



CHIP+

Child Health Plan *Plus*

2020 HEDIS Aggregate Report for Child Health Plan *Plus*

October 2020

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1. Executive Summary

Introduction

The State of Colorado offers its residents a low-cost health insurance plan for qualified children age 18 and younger and pregnant women age 19 and older through its Child Health Plan *Plus* (CHP+) program, also known as the Children’s Health Insurance Program (CHIP). As of the end of fiscal year (FY) 2019–2020, Colorado’s CHP+ enrollment was 77,233 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 2019–2020 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 2020 reporting set to evaluate the MCOs’ performance and for public reporting. For HEDIS 2020, 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 2019–2020, 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/premiums-expenditures-and-caseload-reports>. Accessed on: September 23, 2020.

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

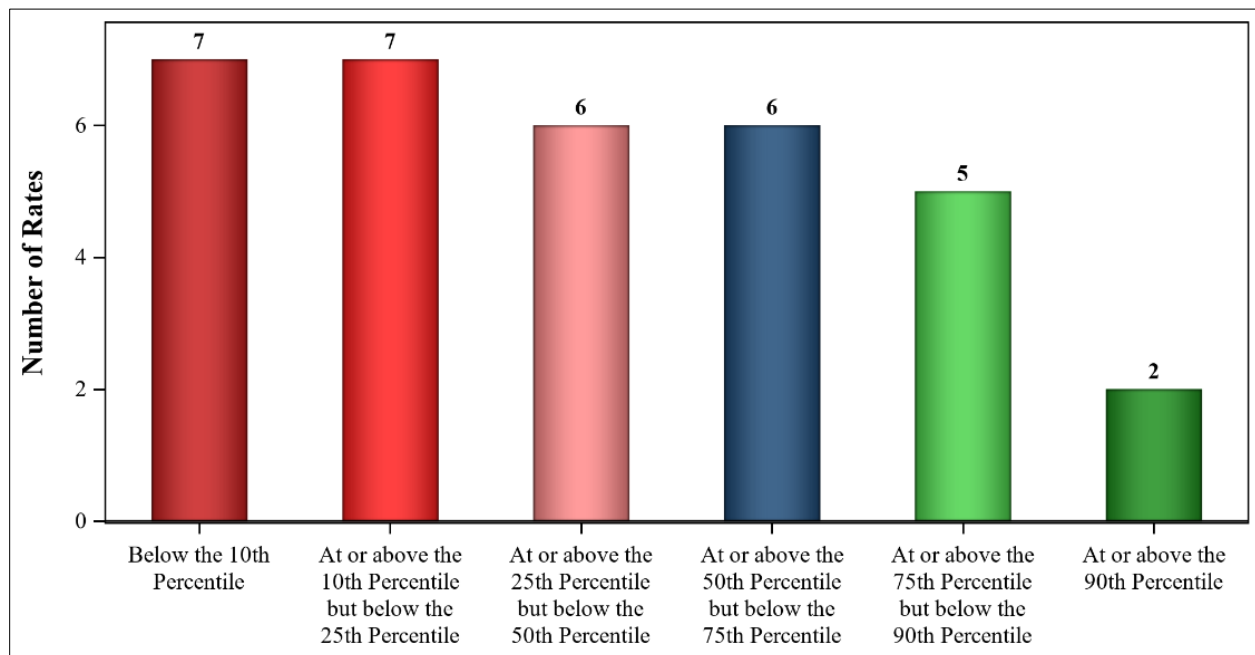
¹⁻³ NCQA HEDIS Compliance Audit[™] is a trademark of the NCQA.

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 2020 performance measure indicators that were comparable to NCQA’s Quality Compass® national Medicaid health maintenance organization (HMO) percentiles for HEDIS 2019 (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 percentiles for HEDIS 2019 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 National Committee for Quality Assurance. *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, as 20 of 33 (60.6 percent) measure rates fell below the 50th percentile.

Detailed Statewide Performance

Table 1-1 shows the Colorado CHP+ weighted averages for HEDIS 2018 through HEDIS 2020 along with the percentile ranking for each HEDIS 2020 rate. Rates for HEDIS 2020 shaded green with one caret (^) indicate a statistically significant improvement in performance from the previous year. Rates for HEDIS 2020 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 2018 Rate	HEDIS 2019 Rate	HEDIS 2020 Rate	Percentile Ranking
<i>Pediatric Care</i>				
<i>Childhood Immunization Status</i>				
<i>Combination 2</i>	62.54%	66.78%	63.39%	10th–24th
<i>Combination 3</i>	61.05%	65.16%	61.81%	10th–24th
<i>Combination 4</i>	59.17%	63.13%	60.55%	10th–24th
<i>Combination 5</i>	53.79%	59.76%	54.80%^^	10th–24th
<i>Combination 6</i>	40.51%	45.31%	46.77%	50th–74th
<i>Combination 7</i>	52.43%	58.20%	53.94%^^	25th–49th
<i>Combination 8</i>	39.53%	44.29%	45.91%	50th–74th
<i>Combination 9</i>	36.49%	42.27%	42.44%	75th–89th
<i>Combination 10</i>	35.77%	41.39%	41.97%	50th–74th
<i>Immunizations for Adolescents</i>				
<i>Combination 1 (Meningococcal; Tetanus, Diphtheria Toxoids, and Acellular Pertussis [Tdap])</i>	68.89%	73.33%	74.81%	25th–49th
<i>Combination 2 (Meningococcal, Tdap, Human Papillomavirus [HPV])</i>	33.79%	39.02%	39.20%	50th–74th
<i>Well-Child Visits in the First 15 Months of Life</i>				
<i>Zero Visits*</i>	2.63%	5.06%	4.66%	<10th
<i>Six or More Visits</i>	51.41%	48.28%	56.22%^	10th–24th

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 2019 to HEDIS 2020.

Performance Measures	HEDIS 2018 Rate	HEDIS 2019 Rate	HEDIS 2020 Rate	Percentile Ranking
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>	64.97%	67.34%	69.68%	25th–49th
Adolescent Well-Care Visits				
<i>Adolescent Well-Care Visits</i>	45.09%	48.23%	50.21%	25th–49th
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents				
<i>Body Mass Index (BMI) Percentile Documentation—Total</i>	19.89%	22.71%	22.62%	<10th
<i>Counseling for Nutrition—Total</i>	20.12%	21.46%	20.77%	<10th
<i>Counseling for Physical Activity—Total</i>	15.87%	17.58%	16.17%	<10th
Access to Care				
Prenatal and Postpartum Care²				
<i>Timeliness of Prenatal Care</i>	—	—	61.38%	—
<i>Postpartum Care</i>	—	—	61.61%	—
Children and Adolescents' Access to Primary Care Practitioners¹				
<i>Ages 12 to 24 Months</i>	90.65%	92.33%	92.44%	10th–24th
<i>Ages 25 Months to 6 Years</i>	80.91%	82.93%	85.37%	25th–49th
<i>Ages 7 to 11 Years</i>	87.49%	87.66%	87.58%	10th–24th
<i>Ages 12 to 19 Years</i>	88.09%	87.14%	87.10%	25th–49th
Preventive Screening				
Chlamydia Screening in Women				
<i>Ages 16 to 20 Years</i>	33.66%	36.52%	37.26%	<10th
Non-Recommended Cervical Cancer Screening in Adolescent Females				
<i>Non-Recommended Cervical Cancer Screening in Adolescent Females</i>	0.07%	0.04%	0.04%	≥90th
Mental/Behavioral Health				
Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication³				
<i>Initiation Phase</i>	21.84%	15.21%	14.98%	<10th
<i>Continuation and Maintenance Phase</i>	21.57%	20.00%	32.69%	<10th
Metabolic Monitoring for Children and Adolescents on Antipsychotics				
<i>Blood Glucose Testing—Total</i>	—	—	59.87%	—
<i>Cholesterol Testing—Total</i>	—	—	39.47%	—
<i>Blood Glucose and Cholesterol Testing—Total</i>	39.85%	38.98%	36.84%	50th–74th

Performance Measures	HEDIS 2018 Rate	HEDIS 2019 Rate	HEDIS 2020 Rate	Percentile Ranking
Respiratory Conditions				
Appropriate Testing for Pharyngitis				
Ages 3 to 17 Years	—	—	84.20%	—
Appropriate Treatment for Upper Respiratory Infection				
Ages 3 Months to 17 Years	—	—	93.30%	—
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis				
Ages 3 Months to 17 Years	—	—	72.63%	—
Medication Management for People With Asthma				
Medication Compliance 50%—Ages 5 to 11 Years	61.29%	59.75%	65.12%	75th–89th
Medication Compliance 50%—Ages 12 to 18 Years	51.75%	51.64%	63.16%	75th–89th
Medication Compliance 75%—Ages 5 to 11 Years	32.26%	33.96%	38.95%	75th–89th
Medication Compliance 75%—Ages 12 to 18 Years	24.48%	27.05%	41.35% [^]	75th–89th
Asthma Medication Ratio				
Ages 5 to 11 Years	82.90%	82.63%	88.44%	≥90th
Ages 12 to 18 Years	74.03%	71.32%	70.21%	50th–74th
Use of Services				
Ambulatory Care (Per 1,000 Member Months)				
Emergency Department Visits*	21.80	23.83	24.91	≥90th
Outpatient Visits	199.00	195.91	213.53	<10th
Inpatient Utilization—General Hospital/Acute Care				
Total Discharges per 1,000 Member Months (Total Inpatient)	0.88	0.88	0.92	<10th
Total Average Length of Stay (Total Inpatient)	3.77	3.51	3.48	10th–24th
Total Discharges per 1,000 Member Months (Medicine)	0.60	0.63	0.68	<10th
Total Average Length of Stay (Medicine)	2.96	2.89	2.83	<10th
Total Discharges per 1,000 Member Months (Surgery)	0.24	0.21	0.21	<10th
Total Average Length of Stay (Surgery)	5.90	5.50	5.63	<10th
Total Discharges per 1,000 Member Months (Maternity)	0.07	0.07	0.07	<10th
Total Average Length of Stay (Maternity)	2.97	2.49	3.19	≥90th
Antibiotic Utilization*				
Average Scripts PMPY for Antibiotics	0.38	0.33	0.34	≥90th
Average Days Supplied per Antibiotic Script	11.36	16.86	15.10	<10th
Average Scripts PMPY for Antibiotics of Concern	0.12	0.11	0.11	≥90th
Percentage of Antibiotics of Concern of All Antibiotic Scripts	33.02%	31.91%	32.33%	≥90th

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

¹ Due to changes in the technical specifications for this measure, NCQA recommends that trending between 2020 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 2019, NCQA recommends that trending between 2019 and prior years be considered with caution.

— Indicates that 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 met or exceeded the 50th percentile (DHMP and Kaiser for *Well-Child Visits in the First 15 Months of Life—Six or More Visits* measure indicator). Further, four of five (80.0 percent) MCOs reported a rate below the 10th percentile for the *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents* measure. 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 *Childhood Immunization Status—Combination 6, Combination 8, Combination 9, and Combination 10* measure indicators and two of five (40.0 percent) MCOs were at or above the 90th percentile for *Immunizations for Adolescents—Combination 2 (Meningococcal, Tdap, HPV)*, indicating strength for children and adolescents receiving vaccinations.

Access to Care and Preventive Screening

Overall, only one *Children and Adolescents' Access to Primary Care Practitioners* measure rate was at or above the 50th percentile (RMHP's *Ages 12 to 24 Months* indicator), suggesting 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

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: September 18, 2020.

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 2020, DHMP, FHP, and Kaiser did not have any reportable rates within the Mental/Behavioral Health domain. RMHP demonstrated strong performance for young members newly prescribed ADHD medication who received a follow-up care visit within 30 days, with opportunities for improvement noted for COA in the same measure indicator. None of COA's eligible members received a follow-up visit after being prescribed ADHD medication.

Additionally, COA's rate for *Metabolic Monitoring for Children and Adolescents on Antipsychotics—Blood Glucose and Cholesterol Testing—Total* 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.¹⁻¹¹ 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

COA was the only MCO to have reportable rates in the Respiratory Conditions domain, showing strength with the ratio of controller medications to reliever medications for children and adolescents.

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: September 17, 2020.

¹⁻⁹ Centers for Disease Control and Prevention. *Chlamydia*. Available at: <https://www.cdc.gov/std/stats17/chlamydia.htm>. Accessed on: September 17, 2020.

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: September 17, 2020.

¹⁻¹¹ 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.

COA's rates for *Asthma Medication Ratio* were at or above the 75th percentile. Opportunities for improvement exist with asthma medication compliance for members ages 12 to 18, with both rates above the 50th percentile. COA and the Department should focus efforts on improving adherence to asthma medications for members ages 12 to 18 (e.g., members not filling prescriptions, possible issues related to barriers to accessing pharmacies) and implement strategies to continue to increase the rates for these members.

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 2020 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.

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—2020 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 2020 Measures

Within this report, HSAG presents the statewide and MCO-specific performance on HEDIS measures selected by the Department for HEDIS 2020. 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*.

Table 2-2 shows the selected HEDIS 2020 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 *Metabolic Monitoring for Children and Adolescents on Antipsychotics* measure indicators 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. *Metabolic Monitoring for Children and Adolescents on Antipsychotics* rates for *Ages 1 to 11* and *Ages 12 to 17* are presented along with the *Total* in the appendices.

Table 2-2—HEDIS 2020 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>
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—Blood Glucose Testing—Total, Cholesterol Testing—Total, and Blood Glucose and Cholesterol Testing—Total</i>
Respiratory Conditions
<i>Appropriate Testing for Pharyngitis—Ages 3 to 17 Years</i>
<i>Appropriate Treatment for Upper Respiratory Infection—Ages 3 Months to 17 Years</i>

Performance Measures
<i>Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis—Ages 3 Months to 17 Years</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—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</i>
<i>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</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 2020 Volume 2 Technical Specifications*. Of note, DHMP and FHP reported select measure rates for HEDIS 2020 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 2020 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 2020 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

To calculate the statewide weighted averages, 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 for all measures. 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 2020 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 2020 rates: NCQA's Quality Compass national Medicaid HMO percentiles for HEDIS 2019. Of note, rates for the *Medication Management for People With Asthma—Medication Compliance 50%* measure indicators were compared to the NCQA's Audit Means and Percentiles for HEDIS 2019 since these indicators are not published in Quality Compass.

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.

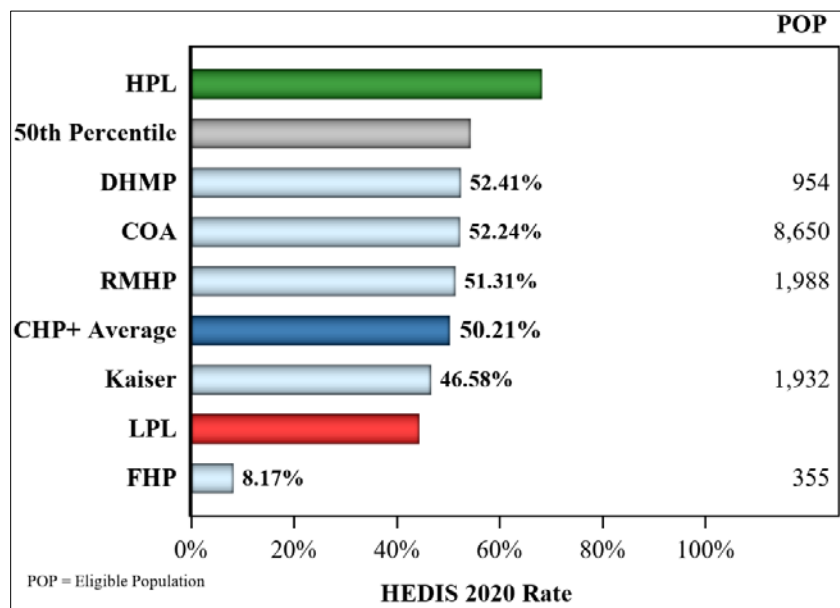
Additionally, benchmarking data (i.e., NCQA Quality Compass and NCQA Audit Means and Percentiles) are the proprietary intellectual property of NCQA; therefore, this report does not display any actual percentile values. As a result, rate comparisons to benchmarks are illustrated within this report using 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 2020 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 information 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 2020 Colorado CHP+ weighted averages and MCO-specific rates to the corresponding HEDIS 2019 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 2019 to HEDIS 2020. 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 2019 and HEDIS 2020” section lists measures with specification changes made by NCQA.
- Substantial changes in membership composition within the MCO.

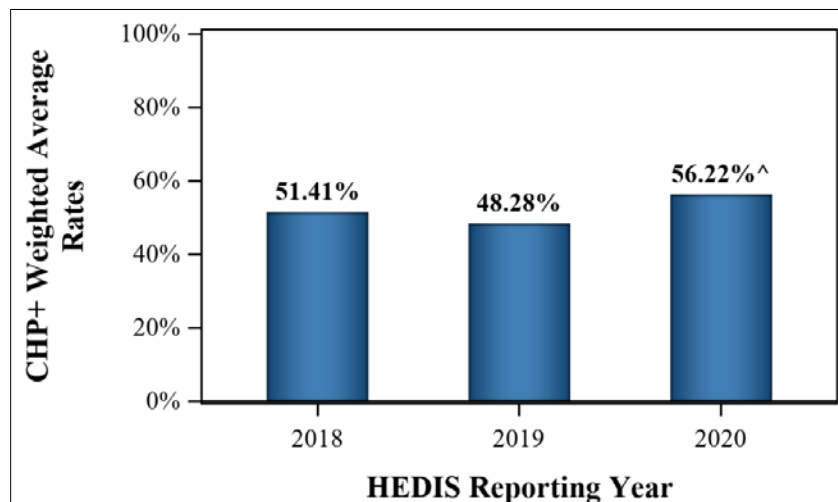
Similarly, caution should be exercised when comparing rates calculated administratively to national benchmarks that were calculated using the hybrid methodology.

Figure Interpretation

Within the Executive Summary and Appendix B of this report, performance measure indicator rates and results of significance testing between HEDIS 2019 and HEDIS 2020 are presented in tabular format. HEDIS 2020 rates shaded green with one caret (^) indicate a significant improvement in performance from the previous year. HEDIS 2020 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 2018, HEDIS 2019, and HEDIS 2020 Colorado CHP+ weighted averages, with significance testing performed between the HEDIS 2019 and HEDIS 2020 weighted averages. Within these figures, HEDIS 2020 rates with one caret (^) indicate a significant improvement in performance from HEDIS 2019. HEDIS 2020 rates with two carets (^) indicate a significant decline in performance from HEDIS 2019. 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 2019 and HEDIS 2020

The following is a list of measures with technical specification changes that NCQA announced for HEDIS 2020.^{2-2,2-3} These changes may have an effect on the HEDIS 2020 rates that are presented in this report.

Childhood Immunization Status

- Modified value sets to make them compatible with digital measure formatting.
- Added live attenuated influenza vaccine (LAIV) as numerator compliant for the influenza rate.
- Reformatted/reorganized the MMR numerator (MMR numerator requirements were not changed).
- Added the *Rules for Allowable Adjustments of HEDIS* section.

Immunizations for Adolescents

- Modified value sets to make them compatible with digital measure formatting.
- Clarified in the Hybrid specification that immunizations documented under a generic header of “meningococcal conjugate vaccine” or “meningococcal polysaccharide vaccine” meet criteria.
- Added the *Rules for Allowable Adjustments of HEDIS* section.

Appropriate Testing for Pharyngitis

- Revised the measure name.
- Expanded the age range to members 3 years of age and older.
- Changed the measure from a member-based denominator to an episode-based denominator.
- Revised the Episode Date definition, removed the Index Episode Start Date (IESD) definition, and added the Negative Comorbid Condition History and Negative Competing Diagnosis definitions.
- Added the Medicare product line.
- Added age ranges, age stratifications, and a total rate to the eligible population.
- Removed the anchor date requirements.
- Added instructions for excluding outpatient visits that result in an inpatient stay.
- Removed the requirement to exclude episode dates where there was any diagnosis other than pharyngitis on the same date.
- Added telehealth visits to the event/diagnosis criteria.
- Added Penicillin G Benzathine to the “Natural penicillins” description in the CWP Antibiotic Medications List.

²⁻² National Committee for Quality Assurance. *HEDIS® 2020, Volume 2: Technical Specifications for Health Plans*. Washington, DC: NCQA Publication, 2019.

²⁻³ National Committee for Quality Assurance. *HEDIS® 2020, Volume 2: Technical Update*. Washington, DC: NCQA Publication, 2019.

- Added a comorbid condition exclusion to the event/diagnosis criteria.
- Added a competing diagnosis exclusion to the event/diagnosis criteria.
- Added instructions for deduplicating eligible episodes to the event/diagnosis criteria.
- Revised the Data Elements for Reporting table.
- Added the *Rules for Allowable Adjustments of HEDIS* section.

Medication Management for People With Asthma

- Updated value sets to identify acute inpatient events for the event/diagnosis.
- Modified medication lists to make them compatible with digital measure formatting.
- Clarified the telehealth requirements for identifying the event/diagnosis.
- Added Benralizumab to the “Anti-interleukin-5” description in the Asthma Controller Medications List.
- Clarified in step 4 that the equation must be multiplied by 100 before rounding to the nearest whole number.
- Added the *Rules for Allowable Adjustments of HEDIS* section.

Asthma Medication Ratio

- Updated value sets to identify acute inpatient events for the event/diagnosis.
- Modified medication lists to make them compatible with digital measure formatting.
- Clarified the telehealth requirements for identifying the event/diagnosis.
- Added Benralizumab to the “Anti-interleukin-5” description in the Asthma Controller Medications List.
- Added the *Rules for Allowable Adjustments of HEDIS* section.

Follow-Up Care for Children Prescribed ADHD Medication

- Updated the exclusions (step 4) for both rates.
- Clarified in the continuous enrollment criteria of Rate 2 how to handle members who switch between products.
- Added the *Rules for Allowable Adjustments of HEDIS* section.

Appropriate Treatment for Upper Respiratory Infection

- Revised the measure name.
- Expanded the age range to members 3 months of age and older.
- Changed the measure from a member-based denominator to an episode-based denominator.

- Revised the Episode Date definition, removed the IESD definition, and added the Negative Comorbid Condition History definition.
- Added the Medicare product line.
- Added age ranges, age stratifications, and a total rate to the eligible population.
- Removed the anchor date requirements.
- Added instructions for excluding outpatient visits that result in an inpatient stay.
- Removed the requirement to exclude episode dates where there was any diagnosis other than upper respiratory infection on the same date.
- Added telehealth visits to the event/diagnosis criteria.
- Added Penicillin G Benzathine to the “Natural penicillins” description in the CWP Antibiotic Medications List.
- Added a comorbid condition exclusion to the event/diagnosis criteria.
- Added instructions for deduplicating eligible episodes to the event/diagnosis criteria.
- Revised the Data Elements for Reporting table.
- Added the *Rules for Allowable Adjustments of HEDIS* section.

Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis

- Revised the measure name.
- Expanded the age range to members 3 months of age and older.
- Changed the measure from a member-based denominator to an episode-based denominator.
- Revised the Intake Period.
- Removed the IESD definition.
- Revised the Negative Competing Diagnosis time frame.
- Added the Medicare product line.
- Added age ranges, age stratifications, and a total rate to the eligible population.
- Updated the continuous enrollment and allowable gap requirements.
- Removed “with or without a telehealth modifier” language; refer to General Guideline 43.
- Added instructions for excluding outpatient visits that result in an inpatient stay.
- Deleted the Cystic Fibrosis Value Set from step 3 in the event/diagnosis criteria (codes for cystic fibrosis were moved to the Comorbid Conditions Value Set).
- Added instructions for deduplicating eligible episodes to the event/diagnosis criteria.
- Revised the Data Elements for Reporting table.
- Added the *Rules for Allowable Adjustments of HEDIS* section.

Children and Adolescents' Access to Primary Care Practitioners

- Added telehealth to the measure numerator.
- Added the *Rules for Allowable Adjustments of HEDIS* section.

Prenatal and Postpartum Care

- Revised the timing of the event/diagnosis criteria.
- Revised the *Timeliness of Prenatal Care* numerator to allow for visits that occur before the enrollment start date.
- Revised the timing of the *Postpartum Care* numerator.
- Added a *Definitions* section.
- Revised the *Continuous Enrollment* criteria.
- Added a Note to step 1 of the event/diagnosis to clarify that the date of service or, for inpatient claims, the date of discharge is used if the date of delivery cannot be interpreted on the claim.
- Deleted the decision rules and standardized the prenatal care visit requirements in the *Timeliness of Prenatal Care* numerator.
- Clarified in the *Timeliness of Prenatal Care* and *Postpartum Care* numerators to not count visits that occur on the date of delivery.
- Updated the *Postpartum Care* numerator to exclude services provided in an acute inpatient setting.
- Updated the Hybrid specification to indicate that sample size reduction is not allowed.
- Added bullets to the Hybrid specification of the *Postpartum Care* numerator to meet criteria.
- Added the *Rules for Allowable Adjustments of HEDIS* section.

Well-Child Visits in the First 15 Months of Life

- Added instructions to not count services provided via telehealth when reporting this measure.
- Added a *Note* to clarify that giving handouts during a visit without evidence of a discussion does not meet criteria for Health Education/Anticipatory Guidance.
- Added the *Rules for Allowable Adjustments of HEDIS* section.

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

- Added instructions to not count services provided via telehealth when reporting this measure.
- Added a *Note* to clarify that giving handouts during a visit without evidence of a discussion does not meet criteria for Health Education/Anticipatory Guidance.
- Added the *Rules for Allowable Adjustments of HEDIS* section.

Adolescent Well-Care Visits

- Added instructions to not count services provided via telehealth when reporting this measure.
- Added a *Note* to clarify that giving handouts during a visit without evidence of a discussion does not meet criteria for Health Education/Anticipatory Guidance.
- Added the *Rules for Allowable Adjustments of HEDIS* section.

Ambulatory Care

- Retired the Medicare and commercial product lines.
- Removed “with or without a telehealth modifier” language; refer to *General Guideline 43*.
- Added a note to indicate that supplemental data may not be used for this measure.
- Added shading to the Data Elements for Reporting tables to indicate how data are reported.
- Added the *Rules for Allowable Adjustments of HEDIS* section.

Inpatient Utilization—General Hospital/Acute Care

- Retired the Medicare and Commercial product lines.
- Clarified in step 2 to use the diagnosis on the discharge claim.
- Added a *Note* section.
- Added shading to the Data Elements for Reporting tables to indicate how data are reported.
- Added the *Rules for Allowable Adjustments of HEDIS* section.

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.
PMPY	Per member per year.
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*

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

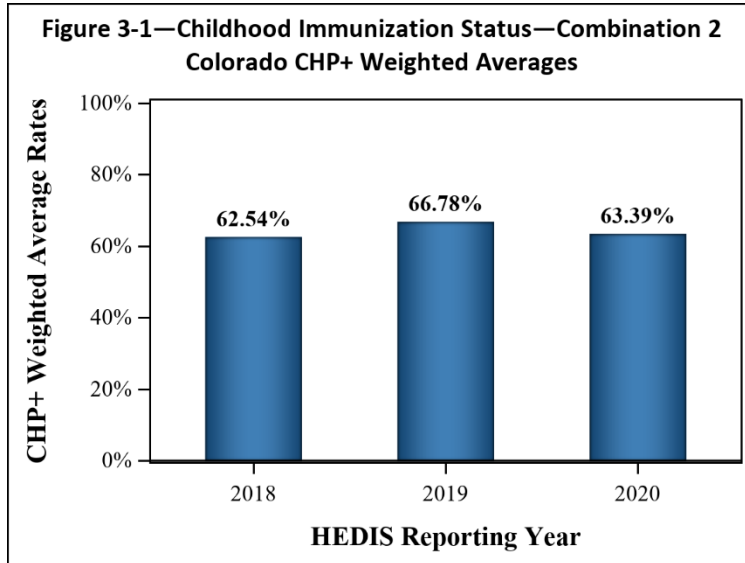
Childhood Immunization Status measures the percentage of members 2 years of age who received the following vaccinations on or before their second birthday. Table 3-1 displays the different antigens associated with various combinations.

Table 3-1—Combination Vaccinations for Childhood Immunization Status

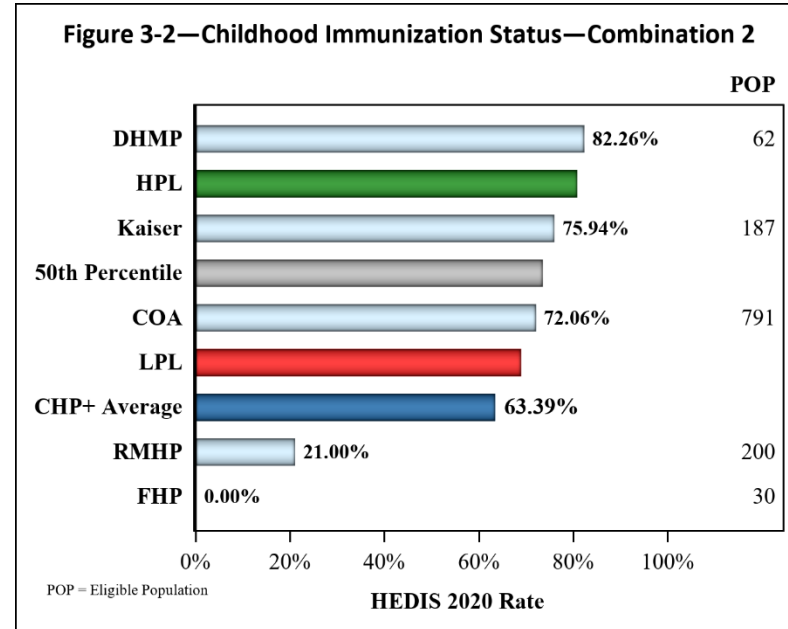
Combination	Four DTaP	Three IPV	One MMR	Three HiB	Three HepB	One VZV	Four PCV	One HepA	Two or Three RV	Two Flu
Combination 2	✓	✓	✓	✓	✓	✓				
Combination 3	✓	✓	✓	✓	✓	✓	✓			
Combination 4	✓	✓	✓	✓	✓	✓	✓	✓		
Combination 5	✓	✓	✓	✓	✓	✓	✓		✓	
Combination 6	✓	✓	✓	✓	✓	✓	✓			✓
Combination 7	✓	✓	✓	✓	✓	✓	✓	✓	✓	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



The Colorado CHP+ weighted average did not demonstrate a significant change from 2019 to 2020.

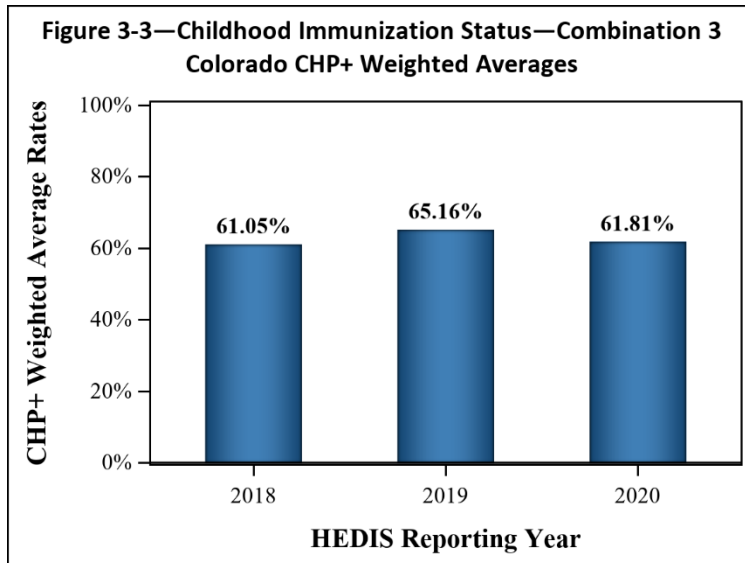


Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

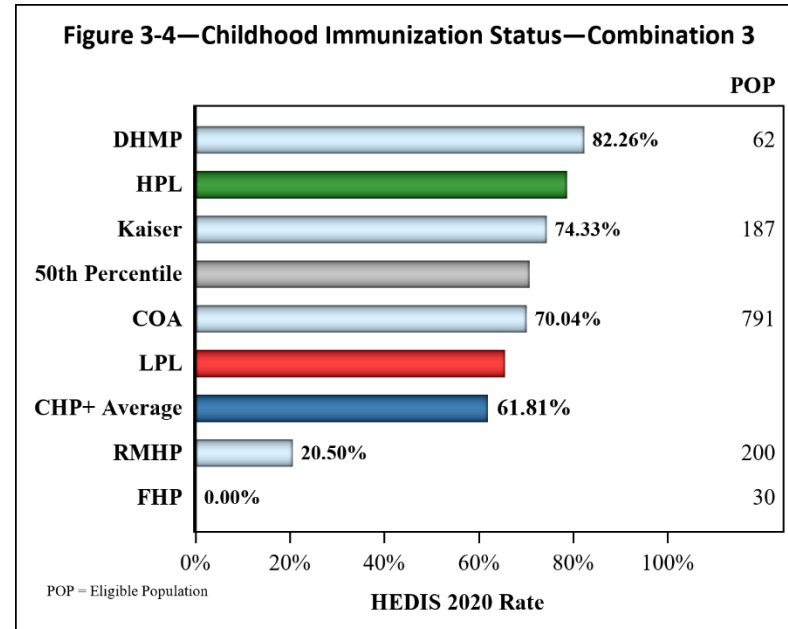
One MCO's rate exceeded the HPL. One MCO's rate was above the 50th percentile but below the HPL. One MCO's rate was above the LPL but below the 50th percentile. Two MCOs' rates and the Colorado CHP+ weighted average fell below the LPL. MCO performance varied by approximately 82 percentage points.

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.



The Colorado CHP+ weighted average did not demonstrate a significant change from 2019 to 2020.

