



# CHIP+

Child Health Plan *Plus*

## 2018 HEDIS Aggregate Report for Child Health Plan *Plus*

*October 2018*

*—Draft Copy for Review—*

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



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### Introduction

The State of Colorado offers its residents a low-cost health insurance plan for qualified children age 18 and younger and pregnant women age 19 and older through its Child Health Plan *Plus* (CHP+) program, also known as the Children’s Health Insurance Program (CHIP). In December 2017, Colorado’s CHP+ enrollment was 76,137 children and pregnant women.<sup>1-1</sup> The CHP+ services are coordinated through five health maintenance organizations (HMOs or health plans) and 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 and Financing (the Department). Colorado’s five CHP+ managed care health plans in fiscal year (FY) 2017–2018 included Colorado Access, Denver Health Medical Plan (DHMP), Friday Health Plans of Colorado (FHP),<sup>1-2</sup> Kaiser Permanente Colorado (Kaiser), and Rocky Mountain Health Plans (RMHP). All counties in Colorado have a CHP+ managed care health plan; however, the SMCN (the State’s administrative service organization) 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 (FFS) payment strategy instead of choosing a managed care health plan. The SMCN directly contracts with providers, hospitals, and ancillary services.<sup>1-3</sup>

To evaluate performance levels and to provide an objective, comparative review of the Colorado CHP+ HMOs’ (health plans’) quality-of-care outcomes and on key performance measure rates, 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<sup>®</sup>) protocols.<sup>1-4</sup> The Department selected HEDIS performance measures from the standard Medicaid HEDIS 2018 reporting set to evaluate the Colorado CHP+ health plans’ performance and for public reporting. For HEDIS 2018, the Department required that the health plans report all HEDIS measures using the administrative methodology. This report includes rates calculated using only administrative data. Therefore, caution should be exercised when comparing measure results for measures with a hybrid option to national benchmarks, which were established using administrative and/or medical record review data.

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<sup>1-1</sup> Child Health Plan *Plus*. Available at: <https://www.colorado.gov/pacific/hcpf/child-health-plan-plus>. Accessed on: August 21, 2018.

<sup>1-2</sup> Friday Health Plans of Colorado was formerly known as Colorado Choice Health Plans.

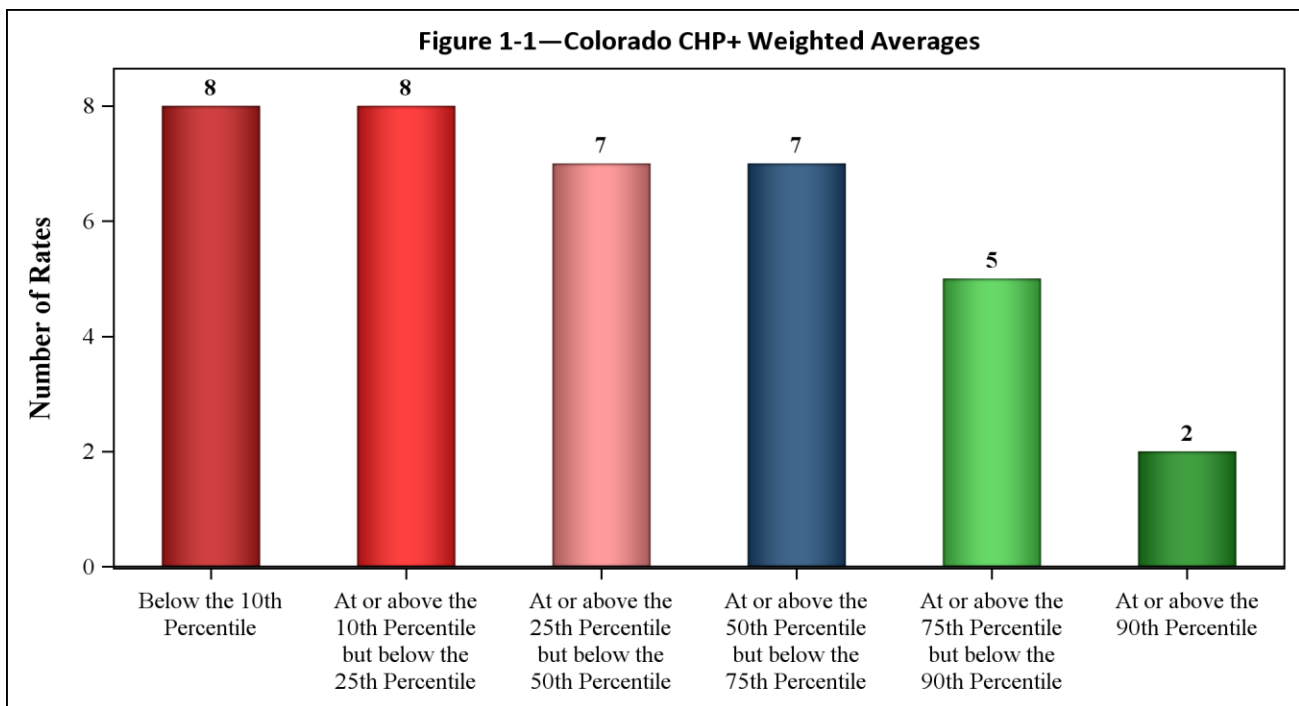
<sup>1-3</sup> The CHP+ State Managed Care Network (SMCN) was only required to report one measure, *Prenatal and Postpartum Care (PPC)*.

<sup>1-4</sup> HEDIS<sup>®</sup> is a registered trademark of the National Committee for Quality Assurance (NCQA).

In FY 2017–2018, each CHP+ 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.<sup>1-5</sup> All CHP+ health plans submitted final measure rates and audit results to Health Services Advisory Group, Inc. (HSAG), the Department’s external quality review organization (EQRO). HSAG examined the measures among the following different domains of care: Pediatric Care, Access to Care and Preventive Screening, Mental/Behavioral Health, Respiratory Conditions, and Use of Services. Please see Appendix C for additional information on NCQA’s Information System (IS) standards and the audit findings for the CHP+ health plans.<sup>1-6</sup> This report documents the results of HSAG’s analysis and recommendations for improvement where appropriate.

## Summary of Performance

Figure 1-1 shows the Colorado CHP+ program’s performance on the HEDIS 2018 performance measure indicators that were comparable to the Quality Compass® national Medicaid percentiles for HEDIS 2017.<sup>1-7</sup> 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.



<sup>1-5</sup> NCQA HEDIS Compliance Audit™ is a trademark of the National Committee for Quality Assurance (NCQA).

<sup>1-6</sup> National Committee for Quality Assurance. HEDIS Compliance Audit Standards, Policies and Procedures, Volume 5. Washington D.C.

<sup>1-7</sup> Quality Compass® is a registered trademark for the National Committee for Quality Assurance (NCQA).

Of the 37 reported rates that were compared to national Medicaid percentiles, over half (approximately 62 percent) of the Colorado CHP+ statewide weighted average rates fell below the national Medicaid 50th percentile, indicating low performance statewide compared to national standards.

## Detailed Statewide Performance

Table 1-1 shows the CHP+ statewide weighted averages for HEDIS 2016 through HEDIS 2018 along with the percentile ranking for each HEDIS 2018 rate. Statewide performance measure results for HEDIS 2018 were compared to Quality Compass national Medicaid percentiles for HEDIS 2017, when available. Of note, rates for the *Medication Management for People With Asthma—Medication Compliance 50%—Ages 5 to 11 Years* and *Ages 12 to 18 Years* measure indicators were compared to NCQA’s Audit Means and Percentiles national Medicaid HMO percentiles since these indicators are not published in Quality Compass. Additional measure rates reported by the health plans can be found in Appendices A and B.

Rates for HEDIS 2018 shaded green with one carat (^) indicate a statistically significant improvement in performance from the previous year. Rates for HEDIS 2018 shaded red with two carats (^) indicate a statistically significant decline in performance from the previous year.<sup>1-8</sup> For measures in the Use of Services domain, HSAG did not perform significance testing because variances were not provided in the Interactive Data Submission System (IDSS) files; therefore, differences in rates are reported here without significance testing. In addition, higher or lower rates do not necessarily indicate better or worse performance for the measures in the Use of Services domain.

**Table 1-1—Colorado CHP+ Statewide Weighted Averages**

Performance Measures	HEDIS 2016 Rate	HEDIS 2017 Rate	HEDIS 2018 Rate	Percentile Ranking
<b><i>Pediatric Care</i></b>				
<b><i>Childhood Immunization Status<sup>1</sup></i></b>				
<i>Combination 2</i>	58.04%	65.30%	62.54%	10th-24th
<i>Combination 3</i>	56.19%	63.61%	61.05%	10th-24th
<i>Combination 4</i>	52.70%	61.14%	59.17%	10th-24th
<i>Combination 5</i>	49.22%	57.33%	53.79%	10th-24th
<i>Combination 6</i>	35.49%	41.61%	40.51%	50th-74th
<i>Combination 7</i>	47.01%	55.57%	52.43%	25th-49th
<i>Combination 8</i>	33.71%	40.34%	39.53%	50th-74th
<i>Combination 9</i>	31.79%	38.50%	36.49%	50th-74th
<i>Combination 10</i>	30.65%	37.59%	35.77%	50th-74th

<sup>1-8</sup> 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 2017 rates may be understated or overstated.

Performance Measures	HEDIS 2016 Rate	HEDIS 2017 Rate	HEDIS 2018 Rate	Percentile Ranking
<b>Immunizations for Adolescents<sup>1</sup></b>				
Combination 1 (Meningococcal, Tdap)	70.71%	67.55%	68.89%	25th-49th
Combination 2 (Meningococcal, Tdap, HPV) <sup>2</sup>	—	—	33.79%	—
<b>Well-Child Visits in the First 15 Months of Life<sup>1</sup></b>				
Zero Visits*	4.67%	3.04%	2.63%	25th-49th
Six or More Visits	51.84%	48.01%	51.41%	10th-24th
<b>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life<sup>1</sup></b>				
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	67.00%	66.60%	64.97%^^	10th-24th
<b>Adolescent Well-Care Visits<sup>1</sup></b>				
Adolescent Well-Care Visits	46.61%	48.26%	45.09%^^	25th-49th
<b>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents<sup>1</sup></b>				
BMI Percentile Documentation—Total	65.31%	16.67%	19.89%^	<10th
Counseling for Nutrition—Total	64.85%	18.14%	20.12%^	<10th
Counseling for Physical Activity—Total	56.89%	14.31%	15.87%^	<10th
<b>Appropriate Testing for Children With Pharyngitis</b>				
Appropriate Testing for Children With Pharyngitis	80.78%	84.35%	87.36%^	75th-89th
<b>Access to Care</b>				
<b>Prenatal and Postpartum Care<sup>3</sup></b>				
Timeliness of Prenatal Care	—	57.08%	58.29%	—
Postpartum Care	—	42.50%	43.42%	—
<b>Children and Adolescents' Access to Primary Care Practitioners</b>				
Ages 12 to 24 Months	92.74%	90.02%	90.65%	<10th
Ages 25 Months to 6 Years	85.21%	82.88%	80.91%^^	10th-24th
Ages 7 to 11 Years	88.77%	88.99%	87.49%^^	10th-24th
Ages 12 to 19 Years	89.90%	89.39%	88.09%^^	25th-49th
<b>Preventive Screening</b>				
<b>Chlamydia Screening in Women</b>				
Ages 16 to 20 Years	36.62%	35.31%	33.66%	<10th
<b>Non-Recommended Cervical Cancer Screening in Adolescent Females*</b>				
Non-Recommended Cervical Cancer Screening in Adolescent Females	0.29%	0.17%	0.07%	≥90th
<b>Mental/Behavioral Health</b>				
<b>Antidepressant Medication Management<sup>4</sup></b>				
Effective Acute Phase Treatment	NA	NA	48.65%	25th-49th
Effective Continuation Phase Treatment	NA	NA	40.54%	50th-74th



Performance Measures	HEDIS 2016 Rate	HEDIS 2017 Rate	HEDIS 2018 Rate	Percentile Ranking
<b>Follow-Up Care for Children Prescribed ADHD Medication<sup>4</sup></b>				
Initiation Phase	15.24%	13.02%	21.84%^	<10th
Continuation and Maintenance Phase	27.03%	20.00%	21.57%	<10th
<b>Metabolic Monitoring for Children and Adolescents on Antipsychotics</b>				
Total	—	—	39.85%	75th-89th
<b>Use of Multiple Concurrent Antipsychotics in Children and Adolescents<sup>*5</sup></b>				
Total	4.65%	3.37%	5.62%	<10th
<b>Respiratory Conditions</b>				
<b>Appropriate Treatment for Children With Upper Respiratory Infection<sup>5</sup></b>				
Appropriate Treatment for Children With Upper Respiratory Infection	92.66%	91.24%	93.84%^	75th-89th
<b>Medication Management for People With Asthma</b>				
Medication Compliance 50%—Ages 5 to 11 Years	55.13%	49.43%	61.29%^	75th-89th
Medication Compliance 50%—Ages 12 to 18 Years	42.74%	45.74%	51.75%	50th-74th
Medication Compliance 75%—Ages 5 to 11 Years	25.64%	25.86%	32.26%	50th-74th
Medication Compliance 75%—Ages 12 to 18 Years	16.94%	20.93%	24.48%	25th-49th
<b>Asthma Medication Ratio</b>				
Ages 5 to 11 Years	80.12%	85.80%	82.90%	75th-89th
Ages 12 to 18 Years	67.88%	73.72%	74.03%	≥90th
<b>Use of Services</b>				
<b>Ambulatory Care (Per 1,000 Member Months)</b>				
Outpatient Visits	227.93	205.26	199.00	<10th
Emergency Department Visits*	23.80	20.84	21.80	≥90th
<b>Inpatient Utilization—General Hospital/Acute Care</b>				
Discharges per 1,000 Member Months (Total Inpatient)	1.18	0.87	0.88	<10th
Average Length of Stay (Total Inpatient)	3.17	3.42	3.77	10th-24th
Discharges per 1,000 Member Months (Medicine)	0.86	0.60	0.60	<10th
Average Length of Stay (Medicine)	2.70	2.82	2.96	<10th
Discharges per 1,000 Member Months (Surgery)	0.27	0.24	0.24	<10th
Average Length of Stay (Surgery)	4.81	4.97	5.90	10th-24th
Discharges per 1,000 Member Months (Maternity)	0.12	0.06	0.07	<10th
Average Length of Stay (Maternity)	2.36	2.68	2.97	75th-89th

Performance Measures	HEDIS 2016 Rate	HEDIS 2017 Rate	HEDIS 2018 Rate	Percentile Ranking
<b>Antibiotic Utilization*</b>				
Average Scripts PMPY for Antibiotics	0.65	0.40	0.38	≥90th
Average Days Supplied per Antibiotic Script	10.55	11.06	11.36	<10th
Average Scripts PMPY for Antibiotics of Concern	0.25	0.13	0.12	≥90th
Percentage of Antibiotics of Concern of All Antibiotic Scripts	39.06%	33.99%	33.02%	≥90th

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

<sup>1</sup> Changes in the rates from HEDIS 2016 to HEDIS 2017 and HEDIS 2018 should be interpreted with caution due to a change in the Department's reporting requirement from Hybrid in HEDIS 2016 to Administrative in HEDIS 2017 and HEDIS 2018.

<sup>2</sup> Due to changes in the technical specifications for this measure in HEDIS 2018, NCQA does not recommend trending between 2018 and prior years; therefore, prior year rates are not displayed and comparisons to benchmarks are not performed for this measure.

<sup>3</sup> The SMCN was the only health plan required to report the Prenatal and Postpartum Care measure. The rates were calculated using modified specifications; therefore, comparisons to national benchmarks were not performed for this measure.

<sup>4</sup> Due to changes in the technical specifications for this measure for HEDIS 2018, exercise caution when trending HEDIS 2018 rates to prior years.

<sup>5</sup> Due to changes in the technical specifications for this measure for HEDIS 2017, exercise caution when trending HEDIS 2017 rates to prior years.

— indicates that the rate is not presented in this report as the measure is a first-year measure; therefore, no trending information is available. This symbol may also indicate that NCQA recommended a break in trending; therefore, no prior year rates are displayed. NA (Small Denominator) indicates that the health plan 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.

## Summary of Performance by Domain

### Pediatric Care

Except for Kaiser, most of the health plans performed below the national Medicaid 50th percentile in the Pediatric Care domain. All health plans should focus improvement efforts on working with providers to document *Well-Child Visits in the First 15 Months of Life; Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life; and Adolescent Well-Care Visits* within administrative data sources. Similarly, all health plans except Kaiser performed below the national Medicaid 25th percentile on the *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents* measure, demonstrating opportunities to improve documentation of these services within administrative data sources. Conversely, all health plans performed at or above the national Medicaid 50th percentile for the *Appropriate Testing for Children With Pharyngitis* measure, demonstrating a strength for all health plans in the appropriate testing of pharyngitis in ED and outpatient settings.

Although the CHP+ statewide weighted average demonstrated a significant improvement from 2017 to 2018 for the *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents* measure indicators, the CHP+ statewide weighted averages fell below the national Medicaid 10th percentile, demonstrating opportunities for improvement. Additionally, the CHP+ statewide weighted average for the *Appropriate Testing for Children With Pharyngitis* measure

demonstrated significant improvement, with the rate meeting or exceeding the national Medicaid 75th percentile. Conversely, the CHP+ statewide weighted average demonstrated significant declines from 2017 to 2018 for the *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life* and *Adolescent Well-Care Visits* measures, with rates falling below the national Medicaid 50th percentile.

### Access to Care and Preventive Screening

Performance for 2018 within the Access to Care domain indicated opportunities for improvement for all health plans, with most rates falling below the national Medicaid 50th percentile. Colorado Access was the only health plan to perform above the national Medicaid 50th percentile for one measure indicator, *Children and Adolescents' Access to Primary Care Practitioners—Ages 12 to 19 Years*.

For the Preventive Screening domain, all health plans demonstrated strong performance, with the rates for *Non-Recommended Cervical Cancer Screening in Adolescent Females* ranking at or above the national Medicaid 90th percentile. Conversely, the rates for *Chlamydia Screening in Women—Ages 16 to 20 Years* fell below the national Medicaid 25th percentile for all health plans, indicating the health plans should increase efforts to provide appropriate screenings for adolescent females.

Of note, the CHP+ statewide weighted average demonstrated a significant decline from 2017 to 2018 within the Access to Care domain for three of four measure rates, with all four rates continuing to fall below the national Medicaid 50th percentile. For the Preventive Screening domain, none of the CHP+ statewide weighted average rates demonstrated a significant change.

### Mental/Behavioral Health

Only Colorado Access and RMHP had reportable rates within the Mental/Behavioral Health domain. All reportable rates for these two health plans indicated opportunities for improvement with medication management for children and adolescents. RMHP's only reportable measure rate (for the *Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase* measure) ranked at or above the national Medicaid 50th percentile. Additionally, all four reportable measure rates for Colorado Access fell below the national Medicaid 50th percentile, with three rates falling below the national Medicaid 25th percentile.

Although the CHP+ statewide weighted average for *Follow-up Care for Children Prescribed ADHD Medication—Initiation Phase* demonstrated a significant improvement from 2017 to 2018, the rate fell below the national Medicaid 10th percentile. None of the CHP+ statewide weighted average rates had significant declines.

### Respiratory Conditions

Within the Respiratory Conditions domain, most health plans with reportable rates performed at or above the national Medicaid 50th percentile. For the *Appropriate Treatment for Children With Upper Respiratory Infection* measure, every health plan except FHP ranked at or above the national Medicaid 50th percentile. Kaiser and Colorado Access were the only health plans with reportable rates for the

*Medication Management for People With Asthma* and *Asthma Medication Ratio* measures. Colorado Access performed at or above the national Medicaid 50th percentile for all measure indicators in this domain, while Kaiser performed below the national Medicaid 50th percentile for the two *Medication Management for People With Asthma* indicators but above the national Medicaid 90th percentile for the *Asthma Medication Ratio* measure.

The CHP+ statewide weighted average demonstrated a significant improvement from 2017 to 2018 for the *Appropriate Treatment for Children With Upper Respiratory Infection* and *Medication Management for People With Asthma—Medication Compliance 50%—Ages 5 to 11 Years* measure rates, with both rates exceeding the national Medicaid 75th percentile. None of the rates demonstrated significant declines.

## Use of Services

Since the Use of Services measure rates do not take into consideration the demographic and clinical characteristics of each health plan's members, these utilization rates in isolation do not necessarily correlate with the quality of services provided. Therefore, these rates are provided strictly for information purposes. Caution should be exercised when comparing measure rates between health plans and for the CHP+ statewide weighted average. However, combined with other performance metrics, the utilization results provide additional information that Medicaid 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 and HEDIS 2018, since these measure rates likely underestimate performance. Additionally, caution should be exercised when comparing measure results for measures with a hybrid option to national benchmarks, which were established using administrative and/or medical record review data.
- Since all HEDIS 2018 measures were reported using the administrative methodology according to 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 for measures with a hybrid option are more representative of data completeness rather than a measure of performance.
- 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—2018 CHP+ Health Plan Names and Abbreviations**

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

### Summary of HEDIS 2018 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 2018. The HEDIS measures selected by the Department were grouped into the following domains of care: Pediatric Care, Access to Care and Preventive Screening, Mental/Behavioral Health, Respiratory Conditions, and Use of Services.<sup>2-1</sup> 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.

<sup>2-1</sup> 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 2018 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 select measures. For example, the *Total* rates for the *Use of Multiple Concurrent Antipsychotics in Children and Adolescents* measure are displayed in the Executive Summary and Section 5 of this report to provide an overall understanding of plan and statewide performance associated with antipsychotic medication use for members 1 to 17 years of age. *Use of Multiple Concurrent Antipsychotics in Children and Adolescents* rates for *Ages 1 to 5*, *Ages 6 to 11*, and *Ages 12 to 17* are presented along with the *Total* in the appendices.

**Table 2-2—Colorado CHP+ HEDIS 2018 Selected Measures**

Performance Measures
<b>Pediatric Care</b>
<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>
<b>Access to Care and Preventive Screening</b>
<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—Ages 16 to 20 Years</i>
<i>Non-Recommended Cervical Cancer Screening in Adolescent Females</i>
<b>Mental/Behavioral Health</b>
<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>Metabolic Monitoring for Children and Adolescents on Antipsychotics—Total</i>
<i>Use of Multiple Concurrent Antipsychotics in Children and Adolescents—Total</i>

Performance Measures
<b>Respiratory Conditions</b>
<i>Appropriate Treatment for Children With Upper Respiratory Infection</i>
<i>Medication Management for People With Asthma—Medication Compliance 50%—Ages 5 to 11 Years and Ages 12 to 18 Years, and Medication Compliance 75%—Ages 5 to 11 Years and Ages 12 to 18 Years</i>
<i>Asthma Medication Ratio—Ages 5 to 11 Years and Ages 12 to 18 Years</i>
<b>Use of Services</b>
<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>

\* The 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., some measures apply to adults who are age 18 and older; however, the CHP+ program is limited to individuals who are in the month of their 19th birthday or younger). Therefore, the measure results actually reflect 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. However, the hybrid data collection methodology was used by the health plans to report rates for select measures prior to 2017. 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 2018 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 and supplemental data collected during the reporting year. Supplemental data include data such as immunization registry data, medical record review data from the prior year, etc. 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.

## Data Sources and Measure Audit Results

Health plan-specific performance displayed in this report was based on data elements obtained from the 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 2018 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 2018 measure indicator rates received one of seven predefined audit results: *Reportable (R)*, *Small Denominator (NA)*, *Biased Rate (BR)*, *No Benefit (NB)*, *Not Required (NQ)*, *Not Reported (NR)*, and *Unaudited (UN)*. The audit results are defined in the Glossary section.

Rates designated as *NA*, *BR*, *NB*, *NQ*, *NR*, or *UN* 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 by the respective HEDIS auditor. 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 2017 and HEDIS 2018, the *Prenatal and Postpartum Care* measure was calculated using modified measure specifications to address the use of bundled service billing. Only SMCN was required to report this measure. Of note, SMCN's calculated rates did not undergo an NCQA HEDIS Compliance Audit.

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 and demographic configuration, the statewide rate for a measure was the average rate weighted by the eligible populations. Weighting the rates by the health plans' eligible population sizes ensured that the rate for a health plan with 125,000 members, for example, had a greater impact on the overall Colorado CHP+ statewide weighed average rate than the rate for a health plan with only 10,000 members. For the health plans with rates reported as *NA*, the numerators, denominators, and eligible populations were still included in the calculations of the statewide weighted average. However, health plan rates reported as *BR*, *NB*, *NQ*, *NR*, or *UN* were excluded from the statewide weighted average calculation.

## Evaluating Measure Results

### National Benchmark Comparisons

#### Benchmark Data

HEDIS 2018 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 each measure. For comparative purposes, HSAG used the most recent data available from NCQA at

the time of the production of this report to evaluate the HEDIS 2018 rates: 2017 NCQA Quality Compass. Of note, rates for the *Medication Management for People With Asthma—Medication Compliance 50%—Total* measure indicator were compared to the 2017 NCQA Audit Means and Percentiles.

For some measures for which lower rates indicate better performance (i.e., *Well-Child Visits in the First 15 Months of Life—Zero Visits*, *Ambulatory Care—ED Visits*, and *Antibiotic Utilization*), 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.

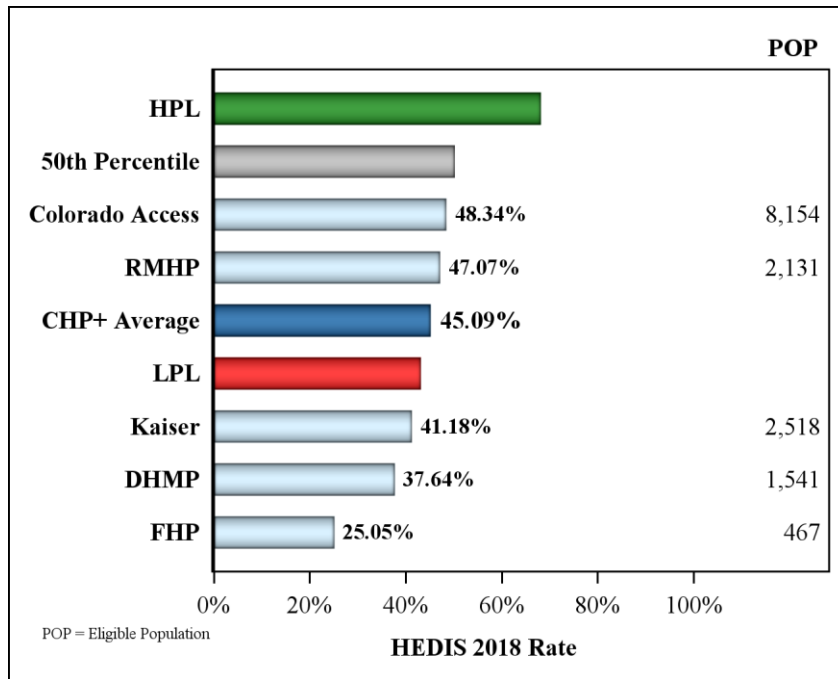
Additionally, benchmarking data (i.e., NCQA Quality Compass and NCQA Audit Means and Percentiles) are the proprietary intellectual property of NCQA; therefore, this report does not display any actual percentile values. As a result, rate comparisons to benchmarks are illustrated within this report using 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 2018 statewide weighted average (i.e., the bar shaded darker blue) as well as the HEDIS 2017 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 2017 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 in Figure 2-1.

**Figure 2-1—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
★★★★★	≥90th	At or above the national Medicaid 90th percentile
★★★★	75th–89th	At or above the national Medicaid 75th percentile but below the national Medicaid 90th percentile
★★★	50th–74th	At or above the national Medicaid 50th percentile but below the national Medicaid 75th percentile
★★	25th–49th	At or above the national Medicaid 25th percentile but below the national Medicaid 50th percentile
★	10th–24th	At or above the national Medicaid 10th percentile but below the national Medicaid 25th percentile
	<10th	Below the national Medicaid 10th percentile

Measures in the Use of Services measure domain are designed to capture the frequency of services provided. 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 the measure did not have an applicable benchmark; therefore, the performance level for these measures was not presented in this report.

### **Trend Analysis**

In addition to the percentile ranking and star rating results, HSAG also compared HEDIS 2018 CHP+ statewide weighted averages and health plan-specific rates to the corresponding HEDIS 2017 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. Throughout the report, references to “significant” changes in performance are noted; these instances refer to statistically significant differences between performance from HEDIS 2017 to HEDIS 2018. 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 2017 and HEDIS 2018” section 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 due to large denominator sizes rather than 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.

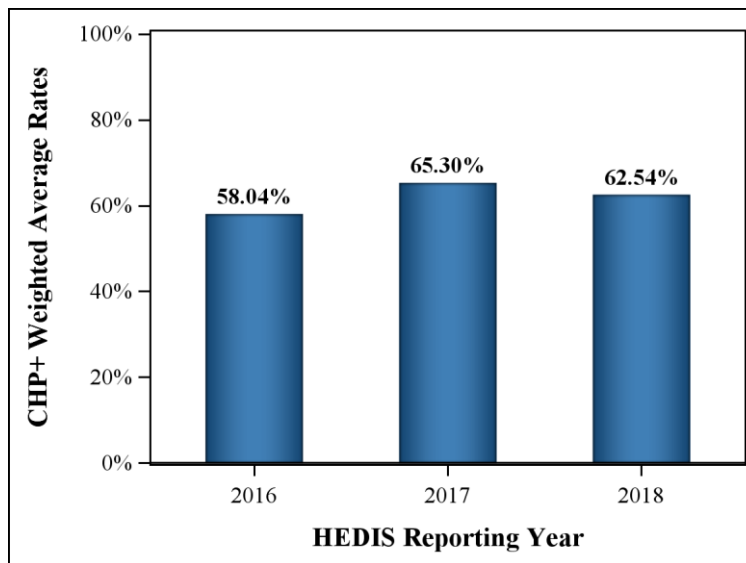
Additionally, caution should be exercised when comparing rates for measures that were reported using different methodologies from year to year (e.g., the hybrid methodology for HEDIS 2017 and the administrative methodology for HEDIS 2018), as the administrative-only rate likely underestimates performance. Similarly, caution should be exercised when comparing rates calculated administratively 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 2017 and HEDIS 2018 are presented in tabular format. HEDIS 2018 rates shaded green with one caret (^) indicate a statistically significant improvement in performance from the previous year. HEDIS 2018 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 2016, HEDIS 2017, and HEDIS 2018 CHP+ statewide weighted averages, with significance testing performed between the HEDIS 2017 and HEDIS 2018 weighted averages. Within these figures, HEDIS 2018 rates with one caret (^) indicate a statistically significant improvement in performance from HEDIS 2017. HEDIS 2018 rates with two carets (^) indicate a statistically significant decline in performance from HEDIS 2017. An example of the vertical bar graph figure for measure indicators reported is shown in Figure 2-2.

**Figure 2-2—Sample Vertical Bar Graph Figure**



## Measure Changes Between HEDIS 2017 and HEDIS 2018

The following is a list of measures with technical specification changes that NCQA announced for HEDIS 2018.<sup>2-2,2-3</sup> These changes may have an effect on the HEDIS 2018 rates that are presented in this report.

### ***Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents***

- Clarified in the Notes that documentation related to a member's "appetite" does not meet criteria for the *Counseling for Nutrition* measure indicator.

### ***Appropriate Testing for Children With Pharyngitis***

- Revised the episode date to allow for multiple diagnoses of pharyngitis and to exclude members who had other diagnoses on the same date of service.
- Clarified how to identify an ED visit or observation visit that resulted in an inpatient stay.

### ***Prenatal and Postpartum Care***

- Updated the administrative numerator specification to indicate when codes must be on the same claim and when codes can occur on different dates of service.
- Revised Decision Rule 3 to allow **either** (rather than any) of the criteria where the practitioner type is a primary care provider (PCP).

### ***Antidepressant Medication Management***

- Added telehealth and telehealth modifiers.

### ***Follow-Up Care for Children Prescribed ADHD Medication***

- Added telehealth as eligible for one visit for the continuation and maintenance phase.
- Clarified that for the continuation and maintenance phase, visits must be on different dates of service.
- Note added: Do not count visits billed with a telehealth modifier (Telehealth Modifier Value Set) or billed with a telehealth place of service (POS) code (Telehealth POS Value Set).

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<sup>2-2</sup> National Committee for Quality Assurance. *HEDIS® 2018, Volume 2: Technical Specifications for Health Plans*. Washington, DC: NCQA Publication, 2017.

<sup>2-3</sup> National Committee for Quality Assurance. *HEDIS® 2018, Volume 2: Technical Update*. Washington, DC: NCQA Publication, 2017.

- Clarification under Admin specifications: Replace the paragraph after the first two bullets with the following text:
  - Only one of the two visits (during days 31–300) may be a telephone visit (Telephone Visits Value Set) or a telehealth visit. Identify follow-up visits using the code combinations below. Then, identify telehealth visits by the presence of a telehealth modifier (Telehealth Modifier Value Set) or the presence of a telehealth POS code (Telehealth POS Value Set) on the claim.
- Added value sets: Add the following as the fifth and sixth bullets in the last paragraph:
  - Add Visits Group 1 Value Set with Telehealth POS Value Set
  - Add Visits Group 2 Value Set with Telehealth POS Value Set

### ***Appropriate Treatment for Children With Upper Respiratory Infection***

- Revised the episode date to allow for multiple diagnoses of URI and to exclude members who had other diagnoses on the same date of service.
- Clarified how to identify an ED visit or observation visit that resulted in an inpatient stay.

### ***Ambulatory Care***

- Clarified how to identify an ED visit that resulted in an inpatient stay.
- Removed the Alcohol and Other Drug (AOD) Rehab and Detox Value Set from the required exclusions (exclusions will be identified based on a principal diagnosis of chemical dependency).
- Revised the data elements tables to indicate that rates are calculated for the Visits/ 1,000 Member Months/Years in the unknown category.

### ***Inpatient Utilization***

- Revised the data elements tables to indicate that rates are calculated for the Discharges/1,000 Member Months/Years in the unknown category.

## 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> , <i>Not Reported (NR)</i> , and <i>Unaudited (UN)</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 codes.
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.)
EQR	External quality review.



Term	Description
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. <sup>2-4</sup>
IT	Information technology; the technology used to create, store, exchange, and use information in its various forms.

<sup>2-4</sup> National Committee for Quality Assurance. HEDIS Compliance Audit Standards, Policies and Procedures, Volume 5. Washington D.C.

Term	Description
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 $\pm 5$ percent difference in the reported rate is considered materially biased. For non-rate measures, any error that causes a $\pm 10$ 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	<p>Small Denominator; indicates that the health plan followed the specifications but the denominator was too small (&lt;30) to report a valid rate, resulting in an NA designation.</p> <ul style="list-style-type: none"> <li>For effectiveness of care (EOC) and EOC-like measures, when the denominator is fewer than 30.</li> <li>For utilization measures that count member months, when the denominator is fewer than 360 member months.</li> <li>For all risk-adjusted utilization measures, except <i>PCR</i>, when the denominator is fewer than 150.</li> </ul>
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 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.

Term	Description
NQ	Not Required; indicates that the health plan was not required to report this measure.
OB/GYN	Obstetrician/Gynecologist.
PCP	Primary care practitioner.
PCV	Pneumococcal conjugate vaccine.
POP	Eligible population.
PPC	Prenatal and Postpartum Care.
Provider Data	Electronic files containing information about physicians such as type of physician, specialty, reimbursement arrangement, and office location.
Retroactive Enrollment	When the effective date of a member's enrollment in the health plan occurs prior to the date that the health plan is notified of that member's enrollment. Medicaid members who are retroactively enrolled in the health plan may be excluded from a HEDIS measure denominator if the time period from the date of enrollment to the date of notification exceeds the measure's allowable gap specifications.
Revenue Codes	Cost codes for facilities to bill based on the categories of services, procedures, supplies, and materials.
RV	Rotavirus vaccine.
SMCN	State Managed Care Network.
Software Vendor	A third party, with source code certified by NCQA, that contracts with the health plan to write source code for HEDIS measures. (For the measures to be certified, the vendor must submit programming codes associated with the measure to NCQA for automated testing of program logic, and a minimum percentage of the measures must receive a "Pass" or "Pass With Qualifications" designation.)
The Department	The Colorado Department of Health Care Policy and Financing.
UN	Unaudited; indicates that the organization chose to report a measure that is not required to be audited.
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—Total, Counseling for Nutrition—Total, 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

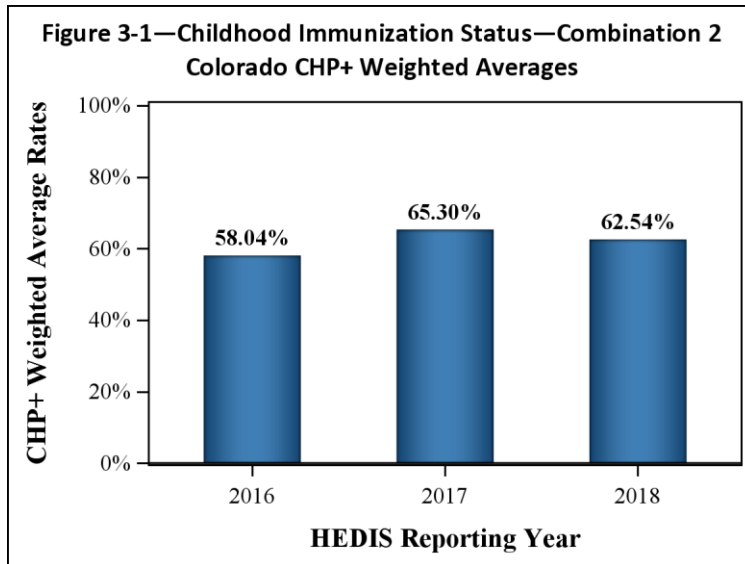
Childhood Immunization Status measures the percentage of members 2 years of age who received the following vaccinations on or before their second birthday. Table 3-1 displays the different antigens associated with various combinations.

**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	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

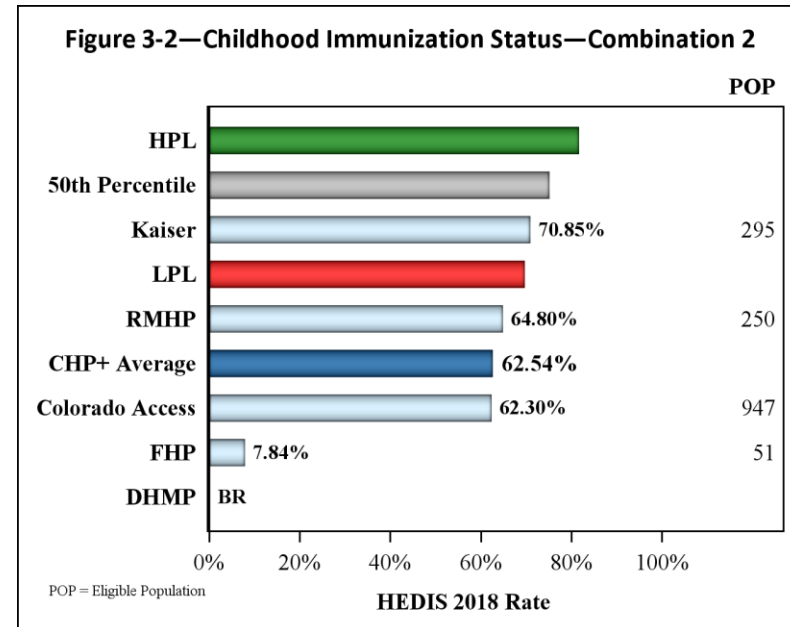
### Childhood Immunization Status—Combination 2

*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.



