



**COLORADO**

**Department of Health Care  
Policy & Financing**

# **2016 HEDIS Aggregate Report for Health First Colorado (Colorado's Medicaid Program)**

*October 2016*

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



## Table of Contents

<b>1. Executive Summary.....</b>	<b>1-1</b>
Introduction .....	1-1
Summary of Performance.....	1-2
Detailed Statewide Performance .....	1-2
Summary of Statewide Performance.....	1-8
Limitations and Considerations.....	1-10
<b>2. Reader’s Guide .....</b>	<b>2-1</b>
Introduction .....	2-1
Medicaid Health Plan Names .....	2-1
Summary of HEDIS 2016 Measures .....	2-1
Data Collection Methods.....	2-4
Administrative Method.....	2-4
Hybrid Method .....	2-4
Hybrid Measure Rates for HEDIS 2016.....	2-6
Data Sources and Measure Audit Results .....	2-7
Calculation of Statewide Averages .....	2-8
Evaluating Measure Results .....	2-8
National Benchmark Comparisons.....	2-8
Trend Analysis .....	2-11
Measure Changes Between HEDIS 2015 to HEDIS 2016.....	2-13
Glossary.....	2-16
<b>3. Pediatric Care .....</b>	<b>3-1</b>
Pediatric Care .....	3-1
Childhood Immunization Status.....	3-2
Immunization for Adolescents—Combination 1 (Meningococcal, Tdap/Td) .....	3-12
Well-Child Visits in the First 15 Months of Life—Zero Visits .....	3-13
Well-Child Visits in the First 15 Months of Life—Six or More Visits .....	3-14
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life.....	3-15
Adolescent Well-Care Visits .....	3-16
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile Documentation—Total.....	3-17
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Nutrition—Total .....	3-18
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Physical Activity—Total .....	3-19
Appropriate Testing for Children With Pharyngitis.....	3-20
Appropriate Treatment for Children With Upper Respiratory Infection.....	3-21
Annual Dental Visit—Total .....	3-22
Summary of Findings .....	3-23
<b>4. Access to Care and Preventive Screening.....</b>	<b>4-1</b>
Access to Care and Preventive Screening .....	4-1

Access to Care .....	4-1
Preventive Screening .....	4-1
Prenatal and Postpartum Care—Timeliness of Prenatal Care .....	4-2
Prenatal and Postpartum Care—Postpartum Care .....	4-3
Children and Adolescents’ Access to Primary Care Practitioners—Ages 12 to 24 Months .....	4-4
Children and Adolescents’ Access to Primary Care Practitioners—Ages 25 Months to 6 Years .....	4-5
Children and Adolescents’ Access to Primary Care Practitioners—Ages 7 to 11 Years .....	4-6
Children and Adolescents’ Access to Primary Care Practitioners—Ages 12 to 19 Years .....	4-7
Adults’ Access to Preventive/Ambulatory Health Services—Total .....	4-8
Chlamydia Screening in Women—Total .....	4-9
Breast Cancer Screening .....	4-10
Cervical Cancer Screening .....	4-11
Non-Recommended Cervical Cancer Screening in Adolescent Females .....	4-12
Adult BMI Assessment .....	4-13
Summary of Findings .....	4-14
<b>5. Mental/Behavioral Health.....</b>	<b>5-1</b>
Mental/Behavioral Health .....	5-1
Antidepressant Medication Management—Effective Acute Phase Treatment .....	5-2
Antidepressant Medication Management—Effective Continuation Phase Treatment .....	5-3
Follow-up Care for Children Prescribed ADHD Medication—Initiation Phase .....	5-4
Follow-up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase .....	5-5
Use of Multiple Concurrent Antipsychotics in Children and Adolescents—Total .....	5-6
Summary of Findings .....	5-7
<b>6. Living With Illness .....</b>	<b>6-1</b>
Living With Illness .....	6-1
Controlling High Blood Pressure .....	6-2
Persistence of Beta-Blocker Treatment After a Heart Attack .....	6-3
Comprehensive Diabetes Care .....	6-4
Annual Monitoring for Patients on Persistent Medications—ACE Inhibitors or ARBs .....	6-11
Annual Monitoring for Patients on Persistent Medications—Digoxin .....	6-12
Annual Monitoring for Patients on Persistent Medications—Diuretics .....	6-13
Annual Monitoring for Patients on Persistent Medications—Total .....	6-14
Use of Imaging Studies for Low Back Pain .....	6-15
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis .....	6-16
Pharmacotherapy Management of COPD Exacerbation—Systemic Corticosteroid .....	6-17
Pharmacotherapy Management of COPD Exacerbation—Bronchodilator .....	6-18
Medication Management for People With Asthma—Medication Compliance 50%—Total .....	6-19
Medication Management for People With Asthma—Medication Compliance 75%—Total .....	6-20
Asthma Medication Ratio .....	6-21
Use of Spirometry Testing in the Assessment and Diagnosis of COPD .....	6-22
Disease-Modifying Anti-Rheumatic Drug Therapy in Rheumatoid Arthritis .....	6-23
Summary of Findings .....	6-24

<b>7. Use of Services.....</b>	<b>7-1</b>
Use of Services .....	7-1
Ambulatory Care .....	7-2
Inpatient Utilization—General Hospital/Acute Care .....	7-3
Antibiotic Utilization.....	7-5
Frequency of Selected Procedures .....	7-6
Summary of Findings .....	7-10
<b>Appendix A. Tabular Results for Measures by Health Plan .....</b>	<b>A-1</b>
Pediatric Care Performance Measure Results .....	A-1
Access to Care and Preventive Screening Performance Measure Results .....	A-11
Mental/Behavioral Health Performance Measure Results .....	A-15
Living With Illness Performance Measure Results .....	A-17
Use of Services Measure Results .....	A-24
<b>Appendix B. Trend Tables.....</b>	<b>B-1</b>
FFS Trend Table.....	B-1
DHMC Trend Table .....	B-7
Colorado Medicaid Statewide Trend Table.....	B-13
<b>Appendix C. Information System Findings.....</b>	<b>C-1</b>
Information System Findings .....	C-1



## 1. Executive Summary

### Introduction

The State of Colorado offers its residents managed care services through Health First Colorado (Colorado’s Medicaid Program). In July 2016, this program covered more than 1.3 million Coloradans. Colorado’s Medicaid benefits and services include healthcare provider visits; dental services; hospitalization, emergency services, transportation, and other services; maternity and newborn care; mental health, substance use disorder, or behavioral health services; pharmacy and durable medical equipment benefits; physical, occupational, or speech therapy; laboratory services; preventive and wellness services; and family planning services.<sup>1-1</sup>

The Medicaid program is administered by Colorado’s Department of Health Care Policy & Financing (the Department). During fiscal year (FY) 2015–2016, the Department provided Medicaid services to members via the Fee-for-Service (FFS) program and two managed care organizations (MCOs)—Denver Health Medicaid Choice (DHMC) and Rocky Mountain Health Plans Medicaid Prime (RMHP). FFS, DHMC, and RMHP are referred to as “health plans” for ease of reading this report.

To evaluate performance levels and to provide an objective, comparative review of the Colorado Medicaid health plans’ quality-of-care outcomes and performance measures, the Department required its health plans to report results following the National Committee for Quality Assurance’s (NCQA’s) Healthcare Effectiveness Data and Information Set (HEDIS<sup>®</sup>) protocols.<sup>1-2</sup> The Department selected 35 HEDIS performance measures yielding 102 performance measure indicators from the standard Medicaid HEDIS 2016 reporting set to evaluate the Colorado Medicaid health plans’ performance and for public reporting.

Each health plan underwent an NCQA HEDIS Compliance Audit<sup>™</sup> through a licensed organization in order to verify the processes used to report valid HEDIS rates.<sup>1-3</sup> All final audit results were submitted to Health Services Advisory Group, Inc. (HSAG), which was contracted by the Department to provide external quality review (EQR) services. HSAG examined the measures among different domains of care: Pediatric Care, Access to Care and Preventive Screening, Mental/Behavioral Health, Living With Illness, and Use of Services. Please see Appendix C for additional information on NCQA’s Information System (IS) standards and the audit findings for the Medicaid health plans.<sup>1-4</sup>

---

<sup>1-1</sup> Colorado Department of Health Care Policy & Financing. Colorado Medicaid Benefits and Services. Available at: <https://www.colorado.gov/hcpf/colorado-medicaid-benefits-services-overview>. Accessed on: Sept 6, 2016.

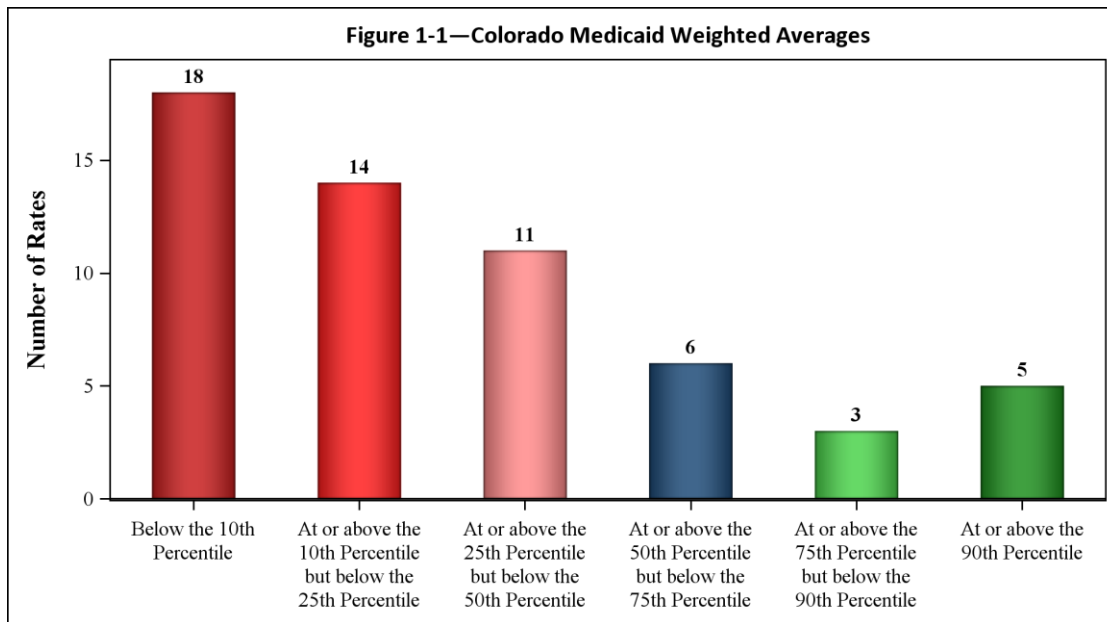
<sup>1-2</sup> HEDIS<sup>®</sup> is a registered trademark of the National Committee for Quality Assurance (NCQA).

<sup>1-3</sup> NCQA HEDIS Compliance Audit<sup>™</sup> is a trademark of the National Committee for Quality Assurance (NCQA).

<sup>1-4</sup> National Committee for Quality Assurance. HEDIS Compliance Audit Standards, Policies and Procedures, Volume 5. Washington D.C.

## Summary of Performance

Figure 1-1 shows the Colorado Medicaid program’s performance on 57 HEDIS performance measure indicators that were comparable to the HEDIS 2015 Quality Compass® national Medicaid percentiles.<sup>1-5</sup> The bars represent the number of Medicaid statewide weighted averages that fell into each national Medicaid percentile range. The percentile range shows how the Medicaid statewide weighted average ranked nationally. Measures under the Use of Services domain are considered utilization-based measures rather than performance measures; therefore, they are not included in this figure.



As depicted in Figure 1-1, five measure indicators ranked at or above the national Medicaid 90th percentile, while 32 measure indicators fell below the national Medicaid 25th percentile, with 18 of those 32 measure indicators falling below the 10th percentile. Most measure indicators (43 indicators) fell below the national Medicaid 50th percentile.

## Detailed Statewide Performance

Statewide performance measure results for HEDIS 2016 were compared to HEDIS 2015 national Medicaid percentiles. Table 1-2 shows the Medicaid statewide weighted averages for HEDIS 2014 through HEDIS 2016 along with the percentile ranking for each performance measure indicator. Rates shaded green with one carat (^) indicate a statistically significant improvement in performance from the

<sup>1-5</sup> Quality Compass® is a registered trademark for the National Committee for Quality Assurance (NCQA).

previous year. Rates shaded red with two carats (^^) indicate a statistically significant decline in performance from the previous year.<sup>1-6</sup> Table 1-1 denotes the percentile ranking performance levels.

**Table 1-1—National Medicaid Percentile Ranking Performance Levels**

Percentile Ranking	Performance Level
<10th	Below the National Medicaid 10th Percentile
10th–24th	At or above the National Medicaid 10th Percentile but below the National Medicaid 25th Percentile
25th–49th	At or above the National Medicaid 25th Percentile but below the National Medicaid 50th Percentile
50th–74th	At or above the National Medicaid 50th Percentile but below the National Medicaid 75th Percentile
75th–89th	At or above the National Medicaid 75th Percentile but below the National Medicaid 90th Percentile
≥90th	At or above the National Medicaid 90th Percentile

**Table 1-2—Colorado Medicaid Statewide Weighted Averages**

Performance Measures	HEDIS 2014 Rate	HEDIS 2015 Rate	HEDIS 2016 Rate	Percentile Ranking
<b>Pediatric Care</b>				
<b>Childhood Immunization Status‡</b>				
Combination 2	69.21%	56.25%	55.00% ^^	<10th
Combination 3	66.67%	53.35%	52.56%	<10th
Combination 4	61.36%	49.45%	49.39%	<10th
Combination 5	53.53%	42.53%	43.25%	10th–24th
Combination 6	44.19%	35.32%	25.99% ^^	<10th
Combination 7	49.71%	39.70%	40.84% ^	10th–24th
Combination 8	40.57%	33.39%	24.90% ^^	<10th
Combination 9	36.90%	29.47%	22.42% ^^	<10th
Combination 10	34.01%	27.93%	21.49% ^^	<10th
<b>Immunizations for Adolescents‡</b>				
Combination 1 (Meningococcal, Tdap/Td)	65.20%	62.33%	64.85% ^	25th–49th
<b>Well-Child Visits in the First 15 Months of Life‡</b>				
Zero Visits*	2.85%	3.97%	4.89% ^^	<10th
Six or More Visits	62.11%	43.97%	44.49%	10th–24th

<sup>1-6</sup> Performance comparisons are based on the Chi-square test of statistical significance with a *p* value <0.05. Therefore, results reporting the percentages of measures that changed significantly from HEDIS 2015 rates may be under- or overstated.

Performance Measures	HEDIS 2014 Rate	HEDIS 2015 Rate	HEDIS 2016 Rate	Percentile Ranking
<b>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life<sup>‡</sup></b>				
<i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i>	60.69%	57.19%	56.96%	<10th
<b>Adolescent Well-Care Visits<sup>‡</sup></b>				
<i>Adolescent Well-Care Visits</i>	37.79%	32.91%	32.13%^^	<10th
<b>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</b>				
<i>BMI Percentile Documentation—Total</i>	54.08%	69.11%	60.50%^^	25th–49th
<i>Counseling for Nutrition—Total</i>	54.23%	57.41%	59.95%^	25th–49th
<i>Counseling for Physical Activity—Total<sup>l</sup></i>	49.25%	49.88%	49.01%^^	25th–49th
<b>Appropriate Testing for Children With Pharyngitis</b>				
<i>Appropriate Testing for Children With Pharyngitis</i>	72.61%	74.20%	73.15%^^	50th–74th
<b>Appropriate Treatment for Children With Upper Respiratory Infection</b>				
<i>Appropriate Treatment for Children With Upper Respiratory Infection</i>	—	90.16%	91.92%^	50th–74th
<b>Annual Dental Visit</b>				
<i>Total</i>	63.41%	60.32%	60.59%^	75th–89th
<b>Access to Care</b>				
<b>Prenatal and Postpartum Care<sup>‡</sup></b>				
<i>Timeliness of Prenatal Care</i>	74.60%	50.62%	50.13%	<10th
<i>Postpartum Care</i>	57.67%	33.14%	31.61%^^	<10th
<b>Children and Adolescents' Access to Primary Care Practitioners</b>				
<i>Ages 12 to 24 Months</i>	95.23%	92.91%	91.77%^^	10th–24th
<i>Ages 25 Months to 6 Years</i>	81.40%	79.34%	78.92%^^	<10th
<i>Ages 7 to 11 Years</i>	85.68%	83.78%	82.77%^^	<10th
<i>Ages 12 to 19 Years</i>	85.48%	83.69%	82.34%^^	<10th
<b>Adults' Access to Preventive/Ambulatory Health Services</b>				
<i>Total</i>	76.42%	72.46%	67.99%^^	<10th
<b>Preventive Screening</b>				
<b>Chlamydia Screening in Women</b>				
<i>Total</i>	51.66%	51.52%	52.00%	25th–49th
<b>Breast Cancer Screening</b>				
<i>Breast Cancer Screening</i>	31.17%	32.41%	31.40%^^	<10th
<b>Cervical Cancer Screening</b>				
<i>Cervical Cancer Screening</i>	57.67%	56.64%	47.87%^^	10th–24th
<b>Non-Recommended Cervical Cancer Screening in Adolescent Females<sup>l,*</sup></b>				
<i>Non-Recommended Cervical Cancer Screening in Adolescent Females</i>	—	1.74%	1.33%^	≥90th
<b>Adult BMI Assessment</b>				
<i>Adult BMI Assessment</i>	71.34%	82.64%	72.16%^^	10th–24th

Performance Measures	HEDIS 2014 Rate	HEDIS 2015 Rate	HEDIS 2016 Rate	Percentile Ranking
<b>Mental/Behavioral Health</b>				
<b>Antidepressant Medication Management</b>				
Effective Acute Phase Treatment	62.03%	65.37%	66.97%^	≥90th
Effective Continuation Phase Treatment	46.72%	49.82%	52.81%^	≥90th
<b>Follow-up Care for Children Prescribed ADHD Medication</b>				
Initiation Phase	34.18%	33.56%	35.03%	25th–49th
Continuation and Maintenance Phase	36.51%	33.37%	34.95%	25th–49th
<b>Use of Multiple Concurrent Antipsychotics in Children and Adolescents*</b>				
Total	—	—	6.43%	—
<b>Living With Illness</b>				
<b>Controlling High Blood Pressure</b>				
Controlling High Blood Pressure	50.48%	53.54%	58.89%^	50th–74th
<b>Persistence of Beta-Blocker Treatment After a Heart Attack</b>				
Persistence of Beta-Blocker Treatment After a Heart Attack	—	73.90%	75.60%	10th–24th
<b>Comprehensive Diabetes Care<sup>1</sup></b>				
Hemoglobin A1c (HbA1c) Testing	74.56%	82.16%	77.76%^^	<10th
HbA1c Poor Control (>9.0%)*	56.33%	44.18%	55.00%^^	10th–24th
HbA1c Control (<8.0%)	37.24%	43.61%	37.34%^^	10th–24th
Eye Exam (Retinal) Performed	41.68%	45.85%	40.47%^^	10th–24th
Medical Attention for Nephropathy	71.22%	73.64%	85.36%^	75th–89th
Blood Pressure Control (<140/90 mm Hg)	58.21%	61.91%	58.24%^^	25th–49th
<b>Annual Monitoring for Patients on Persistent Medications</b>				
ACE Inhibitors or ARBs	85.84%	85.32%	83.62%^^	10th–24th
Digoxin	89.16%	59.26%	55.78%	50th–74th
Diuretics	86.26%	85.47%	83.68%^^	10th–24th
Total	83.29%	85.20%	83.49%^^	10th–24th
<b>Use of Imaging Studies for Low Back Pain<sup>1</sup></b>				
Use of Imaging Studies for Low Back Pain	78.46%	78.71%	77.16%^^	50th–74th
<b>Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis</b>				
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis	—	29.52%	31.13%	50th–74th
<b>Pharmacotherapy Management of COPD Exacerbation</b>				
Systemic Corticosteroid	59.43%	59.73%	66.77%^	25th–49th
Bronchodilator	76.11%	75.65%	79.63%^	25th–49th
<b>Medication Management for People With Asthma</b>				
Medication Compliance 50%—Total	—	66.46%	69.00%^	≥90th
Medication Compliance 75%—Total	—	43.49%	46.21%^	≥90th

Performance Measures	HEDIS 2014 Rate	HEDIS 2015 Rate	HEDIS 2016 Rate	Percentile Ranking
<b>Asthma Medication Ratio</b>				
Total	65.55%	73.17%	60.71%^^	25th–49th
<b>Use of Spirometry Testing in the Assessment and Diagnosis of COPD</b>				
Use of Spirometry Testing in the Assessment and Diagnosis of COPD	23.79%	22.87%	25.39%^	10th–24th
<b>Disease-Modifying Anti-Rheumatic Drug Therapy in Rheumatoid Arthritis</b>				
Disease-Modifying Anti-Rheumatic Drug Therapy in Rheumatoid Arthritis	73.17%	75.33%	79.89%^	75th–89th
<b>Use of Services†</b>				
<b>Ambulatory Care (Per 1,000 Member Months)</b>				
Outpatient Visits—Total	307.00	289.90	274.59	10th–24th
Emergency Department Visits—Total*	59.14	62.03	59.12	50th–74th
<b>Inpatient Utilization—General Hospital/Acute Care</b>				
Discharges per 1,000 Member Months (Total Inpatient)	9.15	7.87	7.17	50th–74th
Days per 1,000 Member Months (Total Inpatient)	26.80	9.58	31.04	50th–74th
Average Length of Stay (Total Inpatient)	2.93	1.22	4.33	50th–74th
Discharges per 1,000 Member Months (Medicine)	3.93	3.76	3.40	50th–74th
Days per 1,000 Member Months (Medicine)	12.87	4.83	13.50	50th–74th
Average Length of Stay (Medicine)	3.27	1.28	3.97	50th–74th
Discharges per 1,000 Member Months (Surgery)	1.77	1.84	1.78	75th–89th
Days per 1,000 Member Months (Surgery)	9.10	2.34	12.51	75th–89th
Average Length of Stay (Surgery)	5.14	1.27	7.02	50th–74th
Discharges per 1,000 Member Months (Maternity)	6.02	3.34	2.83	25th–49th
Days per 1,000 Member Months (Maternity)	8.46	3.55	7.15	25th–49th
Average Length of Stay (Maternity)	1.40	1.06	2.53	25th–49th
<b>Antibiotic Utilization*</b>				
Average Scripts PMPY for Antibiotics	0.94	0.90	0.96	25th–49th
Average Days Supplied per Antibiotic Script	9.73	9.67	9.72	10th–24th
Average Scripts PMPY for Antibiotics of Concern	0.35	0.34	0.36	50th–74th
Percentage of Antibiotics of Concern of All Antibiotic Scripts	37.32%	38.29%	38.13%	75th–89th
<b>Frequency of Selected Procedures (Procedures per 1,000 Member Months)†</b>				
Bariatric Weight Loss Surgery (0–19 Male)	0.00	0.00	0.00	≥90th
Bariatric Weight Loss Surgery (0–19 Female)	0.00	0.00	0.00	≥90th
Bariatric Weight Loss Surgery (20–44 Male)	0.02	0.01	0.01	50th–74th
Bariatric Weight Loss Surgery (20–44 Female)	0.09	0.06	0.06	50th–74th
Bariatric Weight Loss Surgery (45–64 Male)	0.02	0.01	0.01	50th–74th
Bariatric Weight Loss Surgery (45–64 Female)	0.13	0.06	0.08	50th–74th
Tonsillectomy (0–9 Male & Female)	0.59	0.53	0.57	25th–49th



Performance Measures	HEDIS 2014 Rate	HEDIS 2015 Rate	HEDIS 2016 Rate	Percentile Ranking
<i>Tonsillectomy (10–19 Male &amp; Female)</i>	0.39	0.33	0.35	75th–89th
<i>Hysterectomy, Abdominal (15–44 Female)</i>	0.10	0.08	0.10	10th–24th
<i>Hysterectomy, Abdominal (45–64 Female)</i>	0.18	0.18	0.24	10th–24th
<i>Hysterectomy, Vaginal (15–44 Female)</i>	0.19	0.16	0.15	50th–74th
<i>Hysterectomy, Vaginal (45–64 Female)</i>	0.17	0.18	0.19	50th–74th
<i>Cholecystectomy, Open (30–64 Male)</i>	0.03	0.03	0.05	75th–89th
<i>Cholecystectomy, Open (15–44 Female)</i>	0.02	0.01	0.01	50th–74th
<i>Cholecystectomy, Open (45–64 Female)</i>	0.06	0.03	0.04	50th–74th
<i>Cholecystectomy (Laparoscopic) (30–64 Male)</i>	0.29	0.29	0.37	50th–74th
<i>Cholecystectomy (Laparoscopic) (15–44 Female)</i>	0.83	0.70	0.73	50th–74th
<i>Cholecystectomy (Laparoscopic) (45–64 Female)</i>	0.74	0.67	0.72	50th–74th
<i>Back Surgery (20–44 Male)</i>	0.31	0.23	0.29	50th–74th
<i>Back Surgery (20–44 Female)</i>	0.20	0.17	0.23	50th–74th
<i>Back Surgery (45–64 Male)</i>	0.50	0.54	0.87	75th–89th
<i>Back Surgery (45–64 Female)</i>	0.63	0.55	0.82	75th–89th
<i>Mastectomy (15–44 Female)</i>	0.04	0.02	0.04	75th–89th
<i>Mastectomy (45–64 Female)</i>	0.34	0.17	0.25	75th–89th
<i>Lumpectomy (15–44 Female)</i>	0.10	0.09	0.10	25th–49th
<i>Lumpectomy (45–64 Female)</i>	0.56	0.35	0.30	25th–49th

<sup>1</sup> Due to changes in the technical specifications for this measure, exercise caution when trending rates between 2016 and prior years.

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

‡ Changes in the rates from HEDIS 2014 to HEDIS 2015 should be interpreted with caution due to a change in the Department’s reporting requirement from hybrid for HEDIS 2014 to administrative for HEDIS 2015 and HEDIS 2016. Of note, the DHMC and RMHP reported the Prenatal and Postpartum Care measure as hybrid; however, FFS reported this measure administratively in 2016.

— Indicates that the measure was not presented in the previous year’s aggregate report; therefore, that year’s HEDIS measure rate is not presented in this year’s report. This symbol may also indicate that a percentile ranking was not determined because the HEDIS 2016 measure rate was not reportable or the measure did not have an applicable benchmark.

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

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

Performance comparisons are based on the Chi-square test of statistical significance with a p value <0.05.

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

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

## Summary of Statewide Performance

### Pediatric Care

For the Pediatric Care domain, five of the 20 HEDIS 2016 Medicaid statewide weighted averages demonstrated statistically significant improvement from the prior year: *Childhood Immunization Status—Combination 7, Immunizations for Adolescents—Combination 1, Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Nutrition—Total, Appropriate Treatment for Children With Upper Respiratory Infection, and Annual Dental Visit—Total*. HEDIS 2016 performance measure rates for *Annual Dental Visit—Total* sustained high performance from the prior year, ranking at or above the national Medicaid 75th percentile.

All of the *Childhood Immunization Status* measure indicators except one exhibited a decline in performance compared to the prior year, five of which were statistically significant declines: *Childhood Immunization Status—Combination 2, Combination 6, Combination 8, Combination 9, and Combination 10*. Additionally, *Well-Child Visits in the First 15 Months of Life—Zero Visits, Adolescent Well-Care Visits, Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile Documentation—Total and Counseling for Physical Activity—Total, and Appropriate Testing for Children With Pharyngitis* exhibited statistically significant declines in performance compared to the prior year. In addition, 10 measure indicators within the Pediatric Care domain ranked at or below the national Medicaid 10th percentile: *Childhood Immunization Status—Combination 2, Combination 3, Combination 4, Combination 6, Combination 8, Combination 9, and Combination 10; Well-Child Visits in the First 15 Months of Life—Zero Visits; Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life; and Adolescent Well-Care Visits*.

### Access to Care and Preventive Screening

Regarding the Access to Care measures, all seven HEDIS 2016 Medicaid statewide weighted averages exhibited a decline in performance compared to the prior year, six of which were statistically significant declines: *Prenatal and Postpartum Care—Postpartum Care, Children and Adolescents' Access to Primary Care Practitioners* (all indicators), and *Adults' Access to Preventive/Ambulatory Health Services—Total*. Additionally, six of the seven measure indicators in this domain ranked below the national Medicaid 10th percentile: *Prenatal and Postpartum Care* (all indicators); *Children and Adolescents' Access to Primary Care Practitioners—Ages 25 Months to 6 Years, Ages 7 to 11 Years, and Ages 12 to 19 Years*; and *Adults' Access to Preventive/Ambulatory Health Services—Total*.

For the Preventive Screening measures, one of the five HEDIS 2016 Medicaid statewide weighted averages demonstrated statistically significant improvement compared to the prior year, *Non-Recommended Cervical Cancer Screening in Adolescent Females*. Further, this measure indicator ranked at or above the national Medicaid 90th percentile.

Three of the five HEDIS 2016 measure rates that were comparable to HEDIS 2015 measure rates demonstrated statistically significant declines from the prior year: *Breast Cancer Screening, Cervical*



*Cancer Screening*, and *Adult BMI Assessment*. Additionally, the *Breast Cancer Screening* measure indicator ranked below the national Medicaid 10th percentile.

### Mental/Behavioral Health

For the Mental/Behavioral Health domain, four of the five HEDIS 2016 Medicaid statewide averages could be trended to the prior year. Of these, all four measure indicators improved compared to the prior year, two of which were statistically significant improvements and also ranked at or above the national Medicaid 90th percentile: *Antidepressant Medication Management* (both indicators).

### Living With Illness

For the Living With Illness domain, eight of the 21 HEDIS 2016 Medicaid statewide weighted averages demonstrated statistically significant improvement from the prior year: *Controlling High Blood Pressure*, *Comprehensive Diabetes Care—Medical Attention for Nephropathy*, *Pharmacotherapy Management of COPD Exacerbation* (both indicators), *Medication Management for People With Asthma* (both indicators), *Use of Spirometry Testing in the Assessment and Diagnosis of COPD*, and *Disease-Modifying Anti-Rheumatic Drug Therapy in Rheumatoid Arthritis*. Two of these measure indicators ranked at or above the national Medicaid 90th percentile: *Medication Management for People With Asthma* (both indicators).

Of the remaining measure indicators, 10 of the 21 HEDIS 2016 Medicaid statewide weighted averages exhibited statistically significant declines from the prior year: *Comprehensive Diabetes Care—Hemoglobin A1c (HbA1c) Testing*, *HbA1c Poor Control (>9.0%)*, *HbA1c Control (<8.0%)*, *Eye Exam (Retinal) Performed*, and *Blood Pressure Control (<140/90 mm Hg)*; *Annual Monitoring for Patients on Persistent Medications—ACE Inhibitors or ARBs, Diuretics, and Total*; *Use of Imaging Studies for Low Back Pain*; and *Asthma Medication Ratio—Total*. One of these measure indicators ranked below the national Medicaid 10th percentile, *Comprehensive Diabetes Care—Hemoglobin A1c (HbA1c) Testing*.

### Use of Services

For the Use of Services domain, the HEDIS 2016 Medicaid statewide weighted averages are presented for information purposes only given that the results do not take into account the characteristics of the population. However, combined with other performance metrics, the statewide weighted average utilization results provide additional information that Medicaid health plans may use to further assess barriers or patterns of utilization when evaluating improvement interventions.

## Limitations and Considerations

- In September 2014, RMHP implemented a new Medicaid risk product, which serves only children with disabilities shifting RMHP's general child Medicaid population (i.e., low income) to a program that only serves children with disabilities. In December 2014, RMHP discontinued its previous Medicaid product line, and the majority of the children were transitioned to RMHP's Regional Care Collaborative Organization (RCCO). The new Medicaid product line includes adults who reside in select counties (i.e., Garfield, Gunnison, Mesa, Montrose, Pitkin, and Rio Blanco counties) who qualify for Medicaid and a small number of children who reside in these counties and qualify for Medicaid due to disability status. Therefore, only HEDIS 2016 rates are displayed in this report for RMHP, and prior years' plan-specific rates are not presented. As a result of these changes, HSAG recommends that readers exercise caution when comparing RMHP's HEDIS 2016 rates to other health plans' rates, benchmarks, and historical rates reported for RMHP that were presented in prior years' reports.
- Beginning with HEDIS 2015, the Department changed the reporting requirements from hybrid to administrative methodology for several measures (*Childhood Immunization Status; Well-Child Visits in the First 15 Months of Life; Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life; Adolescent Well-Care Visits; Immunizations for Adolescents; and Prenatal and Postpartum Care* [DHMC and RMHP reported *Prenatal and Postpartum Care* as hybrid; however, FFS reported *Prenatal and Postpartum Care* administratively]). Therefore, caution should be exercised when evaluating the results for these measures since they likely underestimate performance. Additionally, caution should be exercised when comparing the results for these measures to national benchmarks, which were established using administrative and/or medical record review data.
- Some statistically significant declines and improvements may be based on the denominator, not due to a large rate change (i.e., *Use of Imaging Studies for Low Back Pain* and *Asthma Medication Ratio*). Caution should be exercised when evaluating significance testing results since statistically significant changes in performance may not necessarily be clinically significant.

## 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.

## Medicaid Health Plan Names

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

**Table 2-1—2016 Medicaid Health Plan Names and Abbreviations**

Medicaid Health Plan Name	Abbreviation
Fee-for-Service	FFS
Denver Health Medicaid Choice	DHMC
Rocky Mountain Health Plans Medicaid Prime	RMHP

Please note, FFS, DHMC, and RMHP are referred to as “health plans” for ease of reading this report.

## Summary of HEDIS 2016 Measures

Within this report, HSAG presents the statewide and health plans' performance on HEDIS measures selected by the Department for HEDIS 2016. The HEDIS measures selected by the Department were grouped into the following domains of care for Colorado Medicaid members: Pediatric Care, Access to Care and Preventive Screening, Mental/Behavioral Health, Living With Illness, and Use of 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 and tactical changes required to improve overall performance.

Table 2-2 shows the selected HEDIS 2016 measures and measure indicators as well as the corresponding domains of care. The table also identifies the Department's required data collection method. The data collection or calculation method is described by NCQA in the *HEDIS 2016 Volume 2 Technical Specifications*. Data collection methodologies are described in detail in the next section.

**Table 2-2—HEDIS 2016 Required Measures**

Performance Measures	Data Collection Methodology Required by the Department
<b>Pediatric Care</b>	
<i>Childhood Immunization Status—Combinations 2–10</i>	Administrative
<i>Immunizations for Adolescents—Combination 1 (Meningococcal, Tdap/Td)</i>	Administrative
<i>Well-Child Visits in the First 15 Months of Life—Zero Visits and Six or More Visits</i>	Administrative
<i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i>	Administrative
<i>Adolescent Well-Care Visits</i>	Administrative
<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>	Hybrid
<i>Appropriate Testing for Children With Pharyngitis</i>	Administrative
<i>Appropriate Treatment for Children With Upper Respiratory Infection</i>	Administrative
<i>Annual Dental Visit</i>	Administrative
<b>Access to Care and Preventive Screening</b>	
<i>Prenatal and Postpartum Care—Timeliness of Prenatal Care and Postpartum Care</i>	Hybrid
<i>Children and Adolescents' Access to Primary Care Practitioners—Ages 12 to 24 Months, Ages 25 Months to 6 Years, Ages 7 to 11 Years, and Ages 12 to 19 Years</i>	Administrative
<i>Adults' Access to Preventive/Ambulatory Health Services—Total</i>	Administrative
<i>Chlamydia Screening in Women—Total</i>	Administrative
<i>Breast Cancer Screening</i>	Administrative
<i>Cervical Cancer Screening</i>	Hybrid
<i>Non-Recommended Cervical Cancer Screening in Adolescent Females</i>	Administrative
<i>Adult BMI Assessment</i>	Hybrid

Performance Measures	Data Collection Methodology Required by the Department
<b>Mental/Behavioral Health</b>	
<i>Antidepressant Medication Management—Effective Acute Phase Treatment and Effective Continuation Phase Treatment</i>	Administrative
<i>Follow-up Care for Children Prescribed ADHD Medication—Initiation Phase and Continuation and Maintenance Phase</i>	Administrative
<i>Use of Multiple Concurrent Antipsychotics in Children and Adolescents—Total</i>	Administrative
<b>Living With Illness</b>	
<i>Controlling High Blood Pressure</i>	Hybrid
<i>Persistence of Beta-Blocker Treatment After a Heart Attack</i>	Administrative
<i>Comprehensive Diabetes Care—Hemoglobin A1c (HbA1c) Testing, HbA1c Poor Control (&gt;9.0%), HbA1c Control (&lt;8.0%), Eye Exam (Retinal) Performed, Medical Attention for Nephropathy, and Blood Pressure Control (&lt;140/90 mm Hg)</i>	Hybrid
<i>Annual Monitoring for Patients on Persistent Medications—ACE Inhibitors or ARBs, Digoxin, Diuretics, and Total</i>	Administrative
<i>Use of Imaging Studies for Low Back Pain</i>	Administrative
<i>Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis</i>	Administrative
<i>Pharmacotherapy Management of COPD Exacerbation—Systemic Corticosteroid and Bronchodilator</i>	Administrative
<i>Medication Management for People with Asthma—Medication Compliance 50%—Total and Medication Compliance 75%—Total</i>	Administrative
<i>Asthma Medication Ratio—Total</i>	Administrative
<i>Use of Spirometry Testing in the Assessment and Diagnosis of COPD</i>	Administrative
<i>Disease-Modifying Anti-Rheumatic Drug Therapy in Rheumatoid Arthritis</i>	Administrative
<b>Use of Services</b>	
<i>Ambulatory Care (Per 1,000 Member Months)—Outpatient Visits and Emergency Department Visits</i>	Administrative
<i>Inpatient Utilization—General Hospital/Acute Care</i>	Administrative
<i>Antibiotic Utilization</i>	Administrative
<i>Frequency of Selected Procedures (Procedures per 1,000 Member Months)</i>	Administrative

According to the Department's guidance, all measure rates presented in this report for the health plans are based on administrative data only, except the rates for *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents*, *Cervical Cancer Screening*, *Adult BMI Assessment*, *Controlling High Blood Pressure*, and *Comprehensive Diabetes Care*. The Department also required that the FFS rates for the *Prenatal and Postpartum Care* measure indicators be reported using the administrative method; however, rates for DHMC and RMHP were presented in this report based on data collected using the hybrid method.

Rates for these measures were collected and reported by DHMC and RMHP using the hybrid method: *Childhood Immunization Status*; *Immunizations for Adolescents*; and *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life*. Additionally, DHMC's rates for *Well-Child Visits in the First 15 Months of Life* were reported using the hybrid method. However, RMHP's rates for all hybrid measures were deemed invalid by the health plan and are denoted as "Biased Rate (BR)" throughout this report. Rates that were reported administratively in this report but were collected using the hybrid method are presented in Table 2-3—DHMC's HEDIS 2016 Hybrid Measure Rates.

## Data Collection Methods

### Administrative Method

The administrative method requires that the health plans identify the eligible population (i.e., the denominator) using administrative data, derived from claims and encounters. In addition, the numerator(s), or services provided to the members in the eligible population, are derived solely using administrative data collected during the reporting year and medical record review data from the prior year may be used as supplemental data. Medical records collected during the current year cannot be used to retrieve information. When using the administrative method, the entire eligible population becomes the denominator, and sampling is not allowed.

### Hybrid Method

The hybrid method requires that the health plans identify the eligible population using administrative data and then extract a systematic sample of members from the eligible population, which becomes the denominator. Administrative data are used to identify services provided to those members. Medical records must then be reviewed for those members who do not have evidence of a service being provided using administrative data.

The hybrid method generally produces higher rates because the completeness of documentation in the medical record exceeds what is typically captured in administrative data; however, the medical record review component of the hybrid method is considered more labor intensive. For example, the health plan has 10,000 members who qualify for the *Prenatal and Postpartum Care* measure and chooses to use the hybrid method. After randomly selecting 411 eligible members, the health plan finds that 161 members had evidence of a postpartum visit using administrative data. The health plan then obtains and reviews medical records for the 250 members who did not have evidence of a postpartum visit using administrative data. Of those 250 members, 54 were found to have a postpartum visit recorded in the medical record. Therefore, the final rate for this measure, using the hybrid method, would be  $(161 + 54)/411$ , or 52.3 percent, a 13.1 percentage point increase from the administrative only rate of 39.2 percent (161/411).

### Understanding Sampling Error

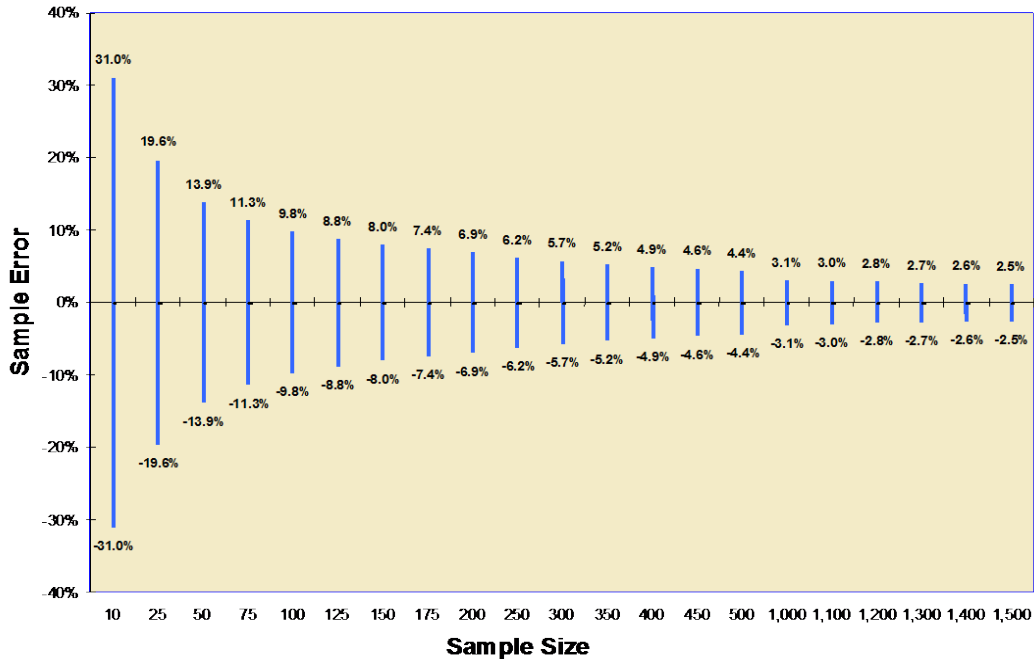
Correct interpretation of results for measures collected using HEDIS hybrid methodology requires an understanding of sampling error. It is rarely possible, logistically or financially, to complete medical record review for the entire eligible population for a given measure. Measures collected using the HEDIS hybrid method include only a sample from the eligible population, and statistical techniques are used to maximize the probability that the sample results reflect the experience of the entire eligible population.

For results to be generalized to the entire eligible population, the process of sample selection must be such that everyone in the eligible population has an equal chance of being selected. The HEDIS hybrid method prescribes a systematic sampling process selecting at least 411 members of the eligible population. Health plans may use a 5 percent, 10 percent, 15 percent, or 20 percent oversample to replace invalid cases (e.g., a male selected for *Postpartum Care*).

Figure 2-1 shows that if 411 members are included in a measure, the margin of error is approximately  $\pm 4.9$  percentage points. Note that the data in this figure are based on the assumption that the size of the eligible population is greater than 2,000. The smaller the sample included in the measure, the larger the sampling error.



**Figure 2-1—Relationship of Sample Size to Sample Error**



As Figure 2-1 shows, sample error decreases as the sample size gets larger. Consequently, when sample sizes are very large and sampling errors are very small, almost any difference is statistically significant. This does not mean that all such differences are important. On the other hand, the difference between two measured rates may not be statistically significant but may, nevertheless, be important. The judgment of the reviewer is always a requisite for meaningful data interpretation.

## Hybrid Measure Rates for HEDIS 2016

As mentioned above, several performance measures were collected and reported to NCQA by DHMC and RMHP using the hybrid method. Rates that were reported administratively to HSAG for this report but were collected by DHMC using the hybrid method are presented in Table 2-3. RMHP’s rates for all hybrid measures were deemed invalid by the health plan and are denoted as “Biased Rate (BR)” throughout this report.

**Table 2-3—DHMC’s HEDIS 2016 Hybrid Measure Rates**

Performance Measures	DHMC
<i>Childhood Immunization Status</i>	
<i>Combination 2</i>	79.81%
<i>Combination 3</i>	79.56%
<i>Combination 4</i>	78.83%
<i>Combination 5</i>	68.37%



Performance Measures	DHMC
<i>Combination 6</i>	59.37%
<i>Combination 7</i>	67.88%
<i>Combination 8</i>	59.12%
<i>Combination 9</i>	52.55%
<i>Combination 10</i>	52.55%
<b><i>Immunization for Adolescents</i></b>	
<i>Combination 1 (Meningococcal, Tdap/Td)</i>	79.56%
<b><i>Well-Child Visits in the First 15 Months of Life</i></b>	
<i>Zero Visits*</i>	5.11%
<i>Six or More Visits</i>	47.45%
<b><i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i></b>	
<i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i>	62.77%

\* Lower rates indicate better performance for this measure indicator.

## Data Sources and Measure Audit Results

Health plan-specific performance displayed in this report was based on data elements obtained from the Interactive Data Submission System (IDSS) files or the Microsoft (MS) Excel files supplied by the health plans. Prior to HSAG's receipt of the health plans' IDSS files or MS Excel files, all the health plans were required by the Department to have their HEDIS 2016 results examined and verified through an NCQA HEDIS Compliance Audit.

Through the audit process, each measure indicator rate reported by a health plan was assigned an NCQA-defined audit result. HEDIS 2016 measure indicator rates received one of five predefined audit results: *Reportable (R)*, *Not Applicable (NA)*, *Biased Rate (BR)*, *No Benefit (NB)*, *Not Required (NQ)*, and *Not Reported (NR)*. The audit results are defined in the Glossary section.

Rates designated as *NA*, *BR*, *NB*, *NQ*, or *NR* are not presented in this report. All measure indicator rates that are presented in this report have been verified as an unbiased estimate of the measure. Please see Appendix C for additional information on NCQA's Information System (IS) standards and the audit findings for the Medicaid health plans.

## Calculation of Statewide Averages

For all measures, HSAG collected the audited results, numerator, denominator, rate, and eligible population elements reported in the files submitted for the health plans to calculate the statewide weighted averages. Given that the health plans varied in membership size, the statewide rate for a measure was the weighted average rate based on the health plans' eligible populations. Weighting the rates by the eligible population sizes ensured that a rate for the health plan with 125,000 members, for example, had a greater impact on the overall Colorado Medicaid statewide weighed average rate than a rate for the health plan with only 10,000 members. For health plans' rates reported as *NA*, the numerators, denominators, and eligible populations were included in the calculations of the statewide rate. Health plan rates reported as *BR*, *NB*, *NQ* or *NR* were excluded from the statewide rate calculation.

## Evaluating Measure Results

### *National Benchmark Comparisons*

#### **Benchmark Data**

HEDIS 2016 health plan rates and the statewide weighted average rates were compared to the corresponding national HEDIS benchmarks, which are expressed in percentiles of national performance for different measures. For comparative purposes, HSAG used the most recent data available from NCQA at the time of the publication of this report to evaluate the HEDIS 2016 rates: 2015 NCQA Quality Compass. Of note, rates for the *Medication Management for People With Asthma—Medication Compliance 50%—Total* measure indicator were compared to the 2015 NCQA Audit Means and Percentiles.

Regarding measures for which lower rates indicate better performance (e.g., *Well-Child Visits in the First 15 Months of Live—Zero Visits*), HSAG inverted the national percentiles to be consistently applied to these measures as with the other HEDIS measures. For example, the 10th percentile (a lower rate) was inverted to become the 90th percentile, indicating better performance.

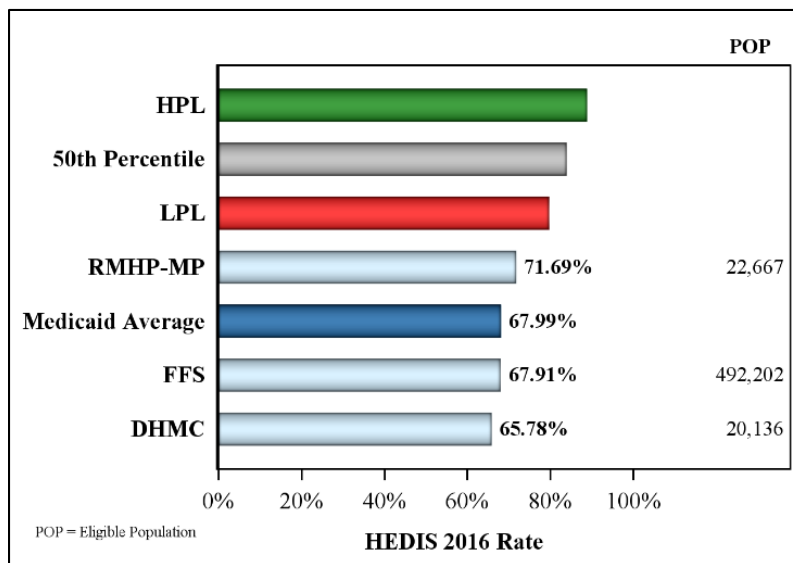
Additionally, benchmarking data (i.e., NCQA Quality Compass and NCQA Audit Means and Percentiles) are the proprietary intellectual property of NCQA; therefore, this report does not display any actual percentile values. As a result, rate comparisons to benchmarks are illustrated within this report using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

**Figure Interpretation**

For each performance measure indicator presented in Sections 3–6 of this report, the horizontal bar graph figure positioned on the right side of the page presents each health plan's performance against the Medicaid HEDIS 2016 statewide weighted average (i.e., the bar shaded darker blue) as well as the HEDIS 2015 Quality Compass national Medicaid 50th percentile value (i.e., the bar shaded gray), and the high and low performance levels. The performance levels were developed based on each performance measure's HEDIS 2015 Quality Compass national Medicaid percentiles.

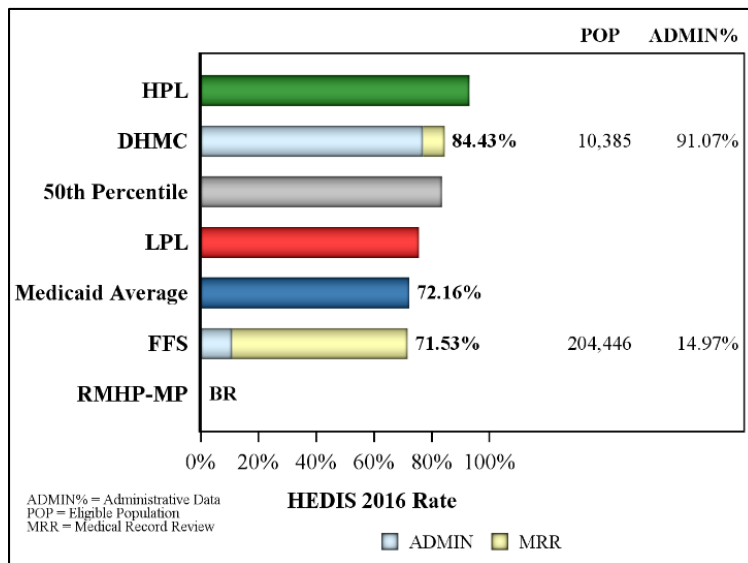
For most performance measures, “high performance level (HPL),” the bar shaded green, corresponds to the 90th percentile and “low performance level (LPL),” the bar shaded red, corresponds to the 25th percentile. For measures such as *Well-Child Visits in the First 15 Months of Life—Zero Visits*, in which lower rates indicate better performance, the 10th percentile (rather than the 90th percentile) and the 75th percentile (rather than the 25th percentile) are considered the HPL and LPL, respectively. An example of the horizontal bar graph figure for measure indicators reported administratively is shown below in Figure 2-2.