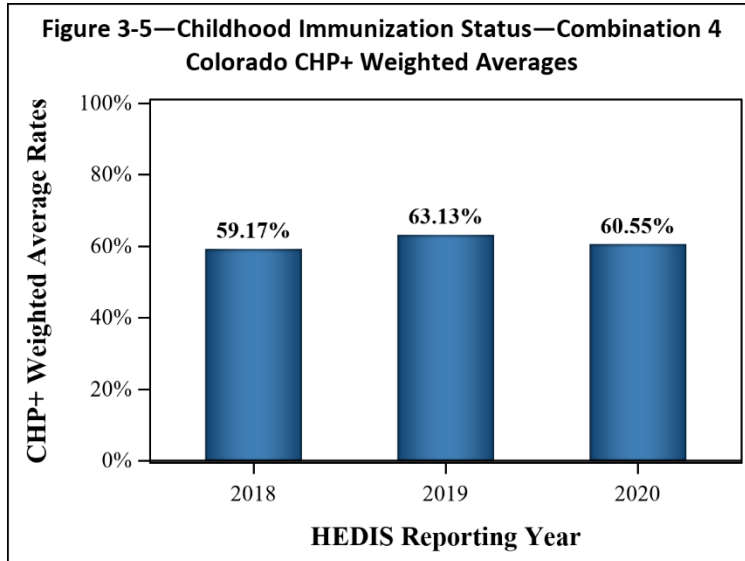


Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

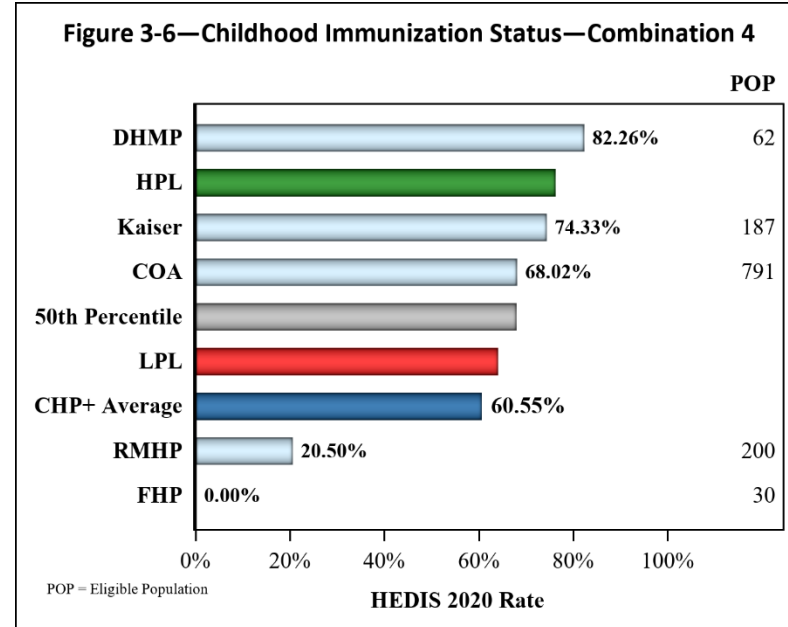
One MCO's rate exceeded the HPL. One MCO's rate was above the 50th percentile but below the HPL. One MCO's rate was above the LPL but below the 50th percentile. Two MCOs' rates and the Colorado CHP+ weighted average fell below the LPL. MCO performance varied by approximately 82 percentage points.

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.



The Colorado CHP+ weighted average did not demonstrate a significant change from 2019 to 2020.

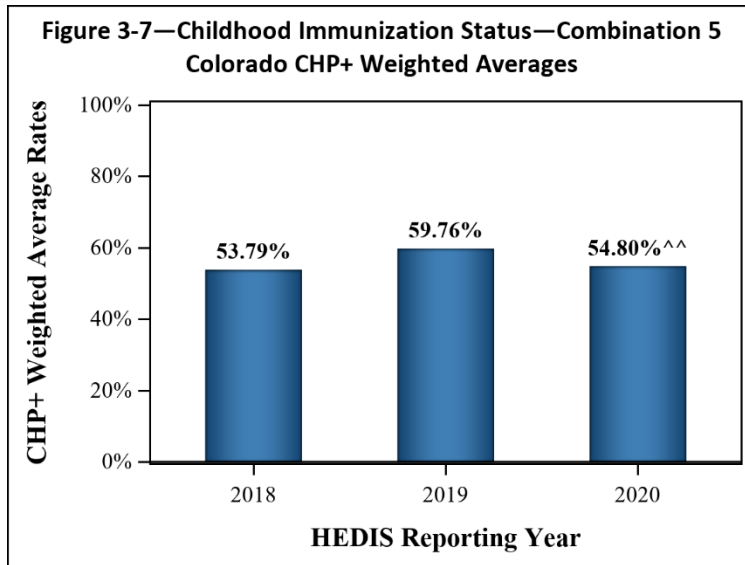


Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

One MCO's rate exceeded the HPL. Two MCOs' rates were above the 50th percentile but below the HPL. Two MCOs' rates and the Colorado CHP+ weighted average fell below the LPL. MCO performance varied by approximately 82 percentage points.

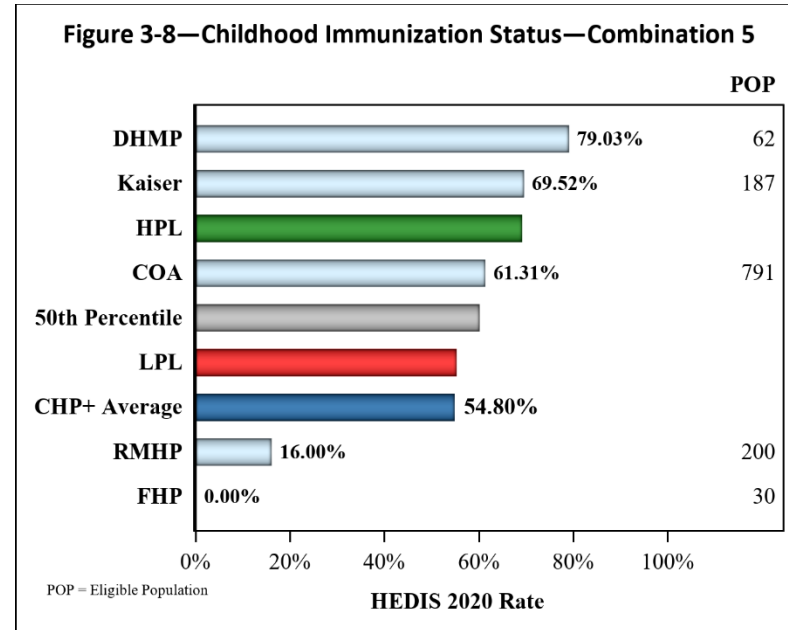
Childhood Immunization Status—Combination 5

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.



Two carets (^) indicates a significant decline in performance from 2019 to 2020.

The Colorado CHP+ weighted average significantly declined from 2019 to 2020.

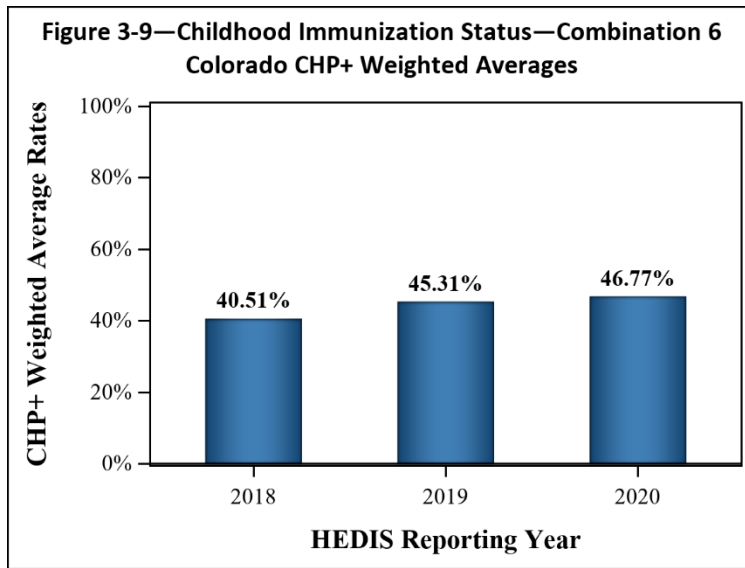


Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

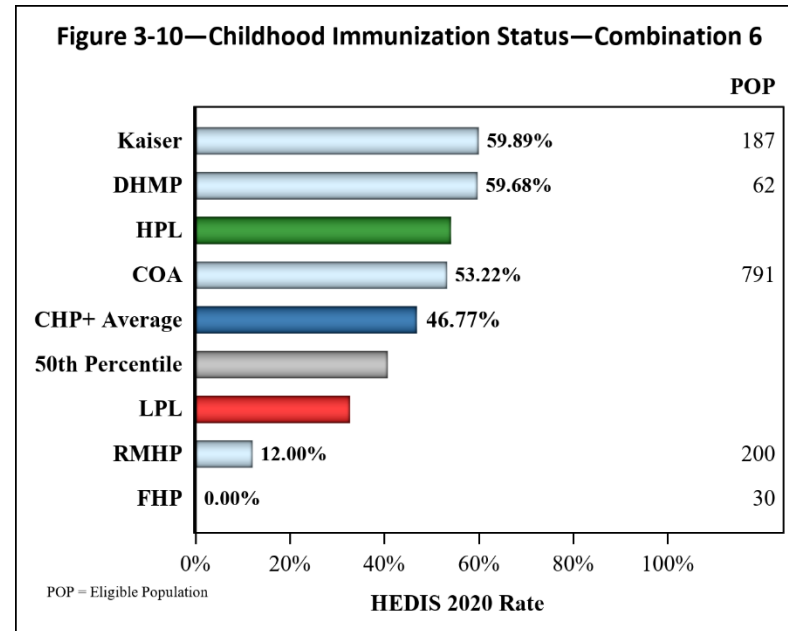
Two MCOs' rates exceeded the HPL. One MCO's rate was above the 50th percentile but below the HPL. Two MCOs' rates and the Colorado CHP+ weighted average fell below the LPL. MCO performance varied by approximately 79 percentage points.

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.



The Colorado CHP+ weighted average did not demonstrate a significant change from 2019 to 2020.

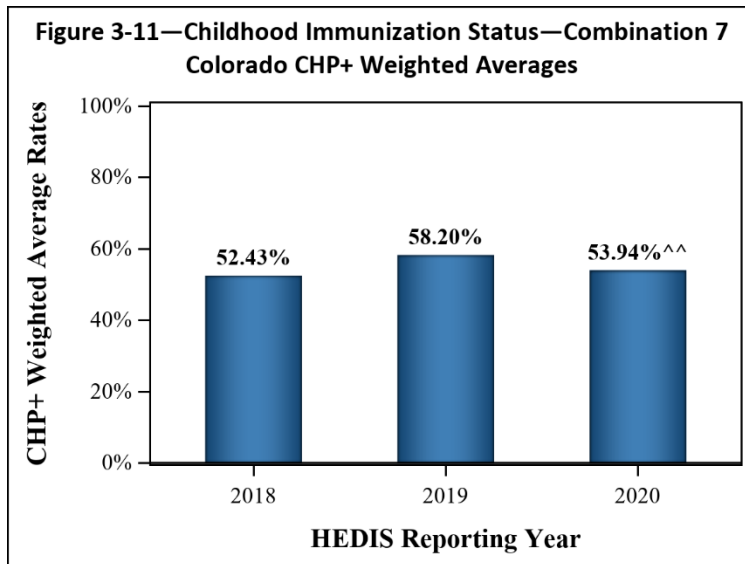


Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

Two MCOs’ rates 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 60 percentage points.

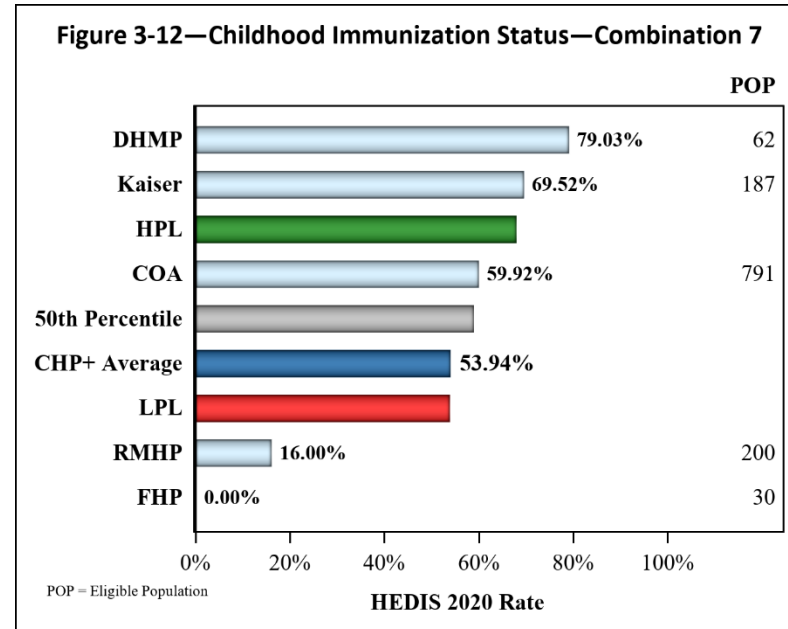
Childhood Immunization Status—Combination 7

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.



Two carets (^) indicates a significant decline in performance from 2019 to 2020.

The Colorado CHP+ weighted average significantly declined from 2019 to 2020.

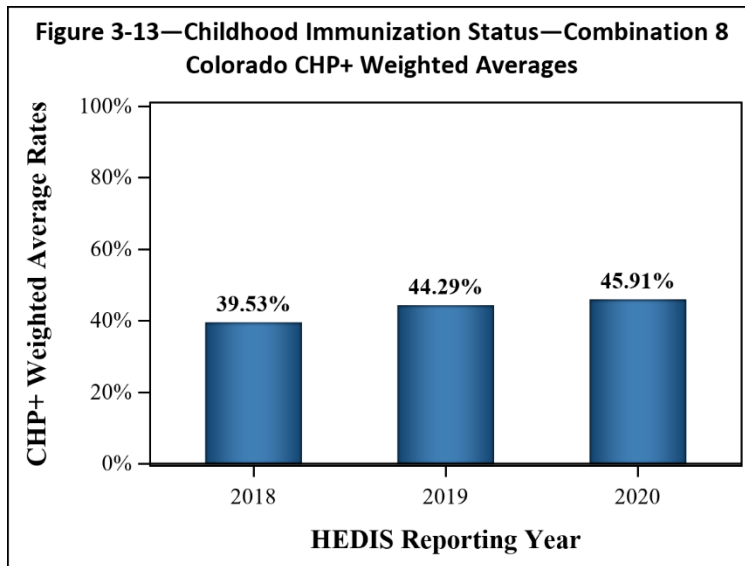


Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

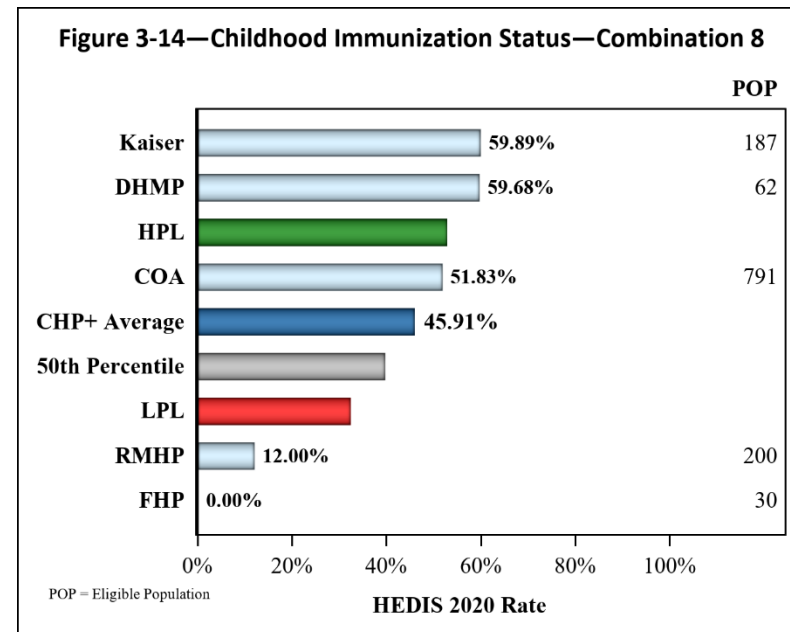
Two MCOs' rates exceeded the HPL. One MCO's rate was above the 50th percentile but below the HPL. The Colorado CHP+ weighted average was above the LPL but below the 50th percentile. Two MCOs' rates fell below the LPL. MCO performance varied by approximately 79 percentage points.

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.



The Colorado CHP+ weighted average did not demonstrate a significant change from 2019 to 2020.

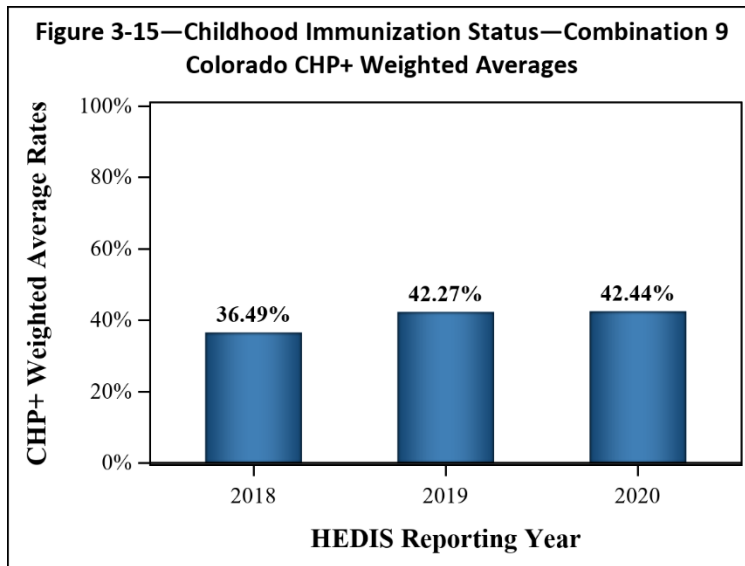


Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

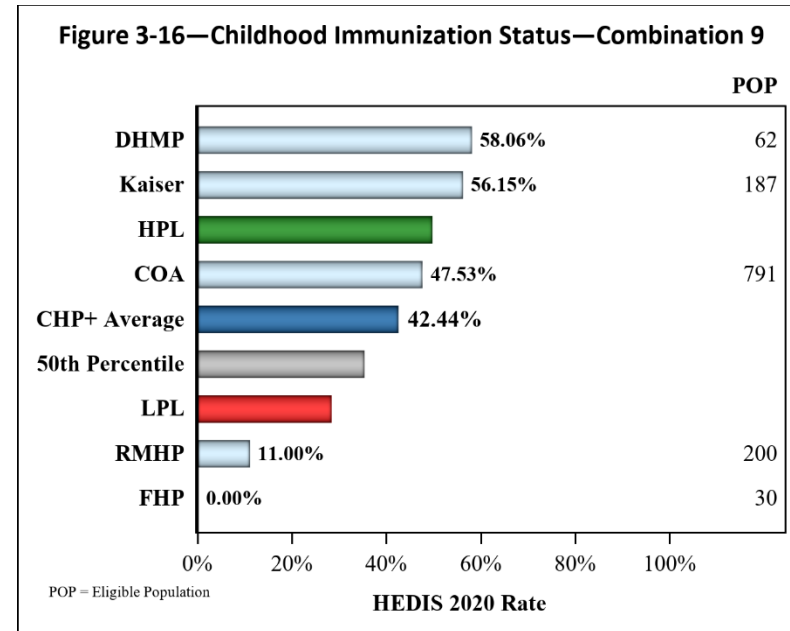
Two MCOs’ rates exceeded the HPL. One MCO’s rate and the Colorado CHP+ weighted average were above the 50th percentile but below the HPL. Two MCOs’ rates fell below the LPL. MCO performance varied by approximately 60 percentage points.

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.



The Colorado CHP+ weighted average did not demonstrate a significant change from 2019 to 2020.

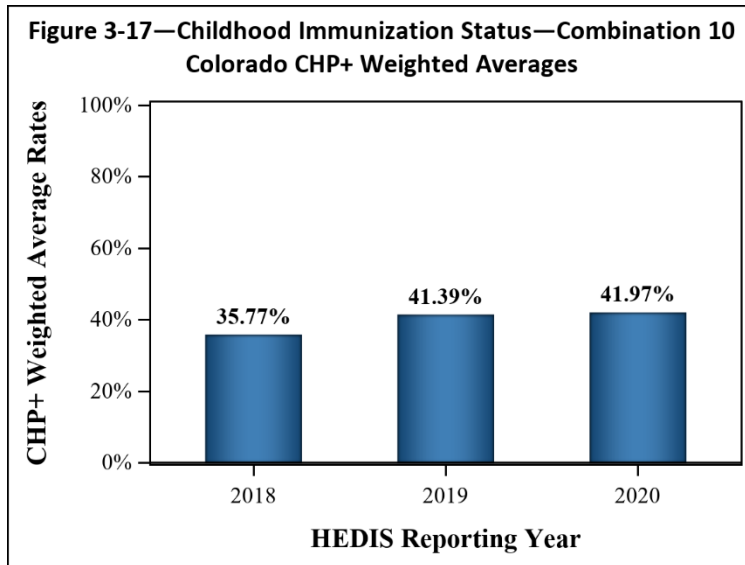


Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

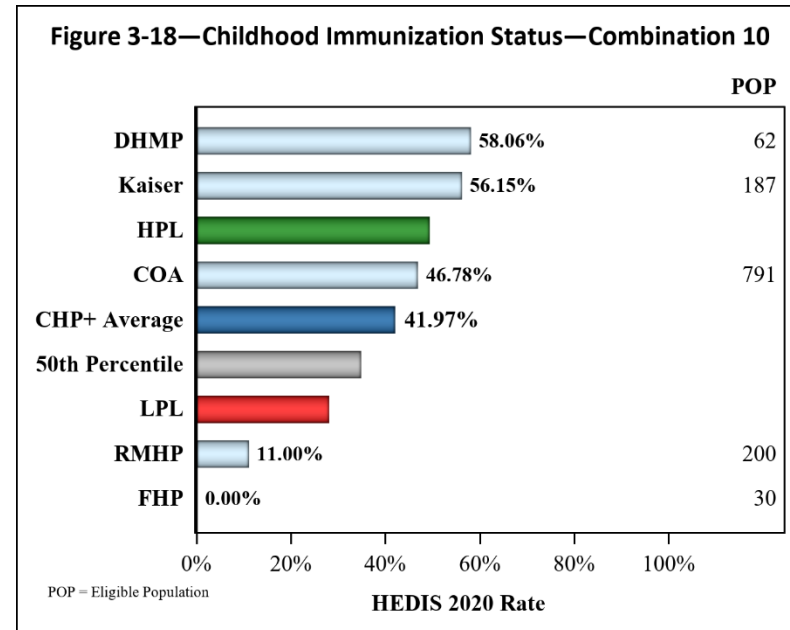
Two MCOs' rates exceeded the HPL. One MCO's rate and the Colorado CHP+ weighted average were above the 50th percentile but below the HPL. Two MCOs' rates fell below the LPL. MCO performance varied by approximately 58 percentage points.

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.



The Colorado CHP+ weighted average did not demonstrate a significant change from 2019 to 2020.

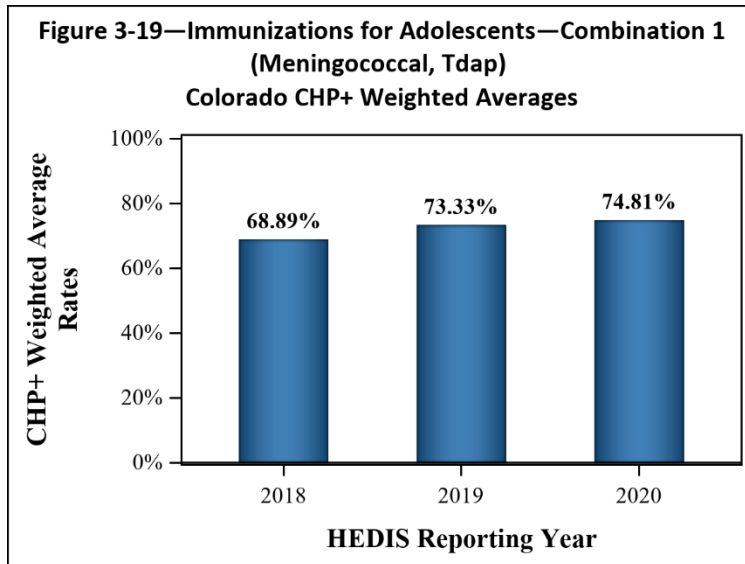


Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

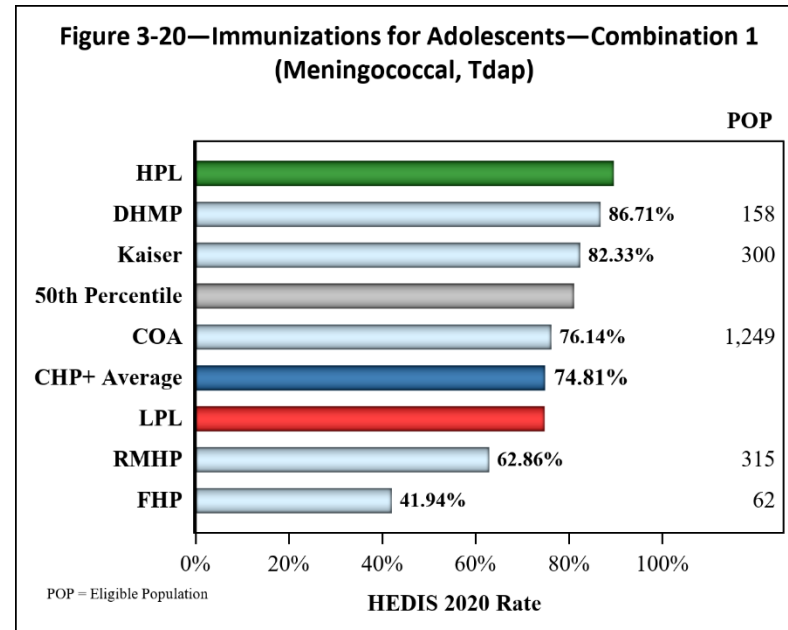
Two MCOs’ rates exceeded the HPL. One MCO’s rate and the Colorado CHP+ weighted average were above the 50th percentile but below the HPL. Two MCOs’ rates fell below the LPL. MCO performance varied by approximately 58 percentage points.

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.



The Colorado CHP+ weighted average did not demonstrate a significant change from 2019 to 2020.

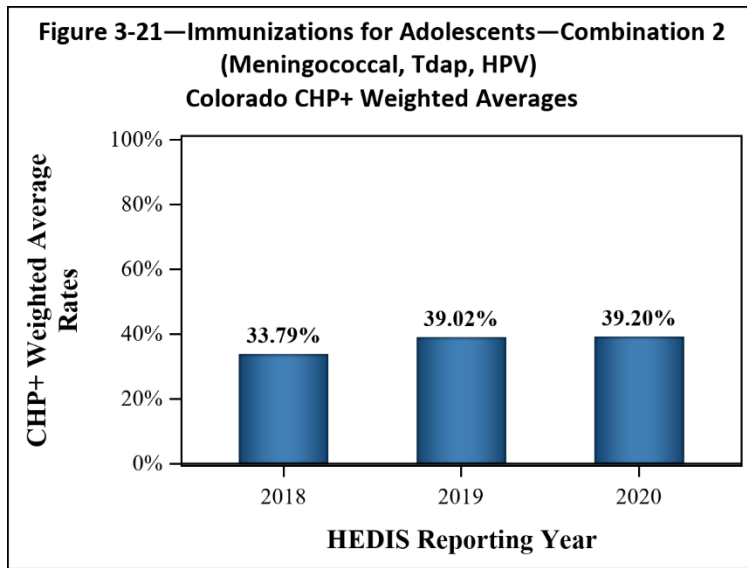


Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

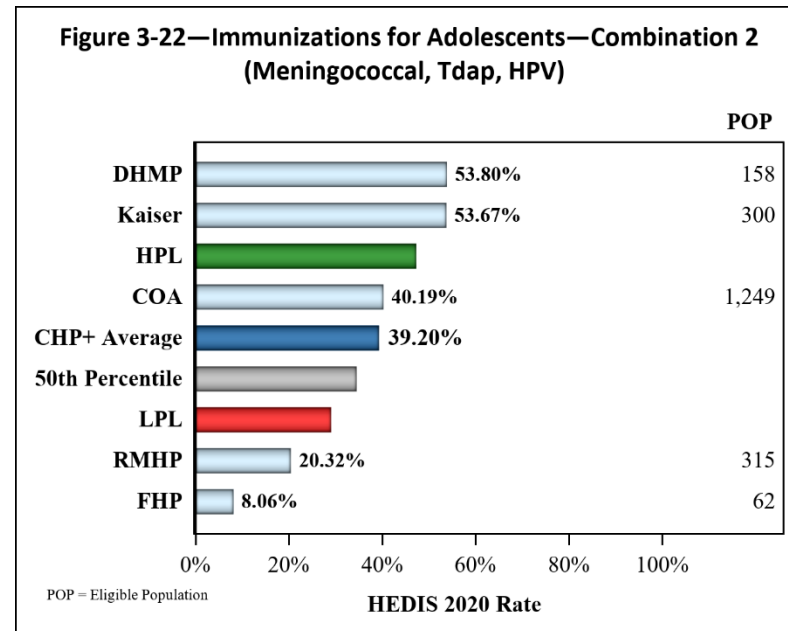
Two MCOs' rates were above the 50th percentile but below the HPL. One MCO's rate and the Colorado CHP+ weighted average were above the LPL but below the 50th percentile. Two MCOs' rates fell below the LPL. MCO performance varied by approximately 45 percentage points.

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.



The Colorado CHP+ weighted average did not demonstrate a significant change from 2019 to 2020.

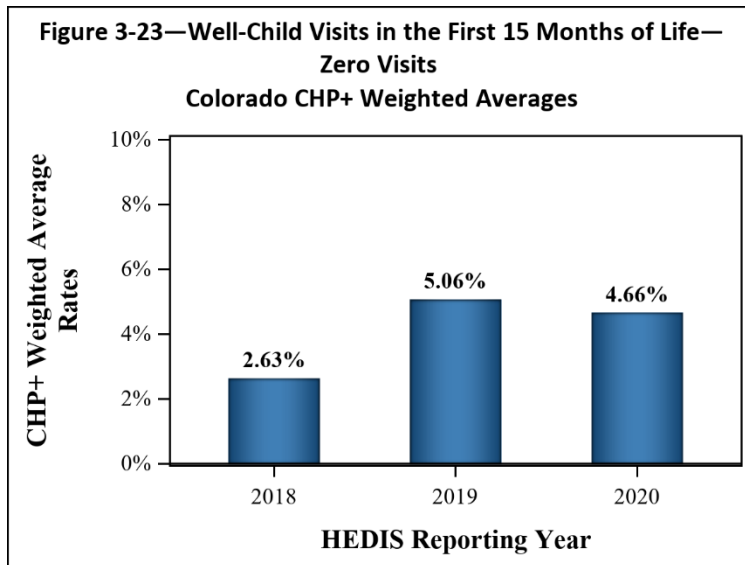


Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

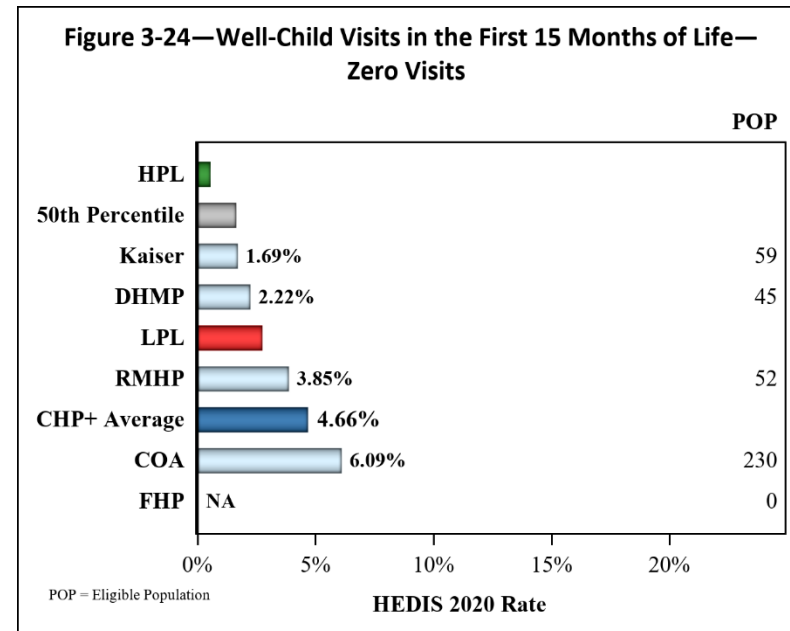
Two MCOs' rates exceeded the HPL. One MCO's rate and the Colorado CHP+ weighted average were above the 50th percentile but below the HPL. Two MCOs' rates fell below the LPL. MCO performance varied by approximately 46 percentage points.

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 2019 to 2020.