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

The CHP+ statewide weighted average did not demonstrate a significant change from 2017 to 2018.

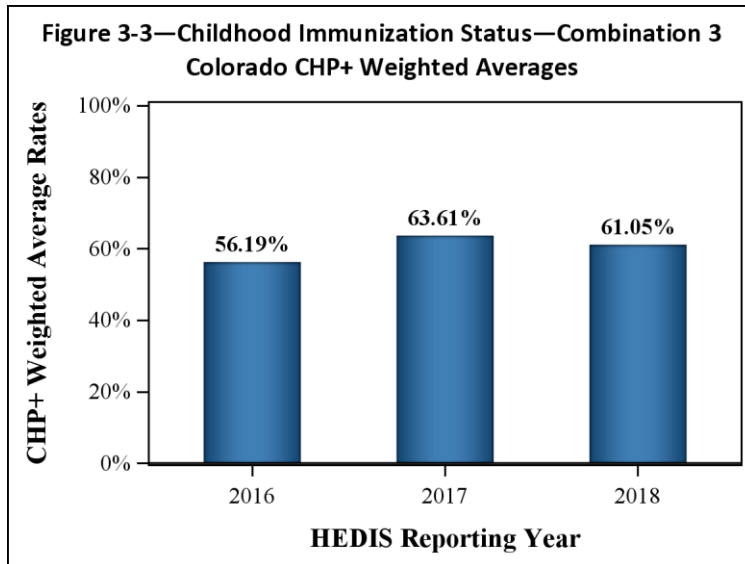


BR (Biased Rate) indicates that the reported rate was invalid; therefore, the rate is not presented. Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

No health plan rates were above the national Medicaid 50th percentile, but one health plan's rate was above the LPL. Three health plans' rates and the CHP+ statewide weighted average fell below the LPL. Health plan performance varied by approximately 63 percentage points.

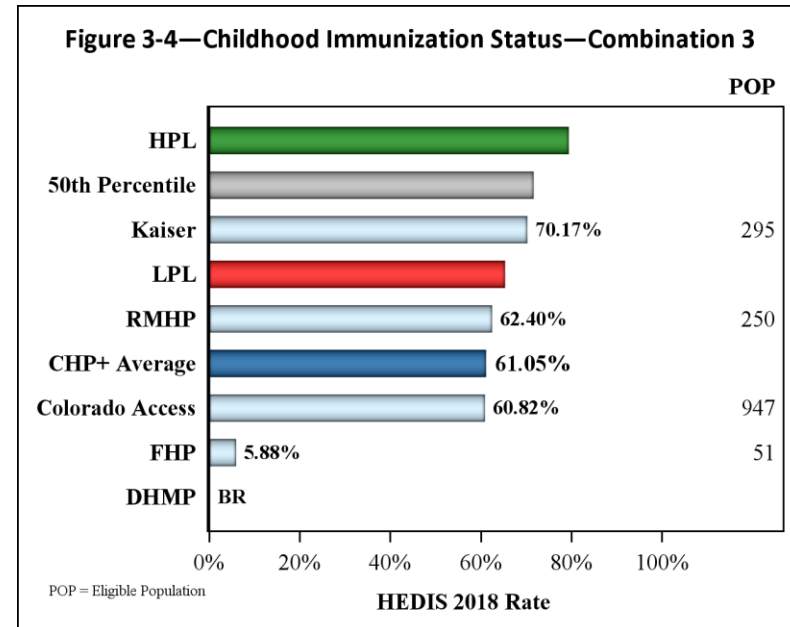
### Childhood Immunization Status—Combination 3

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



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

The CHP+ statewide weighted average did not demonstrate a significant change from 2017 to 2018.

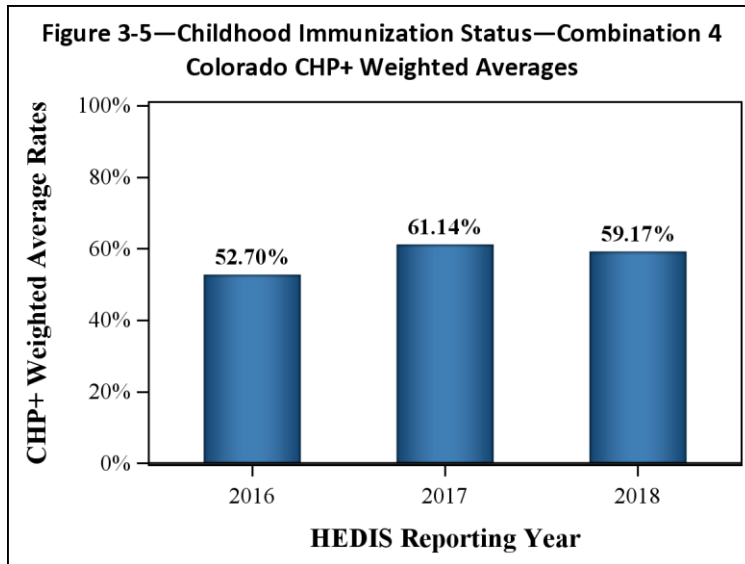


BR (Biased Rate) indicates that the reported rate was invalid; therefore, the rate is not presented. Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

No health plan rates were above the national Medicaid 50th percentile, but one health plan's rate was above the LPL. Three health plans' rates and the CHP+ statewide weighted average fell below the LPL. Health plan performance varied by over 64 percentage points.

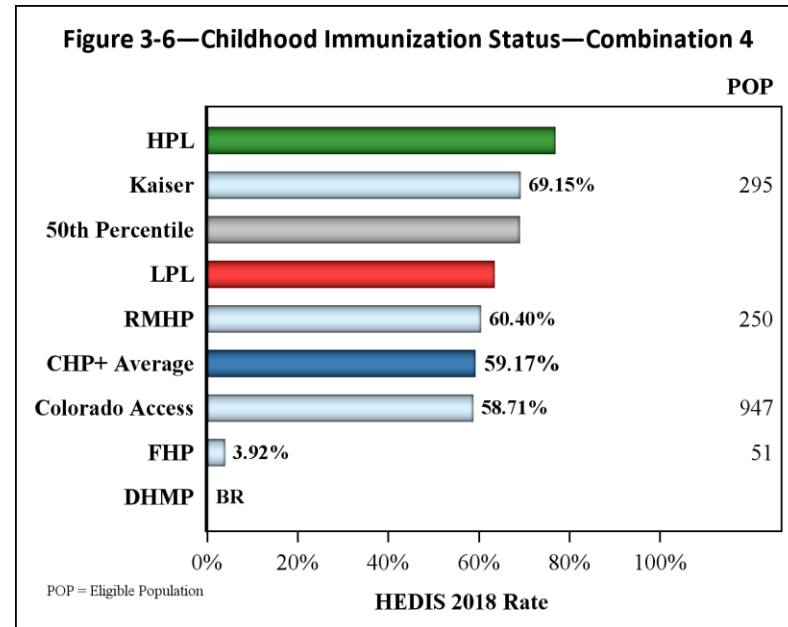
### Childhood Immunization Status—Combination 4

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



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

The CHP+ statewide weighted average did not demonstrate a significant change from 2017 to 2018.



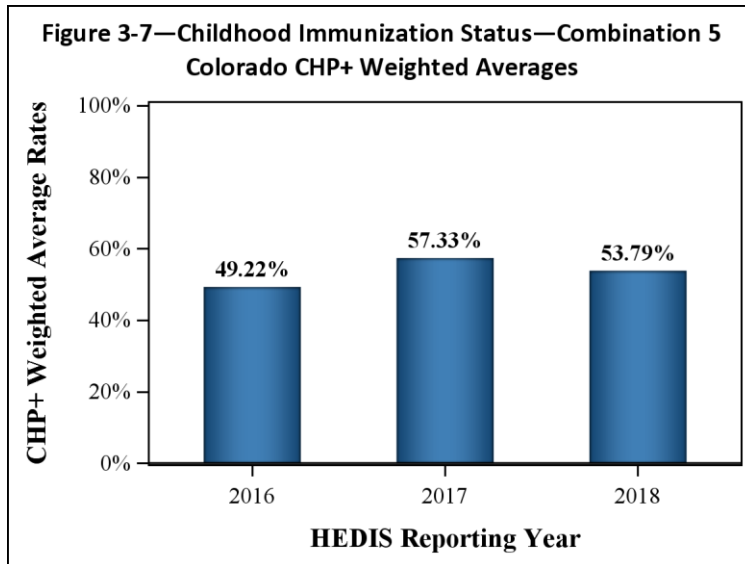
BR (Biased Rate) indicates that the reported rate was invalid; therefore, the rate is not presented. Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

One health plan's rate was above the national Medicaid 50th percentile but below the HPL. Three health plans' rates and the CHP+ statewide weighted average fell below the LPL. Health plan performance varied by approximately 65 percentage points.



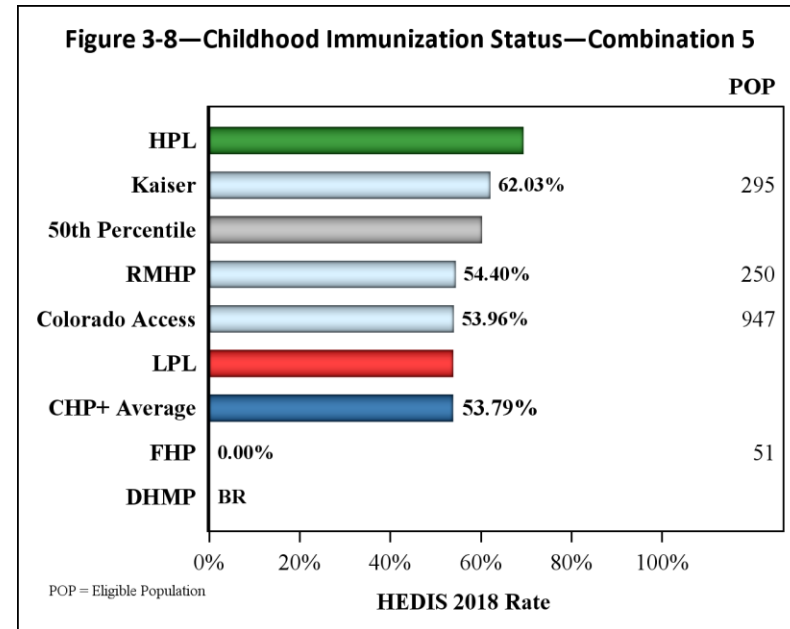
### Childhood Immunization Status—Combination 5

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



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

The CHP+ statewide weighted average did not demonstrate a significant change from 2017 to 2018.

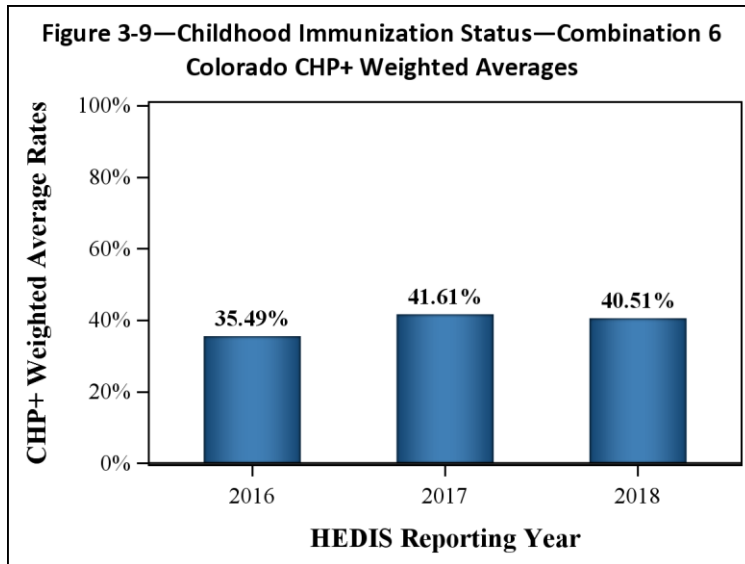


BR (Biased Rate) indicates that the reported rate was invalid; therefore, the rate is not presented. Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

One health plan's rate was above the national Medicaid 50th percentile but below the HPL. One health plan's rate and the CHP+ statewide weighted average fell below the LPL. Health plan performance varied by approximately 62 percentage points.

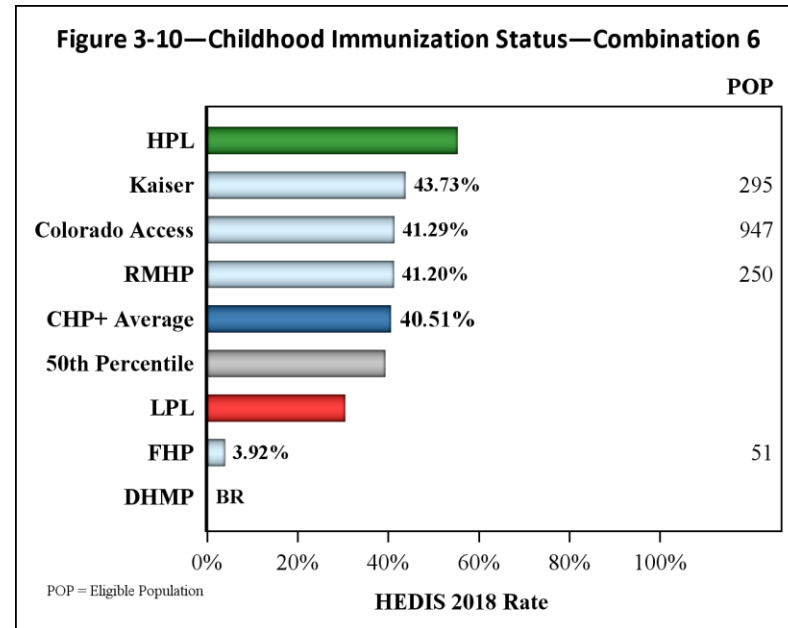
### Childhood Immunization Status—Combination 6

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



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

The CHP+ statewide weighted average did not demonstrate a significant change from 2017 to 2018.

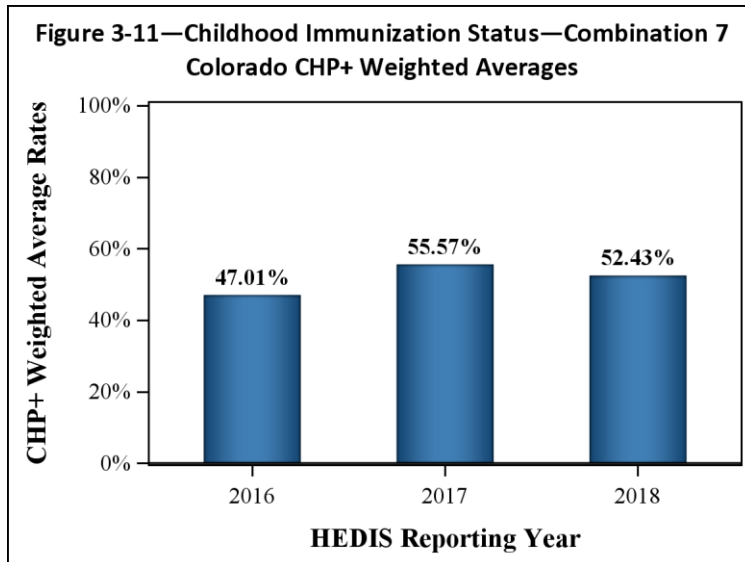


*BR (Biased Rate) indicates that the reported rate was invalid; therefore, the rate is not presented. Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.*

Three health plans' rates and the CHP+ statewide weighted average were above the national Medicaid 50th percentile but below the HPL. One health plan's rate fell below the LPL. Health plan performance varied by over 39 percentage points.

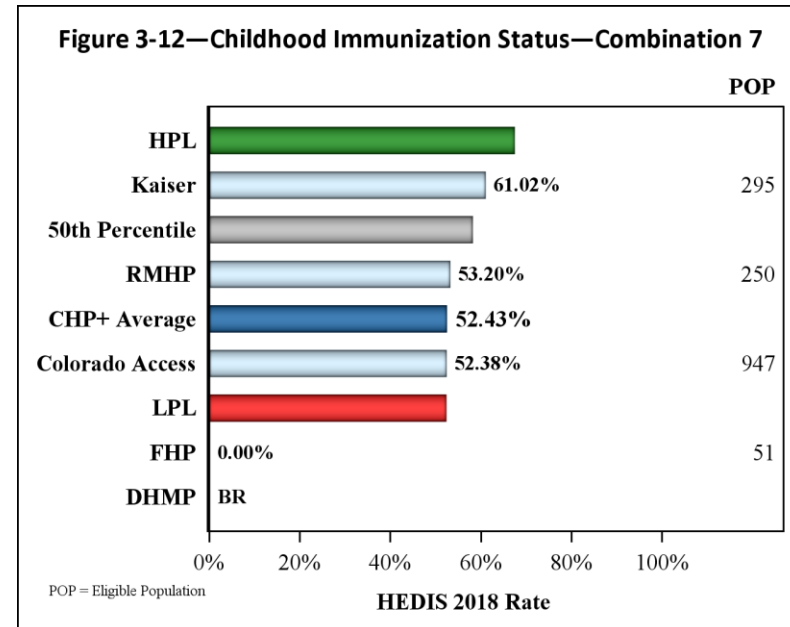
### Childhood Immunization Status—Combination 7

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



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

The CHP+ statewide weighted average did not demonstrate a significant change from 2017 to 2018.

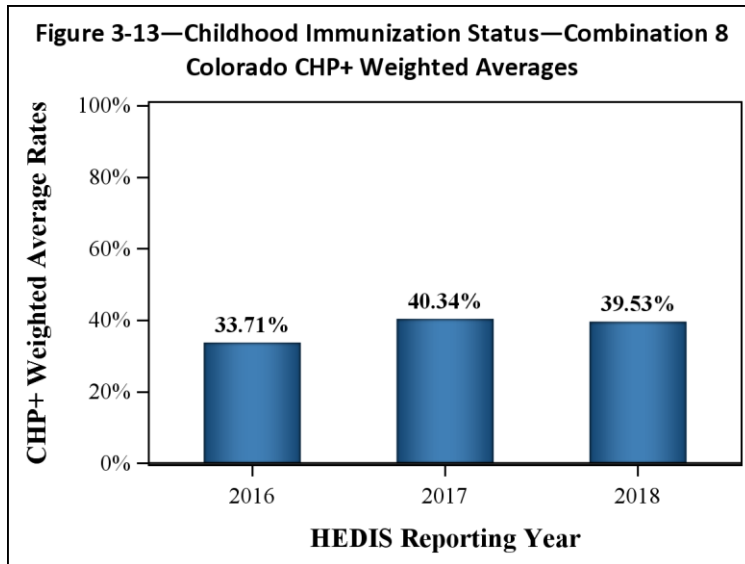


*BR (Biased Rate) indicates that the reported rate was invalid; therefore, the rate is not presented. Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.*

One health plan's rate was above the national Medicaid 50th percentile but below the HPL. One health plan's rate fell below the LPL. Health plan performance varied by approximately 61 percentage points.

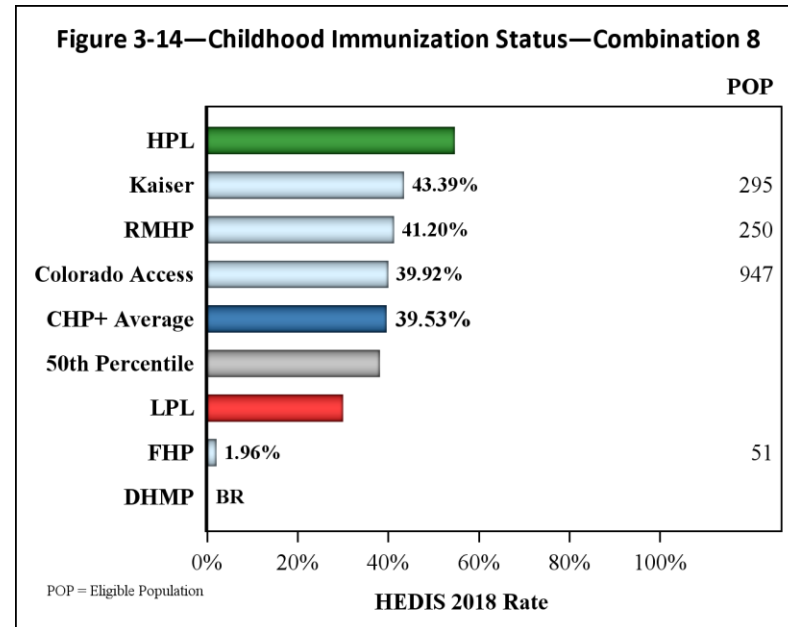
### Childhood Immunization Status—Combination 8

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



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

The CHP+ statewide weighted average did not demonstrate a significant change from 2017 to 2018.

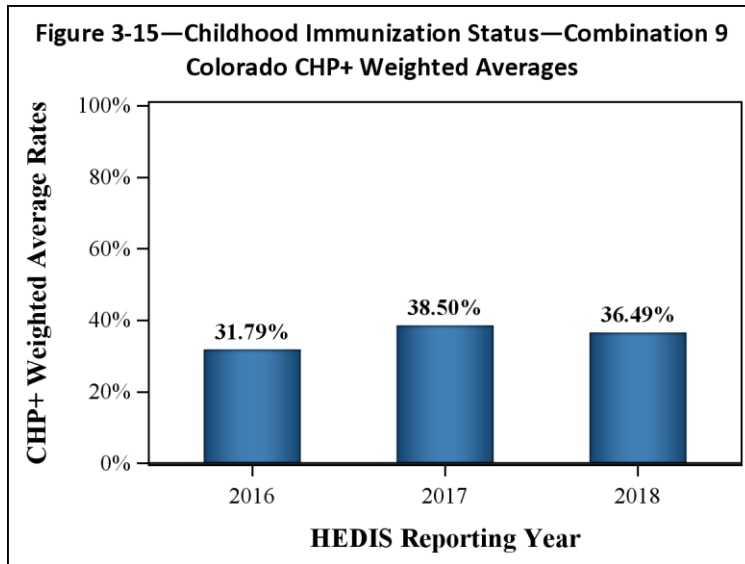


BR (Biased Rate) indicates that the reported rate was invalid; therefore, the rate is not presented. Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

Three health plans' rates and the CHP+ statewide weighted average were above the national Medicaid 50th percentile but below the HPL. One health plan's rate fell below the LPL. Health plan performance varied by over 41 percentage points.

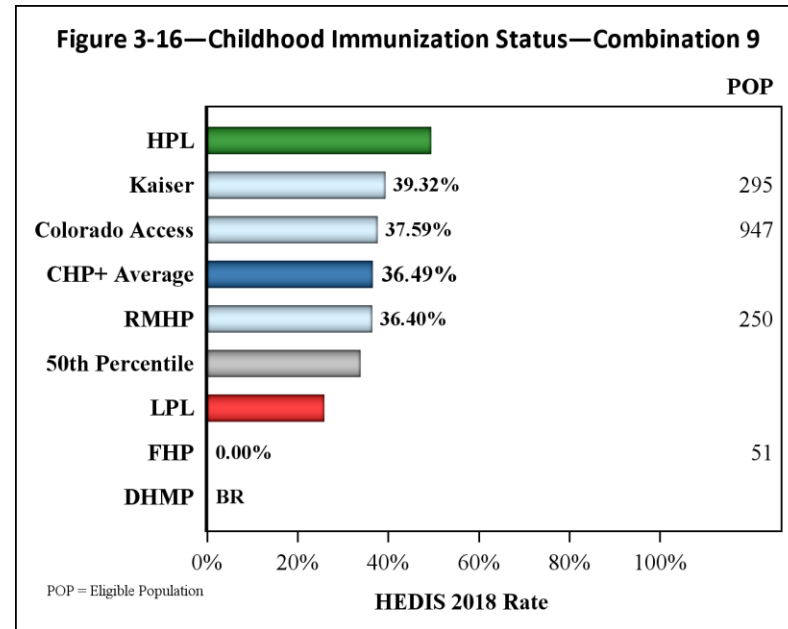
### Childhood Immunization Status—Combination 9

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



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

The CHP+ statewide weighted average did not demonstrate a significant change from 2017 to 2018.

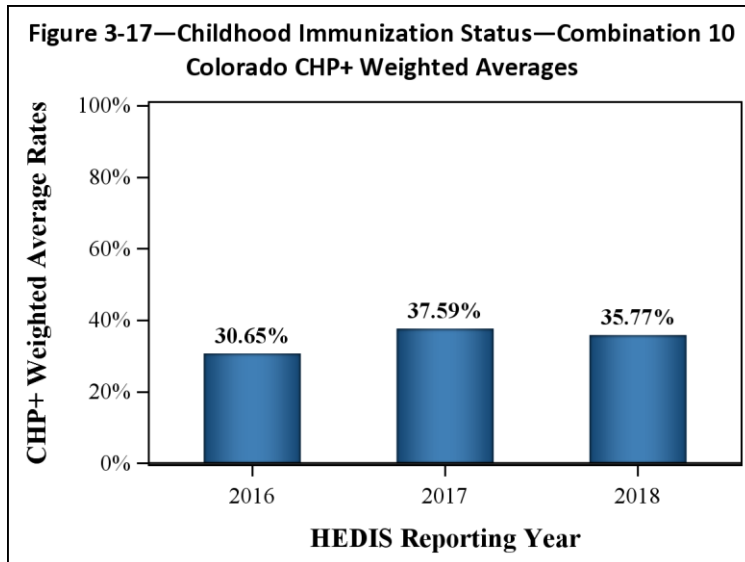


BR (Biased Rate) indicates that the reported rate was invalid; therefore, the rate is not presented. Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

Three health plans' rates and the CHP+ statewide weighted average were above the national Medicaid 50th percentile but below the HPL. One health plan's rate fell below the LPL. Health plan performance varied by over 39 percentage points.

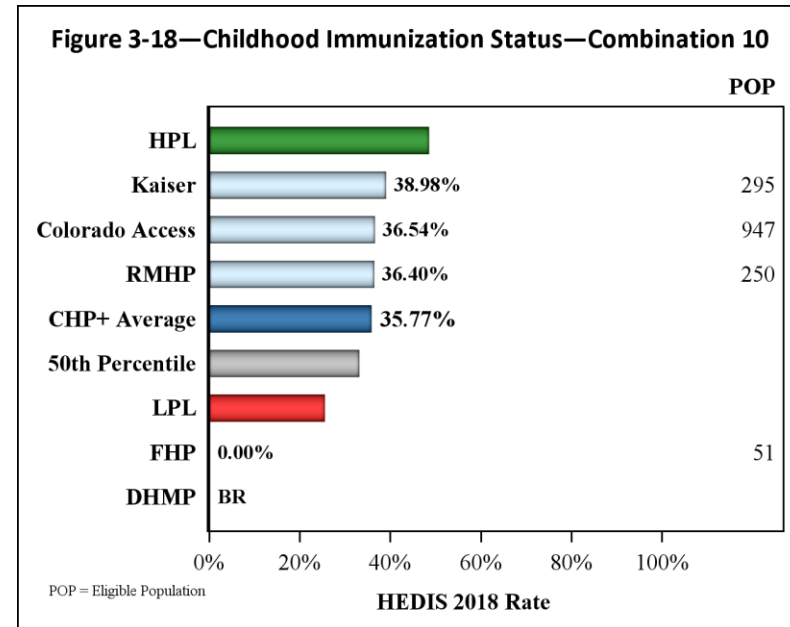
### Childhood Immunization Status—Combination 10

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



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

The CHP+ statewide weighted average did not demonstrate a significant change from 2017 to 2018.

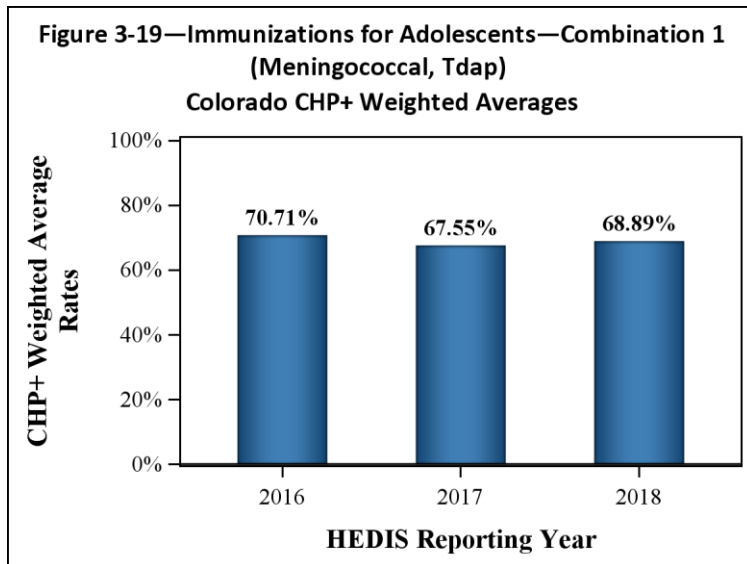


BR (Biased Rate) indicates that the reported rate was invalid; therefore, the rate is not presented. Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

Three health plans' rates and the CHP+ statewide weighted average were above the national Medicaid 50th percentile but below the HPL. One health plan's rate fell below the LPL. Health plan performance varied by almost 39 percentage points.

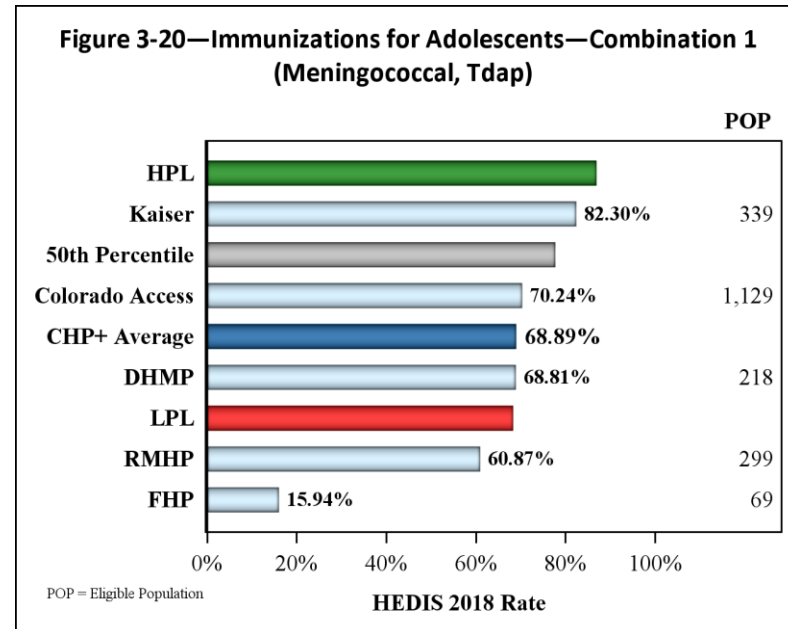
### Immunizations for Adolescents—Combination 1 (Meningococcal, Tdap)

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.



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

The CHP+ statewide weighted average did not demonstrate a significant change from 2017 to 2018.



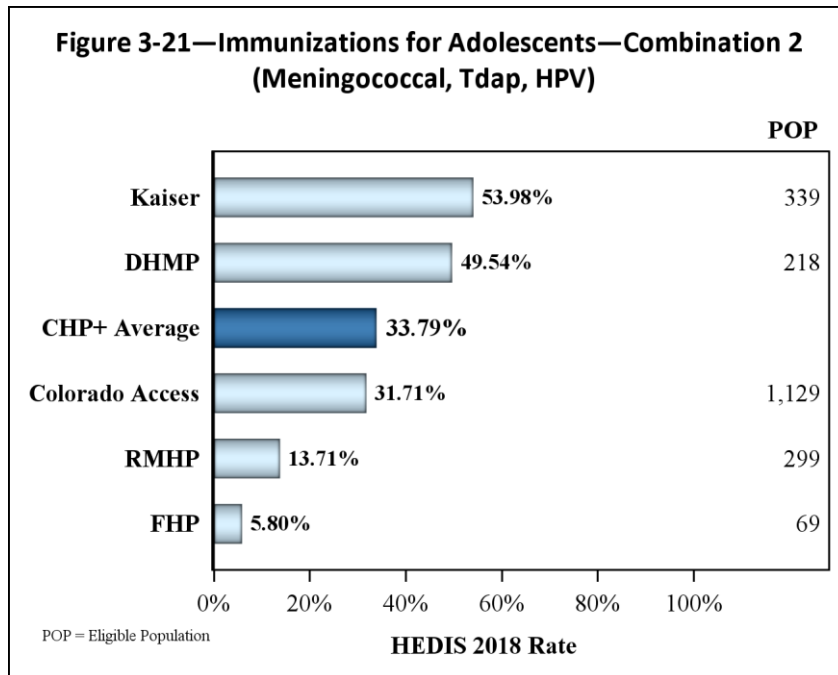
Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

One health plan's rate was above the national Medicaid 50th percentile but below the HPL. Two health plans' rates fell below the LPL. Health plan performance varied by over 66 percentage points.

**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 who completed the human papillomavirus (HPV) vaccine series.

Due to HEDIS 2018 technical specification changes for the *Immunizations for Adolescents—Combination 2 (Meningococcal, Tdap, HPV)* measure indicator, comparisons to prior years’ results and national benchmarks were not performed.

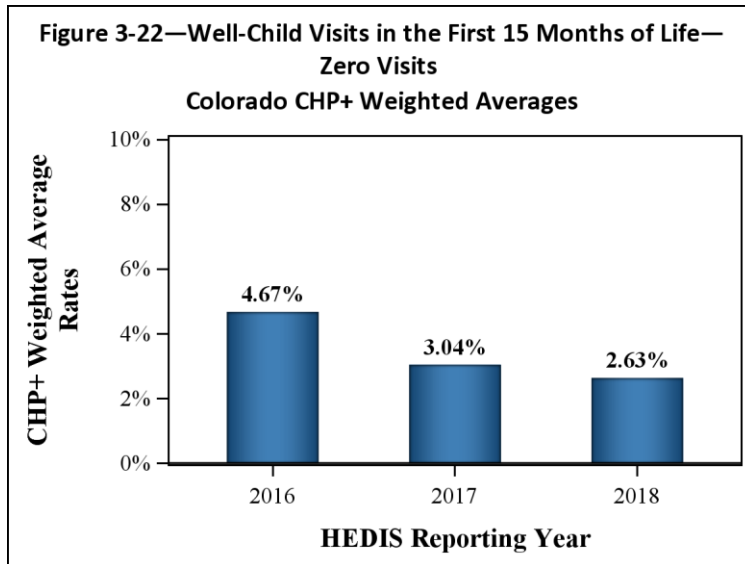


Health plan performance varied by over 48 percentage points.



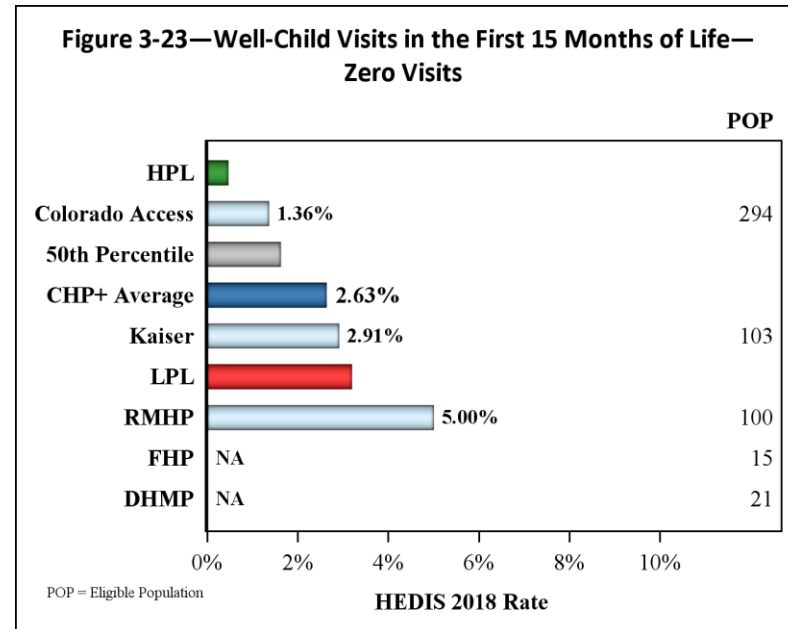
### Well-Child Visits in the First 15 Months of Life—Zero Visits

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



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

The CHP+ statewide weighted average did not demonstrate a significant change from 2017 to 2018.

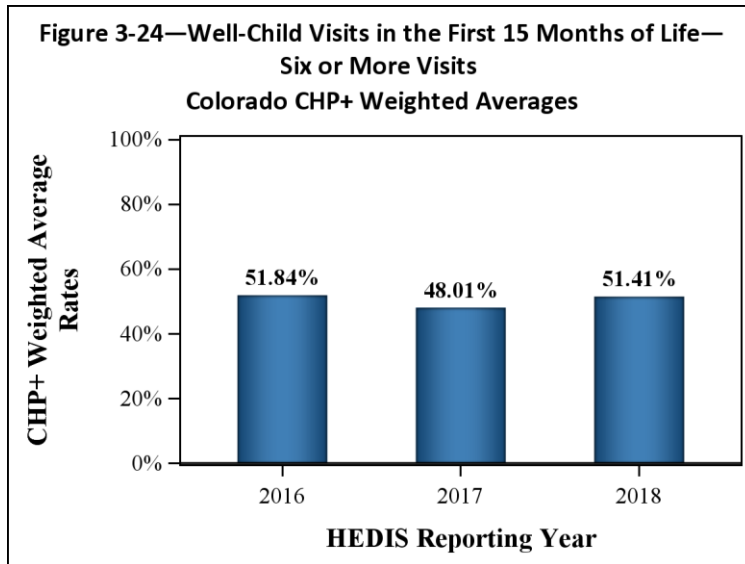


*NA (Small Denominator) indicates that the health plan followed the specifications, but the denominator was too small (<30) to report a valid rate. Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.*

One health plan's rate was above the national Medicaid 50th percentile but below the HPL. One health plan's rate fell below the LPL. Health plan performance varied by approximately 4 percentage points.

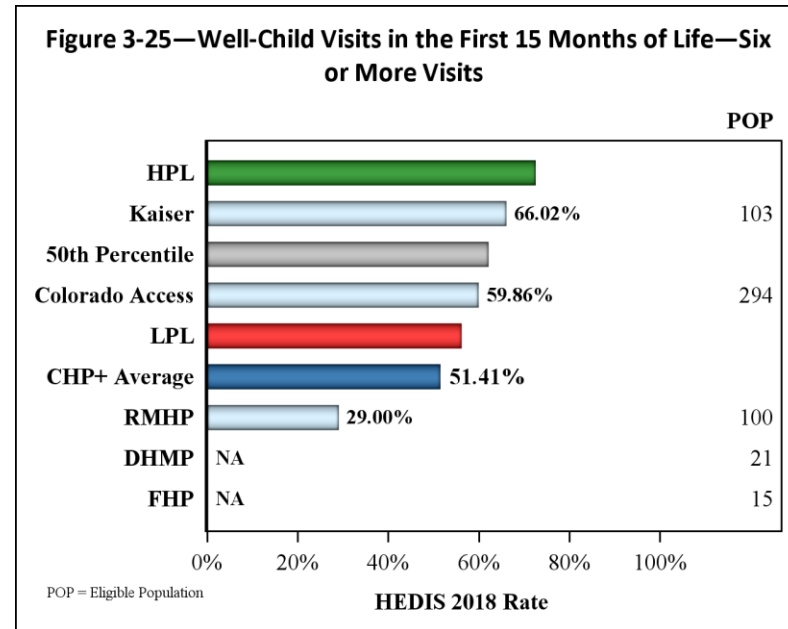
### Well-Child Visits in the First 15 Months of Life—Six or More Visits

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



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

The CHP+ statewide weighted average did not demonstrate a significant change from 2017 to 2018.

