



CHP+

Child Health Plan *Plus*

HEDIS Measurement Year 2021 Aggregate Report for Child Health Plan *Plus*

October 2022

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



1. Executive Summary	1-1
Introduction	1-1
Summary of Performance.....	1-2
Detailed Statewide Performance	1-3
Summary of Performance by Domain	1-6
Limitations and Considerations.....	1-8
2. Reader's Guide	2-1
Introduction	2-1
CHP+ Health Plan Names	2-1
Summary of MY 2021 Measures	2-1
Data Collection Method	2-3
Data Sources and Measure Audit Results	2-4
Calculation of Statewide Averages	2-4
Evaluating Measure Results	2-5
National Benchmark Comparisons	2-5
Trend Analysis.....	2-7
Measure Changes Between HEDIS MY 2020 and HEDIS MY 2021	2-9
Enrollment by Product Line.....	2-9
Glossary.....	2-10
3. Primary Care Access and Preventive Care	3-1
Primary Care Access and Preventive	3-1
Child and Adolescent Well-Care Visits—Total	3-2
Childhood Immunization Status	3-3
Chlamydia Screening in Women—Ages 16 to 20 Years.....	3-7
Developmental Screening in the First Three Years of Life—Total.....	3-8
Immunizations for Adolescents—Combination 1 (Meningococcal, Tdap)	3-9
Immunizations for Adolescents—Combination 2 (Meningococcal, Tdap, HPV)	3-10
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents— BMI Percentile Documentation—Total	3-11
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Nutrition—Total	3-12
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Physical Activity—Total.....	3-13
Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months —Six or More Well-Child Visits.....	3-14
Well-Child Visits in the First 30 Months of Life—Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits	3-15
Summary of Findings and Recommendations.....	3-16
4. Maternal and Perinatal Health	4-1
Maternal and Perinatal Health	4-1
Contraceptive Care—All Women—MMEC—Ages 15 to 20 Years	4-2

Contraceptive Care—All Women—LARC—Ages 15 to 20 Years	4-3
Contraceptive Care—Postpartum Women—MMEC—3 Days—Ages 15 to 20 Years	4-4
Contraceptive Care—Postpartum Women—MMEC—60 Days—Ages 15 to 20 Years	4-5
Contraceptive Care—Postpartum Women—LARC—3 Days—Ages 15 to 20 Years	4-6
Contraceptive Care—Postpartum Women—LARC—60 Days—Ages 15 to 20 Years	4-7
Prenatal and Postpartum Care—Timeliness of Prenatal Care	4-8
Summary of Findings and Recommendations.....	4-9
5. Care of Acute and Chronic Conditions	5-1
Care of Acute and Chronic Conditions	5-1
Asthma Medication Ratio—Total (Ages 5 to 18 Years).....	5-2
Summary of Findings and Recommendations.....	5-3
6. Behavioral Health Care.....	6-1
Behavioral Health Care	6-1
Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up—Ages 6 to 17 Years ..	6-2
Follow-Up After Hospitalization for Mental Illness—30-Day Follow-Up—Ages 6 to 17 Years	6-3
Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase	6-4
Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase	6-5
Metabolic Monitoring for Children and Adolescents on Antipsychotics—Blood Glucose Testing—Total.....	6-6
Metabolic Monitoring for Children and Adolescents on Antipsychotics—Cholesterol Testing—Total.....	6-7
Metabolic Monitoring for Children and Adolescents on Antipsychotics—Blood Glucose and Cholesterol Testing—Total	6-8
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics—Total ...	6-9
Summary of Findings and Recommendations.....	6-10
7. Use of Services.....	7-1
Use of Services	7-1
Ambulatory Care	7-2
Summary of Findings and Recommendations.....	7-2
8. Dental and Oral Health Services	8-1
Dental and Oral Health Services	8-1
Percentage of Eligibles Who Received Preventive Dental Services	8-2
Sealant Receipt on Permanent First Molars—At Least One Sealant.....	8-3
Summary of Findings and Recommendations.....	8-4
Appendix A. Tabular Results for Measures by Health Plan.....	A-1
Primary Care Access and Preventive Care Measure Results	A-1
Maternal and Perinatal Health Performance Measure Results	A-12
Care of Acute and Chronic Conditions Performance Measure Results	A-15
Behavioral Health Care Performance Measure Results	A-16
Use of Services Measure Results	A-21
Dental and Oral Health Services Measure Results.....	A-23

Appendix B. Trend Tables	B-1
COA Trend Table	B-1
DHMP Trend Table	B-5
FHP Trend Table	B-8
Kaiser Trend Table	B-11
RMHP Trend Table	B-14
DentaQuest Trend Table	B-17
Colorado CHP+ Weighted Averages Trend Table	B-18
Appendix C. Information System Findings	C-1
Information System Findings	C-1

1. Executive Summary

Introduction

The State of Colorado offers its residents a low-cost health insurance plan for qualified children ages 18 and younger and pregnant women ages 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) 2021–2022, Colorado’s CHP+ enrollment was 81,401 children and pregnant women. The CHP+ services are coordinated through five managed care organizations (MCOs) and DentaQuest, a CHP+ prepaid ambulatory health plan (PAHP). 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 & Financing (the Department). Colorado’s five CHP+ MCOs in FY 2021–2022 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). DentaQuest is the Colorado dental program and provides dental benefits to pregnant woman and children enrolled in the CHP+ program.

To evaluate performance levels and to provide an objective, comparative review of the Colorado CHP+ health plans’ quality-of-care outcomes and key performance measure rates, the Department required its health plans to report results following the National Committee for Quality Assurance’s (NCQA’s) Healthcare Effectiveness Data and Information Set (HEDIS[®]) protocols.¹⁻¹ The Department selected performance measures from the Centers for Medicare & Medicaid Services (CMS) Child Core Set to evaluate the health plans’ performance and for public reporting. For measurement (MY) 2021, the Department required that the health plans report all 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.

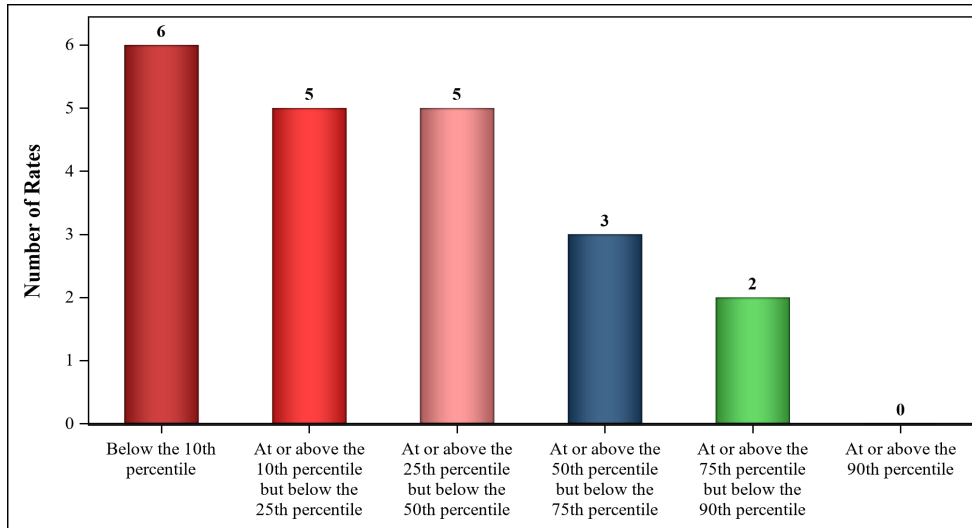
¹⁻¹ HEDIS[®] is a registered trademark of the NCQA.

In FY 2021–2022, each CHP+ health plan underwent an NCQA HEDIS Compliance Audit™ through a licensed HEDIS audit organization in order to verify the processes used to report valid HEDIS rates.¹⁻² All CHP+ health plans submitted final measure rates and audit results to Health Services Advisory Group, Inc. (HSAG), the Department’s external quality review organization (EQRO). HSAG examined the measures among the following domains of care: Primary Care Access and Preventive Care, Maternal and Perinatal Health, Care of Acute and Chronic Conditions, Behavioral Health Care, Use of Services, and Dental and Oral Health Services. Please see Appendix C for additional information on NCQA’s Information Systems (IS) standards and the audit findings for the CHP+ health plans.¹⁻³ 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 MY 2021 performance measure indicators that were comparable to NCQA’s Quality Compass® national Medicaid health maintenance organization (HMO) percentiles for HEDIS MY 2020 (referred to throughout this report as percentiles).¹⁻⁴ 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 for HEDIS Measure Comparisons



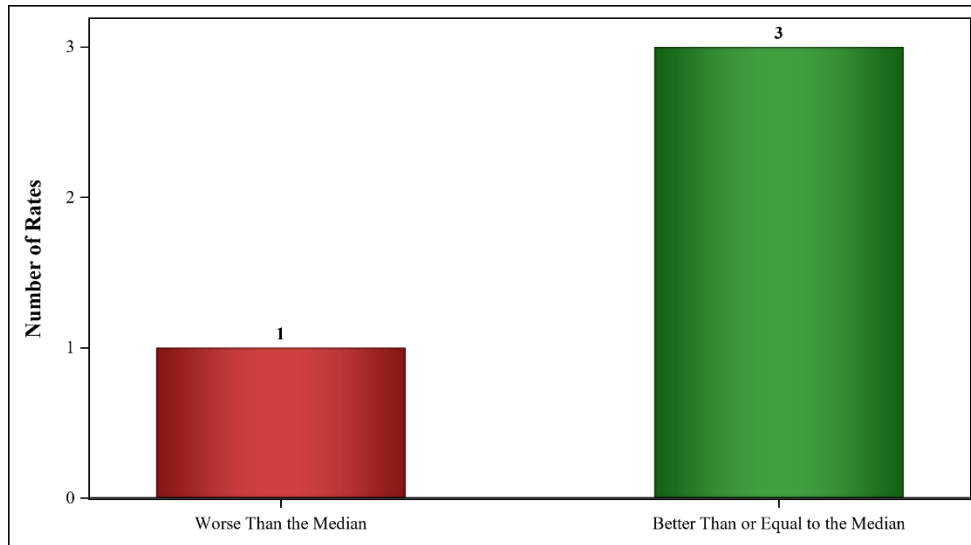
¹⁻² NCQA HEDIS Compliance Audit™ is a trademark of the NCQA.

¹⁻³ National Committee for Quality Assurance. *HEDIS Compliance Audit Standards, Policies and Procedures, Volume 5*. Washington D.C.

¹⁻⁴ Quality Compass® is a registered trademark of the NCQA.

The Colorado CHP+ weighted averages indicated low performance statewide compared to national standards, as 16 of 21 (76.19 percent) measure rates fell below the 50th percentile.

Figure 1-2—Colorado CHP+ Weighted Averages for Core Set Measures



The Colorado CHP+ weighted averages indicated strong performance statewide compared to national standards, as three of four (75.00 percent) measure rates fell below the Core Set Median.

Detailed Statewide Performance

Table 1-1 shows the Colorado CHP+ weighted averages for MY 2019 through MY 2021 along with the benchmark ranking for each MY 2021 rate. HEDIS rates for MY 2021 shaded green with one caret (^) indicate a statistically significant improvement in performance from the previous year. HEDIS rates for MY 2021 shaded red with two carets (^) indicate a statistically significant decline in performance from the previous year.¹⁻⁵ For non-HEDIS Core Set measures, HSAG compared statewide performance measure results for MY 2021 to the CMS Core Set Medians for FFY 2020 when available. 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.

¹⁻⁵ HEDIS measure 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 MY 2020 to MY 2021.

Table 1-1—Colorado CHP+ Weighted Averages

Performance Measures	HEDIS MY 2019 Rate	HEDIS MY 2020 Rate	HEDIS MY 2021 Rate	Benchmark Ranking
Primary Care Access and Preventive Care				
Child and Adolescent Well-Care Visits^H				
Total	—	45.23%	46.98%	50th–74th
Childhood Immunization Status^H				
Combination 3	61.81%	69.20%	64.91%^^	25th–49th
Combination 7	53.94%	62.62%	57.91%^^	25th–49th
Combination 10	41.97%	50.95%	48.48%	75th–89th
Chlamydia Screening in Women^H				
Ages 16 to 20 Years	37.26%	35.29%	36.58%	<10th
Developmental Screening in the First Three Years of Life^{CS}				
Total	—	—	57.54%	ACSM
Immunizations for Adolescents^H				
Combination 1 (Meningococcal, Tetanus, Diphtheria, and Pertussis [Tdap])	74.81%	76.12%	73.38%	10th–24th
Combination 2 (Meningococcal, Tdap, Human Papillomavirus [HPV])	39.20%	42.47%	37.06%^^	50th–74th
Screening for Depression and Follow-Up Plan^{SA}				
Ages 12 to 17 Years	—	—	6.81%	ASA
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents^H				
Body Mass Index (BMI) Percentile Documentation—Total	22.62%	24.29%	26.61%	<10th
Counseling for Nutrition—Total	20.77%	22.75%	26.82%^	<10th
Counseling for Physical Activity—Total	16.17%	17.76%	21.63%^	<10th
Well-Child Visits in the First 30 Months of Life^H				
Well-Child Visits in the First 15 Months—Six or More Well-Child Visits	—	48.90%	47.60%	25th–49th
Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits	—	73.12%	63.58%^^	10th–24th
Maternal and Perinatal Health				
Audiological Diagnosis No Later Than 3 Months of Age^{SA}				
Total	—	—	NA	—

Performance Measures	HEDIS MY 2019 Rate	HEDIS MY 2020 Rate	HEDIS MY 2021 Rate	Benchmark Ranking
Contraceptive Care—All Women^{CS}				
<i>Most or Moderately Effective Method of Contraception (MMEC)—Ages 15 to 20 Years</i>	—	—	24.39%	BCSM
<i>Long-Acting Reversible Method of Contraception (LARC)—Ages 15 to 20 Years</i>	—	—	5.49%	ACSM
Contraceptive Care—Postpartum Women^{CS}				
<i>MMEC—3 Days—Ages 15 to 20 Years</i>	—	—	NA	—
<i>MMEC—60 Days—Ages 15 to 20 Years</i>	—	—	NA	—
<i>LARC—3 Days—Ages 15 to 20 Years</i>	—	—	NA	—
<i>LARC—60 Days—Ages 15 to 20 Years</i>	—	—	NA	—
Prenatal and Postpartum Care^H				
<i>Timeliness of Prenatal Care</i>	—	—	54.95%	<10th
Care of Acute and Chronic Conditions				
Asthma Medication Ratio^{CS}				
<i>Total (Ages 5 to 18 Years)</i>	—	—	76.42%	ACSM
Behavioral Health Care				
Follow-Up After Hospitalization for Mental Illness^H				
<i>7-Day Follow-Up—Ages 6 to 17 Years</i>	—	—	41.15%	10th–24th
<i>30-Day Follow-Up—Ages 6 to 17 Years</i>	—	—	58.85%	10th–24th
Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication^H				
<i>Initiation Phase</i>	14.98%	36.45%	32.05%	<10th
<i>Continuation and Maintenance Phase</i>	32.69%	50.85%	40.79%	10th–24th
Metabolic Monitoring for Children and Adolescents on Antipsychotics^H				
<i>Blood Glucose Testing—Total</i>	59.87%	44.44%	53.02%	50th–74th
<i>Cholesterol Testing—Total</i>	39.47%	25.31%	28.86%	25th–49th
<i>Blood Glucose and Cholesterol Testing—Total</i>	36.84%	25.31%	28.86%	25th–49th
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics^H				
<i>Total</i>	—	—	71.01%	75th–89th
Use of Services				
Ambulatory Care: Emergency Department (ED) Visits				
<i>ED Visits—Total*</i>	—	—	18.02	—

Performance Measures	HEDIS MY 2019 Rate	HEDIS MY 2020 Rate	HEDIS MY 2021 Rate	Benchmark Ranking
Dental and Oral Health Services				
Percentage of Eligibles Who Received Preventive Dental Services	—	—	42.11%	ACSM
Sealant Receipt on Permanent First Molars				
<i>At Least One Sealant</i>	—	—	24.49%	ACSM
<i>All Four Molars Sealed</i>	—	—	14.30%	—

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

^H indicates that the measure is a HEDIS measure and can be compared to NCQA benchmarks.

^{CS} indicates that the measure is a non-HEDIS Core Set measure and can be compared to the Core Set Median.

^{SA} indicates that the measure could only be compared to the statewide average.

— indicates that a percentile ranking was not determined because the rate was not reportable or there was a break in trending. This symbol may also indicate that the denominator was too small to report the rate, there was no benchmark to compare to, or that the plan was exempted from the rate.

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

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

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

Bold font indicates Colorado Medicaid weighted average values.

ASA indicates the reported rate was above the statewide average.

BCSM indicates the reported rate was below the Core Set Median.

ACSM indicates the reported rate was above the Core Set Median.

Summary of Performance by Domain

Primary Care Access and Preventive Care

Four of five (80.0 percent) MCOs reported a HEDIS measure rate below the 50th percentile for the *Well-Child Visits in the First 30 Months of Life Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits* measure indicator, and all five MCOs reported a HEDIS measure rate below the 50th percentile for the *Immunizations for Adolescents—Combination 1 (Meningococcal, Tdap)* measure indicator. This demonstrates opportunities to increase the number of comprehensive visits and vaccination rates for children and adolescents. The MCOs and the Department should identify the factors contributing to the low rates for well-care visits and vaccination rates for children and adolescents (e.g., are the issues related to barriers to accessing care, the coronavirus disease 2019 [COVID-19] public health emergency [PHE], 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*.¹⁻⁶

¹⁻⁶ American Academy of Pediatrics. *Recommendations for Preventive Pediatric Health Care*. Available at: https://www.aap.org/en-us/Documents/periodicity_schedule.pdf. Accessed on: Sept 23, 2022.

Of note, two of four (50.0 percent) MCOs with reportable HEDIS measure rates reported a rate at or above the 75th percentile for the *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Nutrition—Total* and *Counseling for Physical Activity—Total* measure indicators, with Kaiser reporting a rate above the 90th percentile for both measure indicators.

Maternal and Perinatal Health

With all reportable HEDIS performance measure rates (i.e., *Prenatal and Postpartum Care—Timeliness of Prenatal Care*) within the Maternal and Perinatal Health domain falling below the 25th percentile, the MCOs have opportunities to improve access to prenatal care visits. The MCOs and the Department should conduct root cause analyses for the low *Prenatal and Postpartum Care—Timeliness of Prenatal Care* rate to determine the nature and scope of the issue (e.g., are the issues related to barriers to accessing care, a lack of family planning service providers, or the need for improved community outreach and education). Additionally, the MCOs and the Department could identify factors related to the COVID-19 PHE and how the *Prenatal and Postpartum Care—Timeliness of Prenatal Care* measure indicator was impacted. Once the root causes are identified, the MCOs and the Department should work with providers and members to establish potential performance improvement strategies and solutions to increase the *Prenatal and Postpartum Care—Timeliness of Prenatal Care* rate.

Care of Acute and Chronic Conditions

Performance for the MCOs in the Care of Acute and Chronic Conditions domain demonstrated strength, with all three MCOs with reportable rates for the *Asthma Medication Ratio—Total (Ages 5 to 18 Years)* measure indicator exceeding the Core Set Median.

Behavioral Health Care

Performance for the MCOs in the Behavioral Health Care domain demonstrated opportunities for improvement with all MCOs with reportable rates for the *Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up—Ages 6 to 17 Years* and *30-Day Follow-Up—Ages 6 to 17 Years*, and *Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase* and *Continuation and Maintenance Phase* measure indicator rates falling below the 50th percentile. The MCOs and the Department should identify the factors contributing to the low rates (e.g., barriers to care, COVID-19 PHE, provider billing issues, administrative data source challenges) since these are measures for which all MCOs show a significant need for improvement.

Of note, COA's rate for *Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics—Total* ranked at or above the 75th percentile, showing strength in care for those members on antipsychotics.

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.

Dental and Oral Health Services

Performance in the Dental and Oral Health Services domain demonstrated strength as both the *Percentage of Eligibles Who Received Preventive Dental Services* and the *Sealant Receipt on Permanent First Molars—At Least One Sealant* measure indicator rates were above the Core Set Median. HSAG did not identify any opportunities for improvement when conducting the performance measure validation activity.

Limitations and Considerations

- Since all MY 2021 measures were reported using the administrative methodology according to the Department’s direction, the CHP+ health plans that were able to obtain supplemental data or capture more complete data will generally report higher rates when using the administrative methodology. As a result, the rates presented in this report for measures with a hybrid option 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+ Health Plan Names

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

Table 2-1—2022 CHP+ Health Plan Names and Abbreviations

CHP+ Health Plan 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
DentaQuest	DentaQuest

Summary of MY 2021 Measures

Within this report, HSAG presents the statewide and health plan-specific performance on CMS Core Set measures selected by the Department for MY 2021. The measures selected by the Department were grouped into the following domains of care: Primary Care Access and Preventive Care, Maternal and Perinatal Health, Care of Acute and Chronic Conditions, Behavioral Health Care, Use of Services, and Dental and Oral Health Services. While performance is reported primarily at the measure indicator level, grouping these measures into domains encourages the health plans and the Department to consider the measures as a whole rather than in isolation and to develop the strategic changes required to improve overall performance.

Table 2-2 shows the selected MY 2021 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 health plan performance for select measures. For example, the *Total* rates for the *Child and Adolescent Well-Care Visits* measure indicators are displayed in the Executive Summary and Section 3 of this report to provide an overall understanding of plan and statewide performance associated with child and adolescent well-care visits. *Child and Adolescent Well-Care Visits* rates for *Ages 3 to 11 Years*, *Ages 12 to 17 Years*, and *Ages 18 to 21 Years* are presented along with the *Total* rates in the appendices.

Table 2-2—MY 2021 Selected Measures

Performance Measures
Primary Care Access and Preventive Care
<i>Child and Adolescent Well-Care Visits</i>
<i>Childhood Immunization Status—Combinations 3, 7, and 10</i>
<i>Chlamydia Screening in Women—Ages 16 to 20 Years</i>
<i>Developmental Screening in the First Three Years of Life</i>
<i>Immunizations for Adolescents—Combination 1 (Meningococcal, Tdap) and Combination 2 (Meningococcal, Tdap, HPV)</i>
<i>Screening For Depression and Follow-Up Plan—Ages 12 to 17 Years</i>
<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile Documentation—Total, Counseling for Nutrition—Total, and Counseling for Physical Activity—Total</i>
<i>Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months—Six or More Well-Child Visits and Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits</i>
Maternal and Perinatal Health
<i>Audiological Diagnosis No Later Than 3 Months of Age</i>
<i>Contraceptive Care—All Women—MMEC—Ages 15 to 20 Years and LARC—Ages 15 to 20 Years</i>
<i>Contraceptive Care—Postpartum Women—MMEC—3 Days—Ages 15 to 20 Years and 60 Days—Ages 15 to 20 Years, and LARC—3 Days—Ages 15 to 20 Years and 60 Days—Ages 15 to 20 Years</i>
<i>Prenatal and Postpartum Care—Timeliness of Prenatal Care</i>
Care of Acute and Chronic Conditions
<i>Asthma Medication Ratio—Total (Ages 5 to 18 Years)</i>

Performance Measures
Behavioral Health Care
<i>Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up—Ages 6 to 17 Years and 30-Day Follow-Up—Ages 6 to 17 Years</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>
<i>Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics—Total</i>
Use of Services
<i>Ambulatory Care: ED Visits—ED Visits—Total</i>
Dental and Oral Health Services
<i>Percentage of Eligibles Who Received Preventive Dental Services</i>
<i>Sealant Receipt on Permanent First Molars</i>

Of note, CMS Core Set technical measure descriptions are included throughout this report, which include age requirements for inclusion in the measure. In some instances, the CMS Core Set 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 CMS Core Set technical specification definition.

Data Collection Method

According to the Department’s guidance, all measure rates presented in this report for the health plans are based on administrative data only. The administrative method requires that the health plans identify the eligible population (i.e., the denominator) using administrative data, derived from claims and encounters. In addition, the numerator(s), or services provided to the members in the eligible population, are derived solely using administrative and supplemental data collected during the reporting year. Supplemental data include 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 CMS in the *FFY 2022 Child Resource Manual and Technical Specifications*.²⁻¹

Data Sources and Measure Audit Results

Health plan-specific performance displayed in this report was based on data elements obtained from the IDSS files or the Microsoft (MS) Excel files for HEDIS measures supplied by the health plans contracted with the Department to provide CHP+ services. For non-HEDIS CMS Core Set measures, custom rate reporting templates were provided. Prior to HSAG's receipt of the health plans' IDSS files or MS Excel files, all the health plans were required by the Department to have their MY 2021 results examined and verified through an NCQA HEDIS Compliance Audit.

Through the audit process, each measure indicator rate reported by a health plan was assigned an NCQA-defined audit result. MY 2021 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.

Please see Appendix C for additional information on NCQA's IS standards and the audit findings for the CHP+ health plans.

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.

²⁻¹ Centers for Medicare & Medicaid Services. FFY 2022 Child Resource Manual and Technical Specifications. Available at: <https://www.medicare.gov/medicaid/quality-of-care/performance-measurement/adult-and-child-health-care-quality-measures/child-core-set-reporting-resources/index.html>. Accessed on: Sept 29, 2022.

Evaluating Measure Results

National Benchmark Comparisons

Benchmark Data

MY 2021 health plan rates and the statewide weighted average rates were compared to the corresponding national HEDIS benchmarks as well as the CMS Core Set Medians, where applicable. For comparative purposes, HSAG used the most recent data available from NCQA and CMS at the time of the production of this report to evaluate the MY 2021 rates: NCQA's Quality Compass national Medicaid HMO percentiles for HEDIS MY 2020 and the CMS Core Set Medians for FFY 2020.

For some measures for which lower rates indicate better performance (e.g., *Ambulatory Care—ED Visits*), HSAG inverted the percentiles to be consistently applied to these measures as with the other measures. For example, the 10th percentile (a lower rate) was inverted to become the 90th percentile, indicating better performance.

Since national percentiles are not available specifically for the CHIP population, the CHP+ health plan 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.

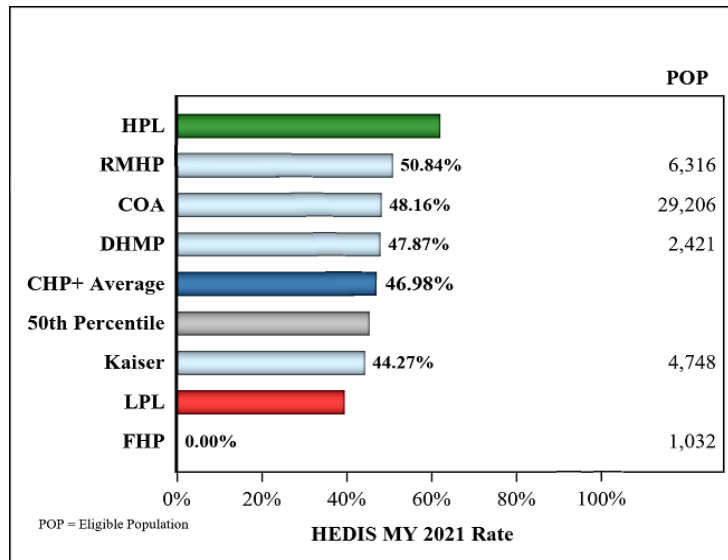
Additionally, benchmarking data (i.e., NCQA Quality Compass and CMS Core Set Medians) are the proprietary intellectual property of NCQA and CMS; therefore, this report does not display any actual percentile values. As a result, rate comparisons to benchmarks are illustrated within this report using proxy 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 health plan's performance against the HEDIS MY 2020 or CMS FFY 2020 Core Set Median benchmarks, 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 *Ambulatory Care—ED 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 health plan-specific and statewide performance via side-by-side comparisons to national percentiles, benchmark comparisons are denoted within this report using the percentile ranking performance levels and star ratings defined below in Table 2-3. Additionally, in Table 2-4, benchmarking comparisons related to CMS Core Set Medians are denoted within this report using arrow ratings.

