



CHIP+

Child Health Plan *Plus*

2019 HEDIS Aggregate Report for Child Health Plan *Plus*

October 2019

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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). As of the end of fiscal year (FY) 2018–2019, Colorado’s CHP+ enrollment was 80,252 children and pregnant women.¹⁻¹ The CHP+ services are coordinated through five managed care organizations (MCOs) and the State Managed Care Network (SMCN). Medical services covered by Colorado’s CHP+ program include primary care, emergency/urgent care, hospital services, dental care, prescriptions, immunizations, maternity care, and mental/behavioral health care.

The CHP+ program is administered by Colorado’s Department of Health Care Policy and Financing (the Department). Colorado’s five CHP+ MCOs in FY 2018–2019 included Colorado Access (COA), Denver Health Medical Plan (DHMP), Friday Health Plans of Colorado (FHP), Kaiser Permanente Colorado (Kaiser), and Rocky Mountain Health Plans (RMHP). All counties in Colorado have a CHP+ MCO; however, the SMCN (the State’s administrative service organization) is available for CHP+ eligible members prior to enrollment in an MCO, 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 an MCO. The SMCN directly contracts with providers, hospitals, and ancillary services, and was only required to report one measure, *Prenatal and Postpartum Care*.

To evaluate performance levels and to provide an objective, comparative review of the Colorado CHP+ MCOs’ quality-of-care outcomes and key performance measure rates, the Department required its MCOs to report results following the National Committee for Quality Assurance’s (NCQA’s) Healthcare Effectiveness Data and Information Set (HEDIS[®]) protocols.¹⁻² The Department selected HEDIS performance measures from the standard Medicaid HEDIS 2019 reporting set to evaluate the MCOs’ performance and for public reporting. For HEDIS 2019, the Department required that the MCOs report all HEDIS measures using the administrative methodology. This report includes rates calculated using only administrative data. Therefore, caution should be exercised when comparing results for measures with a hybrid option to national benchmarks, which were established using administrative and/or medical record review data.

In FY 2018–2019, each CHP+ MCO underwent an NCQA HEDIS Compliance Audit[™] through a licensed HEDIS audit organization in order to verify the processes used to report valid HEDIS rates.¹⁻³ All CHP+ MCOs submitted final measure rates and audit results to Health Services Advisory Group,

¹⁻¹ Colorado Department of Health Care Policy and Financing. Child Health Plan *Plus*. Available at: <https://www.colorado.gov/pacific/hcpf/child-health-plan-plus>. Accessed on: Sept 19, 2019.

¹⁻² HEDIS[®] is a registered trademark of the NCQA.

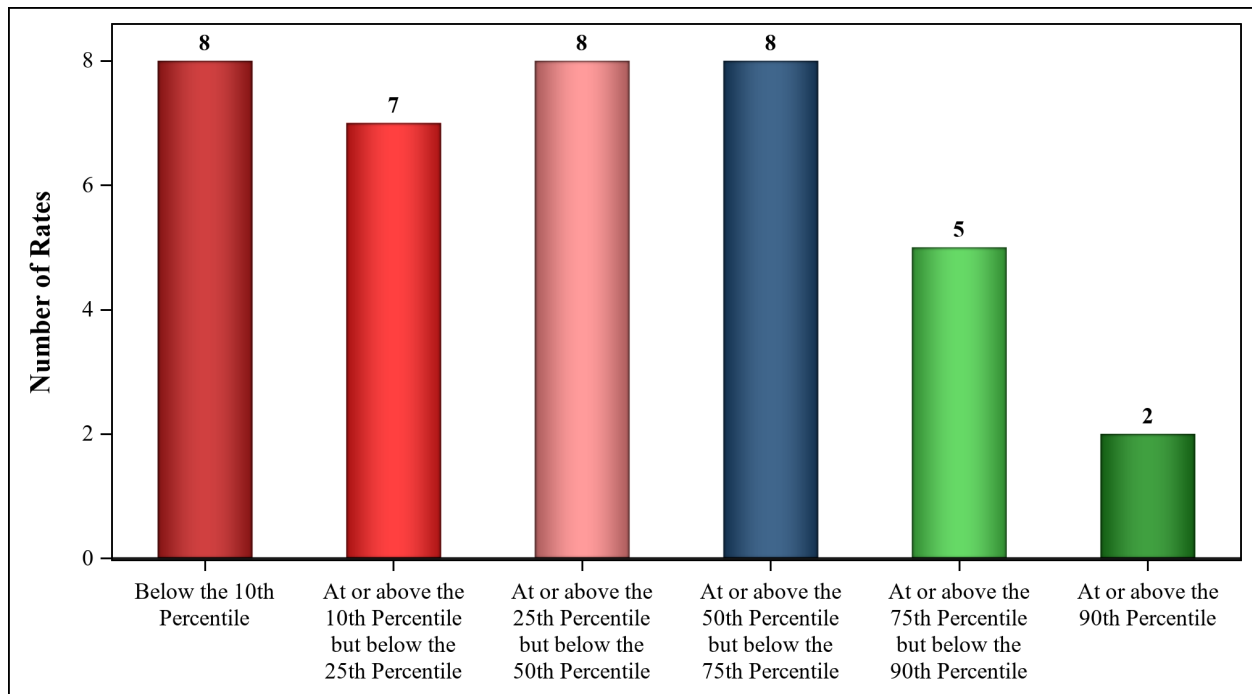
¹⁻³ NCQA HEDIS Compliance Audit[™] is a trademark of the NCQA.

Inc. (HSAG), the Department’s external quality review organization (EQRO). HSAG examined the measures among the following 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 Systems (IS) standards and the audit findings for the CHP+ MCOs.¹⁻⁴ 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 2019 performance measure indicators that were comparable to NCQA’s Quality Compass® national Medicaid HMO percentiles for HEDIS 2018 (referred to throughout this report as percentiles).¹⁻⁵ Of note, rates for the *Medication Management for People With Asthma—Medication Compliance 50%* measure indicators were compared to NCQA’s Audit Means and Percentiles national Medicaid HMO percentiles for HEDIS 2018 since these indicators are not published in Quality Compass. 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.

Figure 1-1—Colorado CHP+ Weighted Averages



¹⁻⁴ NCQA. *HEDIS Compliance Audit Standards, Policies and Procedures, Volume 5*. Washington D.C.

¹⁻⁵ Quality Compass® is a registered trademark of the NCQA.

The Colorado CHP+ weighted averages indicated low performance statewide compared to national standards for HEDIS 2019, as 23 of 38 (60.5 percent) measure rates fell below the 50th percentile.

Detailed Statewide Performance

Table 1-1 shows the Colorado CHP+ weighted averages for HEDIS 2017 through HEDIS 2019 along with the percentile ranking for each HEDIS 2019 rate. Rates for HEDIS 2019 shaded green with one caret (^) indicate a statistically significant improvement in performance from the previous year. Rates for HEDIS 2019 shaded red with two carets (^) indicate a statistically significant decline in performance from the previous year.¹⁻⁶ 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+ Weighted Averages

Performance Measures	HEDIS 2017 Rate	HEDIS 2018 Rate	HEDIS 2019 Rate	Percentile Ranking
<i>Pediatric Care</i>				
<i>Childhood Immunization Status¹</i>				
<i>Combination 2</i>	65.30%	62.54%	66.78%^	10th–24th
<i>Combination 3</i>	63.61%	61.05%	65.16%^	10th–24th
<i>Combination 4</i>	61.14%	59.17%	63.13%^	10th–24th
<i>Combination 5</i>	57.33%	53.79%	59.76%^	25th–49th
<i>Combination 6</i>	41.61%	40.51%	45.31%^	50th–74th
<i>Combination 7</i>	55.57%	52.43%	58.20%^	25th–49th
<i>Combination 8</i>	40.34%	39.53%	44.29%^	50th–74th
<i>Combination 9</i>	38.50%	36.49%	42.27%^	75th–89th
<i>Combination 10</i>	37.59%	35.77%	41.39%^	75th–89th
<i>Immunizations for Adolescents</i>				
<i>Combination 1 (Meningococcal; Tetanus, Diphtheria Toxoids, and Acellular Pertussis [Tdap])</i>	67.55%	68.89%	73.33%^	25th–49th
<i>Combination 2 (Meningococcal, Tdap, Human Papillomavirus [HPV])</i>	—	33.79%	39.02%^	75th–89th

¹⁻⁶ Performance comparisons are based on the Chi-square test of statistical significance with a *p* value <0.05. A change in performance is considered statistically significant in this report if there was at least a 3-percentage point difference from HEDIS 2018 to HEDIS 2019.

Performance Measures	HEDIS 2017 Rate	HEDIS 2018 Rate	HEDIS 2019 Rate	Percentile Ranking
Well-Child Visits in the First 15 Months of Life				
Zero Visits*	3.04%	2.63%	5.06%	<10th
Six or More Visits	48.01%	51.41%	48.28%	<10th
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life				
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	66.60%	64.97%	67.34%	25th–49th
Adolescent Well-Care Visits				
Adolescent Well-Care Visits	48.26%	45.09%	48.23%^	25th–49th
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents				
Body Mass Index (BMI) Percentile Documentation—Total ¹	16.67%	19.89%	22.71%	<10th
Counseling for Nutrition—Total	18.14%	20.12%	21.46%	<10th
Counseling for Physical Activity—Total	14.31%	15.87%	17.58%	<10th
Appropriate Testing for Children With Pharyngitis				
Appropriate Testing for Children With Pharyngitis	84.35%	87.36%	84.99%	50th–74th
Access to Care				
Prenatal and Postpartum Care²				
Timeliness of Prenatal Care	57.08%	58.29%	55.13%	—
Postpartum Care	42.50%	43.42%	45.01%	—
Children and Adolescents' Access to Primary Care Practitioners				
Ages 12 to 24 Months	90.02%	90.65%	92.33%	10th–24th
Ages 25 Months to 6 Years	82.88%	80.91%	82.93%	10th–24th
Ages 7 to 11 Years	88.99%	87.49%	87.66%	10th–24th
Ages 12 to 19 Years	89.39%	88.09%	87.14%	25th–49th
Preventive Screening				
Chlamydia Screening in Women				
Ages 16 to 20 Years	35.31%	33.66%	36.52%	<10th
Non-Recommended Cervical Cancer Screening in Adolescent Females*				
Non-Recommended Cervical Cancer Screening in Adolescent Females	0.17%	0.07%	0.04%	≥90th
Mental/Behavioral Health				
Antidepressant Medication Management³				
Effective Acute Phase Treatment	NA	48.65%	55.00%	50th–74th
Effective Continuation Phase Treatment	NA	40.54%	37.50%	50th–74th

Performance Measures	HEDIS 2017 Rate	HEDIS 2018 Rate	HEDIS 2019 Rate	Percentile Ranking
Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication³				
Initiation Phase	13.02%	21.84%	15.21%	<10th
Continuation and Maintenance Phase	20.00%	21.57%	20.00%	<10th
Metabolic Monitoring for Children and Adolescents on Antipsychotics				
Total	—	39.85%	38.98%	50th–74th
Use of Multiple Concurrent Antipsychotics in Children and Adolescents^{**1}				
Total	3.37%	5.62%	4.04%	10th–24th
Respiratory Conditions				
Appropriate Treatment for Children With Upper Respiratory Infection				
Appropriate Treatment for Children With Upper Respiratory Infection	91.24%	93.84%	94.09%	75th–89th
Medication Management for People With Asthma¹				
Medication Compliance 50%—Ages 5 to 11 Years	49.43%	61.29%	59.75%	50th–74th
Medication Compliance 50%—Ages 12 to 18 Years	45.74%	51.75%	51.64%	25th–49th
Medication Compliance 75%—Ages 5 to 11 Years	25.86%	32.26%	33.96%	50th–74th
Medication Compliance 75%—Ages 12 to 18 Years	20.93%	24.48%	27.05%	25th–49th
Asthma Medication Ratio¹				
Ages 5 to 11 Years	85.80%	82.90%	82.63%	≥90th
Ages 12 to 18 Years	73.72%	74.03%	71.32%	75th–89th
Use of Services				
Ambulatory Care (Per 1,000 Member Months)				
Outpatient Visits ¹	205.26	199.00	195.91	<10th
Emergency Department (ED) Visits*	20.84	21.80	23.83	≥90th
Inpatient Utilization—General Hospital/Acute Care¹				
Discharges per 1,000 Member Months (Total Inpatient)	0.87	0.88	0.88	<10th
Average Length of Stay (Total Inpatient)	3.42	3.77	3.51	10th–24th
Discharges per 1,000 Member Months (Medicine)	0.60	0.60	0.63	<10th
Average Length of Stay (Medicine)	2.82	2.96	2.89	<10th
Discharges per 1,000 Member Months (Surgery)	0.24	0.24	0.21	<10th
Average Length of Stay (Surgery)	4.97	5.90	5.50	10th–24th
Discharges per 1,000 Member Months (Maternity)	0.06	0.07	0.07	<10th
Average Length of Stay (Maternity)	2.68	2.97	2.49	10th–24th

Performance Measures	HEDIS 2017 Rate	HEDIS 2018 Rate	HEDIS 2019 Rate	Percentile Ranking
Antibiotic Utilization*				
<i>Average Scripts Per Member Per Year (PMPY) for Antibiotics</i>	0.40	0.38	0.33	≥90th
<i>Average Days Supplied per Antibiotic Script</i>	11.06	11.36	16.86	<10th
<i>Average Scripts PMPY for Antibiotics of Concern</i>	0.13	0.12	0.11	≥90th
<i>Percentage of Antibiotics of Concern of All Antibiotic Scripts</i>	33.99%	33.02%	31.91%	≥90th

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

¹ Due to changes in the technical specifications for this measure, NCQA recommends trending between 2019 and prior years be considered with caution.

² The SMCN was the only MCO 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.

³ Due to changes in the technical specifications for this measure in 2018, NCQA recommends trending between 2018 and prior years be considered with caution.

— Indicates that the rate is not presented as the measure was not required to be reported during HEDIS 2017 or comparisons to benchmarks are not appropriate. 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 MCO 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

Across the three measure rates related to well-care/well-child visits (i.e., *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*), only two MCOs reported a rate that exceeded the 50th percentile (RMHP for *Well-Child Visits in the First 15 Months of Life—Zero Visits* and Kaiser for *Well-Child Visits in the First 15 Months of Life—Six or More Visits*). This demonstrates opportunities to increase the number of comprehensive visits for infants, children, and adolescents. The MCOs and the Department should identify the factors contributing to the low rates for the well-child/well-care visits (e.g., are the issues related to barriers to accessing care, provider billing issues, or administrative data source challenges) and ensure children and adolescents receive comprehensive visits that follow the American Academy of Pediatrics’ *Recommendations for Preventive Pediatric Health Care*.¹⁻⁷

Of note, three of five (60.0 percent) MCOs were above the 75th percentile for *Immunizations for Adolescents—Combination 2 (Meningococcal, Tdap, HPV)* and four of five (80.0 percent) MCOs were above the 50th percentile for *Appropriate Testing for Children With Pharyngitis*, indicating statewide

¹⁻⁷ American Academy of Pediatrics. *Recommendations for Preventive Pediatric Health Care*. Available at: https://www.aap.org/en-us/Documents/periodicity_schedule.pdf. Accessed on: Jul 16, 2019.

strength for adolescents receiving necessary vaccinations and appropriate testing of pharyngitis in outpatient and ED settings.

Access to Care and Preventive Screening

Overall, only one *Children and Adolescents' Access to Primary Care Practitioners* measure rate was above the 50th percentile (Kaiser's *Ages 12 to 24 Months* indicator), indicating all five MCOs have opportunities to improve access to care for children and adolescents. The Department should work with the MCOs and providers to identify barriers in access to care (e.g., transportation/distance to and from the doctor's office, limited provider office hours, difficulty navigating the healthcare system, prolonged wait times for getting an appointment, or prolonged wait times once at the provider's office).¹⁻⁸

Increasing the access to care for members may also have a positive impact on the quality of preventive care received, such as the *Chlamydia Screening in Women* measure, for which all MCOs demonstrated poor performance. Chlamydia is the most common sexually transmitted disease in the United States, and improvement of MCO performance in this measure could positively impact the quality of care for a substantial number of CHP+ members. The MCOs and the Department should ensure providers are aware of the importance of screening for chlamydia and increase the number of resources available to providers and members (e.g., one-on-one provider trainings, providing lists of members overdue for a screening, or newsletters targeting chlamydia screening rates) to support the screenings.^{1-9,1-10} Conversely, all MCOs exceeded the 90th percentile for the *Non-Recommended Cervical Cancer Screening in Adolescent Females* measure.

Mental/Behavioral Health

For HEDIS 2019, neither DHMP nor FHP had any reportable rates within the Mental/Behavioral Health domain. Kaiser and RMHP demonstrated strong performance for young members newly prescribed ADHD medication that received a follow-up care visit within 30 days, with opportunities for improvement noted for COA in the same measure. None of COA's eligible members received a follow-up visit after being prescribed ADHD medication. Monitoring of children on ADHD medications is necessary to ensure that the clinical benefits are achieved and to make any necessary dosage/prescription adjustments to control and prevent side effects (e.g., increased activity, negative mood, headaches).¹⁻¹¹ Additionally, COA's rates for *Metabolic Monitoring for Children and Adolescents on Antipsychotics* and *Use of Multiple Concurrent Antipsychotics in Children and Adolescents* fell below the 50th

¹⁻⁸ MACPAC. *Chapter 4: Monitoring Access to Care in Medicaid*. Available at: <https://www.macpac.gov/wp-content/uploads/2017/03/Monitoring-Access-to-Care-in-Medicaid.pdf>. Accessed on: Aug 14, 2019.

¹⁻⁹ Centers for Disease Control and Prevention. *Chlamydia*. Available at: <https://www.cdc.gov/std/stats17/chlamydia.htm>. Accessed on: Jul 16, 2019.

¹⁻¹⁰ National Prevention Information Network. *Strategies and Incentives from Health Plans to Increase Chlamydia Screening Rates*. Available at: <https://npin.cdc.gov/publication/strategies-and-incentives-health-plans-increase-chlamydia-screening-rates>. Accessed on: Aug 26, 2019.

¹⁻¹¹ Children and Adults with Attention-Deficit/Hyperactivity Disorder (CHADD). *Managing Medication for Children and Adolescents with ADHD*. Available at: https://chadd.org/wp-content/uploads/2018/05/managing_medication.pdf. Accessed on: Jul 16, 2019.

percentile. Antipsychotic medication use is associated with adverse physical side effects (e.g., type 2 diabetes, cardiovascular disease), and children are more at risk for these side effects when they receive multiple antipsychotics.¹⁻¹² COA and the Department should conduct root cause analyses for the low monitoring rates for members prescribed ADHD and/or antipsychotic medications to determine the nature and scope of the issue (e.g., are the issues related to barriers to accessing care or the need for improved provider training) and implement strategies to improve the care for these members.

Respiratory Conditions

All MCOs were above the 50th percentile for the *Appropriate Treatment for Children With Upper Respiratory Infection* measure, demonstrating appropriate treatment of upper respiratory infections in the outpatient and ED settings. COA was the only MCO to have reportable rates for the remaining measures in the Respiratory Conditions domain, showing strength with the ratio of controller medications to reliever medications for children and adolescents. Conversely, opportunities for improvement exist with asthma medication compliance for members ages 12 to 18, with both rates falling below the 50th percentile. COA and the Department should focus efforts to identify the low rates of adherence to asthma medications (e.g., are the issues related to barriers to accessing pharmacies, provider prescribing patterns, or members not filling prescriptions) and implement strategies to increase the rates for members ages 12 to 18.

Use of Services

Reported rates for the MCOs and CHP+ weighted averages 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 MCOs may use to assess barriers or patterns of utilization when evaluating improvement interventions.

Limitations and Considerations

- Since all HEDIS 2019 measures were reported using the administrative methodology according to the Department's direction, MCOs 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 may be 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+ MCOs' rates to Medicaid percentiles should be interpreted with caution.

¹⁻¹² Correll CU, Detraux J, De Lepeleire J, De Hert M. Effects of antipsychotics, antidepressants and mood stabilizers on risk for physical diseases in people with schizophrenia, depression and bipolar disorder. *World Psychiatry*. 2015;14(2):119-36.

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+ MCO Names

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

Table 2-1—2019 CHP+ MCO Names and Abbreviations

CHP+ MCO Name	Abbreviation
Colorado Access	COA
Denver Health Medical Plan	DHMP
Friday Health Plans of Colorado	FHP
Kaiser Permanente Colorado	Kaiser
Rocky Mountain Health Plans	RMHP

Summary of HEDIS 2019 Measures

Within this report, HSAG presents the statewide and MCO-specific performance on HEDIS measures selected by the Department for HEDIS 2019. 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.²⁻¹ While performance is reported primarily at the measure indicator level, grouping these measures into domains encourages the MCOs and the Department to consider the measures as a whole rather than in isolation and to develop the strategic changes required to improve overall performance.

²⁻¹ The CHP+ SMCN was only required to report one measure, *Prenatal and Postpartum Care*. Additionally, *Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis* was a required measure; however, because all five CHP+ MCOs had zero members in the eligible population for this measure, it was excluded from this report.

Table 2-2 shows the selected HEDIS 2019 measures and measure indicators that are presented within this report as well as the corresponding domains of care. Additional measure indicator rates are displayed within the appendices for more granular definitions of MCO performance 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—HEDIS 2019 Selected Measures

Performance Measures
Pediatric Care
<i>Childhood Immunization Status—Combinations 2–10</i>
<i>Immunizations for Adolescents—Combination 1 (Meningococcal, Tdap) and Combination 2 (Meningococcal, Tdap, HPV)</i>
<i>Well-Child Visits in the First 15 Months of Life—Zero Visits and Six or More Visits</i>
<i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i>
<i>Adolescent Well-Care Visits</i>
<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile Documentation—Total, Counseling for Nutrition—Total, and Counseling for Physical Activity—Total</i>
<i>Appropriate Testing for Children With Pharyngitis</i>
Access to Care and Preventive Screening
<i>Prenatal and Postpartum Care—Timeliness of Prenatal Care and Postpartum Care*</i>
<i>Children and Adolescents' Access to Primary Care Practitioners—Ages 12 to 24 Months, Ages 25 Months to 6 Years, Ages 7 to 11 Years, and Ages 12 to 19 Years</i>
<i>Chlamydia Screening in Women—Ages 16 to 20 Years</i>
<i>Non-Recommended Cervical Cancer Screening in Adolescent Females</i>
Mental/Behavioral Health
<i>Antidepressant Medication Management—Effective Acute Phase Treatment and Effective Continuation Phase Treatment</i>
<i>Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase and Continuation and Maintenance Phase</i>
<i>Metabolic Monitoring for Children and Adolescents on Antipsychotics—Total</i>
<i>Use of Multiple Concurrent Antipsychotics in Children and Adolescents—Total</i>

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

* The CHP+ SMCN was only required to report one measure, Prenatal and Postpartum Care.

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 Method

According to the Department’s guidance, all measure rates presented in this report for the MCOs are based on administrative data only. Please note, the hybrid data collection methodology was used by the MCOs to report rates for select measures prior to 2017. The administrative method requires that the MCOs 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 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. In contrast, the hybrid method extracts a systematic sample of members and utilizes data from the medical record, along with administrative and supplemental 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. The data collection or calculation methods (i.e., administrative, hybrid) for each measure are described in detail by NCQA in the *HEDIS 2019 Volume 2 Technical Specifications*. Of note, FHP reported select measure rates for HEDIS 2019 using the administrative and hybrid methods. The hybrid rates are included in Appendix D.

Data Sources and Measure Audit Results

MCO-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 MCOs contracted with the Department to provide CHP+ services. Prior to HSAG's receipt of the MCOs' IDSS files or MS Excel files, all the MCOs were required by the Department to have their HEDIS 2019 results examined and verified through an NCQA HEDIS Compliance Audit.

Through the audit process, each measure indicator rate reported by an MCO was assigned an NCQA-defined audit result. HEDIS 2019 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+ MCOs.

Differences in Calculations

The *Prenatal and Postpartum Care* measure was calculated using modified measure specifications to address the use of bundled service billing. Only the SMCN was required to report this measure. Of note, the 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 data elements reported in the files submitted by the five CHP+ MCOs to calculate the statewide weighted averages. Given that the MCOs varied in membership size and demographic configuration, the statewide rate for a measure was the average rate weighted by each MCOs' eligible population for the measure. Weighting the rates by the eligible population sizes ensured that the rate for an MCO with 125,000 members, for example, had a greater impact on the overall Colorado CHP+ weighted average rate than the rate for an MCO with only 10,000 members. For the MCOs with rates reported as *NA* due to small denominators, the numerators, denominators, and eligible populations were still included in the calculations of the statewide weighted average. However, MCO 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 2019 MCO 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 2019 rates: NCQA's Quality Compass national Medicaid HMO percentiles for HEDIS 2018. Of note, rates for the *Medication Management for People With Asthma—Medication Compliance 50%* measure indicator were compared to the NCQA's Audit Means and Percentiles for HEDIS 2018.

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 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+ MCOs' rates as well as the Colorado CHP+ statewide weighted averages were compared to the national percentiles, which were composed of performance from all Medicaid plans. Therefore, comparisons of Colorado's CHP+ population measure indicator rates to the benchmarks should be interpreted with caution.

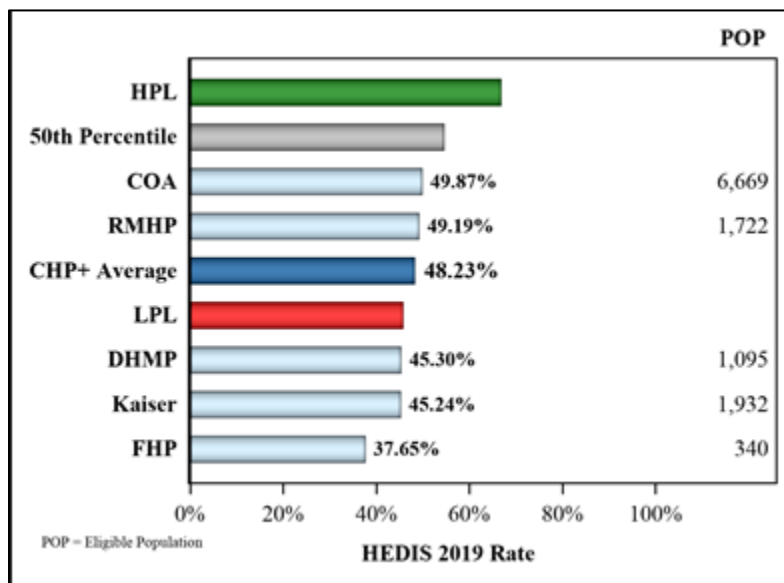
Additionally, benchmarking data (i.e., NCQA Quality Compass and NCQA Audit Means and Percentiles) are the proprietary intellectual property of NCQA; therefore, this report does not display any actual percentile values. As a result, rate comparisons to benchmarks are illustrated within this report using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

Figure Interpretation

For each performance measure indicator presented in this report, the horizontal bar graph figure positioned on the right side of the page presents each MCO's performance against the HEDIS 2019 Colorado CHP+ weighted average (i.e., the bar shaded darker blue) as well as the 50th percentile (i.e., the bar shaded gray), and the high (i.e., the bar shaded green) and low (i.e., the bar shaded red) performance levels.

For most performance measures, the high performance level (HPL) corresponds to the 90th percentile and the low performance level (LPL) 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 one measure is shown in Figure 2-1.

Figure 2-1—Sample Horizontal Bar Graph Figure



Percentile Rankings and Star Ratings

In addition to illustrating MCO-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 90th percentile
★★★★	75th–89th	At or above the 75th percentile but below the 90th percentile
★★★	50th–74th	At or above the 50th percentile but below the 75th percentile
★★	25th–49th	At or above the 25th percentile but below the 50th percentile
★	10th–24th	At or above the 10th percentile but below the 25th percentile
	<10th	Below the 10th percentile

Some 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 informational purposes only.

Of note, MCO-specific 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 when the measure did not have an applicable benchmark; therefore, the performance levels for these measures were not presented in this report.

Trend Analysis

In addition to the percentile ranking and star rating results, HSAG also compared HEDIS 2019 Colorado CHP+ weighted averages and MCO-specific rates to the corresponding HEDIS 2018 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. However, caution should be exercised when interpreting results of the significance testing, given that statistically significant changes may not necessarily be clinically significant. To limit the impact of this, a change will not be considered statistically significant unless the change was at least 3 percentage points. 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 2018 to HEDIS 2019. At the statewide level, if the

number of MCOs reporting *NR* or *BR* differs vastly from year to year, the statewide performance may not represent all of the contracted MCOs, and any changes observed across years may need to take this factor into consideration. Nonetheless, changes (regardless of whether they are 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 2018 and HEDIS 2019” section lists measures with specification changes made by NCQA.
- Substantial changes in membership composition within the MCO.

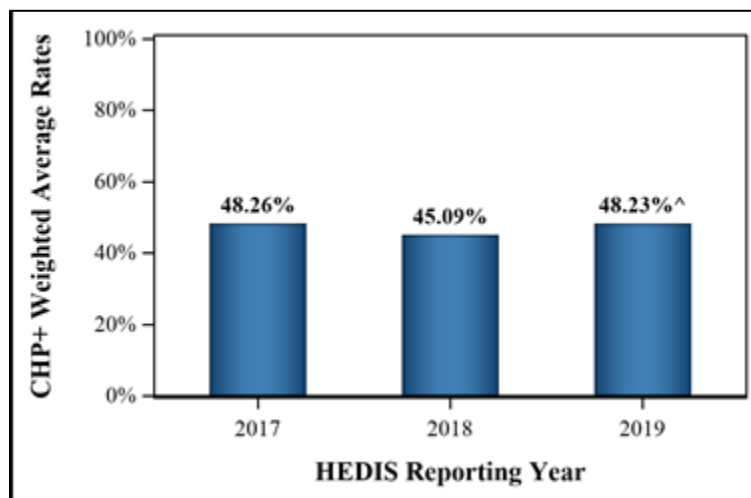
Similarly, caution should be exercised when comparing rates calculated administratively to national benchmarks that were calculated using the hybrid methodology.

Figure Interpretation

Within the Executive Summary and Appendix B of this report, performance measure indicator rates and results of significance testing between HEDIS 2018 and HEDIS 2019 are presented in tabular format. HEDIS 2019 rates shaded green with one caret (^) indicate a significant improvement in performance from the previous year. HEDIS 2019 rates shaded red with two carets (^) indicate a significant decline in performance from the previous year.

For each performance measure indicator presented in this report, the vertical bar graph figure positioned on the left side of the page presents the HEDIS 2017, HEDIS 2018, and HEDIS 2019 Colorado CHP+ weighted averages, with significance testing performed between the HEDIS 2018 and HEDIS 2019 weighted averages. Within these figures, HEDIS 2019 rates with one caret (^) indicate a significant improvement in performance from HEDIS 2018. HEDIS 2019 rates with two carets (^) indicate a significant decline in performance from HEDIS 2018. 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 2018 and HEDIS 2019

The following is a list of measures with technical specification changes that NCQA announced for HEDIS 2019.^{2-2,2-3} These changes may have an effect on the HEDIS 2019 rates that are presented in this report.

Childhood Immunization Status

- Revised the measles, mumps, and rubella (MMR), varicella-zoster virus (VZV), and hepatitis A (HepA) numerators in the Administrative Specification to indicate that a vaccination administered on or between the child's first and second birthdays meets the numerator criteria.

Immunizations for Adolescents

- Updated meningococcal vaccine references.
- Added optional exclusions for the Tdap vaccine.

Well-Child Visits in the First 15 Months of Life

- Clarified that children who turn 15 months old during the measurement year are included in the measure.
- Clarified in the numerator to not count visits that occur after the member's 15-month birthday.
- Clarified the medical record requirements for health history, physical developmental history, mental developmental history, and health education/anticipatory guidance.
- Added a *Note* that includes examples of documentation that do not meet the criteria for the numerator.

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

- Clarified the medical record requirements for health history, physical developmental history, mental developmental history, and health education/anticipatory guidance.
- Added a *Note* that includes examples of documentation that do not meet the criteria for the numerator.

²⁻² National Committee for Quality Assurance. *HEDIS® 2018, Volume 2: Technical Specifications for Health Plans*. Washington, DC: NCQA Publication, 2017.

²⁻³ National Committee for Quality Assurance. *HEDIS® 2018, Volume 2: Technical Update*. Washington, DC: NCQA Publication, 2017.

Adolescent Well-Care Visits

- Clarified the medical record requirements for health history, physical developmental history, mental developmental history, and health education/anticipatory guidance.
- Added a *Note* that includes examples of documentation that do not meet the criteria for the numerator.

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

- Clarified in the *Notes* that services rendered for obesity or eating disorders may be used to meet criteria for the *Counseling for Nutrition* and *Counseling for Physical Activity* indicators.

Appropriate Testing for Children With Pharyngitis

- Deleted the instructions for identifying ED/observation visits that result in an inpatient stay; refer to *General Guideline 44* for new instructions.

Prenatal and Postpartum Care

- Deleted prenatal visits with internal organization codes for last menstrual period (LMP)/estimated date of delivery (EDD) and obstetrical history/risk assessment counseling from Decision Rule 3 of the Administrative specification. Internal organization codes are supplemental data and are in the scope of the hybrid specification.
- Clarified that documentation in the medical record of gestational age with either prenatal risk assessment and counseling/education or complete obstetrical history meets criteria for the *Timeliness of Prenatal Care* numerator.
- Clarified in the *Notes* that nonancillary services must be delivered by the required provider type.

Non-Recommended Cervical Cancer Screening in Adolescent Females

- Added a *Note* to indicate that supplemental data can be used for only required exclusions for this measure.

Antidepressant Medication Management

- Restructured the codes and value sets for identifying the required exclusions (step 2). Refer to the Value Set Directory for a detailed summary of changes.

Follow-Up Care for Children Prescribed ADHD Medication

- Clarified in the continuous enrollment of Rate 2 that members who switch product lines or products between the Rate 1 and Rate 2 continuous enrollment periods are only included in Rate 1.
- Restructured the codes and value sets for identifying the numerators. Refer to the Value Set Directory for a detailed summary of changes.

Use of Multiple Concurrent Antipsychotics in Children and Adolescents

- Revised the section to not include denied claims when identifying the eligible population or assessing the numerator.

Appropriate Treatment for Children With Upper Respiratory Infection

- Deleted the instructions for identifying ED/observation visits that result in an inpatient stay; refer to *General Guideline 44* for new instructions.
- Added a *Note* to indicate that supplemental data may not be used for this measure.

Medication Management for People With Asthma

- Incorporated telehealth into the measure specifications.
- Removed “Mast cell stabilizers” from the Asthma Controller Medications List.

Asthma Medication Ratio

- Incorporated telehealth into the measure specifications.
- Added instructions in step 4 of the numerator calculation to indicate that the ratio should be rounded to the nearest whole number using the .5 rule.
- Removed “Mast cell stabilizers” from the Asthma Controller Medications List.

Ambulatory Care

- Incorporated telehealth into the measure specification.
- Deleted the instructions for identifying ED/observation visits that result in an inpatient stay; refer to *General Guideline 44* for new instructions.

Inpatient Utilization

- Clarified that member months for maternity rates are reported for members 10–64 years of age.

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 MCO 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 MCO'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 MCO to be eligible for inclusion in a measure to ensure that the MCO 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 MCO'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 MCO does not reimburse the provider for each encounter, submission of encounter data allows the MCO 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 MCO'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).
Flu	Influenza vaccine.
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.
HepA	Hepatitis A vaccine.
HepB	Hepatitis B vaccine.
HiB	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 percentile. For measures such as <i>Well-Child Visits in the First 15 Months of Life—Zero Visits</i> , in which lower rates indicate better performance, the 10th percentile [rather than the 90th percentile] is considered the HPL.)
HPV	Human papillomavirus vaccine.
HSAG	Health Services Advisory Group, Inc., the State's external quality review organization.
Hybrid Measures	Measures that can be reported using the hybrid method.
IDSS	The Interactive Data Submission System, a tool used to submit data to NCQA.
IPV	Inactivated polio virus vaccine.
IS	Information System; an automated system for collecting, processing, and transmitting data.
IS Standards	Information System (IS) standards; an NCQA-defined set of standards that measure how an organization collects, stores, analyzes, and reports medical, customer service, member, practitioner, and vendor data. ²⁻⁴

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

Term	Description
IT	Information technology; the technology used to create, store, exchange, and use information in its various forms.
LPL	Low performance level. (For most performance measures, the Department defined the LPL as the most recent 25th national Medicaid percentile. For measures such as <i>Well-Child Visits in the First 15 Months of Life—Zero Visits</i> , in which lower rates indicate better performance, the 75th percentile [rather than the 25th percentile] is considered the LPL).
Material Bias	For most measures reported as a rate, any error that causes a ± 5 percent difference in the reported rate is considered materially biased. For non-rate measures, any error that causes a ± 10 percent difference in the reported rate or calculation is considered materially biased.
Medical Record Validation	The process that auditors follow to verify that the MCO'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 MCO's performance and assess the reliability of the MCO's HEDIS rates.
MMR	Measles, mumps, and rubella vaccine.
MRR	Medical record review.
NA	<p>Small Denominator; indicates that the MCO followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in an NA designation.</p> <ul style="list-style-type: none"> For effectiveness of care (EOC) and EOC-like measures, when the denominator is fewer than 30. For utilization measures that count member months, when the denominator is fewer than 360 member months. For all risk-adjusted utilization measures, except <i>PCR</i>, when the denominator is fewer than 150.
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	<p>Not Reported; indicates that the MCO 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:</p> <p>The MCO chose not to report the required measure indicator rate, or the MCO's reported rate was invalid.</p>

Term	Description
Numerator	The number of members in the denominator who received all the services as specified in the measure.
NQ	Not Required; indicates that the MCO 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 MCO occurs prior to the date that the MCO is notified of that member's enrollment. Medicaid members who are retroactively enrolled in the MCO 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 MCO 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+ MCOs' 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 Appendix A and Appendix B.

