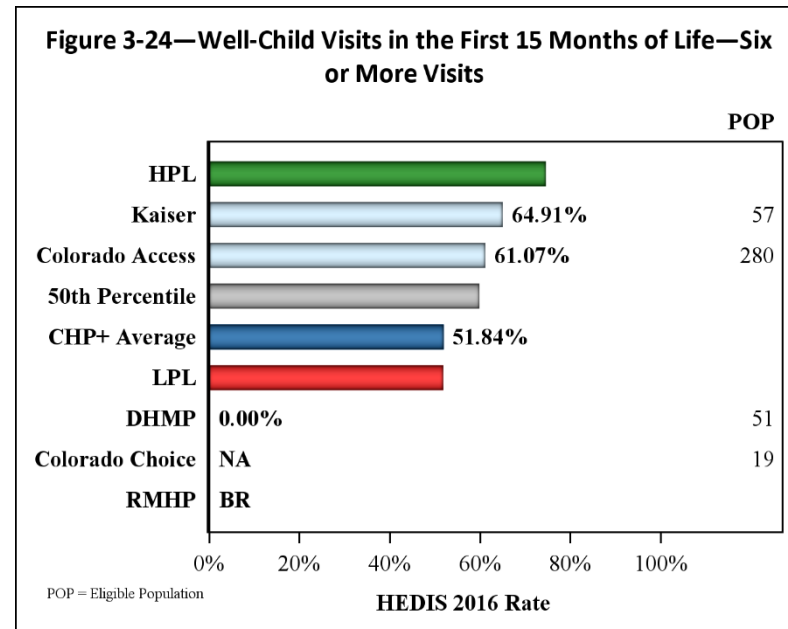
Well-Child Visits in the First 15 Months of Life—Six or More Visits

Well-Child Visits in the First 15 Months of Life—Six or More Visits measures the percentage of members 15 months of age who received six or more well-child visits during their first 15 months of life.



Changes in the rates from HEDIS 2014 to HEDIS 2015 should be interpreted with caution due to a change in the Department’s reporting requirement from hybrid for HEDIS 2014 to administrative for HEDIS 2015 and HEDIS 2016.

The CHP+ statewide weighted average did not demonstrate a statistically significant change in performance from HEDIS 2015 to HEDIS 2016.



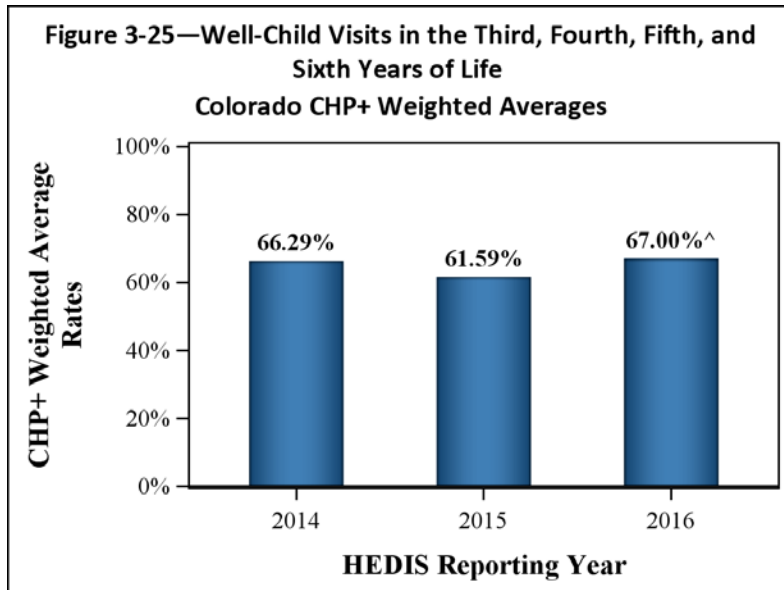
NA indicates that the health plan followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in a Not Applicable (NA) audit designation.

BR indicates that RMHP’s reported rate was invalid; therefore, the rate is not presented.

Two health plans ranked above the national Medicaid 50th percentile but below the HPL. One health plan ranked below the LPL. Health plan performance varied from 0.00 percent to 64.91 percent.

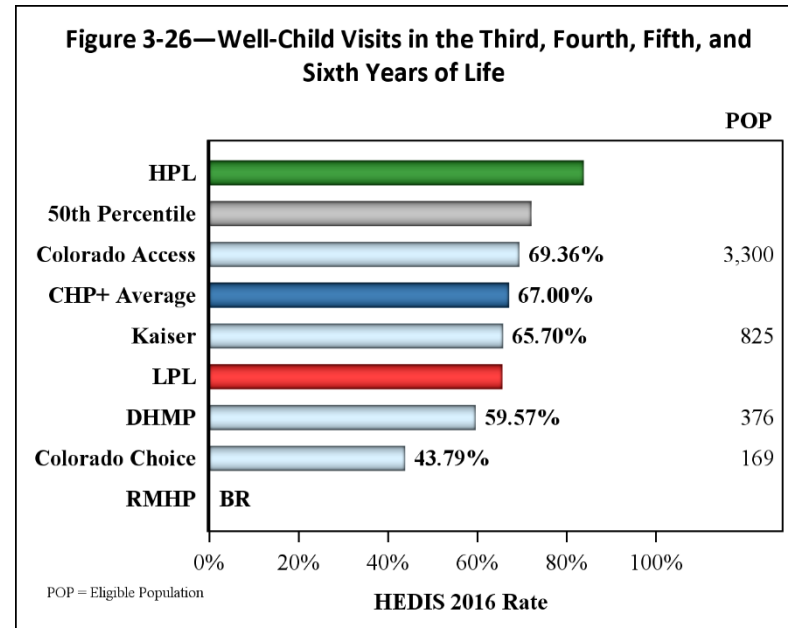
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life

Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life measures the percentage of members 3 to 6 years of age who received one or more well-child visits with a PCP during the measurement year.



Changes in the rates from HEDIS 2014 to HEDIS 2015 should be interpreted with caution due to a change in the Department’s reporting requirement from hybrid for HEDIS 2014 to administrative for HEDIS 2015 and HEDIS 2016. Rates with one caret (^) indicate a statistically significant improvement in performance from the previous year.

The CHP+ statewide weighted average demonstrated a statistically significant improvement in performance from HEDIS 2015 to HEDIS 2016.

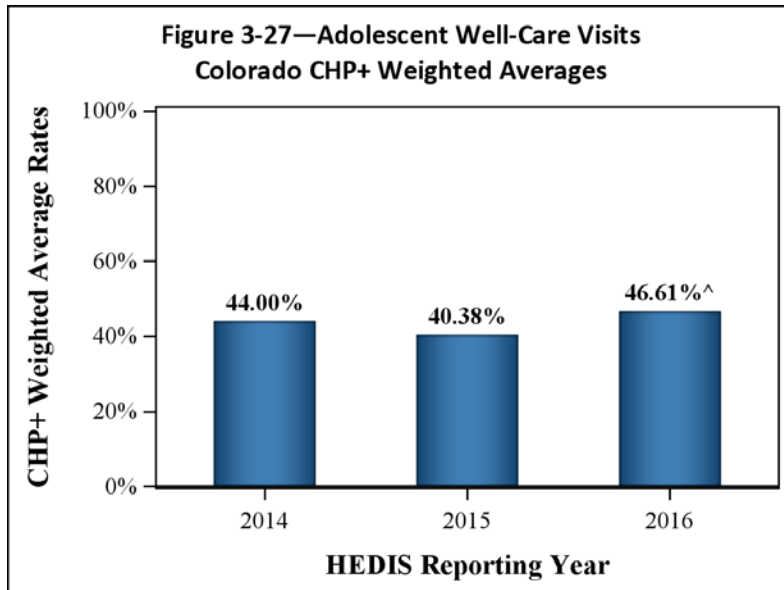


BR indicates that RMHP’s reported rate was invalid; therefore, the rate is not presented.

No health plans ranked above the national Medicaid 50th percentile. Two health plans ranked below the LPL. Health plan performance varied from 43.79 percent to 69.36 percent.

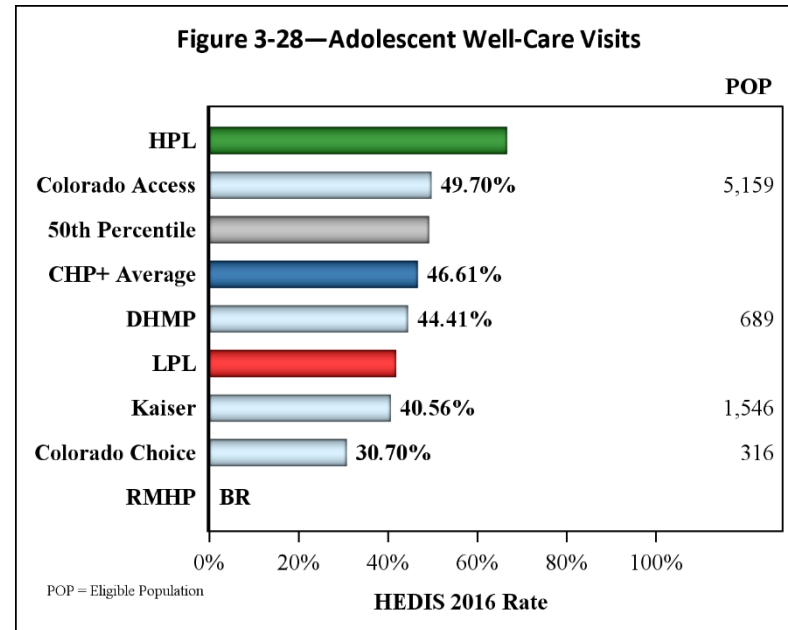
Adolescent Well-Care Visits

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



Changes in the rates from HEDIS 2014 to HEDIS 2015 should be interpreted with caution due to a change in the Department’s reporting requirement from hybrid for HEDIS 2014 to administrative for HEDIS 2015 and HEDIS 2016. Rates with one caret (^) indicate a statistically significant improvement in performance from the previous year.

The CHP+ statewide weighted average demonstrated a statistically significant improvement in performance from HEDIS 2015 to HEDIS 2016.

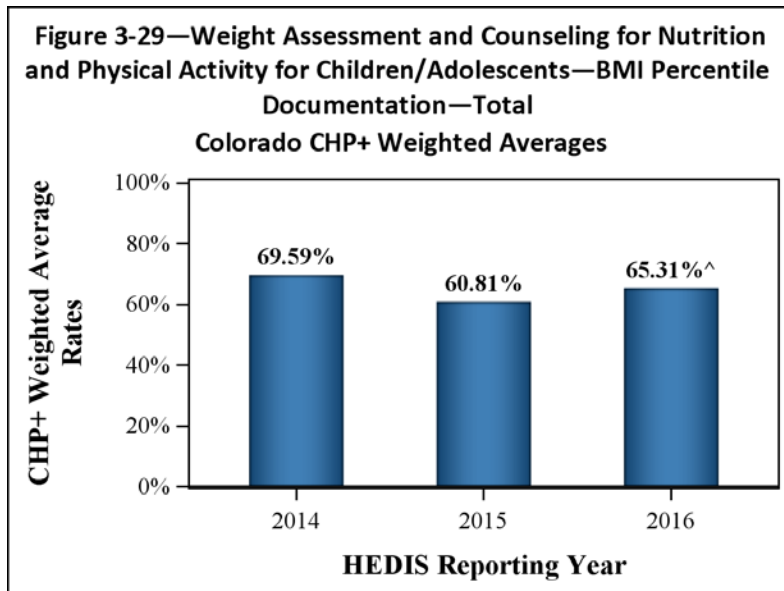


BR indicates that RMHP’s reported rate was invalid; therefore, the rate is not presented.

One health plan ranked above the national Medicaid 50th percentile but below the HPL. Two health plans ranked below the LPL. Health plan performance varied from 30.70 percent to 49.70 percent.

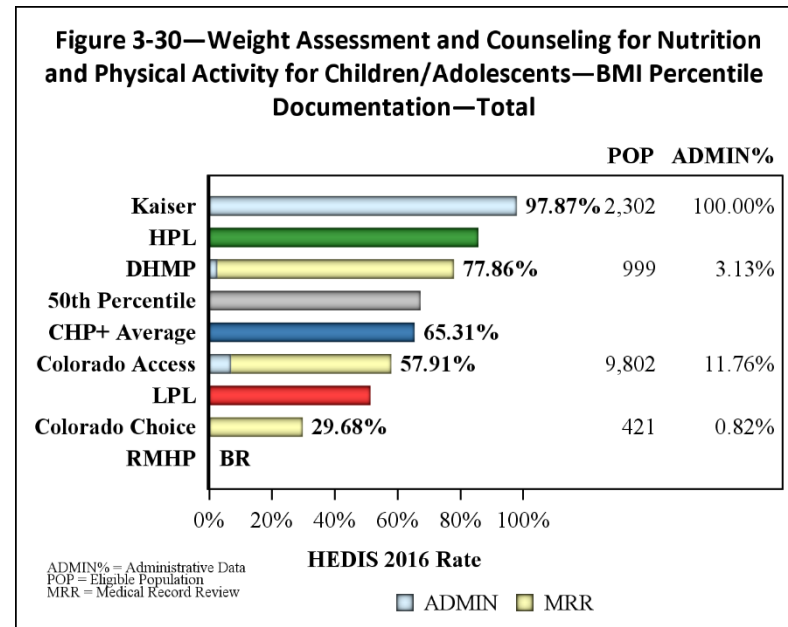
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile Documentation—Total

Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile Documentation—Total measures the percentage of members 3 to 17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of BMI percentile documentation during the measurement year.



Rates with one caret (^) indicate a statistically significant improvement in performance from the previous year.

The CHP+ statewide weighted average demonstrated a statistically significant improvement in performance from HEDIS 2015 to HEDIS 2016.

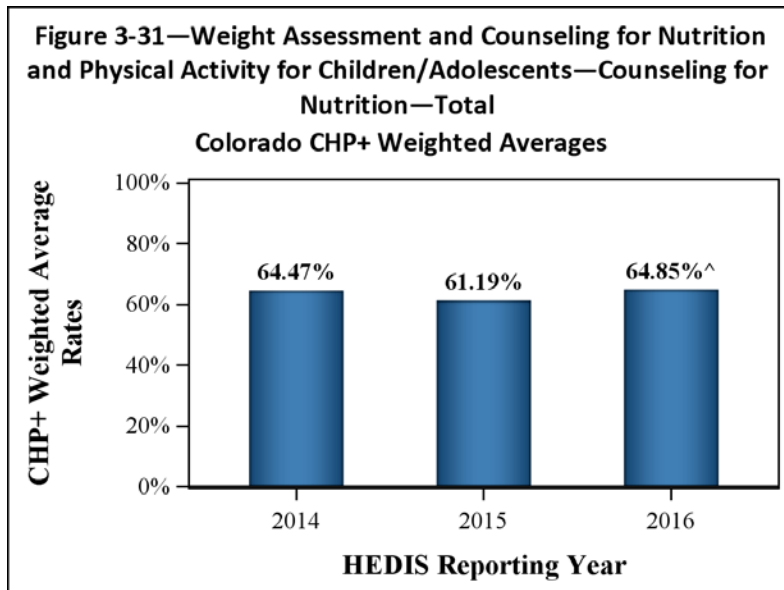


BR indicates that RMHP's reported rate was invalid; therefore, the rate is not presented.

One health plan ranked above the HPL, and one health plan ranked below the LPL. Health plan performance varied from 29.68 percent to 97.87 percent.

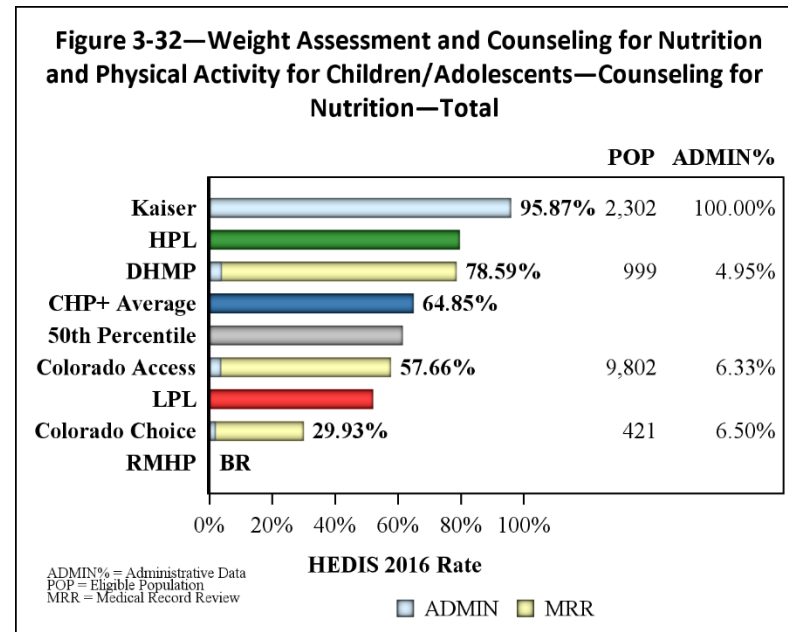
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Nutrition—Total

Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Nutrition—Total measures the percentage of members 3 to 17 years of age who had an outpatient visit with a PCP or OB/GYN and who received counseling for nutrition during the measurement year.



Rates with one caret (^) indicate a statistically significant improvement in performance from the previous year.

The CHP+ statewide weighted average demonstrated a statistically significant improvement in performance from HEDIS 2015 to HEDIS 2016.

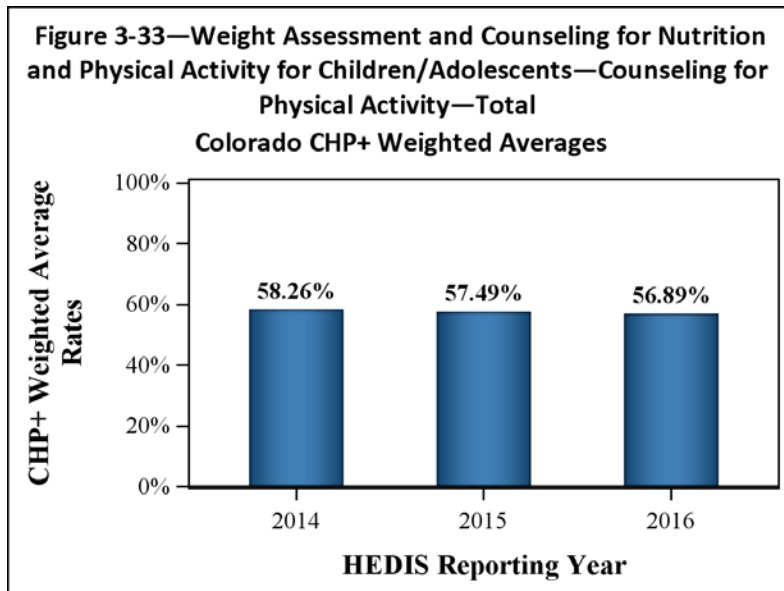


BR indicates that RMHP's reported rate was invalid; therefore, the rate is not presented.

One health plan ranked above the HPL, and one health plan ranked below the LPL. Health plan performance varied from 29.93 percent to 95.87 percent.

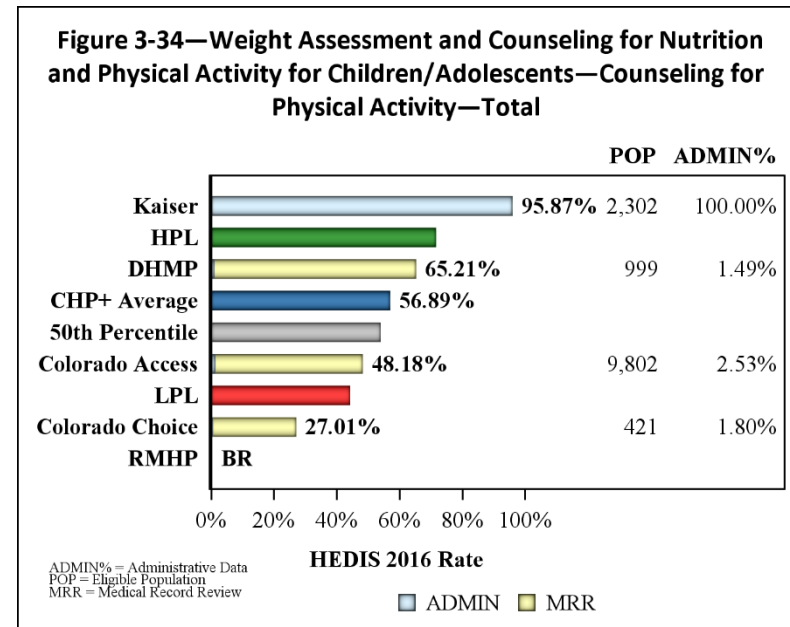
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Physical Activity—Total

Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Physical Activity—Total measures the percentage of members 3 to 17 years of age who had an outpatient visit with a PCP or OB/GYN and who received counseling for physical activity during the measurement year.



Due to changes in the technical specifications for this measure, exercise caution when trending rates between 2016 and prior years.

The CHP+ statewide weighted average did not demonstrate a statistically significant change in performance from HEDIS 2015 to HEDIS 2016.

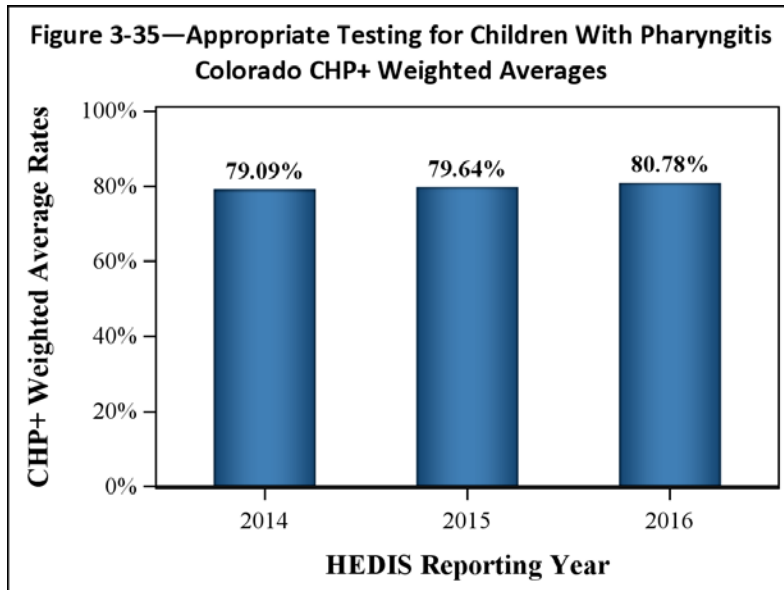


BR indicates that RMHP's reported rate was invalid; therefore, the rate is not presented.

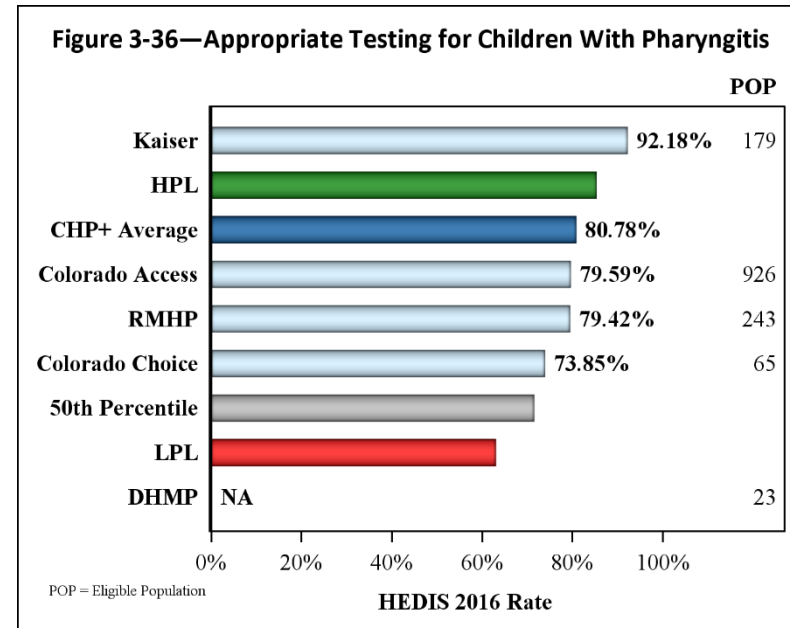
One health plan ranked above the HPL, and one health plan ranked below the LPL. Health plan performance varied from 27.01 percent to 95.87 percent.

Appropriate Testing for Children With Pharyngitis

Appropriate Testing for Children With Pharyngitis measures the percentage of members 3 to 18 years of age who were diagnosed with pharyngitis, dispensed an antibiotic, and received a Group A streptococcus (strep) test for the episode.



The CHP+ statewide weighted average did not demonstrate a statistically significant change in performance from HEDIS 2015 to HEDIS 2016.



NA indicates that the health plan followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in a Not Applicable (NA) audit designation.

One health plan ranked above the HPL, while no health plans ranked below the LPL. Health plan performance varied from 73.85 percent to 92.18 percent.

Summary of Findings

Table 3-2 presents the health plans’ performance ratings for each measure in the Pediatric Care domain. Performance ratings were assigned by comparing the health plans’ HEDIS 2016 rates to the HEDIS 2015 Quality Compass national Medicaid benchmarks across five categories (from ★ representing *Poor Performance* to ★★★★★ representing *Excellent Performance*). Details about the performance ratings are provided in Section 2. Of note, benchmark comparisons should be interpreted with caution since rates presented in this report are based on administrative data only, whereas benchmarking rates were established using administrative and/or medical record review data. Additionally, hybrid measure rates derived using administrative data only likely underestimate health plan performance. As previously mentioned, national percentiles are not available specifically for the CHIP population, so caution should be exercised when making comparison to national Medicaid benchmarks.

Table 3-2—Pediatric Care: Measure-Specific Performance Ratings

Performance Measures	Colorado Access	Colorado Choice	DHMP	Kaiser	RMHP
Childhood Immunization Status					
Combination 2	★	★	★★	★	—
Combination 3	★	★	★★	★	—
Combination 4	★	★	★★★★	★	—
Combination 5	★	★	★★★★	★	—
Combination 6	★	★	★★★★	★★	—
Combination 7	★	★	★★★★	★★	—
Combination 8	★	★	★★★★	★★	—
Combination 9	★★	★	★★★★	★★	—
Combination 10	★	★	★★★★	★★	—
Immunizations for Adolescents					
Combination 1 (Meningococcal, Tdap/Td)	★★	★	★★★★	★★★★	—
Well-Child Visits in the First 15 Months of Life					
Zero Visits*	★	—	★	★	—
Six or More Visits	★★★★	—	★	★★★★	—
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life					
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	★★	★	★	★★	—
Adolescent Well-Care Visits					
Adolescent Well-Care Visits	★★★★	★	★★	★	—
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents					
BMI Percentile Documentation—Total	★★	★	★★★★	★★★★★	—
Counseling for Nutrition—Total	★★	★	★★★★	★★★★★	—
Counseling for Physical Activity—Total	★★	★	★★★★	★★★★★	—

Performance Measures	Colorado Access	Colorado Choice	DHMP	Kaiser	RMHP
Appropriate Testing for Children With Pharyngitis					
Appropriate Testing for Children With Pharyngitis	★★★	★★★	—	★★★★★	★★★

* For this indicator, a lower rate indicates better performance.