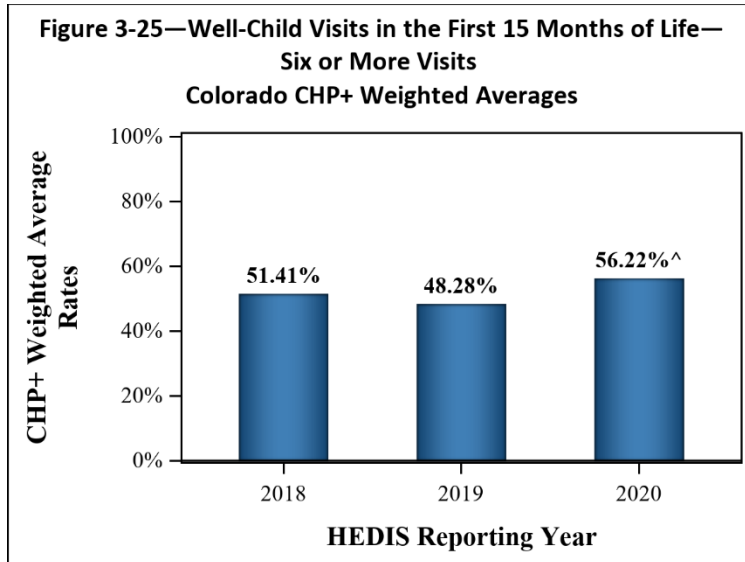


NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate. Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

Two 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 4 percentage points.

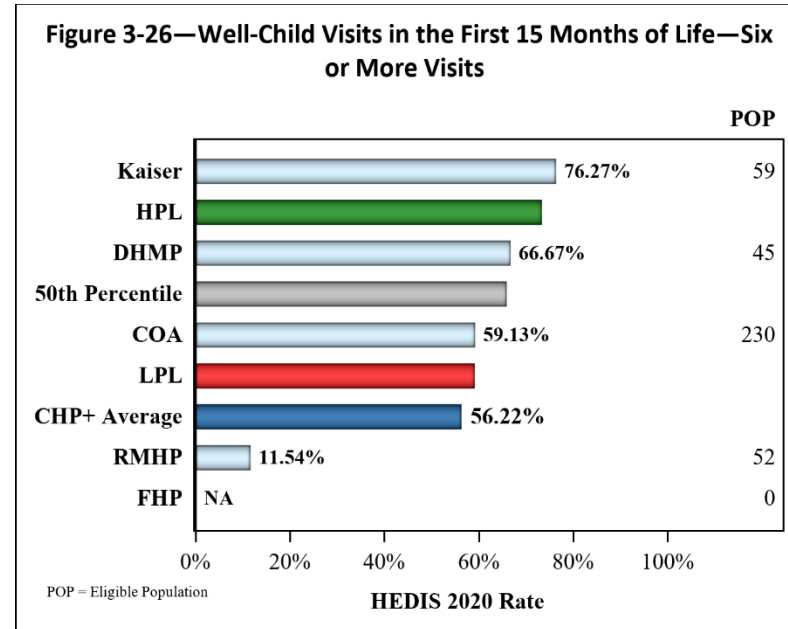
Well-Child Visits in the First 15 Months of Life—Six or More Visits

Well-Child Visits in the First 15 Months of Life—Six or More Visits measures the percentage of members 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.



One caret (^) indicates a significant improvement in performance from 2019 to 2020.

The Colorado CHP+ weighted average significantly improved from 2019 to 2020.

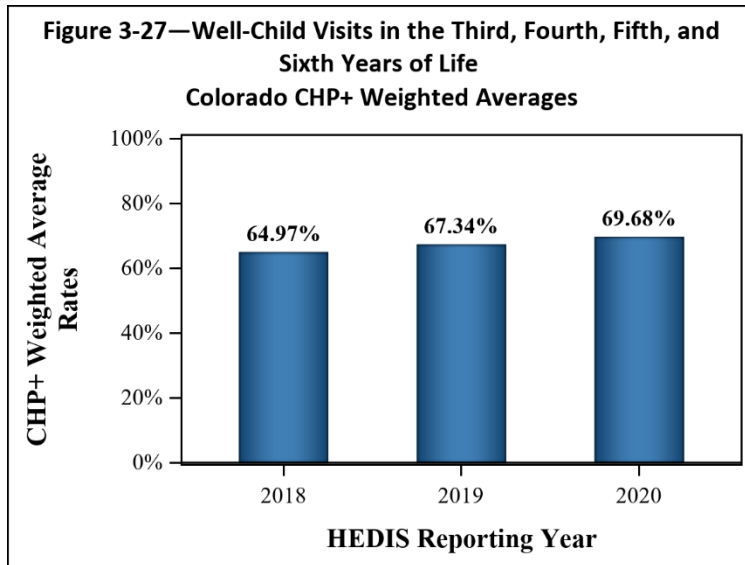


NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate. Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

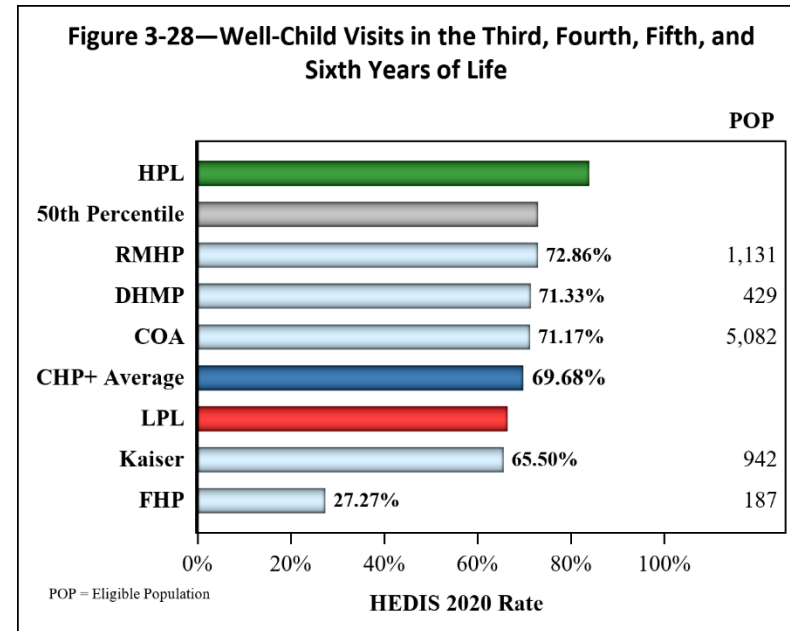
One MCO’s rate exceeded the HPL. One MCO’s rate was above the 50th percentile but below the HPL. One MCO’s rate was above the LPL but below the 50th percentile. One MCO’s rate and the Colorado CHP+ weighted average fell below the LPL. MCO performance varied by approximately 65 percentage points.

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 2019 to 2020.

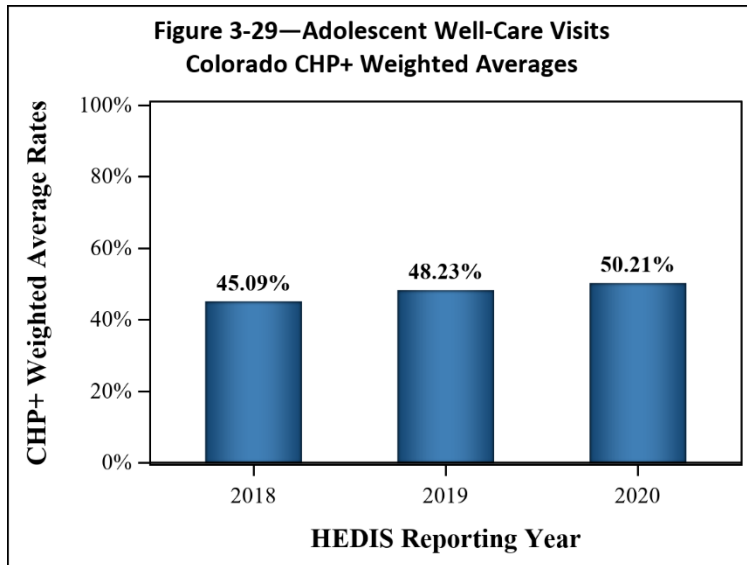


Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

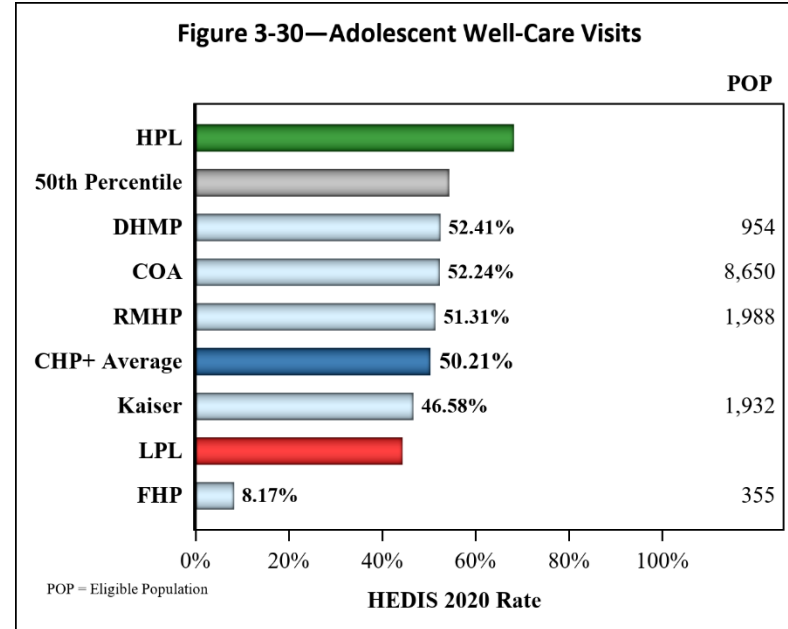
Three MCOs' rates and the Colorado CHP+ weighted average were above the LPL but below the 50th percentile. Two MCOs' rates fell below the LPL. MCO performance varied by approximately 46 percentage points.

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.



The Colorado CHP+ weighted average did not demonstrate a significant change from 2019 to 2020.

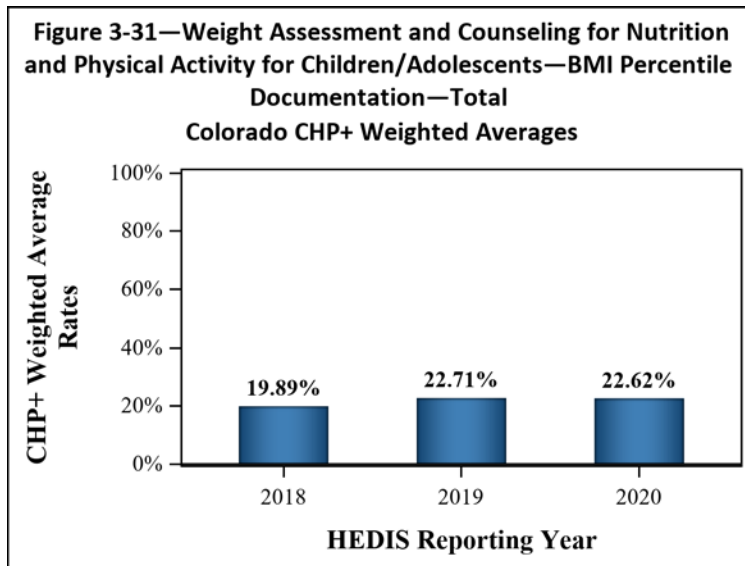


Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

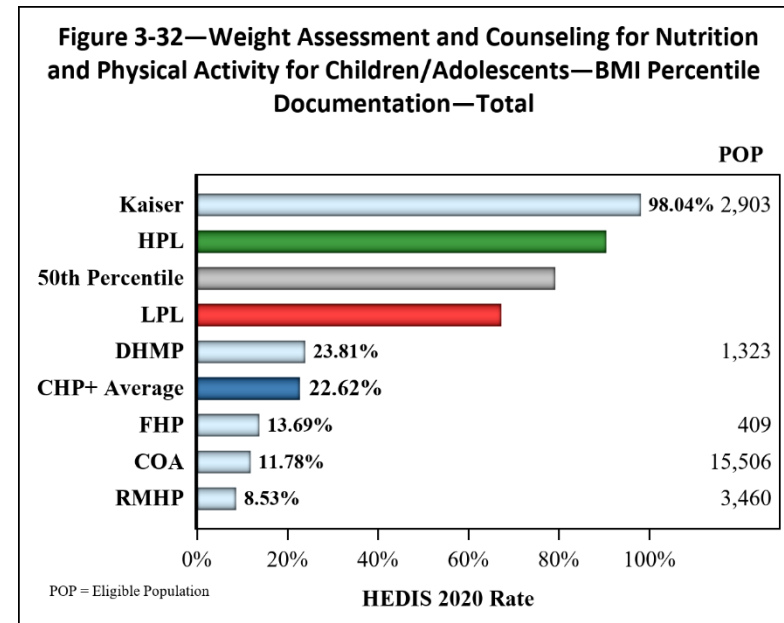
Four MCOs' rates and the Colorado CHP+ weighted average were above the LPL but below the 50th percentile. One MCO's rate fell below the LPL. MCO performance varied by approximately 44 percentage points.

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.



The Colorado CHP+ weighted average did not demonstrate a significant change from 2019 to 2020.

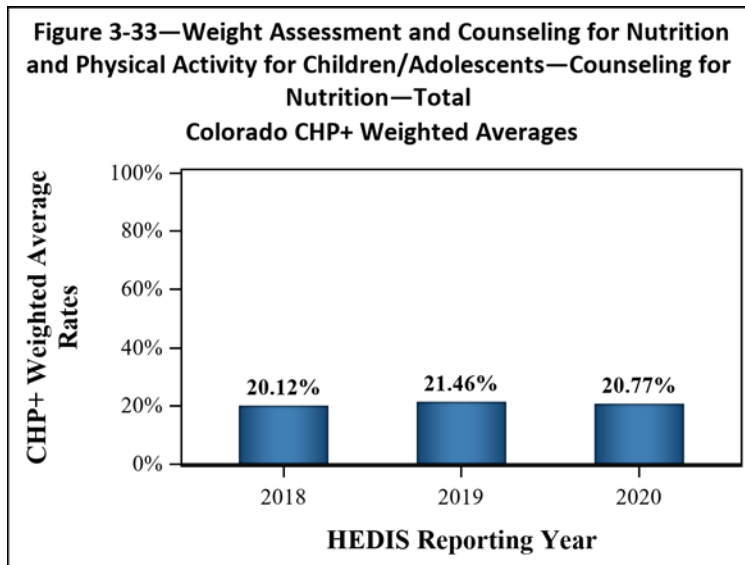


Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

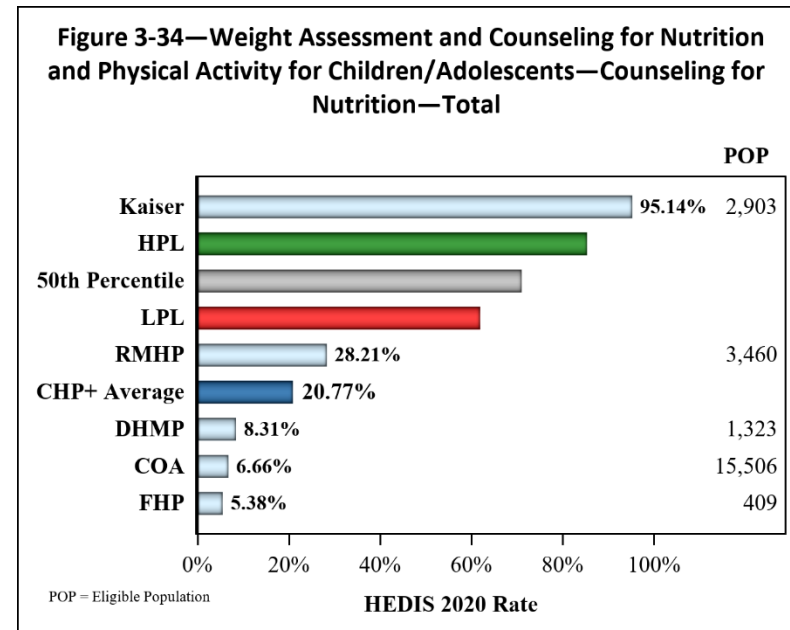
One MCO's rate exceeded the HPL. Four MCO's rates and the Colorado CHP+ weighted average fell below the LPL. MCO performance varied by approximately 90 percentage points.

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 2019 to 2020.

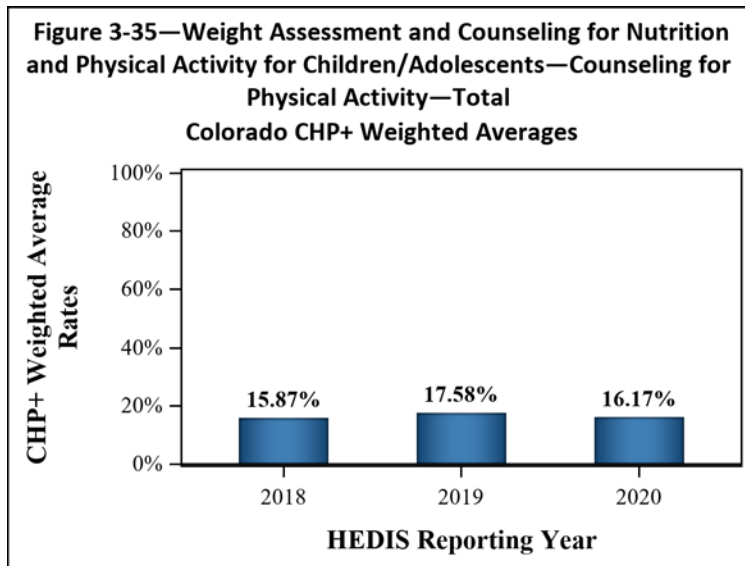


Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

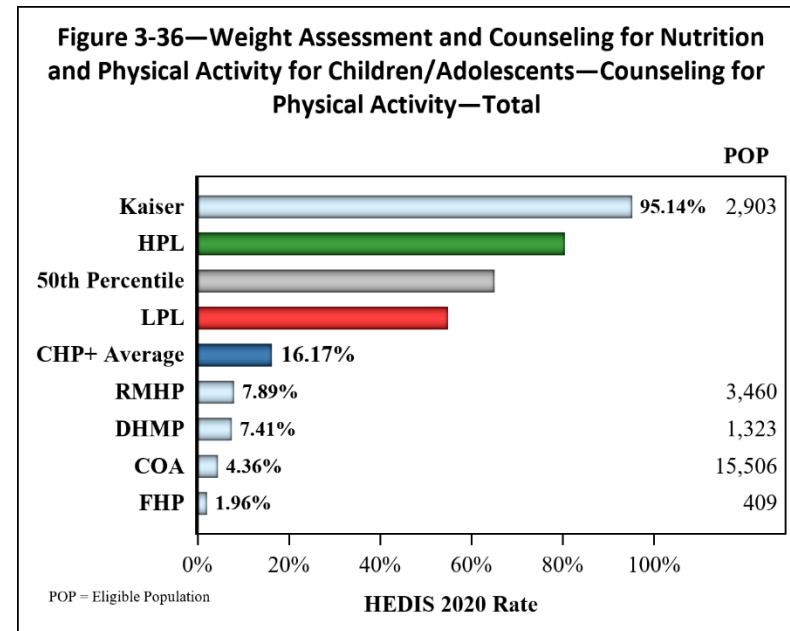
One MCO's rate exceeded the HPL. Four MCOs' rates and the Colorado CHP+ weighted average fell below the LPL. MCO performance varied by approximately 90 percentage points.

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 2019 to 2020.



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.

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	★	★	★	★★★★★	★

* 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

Health Plan Name	★★★★★	★★★★	★★★	★★	★
COA	0	4	4	6	4
DHMP	10	1	1	3	3
FHP	0	0	0	0	16
Kaiser	11	1	3	2	1
RMHP	0	0	0	2	16

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 met or exceeded the 50th percentile (DHMP and Kaiser for *Well-Child Visits in the First 15 Months of Life—Six or More Visits* measure indicator). Further, four of five (80.0 percent) MCOs reported a rate below the 25th percentile for the *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents* measure. 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 *Childhood Immunization Status—Combination 6, Combination 8, Combination 9, and Combination 10* measure indicators and two of five (40.0 percent) MCOs were at or above the 90th percentile for *Immunizations for Adolescents—Combination 2 (Meningococcal, Tdap, HPV)*, indicating strength for children and adolescents receiving vaccinations.

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: September 18, 2020.

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. Due to changes in the technical specifications for this measure, NCQA recommends a break in trending between 2020 and prior years; therefore, prior years’ rates are not displayed.

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.

Table 4-1—Prenatal and Postpartum Care—Timeliness of Prenatal Care Results

Performance Measure	HEDIS 2020 Rate
<i>Prenatal and Postpartum Care</i>	
<i>Timeliness of Prenatal Care</i>	61.38%

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

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.

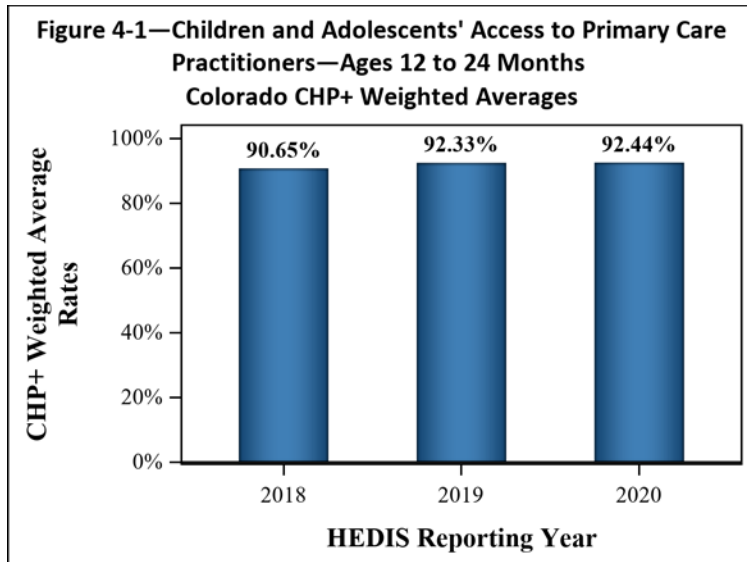
Table 4-2—Prenatal and Postpartum Care—Postpartum Care Results

Performance Measure	HEDIS 2020 Rate
<i>Prenatal and Postpartum Care</i>	
<i>Postpartum Care</i>	61.61%

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

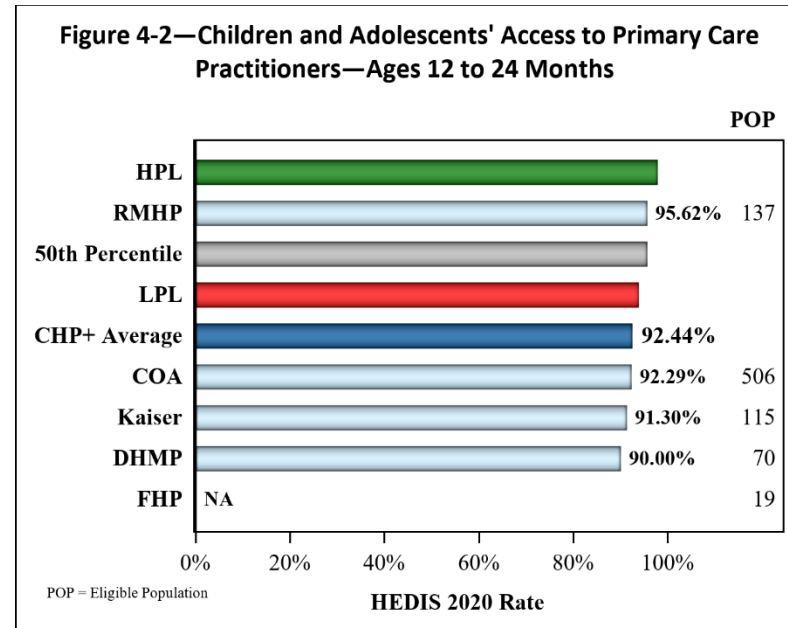
Children and Adolescents’ Access to Primary Care Practitioners—Ages 12 to 24 Months

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.



Due to changes in the technical specifications for this measure, NCQA recommends that trending between 2020 and prior years be considered with caution.

The Colorado CHP+ weighted average did not demonstrate a significant change from 2019 to 2020.

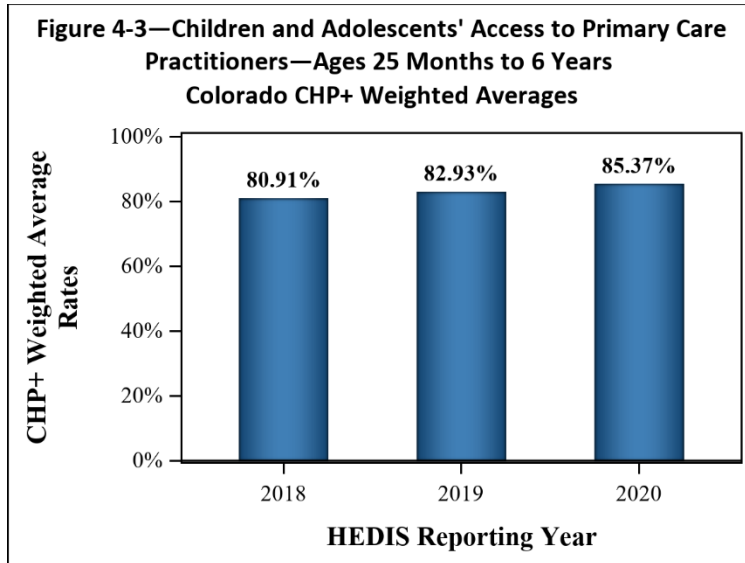


NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate.

One MCO’s rate was above the 50th percentile but below the HPL. Three MCOs’ rates and the Colorado CHP+ weighted average fell below the LPL. MCO performance varied by approximately 6 percentage points.

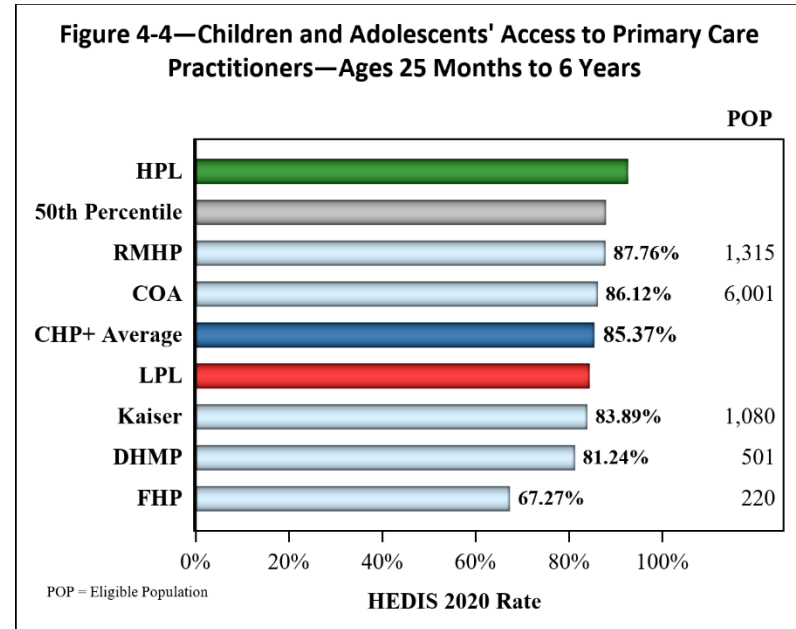
Children and Adolescents' Access to Primary Care Practitioners—Ages 25 Months to 6 Years

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.



Due to changes in the technical specifications for this measure, NCQA recommends that trending between 2020 and prior years be considered with caution.

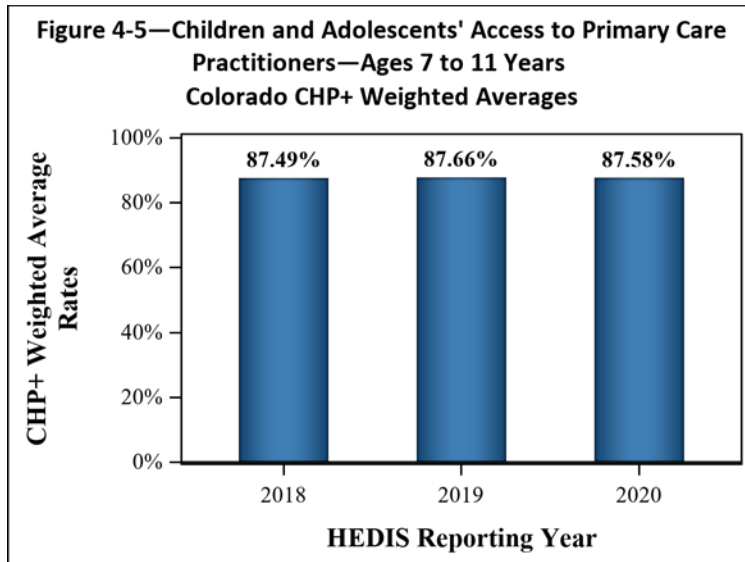
The Colorado CHP+ weighted average did not demonstrate a significant change from 2019 to 2020.



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 20 percentage points.

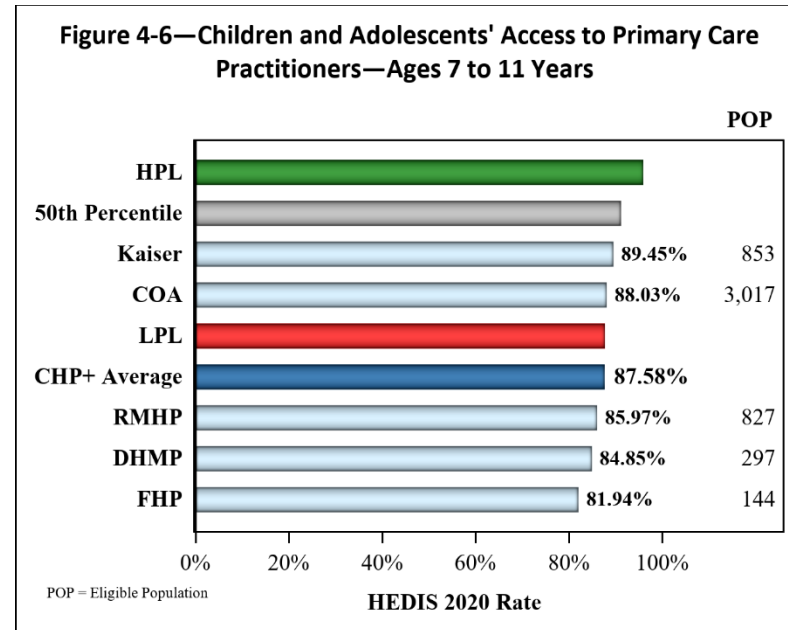
Children and Adolescents' Access to Primary Care Practitioners—Ages 7 to 11 Years

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.



Due to changes in the technical specifications for this measure, NCQA recommends that trending between 2020 and prior years be considered with caution.

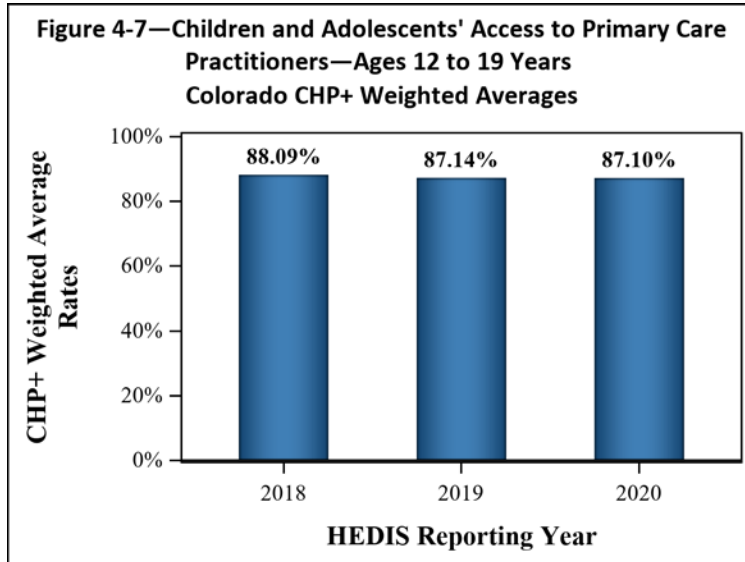
The Colorado CHP+ weighted average did not demonstrate a significant change from 2019 to 2020.



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 8 percentage point.

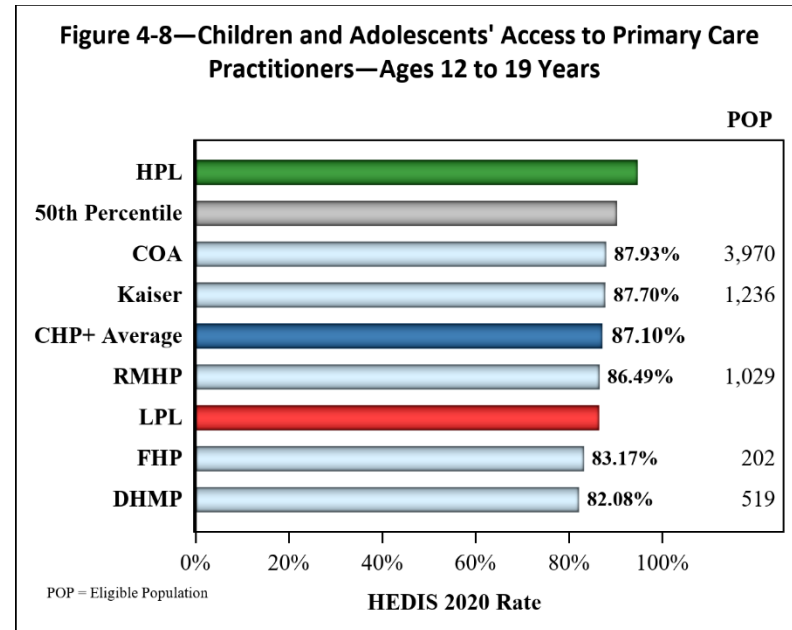
Children and Adolescents' Access to Primary Care Practitioners—Ages 12 to 19 Years

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.