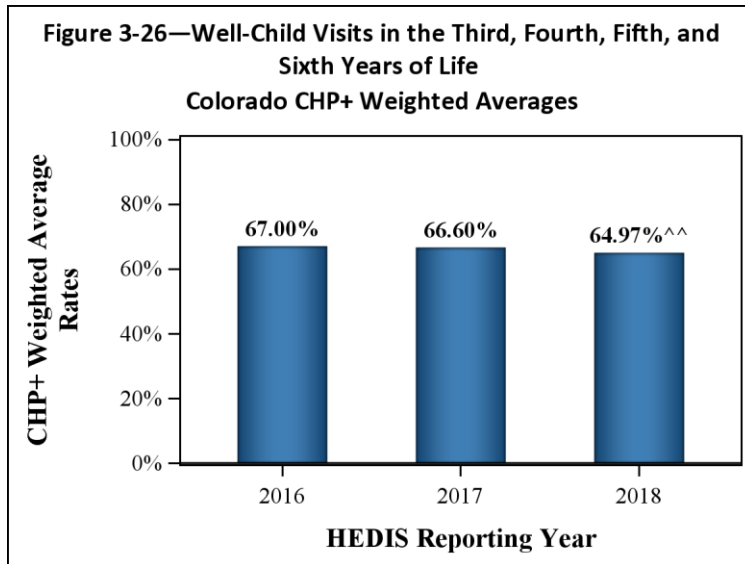


NA (Small Denominator) indicates that the health plan followed the specifications, but the denominator was too small (<30) to report a valid rate. Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

One health plan's rate was above the national Medicaid 50th percentile but below the HPL. One health plan's rate and the CHP+ statewide weighted average fell below the LPL. Health plan performance varied by approximately 37 percentage points.

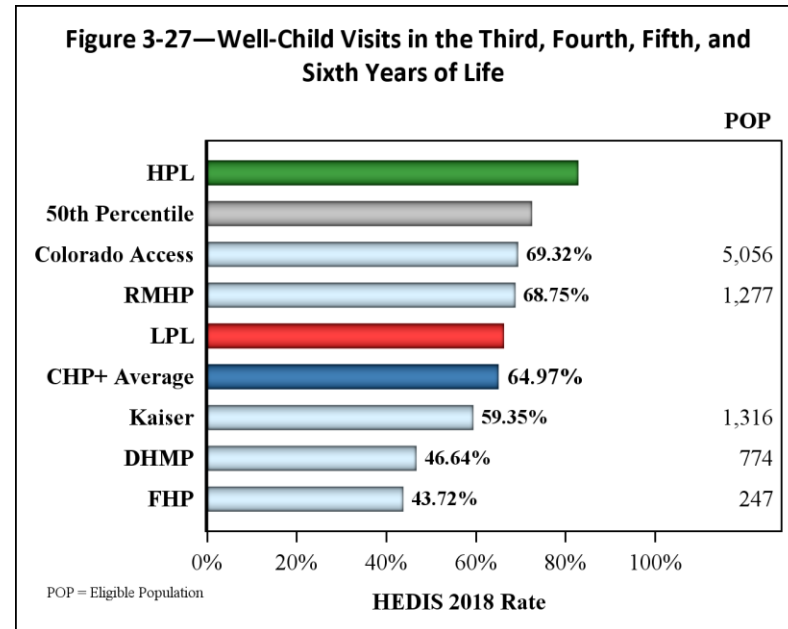
### Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life

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.



Two carets (^) indicates a significant decline in performance from 2017 to 2018. Changes in the rates should be interpreted with caution due to a change in the Department's reporting requirement from hybrid in 2016 to administrative for 2017.

The CHP+ statewide weighted average significantly declined from 2017 to 2018.

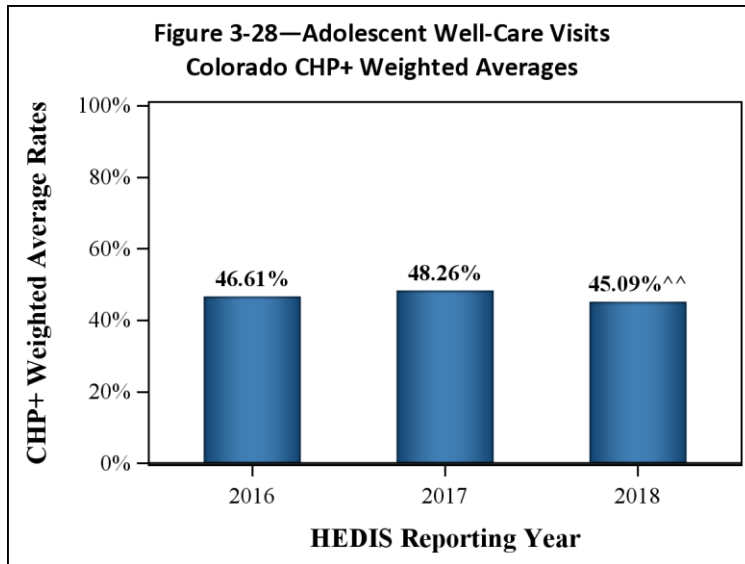


Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

No health plan rates were above the national Medicaid 50th percentile, but two health plans' rates were above the LPL. Three health plans' rates and the CHP+ statewide weighted average fell below the LPL. Health plan performance varied by approximately 26 percentage points.

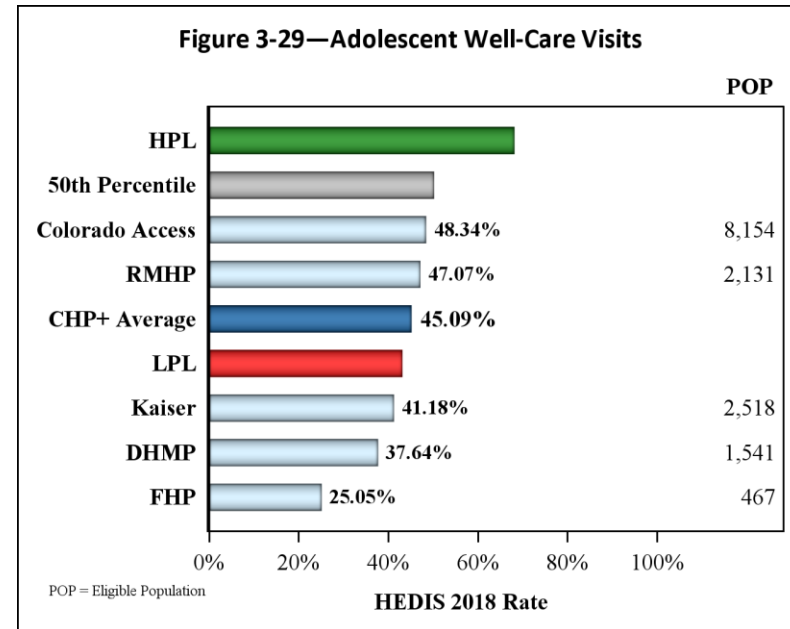
### Adolescent Well-Care Visits

Adolescent Well-Care Visits measures 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.



Two carets (^) indicates a significant decline in performance from 2017 to 2018. Changes in the rates should be interpreted with caution due to a change in the Department's reporting requirement from hybrid in 2016 to administrative for 2017.

The CHP+ statewide weighted average significantly declined from 2017 to 2018.

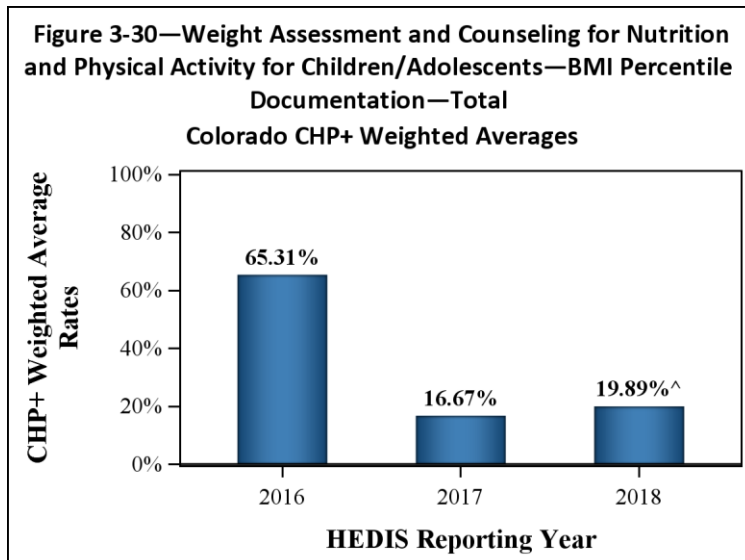


Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

No health plan rates were above the national Medicaid 50th percentile, but two health plans' rates and the CHP+ statewide weighted average were above the LPL. Three health plans' rates fell below the LPL. Health plan performance varied by approximately 23 percentage points.

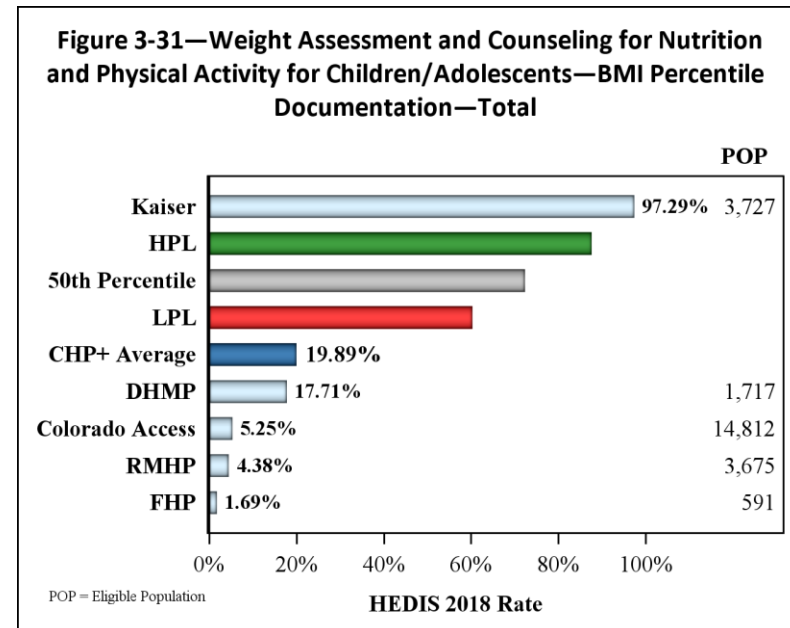
## Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile Documentation—Total

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.



One caret (^) indicates a significant improvement in performance from 2017 to 2018. Changes in the rates should be interpreted with caution due to a change in the Department's reporting requirement from hybrid in 2016 to administrative for 2017.

The CHP+ statewide weighted average significantly improved from 2017 to 2018.

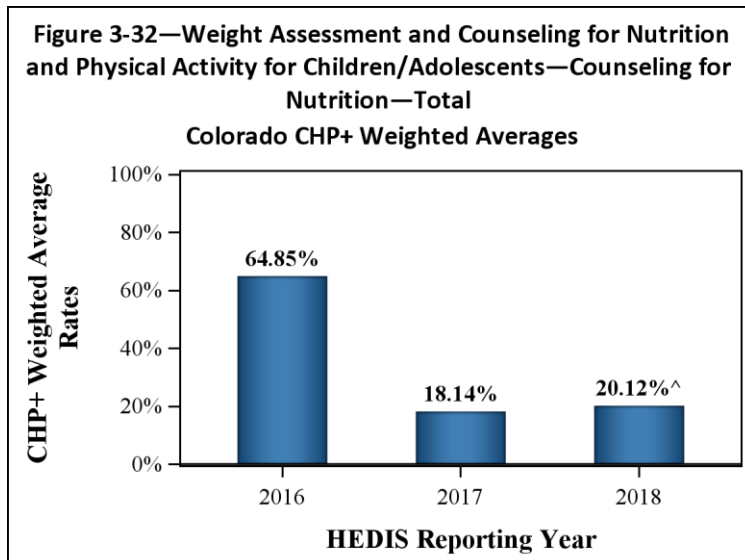


Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

One health plan's rate was above the HPL. Four health plans' rates and the CHP+ statewide weighted average fell below the LPL. Health plan performance varied by almost 96 percentage points.

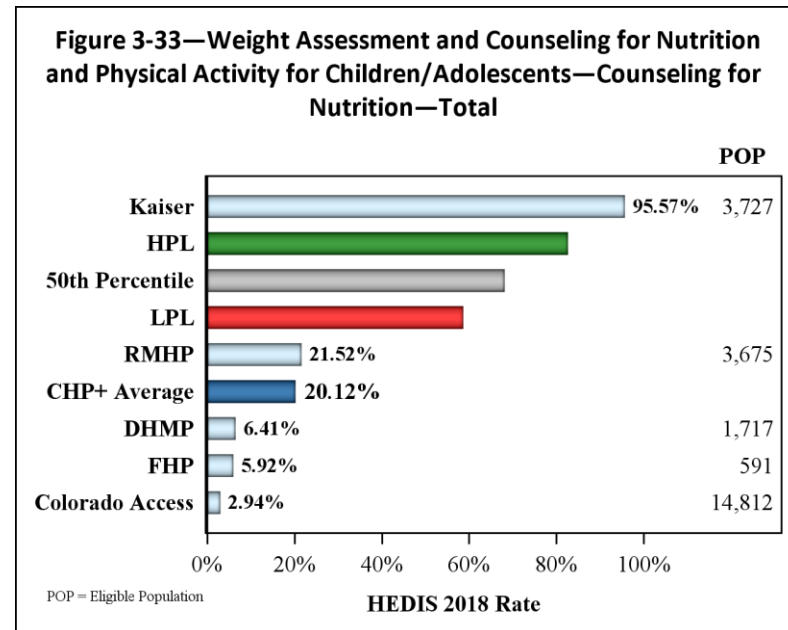
## Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Nutrition—Total

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.



One caret (^) indicates a significant improvement in performance from 2017 to 2018. Changes in the rates should be interpreted with caution due to a change in the Department's reporting requirement from hybrid in 2016 to administrative for 2017.

The CHP+ statewide weighted average significantly improved from 2017 to 2018.

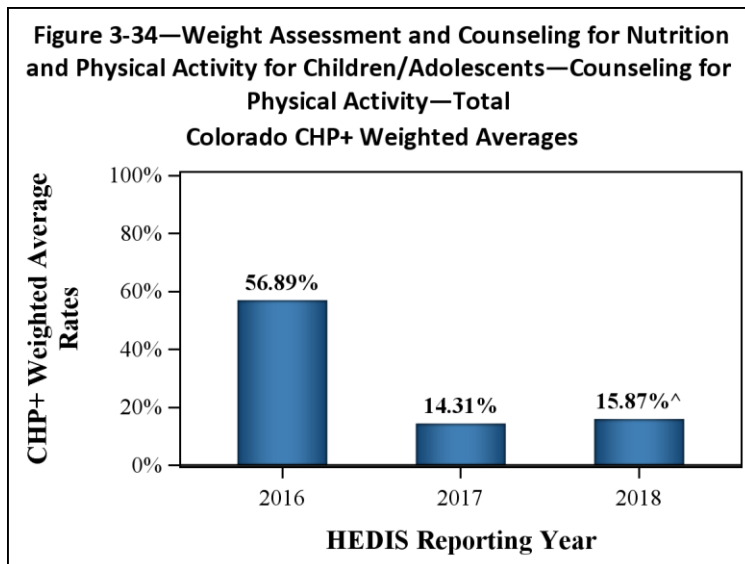


Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

One health plan's rate was above the HPL. Four health plans' rates and the CHP+ statewide weighted average fell below the LPL. Health plan performance varied by over 92 percentage points.

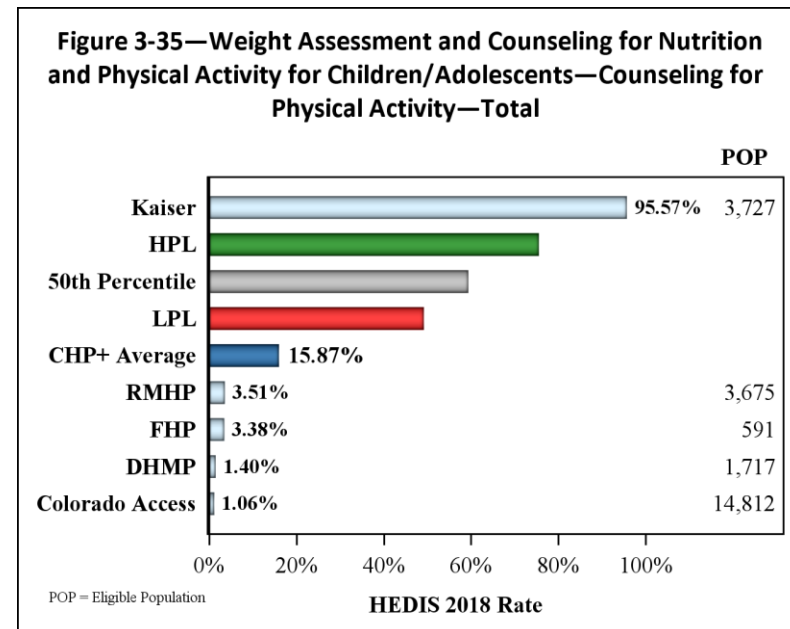
## Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents— Counseling for Physical Activity—Total

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.



One caret (^) indicates a significant improvement in performance from 2017 to 2018. Changes in the rates should be interpreted with caution due to a change in the Department's reporting requirement from hybrid in 2016 to administrative for 2017.

The CHP+ statewide weighted average significantly improved from 2017 to 2018.

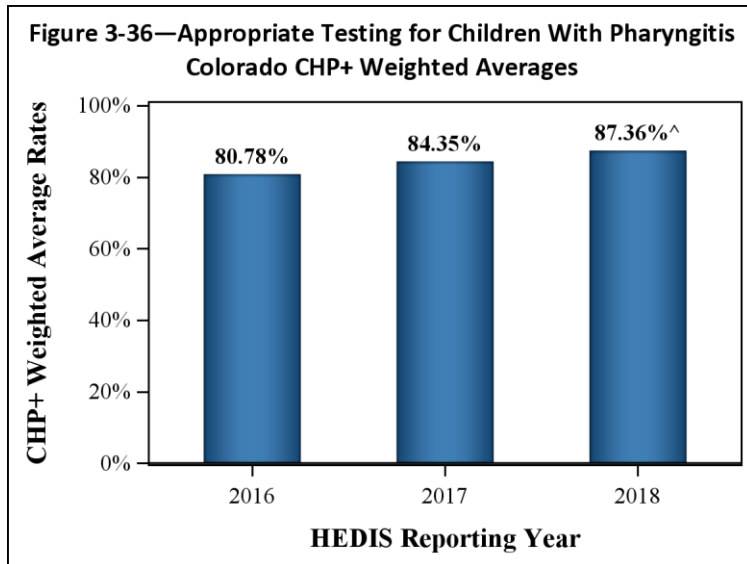


Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

One health plan's rate was above the HPL. Four health plans' rates and the CHP+ statewide weighted average fell below the LPL. Health plan performance varied by over 94 percentage points.

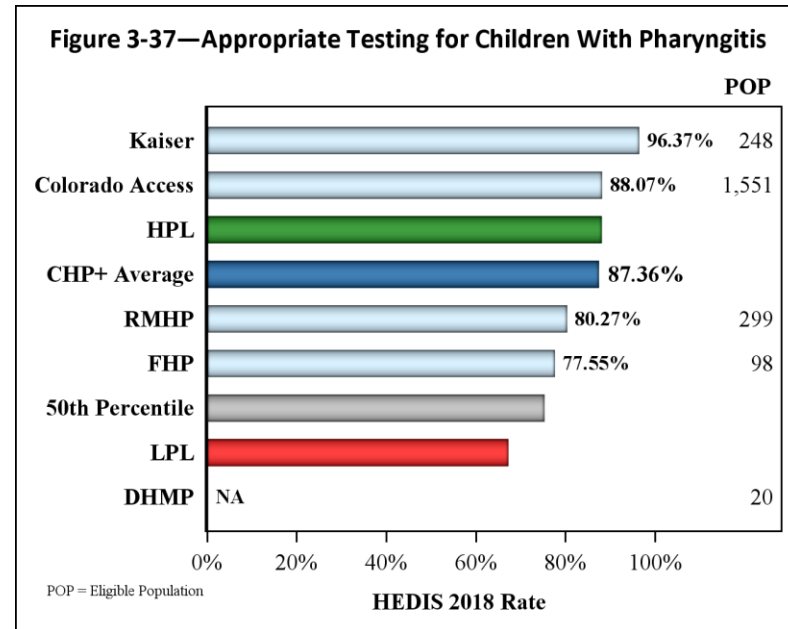
### Appropriate Testing for Children With Pharyngitis

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 significant improvement in performance from 2017 to 2018.

The CHP+ statewide weighted average significantly improved from 2017 to 2018.



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' rates were above the HPL. No health plan rates fell below the national Medicaid 50th percentile. Health plan performance varied by almost 19 percentage points.



### 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 2018 rates to the HEDIS 2017 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, measure rates derived using administrative data only that require, or have an option to use, the hybrid method 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	DHMP	FHP	Kaiser	RMHP
<b>Childhood Immunization Status</b>					
<i>Combination 2</i>	★	—	★	★★	★
<i>Combination 3</i>	★	—	★	★★	★
<i>Combination 4</i>	★	—	★	★★★★	★
<i>Combination 5</i>	★★	—	★	★★★★	★★
<i>Combination 6</i>	★★★★	—	★	★★★★	★★★★
<i>Combination 7</i>	★★	—	★	★★★★	★★
<i>Combination 8</i>	★★★★	—	★	★★★★	★★★★
<i>Combination 9</i>	★★★★	—	★	★★★★	★★★★
<i>Combination 10</i>	★★★★	—	★	★★★★	★★★★
<b>Immunizations for Adolescents</b>					
<i>Combination 1 (Meningococcal, Tdap)</i>	★★	★★	★	★★★★	★
<i>Combination 2 (Meningococcal, Tdap, HPV)</i>	—	—	—	—	—
<b>Well-Child Visits in the First 15 Months of Life</b>					
<i>Zero Visits*</i>	★★★★	—	—	★★	★
<i>Six or More Visits</i>	★★	—	—	★★★★	★
<b>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</b>					
<i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i>	★★	★	★	★	★★
<b>Adolescent Well-Care Visits</b>					
<i>Adolescent Well-Care Visits</i>	★★	★	★	★	★★

Performance Measures	Colorado Access	DHMP	FHP	Kaiser	RMHP
<b>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</b>					
<i>BMI Percentile Documentation—Total</i>	★	★	★	★★★★★	★
<i>Counseling for Nutrition—Total</i>	★	★	★	★★★★★	★
<i>Counseling for Physical Activity—Total</i>	★	★	★	★★★★★	★
<b>Appropriate Testing for Children With Pharyngitis</b>					
<i>Appropriate Testing for Children With Pharyngitis</i>	★★★★★	—	★★★	★★★★★	★★★

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

— Indicates that a percentile ranking was not determined because the HEDIS 2018 measure rate was not reportable or comparison to the benchmark was not appropriate due to technical specification changes.

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	1	0	5	6	6
DHMP	0	0	0	1	5
FHP	0	0	1	0	15
Kaiser	4	0	9	3	2
RMHP	0	0	5	4	9

Except for Kaiser, most of the health plans performed below the national Medicaid 50th percentile in the Pediatric Care domain. All health plans should focus improvement efforts on working with providers to document *Well-Child Visits in the First 15 Months of Life; Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life; and Adolescent Well-Care Visits* within administrative data sources. Similarly, all health plans except Kaiser performed below the national Medicaid 25th percentile on the *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents* measure, demonstrating opportunities to improve documentation of these services within administrative data sources. Conversely, all health plans performed at or above the national Medicaid 50th percentile for the *Appropriate Testing for Children With Pharyngitis* measure, demonstrating a strength for all health plans in the appropriate testing of pharyngitis in ED and outpatient settings.

Although the CHP+ statewide weighted average demonstrated a significant improvement from 2017 to 2018 for the *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents* measure indicators, the CHP+ statewide weighted averages fell below the national Medicaid 10th percentile, demonstrating opportunities for improvement. Additionally, the CHP+ statewide weighted average for the *Appropriate Testing for Children With Pharyngitis* measure demonstrated significant improvement, with the rate meeting or exceeding the national Medicaid 75th percentile. Conversely, the CHP+ statewide weighted average demonstrated significant declines from 2017 to 2018 for the *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life* and *Adolescent Well-Care Visits* measures, with rates falling below the national Medicaid 50th percentile.

## 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<sup>4-1</sup>*
- *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—Ages 16 to 20 Years*
- *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.

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<sup>4-1</sup> The 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.

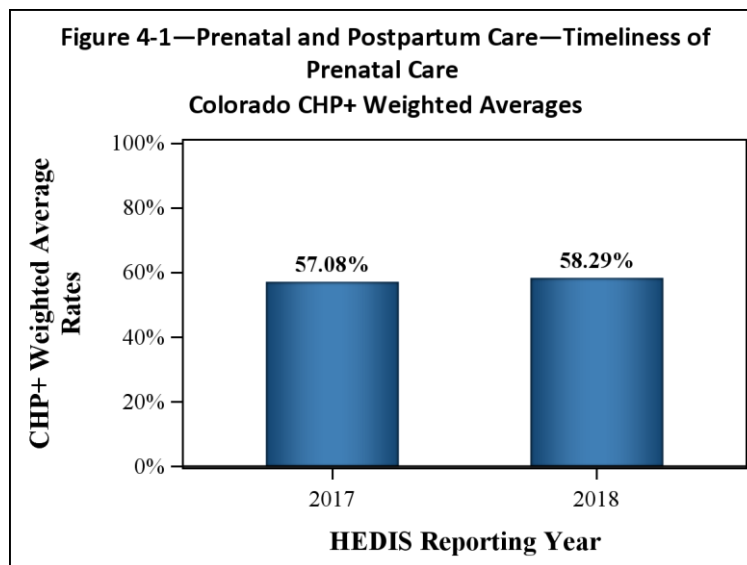
### Prenatal and Postpartum Care

*Prenatal and Postpartum Care* measures the percentage of deliveries of live births on or between November 6 of the year prior to the measurement year and November 5 of the measurement year. For these members, the measure assesses prenatal and postpartum care.

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.

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

*Prenatal and Postpartum Care—Timeliness of Prenatal Care* measures 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.

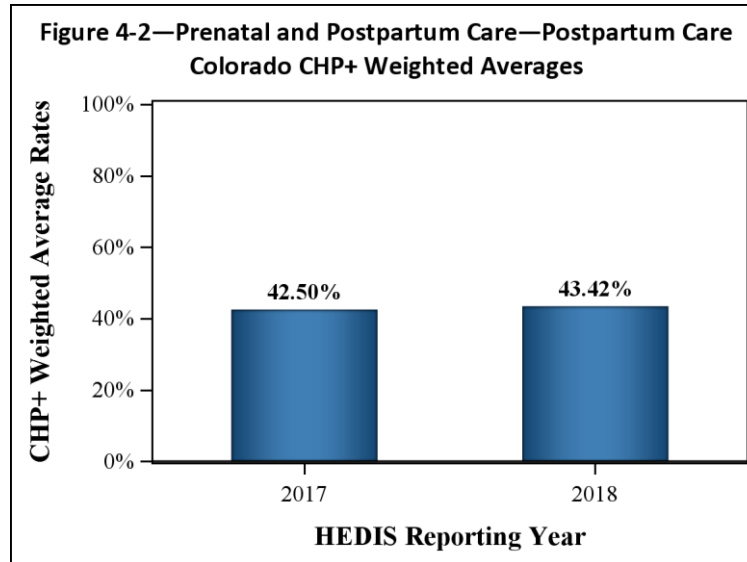


*SMCN is the only CHP+ health plan required to report the Prenatal and Postpartum Care measure.*

The SMCN rate did not demonstrate a significant change from 2017 to 2018.

### Prenatal and Postpartum Care—Postpartum Care

*Prenatal and Postpartum Care—Postpartum Care* measures the percentage of deliveries that had a postpartum visit on or between 21 days and 56 days after delivery.

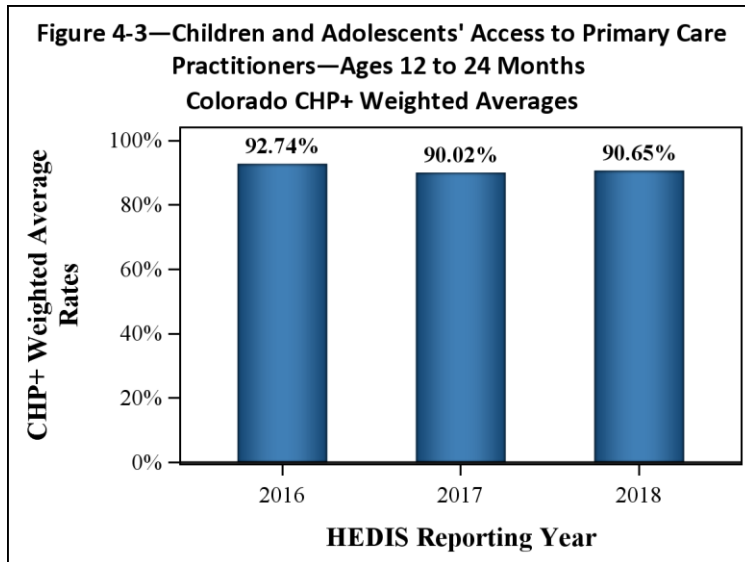


*SMCN is the only CHP+ health plan required to report the Prenatal and Postpartum Care measure.*

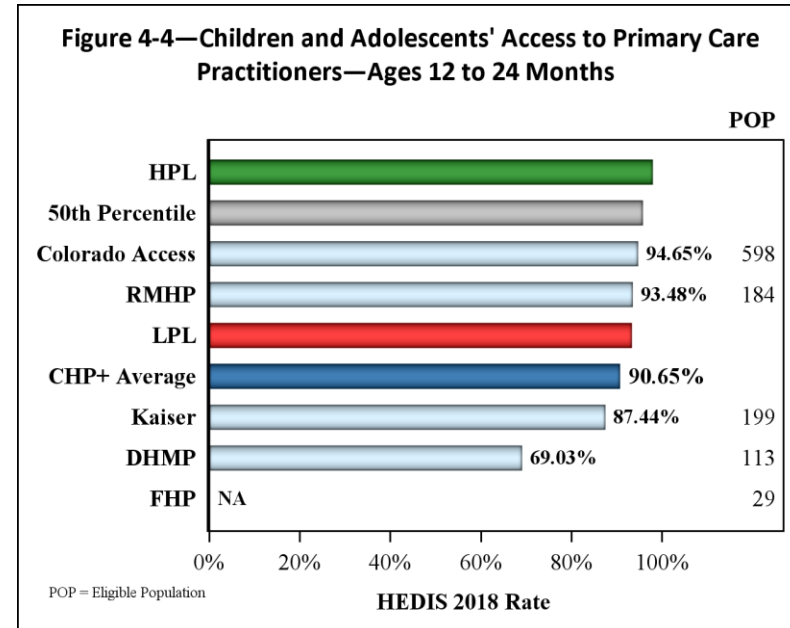
The SMCN rate did not demonstrate a significant change from 2017 to 2018.

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

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



The CHP+ statewide weighted average did not demonstrate a significant change from 2017 to 2018.

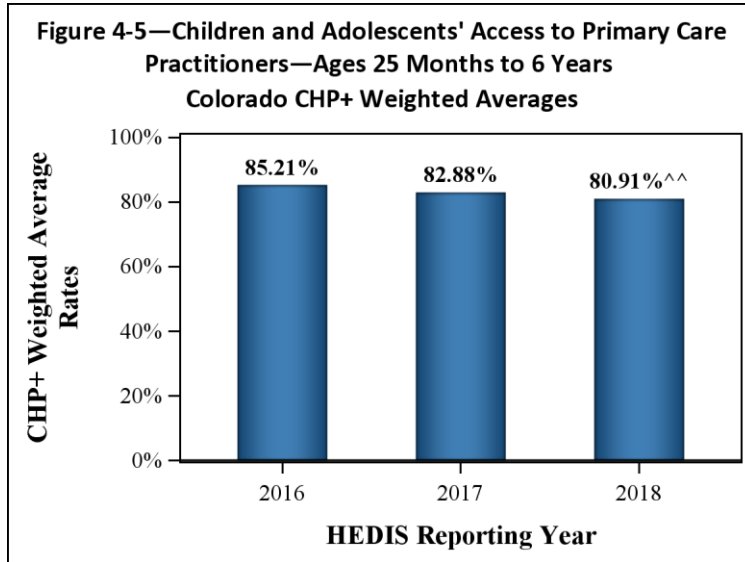


NA (Small Denominator) indicates that the health plan followed the specifications, but the denominator was too small (<30) to report a valid rate.

No health plan rates were above the national Medicaid 50th percentile. Two health plans' rates and the CHP+ statewide weighted average fell below the LPL. Health plan performance varied by over 25 percentage points.

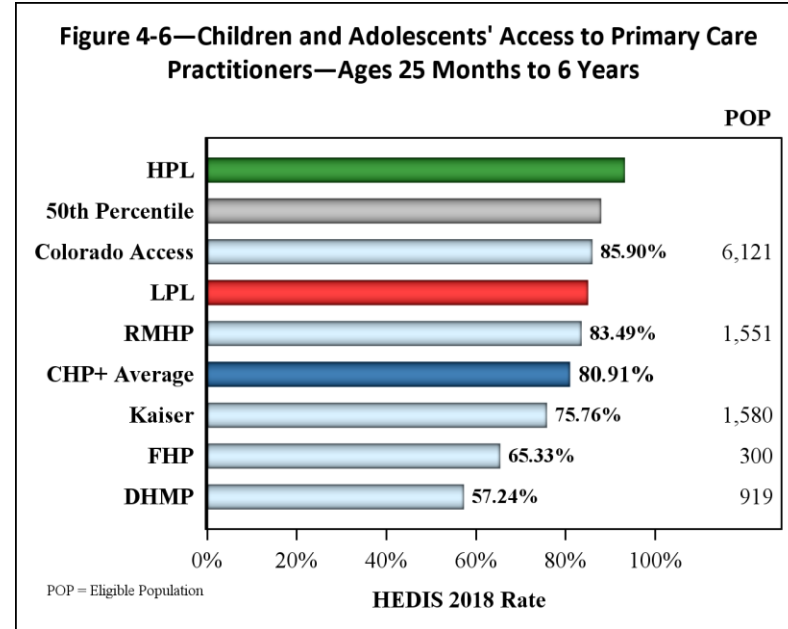
### Children and Adolescents' Access to Primary Care Practitioners—Ages 25 Months to 6 Years

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 (^^) indicates a significant decline in performance from 2017 to 2018.

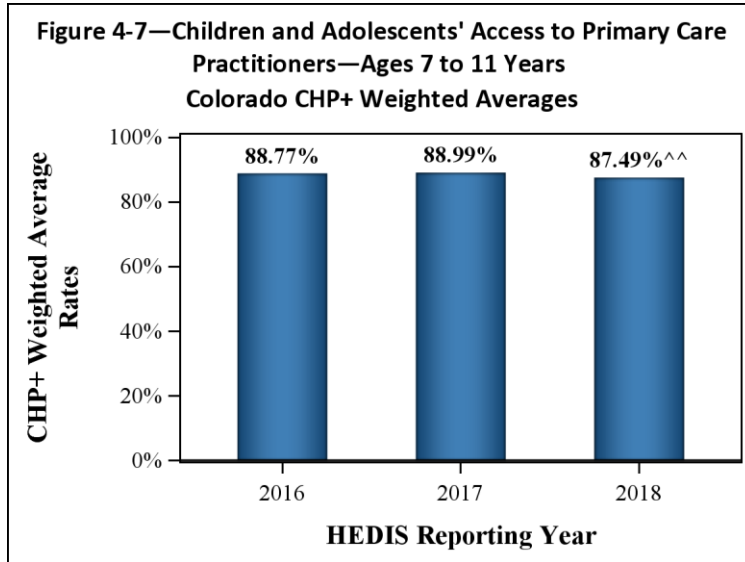
The CHP+ statewide weighted average significantly declined from 2017 to 2018.



No health plan rates were above the national Medicaid 50th percentile, but one health plan's rate was above the LPL. Four health plans' rates and the CHP+ statewide weighted average fell below the LPL. Health plan performance varied by approximately 29 percentage points.

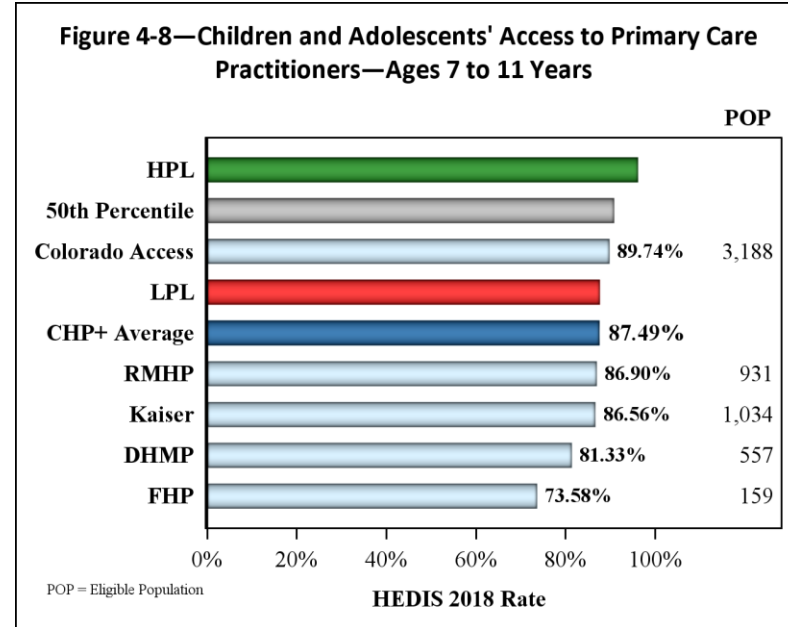
### Children and Adolescents' Access to Primary Care Practitioners—Ages 7 to 11 Years

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.



Two carets (^^) indicates a significant decline in performance from 2017 to 2018.

The CHP+ statewide weighted average significantly declined from 2017 to 2018.