— Indicates that a percentile ranking was not determined because the HEDIS 2016 measure rate was not reportable or the measure did not have an applicable benchmark.

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

Table 3-3—Pediatric Care: Health Plan-Specific Count of Measures by Performance Rating

Health Plan Name	★★★★★	★★★★	★★★	★★	★
Colorado Access	0	0	3	6	9
Colorado Choice	0	0	1	0	15
DHMP	0	6	5	3	3
Kaiser	4	0	2	6	6
RMHP	0	0	1	0	0

DHMP and Kaiser were the top-performing health plans in the Pediatric Care domain for HEDIS 2016. They were the only health plans to have any measure indicators rank at or above the national Medicaid 75th percentile. Additionally, these two plans had fewer measure indicators rank below the national Medicaid 25th percentile compared to the other health plans. DHMP’s notable strength was in the area of immunizations, where it outperformed all of the other health plans. Kaiser’s strength was in the area of weight assessment and counseling for nutrition and physical activity for children and adolescents.

Conversely, Colorado Choice’s HEDIS 2016 rates indicated several opportunities for improvement exist in the Pediatric Care domain, with 15 measure indicators ranking below the national Medicaid 25th percentile. Of note, Colorado Choice’s rates related to childhood immunizations indicated that zero members received appropriate and timely immunizations; however, these rates are most likely indicative of low administrative data completeness.

4. Access to Care and Preventive Screening

Access to Care and Preventive Screening

The following section provides a detailed analysis of the Colorado CHP+ health plans' performance for the Access to Care and Preventive Screening domain. The Access to Care and Preventive Screening domain encompasses the following measures:^{4,1}

Access to Care

- *Children and Adolescents' Access to Primary Care Practitioners—Ages 12 to 24 Months, Ages 25 Months to 6 Years, Ages 7 to 11 Years, and Ages 12 to 19 Years*

Preventive Screening

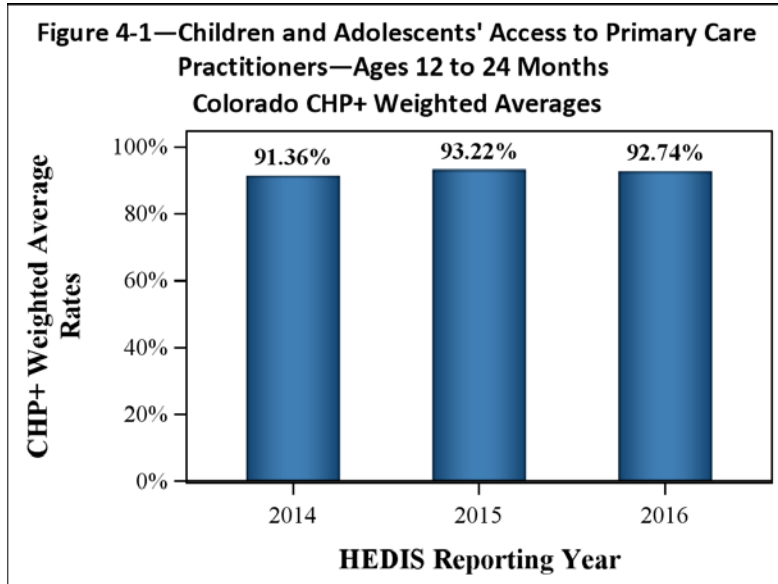
- *Chlamydia Screening in Women—Total*
- *Non-Recommended Cervical Cancer Screening in Adolescent Females*

Please see the “Reader’s Guide” section for guidance on interpreting the figures presented within this section. For reference, additional analyses for each measure indicator are displayed in Appendices A and B.

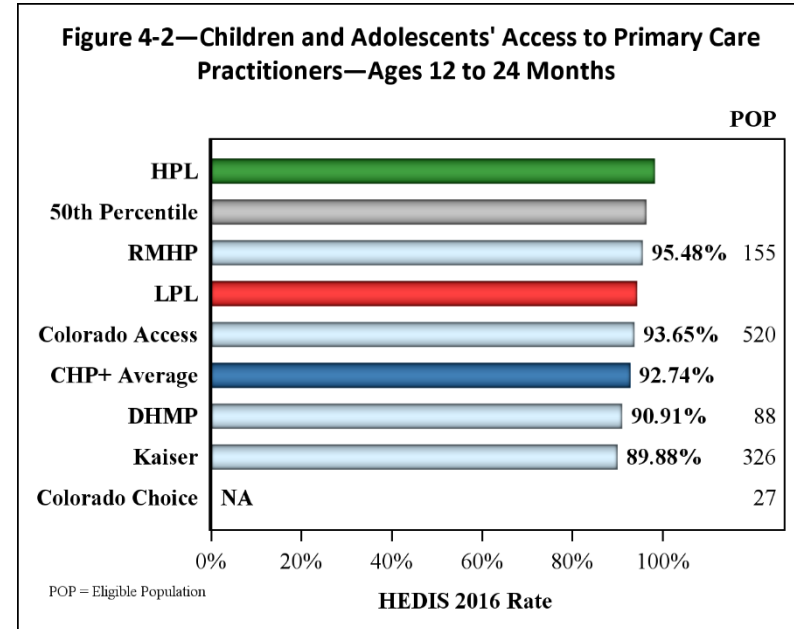
^{4,1} CHP+ State Managed Care Network (SMCN) was only required to report one measure, *Prenatal and Postpartum Care (PPC)*, which is typically included in the Access to Care and Preventive Screening domain. However, data were not available to support the calculation of these measure indicators according to the desired measure specifications. Therefore, a performance measure assessment of SMCN is excluded from this report.

Children and Adolescents' Access to Primary Care Practitioners—Ages 12 to 24 Months

Children and Adolescents' Access to Primary Care Practitioners—Ages 12 to 24 Months measures the percentage of members 12 to 24 months of age who had a visit with a PCP during the measurement year.



The CHP+ statewide weighted average did not demonstrate a statistically significant change in performance from HEDIS 2015 to HEDIS 2016.

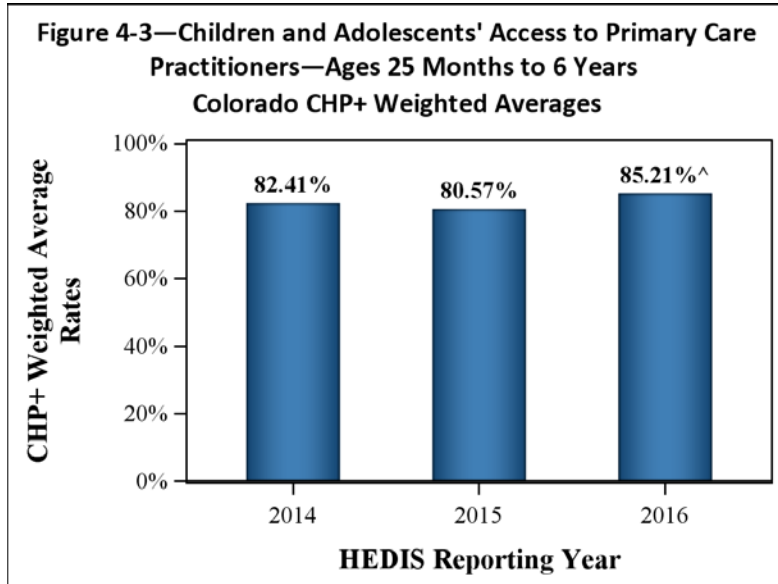


NA indicates that the health plan followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in a Not Applicable (NA) audit designation.

No health plans ranked above the national Medicaid 50th percentile. Three health plans and the CHP+ statewide weighted average ranked below the LPL. Health plan performance varied from 89.88 percent to 95.48 percent.

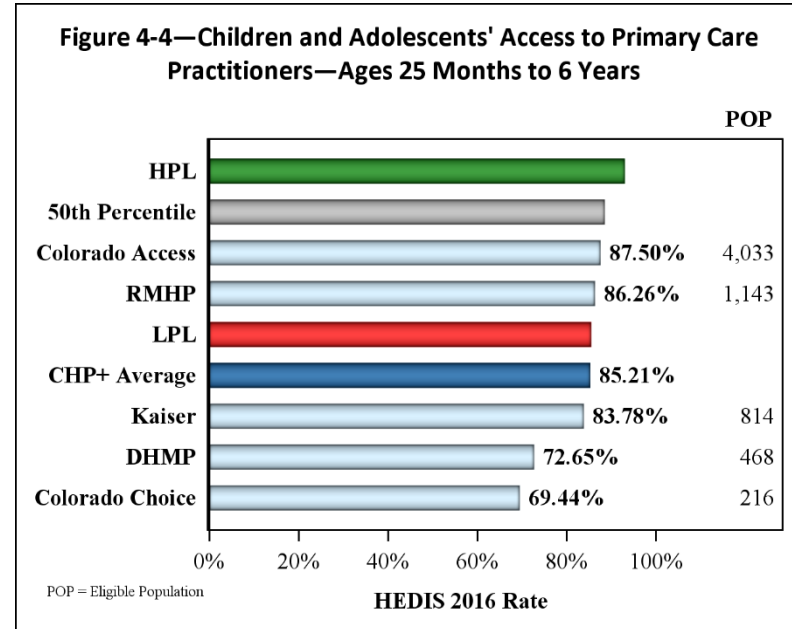
Children and Adolescents' Access to Primary Care Practitioners—Ages 25 Months to 6 Years

Children and Adolescents' Access to Primary Care Practitioners—Ages 25 Months to 6 Years measures the percentage of members 25 months to 6 years of age who had a visit with a PCP during the measurement year.



Rates with one caret (^) indicate a statistically significant improvement in performance from the previous year.

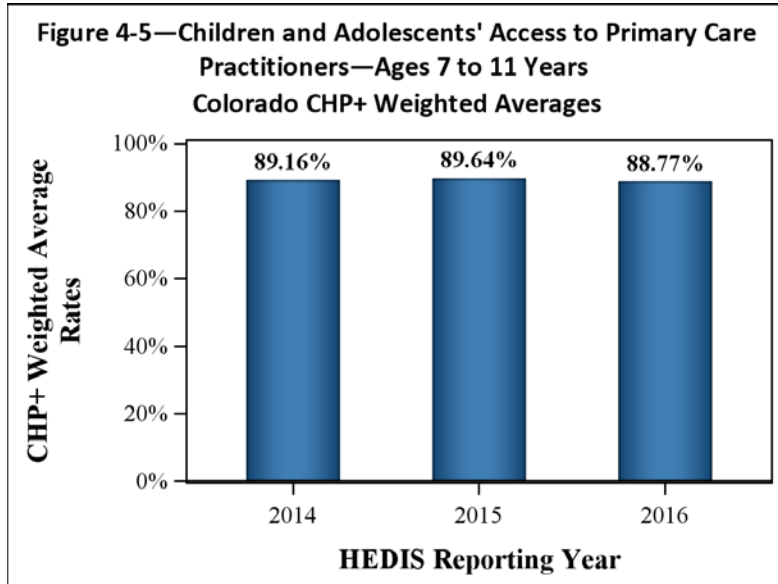
The CHP+ statewide weighted average demonstrated a statistically significant improvement in performance from HEDIS 2015 to HEDIS 2016.



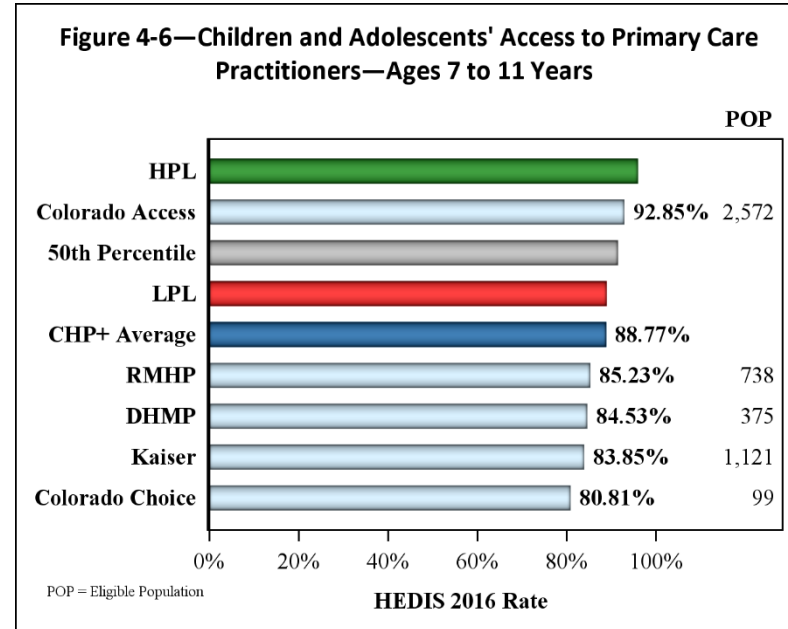
No health plans ranked above the national Medicaid 50th percentile. Three health plans and the CHP+ statewide weighted average ranked below the LPL. Health plan performance varied from 69.44 percent to 87.50 percent.

Children and Adolescents' Access to Primary Care Practitioners—Ages 7 to 11 Years

Children and Adolescents' Access to Primary Care Practitioners—Ages 7 to 11 Years measures the percentage of members 7 to 11 years of age who had a visit with a PCP during the measurement year or the year prior to the measurement year.



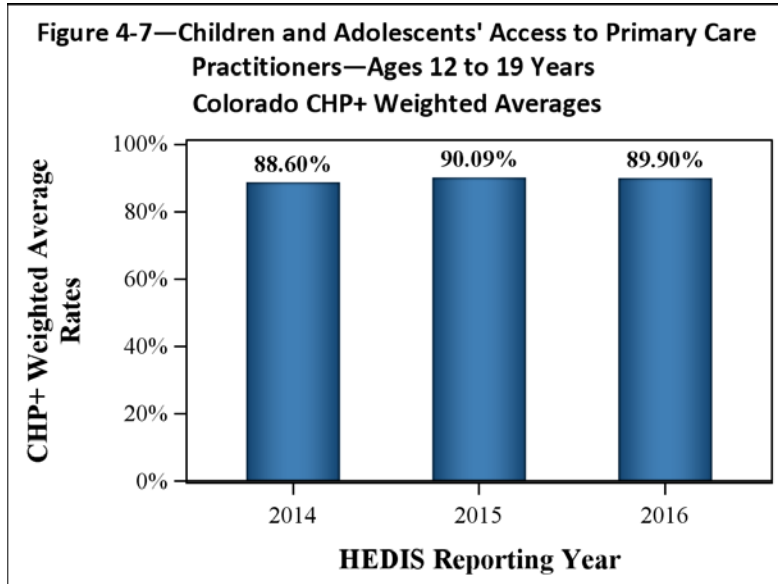
The CHP+ statewide weighted average did not demonstrate a statistically significant change in performance from HEDIS 2015 to HEDIS 2016.



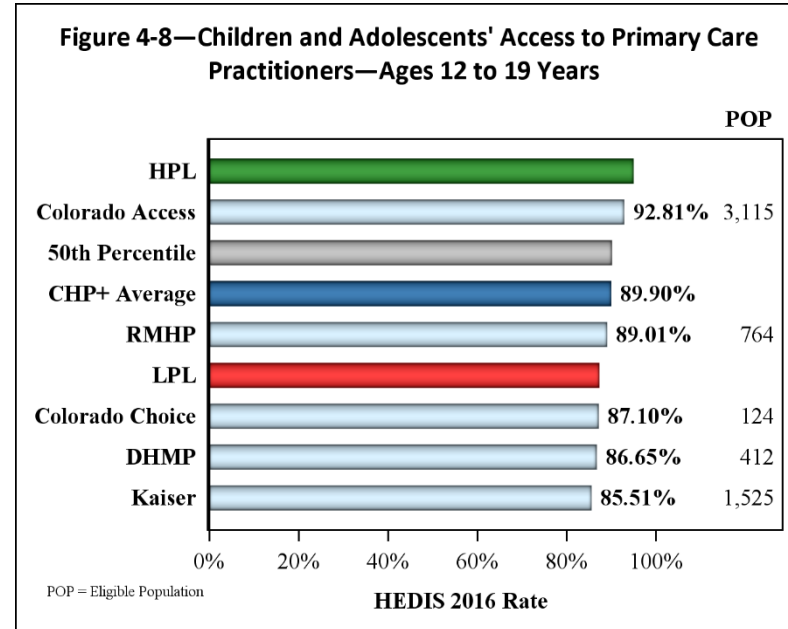
One health plan ranked above the national Medicaid 50th percentile but below the HPL. The remaining four health plans and the CHP+ statewide weighted average ranked below the LPL. Health plan performance varied from 80.81 percent to 92.85 percent.

Children and Adolescents' Access to Primary Care Practitioners—Ages 12 to 19 Years

Children and Adolescents' Access to Primary Care Practitioners—Ages 12 to 19 Years measures the percentage of members 12 to 19 years of age who had a visit with a PCP during the measurement year or the year prior to the measurement year.



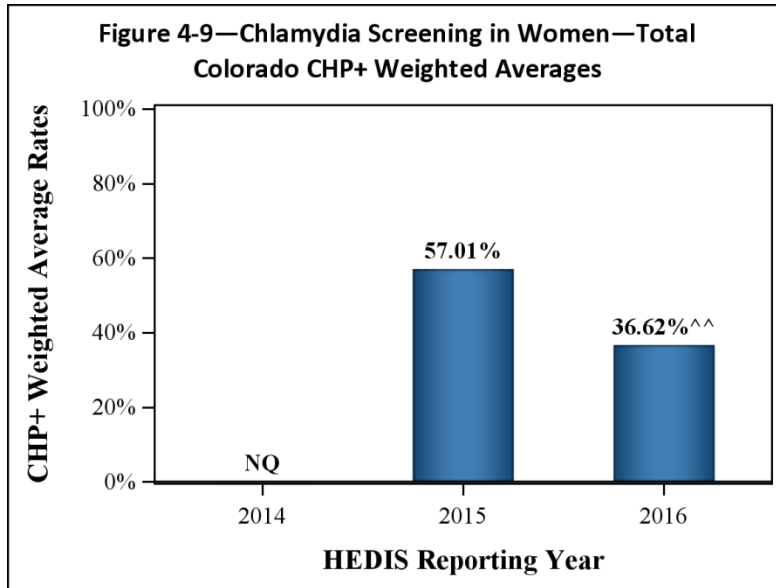
The CHP+ statewide weighted average did not demonstrate a statistically significant change in performance from HEDIS 2015 to HEDIS 2016.



One health plan ranked above the national Medicaid 50th percentile but below the HPL. Three health plans ranked below the LPL. Health plan performance varied from 85.51 percent to 92.81 percent.

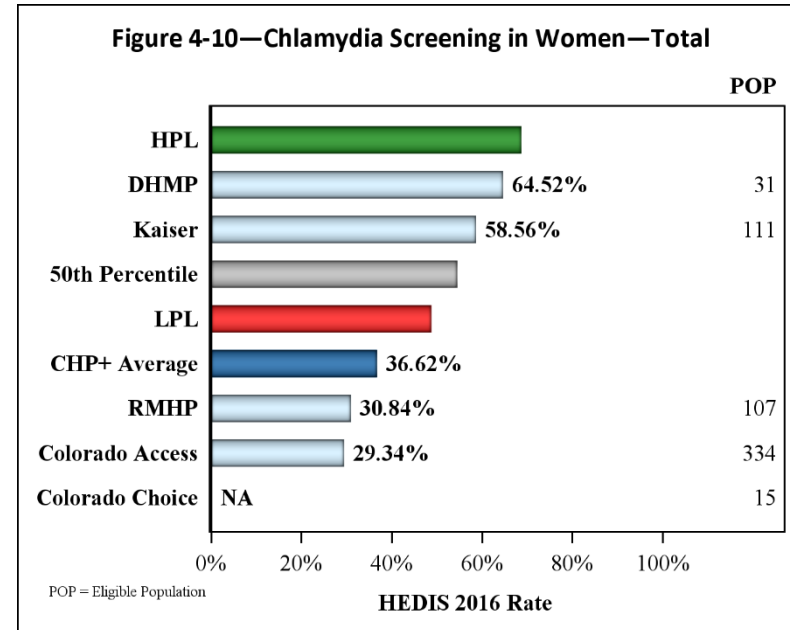
Chlamydia Screening in Women

Chlamydia Screening in Women measures the percentage of female members 16 to 24 years of age who were identified as being sexually active and who received at least one test for chlamydia. This measure was added to the Department’s HEDIS 2015 measure set for all the health plans; therefore, HEDIS 2014 results were not available for comparison.



NQ indicates that the health plans were not required to report this measure for HEDIS 2014. Rates with two carets (^^) indicate a statistically significant decline in performance from the previous year.

The CHP+ statewide weighted average demonstrated a statistically significant decline in performance from HEDIS 2015 to HEDIS 2016.

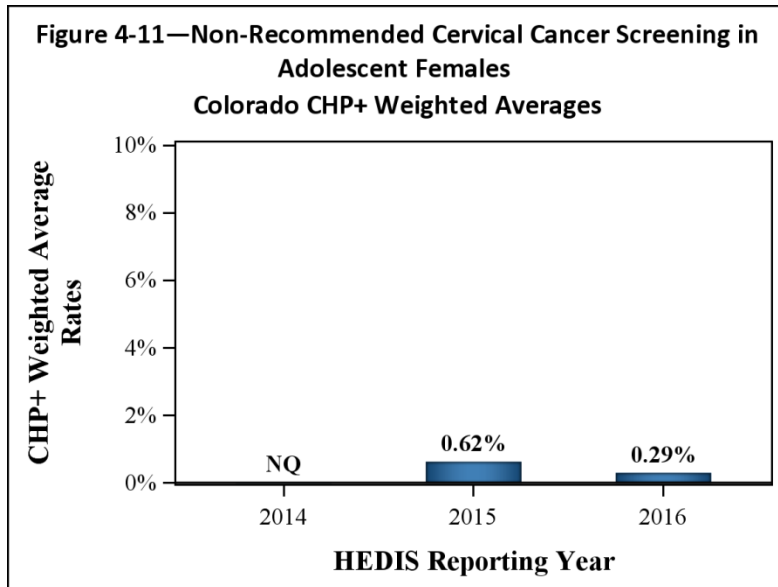


NA indicates that the health plan followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in a Not Applicable (NA) audit designation.

Two health plans ranked above the national Medicaid 50th percentile but below the HPL. The remaining two health plans and the CHP+ statewide weighted average ranked below the LPL. Health plan performance varied from 29.34 percent to 64.52 percent.

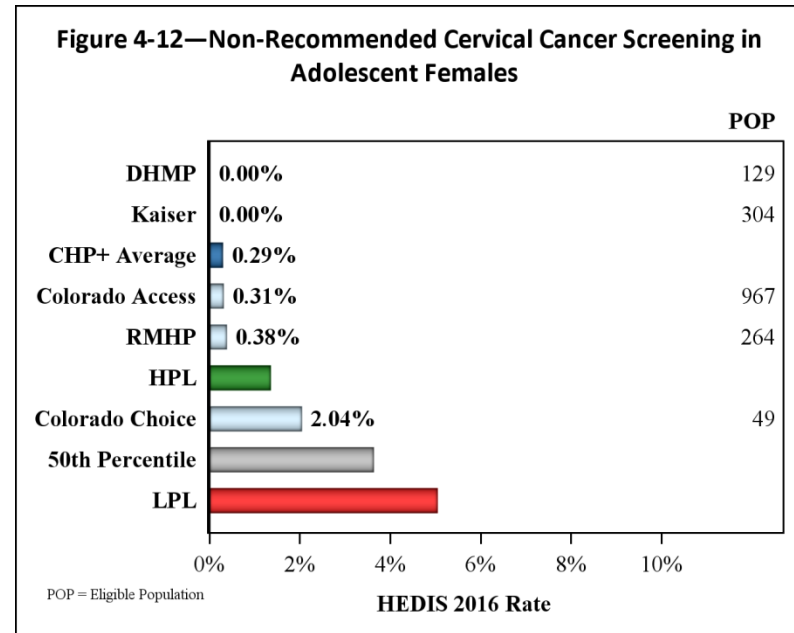
Non-Recommended Cervical Cancer Screening in Adolescent Females

Non-Recommended Cervical Cancer Screening in Adolescent Females measures the percentage of female members 16 to 20 years of age who were screened unnecessarily for cervical cancer. This measure was added to the Department’s HEDIS 2015 measure set for all the health plans; therefore, HEDIS 2014 results were not available for comparison. For this indicator, a lower rate indicates better performance.



NQ indicates that the health plans were not required to report this measure for HEDIS 2014. Due to changes in the technical specifications for this measure, exercise caution when trending rates between 2016 and prior years.

The CHP+ statewide weighted average did not demonstrate a statistically significant change in performance from HEDIS 2015 to HEDIS 2016.



Four health plans and the CHP+ statewide weighted average ranked above the HPL. No health plans ranked below the LPL. Health plan performance varied from 0.00 percent to 2.04 percent.

Summary of Findings

Table 4-1 presents the health plans’ performance ratings for each measure in the Access to Care and Preventive Screening domain. Performance ratings were assigned by comparing the health plans’ HEDIS 2016 rates to the HEDIS 2015 Quality Compass national Medicaid benchmarks across five categories (from ★ representing *Poor Performance* to ★★★★★ representing *Excellent Performance*). Details about the performance ratings are presented in Section 2. As previously mentioned, caution should be exercised when making comparisons to national Medicaid benchmarks.

Table 4-1—Access to Care and Preventive Screening: Measure-Specific Performance Ratings

Performance Measures	Colorado Access	Colorado Choice	DHMP	Kaiser	RMHP
Access to Care					
Children and Adolescents' Access to Primary Care Practitioners					
<i>Ages 12 to 24 Months</i>	★	—	★	★	★★
<i>Ages 25 Months to 6 Years</i>	★★	★	★	★	★★
<i>Ages 7 to 11 Years</i>	★★★	★	★	★	★
<i>Ages 12 to 19 Years</i>	★★★★	★	★	★	★★
Preventive Screening					
Chlamydia Screening in Women					
<i>Total</i>	★	—	★★★★	★★★	★
Non-Recommended Cervical Cancer Screening in Adolescent Females*					
<i>Non-Recommended Cervical Cancer Screening in Adolescent Females</i>	★★★★★	★★★★	★★★★★	★★★★★	★★★★★

* For this indicator, a lower rate indicates better performance.

— Indicates that a percentile ranking was not determined because the HEDIS 2016 measure rate was not reportable or the measure did not have an applicable benchmark.

Table 4-2 presents a summary of the health plans’ overall performance in the Access to Care and Preventive Screening domain with the number of measures falling into each performance rating.

