



CHIP+

Child Health Plan *Plus*

2017 HEDIS Aggregate Report for Child Health Plan *Plus*

November 2017

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1. Executive Summary

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 February 2017, Colorado’s CHP+ enrollment was 64,971 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) 2016–2017 included Colorado Access, Colorado Choice Health Plans (Colorado Choice), Denver Health Medical Plan, (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 HEDIS performance measures from the standard Medicaid HEDIS 2017 reporting set to evaluate the Colorado CHP+ health plans’ performance and for public reporting.

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

¹⁻¹ Child Health Plan *Plus*. Available at: <https://www.colorado.gov/pacific/hcpf/child-health-plan-plus>. Accessed on: July 7, 2017.

¹⁻² CHP+ State Managed Care Network (SMCN) was only required to report one measure, *Prenatal and Postpartum Care (PPC)*.

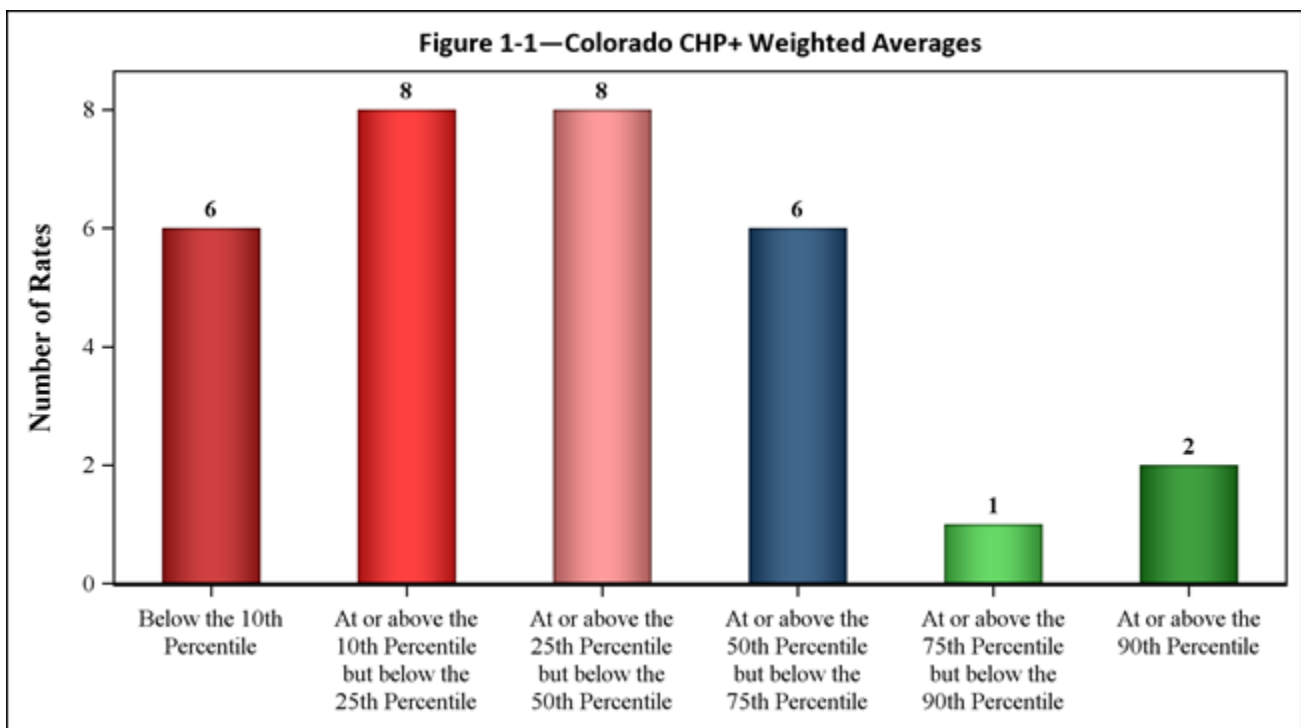
¹⁻³ HEDIS[®] is a registered trademark of the National Committee for Quality Assurance (NCQA).

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

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 HEDIS performance measure indicators that were comparable to the Quality Compass® national Medicaid percentiles for HEDIS 2016.¹⁻⁶ 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, 14 Colorado CHP+ statewide average rates fell below the national Medicaid 25th percentile, with six of those rates falling below the national Medicaid 10th percentile. Three rates ranked at or above the national Medicaid 75th percentile, with two rates ranking at or above the national Medicaid 90th percentile.

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).

Detailed Statewide Performance

Statewide performance measure results for HEDIS 2017 were compared to the HEDIS 2016 national Medicaid percentiles. Table 1-2 shows the CHP+ statewide weighted averages for HEDIS 2015 through HEDIS 2017 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

Table 1-2—Colorado CHP+ Statewide Weighted Averages

Performance Measures	HEDIS 2015 Rate	HEDIS 2016 Rate	HEDIS 2017 Rate	Percentile Ranking
<i>Pediatric Care</i>				
<i>Childhood Immunization Status+</i>				
<i>Combination 2</i>	61.27%	58.04%	65.30% [^]	10th-24th
<i>Combination 3</i>	59.89%	56.19%	63.61% [^]	10th-24th
<i>Combination 4</i>	55.61%	52.70%	61.14% [^]	25th-49th
<i>Combination 5</i>	50.42%	49.22%	57.33% [^]	25th-49th
<i>Combination 6</i>	42.40%	35.49%	41.61% [^]	50th-74th
<i>Combination 7</i>	47.06%	47.01%	55.57% [^]	25th-49th
<i>Combination 8</i>	40.03%	33.71%	40.34% [^]	50th-74th
<i>Combination 9</i>	37.13%	31.79%	38.50% [^]	50th-74th
<i>Combination 10</i>	35.06%	30.65%	37.59% [^]	50th-74th

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 2016 rates may be understated or overstated.

Performance Measures	HEDIS 2015 Rate	HEDIS 2016 Rate	HEDIS 2017 Rate	Percentile Ranking
Immunizations for Adolescents⁺				
Combination 1 (Meningococcal, Tdap)	64.11%	70.71%	67.55%	25th-49th
Combination 2 (Meningococcal, Tdap, HPV)	—	—	22.32%	—
Well-Child Visits in the First 15 Months of Life⁺				
Zero Visits*	3.07%	4.67%	3.04%	25th-49th
Six or More Visits	45.18%	51.84%	48.01%	10th-24th
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	61.59%	67.00%	66.60%	25th-49th
Adolescent Well-Care Visits⁺				
Adolescent Well-Care Visits	40.38%	46.61%	48.26% [^]	25th-49th
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents^{+,1}				
BMI Percentile Documentation—Total	60.81%	65.31%	16.67% ^{^^}	<10th
Counseling for Nutrition—Total	61.19%	64.85%	18.14% ^{^^}	<10th
Counseling for Physical Activity—Total ²	57.49%	56.89%	14.31% ^{^^}	<10th
Appropriate Testing for Children With Pharyngitis				
Appropriate Testing for Children With Pharyngitis	79.64%	80.78%	84.35% [^]	75th-89th
Access to Care				
Prenatal and Postpartum Care^{+,3}				
Timeliness of Prenatal Care	—	—	57.08%	—
Postpartum Care	—	—	42.50%	—
Children and Adolescents' Access to Primary Care Practitioners				
Ages 12 to 24 Months	93.22%	92.74%	90.02% ^{^^}	10th-24th
Ages 25 Months to 6 Years	80.57%	85.21%	82.88% ^{^^}	10th-24th
Ages 7 to 11 Years	89.64%	88.77%	88.99%	25th-49th
Ages 12 to 19 Years	90.09%	89.90%	89.39%	50th-74th
Preventive Screening				
Chlamydia Screening in Women				
Total	57.01%	36.62%	35.31%	<10th
Non-Recommended Cervical Cancer Screening in Adolescent Females^{*,2}				
Non-Recommended Cervical Cancer Screening in Adolescent Females	0.62%	0.29%	0.17%	≥90th

Performance Measures	HEDIS 2015 Rate	HEDIS 2016 Rate	HEDIS 2017 Rate	Percentile Ranking
Mental/Behavioral Health				
Antidepressant Medication Management				
Effective Acute Phase Treatment	NA	NA	NA	—
Effective Continuation Phase Treatment	NA	NA	NA	—
Follow-Up Care for Children Prescribed ADHD Medication				
Initiation Phase	46.01%	15.24%	13.02%	<10th
Continuation and Maintenance Phase	41.82%	27.03%	20.00%	<10th
Use of Multiple Concurrent Antipsychotics in Children and Adolescents**⁴				
Total	—	4.65%	3.37%	10th-24th
Respiratory Conditions				
Appropriate Treatment for Children With Upper Respiratory Infection⁴				
Appropriate Treatment for Children With Upper Respiratory Infection	91.50%	92.66%	91.24%^^	50th-74th
Medication Management for People With Asthma				
Medication Compliance 50%—Total ⁵	46.96%	49.64%	47.85%	10th-24th
Medication Compliance 75%—Total	20.27%	21.79%	23.76%	10th-24th
Asthma Medication Ratio				
Total	74.20%	74.59%	80.25%	≥90th
Use of Services†				
Ambulatory Care (Per 1,000 Member Months)				
Outpatient Visits	204.21	227.93	205.26	<10th
Emergency Department Visits*	26.31	23.80	20.84 ⁶	≥90th
Inpatient Utilization—General Hospital/Acute Care				
Discharges per 1,000 Member Months (Total Inpatient)	1.28	1.18	0.87	<10th
Days per 1,000 Member Months (Total Inpatient)	4.34	3.75	2.97	<10th
Average Length of Stay (Total Inpatient)	3.41	3.17	3.42	10th-24th
Discharges per 1,000 Member Months (Medicine)	0.96	0.86	0.60	<10th
Days per 1,000 Member Months (Medicine)	2.46	2.31	1.69	<10th
Average Length of Stay (Medicine)	2.56	2.70	2.82	<10th
Discharges per 1,000 Member Months (Surgery)	0.24	0.27	0.24	<10th
Days per 1,000 Member Months (Surgery)	1.69	1.31	1.20	<10th
Average Length of Stay (Surgery)	7.06	4.81	4.97	10th-24th
Discharges per 1,000 Member Months (Maternity)	0.16	0.12	0.06	<10th
Days per 1,000 Member Months (Maternity)	0.41	0.29	0.16	<10th
Average Length of Stay (Maternity)	2.51	2.36	2.68†	50th-74th

Performance Measures	HEDIS 2015 Rate	HEDIS 2016 Rate	HEDIS 2017 Rate	Percentile Ranking
Antibiotic Utilization*				
Average Scripts PMPY for Antibiotics	0.49	0.65	0.40	≥90th
Average Days Supplied per Antibiotic Script	10.39	10.55	11.06	<10th
Average Scripts PMPY for Antibiotics of Concern	0.19	0.25	0.13	≥90th
Percentage of Antibiotics of Concern of All Antibiotic Scripts	39.19%	39.06%	33.99%	≥90th

⁺ Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

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

¹ Differences in the rates from 2016 to 2017 should be interpreted with caution due to the transition from hybrid data collection for HEDIS 2015 and 2016 to administrative data collection in HEDIS 2017.

² Due to changes in NCQA’s technical specifications for this measure, exercise caution when comparing rates between HEDIS 2015 and 2016.

³ SMCN members were included in the HEDIS 2017 rate using modified specifications. Therefore, comparisons to prior years’ rates and national benchmarks were not performed.

⁴ Due to changes in NCQA’s technical specifications for this measure, exercise caution when comparing rates between HEDIS 2017 and prior years.

⁵ Quality Compass percentiles for this measure were not available; therefore, NCQA’s Audit Means and Percentiles benchmarks were used for comparative purposes.

⁶ Kaiser acknowledged that the reported rate used in the calculation of the statewide weighted average for this measure may not be valid; therefore, exercise caution when interpreting these results.

† 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 do not necessarily denote better or poorer performance. Rates were not risk adjusted; therefore, the percentile ranking should be interpreted with caution and may not accurately reflect high or low performance. This symbol may also indicate that fewer than 30 discharges were reported for this measure indicator. Exercise caution when evaluating this rate.

— Indicates the rate is not presented in the table above as the Department did not require the health plans to report this rate for the respective reporting year. This symbol may also indicate that a percentile ranking was not determined because the HEDIS 2017 measure rate was not reportable or the measure did not have an applicable benchmark.

NA (Small Denominator) indicates that the health plans followed the specifications but the denominator was too small (<30) to report a valid rate.

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.

Summary of Statewide Performance

Pediatric Care

CHP+ statewide averages demonstrated statistically significant improvements in performance from HEDIS 2016 to HEDIS 2017 for the *Childhood Immunization Status*, *Adolescent Well-Care Visits*, and *Appropriate Testing for Children With Pharyngitis* measures. Most notably, the documentation of immunization rates for children increased by 6 to 8 percentage points from HEDIS 2016 to HEDIS 2017, and select rates for the vaccination combinations ranked at or above the national Medicaid 50th percentile (i.e., *Combinations 6, 8, 9, and 10*).

Conversely, the *Well-Child Visits in the First 15 Months of Life—Six or More Visits* rate fell below the national Medicaid 25th percentile, and rates for *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* fell below the national Medicaid 10th percentile and decreased from 2016 to 2017. The decrease indicates opportunities for improvement statewide for the *Well-Child Visits in the First 15 Months of Life—Six or More Visits* and *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents* measure indicators. It should be noted that because the *Childhood Immunization Status*, *Well-Child Visits in the First 15 Months of Life*, *Adolescent Well-Care Visits*, and *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents* measures were reported using the administrative methodology instead of the hybrid methodology, these rates are indicative of administrative data completeness, not necessarily performance.

Access to Care and Preventive Screening

Rates for *Children and Adolescents' Access to Primary Care Practitioners—Ages 12 to 24 Months* and *Ages 25 Months to 6 Years* indicated areas for improvement at the CHP+ statewide level as the HEDIS 2017 rates for these measures fell below the national Medicaid 25th percentile and demonstrated a statistically significant decline from HEDIS 2016. Additionally, the CHP+ statewide average for *Chlamydia Screening for Women—Total* fell below the national Medicaid 10th percentile, suggesting opportunities for improvement in documented screenings for chlamydia. The CHP+ statewide average ranked above the national Medicaid 90th percentile for *Non-Recommended Cervical Cancer Screening in Adolescent Females* as evidenced by very low reported rates for all five CHP+ health plans. Of note, although this measure assesses unnecessary screenings for cervical cancer, very low rates may be due to lack of documented screenings for cervical cancer and not necessarily positive performance.

Mental/Behavioral Health

CHP+ statewide averages for *Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase* and *Continuation and Maintenance Phase* fell below the national Medicaid 10th percentile, and rates for *Use of Multiple Concurrent Antipsychotics in Children and Adolescents—Total* fell below the national Medicaid 25th percentile, indicating opportunities for improved care for children on ADHD medication and children/adolescents on antipsychotics.

Respiratory Conditions

The *Asthma Medication Ratio* CHP+ statewide average ranked at or above the national Medicaid 90th percentile, suggesting positive performance related to the ratio of asthma controller medications prescribed. However, CHP+ statewide average rates for *Medication Management for People with Asthma—Medication Compliance 50%—Total* and *Medication Compliance 75%—Total* fell below the national Medicaid 25th percentile, indicating opportunities for improvement related to medication management for members who remained on asthma controller medication during the treatment period.

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

- For HEDIS 2017, the Department changed the reporting requirements so that all measures were reported using the administrative methodology. Therefore, caution should be exercised when evaluating the results for measures that were reported using the hybrid methodology in HEDIS 2016 but reported administratively for HEDIS 2017, since they likely underestimate performance. Additionally, caution should be exercised when comparing measure results to national benchmarks, which were established using administrative and/or medical record review data.
- Since all HEDIS 2017 measures were reported using the administrative methodology per the Department's direction, health plans that were able to obtain supplemental data or capture more complete data will generally report higher rates when using the administrative methodology. As a result, the rates presented in this report are more representative of data completeness rather than a measure of performance. This should also be considered when comparing measures that were reported using the hybrid methodology in prior years.
- National HEDIS percentiles are not available for the CHIP population; therefore, comparison of the CHP+ health plans' rates to 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—2017 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 Colorado	Kaiser
Rocky Mountain Health Plans	RMHP

Summary of HEDIS 2017 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 2017. 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)*. 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 2017 measures and measure indicators that are presented within this report as well as the corresponding domains of care. Additional measure indicator rates are displayed within the appendices for more granular definitions of plan performance for select measures. For example, the *Total* rates for the *Medication Management for People With Asthma* are displayed in the Executive Summary and Section 6 of this report to provide an overall understanding of plan and statewide performance associated with medication management for members 5 to 18 years of age. *Medication Management for People With Asthma* rates for *Ages 5 to 11* and *Ages 12 to 18* are presented along with the *Total* in the appendices. Of note, the *Prenatal and Postpartum Care* measure, which was derived using SMCN data, did not undergo performance measure validation.

Table 2-2—Colorado CHP+ HEDIS 2017 Required Measures

Performance Measures
Pediatric Care
<i>Childhood Immunization Status—Combinations 2–10</i>
<i>Immunizations for Adolescents—Combination 1 (Meningococcal, Tdap) and Combination 2 (Meningococcal, Tdap, HPV)</i>
<i>Well-Child Visits in the First 15 Months of Life—Zero Visits and Six or More Visits</i>
<i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i>
<i>Adolescent Well-Care Visits</i>
<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile Documentation—Total, Counseling for Nutrition—Total, and Counseling for Physical Activity—Total</i>
<i>Appropriate Testing for Children With Pharyngitis</i>
Access to Care and Preventive Screening
<i>Prenatal and Postpartum Care—Timeliness of Prenatal Care and Postpartum Care *</i>
<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>
<i>Chlamydia Screening in Women—Total</i>
<i>Non-Recommended Cervical Cancer Screening in Adolescent Females</i>
Mental/Behavioral Health
<i>Antidepressant Medication Management—Effective Acute Phase Treatment and Effective Continuation Phase Treatment</i>
<i>Follow-up Care for Children Prescribed ADHD Medication—Initiation Phase and Continuation and Maintenance Phase</i>
<i>Use of Multiple Concurrent Antipsychotics in Children and Adolescents—Total</i>

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

* CHP+ State Managed Care Network (SMCN) was only required to report one measure, Prenatal and Postpartum Care (PPC).

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

According to the Department’s guidance, all measure rates presented in this report for the health plans are based on administrative data only. The hybrid data collection methodology, however, was used by the health plans to report rates for select measures prior to 2017, and these historical 2015 and 2016 rates may reflect this data collection methodology. Therefore, the following sections describe both administrative and hybrid reporting methods. The data collection or calculation methods for each measure are described in detail by NCQA in the *HEDIS 2017 Volume 2 Technical Specifications*.

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.

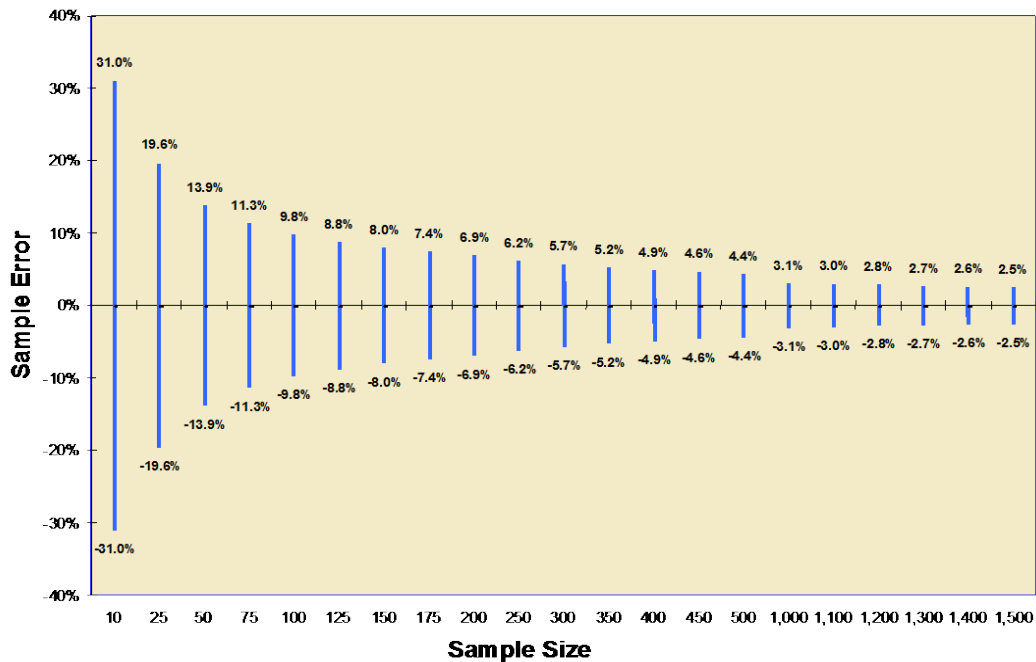
Understanding Sampling Error

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.

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 2017 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 2017 measure indicator rates received one of five predefined audit results: *Reportable (R)*, *Small Denominator (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.

Differences in Calculations

For HEDIS 2016, data were not available to support the calculation of *Prenatal and Postpartum Care* measure rates. In addition, for HEDIS 2017, this measure was calculated using modified measure specifications. Only SMCN was required to report this measure, and the remaining CHP+ health plans were not required to report rates for this measure. Of note, SMCN's calculated rates did not undergo an NCQA HEDIS Compliance Audit.

For HEDIS 2017, the measure specifications were modified to address the use of bundled service billing.

In a case where a provider submitted a bundled service claim, but did not indicate the date when prenatal care was initiated, the following criteria were used as a proxy to determine the date when prenatal care was initiated to calculate the rate for *Timeliness of Prenatal Care*:

- Any visit with the same obstetrician/gynecologist (OB/GYN) who submitted the bundled service claim during the relevant time period.
- A claim for an obstetric ultrasound during the relevant time period.

In a case where a provider submitted a bundled service claim, but did not indicate the date when postpartum care was rendered, any visit with the same OB/GYN during the relevant time period was used as a proxy to determine the date when postpartum care was rendered to calculate the rate for *Postpartum Care*.

Calculation of Statewide Averages

For all measures, HSAG collected the audited results, numerator, denominator, rate, audit designation, 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 2017 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 2017 rates: 2016 NCQA Quality Compass. Of note, rates for the *Medication Management for People With Asthma—Medication Compliance 50%—Total* measure indicator were compared to the 2016 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.

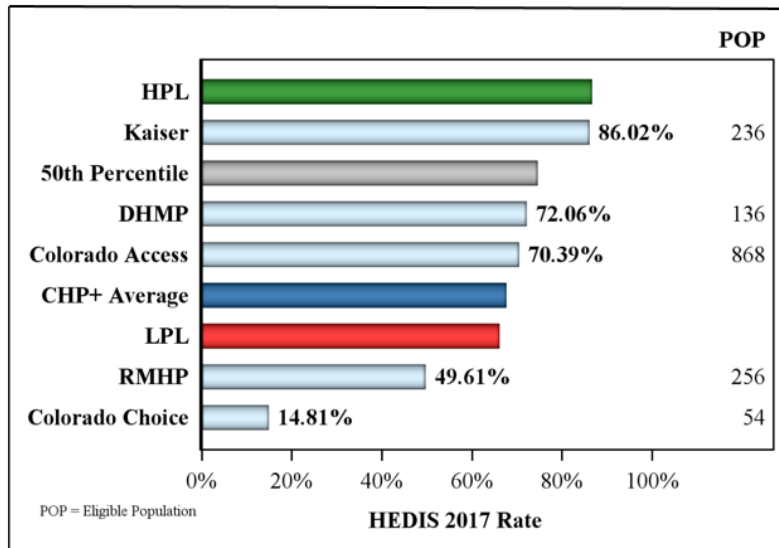
Figure Interpretation

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 2017 statewide weighted average (i.e., the bar shaded darker blue) as well as the HEDIS 2016 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 2016 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



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 2-3.

Table 2-3—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 2017 CHP+ statewide weighted averages and health plan-specific rates to the corresponding HEDIS 2016 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 2016 and HEDIS 2017” section below lists measures with specification changes made by NCQA.
- Substantial changes in membership composition within the health plan.

Some statistically significant declines and improvements may be based on the denominator, not due to a large rate change. Caution should be exercised when evaluating significance testing results since statistically significant changes in performance may not necessarily be clinically significant.

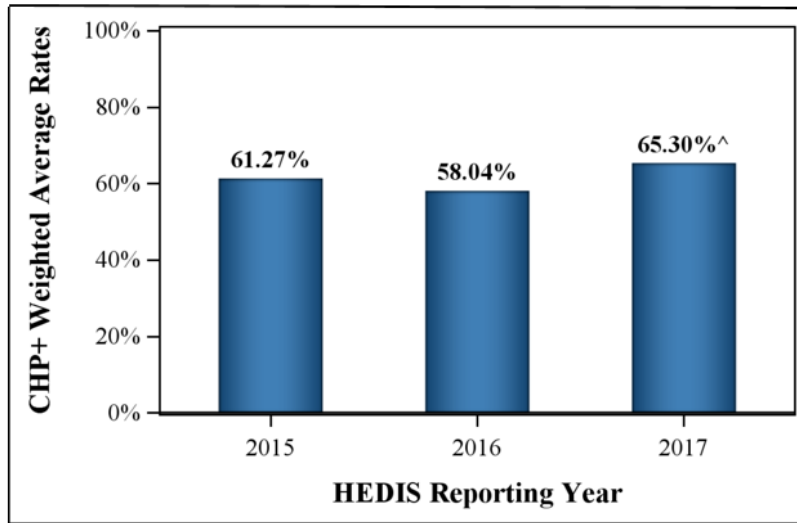
Additionally, caution should be exercised when comparing rates for measures that were reported using different methodologies from year to year (e.g., the hybrid methodology for HEDIS 2016 and the administrative methodology for HEDIS 2017), as the administrative-only rate likely underestimates performance. Similarly, caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the hybrid methodology.

Figure Interpretation

Within the Executive Summary and Appendix B of this report, performance measure indicator rates and results of significance testing between HEDIS 2016 and HEDIS 2017 are presented in tabular format. HEDIS 2017 rates shaded green with one caret (^) indicate a statistically significant improvement in performance from the previous year. HEDIS 2017 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 2015, HEDIS 2016, and HEDIS 2017 CHP+ statewide weighted averages, with significance testing performed between the HEDIS 2016 and HEDIS 2017 weighted averages. Within these figures, HEDIS 2017 rates with one caret (^) indicate a statistically significant improvement in performance from HEDIS 2016. HEDIS 2017 rates with two carets (^) indicate a statistically significant decline in performance from HEDIS 2016. An example of the vertical bar graph figure for measure indicators reported is shown in Figure 2-3.

Figure 2-3—Sample Vertical Bar Graph Figure Showing Statistically Significant Improvement



Measure Changes Between HEDIS 2016 and HEDIS 2017

The following is a list of measures with technical specification changes that NCQA announced for HEDIS 2017.^{2-2,2-3} These changes may have an effect on the HEDIS 2017 rates that are presented in this report.

Childhood Immunization Status (CIS)

- Added CVX (vaccine administered) codes to the measure.
- Added HIV Type 2 Value Set to the optional exclusions.
- Added optional exclusions for the rotavirus vaccine.

Immunizations for Adolescents (IMA)

- Added the human papillomavirus (HPV) vaccine.
- Added Combination 2 (meningococcal, Tdap, HPV).
- Removed the tetanus, diphtheria toxoids (Td) and meningococcal polysaccharide vaccines.
- Added CVX codes to the measure.

Well-Child Visits in the First 15 Months of Life (W15)

- Clarified that services specific to the assessment or treatment of an acute or chronic condition do not count toward the measure.

Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34)

- Clarified that services specific to the assessment or treatment of an acute or chronic condition do not count toward the measure.

Adolescent Well-Care Visits (AWC)

- Clarified that services specific to the assessment or treatment of an acute or chronic condition do not count toward the measure.

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

- Included examples of services specific to the assessment or treatment of an acute or chronic condition that do not count toward the “Counseling for nutrition” and “Counseling for physical activity” indicators.
- Replaced “Each of the 3 rates” with “✓” for the “Measurement year” row in Table WCC-1/2.

²⁻² National Committee for Quality Assurance. *HEDIS® 2017, Volume 2: Technical Specifications for Health Plans*. Washington, DC: NCQA Publication, 2016.

²⁻³ National Committee for Quality Assurance. *HEDIS® 2017, Volume 2: Technical Update*. Washington, DC: NCQA Publication, 2016.

Appropriate Testing for Children With Pharyngitis (CWP)

- Added instructions to identify ED visits and observation visits that result in an inpatient stay.

Prenatal and Postpartum Care (PPC)

- Clarified that the prenatal visit for the *Timeliness of Prenatal Care* numerator can occur on the date of enrollment.
- Clarified in the *Note* that the estimated date of delivery (EDD) must be on or between November 6 of the year prior to the measurement year and November 5 of the measurement year.
- Added a *Note* explaining that the organization may use the EDD to identify the first trimester for the *Timeliness of Prenatal Care* rate and use the date of delivery for the *Postpartum Care* rate.
- Replaced “Each of the 2 rates” with a “✓” for the “Measurement year” row in Table PPC-1/2.

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

- Added HIV Type 2 Value Set to the required exclusions.

Antidepressant Medication Management (AMM)

- Revised the required exclusion instructions for inpatient stays to search for admissions or discharges that occur during the 121-day period.
- Clarified the number of gap days allowed for each numerator.

Use of Multiple Concurrent Antipsychotics in Children and Adolescents (APC)

- Added Cariprazine to the description of “Second generation antipsychotic medications” in Table APC-A.
- Added a requirement to not include denied claims in the numerator.
- Added a *Note*.
 - Because supplemental data may not be used to identify the eligible population, and the same events are used for the denominator and numerator, supplemental data may not be used for this measure.
 - Although denied claims are not included when assessing the numerator, all claims (paid, suspended, pending and denied) must be included when identifying the eligible population.
- Removed “Numerator events by supplemental data” from Table APC-1/2.

Appropriate Treatment for Children With Upper Respiratory Infection (URI)

- Added instructions to identify emergency department (ED) visits and observation visits that result in an inpatient stay.
- Added a requirement to not include denied claims in the numerator.

Ambulatory Care (AMB)

- Added instructions to identify ED visits that result in an inpatient stay.

Glossary

Table 2-4 below provides definitions of terms, abbreviations, and acronyms used through this report.

Table 2-4—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>Small Denominator (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.
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.
CVX	Vaccine administered.
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.
EDD	Estimated date of delivery.
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.)

Term	Description
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.
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.)
HPV	Human papillomavirus vaccine
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. ²⁻⁴

²⁻⁴ National Committee for Quality Assurance. HEDIS Compliance Audit Standards, Policies and Procedures, Volume 5. Washington D.C.

Term	Description
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 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	Small Denominator; 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.
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 2017 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.

Term	Description
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.)
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) and Combination 2 (Meningococcal, Tdap, HPV)*
- *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

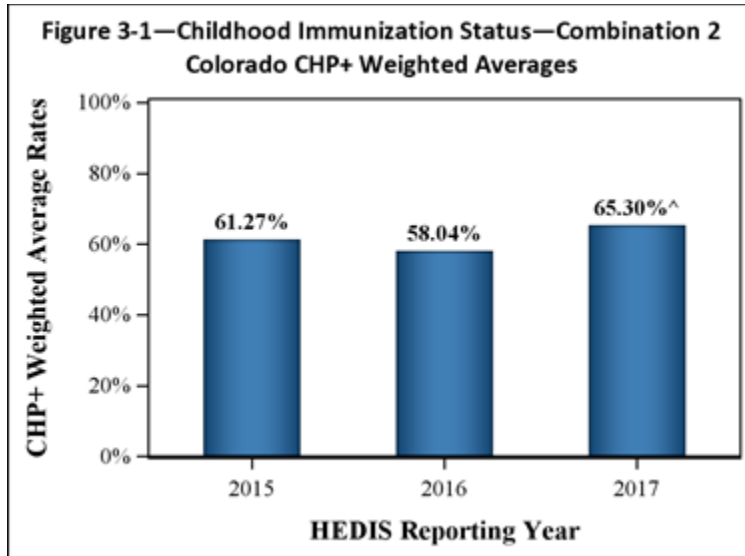
Childhood Immunization Status measures the percentage of members 2 years of age who received the following vaccinations on or before their second birthday. Table 3-1 displays the different antigens associated with various combinations.