Due to changes in the technical specifications for this measure, NCQA recommends that trending between 2020 and prior years be considered with caution.

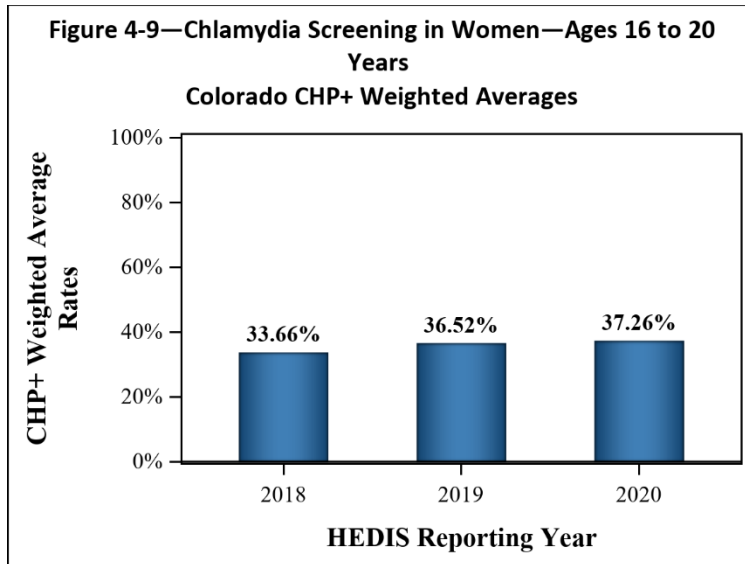
The Colorado CHP+ weighted average did not demonstrate a significant change from 2019 to 2020.



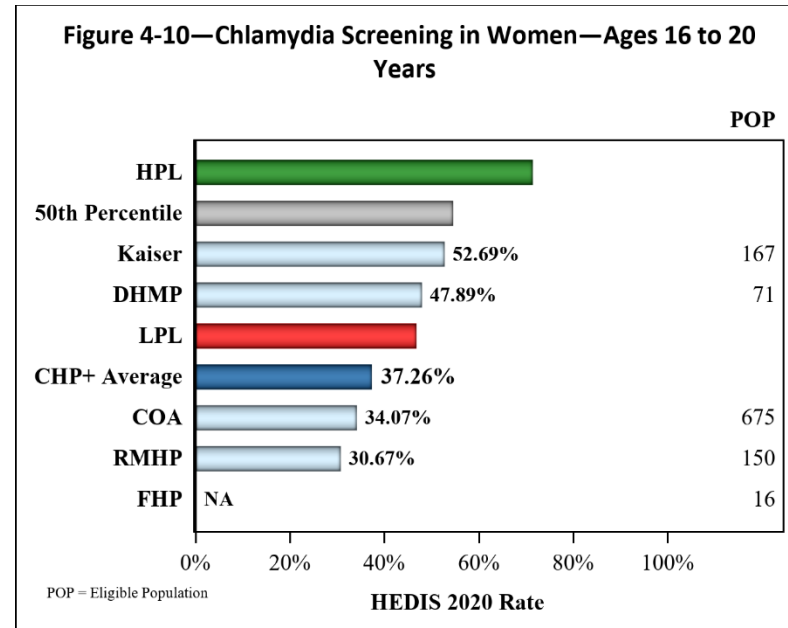
Three MCOs' rates and the CHP+ weighted average were above the LPL but below the 50th percentile. Two MCOs' rates fell below the LPL. MCO performance varied by approximately 6 percentage points.

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 2019 to 2020.

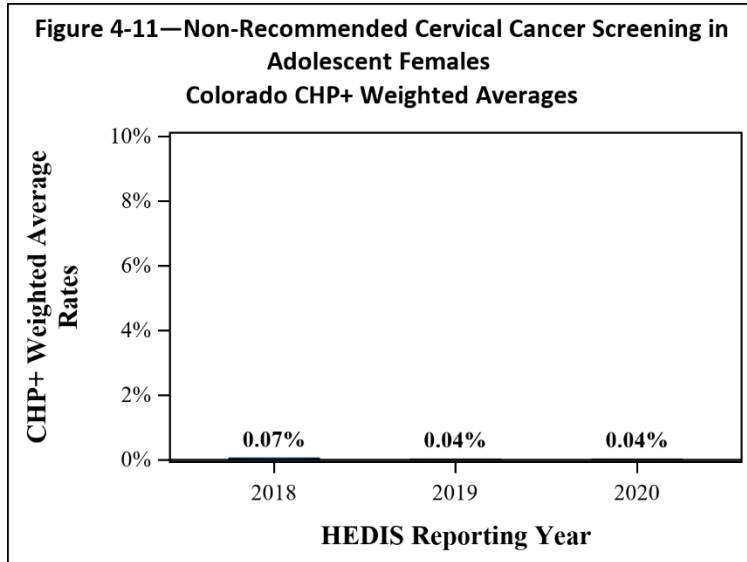


NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate.

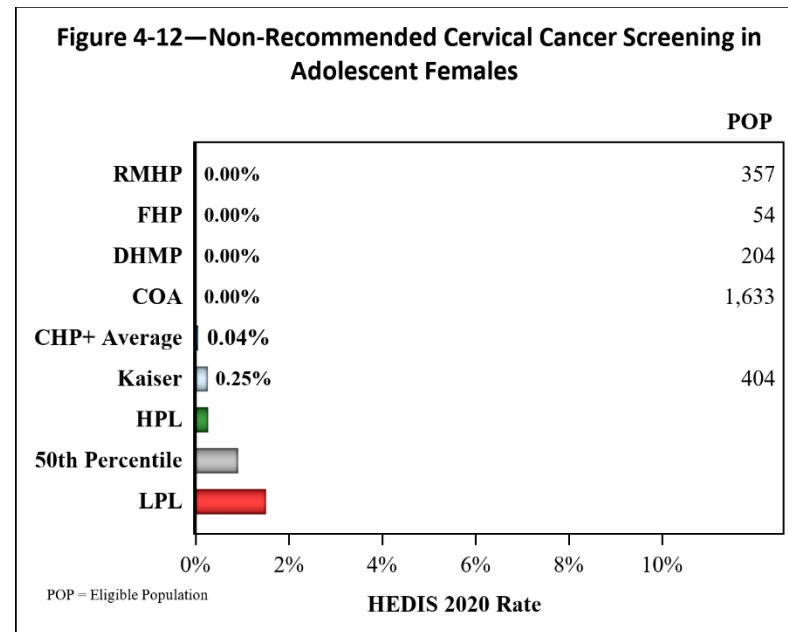
Two MCOs’ rates were above the LPL but below the 50th percentile. Two MCOs’ rates and the Colorado CHP+ weighted average fell below the LPL. MCO performance varied by approximately 22 percentage points.

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 2019 to 2020.



All MCO rates and the Colorado CHP+ weighted average exceeded the HPL. MCO performance varied by less than 1 percentage point.

Summary of Findings

Table 4-3 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 4-3—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					
Ages 12 to 24 Months	★	★	—	★	★★★★
Ages 25 Months to 6 Years	★★	★	★	★	★★
Ages 7 to 11 Years	★★	★	★	★★	★
Ages 12 to 19 Years	★★	★	★	★★	★★
Preventive Screening					
Chlamydia Screening in Women					
Ages 16 to 20 Years	★	★★	—	★★	★
Non-Recommended Cervical Cancer Screening in Adolescent Females*					
Non-Recommended Cervical Cancer Screening in Adolescent Females	★★★★★	★★★★★	★★★★★	★★★★★	★★★★★

— Indicates that a percentile ranking was not determined because the rate was not reportable.
 * For this indicator, a lower rate indicates better performance.

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

Health Plan Name	★★★★★	★★★★	★★★	★★	★
Access to Care					
COA	0	0	0	3	1
DHMP	0	0	0	0	4
FHP	0	0	0	0	3
Kaiser	0	0	0	2	2
RMHP	0	0	1	2	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	1	0
RMHP	1	0	0	0	1

Overall, only one *Children and Adolescents' Access to Primary Care Practitioners* measure rate was at or above the 50th percentile (RMHP's *Ages 12 to 24 Months* indicator), suggesting 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: September 17, 2020.

⁴⁻² Centers for Disease Control and Prevention. *Chlamydia*. Available at: <https://www.cdc.gov/std/stats17/chlamydia.htm>. Accessed on: September 17, 2020.

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: September 17, 2020.

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—Blood Glucose Testing—Total, Cholesterol Testing—Total, and Blood Glucose and Cholesterol Testing—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.

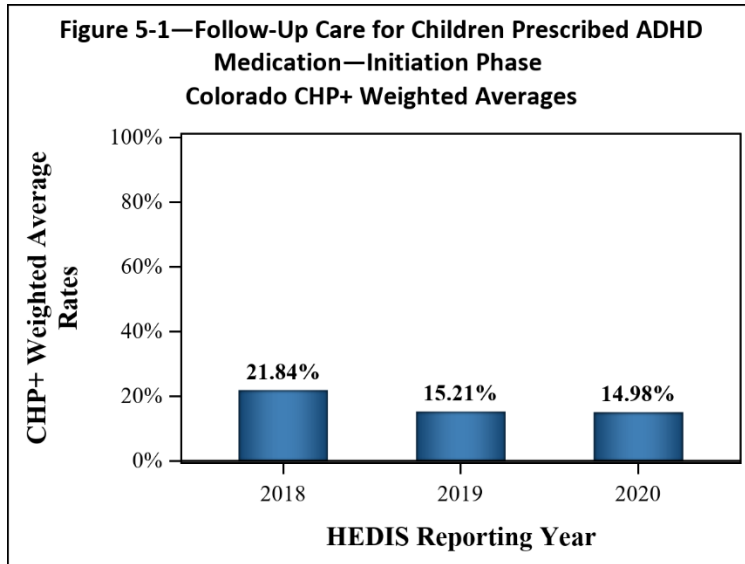
Antidepressant Medication Management—Effective Acute Phase Treatment and Effective Continuation Phase Treatment

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 [six months]).

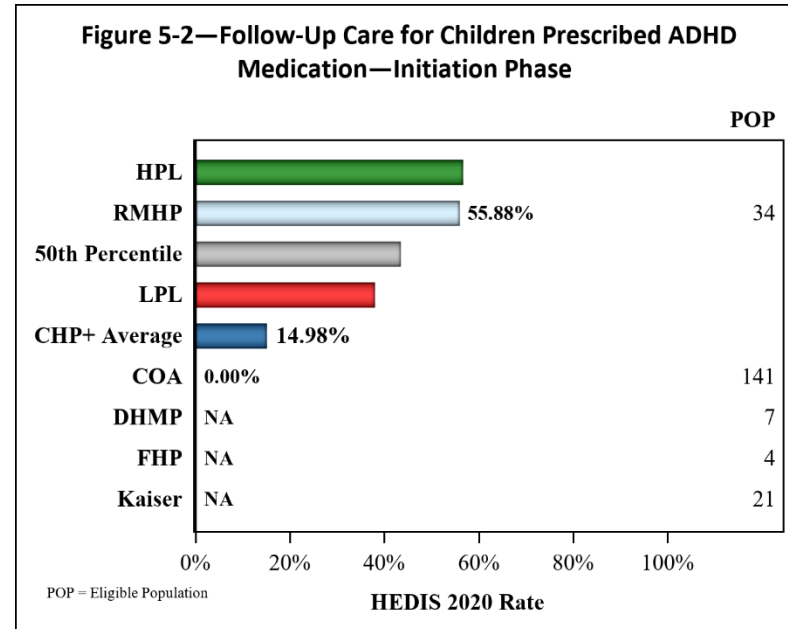
All the CHP+ MCOs followed the specifications for this performance measure, but the denominator was too small (<30) to report a valid rate, resulting in a *Small Denominator* (NA) audit designation; therefore, the rates are not presented in this report and the figures for this measure are not displayed. This is likely because this measure evaluates adults who are ages 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 2019 to 2020.

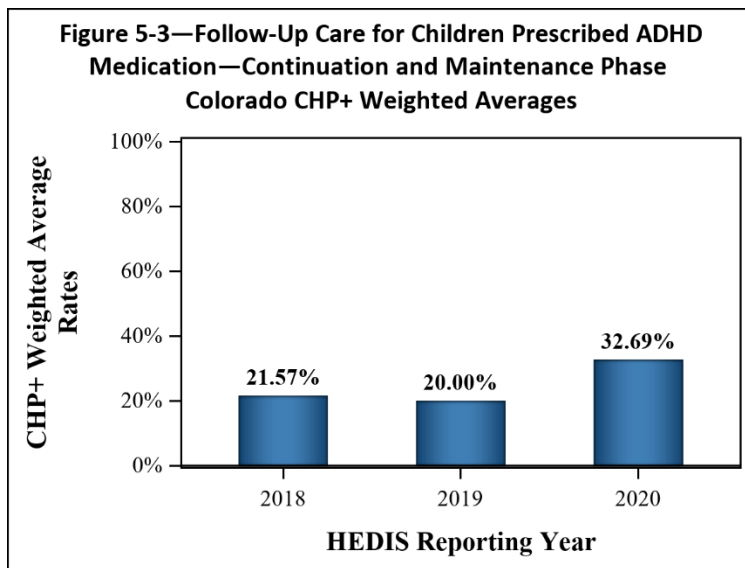


NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate.

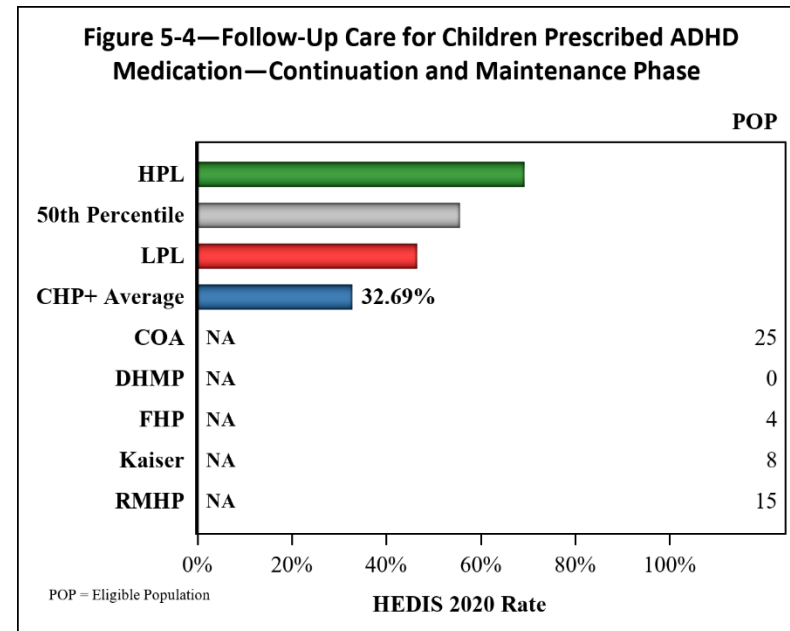
One MCO’s rate was above the 50th percentile but below the HPL. One MCO’s rate and the Colorado CHP+ weighted average fell below the LPL. MCO performance varied by approximately 55 percentage points.

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.



The Colorado CHP+ weighted average did not demonstrate a significant change from 2019 to 2020.

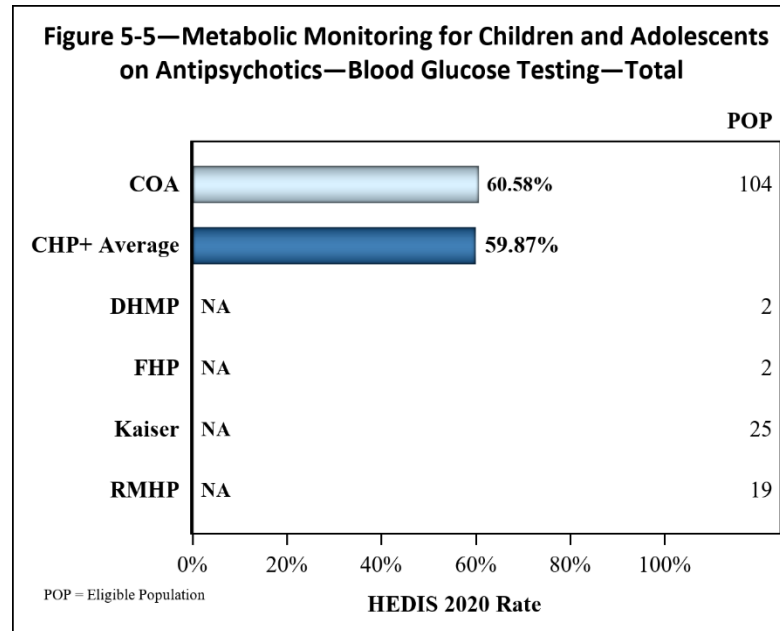


NA (*Small Denominator*) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate.

The Colorado CHP+ weighted average fell below the LPL. None of the MCOs had reportable rates for this measure indicator.

Metabolic Monitoring for Children and Adolescents on Antipsychotics—Blood Glucose Testing—Total

Metabolic Monitoring for Children and Adolescents on Antipsychotics—Blood Glucose Testing—Total measures the percentage of members 1 to 17 years of age who had two or more antipsychotic medication prescriptions and received blood glucose testing. Due to changes in the technical specifications for this measure, NCQA recommends a break in trending between 2020 and prior years; therefore, prior years' rates are not displayed.

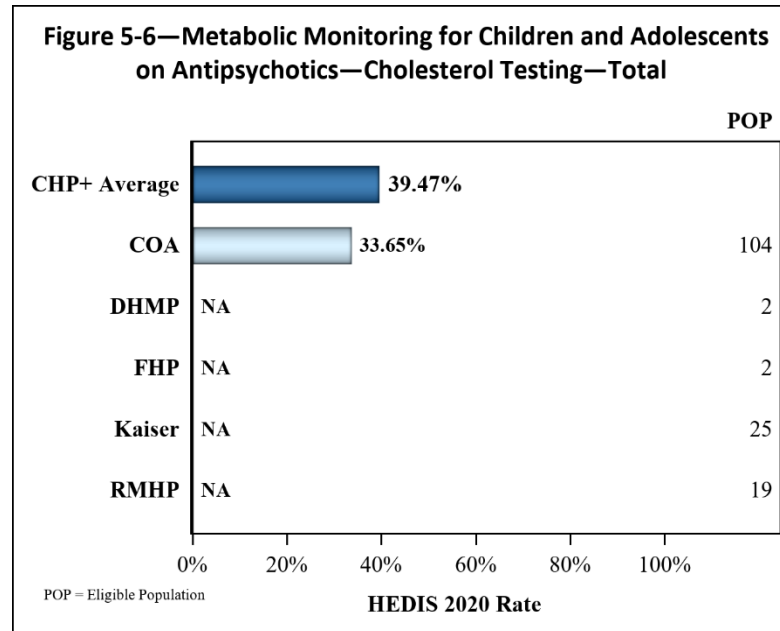


NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate.

One MCO had a reportable rate for this measure.

Metabolic Monitoring for Children and Adolescents on Antipsychotics—Cholesterol Testing—Total

Metabolic Monitoring for Children and Adolescents on Antipsychotics—Cholesterol Testing—Total measures the percentage of members 1 to 17 years of age who had two or more antipsychotic medication prescriptions and received cholesterol testing. Due to changes in the technical specifications for this measure, NCQA recommends a break in trending between 2020 and prior years; therefore, prior years' rates are not displayed.

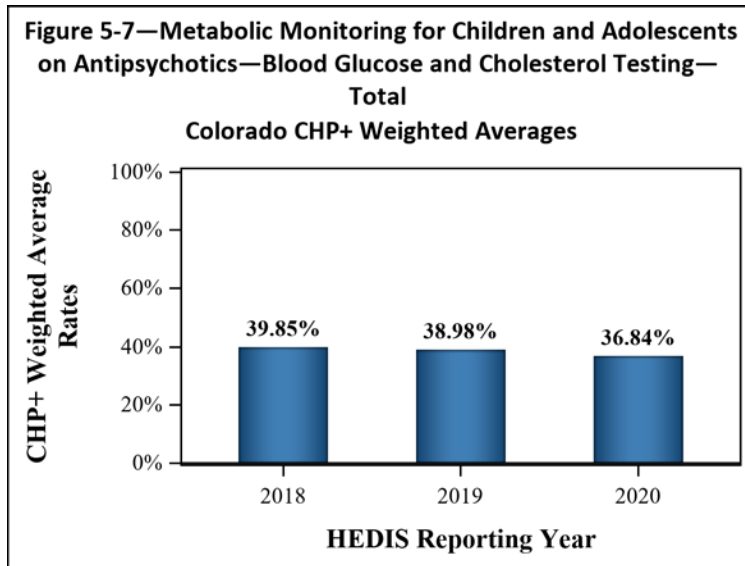


NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate.

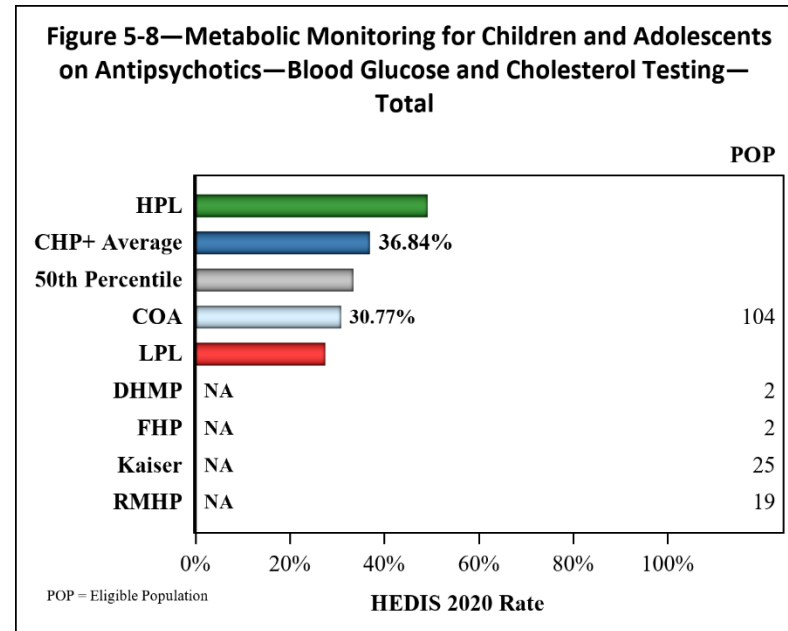
One MCO had a reportable rate for this measure.

Metabolic Monitoring for Children and Adolescents on Antipsychotics—Blood Glucose and Cholesterol Testing—Total

Metabolic Monitoring for Children and Adolescents on Antipsychotics—Blood Glucose and Cholesterol Testing—Total measures the percentage of members 1 to 17 years of age who had two or more antipsychotic medication prescriptions and received blood glucose and cholesterol testing.



The Colorado CHP+ weighted average did not demonstrate a significant change from 2019 to 2020.



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.

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>Blood Glucose and Cholesterol Testing—Total</i>	★★	—	—	—	—
<i>Blood Glucose Testing—Total</i>	—	—	—	—	—
<i>Cholesterol Testing—Total</i>	—	—	—	—	—

— 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

Health Plan Name	★★★★★	★★★★	★★★	★★	★
COA	0	0	0	1	1
DHMP	0	0	0	0	0
FHP	0	0	0	0	0
Kaiser	0	0	0	0	0
RMHP	0	1	0	0	0

For HEDIS 2020, DHMP, FHP, and Kaiser did not have any reportable rates within the Mental/Behavioral Health domain. RMHP demonstrated strong performance for young members newly prescribed ADHD medication who received a follow-up care visit within 30 days, with opportunities for improvement noted for COA in the same measure indicator. None of COA’s eligible members received a follow-up visit after being prescribed ADHD medication.

Additionally, COA’s rate for *Metabolic Monitoring for Children and Adolescents on Antipsychotics—Blood Glucose and Cholesterol Testing—Total* 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.⁵⁻¹ 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.

⁵⁻¹ 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.

Respiratory Conditions

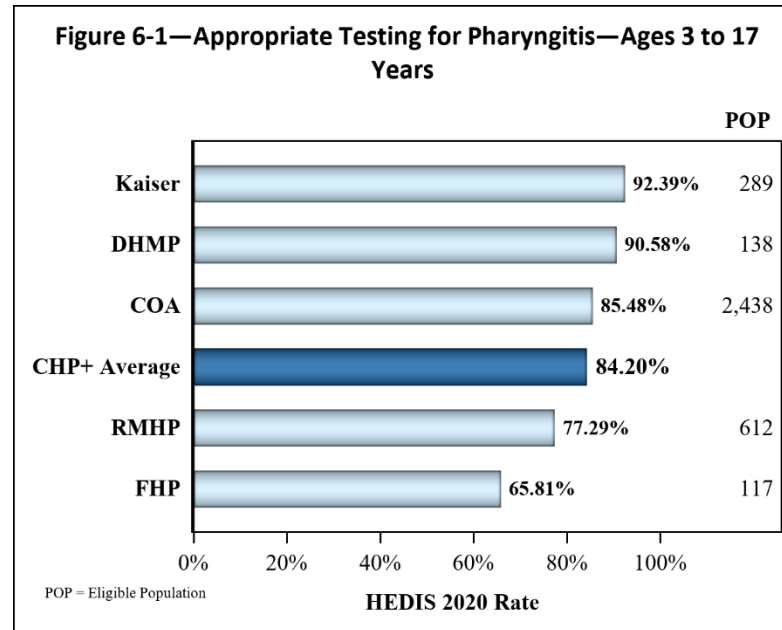
The following section provides a detailed analysis of the Colorado CHP+ MCOs' performance for the Respiratory Conditions domain. The Respiratory Conditions domain encompasses the following measures/indicators:

- *Appropriate Testing for Pharyngitis—Ages 3 to 17 Years*
- *Appropriate Treatment for Upper Respiratory Infection—Ages 3 Months to 17 Years*
- *Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis—Ages 3 Months to 17 Years*
- *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 Testing for Pharyngitis—Ages 3 to 17 Years

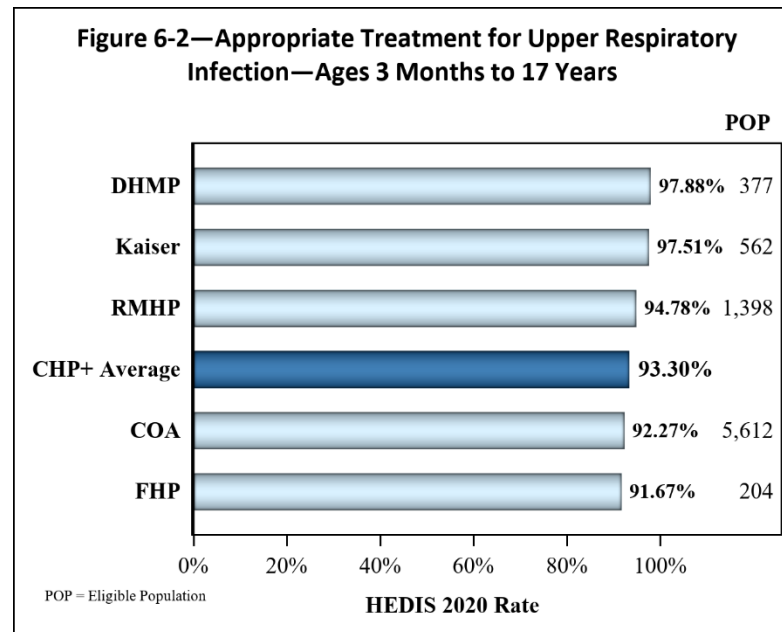
Appropriate Testing for Pharyngitis—Ages 3 to 17 Years measures the percentage of members 3 to 17 years of age who were diagnosed with pharyngitis during an outpatient or ED visit, dispensed an antibiotic, and received a Group A streptococcus (strep) test for the episode. Due to changes in the technical specifications for this measure, NCQA recommends a break in trending between 2020 and prior years; therefore, prior years’ rates are not displayed.



CHP+ MCO performance varied by approximately 27 percentage points.

Appropriate Treatment for Upper Respiratory Infection—Ages 3 Months to 17 Years

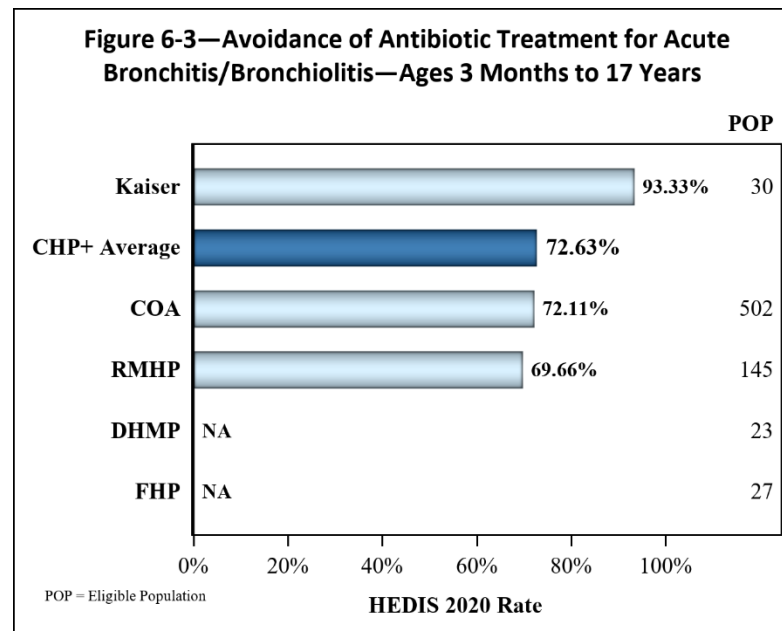
Appropriate Treatment for Upper Respiratory Infection—Ages 3 Months to 17 Years measures the percentage of members 3 months to 17 years of age diagnosed with an upper respiratory infection who were not dispensed an antibiotic prescription. Due to changes in the technical specifications for this measure, NCQA recommends a break in trending between 2020 and prior years; therefore, prior years’ rates are not displayed.



CHP+ MCO performance varied by approximately 6 percentage points.

Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis—Ages 3 Months to 17 Years

Avoidance of Antibiotic Treatment for Acute/Bronchiolitis—Ages 3 Months to 17 Years measures the percentage of episodes for members ages 3 months to 17 years with a diagnosis of acute bronchitis/bronchiolitis who were not dispensed an antibiotic prescription. Due to changes in the technical specifications for this measure, NCQA recommends a break in trending between 2020 and prior years; therefore, prior years’ rates are not displayed.

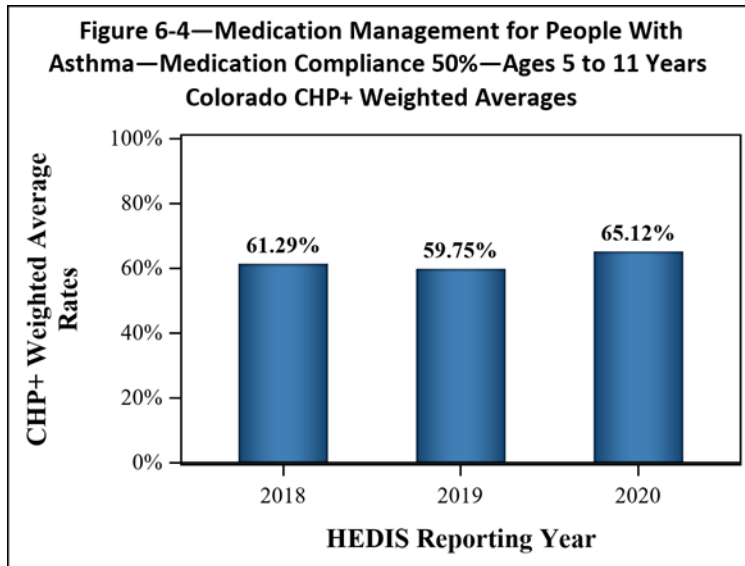


NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate.

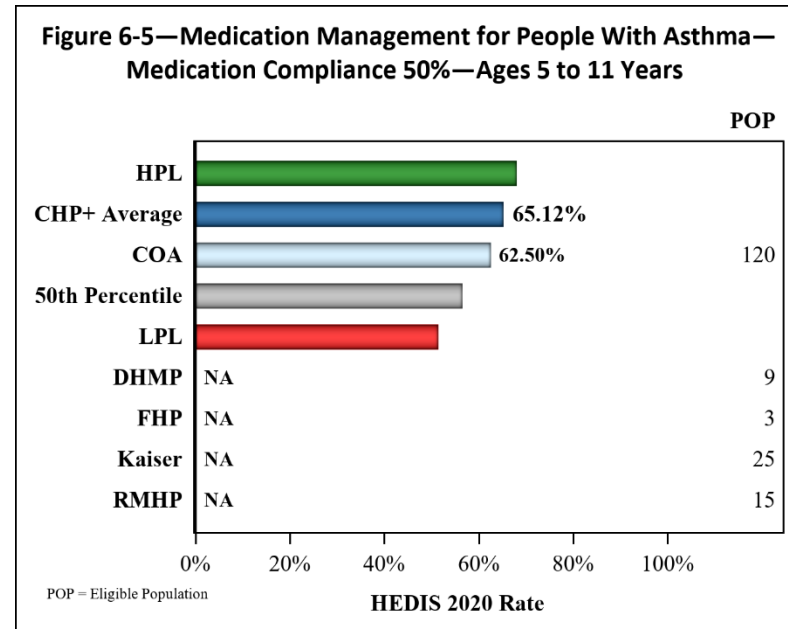
CHP+ MCO performance varied by approximately 24 percentage points.

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 2019 to 2020.