Table 4-2—Access to Care and Preventive Screening: Health Plan-Specific Count of Measures by Performance Rating

Health Plan Name	★★★★★	★★★★	★★★	★★	★
Access to Care					
Colorado Access	0	1	1	1	1
Colorado Choice	0	0	0	0	3
DHMP	0	0	0	0	4
Kaiser	0	0	0	0	4
RMHP	0	0	0	3	1

Health Plan Name	★★★★★	★★★★	★★★	★★	★
Preventive Screening					
Colorado Access	1	0	0	0	1
Colorado Choice	0	1	0	0	0
DHMP	1	1	0	0	0
Kaiser	1	0	1	0	0
RMHP	1	0	0	0	1

Colorado Access was a top-performing health plan in the Access to Care and Preventive Screening domain for HEDIS 2016. Colorado Access’ strength was in the area of providing access to PCPs among members 12 to 19 years of age, where it outperformed all of the other health plans. All of the health plans exhibited strength in the area of non-recommended cervical cancer screenings. Conversely, DHMP’s and Kaiser’s HEDIS 2016 rates showed opportunities for improvement in the Access to Care and Preventive Screening domain, with both health plans having four measure indicators that ranked below the national Medicaid 25th percentile in the area of access to PCPs.

Mental/Behavioral Health

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

- *Antidepressant Medication Management—Effective Acute Phase Treatment and Effective Continuation Phase Treatment*
- *Follow-up Care for Children Prescribed ADHD Medication—Initiation Phase and Continuation and Maintenance Phase*
- *Use of Multiple Concurrent Antipsychotics in Children and Adolescents—Total*

Please see the “Reader’s Guide” section for guidance on interpreting the figures presented within this section. For reference, additional analyses for each measure indicator are displayed in Appendices A and B.

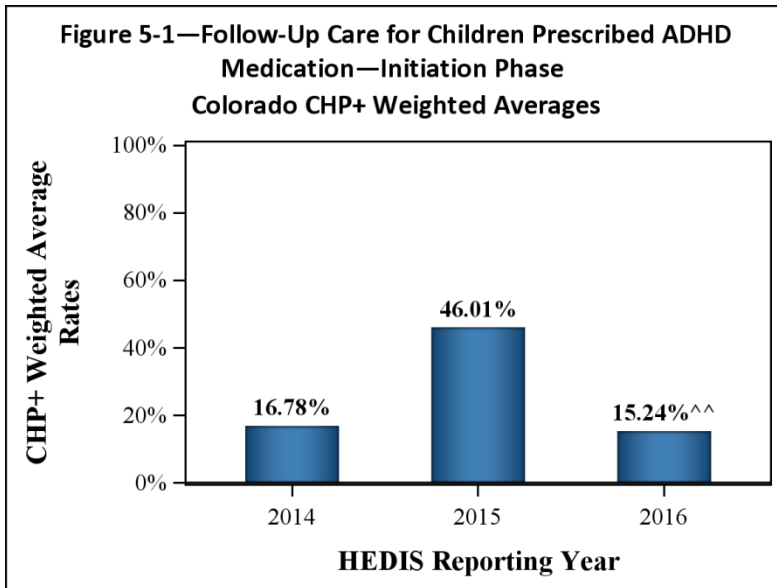
Antidepressant Medication Management—Effective Acute Phase Treatment and Effective Continuation Phase Treatment

Antidepressant Medication Management—Effective Acute Phase Treatment and Effective Continuation Phase Treatment measures the percentage of members 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression, and remained on an antidepressant medication treatment. Two rates are reported—*Effective Acute Phase Treatment* and *Effective Continuation Phase Treatment*.

All the CHP+ health plans followed the specifications for this performance measure but the denominator was too small (<30) to report a valid rate, resulting in a Not Applicable (NA) audit designation; therefore, these rates are not presented in this report. This is likely because this measure evaluates adults who are age 18 and older, and the CHP+ population is limited to individuals in the month of their 19th birthday or younger.

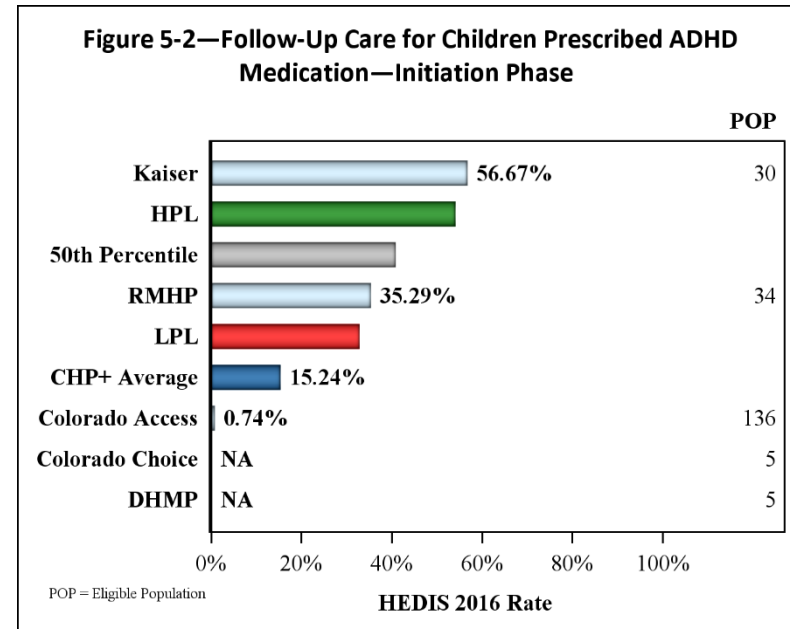
Follow-up Care for Children Prescribed ADHD Medication—Initiation Phase

Follow-up Care for Children Prescribed ADHD Medication—Initiation Phase measures the percentage of members 6 to 12 years of age who were newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had a follow-up care visit within 30 days of the first ADHD medication being dispensed.



Rates with two carets (^) indicate a statistically significant decline in performance from the previous year.

The CHP+ statewide weighted average demonstrated a statistically significant decline in performance from HEDIS 2015 to HEDIS 2016.

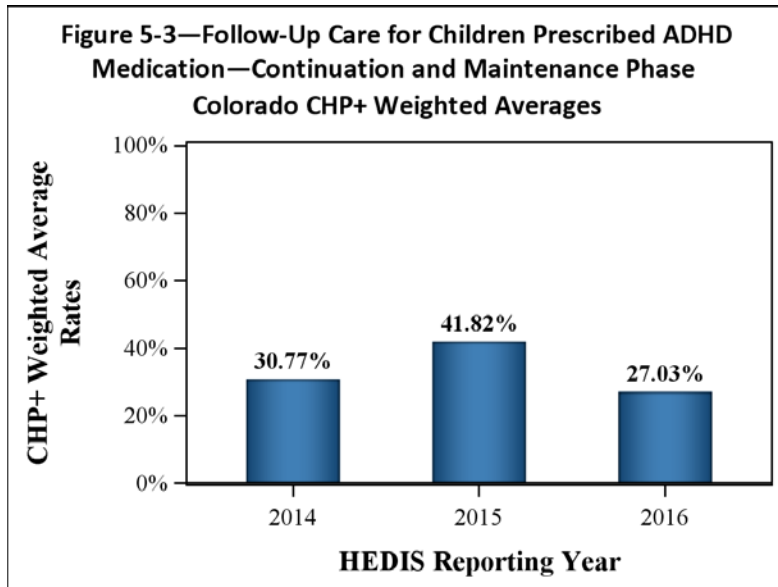


NA indicates that the health plan followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in a Not Applicable (NA) audit designation.

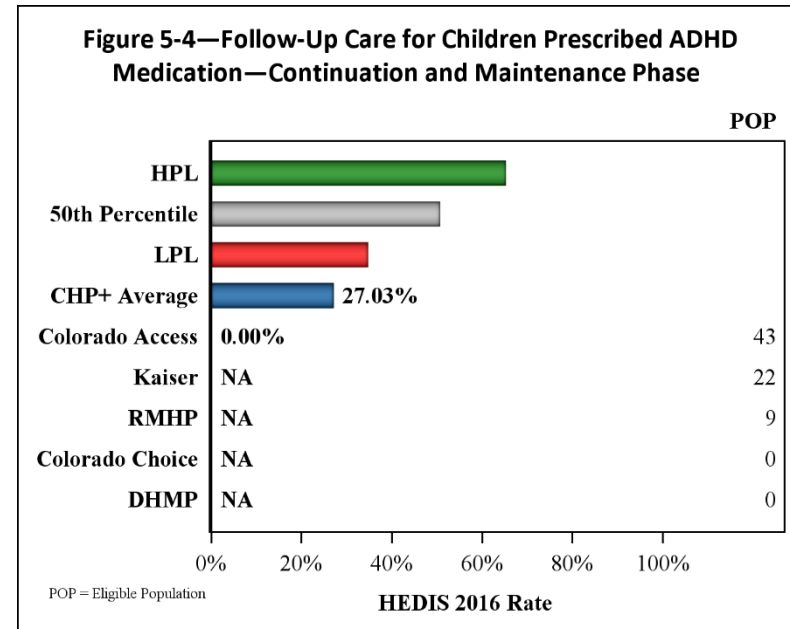
One health plan ranked above the HPL. One health plan and the CHP+ statewide weighted average ranked below the LPL. Health plan performance varied from 0.74 percent to 56.67 percent.

Follow-up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase

Follow-up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase measures the percentage of members 6 to 12 years of age who were newly prescribed ADHD medication; remained on the medication for at least 210 days; and had at least three follow-up care visits within a 10-month period, one of which was within 30 days of the first ADHD medication being dispensed.



The CHP+ statewide weighted average did not demonstrate a statistically significant change from HEDIS 2015 to HEDIS 2016.

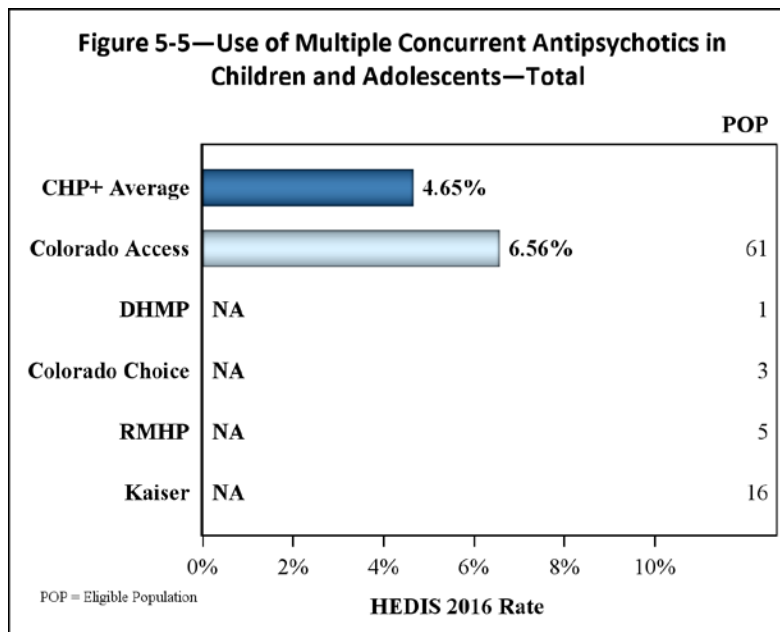


NA indicates that the health plans followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in a Not Applicable (NA) audit designation.

One health plan and the CHP+ statewide weighted average ranked below the LPL. None of the other health plans had reportable rates for this measure indicator.

Use of Multiple Concurrent Antipsychotics in Children and Adolescents

Use of Multiple Concurrent Antipsychotics in Children and Adolescents measures the percentage of members 1 to 17 years of age who were on two or more concurrent antipsychotic medications. This measure was added to the Department’s HEDIS 2016 measure set for all the health plans; therefore, prior years’ results and the Quality Compass national Medicaid benchmarks were not available for comparison. For this indicator, a lower rate indicates better performance.



NA indicates that the health plan followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in a Not Applicable (NA) audit designation.

One health plan reported a rate of 6.56 percent. The CHP+ statewide weighted average was 4.65 percent. None of the other health plans had reportable rates for this measure indicator.

Summary of Findings

Table 5-1 presents the health plans’ performance ratings for each measure in the Mental/Behavioral Health domain. Performance ratings were assigned by comparing the health plans’ HEDIS 2016 rates to the HEDIS 2015 Quality Compass national Medicaid benchmarks across five categories (from ★ representing *Poor Performance* to ★★★★★ representing *Excellent Performance*). Details about the performance ratings are found in Section 2. As previously mentioned, caution should be exercised when making comparisons to national Medicaid benchmarks.

Table 5-1—Mental/Behavioral Health: Measure-Specific Performance Ratings

Performance Measures	Colorado Access	Colorado Choice	DHMP	Kaiser	RMHP
Antidepressant Medication Management					
<i>Effective Acute Phase Treatment</i>	—	—	—	—	—
<i>Effective Continuation Phase Treatment</i>	—	—	—	—	—
Follow-Up Care for Children Prescribed ADHD Medication					
<i>Initiation Phase</i>	★	—	—	★★★★★	★★
<i>Continuation and Maintenance Phase</i>	★	—	—	—	—
Use of Multiple Concurrent Antipsychotics in Children and Adolescents*					
<i>Total</i>	—	—	—	—	—

* For this indicator, a lower rate indicates better performance.

— Indicates that the measure was not presented in last year’s technical report; therefore, a HEDIS 2015 measure rate is not presented in this year’s report. This symbol may also indicate that a percentile ranking was not determined because the HEDIS 2016 measure rate was not reportable or the measure did not have an applicable benchmark.

Table 5-2 presents a summary of the health plans’ overall performance for measures in the Mental/Behavioral Health domain.

Table 5-2—Mental/Behavioral Health: Health Plan-Specific Count of Measures by Performance Rating

Plan Name	★★★★★	★★★★	★★★	★★	★
Colorado Access	0	0	0	0	2
Colorado Choice	0	0	0	0	0
DHMP	0	0	0	0	0
Kaiser	1	0	0	0	0
RMHP	0	0	0	1	0

Performance measure rates could only be compared to national Medicaid benchmarks for one measure within the Mental/Behavioral Health domain, *Follow-Up Care for Children Prescribed ADHD Medication*. For this measure, Kaiser was the top-performing health plan, ranking at or above the national Medicaid 90th percentile in the area of follow-up with a provider within 30 days of an ADHD prescription being dispensed. Colorado Access fell below the national Medicaid 25th percentile for both measure indicators.

Respiratory Conditions

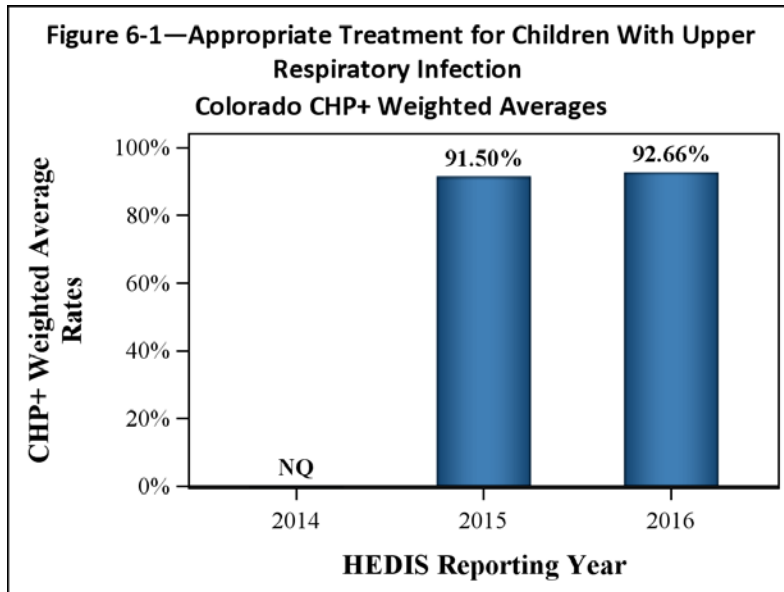
The following section provides a detailed analysis of the Colorado CHP+ health plans' performance for the Respiratory Conditions domain. The Respiratory Conditions domain encompasses the following measures/indicators:

- *Appropriate Treatment for Children With Upper Respiratory Infection*
- *Medication Management for People With Asthma—Total (Medication Compliance 50% and Medication Compliance 75%)*
- *Asthma Medication Ratio*

Please see the “Reader’s Guide” section for guidance on interpreting the figures presented within this section. For reference, additional analyses for each measure indicator are displayed in Appendices A and B.

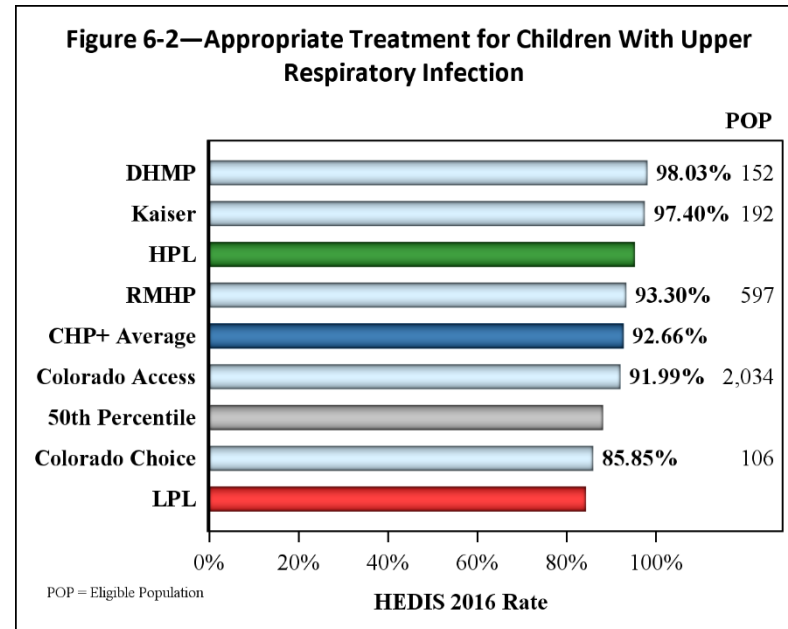
Appropriate Treatment for Children With Upper Respiratory Infection

Appropriate Treatment for Children With Upper Respiratory Infection measures the percentage of members 3 months through 18 years of age diagnosed with an upper respiratory infection (URI) who were not dispensed an antibiotic prescription. This measure was added to the Department’s HEDIS 2015 measure set; therefore, HEDIS 2014 results are not available for comparison.



NQ indicates that the health plans were not required to report this measure for HEDIS 2014.

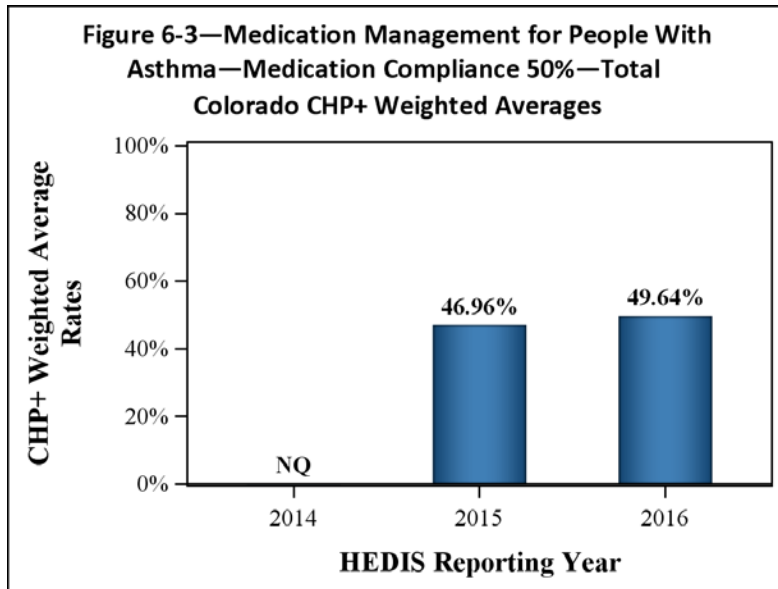
The CHP+ statewide weighted average did not demonstrate a statistically significant change from HEDIS 2015 to HEDIS 2016.



Two health plans ranked above the HPL. No health plans ranked below the LPL. Health plan performance varied from 85.85 percent to 98.03 percent.

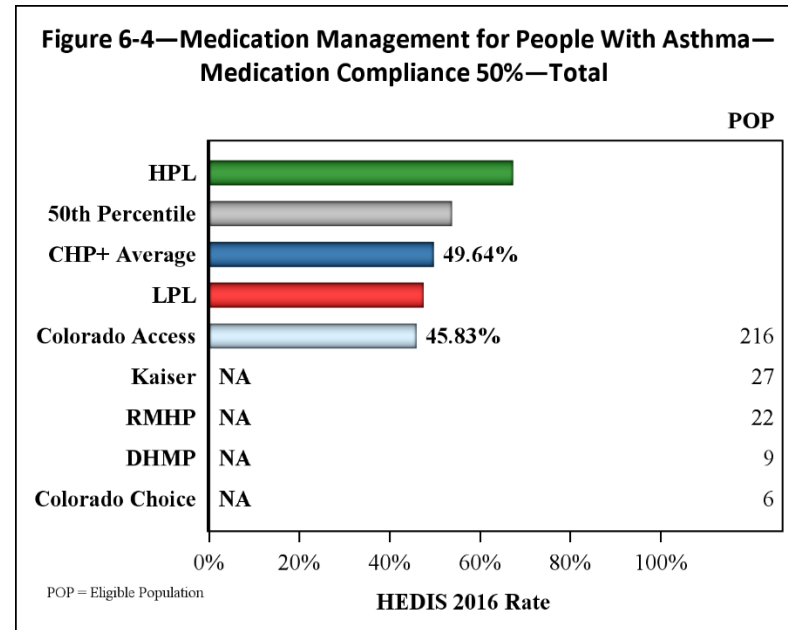
Medication Management for People With Asthma—Medication Compliance 50%—Total

Medication Management for People With Asthma—Medication Compliance 50%—Total measures the percentage of members 5 to 64 years of age identified as having persistent asthma and dispensed appropriate medications who remained on an asthma controller medication for at least 50 percent of the time during the treatment period. This measure was added to the Department’s HEDIS 2015 measure set; therefore, HEDIS 2014 results were not available for comparison.



NQ indicates that the health plans were not required to report this measure for HEDIS 2014.

The CHP+ statewide weighted average did not demonstrate a statistically significant change from HEDIS 2015 to HEDIS 2016.

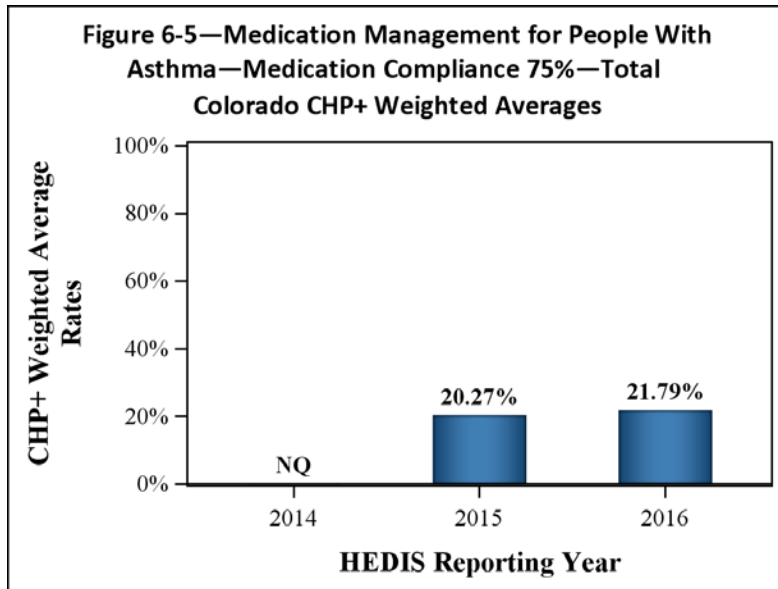


NA indicates that the health plan followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in a Not Applicable (NA) audit designation.

One health plan ranked below the LPL. None of the other health plans had reportable rates for this measure indicator.

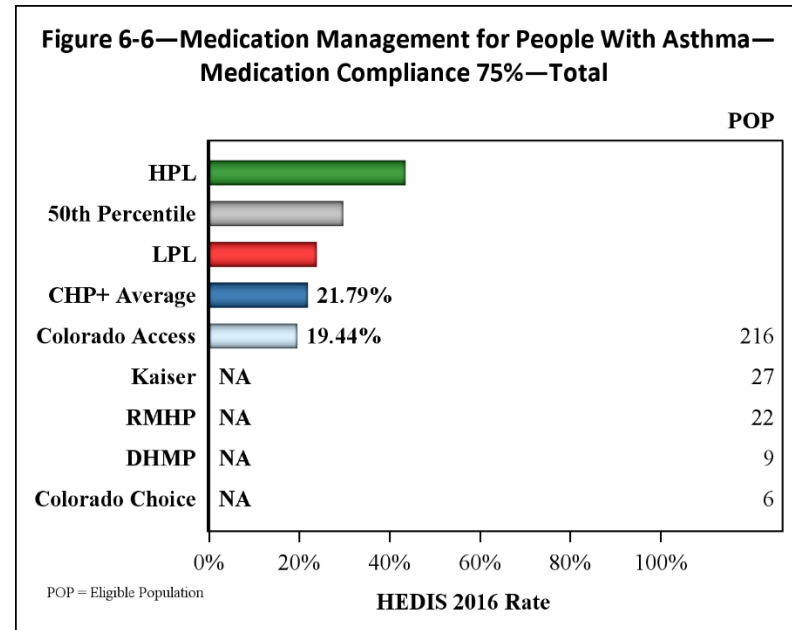
Medication Management for People With Asthma—Medication Compliance 75%—Total

Medication Management for People With Asthma—Medication Compliance 75%—Total measures the percentage of members 5 to 64 years of age identified as having persistent asthma and dispensed appropriate medications who remained on an asthma controller medication for at least 75 percent of the time during the treatment period. This measure was added to the Department’s HEDIS 2015 measure set; therefore, HEDIS 2014 results were not available for comparison.



NQ indicates that the health plans were not required to report this measure for HEDIS 2014.

The CHP+ statewide weighted average did not demonstrate a statistically significant change from HEDIS 2015 to HEDIS 2016.

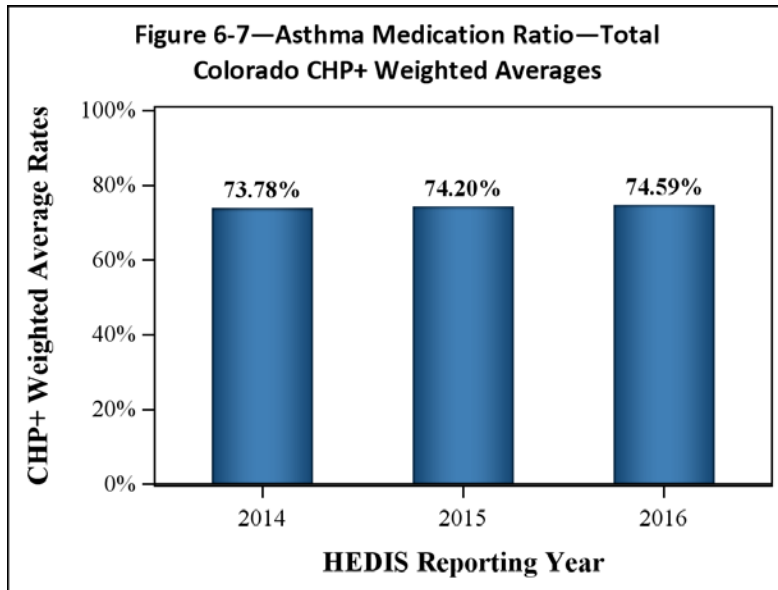


NA indicates that the health plan followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in a Not Applicable (NA) audit designation.