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	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

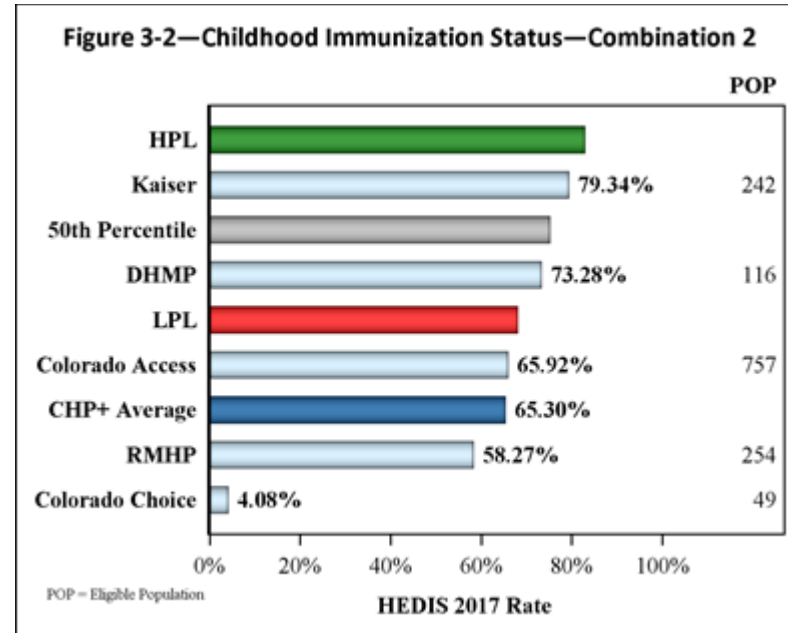
Childhood Immunization Status—Combination 2

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.



One caret (^) indicates a statistically significant improvement in performance from 2016 to 2017.

The CHP+ statewide weighted average demonstrated a statistically significant improvement from 2016 to 2017.

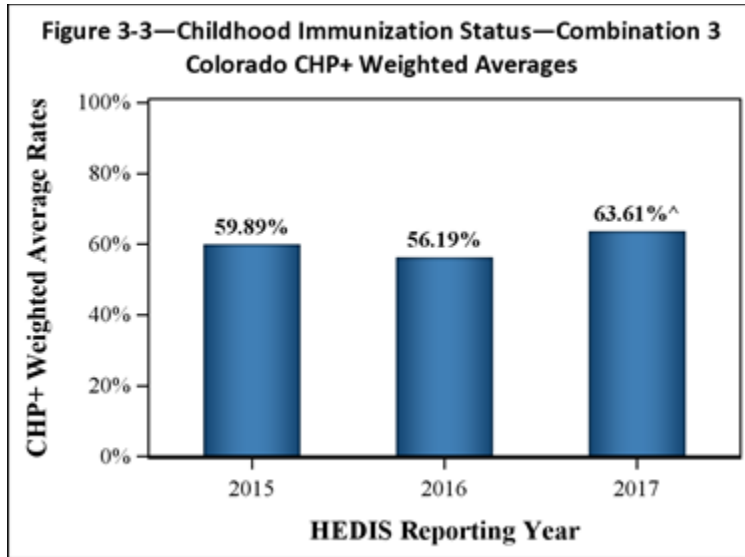


Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

One health plan ranked above the national Medicaid 50th percentile but below the HPL. Three health plans and the CHP+ statewide weighted average ranked below the LPL. Health plan performance varied from 4.08 percent to 79.34 percent.

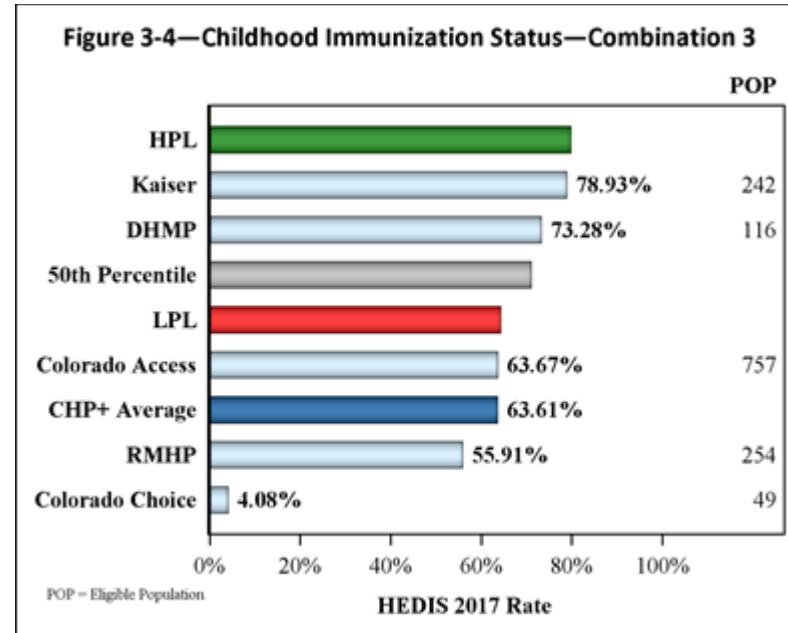
Childhood Immunization Status—Combination 3

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.



One caret (^) indicates a statistically significant improvement in performance from 2016 to 2017.

The CHP+ statewide weighted average demonstrated a statistically significant improvement from 2016 to 2017.

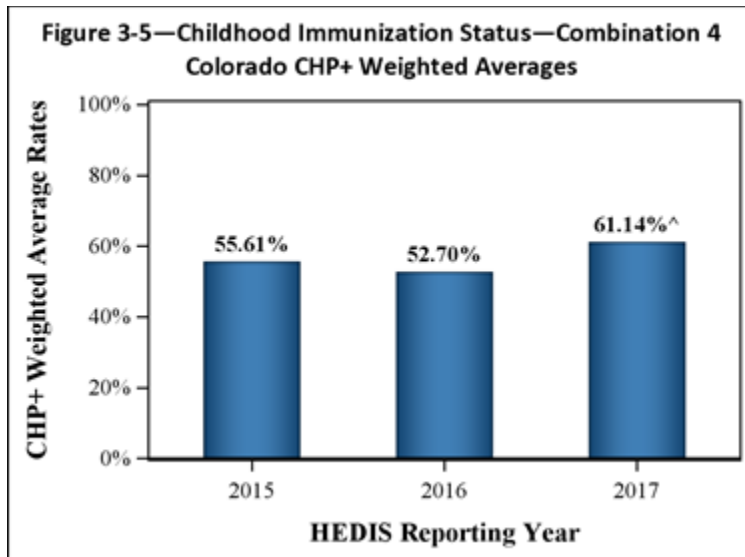


Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

Two health plans ranked above the national Medicaid 50th percentile but below the HPL. Three health plans and the CHP+ statewide weighted average ranked below the LPL. Health plan performance varied from 4.08 percent to 78.93 percent.

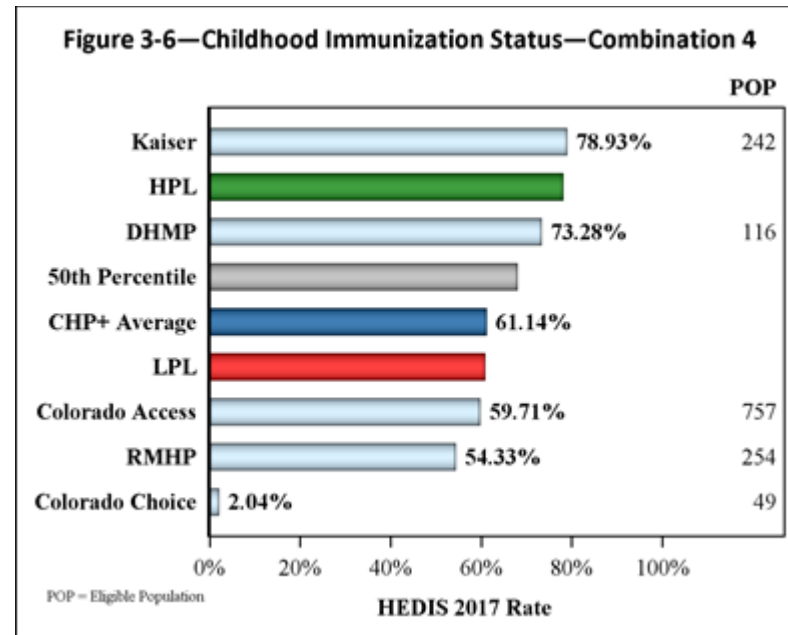
Childhood Immunization Status—Combination 4

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.



One caret (^) indicates a statistically significant improvement in performance from 2016 to 2017.

The CHP+ statewide weighted average demonstrated a statistically significant improvement from 2016 to 2017.

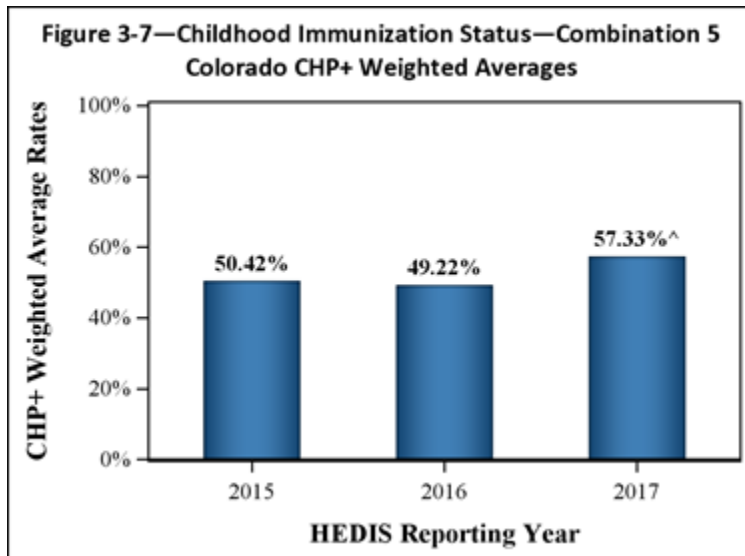


Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

One health plan ranked above the HPL. Three health plans ranked below the LPL. Health plan performance varied from 2.04 percent to 78.93 percent.

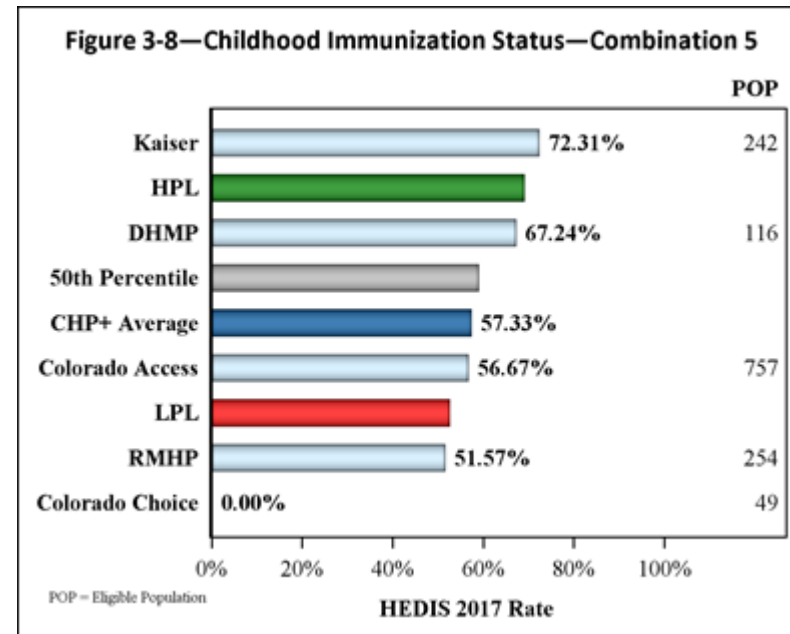
Childhood Immunization Status—Combination 5

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.



One caret (^) indicates a statistically significant improvement in performance from 2016 to 2017.

The CHP+ statewide weighted average demonstrated a statistically significant improvement from 2016 to 2017.

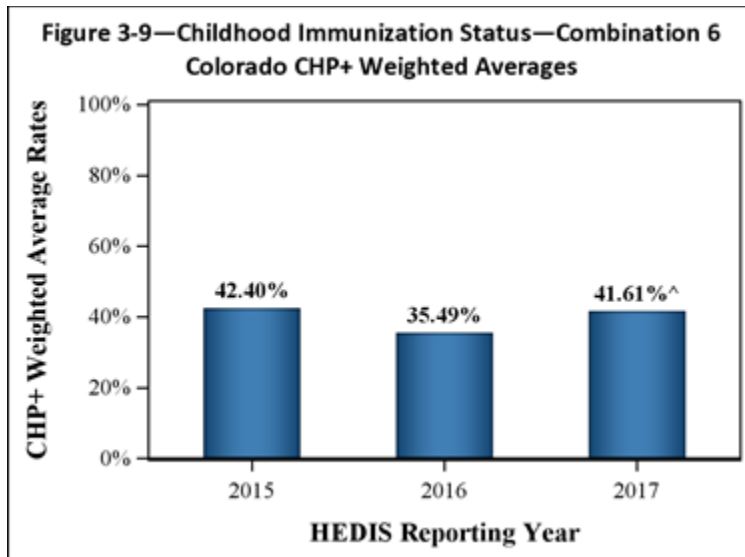


Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

One health plan ranked above the HPL. Two health plans ranked below the LPL. Health plan performance varied from 0.00 percent to 72.31 percent.

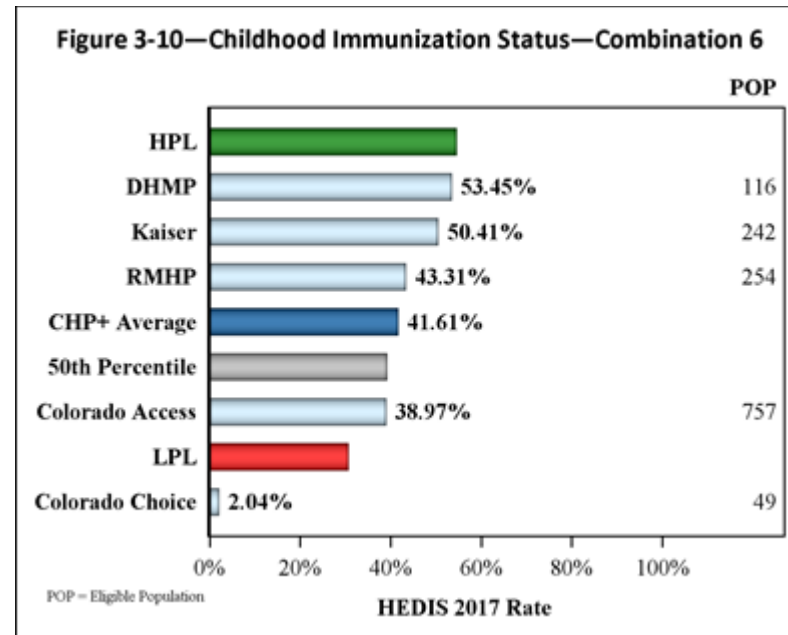
Childhood Immunization Status—Combination 6

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.



One caret (^) indicates a statistically significant improvement in performance from 2016 to 2017.

The CHP+ statewide weighted average demonstrated a statistically significant improvement in performance from 2016 to 2017.

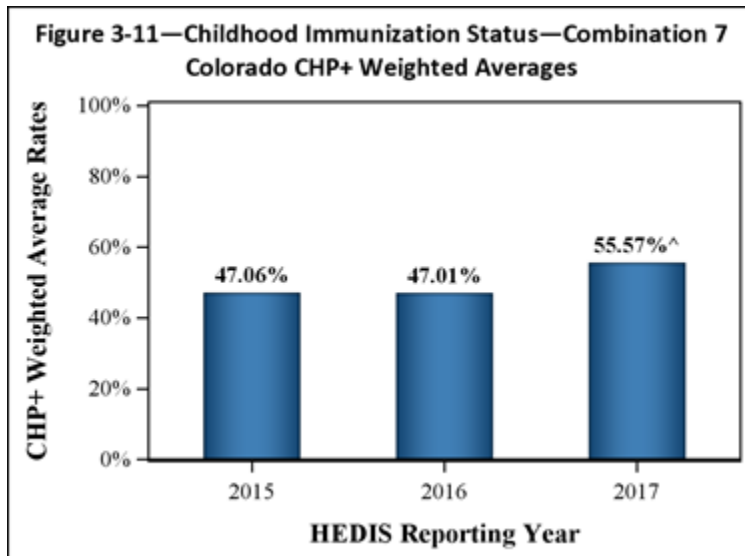


Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

Three health plans and the CHP+ statewide weighted average ranked above the national Medicaid 50th percentile but below the HPL. One health plan ranked below the LPL. Health plan performance varied from 2.04 percent to 53.45 percent.

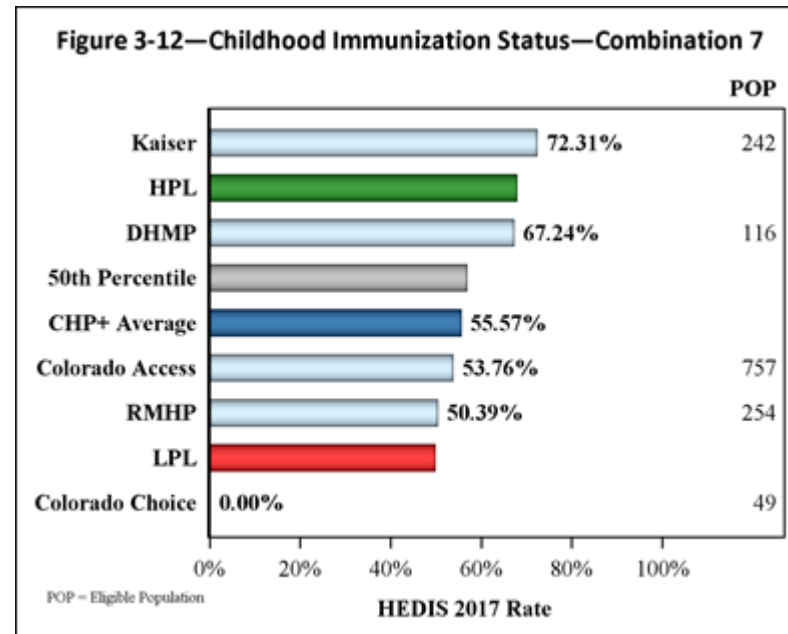
Childhood Immunization Status—Combination 7

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.



One caret (^) indicates a statistically significant improvement in performance from 2016 to 2017.

The CHP+ statewide weighted average demonstrated a statistically significant improvement from 2016 to 2017.

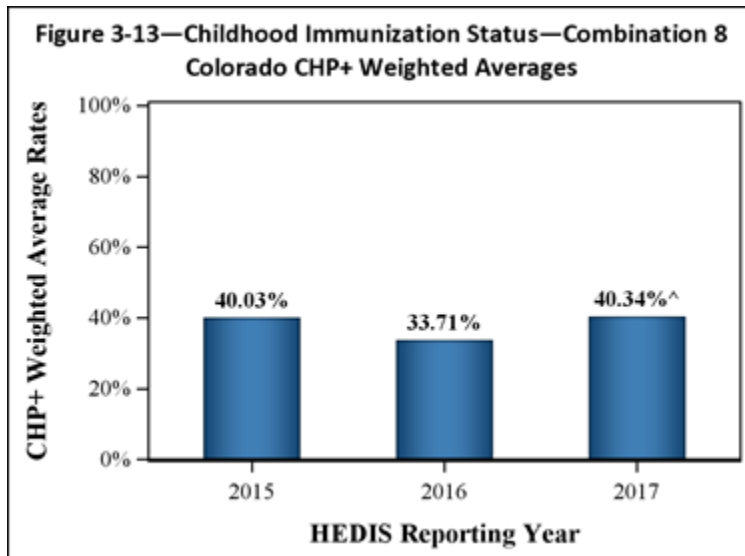


Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

One health plan ranked above the HPL. One health plan ranked below the LPL. Health plan performance varied from 0.00 percent to 72.31 percent.

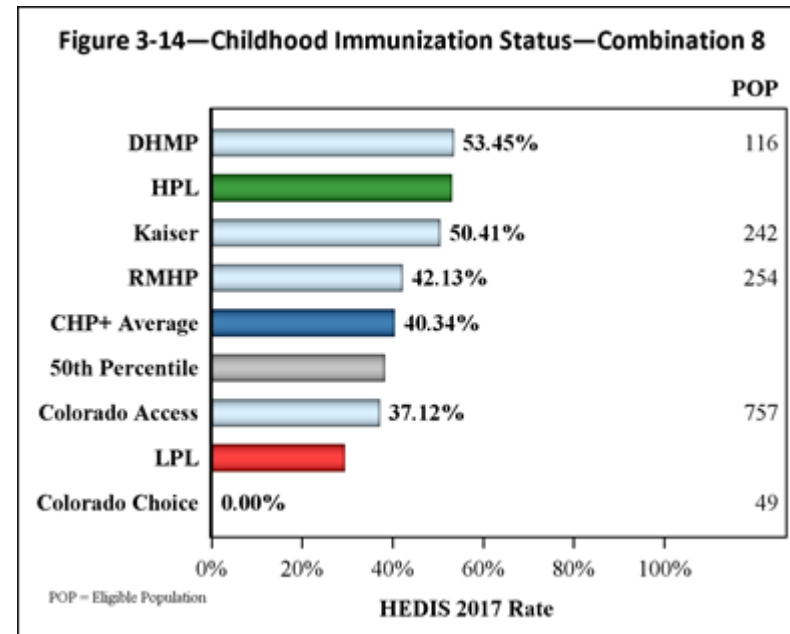
Childhood Immunization Status—Combination 8

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.



One caret (^) indicates a statistically significant improvement in performance from 2016 to 2017.

The CHP+ statewide weighted average demonstrated a statistically significant improvement in performance from 2016 to 2017.

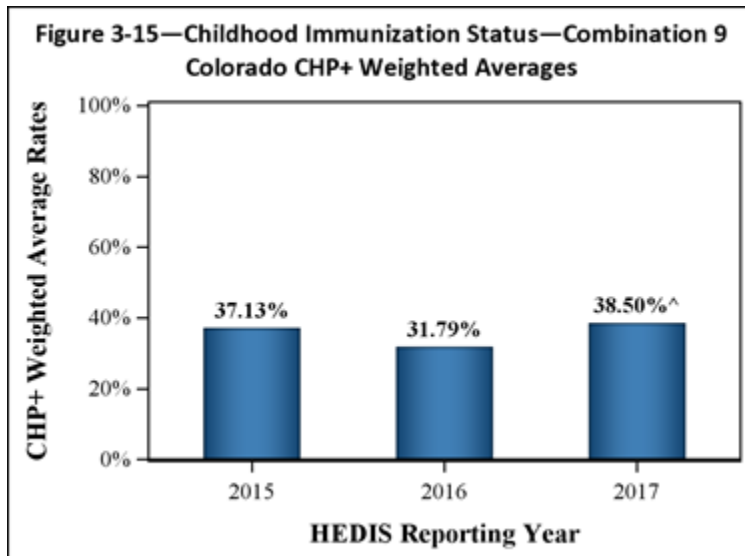


Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

One health plan ranked above the HPL. One health plan ranked below the LPL. Health plan performance varied from 0.00 percent to 53.45 percent.

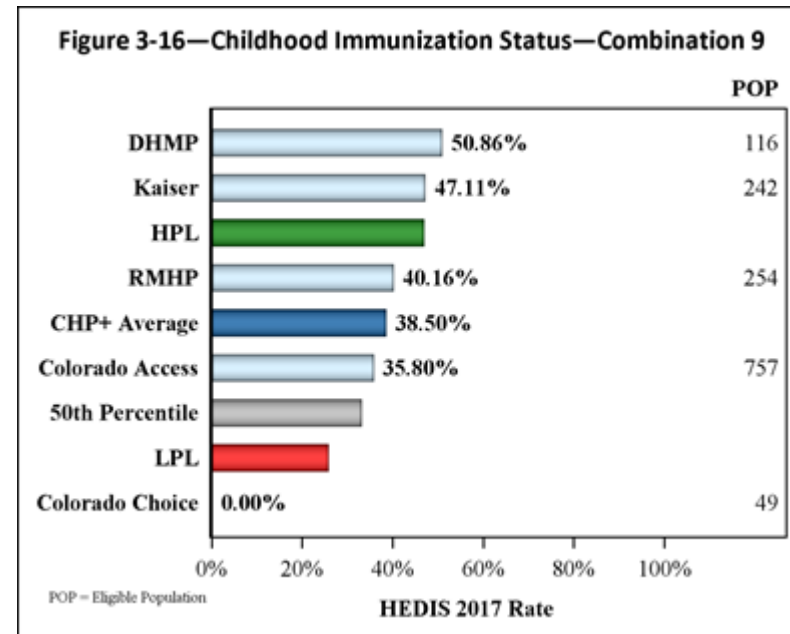
Childhood Immunization Status—Combination 9

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.



One caret (^) indicates a statistically significant improvement in performance from 2016 to 2017.

The CHP+ statewide weighted average demonstrated a statistically significant improvement in performance from 2016 to 2017.

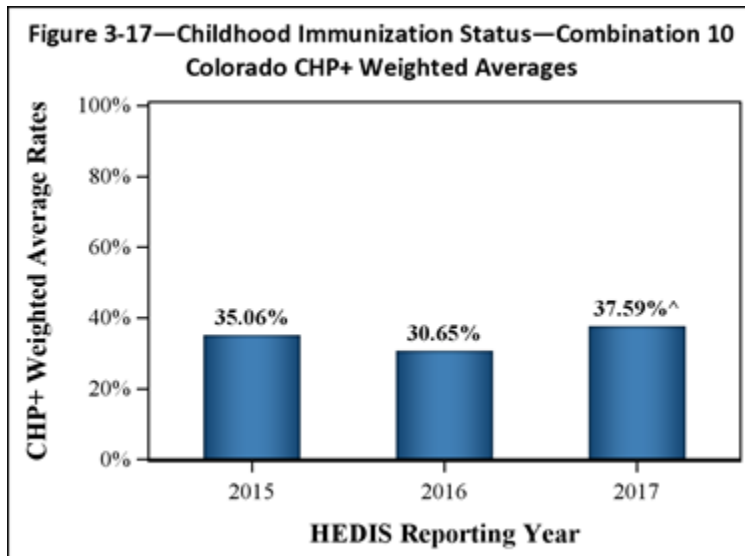


Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

Two health plans ranked above the HPL. One health plan ranked below the LPL. Health plan performance varied from 0.00 percent to 50.86 percent.

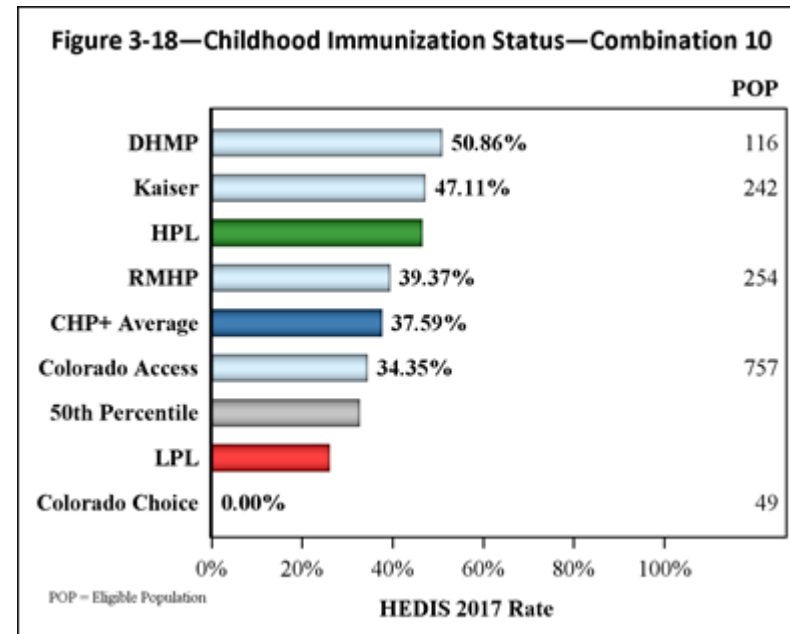
Childhood Immunization Status—Combination 10

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.



One caret (^) indicates a statistically significant improvement in performance from 2016 to 2017.

The CHP+ statewide weighted average demonstrated a statistically significant improvement in performance from 2016 to 2017.

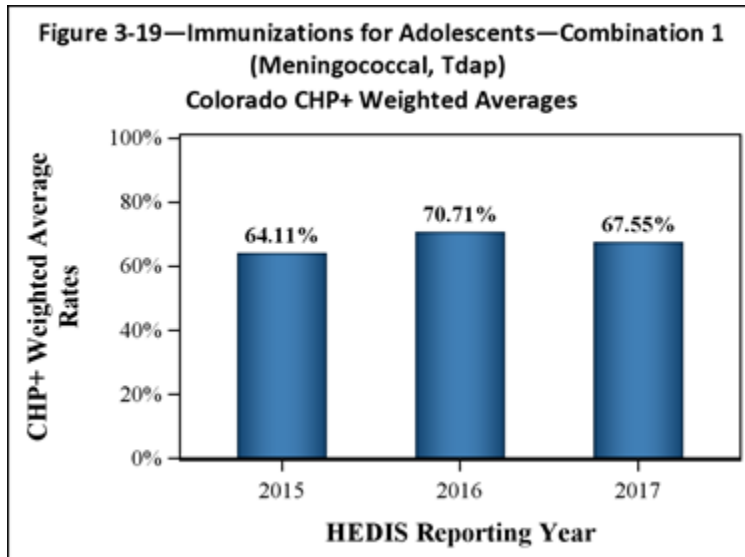


Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

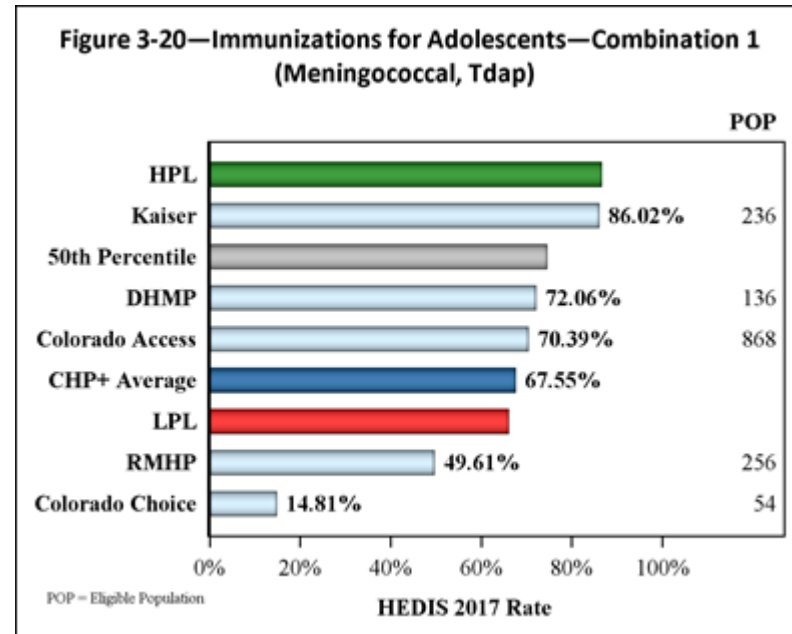
Two health plans ranked above the HPL. One health plan ranked below the LPL. Health plan performance varied from 0.00 percent to 50.86 percent.

Immunizations for Adolescents—Combination 1 (Meningococcal, Tdap)

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



The CHP+ statewide weighted average did not demonstrate a statistically significant change in performance from 2016 to 2017.



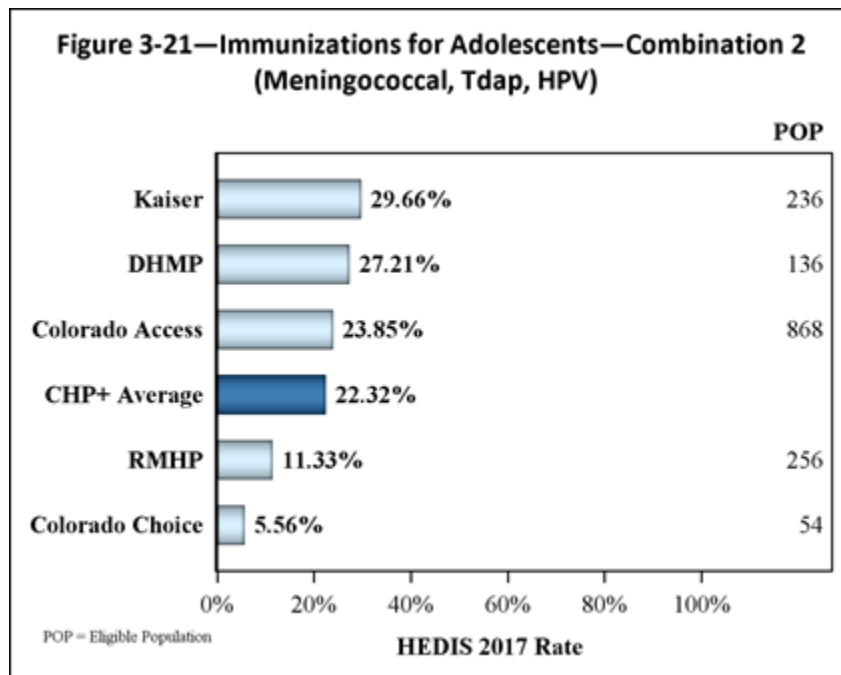
Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

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 14.81 percent to 86.02 percent.

Immunizations for Adolescents—Combination 2 (Meningococcal, Tdap, HPV)

Immunizations for Adolescents—Combination 2 (Meningococcal, Tdap, HPV) measures the percentage of members 13 years of age who had the following vaccines by their 13th birthday: one dose of meningococcal conjugate vaccine, one tetanus, diphtheria toxoids, and acellular pertussis (Tdap) vaccine, and three doses of the human papillomavirus (HPV) vaccine.