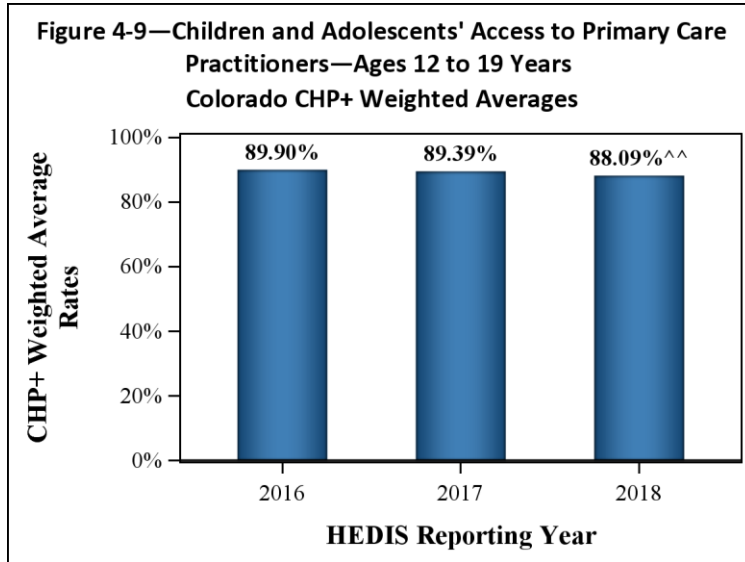


No health plan rates were above the national Medicaid 50th percentile, but one health plan's rate was above the LPL. Four health plans' rates and the CHP+ statewide weighted average fell below the LPL. Health plan performance varied by approximately 16 percentage points.



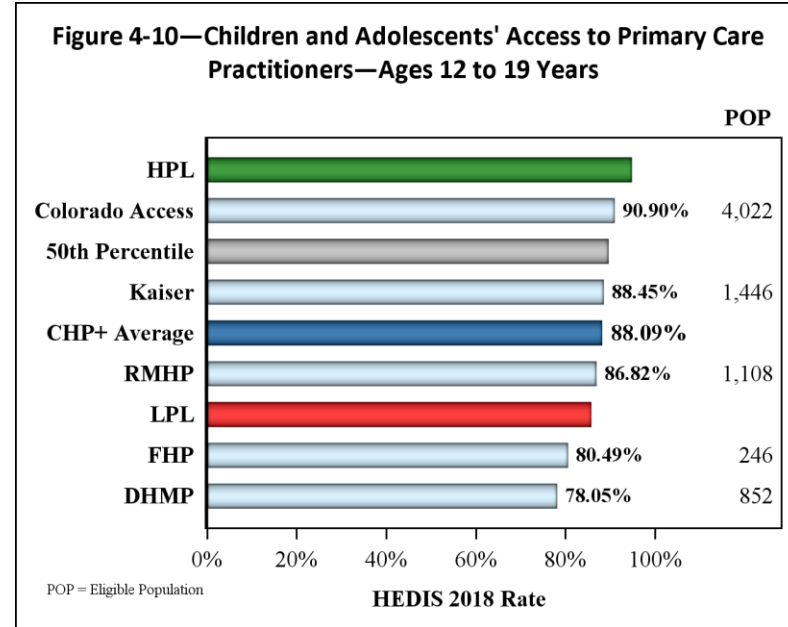
### Children and Adolescents' Access to Primary Care Practitioners—Ages 12 to 19 Years

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.



Two carets (^^) indicates a significant decline in performance from 2017 to 2018.

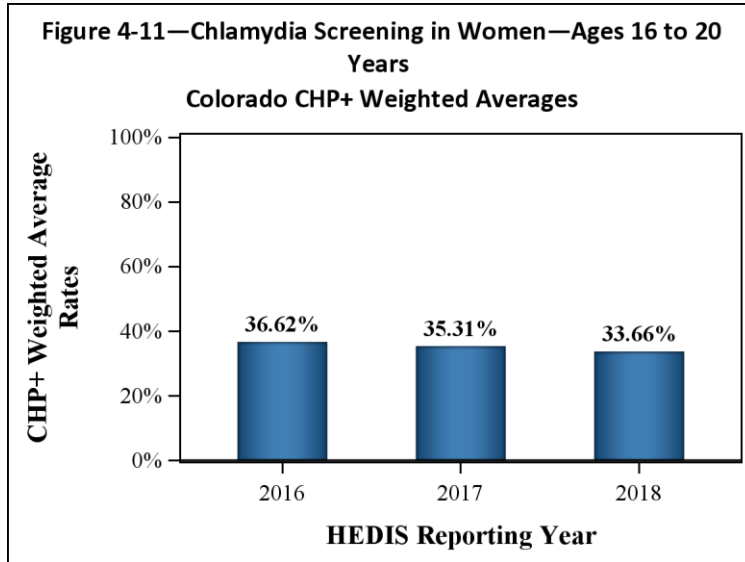
The CHP+ statewide weighted average significantly declined from 2017 to 2018.



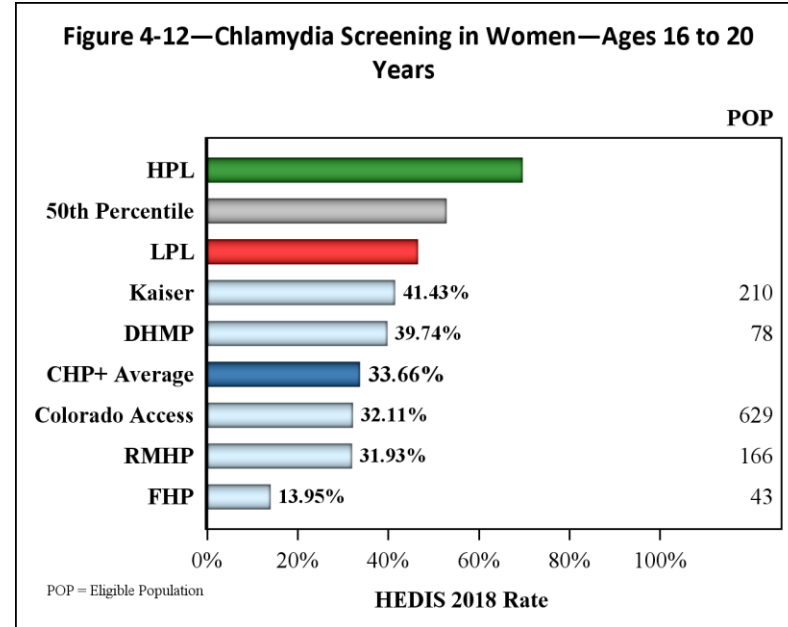
One health plan's rate was above the national Medicaid 50th percentile but below the HPL. Two health plans' rates fell below the LPL. Health plan performance varied by over 12 percentage points.

### Chlamydia Screening in Women—Ages 16 to 20 Years

Chlamydia Screening in Women—Ages 16 to 20 Years measures the percentage of female members 16 to 20 years of age who were identified as being sexually active and who received at least one test for chlamydia.



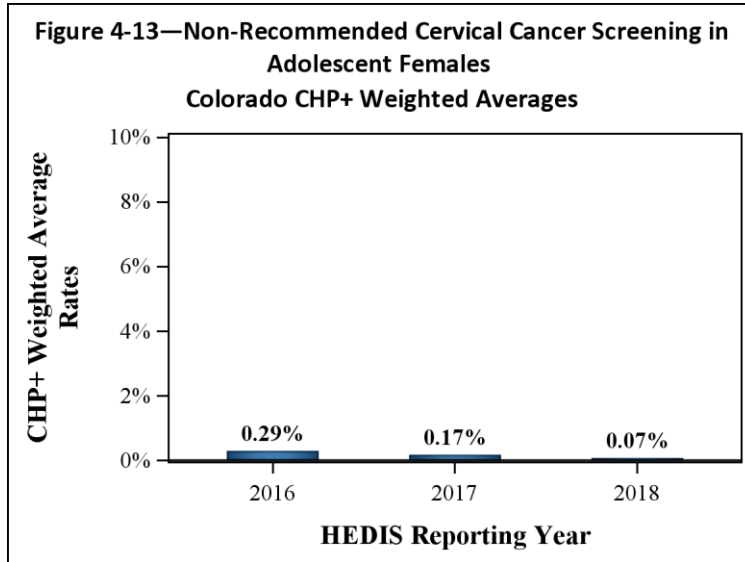
The CHP+ statewide weighted average did not demonstrate a significant change from 2017 to 2018.



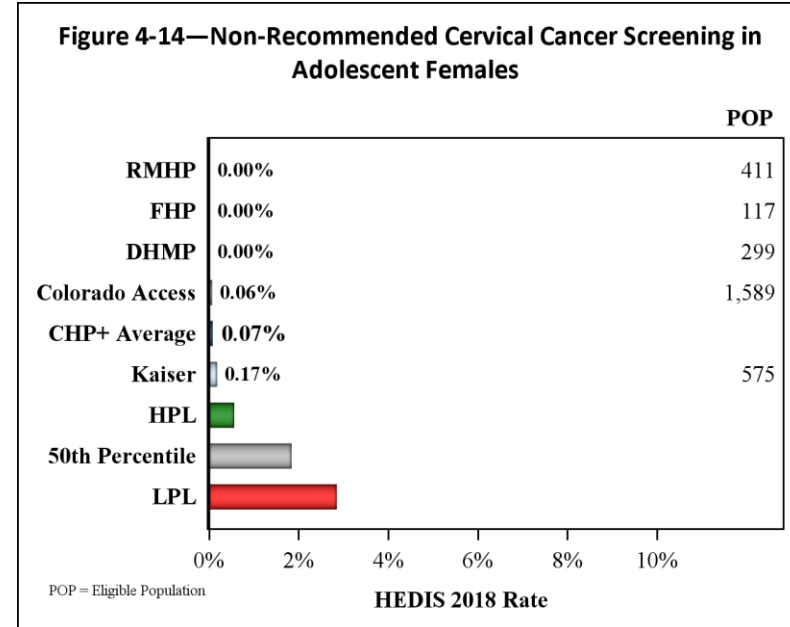
No health plan rates were above the national Medicaid 50th percentile. Five health plans' rates and the CHP+ statewide weighted average fell below the LPL. Health plan performance varied by approximately 27 percentage points.

### 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 measure, a lower rate indicates better performance.



The CHP+ statewide weighted average did not demonstrate a significant change from 2017 to 2018.



All health plan rates and the CHP+ statewide weighted average were above the HPL. No health plan rates fell below the LPL. Health plan performance varied by 0.17 percentage points.

### Summary of Findings

Table 4-1 presents the health plans’ performance ratings for each measure in the Access to Care and Preventive Screening domain. Performance ratings were assigned by comparing the health plans’ HEDIS 2018 rates to the HEDIS 2017 Quality Compass national Medicaid benchmarks across five categories (from ★ representing *Poor Performance* to ★★★★★ representing *Excellent Performance*). Details about the performance ratings are presented in Section 2. As previously mentioned, caution should be exercised when making comparisons to national Medicaid benchmarks.

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

Performance Measures	Colorado Access	DHMP	FHP	Kaiser	RMHP
<b>Access to Care</b>					
<b>Children and Adolescents' Access to Primary Care Practitioners</b>					
Ages 12 to 24 Months	★★	★	—	★	★★
Ages 25 Months to 6 Years	★★	★	★	★	★
Ages 7 to 11 Years	★★	★	★	★	★
Ages 12 to 19 Years	★★★	★	★	★★	★★
<b>Preventive Screening</b>					
<b>Chlamydia Screening in Women</b>					
Ages 16 to 20 Years	★	★	★	★	★
<b>Non-Recommended Cervical Cancer Screening in Adolescent Females*</b>					
Non-Recommended Cervical Cancer Screening in Adolescent Females	★★★★★	★★★★★	★★★★★	★★★★★	★★★★★

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

— Indicates that a percentile ranking was not determined because the HEDIS 2018 measure rate was not reportable or the measure did not have an applicable benchmark.

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

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

Health Plan Name	★★★★★	★★★★	★★★	★★	★
<b>Access to Care</b>					
Colorado Access	0	0	1	3	0
DHMP	0	0	0	0	4
FHP	0	0	0	0	3
Kaiser	0	0	0	1	3
RMHP	0	0	0	2	2

Health Plan Name	★★★★★	★★★★	★★★	★★	★
<b>Preventive Screening</b>					
Colorado Access	1	0	0	0	1
DHMP	1	0	0	0	1
FHP	1	0	0	0	1
Kaiser	1	0	0	0	1
RMHP	1	0	0	0	1

Performance for 2018 within the Access to Care domain indicated opportunities for improvement for all health plans, with most rates falling below the national Medicaid 50th percentile. Colorado Access was the only health plan to perform above the national Medicaid 50th percentile for one measure indicator, *Children and Adolescents’ Access to Primary Care Practitioners—Ages 12 to 19 Years*.

For the Preventive Screening domain, all health plans demonstrated strong performance, with the rates for *Non-Recommended Cervical Cancer Screening in Adolescent Females* ranking at or above the national Medicaid 90th percentile. Conversely, the rates for *Chlamydia Screening in Women—Ages 16 to 20 Years* fell below the national Medicaid 25th percentile for all health plans, indicating the health plans should increase efforts to provide appropriate screenings for adolescent females.

Of note, the CHP+ statewide weighted average demonstrated a significant decline from 2017 to 2018 within the Access to Care domain for three of four measure rates, with all four rates continuing to fall below the national Medicaid 50th percentile. For the Preventive Screening domain, none of the CHP+ statewide weighted average rates demonstrated a significant change.

### 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 Attention-Deficit/Hyperactivity Disorder (ADHD) Medication—Initiation Phase and Continuation and Maintenance Phase*
- *Metabolic Monitoring for Children and Adolescents on Antipsychotics—Total*
- *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.

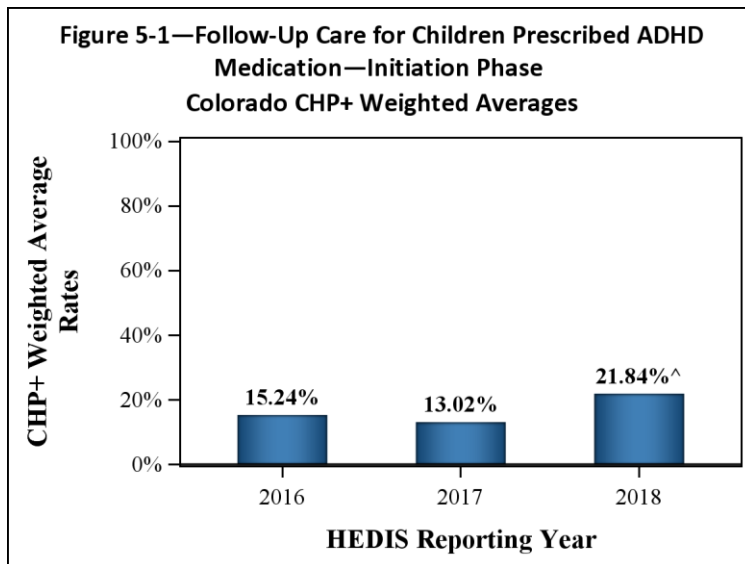
## ***Antidepressant Medication Management—Effective Acute Phase Treatment and Effective Continuation Phase Treatment***

*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

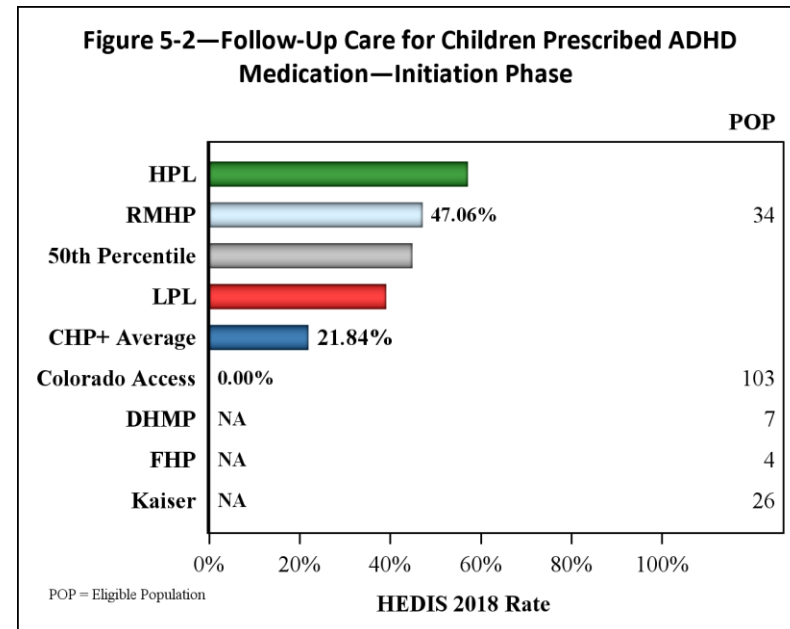
Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase measures the percentage of members 6 to 12 years of age who were newly prescribed ADHD medication who had a follow-up care visit within 30 days of the first ADHD medication being dispensed.



One caret (^) indicates a significant improvement in performance from 2017 to 2018.

Due to changes in the technical specifications for this measure indicator for HEDIS 2018, exercise caution when trending HEDIS 2018 rates to prior years.

The CHP+ statewide weighted average significantly improved from 2017 to 2018.



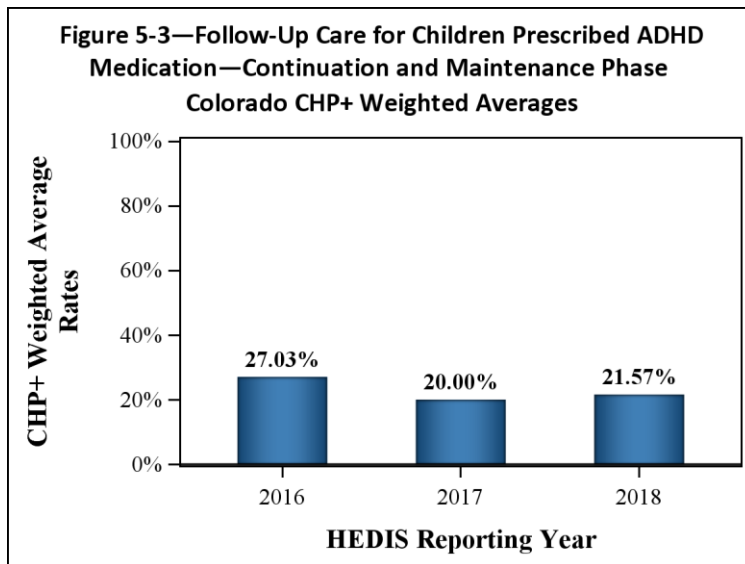
NA (Small Denominator) indicates that the health plan followed the specifications, but the denominator was too small (<30) to report a valid rate.

One health plan’s rate was above the national Medicaid 50th percentile but below the HPL. One health plan’s rate and the CHP+ statewide weighted average fell below the LPL. Health plan performance varied by approximately 47 percentage points.



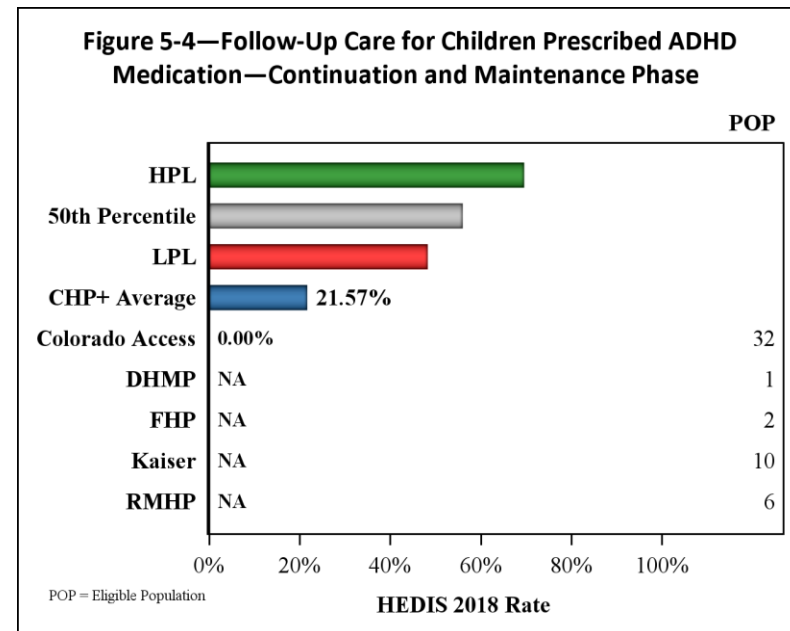
### Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase

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.



Due to changes in the technical specifications for this measure indicator for HEDIS 2018, exercise caution when trending HEDIS 2018 rates to prior years.

The CHP+ statewide weighted average did not demonstrate a significant change from 2017 to 2018.

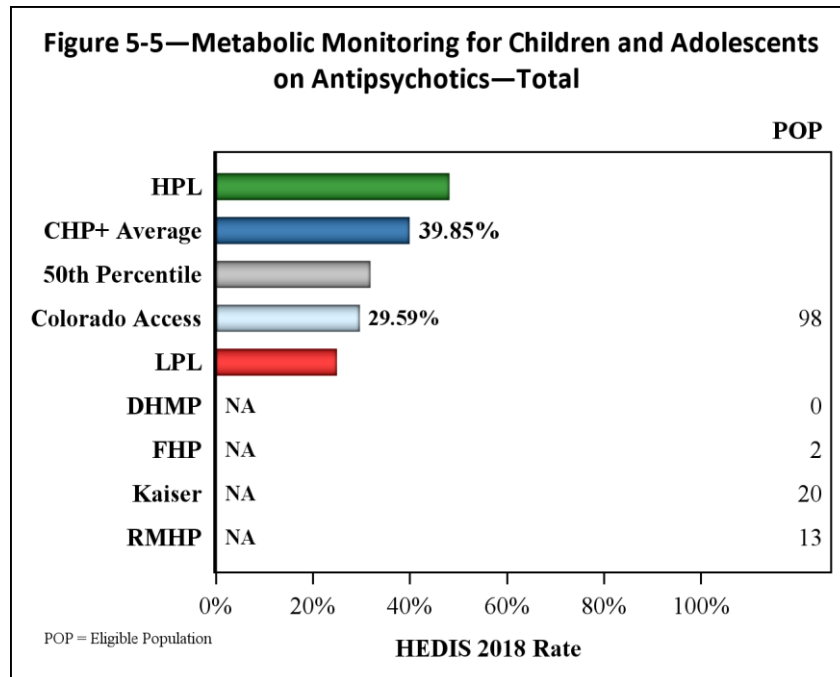


NA (Small Denominator) indicates that the health plan followed the specifications, but the denominator was too small (<30) to report a valid rate.

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

### Metabolic Monitoring for Children and Adolescents on Antipsychotics—Total

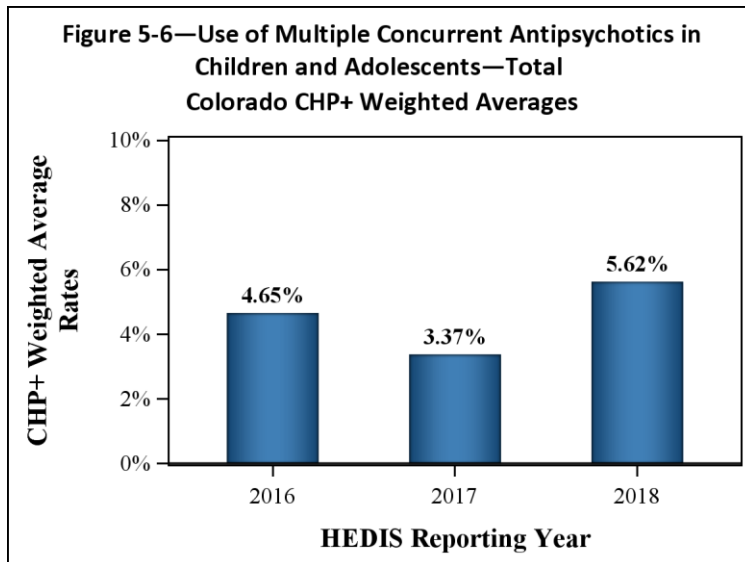
*Metabolic Monitoring for Children and Adolescents on Antipsychotics—Total* measures the percentage of members 1 to 17 years of age who had two or more antipsychotic medication prescriptions and received metabolic testing. This measure was added to the Department’s HEDIS 2018 measure set for all the health plans; therefore, prior years’ results were not available for comparison.



The CHP+ statewide weighted average was above the national Medicaid 50th percentile but below the HPL. For the health plan with a reportable rate, the rate did not fall below the LPL.

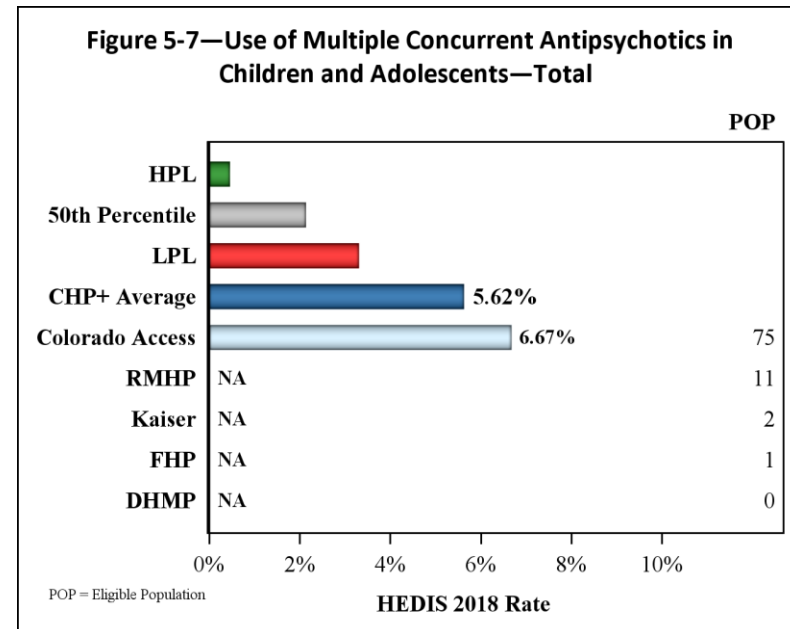
### Use of Multiple Concurrent Antipsychotics in Children and Adolescents—Total

Use of Multiple Concurrent Antipsychotics in Children and Adolescents—Total measures the percentage of members 1 to 17 years of age who were on two or more concurrent antipsychotic medications for at least 90 consecutive days. For this indicator, a lower rate indicates better performance.



Due to changes in the technical specifications for this measure for HEDIS 2017, exercise caution when trending HEDIS 2017 rates to prior years.

The CHP+ statewide weighted average did not demonstrate a significant change from 2017 to 2018.



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’s rate and the CHP+ statewide weighted average fell 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 2018 rates to the HEDIS 2017 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	DHMP	FHP	Kaiser	RMHP
<b><i>Antidepressant Medication Management</i></b>					
<i>Effective Acute Phase Treatment</i>	—	—	—	—	—
<i>Effective Continuation Phase Treatment</i>	—	—	—	—	—
<b><i>Follow-Up Care for Children Prescribed ADHD Medication</i></b>					
<i>Initiation Phase</i>	★	—	—	—	★★★
<i>Continuation and Maintenance Phase</i>	★	—	—	—	—
<b><i>Metabolic Monitoring for Children and Adolescents on Antipsychotics</i></b>					
<i>Total</i>	★★	—	—	—	—
<b><i>Use of Multiple Concurrent Antipsychotics in Children and Adolescents*</i></b>					
<i>Total</i>	★	—	—	—	—

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

— Indicates that a percentile ranking was not determined because the HEDIS 2018 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	1	3
DHMP	0	0	0	0	0
FHP	0	0	0	0	0
Kaiser	0	0	0	0	0
RMHP	0	0	1	0	0

Only Colorado Access and RMHP had reportable rates within the Mental/Behavioral Health domain. All reportable rates for these two health plans indicated opportunities for improvement with medication management for children and adolescents. RMHP’s only reportable measure rate, *Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase*, ranked at or above the national Medicaid

50th percentile. Additionally, all four reportable measure rates for Colorado Access fell below the national Medicaid 50th percentile, with three rates falling below the national Medicaid 25th percentile.

Although the CHP+ statewide weighted average for *Follow-up Care for Children Prescribed ADHD Medication—Initiation Phase* demonstrated a significant improvement from 2017 to 2018, the rate fell below the national Medicaid 10th percentile. None of the CHP+ statewide weighted average rates had significant declines.

### Respiratory Conditions

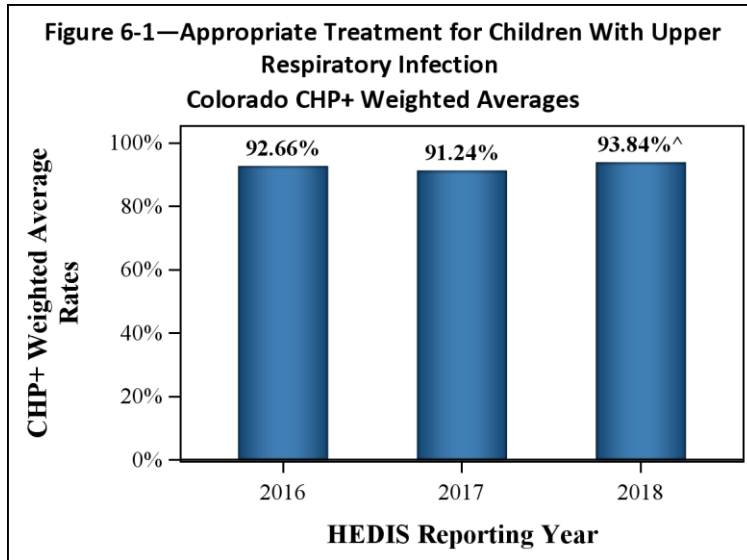
The following section provides a detailed analysis of the Colorado CHP+ health plans' performance for the Respiratory Conditions domain. The Respiratory Conditions domain encompasses the following measures/indicators:

- *Appropriate Treatment for Children With Upper Respiratory Infection*
- *Medication Management for People With Asthma—Medication Compliance 50%—Ages 5 to 11 Years and Ages 12 to 18 Years, and Medication Compliance 75%—Ages 5 to 11 Years and Ages 12 to 18 Years*
- *Asthma Medication Ratio—Ages 5 to 11 Years and Ages 12 to 18 Years*

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.

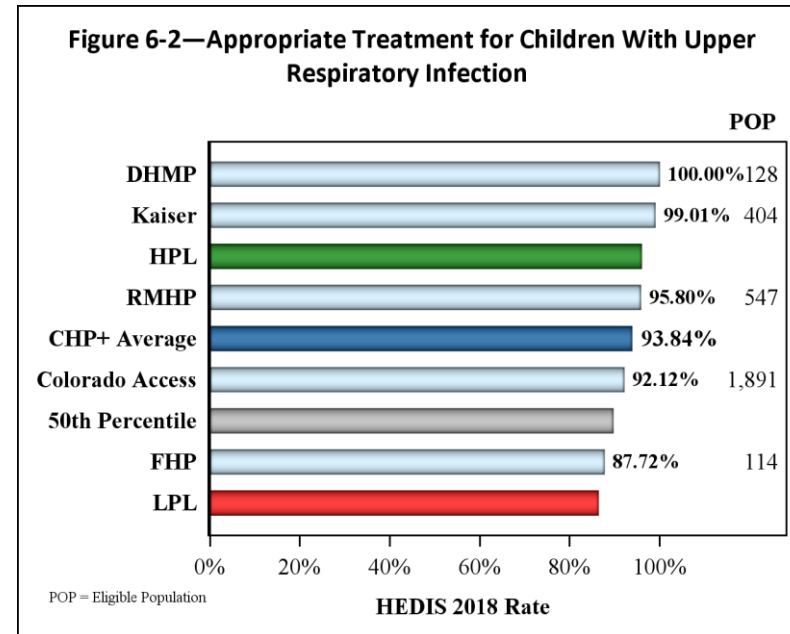
### Appropriate Treatment for Children With Upper Respiratory Infection

Appropriate Treatment for Children With Upper Respiratory Infection measures the percentage of members 3 months to 18 years of age diagnosed with an upper respiratory infection (URI) who were not dispensed an antibiotic prescription.



One caret (^) indicates a significant improvement in performance from 2017 to 2018. Due to changes in the technical specifications for this measure for HEDIS 2017, exercise caution when trending HEDIS 2017 rates to prior years.

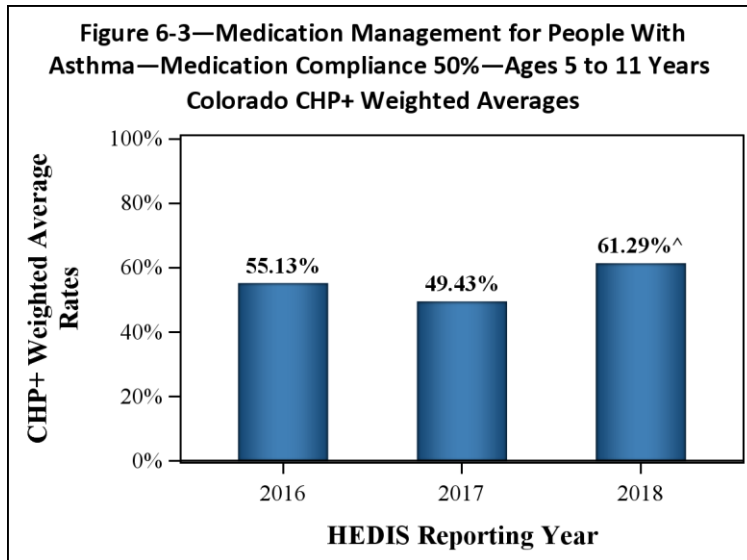
The CHP+ statewide weighted average significantly improved from 2017 to 2018.



Two health plans' rates were above the HPL. No health plan rates fell below the LPL. Health plan performance varied by approximately 12 percentage points.

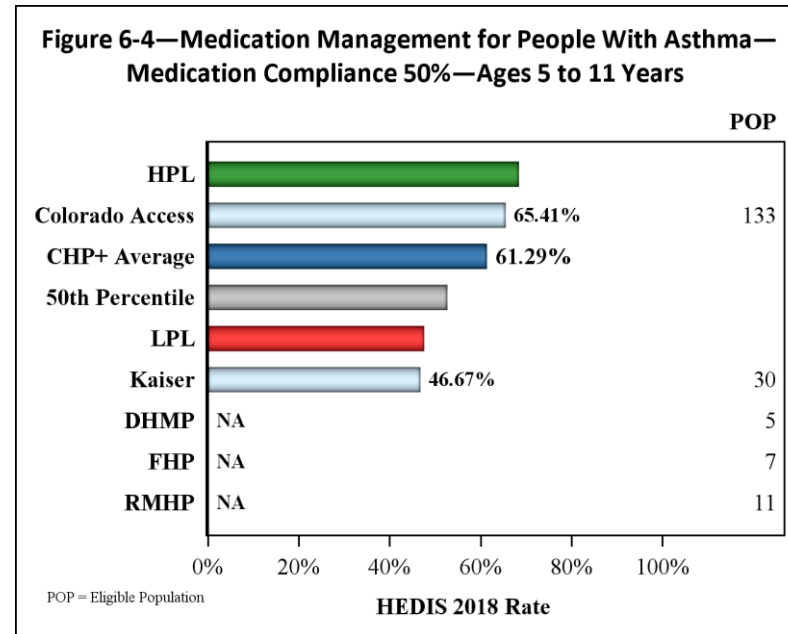
### Medication Management for People With Asthma—Medication Compliance 50%—Ages 5 to 11 Years

Medication Management for People With Asthma—Medication Compliance 50%—Ages 5 to 11 Years measures the percentage of members 5 to 11 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 treatment period.



One caret (^) indicates a significant improvement in performance from 2017 to 2018.

The CHP+ statewide weighted average significantly improved from 2017 to 2018.



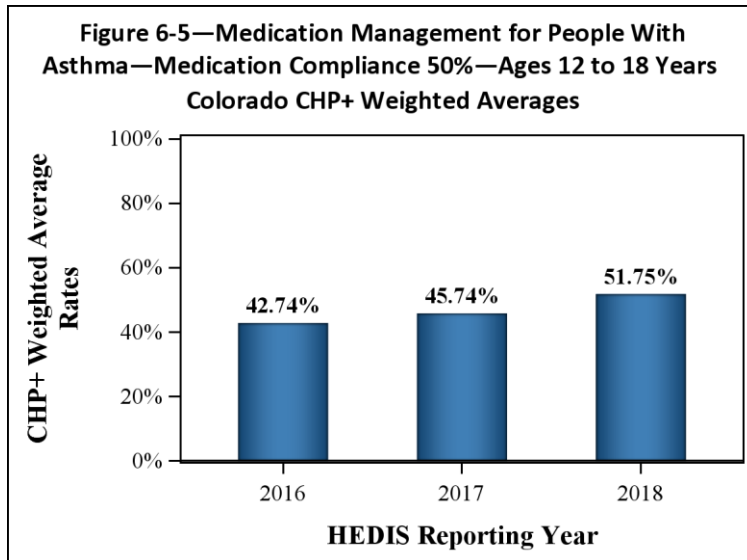
Quality Compass percentiles were not available for this measure; therefore, HEDIS Audit Means and Percentiles were used for comparative purposes. NA (Small Denominator) indicates that the health plan followed the specifications, but the denominator was too small (<30) to report a valid rate.

One health plan’s rate and the CHP+ statewide weighted average were above the national Medicaid 50th percentile but below the HPL. One health plan’s rate fell below the LPL. Health plan performance varied by approximately 19 percentage points.

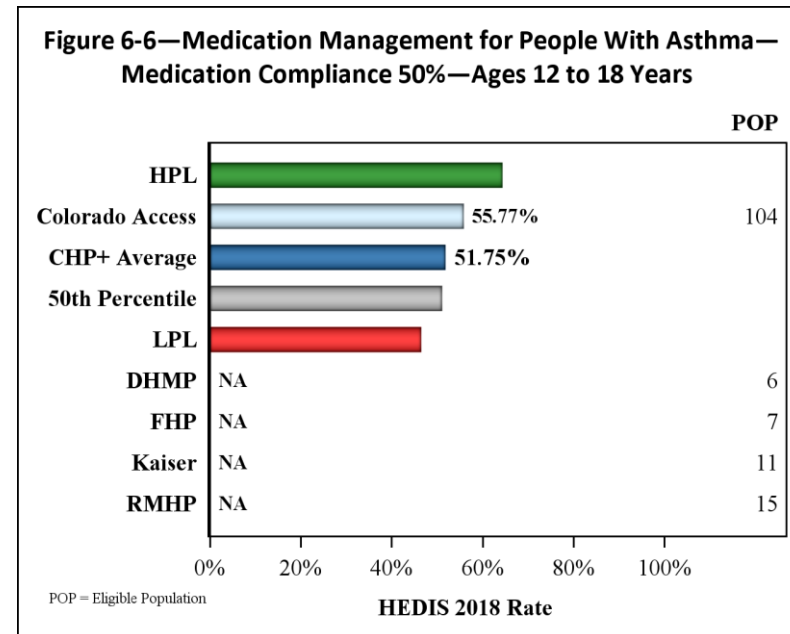


### Medication Management for People With Asthma—Medication Compliance 50%—Ages 12 to 18 Years

Medication Management for People With Asthma—Medication Compliance 50%—Ages 12 to 18 Years measures the percentage of members 12 to 18 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 treatment period.



The CHP+ statewide weighted average did not demonstrate a significant change from 2017 to 2018.