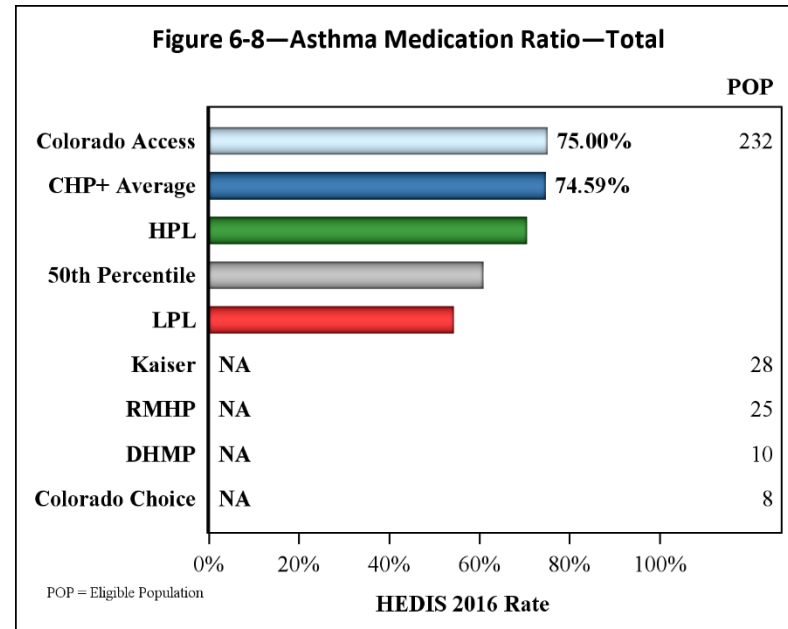
One health plan and the CHP+ statewide weighted average ranked below the LPL. None of the other health plans had reportable rates for this measure indicator.

Asthma Medication Ratio

Asthma Medication Ratio measures the percentage of members 5 to 64 years of age identified as having persistent asthma who had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year. Results for individual age groups are located in Appendix A.



The CHP+ statewide weighted average did not demonstrate a statistically significant change from HEDIS 2015 to HEDIS 2016.



NA indicates that the health plan followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in a Not Applicable (NA) audit designation.

One health plan and the CHP+ statewide weighted average ranked above the HPL. None of the other health plans had reportable rates for this measure indicator.

Summary of Findings

Table 6-1 presents the health plans’ performance ratings for each measure in the Respiratory Conditions domain. Performance ratings were assigned by comparing the health plans’ HEDIS 2016 rates to the HEDIS 2015 Quality Compass national Medicaid benchmarks across five categories (from ★ representing *Poor Performance* to ★★★★★ representing *Excellent Performance*). Details about the performance ratings are found in Section 2. As previously mentioned, caution should be exercised when making comparisons to national Medicaid benchmarks.

Table 6-1—Respiratory Conditions: Measure-Specific Performance Ratings

Performance Measures	Colorado Access	Colorado Choice	DHMP	Kaiser	RMHP
Appropriate Treatment for Children With Upper Respiratory Infection					
<i>Appropriate Treatment for Children With Upper Respiratory Infection</i>	★★★	★★	★★★★★	★★★★★	★★★★
Medication Management for People With Asthma					
<i>Medication Compliance 50%—Total</i>	★	—	—	—	—
<i>Medication Compliance 75%—Total</i>	★	—	—	—	—
Asthma Medication Ratio					
<i>Total</i>	★★★★★	—	—	—	—

— Indicates that the measure was not presented in last year’s technical report, and therefore, a HEDIS 2015 measure rate is not presented in this year’s report. This symbol may also indicate that a percentile ranking was not determined because the HEDIS 2016 measure rate was not reportable or the measure did not have an applicable benchmark.

Table 6-2 presents a summary of the health plans’ overall performance for measures in the Respiratory Conditions domain.

Table 6-2—Respiratory Conditions: Health Plan-Specific Count of Measures by Performance Rating

Health Plan Name	★★★★★	★★★★	★★★	★★	★
Colorado Access	1	0	1	0	2
Colorado Choice	0	0	0	1	0
DHMP	1	0	0	0	0
Kaiser	1	0	0	0	0
RMHP	0	1	0	0	0

Performance measure rates could only be compared to national Medicaid benchmarks for all health plans for one measure within the Respiratory Conditions domain, *Appropriate Treatment for Children With Upper Respiratory Infection*. For this measure, DHMP and Kaiser were the top-performing health plans, ranking at or above the national Medicaid 90th percentile. Additionally, Colorado Access exhibited strength for the *Asthma Medication Ratio* measure, ranking at or above the national Medicaid 90th percentile. However, Colorado Access’ rates for the *Medication Management for People With Asthma* measure indicators ranked below the national Medicaid 25th percentile. Although Colorado Access demonstrated positive performance regarding the ratio of asthma controller medications prescribed, the health plan’s rates indicated opportunities for improvement related to the percentage of members who remained on asthma controller medication during the treatment period.

7. Use of Services

Use of Services

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

- *Ambulatory Care (Per 1,000 Member Months)—Outpatient Visits and Emergency Department Visits*
- *Inpatient Utilization—General Hospital/Acute Care—Total*
- *Antibiotic Utilization*

All of the health plans were required to report these measures in HEDIS 2016. The health plans' member months served as an eligible population proxy and were used to derive weight components when calculating the Colorado CHP+ statewide weighted average. Table 7-1 displays the member months for each health plan and the CHP+ program. The largest contribution of member months came from the two categories of children between 1 and 9 years of age and between 10 and 19 years of age.

Table 7-1—Colorado CHP+ Member Months for Calendar Year 2015

Age	Colorado Access	Colorado Choice	DHMP	Kaiser	RMHP	Total CHP+
<1	8,049	425	599	2,196	2,105	13,374
1–9	180,116	9,110	23,352	41,957	45,795	300,330
10–19	158,329	8,920	22,227	41,362	39,459	270,297
20–44	5	0	11	0	0	16
Total	346,499	18,455	46,189	85,515	87,359	584,017

Rates displayed in the Use of Services domain are for information purposes only; the rates do not indicate the quality and timeliness of, or access to, services. Therefore, exercise caution in connecting these data to the efficacy of the program, as many factors influence these data. HSAG recommends that health plans review the Use of Services results to identify whether a rate is higher or lower than expected. Additional focused analyses related to the Use of Services domain may help to identify key drivers associated with the utilization patterns.

Please see the “Reader’s Guide” section for guidance on interpreting the tables presented within this section. For reference, additional analyses for each measure indicator are displayed Appendices A and B.

Ambulatory Care

The *Ambulatory Care—Total* measure summarizes use of ambulatory care for *Outpatient Visits* and *Emergency Department (ED) Visits*. In this section, the results for the total age group are presented.

Results

Table 7-2 shows *Outpatient Visits* and *Emergency Department Visits per 1,000 Member Months* for ambulatory care for all ages.

Table 7-2—Ambulatory Care: Total Visits per 1,000 Member Months for Total Age Group

Health Plan Name	Outpatient Visits	Emergency Department Visits*
Colorado Access	227.44	27.35
Colorado Choice	183.26	17.94
DHMP	130.44	22.91
Kaiser	290.97	14.00
RMHP	230.04	20.86
2016 Colorado CHP+ Weighted Average	227.93	23.80
2015 Colorado CHP+ Weighted Average	204.21	26.31
2014 Colorado CHP+ Weighted Average	214.08	26.47

* For this indicator, a lower rate may indicate more favorable performance.

For the *Emergency Department Visits* indicator, health plan performance varied, with the lowest number of visits per 1,000 member months reported as 14.00 and the highest number of visits per 1,000 member months reported as 27.35. The lowest health plan rate was nearly half the amount of the highest rate.

Inpatient Utilization—General Hospital/Acute Care

The *Inpatient Utilization—General Hospital/Acute Care* measure summarizes use of acute inpatient care and services in four categories: total inpatient, maternity, surgery, and medicine.

Results

Table 7-3 shows the total discharges per 1,000 member months for all ages (presented for information purposes only).

Table 7-3—Inpatient Utilization—General Hospital/Acute Care: Total Discharges per 1,000 Member Months for Total Age Group

Health Plan Name	Total Inpatient	Medicine	Surgery	Maternity
Colorado Access	1.31	0.93	0.33	0.13
Colorado Choice	1.52	1.30	0.16	0.11
DHMP	1.08	0.95	0.11	0.04
Kaiser	0.83	0.61	0.15	0.15
RMHP	1.01	0.68	0.27	0.13
2016 Colorado CHP+ Weighted Average	1.18	0.86	0.27	0.12
2015 Colorado CHP+ Weighted Average	1.28	0.96	0.24	0.16
2014 Colorado CHP+ Weighted Average	1.23	0.85	0.30	0.19

Table 7-4 shows the total number of days per 1,000 member months for all ages (presented for information purposes only).

Table 7-4—Inpatient Utilization—General Hospital/Acute Care: Total Days per 1,000 Member Months for Total Age Group

Health Plan Name	Total Inpatient	Medicine	Surgery	Maternity
Colorado Access	4.10	2.30	1.67	0.30
Colorado Choice	3.74	3.25	0.43	0.11
DHMP	2.90	2.51	0.32	0.13
Kaiser	2.89	2.05	0.67	0.36
RMHP	3.65	2.31	1.21	0.28
2016 Colorado CHP+ Weighted Average	3.75	2.31	1.31	0.29
2015 Colorado CHP+ Weighted Average	4.34	2.46	1.69	0.41
2014 Colorado CHP+ Weighted Average	4.16	2.38	1.56	0.45

Table 7-5 displays the total average length of stay for all ages (presented for information purposes only).

Table 7-5—Inpatient Utilization—General Hospital/Acute Care: Total Average Length of Stay for Total Age Group

Health Plan Name	Total Inpatient	Medicine	Surgery	Maternity
Colorado Access	3.13	2.48	5.07	2.40†
Colorado Choice	2.46†	2.50†	2.67†	1.00†
DHMP	2.68	2.64	3.00†	3.00†
Kaiser	3.48	3.37	4.38†	2.50†
RMHP	3.63	3.42	4.42†	2.20†
2016 Colorado CHP+ Weighted Average	3.17	2.70	4.81	2.36
2015 Colorado CHP+ Weighted Average	3.41	2.56	7.06	2.51
2014 Colorado CHP+ Weighted Average	3.37	2.81	5.27	2.44

† Fewer than 30 discharges were reported for this measure indicator. Exercise caution when evaluating this rate.

Antibiotic Utilization

Table 7-6 displays the results for the antibiotic utilization indicators (presented for information purposes only).

Table 7-6—Antibiotic Utilization: Total for Total Age Group*

Health Plan Name	Average Scripts PMPY for Antibiotics	Average Days Supplied per Antibiotic Script	Average Scripts PMPY for Antibiotics of Concern	Percentage of Antibiotics of Concern of All Antibiotic Scripts
Colorado Access	0.71	10.67	0.27	38.39%
Colorado Choice	0.59	10.36	0.25	42.20%
DHMP	0.14	10.10	0.04	28.31%
Kaiser	1.44	12.87	0.36	25.23%
RMHP	0.67	10.06	0.29	43.16%
2016 Colorado CHP+ Weighted Average	0.65	10.55	0.25	39.06%
2015 Colorado CHP+ Weighted Average	0.49	10.39	0.19	39.19%

* For this indicator, a lower rate may indicate more favorable performance.

Summary of Findings

Reported rates for the health plans and CHP+ statewide weighted average rates for the Use of Services domain did not take into account the characteristics of the population; therefore, HSAG could not draw conclusions regarding performance based on the reported utilization results. Nonetheless, combined with other performance metrics, the health plans and CHP+ statewide weighted average utilization results provide additional information that health plans may use to assess barriers or patterns of utilization when evaluating improvement interventions.

Appendix A. Tabular Results for Measures by Health Plan

Appendix A presents tables showing results for the measures by health plan. Where applicable, the results provided for each measure include the eligible population and rate for each health plan as well as the HEDIS 2014, HEDIS 2015, and HEDIS 2016 Colorado CHP+ statewide weighted averages. Yellow shading with one carat (^) indicates the HEDIS 2016 health plan-specific or statewide weighted average rate was at or above the national Medicaid 50th percentile. Comparisons of Colorado’s CHP+ population measure indicator rates to the national Medicaid benchmarks should be interpreted with caution, as previously discussed in the body of this report.

Pediatric Care Performance Measure Results

Table A-1—Pediatric Care Performance Measure Results—Health Plan-Specific Rates and Colorado CHP+ Statewide Weighted Averages

CHP+ Health Plan	Eligible Population	Rate
<i>Childhood Immunization Status</i> ‡		
<i>DTaP</i>		
Colorado Access	833	69.51%
Colorado Choice	54	1.85%
DHMP	127	70.87%
Kaiser	392	60.97%
RMHP	211	BR
HEDIS 2016 Colorado CHP+ Weighted Average		64.65%
HEDIS 2015 Colorado CHP+ Weighted Average		69.44%
HEDIS 2014 Colorado CHP+ Weighted Average		77.85%
<i>IPV</i>		
Colorado Access	833	80.55%
Colorado Choice	54	7.41%
DHMP	127	75.59%
Kaiser	392	68.62%
RMHP	211	BR
HEDIS 2016 Colorado CHP+ Weighted Average		73.97%
HEDIS 2015 Colorado CHP+ Weighted Average		80.60%
HEDIS 2014 Colorado CHP+ Weighted Average		88.08%
<i>MMR</i>		
Colorado Access	833	81.99%
Colorado Choice	54	42.59%
DHMP	127	74.02%
Kaiser	392	68.62%
RMHP	211	BR

CHP+ Health Plan	Eligible Population	Rate
HEDIS 2016 Colorado CHP+ Weighted Average		76.03%
HEDIS 2015 Colorado CHP+ Weighted Average		82.12%
HEDIS 2014 Colorado CHP+ Weighted Average		86.65%
<i>HiB</i>		
Colorado Access	833	78.75%
Colorado Choice	54	9.26%
DHMP	127	75.59%
Kaiser	392	69.39%
RMHP	211	BR
HEDIS 2016 Colorado CHP+ Weighted Average		73.19%
HEDIS 2015 Colorado CHP+ Weighted Average		80.67%
HEDIS 2014 Colorado CHP+ Weighted Average		88.35%
<i>Hepatitis B</i>		
Colorado Access	833	77.91%
Colorado Choice	54	3.70%
DHMP	127	76.38%
Kaiser	392	69.13%
RMHP	211	BR
HEDIS 2016 Colorado CHP+ Weighted Average		72.48%
HEDIS 2015 Colorado CHP+ Weighted Average		76.39%
HEDIS 2014 Colorado CHP+ Weighted Average		86.90%
<i>VZV</i>		
Colorado Access	833	80.91%
Colorado Choice	54	42.59%
DHMP	127	74.02%
Kaiser	392	67.60%
RMHP	211	BR
HEDIS 2016 Colorado CHP+ Weighted Average		75.11%
HEDIS 2015 Colorado CHP+ Weighted Average		80.75%
HEDIS 2014 Colorado CHP+ Weighted Average		85.62%
<i>Pneumococcal Conjugate</i>		
Colorado Access	833	69.87%
Colorado Choice	54	0.00%
DHMP	127	71.65%
Kaiser	392	61.73%
RMHP	211	BR
HEDIS 2016 Colorado CHP+ Weighted Average		65.08%
HEDIS 2015 Colorado CHP+ Weighted Average		72.19%

CHP+ Health Plan	Eligible Population	Rate
HEDIS 2014 Colorado CHP+ Weighted Average		78.61%
<i>Hepatitis A</i>		
Colorado Access	833	69.99%
Colorado Choice	54	48.15%
DHMP	127	74.02%
Kaiser	392	66.07%
RMHP	211	BR
HEDIS 2016 Colorado CHP+ Weighted Average		68.42%
HEDIS 2015 Colorado CHP+ Weighted Average		72.96%
HEDIS 2014 Colorado CHP+ Weighted Average		75.27%
<i>Rotavirus</i>		
Colorado Access	833	65.55%
Colorado Choice	54	0.00%
DHMP	127	66.14%
Kaiser	392	55.61%
RMHP	211	BR
HEDIS 2016 Colorado CHP+ Weighted Average		60.31%
HEDIS 2015 Colorado CHP+ Weighted Average		64.71%
HEDIS 2014 Colorado CHP+ Weighted Average		69.60%
<i>Influenza</i>		
Colorado Access	833	44.90%
Colorado Choice	54	5.56%
DHMP	127	52.76% [^]
Kaiser	392	41.33%
RMHP	211	BR
HEDIS 2016 Colorado CHP+ Weighted Average		43.10%
HEDIS 2015 Colorado CHP+ Weighted Average		54.32%
HEDIS 2014 Colorado CHP+ Weighted Average		60.00%
<i>Combination 2</i>		
Colorado Access	833	59.54%
Colorado Choice	54	0.00%
DHMP	127	70.87%
Kaiser	392	58.67%
RMHP	211	BR
HEDIS 2016 Colorado CHP+ Weighted Average		58.04%
HEDIS 2015 Colorado CHP+ Weighted Average		61.27%
HEDIS 2014 Colorado CHP+ Weighted Average		73.25%

CHP+ Health Plan	Eligible Population	Rate
Combination 3		
Colorado Access	833	57.26%
Colorado Choice	54	0.00%
DHMP	127	70.08%
Kaiser	392	57.14%
RMHP	211	BR
HEDIS 2016 Colorado CHP+ Weighted Average		56.19%
HEDIS 2015 Colorado CHP+ Weighted Average		59.89%
HEDIS 2014 Colorado CHP+ Weighted Average		70.33%
Combination 4		
Colorado Access	833	51.74%
Colorado Choice	54	0.00%
DHMP	127	70.08% ^
Kaiser	392	56.38%
RMHP	211	BR
HEDIS 2016 Colorado CHP+ Weighted Average		52.70%
HEDIS 2015 Colorado CHP+ Weighted Average		55.61%
HEDIS 2014 Colorado CHP+ Weighted Average		63.50%
Combination 5		
Colorado Access	833	49.82%
Colorado Choice	54	0.00%
DHMP	127	63.78% ^
Kaiser	392	50.00%
RMHP	211	BR
HEDIS 2016 Colorado CHP+ Weighted Average		49.22%
HEDIS 2015 Colorado CHP+ Weighted Average		50.42%
HEDIS 2014 Colorado CHP+ Weighted Average		58.90%
Combination 6		
Colorado Access	833	34.09%
Colorado Choice	54	0.00%
DHMP	127	50.39% ^
Kaiser	392	38.52%
RMHP	211	BR
HEDIS 2016 Colorado CHP+ Weighted Average		35.49%
HEDIS 2015 Colorado CHP+ Weighted Average		42.40%
HEDIS 2014 Colorado CHP+ Weighted Average		51.53%

CHP+ Health Plan	Eligible Population	Rate
Combination 7		
Colorado Access	833	46.22%
Colorado Choice	54	0.00%
DHMP	127	63.78% ^
Kaiser	392	49.74%
RMHP	211	BR
HEDIS 2016 Colorado CHP+ Weighted Average		47.01%
HEDIS 2015 Colorado CHP+ Weighted Average		47.06%
HEDIS 2014 Colorado CHP+ Weighted Average		55.43%
Combination 8		
Colorado Access	833	31.33%
Colorado Choice	54	0.00%
DHMP	127	50.39% ^
Kaiser	392	38.01%
RMHP	211	BR
HEDIS 2016 Colorado CHP+ Weighted Average		33.71%
HEDIS 2015 Colorado CHP+ Weighted Average		40.03%
HEDIS 2014 Colorado CHP+ Weighted Average		47.79%
Combination 9		
Colorado Access	833	30.25%
Colorado Choice	54	0.00%
DHMP	127	48.03% ^
Kaiser	392	34.18%
RMHP	211	BR
HEDIS 2016 Colorado CHP+ Weighted Average		31.79%
HEDIS 2015 Colorado CHP+ Weighted Average		37.13%
HEDIS 2014 Colorado CHP+ Weighted Average		44.66%
Combination 10		
Colorado Access	833	28.45%
Colorado Choice	54	0.00%
DHMP	127	48.03% ^
Kaiser	392	33.93%
RMHP	211	BR
HEDIS 2016 Colorado CHP+ Weighted Average		30.65%
HEDIS 2015 Colorado CHP+ Weighted Average		35.06%
HEDIS 2014 Colorado CHP+ Weighted Average		42.56%

CHP+ Health Plan	Eligible Population	Rate
Immunizations for Adolescents‡		
Meningococcal		
Colorado Access	978	71.78%
Colorado Choice	42	19.05%
DHMP	128	78.91% ^
Kaiser	221	81.45% ^
RMHP	243	BR
HEDIS 2016 Colorado CHP+ Weighted Average		72.39%
HEDIS 2015 Colorado CHP+ Weighted Average		66.44%
HEDIS 2014 Colorado CHP+ Weighted Average		67.02%
Tdap/Td		
Colorado Access	978	85.58%
Colorado Choice	42	38.10%
DHMP	128	78.91%
Kaiser	221	86.43% ^
RMHP	243	BR
HEDIS 2016 Colorado CHP+ Weighted Average		83.64%
HEDIS 2015 Colorado CHP+ Weighted Average		83.04%
HEDIS 2014 Colorado CHP+ Weighted Average		87.99%
Combination 1 (Meningococcal, Tdap/Td)		
Colorado Access	978	70.25%
Colorado Choice	42	11.90%
DHMP	128	77.34% ^
Kaiser	221	80.09% ^
RMHP	243	BR
HEDIS 2016 Colorado CHP+ Weighted Average		70.71%
HEDIS 2015 Colorado CHP+ Weighted Average		64.11%
HEDIS 2014 Colorado CHP+ Weighted Average		66.27%
Well-Child Visits in the First 15 Months of Life‡		
Zero Visits*		
Colorado Access	280	3.57%
Colorado Choice	19	NA
DHMP	51	7.84%
Kaiser	57	3.51%
RMHP	85	BR
HEDIS 2016 Colorado CHP+ Weighted Average		4.67%
HEDIS 2015 Colorado CHP+ Weighted Average		3.07%
HEDIS 2014 Colorado CHP+ Weighted Average		2.16%

CHP+ Health Plan	Eligible Population	Rate
<i>Six or More Visits</i>		
Colorado Access	280	61.07% ^
Colorado Choice	19	NA
DHMP	51	0.00%
Kaiser	57	64.91% ^
RMHP	85	BR
HEDIS 2016 Colorado CHP+ Weighted Average		51.84%
HEDIS 2015 Colorado CHP+ Weighted Average		45.18%
HEDIS 2014 Colorado CHP+ Weighted Average		67.41%
<i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life ‡</i>		
Colorado Access	3,300	69.36%
Colorado Choice	169	43.79%
DHMP	376	59.57%
Kaiser	825	65.70%
RMHP	946	BR
HEDIS 2016 Colorado CHP+ Weighted Average		67.00%
HEDIS 2015 Colorado CHP+ Weighted Average		61.59%
HEDIS 2014 Colorado CHP+ Weighted Average		66.29%
<i>Adolescent Well-Care Visits ‡</i>		
Colorado Access	5,159	49.70% ^
Colorado Choice	316	30.70%
DHMP	689	44.41%
Kaiser	1,546	40.56%
RMHP	1,373	BR
HEDIS 2016 Colorado CHP+ Weighted Average		46.61%
HEDIS 2015 Colorado CHP+ Weighted Average		40.38%
HEDIS 2014 Colorado CHP+ Weighted Average		44.00%
<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</i>		
<i>BMI Percentile Documentation—Ages 3 to 11 Years</i>		
Colorado Access	6,203	59.36%
Colorado Choice	250	28.10%
DHMP	624	80.16% ^
Kaiser	1,397	98.21% ^
RMHP	1,702	BR
HEDIS 2016 Colorado CHP+ Weighted Average		66.38%
HEDIS 2015 Colorado CHP+ Weighted Average		59.91%
HEDIS 2014 Colorado CHP+ Weighted Average		69.60%

CHP+ Health Plan	Eligible Population	Rate
<i>BMI Percentile Documentation—Ages 12 to 17 Years</i>		
Colorado Access	3,599	55.63%
Colorado Choice	171	31.95%
DHMP	375	74.21% ^
Kaiser	905	97.35% ^
RMHP	914	BR
HEDIS 2016 Colorado CHP+ Weighted Average		63.68%
HEDIS 2015 Colorado CHP+ Weighted Average		62.55%
HEDIS 2014 Colorado CHP+ Weighted Average		69.60%
<i>BMI Percentile Documentation—Total</i>		
Colorado Access	9,802	57.91%
Colorado Choice	421	29.68%
DHMP	999	77.86% ^
Kaiser	2,302	97.87% ^
RMHP	2,616	BR
HEDIS 2016 Colorado CHP+ Weighted Average		65.31%
HEDIS 2015 Colorado CHP+ Weighted Average		60.81%
HEDIS 2014 Colorado CHP+ Weighted Average		69.59%
<i>Counseling for Nutrition—Ages 3 to 11 Years</i>		
Colorado Access	6,203	58.96%
Colorado Choice	250	30.17%
DHMP	624	81.35% ^
Kaiser	1,397	96.64% ^
RMHP	1,702	BR
HEDIS 2016 Colorado CHP+ Weighted Average		65.97% ^
HEDIS 2015 Colorado CHP+ Weighted Average		65.72%
HEDIS 2014 Colorado CHP+ Weighted Average		66.24%
<i>Counseling for Nutrition—Ages 12 to 17 Years</i>		
Colorado Access	3,599	55.63%
Colorado Choice	171	29.59%
DHMP	375	74.21% ^
Kaiser	905	94.70% ^
RMHP	914	BR
HEDIS 2016 Colorado CHP+ Weighted Average		63.13% ^
HEDIS 2015 Colorado CHP+ Weighted Average		52.41%
HEDIS 2014 Colorado CHP+ Weighted Average		61.14%

CHP+ Health Plan	Eligible Population	Rate
<i>Counseling for Nutrition—Total</i>		
Colorado Access	9,802	57.66%
Colorado Choice	421	29.93%
DHMP	999	78.59% ^
Kaiser	2,302	95.87% ^
RMHP	2,616	BR
HEDIS 2016 Colorado CHP+ Weighted Average		64.85% ^
HEDIS 2015 Colorado CHP+ Weighted Average		61.19%
HEDIS 2014 Colorado CHP+ Weighted Average		64.47%
<i>Counseling for Physical Activity—Ages 3 to 11 Years¹</i>		
Colorado Access	6,203	45.82%
Colorado Choice	250	15.70%
DHMP	624	62.30% ^
Kaiser	1,397	96.64% ^
RMHP	1,702	BR
HEDIS 2016 Colorado CHP+ Weighted Average		54.52% ^
HEDIS 2015 Colorado CHP+ Weighted Average		57.29%
HEDIS 2014 Colorado CHP+ Weighted Average		55.93%
<i>Counseling for Physical Activity—Ages 12 to 17 Years¹</i>		
Colorado Access	3,599	51.88%
Colorado Choice	171	43.20%
DHMP	375	69.81% ^
Kaiser	905	94.70% ^
RMHP	914	BR
HEDIS 2016 Colorado CHP+ Weighted Average		60.59% ^
HEDIS 2015 Colorado CHP+ Weighted Average		57.64%
HEDIS 2014 Colorado CHP+ Weighted Average		62.79%
<i>Counseling for Physical Activity—Total¹</i>		
Colorado Access	9,802	48.18%
Colorado Choice	421	27.01%
DHMP	999	65.21% ^
Kaiser	2,302	95.87% ^
RMHP	2,616	BR
HEDIS 2016 Colorado CHP+ Weighted Average		56.89% ^
HEDIS 2015 Colorado CHP+ Weighted Average		57.49%
HEDIS 2014 Colorado CHP+ Weighted Average		58.26%

CHP+ Health Plan	Eligible Population	Rate
Appropriate Testing for Children With Pharyngitis		
Colorado Access	926	79.59% [^]
Colorado Choice	65	73.85% [^]
DHMP	23	NA
Kaiser	179	92.18% [^]
RMHP	243	79.42% [^]
HEDIS 2016 Colorado CHP+ Weighted Average		80.78%[^]
HEDIS 2015 Colorado CHP+ Weighted Average		79.64%
HEDIS 2014 Colorado CHP+ Weighted Average		79.09%

¹ Due to changes in the technical specifications for this measure, exercise caution when trending rates between 2016 and prior years.