Table 2-3—HEDIS Measures 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

Table 2-4—CMS Core Set Median Benchmarking Comparisons

CMS Core Set Rating	Performance Level
↑	At or above the CMS Core Set Median
↓	Below the CMS Core Set Median

Some measures in the Use of Services 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, health plan-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 MY 2021 Colorado CHP+ weighted averages and health plan-specific rates to the corresponding MY 2021 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 or MS Excel files 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 MY 2020 to MY 2021. At the statewide level, if the number of health plans reporting *NR* or *BR* differs vastly from year to year, the statewide performance may not represent all of the contracted health plans, and any changes observed across years may need to take this factor into consideration. Nonetheless, changes (regardless of whether they are 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 MY 2020 and MY 2021” section lists measures with specification changes made by NCQA.
- Substantial changes in membership composition within the health plan.

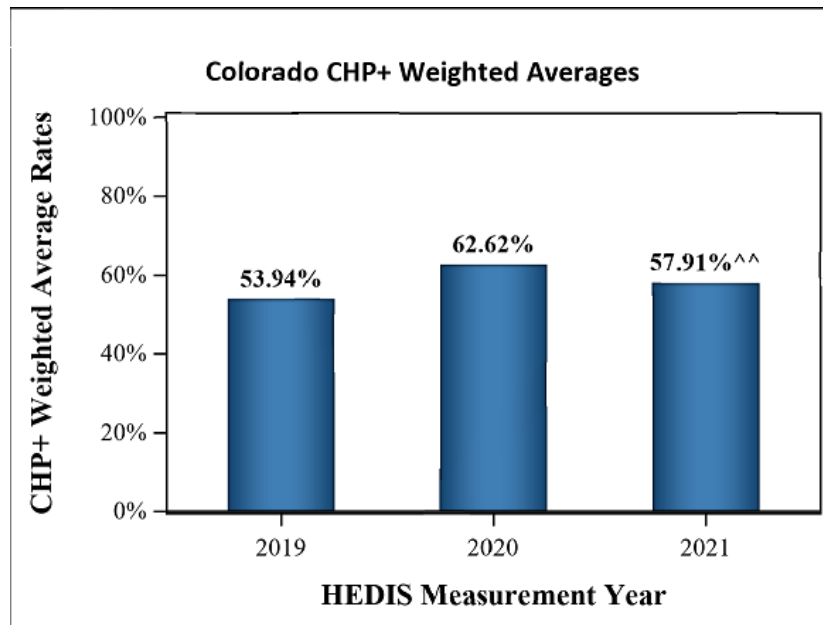
Similarly, caution should be exercised when comparing rates calculated administratively to national benchmarks that were calculated using the hybrid methodology.

Figure Interpretation

Within the Executive Summary and Appendix B of this report, performance measure indicator rates and results of significance testing between MY 2020 and MY 2021 are presented in tabular format. MY 2021 rates shaded green with one caret (^) indicate a significant improvement in performance from the previous year. MY 2021 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 MY 2019, MY 2020, and MY 2021 Colorado CHP+ weighted averages, with significance testing performed between the MY 2020 and MY 2021 weighted averages. Within these figures, MY 2021 rates with one caret (^) indicate a significant improvement in performance from MY 2020. MY 2021 rates with two carets (^) indicate a significant decline in performance from MY 2020. 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 MY 2020 and HEDIS MY 2021

The following is a list of measures with technical specification changes that NCQA announced for MY 2021.^{2-2,2-3} These changes may have an effect on the MY 2021 rates that are presented in this report.

Enrollment by Product Line

- Removed reporting by gender, male and female. Only the total number of members is reported.

²⁻² National Committee for Quality Assurance. *HEDIS® Measurement Year 2020 & Measurement Year 2021, Volume 2: Technical Specifications for Health Plans*. Washington, DC: NCQA Publication, 2020.

²⁻³ National Committee for Quality Assurance. *HEDIS® Measurement Year (MY) 2021, Volume 2: Technical Update*. Washington, DC: NCQA Publication, 2021.

Glossary

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

Table 2-5—Definition of Terms Used in Tables and Graphs

Term	Description
ADHD	Attention-deficit/hyperactivity disorder.
Audit Result	The HEDIS auditor’s final determination, based on audit findings, of the appropriateness of the health plan to publicly report its HEDIS measure rates. Each measure indicator rate included in the HEDIS audit receives an audit result of <i>Reportable (R)</i> , <i>Small Denominator (NA)</i> , <i>Biased Rate (BR)</i> , <i>No Benefit (NB)</i> , <i>Not Required (NQ)</i> , <i>Not Reported (NR)</i> , and <i>Unaudited (UN)</i> .
BMI	Body mass index.
BR	Biased Rate: indicates that the health plan’s reported rate was invalid; therefore, the rate was not presented.
CHIP	Children’s Health Insurance Program.
CHP+	Child Health Plan <i>Plus</i> , Colorado’s program implementing the CHIP.
COVID-19	Coronavirus disease 2019.
Data Completeness	The degree to which occurring services/diagnoses appear in the health plan’s administrative data systems.
Denominator	The number of members who meet all criteria specified in a measure for inclusion in the eligible population. When using the administrative method, the entire eligible population becomes the denominator. When using the hybrid method, a sample of the eligible population becomes the denominator.
DTaP	Diphtheria, tetanus toxoids, and acellular pertussis.
ED	Emergency department.
Electronic Data	Data that are maintained in a computer environment versus a paper environment.
Encounter Data	Billing data received from a capitated provider. (Although the health plan does not reimburse the provider for each encounter, submission of encounter data allows the health plan to collect the data for future HEDIS reporting.)
EOC	Effectiveness of care.
Exclusions	Conditions outlined in HEDIS measure specifications that describe when a member should not be included in the denominator.
Final Audit Report	Following the health plan’s completion of any corrective actions, an auditor completes the final audit report, documenting all final findings and results of the HEDIS audit. The final audit report includes a summary report, IS capabilities assessment, medical record review validation findings, measure results, and the auditor’s audit opinion (the final audit statement).
Flu	Influenza.

Term	Description
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 healthcare organizations.
HEDIS Repository	The data warehouse where all data used for HEDIS reporting are stored.
HepA	Hepatitis A.
HepB	Hepatitis B.
HiB	Haemophilus influenza type B.
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>Ambulatory Care—ED Visits</i> , in which lower rates indicate better performance, the 10th percentile [rather than the 90th percentile] is considered the HPL.)
HPV	Human papillomavirus.
HSAG	Health Services Advisory Group, Inc., the Department's external quality review organization.
Hybrid Measures	Measures that can be reported using the hybrid method (i.e., combination of claims/encounter data and medical record review data).
IDSS	The Interactive Data Submission System, a tool used to submit data to NCQA.
IPV	Inactivated polio virus.
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
LARC	Long-acting reversible method of contraception.
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>Ambulatory Care—ED Visits</i> , in which lower rates indicate better performance, the 75th percentile [rather than the 25th percentile] is considered the LPL.)

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

Term	Description
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.
MMEC	Most or moderately effective method of contraception.
Medicaid Percentiles	The NCQA national percentiles for each HEDIS measure for the Medicaid product line used to compare the health plan's performance and assess the reliability of the health plan's HEDIS rates.
MMR	Measles, mumps, and rubella.
NA	<p>Small Denominator; indicates that the health plan followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in an NA designation.</p> <ul style="list-style-type: none"> For 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, 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 healthcare delivery systems; reports results of those assessments to employers, consumers, public purchasers, and regulators; and ultimately seeks to improve the healthcare provided within the managed care industry.
NR	Not Reported; indicates that the health plan chose not to report the required HEDIS measure indicator rate. This designation was assigned to rates during previous reporting years to indicate one of the following designations: the health plan chose not to report the required measure indicator rate, or the health plan's reported rate was invalid.
Numerator	The number of members in the denominator who received all the services as specified in the measure.
NQ	Not Required; indicates that the health plan was not required to report this measure.
OB/GYN	Obstetrician/Gynecologist.
PAHP	Prepaid ambulatory health plan.
PCP	Primary care practitioner.
PCV	Pneumococcal conjugate.
PHE	Public health emergency.
POP	Eligible population.

Term	Description
Provider Data	Electronic files containing information about physicians such as type of physician, specialty, reimbursement arrangement, and office location.
Quality Compass	NCQA Quality Compass benchmark.
R	Reportable.
RV	Rotavirus.
Software Vendor	A third party, with source code certified by NCQA, that contracts with the health plan to write source code for HEDIS measures. (For the measures to be certified, the vendor must submit programming codes associated with the measure to NCQA for automated testing of program logic, and a minimum percentage of the measures must receive a “Pass” or “Pass With Qualifications” designation.)
The Department	The Colorado Department of Health Care Policy & Financing.
Tdap	Tetanus, diphtheria, and pertussis.
UN	Unaudited; indicates that the organization chose to report a measure that is not required to be audited.
VZV	Varicella zoster virus (chicken pox).

3. Primary Care Access and Preventive Care

Primary Care Access and Preventive

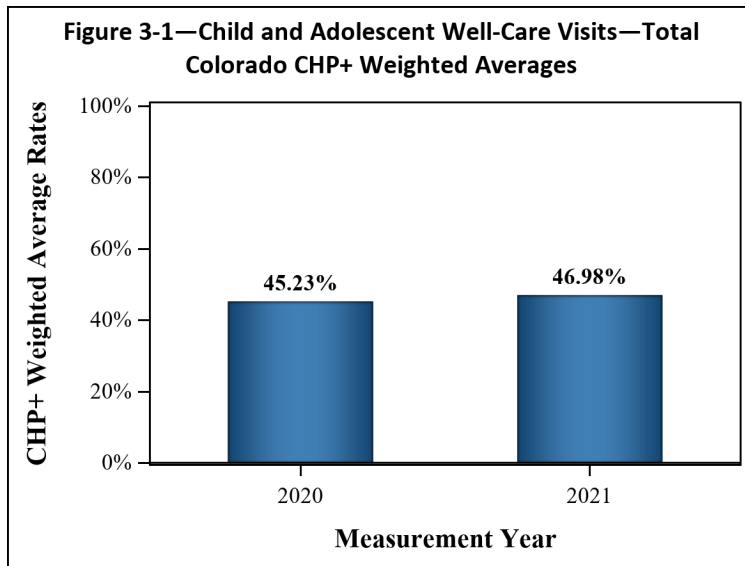
The following section provides a detailed analysis of the Colorado CHP+ MCOs' performance within the Primary Care Access and Preventive Care domain. The Primary Care Access and Preventive Care domain encompasses the following measures/indicators:

- *Child and Adolescent Well-Care Visits—Total*
- *Childhood Immunization Status—Combinations 3, 7, and 10*
- *Chlamydia Screening in Women—Ages 16 to 20 Years*
- *Developmental Screening in the First Three Years of Life—Total*
- *Immunizations for Adolescents—Combinations 1 (Meningococcal, Tdap) and Combination 2 (Meningococcal, Tdap, HPV)*
- *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*
- *Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months—Six or More Well-Child Visits and Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits*

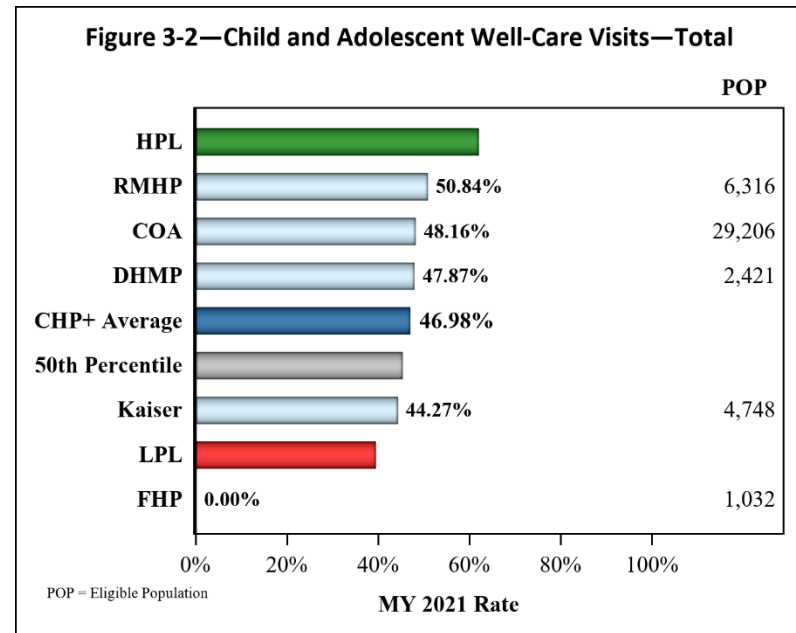
Please see the “Reader’s Guide” section for guidance on interpreting the figures presented within this section. For reference, additional analyses for each measure indicator are displayed in Appendix A and Appendix B.

Child and Adolescent Well-Care Visits—Total

Child and Adolescent Well-Care Visits—Total measures the percentage of children ages 3 to 21 years who had at least one comprehensive well-care visit with a primary care practitioner (PCP) or an obstetrician/gynecologist (OB/GYN) during the measurement year.



The Colorado CHP+ weighted average did not demonstrate a significant change from MY 2020 to MY 2021.



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

Three MCOs’ rates and the Colorado CHP+ weighted average were above the 50th percentile but fell below the HPL. One MCO’s rate was above the LPL but fell below the 50th percentile. One MCO’s rate fell below the LPL. MCO performance varied by approximately 51 percentage points.

Childhood Immunization Status

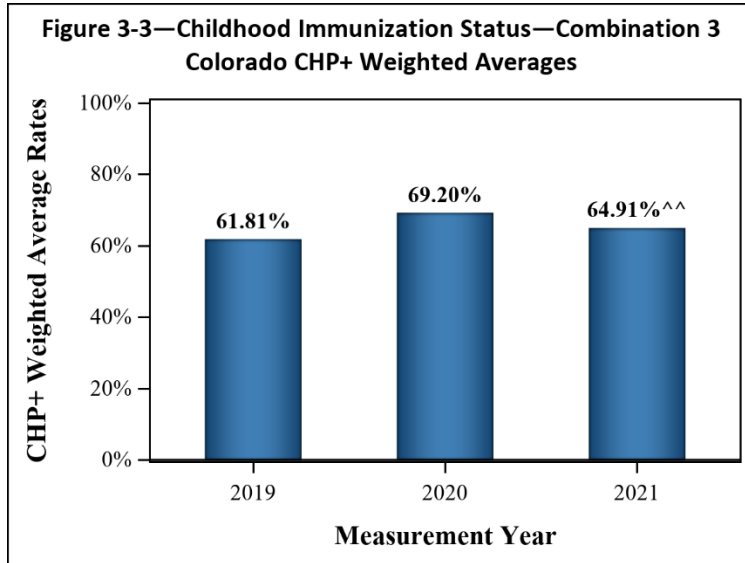
Childhood Immunization Status measures the percentage of members 2 years of age who received the following vaccinations on or before their second birthday. Table 3-1 displays the different antigens associated with various combinations.

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
<i>Combination 3</i>	✓	✓	✓	✓	✓	✓	✓			
<i>Combination 7</i>	✓	✓	✓	✓	✓	✓	✓	✓	✓	
<i>Combination 10</i>	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

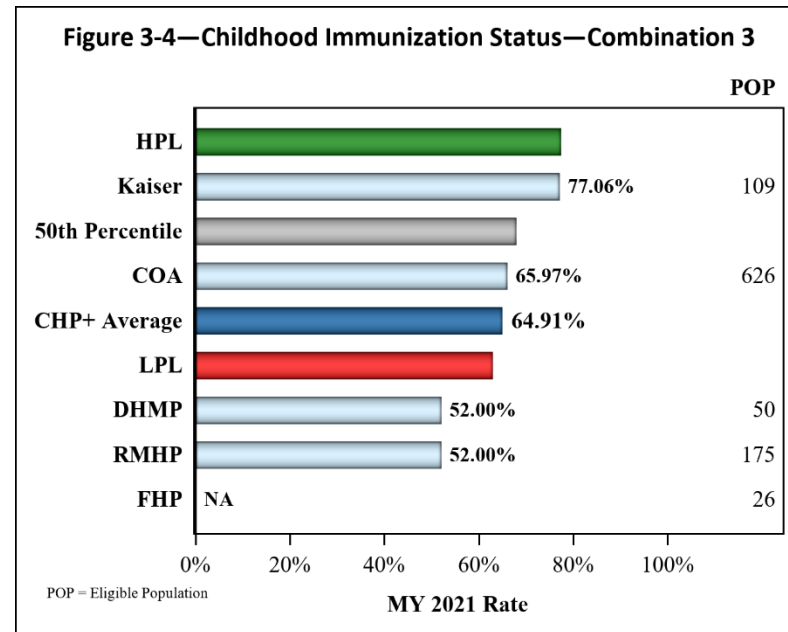
Childhood Immunization Status—Combination 3

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.



Two carets (^^) indicate a statistically significant decline in performance from MY 2020 to MY 2021.

The Colorado CHP+ weighted average significantly declined from MY 2020 to MY 2021.



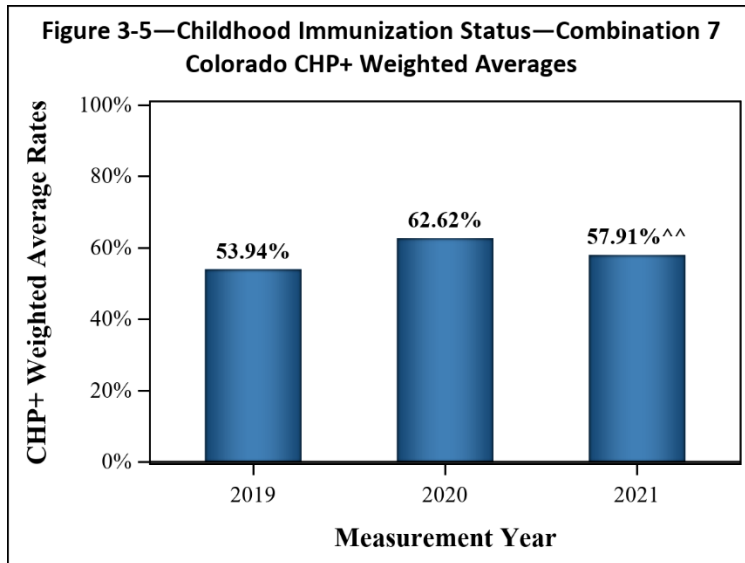
NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate.

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

One MCO’s rate was above the 50th percentile but fell below the HPL. One MCO’s rate and the Colorado CHP+ weighted average were above the LPL but fell below the 50th percentile. Two MCOs’ rates fell below the LPL. MCO performance varied by approximately 25 percentage points.

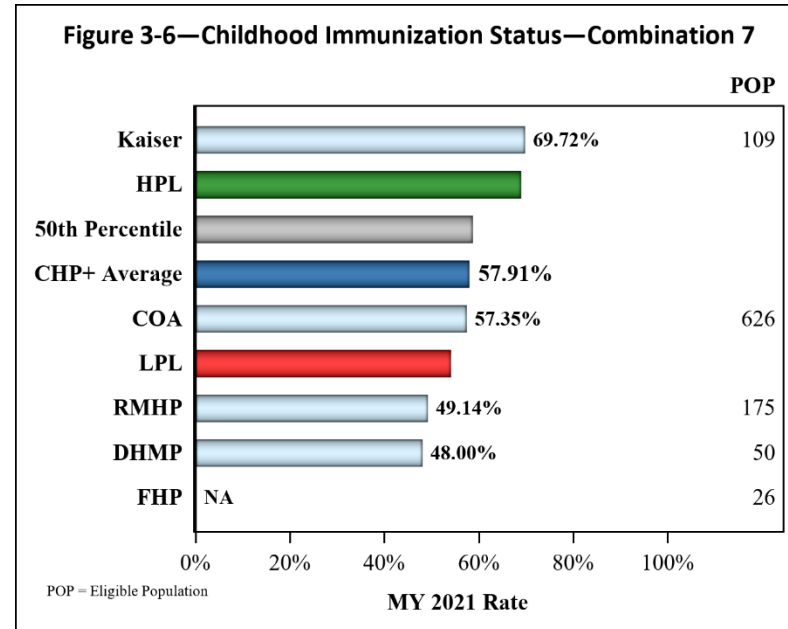
Childhood Immunization Status—Combination 7

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 (^) indicate a statistically significant decline in performance from MY 2020 to MY 2021.

The Colorado CHP+ weighted average significantly declined from MY 2020 to MY 2021.

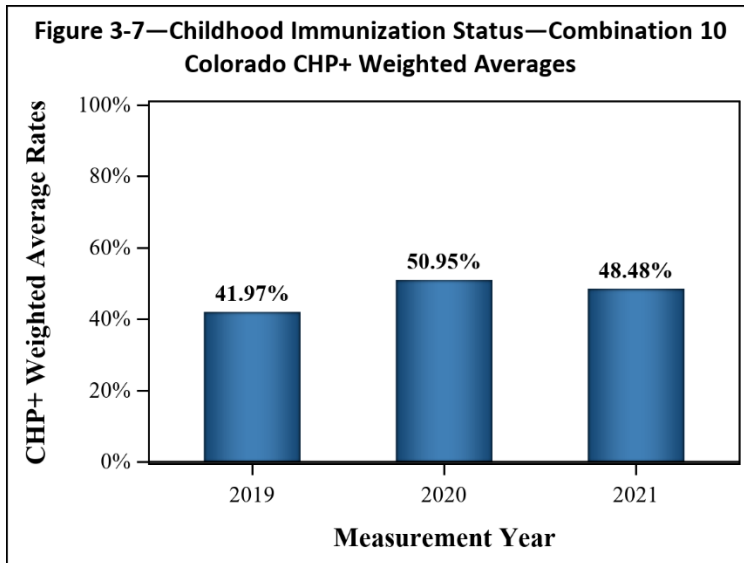


NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate. Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

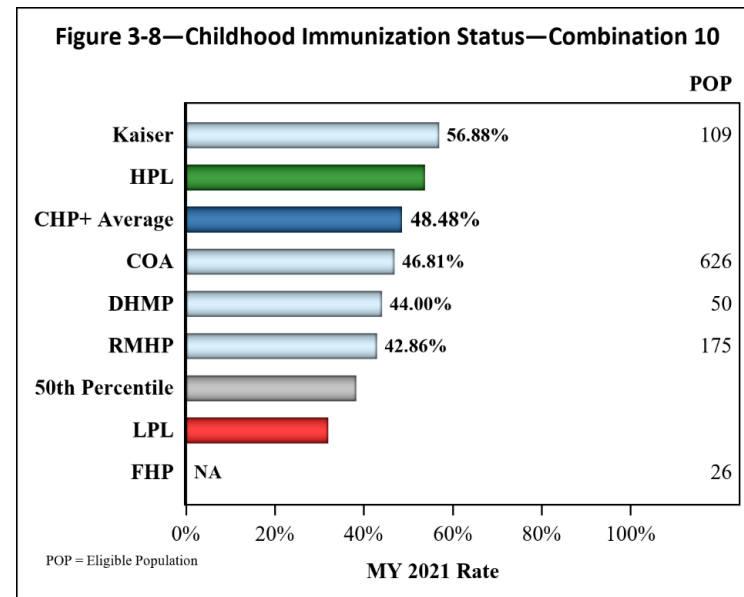
One MCO’s rate exceeded the HPL. One MCO’s rate and the Colorado CHP+ weighted average were above the LPL but fell below the 50th percentile. Two MCOs’ rates fell below the LPL. MCO performance varied by approximately 22 percentage points.

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 MY 2020 to MY 2021.

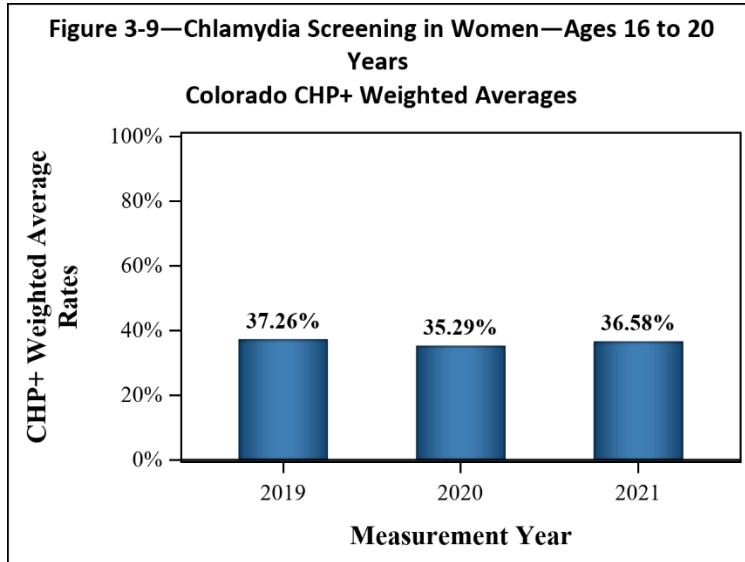


NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate. Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

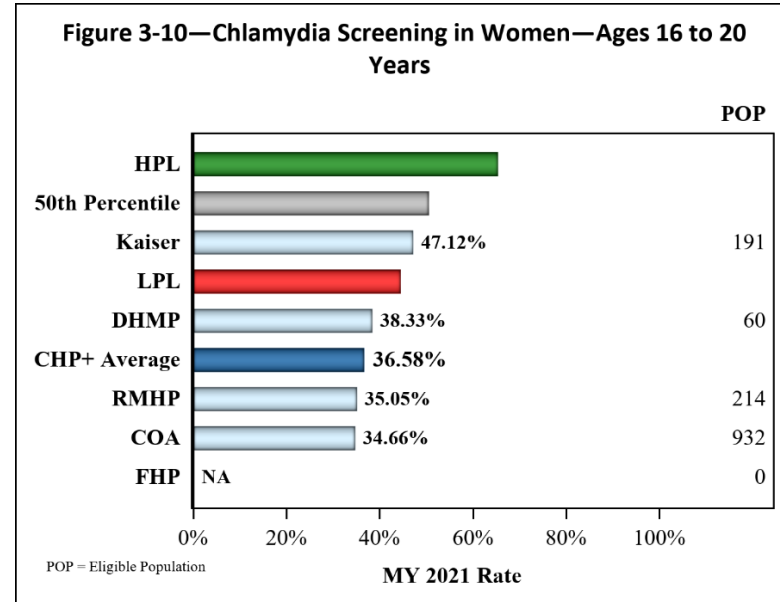
One MCO's rate exceeded the HPL. Three MCOs' rates and the Colorado CHP+ weighted average were above the 50th percentile but fell below the HPL. MCO performance varied by approximately 14 percentage points.

Chlamydia Screening in Women—Ages 16 to 20 Years

Chlamydia Screening in Women—Ages 16 to 20 Years measures the percentage of women ages 16 to 20 years who were identified as sexually active and who had at least one test for chlamydia during the measurement year.



The Colorado CHP+ weighted average did not demonstrate a significant change from MY 2020 to MY 2021.

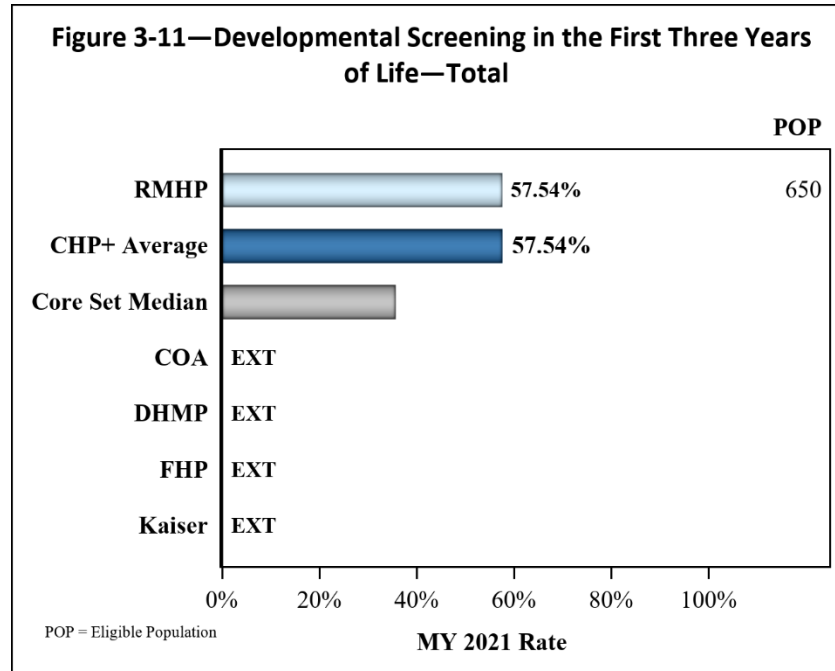


NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate. Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

One MCO's rate was above the LPL but fell below the 50th percentile. Three MCOs' rates and the Colorado CHP+ weighted average fell below the LPL. MCO performance varied by approximately 12 percentage points.