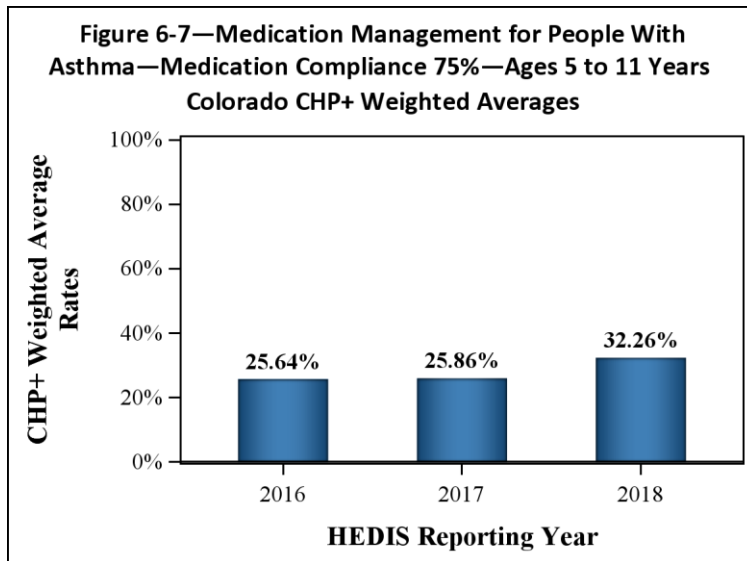


Quality Compass percentiles were not available for this measure; therefore, HEDIS Audit Means and Percentiles were used for comparative purposes. NA (Small Denominator) indicates that the health plan followed the specifications, but the denominator was too small (<30) to report a valid rate.

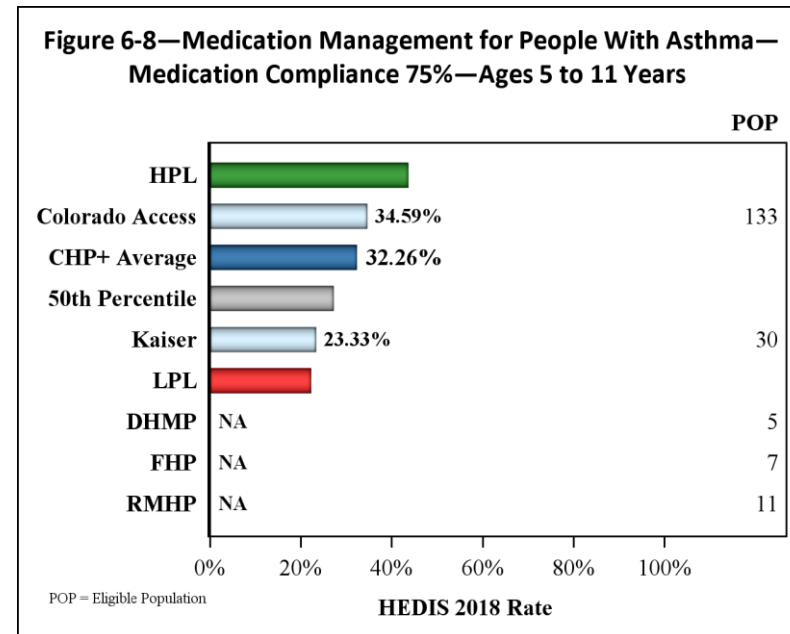
One health plan’s rate and the CHP+ statewide weighted average were above the national Medicaid 50th percentile but below the HPL. No other health plans had a reportable rate for this measure indicator.

### Medication Management for People With Asthma—Medication Compliance 75%—Ages 5 to 11 Years

Medication Management for People With Asthma—Medication Compliance 75%—Ages 5 to 11 Years measures the percentage of members 5 to 11 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 treatment period.



The CHP+ statewide weighted average did not demonstrate a significant change from 2017 to 2018.

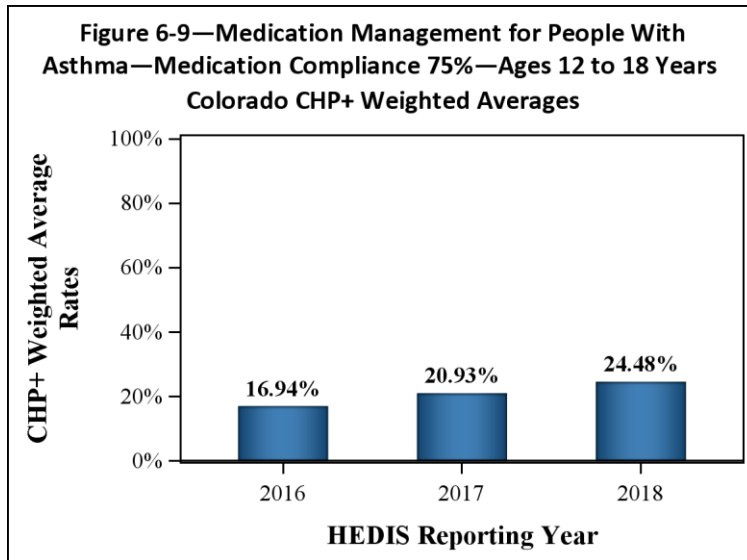


NA (Small Denominator) indicates that the health plan followed the specifications, but the denominator was too small (<30) to report a valid rate.

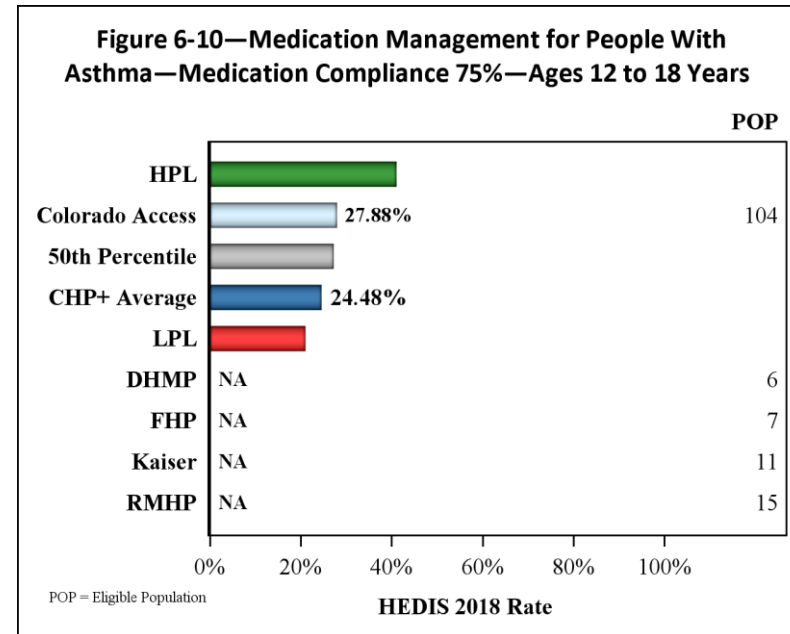
One health plan’s rate and the CHP+ statewide weighted average were above the national Medicaid 50th percentile but below the HPL. No health plan rates fell below the LPL. Health plan performance varied by approximately 11 percentage points.

### Medication Management for People With Asthma—Medication Compliance 75%—Ages 12 to 18 Years

Medication Management for People With Asthma—Medication Compliance 75%—Ages 12 to 18 Years measures the percentage of members 12 to 18 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 treatment period.



The CHP+ statewide weighted average did not demonstrate a significant change from 2017 to 2018.

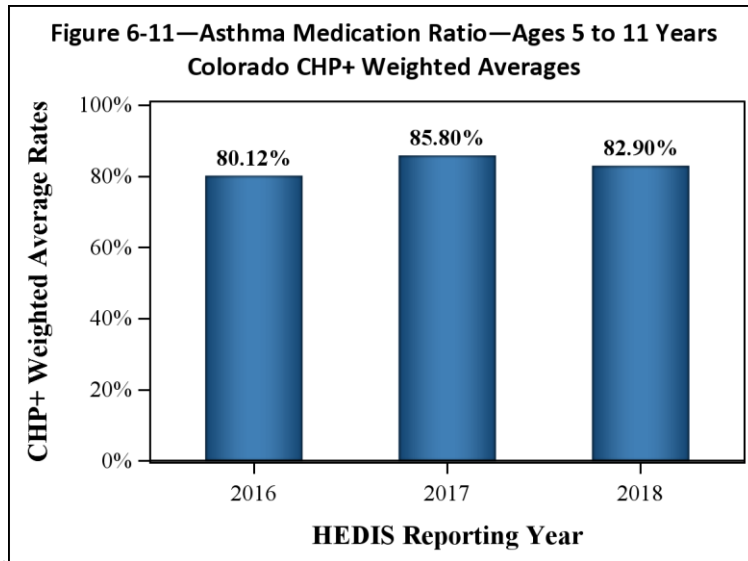


NA (Small Denominator) indicates that the health plan followed the specifications, but the denominator was too small (<30) to report a valid rate.

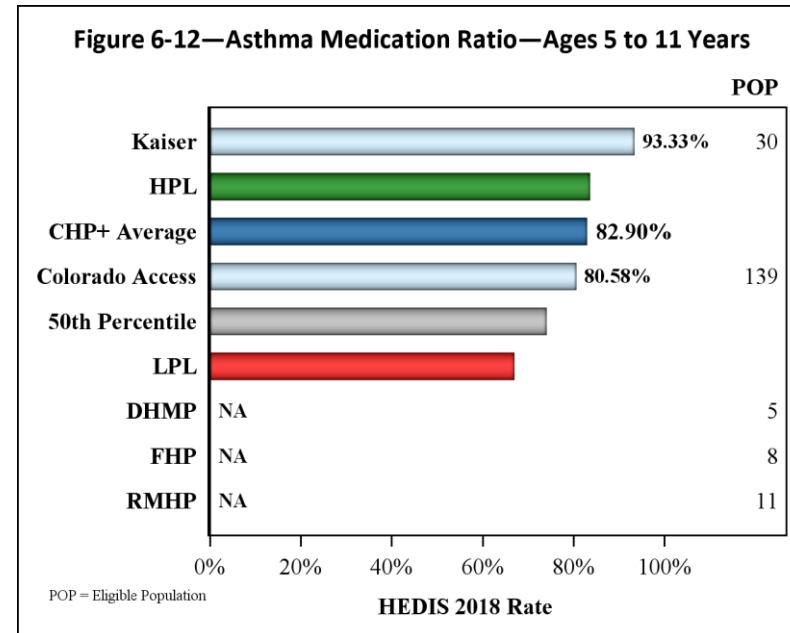
One health plan’s rate was above the national Medicaid 50th percentile but below the HPL. No other health plans had a reportable rate for this measure indicator.

### Asthma Medication Ratio—Ages 5 to 11 Years

Asthma Medication Ratio—Ages 5 to 11 Years measures the percentage of members 5 to 11 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.



The CHP+ statewide weighted average did not demonstrate a significant change from 2017 to 2018.

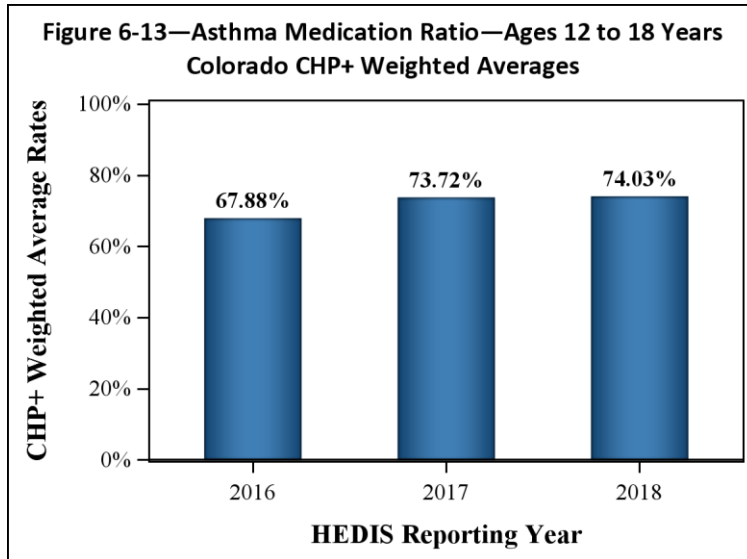


NA (Small Denominator) indicates that the health plan followed the specifications, but the denominator was too small (<30) to report a valid rate.

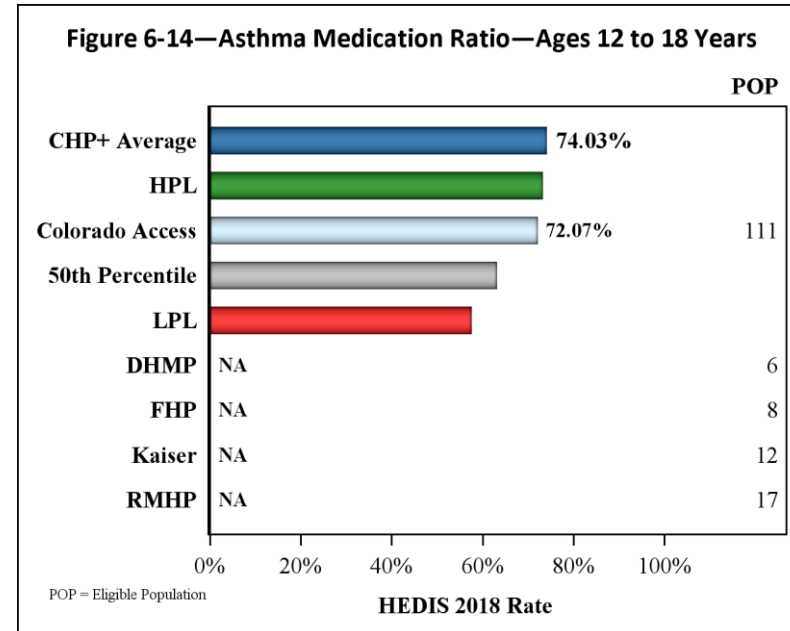
One health plan’s rate was above the HPL. No health plan rates fell below the national Medicaid 50th percentile. Health plan performance varied by approximately 13 percentage points.

### Asthma Medication Ratio—Ages 12 to 18 Years

Asthma Medication Ratio—Ages 12 to 18 Years measures the percentage of members 12 to 18 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.



The CHP+ statewide weighted average did not demonstrate a significant change from 2017 to 2018.



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

The CHP+ statewide weighted average was above the HPL. No health plan rates fell below the national Medicaid 50th percentile. Only one health plan had a reportable rate for this measure indicator.

### Summary of Findings

Table 6-1 presents the health plans’ performance ratings for each measure in the Respiratory Conditions domain. Performance ratings were assigned by comparing the health plans’ HEDIS 2018 rates to the HEDIS 2017 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	DHMP	FHP	Kaiser	RMHP
<b><i>Appropriate Treatment for Children With Upper Respiratory Infection</i></b>					
<i>Appropriate Treatment for Children With Upper Respiratory Infection</i>	★★★★	★★★★★	★★	★★★★★	★★★★★
<b><i>Medication Management for People With Asthma</i></b>					
<i>Medication Compliance 50%—Ages 5 to 11 Years<sup>1</sup></i>	★★★★★	—	—	★	—
<i>Medication Compliance 50%—Ages 12 to 18 Years<sup>1</sup></i>	★★★★	—	—	—	—
<i>Medication Compliance 75%—Ages 5 to 11 Years</i>	★★★★★	—	—	★★	—
<i>Medication Compliance 75%—Ages 12 to 18 Years</i>	★★★★	—	—	—	—
<b><i>Asthma Medication Ratio</i></b>					
<i>Ages 5 to 11 Years</i>	★★★★★	—	—	★★★★★	—
<i>Ages 12 to 18 Years</i>	★★★★★	—	—	—	—

<sup>1</sup> Quality Compass percentiles for this measure were not available; therefore, NCQA’s Audit Means and Percentiles benchmarks were used for comparative purposes.

— Indicates that a percentile ranking was not determined because the HEDIS 2018 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	0	4	3	0	0
DHMP	1	0	0	0	0
FHP	0	0	0	1	0
Kaiser	2	0	0	1	1
RMHP	0	1	0	0	0

Within the Respiratory Conditions domain, most health plans with reportable rates performed at or above the national Medicaid 50th percentile. For the *Appropriate Treatment for Children With Upper Respiratory Infection* measure, every health plan except FHP ranked at or above the national Medicaid 50th percentile. Kaiser and Colorado Access were the only health plans with reportable rates for the *Medication Management for People With Asthma* and *Asthma Medication Ratio* measures. Colorado Access performed at or above the national Medicaid 50th percentile for all measure indicators in this domain, while Kaiser performed below the national Medicaid 50th percentile for the two *Medication Management for People With Asthma* indicators but above the national Medicaid 90th percentile for the *Asthma Medication Ratio* measure.

The CHP+ statewide weighted average demonstrated a significant improvement from 2017 to 2018 for the *Appropriate Treatment for Children With Upper Respiratory Infection* and *Medication Management for People With Asthma—Medication Compliance 50%—Ages 5 to 11 Years* measure rates, with both rates exceeding the national Medicaid 75th percentile. None of the rates demonstrated significant declines.

## 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 (ED) Visits*
- *Inpatient Utilization—General Hospital/Acute Care—Total*
- *Antibiotic Utilization*

All of the health plans were required to report these measures in HEDIS 2018. The health plans' member months served as an eligible population proxy and were used 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 2017**

Age	Colorado Access	DHMP	FHP	Kaiser	RMHP	Total CHP+
Less Than 1 Year	9,643	907	430	738	2,358	14,076
1–9 Years	255,892	40,443	11,893	63,334	63,830	435,392
10–19 Years	230,515	41,784	12,263	72,056	57,877	414,495
20–44 Years	7	1	0	1	0	9
<b>Total</b>	<b>496,057</b>	<b>83,135</b>	<b>24,586</b>	<b>136,129</b>	<b>124,065</b>	<b>863,972</b>

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 *ED Visits*. In this section, the results for the total age group are presented.

### Results

Table 7-2 shows *Outpatient Visits* and *ED 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	ED Visits*
Colorado Access	221.11	26.36
DHMP	123.51	18.43
FHP	175.38	15.98
Kaiser	151.08	11.54
RMHP	218.41	18.26
2018 Colorado CHP+ Weighted Average	199.00	21.80
2017 Colorado CHP+ Weighted Average	205.26	20.84
2016 Colorado CHP+ Weighted Average	227.93	23.80

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

For the *ED Visits* indicator, health plan performance varied, with the lowest number of visits per 1,000 member months reported as 11.54 and the highest number of visits per 1,000 member months reported as 26.36.

### 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, medicine, surgery, and maternity.

#### Results

Table 7-3 shows the total discharges per 1,000 member months for all ages, which are 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	0.99	0.67	0.28	0.09
DHMP	0.69	0.49	0.18	0.02
FHP	0.65	0.45	0.16	0.08
Kaiser	0.62	0.46	0.12	0.07
RMHP	0.89	0.59	0.28	0.03
2018 Colorado CHP+ Weighted Average	0.88	0.60	0.24	0.07
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

Table 7-4 displays the total average length of stay for all ages, which are presented for information purposes only.

**Table 7-4—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	3.74	2.85	6.00	3.05†
DHMP	4.25	2.90	8.07†	2.00†
FHP	2.13†	2.36†	1.50†	2.00†
Kaiser	3.51	3.34	4.24†	3.20†
RMHP	4.11	3.29	5.91	2.50†
2018 Colorado CHP+ Weighted Average	3.77	2.96	5.90	2.97
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

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

### Antibiotic Utilization

Table 7-5 displays the results for the antibiotic utilization indicators, which are presented for information purposes only.

**Table 7-5—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	0.42	10.88	0.14	34.12%
DHMP	0.09	12.07	0.02	23.31%
FHP	0.97	16.68	0.41	41.62%
Kaiser	0.26	12.15	0.05	19.57%
RMHP	0.40	10.18	0.14	35.07%
2018 Colorado CHP+ Weighted Average	0.38	11.36	0.12	33.02%
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%

\* For this measure, 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 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 2016, HEDIS 2017, and HEDIS 2018 Colorado CHP+ statewide weighted averages. Yellow shading with one carat (^) indicates the HEDIS 2018 health plan-specific or statewide weighted average rate ranked at or above the applicable Quality Compass national Medicaid HMO 50th percentile or NCQA’s Audit Means and Percentiles national Medicaid HMO 50th percentile for HEDIS 2017. 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<sup>1</sup></i>		
<i>DTaP</i>		
Colorado Access	947	69.69%
FHP	51	9.80%
DHMP		BR
Kaiser	295	73.90%
RMHP	250	72.80%
<b>HEDIS 2018 Colorado CHP+ Weighted Average</b>		<b>69.02%</b>
<b>HEDIS 2017 Colorado CHP+ Weighted Average</b>		<b>71.93%</b>
<b>HEDIS 2016 Colorado CHP+ Weighted Average</b>		<b>64.65%</b>
<i>IPV</i>		
Colorado Access	947	81.52%
FHP	51	15.69%
DHMP		BR
Kaiser	295	84.75%
RMHP	250	83.20%
<b>HEDIS 2018 Colorado CHP+ Weighted Average</b>		<b>80.23%</b>
<b>HEDIS 2017 Colorado CHP+ Weighted Average</b>		<b>80.89%</b>
<b>HEDIS 2016 Colorado CHP+ Weighted Average</b>		<b>73.97%</b>
<i>MMR</i>		
Colorado Access	947	82.26%
FHP	51	54.90%
DHMP		BR

CHP+ Plan	Eligible Population	Rate
Kaiser	295	83.05%
RMHP	250	85.60%
<b>HEDIS 2018 Colorado CHP+ Weighted Average</b>		<b>82.05%</b>
<b>HEDIS 2017 Colorado CHP+ Weighted Average</b>		<b>83.57%</b>
<b>HEDIS 2016 Colorado CHP+ Weighted Average</b>		<b>76.03%</b>
<b><i>HiB</i></b>		
Colorado Access	947	82.26%
FHP	51	17.65%
DHMP		BR
Kaiser	295	85.42%
RMHP	250	82.40%
<b>HEDIS 2018 Colorado CHP+ Weighted Average</b>		<b>80.75%</b>
<b>HEDIS 2017 Colorado CHP+ Weighted Average</b>		<b>81.31%</b>
<b>HEDIS 2016 Colorado CHP+ Weighted Average</b>		<b>73.19%</b>
<b><i>Hepatitis B</i></b>		
Colorado Access	947	80.15%
FHP	51	13.73%
DHMP		BR
Kaiser	295	83.39%
RMHP	250	81.60%
<b>HEDIS 2018 Colorado CHP+ Weighted Average</b>		<b>78.81%</b>
<b>HEDIS 2017 Colorado CHP+ Weighted Average</b>		<b>79.34%</b>
<b>HEDIS 2016 Colorado CHP+ Weighted Average</b>		<b>72.48%</b>
<b><i>VZV</i></b>		
Colorado Access	947	79.51%
FHP	51	52.94%
DHMP		BR
Kaiser	295	81.69%
RMHP	250	84.40%
<b>HEDIS 2018 Colorado CHP+ Weighted Average</b>		<b>79.84%</b>
<b>HEDIS 2017 Colorado CHP+ Weighted Average</b>		<b>81.31%</b>
<b>HEDIS 2016 Colorado CHP+ Weighted Average</b>		<b>75.11%</b>
<b><i>Pneumococcal Conjugate</i></b>		
Colorado Access	947	72.65%
FHP	51	9.80%
DHMP		BR
Kaiser	295	78.64%
RMHP	250	75.60%

CHP+ Plan	Eligible Population	Rate
<b>HEDIS 2018 Colorado CHP+ Weighted Average</b>		<b>72.20%</b>
<b>HEDIS 2017 Colorado CHP+ Weighted Average</b>		<b>74.05%</b>
<b>HEDIS 2016 Colorado CHP+ Weighted Average</b>		<b>65.08%</b>
<b><i>Hepatitis A</i></b>		
Colorado Access	947	76.24%
FHP	51	49.02%
DHMP		BR
Kaiser	295	81.36%
RMHP	250	81.20%
<b>HEDIS 2018 Colorado CHP+ Weighted Average</b>		<b>77.12%</b>
<b>HEDIS 2017 Colorado CHP+ Weighted Average</b>		<b>77.86%</b>
<b>HEDIS 2016 Colorado CHP+ Weighted Average</b>		<b>68.42%</b>
<b><i>Rotavirus</i></b>		
Colorado Access	947	68.74%
FHP	51	1.96%
DHMP		BR
Kaiser	295	68.14%
RMHP	250	69.60%
<b>HEDIS 2018 Colorado CHP+ Weighted Average</b>		<b>66.56%</b>
<b>HEDIS 2017 Colorado CHP+ Weighted Average</b>		<b>69.11%</b>
<b>HEDIS 2016 Colorado CHP+ Weighted Average</b>		<b>60.31%</b>
<b><i>Influenza</i></b>		
Colorado Access	947	49.84%^
FHP	51	17.65%
DHMP		BR
Kaiser	295	47.80%^
RMHP	250	50.80%^
<b>HEDIS 2018 Colorado CHP+ Weighted Average</b>		<b>48.54%^</b>
<b>HEDIS 2017 Colorado CHP+ Weighted Average</b>		<b>49.22%</b>
<b>HEDIS 2016 Colorado CHP+ Weighted Average</b>		<b>43.10%</b>
<b><i>Combination 2</i></b>		
Colorado Access	947	62.30%
FHP	51	7.84%
DHMP		BR
Kaiser	295	70.85%
RMHP	250	64.80%
<b>HEDIS 2018 Colorado CHP+ Weighted Average</b>		<b>62.54%</b>
<b>HEDIS 2017 Colorado CHP+ Weighted Average</b>		<b>65.30%</b>



CHP+ Plan	Eligible Population	Rate
<b>HEDIS 2016 Colorado CHP+ Weighted Average</b>		<b>58.04%</b>
<i>Combination 3</i>		
Colorado Access	947	60.82%
FHP	51	5.88%
DHMP		BR
Kaiser	295	70.17%
RMHP	250	62.40%
<b>HEDIS 2018 Colorado CHP+ Weighted Average</b>		<b>61.05%</b>
<b>HEDIS 2017 Colorado CHP+ Weighted Average</b>		<b>63.61%</b>
<b>HEDIS 2016 Colorado CHP+ Weighted Average</b>		<b>56.19%</b>
<i>Combination 4</i>		
Colorado Access	947	58.71%
FHP	51	3.92%
DHMP		BR
Kaiser	295	69.15%^
RMHP	250	60.40%
<b>HEDIS 2018 Colorado CHP+ Weighted Average</b>		<b>59.17%</b>
<b>HEDIS 2017 Colorado CHP+ Weighted Average</b>		<b>61.14%</b>
<b>HEDIS 2016 Colorado CHP+ Weighted Average</b>		<b>52.70%</b>
<i>Combination 5</i>		
Colorado Access	947	53.96%
FHP	51	0.00%
DHMP		BR
Kaiser	295	62.03%^
RMHP	250	54.40%
<b>HEDIS 2018 Colorado CHP+ Weighted Average</b>		<b>53.79%</b>
<b>HEDIS 2017 Colorado CHP+ Weighted Average</b>		<b>57.33%</b>
<b>HEDIS 2016 Colorado CHP+ Weighted Average</b>		<b>49.22%</b>
<i>Combination 6</i>		
Colorado Access	947	41.29%^
FHP	51	3.92%
DHMP		BR
Kaiser	295	43.73%^
RMHP	250	41.20%^
<b>HEDIS 2018 Colorado CHP+ Weighted Average</b>		<b>40.51%^</b>
<b>HEDIS 2017 Colorado CHP+ Weighted Average</b>		<b>41.61%</b>
<b>HEDIS 2016 Colorado CHP+ Weighted Average</b>		<b>35.49%</b>

CHP+ Plan	Eligible Population	Rate
<b>Combination 7</b>		
Colorado Access	947	52.38%
FHP	51	0.00%
DHMP		BR
Kaiser	295	61.02%^
RMHP	250	53.20%
<b>HEDIS 2018 Colorado CHP+ Weighted Average</b>		<b>52.43%</b>
<b>HEDIS 2017 Colorado CHP+ Weighted Average</b>		<b>55.57%</b>
<b>HEDIS 2016 Colorado CHP+ Weighted Average</b>		<b>47.01%</b>
<b>Combination 8</b>		
Colorado Access	947	39.92%^
FHP	51	1.96%
DHMP		BR
Kaiser	295	43.39%^
RMHP	250	41.20%^
<b>HEDIS 2018 Colorado CHP+ Weighted Average</b>		<b>39.53%^</b>
<b>HEDIS 2017 Colorado CHP+ Weighted Average</b>		<b>40.34%</b>
<b>HEDIS 2016 Colorado CHP+ Weighted Average</b>		<b>33.71%</b>
<b>Combination 9</b>		
Colorado Access	947	37.59%^
FHP	51	0.00%
DHMP		BR
Kaiser	295	39.32%^
RMHP	250	36.40%^
<b>HEDIS 2018 Colorado CHP+ Weighted Average</b>		<b>36.49%^</b>
<b>HEDIS 2017 Colorado CHP+ Weighted Average</b>		<b>38.50%</b>
<b>HEDIS 2016 Colorado CHP+ Weighted Average</b>		<b>31.79%</b>
<b>Combination 10</b>		
Colorado Access	947	36.54%^
FHP	51	0.00%
DHMP		BR
Kaiser	295	38.98%^
RMHP	250	36.40%^
<b>HEDIS 2018 Colorado CHP+ Weighted Average</b>		<b>35.77%^</b>
<b>HEDIS 2017 Colorado CHP+ Weighted Average</b>		<b>37.59%</b>
<b>HEDIS 2016 Colorado CHP+ Weighted Average</b>		<b>30.65%</b>



CHP+ Plan	Eligible Population	Rate
<b>Immunizations for Adolescents<sup>1</sup></b>		
<b>Meningococcal</b>		
Colorado Access	1,129	72.28%
FHP	69	15.94%
DHMP	218	71.56%
Kaiser	339	84.96%^
RMHP	299	62.88%
<b>HEDIS 2018 Colorado CHP+ Weighted Average</b>		<b>71.03%</b>
<b>HEDIS 2017 Colorado CHP+ Weighted Average</b>		<b>69.48%</b>
<b>HEDIS 2016 Colorado CHP+ Weighted Average</b>		<b>72.39%</b>
<b>Tdap</b>		
Colorado Access	1,129	83.26%
FHP	69	36.23%
DHMP	218	85.32%
Kaiser	339	87.02%^
RMHP	299	82.94%
<b>HEDIS 2018 Colorado CHP+ Weighted Average</b>		<b>82.47%</b>
<b>HEDIS 2017 Colorado CHP+ Weighted Average</b>		<b>81.55%</b>
<b>HEDIS 2016 Colorado CHP+ Weighted Average</b>		<b>83.64%</b>
<b>HPV</b>		
Colorado Access	1,129	34.54%^
FHP	69	8.70%
DHMP	218	56.88%^
Kaiser	339	56.05%^
RMHP	299	17.06%
<b>HEDIS 2018 Colorado CHP+ Weighted Average</b>		<b>37.05%^</b>
<b>HEDIS 2017 Colorado CHP+ Weighted Average</b>		—
<b>HEDIS 2016 Colorado CHP+ Weighted Average</b>		—
<b>Combination 1 (Meningococcal, Tdap)</b>		
Colorado Access	1,129	70.24%
FHP	69	15.94%
DHMP	218	68.81%
Kaiser	339	82.30%^
RMHP	299	60.87%
<b>HEDIS 2018 Colorado CHP+ Weighted Average</b>		<b>68.89%</b>
<b>HEDIS 2017 Colorado CHP+ Weighted Average</b>		<b>67.55%</b>
<b>HEDIS 2016 Colorado CHP+ Weighted Average</b>		<b>70.71%</b>

CHP+ Plan	Eligible Population	Rate
<b><i>Combination 2 (Meningococcal, Tdap, HPV)</i></b>		
Colorado Access	1,129	31.71%^
FHP	69	5.80%
DHMP	218	49.54%^
Kaiser	339	53.98%^
RMHP	299	13.71%
<b>HEDIS 2018 Colorado CHP+ Weighted Average</b>		<b>33.79%^</b>
<b>HEDIS 2017 Colorado CHP+ Weighted Average</b>		<b>—</b>
<b>HEDIS 2016 Colorado CHP+ Weighted Average</b>		<b>—</b>
<b><i>Well-Child Visits in the First 15 Months of Life<sup>1</sup></i></b>		
<b><i>Zero Visits*</i></b>		
Colorado Access	294	1.36%^
FHP	15	NA
DHMP	21	NA
Kaiser	103	2.91%
RMHP	100	5.00%
<b>HEDIS 2018 Colorado CHP+ Weighted Average</b>		<b>2.63%</b>
<b>HEDIS 2017 Colorado CHP+ Weighted Average</b>		<b>3.04%</b>
<b>HEDIS 2016 Colorado CHP+ Weighted Average</b>		<b>4.67%</b>
<b><i>Six or More Visits</i></b>		
Colorado Access	294	59.86%
FHP	15	NA
DHMP	21	NA
Kaiser	103	66.02%^
RMHP	100	29.00%
<b>HEDIS 2018 Colorado CHP+ Weighted Average</b>		<b>51.41%</b>
<b>HEDIS 2017 Colorado CHP+ Weighted Average</b>		<b>48.01%</b>
<b>HEDIS 2016 Colorado CHP+ Weighted Average</b>		<b>51.84%</b>
<b><i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life<sup>1</sup></i></b>		
<b><i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i></b>		
Colorado Access	5,056	69.32%
FHP	247	43.72%
DHMP	774	46.64%
Kaiser	1,316	59.35%
RMHP	1,277	68.75%
<b>HEDIS 2018 Colorado CHP+ Weighted Average</b>		<b>64.97%</b>
<b>HEDIS 2017 Colorado CHP+ Weighted Average</b>		<b>66.60%</b>
<b>HEDIS 2016 Colorado CHP+ Weighted Average</b>		<b>67.00%</b>

CHP+ Plan	Eligible Population	Rate
<b><i>Adolescent Well-Care Visits<sup>1</sup></i></b>		
<b><i>Adolescent Well-Care Visits</i></b>		
Colorado Access	8,154	48.34%
FHP	467	25.05%
DHMP	1,541	37.64%
Kaiser	2,518	41.18%
RMHP	2,131	47.07%
<b>HEDIS 2018 Colorado CHP+ Weighted Average</b>		<b>45.09%</b>
<b>HEDIS 2017 Colorado CHP+ Weighted Average</b>		<b>48.26%</b>
<b>HEDIS 2016 Colorado CHP+ Weighted Average</b>		<b>46.61%</b>
<b><i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents<sup>1,2</sup></i></b>		
<b><i>BMI Percentile Documentation—Ages 3 to 11 Years</i></b>		
Colorado Access	9,389	4.25%
FHP	349	2.29%
DHMP	1,037	11.76%
Kaiser	2,233	97.40%^
RMHP	2,352	2.81%
<b>HEDIS 2018 Colorado CHP+ Weighted Average</b>		<b>18.03%</b>
<b>HEDIS 2017 Colorado CHP+ Weighted Average</b>		<b>15.25%</b>
<b>HEDIS 2016 Colorado CHP+ Weighted Average</b>		<b>66.38%</b>
<b><i>BMI Percentile Documentation—Ages 12 to 17 Years</i></b>		
Colorado Access	5,423	6.97%
FHP	242	0.83%
DHMP	680	26.76%
Kaiser	1,494	97.12%^
RMHP	1,323	7.18%
<b>HEDIS 2018 Colorado CHP+ Weighted Average</b>		<b>23.01%</b>
<b>HEDIS 2017 Colorado CHP+ Weighted Average</b>		<b>19.08%</b>
<b>HEDIS 2016 Colorado CHP+ Weighted Average</b>		<b>63.68%</b>
<b><i>BMI Percentile Documentation—Total</i></b>		
Colorado Access	14,812	5.25%
FHP	591	1.69%
DHMP	1,717	17.71%
Kaiser	3,727	97.29%^
RMHP	3,675	4.38%
<b>HEDIS 2018 Colorado CHP+ Weighted Average</b>		<b>19.89%</b>
<b>HEDIS 2017 Colorado CHP+ Weighted Average</b>		<b>16.67%</b>

CHP+ Plan	Eligible Population	Rate
<b>HEDIS 2016 Colorado CHP+ Weighted Average</b>		<b>65.31%</b>
<i>Counseling for Nutrition—Ages 3 to 11 Years</i>		
Colorado Access	9,389	2.33%
FHP	349	6.30%
DHMP	1,037	1.45%
Kaiser	2,233	96.10%^
RMHP	2,352	22.32%
<b>HEDIS 2018 Colorado CHP+ Weighted Average</b>		<b>19.06%</b>
<b>HEDIS 2017 Colorado CHP+ Weighted Average</b>		<b>17.68%</b>
<b>HEDIS 2016 Colorado CHP+ Weighted Average</b>		<b>65.97%</b>
<i>Counseling for Nutrition—Ages 12 to 17 Years</i>		
Colorado Access	5,423	3.98%
FHP	242	5.37%
DHMP	680	13.97%
Kaiser	1,494	94.78%^
RMHP	1,323	20.11%
<b>HEDIS 2018 Colorado CHP+ Weighted Average</b>		<b>21.89%</b>
<b>HEDIS 2017 Colorado CHP+ Weighted Average</b>		<b>18.92%</b>
<b>HEDIS 2016 Colorado CHP+ Weighted Average</b>		<b>63.13%</b>
<i>Counseling for Nutrition—Total</i>		
Colorado Access	14,812	2.94%
FHP	591	5.92%
DHMP	1,717	6.41%
Kaiser	3,727	95.57%^
RMHP	3,675	21.52%
<b>HEDIS 2018 Colorado CHP+ Weighted Average</b>		<b>20.12%</b>
<b>HEDIS 2017 Colorado CHP+ Weighted Average</b>		<b>18.14%</b>
<b>HEDIS 2016 Colorado CHP+ Weighted Average</b>		<b>64.85%</b>
<i>Counseling for Physical Activity—Ages 3 to 11 Years</i>		
Colorado Access	9,389	0.23%
FHP	349	0.57%
DHMP	1,037	0.39%
Kaiser	2,233	96.10%^
RMHP	2,352	2.04%
<b>HEDIS 2018 Colorado CHP+ Weighted Average</b>		<b>14.47%</b>
<b>HEDIS 2017 Colorado CHP+ Weighted Average</b>		<b>13.05%</b>
<b>HEDIS 2016 Colorado CHP+ Weighted Average</b>		<b>54.52%</b>

CHP+ Plan	Eligible Population	Rate
<b><i>Counseling for Physical Activity—Ages 12 to 17 Years</i></b>		
Colorado Access	5,423	2.49%
FHP	242	7.44%
DHMP	680	2.94%
Kaiser	1,494	94.78%^
RMHP	1,323	6.12%
<b>HEDIS 2018 Colorado CHP+ Weighted Average</b>		<b>18.23%</b>
<b>HEDIS 2017 Colorado CHP+ Weighted Average</b>		<b>16.44%</b>
<b>HEDIS 2016 Colorado CHP+ Weighted Average</b>		<b>60.59%</b>
<b><i>Counseling for Physical Activity—Total</i></b>		
Colorado Access	14,812	1.06%
FHP	591	3.38%
DHMP	1,717	1.40%
Kaiser	3,727	95.57%^
RMHP	3,675	3.51%
<b>HEDIS 2018 Colorado CHP+ Weighted Average</b>		<b>15.87%</b>
<b>HEDIS 2017 Colorado CHP+ Weighted Average</b>		<b>14.31%</b>
<b>HEDIS 2016 Colorado CHP+ Weighted Average</b>		<b>56.89%</b>
<b><i>Appropriate Testing for Children With Pharyngitis</i></b>		
<b><i>Appropriate Testing for Children With Pharyngitis</i></b>		
Colorado Access	1,551	88.07%^
FHP	98	77.55%^
DHMP	20	NA
Kaiser	248	96.37%^
RMHP	299	80.27%^
<b>HEDIS 2018 Colorado CHP+ Weighted Average</b>		<b>87.36%^</b>
<b>HEDIS 2017 Colorado CHP+ Weighted Average</b>		<b>84.35%</b>
<b>HEDIS 2016 Colorado CHP+ Weighted Average</b>		<b>80.78%</b>

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

<sup>1</sup> Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

<sup>2</sup> Changes in the rates should be interpreted with caution due to a change in the Department's reporting requirement from hybrid in 2016 to administrative for 2017.