* For this indicator, a lower rate indicates better performance.

‡ Changes in the rates from HEDIS 2014 to HEDIS 2015 should be interpreted with caution due to a change in the Department’s reporting requirement from hybrid for HEDIS 2014 to administrative for HEDIS 2015 and HEDIS 2016.

— Indicates that the measure was not presented in the previous year’s aggregate report, and therefore, that year’s HEDIS measure rate is not presented in this year’s report. This symbol may also indicate that the eligible population was excluded because the measure rate was not presented.

Yellow shading with one carat (^) indicates the rate was at or above the 2015 NCQA Quality Compass 50th percentile.

Bold font indicates Colorado CHP+ Weighted Average values.

BR (Biased Rate) indicates that RMHP’s reported rate was invalid; therefore, the rate is not presented.

NA indicates that the health plan followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in a Not Applicable (NA) audit designation.

Access to Care and Preventive Screening Performance Measure Results

Table A-2—Access to Care and Preventive Screening Performance Measure Results—Health Plan-Specific Rates and Colorado CHP+ Statewide Weighted Averages

CHP+ Health Plan	Eligible Population	Rate
Children and Adolescents' Access to Primary Care Practitioners		
Ages 12 to 24 Months		
Colorado Access	520	93.65%
Colorado Choice	27	NA
DHMP	88	90.91%
Kaiser	326	89.88%
RMHP	155	95.48%
HEDIS 2016 Colorado CHP+ Weighted Average		92.74%
HEDIS 2015 Colorado CHP+ Weighted Average		93.22%
HEDIS 2014 Colorado CHP+ Weighted Average		91.36%

CHP+ Health Plan	Eligible Population	Rate
Ages 25 Months to 6 Years		
Colorado Access	4,033	87.50%
Colorado Choice	216	69.44%
DHMP	468	72.65%
Kaiser	814	83.78%
RMHP	1,143	86.26%
HEDIS 2016 Colorado CHP+ Weighted Average		85.21%
HEDIS 2015 Colorado CHP+ Weighted Average		80.57%
HEDIS 2014 Colorado CHP+ Weighted Average		82.41%
Ages 7 to 11 Years		
Colorado Access	2,572	92.85% ^
Colorado Choice	99	80.81%
DHMP	375	84.53%
Kaiser	1,121	83.85%
RMHP	738	85.23%
HEDIS 2016 Colorado CHP+ Weighted Average		88.77%
HEDIS 2015 Colorado CHP+ Weighted Average		89.64%
HEDIS 2014 Colorado CHP+ Weighted Average		89.16%
Ages 12 to 19 Years		
Colorado Access	3,115	92.81% ^
Colorado Choice	124	87.10%
DHMP	412	86.65%
Kaiser	1,525	85.51%
RMHP	764	89.01%
HEDIS 2016 Colorado CHP+ Weighted Average		89.90%
HEDIS 2015 Colorado CHP+ Weighted Average		90.09%
HEDIS 2014 Colorado CHP+ Weighted Average		88.60%
Chlamydia Screening in Women		
Ages 16 to 20 Years		
Colorado Access	334	29.34%
Colorado Choice	15	NA
DHMP	31	64.52% ^
Kaiser	111	58.56% ^
RMHP	107	30.84%
HEDIS 2016 Colorado CHP+ Weighted Average		36.62%
HEDIS 2015 Colorado CHP+ Weighted Average		46.95%
HEDIS 2014 Colorado CHP+ Weighted Average		—

CHP+ Health Plan	Eligible Population	Rate
Total²		
Colorado Access	334	29.34%
Colorado Choice	15	NA
DHMP	31	64.52% [^]
Kaiser	111	58.56% [^]
RMHP	107	30.84%
HEDIS 2016 Colorado CHP+ Weighted Average		36.62%
HEDIS 2015 Colorado CHP+ Weighted Average		57.01%
HEDIS 2014 Colorado CHP+ Weighted Average		—
<i>Non-Recommended Cervical Cancer Screening in Adolescent Females^{1*}</i>		
Colorado Access	967	0.31% [^]
Colorado Choice	49	2.04% [^]
DHMP	129	0.00% [^]
Kaiser	304	0.00% [^]
RMHP	264	0.38% [^]
HEDIS 2016 Colorado CHP+ Weighted Average		0.29%[^]
HEDIS 2015 Colorado CHP+ Weighted Average		0.62%
HEDIS 2014 Colorado CHP+ Weighted Average		—

¹ Due to changes in the technical specifications for this measure, exercise caution when trending rates between 2016 and prior years.

² Because the CHP+ population is limited to individuals ages 18 years and under, the HEDIS 2016 measure indicator rates for Ages 16 to 20 Years are the same as the measure indicator rates for the Total age grouping for this measure.

* For this indicator, a lower rate indicates better performance.

— Indicates that the measure was not presented in the previous year's aggregate report; therefore, that year's HEDIS measure rate is not presented in this year's report. This symbol may also indicate that the eligible population was excluded because the measure rate was not presented.

Yellow shading with one carat (^) indicates the rate was at or above the 2015 NCQA Quality Compass 50th percentile.

Bold font indicates Colorado CHP+ Weighted Average values.

NA indicates that the health plan followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in a Not Applicable (NA) audit designation.

Mental/Behavioral Health Performance Measure Results

Table A-3—Mental/Behavioral Health Performance Measure Results—Health Plan-Specific Rates and Colorado CHP+ Statewide Weighted Averages

CHP+ Health Plan	Eligible Population	Rate
<i>Antidepressant Medication Management</i>		
<i>Effective Acute Phase Treatment</i>		
Colorado Access	13	NA
Colorado Choice	1	NA
DHMP	0	NA
Kaiser	1	NA
RMHP	4	NA
HEDIS 2016 Colorado CHP+ Weighted Average		NA
HEDIS 2015 Colorado CHP+ Weighted Average		NA
HEDIS 2014 Colorado CHP+ Weighted Average		—
<i>Effective Continuation Phase Treatment</i>		
Colorado Access	13	NA
Colorado Choice	1	NA
DHMP	0	NA
Kaiser	1	NA
RMHP	4	NA
HEDIS 2016 Colorado CHP+ Weighted Average		NA
HEDIS 2015 Colorado CHP+ Weighted Average		NA
HEDIS 2014 Colorado CHP+ Weighted Average		—
<i>Follow-Up Care for Children Prescribed ADHD Medication</i>		
<i>Initiation Phase</i>		
Colorado Access	136	0.74%
Colorado Choice	5	NA
DHMP	5	NA
Kaiser	30	56.67% ^
RMHP	34	35.29%
HEDIS 2016 Colorado CHP+ Weighted Average		15.24%
HEDIS 2015 Colorado CHP+ Weighted Average		46.01%
HEDIS 2014 Colorado CHP+ Weighted Average		16.78%
<i>Continuation and Maintenance Phase</i>		
Colorado Access	43	0.00%
Colorado Choice	0	NA
DHMP	0	NA
Kaiser	22	NA

CHP+ Health Plan	Eligible Population	Rate
RMHP	9	NA
HEDIS 2016 Colorado CHP+ Weighted Average		27.03%
HEDIS 2015 Colorado CHP+ Weighted Average		41.82%
HEDIS 2014 Colorado CHP+ Weighted Average		30.77%
<i>Use of Multiple Concurrent Antipsychotics in Children and Adolescents*</i>		
<i>Ages 1 to 5 Years</i>		
Colorado Access	1	NA
Colorado Choice	0	NA
DHMP	0	NA
Kaiser	0	NA
RMHP	0	NA
HEDIS 2016 Colorado CHP+ Weighted Average		NA
HEDIS 2015 Colorado CHP+ Weighted Average		—
HEDIS 2014 Colorado CHP+ Weighted Average		—
<i>Ages 6 to 11 Years</i>		
Colorado Access	13	NA
Colorado Choice	2	NA
DHMP	0	NA
Kaiser	4	NA
RMHP	2	NA
HEDIS 2016 Colorado CHP+ Weighted Average		NA
HEDIS 2015 Colorado CHP+ Weighted Average		—
HEDIS 2014 Colorado CHP+ Weighted Average		—
<i>Ages 12 to 17 Years</i>		
Colorado Access	47	6.38%
Colorado Choice	1	NA
DHMP	1	NA
Kaiser	12	NA
RMHP	3	NA
HEDIS 2016 Colorado CHP+ Weighted Average		4.69%
HEDIS 2015 Colorado CHP+ Weighted Average		—
HEDIS 2014 Colorado CHP+ Weighted Average		—
<i>Total</i>		
Colorado Access	61	6.56%
Colorado Choice	3	NA
DHMP	1	NA
Kaiser	16	NA
RMHP	5	NA

CHP+ Health Plan	Eligible Population	Rate
HEDIS 2016 Colorado CHP+ Weighted Average		4.65%
HEDIS 2015 Colorado CHP+ Weighted Average		—
HEDIS 2014 Colorado CHP+ Weighted Average		—

* For this indicator, a lower rate indicates better performance.

— Indicates that the measure was not presented in the previous year’s aggregate report; therefore, that year’s HEDIS measure rate is not presented in this year’s report. This symbol may also indicate that the eligible population was excluded because the measure rate was not presented.

Yellow shading with one carat (^) indicates the rate was at or above the 2015 NCQA Quality Compass 50th percentile.

Bold font indicates Colorado CHP+ Weighted Average values.

NA indicates that the health plan followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in a Not Applicable (NA) audit designation.

Respiratory Conditions Performance Measure Results

Table A-4—Respiratory Conditions Performance Measure Results—Health Plan-Specific Rates and Colorado CHP+ Statewide Weighted Averages

CHP+ Health Plan	Eligible Population	Rate
<i>Appropriate Treatment for Children With Upper Respiratory Infection</i>		
Colorado Access	2,034	91.99% ^
Colorado Choice	106	85.85%
DHMP	152	98.03% ^
Kaiser	192	97.40% ^
RMHP	597	93.30% ^
HEDIS 2016 Colorado CHP+ Weighted Average		92.66% ^
HEDIS 2015 Colorado CHP+ Weighted Average		91.50%
HEDIS 2014 Colorado CHP+ Weighted Average		—
<i>Medication Management for People With Asthma</i>		
<i>Medication Compliance 50%—Ages 5 to 11 Years</i>		
Colorado Access	121	51.24% ^
Colorado Choice	3	NA
DHMP	5	NA
Kaiser	15	NA
RMHP	12	NA
HEDIS 2016 Colorado CHP+ Weighted Average		55.13% ^
HEDIS 2015 Colorado CHP+ Weighted Average		49.07%
HEDIS 2014 Colorado CHP+ Weighted Average		—

CHP+ Health Plan	Eligible Population	Rate
Medication Compliance 50%—Ages 12 to 18 Years		
Colorado Access	95	38.95%
Colorado Choice	3	NA
DHMP	4	NA
Kaiser	12	NA
RMHP	10	NA
HEDIS 2016 Colorado CHP+ Weighted Average		42.74%
HEDIS 2015 Colorado CHP+ Weighted Average		44.44%
HEDIS 2014 Colorado CHP+ Weighted Average		—
Medication Compliance 50%—Total		
Colorado Access	216	45.83%
Colorado Choice	6	NA
DHMP	9	NA
Kaiser	27	NA
RMHP	22	NA
HEDIS 2016 Colorado CHP+ Weighted Average		49.64%
HEDIS 2015 Colorado CHP+ Weighted Average		46.96%
HEDIS 2014 Colorado CHP+ Weighted Average		—
Medication Compliance 75%—Ages 5 to 11 Years		
Colorado Access	121	23.14%
Colorado Choice	3	NA
DHMP	5	NA
Kaiser	15	NA
RMHP	12	NA
HEDIS 2016 Colorado CHP+ Weighted Average		25.64%[^]
HEDIS 2015 Colorado CHP+ Weighted Average		21.74%
HEDIS 2014 Colorado CHP+ Weighted Average		—
Medication Compliance 75%—Ages 12 to 18 Years		
Colorado Access	95	14.74%
Colorado Choice	3	NA
DHMP	4	NA
Kaiser	12	NA
RMHP	10	NA
HEDIS 2016 Colorado CHP+ Weighted Average		16.94%
HEDIS 2015 Colorado CHP+ Weighted Average		18.52%
HEDIS 2014 Colorado CHP+ Weighted Average		—

CHP+ Health Plan	Eligible Population	Rate
Medication Compliance 75%—Total		
Colorado Access	216	19.44%
Colorado Choice	6	NA
DHMP	9	NA
Kaiser	27	NA
RMHP	22	NA
HEDIS 2016 Colorado CHP+ Weighted Average		21.79%
HEDIS 2015 Colorado CHP+ Weighted Average		20.27%
HEDIS 2014 Colorado CHP+ Weighted Average		—
Asthma Medication Ratio		
Ages 5 to 11 Years		
Colorado Access	129	79.84% ^
Colorado Choice	3	NA
DHMP	6	NA
Kaiser	16	NA
RMHP	12	NA
HEDIS 2016 Colorado CHP+ Weighted Average		80.12% ^
HEDIS 2015 Colorado CHP+ Weighted Average		81.76%
HEDIS 2014 Colorado CHP+ Weighted Average		76.22%
Ages 12 to 18 Years		
Colorado Access	103	68.93% ^
Colorado Choice	5	NA
DHMP	4	NA
Kaiser	12	NA
RMHP	13	NA
HEDIS 2016 Colorado CHP+ Weighted Average		67.88% ^
HEDIS 2015 Colorado CHP+ Weighted Average		66.13%
HEDIS 2014 Colorado CHP+ Weighted Average		70.47%
Total		
Colorado Access	232	75.00% ^
Colorado Choice	8	NA
DHMP	10	NA
Kaiser	28	NA
RMHP	25	NA

CHP+ Health Plan	Eligible Population	Rate
HEDIS 2016 Colorado CHP+ Weighted Average		74.59%[^]
HEDIS 2015 Colorado CHP+ Weighted Average		74.20%
HEDIS 2014 Colorado CHP+ Weighted Average		73.78%

— Indicates that the measure was not presented in the previous year’s aggregate report; therefore, that year’s HEDIS measure rate is not presented in this year’s report. This symbol may also indicate that the eligible population was excluded because the measure rate was not presented.

Yellow shading with one carat (^) indicates the rate was at or above the 2015 NCQA Quality Compass 50th percentile.

Bold font indicates Colorado CHP+ Weighted Average values.

NA indicates that the health plan followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in a Not Applicable (NA) audit designation.

Use of Services Measure Results

Table A-5—Use of Services Measure Results—Health Plan-Specific Rates and Colorado CHP+ Statewide Weighted Averages

CHP+ Health Plan	Rate
Ambulatory Care (Per 1,000 Member Months)	
Outpatient Visits—Age <1 Year	
Colorado Access	567.90
Colorado Choice	475.29
DHMP	108.51
Kaiser	1232.18
RMHP	541.57
HEDIS 2016 Colorado CHP+ Weighted Average	631.34
HEDIS 2015 Colorado CHP+ Weighted Average	551.15
HEDIS 2014 Colorado CHP+ Weighted Average	544.57
Outpatient Visits—Ages 1 to 9 Years	
Colorado Access	238.47
Colorado Choice	194.07
DHMP	135.19
Kaiser	292.81
RMHP	236.40
HEDIS 2016 Colorado CHP+ Weighted Average	236.27
HEDIS 2015 Colorado CHP+ Weighted Average	208.34
HEDIS 2014 Colorado CHP+ Weighted Average	212.58
Outpatient Visits—Ages 10 to 19 Years	
Colorado Access	197.58
Colorado Choice	158.30

CHP+ Health Plan	Rate
DHMP	126.06
Kaiser	247.92
RMHP	206.04
HEDIS 2016 Colorado CHP+ Weighted Average	199.28
HEDIS 2015 Colorado CHP+ Weighted Average	183.33
HEDIS 2014 Colorado CHP+ Weighted Average	192.59
<i>Outpatient Visits—Total</i>	
Colorado Access	227.44
Colorado Choice	183.26
DHMP	130.44
Kaiser	290.97
RMHP	230.04
HEDIS 2016 Colorado CHP+ Weighted Average	227.93
HEDIS 2015 Colorado CHP+ Weighted Average	204.21
HEDIS 2014 Colorado CHP+ Weighted Average	214.08
<i>Emergency Department Visits—Age <1 Year*</i>	
Colorado Access	41.37
Colorado Choice	25.88
DHMP	16.69
Kaiser	23.39
RMHP	20.90
HEDIS 2016 Colorado CHP+ Weighted Average	33.91
HEDIS 2015 Colorado CHP+ Weighted Average	43.15
HEDIS 2014 Colorado CHP+ Weighted Average	53.15
<i>Emergency Department Visits—Ages 1 to 9 Years*</i>	
Colorado Access	28.81
Colorado Choice	17.67
DHMP	26.72
Kaiser	14.85
RMHP	20.81
HEDIS 2016 Colorado CHP+ Weighted Average	25.16
HEDIS 2015 Colorado CHP+ Weighted Average	27.59
HEDIS 2014 Colorado CHP+ Weighted Average	27.28
<i>Emergency Department Visits—Ages 10 to 19 Years*</i>	
Colorado Access	24.97
Colorado Choice	17.83
DHMP	19.08
Kaiser	12.74
RMHP	20.91



CHP+ Health Plan	Rate
HEDIS 2016 Colorado CHP+ Weighted Average	21.79
HEDIS 2015 Colorado CHP+ Weighted Average	24.06
HEDIS 2014 Colorado CHP+ Weighted Average	23.68
<i>Emergency Department Visits—Total*</i>	
Colorado Access	27.35
Colorado Choice	17.94
DHMP	22.91
Kaiser	14.00
RMHP	20.86
HEDIS 2016 Colorado CHP+ Weighted Average	23.80
HEDIS 2015 Colorado CHP+ Weighted Average	26.31
HEDIS 2014 Colorado CHP+ Weighted Average	26.47
<i>Inpatient Utilization—General Hospital/Acute Care</i>	
<i>Discharges per 1,000 Member Months (Total Inpatient)—Age <1 Year</i>	
Colorado Access	3.73
Colorado Choice	4.71
DHMP	5.01
Kaiser	2.28
RMHP	3.80
HEDIS 2016 Colorado CHP+ Weighted Average	3.59
HEDIS 2015 Colorado CHP+ Weighted Average	3.31
HEDIS 2014 Colorado CHP+ Weighted Average	5.27
<i>Discharges per 1,000 Member Months (Total Inpatient)—Ages 1 to 9 Years</i>	
Colorado Access	1.30
Colorado Choice	1.98
DHMP	1.20
Kaiser	0.76
RMHP	1.05
HEDIS 2016 Colorado CHP+ Weighted Average	1.20
HEDIS 2015 Colorado CHP+ Weighted Average	1.12
HEDIS 2014 Colorado CHP+ Weighted Average	1.15
<i>Discharges per 1,000 Member Months (Total Inpatient)—Ages 10 to 19 Years</i>	
Colorado Access	1.20
Colorado Choice	0.90
DHMP	0.85
Kaiser	0.82
RMHP	0.81
HEDIS 2016 Colorado CHP+ Weighted Average	1.05
HEDIS 2015 Colorado CHP+ Weighted Average	1.25



CHP+ Health Plan	Rate
HEDIS 2014 Colorado CHP+ Weighted Average	1.05
<i>Discharges per 1,000 Member Months (Total Inpatient)—Total</i>	
Colorado Access	1.31
Colorado Choice	1.52
DHMP	1.08
Kaiser	0.83
RMHP	1.01
HEDIS 2016 Colorado CHP+ Weighted Average	1.18
HEDIS 2015 Colorado CHP+ Weighted Average	1.28
HEDIS 2014 Colorado CHP+ Weighted Average	1.23
<i>Days per 1,000 Member Months (Total Inpatient)—Age <1 Year</i>	
Colorado Access	11.31
Colorado Choice	4.71
DHMP	31.72
Kaiser	12.75
RMHP	10.45
HEDIS 2016 Colorado CHP+ Weighted Average	12.11
HEDIS 2015 Colorado CHP+ Weighted Average	19.61
HEDIS 2014 Colorado CHP+ Weighted Average	22.47
<i>Days per 1,000 Member Months (Total Inpatient)—Ages 1 to 9 Years</i>	
Colorado Access	3.53
Colorado Choice	4.39
DHMP	2.70
Kaiser	2.24
RMHP	4.94
HEDIS 2016 Colorado CHP+ Weighted Average	3.53
HEDIS 2015 Colorado CHP+ Weighted Average	3.66
HEDIS 2014 Colorado CHP+ Weighted Average	3.57
<i>Days per 1,000 Member Months (Total Inpatient)—Ages 10 to 19 Years</i>	
Colorado Access	4.39
Colorado Choice	3.03
DHMP	2.34
Kaiser	3.02
RMHP	1.80
HEDIS 2016 Colorado CHP+ Weighted Average	3.59
HEDIS 2015 Colorado CHP+ Weighted Average	3.84
HEDIS 2014 Colorado CHP+ Weighted Average	3.53

CHP+ Health Plan	Rate
<i>Days per 1,000 Member Months (Total Inpatient)—Total</i>	
Colorado Access	4.10
Colorado Choice	3.74
DHMP	2.90
Kaiser	2.89
RMHP	3.65
HEDIS 2016 Colorado CHP+ Weighted Average	3.75
HEDIS 2015 Colorado CHP+ Weighted Average	4.34
HEDIS 2014 Colorado CHP+ Weighted Average	4.16
<i>Average Length of Stay (Total Inpatient)—Age <1 Year</i>	
Colorado Access	3.03
Colorado Choice	1.00†
DHMP	6.33†
Kaiser	5.60†
RMHP	2.75†
HEDIS 2016 Colorado CHP+ Weighted Average	3.38
HEDIS 2015 Colorado CHP+ Weighted Average	5.92
HEDIS 2014 Colorado CHP+ Weighted Average	4.26
<i>Average Length of Stay (Total Inpatient)—Ages 1 to 9 Years</i>	
Colorado Access	2.71
Colorado Choice	2.22†
DHMP	2.25†
Kaiser	2.94
RMHP	4.71
HEDIS 2016 Colorado CHP+ Weighted Average	2.93
HEDIS 2015 Colorado CHP+ Weighted Average	3.27
HEDIS 2014 Colorado CHP+ Weighted Average	3.12
<i>Average Length of Stay (Total Inpatient)—Ages 10 to 19 Years</i>	
Colorado Access	3.66
Colorado Choice	3.38†
DHMP	2.74†
Kaiser	3.68
RMHP	2.22
HEDIS 2016 Colorado CHP+ Weighted Average	3.43
HEDIS 2015 Colorado CHP+ Weighted Average	3.06
HEDIS 2014 Colorado CHP+ Weighted Average	3.38
<i>Average Length of Stay (Total Inpatient)—Total</i>	
Colorado Access	3.13
Colorado Choice	2.46†

CHP+ Health Plan	Rate
DHMP	2.68
Kaiser	3.48
RMHP	3.63
HEDIS 2016 Colorado CHP+ Weighted Average	3.17
HEDIS 2015 Colorado CHP+ Weighted Average	3.41
HEDIS 2014 Colorado CHP+ Weighted Average	3.37
<i>Days per 1,000 Member Months (Medicine)—Age <1 Year</i>	
Colorado Access	7.95
Colorado Choice	4.71
DHMP	31.72
Kaiser	11.38
RMHP	8.08
HEDIS 2016 Colorado CHP+ Weighted Average	9.50
HEDIS 2015 Colorado CHP+ Weighted Average	12.63
HEDIS 2014 Colorado CHP+ Weighted Average	15.46
<i>Days per 1,000 Member Months (Medicine)—Ages 1 to 9 Years</i>	
Colorado Access	2.53
Colorado Choice	4.17
DHMP	2.27
Kaiser	2.03
RMHP	3.38
HEDIS 2016 Colorado CHP+ Weighted Average	2.62
HEDIS 2015 Colorado CHP+ Weighted Average	2.25
HEDIS 2014 Colorado CHP+ Weighted Average	2.36
<i>Days per 1,000 Member Months (Medicine)—Ages 10 to 19 Years</i>	
Colorado Access	1.75
Colorado Choice	2.24
DHMP	1.98
Kaiser	1.57
RMHP	0.76
HEDIS 2016 Colorado CHP+ Weighted Average	1.61
HEDIS 2015 Colorado CHP+ Weighted Average	2.03
HEDIS 2014 Colorado CHP+ Weighted Average	1.49
<i>Days per 1,000 Member Months (Medicine)—Total</i>	
Colorado Access	2.30
Colorado Choice	3.25
DHMP	2.51
Kaiser	2.05
RMHP	2.31