Developmental Screening in the First Three Years of Life—Total

Developmental Screening in the First Three Years of Life—Total measures the percentage of children screened for risk of developmental, behavioral, and social delays using a standardized screening tool in the 12 months preceding or on their first, second, or third birthday.

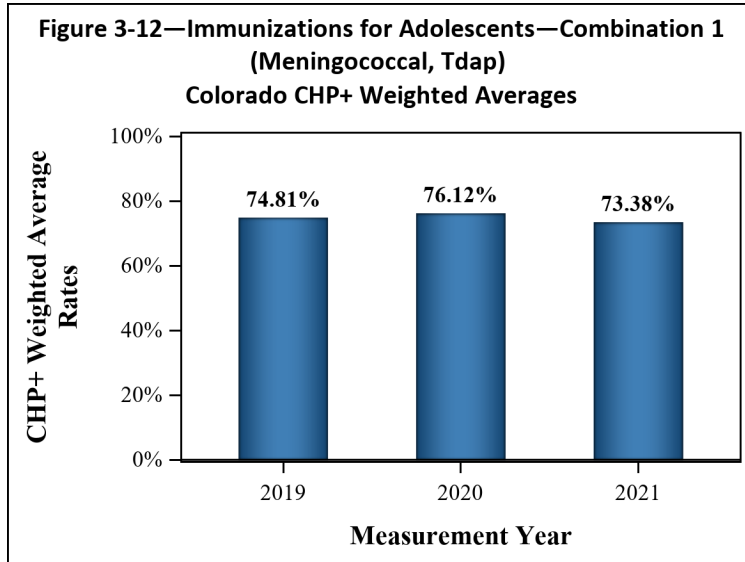


Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology. EXT (Exempt) indicates that the MCO was exempt from reporting the measure.

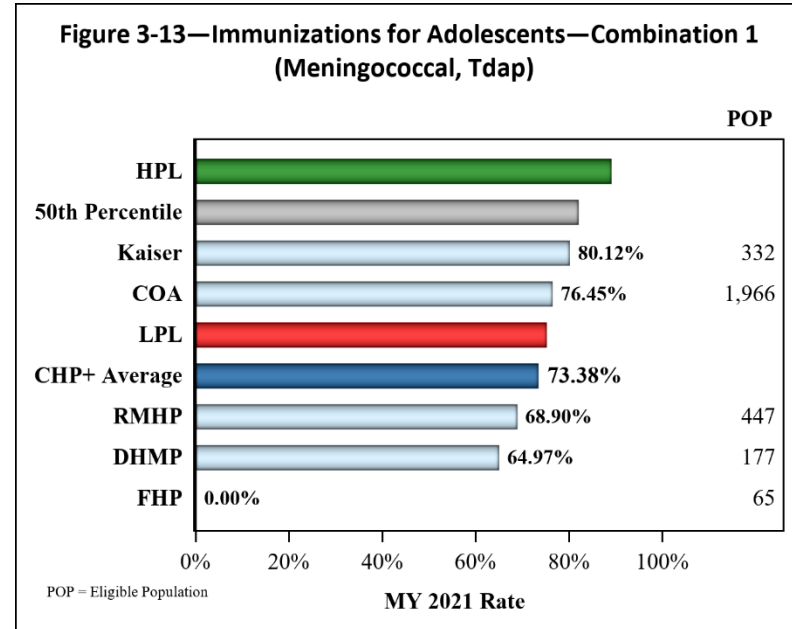
Only RMHP reported this rate; RMHP’s rate and Colorado CHP+ weighted average were both above the Core Set Median.

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 MY 2020 to MY 2021.

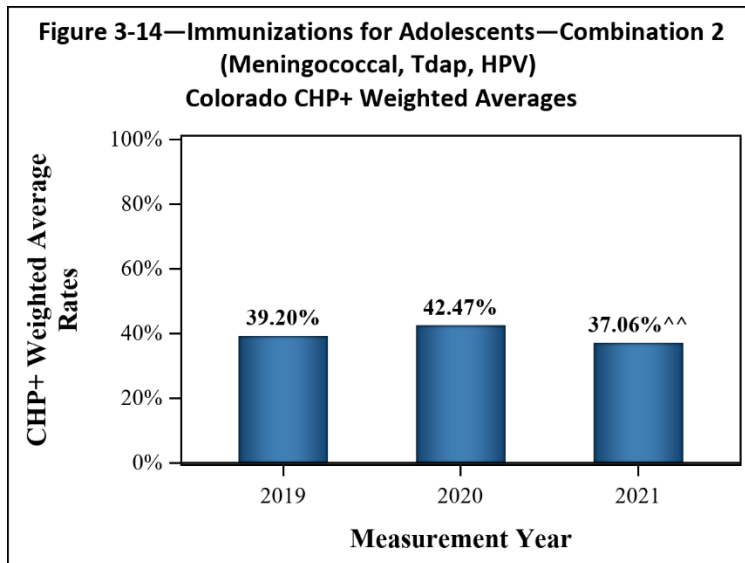


Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

Two MCOs’ rates were above the LPL but fell below the 50th percentile. Two MCOs’ rates and the Colorado CHP+ weighted average fell below the LPL. MCO performance varied by approximately 15 percentage points.

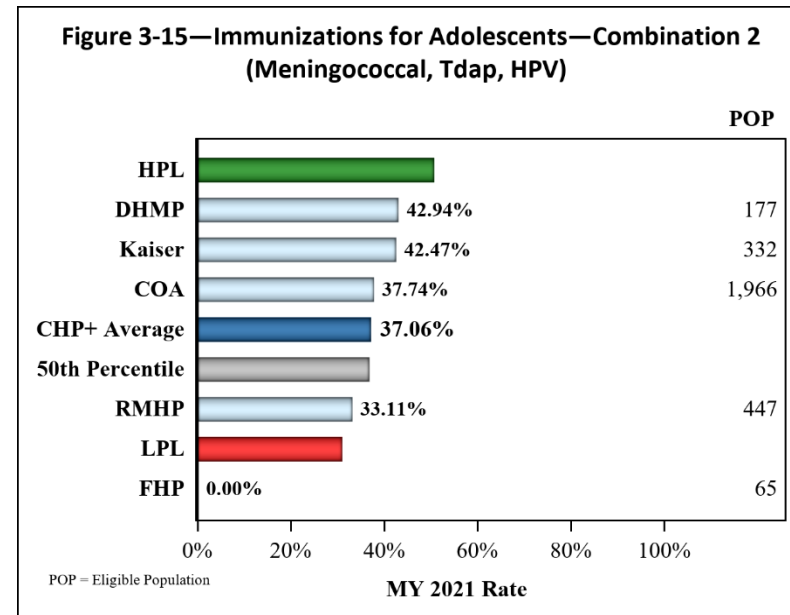
Immunizations for Adolescents—Combination 2 (Meningococcal, Tdap, HPV)

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.



Two carets (^^) indicate a statistically significant decline in performance from MY 2020 to MY 2021.

The Colorado CHP+ weighted average significantly declined from MY 2020 to MY 2021.

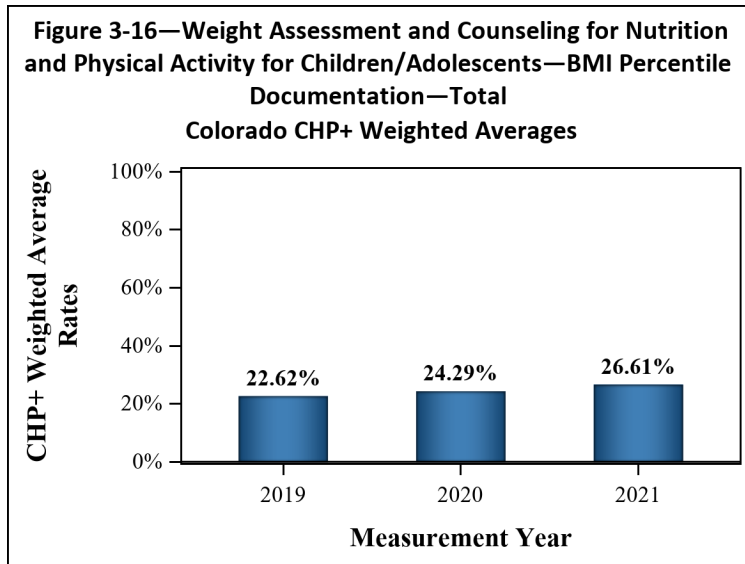


Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

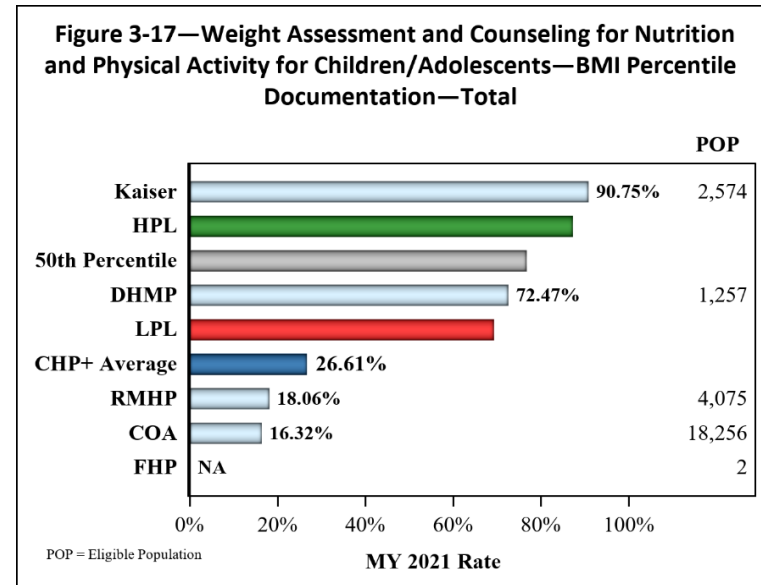
Three MCOs' rates and the Colorado CHP+ weighted average were above the 50th percentile but fell below the HPL. One MCO's rate was above the LPL but fell below the 50th percentile. MCO performance varied by approximately 10 percentage points.

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 ages 3 to 17 years 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 MY 2020 to MY 2021.

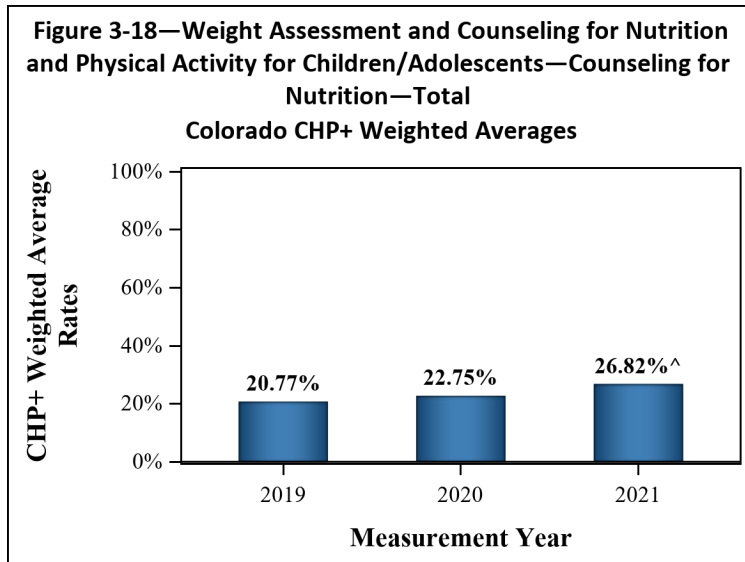


NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate. Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

One MCO’s rate exceeded the HPL. One MCO’s rate was above the LPL but fell below the 50th percentile. Two MCOs’ rates and the Colorado CHP+ weighted average fell below the LPL. MCO performance varied by approximately 74 percentage points.

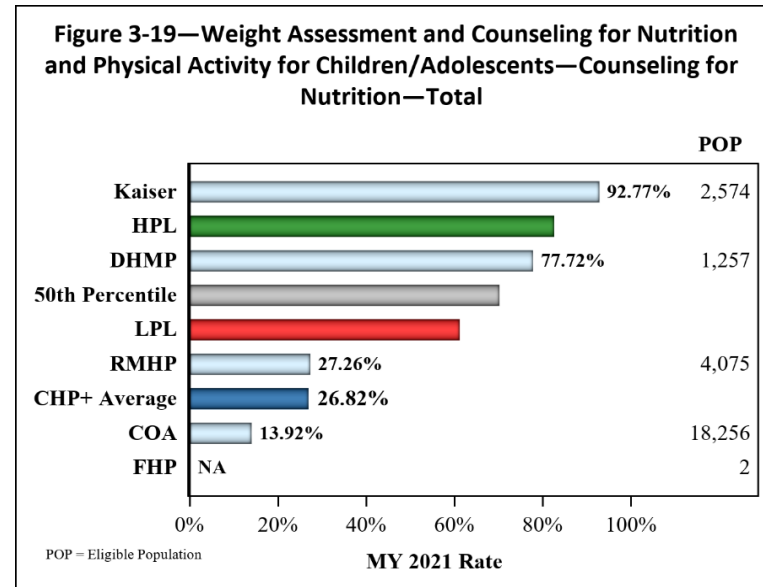
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents— Counseling for Nutrition—Total

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



One caret (^) indicates a statistically significant improvement in performance from MY 2020 to MY 2021.

The Colorado CHP+ weighted average significantly improved from MY 2020 to MY 2021.



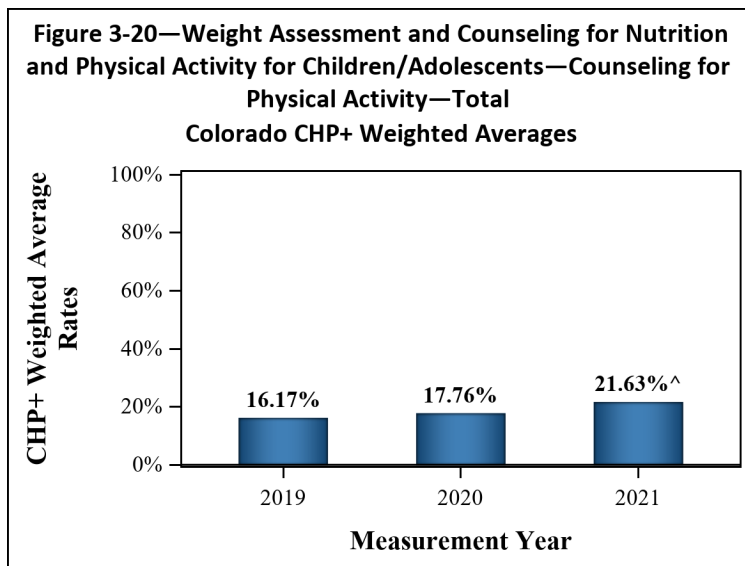
NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate.

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 fell below the HPL. Two MCOs' rates and the Colorado CHP+ weighted average fell below the LPL. MCO performance varied by approximately 79 percentage points.

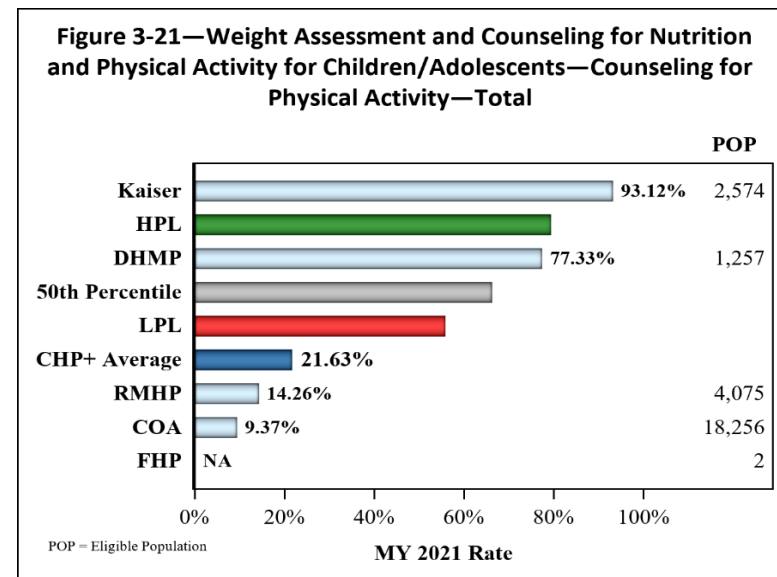
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents— Counseling for Physical Activity—Total

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



One caret (^) indicates a statistically significant improvement in performance from MY 2020 to MY 2021.

The Colorado CHP+ weighted average significantly improved from MY 2020 to MY 2021.



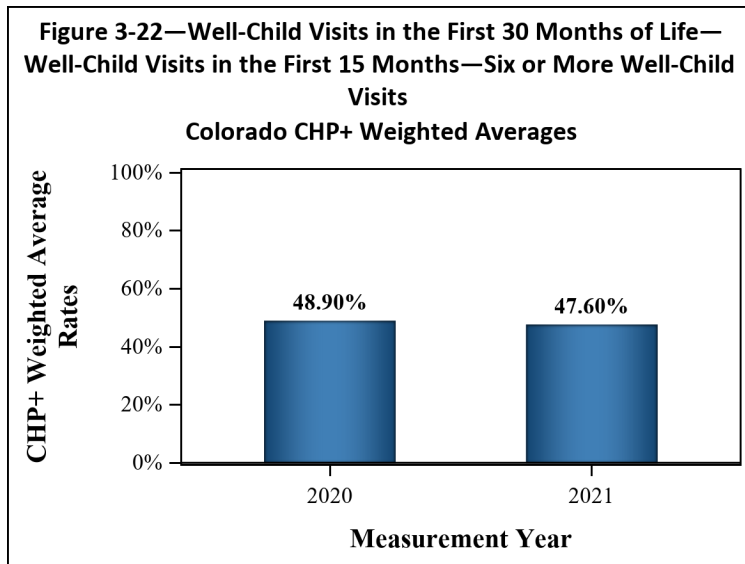
NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate.

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

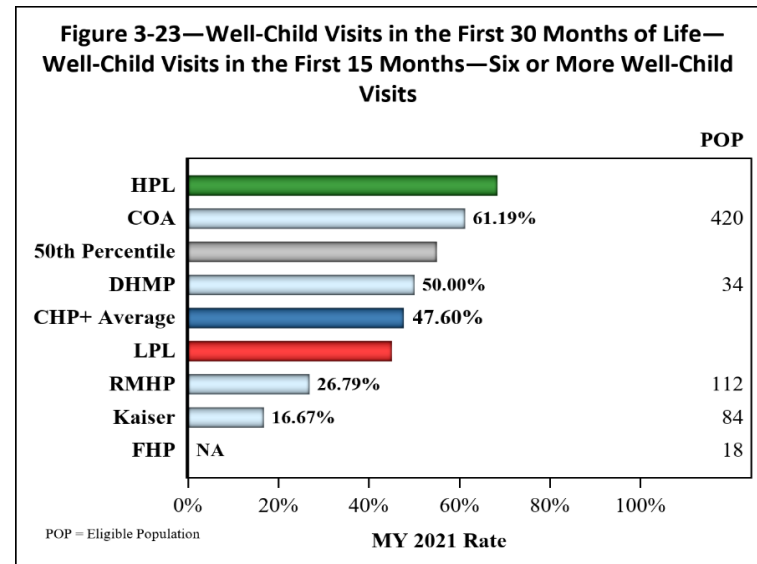
One MCO’s rate exceeded the HPL. One MCO’s rate was above the 50th percentile but fell below the HPL. Two MCOs’ rates and the Colorado CHP+ weighted average fell below the LPL. MCO performance varied by approximately 84 percentage points.

Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months—Six or More Well-Child Visits

Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months—Six or More Well-Child Visits measures the percentage of members who turned 15 months of age during the measurement year and who received six or more well-child visits on different dates of service with a PCP upon or before turning 15 months of age. Due to changes in the technical specifications for this measure, NCQA recommends a break in trending between MY 2020 and prior years; therefore, prior years' rates are not displayed.



The Colorado CHP+ weighted average did not demonstrate a significant change from MY 2020 to MY 2021.

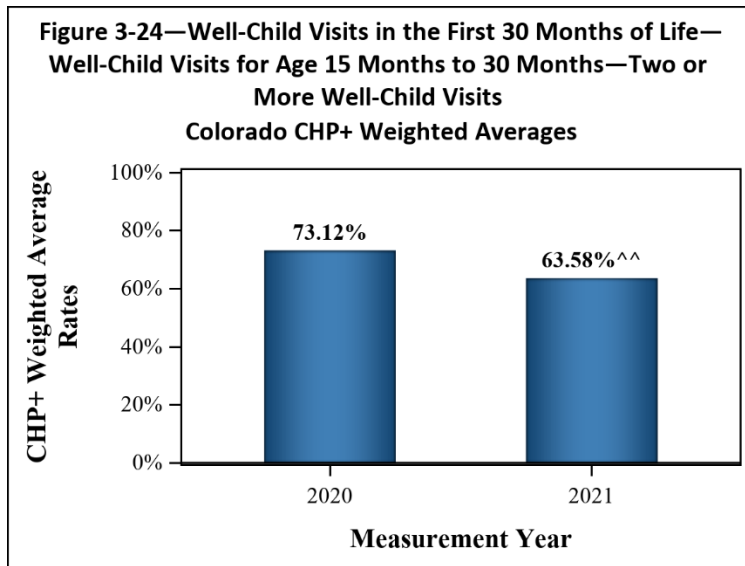


NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate. Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

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

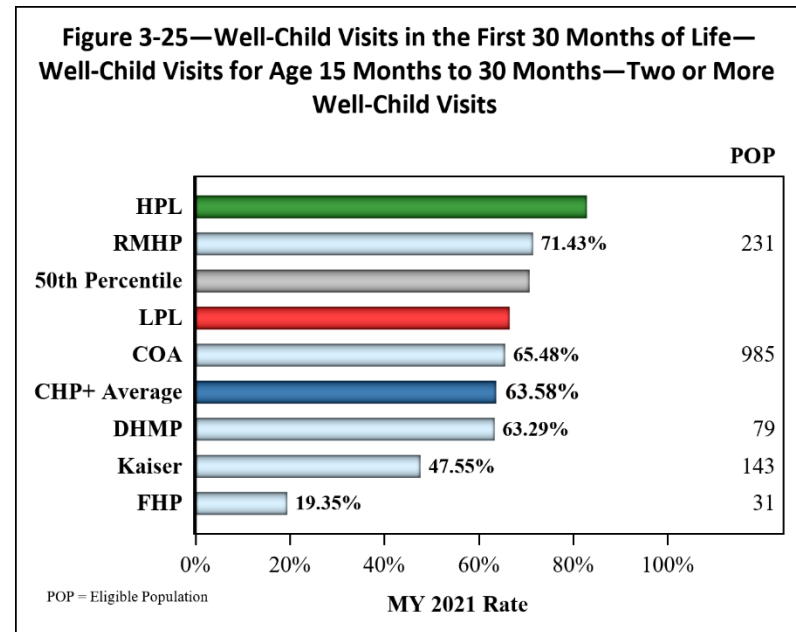
Well-Child Visits in the First 30 Months of Life—Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits

Well-Child Visits in the First 30 Months of Life—Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits measures the percentage of members who turned 30 months of age during the measurement year and who received two or more well-child visits on different dates of service with a PCP between the child turning 15 months of age plus one day and the child turning 30 months of age.



Two carets (^^) indicate a statistically significant decline in performance from MY 2020 to MY 2021.

The Colorado CHP+ weighted average significantly declined from MY 2020 to MY 2021.



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

One MCO's rate was above the 50th percentile but fell below the HPL. Four MCOs' rates and the Colorado CHP+ weighted average fell below the LPL. MCO performance varied by approximately 52 percentage points.

Summary of Findings and Recommendations

Table 3-2 presents the MCOs’ performance ratings for each measure in the Primary Care Access and Preventive Care domain. Performance ratings were assigned across five categories (from ★ representing *Poor Performance* to ★★★★★ representing *Excellent Performance*). For those measures that could not be compared to NCQA benchmarks, performance ratings were assigned one of two categories (↑ or ↓).

Table 3-2—Primary Care Access and Preventive Care: Measure-Specific Performance Ratings

Performance Measures	COA	DHMP	FHP	Kaiser	RMHP
Child and Adolescent Well-Care Visits^H					
Total	★★★	★★★	★	★★	★★★
Childhood Immunization Status^H					
Combination 3	★★	★	—	★★★★★	★
Combination 7	★★	★	—	★★★★★	★
Combination 10	★★★★★	★★★	—	★★★★★	★★★
Chlamydia Screening in Women^H					
Ages 16 to 20 Years	★	★	—	★★	★
Developmental Screening in the First Three Years of Life^{CS}					
Total	—	—	—	—	↑
Immunizations for Adolescents^H					
Combination 1 (Meningococcal, Tdap)	★★	★	★	★★	★
Combination 2 (Meningococcal, Tdap, HPV)	★★★	★★★	★	★★★	★★
Screening for Depression and Follow-Up Plan^{SA}					
Ages 12 to 17 Years	—	—	—	—	↑
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents^H					
BMI Percentile Documentation—Total	★	★★	—	★★★★★	★
Counseling for Nutrition—Total	★	★★★★★	—	★★★★★	★
Counseling for Physical Activity—Total	★	★★★★★	—	★★★★★	★
Well-Child Visits in the First 30 Months of Life^H					
Well-Child Visits in the First 15 Months—Six or More Well-Child Visits	★★★	★★	—	★	★
Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits	★	★	★	★	★★★

^H indicates that the measure is a HEDIS measure and can be compared to NCQA benchmarks.

^{CS} indicates that the measure is a non-HEDIS Core Set measure and can be compared to the Core Set Median

^{SA} indicates that the measure could only be compared to the statewide average.

— indicates that a percentile ranking was not determined because the rate was not reportable or there was a break in trending. This symbol may also indicate that the denominator was too small to report the rate, there was no benchmark to compare to, or that the plan was exempted from the rate.

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

Table 3-3—Primary Care Access and Preventative Care: MCO-Specific Count of Measures by Performance Rating

Health Plan Name	★★★★★	★★★★	★★★	★★	★	↑	↓
COA	0	1	3	3	5	0	0
DHMP	0	2	3	2	5	0	0
FHP	0	0	0	0	4	0	0
Kaiser	5	1	1	3	2	0	0
RMHP	0	0	3	1	8	2	0

Four of five (80.0 percent) MCOs reported a HEDIS measure rate below the 50th percentile for the *Well-Child Visits in the First 30 Months of Life—Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits* measure indicator, and all five MCOs reported a HEDIS measure rate below the 50th percentile for the *Immunizations for Adolescents—Combination 1 (Meningococcal, Tdap)* measure indicator. This demonstrates opportunities to increase the number of comprehensive visits and vaccination rates for children and adolescents. The MCOs and the Department should identify the factors contributing to the low rates for well-care visits and vaccination rates for children and adolescents (e.g., are the issues related to barriers to accessing care, the COVID-19 PHE, 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, two of four (50.0 percent) MCOs with reportable HEDIS measure rates reported a rate at or above the 75th percentile for the *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Nutrition—Total* and *Counseling for Physical Activity—Total* measure indicators, with Kaiser reporting a rate above the 90th percentile for both measure indicators.