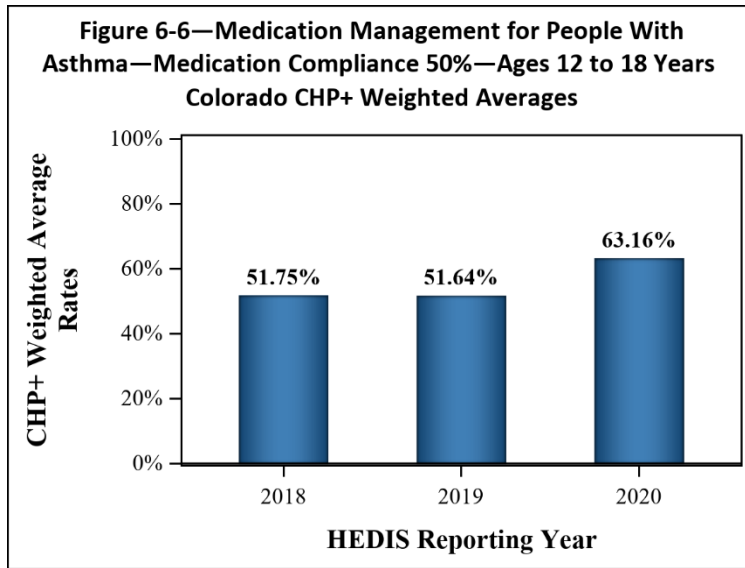


NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate.

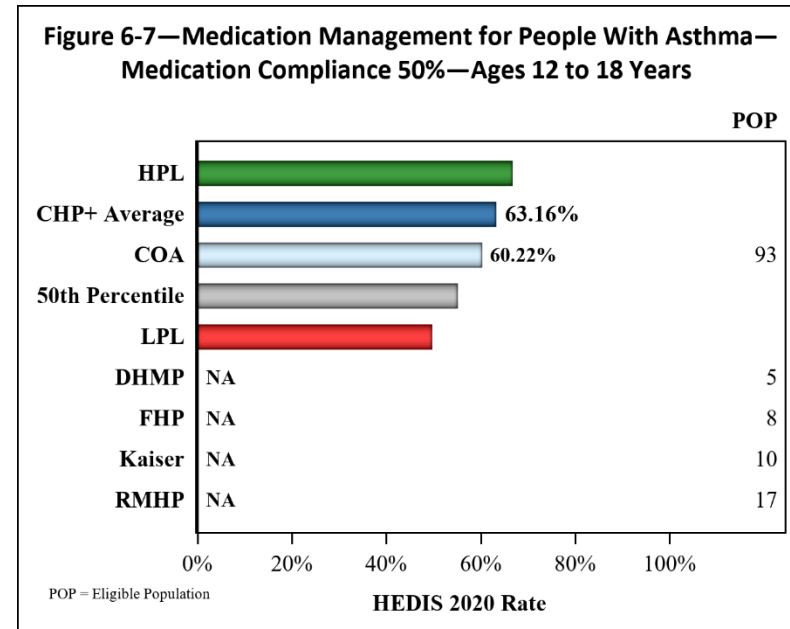
One MCO's rate and the Colorado CHP+ weighted average were above the 50th percentile but below the HPL. None of the other MCOs had reportable rates for this measure indicator.

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 2019 to 2020.

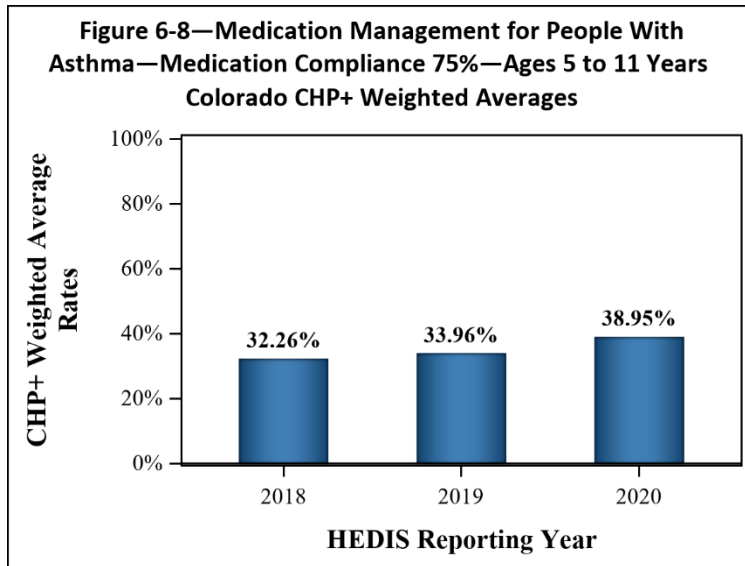


NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate.

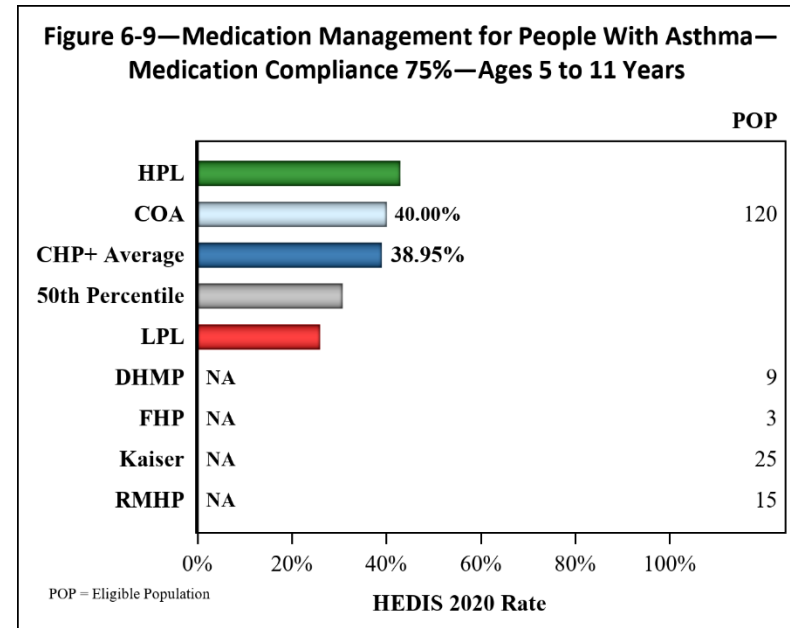
One MCO's rate and the Colorado CHP+ weighted average were above the 50th percentile but below the HPL. None of the other MCOs had reportable rates for this measure indicator.

Medication Management for People With Asthma—Medication Compliance 75%—Ages 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 2019 to 2020.

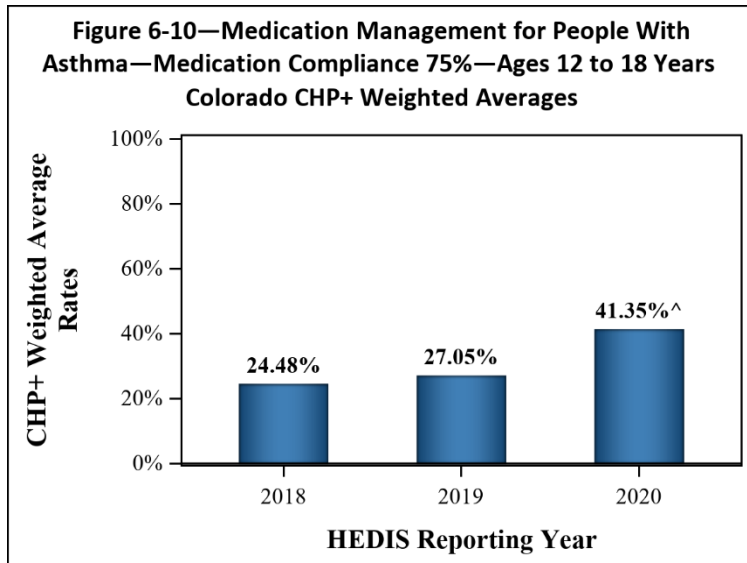


NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate.

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.

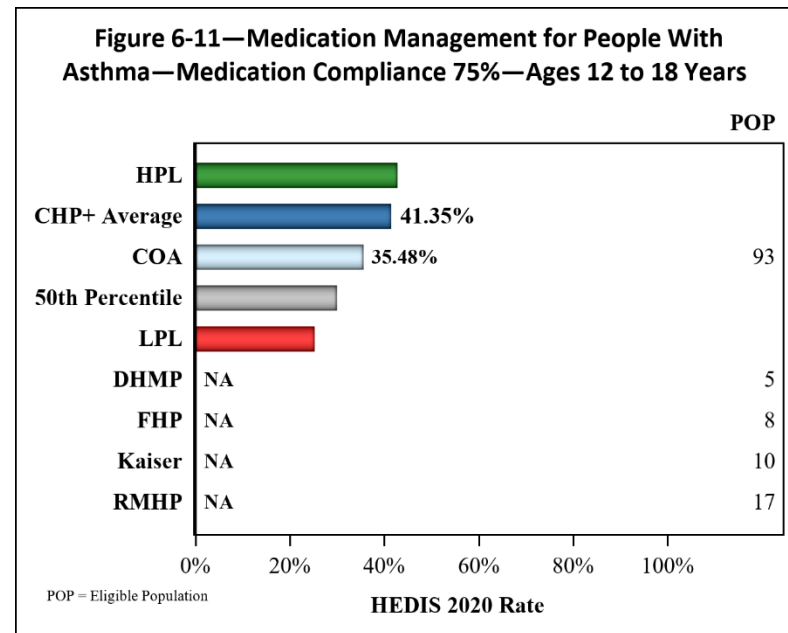
Medication Management for People With Asthma—Medication Compliance 75%—Ages 12 to 18 Years

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.



One caret (^) indicates a significant improvement in performance from 2019 to 2020.

The Colorado CHP+ weighted average significantly improved from 2019 to 2020.

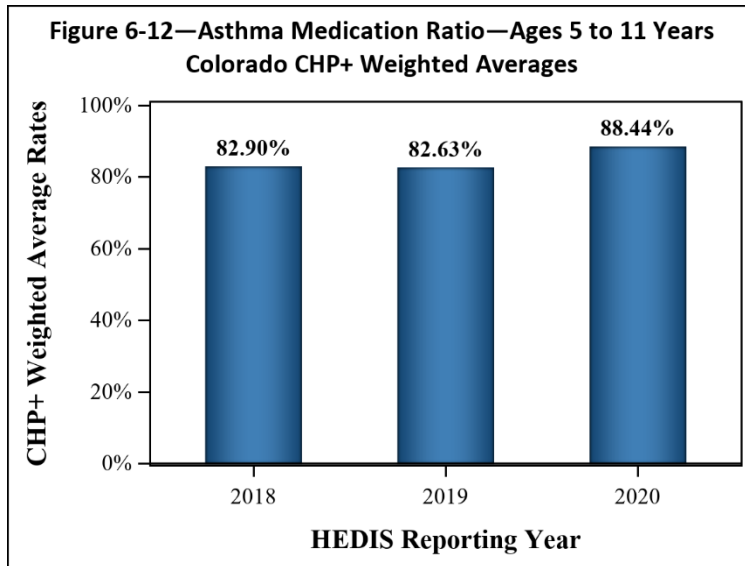


NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate.

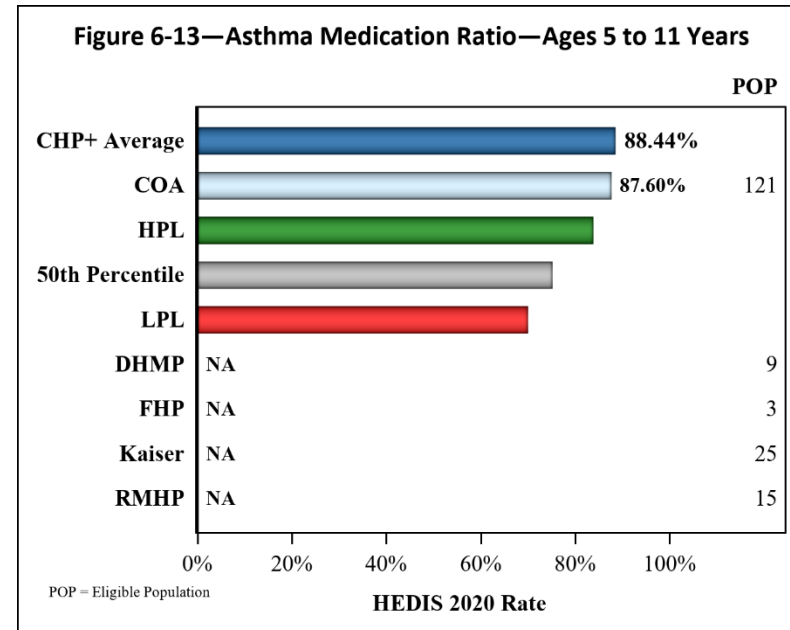
One MCO's rate and the Colorado CHP+ weighted average were above the 50th percentile but below the HPL. None of the other MCOs had reportable rates for this measure indicator.

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 2019 to 2020.

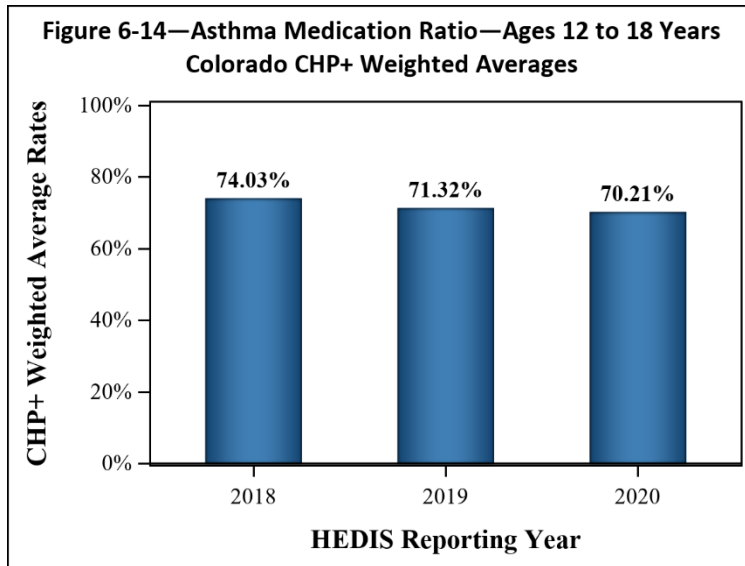


NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate.

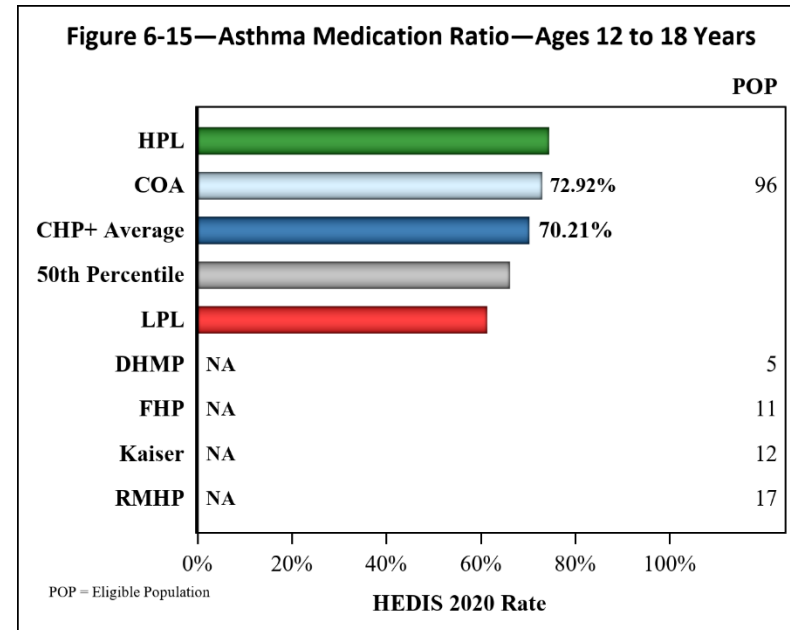
One MCO's rate and the Colorado CHP+ weighted average exceeded the HPL. None of the other MCOs had reportable rates for this measure indicator.

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 2019 to 2020.



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.

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
Appropriate Testing for Pharyngitis					
Ages 3 to 17 Years	—	—	—	—	—
Appropriate Treatment for Upper Respiratory Infection					
Ages 3 Months to 17 Years	—	—	—	—	—
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis					
Ages 3 Months to 17 Years	—	—	—	—	—
Medication Management for People With Asthma					
Medication Compliance 50%—Ages 5 to 11 Years	★★★★★	—	—	—	—
Medication Compliance 50%—Ages 12 to 18 Years	★★★★	—	—	—	—
Medication Compliance 75%—Ages 5 to 11 Years	★★★★★	—	—	—	—
Medication Compliance 75%—Ages 12 to 18 Years	★★★★	—	—	—	—
Asthma Medication Ratio					
Ages 5 to 11 Years	★★★★★	—	—	—	—
Ages 12 to 18 Years	★★★★★	—	—	—	—

— Indicates that a percentile ranking was not determined because the rate was not reportable or there was a break in trending.

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

Health Plan Name	★★★★★	★★★★	★★★	★★	★
COA	1	3	2	0	0
DHMP	0	0	0	0	0
FHP	0	0	0	0	0
Kaiser	0	0	0	0	0
RMHP	0	0	0	0	0

COA was the only MCO to have reportable rates in the Respiratory Conditions domain, showing strength with the ratio of controller medications to reliever medications for children and adolescents. COA’s rates for *Asthma Medication Ratio* were at or above the 75th percentile. Opportunities for

improvement exist with asthma medication compliance for members ages 12 to 18, with both rates at or above the 50th percentile. COA and the Department should focus efforts on improving adherence to asthma medications for members ages 12 to 18 (e.g., members not filling prescriptions, possible issues related to barriers to accessing pharmacies) and implement strategies to continue to increase the rates for these members.

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 2020. 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 2019

Age	COA	DHMP	FHP	Kaiser	RMHP	Total CHP+
Less Than 1 Year	10,295	1,025	369	928	2,356	14,973
1–9 Years	297,001	25,728	10,184	45,863	61,777	440,553
10–19 Years	292,274	31,567	11,158	59,592	60,806	455,397
Total	599,570	58,320	21,711	106,383	124,939	910,923

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	Emergency Department Visits*
COA	227.68	27.08
DHMP	158.85	22.57
FHP	190.96	20.17
Kaiser	158.31	21.93
RMHP	222.08	18.93
2020 Colorado CHP+ Weighted Average	213.53	24.91
2019 Colorado CHP+ Weighted Average	195.91	23.83
2018 Colorado CHP+ Weighted Average	199.00	21.80

* 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 18.93 and the highest number of visits per 1,000 member months reported as 27.08.

Inpatient Utilization—General Hospital/Acute Care

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

Results

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

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

MCO Name	Total Inpatient	Medicine	Surgery	Maternity
COA	1.02	0.76	0.23	0.08
DHMP	1.05	0.79	0.17	0.16
FHP	0.32	0.37	0.09	0.00
Kaiser	0.69	0.46	0.22	0.02
RMHP	0.68	0.50	0.17	0.03
2020 Colorado CHP+ Weighted Average	0.92	0.68	0.21	0.07
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

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

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

MCO Name	Total Inpatient	Medicine	Surgery	Maternity
COA	3.40	2.82	5.36	NA
DHMP	2.59	2.30	NA	NA
FHP	NA	NA	NA	NA
Kaiser	4.86	3.35	NA	NA
RMHP	3.67	3.02	NA	NA
2020 Colorado CHP+ Weighted Average	3.48	2.83	5.63	3.19
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

NA indicates fewer than 30 discharges were reported for this measure indicator.

Antibiotic Utilization

Table 7-5 displays the results of the *Antibiotic Utilization* measure indicators, which are presented for information 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	10.70	0.12	33.07%
DHMP	0.18	10.88	0.04	23.74%
FHP	0.42	102.83	0.15	35.97%
Kaiser	0.29	11.52	0.08	27.59%
RMHP	0.41	20.51	0.14	33.22%
2020 Colorado CHP+ Weighted Average	0.34	15.10	0.11	32.33%
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%

* 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 2018, 2019, and 2020 Colorado CHP+ weighted averages. Yellow shading with one caret (^) indicates the HEDIS 2020 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 Status</i>		
DTaP		
COA	791	78.13% ^
FHP	30	0.00%
DHMP	62	82.26% ^
Kaiser	187	77.54% ^
RMHP	200	71.00%
HEDIS 2020 Colorado CHP+ Weighted Average		75.28%
HEDIS 2019 Colorado CHP+ Weighted Average		71.44%
HEDIS 2018 Colorado CHP+ Weighted Average		69.02%
IPV		
COA	791	86.60%
FHP	30	0.00%
DHMP	62	96.77% ^
Kaiser	187	90.91% ^
RMHP	200	85.00%
HEDIS 2020 Colorado CHP+ Weighted Average		85.43%
HEDIS 2019 Colorado CHP+ Weighted Average		82.98%
HEDIS 2018 Colorado CHP+ Weighted Average		80.23%
MMR		
COA	791	88.37%
FHP	30	50.00%
DHMP	62	93.55% ^
Kaiser	187	89.84% ^

CHP+ Plan	Eligible Population	Rate
RMHP	200	58.50%
HEDIS 2020 Colorado CHP+ Weighted Average		83.23%
HEDIS 2019 Colorado CHP+ Weighted Average		82.31%
HEDIS 2018 Colorado CHP+ Weighted Average		82.05%
<i>HiB</i>		
COA	791	88.62% ^
FHP	30	6.67%
DHMP	62	95.16% ^
Kaiser	187	90.37% ^
RMHP	200	85.00%
HEDIS 2020 Colorado CHP+ Weighted Average		86.69%
HEDIS 2019 Colorado CHP+ Weighted Average		82.38%
HEDIS 2018 Colorado CHP+ Weighted Average		80.75%
<i>Hepatitis B</i>		
COA	791	84.58%
FHP	30	0.00%
DHMP	62	100.00% ^
Kaiser	187	91.98% ^
RMHP	200	43.00%
HEDIS 2020 Colorado CHP+ Weighted Average		77.87%
HEDIS 2019 Colorado CHP+ Weighted Average		81.97%
HEDIS 2018 Colorado CHP+ Weighted Average		78.81%
<i>VZV</i>		
COA	791	86.09%
FHP	30	40.00%
DHMP	62	93.55% ^
Kaiser	187	87.70%
RMHP	200	86.00%
HEDIS 2020 Colorado CHP+ Weighted Average		85.59%
HEDIS 2019 Colorado CHP+ Weighted Average		81.57%
HEDIS 2018 Colorado CHP+ Weighted Average		79.84%
<i>Pneumococcal Conjugate</i>		
COA	791	78.76% ^
FHP	30	0.00%
DHMP	62	85.48% ^
Kaiser	187	83.42% ^
RMHP	200	76.50%
HEDIS 2020 Colorado CHP+ Weighted Average		77.56%

CHP+ Plan	Eligible Population	Rate
HEDIS 2019 Colorado CHP+ Weighted Average		74.68%
HEDIS 2018 Colorado CHP+ Weighted Average		72.20%
Hepatitis A		
COA	791	83.44%
FHP	30	56.67%
DHMP	62	93.55% ^
Kaiser	187	87.70% ^
RMHP	200	83.50%
HEDIS 2020 Colorado CHP+ Weighted Average		83.94%
HEDIS 2019 Colorado CHP+ Weighted Average		79.27%
HEDIS 2018 Colorado CHP+ Weighted Average		77.12%
Rotavirus		
COA	791	74.46% ^
FHP	30	0.00%
DHMP	62	87.10% ^
Kaiser	187	81.28% ^
RMHP	200	74.00% ^
HEDIS 2020 Colorado CHP+ Weighted Average		74.25% ^
HEDIS 2019 Colorado CHP+ Weighted Average		73.33%
HEDIS 2018 Colorado CHP+ Weighted Average		66.56%
Influenza		
COA	791	63.08% ^
FHP	30	13.33%
DHMP	62	64.52% ^
Kaiser	187	67.38% ^
RMHP	200	54.50% ^
HEDIS 2020 Colorado CHP+ Weighted Average		61.26% ^
HEDIS 2019 Colorado CHP+ Weighted Average		53.75%
HEDIS 2018 Colorado CHP+ Weighted Average		48.54%
Combination 2		
COA	791	72.06%
FHP	30	0.00%
DHMP	62	82.26% ^
Kaiser	187	75.94% ^
RMHP	200	21.00%
HEDIS 2020 Colorado CHP+ Weighted Average		63.39%
HEDIS 2019 Colorado CHP+ Weighted Average		66.78%
HEDIS 2018 Colorado CHP+ Weighted Average		62.54%

CHP+ Plan	Eligible Population	Rate
Combination 3		
COA	791	70.04%
FHP	30	0.00%
DHMP	62	82.26% ^
Kaiser	187	74.33% ^
RMHP	200	20.50%
HEDIS 2020 Colorado CHP+ Weighted Average		61.81%
HEDIS 2019 Colorado CHP+ Weighted Average		65.16%
HEDIS 2018 Colorado CHP+ Weighted Average		61.05%
Combination 4		
COA	791	68.02% ^
FHP	30	0.00%
DHMP	62	82.26% ^
Kaiser	187	74.33% ^
RMHP	200	20.50%
HEDIS 2020 Colorado CHP+ Weighted Average		60.55%
HEDIS 2019 Colorado CHP+ Weighted Average		63.13%
HEDIS 2018 Colorado CHP+ Weighted Average		59.17%
Combination 5		
COA	791	61.31% ^
FHP	30	0.00%
DHMP	62	79.03% ^
Kaiser	187	69.52% ^
RMHP	200	16.00%
HEDIS 2020 Colorado CHP+ Weighted Average		54.80%
HEDIS 2019 Colorado CHP+ Weighted Average		59.76%
HEDIS 2018 Colorado CHP+ Weighted Average		53.79%
Combination 6		
COA	791	53.22% ^
FHP	30	0.00%
DHMP	62	59.68% ^
Kaiser	187	59.89% ^
RMHP	200	12.00%
HEDIS 2020 Colorado CHP+ Weighted Average		46.77% ^
HEDIS 2019 Colorado CHP+ Weighted Average		45.31%
HEDIS 2018 Colorado CHP+ Weighted Average		40.51%



CHP+ Plan	Eligible Population	Rate
Combination 7		
COA	791	59.92% ^
FHP	30	0.00%
DHMP	62	79.03% ^
Kaiser	187	69.52% ^
RMHP	200	16.00%
HEDIS 2020 Colorado CHP+ Weighted Average		53.94%
HEDIS 2019 Colorado CHP+ Weighted Average		58.20%
HEDIS 2018 Colorado CHP+ Weighted Average		52.43%
Combination 8		
COA	791	51.83% ^
FHP	30	0.00%
DHMP	62	59.68% ^
Kaiser	187	59.89% ^
RMHP	200	12.00%
HEDIS 2020 Colorado CHP+ Weighted Average		45.91% ^
HEDIS 2019 Colorado CHP+ Weighted Average		44.29%
HEDIS 2018 Colorado CHP+ Weighted Average		39.53%
Combination 9		
COA	791	47.53% ^
FHP	30	0.00%
DHMP	62	58.06% ^
Kaiser	187	56.15% ^
RMHP	200	11.00%
HEDIS 2020 Colorado CHP+ Weighted Average		42.44% ^
HEDIS 2019 Colorado CHP+ Weighted Average		42.27%
HEDIS 2018 Colorado CHP+ Weighted Average		36.49%
Combination 10		
COA	791	46.78% ^
FHP	30	0.00%
DHMP	62	58.06% ^
Kaiser	187	56.15% ^
RMHP	200	11.00%
HEDIS 2020 Colorado CHP+ Weighted Average		41.97% ^
HEDIS 2019 Colorado CHP+ Weighted Average		41.39%
HEDIS 2018 Colorado CHP+ Weighted Average		35.77%

CHP+ Plan	Eligible Population	Rate
Immunizations for Adolescents		
Meningococcal		
COA	1,249	78.14%
FHP	62	48.39%
DHMP	158	91.14% ^
Kaiser	300	85.00% ^
RMHP	315	65.08%
HEDIS 2020 Colorado CHP+ Weighted Average		77.26%
HEDIS 2019 Colorado CHP+ Weighted Average		75.41%
HEDIS 2018 Colorado CHP+ Weighted Average		71.03%
Tdap		
COA	1,249	87.59%
FHP	62	51.61%
DHMP	158	87.34%
Kaiser	300	88.33% ^
RMHP	315	84.13%
HEDIS 2020 Colorado CHP+ Weighted Average		86.08%
HEDIS 2019 Colorado CHP+ Weighted Average		86.32%
HEDIS 2018 Colorado CHP+ Weighted Average		82.47%
HPV		
COA	1,249	44.04% ^
FHP	62	14.52%
DHMP	158	55.70% ^
Kaiser	300	56.67% ^
RMHP	315	23.49%
HEDIS 2020 Colorado CHP+ Weighted Average		42.75% ^
HEDIS 2019 Colorado CHP+ Weighted Average		41.42%
HEDIS 2018 Colorado CHP+ Weighted Average		37.05%
Combination 1 (Meningococcal, Tdap)		
COA	1,249	76.14%
FHP	62	41.94%
DHMP	158	86.71% ^
Kaiser	300	82.33% ^
RMHP	315	62.86%
HEDIS 2020 Colorado CHP+ Weighted Average		74.81%
HEDIS 2019 Colorado CHP+ Weighted Average		73.33%
HEDIS 2018 Colorado CHP+ Weighted Average		68.89%

CHP+ Plan	Eligible Population	Rate
<i>Combination 2 (Meningococcal, Tdap, HPV)</i>		
COA	1,249	40.19% ^
FHP	62	8.06%
DHMP	158	53.80% ^
Kaiser	300	53.67% ^
RMHP	315	20.32%
HEDIS 2020 Colorado CHP+ Weighted Average		39.20% ^
HEDIS 2019 Colorado CHP+ Weighted Average		39.02%
HEDIS 2018 Colorado CHP+ Weighted Average		33.79%
<i>Well-Child Visits in the First 15 Months of Life</i>		
<i>Zero Visits*</i>		
COA	230	6.09%
FHP	0	NA
DHMP	45	2.22%
Kaiser	59	1.69%
RMHP	52	3.85%
HEDIS 2020 Colorado CHP+ Weighted Average		4.66%
HEDIS 2019 Colorado CHP+ Weighted Average		5.06%
HEDIS 2018 Colorado CHP+ Weighted Average		2.63%
<i>Six or More Visits</i>		
COA	230	59.13%
FHP	0	NA
DHMP	45	66.67% ^
Kaiser	59	76.27% ^
RMHP	52	11.54%
HEDIS 2020 Colorado CHP+ Weighted Average		56.22%
HEDIS 2019 Colorado CHP+ Weighted Average		48.28%
HEDIS 2018 Colorado CHP+ Weighted Average		51.41%
<i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i>		
COA	5,082	71.17%
FHP	187	27.27%
DHMP	429	71.33%
Kaiser	942	65.50%
RMHP	1,131	72.86%
HEDIS 2020 Colorado CHP+ Weighted Average		69.68%
HEDIS 2019 Colorado CHP+ Weighted Average		67.34%
HEDIS 2018 Colorado CHP+ Weighted Average		64.97%

CHP+ Plan	Eligible Population	Rate
Adolescent Well-Care Visits		
COA	8,650	52.24%
FHP	355	8.17%
DHMP	954	52.41%
Kaiser	1,932	46.58%
RMHP	1,988	51.31%
HEDIS 2020 Colorado CHP+ Weighted Average		50.21%
HEDIS 2019 Colorado CHP+ Weighted Average		48.23%
HEDIS 2018 Colorado CHP+ Weighted Average		45.09%
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents		
BMI Percentile Documentation—Ages 3 to 11 Years		
COA	9,637	10.00%
FHP	250	12.80%
DHMP	746	18.23%
Kaiser	1,720	98.14% ^
RMHP	2,149	7.82%
HEDIS 2020 Colorado CHP+ Weighted Average		20.60%
HEDIS 2019 Colorado CHP+ Weighted Average		20.52%
HEDIS 2018 Colorado CHP+ Weighted Average		18.03%
BMI Percentile Documentation—Ages 12 to 17 Years		
COA	5,869	14.69%
FHP	159	15.09%
DHMP	577	31.02%
Kaiser	1,183	97.89% ^
RMHP	1,311	9.69%
HEDIS 2020 Colorado CHP+ Weighted Average		25.83%
HEDIS 2019 Colorado CHP+ Weighted Average		26.36%
HEDIS 2018 Colorado CHP+ Weighted Average		23.01%
BMI Percentile Documentation—Total		
COA	15,506	11.78%
FHP	409	13.69%
DHMP	1,323	23.81%
Kaiser	2,903	98.04% ^
RMHP	3,460	8.53%
HEDIS 2020 Colorado CHP+ Weighted Average		22.62%
HEDIS 2019 Colorado CHP+ Weighted Average		22.71%
HEDIS 2018 Colorado CHP+ Weighted Average		19.89%

CHP+ Plan	Eligible Population	Rate
<i>Counseling for Nutrition—Ages 3 to 11 Years</i>		
COA	9,637	5.82%
FHP	250	3.20%
DHMP	746	4.56%
Kaiser	1,720	95.41% ^
RMHP	2,149	29.04%
HEDIS 2020 Colorado CHP+ Weighted Average		19.78%
HEDIS 2019 Colorado CHP+ Weighted Average		20.41%
HEDIS 2018 Colorado CHP+ Weighted Average		19.06%
<i>Counseling for Nutrition—Ages 12 to 17 Years</i>		
COA	5,869	8.04%
FHP	159	8.81%
DHMP	577	13.17%
Kaiser	1,183	94.76% ^
RMHP	1,311	26.85%
HEDIS 2020 Colorado CHP+ Weighted Average		22.37%
HEDIS 2019 Colorado CHP+ Weighted Average		23.21%
HEDIS 2018 Colorado CHP+ Weighted Average		21.89%
<i>Counseling for Nutrition—Total</i>		
COA	15,506	6.66%
FHP	409	5.38%
DHMP	1,323	8.31%
Kaiser	2,903	95.14% ^
RMHP	3,460	28.21%
HEDIS 2020 Colorado CHP+ Weighted Average		20.77%
HEDIS 2019 Colorado CHP+ Weighted Average		21.46%
HEDIS 2018 Colorado CHP+ Weighted Average		20.12%
<i>Counseling for Physical Activity—Ages 3 to 11 Years</i>		
COA	9,637	3.21%
FHP	250	0.00%
DHMP	746	3.49%
Kaiser	1,720	95.41% ^
RMHP	2,149	7.54%
HEDIS 2020 Colorado CHP+ Weighted Average		14.74%
HEDIS 2019 Colorado CHP+ Weighted Average		15.93%
HEDIS 2018 Colorado CHP+ Weighted Average		14.47%

CHP+ Plan	Eligible Population	Rate
<i>Counseling for Physical Activity—Ages 12 to 17 Years</i>		
COA	5,869	6.25%
FHP	159	5.03%
DHMP	577	12.48%
Kaiser	1,183	94.76% ^
RMHP	1,311	8.47%
HEDIS 2020 Colorado CHP+ Weighted Average		18.45%
HEDIS 2019 Colorado CHP+ Weighted Average		20.34%
HEDIS 2018 Colorado CHP+ Weighted Average		18.23%
<i>Counseling for Physical Activity—Total</i>		
COA	15,506	4.36%
FHP	409	1.96%
DHMP	1,323	7.41%
Kaiser	2,903	95.14% ^
RMHP	3,460	7.89%
HEDIS 2020 Colorado CHP+ Weighted Average		16.17%
HEDIS 2019 Colorado CHP+ Weighted Average		17.58%
HEDIS 2018 Colorado CHP+ Weighted Average		15.87%

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

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.