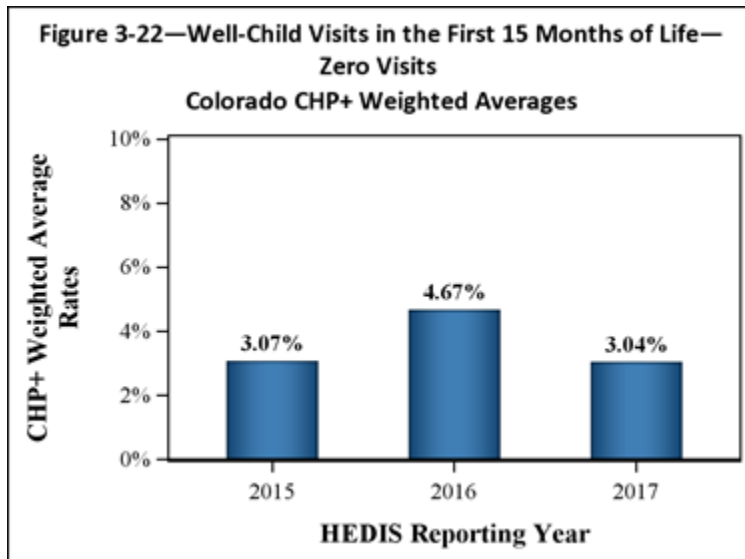
This measure indicator was new for HEDIS 2017. Since Quality Compass has not yet published benchmarks for this measure, comparisons to prior years’ results and national benchmarks were not performed.



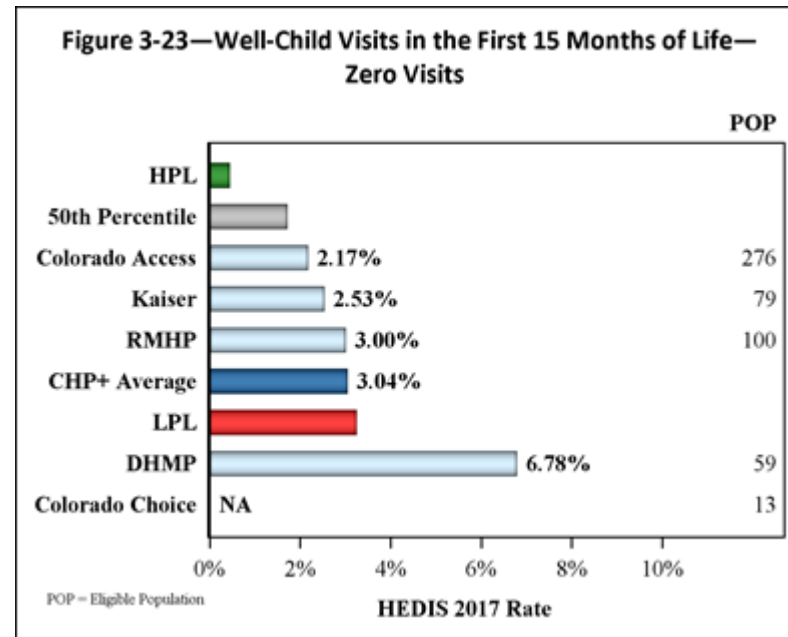
Health plan performance varied from 5.56 percent to 29.66 percent.

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



The CHP+ statewide weighted average did not demonstrate a statistically significant change in performance from 2016 to 2017.

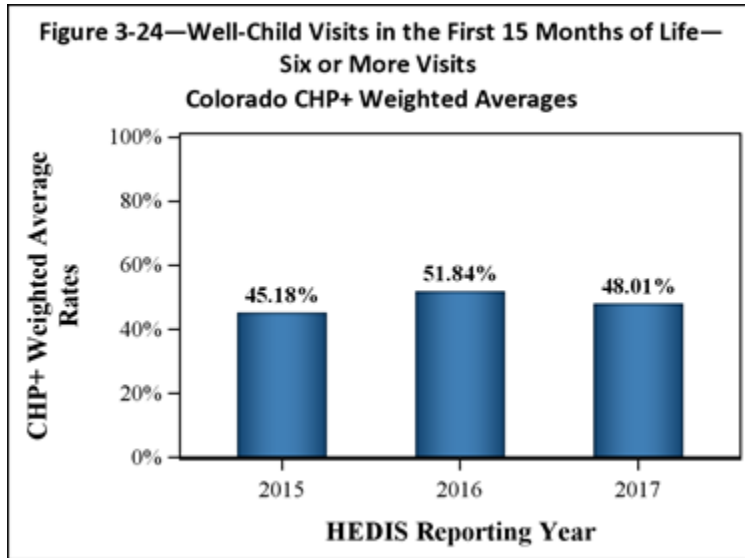


NA (Small Denominator) indicates that the health plan followed the specifications, but the denominator was too small (<30) to report a valid rate. Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

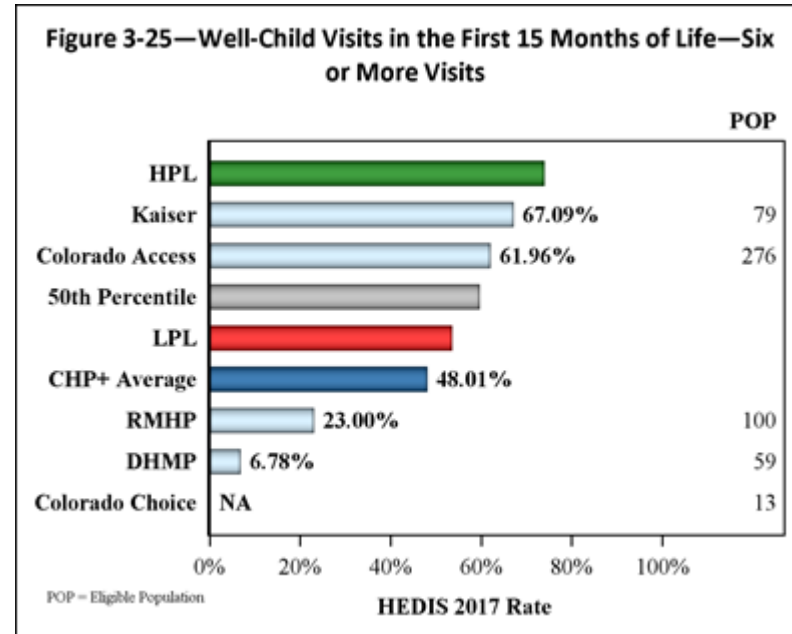
No health plans ranked above the national Medicaid 50th percentile. One health plan ranked below the LPL. Health plan performance varied from 2.17 percent to 6.78 percent.

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.



The CHP+ statewide weighted average did not demonstrate a statistically significant change in performance from 2016 to 2017.

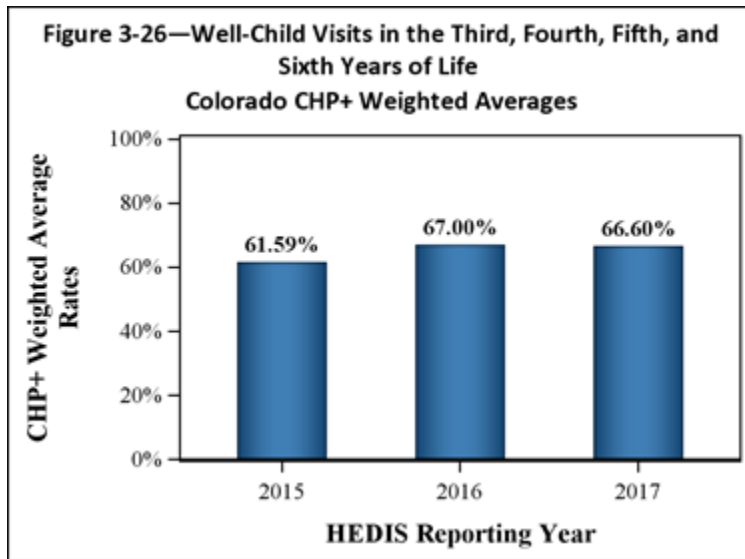


NA (Small Denominator) indicates that the health plan followed the specifications, but the denominator was too small (<30) to report a valid rate. Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

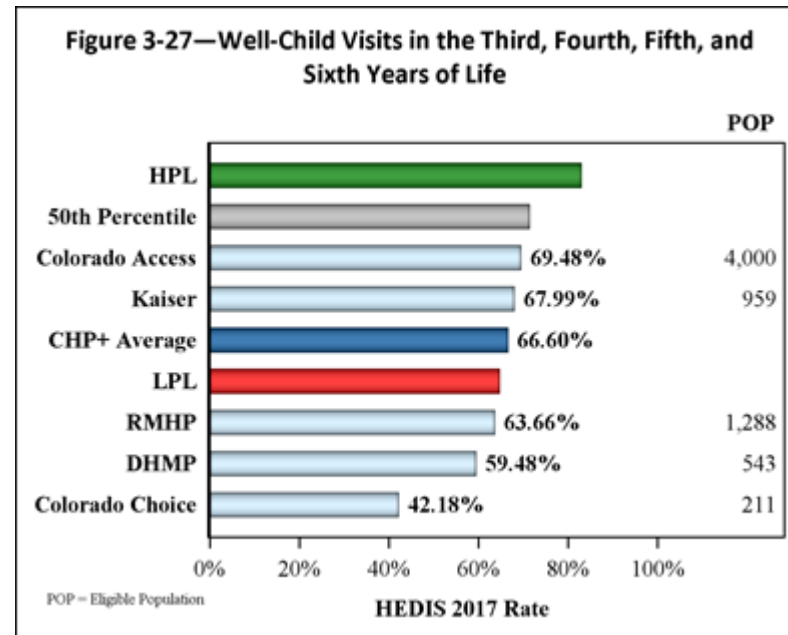
Two health plans ranked above the national Medicaid 50th percentile but below the HPL. Two health plans and the CHP+ statewide weighted average ranked below the LPL. Health plan performance varied from 6.78 percent to 67.09 percent.

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.



The CHP+ statewide weighted average did not demonstrate a statistically significant change in performance from 2016 to 2017.

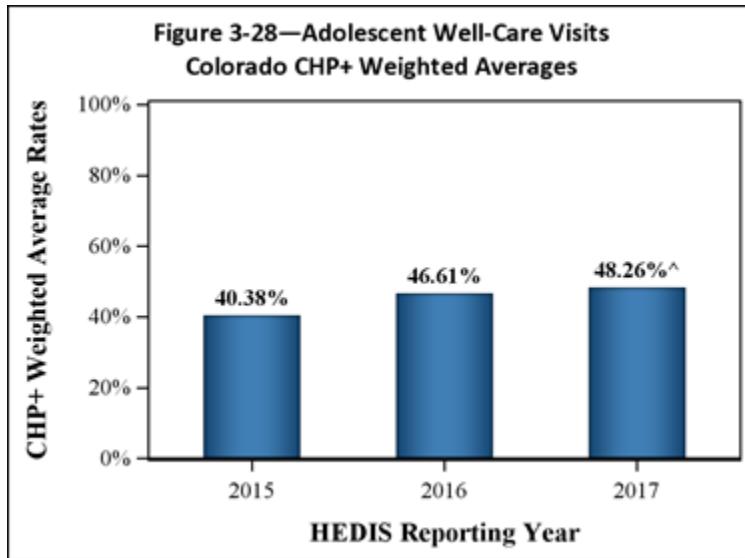


Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

No health plans ranked above the national Medicaid 50th percentile. Three health plans ranked below the LPL. Health plan performance varied from 42.18 percent to 69.48 percent.

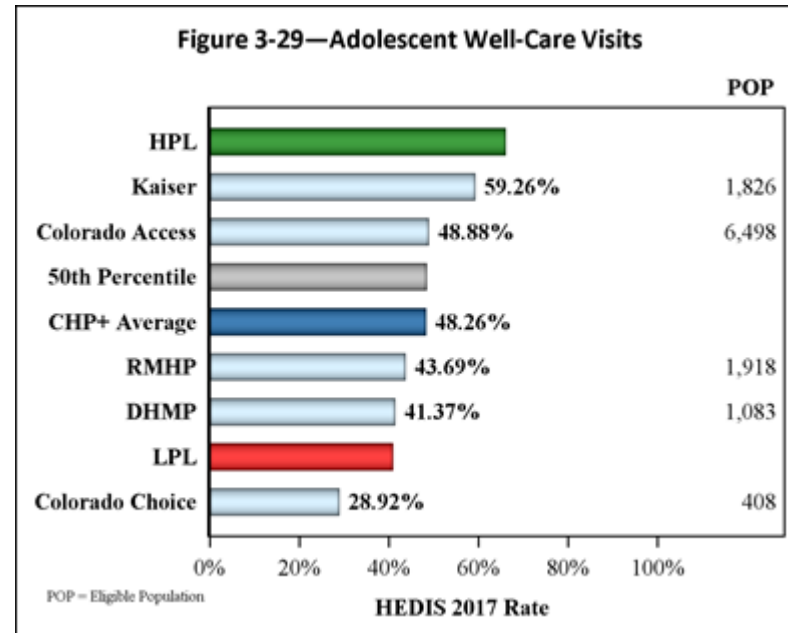
Adolescent Well-Care Visits

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



One caret (^) indicates a statistically significant improvement in performance from 2016 to 2017.

The CHP+ statewide weighted average demonstrated a statistically significant improvement in performance from 2016 to 2017.

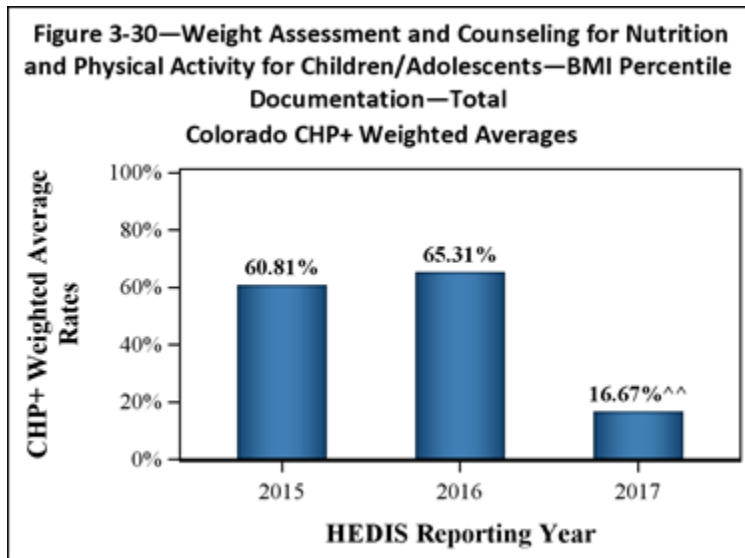


Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

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 28.92 percent to 59.26 percent.

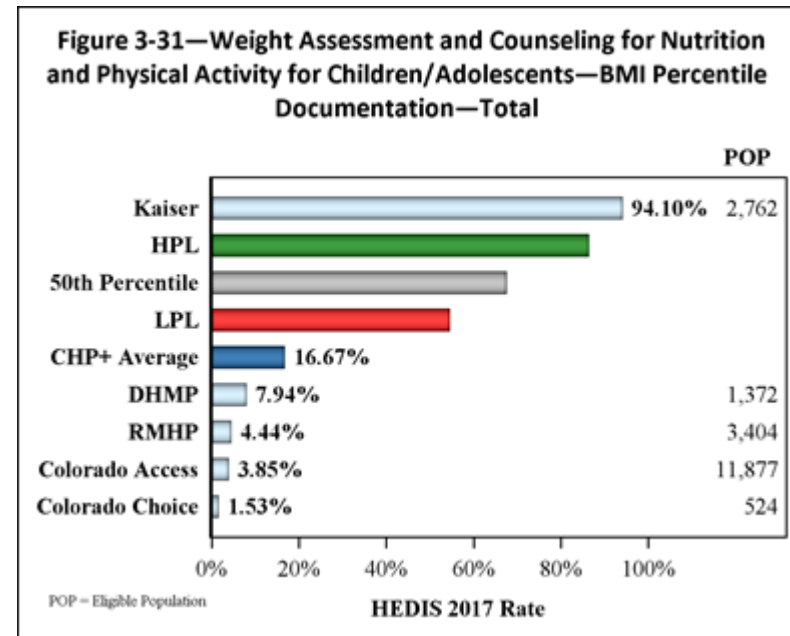
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile Documentation—Total

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.



Two carets (^) indicate a statistically significant decline in performance from 2016 to 2017. Changes in the rates should be interpreted with caution due to a change in the Department's reporting requirement from hybrid in 2015 and 2016 to administrative for 2017.

The CHP+ statewide weighted average demonstrated a statistically significant decline in performance from 2016 to 2017. As previously mentioned, caution should be exercised when comparing the HEDIS 2016 hybrid rates to the HEDIS 2017 administrative-only rates.

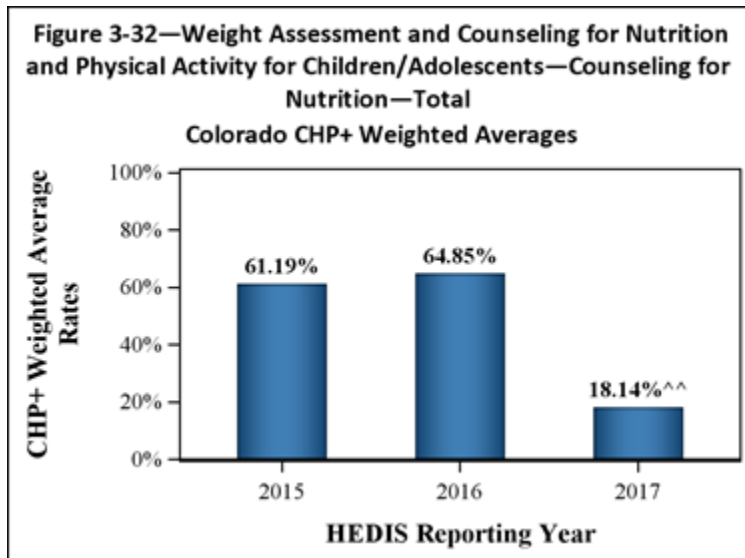


Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

One health plan ranked above the HPL. Four health plans and the CHP+ statewide weighted average ranked below the LPL. Health plan performance varied from 1.53 percent to 94.10 percent.

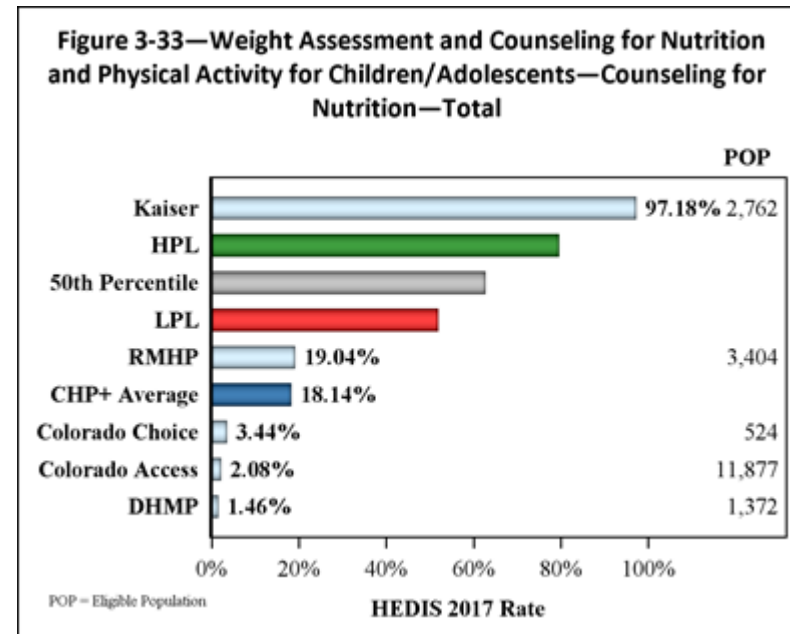
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Nutrition—Total

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.



Two carets (^) indicate a statistically significant decline in performance from 2016 to 2017. Changes in the rates should be interpreted with caution due to a change in the Department's reporting requirement from hybrid in 2015 and 2016 to administrative for 2017.

The CHP+ statewide weighted average demonstrated a statistically significant decline in performance from 2016 to 2017. As previously mentioned, caution should be exercised when comparing the HEDIS 2016 hybrid rates to the HEDIS 2017 administrative-only rates.

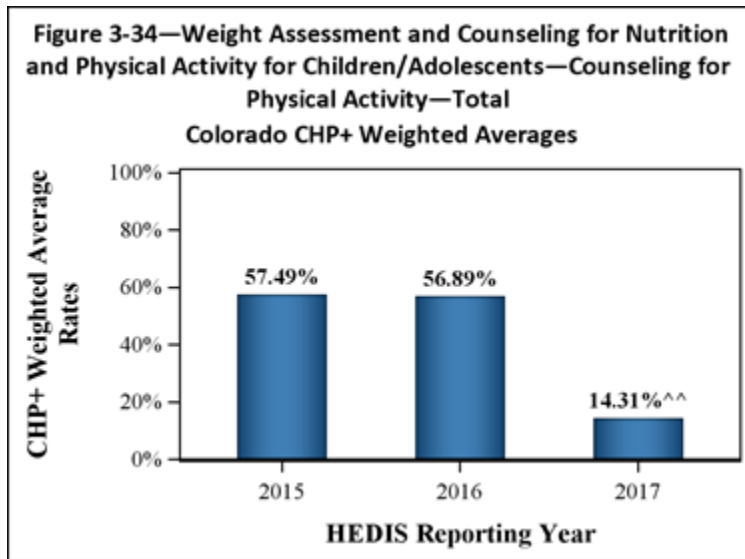


Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

One health plan ranked above the HPL. Four health plans and the CHP+ statewide weighted average ranked below the LPL. Health plan performance varied from 1.46 percent to 97.18 percent.

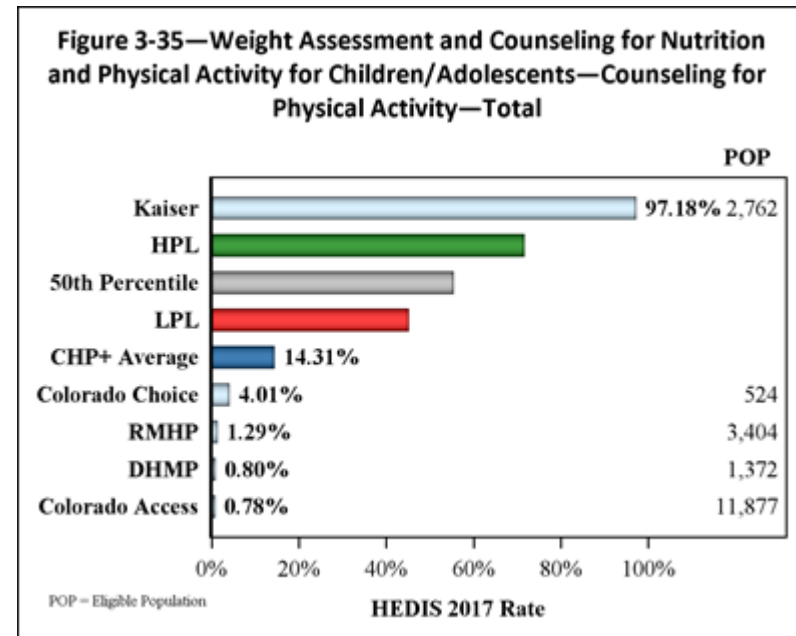
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents— Counseling for Physical Activity—Total

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.



Two carets (^) indicate a statistically significant decline in performance from 2016 to 2017. Due to changes in NCQA's technical specifications for this measure, exercise caution when trending rates between 2015 and 2016. Changes in the rates should be interpreted with caution due to a change in the Department's reporting requirement from hybrid in 2015 and 2016 to administrative for 2017.

The CHP+ statewide weighted average demonstrated a statistically significant decline in performance from 2016 to 2017. As previously mentioned, caution should be exercised when comparing the HEDIS 2016 hybrid rates to the HEDIS 2017 administrative-only rates.

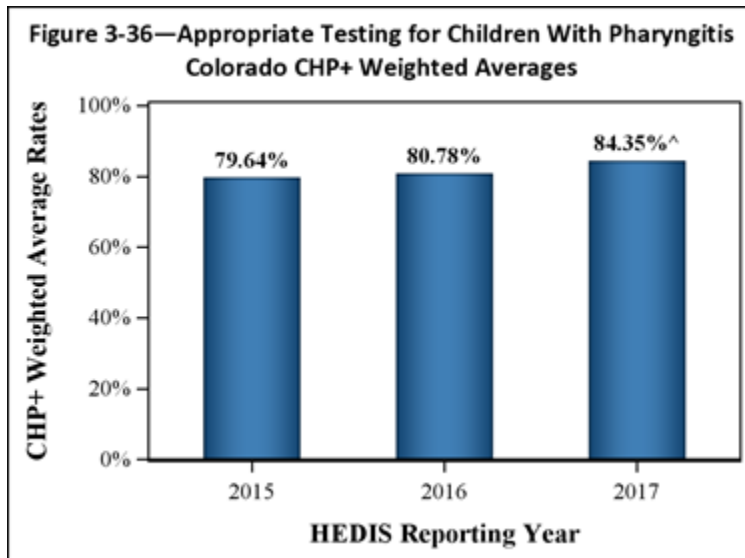


Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

One health plan ranked above the HPL. Four health plans and the CHP+ statewide weighted average ranked below the LPL. Health plan performance varied from 0.78 percent to 97.18 percent.

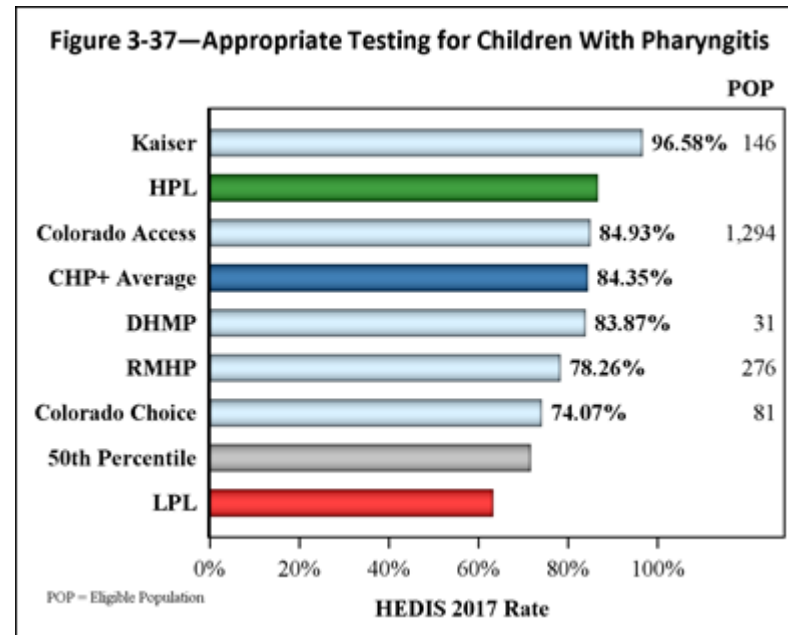
Appropriate Testing for Children With Pharyngitis

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.



One caret (^) indicates a statistically significant improvement in performance from 2016 to 2017.

The CHP+ statewide weighted average demonstrated a statistically significant improvement in performance from 2016 to 2017.



One health plan ranked above the HPL. No health plans ranked below the national Medicaid 50th percentile. Health plan performance varied from 74.07 percent to 96.58 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 2017 rates to the HEDIS 2016 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)	★★	★	★★	★★★★	★
Combination 2 (Meningococcal, Tdap, HPV)	—	—	—	—	—
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	★★★	★	★★	★★★★	★★

Performance Measures	Colorado Access	Colorado Choice	DHMP	Kaiser	RMHP
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	★	★	★	★★★★★	★
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 2017 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	1	4	7	6
Colorado Choice	0	0	1	0	15
DHMP	3	5	1	3	6
Kaiser	9	6	1	2	0
RMHP	0	0	5	3	10

Kaiser and DHMP were the top-performing health plans in the Pediatric Care domain in 2017. They were the only health plans to have measure indicators rank at or above the national Medicaid 90th percentile. Kaiser demonstrated strengths in administrative data completeness for the *Childhood Immunization Status* and *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents* measure indicators. DHMP had notable strength for the *Childhood Immunization Status* measure indicators *Combinations 4-10*. Additionally, all health plans performed at or above the national Medicaid 50th percentile for the measure *Appropriate Testing for Children With Pharyngitis*.

Conversely, Colorado Choice’s HEDIS 2017 rates indicated several opportunities for improvement exist in the Pediatric Care domain, with 15 of the health plan’s 16 measure indicators ranking below the national Medicaid 25th percentile. Of note, just over half of Colorado Choice’s *Childhood Immunization Status* rates indicated that zero members were documented to have received appropriate and timely immunizations; however, these rates are most likely indicative of low administrative data completeness.

Overall, the CHP+ statewide weighted average demonstrated a statistically significant improvement in performance from 2016 to 2017 for *Childhood Immunization Status*, *Adolescent Well-Care Visits*, and *Appropriate Testing for Children With Pharyngitis* measures.

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:

Access to Care

- *Prenatal and Postpartum Care—Timeliness of Prenatal Care and Postpartum Care*⁴⁻¹
- *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 required to report rates only for *Prenatal and Postpartum Care (PPC)*. The remaining CHP+ health plans did not report this measure.

Prenatal and Postpartum Care—Timeliness of Prenatal Care and Postpartum Care

The *Prenatal and Postpartum Care* measure is comprised of the following rates:

- *Timeliness of Prenatal Care* assesses the percentage of deliveries that received a prenatal care visit in the first trimester, on the enrollment start date, or within 42 days of enrollment in the health plan.
- *Postpartum Care* assesses the percentage of deliveries that had a postpartum visit on or between 21 days and 56 days after delivery.

Only SMCN was required to report *Prenatal and Postpartum Care*, and the remaining CHP+ health plans were not required to report rates for this measure. Of note, SMCN’s calculated rates did not undergo an NCQA HEDIS Compliance Audit.

For HEDIS 2016, data were not available to support the calculation of these rates according to the desired measure specifications; therefore, HEDIS 2016 rates for this measure for SMCN were not reported.

For HEDIS 2017, the measure specifications were modified to address the use of bundled service billing. For more information regarding the specifications, please reference the “Reader’s Guide—Differences in Calculations” section of this report.

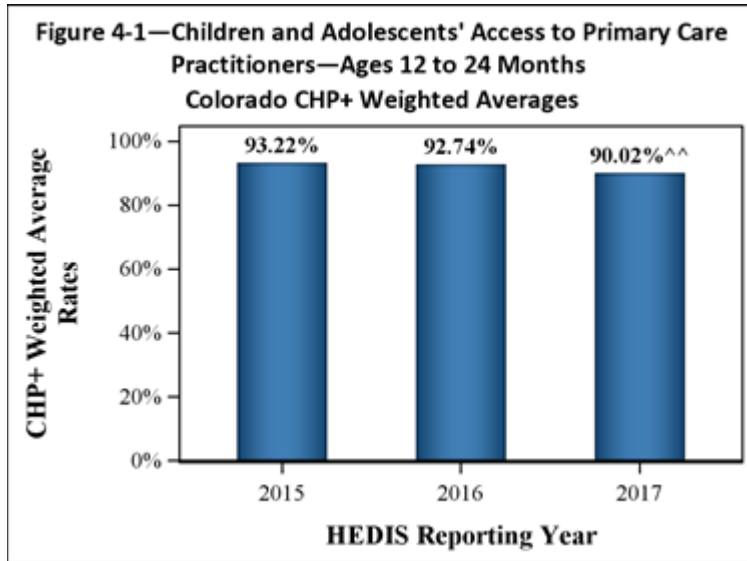
Due to these differences in the calculations for HEDIS 2017, this year’s rates were not compared to national Medicaid percentiles. Table 4-1 presents HEDIS 2017 rates for SMCN for *Prenatal and Postpartum Care*.

Table 4-1—Prenatal and Postpartum Care for SMCN

Measure	HEDIS 2017 Rate
<i>Prenatal and Postpartum Care</i>	
<i>Timeliness of Prenatal Care</i>	57.08%
<i>Postpartum Care</i>	42.50%

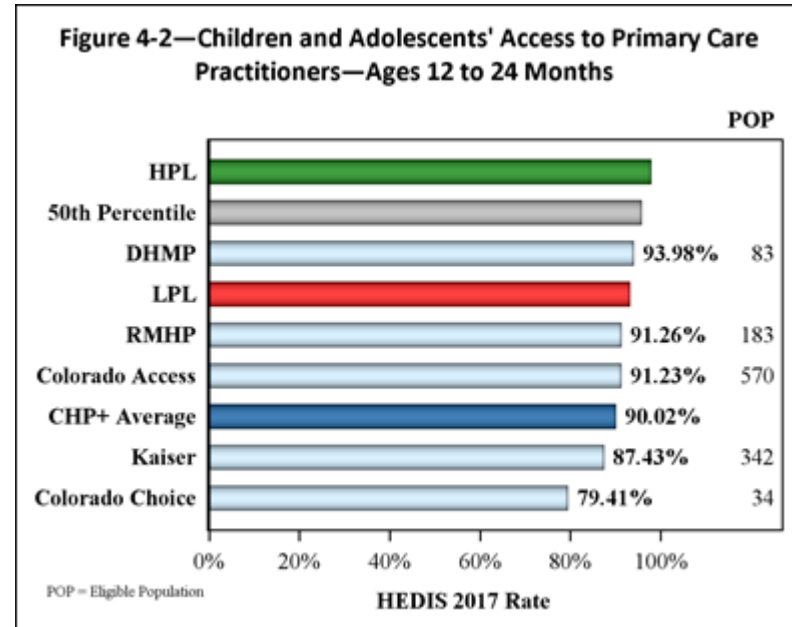
Children and Adolescents' Access to Primary Care Practitioners—Ages 12 to 24 Months

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.