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: Sept 23, 2022.

4. Maternal and Perinatal Health

Maternal and Perinatal Health

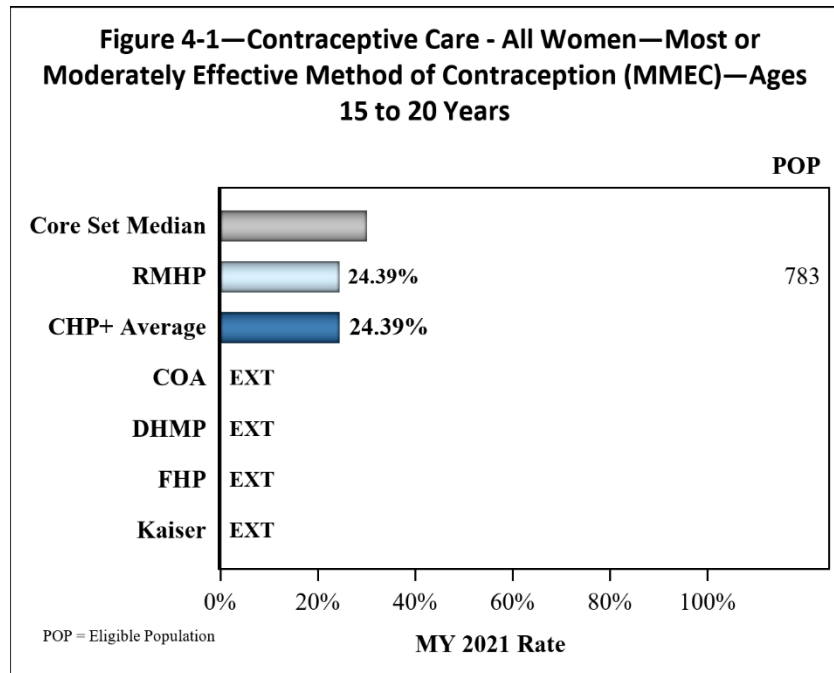
The following section provides a detailed analysis of the Colorado CHP+ MCOs' performance for the Maternal and Perinatal Health domain. The Maternal and Perinatal Health domain encompasses the following measures:

- *Contraceptive Care—All Women—MMEC—Ages 15 to 20 Years and LARC—Ages 15 to 20 Years*
- *Contraceptive Care—Postpartum Women—MMEC—3 Days—Ages 15 to 20 Years and 60 Days—Ages 15 to 20 Years, and LARC—3 Days—Ages 15 to 20 Years and 60 Days—Ages 15 to 20 Years*
- *Prenatal and Postpartum Care—Timeliness of Prenatal Care*

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.

Contraceptive Care—All Women—MMEC—Ages 15 to 20 Years

Contraceptive Care—All Women—MMEC—Ages 15 to 20 Years measures the percentage of women ages 15 to 20 years who were provided an MMEC.

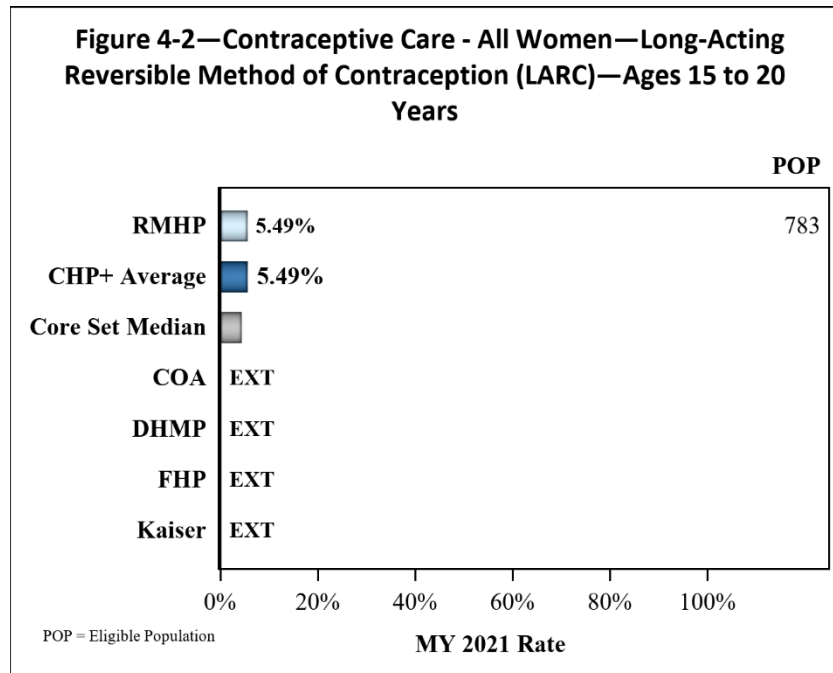


EXT (Exempt) indicates that the MCO was exempt from reporting the measure.

Only RMHP reported this rate; RMHP’s rate and the Colorado CHP+ weighted average fell below the Core Set Median.

Contraceptive Care—All Women—LARC—Ages 15 to 20 Years

Contraceptive Care—All Women—LARC—Ages 15 to 20 Years measures the percentage of women ages 15 to 20 years who were provided an LARC.

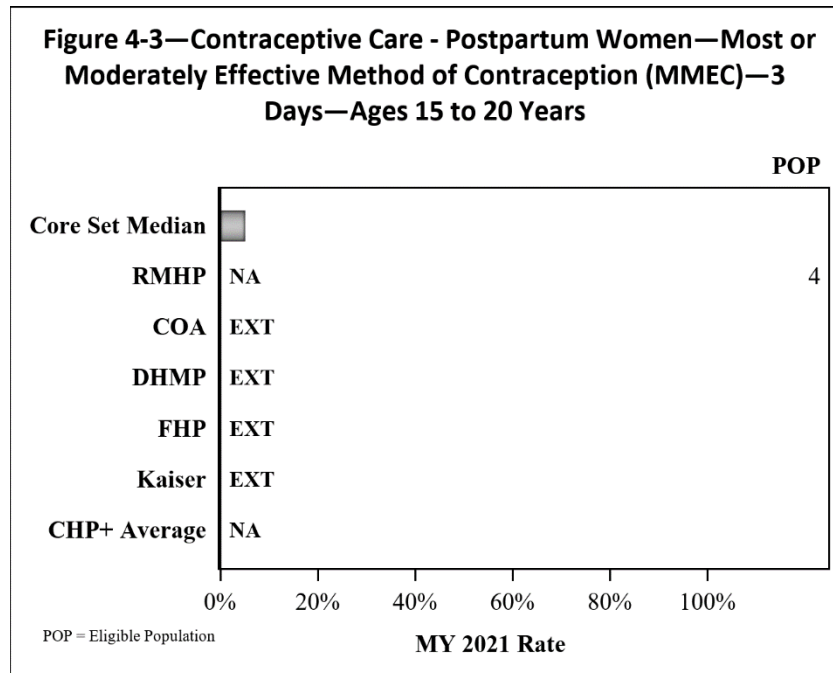


EXT (Exempt) indicates that the MCO was exempt from reporting the measure.

Only RMHP reported this rate; RMHP’s rate and the Colorado CHP+ weighted average were above the Core Set Median.

Contraceptive Care—Postpartum Women—MMEC—3 Days—Ages 15 to 20 Years

Contraceptive Care—Postpartum Women—MMEC—3 Days—Ages 15 to 20 Years measures the percentage of women ages 15 to 20 years who were provided an MMEC within three days of delivery.



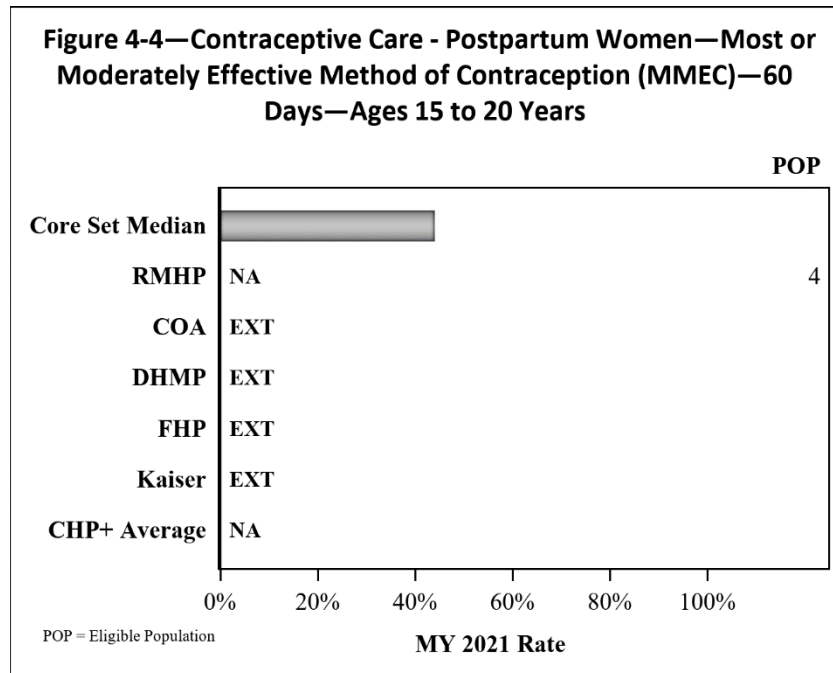
NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate.

EXT (Exempt) indicates that the MCO was exempt from reporting the measure.

None of the MCOs had a reportable rate for this indicator.

Contraceptive Care—Postpartum Women—MMEC—60 Days—Ages 15 to 20 Years

Contraceptive Care—Postpartum Women—MMEC—60 Days—Ages 15 to 20 Years measures the percentage of women ages 15 to 20 years who were provided an MMEC within 60 days of delivery.



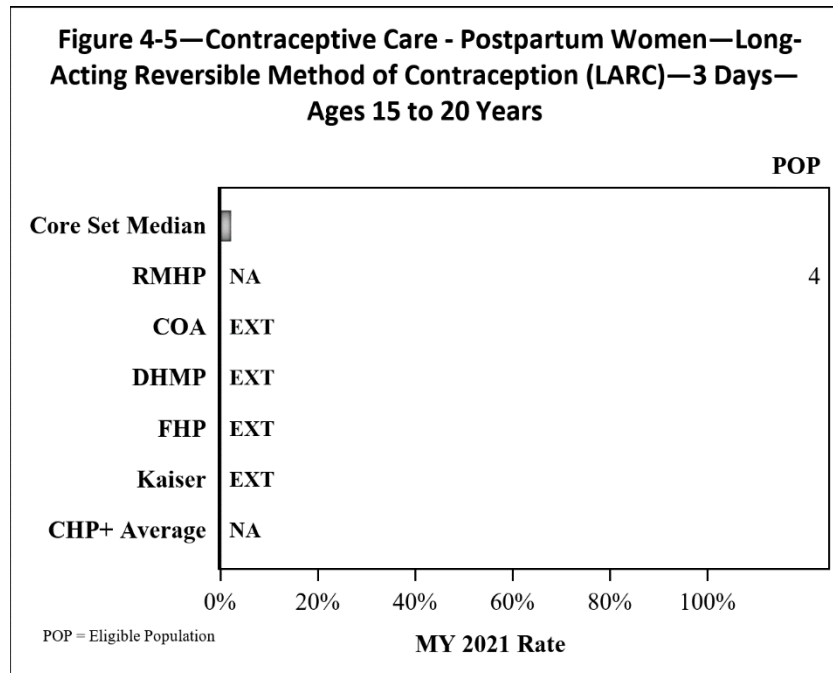
NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate.

EXT (Exempt) indicates that the MCO was exempt from reporting the measure.

None of the MCOs had a reportable rate for this indicator.

Contraceptive Care—Postpartum Women—LARC—3 Days—Ages 15 to 20 Years

Contraceptive Care—Postpartum Women—LARC—3 Days—Ages 15 to 20 Years measures the percentage of women ages 15 to 20 years who were provided an LARC within three days of delivery.



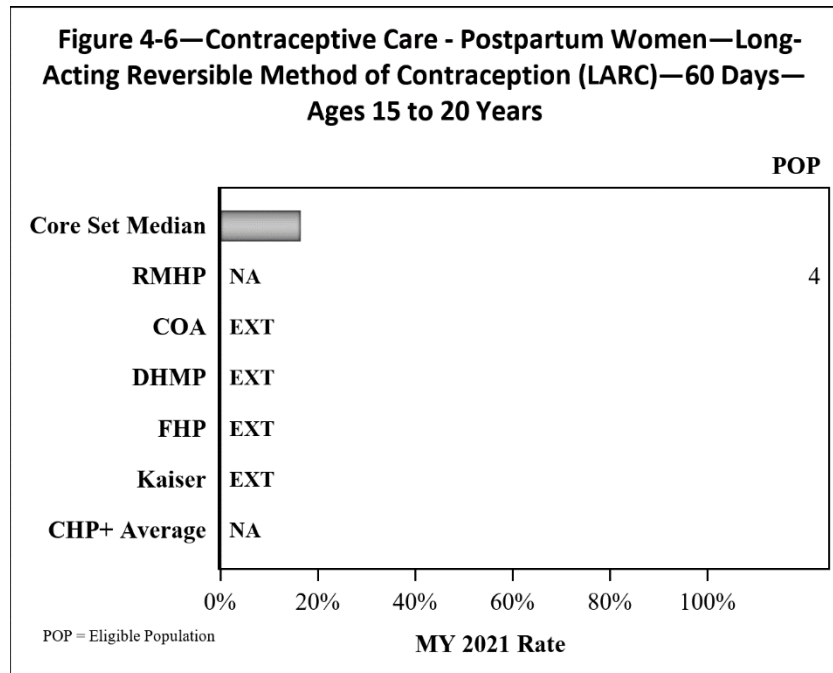
NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate.

EXT (Exempt) indicates that the MCO was exempt from reporting the measure.

None of the MCOs had a reportable rate for this indicator.

Contraceptive Care—Postpartum Women—LARC—60 Days—Ages 15 to 20 Years

Contraceptive Care—Postpartum Women—LARC—60 Days—Ages 15 to 20 Years measures the percentage of women ages 15 to 20 years who were provided an LARC within 60 days of delivery.



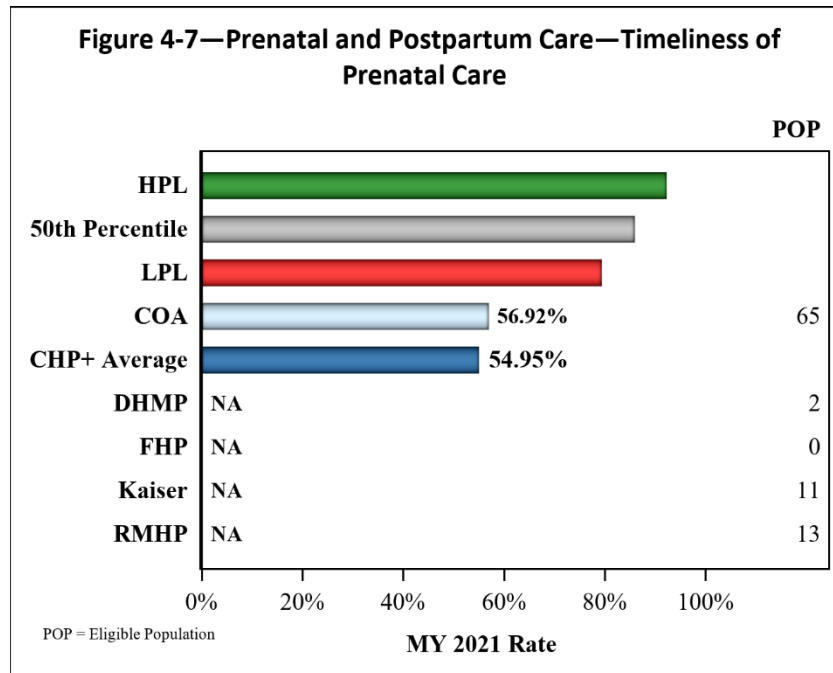
NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate.

EXT (Exempt) indicates that the MCO was exempt from reporting the measure.

None of the MCOs had a reportable rate for this indicator.

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.



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

COA and the Colorado CHP+ weighted average fell below the LPL.

Summary of Findings and Recommendations

Table 4-1 presents the MCOs’ performance ratings for each measure in the Maternal and Perinatal Health domain. Performance ratings were assigned across five categories (from ★ representing *Poor Performance* to ★★★★★ representing *Excellent Performance*). For those measures that could not be compared to NCQA benchmarks, performance ratings were assigned one of two categories (↑ or ↓).

Table 4-1—Maternal and Perinatal Health: Measure-Specific Performance Ratings

Performance Measures	COA	DHMP	FHP	Kaiser	RMHP
Contraceptive Care—All Women^{CS}					
MMEC—Ages 15 to 20 Years	—	—	—	—	↓
LARC—Ages 15 to 20 Years	—	—	—	—	↑
Contraceptive Care—Postpartum Women^{CS}					
MMEC—3 Days—Ages 15 to 20 Years	—	—	—	—	—
MMEC—60 Days—Ages 15 to 20 Years	—	—	—	—	—
LARC—3 Days—Ages 15 to 20 Years	—	—	—	—	—
LARC—60 Days—Ages 15 to 20 Years	—	—	—	—	—
Prenatal and Postpartum Care^H					
Timeliness of Prenatal Care	★	—	—	—	—

A green arrow pointed up represents the plan percentage was greater than or equal to the Core Set Median or statewide average.

A red arrow pointed down indicates the plan percentage was less than to the Core Set Median or statewide average.

H indicates that the measure is a HEDIS measure and can be compared to NCQA benchmarks.

CS indicates that the measure is a non-HEDIS Core Set measure and can be compared to the Core Set Median.

— Indicates that a percentile ranking was not determined because the rate was not reportable or there was a break in trending. This symbol may also indicate that the denominator was too small to report the rate, there was no benchmark to compare to, or that the plan was exempted from the rate.

Table 4-2 presents a summary of the MCOs’ overall performance for the measures in the Maternal and Perinatal Health domain with the number of measures falling into each performance rating.

Table 4-2—Maternal and Perinatal Health: MCO-Specific Count of Measures by Performance Rating

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

With all reportable HEDIS performance measure rates (i.e., *Prenatal and Postpartum Care—Timeliness of Prenatal Care*) within the Maternal and Perinatal Health domain falling below the 25th percentile, the MCOs have opportunities to improve access to prenatal care visits. The MCOs and the Department should conduct root cause analyses for the low *Prenatal and Postpartum Care—Timeliness of Prenatal Care* rate to determine the nature and scope of the issue (e.g., are the issues related to barriers to accessing care, a lack of family planning service providers, or the need for improved community outreach and education). Additionally, the MCOs and the Department could identify factors related to the COVID-19 PHE and how the *Prenatal and Postpartum Care—Timeliness of Prenatal Care* measure indicator was impacted. Once the root causes are identified, the MCOs and the Department should work with providers and members to establish potential performance improvement strategies and solutions to increase the *Prenatal and Postpartum Care—Timeliness of Prenatal Care* rate.

5. Care of Acute and Chronic Conditions

Care of Acute and Chronic Conditions

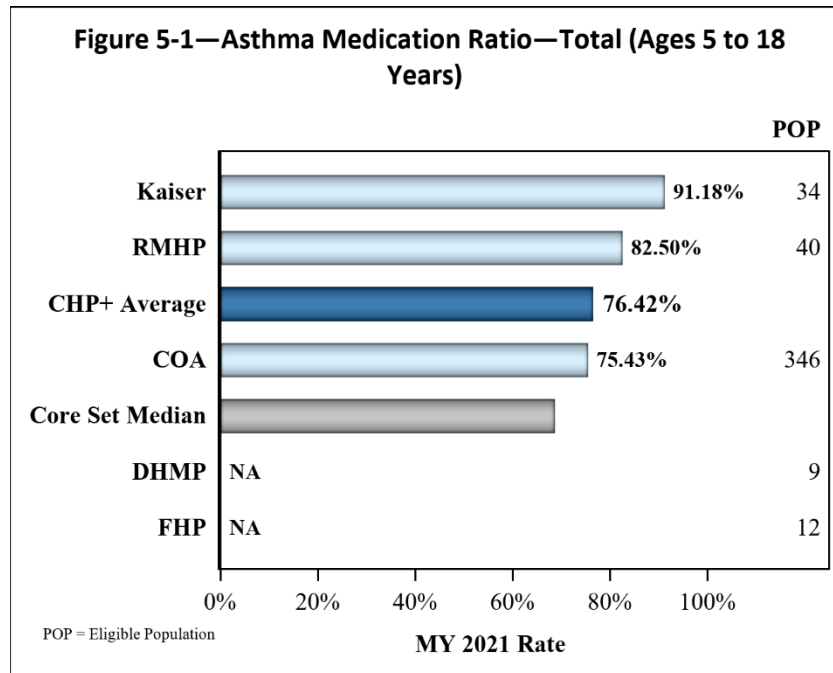
The following section provides a detailed analysis of the Colorado CHP+ MCOs' performance for the Care of Acute and Chronic Conditions domain. The Care of Acute and Chronic Conditions domain encompasses the following measures/indicators:

- *Asthma Medication Ratio—Total (Ages 5 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.

Asthma Medication Ratio—Total (Ages 5 to 18 Years)

Asthma Medication Ratio—Total (Ages 5 to 18 Years) measures the percentage of children and adolescents ages 5 to 18 years who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year.



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

Three MCOs’ rates and the Colorado CHP+ weighted average were above the Core Set Median. MCO performance varied by approximately 16 percentage points.

Summary of Findings and Recommendations

Table 5-1 presents the MCOs’ performance ratings for each measure in the Care of Acute and Chronic Conditions domain. Performance ratings were assigned across five categories (from ★ representing *Poor Performance* to ★★★★★ representing *Excellent Performance*). For those measures that could not be compared to NCQA benchmarks, performance ratings were assigned one of two categories (↑ or ↓).

Table 5-1—Care of Acute and Chronic Conditions: Measure-Specific Performance Ratings

Performance Measures	COA	DHMP	FHP	Kaiser	RMHP
<i>Asthma Medication Ratio</i>^{CS}					
<i>Total (Ages 5 to 18 Years)</i>	↑	—	—	↑	↑

A green arrow pointed up indicates the plan percentage was greater than or equal to the Core Set Median or statewide average.

^{CS} indicates that the measure is a non-HEDIS Core Set measure and can be compared to the Core Set Median.

— indicates that a percentile ranking was not determined because the rate was not reportable or there was a break in trending. This symbol may also indicate that the denominator was too small to report the rate, there was no benchmark to compare to, or that the plan was exempted from the rate.

Table 5-2 presents a summary of the MCOs’ overall performance for measures in the Care of Acute and Chronic Conditions domain.

Table 5-2—Care of Acute and Chronic Conditions: MCO-Specific Count of Measures by Performance Rating

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

Performance for the MCOs in the Care of Acute and Chronic Conditions domain demonstrated strength, with all three MCOs with reportable rates for the *Asthma Medication Ratio—Total (Ages 5 to 18 Years)* measure indicator exceeding the Core Set Median.

Behavioral Health Care

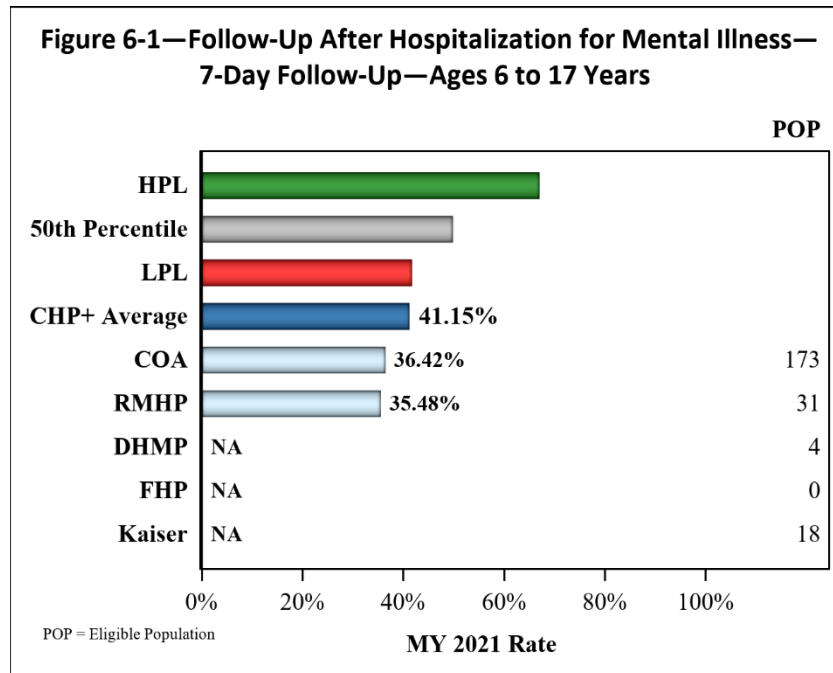
The following section provides a detailed analysis of the Colorado CHP+ MCOs' performance for the Behavioral Health Care domain. The Behavioral Health Care domain encompasses the following measures/indicators:

- *Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up—Ages 6 to 17 Years and 30-Day Follow-Up—Ages 6 to 17 Years*
- *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*
- *Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics—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.

Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up—Ages 6 to 17 Years

Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up—Ages 6 to 17 Years measures the percentage of discharges for members ages 6 to 17 years who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had a follow-up visit with a mental health provider within seven days after discharge during the measurement year.

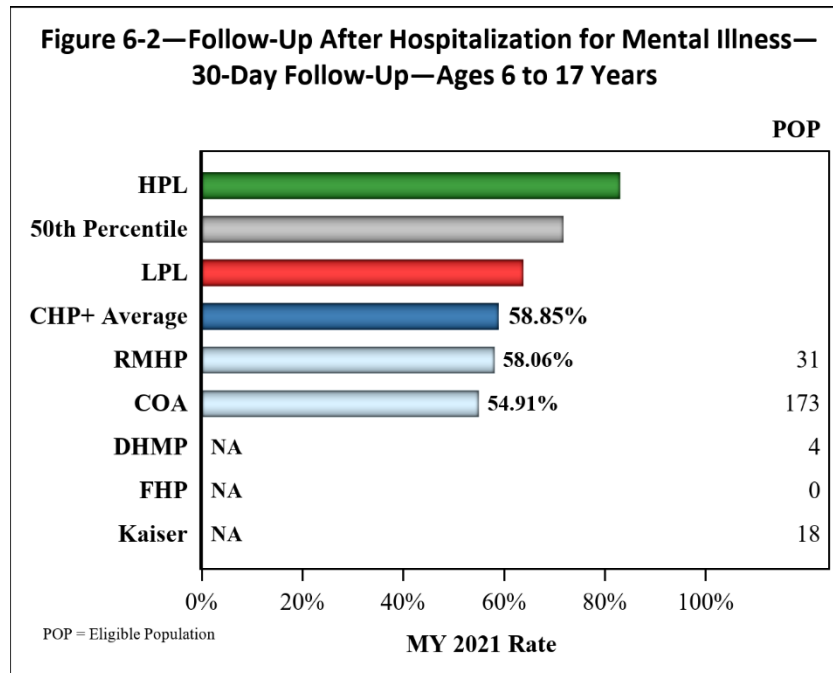


NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate.

Two MCOs' rates and the Colorado CHP+ weighted average fell below the LPL. MCO performance varied by less than 1 percentage point.

Follow-Up After Hospitalization for Mental Illness—30-Day Follow-Up—Ages 6 to 17 Years

Follow-Up After Hospitalization for Mental Illness—30-Day Follow-Up—Ages 6 to 17 Years measures the percentage of discharges for members ages 6 to 17 years who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had a follow-up visit with a mental health provider within 30 days after discharge during the measurement year.