Childhood Immunization Status

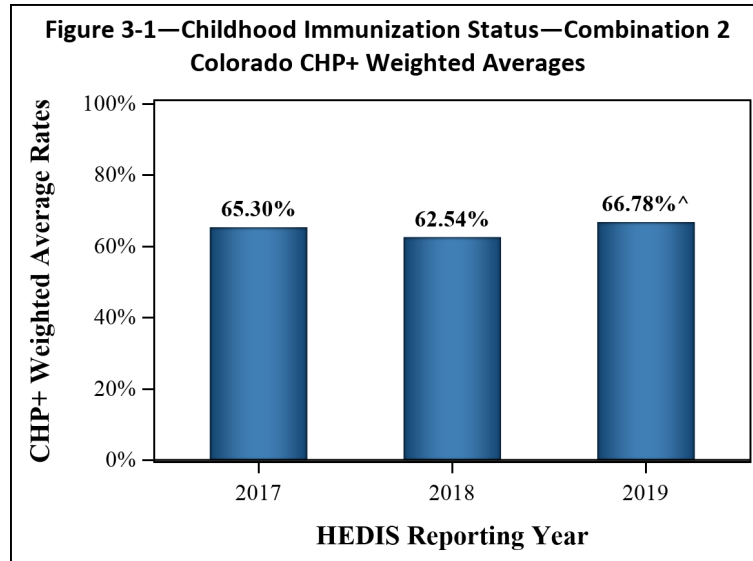
Childhood Immunization Status measures the percentage of members 2 years of age who received the following vaccinations on or before their second birthday. Table 3-1 displays the different antigens associated with various combinations.

Table 3-1—Combination Vaccinations for Childhood Immunization Status

Combination	Four DTaP	Three IPV	One MMR	Three HiB	Three HepB	One VZV	Four PCV	One HepA	Two or Three RV	Two Flu
Combination 2	✓	✓	✓	✓	✓	✓				
Combination 3	✓	✓	✓	✓	✓	✓	✓			
Combination 4	✓	✓	✓	✓	✓	✓	✓	✓		
Combination 5	✓	✓	✓	✓	✓	✓	✓		✓	
Combination 6	✓	✓	✓	✓	✓	✓	✓			✓
Combination 7	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Combination 8	✓	✓	✓	✓	✓	✓	✓	✓		✓
Combination 9	✓	✓	✓	✓	✓	✓	✓		✓	✓
Combination 10	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Childhood Immunization Status—Combination 2

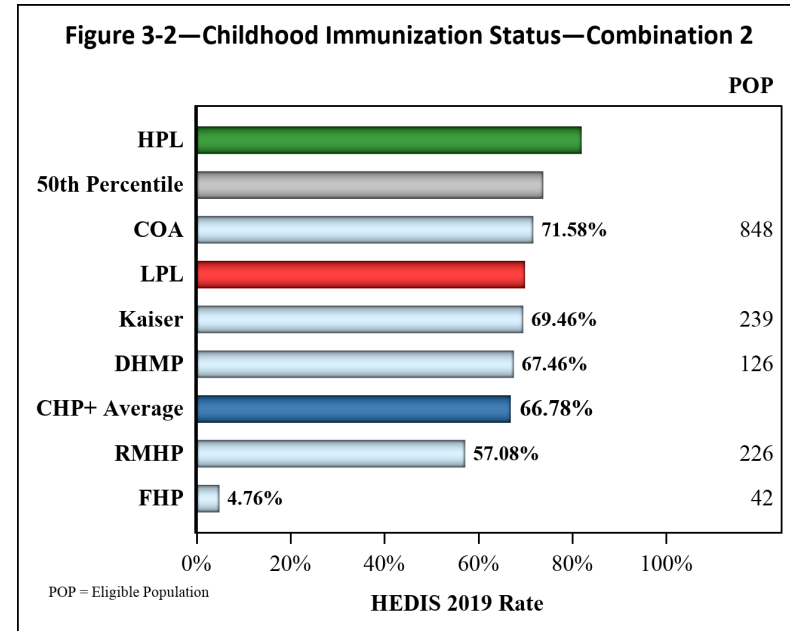
Childhood Immunization Status—Combination 2 measures the percentage of members 2 years of age who received the following vaccines by their second birthday: four DTaP, three IPV, one MMR, three HiB, three HepB, and one VZV.



Due to changes in the technical specifications for this measure, NCQA recommends trending between 2019 and prior years be considered with caution.

One caret (^) indicates a significant improvement in performance from 2018 to 2019.

The Colorado CHP+ weighted average significantly improved from 2018 to 2019.

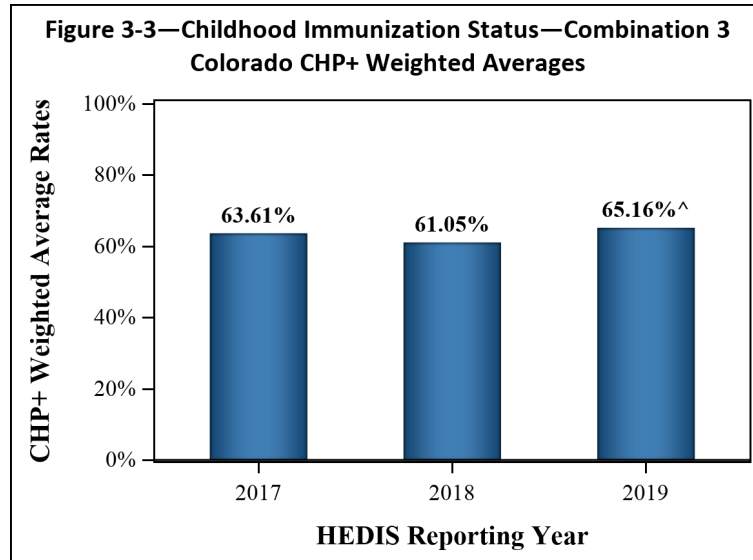


Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

One MCO's rate was above the LPL but below the 50th percentile. Four MCOs' rates and the Colorado CHP+ weighted average fell below the LPL. MCO performance varied by approximately 67 percentage points.

Childhood Immunization Status—Combination 3

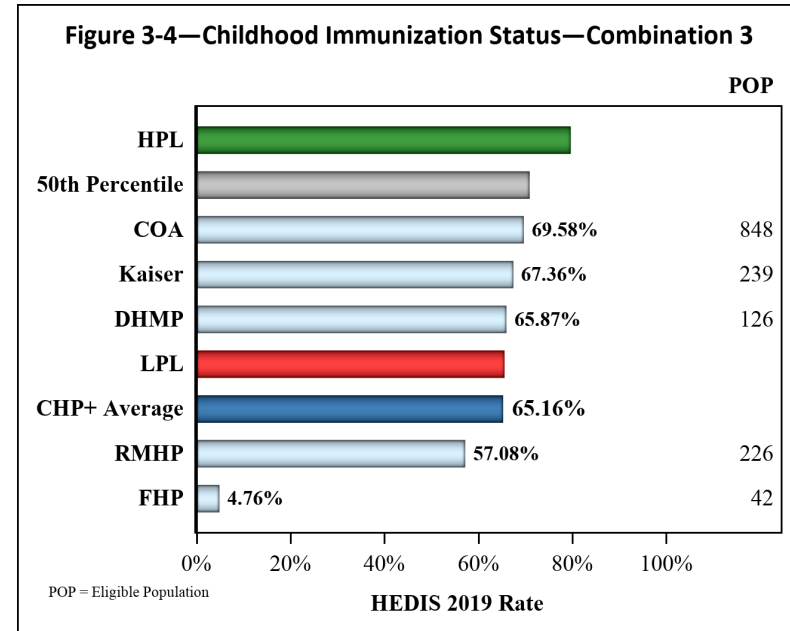
Childhood Immunization Status—Combination 3 measures the percentage of members 2 years of age who received the following vaccines by their second birthday: four DTaP, three IPV, one MMR, three HiB, three HepB, one VZV, and four PCV.



Due to changes in the technical specifications for this measure, NCQA recommends trending between 2019 and prior years be considered with caution.

One caret (^) indicates a significant improvement in performance from 2018 to 2019.

The Colorado CHP+ weighted average significantly improved from 2018 to 2019.

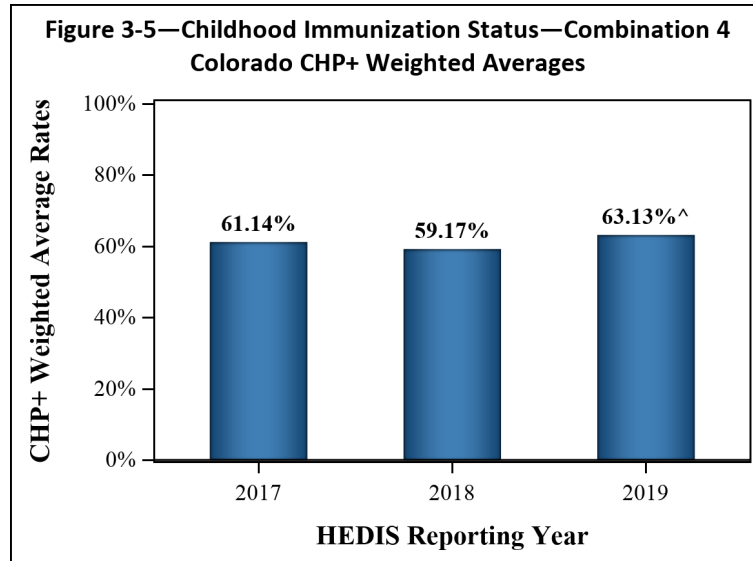


Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

Three MCOs' rates were above the LPL but below the 50th percentile. Two MCOs' rates and the Colorado CHP+ weighted average fell below the LPL. MCO performance varied by approximately 65 percentage points.

Childhood Immunization Status—Combination 4

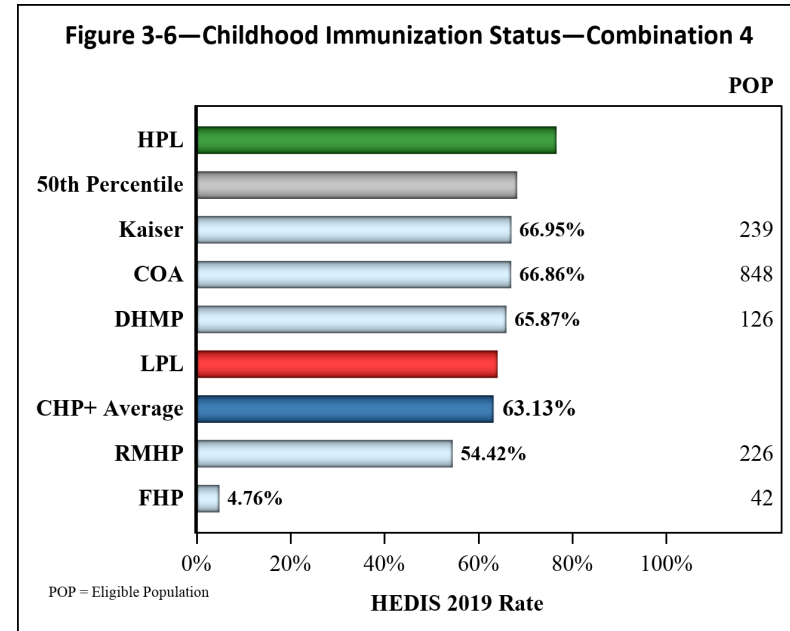
Childhood Immunization Status—Combination 4 measures the percentage of members 2 years of age who received the following vaccines by their second birthday: four DTaP, three IPV, one MMR, three HiB, three HepB, one VZV, four PCV, and one HepA.



Due to changes in the technical specifications for this measure, NCQA recommends trending between 2019 and prior years be considered with caution.

One caret (^) indicates a significant improvement in performance from 2018 to 2019.

The Colorado CHP+ weighted average significantly improved from 2018 to 2019.

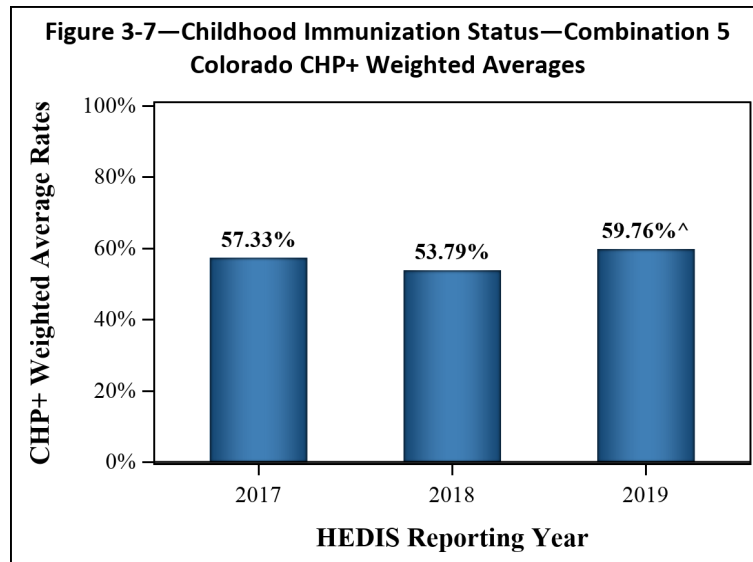


Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

Three MCOs’ rates were above the LPL but below the 50th percentile. Two MCOs’ rates and the Colorado CHP+ weighted average fell below the LPL. MCO performance varied by approximately 62 percentage points.

Childhood Immunization Status—Combination 5

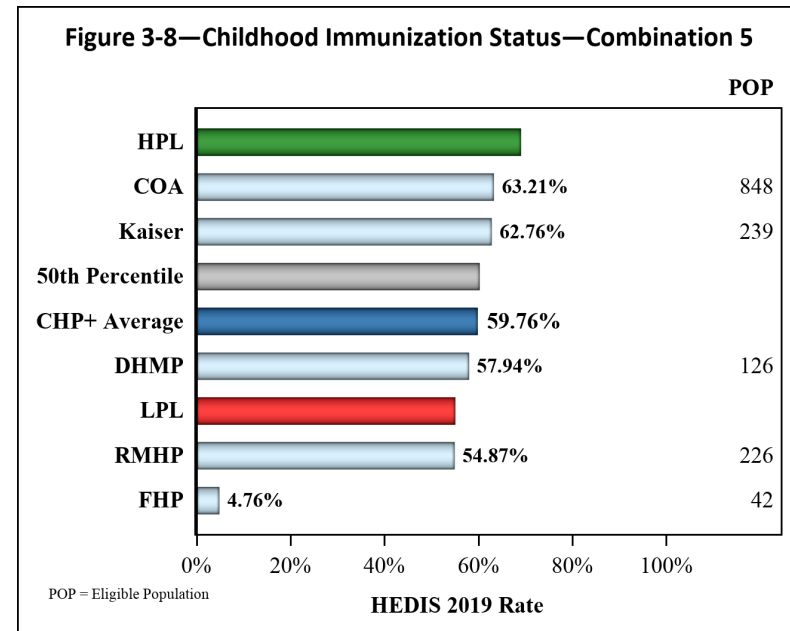
Childhood Immunization Status—Combination 5 measures the percentage of members 2 years of age who received the following vaccines by their second birthday: four DTaP, three IPV, one MMR, three HiB, three HepB, one VZV, four PCV, and two or three RV.



Due to changes in the technical specifications for this measure, NCQA recommends trending between 2019 and prior years be considered with caution.

One caret (^) indicates a significant improvement in performance from 2018 to 2019.

The Colorado CHP+ weighted average significantly improved from 2018 to 2019.

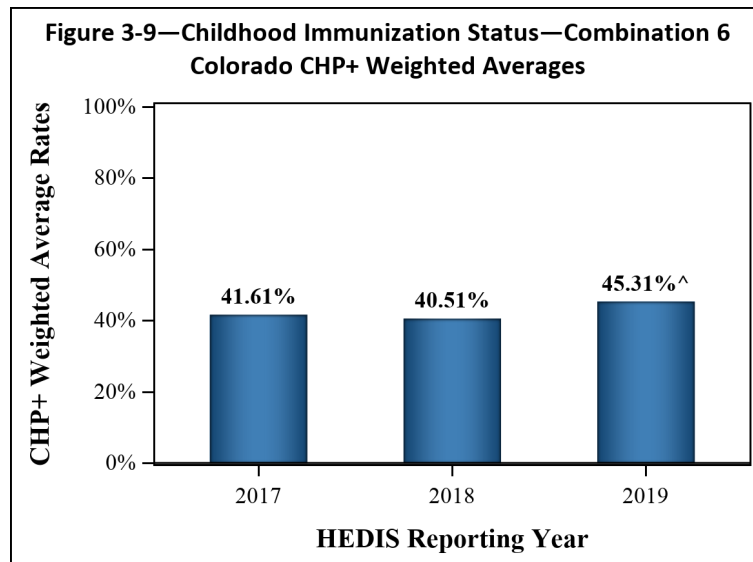


Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

Two MCOs’ rates were above the 50th percentile but below the HPL. One MCO’s rate and the Colorado CHP+ weighted average were above the LPL but below the 50th percentile. Two MCOs’ rates fell below the LPL. MCO performance varied by approximately 58 percentage points.

Childhood Immunization Status—Combination 6

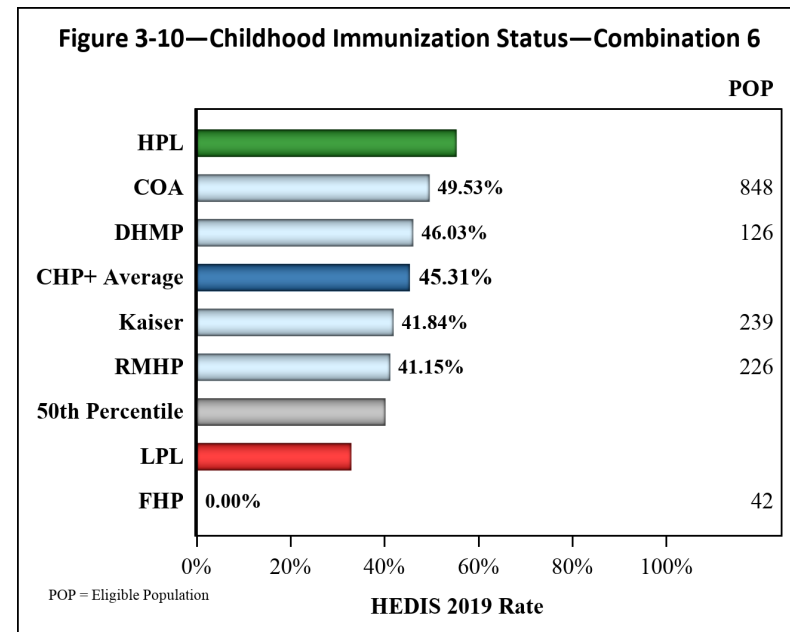
Childhood Immunization Status—Combination 6 measures the percentage of members 2 years of age who received the following vaccines by their second birthday: four DTaP, three IPV, one MMR, three HiB, three HepB, one VZV, four PCV, and two flu.



Due to changes in the technical specifications for this measure, NCQA recommends trending between 2019 and prior years be considered with caution.

One caret (^) indicates a significant improvement in performance from 2018 to 2019.

The Colorado CHP+ weighted average significantly improved from 2018 to 2019.

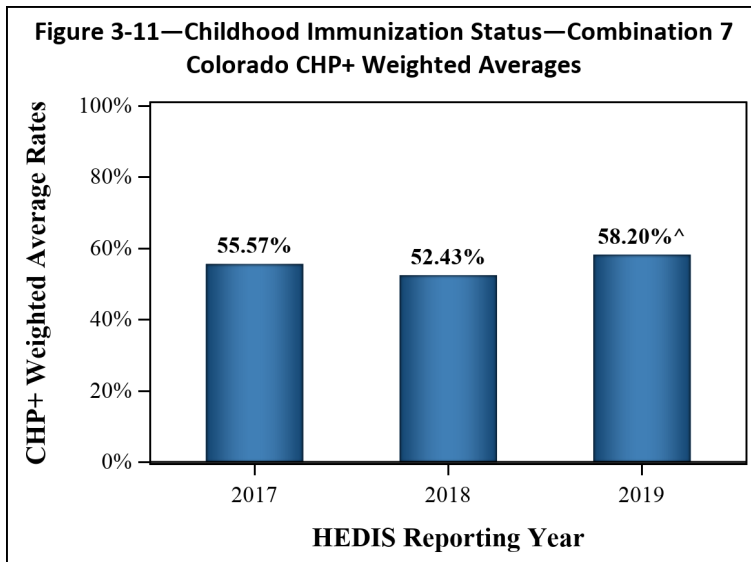


Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

Four MCOs' rates and the Colorado CHP+ weighted average were above the 50th percentile but below the HPL. One MCO's rate fell below the LPL. MCO performance varied by approximately 50 percentage points.

Childhood Immunization Status—Combination 7

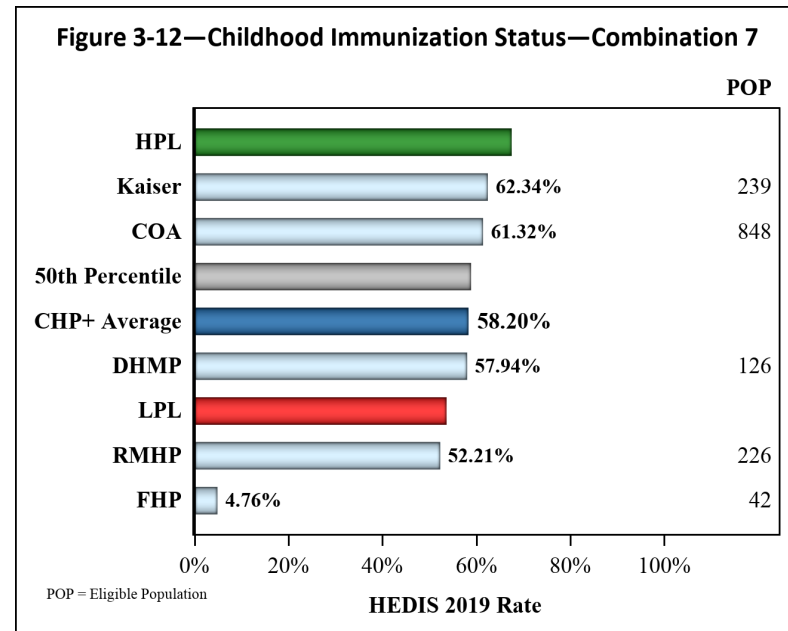
Childhood Immunization Status—Combination 7 measures the percentage of members 2 years of age who received the following vaccines by their second birthday: four DTaP, three IPV, one MMR, three HiB, three HepB, one VZV, four PCV, one HepA, and two or three RV.



Due to changes in the technical specifications for this measure, NCQA recommends trending between 2019 and prior years be considered with caution.

One caret (^) indicates a significant improvement in performance from 2018 to 2019.

The Colorado CHP+ weighted average significantly improved from 2018 to 2019.

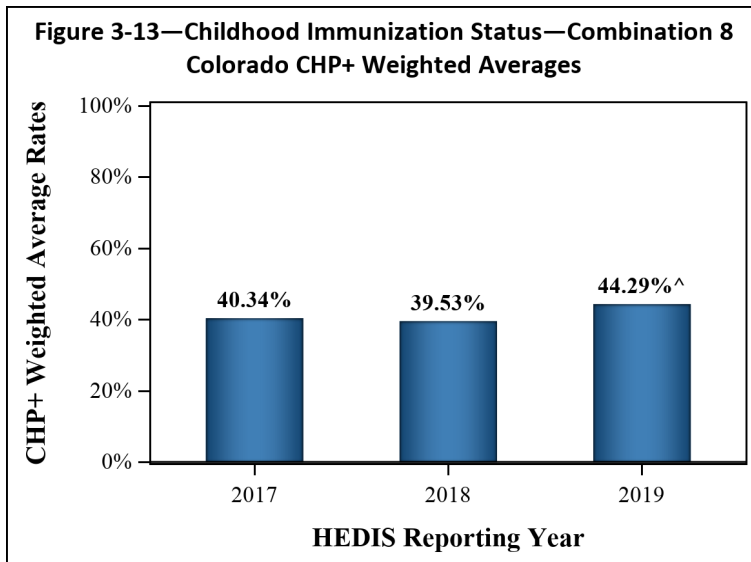


Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

Two MCOs' rates were above the 50th percentile but below the HPL. One MCO's rate and the Colorado CHP+ weighted average were above the LPL but below the 50th percentile. Two MCOs' rates fell below the LPL. MCO performance varied by approximately 58 percentage points.

Childhood Immunization Status—Combination 8

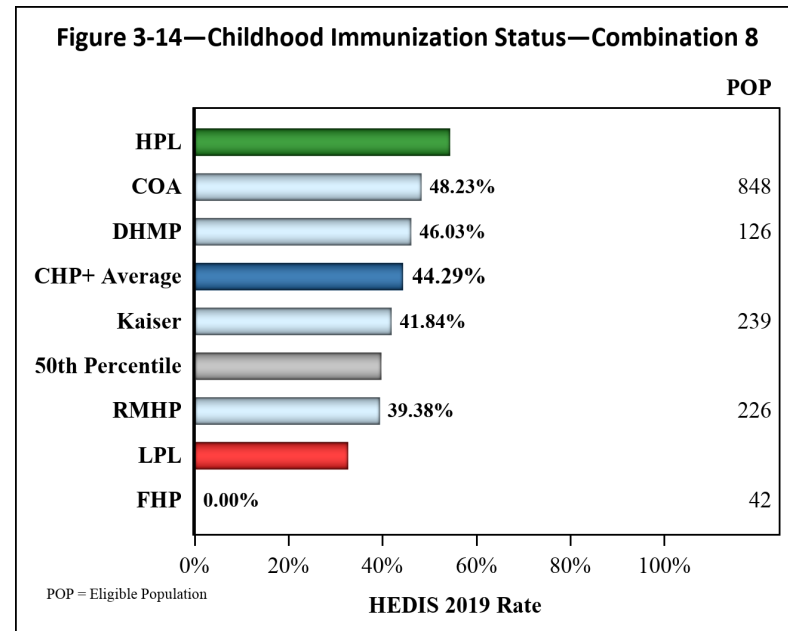
Childhood Immunization Status—Combination 8 measures the percentage of members 2 years of age who received the following vaccines by their second birthday: four DTaP, three IPV, one MMR, three HiB, three HepB, one VZV, four PCV, one HepA, and two flu.



Due to changes in the technical specifications for this measure, NCQA recommends trending between 2019 and prior years be considered with caution.

One caret (^) indicates a significant improvement in performance from 2018 to 2019.

The Colorado CHP+ weighted average significantly improved from 2018 to 2019.

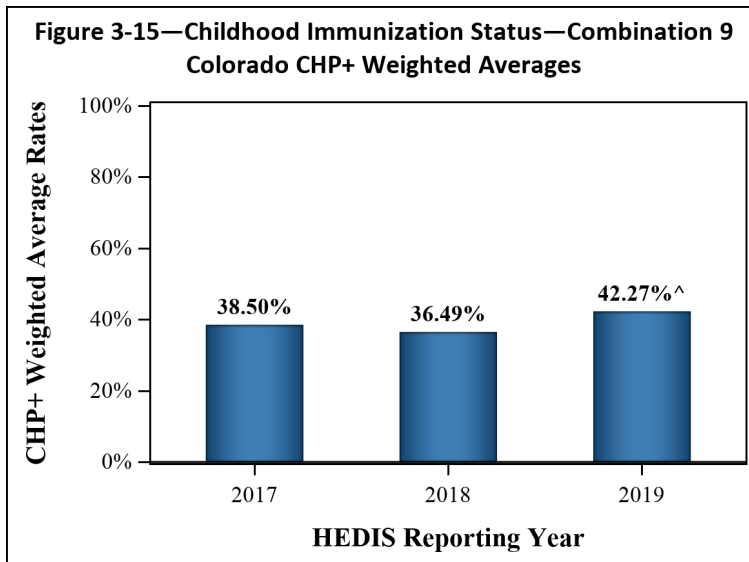


Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

Three MCOs' rates and the Colorado CHP+ weighted average were above the 50th percentile but below the HPL. One MCO's rate was above the LPL but below the 50th percentile. One MCO's rate fell below the LPL. MCO performance varied by approximately 48 percentage points.

Childhood Immunization Status—Combination 9

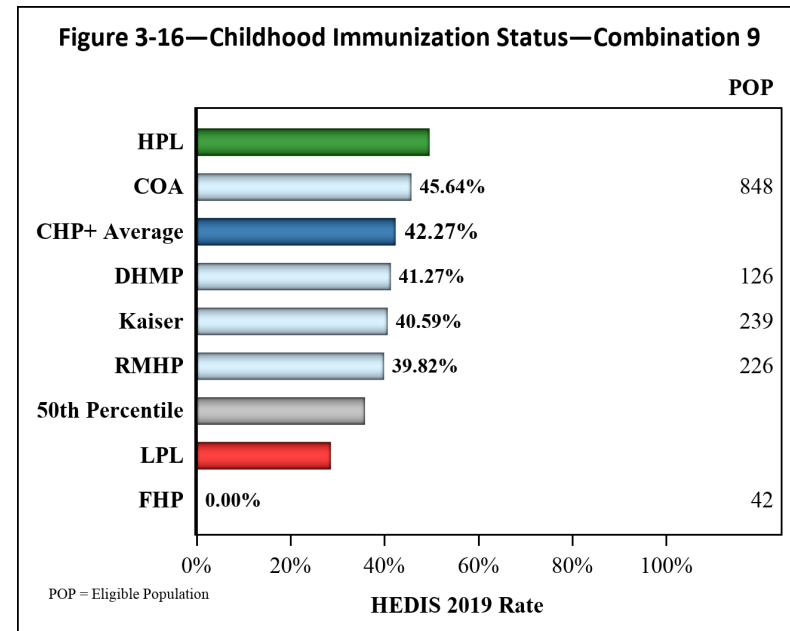
Childhood Immunization Status—Combination 9 measures the percentage of members 2 years of age who received the following vaccines by their second birthday: four DTaP, three IPV, one MMR, three HiB, three HepB, one VZV, four PCV, two or three RV, and two flu.



Due to changes in the technical specifications for this measure, NCQA recommends trending between 2019 and prior years be considered with caution.

One caret (^) indicates a significant improvement in performance from 2018 to 2019.

The Colorado CHP+ weighted average significantly improved from 2018 to 2019.

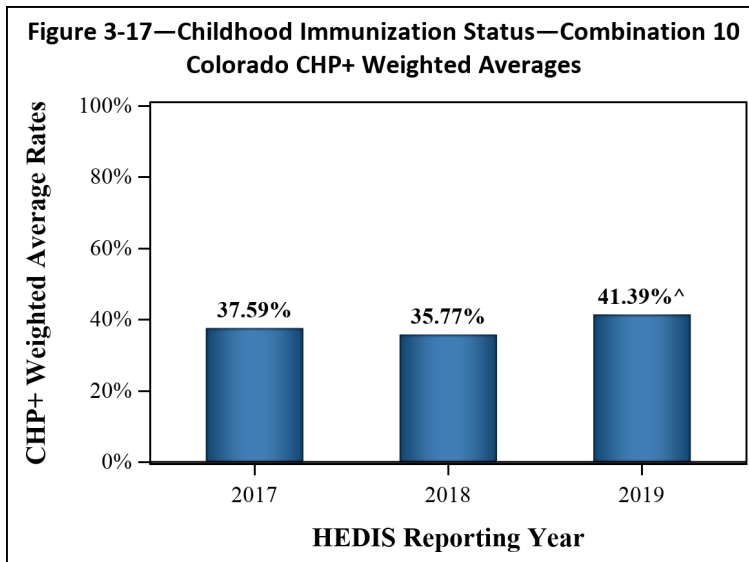


Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

Four MCOs' rates and the Colorado CHP+ weighted average were above the 50th percentile but below the HPL. One MCO's rate fell below the LPL. MCO performance varied by approximately 46 percentage points.

Childhood Immunization Status—Combination 10

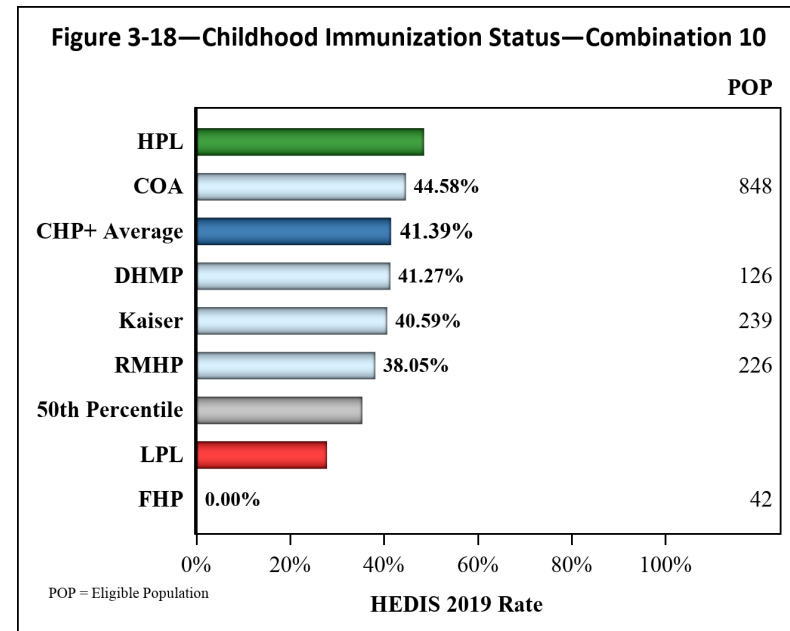
Childhood Immunization Status—Combination 10 measures the percentage of members 2 years of age who received the following vaccines by their second birthday: four DTaP, three IPV, one MMR, three HiB, three HepB, one VZV, four PCV, one HepA, two or three RV, and two flu.



Due to changes in the technical specifications for this measure, NCQA recommends trending between 2019 and prior years be considered with caution.

One caret (^) indicates a significant improvement in performance from 2018 to 2019.

The Colorado CHP+ weighted average significantly improved from 2018 to 2019.

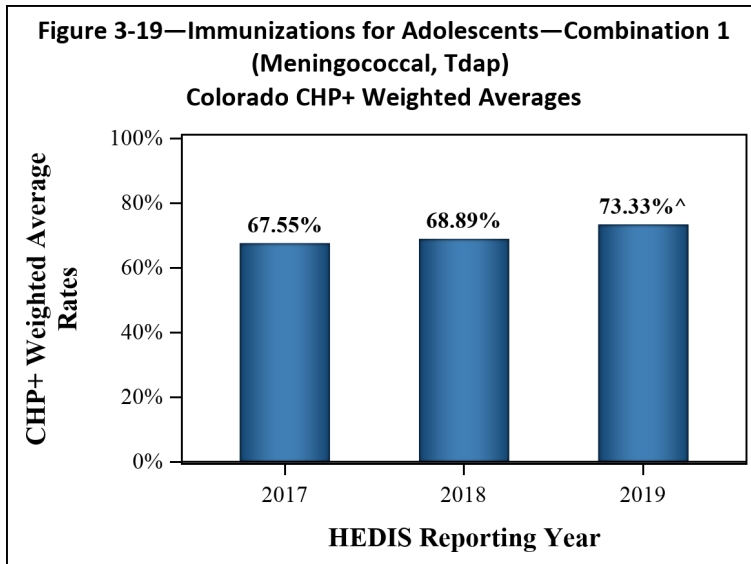


Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

Four MCOs' rates and the Colorado CHP+ weighted average were above the 50th percentile but below the HPL. One MCO's rate fell below the LPL. MCO performance varied by approximately 45 percentage points.

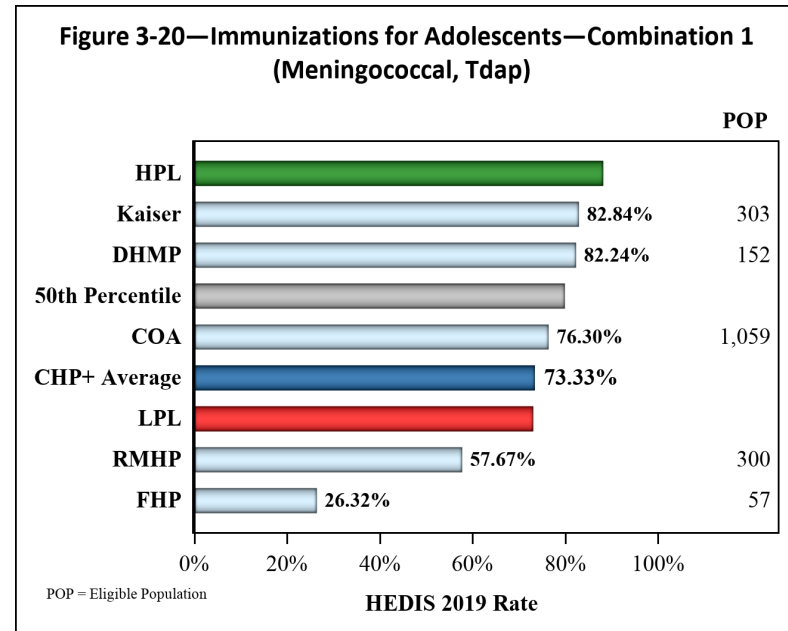
Immunizations for Adolescents—Combination 1 (Meningococcal, Tdap)

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 vaccine, and one Tdap vaccine.