Two carets (^) indicate a statistically significant decline in performance from 2016 to 2017.

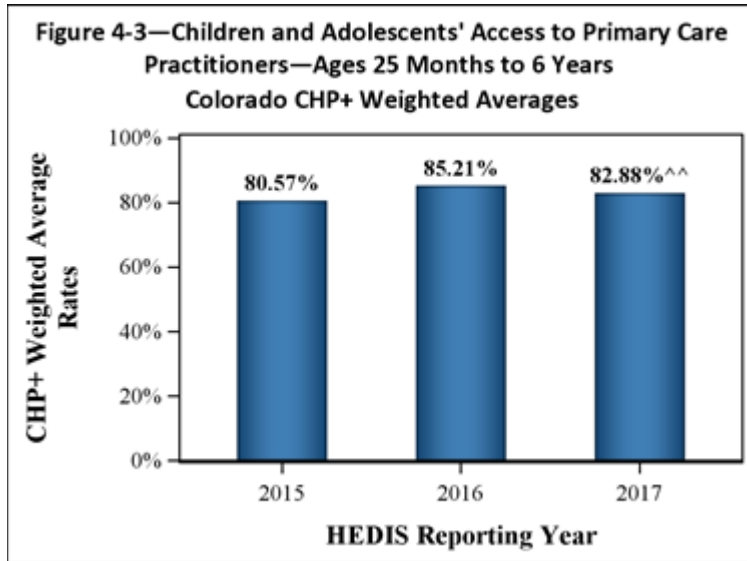
The CHP+ statewide weighted average demonstrated a statistically significant decline in performance from 2016 to 2017.



No health plans ranked above the national Medicaid 50th percentile. Four health plans and the CHP+ statewide weighted average ranked below the LPL. Health plan performance varied from 79.41 percent to 93.98 percent.

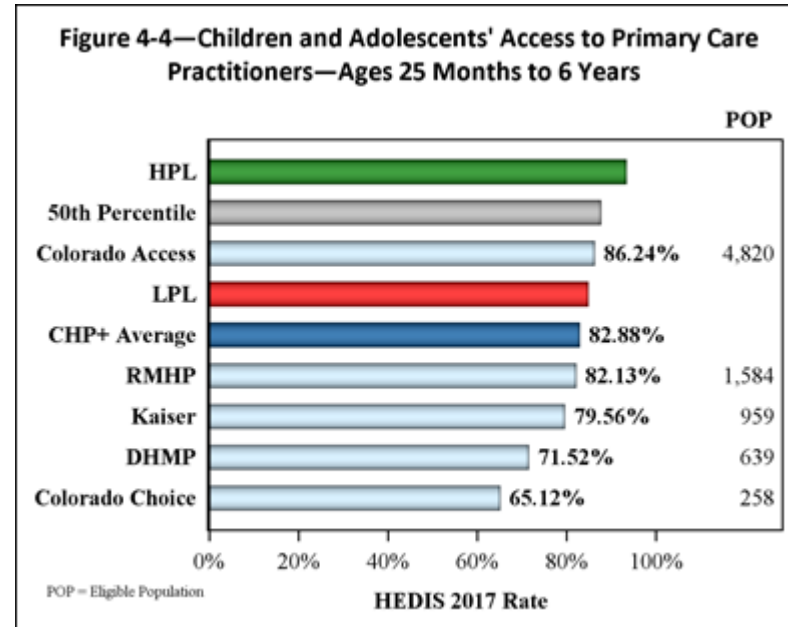
Children and Adolescents' Access to Primary Care Practitioners—Ages 25 Months to 6 Years

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.



Two carets (^^) indicate a statistically significant decline in performance from 2016 to 2017.

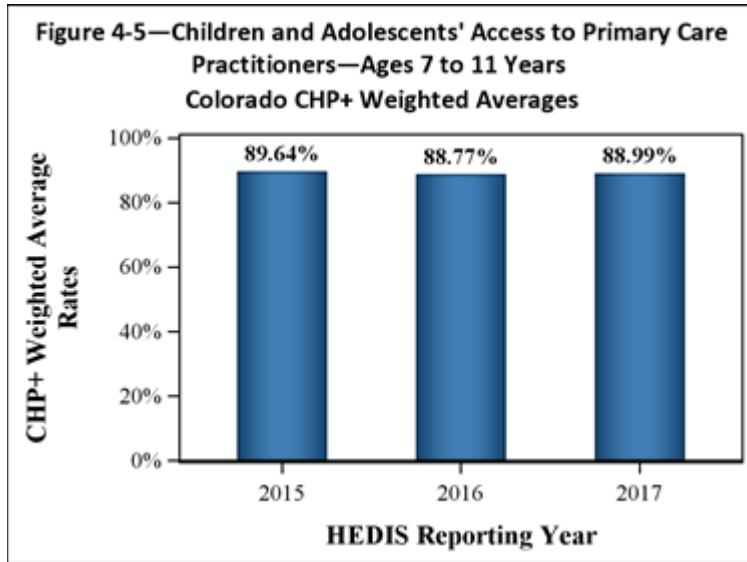
The CHP+ statewide weighted average demonstrated a statistically significant decline in performance from 2016 to 2017.



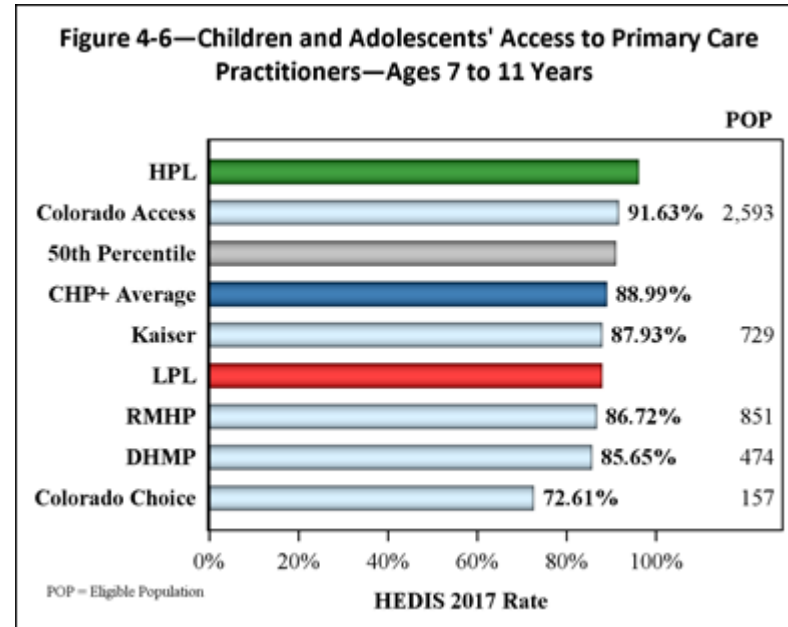
No health plans ranked above the national Medicaid 50th percentile. Four health plans and the CHP+ statewide weighted average ranked below the LPL. Health plan performance varied from 65.12 percent to 86.24 percent.

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.



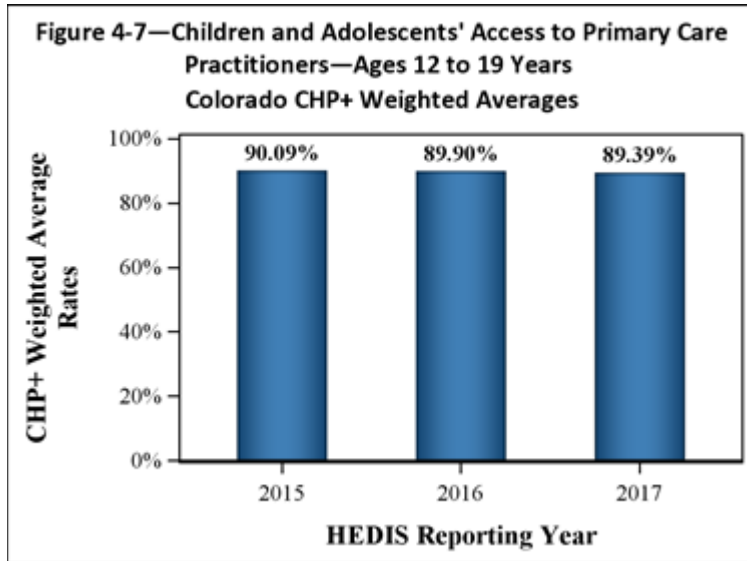
The CHP+ statewide weighted average did not demonstrate a statistically significant change in performance from 2016 to 2017.



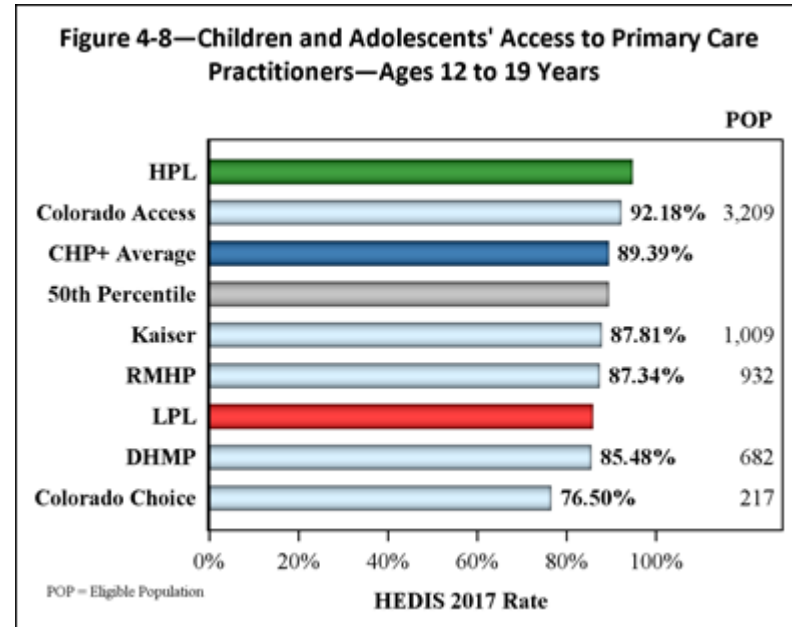
One health plan ranked above the national Medicaid 50th percentile but below the HPL. Three health plans ranked below the LPL. Health plan performance varied from 72.61 percent to 91.63 percent.

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.



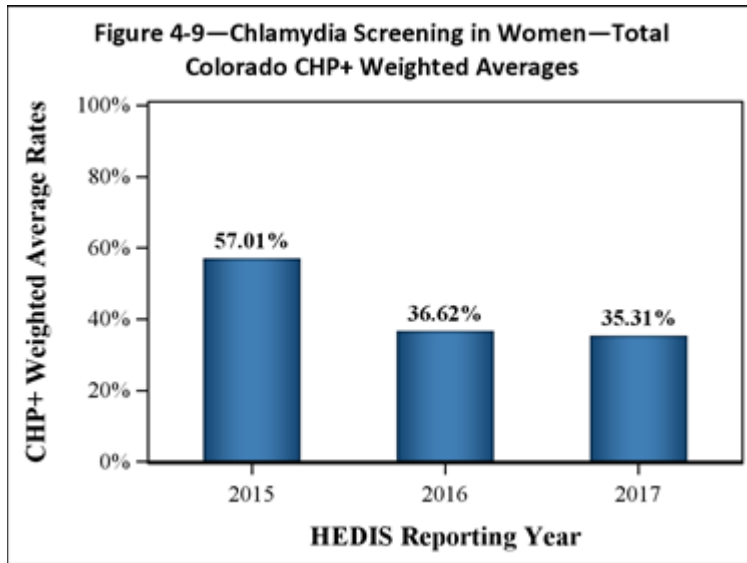
The CHP+ statewide weighted average did not demonstrate a statistically significant change in performance from 2016 to 2017.



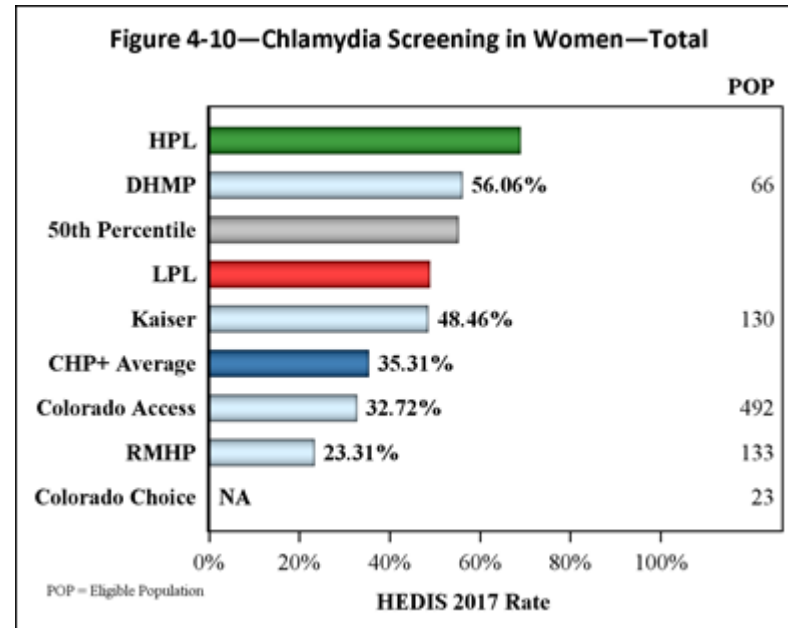
One health plan and the CHP+ statewide weighted average ranked above the national Medicaid 50th percentile but below the HPL. Two health plans ranked below the LPL. Health plan performance varied from 76.50 percent to 92.18 percent.

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.



The CHP+ statewide weighted average did not demonstrate a statistically significant change in performance from 2016 to 2017.

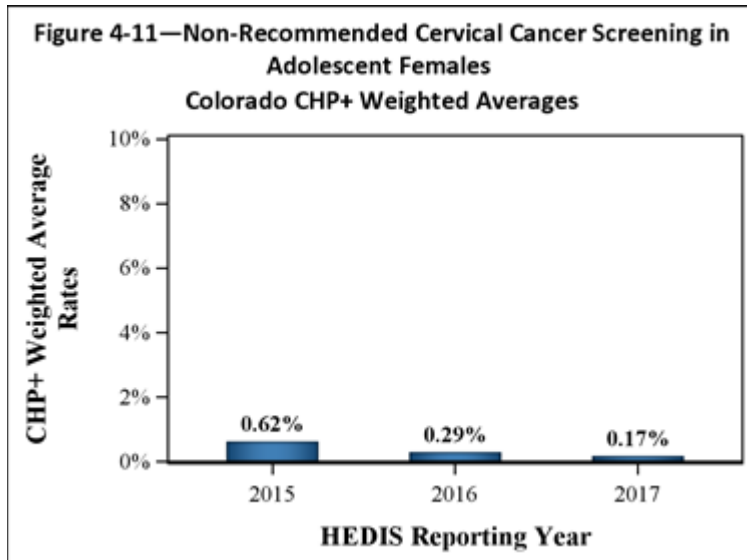


NA (Small Denominator) indicates that the health plan followed the specifications but the denominator was too small (<30) to report a valid rate.

One health plan ranked above the national Medicaid 50th percentile but below the HPL. Three health plans and the CHP+ statewide weighted average ranked below the LPL. Health plan performance varied from 23.31 percent to 56.06 percent.

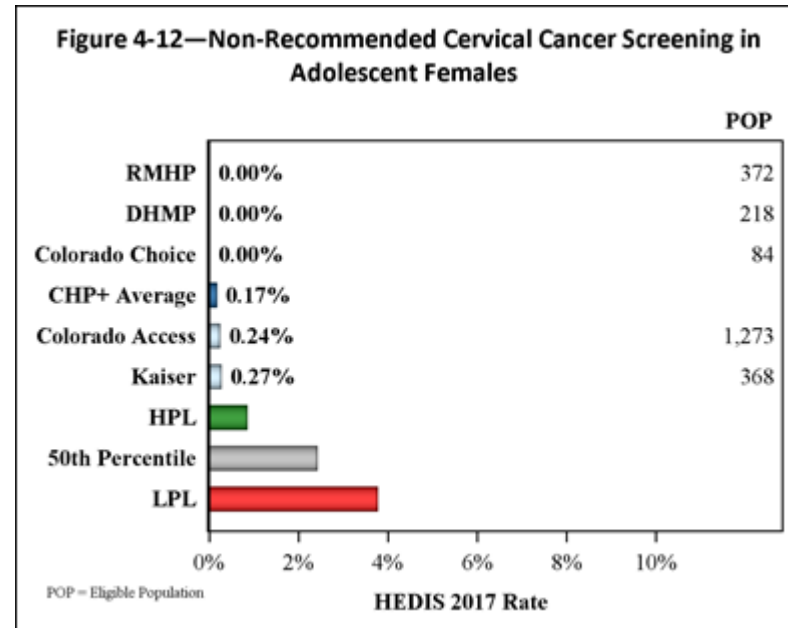
Non-Recommended Cervical Cancer Screening in Adolescent Females

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



Due to changes in NCQA’s technical specifications for this measure, exercise caution when comparing rates between 2015 and 2016.

The CHP+ statewide weighted average did not demonstrate a statistically significant change in performance from 2016 to 2017.



Five health plans and the CHP+ statewide weighted average ranked above the HPL. Health plan performance varied from 0.00 percent to 0.27 percent.

Summary of Findings

Table 4-2 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 2017 rates to the HEDIS 2016 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 4-2—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 2017 measure rate was not reportable or the measure did not have an applicable benchmark.

Table 4-3 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 4-3—Access to Care and Preventive Screening: Health Plan-Specific Count of Measures by Performance Rating

Health Plan Name	★★★★★	★★★★	★★★	★★	★
Access to Care					
Colorado Access	0	0	2	1	1
Colorado Choice	0	0	0	0	4
DHMP	0	0	0	1	3
Kaiser	0	0	0	2	2
RMHP	0	0	0	1	3

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

Overall, the health plans demonstrated areas for improvement in the Access to Care domain. Colorado Access’ *Children and Adolescents’ Access to Primary Care Practitioners—Ages 7 to 11 Years and Ages 12 to 19 Years* rates ranked at or above the national Medicaid 50th percentile but below the 75th percentile. All other rates reported by the health plans for this domain were below the national Medicaid 50th percentile. Of note, more than half of the measure indicator rates for this domain were below the national Medicaid 25th percentile, indicating areas for improvement for all health plans in the area of children and adolescents’ access to primary care practitioners.

For the Preventive Screening domain, health plan performance varied. All health plans performed at or above the national Medicaid 90th percentile for *Non-Recommended Cervical Cancer Screening in Adolescent Females*, suggesting an area of strength. Conversely, Colorado Access’, Kaiser’s, and RMHP’s HEDIS 2017 rates showed opportunities for improvement for the *Chlamydia Screening in Women—Total* measure indicator, with health plans performing below the national Medicaid 25th percentile.

Of note, most of the CHP+ statewide averages declined across measures in both domains.

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.

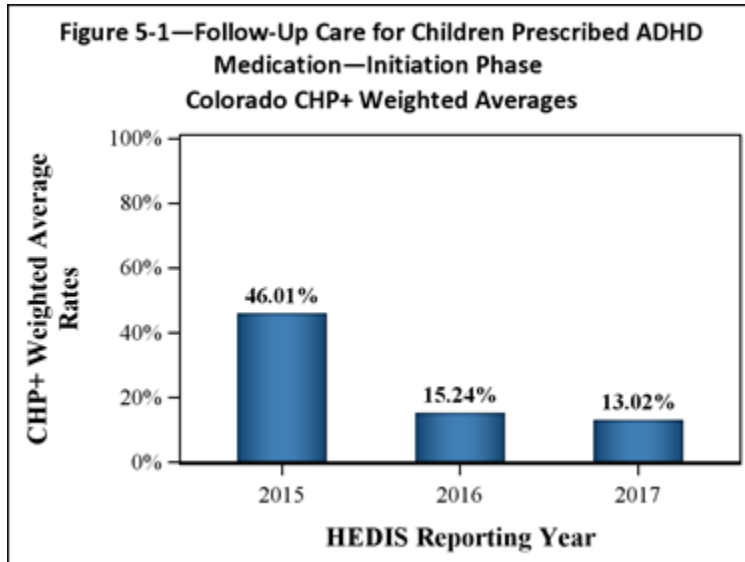
Antidepressant Medication Management—Effective Acute Phase Treatment and Effective Continuation Phase Treatment

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*.

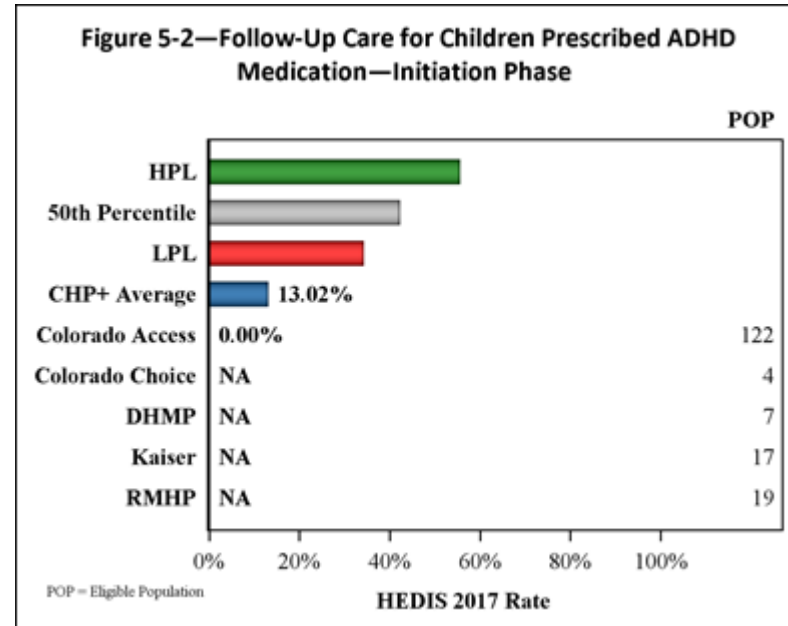
All the CHP+ health plans followed the specifications for this performance measure but the denominator was too small (<30) to report a valid rate, resulting in a *Small Denominator (NA)* audit designation; therefore, these rates are not presented in this report. This is likely because this measure evaluates 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.



The CHP+ statewide weighted average did not demonstrate a statistically significant change in performance from 2016 to 2017.

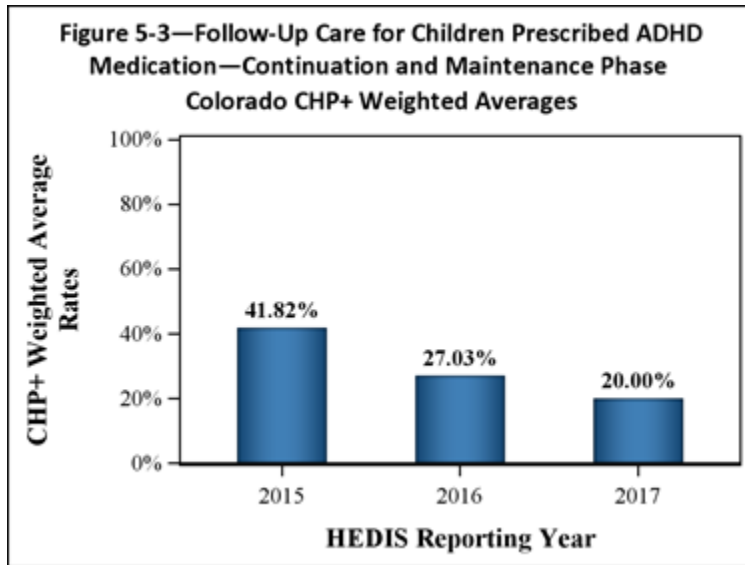


NA (Small Denominator) indicates that the health plan followed the specifications but the denominator was too small (<30) to report a valid rate.

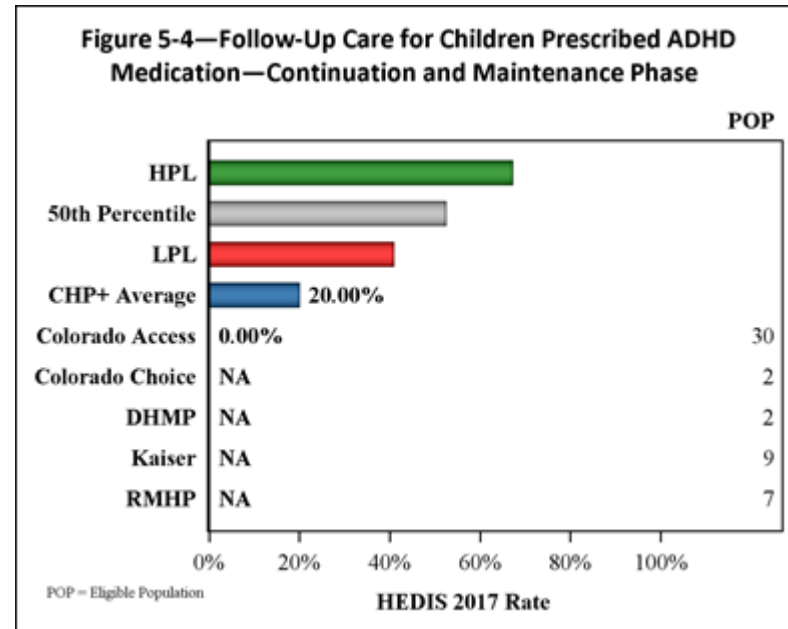
One health plan and the CHP+ statewide weighted average ranked below the LPL. None of the other health plans had reportable rates for this measure indicator.

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 in performance from 2016 to 2017.

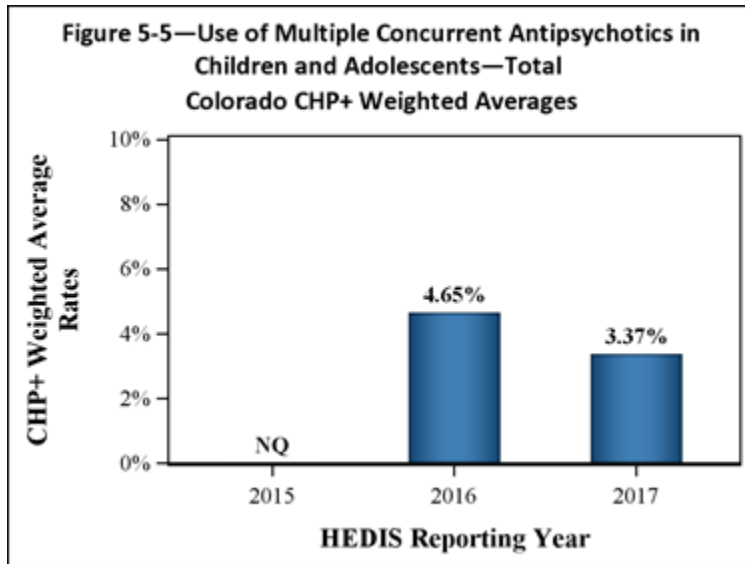


NA (Small Denominator) indicates that the health plan followed the specifications but the denominator was too small (<30) to report a valid rate.

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.

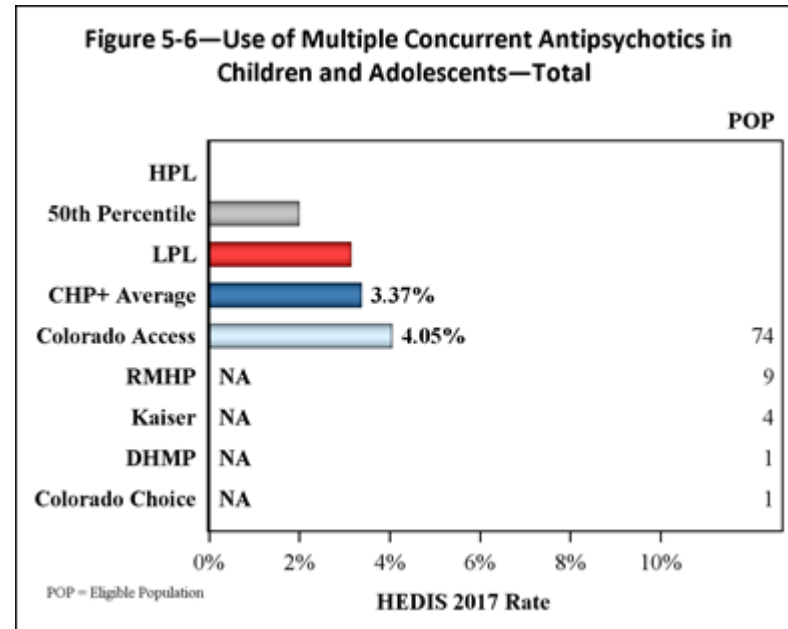
Use of Multiple Concurrent Antipsychotics in Children and Adolescents

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.



NQ (Not Required) indicates that the health plans were not required to report this measure. Due to changes in NCQA’s technical specifications for this measure, exercise caution when comparing rates between 2017 and prior years.

The CHP+ statewide weighted average did not demonstrate a statistically significant change in performance from 2016 to 2017.



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

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.

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 2017 rates to the HEDIS 2016 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*¹					
<i>Total</i>	★	—	—	—	—

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

¹ Due to changes in NCQA’s technical specifications for this measure for HEDIS 2017, exercise caution when interpreting the performance rankings as benchmarks are based on HEDIS 2016 rates reported using the previous version of NCQA’s technical specifications.

— Indicates that a percentile ranking was not determined because the HEDIS 2017 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

Health Plan Name	★★★★★	★★★★	★★★	★★	★
Colorado Access	0	0	0	0	3
Colorado Choice	0	0	0	0	0
DHMP	0	0	0	0	0
Kaiser	0	0	0	0	0
RMHP	0	0	0	0	0

Colorado Access was the only health plan with reportable rates for the Mental/Behavioral Health domain, with all three rates ranking below the national Medicaid 25th percentile.

Respiratory Conditions

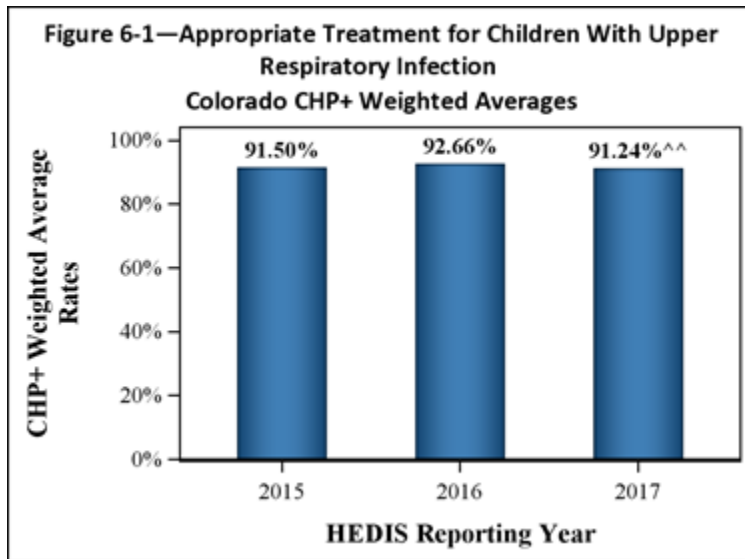
The following section provides a detailed analysis of the Colorado CHP+ health plans' performance for the Respiratory Conditions domain. The Respiratory Conditions domain encompasses the following measures/indicators:

- *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.

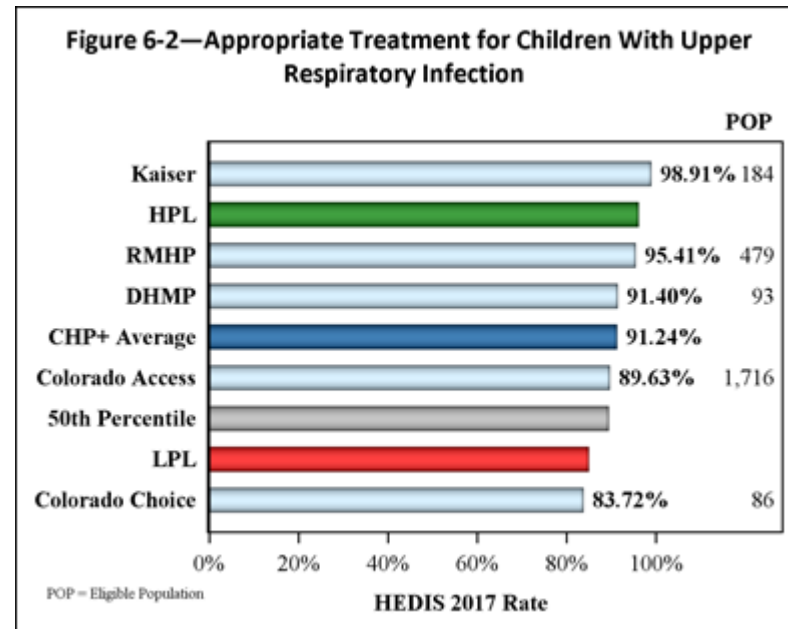
Appropriate Treatment for Children With Upper Respiratory Infection

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.