CHP+ Health Plan	Rate
HEDIS 2016 Colorado CHP+ Weighted Average	2.31
HEDIS 2015 Colorado CHP+ Weighted Average	2.46
HEDIS 2014 Colorado CHP+ Weighted Average	2.38
<i>Discharges per 1,000 Member Months (Medicine)—Age <1 Year</i>	
Colorado Access	2.61
Colorado Choice	4.71
DHMP	5.01
Kaiser	1.82
RMHP	3.33
HEDIS 2016 Colorado CHP+ Weighted Average	2.77
HEDIS 2015 Colorado CHP+ Weighted Average	2.83
HEDIS 2014 Colorado CHP+ Weighted Average	4.35
<i>Discharges per 1,000 Member Months (Medicine)—Ages 1 to 9 Years</i>	
Colorado Access	1.08
Colorado Choice	1.87
DHMP	1.07
Kaiser	0.72
RMHP	0.79
HEDIS 2016 Colorado CHP+ Weighted Average	1.01
HEDIS 2015 Colorado CHP+ Weighted Average	0.93
HEDIS 2014 Colorado CHP+ Weighted Average	0.90
<i>Discharges per 1,000 Member Months (Medicine)—Ages 10 to 19 Years</i>	
Colorado Access	0.67
Colorado Choice	0.56
DHMP	0.72
Kaiser	0.44
RMHP	0.41
HEDIS 2016 Colorado CHP+ Weighted Average	0.60
HEDIS 2015 Colorado CHP+ Weighted Average	0.83
HEDIS 2014 Colorado CHP+ Weighted Average	0.54
<i>Discharges per 1,000 Member Months (Medicine)—Total</i>	
Colorado Access	0.93
Colorado Choice	1.30
DHMP	0.95
Kaiser	0.61
RMHP	0.68
HEDIS 2016 Colorado CHP+ Weighted Average	0.86
HEDIS 2015 Colorado CHP+ Weighted Average	0.96
HEDIS 2014 Colorado CHP+ Weighted Average	0.85

CHP+ Health Plan	Rate
Average Length of Stay (Medicine)—Age <1 Year	
Colorado Access	3.05†
Colorado Choice	1.00†
DHMP	6.33†
Kaiser	6.25†
RMHP	2.43†
HEDIS 2016 Colorado CHP+ Weighted Average	3.43
HEDIS 2015 Colorado CHP+ Weighted Average	4.46
HEDIS 2014 Colorado CHP+ Weighted Average	3.56
Average Length of Stay (Medicine)—Ages 1 to 9 Years	
Colorado Access	2.35
Colorado Choice	2.24†
DHMP	2.12†
Kaiser	2.83
RMHP	4.31
HEDIS 2016 Colorado CHP+ Weighted Average	2.60
HEDIS 2015 Colorado CHP+ Weighted Average	2.42
HEDIS 2014 Colorado CHP+ Weighted Average	2.63
Average Length of Stay (Medicine)—Ages 10 to 19 Years	
Colorado Access	2.61
Colorado Choice	4.00†
DHMP	2.75†
Kaiser	3.61†
RMHP	1.88†
HEDIS 2016 Colorado CHP+ Weighted Average	2.71
HEDIS 2015 Colorado CHP+ Weighted Average	2.44
HEDIS 2014 Colorado CHP+ Weighted Average	2.74
Average Length of Stay (Medicine)—Total	
Colorado Access	2.48
Colorado Choice	2.50†
DHMP	2.64
Kaiser	3.37
RMHP	3.42
HEDIS 2016 Colorado CHP+ Weighted Average	2.70
HEDIS 2015 Colorado CHP+ Weighted Average	2.56
HEDIS 2014 Colorado CHP+ Weighted Average	2.81
Discharges per 1,000 Member Months (Surgery)—Age <1 Year	
Colorado Access	1.12
Colorado Choice	0.00

CHP+ Health Plan	Rate
DHMP	0.00
Kaiser	0.46
RMHP	0.48
HEDIS 2016 Colorado CHP+ Weighted Average	0.82
HEDIS 2015 Colorado CHP+ Weighted Average	0.48
HEDIS 2014 Colorado CHP+ Weighted Average	0.81
<i>Discharges per 1,000 Member Months (Surgery)—Ages 1 to 9 Years</i>	
Colorado Access	0.23
Colorado Choice	0.11
DHMP	0.13
Kaiser	0.05
RMHP	0.26
HEDIS 2016 Colorado CHP+ Weighted Average	0.20
HEDIS 2015 Colorado CHP+ Weighted Average	0.19
HEDIS 2014 Colorado CHP+ Weighted Average	0.24
<i>Discharges per 1,000 Member Months (Surgery)—Ages 10 to 19 Years</i>	
Colorado Access	0.40
Colorado Choice	0.22
DHMP	0.09
Kaiser	0.24
RMHP	0.28
HEDIS 2016 Colorado CHP+ Weighted Average	0.33
HEDIS 2015 Colorado CHP+ Weighted Average	0.26
HEDIS 2014 Colorado CHP+ Weighted Average	0.33
<i>Discharges per 1,000 Member Months (Surgery)—Total</i>	
Colorado Access	0.33
Colorado Choice	0.16
DHMP	0.11
Kaiser	0.15
RMHP	0.27
HEDIS 2016 Colorado CHP+ Weighted Average	0.27
HEDIS 2015 Colorado CHP+ Weighted Average	0.24
HEDIS 2014 Colorado CHP+ Weighted Average	0.30
<i>Days per 1,000 Member Months (Surgery)—Age <1 Year</i>	
Colorado Access	3.35
Colorado Choice	0.00
DHMP	0.00
Kaiser	1.37
RMHP	2.38

CHP+ Health Plan	Rate
HEDIS 2016 Colorado CHP+ Weighted Average	2.62
HEDIS 2015 Colorado CHP+ Weighted Average	6.97
HEDIS 2014 Colorado CHP+ Weighted Average	6.52
<i>Days per 1,000 Member Months (Surgery)—Ages 1 to 9 Years</i>	
Colorado Access	1.00
Colorado Choice	0.22
DHMP	0.43
Kaiser	0.21
RMHP	1.55
HEDIS 2016 Colorado CHP+ Weighted Average	0.91
HEDIS 2015 Colorado CHP+ Weighted Average	1.41
HEDIS 2014 Colorado CHP+ Weighted Average	1.19
<i>Days per 1,000 Member Months (Surgery)—Ages 10 to 19 Years</i>	
Colorado Access	2.34
Colorado Choice	0.67
DHMP	0.22
Kaiser	1.09
RMHP	0.76
HEDIS 2016 Colorado CHP+ Weighted Average	1.69
HEDIS 2015 Colorado CHP+ Weighted Average	1.41
HEDIS 2014 Colorado CHP+ Weighted Average	1.64
<i>Days per 1,000 Member Months (Surgery)—Total</i>	
Colorado Access	1.67
Colorado Choice	0.43
DHMP	0.32
Kaiser	0.67
RMHP	1.21
HEDIS 2016 Colorado CHP+ Weighted Average	1.31
HEDIS 2015 Colorado CHP+ Weighted Average	1.69
HEDIS 2014 Colorado CHP+ Weighted Average	1.56
<i>Average Length of Stay (Surgery)—Age <1 Year</i>	
Colorado Access	3.00†
Colorado Choice	NA
DHMP	NA
Kaiser	3.00†
RMHP	5.00†
HEDIS 2016 Colorado CHP+ Weighted Average	3.18†
HEDIS 2015 Colorado CHP+ Weighted Average	14.43†
HEDIS 2014 Colorado CHP+ Weighted Average	8.10†



CHP+ Health Plan	Rate
<i>Average Length of Stay (Surgery)—Ages 1 to 9 Years</i>	
Colorado Access	4.41
Colorado Choice	2.00†
DHMP	3.33†
Kaiser	4.50†
RMHP	5.92†
HEDIS 2016 Colorado CHP+ Weighted Average	4.63
HEDIS 2015 Colorado CHP+ Weighted Average	7.53
HEDIS 2014 Colorado CHP+ Weighted Average	5.05
<i>Average Length of Stay (Surgery)—Ages 10 to 19 Years</i>	
Colorado Access	5.78
Colorado Choice	3.00†
DHMP	2.50†
Kaiser	4.50†
RMHP	2.73†
HEDIS 2016 Colorado CHP+ Weighted Average	5.12
HEDIS 2015 Colorado CHP+ Weighted Average	5.42
HEDIS 2014 Colorado CHP+ Weighted Average	4.97
<i>Average Length of Stay (Surgery)—Total</i>	
Colorado Access	5.07
Colorado Choice	2.67†
DHMP	3.00†
Kaiser	4.38†
RMHP	4.42†
HEDIS 2016 Colorado CHP+ Weighted Average	4.81
HEDIS 2015 Colorado CHP+ Weighted Average	7.06
HEDIS 2014 Colorado CHP+ Weighted Average	5.27
<i>Discharges per 1,000 Member Months (Maternity)—Ages 10 to 19 Years</i>	
Colorado Access	0.13
Colorado Choice	0.11
DHMP	0.04
Kaiser	0.15
RMHP	0.13
HEDIS 2016 Colorado CHP+ Weighted Average	0.12
HEDIS 2015 Colorado CHP+ Weighted Average	0.16
HEDIS 2014 Colorado CHP+ Weighted Average	0.19
<i>Discharges per 1,000 Member Months (Maternity)—Total</i>	
Colorado Access	0.13
Colorado Choice	0.11

CHP+ Health Plan	Rate
DHMP	0.04
Kaiser	0.15
RMHP	0.13
HEDIS 2016 Colorado CHP+ Weighted Average	0.12
HEDIS 2015 Colorado CHP+ Weighted Average	0.16
HEDIS 2014 Colorado CHP+ Weighted Average	0.19
<i>Days per 1,000 Member Months (Maternity)—Ages 10 to 19 Years</i>	
Colorado Access	0.30
Colorado Choice	0.11
DHMP	0.13
Kaiser	0.36
RMHP	0.28
HEDIS 2016 Colorado CHP+ Weighted Average	0.29
HEDIS 2015 Colorado CHP+ Weighted Average	0.39
HEDIS 2014 Colorado CHP+ Weighted Average	0.45
<i>Days per 1,000 Member Months (Maternity)—Total</i>	
Colorado Access	0.30
Colorado Choice	0.11
DHMP	0.13
Kaiser	0.36
RMHP	0.28
HEDIS 2016 Colorado CHP+ Weighted Average	0.29
HEDIS 2015 Colorado CHP+ Weighted Average	0.41
HEDIS 2014 Colorado CHP+ Weighted Average	0.45
<i>Average Length of Stay (Maternity)—Ages 10 to 19 Years</i>	
Colorado Access	2.40†
Colorado Choice	1.00†
DHMP	3.00†
Kaiser	2.50†
RMHP	2.20†
HEDIS 2016 Colorado CHP+ Weighted Average	2.36
HEDIS 2015 Colorado CHP+ Weighted Average	2.47
HEDIS 2014 Colorado CHP+ Weighted Average	2.44
<i>Average Length of Stay (Maternity)—Total</i>	
Colorado Access	2.40†
Colorado Choice	1.00†
DHMP	3.00†
Kaiser	2.50†
RMHP	2.20†

CHP+ Health Plan	Rate
HEDIS 2016 Colorado CHP+ Weighted Average	2.36
HEDIS 2015 Colorado CHP+ Weighted Average	2.51
HEDIS 2014 Colorado CHP+ Weighted Average	2.44
<i>Antibiotic Utilization*</i>	
<i>Average Scripts PMPY for Antibiotics—Ages 0 to 9 Years</i>	
Colorado Access	0.81
Colorado Choice	0.68
DHMP	0.15
Kaiser	1.41
RMHP	0.73
HEDIS 2016 Colorado CHP+ Weighted Average	0.74
HEDIS 2015 Colorado CHP+ Weighted Average	0.54
HEDIS 2014 Colorado CHP+ Weighted Average	—
<i>Average Scripts PMPY for Antibiotics—Ages 10 to 17 Years</i>	
Colorado Access	0.57
Colorado Choice	0.50
DHMP	0.11
Kaiser	1.34
RMHP	0.59
HEDIS 2016 Colorado CHP+ Weighted Average	0.53
HEDIS 2015 Colorado CHP+ Weighted Average	0.42
HEDIS 2014 Colorado CHP+ Weighted Average	—
<i>Average Scripts PMPY for Antibiotics—Ages 18 to 34 Years</i>	
Colorado Access	0.72
Colorado Choice	0.52
DHMP	0.29
Kaiser	3.53
RMHP	0.65
HEDIS 2016 Colorado CHP+ Weighted Average	0.66
HEDIS 2015 Colorado CHP+ Weighted Average	0.50
HEDIS 2014 Colorado CHP+ Weighted Average	—
<i>Average Scripts PMPY for Antibiotics—Total</i>	
Colorado Access	0.71
Colorado Choice	0.59
DHMP	0.14
Kaiser	1.44
RMHP	0.67
HEDIS 2016 Colorado CHP+ Weighted Average	0.65
HEDIS 2015 Colorado CHP+ Weighted Average	0.49



CHP+ Health Plan	Rate
HEDIS 2014 Colorado CHP+ Weighted Average	—
<i>Average Days Supplied per Antibiotic Script—Ages 0 to 9 Years</i>	
Colorado Access	9.73
Colorado Choice	9.14
DHMP	9.51
Kaiser	10.33
RMHP	9.66
HEDIS 2016 Colorado CHP+ Weighted Average	9.70
HEDIS 2015 Colorado CHP+ Weighted Average	9.32
HEDIS 2014 Colorado CHP+ Weighted Average	—
<i>Average Days Supplied per Antibiotic Script—Ages 10 to 17 Years</i>	
Colorado Access	12.17
Colorado Choice	11.61
DHMP	10.50
Kaiser	14.44
RMHP	10.71
HEDIS 2016 Colorado CHP+ Weighted Average	11.86
HEDIS 2015 Colorado CHP+ Weighted Average	11.88
HEDIS 2014 Colorado CHP+ Weighted Average	—
<i>Average Days Supplied per Antibiotic Script—Ages 18 to 34 Years</i>	
Colorado Access	12.52
Colorado Choice	16.84
DHMP	12.04
Kaiser	25.73
RMHP	10.28
HEDIS 2016 Colorado CHP+ Weighted Average	12.46
HEDIS 2015 Colorado CHP+ Weighted Average	13.22
HEDIS 2014 Colorado CHP+ Weighted Average	—
<i>Average Days Supplied per Antibiotic Script—Total</i>	
Colorado Access	10.67
Colorado Choice	10.36
DHMP	10.10
Kaiser	12.87
RMHP	10.06
HEDIS 2016 Colorado CHP+ Weighted Average	10.55
HEDIS 2015 Colorado CHP+ Weighted Average	10.39
HEDIS 2014 Colorado CHP+ Weighted Average	—
<i>Average Scripts PMPY for Antibiotics of Concern—Ages 0 to 9 Years</i>	
Colorado Access	0.32

CHP+ Health Plan	Rate
Colorado Choice	0.28
DHMP	0.04
Kaiser	0.39
RMHP	0.32
HEDIS 2016 Colorado CHP+ Weighted Average	0.29
HEDIS 2015 Colorado CHP+ Weighted Average	0.22
HEDIS 2014 Colorado CHP+ Weighted Average	—
<i>Average Scripts PMPY for Antibiotics of Concern—Ages 10 to 17 Years</i>	
Colorado Access	0.22
Colorado Choice	0.23
DHMP	0.04
Kaiser	0.28
RMHP	0.25
HEDIS 2016 Colorado CHP+ Weighted Average	0.21
HEDIS 2015 Colorado CHP+ Weighted Average	0.16
HEDIS 2014 Colorado CHP+ Weighted Average	—
<i>Average Scripts PMPY for Antibiotics of Concern—Ages 18 to 34 Years</i>	
Colorado Access	0.24
Colorado Choice	0.17
DHMP	0.07
Kaiser	0.94
RMHP	0.32
HEDIS 2016 Colorado CHP+ Weighted Average	0.23
HEDIS 2015 Colorado CHP+ Weighted Average	0.17
HEDIS 2014 Colorado CHP+ Weighted Average	—
<i>Average Scripts PMPY for Antibiotics of Concern—Total</i>	
Colorado Access	0.27
Colorado Choice	0.25
DHMP	0.04
Kaiser	0.36
RMHP	0.29
HEDIS 2016 Colorado CHP+ Weighted Average	0.25
HEDIS 2015 Colorado CHP+ Weighted Average	0.19
HEDIS 2014 Colorado CHP+ Weighted Average	—
<i>Percentage of Antibiotics of Concern of All Antibiotic Scripts—Ages 0 to 9 Years</i>	
Colorado Access	39.05%
Colorado Choice	40.82%
DHMP	25.89%
Kaiser	27.78%

CHP+ Health Plan	Rate
RMHP	43.10%
HEDIS 2016 Colorado CHP+ Weighted Average	39.49%
HEDIS 2015 Colorado CHP+ Weighted Average	39.84%
HEDIS 2014 Colorado CHP+ Weighted Average	—
<i>Percentage of Antibiotics of Concern of All Antibiotic Scripts—Ages 10 to 17 Years</i>	
Colorado Access	37.76%
Colorado Choice	45.51%
DHMP	33.52%
Kaiser	20.99%
RMHP	42.70%
HEDIS 2016 Colorado CHP+ Weighted Average	38.75%
HEDIS 2015 Colorado CHP+ Weighted Average	38.74%
HEDIS 2014 Colorado CHP+ Weighted Average	—
<i>Percentage of Antibiotics of Concern of All Antibiotic Scripts—Ages 18 to 34 Years</i>	
Colorado Access	33.49%
Colorado Choice	32.43%
DHMP	25.00%
Kaiser	26.67%
RMHP	48.88%
HEDIS 2016 Colorado CHP+ Weighted Average	35.38%
HEDIS 2015 Colorado CHP+ Weighted Average	33.77%
HEDIS 2014 Colorado CHP+ Weighted Average	—
<i>Percentage of Antibiotics of Concern of All Antibiotic Scripts—Total</i>	
Colorado Access	38.39%
Colorado Choice	42.20%
DHMP	28.31%
Kaiser	25.23%
RMHP	43.16%
HEDIS 2016 Colorado CHP+ Weighted Average	39.06%
HEDIS 2015 Colorado CHP+ Weighted Average	39.19%
HEDIS 2014 Colorado CHP+ Weighted Average	—

* For this indicator, a lower rate may indicate more favorable performance.

— Indicates that the measure was not presented in the previous year’s aggregate report; therefore, that year’s HEDIS measure rate is not presented in this year’s report.

Bold font indicates Colorado CHP+ Weighted Average values.

NA indicates that the health plan followed the specifications but the denominator was too small (zero) to report a valid rate, resulting in a Not Applicable (NA) audit designation.

† Indicates that fewer than 30 discharges were reported for this measure indicator. Exercise caution when evaluating this rate.

Appendix B. Trend Tables

Appendix B includes trend tables for the health plans and the CHP+ statewide weighted averages. Where applicable, measure rates for HEDIS 2014, HEDIS 2015, and HEDIS 2016 are presented.

HEDIS 2015 and HEDIS 2016 performance comparisons are based on the Chi-square test of statistical significance with a *p* value <0.05. Rates shaded green with one carat (^) indicate a statistically significant improvement in performance from the previous year. Rates shaded red with two carats (^^) indicate a statistically significant decline in performance from the previous year.

Colorado Access Trend Table

Table B-1—Colorado Access Trend Table

Performance Measures	HEDIS 2014 Rate	HEDIS 2015 Rate	HEDIS 2016 Rate
<i>Pediatric Care</i>			
<i>Childhood Immunization Status</i> ‡			
<i>DTaP</i>	77.86%	73.93%	69.51%
<i>IPV</i>	88.56%	82.62%	80.55%
<i>MMR</i>	86.37%	82.35%	81.99%
<i>HiB</i>	89.78%	81.55%	78.75%
<i>Hepatitis B</i>	87.10%	78.07%	77.91%
<i>VZV</i>	84.43%	81.68%	80.91%
<i>Pneumococcal Conjugate</i>	77.86%	75.00%	69.87% ^^
<i>Hepatitis A</i>	73.97%	70.99%	69.99%
<i>Rotavirus</i>	71.05%	67.91%	65.55%
<i>Influenza</i>	60.10%	55.08%	44.90% ^^
<i>Combination 2</i>	72.51%	63.37%	59.54%
<i>Combination 3</i>	68.61%	61.76%	57.26%
<i>Combination 4</i>	61.31%	55.21%	51.74%
<i>Combination 5</i>	59.37%	52.81%	49.82%
<i>Combination 6</i>	49.64%	42.91%	34.09% ^^
<i>Combination 7</i>	54.50%	47.59%	46.22%
<i>Combination 8</i>	45.50%	39.30%	31.33% ^^
<i>Combination 9</i>	44.04%	37.43%	30.25% ^^
<i>Combination 10</i>	41.12%	34.36%	28.45% ^^
<i>Immunizations for Adolescents</i> ‡			
<i>Meningococcal</i>	65.94%	67.44%	71.78% ^
<i>Tdap/Td</i>	87.59%	84.39%	85.58%

Performance Measures	HEDIS 2014 Rate	HEDIS 2015 Rate	HEDIS 2016 Rate
<i>Combination 1 (Meningococcal, Tdap/Td)</i>	64.96%	64.35%	70.25% [^]
Well-Child Visits in the First 15 Months of Life[‡]			
<i>Zero Visits*</i>	2.19%	1.33%	3.57%
<i>Six or More Visits</i>	70.80%	62.83%	61.07%
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life[‡]			
<i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i>	70.35%	65.85%	69.36% [^]
Adolescent Well-Care Visits[‡]			
<i>Adolescent Well-Care Visits</i>	43.80%	42.49%	49.70% [^]
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents			
<i>BMI Percentile Documentation—Ages 3 to 11 Years</i>	61.76%	48.71%	59.36% [^]
<i>BMI Percentile Documentation—Ages 12 to 17 Years</i>	61.15%	52.86%	55.63%
<i>BMI Percentile Documentation—Total</i>	61.56%	50.12%	57.91% [^]
<i>Counseling for Nutrition—Ages 3 to 11 Years</i>	63.24%	58.30%	58.96%
<i>Counseling for Nutrition—Ages 12 to 17 Years</i>	57.55%	42.14%	55.63% [^]
<i>Counseling for Nutrition—Total</i>	61.31%	52.80%	57.66%
<i>Counseling for Physical Activity—Ages 3 to 11 Years^l</i>	50.00%	48.71%	45.82%
<i>Counseling for Physical Activity—Ages 12 to 17 Years^l</i>	59.71%	48.57%	51.88%
<i>Counseling for Physical Activity—Total^l</i>	53.28%	48.66%	48.18%
Appropriate Testing for Children With Pharyngitis			
<i>Appropriate Testing for Children With Pharyngitis</i>	76.78%	77.64%	79.59%
Access to Care			
Children and Adolescents' Access to Primary Care Practitioners			
<i>Ages 12 to 24 Months</i>	92.78%	96.66%	93.65% ^{^^}
<i>Ages 25 Months to 6 Years</i>	84.27%	85.23%	87.50% [^]
<i>Ages 7 to 11 Years</i>	89.96%	92.71%	92.85%
<i>Ages 12 to 19 Years</i>	88.18%	92.29%	92.81%
Preventive Screening			
Chlamydia Screening in Women^{**}			
<i>Ages 16 to 20 Years</i>	—	31.08%	29.34%
<i>Total</i>	—	31.08%	29.34%
Non-Recommended Cervical Cancer Screening in Adolescent Females^{l,*}			
<i>Non-Recommended Cervical Cancer Screening in Adolescent Females</i>	—	0.66%	0.31%
Mental/Behavioral Health			
Antidepressant Medication Management			
<i>Effective Acute Phase Treatment</i>	—	NA	NA
<i>Effective Continuation Phase Treatment</i>	—	NA	NA

Performance Measures	HEDIS 2014 Rate	HEDIS 2015 Rate	HEDIS 2016 Rate
Follow-Up Care for Children Prescribed ADHD Medication			
<i>Initiation Phase</i>	0.55%	43.59%	0.74%^^
<i>Continuation and Maintenance Phase</i>	0.00%	43.33%	0.00%^^
Use of Multiple Concurrent Antipsychotics in Children and Adolescents*			
<i>Ages 1 to 5 Years</i>	—	—	NA
<i>Ages 6 to 11 Years</i>	—	—	NA
<i>Ages 12 to 17 Years</i>	—	—	6.38%
<i>Total</i>	—	—	6.56%
Respiratory Conditions			
Appropriate Treatment for Children With Upper Respiratory Infection			
<i>Appropriate Treatment for Children With Upper Respiratory Infection</i>	—	90.84%	91.99%
Medication Management for People With Asthma			
<i>Medication Compliance 50%—Ages 5 to 11 Years</i>	—	46.55%	51.24%
<i>Medication Compliance 50%—Ages 12 to 18 Years</i>	—	37.89%	38.95%
<i>Medication Compliance 50%—Total</i>	—	42.65%	45.83%
<i>Medication Compliance 75%—Ages 5 to 11 Years</i>	—	18.10%	23.14%
<i>Medication Compliance 75%—Ages 12 to 18 Years</i>	—	18.95%	14.74%
<i>Medication Compliance 75%—Total</i>	—	18.48%	19.44%
Asthma Medication Ratio			
<i>Ages 5 to 11 Years</i>	80.56%	83.19%	79.84%
<i>Ages 12 to 18 Years</i>	73.91%	70.19%	68.93%
<i>Total</i>	77.61%	76.79%	75.00%
Use of Services²			
Ambulatory Care (Per 1,000 Member Months)			
<i>Outpatient Visits—Total</i>	239.95	222.16	227.44
<i>Emergency Department Visits—Total*</i>	30.97	30.08	27.35
Inpatient Utilization—General Hospital/Acute Care			
<i>Discharges per 1,000 Member Months (Total Inpatient)—Total</i>	1.42	1.42	1.31
<i>Days per 1,000 Member Months (Total Inpatient)—Total</i>	5.22	4.75	4.10
<i>Average Length of Stay (Total Inpatient)—Total</i>	3.68	3.33	3.13
<i>Discharges per 1,000 Member Months (Medicine)—Total</i>	0.97	1.09	0.93
<i>Days per 1,000 Member Months (Medicine)—Total</i>	2.85	2.82	2.30
<i>Average Length of Stay (Medicine)—Total</i>	2.93	2.58	2.48
<i>Discharges per 1,000 Member Months (Surgery)—Total</i>	0.33	0.23	0.33
<i>Days per 1,000 Member Months (Surgery)—Total</i>	2.10	1.67	1.67
<i>Average Length of Stay (Surgery)—Total</i>	6.34	7.27	5.07

Performance Measures	HEDIS 2014 Rate	HEDIS 2015 Rate	HEDIS 2016 Rate
<i>Discharges per 1,000 Member Months (Maternity)—Total</i>	0.25	0.23	0.13
<i>Days per 1,000 Member Months (Maternity)—Total</i>	0.61	0.57	0.30
<i>Average Length of Stay (Maternity)—Total</i>	2.44	2.51	2.40 [†]
Antibiotic Utilization*			
<i>Average Scripts PMPY for Antibiotics—Total</i>	—	0.63	0.71
<i>Average Days Supplied per Antibiotic Script—Total</i>	—	10.50	10.67
<i>Average Scripts PMPY for Antibiotics of Concern—Total</i>	—	0.25	0.27
<i>Percentage of Antibiotics of Concern of All Antibiotic Scripts—Total</i>	—	39.05%	38.39%

* For this indicator, a lower rate indicates better performance.

** Because the CHP+ population is limited to individuals ages 18 years and under, the measure indicator rates for the Ages 16 to 20 Years age grouping are the same as the measure indicator rates for the Total age grouping for HEDIS 2016.