**Figure 2-2—Sample Horizontal Bar Graph Figure for Administrative Measures**



For performance measure rates that were reported using the hybrid method, the “ADMIN%” column presented with each horizontal bar graph figure displays the percentage of the rate derived from administrative data (e.g., claims data and immunization registry). The portion of the bar shaded yellow represents the proportion of the total measure rate attributed to records obtained using the hybrid method, while the portion of the bar shaded light blue indicates the proportion of the measure rate that was derived using the administrative method. This percentage describes the level of claims/encounter data completeness of the health plan data for calculating a particular performance measure. A low administrative data percentage suggests that the health plan relied heavily on medical records to report the rate. Conversely, a high administrative data percentage indicates that the health plan’s claims/encounter data were relatively complete for use in calculating the performance measure indicator rate. An administrative percentage of 100 percent indicates that the health plan did not report the measure indicator rate using the hybrid method. An example of the horizontal bar graph figure for measure indicators reported using the hybrid method is shown in Figure 2-3.

**Figure 2-3—Sample Horizontal Bar Graph Figure for Hybrid Measures**



## Percentile Rankings and Star Ratings

In addition to illustrating health plan-specific and statewide performance via side-by-side comparisons to national percentiles, benchmark comparisons are denoted within this report using the percentile ranking performance levels and star ratings defined below in Table 2-4.

**Table 2-4—Percentile Ranking Performance Levels**

Star Rating	Percentile Ranking	Performance Level
★	<10th	Below the National Medicaid 10th Percentile
	10th–24th	At or above the National Medicaid 10th Percentile but below the National Medicaid 25th Percentile
★★	25th–49th	At or above the National Medicaid 25th Percentile but below the National Medicaid 50th Percentile
★★★	50th–74th	At or above the National Medicaid 50th Percentile but below the National Medicaid 75th Percentile
★★★★	75th–89th	At or above the National Medicaid 75th Percentile but below the National Medicaid 90th Percentile
★★★★★	≥90th	At or above the National Medicaid 90th Percentile

Measures in the Use of Services measure domain are designed to capture the frequency of services provided and characteristics of the populations served. Higher or lower rates in this domain do not necessarily indicate better or worse performance. These rates and the associated percentile rankings are provided for information purposes only.

Of note, health plan-specific and statewide rates were rounded to the second decimal place before performance levels were determined. As HSAG assigned percentile rankings and star ratings, an em dash (—) was presented to indicate that the measure indicator was not required and not presented in previous years' HEDIS deliverables or the measure did not have an applicable benchmark; therefore, the performance level was not presented in this report.

## Trend Analysis

In addition to the percentile ranking and star rating results, HSAG also compared HEDIS 2016 Medicaid statewide weighted averages and health plan rates to the corresponding HEDIS 2015 rates. HSAG also evaluated the extent of changes observed in the rates between years. Year-over-year performance comparisons are based on the Chi-square test of statistical significance with a *p* value <0.05. Note that statistical testing could not be performed on the utilization-based measures under the Use of Services domain given that variances were not available in the IDSS for HSAG to use for statistical testing.

In general, results from statistical significance testing provide information on whether a change in the rate may suggest improvement or decline in performance. At the statewide level, if the number of health plans reporting *NR* or *BR* differs vastly from year to year, the statewide performance may not represent all of the contracted health plans, and any changes observed across years may need to take this factor into consideration. Nonetheless, changes (regardless of whether they are statistically significant) could be related to the following factors independent of any effective interventions designed to improve the quality of care:

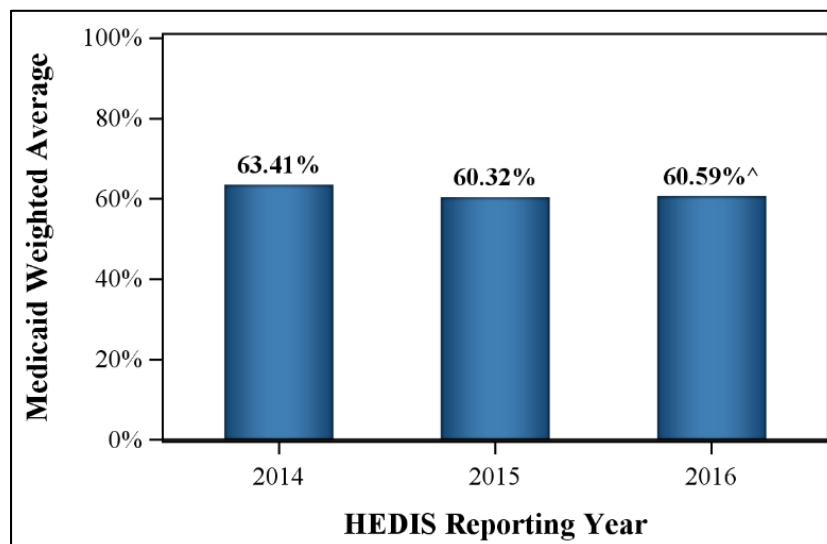
- Substantial changes in measure specifications. The “Measure Changes Between HEDIS 2015 to HEDIS 2016” section below lists measures with specification changes made by NCQA.
- Substantial changes in membership composition within the health plan.

**Figure Interpretation**

Within the Executive Summary and Appendix B of this report, performance measure indicator rates and results of significance testing between HEDIS 2015 and HEDIS 2016 are presented in tabular format. HEDIS 2016 rates shaded green with one caret (^) indicate a statistically significant improvement in performance from the previous year. HEDIS 2016 rates shaded red with two carets (^) indicate a statistically significant decline in performance from the previous year.

For each performance measure indicator presented in Sections 3–6 of this report, the vertical bar graph figure positioned on the left side of the page presents the HEDIS 2014, HEDIS 2015, and HEDIS 2016 Medicaid statewide weighted averages, with significance testing performed between the HEDIS 2015 and HEDIS 2016 weighted averages. Within these figures, HEDIS 2016 rates with one carat (^) indicate a statistically significant improvement in performance from HEDIS 2015. HEDIS 2016 rates with two carets (^) indicate a statistically significant decline in performance from HEDIS 2015. An example of the vertical bar graph figure for measure indicators reported is shown in Figure 2-4.

**Figure 2-4—Sample Vertical Bar Graph Figure Showing Statistically Significant Improvement**



## Measure Changes Between HEDIS 2015 to HEDIS 2016

With the release of HEDIS 2016, value sets were updated to include International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM) and International Classification of Diseases, 10th Revision, Procedure Coding System (ICD-10-PCS), which were effective October 1, 2015.<sup>2-1</sup> Additionally, the following is a list of measures with technical specification changes that NCQA announced for HEDIS 2016.<sup>2-2,2-3</sup> These changes may have an effect on the HEDIS 2016 rates that are presented in this report.

### ***Childhood Immunization Status (CIS)***

- Added a note to the measles, mumps, and rubella (MMR) vaccine clarifying that the “14-day rule” does not apply to this vaccine.
- Added a new value set to the administrative method to identify hepatitis B vaccines administered at birth.

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

- Removed the BMI value option for members 16–17 years of age from the numerator.
- Revised the physical activity requirement to indicate that notation of anticipatory guidance related solely to safety (e.g., wears helmet or water safety) without specific mention of physical activity recommendations does not meet criteria.

### ***Appropriate Treatment for Children With Pharyngitis (CWP)***

- Changed age requirement from 2–18 years of age to 3–18 years of age.

### ***Annual Dental Visit***

- Revised the upper age limit to 20 years of age to align with the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services guidelines, which include dental coverage for children under 21 who are enrolled in Medicaid.

### ***Prenatal and Postpartum Care (PPC)***

- Deleted the use of infant claims to identify deliveries.
- Clarified the tests that must be included to meet criteria for an obstetric panel in the hybrid specification.

---

<sup>2-1</sup> *The ICD-10 Classification of Mental and Behavioural Disorders: Clinical Descriptions and Diagnostic Guidelines*. Geneva: World Health Organization, 1992. Print.

<sup>2-2</sup> National Committee for Quality Assurance. *HEDIS® 2016, Volume 2: Technical Specifications for Health Plans*. Washington, DC: NCQA Publication, 2015.

<sup>2-3</sup> National Committee for Quality Assurance. *HEDIS® 2016, Volume 2: Technical Update*. Washington, DC: NCQA Publication, 2015.

### ***Breast Cancer Screening (BCS)***

- Added new value sets to identify bilateral mastectomy.

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

- Added a requirement to not include denied claims in the numerator.

### ***Adult BMI Assessment (ABA)***

- Revised the age criteria for BMI and BMI percentile in the numerator.

### ***Antidepressant Medication Management (AMM)***

- Added a method and value sets to identify acute and nonacute inpatient discharges for required exclusions (Step 2).
- Changed the description of “SSNRI antidepressants” to “SNRI antidepressants” in Table AMM-C.
- Added levomilnacipran to the description of “SNRI antidepressants” in Table AMM-C.

### ***Follow-up Care for Children Prescribed ADHD Medication (ADD)***

- Added value sets to identify acute inpatient encounters for Step 4 of the event/diagnosis (for both *Initiation Phase* and *Continuation and Maintenance Phase*).

### ***Controlling High Blood Pressure (CBP)***

- Revised a value set used to identify the event/diagnosis.
  - Added Healthcare Common Procedure Coding System (HCPCS) codes to identify outpatient visits.
- Renamed the Outpatient Current Procedural Terminology (CPT) Value Set to Outpatient Without Uniform Bill Revenue (UBREV) Value Set.
- Clarified how to assign the diabetes flag.
- Removed the criteria for polycystic ovaries when assigning a flag of “not diabetic” in the event/diagnosis.
- Clarified the denominator section of the Hybrid Specification to state that if the hypertension diagnosis is not confirmed, the member is excluded and replaced by a member from the oversample.
- Added a method and value sets to identify nonacute inpatient admissions for optional exclusions.

### ***Persistence of Beta-Blocker Treatment After a Heart Attack (PBH)***

- Added a method and value sets to identify acute inpatient discharges and transfer setting (acute or nonacute inpatient) for the event/diagnosis.

### ***Comprehensive Diabetes Care (CDC)***

- Revised the requirements for urine protein testing for the *Medical Attention for Nephropathy* indicator; a screening or monitoring test meets criteria, whether the result is positive or negative.



- Removed the optional exclusion for polycystic ovaries.

#### ***Annual Monitoring for Patients on Persistent Medications (MPM)***

- Added value sets to identify acute and nonacute inpatient encounters for the optional exclusions.

#### ***Pharmacotherapy Management of Chronic Obstructive Pulmonary Disease (COPD) Exacerbation***

- Revised the method and value sets to identify acute and nonacute inpatient events for Steps 1, 3 and 4 of the event/diagnosis.
- Added olodaterol hydrochloride to the description of “Beta 2-agonists” in Table PCE-D.

#### ***Medication Management for People With Asthma (MMA)***

- Deleted all “Long-acting, inhaled beta-2 agonists” from Table MMA-A.

#### ***Use of Spirometry Testing in the Assessment and Diagnosis of COPD***

- Revised the method and value sets to identify acute inpatient events for Steps 1 and 2 of the event/diagnosis.
- Clarified when to use admission or discharge dates when determining Negative Diagnosis History.

#### ***Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis (ART)***

- Added a method and value sets to identify nonacute inpatient discharges for the event/diagnosis.

#### ***Inpatient Utilization—General Hospital/Acute Care***

- Added a method and value sets to identify acute inpatient discharges in Step 1.

#### ***Frequency of Selected Procedures (FPC)***

- Added new value sets to identify unilateral mastectomy.

## Glossary

Table 2-5 below provides definitions of terms 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>Not Applicable (NA)</i> , <i>Biased Rate (BR)</i> , <i>No Benefit (NB)</i> , <i>Not Required (NQ)</i> , and <i>Not Reported (NR)</i> .
ADMIN%	Administrative data (e.g., claims data and immunization registry).
BMI	Body Mass Index.
BR	Biased Rate: indicates that the health plan's reported rate was invalid; therefore, the rate was not presented.
Continuous Enrollment Requirement	The minimum amount of time that a member must be enrolled in the health plan to be eligible for inclusion in a measure to ensure that the health plan has a sufficient amount of time to be held accountable for providing services to that member.
Data Completeness	The degree to which occurring services/diagnoses appear in the health plan's administrative data systems.
Denominator	The number of members who meet all criteria specified in a measure for inclusion in the eligible population. When using the administrative method, the entire eligible population becomes the denominator. When using the hybrid method, a sample of the eligible population becomes the denominator.
DTaP	Diphtheria, tetanus toxoids, and acellular pertussis vaccine.
ED	Emergency department.
EDI	Electronic data interchange, the direct computer-to-computer transfer of data.
Electronic Data	Data that are maintained in a computer environment versus a paper environment.
Encounter Data	Billing data received from a capitated provider. (Although the health plan does not reimburse the provider for each encounter, submission of encounter data allows the health plan to collect the data for future HEDIS reporting.)
EPSDT	Early and Periodic Screening, Diagnostic, and Treatment benefit.
EQR	External quality review.
Exclusions	Conditions outlined in HEDIS measure specifications that describe when a member should not be included in the denominator.

Term	Description
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 auditor's audit opinion (the final audit statement).
FY	Fiscal year.
HEDIS	The Healthcare Effectiveness Data and Information Set (HEDIS), developed and maintained by NCQA, is a set of performance measures used to assess the quality of care provided by managed health care organizations.
HEDIS Repository	The data warehouse where all data used for HEDIS reporting are stored.
Hep A	Hepatitis A vaccine.
Hep B	Hepatitis B vaccine.
HiB Vaccine	Haemophilus influenzae type B vaccine.
HMO	Health maintenance organization.
HPL	High performance level (For most performance measures, the Department defined the HPL as the most recent 90th national Medicaid percentile. For measures such as <i>Well-Child Visits in the First 15 Months of Life—Zero Visits</i> , in which lower rates indicate better performance, the 10th percentile [rather than the 90th percentile] is considered the HPL.)
HSAG	Health Services Advisory Group, Inc., the State's external quality review organization.
Hybrid Measures	Measures that can be reported using the hybrid method.
IDSS	The Interactive Data Submission System, a tool used to submit data to NCQA.
IPV	Inactivated polio virus vaccine.
IS	Information System; an automated system for collecting, processing, and transmitting data.
IS Standards	Information System (IS) standards, an NCQA-defined set of standards that measure how an organization collects, stores, analyzes, and reports medical, customer service, member, practitioner, and vendor data. <sup>2-4</sup>
IT	Information technology; the technology used to create, store, exchange, and use information in its various forms.

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

Term	Description
LPL	Low performance level. (For most performance measures, the Department defined the LPL as the most recent 25th national Medicaid percentile. For measures such as <i>Well-Child Visits in the First 15 Months of Life—Zero Visits</i> , in which lower rates indicate better performance, the 75th percentile [rather than the 25th percentile] is considered the LPL).
Material Bias	For most measures reported as a rate, any error that causes a $\pm 5$ percent difference in the reported rate is considered materially biased. For non-rate measures, any error that causes a $\pm 10$ percent difference in the reported rate or calculation is considered materially biased.
Medical Record Validation	The process that auditors follow to verify that the health plan's medical record abstraction meets industry standards and abstracted data are accurate.
Medicaid Percentiles	The NCQA national percentiles for each HEDIS measure for the Medicaid product line used to compare the health plan's performance and assess the reliability of the health plan's HEDIS rates.
MMR	Measles, mumps, and rubella vaccine.
MRR	Medical record review.
NA	Not Applicable; indicates that the health plan followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in an NA designation.
NB	No Benefit; indicates that the required benefit to calculate the measure was not offered.
NCQA	The National Committee for Quality Assurance (NCQA) is a not-for-profit organization that assesses, through accreditation reviews and standardized measures, the quality of care provided by managed health care delivery systems; reports results of those assessments to employers, consumers, public purchasers, and regulators; and ultimately seeks to improve the health care provided within the managed care industry.
NR	Not Reported; indicates that the health plan chose not to report the required HEDIS 2016 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, therefore, the rate was not presented.
Numerator	The number of members in the denominator who received all the services as specified in the measure.
NQ	Not Required; indicates that the health plan was not required to report this measure.
OB/GYN	Obstetrician/Gynecologist.
PCP	Primary care practitioner.
PCV	Pneumococcal conjugate vaccine.
POP	Eligible population.

Term	Description
PPC	Prenatal and Postpartum Care.
Provider Data	Electronic files containing information about physicians such as type of physician, specialty, reimbursement arrangement, and office location.
Retroactive Enrollment	When the effective date of a member's enrollment in the health plan occurs prior to the date that the health plan is notified of that member's enrollment. Medicaid members who are retroactively enrolled in the health plan must be excluded from a HEDIS measure denominator if the time period from the date of enrollment to the date of notification exceeds the measure's allowable gap specifications.
Revenue Codes	Cost codes for facilities to bill based on the categories of services, procedures, supplies, and materials.
RV	Rotavirus vaccine.
Software Vendor	A third party, with source code certified by NCQA, that contracts with the health plan to write source code for HEDIS measures. (For the measures to be certified, the vendor must submit programming codes associated with the measure to NCQA for automated testing of program logic, and a minimum percentage of the measures must receive a "Pass" or "Pass With Qualifications" designation.)
The Department	The Colorado Department of Health Care Policy & Financing.
URI	Upper respiratory infection.
Quality Compass	NCQA Quality Compass benchmark.
VZV	Varicella zoster virus (chicken pox) vaccine.

### Pediatric Care

The following section provides a detailed analysis of the Colorado Medicaid health plans' performance within the Pediatric Care domain. The Pediatric Care domain encompasses the following measures/indicators:

- *Childhood Immunization Status—Combination 2—Combination 10*
- *Immunizations for Adolescents—Combination 1 (Meningococcal, Tdap/Td)*
- *Well-Child Visits in the First 15 Months of Life—Zero Visits and Six or More Visits*
- *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life*
- *Adolescent Well-Care Visits*
- *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile Documentation—Total, Counseling for Nutrition—Total, and Counseling for Physical Activity—Total*
- *Appropriate Testing for Children With Pharyngitis*
- *Appropriate Treatment for Children With Upper Respiratory Infection*
- *Annual Dental Visit*

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

### Childhood Immunization Status

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

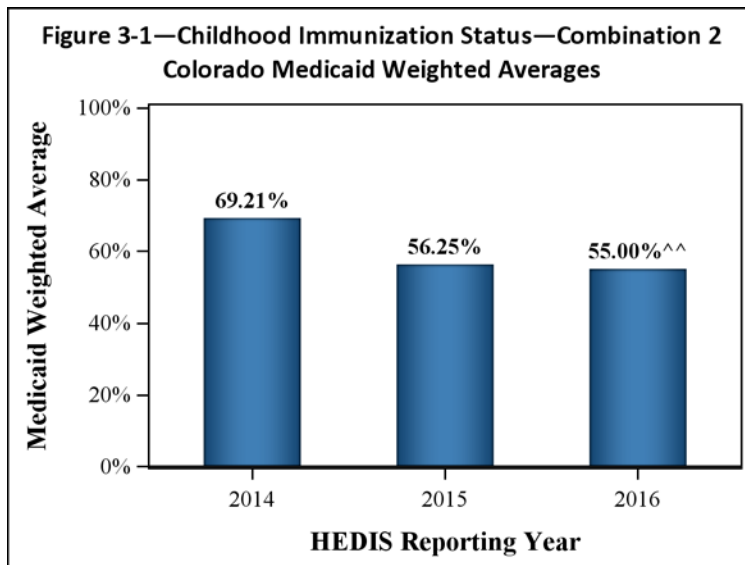
**Table 3-1—Combination Vaccinations for Childhood Immunization Status**

Combination	Four DTaP	Three IPV	One MMR	Three HiB	Three Hep B	One VZV	Four PCV	One Hep A	Required RV	Two Influenza
Combination 2	✓	✓	✓	✓	✓	✓				
Combination 3	✓	✓	✓	✓	✓	✓	✓			
Combination 4	✓	✓	✓	✓	✓	✓	✓	✓		
Combination 5	✓	✓	✓	✓	✓	✓	✓		✓	
Combination 6	✓	✓	✓	✓	✓	✓	✓			✓
Combination 7	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Combination 8	✓	✓	✓	✓	✓	✓	✓	✓		✓
Combination 9	✓	✓	✓	✓	✓	✓	✓		✓	✓
Combination 10	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

The Department required the health plans to use the hybrid method for HEDIS reporting in 2014, while requiring the health plans to use the administrative method in 2015 and 2016. As such, comparison of HEDIS 2014 rates to HEDIS 2015 and HEDIS 2016 rates would not be appropriate.

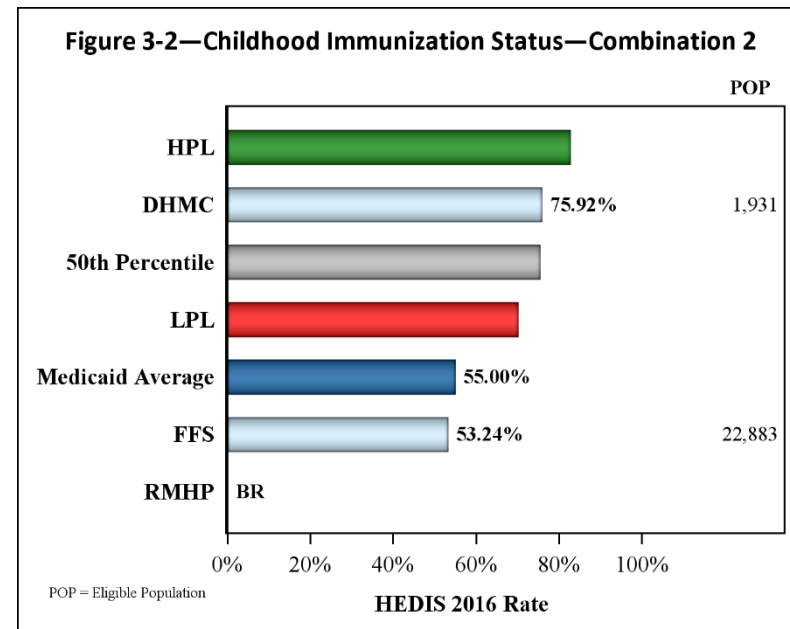
### Childhood Immunization Status—Combination 2

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



*Changes in the rates from HEDIS 2014 to HEDIS 2015 should be interpreted with caution due to a change in the Department’s reporting requirement from hybrid for HEDIS 2014 to administrative for HEDIS 2015 and HEDIS 2016. Rates with two carets (^) indicate a statistically significant decline in performance from the previous year.*

The Medicaid statewide weighted average demonstrated a statistically significant decline in performance from HEDIS 2015 to HEDIS 2016.



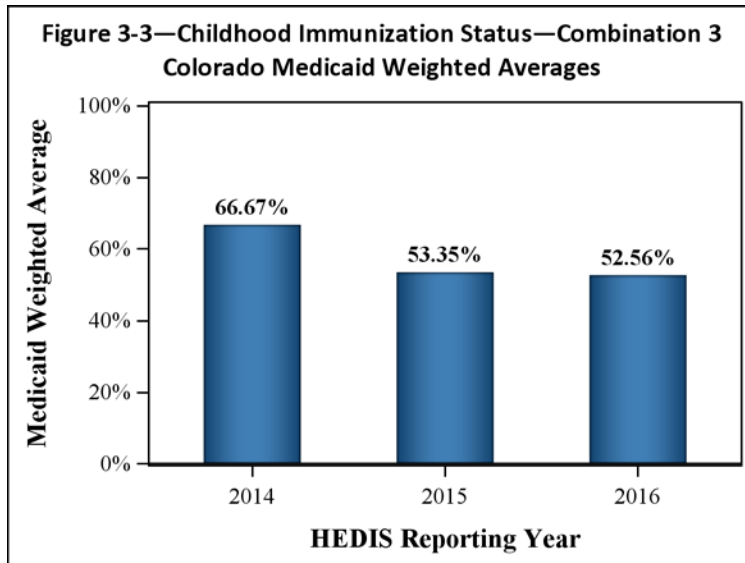
*BR indicates that RMHP’s reported rate was invalid; therefore, the rate is not presented.*

One health plan ranked above the national Medicaid 50th percentile but below the HPL. The Medicaid statewide weighted average and one health plan ranked below the LPL. Health plan performance varied from 53.24 percent to 75.92 percent.



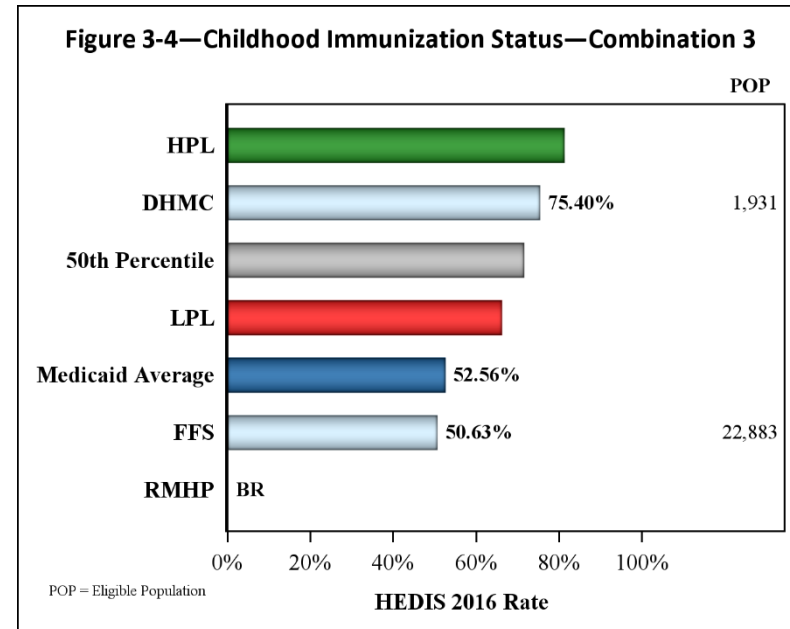
### Childhood Immunization Status—Combination 3

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



*Changes in the rates from HEDIS 2014 to HEDIS 2015 should be interpreted with caution due to a change in the Department’s reporting requirement from hybrid for HEDIS 2014 to administrative for HEDIS 2015 and HEDIS 2016.*

The Medicaid statewide weighted average did not demonstrate a statistically significant change from HEDIS 2015 to HEDIS 2016.

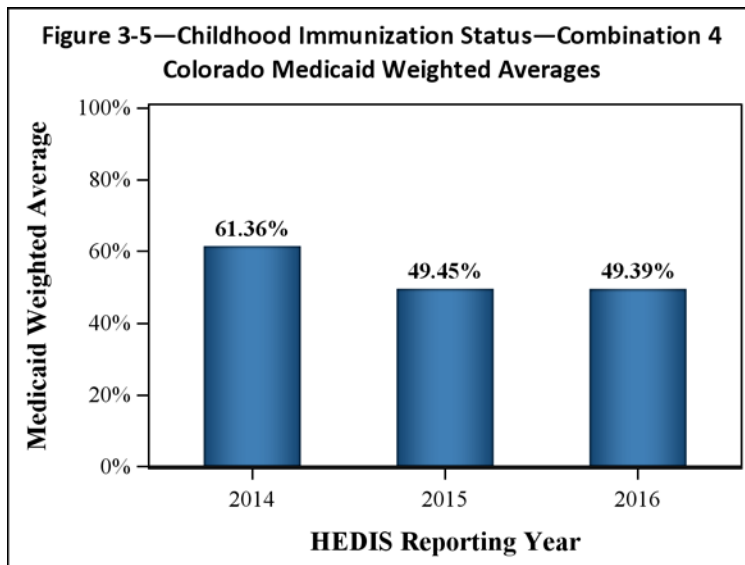


*BR indicates that RMHP’s reported rate was invalid; therefore, the rate is not presented.*

One health plan ranked above the national Medicaid 50th percentile but below the HPL. The Medicaid statewide weighted average and one health plan ranked below the LPL. Health plan performance varied from 50.63 percent to 75.40 percent.

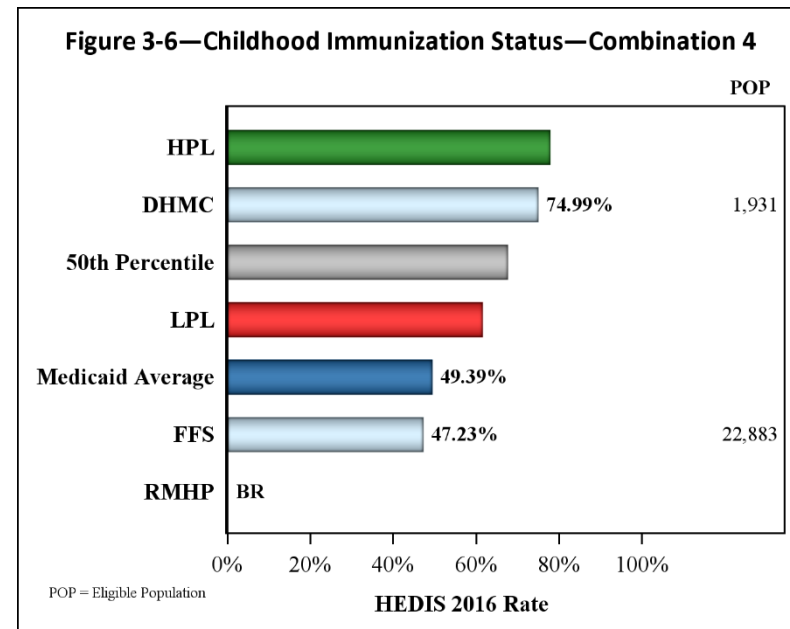
### Childhood Immunization Status—Combination 4

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



*Changes in the rates from HEDIS 2014 to HEDIS 2015 should be interpreted with caution due to a change in the Department’s reporting requirement from hybrid for HEDIS 2014 to administrative for HEDIS 2015 and HEDIS 2016.*

The Medicaid statewide weighted average did not demonstrate a statistically significant change from HEDIS 2015 to HEDIS 2016.

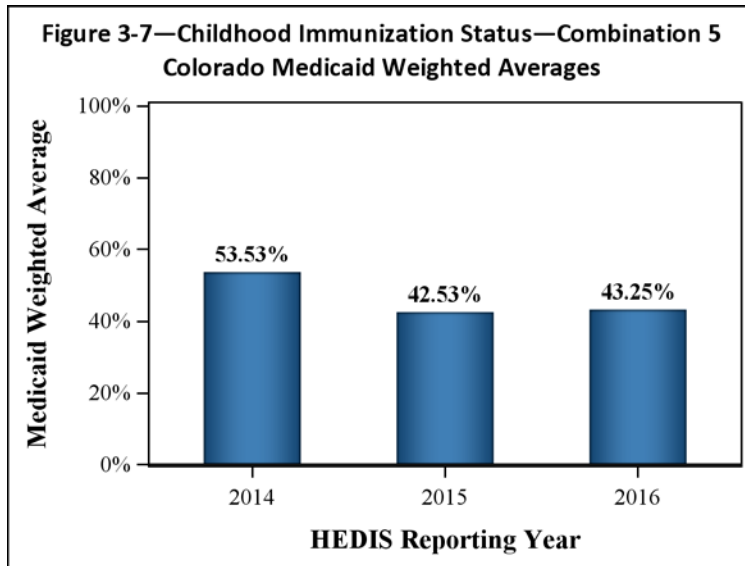


*BR indicates that RMHP’s reported rate was invalid; therefore, the rate is not presented.*

One health plan ranked above the national Medicaid 50th percentile but below the HPL. The Medicaid statewide weighted average and one health plan ranked below the LPL. Health plan performance varied from 47.23 percent to 74.99 percent.

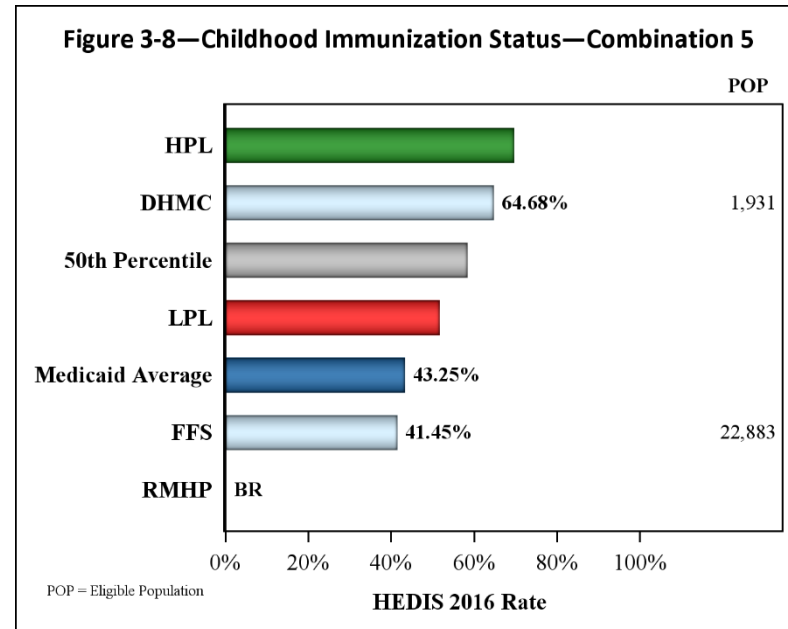
### Childhood Immunization Status—Combination 5

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



*Changes in the rates from HEDIS 2014 to HEDIS 2015 should be interpreted with caution due to a change in the Department’s reporting requirement from hybrid for HEDIS 2014 to administrative for HEDIS 2015 and HEDIS 2016.*

The Medicaid statewide weighted average did not demonstrate a statistically significant change from HEDIS 2015 to HEDIS 2016.

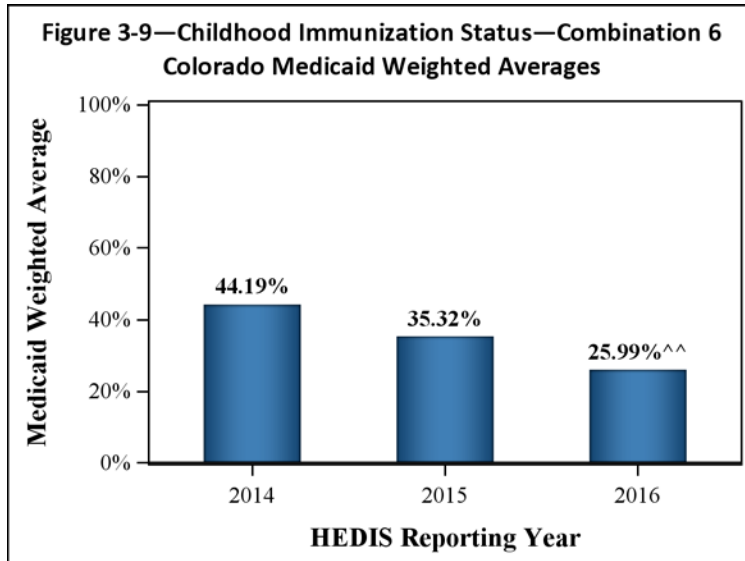


*BR indicates that RMHP’s reported rate was invalid; therefore, the rate is not presented.*

One health plan ranked above the national Medicaid 50th percentile but below the HPL. The Medicaid statewide weighted average and one health plan ranked below the LPL. Health plan performance varied from 41.45 percent to 64.68 percent.

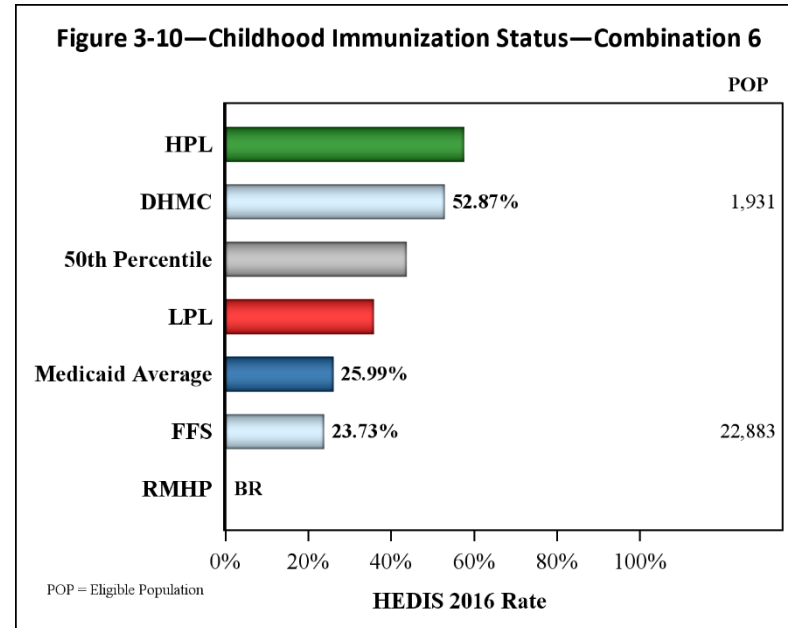
### Childhood Immunization Status—Combination 6

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



Changes in the rates from HEDIS 2014 to HEDIS 2015 should be interpreted with caution due to a change in the Department’s reporting requirement from hybrid for HEDIS 2014 to administrative for HEDIS 2015 and HEDIS 2016. Rates with two carets (^) indicate a statistically significant decline in performance from the previous year.

The Medicaid statewide weighted average demonstrated a statistically significant decline in performance from HEDIS 2015 to HEDIS 2016.

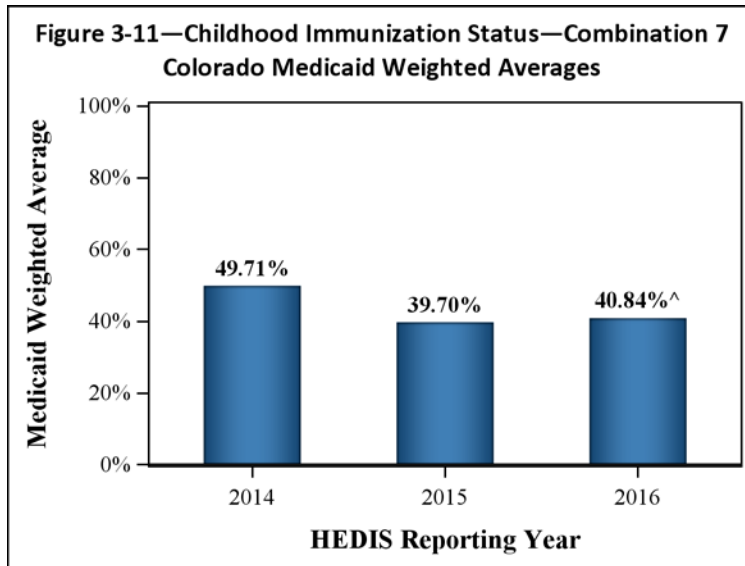


BR indicates that RMHP’s reported rate was invalid; therefore, the rate is not presented.

One health plan ranked above the national Medicaid 50th percentile but below the HPL. The Medicaid statewide weighted average and one health plan ranked below the LPL. Health plan performance varied from 23.73 percent to 52.87 percent.

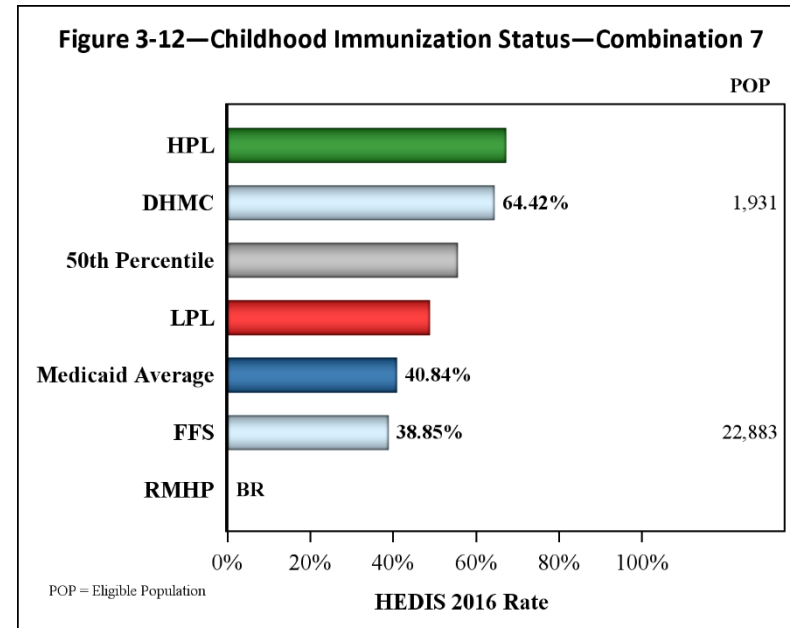
### Childhood Immunization Status—Combination 7

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



*Changes in the rates from HEDIS 2014 to HEDIS 2015 should be interpreted with caution due to a change in the Department’s reporting requirement from hybrid for HEDIS 2014 to administrative for HEDIS 2015 and HEDIS 2016. Rates with one caret (^) indicate a statistically significant improvement in performance from the previous year.*

The Medicaid statewide weighted average demonstrated a statistically significant improvement in performance from HEDIS 2015 to HEDIS 2016.

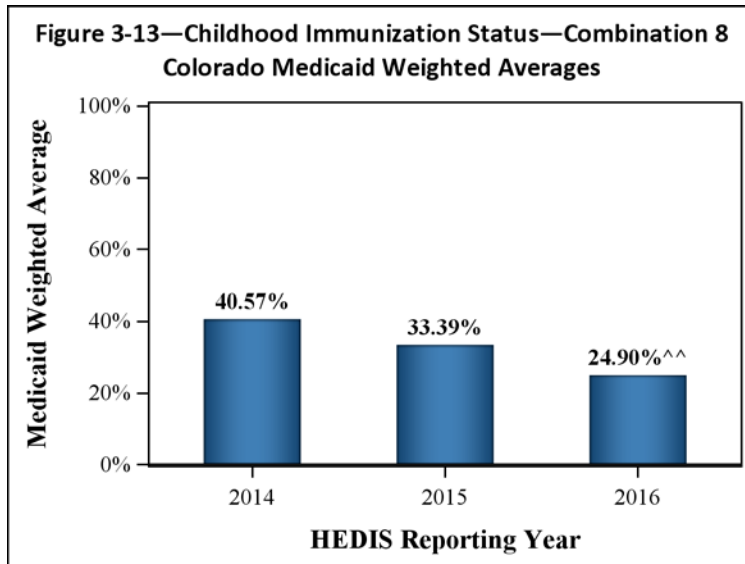


*BR indicates that RMHP’s reported rate was invalid; therefore, the rate is not presented.*

One health plan ranked above the national Medicaid 50th percentile but below the HPL. The Medicaid statewide weighted average and one health plan ranked below the LPL. Health plan performance varied from 38.85 percent to 64.42 percent.

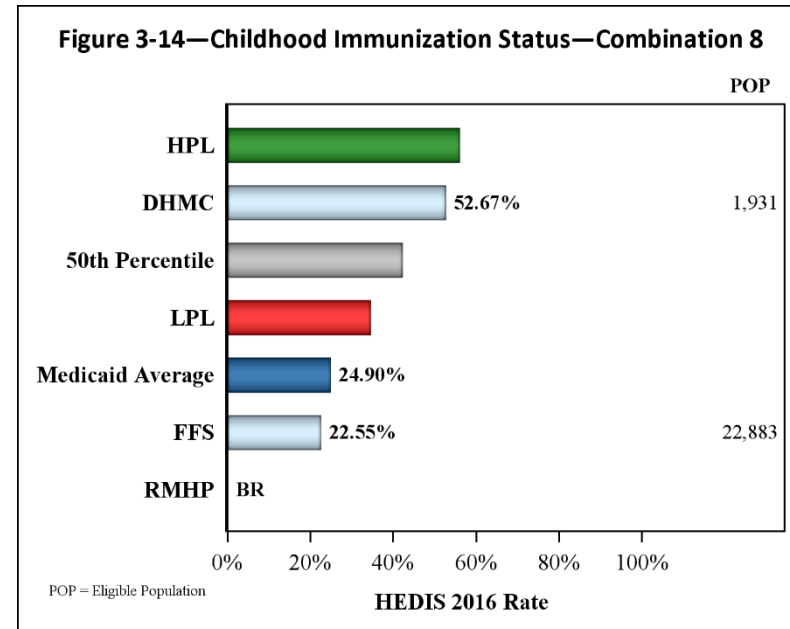
### Childhood Immunization Status—Combination 8

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



Changes in the rates from HEDIS 2014 to HEDIS 2015 should be interpreted with caution due to a change in the Department’s reporting requirement from hybrid for HEDIS 2014 to administrative for HEDIS 2015 and HEDIS 2016. Rates with two carets (^^) indicate a statistically significant decline in performance from the previous year.

The Medicaid statewide weighted average demonstrated a statistically significant decline in performance from HEDIS 2015 to HEDIS 2016.

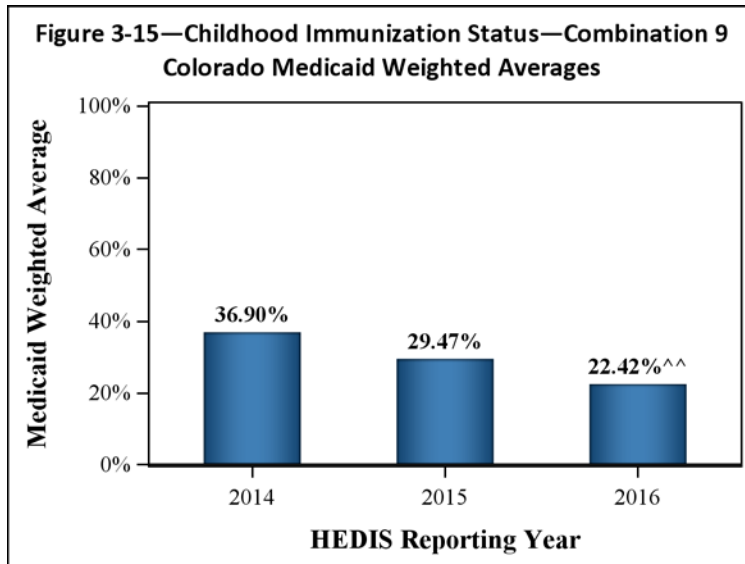


BR indicates that RMHP’s reported rate was invalid; therefore, the rate is not presented.

One health plan ranked above the national Medicaid 50th percentile but below the HPL. The Medicaid statewide weighted average and one health plan ranked below the LPL. Health plan performance varied from 22.55 percent to 52.67 percent.

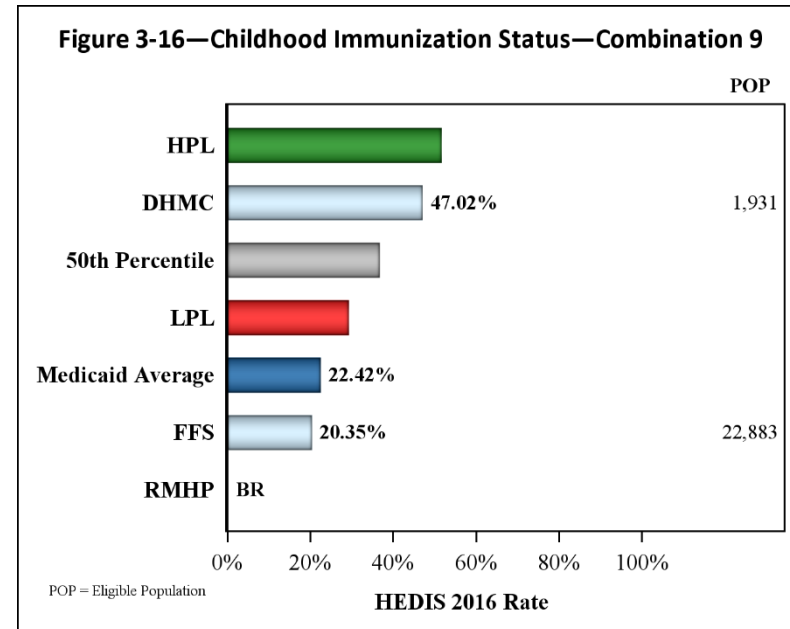
### Childhood Immunization Status—Combination 9

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



Changes in the rates from HEDIS 2014 to HEDIS 2015 should be interpreted with caution due to a change in the Department’s reporting requirement from hybrid for HEDIS 2014 to administrative for HEDIS 2015 and HEDIS 2016. Rates with two carets (^^) indicate a statistically significant decline in performance from the previous year.

The Medicaid statewide weighted average demonstrated a statistically significant decline in performance from HEDIS 2015 to HEDIS 2016.



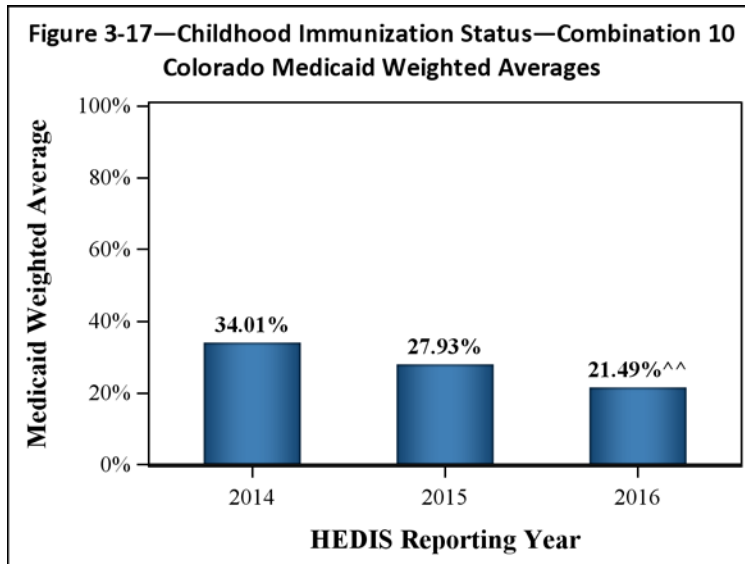
BR indicates that RMHP’s reported rate was invalid; therefore, the rate is not presented.

One health plan ranked above the national Medicaid 50th percentile but below the HPL. The Medicaid statewide weighted average and one health plan ranked below the LPL. Health plan performance varied from 20.35 percent to 47.02 percent.