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	883	61.38%
HEDIS 2020 Colorado CHP+ Weighted Average		61.38%
HEDIS 2019 Colorado CHP+ Weighted Average		—
HEDIS 2018 Colorado CHP+ Weighted Average		—
<i>Postpartum Care</i>		
SMCN	883	61.61%
HEDIS 2020 Colorado CHP+ Weighted Average		61.61%
HEDIS 2019 Colorado CHP+ Weighted Average		—
HEDIS 2018 Colorado CHP+ Weighted Average		—
<i>Children and Adolescents' Access to Primary Care Practitioners³</i>		
<i>Ages 12 to 24 Months</i>		
COA	506	92.29%
FHP	19	NA
DHMP	70	90.00%
Kaiser	115	91.30%
RMHP	137	95.62% ^
HEDIS 2020 Colorado CHP+ Weighted Average		92.44%
HEDIS 2019 Colorado CHP+ Weighted Average		92.33%
HEDIS 2018 Colorado CHP+ Weighted Average		90.65%
<i>Ages 25 Months to 6 Years</i>		
COA	6,001	86.12%
FHP	220	67.27%
DHMP	501	81.24%
Kaiser	1,080	83.89%
RMHP	1,315	87.76%
HEDIS 2020 Colorado CHP+ Weighted Average		85.37%
HEDIS 2019 Colorado CHP+ Weighted Average		82.93%
HEDIS 2018 Colorado CHP+ Weighted Average		80.91%
<i>Ages 7 to 11 Years</i>		
COA	3,017	88.03%
FHP	144	81.94%
DHMP	297	84.85%

CHP+ Plan	Eligible Population	Rate
Kaiser	853	89.45%
RMHP	827	85.97%
HEDIS 2020 Colorado CHP+ Weighted Average		87.58%
HEDIS 2019 Colorado CHP+ Weighted Average		87.66%
HEDIS 2018 Colorado CHP+ Weighted Average		87.49%
<i>Ages 12 to 19 Years</i>		
COA	3,970	87.93%
FHP	202	83.17%
DHMP	519	82.08%
Kaiser	1,236	87.70%
RMHP	1,029	86.49%
HEDIS 2020 Colorado CHP+ Weighted Average		87.10%
HEDIS 2019 Colorado CHP+ Weighted Average		87.14%
HEDIS 2018 Colorado CHP+ Weighted Average		88.09%
<i>Chlamydia Screening in Women²</i>		
<i>Ages 16 to 20 Years</i>		
COA	675	34.07%
FHP	16	NA
DHMP	71	47.89%
Kaiser	167	52.69%
RMHP	150	30.67%
HEDIS 2020 Colorado CHP+ Weighted Average		37.26%
HEDIS 2019 Colorado CHP+ Weighted Average		36.52%
HEDIS 2018 Colorado CHP+ Weighted Average		33.66%
<i>Non-Recommended Cervical Cancer Screening in Adolescent Females*</i>		
COA	1,633	0.00% [^]
FHP	54	0.00% [^]
DHMP	204	0.00% [^]
Kaiser	404	0.25% [^]
RMHP	357	0.00% [^]
HEDIS 2020 Colorado CHP+ Weighted Average		0.04%[^]
HEDIS 2019 Colorado CHP+ Weighted Average		0.04%
HEDIS 2018 Colorado CHP+ Weighted Average		0.07%

* 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 younger, the HEDIS 2020 indicator rates for Ages 16 to 20 Years are the same as the measure indicator rates for the Total age grouping for this measure.

³ Due to changes in the technical specifications for this measure, NCQA recommends that trending between 2020 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.

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>Follow-Up Care for Children Prescribed ADHD Medication</i>		
<i>Initiation Phase</i>		
COA	141	0.00%
FHP	4	NA
DHMP	7	NA
Kaiser	21	NA
RMHP	34	55.88% ^
HEDIS 2020 Colorado CHP+ Weighted Average		14.98%
HEDIS 2019 Colorado CHP+ Weighted Average		15.21%
HEDIS 2018 Colorado CHP+ Weighted Average		21.84%
<i>Continuation and Maintenance Phase</i>		
COA	25	NA
FHP	4	NA
DHMP	0	NA
Kaiser	8	NA
RMHP	15	NA
HEDIS 2020 Colorado CHP+ Weighted Average		32.69%
HEDIS 2019 Colorado CHP+ Weighted Average		20.00%
HEDIS 2018 Colorado CHP+ Weighted Average		21.57%
<i>Metabolic Monitoring for Children and Adolescents on Antipsychotics</i>		
<i>Blood Glucose Testing—Ages 1 to 11 Years</i>		
COA	24	NA
FHP	2	NA
DHMP	0	NA
Kaiser	6	NA
RMHP	5	NA
HEDIS 2020 Colorado CHP+ Weighted Average		40.54%
HEDIS 2019 Colorado CHP+ Weighted Average		—
HEDIS 2018 Colorado CHP+ Weighted Average		—
<i>Blood Glucose Testing—Ages 12 to 17 Years</i>		
COA	80	66.25%
FHP	0	NA
DHMP	2	NA

CHP+ Plan	Eligible Population	Rate
Kaiser	19	NA
RMHP	14	NA
HEDIS 2020 Colorado CHP+ Weighted Average		66.09%
HEDIS 2019 Colorado CHP+ Weighted Average		—
HEDIS 2018 Colorado CHP+ Weighted Average		—
<i>Blood Glucose Testing—Total</i>		
COA	104	60.58%
FHP	2	NA
DHMP	2	NA
Kaiser	25	NA
RMHP	19	NA
HEDIS 2020 Colorado CHP+ Weighted Average		59.87%
HEDIS 2019 Colorado CHP+ Weighted Average		—
HEDIS 2018 Colorado CHP+ Weighted Average		—
<i>Cholesterol Testing—Ages 1 to 11 Years</i>		
COA	24	NA
FHP	2	NA
DHMP	0	NA
Kaiser	6	NA
RMHP	5	NA
HEDIS 2020 Colorado CHP+ Weighted Average		29.73%
HEDIS 2019 Colorado CHP+ Weighted Average		—
HEDIS 2018 Colorado CHP+ Weighted Average		—
<i>Cholesterol Testing—Ages 12 to 17 Years</i>		
COA	80	35.00%
FHP	0	NA
DHMP	2	NA
Kaiser	19	NA
RMHP	14	NA
HEDIS 2020 Colorado CHP+ Weighted Average		42.61%
HEDIS 2019 Colorado CHP+ Weighted Average		—
HEDIS 2018 Colorado CHP+ Weighted Average		—
<i>Cholesterol Testing—Total</i>		
COA	104	33.65%
FHP	2	NA
DHMP	2	NA
Kaiser	25	NA
RMHP	19	NA

CHP+ Plan	Eligible Population	Rate
HEDIS 2020 Colorado CHP+ Weighted Average		39.47%
HEDIS 2019 Colorado CHP+ Weighted Average		—
HEDIS 2018 Colorado CHP+ Weighted Average		—
<i>Blood Glucose and Cholesterol Testing—Ages 1 to 11 Years</i>		
COA	24	NA
FHP	2	NA
DHMP	0	NA
Kaiser	6	NA
RMHP	5	NA
HEDIS 2020 Colorado CHP+ Weighted Average		27.03%
HEDIS 2019 Colorado CHP+ Weighted Average		—
HEDIS 2018 Colorado CHP+ Weighted Average		—
<i>Blood Glucose and Cholesterol Testing—Ages 12 to 17 Years</i>		
COA	80	32.50%
FHP	0	NA
DHMP	2	NA
Kaiser	19	NA
RMHP	14	NA
HEDIS 2020 Colorado CHP+ Weighted Average		40.00% ^
HEDIS 2019 Colorado CHP+ Weighted Average		38.89%
HEDIS 2018 Colorado CHP+ Weighted Average		41.51%
<i>Blood Glucose and Cholesterol Testing—Total</i>		
COA	104	30.77%
FHP	2	NA
DHMP	2	NA
Kaiser	25	NA
RMHP	19	NA
HEDIS 2020 Colorado CHP+ Weighted Average		36.84% ^
HEDIS 2019 Colorado CHP+ Weighted Average		38.98%
HEDIS 2018 Colorado CHP+ Weighted Average		39.85%

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 because it was a new measure indicator in HEDIS 2020.

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 Testing for Pharyngitis¹</i>		
<i>Ages 3 to 17 Years</i>		
COA	2,438	85.48%
FHP	117	65.81%
DHMP	138	90.58%
Kaiser	289	92.39%
RMHP	612	77.29%
HEDIS 2020 Colorado CHP+ Weighted Average		84.20%
HEDIS 2019 Colorado CHP+ Weighted Average		—
HEDIS 2018 Colorado CHP+ Weighted Average		—
<i>Ages 18 to 64 Years</i>		
COA	77	84.42%
FHP	5	NA
DHMP	11	NA
Kaiser	10	NA
RMHP	21	NA
HEDIS 2020 Colorado CHP+ Weighted Average		81.45%
HEDIS 2019 Colorado CHP+ Weighted Average		—
HEDIS 2018 Colorado CHP+ Weighted Average		—
<i>Appropriate Treatment for Upper Respiratory Infection¹</i>		
<i>Ages 3 Months to 17 Years</i>		
COA	5,612	92.27%
FHP	204	91.67%
DHMP	377	97.88%
Kaiser	562	97.51%
RMHP	1,398	94.78%
HEDIS 2020 Colorado CHP+ Weighted Average		93.30%
HEDIS 2019 Colorado CHP+ Weighted Average		—
HEDIS 2018 Colorado CHP+ Weighted Average		—
<i>Ages 18 to 64 Years</i>		
COA	259	89.96%
FHP	1	NA
DHMP	10	NA
Kaiser	9	NA

CHP+ Plan	Eligible Population	Rate
RMHP	25	NA
HEDIS 2020 Colorado CHP+ Weighted Average		90.46%
HEDIS 2019 Colorado CHP+ Weighted Average		—
HEDIS 2018 Colorado CHP+ Weighted Average		—
<i>Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis¹</i>		
<i>Ages 3 Months to 17 Years</i>		
COA	502	72.11%
FHP	27	NA
DHMP	23	NA
Kaiser	30	93.33%
RMHP	145	69.66%
HEDIS 2020 Colorado CHP+ Weighted Average		72.63%
HEDIS 2019 Colorado CHP+ Weighted Average		—
HEDIS 2018 Colorado CHP+ Weighted Average		—
<i>Ages 18 to 64 Years</i>		
COA	14	NA
FHP	1	NA
DHMP	0	NA
Kaiser	0	NA
RMHP	2	NA
HEDIS 2020 Colorado CHP+ Weighted Average		NA
HEDIS 2019 Colorado CHP+ Weighted Average		—
HEDIS 2018 Colorado CHP+ Weighted Average		—
<i>Medication Management for People With Asthma</i>		
<i>Medication Compliance 50%—Ages 5 to 11 Years</i>		
COA	120	62.50% ^
FHP	3	NA
DHMP	9	NA
Kaiser	25	NA
RMHP	15	NA
HEDIS 2020 Colorado CHP+ Weighted Average		65.12% ^
HEDIS 2019 Colorado CHP+ Weighted Average		59.75%
HEDIS 2018 Colorado CHP+ Weighted Average		61.29%
<i>Medication Compliance 50%—Ages 12 to 18 Years</i>		
COA	93	60.22% ^
FHP	8	NA
DHMP	5	NA
Kaiser	10	NA

CHP+ Plan	Eligible Population	Rate
RMHP	17	NA
HEDIS 2020 Colorado CHP+ Weighted Average		63.16% ^
HEDIS 2019 Colorado CHP+ Weighted Average		51.64%
HEDIS 2018 Colorado CHP+ Weighted Average		51.75%
<i>Medication Compliance 50%—Total</i>		
COA	213	61.50% ^
FHP	11	NA
DHMP	14	NA
Kaiser	35	60.00%
RMHP	32	78.13% ^
HEDIS 2020 Colorado CHP+ Weighted Average		64.26% ^
HEDIS 2019 Colorado CHP+ Weighted Average		56.38%
HEDIS 2018 Colorado CHP+ Weighted Average		57.14%
<i>Medication Compliance 75%—Ages 5 to 11 Years</i>		
COA	120	40.00% ^
FHP	3	NA
DHMP	9	NA
Kaiser	25	NA
RMHP	15	NA
HEDIS 2020 Colorado CHP+ Weighted Average		38.95% ^
HEDIS 2019 Colorado CHP+ Weighted Average		33.96%
HEDIS 2018 Colorado CHP+ Weighted Average		32.26%
<i>Medication Compliance 75%—Ages 12 to 18 Years</i>		
COA	93	35.48% ^
FHP	8	NA
DHMP	5	NA
Kaiser	10	NA
RMHP	17	NA
HEDIS 2020 Colorado CHP+ Weighted Average		41.35% ^
HEDIS 2019 Colorado CHP+ Weighted Average		27.05%
HEDIS 2018 Colorado CHP+ Weighted Average		24.48%
<i>Medication Compliance 75%—Total</i>		
COA	213	38.03% ^
FHP	11	NA
DHMP	14	NA
Kaiser	35	25.71%
RMHP	32	56.25% ^

CHP+ Plan	Eligible Population	Rate
HEDIS 2020 Colorado CHP+ Weighted Average		40.00% ^
HEDIS 2019 Colorado CHP+ Weighted Average		31.21%
HEDIS 2018 Colorado CHP+ Weighted Average		28.88%
<i>Asthma Medication Ratio</i>		
<i>Ages 5 to 11 Years</i>		
COA	121	87.60% ^
FHP	3	NA
DHMP	9	NA
Kaiser	25	NA
RMHP	15	NA
HEDIS 2020 Colorado CHP+ Weighted Average		88.44% ^
HEDIS 2019 Colorado CHP+ Weighted Average		82.63%
HEDIS 2018 Colorado CHP+ Weighted Average		82.90%
<i>Ages 12 to 18 Years</i>		
COA	96	72.92% ^
FHP	11	NA
DHMP	5	NA
Kaiser	12	NA
RMHP	17	NA
HEDIS 2020 Colorado CHP+ Weighted Average		70.21% ^
HEDIS 2019 Colorado CHP+ Weighted Average		71.32%
HEDIS 2018 Colorado CHP+ Weighted Average		74.03%
<i>Total</i>		
COA	217	81.11% ^
FHP	14	NA
DHMP	14	NA
Kaiser	37	81.08% ^
RMHP	32	81.25% ^
HEDIS 2020 Colorado CHP+ Weighted Average		80.25% ^
HEDIS 2019 Colorado CHP+ Weighted Average		77.63%
HEDIS 2018 Colorado CHP+ Weighted Average		78.96%

¹ Due to changes in the technical specifications for this measure, NCQA recommends a break in trending between 2020 and prior years.

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.

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>Emergency Department Visits—Age <1 Year*</i>	
COA	55.95
FHP	37.94
DHMP	53.66
Kaiser	24.78
RMHP	21.65
HEDIS 2020 Colorado CHP+ Weighted Average	48.02
HEDIS 2019 Colorado CHP+ Weighted Average	40.86
HEDIS 2018 Colorado CHP+ Weighted Average	41.99
<i>Emergency Department Visits—Ages 1 to 9 Years*</i>	
COA	29.32
FHP	20.52
DHMP	27.17
Kaiser	27.04
RMHP	19.55
HEDIS 2020 Colorado CHP+ Weighted Average	27.39
HEDIS 2019 Colorado CHP+ Weighted Average	25.62
HEDIS 2018 Colorado CHP+ Weighted Average	23.71
<i>Emergency Department Visits—Ages 10 to 19 Years*</i>	
COA	23.79
FHP	19.27
DHMP	17.80
Kaiser	17.96
RMHP	18.19
HEDIS 2020 Colorado CHP+ Weighted Average	21.75
HEDIS 2019 Colorado CHP+ Weighted Average	21.51
HEDIS 2018 Colorado CHP+ Weighted Average	19.11
<i>Emergency Department Visits—Total*</i>	
COA	27.08
FHP	20.17
DHMP	22.57
Kaiser	21.93
RMHP	18.93
HEDIS 2020 Colorado CHP+ Weighted Average	24.91

CHP+ Plan	Rate
HEDIS 2019 Colorado CHP+ Weighted Average	23.83
HEDIS 2018 Colorado CHP+ Weighted Average	21.80
<i>Outpatient Visits—Age <1 Year</i>	
COA	614.57
FHP	463.41
DHMP	355.12
Kaiser	445.04
RMHP	605.69
HEDIS 2020 Colorado CHP+ Weighted Average	581.18
HEDIS 2019 Colorado CHP+ Weighted Average	562.23
HEDIS 2018 Colorado CHP+ Weighted Average	550.58
<i>Outpatient Visits—Ages 1 to 9 Years</i>	
COA	236.95
FHP	197.27
DHMP	169.47
Kaiser	178.44
RMHP	228.29
HEDIS 2020 Colorado CHP+ Weighted Average	224.78
HEDIS 2019 Colorado CHP+ Weighted Average	204.79
HEDIS 2018 Colorado CHP+ Weighted Average	208.40
<i>Outpatient Visits—Ages 10 to 19 Years</i>	
COA	204.64
FHP	176.20
DHMP	143.82
Kaiser	138.39
RMHP	200.90
HEDIS 2020 Colorado CHP+ Weighted Average	190.56
HEDIS 2019 Colorado CHP+ Weighted Average	176.04
HEDIS 2018 Colorado CHP+ Weighted Average	177.18
<i>Outpatient Visits—Total</i>	
COA	227.68
FHP	190.96
DHMP	158.85
Kaiser	158.31
RMHP	222.08
HEDIS 2020 Colorado CHP+ Weighted Average	213.53
HEDIS 2019 Colorado CHP+ Weighted Average	195.91
HEDIS 2018 Colorado CHP+ Weighted Average	199.00

CHP+ Plan	Rate
<i>Inpatient Utilization—General Hospital/Acute Care</i>	
<i>Discharges per 1,000 Member Months (Total Inpatient)—Age <1 Year</i>	
COA	4.57
FHP	2.71
DHMP	3.90
Kaiser	4.31
RMHP	2.12
HEDIS 2020 Colorado CHP+ Weighted Average	4.07
HEDIS 2019 Colorado CHP+ Weighted Average	3.73
HEDIS 2018 Colorado CHP+ Weighted Average	3.13
<i>Discharges per 1,000 Member Months (Total Inpatient)—Ages 1 to 9 Years</i>	
COA	1.01
FHP	0.49
DHMP	1.01
Kaiser	0.76
RMHP	0.71
HEDIS 2020 Colorado CHP+ Weighted Average	0.93
HEDIS 2019 Colorado CHP+ Weighted Average	0.86
HEDIS 2018 Colorado CHP+ Weighted Average	0.86
<i>Discharges per 1,000 Member Months (Total Inpatient)—Ages 10 to 19 Years</i>	
COA	0.91
FHP	0.09
DHMP	0.98
Kaiser	0.57
RMHP	0.59
HEDIS 2020 Colorado CHP+ Weighted Average	0.81
HEDIS 2019 Colorado CHP+ Weighted Average	0.84
HEDIS 2018 Colorado CHP+ Weighted Average	0.82
<i>Discharges per 1,000 Member Months (Total Inpatient)—Total</i>	
COA	1.02
FHP	0.32
DHMP	1.05
Kaiser	0.69
RMHP	0.68
HEDIS 2020 Colorado CHP+ Weighted Average	0.92
HEDIS 2019 Colorado CHP+ Weighted Average	0.88
HEDIS 2018 Colorado CHP+ Weighted Average	0.88

CHP+ Plan	Rate
<i>Days per 1,000 Member Months (Total Inpatient)—Age <1 Year</i>	
COA	30.11
FHP	5.42
DHMP	10.73
Kaiser	10.78
RMHP	4.67
HEDIS 2020 Colorado CHP+ Weighted Average	22.97
HEDIS 2019 Colorado CHP+ Weighted Average	14.40
HEDIS 2018 Colorado CHP+ Weighted Average	13.21
<i>Days per 1,000 Member Months (Total Inpatient)—Ages 1 to 9 Years</i>	
COA	3.00
FHP	0.88
DHMP	2.72
Kaiser	3.79
RMHP	3.21
HEDIS 2020 Colorado CHP+ Weighted Average	3.04
HEDIS 2019 Colorado CHP+ Weighted Average	2.88
HEDIS 2018 Colorado CHP+ Weighted Average	3.04
<i>Days per 1,000 Member Months (Total Inpatient)—Ages 10 to 19 Years</i>	
COA	3.02
FHP	0.09
DHMP	2.44
Kaiser	2.87
RMHP	1.69
HEDIS 2020 Colorado CHP+ Weighted Average	2.71
HEDIS 2019 Colorado CHP+ Weighted Average	3.05
HEDIS 2018 Colorado CHP+ Weighted Average	3.25
<i>Days per 1,000 Member Months (Total Inpatient)—Total</i>	
COA	3.47
FHP	0.55
DHMP	2.71
Kaiser	3.34
RMHP	2.50
HEDIS 2020 Colorado CHP+ Weighted Average	3.21
HEDIS 2019 Colorado CHP+ Weighted Average	3.09
HEDIS 2018 Colorado CHP+ Weighted Average	3.31
<i>Average Length of Stay (Total Inpatient)—Age <1 Year</i>	
COA	6.60
FHP	2.00†

CHP+ Plan	Rate
DHMP	2.75†
Kaiser	2.50†
RMHP	2.20†
HEDIS 2020 Colorado CHP+ Weighted Average	5.64
HEDIS 2019 Colorado CHP+ Weighted Average	3.86
HEDIS 2018 Colorado CHP+ Weighted Average	4.23
<i>Average Length of Stay (Total Inpatient)—Ages 1 to 9 Years</i>	
COA	2.97
FHP	1.80†
DHMP	2.69†
Kaiser	4.97
RMHP	4.50
HEDIS 2020 Colorado CHP+ Weighted Average	3.27
HEDIS 2019 Colorado CHP+ Weighted Average	3.36
HEDIS 2018 Colorado CHP+ Weighted Average	3.55
<i>Average Length of Stay (Total Inpatient)—Ages 10 to 19 Years</i>	
COA	3.32
FHP	1.00†
DHMP	2.48
Kaiser	5.03
RMHP	2.86
HEDIS 2020 Colorado CHP+ Weighted Average	3.36
HEDIS 2019 Colorado CHP+ Weighted Average	3.62
HEDIS 2018 Colorado CHP+ Weighted Average	3.96
<i>Average Length of Stay (Total Inpatient)—Total</i>	
COA	3.40
FHP	1.71†
DHMP	2.59
Kaiser	4.86
RMHP	3.67
HEDIS 2020 Colorado CHP+ Weighted Average	3.48
HEDIS 2019 Colorado CHP+ Weighted Average	3.51
HEDIS 2018 Colorado CHP+ Weighted Average	3.77
<i>Discharges per 1,000 Member Months (Medicine)—Age <1 Year</i>	
COA	3.59
FHP	5.42
DHMP	3.90
Kaiser	4.31
RMHP	2.12

CHP+ Plan	Rate
HEDIS 2020 Colorado CHP+ Weighted Average	3.47
HEDIS 2019 Colorado CHP+ Weighted Average	2.98
HEDIS 2018 Colorado CHP+ Weighted Average	2.49
<i>Discharges per 1,000 Member Months (Medicine)—Ages 1 to 9 Years</i>	
COA	0.85
FHP	0.49
DHMP	0.93
Kaiser	0.55
RMHP	0.62
HEDIS 2020 Colorado CHP+ Weighted Average	0.78
HEDIS 2019 Colorado CHP+ Weighted Average	0.70
HEDIS 2018 Colorado CHP+ Weighted Average	0.67
<i>Discharges per 1,000 Member Months (Medicine)—Ages 10 to 19 Years</i>	
COA	0.56
FHP	0.09
DHMP	0.57
Kaiser	0.34
RMHP	0.31
HEDIS 2020 Colorado CHP+ Weighted Average	0.49
HEDIS 2019 Colorado CHP+ Weighted Average	0.51
HEDIS 2018 Colorado CHP+ Weighted Average	0.47
<i>Discharges per 1,000 Member Months (Medicine)—Total</i>	
COA	0.76
FHP	0.37
DHMP	0.79
Kaiser	0.46
RMHP	0.50
HEDIS 2020 Colorado CHP+ Weighted Average	0.68
HEDIS 2019 Colorado CHP+ Weighted Average	0.63
HEDIS 2018 Colorado CHP+ Weighted Average	0.60
<i>Days per 1,000 Member Months (Medicine)—Age <1 Year</i>	
COA	14.08
FHP	2.71
DHMP	10.73
Kaiser	10.78
RMHP	4.67
HEDIS 2020 Colorado CHP+ Weighted Average	11.89
HEDIS 2019 Colorado CHP+ Weighted Average	10.44

CHP+ Plan	Rate
HEDIS 2018 Colorado CHP+ Weighted Average	9.24
<i>Days per 1,000 Member Months (Medicine)—Ages 1 to 9 Years</i>	
COA	2.34
FHP	0.29
DHMP	2.06
Kaiser	1.53
RMHP	2.33
HEDIS 2020 Colorado CHP+ Weighted Average	2.19
HEDIS 2019 Colorado CHP+ Weighted Average	1.89
HEDIS 2018 Colorado CHP+ Weighted Average	1.91
<i>Days per 1,000 Member Months (Medicine)—Ages 10 to 19 Years</i>	
COA	1.51
FHP	0.09
DHMP	1.33
Kaiser	1.41
RMHP	0.53
HEDIS 2020 Colorado CHP+ Weighted Average	1.32
HEDIS 2019 Colorado CHP+ Weighted Average	1.55
HEDIS 2018 Colorado CHP+ Weighted Average	1.38
<i>Days per 1,000 Member Months (Medicine)—Total</i>	
COA	2.14
FHP	0.23
DHMP	1.82
Kaiser	1.54
RMHP	1.50
HEDIS 2020 Colorado CHP+ Weighted Average	1.91
HEDIS 2019 Colorado CHP+ Weighted Average	1.82
HEDIS 2018 Colorado CHP+ Weighted Average	1.78
<i>Average Length of Stay (Medicine)—Age <1 Year</i>	
COA	3.92
FHP	2.00†
DHMP	2.75†
Kaiser	2.50†
RMHP	2.20†
HEDIS 2020 Colorado CHP+ Weighted Average	3.51
HEDIS 2019 Colorado CHP+ Weighted Average	3.50
HEDIS 2018 Colorado CHP+ Weighted Average	3.71

CHP+ Plan	Rate
<i>Average Length of Stay (Medicine)—Ages 1 to 9 Years</i>	
COA	2.75
FHP	1.67†
DHMP	2.21†
Kaiser	2.80†
RMHP	3.79
HEDIS 2020 Colorado CHP+ Weighted Average	2.82
HEDIS 2019 Colorado CHP+ Weighted Average	2.71
HEDIS 2018 Colorado CHP+ Weighted Average	2.86
<i>Average Length of Stay (Medicine)—Ages 10 to 19 Years</i>	
COA	2.67
FHP	1.00†
DHMP	2.33†
Kaiser	4.20†
RMHP	1.68†
HEDIS 2020 Colorado CHP+ Weighted Average	2.69
HEDIS 2019 Colorado CHP+ Weighted Average	3.04
HEDIS 2018 Colorado CHP+ Weighted Average	2.97
<i>Average Length of Stay (Medicine)—Total</i>	
COA	2.82
FHP	1.60†
DHMP	2.30
Kaiser	3.35
RMHP	3.02
HEDIS 2020 Colorado CHP+ Weighted Average	2.83
HEDIS 2019 Colorado CHP+ Weighted Average	2.89
HEDIS 2018 Colorado CHP+ Weighted Average	2.96
<i>Discharges per 1,000 Member Months (Surgery)—Age <1 Year</i>	
COA	0.97
FHP	0.00
DHMP	0.00
Kaiser	0.00
RMHP	0.00
HEDIS 2020 Colorado CHP+ Weighted Average	0.67
HEDIS 2019 Colorado CHP+ Weighted Average	0.75
HEDIS 2018 Colorado CHP+ Weighted Average	0.64

CHP+ Plan	Rate
<i>Discharges per 1,000 Member Months (Surgery)—Ages 1 to 9 Years</i>	
COA	0.16
FHP	0.20
DHMP	0.08
Kaiser	0.22
RMHP	0.10
HEDIS 2020 Colorado CHP+ Weighted Average	0.15
HEDIS 2019 Colorado CHP+ Weighted Average	0.16
HEDIS 2018 Colorado CHP+ Weighted Average	0.19
<i>Discharges per 1,000 Member Months (Surgery)—Ages 10 to 19 Years</i>	
COA	0.27
FHP	0.00
DHMP	0.25
Kaiser	0.22
RMHP	0.25
HEDIS 2020 Colorado CHP+ Weighted Average	0.25
HEDIS 2019 Colorado CHP+ Weighted Average	0.26
HEDIS 2018 Colorado CHP+ Weighted Average	0.28
<i>Discharges per 1,000 Member Months (Surgery)—Total</i>	
COA	0.23
FHP	0.09
DHMP	0.17
Kaiser	0.22
RMHP	0.17
HEDIS 2020 Colorado CHP+ Weighted Average	0.21
HEDIS 2019 Colorado CHP+ Weighted Average	0.21
HEDIS 2018 Colorado CHP+ Weighted Average	0.24
<i>Days per 1,000 Member Months (Surgery)—Age <1 Year</i>	
COA	16.03
FHP	0.00
DHMP	0.00
Kaiser	0.00
RMHP	0.00
HEDIS 2020 Colorado CHP+ Weighted Average	11.02
HEDIS 2019 Colorado CHP+ Weighted Average	3.95
HEDIS 2018 Colorado CHP+ Weighted Average	3.98

CHP+ Plan	Rate
<i>Days per 1,000 Member Months (Surgery)—Ages 1 to 9 Years</i>	
COA	0.66
FHP	0.39
DHMP	0.66
Kaiser	2.27
RMHP	0.87
HEDIS 2020 Colorado CHP+ Weighted Average	0.85
HEDIS 2019 Colorado CHP+ Weighted Average	0.99
HEDIS 2018 Colorado CHP+ Weighted Average	1.13
<i>Days per 1,000 Member Months (Surgery)—Ages 10 to 19 Years</i>	
COA	1.24
FHP	0.00
DHMP	0.70
Kaiser	1.41
RMHP	1.10
HEDIS 2020 Colorado CHP+ Weighted Average	1.18
HEDIS 2019 Colorado CHP+ Weighted Average	1.30
HEDIS 2018 Colorado CHP+ Weighted Average	1.66
<i>Days per 1,000 Member Months (Surgery)—Total</i>	
COA	1.21
FHP	0.18
DHMP	0.67
Kaiser	1.77
RMHP	0.97
HEDIS 2020 Colorado CHP+ Weighted Average	1.18
HEDIS 2019 Colorado CHP+ Weighted Average	1.17
HEDIS 2018 Colorado CHP+ Weighted Average	1.43
<i>Average Length of Stay (Surgery)—Age <1 Year</i>	
COA	16.50†
FHP	NA
DHMP	NA
Kaiser	NA
RMHP	NA
HEDIS 2020 Colorado CHP+ Weighted Average	16.50†
HEDIS 2019 Colorado CHP+ Weighted Average	5.30
HEDIS 2018 Colorado CHP+ Weighted Average	6.22