Two carets (^) indicate a statistically significant decline in performance from 2016 to 2017. Due to changes in NCQA’s technical specifications for this measure, exercise caution when trending rates between 2017 and prior years.

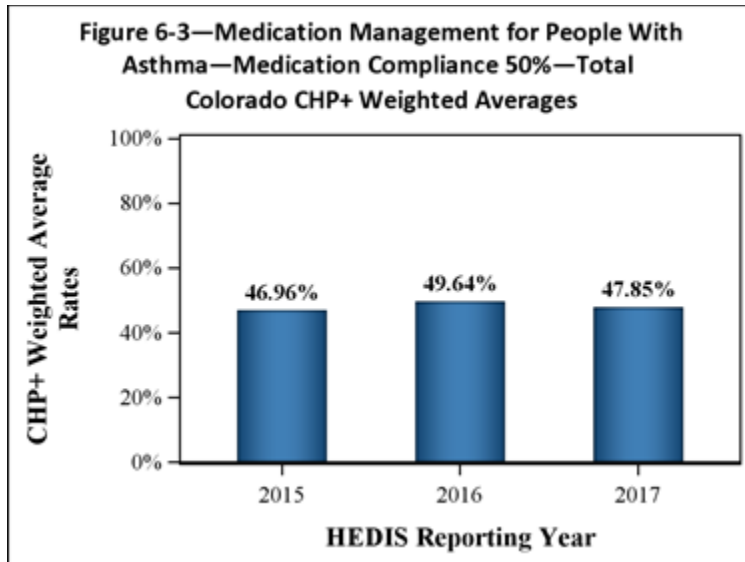
The CHP+ statewide weighted average demonstrated a statistically significant decline in performance from 2016 to 2017.



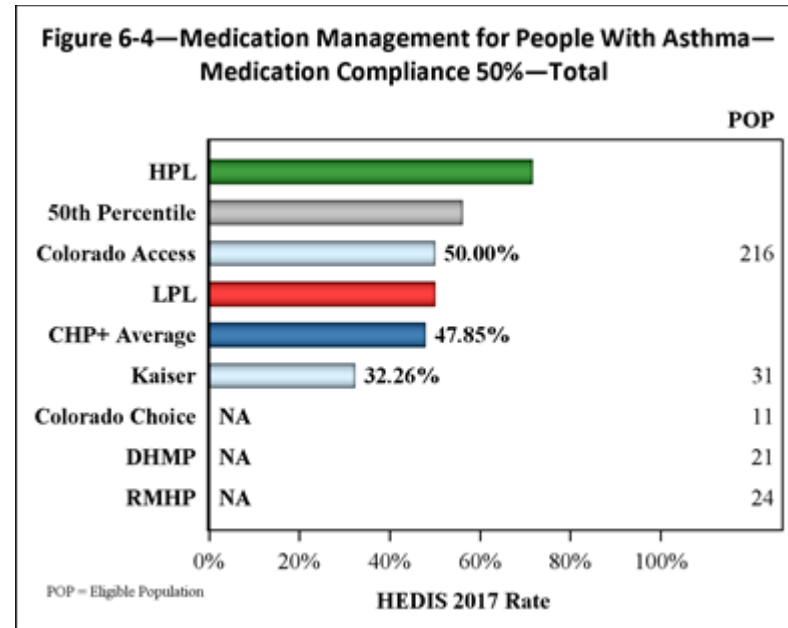
One health plan ranked above the HPL. One health plan ranked below the LPL. Health plan performance varied from 83.72 percent to 98.91 percent.

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.



The CHP+ statewide weighted average did not demonstrate a statistically significant change from 2016 to 2017.

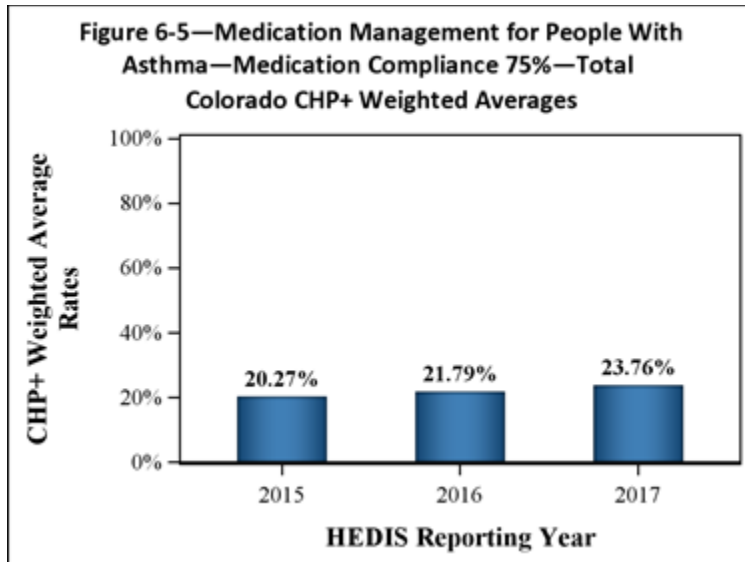


Quality Compass percentiles were not available for this measure; therefore, HEDIS Audit Means and Percentiles were used for comparative purposes. NA (Small Denominator) indicates that the health plan followed the specifications but the denominator was too small (<30) to report a valid rate.

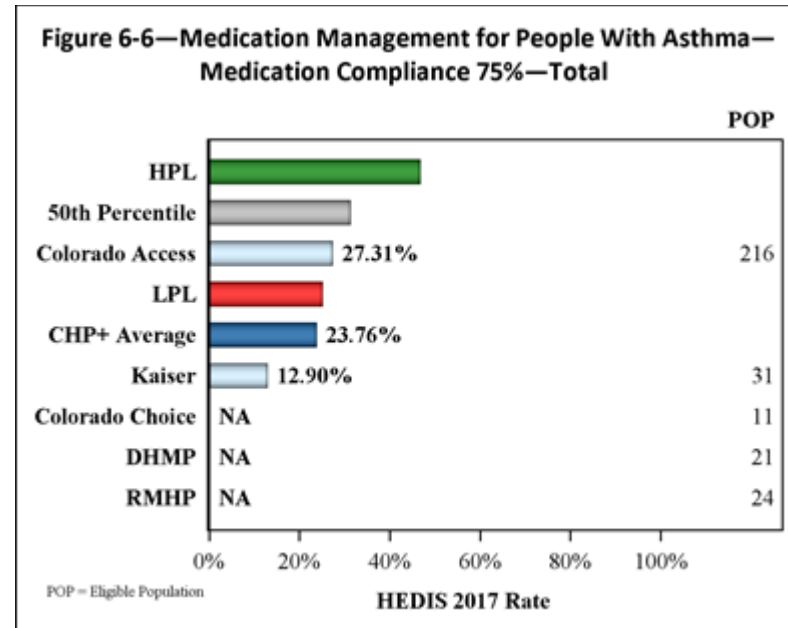
No health plans ranked above the national Medicaid 50th percentile. One health plan and the CHP+ statewide weighted average ranked below the LPL. Health plan performance varied from 32.26 percent to 50.00 percent.

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.



The CHP+ statewide weighted average did not demonstrate a statistically significant change from 2016 to 2017.

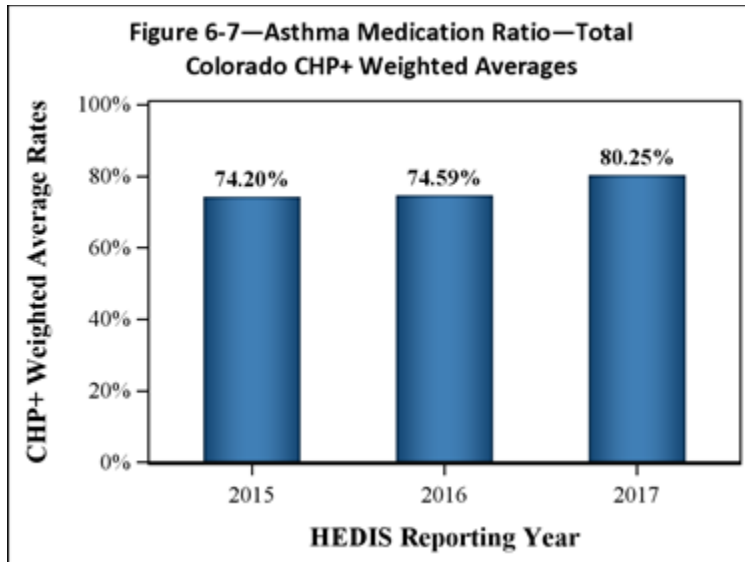


NA (Small Denominator) indicates that the health plan followed the specifications but the denominator was too small (<30) to report a valid rate.

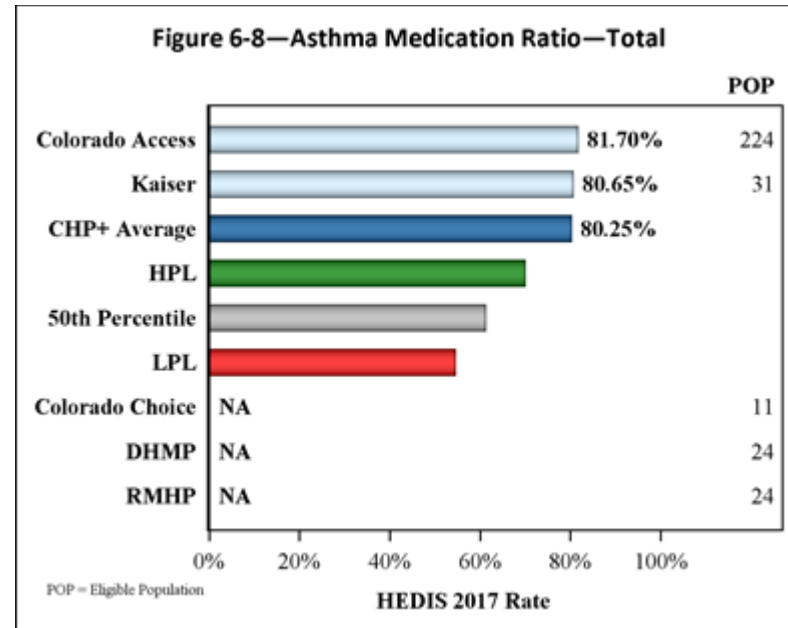
No health plans ranked above the national Medicaid 50th percentile. One health plan and the CHP+ statewide weighted average ranked below the LPL. Health plan performance varied from 12.90 percent to 27.31 percent.

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 2016 to 2017.



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

Two health plans and the CHP+ statewide weighted average ranked above the HPL. No health plans ranked below the national Medicaid 50th percentile. Health plan performance varied from 80.25 percent to 81.70 percent.

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 2017 rates to the HEDIS 2016 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
<i>Appropriate Treatment for Children With Upper Respiratory Infection¹</i>					
<i>Appropriate Treatment for Children With Upper Respiratory Infection</i>	★★★	★	★★★	★★★★★	★★★★★
<i>Medication Management for People With Asthma</i>					
<i>Medication Compliance 50%—Total²</i>	★★	—	—	★	—
<i>Medication Compliance 75%—Total</i>	★★	—	—	★	—
<i>Asthma Medication Ratio</i>					
<i>Total</i>	★★★★★	—	—	★★★★★	—

¹ Due to changes in NCQA’s technical specifications for this measure for HEDIS 2017, exercise caution when interpreting the performance rankings as benchmarks are based on HEDIS 2016 rates reported using the previous version of NCQA’s technical specifications.

² Quality Compass benchmarks were not available for this measure; therefore, NCQA’s Audit Means and Percentiles were used for comparative purposes.

— Indicates that a percentile ranking was not determined because the HEDIS 2017 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	2	0
Colorado Choice	0	0	0	0	1
DHMP	0	0	1	0	0
Kaiser	2	0	0	0	2
RMHP	0	1	0	0	0

Health plan performance varied for the Respiratory Conditions domain in 2017. For the *Medication Management for People With Asthma* measure, health plan rates ranged from 32.26 percent to 50.00 percent for the *Medication Compliance 50%—Total* indicator and 12.90 percent to 27.31 percent for the *Medication Compliance 75%—Total* indicator.

Kaiser was the top-performing health plan in the Respiratory Conditions domain, with two measure indicators ranking at or above the national Medicaid 90th percentile. Of note, Kaiser also reported two measure indicators below the national Medicaid 25th percentile.

Interestingly, the two health plans that had reportable rates for the *Asthma Medication Ratio* (Colorado Access and Kaiser) reported rates that ranked at or above the national Medicaid 90th percentile. However, these same plans also reported rates ranking below the national Medicaid 50th percentile for the *Medication Management for People With Asthma* measure indicators, indicating opportunities for improvement in this area.

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 2017. 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 2016

Age	Colorado Access	Colorado Choice	DHMP	Kaiser	RMHP	Total CHP+
Less Than 1 Year	8,972	397	758	1,080	2,584	13,791
1–9 Years	210,511	10,895	30,722	45,204	59,528	356,860
10–19 Years	183,585	11,060	29,666	48,103	51,200	323,614
20–44 Years	1	0	2	4	0	7
Total	403,069	22,352	61,148	94,391	113,312	694,272

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	224.38	26.48
Colorado Choice	176.00	15.26
DHMP	117.49	18.09
Kaiser	179.23	2.98 ¹
RMHP	212.07	18.26
2017 Colorado CHP+ Weighted Average	205.26	20.84
2016 Colorado CHP+ Weighted Average	227.93	23.80
2015 Colorado CHP+ Weighted Average	204.21	26.31

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

¹ Kaiser acknowledged that the reported rate for this measure may not be valid; therefore, exercise caution when interpreting these results.

For the *Emergency Department Visits* indicator, health plan performance varied, with the lowest number of visits per 1,000 member months reported as 2.98 and the highest number of visits per 1,000 member months reported as 26.48.

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	0.96	0.66	0.26	0.09
Colorado Choice	0.81	0.54	0.27	0.00
DHMP	0.88	0.65	0.21	0.03
Kaiser	0.64	0.49	0.15	0.00
RMHP	0.73	0.45	0.27	0.02
2017 Colorado CHP+ Weighted Average	0.87	0.60	0.24	0.06
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

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	3.51	1.91	1.49	0.22
Colorado Choice	2.06	1.21	0.85	0.00
DHMP	2.47	1.75	0.62	0.20
Kaiser	2.13	1.48	0.65	0.00
RMHP	2.21	1.16	1.01	0.08
2017 Colorado CHP+ Weighted Average	2.97	1.69	1.20	0.16
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

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	3.64	2.88	5.79	2.41†
Colorado Choice	2.56†	2.25†	3.17†	NA
DHMP	2.80	2.68	2.92†	6.00†
Kaiser	3.35	3.04	4.36†	NA
RMHP	3.01	2.57	3.71	4.00†
2017 Colorado CHP+ Weighted Average	3.42	2.82	4.97	2.68†
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

† Fewer than 30 discharges were reported for this measure indicator. Exercise caution when evaluating this rate.
 NA (Small Denominator) indicates that the health plan followed the specifications but reported zero member months for this measure.

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	0.46	10.94	0.16	33.77%
Colorado Choice	0.50	12.39	0.20	39.01%
DHMP	0.13	10.47	0.03	26.07%
Kaiser	0.28	12.32	0.08	28.27%
RMHP	0.40	10.49	0.15	38.64%
2017 Colorado CHP+ Weighted Average	0.40	11.06	0.13	33.99%
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 HEDIS 2015, HEDIS 2016, and HEDIS 2017 Colorado CHP+ statewide weighted averages. Yellow shading with one carat (^) indicates the HEDIS 2017 health plan-specific or statewide weighted average rate was at or above the Quality Compass national Medicaid HMO 50th percentile for HEDIS 2016. 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+ Plan	Eligible Population	Rate
<i>Childhood Immunization Status⁺</i>		
<i>DTaP</i>		
Colorado Access	757	73.84%
Colorado Choice	49	6.12%
DHMP	116	75.00%
Kaiser	242	82.23% ^
RMHP	254	67.72%
HEDIS 2017 Colorado CHP+ Weighted Average		71.93%
HEDIS 2016 Colorado CHP+ Weighted Average		64.65%
HEDIS 2015 Colorado CHP+ Weighted Average		69.44%
<i>IPV</i>		
Colorado Access	757	84.54%
Colorado Choice	49	12.24%
DHMP	116	80.17%
Kaiser	242	88.43%
RMHP	254	76.38%
HEDIS 2017 Colorado CHP+ Weighted Average		80.89%
HEDIS 2016 Colorado CHP+ Weighted Average		73.97%
HEDIS 2015 Colorado CHP+ Weighted Average		80.60%
<i>MMR</i>		
Colorado Access	757	85.20%
Colorado Choice	49	57.14%
DHMP	116	84.48%
Kaiser	242	88.02%

CHP+ Plan	Eligible Population	Rate
RMHP	254	79.13%
HEDIS 2017 Colorado CHP+ Weighted Average		83.57%
HEDIS 2016 Colorado CHP+ Weighted Average		76.03%
HEDIS 2015 Colorado CHP+ Weighted Average		82.12%
<i>HiB</i>		
Colorado Access	757	83.75%
Colorado Choice	49	20.41%
DHMP	116	80.17%
Kaiser	242	89.67% ^
RMHP	254	78.35%
HEDIS 2017 Colorado CHP+ Weighted Average		81.31%
HEDIS 2016 Colorado CHP+ Weighted Average		73.19%
HEDIS 2015 Colorado CHP+ Weighted Average		80.67%
<i>Hepatitis B</i>		
Colorado Access	757	82.30%
Colorado Choice	49	10.20%
DHMP	116	79.31%
Kaiser	242	88.84%
RMHP	254	74.80%
HEDIS 2017 Colorado CHP+ Weighted Average		79.34%
HEDIS 2016 Colorado CHP+ Weighted Average		72.48%
HEDIS 2015 Colorado CHP+ Weighted Average		76.39%
<i>VZV</i>		
Colorado Access	757	81.51%
Colorado Choice	49	53.06%
DHMP	116	83.62%
Kaiser	242	87.19%
RMHP	254	79.53%
HEDIS 2017 Colorado CHP+ Weighted Average		81.31%
HEDIS 2016 Colorado CHP+ Weighted Average		75.11%
HEDIS 2015 Colorado CHP+ Weighted Average		80.75%
<i>Pneumococcal Conjugate</i>		
Colorado Access	757	76.09%
Colorado Choice	49	8.16%
DHMP	116	77.59%
Kaiser	242	85.12% ^
RMHP	254	68.50%
HEDIS 2017 Colorado CHP+ Weighted Average		74.05%

CHP+ Plan	Eligible Population	Rate
HEDIS 2016 Colorado CHP+ Weighted Average		65.08%
HEDIS 2015 Colorado CHP+ Weighted Average		72.19%
<i>Hepatitis A</i>		
Colorado Access	757	76.49%
Colorado Choice	49	48.98%
DHMP	116	84.48%
Kaiser	242	87.60% ^
RMHP	254	75.20%
HEDIS 2017 Colorado CHP+ Weighted Average		77.86%
HEDIS 2016 Colorado CHP+ Weighted Average		68.42%
HEDIS 2015 Colorado CHP+ Weighted Average		72.96%
<i>Rotavirus</i>		
Colorado Access	757	71.20% ^
Colorado Choice	49	2.04%
DHMP	116	68.97%
Kaiser	242	78.10% ^
RMHP	254	67.32%
HEDIS 2017 Colorado CHP+ Weighted Average		69.11%
HEDIS 2016 Colorado CHP+ Weighted Average		60.31%
HEDIS 2015 Colorado CHP+ Weighted Average		64.71%
<i>Influenza</i>		
Colorado Access	757	47.56% ^
Colorado Choice	49	14.29%
DHMP	116	56.03% ^
Kaiser	242	53.72% ^
RMHP	254	53.54% ^
HEDIS 2017 Colorado CHP+ Weighted Average		49.22% ^
HEDIS 2016 Colorado CHP+ Weighted Average		43.10%
HEDIS 2015 Colorado CHP+ Weighted Average		54.32%
<i>Combination 2</i>		
Colorado Access	757	65.92%
Colorado Choice	49	4.08%
DHMP	116	73.28%
Kaiser	242	79.34% ^
RMHP	254	58.27%
HEDIS 2017 Colorado CHP+ Weighted Average		65.30%
HEDIS 2016 Colorado CHP+ Weighted Average		58.04%
HEDIS 2015 Colorado CHP+ Weighted Average		61.27%

CHP+ Plan	Eligible Population	Rate
Combination 3		
Colorado Access	757	63.67%
Colorado Choice	49	4.08%
DHMP	116	73.28% ^
Kaiser	242	78.93% ^
RMHP	254	55.91%
HEDIS 2017 Colorado CHP+ Weighted Average		63.61%
HEDIS 2016 Colorado CHP+ Weighted Average		56.19%
HEDIS 2015 Colorado CHP+ Weighted Average		59.89%
Combination 4		
Colorado Access	757	59.71%
Colorado Choice	49	2.04%
DHMP	116	73.28% ^
Kaiser	242	78.93% ^
RMHP	254	54.33%
HEDIS 2017 Colorado CHP+ Weighted Average		61.14%
HEDIS 2016 Colorado CHP+ Weighted Average		52.70%
HEDIS 2015 Colorado CHP+ Weighted Average		55.61%
Combination 5		
Colorado Access	757	56.67%
Colorado Choice	49	0.00%
DHMP	116	67.24% ^
Kaiser	242	72.31% ^
RMHP	254	51.57%
HEDIS 2017 Colorado CHP+ Weighted Average		57.33%
HEDIS 2016 Colorado CHP+ Weighted Average		49.22%
HEDIS 2015 Colorado CHP+ Weighted Average		50.42%
Combination 6		
Colorado Access	757	38.97%
Colorado Choice	49	2.04%
DHMP	116	53.45% ^
Kaiser	242	50.41% ^
RMHP	254	43.31% ^
HEDIS 2017 Colorado CHP+ Weighted Average		41.61% ^
HEDIS 2016 Colorado CHP+ Weighted Average		35.49%
HEDIS 2015 Colorado CHP+ Weighted Average		42.40%
Combination 7		
Colorado Access	757	53.76%

CHP+ Plan	Eligible Population	Rate
Colorado Choice	49	0.00%
DHMP	116	67.24% ^
Kaiser	242	72.31% ^
RMHP	254	50.39%
HEDIS 2017 Colorado CHP+ Weighted Average		55.57%
HEDIS 2016 Colorado CHP+ Weighted Average		47.01%
HEDIS 2015 Colorado CHP+ Weighted Average		47.06%
Combination 8		
Colorado Access	757	37.12%
Colorado Choice	49	0.00%
DHMP	116	53.45% ^
Kaiser	242	50.41% ^
RMHP	254	42.13% ^
HEDIS 2017 Colorado CHP+ Weighted Average		40.34% ^
HEDIS 2016 Colorado CHP+ Weighted Average		33.71%
HEDIS 2015 Colorado CHP+ Weighted Average		40.03%
Combination 9		
Colorado Access	757	35.80% ^
Colorado Choice	49	0.00%
DHMP	116	50.86% ^
Kaiser	242	47.11% ^
RMHP	254	40.16% ^
HEDIS 2017 Colorado CHP+ Weighted Average		38.50% ^
HEDIS 2016 Colorado CHP+ Weighted Average		31.79%
HEDIS 2015 Colorado CHP+ Weighted Average		37.13%
Combination 10		
Colorado Access	757	34.35% ^
Colorado Choice	49	0.00%
DHMP	116	50.86% ^
Kaiser	242	47.11% ^
RMHP	254	39.37% ^
HEDIS 2017 Colorado CHP+ Weighted Average		37.59% ^
HEDIS 2016 Colorado CHP+ Weighted Average		30.65%
HEDIS 2015 Colorado CHP+ Weighted Average		35.06%
Immunizations for Adolescents⁺		
Meningococcal		
Colorado Access	868	72.00%
Colorado Choice	54	22.22%

CHP+ Plan	Eligible Population	Rate
DHMP	136	74.26%
Kaiser	236	88.14% ^
RMHP	256	51.17%
HEDIS 2017 Colorado CHP+ Weighted Average		69.48%
HEDIS 2016 Colorado CHP+ Weighted Average		72.39%
HEDIS 2015 Colorado CHP+ Weighted Average		66.44%
<i>Tdap</i>		
Colorado Access	868	84.91%
Colorado Choice	54	33.33%
DHMP	136	72.79%
Kaiser	236	89.41% ^
RMHP	256	77.73%
HEDIS 2017 Colorado CHP+ Weighted Average		81.55%
HEDIS 2016 Colorado CHP+ Weighted Average		83.64%
HEDIS 2015 Colorado CHP+ Weighted Average		83.04%
<i>HPV¹</i>		
Colorado Access	868	25.92%
Colorado Choice	54	9.26%
DHMP	136	27.21%
Kaiser	236	30.08%
RMHP	256	16.41%
HEDIS 2017 Colorado CHP+ Weighted Average		24.52%
HEDIS 2016 Colorado CHP+ Weighted Average		—
HEDIS 2015 Colorado CHP+ Weighted Average		—
<i>Combination 1 (Meningococcal, Tdap)</i>		
Colorado Access	868	70.39%
Colorado Choice	54	14.81%
DHMP	136	72.06%
Kaiser	236	86.02% ^
RMHP	256	49.61%
HEDIS 2017 Colorado CHP+ Weighted Average		67.55%
HEDIS 2016 Colorado CHP+ Weighted Average		70.71%
HEDIS 2015 Colorado CHP+ Weighted Average		64.11%
<i>Combination 2 (Meningococcal, Tdap, HPV)¹</i>		
Colorado Access	868	23.85%
Colorado Choice	54	5.56%
DHMP	136	27.21%
Kaiser	236	29.66%

CHP+ Plan	Eligible Population	Rate
RMHP	256	11.33%
HEDIS 2017 Colorado CHP+ Weighted Average		22.32%
HEDIS 2016 Colorado CHP+ Weighted Average		—
HEDIS 2015 Colorado CHP+ Weighted Average		—
<i>Well-Child Visits in the First 15 Months of Life⁺</i>		
<i>Zero Visits*</i>		
Colorado Access	276	2.17%
Colorado Choice	13	NA
DHMP	59	6.78%
Kaiser	79	2.53%
RMHP	100	3.00%
HEDIS 2017 Colorado CHP+ Weighted Average		3.04%
HEDIS 2016 Colorado CHP+ Weighted Average		4.67%
HEDIS 2015 Colorado CHP+ Weighted Average		3.07%
<i>Six or More Visits</i>		
Colorado Access	276	61.96% ^
Colorado Choice	13	NA
DHMP	59	6.78%
Kaiser	79	67.09% ^
RMHP	100	23.00%
HEDIS 2017 Colorado CHP+ Weighted Average		48.01%
HEDIS 2016 Colorado CHP+ Weighted Average		51.84%
HEDIS 2015 Colorado CHP+ Weighted Average		45.18%
<i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life⁺</i>		
Colorado Access	4,000	69.48%
Colorado Choice	211	42.18%
DHMP	543	59.48%
Kaiser	959	67.99%
RMHP	1,288	63.66%
HEDIS 2017 Colorado CHP+ Weighted Average		66.60%
HEDIS 2016 Colorado CHP+ Weighted Average		67.00%
HEDIS 2015 Colorado CHP+ Weighted Average		61.59%
<i>Adolescent Well-Care Visits⁺</i>		
Colorado Access	6,498	48.88% ^
Colorado Choice	408	28.92%
DHMP	1,083	41.37%
Kaiser	1,826	59.26% ^
RMHP	1,918	43.69%

CHP+ Plan	Eligible Population	Rate
HEDIS 2017 Colorado CHP+ Weighted Average		48.26%
HEDIS 2016 Colorado CHP+ Weighted Average		46.61%
HEDIS 2015 Colorado CHP+ Weighted Average		40.38%
<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents⁺²</i>		
<i>BMI Percentile Documentation—Ages 3 to 11 Years</i>		
Colorado Access	7,471	2.81%
Colorado Choice	310	1.61%
DHMP	833	5.40%
Kaiser	1,669	94.43% ^
RMHP	2,245	3.30%
HEDIS 2017 Colorado CHP+ Weighted Average		15.25%
HEDIS 2016 Colorado CHP+ Weighted Average		66.38%
HEDIS 2015 Colorado CHP+ Weighted Average		59.91%
<i>BMI Percentile Documentation—Ages 12 to 17 Years</i>		
Colorado Access	4,406	5.61%
Colorado Choice	214	1.40%
DHMP	539	11.87%
Kaiser	1,093	93.60% ^
RMHP	1,159	6.64%
HEDIS 2017 Colorado CHP+ Weighted Average		19.08%
HEDIS 2016 Colorado CHP+ Weighted Average		63.68%
HEDIS 2015 Colorado CHP+ Weighted Average		62.55%
<i>BMI Percentile Documentation—Total</i>		
Colorado Access	11,877	3.85%
Colorado Choice	524	1.53%
DHMP	1,372	7.94%
Kaiser	2,762	94.10% ^
RMHP	3,404	4.44%
HEDIS 2017 Colorado CHP+ Weighted Average		16.67%
HEDIS 2016 Colorado CHP+ Weighted Average		65.31%
HEDIS 2015 Colorado CHP+ Weighted Average		60.81%
<i>Counseling for Nutrition—Ages 3 to 11 Years</i>		
Colorado Access	7,471	1.81%
Colorado Choice	310	3.87%
DHMP	833	0.36%
Kaiser	1,669	97.00% ^
RMHP	2,245	19.87%

CHP+ Plan	Eligible Population	Rate
HEDIS 2017 Colorado CHP+ Weighted Average		17.68%
HEDIS 2016 Colorado CHP+ Weighted Average		65.97%
HEDIS 2015 Colorado CHP+ Weighted Average		65.72%
<i>Counseling for Nutrition—Ages 12 to 17 Years</i>		
Colorado Access	4,406	2.54%
Colorado Choice	214	2.80%
DHMP	539	3.15%
Kaiser	1,093	97.44% ^
RMHP	1,159	17.43%
HEDIS 2017 Colorado CHP+ Weighted Average		18.92%
HEDIS 2016 Colorado CHP+ Weighted Average		63.13%
HEDIS 2015 Colorado CHP+ Weighted Average		52.41%
<i>Counseling for Nutrition—Total</i>		
Colorado Access	11,877	2.08%
Colorado Choice	524	3.44%
DHMP	1,372	1.46%
Kaiser	2,762	97.18% ^
RMHP	3,404	19.04%
HEDIS 2017 Colorado CHP+ Weighted Average		18.14%
HEDIS 2016 Colorado CHP+ Weighted Average		64.85%
HEDIS 2015 Colorado CHP+ Weighted Average		61.19%
<i>Counseling for Physical Activity—Ages 3 to 11 Years³</i>		
Colorado Access	7,471	0.09%
Colorado Choice	310	0.65%
DHMP	833	0.00%
Kaiser	1,669	97.00% ^
RMHP	2,245	0.31%
HEDIS 2017 Colorado CHP+ Weighted Average		13.05%
HEDIS 2016 Colorado CHP+ Weighted Average		54.52%
HEDIS 2015 Colorado CHP+ Weighted Average		57.29%
<i>Counseling for Physical Activity—Ages 12 to 17 Years³</i>		
Colorado Access	4,406	1.95%
Colorado Choice	214	8.88%
DHMP	539	2.04%
Kaiser	1,093	97.44% ^
RMHP	1,159	3.19%
HEDIS 2017 Colorado CHP+ Weighted Average		16.44%
HEDIS 2016 Colorado CHP+ Weighted Average		60.59%

CHP+ Plan	Eligible Population	Rate
HEDIS 2015 Colorado CHP+ Weighted Average		57.64%
<i>Counseling for Physical Activity—Total³</i>		
Colorado Access	11,877	0.78%
Colorado Choice	524	4.01%
DHMP	1,372	0.80%
Kaiser	2,762	97.18% ^
RMHP	3,404	1.29%
HEDIS 2017 Colorado CHP+ Weighted Average		14.31%
HEDIS 2016 Colorado CHP+ Weighted Average		56.89%
HEDIS 2015 Colorado CHP+ Weighted Average		57.49%
<i>Appropriate Testing for Children With Pharyngitis</i>		
Colorado Access	1,294	84.93% ^
Colorado Choice	81	74.07% ^
DHMP	31	83.87% ^
Kaiser	146	96.58% ^
RMHP	276	78.26% ^
HEDIS 2017 Colorado CHP+ Weighted Average		84.35% ^
HEDIS 2016 Colorado CHP+ Weighted Average		80.78%
HEDIS 2015 Colorado CHP+ Weighted Average		79.64%

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

+ Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

¹ Since the HEDIS 2017 Prenatal and Postpartum Care rates were calculated using modified specifications, comparisons to national benchmarks were not performed and prior years' statewide averages are not shown.

² Because the CHP+ population is limited to individuals ages 18 years and under, the HEDIS 2017 indicator rates for Ages 16 to 20 Years are the same as the measure indicator rates for the Total age grouping for this measure.

³ Due to changes in NCQA's technical specifications for this measure, exercise caution when comparing rates between 2015 and 2016.