‡ Changes in the rates from HEDIS 2014 to HEDIS 2015 should be interpreted with caution due to a change in the Department’s reporting requirement from hybrid for HEDIS 2014 to administrative for HEDIS 2015 and HEDIS 2016.

— Indicates that the measure was not presented in the previous year’s aggregate report; therefore, that year’s HEDIS measure rate is not presented in this year’s report.

Rates shaded green with one caret (^) indicate a statistically significant improvement in performance from the previous year.

Rates shaded red with two carets (^) indicate a statistically significant decline in performance from the previous year.

Performance comparisons are based on the Chi-square test of statistical significance with a p value <0.05.

¹ Due to changes in the technical specifications for this measure, exercise caution when trending rates between 2016 and prior years.

² 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 worse performance.

[†] Fewer than 30 discharges were reported for this measure indicator. Exercise caution when evaluating this rate.

NA indicates that the health plan followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in a Not Applicable (NA) audit designation.

Colorado Choice Trend Table

Table B-2—Colorado Choice Trend Table

Performance Measures	HEDIS 2014 Rate	HEDIS 2015 Rate	HEDIS 2016 Rate
Pediatric Care			
Childhood Immunization Status‡			
<i>DTaP</i>	NA	NA	1.85%
<i>IPV</i>	NA	NA	7.41%
<i>MMR</i>	NA	NA	42.59%
<i>HiB</i>	NA	NA	9.26%
<i>Hepatitis B</i>	NA	NA	3.70%
<i>VZV</i>	NA	NA	42.59%
<i>Pneumococcal Conjugate</i>	NA	NA	0.00%
<i>Hepatitis A</i>	NA	NA	48.15%
<i>Rotavirus</i>	NA	NA	0.00%
<i>Influenza</i>	NA	NA	5.56%
<i>Combination 2</i>	NA	NA	0.00%
<i>Combination 3</i>	NA	NA	0.00%
<i>Combination 4</i>	NA	NA	0.00%
<i>Combination 5</i>	NA	NA	0.00%
<i>Combination 6</i>	NA	NA	0.00%
<i>Combination 7</i>	NA	NA	0.00%
<i>Combination 8</i>	NA	NA	0.00%
<i>Combination 9</i>	NA	NA	0.00%
<i>Combination 10</i>	NA	NA	0.00%
Immunizations for Adolescents‡			
<i>Meningococcal</i>	25.81%	34.21%	19.05%
<i>Tdap/Td</i>	61.29%	36.84%	38.10%
<i>Combination 1 (Meningococcal, Tdap/Td)</i>	25.81%	26.32%	11.90%
Well-Child Visits in the First 15 Months of Life‡			
<i>Zero Visits*</i>	NA	NA	NA
<i>Six or More Visits</i>	NA	NA	NA
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life‡			
<i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i>	57.98%	48.92%	43.79%
Adolescent Well-Care Visits‡			
<i>Adolescent Well-Care Visits</i>	37.02%	33.46%	30.70%

Performance Measures	HEDIS 2014 Rate	HEDIS 2015 Rate	HEDIS 2016 Rate
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents			
<i>BMI Percentile Documentation—Ages 3 to 11 Years</i>	36.45%	29.13%	28.10%
<i>BMI Percentile Documentation—Ages 12 to 17 Years</i>	44.27%	42.94%	31.95% ^^
<i>BMI Percentile Documentation—Total</i>	39.52%	35.00%	29.68%
<i>Counseling for Nutrition—Ages 3 to 11 Years</i>	33.50%	35.65%	30.17%
<i>Counseling for Nutrition—Ages 12 to 17 Years</i>	24.43%	36.47%	29.59%
<i>Counseling for Nutrition—Total</i>	29.94%	36.00%	29.93%
<i>Counseling for Physical Activity—Ages 3 to 11 Years¹</i>	29.06%	31.30%	15.70% ^^
<i>Counseling for Physical Activity—Ages 12 to 17 Years¹</i>	46.56%	51.76%	43.20%
<i>Counseling for Physical Activity—Total¹</i>	35.93%	40.00%	27.01% ^^
Appropriate Testing for Children With Pharyngitis			
<i>Appropriate Testing for Children With Pharyngitis</i>	57.14%	63.49%	73.85%
Access to Care			
Children and Adolescents' Access to Primary Care Practitioners			
<i>Ages 12 to 24 Months</i>	NA	NA	NA
<i>Ages 25 Months to 6 Years</i>	76.87%	73.86%	69.44%
<i>Ages 7 to 11 Years</i>	88.89%	83.13%	80.81%
<i>Ages 12 to 19 Years</i>	91.27%	92.86%	87.10%
Preventive Screening			
Chlamydia Screening in Women**			
<i>Ages 16 to 20 Years</i>	—	NA	NA
<i>Total</i>	—	NA	NA
Non-Recommended Cervical Cancer Screening in Adolescent Females^{1,*}			
<i>Non-Recommended Cervical Cancer Screening in Adolescent Females</i>	—	4.08%	2.04%
Mental/Behavioral Health			
Antidepressant Medication Management			
<i>Effective Acute Phase Treatment</i>	—	NA	NA
<i>Effective Continuation Phase Treatment</i>	—	NA	NA
Follow-Up Care for Children Prescribed ADHD Medication			
<i>Initiation Phase</i>	NA	NA	NA
<i>Continuation and Maintenance Phase</i>	NA	NA	NA

Performance Measures	HEDIS 2014 Rate	HEDIS 2015 Rate	HEDIS 2016 Rate
Use of Multiple Concurrent Antipsychotics in Children and Adolescents*			
<i>Ages 1 to 5 Years</i>	—	—	NA
<i>Ages 6 to 11 Years</i>	—	—	NA
<i>Ages 12 to 17 Years</i>	—	—	NA
<i>Total</i>	—	—	NA
Respiratory Conditions			
Appropriate Treatment for Children With Upper Respiratory Infection			
<i>Appropriate Treatment for Children With Upper Respiratory Infection</i>	—	81.72%	85.85%
Medication Management for People With Asthma			
<i>Medication Compliance 50%—Ages 5 to 11 Years</i>	—	NA	NA
<i>Medication Compliance 50%—Ages 12 to 18 Years</i>	—	NA	NA
<i>Medication Compliance 50%—Total</i>	—	NA	NA
<i>Medication Compliance 75%—Ages 5 to 11 Years</i>	—	NA	NA
<i>Medication Compliance 75%—Ages 12 to 18 Years</i>	—	NA	NA
<i>Medication Compliance 75%—Total</i>	—	NA	NA
Asthma Medication Ratio			
<i>Ages 5 to 11 Years</i>	NA	NA	NA
<i>Ages 12 to 18 Years</i>	NA	NA	NA
<i>Total</i>	NA	NA	NA
Use of Services²			
Ambulatory Care (Per 1,000 Member Months)			
<i>Outpatient Visits—Total</i>	189.86	206.36	183.26
<i>Emergency Department Visits—Total*</i>	19.09	22.59	17.94
Inpatient Utilization—General Hospital/Acute Care			
<i>Discharges per 1,000 Member Months (Total Inpatient)—Total</i>	1.06	0.77	1.52
<i>Days per 1,000 Member Months (Total Inpatient)—Total</i>	2.89	1.60	3.74
<i>Average Length of Stay (Total Inpatient)—Total</i>	2.74†	2.08†	2.46†
<i>Discharges per 1,000 Member Months (Medicine)—Total</i>	0.39	0.47	1.30
<i>Days per 1,000 Member Months (Medicine)—Total</i>	1.28	1.25	3.25
<i>Average Length of Stay (Medicine)—Total</i>	3.29†	2.63†	2.50†
<i>Discharges per 1,000 Member Months (Surgery)—Total</i>	0.39	0.24	0.16
<i>Days per 1,000 Member Months (Surgery)—Total</i>	1.28	0.30	0.43
<i>Average Length of Stay (Surgery)—Total</i>	3.29†	1.25†	2.67†
<i>Discharges per 1,000 Member Months (Maternity)—Total</i>	0.23	0.00	0.11
<i>Days per 1,000 Member Months (Maternity)—Total</i>	0.35	0.00	0.11
<i>Average Length of Stay (Maternity)—Total</i>	1.50†	NA~	1.00†

Performance Measures	HEDIS 2014 Rate	HEDIS 2015 Rate	HEDIS 2016 Rate
Antibiotic Utilization*			
<i>Average Scripts PMPY for Antibiotics—Total</i>	—	0.61	0.59
<i>Average Days Supplied per Antibiotic Script—Total</i>	—	6.39	10.36
<i>Average Scripts PMPY for Antibiotics of Concern—Total</i>	—	0.27	0.25
<i>Percentage of Antibiotics of Concern of All Antibiotic Scripts—Total</i>	—	44.84%	42.20%

* For this indicator, a lower rate indicates better performance.

** Because the CHP+ population is limited to individuals ages 18 years and under, the measure indicator rates for the Ages 16 to 20 Years age grouping are the same as the measure indicator rates for the Total age grouping for HEDIS 2016.

‡ Changes in the rates from HEDIS 2014 to HEDIS 2015 should be interpreted with caution due to a change in the Department’s reporting requirement from hybrid for HEDIS 2014 to administrative for HEDIS 2015 and HEDIS 2016.

— Indicates that the measure was not presented in the previous year’s aggregate report; therefore, that year’s HEDIS measure rate is not presented in this year’s report.

Rates shaded green with one caret (^) indicate a statistically significant improvement in performance from the previous year.

Rates shaded red with two carets (^) indicate a statistically significant decline in performance from the previous year.

Performance comparisons are based on the Chi-square test of statistical significance with a p value <0.05.

¹ Due to changes in the technical specifications for this measure, exercise caution when trending rates between 2016 and prior years.

² 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 worse performance.

† Fewer than 30 discharges were reported for this measure indicator. Exercise caution when evaluating this rate.

NA indicates that the health plan followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in a Not Applicable (NA) audit designation.

~ Indicates that the rate was based on zero discharges; therefore, the average length of stay was not presented in this report.

DHMP Trend Table

Table B-3—DHMP Trend Table

Performance Measures	HEDIS 2014 Rate	HEDIS 2015 Rate	HEDIS 2016 Rate
Pediatric Care			
Childhood Immunization Status‡			
<i>DTaP</i>	89.33%	69.75%	70.87%
<i>IPV</i>	98.67%	83.19%	75.59%
<i>MMR</i>	93.33%	79.83%	74.02%
<i>HiB</i>	98.67%	80.67%	75.59%
<i>Hepatitis B</i>	97.33%	83.19%	76.38%
<i>VZV</i>	93.33%	79.83%	74.02%
<i>Pneumococcal Conjugate</i>	93.33%	73.95%	71.65%
<i>Hepatitis A</i>	94.67%	78.99%	74.02%
<i>Rotavirus</i>	88.00%	71.43%	66.14%
<i>Influenza</i>	78.67%	55.46%	52.76%
<i>Combination 2</i>	89.33%	68.91%	70.87%
<i>Combination 3</i>	89.33%	68.91%	70.08%
<i>Combination 4</i>	89.33%	68.91%	70.08%
<i>Combination 5</i>	81.33%	63.87%	63.78%
<i>Combination 6</i>	76.00%	52.10%	50.39%
<i>Combination 7</i>	81.33%	63.87%	63.78%
<i>Combination 8</i>	76.00%	52.10%	50.39%
<i>Combination 9</i>	68.00%	49.58%	48.03%
<i>Combination 10</i>	68.00%	49.58%	48.03%
Immunizations for Adolescents‡			
<i>Meningococcal</i>	90.98%	74.31%	78.91%
<i>Tdap/Td</i>	91.80%	77.06%	78.91%
<i>Combination 1 (Meningococcal, Tdap/Td)</i>	90.16%	73.39%	77.34%
Well-Child Visits in the First 15 Months of Life‡			
<i>Zero Visits*</i>	2.22%	4.00%	7.84%
<i>Six or More Visits</i>	62.22%	4.00%	0.00%
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life‡			
<i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i>	67.15%	48.52%	59.57% [^]
Adolescent Well-Care Visits‡			
<i>Adolescent Well-Care Visits</i>	48.91%	34.84%	44.41% [^]

Performance Measures	HEDIS 2014 Rate	HEDIS 2015 Rate	HEDIS 2016 Rate
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents			
<i>BMI Percentile Documentation—Ages 3 to 11 Years</i>	93.96%	89.39%	80.16%^^
<i>BMI Percentile Documentation—Ages 12 to 17 Years</i>	93.15%	91.84%	74.21%^^
<i>BMI Percentile Documentation—Total</i>	93.67%	90.27%	77.86%^^
<i>Counseling for Nutrition—Ages 3 to 11 Years</i>	81.13%	78.41%	81.35%
<i>Counseling for Nutrition—Ages 12 to 17 Years</i>	76.03%	78.91%	74.21%
<i>Counseling for Nutrition—Total</i>	79.32%	78.59%	78.59%
<i>Counseling for Physical Activity—Ages 3 to 11 Years¹</i>	61.13%	56.06%	62.30%
<i>Counseling for Physical Activity—Ages 12 to 17 Years¹</i>	76.71%	74.83%	69.81%
<i>Counseling for Physical Activity—Total¹</i>	66.67%	62.77%	65.21%
Appropriate Testing for Children With Pharyngitis			
<i>Appropriate Testing for Children With Pharyngitis</i>	84.21%	68.75%	NA
Access to Care			
Children and Adolescents' Access to Primary Care Practitioners			
<i>Ages 12 to 24 Months</i>	86.61%	89.29%	90.91%
<i>Ages 25 Months to 6 Years</i>	74.84%	58.02%	72.65%^
<i>Ages 7 to 11 Years</i>	84.35%	81.33%	84.53%
<i>Ages 12 to 19 Years</i>	87.68%	83.70%	86.65%
Preventive Screening			
Chlamydia Screening in Women**			
<i>Ages 16 to 20 Years</i>	—	45.65%	64.52%
<i>Total</i>	—	45.65%	64.52%
Non-Recommended Cervical Cancer Screening in Adolescent Females^{1,*}			
<i>Non-Recommended Cervical Cancer Screening in Adolescent Females</i>	—	0.00%	0.00%
Mental/Behavioral Health			
Antidepressant Medication Management			
<i>Effective Acute Phase Treatment</i>	—	NA	NA
<i>Effective Continuation Phase Treatment</i>	—	NA	NA
Follow-Up Care for Children Prescribed ADHD Medication			
<i>Initiation Phase</i>	NA	NA	NA
<i>Continuation and Maintenance Phase</i>	NA	NA	NA

Performance Measures	HEDIS 2014 Rate	HEDIS 2015 Rate	HEDIS 2016 Rate
Use of Multiple Concurrent Antipsychotics in Children and Adolescents*			
<i>Ages 1 to 5 Years</i>	—	—	NA
<i>Ages 6 to 11 Years</i>	—	—	NA
<i>Ages 12 to 17 Years</i>	—	—	NA
<i>Total</i>	—	—	NA
Respiratory Conditions			
Appropriate Treatment for Children With Upper Respiratory Infection			
<i>Appropriate Treatment for Children With Upper Respiratory Infection</i>	—	97.42%	98.03%
Medication Management for People With Asthma			
<i>Medication Compliance 50%—Ages 5 to 11 Years</i>	—	NA	NA
<i>Medication Compliance 50%—Ages 12 to 18 Years</i>	—	NA	NA
<i>Medication Compliance 50%—Total</i>	—	NA	NA
<i>Medication Compliance 75%—Ages 5 to 11 Years</i>	—	NA	NA
<i>Medication Compliance 75%—Ages 12 to 18 Years</i>	—	NA	NA
<i>Medication Compliance 75%—Total</i>	—	NA	NA
Asthma Medication Ratio			
<i>Ages 5 to 11 Years</i>	NA	NA	NA
<i>Ages 12 to 18 Years</i>	NA	NA	NA
<i>Total</i>	NA	NA	NA
Use of Services²			
Ambulatory Care (Per 1,000 Member Months)			
<i>Outpatient Visits—Total</i>	111.45	110.22	130.44
<i>Emergency Department Visits—Total*</i>	29.68	25.06	22.91
Inpatient Utilization—General Hospital/Acute Care			
<i>Discharges per 1,000 Member Months (Total Inpatient)—Total</i>	1.01	1.18	1.08
<i>Days per 1,000 Member Months (Total Inpatient)—Total</i>	2.72	3.60	2.90
<i>Average Length of Stay (Total Inpatient)—Total</i>	2.70	3.04	2.68
<i>Discharges per 1,000 Member Months (Medicine)—Total</i>	0.81	0.80	0.95
<i>Days per 1,000 Member Months (Medicine)—Total</i>	2.17	1.85	2.51
<i>Average Length of Stay (Medicine)—Total</i>	2.68	2.31	2.64
<i>Discharges per 1,000 Member Months (Surgery)—Total</i>	0.17	0.33	0.11
<i>Days per 1,000 Member Months (Surgery)—Total</i>	0.46	1.65	0.32
<i>Average Length of Stay (Surgery)—Total</i>	2.73†	4.95†	3.00†
<i>Discharges per 1,000 Member Months (Maternity)—Total</i>	0.07	0.11	0.04
<i>Days per 1,000 Member Months (Maternity)—Total</i>	0.20	0.22	0.13
<i>Average Length of Stay (Maternity)—Total</i>	3.00†	2.00†	3.00†

Performance Measures	HEDIS 2014 Rate	HEDIS 2015 Rate	HEDIS 2016 Rate
Antibiotic Utilization*			
<i>Average Scripts PMPY for Antibiotics—Total</i>	—	0.13	0.14
<i>Average Days Supplied per Antibiotic Script—Total</i>	—	10.61	10.10
<i>Average Scripts PMPY for Antibiotics of Concern—Total</i>	—	0.04	0.04
<i>Percentage of Antibiotics of Concern of All Antibiotic Scripts—Total</i>	—	28.90%	28.31%

* For this indicator, a lower rate indicates better performance.

** Because the CHP+ population is limited to individuals ages 18 years and under, the measure indicator rates for the Ages 16 to 20 Years age grouping are the same as the measure indicator rates for the Total age grouping for HEDIS 2016.

‡ Changes in the rates from HEDIS 2014 to HEDIS 2015 should be interpreted with caution due to a change in the Department’s reporting requirement from hybrid for HEDIS 2014 to administrative for HEDIS 2015 and HEDIS 2016.

— Indicates that the measure was not presented in the previous year’s aggregate report; therefore, that year’s HEDIS measure rate is not presented in this year’s report.

Rates shaded green with one caret (^) indicate a statistically significant improvement in performance from the previous year.

Rates shaded red with two carets (^) indicate a statistically significant decline in performance from the previous year.

Performance comparisons are based on the Chi-square test of statistical significance with a p value of <0.05.

¹ Due to changes in the technical specifications for this measure, exercise caution when trending rates between 2016 and prior years.

² 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 worse performance.

† Fewer than 30 discharges were reported for this measure indicator. Exercise caution when evaluating this rate.

NA indicates that the health plan followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in a Not Applicable (NA) audit designation.

Kaiser Trend Table

Table B-4—Kaiser Trend Table

Performance Measures	HEDIS 2014 Rate	HEDIS 2015 Rate	HEDIS 2016 Rate
Pediatric Care			
Childhood Immunization Status‡			
<i>DTaP</i>	87.25%	79.87%	60.97% ^^
<i>IPV</i>	95.10%	87.42%	68.62% ^^
<i>MMR</i>	96.08%	86.16%	68.62% ^^
<i>HiB</i>	94.12%	88.05%	69.39% ^^
<i>Hepatitis B</i>	94.12%	88.05%	69.13% ^^
<i>VZV</i>	97.06%	85.53%	67.60% ^^
<i>Pneumococcal Conjugate</i>	92.16%	81.13%	61.73% ^^
<i>Hepatitis A</i>	96.08%	84.91%	66.07% ^^
<i>Rotavirus</i>	71.57%	64.78%	55.61% ^^
<i>Influenza</i>	64.71%	57.23%	41.33% ^^
<i>Combination 2</i>	85.29%	78.62%	58.67% ^^
<i>Combination 3</i>	84.31%	77.36%	57.14% ^^
<i>Combination 4</i>	84.31%	76.73%	56.38% ^^
<i>Combination 5</i>	68.63%	59.12%	50.00%
<i>Combination 6</i>	59.80%	52.83%	38.52% ^^
<i>Combination 7</i>	68.63%	59.12%	49.74% ^^
<i>Combination 8</i>	59.80%	52.83%	38.01% ^^
<i>Combination 9</i>	51.96%	41.51%	34.18%
<i>Combination 10</i>	51.96%	41.51%	33.93%
Immunizations for Adolescents‡			
<i>Meningococcal</i>	90.38%	81.60%	81.45%
<i>Tdap/Td</i>	92.31%	88.21%	86.43%
<i>Combination 1 (Meningococcal, Tdap/Td)</i>	89.42%	80.66%	80.09%
Well-Child Visits in the First 15 Months of Life‡			
<i>Zero Visits*</i>	0.00%	0.00%	3.51%
<i>Six or More Visits</i>	51.92%	72.88%	64.91%
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life‡			
<i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i>	68.02%	60.93%	65.70% ^
Adolescent Well-Care Visits‡			
<i>Adolescent Well-Care Visits</i>	49.78%	42.02%	40.56%

Performance Measures	HEDIS 2014 Rate	HEDIS 2015 Rate	HEDIS 2016 Rate
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents			
<i>BMI Percentile Documentation—Ages 3 to 11 Years</i>	90.09%	90.88%	98.21%^ [^]
<i>BMI Percentile Documentation—Ages 12 to 17 Years</i>	92.16%	91.97%	97.35%^ [^]
<i>BMI Percentile Documentation—Total</i>	90.74%	91.24%	97.87%^ [^]
<i>Counseling for Nutrition—Ages 3 to 11 Years</i>	90.09%	98.91%	96.64%^ ^{^^}
<i>Counseling for Nutrition—Ages 12 to 17 Years</i>	92.16%	97.81%	94.70%
<i>Counseling for Nutrition—Total</i>	90.74%	98.54%	95.87%^ ^{^^}
<i>Counseling for Physical Activity—Ages 3 to 11 Years^l</i>	90.09%	98.54%	96.64%
<i>Counseling for Physical Activity—Ages 12 to 17 Years^l</i>	92.16%	97.08%	94.70%
<i>Counseling for Physical Activity—Total^l</i>	90.74%	98.30%	95.87%^ ^{^^}
Appropriate Testing for Children With Pharyngitis			
<i>Appropriate Testing for Children With Pharyngitis</i>	91.15%	92.28%	92.18%
Access to Care			
Children and Adolescents' Access to Primary Care Practitioners			
<i>Ages 12 to 24 Months</i>	95.96%	92.06%	89.88%
<i>Ages 25 Months to 6 Years</i>	90.78%	81.05%	83.78%
<i>Ages 7 to 11 Years</i>	95.47%	93.57%	83.85%^ ^{^^}
<i>Ages 12 to 19 Years</i>	95.97%	94.14%	85.51%^ ^{^^}
Preventive Screening			
Chlamydia Screening in Women^{**}			
<i>Ages 16 to 20 Years</i>	—	72.98%	58.56%^ ^{^^}
<i>Total</i>	—	81.46%	58.56%^ ^{^^}
Non-Recommended Cervical Cancer Screening in Adolescent Females^{l,*}			
<i>Non-Recommended Cervical Cancer Screening in Adolescent Females</i>	—	0.00%	0.00%
Mental/Behavioral Health			
Antidepressant Medication Management			
<i>Effective Acute Phase Treatment</i>	—	NA	NA
<i>Effective Continuation Phase Treatment</i>	—	NA	NA
Follow-Up Care for Children Prescribed ADHD Medication			
<i>Initiation Phase</i>	38.71%	51.35%	56.67%
<i>Continuation and Maintenance Phase</i>	NA	NA	NA

Performance Measures	HEDIS 2014 Rate	HEDIS 2015 Rate	HEDIS 2016 Rate
Use of Multiple Concurrent Antipsychotics in Children and Adolescents*			
<i>Ages 1 to 5 Years</i>	—	—	NA
<i>Ages 6 to 11 Years</i>	—	—	NA
<i>Ages 12 to 17 Years</i>	—	—	NA
<i>Total</i>	—	—	NA
Respiratory Conditions			
Appropriate Treatment for Children With Upper Respiratory Infection			
<i>Appropriate Treatment for Children With Upper Respiratory Infection</i>	—	95.81%	97.40%
Medication Management for People With Asthma			
<i>Medication Compliance 50%—Ages 5 to 11 Years</i>	—	NA	NA
<i>Medication Compliance 50%—Ages 12 to 18 Years</i>	—	NA	NA
<i>Medication Compliance 50%—Total</i>	—	NA	NA
<i>Medication Compliance 75%—Ages 5 to 11 Years</i>	—	NA	NA
<i>Medication Compliance 75%—Ages 12 to 18 Years</i>	—	NA	NA
<i>Medication Compliance 75%—Total</i>	—	NA	NA
Asthma Medication Ratio			
<i>Ages 5 to 11 Years</i>	NA	NA	NA
<i>Ages 12 to 18 Years</i>	NA	NA	NA
<i>Total</i>	NA	NA	NA
Use of Services²			
Ambulatory Care (Per 1,000 Member Months)			
<i>Outpatient Visits—Total</i>	163.04	178.96	290.97
<i>Emergency Department Visits—Total*</i>	10.69	16.29	14.00
Inpatient Utilization—General Hospital/Acute Care			
<i>Discharges per 1,000 Member Months (Total Inpatient)—Total</i>	0.78	0.88	0.83
<i>Days per 1,000 Member Months (Total Inpatient)—Total</i>	2.41	3.49	2.89
<i>Average Length of Stay (Total Inpatient)—Total</i>	3.09	3.99	3.48
<i>Discharges per 1,000 Member Months (Medicine)—Total</i>	0.58	0.73	0.61
<i>Days per 1,000 Member Months (Medicine)—Total</i>	1.73	2.11	2.05
<i>Average Length of Stay (Medicine)—Total</i>	2.98	2.89	3.37
<i>Discharges per 1,000 Member Months (Surgery)—Total</i>	0.13	0.12	0.15
<i>Days per 1,000 Member Months (Surgery)—Total</i>	0.51	1.30	0.67
<i>Average Length of Stay (Surgery)—Total</i>	3.83†	10.55†	4.38†
<i>Discharges per 1,000 Member Months (Maternity)—Total</i>	0.14	0.05	0.15
<i>Days per 1,000 Member Months (Maternity)—Total</i>	0.35	0.16	0.36
<i>Average Length of Stay (Maternity)—Total</i>	2.50†	3.50†	2.50†

Performance Measures	HEDIS 2014 Rate	HEDIS 2015 Rate	HEDIS 2016 Rate
Antibiotic Utilization*			
<i>Average Scripts PMPY for Antibiotics—Total</i>	—	0.05	1.44
<i>Average Days Supplied per Antibiotic Script—Total</i>	—	11.04	12.87
<i>Average Scripts PMPY for Antibiotics of Concern—Total</i>	—	0.01	0.36
<i>Percentage of Antibiotics of Concern of All Antibiotic Scripts—Total</i>	—	29.56%	25.23%

* For this indicator, a lower rate indicates better performance.