One caret (^) indicates a significant improvement in performance from 2018 to 2019.

The Colorado CHP+ weighted average significantly improved from 2018 to 2019.

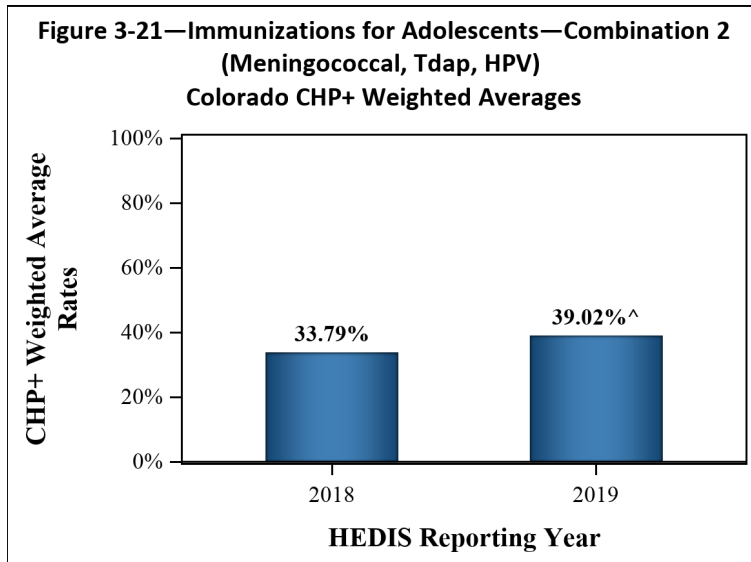


Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

Two MCOs' rates were above the 50th percentile but below the HPL. One MCO's rate and the Colorado CHP+ weighted average were above the LPL but below the 50th percentile. Two MCOs' rates fell below the LPL. MCO performance varied by approximately 57 percentage points.

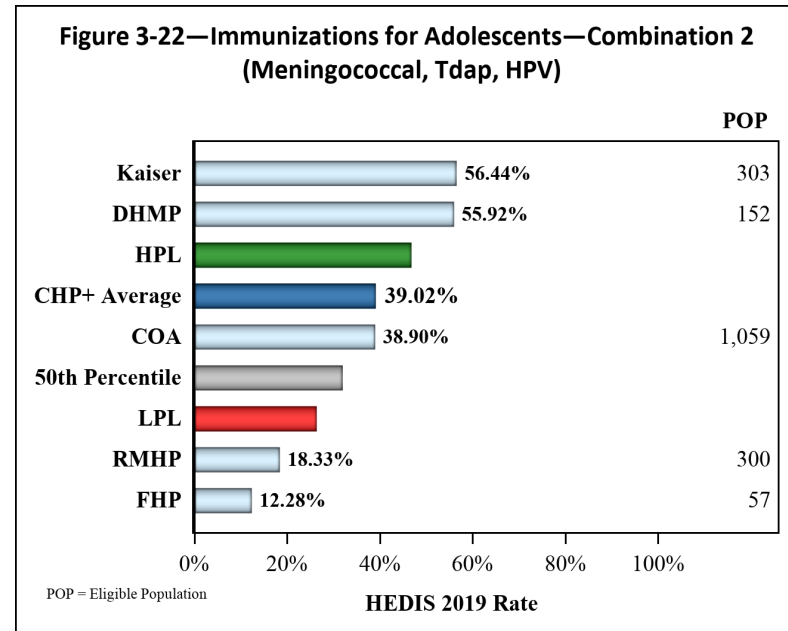
Immunizations for Adolescents—Combination 2 (Meningococcal, Tdap, HPV)

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 vaccine, one Tdap vaccine, and completed the HPV vaccine series.



One caret (^) indicates a significant improvement in performance from 2018 to 2019.

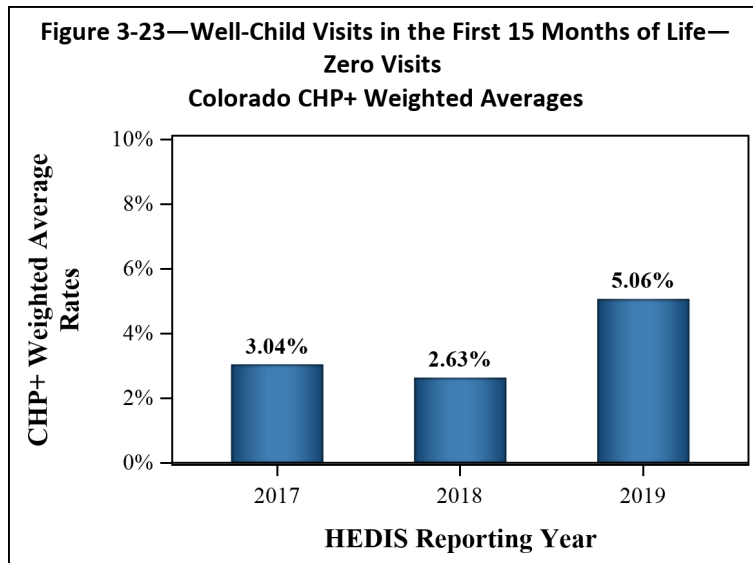
The Colorado CHP+ weighted average significantly improved from 2018 to 2019.



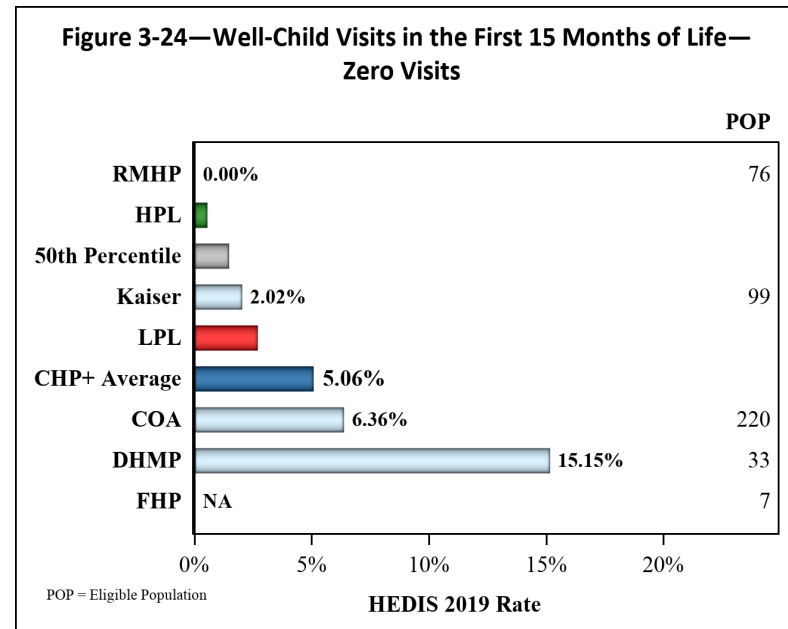
Two MCOs' rates exceeded the HPL. One MCO's rate and the Colorado CHP+ weighted average were above the 50th percentile but below the HPL. Two MCOs' rates fell below the LPL. MCO performance varied by approximately 44 percentage points.

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 who turned 15 months of age during the measurement year who did not have a well-child visit with a PCP during their first 15 months of life. For this indicator, a lower rate indicates better performance.



The Colorado CHP+ weighted average did not demonstrate a significant change from 2018 to 2019.

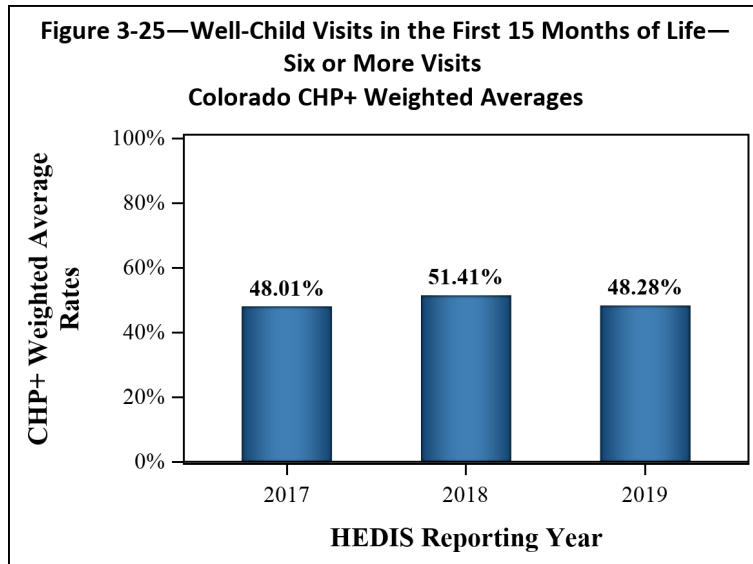


NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate. Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

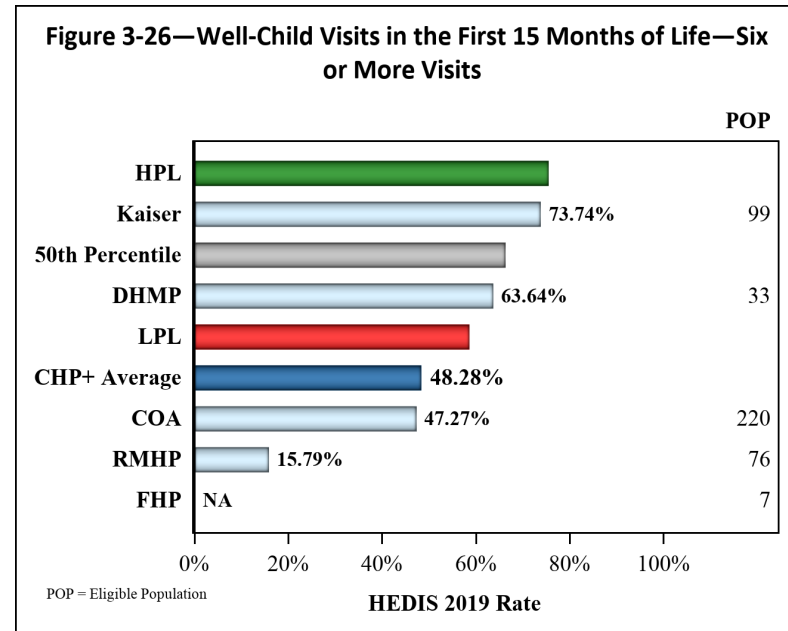
One MCO’s rate exceeded the HPL. One MCO’s rate was above the LPL but below the 50th percentile. Two MCO’s rates and the Colorado CHP+ weighted average fell below the LPL. MCO performance varied by approximately 15 percentage points.

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 who turned 15 months of age during the measurement year who received six or more well-child visits with a PCP during their first 15 months of life.



The Colorado CHP+ weighted average did not demonstrate a significant change from 2018 to 2019.

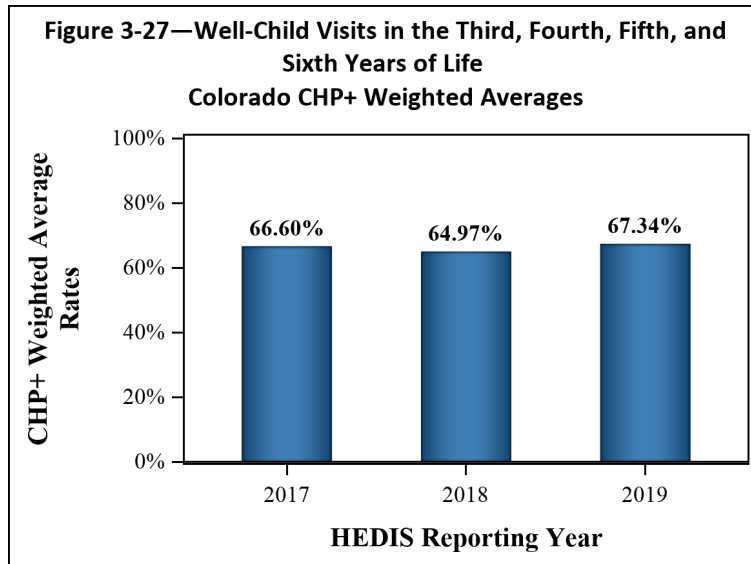


NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate. Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

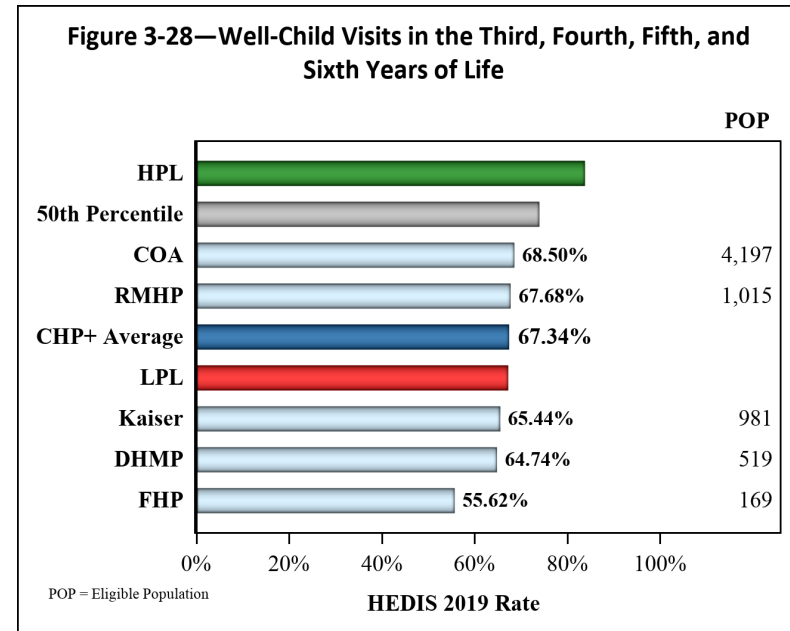
One MCO’s rate was above the 50th percentile but below the HPL. One MCO’s rate was above the LPL but below the 50th percentile. Two MCOs’ rates and the Colorado CHP+ weighted average fell below the LPL. MCO performance varied by approximately 58 percentage points.

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.



The Colorado CHP+ weighted average did not demonstrate a significant change from 2018 to 2019.

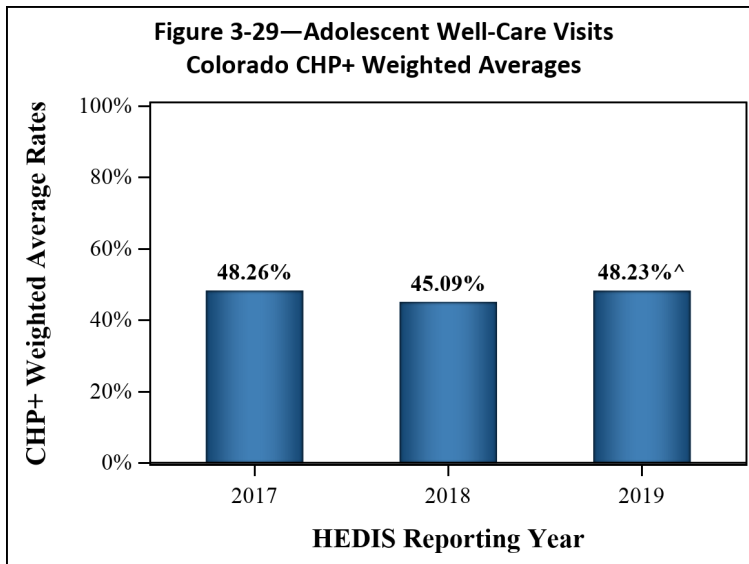


Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

Two MCOs' rates and the Colorado CHP+ weighted average were above the LPL but below the 50th percentile. Three MCOs' rates fell below the LPL. MCO performance varied by approximately 13 percentage points.

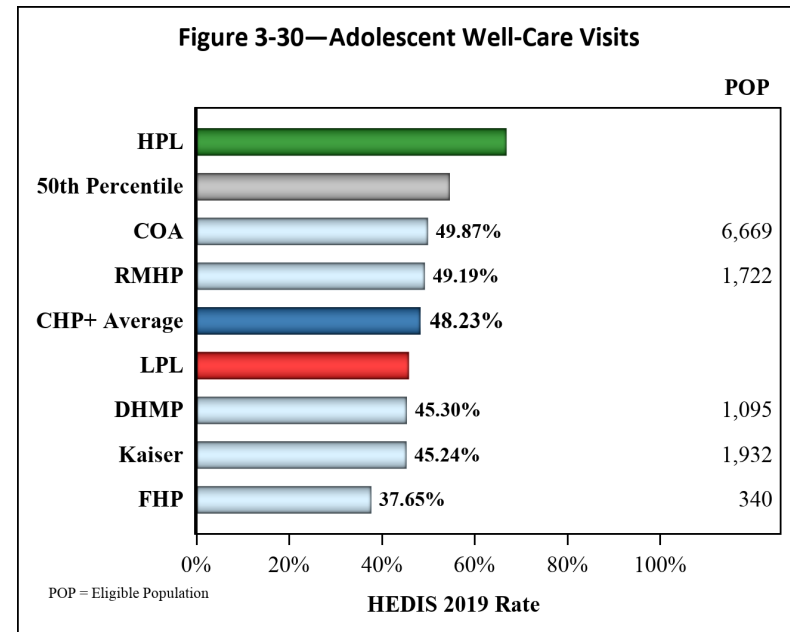
Adolescent Well-Care Visits

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 OB/GYN during the measurement year.



One caret (^) indicates a significant improvement in performance from 2018 to 2019.

The Colorado CHP+ weighted average significantly improved from 2018 to 2019.

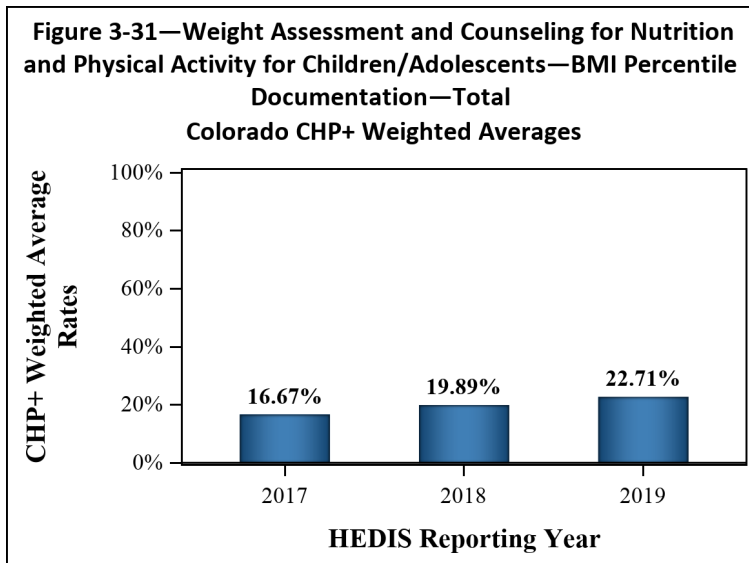


Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

Two MCOs’ rates and the Colorado CHP+ weighted average were above the LPL but below the 50th percentile. Three MCOs’ rates fell below the LPL. MCO performance varied by approximately 12 percentage points.

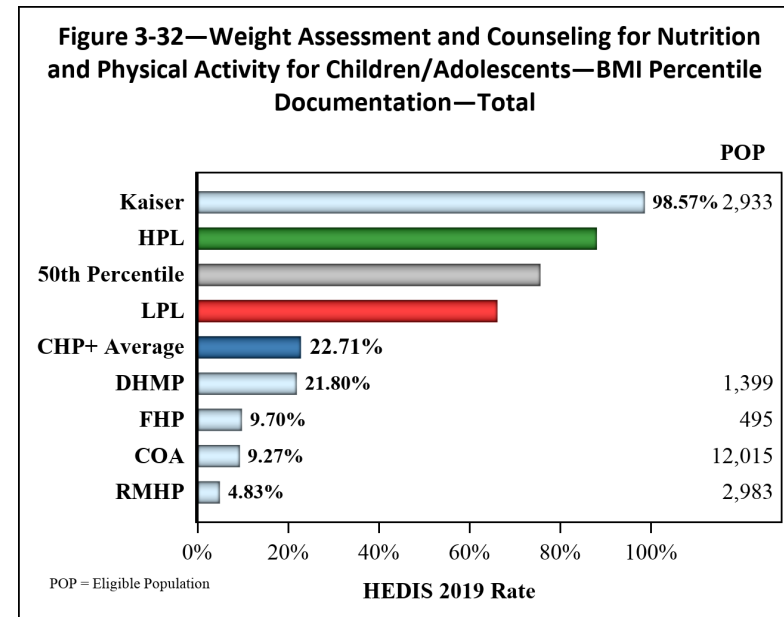
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile Documentation—Total

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 had evidence of BMI percentile documentation during the measurement year.



Due to changes in the technical specifications for this measure, NCQA recommends trending between 2019 and prior years be considered with caution.

The Colorado CHP+ weighted average did not demonstrate a significant change from 2018 to 2019.

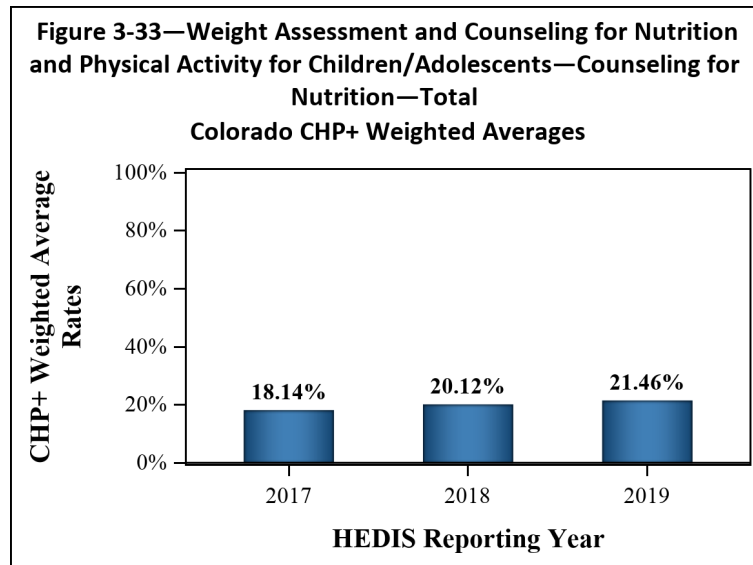


Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

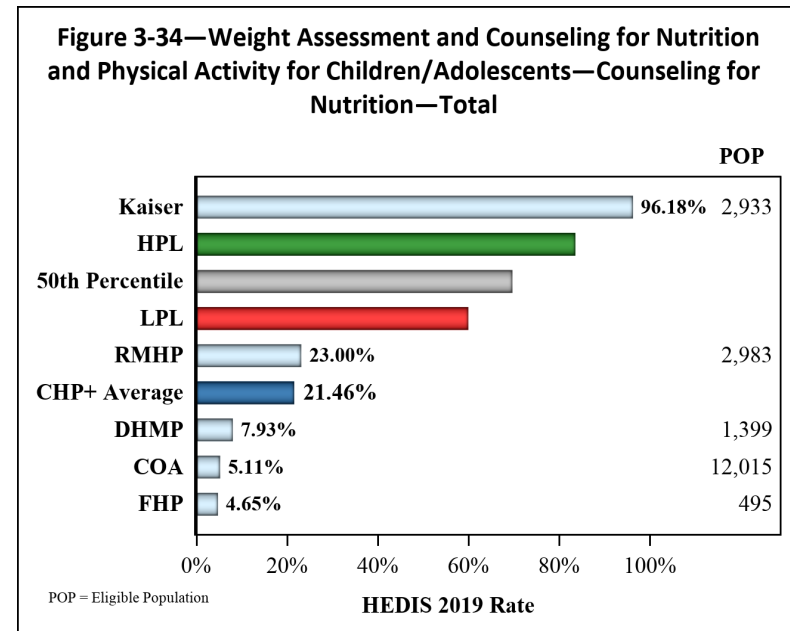
One MCO's rate exceeded the HPL. Four MCOs' rates and the Colorado CHP+ weighted average fell below the LPL. MCO performance varied by approximately 94 percentage points.

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 received counseling for nutrition during the measurement year.



The Colorado CHP+ weighted average did not demonstrate a significant change from 2018 to 2019.

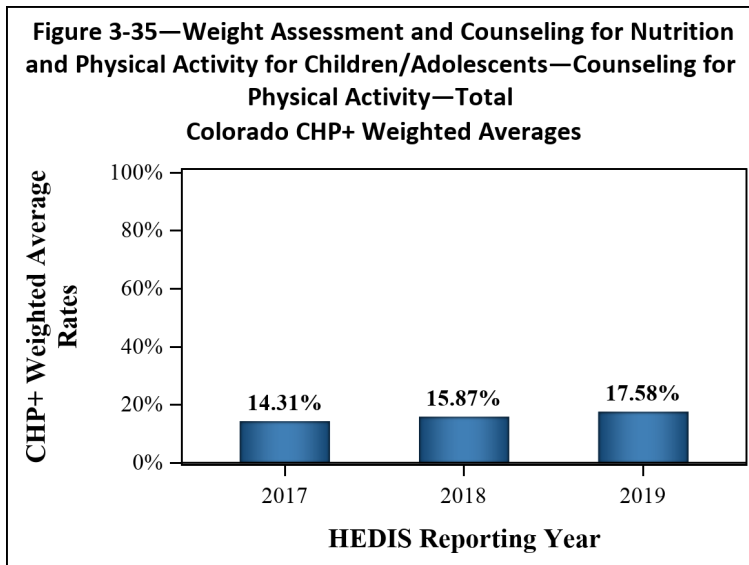


Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

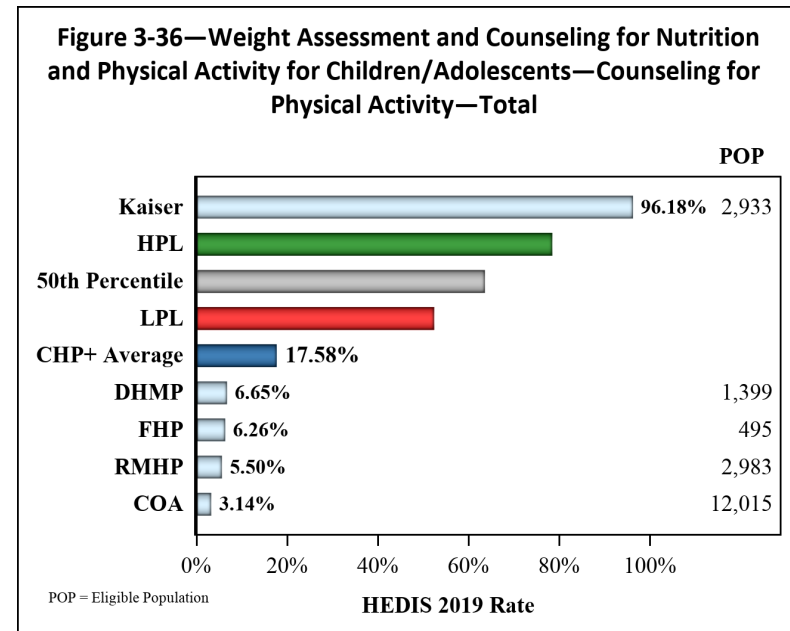
One MCO's rate exceeded the HPL. Four MCOs' rates and the Colorado CHP+ weighted average fell below the LPL. MCO performance varied by approximately 92 percentage points.

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 received counseling for physical activity during the measurement year.



The Colorado CHP+ weighted average did not demonstrate a significant change from 2018 to 2019.

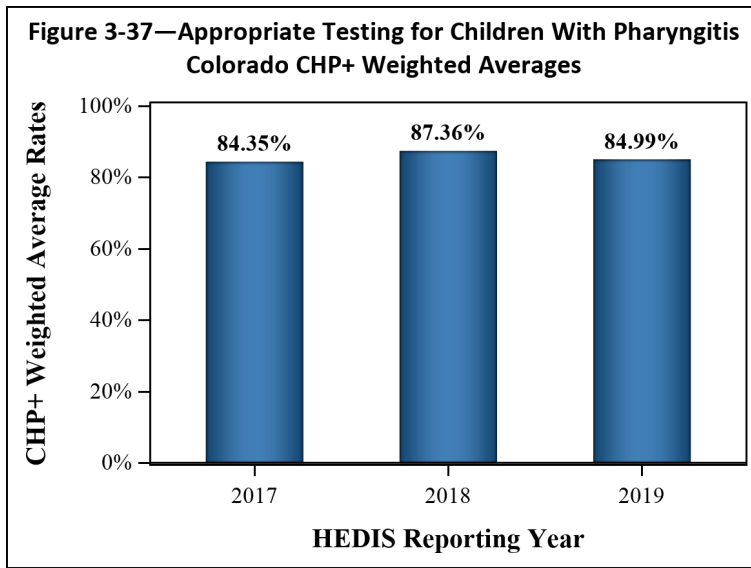


Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

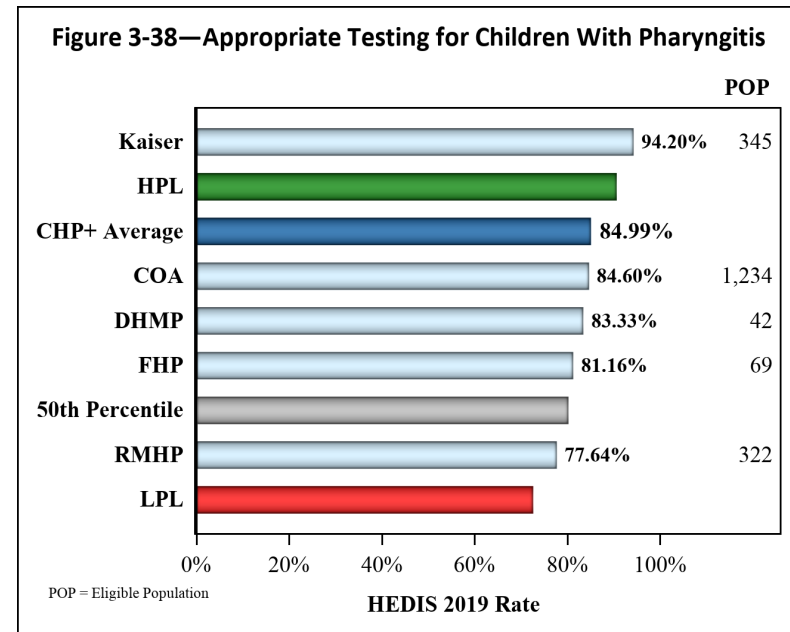
One MCO's rate exceeded the HPL. Four MCOs' rates and the Colorado CHP+ weighted average fell below the LPL. MCO performance varied by approximately 93 percentage points.

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 during an outpatient or ED visit, dispensed an antibiotic, and received a Group A streptococcus (strep) test for the episode.



The Colorado CHP+ weighted average did not demonstrate a significant change from 2018 to 2019.



One MCO's rate exceeded the HPL. Three MCOs' rates and the Colorado CHP+ weighted average were above the 50th percentile but below the HPL. One MCO's rate was above the LPL but below the 50th percentile. MCO performance varied by approximately 17 percentage points.

Summary of Findings

Table 3-2 presents the MCOs’ performance ratings for each measure in the Pediatric Care domain. Performance ratings were assigned across five categories (from ★ representing *Poor Performance* to ★★★★★ representing *Excellent Performance*).

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

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

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

— Indicates that a percentile ranking was not determined because the rate was not reportable.

Table 3-3 presents a summary of the MCOs’ overall performance for the measures in the Pediatric Care domain. The table shows the number of measures falling into each performance rating.

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

MCO Name	★★★★★	★★★★	★★★	★★	★
COA	0	5	3	6	5
DHMP	1	1	5	5	7
FHP	0	0	1	0	16
Kaiser	5	1	7	3	3
RMHP	1	0	3	4	11

Across the three measure rates related to well-care/well-child visits (i.e., *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*), only two MCOs reported a rate that exceeded the 50th percentile (RMHP for *Well-Child Visits in the First 15 Months of Life—Zero Visits* and Kaiser for *Well-Child Visits in the First 15 Months of Life—Six or More Visits*). This demonstrates opportunities to increase the number of comprehensive visits for infants, children, and adolescents. The MCOs and the Department should identify the factors contributing to the low rates for the well-child/well-care visits (e.g., are the issues related to barriers to accessing care, provider billing issues, or administrative data source challenges) and ensure children and adolescents receive comprehensive visits that follow the American Academy of Pediatrics’ *Recommendations for Preventive Pediatric Health Care*.³⁻¹

Of note, three of five (60.0 percent) MCOs were above the 75th percentile for *Immunizations for Adolescents—Combination 2 (Meningococcal, Tdap, HPV)* and four of five (80.0 percent) MCOs were above the 50th percentile for *Appropriate Testing for Children With Pharyngitis*, indicating strength for adolescents receiving necessary vaccinations and appropriate testing of pharyngitis in outpatient and ED settings.

³⁻¹ American Academy of Pediatrics. *Recommendations for Preventive Pediatric Health Care*. Available at: https://www.aap.org/en-us/Documents/periodicity_schedule.pdf. Accessed on: Jul 16, 2019.

4. Access to Care and Preventive Screening

Access to Care and Preventive Screening

The following section provides a detailed analysis of the Colorado CHP+ MCOs' 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*
- *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 Appendix A and Appendix B.

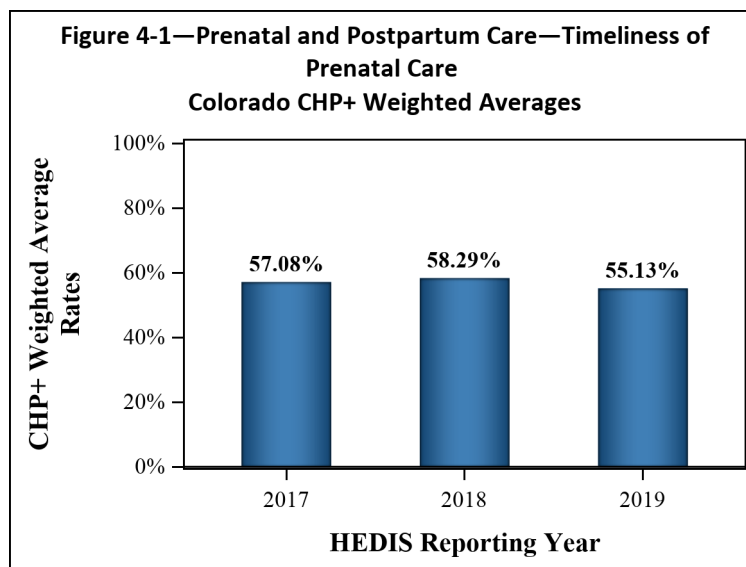
Prenatal and Postpartum Care

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 the SMCN was required to report *Prenatal and Postpartum Care*, and the remaining CHP+ MCOs were not required to report rates for this measure. Of note, the 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 of live births that received a prenatal care visit in the first trimester, on the enrollment start date, or within 42 days of enrollment in the MCO.

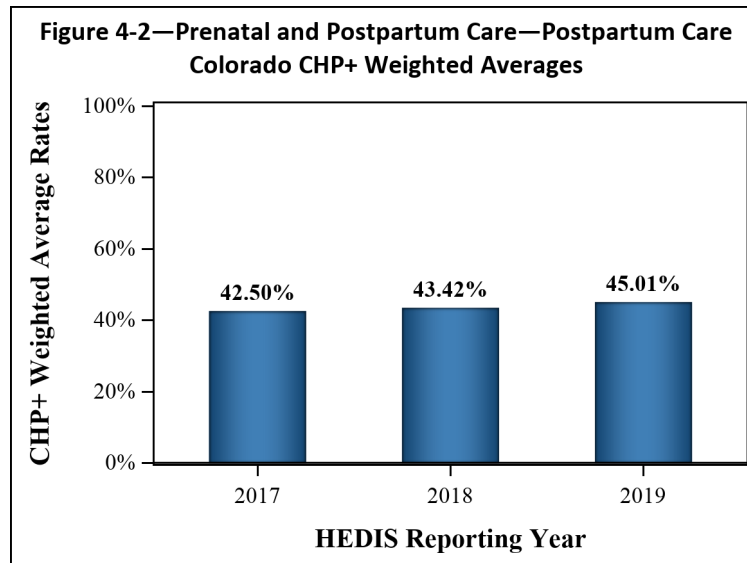


The SMCN is the only CHP+ MCO required to report the Prenatal and Postpartum Care measure.

The SMCN rate did not demonstrate a significant change from 2018 to 2019.