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.

— indicates that the rate is not presented in this report as the measure is a first-year measure; therefore, no trending information is available. This symbol may also indicate that NCQA recommended a break in trending; therefore, no prior year rates are displayed.

Yellow shading with one caret (^) indicates the rate was at or above the 2017 NCQA Quality Compass 50th percentile.

**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<sup>1</sup></i>		
<i>Timeliness of Prenatal Care</i>		
SMCN	585	58.29%
<b>HEDIS 2018 Colorado CHP+ Weighted Average</b>		<b>58.29%</b>
<b>HEDIS 2017 Colorado CHP+ Weighted Average</b>		<b>57.08%</b>
<b>HEDIS 2016 Colorado CHP+ Weighted Average</b>		—
<i>Postpartum Care</i>		
SMCN	585	43.42%
<b>HEDIS 2018 Colorado CHP+ Weighted Average</b>		<b>43.42%</b>
<b>HEDIS 2017 Colorado CHP+ Weighted Average</b>		<b>42.50%</b>
<b>HEDIS 2016 Colorado CHP+ Weighted Average</b>		—
<i>Children and Adolescents' Access to Primary Care Practitioners</i>		
<i>Ages 12 to 24 Months</i>		
Colorado Access	598	94.65%
FHP	29	NA
DHMP	113	69.03%
Kaiser	199	87.44%
RMHP	184	93.48%
<b>HEDIS 2018 Colorado CHP+ Weighted Average</b>		<b>90.65%</b>
<b>HEDIS 2017 Colorado CHP+ Weighted Average</b>		<b>90.02%</b>
<b>HEDIS 2016 Colorado CHP+ Weighted Average</b>		<b>92.74%</b>
<i>Ages 25 Months to 6 Years</i>		
Colorado Access	6,121	85.90%
FHP	300	65.33%
DHMP	919	57.24%
Kaiser	1,580	75.76%
RMHP	1,551	83.49%
<b>HEDIS 2018 Colorado CHP+ Weighted Average</b>		<b>80.91%</b>
<b>HEDIS 2017 Colorado CHP+ Weighted Average</b>		<b>82.88%</b>
<b>HEDIS 2016 Colorado CHP+ Weighted Average</b>		<b>85.21%</b>

CHP+ Plan	Eligible Population	Rate
<b>Ages 7 to 11 Years</b>		
Colorado Access	3,188	89.74%
FHP	159	73.58%
DHMP	557	81.33%
Kaiser	1,034	86.56%
RMHP	931	86.90%
<b>HEDIS 2018 Colorado CHP+ Weighted Average</b>		<b>87.49%</b>
<b>HEDIS 2017 Colorado CHP+ Weighted Average</b>		<b>88.99%</b>
<b>HEDIS 2016 Colorado CHP+ Weighted Average</b>		<b>88.77%</b>
<b>Ages 12 to 19 Years</b>		
Colorado Access	4,022	90.90%^
FHP	246	80.49%
DHMP	852	78.05%
Kaiser	1,446	88.45%
RMHP	1,108	86.82%
<b>HEDIS 2018 Colorado CHP+ Weighted Average</b>		<b>88.09%</b>
<b>HEDIS 2017 Colorado CHP+ Weighted Average</b>		<b>89.39%</b>
<b>HEDIS 2016 Colorado CHP+ Weighted Average</b>		<b>89.90%</b>
<b>Chlamydia Screening in Women<sup>2</sup></b>		
<b>Ages 16 to 20 Years</b>		
Colorado Access	629	32.11%
FHP	43	13.95%
DHMP	78	39.74%
Kaiser	210	41.43%
RMHP	166	31.93%
<b>HEDIS 2018 Colorado CHP+ Weighted Average</b>		<b>33.66%</b>
<b>HEDIS 2017 Colorado CHP+ Weighted Average</b>		<b>35.31%</b>
<b>HEDIS 2016 Colorado CHP+ Weighted Average</b>		<b>36.62%</b>
<b>Non-Recommended Cervical Cancer Screening in Adolescent Females*</b>		
<b>Non-Recommended Cervical Cancer Screening in Adolescent Females</b>		
Colorado Access	1,589	0.06%^
FHP	117	0.00%^
DHMP	299	0.00%^
Kaiser	575	0.17%^
RMHP	411	0.00%^

CHP+ Plan	Eligible Population	Rate
<b>HEDIS 2018 Colorado CHP+ Weighted Average</b>		<b>0.07%<sup>^</sup></b>
<b>HEDIS 2017 Colorado CHP+ Weighted Average</b>		<b>0.17%</b>
<b>HEDIS 2016 Colorado CHP+ Weighted Average</b>		<b>0.29%</b>

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

<sup>1</sup> Since the Prenatal and Postpartum Care rates are calculated using a modified specification, comparisons to national benchmarks are not shown.

<sup>2</sup> Because the CHP+ population is limited to individuals ages 18 years and under, the HEDIS 2018 indicator rates for Ages 16 to 20 Years are the same as the measure indicator rates for the Total age grouping for this measure.

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

— indicates that the 2016 Prenatal and Postpartum Care rate is not presented in this report as the specifications for this measure were modified in 2017 and are not comparable to prior years' rates.

Yellow shading with one caret (^) indicates the rate was at or above the 2017 NCQA Quality Compass 50th percentile.

**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
<b><i>Antidepressant Medication Management<sup>1</sup></i></b>		
<b><i>Effective Acute Phase Treatment</i></b>		
Colorado Access	23	NA
FHP	1	NA
DHMP	1	NA
Kaiser	9	NA
RMHP	3	NA
<b>HEDIS 2018 Colorado CHP+ Weighted Average</b>		<b>48.65%</b>
<b>HEDIS 2017 Colorado CHP+ Weighted Average</b>		<b>NA</b>
<b>HEDIS 2016 Colorado CHP+ Weighted Average</b>		<b>NA</b>
<b><i>Effective Continuation Phase Treatment</i></b>		
Colorado Access	23	NA
FHP	1	NA
DHMP	1	NA
Kaiser	9	NA
RMHP	3	NA
<b>HEDIS 2018 Colorado CHP+ Weighted Average</b>		<b>40.54%^</b>
<b>HEDIS 2017 Colorado CHP+ Weighted Average</b>		<b>NA</b>
<b>HEDIS 2016 Colorado CHP+ Weighted Average</b>		<b>NA</b>
<b><i>Follow-Up Care for Children Prescribed ADHD Medication<sup>1</sup></i></b>		
<b><i>Initiation Phase</i></b>		
Colorado Access	103	0.00%
FHP	4	NA
DHMP	7	NA
Kaiser	26	NA
RMHP	34	47.06%^
<b>HEDIS 2018 Colorado CHP+ Weighted Average</b>		<b>21.84%</b>
<b>HEDIS 2017 Colorado CHP+ Weighted Average</b>		<b>13.02%</b>
<b>HEDIS 2016 Colorado CHP+ Weighted Average</b>		<b>15.24%</b>
<b><i>Continuation and Maintenance Phase</i></b>		
Colorado Access	32	0.00%
FHP	2	NA
DHMP	1	NA
Kaiser	10	NA

CHP+ Plan	Eligible Population	Rate
RMHP	6	NA
<b>HEDIS 2018 Colorado CHP+ Weighted Average</b>		<b>21.57%</b>
<b>HEDIS 2017 Colorado CHP+ Weighted Average</b>		<b>20.00%</b>
<b>HEDIS 2016 Colorado CHP+ Weighted Average</b>		<b>27.03%</b>
<b><i>Metabolic Monitoring for Children and Adolescents on Antipsychotics</i></b>		
<b><i>Ages 1 to 5 Years</i></b>		
Colorado Access	1	NA
FHP	0	NA
DHMP	0	NA
Kaiser	0	NA
RMHP	0	NA
<b>HEDIS 2018 Colorado CHP+ Weighted Average</b>		<b>NA</b>
<b>HEDIS 2017 Colorado CHP+ Weighted Average</b>		<b>—</b>
<b>HEDIS 2016 Colorado CHP+ Weighted Average</b>		<b>—</b>
<b><i>Ages 6 to 11 Years</i></b>		
Colorado Access	18	NA
FHP	1	NA
DHMP	0	NA
Kaiser	4	NA
RMHP	3	NA
<b>HEDIS 2018 Colorado CHP+ Weighted Average</b>		<b>NA</b>
<b>HEDIS 2017 Colorado CHP+ Weighted Average</b>		<b>—</b>
<b>HEDIS 2016 Colorado CHP+ Weighted Average</b>		<b>—</b>
<b><i>Ages 12 to 17 Years</i></b>		
Colorado Access	79	27.85%
FHP	1	NA
DHMP	0	NA
Kaiser	16	NA
RMHP	10	NA
<b>HEDIS 2018 Colorado CHP+ Weighted Average</b>		<b>41.51%<sup>^</sup></b>
<b>HEDIS 2017 Colorado CHP+ Weighted Average</b>		<b>—</b>
<b>HEDIS 2016 Colorado CHP+ Weighted Average</b>		<b>—</b>
<b><i>Total</i></b>		
Colorado Access	98	29.59%
FHP	2	NA
DHMP	0	NA
Kaiser	20	NA
RMHP	13	NA

CHP+ Plan	Eligible Population	Rate
<b>HEDIS 2018 Colorado CHP+ Weighted Average</b>		<b>39.85%<sup>^</sup></b>
<b>HEDIS 2017 Colorado CHP+ Weighted Average</b>		—
<b>HEDIS 2016 Colorado CHP+ Weighted Average</b>		—
<i>Use of Multiple Concurrent Antipsychotics in Children and Adolescents<sup>*2</sup></i>		
<i>Ages 1 to 5 Years</i>		
Colorado Access	1	NA
FHP	0	NA
DHMP	0	NA
Kaiser	0	NA
RMHP	0	NA
<b>HEDIS 2018 Colorado CHP+ Weighted Average</b>		<b>NA</b>
<b>HEDIS 2017 Colorado CHP+ Weighted Average</b>		<b>NA</b>
<b>HEDIS 2016 Colorado CHP+ Weighted Average</b>		<b>NA</b>
<i>Ages 6 to 11 Years</i>		
Colorado Access	15	NA
FHP	0	NA
DHMP	0	NA
Kaiser	0	NA
RMHP	3	NA
<b>HEDIS 2018 Colorado CHP+ Weighted Average</b>		<b>NA</b>
<b>HEDIS 2017 Colorado CHP+ Weighted Average</b>		<b>NA</b>
<b>HEDIS 2016 Colorado CHP+ Weighted Average</b>		<b>NA</b>
<i>Ages 12 to 17 Years</i>		
Colorado Access	59	8.47%
FHP	1	NA
DHMP	0	NA
Kaiser	2	NA
RMHP	8	NA
<b>HEDIS 2018 Colorado CHP+ Weighted Average</b>		<b>7.14%</b>
<b>HEDIS 2017 Colorado CHP+ Weighted Average</b>		<b>4.05%</b>
<b>HEDIS 2016 Colorado CHP+ Weighted Average</b>		<b>4.69%</b>
<i>Total</i>		
Colorado Access	75	6.67%
FHP	1	NA
DHMP	0	NA
Kaiser	2	NA
RMHP	11	NA

CHP+ Plan	Eligible Population	Rate
<b>HEDIS 2018 Colorado CHP+ Weighted Average</b>		<b>5.62%</b>
<b>HEDIS 2017 Colorado CHP+ Weighted Average</b>		<b>3.37%</b>
<b>HEDIS 2016 Colorado CHP+ Weighted Average</b>		<b>4.65%</b>

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

<sup>1</sup> Due to changes in the technical specifications for this measure for HEDIS 2018, exercise caution when trending HEDIS 2018 rates and prior years.

<sup>2</sup> Due to changes in the technical specifications for this measure for HEDIS 2017, exercise caution when trending HEDIS 2017 rates and prior years.

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

— indicates that the rate is not presented in this report as the measure is a first-year measure; therefore, no trending information is available. This symbol may also indicate that NCQA recommended a break in trending; therefore, no prior year rates are displayed.

Yellow shading with one caret (^) indicates the rate was at or above the 2017 NCQA Quality Compass 50th percentile. **Bold 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 Infection<sup>1</sup></i>		
<i>Appropriate Treatment for Children With Upper Respiratory Infection</i>		
Colorado Access	1,891	92.12%^
FHP	114	87.72%
DHMP	128	100.00%^
Kaiser	404	99.01%^
RMHP	547	95.80%^
<b>HEDIS 2018 Colorado CHP+ Weighted Average</b>		<b>93.84%^</b>
<b>HEDIS 2017 Colorado CHP+ Weighted Average</b>		<b>91.24%</b>
<b>HEDIS 2016 Colorado CHP+ Weighted Average</b>		<b>92.66%</b>
<i>Medication Management for People With Asthma</i>		
<i>Medication Compliance 50%—Ages 5 to 11 Years<sup>2</sup></i>		
Colorado Access	133	65.41%^
FHP	7	NA
DHMP	5	NA
Kaiser	30	46.67%
RMHP	11	NA
<b>HEDIS 2018 Colorado CHP+ Weighted Average</b>		<b>61.29%^</b>
<b>HEDIS 2017 Colorado CHP+ Weighted Average</b>		<b>49.43%</b>
<b>HEDIS 2016 Colorado CHP+ Weighted Average</b>		<b>55.13%</b>
<i>Medication Compliance 50%—Ages 12 to 18 Years<sup>2</sup></i>		
Colorado Access	104	55.77%^
FHP	7	NA
DHMP	6	NA
Kaiser	11	NA
RMHP	15	NA
<b>HEDIS 2018 Colorado CHP+ Weighted Average</b>		<b>51.75%^</b>
<b>HEDIS 2017 Colorado CHP+ Weighted Average</b>		<b>45.74%</b>
<b>HEDIS 2016 Colorado CHP+ Weighted Average</b>		<b>42.74%</b>
<i>Medication Compliance 50%—Total<sup>2</sup></i>		
Colorado Access	237	61.18%^
FHP	14	NA
DHMP	11	NA
Kaiser	41	46.34%

CHP+ Plan	Eligible Population	Rate
RMHP	26	NA
<b>HEDIS 2018 Colorado CHP+ Weighted Average</b>		<b>57.14%</b>
<b>HEDIS 2017 Colorado CHP+ Weighted Average</b>		<b>47.85%</b>
<b>HEDIS 2016 Colorado CHP+ Weighted Average</b>		<b>49.64%</b>
<b>Medication Compliance 75%—Ages 5 to 11 Years</b>		
Colorado Access	133	34.59%^
FHP	7	NA
DHMP	5	NA
Kaiser	30	23.33%
RMHP	11	NA
<b>HEDIS 2018 Colorado CHP+ Weighted Average</b>		<b>32.26%^</b>
<b>HEDIS 2017 Colorado CHP+ Weighted Average</b>		<b>25.86%</b>
<b>HEDIS 2016 Colorado CHP+ Weighted Average</b>		<b>25.64%</b>
<b>Medication Compliance 75%—Ages 12 to 18 Years</b>		
Colorado Access	104	27.88%^
FHP	7	NA
DHMP	6	NA
Kaiser	11	NA
RMHP	15	NA
<b>HEDIS 2018 Colorado CHP+ Weighted Average</b>		<b>24.48%</b>
<b>HEDIS 2017 Colorado CHP+ Weighted Average</b>		<b>20.93%</b>
<b>HEDIS 2016 Colorado CHP+ Weighted Average</b>		<b>16.94%</b>
<b>Medication Compliance 75%—Total</b>		
Colorado Access	237	31.65%
FHP	14	NA
DHMP	11	NA
Kaiser	41	21.95%
RMHP	26	NA
<b>HEDIS 2018 Colorado CHP+ Weighted Average</b>		<b>28.88%</b>
<b>HEDIS 2017 Colorado CHP+ Weighted Average</b>		<b>23.76%</b>
<b>HEDIS 2016 Colorado CHP+ Weighted Average</b>		<b>21.79%</b>
<b>Asthma Medication Ratio</b>		
<b>Ages 5 to 11 Years</b>		
Colorado Access	139	80.58%^
FHP	8	NA
DHMP	5	NA
Kaiser	30	93.33%^
RMHP	11	NA

CHP+ Plan	Eligible Population	Rate
<b>HEDIS 2018 Colorado CHP+ Weighted Average</b>		<b>82.90%^</b>
<b>HEDIS 2017 Colorado CHP+ Weighted Average</b>		<b>85.80%</b>
<b>HEDIS 2016 Colorado CHP+ Weighted Average</b>		<b>80.12%</b>
<i>Ages 12 to 18 Years</i>		
Colorado Access	111	72.07%^
FHP	8	NA
DHMP	6	NA
Kaiser	12	NA
RMHP	17	NA
<b>HEDIS 2018 Colorado CHP+ Weighted Average</b>		<b>74.03%^</b>
<b>HEDIS 2017 Colorado CHP+ Weighted Average</b>		<b>73.72%</b>
<b>HEDIS 2016 Colorado CHP+ Weighted Average</b>		<b>67.88%</b>
<i>Total</i>		
Colorado Access	250	76.80%^
FHP	16	NA
DHMP	11	NA
Kaiser	42	90.48%^
RMHP	28	NA
<b>HEDIS 2018 Colorado CHP+ Weighted Average</b>		<b>78.96%^</b>
<b>HEDIS 2017 Colorado CHP+ Weighted Average</b>		<b>80.25%</b>
<b>HEDIS 2016 Colorado CHP+ Weighted Average</b>		<b>74.59%</b>

<sup>1</sup> Due to changes in the technical specifications for this measure for HEDIS 2017, exercise caution when trending HEDIS 2017 rates to prior years.

<sup>2</sup> Quality Compass 2017 Benchmarks were not available; therefore, the 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.

Yellow shading with one caret (^) indicates the rate was at or above the 2017 NCQA Quality Compass 50th percentile.

**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 &lt;1 Year*</i>	
Colorado Access	48.43
FHP	16.28
DHMP	41.90
Kaiser	17.62
RMHP	27.99
<b>HEDIS 2018 Colorado CHP+ Weighted Average</b>	<b>41.99</b>
<b>HEDIS 2017 Colorado CHP+ Weighted Average</b>	<b>36.04</b>
<b>HEDIS 2016 Colorado CHP+ Weighted Average</b>	<b>33.91</b>
<i>Emergency Department Visits—Ages 1 to 9 Years*</i>	
Colorado Access	28.09
FHP	14.97
DHMP	22.97
Kaiser	13.61
RMHP	18.28
<b>HEDIS 2018 Colorado CHP+ Weighted Average</b>	<b>23.71</b>
<b>HEDIS 2017 Colorado CHP+ Weighted Average</b>	<b>21.90</b>
<b>HEDIS 2016 Colorado CHP+ Weighted Average</b>	<b>25.16</b>
<i>Emergency Department Visits—Ages 10 to 19 Years*</i>	
Colorado Access	23.52
FHP	16.96
DHMP	13.52
Kaiser	9.66
RMHP	17.83
<b>HEDIS 2018 Colorado CHP+ Weighted Average</b>	<b>19.11</b>
<b>HEDIS 2017 Colorado CHP+ Weighted Average</b>	<b>19.03</b>
<b>HEDIS 2016 Colorado CHP+ Weighted Average</b>	<b>21.79</b>
<i>Emergency Department Visits—Total*</i>	
Colorado Access	26.36
FHP	15.98
DHMP	18.43
Kaiser	11.54
RMHP	18.26





CHP+ Plan	Rate
<b>HEDIS 2018 Colorado CHP+ Weighted Average</b>	<b>21.80</b>
<b>HEDIS 2017 Colorado CHP+ Weighted Average</b>	<b>20.84</b>
<b>HEDIS 2016 Colorado CHP+ Weighted Average</b>	<b>23.80</b>
<b><i>Outpatient Visits—Age &lt;1 Year</i></b>	
Colorado Access	588.72
FHP	425.58
DHMP	295.48
Kaiser	455.28
RMHP	545.38
<b>HEDIS 2018 Colorado CHP+ Weighted Average</b>	<b>550.58</b>
<b>HEDIS 2017 Colorado CHP+ Weighted Average</b>	<b>567.40</b>
<b>HEDIS 2016 Colorado CHP+ Weighted Average</b>	<b>631.34</b>
<b><i>Outpatient Visits—Ages 1 to 9 Years</i></b>	
Colorado Access	228.49
FHP	176.66
DHMP	131.02
Kaiser	165.46
RMHP	225.43
<b>HEDIS 2018 Colorado CHP+ Weighted Average</b>	<b>208.40</b>
<b>HEDIS 2017 Colorado CHP+ Weighted Average</b>	<b>212.96</b>
<b>HEDIS 2016 Colorado CHP+ Weighted Average</b>	<b>236.27</b>
<b><i>Outpatient Visits—Ages 10 to 19 Years</i></b>	
Colorado Access	197.54
FHP	165.38
DHMP	112.51
Kaiser	135.34
RMHP	197.35
<b>HEDIS 2018 Colorado CHP+ Weighted Average</b>	<b>177.18</b>
<b>HEDIS 2017 Colorado CHP+ Weighted Average</b>	<b>181.34</b>
<b>HEDIS 2016 Colorado CHP+ Weighted Average</b>	<b>199.28</b>
<b><i>Outpatient Visits—Total</i></b>	
Colorado Access	221.11
FHP	175.38
DHMP	123.51
Kaiser	151.08
RMHP	218.41
<b>HEDIS 2018 Colorado CHP+ Weighted Average</b>	<b>199.00</b>
<b>HEDIS 2017 Colorado CHP+ Weighted Average</b>	<b>205.26</b>
<b>HEDIS 2016 Colorado CHP+ Weighted Average</b>	<b>227.93</b>



CHP+ Plan	Rate
<b><i>Inpatient Utilization—General Hospital/Acute Care</i></b>	
<b><i>Discharges per 1,000 Member Months (Total Inpatient)—Age &lt;1 Year</i></b>	
Colorado Access	3.32
FHP	0.00
DHMP	3.31
Kaiser	0.00
RMHP	3.82
<b>HEDIS 2018 Colorado CHP+ Weighted Average</b>	<b>3.13</b>
<b>HEDIS 2017 Colorado CHP+ Weighted Average</b>	<b>3.41</b>
<b>HEDIS 2016 Colorado CHP+ Weighted Average</b>	<b>3.59</b>
<b><i>Discharges per 1,000 Member Months (Total Inpatient)—Ages 1 to 9 Years</i></b>	
Colorado Access	0.94
FHP	0.67
DHMP	0.84
Kaiser	0.68
RMHP	0.74
<b>HEDIS 2018 Colorado CHP+ Weighted Average</b>	<b>0.86</b>
<b>HEDIS 2017 Colorado CHP+ Weighted Average</b>	<b>0.86</b>
<b>HEDIS 2016 Colorado CHP+ Weighted Average</b>	<b>1.20</b>
<b><i>Discharges per 1,000 Member Months (Total Inpatient)—Ages 10 to 19 Years</i></b>	
Colorado Access	0.95
FHP	0.65
DHMP	0.48
Kaiser	0.57
RMHP	0.93
<b>HEDIS 2018 Colorado CHP+ Weighted Average</b>	<b>0.82</b>
<b>HEDIS 2017 Colorado CHP+ Weighted Average</b>	<b>0.77</b>
<b>HEDIS 2016 Colorado CHP+ Weighted Average</b>	<b>1.05</b>
<b><i>Discharges per 1,000 Member Months (Total Inpatient)—Total</i></b>	
Colorado Access	0.99
FHP	0.65
DHMP	0.69
Kaiser	0.62
RMHP	0.89
<b>HEDIS 2018 Colorado CHP+ Weighted Average</b>	<b>0.88</b>
<b>HEDIS 2017 Colorado CHP+ Weighted Average</b>	<b>0.87</b>
<b>HEDIS 2016 Colorado CHP+ Weighted Average</b>	<b>1.18</b>



CHP+ Plan	Rate
<b><i>Days per 1,000 Member Months (Total Inpatient)—Age &lt;1 Year</i></b>	
Colorado Access	15.66
FHP	0.00
DHMP	9.92
Kaiser	0.00
RMHP	11.03
<b>HEDIS 2018 Colorado CHP+ Weighted Average</b>	<b>13.21</b>
<b>HEDIS 2017 Colorado CHP+ Weighted Average</b>	<b>10.08</b>
<b>HEDIS 2016 Colorado CHP+ Weighted Average</b>	<b>12.11</b>
<b><i>Days per 1,000 Member Months (Total Inpatient)—Ages 1 to 9 Years</i></b>	
Colorado Access	2.98
FHP	1.85
DHMP	2.89
Kaiser	2.38
RMHP	4.26
<b>HEDIS 2018 Colorado CHP+ Weighted Average</b>	<b>3.04</b>
<b>HEDIS 2017 Colorado CHP+ Weighted Average</b>	<b>2.54</b>
<b>HEDIS 2016 Colorado CHP+ Weighted Average</b>	<b>3.53</b>
<b><i>Days per 1,000 Member Months (Total Inpatient)—Ages 10 to 19 Years</i></b>	
Colorado Access	4.00
FHP	0.98
DHMP	2.78
Kaiser	2.00
RMHP	2.66
<b>HEDIS 2018 Colorado CHP+ Weighted Average</b>	<b>3.25</b>
<b>HEDIS 2017 Colorado CHP+ Weighted Average</b>	<b>3.14</b>
<b>HEDIS 2016 Colorado CHP+ Weighted Average</b>	<b>3.59</b>
<b><i>Days per 1,000 Member Months (Total Inpatient)—Total</i></b>	
Colorado Access	3.70
FHP	1.38
DHMP	2.91
Kaiser	2.17
RMHP	3.64
<b>HEDIS 2018 Colorado CHP+ Weighted Average</b>	<b>3.31</b>
<b>HEDIS 2017 Colorado CHP+ Weighted Average</b>	<b>2.97</b>
<b>HEDIS 2016 Colorado CHP+ Weighted Average</b>	<b>3.75</b>
<b><i>Average Length of Stay (Total Inpatient)—Age &lt;1 Year</i></b>	
Colorado Access	4.72
FHP	NA

CHP+ Plan	Rate
DHMP	3.00†
Kaiser	NA
RMHP	2.89†
<b>HEDIS 2018 Colorado CHP+ Weighted Average</b>	<b>4.23</b>
<b>HEDIS 2017 Colorado CHP+ Weighted Average</b>	<b>2.96</b>
<b>HEDIS 2016 Colorado CHP+ Weighted Average</b>	<b>3.38</b>
<i>Average Length of Stay (Total Inpatient)—Ages 1 to 9 Years</i>	
Colorado Access	3.17
FHP	2.75†
DHMP	3.44
Kaiser	3.51
RMHP	5.79
<b>HEDIS 2018 Colorado CHP+ Weighted Average</b>	<b>3.55</b>
<b>HEDIS 2017 Colorado CHP+ Weighted Average</b>	<b>2.94</b>
<b>HEDIS 2016 Colorado CHP+ Weighted Average</b>	<b>2.93</b>
<i>Average Length of Stay (Total Inpatient)—Ages 10 to 19 Years</i>	
Colorado Access	4.23
FHP	1.50†
DHMP	5.80†
Kaiser	3.51
RMHP	2.85
<b>HEDIS 2018 Colorado CHP+ Weighted Average</b>	<b>3.96</b>
<b>HEDIS 2017 Colorado CHP+ Weighted Average</b>	<b>4.10</b>
<b>HEDIS 2016 Colorado CHP+ Weighted Average</b>	<b>3.43</b>
<i>Average Length of Stay (Total Inpatient)—Total</i>	
Colorado Access	3.74
FHP	2.13†
DHMP	4.25
Kaiser	3.51
RMHP	4.11
<b>HEDIS 2018 Colorado CHP+ Weighted Average</b>	<b>3.77</b>
<b>HEDIS 2017 Colorado CHP+ Weighted Average</b>	<b>3.42</b>
<b>HEDIS 2016 Colorado CHP+ Weighted Average</b>	<b>3.17</b>
<i>Discharges per 1,000 Member Months (Medicine)—Age &lt;1 Year</i>	
Colorado Access	2.59
FHP	0.00
DHMP	3.31
Kaiser	0.00
RMHP	2.97



CHP+ Plan	Rate
<b>HEDIS 2018 Colorado CHP+ Weighted Average</b>	<b>2.49</b>
<b>HEDIS 2017 Colorado CHP+ Weighted Average</b>	<b>2.39</b>
<b>HEDIS 2016 Colorado CHP+ Weighted Average</b>	<b>2.77</b>
<b><i>Discharges per 1,000 Member Months (Medicine)—Ages 1 to 9 Years</i></b>	
Colorado Access	0.75
FHP	0.59
DHMP	0.67
Kaiser	0.58
RMHP	0.45
<b>HEDIS 2018 Colorado CHP+ Weighted Average</b>	<b>0.67</b>
<b>HEDIS 2017 Colorado CHP+ Weighted Average</b>	<b>0.69</b>
<b>HEDIS 2016 Colorado CHP+ Weighted Average</b>	<b>1.01</b>
<b><i>Discharges per 1,000 Member Months (Medicine)—Ages 10 to 19 Years</i></b>	
Colorado Access	0.50
FHP	0.33
DHMP	0.26
Kaiser	0.35
RMHP	0.64
<b>HEDIS 2018 Colorado CHP+ Weighted Average</b>	<b>0.47</b>
<b>HEDIS 2017 Colorado CHP+ Weighted Average</b>	<b>0.43</b>
<b>HEDIS 2016 Colorado CHP+ Weighted Average</b>	<b>0.60</b>
<b><i>Discharges per 1,000 Member Months (Medicine)—Total</i></b>	
Colorado Access	0.67
FHP	0.45
DHMP	0.49
Kaiser	0.46
RMHP	0.59
<b>HEDIS 2018 Colorado CHP+ Weighted Average</b>	<b>0.60</b>
<b>HEDIS 2017 Colorado CHP+ Weighted Average</b>	<b>0.60</b>
<b>HEDIS 2016 Colorado CHP+ Weighted Average</b>	<b>0.86</b>
<b><i>Days per 1,000 Member Months (Medicine)—Age &lt;1 Year</i></b>	
Colorado Access	10.68
FHP	0.00
DHMP	9.92
Kaiser	0.00
RMHP	7.63
<b>HEDIS 2018 Colorado CHP+ Weighted Average</b>	<b>9.24</b>
<b>HEDIS 2017 Colorado CHP+ Weighted Average</b>	<b>6.53</b>
<b>HEDIS 2016 Colorado CHP+ Weighted Average</b>	<b>9.50</b>



CHP+ Plan	Rate
<b><i>Days per 1,000 Member Months (Medicine)—Ages 1 to 9 Years</i></b>	
Colorado Access	1.90
FHP	1.77
DHMP	2.08
Kaiser	2.07
RMHP	1.75
<b>HEDIS 2018 Colorado CHP+ Weighted Average</b>	<b>1.91</b>
<b>HEDIS 2017 Colorado CHP+ Weighted Average</b>	<b>1.83</b>
<b>HEDIS 2016 Colorado CHP+ Weighted Average</b>	<b>2.62</b>
<b><i>Days per 1,000 Member Months (Medicine)—Ages 10 to 19 Years</i></b>	
Colorado Access	1.55
FHP	0.41
DHMP	0.62
Kaiser	1.05
RMHP	1.90
<b>HEDIS 2018 Colorado CHP+ Weighted Average</b>	<b>1.38</b>
<b>HEDIS 2017 Colorado CHP+ Weighted Average</b>	<b>1.34</b>
<b>HEDIS 2016 Colorado CHP+ Weighted Average</b>	<b>1.61</b>
<b><i>Days per 1,000 Member Months (Medicine)—Total</i></b>	
Colorado Access	1.91
FHP	1.06
DHMP	1.43
Kaiser	1.52
RMHP	1.93
<b>HEDIS 2018 Colorado CHP+ Weighted Average</b>	<b>1.78</b>
<b>HEDIS 2017 Colorado CHP+ Weighted Average</b>	<b>1.69</b>
<b>HEDIS 2016 Colorado CHP+ Weighted Average</b>	<b>2.31</b>
<b><i>Average Length of Stay (Medicine)—Age &lt;1 Year</i></b>	
Colorado Access	4.12†
FHP	NA
DHMP	3.00†
Kaiser	NA
RMHP	2.57†
<b>HEDIS 2018 Colorado CHP+ Weighted Average</b>	<b>3.71</b>
<b>HEDIS 2017 Colorado CHP+ Weighted Average</b>	<b>2.73</b>
<b>HEDIS 2016 Colorado CHP+ Weighted Average</b>	<b>3.43</b>
<b><i>Average Length of Stay (Medicine)—Ages 1 to 9 Years</i></b>	
Colorado Access	2.54
FHP	3.00†

CHP+ Plan	Rate
DHMP	3.11†
Kaiser	3.54
RMHP	3.86†
<b>HEDIS 2018 Colorado CHP+ Weighted Average</b>	<b>2.86</b>
<b>HEDIS 2017 Colorado CHP+ Weighted Average</b>	<b>2.66</b>
<b>HEDIS 2016 Colorado CHP+ Weighted Average</b>	<b>2.60</b>
<i>Average Length of Stay (Medicine)—Ages 10 to 19 Years</i>	
Colorado Access	3.08
FHP	1.25†
DHMP	2.36†
Kaiser	3.04†
RMHP	2.97
<b>HEDIS 2018 Colorado CHP+ Weighted Average</b>	<b>2.97</b>
<b>HEDIS 2017 Colorado CHP+ Weighted Average</b>	<b>3.14</b>
<b>HEDIS 2016 Colorado CHP+ Weighted Average</b>	<b>2.71</b>
<i>Average Length of Stay (Medicine)—Total</i>	
Colorado Access	2.85
FHP	2.36†
DHMP	2.90
Kaiser	3.34
RMHP	3.29
<b>HEDIS 2018 Colorado CHP+ Weighted Average</b>	<b>2.96</b>
<b>HEDIS 2017 Colorado CHP+ Weighted Average</b>	<b>2.82</b>
<b>HEDIS 2016 Colorado CHP+ Weighted Average</b>	<b>2.70</b>
<i>Discharges per 1,000 Member Months (Surgery)—Age &lt;1 Year</i>	
Colorado Access	0.73
FHP	0.00
DHMP	0.00
Kaiser	0.00
RMHP	0.85
<b>HEDIS 2018 Colorado CHP+ Weighted Average</b>	<b>0.64</b>
<b>HEDIS 2017 Colorado CHP+ Weighted Average</b>	<b>1.02</b>
<b>HEDIS 2016 Colorado CHP+ Weighted Average</b>	<b>0.82</b>
<i>Discharges per 1,000 Member Months (Surgery)—Ages 1 to 9 Years</i>	
Colorado Access	0.20
FHP	0.08
DHMP	0.17
Kaiser	0.09
RMHP	0.28

CHP+ Plan	Rate
<b>HEDIS 2018 Colorado CHP+ Weighted Average</b>	<b>0.19</b>
<b>HEDIS 2017 Colorado CHP+ Weighted Average</b>	<b>0.18</b>
<b>HEDIS 2016 Colorado CHP+ Weighted Average</b>	<b>0.20</b>
<b><i>Discharges per 1,000 Member Months (Surgery)—Ages 10 to 19 Years</i></b>	
Colorado Access	0.35
FHP	0.24
DHMP	0.19
Kaiser	0.15
RMHP	0.26
<b>HEDIS 2018 Colorado CHP+ Weighted Average</b>	<b>0.28</b>
<b>HEDIS 2017 Colorado CHP+ Weighted Average</b>	<b>0.28</b>
<b>HEDIS 2016 Colorado CHP+ Weighted Average</b>	<b>0.33</b>
<b><i>Discharges per 1,000 Member Months (Surgery)—Total</i></b>	
Colorado Access	0.28
FHP	0.16
DHMP	0.18
Kaiser	0.12
RMHP	0.28
<b>HEDIS 2018 Colorado CHP+ Weighted Average</b>	<b>0.24</b>
<b>HEDIS 2017 Colorado CHP+ Weighted Average</b>	<b>0.24</b>
<b>HEDIS 2016 Colorado CHP+ Weighted Average</b>	<b>0.27</b>
<b><i>Days per 1,000 Member Months (Surgery)—Age &lt;1 Year</i></b>	
Colorado Access	4.98
FHP	0.00
DHMP	0.00
Kaiser	0.00
RMHP	3.39
<b>HEDIS 2018 Colorado CHP+ Weighted Average</b>	<b>3.98</b>
<b>HEDIS 2017 Colorado CHP+ Weighted Average</b>	<b>3.55</b>
<b>HEDIS 2016 Colorado CHP+ Weighted Average</b>	<b>2.62</b>
<b><i>Days per 1,000 Member Months (Surgery)—Ages 1 to 9 Years</i></b>	
Colorado Access	1.09
FHP	0.08
DHMP	0.82
Kaiser	0.32
RMHP	2.51
<b>HEDIS 2018 Colorado CHP+ Weighted Average</b>	<b>1.13</b>
<b>HEDIS 2017 Colorado CHP+ Weighted Average</b>	<b>0.71</b>
<b>HEDIS 2016 Colorado CHP+ Weighted Average</b>	<b>0.91</b>



CHP+ Plan	Rate
<b><i>Days per 1,000 Member Months (Surgery)—Ages 10 to 19 Years</i></b>	
Colorado Access	2.18
FHP	0.41
DHMP	2.11
Kaiser	0.72
RMHP	0.67
<b>HEDIS 2018 Colorado CHP+ Weighted Average</b>	<b>1.66</b>
<b>HEDIS 2017 Colorado CHP+ Weighted Average</b>	<b>1.64</b>
<b>HEDIS 2016 Colorado CHP+ Weighted Average</b>	<b>1.69</b>
<b><i>Days per 1,000 Member Months (Surgery)—Total</i></b>	
Colorado Access	1.67
FHP	0.24
DHMP	1.46
Kaiser	0.53
RMHP	1.67
<b>HEDIS 2018 Colorado CHP+ Weighted Average</b>	<b>1.43</b>
<b>HEDIS 2017 Colorado CHP+ Weighted Average</b>	<b>1.20</b>
<b>HEDIS 2016 Colorado CHP+ Weighted Average</b>	<b>1.31</b>
<b><i>Average Length of Stay (Surgery)—Age &lt;1 Year</i></b>	
Colorado Access	6.86†
FHP	NA
DHMP	NA
Kaiser	NA
RMHP	4.00†
<b>HEDIS 2018 Colorado CHP+ Weighted Average</b>	<b>6.22†</b>
<b>HEDIS 2017 Colorado CHP+ Weighted Average</b>	<b>3.50†</b>
<b>HEDIS 2016 Colorado CHP+ Weighted Average</b>	<b>3.18†</b>
<b><i>Average Length of Stay (Surgery)—Ages 1 to 9 Years</i></b>	
Colorado Access	5.56
FHP	1.00†
DHMP	4.71†
Kaiser	3.33†
RMHP	8.89†
<b>HEDIS 2018 Colorado CHP+ Weighted Average</b>	<b>6.00</b>
<b>HEDIS 2017 Colorado CHP+ Weighted Average</b>	<b>4.03</b>
<b>HEDIS 2016 Colorado CHP+ Weighted Average</b>	<b>4.63</b>
<b><i>Average Length of Stay (Surgery)—Ages 10 to 19 Years</i></b>	
Colorado Access	6.20
FHP	1.67†