CHP+ Plan	Rate
<i>Average Length of Stay (Surgery)—Ages 1 to 9 Years</i>	
COA	4.15
FHP	2.00†
DHMP	8.50†
Kaiser	10.40†
RMHP	9.00†
HEDIS 2020 Colorado CHP+ Weighted Average	5.69
HEDIS 2019 Colorado CHP+ Weighted Average	6.23
HEDIS 2018 Colorado CHP+ Weighted Average	6.00
<i>Average Length of Stay (Surgery)—Ages 10 to 19 Years</i>	
COA	4.65
FHP	NA
DHMP	2.75†
Kaiser	6.46†
RMHP	4.47†
HEDIS 2020 Colorado CHP+ Weighted Average	4.70
HEDIS 2019 Colorado CHP+ Weighted Average	5.08
HEDIS 2018 Colorado CHP+ Weighted Average	5.81
<i>Average Length of Stay (Surgery)—Total</i>	
COA	5.36
FHP	2.00†
DHMP	3.90†
Kaiser	8.17†
RMHP	5.76†
HEDIS 2020 Colorado CHP+ Weighted Average	5.63
HEDIS 2019 Colorado CHP+ Weighted Average	5.50
HEDIS 2018 Colorado CHP+ Weighted Average	5.90
<i>Discharges per 1,000 Member Months (Maternity)—Ages 10 to 19 Years</i>	
COA	0.08
FHP	0.00
DHMP	0.16
Kaiser	0.02
RMHP	0.03
HEDIS 2020 Colorado CHP+ Weighted Average	0.07
HEDIS 2019 Colorado CHP+ Weighted Average	0.08
HEDIS 2018 Colorado CHP+ Weighted Average	0.07

CHP+ Plan	Rate
<i>Discharges per 1,000 Member Months (Maternity)—Total</i>	
COA	0.08
FHP	0.00
DHMP	0.16
Kaiser	0.02
RMHP	0.03
HEDIS 2020 Colorado CHP+ Weighted Average	0.07
HEDIS 2019 Colorado CHP+ Weighted Average	0.07
HEDIS 2018 Colorado CHP+ Weighted Average	0.07
<i>Days per 1,000 Member Months (Maternity)—Ages 10 to 19 Years</i>	
COA	0.27
FHP	0.00
DHMP	0.41
Kaiser	0.05
RMHP	0.07
HEDIS 2020 Colorado CHP+ Weighted Average	0.22
HEDIS 2019 Colorado CHP+ Weighted Average	0.19
HEDIS 2018 Colorado CHP+ Weighted Average	0.21
<i>Days per 1,000 Member Months (Maternity)—Total</i>	
COA	0.27
FHP	0.00
DHMP	0.41
Kaiser	0.05
RMHP	0.07
HEDIS 2020 Colorado CHP+ Weighted Average	0.22
HEDIS 2019 Colorado CHP+ Weighted Average	0.18
HEDIS 2018 Colorado CHP+ Weighted Average	0.21
<i>Average Length of Stay (Maternity)—Ages 10 to 19 Years</i>	
COA	3.43†
FHP	NA
DHMP	2.60†
Kaiser	3.00†
RMHP	2.00†
HEDIS 2020 Colorado CHP+ Weighted Average	3.19
HEDIS 2019 Colorado CHP+ Weighted Average	2.49
HEDIS 2018 Colorado CHP+ Weighted Average	2.97

CHP+ Plan	Rate
<i>Average Length of Stay (Maternity)—Total</i>	
COA	3.43†
FHP	NA
DHMP	2.60†
Kaiser	3.00†
RMHP	2.00†
HEDIS 2020 Colorado CHP+ Weighted Average	3.19
HEDIS 2019 Colorado CHP+ Weighted Average	2.49
HEDIS 2018 Colorado CHP+ Weighted Average	2.97
<i>Antibiotic Utilization*</i>	
<i>Average Scripts PMPY for Antibiotics—Ages 0 to 9 Years</i>	
COA	0.41
FHP	0.49
DHMP	0.21
Kaiser	0.34
RMHP	0.48
HEDIS 2020 Colorado CHP+ Weighted Average	0.40
HEDIS 2019 Colorado CHP+ Weighted Average	0.36
HEDIS 2018 Colorado CHP+ Weighted Average	0.41
<i>Average Scripts PMPY for Antibiotics—Ages 10 to 17 Years</i>	
COA	0.28
FHP	0.34
DHMP	0.14
Kaiser	0.23
RMHP	0.33
HEDIS 2020 Colorado CHP+ Weighted Average	0.27
HEDIS 2019 Colorado CHP+ Weighted Average	0.27
HEDIS 2018 Colorado CHP+ Weighted Average	0.30
<i>Average Scripts PMPY for Antibiotics—Ages 18 to 34 Years</i>	
COA	0.40
FHP	0.46
DHMP	0.28
Kaiser	0.32
RMHP	0.52
HEDIS 2020 Colorado CHP+ Weighted Average	0.39
HEDIS 2019 Colorado CHP+ Weighted Average	0.37
HEDIS 2018 Colorado CHP+ Weighted Average	0.44

CHP+ Plan	Rate
<i>Average Scripts PMPY for Antibiotics—Total</i>	
COA	0.35
FHP	0.42
DHMP	0.18
Kaiser	0.29
RMHP	0.41
HEDIS 2020 Colorado CHP+ Weighted Average	0.34
HEDIS 2019 Colorado CHP+ Weighted Average	0.33
HEDIS 2018 Colorado CHP+ Weighted Average	0.38
<i>Average Days Supplied per Antibiotic Script—Ages 0 to 9 Years</i>	
COA	9.75
FHP	89.52
DHMP	9.41
Kaiser	10.01
RMHP	19.66
HEDIS 2020 Colorado CHP+ Weighted Average	13.69
HEDIS 2019 Colorado CHP+ Weighted Average	12.64
HEDIS 2018 Colorado CHP+ Weighted Average	10.15
<i>Average Days Supplied per Antibiotic Script—Ages 10 to 17 Years</i>	
COA	12.14
FHP	118.26
DHMP	12.67
Kaiser	13.12
RMHP	21.89
HEDIS 2020 Colorado CHP+ Weighted Average	17.11
HEDIS 2019 Colorado CHP+ Weighted Average	15.93
HEDIS 2018 Colorado CHP+ Weighted Average	12.64
<i>Average Days Supplied per Antibiotic Script—Ages 18 to 34 Years</i>	
COA	11.85
FHP	134.67
DHMP	12.35
Kaiser	13.41
RMHP	20.64
HEDIS 2020 Colorado CHP+ Weighted Average	17.01
HEDIS 2019 Colorado CHP+ Weighted Average	15.71
HEDIS 2018 Colorado CHP+ Weighted Average	12.29

CHP+ Plan	Rate
<i>Average Days Supplied per Antibiotic Script—Total</i>	
COA	10.70
FHP	102.83
DHMP	10.88
Kaiser	11.52
RMHP	20.51
HEDIS 2020 Colorado CHP+ Weighted Average	15.10
HEDIS 2019 Colorado CHP+ Weighted Average	16.86
HEDIS 2018 Colorado CHP+ Weighted Average	11.36
<i>Average Scripts PMPY for Antibiotics of Concern—Ages 0 to 9 Years</i>	
COA	0.13
FHP	0.16
DHMP	0.04
Kaiser	0.09
RMHP	0.15
HEDIS 2020 Colorado CHP+ Weighted Average	0.13
HEDIS 2019 Colorado CHP+ Weighted Average	0.12
HEDIS 2018 Colorado CHP+ Weighted Average	0.13
<i>Average Scripts PMPY for Antibiotics of Concern—Ages 10 to 17 Years</i>	
COA	0.09
FHP	0.13
DHMP	0.04
Kaiser	0.07
RMHP	0.12
HEDIS 2020 Colorado CHP+ Weighted Average	0.09
HEDIS 2019 Colorado CHP+ Weighted Average	0.09
HEDIS 2018 Colorado CHP+ Weighted Average	0.10
<i>Average Scripts PMPY for Antibiotics of Concern—Ages 18 to 34 Years</i>	
COA	0.13
FHP	0.23
DHMP	0.09
Kaiser	0.11
RMHP	0.17
HEDIS 2020 Colorado CHP+ Weighted Average	0.13
HEDIS 2019 Colorado CHP+ Weighted Average	0.13
HEDIS 2018 Colorado CHP+ Weighted Average	0.14

CHP+ Plan	Rate
<i>Average Scripts PMPY for Antibiotics of Concern—Total</i>	
COA	0.12
FHP	0.15
DHMP	0.04
Kaiser	0.08
RMHP	0.14
HEDIS 2020 Colorado CHP+ Weighted Average	0.11
HEDIS 2019 Colorado CHP+ Weighted Average	0.11
HEDIS 2018 Colorado CHP+ Weighted Average	0.12
<i>Percentage of Antibiotics of Concern of All Antibiotic Scripts—Ages 0 to 9 Years</i>	
COA	32.69%
FHP	33.26%
DHMP	21.02%
Kaiser	26.19%
RMHP	31.51%
HEDIS 2020 Colorado CHP+ Weighted Average	31.58%
HEDIS 2019 Colorado CHP+ Weighted Average	32.39%
HEDIS 2018 Colorado CHP+ Weighted Average	32.85%
<i>Percentage of Antibiotics of Concern of All Antibiotic Scripts—Ages 10 to 17 Years</i>	
COA	33.75%
FHP	38.08%
DHMP	25.47%
Kaiser	27.90%
RMHP	36.15%
HEDIS 2020 Colorado CHP+ Weighted Average	33.38%
HEDIS 2019 Colorado CHP+ Weighted Average	33.82%
HEDIS 2018 Colorado CHP+ Weighted Average	32.37%
<i>Percentage of Antibiotics of Concern of All Antibiotic Scripts—Ages 18 to 34 Years</i>	
COA	32.88%
FHP	48.89%
DHMP	32.53%
Kaiser	34.18%
RMHP	32.47%
HEDIS 2020 Colorado CHP+ Weighted Average	33.46%
HEDIS 2019 Colorado CHP+ Weighted Average	34.12%
HEDIS 2018 Colorado CHP+ Weighted Average	33.11%

CHP+ Plan	Rate
<i>Percentage of Antibiotics of Concern of All Antibiotic Scripts—Total</i>	
COA	33.07%
FHP	35.97%
DHMP	23.74%
Kaiser	27.59%
RMHP	33.22%
HEDIS 2020 Colorado CHP+ Weighted Average	32.33%
HEDIS 2019 Colorado CHP+ Weighted Average	31.91%
HEDIS 2018 Colorado CHP+ Weighted Average	33.02%

* 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 2018, 2019, and 2020 are presented.

HEDIS 2019 to 2020 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.

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

COA Trend Table

Table B-1—COA Trend Table

Performance Measures	HEDIS 2018 Rate	HEDIS 2019 Rate	HEDIS 2020 Rate	Percentile Ranking
<i>Pediatric Care</i>				
<i>Childhood Immunization Status</i>				
<i>DTaP</i>	69.69%	75.83%	78.13%	50th–74th
<i>IPV</i>	81.52%	86.44%	86.60%	10th–24th
<i>MMR</i>	82.26%	86.44%	88.37%	25th–49th
<i>HiB</i>	82.26%	87.03%	88.62%	50th–74th
<i>Hepatitis B</i>	80.15%	85.61%	84.58%	10th–24th
<i>VZV</i>	79.51%	84.32%	86.09%	10th–24th
<i>Pneumococcal Conjugate</i>	72.65%	78.07%	78.76%	50th–74th
<i>Hepatitis A</i>	76.24%	80.66%	83.44%	25th–49th
<i>Rotavirus</i>	68.74%	76.18%	74.46%	50th–74th
<i>Influenza</i>	49.84%	57.08%	63.08% ^	≥90th
<i>Combination 2</i>	62.30%	71.58%	72.06%	25th–49th
<i>Combination 3</i>	60.82%	69.58%	70.04%	25th–49th
<i>Combination 4</i>	58.71%	66.86%	68.02%	50th–74th
<i>Combination 5</i>	53.96%	63.21%	61.31%	50th–74th
<i>Combination 6</i>	41.29%	49.53%	53.22%	75th–89th
<i>Combination 7</i>	52.38%	61.32%	59.92%	50th–74th
<i>Combination 8</i>	39.92%	48.23%	51.83%	75th–89th
<i>Combination 9</i>	37.59%	45.64%	47.53%	75th–89th

Performance Measures	HEDIS 2018 Rate	HEDIS 2019 Rate	HEDIS 2020 Rate	Percentile Ranking
<i>Combination 10</i>	36.54%	44.58%	46.78%	75th–89th
Immunizations for Adolescents				
<i>Meningococcal</i>	72.28%	78.09%	78.14%	25th–49th
<i>Tdap</i>	83.26%	87.54%	87.59%	25th–49th
<i>HPV</i>	34.54%	41.17%	44.04%	75th–89th
<i>Combination 1 (Meningococcal, Tdap)</i>	70.24%	76.30%	76.14%	25th–49th
<i>Combination 2 (Meningococcal, Tdap, HPV)</i>	31.71%	38.90%	40.19%	50th–74th
Well-Child Visits in the First 15 Months of Life				
<i>Zero Visits*</i>	1.36%	6.36%	6.09%	<10th
<i>Six or More Visits</i>	59.86%	47.27%	59.13% ^	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>	69.32%	68.50%	71.17%	25th–49th
Adolescent Well-Care Visits				
<i>Adolescent Well-Care Visits</i>	48.34%	49.87%	52.24%	25th–49th
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents				
<i>BMI Percentile Documentation—Ages 3 to 11 Years</i>	4.25%	7.47%	10.00%	<10th
<i>BMI Percentile Documentation—Ages 12 to 17 Years</i>	6.97%	12.36%	14.69%	<10th
<i>BMI Percentile Documentation—Total</i>	5.25%	9.27%	11.78%	<10th
<i>Counseling for Nutrition—Ages 3 to 11 Years</i>	2.33%	4.39%	5.82%	<10th
<i>Counseling for Nutrition—Ages 12 to 17 Years</i>	3.98%	6.35%	8.04%	<10th
<i>Counseling for Nutrition—Total</i>	2.94%	5.11%	6.66%	<10th
<i>Counseling for Physical Activity—Ages 3 to 11 Years</i>	0.23%	1.98%	3.21%	<10th
<i>Counseling for Physical Activity—Ages 12 to 17 Years</i>	2.49%	5.13%	6.25%	<10th
<i>Counseling for Physical Activity—Total</i>	1.06%	3.14%	4.36%	<10th
Access to Care				
Children and Adolescents' Access to Primary Care Practitioners¹				
<i>Ages 12 to 24 Months</i>	94.65%	90.30%	92.29%	10th–24th
<i>Ages 25 Months to 6 Years</i>	85.90%	84.52%	86.12%	25th–49th
<i>Ages 7 to 11 Years</i>	89.74%	87.98%	88.03%	25th–49th
<i>Ages 12 to 19 Years</i>	90.90%	87.78%	87.93%	25th–49th
Preventive Screening				
Chlamydia Screening in Women				
<i>Ages 16 to 20 Years</i>	32.11%	32.27%	34.07%	<10th

Performance Measures	HEDIS 2018 Rate	HEDIS 2019 Rate	HEDIS 2020 Rate	Percentile Ranking
Non-Recommended Cervical Cancer Screening in Adolescent Females*				
<i>Non-Recommended Cervical Cancer Screening in Adolescent Females</i>	0.06%	0.08%	0.00%	≥90th
Mental/Behavioral Health				
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%	NA	NA	—
Metabolic Monitoring for Children and Adolescents on Antipsychotics				
<i>Blood Glucose Testing—Ages 1 to 11 Years</i>	—	—	NA	—
<i>Blood Glucose Testing—Ages 12 to 17 Years</i>	—	—	66.25%	—
<i>Blood Glucose Testing—Total</i>	—	—	60.58%	—
<i>Cholesterol Testing—Ages 1 to 11 Years</i>	—	—	NA	—
<i>Cholesterol Testing—Ages 12 to 17 Years</i>	—	—	35.00%	—
<i>Cholesterol Testing—Total</i>	—	—	33.65%	—
<i>Blood Glucose and Cholesterol Testing—Ages 1 to 11 Years</i>	—	—	NA	—
<i>Blood Glucose and Cholesterol Testing—Ages 12 to 17 Years</i>	27.85%	28.33%	32.50%	25th–49th
<i>Blood Glucose and Cholesterol Testing—Total</i>	29.59%	30.49%	30.77%	25th–49th
Respiratory Conditions				
Appropriate Testing for Pharyngitis²				
<i>Ages 3 to 17 Years</i>	—	—	85.48%	—
<i>Ages 18 to 64 Years</i>	—	—	84.42%	—
Appropriate Treatment for Upper Respiratory Infection²				
<i>Ages 3 Months to 17 Years</i>	—	—	92.27%	—
<i>Ages 18 to 64 Years</i>	—	—	89.96%	—
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis²				
<i>Ages 3 Months to 17 Years</i>	—	—	72.11%	—
<i>Ages 18 to 64 Years</i>	—	—	NA	—
Medication Management for People With Asthma				
<i>Medication Compliance 50%—Ages 5 to 11 Years</i>	65.41%	58.41%	62.50%	75th–89th
<i>Medication Compliance 50%—Ages 12 to 18 Years</i>	55.77%	50.00%	60.22%	50th–74th
<i>Medication Compliance 50%—Total</i>	61.18%	54.68%	61.50%	50th–74th
<i>Medication Compliance 75%—Ages 5 to 11 Years</i>	34.59%	36.28%	40.00%	75th–89th
<i>Medication Compliance 75%—Ages 12 to 18 Years</i>	27.88%	23.33%	35.48%	50th–74th

Performance Measures	HEDIS 2018 Rate	HEDIS 2019 Rate	HEDIS 2020 Rate	Percentile Ranking
<i>Medication Compliance 75%—Total</i>	31.65%	30.54%	38.03%	50th–74th
Asthma Medication Ratio				
<i>Ages 5 to 11 Years</i>	80.58%	83.19%	87.60%	≥90th
<i>Ages 12 to 18 Years</i>	72.07%	75.79%	72.92%	75th–89th
<i>Total</i>	76.80%	79.91%	81.11%	≥90th
Use of Services[†]				
Ambulatory Care (Per 1,000 Member Months)				
<i>Emergency Department Visits*</i>	26.36	26.90	27.08	≥90th
<i>Outpatient Visits</i>	221.11	218.12	227.68	<10th
Inpatient Utilization—General Hospital/Acute Care				
<i>Discharges per 1,000 Member Months (Total Inpatient)</i>	0.99	1.03	1.02	<10th
<i>Days per 1,000 Member Months (Total Inpatient)</i>	3.70	3.55	3.47	<10th
<i>Average Length of Stay (Total Inpatient)</i>	3.74	3.43	3.40	10th–24th
<i>Discharges per 1,000 Member Months (Medicine)</i>	0.67	0.74	0.76	<10th
<i>Days per 1,000 Member Months (Medicine)</i>	1.91	2.19	2.14	<10th
<i>Average Length of Stay (Medicine)</i>	2.85	2.97	2.82	<10th
<i>Discharges per 1,000 Member Months (Surgery)</i>	0.28	0.25	0.23	<10th
<i>Days per 1,000 Member Months (Surgery)</i>	1.67	1.25	1.21	<10th
<i>Average Length of Stay (Surgery)</i>	6.00	4.90	5.36	<10th
<i>Discharges per 1,000 Member Months (Maternity)</i>	0.09	0.09	0.08	<10th
<i>Days per 1,000 Member Months (Maternity)</i>	0.28	0.23	0.27	<10th
<i>Average Length of Stay (Maternity)</i>	3.05 [†]	2.58 [†]	NA	—
Antibiotic Utilization*				
<i>Average Scripts PMPY for Antibiotics</i>	0.42	0.35	0.35	≥90th
<i>Average Days Supplied per Antibiotic Script</i>	10.88	10.87	10.70	<10th
<i>Average Scripts PMPY for Antibiotics of Concern</i>	0.14	0.12	0.12	≥90th
<i>Percentage of Antibiotics of Concern of All Antibiotic Scripts</i>	34.12%	33.71%	33.07%	≥90th

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

¹ Due to changes in the technical specifications for this measure, NCQA recommends that trending between 2020 and prior years be considered with caution.

² Due to changes in the technical specifications for this measure, NCQA recommends a break in trending between 2020 and prior years; therefore, prior years' rates are not displayed and comparisons to benchmarks are not performed for this measure.

— 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 2018 or HEDIS 2019.

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 2018 Rate	HEDIS 2019 Rate	HEDIS 2020 Rate	Percentile Ranking
Pediatric Care				
Childhood Immunization Status				
<i>DTaP</i>	BR	69.84%	82.26%	75th–89th
<i>IPV</i>	BR	75.40%	96.77% ^	≥90th
<i>MMR</i>	BR	78.57%	93.55% ^	≥90th
<i>HiB</i>	BR	74.60%	95.16% ^	≥90th
<i>Hepatitis B</i>	BR	73.81%	100.00% ^	≥90th
<i>VZV</i>	BR	78.57%	93.55% ^	≥90th
<i>Pneumococcal Conjugate</i>	BR	69.05%	85.48% ^	≥90th
<i>Hepatitis A</i>	BR	80.16%	93.55% ^	≥90th
<i>Rotavirus</i>	BR	66.67%	87.10% ^	≥90th
<i>Influenza</i>	BR	53.17%	64.52%	≥90th
<i>Combination 2</i>	BR	67.46%	82.26% ^	≥90th
<i>Combination 3</i>	BR	65.87%	82.26% ^	≥90th
<i>Combination 4</i>	BR	65.87%	82.26% ^	≥90th
<i>Combination 5</i>	BR	57.94%	79.03% ^	≥90th
<i>Combination 6</i>	BR	46.03%	59.68%	≥90th
<i>Combination 7</i>	BR	57.94%	79.03% ^	≥90th
<i>Combination 8</i>	BR	46.03%	59.68%	≥90th
<i>Combination 9</i>	BR	41.27%	58.06% ^	≥90th
<i>Combination 10</i>	BR	41.27%	58.06% ^	≥90th
Immunizations for Adolescents				
<i>Meningococcal</i>	71.56%	84.21%	91.14%	≥90th
<i>Tdap</i>	85.32%	85.53%	87.34%	25th–49th
<i>HPV</i>	56.88%	57.24%	55.70%	≥90th
<i>Combination 1 (Meningococcal, Tdap)</i>	68.81%	82.24%	86.71%	75th–89th
<i>Combination 2 (Meningococcal, Tdap, HPV)</i>	49.54%	55.92%	53.80%	≥90th
Well-Child Visits in the First 15 Months of Life				
<i>Zero Visits*</i>	NA	15.15%	2.22% ^	25th–49th
<i>Six or More Visits</i>	NA	63.64%	66.67%	50th–74th
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>	46.64%	64.74%	71.33% ^	25th–49th
Adolescent Well-Care Visits				
<i>Adolescent Well-Care Visits</i>	37.64%	45.30%	52.41% ^	25th–49th

Performance Measures	HEDIS 2018 Rate	HEDIS 2019 Rate	HEDIS 2020 Rate	Percentile Ranking
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents				
<i>BMI Percentile Documentation—Ages 3 to 11 Years</i>	11.76%	14.27%	18.23% ^	<10th
<i>BMI Percentile Documentation—Ages 12 to 17 Years</i>	26.76%	33.15%	31.02%	<10th
<i>BMI Percentile Documentation—Total</i>	17.71%	21.80%	23.81%	<10th
<i>Counseling for Nutrition—Ages 3 to 11 Years</i>	1.45%	2.14%	4.56%	<10th
<i>Counseling for Nutrition—Ages 12 to 17 Years</i>	13.97%	16.67%	13.17%	<10th
<i>Counseling for Nutrition—Total</i>	6.41%	7.93%	8.31%	<10th
<i>Counseling for Physical Activity—Ages 3 to 11 Years</i>	0.39%	1.66%	3.49%	<10th
<i>Counseling for Physical Activity—Ages 12 to 17 Years</i>	2.94%	14.16%	12.48%	<10th
<i>Counseling for Physical Activity—Total</i>	1.40%	6.65%	7.41%	<10th
Access to Care				
Children and Adolescents' Access to Primary Care Practitioners¹				
<i>Ages 12 to 24 Months</i>	69.03%	90.36%	90.00%	<10th
<i>Ages 25 Months to 6 Years</i>	57.24%	73.58%	81.24% ^	10th–24th
<i>Ages 7 to 11 Years</i>	81.33%	86.93%	84.85%	10th–24th
<i>Ages 12 to 19 Years</i>	78.05%	82.04%	82.08%	<10th
Preventive Screening				
Chlamydia Screening in Women				
<i>Ages 16 to 20 Years</i>	39.74%	47.22%	47.89%	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				
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>Blood Glucose Testing—Ages 1 to 11 Years</i>	—	—	NA	—
<i>Blood Glucose Testing—Ages 12 to 17 Years</i>	—	—	NA	—
<i>Blood Glucose Testing—Total</i>	—	—	NA	—
<i>Cholesterol Testing—Ages 1 to 11 Years</i>	—	—	NA	—
<i>Cholesterol Testing—Ages 12 to 17 Years</i>	—	—	NA	—

Performance Measures	HEDIS 2018 Rate	HEDIS 2019 Rate	HEDIS 2020 Rate	Percentile Ranking
<i>Cholesterol Testing—Total</i>	—	—	NA	—
<i>Blood Glucose and Cholesterol Testing—Ages 1 to 11 Years</i>	—	—	NA	—
<i>Blood Glucose and Cholesterol Testing—Ages 12 to 17 Years</i>	NA	NA	NA	—
<i>Blood Glucose and Cholesterol Testing—Total</i>	NA	NA	NA	—
Respiratory Conditions				
Appropriate Testing for Pharyngitis²				
<i>Ages 3 to 17 Years</i>	—	—	90.58%	—
<i>Ages 18 to 64 Years</i>	—	—	NA	—
Appropriate Treatment for Upper Respiratory Infection²				
<i>Ages 3 Months to 17 Years</i>	—	—	97.88%	—
<i>Ages 18 to 64 Years</i>	—	—	NA	—
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis²				
<i>Ages 3 Months to 17 Years</i>	—	—	NA	—
<i>Ages 18 to 64 Years</i>	—	—	NA	—
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>Emergency Department Visits*</i>	18.43	21.49	22.57	≥90th
<i>Outpatient Visits</i>	123.51	135.56	158.85	<10th
Inpatient Utilization—General Hospital/Acute Care				
<i>Discharges per 1,000 Member Months (Total Inpatient)</i>	0.69	0.82	1.05	<10th
<i>Days per 1,000 Member Months (Total Inpatient)</i>	2.91	2.52	2.71	<10th
<i>Average Length of Stay (Total Inpatient)</i>	4.25	3.07	2.59	<10th
<i>Discharges per 1,000 Member Months (Medicine)</i>	0.49	0.60	0.79	<10th

Performance Measures	HEDIS 2018 Rate	HEDIS 2019 Rate	HEDIS 2020 Rate	Percentile Ranking
<i>Days per 1,000 Member Months (Medicine)</i>	1.43	1.56	1.82	<10th
<i>Average Length of Stay (Medicine)</i>	2.90	2.59	2.30	<10th
<i>Discharges per 1,000 Member Months (Surgery)</i>	0.18	0.17	0.17	<10th
<i>Days per 1,000 Member Months (Surgery)</i>	1.46	0.87	0.67	<10th
<i>Average Length of Stay (Surgery)</i>	8.07†	5.07†	NA	—
<i>Discharges per 1,000 Member Months (Maternity)</i>	0.02	0.09	0.16	<10th
<i>Days per 1,000 Member Months (Maternity)</i>	0.05	0.19	0.41	<10th
<i>Average Length of Stay (Maternity)</i>	2.00†	2.00†	NA	—
Antibiotic Utilization*				
<i>Average Scripts PMPY for Antibiotics</i>	0.09	0.14	0.18	≥90th
<i>Average Days Supplied per Antibiotic Script</i>	12.07	11.28	10.88	<10th
<i>Average Scripts PMPY for Antibiotics of Concern</i>	0.02	0.03	0.04	≥90th
<i>Percentage of Antibiotics of Concern of All Antibiotic Scripts</i>	23.31%	24.04%	23.74%	≥90th

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

¹ Due to changes in the technical specifications for this measure, NCQA recommends that trending between 2020 and prior years be considered with caution.

² Due to changes in the technical specifications for this measure, NCQA recommends a break in trending between 2020 and prior years; therefore, prior years' rates are not displayed and comparisons to benchmarks are not performed for this measure.

— 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 2018 or HEDIS 2019.

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 2018 Rate	HEDIS 2019 Rate	HEDIS 2020 Rate	Percentile Ranking
Pediatric Care				
Childhood Immunization Status				
<i>DTaP</i>	9.80%	7.14%	0.00%	<10th
<i>IPV</i>	15.69%	7.14%	0.00%	<10th
<i>MMR</i>	54.90%	40.48%	50.00%	<10th
<i>HiB</i>	17.65%	9.52%	6.67%	<10th
<i>Hepatitis B</i>	13.73%	7.14%	0.00%	<10th
<i>VZV</i>	52.94%	38.10%	40.00%	<10th
<i>Pneumococcal Conjugate</i>	9.80%	7.14%	0.00%	<10th
<i>Hepatitis A</i>	49.02%	52.38%	56.67%	<10th
<i>Rotavirus</i>	1.96%	4.76%	0.00%	<10th
<i>Influenza</i>	17.65%	11.90%	13.33%	<10th
<i>Combination 2</i>	7.84%	4.76%	0.00%	<10th
<i>Combination 3</i>	5.88%	4.76%	0.00%	<10th
<i>Combination 4</i>	3.92%	4.76%	0.00%	<10th
<i>Combination 5</i>	0.00%	4.76%	0.00%	<10th
<i>Combination 6</i>	3.92%	0.00%	0.00%	<10th
<i>Combination 7</i>	0.00%	4.76%	0.00%	<10th
<i>Combination 8</i>	1.96%	0.00%	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>	15.94%	31.58%	48.39%	<10th
<i>Tdap</i>	36.23%	56.14%	51.61%	<10th
<i>HPV</i>	8.70%	14.04%	14.52%	<10th
<i>Combination 1 (Meningococcal, Tdap)</i>	15.94%	26.32%	41.94%	<10th
<i>Combination 2 (Meningococcal, Tdap, HPV)</i>	5.80%	12.28%	8.06%	<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>	43.72%	55.62%	27.27%^^	<10th
Adolescent Well-Care Visits				
<i>Adolescent Well-Care Visits</i>	25.05%	37.65%	8.17%^^	<10th

Performance Measures	HEDIS 2018 Rate	HEDIS 2019 Rate	HEDIS 2020 Rate	Percentile Ranking
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents				
<i>BMI Percentile Documentation—Ages 3 to 11 Years</i>	2.29%	12.15%	12.80%	<10th
<i>BMI Percentile Documentation—Ages 12 to 17 Years</i>	0.83%	6.28%	15.09% [^]	<10th
<i>BMI Percentile Documentation—Total</i>	1.69%	9.70%	13.69%	<10th
<i>Counseling for Nutrition—Ages 3 to 11 Years</i>	6.30%	4.17%	3.20%	<10th
<i>Counseling for Nutrition—Ages 12 to 17 Years</i>	5.37%	5.31%	8.81%	<10th
<i>Counseling for Nutrition—Total</i>	5.92%	4.65%	5.38%	<10th
<i>Counseling for Physical Activity—Ages 3 to 11 Years</i>	0.57%	0.00%	0.00%	<10th
<i>Counseling for Physical Activity—Ages 12 to 17 Years</i>	7.44%	14.98%	5.03% ^{^^}	<10th
<i>Counseling for Physical Activity—Total</i>	3.38%	6.26%	1.96% ^{^^}	<10th
Access to Care				
Children and Adolescents' Access to Primary Care Practitioners¹				
<i>Ages 12 to 24 Months</i>	NA	NA	NA	—
<i>Ages 25 Months to 6 Years</i>	65.33%	71.90%	67.27%	<10th
<i>Ages 7 to 11 Years</i>	73.58%	87.18%	81.94%	<10th
<i>Ages 12 to 19 Years</i>	80.49%	86.43%	83.17%	10th–24th
Preventive Screening				
Chlamydia Screening in Women				
<i>Ages 16 to 20 Years</i>	13.95%	NA	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				
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>Blood Glucose Testing—Ages 1 to 11 Years</i>	—	—	NA	—
<i>Blood Glucose Testing—Ages 12 to 17 Years</i>	—	—	NA	—
<i>Blood Glucose Testing—Total</i>	—	—	NA	—
<i>Cholesterol Testing—Ages 1 to 11 Years</i>	—	—	NA	—
<i>Cholesterol Testing—Ages 12 to 17 Years</i>	—	—	NA	—

Performance Measures	HEDIS 2018 Rate	HEDIS 2019 Rate	HEDIS 2020 Rate	Percentile Ranking
<i>Cholesterol Testing—Total</i>	—	—	NA	—
<i>Blood Glucose and Cholesterol Testing—Ages 1 to 11 Years</i>	—	—	NA	—
<i>Blood Glucose and Cholesterol Testing—Ages 12 to 17 Years</i>	NA	NA	NA	—
<i>Blood Glucose and Cholesterol Testing—Total</i>	NA	NA	NA	—
Respiratory Conditions				
Appropriate Testing for Pharyngitis²				
<i>Ages 3 to 17 Years</i>	—	—	65.81%	—
<i>Ages 18 to 64 Years</i>	—	—	NA	—
Appropriate Treatment for Upper Respiratory Infection²				
<i>Ages 3 Months to 17 Years</i>	—	—	91.67%	—
<i>Ages 18 to 64 Years</i>	—	—	NA	—
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis²				
<i>Ages 3 Months to 17 Years</i>	—	—	NA	—
<i>Ages 18 to 64 Years</i>	—	—	NA	—
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>Emergency Department Visits*</i>	15.98	17.33	20.17	≥90th
<i>Outpatient Visits</i>	175.38	166.81	190.96	<10th
Inpatient Utilization—General Hospital/Acute Care				
<i>Discharges per 1,000 Member Months (Total Inpatient)</i>	0.65	0.37	0.32	<10th
<i>Days per 1,000 Member Months (Total Inpatient)</i>	1.38	0.87	0.55	<10th
<i>Average Length of Stay (Total Inpatient)</i>	2.13 [†]	2.33 [†]	1.71 [†]	<10th
<i>Discharges per 1,000 Member Months (Medicine)</i>	0.45	0.21	0.37	<10th

Performance Measures	HEDIS 2018 Rate	HEDIS 2019 Rate	HEDIS 2020 Rate	Percentile Ranking
<i>Days per 1,000 Member Months (Medicine)</i>	1.06	0.42	0.23	<10th
<i>Average Length of Stay (Medicine)</i>	2.36†	2.00†	1.60†	<10th
<i>Discharges per 1,000 Member Months (Surgery)</i>	0.16	0.17	0.09	<10th
<i>Days per 1,000 Member Months (Surgery)</i>	0.24	0.25	0.18	<10th
<i>Average Length of Stay (Surgery)</i>	1.50†	1.50†	2.00†	<10th
<i>Discharges per 1,000 Member Months (Maternity)</i>	0.08	0.00	0.00	<10th
<i>Days per 1,000 Member Months (Maternity)</i>	0.16	0.00	0.00	<10th
<i>Average Length of Stay (Maternity)</i>	2.00†	NA	NA	—
Antibiotic Utilization*				
<i>Average Scripts PMPY for Antibiotics</i>	0.97	12.00	0.42	≥90th
<i>Average Days Supplied per Antibiotic Script</i>	16.68	99.95	102.83	<10th
<i>Average Scripts PMPY for Antibiotics of Concern</i>	0.41	2.32	0.15	≥90th
<i>Percentage of Antibiotics of Concern of All Antibiotic Scripts</i>	41.62%	19.35%	35.97%	75th–89th

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

¹ Due to changes in the technical specifications for this measure, NCQA recommends that trending between 2020 and prior years be considered with caution.