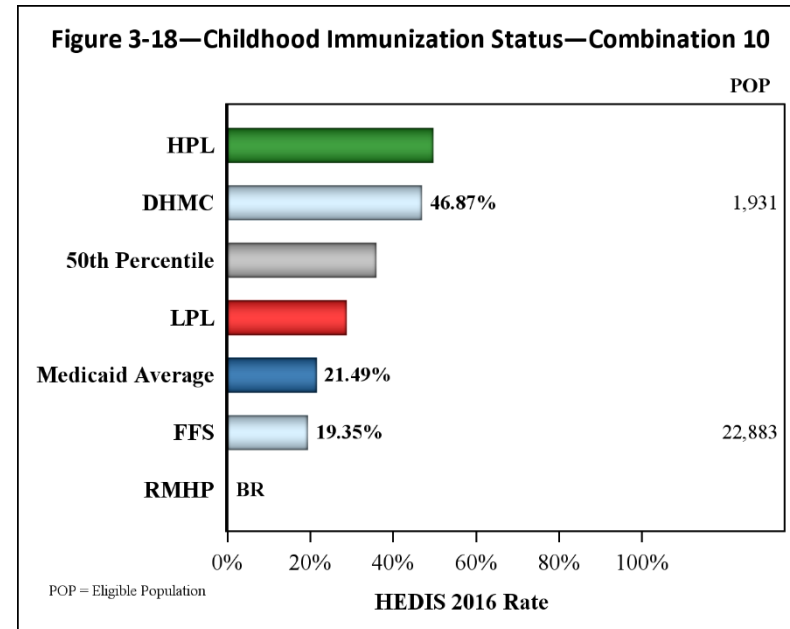
### Childhood Immunization Status—Combination 10

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



Changes in the rates from HEDIS 2014 to HEDIS 2015 should be interpreted with caution due to a change in the Department’s reporting requirement from hybrid for HEDIS 2014 to administrative for HEDIS 2015 and HEDIS 2016. Rates with two carets (^^) indicate a statistically significant decline in performance from the previous year.

The Medicaid statewide weighted average demonstrated a statistically significant decline in performance from HEDIS 2015 to HEDIS 2016.

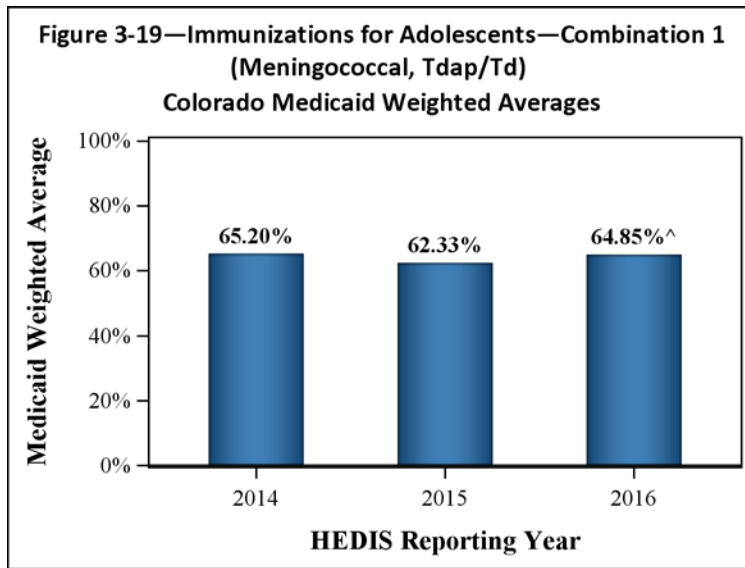


BR indicates that RMHP’s reported rate was invalid; therefore, the rate is not presented.

One health plan ranked above the national Medicaid 50th percentile but below the HPL. The Medicaid statewide weighted average and one health plan ranked below the LPL. Health plan performance varied from 19.35 percent to 46.87 percent.

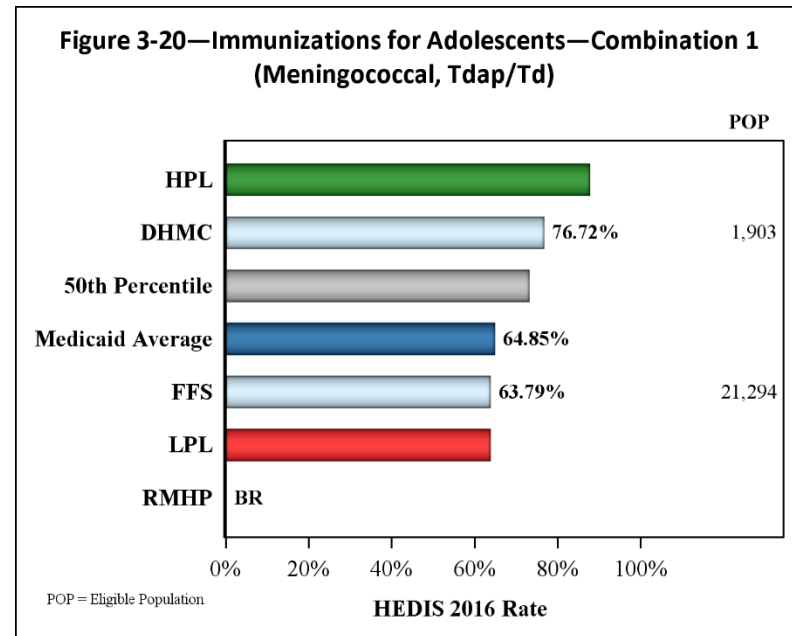
### Immunization for Adolescents—Combination 1 (Meningococcal, Tdap/Td)

Immunizations for Adolescents—Combination 1 (Meningococcal, Tdap/Td) 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 tetanus, diphtheria toxoids, and acellular pertussis vaccine (Tdap) or one tetanus, diphtheria toxoids vaccine (Td).



Changes in the rates from HEDIS 2014 to HEDIS 2015 should be interpreted with caution due to a change in the Department’s reporting requirement from hybrid for HEDIS 2014 to administrative for HEDIS 2015 and HEDIS 2016. Rates with one caret (^) indicate a statistically significant improvement in performance from the previous year.

The Medicaid statewide weighted average demonstrated a statistically significant improvement in performance from HEDIS 2015 to HEDIS 2016.

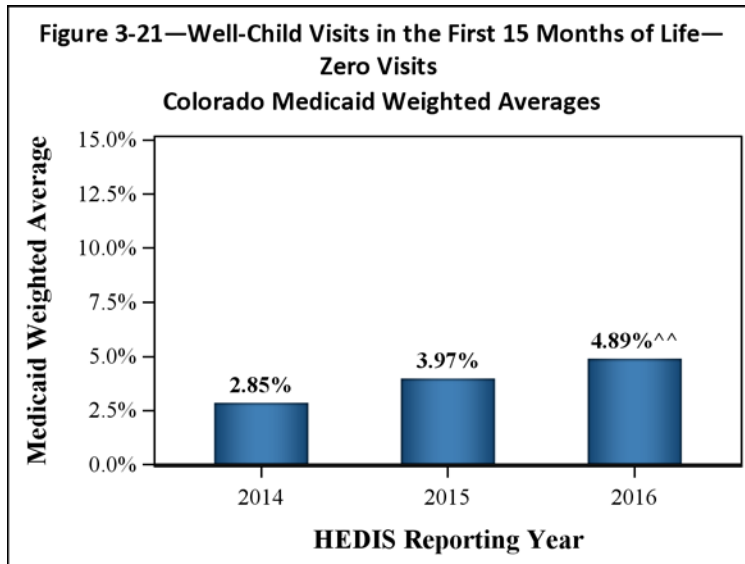


BR indicates that RMHP’s reported rate was invalid; therefore, the rate is not presented.

One health plan ranked above the national Medicaid 50th percentile but below the HPL. Health plan performance varied from 63.79 percent to 76.72 percent.

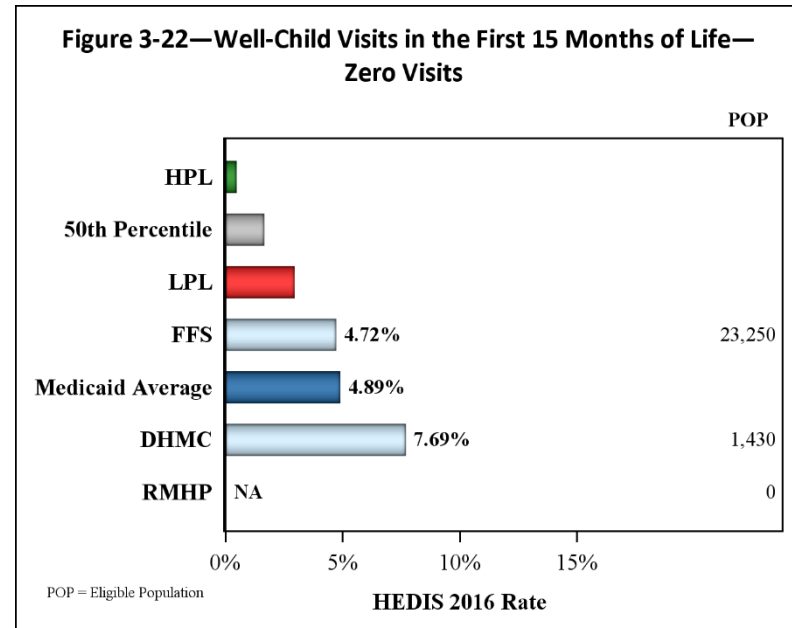
### Well-Child Visits in the First 15 Months of Life—Zero Visits

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



*Changes in the rates from HEDIS 2014 to HEDIS 2015 should be interpreted with caution due to a change in the Department’s reporting requirement from hybrid for HEDIS 2014 to administrative for HEDIS 2015 and HEDIS 2016. Rates with two carets (^) indicate a statistically significant decline in performance from the previous year.*

The Medicaid statewide weighted average demonstrated a statistically significant decline in performance from HEDIS 2015 to HEDIS 2016.

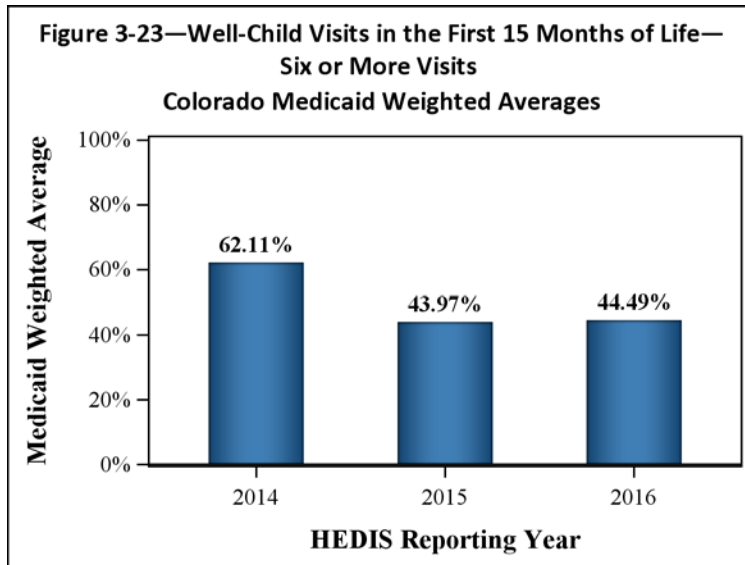


*NA indicates that the health plan or health plans followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in a Not Applicable (NA) audit designation.*

Two health plans and the Medicaid statewide weighted average ranked below the LPL. Health plan performance varied from 4.72 percent to 7.69 percent.

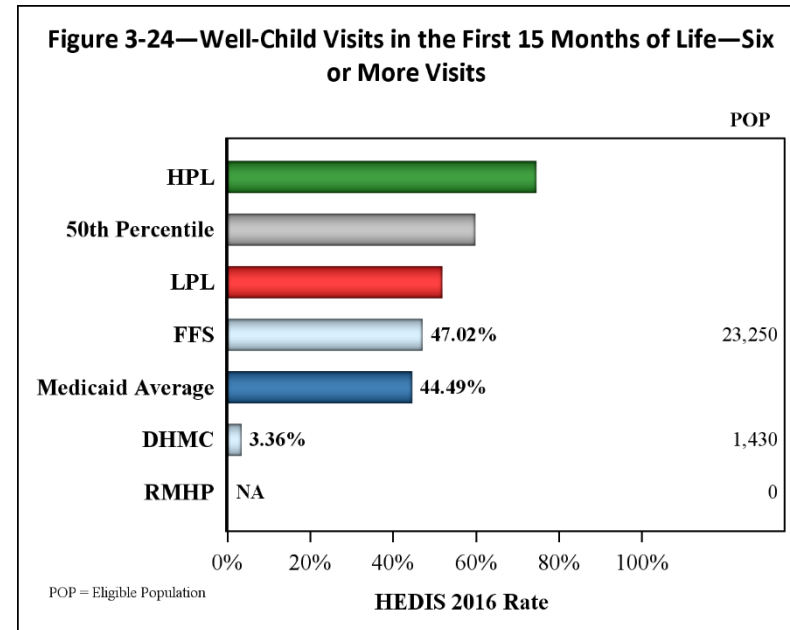
### Well-Child Visits in the First 15 Months of Life—Six or More Visits

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



Changes in the rates from HEDIS 2014 to HEDIS 2015 should be interpreted with caution due to a change in the Department's reporting requirement from hybrid for HEDIS 2014 to administrative for HEDIS 2015 and HEDIS 2016.

The Medicaid statewide weighted average did not demonstrate a statistically significant change from HEDIS 2015 to HEDIS 2016.

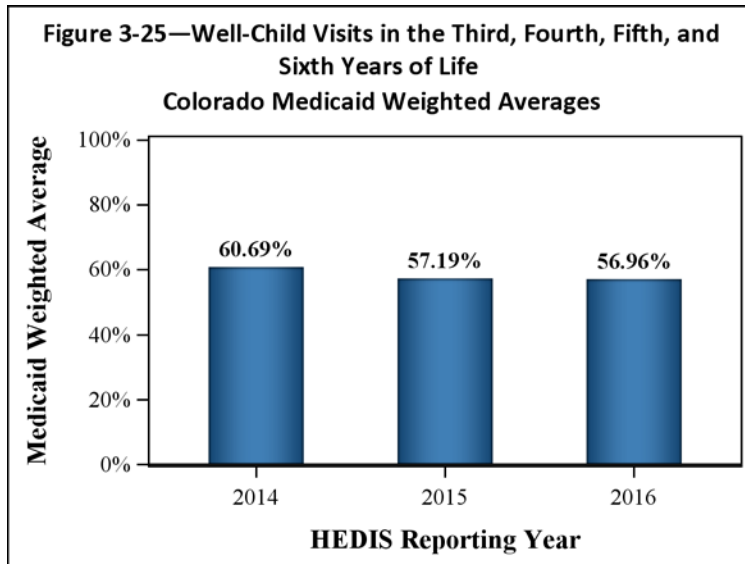


NA indicates that the health plan or health plans followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in a Not Applicable (NA) audit designation.

Two health plans and the Medicaid statewide weighted average ranked below the LPL. Health plan performance varied from 3.36 percent to 47.02 percent.

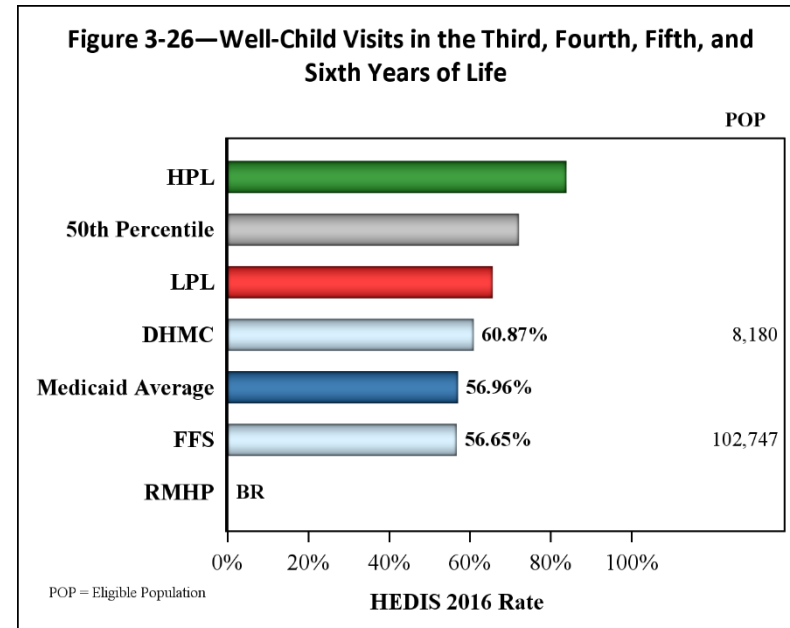
### Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life

*Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life* measures the percentage of members 3 to 6 years of age who received one or more well-child visits with a PCP during the measurement year.



*Changes in the rates from HEDIS 2014 to HEDIS 2015 should be interpreted with caution due to a change in the Department’s reporting requirement from hybrid for HEDIS 2014 to administrative for HEDIS 2015 and HEDIS 2016.*

The Medicaid statewide weighted average did not demonstrate a statistically significant change from HEDIS 2015 to HEDIS 2016.

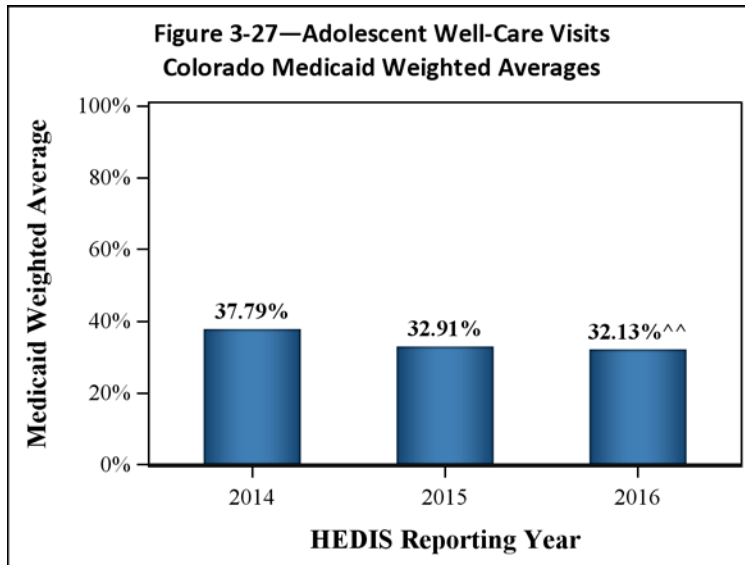


*BR indicates that RMHP’s reported rate was invalid; therefore, the rate is not presented.*

Two health plans and the Medicaid statewide weighted average ranked below the LPL. Health plan performance varied from 56.65 percent to 60.87 percent.

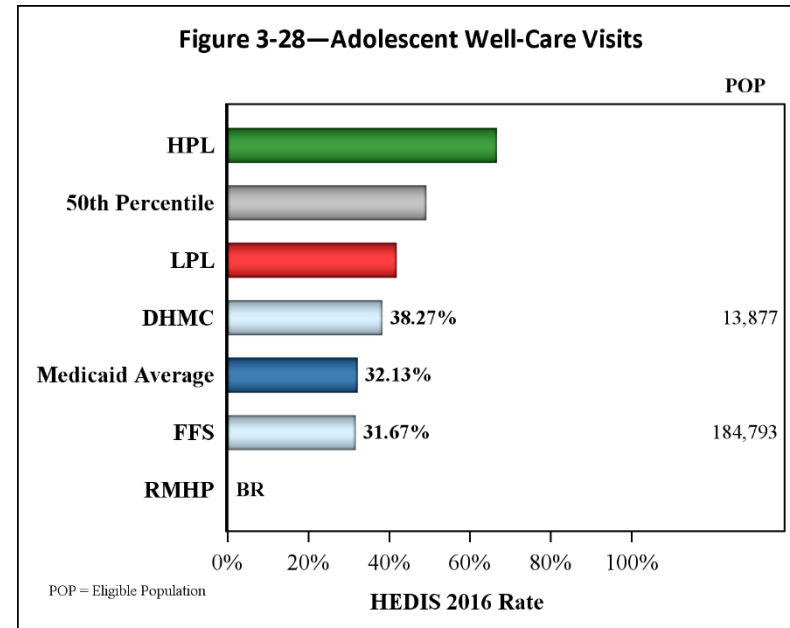
### Adolescent Well-Care Visits

The *Adolescent Well-Care Visits* measure reports the percentage of members 12 to 21 years of age who received at least one comprehensive well-care visit with a PCP or an obstetrician/gynecologist (OB/GYN) during the measurement year.



Changes in the rates from HEDIS 2014 to HEDIS 2015 should be interpreted with caution due to a change in the Department's reporting requirement from hybrid for HEDIS 2014 to administrative for HEDIS 2015 and HEDIS 2016. Rates with two carets (^^) indicate a statistically significant decline in performance from the previous year.

The Medicaid statewide weighted average demonstrated a statistically significant decline in performance from HEDIS 2015 to HEDIS 2016.

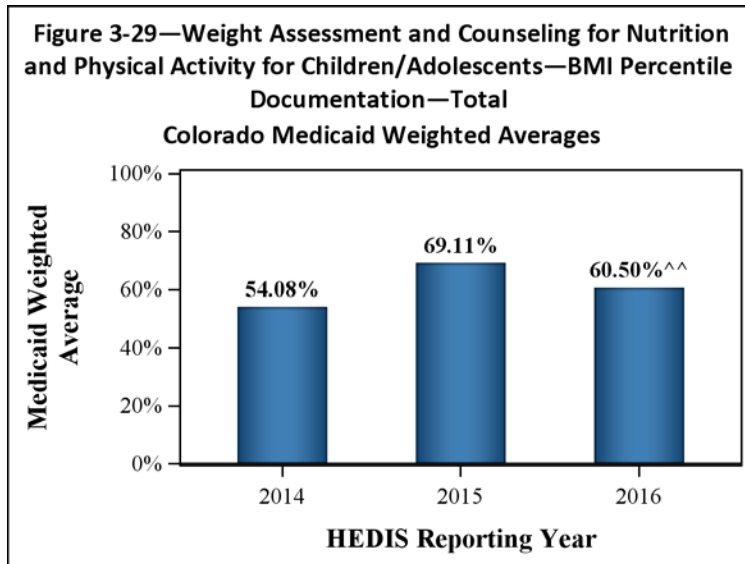


BR indicates that RMHP's reported rate was invalid; therefore, the rate is not presented.

Two health plans and the Medicaid statewide weighted average ranked below the LPL. Health plan performance varied from 31.67 percent to 38.27 percent.

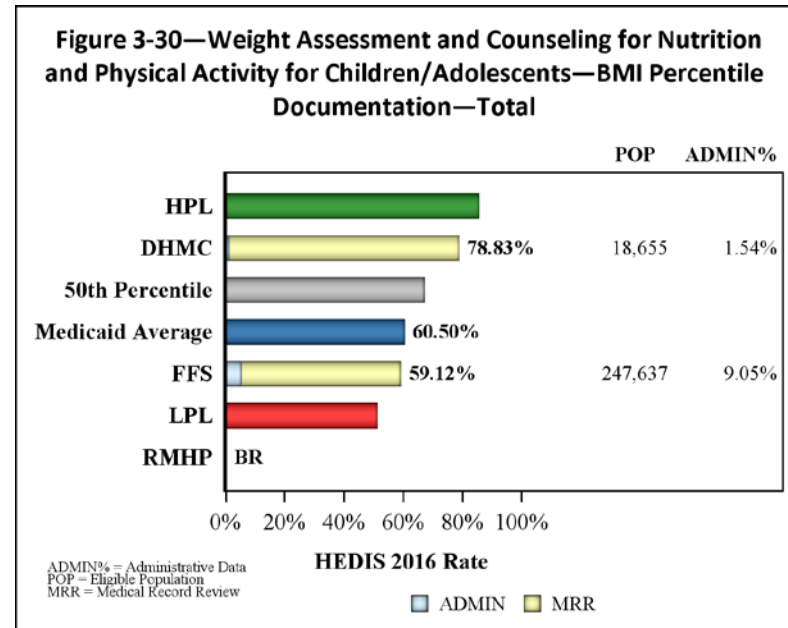
### Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile Documentation—Total

Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile Documentation—Total measures the percentage of members 3 to 17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of BMI percentile documentation during the measurement year.



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

The Medicaid statewide weighted average demonstrated a statistically significant decline in performance from HEDIS 2015 to HEDIS 2016.



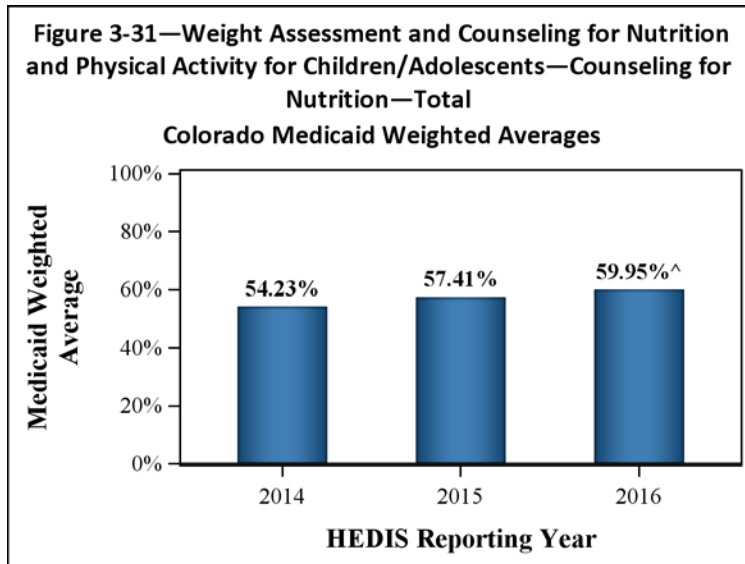
BR indicates that RMHP's reported rate was invalid; therefore, the rate is not presented.

One health plan ranked above the national Medicaid 50th percentile but below the HPL. No health plans ranked below the LPL. Health plan performance varied from 59.12 percent to 78.83 percent.



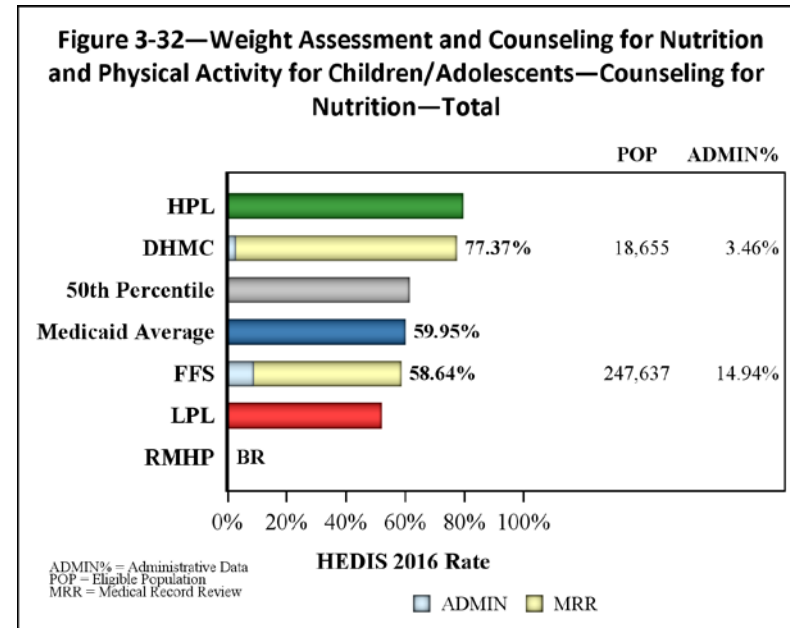
## Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents— Counseling for Nutrition—Total

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



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

The Medicaid statewide weighted average demonstrated a statistically significant improvement in performance from HEDIS 2015 to HEDIS 2016.

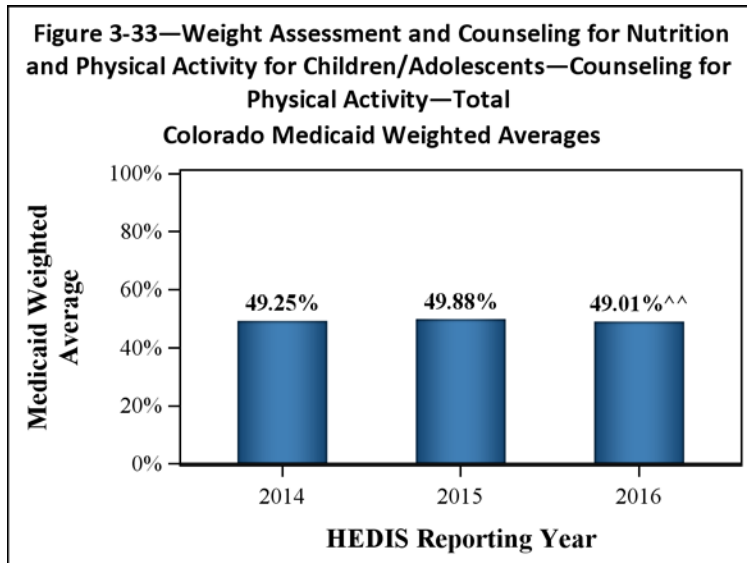


BR indicates that RMHP's reported rate was invalid; therefore, the rate is not presented.

One health plan ranked above the national Medicaid 50th percentile but below the HPL. No health plans ranked below the LPL. Health plan performance varied from 58.64 percent to 77.37 percent.

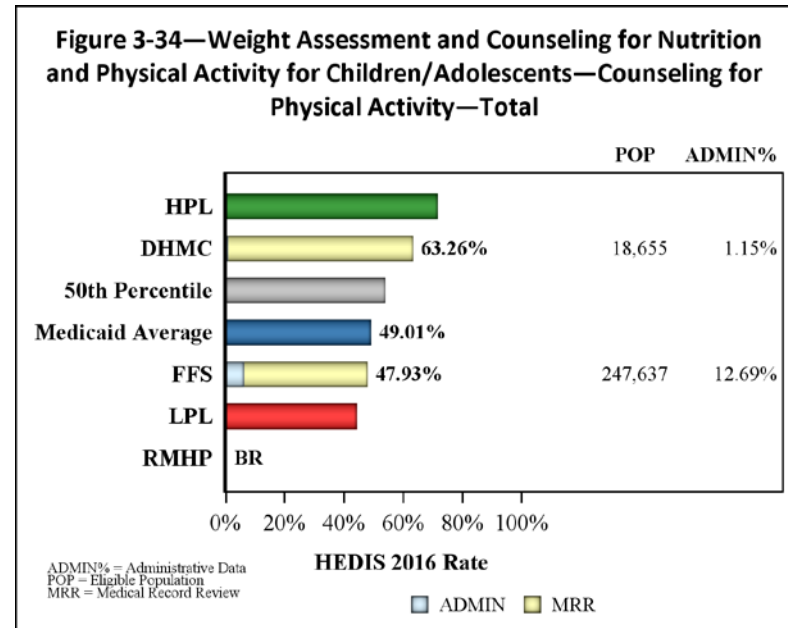
### Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Physical Activity—Total

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



Rates with two carets (^^) indicate a statistically significant decline in performance from the previous year. Due to changes in the technical specifications for this measure, exercise caution when trending rates between 2016 and prior years.

The Medicaid statewide weighted average demonstrated a statistically significant decline in performance from HEDIS 2015 to HEDIS 2016.

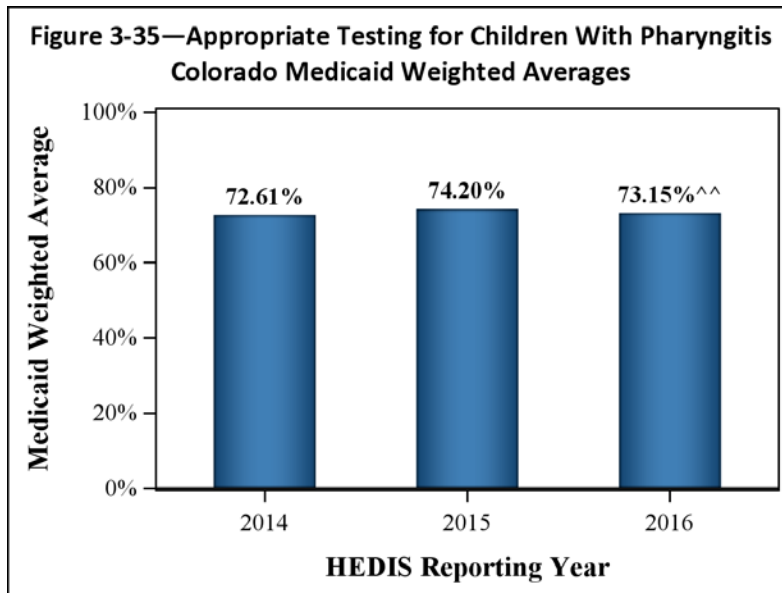


BR indicates that RMHP's reported rate was invalid; therefore, the rate is not presented.

One health plan ranked above the national Medicaid 50th percentile but below the HPL. No health plans ranked below the LPL. Health plan performance varied from 47.93 percent to 63.26 percent.

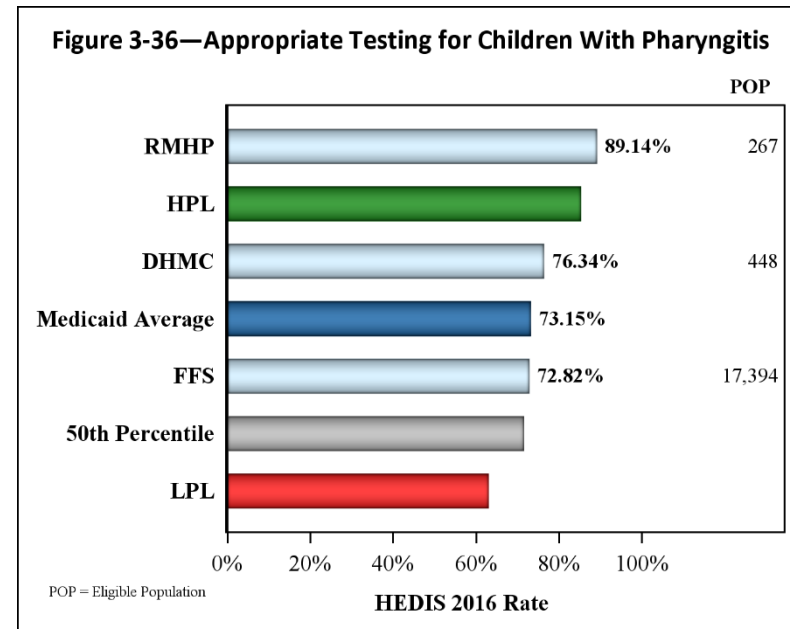
### Appropriate Testing for Children With Pharyngitis

*Appropriate Testing for Children With Pharyngitis* measures the percentage of members 3 to 18 years of age who were diagnosed with pharyngitis, dispensed an antibiotic, and received a Group A streptococcus (strep) test for the episode. Due to changes in member eligibility for children in RMHP, the rate may not be comparable to that of DHMC.



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

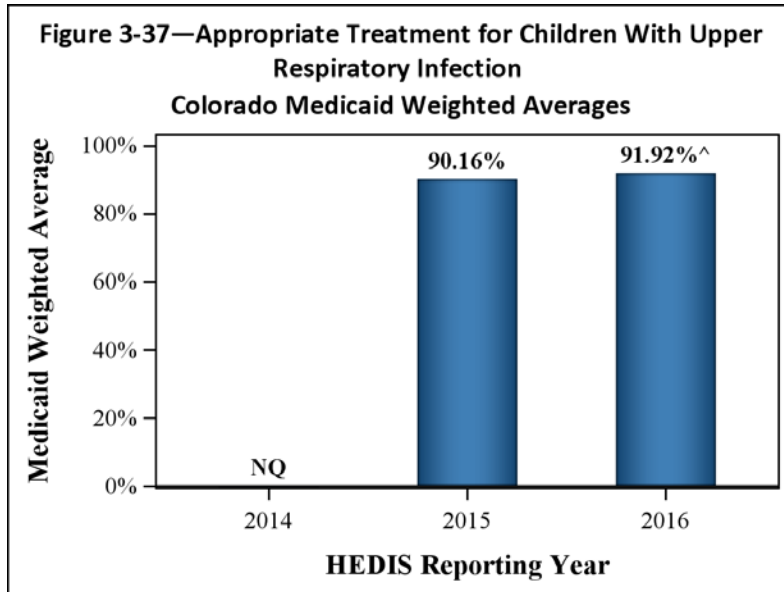
The Medicaid statewide weighted average demonstrated a statistically significant decline in performance from HEDIS 2015 to HEDIS 2016.



One health plan ranked above the HPL. No health plans ranked below the LPL. Health plan performance varied from 72.82 percent to 89.14 percent.

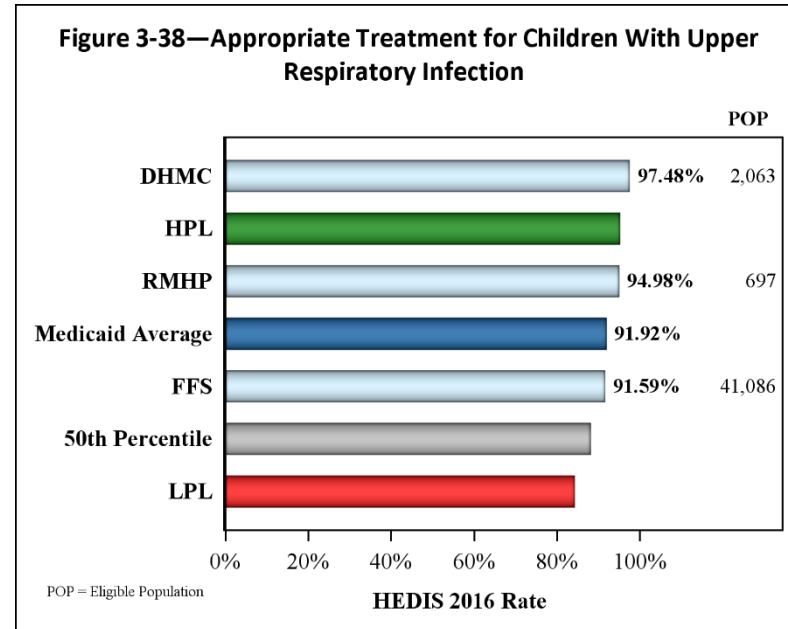
### Appropriate Treatment for Children With Upper Respiratory Infection

Appropriate Treatment for Children With Upper Respiratory Infection measures the percentage of members 3 months through 18 years of age diagnosed with an upper respiratory infection (URI) who were not dispensed an antibiotic prescription. This measure was added to the Department’s HEDIS 2015 measure set for all the health plans; therefore, HEDIS 2014 results are not available for comparison. Due to changes in member eligibility for children in RMHP, the rate may not be comparable to that of DHMC.



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

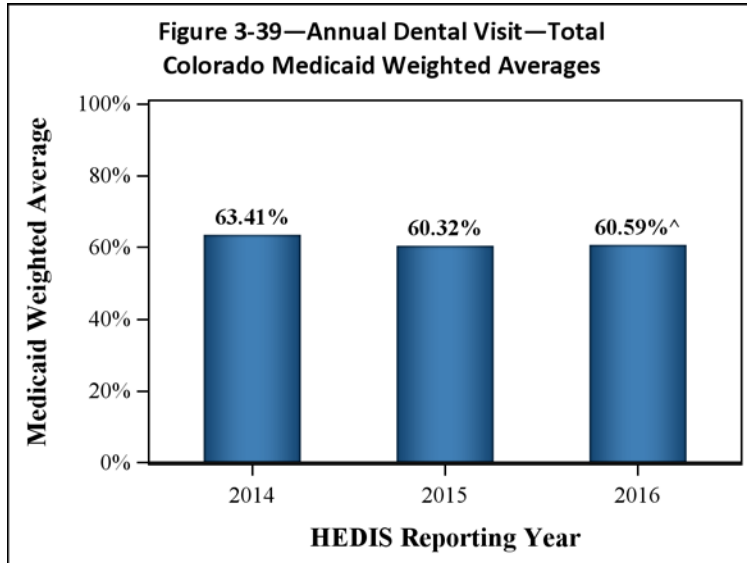
The Medicaid statewide weighted average demonstrated a statistically significant improvement in performance from HEDIS 2015 to HEDIS 2016.



One health plan ranked above the HPL. No health plans ranked below the LPL. Health plan performance varied from 91.59 percent to 97.48 percent.

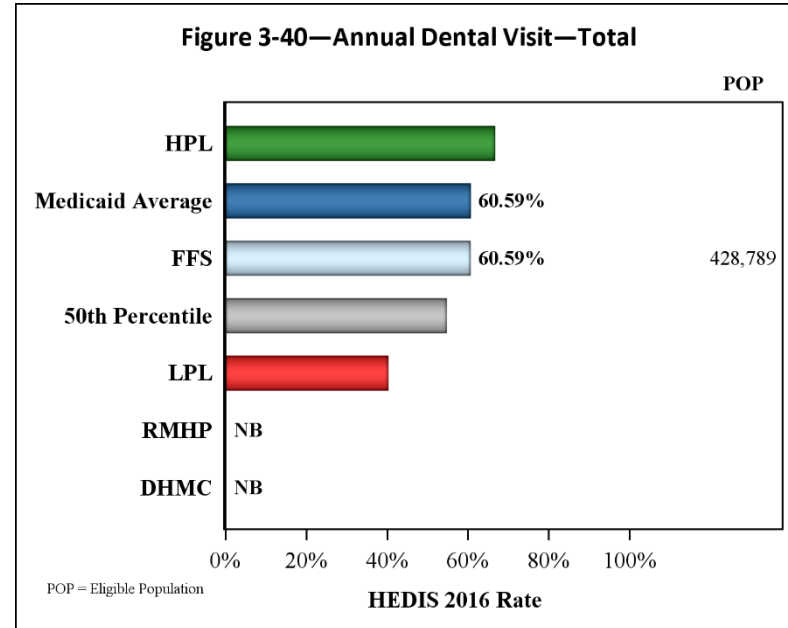
### Annual Dental Visit—Total

The *Annual Dental Visit* measure is used to calculate the percentage of children 2 through 20 years of age who had at least one dental visit during the measurement year.



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

The Medicaid statewide weighted average demonstrated a statistically significant improvement in performance from HEDIS 2015 to HEDIS 2016.



NB indicates that the required benefit to calculate the measure was not offered.

One health plan ranked above the national Medicaid 50th percentile but below the HPL. No other health plans had reportable rates for this measure indicator.

### Summary of Findings

Table 3-2 presents the health plans’ performance ratings for each measure in the Pediatric Care domain. Performance ratings were assigned by comparing the health plans’ HEDIS 2016 rates to the HEDIS 2015 Quality Compass national Medicaid benchmarks across five categories (from ★ representing *Poor Performance* to ★★★★★ representing *Excellent Performance*). Details about the performance ratings are presented in Section 2. Of note, benchmark comparisons should be interpreted with caution since rates presented in this report are based on administrative data only, whereas benchmarking rates were established using administrative and/or medical record review data. Additionally, hybrid measure rates derived using administrative data only likely underestimate health plan performance.

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

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

Performance Measures	FFS	DHMC	RMHP
<b>Appropriate Treatment for Children With Upper Respiratory Infection</b>			
Appropriate Treatment for Children With Upper Respiratory Infection	★★★	★★★★★	★★★★ <sup>1</sup>
<b>Annual Dental Visit</b>			
Total	★★★★	—	—

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

<sup>1</sup> Due to changes in member eligibility for children in RMHP, the rate may not be comparable to that of DHMC.

— Indicates that a percentile ranking was not determined because the HEDIS 2016 measure rate was not reportable or the measure did not have an applicable benchmark.

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

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

Health Plan Name	★★★★★	★★★★	★★★	★★	★
FFS	0	1	2	4	13
DHMC	1	9	5	0	4
RMHP	1	1	0	0	0

DHMC was the top-performing health plan in the Pediatric Care domain for HEDIS 2016, with 10 measure indicators ranked at or above the national Medicaid 75th percentile. Two of DHMC’s strengths were in the areas of immunizations and weight assessment and counseling for nutrition and physical activity, where it consistently outperformed FFS and also demonstrated high performance compared to national benchmarks. Although RMHP’s rates were determined to be invalid for all measure indicators except two, the two reportable measure indicators showed high performance, both ranking at or above the national Medicaid 75th percentile.

Conversely, FFS’ HEDIS 2016 rates indicated many opportunities for improvement in the Pediatric Care domain, with 13 measure indicators falling below the national Medicaid 25th percentile. Improvement opportunities exist for FFS in the areas of immunizations and weight assessment and counseling for nutrition and physical activity. Both FFS and DHMC showed opportunities for improvement in the areas of well-child and well-care visits.



## 4. Access to Care and Preventive Screening

### Access to Care and Preventive Screening

The following section provides a detailed analysis of the Colorado Medicaid health plans' performance for the Access to Care and Preventive Screening domain. The Access to Care and Preventive Screening domain encompasses the following measures:

#### *Access to Care*

- *Prenatal and Postpartum Care—Timeliness of Prenatal Care and Postpartum Care*
- *Children and Adolescents' Access to Primary Care Practitioners—Ages 12 to 24 Months, 25 Months to 6 Years, 7 to 11 Years, and 12 to 19 Years*
- *Adults' Access to Preventive/Ambulatory Health Services—Total*

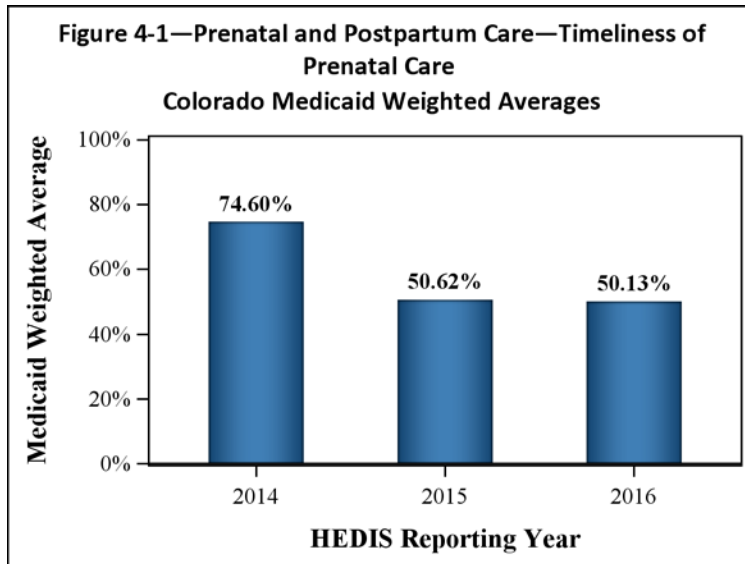
#### *Preventive Screening*

- *Chlamydia Screening in Women—Total*
- *Breast Cancer Screening*
- *Cervical Cancer Screening*
- *Non-Recommended Cervical Cancer Screening in Adolescent Females*
- *Adult BMI Assessment*

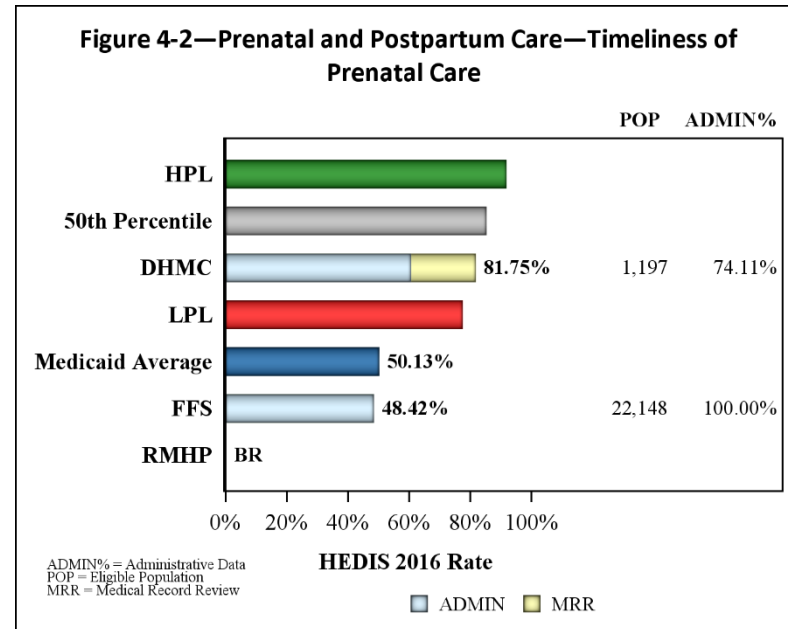
Please see the “Reader’s Guide” section for guidance on interpreting the figures presented within this section. For reference, additional analyses for each measure indicator are displayed in Appendices A and B.

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

The *Prenatal and Postpartum Care—Timeliness of Prenatal Care* measure calculates the percentage of deliveries that received a prenatal care visit in the first trimester or within 42 days of enrollment in the health plan.



The Medicaid statewide weighted average did not demonstrate a statistically significant change in performance from HEDIS 2015 to HEDIS 2016. Of note, DHMC and RMHP reported this measure using the hybrid methodology, whereas FFS reported the measure administratively in 2016.

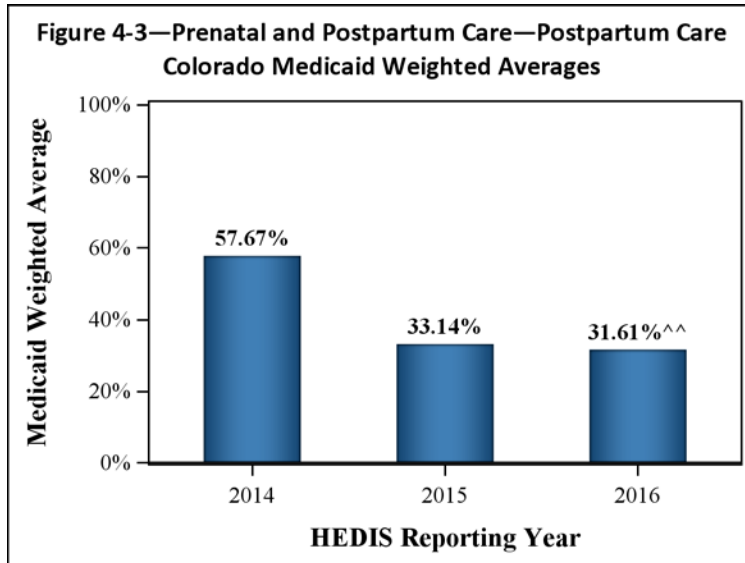


BR indicates that RMHP's reported rate was invalid; therefore, the rate is not presented.

No health plans ranked above the national Medicaid 50th percentile. The Medicaid statewide weighted average and one health plan ranked below the LPL. Health plan performance varied from 48.42 percent to 81.75 percent.

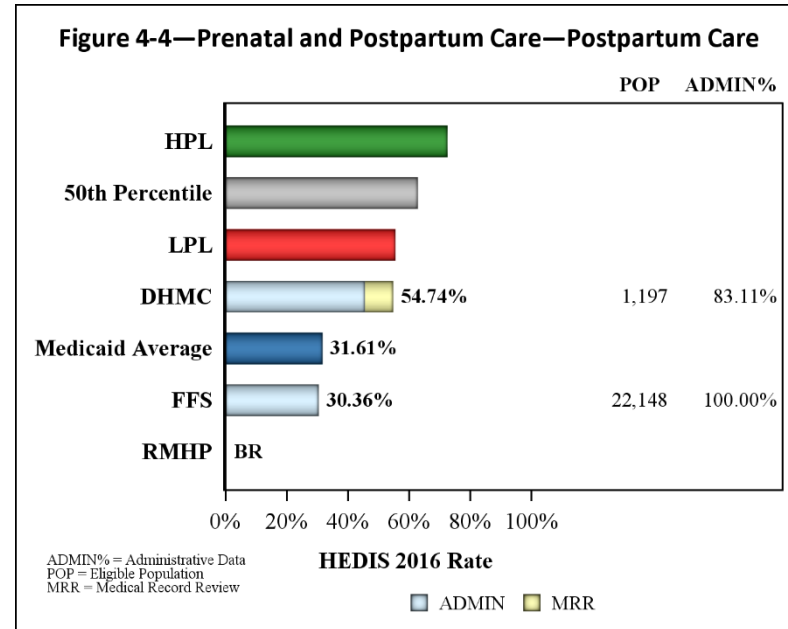
### Prenatal and Postpartum Care—Postpartum Care

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



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

The Medicaid statewide weighted average demonstrated a statistically significant decline in performance from HEDIS 2015 to HEDIS 2016. Of note, DHMC and RMHP reported this measure using the hybrid methodology, whereas FFS reported the measure administratively in 2016.