NA (Small Denominator) indicates the health plan(s) followed the specifications, but the denominator was too small (<30) to report a valid rate.

Yellow shading with one carat (^) indicates the rate was at or above the Quality Compass national Medicaid HMO 50th percentile for HEDIS 2016.

— Indicates the rate is not presented in the table above as the Department did not require the health plans to report this rate for the respective reporting year.

Bold font indicates Colorado CHP+ Weighted Average values.

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+ Plan	Eligible Population	Rate
<i>Prenatal and Postpartum Care^{+,1}</i>		
<i>Timeliness of Prenatal Care</i>		
SMCN	720	57.08%
HEDIS 2017 Colorado CHP+ Weighted Average		57.08%
HEDIS 2016 Colorado CHP+ Weighted Average		—
HEDIS 2015 Colorado CHP+ Weighted Average		—
<i>Postpartum Care</i>		
SMCN	720	42.50%
HEDIS 2017 Colorado CHP+ Weighted Average		42.50%
HEDIS 2016 Colorado CHP+ Weighted Average		—
HEDIS 2015 Colorado CHP+ Weighted Average		—
<i>Children and Adolescents' Access to Primary Care Practitioners</i>		
<i>Ages 12 to 24 Months</i>		
Colorado Access	570	91.23%
Colorado Choice	34	79.41%
DHMP	83	93.98%
Kaiser	342	87.43%
RMHP	183	91.26%
HEDIS 2017 Colorado CHP+ Weighted Average		90.02%
HEDIS 2016 Colorado CHP+ Weighted Average		92.74%
HEDIS 2015 Colorado CHP+ Weighted Average		93.22%
<i>Ages 25 Months to 6 Years</i>		
Colorado Access	4,820	86.24%
Colorado Choice	258	65.12%
DHMP	639	71.52%
Kaiser	959	79.56%
RMHP	1,584	82.13%
HEDIS 2017 Colorado CHP+ Weighted Average		82.88%
HEDIS 2016 Colorado CHP+ Weighted Average		85.21%
HEDIS 2015 Colorado CHP+ Weighted Average		80.57%
<i>Ages 7 to 11 Years</i>		
Colorado Access	2,593	91.63% ^
Colorado Choice	157	72.61%
DHMP	474	85.65%

CHP+ Plan	Eligible Population	Rate
Kaiser	729	87.93%
RMHP	851	86.72%
HEDIS 2017 Colorado CHP+ Weighted Average		88.99%
HEDIS 2016 Colorado CHP+ Weighted Average		88.77%
HEDIS 2015 Colorado CHP+ Weighted Average		89.64%
<i>Ages 12 to 19 Years</i>		
Colorado Access	3,209	92.18% ^
Colorado Choice	217	76.50%
DHMP	682	85.48%
Kaiser	1,009	87.81%
RMHP	932	87.34%
HEDIS 2017 Colorado CHP+ Weighted Average		89.39% ^
HEDIS 2016 Colorado CHP+ Weighted Average		89.90%
HEDIS 2015 Colorado CHP+ Weighted Average		90.09%
<i>Chlamydia Screening in Women</i>		
<i>Ages 16 to 20 Years</i>		
Colorado Access	492	32.72%
Colorado Choice	23	NA
DHMP	66	56.06% ^
Kaiser	130	48.46%
RMHP	133	23.31%
HEDIS 2017 Colorado CHP+ Weighted Average		35.31%
HEDIS 2016 Colorado CHP+ Weighted Average		36.62%
HEDIS 2015 Colorado CHP+ Weighted Average		46.95%
<i>Total²</i>		
Colorado Access	492	32.72%
Colorado Choice	23	NA
DHMP	66	56.06% ^
Kaiser	130	48.46%
RMHP	133	23.31%
HEDIS 2017 Colorado CHP+ Weighted Average		35.31%
HEDIS 2016 Colorado CHP+ Weighted Average		36.62%
HEDIS 2015 Colorado CHP+ Weighted Average		57.01%
<i>Non-Recommended Cervical Cancer Screening in Adolescent Females^{*,3}</i>		
Colorado Access	1,273	0.24% ^
Colorado Choice	84	0.00% ^
DHMP	218	0.00% ^
Kaiser	368	0.27% ^

CHP+ Plan	Eligible Population	Rate
RMHP	372	0.00% [^]
HEDIS 2017 Colorado CHP+ Weighted Average		0.17%[^]
HEDIS 2016 Colorado CHP+ Weighted Average		0.29%
HEDIS 2015 Colorado CHP+ Weighted Average		0.62%

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

+ Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

¹ Since the HEDIS 2017 Prenatal and Postpartum Care rates were calculated using modified specifications, comparisons to national benchmarks were not performed and prior years' statewide averages are not shown.

² Because the CHP+ population is limited to individuals ages 18 years and under, the HEDIS 2017 indicator rates for Ages 16 to 20 Years are the same as the measure indicator rates for the Total age grouping for this measure.

³ Due to changes in NCQA's technical specifications for this measure, exercise caution when comparing rates between 2015 and 2016.

NA (Small Denominator) indicates the health plan(s) followed the specifications, but the denominator was too small (<30) to report a valid rate.

Yellow shading with one carat (^) indicates the rate was at or above the Quality Compass national Medicaid HMO 50th percentile for HEDIS 2016.

— Indicates the rate is not presented in the table above as the Department did not require the health plans to report this rate for the respective reporting year.

Font indicates Colorado CHP+ Weighted Average values.

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+ Plan	Eligible Population	Rate
<i>Antidepressant Medication Management</i>		
<i>Effective Acute Phase Treatment</i>		
Colorado Access	13	NA
Colorado Choice	0	NA
DHMP	1	NA
Kaiser	4	NA
RMHP	6	NA
HEDIS 2017 Colorado CHP+ Weighted Average		NA
HEDIS 2016 Colorado CHP+ Weighted Average		NA
HEDIS 2015 Colorado CHP+ Weighted Average		NA
<i>Effective Continuation Phase Treatment</i>		
Colorado Access	13	NA
Colorado Choice	0	NA
DHMP	1	NA
Kaiser	4	NA
RMHP	6	NA
HEDIS 2017 Colorado CHP+ Weighted Average		NA
HEDIS 2016 Colorado CHP+ Weighted Average		NA
HEDIS 2015 Colorado CHP+ Weighted Average		NA
<i>Follow-Up Care for Children Prescribed ADHD Medication</i>		
<i>Initiation Phase</i>		
Colorado Access	122	0.00%
Colorado Choice	4	NA
DHMP	7	NA
Kaiser	17	NA
RMHP	19	NA
HEDIS 2017 Colorado CHP+ Weighted Average		13.02%
HEDIS 2016 Colorado CHP+ Weighted Average		15.24%
HEDIS 2015 Colorado CHP+ Weighted Average		46.01%
<i>Continuation and Maintenance Phase</i>		
Colorado Access	30	0.00%
Colorado Choice	2	NA
DHMP	2	NA
Kaiser	9	NA

CHP+ Plan	Eligible Population	Rate
RMHP	7	NA
HEDIS 2017 Colorado CHP+ Weighted Average		20.00%
HEDIS 2016 Colorado CHP+ Weighted Average		27.03%
HEDIS 2015 Colorado CHP+ Weighted Average		41.82%
<i>Use of Multiple Concurrent Antipsychotics in Children and Adolescents*¹</i>		
<i>Ages 1 to 5 Years</i>		
Colorado Access	0	NA
Colorado Choice	0	NA
DHMP	0	NA
Kaiser	0	NA
RMHP	0	NA
HEDIS 2017 Colorado CHP+ Weighted Average		NA
HEDIS 2016 Colorado CHP+ Weighted Average		NA
HEDIS 2015 Colorado CHP+ Weighted Average		—
<i>Ages 6 to 11 Years</i>		
Colorado Access	13	NA
Colorado Choice	0	NA
DHMP	0	NA
Kaiser	0	NA
RMHP	2	NA
HEDIS 2017 Colorado CHP+ Weighted Average		NA
HEDIS 2016 Colorado CHP+ Weighted Average		NA
HEDIS 2015 Colorado CHP+ Weighted Average		—
<i>Ages 12 to 17 Years</i>		
Colorado Access	61	4.92%
Colorado Choice	1	NA
DHMP	1	NA
Kaiser	4	NA
RMHP	7	NA
HEDIS 2017 Colorado CHP+ Weighted Average		4.05%
HEDIS 2016 Colorado CHP+ Weighted Average		4.69%
HEDIS 2015 Colorado CHP+ Weighted Average		—
<i>Total</i>		
Colorado Access	74	4.05%
Colorado Choice	1	NA
DHMP	1	NA
Kaiser	4	NA
RMHP	9	NA

CHP+ Plan	Eligible Population	Rate
HEDIS 2017 Colorado CHP+ Weighted Average		3.37%
HEDIS 2016 Colorado CHP+ Weighted Average		4.65%
HEDIS 2015 Colorado CHP+ Weighted Average		—

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

¹ Due to changes in NCQA’s technical specifications for this measure, exercise caution when trending rates between 2017 and prior years.

NA (Small Denominator) indicates the health plan(s) followed the specifications, but the denominator was too small (<30) to report a valid rate.

— Indicates the rate is not presented in the table above as the Department did not require the health plans to report this rate for the respective reporting year.

Font indicates Colorado CHP+ Weighted Average values.

Respiratory Conditions Performance Measure Results

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

CHP+ Plan	Eligible Population	Rate
<i>Appropriate Treatment for Children With Upper Respiratory Infection¹</i>		
Colorado Access	1,716	89.63% ^
Colorado Choice	86	83.72%
DHMP	93	91.40% ^
Kaiser	184	98.91% ^
RMHP	479	95.41% ^
HEDIS 2017 Colorado CHP+ Weighted Average		91.24% ^
HEDIS 2016 Colorado CHP+ Weighted Average		92.66%
HEDIS 2015 Colorado CHP+ Weighted Average		91.50%
<i>Medication Management for People With Asthma</i>		
<i>Medication Compliance 50%—Ages 5 to 11 Years²</i>		
Colorado Access	127	51.18%
Colorado Choice	4	NA
DHMP	10	NA
Kaiser	18	NA
RMHP	15	NA
HEDIS 2017 Colorado CHP+ Weighted Average		49.43%
HEDIS 2016 Colorado CHP+ Weighted Average		55.13%
HEDIS 2015 Colorado CHP+ Weighted Average		49.07%
<i>Medication Compliance 50%—Ages 12 to 18 Years²</i>		
Colorado Access	89	48.31%
Colorado Choice	7	NA
DHMP	11	NA
Kaiser	13	NA
RMHP	9	NA
HEDIS 2017 Colorado CHP+ Weighted Average		45.74%
HEDIS 2016 Colorado CHP+ Weighted Average		42.74%
HEDIS 2015 Colorado CHP+ Weighted Average		44.44%
<i>Medication Compliance 50%—Total²</i>		
Colorado Access	216	50.00%
Colorado Choice	11	NA
DHMP	21	NA
Kaiser	31	32.26%
RMHP	24	NA

CHP+ Plan	Eligible Population	Rate
HEDIS 2017 Colorado CHP+ Weighted Average		47.85%
HEDIS 2016 Colorado CHP+ Weighted Average		49.64%
HEDIS 2015 Colorado CHP+ Weighted Average		46.96%
<i>Medication Compliance 75%—Ages 5 to 11 Years</i>		
Colorado Access	127	27.56% ^
Colorado Choice	4	NA
DHMP	10	NA
Kaiser	18	NA
RMHP	15	NA
HEDIS 2017 Colorado CHP+ Weighted Average		25.86%
HEDIS 2016 Colorado CHP+ Weighted Average		25.64%
HEDIS 2015 Colorado CHP+ Weighted Average		21.74%
<i>Medication Compliance 75%—Ages 12 to 18 Years</i>		
Colorado Access	89	26.97% ^
Colorado Choice	7	NA
DHMP	11	NA
Kaiser	13	NA
RMHP	9	NA
HEDIS 2017 Colorado CHP+ Weighted Average		20.93%
HEDIS 2016 Colorado CHP+ Weighted Average		16.94%
HEDIS 2015 Colorado CHP+ Weighted Average		18.52%
<i>Medication Compliance 75%—Total</i>		
Colorado Access	216	27.31%
Colorado Choice	11	NA
DHMP	21	NA
Kaiser	31	12.90%
RMHP	24	NA
HEDIS 2017 Colorado CHP+ Weighted Average		23.76%
HEDIS 2016 Colorado CHP+ Weighted Average		21.79%
HEDIS 2015 Colorado CHP+ Weighted Average		20.27%
<i>Asthma Medication Ratio</i>		
<i>Ages 5 to 11 Years</i>		
Colorado Access	128	87.50% ^
Colorado Choice	4	NA
DHMP	11	NA
Kaiser	18	NA
RMHP	15	NA

CHP+ Plan	Eligible Population	Rate
HEDIS 2017 Colorado CHP+ Weighted Average		85.80%[^]
HEDIS 2016 Colorado CHP+ Weighted Average		80.12%
HEDIS 2015 Colorado CHP+ Weighted Average		81.71%
<i>Ages 12 to 18 Years</i>		
Colorado Access	95	74.74% [^]
Colorado Choice	7	NA
DHMP	13	NA
Kaiser	13	NA
RMHP	9	NA
HEDIS 2017 Colorado CHP+ Weighted Average		73.72%[^]
HEDIS 2016 Colorado CHP+ Weighted Average		67.88%
HEDIS 2015 Colorado CHP+ Weighted Average		66.22%
<i>Total</i>		
Colorado Access	224	81.70% [^]
Colorado Choice	11	NA
DHMP	24	NA
Kaiser	31	80.65% [^]
RMHP	24	NA
HEDIS 2017 Colorado CHP+ Weighted Average		80.25%[^]
HEDIS 2016 Colorado CHP+ Weighted Average		74.59%
HEDIS 2015 Colorado CHP+ Weighted Average		74.20%

¹ Due to changes in NCQA’s technical specifications for this measure, exercise caution when trending rates between 2017 and prior years.

² Quality Compass benchmarks were not available for this measure; therefore, NCQA’s HEDIS Audit Means and Percentiles benchmarks for HEDIS 2016 were used for comparison.

NA (Small Denominator) indicates the health plan(s) followed the specifications, but the denominator was too small (<30) to report a valid rate.

Yellow shading with one carat (^) indicates the rate was at or above the Quality Compass national Medicaid HMO 50th percentile for HEDIS 2016.

Bold font indicates Colorado CHP+ Weighted Average values.

Use of Services Measure Results

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

CHP+ Plan	Rate
<i>Ambulatory Care (Per 1,000 Member Months)</i>	
<i>Emergency Department Visits—Age <1 Year*</i>	
Colorado Access	45.14
Colorado Choice	30.23
DHMP	36.94
Kaiser ¹	6.48
RMHP	17.41
HEDIS 2017 Colorado CHP+ Weighted Average¹	36.04
HEDIS 2016 Colorado CHP+ Weighted Average	33.91
HEDIS 2015 Colorado CHP+ Weighted Average	43.15
<i>Emergency Department Visits—Ages 1 to 9 Years*</i>	
Colorado Access	27.41
Colorado Choice	15.42
DHMP	21.39
Kaiser ¹	2.54
RMHP	18.55
HEDIS 2017 Colorado CHP+ Weighted Average¹	21.90
HEDIS 2016 Colorado CHP+ Weighted Average	25.16
HEDIS 2015 Colorado CHP+ Weighted Average	27.59
<i>Emergency Department Visits—Ages 10 to 19 Years*</i>	
Colorado Access	24.50
Colorado Choice	14.56
DHMP	14.19
Kaiser ¹	3.31
RMHP	17.97
HEDIS 2017 Colorado CHP+ Weighted Average¹	19.03
HEDIS 2016 Colorado CHP+ Weighted Average	21.79
HEDIS 2015 Colorado CHP+ Weighted Average	24.06
<i>Emergency Department Visits—Total*</i>	
Colorado Access	26.48
Colorado Choice	15.26
DHMP	18.09
Kaiser ¹	2.98
RMHP	18.26

CHP+ Plan	Rate
HEDIS 2017 Colorado CHP+ Weighted Average¹	20.84
HEDIS 2016 Colorado CHP+ Weighted Average	23.80
HEDIS 2015 Colorado CHP+ Weighted Average	26.31
<i>Outpatient Visits—Age <1 Year</i>	
Colorado Access	576.24
Colorado Choice	511.34
DHMP	295.51
Kaiser	762.04
RMHP	543.73
HEDIS 2017 Colorado CHP+ Weighted Average	567.40
HEDIS 2016 Colorado CHP+ Weighted Average	631.34
HEDIS 2015 Colorado CHP+ Weighted Average	551.15
<i>Outpatient Visits—Ages 1 to 9 Years</i>	
Colorado Access	229.80
Colorado Choice	180.36
DHMP	121.83
Kaiser	196.46
RMHP	218.92
HEDIS 2017 Colorado CHP+ Weighted Average	212.96
HEDIS 2016 Colorado CHP+ Weighted Average	236.27
HEDIS 2015 Colorado CHP+ Weighted Average	208.34
<i>Outpatient Visits—Ages 10 to 19 Years</i>	
Colorado Access	200.97
Colorado Choice	159.67
DHMP	108.41
Kaiser	149.97
RMHP	187.36
HEDIS 2017 Colorado CHP+ Weighted Average	181.34
HEDIS 2016 Colorado CHP+ Weighted Average	199.28
HEDIS 2015 Colorado CHP+ Weighted Average	183.33
<i>Outpatient Visits—Total</i>	
Colorado Access	224.38
Colorado Choice	176.00
DHMP	117.49
Kaiser	179.23
RMHP	212.07
HEDIS 2017 Colorado CHP+ Weighted Average	205.26
HEDIS 2016 Colorado CHP+ Weighted Average	227.93
HEDIS 2015 Colorado CHP+ Weighted Average	204.21

CHP+ Plan	Rate
<i>Inpatient Utilization—General Hospital/Acute Care</i>	
<i>Discharges per 1,000 Member Months (Total Inpatient)—Age <1 Year</i>	
Colorado Access	3.46
Colorado Choice	2.52
DHMP	2.64
Kaiser	4.63
RMHP	3.10
HEDIS 2017 Colorado CHP+ Weighted Average	3.41
HEDIS 2016 Colorado CHP+ Weighted Average	3.59
HEDIS 2015 Colorado CHP+ Weighted Average	3.31
<i>Discharges per 1,000 Member Months (Total Inpatient)—Ages 1 to 9 Years</i>	
Colorado Access	0.91
Colorado Choice	0.92
DHMP	1.01
Kaiser	0.69
RMHP	0.76
HEDIS 2017 Colorado CHP+ Weighted Average	0.86
HEDIS 2016 Colorado CHP+ Weighted Average	1.20
HEDIS 2015 Colorado CHP+ Weighted Average	1.12
<i>Discharges per 1,000 Member Months (Total Inpatient)—Ages 10 to 19 Years</i>	
Colorado Access	0.90
Colorado Choice	0.63
DHMP	0.71
Kaiser	0.50
RMHP	0.59
HEDIS 2017 Colorado CHP+ Weighted Average	0.77
HEDIS 2016 Colorado CHP+ Weighted Average	1.05
HEDIS 2015 Colorado CHP+ Weighted Average	1.25
<i>Discharges per 1,000 Member Months (Total Inpatient)—Total</i>	
Colorado Access	0.96
Colorado Choice	0.81
DHMP	0.88
Kaiser	0.64
RMHP	0.73
HEDIS 2017 Colorado CHP+ Weighted Average	0.87
HEDIS 2016 Colorado CHP+ Weighted Average	1.18

CHP+ Plan	Rate
HEDIS 2015 Colorado CHP+ Weighted Average	1.28
<i>Days per 1,000 Member Months (Total Inpatient)—Age <1 Year</i>	
Colorado Access	11.26
Colorado Choice	2.52
DHMP	9.23
Kaiser	13.89
RMHP	5.80
HEDIS 2017 Colorado CHP+ Weighted Average	10.08
HEDIS 2016 Colorado CHP+ Weighted Average	12.11
HEDIS 2015 Colorado CHP+ Weighted Average	19.61
<i>Days per 1,000 Member Months (Total Inpatient)—Ages 1 to 9 Years</i>	
Colorado Access	2.71
Colorado Choice	2.39
DHMP	2.57
Kaiser	2.12
RMHP	2.25
HEDIS 2017 Colorado CHP+ Weighted Average	2.54
HEDIS 2016 Colorado CHP+ Weighted Average	3.53
HEDIS 2015 Colorado CHP+ Weighted Average	3.66
<i>Days per 1,000 Member Months (Total Inpatient)—Ages 10 to 19 Years</i>	
Colorado Access	4.04
Colorado Choice	1.72
DHMP	2.19
Kaiser	1.87
RMHP	1.97
HEDIS 2017 Colorado CHP+ Weighted Average	3.14
HEDIS 2016 Colorado CHP+ Weighted Average	3.59
HEDIS 2015 Colorado CHP+ Weighted Average	3.84
<i>Days per 1,000 Member Months (Total Inpatient)—Total</i>	
Colorado Access	3.51
Colorado Choice	2.06
DHMP	2.47
Kaiser	2.13
RMHP	2.21
HEDIS 2017 Colorado CHP+ Weighted Average	2.97
HEDIS 2016 Colorado CHP+ Weighted Average	3.75
HEDIS 2015 Colorado CHP+ Weighted Average	4.34

CHP+ Plan	Rate
<i>Average Length of Stay (Total Inpatient)—Age <1 Year</i>	
Colorado Access	3.26
Colorado Choice	1.00†
DHMP	3.50†
Kaiser	3.00†
RMHP	1.88†
HEDIS 2017 Colorado CHP+ Weighted Average	2.96
HEDIS 2016 Colorado CHP+ Weighted Average	3.38
HEDIS 2015 Colorado CHP+ Weighted Average	5.92
<i>Average Length of Stay (Total Inpatient)—Ages 1 to 9 Years</i>	
Colorado Access	2.99
Colorado Choice	2.60†
DHMP	2.55
Kaiser	3.10
RMHP	2.98†
HEDIS 2017 Colorado CHP+ Weighted Average	2.94
HEDIS 2016 Colorado CHP+ Weighted Average	2.93
HEDIS 2015 Colorado CHP+ Weighted Average	3.27
<i>Average Length of Stay (Total Inpatient)—Ages 10 to 19 Years</i>	
Colorado Access	4.46
Colorado Choice	2.71†
DHMP	3.10†
Kaiser	3.75†
RMHP	3.37
HEDIS 2017 Colorado CHP+ Weighted Average	4.10
HEDIS 2016 Colorado CHP+ Weighted Average	3.43
HEDIS 2015 Colorado CHP+ Weighted Average	3.06
<i>Average Length of Stay (Total Inpatient)—Total</i>	
Colorado Access	3.64
Colorado Choice	2.56†
DHMP	2.80
Kaiser	3.35
RMHP	3.01
HEDIS 2017 Colorado CHP+ Weighted Average	3.42
HEDIS 2016 Colorado CHP+ Weighted Average	3.17
HEDIS 2015 Colorado CHP+ Weighted Average	3.41
<i>Discharges per 1,000 Member Months (Medicine)—Age <1 Year</i>	
Colorado Access	2.23
Colorado Choice	2.52

CHP+ Plan	Rate
DHMP	2.64
Kaiser	3.70
RMHP	2.32
HEDIS 2017 Colorado CHP+ Weighted Average	2.39
HEDIS 2016 Colorado CHP+ Weighted Average	2.77
HEDIS 2015 Colorado CHP+ Weighted Average	2.83
<i>Discharges per 1,000 Member Months (Medicine)—Ages 1 to 9 Years</i>	
Colorado Access	0.73
Colorado Choice	0.55
DHMP	0.91
Kaiser	0.60
RMHP	0.50
HEDIS 2017 Colorado CHP+ Weighted Average	0.69
HEDIS 2016 Colorado CHP+ Weighted Average	1.01
HEDIS 2015 Colorado CHP+ Weighted Average	0.93
<i>Discharges per 1,000 Member Months (Medicine)—Ages 10 to 19 Years</i>	
Colorado Access	0.51
Colorado Choice	0.45
DHMP	0.34
Kaiser	0.31
RMHP	0.29
HEDIS 2017 Colorado CHP+ Weighted Average	0.43
HEDIS 2016 Colorado CHP+ Weighted Average	0.60
HEDIS 2015 Colorado CHP+ Weighted Average	0.83
<i>Discharges per 1,000 Member Months (Medicine)—Total</i>	
Colorado Access	0.66
Colorado Choice	0.54
DHMP	0.65
Kaiser	0.49
RMHP	0.45
HEDIS 2017 Colorado CHP+ Weighted Average	0.60
HEDIS 2016 Colorado CHP+ Weighted Average	0.86
HEDIS 2015 Colorado CHP+ Weighted Average	0.96
<i>Days per 1,000 Member Months (Medicine)—Age <1 Year</i>	
Colorado Access	6.35
Colorado Choice	2.52
DHMP	9.23
Kaiser	12.04
RMHP	4.64

CHP+ Plan	Rate
HEDIS 2017 Colorado CHP+ Weighted Average	6.53
HEDIS 2016 Colorado CHP+ Weighted Average	9.50
HEDIS 2015 Colorado CHP+ Weighted Average	12.63
<i>Days per 1,000 Member Months (Medicine)—Ages 1 to 9 Years</i>	
Colorado Access	1.91
Colorado Choice	1.47
DHMP	2.31
Kaiser	1.84
RMHP	1.34
HEDIS 2017 Colorado CHP+ Weighted Average	1.83
HEDIS 2016 Colorado CHP+ Weighted Average	2.62
HEDIS 2015 Colorado CHP+ Weighted Average	2.25
<i>Days per 1,000 Member Months (Medicine)—Ages 10 to 19 Years</i>	
Colorado Access	1.69
Colorado Choice	0.90
DHMP	0.98
Kaiser	0.91
RMHP	0.76
HEDIS 2017 Colorado CHP+ Weighted Average	1.34
HEDIS 2016 Colorado CHP+ Weighted Average	1.61
HEDIS 2015 Colorado CHP+ Weighted Average	2.03
<i>Days per 1,000 Member Months (Medicine)—Total</i>	
Colorado Access	1.91
Colorado Choice	1.21
DHMP	1.75
Kaiser	1.48
RMHP	1.16
HEDIS 2017 Colorado CHP+ Weighted Average	1.69
HEDIS 2016 Colorado CHP+ Weighted Average	2.31
HEDIS 2015 Colorado CHP+ Weighted Average	2.46
<i>Average Length of Stay (Medicine)—Age <1 Year</i>	
Colorado Access	2.85†
Colorado Choice	1.00†
DHMP	3.50†
Kaiser	3.25†
RMHP	2.00†
HEDIS 2017 Colorado CHP+ Weighted Average	2.73
HEDIS 2016 Colorado CHP+ Weighted Average	3.43
HEDIS 2015 Colorado CHP+ Weighted Average	4.46

CHP+ Plan	Rate
<i>Average Length of Stay (Medicine)—Ages 1 to 9 Years</i>	
Colorado Access	2.61
Colorado Choice	2.67†
DHMP	2.54†
Kaiser	3.07†
RMHP	2.67
HEDIS 2017 Colorado CHP+ Weighted Average	2.66
HEDIS 2016 Colorado CHP+ Weighted Average	2.60
HEDIS 2015 Colorado CHP+ Weighted Average	2.42
<i>Average Length of Stay (Medicine)—Ages 10 to 19 Years</i>	
Colorado Access	3.34
Colorado Choice	2.00†
DHMP	2.90†
Kaiser	2.93†
RMHP	2.60†
HEDIS 2017 Colorado CHP+ Weighted Average	3.14
HEDIS 2016 Colorado CHP+ Weighted Average	2.71
HEDIS 2015 Colorado CHP+ Weighted Average	2.44
<i>Average Length of Stay (Medicine)—Total</i>	
Colorado Access	2.88
Colorado Choice	2.25†
DHMP	2.68
Kaiser	3.04
RMHP	2.57
HEDIS 2017 Colorado CHP+ Weighted Average	2.82
HEDIS 2016 Colorado CHP+ Weighted Average	2.70
HEDIS 2015 Colorado CHP+ Weighted Average	2.56
<i>Discharges per 1,000 Member Months (Surgery)—Age <1 Year</i>	
Colorado Access	1.23
Colorado Choice	0.00
DHMP	0.00
Kaiser	0.93
RMHP	0.77
HEDIS 2017 Colorado CHP+ Weighted Average	1.02
HEDIS 2016 Colorado CHP+ Weighted Average	0.82
HEDIS 2015 Colorado CHP+ Weighted Average	0.48
<i>Discharges per 1,000 Member Months (Surgery)—Ages 1 to 9 Years</i>	
Colorado Access	0.18
Colorado Choice	0.37

CHP+ Plan	Rate
DHMP	0.10
Kaiser	0.09
RMHP	0.25
HEDIS 2017 Colorado CHP+ Weighted Average	0.18
HEDIS 2016 Colorado CHP+ Weighted Average	0.20
HEDIS 2015 Colorado CHP+ Weighted Average	0.19
<i>Discharges per 1,000 Member Months (Surgery)—Ages 10 to 19 Years</i>	
Colorado Access	0.31
Colorado Choice	0.18
DHMP	0.34
Kaiser	0.19
RMHP	0.27
HEDIS 2017 Colorado CHP+ Weighted Average	0.28
HEDIS 2016 Colorado CHP+ Weighted Average	0.33
HEDIS 2015 Colorado CHP+ Weighted Average	0.26
<i>Discharges per 1,000 Member Months (Surgery)—Total</i>	
Colorado Access	0.26
Colorado Choice	0.27
DHMP	0.21
Kaiser	0.15
RMHP	0.27
HEDIS 2017 Colorado CHP+ Weighted Average	0.24
HEDIS 2016 Colorado CHP+ Weighted Average	0.27
HEDIS 2015 Colorado CHP+ Weighted Average	0.24
<i>Days per 1,000 Member Months (Surgery)—Age <1 Year</i>	
Colorado Access	4.90
Colorado Choice	0.00
DHMP	0.00
Kaiser	1.85
RMHP	1.16
HEDIS 2017 Colorado CHP+ Weighted Average	3.55
HEDIS 2016 Colorado CHP+ Weighted Average	2.62
HEDIS 2015 Colorado CHP+ Weighted Average	6.97
<i>Days per 1,000 Member Months (Surgery)—Ages 1 to 9 Years</i>	
Colorado Access	0.80
Colorado Choice	0.92
DHMP	0.26
Kaiser	0.29
RMHP	0.91

CHP+ Plan	Rate
HEDIS 2017 Colorado CHP+ Weighted Average	0.71
HEDIS 2016 Colorado CHP+ Weighted Average	0.91
HEDIS 2015 Colorado CHP+ Weighted Average	1.41
<i>Days per 1,000 Member Months (Surgery)—Ages 10 to 19 Years</i>	
Colorado Access	2.12
Colorado Choice	0.81
DHMP	1.01
Kaiser	0.96
RMHP	1.13
HEDIS 2017 Colorado CHP+ Weighted Average	1.64
HEDIS 2016 Colorado CHP+ Weighted Average	1.69
HEDIS 2015 Colorado CHP+ Weighted Average	1.41
<i>Days per 1,000 Member Months (Surgery)—Total</i>	
Colorado Access	1.49
Colorado Choice	0.85
DHMP	0.62
Kaiser	0.65
RMHP	1.01
HEDIS 2017 Colorado CHP+ Weighted Average	1.20
HEDIS 2016 Colorado CHP+ Weighted Average	1.31
HEDIS 2015 Colorado CHP+ Weighted Average	1.69
<i>Average Length of Stay (Surgery)—Age <1 Year</i>	
Colorado Access	4.00†
Colorado Choice	NA~
DHMP	NA~
Kaiser	2.00†
RMHP	1.50†
HEDIS 2017 Colorado CHP+ Weighted Average	3.50†
HEDIS 2016 Colorado CHP+ Weighted Average	3.18†
HEDIS 2015 Colorado CHP+ Weighted Average	14.43†
<i>Average Length of Stay (Surgery)—Ages 1 to 9 Years</i>	
Colorado Access	4.57
Colorado Choice	2.50†
DHMP	2.67†
Kaiser	3.25†
RMHP	3.60†
HEDIS 2017 Colorado CHP+ Weighted Average	4.03
HEDIS 2016 Colorado CHP+ Weighted Average	4.63
HEDIS 2015 Colorado CHP+ Weighted Average	7.53