Prenatal and Postpartum Care—Postpartum Care

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

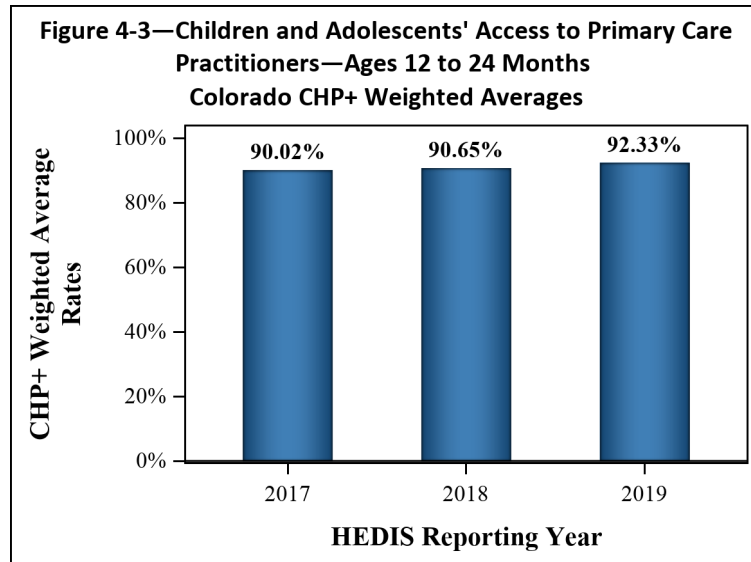


The SMCN is the only CHP+ MCO required to report the Prenatal and Postpartum Care measure.

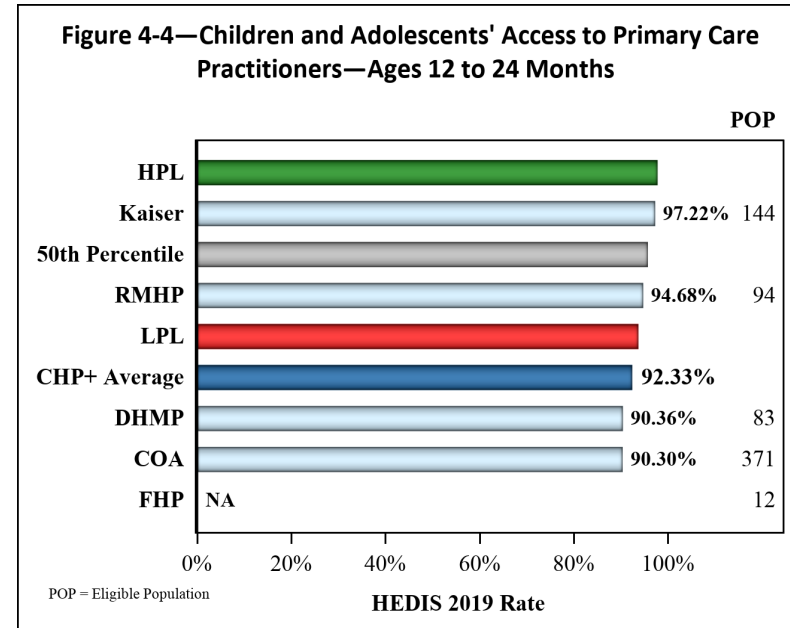
The SMCN rate did not demonstrate a significant change from 2018 to 2019.

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 Colorado CHP+ weighted average did not demonstrate a significant change from 2018 to 2019.

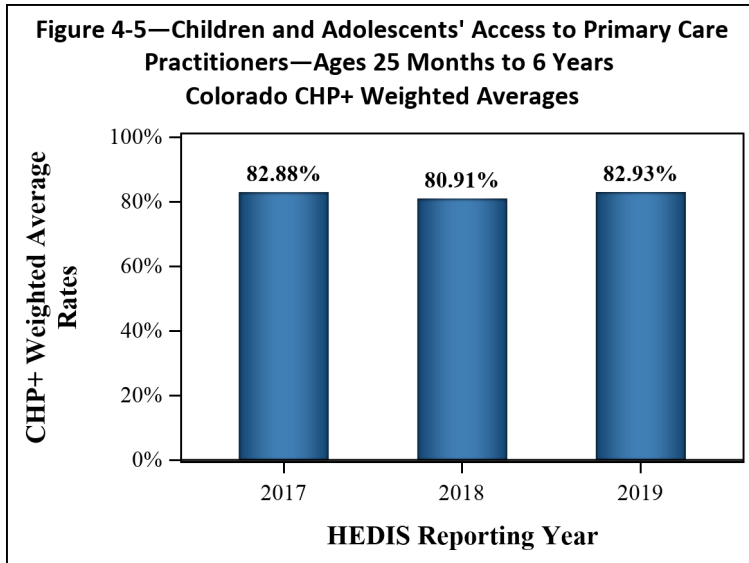


NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate.

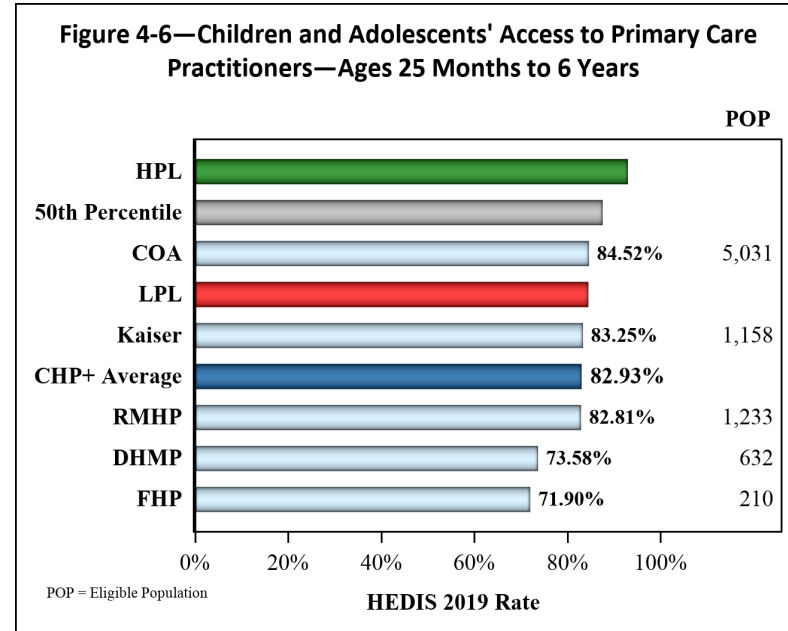
One MCO's rate was above the 50th percentile but below the HPL. One MCO's rate was above the LPL but below the 50th percentile. Two MCOs' rates and the Colorado CHP+ weighted average fell below the LPL. MCO performance varied by approximately 7 percentage points.

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.



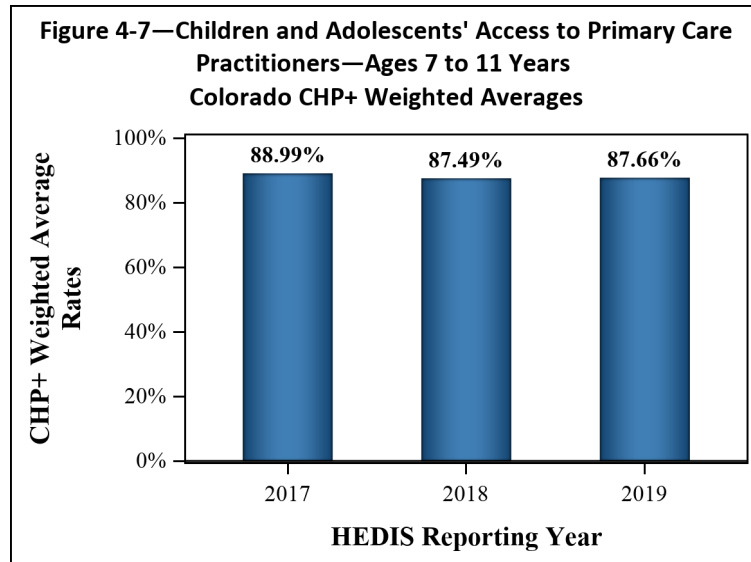
The Colorado CHP+ weighted average did not demonstrate a significant change from 2018 to 2019.



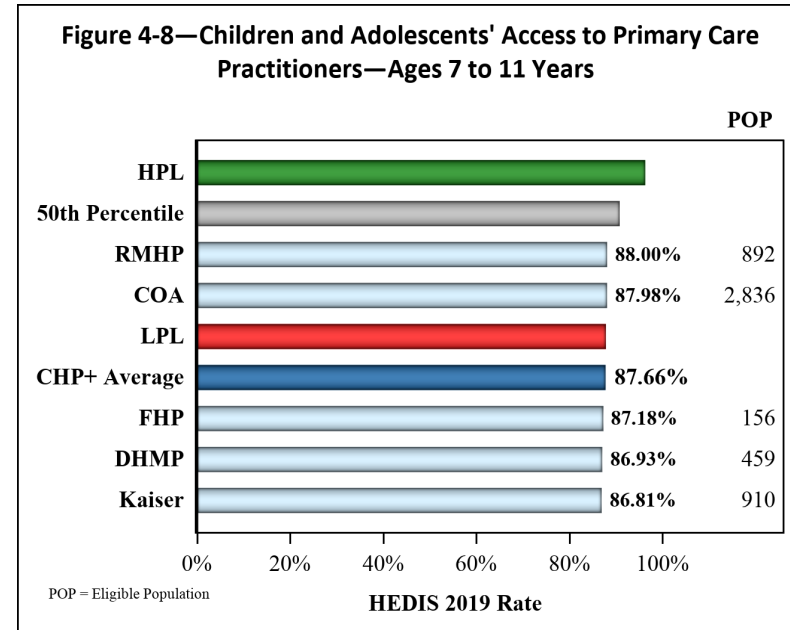
One MCO's rate was above the LPL but below the 50th percentile. Four MCO's rates and the Colorado CHP+ weighted average fell below the LPL. MCO performance varied by approximately 13 percentage points.

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.



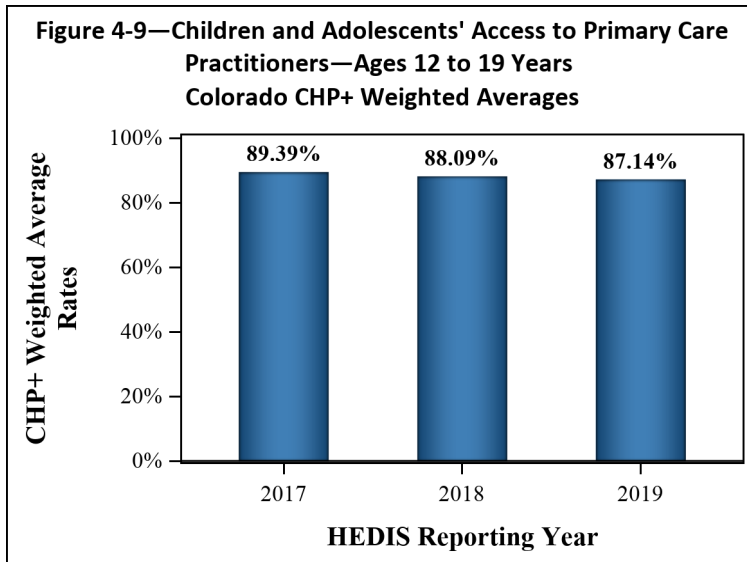
The Colorado CHP+ weighted average did not demonstrate a significant change from 2018 to 2019.



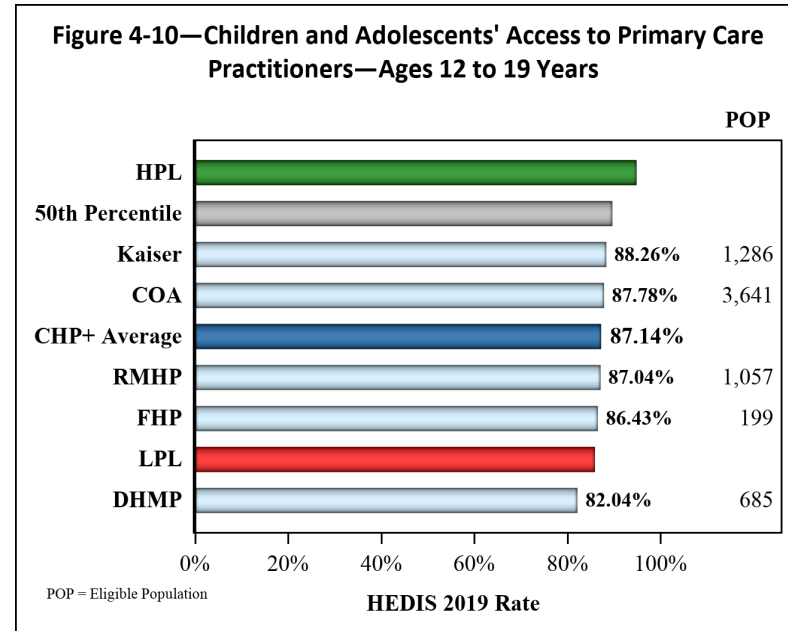
Two MCOs' rates were above the LPL but below the 50th percentile. Three MCOs' rates and the Colorado CHP+ weighted average fell below the LPL. MCO performance varied by approximately 1 percentage point.

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

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



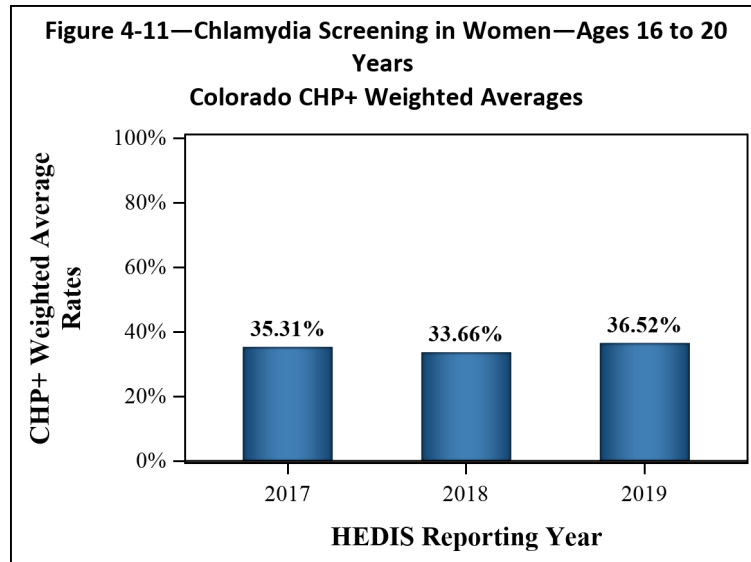
The Colorado CHP+ weighted average did not demonstrate a significant change from 2018 to 2019.



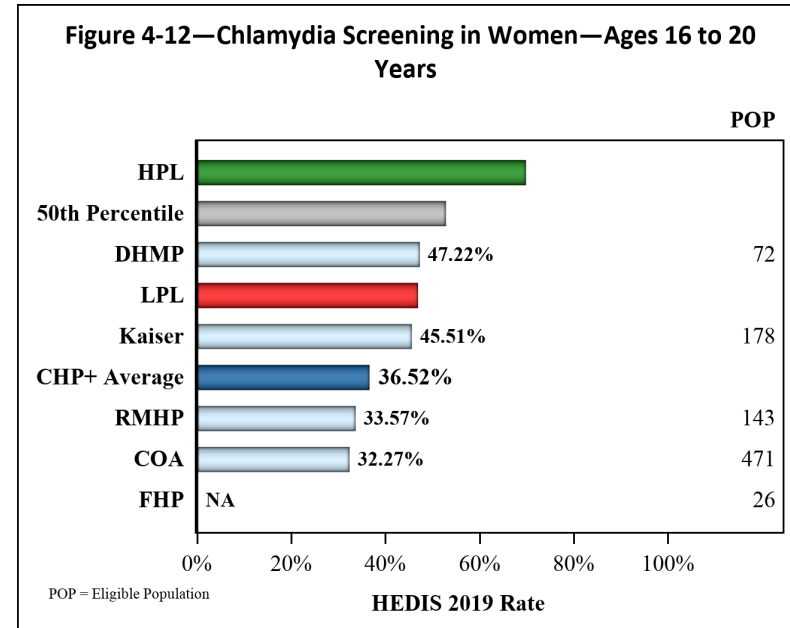
Four MCOs' rates and the CHP+ weighted average were above the LPL but below the 50th percentile. One MCO's rate fell below the LPL. MCO performance varied by approximately 6 percentage points.

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 received at least one test for chlamydia during the measurement year.



The Colorado CHP+ weighted average did not demonstrate a significant change from 2018 to 2019.

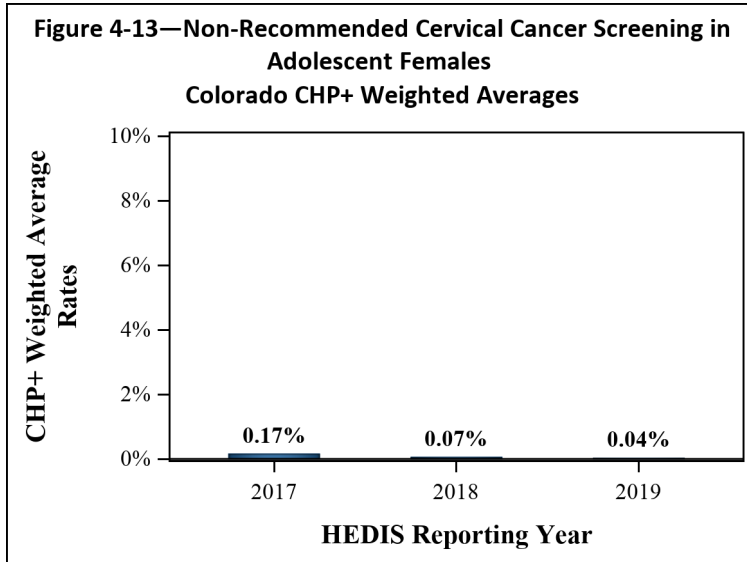


NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate.

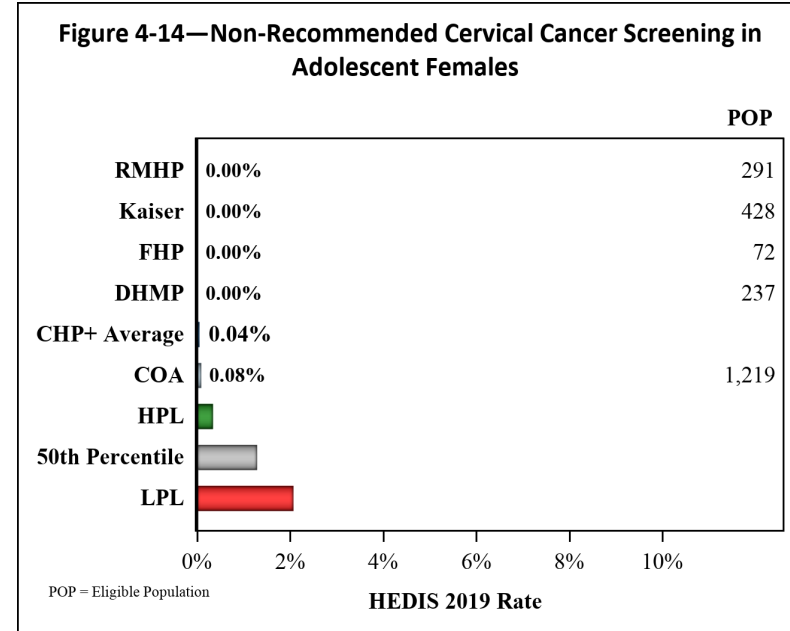
One MCO's rate was above the LPL but below the 50th percentile. Three MCOs' rates and the Colorado CHP+ weighted average fell below the LPL. MCO performance varied by approximately 15 percentage points.

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 Colorado CHP+ weighted average did not demonstrate a significant change from 2018 to 2019.



All MCO rates and the Colorado CHP+ weighted average exceeded the HPL. MCO performance varied by less than one percentage point.

Summary of Findings

Table 4-1 presents the MCOs’ performance ratings for each measure in the Access to Care and Preventive Screening domain. Performance ratings were assigned across five categories (from ★ representing *Poor Performance* to ★★★★★ representing *Excellent Performance*).

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

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

— Indicates that a percentile ranking was not determined because the rate was not reportable.

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

Table 4-2 presents a summary of the MCOs’ overall performance for the measures 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: MCO-Specific Count of Measures by Performance Rating

MCO Name	★★★★★	★★★★	★★★	★★	★
Access to Care					
COA	0	0	0	3	1
DHMP	0	0	0	0	4
FHP	0	0	0	1	2
Kaiser	0	1	0	1	2
RMHP	0	0	0	3	1
Preventive Screening					
COA	1	0	0	0	1
DHMP	1	0	0	1	0
FHP	1	0	0	0	0
Kaiser	1	0	0	0	1
RMHP	1	0	0	0	1

Overall, only one *Children and Adolescents' Access to Primary Care Practitioners* measure rate was above the 50th percentile (Kaiser's *Ages 12 to 24 Months* indicator), indicating all five MCOs have opportunities to improve access to care for children and adolescents. The Department should work with the MCOs and providers to identify barriers in access to care (e.g., transportation/distance to and from the doctor's office, limited provider office hours, difficulty navigating the healthcare system, prolonged wait times for getting an appointment, or prolonged wait times once at the provider's office).⁴⁻¹

Increasing the access to care for members may also have a positive impact on the quality of preventive care received, such as the *Chlamydia Screening in Women* measure, for which all MCOs demonstrated poor performance. Chlamydia is the most common sexually transmitted disease in the United States, and improvement of MCO performance in this measure could positively impact the quality of care for a substantial number of CHP+ members. The MCOs and the Department should ensure providers are aware of the importance of screening for chlamydia and increase the number of resources available to providers and members (e.g., one-on-one provider trainings, providing lists of members overdue for a screening, or newsletters targeting chlamydia screening rates) to support the screenings.^{4-2,4-3} Conversely, all MCOs exceeded the 90th percentile for the *Non-Recommended Cervical Cancer Screening in Adolescent Females* measure.

⁴⁻¹ MACPAC. *Chapter 4: Monitoring Access to Care in Medicaid*. Available at: <https://www.macpac.gov/wp-content/uploads/2017/03/Monitoring-Access-to-Care-in-Medicaid.pdf>. Accessed on: Aug 14, 2019.

⁴⁻² Centers for Disease Control and Prevention. *Chlamydia*. Available at: <https://www.cdc.gov/std/stats17/chlamydia.htm>. Accessed on: Jul 16, 2019.

⁴⁻³ National Prevention Information Network. *Strategies and Incentives from Health Plans to Increase Chlamydia Screening Rates*. Available at: <https://npin.cdc.gov/publication/strategies-and-incentives-health-plans-increase-chlamydia-screening-rates>. Accessed on: Aug 26, 2019.

Mental/Behavioral Health

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

- *Antidepressant Medication Management—Effective Acute Phase Treatment and Effective Continuation Phase Treatment*
- *Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase and Continuation and Maintenance Phase*
- *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 Appendix A and Appendix B.

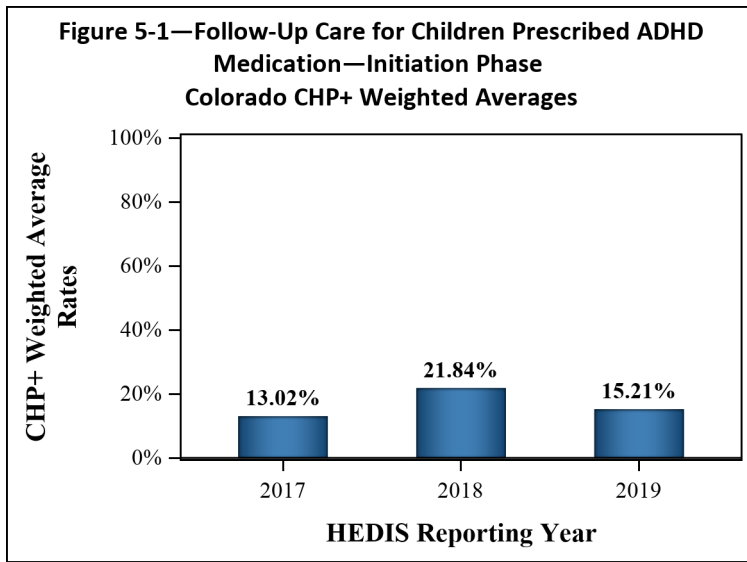
Antidepressant Medication Management—Effective Acute Phase Treatment and Effective Continuation Phase Treatment

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* (remained on an antidepressant medication for at least 84 days [12 weeks]) and *Effective Continuation Phase Treatment* (remained on an antidepressant medication for at least 180 days [6 months]).

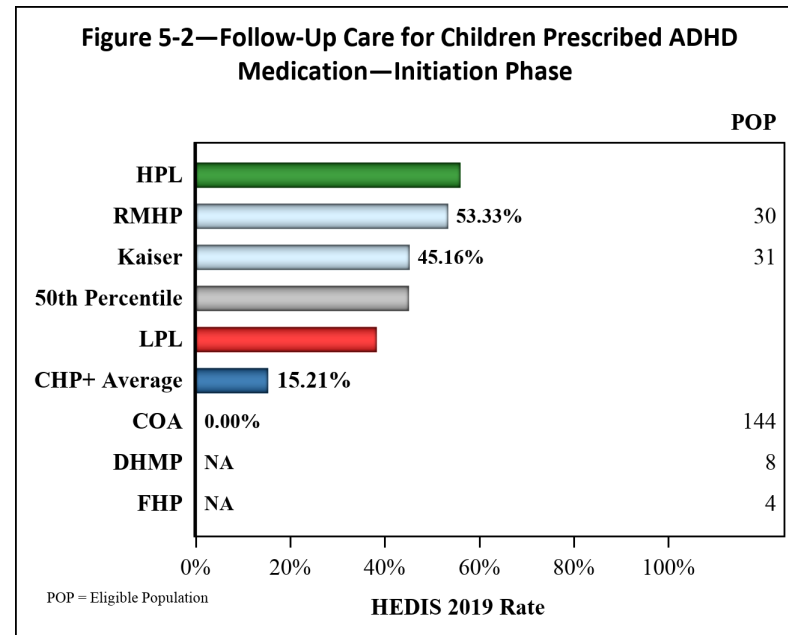
All the CHP+ MCOs followed the specifications for this performance measure, but the denominator was too small (<30) to report a valid rate, resulting in a *Small Denominator (NA)* audit designation; therefore, these rates are not presented in this report and the figures for this measure are not displayed. 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 and had a follow-up care visit within 30 days of the first ADHD medication being dispensed.



The Colorado CHP+ weighted average did not demonstrate a significant change from 2018 to 2019.



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

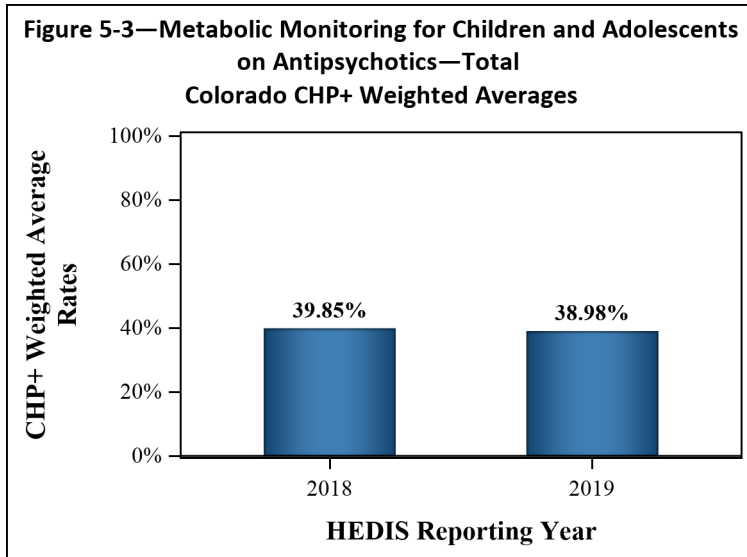
Two MCOs’ rates were above the 50th percentile but below the HPL. One MCO’s rate and the Colorado CHP+ weighted average fell below the LPL. MCO performance varied by approximately 53 percentage points.

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

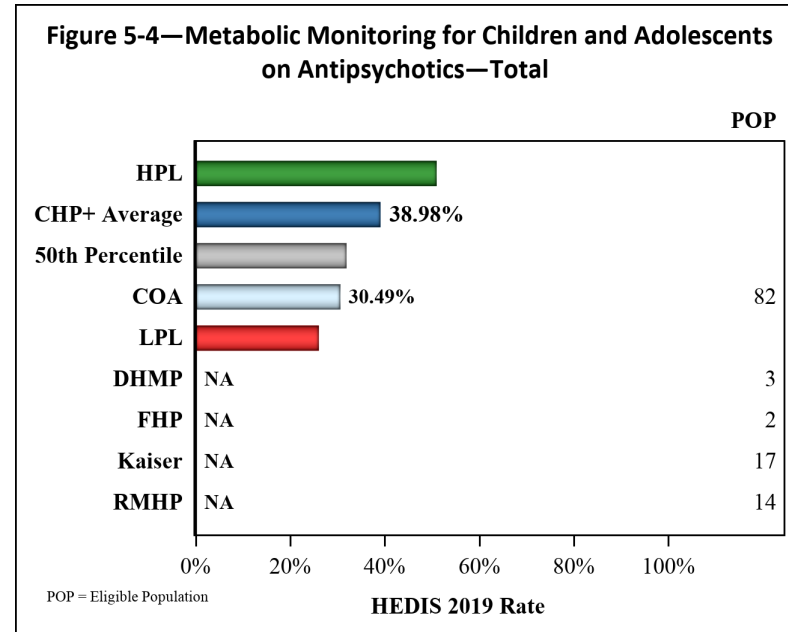
Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase measures the percentage of members 6 to 12 years of age who were newly prescribed ADHD medication, remained on the medication for at least 210 days, and had at least three follow-up care visits within a 10-month period, one of which was within 30 days of the first ADHD medication being dispensed. All the CHP+ MCOs 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 and the figures for this measure are not displayed.

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.



The Colorado CHP+ weighted average did not demonstrate a significant change from 2018 to 2019.

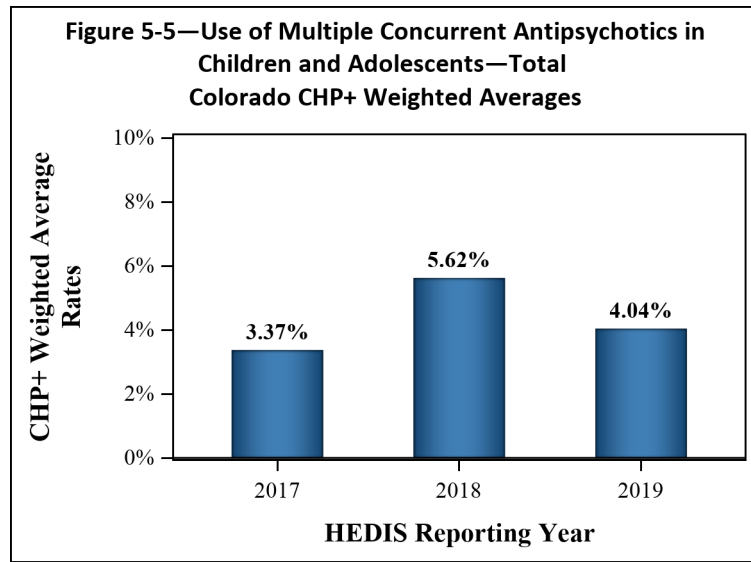


NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate.

The Colorado CHP+ weighted average was above the 50th percentile but below the HPL. One MCO’s rate was above the LPL but below the 50th percentile. None of the other MCOs had reportable rates for this measure indicator.

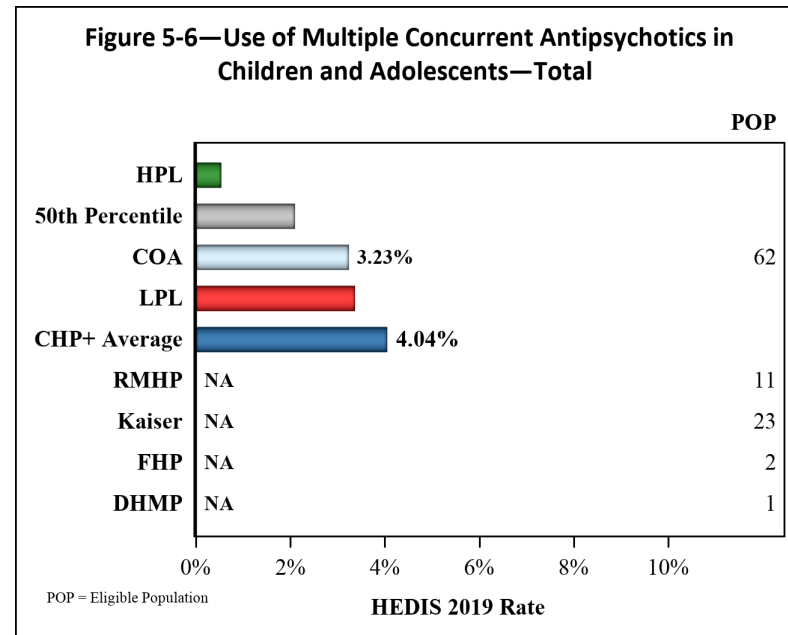
Use of Multiple Concurrent Antipsychotics in Children and Adolescents—Total

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, NCQA recommends trending between 2019 and prior years be considered with caution.

The Colorado CHP+ weighted average did not demonstrate a significant change from 2018 to 2019.



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

One MCO's rate was above the LPL but below the 50th percentile. The Colorado CHP+ weighted average fell below the LPL. None of the other MCOs had reportable rates for this measure indicator.

Summary of Findings

Table 5-1 presents the MCOs’ performance ratings for each measure in the Mental/Behavioral Health domain. Performance ratings were assigned across five categories (from ★ representing *Poor Performance* to ★★★★★ representing *Excellent Performance*).

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

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

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

— Indicates that a percentile ranking was not determined because the rate was not reportable.

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

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

MCO Name	★★★★★	★★★★	★★★	★★	★
COA	0	0	0	2	1
DHMP	0	0	0	0	0
FHP	0	0	0	0	0
Kaiser	0	0	1	0	0
RMHP	0	1	0	0	0

For HEDIS 2019, neither DHMP nor FHP had any reportable rates within the Mental/Behavioral Health domain. Kaiser and RMHP demonstrated strong performance for young members newly prescribed ADHD medication that received a follow-up care visit within 30 days, with opportunities for improvement noted for COA in the same measure. None of COA’s eligible members received a follow-up visit after being prescribed ADHD medication. Monitoring of children on ADHD medications is necessary to ensure that the clinical benefits are achieved and to make any necessary dosage/prescription adjustments to control and prevent side effects (e.g., increased activity, negative mood, headaches).⁵⁻¹

⁵⁻¹ Children and Adults with Attention-Deficit/Hyperactivity Disorder (CHADD). *Managing Medication for Children and Adolescents with ADHD*. Available at: https://chadd.org/wp-content/uploads/2018/05/managing_medication.pdf. Accessed on: Jul 16, 2019.

Additionally, COA's rates for *Metabolic Monitoring for Children and Adolescents on Antipsychotics* and *Use of Multiple Concurrent Antipsychotics in Children and Adolescents* fell below the 50th percentile. Antipsychotic medication use is associated with adverse physical side effects (e.g., type 2 diabetes, cardiovascular disease), and children are more at risk for these side effects when they receive multiple antipsychotics.⁵⁻² COA and the Department should conduct root cause analyses for the low monitoring rates for members prescribed ADHD and/or antipsychotic medications to determine the nature and scope of the issue (e.g., are the issues related to barriers to accessing care or the need for improved provider training) and implement strategies to improve the care for these members.

⁵⁻² Correll CU, Detraux J, De Lepeleire J, De Hert M. Effects of antipsychotics, antidepressants and mood stabilizers on risk for physical diseases in people with schizophrenia, depression and bipolar disorder. *World Psychiatry*. 2015;14(2):119-36.

6. Respiratory Conditions

Respiratory Conditions

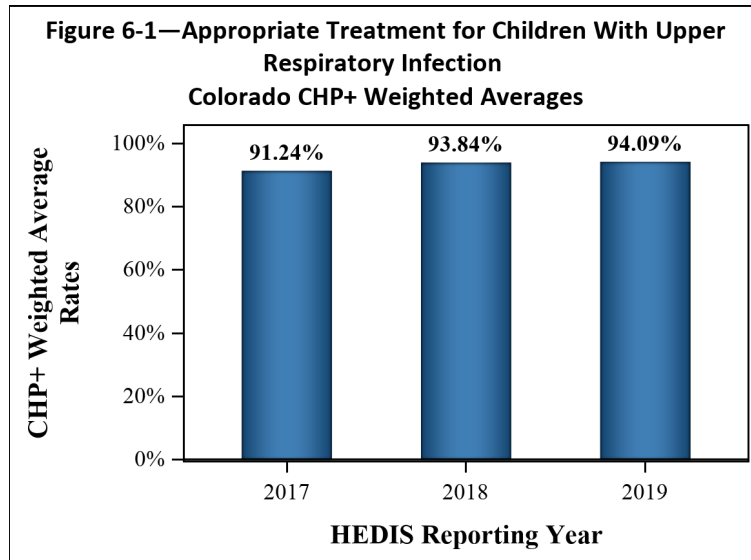
The following section provides a detailed analysis of the Colorado CHP+ MCOs' performance for the Respiratory Conditions domain. The Respiratory Conditions domain encompasses the following measures/indicators:

- *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*

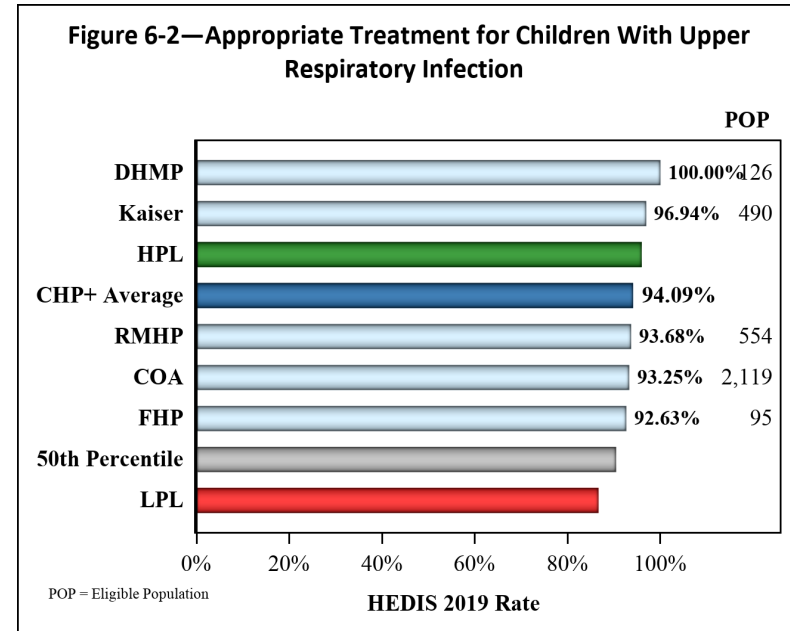
Please see the “Reader’s Guide” section for guidance on interpreting the figures presented within this section. For reference, additional analyses for each measure indicator are displayed in Appendix A and Appendix B.