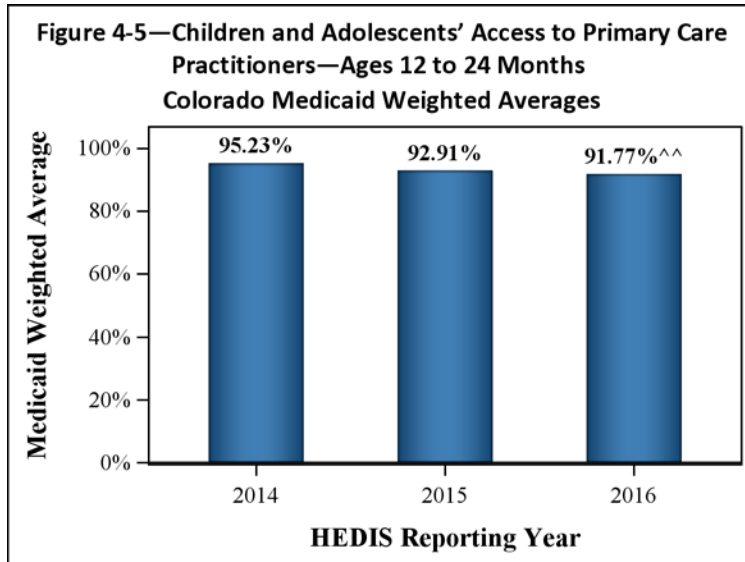


BR indicates that RMHP's reported rate was invalid; therefore, the rate is not presented.

No health plans ranked above the national Medicaid 50th percentile. Two health plans and the Medicaid statewide weighted average ranked below the LPL. Health plan performance varied from 30.36 percent to 54.74 percent.

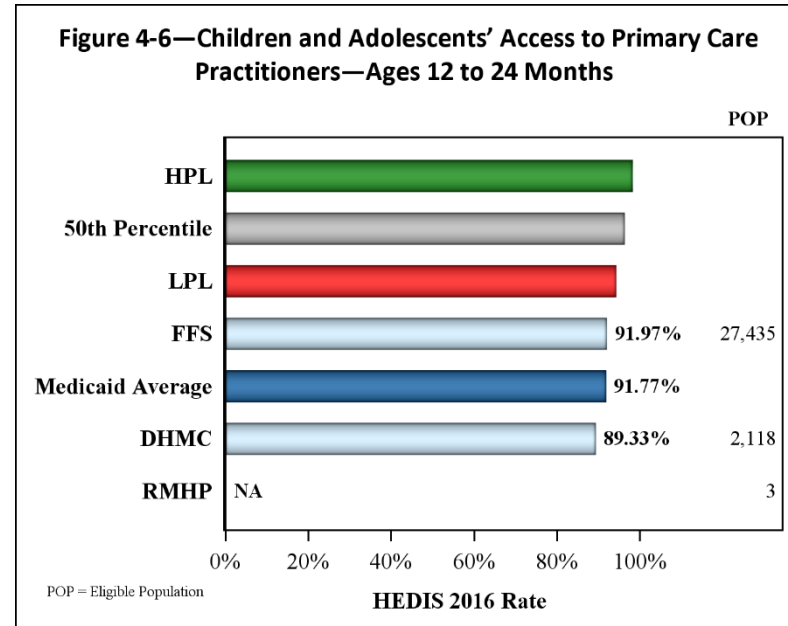
### Children and Adolescents’ Access to Primary Care Practitioners—Ages 12 to 24 Months

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



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

The Medicaid statewide weighted average demonstrated a statistically significant decline in performance from HEDIS 2015 to HEDIS 2016.

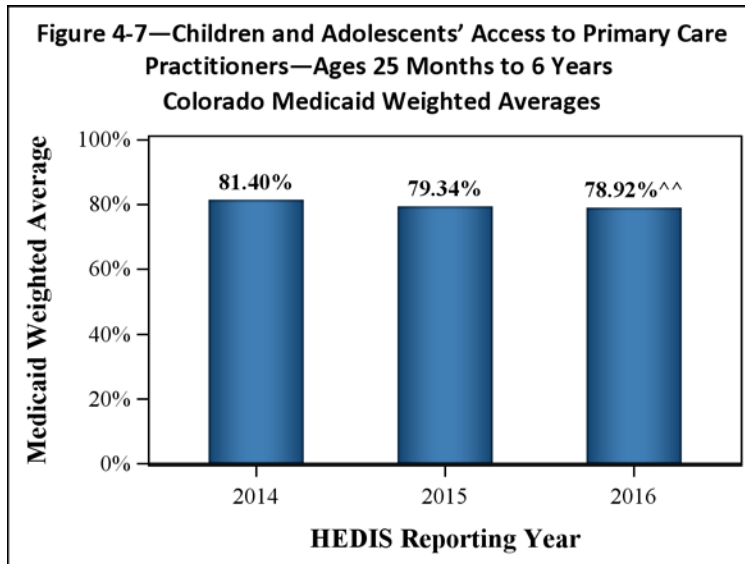


NA indicates that the health plan followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in a Not Applicable (NA) audit designation.

No health plans ranked above the national Medicaid 50th percentile. Two health plans and the Medicaid weighted average ranked below the LPL. Health plan performance varied from 89.33 percent to 91.97 percent.

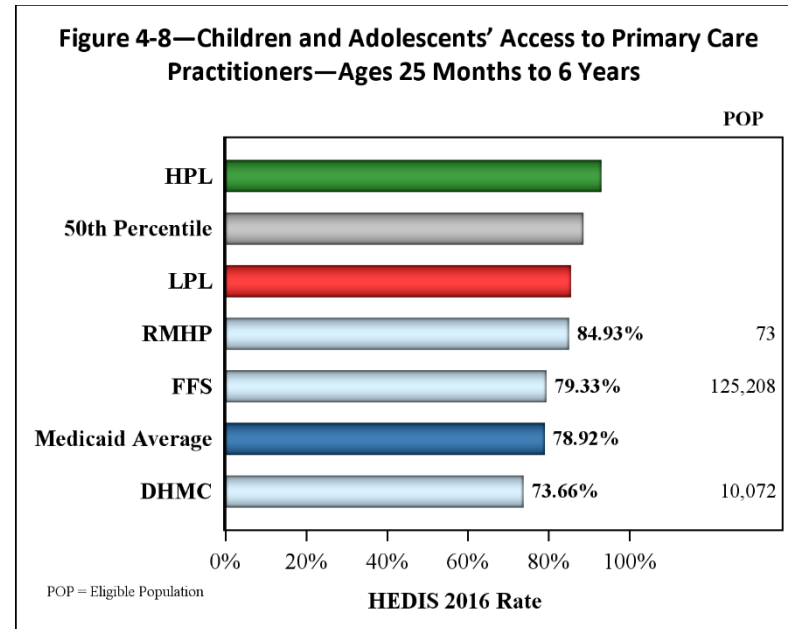
### Children and Adolescents' Access to Primary Care Practitioners—Ages 25 Months to 6 Years

Children and Adolescents' Access to Primary Care Practitioners—Ages 25 Months to 6 Years measures the percentage of members 25 months to 6 years of age who had a visit with a PCP during the measurement year. Due to changes in member eligibility for children in RMHP, the rate may not be comparable to that of DHMC.



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

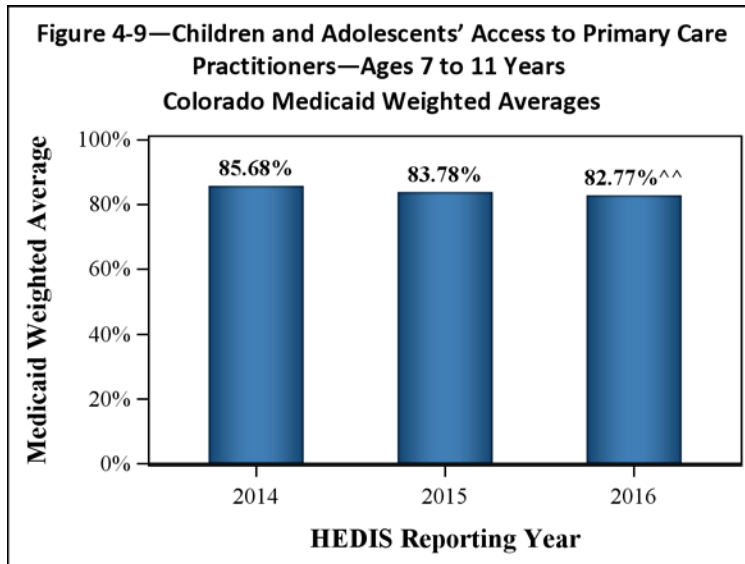
The Medicaid statewide weighted average demonstrated a statistically significant decline in performance from HEDIS 2015 to HEDIS 2016.



No health plans ranked above the national Medicaid 50th percentile. Three health plans and the Medicaid statewide weighted average ranked below the LPL. Health plan performance varied from 73.66 percent to 84.93 percent.

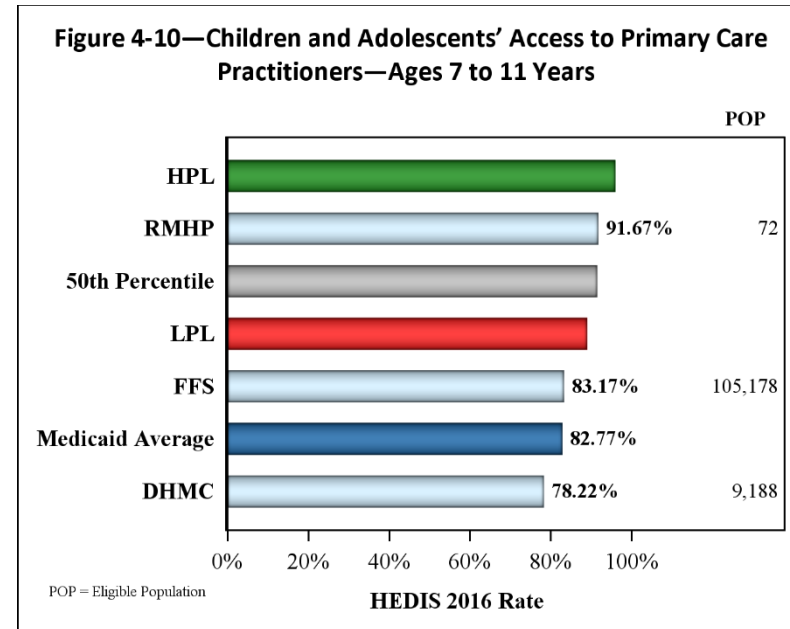
### Children and Adolescents’ Access to Primary Care Practitioners—Ages 7 to 11 Years

Children and Adolescents’ Access to Primary Care Practitioners—Ages 7 to 11 Years measures the percentage of members 7 to 11 years of age who had a visit with a PCP during the measurement year or the year prior to the measurement year. Due to changes in member eligibility for children in RMHP, the rate may not be comparable to that of DHMC.



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

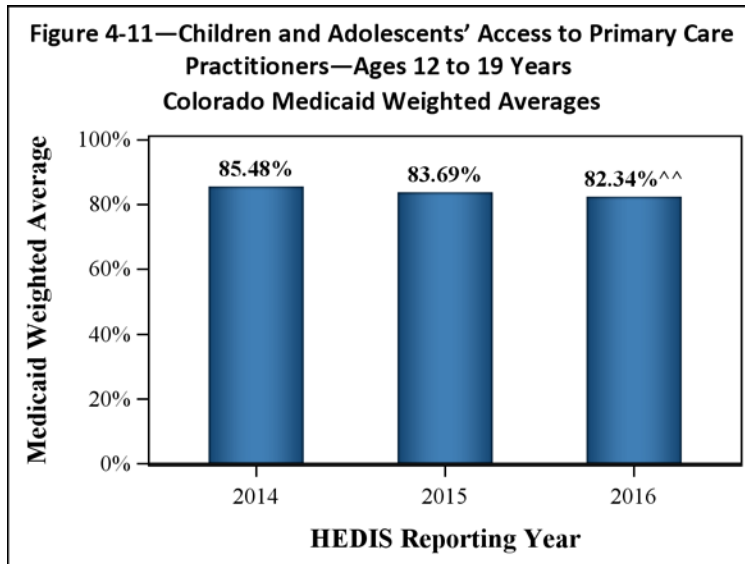
The Medicaid statewide weighted average demonstrated a statistically significant decline in performance from HEDIS 2015 to HEDIS 2016.



One health plan ranked above the national Medicaid 50th percentile but below the HPL. Two health plans and the Medicaid statewide weighted average ranked below the LPL. Health plan performance varied from 78.22 percent to 91.67 percent.

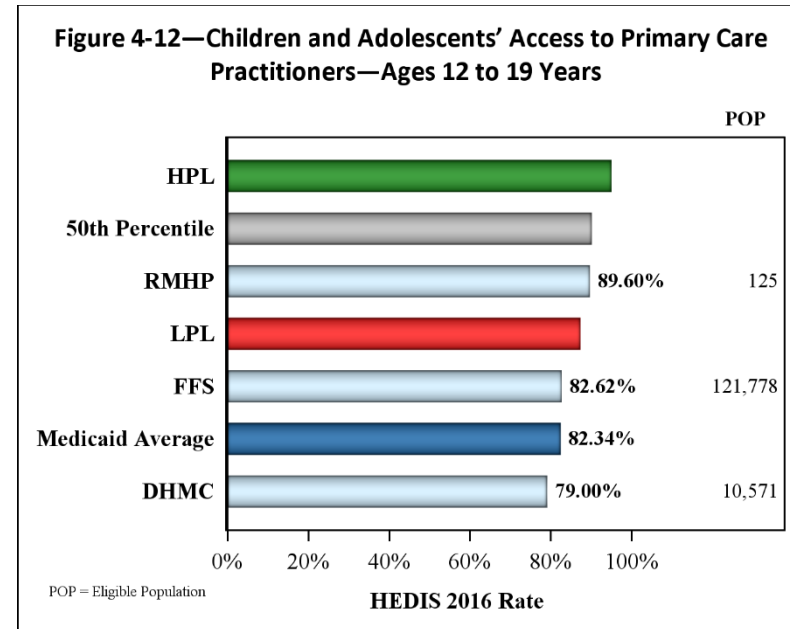
### Children and Adolescents’ Access to Primary Care Practitioners—Ages 12 to 19 Years

Children and Adolescents’ Access to Primary Care Practitioners—Ages 12 to 19 Years measures the percentage of members 12 to 19 years of age who had a visit with a PCP during the measurement year or the year prior to the measurement year. Due to changes in member eligibility for children in RMHP, the rate may not be comparable to that of DHMC.



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

The Medicaid statewide weighted average demonstrated a statistically significant decline in performance from HEDIS 2015 to HEDIS 2016.

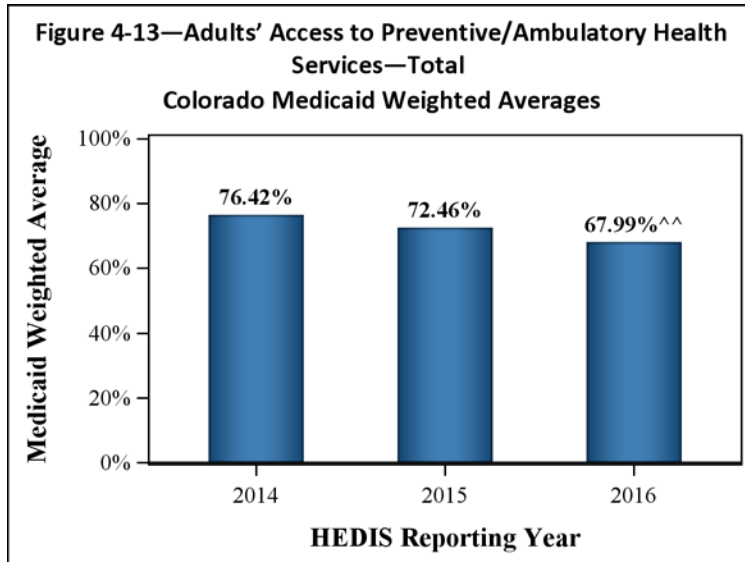


No health plans ranked above the national Medicaid 50th percentile. Two health plans and the Medicaid statewide weighted average ranked below the LPL. Health plan performance varied from 79.00 percent to 89.60 percent.



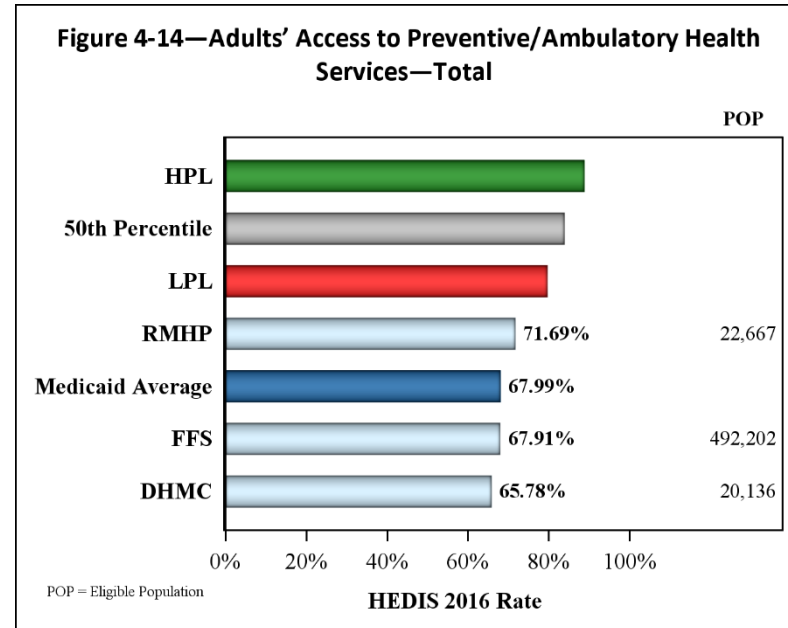
### Adults' Access to Preventive/Ambulatory Health Services—Total

The *Adults' Access to Preventive/Ambulatory Health Services—Total* measure calculates the percentage of adults 20 years and older who had an ambulatory or preventive care visit during the measurement year.



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

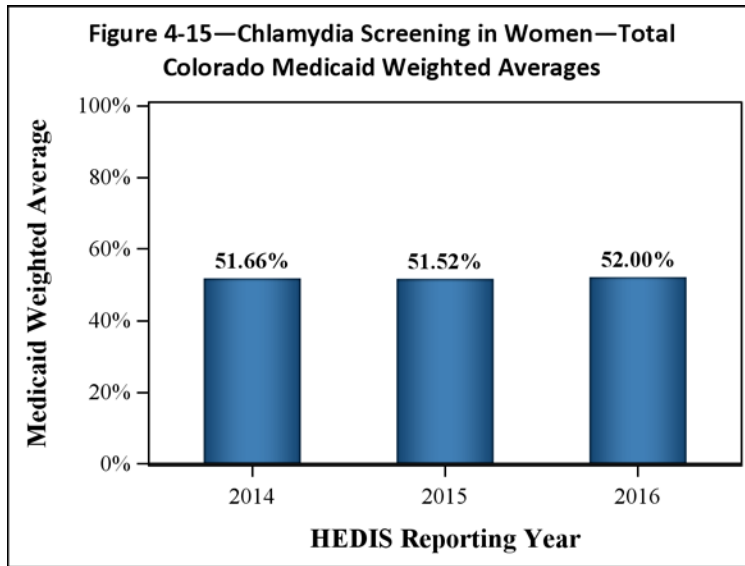
The Medicaid statewide weighted average demonstrated a statistically significant decline in performance from HEDIS 2015 to HEDIS 2016.



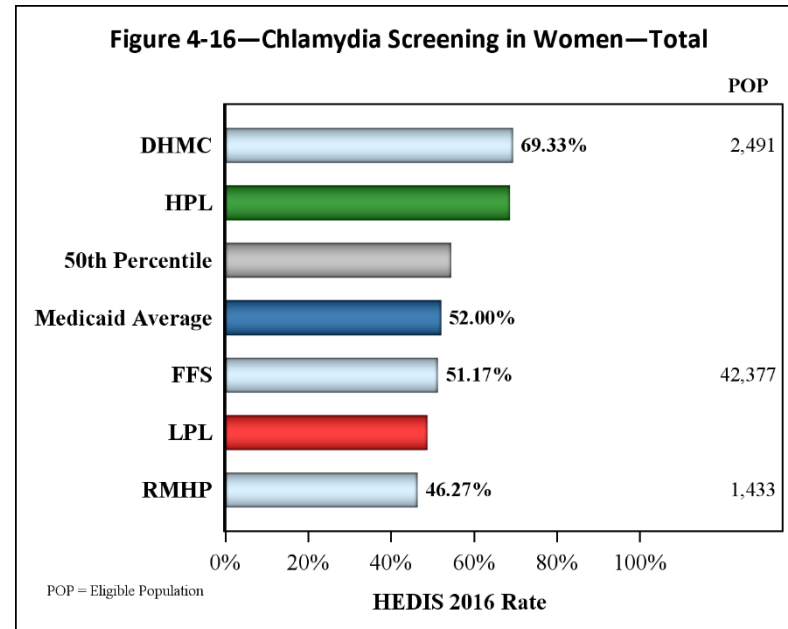
No health plans ranked above the national Medicaid 50th percentile. Three health plans and the Medicaid statewide weighted average ranked below the LPL. Health plan performance varied from 65.78 percent to 71.69 percent.

### Chlamydia Screening in Women—Total

Chlamydia Screening in Women measures the percentage of female members 16 to 24 years of age who were identified as being sexually active and who received at least one test for chlamydia. Due to changes in member eligibility for children in RMHP, the rate may not be comparable to that of DHMC.



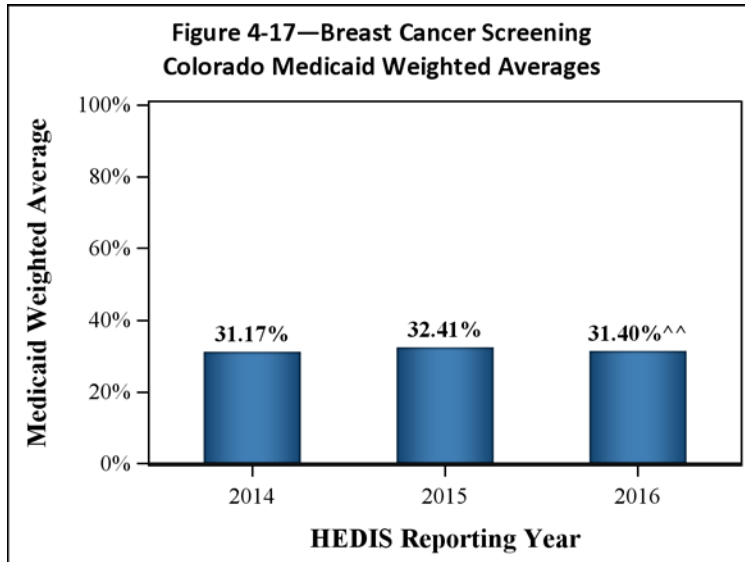
The Medicaid statewide weighted average did not demonstrate a statistically significant change in performance from HEDIS 2015 to HEDIS 2016.



One health plan ranked above the HPL, and one health plan ranked below the LPL. Health plan performance varied from 46.27 percent to 69.33 percent.

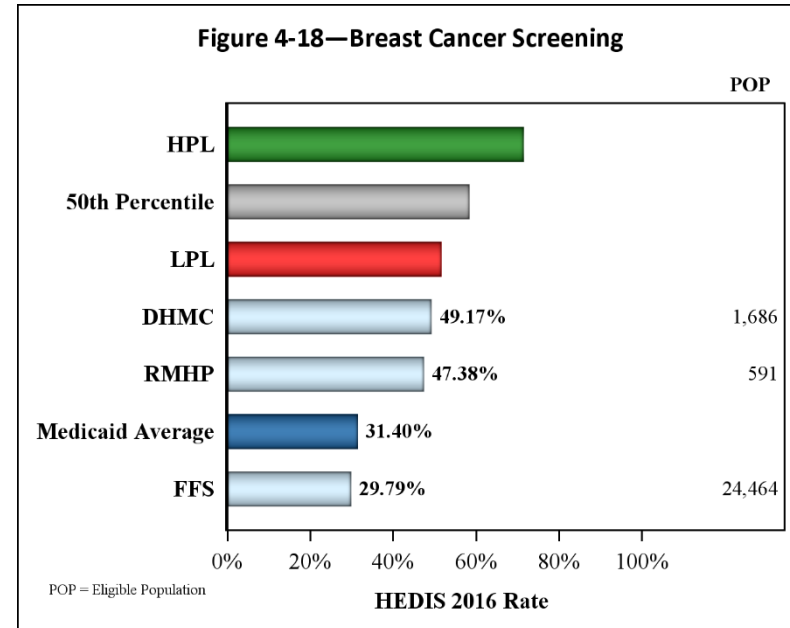
### Breast Cancer Screening

Breast Cancer Screening measures the percentage of women 50 to 74 years of age who had a mammogram to screen for breast cancer.



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

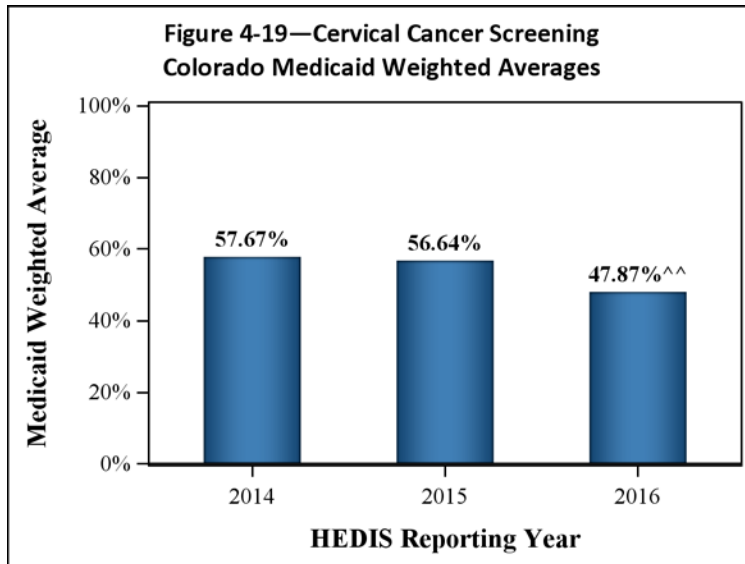
The Medicaid statewide weighted average demonstrated a statistically significant decline in performance from HEDIS 2015 to HEDIS 2016.



No health plans ranked above the national Medicaid 50th percentile. Three health plans and the Medicaid statewide weighted average ranked below the LPL. Health plan performance varied from 29.79 percent to 49.17 percent.

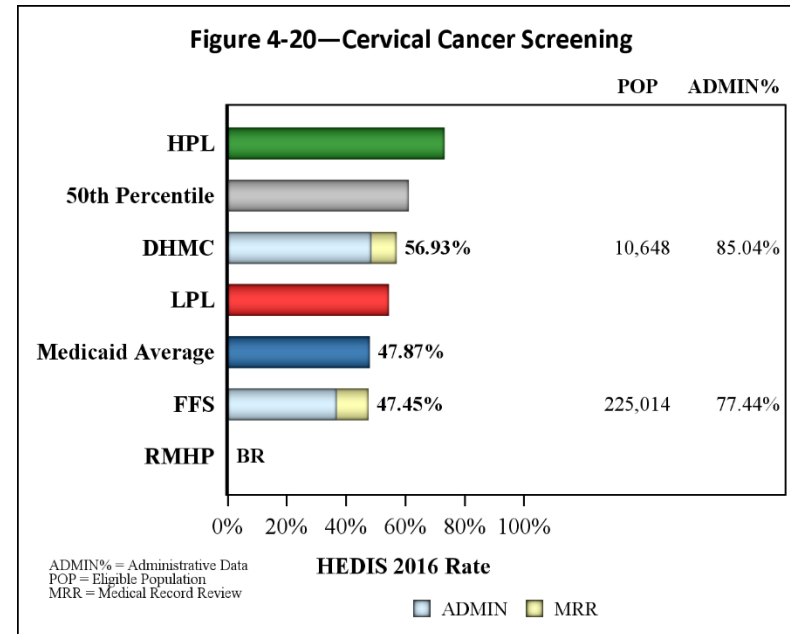
### Cervical Cancer Screening

Cervical Cancer Screening measures the percentage of women 21 to 64 years of age who were screened for cervical cancer using either of the following criteria: women 21 to 64 years of age who had cervical cytology performed every three years or women 30 to 64 years of age who had cervical cytology/human papillomavirus (HPV) co-testing performed every five years.



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

The Medicaid statewide weighted average demonstrated a statistically significant decline in performance from HEDIS 2015 to HEDIS 2016.

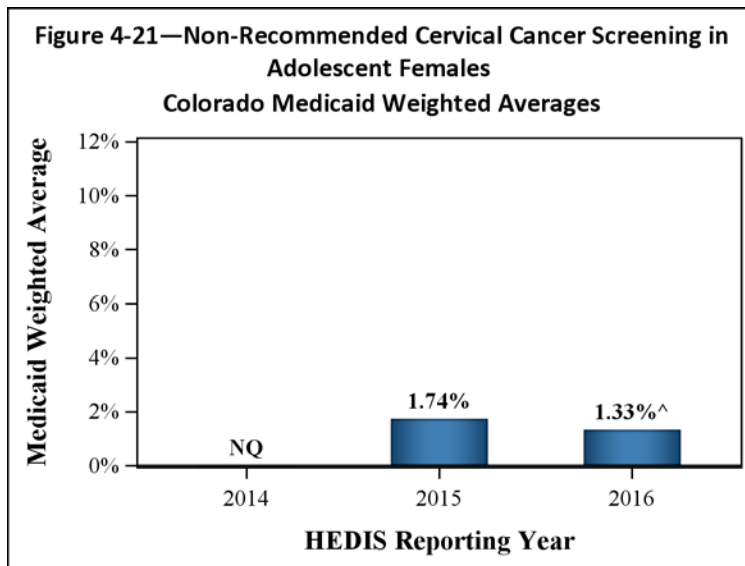


BR indicates that RMHP's reported rate was invalid; therefore, the rate is not presented.

The Medicaid statewide weighted average and one health plan ranked below the LPL. Health plan performance varied from 47.45 percent to 56.93 percent.

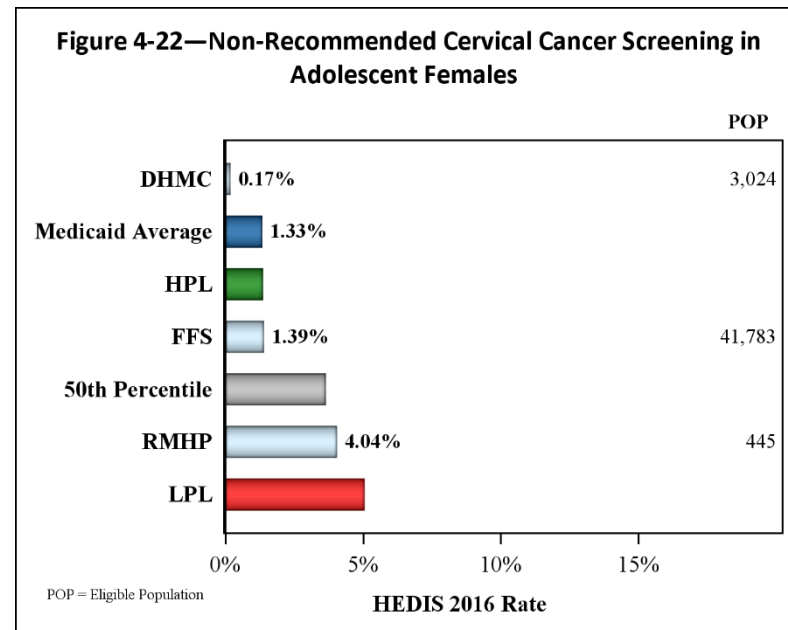
### Non-Recommended Cervical Cancer Screening in Adolescent Females

*Non-Recommended Cervical Cancer Screening in Adolescent Females* measures the percentage of female members 16 to 20 years of age who were screened unnecessarily for cervical cancer. For this measure, a lower rate indicates better performance. This measure was added to the Department’s HEDIS 2015 measure set for all the health plans; therefore, HEDIS 2014 results were not available for comparison. Due to changes in member eligibility for children in RMHP, the rate may not be comparable to that of DHMC.



*NQ* indicates that the health plans were not required to report this measure. Rates with one caret (^) indicate a statistically significant improvement in performance from the previous year. Due to changes in the technical specifications for this measure, exercise caution when trending rates between 2016 and prior years.

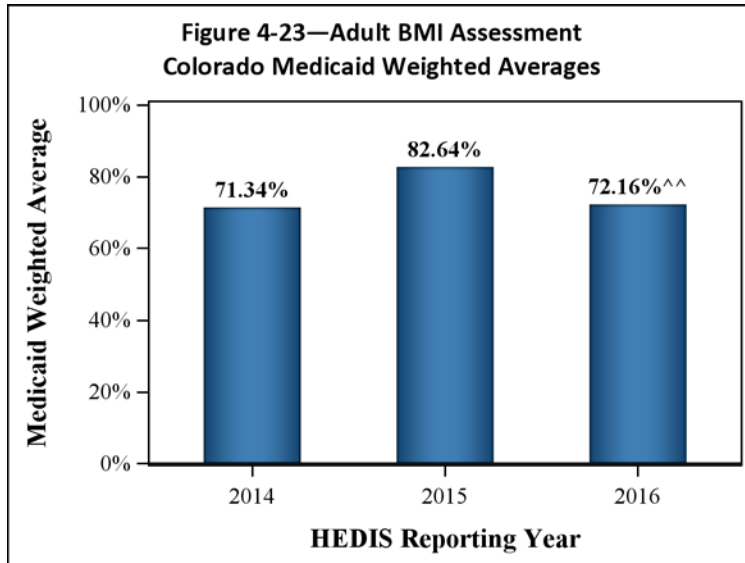
The Medicaid statewide weighted average demonstrated a statistically significant improvement in performance from HEDIS 2015 to HEDIS 2016.



One health plan and the Medicaid statewide weighted average ranked above the HPL. No health plans ranked below the LPL. Health plan performance varied from 0.17 percent to 4.04 percent.

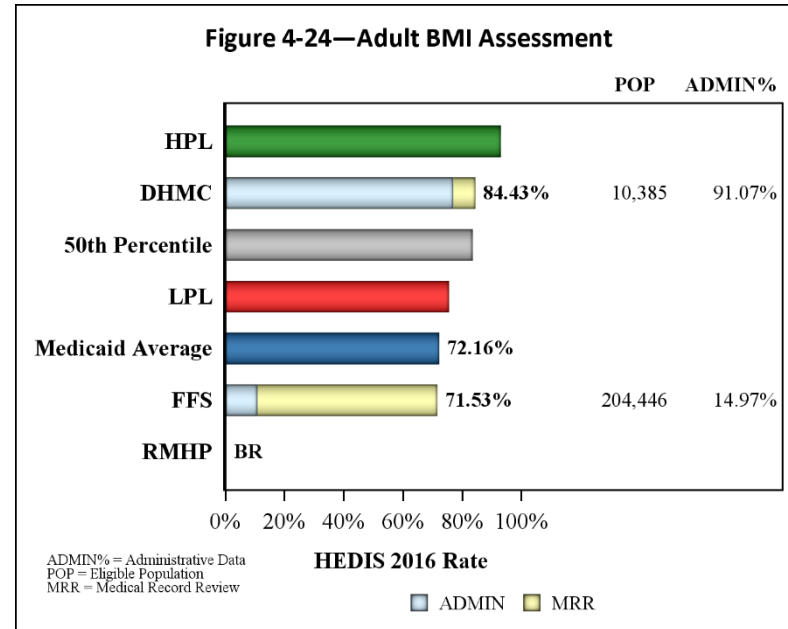
### Adult BMI Assessment

Adult BMI Assessment measures the percentage of members 18 to 74 years of age who had an outpatient visit and whose body mass index (BMI) was documented during the measurement year or the year prior to the measurement year.



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

The Medicaid statewide weighted average demonstrated a statistically significant decline in performance from HEDIS 2015 to HEDIS 2016.



BR indicates that RMHP's reported rate was invalid; therefore, the rate is not presented.

One health plan ranked above the national Medicaid 50th percentile but below the HPL. The Medicaid statewide weighted average and one health plan ranked below the LPL. Health plan performance varied from 71.53 percent to 84.43 percent.

### Summary of Findings

Table 4-1 presents health plans’ performance ratings for each measure in the Access to Care and Preventive Screening domain. Performance ratings were assigned by comparing the health plans’ HEDIS 2016 rates to the HEDIS 2015 Quality Compass national Medicaid benchmarks across five categories (from ★ representing *Poor Performance* to ★★★★★ representing *Excellent Performance*). Details about the performance ratings are presented in Section 2.

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

Performance Measures	FFS	DHMC	RMHP
<b>Access to Care</b>			
<b>Prenatal and Postpartum Care</b>			
Timeliness of Prenatal Care	★	★★	—
Postpartum Care	★	★	—
<b>Children and Adolescents’ Access to Primary Care Practitioners</b>			
Ages 12 to 24 Months	★	★	—
Ages 25 Months to 6 Years	★	★	★ <sup>1</sup>
Ages 7 to 11 Years	★	★	★★★★ <sup>1</sup>
Ages 12 to 19 Years	★	★	★★★ <sup>1</sup>
<b>Adults’ Access to Preventive/Ambulatory Health Services</b>			
Total	★	★	★
<b>Preventive Screening</b>			
<b>Chlamydia Screening in Women</b>			
Total	★★	★★★★★	★ <sup>1</sup>
<b>Breast Cancer Screening</b>			
Breast Cancer Screening	★	★	★
<b>Cervical Cancer Screening</b>			
Cervical Cancer Screening	★	★★	—
<b>Non-Recommended Cervical Cancer Screening in Adolescent Females*</b>			
Non-Recommended Cervical Cancer Screening in Adolescent Females	★★★★★	★★★★★	★★★ <sup>1</sup>
<b>Adult BMI Assessment</b>			
Adult BMI Assessment	★	★★★★	—

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

<sup>1</sup> Due to changes in member eligibility for children in RMHP, the rate may not be comparable to that of DHMC.

— Indicates that a percentile ranking was not determined because the HEDIS 2016 measure rate was not reportable or the measure did not have an applicable benchmark.

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

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

Health Plan Name	★★★★★	★★★★	★★★	★★	★
<i>Access to Care</i>					
FFS	0	0	0	0	7
DHMC	0	0	0	1	6
RMHP	0	0	1	1	2
<i>Preventive Screening</i>					
FFS	0	1	0	1	3
DHMC	2	0	1	1	1
RMHP	0	0	0	1	2

Regarding Access to Care measures, three health plans reported a measure indicator at or above the national Medicaid 75th percentile. The remaining health plans’ HEDIS 2016 rates indicated opportunities for improvement, having all ranked below the national Medicaid 50th percentile. Moreover, FFS had seven measure indicators that ranked at or below the national Medicaid 25th percentile.

Regarding Preventive Screening measures, DHMC reported two measure indicators at or above the national Medicaid 90th percentile in the areas of chlamydia screening in women and non-recommended cervical cancer screenings. FFS also performed strongly in the area of non-recommended cervical cancer screenings, ranking at or above the national Medicaid 75th percentile. However, it should be noted that both FFS and DHMC ranked below the national Medicaid 25th percentile in the area of performing cervical cancer screenings, so while they performed strongly in not providing non-recommended screenings, they did not necessarily provide sufficient cervical cancer screenings to members. Therefore, both indicators related to cervical cancer screening should be evaluated in conjunction when interpreting performance and identifying strategies for improvement. All three health plans showed opportunities for improvement in the area of breast cancer screening, ranking below the national Medicaid 10th percentile.



### Mental/Behavioral Health

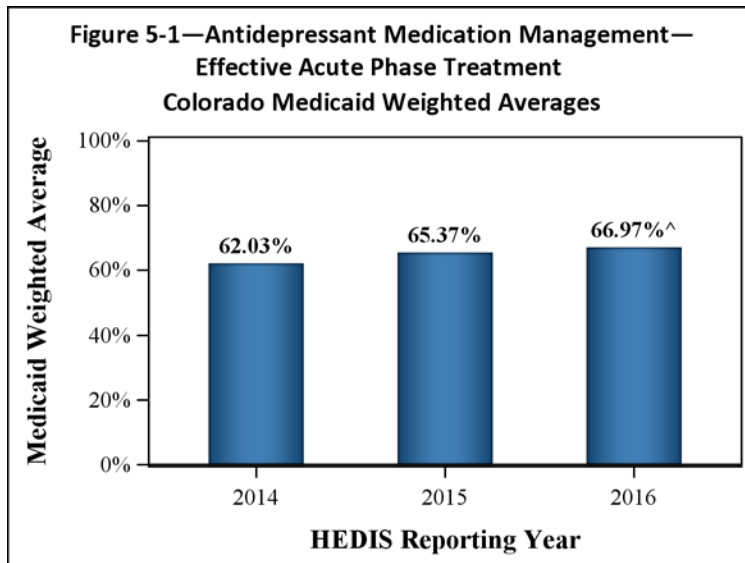
The following section provides a detailed analysis of the Colorado Medicaid health plans' performance for the Mental/Behavioral Health domain. The Mental/Behavioral Health domain encompasses the following measures/indicators:

- *Antidepressant Medication Management—Effective Acute Phase Treatment and Effective Continuation Phase Treatment*
- *Follow-up Care for Children Prescribed ADHD Medication—Initiation Phase and Continuation and Maintenance Phase*
- *Use of Multiple Concurrent Antipsychotics in Children and Adolescents—Total*

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

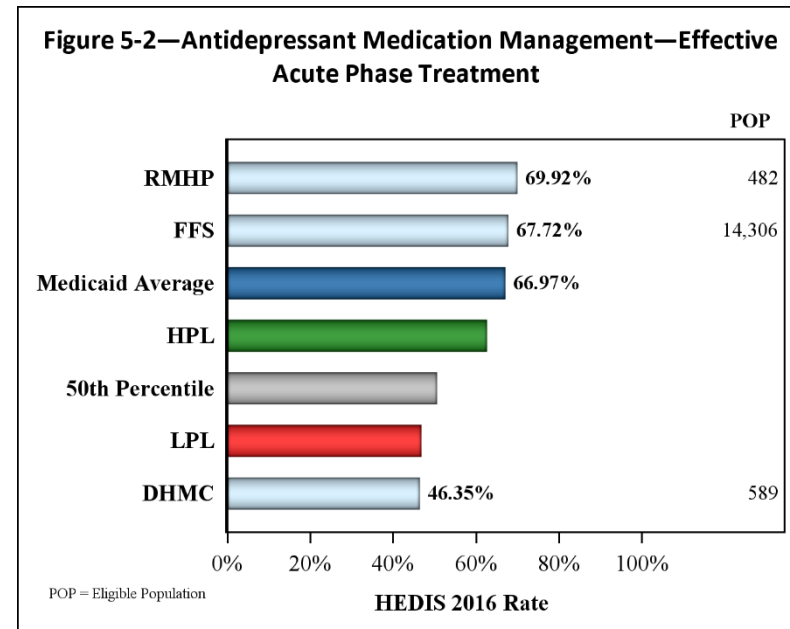
### Antidepressant Medication Management—Effective Acute Phase Treatment

*Antidepressant Medication Management—Effective Acute Phase Treatment* measures the percentage of members 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression, and who remained on an antidepressant medication for at least 84 days (12 weeks).



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

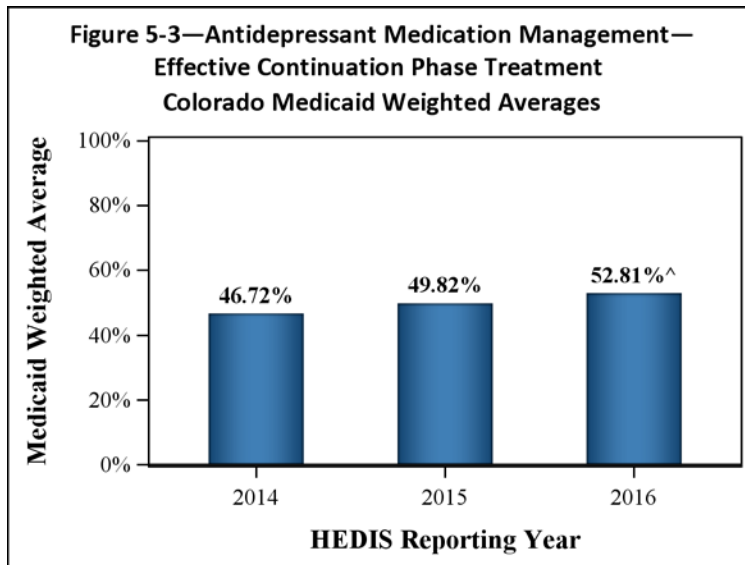
The Medicaid statewide weighted average demonstrated a statistically significant improvement in performance from HEDIS 2015 to HEDIS 2016.



Two health plans and the Medicaid weighted average ranked above the HPL. One health plan ranked below the LPL. Health plan performance varied from 46.35 percent to 69.92 percent.

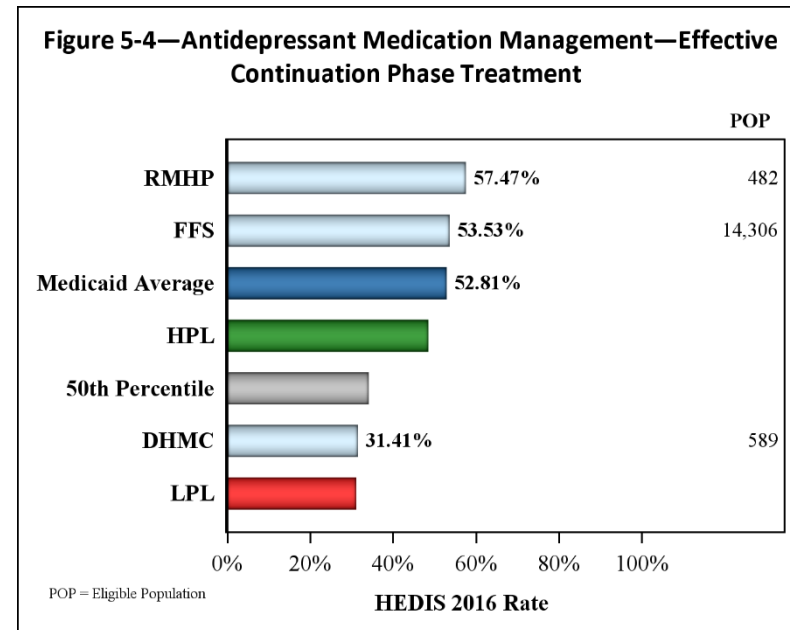
### Antidepressant Medication Management—Effective Continuation Phase Treatment

Antidepressant Medication Management—Effective Continuation Phase Treatment measures is the percentage of members 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression, and who remained on an antidepressant medication for at least 180 days (6 months).



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

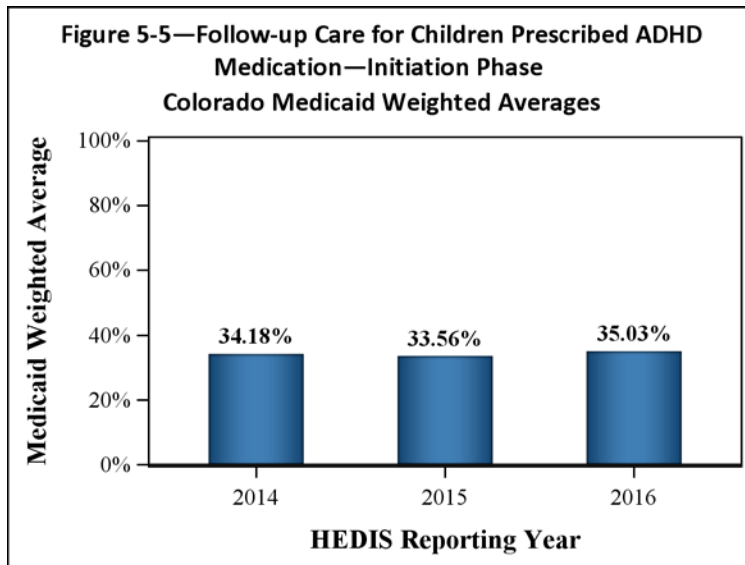
The Medicaid statewide weighted average demonstrated a statistically significant improvement in performance from HEDIS 2015 to HEDIS 2016.



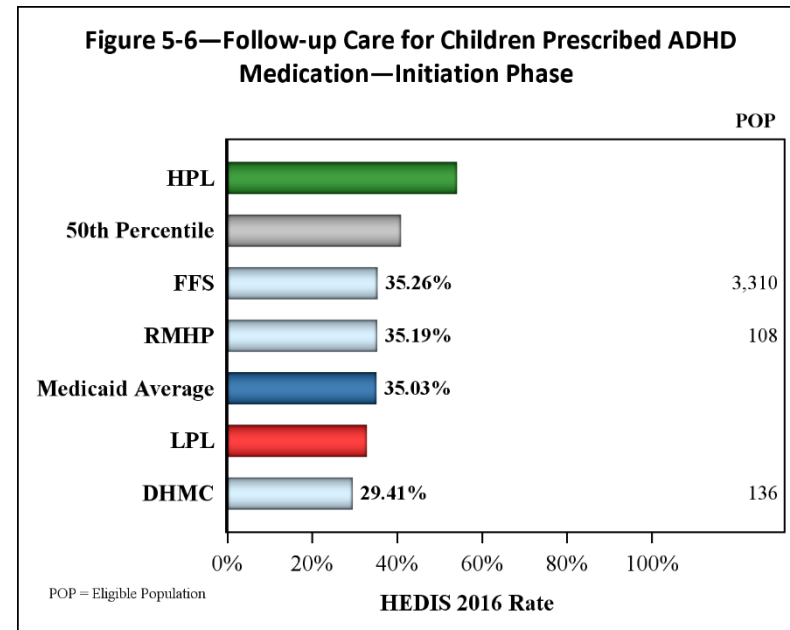
Two health plans and the Medicaid weighted average ranked above the HPL. Health plan performance varied from 31.41 percent to 57.47 percent.