CHP+ Plan	Rate
<i>Average Length of Stay (Surgery)—Ages 10 to 19 Years</i>	
Colorado Access	6.95
Colorado Choice	4.50†
DHMP	3.00†
Kaiser	5.11†
RMHP	4.14†
HEDIS 2017 Colorado CHP+ Weighted Average	5.85
HEDIS 2016 Colorado CHP+ Weighted Average	5.12
HEDIS 2015 Colorado CHP+ Weighted Average	5.42
<i>Average Length of Stay (Surgery)—Total</i>	
Colorado Access	5.79
Colorado Choice	3.17†
DHMP	2.92†
Kaiser	4.36†
RMHP	3.71
HEDIS 2017 Colorado CHP+ Weighted Average	4.97
HEDIS 2016 Colorado CHP+ Weighted Average	4.81
HEDIS 2015 Colorado CHP+ Weighted Average	7.06
<i>Discharges per 1,000 Member Months (Maternity)—Ages 10 to 19 Years</i>	
Colorado Access	0.09
Colorado Choice	0.00
DHMP	0.03
Kaiser	0.00
RMHP	0.02
HEDIS 2017 Colorado CHP+ Weighted Average	0.06
HEDIS 2016 Colorado CHP+ Weighted Average	0.12
HEDIS 2015 Colorado CHP+ Weighted Average	0.16
<i>Discharges per 1,000 Member Months (Maternity)—Total</i>	
Colorado Access	0.09
Colorado Choice	0.00
DHMP	0.03
Kaiser	0.00
RMHP	0.02
HEDIS 2017 Colorado CHP+ Weighted Average	0.06
HEDIS 2016 Colorado CHP+ Weighted Average	0.12
HEDIS 2015 Colorado CHP+ Weighted Average	0.16
<i>Days per 1,000 Member Months (Maternity)—Ages 10 to 19 Years</i>	
Colorado Access	0.22
Colorado Choice	0.00

CHP+ Plan	Rate
DHMP	0.20
Kaiser	0.00
RMHP	0.08
HEDIS 2017 Colorado CHP+ Weighted Average	0.16
HEDIS 2016 Colorado CHP+ Weighted Average	0.29
HEDIS 2015 Colorado CHP+ Weighted Average	0.39
<i>Days per 1,000 Member Months (Maternity)—Total</i>	
Colorado Access	0.22
Colorado Choice	0.00
DHMP	0.20
Kaiser	0.00
RMHP	0.08
HEDIS 2017 Colorado CHP+ Weighted Average	0.16
HEDIS 2016 Colorado CHP+ Weighted Average	0.29
HEDIS 2015 Colorado CHP+ Weighted Average	0.41
<i>Average Length of Stay (Maternity)—Ages 10 to 19 Years</i>	
Colorado Access	2.41†
Colorado Choice	NA~
DHMP	6.00†
Kaiser	NA~
RMHP	4.00†
HEDIS 2017 Colorado CHP+ Weighted Average	2.68†
HEDIS 2016 Colorado CHP+ Weighted Average	2.36
HEDIS 2015 Colorado CHP+ Weighted Average	2.47
<i>Average Length of Stay (Maternity)—Total</i>	
Colorado Access	2.41†
Colorado Choice	NA~
DHMP	6.00†
Kaiser	NA~
RMHP	4.00†
HEDIS 2017 Colorado CHP+ Weighted Average	2.68†
HEDIS 2016 Colorado CHP+ Weighted Average	2.36
HEDIS 2015 Colorado CHP+ Weighted Average	2.51
<i>Antibiotic Utilization*</i>	
<i>Average Scripts PMPY for Antibiotics—Ages 0 to 9 Years</i>	
Colorado Access	0.50
Colorado Choice	0.56
DHMP	0.16
Kaiser	0.32

CHP+ Plan	Rate
RMHP	0.44
HEDIS 2017 Colorado CHP+ Weighted Average	0.44
HEDIS 2016 Colorado CHP+ Weighted Average	0.74
HEDIS 2015 Colorado CHP+ Weighted Average	0.54
<i>Average Scripts PMPY for Antibiotics—Ages 10 to 17 Years</i>	
Colorado Access	0.41
Colorado Choice	0.43
DHMP	0.11
Kaiser	0.23
RMHP	0.34
HEDIS 2017 Colorado CHP+ Weighted Average	0.34
HEDIS 2016 Colorado CHP+ Weighted Average	0.53
HEDIS 2015 Colorado CHP+ Weighted Average	0.42
<i>Average Scripts PMPY for Antibiotics—Ages 18 to 34 Years</i>	
Colorado Access	0.45
Colorado Choice	0.52
DHMP	0.13
Kaiser	0.32
RMHP	0.34
HEDIS 2017 Colorado CHP+ Weighted Average	0.38
HEDIS 2016 Colorado CHP+ Weighted Average	0.66
HEDIS 2015 Colorado CHP+ Weighted Average	0.50
<i>Average Scripts PMPY for Antibiotics—Total</i>	
Colorado Access	0.46
Colorado Choice	0.50
DHMP	0.13
Kaiser	0.28
RMHP	0.40
HEDIS 2017 Colorado CHP+ Weighted Average	0.40
HEDIS 2016 Colorado CHP+ Weighted Average	0.65
HEDIS 2015 Colorado CHP+ Weighted Average	0.49
<i>Average Days Supplied per Antibiotic Script—Ages 0 to 9 Years</i>	
Colorado Access	9.79
Colorado Choice	11.82
DHMP	9.57
Kaiser	10.57
RMHP	10.00
HEDIS 2017 Colorado CHP+ Weighted Average	9.98
HEDIS 2016 Colorado CHP+ Weighted Average	9.70

CHP+ Plan	Rate
HEDIS 2015 Colorado CHP+ Weighted Average	9.32
<i>Average Days Supplied per Antibiotic Script—Ages 10 to 17 Years</i>	
Colorado Access	12.73
Colorado Choice	13.58
DHMP	12.45
Kaiser	15.02
RMHP	11.07
HEDIS 2017 Colorado CHP+ Weighted Average	12.73
HEDIS 2016 Colorado CHP+ Weighted Average	11.86
HEDIS 2015 Colorado CHP+ Weighted Average	11.88
<i>Average Days Supplied per Antibiotic Script—Ages 18 to 34 Years</i>	
Colorado Access	11.61
Colorado Choice	10.14
DHMP	7.83
Kaiser	12.99
RMHP	13.35
HEDIS 2017 Colorado CHP+ Weighted Average	11.81
HEDIS 2016 Colorado CHP+ Weighted Average	12.46
HEDIS 2015 Colorado CHP+ Weighted Average	13.22
<i>Average Days Supplied per Antibiotic Script—Total</i>	
Colorado Access	10.94
Colorado Choice	12.39
DHMP	10.47
Kaiser	12.32
RMHP	10.49
HEDIS 2017 Colorado CHP+ Weighted Average	11.06
HEDIS 2016 Colorado CHP+ Weighted Average	10.55
HEDIS 2015 Colorado CHP+ Weighted Average	10.39
<i>Average Scripts PMPY for Antibiotics of Concern—Ages 0 to 9 Years</i>	
Colorado Access	0.17
Colorado Choice	0.22
DHMP	0.04
Kaiser	0.09
RMHP	0.18
HEDIS 2017 Colorado CHP+ Weighted Average	0.15
HEDIS 2016 Colorado CHP+ Weighted Average	0.29
HEDIS 2015 Colorado CHP+ Weighted Average	0.22

CHP+ Plan	Rate
<i>Average Scripts PMPY for Antibiotics of Concern—Ages 10 to 17 Years</i>	
Colorado Access	0.14
Colorado Choice	0.17
DHMP	0.03
Kaiser	0.07
RMHP	0.13
HEDIS 2017 Colorado CHP+ Weighted Average	0.12
HEDIS 2016 Colorado CHP+ Weighted Average	0.21
HEDIS 2015 Colorado CHP+ Weighted Average	0.16
<i>Average Scripts PMPY for Antibiotics of Concern—Ages 18 to 34 Years</i>	
Colorado Access	0.15
Colorado Choice	0.22
DHMP	0.04
Kaiser	0.10
RMHP	0.14
HEDIS 2017 Colorado CHP+ Weighted Average	0.13
HEDIS 2016 Colorado CHP+ Weighted Average	0.23
HEDIS 2015 Colorado CHP+ Weighted Average	0.17
<i>Average Scripts PMPY for Antibiotics of Concern—Total</i>	
Colorado Access	0.16
Colorado Choice	0.20
DHMP	0.03
Kaiser	0.08
RMHP	0.15
HEDIS 2017 Colorado CHP+ Weighted Average	0.13
HEDIS 2016 Colorado CHP+ Weighted Average	0.25
HEDIS 2015 Colorado CHP+ Weighted Average	0.19
<i>Percentage of Antibiotics of Concern of All Antibiotic Scripts—Ages 0 to 9 Years</i>	
Colorado Access	34.13%
Colorado Choice	38.42%
DHMP	26.89%
Kaiser	27.06%
RMHP	39.52%
HEDIS 2017 Colorado CHP+ Weighted Average	34.28%
HEDIS 2016 Colorado CHP+ Weighted Average	39.49%
HEDIS 2015 Colorado CHP+ Weighted Average	39.84%

CHP+ Plan	Rate
Percentage of Antibiotics of Concern of All Antibiotic Scripts—Ages 10 to 17 Years	
Colorado Access	33.22%
Colorado Choice	39.32%
DHMP	24.36%
Kaiser	29.69%
RMHP	36.89%
HEDIS 2017 Colorado CHP+ Weighted Average	33.44%
HEDIS 2016 Colorado CHP+ Weighted Average	38.75%
HEDIS 2015 Colorado CHP+ Weighted Average	38.74%
Percentage of Antibiotics of Concern of All Antibiotic Scripts—Ages 18 to 34 Years	
Colorado Access	33.55%
Colorado Choice	43.14%
DHMP	27.78%
Kaiser	31.58%
RMHP	40.77%
HEDIS 2017 Colorado CHP+ Weighted Average	34.53%
HEDIS 2016 Colorado CHP+ Weighted Average	35.38%
HEDIS 2015 Colorado CHP+ Weighted Average	33.77%
Percentage of Antibiotics of Concern of All Antibiotic Scripts—Total	
Colorado Access	33.77%
Colorado Choice	39.01%
DHMP	26.07%
Kaiser	28.27%
RMHP	38.64%
HEDIS 2017 Colorado CHP+ Weighted Average	33.99%
HEDIS 2016 Colorado CHP+ Weighted Average	39.06%
HEDIS 2015 Colorado CHP+ Weighted Average	39.19%

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

¹ Kaiser acknowledged that the reported rate for this measure may not be valid; therefore, exercise caution when interpreting these results.

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

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

Bold font indicates Colorado CHP+ Weighted Average values.

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 2015, 2016, and 2017 are presented.

HEDIS 2016 to 2017 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 2015 Rate	HEDIS 2016 Rate	HEDIS 2017 Rate
<i>Pediatric Care</i>			
<i>Childhood Immunization Status</i>			
<i>DTaP</i>	73.93%	69.51%	73.84%
<i>IPV</i>	82.62%	80.55%	84.54% ^
<i>MMR</i>	82.35%	81.99%	85.20%
<i>HiB</i>	81.55%	78.75%	83.75% ^
<i>Hepatitis B</i>	78.07%	77.91%	82.30% ^
<i>VZV</i>	81.68%	80.91%	81.51%
<i>Pneumococcal Conjugate</i>	75.00%	69.87%	76.09% ^
<i>Hepatitis A</i>	70.99%	69.99%	76.49% ^
<i>Rotavirus</i>	67.91%	65.55%	71.20% ^
<i>Influenza</i>	55.08%	44.90%	47.56%
<i>Combination 2</i>	63.37%	59.54%	65.92% ^
<i>Combination 3</i>	61.76%	57.26%	63.67% ^
<i>Combination 4</i>	55.21%	51.74%	59.71% ^
<i>Combination 5</i>	52.81%	49.82%	56.67% ^
<i>Combination 6</i>	42.91%	34.09%	38.97% ^
<i>Combination 7</i>	47.59%	46.22%	53.76% ^
<i>Combination 8</i>	39.30%	31.33%	37.12% ^
<i>Combination 9</i>	37.43%	30.25%	35.80% ^
<i>Combination 10</i>	34.36%	28.45%	34.35% ^
<i>Immunizations for Adolescents</i>			
<i>Meningococcal</i>	67.44%	71.78%	72.00%
<i>Tdap</i>	84.39%	85.58%	84.91%
<i>HPV</i>	—	—	25.92%

Performance Measures	HEDIS 2015 Rate	HEDIS 2016 Rate	HEDIS 2017 Rate
<i>Combination 1 (Meningococcal, Tdap)</i>	64.35%	70.25%	70.39%
<i>Combination 2 (Meningococcal, Tdap, HPV)</i>	—	—	23.85%
Well-Child Visits in the First 15 Months of Life			
<i>Zero Visits*</i>	1.33%	3.57%	2.17%
<i>Six or More Visits</i>	62.83%	61.07%	61.96%
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>	65.85%	69.36%	69.48%
Adolescent Well-Care Visits			
<i>Adolescent Well-Care Visits</i>	42.49%	49.70%	48.88%
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents¹			
<i>BMI Percentile Documentation—Ages 3 to 11 Years</i>	48.71%	59.36%	2.81%^^
<i>BMI Percentile Documentation—Ages 12 to 17 Years</i>	52.86%	55.63%	5.61%^^
<i>BMI Percentile Documentation—Total</i>	50.12%	57.91%	3.85%^^
<i>Counseling for Nutrition—Ages 3 to 11 Years</i>	58.30%	58.96%	1.81%^^
<i>Counseling for Nutrition—Ages 12 to 17 Years</i>	42.14%	55.63%	2.54%^^
<i>Counseling for Nutrition—Total</i>	52.80%	57.66%	2.08%^^
<i>Counseling for Physical Activity—Ages 3 to 11 Years²</i>	48.71%	45.82%	0.09%^^
<i>Counseling for Physical Activity—Ages 12 to 17 Years²</i>	48.57%	51.88%	1.95%^^
<i>Counseling for Physical Activity—Total²</i>	48.66%	48.18%	0.78%^^
Appropriate Testing for Children With Pharyngitis			
<i>Appropriate Testing for Children With Pharyngitis</i>	77.64%	79.59%	84.93%^
Access to Care			
Children and Adolescents' Access to Primary Care Practitioners			
<i>Ages 12 to 24 Months</i>	96.66%	93.65%	91.23%
<i>Ages 25 Months to 6 Years</i>	85.23%	87.50%	86.24%
<i>Ages 7 to 11 Years</i>	92.71%	92.85%	91.63%
<i>Ages 12 to 19 Years</i>	92.29%	92.81%	92.18%
Preventive Screening			
Chlamydia Screening in Women			
<i>Ages 16 to 20 Years</i>	31.08%	29.34%	32.72%
<i>Total³</i>	31.08%	29.34%	32.72%
Non-Recommended Cervical Cancer Screening in Adolescent Females*²			
<i>Non-Recommended Cervical Cancer Screening in Adolescent Females</i>	0.66%	0.31%	0.24%

Performance Measures	HEDIS 2015 Rate	HEDIS 2016 Rate	HEDIS 2017 Rate
Mental/Behavioral Health			
Antidepressant Medication Management			
Effective Acute Phase Treatment	NA	NA	NA
Effective Continuation Phase Treatment	NA	NA	NA
Follow-Up Care for Children Prescribed ADHD Medication			
Initiation Phase	43.59%	0.74%	0.00%
Continuation and Maintenance Phase	43.33%	0.00%	0.00%
Use of Multiple Concurrent Antipsychotics in Children and Adolescents^{*,4}			
Ages 1 to 5 Years	—	NA	NA
Ages 6 to 11 Years	—	NA	NA
Ages 12 to 17 Years	—	6.38%	4.92%
Total	—	6.56%	4.05%
Respiratory Conditions			
Appropriate Treatment for Children With Upper Respiratory Infection⁴			
Appropriate Treatment for Children With Upper Respiratory Infection	90.84%	91.99%	89.63%^^
Medication Management for People With Asthma			
Medication Compliance 50%—Ages 5 to 11 Years	46.55%	51.24%	51.18%
Medication Compliance 50%—Ages 12 to 18 Years	37.89%	38.95%	48.31%
Medication Compliance 50%—Total	42.65%	45.83%	50.00%
Medication Compliance 75%—Ages 5 to 11 Years	18.10%	23.14%	27.56%
Medication Compliance 75%—Ages 12 to 18 Years	18.95%	14.74%	26.97%^
Medication Compliance 75%—Total	18.48%	19.44%	27.31%
Asthma Medication Ratio			
Ages 5 to 11 Years	83.19%	79.84%	87.50%
Ages 12 to 18 Years	70.19%	68.93%	74.74%
Total	76.79%	75.00%	81.70%
Use of Services[†]			
Ambulatory Care (Per 1,000 Member Months)			
Emergency Department Visits*	30.08	27.35	26.48
Outpatient Visits	222.16	227.44	224.38
Inpatient Utilization—General Hospital/Acute Care			
Discharges per 1,000 Member Months (Total Inpatient)	1.42	1.31	0.96
Days per 1,000 Member Months (Total Inpatient)	4.75	4.10	3.51
Average Length of Stay (Total Inpatient)	3.33	3.13	3.64
Discharges per 1,000 Member Months (Medicine)	1.09	0.93	0.66

Performance Measures	HEDIS 2015 Rate	HEDIS 2016 Rate	HEDIS 2017 Rate
<i>Days per 1,000 Member Months (Medicine)</i>	2.82	2.30	1.91
<i>Average Length of Stay (Medicine)</i>	2.58	2.48	2.88
<i>Discharges per 1,000 Member Months (Surgery)</i>	0.23	0.33	0.26
<i>Days per 1,000 Member Months (Surgery)</i>	1.67	1.67	1.49
<i>Average Length of Stay (Surgery)</i>	7.27	5.07	5.79
<i>Discharges per 1,000 Member Months (Maternity)</i>	0.23	0.13	0.09
<i>Days per 1,000 Member Months (Maternity)</i>	0.57	0.30	0.22
<i>Average Length of Stay (Maternity)</i>	2.51	2.40†	2.41†
Antibiotic Utilization*			
<i>Average Scripts PMPY for Antibiotics</i>	0.63	0.71	0.46
<i>Average Days Supplied per Antibiotic Script</i>	10.50	10.67	10.94
<i>Average Scripts PMPY for Antibiotics of Concern</i>	0.25	0.27	0.16
<i>Percentage of Antibiotics of Concern of All Antibiotic Scripts</i>	39.05%	38.39%	33.77%

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

¹ Changes in the rates should be interpreted with caution due to a change in the Department’s reporting requirement from hybrid in 2015 and 2016 to administrative in 2017.

² Due to changes in NCQA’s technical specifications for this measure, exercise caution when comparing rates between 2015 and 2016.

³ Because the CHP+ population is limited to individuals ages 18 years and under, rates for Ages 16 to 20 Years are the same as the measure indicator rates for the Total age grouping for this measure.

⁴ Due to changes in NCQA’s technical specifications for this measure, exercise caution when trending rates between 2017 and prior years.

† For measures in the Use of Services domain, statistical tests across years were not performed because variances were not provided in the IDSS files; differences in rates were reported without statistical test results. In addition, higher or lower rates did not necessarily denote better or poorer performance. This symbol may also indicate that fewer than 30 discharges were reported for this measure indicator. Exercise caution when evaluating this rate.

— Indicates the rate is not presented in the table above as the Department did not require the health plan to report this rate for the respective reporting year.

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.

NA (Small Denominator) indicates that the health plan followed the specifications, but the denominator was too small (<30) to report a valid rate.



Colorado Choice Trend Table

Table B-2—Colorado Choice Trend Table

Performance Measures	HEDIS 2015 Rate	HEDIS 2016 Rate	HEDIS 2017 Rate
Pediatric Care			
Childhood Immunization Status			
<i>DTaP</i>	NA	1.85%	6.12%
<i>IPV</i>	NA	7.41%	12.24%
<i>MMR</i>	NA	42.59%	57.14%
<i>HiB</i>	NA	9.26%	20.41%
<i>Hepatitis B</i>	NA	3.70%	10.20%
<i>VZV</i>	NA	42.59%	53.06%
<i>Pneumococcal Conjugate</i>	NA	0.00%	8.16% ^
<i>Hepatitis A</i>	NA	48.15%	48.98%
<i>Rotavirus</i>	NA	0.00%	2.04%
<i>Influenza</i>	NA	5.56%	14.29%
<i>Combination 2</i>	NA	0.00%	4.08%
<i>Combination 3</i>	NA	0.00%	4.08%
<i>Combination 4</i>	NA	0.00%	2.04%
<i>Combination 5</i>	NA	0.00%	0.00%
<i>Combination 6</i>	NA	0.00%	2.04%
<i>Combination 7</i>	NA	0.00%	0.00%
<i>Combination 8</i>	NA	0.00%	0.00%
<i>Combination 9</i>	NA	0.00%	0.00%
<i>Combination 10</i>	NA	0.00%	0.00%
Immunizations for Adolescents			
<i>Meningococcal</i>	34.21%	19.05%	22.22%
<i>Tdap</i>	36.84%	38.10%	33.33%
<i>HPV</i>	—	—	9.26%
<i>Combination 1 (Meningococcal, Tdap)</i>	26.32%	11.90%	14.81%
<i>Combination 2 (Meningococcal, Tdap, HPV)</i>	—	—	5.56%
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>	48.92%	43.79%	42.18%

Performance Measures	HEDIS 2015 Rate	HEDIS 2016 Rate	HEDIS 2017 Rate
Adolescent Well-Care Visits			
Adolescent Well-Care Visits	33.46%	30.70%	28.92%
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents¹			
BMI Percentile Documentation—Ages 3 to 11 Years	29.13%	28.10%	1.61%^^
BMI Percentile Documentation—Ages 12 to 17 Years	42.94%	31.95%	1.40%^^
BMI Percentile Documentation—Total	35.00%	29.68%	1.53%^^
Counseling for Nutrition—Ages 3 to 11 Years	35.65%	30.17%	3.87%^^
Counseling for Nutrition—Ages 12 to 17 Years	36.47%	29.59%	2.80%^^
Counseling for Nutrition—Total	36.00%	29.93%	3.44%^^
Counseling for Physical Activity—Ages 3 to 11 Years ²	31.30%	15.70%	0.65%^^
Counseling for Physical Activity—Ages 12 to 17 Years ²	51.76%	43.20%	8.88%^^
Counseling for Physical Activity—Total ²	40.00%	27.01%	4.01%^^
Appropriate Testing for Children With Pharyngitis			
Appropriate Testing for Children With Pharyngitis	63.49%	73.85%	74.07%
Access to Care			
Children and Adolescents' Access to Primary Care Practitioners			
Ages 12 to 24 Months	NA	NA	79.41%
Ages 25 Months to 6 Years	73.86%	69.44%	65.12%
Ages 7 to 11 Years	83.13%	80.81%	72.61%
Ages 12 to 19 Years	92.86%	87.10%	76.50%^^
Preventive Screening			
Chlamydia Screening in Women			
Ages 16 to 20 Years	NA	NA	NA
Total ³	NA	NA	NA
Non-Recommended Cervical Cancer Screening in Adolescent Females^{*2}			
Non-Recommended Cervical Cancer Screening in Adolescent Females	4.08%	2.04%	0.00%
Mental/Behavioral Health			
Antidepressant Medication Management			
Effective Acute Phase Treatment	NA	NA	NA
Effective Continuation Phase Treatment	NA	NA	NA
Follow-Up Care for Children Prescribed ADHD Medication			
Initiation Phase	NA	NA	NA
Continuation and Maintenance Phase	NA	NA	NA

Performance Measures	HEDIS 2015 Rate	HEDIS 2016 Rate	HEDIS 2017 Rate
Use of Multiple Concurrent Antipsychotics in Children and Adolescents*⁴			
Ages 1 to 5 Years	—	NA	NA
Ages 6 to 11 Years	—	NA	NA
Ages 12 to 17 Years	—	NA	NA
Total	—	NA	NA
Respiratory Conditions			
Appropriate Treatment for Children With Upper Respiratory Infection⁴			
Appropriate Treatment for Children With Upper Respiratory Infection	81.72%	85.85%	83.72%
Medication Management for People With Asthma			
Medication Compliance 50%—Ages 5 to 11 Years	NA	NA	NA
Medication Compliance 50%—Ages 12 to 18 Years	NA	NA	NA
Medication Compliance 50%—Total	NA	NA	NA
Medication Compliance 75%—Ages 5 to 11 Years	NA	NA	NA
Medication Compliance 75%—Ages 12 to 18 Years	NA	NA	NA
Medication Compliance 75%—Total	NA	NA	NA
Asthma Medication Ratio			
Ages 5 to 11 Years	NA	NA	NA
Ages 12 to 18 Years	NA	NA	NA
Total	NA	NA	NA
Use of Services[†]			
Ambulatory Care (Per 1,000 Member Months)			
Emergency Department Visits*	22.59	17.94	15.26
Outpatient Visits	206.36	183.26	176.00
Inpatient Utilization—General Hospital/Acute Care			
Discharges per 1,000 Member Months (Total Inpatient)	0.77	1.52	0.81
Days per 1,000 Member Months (Total Inpatient)	1.60	3.74	2.06
Average Length of Stay (Total Inpatient)	2.08 [†]	2.46 [†]	2.56 [†]
Discharges per 1,000 Member Months (Medicine)	0.47	1.30	0.54
Days per 1,000 Member Months (Medicine)	1.25	3.25	1.21
Average Length of Stay (Medicine)	2.63 [†]	2.50 [†]	2.25 [†]
Discharges per 1,000 Member Months (Surgery)	0.24	0.16	0.27
Days per 1,000 Member Months (Surgery)	0.30	0.43	0.85
Average Length of Stay (Surgery)	1.25 [†]	2.67 [†]	3.17 [†]
Discharges per 1,000 Member Months (Maternity)	0.00	0.11	0.00
Days per 1,000 Member Months (Maternity)	0.00	0.11	0.00

Performance Measures	HEDIS 2015 Rate	HEDIS 2016 Rate	HEDIS 2017 Rate
Average Length of Stay (Maternity)	NA [~]	1.00 [†]	NA [~]
Antibiotic Utilization*			
Average Scripts PMPY for Antibiotics	0.61	0.59	0.50
Average Days Supplied per Antibiotic Script	6.39	10.36	12.39
Average Scripts PMPY for Antibiotics of Concern	0.27	0.25	0.20
Percentage of Antibiotics of Concern of All Antibiotic Scripts	44.84%	42.20%	39.01%

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

¹ Changes in the rates should be interpreted with caution due to a change in the Department's reporting requirement from hybrid in 2015 and 2016 to administrative in 2017.

² Due to changes in NCQA's technical specifications for this measure, exercise caution when comparing rates between 2015 and 2016.

³ Because the CHP+ population is limited to individuals ages 18 years and under, rates for Ages 16 to 20 Years are the same as the measure indicator rates for the Total age grouping for this measure.

⁴ Due to changes in NCQA's technical specifications for this measure, exercise caution when trending rates between 2017 and prior years.

† For measures in the Use of Services domain, statistical tests across years were not performed because variances were not provided in the IDSS files; differences in rates were reported without statistical test results. In addition, higher or lower rates did not necessarily denote better or poorer performance. This symbol may also indicate that fewer than 30 discharges were reported for this measure indicator. Exercise caution when evaluating this rate.

— Indicates the rate is not presented in the table above as the Department did not require the health plan to report this rate for the respective reporting year.

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

NA (Small Denominator) indicates that the health plan followed the specifications, but the denominator was too small (<30) to report a valid rate.

DHMP Trend Table

Table B-3—DHMP Trend Table

Performance Measures	HEDIS 2015 Rate	HEDIS 2016 Rate	HEDIS 2017 Rate
Pediatric Care			
Childhood Immunization Status			
<i>DTaP</i>	69.75%	70.87%	75.00%
<i>IPV</i>	83.19%	75.59%	80.17%
<i>MMR</i>	79.83%	74.02%	84.48% ^
<i>HiB</i>	80.67%	75.59%	80.17%
<i>Hepatitis B</i>	83.19%	76.38%	79.31%
<i>VZV</i>	79.83%	74.02%	83.62%
<i>Pneumococcal Conjugate</i>	73.95%	71.65%	77.59%
<i>Hepatitis A</i>	78.99%	74.02%	84.48% ^
<i>Rotavirus</i>	71.43%	66.14%	68.97%
<i>Influenza</i>	55.46%	52.76%	56.03%
<i>Combination 2</i>	68.91%	70.87%	73.28%
<i>Combination 3</i>	68.91%	70.08%	73.28%
<i>Combination 4</i>	68.91%	70.08%	73.28%
<i>Combination 5</i>	63.87%	63.78%	67.24%
<i>Combination 6</i>	52.10%	50.39%	53.45%
<i>Combination 7</i>	63.87%	63.78%	67.24%
<i>Combination 8</i>	52.10%	50.39%	53.45%
<i>Combination 9</i>	49.58%	48.03%	50.86%
<i>Combination 10</i>	49.58%	48.03%	50.86%
Immunizations for Adolescents			
<i>Meningococcal</i>	74.31%	78.91%	74.26%
<i>Tdap</i>	77.06%	78.91%	72.79%
<i>HPV</i>	—	—	27.21%
<i>Combination 1 (Meningococcal, Tdap)</i>	73.39%	77.34%	72.06%
<i>Combination 2 (Meningococcal, Tdap, HPV)</i>	—	—	27.21%
Well-Child Visits in the First 15 Months of Life			
<i>Zero Visits*</i>	4.00%	7.84%	6.78%
<i>Six or More Visits</i>	4.00%	0.00%	6.78%
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>	48.52%	59.57%	59.48%

Performance Measures	HEDIS 2015 Rate	HEDIS 2016 Rate	HEDIS 2017 Rate
Adolescent Well-Care Visits			
Adolescent Well-Care Visits	34.84%	44.41%	41.37%
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents¹			
BMI Percentile Documentation—Ages 3 to 11 Years	89.39%	80.16%	5.40%^^
BMI Percentile Documentation—Ages 12 to 17 Years	91.84%	74.21%	11.87%^^
BMI Percentile Documentation—Total	90.27%	77.86%	7.94%^^
Counseling for Nutrition—Ages 3 to 11 Years	78.41%	81.35%	0.36%^^
Counseling for Nutrition—Ages 12 to 17 Years	78.91%	74.21%	3.15%^^
Counseling for Nutrition—Total	78.59%	78.59%	1.46%^^
Counseling for Physical Activity—Ages 3 to 11 Years ²	56.06%	62.30%	0.00%^^
Counseling for Physical Activity—Ages 12 to 17 Years ²	74.83%	69.81%	2.04%^^
Counseling for Physical Activity—Total ²	62.77%	65.21%	0.80%^^
Appropriate Testing for Children With Pharyngitis			
Appropriate Testing for Children With Pharyngitis	68.75%	NA	83.87%
Access to Care			
Children and Adolescents' Access to Primary Care Practitioners			
Ages 12 to 24 Months	89.29%	90.91%	93.98%
Ages 25 Months to 6 Years	58.02%	72.65%	71.52%
Ages 7 to 11 Years	81.33%	84.53%	85.65%
Ages 12 to 19 Years	83.70%	86.65%	85.48%
Preventive Screening			
Chlamydia Screening in Women			
Ages 16 to 20 Years	45.65%	64.52%	56.06%
Total ³	45.65%	64.52%	56.06%
Non-Recommended Cervical Cancer Screening in Adolescent Females*²			
Non-Recommended Cervical Cancer Screening in Adolescent Females	0.00%	0.00%	0.00%
Mental/Behavioral Health			
Antidepressant Medication Management			
Effective Acute Phase Treatment	NA	NA	NA
Effective Continuation Phase Treatment	NA	NA	NA
Follow-Up Care for Children Prescribed ADHD Medication			
Initiation Phase	NA	NA	NA
Continuation and Maintenance Phase	NA	NA	NA

Performance Measures	HEDIS 2015 Rate	HEDIS 2016 Rate	HEDIS 2017 Rate
Use of Multiple Concurrent Antipsychotics in Children and Adolescents*⁴			
Ages 1 to 5 Years	—	NA	NA
Ages 6 to 11 Years	—	NA	NA
Ages 12 to 17 Years	—	NA	NA
Total	—	NA	NA
Respiratory Conditions			
Appropriate Treatment for Children With Upper Respiratory Infection⁴			
Appropriate Treatment for Children With Upper Respiratory Infection	97.42%	98.03%	91.40%^^
Medication Management for People With Asthma			
Medication Compliance 50%—Ages 5 to 11 Years	NA	NA	NA
Medication Compliance 50%—Ages 12 to 18 Years	NA	NA	NA
Medication Compliance 50%—Total	NA	NA	NA
Medication Compliance 75%—Ages 5 to 11 Years	NA	NA	NA
Medication Compliance 75%—Ages 12 to 18 Years	NA	NA	NA
Medication Compliance 75%—Total	NA	NA	NA
Asthma Medication Ratio			
Ages 5 to 11 Years	NA	NA	NA
Ages 12 to 18 Years	NA	NA	NA
Total	NA	NA	NA
Use of Services[†]			
Ambulatory Care (Per 1,000 Member Months)			
Emergency Department Visits*	25.06	22.91	18.09
Outpatient Visits	110.22	130.44	117.49
Inpatient Utilization—General Hospital/Acute Care			
Discharges per 1,000 Member Months (Total Inpatient)	1.18	1.08	0.88
Days per 1,000 Member Months (Total Inpatient)	3.60	2.90	2.47
Average Length of Stay (Total Inpatient)	3.04	2.68	2.80
Discharges per 1,000 Member Months (Medicine)	0.80	0.95	0.65
Days per 1,000 Member Months (Medicine)	1.85	2.51	1.75
Average Length of Stay (Medicine)	2.31	2.64	2.68
Discharges per 1,000 Member Months (Surgery)	0.33	0.11	0.21
Days per 1,000 Member Months (Surgery)	1.65	0.32	0.62
Average Length of Stay (Surgery)	4.95 [†]	3.00 [†]	2.92 [†]
Discharges per 1,000 Member Months (Maternity)	0.11	0.04	0.03
Days per 1,000 Member Months (Maternity)	0.22	0.13	0.20

Performance Measures	HEDIS 2015 Rate	HEDIS 2016 Rate	HEDIS 2017 Rate
<i>Average Length of Stay (Maternity)</i>	2.00†	3.00†	6.00†
Antibiotic Utilization*			
<i>Average Scripts PMPY for Antibiotics</i>	0.13	0.14	0.13
<i>Average Days Supplied per Antibiotic Script</i>	10.61	10.10	10.47
<i>Average Scripts PMPY for Antibiotics of Concern</i>	0.04	0.04	0.03
<i>Percentage of Antibiotics of Concern of All Antibiotic Scripts</i>	28.90%	28.31%	26.07%

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

¹ Changes in the rates should be interpreted with caution due to a change in the Department’s reporting requirement from hybrid in 2015 and 2016 to administrative in 2017.