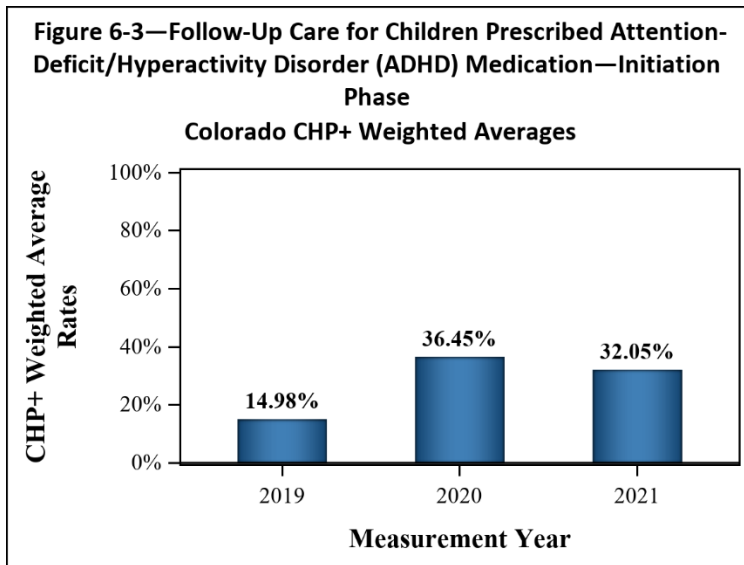


NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate.

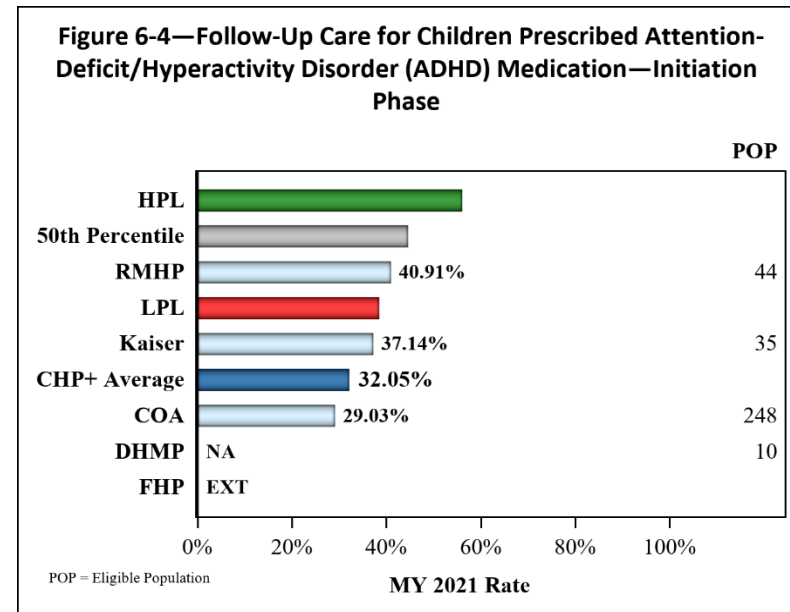
Two MCOs' rates and the Colorado CHP+ weighted average fell below the LPL. MCO performance varied by approximately 4 percentage points.

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

Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase measures the percentage of children ages 6 to 12 years with an ambulatory prescription dispensed for ADHD medication who had one follow-up visit with a practitioner with prescribing authority during the 30-day initiation phase during the measurement year.



The Colorado CHP+ weighted average did not demonstrate a significant change from MY 2020 to MY 2021.



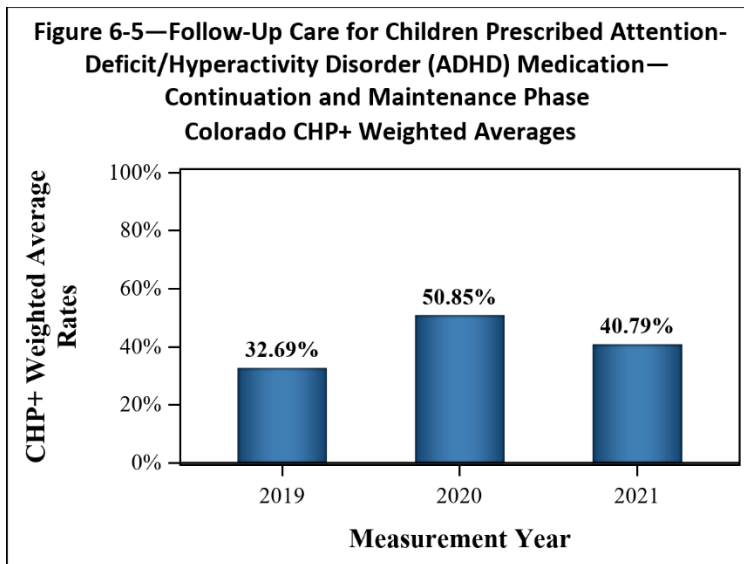
NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate.

EXT (Exempt) indicates that the MCO was exempt from reporting the measure.

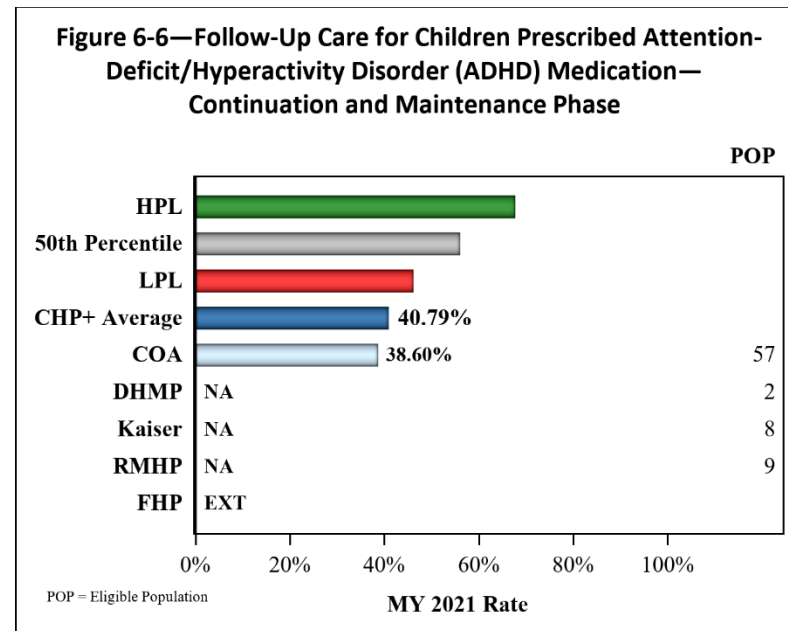
One MCO's rate was above the LPL but fell below the 50th percentile. Two MCOs' rates and the Colorado CHP+ weighted average fell below the LPL. MCO performance varied by approximately 12 percentage points.

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 children ages 6 to 12 years with an ambulatory prescription dispensed for ADHD medication who remained on the medication for at least 210 days and who, in addition to the visit in the initiation phase, had at least two follow-up visits with a practitioner within 270 days (nine months) after the initiation phase during the measurement year.



The Colorado CHP+ weighted average did not demonstrate a significant change from MY 2020 to MY 2021.



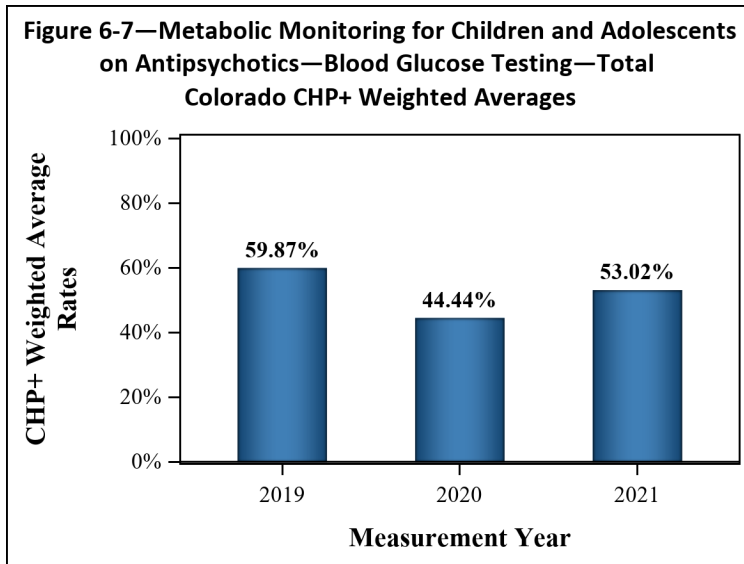
NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate.

EXT (Exempt) indicates that the MCO was exempt from reporting the measure.

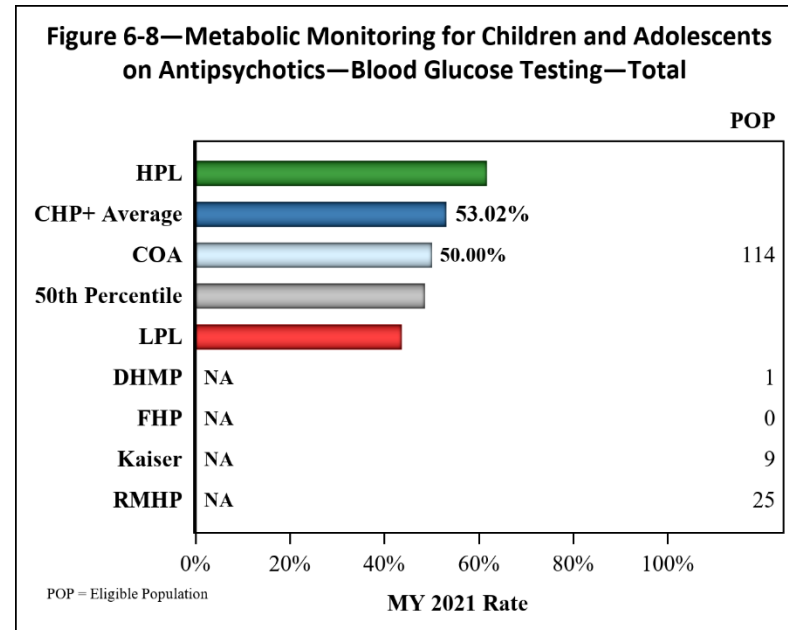
One MCO's rate and the Colorado CHP+ weighted average fell below the LPL.

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 children and adolescents ages 1 to 17 years who had two or more antipsychotic prescriptions and who received blood glucose testing during the measurement year.



The Colorado CHP+ weighted average did not demonstrate a significant change from MY 2020 to MY 2021.

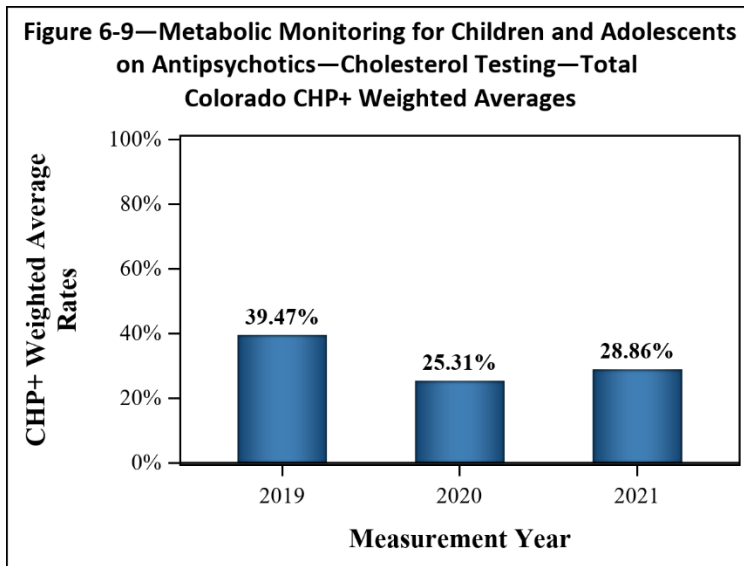


NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate.

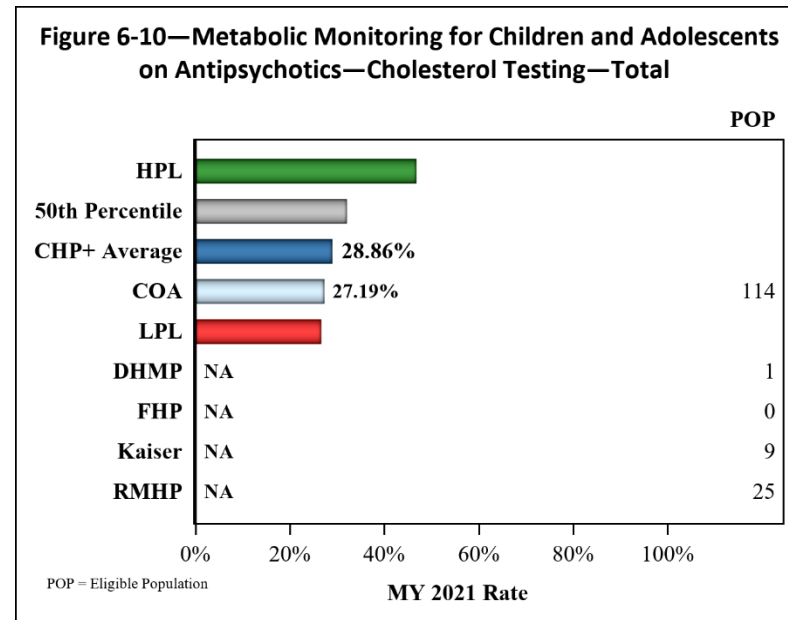
One MCO’s rate and the Colorado CHP+ weighted average were above the 50th percentile but fell below the HPL.

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 children and adolescents ages 1 to 17 years who had two or more antipsychotic prescriptions and who received cholesterol testing during the measurement year.



The Colorado CHP+ weighted average did not demonstrate a significant change from MY 2020 to MY 2021.

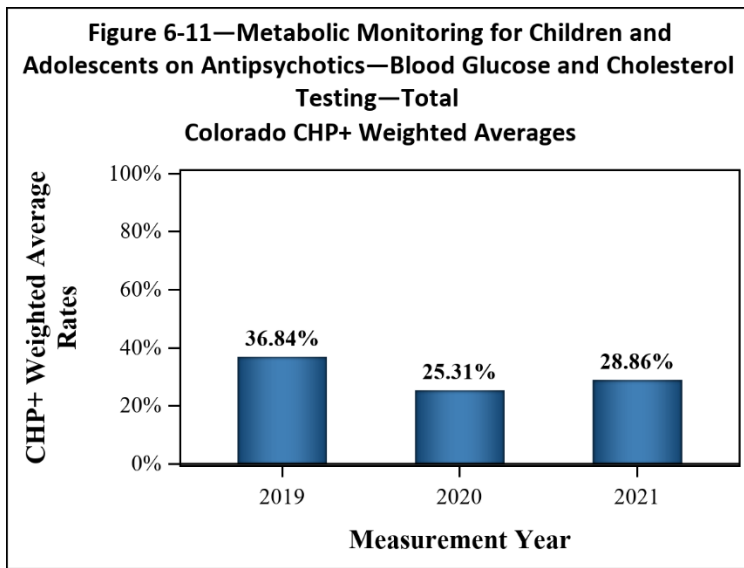


NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate.

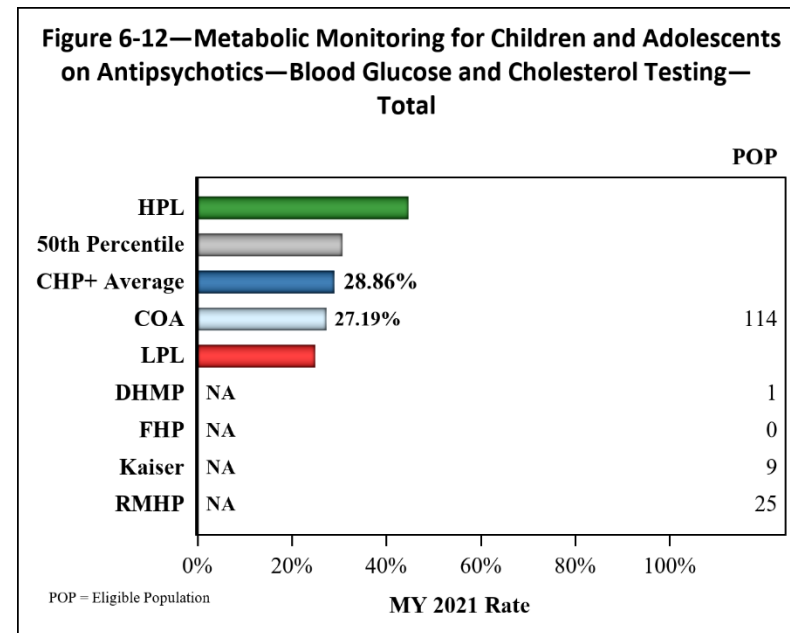
One MCO's rate and the Colorado CHP+ weighted average were above the LPL but fell below the 50th percentile.

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 children and adolescents ages 1 to 17 years who had two or more antipsychotic prescriptions and who received blood glucose and cholesterol testing during the measurement year.



The Colorado CHP+ weighted average did not demonstrate a significant change from MY 2020 to MY 2021.

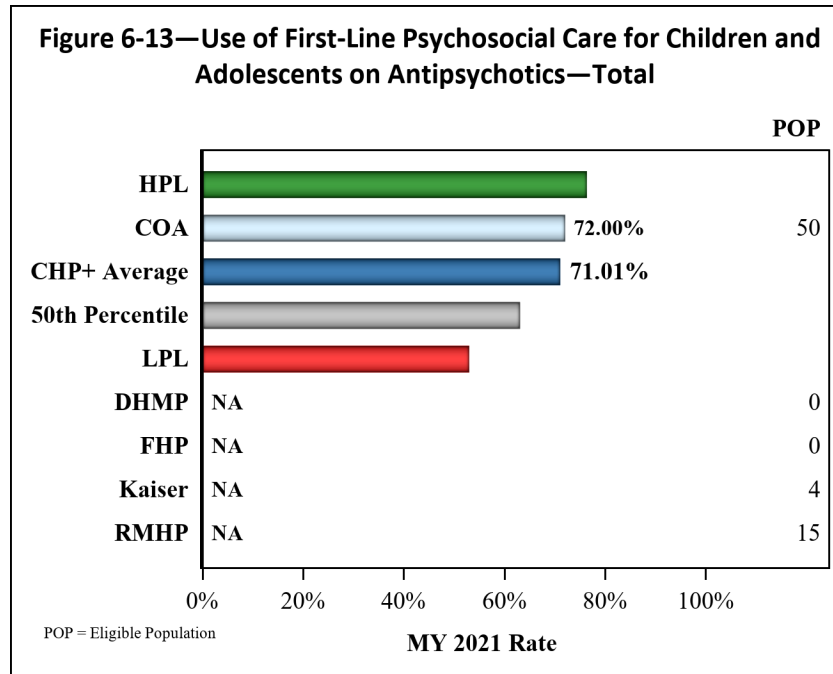


NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate.

One MCO's rate and the Colorado CHP+ weighted average were above the LPL but fell below the 50th percentile.

Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics—Total

Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics—Total measures the percentage of children and adolescents ages 1 to 17 who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first-line treatment during the measurement year.



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 was above the 50th percentile but fell below the HPL.

Summary of Findings and Recommendations

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

Table 6-1—Behavioral Health Care: Measure-Specific Performance Ratings

Performance Measures	COA	DHMP	FHP	Kaiser	RMHP
<i>Follow-Up After Hospitalization for Mental Illness^H</i>					
<i>7-Day Follow-Up—Ages 6 to 17 Years</i>	★	—	—	—	★
<i>30-Day Follow-Up—Ages 6 to 17 Years</i>	★	—	—	—	★
<i>Follow-Up Care for Children Prescribed ADHD Medication^H</i>					
<i>Initiation Phase</i>	★	—	—	★	★★
<i>Continuation and Maintenance Phase</i>	★	—	—	—	—
<i>Metabolic Monitoring for Children and Adolescents on Antipsychotics^H</i>					
<i>Blood Glucose Testing—Total</i>	★★★	—	—	—	—
<i>Cholesterol Testing—Total</i>	★★	—	—	—	—
<i>Blood Glucose and Cholesterol Testing—Total</i>	★★	—	—	—	—
<i>Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics^H</i>					
<i>Total</i>	★★★★	—	—	—	—

^H indicates that the measure is a HEDIS measure and can be compared to NCQA benchmarks.

— Indicates that a percentile ranking was not determined because the rate was not reportable or there was a break in trending. This symbol may also indicate that the denominator was too small to report the rate, there was no benchmark to compare to, or that the plan was exempted from the rate.

Table 6-2 presents a summary of the MCOs’ overall performance for measures in the Behavioral Health Care domain.

Table 6-2—Behavioral Health Care: MCO-Specific Count of Measures by Performance Rating

Health Plan Name	★★★★★	★★★★	★★★	★★	★	↑	↓
COA	0	1	1	2	4	0	0
DHMP	0	0	0	0	0	0	0
FHP	0	0	0	0	0	0	0
Kaiser	0	0	0	0	1	0	0
RMHP	0	0	0	1	2	0	0

Performance for the MCOs in the Behavioral Health Care domain demonstrated opportunities for improvement with all MCOs with reportable rates for the *Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up—Ages 6 to 17 Years* and *30-Day Follow-Up—Ages 6 to 17 Years*, and *Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase* and *Continuation and Maintenance Phase* measure indicator rates falling below the 50th percentile. The MCOs and the Department should identify the factors contributing to the low rates (e.g., barriers to care, COVID-19

PHE, provider billing issues, administrative data source challenges) since these are measures for which all MCOs show a significant need for improvement.

Of note, COA's rate for *Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics—Total* ranked at or above the 75th percentile, showing strength in care for those members on antipsychotics.

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: ED Visits—ED Visits—Total*

All the MCOs were required to report this measure in MY 2021. 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 2021

Age	COA	DHMP	FHP	Kaiser	RMHP	Total CHP+
Less Than 1 Year	8,226	729	1	1,367	2,024	12,347
1 to 9 Years	208,033	17,106	80	31,087	44,926	301,232
10 to 19 Years	242,653	22,725	56	42,856	51,907	360,197
Total	458,912	40,560	137	75,310	98,857	673,776

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* measure summarizes use of ambulatory care for *ED Visits—Total*. In this section, the results for the total age group are presented.

Results

Table 7-2 shows *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	ED Visits*
COA	19.23
DHMP	13.31
FHP	NA
Kaiser	—
RMHP	14.34
MY 2021 Colorado CHP+ Weighted Average	18.02

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

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

For the *ED Visits—Total* measure indicator, MCO performance varied, ranging from 13.31 ED visits per 1,000 member months to 19.23 ED visits per 1,000 member months.

Summary of Findings and Recommendations

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.

8. Dental and Oral Health Services

Dental and Oral Health Services

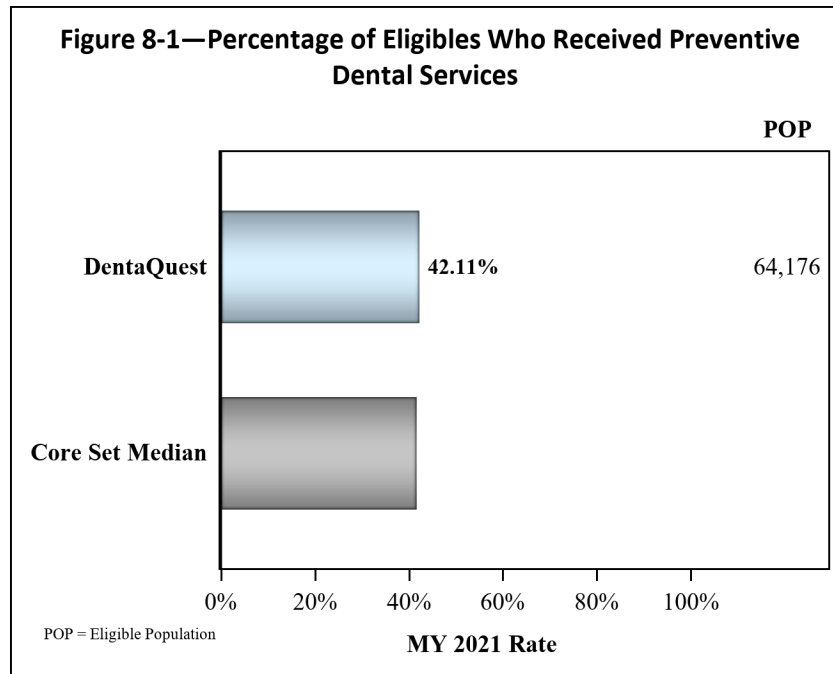
The following section provides a detailed analysis of the Colorado CHP+ dental PAHP's performance for the Dental and Oral Health Services domain. The Dental and Oral Health Services domain encompasses the following measures/indicators:

- *Percentage of Eligibles Who Received Preventive Dental Services*
- *Sealant Receipt on Permanent First Molars—At Least One Sealant*

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.

Percentage of Eligibles Who Received Preventive Dental Services

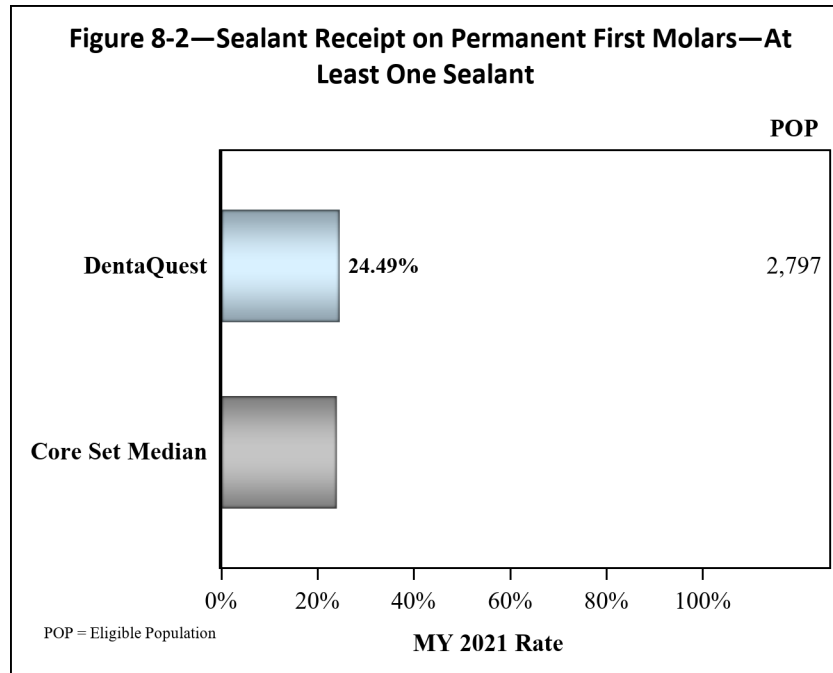
Percentage of Eligibles Who Received Preventive Dental Services measures the percentage of individuals ages 1 to 20 years who are enrolled in CHIP Medicaid Expansion programs for at least 90 continuous days, are eligible for Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services, and who received at least one preventive dental service during the measurement year.



DentaQuest’s rate was above the Core Set Median.

Sealant Receipt on Permanent First Molars—At Least One Sealant

Sealant Receipt on Permanent First Molars—At Least One Sealant measures the percentage of enrolled children who have received at least one sealant on permanent first molar teeth during the measurement year.



DentaQuest’s rate was above the Core Set Median.

Summary of Findings and Recommendations

Table 8-1 presents DentaQuest’s performance ratings for each measure in the Dental and Oral Health Services domain. Performance ratings were assigned across five categories (from ★ representing *Poor Performance* to ★★★★★ representing *Excellent Performance*). For those measures that could not be compared to NCQA benchmarks, performance ratings were assigned one of two categories (↑ or ↓).

Table 8-1—Dental and Oral Health Services: Measure-Specific Performance Ratings

Performance Measures	DentaQuest
<i>Percentage of Eligibles Who Received Preventive Dental Services</i> ^{CS}	↑
<i>Sealant Receipt on Permanent First Molars</i>	
<i>At Least One Sealant</i> ^{CS}	↑

A green arrow pointed up indicates the plan percentage was greater than or equal to the Core Set Median or statewide average.

^{CS} indicates that the measure is a non-HEDIS Core Set measure and can be compared to the Core Set Median.