### Follow-up Care for Children Prescribed ADHD Medication—Initiation Phase

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



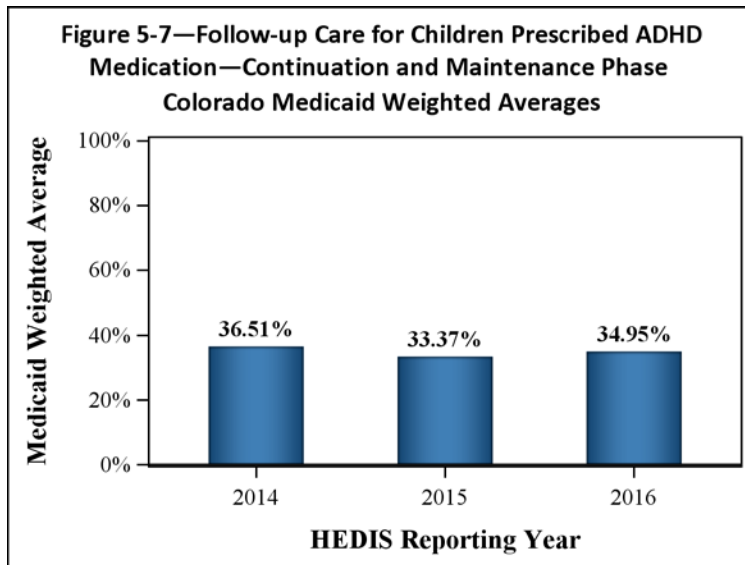
The Medicaid statewide weighted average did not demonstrate a statistically significant change from HEDIS 2015 to HEDIS 2016.



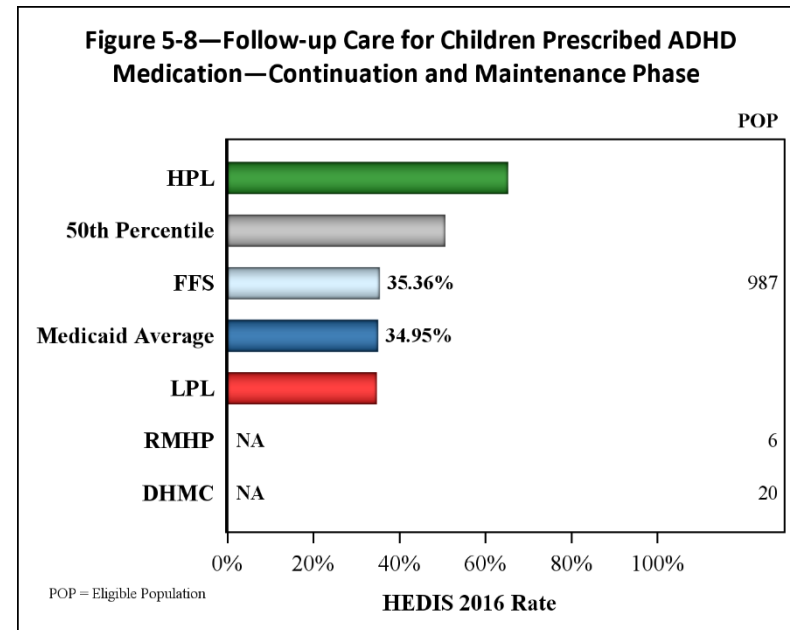
No health plans ranked above the national Medicaid 50th percentile. One health plan ranked below the LPL. Health plan performance varied from 29.41 percent to 35.26 percent.

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

Follow-up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase measures the percentage of members 6 to 12 years of age who were newly prescribed ADHD medication, remained on the medication for at least 210 days, and had at least three follow-up care visits within a 10-month period, one of which was within 30 days of the first ADHD medication being dispensed.



The Medicaid statewide weighted average did not demonstrate a statistically significant change from HEDIS 2015 to HEDIS 2016.

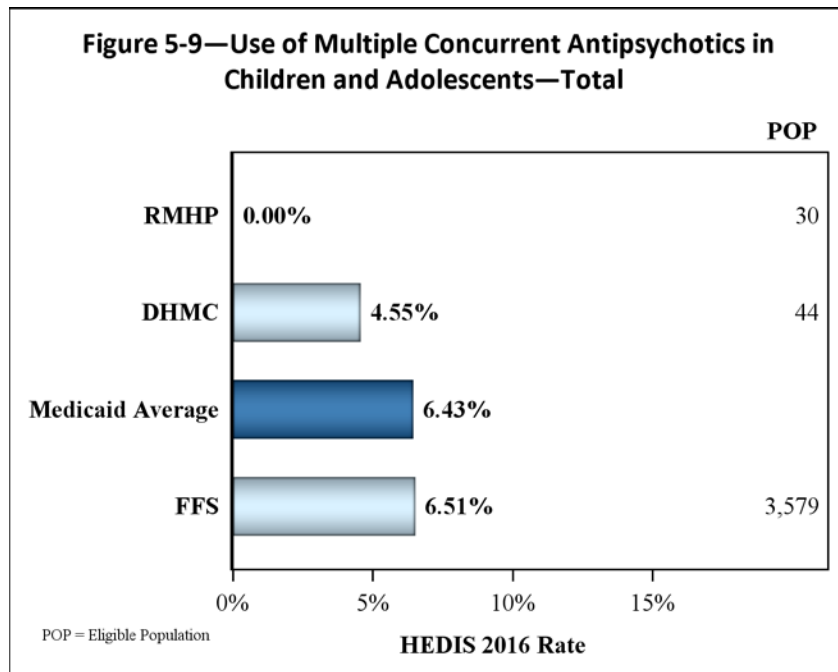


NA indicates that the health plan followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in a Not Applicable (NA) audit designation.

One health plan and the Medicaid statewide weighted average ranked above the LPL but below the national Medicaid 50th percentile. No other health plan had reportable rates for this measure indicator.

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

*Use of Multiple Concurrent Antipsychotics in Children and Adolescents* measures the percentage of members 1 to 17 years of age who were on two or more concurrent antipsychotic medications. This measure was added to the Department’s HEDIS 2016 measure set for all the health plans; therefore, prior years’ results and the Quality Compass national Medicaid benchmarks were not available for comparison. For this indicator, a lower rate indicates better performance. Due to changes in member eligibility for children in RMHP, the rate may not be comparable to that of DHMC.



Health plan performance varied from 0.00 percent to 6.51 percent.

### Summary of Findings

Table 5-1 presents the health plans’ performance ratings for each measure in the Mental/Behavioral Health domain. Performance ratings were assigned by comparing the health plans’ HEDIS 2016 rates to the HEDIS 2015 Quality Compass national Medicaid benchmarks across five categories (from ★ representing *Poor Performance* to ★★★★★ representing *Excellent Performance*). Details about the performance ratings are found in Section 2.

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

Performance Measures	FFS	DHMC	RMHP
<b>Antidepressant Medication Management</b>			
<i>Effective Acute Phase Treatment</i>	★★★★★	★	★★★★★
<i>Effective Continuation Phase Treatment</i>	★★★★★	★★	★★★★★
<b>Follow-up Care for Children Prescribed ADHD Medication</b>			
<i>Initiation Phase</i>	★★	★	★★ <sup>1</sup>
<i>Continuation and Maintenance Phase</i>	★★	—	—
<b>Use of Multiple Concurrent Antipsychotics in Children and Adolescents*</b>			
<i>Total</i>	—	—	—

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

<sup>1</sup> Due to changes in member eligibility for children in RMHP, the rate may not be comparable to that of DHMC.

— Indicates that a percentile ranking was not determined because the HEDIS 2016 measure rate was not reportable or the measure did not have an applicable benchmark.

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

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

Health Plan Name	★★★★★	★★★★	★★★	★★	★
FFS	2	0	0	2	0
DHMC	0	0	0	1	2
RMHP	2	0	0	1	0

FFS and RMHP were the top-performing health plans in the Mental/Behavioral Health domain, with both reporting two measure indicators at or above the national Medicaid 90th percentile in the area of antidepressant medication management. All of the health plans showed opportunities for improvement in the area of ADHD medication follow-up care, ranking below the national Medicaid 25th percentile.

### Living With Illness

The following section provides a detailed analysis of the Colorado Medicaid health plans' performance for the Living With Illness domain. The Living With Illness domain encompasses the following measures/indicators:

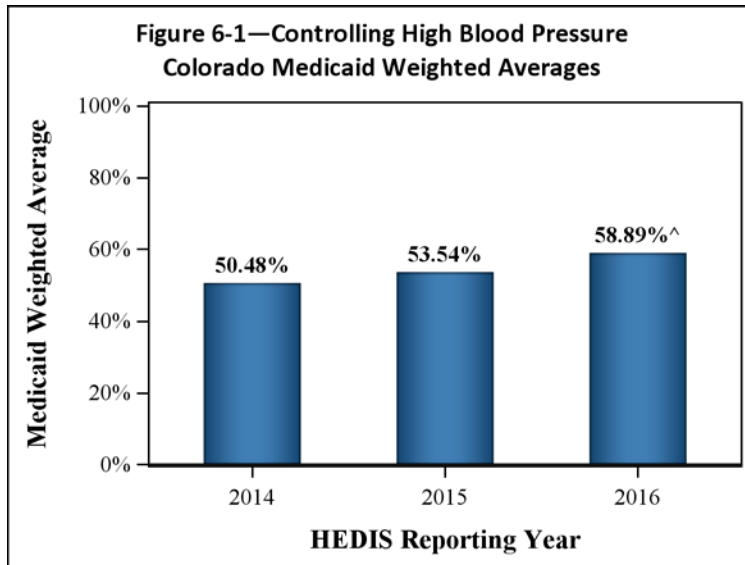
- *Controlling High Blood Pressure*
- *Persistence of Beta-Blocker Treatment After a Heart Attack*
- *Comprehensive Diabetes Care—HbA1c Testing, HbA1c Poor Control (>9.0%), HbA1c Control (<8.0%), Eye Exam (Retinal) Performed, Medical Attention for Nephropathy, and Blood Pressure Control (<140/90 mm Hg)*
- *Annual Monitoring for Patients on Persistent Medications—ACE Inhibitors or ARBs, Digoxin, Diuretics, and Total*
- *Use of Imaging Studies for Low Back Pain*
- *Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis*
- *Pharmacotherapy Management of COPD Exacerbation—Systemic Corticosteroid and Bronchodilator*
- *Medication Management for People With Asthma—Medication Compliance 50% and Medication Compliance 75%*
- *Asthma Medication Ratio—Total*
- *Use of Spirometry Testing in the Assessment and Diagnosis of COPD*
- *Disease-Modifying Anti-Rheumatic Drug Therapy in Rheumatoid Arthritis*

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



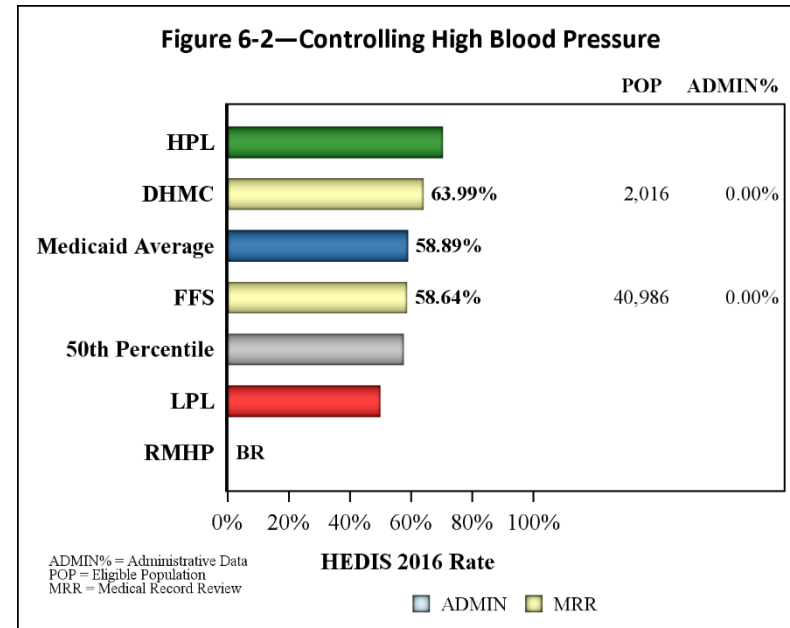
## Controlling High Blood Pressure

Controlling High Blood Pressure measures the percentage of members 18 to 85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90) during the measurement year.



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

The Medicaid statewide weighted average demonstrated a statistically significant improvement in performance from HEDIS 2015 to HEDIS 2016.

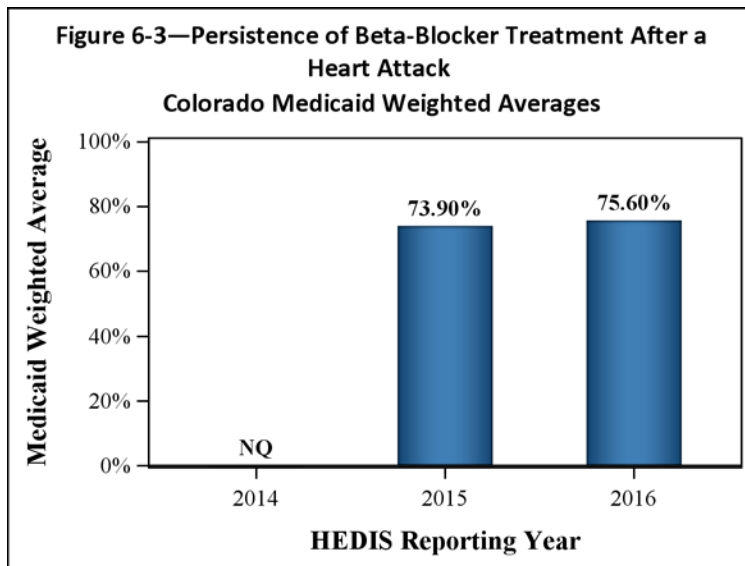


BR indicates that RMHP's reported rate was invalid; therefore, the rate is not presented.

Two health plans and the Medicaid statewide weighted average ranked above the national Medicaid 50th percentile but below the HPL. No health plans ranked below the LPL. Health plan performance varied from 58.64 percent to 63.99 percent.

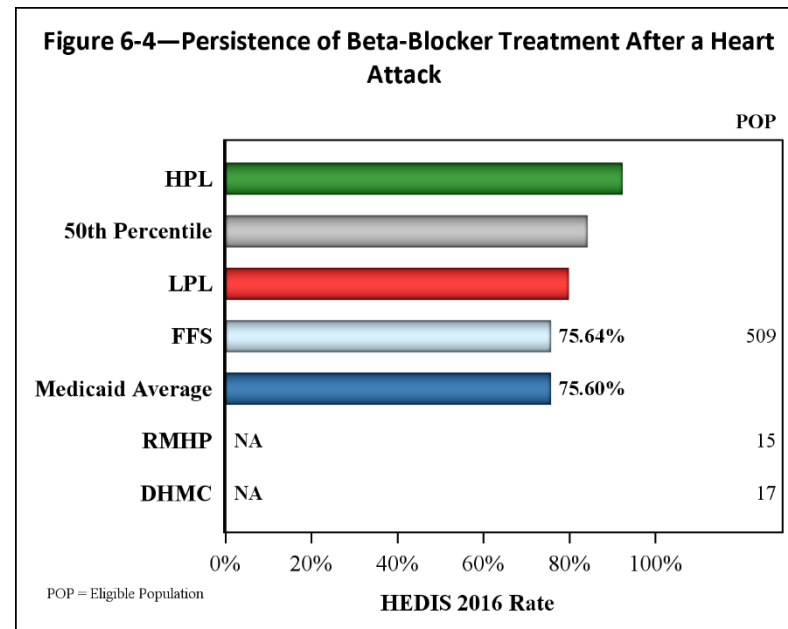
### Persistence of Beta-Blocker Treatment After a Heart Attack

*Persistence of Beta-Blocker Treatment After a Heart Attack* measures the percentage of members 18 years of age and older during the measurement year who were hospitalized and discharged from July 1 of the year prior to the measurement year to June 30 of the measurement year with a diagnosis of acute myocardial infarction (AMI) who received persistent beta-blocker treatment for six months after discharge. This measure was added to the Department’s HEDIS 2015 measure set for all of the health plans; therefore, HEDIS 2014 results were not available for comparison.



*NQ indicates that the health plans were not required to report this measure.*

The Medicaid statewide weighted average did not demonstrate a statistically significant change from HEDIS 2015 to HEDIS 2016.



*NA indicates that the health plan followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in a Not Applicable (NA) audit designation.*

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

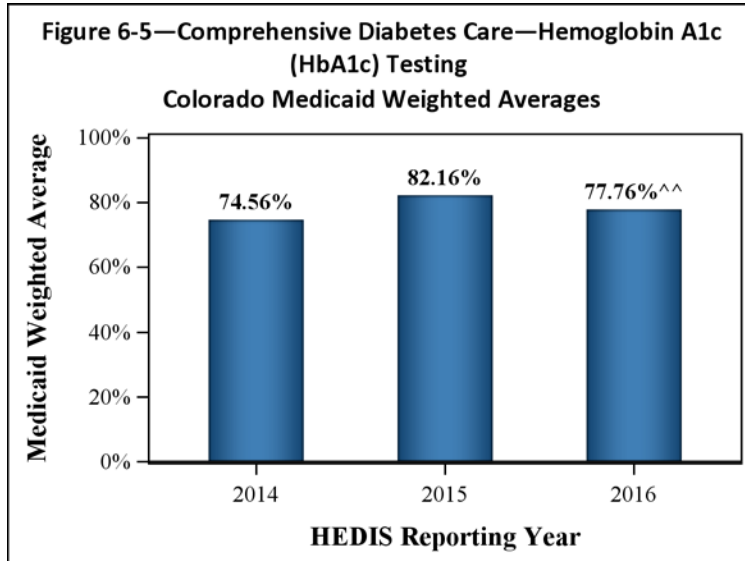
## **Comprehensive Diabetes Care**

*Comprehensive Diabetes Care* measures the percentage of members 18 to 75 years of age with diabetes (type 1 and type 2) who had each of the following:

- *Hemoglobin A1c (HbA1c) Testing*
- *HbA1c Poor Control (>9.0%)*
- *HbA1c Control (<8.0%)*
- *Eye Exam (Retinal) Performed*
- *Medical Attention for Nephropathy*
- *Blood Pressure Control (<140/90 mm Hg)*

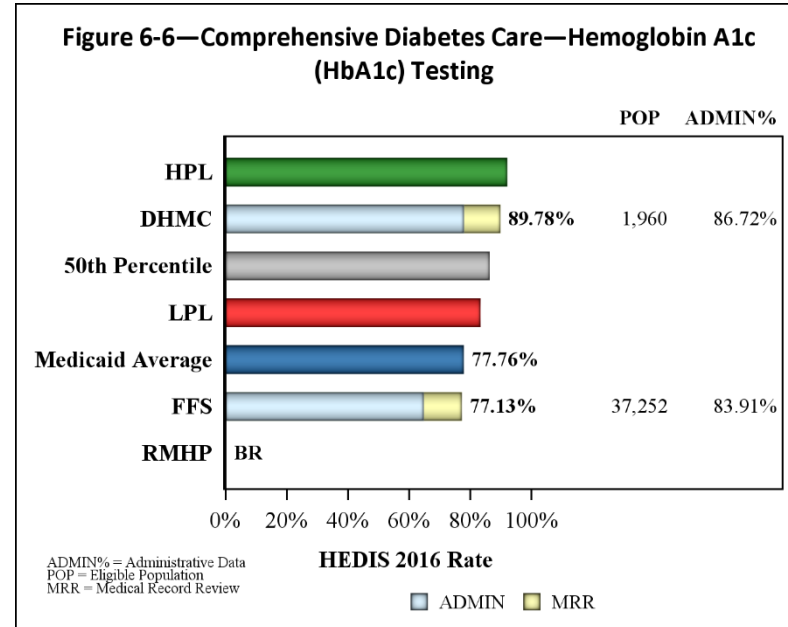
### Comprehensive Diabetes Care—Hemoglobin A1c (HbA1c) Testing

*Comprehensive Diabetes Care—Hemoglobin A1c (HbA1c) Testing* measures the percentage of diabetic members 18 to 75 years of age with an HbA1c test performed during the measurement year.



Rates with two carets (^) indicate a statistically significant decline in performance from the previous year. Due to changes in the technical specifications for this measure, exercise caution when trending rates between 2016 and prior years.

The Medicaid statewide weighted average demonstrated a statistically significant decline in performance from HEDIS 2015 to HEDIS 2016.

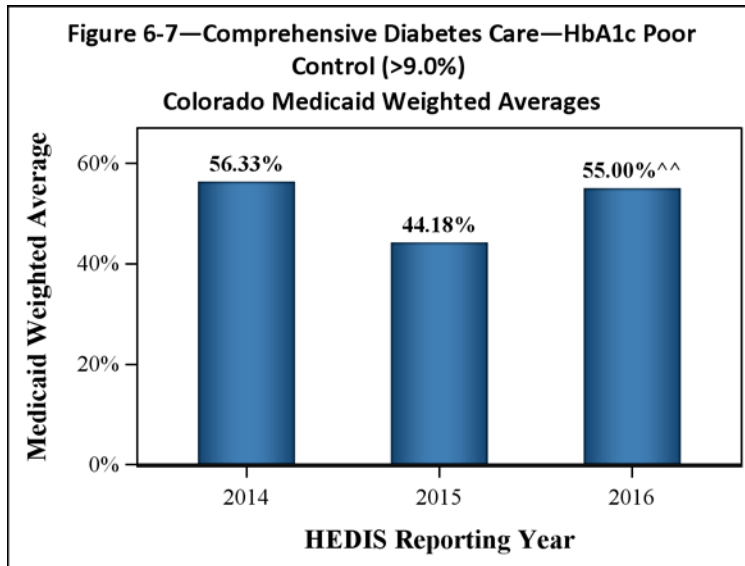


BR indicates that RMHP's reported rate was invalid; therefore, the rate is not presented.

One health plan ranked above the national Medicaid 50th percentile but below the HPL. The Medicaid statewide weighted average and one health plan ranked below the LPL. Health plan performance varied from 77.13 percent to 89.78 percent.

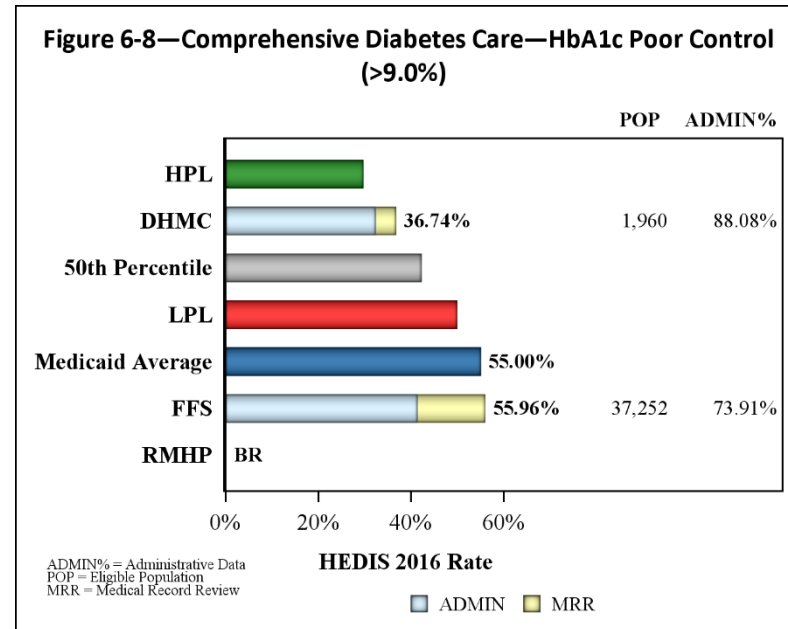
**Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)**

*Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)* measures the percentage of diabetic members 18 to 75 years of age with a recent HbA1c test performed during the measurement year where the HbA1c level was >9.0%. For this indicator, a lower rate indicates better performance.



Rates with two carets (^) indicate a statistically significant decline in performance from the previous year. Due to changes in the technical specifications for this measure, exercise caution when trending rates between 2016 and prior years.

The Medicaid statewide weighted average demonstrated a statistically significant decline in performance from HEDIS 2015 to HEDIS 2016.

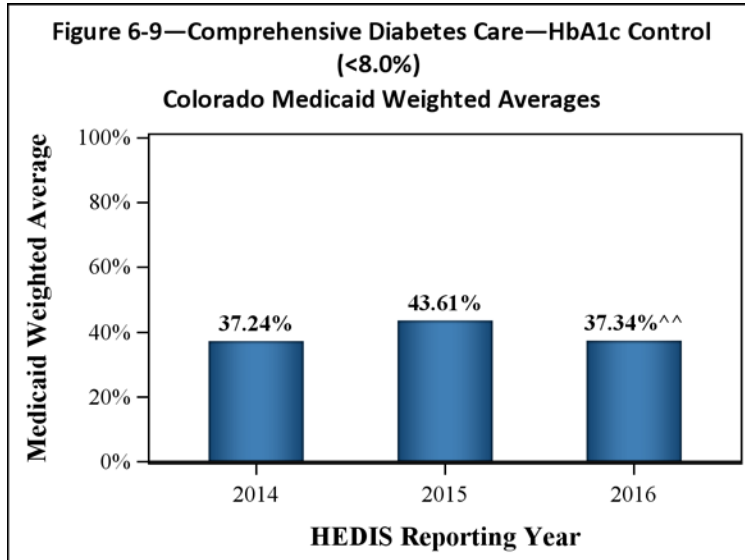


BR indicates that RMHP's reported rate was invalid; therefore, the rate is not presented.

One health plan ranked above the national Medicaid 50th percentile but below the HPL. The Medicaid statewide weighted average and one health plan ranked below the LPL. Health plan performance varied from 36.74 percent to 55.96 percent.

### Comprehensive Diabetes Care—HbA1c Control (<8.0%)

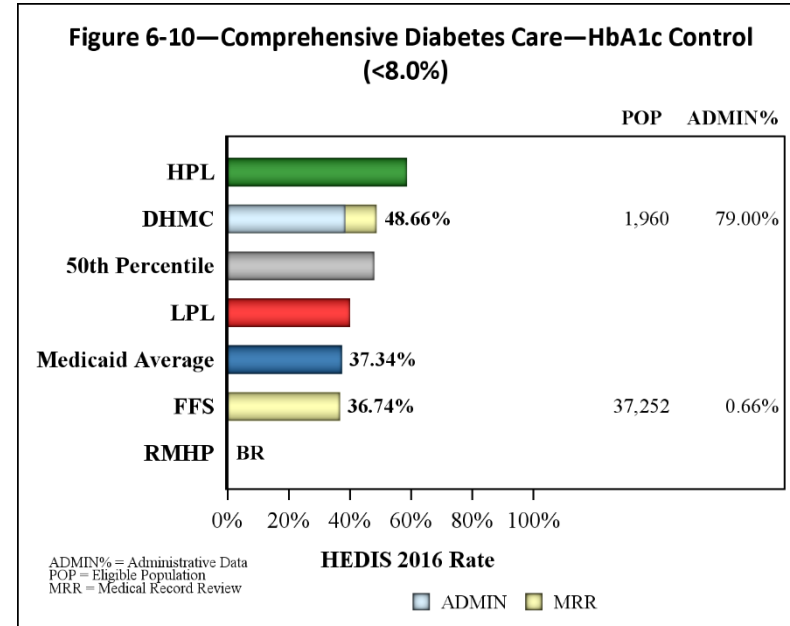
*Comprehensive Diabetes Care—HbA1c Control (<8.0%)* measures the percentage of diabetic members 18 to 75 years of age with a recent HbA1c test performed during the measurement year where the HbA1c level was <8.0%.



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

Due to changes in the technical specifications for this measure, exercise caution when trending rates between 2016 and prior years.

The Medicaid statewide weighted average demonstrated a statistically significant decline in performance from HEDIS 2015 to HEDIS 2016.

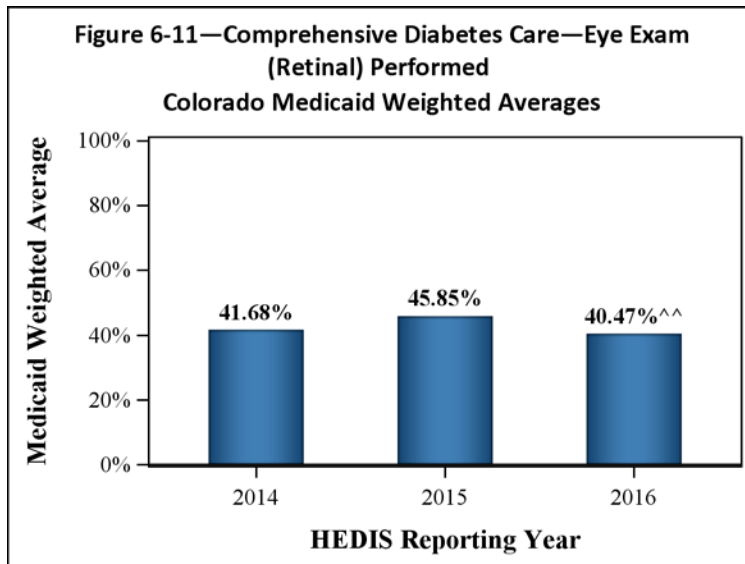


BR indicates that RMHP's reported rate was invalid; therefore, the rate is not presented.

One health plan ranked above the national Medicaid 50th percentile but below the HPL. The Medicaid statewide weighted average and one health plan ranked below the LPL. Health plan performance varied from 36.74 percent to 48.66 percent.

### Comprehensive Diabetes Care—Eye Exam (Retinal) Performed

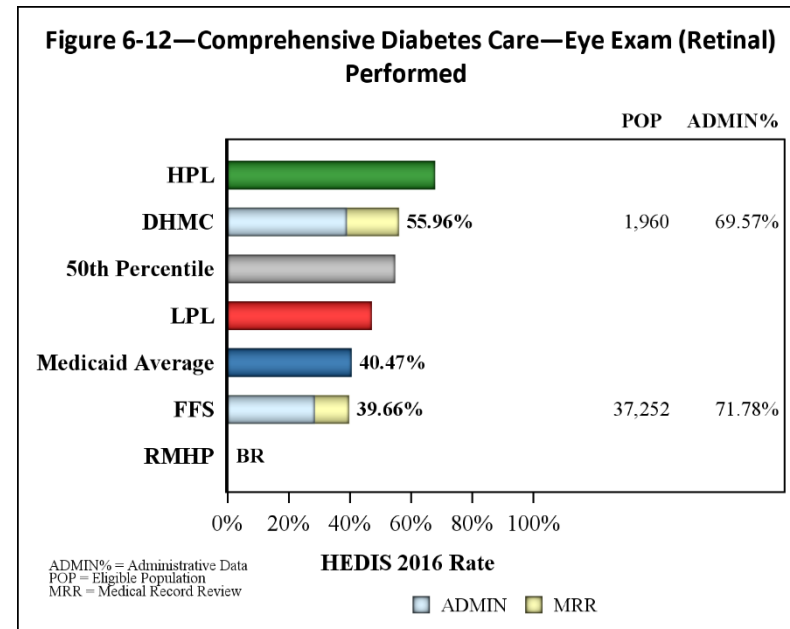
*Comprehensive Diabetes Care—Eye Exam (Retinal) Performed* measures the percentage of diabetic members 18 to 75 years of age screened or monitored for diabetic retinal disease.



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

Due to changes in the technical specifications for this measure, exercise caution when trending rates between 2016 and prior years.

The Medicaid statewide weighted average demonstrated a statistically significant decline in performance from HEDIS 2015 to HEDIS 2016.

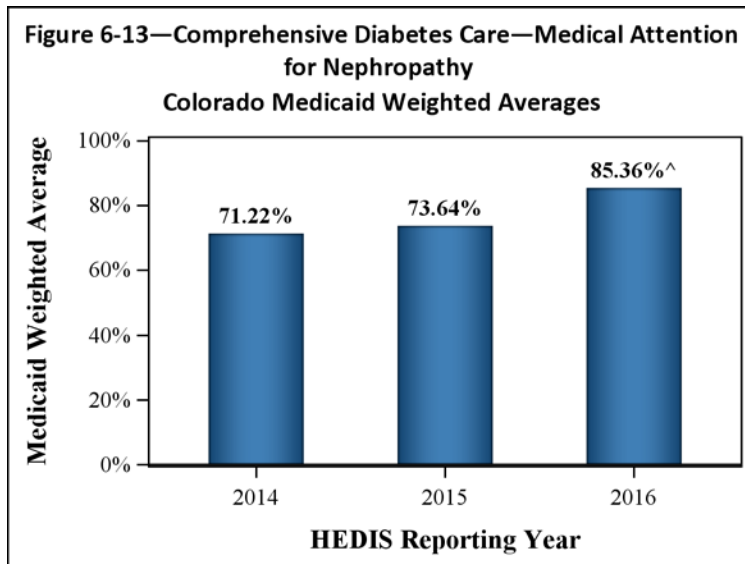


BR indicates that RMHP's reported rate was invalid; therefore, the rate is not presented.

One health plan ranked above the national Medicaid 50th percentile but below the HPL. The Medicaid statewide weighted average and one health plan ranked below the LPL. Health plan performance varied from 39.66 percent to 55.96 percent.

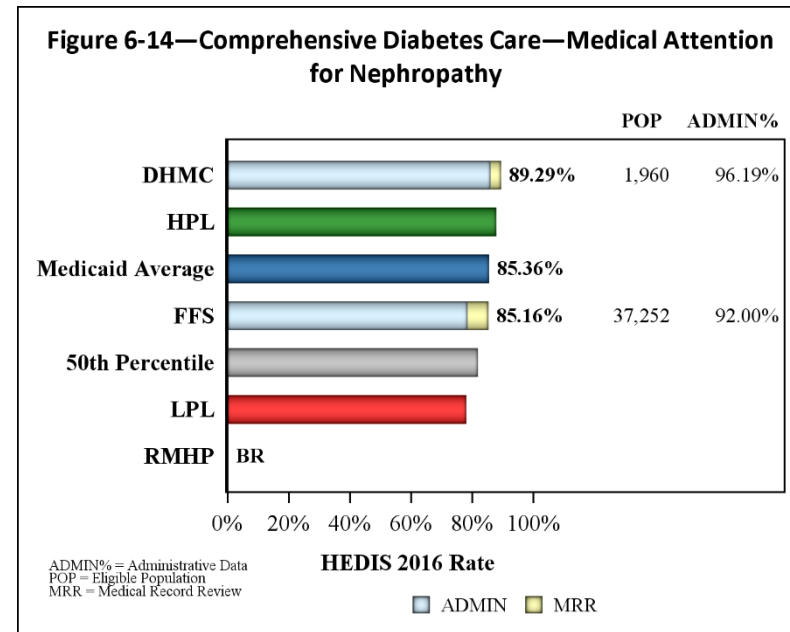
### Comprehensive Diabetes Care—Medical Attention for Nephropathy

*Comprehensive Diabetes Care—Medical Attention for Nephropathy* measures the percentage of diabetic members 18 to 75 years of age with a nephropathy screening or monitoring test or evidence of nephropathy during the measurement year.



Rates with one caret (^) indicate a statistically significant improvement in performance from the previous year. Due to changes in the technical specifications for this measure, exercise caution when trending rates between 2016 and prior years.

The Medicaid statewide weighted average demonstrated a statistically significant improvement in performance from HEDIS 2015 to HEDIS 2016.



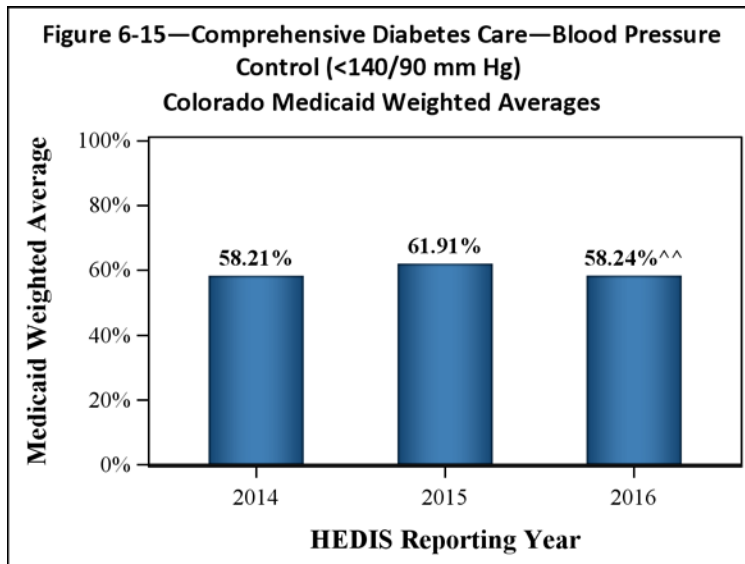
BR indicates that RMHP's reported rate was invalid; therefore, the rate is not presented.

One health plan ranked above the HPL. The Medicaid statewide weighted average and one health plan ranked above the national Medicaid 50th percentile but below the HPL. Health plan performance varied from 85.16 percent to 89.29 percent.



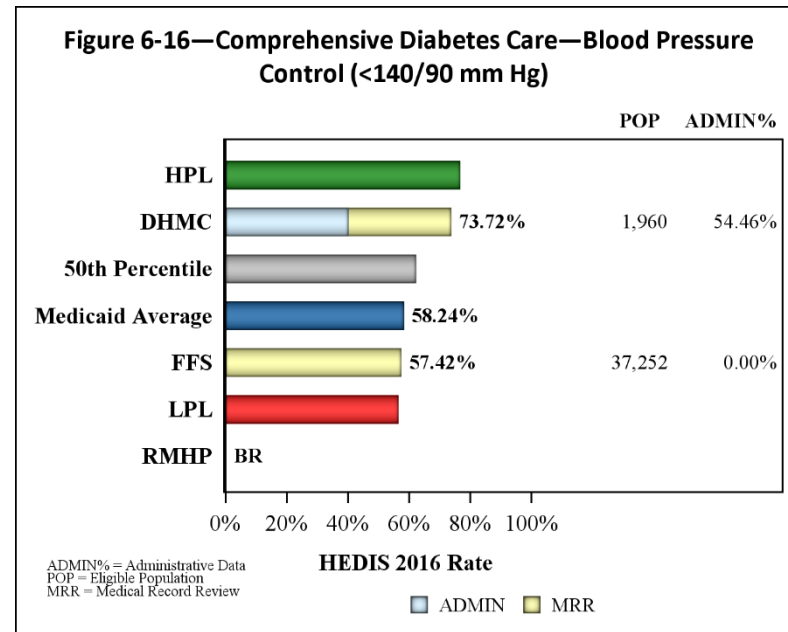
### Comprehensive Diabetes Care—BP Control (<140/90 mm Hg)

Comprehensive Diabetes Care—BP Control (<140/90 mm Hg) measures the percentage of diabetic members 18 to 75 years of age whose most recent blood pressure reading taken during the measurement year was <140/90 mm Hg.



Rates with two carets (^^) indicate a statistically significant decline in performance from the previous year. Due to changes in the technical specifications for this measure, exercise caution when trending rates between 2016 and prior years.

The Medicaid statewide weighted average demonstrated a statistically significant decline in performance from HEDIS 2015 to HEDIS 2016.

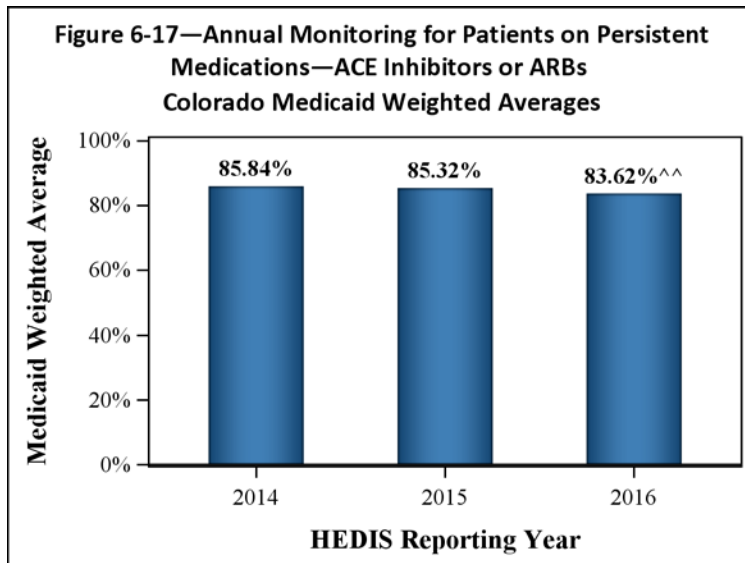


BR indicates that RMHP's reported rate was invalid; therefore, the rate is not presented.

One health plan ranked above the national Medicaid 50th percentile but below the HPL. Health plan performance varied from 57.42 percent to 73.72 percent.

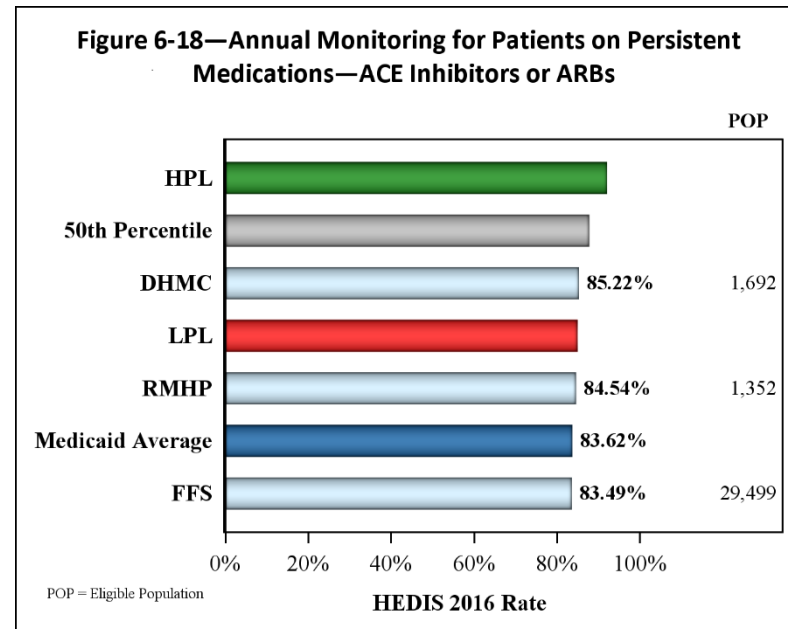
### Annual Monitoring for Patients on Persistent Medications—ACE Inhibitors or ARBs

Annual Monitoring for Patients on Persistent Medications—ACE Inhibitors or ARBs measures the percentage of members 18 years of age and older who received at least 180 treatment days of ACE inhibitors or ARBs and at least one serum potassium and a serum creatinine therapeutic monitoring test during the measurement year.



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

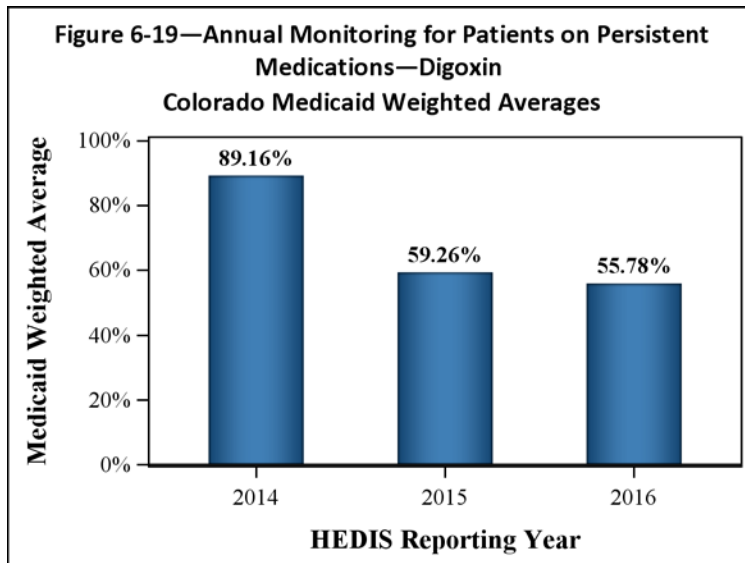
The Medicaid statewide weighted average demonstrated a statistically significant decline in performance from HEDIS 2015 to HEDIS 2016.



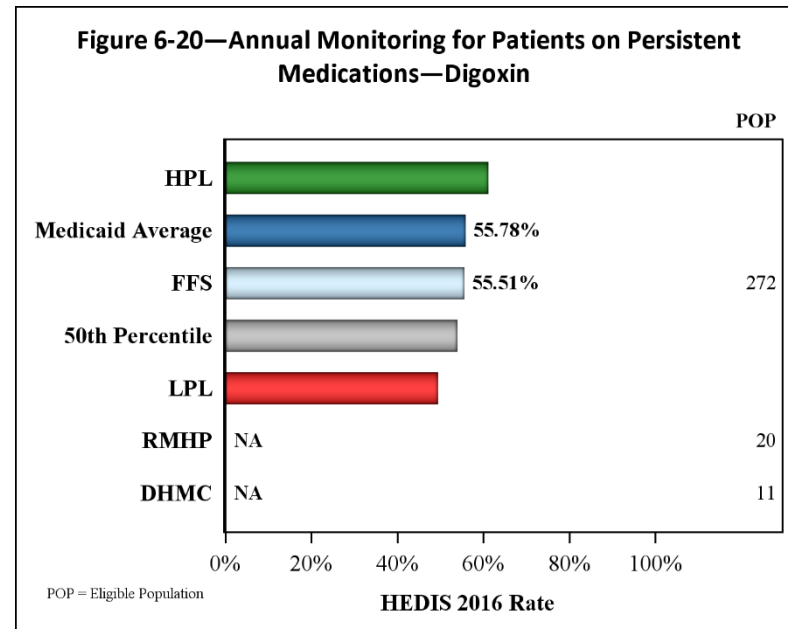
No health plans ranked above the national Medicaid 50th percentile. Two health plans and the Medicaid statewide weighted average ranked below the LPL. Health plan performance varied from 83.49 percent to 85.22 percent.

### Annual Monitoring for Patients on Persistent Medications—Digoxin

Annual Monitoring for Patients on Persistent Medications—Digoxin measures the percentage of members 18 years of age and older who received at least 180 treatment days of and at least one serum potassium, at least one serum creatinine, and at least one serum digoxin therapeutic monitoring test during the measurement year.



The Medicaid statewide weighted average did not demonstrate a statistically significant change from HEDIS 2015 to HEDIS 2016.

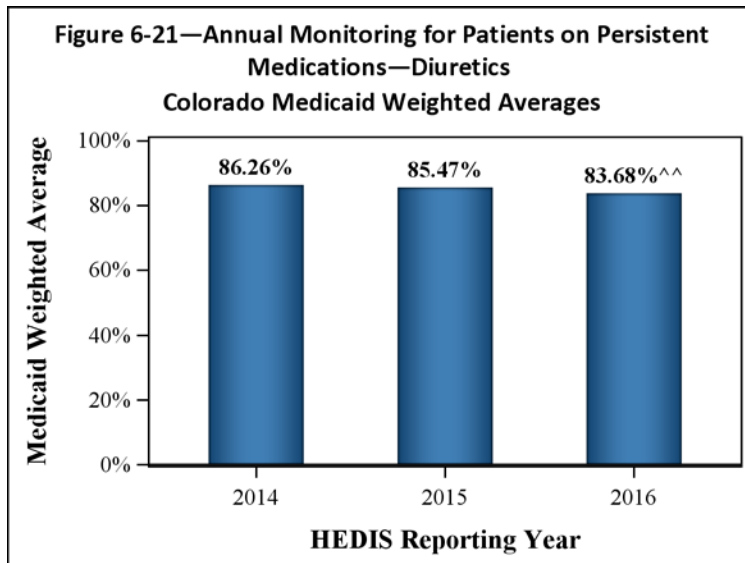


NA indicates that the health plan followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in a Not Applicable (NA) audit designation.

The Medicaid statewide weighted average and one health plan fell above the national Medicaid 50th percentile but below the HPL. None of the other health plans had reportable rates for this measure indicator.

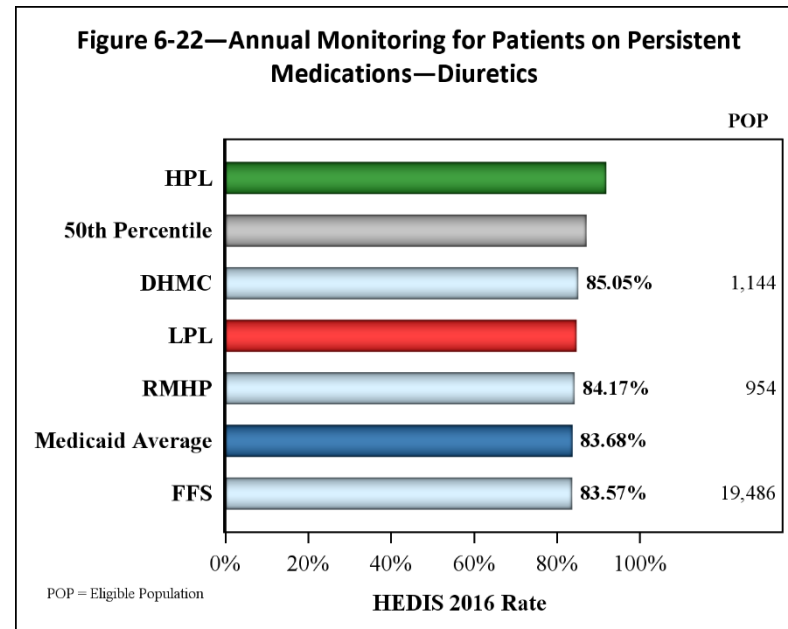
### Annual Monitoring for Patients on Persistent Medications—Diuretics

Annual Monitoring for Patients on Persistent Medications—Diuretics measures the percentage of members 18 years of age and older who received at least 180 treatment days of diuretics, at least one serum potassium, and a serum creatinine therapeutic monitoring test during the measurement year.



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

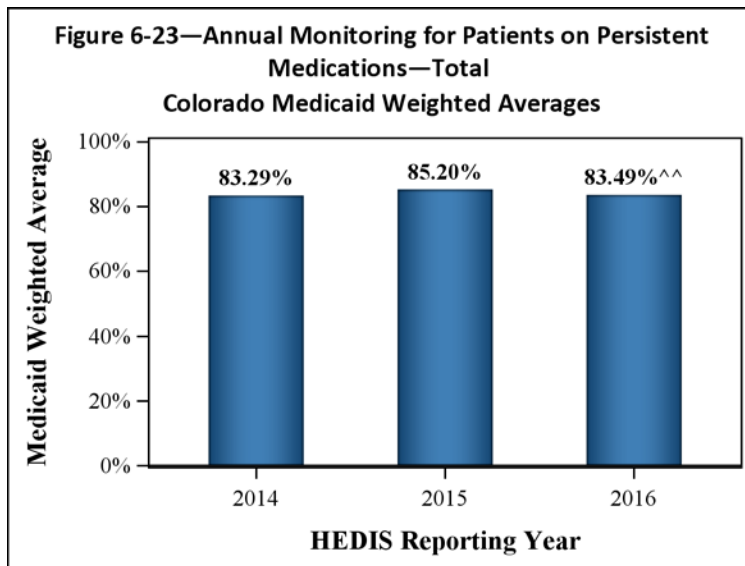
The Medicaid statewide weighted average demonstrated a statistically significant decline in performance from HEDIS 2015 to HEDIS 2016.



No health plans ranked above the national Medicaid 50th percentile. Two health plans and the Medicaid statewide weighted average ranked below the LPL. Health plan performance varied from 83.57 percent to 85.05 percent.