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 who were not dispensed an antibiotic prescription.



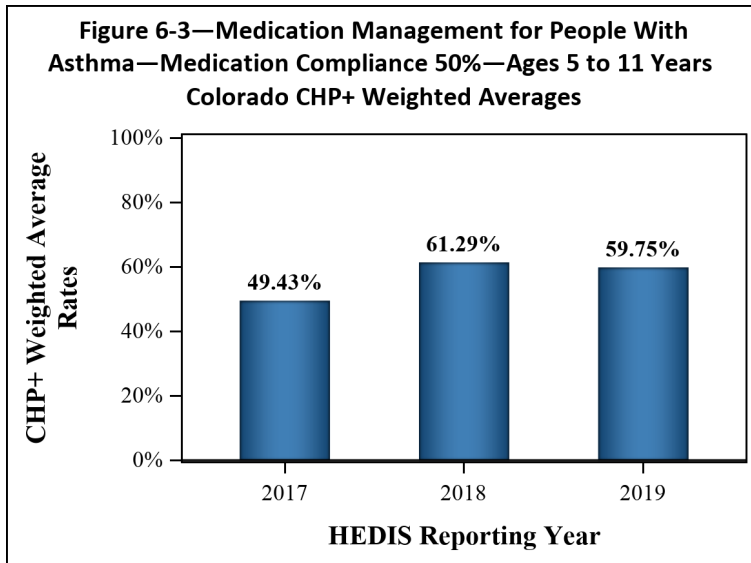
The Colorado CHP+ weighted average did not demonstrate a significant change from 2018 to 2019.



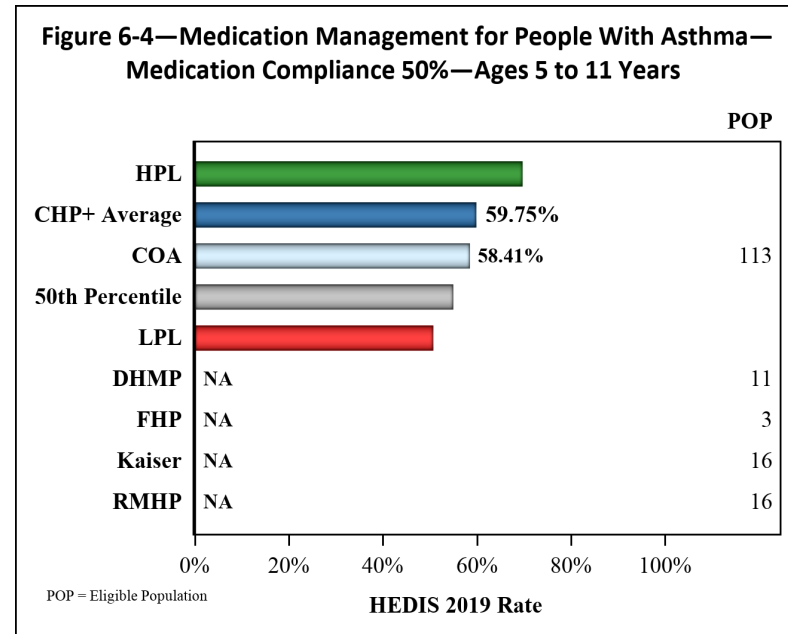
Two MCOs' rates exceeded the HPL. Three MCOs' rates and the Colorado CHP+ weighted average were above the 50th percentile but below the HPL. MCO performance varied by approximately 7 percentage points.

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.



The Colorado CHP+ weighted average did not demonstrate a significant change from 2018 to 2019.

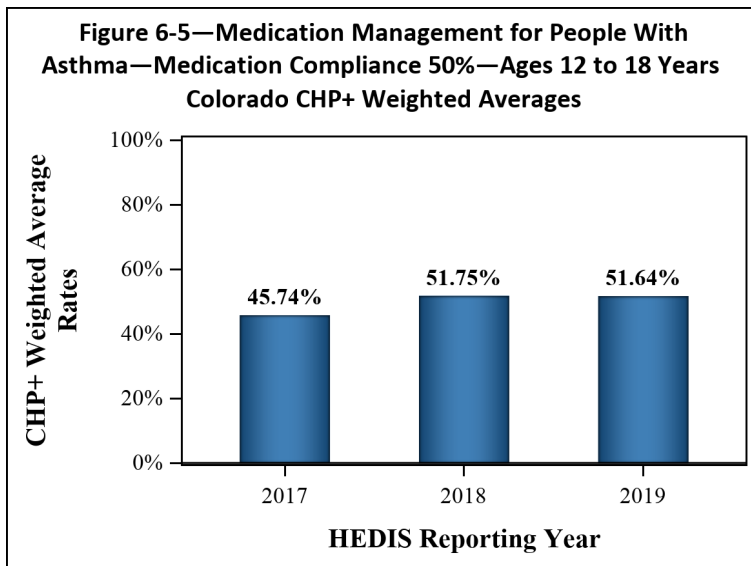


NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate.

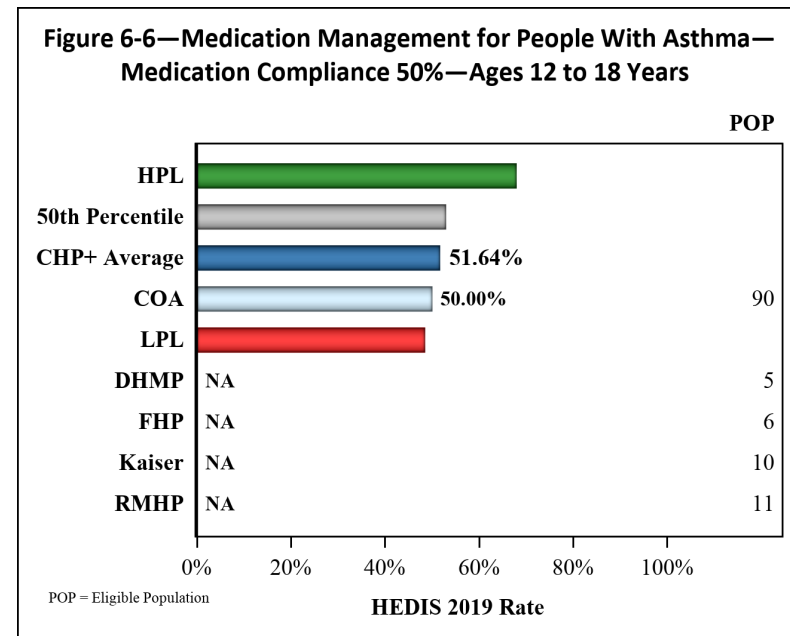
One MCO’s rate and the Colorado CHP+ weighted average were above the 50th percentile but below the HPL. None of the other MCOs had reportable rates for this measure indicator.

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 Colorado CHP+ weighted average did not demonstrate a significant change from 2018 to 2019.

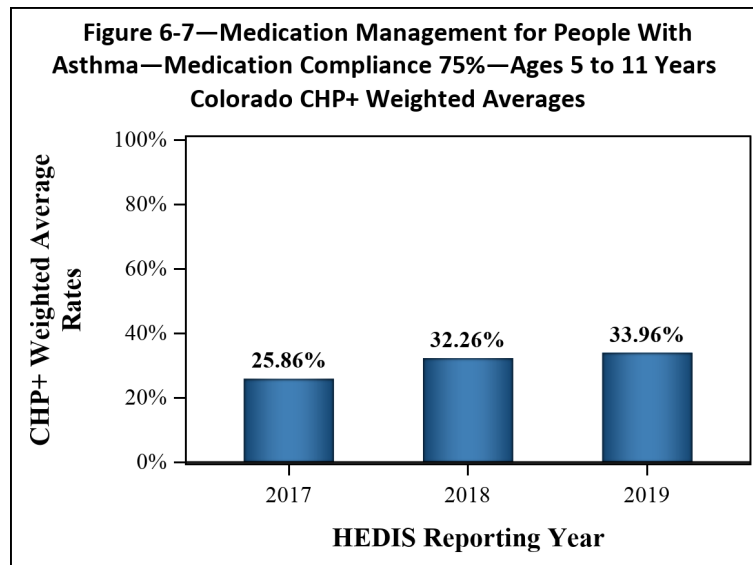


NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate.

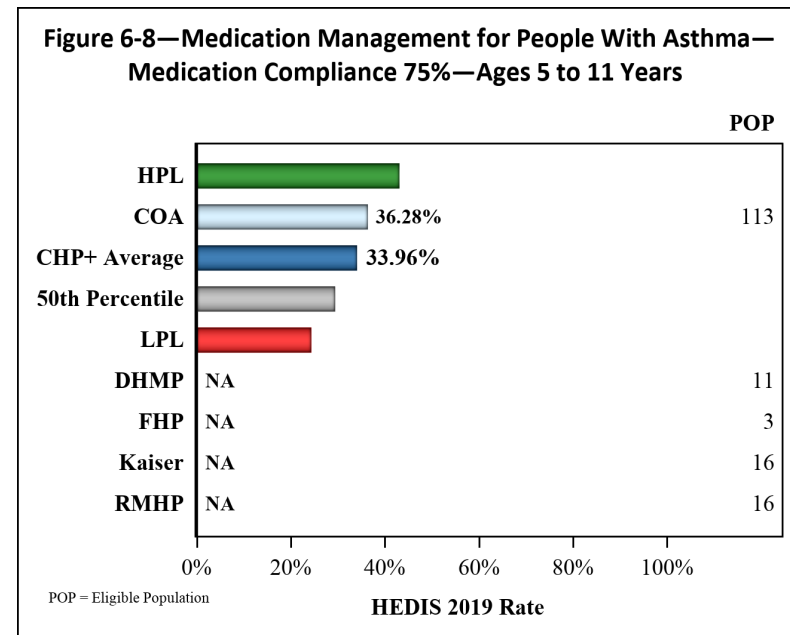
One MCO’s rate and the Colorado CHP+ weighted average were above the LPL but below the 50th percentile. None of the other MCOs had reportable rates for this measure indicator.

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 Colorado CHP+ weighted average did not demonstrate a significant change from 2018 to 2019.

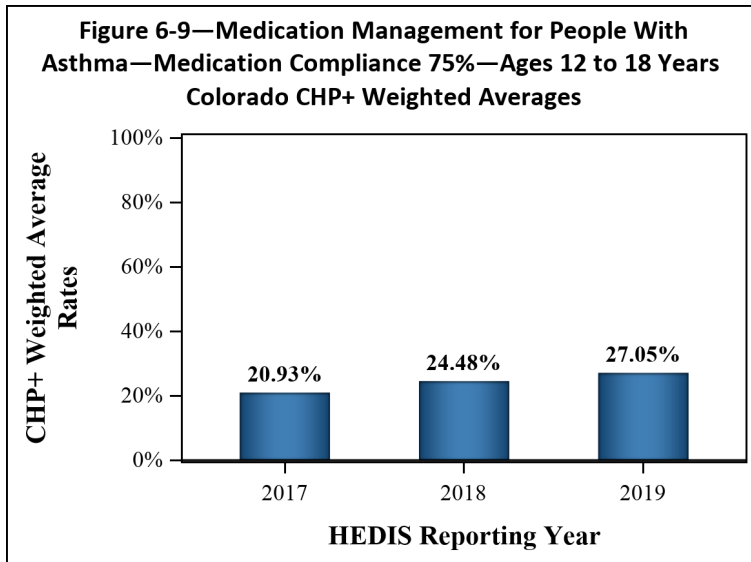


NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate.

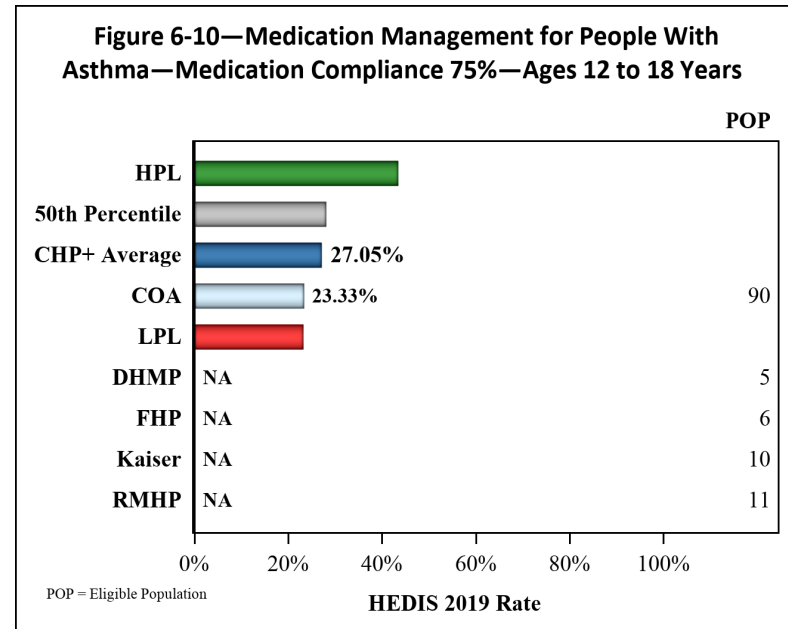
One MCO's rate and the Colorado CHP+ weighted average were above the 50th percentile but below the HPL. None of the other MCOs had reportable rates for this measure indicator.

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 Colorado CHP+ weighted average did not demonstrate a significant change from 2018 to 2019.

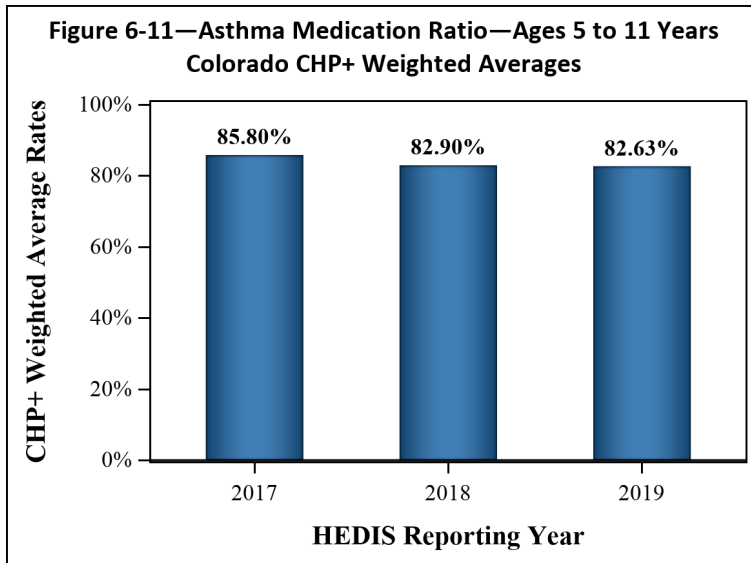


NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate.

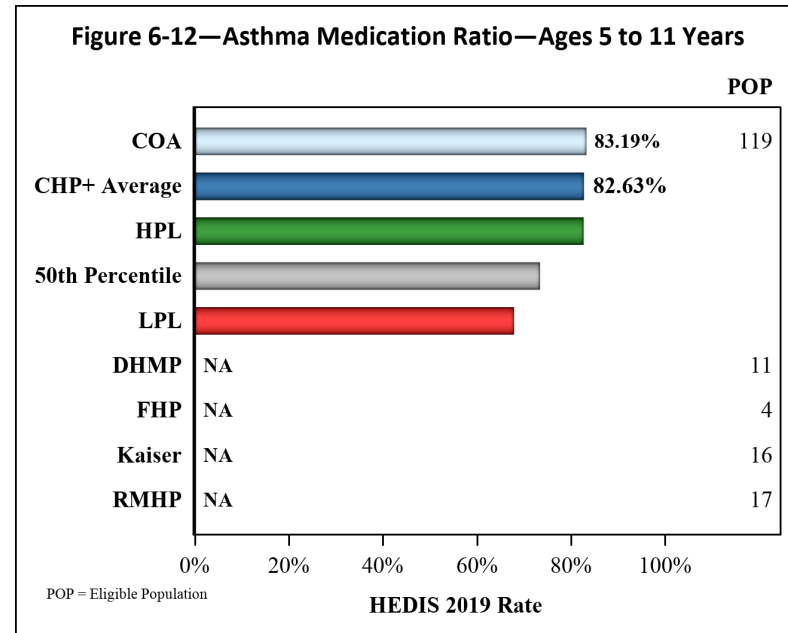
One MCO's rate and the Colorado CHP+ weighted average were above the LPL but below the 50th percentile. None of the other MCOs had reportable rates for this measure indicator.

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 Colorado CHP+ weighted average did not demonstrate a significant change from 2018 to 2019.

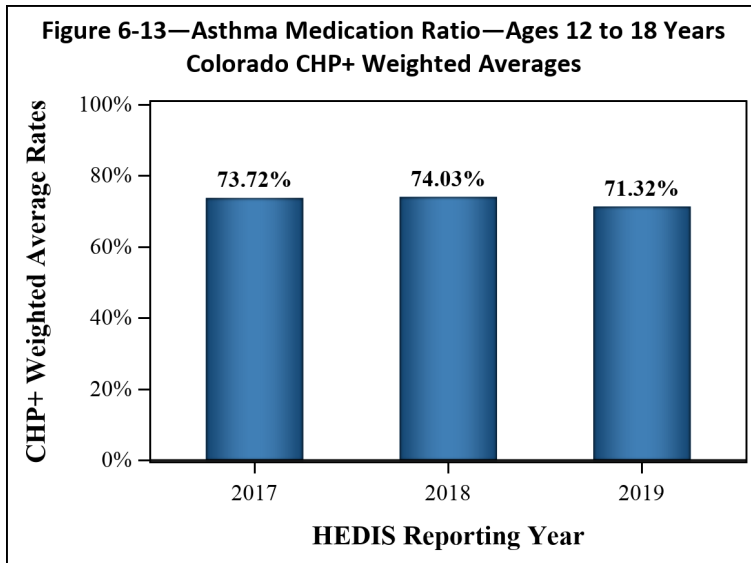


NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate.

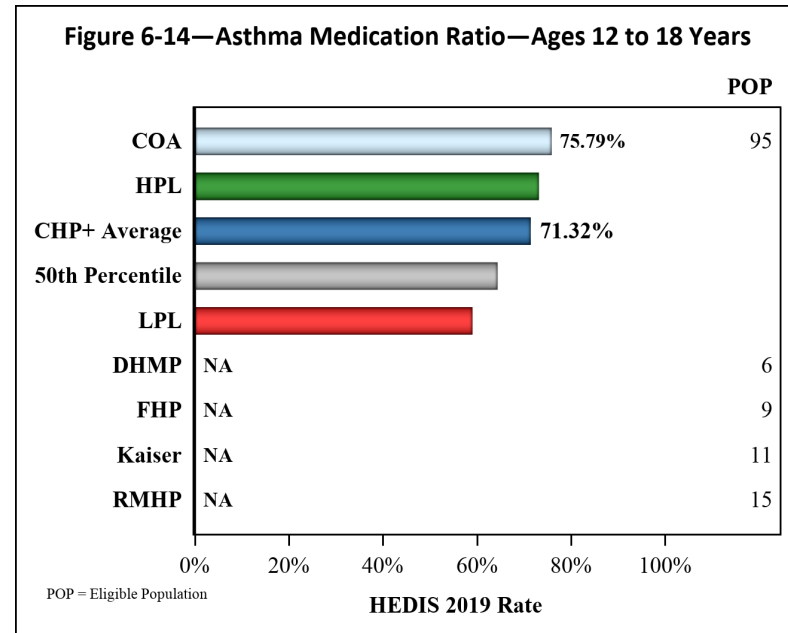
One MCO's rate and the Colorado CHP+ weighted average exceeded the HPL. None of the other MCOs had reportable rates for this measure indicator.

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 Colorado CHP+ weighted average did not demonstrate a significant change from 2018 to 2019.



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

One MCO's rate exceeded the HPL. The Colorado CHP+ weighted average was above the 50th percentile but below the HPL. None of the other MCOs had reportable rates for this measure indicator.

Summary of Findings

Table 6-1 presents the MCOs’ performance ratings for each measure in the Respiratory Conditions domain. Performance ratings were assigned across five categories (from ★ representing *Poor Performance* to ★★★★★ representing *Excellent Performance*).

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

Performance Measures	COA	DHMP	FHP	Kaiser	RMHP
<i>Appropriate Treatment for Children With Upper Respiratory Infection</i>					
<i>Appropriate Treatment for Children With Upper Respiratory Infection</i>	★★★	★★★★★	★★★	★★★★★	★★★
<i>Medication Management for People With Asthma</i>					
<i>Medication Compliance 50%—Ages 5 to 11 Years</i>	★★★	—	—	—	—
<i>Medication Compliance 50%—Ages 12 to 18 Years</i>	★★	—	—	—	—
<i>Medication Compliance 75%—Ages 5 to 11 Years</i>	★★★★★	—	—	—	—
<i>Medication Compliance 75%—Ages 12 to 18 Years</i>	★★	—	—	—	—
<i>Asthma Medication Ratio</i>					
<i>Ages 5 to 11 Years</i>	★★★★★	—	—	—	—
<i>Ages 12 to 18 Years</i>	★★★★★	—	—	—	—

— Indicates that a percentile ranking was not determined because the rate was not reportable.

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

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

MCO Name	★★★★★	★★★★	★★★	★★	★
COA	2	1	2	2	0
DHMP	1	0	0	0	0
FHP	0	0	1	0	0
Kaiser	1	0	0	0	0
RMHP	0	0	1	0	0

All MCOs were above the 50th percentile for the *Appropriate Treatment for Children With Upper Respiratory Infection* measure, demonstrating appropriate treatment of upper respiratory infections in the outpatient and ED settings. COA was the only MCO to have reportable rates for the remaining measures in the Respiratory Conditions domain, showing strength with the ratio of controller medications to reliever medications for children and adolescents. Conversely, opportunities for improvement exist with asthma medication compliance for members ages 12 to 18, with both rates falling below the 50th percentile. COA and the Department should focus efforts to identify the low rates of adherence to asthma medications (e.g., are the issues related to barriers to accessing pharmacies, provider prescribing patterns, or members not filling prescriptions) and implement strategies to increase the rates for members ages 12 to 18.

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—Total and ED Visits—Total*
- *Inpatient Utilization—General Hospital/Acute Care—Total Inpatient—Total Discharges per 1,000 Member Months and Total Average Length of Stay, Medicine—Total Discharges per 1,000 Member Months and Total Average Length of Stay, Surgery—Total Discharges per 1,000 Member Months and Total Average Length of Stay, and Maternity—Total Discharges per 1,000 Member Months and Total Average Length of Stay*
- *Antibiotic Utilization—Total—Average Scripts PMPY for Antibiotics, Average Days Supplied per Antibiotic Script, Average Scripts PMPY for Antibiotics of Concern, and Percentage of Antibiotics of Concern of All Antibiotic Scripts*

All the MCOs were required to report these measures in HEDIS 2019. The MCOs’ member months served as an eligible population proxy and were used when calculating the Colorado CHP+ weighted average. Table 7-1 displays the member months for each MCO 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 2018

Age	COA	DHMP	FHP	Kaiser	RMHP	Total CHP+
Less Than 1 Year	9,617	791	326	753	2,244	13,731
1–9 Years	292,607	38,069	11,958	66,652	63,767	473,053
10–19 Years	271,022	42,715	11,779	78,321	59,903	463,740
20–44 Years	31	91	0	5	0	127
Total	573,277	81,666	24,063	145,731	125,914	950,651

Rates displayed in the Use of Services domain are for informational purposes only; the rates do not indicate the quality and timeliness of, or access to, care and services. Therefore, exercise caution in connecting these data to the efficacy of the program, as many factors influence these data. HSAG recommends that MCOs 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 in Appendix A and Appendix B.

Ambulatory Care

The *Ambulatory Care (per 1,000 Member Months)* measure summarizes use of ambulatory care for *Outpatient Visits—Total* and *ED Visits—Total*. In this section, the results for the total age group are presented.

Results

Table 7-2 shows *Outpatient Visits—Total* and *ED Visits—Total* 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

MCO Name	Outpatient Visits	ED Visits*
COA	218.12	26.90
DHMP	135.56	21.49
FHP	166.81	17.33
Kaiser	133.57	18.86
RMHP	211.60	18.38
2019 Colorado CHP+ Weighted Average	195.91	23.83
2018 Colorado CHP+ Weighted Average	199.00	21.80
2017 Colorado CHP+ Weighted Average	205.26	20.84

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

For the *ED Visits—Total* indicator, MCO performance varied with the lowest number of visits per 1,000 member months reported as 17.33 and the highest number of visits per 1,000 member months reported as 26.90.

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 informational purposes only.

Table 7-3—Inpatient Utilization—General Hospital/Acute Care: Total Discharges per 1,000 Member Months for Total Age Group¹

MCO Name	Total Inpatient	Medicine	Surgery	Maternity
COA	1.03	0.74	0.25	0.09
DHMP	0.82	0.60	0.17	0.09
FHP	0.37	0.21	0.17	0.00
Kaiser	0.49	0.40	0.08	0.01
RMHP	0.75	0.49	0.21	0.10
2019 Colorado CHP+ Weighted Average	0.88	0.63	0.21	0.07
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

¹ Due to changes in the technical specifications for this measure, NCQA recommends trending between 2019 and prior years be considered with caution.

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

Table 7-4—Inpatient Utilization—General Hospital/Acute Care: Total Average Length of Stay for Total Age Group¹

MCO Name	Total Inpatient	Medicine	Surgery	Maternity
COA	3.43	2.97	4.90	2.58†
DHMP	3.07	2.59	5.07†	2.00†
FHP	2.33†	2.00†	1.50†	NA
Kaiser	3.67	2.29	10.50†	3.00†
RMHP	4.37	3.27	7.46†	2.33†
2019 Colorado CHP+ Weighted Average	3.51	2.89	5.50	2.49
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†

¹ Due to changes in the technical specifications for this measure, NCQA recommends trending between 2019 and prior years be considered with caution.

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

Antibiotic Utilization

Table 7-5 displays the results of the *Antibiotic Utilization* measure indicators, which are presented for informational purposes only for four categories: *Average Scripts PMPY for Antibiotics*; *Average Days Supplied per Antibiotic Script*; *Average Scripts PMPY Antibiotics of Concern*; and *Percentage of Antibiotics of Concern of All Antibiotic Scripts*. Of note, antibiotics of concern are those that are often prescribed unnecessarily or inappropriately and could increase the risk of antibiotic resistant infections. For this measure, a lower rate may indicate more favorable performance.

Table 7-5—Antibiotic Utilization: Total for Total Age Group*

MCO 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
COA	0.35	10.87	0.12	33.71%
DHMP	0.14	11.28	0.03	24.04%
FHP	12.00	99.95	2.32	19.35%
Kaiser	0.19	12.47	0.05	24.21%
RMHP	0.39	10.20	0.14	35.98%
2019 Colorado CHP+ Weighted Average	0.33	16.86	0.11	31.91%
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%

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

Summary of Findings

Reported rates for the MCOs and CHP+ weighted averages 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 MCOs may use to assess barriers or patterns of utilization when evaluating improvement interventions.

Appendix A. Tabular Results for Measures by MCO

Appendix A presents tables showing results for the measures by MCO. Where applicable, the results provided for each measure include the eligible population and rate for each MCO as well as HEDIS 2017, 2018, and 2019 Colorado CHP+ weighted averages. Yellow shading with one caret (^) indicates the HEDIS 2019 MCO-specific rate or Colorado CHP+ weighted average ranked at or above the 50th percentile. Comparisons of Colorado’s CHP+ population measure indicator rates to the national Medicaid benchmarks should be interpreted with caution, as previously discussed in the body of this report.

Pediatric Care Performance Measure Results

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

CHP+ Plan	Eligible Population	Rate
<i>Childhood Immunization Status¹</i>		
<i>DTaP</i>		
COA	848	75.83%
FHP	42	7.14%
DHMP	126	69.84%
Kaiser	239	71.13%
RMHP	226	68.14%
HEDIS 2019 Colorado CHP+ Weighted Average		71.44%
HEDIS 2018 Colorado CHP+ Weighted Average		69.02%
HEDIS 2017 Colorado CHP+ Weighted Average		71.93%
<i>IPV</i>		
COA	848	86.44%
FHP	42	7.14%
DHMP	126	75.40%
Kaiser	239	87.03%
RMHP	226	84.07%
HEDIS 2019 Colorado CHP+ Weighted Average		82.98%
HEDIS 2018 Colorado CHP+ Weighted Average		80.23%
HEDIS 2017 Colorado CHP+ Weighted Average		80.89%
<i>MMR</i>		
COA	848	86.44%
FHP	42	40.48%
DHMP	126	78.57%
Kaiser	239	81.17%

CHP+ Plan	Eligible Population	Rate
RMHP	226	77.88%
HEDIS 2019 Colorado CHP+ Weighted Average		82.31%
HEDIS 2018 Colorado CHP+ Weighted Average		82.05%
HEDIS 2017 Colorado CHP+ Weighted Average		83.57%
<i>HiB</i>		
COA	848	87.03%
FHP	42	9.52%
DHMP	126	74.60%
Kaiser	239	87.87%
RMHP	226	76.99%
HEDIS 2019 Colorado CHP+ Weighted Average		82.38%
HEDIS 2018 Colorado CHP+ Weighted Average		80.75%
HEDIS 2017 Colorado CHP+ Weighted Average		81.31%
<i>Hepatitis B</i>		
COA	848	85.61%
FHP	42	7.14%
DHMP	126	73.81%
Kaiser	239	88.70%
RMHP	226	79.65%
HEDIS 2019 Colorado CHP+ Weighted Average		81.97%
HEDIS 2018 Colorado CHP+ Weighted Average		78.81%
HEDIS 2017 Colorado CHP+ Weighted Average		79.34%
<i>VZV</i>		
COA	848	84.32%
FHP	42	38.10%
DHMP	126	78.57%
Kaiser	239	81.59%
RMHP	226	80.97%
HEDIS 2019 Colorado CHP+ Weighted Average		81.57%
HEDIS 2018 Colorado CHP+ Weighted Average		79.84%
HEDIS 2017 Colorado CHP+ Weighted Average		81.31%
<i>Pneumococcal Conjugate</i>		
COA	848	78.07%
FHP	42	7.14%
DHMP	126	69.05%
Kaiser	239	77.82%
RMHP	226	74.34%
HEDIS 2019 Colorado CHP+ Weighted Average		74.68%

CHP+ Plan	Eligible Population	Rate
HEDIS 2018 Colorado CHP+ Weighted Average		72.20%
HEDIS 2017 Colorado CHP+ Weighted Average		74.05%
<i>Hepatitis A</i>		
COA	848	80.66%
FHP	42	52.38%
DHMP	126	80.16%
Kaiser	239	81.17%
RMHP	226	76.55%
HEDIS 2019 Colorado CHP+ Weighted Average		79.27%
HEDIS 2018 Colorado CHP+ Weighted Average		77.12%
HEDIS 2017 Colorado CHP+ Weighted Average		77.86%
<i>Rotavirus</i>		
COA	848	76.18%^
FHP	42	4.76%
DHMP	126	66.67%
Kaiser	239	76.57%^
RMHP	226	75.66%^
HEDIS 2019 Colorado CHP+ Weighted Average		73.33%^
HEDIS 2018 Colorado CHP+ Weighted Average		66.56%
HEDIS 2017 Colorado CHP+ Weighted Average		69.11%
<i>Influenza</i>		
COA	848	57.08%^
FHP	42	11.90%
DHMP	126	53.17%^
Kaiser	239	48.95%^
RMHP	226	54.42%^
HEDIS 2019 Colorado CHP+ Weighted Average		53.75%^
HEDIS 2018 Colorado CHP+ Weighted Average		48.54%
HEDIS 2017 Colorado CHP+ Weighted Average		49.22%
<i>Combination 2</i>		
COA	848	71.58%
FHP	42	4.76%
DHMP	126	67.46%
Kaiser	239	69.46%
RMHP	226	57.08%
HEDIS 2019 Colorado CHP+ Weighted Average		66.78%
HEDIS 2018 Colorado CHP+ Weighted Average		62.54%
HEDIS 2017 Colorado CHP+ Weighted Average		65.30%

CHP+ Plan	Eligible Population	Rate
Combination 3		
COA	848	69.58%
FHP	42	4.76%
DHMP	126	65.87%
Kaiser	239	67.36%
RMHP	226	57.08%
HEDIS 2019 Colorado CHP+ Weighted Average		65.16%
HEDIS 2018 Colorado CHP+ Weighted Average		61.05%
HEDIS 2017 Colorado CHP+ Weighted Average		63.61%
Combination 4		
COA	848	66.86%
FHP	42	4.76%
DHMP	126	65.87%
Kaiser	239	66.95%
RMHP	226	54.42%
HEDIS 2019 Colorado CHP+ Weighted Average		63.13%
HEDIS 2018 Colorado CHP+ Weighted Average		59.17%
HEDIS 2017 Colorado CHP+ Weighted Average		61.14%
Combination 5		
COA	848	63.21%^
FHP	42	4.76%
DHMP	126	57.94%
Kaiser	239	62.76%^
RMHP	226	54.87%
HEDIS 2019 Colorado CHP+ Weighted Average		59.76%
HEDIS 2018 Colorado CHP+ Weighted Average		53.79%
HEDIS 2017 Colorado CHP+ Weighted Average		57.33%
Combination 6		
COA	848	49.53%^
FHP	42	0.00%
DHMP	126	46.03%^
Kaiser	239	41.84%^
RMHP	226	41.15%^
HEDIS 2019 Colorado CHP+ Weighted Average		45.31%^
HEDIS 2018 Colorado CHP+ Weighted Average		40.51%
HEDIS 2017 Colorado CHP+ Weighted Average		41.61%

CHP+ Plan	Eligible Population	Rate
Combination 7		
COA	848	61.32%^
FHP	42	4.76%
DHMP	126	57.94%
Kaiser	239	62.34%^
RMHP	226	52.21%
HEDIS 2019 Colorado CHP+ Weighted Average		58.20%
HEDIS 2018 Colorado CHP+ Weighted Average		52.43%
HEDIS 2017 Colorado CHP+ Weighted Average		55.57%
Combination 8		
COA	848	48.23%^
FHP	42	0.00%
DHMP	126	46.03%^
Kaiser	239	41.84%^
RMHP	226	39.38%
HEDIS 2019 Colorado CHP+ Weighted Average		44.29%^
HEDIS 2018 Colorado CHP+ Weighted Average		39.53%
HEDIS 2017 Colorado CHP+ Weighted Average		40.34%
Combination 9		
COA	848	45.64%^
FHP	42	0.00%
DHMP	126	41.27%^
Kaiser	239	40.59%^
RMHP	226	39.82%^
HEDIS 2019 Colorado CHP+ Weighted Average		42.27%^
HEDIS 2018 Colorado CHP+ Weighted Average		36.49%
HEDIS 2017 Colorado CHP+ Weighted Average		38.50%
Combination 10		
COA	848	44.58%^
FHP	42	0.00%
DHMP	126	41.27%^
Kaiser	239	40.59%^
RMHP	226	38.05%^
HEDIS 2019 Colorado CHP+ Weighted Average		41.39%^
HEDIS 2018 Colorado CHP+ Weighted Average		35.77%
HEDIS 2017 Colorado CHP+ Weighted Average		37.59%