² Due to changes in the technical specifications for this measure, NCQA recommends a break in trending between 2020 and prior years; therefore, prior years' rates are not displayed and comparisons to benchmarks are not performed for this measure.

— 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 2018 or HEDIS 2019.

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 2018 Rate	HEDIS 2019 Rate	HEDIS 2020 Rate	Percentile Ranking
Pediatric Care				
Childhood Immunization Status				
<i>DTaP</i>	73.90%	71.13%	77.54%	50th–74th
<i>IPV</i>	84.75%	87.03%	90.91%	50th–74th
<i>MMR</i>	83.05%	81.17%	89.84% ^	50th–74th
<i>HiB</i>	85.42%	87.87%	90.37%	50th–74th
<i>Hepatitis B</i>	83.39%	88.70%	91.98%	50th–74th
<i>VZV</i>	81.69%	81.59%	87.70%	25th–49th
<i>Pneumococcal Conjugate</i>	78.64%	77.82%	83.42%	75th–89th
<i>Hepatitis A</i>	81.36%	81.17%	87.70%	50th–74th
<i>Rotavirus</i>	68.14%	76.57%	81.28%	≥90th
<i>Influenza</i>	47.80%	48.95%	67.38% ^	≥90th
<i>Combination 2</i>	70.85%	69.46%	75.94%	50th–74th
<i>Combination 3</i>	70.17%	67.36%	74.33%	50th–74th
<i>Combination 4</i>	69.15%	66.95%	74.33%	75th–89th
<i>Combination 5</i>	62.03%	62.76%	69.52%	≥90th
<i>Combination 6</i>	43.73%	41.84%	59.89% ^	≥90th
<i>Combination 7</i>	61.02%	62.34%	69.52%	≥90th
<i>Combination 8</i>	43.39%	41.84%	59.89% ^	≥90th
<i>Combination 9</i>	39.32%	40.59%	56.15% ^	≥90th
<i>Combination 10</i>	38.98%	40.59%	56.15% ^	≥90th
Immunizations for Adolescents				
<i>Meningococcal</i>	84.96%	84.49%	85.00%	50th–74th
<i>Tdap</i>	87.02%	89.77%	88.33%	50th–74th
<i>HPV</i>	56.05%	58.42%	56.67%	≥90th
<i>Combination 1 (Meningococcal, Tdap)</i>	82.30%	82.84%	82.33%	50th–74th
<i>Combination 2 (Meningococcal, Tdap, HPV)</i>	53.98%	56.44%	53.67%	≥90th
Well-Child Visits in the First 15 Months of Life				
<i>Zero Visits*</i>	2.91%	2.02%	1.69%	25th–49th
<i>Six or More Visits</i>	66.02%	73.74%	76.27%	≥90th
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>	59.35%	65.44%	65.50%	10th–24th
Adolescent Well-Care Visits				
<i>Adolescent Well-Care Visits</i>	41.18%	45.24%	46.58%	25th–49th

Performance Measures	HEDIS 2018 Rate	HEDIS 2019 Rate	HEDIS 2020 Rate	Percentile Ranking
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents				
<i>BMI Percentile Documentation—Ages 3 to 11 Years</i>	97.40%	98.82%	98.14%	≥90th
<i>BMI Percentile Documentation—Ages 12 to 17 Years</i>	97.12%	98.18%	97.89%	≥90th
<i>BMI Percentile Documentation—Total</i>	97.29%	98.57%	98.04%	≥90th
<i>Counseling for Nutrition—Ages 3 to 11 Years</i>	96.10%	96.57%	95.41%	≥90th
<i>Counseling for Nutrition—Ages 12 to 17 Years</i>	94.78%	95.59%	94.76%	≥90th
<i>Counseling for Nutrition—Total</i>	95.57%	96.18%	95.14%	≥90th
<i>Counseling for Physical Activity—Ages 3 to 11 Years</i>	96.10%	96.57%	95.41%	≥90th
<i>Counseling for Physical Activity—Ages 12 to 17 Years</i>	94.78%	95.59%	94.76%	≥90th
<i>Counseling for Physical Activity—Total</i>	95.57%	96.18%	95.14%	≥90th
Access to Care				
Children and Adolescents' Access to Primary Care Practitioners¹				
<i>Ages 12 to 24 Months</i>	87.44%	97.22%	91.30%^^	10th–24th
<i>Ages 25 Months to 6 Years</i>	75.76%	83.25%	83.89%	10th–24th
<i>Ages 7 to 11 Years</i>	86.56%	86.81%	89.45%	25th–49th
<i>Ages 12 to 19 Years</i>	88.45%	88.26%	87.70%	25th–49th
Preventive Screening				
Chlamydia Screening in Women				
<i>Ages 16 to 20 Years</i>	41.43%	45.51%	52.69%	25th–49th
Non-Recommended Cervical Cancer Screening in Adolescent Females*				
<i>Non-Recommended Cervical Cancer Screening in Adolescent Females</i>	0.17%	0.00%	0.25%	≥90th
Mental/Behavioral Health				
Follow-Up Care for Children Prescribed ADHD Medication				
<i>Initiation Phase</i>	NA	45.16%	NA	—
<i>Continuation and Maintenance Phase</i>	NA	NA	NA	—
Metabolic Monitoring for Children and Adolescents on Antipsychotics				
<i>Blood Glucose Testing—Ages 1 to 11 Years</i>	—	—	NA	—
<i>Blood Glucose Testing—Ages 12 to 17 Years</i>	—	—	NA	—
<i>Blood Glucose Testing—Total</i>	—	—	NA	—
<i>Cholesterol Testing—Ages 1 to 11 Years</i>	—	—	NA	—
<i>Cholesterol Testing—Ages 12 to 17 Years</i>	—	—	NA	—

Performance Measures	HEDIS 2018 Rate	HEDIS 2019 Rate	HEDIS 2020 Rate	Percentile Ranking
<i>Cholesterol Testing—Total</i>	—	—	NA	—
<i>Blood Glucose and Cholesterol Testing—Ages 1 to 11 Years</i>	—	—	NA	—
<i>Blood Glucose and Cholesterol Testing—Ages 12 to 17 Years</i>	NA	NA	NA	—
<i>Blood Glucose and Cholesterol Testing—Total</i>	NA	NA	NA	—
Respiratory Conditions				
Appropriate Testing for Pharyngitis²				
<i>Ages 3 to 17 Years</i>	—	—	92.39%	—
<i>Ages 18 to 64 Years</i>	—	—	NA	—
Appropriate Treatment for Upper Respiratory Infection²				
<i>Ages 3 Months to 17 Years</i>	—	—	97.51%	—
<i>Ages 18 to 64 Years</i>	—	—	NA	—
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis²				
<i>Ages 3 Months to 17 Years</i>	—	—	93.33%	—
<i>Ages 18 to 64 Years</i>	—	—	NA	—
Medication Management for People With Asthma				
<i>Medication Compliance 50%—Ages 5 to 11 Years</i>	46.67%	NA	NA	—
<i>Medication Compliance 50%—Ages 12 to 18 Years</i>	NA	NA	NA	—
<i>Medication Compliance 50%—Total</i>	46.34%	NA	60.00%	25th–49th
<i>Medication Compliance 75%—Ages 5 to 11 Years</i>	23.33%	NA	NA	—
<i>Medication Compliance 75%—Ages 12 to 18 Years</i>	NA	NA	NA	—
<i>Medication Compliance 75%—Total</i>	21.95%	NA	25.71%	<10th
Asthma Medication Ratio				
<i>Ages 5 to 11 Years</i>	93.33%	NA	NA	—
<i>Ages 12 to 18 Years</i>	NA	NA	NA	—
<i>Total</i>	90.48%	NA	81.08%	≥90th
Use of Services[†]				
Ambulatory Care (Per 1,000 Member Months)				
<i>Emergency Department Visits*</i>	11.54	18.86	21.93	≥90th
<i>Outpatient Visits</i>	151.08	133.57	158.31	<10th
Inpatient Utilization—General Hospital/Acute Care				
<i>Discharges per 1,000 Member Months (Total Inpatient)</i>	0.62	0.49	0.69	<10th
<i>Days per 1,000 Member Months (Total Inpatient)</i>	2.17	1.81	3.34	<10th
<i>Average Length of Stay (Total Inpatient)</i>	3.51	3.67	4.86	75th–89th
<i>Discharges per 1,000 Member Months (Medicine)</i>	0.46	0.40	0.46	<10th

Performance Measures	HEDIS 2018 Rate	HEDIS 2019 Rate	HEDIS 2020 Rate	Percentile Ranking
<i>Days per 1,000 Member Months (Medicine)</i>	1.52	0.93	1.54	<10th
<i>Average Length of Stay (Medicine)</i>	3.34	2.29	3.35	10th–24th
<i>Discharges per 1,000 Member Months (Surgery)</i>	0.12	0.08	0.22	<10th
<i>Days per 1,000 Member Months (Surgery)</i>	0.53	0.86	1.77	<10th
<i>Average Length of Stay (Surgery)</i>	4.24†	10.50†	NA	—
<i>Discharges per 1,000 Member Months (Maternity)</i>	0.07	0.01	0.02	<10th
<i>Days per 1,000 Member Months (Maternity)</i>	0.22	0.04	0.05	<10th
<i>Average Length of Stay (Maternity)</i>	3.20†	3.00†	NA	—
Antibiotic Utilization*				
<i>Average Scripts PMPY for Antibiotics</i>	0.26	0.19	0.29	≥90th
<i>Average Days Supplied per Antibiotic Script</i>	12.15	12.47	11.52	<10th
<i>Average Scripts PMPY for Antibiotics of Concern</i>	0.05	0.05	0.08	≥90th
<i>Percentage of Antibiotics of Concern of All Antibiotic Scripts</i>	19.57%	24.21%	27.59%	≥90th

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

¹ Due to changes in the technical specifications for this measure, NCQA recommends that trending between 2020 and prior years be considered with caution.

² Due to changes in the technical specifications for this measure, NCQA recommends a break in trending between 2020 and prior years; therefore, prior years' rates are not displayed and comparisons to benchmarks are not performed for this measure.

— 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 2018 or HEDIS 2019.

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 2018 Rate	HEDIS 2019 Rate	HEDIS 2020 Rate	Percentile Ranking
Pediatric Care				
Childhood Immunization Status				
<i>DTaP</i>	72.80%	68.14%	71.00%	10th–24th
<i>IPV</i>	83.20%	84.07%	85.00%	10th–24th
<i>MMR</i>	85.60%	77.88%	58.50%^^	<10th
<i>HiB</i>	82.40%	76.99%	85.00%^	10th–24th
<i>Hepatitis B</i>	81.60%	79.65%	43.00%^^	<10th
<i>VZV</i>	84.40%	80.97%	86.00%	10th–24th
<i>Pneumococcal Conjugate</i>	75.60%	74.34%	76.50%	25th–49th
<i>Hepatitis A</i>	81.20%	76.55%	83.50%	25th–49th
<i>Rotavirus</i>	69.60%	75.66%	74.00%	50th–74th
<i>Influenza</i>	50.80%	54.42%	54.50%	50th–74th
<i>Combination 2</i>	64.80%	57.08%	21.00%^^	<10th
<i>Combination 3</i>	62.40%	57.08%	20.50%^^	<10th
<i>Combination 4</i>	60.40%	54.42%	20.50%^^	<10th
<i>Combination 5</i>	54.40%	54.87%	16.00%^^	<10th
<i>Combination 6</i>	41.20%	41.15%	12.00%^^	<10th
<i>Combination 7</i>	53.20%	52.21%	16.00%^^	<10th
<i>Combination 8</i>	41.20%	39.38%	12.00%^^	<10th
<i>Combination 9</i>	36.40%	39.82%	11.00%^^	<10th
<i>Combination 10</i>	36.40%	38.05%	11.00%^^	<10th
Immunizations for Adolescents				
<i>Meningococcal</i>	62.88%	60.67%	65.08%	<10th
<i>Tdap</i>	82.94%	84.67%	84.13%	10th–24th
<i>HPV</i>	17.06%	22.33%	23.49%	<10th
<i>Combination 1 (Meningococcal, Tdap)</i>	60.87%	57.67%	62.86%	<10th
<i>Combination 2 (Meningococcal, Tdap, HPV)</i>	13.71%	18.33%	20.32%	<10th
Well-Child Visits in the First 15 Months of Life				
<i>Zero Visits*</i>	5.00%	0.00%	3.85%	10th–24th
<i>Six or More Visits</i>	29.00%	15.79%	11.54%	<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>	68.75%	67.68%	72.86%^	25th–49th
Adolescent Well-Care Visits				
<i>Adolescent Well-Care Visits</i>	47.07%	49.19%	51.31%	25th–49th

Performance Measures	HEDIS 2018 Rate	HEDIS 2019 Rate	HEDIS 2020 Rate	Percentile Ranking
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents				
<i>BMI Percentile Documentation—Ages 3 to 11 Years</i>	2.81%	3.38%	7.82% ^	<10th
<i>BMI Percentile Documentation—Ages 12 to 17 Years</i>	7.18%	7.35%	9.69%	<10th
<i>BMI Percentile Documentation—Total</i>	4.38%	4.83%	8.53% ^	<10th
<i>Counseling for Nutrition—Ages 3 to 11 Years</i>	22.32%	23.76%	29.04% ^	<10th
<i>Counseling for Nutrition—Ages 12 to 17 Years</i>	20.11%	21.67%	26.85% ^	<10th
<i>Counseling for Nutrition—Total</i>	21.52%	23.00%	28.21% ^	<10th
<i>Counseling for Physical Activity—Ages 3 to 11 Years</i>	2.04%	4.96%	7.54%	<10th
<i>Counseling for Physical Activity—Ages 12 to 17 Years</i>	6.12%	6.43%	8.47%	<10th
<i>Counseling for Physical Activity—Total</i>	3.51%	5.50%	7.89%	<10th
Access to Care				
Children and Adolescents' Access to Primary Care Practitioners¹				
<i>Ages 12 to 24 Months</i>	93.48%	94.68%	95.62%	50th–74th
<i>Ages 25 Months to 6 Years</i>	83.49%	82.81%	87.76% ^	25th–49th
<i>Ages 7 to 11 Years</i>	86.90%	88.00%	85.97%	10th–24th
<i>Ages 12 to 19 Years</i>	86.82%	87.04%	86.49%	25th–49th
Preventive Screening				
Chlamydia Screening in Women				
<i>Ages 16 to 20 Years</i>	31.93%	33.57%	30.67%	<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				
Follow-Up Care for Children Prescribed ADHD Medication				
<i>Initiation Phase</i>	47.06%	53.33%	55.88%	75th–89th
<i>Continuation and Maintenance Phase</i>	NA	NA	NA	—
Metabolic Monitoring for Children and Adolescents on Antipsychotics				
<i>Blood Glucose Testing—Ages 1 to 11 Years</i>	—	—	NA	—
<i>Blood Glucose Testing—Ages 12 to 17 Years</i>	—	—	NA	—
<i>Blood Glucose Testing—Total</i>	—	—	NA	—
<i>Cholesterol Testing—Ages 1 to 11 Years</i>	—	—	NA	—
<i>Cholesterol Testing—Ages 12 to 17 Years</i>	—	—	NA	—

Performance Measures	HEDIS 2018 Rate	HEDIS 2019 Rate	HEDIS 2020 Rate	Percentile Ranking
<i>Cholesterol Testing—Total</i>	—	—	NA	—
<i>Blood Glucose and Cholesterol Testing—Ages 1 to 11 Years</i>	—	—	NA	—
<i>Blood Glucose and Cholesterol Testing—Ages 12 to 17 Years</i>	NA	NA	NA	—
<i>Blood Glucose and Cholesterol Testing—Total</i>	NA	NA	NA	—
Respiratory Conditions				
Appropriate Testing for Pharyngitis²				
<i>Ages 3 to 17 Years</i>	—	—	77.29%	—
<i>Ages 18 to 64 Years</i>	—	—	NA	—
Appropriate Treatment for Upper Respiratory Infection²				
<i>Ages 3 Months to 17 Years</i>	—	—	94.78%	—
<i>Ages 18 to 64 Years</i>	—	—	NA	—
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis²				
<i>Ages 3 Months to 17 Years</i>	—	—	69.66%	—
<i>Ages 18 to 64 Years</i>	—	—	NA	—
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	78.13%	≥90th
<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	56.25%	≥90th
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	75.00%	81.25%	≥90th
Use of Services[†]				
Ambulatory Care (Per 1,000 Member Months)				
<i>Emergency Department Visits*</i>	18.26	18.38	18.93	≥90th
<i>Outpatient Visits</i>	218.41	211.60	222.08	<10th
Inpatient Utilization—General Hospital/Acute Care				
<i>Discharges per 1,000 Member Months (Total Inpatient)</i>	0.89	0.75	0.68	<10th
<i>Days per 1,000 Member Months (Total Inpatient)</i>	3.64	3.26	2.50	<10th
<i>Average Length of Stay (Total Inpatient)</i>	4.11	4.37	3.67	10th–24th
<i>Discharges per 1,000 Member Months (Medicine)</i>	0.59	0.49	0.50	<10th

Performance Measures	HEDIS 2018 Rate	HEDIS 2019 Rate	HEDIS 2020 Rate	Percentile Ranking
<i>Days per 1,000 Member Months (Medicine)</i>	1.93	1.61	1.50	<10th
<i>Average Length of Stay (Medicine)</i>	3.29	3.27	3.02	<10th
<i>Discharges per 1,000 Member Months (Surgery)</i>	0.28	0.21	0.17	<10th
<i>Days per 1,000 Member Months (Surgery)</i>	1.67	1.54	0.97	<10th
<i>Average Length of Stay (Surgery)</i>	5.91	7.46 [†]	NA	—
<i>Discharges per 1,000 Member Months (Maternity)</i>	0.03	0.10	0.03	<10th
<i>Days per 1,000 Member Months (Maternity)</i>	0.09	0.23	0.07	<10th
<i>Average Length of Stay (Maternity)</i>	2.50 [†]	2.33 [†]	NA	—
Antibiotic Utilization*				
<i>Average Scripts PMPY for Antibiotics</i>	0.40	0.39	0.41	≥90th
<i>Average Days Supplied per Antibiotic Script</i>	10.18	10.20	20.51	<10th
<i>Average Scripts PMPY for Antibiotics of Concern</i>	0.14	0.14	0.14	≥90th
<i>Percentage of Antibiotics of Concern of All Antibiotic Scripts</i>	35.07%	35.98%	33.22%	≥90th

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

¹ Due to changes in the technical specifications for this measure, NCQA recommends that trending between 2020 and prior years be considered with caution.

² Due to changes in the technical specifications for this measure, NCQA recommends a break in trending between 2020 and prior years; therefore, prior years' rates are not displayed and comparisons to benchmarks are not performed for this measure.

— 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 2018 or HEDIS 2019. 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 2018 Rate	HEDIS 2019 Rate	HEDIS 2020 Rate	Plan Rate Range
<i>Pediatric Care</i>				
<i>Childhood Immunization Status</i>				
<i>DTaP</i>	69.02%	71.44%	75.28%^	0.00%-82.26%
<i>IPV</i>	80.23%	82.98%	85.43%	0.00%-96.77%
<i>MMR</i>	82.05%	82.31%	83.23%	50.00%-93.55%
<i>HiB</i>	80.75%	82.38%	86.69%^	6.67%-95.16%
<i>Hepatitis B</i>	78.81%	81.97%	77.87%^^^	0.00%-100.00%
<i>VZV</i>	79.84%	81.57%	85.59%^	40.00%-93.55%
<i>Pneumococcal Conjugate</i>	72.20%	74.68%	77.56%	0.00%-85.48%
<i>Hepatitis A</i>	77.12%	79.27%	83.94%^	56.67%-93.55%
<i>Rotavirus</i>	66.56%	73.33%	74.25%	0.00%-87.10%
<i>Influenza</i>	48.54%	53.75%	61.26%^	13.33%-67.38%
<i>Combination 2</i>	62.54%	66.78%	63.39%	0.00%-82.26%
<i>Combination 3</i>	61.05%	65.16%	61.81%	0.00%-82.26%
<i>Combination 4</i>	59.17%	63.13%	60.55%	0.00%-82.26%
<i>Combination 5</i>	53.79%	59.76%	54.80%^^^	0.00%-79.03%
<i>Combination 6</i>	40.51%	45.31%	46.77%	0.00%-59.89%
<i>Combination 7</i>	52.43%	58.20%	53.94%^^^	0.00%-79.03%
<i>Combination 8</i>	39.53%	44.29%	45.91%	0.00%-59.89%
<i>Combination 9</i>	36.49%	42.27%	42.44%	0.00%-58.06%
<i>Combination 10</i>	35.77%	41.39%	41.97%	0.00%-58.06%
<i>Immunizations for Adolescents</i>				
<i>Meningococcal</i>	71.03%	75.41%	77.26%	48.39%-91.14%
<i>Tdap</i>	82.47%	86.32%	86.08%	51.61%-88.33%
<i>HPV</i>	37.05%	41.42%	42.75%	14.52%-56.67%
<i>Combination 1 (Meningococcal, Tdap)</i>	68.89%	73.33%	74.81%	41.94%-86.71%
<i>Combination 2 (Meningococcal, Tdap, HPV)</i>	33.79%	39.02%	39.20%	8.06%-53.80%
<i>Well-Child Visits in the First 15 Months of Life</i>				
<i>Zero Visits*</i>	2.63%	5.06%	4.66%	1.69%-6.09%

Performance Measures	HEDIS 2018 Rate	HEDIS 2019 Rate	HEDIS 2020 Rate	Plan Rate Range
<i>Six or More Visits</i>	51.41%	48.28%	56.22%^	11.54%-76.27%
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>	64.97%	67.34%	69.68%	27.27%-72.86%
Adolescent Well-Care Visits				
<i>Adolescent Well-Care Visits</i>	45.09%	48.23%	50.21%	8.17%-52.41%
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents				
<i>BMI Percentile Documentation—Ages 3 to 11 Years</i>	18.03%	20.52%	20.60%	7.82%-98.14%
<i>BMI Percentile Documentation—Ages 12 to 17 Years</i>	23.01%	26.36%	25.83%	9.69%-97.89%
<i>BMI Percentile Documentation—Total</i>	19.89%	22.71%	22.62%	8.53%-98.04%
<i>Counseling for Nutrition—Ages 3 to 11 Years</i>	19.06%	20.41%	19.78%	3.20%-95.41%
<i>Counseling for Nutrition—Ages 12 to 17 Years</i>	21.89%	23.21%	22.37%	8.04%-94.76%
<i>Counseling for Nutrition—Total</i>	20.12%	21.46%	20.77%	5.38%-95.14%
<i>Counseling for Physical Activity—Ages 3 to 11 Years</i>	14.47%	15.93%	14.74%	0.00%-95.41%
<i>Counseling for Physical Activity—Ages 12 to 17 Years</i>	18.23%	20.34%	18.45%	5.03%-94.76%
<i>Counseling for Physical Activity—Total</i>	15.87%	17.58%	16.17%	1.96%-95.14%
Access to Care				
Prenatal and Postpartum Care²				
<i>Timeliness of Prenatal Care</i>	—	—	61.38%	—
<i>Postpartum Care</i>	—	—	61.61%	—
Children and Adolescents' Access to Primary Care Practitioners¹				
<i>Ages 12 to 24 Months</i>	90.65%	92.33%	92.44%	90.00%-95.62%
<i>Ages 25 Months to 6 Years</i>	80.91%	82.93%	85.37%	67.27%-87.76%
<i>Ages 7 to 11 Years</i>	87.49%	87.66%	87.58%	81.94%-89.45%
<i>Ages 12 to 19 Years</i>	88.09%	87.14%	87.10%	82.08%-87.93%
Preventive Screening				
Chlamydia Screening in Women				
<i>Ages 16 to 20 Years</i>	33.66%	36.52%	37.26%	30.67%-52.69%
Non-Recommended Cervical Cancer Screening in Adolescent Females*				
<i>Non-Recommended Cervical Cancer Screening in Adolescent Females</i>	0.07%	0.04%	0.04%	0.00%-0.25%
Mental/Behavioral Health				
Follow-Up Care for Children Prescribed ADHD Medication				
<i>Initiation Phase</i>	21.84%	15.21%	14.98%	0.00%-55.88%
<i>Continuation and Maintenance Phase</i>	21.57%	20.00%	32.69%	—

Performance Measures	HEDIS 2018 Rate	HEDIS 2019 Rate	HEDIS 2020 Rate	Plan Rate Range
Metabolic Monitoring for Children and Adolescents on Antipsychotics				
Blood Glucose Testing—Ages 1 to 11 Years	—	—	40.54%	—
Blood Glucose Testing—Ages 12 to 17 Years	—	—	66.09%	—
Blood Glucose Testing—Total	—	—	59.87%	—
Cholesterol Testing—Ages 1 to 11 Years	—	—	29.73%	—
Cholesterol Testing—Ages 12 to 17 Years	—	—	42.61%	—
Cholesterol Testing—Total	—	—	39.47%	—
Blood Glucose and Cholesterol Testing—Ages 1 to 11 Years	—	—	27.03%	—
Blood Glucose and Cholesterol Testing—Ages 12 to 17 Years	41.51%	38.89%	40.00%	—
Blood Glucose and Cholesterol Testing—Total	39.85%	38.98%	36.84%	—
Respiratory Conditions				
Appropriate Testing for Pharyngitis²				
Ages 3 to 17 Years	—	—	84.20%	65.81%-92.39%
Ages 18 to 64 Years	—	—	81.45%	—
Appropriate Treatment for Upper Respiratory Infection²				
Ages 3 Months to 17 Years	—	—	93.30%	91.67%-97.88%
Ages 18 to 64 Years	—	—	90.46%	—
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis²				
Ages 3 Months to 17 Years	—	—	72.63%	69.66%-93.33%
Ages 18 to 64 Years	—	—	NA	—
Medication Management for People With Asthma				
Medication Compliance 50%—Ages 5 to 11 Years	61.29%	59.75%	65.12%	—
Medication Compliance 50%—Ages 12 to 18 Years	51.75%	51.64%	63.16%	—
Medication Compliance 50%—Total	57.14%	56.38%	64.26%	60.00%-78.13%
Medication Compliance 75%—Ages 5 to 11 Years	32.26%	33.96%	38.95%	—
Medication Compliance 75%—Ages 12 to 18 Years	24.48%	27.05%	41.35% [^]	—
Medication Compliance 75%—Total	28.88%	31.21%	40.00% [^]	25.71%-56.25%
Asthma Medication Ratio				
Ages 5 to 11 Years	82.90%	82.63%	88.44%	—
Ages 12 to 18 Years	74.03%	71.32%	70.21%	—
Total	78.96%	77.63%	80.25%	81.08%-81.25%
Use of Services[†]				
Ambulatory Care (Per 1,000 Member Months)				
Emergency Department Visits*	21.80	23.83	24.91	18.93-27.08
Outpatient Visits	199.00	195.91	213.53	158.31-227.68

Performance Measures	HEDIS 2018 Rate	HEDIS 2019 Rate	HEDIS 2020 Rate	Plan Rate Range
Inpatient Utilization—General Hospital/Acute Care				
<i>Discharges per 1,000 Member Months (Total Inpatient)</i>	0.88	0.88	0.92	0.32-1.05
<i>Days per 1,000 Member Months (Total Inpatient)</i>	3.31	3.09	3.21	0.55-3.47
<i>Average Length of Stay (Total Inpatient)</i>	3.77	3.51	3.48	1.71-4.86
<i>Discharges per 1,000 Member Months (Medicine)</i>	0.60	0.63	0.68	0.37-0.79
<i>Days per 1,000 Member Months (Medicine)</i>	1.78	1.82	1.91	0.23-2.14
<i>Average Length of Stay (Medicine)</i>	2.96	2.89	2.83	1.60-3.35
<i>Discharges per 1,000 Member Months (Surgery)</i>	0.24	0.21	0.21	0.09-0.23
<i>Days per 1,000 Member Months (Surgery)</i>	1.43	1.17	1.18	0.18-1.77
<i>Average Length of Stay (Surgery)</i>	5.90	5.50	5.63	2.00-8.17
<i>Discharges per 1,000 Member Months (Maternity)</i>	0.07	0.07	0.07	0.00-0.16
<i>Days per 1,000 Member Months (Maternity)</i>	0.21	0.18	0.22	0.00-0.41
<i>Average Length of Stay (Maternity)</i>	2.97	2.49	3.19	2.00-3.43
Antibiotic Utilization*				
<i>Average Scripts PMPY for Antibiotics</i>	0.38	0.33	0.34	0.18-0.42
<i>Average Days Supplied per Antibiotic Script</i>	11.36	16.86	15.10	10.70-102.83
<i>Average Scripts PMPY for Antibiotics of Concern</i>	0.12	0.11	0.11	0.04-0.15
<i>Percentage of Antibiotics of Concern of All Antibiotic Scripts</i>	33.02%	31.91%	32.33%	23.74%-35.97%

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

¹ Due to changes in the technical specifications for this measure, NCQA recommends that trending between 2020 and prior years be considered with caution.

² Due to changes in the technical specifications for this measure, NCQA recommends a break in trending between 2020 and prior years; therefore, prior years' rates are not displayed and comparisons to benchmarks are not performed for this measure.

— 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 2018 or HEDIS 2019.

NA (Small Denominator) indicates that the MCOs 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 MCOs were fully 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.

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 2020 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 MCOs reviewed all provider data received from delegated entities.</p>

NCQA's IS Standards	HSAG's Findings Based on HEDIS 2020 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. • NCQA-certified eCOM (electronic clinical quality measure) data 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 2020 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 fully 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. CHP+ MCO Administrative and Hybrid Rates

Table D-1 shows DHMP’s rates for HEDIS 2020 for measures with a hybrid option, along with the percentile ranking for each HEDIS 2020 hybrid rate.

Table D-1—HEDIS 2020 Administrative and Hybrid Performance Measure Results for DHMP

Performance Measures	Administrative Rate	Hybrid Rate	Percentile Ranking
<i>Pediatric Care</i>			
<i>Childhood Immunization Status</i>			
<i>Combination 2</i>	82.26%	82.26%	≥90th
<i>Combination 3</i>	82.26%	82.26%	≥90th
<i>Combination 4</i>	82.26%	82.26%	≥90th
<i>Combination 5</i>	79.03%	79.03%	≥90th
<i>Combination 6</i>	59.68%	59.68%	≥90th
<i>Combination 7</i>	79.03%	79.03%	≥90th
<i>Combination 8</i>	59.68%	59.68%	≥90th
<i>Combination 9</i>	58.06%	58.06%	≥90th
<i>Combination 10</i>	58.06%	58.06%	≥90th
<i>Immunizations for Adolescents</i>			
<i>Combination 1 (Meningococcal, Tdap)</i>	86.71%	87.34%	75th–89th
<i>Combination 2 (Meningococcal, Tdap, HPV)</i>	53.80%	53.80%	≥90th

Table D-2 shows FHP’s rates for HEDIS 2020 for measures with a hybrid option, along with the percentile ranking for each HEDIS 2020 hybrid rate.

Table D-2—HEDIS 2020 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>	0.00%	53.33%	<10th
<i>Combination 3</i>	0.00%	53.33%	<10th
<i>Combination 4</i>	0.00%	43.33%	<10th
<i>Combination 5</i>	0.00%	40.00%	<10th
<i>Combination 6</i>	0.00%	36.67%	25th–49th
<i>Combination 7</i>	0.00%	36.67%	<10th
<i>Combination 8</i>	0.00%	33.33%	25th–49th
<i>Combination 9</i>	0.00%	26.67%	10th–24th
<i>Combination 10</i>	0.00%	26.67%	10th–24th

Performance Measures	Administrative Rate	Hybrid Rate	Percentile Ranking
Immunizations for Adolescents			
<i>Combination 1 (Meningococcal, Tdap)</i>	41.94%	41.94%	<10th
<i>Combination 2 (Meningococcal, Tdap, HPV)</i>	8.06%	8.06%	<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>	27.27%	48.13%	<10th
Adolescent Well-Care Visits			
<i>Adolescent Well-Care Visits</i>	8.17%	34.65%	<10th
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents			
<i>BMI Percentile Documentation—Total</i>	13.69%	41.56%	<10th
<i>Counseling for Nutrition—Total</i>	5.38%	44.99%	<10th
<i>Counseling for Physical Activity—Total</i>	1.96%	35.94%	<10th