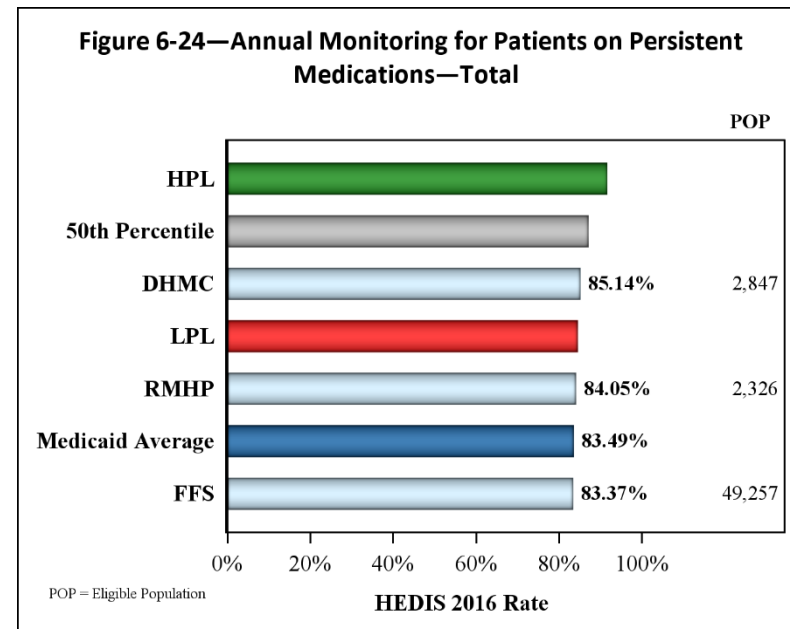
### Annual Monitoring for Patients on Persistent Medications—Total

Annual Monitoring for Patients on Persistent Medications—Total measures the percentage of members 18 years of age and older who received at least 180 treatment days of ACE inhibitors or ARBs and at least one serum potassium and a serum creatinine therapeutic monitoring test; received at least 180 treatment days of one serum potassium, at least one serum creatinine, and at least one serum digoxin therapeutic monitoring test; and received at least 180 treatment days of diuretics, at least one serum potassium, and a serum creatinine therapeutic monitoring test during the measurement year.



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

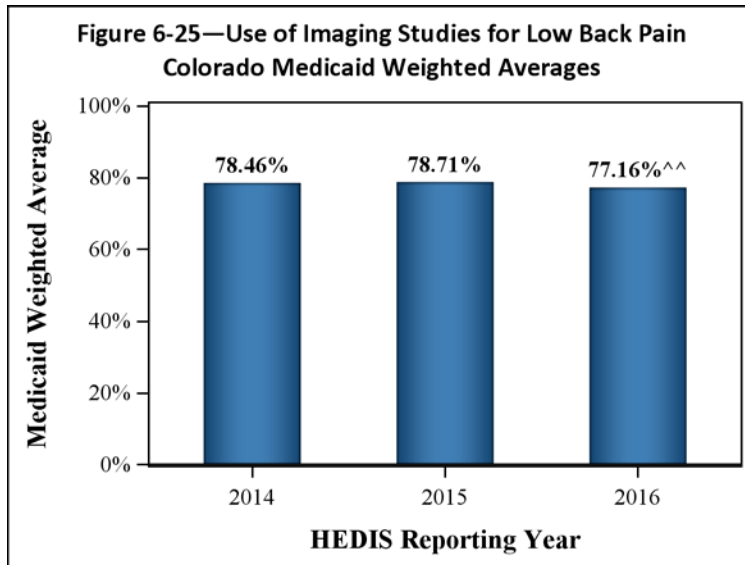
The Medicaid statewide weighted average demonstrated a statistically significant decline in performance from HEDIS 2015 to HEDIS 2016.



No health plans ranked above the national Medicaid 50th percentile. Two health plans and the Medicaid statewide weighted average ranked below the LPL. Health plan performance varied from 83.37 percent to 85.14 percent.

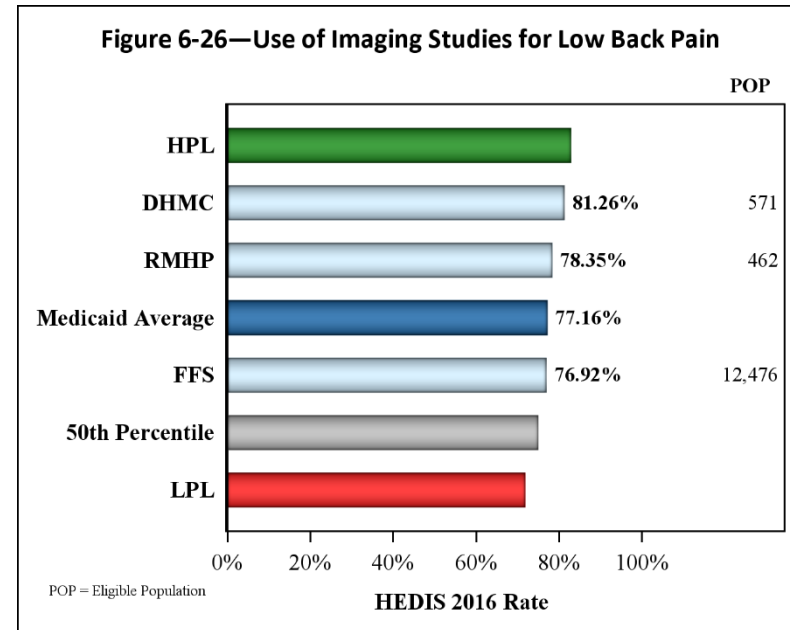
### Use of Imaging Studies for Low Back Pain

*Use of Imaging Studies for Low Back Pain* measures the percentage of members 18 to 50 years of age with a primary diagnosis of low back pain who did not have an imaging study performed (plain X-ray, MRI, CT scan) within 28 days of diagnosis.



Rates with two carets (^) indicate a statistically significant decline in performance from the previous year. Due to changes in the technical specifications for this measure, exercise caution when trending rates between 2016 and prior years.

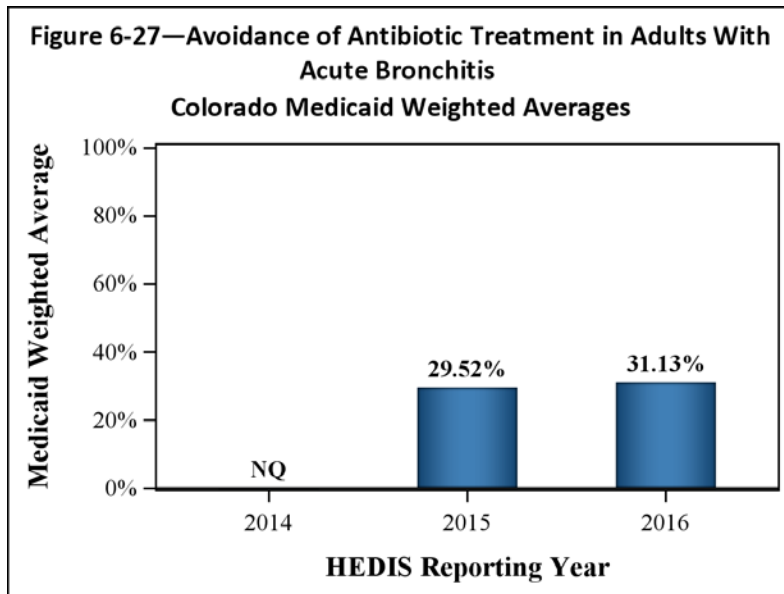
The Medicaid statewide weighted average demonstrated a statistically significant decline in performance from HEDIS 2015 to HEDIS 2016.



Three health plans and the Medicaid statewide weighted average ranked above the national Medicaid 50th percentile but below the HPL. Health plan performance varied from 76.92 percent to 81.26 percent.

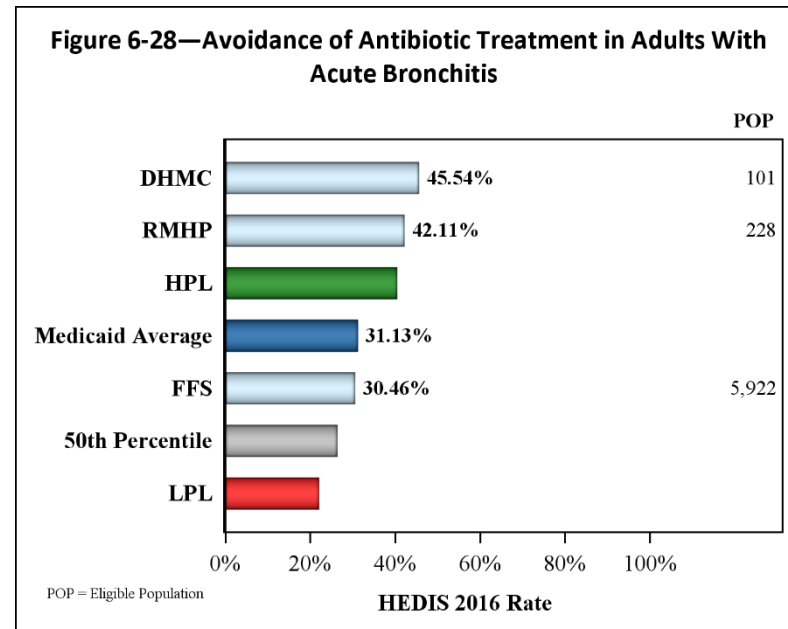
### Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis

*Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis* measures the percentage of members 18 to 64 years of age with a diagnosis of acute bronchitis who were not dispensed an antibiotic prescription. This measure was added to the Department’s HEDIS 2015 measure set for all the health plans; therefore, HEDIS 2014 results were not available for comparison.



*NQ indicates that the health plans were not required to report this measure.*

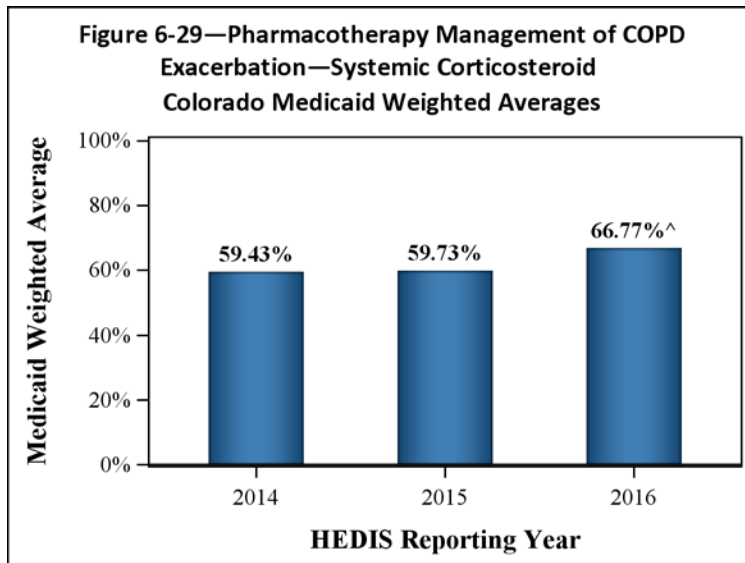
The Medicaid statewide weighted average did not demonstrate a statistically significant change from HEDIS 2015 to HEDIS 2016.



Two health plans ranked above the HPL. One health plan and the Medicaid statewide weighted average ranked above the national Medicaid 50th percentile but below the HPL. Health plan performance varied from 30.46 percent to 45.54 percent.

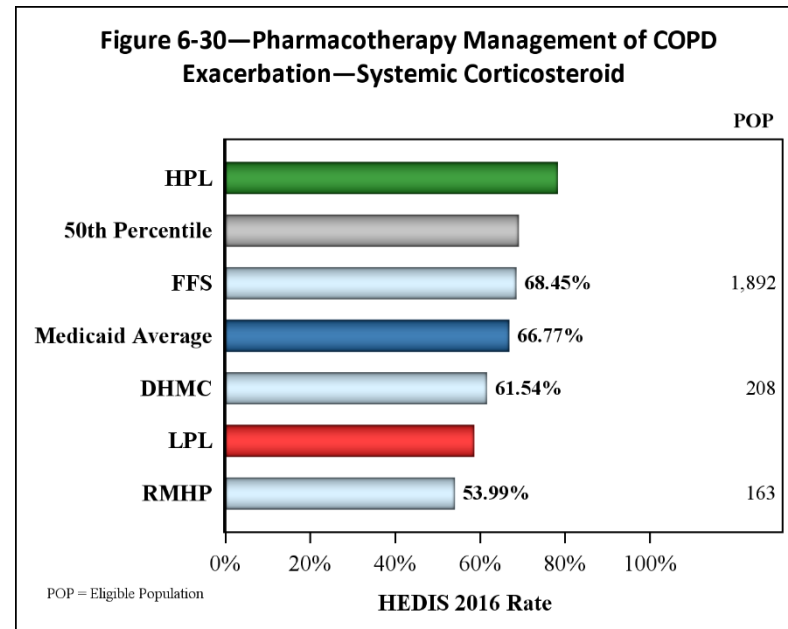
### Pharmacotherapy Management of COPD Exacerbation—Systemic Corticosteroid

Pharmacotherapy Management of COPD Exacerbation—Systemic Corticosteroid measures the percentage of COPD exacerbations for members 40 years of age and older who had an acute inpatient discharge or ED visit during the measurement year and who were dispensed a systemic corticosteroid within 14 days of the event.



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

The Medicaid statewide weighted average demonstrated a statistically significant improvement in performance from HEDIS 2015 to HEDIS 2016.

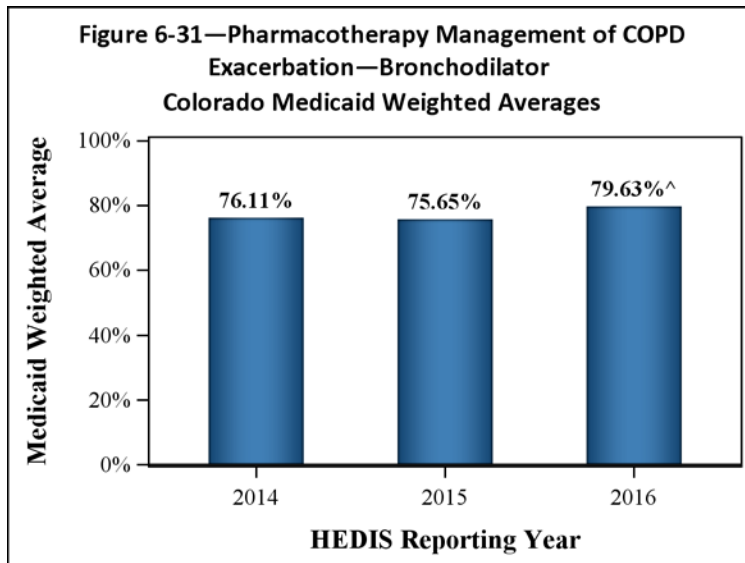


No health plans ranked above the national Medicaid 50th percentile. One health plan ranked below the LPL. Health plan performance varied from 53.99 percent to 68.45 percent.



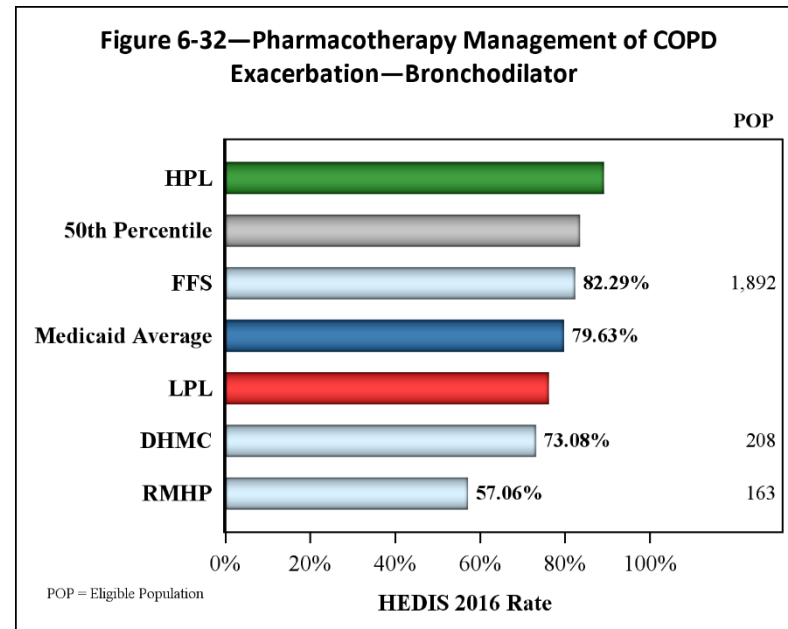
### Pharmacotherapy Management of COPD Exacerbation—Bronchodilator

Pharmacotherapy Management of COPD Exacerbation—Bronchodilator measures the percentage of COPD exacerbations for members 40 years of age and older who had an acute inpatient discharge or ED visit during the measurement year and who were dispensed a bronchodilator within 30 days of the event.



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

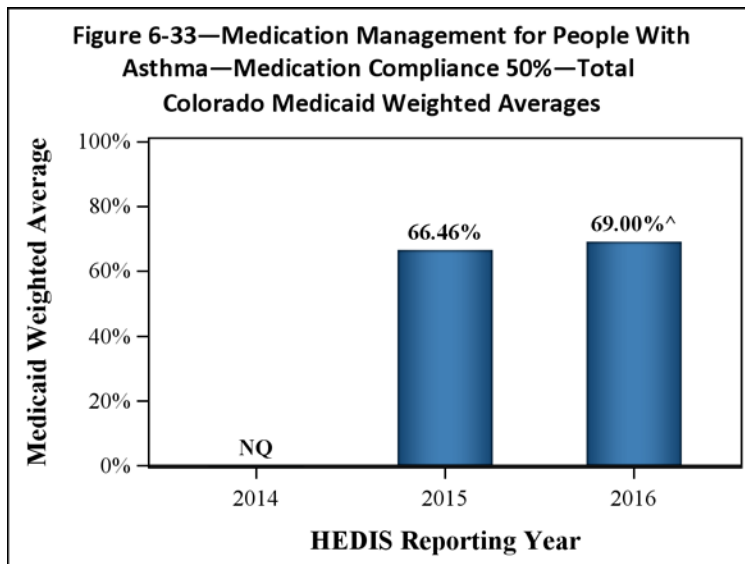
The Medicaid statewide weighted average demonstrated a statistically significant improvement in performance from HEDIS 2015 to HEDIS 2016.



No health plans ranked above the national Medicaid 50th percentile. Two health plans ranked below the LPL. Health plan performance varied from 57.06 percent to 82.29 percent.

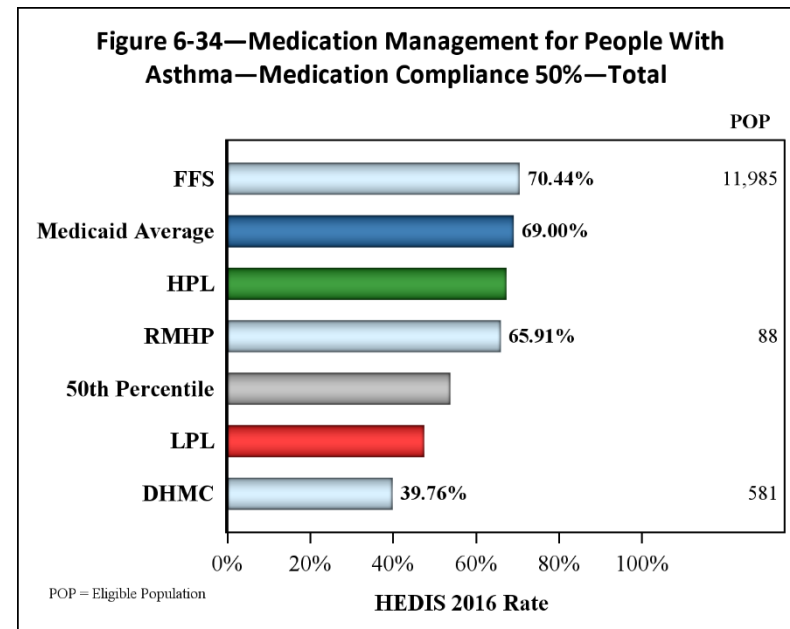
### Medication Management for People With Asthma—Medication Compliance 50%—Total

Medication Management for People With Asthma—Medication Compliance 50%—Total measures the percentage of members 5 to 64 years of age identified as having persistent asthma and dispensed appropriate medications who remained on an asthma controller medication for at least 50 percent of the time during the treatment period. This measure was added to the Department’s HEDIS 2015 measure set for all the health plans; therefore, HEDIS 2014 results were not available for comparison. Due to changes in member eligibility for children in RMHP, the rate may not be comparable to that of DHMC.



NQ indicates that the health plans were not required to report this measure. Rates with one caret (^) indicate a statistically significant improvement in performance from the previous year.

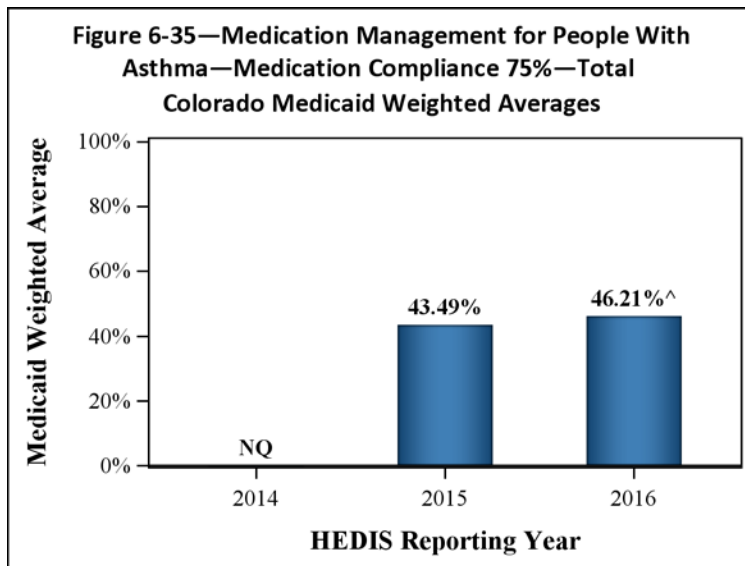
The Medicaid statewide weighted average demonstrated a statistically significant improvement in performance from HEDIS 2015 to HEDIS 2016.



One health plan and the Medicaid statewide weighted average ranked above the HPL. One health plan ranked below the LPL. Health plan performance varied from 39.76 percent to 70.44 percent.

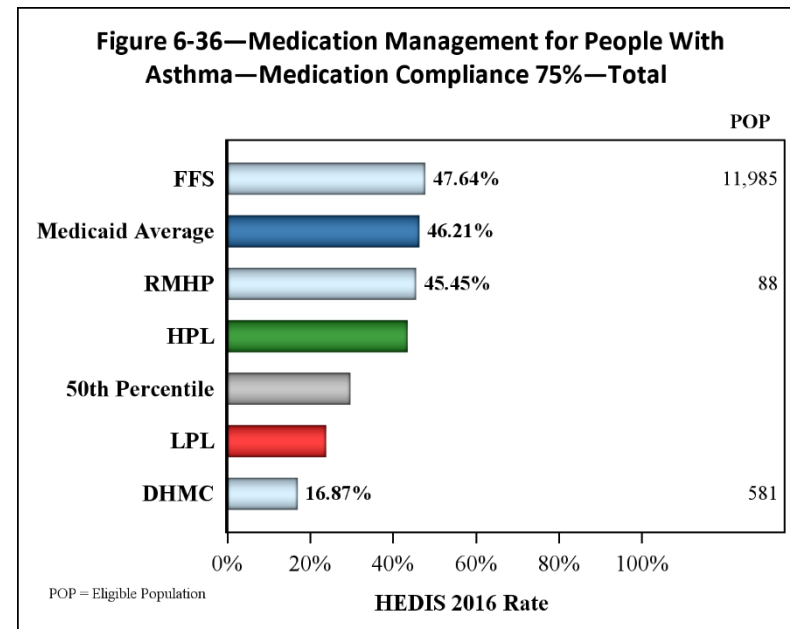
### Medication Management for People With Asthma—Medication Compliance 75%—Total

Medication Management for People With Asthma—Medication Compliance 75%—Total measures the percentage of members 5 to 64 years of age identified as having persistent asthma and dispensed appropriate medications who remained on an asthma controller medication for at least 75 percent of the time during the treatment period. This measure was added to the Department’s HEDIS 2015 measure set for all the health plans; therefore, HEDIS 2014 results were not available for comparison. Due to changes in member eligibility for children in RMHP, the rate may not be comparable to that of DHMC.



NQ indicates that the health plans were not required to report this measure. Rates with one caret (^) indicate a statistically significant improvement in performance from the previous year.

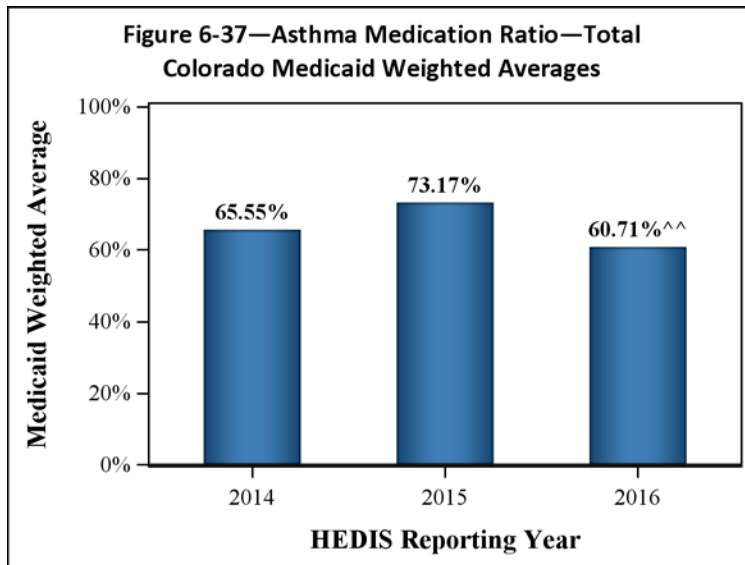
The Medicaid statewide weighted average demonstrated a statistically significant improvement in performance from HEDIS 2015 to HEDIS 2016.



Two health plans and the Medicaid weighted average ranked above the HPL. One health plan ranked below the LPL. Health plan performance varied from 16.87 percent to 47.64 percent.

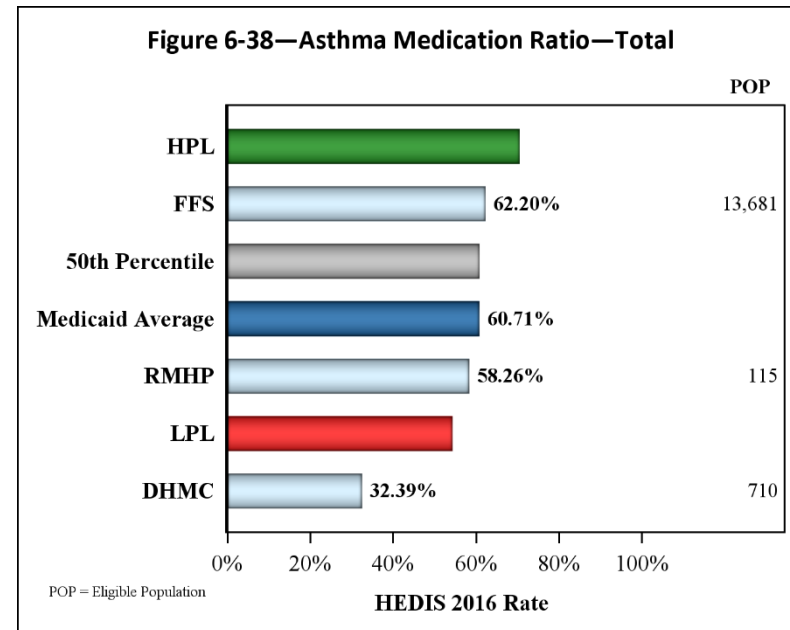
### Asthma Medication Ratio

*Asthma Medication Ratio* measures the percentage of members 5 to 64 years of age identified as having persistent asthma who had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year. Results for individual age groups are located in Appendix A. Due to changes in member eligibility for children in RMHP, the rate may not be comparable to that of DHMC.



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

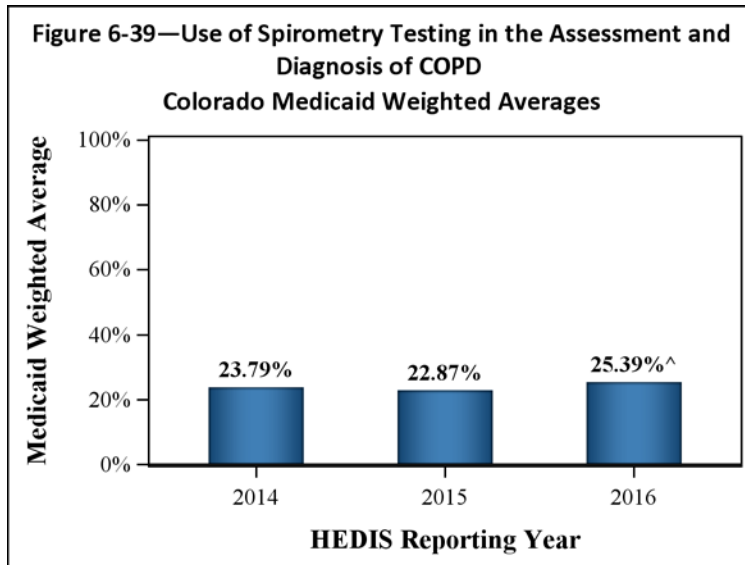
The Medicaid statewide weighted average demonstrated a statistically significant decline in performance from HEDIS 2015 to HEDIS 2016.



One health plan ranked above the national Medicaid 50th percentile but below the HPL. One health plan ranked below the LPL. Health plan performance varied from 32.39 percent to 62.20 percent.

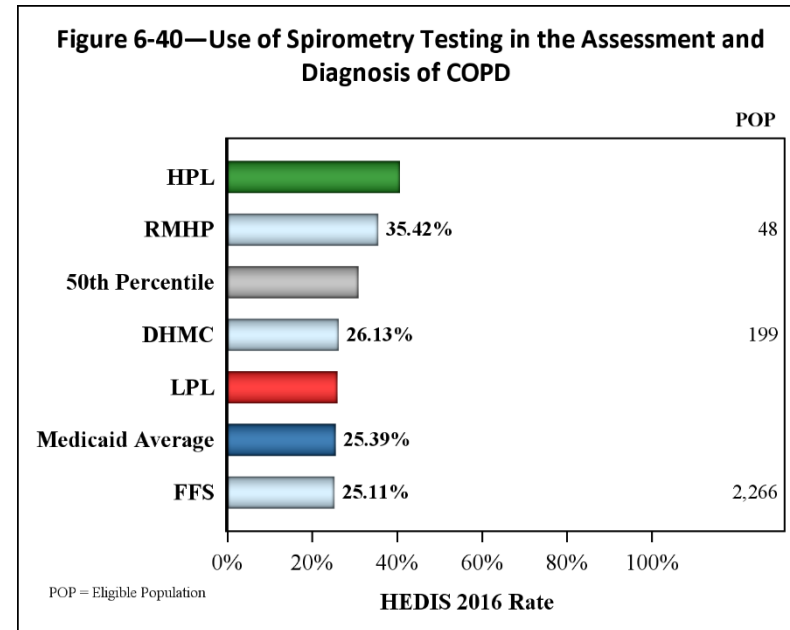
### Use of Spirometry Testing in the Assessment and Diagnosis of COPD

Use of Spirometry Testing in the Assessment and Diagnosis of COPD measures the percentage of members 40 years of age and older with a new diagnosis of COPD or newly active COPD who received appropriate spirometry testing to confirm the diagnosis.



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

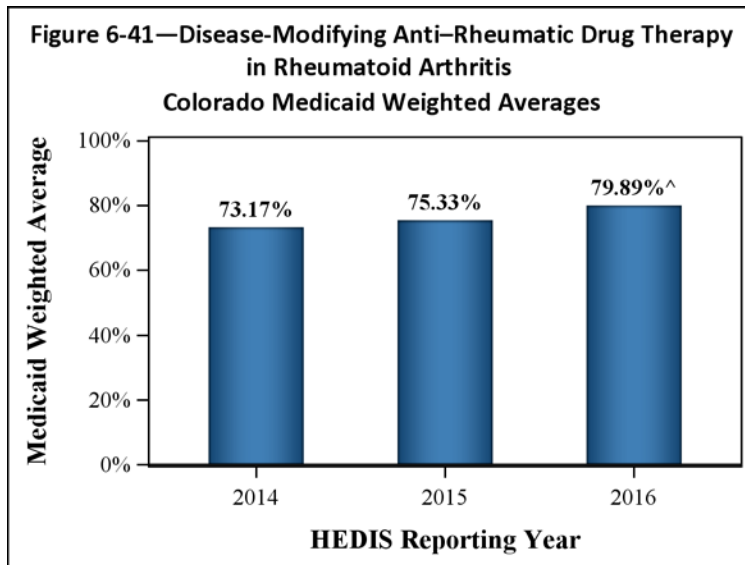
The Medicaid statewide weighted average demonstrated a statistically significant improvement in performance from HEDIS 2015 to HEDIS 2016.



One health plan ranked above the national Medicaid 50th percentile but below the HPL. The Medicaid statewide weighted average and one health plan ranked below the LPL. Health plan performance varied from 25.11 percent to 35.42 percent.

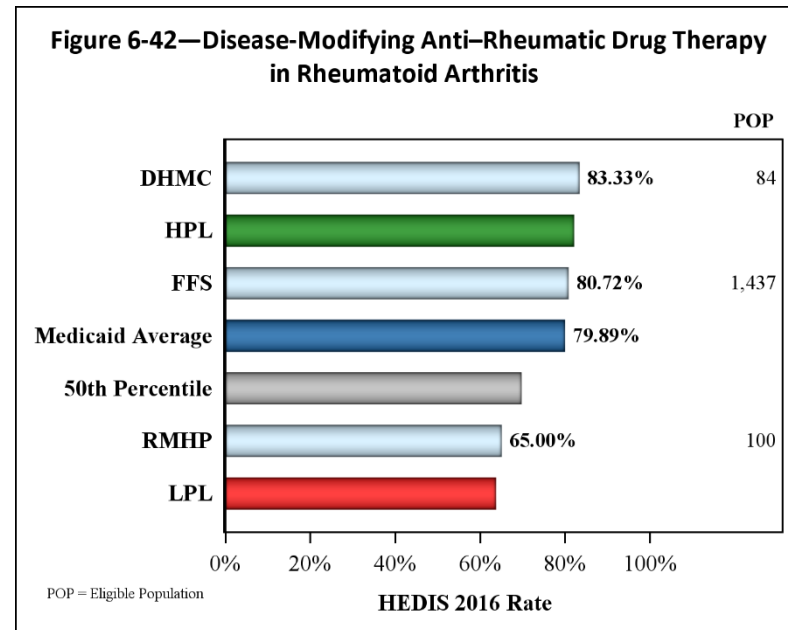
### Disease-Modifying Anti-Rheumatic Drug Therapy in Rheumatoid Arthritis

Disease-Modifying Anti-Rheumatic Drug Therapy in Rheumatoid Arthritis measures the percentage of members 18 years of age and older who were diagnosed with rheumatoid arthritis and who were dispensed at least one ambulatory prescription for a disease-modifying anti-rheumatic drug.



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

The Medicaid statewide weighted average demonstrated a statistically significant improvement in performance from HEDIS 2015 to HEDIS 2016.



One health plan ranked above the HPL. No health plans ranked below the LPL. Health plan performance varied from 65.00 percent to 83.33 percent.

## Summary of Findings

Table 6-1 presents the health plans’ performance ratings for each measure in the Living With Illness domain. Performance ratings were assigned by comparing the health plans’ HEDIS 2016 rates to the HEDIS 2015 Quality Compass national Medicaid benchmarks across five categories (from ★ representing *Poor Performance* to ★★★★★ representing *Excellent Performance*). Details about the performance ratings are found in Section 2.

**Table 6-1—Living With Illness Measure-Specific Performance Ratings**

Performance Measure	FFS	DHMC	RMHP
<b>Controlling High Blood Pressure</b>			
<i>Controlling High Blood Pressure</i>	★★★	★★★	—
<b>Persistence of Beta-Blocker Treatment After a Heart Attack</b>			
<i>Persistence of Beta-Blocker Treatment After a Heart Attack</i>	★	—	—
<b>Comprehensive Diabetes Care</b>			
<i>Hemoglobin A1c (HbA1c) Testing</i>	★	★★★★	—
<i>HbA1c Poor Control (&gt;9.0%)*</i>	★	★★★	—
<i>HbA1c Control (&lt;8.0%)</i>	★	★★★	—
<i>Eye Exam (Retinal) Performed</i>	★	★★★	—
<i>Medical Attention for Nephropathy</i>	★★★★	★★★★★	—
<i>Blood Pressure Control (&lt;140/90 mm Hg)</i>	★★	★★★★	—
<b>Annual Monitoring for Patients on Persistent Medications</b>			
<i>ACE Inhibitors or ARBs</i>	★	★★	★
<i>Digoxin</i>	★★★	—	—
<i>Diuretics</i>	★	★★	★
<i>Total</i>	★	★★	★
<b>Use of Imaging Studies for Low Back Pain</b>			
<i>Use of Imaging Studies for Low Back Pain</i>	★★★	★★★★	★★★★
<b>Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis</b>			
<i>Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis</i>	★★★	★★★★★	★★★★★
<b>Pharmacotherapy Management of COPD Exacerbation</b>			
<i>Systemic Corticosteroid</i>	★★	★★	★
<i>Bronchodilator</i>	★★	★	★
<b>Medication Management for People With Asthma</b>			
<i>Medication Compliance 50%—Total</i>	★★★★★	★	★★★★ <sup>1</sup>
<i>Medication Compliance 75%—Total</i>	★★★★★	★	★★★★★ <sup>1</sup>
<b>Asthma Medication Ratio</b>			
<i>Total</i>	★★★	★	★★ <sup>1</sup>

Performance Measure	FFS	DHMC	RMHP
<b>Use of Spirometry Testing in the Assessment and Diagnosis of COPD</b>			
Use of Spirometry Testing in the Assessment and Diagnosis of COPD	★	★★	★★★
<b>Disease-Modifying Anti-Rheumatic Drug Therapy in Rheumatoid Arthritis</b>			
Disease-Modifying Anti-Rheumatic Drug Therapy in Rheumatoid Arthritis	★★★★★	★★★★★	★★

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

<sup>1</sup> Due to changes in member eligibility for children in RMHP, the rate may not be comparable to that of DHMC.

— Indicates that a percentile ranking was not determined because the HEDIS 2016 measure rate was not reportable or the measure did not have an applicable benchmark.

Table 6-2 presents a summary of the health plans’ overall performance for measures in the Living With Illness domain, with the number of measures falling into each performance rating.

**Table 6-2—Living With Illness: Plan-Specific Count of Measures by Performance Rating**

Health Plan Name	★★★★★	★★★★	★★★	★★	★
FFS	2	2	5	3	9
DHMC	3	3	4	5	4
RMHP	2	2	1	2	5

Performance within the Living With Illness domain varied across and within the health plans. In the area of comprehensive diabetes care, DHMC outperformed FFS and also ranked above the national Medicaid 75th percentile for three of the indicators related to diabetes care. Both DHMC and RMHP showed strengths in the areas of utilization of imaging studies for low back pain and avoidance of antibiotic treatment for acute bronchitis, ranking at or above the national Medicaid 75th percentile in both areas. FFS and RMHP showed strengths in the areas of asthma medication management, ranking at or above the national Medicaid 75th percentile. Further, FFS and DHMC showed strengths in the area of anti-rheumatic drug therapy for rheumatoid arthritis, ranking at or above the national Medicaid 75th percentile.

All of the plans showed opportunities for improvement in the area of monitoring patients on persistent medications and pharmacotherapy management of COPD exacerbation. In addition, FFS ranked below the national Medicaid 25th percentile for most of the measures related to diabetes care, indicating an area that could be improved. DHMC has opportunities for improvement among its asthma-related measures, and both FFS and DHMC performed below the national Medicaid 25th percentile in the area of spirometry testing for COPD.



### Use of Services

Within the Use of Services domain, HEDIS methodology requires that the rate be derived using only the administrative method. The Use of Services domain encompasses the following measures:

- *Ambulatory Care (Per 1,000 Member Months)—Outpatient Visits and Emergency Department Visits*
- *Inpatient Utilization—General Hospital/Acute Care—Total*
- *Antibiotic Utilization*
- *Frequency of Selected Procedures*

All of the health plans were required to report these measures in HEDIS 2016. The health plans' member months served as an eligible population proxy and were used to derive weight components when calculating the Colorado Medicaid statewide weighted average.

Rates displayed in the Use of Services domain are for information purposes only; the rates do not indicate the quality and timeliness of, or access to, 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 health plans review the Use of Services results and 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.

For reference, additional analyses for each measure indicator are displayed in Appendices A and B.

## Ambulatory Care

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

### Results

Table 7-1 shows *Outpatient Visits* and *Emergency Department Visits per 1,000 member months* for ambulatory care for all ages.

**Table 7-1—Ambulatory Care: Total Visits per 1,000 Member Months for Total Age Group**

Health Plan Name	Outpatient Visits	Emergency Department Visits*
FFS	277.74	59.69
DHMC	207.09	43.97
RMHP <sup>1</sup>	306.76	71.40
2016 Colorado Medicaid Weighted Average	274.59	59.12
2015 Colorado Medicaid Weighted Average	289.90	62.03
2014 Colorado Medicaid Weighted Average	307.00	59.14

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

<sup>1</sup> Due to changes in member eligibility for children in RMHP, the rate may not be comparable to that of DHMC.

For the *Emergency Department Visits* indicator, health plan and FFS performance varied, with the best-performing health plan reporting 43.97 ED visits per 1,000 member months and the worst-performing health plan reporting 71.40 ED visits per 1,000 member months. Rates displayed for the *Ambulatory Care* indicator are for information purposes only.

### ***Inpatient Utilization—General Hospital/Acute Care***

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

#### **Results**

Table 7-2 shows the total discharges per 1,000 member months for all ages (presented for information purposes only).

**Table 7-2—Inpatient Utilization—General Hospital/Acute Care: Total Discharges per 1,000 Member Months for Total Age Group**

Health Plan Name	Total Inpatient	Medicine	Surgery	Maternity
FFS	7.21	3.50	1.71	2.86
DHMC	5.48	3.06	0.81	2.61
RMHP <sup>1</sup>	9.35	0.65	6.37	2.42
2016 Colorado Medicaid Weighted Average	7.17	3.40	1.78	2.83
2015 Colorado Medicaid Weighted Average	7.87	3.76	1.84	3.34
2014 Colorado Medicaid Weighted Average	9.15	3.93	1.77	6.02

<sup>1</sup> Due to changes in member eligibility for children in RMHP, the rate may not be comparable to that of DHMC.

Table 7-3 shows the total number of days per 1,000 member months for all ages (presented for information purposes only).

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

Health Plan Name	Total Inpatient	Medicine	Surgery	Maternity
FFS	31.36	13.81	12.48	7.23
DHMC	24.92	13.46	7.12	7.03
RMHP <sup>1</sup>	32.70	2.53	25.02	5.34
2016 Colorado Medicaid Weighted Average	31.04	13.50	12.51	7.15
2015 Colorado Medicaid Weighted Average	9.58	4.83	2.34	3.55
2014 Colorado Medicaid Weighted Average	26.80	12.87	9.10	8.46

<sup>1</sup> Due to changes in member eligibility for children in RMHP, the rate may not be comparable to that of DHMC.

Table 7-4 displays the total average length of stay for all ages (presented for information purposes only).

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

Health Plan Name	Total Inpatient	Medicine	Surgery	Maternity
FFS	4.35	3.95	7.31	2.53
DHMC	4.55	4.41	8.77	2.69
RMHP <sup>1</sup>	3.50	3.90	3.93	2.21
2016 Colorado Medicaid Weighted Average	4.33	3.97	7.02	2.53
2015 Colorado Medicaid Weighted Average	1.22	1.28	1.27	1.06
2014 Colorado Medicaid Weighted Average	2.93	3.27	5.14	1.40

<sup>1</sup> Due to changes in member eligibility for children in RMHP, the rate may not be comparable to that of DHMC.

### Antibiotic Utilization

Table 7-5 displays the results for the antibiotic utilization indicators (presented for information purposes only).

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

Health Plan Name	Average Scripts PMPY for Antibiotics	Average Days Supplied per Antibiotic Script	Average Scripts PMPY for Antibiotics of Concern	Percentage of Antibiotics of Concern of All Antibiotic Scripts
FFS	0.99	9.75	0.38	38.20%
DHMC	0.34	9.33	0.10	28.12%
RMHP <sup>1</sup>	1.02	9.30	0.44	43.15%
2016 Colorado Medicaid Weighted Average	0.96	9.72	0.36	38.13%
2015 Colorado Medicaid Weighted Average	0.90	9.67	0.34	38.29%
2014 Colorado Medicaid Weighted Average	0.94	9.73	0.35	37.32%

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

<sup>1</sup> Due to changes in member eligibility for children in RMHP, the rate may not be comparable to that of DHMC.

### Frequency of Selected Procedures

NCQA listed the following indicators under *Frequency of Selected Procedures* because these indicators have shown wide regional variation and have generated concern regarding potential inappropriate utilization.

#### Results

Table 7-6 shows the frequency, by gender, of *Bariatric Weight Loss Surgery Procedures per 1,000 Member Months* (for information purposes only).

**Table 7-6—Frequency of Selected Procedures—Bariatric Weight Loss Surgery Procedures per 1,000 Member Months<sup>1</sup>**

Health Plan Name	Males Ages 0–19 Years	Female Ages 0–19 Years	Males Ages 20–44 Years	Female Ages 20–44 Years	Males Ages 45–64 Years	Female Ages 45–64 Years
FFS	0.00	0.00	0.01	0.05	0.01	0.07
DHMC	0.00	0.00	0.00	0.05	0.02	0.12
RMHP	0.00	0.00	0.05	0.11	0.06	0.16
2016 Colorado Medicaid Weighted Average	0.00	0.00	0.01	0.06	0.01	0.08
2015 Colorado Medicaid Weighted Average	0.00	0.00	0.01	0.06	0.01	0.06
2014 Colorado Medicaid Weighted Average	0.00	0.00	0.02	0.09	0.02	0.13

<sup>1</sup> Due to changes in the technical specifications for this measure, exercise caution when trending rates between 2016 and prior years.

Table 7-7 shows the frequency of *Tonsillectomy Procedures per 1,000 Member Months* for children (for information purposes only).

**Table 7-7—Frequency of Selected Procedures—Tonsillectomy Procedures per 1,000 Member Months<sup>1</sup>**

Health Plan Name	Ages 0–9 Years	Ages 10–19 Years
FFS	0.59	0.36
DHMC	0.31	0.18
RMHP	0.84	0.33
2016 Colorado Medicaid Weighted Average	0.57	0.35
2015 Colorado Medicaid Weighted Average	0.53	0.33
2014 Colorado Medicaid Weighted Average	0.59	0.39

<sup>1</sup> Due to changes in the technical specifications for this measure, exercise caution when trending rates between 2016 and prior years.

Table 7-8 shows the frequency of *Abdominal Hysterectomy Procedures per 1,000 Member Months* for females (for information purposes only).

**Table 7-8—Frequency of Selected Procedures—Abdominal Hysterectomy Procedures per 1,000 Member Months<sup>1</sup>**

Health Plan Name	Ages 15–44 Years	Ages 45–64 Years
FFS	0.10	0.24
DHMC	0.06	0.26
RMHP	0.15	0.26
2016 Colorado Medicaid Weighted Average	0.10	0.24
2015 Colorado Medicaid Weighted Average	0.08	0.18
2014 Colorado Medicaid Weighted Average	0.10	0.18

<sup>1</sup> Due to changes in the technical specifications for this measure, exercise caution when trending rates between 2016 and prior years.

Table 7-9 shows the frequency of *Vaginal Hysterectomy Procedures per 1,000 Member Months* for females (for information purposes only).

**Table 7-9—Frequency of Selected Procedures—Vaginal Hysterectomy Procedures per 1,000 Member Months<sup>1</sup>**

Health Plan Name	Ages 15–44 Years	Ages 45–64 Years
FFS	0.14	0.18
DHMC	0.06	0.07
RMHP	0.49	0.47
2016 Colorado Medicaid Weighted Average	0.15	0.19
2015 Colorado Medicaid Weighted Average	0.16	0.18
2014 Colorado Medicaid Weighted Average	0.19	0.17

<sup>1</sup> Due to changes in the technical specifications for this measure, exercise caution when trending rates between 2016 and prior years.

Table 7-10 shows the frequency of *Open Cholecystectomy Procedures per 1,000 Member Months* for females (for information purposes only).

**Table 7-10—Frequency of Selected Procedures—Open Cholecystectomy Procedures per 1,000 Member Months<sup>1</sup>**

Health Plan Name	Males Ages 30–64 Years	Females Ages 15–44 Years	Females Ages 45–64 Years
FFS	0.05	0.02	0.04
DHMC	0.04	0.01	0.00
RMHP	0.00	0.00	0.03
2016 Colorado Medicaid Weighted Average	0.05	0.01	0.04
2015 Colorado Medicaid Weighted Average	0.03	0.01	0.03
2014 Colorado Medicaid Weighted Average	0.03	0.02	0.06

<sup>1</sup> Due to changes in the technical specifications for this measure, exercise caution when trending rates between 2016 and prior years.

Table 7-11 shows the frequency of *Laparoscopic Cholecystectomy Procedures per 1,000 Member Months* for females and males (for information purposes only).

**Table 7-11—Frequency of Selected Procedures—Laparoscopic Cholecystectomy Procedures per 1,000 Member Months<sup>1</sup>**

Health Plan Name	Males Ages 30–64 Years	Females Ages 15–44 Years	Females Ages 45–64 Years
FFS	0.38	0.73	0.72
DHMC	0.09	0.47	0.33
RMHP	0.35	0.99	0.91
2016 Colorado Medicaid Weighted Average	0.37	0.73	0.72
2015 Colorado Medicaid Weighted Average	0.29	0.70	0.67
2014 Colorado Medicaid Weighted Average	0.29	0.83	0.74

<sup>1</sup> Due to changes in the technical specifications for this measure, exercise caution when trending rates between 2016 and prior years.



Table 7-12 shows the frequency of *Back Surgery Procedures per 1,000 Member Months* for females and males (for information purposes only).

**Table 7-12—Frequency of Selected Procedures—Back Surgery Procedures per 1,000 Member Months<sup>1</sup>**

Health Plan Name	Females Ages 20–44 Years	Males Ages 20–44 Years	Females Ages 45–64 Years	Males Ages 45–64 Years
FFS	0.24	0.29	0.85	0.88
DHMC	0.05	0.10	0.23	0.62
RMHP	0.24	0.35	0.58	0.92
2016 Colorado Medicaid Weighted Average	0.23	0.29	0.82	0.87
2015 Colorado Medicaid Weighted Average	0.17	0.23	0.55	0.54
2014 Colorado Medicaid Weighted Average	0.20	0.31	0.63	0.50

<sup>1</sup> Due to changes in the technical specifications for this measure, exercise caution when trending rates between 2016 and prior years.

Table 7-13 shows the frequency of *Mastectomy Procedures per 1,000 Member Months* for females (for information purposes only).