² Due to changes in NCQA’s technical specifications for this measure, exercise caution when comparing rates between 2015 and 2016.

³ Because the CHP+ population is limited to individuals ages 18 years and under, rates for Ages 16 to 20 Years are the same as the measure indicator rates for the Total age grouping for this measure.

⁴ Due to changes in NCQA’s technical specifications for this measure, exercise caution when trending rates between 2017 and prior years.

† For measures in the Use of Services domain, statistical tests across years were not performed because variances were not provided in the IDSS files; differences in rates were reported without statistical test results. In addition, higher or lower rates did not necessarily denote better or poorer performance. This symbol may also indicate that fewer than 30 discharges were reported for this measure indicator. Exercise caution when evaluating this rate.

— Indicates the rate is not presented in the table above as the Department did not require the health plan to report this rate for the respective reporting year.

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.

NA (Small Denominator) indicates that the health plan followed the specifications, but the denominator was too small (<30) to report a valid rate.

Kaiser Trend Table

Table B-4—Kaiser Trend Table

Performance Measures	HEDIS 2015 Rate	HEDIS 2016 Rate	HEDIS 2017 Rate
Pediatric Care			
Childhood Immunization Status			
<i>DTaP</i>	79.87%	60.97%	82.23% ^
<i>IPV</i>	87.42%	68.62%	88.43% ^
<i>MMR</i>	86.16%	68.62%	88.02% ^
<i>HiB</i>	88.05%	69.39%	89.67% ^
<i>Hepatitis B</i>	88.05%	69.13%	88.84% ^
<i>VZV</i>	85.53%	67.60%	87.19% ^
<i>Pneumococcal Conjugate</i>	81.13%	61.73%	85.12% ^
<i>Hepatitis A</i>	84.91%	66.07%	87.60% ^
<i>Rotavirus</i>	64.78%	55.61%	78.10% ^
<i>Influenza</i>	57.23%	41.33%	53.72% ^
<i>Combination 2</i>	78.62%	58.67%	79.34% ^
<i>Combination 3</i>	77.36%	57.14%	78.93% ^
<i>Combination 4</i>	76.73%	56.38%	78.93% ^
<i>Combination 5</i>	59.12%	50.00%	72.31% ^
<i>Combination 6</i>	52.83%	38.52%	50.41% ^
<i>Combination 7</i>	59.12%	49.74%	72.31% ^
<i>Combination 8</i>	52.83%	38.01%	50.41% ^
<i>Combination 9</i>	41.51%	34.18%	47.11% ^
<i>Combination 10</i>	41.51%	33.93%	47.11% ^
Immunizations for Adolescents			
<i>Meningococcal</i>	81.60%	81.45%	88.14% ^
<i>Tdap</i>	88.21%	86.43%	89.41%
<i>HPV</i>	—	—	30.08%
<i>Combination 1 (Meningococcal, Tdap)</i>	80.66%	80.09%	86.02%
<i>Combination 2 (Meningococcal, Tdap, HPV)</i>	—	—	29.66%
Well-Child Visits in the First 15 Months of Life			
<i>Zero Visits*</i>	0.00%	3.51%	2.53%
<i>Six or More Visits</i>	72.88%	64.91%	67.09%
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>	60.93%	65.70%	67.99%

Performance Measures	HEDIS 2015 Rate	HEDIS 2016 Rate	HEDIS 2017 Rate
Adolescent Well-Care Visits			
Adolescent Well-Care Visits	42.02%	40.56%	59.26% ^
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents¹			
BMI Percentile Documentation—Ages 3 to 11 Years	90.88%	98.21%	94.43% ^^
BMI Percentile Documentation—Ages 12 to 17 Years	91.97%	97.35%	93.60% ^^
BMI Percentile Documentation—Total	91.24%	97.87%	94.10% ^^
Counseling for Nutrition—Ages 3 to 11 Years	98.91%	96.64%	97.00% ^
Counseling for Nutrition—Ages 12 to 17 Years	97.81%	94.70%	97.44% ^
Counseling for Nutrition—Total	98.54%	95.87%	97.18% ^
Counseling for Physical Activity—Ages 3 to 11 Years ²	98.54%	96.64%	97.00% ^
Counseling for Physical Activity—Ages 12 to 17 Years ²	97.08%	94.70%	97.44% ^
Counseling for Physical Activity—Total ²	98.30%	95.87%	97.18% ^
Appropriate Testing for Children With Pharyngitis			
Appropriate Testing for Children With Pharyngitis	92.28%	92.18%	96.58%
Access to Care			
Children and Adolescents' Access to Primary Care Practitioners			
Ages 12 to 24 Months	92.06%	89.88%	87.43%
Ages 25 Months to 6 Years	81.05%	83.78%	79.56% ^^
Ages 7 to 11 Years	93.57%	83.85%	87.93% ^
Ages 12 to 19 Years	94.14%	85.51%	87.81%
Preventive Screening			
Chlamydia Screening in Women			
Ages 16 to 20 Years	72.98%	58.56%	48.46%
Total ³	81.46%	58.56%	48.46%
Non-Recommended Cervical Cancer Screening in Adolescent Females*²			
Non-Recommended Cervical Cancer Screening in Adolescent Females	0.00%	0.00%	0.27%
Mental/Behavioral Health			
Antidepressant Medication Management			
Effective Acute Phase Treatment	NA	NA	NA
Effective Continuation Phase Treatment	NA	NA	NA
Follow-Up Care for Children Prescribed ADHD Medication			
Initiation Phase	51.35%	56.67%	NA
Continuation and Maintenance Phase	NA	NA	NA

Performance Measures	HEDIS 2015 Rate	HEDIS 2016 Rate	HEDIS 2017 Rate
Use of Multiple Concurrent Antipsychotics in Children and Adolescents*⁴			
Ages 1 to 5 Years	—	NA	NA
Ages 6 to 11 Years	—	NA	NA
Ages 12 to 17 Years	—	NA	NA
Total	—	NA	NA
Respiratory Conditions			
Appropriate Treatment for Children With Upper Respiratory Infection⁴			
Appropriate Treatment for Children With Upper Respiratory Infection	95.81%	97.40%	98.91%
Medication Management for People With Asthma			
Medication Compliance 50%—Ages 5 to 11 Years	NA	NA	NA
Medication Compliance 50%—Ages 12 to 18 Years	NA	NA	NA
Medication Compliance 50%—Total	NA	NA	32.26%
Medication Compliance 75%—Ages 5 to 11 Years	NA	NA	NA
Medication Compliance 75%—Ages 12 to 18 Years	NA	NA	NA
Medication Compliance 75%—Total	NA	NA	12.90%
Asthma Medication Ratio			
Ages 5 to 11 Years	NA	NA	NA
Ages 12 to 18 Years	NA	NA	NA
Total	NA	NA	80.65%
Use of Services[†]			
Ambulatory Care (Per 1,000 Member Months)			
Emergency Department Visits*	16.29	14.00	2.98 ⁵
Outpatient Visits	178.96	290.97	179.23
Inpatient Utilization—General Hospital/Acute Care			
Discharges per 1,000 Member Months (Total Inpatient)	0.88	0.83	0.64
Days per 1,000 Member Months (Total Inpatient)	3.49	2.89	2.13
Average Length of Stay (Total Inpatient)	3.99	3.48	3.35
Discharges per 1,000 Member Months (Medicine)	0.73	0.61	0.49
Days per 1,000 Member Months (Medicine)	2.11	2.05	1.48
Average Length of Stay (Medicine)	2.89	3.37	3.04
Discharges per 1,000 Member Months (Surgery)	0.12	0.15	0.15
Days per 1,000 Member Months (Surgery)	1.30	0.67	0.65
Average Length of Stay (Surgery)	10.55 [†]	4.38 [†]	4.36 [†]
Discharges per 1,000 Member Months (Maternity)	0.05	0.15	0.00
Days per 1,000 Member Months (Maternity)	0.16	0.36	0.00

Performance Measures	HEDIS 2015 Rate	HEDIS 2016 Rate	HEDIS 2017 Rate
Average Length of Stay (Maternity)	3.50†	2.50†	NA~
Antibiotic Utilization*			
Average Scripts PMPY for Antibiotics	0.05	1.44	0.28
Average Days Supplied per Antibiotic Script	11.04	12.87	12.32
Average Scripts PMPY for Antibiotics of Concern	0.01	0.36	0.08
Percentage of Antibiotics of Concern of All Antibiotic Scripts	29.56%	25.23%	28.27%

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

¹ Changes in the rates should be interpreted with caution due to a change in the Department’s reporting requirement from hybrid in 2015 and 2016 to administrative in 2017.

² Due to changes in NCQA’s technical specifications for this measure, exercise caution when comparing rates between 2015 and 2016.

³ Because the CHP+ population is limited to individuals ages 18 years and under, rates for Ages 16 to 20 Years are the same as the measure indicator rates for the Total age grouping for this measure.

⁴ Due to changes in NCQA’s technical specifications for this measure, exercise caution when trending rates between 2017 and prior years.

⁵ Kaiser acknowledged that the reported rate for this measure may not be valid; therefore, exercise caution when interpreting these results.

† For measures in the Use of Services domain, statistical tests across years were not performed because variances were not provided in the IDSS files; differences in rates were reported without statistical test results. In addition, higher or lower rates did not necessarily denote better or poorer performance. Rates are not risk adjusted; therefore, the percentile ranking should be interpreted with caution and may not accurately reflect high or low performance. This symbol may also indicate that fewer than 30 discharges were reported for this measure indicator. Exercise caution when evaluating this rate.

— Indicates the rate is not presented in the table above as the Department did not require the health plan to report this rate for the respective reporting year.

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

NA (Small Denominator) indicates that the health plan followed the specifications, but the denominator was too small (<30) to report a valid rate.

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

RMHP Trend Table

Table B-5—RMHP Trend Table

Performance Measures	HEDIS 2015 Rate	HEDIS 2016 Rate	HEDIS 2017 Rate
Pediatric Care			
Childhood Immunization Status			
<i>DTaP</i>	56.64%	BR	67.72%
<i>IPV</i>	76.95%	BR	76.38%
<i>MMR</i>	82.03%	BR	79.13%
<i>HiB</i>	78.91%	BR	78.35%
<i>Hepatitis B</i>	68.36%	BR	74.80%
<i>VZV</i>	78.52%	BR	79.53%
<i>Pneumococcal Conjugate</i>	64.45%	BR	68.50%
<i>Hepatitis A</i>	70.70%	BR	75.20%
<i>Rotavirus</i>	58.59%	BR	67.32%
<i>Influenza</i>	54.30%	BR	53.54%
<i>Combination 2</i>	46.88%	BR	58.27%
<i>Combination 3</i>	45.31%	BR	55.91%
<i>Combination 4</i>	42.97%	BR	54.33%
<i>Combination 5</i>	37.11%	BR	51.57%
<i>Combination 6</i>	34.38%	BR	43.31%
<i>Combination 7</i>	35.16%	BR	50.39%
<i>Combination 8</i>	32.81%	BR	42.13%
<i>Combination 9</i>	31.64%	BR	40.16%
<i>Combination 10</i>	30.08%	BR	39.37%
Immunizations for Adolescents			
<i>Meningococcal</i>	49.57%	BR	51.17%
<i>Tdap</i>	82.61%	BR	77.73%
<i>HPV</i>	—	BR	16.41%
<i>Combination 1 (Meningococcal, Tdap)</i>	49.57%	BR	49.61%
<i>Combination 2 (Meningococcal, Tdap, HPV)</i>	—	BR	11.33%
Well-Child Visits in the First 15 Months of Life			
<i>Zero Visits*</i>	5.45%	BR	3.00%
<i>Six or More Visits</i>	17.27%	BR	23.00%
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>	54.81%	BR	63.66%

Performance Measures	HEDIS 2015 Rate	HEDIS 2016 Rate	HEDIS 2017 Rate
Adolescent Well-Care Visits			
Adolescent Well-Care Visits	34.56%	BR	43.69%
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents¹			
BMI Percentile Documentation—Ages 3 to 11 Years	75.50%	BR	3.30%
BMI Percentile Documentation—Ages 12 to 17 Years	72.67%	BR	6.64%
BMI Percentile Documentation—Total	74.56%	BR	4.44%
Counseling for Nutrition—Ages 3 to 11 Years	69.21%	BR	19.87%
Counseling for Nutrition—Ages 12 to 17 Years	50.67%	BR	17.43%
Counseling for Nutrition—Total	63.05%	BR	19.04%
Counseling for Physical Activity—Ages 3 to 11 Years ²	64.57%	BR	0.31%
Counseling for Physical Activity—Ages 12 to 17 Years ²	58.00%	BR	3.19%
Counseling for Physical Activity—Total ²	62.39%	BR	1.29%
Appropriate Testing for Children With Pharyngitis			
Appropriate Testing for Children With Pharyngitis	79.23%	79.42%	78.26%
Access to Care			
Children and Adolescents' Access to Primary Care Practitioners			
Ages 12 to 24 Months	87.97%	95.48%	91.26%
Ages 25 Months to 6 Years	76.20%	86.26%	82.13%^^
Ages 7 to 11 Years	82.91%	85.23%	86.72%
Ages 12 to 19 Years	83.42%	89.01%	87.34%
Preventive Screening			
Chlamydia Screening in Women			
Ages 16 to 20 Years	20.30%	30.84%	23.31%
Total ³	20.30%	30.84%	23.31%
Non-Recommended Cervical Cancer Screening in Adolescent Females*²			
Non-Recommended Cervical Cancer Screening in Adolescent Females	0.82%	0.38%	0.00%
Mental/Behavioral Health			
Antidepressant Medication Management			
Effective Acute Phase Treatment	NA	NA	NA
Effective Continuation Phase Treatment	NA	NA	NA
Follow-Up Care for Children Prescribed ADHD Medication			
Initiation Phase	45.95%	35.29%	NA
Continuation and Maintenance Phase	NA	NA	NA

Performance Measures	HEDIS 2015 Rate	HEDIS 2016 Rate	HEDIS 2017 Rate
Use of Multiple Concurrent Antipsychotics in Children and Adolescents*⁴			
Ages 1 to 5 Years	—	NA	NA
Ages 6 to 11 Years	—	NA	NA
Ages 12 to 17 Years	—	NA	NA
Total	—	NA	NA
Respiratory Conditions			
Appropriate Treatment for Children With Upper Respiratory Infection⁴			
Appropriate Treatment for Children With Upper Respiratory Infection	91.37%	93.30%	95.41%
Medication Management for People With Asthma			
Medication Compliance 50%—Ages 5 to 11 Years	NA	NA	NA
Medication Compliance 50%—Ages 12 to 18 Years	NA	NA	NA
Medication Compliance 50%—Total	54.55%	NA	NA
Medication Compliance 75%—Ages 5 to 11 Years	NA	NA	NA
Medication Compliance 75%—Ages 12 to 18 Years	NA	NA	NA
Medication Compliance 75%—Total	27.27%	NA	NA
Asthma Medication Ratio			
Ages 5 to 11 Years	NA	NA	NA
Ages 12 to 18 Years	NA	NA	NA
Total	70.73%	NA	NA
Use of Services[†]			
Ambulatory Care (Per 1,000 Member Months)			
Emergency Department Visits*	20.65	20.86	18.26
Outpatient Visits	208.05	230.04	212.07
Inpatient Utilization—General Hospital/Acute Care			
Discharges per 1,000 Member Months (Total Inpatient)	1.14	1.01	0.73
Days per 1,000 Member Months (Total Inpatient)	4.31	3.65	2.21
Average Length of Stay (Total Inpatient)	3.77	3.63	3.01
Discharges per 1,000 Member Months (Medicine)	0.78	0.68	0.45
Days per 1,000 Member Months (Medicine)	1.82	2.31	1.16
Average Length of Stay (Medicine)	2.33	3.42	2.57
Discharges per 1,000 Member Months (Surgery)	0.33	0.27	0.27
Days per 1,000 Member Months (Surgery)	2.42	1.21	1.01
Average Length of Stay (Surgery)	7.28	4.42 [†]	3.71
Discharges per 1,000 Member Months (Maternity)	0.07	0.13	0.02
Days per 1,000 Member Months (Maternity)	0.16	0.28	0.08

Performance Measures	HEDIS 2015 Rate	HEDIS 2016 Rate	HEDIS 2017 Rate
<i>Average Length of Stay (Maternity)</i>	2.33†	2.20†	4.00†
Antibiotic Utilization*			
<i>Average Scripts PMPY for Antibiotics</i>	0.48	0.67	0.40
<i>Average Days Supplied per Antibiotic Script</i>	10.57	10.06	10.49
<i>Average Scripts PMPY for Antibiotics of Concern</i>	0.20	0.29	0.15
<i>Percentage of Antibiotics of Concern of All Antibiotic Scripts</i>	41.41%	43.16%	38.64%

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

¹ Changes in the rates should be interpreted with caution due to a change in the Department’s reporting requirement from hybrid in 2015 and 2016 to administrative in 2017.

² Due to changes in NCQA’s technical specifications for this measure, exercise caution when comparing rates between 2015 and 2016.

³ Because the CHP+ population is limited to individuals ages 18 years and under, rates for Ages 16 to 20 Years are the same as the measure indicator rates for the Total age grouping for this measure.

⁴ Due to changes in NCQA’s technical specifications for this measure, exercise caution when trending rates between 2017 and prior years.

† For measures in the Use of Services domain, statistical tests across years were not performed because variances were not provided in the IDSS files; differences in rates were reported without statistical test results. In addition, higher or lower rates did not necessarily denote better or poorer performance. Rates are not risk adjusted; therefore, the percentile ranking should be interpreted with caution and may not accurately reflect high or low performance. This symbol may also indicate that fewer than 30 discharges were reported for this measure indicator. Exercise caution when evaluating this rate.

— Indicates the rate is not presented in the table above as the Department did not require the health plan to report this rate for the respective reporting year.

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.

NA (Small Denominator) indicates that the health plan followed the specifications, but the denominator was too small (<30) to report a valid rate.

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



Colorado CHP+ Statewide Trend Table

Given that the health plans varied in membership size, the statewide average rate for each measure was weighted based on the health plans' eligible populations. For the health plans with rates reported as *Small Denominator (NA)*, the numerators, denominators, and eligible populations were included in the calculations of the statewide rate. Health plan rates reported as *Biased Rate (BR)* or *Not Reported (NR)* were excluded from the statewide rate calculation. Of note, the Colorado CHP+ weighted averages are based on the CHP+ health plans and SMCN.

Table B-6—Colorado CHP+ Statewide Trend Table

Performance Measures	HEDIS 2015 Rate	HEDIS 2016 Rate	HEDIS 2017 Rate	Plan Rate Range
<i>Pediatric Care</i>				
<i>Childhood Immunization Status</i>				
<i>DTaP</i>	69.44%	64.65%	71.93%^	6.12%-82.23%
<i>IPV</i>	80.60%	73.97%	80.89%^	12.24%-88.43%
<i>MMR</i>	82.12%	76.03%	83.57%^	57.14%-88.02%
<i>HiB</i>	80.67%	73.19%	81.31%^	20.41%-89.67%
<i>Hepatitis B</i>	76.39%	72.48%	79.34%^	10.20%-88.84%
<i>VZV</i>	80.75%	75.11%	81.31%^	53.06%-87.19%
<i>Pneumococcal Conjugate</i>	72.19%	65.08%	74.05%^	8.16%-85.12%
<i>Hepatitis A</i>	72.96%	68.42%	77.86%^	48.98%-87.60%
<i>Rotavirus</i>	64.71%	60.31%	69.11%^	2.04%-78.10%
<i>Influenza</i>	54.32%	43.10%	49.22%^	14.29%-56.03%
<i>Combination 2</i>	61.27%	58.04%	65.30%^	4.08%-79.34%
<i>Combination 3</i>	59.89%	56.19%	63.61%^	4.08%-78.93%
<i>Combination 4</i>	55.61%	52.70%	61.14%^	2.04%-78.93%
<i>Combination 5</i>	50.42%	49.22%	57.33%^	0.00%-72.31%
<i>Combination 6</i>	42.40%	35.49%	41.61%^	2.04%-53.45%
<i>Combination 7</i>	47.06%	47.01%	55.57%^	0.00%-72.31%
<i>Combination 8</i>	40.03%	33.71%	40.34%^	0.00%-53.45%
<i>Combination 9</i>	37.13%	31.79%	38.50%^	0.00%-50.86%
<i>Combination 10</i>	35.06%	30.65%	37.59%^	0.00%-50.86%
<i>Immunizations for Adolescents</i>				
<i>Meningococcal</i>	66.44%	72.39%	69.48%	22.22%-88.14%
<i>Tdap</i>	83.04%	83.64%	81.55%	33.33%-89.41%
<i>HPV</i>	—	—	24.52%	9.26%-30.08%
<i>Combination 1 (Meningococcal, Tdap)</i>	64.11%	70.71%	67.55%	14.81%-86.02%
<i>Combination 2 (Meningococcal, Tdap, HPV)</i>	—	—	22.32%	5.56%-29.66%

Performance Measures	HEDIS 2015 Rate	HEDIS 2016 Rate	HEDIS 2017 Rate	Plan Rate Range
Well-Child Visits in the First 15 Months of Life				
Zero Visits*	3.07%	4.67%	3.04%	2.17%-6.78%
Six or More Visits	45.18%	51.84%	48.01%	6.78%-67.09%
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	61.59%	67.00%	66.60%	42.18%-69.48%
Adolescent Well-Care Visits				
Adolescent Well-Care Visits	40.38%	46.61%	48.26%^	28.92%-59.26%
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents¹				
BMI Percentile Documentation—Ages 3 to 11 Years	59.91%	66.38%	15.25%^^	1.61%-94.43%
BMI Percentile Documentation—Ages 12 to 17 Years	62.55%	63.68%	19.08%^^	1.40%-93.60%
BMI Percentile Documentation—Total	60.81%	65.31%	16.67%^^	1.53%-94.10%
Counseling for Nutrition—Ages 3 to 11 Years	65.72%	65.97%	17.68%^^	0.36%-97.00%
Counseling for Nutrition—Ages 12 to 17 Years	52.41%	63.13%	18.92%^^	2.54%-97.44%
Counseling for Nutrition—Total	61.19%	64.85%	18.14%^^	1.46%-97.18%
Counseling for Physical Activity—Ages 3 to 11 Years ²	57.29%	54.52%	13.05%^^	0.00%-97.00%
Counseling for Physical Activity—Ages 12 to 17 Years ²	57.64%	60.59%	16.44%^^	1.95%-97.44%
Counseling for Physical Activity—Total ²	57.49%	56.89%	14.31%^^	0.78%-97.18%
Appropriate Testing for Children With Pharyngitis				
Appropriate Testing for Children With Pharyngitis	79.64%	80.78%	84.35%^	74.07%-96.58%
Access to Care				
Prenatal and Postpartum Care³				
Timeliness of Prenatal Care	—	—	57.08%	—
Postpartum Care	—	—	42.50%	—
Children and Adolescents' Access to Primary Care Practitioners				
Ages 12 to 24 Months	93.22%	92.74%	90.02%^^	79.41%-93.98%
Ages 25 Months to 6 Years	80.57%	85.21%	82.88%^^	65.12%-86.24%
Ages 7 to 11 Years	89.64%	88.77%	88.99%	72.61%-91.63%
Ages 12 to 19 Years	90.09%	89.90%	89.39%	76.50%-92.18%
Preventive Screening				
Chlamydia Screening in Women				
Ages 16 to 20 Years	46.95%	36.62%	35.31%	23.31%-56.06%
Total ⁴	57.01%	36.62%	35.31%	23.31%-56.06%

Performance Measures	HEDIS 2015 Rate	HEDIS 2016 Rate	HEDIS 2017 Rate	Plan Rate Range
Non-Recommended Cervical Cancer Screening in Adolescent Females*²				
<i>Non-Recommended Cervical Cancer Screening in Adolescent Females</i>	0.62%	0.29%	0.17%	0.00%-0.27%
Mental/Behavioral Health				
Antidepressant Medication Management				
<i>Effective Acute Phase Treatment</i>	NA	NA	NA	—
<i>Effective Continuation Phase Treatment</i>	NA	NA	NA	—
Follow-Up Care for Children Prescribed ADHD Medication				
<i>Initiation Phase</i>	46.01%	15.24%	13.02%	—
<i>Continuation and Maintenance Phase</i>	41.82%	27.03%	20.00%	—
Use of Multiple Concurrent Antipsychotics in Children and Adolescents*⁵				
<i>Ages 1 to 5 Years</i>	—	NA	NA	—
<i>Ages 6 to 11 Years</i>	—	NA	NA	—
<i>Ages 12 to 17 Years</i>	—	4.69%	4.05%	—
<i>Total</i>	—	4.65%	3.37%	—
Respiratory Conditions				
Appropriate Treatment for Children With Upper Respiratory Infection⁵				
<i>Appropriate Treatment for Children With Upper Respiratory Infection</i>	91.50%	92.66%	91.24%^^	83.72%-98.91%
Medication Management for People With Asthma				
<i>Medication Compliance 50%—Ages 5 to 11 Years</i>	49.07%	55.13%	49.43%	—
<i>Medication Compliance 50%—Ages 12 to 18 Years</i>	44.44%	42.74%	45.74%	—
<i>Medication Compliance 50%—Total</i>	46.96%	49.64%	47.85%	32.26%-50.00%
<i>Medication Compliance 75%—Ages 5 to 11 Years</i>	21.74%	25.64%	25.86%	—
<i>Medication Compliance 75%—Ages 12 to 18 Years</i>	18.52%	16.94%	20.93%	—
<i>Medication Compliance 75%—Total</i>	20.27%	21.79%	23.76%	12.90%-27.31%
Asthma Medication Ratio				
<i>Ages 5 to 11 Years</i>	81.71%	80.12%	85.80%	—
<i>Ages 12 to 18 Years</i>	66.22%	67.88%	73.72%	—
<i>Total</i>	74.20%	74.59%	80.25%	80.65%-81.70%
Use of Services†				
Ambulatory Care (Per 1,000 Member Months)				
<i>Emergency Department Visits*</i>	26.31	23.80	20.84	2.98-26.48
<i>Outpatient Visits</i>	204.21	227.93	205.26	117.49-224.38

Performance Measures	HEDIS 2015 Rate	HEDIS 2016 Rate	HEDIS 2017 Rate	Plan Rate Range
Inpatient Utilization—General Hospital/Acute Care				
Discharges per 1,000 Member Months (Total Inpatient)	1.28	1.18	0.87	0.64-0.96
Days per 1,000 Member Months (Total Inpatient)	4.34	3.75	2.97	2.06-3.51
Average Length of Stay (Total Inpatient)	3.41	3.17	3.42	2.56-3.64
Discharges per 1,000 Member Months (Medicine)	0.96	0.86	0.60	0.45-0.66
Days per 1,000 Member Months (Medicine)	2.46	2.31	1.69	1.16-1.91
Average Length of Stay (Medicine)	2.56	2.70	2.82	2.25-3.04
Discharges per 1,000 Member Months (Surgery)	0.24	0.27	0.24	0.15-0.27
Days per 1,000 Member Months (Surgery)	1.69	1.31	1.20	0.62-1.49
Average Length of Stay (Surgery)	7.06	4.81	4.97	2.92-5.79
Discharges per 1,000 Member Months (Maternity)	0.16	0.12	0.06	0.00-0.09
Days per 1,000 Member Months (Maternity)	0.41	0.29	0.16	0.00-0.22
Average Length of Stay (Maternity)	2.51	2.36	2.68†	2.41-6.00
Antibiotic Utilization*				
Average Scripts PMPY for Antibiotics	0.49	0.65	0.40	0.13-0.50
Average Days Supplied per Antibiotic Script	10.39	10.55	11.06	10.47-12.39
Average Scripts PMPY for Antibiotics of Concern	0.19	0.25	0.13	0.03-0.20
Percentage of Antibiotics of Concern of All Antibiotic Scripts	39.19%	39.06%	33.99%	26.07%-39.01%

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

¹ Changes in the rates should be interpreted with caution due to a change in the Department’s reporting requirement from hybrid in 2015 and 2016 to administrative in 2017.

² Due to changes in NCQA’s technical specifications for this measure, exercise caution when trending rates between 2015 and 2016.

³ Prenatal and Postpartum Care rates are reported for SMCN only. Additionally, since HEDIS 2017 rates were calculated using modified specifications, historical rates are not displayed and comparisons to prior years were not performed.

⁴ Because the CHP+ population is limited to individuals ages 18 years and under, rates for Ages 16 to 20 Years are the same as the measure indicator rates for the Total age grouping for this measure.

⁵ Due to changes in NCQA’s technical specifications for this measure, exercise caution when trending rates between 2017 and prior years.

† For measures in the Use of Services domain, statistical tests across years were not performed because variances were not provided in the IDSS files; differences in rates were reported without statistical test results. In addition, higher or lower rates did not necessarily denote better or poorer performance. Rates are not risk adjusted; therefore, the percentile ranking should be interpreted with caution and may not accurately reflect high or low performance. This symbol may also indicate that fewer than 30 discharges were reported for this measure indicator. Exercise caution when evaluating this rate.

— Indicates the rate is not presented in the table above as the Department did not require the health plans to report this rate for the respective reporting year. This symbol may also indicate that a plan rate range was not determined because only one or no HEDIS 2017 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.

NA (Small Denominator) indicates that the health plan followed the specifications, but the 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 NCQA-certified HEDIS compliance auditors to assess the health plans' HEDIS reporting capabilities.^{C-1} HSAG evaluated each health plan on six 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 but one health plan was compliant with all of NCQA's IS standards. For the health plans that were compliant, no issues were identified that resulted in material bias to the HEDIS measure results reported for the CHP+ population. These health plans accurately reported all Department-required HEDIS performance measures.

One health plan was compliant with all IS standards except Standard 7.0. As a result, the plan was unable to produce reportable rates for several Department-required HEDIS performance measures for the CHP+ population. However, all of the measures presented in this report for this plan were assigned an audit designation of *Reportable*.

As in last year, 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 selected a core set of measures for source code review. The selected source codes were reviewed and approved for measure reporting.

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

^{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 2017 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>All health plans were fully compliant with IS 1.0. No issues or concerns were noted for this standard relevant to the selected Colorado CHP+ 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>All health plans were fully compliant with IS 2.0. No issues or concerns were noted for this standard relevant to the selected Colorado CHP+ 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>All health plans were fully compliant with IS 3.0. No issues or concerns were noted for this standard relevant to the selected Colorado CHP+ measures.</p>

NCQA’s IS Standards	HSAG’s Findings Based on HEDIS 2017 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>All health plans were fully compliant with IS 4.0. No issues or concerns were noted for this standard relevant to the selected Colorado CHP+ 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>All health plans were fully compliant with IS 5.0. Four health plans reported using only standard supplemental databases for reporting. One health plan reported using both standard and nonstandard supplemental databases for reporting.</p>
<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. 	<p>All but one of the CHP+ health plans were fully compliant with IS 7.0.</p> <p>For the health plans that were fully compliant with this standard, the auditors did not identify any notable issues that had any negative impact on HEDIS measure reporting.</p> <p>Kaiser was found noncompliant with this standard. In the FAR, the auditor noted that Kaiser experienced data mapping issues and had significant challenges in producing final HEDIS rates and patient-level detail files to meet</p>

NCQA’s IS Standards	HSAG’s Findings Based on HEDIS 2017 FAR Review
<ul style="list-style-type: none"> • Report production is managed effectively, and operators perform appropriately. • HEDIS reporting software is managed properly. • Physical control procedures ensure HEDIS data integrity. 	<p>reporting and audit deadlines. Due to these issues, Kaiser was unable to produce reportable rates for several measures. However, all of the measures presented in this report were assigned an audit designation of <i>Reportable</i>. The auditor recommended that Kaiser implement processes to provide complete and accurate data in a timely manner for future reporting.</p> <p>In addition, the auditor noted that DHMP experienced challenges with the data extract and formatting to the appropriate file layout, but these challenges did not have any negative impact on HEDIS reporting. Due to the plan’s limited information technology resources, DHMP was unable to implement measure changes to file layouts and fields outlined by NCQA in a timely manner. The auditor recommended that DHMP’s staff review measure changes and updates to the HEDIS 2018 specifications, and apply these changes to file layouts and fields for the next reporting period in preparation for HEDIS 2018 reporting.</p>