CHP+ Plan	Rate
DHMP	11.00†
Kaiser	4.73†
RMHP	2.60†
<b>HEDIS 2018 Colorado CHP+ Weighted Average</b>	<b>5.81</b>
<b>HEDIS 2017 Colorado CHP+ Weighted Average</b>	<b>5.85</b>
<b>HEDIS 2016 Colorado CHP+ Weighted Average</b>	<b>5.12</b>
<i>Average Length of Stay (Surgery)—Total</i>	
Colorado Access	6.00
FHP	1.50†
DHMP	8.07†
Kaiser	4.24†
RMHP	5.91
<b>HEDIS 2018 Colorado CHP+ Weighted Average</b>	<b>5.90</b>
<b>HEDIS 2017 Colorado CHP+ Weighted Average</b>	<b>4.97</b>
<b>HEDIS 2016 Colorado CHP+ Weighted Average</b>	<b>4.81</b>
<i>Discharges per 1,000 Member Months (Maternity)—Ages 10 to 19 Years</i>	
Colorado Access	0.09
FHP	0.08
DHMP	0.02
Kaiser	0.07
RMHP	0.03
<b>HEDIS 2018 Colorado CHP+ Weighted Average</b>	<b>0.07</b>
<b>HEDIS 2017 Colorado CHP+ Weighted Average</b>	<b>0.06</b>
<b>HEDIS 2016 Colorado CHP+ Weighted Average</b>	<b>0.12</b>
<i>Discharges per 1,000 Member Months (Maternity)—Total</i>	
Colorado Access	0.09
FHP	0.08
DHMP	0.02
Kaiser	0.07
RMHP	0.03
<b>HEDIS 2018 Colorado CHP+ Weighted Average</b>	<b>0.07</b>
<b>HEDIS 2017 Colorado CHP+ Weighted Average</b>	<b>0.06</b>
<b>HEDIS 2016 Colorado CHP+ Weighted Average</b>	<b>0.12</b>
<i>Days per 1,000 Member Months (Maternity)—Ages 10 to 19 Years</i>	
Colorado Access	0.28
FHP	0.16
DHMP	0.05
Kaiser	0.22
RMHP	0.09

CHP+ Plan	Rate
<b>HEDIS 2018 Colorado CHP+ Weighted Average</b>	<b>0.21</b>
<b>HEDIS 2017 Colorado CHP+ Weighted Average</b>	<b>0.16</b>
<b>HEDIS 2016 Colorado CHP+ Weighted Average</b>	<b>0.29</b>
<b><i>Days per 1,000 Member Months (Maternity)—Total</i></b>	
Colorado Access	0.28
FHP	0.16
DHMP	0.05
Kaiser	0.22
RMHP	0.09
<b>HEDIS 2018 Colorado CHP+ Weighted Average</b>	<b>0.21</b>
<b>HEDIS 2017 Colorado CHP+ Weighted Average</b>	<b>0.16</b>
<b>HEDIS 2016 Colorado CHP+ Weighted Average</b>	<b>0.29</b>
<b><i>Average Length of Stay (Maternity)—Ages 10 to 19 Years</i></b>	
Colorado Access	3.05†
FHP	2.00†
DHMP	2.00†
Kaiser	3.20†
RMHP	2.50†
<b>HEDIS 2018 Colorado CHP+ Weighted Average</b>	<b>2.97</b>
<b>HEDIS 2017 Colorado CHP+ Weighted Average</b>	<b>2.68</b>
<b>HEDIS 2016 Colorado CHP+ Weighted Average</b>	<b>2.36</b>
<b><i>Average Length of Stay (Maternity)—Total</i></b>	
Colorado Access	3.05†
FHP	2.00†
DHMP	2.00†
Kaiser	3.20†
RMHP	2.50†
<b>HEDIS 2018 Colorado CHP+ Weighted Average</b>	<b>2.97</b>
<b>HEDIS 2017 Colorado CHP+ Weighted Average</b>	<b>2.68</b>
<b>HEDIS 2016 Colorado CHP+ Weighted Average</b>	<b>2.36</b>
<b><i>Antibiotic Utilization*</i></b>	
<b><i>Average Scripts PMPY for Antibiotics—Ages 0 to 9 Years</i></b>	
Colorado Access	0.47
FHP	0.54
DHMP	0.10
Kaiser	0.28
RMHP	0.47
<b>HEDIS 2018 Colorado CHP+ Weighted Average</b>	<b>0.41</b>
<b>HEDIS 2017 Colorado CHP+ Weighted Average</b>	<b>0.44</b>

CHP+ Plan	Rate
<b>HEDIS 2016 Colorado CHP+ Weighted Average</b>	<b>0.74</b>
<i>Average Scripts PMPY for Antibiotics—Ages 10 to 17 Years</i>	
Colorado Access	0.36
FHP	0.41
DHMP	0.07
Kaiser	0.22
RMHP	0.32
<b>HEDIS 2018 Colorado CHP+ Weighted Average</b>	<b>0.30</b>
<b>HEDIS 2017 Colorado CHP+ Weighted Average</b>	<b>0.34</b>
<b>HEDIS 2016 Colorado CHP+ Weighted Average</b>	<b>0.53</b>
<i>Average Scripts PMPY for Antibiotics—Ages 18 to 34 Years</i>	
Colorado Access	0.51
FHP	0.58
DHMP	0.13
Kaiser	0.38
RMHP	0.43
<b>HEDIS 2018 Colorado CHP+ Weighted Average</b>	<b>0.44</b>
<b>HEDIS 2017 Colorado CHP+ Weighted Average</b>	<b>0.38</b>
<b>HEDIS 2016 Colorado CHP+ Weighted Average</b>	<b>0.66</b>
<i>Average Scripts PMPY for Antibiotics—Total</i>	
Colorado Access	0.42
FHP	0.97
DHMP	0.09
Kaiser	0.26
RMHP	0.40
<b>HEDIS 2018 Colorado CHP+ Weighted Average</b>	<b>0.38</b>
<b>HEDIS 2017 Colorado CHP+ Weighted Average</b>	<b>0.40</b>
<b>HEDIS 2016 Colorado CHP+ Weighted Average</b>	<b>0.65</b>
<i>Average Days Supplied per Antibiotic Script—Ages 0 to 9 Years</i>	
Colorado Access	9.95
FHP	14.89
DHMP	10.54
Kaiser	10.26
RMHP	9.78
<b>HEDIS 2018 Colorado CHP+ Weighted Average</b>	<b>10.15</b>
<b>HEDIS 2017 Colorado CHP+ Weighted Average</b>	<b>9.98</b>
<b>HEDIS 2016 Colorado CHP+ Weighted Average</b>	<b>9.70</b>

CHP+ Plan	Rate
<b><i>Average Days Supplied per Antibiotic Script—Ages 10 to 17 Years</i></b>	
Colorado Access	12.29
FHP	18.68
DHMP	15.03
Kaiser	14.49
RMHP	10.78
<b>HEDIS 2018 Colorado CHP+ Weighted Average</b>	<b>12.64</b>
<b>HEDIS 2017 Colorado CHP+ Weighted Average</b>	<b>12.73</b>
<b>HEDIS 2016 Colorado CHP+ Weighted Average</b>	<b>11.86</b>
<b><i>Average Days Supplied per Antibiotic Script—Ages 18 to 34 Years</i></b>	
Colorado Access	11.75
FHP	20.40
DHMP	9.92
Kaiser	13.69
RMHP	10.98
<b>HEDIS 2018 Colorado CHP+ Weighted Average</b>	<b>12.29</b>
<b>HEDIS 2017 Colorado CHP+ Weighted Average</b>	<b>11.81</b>
<b>HEDIS 2016 Colorado CHP+ Weighted Average</b>	<b>12.46</b>
<b><i>Average Days Supplied per Antibiotic Script—Total</i></b>	
Colorado Access	10.88
FHP	16.68
DHMP	12.07
Kaiser	12.15
RMHP	10.18
<b>HEDIS 2018 Colorado CHP+ Weighted Average</b>	<b>11.36</b>
<b>HEDIS 2017 Colorado CHP+ Weighted Average</b>	<b>11.06</b>
<b>HEDIS 2016 Colorado CHP+ Weighted Average</b>	<b>10.55</b>
<b><i>Average Scripts PMPY for Antibiotics of Concern—Ages 0 to 9 Years</i></b>	
Colorado Access	0.16
FHP	0.23
DHMP	0.02
Kaiser	0.05
RMHP	0.16
<b>HEDIS 2018 Colorado CHP+ Weighted Average</b>	<b>0.13</b>
<b>HEDIS 2017 Colorado CHP+ Weighted Average</b>	<b>0.15</b>
<b>HEDIS 2016 Colorado CHP+ Weighted Average</b>	<b>0.29</b>

CHP+ Plan	Rate
<b><i>Average Scripts PMPY for Antibiotics of Concern—Ages 10 to 17 Years</i></b>	
Colorado Access	0.12
FHP	0.17
DHMP	0.02
Kaiser	0.05
RMHP	0.12
<b>HEDIS 2018 Colorado CHP+ Weighted Average</b>	<b>0.10</b>
<b>HEDIS 2017 Colorado CHP+ Weighted Average</b>	<b>0.12</b>
<b>HEDIS 2016 Colorado CHP+ Weighted Average</b>	<b>0.21</b>
<b><i>Average Scripts PMPY for Antibiotics of Concern—Ages 18 to 34 Years</i></b>	
Colorado Access	0.17
FHP	0.23
DHMP	0.04
Kaiser	0.11
RMHP	0.14
<b>HEDIS 2018 Colorado CHP+ Weighted Average</b>	<b>0.14</b>
<b>HEDIS 2017 Colorado CHP+ Weighted Average</b>	<b>0.13</b>
<b>HEDIS 2016 Colorado CHP+ Weighted Average</b>	<b>0.23</b>
<b><i>Average Scripts PMPY for Antibiotics of Concern—Total</i></b>	
Colorado Access	0.14
FHP	0.41
DHMP	0.02
Kaiser	0.05
RMHP	0.14
<b>HEDIS 2018 Colorado CHP+ Weighted Average</b>	<b>0.12</b>
<b>HEDIS 2017 Colorado CHP+ Weighted Average</b>	<b>0.13</b>
<b>HEDIS 2016 Colorado CHP+ Weighted Average</b>	<b>0.25</b>
<b><i>Percentage of Antibiotics of Concern of All Antibiotic Scripts—Ages 0 to 9 Years</i></b>	
Colorado Access	34.77%
FHP	42.45%
DHMP	22.38%
Kaiser	16.95%
RMHP	34.07%
<b>HEDIS 2018 Colorado CHP+ Weighted Average</b>	<b>32.85%</b>
<b>HEDIS 2017 Colorado CHP+ Weighted Average</b>	<b>34.28%</b>
<b>HEDIS 2016 Colorado CHP+ Weighted Average</b>	<b>39.49%</b>

CHP+ Plan	Rate
<b>Percentage of Antibiotics of Concern of All Antibiotic Scripts—Ages 10 to 17 Years</b>	
Colorado Access	33.12%
FHP	40.91%
DHMP	23.00%
Kaiser	20.96%
RMHP	37.18%
<b>HEDIS 2018 Colorado CHP+ Weighted Average</b>	<b>32.37%</b>
<b>HEDIS 2017 Colorado CHP+ Weighted Average</b>	<b>33.44%</b>
<b>HEDIS 2016 Colorado CHP+ Weighted Average</b>	<b>38.75%</b>
<b>Percentage of Antibiotics of Concern of All Antibiotic Scripts—Ages 18 to 34 Years</b>	
Colorado Access	33.48%
FHP	38.81%
DHMP	31.25%
Kaiser	30.47%
RMHP	32.99%
<b>HEDIS 2018 Colorado CHP+ Weighted Average</b>	<b>33.11%</b>
<b>HEDIS 2017 Colorado CHP+ Weighted Average</b>	<b>34.53%</b>
<b>HEDIS 2016 Colorado CHP+ Weighted Average</b>	<b>35.38%</b>
<b>Percentage of Antibiotics of Concern of All Antibiotic Scripts—Total</b>	
Colorado Access	34.12%
FHP	41.62%
DHMP	23.31%
Kaiser	19.57%
RMHP	35.07%
<b>HEDIS 2018 Colorado CHP+ Weighted Average</b>	<b>33.02%</b>
<b>HEDIS 2017 Colorado CHP+ Weighted Average</b>	<b>33.99%</b>
<b>HEDIS 2016 Colorado CHP+ Weighted Average</b>	<b>39.06%</b>

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

† Indicates that 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 the denominator was too small (<30) to report a valid rate.

**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 2016, 2017, and 2018 are presented.

HEDIS 2017 to 2018 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 2016 Rate	HEDIS 2017 Rate	HEDIS 2018 Rate
<b><i>Pediatric Care</i></b>			
<b><i>Childhood Immunization Status<sup>1</sup></i></b>			
<i>DTaP</i>	69.51%	73.84%	69.69%
<i>IPV</i>	80.55%	84.54%	81.52%
<i>MMR</i>	81.99%	85.20%	82.26%
<i>HiB</i>	78.75%	83.75%	82.26%
<i>Hepatitis B</i>	77.91%	82.30%	80.15%
<i>VZV</i>	80.91%	81.51%	79.51%
<i>Pneumococcal Conjugate</i>	69.87%	76.09%	72.65%
<i>Hepatitis A</i>	69.99%	76.49%	76.24%
<i>Rotavirus</i>	65.55%	71.20%	68.74%
<i>Influenza</i>	44.90%	47.56%	49.84%
<i>Combination 2</i>	59.54%	65.92%	62.30%
<i>Combination 3</i>	57.26%	63.67%	60.82%
<i>Combination 4</i>	51.74%	59.71%	58.71%
<i>Combination 5</i>	49.82%	56.67%	53.96%
<i>Combination 6</i>	34.09%	38.97%	41.29%
<i>Combination 7</i>	46.22%	53.76%	52.38%
<i>Combination 8</i>	31.33%	37.12%	39.92%
<i>Combination 9</i>	30.25%	35.80%	37.59%
<i>Combination 10</i>	28.45%	34.35%	36.54%
<b><i>Immunizations for Adolescents<sup>1</sup></i></b>			
<i>Meningococcal</i>	71.78%	72.00%	72.28%
<i>Tdap</i>	85.58%	84.91%	83.26%
<i>HPV</i>	—	—	34.54%



Performance Measures	HEDIS 2016 Rate	HEDIS 2017 Rate	HEDIS 2018 Rate
<i>Combination 1 (Meningococcal, Tdap)</i>	70.25%	70.39%	70.24%
<i>Combination 2 (Meningococcal, Tdap, HPV)<sup>2</sup></i>	—	—	31.71%
<b>Well-Child Visits in the First 15 Months of Life<sup>1</sup></b>			
<i>Zero Visits*</i>	3.57%	2.17%	1.36%
<i>Six or More Visits</i>	61.07%	61.96%	59.86%
<b>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life<sup>1</sup></b>			
<i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i>	69.36%	69.48%	69.32%
<b>Adolescent Well-Care Visits<sup>1</sup></b>			
<i>Adolescent Well-Care Visits</i>	49.70%	48.88%	48.34%
<b>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents<sup>1</sup></b>			
<i>BMI Percentile Documentation—Ages 3 to 11 Years</i>	59.36%	2.81%	4.25%^
<i>BMI Percentile Documentation—Ages 12 to 17 Years</i>	55.63%	5.61%	6.97%^
<i>BMI Percentile Documentation—Total</i>	57.91%	3.85%	5.25%^
<i>Counseling for Nutrition—Ages 3 to 11 Years</i>	58.96%	1.81%	2.33%^
<i>Counseling for Nutrition—Ages 12 to 17 Years</i>	55.63%	2.54%	3.98%^
<i>Counseling for Nutrition—Total</i>	57.66%	2.08%	2.94%^
<i>Counseling for Physical Activity—Ages 3 to 11 Years</i>	45.82%	0.09%	0.23%^
<i>Counseling for Physical Activity—Ages 12 to 17 Years</i>	51.88%	1.95%	2.49%^
<i>Counseling for Physical Activity—Total</i>	48.18%	0.78%	1.06%^
<b>Appropriate Testing for Children With Pharyngitis</b>			
<i>Appropriate Testing for Children With Pharyngitis</i>	79.59%	84.93%	88.07%^
<b>Access to Care</b>			
<b>Children and Adolescents' Access to Primary Care Practitioners</b>			
<i>Ages 12 to 24 Months</i>	93.65%	91.23%	94.65%^
<i>Ages 25 Months to 6 Years</i>	87.50%	86.24%	85.90%
<i>Ages 7 to 11 Years</i>	92.85%	91.63%	89.74%^
<i>Ages 12 to 19 Years</i>	92.81%	92.18%	90.90%
<b>Preventive Screening</b>			
<b>Chlamydia Screening in Women</b>			
<i>Ages 16 to 20 Years</i>	29.34%	32.72%	32.11%
<b>Non-Recommended Cervical Cancer Screening in Adolescent Females*</b>			
<i>Non-Recommended Cervical Cancer Screening in Adolescent Females</i>	0.31%	0.24%	0.06%
<b>Mental/Behavioral Health</b>			
<b>Antidepressant Medication Management<sup>3</sup></b>			
<i>Effective Acute Phase Treatment</i>	NA	NA	NA
<i>Effective Continuation Phase Treatment</i>	NA	NA	NA

Performance Measures	HEDIS 2016 Rate	HEDIS 2017 Rate	HEDIS 2018 Rate
<b>Follow-Up Care for Children Prescribed ADHD Medication<sup>3</sup></b>			
Initiation Phase	0.74%	0.00%	0.00%
Continuation and Maintenance Phase	0.00%	0.00%	0.00%
<b>Metabolic Monitoring for Children and Adolescents on Antipsychotics</b>			
Ages 1 to 5 Years	—	—	NA
Ages 6 to 11 Years	—	—	NA
Ages 12 to 17 Years	—	—	27.85%
Total	—	—	29.59%
<b>Use of Multiple Concurrent Antipsychotics in Children and Adolescents<sup>**4</sup></b>			
Ages 1 to 5 Years	NA	NA	NA
Ages 6 to 11 Years	NA	NA	NA
Ages 12 to 17 Years	6.38%	4.92%	8.47%
Total	6.56%	4.05%	6.67%
<b>Respiratory Conditions</b>			
<b>Appropriate Treatment for Children With Upper Respiratory Infection<sup>4</sup></b>			
Appropriate Treatment for Children With Upper Respiratory Infection	91.99%	89.63%	92.12%^
<b>Medication Management for People With Asthma</b>			
Medication Compliance 50%—Ages 5 to 11 Years	51.24%	51.18%	65.41%^
Medication Compliance 50%—Ages 12 to 18 Years	38.95%	48.31%	55.77%
Medication Compliance 50%—Total	45.83%	50.00%	61.18%^
Medication Compliance 75%—Ages 5 to 11 Years	23.14%	27.56%	34.59%
Medication Compliance 75%—Ages 12 to 18 Years	14.74%	26.97%	27.88%
Medication Compliance 75%—Total	19.44%	27.31%	31.65%
<b>Asthma Medication Ratio</b>			
Ages 5 to 11 Years	79.84%	87.50%	80.58%
Ages 12 to 18 Years	68.93%	74.74%	72.07%
Total	75.00%	81.70%	76.80%
<b>Use of Services<sup>†</sup></b>			
<b>Ambulatory Care (Per 1,000 Member Months)</b>			
Emergency Department Visits*	27.35	26.48	26.36
Outpatient Visits	227.44	224.38	221.11
<b>Inpatient Utilization—General Hospital/Acute Care</b>			
Discharges per 1,000 Member Months (Total Inpatient)	1.31	0.96	0.99
Days per 1,000 Member Months (Total Inpatient)	4.10	3.51	3.70
Average Length of Stay (Total Inpatient)	3.13	3.64	3.74
Discharges per 1,000 Member Months (Medicine)	0.93	0.66	0.67
Days per 1,000 Member Months (Medicine)	2.30	1.91	1.91

Performance Measures	HEDIS 2016 Rate	HEDIS 2017 Rate	HEDIS 2018 Rate
<i>Average Length of Stay (Medicine)</i>	2.48	2.88	2.85
<i>Discharges per 1,000 Member Months (Surgery)</i>	0.33	0.26	0.28
<i>Days per 1,000 Member Months (Surgery)</i>	1.67	1.49	1.67
<i>Average Length of Stay (Surgery)</i>	5.07	5.79	6.00
<i>Discharges per 1,000 Member Months (Maternity)</i>	0.13	0.09	0.09
<i>Days per 1,000 Member Months (Maternity)</i>	0.30	0.22	0.28
<i>Average Length of Stay (Maternity)</i>	2.40†	2.41†	3.05†
<b>Antibiotic Utilization*</b>			
<i>Average Scripts PMPY for Antibiotics</i>	0.71	0.46	0.42
<i>Average Days Supplied per Antibiotic Script</i>	10.67	10.94	10.88
<i>Average Scripts PMPY for Antibiotics of Concern</i>	0.27	0.16	0.14
<i>Percentage of Antibiotics of Concern of All Antibiotic Scripts</i>	38.39%	33.77%	34.12%

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

<sup>1</sup> Changes in the rates from HEDIS 2016 to HEDIS 2017 and HEDIS 2018 should be interpreted with caution due to a change in the Department's reporting requirement from Hybrid in HEDIS 2016 to Administrative in HEDIS 2017 and HEDIS 2018.

<sup>2</sup> Due to changes in the technical specifications for this measure in HEDIS 2018, NCQA does not recommend trending between 2018 and prior years; therefore, prior year rates are not displayed and comparisons to benchmarks are not performed for this measure.

<sup>3</sup> Due to changes in the technical specifications for this measure for HEDIS 2018, exercise caution when trending HEDIS 2018 rates to prior years.

<sup>4</sup> Due to changes in the technical specifications for this measure for HEDIS 2017, exercise caution when trending HEDIS 2017 rates to prior years.

— indicates that the rate is not presented in this report as the measure is a first-year measure; therefore, no trending information is available. This symbol may also indicate that NCQA recommended a break in trending; therefore, no prior year rates are displayed.

† 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.

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-2—DHMP Trend Table

Performance Measures	HEDIS 2016 Rate	HEDIS 2017 Rate	HEDIS 2018 Rate
<b>Pediatric Care</b>			
<b>Childhood Immunization Status<sup>1</sup></b>			
<i>DTaP</i>	70.87%	75.00%	BR
<i>IPV</i>	75.59%	80.17%	BR
<i>MMR</i>	74.02%	84.48%	BR
<i>HiB</i>	75.59%	80.17%	BR
<i>Hepatitis B</i>	76.38%	79.31%	BR
<i>VZV</i>	74.02%	83.62%	BR
<i>Pneumococcal Conjugate</i>	71.65%	77.59%	BR
<i>Hepatitis A</i>	74.02%	84.48%	BR
<i>Rotavirus</i>	66.14%	68.97%	BR
<i>Influenza</i>	52.76%	56.03%	BR
<i>Combination 2</i>	70.87%	73.28%	BR
<i>Combination 3</i>	70.08%	73.28%	BR
<i>Combination 4</i>	70.08%	73.28%	BR
<i>Combination 5</i>	63.78%	67.24%	BR
<i>Combination 6</i>	50.39%	53.45%	BR
<i>Combination 7</i>	63.78%	67.24%	BR
<i>Combination 8</i>	50.39%	53.45%	BR
<i>Combination 9</i>	48.03%	50.86%	BR
<i>Combination 10</i>	48.03%	50.86%	BR
<b>Immunizations for Adolescents<sup>1</sup></b>			
<i>Meningococcal</i>	78.91%	74.26%	71.56%
<i>Tdap</i>	78.91%	72.79%	85.32%
<i>HPV</i>	—	—	56.88%
<i>Combination 1 (Meningococcal, Tdap)</i>	77.34%	72.06%	68.81%
<i>Combination 2 (Meningococcal, Tdap, HPV)<sup>2</sup></i>	—	—	49.54%
<b>Well-Child Visits in the First 15 Months of Life<sup>1</sup></b>			
<i>Zero Visits*</i>	7.84%	6.78%	NA
<i>Six or More Visits</i>	0.00%	6.78%	NA
<b>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life<sup>1</sup></b>			
<i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i>	59.57%	59.48%	46.64%^^
<b>Adolescent Well-Care Visits<sup>1</sup></b>			
<i>Adolescent Well-Care Visits</i>	44.41%	41.37%	37.64%

Performance Measures	HEDIS 2016 Rate	HEDIS 2017 Rate	HEDIS 2018 Rate
<b>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents<sup>1</sup></b>			
<i>BMI Percentile Documentation—Ages 3 to 11 Years</i>	80.16%	5.40%	11.76%^
<i>BMI Percentile Documentation—Ages 12 to 17 Years</i>	74.21%	11.87%	26.76%^
<i>BMI Percentile Documentation—Total</i>	77.86%	7.94%	17.71%^
<i>Counseling for Nutrition—Ages 3 to 11 Years</i>	81.35%	0.36%	1.45%^
<i>Counseling for Nutrition—Ages 12 to 17 Years</i>	74.21%	3.15%	13.97%^
<i>Counseling for Nutrition—Total</i>	78.59%	1.46%	6.41%^
<i>Counseling for Physical Activity—Ages 3 to 11 Years</i>	62.30%	0.00%	0.39%^
<i>Counseling for Physical Activity—Ages 12 to 17 Years</i>	69.81%	2.04%	2.94%^
<i>Counseling for Physical Activity—Total</i>	65.21%	0.80%	1.40%^
<b>Appropriate Testing for Children With Pharyngitis</b>			
<i>Appropriate Testing for Children With Pharyngitis</i>	NA	83.87%	NA
<b>Access to Care</b>			
<b>Children and Adolescents' Access to Primary Care Practitioners</b>			
<i>Ages 12 to 24 Months</i>	90.91%	93.98%	69.03%^^^
<i>Ages 25 Months to 6 Years</i>	72.65%	71.52%	57.24%^^^
<i>Ages 7 to 11 Years</i>	84.53%	85.65%	81.33%
<i>Ages 12 to 19 Years</i>	86.65%	85.48%	78.05%^^^
<b>Preventive Screening</b>			
<b>Chlamydia Screening in Women</b>			
<i>Ages 16 to 20 Years</i>	64.52%	56.06%	39.74%
<b>Non-Recommended Cervical Cancer Screening in Adolescent Females*</b>			
<i>Non-Recommended Cervical Cancer Screening in Adolescent Females</i>	0.00%	0.00%	0.00%
<b>Mental/Behavioral Health</b>			
<b>Antidepressant Medication Management<sup>3</sup></b>			
<i>Effective Acute Phase Treatment</i>	NA	NA	NA
<i>Effective Continuation Phase Treatment</i>	NA	NA	NA
<b>Follow-Up Care for Children Prescribed ADHD Medication<sup>3</sup></b>			
<i>Initiation Phase</i>	NA	NA	NA
<i>Continuation and Maintenance Phase</i>	NA	NA	NA
<b>Metabolic Monitoring for Children and Adolescents on Antipsychotics</b>			
<i>Ages 1 to 5 Years</i>	—	—	NA
<i>Ages 6 to 11 Years</i>	—	—	NA
<i>Ages 12 to 17 Years</i>	—	—	NA
<i>Total</i>	—	—	NA

Performance Measures	HEDIS 2016 Rate	HEDIS 2017 Rate	HEDIS 2018 Rate
<b>Use of Multiple Concurrent Antipsychotics in Children and Adolescents*</b>			
<i>Ages 1 to 5 Years</i>	NA	NA	NA
<i>Ages 6 to 11 Years</i>	NA	NA	NA
<i>Ages 12 to 17 Years</i>	NA	NA	NA
<i>Total</i>	NA	NA	NA
<b>Respiratory Conditions</b>			
<b>Appropriate Treatment for Children With Upper Respiratory Infection<sup>4</sup></b>			
<i>Appropriate Treatment for Children With Upper Respiratory Infection</i>	98.03%	91.40%	100.00%^
<b>Medication Management for People With Asthma</b>			
<i>Medication Compliance 50%—Ages 5 to 11 Years</i>	NA	NA	NA
<i>Medication Compliance 50%—Ages 12 to 18 Years</i>	NA	NA	NA
<i>Medication Compliance 50%—Total</i>	NA	NA	NA
<i>Medication Compliance 75%—Ages 5 to 11 Years</i>	NA	NA	NA
<i>Medication Compliance 75%—Ages 12 to 18 Years</i>	NA	NA	NA
<i>Medication Compliance 75%—Total</i>	NA	NA	NA
<b>Asthma Medication Ratio</b>			
<i>Ages 5 to 11 Years</i>	NA	NA	NA
<i>Ages 12 to 18 Years</i>	NA	NA	NA
<i>Total</i>	NA	NA	NA
<b>Use of Services<sup>†</sup></b>			
<b>Ambulatory Care (Per 1,000 Member Months)</b>			
<i>Emergency Department Visits*</i>	22.91	18.09	18.43
<i>Outpatient Visits</i>	130.44	117.49	123.51
<b>Inpatient Utilization—General Hospital/Acute Care</b>			
<i>Discharges per 1,000 Member Months (Total Inpatient)</i>	1.08	0.88	0.69
<i>Days per 1,000 Member Months (Total Inpatient)</i>	2.90	2.47	2.91
<i>Average Length of Stay (Total Inpatient)</i>	2.68	2.80	4.25
<i>Discharges per 1,000 Member Months (Medicine)</i>	0.95	0.65	0.49
<i>Days per 1,000 Member Months (Medicine)</i>	2.51	1.75	1.43
<i>Average Length of Stay (Medicine)</i>	2.64	2.68	2.90
<i>Discharges per 1,000 Member Months (Surgery)</i>	0.11	0.21	0.18
<i>Days per 1,000 Member Months (Surgery)</i>	0.32	0.62	1.46
<i>Average Length of Stay (Surgery)</i>	3.00 <sup>†</sup>	2.92 <sup>†</sup>	8.07 <sup>†</sup>
<i>Discharges per 1,000 Member Months (Maternity)</i>	0.04	0.03	0.02
<i>Days per 1,000 Member Months (Maternity)</i>	0.13	0.20	0.05
<i>Average Length of Stay (Maternity)</i>	3.00 <sup>†</sup>	6.00 <sup>†</sup>	2.00 <sup>†</sup>

Performance Measures	HEDIS 2016 Rate	HEDIS 2017 Rate	HEDIS 2018 Rate
<b>Antibiotic Utilization*</b>			
<i>Average Scripts PMPY for Antibiotics</i>	0.14	0.13	0.09
<i>Average Days Supplied per Antibiotic Script</i>	10.10	10.47	12.07
<i>Average Scripts PMPY for Antibiotics of Concern</i>	0.04	0.03	0.02
<i>Percentage of Antibiotics of Concern of All Antibiotic Scripts</i>	28.31%	26.07%	23.31%

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

<sup>1</sup> Changes in the rates from HEDIS 2016 to HEDIS 2017 and HEDIS 2018 should be interpreted with caution due to a change in the Department's reporting requirement from Hybrid in HEDIS 2016 to Administrative in HEDIS 2017 and HEDIS 2018.

<sup>2</sup> Due to changes in the technical specifications for this measure in HEDIS 2018, NCQA does not recommend trending between 2018 and prior years; therefore, prior year rates are not displayed and comparisons to benchmarks are not performed for this measure.

<sup>3</sup> Due to changes in the technical specifications for this measure for HEDIS 2018, exercise caution when trending HEDIS 2018 rates to prior years.

<sup>4</sup> Due to changes in the technical specifications for this measure for HEDIS 2017, exercise caution when trending HEDIS 2017 rates to prior years.

— indicates that the rate is not presented in this report as the measure is a first-year measure; therefore, no trending information is available. This symbol may also indicate that NCQA recommended a break in trending; therefore, no prior year rates are displayed.

† 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.

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.

## FHP Trend Table

Table B-3—FHP Trend Table

Performance Measures	HEDIS 2016 Rate	HEDIS 2017 Rate	HEDIS 2018 Rate
<b>Pediatric Care</b>			
<b>Childhood Immunization Status<sup>1</sup></b>			
<i>DTaP</i>	1.85%	6.12%	9.80%
<i>IPV</i>	7.41%	12.24%	15.69%
<i>MMR</i>	42.59%	57.14%	54.90%
<i>HiB</i>	9.26%	20.41%	17.65%
<i>Hepatitis B</i>	3.70%	10.20%	13.73%
<i>VZV</i>	42.59%	53.06%	52.94%
<i>Pneumococcal Conjugate</i>	0.00%	8.16%	9.80%
<i>Hepatitis A</i>	48.15%	48.98%	49.02%
<i>Rotavirus</i>	0.00%	2.04%	1.96%
<i>Influenza</i>	5.56%	14.29%	17.65%
<i>Combination 2</i>	0.00%	4.08%	7.84%
<i>Combination 3</i>	0.00%	4.08%	5.88%
<i>Combination 4</i>	0.00%	2.04%	3.92%
<i>Combination 5</i>	0.00%	0.00%	0.00%
<i>Combination 6</i>	0.00%	2.04%	3.92%
<i>Combination 7</i>	0.00%	0.00%	0.00%
<i>Combination 8</i>	0.00%	0.00%	1.96%
<i>Combination 9</i>	0.00%	0.00%	0.00%
<i>Combination 10</i>	0.00%	0.00%	0.00%
<b>Immunizations for Adolescents<sup>1</sup></b>			
<i>Meningococcal</i>	19.05%	22.22%	15.94%
<i>Tdap</i>	38.10%	33.33%	36.23%
<i>HPV</i>	—	—	8.70%
<i>Combination 1 (Meningococcal, Tdap)</i>	11.90%	14.81%	15.94%
<i>Combination 2 (Meningococcal, Tdap, HPV)<sup>2</sup></i>	—	—	5.80%
<b>Well-Child Visits in the First 15 Months of Life<sup>1</sup></b>			
<i>Zero Visits*</i>	NA	NA	NA
<i>Six or More Visits</i>	NA	NA	NA
<b>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life<sup>1</sup></b>			
<i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i>	43.79%	42.18%	43.72%
<b>Adolescent Well-Care Visits<sup>1</sup></b>			
<i>Adolescent Well-Care Visits</i>	30.70%	28.92%	25.05%



Performance Measures	HEDIS 2016 Rate	HEDIS 2017 Rate	HEDIS 2018 Rate
<b>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents<sup>1</sup></b>			
<i>BMI Percentile Documentation—Ages 3 to 11 Years</i>	28.10%	1.61%	2.29%
<i>BMI Percentile Documentation—Ages 12 to 17 Years</i>	31.95%	1.40%	0.83%
<i>BMI Percentile Documentation—Total</i>	29.68%	1.53%	1.69%
<i>Counseling for Nutrition—Ages 3 to 11 Years</i>	30.17%	3.87%	6.30%^
<i>Counseling for Nutrition—Ages 12 to 17 Years</i>	29.59%	2.80%	5.37%^
<i>Counseling for Nutrition—Total</i>	29.93%	3.44%	5.92%^
<i>Counseling for Physical Activity—Ages 3 to 11 Years</i>	15.70%	0.65%	0.57%
<i>Counseling for Physical Activity—Ages 12 to 17 Years</i>	43.20%	8.88%	7.44%
<i>Counseling for Physical Activity—Total</i>	27.01%	4.01%	3.38%
<b>Appropriate Testing for Children With Pharyngitis</b>			
<i>Appropriate Testing for Children With Pharyngitis</i>	73.85%	74.07%	77.55%
<b>Access to Care</b>			
<b>Children and Adolescents' Access to Primary Care Practitioners</b>			
<i>Ages 12 to 24 Months</i>	NA	79.41%	NA
<i>Ages 25 Months to 6 Years</i>	69.44%	65.12%	65.33%
<i>Ages 7 to 11 Years</i>	80.81%	72.61%	73.58%
<i>Ages 12 to 19 Years</i>	87.10%	76.50%	80.49%
<b>Preventive Screening</b>			
<b>Chlamydia Screening in Women</b>			
<i>Ages 16 to 20 Years</i>	NA	NA	13.95%
<b>Non-Recommended Cervical Cancer Screening in Adolescent Females*</b>			
<i>Non-Recommended Cervical Cancer Screening in Adolescent Females</i>	2.04%	0.00%	0.00%
<b>Mental/Behavioral Health</b>			
<b>Antidepressant Medication Management<sup>3</sup></b>			
<i>Effective Acute Phase Treatment</i>	NA	NA	NA
<i>Effective Continuation Phase Treatment</i>	NA	NA	NA
<b>Follow-Up Care for Children Prescribed ADHD Medication<sup>3</sup></b>			
<i>Initiation Phase</i>	NA	NA	NA
<i>Continuation and Maintenance Phase</i>	NA	NA	NA
<b>Metabolic Monitoring for Children and Adolescents on Antipsychotics</b>			
<i>Ages 1 to 5 Years</i>	—	—	NA
<i>Ages 6 to 11 Years</i>	—	—	NA
<i>Ages 12 to 17 Years</i>	—	—	NA
<i>Total</i>	—	—	NA

Performance Measures	HEDIS 2016 Rate	HEDIS 2017 Rate	HEDIS 2018 Rate
<b>Use of Multiple Concurrent Antipsychotics in Children and Adolescents*</b>			
<i>Ages 1 to 5 Years</i>	NA	NA	NA
<i>Ages 6 to 11 Years</i>	NA	NA	NA
<i>Ages 12 to 17 Years</i>	NA	NA	NA
<i>Total</i>	NA	NA	NA
<b>Respiratory Conditions</b>			
<b>Appropriate Treatment for Children With Upper Respiratory Infection<sup>4</sup></b>			
<i>Appropriate Treatment for Children With Upper Respiratory Infection</i>	85.85%	83.72%	87.72%
<b>Medication Management for People With Asthma</b>			
<i>Medication Compliance 50%—Ages 5 to 11 Years</i>	NA	NA	NA
<i>Medication Compliance 50%—Ages 12 to 18 Years</i>	NA	NA	NA
<i>Medication Compliance 50%—Total</i>	NA	NA	NA
<i>Medication Compliance 75%—Ages 5 to 11 Years</i>	NA	NA	NA
<i>Medication Compliance 75%—Ages 12 to 18 Years</i>	NA	NA	NA
<i>Medication Compliance 75%—Total</i>	NA	NA	NA
<b>Asthma Medication Ratio</b>			
<i>Ages 5 to 11 Years</i>	NA	NA	NA
<i>Ages 12 to 18 Years</i>	NA	NA	NA
<i>Total</i>	NA	NA	NA
<b>Use of Services<sup>†</sup></b>			
<b>Ambulatory Care (Per 1,000 Member Months)</b>			
<i>Emergency Department Visits*</i>	17.94	15.26	15.98
<i>Outpatient Visits</i>	183.26	176.00	175.38
<b>Inpatient Utilization—General Hospital/Acute Care</b>			
<i>Discharges per 1,000 Member Months (Total Inpatient)</i>	1.52	0.81	0.65
<i>Days per 1,000 Member Months (Total Inpatient)</i>	3.74	2.06	1.38
<i>Average Length of Stay (Total Inpatient)</i>	2.46 <sup>†</sup>	2.56 <sup>†</sup>	2.13 <sup>†</sup>
<i>Discharges per 1,000 Member Months (Medicine)</i>	1.30	0.54	0.45
<i>Days per 1,000 Member Months (Medicine)</i>	3.25	1.21	1.06
<i>Average Length of Stay (Medicine)</i>	2.50 <sup>†</sup>	2.25 <sup>†</sup>	2.36 <sup>†</sup>
<i>Discharges per 1,000 Member Months (Surgery)</i>	0.16	0.27	0.16
<i>Days per 1,000 Member Months (Surgery)</i>	0.43	0.85	0.24
<i>Average Length of Stay (Surgery)</i>	2.67 <sup>†</sup>	3.17 <sup>†</sup>	1.50 <sup>†</sup>
<i>Discharges per 1,000 Member Months (Maternity)</i>	0.11	NA	0.08
<i>Days per 1,000 Member Months (Maternity)</i>	0.11	NA	0.16
<i>Average Length of Stay (Maternity)</i>	1.00 <sup>†</sup>	NA	2.00 <sup>†</sup>

Performance Measures	HEDIS 2016 Rate	HEDIS 2017 Rate	HEDIS 2018 Rate
<b>Antibiotic Utilization*</b>			
Average Scripts PMPY for Antibiotics	0.59	0.50	0.97
Average Days Supplied per Antibiotic Script	10.36	12.39	16.68
Average Scripts PMPY for Antibiotics of Concern	0.25	0.20	0.41
Percentage of Antibiotics of Concern of All Antibiotic Scripts	42.20%	39.01%	41.62%

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

<sup>1</sup> Changes in the rates from HEDIS 2016 to HEDIS 2017 and HEDIS 2018 should be interpreted with caution due to a change in the Department's reporting requirement from Hybrid in HEDIS 2016 to Administrative in HEDIS 2017 and HEDIS 2018.