**Table 7-13—Frequency of Selected Procedures—Mastectomy Procedures per 1,000 Member Months<sup>1</sup>**

Health Plan Name	Ages 15–44 Years	Ages 45–64 Years
FFS	0.04	0.25
DHMC	0.00	0.23
RMHP	0.04	0.21
2016 Colorado Medicaid Weighted Average	0.04	0.25
2015 Colorado Medicaid Weighted Average	0.02	0.17
2014 Colorado Medicaid Weighted Average	0.04	0.34

<sup>1</sup> Due to changes in the technical specifications for this measure, exercise caution when trending rates between 2016 and prior years.

Table 7-14 shows the frequency of *Lumpectomy Procedures per 1,000 Member Months* for females (for information purposes only).

**Table 7-14—Frequency of Selected Procedures—Lumpectomy Procedures per 1,000 Member Months<sup>1</sup>**

Health Plan Name	Ages 15–44 Years	Ages 45–64 Years
FFS	0.10	0.30
DHMC	0.04	0.19
RMHP	0.21	0.36
2016 Colorado Medicaid Weighted Average	0.10	0.30
2015 Colorado Medicaid Weighted Average	0.09	0.35
2014 Colorado Medicaid Weighted Average	0.10	0.56

<sup>1</sup> Due to changes in the technical specifications for this measure, exercise caution when trending rates between 2016 and prior years.

### Summary of Findings

Reported rates for the health plans and Medicaid statewide weighted average rates for the Use of Services domain did not take into account the characteristics of the population; therefore, HSAG could not draw conclusions regarding performance based on the reported utilization results. Nonetheless, combined with other performance metrics, the health plans’ and Medicaid statewide weighted average utilization results provide additional information that health plans may use to assess barriers or patterns of utilization when evaluating improvement interventions.

## Appendix A. Tabular Results for Measures by Health Plan

Appendix A presents tables showing results for the measures by health plan. Where applicable, the results provided for each measure include the eligible population and rate for each health plan as well as the HEDIS 2014, HEDIS 2015, and HEDIS 2016 Colorado Medicaid statewide weighted averages. Yellow shading with one carat (^) indicates the HEDIS 2016 health plan-specific or statewide weighted average rate was at or above the national Medicaid 50th percentile.

### Pediatric Care Performance Measure Results

**Table A-1—Pediatric Care Performance Measure Results—Health Plan-Specific Rates and Colorado Medicaid Weighted Averages**

Medicaid Health Plan	Eligible Population	Rate
<i>Childhood Immunization Status</i> ‡		
<b><i>DTaP</i></b>		
FFS	22,883	62.13%
DHMC	1,931	76.13%
RMHP <sup>1</sup>	—	BR
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>		
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>		
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>		
<b><i>IPV</i></b>		
FFS	22,883	78.19%
DHMC	1,931	84.88%
RMHP <sup>1</sup>	—	BR
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>		
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>		
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>		
<b><i>MMR</i></b>		
FFS	22,883	79.94%
DHMC	1,931	85.14%
RMHP <sup>1</sup>	—	BR
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>		
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>		
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>		

Medicaid Health Plan	Eligible Population	Rate
<b><i>H1B</i></b>		
FFS	22,883	72.97%
DHMC	1,931	84.46%
RMHP <sup>1</sup>	—	BR
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>		<b>73.86%</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>		<b>77.59%</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>		<b>87.84%</b>
<b><i>Hepatitis B</i></b>		
FFS	22,883	79.64%
DHMC	1,931	87.16%
RMHP <sup>1</sup>	—	BR
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>		<b>80.22%</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>		<b>79.90%</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>		<b>88.71%</b>
<b><i>VZV</i></b>		
FFS	22,883	79.28%
DHMC	1,931	85.03%
RMHP <sup>1</sup>	—	BR
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>		<b>79.73%</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>		<b>81.49%</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>		<b>87.02%</b>
<b><i>Pneumococcal Conjugate</i></b>		
FFS	22,883	65.49%
DHMC	1,931	79.18%
RMHP <sup>1</sup>	—	BR
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>		<b>66.56%</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>		<b>66.94%</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>		<b>75.06%</b>
<b><i>Hepatitis A</i></b>		
FFS	22,883	70.48%
DHMC	1,931	84.10%
RMHP <sup>1</sup>	—	BR
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>		<b>71.54%</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>		<b>71.90%</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>		<b>77.19%</b>

Medicaid Health Plan	Eligible Population	Rate
<b>Rotavirus</b>		
FFS	22,883	58.81%
DHMC	1,931	67.69%
RMHP <sup>1</sup>	—	BR
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>		<b>59.50%</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>		<b>59.91%</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>		<b>66.00%</b>
<b>Influenza</b>		
FFS	22,883	34.44%
DHMC	1,931	55.98%^
RMHP <sup>1</sup>	—	BR
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>		<b>36.12%</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>		<b>49.08%</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>		<b>52.80%</b>
<b>Combination 2</b>		
FFS	22,883	53.24%
DHMC	1,931	75.92%^
RMHP <sup>1</sup>	—	BR
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>		<b>55.00%</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>		<b>56.25%</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>		<b>69.21%</b>
<b>Combination 3</b>		
FFS	22,883	50.63%
DHMC	1,931	75.40%^
RMHP <sup>1</sup>	—	BR
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>		<b>52.56%</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>		<b>53.35%</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>		<b>66.67%</b>
<b>Combination 4</b>		
FFS	22,883	47.23%
DHMC	1,931	74.99%^
RMHP <sup>1</sup>	—	BR
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>		<b>49.39%</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>		<b>49.45%</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>		<b>61.36%</b>

Medicaid Health Plan	Eligible Population	Rate
<b>Combination 5</b>		
FFS	22,883	41.45%
DHMC	1,931	64.68%^
RMHP <sup>1</sup>	—	BR
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>		<b>43.25%</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>		<b>42.53%</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>		<b>53.53%</b>
<b>Combination 6</b>		
FFS	22,883	23.73%
DHMC	1,931	52.87%^
RMHP <sup>1</sup>	—	BR
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>		<b>25.99%</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>		<b>35.32%</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>		<b>44.19%</b>
<b>Combination 7</b>		
FFS	22,883	38.85%
DHMC	1,931	64.42%^
RMHP <sup>1</sup>	—	BR
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>		<b>40.84%</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>		<b>39.70%</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>		<b>49.71%</b>
<b>Combination 8</b>		
FFS	22,883	22.55%
DHMC	1,931	52.67%^
RMHP <sup>1</sup>	—	BR
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>		<b>24.90%</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>		<b>33.39%</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>		<b>40.57%</b>
<b>Combination 9</b>		
FFS	22,883	20.35%
DHMC	1,931	47.02%^
RMHP <sup>1</sup>	—	BR
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>		<b>22.42%</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>		<b>29.47%</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>		<b>36.90%</b>

Medicaid Health Plan	Eligible Population	Rate
<b>Combination 10</b>		
FFS	22,883	19.35%
DHMC	1,931	46.87%^
RMHP <sup>1</sup>	—	BR
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>		<b>21.49%</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>		<b>27.93%</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>		<b>34.01%</b>
<b>Immunizations for Adolescents‡</b>		
<b>Meningococcal</b>		
FFS	21,294	64.94%
DHMC	1,903	77.72%^
RMHP <sup>1</sup>	—	BR
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>		<b>65.99%</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>		<b>64.65%</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>		<b>65.89%</b>
<b>Tdap/TD</b>		
FFS	21,294	78.88%
DHMC	1,903	78.56%
RMHP <sup>1</sup>	—	BR
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>		<b>78.86%</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>		<b>77.71%</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>		<b>82.79%</b>
<b>Combination 1 (Meningococcal, Tdap/Td)</b>		
FFS	21,294	63.79%
DHMC	1,903	76.72%^
RMHP <sup>1</sup>	—	BR
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>		<b>64.85%</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>		<b>62.33%</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>		<b>65.20%</b>
<b>Well-Child Visits in the First 15 Months of Life‡</b>		
<b>Zero Visits*</b>		
FFS	23,250	4.72%
DHMC	1,430	7.69%
RMHP <sup>1</sup>	—	NA
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>		<b>4.89%</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>		<b>3.97%</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>		<b>2.85%</b>

Medicaid Health Plan	Eligible Population	Rate
<b><i>Six or More Visits</i></b>		
FFS	23,250	47.02%
DHMC	1,430	3.36%
RMHP <sup>1</sup>	—	NA
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>		<b>44.49%</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>		<b>43.97%</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>		<b>62.11%</b>
<b><i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life‡</i></b>		
FFS	102,747	56.65%
DHMC	8,180	60.87%
RMHP <sup>1</sup>	—	BR
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>		<b>56.96%</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>		<b>57.19%</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>		<b>60.69%</b>
<b><i>Adolescent Well-Care Visits‡</i></b>		
FFS	184,793	31.67%
DHMC	13,877	38.27%
RMHP <sup>1</sup>	—	BR
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>		<b>32.13%</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>		<b>32.91%</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>		<b>37.79%</b>
<b><i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents<sup>2</sup></i></b>		
<b><i>BMI Percentile Documentation—Ages 3 to 11 Years</i></b>		
FFS	164,210	59.36%
DHMC	12,174	82.95%^
RMHP <sup>1</sup>	—	BR
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>		<b>60.99%</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>		<b>68.04%</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>		<b>54.27%</b>
<b><i>BMI Percentile Documentation—Ages 12 to 17 Years</i></b>		
FFS	83,427	58.75%
DHMC	6,481	71.43%^
RMHP <sup>1</sup>	—	BR
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>		<b>59.66%</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>		<b>71.26%</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>		<b>53.61%</b>



Medicaid Health Plan	Eligible Population	Rate
<b><i>BMI Percentile Documentation—Total</i></b>		
FFS	247,637	59.12%
DHMC	18,655	78.83%^
RMHP <sup>1</sup>	—	BR
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>		<b>60.50%</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>		<b>69.11%</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>		<b>54.08%</b>
<b><i>Counseling for Nutrition—Ages 3 to 11 Years</i></b>		
FFS	164,210	60.16%
DHMC	12,174	82.20%^
RMHP <sup>1</sup>	—	BR
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>		<b>61.68%</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>		<b>58.44%</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>		<b>56.52%</b>
<b><i>Counseling for Nutrition—Ages 12 to 17 Years</i></b>		
FFS	83,427	56.25%
DHMC	6,481	68.71%^
RMHP <sup>1</sup>	—	BR
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>		<b>57.15%</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>		<b>55.28%</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>		<b>48.33%</b>
<b><i>Counseling for Nutrition—Total</i></b>		
FFS	247,637	58.64%
DHMC	18,655	77.37%^
RMHP <sup>1</sup>	—	BR
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>		<b>59.95%</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>		<b>57.41%</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>		<b>54.23%</b>
<b><i>Counseling for Physical Activity—Ages 3 to 11 Years</i></b>		
FFS	164,210	46.61%
DHMC	12,174	61.74%^
RMHP <sup>1</sup>	—	BR
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>		<b>47.66%</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>		<b>48.82%</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>		<b>48.69%</b>

Medicaid Health Plan	Eligible Population	Rate
<b><i>Counseling for Physical Activity—Ages 12 to 17 Years</i></b>		
FFS	83,427	50.00%
DHMC	6,481	65.99%^
RMHP <sup>1</sup>	—	BR
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>		<b>51.15%</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>		<b>52.06%</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>		<b>50.64%</b>
<b><i>Counseling for Physical Activity—Total</i></b>		
FFS	247,637	47.93%
DHMC	18,655	63.26%^
RMHP <sup>1</sup>	—	BR
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>		<b>49.01%</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>		<b>49.88%</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>		<b>49.25%</b>
<b><i>Appropriate Testing for Children With Pharyngitis</i></b>		
FFS	17,394	72.82%^
DHMC	448	76.34%^
RMHP <sup>1</sup>	267	89.14%^
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>		<b>73.15%^</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>		<b>74.20%</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>		<b>72.61%</b>
<b><i>Appropriate Treatment for Children With Upper Respiratory Infection</i></b>		
FFS	41,086	91.59%^
DHMC	2,063	97.48%^
RMHP <sup>1</sup>	697	94.98%^
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>		<b>91.92%^</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>		<b>90.16%</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>		<b>—</b>
<b><i>Annual Dental Visit</i></b>		
<b><i>Ages 2 to 3 Years</i></b>		
FFS	49,358	54.11%^
DHMC	—	NB
RMHP <sup>1</sup>	—	NB
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>		<b>54.11%^</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>		<b>54.58%</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>		<b>56.11%</b>

Medicaid Health Plan	Eligible Population	Rate
<i>Ages 4 to 6 Years</i>		
FFS	78,014	65.53%^
DHMC	—	NB
RMHP <sup>1</sup>	—	NB
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>		<b>65.53% ^</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>		<b>65.50%</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>		<b>67.13%</b>
<i>Ages 7 to 10 Years</i>		
FFS	106,198	68.81%^
DHMC	—	NB
RMHP <sup>1</sup>	—	NB
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>		<b>68.81% ^</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>		<b>69.25%</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>		<b>70.42%</b>
<i>Ages 11 to 14 Years</i>		
FFS	91,995	64.18%^
DHMC	—	NB
RMHP <sup>1</sup>	—	NB
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>		<b>64.18% ^</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>		<b>64.40%</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>		<b>65.76%</b>
<i>Ages 15 to 18 Years</i>		
FFS	74,442	53.62%^
DHMC	—	NB
RMHP <sup>1</sup>	—	NB
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>		<b>53.62% ^</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>		<b>53.84%</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>		<b>56.21%</b>
<i>Ages 19 to 20 Years</i>		
FFS	28,782	34.54%
DHMC	—	NB
RMHP	—	NB
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>		<b>34.54%</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>		—
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>		—

Medicaid Health Plan	Eligible Population	Rate
<b>Total</b>		
FFS	428,789	60.59%^
DHMC	—	NB
RMHP <sup>1</sup>	—	NB
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>		<b>60.59%^</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>		<b>60.32%</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>		<b>63.41%</b>

<sup>1</sup> Due to changes in member eligibility for children in RMHP, the rate may not be comparable to that of DHMC.

<sup>2</sup> Due to changes in the technical specifications for this measure, exercise caution when trending rates between 2016 and prior years.

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

‡ Changes in the rates from HEDIS 2014 to HEDIS 2015 should be interpreted with caution due to a change in the Department’s reporting requirement from hybrid for HEDIS 2014 to administrative for HEDIS 2015 and HEDIS 2016.

— Indicates that the measure was not presented in the previous year’s aggregate report; therefore, that year’s HEDIS measure rate is not presented in this year’s report. This symbol may also indicate that the eligible population was excluded because the measure rate was not presented.

Yellow shading with one carat (^) indicates the rate was at or above the 2015 NCQA Quality Compass 50th percentile.

Bold font indicates Colorado Medicaid Weighted Average values.

BR indicates that RMHP’s reported rate was invalid; therefore, the rate is not presented.

NA indicates that the health plan followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in a Not Applicable (NA) audit designation.

NB indicates that the required benefit to calculate the measure was not offered.

## Access to Care and Preventive Screening Performance Measure Results

**Table A-2—Access to Care and Preventive Screening Performance Measure Results—Health Plan-Specific Rates and Colorado Medicaid Weighted Averages**

Medicaid Health Plan	Eligible Population	Rate
<i>Prenatal and Postpartum Care</i> ‡		
<i>Timeliness of Prenatal Care</i>		
FFS	22,148	48.42%
DHMC	1,197	81.75%
RMHP <sup>1</sup>	—	BR
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>		<b>50.13%</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>		<b>50.62%</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>		<b>74.60%</b>
<i>Postpartum Care</i>		
FFS	22,148	30.36%
DHMC	1,197	54.74%
RMHP <sup>1</sup>	—	BR
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>		<b>31.61%</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>		<b>33.14%</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>		<b>57.67%</b>
<i>Children and Adolescents' Access to Primary Care Practitioners</i>		
<i>Ages 12 to 24 Months</i>		
FFS	27,435	91.97%
DHMC	2,118	89.33%
RMHP <sup>1</sup>	—	NA
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>		<b>91.77%</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>		<b>92.91%</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>		<b>95.23%</b>
<i>Ages 25 Months to 6 Years</i>		
FFS	125,208	79.33%
DHMC	10,072	73.66%
RMHP <sup>1</sup>	73	84.93%
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>		<b>78.92%</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>		<b>79.34%</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>		<b>81.40%</b>

Medicaid Health Plan	Eligible Population	Rate
<i>Ages 7 to 11 Years</i>		
FFS	105,178	83.17%
DHMC	9,188	78.22%
RMHP <sup>1</sup>	72	91.67%^
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>		<b>82.77%</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>		<b>83.78%</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>		<b>85.68%</b>
<i>Ages 12 to 19 Years</i>		
FFS	121,778	82.62%
DHMC	10,571	79.00%
RMHP <sup>1</sup>	125	89.60%
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>		<b>82.34%</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>		<b>83.69%</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>		<b>85.48%</b>
<i>Adults' Access to Preventive/Ambulatory Health Services</i>		
<i>Ages 20 to 44 Years</i>		
FFS	304,721	63.77%
DHMC	12,658	60.52%
RMHP	14,893	68.38%
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>		<b>63.86%</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>		<b>68.84%</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>		<b>74.46%</b>
<i>Ages 45 to 64 Years</i>		
FFS	151,394	74.61%
DHMC	5,755	73.59%
RMHP	7,089	76.95%
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>		<b>74.67%</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>		<b>78.78%</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>		<b>81.17%</b>
<i>Ages 65 Years and Older</i>		
FFS	36,087	74.72%
DHMC	1,723	78.35%
RMHP	685	89.05%^
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>		<b>75.14%</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>		<b>75.52%</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>		<b>76.15%</b>

Medicaid Health Plan	Eligible Population	Rate
<b>Total</b>		
FFS	492,202	67.91%
DHMC	20,136	65.78%
RMHP	22,667	71.69%
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>		<b>67.99%</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>		<b>72.46%</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>		<b>76.42%</b>
<b>Chlamydia Screening in Women</b>		
<b>Ages 16 to 20 Years</b>		
FFS	20,959	46.75%
DHMC	1,482	69.43%^
RMHP <sup>1</sup>	270	43.70%
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>		<b>48.19%</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>		<b>47.60%</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>		<b>47.45%</b>
<b>Ages 21 to 24 Years</b>		
FFS	21,418	55.50%
DHMC	1,009	69.18%^
RMHP	1,163	46.86%
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>		<b>55.66%</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>		<b>55.49%</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>		<b>55.61%</b>
<b>Total</b>		
FFS	42,377	51.17%
DHMC	2,491	69.33%^
RMHP <sup>1</sup>	1,433	46.27%
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>		<b>52.00%</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>		<b>51.52%</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>		<b>51.66%</b>
<b>Breast Cancer Screening</b>		
FFS	24,464	29.79%
DHMC	1,686	49.17%
RMHP	591	47.38%
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>		<b>31.40%</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>		<b>32.41%</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>		<b>31.17%</b>

Medicaid Health Plan	Eligible Population	Rate
<b><i>Cervical Cancer Screening</i></b>		
FFS	225,014	47.45%
DHMC	10,648	56.93%
RMHP	—	BR
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>		<b>47.87%</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>		<b>56.64%</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>		<b>57.67%</b>
<b><i>Non-Recommended Cervical Cancer Screening in Adolescent Females<sup>2,*</sup></i></b>		
FFS	41,783	1.39%^
DHMC	3,024	0.17%^
RMHP <sup>1</sup>	445	4.04%
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>		<b>1.33%^</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>		<b>1.74%</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>		—
<b><i>Adult BMI Assessment</i></b>		
FFS	204,446	71.53%
DHMC	10,385	84.43%^
RMHP	—	BR
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>		<b>72.16%</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>		<b>82.64%</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>		<b>71.34%</b>

<sup>1</sup> Due to changes in member eligibility for children in RMHP, the rate may not be comparable to that of DHMC.

<sup>2</sup> Due to changes in the technical specifications for this measure, exercise caution when trending rates between 2016 and prior years.

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

‡ Changes in the rates from HEDIS 2014 to HEDIS 2015 should be interpreted with caution due to a change in the Department's reporting requirement from hybrid for HEDIS 2014 to administrative for HEDIS 2015 and HEDIS 2016. Of note, DHMC and RMHP reported the Prenatal and Postpartum Care measure as hybrid; however, FFS reported this measure administratively in 2016.

— Indicates that the measure was not presented in the previous year's aggregate report; therefore, that year's HEDIS measure rate is not presented in this year's report. This symbol may also indicate that the eligible population was excluded because the measure rate was not presented.

Yellow shading with one carat (^) indicates the rate was at or above the 2015 NCQA Quality Compass 50th percentile.

Bold font indicates Colorado Medicaid Weighted Average values.

BR indicates that RMHP's reported rate was invalid; therefore, the rate is not presented.

NA indicates that the health plan followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in a Not Applicable (NA) audit designation.



## Mental/Behavioral Health Performance Measure Results

**Table A-3—Mental/Behavioral Health Performance Measure Results—Health Plan-Specific Rates and Colorado Medicaid Weighted Averages**

Medicaid Health Plan	Eligible Population	Rate
<i>Antidepressant Medication Management</i>		
<i>Effective Acute Phase Treatment</i>		
FFS	14,306	67.72%^
DHMC	589	46.35%
RMHP	482	69.92%^
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>		<b>66.97% ^</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>		<b>65.37%</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>		<b>62.03%</b>
<i>Effective Continuation Phase Treatment</i>		
FFS	14,306	53.53%^
DHMC	589	31.41%
RMHP	482	57.47%^
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>		<b>52.81% ^</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>		<b>49.82%</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>		<b>46.72%</b>
<i>Follow-Up Care for Children Prescribed ADHD Medication</i>		
<i>Initiation Phase</i>		
FFS	3,310	35.26%
DHMC	136	29.41%
RMHP <sup>1</sup>	108	35.19%
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>		<b>35.03%</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>		<b>33.56%</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>		<b>34.18%</b>
<i>Continuation and Maintenance Phase</i>		
FFS	987	35.36%
DHMC	—	NA
RMHP <sup>1</sup>	—	NA
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>		<b>34.95%</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>		<b>33.37%</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>		<b>36.51%</b>

Medicaid Health Plan	Eligible Population	Rate
<b><i>Use of Multiple Concurrent Antipsychotics in Children and Adolescents*</i></b>		
<b><i>Ages 1 to 5 Years</i></b>		
FFS	34	0.00%
DHMC	—	NA
RMHP <sup>1</sup>	—	NA
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>		<b>0.00%</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>		—
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>		—
<b><i>Ages 6 to 11 Years</i></b>		
FFS	1,139	3.78%
DHMC	—	NA
RMHP <sup>1</sup>	—	NA
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>		<b>3.77%</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>		—
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>		—
<b><i>Ages 12 to 17 Years</i></b>		
FFS	2,406	7.90%
DHMC	31	3.23%
RMHP <sup>1</sup>	—	NA
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>		<b>7.79%</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>		—
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>		—
<b><i>Total</i></b>		
FFS	3,579	6.51%
DHMC	44	4.55%
RMHP <sup>1</sup>	30	0.00%
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>		<b>6.43%</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>		—
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>		—

<sup>1</sup> Due to changes in member eligibility for children in RMHP, the rate may not be comparable to that of DHMC.

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

— Indicates that the measure was not presented in the previous year's aggregate report; therefore, that year's HEDIS measure rate is not presented in this year's report. This symbol may also indicate that the eligible population was excluded because the measure rate was not presented.

Yellow shading with one carat (^) indicates the rate was at or above the 2015 NCQA Quality Compass 50th percentile.

Bold font indicates Colorado Medicaid Weighted Average values.

NA indicates that the health plan followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in a Not Applicable (NA) audit designation.

## Living With Illness Performance Measure Results

**Table A-4—Living With Illness Performance Measure Results—Health Plan-Specific Rates and Colorado Medicaid Weighted Averages**

Medicaid Health Plan	Eligible Population	Rate
<b><i>Controlling High Blood Pressure</i></b>		
FFS	40,986	58.64%^
DHMC	2,016	63.99%^
RMHP	—	BR
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>		<b>58.89%^</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>		<b>53.54%</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>		<b>50.48%</b>
<b><i>Persistence of Beta-Blocker Treatment After a Heart Attack</i></b>		
FFS	509	75.64%
DHMC	—	NA
RMHP	—	NA
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>		<b>75.60%</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>		<b>73.90%</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>		—
<b><i>Comprehensive Diabetes Care<sup>2</sup></i></b>		
<b><i>Hemoglobin A1c (HbA1c) Testing</i></b>		
FFS	37,252	77.13%
DHMC	1,960	89.78%^
RMHP	—	BR
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>		<b>77.76%</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>		<b>82.16%</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>		<b>74.56%</b>
<b><i>HbA1c Poor Control (&gt;9.0%)*</i></b>		
FFS	37,252	55.96%
DHMC	1,960	36.74%^
RMHP	—	BR
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>		<b>55.00%</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>		<b>44.18%</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>		<b>56.33%</b>
<b><i>HbA1c Control (&lt;8.0%)</i></b>		
FFS	37,252	36.74%
DHMC	1,960	48.66%^
RMHP	—	BR
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>		<b>37.34%</b>

Medicaid Health Plan	Eligible Population	Rate
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>		<b>43.61%</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>		<b>37.24%</b>
<i>Eye Exam (Retinal) Performed</i>		
FFS	37,252	39.66%
DHMC	1,960	55.96%^
RMHP	—	BR
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>		<b>40.47%</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>		<b>45.85%</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>		<b>41.68%</b>
<i>Medical Attention for Nephropathy</i>		
FFS	37,252	85.16%^
DHMC	1,960	89.29%^
RMHP	—	BR
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>		<b>85.36%^</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>		<b>73.64%</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>		<b>71.22%</b>
<i>Blood Pressure Control (&lt;140/90 mm Hg)</i>		
FFS	37,252	57.42%
DHMC	1,960	73.72%^
RMHP	—	BR
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>		<b>58.24%</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>		<b>61.91%</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>		<b>58.21%</b>
<i>Annual Monitoring for Patients on Persistent Medications</i>		
<i>ACE Inhibitors or ARBs</i>		
FFS	29,499	83.49%
DHMC	1,692	85.22%
RMHP	1,352	84.54%
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>		<b>83.62%</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>		<b>85.32%</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>		<b>85.84%</b>
<i>Digoxin</i>		
FFS	272	55.51%^
DHMC	—	NA
RMHP	—	NA
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>		<b>55.78%^</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>		<b>59.26%</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>		<b>89.16%</b>

Medicaid Health Plan	Eligible Population	Rate
<b>Diuretics</b>		
FFS	19,486	83.57%
DHMC	1,144	85.05%
RMHP	954	84.17%
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>		<b>83.68%</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>		<b>85.47%</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>		<b>86.26%</b>
<b>Total</b>		
FFS	49,257	83.37%
DHMC	2,847	85.14%
RMHP	2,326	84.05%
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>		<b>83.49%</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>		<b>85.20%</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>		<b>83.29%</b>
<b>Use of Imaging Studies for Low Back Pain<sup>2</sup></b>		
FFS	12,476	76.92%^
DHMC	571	81.26%^
RMHP	462	78.35%^
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>		<b>77.16%^</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>		<b>78.71%</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>		<b>78.46%</b>
<b>Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis</b>		
FFS	5,922	30.46%^
DHMC	101	45.54%^
RMHP	228	42.11%^
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>		<b>31.13%^</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>		<b>29.52%</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>		<b>—</b>
<b>Pharmacotherapy Management of COPD Exacerbation</b>		
<b>Systemic Corticosteroid</b>		
FFS	1,892	68.45%
DHMC	208	61.54%
RMHP	163	53.99%
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>		<b>66.77%</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>		<b>59.73%</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>		<b>59.43%</b>

Medicaid Health Plan	Eligible Population	Rate
<b><i>Bronchodilator</i></b>		
FFS	1,892	82.29%
DHMC	208	73.08%
RMHP	163	57.06%
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>		<b>79.63%</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>		<b>75.65%</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>		<b>76.11%</b>
<b><i>Medication Management for People With Asthma<sup>2</sup></i></b>		
<b><i>Medication Compliance 50%—Ages 5 to 11 Years</i></b>		
FFS	4,499	71.42%^
DHMC	233	30.47%
RMHP <sup>1</sup>	—	NA
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>		<b>69.33% ^</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>		<b>67.45%</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>		<b>—</b>
<b><i>Medication Compliance 50%—Ages 12 to 18 Years</i></b>		
FFS	3,059	65.54%^
DHMC	155	36.13%
RMHP <sup>1</sup>	—	NA
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>		<b>64.14% ^</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>		<b>62.26%</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>		<b>—</b>
<b><i>Medication Compliance 50%—Ages 19 to 50 Years</i></b>		
FFS	3,562	70.80%^
DHMC	147	46.26%
RMHP	66	66.67%^
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>		<b>69.77% ^</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>		<b>68.26%</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>		<b>—</b>
<b><i>Medication Compliance 50%—Ages 51 to 64 Years</i></b>		
FFS	865	81.16%^
DHMC	46	78.26%^
RMHP	—	NA
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>		<b>81.13% ^</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>		<b>75.26%</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>		<b>—</b>

Medicaid Health Plan	Eligible Population	Rate
<b>Medication Compliance 50%—Total</b>		
FFS	11,985	70.44%^
DHMC	581	39.76%
RMHP <sup>1</sup>	88	65.91%^
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>		<b>69.00% ^</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>		<b>66.46%</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>		<b>—</b>
<b>Medication Compliance 75%—Ages 5 to 11 Years</b>		
FFS	4,499	47.88%^
DHMC	233	9.01%
RMHP <sup>1</sup>	—	NA
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>		<b>45.92% ^</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>		<b>44.40%</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>		<b>—</b>
<b>Medication Compliance 75%—Ages 12 to 18 Years</b>		
FFS	3,059	42.53%^
DHMC	155	14.84%
RMHP <sup>1</sup>	—	NA
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>		<b>41.17% ^</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>		<b>38.26%</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>		<b>—</b>
<b>Medication Compliance 75%—Ages 19 to 50 Years</b>		
FFS	3,562	49.02%^
DHMC	147	21.77%
RMHP	66	50.00%^
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>		<b>47.97% ^</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>		<b>46.06%</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>		<b>—</b>
<b>Medication Compliance 75%—Ages 51 to 64 Years</b>		
FFS	865	58.84%^
DHMC	46	47.83%
RMHP	—	NA
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>		<b>58.23% ^</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>		<b>56.19%</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>		<b>—</b>

Medicaid Health Plan	Eligible Population	Rate
<b>Medication Compliance 75%—Total</b>		
FFS	11,985	47.64%^
DHMC	581	16.87%
RMHP <sup>1</sup>	88	45.45%^
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>		<b>46.21% ^</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>		<b>43.49%</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>		<b>—</b>
<b>Asthma Medication Ratio<sup>2</sup></b>		
<b>Ages 5 to 11 Years</b>		
FFS	4,771	72.46%^
DHMC	253	39.53%
RMHP <sup>1</sup>	—	NA
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>		<b>70.83% ^</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>		<b>71.77%</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>		<b>77.96%</b>
<b>Ages 12 to 18 Years</b>		
FFS	3,440	61.45%^
DHMC	178	29.21%
RMHP <sup>1</sup>	—	NA
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>		<b>59.87% ^</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>		<b>72.22%</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>		<b>62.82%</b>
<b>Ages 19 to 50 Years</b>		
FFS	4,398	51.73%^
DHMC	202	25.74%
RMHP	85	58.82%^
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>		<b>50.74% ^</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>		<b>77.08%</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>		<b>48.47%</b>
<b>Ages 51 to 64 Years</b>		
FFS	1,072	61.85%^
DHMC	77	33.77%
RMHP	—	NA
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>		<b>59.64% ^</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>		<b>72.33%</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>		<b>55.96%</b>



Medicaid Health Plan	Eligible Population	Rate
<b>Total</b>		
FFS	13,681	62.20%^
DHMC	710	32.39%
RMHP <sup>1</sup>	115	58.26%
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>		<b>60.71%</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>		<b>73.17%</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>		<b>65.55%</b>
<b><i>Use of Spirometry Testing in the Assessment and Diagnosis of COPD</i></b>		
FFS	2,266	25.11%
DHMC	199	26.13%
RMHP	48	35.42%^
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>		<b>25.39%</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>		<b>22.87%</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>		<b>23.79%</b>
<b><i>Disease-Modifying Anti-Rheumatic Drug Therapy in Rheumatoid Arthritis</i></b>		
FFS	1,437	80.72%^
DHMC	84	83.33%^
RMHP	100	65.00%
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>		<b>79.89%^</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>		<b>75.33%</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>		<b>73.17%</b>

<sup>1</sup> Due to changes in member eligibility for children in RMHP, the rate may not be comparable to that of DHMC.

<sup>2</sup> Due to changes in the technical specifications for this measure, exercise caution when trending rates between 2016 and prior years.

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

— Indicates that the measure was not presented in the previous year’s aggregate report; therefore, that year’s HEDIS measure rate is not presented in this year’s report. This symbol may also indicate that the eligible population was excluded because the measure rate was not presented.

Yellow shading with one carat (^) indicates the rate was at or above the 2015 NCQA Quality Compass 50th percentile.

Bold font indicates Colorado Medicaid Weighted Average values.

BR indicates that RMHP’s reported rate was invalid; therefore, the rate is not presented.

NA indicates that the health plan followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in a Not Applicable (NA) audit designation.

## Use of Services Measure Results

**Table A-5—Use of Services Measure Results—Health Plan-Specific Rates and Colorado Medicaid Weighted Averages**

Medicaid Health Plan	Rate
<i>Ambulatory Care (Per 1,000 Member Months)</i>	
<i>Outpatient Visits—Age &lt;1 Year</i>	
FFS	712.79
DHMC	143.62
RMHP <sup>1</sup>	392.86†
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>675.15</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>715.84</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>734.50</b>
<i>Outpatient Visits—Ages 1 to 9 Years</i>	
FFS	231.79
DHMC	176.01
RMHP <sup>1</sup>	507.69
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>227.73</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>238.04</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>243.08</b>
<i>Outpatient Visits—Ages 10 to 19 Years</i>	
FFS	197.50
DHMC	157.24
RMHP <sup>1</sup>	210.43
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>194.51</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>208.08</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>217.95</b>
<i>Outpatient Visits—Ages 20 to 44 Years</i>	
FFS	237.02
DHMC	226.26
RMHP	244.71
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>236.98</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>265.84</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>318.55</b>
<i>Outpatient Visits—Ages 45 to 64 Years</i>	
FFS	404.49
DHMC	353.89
RMHP	419.17
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>403.43</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>422.62</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>491.24</b>

Medicaid Health Plan	Rate
<b><i>Outpatient Visits—Ages 65 to 74 Years</i></b>	
FFS	503.51
DHMC	439.76
RMHP	608.30
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>502.36</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>432.96</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>437.32</b>
<b><i>Outpatient Visits—Ages 75 to 84 Years</i></b>	
FFS	525.52
DHMC	409.33
RMHP	588.16
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>521.44</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>397.75</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>394.35</b>
<b><i>Outpatient Visits—Ages 85+ Years</i></b>	
FFS	482.46
DHMC	342.78
RMHP	494.69
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>479.04</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>283.37</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>277.78</b>
<b><i>Outpatient Visits—Total</i></b>	
FFS	277.74
DHMC	207.09
RMHP <sup>1</sup>	306.76
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>274.59</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>289.90</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>307.00</b>
<b><i>Emergency Department Visits—Age &lt;1 Year*</i></b>	
FFS	91.04
DHMC	16.95
RMHP <sup>1</sup>	NA
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>86.14</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>92.06</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>92.53</b>
<b><i>Emergency Department Visits—Ages 1 to 9 Years*</i></b>	
FFS	46.79
DHMC	36.43
RMHP <sup>1</sup>	61.49

Medicaid Health Plan	Rate
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>46.01</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>47.63</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>45.29</b>
<i>Emergency Department Visits—Ages 10 to 19 Years*</i>	
FFS	40.26
DHMC	24.69
RMHP <sup>1</sup>	63.28
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>39.17</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>41.84</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>38.73</b>
<i>Emergency Department Visits—Ages 20 to 44 Years*</i>	
FFS	77.82
DHMC	70.03
RMHP	77.25
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>77.49</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>84.80</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>92.11</b>
<i>Emergency Department Visits—Ages 45 to 64 Years*</i>	
FFS	62.19
DHMC	65.03
RMHP	60.39
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>62.20</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>64.83</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>72.80</b>
<i>Emergency Department Visits—Ages 65 to 74 Years*</i>	
FFS	55.48
DHMC	59.37
RMHP	80.29
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>56.19</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>48.38</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>40.44</b>
<i>Emergency Department Visits—Ages 75 to 84 Years*</i>	
FFS	50.12
DHMC	44.60
RMHP	58.88
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>50.03</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>42.41</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>32.87</b>

Medicaid Health Plan	Rate
<b><i>Emergency Department Visits—Ages 85+ Years*</i></b>	
FFS	41.33
DHMC	41.84
RMHP	51.66
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>41.60</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>35.72</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>29.05</b>
<b><i>Emergency Department Visits—Total*</i></b>	
FFS	59.69
DHMC	43.97
RMHP <sup>1</sup>	71.40
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>59.12</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>62.03</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>59.14</b>
<b><i>Inpatient Utilization—General Hospital/Acute Care</i></b>	
<b><i>Discharges per 1,000 Member Months (Total Inpatient)—Age &lt;1 Year</i></b>	
FFS	10.13
DHMC	6.40
RMHP <sup>1</sup>	NA
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>9.88</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>9.84</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>10.30</b>
<b><i>Discharges per 1,000 Member Months (Total Inpatient)—Ages 1 to 9 Years</i></b>	
FFS	1.74
DHMC	1.40
RMHP <sup>1</sup>	12.81
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>1.72</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>1.80</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>1.87</b>
<b><i>Discharges per 1,000 Member Months (Total Inpatient)—Ages 10 to 19 Years</i></b>	
FFS	2.23
DHMC	1.74
RMHP <sup>1</sup>	7.25
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>2.21</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>2.55</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>3.61</b>

Medicaid Health Plan	Rate
<b><i>Discharges per 1,000 Member Months (Total Inpatient)—Ages 20 to 44 Years</i></b>	
FFS	9.90
DHMC	9.56
RMHP	8.57
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>9.82</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>11.43</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>18.11</b>
<b><i>Discharges per 1,000 Member Months (Total Inpatient)—Ages 45 to 64 Years</i></b>	
FFS	12.61
DHMC	15.74
RMHP	10.35
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>12.61</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>13.99</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>18.57</b>
<b><i>Discharges per 1,000 Member Months (Total Inpatient)—Ages 65 to 74 Years</i></b>	
FFS	18.30
DHMC	14.67
RMHP	16.44
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>18.08</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>17.93</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>17.03</b>
<b><i>Discharges per 1,000 Member Months (Total Inpatient)—Ages 75 to 84 Years</i></b>	
FFS	20.49
DHMC	15.68
RMHP	18.00
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>20.22</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>19.17</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>18.27</b>
<b><i>Discharges per 1,000 Member Months (Total Inpatient)—Ages 85+ Years</i></b>	
FFS	19.39
DHMC	19.23
RMHP	19.46
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>19.38</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>18.84</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>18.69</b>

Medicaid Health Plan	Rate
<b><i>Discharges per 1,000 Member Months (Total Inpatient)—Total</i></b>	
FFS	7.21
DHMC	5.48
RMHP <sup>1</sup>	9.35
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>7.17</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>7.87</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>9.15</b>
<b><i>Days per 1,000 Member Months (Total Inpatient)—Age &lt;1 Year</i></b>	
FFS	70.13
DHMC	38.40
RMHP <sup>1</sup>	NA
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>68.03</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>11.22</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>43.36</b>
<b><i>Days per 1,000 Member Months (Total Inpatient)—Ages 1 to 9 Years</i></b>	
FFS	7.13
DHMC	5.86
RMHP <sup>1</sup>	40.56
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>7.06</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>2.13</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>6.18</b>
<b><i>Days per 1,000 Member Months (Total Inpatient)—Ages 10 to 19 Years</i></b>	
FFS	8.33
DHMC	5.49
RMHP <sup>1</sup>	19.36
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>8.16</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>2.87</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>8.55</b>
<b><i>Days per 1,000 Member Months (Total Inpatient)—Ages 20 to 44 Years</i></b>	
FFS	35.20
DHMC	34.96
RMHP	24.65
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>34.67</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>13.07</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>39.58</b>
<b><i>Days per 1,000 Member Months (Total Inpatient)—Ages 45 to 64 Years</i></b>	
FFS	67.39
DHMC	90.36
RMHP	44.85

Medicaid Health Plan	Rate
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>67.11</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>16.77</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>79.93</b>
<i>Days per 1,000 Member Months (Total Inpatient)—Ages 65 to 74 Years</i>	
FFS	87.03
DHMC	84.32
RMHP	88.32
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>86.92</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>29.48</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>62.34</b>
<i>Days per 1,000 Member Months (Total Inpatient)—Ages 75 to 84 Years</i>	
FFS	100.33
DHMC	105.38
RMHP	100.98
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>100.57</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>34.82</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>64.62</b>
<i>Days per 1,000 Member Months (Total Inpatient)—Ages 85+ Years</i>	
FFS	85.76
DHMC	93.45
RMHP	108.63
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>86.55</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>31.91</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>59.35</b>
<i>Days per 1,000 Member Months (Total Inpatient)—Total</i>	
FFS	31.36
DHMC	24.92
RMHP <sup>1</sup>	32.70
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>31.04</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>9.58</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>26.80</b>
<i>Average Length of Stay (Total Inpatient)—Age &lt;1 Year</i>	
FFS	6.92
DHMC	6.00
RMHP <sup>1</sup>	NA
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>6.88</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>1.14</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>4.21</b>





Medicaid Health Plan	Rate
<b><i>Average Length of Stay (Total Inpatient)—Ages 1 to 9 Years</i></b>	
FFS	4.10
DHMC	4.20
RMHP <sup>1</sup>	3.17
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>4.10</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>1.18</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>3.31</b>
<b><i>Average Length of Stay (Total Inpatient)—Ages 10 to 19 Years</i></b>	
FFS	3.74
DHMC	3.16
RMHP <sup>1</sup>	2.67
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>3.69</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>1.13</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>2.37</b>
<b><i>Average Length of Stay (Total Inpatient)—Ages 20 to 44 Years</i></b>	
FFS	3.56
DHMC	3.66
RMHP	2.87
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>3.53</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>1.14</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>2.18</b>
<b><i>Average Length of Stay (Total Inpatient)—Ages 45 to 64 Years</i></b>	
FFS	5.34
DHMC	5.74
RMHP	4.33
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>5.32</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>1.20</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>4.31</b>
<b><i>Average Length of Stay (Total Inpatient)—Ages 65 to 74 Years</i></b>	
FFS	4.76
DHMC	5.75
RMHP	5.37
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>4.81</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>1.64</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>3.66</b>
<b><i>Average Length of Stay (Total Inpatient)—Ages 75 to 84 Years</i></b>	
FFS	4.90
DHMC	6.72
RMHP	5.61

Medicaid Health Plan	Rate
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>4.97</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>1.82</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>3.54</b>
<i>Average Length of Stay (Total Inpatient)—Ages 85+ Years</i>	
FFS	4.42
DHMC	4.86
RMHP	5.58
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>4.46</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>1.69</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>3.18</b>
<i>Average Length of Stay (Total Inpatient)—Total</i>	
FFS	4.35
DHMC	4.55
RMHP <sup>1</sup>	3.50
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>4.33</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>1.22</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>2.93</b>
<i>Discharges per 1,000 Member Months (Medicine)—Age &lt;1 Year</i>	
FFS	8.37
DHMC	5.86
RMHP <sup>1</sup>	NA
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>8.20</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>8.15</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>8.64</b>
<i>Discharges per 1,000 Member Months (Medicine)—Ages 1 to 9 Years</i>	
FFS	1.39
DHMC	1.24
RMHP <sup>1</sup>	8.54
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>1.39</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>1.46</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>1.48</b>
<i>Discharges per 1,000 Member Months (Medicine)—Ages 10 to 19 Years</i>	
FFS	0.84
DHMC	0.66
RMHP <sup>1</sup>	0.74
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>0.83</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>0.96</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>1.01</b>

Medicaid Health Plan	Rate
<b><i>Discharges per 1,000 Member Months (Medicine)—Ages 20 to 44 Years</i></b>	
FFS	2.91
DHMC	2.86
RMHP	0.45
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>2.79</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>3.20</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>3.97</b>
<b><i>Discharges per 1,000 Member Months (Medicine)—Ages 45 to 64 Years</i></b>	
FFS	7.86
DHMC	12.20
RMHP	0.77
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>7.67</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>8.65</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>11.73</b>
<b><i>Discharges per 1,000 Member Months (Medicine)—Ages 65 to 74 Years</i></b>	
FFS	12.55
DHMC	11.50
RMHP	1.15
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>12.27</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>12.62</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>11.73</b>
<b><i>Discharges per 1,000 Member Months (Medicine)—Ages 75 to 84 Years</i></b>	
FFS	15.30
DHMC	11.70
RMHP	2.75
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>14.90</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>14.46</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>13.31</b>
<b><i>Discharges per 1,000 Member Months (Medicine)—Ages 85+ Years</i></b>	
FFS	15.85
DHMC	16.53
RMHP	2.83
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>15.54</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>15.34</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>15.34</b>
<b><i>Discharges per 1,000 Member Months (Medicine)—Total</i></b>	
FFS	3.50
DHMC	3.06
RMHP <sup>1</sup>	0.65

Medicaid Health Plan	Rate
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>3.40</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>3.76</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>3.93</b>
<i>Days per 1,000 Member Months (Medicine)—Age &lt;1 Year</i>	
FFS	44.53
DHMC	23.78
RMHP <sup>1</sup>	NA
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>43.16</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>9.35</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>30.40</b>
<i>Days per 1,000 Member Months (Medicine)—Ages 1 to 9 Years</i>	
FFS	4.35
DHMC	3.41
RMHP <sup>1</sup>	17.93
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>4.29</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>1.72</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>4.29</b>
<i>Days per 1,000 Member Months (Medicine)—Ages 10 to 19 Years</i>	
FFS	2.91
DHMC	1.85
RMHP <sup>1</sup>	2.31
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>2.83</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>1.15</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>3.04</b>
<i>Days per 1,000 Member Months (Medicine)—Ages 20 to 44 Years</i>	
FFS	10.62
DHMC	12.74
RMHP	1.53
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>10.25</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>3.93</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>12.65</b>
<i>Days per 1,000 Member Months (Medicine)—Ages 45 to 64 Years</i>	
FFS	32.60
DHMC	60.60
RMHP	3.66
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>32.18</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>10.50</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>42.31</b>

Medicaid Health Plan	Rate
<b>Days per 1,000 Member Months (Medicine)—Ages 65 to 74 Years</b>	
FFS	49.93
DHMC	64.89
RMHP	3.44
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>49.75</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>20.64</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>37.85</b>
<b>Days per 1,000 Member Months (Medicine)—Ages 75 to 84 Years</b>	
FFS	65.27
DHMC	55.91
RMHP	16.47
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>63.91</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>25.88</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>40.62</b>
<b>Days per 1,000 Member Months (Medicine)—Ages 85+ Years</b>	
FFS	64.59
DHMC	75.24
RMHP	13.80
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>63.58</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>25.45</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>45.72</b>
<b>Days per 1,000 Member Months (Medicine)—Total</b>	
FFS	13.81
DHMC	13.46
RMHP <sup>1</sup>	2.53
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>13.50</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>4.83</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>12.87</b>
<b>Average Length of Stay (Medicine)—Age &lt;1 Year</b>	
FFS	5.32
DHMC	4.06
RMHP <sup>1</sup>	NA
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>5.26</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>1.15</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>3.52</b>
<b>Average Length of Stay (Medicine)—Ages 1 to 9 Years</b>	
FFS	3.12
DHMC	2.75
RMHP <sup>1</sup>	2.10†

Medicaid Health Plan	Rate
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>3.09</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>1.18</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>2.91</b>
<i>Average Length of Stay (Medicine)—Ages 10 to 19 Years</i>	
FFS	3.46
DHMC	2.82
RMHP <sup>1</sup>	3.11†
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>3.42</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>1.19</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>3.01</b>
<i>Average Length of Stay (Medicine)—Ages 20 to 44 Years</i>	
FFS	3.65
DHMC	4.45
RMHP	3.43
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>3.68</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>1.23</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>3.18</b>
<i>Average Length of Stay (Medicine)—Ages 45 to 64 Years</i>	
FFS	4.15
DHMC	4.97
RMHP	4.73
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>4.20</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>1.21</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>3.61</b>
<i>Average Length of Stay (Medicine)—Ages 65 to 74 Years</i>	
FFS	3.98
DHMC	5.64
RMHP	3.00†
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>4.06</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>1.64</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>3.23</b>
<i>Average Length of Stay (Medicine)—Ages 75 to 84 Years</i>	
FFS	4.27
DHMC	4.78
RMHP	6.00†
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>4.29</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>1.79</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>3.05</b>

Medicaid Health Plan	Rate
<b><i>Average Length of Stay (Medicine)—Ages 85+ Years</i></b>	
FFS	4.07
DHMC	4.55
RMHP	4.88†
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>4.09</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>1.66</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>2.98</b>
<b><i>Average Length of Stay (Medicine)—Total</i></b>	
FFS	3.95
DHMC	4.41
RMHP <sup>1</sup>	3.90
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>3.97</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>1.28</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>3.27</b>
<b><i>Discharges per 1,000 Member Months (Surgery)—Age &lt;1 Year</i></b>	
FFS	1.74
DHMC	0.54
RMHP <sup>1</sup>	NA
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>1.66</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>1.67</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>1.63</b>
<b><i>Discharges per 1,000 Member Months (Surgery)—Ages 1 to 9 Years</i></b>	
FFS	0.34
DHMC	0.15
RMHP <sup>1</sup>	4.27
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>0.33</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>0.34</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>0.39</b>
<b><i>Discharges per 1,000 Member Months (Surgery)—Ages 10 to 19 Years</i></b>	
FFS	0.43
DHMC	0.26
RMHP <sup>1</sup>	2.72
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>0.43</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>0.46</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>0.58</b>
<b><i>Discharges per 1,000 Member Months (Surgery)—Ages 20 to 44 Years</i></b>	
FFS	1.60
DHMC	0.91
RMHP	4.65

Medicaid Health Plan	Rate
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>1.73</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>1.82</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>2.07</b>
<i>Discharges per 1,000 Member Months (Surgery)—Ages 45 to 64 Years</i>	
FFS	4.73
DHMC	3.48
RMHP	9.57
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>4.92</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>5.31</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>6.77</b>
<i>Discharges per 1,000 Member Months (Surgery)—Ages 65 to 74 Years</i>	
FFS	5.74
DHMC	3.18
RMHP	15.29
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>5.81</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>5.31</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>5.29</b>
<i>Discharges per 1,000 Member Months (Surgery)—Ages 75 to 84 Years</i>	
FFS	5.18
DHMC	3.98
RMHP	15.25
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>5.32</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>4.71</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>4.95</b>
<i>Discharges per 1,000 Member Months (Surgery)—Ages 85+ Years</i>	
FFS	3.53
DHMC	2.70
RMHP	16.63
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>3.84</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>3.48</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>3.34</b>
<i>Discharges per 1,000 Member Months (Surgery)—Total</i>	
FFS	1.71
DHMC	0.81
RMHP <sup>1</sup>	6.37
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>1.78</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>1.84</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>1.77</b>