Table 8-2 presents a summary of DentaQuest’s overall performance for measures in the Dental and Oral Health Services domain.

Table 8-2—Dental and Oral Health Services: PAHP-Specific Count of Measures by Performance Rating

Health Plan Name	★★★★★	★★★★	★★★	★★	★	↑	↓
DentaQuest	0	0	0	0	0	2	0

Performance in the Dental and Oral Health Services demonstrated strength as both the *Percentage of Eligibles Who Received Preventive Dental Services* and the *Sealant Receipt on Permanent First Molars—At Least One Sealant* measure indicator rates were above the Core Set Median. HSAG did not identify any opportunities for improvement when conducting the performance measure validation activity.

Appendix A. Tabular Results for Measures by Health Plan

Appendix A presents tables showing results for the measures by health plan. Where applicable, the results provided for each measure include the eligible population and rate for each health plan as well as MY 2019, MY 2020, and MY 2021 Colorado CHP+ weighted averages. Yellow shading with one caret (^) indicates the MY 2021 health plan-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.

Primary Care Access and Preventive Care Measure Results

Table A-1—Primary Care Access and Preventive Care Measure Results—MCO-Specific Rates and Colorado CHP+ Weighted Averages

CHP+ Plan	Eligible Population	Rate
<i>Child and Adolescent Well-Care Visits</i>		
<i>Ages 3 to 11 Years^H</i>		
COA	15,933	52.84%^
FHP	536	0.00%
DHMP	1,202	52.41%^
Kaiser	2,383	48.51%
RMHP	3,412	56.45%^
MY 2021 Colorado CHP+ Weighted Average		51.70%^
MY 2020 Colorado CHP+ Weighted Average		51.62%
MY 2019 Colorado CHP+ Weighted Average		—
<i>Ages 12 to 17 Years^H</i>		
COA	11,361	44.86%
FHP	423	0.00%
DHMP	1,046	46.37%^
Kaiser	1,997	41.81%
RMHP	2,500	46.44%^
MY 2021 Colorado CHP+ Weighted Average		43.73%
MY 2020 Colorado CHP+ Weighted Average		41.50%
MY 2019 Colorado CHP+ Weighted Average		—

CHP+ Plan	Eligible Population	Rate
<i>Ages 18 to 21 Years^H</i>		
COA	1,912	28.87%^
FHP	73	0.00%
DHMP	173	25.43%^
Kaiser	368	30.16%^
RMHP	404	30.69%^
MY 2021 Colorado CHP+ Weighted Average		28.36%^
MY 2020 Colorado CHP+ Weighted Average		29.64%
MY 2019 Colorado CHP+ Weighted Average		—
<i>Total^H</i>		
COA	29,206	48.16%^
FHP	1,032	0.00%
DHMP	2,421	47.87%^
Kaiser	4,748	44.27%
RMHP	6,316	50.84%^
MY 2021 Colorado CHP+ Weighted Average		46.98%^
MY 2020 Colorado CHP+ Weighted Average		45.23%
MY 2019 Colorado CHP+ Weighted Average		—
<i>Childhood Immunization Status</i>		
<i>DTaP^H</i>		
COA	626	70.61%
FHP	26	NA
DHMP	50	60.00%
Kaiser	109	78.90%^
RMHP	175	54.86%
MY 2021 Colorado CHP+ Weighted Average		68.97%
MY 2020 Colorado CHP+ Weighted Average		74.36%
MY 2019 Colorado CHP+ Weighted Average		75.28%
<i>IPV^H</i>		
COA	626	84.19%
FHP	26	NA
DHMP	50	68.00%
Kaiser	109	92.66%^
RMHP	175	66.29%
MY 2021 Colorado CHP+ Weighted Average		81.54%
MY 2020 Colorado CHP+ Weighted Average		84.33%
MY 2019 Colorado CHP+ Weighted Average		85.43%

CHP+ Plan	Eligible Population	Rate
MMR^H		
COA	626	83.55%
FHP	26	NA
DHMP	50	78.00%
Kaiser	109	89.91%^
RMHP	175	75.43%
MY 2021 Colorado CHP+ Weighted Average		82.96%
MY 2020 Colorado CHP+ Weighted Average		86.23%
MY 2019 Colorado CHP+ Weighted Average		83.23%
HiB^H		
COA	626	84.03%
FHP	26	NA
DHMP	50	74.00%
Kaiser	109	91.74%^
RMHP	175	70.29%
MY 2021 Colorado CHP+ Weighted Average		82.35%
MY 2020 Colorado CHP+ Weighted Average		84.19%
MY 2019 Colorado CHP+ Weighted Average		86.69%
Hepatitis B^H		
COA	626	83.71%
FHP	26	NA
DHMP	50	58.00%
Kaiser	109	94.50%^
RMHP	175	68.00%
MY 2021 Colorado CHP+ Weighted Average		81.24%
MY 2020 Colorado CHP+ Weighted Average		83.92%
MY 2019 Colorado CHP+ Weighted Average		77.87%
VZV^H		
COA	626	82.43%
FHP	26	NA
DHMP	50	76.00%
Kaiser	109	88.99%^
RMHP	175	74.86%
MY 2021 Colorado CHP+ Weighted Average		81.95%
MY 2020 Colorado CHP+ Weighted Average		84.12%
MY 2019 Colorado CHP+ Weighted Average		85.59%

CHP+ Plan	Eligible Population	Rate
<i>Pneumococcal Conjugate^H</i>		
COA	626	76.52%^
FHP	26	NA
DHMP	50	64.00%
Kaiser	109	84.40%^
RMHP	175	60.57%
MY 2021 Colorado CHP+ Weighted Average		74.54%
MY 2020 Colorado CHP+ Weighted Average		77.88%
MY 2019 Colorado CHP+ Weighted Average		77.56%
<i>Hepatitis A^H</i>		
COA	626	79.87%
FHP	26	NA
DHMP	50	78.00%
Kaiser	109	90.83%^
RMHP	175	71.43%
MY 2021 Colorado CHP+ Weighted Average		80.02%
MY 2020 Colorado CHP+ Weighted Average		82.50%
MY 2019 Colorado CHP+ Weighted Average		83.94%
<i>Rotavirus^H</i>		
COA	626	72.04%
FHP	26	NA
DHMP	50	54.00%
Kaiser	109	78.90%^
RMHP	175	62.86%
MY 2021 Colorado CHP+ Weighted Average		70.99%
MY 2020 Colorado CHP+ Weighted Average		74.15%
MY 2019 Colorado CHP+ Weighted Average		74.25%
<i>Influenza^H</i>		
COA	626	62.30%^
FHP	26	NA
DHMP	50	60.00%^
Kaiser	109	72.48%^
RMHP	175	56.57%^
MY 2021 Colorado CHP+ Weighted Average		63.29%^
MY 2020 Colorado CHP+ Weighted Average		63.70%
MY 2019 Colorado CHP+ Weighted Average		61.26%

CHP+ Plan	Eligible Population	Rate
Combination 3^H		
COA	626	65.97%
FHP	26	NA
DHMP	50	52.00%
Kaiser	109	77.06%^
RMHP	175	52.00%
MY 2021 Colorado CHP+ Weighted Average		64.91%
MY 2020 Colorado CHP+ Weighted Average		69.20%
MY 2019 Colorado CHP+ Weighted Average		61.81%
Combination 7^H		
COA	626	57.35%
FHP	26	NA
DHMP	50	48.00%
Kaiser	109	69.72%^
RMHP	175	49.14%
MY 2021 Colorado CHP+ Weighted Average		57.91%
MY 2020 Colorado CHP+ Weighted Average		62.62%
MY 2019 Colorado CHP+ Weighted Average		53.94%
Combination 10^H		
COA	626	46.81%^
FHP	26	NA
DHMP	50	44.00%^
Kaiser	109	56.88%^
RMHP	175	42.86%^
MY 2021 Colorado CHP+ Weighted Average		48.48%^
MY 2020 Colorado CHP+ Weighted Average		50.95%
MY 2019 Colorado CHP+ Weighted Average		41.97%
Chlamydia Screening in Women		
Ages 16 to 20 Years^H		
COA	932	34.66%
FHP	0	NA
DHMP	60	38.33%
Kaiser	191	47.12%
RMHP	214	35.05%
MY 2021 Colorado CHP+ Weighted Average		36.58%
MY 2020 Colorado CHP+ Weighted Average		35.29%
MY 2019 Colorado CHP+ Weighted Average		37.26%

CHP+ Plan	Eligible Population	Rate
<i>Developmental Screening in the First Three Years of Life</i>		
<i>Age 1^{SA}</i>		
COA	—	—
FHP	—	—
DHMP	—	—
Kaiser	—	—
RMHP	145	66.21% [^]
MY 2021 Colorado CHP+ Weighted Average		66.21%[^]
MY 2020 Colorado CHP+ Weighted Average		—
MY 2019 Colorado CHP+ Weighted Average		—
<i>Age 2^{SA}</i>		
COA	—	—
FHP	—	—
DHMP	—	—
Kaiser	—	—
RMHP	196	64.80% [^]
MY 2021 Colorado CHP+ Weighted Average		64.80%[^]
MY 2020 Colorado CHP+ Weighted Average		—
MY 2019 Colorado CHP+ Weighted Average		—
<i>Age 3^{SA}</i>		
COA	—	—
FHP	—	—
DHMP	—	—
Kaiser	—	—
RMHP	309	48.87% [^]
MY 2021 Colorado CHP+ Weighted Average		48.87%[^]
MY 2020 Colorado CHP+ Weighted Average		—
MY 2019 Colorado CHP+ Weighted Average		—
<i>Total^{CS}</i>		
COA	—	—
FHP	—	—
DHMP	—	—
Kaiser	—	—
RMHP	650	57.54% [^]
MY 2021 Colorado CHP+ Weighted Average		57.54%[^]
MY 2020 Colorado CHP+ Weighted Average		—
MY 2019 Colorado CHP+ Weighted Average		—

CHP+ Plan	Eligible Population	Rate
Immunizations for Adolescents		
Meningococcal^H		
COA	1,966	77.26%
FHP	65	0.00%
DHMP	177	66.10%
Kaiser	332	81.02%
RMHP	447	70.02%
MY 2021 Colorado CHP+ Weighted Average		74.26%
MY 2020 Colorado CHP+ Weighted Average		77.63%
MY 2019 Colorado CHP+ Weighted Average		77.26%
Tdap^H		
COA	1,966	85.20%
FHP	65	0.00%
DHMP	177	66.10%
Kaiser	332	87.35%
RMHP	447	82.77%
MY 2021 Colorado CHP+ Weighted Average		82.09%
MY 2020 Colorado CHP+ Weighted Average		87.12%
MY 2019 Colorado CHP+ Weighted Average		86.08%
HPV^H		
COA	1,966	40.39%^
FHP	65	0.00%
DHMP	177	43.50%^
Kaiser	332	43.67%^
RMHP	447	36.69%
MY 2021 Colorado CHP+ Weighted Average		39.50%^
MY 2020 Colorado CHP+ Weighted Average		45.28%
MY 2019 Colorado CHP+ Weighted Average		42.75%
Combination 1 (Meningococcal, Tdap)^H		
COA	1,966	76.45%
FHP	65	0.00%
DHMP	177	64.97%
Kaiser	332	80.12%
RMHP	447	68.90%
MY 2021 Colorado CHP+ Weighted Average		73.38%
MY 2020 Colorado CHP+ Weighted Average		76.12%
MY 2019 Colorado CHP+ Weighted Average		74.81%

CHP+ Plan	Eligible Population	Rate
Combination 2 (Meningococcal, Tdap, HPV)^H		
COA	1,966	37.74%^
FHP	65	0.00%
DHMP	177	42.94%^
Kaiser	332	42.47%^
RMHP	447	33.11%
MY 2021 Colorado CHP+ Weighted Average		37.06%[^]
MY 2020 Colorado CHP+ Weighted Average		42.47%
MY 2019 Colorado CHP+ Weighted Average		39.20%
Screening for Depression and Follow-Up Plan		
Ages 12 to 17 Years^{SA}		
COA	—	—
FHP	—	—
DHMP	—	—
Kaiser	—	—
RMHP	2,246	6.81%^
MY 2021 Colorado CHP+ Weighted Average		6.81%[^]
MY 2020 Colorado CHP+ Weighted Average		—
MY 2019 Colorado CHP+ Weighted Average		—
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents		
BMI Percentile Documentation—Ages 3 to 11 Years^H		
COA	10,878	14.74%
FHP	1	NA
DHMP	693	71.28%
Kaiser	1,454	91.40%^
RMHP	2,413	17.32%
MY 2021 Colorado CHP+ Weighted Average		24.90%
MY 2020 Colorado CHP+ Weighted Average		22.95%
MY 2019 Colorado CHP+ Weighted Average		20.60%
BMI Percentile Documentation—Ages 12 to 17 Years^H		
COA	7,378	18.65%
FHP	1	NA
DHMP	564	73.94%
Kaiser	1,120	89.91%^
RMHP	1,662	19.13%
MY 2021 Colorado CHP+ Weighted Average		29.07%
MY 2020 Colorado CHP+ Weighted Average		26.36%
MY 2019 Colorado CHP+ Weighted Average		25.83%

CHP+ Plan	Eligible Population	Rate
<i>BMI Percentile Documentation—Total^H</i>		
COA	18,256	16.32%
FHP	2	NA
DHMP	1,257	72.47%
Kaiser	2,574	90.75%^
RMHP	4,075	18.06%
MY 2021 Colorado CHP+ Weighted Average		26.61%
MY 2020 Colorado CHP+ Weighted Average		24.29%
MY 2019 Colorado CHP+ Weighted Average		22.62%
<i>Counseling for Nutrition—Ages 3 to 11 Years^H</i>		
COA	10,878	13.78%
FHP	1	NA
DHMP	693	79.22%^
Kaiser	1,454	93.60%^
RMHP	2,413	30.42%
MY 2021 Colorado CHP+ Weighted Average		26.83%
MY 2020 Colorado CHP+ Weighted Average		22.48%
MY 2019 Colorado CHP+ Weighted Average		19.78%
<i>Counseling for Nutrition—Ages 12 to 17 Years^H</i>		
COA	7,378	14.12%
FHP	1	NA
DHMP	564	75.89%^
Kaiser	1,120	91.70%^
RMHP	1,662	22.68%
MY 2021 Colorado CHP+ Weighted Average		26.80%
MY 2020 Colorado CHP+ Weighted Average		23.16%
MY 2019 Colorado CHP+ Weighted Average		22.37%
<i>Counseling for Nutrition—Total^H</i>		
COA	18,256	13.92%
FHP	2	NA
DHMP	1,257	77.72%^
Kaiser	2,574	92.77%^
RMHP	4,075	27.26%
MY 2021 Colorado CHP+ Weighted Average		26.82%
MY 2020 Colorado CHP+ Weighted Average		22.75%
MY 2019 Colorado CHP+ Weighted Average		20.77%

CHP+ Plan	Eligible Population	Rate
<i>Counseling for Physical Activity—Ages 3 to 11 Years^H</i>		
COA	10,878	8.44%
FHP	1	NA
DHMP	693	78.50%^
Kaiser	1,454	93.88%^
RMHP	2,413	13.59%
MY 2021 Colorado CHP+ Weighted Average		20.44%
MY 2020 Colorado CHP+ Weighted Average		16.79%
MY 2019 Colorado CHP+ Weighted Average		14.74%
<i>Counseling for Physical Activity—Ages 12 to 17 Years^H</i>		
COA	7,378	10.73%
FHP	1	NA
DHMP	564	75.89%^
Kaiser	1,120	92.14%^
RMHP	1,662	15.22%
MY 2021 Colorado CHP+ Weighted Average		23.36%
MY 2020 Colorado CHP+ Weighted Average		19.28%
MY 2019 Colorado CHP+ Weighted Average		18.45%
<i>Counseling for Physical Activity—Total^H</i>		
COA	18,256	9.37%
FHP	2	NA
DHMP	1,257	77.33%^
Kaiser	2,574	93.12%^
RMHP	4,075	14.26%
MY 2021 Colorado CHP+ Weighted Average		21.63%
MY 2020 Colorado CHP+ Weighted Average		17.76%
MY 2019 Colorado CHP+ Weighted Average		16.17%
<i>Well-Child Visits in the First 30 Months of Life</i>		
<i>Well-Child Visits in the First 15 Months—Six or More Well-Child Visits^H</i>		
COA	420	61.19%^
FHP	18	NA
DHMP	34	50.00%
Kaiser	84	16.67%
RMHP	112	26.79%
MY 2021 Colorado CHP+ Weighted Average		47.60%
MY 2020 Colorado CHP+ Weighted Average		48.90%
MY 2019 Colorado CHP+ Weighted Average		—

CHP+ Plan	Eligible Population	Rate
Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits^H		
COA	985	65.48%
FHP	31	19.35%
DHMP	79	63.29%
Kaiser	143	47.55%
RMHP	231	71.43%^
MY 2021 Colorado CHP+ Weighted Average		63.58%
MY 2020 Colorado CHP+ Weighted Average		73.12%
MY 2019 Colorado CHP+ Weighted Average		—

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

^H indicates that the measure is a HEDIS measure and can be compared to NCQA benchmarks.

^{CS} indicates that the measure is a non-HEDIS Core Set measure and can be compared to the Core Set Median.

^{SA} indicates that the measure could only be compared to the statewide average.

— indicates that a percentile ranking was not determined because the rate was not reportable or there was a break in trending. This symbol may also indicate that the denominator was too small to report the rate, there was no benchmark to compare to, or that the plan was exempted from the rate.

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

Bold font indicates Colorado CHP+ weighted average values.

Maternal and Perinatal Health Performance Measure Results

**Table A-2—Maternal and Perinatal Health Performance Measure Results—
MCO-Specific Rates and Colorado CHP+ Weighted Averages**

CHP+ Plan	Eligible Population	Rate
<i>Audiological Diagnosis No Later Than 3 Months of Age</i>		
<i>Total^{SA}</i>		
COA	—	—
FHP	—	—
DHMP	—	—
Kaiser	—	—
RMHP	0	NA
MY 2021 Colorado CHP+ Weighted Average		NA
MY 2020 Colorado CHP+ Weighted Average		—
MY 2019 Colorado CHP+ Weighted Average		—
<i>Contraceptive Care—All Women</i>		
<i>MMEC—Ages 15 to 20 Years^{CS}</i>		
COA	—	—
FHP	—	—
DHMP	—	—
Kaiser	—	—
RMHP	783	24.39%
MY 2021 Colorado CHP+ Weighted Average		24.39%
MY 2020 Colorado CHP+ Weighted Average		—
MY 2019 Colorado CHP+ Weighted Average		—
<i>LARC—Ages 15 to 20 Years^{CS}</i>		
COA	—	—
FHP	—	—
DHMP	—	—
Kaiser	—	—
RMHP	783	5.49%^
MY 2021 Colorado CHP+ Weighted Average		5.49%^
MY 2020 Colorado CHP+ Weighted Average		—
MY 2019 Colorado CHP+ Weighted Average		—
<i>Contraceptive Care—Postpartum Women</i>		
<i>MMEC—3 Days—Ages 15 to 20 Years^{CS}</i>		
COA	—	—
FHP	—	—
DHMP	—	—

CHP+ Plan	Eligible Population	Rate
Kaiser	—	—
RMHP	4	NA
MY 2021 Colorado CHP+ Weighted Average		NA
MY 2020 Colorado CHP+ Weighted Average		—
MY 2019 Colorado CHP+ Weighted Average		—
<i>MMEC—60 Days—Ages 15 to 20 Years^{CS}</i>		
COA	—	—
FHP	—	—
DHMP	—	—
Kaiser	—	—
RMHP	4	NA
MY 2021 Colorado CHP+ Weighted Average		NA
MY 2020 Colorado CHP+ Weighted Average		—
MY 2019 Colorado CHP+ Weighted Average		—
<i>LARC—3 Days—Ages 15 to 20 Years^{CS}</i>		
COA	—	—
FHP	—	—
DHMP	—	—
Kaiser	—	—
RMHP	4	NA
MY 2021 Colorado CHP+ Weighted Average		NA
MY 2020 Colorado CHP+ Weighted Average		—
MY 2019 Colorado CHP+ Weighted Average		—
<i>LARC—60 Days—Ages 15 to 20 Years^{CS}</i>		
COA	—	—
FHP	—	—
DHMP	—	—
Kaiser	—	—
RMHP	4	NA
MY 2021 Colorado CHP+ Weighted Average		NA
MY 2020 Colorado CHP+ Weighted Average		—
MY 2019 Colorado CHP+ Weighted Average		—
<i>Prenatal and Postpartum Care</i>		
<i>Timeliness of Prenatal Care^H</i>		
COA	65	56.92%
FHP	0	NA
DHMP	2	NA

CHP+ Plan	Eligible Population	Rate
Kaiser	11	NA
RMHP	13	NA
MY 2021 Colorado CHP+ Weighted Average		54.95%
MY 2020 Colorado CHP+ Weighted Average		—
MY 2019 Colorado CHP+ Weighted Average		—

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

^H indicates that the measure is a HEDIS measure and can be compared to NCQA benchmarks.

^{CS} indicates that the measure is a non-HEDIS Core Set measure and can be compared to the Core Set Median.

^{SA} indicates that the measure could only be compared to the statewide average.

— indicates that a percentile ranking was not determined because the rate was not reportable or there was a break in trending. This symbol may also indicate that the denominator was too small to report the rate, there was no benchmark to compare to, or that the plan was exempted from the rate.

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

Bold font indicates Colorado CHP+ weighted average values.

Care of Acute and Chronic Conditions Performance Measure Results

Table A-3—Care of Acute and Chronic Conditions Performance Measure Results—MCO-Specific Rates and Colorado CHP+ Weighted Averages

CHP+ Plan	Eligible Population	Rate
<i>Asthma Medication Ratio</i>		
<i>Ages 5 to 11 Years^H</i>		
COA	172	81.98%^
FHP	4	NA
DHMP	3	NA
Kaiser	16	NA
RMHP	20	NA
MY 2021 Colorado CHP+ Weighted Average		82.33%^
MY 2020 Colorado CHP+ Weighted Average		84.04%
MY 2019 Colorado CHP+ Weighted Average		88.44%
<i>Ages 12 to 18 Years^H</i>		
COA	174	68.97%
FHP	8	NA
DHMP	6	NA
Kaiser	18	NA
RMHP	20	NA
MY 2021 Colorado CHP+ Weighted Average		70.80%^
MY 2020 Colorado CHP+ Weighted Average		77.96%
MY 2019 Colorado CHP+ Weighted Average		70.21%
<i>Total (Ages 5 to 18 Years)^{CS}</i>		
COA	346	75.43%^
FHP	12	NA
DHMP	9	NA
Kaiser	34	91.18%^
RMHP	40	82.50%^
MY 2021 Colorado CHP+ Weighted Average		76.42%^
MY 2020 Colorado CHP+ Weighted Average		—
MY 2019 Colorado CHP+ Weighted Average		—

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

^H indicates that the measure is a HEDIS measure and can be compared to NCQA benchmarks.

^{CS} indicates that the measure is a non-HEDIS Core Set measure and can be compared to the Core Set Median.

— indicates that a percentile ranking was not determined because the rate was not reportable or there was a break in trending. This symbol may also indicate that the denominator was too small to report the rate, there was no benchmark to compare to, or that the plan was exempted from the rate.

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

Bold font indicates Colorado CHP+ weighted average values.

Behavioral Health Care Performance Measure Results

Table A-4—Behavioral Health Care Performance Measure Results—MCO-Specific Rates and Colorado CHP+ Weighted Averages

CHP+ Plan	Eligible Population	Rate
<i>Follow-Up After Hospitalization for Mental Illness</i>		
<i>7-Day Follow-Up—Ages 6 to 17 Years^H</i>		
COA	173	36.42%
FHP	0	NA
DHMP	4	NA
Kaiser	18	NA
RMHP	31	35.48%
MY 2021 Colorado CHP+ Weighted Average		41.15%
<i>30-Day Follow-Up—Ages 6 to 17 Years^H</i>		
COA	173	54.91%
FHP	0	NA
DHMP	4	NA
Kaiser	18	NA
RMHP	31	58.06%
MY 2021 Colorado CHP+ Weighted Average		58.85%
<i>Follow-Up Care for Children Prescribed ADHD Medication</i>		
<i>Initiation Phase^H</i>		
COA	248	29.03%
FHP	—	—
DHMP	10	NA
Kaiser	35	37.14%
RMHP	44	40.91%
MY 2021 Colorado CHP+ Weighted Average		32.05%
MY 2020 Colorado CHP+ Weighted Average		36.45%
MY 2019 Colorado CHP+ Weighted Average		14.98%
<i>Continuation and Maintenance Phase^H</i>		
COA	57	38.60%
FHP	—	—
DHMP	2	NA
Kaiser	8	NA
RMHP	9	NA
MY 2021 Colorado CHP+ Weighted Average		40.79%
MY 2020 Colorado CHP+ Weighted Average		50.85%
MY 2019 Colorado CHP+ Weighted Average		32.69%

CHP+ Plan	Eligible Population	Rate
<i>Metabolic Monitoring for Children and Adolescents on Antipsychotics</i>		
<i>Blood Glucose Testing—Ages 1 to 11 Years^H</i>		
COA	24	NA
FHP	0	NA
DHMP	0	NA
Kaiser	0	NA
RMHP	1	NA
MY 2021 Colorado CHP+ Weighted Average		NA
MY 2020 Colorado CHP+ Weighted Average		40.63%
MY 2019 Colorado CHP+ Weighted Average		40.54%
<i>Blood Glucose Testing—Ages 12 to 17 Years^H</i>		
COA	90	53.33%
FHP	0	NA
DHMP	1	NA
Kaiser	9	NA
RMHP	24	NA
MY 2021 Colorado CHP+ Weighted Average		56.45% ^
MY 2020 Colorado CHP+ Weighted Average		45.38%
MY 2019 Colorado CHP+ Weighted Average		66.09%
<i>Blood Glucose Testing—Total^H</i>		
COA	114	50.00% ^
FHP	0	NA
DHMP	1	NA
Kaiser	9	NA
RMHP	25	NA
MY 2021 Colorado CHP+ Weighted Average		53.02% ^
MY 2020 Colorado CHP+ Weighted Average		44.44%
MY 2019 Colorado CHP+ Weighted Average		59.87%
<i>Cholesterol Testing—Ages 1 to 11 Years^H</i>		
COA	24	NA
FHP	0	NA
DHMP	0	NA
Kaiser	0	NA
RMHP	1	NA
MY 2021 Colorado CHP+ Weighted Average		NA
MY 2020 Colorado CHP+ Weighted Average		25.00%
MY 2019 Colorado CHP+ Weighted Average		29.73%

CHP+ Plan	Eligible Population	Rate
<i>Cholesterol Testing—Ages 12 to 17 Years^H</i>		
COA	90	27.78%
FHP	0	NA
DHMP	1	NA
Kaiser	9	NA
RMHP	24	NA
MY 2021 Colorado CHP+ Weighted Average		29.84%
MY 2020 Colorado CHP+ Weighted Average		25.38%
MY 2019 Colorado CHP+ Weighted Average		42.61%
<i>Cholesterol Testing—Total^H</i>		
COA	114	27.19%
FHP	0	NA
DHMP	1	NA
Kaiser	9	NA
RMHP	25	NA
MY 2021 Colorado CHP+ Weighted Average		28.86%
MY 2020 Colorado CHP+ Weighted Average		25.31%
MY 2019 Colorado CHP+ Weighted Average		39.47%
<i>Blood Glucose and Cholesterol Testing—Ages 1 to 11 Years^H</i>		
COA	24	NA
FHP	0	NA
DHMP	0	NA
Kaiser	0	NA
RMHP	1	NA
MY 2021 Colorado CHP+ Weighted Average		NA
MY 2020 Colorado CHP+ Weighted Average		25.00%
MY 2019 Colorado CHP+ Weighted Average		27.03%
<i>Blood Glucose and Cholesterol Testing—Ages 12 to 17 Years^H</i>		
COA	90	27.78%
FHP	0	NA
DHMP	1	NA
Kaiser	9	NA
RMHP	24	NA
MY 2021 Colorado CHP+ Weighted Average		29.84%
MY 2020 Colorado CHP+ Weighted Average		25.38%
MY 2019 Colorado CHP+ Weighted Average		40.00%

CHP+ Plan	Eligible Population	Rate
Blood Glucose and Cholesterol Testing—Total^H		
COA	114	27.19%
FHP	0	NA
DHMP	1	NA
Kaiser	9	NA
RMHP	25	NA
MY 2021 Colorado CHP+ Weighted Average		28.86%
MY 2020 Colorado CHP+ Weighted Average		25.31%
MY 2019 Colorado CHP+ Weighted Average		36.84%
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics		
Ages 1 to 11 Years^H		
COA	8	NA
FHP	0	NA
DHMP	0	NA
Kaiser	0	NA
RMHP	2	NA
MY 2021 Colorado CHP+ Weighted Average		NA
MY 2020 Colorado CHP+ Weighted Average		—
MY 2019 Colorado CHP+ Weighted Average		—
Ages 12 to 17 Years^H		
COA	42	71.43% [^]
FHP	0	NA
DHMP	0	NA
Kaiser	4	NA
RMHP	13	NA
MY 2021 Colorado CHP+ Weighted Average		69.49%[^]
MY 2020 Colorado CHP+ Weighted Average		—
MY 2019 Colorado CHP+ Weighted Average		—
Total^H		
COA	50	72.00% [^]
FHP	0	NA
DHMP	0	NA
Kaiser	4	NA
RMHP	15	NA
MY 2021 Colorado CHP+ Weighted Average		71.01%[^]
MY 2020 Colorado CHP+ Weighted Average		—
MY 2019 Colorado CHP+ Weighted Average		—

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

^H indicates that the measure is a HEDIS measure and can be compared to NCQA benchmarks.