<sup>2</sup> Due to changes in the technical specifications for this measure in HEDIS 2018, NCQA does not recommend trending between 2018 and prior years; therefore, prior year rates are not displayed and comparisons to benchmarks are not performed for this measure.

<sup>3</sup> Due to changes in the technical specifications for this measure for HEDIS 2018, exercise caution when trending HEDIS 2018 rates to prior years.

<sup>4</sup> Due to changes in the technical specifications for this measure for HEDIS 2017, exercise caution when trending HEDIS 2017 rates to prior years.

— indicates that the rate is not presented in this report as the measure is a first-year measure; therefore, no trending information is available. This symbol may also indicate that NCQA recommended a break in trending; therefore, no prior year rates are displayed.

† 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.

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 2016 Rate	HEDIS 2017 Rate	HEDIS 2018 Rate
<b>Pediatric Care</b>			
<b>Childhood Immunization Status<sup>1</sup></b>			
<i>DTaP</i>	60.97%	82.23%	<b>73.90%^^</b>
<i>IPV</i>	68.62%	88.43%	84.75%
<i>MMR</i>	68.62%	88.02%	83.05%
<i>HiB</i>	69.39%	89.67%	85.42%
<i>Hepatitis B</i>	69.13%	88.84%	83.39%
<i>VZV</i>	67.60%	87.19%	81.69%
<i>Pneumococcal Conjugate</i>	61.73%	85.12%	78.64%
<i>Hepatitis A</i>	66.07%	87.60%	<b>81.36%^^</b>
<i>Rotavirus</i>	55.61%	78.10%	<b>68.14%^^</b>
<i>Influenza</i>	41.33%	53.72%	47.80%
<i>Combination 2</i>	58.67%	79.34%	<b>70.85%^^</b>
<i>Combination 3</i>	57.14%	78.93%	<b>70.17%^^</b>
<i>Combination 4</i>	56.38%	78.93%	<b>69.15%^^</b>
<i>Combination 5</i>	50.00%	72.31%	<b>62.03%^^</b>
<i>Combination 6</i>	38.52%	50.41%	43.73%
<i>Combination 7</i>	49.74%	72.31%	<b>61.02%^^</b>
<i>Combination 8</i>	38.01%	50.41%	43.39%
<i>Combination 9</i>	34.18%	47.11%	39.32%
<i>Combination 10</i>	33.93%	47.11%	38.98%
<b>Immunizations for Adolescents<sup>1</sup></b>			
<i>Meningococcal</i>	81.45%	88.14%	84.96%
<i>Tdap</i>	86.43%	89.41%	87.02%
<i>HPV</i>	—	—	56.05%
<i>Combination 1 (Meningococcal, Tdap)</i>	80.09%	86.02%	82.30%
<i>Combination 2 (Meningococcal, Tdap, HPV)<sup>2</sup></i>	—	—	53.98%
<b>Well-Child Visits in the First 15 Months of Life<sup>1</sup></b>			
<i>Zero Visits*</i>	3.51%	2.53%	2.91%
<i>Six or More Visits</i>	64.91%	67.09%	66.02%
<b>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life<sup>1</sup></b>			
<i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i>	65.70%	67.99%	<b>59.35%^^</b>
<b>Adolescent Well-Care Visits<sup>1</sup></b>			
<i>Adolescent Well-Care Visits</i>	40.56%	59.26%	<b>41.18%^^</b>

Performance Measures	HEDIS 2016 Rate	HEDIS 2017 Rate	HEDIS 2018 Rate
<b>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents<sup>1</sup></b>			
<i>BMI Percentile Documentation—Ages 3 to 11 Years</i>	98.21%	94.43%	97.40%^
<i>BMI Percentile Documentation—Ages 12 to 17 Years</i>	97.35%	93.60%	97.12%^
<i>BMI Percentile Documentation—Total</i>	97.87%	94.10%	97.29%^
<i>Counseling for Nutrition—Ages 3 to 11 Years</i>	96.64%	97.00%	96.10%^^
<i>Counseling for Nutrition—Ages 12 to 17 Years</i>	94.70%	97.44%	94.78%^^
<i>Counseling for Nutrition—Total</i>	95.87%	97.18%	95.57%^^
<i>Counseling for Physical Activity—Ages 3 to 11 Years</i>	96.64%	97.00%	96.10%^^
<i>Counseling for Physical Activity—Ages 12 to 17 Years</i>	94.70%	97.44%	94.78%^^
<i>Counseling for Physical Activity—Total</i>	95.87%	97.18%	95.57%^^
<b>Appropriate Testing for Children With Pharyngitis</b>			
<i>Appropriate Testing for Children With Pharyngitis</i>	92.18%	96.58%	96.37%
<b>Access to Care</b>			
<b>Children and Adolescents' Access to Primary Care Practitioners</b>			
<i>Ages 12 to 24 Months</i>	89.88%	87.43%	87.44%
<i>Ages 25 Months to 6 Years</i>	83.78%	79.56%	75.76%^^
<i>Ages 7 to 11 Years</i>	83.85%	87.93%	86.56%
<i>Ages 12 to 19 Years</i>	85.51%	87.81%	88.45%
<b>Preventive Screening</b>			
<b>Chlamydia Screening in Women</b>			
<i>Ages 16 to 20 Years</i>	58.56%	48.46%	41.43%
<b>Non-Recommended Cervical Cancer Screening in Adolescent Females*</b>			
<i>Non-Recommended Cervical Cancer Screening in Adolescent Females</i>	0.00%	0.27%	0.17%
<b>Mental/Behavioral Health</b>			
<b>Antidepressant Medication Management<sup>3</sup></b>			
<i>Effective Acute Phase Treatment</i>	NA	NA	NA
<i>Effective Continuation Phase Treatment</i>	NA	NA	NA
<b>Follow-Up Care for Children Prescribed ADHD Medication<sup>3</sup></b>			
<i>Initiation Phase</i>	56.67%	NA	NA
<i>Continuation and Maintenance Phase</i>	NA	NA	NA
<b>Metabolic Monitoring for Children and Adolescents on Antipsychotics</b>			
<i>Ages 1 to 5 Years</i>	—	—	NA
<i>Ages 6 to 11 Years</i>	—	—	NA
<i>Ages 12 to 17 Years</i>	—	—	NA
<i>Total</i>	—	—	NA

Performance Measures	HEDIS 2016 Rate	HEDIS 2017 Rate	HEDIS 2018 Rate
<b>Use of Multiple Concurrent Antipsychotics in Children and Adolescents*</b>			
<i>Ages 1 to 5 Years</i>	NA	NA	NA
<i>Ages 6 to 11 Years</i>	NA	NA	NA
<i>Ages 12 to 17 Years</i>	NA	NA	NA
<i>Total</i>	NA	NA	NA
<b>Respiratory Conditions</b>			
<b>Appropriate Treatment for Children With Upper Respiratory Infection<sup>4</sup></b>			
<i>Appropriate Treatment for Children With Upper Respiratory Infection</i>	97.40%	98.91%	99.01%
<b>Medication Management for People With Asthma</b>			
<i>Medication Compliance 50%—Ages 5 to 11 Years</i>	NA	NA	46.67%
<i>Medication Compliance 50%—Ages 12 to 18 Years</i>	NA	NA	NA
<i>Medication Compliance 50%—Total</i>	NA	32.26%	46.34%
<i>Medication Compliance 75%—Ages 5 to 11 Years</i>	NA	NA	23.33%
<i>Medication Compliance 75%—Ages 12 to 18 Years</i>	NA	NA	NA
<i>Medication Compliance 75%—Total</i>	NA	12.90%	21.95%
<b>Asthma Medication Ratio</b>			
<i>Ages 5 to 11 Years</i>	NA	NA	93.33%
<i>Ages 12 to 18 Years</i>	NA	NA	NA
<i>Total</i>	NA	80.65%	90.48%
<b>Use of Services<sup>†</sup></b>			
<b>Ambulatory Care (Per 1,000 Member Months)</b>			
<i>Emergency Department Visits*</i>	14.00	2.98	11.54
<i>Outpatient Visits</i>	290.97	179.23	151.08
<b>Inpatient Utilization—General Hospital/Acute Care</b>			
<i>Discharges per 1,000 Member Months (Total Inpatient)</i>	0.83	0.64	0.62
<i>Days per 1,000 Member Months (Total Inpatient)</i>	2.89	2.13	2.17
<i>Average Length of Stay (Total Inpatient)</i>	3.48	3.35	3.51
<i>Discharges per 1,000 Member Months (Medicine)</i>	0.61	0.49	0.46
<i>Days per 1,000 Member Months (Medicine)</i>	2.05	1.48	1.52
<i>Average Length of Stay (Medicine)</i>	3.37	3.04	3.34
<i>Discharges per 1,000 Member Months (Surgery)</i>	0.15	0.15	0.12
<i>Days per 1,000 Member Months (Surgery)</i>	0.67	0.65	0.53
<i>Average Length of Stay (Surgery)</i>	4.38 <sup>†</sup>	4.36 <sup>†</sup>	4.24 <sup>†</sup>
<i>Discharges per 1,000 Member Months (Maternity)</i>	0.15	0.00	0.07
<i>Days per 1,000 Member Months (Maternity)</i>	0.36	0.00	0.22
<i>Average Length of Stay (Maternity)</i>	2.50 <sup>†</sup>	NA	3.20 <sup>†</sup>

Performance Measures	HEDIS 2016 Rate	HEDIS 2017 Rate	HEDIS 2018 Rate
<b>Antibiotic Utilization*</b>			
<i>Average Scripts PMPY for Antibiotics</i>	1.44	0.28	0.26
<i>Average Days Supplied per Antibiotic Script</i>	12.87	12.32	12.15
<i>Average Scripts PMPY for Antibiotics of Concern</i>	0.36	0.08	0.05
<i>Percentage of Antibiotics of Concern of All Antibiotic Scripts</i>	25.23%	—	19.57%

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

<sup>1</sup> Changes in the rates from HEDIS 2016 to HEDIS 2017 and HEDIS 2018 should be interpreted with caution due to a change in the Department's reporting requirement from Hybrid in HEDIS 2016 to Administrative in HEDIS 2017 and HEDIS 2018.

<sup>2</sup> Due to changes in the technical specifications for this measure in HEDIS 2018, NCQA does not recommend trending between 2018 and prior years; therefore, prior year rates are not displayed and comparisons to benchmarks are not performed for this measure.

<sup>3</sup> Due to changes in the technical specifications for this measure for HEDIS 2018, exercise caution when trending HEDIS 2018 rates to prior years.

<sup>4</sup> Due to changes in the technical specifications for this measure for HEDIS 2017, exercise caution when trending HEDIS 2017 rates to prior years.

— indicates that the rate is not presented in this report as the measure is a first-year measure; therefore, no trending information is available. This symbol may also indicate that NCQA recommended a break in trending; therefore, no prior year rates are displayed.

† 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.

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.

## RMHP Trend Table

Table B-5—RMHP Trend Table

Performance Measures	HEDIS 2016 Rate	HEDIS 2017 Rate	HEDIS 2018 Rate
<b>Pediatric Care</b>			
<b>Childhood Immunization Status<sup>1</sup></b>			
<i>DTaP</i>	BR	67.72%	72.80%
<i>IPV</i>	BR	76.38%	83.20%
<i>MMR</i>	BR	79.13%	85.60%
<i>HiB</i>	BR	78.35%	82.40%
<i>Hepatitis B</i>	BR	74.80%	81.60%
<i>VZV</i>	BR	79.53%	84.40%
<i>Pneumococcal Conjugate</i>	BR	68.50%	75.60%
<i>Hepatitis A</i>	BR	75.20%	81.20%
<i>Rotavirus</i>	BR	67.32%	69.60%
<i>Influenza</i>	BR	53.54%	50.80%
<i>Combination 2</i>	BR	58.27%	64.80%
<i>Combination 3</i>	BR	55.91%	62.40%
<i>Combination 4</i>	BR	54.33%	60.40%
<i>Combination 5</i>	BR	51.57%	54.40%
<i>Combination 6</i>	BR	43.31%	41.20%
<i>Combination 7</i>	BR	50.39%	53.20%
<i>Combination 8</i>	BR	42.13%	41.20%
<i>Combination 9</i>	BR	40.16%	36.40%
<i>Combination 10</i>	BR	39.37%	36.40%
<b>Immunizations for Adolescents<sup>1</sup></b>			
<i>Meningococcal</i>	BR	51.17%	62.88%^
<i>Tdap</i>	BR	77.73%	82.94%
<i>HPV</i>	—	—	17.06%
<i>Combination 1 (Meningococcal, Tdap)</i>	BR	49.61%	60.87%
<i>Combination 2 (Meningococcal, Tdap, HPV)<sup>2</sup></i>	—	—	13.71%
<b>Well-Child Visits in the First 15 Months of Life<sup>1</sup></b>			
<i>Zero Visits*</i>	BR	3.00%	5.00%
<i>Six or More Visits</i>	BR	23.00%	29.00%
<b>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life<sup>1</sup></b>			
<i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i>	BR	63.66%	68.75%^
<b>Adolescent Well-Care Visits<sup>1</sup></b>			
<i>Adolescent Well-Care Visits</i>	BR	43.69%	47.07%^



Performance Measures	HEDIS 2016 Rate	HEDIS 2017 Rate	HEDIS 2018 Rate
<b>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents<sup>1</sup></b>			
<i>BMI Percentile Documentation—Ages 3 to 11 Years</i>	BR	3.30%	2.81%
<i>BMI Percentile Documentation—Ages 12 to 17 Years</i>	BR	6.64%	7.18%
<i>BMI Percentile Documentation—Total</i>	BR	4.44%	4.38%
<i>Counseling for Nutrition—Ages 3 to 11 Years</i>	BR	19.87%	22.32%^
<i>Counseling for Nutrition—Ages 12 to 17 Years</i>	BR	17.43%	20.11%^
<i>Counseling for Nutrition—Total</i>	BR	19.04%	21.52%^
<i>Counseling for Physical Activity—Ages 3 to 11 Years</i>	BR	0.31%	2.04%^
<i>Counseling for Physical Activity—Ages 12 to 17 Years</i>	BR	3.19%	6.12%^
<i>Counseling for Physical Activity—Total</i>	BR	1.29%	3.51%^
<b>Appropriate Testing for Children With Pharyngitis</b>			
<i>Appropriate Testing for Children With Pharyngitis</i>	79.42%	78.26%	80.27%
<b>Access to Care</b>			
<b>Children and Adolescents' Access to Primary Care Practitioners</b>			
<i>Ages 12 to 24 Months</i>	95.48%	91.26%	93.48%
<i>Ages 25 Months to 6 Years</i>	86.26%	82.13%	83.49%
<i>Ages 7 to 11 Years</i>	85.23%	86.72%	86.90%
<i>Ages 12 to 19 Years</i>	89.01%	87.34%	86.82%
<b>Preventive Screening</b>			
<b>Chlamydia Screening in Women</b>			
<i>Ages 16 to 20 Years</i>	30.84%	23.31%	31.93%
<b>Non-Recommended Cervical Cancer Screening in Adolescent Females*</b>			
<i>Non-Recommended Cervical Cancer Screening in Adolescent Females</i>	0.38%	0.00%	0.00%
<b>Mental/Behavioral Health</b>			
<b>Antidepressant Medication Management<sup>3</sup></b>			
<i>Effective Acute Phase Treatment</i>	NA	NA	NA
<i>Effective Continuation Phase Treatment</i>	NA	NA	NA
<b>Follow-Up Care for Children Prescribed ADHD Medication<sup>3</sup></b>			
<i>Initiation Phase</i>	35.29%	NA	47.06%
<i>Continuation and Maintenance Phase</i>	NA	NA	NA
<b>Metabolic Monitoring for Children and Adolescents on Antipsychotics</b>			
<i>Ages 1 to 5 Years</i>	—	—	NA
<i>Ages 6 to 11 Years</i>	—	—	NA
<i>Ages 12 to 17 Years</i>	—	—	NA
<i>Total</i>	—	—	NA

Performance Measures	HEDIS 2016 Rate	HEDIS 2017 Rate	HEDIS 2018 Rate
<b>Use of Multiple Concurrent Antipsychotics in Children and Adolescents*</b>			
<i>Ages 1 to 5 Years</i>	NA	NA	NA
<i>Ages 6 to 11 Years</i>	NA	NA	NA
<i>Ages 12 to 17 Years</i>	NA	NA	NA
<i>Total</i>	NA	NA	NA
<b>Respiratory Conditions</b>			
<b>Appropriate Treatment for Children With Upper Respiratory Infection<sup>4</sup></b>			
<i>Appropriate Treatment for Children With Upper Respiratory Infection</i>	93.30%	95.41%	95.80%
<b>Medication Management for People With Asthma</b>			
<i>Medication Compliance 50%—Ages 5 to 11 Years</i>	NA	NA	NA
<i>Medication Compliance 50%—Ages 12 to 18 Years</i>	NA	NA	NA
<i>Medication Compliance 50%—Total</i>	NA	NA	NA
<i>Medication Compliance 75%—Ages 5 to 11 Years</i>	NA	NA	NA
<i>Medication Compliance 75%—Ages 12 to 18 Years</i>	NA	NA	NA
<i>Medication Compliance 75%—Total</i>	NA	NA	NA
<b>Asthma Medication Ratio</b>			
<i>Ages 5 to 11 Years</i>	NA	NA	NA
<i>Ages 12 to 18 Years</i>	NA	NA	NA
<i>Total</i>	NA	NA	NA
<b>Use of Services<sup>†</sup></b>			
<b>Ambulatory Care (Per 1,000 Member Months)</b>			
<i>Emergency Department Visits*</i>	20.86	18.26	18.26
<i>Outpatient Visits</i>	230.04	212.07	218.41
<b>Inpatient Utilization—General Hospital/Acute Care</b>			
<i>Discharges per 1,000 Member Months (Total Inpatient)</i>	1.01	0.73	0.89
<i>Days per 1,000 Member Months (Total Inpatient)</i>	3.65	2.21	3.64
<i>Average Length of Stay (Total Inpatient)</i>	3.63	3.01	4.11
<i>Discharges per 1,000 Member Months (Medicine)</i>	0.68	0.45	0.59
<i>Days per 1,000 Member Months (Medicine)</i>	2.31	1.16	1.93
<i>Average Length of Stay (Medicine)</i>	3.42	2.57	3.29
<i>Discharges per 1,000 Member Months (Surgery)</i>	0.27	0.27	0.28
<i>Days per 1,000 Member Months (Surgery)</i>	1.21	1.01	1.67
<i>Average Length of Stay (Surgery)</i>	4.42 <sup>†</sup>	3.71	5.91
<i>Discharges per 1,000 Member Months (Maternity)</i>	0.13	0.02	0.03
<i>Days per 1,000 Member Months (Maternity)</i>	0.28	0.08	0.09
<i>Average Length of Stay (Maternity)</i>	2.20 <sup>†</sup>	4.00 <sup>†</sup>	2.50 <sup>†</sup>

Performance Measures	HEDIS 2016 Rate	HEDIS 2017 Rate	HEDIS 2018 Rate
<b>Antibiotic Utilization*</b>			
<i>Average Scripts PMPY for Antibiotics</i>	0.67	0.40	0.40
<i>Average Days Supplied per Antibiotic Script</i>	10.06	10.49	10.18
<i>Average Scripts PMPY for Antibiotics of Concern</i>	0.29	0.15	0.14
<i>Percentage of Antibiotics of Concern of All Antibiotic Scripts</i>	43.16%	—	35.07%

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

<sup>1</sup> Changes in the rates from HEDIS 2016 to HEDIS 2017 and HEDIS 2018 should be interpreted with caution due to a change in the Department's reporting requirement from Hybrid in HEDIS 2016 to Administrative in HEDIS 2017 and HEDIS 2018.

<sup>2</sup> Due to changes in the technical specifications for this measure in HEDIS 2018, NCQA does not recommend trending between 2018 and prior years; therefore, prior year rates are not displayed and comparisons to benchmarks are not performed for this measure.

<sup>3</sup> Due to changes in the technical specifications for this measure for HEDIS 2018, exercise caution when trending HEDIS 2018 rates to prior years.

<sup>4</sup> Due to changes in the technical specifications for this measure for HEDIS 2017, exercise caution when trending HEDIS 2017 rates to prior years.

— indicates that the rate is not presented in this report as the measure is a first-year measure; therefore, no trending information is available. This symbol may also indicate that NCQA recommended a break in trending; therefore, no prior year rates are displayed.

† 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.

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 2016 Rate	HEDIS 2017 Rate	HEDIS 2018 Rate	Plan Rate Range
<b><i>Pediatric Care</i></b>				
<b><i>Childhood Immunization Status<sup>1</sup></i></b>				
<i>DTaP</i>	64.65%	71.93%	69.02%	9.80%-73.90%
<i>IPV</i>	73.97%	80.89%	80.23%	15.69%-84.75%
<i>MMR</i>	76.03%	83.57%	82.05%	54.90%-85.60%
<i>HiB</i>	73.19%	81.31%	80.75%	17.65%-85.42%
<i>Hepatitis B</i>	72.48%	79.34%	78.81%	13.73%-83.39%
<i>VZV</i>	75.11%	81.31%	79.84%	52.94%-84.40%
<i>Pneumococcal Conjugate</i>	65.08%	74.05%	72.20%	9.80%-78.64%
<i>Hepatitis A</i>	68.42%	77.86%	77.12%	49.02%-81.36%
<i>Rotavirus</i>	60.31%	69.11%	66.56%	1.96%-69.60%
<i>Influenza</i>	43.10%	49.22%	48.54%	17.65%-50.80%
<i>Combination 2</i>	58.04%	65.30%	62.54%	7.84%-70.85%
<i>Combination 3</i>	56.19%	63.61%	61.05%	5.88%-70.17%
<i>Combination 4</i>	52.70%	61.14%	59.17%	3.92%-69.15%
<i>Combination 5</i>	49.22%	57.33%	53.79%	0.00%-62.03%
<i>Combination 6</i>	35.49%	41.61%	40.51%	3.92%-43.73%
<i>Combination 7</i>	47.01%	55.57%	52.43%	0.00%-61.02%
<i>Combination 8</i>	33.71%	40.34%	39.53%	1.96%-43.39%
<i>Combination 9</i>	31.79%	38.50%	36.49%	0.00%-39.32%
<i>Combination 10</i>	30.65%	37.59%	35.77%	0.00%-38.98%
<b><i>Immunizations for Adolescents<sup>1</sup></i></b>				
<i>Meningococcal</i>	72.39%	69.48%	71.03%	15.94%-84.96%
<i>Tdap</i>	83.64%	81.55%	82.47%	36.23%-87.02%
<i>HPV</i>	—	—	37.05%	8.70%-56.88%
<i>Combination 1 (Meningococcal, Tdap)</i>	70.71%	67.55%	68.89%	15.94%-82.30%
<i>Combination 2 (Meningococcal, Tdap, HPV)<sup>2</sup></i>	—	—	33.79%	5.80%-53.98%

Performance Measures	HEDIS 2016 Rate	HEDIS 2017 Rate	HEDIS 2018 Rate	Plan Rate Range
<b>Well-Child Visits in the First 15 Months of Life<sup>1</sup></b>				
Zero Visits*	4.67%	3.04%	2.63%	1.36%-5.00%
Six or More Visits	51.84%	48.01%	51.41%	29.00%-66.02%
<b>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life<sup>1</sup></b>				
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	67.00%	66.60%	64.97%^^^	43.72%-69.32%
<b>Adolescent Well-Care Visits<sup>1</sup></b>				
Adolescent Well-Care Visits	46.61%	48.26%	45.09%^^^	25.05%-48.34%
<b>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents<sup>1</sup></b>				
BMI Percentile Documentation—Ages 3 to 11 Years	66.38%	15.25%	18.03%^^	2.29%-97.40%
BMI Percentile Documentation—Ages 12 to 17 Years	63.68%	19.08%	23.01%^^	0.83%-97.12%
BMI Percentile Documentation—Total	65.31%	16.67%	19.89%^^	1.69%-97.29%
Counseling for Nutrition—Ages 3 to 11 Years	65.97%	17.68%	19.06%^^	1.45%-96.10%
Counseling for Nutrition—Ages 12 to 17 Years	63.13%	18.92%	21.89%^^	3.98%-94.78%
Counseling for Nutrition—Total	64.85%	18.14%	20.12%^^	2.94%-95.57%
Counseling for Physical Activity—Ages 3 to 11 Years	54.52%	13.05%	14.47%^^	0.23%-96.10%
Counseling for Physical Activity—Ages 12 to 17 Years	60.59%	16.44%	18.23%^^	2.49%-94.78%
Counseling for Physical Activity—Total	56.89%	14.31%	15.87%^^	1.06%-95.57%
<b>Appropriate Testing for Children With Pharyngitis</b>				
Appropriate Testing for Children With Pharyngitis	80.78%	84.35%	87.36%^^	77.55%-96.37%
<b>Access to Care</b>				
<b>Prenatal and Postpartum Care<sup>1</sup></b>				
Timeliness of Prenatal Care	—	57.08%	58.29%	—
Postpartum Care	—	42.50%	43.42%	—
<b>Children and Adolescents' Access to Primary Care Practitioners</b>				
Ages 12 to 24 Months	92.74%	90.02%	90.65%	69.03%-94.65%
Ages 25 Months to 6 Years	85.21%	82.88%	80.91%^^^	57.24%-85.90%
Ages 7 to 11 Years	88.77%	88.99%	87.49%^^^	73.58%-89.74%
Ages 12 to 19 Years	89.90%	89.39%	88.09%^^^	78.05%-90.90%
<b>Preventive Screening</b>				
<b>Chlamydia Screening in Women</b>				
Ages 16 to 20 Years	36.62%	35.31%	33.66%	13.95%-41.43%
<b>Non-Recommended Cervical Cancer Screening in Adolescent Females*</b>				
Non-Recommended Cervical Cancer Screening in Adolescent Females	0.29%	0.17%	0.07%	0.00%-0.17%

Performance Measures	HEDIS 2016 Rate	HEDIS 2017 Rate	HEDIS 2018 Rate	Plan Rate Range
<b>Mental/Behavioral Health</b>				
<b>Antidepressant Medication Management<sup>3</sup></b>				
<i>Effective Acute Phase Treatment</i>	NA	NA	48.65%	—
<i>Effective Continuation Phase Treatment</i>	NA	NA	40.54%	—
<b>Follow-Up Care for Children Prescribed ADHD Medication<sup>3</sup></b>				
<i>Initiation Phase</i>	15.24%	13.02%	21.84%^	—
<i>Continuation and Maintenance Phase</i>	27.03%	20.00%	21.57%	—
<b>Metabolic Monitoring for Children and Adolescents on Antipsychotics</b>				
<i>Ages 1 to 5 Years</i>	—	—	NA	—
<i>Ages 6 to 11 Years</i>	—	—	NA	—
<i>Ages 12 to 17 Years</i>	—	—	41.51%	—
<i>Total</i>	—	NA	39.85%	—
<b>Use of Multiple Concurrent Antipsychotics in Children and Adolescents<sup>*4</sup></b>				
<i>Ages 1 to 5 Years</i>	NA	NA	NA	—
<i>Ages 6 to 11 Years</i>	NA	NA	NA	—
<i>Ages 12 to 17 Years</i>	4.69%	4.05%	7.14%	—
<i>Total</i>	4.65%	3.37%	5.62%	—
<b>Respiratory Conditions</b>				
<b>Appropriate Treatment for Children With Upper Respiratory Infection<sup>4</sup></b>				
<i>Appropriate Treatment for Children With Upper Respiratory Infection</i>	92.66%	91.24%	93.84%^	87.72%-100.00%
<b>Medication Management for People With Asthma</b>				
<i>Medication Compliance 50%—Ages 5 to 11 Years</i>	55.13%	49.43%	61.29%^	46.67%-65.41%
<i>Medication Compliance 50%—Ages 12 to 18 Years</i>	42.74%	45.74%	51.75%	—
<i>Medication Compliance 50%—Total</i>	49.64%	47.85%	57.14%^	46.34%-61.18%
<i>Medication Compliance 75%—Ages 5 to 11 Years</i>	25.64%	25.86%	32.26%	23.33%-34.59%
<i>Medication Compliance 75%—Ages 12 to 18 Years</i>	16.94%	20.93%	24.48%	—
<i>Medication Compliance 75%—Total</i>	21.79%	23.76%	28.88%	21.95%-31.65%
<b>Asthma Medication Ratio</b>				
<i>Ages 5 to 11 Years</i>	80.12%	85.80%	82.90%	80.58%-93.33%
<i>Ages 12 to 18 Years</i>	67.88%	73.72%	74.03%	—
<i>Total</i>	74.59%	80.25%	78.96%	76.80%-90.48%
<b>Use of Services</b>				
<b>Ambulatory Care (Per 1,000 Member Months)</b>				
<i>Emergency Department Visits*</i>	23.80	20.84	21.80	11.54-26.36
<i>Outpatient Visits</i>	227.93	205.26	199.00	123.51-221.11

Performance Measures	HEDIS 2016 Rate	HEDIS 2017 Rate	HEDIS 2018 Rate	Plan Rate Range
<b>Inpatient Utilization—General Hospital/Acute Care</b>				
<i>Discharges per 1,000 Member Months (Total Inpatient)</i>	1.18	0.87	0.88	0.62-0.99
<i>Days per 1,000 Member Months (Total Inpatient)</i>	3.75	2.97	3.31	1.38-3.70
<i>Average Length of Stay (Total Inpatient)</i>	3.17	3.42	3.77	2.13-4.25
<i>Discharges per 1,000 Member Months (Medicine)</i>	0.86	0.60	0.60	0.45-0.67
<i>Days per 1,000 Member Months (Medicine)</i>	2.31	1.69	1.78	1.06-1.93
<i>Average Length of Stay (Medicine)</i>	2.70	2.82	2.96	2.36-3.34
<i>Discharges per 1,000 Member Months (Surgery)</i>	0.27	0.24	0.24	0.12-0.28
<i>Days per 1,000 Member Months (Surgery)</i>	1.31	1.20	1.43	0.24-1.67
<i>Average Length of Stay (Surgery)</i>	4.81	4.97	5.90	1.50-8.07
<i>Discharges per 1,000 Member Months (Maternity)</i>	0.12	0.06	0.07	0.02-0.09
<i>Days per 1,000 Member Months (Maternity)</i>	0.29	0.16	0.21	0.05-0.28
<i>Average Length of Stay (Maternity)</i>	2.36	2.68 <sup>†</sup>	2.97	2.00-3.05
<b>Antibiotic Utilization*</b>				
<i>Average Scripts PMPY for Antibiotics</i>	0.65	0.40	0.38	0.09-0.97
<i>Average Days Supplied per Antibiotic Script</i>	10.55	11.06	11.36	10.18-16.68
<i>Average Scripts PMPY for Antibiotics of Concern</i>	0.25	0.13	0.12	0.02-0.41
<i>Percentage of Antibiotics of Concern of All Antibiotic Scripts</i>	39.06%	33.99%	33.02%	19.57%-41.62%

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

<sup>1</sup> Changes in the rates from HEDIS 2016 to HEDIS 2017 and HEDIS 2018 should be interpreted with caution due to a change in the Department's reporting requirement from Hybrid in HEDIS 2016 to Administrative in HEDIS 2017 and HEDIS 2018.

<sup>2</sup> Due to changes in the technical specifications for this measure in HEDIS 2018, NCQA does not recommend trending between 2018 and prior years; therefore, prior year rates are not displayed and comparisons to benchmarks are not performed for this measure.

<sup>3</sup> Due to changes in the technical specifications for this measure for HEDIS 2018, exercise caution when trending HEDIS 2018 rates to prior years.

<sup>4</sup> Due to changes in the technical specifications for this measure for HEDIS 2017, exercise caution when trending HEDIS 2017 rates to prior years.

— indicates that the rate is not presented in this report as the measure is a first-year measure; therefore, no trending information is available. This symbol may also indicate that NCQA recommended a break in trending; therefore, no prior year rates are displayed. This symbol may also indicate that a plan rate range was not determined because only one or none of the HEDIS 2018 measure rates were reportable.

<sup>†</sup> 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.

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.<sup>C-1</sup> 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 [LO]), 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 fully compliant with four IS standards and partially compliant with two standards. However, all of the measures presented in this report for this plan were assigned an audit designation of *Reportable* by their contracted HEDIS auditor.

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 certified HEDIS 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+ managed care health plans only.

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<sup>C-1</sup> 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 2018 FAR Review
<p><b>IS 1.0—Medical Service Data—Sound Coding Methods and Data Capture</b></p> <ul style="list-style-type: none"> <li>• Industry standard codes are required and captured.</li> <li>• Primary and secondary diagnosis codes are identified.</li> <li>• Nonstandard codes (if used) are mapped to industry standard codes.</li> <li>• Standard submission forms are used.</li> <li>• Timely and accurate data entry processes and sufficient edit checks are used.</li> <li>• Data completeness is continually assessed, and all contracted vendors involved in medical claims processing are monitored.</li> </ul>	<p>Four of the health plans were fully compliant with IS 1.0. No issues or concerns were noted for this standard relevant to the selected Colorado CHP+ measures.</p> <p>DHMC was partially compliant with IS Standard 1.0 for medical services data capture and processing. There was an impact to the rates for <i>Childhood Immunization Status</i>; however, the rate was reportable.</p>
<p><b>IS 2.0—Enrollment Data—Data Capture, Transfer, and Entry</b></p> <ul style="list-style-type: none"> <li>• All HEDIS-relevant information for data entry or electronic transmissions of enrollment data are accurate and complete.</li> <li>• Manual entry of enrollment data is timely and accurate, and sufficient edit checks are in place.</li> <li>• The health plans continually assess data completeness and take steps to improve performance.</li> <li>• The health plans effectively monitor the quality and accuracy of electronic submissions.</li> <li>• The health plans have effective control processes for the transmission of enrollment data.</li> </ul>	<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><b>IS 3.0—Practitioner Data—Data Capture, Transfer, and Entry</b></p> <ul style="list-style-type: none"> <li>• Provider specialties are fully documented and mapped to HEDIS provider specialties.</li> <li>• Effective procedures for submitting HEDIS-relevant information are in place.</li> <li>• Electronic transmissions of practitioner data are checked to ensure accuracy.</li> <li>• Processes and edit checks ensure accurate and timely entry of data into the transaction files.</li> <li>• Data completeness is assessed, and steps are taken to improve performance.</li> <li>• Vendors are regularly monitored against expected performance standards.</li> </ul>	<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 2018 FAR Review
<p><b>IS 4.0—Medical Record Review Processes—Training, Sampling, Abstraction, and Oversight</b></p> <ul style="list-style-type: none"> <li>• Forms or tools used for medical record review capture all fields relevant to HEDIS reporting.</li> <li>• Checking procedures are in place to ensure data integrity for electronic transmission of information.</li> <li>• Retrieval and abstraction of data from medical records are accurately performed.</li> <li>• Data entry processes, including edit checks, are timely and accurate.</li> <li>• Data completeness is assessed, including steps to improve performance.</li> <li>• Vendor performance is monitored against expected performance standards.</li> </ul>	<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. However, HSAG did not review this step since the State requires administrative rates only.</p>
<p><b>IS 5.0—Supplemental Data—Capture, Transfer, and Entry</b></p> <ul style="list-style-type: none"> <li>• Nonstandard coding schemes are fully documented and mapped to industry standard codes.</li> <li>• Effective procedures for submitting HEDIS-relevant information are in place.</li> <li>• Electronic transmissions of supplemental data are checked to ensure accuracy.</li> <li>• Data entry processes, including edit checks, are timely and accurate.</li> <li>• Data completeness is assessed, including steps to improve performance.</li> <li>• Vendor performance is monitored against expected performance standards.</li> </ul>	<p>All health plans were fully compliant with IS 5.0. No issues or concerns were noted for this standard relevant to the selected Colorado CHP+ measures. Two health plans reported using only standard supplemental databases for reporting. The other three health plans reported using both standard and nonstandard supplemental databases for reporting.</p>

NCQA’s IS Standards	HSAG’s Findings Based on HEDIS 2018 FAR Review
<p><b>IS 7.0—Data Integration—Accurate HEDIS Reporting, Control Procedures That Support HEDIS Reporting Integrity</b></p> <ul style="list-style-type: none"> <li>• Nonstandard coding schemes are fully documented and mapped to industry standard codes.</li> <li>• Data transfers to the HEDIS Repository from transaction files are accurate.</li> <li>• File consolidations, extracts, and derivations are accurate.</li> <li>• The repository structure and formatting are suitable for HEDIS measures and enable required programming efforts.</li> <li>• Report production is managed effectively, and operators perform appropriately.</li> <li>• HEDIS reporting software is managed properly.</li> <li>• Physical control procedures ensure HEDIS data integrity.</li> </ul>	<p>Four of the health plans were fully compliant with IS 7.0. No issues or concerns were noted for this standard relevant to the selected Colorado CHP+ measures.</p> <p>DHMC was partially compliant with IS Standard 7.0 for data integration. There was an impact to the rates for <i>Childhood Immunization Status</i>; however, the rate was reportable.</p>