CHP+ Plan	Eligible Population	Rate
Immunizations for Adolescents		
Meningococcal		
COA	1,059	78.09%
FHP	57	31.58%
DHMP	152	84.21%^
Kaiser	303	84.49%^
RMHP	300	60.67%
HEDIS 2019 Colorado CHP+ Weighted Average		75.41%
HEDIS 2018 Colorado CHP+ Weighted Average		71.03%
HEDIS 2017 Colorado CHP+ Weighted Average		69.48%
Tdap		
COA	1,059	87.54%
FHP	57	56.14%
DHMP	152	85.53%
Kaiser	303	89.77%^
RMHP	300	84.67%
HEDIS 2019 Colorado CHP+ Weighted Average		86.32%
HEDIS 2018 Colorado CHP+ Weighted Average		82.47%
HEDIS 2017 Colorado CHP+ Weighted Average		81.55%
HPV		
COA	1,059	41.17%^
FHP	57	14.04%
DHMP	152	57.24%^
Kaiser	303	58.42%^
RMHP	300	22.33%
HEDIS 2019 Colorado CHP+ Weighted Average		41.42%^
HEDIS 2018 Colorado CHP+ Weighted Average		37.05%
HEDIS 2017 Colorado CHP+ Weighted Average		—
Combination 1 (Meningococcal, Tdap)		
COA	1,059	76.30%
FHP	57	26.32%
DHMP	152	82.24%^
Kaiser	303	82.84%^
RMHP	300	57.67%
HEDIS 2019 Colorado CHP+ Weighted Average		73.33%
HEDIS 2018 Colorado CHP+ Weighted Average		68.89%
HEDIS 2017 Colorado CHP+ Weighted Average		67.55%

CHP+ Plan	Eligible Population	Rate
<i>Combination 2 (Meningococcal, Tdap, HPV)</i>		
COA	1,059	38.90%^
FHP	57	12.28%
DHMP	152	55.92%^
Kaiser	303	56.44%^
RMHP	300	18.33%
HEDIS 2019 Colorado CHP+ Weighted Average		39.02% ^
HEDIS 2018 Colorado CHP+ Weighted Average		33.79%
HEDIS 2017 Colorado CHP+ Weighted Average		—
<i>Well-Child Visits in the First 15 Months of Life</i>		
<i>Zero Visits*</i>		
COA	220	6.36%
FHP	7	NA
DHMP	33	15.15%
Kaiser	99	2.02%
RMHP	76	0.00%^
HEDIS 2019 Colorado CHP+ Weighted Average		5.06%
HEDIS 2018 Colorado CHP+ Weighted Average		2.63%
HEDIS 2017 Colorado CHP+ Weighted Average		3.04%
<i>Six or More Visits</i>		
COA	220	47.27%
FHP	7	NA
DHMP	33	63.64%
Kaiser	99	73.74%^
RMHP	76	15.79%
HEDIS 2019 Colorado CHP+ Weighted Average		48.28%
HEDIS 2018 Colorado CHP+ Weighted Average		51.41%
HEDIS 2017 Colorado CHP+ Weighted Average		48.01%
<i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i>		
COA	4,197	68.50%
FHP	169	55.62%
DHMP	519	64.74%
Kaiser	981	65.44%
RMHP	1,015	67.68%
HEDIS 2019 Colorado CHP+ Weighted Average		67.34%
HEDIS 2018 Colorado CHP+ Weighted Average		64.97%
HEDIS 2017 Colorado CHP+ Weighted Average		66.60%

CHP+ Plan	Eligible Population	Rate
<i>Adolescent Well-Care Visits</i>		
COA	6,669	49.87%
FHP	340	37.65%
DHMP	1,095	45.30%
Kaiser	1,932	45.24%
RMHP	1,722	49.19%
HEDIS 2019 Colorado CHP+ Weighted Average		48.23%
HEDIS 2018 Colorado CHP+ Weighted Average		45.09%
HEDIS 2017 Colorado CHP+ Weighted Average		48.26%
<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</i>		
<i>BMI Percentile Documentation—Ages 3 to 11 Years¹</i>		
COA	7,590	7.47%
FHP	288	12.15%
DHMP	841	14.27%
Kaiser	1,777	98.82%^
RMHP	1,894	3.38%
HEDIS 2019 Colorado CHP+ Weighted Average		20.52%
HEDIS 2018 Colorado CHP+ Weighted Average		18.03%
HEDIS 2017 Colorado CHP+ Weighted Average		15.25%
<i>BMI Percentile Documentation—Ages 12 to 17 Years¹</i>		
COA	4,425	12.36%
FHP	207	6.28%
DHMP	558	33.15%
Kaiser	1,156	98.18%^
RMHP	1,089	7.35%
HEDIS 2019 Colorado CHP+ Weighted Average		26.36%
HEDIS 2018 Colorado CHP+ Weighted Average		23.01%
HEDIS 2017 Colorado CHP+ Weighted Average		19.08%
<i>BMI Percentile Documentation—Total¹</i>		
COA	12,015	9.27%
FHP	495	9.70%
DHMP	1,399	21.80%
Kaiser	2,933	98.57%^
RMHP	2,983	4.83%
HEDIS 2019 Colorado CHP+ Weighted Average		22.71%
HEDIS 2018 Colorado CHP+ Weighted Average		19.89%
HEDIS 2017 Colorado CHP+ Weighted Average		16.67%

CHP+ Plan	Eligible Population	Rate
<i>Counseling for Nutrition—Ages 3 to 11 Years</i>		
COA	7,590	4.39%
FHP	288	4.17%
DHMP	841	2.14%
Kaiser	1,777	96.57%^
RMHP	1,894	23.76%
HEDIS 2019 Colorado CHP+ Weighted Average		20.41%
HEDIS 2018 Colorado CHP+ Weighted Average		19.06%
HEDIS 2017 Colorado CHP+ Weighted Average		17.68%
<i>Counseling for Nutrition—Ages 12 to 17 Years</i>		
COA	4,425	6.35%
FHP	207	5.31%
DHMP	558	16.67%
Kaiser	1,156	95.59%^
RMHP	1,089	21.67%
HEDIS 2019 Colorado CHP+ Weighted Average		23.21%
HEDIS 2018 Colorado CHP+ Weighted Average		21.89%
HEDIS 2017 Colorado CHP+ Weighted Average		18.92%
<i>Counseling for Nutrition—Total</i>		
COA	12,015	5.11%
FHP	495	4.65%
DHMP	1,399	7.93%
Kaiser	2,933	96.18%^
RMHP	2,983	23.00%
HEDIS 2019 Colorado CHP+ Weighted Average		21.46%
HEDIS 2018 Colorado CHP+ Weighted Average		20.12%
HEDIS 2017 Colorado CHP+ Weighted Average		18.14%
<i>Counseling for Physical Activity—Ages 3 to 11 Years</i>		
COA	7,590	1.98%
FHP	288	0.00%
DHMP	841	1.66%
Kaiser	1,777	96.57%^
RMHP	1,894	4.96%
HEDIS 2019 Colorado CHP+ Weighted Average		15.93%
HEDIS 2018 Colorado CHP+ Weighted Average		14.47%
HEDIS 2017 Colorado CHP+ Weighted Average		13.05%

CHP+ Plan	Eligible Population	Rate
<i>Counseling for Physical Activity—Ages 12 to 17 Years</i>		
COA	4,425	5.13%
FHP	207	14.98%
DHMP	558	14.16%
Kaiser	1,156	95.59%^
RMHP	1,089	6.43%
HEDIS 2019 Colorado CHP+ Weighted Average		20.34%
HEDIS 2018 Colorado CHP+ Weighted Average		18.23%
HEDIS 2017 Colorado CHP+ Weighted Average		16.44%
<i>Counseling for Physical Activity—Total</i>		
COA	12,015	3.14%
FHP	495	6.26%
DHMP	1,399	6.65%
Kaiser	2,933	96.18%^
RMHP	2,983	5.50%
HEDIS 2019 Colorado CHP+ Weighted Average		17.58%
HEDIS 2018 Colorado CHP+ Weighted Average		15.87%
HEDIS 2017 Colorado CHP+ Weighted Average		14.31%
<i>Appropriate Testing for Children With Pharyngitis</i>		
COA	1,234	84.60%^
FHP	69	81.16%^
DHMP	42	83.33%^
Kaiser	345	94.20%^
RMHP	322	77.64%
HEDIS 2019 Colorado CHP+ Weighted Average		84.99%^
HEDIS 2018 Colorado CHP+ Weighted Average		87.36%
HEDIS 2017 Colorado CHP+ Weighted Average		84.35%

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

¹ Due to changes in the technical specifications for this measure, NCQA recommends trending between 2019 and prior years be considered with caution.

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

— Indicates 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 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—MCO-Specific Rates and Colorado CHP+ Weighted Averages

CHP+ Plan	Eligible Population	Rate
<i>Prenatal and Postpartum Care¹</i>		
<i>Timeliness of Prenatal Care</i>		
SMCN	702	55.13%
HEDIS 2019 Colorado CHP+ Weighted Average		55.13%
HEDIS 2018 Colorado CHP+ Weighted Average		58.29%
HEDIS 2017 Colorado CHP+ Weighted Average		57.08%
<i>Postpartum Care</i>		
SMCN	702	45.01%
HEDIS 2019 Colorado CHP+ Weighted Average		45.01%
HEDIS 2018 Colorado CHP+ Weighted Average		43.42%
HEDIS 2017 Colorado CHP+ Weighted Average		42.50%
<i>Children and Adolescents' Access to Primary Care Practitioners</i>		
<i>Ages 12 to 24 Months</i>		
COA	371	90.30%
FHP	12	NA
DHMP	83	90.36%
Kaiser	144	97.22% [^]
RMHP	94	94.68%
HEDIS 2019 Colorado CHP+ Weighted Average		92.33%
HEDIS 2018 Colorado CHP+ Weighted Average		90.65%
HEDIS 2017 Colorado CHP+ Weighted Average		90.02%
<i>Ages 25 Months to 6 Years</i>		
COA	5,031	84.52%
FHP	210	71.90%
DHMP	632	73.58%
Kaiser	1,158	83.25%
RMHP	1,233	82.81%
HEDIS 2019 Colorado CHP+ Weighted Average		82.93%
HEDIS 2018 Colorado CHP+ Weighted Average		80.91%
HEDIS 2017 Colorado CHP+ Weighted Average		82.88%
<i>Ages 7 to 11 Years</i>		
COA	2,836	87.98%
FHP	156	87.18%
DHMP	459	86.93%
Kaiser	910	86.81%

CHP+ Plan	Eligible Population	Rate
RMHP	892	88.00%
HEDIS 2019 Colorado CHP+ Weighted Average		87.66%
HEDIS 2018 Colorado CHP+ Weighted Average		87.49%
HEDIS 2017 Colorado CHP+ Weighted Average		88.99%
<i>Ages 12 to 19 Years</i>		
COA	3,641	87.78%
FHP	199	86.43%
DHMP	685	82.04%
Kaiser	1,286	88.26%
RMHP	1,057	87.04%
HEDIS 2019 Colorado CHP+ Weighted Average		87.14%
HEDIS 2018 Colorado CHP+ Weighted Average		88.09%
HEDIS 2017 Colorado CHP+ Weighted Average		89.39%
<i>Chlamydia Screening in Women²</i>		
<i>Ages 16 to 20 Years</i>		
COA	471	32.27%
FHP	26	NA
DHMP	72	47.22%
Kaiser	178	45.51%
RMHP	143	33.57%
HEDIS 2019 Colorado CHP+ Weighted Average		36.52%
HEDIS 2018 Colorado CHP+ Weighted Average		33.66%
HEDIS 2017 Colorado CHP+ Weighted Average		35.31%
<i>Non-Recommended Cervical Cancer Screening in Adolescent Females*</i>		
COA	1,219	0.08%^
FHP	72	0.00%^
DHMP	237	0.00%^
Kaiser	428	0.00%^
RMHP	291	0.00%^
HEDIS 2019 Colorado CHP+ Weighted Average		0.04%^
HEDIS 2018 Colorado CHP+ Weighted Average		0.07%
HEDIS 2017 Colorado CHP+ Weighted Average		0.17%

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

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

² Because the CHP+ population is limited to individuals ages 18 years and under, the HEDIS 2019 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 MCO 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 50th percentile.

Bold font indicates Colorado CHP+ weighted average values.

Mental/Behavioral Health Performance Measure Results

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

CHP+ Plan	Eligible Population	Rate
<i>Antidepressant Medication Management</i>		
<i>Effective Acute Phase Treatment</i>		
COA	21	NA
FHP	3	NA
DHMP	2	NA
Kaiser	5	NA
RMHP	9	NA
HEDIS 2019 Colorado CHP+ Weighted Average		55.00%[^]
HEDIS 2018 Colorado CHP+ Weighted Average		48.65%
HEDIS 2017 Colorado CHP+ Weighted Average		NA
<i>Effective Continuation Phase Treatment</i>		
COA	21	NA
FHP	3	NA
DHMP	2	NA
Kaiser	5	NA
RMHP	9	NA
HEDIS 2019 Colorado CHP+ Weighted Average		37.50%[^]
HEDIS 2018 Colorado CHP+ Weighted Average		40.54%
HEDIS 2017 Colorado CHP+ Weighted Average		NA
<i>Follow-Up Care for Children Prescribed ADHD Medication</i>		
<i>Initiation Phase</i>		
COA	144	0.00%
FHP	4	NA
DHMP	8	NA
Kaiser	31	45.16% [^]
RMHP	30	53.33% [^]
HEDIS 2019 Colorado CHP+ Weighted Average		15.21%
HEDIS 2018 Colorado CHP+ Weighted Average		21.84%
HEDIS 2017 Colorado CHP+ Weighted Average		13.02%
<i>Continuation and Maintenance Phase</i>		
COA	25	NA
FHP	0	NA
DHMP	0	NA
Kaiser	9	NA

CHP+ Plan	Eligible Population	Rate
RMHP	6	NA
HEDIS 2019 Colorado CHP+ Weighted Average		20.00%
HEDIS 2018 Colorado CHP+ Weighted Average		21.57%
HEDIS 2017 Colorado CHP+ Weighted Average		20.00%
<i>Metabolic Monitoring for Children and Adolescents on Antipsychotics</i>		
<i>Ages 1 to 5 Years</i>		
COA	0	NA
FHP	0	NA
DHMP	0	NA
Kaiser	0	NA
RMHP	0	NA
HEDIS 2019 Colorado CHP+ Weighted Average		NA
HEDIS 2018 Colorado CHP+ Weighted Average		NA
HEDIS 2017 Colorado CHP+ Weighted Average		—
<i>Ages 6 to 11 Years</i>		
COA	22	NA
FHP	0	NA
DHMP	0	NA
Kaiser	4	NA
RMHP	2	NA
HEDIS 2019 Colorado CHP+ Weighted Average		NA
HEDIS 2018 Colorado CHP+ Weighted Average		NA
HEDIS 2017 Colorado CHP+ Weighted Average		—
<i>Ages 12 to 17 Years</i>		
COA	60	28.33%
FHP	2	NA
DHMP	3	NA
Kaiser	13	NA
RMHP	12	NA
HEDIS 2019 Colorado CHP+ Weighted Average		38.89%[^]
HEDIS 2018 Colorado CHP+ Weighted Average		41.51%
HEDIS 2017 Colorado CHP+ Weighted Average		—
<i>Total</i>		
COA	82	30.49%
FHP	2	NA
DHMP	3	NA
Kaiser	17	NA
RMHP	14	NA

CHP+ Plan	Eligible Population	Rate
HEDIS 2019 Colorado CHP+ Weighted Average		38.98% ^
HEDIS 2018 Colorado CHP+ Weighted Average		39.85%
HEDIS 2017 Colorado CHP+ Weighted Average		—
<i>Use of Multiple Concurrent Antipsychotics in Children and Adolescents^{*,1}</i>		
<i>Ages 1 to 5 Years</i>		
COA	0	NA
FHP	0	NA
DHMP	0	NA
Kaiser	0	NA
RMHP	0	NA
HEDIS 2019 Colorado CHP+ Weighted Average		NA
HEDIS 2018 Colorado CHP+ Weighted Average		NA
HEDIS 2017 Colorado CHP+ Weighted Average		NA
<i>Ages 6 to 11 Years</i>		
COA	18	NA
FHP	0	NA
DHMP	0	NA
Kaiser	6	NA
RMHP	1	NA
HEDIS 2019 Colorado CHP+ Weighted Average		NA
HEDIS 2018 Colorado CHP+ Weighted Average		NA
HEDIS 2017 Colorado CHP+ Weighted Average		NA
<i>Ages 12 to 17 Years</i>		
COA	44	4.55%
FHP	2	NA
DHMP	1	NA
Kaiser	17	NA
RMHP	10	NA
HEDIS 2019 Colorado CHP+ Weighted Average		5.41%
HEDIS 2018 Colorado CHP+ Weighted Average		7.14%
HEDIS 2017 Colorado CHP+ Weighted Average		4.05%
<i>Total</i>		
COA	62	3.23%
FHP	2	NA
DHMP	1	NA
Kaiser	23	NA
RMHP	11	NA

CHP+ Plan	Eligible Population	Rate
HEDIS 2019 Colorado CHP+ Weighted Average		4.04%
HEDIS 2018 Colorado CHP+ Weighted Average		5.62%
HEDIS 2017 Colorado CHP+ Weighted Average		3.37%

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

¹ Due to changes in the technical specifications for this measure, NCQA recommends trending between 2019 and prior years be considered with caution.

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

— Indicates that the MCOs were not required to report this measure for HEDIS 2017.

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

Bold font indicates Colorado CHP+ weighted average values.

Respiratory Conditions Performance Measure Results

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

CHP+ Plan	Eligible Population	Rate
<i>Appropriate Treatment for Children With Upper Respiratory Infection</i>		
COA	2,119	93.25%^
FHP	95	92.63%^
DHMP	126	100.00%^
Kaiser	490	96.94%^
RMHP	554	93.68%^
HEDIS 2019 Colorado CHP+ Weighted Average		94.09%^
HEDIS 2018 Colorado CHP+ Weighted Average		93.84%
HEDIS 2017 Colorado CHP+ Weighted Average		91.24%
<i>Medication Management for People With Asthma</i>		
<i>Medication Compliance 50%—Ages 5 to 11 Years</i>		
COA	113	58.41%^
FHP	3	NA
DHMP	11	NA
Kaiser	16	NA
RMHP	16	NA
HEDIS 2019 Colorado CHP+ Weighted Average		59.75%^
HEDIS 2018 Colorado CHP+ Weighted Average		61.29%
HEDIS 2017 Colorado CHP+ Weighted Average		49.43%
<i>Medication Compliance 50%—Ages 12 to 18 Years</i>		
COA	90	50.00%
FHP	6	NA
DHMP	5	NA
Kaiser	10	NA
RMHP	11	NA
HEDIS 2019 Colorado CHP+ Weighted Average		51.64%
HEDIS 2018 Colorado CHP+ Weighted Average		51.75%
HEDIS 2017 Colorado CHP+ Weighted Average		45.74%
<i>Medication Compliance 50%—Total</i>		
COA	203	54.68%
FHP	9	NA
DHMP	16	NA
Kaiser	27	NA
RMHP	27	NA

CHP+ Plan	Eligible Population	Rate
HEDIS 2019 Colorado CHP+ Weighted Average		56.38%
HEDIS 2018 Colorado CHP+ Weighted Average		57.14%
HEDIS 2017 Colorado CHP+ Weighted Average		47.85%
<i>Medication Compliance 75%—Ages 5 to 11 Years</i>		
COA	113	36.28%^
FHP	3	NA
DHMP	11	NA
Kaiser	16	NA
RMHP	16	NA
HEDIS 2019 Colorado CHP+ Weighted Average		33.96% ^
HEDIS 2018 Colorado CHP+ Weighted Average		32.26%
HEDIS 2017 Colorado CHP+ Weighted Average		25.86%
<i>Medication Compliance 75%—Ages 12 to 18 Years</i>		
COA	90	23.33%
FHP	6	NA
DHMP	5	NA
Kaiser	10	NA
RMHP	11	NA
HEDIS 2019 Colorado CHP+ Weighted Average		27.05%
HEDIS 2018 Colorado CHP+ Weighted Average		24.48%
HEDIS 2017 Colorado CHP+ Weighted Average		20.93%
<i>Medication Compliance 75%—Total</i>		
COA	203	30.54%
FHP	9	NA
DHMP	16	NA
Kaiser	27	NA
RMHP	27	NA
HEDIS 2019 Colorado CHP+ Weighted Average		31.21%
HEDIS 2018 Colorado CHP+ Weighted Average		28.88%
HEDIS 2017 Colorado CHP+ Weighted Average		23.76%
<i>Asthma Medication Ratio</i>		
<i>Ages 5 to 11 Years</i>		
COA	119	83.19%^
FHP	4	NA
DHMP	11	NA
Kaiser	16	NA
RMHP	17	NA

CHP+ Plan	Eligible Population	Rate
HEDIS 2019 Colorado CHP+ Weighted Average		82.63%[^]
HEDIS 2018 Colorado CHP+ Weighted Average		82.90%
HEDIS 2017 Colorado CHP+ Weighted Average		85.80%
<i>Ages 12 to 18 Years</i>		
COA	95	75.79% [^]
FHP	9	NA
DHMP	6	NA
Kaiser	11	NA
RMHP	15	NA
HEDIS 2019 Colorado CHP+ Weighted Average		71.32%[^]
HEDIS 2018 Colorado CHP+ Weighted Average		74.03%
HEDIS 2017 Colorado CHP+ Weighted Average		73.72%
<i>Total</i>		
COA	214	79.91% [^]
FHP	13	NA
DHMP	17	NA
Kaiser	28	NA
RMHP	32	75.00% [^]
HEDIS 2019 Colorado CHP+ Weighted Average		77.63%[^]
HEDIS 2018 Colorado CHP+ Weighted Average		78.96%
HEDIS 2017 Colorado CHP+ Weighted Average		80.25%

NA (Small Denominator) indicates that the MCO 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 50th percentile.

Bold font indicates Colorado CHP+ weighted average values.

Use of Services Measure Results

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

CHP+ Plan	Rate
<i>Ambulatory Care (Per 1,000 Member Months)</i>	
<i>ED Visits—Age <1 Year*</i>	
COA	45.44
FHP	21.47
DHMP	30.34
Kaiser	43.82
RMHP	26.74
HEDIS 2019 Colorado CHP+ Weighted Average	40.86
HEDIS 2018 Colorado CHP+ Weighted Average	41.99
HEDIS 2017 Colorado CHP+ Weighted Average	36.04
<i>ED Visits—Ages 1 to 9 Years*</i>	
COA	28.69
FHP	17.98
DHMP	25.56
Kaiser	20.45
RMHP	18.44
HEDIS 2019 Colorado CHP+ Weighted Average	25.62
HEDIS 2018 Colorado CHP+ Weighted Average	23.71
HEDIS 2017 Colorado CHP+ Weighted Average	21.90
<i>ED Visits—Ages 10 to 19 Years*</i>	
COA	24.32
FHP	16.55
DHMP	17.75
Kaiser	17.26
RMHP	18.00
HEDIS 2019 Colorado CHP+ Weighted Average	21.51
HEDIS 2018 Colorado CHP+ Weighted Average	19.11
HEDIS 2017 Colorado CHP+ Weighted Average	19.03
<i>ED Visits—Total*</i>	
COA	26.90
FHP	17.33
DHMP	21.49
Kaiser	18.86
RMHP	18.38

CHP+ Plan	Rate
HEDIS 2019 Colorado CHP+ Weighted Average	23.83
HEDIS 2018 Colorado CHP+ Weighted Average	21.80
HEDIS 2017 Colorado CHP+ Weighted Average	20.84
<i>Outpatient Visits—Age <1 Year</i>	
COA	590.52
FHP	435.58
DHMP	404.55
Kaiser	363.88
RMHP	581.55
HEDIS 2019 Colorado CHP+ Weighted Average	562.23
HEDIS 2018 Colorado CHP+ Weighted Average	550.58
HEDIS 2017 Colorado CHP+ Weighted Average	567.40
<i>Outpatient Visits—Ages 1 to 9 Years</i>	
COA	226.03
FHP	170.35
DHMP	137.62
Kaiser	147.18
RMHP	214.09
HEDIS 2019 Colorado CHP+ Weighted Average	204.79
HEDIS 2018 Colorado CHP+ Weighted Average	208.40
HEDIS 2017 Colorado CHP+ Weighted Average	212.96
<i>Outpatient Visits—Ages 10 to 19 Years</i>	
COA	196.38
FHP	155.79
DHMP	129.04
Kaiser	119.78
RMHP	195.10
HEDIS 2019 Colorado CHP+ Weighted Average	176.04
HEDIS 2018 Colorado CHP+ Weighted Average	177.18
HEDIS 2017 Colorado CHP+ Weighted Average	181.34
<i>Outpatient Visits—Total</i>	
COA	218.12
FHP	166.81
DHMP	135.56
Kaiser	133.57
RMHP	211.60
HEDIS 2019 Colorado CHP+ Weighted Average	195.91
HEDIS 2018 Colorado CHP+ Weighted Average	199.00
HEDIS 2017 Colorado CHP+ Weighted Average	205.26

CHP+ Plan	Rate
<i>Inpatient Utilization—General Hospital/Acute Care¹</i>	
<i>Discharges per 1,000 Member Months (Total Inpatient)—Age <1 Year</i>	
COA	4.16
FHP	0.00
DHMP	5.06
Kaiser	1.33
RMHP	2.23
HEDIS 2019 Colorado CHP+ Weighted Average	3.73
HEDIS 2018 Colorado CHP+ Weighted Average	3.13
HEDIS 2017 Colorado CHP+ Weighted Average	3.41
<i>Discharges per 1,000 Member Months (Total Inpatient)—Ages 1 to 9 Years</i>	
COA	1.00
FHP	9.20
DHMP	0.89
Kaiser	0.47
RMHP	0.55
HEDIS 2019 Colorado CHP+ Weighted Average	0.86
HEDIS 2018 Colorado CHP+ Weighted Average	0.86
HEDIS 2017 Colorado CHP+ Weighted Average	0.86
<i>Discharges per 1,000 Member Months (Total Inpatient)—Ages 10 to 19 Years</i>	
COA	0.96
FHP	0.50
DHMP	0.68
Kaiser	0.51
RMHP	0.90
HEDIS 2019 Colorado CHP+ Weighted Average	0.84
HEDIS 2018 Colorado CHP+ Weighted Average	0.82
HEDIS 2017 Colorado CHP+ Weighted Average	0.77
<i>Discharges per 1,000 Member Months (Total Inpatient)—Total</i>	
COA	1.03
FHP	0.37
DHMP	0.82
Kaiser	0.49
RMHP	0.75
HEDIS 2019 Colorado CHP+ Weighted Average	0.88
HEDIS 2018 Colorado CHP+ Weighted Average	0.88
HEDIS 2017 Colorado CHP+ Weighted Average	0.87

CHP+ Plan	Rate
<i>Days per 1,000 Member Months (Total Inpatient)—Age <1 Year</i>	
COA	18.20
FHP	0.00
DHMP	7.59
Kaiser	1.33
RMHP	4.90
HEDIS 2019 Colorado CHP+ Weighted Average	14.40
HEDIS 2018 Colorado CHP+ Weighted Average	13.21
HEDIS 2017 Colorado CHP+ Weighted Average	10.08
<i>Days per 1,000 Member Months (Total Inpatient)—Ages 1 to 9 Years</i>	
COA	3.25
FHP	27.61
DHMP	2.34
Kaiser	1.05
RMHP	3.29
HEDIS 2019 Colorado CHP+ Weighted Average	2.88
HEDIS 2018 Colorado CHP+ Weighted Average	3.04
HEDIS 2017 Colorado CHP+ Weighted Average	2.54
<i>Days per 1,000 Member Months (Total Inpatient)—Ages 10 to 19 Years</i>	
COA	3.35
FHP	1.00
DHMP	2.60
Kaiser	2.46
RMHP	3.17
HEDIS 2019 Colorado CHP+ Weighted Average	3.05
HEDIS 2018 Colorado CHP+ Weighted Average	3.25
HEDIS 2017 Colorado CHP+ Weighted Average	3.14
<i>Days per 1,000 Member Months (Total Inpatient)—Total</i>	
COA	3.55
FHP	0.87
DHMP	2.52
Kaiser	1.81
RMHP	3.26
HEDIS 2019 Colorado CHP+ Weighted Average	3.09
HEDIS 2018 Colorado CHP+ Weighted Average	3.31
HEDIS 2017 Colorado CHP+ Weighted Average	2.97

CHP+ Plan	Rate
<i>Average Length of Stay (Total Inpatient)—Age <1 Year</i>	
COA	4.38
FHP	NA
DHMP	1.50†
Kaiser	1.00†
RMHP	2.20†
HEDIS 2019 Colorado CHP+ Weighted Average	3.86
HEDIS 2018 Colorado CHP+ Weighted Average	4.23
HEDIS 2017 Colorado CHP+ Weighted Average	2.96
<i>Average Length of Stay (Total Inpatient)—Ages 1 to 9 Years</i>	
COA	3.26
FHP	3.00†
DHMP	2.62
Kaiser	2.26
RMHP	6.00
HEDIS 2019 Colorado CHP+ Weighted Average	3.36
HEDIS 2018 Colorado CHP+ Weighted Average	3.55
HEDIS 2017 Colorado CHP+ Weighted Average	2.94
<i>Average Length of Stay (Total Inpatient)—Ages 10 to 19 Years</i>	
COA	3.48
FHP	2.00†
DHMP	3.83†
Kaiser	4.83
RMHP	3.52
HEDIS 2019 Colorado CHP+ Weighted Average	3.62
HEDIS 2018 Colorado CHP+ Weighted Average	3.96
HEDIS 2017 Colorado CHP+ Weighted Average	4.10
<i>Average Length of Stay (Total Inpatient)—Total</i>	
COA	3.43
FHP	2.33†
DHMP	3.07
Kaiser	3.67
RMHP	4.37
HEDIS 2019 Colorado CHP+ Weighted Average	3.51
HEDIS 2018 Colorado CHP+ Weighted Average	3.77
HEDIS 2017 Colorado CHP+ Weighted Average	3.42

CHP+ Plan	Rate
<i>Discharges per 1,000 Member Months (Medicine)—Age <1 Year</i>	
COA	3.22
FHP	0.00
DHMP	5.06
Kaiser	1.33
RMHP	1.78
HEDIS 2019 Colorado CHP+ Weighted Average	2.98
HEDIS 2018 Colorado CHP+ Weighted Average	2.49
HEDIS 2017 Colorado CHP+ Weighted Average	2.39
<i>Discharges per 1,000 Member Months (Medicine)—Ages 1 to 9 Years</i>	
COA	0.83
FHP	3.07
DHMP	0.76
Kaiser	0.41
RMHP	0.36
HEDIS 2019 Colorado CHP+ Weighted Average	0.70
HEDIS 2018 Colorado CHP+ Weighted Average	0.67
HEDIS 2017 Colorado CHP+ Weighted Average	0.69
<i>Discharges per 1,000 Member Months (Medicine)—Ages 10 to 19 Years</i>	
COA	0.55
FHP	0.33
DHMP	0.37
Kaiser	0.40
RMHP	0.58
HEDIS 2019 Colorado CHP+ Weighted Average	0.51
HEDIS 2018 Colorado CHP+ Weighted Average	0.47
HEDIS 2017 Colorado CHP+ Weighted Average	0.43
<i>Discharges per 1,000 Member Months (Medicine)—Total</i>	
COA	0.74
FHP	0.21
DHMP	0.60
Kaiser	0.40
RMHP	0.49
HEDIS 2019 Colorado CHP+ Weighted Average	0.63
HEDIS 2018 Colorado CHP+ Weighted Average	0.60
HEDIS 2017 Colorado CHP+ Weighted Average	0.60

CHP+ Plan	Rate
<i>Days per 1,000 Member Months (Medicine)—Age <1 Year</i>	
COA	12.79
FHP	0.00
DHMP	7.59
Kaiser	1.33
RMHP	4.46
HEDIS 2019 Colorado CHP+ Weighted Average	10.44
HEDIS 2018 Colorado CHP+ Weighted Average	9.24
HEDIS 2017 Colorado CHP+ Weighted Average	6.53
<i>Days per 1,000 Member Months (Medicine)—Ages 1 to 9 Years</i>	
COA	2.30
FHP	9.20
DHMP	1.97
Kaiser	0.80
RMHP	1.08
HEDIS 2019 Colorado CHP+ Weighted Average	1.89
HEDIS 2018 Colorado CHP+ Weighted Average	1.91
HEDIS 2017 Colorado CHP+ Weighted Average	1.83
<i>Days per 1,000 Member Months (Medicine)—Ages 10 to 19 Years</i>	
COA	1.69
FHP	0.59
DHMP	1.08
Kaiser	1.03
RMHP	2.07
HEDIS 2019 Colorado CHP+ Weighted Average	1.55
HEDIS 2018 Colorado CHP+ Weighted Average	1.38
HEDIS 2017 Colorado CHP+ Weighted Average	1.34
<i>Days per 1,000 Member Months (Medicine)—Total</i>	
COA	2.19
FHP	0.42
DHMP	1.56
Kaiser	0.93
RMHP	1.61
HEDIS 2019 Colorado CHP+ Weighted Average	1.82
HEDIS 2018 Colorado CHP+ Weighted Average	1.78
HEDIS 2017 Colorado CHP+ Weighted Average	1.69

CHP+ Plan	Rate
<i>Average Length of Stay (Medicine)—Age <1 Year</i>	
COA	3.97
FHP	NA
DHMP	1.50†
Kaiser	1.00†
RMHP	2.50†
HEDIS 2019 Colorado CHP+ Weighted Average	3.50
HEDIS 2018 Colorado CHP+ Weighted Average	3.71
HEDIS 2017 Colorado CHP+ Weighted Average	2.73
<i>Average Length of Stay (Medicine)—Ages 1 to 9 Years</i>	
COA	2.79
FHP	3.00†
DHMP	2.59†
Kaiser	1.96†
RMHP	3.00†
HEDIS 2019 Colorado CHP+ Weighted Average	2.71
HEDIS 2018 Colorado CHP+ Weighted Average	2.86
HEDIS 2017 Colorado CHP+ Weighted Average	2.66
<i>Average Length of Stay (Medicine)—Ages 10 to 19 Years</i>	
COA	3.06
FHP	1.75†
DHMP	2.88†
Kaiser	2.61
RMHP	3.54
HEDIS 2019 Colorado CHP+ Weighted Average	3.04
HEDIS 2018 Colorado CHP+ Weighted Average	2.97
HEDIS 2017 Colorado CHP+ Weighted Average	3.14
<i>Average Length of Stay (Medicine)—Total</i>	
COA	2.97
FHP	2.00†
DHMP	2.59
Kaiser	2.29
RMHP	3.27
HEDIS 2019 Colorado CHP+ Weighted Average	2.89
HEDIS 2018 Colorado CHP+ Weighted Average	2.96
HEDIS 2017 Colorado CHP+ Weighted Average	2.82

CHP+ Plan	Rate
<i>Discharges per 1,000 Member Months (Surgery)—Age <1 Year</i>	
COA	0.94
FHP	0.00
DHMP	0.00
Kaiser	0.00
RMHP	0.45
HEDIS 2019 Colorado CHP+ Weighted Average	0.75
HEDIS 2018 Colorado CHP+ Weighted Average	0.64
HEDIS 2017 Colorado CHP+ Weighted Average	1.02
<i>Discharges per 1,000 Member Months (Surgery)—Ages 1 to 9 Years</i>	
COA	0.17
FHP	6.13
DHMP	0.13
Kaiser	0.06
RMHP	0.19
HEDIS 2019 Colorado CHP+ Weighted Average	0.16
HEDIS 2018 Colorado CHP+ Weighted Average	0.19
HEDIS 2017 Colorado CHP+ Weighted Average	0.18
<i>Discharges per 1,000 Member Months (Surgery)—Ages 10 to 19 Years</i>	
COA	0.32
FHP	0.17
DHMP	0.21
Kaiser	0.10
RMHP	0.22
HEDIS 2019 Colorado CHP+ Weighted Average	0.26
HEDIS 2018 Colorado CHP+ Weighted Average	0.28
HEDIS 2017 Colorado CHP+ Weighted Average	0.28
<i>Discharges per 1,000 Member Months (Surgery)—Total</i>	
COA	0.25
FHP	0.17
DHMP	0.17
Kaiser	0.08
RMHP	0.21
HEDIS 2019 Colorado CHP+ Weighted Average	0.21
HEDIS 2018 Colorado CHP+ Weighted Average	0.24
HEDIS 2017 Colorado CHP+ Weighted Average	0.24

CHP+ Plan	Rate
<i>Days per 1,000 Member Months (Surgery)—Age <1 Year</i>	
COA	5.41
FHP	0.00
DHMP	0.00
Kaiser	0.00
RMHP	0.45
HEDIS 2019 Colorado CHP+ Weighted Average	3.95
HEDIS 2018 Colorado CHP+ Weighted Average	3.98
HEDIS 2017 Colorado CHP+ Weighted Average	3.55
<i>Days per 1,000 Member Months (Surgery)—Ages 1 to 9 Years</i>	
COA	0.95
FHP	18.40
DHMP	0.37
Kaiser	0.26
RMHP	2.21
HEDIS 2019 Colorado CHP+ Weighted Average	0.99
HEDIS 2018 Colorado CHP+ Weighted Average	1.13
HEDIS 2017 Colorado CHP+ Weighted Average	0.71
<i>Days per 1,000 Member Months (Surgery)—Ages 10 to 19 Years</i>	
COA	1.42
FHP	0.00
DHMP	1.33
Kaiser	1.39
RMHP	0.87
HEDIS 2019 Colorado CHP+ Weighted Average	1.30
HEDIS 2018 Colorado CHP+ Weighted Average	1.66
HEDIS 2017 Colorado CHP+ Weighted Average	1.64
<i>Days per 1,000 Member Months (Surgery)—Total</i>	
COA	1.25
FHP	0.25
DHMP	0.87
Kaiser	0.86
RMHP	1.54
HEDIS 2019 Colorado CHP+ Weighted Average	1.17
HEDIS 2018 Colorado CHP+ Weighted Average	1.43
HEDIS 2017 Colorado CHP+ Weighted Average	1.20