— indicates that a percentile ranking was not determined because the rate was not reportable or there was a break in trending. This symbol may also indicate that the denominator was too small to report the rate, there was no benchmark to compare to, or that the plan was exempted from the rate.

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

Bold font indicates Colorado CHP+ weighted average values.

Use of Services Measure Results

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

CHP+ Plan	Rate
<i>Ambulatory Care: ED Visits</i>	
<i>ED Visits—Age <1 Year*</i>	
COA	46.19
FHP	NA
DHMP	34.29
Kaiser	—
RMHP	30.63
MY 2021 Colorado CHP+ Weighted Average	42.53
MY 2020 Colorado CHP+ Weighted Average	29.51
MY 2019 Colorado CHP+ Weighted Average	48.02
<i>ED Visits—Age 1 to 9 Years*</i>	
COA	20.02
FHP	NA
DHMP	14.97
Kaiser	—
RMHP	12.73
MY 2021 Colorado CHP+ Weighted Average	18.48
MY 2020 Colorado CHP+ Weighted Average	16.99
MY 2019 Colorado CHP+ Weighted Average	27.39
<i>ED Visits—Age 10 to 19 Years*</i>	
COA	17.63
FHP	NA
DHMP	11.40
Kaiser	—
RMHP	15.10
MY 2021 Colorado CHP+ Weighted Average	16.77
MY 2020 Colorado CHP+ Weighted Average	14.78
MY 2019 Colorado CHP+ Weighted Average	21.75
<i>ED Visits—Total*</i>	
COA	19.23
FHP	NA
DHMP	13.31

CHP+ Plan	Rate
Kaiser	—
RMHP	14.34
MY 2021 Colorado CHP+ Weighted Average	18.02
MY 2020 Colorado CHP+ Weighted Average	—
MY 2019 Colorado CHP+ Weighted Average	—

* 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 a percentile ranking was not determined because the rate was not reportable or there was a break in trending. This symbol may also indicate that the denominator was too small to report the rate, there was no benchmark to compare to, or that the plan was exempted from the rate.

Bold font indicates Colorado CHP+ weighted average values.

Dental and Oral Health Services Measure Results

Table A-6—Dental and Oral Health Services Measure Results—PAHP-Specific Rates

CHP+ Plan	Eligible Population	Rate
Percentage of Eligibles Who Received Preventive Dental Services^{CS}		
Total		
DentaQuest	64,176	42.11%^
MY 2021 Colorado CHP+ Weighted Average		42.11%
Percentage of Eligibles Who Received Preventive Dental Services		
At Least One Sealant^{CS}		
DentaQuest	2,797	24.49%^
MY 2021 Colorado CHP+ Weighted Average		24.49%
All Four Molars Sealed		
DentaQuest	2,797	14.30%
MY 2021 Colorado CHP+ Weighted Average		14.30%

^{CS} indicates that the measure is a non-HEDIS Core Set measure and can be compared to the Core Set Median.

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

Font indicates Colorado CHP+ weighted average values.

Appendix B. Trend Tables

Appendix B includes trend tables for the health plans and the Colorado CHP+ weighted averages. Where applicable, measure rates for MY 2019, MY 2020, and MY 2021 are presented.

MY 2020 to MY 2021 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	MY 2019 Rate	MY 2020 Rate	MY 2021 Rate	Benchmark Ranking
Primary Care Access and Preventive Care				
Child and Adolescent Well-Care Visits				
<i>Ages 3 to 11 Years^H</i>	—	53.14%	52.84%	50th–74th
<i>Ages 12 to 17 Years^H</i>	—	42.81%	44.86%	25th–49th
<i>Ages 18 to 21 Years^H</i>	—	28.16%	28.87%	50th–74th
<i>Total^H</i>	—	47.69%	48.16%	50th–74th
Childhood Immunization Status				
<i>DTaP^H</i>	78.13%	78.26%	70.61%^^	25th–49th
<i>IPV^H</i>	86.60%	87.97%	84.19%^^	10th–24th
<i>MMR^H</i>	88.37%	88.27%	83.55%^^	10th–24th
<i>HiB^H</i>	88.62%	87.46%	84.03%	25th–49th
<i>Hepatitis B^H</i>	84.58%	87.06%	83.71%	10th–24th
<i>VZV^H</i>	86.09%	86.55%	82.43%^^	10th–24th
<i>Pneumococcal Conjugate^H</i>	78.76%	80.89%	76.52%^^	50th–74th
<i>Hepatitis A^H</i>	83.44%	82.81%	79.87%	10th–24th
<i>Rotavirus^H</i>	74.46%	77.15%	72.04%^^	25th–49th
<i>Influenza^H</i>	63.08%	66.73%	62.30%	75th–89th
<i>Combination 3^H</i>	70.04%	72.50%	65.97%^^	25th–49th
<i>Combination 7^H</i>	59.92%	65.12%	57.35%^^	25th–49th
<i>Combination 10^H</i>	46.78%	53.69%	46.81%^^	75th–89th

Performance Measures	MY 2019 Rate	MY 2020 Rate	MY 2021 Rate	Benchmark Ranking
Chlamydia Screening in Women				
<i>Ages 16 to 20 Years^H</i>	34.07%	33.74%	34.66%	<10th
Developmental Screening in the First Three Years of Life				
<i>Age 1^{SA}</i>	—	—	—	—
<i>Age 2^{SA}</i>	—	—	—	—
<i>Age 3^{SA}</i>	—	—	—	—
<i>Total^{CS}</i>	—	—	—	—
Immunizations for Adolescents				
<i>Meningococcal^H</i>	78.14%	77.81%	77.26%	10th–24th
<i>Tdap^H</i>	87.59%	87.87%	85.20%	25th–49th
<i>HPV^H</i>	44.04%	44.58%	40.39%^^	50th–74th
<i>Combination 1 (Meningococcal, Tdap)^H</i>	76.14%	76.97%	76.45%	25th–49th
<i>Combination 2 (Meningococcal, Tdap, HPV)^H</i>	40.19%	41.81%	37.74%^^	50th–74th
Screening for Depression and Follow-Up Plan				
<i>Ages 12 to 17 Years^{SA}</i>	—	—	—	—
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents				
<i>BMI Percentile Documentation—Ages 3 to 11 Years^H</i>	10.00%	13.69%	14.74%	<10th
<i>BMI Percentile Documentation—Ages 12 to 17 Years^H</i>	14.69%	17.92%	18.65%	<10th
<i>BMI Percentile Documentation—Total^H</i>	11.78%	15.33%	16.32%	<10th
<i>Counseling for Nutrition—Ages 3 to 11 Years^H</i>	5.82%	10.14%	13.78%^	<10th
<i>Counseling for Nutrition—Ages 12 to 17 Years^H</i>	8.04%	11.49%	14.12%	<10th
<i>Counseling for Nutrition—Total^H</i>	6.66%	10.66%	13.92%^	<10th
<i>Counseling for Physical Activity—Ages 3 to 11 Years^H</i>	3.21%	6.59%	8.44%	<10th
<i>Counseling for Physical Activity—Ages 12 to 17 Years^H</i>	6.25%	9.25%	10.73%	<10th
<i>Counseling for Physical Activity—Total^H</i>	4.36%	7.62%	9.37%	<10th
Well-Child Visits in the First 30 Months of Life				
<i>Well-Child Visits in the First 15 Months—Six or More Well-Child Visits^H</i>	—	54.92%	61.19%	50th–74th
<i>Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits^H</i>	—	75.31%	65.48%^^	10th–24th

Performance Measures	MY 2019 Rate	MY 2020 Rate	MY 2021 Rate	Benchmark Ranking
Maternal and Perinatal Health				
Audiological Diagnosis No Later Than 3 Months of Age				
Total ^{SA}	—	—	—	—
Contraceptive Care—All Women				
MMEC—Ages 15 to 20 Years ^{CS}	—	—	—	—
LARC—Ages 15 to 20 Years ^{CS}	—	—	—	—
Contraceptive Care—Postpartum Women				
MMEC—3 Days—Ages 15 to 20 Years ^{CS}	—	—	—	—
MMEC—60 Days—Ages 15 to 20 Years ^{CS}	—	—	—	—
LARC—3 Days—Ages 15 to 20 Years ^{CS}	—	—	—	—
LARC—60 Days—Ages 15 to 20 Years ^{CS}	—	—	—	—
Prenatal and Postpartum Care				
Timeliness of Prenatal Care ^H	—	—	56.92%	<10th
Care of Acute and Chronic Conditions				
Asthma Medication Ratio				
Ages 5 to 11 Years ^H	87.60%	84.12%	81.98%	50th–74th
Ages 12 to 18 Years ^H	72.92%	72.80%	68.97%	25th–49th
Total (Ages 5 to 18 Years) ^{CS}	—	—	75.43%	ACSM
Behavioral Health Care				
Follow-Up After Hospitalization for Mental Illness				
7-Day Follow-Up—Ages 6 to 17 Years ^H	—	—	36.42%	10th–24th
30-Day Follow-Up—Ages 6 to 17 Years ^H	—	—	54.91%	<10th
Follow-Up Care for Children Prescribed ADHD Medication				
Initiation Phase ^H	0.00%	33.78%	29.03%	<10th
Continuation and Maintenance Phase ^H	NA	46.94%	38.60%	10th–24th
Metabolic Monitoring for Children and Adolescents on Antipsychotics				
Blood Glucose Testing—Ages 1 to 11 Years ^H	NA	NA	NA	—
Blood Glucose Testing—Ages 12 to 17 Years ^H	66.25%	40.82%	53.33%	25th–49th
Blood Glucose Testing—Total ^H	60.58%	40.80%	50.00%	50th–74th
Cholesterol Testing—Ages 1 to 11 Years ^H	NA	NA	NA	—
Cholesterol Testing—Ages 12 to 17 Years ^H	35.00%	18.37%	27.78%	10th–24th
Cholesterol Testing—Total ^H	33.65%	19.20%	27.19%	25th–49th
Blood Glucose and Cholesterol Testing—Ages 1 to 11 Years ^H	NA	NA	NA	—
Blood Glucose and Cholesterol Testing—Ages 12 to 17 Years ^H	32.50%	18.37%	27.78%	25th–49th
Blood Glucose and Cholesterol Testing—Total ^H	30.77%	19.20%	27.19%	25th–49th

Performance Measures	MY 2019 Rate	MY 2020 Rate	MY 2021 Rate	Benchmark Ranking
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics				
<i>Ages 1 to 11 Years^H</i>	—	—	NA	—
<i>Ages 12 to 17 Years^H</i>	—	—	71.43%	75th–89th
<i>Total^H</i>	—	—	72.00%	75th–89th
Use of Services				
Ambulatory Care: ED Visits				
<i>ED Visits—Age <1 Year*^H</i>	55.95	32.03	46.19	50th–74th
<i>ED Visits—Age 1 to 9 Years*^H</i>	29.32	18.19	20.02	75th–89th
<i>ED Visits—Age 10 to 19 Years*^H</i>	23.79	15.81	17.63	75th–89th
<i>ED Visits—Total*</i>	—	—	19.23	—

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

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

^H indicates that the measure is a HEDIS measure and can be compared to NCQA benchmarks.

^{CS} indicates that the measure is a non-HEDIS Core Set measure and can be compared to the Core Set Median.

^{SA} indicates that the measure could only be compared to the statewide average.

— indicates that a percentile ranking was not determined because the rate was not reportable or there was a break in trending. This symbol may also indicate that the denominator was too small to report the rate, there was no benchmark to compare to, or that the plan was exempted from the rate.

ACSM indicates the reported rate was above the Core Set Median.

DHMP Trend Table

Table B-2—DHMP Trend Table

Performance Measures	MY 2019 Rate	MY 2020 Rate	MY 2021 Rate	Benchmark Ranking
Primary Care Access and Preventive Care				
Child and Adolescent Well-Care Visits				
<i>Ages 3 to 11 Years^H</i>	—	50.12%	52.41%	50th–74th
<i>Ages 12 to 17 Years^H</i>	—	42.93%	46.37%	50th–74th
<i>Ages 18 to 21 Years^H</i>	—	35.26%	25.43%	50th–74th
<i>Total^H</i>	—	46.11%	47.87%	50th–74th
Childhood Immunization Status				
<i>DTaP^H</i>	82.26%	81.94%	60.00%^^	<10th
<i>IPV^H</i>	96.77%	88.89%	68.00%^^	<10th
<i>MMR^H</i>	93.55%	86.11%	78.00%	<10th
<i>HiB^H</i>	95.16%	87.50%	74.00%	<10th
<i>Hepatitis B^H</i>	100.00%	94.44%	58.00%^^	<10th
<i>VZV^H</i>	93.55%	86.11%	76.00%	<10th
<i>Pneumococcal Conjugate^H</i>	85.48%	83.33%	64.00%^^	<10th
<i>Hepatitis A^H</i>	93.55%	84.72%	78.00%	10th–24th
<i>Rotavirus^H</i>	87.10%	80.56%	54.00%^^	<10th
<i>Influenza^H</i>	64.52%	66.67%	60.00%	75th–89th
<i>Combination 3^H</i>	82.26%	81.94%	52.00%^^	<10th
<i>Combination 7^H</i>	79.03%	75.00%	48.00%^^	10th–24th
<i>Combination 10^H</i>	58.06%	63.89%	44.00%^^	50th–74th
Chlamydia Screening in Women				
<i>Ages 16 to 20 Years^H</i>	47.89%	44.29%	38.33%	10th–24th
Developmental Screening in the First Three Years of Life				
<i>Age 1^{SA}</i>	—	—	—	—
<i>Age 2^{SA}</i>	—	—	—	—
<i>Age 3^{SA}</i>	—	—	—	—
<i>Total^{CS}</i>	—	—	—	—
Immunizations for Adolescents				
<i>Meningococcal^H</i>	91.14%	91.33%	66.10%^^	<10th
<i>Tdap^H</i>	87.34%	90.00%	66.10%^^	<10th
<i>HPV^H</i>	55.70%	55.33%	43.50%^^	50th–74th
<i>Combination 1 (Meningococcal, Tdap)^H</i>	86.71%	88.00%	64.97%^^	<10th
<i>Combination 2 (Meningococcal, Tdap, HPV)^H</i>	53.80%	54.00%	42.94%^^	50th–74th

Performance Measures	MY 2019 Rate	MY 2020 Rate	MY 2021 Rate	Benchmark Ranking
Screening for Depression and Follow-Up Plan				
<i>Ages 12 to 17 Years^{SA}</i>	—	—	—	—
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents				
<i>BMI Percentile Documentation—Ages 3 to 11 Years^H</i>	18.23%	63.72%	71.28%^	25th–49th
<i>BMI Percentile Documentation—Ages 12 to 17 Years^H</i>	31.02%	64.27%	73.94%^	25th–49th
<i>BMI Percentile Documentation—Total^H</i>	23.81%	63.96%	72.47%^	25th–49th
<i>Counseling for Nutrition—Ages 3 to 11 Years^H</i>	4.56%	72.30%	79.22%^	75th–89th
<i>Counseling for Nutrition—Ages 12 to 17 Years^H</i>	13.17%	67.86%	75.89%^	75th–89th
<i>Counseling for Nutrition—Total^H</i>	8.31%	70.36%	77.72%^	75th–89th
<i>Counseling for Physical Activity—Ages 3 to 11 Years^H</i>	3.49%	71.64%	78.50%^	75th–89th
<i>Counseling for Physical Activity—Ages 12 to 17 Years^H</i>	12.48%	67.69%	75.89%^	75th–89th
<i>Counseling for Physical Activity—Total^H</i>	7.41%	69.92%	77.33%^	75th–89th
Well-Child Visits in the First 30 Months of Life				
<i>Well-Child Visits in the First 15 Months—Six or More Well-Child Visits^H</i>	—	64.52%	50.00%	25th–49th
<i>Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits^H</i>	—	66.18%	63.29%	10th–24th
Maternal and Perinatal Health				
Audiological Diagnosis No Later Than 3 Months of Age				
<i>Total^{SA}</i>	—	—	—	—
Contraceptive Care—All Women				
<i>MMEC—Ages 15 to 20 Years^{CS}</i>	—	—	—	—
<i>LARC—Ages 15 to 20 Years^{CS}</i>	—	—	—	—
Contraceptive Care—Postpartum Women				
<i>MMEC—3 Days—Ages 15 to 20 Years^{CS}</i>	—	—	—	—
<i>MMEC—60 Days—Ages 15 to 20 Years^{CS}</i>	—	—	—	—
<i>LARC—3 Days—Ages 15 to 20 Years^{CS}</i>	—	—	—	—
<i>LARC—60 Days—Ages 15 to 20 Years^{CS}</i>	—	—	—	—
Prenatal and Postpartum Care				
<i>Timeliness of Prenatal Care^H</i>	—	—	NA	—
Care of Acute and Chronic Conditions				
Asthma Medication Ratio				
<i>Ages 5 to 11 Years^H</i>	NA	NA	NA	—
<i>Ages 12 to 18 Years^H</i>	NA	NA	NA	—
<i>Total (Ages 5 to 18 Years)^{CS}</i>	—	—	NA	—

Performance Measures	MY 2019 Rate	MY 2020 Rate	MY 2021 Rate	Benchmark Ranking
Behavioral Health Care				
Follow-Up After Hospitalization for Mental Illness				
7-Day Follow-Up—Ages 6 to 17 Years ^H	—	—	NA	—
30-Day Follow-Up—Ages 6 to 17 Years ^H	—	—	NA	—
Follow-Up Care for Children Prescribed ADHD Medication				
Initiation Phase ^H	NA	NA	NA	—
Continuation and Maintenance Phase ^H	NA	NA	NA	—
Metabolic Monitoring for Children and Adolescents on Antipsychotics				
Blood Glucose Testing—Ages 1 to 11 Years ^H	NA	NA	NA	—
Blood Glucose Testing—Ages 12 to 17 Years ^H	NA	NA	NA	—
Blood Glucose Testing—Total ^H	NA	NA	NA	—
Cholesterol Testing—Ages 1 to 11 Years ^H	NA	NA	NA	—
Cholesterol Testing—Ages 12 to 17 Years ^H	NA	NA	NA	—
Cholesterol Testing—Total ^H	NA	NA	NA	—
Blood Glucose and Cholesterol Testing—Ages 1 to 11 Years ^H	NA	NA	NA	—
Blood Glucose and Cholesterol Testing—Ages 12 to 17 Years ^H	NA	NA	NA	—
Blood Glucose and Cholesterol Testing—Total ^H	NA	NA	NA	—
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics				
Ages 1 to 11 Years ^H	—	—	NA	—
Ages 12 to 17 Years ^H	—	—	NA	—
Total ^H	—	—	NA	—
Use of Services				
Ambulatory Care: ED Visits				
ED Visits—Age <1 Year ^{*H}	53.66	31.15	34.29	≥90th
ED Visits—Age 1 to 9 Years ^{*H}	27.17	15.40	14.97	≥90th
ED Visits—Age 10 to 19 Years ^{*H}	17.80	11.78	11.40	≥90th
ED Visits—Total [*]	—	—	13.31	—

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

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

^H indicates that the measure is a HEDIS measure and can be compared to NCQA benchmarks.

^{CS} indicates that the measure is a non-HEDIS Core Set measure and can be compared to the Core Set Median.

^{SA} indicates that the measure could only be compared to the statewide average.

— indicates that a percentile ranking was not determined because the rate was not reportable or there was a break in trending. This symbol may also indicate that the denominator was too small to report the rate, there was no benchmark to compare to, or that the plan was exempted from the rate.

FHP Trend Table

Table B-3—FHP Trend Table

Performance Measures	MY 2019 Rate	MY 2020 Rate	MY 2021 Rate	Benchmark Ranking
Primary Care Access and Preventive Care				
Child and Adolescent Well-Care Visits				
<i>Ages 3 to 11 Years^H</i>	—	36.91%	0.00%^^	<10th
<i>Ages 12 to 17 Years^H</i>	—	32.50%	0.00%^^	<10th
<i>Ages 18 to 21 Years^H</i>	—	7.14%	0.00%^^	<10th
<i>Total^H</i>	—	32.50%	0.00%^^	<10th
Childhood Immunization Status				
<i>DTaP^H</i>	0.00%	NA	NA	—
<i>IPV^H</i>	0.00%	NA	NA	—
<i>MMR^H</i>	50.00%	NA	NA	—
<i>HiB^H</i>	6.67%	NA	NA	—
<i>Hepatitis B^H</i>	0.00%	NA	NA	—
<i>VZV^H</i>	40.00%	NA	NA	—
<i>Pneumococcal Conjugate^H</i>	0.00%	NA	NA	—
<i>Hepatitis A^H</i>	56.67%	NA	NA	—
<i>Rotavirus^H</i>	0.00%	NA	NA	—
<i>Influenza^H</i>	13.33%	NA	NA	—
<i>Combination 3^H</i>	0.00%	NA	NA	—
<i>Combination 7^H</i>	0.00%	NA	NA	—
<i>Combination 10^H</i>	0.00%	NA	NA	—
Chlamydia Screening in Women				
<i>Ages 16 to 20 Years^H</i>	NA	NA	NA	—
Developmental Screening in the First Three Years of Life				
<i>Age 1^{SA}</i>	—	—	—	—
<i>Age 2^{SA}</i>	—	—	—	—
<i>Age 3^{SA}</i>	—	—	—	—
<i>Total^{CS}</i>	—	—	—	—
Immunizations for Adolescents				
<i>Meningococcal^H</i>	48.39%	43.40%	0.00%^^	<10th
<i>Tdap^H</i>	51.61%	62.26%	0.00%^^	<10th
<i>HPV^H</i>	14.52%	22.64%	0.00%^^	<10th
<i>Combination 1 (Meningococcal, Tdap)^H</i>	41.94%	43.40%	0.00%^^	<10th
<i>Combination 2 (Meningococcal, Tdap, HPV)^H</i>	8.06%	22.64%	0.00%^^	<10th

Performance Measures	MY 2019 Rate	MY 2020 Rate	MY 2021 Rate	Benchmark Ranking
Screening for Depression and Follow-Up Plan				
<i>Ages 12 to 17 Years^{SA}</i>	—	—	—	—
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents				
<i>BMI Percentile Documentation—Ages 3 to 11 Years^H</i>	12.80%	8.36%	NA	—
<i>BMI Percentile Documentation—Ages 12 to 17 Years^H</i>	15.09%	3.09%	NA	—
<i>BMI Percentile Documentation—Total^H</i>	13.69%	6.18%	NA	—
<i>Counseling for Nutrition—Ages 3 to 11 Years^H</i>	3.20%	2.91%	NA	—
<i>Counseling for Nutrition—Ages 12 to 17 Years^H</i>	8.81%	2.06%	NA	—
<i>Counseling for Nutrition—Total^H</i>	5.38%	2.56%	NA	—
<i>Counseling for Physical Activity—Ages 3 to 11 Years^H</i>	0.00%	0.73%	NA	—
<i>Counseling for Physical Activity—Ages 12 to 17 Years^H</i>	5.03%	7.73%	NA	—
<i>Counseling for Physical Activity—Total^H</i>	1.96%	3.62%	NA	—
Well-Child Visits in the First 30 Months of Life				
<i>Well-Child Visits in the First 15 Months—Six or More Well-Child Visits^H</i>	—	NA	NA	—
<i>Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits^H</i>	—	NA	19.35%	<10th
Maternal and Perinatal Health				
Audiological Diagnosis No Later Than 3 Months of Age				
<i>Total^{SA}</i>	—	—	—	—
Contraceptive Care—All Women				
<i>MMEC—Ages 15 to 20 Years^{CS}</i>	—	—	—	—
<i>LARC—Ages 15 to 20 Years^{CS}</i>	—	—	—	—
Contraceptive Care—Postpartum Women				
<i>MMEC—3 Days—Ages 15 to 20 Years^{CS}</i>	—	—	—	—
<i>MMEC—60 Days—Ages 15 to 20 Years^{CS}</i>	—	—	—	—
<i>LARC—3 Days—Ages 15 to 20 Years^{CS}</i>	—	—	—	—
<i>LARC—60 Days—Ages 15 to 20 Years^{CS}</i>	—	—	—	—
Prenatal and Postpartum Care				
<i>Timeliness of Prenatal Care^H</i>	—	—	NA	—
Care of Acute and Chronic Conditions				
Asthma Medication Ratio				
<i>Ages 5 to 11 Years^H</i>	NA	NA	NA	—
<i>Ages 12 to 18 Years^H</i>	NA	NA	NA	—
<i>Total (Ages 5 to 18 Years)^{CS}</i>	—	—	NA	—

Performance Measures	MY 2019 Rate	MY 2020 Rate	MY 2021 Rate	Benchmark Ranking
Behavioral Health Care				
Follow-Up After Hospitalization for Mental Illness				
7-Day Follow-Up—Ages 6 to 17 Years ^H	—	—	NA	—
30-Day Follow-Up—Ages 6 to 17 Years ^H	—	—	NA	—
Follow-Up Care for Children Prescribed ADHD Medication				
Initiation Phase ^H	—	—	—	—
Continuation and Maintenance Phase ^H	—	—	—	—
Metabolic Monitoring for Children and Adolescents on Antipsychotics				
Blood Glucose Testing—Ages 1 to 11 Years ^H	NA	NA	NA	—
Blood Glucose Testing—Ages 12 to 17 Years ^H	NA	NA	NA	—
Blood Glucose Testing—Total ^H	NA	NA	NA	—
Cholesterol Testing—Ages 1 to 11 Years ^H	NA	NA	NA	—
Cholesterol Testing—Ages 12 to 17 Years ^H	NA	NA	NA	—
Cholesterol Testing—Total ^H	NA	NA	NA	—
Blood Glucose and Cholesterol Testing—Ages 1 to 11 Years ^H	NA	NA	NA	—
Blood Glucose and Cholesterol Testing—Ages 12 to 17 Years ^H	NA	NA	NA	—
Blood Glucose and Cholesterol Testing—Total ^H	NA	NA	NA	—
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics				
Ages 1 to 11 Years ^H	—	—	NA	—
Ages 12 to 17 Years ^H	—	—	NA	—
Total ^H	—	—	NA	—
Use of Services				
Ambulatory Care: ED Visits				
ED Visits—Age <1 Year ^{*H}	37.94	NA	NA	—
ED Visits—Age 1 to 9 Years ^{*H}	20.52	12.31	NA	—
ED Visits—Age 10 to 19 Years ^{*H}	19.27	12.75	NA	—
ED Visits—Total [*]	—	—	NA	—

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

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

^H indicates that the measure is a HEDIS measure and can be compared to NCQA benchmarks.