** Because the CHP+ population is limited to individuals ages 18 years and under, the measure indicator rates for the Ages 16 to 20 Years age grouping are the same as the measure indicator rates for the Total age grouping for HEDIS 2016.

‡ Changes in the rates from HEDIS 2014 to HEDIS 2015 should be interpreted with caution due to a change in the Department’s reporting requirement from hybrid for HEDIS 2014 to administrative for HEDIS 2015 and HEDIS 2016.

— Indicates that the measure was not presented in the previous year’s aggregate report; therefore, that year’s HEDIS measure rate is not presented in this year’s report.

Rates shaded green with one caret (^) indicate a statistically significant improvement in performance from the previous year.

Rates shaded red with two carets (^) indicate a statistically significant decline in performance from the previous year.

Performance comparisons are based on the Chi-square test of statistical significance with a p value of <0.05.

¹ Due to changes in the technical specifications for this measure, exercise caution when trending rates between 2016 and prior years.

² 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 worse performance.

† Fewer than 30 discharges were reported for this measure indicator. Exercise caution when evaluating this rate.

NA indicates that the health plan followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in a Not Applicable (NA) audit designation.

RMHP Trend Table

Table B-5—RMHP Trend Table

Performance Measures	HEDIS 2014 Rate	HEDIS 2015 Rate	HEDIS 2016 Rate
Pediatric Care			
Childhood Immunization Status‡			
<i>DTaP</i>	74.83%	56.64%	BR
<i>IPV</i>	85.76%	76.95%	BR
<i>MMR</i>	83.77%	82.03%	BR
<i>HiB</i>	83.44%	78.91%	BR
<i>Hepatitis B</i>	85.10%	68.36%	BR
<i>VZV</i>	83.77%	78.52%	BR
<i>Pneumococcal Conjugate</i>	75.83%	64.45%	BR
<i>Hepatitis A</i>	68.21%	70.70%	BR
<i>Rotavirus</i>	64.57%	58.59%	BR
<i>Influenza</i>	56.95%	54.30%	BR
<i>Combination 2</i>	69.87%	46.88%	BR
<i>Combination 3</i>	67.88%	45.31%	BR
<i>Combination 4</i>	57.95%	42.97%	BR
<i>Combination 5</i>	51.66%	37.11%	BR
<i>Combination 6</i>	49.67%	34.38%	BR
<i>Combination 7</i>	49.01%	35.16%	BR
<i>Combination 8</i>	44.70%	32.81%	BR
<i>Combination 9</i>	40.40%	31.64%	BR
<i>Combination 10</i>	38.74%	30.08%	BR
Immunizations for Adolescents‡			
<i>Meningococcal</i>	55.13%	49.57%	BR
<i>Tdap/Td</i>	88.97%	82.61%	BR
<i>Combination 1 (Meningococcal, Tdap/Td)</i>	55.13%	49.57%	BR
Well-Child Visits in the First 15 Months of Life‡			
<i>Zero Visits*</i>	2.67%	5.45%	BR
<i>Six or More Visits</i>	69.08%	17.27%	BR
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life‡			
<i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i>	55.41%	54.81%	BR
Adolescent Well-Care Visits‡			
<i>Adolescent Well-Care Visits</i>	40.40%	34.56%	BR

Performance Measures	HEDIS 2014 Rate	HEDIS 2015 Rate	HEDIS 2016 Rate
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents			
<i>BMI Percentile Documentation—Ages 3 to 11 Years</i>	78.00%	75.50%	BR
<i>BMI Percentile Documentation—Ages 12 to 17 Years</i>	77.78%	72.67%	BR
<i>BMI Percentile Documentation—Total</i>	77.92%	74.56%	BR
<i>Counseling for Nutrition—Ages 3 to 11 Years</i>	61.67%	69.21%	BR
<i>Counseling for Nutrition—Ages 12 to 17 Years</i>	52.94%	50.67%	BR
<i>Counseling for Nutrition—Total</i>	58.72%	63.05%	BR
<i>Counseling for Physical Activity—Ages 3 to 11 Years¹</i>	58.33%	64.57%	BR
<i>Counseling for Physical Activity—Ages 12 to 17 Years¹</i>	51.63%	58.00%	BR
<i>Counseling for Physical Activity—Total¹</i>	56.07%	62.39%	BR
Appropriate Testing for Children With Pharyngitis			
<i>Appropriate Testing for Children With Pharyngitis</i>	82.52%	79.23%	79.42%
Access to Care			
Children and Adolescents' Access to Primary Care Practitioners			
<i>Ages 12 to 24 Months</i>	88.60%	87.97%	95.48% [^]
<i>Ages 25 Months to 6 Years</i>	77.74%	76.20%	86.26% [^]
<i>Ages 7 to 11 Years</i>	86.94%	82.91%	85.23%
<i>Ages 12 to 19 Years</i>	86.55%	83.42%	89.01% [^]
Preventive Screening			
Chlamydia Screening in Women^{**}			
<i>Ages 16 to 20 Years</i>	—	20.30%	30.84%
<i>Total</i>	—	20.30%	30.84%
Non-Recommended Cervical Cancer Screening in Adolescent Females^{1,*}			
<i>Non-Recommended Cervical Cancer Screening in Adolescent Females</i>	—	0.82%	0.38%
Mental/Behavioral Health			
Antidepressant Medication Management			
<i>Effective Acute Phase Treatment</i>	—	NA	NA
<i>Effective Continuation Phase Treatment</i>	—	NA	NA
Follow-Up Care for Children Prescribed ADHD Medication			
<i>Initiation Phase</i>	44.64%	45.95%	35.29%
<i>Continuation and Maintenance Phase</i>	NA	NA	NA

Performance Measures	HEDIS 2014 Rate	HEDIS 2015 Rate	HEDIS 2016 Rate
Use of Multiple Concurrent Antipsychotics in Children and Adolescents*			
<i>Ages 1 to 5 Years</i>	—	—	NA
<i>Ages 6 to 11 Years</i>	—	—	NA
<i>Ages 12 to 17 Years</i>	—	—	NA
<i>Total</i>	—	—	NA
Respiratory Conditions			
Appropriate Treatment for Children With Upper Respiratory Infection			
<i>Appropriate Treatment for Children With Upper Respiratory Infection</i>	—	91.37%	93.30%
Medication Management for People With Asthma			
<i>Medication Compliance 50%—Ages 5 to 11 Years</i>	—	NA	NA
<i>Medication Compliance 50%—Ages 12 to 18 Years</i>	—	NA	NA
<i>Medication Compliance 50%—Total</i>	—	54.55%	NA
<i>Medication Compliance 75%—Ages 5 to 11 Years</i>	—	NA	NA
<i>Medication Compliance 75%—Ages 12 to 18 Years</i>	—	NA	NA
<i>Medication Compliance 75%—Total</i>	—	27.27%	NA
Asthma Medication Ratio			
<i>Ages 5 to 11 Years</i>	NA	NA	NA
<i>Ages 12 to 18 Years</i>	NA	NA	NA
<i>Total</i>	75.56%	70.73%	NA
Use of Services²			
Ambulatory Care (Per 1,000 Member Months)			
<i>Outpatient Visits—Total</i>	208.28	208.05	230.04
<i>Emergency Department Visits—Total*</i>	19.82	20.65	20.86
Inpatient Utilization—General Hospital/Acute Care			
<i>Discharges per 1,000 Member Months (Total Inpatient)—Total</i>	0.98	1.14	1.01
<i>Days per 1,000 Member Months (Total Inpatient)—Total</i>	2.23	4.31	3.65
<i>Average Length of Stay (Total Inpatient)—Total</i>	2.28	3.77	3.63
<i>Discharges per 1,000 Member Months (Medicine)—Total</i>	0.64	0.78	0.68
<i>Days per 1,000 Member Months (Medicine)—Total</i>	1.32	1.82	2.31
<i>Average Length of Stay (Medicine)—Total</i>	2.08	2.33	3.42
<i>Discharges per 1,000 Member Months (Surgery)—Total</i>	0.34	0.33	0.27
<i>Days per 1,000 Member Months (Surgery)—Total</i>	0.89	2.42	1.21
<i>Average Length of Stay (Surgery)—Total</i>	2.64	7.28	4.42†
<i>Discharges per 1,000 Member Months (Maternity)—Total</i>	0.02	0.07	0.13
<i>Days per 1,000 Member Months (Maternity)—Total</i>	0.06	0.16	0.28
<i>Average Length of Stay (Maternity)—Total</i>	3.00†	2.33†	2.20†

Performance Measures	HEDIS 2014 Rate	HEDIS 2015 Rate	HEDIS 2016 Rate
Antibiotic Utilization*			
<i>Average Scripts PMPY for Antibiotics—Total</i>	—	0.48	0.67
<i>Average Days Supplied per Antibiotic Script—Total</i>	—	10.57	10.06
<i>Average Scripts PMPY for Antibiotics of Concern—Total</i>	—	0.20	0.29
<i>Percentage of Antibiotics of Concern of All Antibiotic Scripts—Total</i>	—	41.41%	43.16%

* For this indicator, a lower rate indicates better performance.

** Because the CHP+ population is limited to individuals ages 18 years and under, the measure indicator rates for the Ages 16 to 20 Years age grouping are the same as the measure indicator rates for the Total age grouping for HEDIS 2016.

‡ Changes in the rates from HEDIS 2014 to HEDIS 2015 should be interpreted with caution due to a change in the Department’s reporting requirement from hybrid for HEDIS 2014 to administrative for HEDIS 2015 and HEDIS 2016.

— Indicates that the measure was not presented in the previous year’s aggregate report; therefore, that year’s HEDIS measure rate is not presented in this year’s report.

Rates shaded green with one caret (^) indicate a statistically significant improvement in performance from the previous year.

Rates shaded red with two carets (^) indicate a statistically significant decline in performance from the previous year.

Performance comparisons are based on the Chi-square test of statistical significance with a p value of <0.05.

¹ Due to changes in the technical specifications for this measure, exercise caution when trending rates between 2016 and prior years.

² 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 worse performance.

† Fewer than 30 discharges were reported for this measure indicator. Exercise caution when evaluating this rate.

NA indicates that the health plan followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in a Not Applicable (NA) audit designation.

BR (Biased Rate) indicates that RMHP’s reported rate was invalid; therefore, the rate is not presented.

Colorado CHP+ Statewide Trend Table

Table B-6—Colorado CHP+ Statewide Trend Table

Performance Measures	HEDIS 2014 Rate	HEDIS 2015 Rate	HEDIS 2016 Rate	Plan Rate Range
Pediatric Care				
Childhood Immunization Status‡				
<i>DTaP</i>	77.85%	69.44%	64.65%^^	1.85%–70.87%
<i>IPV</i>	88.08%	80.60%	73.97%^^	7.41%–80.55%
<i>MMR</i>	86.65%	82.12%	76.03%^^	42.59%–81.99%
<i>HiB</i>	88.35%	80.67%	73.19%^^	9.26%–69.39%
<i>Hepatitis B</i>	86.90%	76.39%	72.48%^^	3.70%–77.91%
<i>VZV</i>	85.62%	80.75%	75.11%^^	42.59%–80.91%
<i>Pneumococcal Conjugate</i>	78.61%	72.19%	65.08%^^	0.00%–71.65%
<i>Hepatitis A</i>	75.27%	72.96%	68.42%^^	48.15%–74.02%
<i>Rotavirus</i>	69.60%	64.71%	60.31%^^	0.00%–66.14%
<i>Influenza</i>	60.00%	54.32%	43.10%^^	5.56%–52.76%
<i>Combination 2</i>	73.25%	61.27%	58.04%	0.00%–70.87%
<i>Combination 3</i>	70.33%	59.89%	56.19%	0.00%–70.08%
<i>Combination 4</i>	63.50%	55.61%	52.70%	0.00%–70.08%
<i>Combination 5</i>	58.90%	50.42%	49.22%	0.00%–63.78%
<i>Combination 6</i>	51.53%	42.40%	35.49%^^	0.00%–50.39%
<i>Combination 7</i>	55.43%	47.06%	47.01%	0.00%–63.78%
<i>Combination 8</i>	47.79%	40.03%	33.71%^^	0.00%–50.39%
<i>Combination 9</i>	44.66%	37.13%	31.79%^^	0.00%–48.03%
<i>Combination 10</i>	42.56%	35.06%	30.65%^^	0.00%–48.03%
Immunizations for Adolescents‡				
<i>Meningococcal</i>	67.02%	66.44%	72.39%^	19.05%–81.45%
<i>Tdap/Td</i>	87.99%	83.04%	83.64%	38.10%–86.43%
<i>Combination 1 (Meningococcal, Tdap/Td)</i>	66.27%	64.11%	70.71%^	11.90%–80.09%
Well-Child Visits in the First 15 Months of Life‡				
<i>Zero Visits*</i>	2.16%	3.07%	4.67%	1.18%–7.84%
<i>Six or More Visits</i>	67.41%	45.18%	51.84%	0.00%–64.91%
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life‡				
<i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i>	66.29%	61.59%	67.00%^	43.79%–69.36%
Adolescent Well-Care Visits‡				
<i>Adolescent Well-Care Visits</i>	44.00%	40.38%	46.61%^	30.70%–49.70%

Performance Measures	HEDIS 2014 Rate	HEDIS 2015 Rate	HEDIS 2016 Rate	Plan Rate Range
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents				
<i>BMI Percentile Documentation—Ages 3 to 11 Years</i>	69.60%	59.91%	66.38% [^]	28.10%–98.21%
<i>BMI Percentile Documentation—Ages 12 to 17 Years</i>	69.60%	62.55%	63.68%	31.95%–97.35%
<i>BMI Percentile Documentation—Total</i>	69.59%	60.81%	65.31% [^]	29.68%–97.87%
<i>Counseling for Nutrition—Ages 3 to 11 Years</i>	66.24%	65.72%	65.97%	30.17%–96.64%
<i>Counseling for Nutrition—Ages 12 to 17 Years</i>	61.14%	52.41%	63.13% [^]	29.59%–94.70%
<i>Counseling for Nutrition—Total</i>	64.47%	61.19%	64.85% [^]	29.93%–95.87%
<i>Counseling for Physical Activity—Ages 3 to 11 Years^l</i>	55.93%	57.29%	54.52% ^{^^}	15.70%–96.64%
<i>Counseling for Physical Activity—Ages 12 to 17 Years^l</i>	62.79%	57.64%	60.59% [^]	43.20%–94.70%
<i>Counseling for Physical Activity—Total^l</i>	58.26%	57.49%	56.89%	27.01%–95.87%
Appropriate Testing for Children With Pharyngitis				
<i>Appropriate Testing for Children With Pharyngitis</i>	79.09%	79.64%	80.78%	73.85%–92.18%
Access to Care				
Children and Adolescents' Access to Primary Care Practitioners				
<i>Ages 12 to 24 Months</i>	91.36%	93.22%	92.74%	89.88%–95.48%
<i>Ages 25 Months to 6 Years</i>	82.41%	80.57%	85.21% [^]	69.44%–87.50%
<i>Ages 7 to 11 Years</i>	89.16%	89.64%	88.77%	80.81%–92.85%
<i>Ages 12 to 19 Years</i>	88.60%	90.09%	89.90%	85.51%–92.81%
Preventive Screening				
Chlamydia Screening in Women**				
<i>Ages 16 to 20 Years</i>	—	46.95%	36.62% ^{^^}	29.34%–64.52%
<i>Total</i>	—	57.01%	36.62% ^{^^}	29.34%–64.52%
Non-Recommended Cervical Cancer Screening in Adolescent Females^{l,*}				
<i>Non-Recommended Cervical Cancer Screening in Adolescent Females</i>	—	0.62%	0.29%	0.00%–2.04%
Mental/Behavioral Health				
Antidepressant Medication Management				
<i>Effective Acute Phase Treatment</i>	—	NA	NA	—
<i>Effective Continuation Phase Treatment</i>	—	NA	NA	—
Follow-Up Care for Children Prescribed ADHD Medication				
<i>Initiation Phase</i>	16.78%	46.01%	15.24% ^{^^}	0.74%–56.67%
<i>Continuation and Maintenance Phase</i>	30.77%	41.82%	27.03%	—

Performance Measures	HEDIS 2014 Rate	HEDIS 2015 Rate	HEDIS 2016 Rate	Plan Rate Range
Use of Multiple Concurrent Antipsychotics in Children and Adolescents*				
<i>Ages 1 to 5 Years</i>	—	—	NA	—
<i>Ages 6 to 11 Years</i>	—	—	NA	—
<i>Ages 12 to 17 Years</i>	—	—	4.69%	—
<i>Total</i>	—	—	4.65%	—
Respiratory Conditions				
Appropriate Treatment for Children With Upper Respiratory Infection				
<i>Appropriate Treatment for Children With Upper Respiratory Infection</i>	—	91.50%	92.66%	85.85%–98.03%
Medication Management for People With Asthma				
<i>Medication Compliance 50%—Ages 5 to 11 Years</i>	—	49.07%	55.13%	—
<i>Medication Compliance 50%—Ages 12 to 18 Years</i>	—	44.44%	42.74%	—
<i>Medication Compliance 50%—Total</i>	—	46.96%	49.64%	—
<i>Medication Compliance 75%—Ages 5 to 11 Years</i>	—	21.74%	25.64%	—
<i>Medication Compliance 75%—Ages 12 to 18 Years</i>	—	18.52%	16.94%	—
<i>Medication Compliance 75%—Total</i>	—	20.27%	21.79%	—
Asthma Medication Ratio				
<i>Ages 5 to 11 Years</i>	76.22%	81.76%	80.12%	—
<i>Ages 12 to 18 Years</i>	70.47%	66.13%	67.88%	—
<i>Total</i>	73.78%	74.20%	74.59%	—
Use of Services²				
Ambulatory Care (Per 1,000 Member Months)				
<i>Outpatient Visits—Total</i>	214.08	204.21	227.93	130.44–290.97
<i>Emergency Department Visits—Total*</i>	26.47	26.31	23.80	14.00–27.35
Inpatient Utilization—General Hospital/Acute Care				
<i>Discharges per 1,000 Member Months (Total Inpatient)—Total</i>	1.23	1.28	1.18	0.83–1.52
<i>Days per 1,000 Member Months (Total Inpatient)—Total</i>	4.16	4.34	3.75	2.89–4.10
<i>Average Length of Stay (Total Inpatient)—Total</i>	3.37	3.41	3.17	2.46–3.63
<i>Days per 1,000 Member Months (Medicine)—Total</i>	2.38	2.46	2.31	2.05–3.25
<i>Discharges per 1,000 Member Months (Medicine)—Total</i>	0.85	0.96	0.86	0.61–1.30
<i>Average Length of Stay (Medicine)—Total</i>	2.81	2.56	2.70	2.48–3.42
<i>Discharges per 1,000 Member Months (Surgery)—Total</i>	0.30	0.24	0.27	0.11–0.33
<i>Days per 1,000 Member Months (Surgery)—Total</i>	1.56	1.69	1.31	0.32–1.67
<i>Average Length of Stay (Surgery)—Total</i>	5.27	7.06	4.81	2.67–5.07
<i>Discharges per 1,000 Member Months (Maternity)—Total</i>	0.19	0.16	0.12	0.04–0.15
<i>Days per 1,000 Member Months (Maternity)—Total</i>	0.45	0.41	0.29	0.11–0.36
<i>Average Length of Stay (Maternity)—Total</i>	2.44	2.51	2.36	1.00–3.00

Performance Measures	HEDIS 2014 Rate	HEDIS 2015 Rate	HEDIS 2016 Rate	Plan Rate Range
Antibiotic Utilization*				
Average Scripts PMPY for Antibiotics—Total	—	0.49	0.65	0.14–1.44
Average Days Supplied per Antibiotic Script—Total	—	10.39	10.55	10.06–12.87
Average Scripts PMPY for Antibiotics of Concern—Total	—	0.19	0.25	0.04–0.36
Percentage of Antibiotics of Concern of All Antibiotic Scripts—Total	—	39.19%	39.06%	25.23%–43.16%

* For this indicator, a lower rate indicates better performance.

** Because the CHP+ population is limited to individuals ages 18 years and under, the measure indicator rates for the Ages 16 to 20 Years age grouping are the same as the measure indicator rates for the Total age grouping for HEDIS 2016.

‡ Changes in the rates from HEDIS 2014 to HEDIS 2015 should be interpreted with caution due to a change in the Department’s reporting requirement from hybrid for HEDIS 2014 to administrative for HEDIS 2015 and HEDIS 2016.

— Indicates that the measure was not presented in the previous year’s aggregate report; therefore, that year’s HEDIS measure rate is not presented in this year’s report. This symbol may also indicate that a plan rate range was not determined because only one or none of the HEDIS 2016 measure rates were reportable.

Rates shaded green with one caret (^) indicate a statistically significant improvement in performance from the previous year.

Rates shaded red with two carets (^) indicate a statistically significant decline in performance from the previous year.

Performance comparisons are based on the Chi-square test of statistical significance with a p value of <0.05.

¹ Due to changes in the technical specifications for this measure, exercise caution when trending rates between 2016 and prior years.

² 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 worse performance.

NA indicates that the health plan followed the specifications but the aggregated statewide weighted denominator was too small (<30) to report a valid rate.

Appendix C. Information System Findings

Information System Findings

NCQA's Information System (IS) standards are the guidelines used by certified HEDIS compliance auditors to assess the health plans' HEDIS reporting capabilities.^{C-1} HSAG evaluated each health plan on seven IS standards. To assess the health plans' adherence to standards, HSAG reviewed several documents for the CHP+ health plans, which included the final audit reports (FARs) (generated by an NCQA-licensed audit organization), IDSS files, and audit review tables. The findings indicated that all the health plans were compliant with all of NCQA's IS standards. No issues were identified that resulted in material bias to the HEDIS measure results reported for the CHP+ population. The health plans accurately reported all Department-required HEDIS performance measures.

All the health plans except Kaiser contracted with a software vendor to produce the reported HEDIS measure rates. The vendors submitted programming code developed for each HEDIS measure to NCQA for the measure certification process. Through certification, NCQA tested that the software produced valid results and that calculations met NCQA standards. Kaiser's auditor reviewed and approved source code for each reported measure.

Each Colorado CHP+ health plan contracted with a licensed HEDIS audit organization to perform the NCQA HEDIS Compliance Audit. The SMCN program did not undergo an NCQA HEDIS Compliance Audit; however, rates for the SMCN program were not presented in this report.

The following table presents NCQA's IS standards and summarizes the audit findings related to each IS standard for the CHP+ health plans.

^{C-1} National Committee for Quality Assurance. HEDIS Compliance Audit Standards, Policies and Procedures, Volume 5. Washington D.C.

Table C-1—Summary of Compliance With IS Standards

NCQA’s IS Standards	HSAG’s Findings Based on HEDIS 2016 FAR Review
<p>IS 1.0—Medical Service Data—Sound Coding Methods and Data Capture</p> <ul style="list-style-type: none"> • Industry standard codes are required and captured. • Primary and secondary diagnosis codes are identified. • Nonstandard codes (if used) are mapped to industry standard codes. • Standard submission forms are used. • Timely and accurate data entry processes and sufficient edit checks are used. • Data completeness is continually assessed, and all contracted vendors involved in medical claims processing are monitored. 	<p>The health plans were fully compliant with IS 1.0. No issues or concerns were noted for this standard relevant to the selected Colorado CHP+ HEDIS measures.</p>
<p>IS 2.0—Enrollment Data—Data Capture, Transfer, and Entry</p> <ul style="list-style-type: none"> • All HEDIS-relevant information for data entry or electronic transmissions of enrollment data are accurate and complete. • Manual entry of enrollment data is timely and accurate, and sufficient edit checks are in place. • The health plans continually assess data completeness and take steps to improve performance. • The health plans effectively monitor the quality and accuracy of electronic submissions. • The health plans have effective control processes for the transmission of enrollment data. 	<p>The health plans were fully compliant with IS 2.0. No issues or concerns were noted for this standard relevant to the selected Colorado CHP+ HEDIS measures.</p>
<p>IS 3.0—Practitioner Data—Data Capture, Transfer, and Entry</p> <ul style="list-style-type: none"> • Provider specialties are fully documented and mapped to HEDIS provider specialties. • Effective procedures for submitting HEDIS-relevant information are in place. • Electronic transmissions of practitioner data are checked to ensure accuracy. • Processes and edit checks ensure accurate and timely entry of data into the transaction files. • Data completeness is assessed, and steps are taken to improve performance. • Vendors are regularly monitored against expected performance standards. 	<p>The health plans were fully compliant with IS 3.0 for CHP+ reporting. No issues or concerns were noted for this standard relevant to the selected Colorado CHP+ HEDIS measures.</p>

NCQA’s IS Standards	HSAG’s Findings Based on HEDIS 2016 FAR Review
<p>IS 4.0—Medical Record Review Processes—Training, Sampling, Abstraction, and Oversight</p> <ul style="list-style-type: none"> • Forms or tools used for medical record review capture all fields relevant to HEDIS reporting. • Checking procedures are in place to ensure data integrity for electronic transmission of information. • Retrieval and abstraction of data from medical records are accurately performed. • Data entry processes, including edit checks, are timely and accurate. • Data completeness is assessed, including steps to improve performance. • Vendor performance is monitored against expected performance standards. 	<p>The health plans were fully compliant with IS 4.0. No issues or concerns were noted for this standard relevant to the selected Colorado CHP+ HEDIS measures.</p>
<p>IS 5.0—Supplemental Data—Capture, Transfer, and Entry</p> <ul style="list-style-type: none"> • Nonstandard coding schemes are fully documented and mapped to industry standard codes. • Effective procedures for submitting HEDIS-relevant information are in place. • Electronic transmissions of supplemental data are checked to ensure accuracy. • Data entry processes, including edit checks, are timely and accurate. • Data completeness is assessed, including steps to improve performance. • Vendor performance is monitored against expected performance standards. 	<p>The health plans were fully compliant with IS 5.0. Each health plan reported using both standard and nonstandard supplemental databases for reporting. The Colorado Immunization Information System (CIIS) was mentioned in several FARs as the supplemental database of choice.</p>
<p>IS 6.0—Member Call Center Data—Capture, Transfer, and Entry</p>	<p>IS 6.0 was not applicable to the selected Colorado CHP+ HEDIS measures under the scope of the audit.</p>

NCQA’s IS Standards	HSAG’s Findings Based on HEDIS 2016 FAR Review
<p>IS 7.0—Data Integration—Accurate HEDIS Reporting, Control Procedures That Support HEDIS Reporting Integrity</p> <ul style="list-style-type: none"> • Nonstandard coding schemes are fully documented and mapped to industry standard codes. • Data transfers to the HEDIS Repository from transaction files are accurate. • File consolidations, extracts, and derivations are accurate. • The repository structure and formatting are suitable for HEDIS measures and enable required programming efforts. • Report production is managed effectively, and operators perform appropriately. • HEDIS reporting software is managed properly. • Physical control procedures ensure HEDIS data integrity. 	<p>The health plans were fully compliant with IS 7.0. The auditors did not identify any notable issues that had any negative impact on CHP+ HEDIS measure results reporting.</p>