CHP+ Plan	Rate
<i>Average Length of Stay (Surgery)—Age <1 Year</i>	
COA	5.78†
FHP	NA
DHMP	NA
Kaiser	NA
RMHP	1.00†
HEDIS 2019 Colorado CHP+ Weighted Average	5.30†
HEDIS 2018 Colorado CHP+ Weighted Average	6.22
HEDIS 2017 Colorado CHP+ Weighted Average	3.50
<i>Average Length of Stay (Surgery)—Ages 1 to 9 Years</i>	
COA	5.54
FHP	3.00†
DHMP	2.80†
Kaiser	4.25†
RMHP	11.75†
HEDIS 2019 Colorado CHP+ Weighted Average	6.23
HEDIS 2018 Colorado CHP+ Weighted Average	6.00
HEDIS 2017 Colorado CHP+ Weighted Average	4.03
<i>Average Length of Stay (Surgery)—Ages 10 to 19 Years</i>	
COA	4.44
FHP	0.00†
DHMP	6.33†
Kaiser	13.63†
RMHP	4.00†
HEDIS 2019 Colorado CHP+ Weighted Average	5.08
HEDIS 2018 Colorado CHP+ Weighted Average	5.81
HEDIS 2017 Colorado CHP+ Weighted Average	5.85
<i>Average Length of Stay (Surgery)—Total</i>	
COA	4.90
FHP	1.50†
DHMP	5.07†
Kaiser	10.50†
RMHP	7.46†
HEDIS 2019 Colorado CHP+ Weighted Average	5.50
HEDIS 2018 Colorado CHP+ Weighted Average	5.90
HEDIS 2017 Colorado CHP+ Weighted Average	4.97

CHP+ Plan	Rate
<i>Discharges per 1,000 Member Months (Maternity)—Ages 10 to 19 Years</i>	
COA	0.09
FHP	0.00
DHMP	0.09
Kaiser	0.01
RMHP	0.10
HEDIS 2019 Colorado CHP+ Weighted Average	0.08
HEDIS 2018 Colorado CHP+ Weighted Average	0.07
HEDIS 2017 Colorado CHP+ Weighted Average	0.06
<i>Discharges per 1,000 Member Months (Maternity)—Total</i>	
COA	0.09
FHP	0.00
DHMP	0.09
Kaiser	0.01
RMHP	0.10
HEDIS 2019 Colorado CHP+ Weighted Average	0.07
HEDIS 2018 Colorado CHP+ Weighted Average	0.07
HEDIS 2017 Colorado CHP+ Weighted Average	0.06
<i>Days per 1,000 Member Months (Maternity)—Ages 10 to 19 Years</i>	
COA	0.23
FHP	0.00
DHMP	0.19
Kaiser	0.04
RMHP	0.23
HEDIS 2019 Colorado CHP+ Weighted Average	0.19
HEDIS 2018 Colorado CHP+ Weighted Average	0.21
HEDIS 2017 Colorado CHP+ Weighted Average	0.16
<i>Days per 1,000 Member Months (Maternity)—Total</i>	
COA	0.23
FHP	0.00
DHMP	0.19
Kaiser	0.04
RMHP	0.23
HEDIS 2019 Colorado CHP+ Weighted Average	0.18
HEDIS 2018 Colorado CHP+ Weighted Average	0.21
HEDIS 2017 Colorado CHP+ Weighted Average	0.16

CHP+ Plan	Rate
<i>Average Length of Stay (Maternity)—Ages 10 to 19 Years</i>	
COA	2.58†
FHP	NA
DHMP	2.00†
Kaiser	3.00†
RMHP	2.33†
HEDIS 2019 Colorado CHP+ Weighted Average	2.49
HEDIS 2018 Colorado CHP+ Weighted Average	2.97
HEDIS 2017 Colorado CHP+ Weighted Average	2.68
<i>Average Length of Stay (Maternity)—Total</i>	
COA	2.58†
FHP	NA
DHMP	2.00†
Kaiser	3.00†
RMHP	2.33†
HEDIS 2019 Colorado CHP+ Weighted Average	2.49
HEDIS 2018 Colorado CHP+ Weighted Average	2.97
HEDIS 2017 Colorado CHP+ Weighted Average	2.68†
<i>Antibiotic Utilization*</i>	
<i>Average Scripts PMPY for Antibiotics—Ages 0 to 9 Years</i>	
COA	0.39
FHP	12.00
DHMP	0.16
Kaiser	0.21
RMHP	0.44
HEDIS 2019 Colorado CHP+ Weighted Average	0.36
HEDIS 2018 Colorado CHP+ Weighted Average	0.41
HEDIS 2017 Colorado CHP+ Weighted Average	0.44
<i>Average Scripts PMPY for Antibiotics—Ages 10 to 17 Years</i>	
COA	0.29
FHP	12.00
DHMP	0.11
Kaiser	0.16
RMHP	0.33
HEDIS 2019 Colorado CHP+ Weighted Average	0.27
HEDIS 2018 Colorado CHP+ Weighted Average	0.30
HEDIS 2017 Colorado CHP+ Weighted Average	0.34

CHP+ Plan	Rate
<i>Average Scripts PMPY for Antibiotics—Ages 18 to 34 Years</i>	
COA	0.40
FHP	12.00
DHMP	0.14
Kaiser	0.29
RMHP	0.49
HEDIS 2019 Colorado CHP+ Weighted Average	0.37
HEDIS 2018 Colorado CHP+ Weighted Average	0.44
HEDIS 2017 Colorado CHP+ Weighted Average	0.38
<i>Average Scripts PMPY for Antibiotics—Total</i>	
COA	0.35
FHP	12.00
DHMP	0.14
Kaiser	0.19
RMHP	0.39
HEDIS 2019 Colorado CHP+ Weighted Average	0.33
HEDIS 2018 Colorado CHP+ Weighted Average	0.38
HEDIS 2017 Colorado CHP+ Weighted Average	0.40
<i>Average Days Supplied per Antibiotic Script—Ages 0 to 9 Years</i>	
COA	9.89
FHP	89.62
DHMP	9.83
Kaiser	10.55
RMHP	9.64
HEDIS 2019 Colorado CHP+ Weighted Average	12.64
HEDIS 2018 Colorado CHP+ Weighted Average	10.15
HEDIS 2017 Colorado CHP+ Weighted Average	9.98
<i>Average Days Supplied per Antibiotic Script—Ages 10 to 17 Years</i>	
COA	12.34
FHP	115.10
DHMP	13.01
Kaiser	14.90
RMHP	10.81
HEDIS 2019 Colorado CHP+ Weighted Average	15.93
HEDIS 2018 Colorado CHP+ Weighted Average	12.64
HEDIS 2017 Colorado CHP+ Weighted Average	12.73

CHP+ Plan	Rate
<i>Average Days Supplied per Antibiotic Script—Ages 18 to 34 Years</i>	
COA	12.00
FHP	109.39
DHMP	14.15
Kaiser	13.85
RMHP	12.17
HEDIS 2019 Colorado CHP+ Weighted Average	15.71
HEDIS 2018 Colorado CHP+ Weighted Average	12.29
HEDIS 2017 Colorado CHP+ Weighted Average	11.81
<i>Average Days Supplied per Antibiotic Script—Total</i>	
COA	10.87
FHP	99.95
DHMP	11.28
Kaiser	12.47
RMHP	10.20
HEDIS 2019 Colorado CHP+ Weighted Average	16.86
HEDIS 2018 Colorado CHP+ Weighted Average	11.36
HEDIS 2017 Colorado CHP+ Weighted Average	11.06
<i>Average Scripts PMPY for Antibiotics of Concern—Ages 0 to 9 Years</i>	
COA	0.13
FHP	4.76
DHMP	0.04
Kaiser	0.04
RMHP	0.15
HEDIS 2019 Colorado CHP+ Weighted Average	0.12
HEDIS 2018 Colorado CHP+ Weighted Average	0.13
HEDIS 2017 Colorado CHP+ Weighted Average	0.15
<i>Average Scripts PMPY for Antibiotics of Concern—Ages 10 to 17 Years</i>	
COA	0.10
FHP	4.61
DHMP	0.02
Kaiser	0.04
RMHP	0.13
HEDIS 2019 Colorado CHP+ Weighted Average	0.09
HEDIS 2018 Colorado CHP+ Weighted Average	0.10
HEDIS 2017 Colorado CHP+ Weighted Average	0.12

CHP+ Plan	Rate
<i>Average Scripts PMPY for Antibiotics of Concern—Ages 18 to 34 Years</i>	
COA	0.14
FHP	3.43
DHMP	0.03
Kaiser	0.10
RMHP	0.17
HEDIS 2019 Colorado CHP+ Weighted Average	0.13
HEDIS 2018 Colorado CHP+ Weighted Average	0.14
HEDIS 2017 Colorado CHP+ Weighted Average	0.13
<i>Average Scripts PMPY for Antibiotics of Concern—Total</i>	
COA	0.12
FHP	2.32
DHMP	0.03
Kaiser	0.05
RMHP	0.14
HEDIS 2019 Colorado CHP+ Weighted Average	0.11
HEDIS 2018 Colorado CHP+ Weighted Average	0.12
HEDIS 2017 Colorado CHP+ Weighted Average	0.13
<i>Percentage of Antibiotics of Concern of All Antibiotic Scripts—Ages 0 to 9 Years</i>	
COA	33.49%
FHP	39.68%
DHMP	25.19%
Kaiser	21.27%
RMHP	33.74%
HEDIS 2019 Colorado CHP+ Weighted Average	32.39%
HEDIS 2018 Colorado CHP+ Weighted Average	32.85%
HEDIS 2017 Colorado CHP+ Weighted Average	34.28%
<i>Percentage of Antibiotics of Concern of All Antibiotic Scripts—Ages 10 to 17 Years</i>	
COA	33.92%
FHP	38.39%
DHMP	22.12%
Kaiser	25.66%
RMHP	39.96%
HEDIS 2019 Colorado CHP+ Weighted Average	33.82%
HEDIS 2018 Colorado CHP+ Weighted Average	32.37%
HEDIS 2017 Colorado CHP+ Weighted Average	33.44%

CHP+ Plan	Rate
Percentage of Antibiotics of Concern of All Antibiotic Scripts—Ages 18 to 34 Years	
COA	34.70%
FHP	28.57%
DHMP	24.62%
Kaiser	35.92%
RMHP	34.18%
HEDIS 2019 Colorado CHP+ Weighted Average	34.12%
HEDIS 2018 Colorado CHP+ Weighted Average	33.11%
HEDIS 2017 Colorado CHP+ Weighted Average	34.53%
Percentage of Antibiotics of Concern of All Antibiotic Scripts—Total	
COA	33.71%
FHP	19.35%
DHMP	24.04%
Kaiser	24.21%
RMHP	35.98%
HEDIS 2019 Colorado CHP+ Weighted Average	31.91%
HEDIS 2018 Colorado CHP+ Weighted Average	33.02%
HEDIS 2017 Colorado CHP+ Weighted Average	33.99%

* 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 MCO 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 MCOs and the Colorado CHP+ weighted averages. Where applicable, measure rates for HEDIS 2017, 2018, and 2019 are presented.

HEDIS 2018 to 2019 performance comparisons are based on the Chi-square test of statistical significance with a *p* value <0.05. 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.

COA Trend Table

Table B-1—COA Trend Table

Performance Measures	HEDIS 2017 Rate	HEDIS 2018 Rate	HEDIS 2019 Rate	Percentile Ranking
<i>Pediatric Care</i>				
<i>Childhood Immunization Status¹</i>				
<i>DTaP</i>	73.84%	69.69%	75.83%^	25th–49th
<i>IPV</i>	84.54%	81.52%	86.44%^	10th–24th
<i>MMR</i>	85.20%	82.26%	86.44%^	10th–24th
<i>HiB</i>	83.75%	82.26%	87.03%^	25th–49th
<i>Hepatitis B</i>	82.30%	80.15%	85.61%^	10th–24th
<i>VZV</i>	81.51%	79.51%	84.32%^	10th–24th
<i>Pneumococcal Conjugate</i>	76.09%	72.65%	78.07%^	25th–49th
<i>Hepatitis A</i>	76.49%	76.24%	80.66%^	10th–24th
<i>Rotavirus</i>	71.20%	68.74%	76.18%^	75th–89th
<i>Influenza</i>	47.56%	49.84%	57.08%^	75th–89th
<i>Combination 2</i>	65.92%	62.30%	71.58%^	25th–49th
<i>Combination 3</i>	63.67%	60.82%	69.58%^	25th–49th
<i>Combination 4</i>	59.71%	58.71%	66.86%^	25th–49th
<i>Combination 5</i>	56.67%	53.96%	63.21%^	50th–74th
<i>Combination 6</i>	38.97%	41.29%	49.53%^	75th–89th
<i>Combination 7</i>	53.76%	52.38%	61.32%^	50th–74th
<i>Combination 8</i>	37.12%	39.92%	48.23%^	75th–89th
<i>Combination 9</i>	35.80%	37.59%	45.64%^	75th–89th
<i>Combination 10</i>	34.35%	36.54%	44.58%^	75th–89th
<i>Immunizations for Adolescents</i>				
<i>Meningococcal</i>	72.00%	72.28%	78.09%^	25th–49th
<i>Tdap</i>	84.91%	83.26%	87.54%^	25th–49th
<i>HPV</i>	—	34.54%	41.17%^	75th–89th

Performance Measures	HEDIS 2017 Rate	HEDIS 2018 Rate	HEDIS 2019 Rate	Percentile Ranking
<i>Combination 1 (Meningococcal, Tdap)</i>	70.39%	70.24%	76.30%^	25th–49th
<i>Combination 2 (Meningococcal, Tdap, HPV)</i>	—	31.71%	38.90%^	75th–89th
Well-Child Visits in the First 15 Months of Life				
<i>Zero Visits*</i>	2.17%	1.36%	6.36%^^	<10th
<i>Six or More Visits</i>	61.96%	59.86%	47.27%^^	<10th
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life				
<i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i>	69.48%	69.32%	68.50%	25th–49th
Adolescent Well-Care Visits				
<i>Adolescent Well-Care Visits</i>	48.88%	48.34%	49.87%	25th–49th
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents				
<i>BMI Percentile Documentation—Ages 3 to 11 Years¹</i>	2.81%	4.25%	7.47%^	<10th
<i>BMI Percentile Documentation—Ages 12 to 17 Years¹</i>	5.61%	6.97%	12.36%^	<10th
<i>BMI Percentile Documentation—Total¹</i>	3.85%	5.25%	9.27%^	<10th
<i>Counseling for Nutrition—Ages 3 to 11 Years</i>	1.81%	2.33%	4.39%	<10th
<i>Counseling for Nutrition—Ages 12 to 17 Years</i>	2.54%	3.98%	6.35%	<10th
<i>Counseling for Nutrition—Total</i>	2.08%	2.94%	5.11%	<10th
<i>Counseling for Physical Activity—Ages 3 to 11 Years</i>	0.09%	0.23%	1.98%	<10th
<i>Counseling for Physical Activity—Ages 12 to 17 Years</i>	1.95%	2.49%	5.13%	<10th
<i>Counseling for Physical Activity—Total</i>	0.78%	1.06%	3.14%	<10th
Appropriate Testing for Children With Pharyngitis				
<i>Appropriate Testing for Children With Pharyngitis</i>	84.93%	88.07%	84.60%^^	50th–74th
Access to Care				
Children and Adolescents' Access to Primary Care Practitioners				
<i>Ages 12 to 24 Months</i>	91.23%	94.65%	90.30%^^	<10th
<i>Ages 25 Months to 6 Years</i>	86.24%	85.90%	84.52%	25th–49th
<i>Ages 7 to 11 Years</i>	91.63%	89.74%	87.98%	25th–49th
<i>Ages 12 to 19 Years</i>	92.18%	90.90%	87.78%^^	25th–49th
Preventive Screening				
Chlamydia Screening in Women				
<i>Ages 16 to 20 Years</i>	32.72%	32.11%	32.27%	<10th
Non-Recommended Cervical Cancer Screening in Adolescent Females*				
<i>Non-Recommended Cervical Cancer Screening in Adolescent Females</i>	0.24%	0.06%	0.08%	≥90th

Performance Measures	HEDIS 2017 Rate	HEDIS 2018 Rate	HEDIS 2019 Rate	Percentile Ranking
Mental/Behavioral Health				
Antidepressant Medication Management				
<i>Effective Acute Phase Treatment</i>	NA	NA	NA	—
<i>Effective Continuation Phase Treatment</i>	NA	NA	NA	—
Follow-Up Care for Children Prescribed ADHD Medication				
<i>Initiation Phase</i>	0.00%	0.00%	0.00%	<10th
<i>Continuation and Maintenance Phase</i>	0.00%	0.00%	NA	—
Metabolic Monitoring for Children and Adolescents on Antipsychotics				
<i>Ages 1 to 5 Years</i>	—	NA	NA	—
<i>Ages 6 to 11 Years</i>	—	NA	NA	—
<i>Ages 12 to 17 Years</i>	—	27.85%	28.33%	25th–49th
<i>Total</i>	—	29.59%	30.49%	25th–49th
Use of Multiple Concurrent Antipsychotics in Children and Adolescents*¹				
<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>	4.92%	8.47%	4.55%	10th–24th
<i>Total</i>	4.05%	6.67%	3.23%	25th–49th
Respiratory Conditions				
Appropriate Treatment for Children With Upper Respiratory Infection				
<i>Appropriate Treatment for Children With Upper Respiratory Infection</i>	89.63%	92.12%	93.25%	50th–74th
Medication Management for People With Asthma				
<i>Medication Compliance 50%—Ages 5 to 11 Years</i>	51.18%	65.41%	58.41%	50th–74th
<i>Medication Compliance 50%—Ages 12 to 18 Years</i>	48.31%	55.77%	50.00%	25th–49th
<i>Medication Compliance 50%—Total</i>	50.00%	61.18%	54.68%	10th–24th
<i>Medication Compliance 75%—Ages 5 to 11 Years</i>	27.56%	34.59%	36.28%	75th–89th
<i>Medication Compliance 75%—Ages 12 to 18 Years</i>	26.97%	27.88%	23.33%	25th–49th
<i>Medication Compliance 75%—Total</i>	27.31%	31.65%	30.54%	25th–49th
Asthma Medication Ratio				
<i>Ages 5 to 11 Years</i>	87.50%	80.58%	83.19%	≥90th
<i>Ages 12 to 18 Years</i>	74.74%	72.07%	75.79%	≥90th
<i>Total</i>	81.70%	76.80%	79.91%	≥90th
Use of Services†				
Ambulatory Care (Per 1,000 Member Months)				
<i>ED Visits*</i>	26.48	26.36	26.90	≥90th
<i>Outpatient Visits</i>	224.38	221.11	218.12	<10th

Performance Measures	HEDIS 2017 Rate	HEDIS 2018 Rate	HEDIS 2019 Rate	Percentile Ranking
Inpatient Utilization—General Hospital/Acute Care¹				
<i>Discharges per 1,000 Member Months (Total Inpatient)</i>	0.96	0.99	1.03	<10th
<i>Days per 1,000 Member Months (Total Inpatient)</i>	3.51	3.70	3.55	<10th
<i>Average Length of Stay (Total Inpatient)</i>	3.64	3.74	3.43	<10th
<i>Discharges per 1,000 Member Months (Medicine)</i>	0.66	0.67	0.74	<10th
<i>Days per 1,000 Member Months (Medicine)</i>	1.91	1.91	2.19	<10th
<i>Average Length of Stay (Medicine)</i>	2.88	2.85	2.97	<10th
<i>Discharges per 1,000 Member Months (Surgery)</i>	0.26	0.28	0.25	<10th
<i>Days per 1,000 Member Months (Surgery)</i>	1.49	1.67	1.25	<10th
<i>Average Length of Stay (Surgery)</i>	5.79	6.00	4.90	<10th
<i>Discharges per 1,000 Member Months (Maternity)</i>	0.09	0.09	0.09	<10th
<i>Days per 1,000 Member Months (Maternity)</i>	0.22	0.28	0.23	<10th
<i>Average Length of Stay (Maternity)</i>	2.41†	3.05†	2.58†	<10th
Antibiotic Utilization*				
<i>Average Scripts PMPY for Antibiotics</i>	0.46	0.42	0.35	≥90th
<i>Average Days Supplied per Antibiotic Script</i>	10.94	10.88	10.87	<10th
<i>Average Scripts PMPY for Antibiotics of Concern</i>	0.16	0.14	0.12	≥90th
<i>Percentage of Antibiotics of Concern of All Antibiotic Scripts</i>	33.77%	34.12%	33.71%	≥90th

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

¹ Due to changes in the technical specifications for this measure, NCQA recommends trending between 2019 and prior years be considered with caution.

— Indicates that NCQA recommended a break in trending; therefore, prior years' rates are not displayed. This symbol may also indicate that the MCOs were not required to report this measure for HEDIS 2017.

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

† 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.

DHMP Trend Table

Table B-2—DHMP Trend Table

Performance Measures	HEDIS 2017 Rate	HEDIS 2018 Rate	HEDIS 2019 Rate	Percentile Ranking
Pediatric Care				
Childhood Immunization Status¹				
<i>DTaP</i>	75.00%	BR	69.84%	10th–24th
<i>IPV</i>	80.17%	BR	75.40%	<10th
<i>MMR</i>	84.48%	BR	78.57%	<10th
<i>HiB</i>	80.17%	BR	74.60%	<10th
<i>Hepatitis B</i>	79.31%	BR	73.81%	<10th
<i>VZV</i>	83.62%	BR	78.57%	<10th
<i>Pneumococcal Conjugate</i>	77.59%	BR	69.05%	10th–24th
<i>Hepatitis A</i>	84.48%	BR	80.16%	10th–24th
<i>Rotavirus</i>	68.97%	BR	66.67%	10th–24th
<i>Influenza</i>	56.03%	BR	53.17%	50th–74th
<i>Combination 2</i>	73.28%	BR	67.46%	10th–24th
<i>Combination 3</i>	73.28%	BR	65.87%	25th–49th
<i>Combination 4</i>	73.28%	BR	65.87%	25th–49th
<i>Combination 5</i>	67.24%	BR	57.94%	25th–49th
<i>Combination 6</i>	53.45%	BR	46.03%	50th–74th
<i>Combination 7</i>	67.24%	BR	57.94%	25th–49th
<i>Combination 8</i>	53.45%	BR	46.03%	50th–74th
<i>Combination 9</i>	50.86%	BR	41.27%	50th–74th
<i>Combination 10</i>	50.86%	BR	41.27%	75th–89th
Immunizations for Adolescents				
<i>Meningococcal</i>	74.26%	71.56%	84.21%^	50th–74th
<i>Tdap</i>	72.79%	85.32%	85.53%	25th–49th
<i>HPV</i>	—	56.88%	57.24%	≥90th
<i>Combination 1 (Meningococcal, Tdap)</i>	72.06%	68.81%	82.24%^	50th–74th
<i>Combination 2 (Meningococcal, Tdap, HPV)</i>	—	49.54%	55.92%	≥90th
Well-Child Visits in the First 15 Months of Life				
<i>Zero Visits*</i>	6.78%	NA	15.15%	<10th
<i>Six or More Visits</i>	6.78%	NA	63.64%	25th–49th
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life				
<i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i>	59.48%	46.64%	64.74%^	10th–24th
Adolescent Well-Care Visits				
<i>Adolescent Well-Care Visits</i>	41.37%	37.64%	45.30%^	10th–24th

Performance Measures	HEDIS 2017 Rate	HEDIS 2018 Rate	HEDIS 2019 Rate	Percentile Ranking
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents				
<i>BMI Percentile Documentation—Ages 3 to 11 Years¹</i>	5.40%	11.76%	14.27%	<10th
<i>BMI Percentile Documentation—Ages 12 to 17 Years¹</i>	11.87%	26.76%	33.15%^	<10th
<i>BMI Percentile Documentation—Total¹</i>	7.94%	17.71%	21.80%^	<10th
<i>Counseling for Nutrition—Ages 3 to 11 Years</i>	0.36%	1.45%	2.14%	<10th
<i>Counseling for Nutrition—Ages 12 to 17 Years</i>	3.15%	13.97%	16.67%	<10th
<i>Counseling for Nutrition—Total</i>	1.46%	6.41%	7.93%	<10th
<i>Counseling for Physical Activity—Ages 3 to 11 Years</i>	0.00%	0.39%	1.66%	<10th
<i>Counseling for Physical Activity—Ages 12 to 17 Years</i>	2.04%	2.94%	14.16%^	<10th
<i>Counseling for Physical Activity—Total</i>	0.80%	1.40%	6.65%^	<10th
Appropriate Testing for Children With Pharyngitis				
<i>Appropriate Testing for Children With Pharyngitis</i>	83.87%	NA	83.33%	50th–74th
Access to Care				
Children and Adolescents' Access to Primary Care Practitioners				
<i>Ages 12 to 24 Months</i>	93.98%	69.03%	90.36%^	<10th
<i>Ages 25 Months to 6 Years</i>	71.52%	57.24%	73.58%^	<10th
<i>Ages 7 to 11 Years</i>	85.65%	81.33%	86.93%^	10th–24th
<i>Ages 12 to 19 Years</i>	85.48%	78.05%	82.04%	10th–24th
Preventive Screening				
Chlamydia Screening in Women				
<i>Ages 16 to 20 Years</i>	56.06%	39.74%	47.22%	25th–49th
Non-Recommended Cervical Cancer Screening in Adolescent Females*				
<i>Non-Recommended Cervical Cancer Screening in Adolescent Females</i>	0.00%	0.00%	0.00%	≥90th
Mental/Behavioral Health				
Antidepressant Medication Management				
<i>Effective Acute Phase Treatment</i>	NA	NA	NA	—
<i>Effective Continuation Phase Treatment</i>	NA	NA	NA	—
Follow-Up Care for Children Prescribed ADHD Medication				
<i>Initiation Phase</i>	NA	NA	NA	—
<i>Continuation and Maintenance Phase</i>	NA	NA	NA	—
Metabolic Monitoring for Children and Adolescents on Antipsychotics				
<i>Ages 1 to 5 Years</i>	—	NA	NA	—
<i>Ages 6 to 11 Years</i>	—	NA	NA	—
<i>Ages 12 to 17 Years</i>	—	NA	NA	—

Performance Measures	HEDIS 2017 Rate	HEDIS 2018 Rate	HEDIS 2019 Rate	Percentile Ranking
<i>Total</i>	—	NA	NA	—
Use of Multiple Concurrent Antipsychotics in Children and Adolescents*				
<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	—
Respiratory Conditions				
Appropriate Treatment for Children With Upper Respiratory Infection				
<i>Appropriate Treatment for Children With Upper Respiratory Infection</i>	91.40%	100.00%	100.00%	≥90th
Medication Management for People With Asthma				
<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	—
Asthma Medication Ratio				
<i>Ages 5 to 11 Years</i>	NA	NA	NA	—
<i>Ages 12 to 18 Years</i>	NA	NA	NA	—
<i>Total</i>	NA	NA	NA	—
Use of Services†				
Ambulatory Care (Per 1,000 Member Months)				
<i>ED Visits*</i>	18.09	18.43	21.49	≥90th
<i>Outpatient Visits</i>	117.49	123.51	135.56	<10th
Inpatient Utilization—General Hospital/Acute Care¹				
<i>Discharges per 1,000 Member Months (Total Inpatient)</i>	0.88	0.69	0.82	<10th
<i>Days per 1,000 Member Months (Total Inpatient)</i>	2.47	2.91	2.52	<10th
<i>Average Length of Stay (Total Inpatient)</i>	2.80	4.25	3.07	<10th
<i>Discharges per 1,000 Member Months (Medicine)</i>	0.65	0.49	0.60	<10th
<i>Days per 1,000 Member Months (Medicine)</i>	1.75	1.43	1.56	<10th
<i>Average Length of Stay (Medicine)</i>	2.68	2.90	2.59	<10th
<i>Discharges per 1,000 Member Months (Surgery)</i>	0.21	0.18	0.17	<10th
<i>Days per 1,000 Member Months (Surgery)</i>	0.62	1.46	0.87	<10th
<i>Average Length of Stay (Surgery)</i>	2.92†	8.07†	5.07†	<10th
<i>Discharges per 1,000 Member Months (Maternity)</i>	0.03	0.02	0.09	<10th
<i>Days per 1,000 Member Months (Maternity)</i>	0.20	0.05	0.19	<10th
<i>Average Length of Stay (Maternity)</i>	6.00†	2.00†	2.00†	<10th

Performance Measures	HEDIS 2017 Rate	HEDIS 2018 Rate	HEDIS 2019 Rate	Percentile Ranking
Antibiotic Utilization*				
<i>Average Scripts PMPY for Antibiotics</i>	0.13	0.09	0.14	≥90th
<i>Average Days Supplied per Antibiotic Script</i>	10.47	12.07	11.28	<10th
<i>Average Scripts PMPY for Antibiotics of Concern</i>	0.03	0.02	0.03	≥90th
<i>Percentage of Antibiotics of Concern of All Antibiotic Scripts</i>	26.07%	23.31%	24.04%	≥90th

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

¹ Due to changes in the technical specifications for this measure, NCQA recommends trending between 2019 and prior years be considered with caution.

— Indicates that NCQA recommended a break in trending; therefore, prior years' rates are not displayed. This symbol may also indicate that the MCOs were not required to report this measure for HEDIS 2017.

NA (Small Denominator) indicates that the MCO 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.

† 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.

FHP Trend Table

Table B-3—FHP Trend Table

Performance Measures	HEDIS 2017 Rate	HEDIS 2018 Rate	HEDIS 2019 Rate	Percentile Ranking
Pediatric Care				
Childhood Immunization Status¹				
<i>DTaP</i>	6.12%	9.80%	7.14%	<10th
<i>IPV</i>	12.24%	15.69%	7.14%	<10th
<i>MMR</i>	57.14%	54.90%	40.48%	<10th
<i>HiB</i>	20.41%	17.65%	9.52%	<10th
<i>Hepatitis B</i>	10.20%	13.73%	7.14%	<10th
<i>VZV</i>	53.06%	52.94%	38.10%	<10th
<i>Pneumococcal Conjugate</i>	8.16%	9.80%	7.14%	<10th
<i>Hepatitis A</i>	48.98%	49.02%	52.38%	<10th
<i>Rotavirus</i>	2.04%	1.96%	4.76%	<10th
<i>Influenza</i>	14.29%	17.65%	11.90%	<10th
<i>Combination 2</i>	4.08%	7.84%	4.76%	<10th
<i>Combination 3</i>	4.08%	5.88%	4.76%	<10th
<i>Combination 4</i>	2.04%	3.92%	4.76%	<10th
<i>Combination 5</i>	0.00%	0.00%	4.76%	<10th
<i>Combination 6</i>	2.04%	3.92%	0.00%	<10th
<i>Combination 7</i>	0.00%	0.00%	4.76%	<10th
<i>Combination 8</i>	0.00%	1.96%	0.00%	<10th
<i>Combination 9</i>	0.00%	0.00%	0.00%	<10th
<i>Combination 10</i>	0.00%	0.00%	0.00%	<10th
Immunizations for Adolescents				
<i>Meningococcal</i>	22.22%	15.94%	31.58%^	<10th
<i>Tdap</i>	33.33%	36.23%	56.14%^	<10th
<i>HPV</i>	—	8.70%	14.04%	<10th
<i>Combination 1 (Meningococcal, Tdap)</i>	14.81%	15.94%	26.32%	<10th
<i>Combination 2 (Meningococcal, Tdap, HPV)</i>	—	5.80%	12.28%	<10th
Well-Child Visits in the First 15 Months of Life				
<i>Zero Visits*</i>	NA	NA	NA	—
<i>Six or More Visits</i>	NA	NA	NA	—
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life				
<i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i>	42.18%	43.72%	55.62%^	<10th
Adolescent Well-Care Visits				
<i>Adolescent Well-Care Visits</i>	28.92%	25.05%	37.65%^	10th–24th

Performance Measures	HEDIS 2017 Rate	HEDIS 2018 Rate	HEDIS 2019 Rate	Percentile Ranking
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents				
<i>BMI Percentile Documentation—Ages 3 to 11 Years¹</i>	1.61%	2.29%	12.15%^	<10th
<i>BMI Percentile Documentation—Ages 12 to 17 Years¹</i>	1.40%	0.83%	6.28%^	<10th
<i>BMI Percentile Documentation—Total¹</i>	1.53%	1.69%	9.70%^	<10th
<i>Counseling for Nutrition—Ages 3 to 11 Years</i>	3.87%	6.30%	4.17%	<10th
<i>Counseling for Nutrition—Ages 12 to 17 Years</i>	2.80%	5.37%	5.31%	<10th
<i>Counseling for Nutrition—Total</i>	3.44%	5.92%	4.65%	<10th
<i>Counseling for Physical Activity—Ages 3 to 11 Years</i>	0.65%	0.57%	0.00%	<10th
<i>Counseling for Physical Activity—Ages 12 to 17 Years</i>	8.88%	7.44%	14.98%^	<10th
<i>Counseling for Physical Activity—Total</i>	4.01%	3.38%	6.26%	<10th
Appropriate Testing for Children With Pharyngitis				
<i>Appropriate Testing for Children With Pharyngitis</i>	74.07%	77.55%	81.16%	50th–74th
Access to Care				
Children and Adolescents' Access to Primary Care Practitioners				
<i>Ages 12 to 24 Months</i>	79.41%	NA	NA	—
<i>Ages 25 Months to 6 Years</i>	65.12%	65.33%	71.90%	<10th
<i>Ages 7 to 11 Years</i>	72.61%	73.58%	87.18%^	10th–24th
<i>Ages 12 to 19 Years</i>	76.50%	80.49%	86.43%	25th–49th
Preventive Screening				
Chlamydia Screening in Women				
<i>Ages 16 to 20 Years</i>	NA	13.95%	NA	—
Non-Recommended Cervical Cancer Screening in Adolescent Females*				
<i>Non-Recommended Cervical Cancer Screening in Adolescent Females</i>	0.00%	0.00%	0.00%	≥90th
Mental/Behavioral Health				
Antidepressant Medication Management				
<i>Effective Acute Phase Treatment</i>	NA	NA	NA	—
<i>Effective Continuation Phase Treatment</i>	NA	NA	NA	—
Follow-Up Care for Children Prescribed ADHD Medication				
<i>Initiation Phase</i>	NA	NA	NA	—
<i>Continuation and Maintenance Phase</i>	NA	NA	NA	—
Metabolic Monitoring for Children and Adolescents on Antipsychotics				
<i>Ages 1 to 5 Years</i>	—	NA	NA	—
<i>Ages 6 to 11 Years</i>	—	NA	NA	—
<i>Ages 12 to 17 Years</i>	—	NA	NA	—

Performance Measures	HEDIS 2017 Rate	HEDIS 2018 Rate	HEDIS 2019 Rate	Percentile Ranking
<i>Total</i>	—	NA	NA	—
Use of Multiple Concurrent Antipsychotics in Children and Adolescents*				
<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	—
Respiratory Conditions				
Appropriate Treatment for Children With Upper Respiratory Infection				
<i>Appropriate Treatment for Children With Upper Respiratory Infection</i>	83.72%	87.72%	92.63%	50th–74th
Medication Management for People With Asthma				
<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	—
Asthma Medication Ratio				
<i>Ages 5 to 11 Years</i>	NA	NA	NA	—
<i>Ages 12 to 18 Years</i>	NA	NA	NA	—
<i>Total</i>	NA	NA	NA	—
Use of Services†				
Ambulatory Care (Per 1,000 Member Months)				
<i>ED Visits*</i>	15.26	15.98	17.33	≥90th
<i>Outpatient Visits</i>	176.00	175.38	166.81	<10th
Inpatient Utilization—General Hospital/Acute Care¹				
<i>Discharges per 1,000 Member Months (Total Inpatient)</i>	0.81	0.65	0.37	<10th
<i>Days per 1,000 Member Months (Total Inpatient)</i>	2.06	1.38	0.87	<10th
<i>Average Length of Stay (Total Inpatient)</i>	2.56†	2.13†	2.33†	<10th
<i>Discharges per 1,000 Member Months (Medicine)</i>	0.54	0.45	0.21	<10th
<i>Days per 1,000 Member Months (Medicine)</i>	1.21	1.06	0.42	<10th
<i>Average Length of Stay (Medicine)</i>	2.25†	2.36†	2.00†	<10th
<i>Discharges per 1,000 Member Months (Surgery)</i>	0.27	0.16	0.17	<10th
<i>Days per 1,000 Member Months (Surgery)</i>	0.85	0.24	0.25	<10th
<i>Average Length of Stay (Surgery)</i>	3.17†	1.50†	1.50†	<10th
<i>Discharges per 1,000 Member Months (Maternity)</i>	NA	0.08	0.00	<10th
<i>Days per 1,000 Member Months (Maternity)</i>	NA	0.16	0.00	<10th
<i>Average Length of Stay (Maternity)</i>	NA	2.00†	NA	—

Performance Measures	HEDIS 2017 Rate	HEDIS 2018 Rate	HEDIS 2019 Rate	Percentile Ranking
Antibiotic Utilization*				
<i>Average Scripts PMPY for Antibiotics</i>	0.50	0.97	12.00	<10th
<i>Average Days Supplied per Antibiotic Script</i>	12.39	16.68	99.95	<10th
<i>Average Scripts PMPY for Antibiotics of Concern</i>	0.20	0.41	2.32	<10th
<i>Percentage of Antibiotics of Concern of All Antibiotic Scripts</i>	39.01%	41.62%	19.35%	≥90th

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

¹ Due to changes in the technical specifications for this measure, NCQA recommends trending between 2019 and prior years be considered with caution.