^{CS} indicates that the measure is a non-HEDIS Core Set measure and can be compared to the Core Set Median.

^{SA} indicates that the measure could only be compared to the statewide average.

— indicates that a percentile ranking was not determined because the rate was not reportable or there was a break in trending. This symbol may also indicate that the denominator was too small to report the rate, there was no benchmark to compare to, or that the plan was exempted from the rate.

Kaiser Trend Table

Table B-4—Kaiser Trend Table

Performance Measures	MY 2019 Rate	MY 2020 Rate	MY 2021 Rate	Benchmark Ranking
Primary Care Access and Preventive Care				
Child and Adolescent Well-Care Visits				
<i>Ages 3 to 11 Years^H</i>	—	41.16%	48.51%^	25th–49th
<i>Ages 12 to 17 Years^H</i>	—	30.45%	41.81%^	25th–49th
<i>Ages 18 to 21 Years^H</i>	—	30.45%	30.16%	50th–74th
<i>Total^H</i>	—	34.60%	44.27%^	25th–49th
Childhood Immunization Status				
<i>DTaP^H</i>	77.54%	71.25%	78.90%	75th–89th
<i>IPV^H</i>	90.91%	85.63%	92.66%	75th–89th
<i>MMR^H</i>	89.84%	86.25%	89.91%	50th–74th
<i>HiB^H</i>	90.37%	87.50%	91.74%	75th–89th
<i>Hepatitis B^H</i>	91.98%	85.00%	94.50%^	≥90th
<i>VZV^H</i>	87.70%	84.38%	88.99%	50th–74th
<i>Pneumococcal Conjugate^H</i>	83.42%	80.63%	84.40%	≥90th
<i>Hepatitis A^H</i>	87.70%	83.75%	90.83%	≥90th
<i>Rotavirus^H</i>	81.28%	78.13%	78.90%	75th–89th
<i>Influenza^H</i>	67.38%	62.50%	72.48%	≥90th
<i>Combination 3^H</i>	74.33%	67.50%	77.06%	75th–89th
<i>Combination 7^H</i>	69.52%	63.75%	69.72%	≥90th
<i>Combination 10^H</i>	56.15%	49.38%	56.88%	≥90th
Chlamydia Screening in Women				
<i>Ages 16 to 20 Years^H</i>	52.69%	45.83%	47.12%	25th–49th
Developmental Screening in the First Three Years of Life				
<i>Age 1^{SA}</i>	—	—	—	—
<i>Age 2^{SA}</i>	—	—	—	—
<i>Age 3^{SA}</i>	—	—	—	—
<i>Total^{CS}</i>	—	—	—	—
Immunizations for Adolescents				
<i>Meningococcal^H</i>	85.00%	87.50%	81.02%^	25th–49th
<i>Tdap^H</i>	88.33%	91.55%	87.35%	25th–49th
<i>HPV^H</i>	56.67%	61.15%	43.67%^	50th–74th
<i>Combination 1 (Meningococcal, Tdap)^H</i>	82.33%	85.81%	80.12%	25th–49th
<i>Combination 2 (Meningococcal, Tdap, HPV)^H</i>	53.67%	59.46%	42.47%^	50th–74th

Performance Measures	MY 2019 Rate	MY 2020 Rate	MY 2021 Rate	Benchmark Ranking
Screening for Depression and Follow-Up Plan				
<i>Ages 12 to 17 Years^{SA}</i>	—	—	—	—
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents				
<i>BMI Percentile Documentation—Ages 3 to 11 Years^H</i>	98.14%	93.78%	91.40%	≥90th
<i>BMI Percentile Documentation—Ages 12 to 17 Years^H</i>	97.89%	93.14%	89.91%^^	≥90th
<i>BMI Percentile Documentation—Total^H</i>	98.04%	93.52%	90.75%	≥90th
<i>Counseling for Nutrition—Ages 3 to 11 Years^H</i>	95.41%	89.32%	93.60%^	≥90th
<i>Counseling for Nutrition—Ages 12 to 17 Years^H</i>	94.76%	89.28%	91.70%	≥90th
<i>Counseling for Nutrition—Total^H</i>	95.14%	89.31%	92.77%^	≥90th
<i>Counseling for Physical Activity—Ages 3 to 11 Years^H</i>	95.41%	89.32%	93.88%^	≥90th
<i>Counseling for Physical Activity—Ages 12 to 17 Years^H</i>	94.76%	89.28%	92.14%	≥90th
<i>Counseling for Physical Activity—Total^H</i>	95.14%	89.31%	93.12%^	≥90th
Well-Child Visits in the First 30 Months of Life				
<i>Well-Child Visits in the First 15 Months—Six or More Well-Child Visits^H</i>	—	51.35%	16.67%^^	<10th
<i>Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits^H</i>	—	61.18%	47.55%^^	<10th
Maternal and Perinatal Health				
Audiological Diagnosis No Later Than 3 Months of Age				
<i>Total^{SA}</i>	—	—	—	—
Contraceptive Care—All Women				
<i>MMEC—Ages 15 to 20 Years^{CS}</i>	—	—	—	—
<i>LARC—Ages 15 to 20 Years^{CS}</i>	—	—	—	—
Contraceptive Care—Postpartum Women				
<i>MMEC—3 Days—Ages 15 to 20 Years^{CS}</i>	—	—	—	—
<i>MMEC—60 Days—Ages 15 to 20 Years^{CS}</i>	—	—	—	—
<i>LARC—3 Days—Ages 15 to 20 Years^{CS}</i>	—	—	—	—
<i>LARC—60 Days—Ages 15 to 20 Years^{CS}</i>	—	—	—	—
Prenatal and Postpartum Care				
<i>Timeliness of Prenatal Care^H</i>	—	—	NA	—
Care of Acute and Chronic Conditions				
Asthma Medication Ratio				
<i>Ages 5 to 11 Years^H</i>	NA	NA	NA	—
<i>Ages 12 to 18 Years^H</i>	NA	NA	NA	—
<i>Total (Ages 5 to 18 Years)^{CS}</i>	—	—	91.18%	ACSM

Performance Measures	MY 2019 Rate	MY 2020 Rate	MY 2021 Rate	Benchmark Ranking
Behavioral Health Care				
Follow-Up After Hospitalization for Mental Illness				
7-Day Follow-Up—Ages 6 to 17 Years ^H	—	—	NA	—
30-Day Follow-Up—Ages 6 to 17 Years ^H	—	—	NA	—
Follow-Up Care for Children Prescribed ADHD Medication				
Initiation Phase ^H	NA	NA	37.14%	10th–24th
Continuation and Maintenance Phase ^H	NA	NA	NA	—
Metabolic Monitoring for Children and Adolescents on Antipsychotics				
Blood Glucose Testing—Ages 1 to 11 Years ^H	NA	NA	NA	—
Blood Glucose Testing—Ages 12 to 17 Years ^H	NA	NA	NA	—
Blood Glucose Testing—Total ^H	NA	NA	NA	—
Cholesterol Testing—Ages 1 to 11 Years ^H	NA	NA	NA	—
Cholesterol Testing—Ages 12 to 17 Years ^H	NA	NA	NA	—
Cholesterol Testing—Total ^H	NA	NA	NA	—
Blood Glucose and Cholesterol Testing—Ages 1 to 11 Years ^H	NA	NA	NA	—
Blood Glucose and Cholesterol Testing—Ages 12 to 17 Years ^H	NA	NA	NA	—
Blood Glucose and Cholesterol Testing—Total ^H	NA	NA	NA	—
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics				
Ages 1 to 11 Years ^H	—	—	NA	—
Ages 12 to 17 Years ^H	—	—	NA	—
Total ^H	—	—	NA	—
Use of Services				
Ambulatory Care: ED Visits				
ED Visits—Age <1 Year ^{*H}	—	—	—	—
ED Visits—Age 1 to 9 Years ^{*H}	—	—	—	—
ED Visits—Age 10 to 19 Years ^{*H}	—	—	—	—
ED Visits—Total [*]	—	—	—	—

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

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

^H indicates that the measure is a HEDIS measure and can be compared to NCQA benchmarks.

^{CS} indicates that the measure is a non-HEDIS Core Set measure and can be compared to the Core Set Median.

^{SA} indicates that the measure could only be compared to the statewide average.

— indicates that a percentile ranking was not determined because the rate was not reportable or there was a break in trending. This symbol may also indicate that the denominator was too small to report the rate, there was no benchmark to compare to, or that the plan was exempted from the rate.

ACSM indicates the reported rate was above the Core Set Median.

RMHP Trend Table

Table B-5—RMHP Trend Table

Performance Measures	MY 2019 Rate	MY 2020 Rate	MY 2021 Rate	Benchmark Ranking
Primary Care Access and Preventive Care				
Child and Adolescent Well-Care Visits				
<i>Ages 3 to 11 Years^H</i>	—	54.59%	56.45%	50th–74th
<i>Ages 12 to 17 Years^H</i>	—	45.15%	46.44%	50th–74th
<i>Ages 18 to 21 Years^H</i>	—	32.37%	30.69%	50th–74th
<i>Total^H</i>	—	45.15%	50.84%^	50th–74th
Childhood Immunization Status				
<i>DTaP^H</i>	71.00%	64.76%	54.86%^^	<10th
<i>IPV^H</i>	85.00%	74.89%	66.29%	<10th
<i>MMR^H</i>	58.50%	80.62%	75.43%	<10th
<i>HiB^H</i>	85.00%	74.89%	70.29%	<10th
<i>Hepatitis B^H</i>	43.00%	75.33%	68.00%	<10th
<i>VZV^H</i>	86.00%	76.21%	74.86%	<10th
<i>Pneumococcal Conjugate^H</i>	76.50%	69.16%	60.57%	<10th
<i>Hepatitis A^H</i>	83.50%	81.94%	71.43%^^	<10th
<i>Rotavirus^H</i>	74.00%	64.32%	62.86%	10th–24th
<i>Influenza^H</i>	54.50%	55.07%	56.57%	50th–74th
<i>Combination 3^H</i>	20.50%	59.47%	52.00%	<10th
<i>Combination 7^H</i>	16.00%	53.74%	49.14%	10th–24th
<i>Combination 10^H</i>	11.00%	41.85%	42.86%	50th–74th
Chlamydia Screening in Women				
<i>Ages 16 to 20 Years^H</i>	30.67%	30.77%	35.05%	<10th
Developmental Screening in the First Three Years of Life				
<i>Age 1^{SA}</i>	—	—	66.21%	ASA
<i>Age 2^{SA}</i>	—	—	64.80%	ASA
<i>Age 3^{SA}</i>	—	—	48.87%	ASA
<i>Total^{CS}</i>	—	—	57.54%	ACSM
Immunizations for Adolescents				
<i>Meningococcal^H</i>	65.08%	67.37%	70.02%	10th–24th
<i>Tdap^H</i>	84.13%	82.34%	82.77%	10th–24th
<i>HPV^H</i>	23.49%	33.53%	36.69%	25th–49th
<i>Combination 1 (Meningococcal, Tdap)^H</i>	62.86%	63.47%	68.90%	10th–24th
<i>Combination 2 (Meningococcal, Tdap, HPV)^H</i>	20.32%	28.44%	33.11%	25th–49th

Performance Measures	MY 2019 Rate	MY 2020 Rate	MY 2021 Rate	Benchmark Ranking
Screening for Depression and Follow-Up Plan				
<i>Ages 12 to 17 Years^{SA}</i>	—	—	6.81%	ASA
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents				
<i>BMI Percentile Documentation—Ages 3 to 11 Years^H</i>	7.82%	13.59%	17.32%^	<10th
<i>BMI Percentile Documentation—Ages 12 to 17 Years^H</i>	9.69%	13.68%	19.13%^	<10th
<i>BMI Percentile Documentation—Total^H</i>	8.53%	13.63%	18.06%^	<10th
<i>Counseling for Nutrition—Ages 3 to 11 Years^H</i>	29.04%	26.94%	30.42%^	<10th
<i>Counseling for Nutrition—Ages 12 to 17 Years^H</i>	26.85%	22.47%	22.68%	<10th
<i>Counseling for Nutrition—Total^H</i>	28.21%	25.20%	27.26%	<10th
<i>Counseling for Physical Activity—Ages 3 to 11 Years^H</i>	7.54%	6.51%	13.59%^	<10th
<i>Counseling for Physical Activity—Ages 12 to 17 Years^H</i>	8.47%	6.53%	15.22%^	<10th
<i>Counseling for Physical Activity—Total^H</i>	7.89%	6.52%	14.26%^	<10th
Well-Child Visits in the First 30 Months of Life				
<i>Well-Child Visits in the First 15 Months—Six or More Well-Child Visits^H</i>	—	22.69%	26.79%	<10th
<i>Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits^H</i>	—	75.24%	71.43%	50th–74th
Maternal and Perinatal Health				
Audiological Diagnosis No Later Than 3 Months of Age				
<i>Total^{SA}</i>	—	—	NA	—
Contraceptive Care—All Women				
<i>MMEC—Ages 15 to 20 Years^{CS}</i>	—	—	24.39%	BCSM
<i>LARC—Ages 15 to 20 Years^{CS}</i>	—	—	5.49%	ACSM
Contraceptive Care—Postpartum Women				
<i>MMEC—3 Days—Ages 15 to 20 Years^{CS}</i>	—	—	NA	—
<i>MMEC—60 Days—Ages 15 to 20 Years^{CS}</i>	—	—	NA	—
<i>LARC—3 Days—Ages 15 to 20 Years^{CS}</i>	—	—	NA	—
<i>LARC—60 Days—Ages 15 to 20 Years^{CS}</i>	—	—	NA	—
Prenatal and Postpartum Care				
<i>Timeliness of Prenatal Care^H</i>	—	—	NA	—
Care of Acute and Chronic Conditions				
Asthma Medication Ratio				
<i>Ages 5 to 11 Years^H</i>	—	—	NA	—
<i>Ages 12 to 18 Years^H</i>	—	—	NA	—
<i>Total (Ages 5 to 18 Years)^{CS}</i>	—	—	82.50%	ACSM

Performance Measures	MY 2019 Rate	MY 2020 Rate	MY 2021 Rate	Benchmark Ranking
Behavioral Health Care				
Follow-Up After Hospitalization for Mental Illness				
7-Day Follow-Up—Ages 6 to 17 Years ^H	—	—	35.48%	<10th
30-Day Follow-Up—Ages 6 to 17 Years ^H	—	—	58.06%	<10th
Follow-Up Care for Children Prescribed ADHD Medication				
Initiation Phase ^H	55.88%	51.22%	40.91%	25th–49th
Continuation and Maintenance Phase ^H	NA	NA	NA	—
Metabolic Monitoring for Children and Adolescents on Antipsychotics				
Blood Glucose Testing—Ages 1 to 11 Years ^H	NA	NA	NA	—
Blood Glucose Testing—Ages 12 to 17 Years ^H	NA	NA	NA	—
Blood Glucose Testing—Total ^H	NA	NA	NA	—
Cholesterol Testing—Ages 1 to 11 Years ^H	NA	NA	NA	—
Cholesterol Testing—Ages 12 to 17 Years ^H	NA	NA	NA	—
Cholesterol Testing—Total ^H	NA	NA	NA	—
Blood Glucose and Cholesterol Testing—Ages 1 to 11 Years ^H	NA	NA	NA	—
Blood Glucose and Cholesterol Testing—Ages 12 to 17 Years ^H	NA	NA	NA	—
Blood Glucose and Cholesterol Testing—Total ^H	NA	NA	NA	—
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics				
Ages 1 to 11 Years ^H	—	—	NA	—
Ages 12 to 17 Years ^H	—	—	NA	—
Total ^H	—	—	NA	—
Use of Services				
Ambulatory Care: ED Visits				
ED Visits—Age <1 Year ^{*H}	21.65	18.12	30.63	≥90th
ED Visits—Age 1 to 9 Years ^{*H}	19.55	13.54	12.73	≥90th
ED Visits—Age 10 to 19 Years ^{*H}	18.19	12.54	15.10	≥90th
ED Visits—Total [*]	—	—	14.34	—

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

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

^H indicates that the measure is a HEDIS measure and can be compared to NCQA benchmarks.

^{CS} indicates that the measure is a non-HEDIS Core Set measure and can be compared to the Core Set Median.

^{SA} indicates that the measure could only be compared to the statewide average.

— indicates that a percentile ranking was not determined because the rate was not reportable or there was a break in trending. This symbol may also indicate that the denominator was too small to report the rate, there was no benchmark to compare to, or that the plan was exempted from the rate.

ASA indicates the reported rate was above the statewide average.

BCSM indicates the reported rate was below the Core Set Median.

ACSM indicates the reported rate was above the Core Set Median.



DentaQuest Trend Table

Table B-6—DentaQuest Trend Table

Performance Measures	MY 2019 Rate	MY 2020 Rate	MY 2021 Rate	Benchmark Ranking
<i>Dental and Oral Health Services</i>				
<i>Percentage of Eligibles Who Received Preventive Dental Services</i>				
<i>Total^{CS}</i>	—	—	42.11%	ACSM
<i>Sealant Receipt on Permanent First Molars</i>				
<i>At Least One Sealant^{CS}</i>	—	—	24.49%	ACSM
<i>All Four Molars Sealed</i>	—	—	14.30%	—

^{CS} indicates that the measure is a non-HEDIS Core Set measure and can be compared to the Core Set Median.

— indicates that a percentile ranking was not determined because the rate was not reportable or there was a break in trending. This symbol may also indicate that the denominator was too small to report the rate, there was no benchmark to compare to, or that the plan was exempted from the rate.

ACSM indicates the reported rate was above the Core Set Median.



Colorado CHP+ Weighted Averages Trend Table

Given that the health plans varied in membership size, the statewide average rate for each measure was weighted by each health plan’s eligible population for the measure. For the health plans with rates reported as *Small Denominator (NA)*, the numerators, denominators, and eligible populations were included in the calculations of the statewide rate. Health plan rates reported as *Biased Rate (BR)* or *Not Reported (NR)* were excluded from the statewide rate calculation.

Table B-7—Colorado CHP+ Weighted Average Trend Table

Performance Measures	MY 2019 Rate	MY 2020 Rate	MY 2021 Rate	Plan Rate Range
Primary Care Access and Preventive Care				
Child and Adolescent Well-Care Visits				
<i>Ages 3 to 11 Years</i>	—	51.62%	51.70%	0.00%–56.45%
<i>Ages 12 to 17 Years</i>	—	41.50%	43.73%	0.00%–46.44%
<i>Ages 18 to 21 Years</i>	—	29.64%	28.36%	0.00%–30.69%
<i>Total</i>	—	45.23%	46.98%	0.00%–50.84%
Childhood Immunization Status				
<i>DTaP</i>	75.28%	74.36%	68.97%^^	54.86%–78.90%
<i>IPV</i>	85.43%	84.33%	81.54%	66.29%–92.66%
<i>MMR</i>	83.23%	86.23%	82.96%^^	75.43%–89.91%
<i>HiB</i>	86.69%	84.19%	82.35%	70.29%–91.74%
<i>Hepatitis B</i>	77.87%	83.92%	81.24%	58.00%–94.50%
<i>VZV</i>	85.59%	84.12%	81.95%	74.86%–88.99%
<i>Pneumococcal Conjugate</i>	77.56%	77.88%	74.54%	60.57%–84.40%
<i>Hepatitis A</i>	83.94%	82.50%	80.02%	71.43%–90.83%
<i>Rotavirus</i>	74.25%	74.15%	70.99%	54.00%–78.90%
<i>Influenza</i>	61.26%	63.70%	63.29%	56.57%–72.48%
<i>Combination 3</i>	61.81%	69.20%	64.91%^^	52.00%–77.06%
<i>Combination 7</i>	53.94%	62.62%	57.91%^^	48.00%–69.72%
<i>Combination 10</i>	41.97%	50.95%	48.48%	42.86%–56.88%
Chlamydia Screening in Women				
<i>Ages 16 to 20 Years</i>	37.26%	35.29%	36.58%	34.66%–47.12%
Developmental Screening in the First Three Years of Life				
<i>Age 1</i>	—	—	66.21%	—
<i>Age 2</i>	—	—	64.80%	—
<i>Age 3</i>	—	—	48.87%	—
<i>Total</i>	—	—	57.54%	—
Immunizations for Adolescents				
<i>Meningococcal</i>	77.26%	77.63%	74.26%^^	0.00%–81.02%
<i>Tdap</i>	86.08%	87.12%	82.09%^^	0.00%–87.35%

Performance Measures	MY 2019 Rate	MY 2020 Rate	MY 2021 Rate	Plan Rate Range
<i>HPV</i>	42.75%	45.28%	39.50%^^^	0.00%–43.67%
<i>Combination 1 (Meningococcal, Tdap)</i>	74.81%	76.12%	73.38%	0.00%–80.12%
<i>Combination 2 (Meningococcal, Tdap, HPV)</i>	39.20%	42.47%	37.06%^^^	0.00%–42.94%
Screening for Depression and Follow-Up Plan				
<i>Ages 12 to 17 Years</i>	—	—	6.81%	—
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents				
<i>BMI Percentile Documentation—Ages 3 to 11 Years</i>	20.60%	22.95%	24.90%	14.74%–91.40%
<i>BMI Percentile Documentation—Ages 12 to 17 Years</i>	25.83%	26.36%	29.07%	18.65%–89.91%
<i>BMI Percentile Documentation—Total</i>	22.62%	24.29%	26.61%	16.32%–90.75%
<i>Counseling for Nutrition—Ages 3 to 11 Years</i>	19.78%	22.48%	26.83%^	13.78%–93.60%
<i>Counseling for Nutrition—Ages 12 to 17 Years</i>	22.37%	23.16%	26.80%^	14.12%–91.70%
<i>Counseling for Nutrition—Total</i>	20.77%	22.75%	26.82%^	13.92%–92.77%
<i>Counseling for Physical Activity—Ages 3 to 11 Years</i>	14.74%	16.79%	20.44%^	8.44%–93.88%
<i>Counseling for Physical Activity—Ages 12 to 17 Years</i>	18.45%	19.28%	23.36%^	10.73%–92.14%
<i>Counseling for Physical Activity—Total</i>	16.17%	17.76%	21.63%^	9.37%–93.12%
Well-Child Visits in the First 30 Months of Life				
<i>Well-Child Visits in the First 15 Months—Six or More Well-Child Visits</i>	—	48.90%	47.60%	16.67%–61.19%
<i>Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits</i>	—	73.12%	63.58%^^^	19.35%–71.43%
Maternal and Perinatal Health				
Audiological Diagnosis No Later Than 3 Months of Age				
<i>Total</i>	—	—	NA	—
Contraceptive Care—All Women				
<i>MMEC—Ages 15 to 20 Years</i>	—	—	24.39%	—
<i>LARC—Ages 15 to 20 Years</i>	—	—	5.49%	—
Contraceptive Care—Postpartum Women				
<i>MMEC—3 Days—Ages 15 to 20 Years</i>	—	—	NA	—
<i>MMEC—60 Days—Ages 15 to 20 Years</i>	—	—	NA	—
<i>LARC—3 Days—Ages 15 to 20 Years</i>	—	—	NA	—
<i>LARC—60 Days—Ages 15 to 20 Years</i>	—	—	NA	—
Prenatal and Postpartum Care				
<i>Timeliness of Prenatal Care</i>	—	—	54.95%	—
Care of Acute and Chronic Conditions				
Asthma Medication Ratio				
<i>Ages 5 to 11 Years</i>	88.44%	84.04%	82.33%	—
<i>Ages 12 to 18 Years</i>	70.21%	77.96%	70.80%	—
<i>Total (Ages 5 to 18 Years)</i>	—	—	76.42%	75.43%–91.18%

Performance Measures	MY 2019 Rate	MY 2020 Rate	MY 2021 Rate	Plan Rate Range
Behavioral Health Care				
Follow-Up After Hospitalization for Mental Illness				
7-Day Follow-Up—Ages 6 to 17 Years	—	—	41.15%	35.48%–36.42%
30-Day Follow-Up—Ages 6 to 17 Years	—	—	58.85%	54.91%–58.06%
Follow-Up Care for Children Prescribed ADHD Medication				
Initiation Phase	14.98%	36.45%	32.05%	29.03%–40.91%
Continuation and Maintenance Phase	32.69%	50.85%	40.79%	—
Metabolic Monitoring for Children and Adolescents on Antipsychotics				
Blood Glucose Testing—Ages 1 to 11 Years	40.54%	40.63%	NA	—
Blood Glucose Testing—Ages 12 to 17 Years	66.09%	45.38%	56.45%	—
Blood Glucose Testing—Total	59.87%	44.44%	53.02%	—
Cholesterol Testing—Ages 1 to 11 Years	29.73%	25.00%	NA	—
Cholesterol Testing—Ages 12 to 17 Years	42.61%	25.38%	29.84%	—
Cholesterol Testing—Total	39.47%	25.31%	28.86%	—
Blood Glucose and Cholesterol Testing—Ages 1 to 11 Years	27.03%	25.00%	NA	—
Blood Glucose and Cholesterol Testing—Ages 12 to 17 Years	40.00%	25.38%	29.84%	—
Blood Glucose and Cholesterol Testing—Total	36.84%	25.31%	28.86%	—
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics				
Ages 1 to 11 Years	—	—	NA	—
Ages 12 to 17 Years	—	—	69.49%	—
Total	—	—	71.01%	—
Use of Services				
Ambulatory Care: ED Visits				
ED Visits—Age <1 Year*	48.02	29.51	42.53	30.63–46.19
ED Visits—Age 1 to 9 Years*	27.39	16.99	18.48	12.73–20.02
ED Visits—Age 10 to 19 Years*	21.75	14.78	16.77	11.40–17.63
Dental and Oral Health Services				
Percentage of Eligibles Who Received Preventive Dental Services				
Total	—	—	42.11%	—
Sealant Receipt on Permanent First Molars				
At Least One Sealant	—	—	24.49%	—
All Four Molars Sealed	—	—	14.30%	—

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

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

— indicates that a percentile ranking was not determined because the rate was not reportable or there was a break in trending. This symbol may also indicate that the denominator was too small to report the rate, there was no benchmark to compare to, or that the plan was exempted from the 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.

Information System Findings

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

All the health plans contracted with a software vendor to produce the 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 source code developed for the measures within the software produced valid results and the rate calculations met the technical specifications for the measures. Additionally, all the health plans' software vendors' non-HEDIS measures underwent source code review by the health plans' NCQA HEDIS Compliance Audit Licensed Organizations. The selected source codes were reviewed and approved for measure reporting.

Each Colorado CHP+ health plan contracted with a licensed HEDIS audit organization to perform the NCQA HEDIS Compliance Audit. The following table presents NCQA's IS standards and summarizes the audit findings related to each IS standard for the CHP+ health plans.

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

Table C-1—Summary of Compliance With IS Standards

NCQA’s IS Standards	HSAG’s Findings Based on HEDIS MY 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 health plans 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 health plans 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 health plans continually assess data completeness and take steps to improve performance. • The health plans effectively monitor the quality and accuracy of electronic submissions. • The health plans have effective control processes for the transmission of enrollment data. 	<p>All health plans were fully compliant with IS 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 health plans 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 health plans 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 health plans 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 health plans reviewed all provider data received from delegated entities.</p>

NCQA's IS Standards	HSAG's Findings Based on HEDIS MY 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 health plans 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 health plans 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 health plans 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. Three health plans reported using only standard supplemental databases for reporting. The other three health plans reported using both standard and nonstandard supplemental databases for reporting.</p> <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 MY 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 health plans were fully compliant with IS Standard 6.0 for data preproduction processing.</p> <p>File consolidation and data extractions were performed by the health plans’ 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 health plans 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 health plans used an NCQA-certified measure vendor for data production and rate calculation.</p>