— Indicates that NCQA recommended a break in trending; therefore, prior years' rates are not displayed and comparisons to benchmarks are not performed. This symbol may also indicate that the MCOs were not required to report this measure for HEDIS 2017.

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

† 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.

Kaiser Trend Table

Table B-4—Kaiser Trend Table

Performance Measures	HEDIS 2017 Rate	HEDIS 2018 Rate	HEDIS 2019 Rate	Percentile Ranking
Pediatric Care				
Childhood Immunization Status¹				
<i>DTaP</i>	82.23%	73.90%	71.13%	10th–24th
<i>IPV</i>	88.43%	84.75%	87.03%	25th–49th
<i>MMR</i>	88.02%	83.05%	81.17%	<10th
<i>HiB</i>	89.67%	85.42%	87.87%	25th–49th
<i>Hepatitis B</i>	88.84%	83.39%	88.70%	25th–49th
<i>VZV</i>	87.19%	81.69%	81.59%	<10th
<i>Pneumococcal Conjugate</i>	85.12%	78.64%	77.82%	25th–49th
<i>Hepatitis A</i>	87.60%	81.36%	81.17%	10th–24th
<i>Rotavirus</i>	78.10%	68.14%	76.57%^	75th–89th
<i>Influenza</i>	53.72%	47.80%	48.95%	50th–74th
<i>Combination 2</i>	79.34%	70.85%	69.46%	10th–24th
<i>Combination 3</i>	78.93%	70.17%	67.36%	25th–49th
<i>Combination 4</i>	78.93%	69.15%	66.95%	25th–49th
<i>Combination 5</i>	72.31%	62.03%	62.76%	50th–74th
<i>Combination 6</i>	50.41%	43.73%	41.84%	50th–74th
<i>Combination 7</i>	72.31%	61.02%	62.34%	50th–74th
<i>Combination 8</i>	50.41%	43.39%	41.84%	50th–74th
<i>Combination 9</i>	47.11%	39.32%	40.59%	50th–74th
<i>Combination 10</i>	47.11%	38.98%	40.59%	50th–74th
Immunizations for Adolescents				
<i>Meningococcal</i>	88.14%	84.96%	84.49%	50th–74th
<i>Tdap</i>	89.41%	87.02%	89.77%	50th–74th
<i>HPV</i>	—	56.05%	58.42%	≥90th
<i>Combination 1 (Meningococcal, Tdap)</i>	86.02%	82.30%	82.84%	50th–74th
<i>Combination 2 (Meningococcal, Tdap, HPV)</i>	—	53.98%	56.44%	≥90th
Well-Child Visits in the First 15 Months of Life				
<i>Zero Visits*</i>	2.53%	2.91%	2.02%	25th–49th
<i>Six or More Visits</i>	67.09%	66.02%	73.74%	75th–89th
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life				
<i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i>	67.99%	59.35%	65.44%^	10th–24th
Adolescent Well-Care Visits				
<i>Adolescent Well-Care Visits</i>	59.26%	41.18%	45.24%^	10th–24th

Performance Measures	HEDIS 2017 Rate	HEDIS 2018 Rate	HEDIS 2019 Rate	Percentile Ranking
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents				
<i>BMI Percentile Documentation—Ages 3 to 11 Years¹</i>	94.43%	97.40%	98.82%	≥90th
<i>BMI Percentile Documentation—Ages 12 to 17 Years¹</i>	93.60%	97.12%	98.18%	≥90th
<i>BMI Percentile Documentation—Total¹</i>	94.10%	97.29%	98.57%	≥90th
<i>Counseling for Nutrition—Ages 3 to 11 Years</i>	97.00%	96.10%	96.57%	≥90th
<i>Counseling for Nutrition—Ages 12 to 17 Years</i>	97.44%	94.78%	95.59%	≥90th
<i>Counseling for Nutrition—Total</i>	97.18%	95.57%	96.18%	≥90th
<i>Counseling for Physical Activity—Ages 3 to 11 Years</i>	97.00%	96.10%	96.57%	≥90th
<i>Counseling for Physical Activity—Ages 12 to 17 Years</i>	97.44%	94.78%	95.59%	≥90th
<i>Counseling for Physical Activity—Total</i>	97.18%	95.57%	96.18%	≥90th
Appropriate Testing for Children With Pharyngitis				
<i>Appropriate Testing for Children With Pharyngitis</i>	96.58%	96.37%	94.20%	≥90th
Access to Care				
Children and Adolescents' Access to Primary Care Practitioners				
<i>Ages 12 to 24 Months</i>	87.43%	87.44%	97.22%^	75th–89th
<i>Ages 25 Months to 6 Years</i>	79.56%	75.76%	83.25%^	10th–24th
<i>Ages 7 to 11 Years</i>	87.93%	86.56%	86.81%	10th–24th
<i>Ages 12 to 19 Years</i>	87.81%	88.45%	88.26%	25th–49th
Preventive Screening				
Chlamydia Screening in Women				
<i>Ages 16 to 20 Years</i>	48.46%	41.43%	45.51%	10th–24th
Non-Recommended Cervical Cancer Screening in Adolescent Females*				
<i>Non-Recommended Cervical Cancer Screening in Adolescent Females</i>	0.27%	0.17%	0.00%	≥90th
Mental/Behavioral Health				
Antidepressant Medication Management				
<i>Effective Acute Phase Treatment</i>	NA	NA	NA	—
<i>Effective Continuation Phase Treatment</i>	NA	NA	NA	—
Follow-Up Care for Children Prescribed ADHD Medication				
<i>Initiation Phase</i>	NA	NA	45.16%	50th–74th
<i>Continuation and Maintenance Phase</i>	NA	NA	NA	—
Metabolic Monitoring for Children and Adolescents on Antipsychotics				
<i>Ages 1 to 5 Years</i>	—	NA	NA	—
<i>Ages 6 to 11 Years</i>	—	NA	NA	—
<i>Ages 12 to 17 Years</i>	—	NA	NA	—

Performance Measures	HEDIS 2017 Rate	HEDIS 2018 Rate	HEDIS 2019 Rate	Percentile Ranking
<i>Total</i>	—	NA	NA	—
Use of Multiple Concurrent Antipsychotics in Children and Adolescents*				
<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	—
Respiratory Conditions				
Appropriate Treatment for Children With Upper Respiratory Infection				
<i>Appropriate Treatment for Children With Upper Respiratory Infection</i>	98.91%	99.01%	96.94%	≥90th
Medication Management for People With Asthma				
<i>Medication Compliance 50%—Ages 5 to 11 Years</i>	NA	46.67%	NA	—
<i>Medication Compliance 50%—Ages 12 to 18 Years</i>	NA	NA	NA	—
<i>Medication Compliance 50%—Total</i>	32.26%	46.34%	NA	—
<i>Medication Compliance 75%—Ages 5 to 11 Years</i>	NA	23.33%	NA	—
<i>Medication Compliance 75%—Ages 12 to 18 Years</i>	NA	NA	NA	—
<i>Medication Compliance 75%—Total</i>	12.90%	21.95%	NA	—
Asthma Medication Ratio				
<i>Ages 5 to 11 Years</i>	NA	93.33%	NA	—
<i>Ages 12 to 18 Years</i>	NA	NA	NA	—
<i>Total</i>	80.65%	90.48%	NA	—
Use of Services†				
Ambulatory Care (Per 1,000 Member Months)				
<i>ED Visits*</i>	2.98	11.54	18.86	≥90th
<i>Outpatient Visits</i>	179.23	151.08	133.57	<10th
Inpatient Utilization—General Hospital/Acute Care¹				
<i>Discharges per 1,000 Member Months (Total Inpatient)</i>	0.64	0.62	0.49	<10th
<i>Days per 1,000 Member Months (Total Inpatient)</i>	2.13	2.17	1.81	<10th
<i>Average Length of Stay (Total Inpatient)</i>	3.35	3.51	3.67	10th–24th
<i>Discharges per 1,000 Member Months (Medicine)</i>	0.49	0.46	0.40	<10th
<i>Days per 1,000 Member Months (Medicine)</i>	1.48	1.52	0.93	<10th
<i>Average Length of Stay (Medicine)</i>	3.04	3.34	2.29	<10th
<i>Discharges per 1,000 Member Months (Surgery)</i>	0.15	0.12	0.08	<10th
<i>Days per 1,000 Member Months (Surgery)</i>	0.65	0.53	0.86	<10th
<i>Average Length of Stay (Surgery)</i>	4.36†	4.24†	10.50†	<10th
<i>Discharges per 1,000 Member Months (Maternity)</i>	0.00	0.07	0.01	<10th
<i>Days per 1,000 Member Months (Maternity)</i>	0.00	0.22	0.04	<10th
<i>Average Length of Stay (Maternity)</i>	NA	3.20†	3.00†	<10th

Performance Measures	HEDIS 2017 Rate	HEDIS 2018 Rate	HEDIS 2019 Rate	Percentile Ranking
Antibiotic Utilization*				
<i>Average Scripts PMPY for Antibiotics</i>	0.28	0.26	0.19	≥90th
<i>Average Days Supplied per Antibiotic Script</i>	12.32	12.15	12.47	<10th
<i>Average Scripts PMPY for Antibiotics of Concern</i>	0.08	0.05	0.05	≥90th
<i>Percentage of Antibiotics of Concern of All Antibiotic Scripts</i>	28.27%	19.57%	24.21%	≥90th

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

¹ Due to changes in the technical specifications for this measure, NCQA recommends trending between 2019 and prior years be considered with caution.

— Indicates that NCQA recommended a break in trending; therefore, prior years' rates are not displayed. This symbol may also indicate that the MCOs were not required to report this measure for HEDIS 2017.

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

† 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.

RMHP Trend Table

Table B-5—RMHP Trend Table

Performance Measures	HEDIS 2017 Rate	HEDIS 2018 Rate	HEDIS 2019 Rate	Percentile Ranking
Pediatric Care				
Childhood Immunization Status¹				
<i>DTaP</i>	67.72%	72.80%	68.14%	10th–24th
<i>IPV</i>	76.38%	83.20%	84.07%	10th–24th
<i>MMR</i>	79.13%	85.60%	77.88%^^	<10th
<i>HiB</i>	78.35%	82.40%	76.99%	<10th
<i>Hepatitis B</i>	74.80%	81.60%	79.65%	<10th
<i>VZV</i>	79.53%	84.40%	80.97%	<10th
<i>Pneumococcal Conjugate</i>	68.50%	75.60%	74.34%	25th–49th
<i>Hepatitis A</i>	75.20%	81.20%	76.55%	<10th
<i>Rotavirus</i>	67.32%	69.60%	75.66%	75th–89th
<i>Influenza</i>	53.54%	50.80%	54.42%	50th–74th
<i>Combination 2</i>	58.27%	64.80%	57.08%	<10th
<i>Combination 3</i>	55.91%	62.40%	57.08%	<10th
<i>Combination 4</i>	54.33%	60.40%	54.42%	<10th
<i>Combination 5</i>	51.57%	54.40%	54.87%	10th–24th
<i>Combination 6</i>	43.31%	41.20%	41.15%	50th–74th
<i>Combination 7</i>	50.39%	53.20%	52.21%	10th–24th
<i>Combination 8</i>	42.13%	41.20%	39.38%	25th–49th
<i>Combination 9</i>	40.16%	36.40%	39.82%	50th–74th
<i>Combination 10</i>	39.37%	36.40%	38.05%	50th–74th
Immunizations for Adolescents				
<i>Meningococcal</i>	51.17%	62.88%	60.67%	<10th
<i>Tdap</i>	77.73%	82.94%	84.67%	25th–49th
<i>HPV</i>	—	17.06%	22.33%	<10th
<i>Combination 1 (Meningococcal, Tdap)</i>	49.61%	60.87%	57.67%	<10th
<i>Combination 2 (Meningococcal, Tdap, HPV)</i>	—	13.71%	18.33%	<10th
Well-Child Visits in the First 15 Months of Life				
<i>Zero Visits*</i>	3.00%	5.00%	0.00% [^]	≥90th
<i>Six or More Visits</i>	23.00%	29.00%	15.79%^^	<10th
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life				
<i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i>	63.66%	68.75%	67.68%	25th–49th
Adolescent Well-Care Visits				
<i>Adolescent Well-Care Visits</i>	43.69%	47.07%	49.19%	25th–49th

Performance Measures	HEDIS 2017 Rate	HEDIS 2018 Rate	HEDIS 2019 Rate	Percentile Ranking
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents				
<i>BMI Percentile Documentation—Ages 3 to 11 Years¹</i>	3.30%	2.81%	3.38%	<10th
<i>BMI Percentile Documentation—Ages 12 to 17 Years¹</i>	6.64%	7.18%	7.35%	<10th
<i>BMI Percentile Documentation—Total¹</i>	4.44%	4.38%	4.83%	<10th
<i>Counseling for Nutrition—Ages 3 to 11 Years</i>	19.87%	22.32%	23.76%	<10th
<i>Counseling for Nutrition—Ages 12 to 17 Years</i>	17.43%	20.11%	21.67%	<10th
<i>Counseling for Nutrition—Total</i>	19.04%	21.52%	23.00%	<10th
<i>Counseling for Physical Activity—Ages 3 to 11 Years</i>	0.31%	2.04%	4.96%	<10th
<i>Counseling for Physical Activity—Ages 12 to 17 Years</i>	3.19%	6.12%	6.43%	<10th
<i>Counseling for Physical Activity—Total</i>	1.29%	3.51%	5.50%	<10th
Appropriate Testing for Children With Pharyngitis				
<i>Appropriate Testing for Children With Pharyngitis</i>	78.26%	80.27%	77.64%	25th–49th
Access to Care				
Children and Adolescents' Access to Primary Care Practitioners				
<i>Ages 12 to 24 Months</i>	91.26%	93.48%	94.68%	25th–49th
<i>Ages 25 Months to 6 Years</i>	82.13%	83.49%	82.81%	10th–24th
<i>Ages 7 to 11 Years</i>	86.72%	86.90%	88.00%	25th–49th
<i>Ages 12 to 19 Years</i>	87.34%	86.82%	87.04%	25th–49th
Preventive Screening				
Chlamydia Screening in Women				
<i>Ages 16 to 20 Years</i>	23.31%	31.93%	33.57%	<10th
Non-Recommended Cervical Cancer Screening in Adolescent Females*				
<i>Non-Recommended Cervical Cancer Screening in Adolescent Females</i>	0.00%	0.00%	0.00%	≥90th
Mental/Behavioral Health				
Antidepressant Medication Management				
<i>Effective Acute Phase Treatment</i>	NA	NA	NA	—
<i>Effective Continuation Phase Treatment</i>	NA	NA	NA	—
Follow-Up Care for Children Prescribed ADHD Medication				
<i>Initiation Phase</i>	NA	47.06%	53.33%	75th–89th
<i>Continuation and Maintenance Phase</i>	NA	NA	NA	—
Metabolic Monitoring for Children and Adolescents on Antipsychotics				
<i>Ages 1 to 5 Years</i>	—	NA	NA	—
<i>Ages 6 to 11 Years</i>	—	NA	NA	—
<i>Ages 12 to 17 Years</i>	—	NA	NA	—

Performance Measures	HEDIS 2017 Rate	HEDIS 2018 Rate	HEDIS 2019 Rate	Percentile Ranking
<i>Total</i>	—	NA	NA	—
<i>Use of Multiple Concurrent Antipsychotics in Children and Adolescents*</i>				
<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	—
<i>Respiratory Conditions</i>				
<i>Appropriate Treatment for Children With Upper Respiratory Infection</i>				
<i>Appropriate Treatment for Children With Upper Respiratory Infection</i>	95.41%	95.80%	93.68%	50th–74th
<i>Medication Management for People With Asthma</i>				
<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	—
<i>Asthma Medication Ratio</i>				
<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	75.00%	≥90th
<i>Use of Services†</i>				
<i>Ambulatory Care (Per 1,000 Member Months)</i>				
<i>ED Visits*</i>	18.26	18.26	18.38	≥90th
<i>Outpatient Visits</i>	212.07	218.41	211.60	<10th
<i>Inpatient Utilization—General Hospital/Acute Care¹</i>				
<i>Discharges per 1,000 Member Months (Total Inpatient)</i>	0.73	0.89	0.75	<10th
<i>Days per 1,000 Member Months (Total Inpatient)</i>	2.21	3.64	3.26	<10th
<i>Average Length of Stay (Total Inpatient)</i>	3.01	4.11	4.37	50th–74th
<i>Discharges per 1,000 Member Months (Medicine)</i>	0.45	0.59	0.49	<10th
<i>Days per 1,000 Member Months (Medicine)</i>	1.16	1.93	1.61	<10th
<i>Average Length of Stay (Medicine)</i>	2.57	3.29	3.27	<10th
<i>Discharges per 1,000 Member Months (Surgery)</i>	0.27	0.28	0.21	<10th
<i>Days per 1,000 Member Months (Surgery)</i>	1.01	1.67	1.54	<10th
<i>Average Length of Stay (Surgery)</i>	3.71	5.91	7.46†	<10th
<i>Discharges per 1,000 Member Months (Maternity)</i>	0.02	0.03	0.10	<10th
<i>Days per 1,000 Member Months (Maternity)</i>	0.08	0.09	0.23	<10th
<i>Average Length of Stay (Maternity)</i>	4.00†	2.50†	2.33†	<10th

Performance Measures	HEDIS 2017 Rate	HEDIS 2018 Rate	HEDIS 2019 Rate	Percentile Ranking
Antibiotic Utilization*				
<i>Average Scripts PMPY for Antibiotics</i>	0.40	0.40	0.39	≥90th
<i>Average Days Supplied per Antibiotic Script</i>	10.49	10.18	10.20	<10th
<i>Average Scripts PMPY for Antibiotics of Concern</i>	0.15	0.14	0.14	≥90th
<i>Percentage of Antibiotics of Concern of All Antibiotic Scripts</i>	38.64%	35.07%	35.98%	75th–89th

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

¹ Due to changes in the technical specifications for this measure, NCQA recommends trending between 2019 and prior years be considered with caution.

— Indicates that NCQA recommended a break in trending; therefore, prior years' rates are not displayed and comparisons to benchmarks are not performed. This symbol may also indicate that the MCOs were not required to report this measure for HEDIS 2017.

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

† 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.

Colorado CHP+ Weighted Averages Trend Table

Given that the MCOs varied in membership size, the statewide average rate for each measure was weighted by each MCO’s eligible population for the measure. For the MCOs with rates reported as *Small Denominator (NA)*, the numerators, denominators, and eligible populations were included in the calculations of the statewide rate. MCO 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+ MCOs and the SMCN.

Table B-6—Colorado CHP+ Weighted Average Trend Table

Performance Measures	HEDIS 2017 Rate	HEDIS 2018 Rate	HEDIS 2019 Rate	Plan Rate Range
<i>Pediatric Care</i>				
<i>Childhood Immunization Status¹</i>				
<i>DTaP</i>	71.93%	69.02%	71.44%	7.14%–75.83%
<i>IPV</i>	80.89%	80.23%	82.98%	7.14%–87.03%
<i>MMR</i>	83.57%	82.05%	82.31%	40.48%–86.44%
<i>HiB</i>	81.31%	80.75%	82.38%	9.52%–87.87%
<i>Hepatitis B</i>	79.34%	78.81%	81.97%^	7.14%–88.70%
<i>VZV</i>	81.31%	79.84%	81.57%	38.10%–84.32%
<i>Pneumococcal Conjugate</i>	74.05%	72.20%	74.68%	7.14%–78.07%
<i>Hepatitis A</i>	77.86%	77.12%	79.27%	52.38%–81.17%
<i>Rotavirus</i>	69.11%	66.56%	73.33%^	4.76%–76.57%
<i>Influenza</i>	49.22%	48.54%	53.75%^	11.90%–57.08%
<i>Combination 2</i>	65.30%	62.54%	66.78%^	4.76%–71.58%
<i>Combination 3</i>	63.61%	61.05%	65.16%^	4.76%–69.58%
<i>Combination 4</i>	61.14%	59.17%	63.13%^	4.76%–66.95%
<i>Combination 5</i>	57.33%	53.79%	59.76%^	4.76%–63.21%
<i>Combination 6</i>	41.61%	40.51%	45.31%^	0.00%–49.53%
<i>Combination 7</i>	55.57%	52.43%	58.20%^	4.76%–62.34%
<i>Combination 8</i>	40.34%	39.53%	44.29%^	0.00%–48.23%
<i>Combination 9</i>	38.50%	36.49%	42.27%^	0.00%–45.64%
<i>Combination 10</i>	37.59%	35.77%	41.39%^	0.00%–44.58%
<i>Immunizations for Adolescents</i>				
<i>Meningococcal</i>	69.48%	71.03%	75.41%^	31.58%–84.49%
<i>Tdap</i>	81.55%	82.47%	86.32%^	56.14%–89.77%
<i>HPV</i>	—	37.05%	41.42%^	14.04%–58.42%
<i>Combination 1 (Meningococcal, Tdap)</i>	67.55%	68.89%	73.33%^	26.32%–82.84%
<i>Combination 2 (Meningococcal, Tdap, HPV)</i>	—	33.79%	39.02%^	12.28%–56.44%

Performance Measures	HEDIS 2017 Rate	HEDIS 2018 Rate	HEDIS 2019 Rate	Plan Rate Range
Well-Child Visits in the First 15 Months of Life				
Zero Visits*	3.04%	2.63%	5.06%	0.00%–15.15%
Six or More Visits	48.01%	51.41%	48.28%	15.79%–73.74%
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life				
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	66.60%	64.97%	67.34%	55.62%–68.50%
Adolescent Well-Care Visits				
Adolescent Well-Care Visits	48.26%	45.09%	48.23%^	37.65%–49.87%
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents				
BMI Percentile Documentation—Ages 3 to 11 Years	15.25%	18.03%	20.52%	3.38%–98.82%
BMI Percentile Documentation—Ages 12 to 17 Years	19.08%	23.01%	26.36%^	6.28%–98.18%
BMI Percentile Documentation—Total	16.67%	19.89%	22.71%	4.83%–98.57%
Counseling for Nutrition—Ages 3 to 11 Years	17.68%	19.06%	20.41%	2.14%–96.57%
Counseling for Nutrition—Ages 12 to 17 Years	18.92%	21.89%	23.21%	5.31%–95.59%
Counseling for Nutrition—Total	18.14%	20.12%	21.46%	4.65%–96.18%
Counseling for Physical Activity—Ages 3 to 11 Years	13.05%	14.47%	15.93%	0.00%–96.57%
Counseling for Physical Activity—Ages 12 to 17 Years	16.44%	18.23%	20.34%	5.13%–95.59%
Counseling for Physical Activity—Total	14.31%	15.87%	17.58%	3.14%–96.18%
Appropriate Testing for Children With Pharyngitis				
Appropriate Testing for Children With Pharyngitis	84.35%	87.36%	84.99%	77.64%–94.20%
Access to Care				
Prenatal and Postpartum Care				
Timeliness of Prenatal Care	57.08%	58.29%	55.13%	—
Postpartum Care	42.50%	43.42%	45.01%	—
Children and Adolescents' Access to Primary Care Practitioners				
Ages 12 to 24 Months	90.02%	90.65%	92.33%	90.30%–97.22%
Ages 25 Months to 6 Years	82.88%	80.91%	82.93%	71.90%–84.52%
Ages 7 to 11 Years	88.99%	87.49%	87.66%	86.81%–88.00%
Ages 12 to 19 Years	89.39%	88.09%	87.14%	82.04%–88.26%
Preventive Screening				
Chlamydia Screening in Women				
Ages 16 to 20 Years	35.31%	33.66%	36.52%	32.27%–47.22%
Non-Recommended Cervical Cancer Screening in Adolescent Females*				
Non-Recommended Cervical Cancer Screening in Adolescent Females	0.17%	0.07%	0.04%	0.00%–0.08%

Performance Measures	HEDIS 2017 Rate	HEDIS 2018 Rate	HEDIS 2019 Rate	Plan Rate Range
Mental/Behavioral Health				
Antidepressant Medication Management				
<i>Effective Acute Phase Treatment</i>	NA	48.65%	55.00%	—
<i>Effective Continuation Phase Treatment</i>	NA	40.54%	37.50%	—
Follow-Up Care for Children Prescribed ADHD Medication				
<i>Initiation Phase</i>	13.02%	21.84%	15.21%	—
<i>Continuation and Maintenance Phase</i>	20.00%	21.57%	20.00%	—
Metabolic Monitoring for Children and Adolescents on Antipsychotics				
<i>Ages 1 to 5 Years</i>	—	NA	NA	—
<i>Ages 6 to 11 Years</i>	—	NA	NA	—
<i>Ages 12 to 17 Years</i>	—	41.51%	38.89%	—
<i>Total</i>	—	39.85%	38.98%	—
Use of Multiple Concurrent Antipsychotics in Children and Adolescents*¹				
<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>	4.05%	7.14%	5.41%	—
<i>Total</i>	3.37%	5.62%	4.04%	—
Respiratory Conditions				
Appropriate Treatment for Children With Upper Respiratory Infection				
<i>Appropriate Treatment for Children With Upper Respiratory Infection</i>	91.24%	93.84%	94.09%	92.63%–100.00%
Medication Management for People With Asthma				
<i>Medication Compliance 50%—Ages 5 to 11 Years</i>	49.43%	61.29%	59.75%	—
<i>Medication Compliance 50%—Ages 12 to 18 Years</i>	45.74%	51.75%	51.64%	—
<i>Medication Compliance 50%—Total</i>	47.85%	57.14%	56.38%	—
<i>Medication Compliance 75%—Ages 5 to 11 Years</i>	25.86%	32.26%	33.96%	—
<i>Medication Compliance 75%—Ages 12 to 18 Years</i>	20.93%	24.48%	27.05%	—
<i>Medication Compliance 75%—Total</i>	23.76%	28.88%	31.21%	—
Asthma Medication Ratio				
<i>Ages 5 to 11 Years</i>	85.80%	82.90%	82.63%	—
<i>Ages 12 to 18 Years</i>	73.72%	74.03%	71.32%	—
<i>Total</i>	80.25%	78.96%	77.63%	75.00%–79.91%
Use of Services[†]				
Ambulatory Care (Per 1,000 Member Months)				
<i>ED Visits*</i>	20.84	21.80	23.83	17.33–26.90
<i>Outpatient Visits</i>	205.26	199.00	195.91	133.57–218.12

Performance Measures	HEDIS 2017 Rate	HEDIS 2018 Rate	HEDIS 2019 Rate	Plan Rate Range
Inpatient Utilization—General Hospital/Acute Care¹				
<i>Discharges per 1,000 Member Months (Total Inpatient)</i>	0.87	0.88	0.88	0.37–1.03
<i>Days per 1,000 Member Months (Total Inpatient)</i>	2.97	3.31	3.09	0.87–3.55
<i>Average Length of Stay (Total Inpatient)</i>	3.42	3.77	3.51	2.33–4.37
<i>Discharges per 1,000 Member Months (Medicine)</i>	0.60	0.60	0.63	0.21–0.74
<i>Days per 1,000 Member Months (Medicine)</i>	1.69	1.78	1.82	0.42–2.19
<i>Average Length of Stay (Medicine)</i>	2.82	2.96	2.89	2.00–3.27
<i>Discharges per 1,000 Member Months (Surgery)</i>	0.24	0.24	0.21	0.08–0.25
<i>Days per 1,000 Member Months (Surgery)</i>	1.20	1.43	1.17	0.25–1.54
<i>Average Length of Stay (Surgery)</i>	4.97	5.90	5.50	1.50–7.46
<i>Discharges per 1,000 Member Months (Maternity)</i>	0.06	0.07	0.07	0.00–0.10
<i>Days per 1,000 Member Months (Maternity)</i>	0.16	0.21	0.18	0.00–0.23
<i>Average Length of Stay (Maternity)</i>	2.68†	2.97	2.49	2.00–3.00
Antibiotic Utilization*				
<i>Average Scripts PMPY for Antibiotics</i>	0.40	0.38	0.33	0.14–12.00
<i>Average Days Supplied per Antibiotic Script</i>	11.06	11.36	16.86	10.20–99.95
<i>Average Scripts PMPY for Antibiotics of Concern</i>	0.13	0.12	0.11	0.03–2.32
<i>Percentage of Antibiotics of Concern of All Antibiotic Scripts</i>	33.99%	33.02%	31.91%	19.35%–35.98%

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

¹ Due to changes in the technical specifications for this measure, NCQA recommends trending between 2019 and prior years be considered with caution.

— Indicates that NCQA recommended a break in trending; therefore, prior years' rates are not displayed and comparisons to benchmarks are not performed. This symbol may also indicate that the MCOs were not required to report this measure for HEDIS 2017.

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

† 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.

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 MCOs' HEDIS reporting capabilities.^{C-1} HSAG evaluated each MCO on six IS standards. To assess the MCOs' adherence to standards, HSAG reviewed several documents for the CHP+ MCOs, 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 MCO was compliant with all of NCQA's IS standards. For the MCOs that were compliant, no issues were identified that resulted in material bias to the HEDIS measure results reported for the CHP+ population. These MCOs accurately reported all Department-required HEDIS performance measures.

One MCO was fully compliant with four IS standards and partially compliant with two standards. However, all the measures presented in this report for this plan were assigned an audit designation of *Reportable* by its contracted HEDIS auditor.

As in last year, all the MCOs 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+ MCO 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+ MCOs only.

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

Table C-1—Summary of Compliance With IS Standards

NCQA’s IS Standards	HSAG’s Findings Based on HEDIS 2019 FAR Review
<p>IS 1.0—Medical Service Data—Sound Coding Methods and Data Capture, Transfer, and Entry</p> <ul style="list-style-type: none"> • Industry standard codes are required and captured. • Primary and secondary diagnosis codes are identified. • Nonstandard codes (if used) are mapped to industry standard codes. • Standard submission forms are used. • Timely and accurate data entry processes and sufficient edit checks are used. • Data completeness is continually assessed, and all contracted vendors involved in medical claims processing are monitored. 	<p>All MCOs were fully compliant with IS Standard 1.0 for medical services data capture and processing. No issues or concerns were noted for this standard relevant to the selected Colorado CHP+ measures.</p> <p>The MCOs only accepted industry standard codes on industry standard forms.</p> <p>All data elements required for HEDIS reporting were adequately captured.</p>
<p>IS 2.0—Enrollment Data—Data Capture, Transfer, and Entry</p> <ul style="list-style-type: none"> • All HEDIS-relevant information for data entry or electronic transmissions of enrollment data is accurate and complete. • Manual entry of enrollment data is timely and accurate, and sufficient edit checks are in place. • The MCOs continually assess data completeness and take steps to improve performance. • The MCOs effectively monitor the quality and accuracy of electronic submissions. • The MCOs have effective control processes for the transmission of enrollment data. 	<p>All MCOs were fully compliant with IS Standard 2.0 for enrollment data capture and processing. No issues or concerns were noted for this standard relevant to the selected Colorado CHP+ measures.</p> <p>The MCOs had policies and procedures in place for submitted electronic data. Data elements required for reporting were captured. Adequate validation processes were in place, ensuring data accuracy.</p>
<p>IS 3.0—Practitioner Data—Data Capture, Transfer, and Entry</p> <ul style="list-style-type: none"> • Provider specialties are fully documented and mapped to HEDIS provider specialties. • Effective procedures for submitting HEDIS-relevant information are in place. • Electronic transmissions of practitioner data are checked to ensure accuracy. • Processes and edit checks ensure accurate and timely entry of data into the transaction files. • Data completeness is assessed, and steps are taken to improve performance. • Vendors are regularly monitored against expected performance standards. 	<p>All MCOs were fully compliant with IS Standard 3.0 for practitioner data capture and processing. No issues or concerns were noted for this standard relevant to the selected Colorado CHP+ measures.</p> <p>The MCOs appropriately captured and documented practitioner data. Data validation processes were in place to verify practitioner data.</p> <p>In addition, for accuracy and completeness, all plans reviewed all provider data received from delegated entities.</p>

NCQA’s IS Standards	HSAG’s Findings Based on HEDIS 2019 FAR Review
<p>IS 4.0—Medical Record Review Processes—Training, Sampling, Abstraction, and Oversight</p> <ul style="list-style-type: none"> Forms or tools used for medical record review capture all fields relevant to HEDIS reporting. Checking procedures are in place to ensure data integrity for electronic transmission of information. Retrieval and abstraction of data from medical records are accurately performed. Data entry processes, including edit checks, are timely and accurate. Data completeness is assessed, including steps to improve performance. Vendor performance is monitored against expected performance standards. 	<p>All MCOs were fully compliant with IS Standard 4.0 for medical record review processes. 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>The data collection tools used by the MCOs were able to capture all data fields necessary for HEDIS reporting. Sufficient validation processes were in place to ensure data accuracy. However, HSAG did not review this step since the State requires administrative rates only.</p>
<p>IS 5.0—Supplemental Data—Capture, Transfer, and Entry</p> <ul style="list-style-type: none"> Nonstandard coding schemes are fully documented and mapped to industry standard codes. Effective procedures for submitting HEDIS-relevant information are in place. Electronic transmissions of supplemental data are checked to ensure accuracy. Data entry processes, including edit checks, are timely and accurate. Data completeness is assessed, including steps to improve performance. Vendor performance is monitored against expected performance standards. Data approved for electronic clinical data system (ECDS) reporting met reporting requirements. 	<p>All MCOs were fully compliant with IS Standard 5.0 for supplemental data capture and processing. No issues or concerns were noted for this standard relevant to the selected Colorado CHP+ measures. Two MCOs reported using only standard supplemental databases for reporting. The other three MCOs reported using both standard and nonstandard supplemental databases for reporting.</p> <p>The HEDIS repository contained all data fields required for HEDIS reporting. In addition, staff members were interviewed to confirm the appropriate quality processes for the data source and to determine if primary source verification (PSV) was needed on all supplemental data that were in nonstandard form.</p>

NCQA's IS Standards	HSAG's Findings Based on HEDIS 2019 FAR Review
<p>IS 6.0 Data Preproduction Processing—Transfer, Consolidation, Control Procedures That Support Measure Reporting Integrity</p> <ul style="list-style-type: none"> • Nonstandard coding schemes are fully documented and mapped to industry standard codes. Organization-to-vendor mapping is fully documented. • Data transfers to HEDIS repository from transaction files are accurate and file consolidations, extracts, and derivations are accurate. • Repository structure and formatting is suitable for measures and enable required programming efforts. • Report production is managed effectively and operators perform appropriately. • Vendor performance is monitored against expected performance standards. 	<p>All MCOs were compliant with IS Standard 6.0 for data preproduction processing.</p> <p>File consolidation and data extractions were performed by the MCOs' staff members. Data were verified for accuracy at each data merge point.</p>
<p>IS 7.0—Data Integration and Reporting—Accurate Reporting, Control Procedures That Support HEDIS Reporting Integrity</p> <ul style="list-style-type: none"> • Data transfers to the HEDIS repository from transaction files are accurate. • Report production is managed effectively and operators perform appropriately. • HEDIS reporting software is managed properly. • The organization regularly monitors vendor performance against expected performance standards. 	<p>All the MCOs were fully compliant with IS Standard 7.0 for data integration. No issues or concerns were noted for this standard relevant to the selected Colorado CHP+ measures.</p> <p>The MCOs used an NCQA-certified measure vendor for data production and rate calculation.</p>

Appendix D. FHP Administrative and Hybrid Rates

Appendix D shows FHP’s rates for HEDIS 2019 for measures with a hybrid option, along with the percentile ranking for each HEDIS 2019 hybrid rate.

Table D-1—HEDIS 2019 Administrative and Hybrid Performance Measure Results for FHP

Performance Measures	Administrative Rate	Hybrid Rate	Percentile Ranking
<i>Pediatric Care</i>			
<i>Childhood Immunization Status</i>			
<i>Combination 2</i>	4.76%	47.62%	<10th
<i>Combination 3</i>	4.76%	47.62%	<10th
<i>Combination 4</i>	4.76%	45.24%	<10th
<i>Combination 5</i>	4.76%	38.10%	<10th
<i>Combination 6</i>	0.00%	28.57%	10th–24th
<i>Combination 7</i>	4.76%	38.10%	<10th
<i>Combination 8</i>	0.00%	28.57%	10th–24th
<i>Combination 9</i>	0.00%	23.81%	<10th
<i>Combination 10</i>	0.00%	23.81%	10th–24th
<i>Immunizations for Adolescents</i>			
<i>Combination 1 (Meningococcal, Tdap)</i>	26.32%	38.60%	<10th
<i>Combination 2 (Meningococcal, Tdap, HPV)</i>	12.28%	17.54%	<10th
<i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i>			
<i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i>	55.62%	58.58%	<10th
<i>Adolescent Well-Care Visits</i>			
<i>Adolescent Well-Care Visits</i>	37.65%	48.53%	25th–49th
<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</i>			
<i>BMI Percentile Documentation—Total</i>	9.70%	33.74%	<10th
<i>Counseling for Nutrition—Total</i>	4.65%	40.20%	<10th
<i>Counseling for Physical Activity—Total</i>	6.26%	37.98%	<10th