Medicaid Health Plan	Rate
<b><i>Days per 1,000 Member Months (Surgery)—Age &lt;1 Year</i></b>	
FFS	25.49
DHMC	14.62
RMHP <sup>1</sup>	NA
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>24.77</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>1.85</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>12.92</b>
<b><i>Days per 1,000 Member Months (Surgery)—Ages 1 to 9 Years</i></b>	
FFS	2.78
DHMC	2.45
RMHP <sup>1</sup>	22.63
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>2.77</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>0.41</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>1.88</b>
<b><i>Days per 1,000 Member Months (Surgery)—Ages 10 to 19 Years</i></b>	
FFS	2.91
DHMC	1.34
RMHP <sup>1</sup>	7.91
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>2.81</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>0.52</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>2.79</b>
<b><i>Days per 1,000 Member Months (Surgery)—Ages 20 to 44 Years</i></b>	
FFS	11.02
DHMC	6.77
RMHP	15.49
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>11.07</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>2.35</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>9.89</b>
<b><i>Days per 1,000 Member Months (Surgery)—Ages 45 to 64 Years</i></b>	
FFS	34.72
DHMC	29.57
RMHP	41.15
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>34.85</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>6.23</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>37.48</b>
<b><i>Days per 1,000 Member Months (Surgery)—Ages 65 to 74 Years</i></b>	
FFS	37.06
DHMC	19.44
RMHP	84.88

Medicaid Health Plan	Rate
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>37.13</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>8.84</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>24.48</b>
<i>Days per 1,000 Member Months (Surgery)—Ages 75 to 84 Years</i>	
FFS	35.05
DHMC	49.48
RMHP	84.50
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>36.65</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>8.94</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>24.00</b>
<i>Days per 1,000 Member Months (Surgery)—Ages 85+ Years</i>	
FFS	21.17
DHMC	18.22
RMHP	94.83
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>22.97</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>6.44</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>13.60</b>
<i>Days per 1,000 Member Months (Surgery)—Total</i>	
FFS	12.48
DHMC	7.12
RMHP <sup>1</sup>	25.02
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>12.51</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>2.34</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>9.10</b>
<i>Average Length of Stay (Surgery)—Age &lt;1 Year</i>	
FFS	14.65
DHMC	26.93†
RMHP <sup>1</sup>	NA
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>14.92</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>1.11</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>7.93</b>
<i>Average Length of Stay (Surgery)—Ages 1 to 9 Years</i>	
FFS	8.07
DHMC	15.98
RMHP <sup>1</sup>	5.30†
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>8.33</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>1.19</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>4.82</b>

Medicaid Health Plan	Rate
<i>Average Length of Stay (Surgery)—Ages 10 to 19 Years</i>	
FFS	6.73
DHMC	5.21
RMHP <sup>1</sup>	2.91
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>6.56</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>1.14</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>4.80</b>
<i>Average Length of Stay (Surgery)—Ages 20 to 44 Years</i>	
FFS	6.88
DHMC	7.42
RMHP	3.33
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>6.42</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>1.29</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>4.78</b>
<i>Average Length of Stay (Surgery)—Ages 45 to 64 Years</i>	
FFS	7.34
DHMC	8.49
RMHP	4.30
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>7.08</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>1.17</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>5.54</b>
<i>Average Length of Stay (Surgery)—Ages 65 to 74 Years</i>	
FFS	6.45
DHMC	6.12
RMHP	5.55
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>6.39</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>1.66</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>4.63</b>
<i>Average Length of Stay (Surgery)—Ages 75 to 84 Years</i>	
FFS	6.77
DHMC	12.42
RMHP	5.54
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>6.89</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>1.90</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>4.85</b>
<i>Average Length of Stay (Surgery)—Ages 85+ Years</i>	
FFS	5.99
DHMC	6.75†
RMHP	5.70

Medicaid Health Plan	Rate
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>5.97</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>1.85</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>4.07</b>
<i>Average Length of Stay (Surgery)—Total</i>	
FFS	7.31
DHMC	8.77
RMHP <sup>1</sup>	3.93
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>7.02</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>1.27</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>5.14</b>
<i>Discharges per 1,000 Member Months (Maternity)—Ages 10 to 19 Years</i>	
FFS	0.96
DHMC	0.82
RMHP <sup>1</sup>	3.79
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>0.96</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>1.12</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>2.02</b>
<i>Discharges per 1,000 Member Months (Maternity)—Ages 20 to 44 Years</i>	
FFS	5.39
DHMC	5.78
RMHP	3.48
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>5.31</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>6.40</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>12.07</b>
<i>Discharges per 1,000 Member Months (Maternity)—Ages 45 to 64 Years</i>	
FFS	0.02
DHMC	0.06
RMHP	0.01
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>0.02</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>0.03</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>0.07</b>
<i>Discharges per 1,000 Member Months (Maternity)—Total</i>	
FFS	2.86
DHMC	2.61
RMHP <sup>1</sup>	2.42
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>2.83</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>3.34</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>6.02</b>

Medicaid Health Plan	Rate
<b><i>Days per 1,000 Member Months (Maternity)—Ages 10 to 19 Years</i></b>	
FFS	2.51
DHMC	2.30
RMHP <sup>1</sup>	9.15
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>2.52</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>1.20</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>2.72</b>
<b><i>Days per 1,000 Member Months (Maternity)—Ages 20 to 44 Years</i></b>	
FFS	13.56
DHMC	15.45
RMHP	7.63
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>13.34</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>6.80</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>17.04</b>
<b><i>Days per 1,000 Member Months (Maternity)—Ages 45 to 64 Years</i></b>	
FFS	0.07
DHMC	0.19
RMHP	0.03
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>0.07</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>0.04</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>0.14</b>
<b><i>Days per 1,000 Member Months (Maternity)—Total</i></b>	
FFS	7.23
DHMC	7.03
RMHP <sup>1</sup>	5.34
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>7.15</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>3.55</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>8.46</b>
<b><i>Average Length of Stay (Maternity)—Ages 10 to 19 Years</i></b>	
FFS	2.63
DHMC	2.79
RMHP <sup>1</sup>	2.41
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>2.64</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>1.07</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>1.35</b>
<b><i>Average Length of Stay (Maternity)—Ages 20 to 44 Years</i></b>	
FFS	2.52
DHMC	2.67
RMHP	2.19

Medicaid Health Plan	Rate
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>2.51</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>1.06</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>1.41</b>
<i>Average Length of Stay (Maternity)—Ages 45 to 64 Years</i>	
FFS	3.63
DHMC	3.20†
RMHP	4.00†
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>3.59</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>1.08</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>2.11</b>
<i>Average Length of Stay (Maternity)—Total</i>	
FFS	2.53
DHMC	2.69
RMHP <sup>1</sup>	2.21
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>2.53</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>1.06</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>1.40</b>
<i>Antibiotic Utilization*</i>	
<i>Average Scripts PMPY for Antibiotics—Ages 0 to 9 Years</i>	
FFS	1.00
DHMC	0.22
RMHP <sup>1</sup>	1.50
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>0.94</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>0.87</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>0.87</b>
<i>Average Scripts PMPY for Antibiotics—Ages 10 to 17 Years</i>	
FFS	0.65
DHMC	0.15
RMHP <sup>1</sup>	0.80
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>0.61</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>0.58</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>0.59</b>
<i>Average Scripts PMPY for Antibiotics—Ages 18 to 34 Years</i>	
FFS	1.07
DHMC	0.55
RMHP	1.03
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>1.05</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>1.03</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>1.26</b>

Medicaid Health Plan	Rate
<i>Average Scripts PMPY for Antibiotics—Ages 35 to 49 Years</i>	
FFS	1.15
DHMC	0.59
RMHP	1.07
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>1.12</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>1.07</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>1.20</b>
<i>Average Scripts PMPY for Antibiotics—Ages 50 to 64 Years</i>	
FFS	1.15
DHMC	0.68
RMHP	1.02
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>1.13</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>1.04</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>1.35</b>
<i>Average Scripts PMPY for Antibiotics—Ages 65 to 74 Years</i>	
FFS	1.15
DHMC	0.30
RMHP	0.17
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>0.76</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>0.66</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>0.71</b>
<i>Average Scripts PMPY for Antibiotics—Ages 75 to 84 Years</i>	
FFS	0.90
DHMC	0.16
RMHP	0.15
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>0.56</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>0.46</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>0.52</b>
<i>Average Scripts PMPY for Antibiotics—Ages 85+ Years</i>	
FFS	0.98
DHMC	0.17
RMHP	0.20
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>0.54</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>0.47</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>0.53</b>
<i>Average Scripts PMPY for Antibiotics—Total</i>	
FFS	0.99
DHMC	0.34
RMHP <sup>1</sup>	1.02

Medicaid Health Plan	Rate
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>0.96</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>0.90</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>0.94</b>
<i>Average Days Supplied per Antibiotic Script—Ages 0 to 9 Years</i>	
FFS	9.69
DHMC	9.73
RMHP <sup>1</sup>	14.44
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>9.70</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>9.59</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>9.55</b>
<i>Average Days Supplied per Antibiotic Script—Ages 10 to 17 Years</i>	
FFS	11.37
DHMC	10.62
RMHP <sup>1</sup>	13.75
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>11.36</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>11.10</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>11.13</b>
<i>Average Days Supplied per Antibiotic Script—Ages 18 to 34 Years</i>	
FFS	9.33
DHMC	8.54
RMHP	9.06
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>9.30</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>9.22</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>9.19</b>
<i>Average Days Supplied per Antibiotic Script—Ages 35 to 49 Years</i>	
FFS	9.47
DHMC	8.95
RMHP	9.19
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>9.44</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>9.52</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>9.59</b>
<i>Average Days Supplied per Antibiotic Script—Ages 50 to 64 Years</i>	
FFS	9.70
DHMC	10.03
RMHP	9.64
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>9.70</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>9.71</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>10.07</b>



Medicaid Health Plan	Rate
<i>Average Days Supplied per Antibiotic Script—Ages 65 to 74 Years</i>	
FFS	9.19
DHMC	9.34
RMHP	7.78
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>9.17</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>9.35</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>10.19</b>
<i>Average Days Supplied per Antibiotic Script—Ages 75 to 84 Years</i>	
FFS	8.87
DHMC	7.84
RMHP	6.53
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>8.69</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>9.47</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>9.66</b>
<i>Average Days Supplied per Antibiotic Script—Ages 85+ Years</i>	
FFS	7.84
DHMC	9.20
RMHP	9.37
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>8.10</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>9.45</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>9.24</b>
<i>Average Days Supplied per Antibiotic Script—Total</i>	
FFS	9.75
DHMC	9.33
RMHP <sup>1</sup>	9.30
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>9.72</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>9.67</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>9.73</b>
<i>Average Scripts PMPY for Antibiotics of Concern—Ages 0 to 9 Years</i>	
FFS	0.36
DHMC	0.05
RMHP <sup>1</sup>	0.64
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>0.33</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>0.31</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>0.32</b>
<i>Average Scripts PMPY for Antibiotics of Concern—Ages 10 to 17 Years</i>	
FFS	0.23
DHMC	0.04
RMHP <sup>1</sup>	0.26

Medicaid Health Plan	Rate
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>0.22</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>0.21</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>0.21</b>
<i>Average Scripts PMPY for Antibiotics of Concern—Ages 18 to 34 Years</i>	
FFS	0.39
DHMC	0.14
RMHP	0.40
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>0.38</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>0.37</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>0.43</b>
<i>Average Scripts PMPY for Antibiotics of Concern—Ages 35 to 49 Years</i>	
FFS	0.48
DHMC	0.19
RMHP	0.49
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>0.47</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>0.45</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>0.50</b>
<i>Average Scripts PMPY for Antibiotics of Concern—Ages 50 to 64 Years</i>	
FFS	0.53
DHMC	0.27
RMHP	0.50
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>0.52</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>0.48</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>0.63</b>
<i>Average Scripts PMPY for Antibiotics of Concern—Ages 65 to 74 Years</i>	
FFS	0.53
DHMC	0.13
RMHP	0.10
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>0.35</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>0.33</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>0.33</b>
<i>Average Scripts PMPY for Antibiotics of Concern—Ages 75 to 84 Years</i>	
FFS	0.43
DHMC	0.08
RMHP	0.09
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>0.27</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>0.23</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>0.27</b>

Medicaid Health Plan	Rate
<b><i>Average Scripts PMPY for Antibiotics of Concern—Ages 85+ Years</i></b>	
FFS	0.54
DHMC	0.09
RMHP	0.10
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>0.30</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>0.24</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>0.22</b>
<b><i>Average Scripts PMPY for Antibiotics of Concern—Total</i></b>	
FFS	0.38
DHMC	0.10
RMHP <sup>1</sup>	0.44
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>0.36</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>0.34</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>0.35</b>
<b><i>Percentage of Antibiotics of Concern of All Antibiotic Scripts—Ages 0 to 9 Years</i></b>	
FFS	35.67%
DHMC	22.81%
RMHP <sup>1</sup>	42.91%
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>35.44%</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>36.35%</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>36.85%</b>
<b><i>Percentage of Antibiotics of Concern of All Antibiotic Scripts—Ages 10 to 17 Years</i></b>	
FFS	35.60%
DHMC	23.81%
RMHP <sup>1</sup>	32.98%
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>35.38%</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>36.45%</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>34.98%</b>
<b><i>Percentage of Antibiotics of Concern of All Antibiotic Scripts—Ages 18 to 34 Years</i></b>	
FFS	36.07%
DHMC	25.15%
RMHP	38.87%
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>35.96%</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>35.67%</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>34.16%</b>

Medicaid Health Plan	Rate
<b>Percentage of Antibiotics of Concern of All Antibiotic Scripts—Ages 35 to 49 Years</b>	
FFS	42.07%
DHMC	31.40%
RMHP	45.49%
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>41.99%</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>41.89%</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>41.48%</b>
<b>Percentage of Antibiotics of Concern of All Antibiotic Scripts—Ages 50 to 64 Years</b>	
FFS	45.76%
DHMC	39.21%
RMHP	49.13%
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>45.78%</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>45.98%</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>47.09%</b>
<b>Percentage of Antibiotics of Concern of All Antibiotic Scripts—Ages 65 to 74 Years</b>	
FFS	45.95%
DHMC	44.71%
RMHP	56.76%
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>46.10%</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>50.11%</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>45.92%</b>
<b>Percentage of Antibiotics of Concern of All Antibiotic Scripts—Ages 75 to 84 Years</b>	
FFS	48.01%
DHMC	46.67%
RMHP	60.00%
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>48.31%</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>49.55%</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>51.52%</b>
<b>Percentage of Antibiotics of Concern of All Antibiotic Scripts—Ages 85+ Years</b>	
FFS	55.78%
DHMC	56.10%
RMHP	50.00%
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>55.26%</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>49.90%</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>40.80%</b>

Medicaid Health Plan	Rate
<b>Percentage of Antibiotics of Concern of All Antibiotic Scripts—Total</b>	
FFS	38.20%
DHMC	28.12%
RMHP <sup>1</sup>	43.15%
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>38.13%</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>38.29%</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>37.32%</b>
<b>Frequency of Selected Procedures (Procedures per 1,000 Member Months)<sup>2</sup></b>	
<b>Bariatric Weight Loss Surgery (0–19 Male)</b>	
FFS	0.00
DHMC	0.00
RMHP <sup>1</sup>	0.00
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>0.00</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>0.00</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>0.00</b>
<b>Bariatric Weight Loss Surgery (0–19 Female)</b>	
FFS	0.00
DHMC	0.00
RMHP <sup>1</sup>	0.00
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>0.00</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>0.00</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>0.00</b>
<b>Bariatric Weight Loss Surgery (20–44 Male)</b>	
FFS	0.01
DHMC	0.00
RMHP	0.05
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>0.01</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>0.01</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>0.02</b>
<b>Bariatric Weight Loss Surgery (20–44 Female)</b>	
FFS	0.05
DHMC	0.05
RMHP	0.11
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>0.06</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>0.06</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>0.09</b>

Medicaid Health Plan	Rate
<b><i>Bariatric Weight Loss Surgery (45–64 Male)</i></b>	
FFS	0.01
DHMC	0.02
RMHP	0.06
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>0.01</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>0.01</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>0.02</b>
<b><i>Bariatric Weight Loss Surgery (45–64 Female)</i></b>	
FFS	0.07
DHMC	0.12
RMHP	0.16
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>0.08</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>0.06</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>0.13</b>
<b><i>Tonsillectomy (0–9 Male &amp; Female)</i></b>	
FFS	0.59
DHMC	0.31
RMHP <sup>1</sup>	0.84
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>0.57</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>0.53</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>0.59</b>
<b><i>Tonsillectomy (10–19 Male &amp; Female)</i></b>	
FFS	0.36
DHMC	0.18
RMHP <sup>1</sup>	0.33
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>0.35</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>0.33</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>0.39</b>
<b><i>Hysterectomy, Abdominal (15–44 Female)</i></b>	
FFS	0.10
DHMC	0.06
RMHP <sup>1</sup>	0.15
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>0.10</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>0.08</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>0.10</b>

Medicaid Health Plan	Rate
<b><i>Hysterectomy, Abdominal (45–64 Female)</i></b>	
FFS	0.24
DHMC	0.26
RMHP	0.26
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>0.24</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>0.18</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>0.18</b>
<b><i>Hysterectomy, Vaginal (15–44 Female)</i></b>	
FFS	0.14
DHMC	0.06
RMHP <sup>1</sup>	0.49
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>0.15</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>0.16</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>0.19</b>
<b><i>Hysterectomy, Vaginal (45–64 Female)</i></b>	
FFS	0.18
DHMC	0.07
RMHP	0.47
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>0.19</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>0.18</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>0.17</b>
<b><i>Cholecystectomy, Open (30–64 Male)</i></b>	
FFS	0.05
DHMC	0.04
RMHP	0.00
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>0.05</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>0.03</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>0.03</b>
<b><i>Cholecystectomy, Open (15–44 Female)</i></b>	
FFS	0.02
DHMC	0.01
RMHP <sup>1</sup>	0.00
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>0.01</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>0.01</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>0.02</b>

Medicaid Health Plan	Rate
<b><i>Cholecystectomy, Open (45–64 Female)</i></b>	
FFS	0.04
DHMC	0.00
RMHP	0.03
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>0.04</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>0.03</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>0.06</b>
<b><i>Cholecystectomy (Laparoscopic) (30–64 Male)</i></b>	
FFS	0.38
DHMC	0.09
RMHP	0.35
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>0.37</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>0.29</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>0.29</b>
<b><i>Cholecystectomy (Laparoscopic) (15–44 Female)</i></b>	
FFS	0.73
DHMC	0.47
RMHP <sup>1</sup>	0.99
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>0.73</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>0.70</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>0.83</b>
<b><i>Cholecystectomy (Laparoscopic) (45–64 Female)</i></b>	
FFS	0.72
DHMC	0.33
RMHP	0.91
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>0.72</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>0.67</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>0.74</b>
<b><i>Back Surgery (20–44 Male)</i></b>	
FFS	0.29
DHMC	0.10
RMHP	0.35
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>0.29</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>0.23</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>0.31</b>
<b><i>Back Surgery (20–44 Female)</i></b>	
FFS	0.24
DHMC	0.05
RMHP	0.24



Medicaid Health Plan	Rate
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>0.23</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>0.17</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>0.20</b>
<i>Back Surgery (45–64 Male)</i>	
FFS	0.88
DHMC	0.62
RMHP	0.92
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>0.87</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>0.54</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>0.50</b>
<i>Back Surgery (45–64 Female)</i>	
FFS	0.85
DHMC	0.23
RMHP	0.58
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>0.82</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>0.55</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>0.63</b>
<i>Mastectomy (15–44 Female)</i>	
FFS	0.04
DHMC	0.00
RMHP <sup>1</sup>	0.04
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>0.04</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>0.02</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>0.04</b>
<i>Mastectomy (45–64 Female)</i>	
FFS	0.25
DHMC	0.23
RMHP	0.21
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>0.25</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>0.17</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>0.34</b>
<i>Lumpectomy (15–44 Female)</i>	
FFS	0.10
DHMC	0.04
RMHP <sup>1</sup>	0.21
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>0.10</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>0.09</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>0.10</b>

Medicaid Health Plan	Rate
<b>Lumpectomy (45–64 Female)</b>	
FFS	0.30
DHMC	0.19
RMHP	0.36
<b>HEDIS 2016 Colorado Medicaid Weighted Average</b>	<b>0.30</b>
<b>HEDIS 2015 Colorado Medicaid Weighted Average</b>	<b>0.35</b>
<b>HEDIS 2014 Colorado Medicaid Weighted Average</b>	<b>0.56</b>

<sup>1</sup> Due to changes in member eligibility for children in RMHP, the rate may not be comparable to that of DHMC.

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

— Indicates that the measure was not presented in the previous year’s aggregate report; therefore, that year’s HEDIS measure rate is not presented in this year’s report.

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

**Bold font indicates Colorado Medicaid Weighted Average values.**

NA indicates that the health plan(s) followed the specifications but the denominator was too small (zero) to report a valid rate, resulting in a Not Applicable (NA) audit designation.

## Appendix B. Trend Tables

Appendix B includes trend tables for each of the Colorado Medicaid health plans and the statewide weighted averages. Where applicable, measure rates for HEDIS 2014, HEDIS 2015, and HEDIS 2016 are presented.

HEDIS 2015 and HEDIS 2016 performance comparisons are based on the Chi-square test of statistical significance with a  $p$  value  $<0.05$ . Rates shaded green with one carat (^) indicate a statistically significant improvement in performance from the previous year. Rates shaded red with two carats (^^) indicate a statistically significant decline in performance from the previous year. Based on changes made to the eligibility requirements for RMHP, rates should not be trended across years; therefore, a trend table is not presented in this section for this health plan.

### FFS Trend Table

Table B-1—FFS Trend Table

Performance Measures	HEDIS 2014 Rate	HEDIS 2015 Rate	HEDIS 2016 Rate
<i>Pediatric Care</i>			
<i>Childhood Immunization Status</i> ‡			
<i>DTaP</i>	72.26%	63.79%	62.13%^^
<i>IPV</i>	88.08%	80.98%	78.19%^^
<i>MMR</i>	86.62%	81.27%	79.94%^^
<i>HiB</i>	87.59%	76.61%	72.97%^^
<i>Hepatitis B</i>	88.32%	80.23%	79.64%
<i>VZV</i>	86.62%	80.69%	79.28%^^
<i>Pneumococcal Conjugate</i>	74.21%	65.71%	65.49%
<i>Hepatitis A</i>	76.40%	70.59%	70.48%
<i>Rotavirus</i>	65.69%	58.89%	58.81%
<i>Influenza</i>	51.09%	47.57%	34.44%^^
<i>Combination 2</i>	68.13%	55.31%	53.24%^^
<i>Combination 3</i>	65.45%	52.24%	50.63%^^
<i>Combination 4</i>	59.85%	48.03%	47.23%
<i>Combination 5</i>	52.55%	41.22%	41.45%
<i>Combination 6</i>	42.34%	33.83%	23.73%^^
<i>Combination 7</i>	48.42%	38.17%	38.85%
<i>Combination 8</i>	38.44%	31.74%	22.55%^^
<i>Combination 9</i>	35.28%	27.97%	20.35%^^
<i>Combination 10</i>	32.12%	26.31%	19.35%^^

Performance Measures	HEDIS 2014 Rate	HEDIS 2015 Rate	HEDIS 2016 Rate
<b>Immunizations for Adolescents‡</b>			
<i>Tdap/TD</i>	82.24%	77.05%	78.88% ^
<i>Meningococcal</i>	64.48%	63.36%	64.94% ^
<i>Combination 1 (Meningococcal, Tdap/Td)</i>	63.75%	60.85%	63.79% ^
<b>Well-Child Visits in the First 15 Months of Life‡</b>			
<i>Zero Visits*</i>	2.92%	3.97%	4.72% ^^
<i>Six or More Visits</i>	61.56%	46.16%	47.02%
<b>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life‡</b>			
<i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i>	60.34%	56.67%	56.65%
<b>Adolescent Well-Care Visits‡</b>			
<i>Adolescent Well-Care Visits</i>	36.50%	32.15%	31.67% ^^
<b>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</b>			
<i>BMI Percentile Documentation—Ages 3 to 11 Years</i>	50.00%	65.45%	59.36%
<i>BMI Percentile Documentation—Ages 12 to 17 Years</i>	49.56%	69.12%	58.75%
<i>BMI Percentile Documentation—Total</i>	49.88%	66.67%	59.12% ^^
<i>Counseling for Nutrition—Ages 3 to 11 Years</i>	54.03%	56.36%	60.16%
<i>Counseling for Nutrition—Ages 12 to 17 Years</i>	46.02%	53.68%	56.25%
<i>Counseling for Nutrition—Total</i>	51.82%	55.47%	58.64%
<i>Counseling for Physical Activity—Ages 3 to 11 Years<sup>l</sup></i>	46.98%	47.64%	46.61%
<i>Counseling for Physical Activity—Ages 12 to 17 Years<sup>l</sup></i>	48.67%	50.00%	50.00%
<i>Counseling for Physical Activity—Total<sup>l</sup></i>	47.45%	48.42%	47.93%
<b>Appropriate Testing for Children With Pharyngitis</b>			
<i>Appropriate Testing for Children With Pharyngitis</i>	71.46%	73.41%	72.82%
<b>Appropriate Treatment for Children With Upper Respiratory Infection</b>			
<i>Appropriate Treatment for Children With Upper Respiratory Infection</i>	—	89.57%	91.59% ^
<b>Annual Dental Visit</b>			
<i>Ages 2 to 3 Years</i>	56.11%	54.58%	54.11%
<i>Ages 4 to 6 Years</i>	67.13%	65.50%	65.53%
<i>Ages 7 to 10 Years</i>	70.42%	69.25%	68.81% ^^
<i>Ages 11 to 14 Years</i>	65.76%	64.40%	64.18%
<i>Ages 15 to 18 Years</i>	56.21%	53.84%	53.62%
<i>Ages 19 to 20 Years</i>	—	—	34.54%
<i>Total</i>	63.41%	60.32%	60.59% ^

Performance Measures	HEDIS 2014 Rate	HEDIS 2015 Rate	HEDIS 2016 Rate
<b>Access to Care</b>			
<b>Prenatal and Postpartum Care<sup>‡</sup></b>			
Timeliness of Prenatal Care	72.75%	47.05%	48.42% <sup>^</sup>
Postpartum Care	56.93%	30.20%	30.36%
<b>Children and Adolescents' Access to Primary Care Practitioners</b>			
Ages 12 to 24 Months	95.38%	93.07%	91.97% <sup>^^</sup>
Ages 25 Months to 6 Years	81.77%	80.13%	79.33% <sup>^^</sup>
Ages 7 to 11 Years	86.00%	84.11%	83.17% <sup>^^</sup>
Ages 12 to 19 Years	85.66%	84.00%	82.62% <sup>^^</sup>
<b>Adults' Access to Preventive/Ambulatory Health Services</b>			
Ages 20 to 44 Years	74.55%	69.53%	63.77% <sup>^^</sup>
Ages 45 to 64 Years	81.19%	79.48%	74.61% <sup>^^</sup>
Ages 65 Years and Older	75.70%	75.07%	74.72%
Total	76.37%	73.05%	67.91% <sup>^^</sup>
<b>Preventive Screening</b>			
<b>Chlamydia Screening in Women</b>			
Ages 16 to 20 Years	46.10%	46.26%	46.75%
Ages 21 to 24 Years	55.12%	55.53%	55.50%
Total	50.77%	50.89%	51.17%
<b>Breast Cancer Screening</b>			
Breast Cancer Screening	28.51%	30.17%	29.79%
<b>Cervical Cancer Screening</b>			
Cervical Cancer Screening	56.45%	56.69%	47.45% <sup>^^</sup>
<b>Non-Recommended Cervical Cancer Screening in Adolescent Females<sup>1,*</sup></b>			
Non-Recommended Cervical Cancer Screening in Adolescent Females	—	1.82%	1.39% <sup>^</sup>
<b>Adult BMI Assessment</b>			
Adult BMI Assessment	69.10%	82.00%	71.53% <sup>^^</sup>
<b>Mental/Behavioral Health</b>			
<b>Antidepressant Medication Management</b>			
Effective Acute Phase Treatment	63.25%	66.76%	67.72%
Effective Continuation Phase Treatment	47.69%	51.20%	53.53% <sup>^</sup>
<b>Follow-up Care for Children Prescribed ADHD Medication</b>			
Initiation Phase	35.05%	33.67%	35.26%
Continuation and Maintenance Phase	36.97%	33.64%	35.36%

Performance Measures	HEDIS 2014 Rate	HEDIS 2015 Rate	HEDIS 2016 Rate
<b><i>Use of Multiple Concurrent Antipsychotics in Children and Adolescents*</i></b>			
<i>Ages 1 to 5 Years</i>	—	—	0.00%
<i>Ages 6 to 11 Years</i>	—	—	3.78%
<i>Ages 12 to 17 Years</i>	—	—	7.90%
<i>Total</i>	—	—	6.51%
<b><i>Living With Illness</i></b>			
<b><i>Controlling High Blood Pressure</i></b>			
<i>Controlling High Blood Pressure</i>	47.93%	52.31%	58.64%
<b><i>Persistence of Beta-Blocker Treatment After a Heart Attack</i></b>			
<i>Persistence of Beta-Blocker Treatment After a Heart Attack</i>	—	73.57%	75.64%
<b><i>Comprehensive Diabetes Care<sup>1</sup></i></b>			
<i>Hemoglobin A1c (HbA1c) Testing</i>	72.75%	81.75%	77.13%
<i>HbA1c Poor Control (&gt;9.0%)*</i>	59.61%	45.01%	55.96%^^
<i>HbA1c Control (&lt;8.0%)</i>	34.31%	42.58%	36.74%
<i>Eye Exam (Retinal) Performed</i>	40.15%	45.26%	39.66%
<i>Medical Attention for Nephropathy</i>	70.07%	72.99%	85.16%^
<i>Blood Pressure Control (&lt;140/90 mm Hg)</i>	56.20%	61.07%	57.42%
<b><i>Annual Monitoring for Patients on Persistent Medications</i></b>			
<i>ACE Inhibitors or ARBs</i>	85.61%	85.30%	83.49%^^
<i>Digoxin</i>	89.77%	58.50%	55.51%
<i>Diuretics</i>	86.28%	85.42%	83.57%^^
<i>Total</i>	83.07%	85.15%	83.37%^^
<b><i>Use of Imaging Studies for Low Back Pain<sup>1</sup></i></b>			
<i>Use of Imaging Studies for Low Back Pain</i>	78.46%	78.49%	76.92%^^
<b><i>Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis</i></b>			
<i>Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis</i>	—	28.81%	30.46%
<b><i>Pharmacotherapy Management of COPD Exacerbation</i></b>			
<i>Systemic Corticosteroid</i>	61.30%	62.49%	68.45%^
<i>Bronchodilator</i>	79.79%	79.28%	82.29%^
<b><i>Medication Management for People With Asthma</i></b>			
<i>Medication Compliance 50%—Ages 5 to 11 Years</i>	—	69.57%	71.42%
<i>Medication Compliance 50%—Ages 12 to 18 Years</i>	—	64.40%	65.54%
<i>Medication Compliance 50%—Ages 19 to 50 Years</i>	—	69.70%	70.80%
<i>Medication Compliance 50%—Ages 51 to 64 Years</i>	—	76.54%	81.16%
<i>Medication Compliance 50%—Total</i>	—	68.38%	70.44%^
<i>Medication Compliance 75%—Ages 5 to 11 Years</i>	—	46.50%	47.88%
<i>Medication Compliance 75%—Ages 12 to 18 Years</i>	—	40.04%	42.53%

Performance Measures	HEDIS 2014 Rate	HEDIS 2015 Rate	HEDIS 2016 Rate
<i>Medication Compliance 75%—Ages 19 to 50 Years</i>	—	47.73%	49.02%
<i>Medication Compliance 75%—Ages 51 to 64 Years</i>	—	57.48%	58.84%
<i>Medication Compliance 75%—Total</i>	—	45.34%	47.64% <sup>^</sup>
<b>Asthma Medication Ratio</b>			
<i>Ages 5 to 11 Years</i>	78.38%	73.46%	72.46%
<i>Ages 12 to 18 Years</i>	63.66%	75.36%	61.45% <sup>^^</sup>
<i>Ages 19 to 50 Years</i>	49.81%	81.97%	51.73% <sup>^^</sup>
<i>Ages 51 to 64 Years</i>	58.40%	85.50%	61.85% <sup>^^</sup>
<i>Total</i>	66.56%	76.46%	62.20% <sup>^^</sup>
<b>Use of Spirometry Testing in the Assessment and Diagnosis of COPD</b>			
<i>Use of Spirometry Testing in the Assessment and Diagnosis of COPD</i>	23.05%	22.19%	25.11% <sup>^</sup>
<b>Disease-Modifying Anti-Rheumatic Drug Therapy in Rheumatoid Arthritis</b>			
<i>Disease-Modifying Anti-Rheumatic Drug Therapy in Rheumatoid Arthritis</i>	74.10%	76.88%	80.72% <sup>^</sup>
<b>Use of Services<sup>2</sup></b>			
<b>Ambulatory Care (Per 1,000 Member Months)</b>			
<i>Outpatient Visits—Total</i>	310.19	292.90	277.74
<i>Emergency Department Visits—Total*</i>	60.39	63.16	59.69
<b>Inpatient Utilization—General Hospital/Acute Care</b>			
<i>Discharges per 1,000 Member Months (Total Inpatient)—Total</i>	9.44	7.99	7.21
<i>Days per 1,000 Member Months (Total Inpatient)—Total</i>	26.98	9.14	31.36
<i>Average Length of Stay (Total Inpatient)—Total</i>	2.86	1.14	4.35
<i>Discharges per 1,000 Member Months (Medicine)—Total</i>	3.90	3.82	3.50
<i>Days per 1,000 Member Months (Medicine)—Total</i>	12.60	4.59	13.81
<i>Average Length of Stay (Medicine)—Total</i>	3.23	1.20	3.95
<i>Discharges per 1,000 Member Months (Surgery)—Total</i>	1.82	1.88	1.71
<i>Days per 1,000 Member Months (Surgery)—Total</i>	9.26	2.20	12.48
<i>Average Length of Stay (Surgery)—Total</i>	5.09	1.17	7.31
<i>Discharges per 1,000 Member Months (Maternity)—Total</i>	6.49	3.38	2.86
<i>Days per 1,000 Member Months (Maternity)—Total</i>	8.94	3.47	7.23
<i>Average Length of Stay (Maternity)—Total</i>	1.38	1.03	2.53
<b>Antibiotic Utilization*</b>			
<i>Average Scripts PMPY for Antibiotics—Total</i>	0.99	0.96	0.99
<i>Average Days Supplied per Antibiotic Script—Total</i>	9.74	9.67	9.75
<i>Average Scripts PMPY for Antibiotics of Concern—Total</i>	0.37	0.37	0.38
<i>Percentage of Antibiotics of Concern of All Antibiotic Scripts—Total</i>	37.69%	38.52%	38.20%



Performance Measures	HEDIS 2014 Rate	HEDIS 2015 Rate	HEDIS 2016 Rate
<b>Frequency of Selected Procedures (Procedures per 1,000 Member Months)<sup>1</sup></b>			
<i>Bariatric Weight Loss Surgery (0–19 Male)—Total</i>	0.00	0.00	0.00
<i>Bariatric Weight Loss Surgery (0–19 Female)—Total</i>	0.00	0.00	0.00
<i>Bariatric Weight Loss Surgery (20–44 Male)—Total</i>	0.02	0.01	0.01
<i>Bariatric Weight Loss Surgery (20–44 Female)—Total</i>	0.09	0.06	0.05
<i>Bariatric Weight Loss Surgery (45–64 Male)—Total</i>	0.02	0.01	0.01
<i>Bariatric Weight Loss Surgery (45–64 Female)—Total</i>	0.12	0.06	0.07
<i>Tonsillectomy (0–9 Male &amp; Female)—Total</i>	0.58	0.55	0.59
<i>Tonsillectomy (10–19 Male &amp; Female)—Total</i>	0.38	0.34	0.36
<i>Hysterectomy, Abdominal (15–44 Female)—Total</i>	0.10	0.08	0.10
<i>Hysterectomy, Abdominal (45–64 Female)—Total</i>	0.19	0.17	0.24
<i>Hysterectomy, Vaginal (15–44 Female)—Total</i>	0.18	0.15	0.14
<i>Hysterectomy, Vaginal (45–64 Female)—Total</i>	0.17	0.18	0.18
<i>Cholecystectomy, Open (30–64 Male)—Total</i>	0.03	0.03	0.05
<i>Cholecystectomy, Open (15–44 Female)—Total</i>	0.01	0.01	0.02
<i>Cholecystectomy, Open (45–64 Female)—Total</i>	0.06	0.03	0.04
<i>Cholecystectomy (Laparoscopic) (30–64 Male)—Total</i>	0.28	0.29	0.38
<i>Cholecystectomy (Laparoscopic) (15–44 Female)—Total</i>	0.83	0.71	0.73
<i>Cholecystectomy (Laparoscopic) (45–64 Female)—Total</i>	0.73	0.67	0.72
<i>Back Surgery (20–44 Male)—Total</i>	0.32	0.24	0.29
<i>Back Surgery (20–44 Female)—Total</i>	0.21	0.18	0.24
<i>Back Surgery (45–64 Male)—Total</i>	0.52	0.55	0.88
<i>Back Surgery (45–64 Female)—Total</i>	0.67	0.57	0.85
<i>Mastectomy (15–44 Female)—Total</i>	0.04	0.02	0.04
<i>Mastectomy (45–64 Female)—Total</i>	0.37	0.17	0.25
<i>Lumpectomy (15–44 Female)—Total</i>	0.10	0.09	0.10
<i>Lumpectomy (45–64 Female)—Total</i>	0.58	0.35	0.30

<sup>1</sup> Due to changes in the technical specifications for this measure, exercise caution when trending rates between 2016 and prior years.

<sup>2</sup> For measures in the Use of Services domain, statistical tests across years were not performed because variances were not provided in the IDSS files; differences in rates were reported without statistical test results. In addition, higher or lower rates did not necessarily denote better or worse performance.

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

‡ Changes in the rates from HEDIS 2014 to HEDIS 2015 should be interpreted with caution due to a change in the Department’s reporting requirement from hybrid for HEDIS 2014 to administrative for HEDIS 2015 and HEDIS 2016. Of note, DHMC and RMHP reported the Prenatal and Postpartum Care measure as hybrid; however, FFS reported this measure administratively in 2016.

— Indicates that the measure was not presented in last year’s technical report; therefore, a HEDIS 2015 measure rate is not presented in this year’s report.

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

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

Performance comparisons are based on the Chi-square test of statistical significance with a p value <0.05.



## DHMC Trend Table

Table B-2—DHMC Trend Table

Performance Measures	HEDIS 2014 Rate	HEDIS 2015 Rate	HEDIS 2016 Rate
<b>Pediatric Care</b>			
<b>Childhood Immunization Status‡</b>			
<i>DTaP</i>	79.08%	77.70%	76.13%
<i>IPV</i>	90.27%	88.37%	84.88%^^
<i>MMR</i>	90.02%	87.73%	85.14%^^
<i>HiB</i>	90.02%	87.35%	84.46%^^
<i>Hepatitis B</i>	91.00%	90.10%	87.16%^^
<i>VZV</i>	89.78%	87.80%	85.03%^^
<i>Pneumococcal Conjugate</i>	83.21%	81.34%	79.18%
<i>Hepatitis A</i>	88.56%	86.45%	84.10%
<i>Rotavirus</i>	65.94%	69.58%	67.69%
<i>Influenza</i>	71.53%	63.19%	55.98%^^
<i>Combination 2</i>	78.35%	76.81%	75.92%
<i>Combination 3</i>	78.10%	75.85%	75.40%
<i>Combination 4</i>	77.62%	75.02%	74.99%
<i>Combination 5</i>	62.04%	64.98%	64.68%
<i>Combination 6</i>	63.50%	57.96%	52.87%^^
<i>Combination 7</i>	62.04%	64.41%	64.42%
<i>Combination 8</i>	63.26%	57.64%	52.67%^^
<i>Combination 9</i>	53.53%	51.31%	47.02%^^
<i>Combination 10</i>	53.53%	51.05%	46.87%^^
<b>Immunizations for Adolescents‡</b>			
<i>Tdap/TD</i>	86.37%	82.36%	78.56%^^
<i>Meningococcal</i>	83.70%	80.90%	77.72%^^
<i>Combination 1 (Meningococcal, Tdap/Td)</i>	83.21%	80.27%	76.72%^^
<b>Well-Child Visits in the First 15 Months of Life‡</b>			
<i>Zero Visits*</i>	2.68%	5.19%	7.69%^^
<i>Six or More Visits</i>	63.50%	2.36%	3.36%
<b>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life‡</b>			
<i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i>	62.04%	60.06%	60.87%
<b>Adolescent Well-Care Visits‡</b>			
<i>Adolescent Well-Care Visits</i>	49.88%	39.79%	38.27%^^

Performance Measures	HEDIS 2014 Rate	HEDIS 2015 Rate	HEDIS 2016 Rate
<b>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</b>			
<i>BMI Percentile Documentation—Ages 3 to 11 Years</i>	91.84%	93.14%	82.95%^^
<i>BMI Percentile Documentation—Ages 12 to 17 Years</i>	91.47%	93.28%	71.43%^^
<i>BMI Percentile Documentation—Total</i>	91.73%	93.19%	78.83%^^
<i>Counseling for Nutrition—Ages 3 to 11 Years</i>	81.56%	79.42%	82.20%
<i>Counseling for Nutrition—Ages 12 to 17 Years</i>	74.42%	74.63%	68.71%
<i>Counseling for Nutrition—Total</i>	79.32%	77.86%	77.37%
<i>Counseling for Physical Activity—Ages 3 to 11 Years<sup>l</sup></i>	61.70%	56.32%	61.74%
<i>Counseling for Physical Activity—Ages 12 to 17 Years<sup>l</sup></i>	70.54%	73.88%	65.99%
<i>Counseling for Physical Activity—Total<sup>l</sup></i>	64.48%	62.04%	63.26%
<b>Appropriate Testing for Children With Pharyngitis</b>			
<i>Appropriate Testing for Children With Pharyngitis</i>	70.06%	72.78%	76.34%
<b>Appropriate Treatment for Children With Upper Respiratory Infection</b>			
<i>Appropriate Treatment for Children With Upper Respiratory Infection</i>	—	98.03%	97.48%
<b>Annual Dental Visit</b>			
<i>Ages 2 to 3 Years</i>	NB	NB	NB
<i>Ages 4 to 6 Years</i>	NB	NB	NB
<i>Ages 7 to 10 Years</i>	NB	NB	NB
<i>Ages 11 to 14 Years</i>	NB	NB	NB
<i>Ages 15 to 18 Years</i>	NB	NB	NB
<i>Ages 19 to 20 Years</i>	—	—	NB
<i>Total</i>	NB	NB	NB
<b>Access to Care</b>			
<b>Prenatal and Postpartum Care<sup>‡</sup></b>			
<i>Timeliness of Prenatal Care</i>	89.29%	84.67%	81.75%
<i>Postpartum Care</i>	57.42%	60.58%	54.74%
<b>Children and Adolescents' Access to Primary Care Practitioners</b>			
<i>Ages 12 to 24 Months</i>	92.24%	91.12%	89.33%
<i>Ages 25 Months to 6 Years</i>	74.69%	73.42%	73.66%
<i>Ages 7 to 11 Years</i>	80.82%	79.27%	78.22%
<i>Ages 12 to 19 Years</i>	82.32%	80.17%	79.00%
<b>Adults' Access to Preventive/Ambulatory Health Services</b>			
<i>Ages 20 to 44 Years</i>	66.60%	64.39%	60.52%^^
<i>Ages 45 to 64 Years</i>	76.54%	75.85%	73.59%^^
<i>Ages 65 Years and Older</i>	75.00%	75.56%	78.35%^
<i>Total</i>	71.00%	69.07%	65.78%^^

Performance Measures	HEDIS 2014 Rate	HEDIS 2015 Rate	HEDIS 2016 Rate
<b>Preventive Screening</b>			
<b>Chlamydia Screening in Women</b>			
Ages 16 to 20 Years	68.34%	70.13%	69.43%
Ages 21 to 24 Years	68.64%	66.56%	69.18%
Total	68.49%	68.60%	69.33%
<b>Breast Cancer Screening</b>			
Breast Cancer Screening	54.59%	53.09%	49.17%^^
<b>Cervical Cancer Screening</b>			
Cervical Cancer Screening	67.15%	63.02%	56.93%
<b>Non-Recommended Cervical Cancer Screening in Adolescent Females<sup>1,*</sup></b>			
Non-Recommended Cervical Cancer Screening in Adolescent Females	—	0.21%	0.17%
<b>Adult BMI Assessment</b>			
Adult BMI Assessment	90.51%	88.08%	84.43%
<b>Mental/Behavioral Health</b>			
<b>Antidepressant Medication Management</b>			
Effective Acute Phase Treatment	41.58%	43.65%	46.35%
Effective Continuation Phase Treatment	30.43%	29.62%	31.41%
<b>Follow-up Care for Children Prescribed ADHD Medication</b>			
Initiation Phase	14.81%	29.20%	29.41%
Continuation and Maintenance Phase	NA	NA	NA
<b>Use of Multiple Concurrent Antipsychotics in Children and Adolescents*</b>			
Ages 1 to 5 Years	—	—	NA
Ages 6 to 11 Years	—	—	NA
Ages 12 to 17 Years	—	—	3.23%
Total	—	—	4.55%
<b>Living With Illness</b>			
<b>Controlling High Blood Pressure</b>			
Controlling High Blood Pressure	66.42%	70.32%	63.99%
<b>Persistence of Beta-Blocker Treatment After a Heart Attack</b>			
Persistence of Beta-Blocker Treatment After a Heart Attack	—	NA	NA
<b>Comprehensive Diabetes Care<sup>1</sup></b>			
Hemoglobin A1c (HbA1c) Testing	88.81%	85.64%	89.78%
HbA1c Poor Control (>9.0%)*	31.87%	38.44%	36.74%
HbA1c Control (<8.0%)	58.39%	50.85%	48.66%
Eye Exam (Retinal) Performed	49.64%	47.93%	55.96% ^
Medical Attention for Nephropathy	82.48%	79.32%	89.29% ^

Performance Measures	HEDIS 2014 Rate	HEDIS 2015 Rate	HEDIS 2016 Rate
<i>Blood Pressure Control (&lt;140/90 mm Hg)</i>	72.99%	69.10%	73.72%
<b>Annual Monitoring for Patients on Persistent Medications</b>			
<i>ACE Inhibitors or ARBs</i>	87.30%	85.12%	85.22%
<i>Digoxin</i>	NA	NA	NA
<i>Diuretics</i>	86.05%	86.06%	85.05%
<i>Total</i>	84.74%	85.56%	85.14%
<b>Use of Imaging Studies for Low Back Pain<sup>1</sup></b>			
<i>Use of Imaging Studies for Low Back Pain</i>	81.12%	80.33%	81.26%
<b>Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis</b>			
<i>Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis</i>	—	53.41%	45.54%
<b>Pharmacotherapy Management of COPD Exacerbation</b>			
<i>Systemic Corticosteroid</i>	64.90%	52.38%	61.54%
<i>Bronchodilator</i>	76.92%	65.08%	73.08%
<b>Medication Management for People With Asthma</b>			
<i>Medication Compliance 50%—Ages 5 to 11 Years</i>	—	34.08%	30.47%
<i>Medication Compliance 50%—Ages 12 to 18 Years</i>	—	27.42%	36.13%
<i>Medication Compliance 50%—Ages 19 to 50 Years</i>	—	47.27%	46.26%
<i>Medication Compliance 50%—Ages 51 to 64 Years</i>	—	64.71%	78.26%
<i>Medication Compliance 50%—Total</i>	—	37.81%	39.76%
<i>Medication Compliance 75%—Ages 5 to 11 Years</i>	—	9.50%	9.01%
<i>Medication Compliance 75%—Ages 12 to 18 Years</i>	—	11.29%	14.84%
<i>Medication Compliance 75%—Ages 19 to 50 Years</i>	—	17.27%	21.77%
<i>Medication Compliance 75%—Ages 51 to 64 Years</i>	—	41.18%	47.83%
<i>Medication Compliance 75%—Total</i>	—	14.32%	16.87%
<b>Asthma Medication Ratio</b>			
<i>Ages 5 to 11 Years</i>	71.62%	40.21%	39.53%
<i>Ages 12 to 18 Years</i>	53.25%	28.68%	29.21%
<i>Ages 19 to 50 Years</i>	34.21%	24.66%	25.74%
<i>Ages 51 to 64 Years</i>	39.13%	15.49%	33.77% <sup>^</sup>
<i>Total</i>	53.60%	29.98%	32.39%
<b>Use of Spirometry Testing in the Assessment and Diagnosis of COPD</b>			
<i>Use of Spirometry Testing in the Assessment and Diagnosis of COPD</i>	30.26%	31.16%	26.13%

Performance Measures	HEDIS 2014 Rate	HEDIS 2015 Rate	HEDIS 2016 Rate
<b><i>Disease-Modifying Anti-Rheumatic Drug Therapy in Rheumatoid Arthritis</i></b>			
<i>Disease-Modifying Anti-Rheumatic Drug Therapy in Rheumatoid Arthritis</i>	81.48%	64.63%	83.33% <sup>^</sup>
<b><i>Use of Services<sup>2</sup></i></b>			
<b><i>Ambulatory Care (per 1,000 Member Months)</i></b>			
<i>Outpatient Visits—Total</i>	225.92	NR	207.09
<i>Emergency Department Visits—Total*</i>	44.05	NR	43.97
<b><i>Inpatient Utilization—General Hospital/Acute Care</i></b>			
<i>Discharges per 1,000 Member Months (Total Inpatient)—Total</i>	5.53	NR	5.48
<i>Days per 1,000 Member Months (Total Inpatient)—Total</i>	21.84	NR	24.92
<i>Average Length of Stay (Total Inpatient)—Total</i>	3.95	NR	4.55
<i>Discharges per 1,000 Member Months (Medicine)—Total</i>	4.27	NR	3.06
<i>Days per 1,000 Member Months (Medicine)—Total</i>	14.41	NR	13.46
<i>Average Length of Stay (Medicine)—Total</i>	3.37	NR	4.41
<i>Discharges per 1,000 Member Months (Surgery)—Total</i>	1.17	NR	0.81
<i>Days per 1,000 Member Months (Surgery)—Total</i>	7.21	NR	7.12
<i>Average Length of Stay (Surgery)—Total</i>	6.15	NR	8.77
<i>Discharges per 1,000 Member Months (Maternity)—Total</i>	0.15	NR	2.61
<i>Days per 1,000 Member Months (Maternity)—Total</i>	0.40	NR	7.03
<i>Average Length of Stay (Maternity)—Total</i>	2.61	NR	2.69
<b><i>Antibiotic Utilization*</i></b>			
<i>Average Scripts PMPY for Antibiotics—Total</i>	0.35	0.30	0.34
<i>Average Days Supplied per Antibiotic Script—Total</i>	9.54	9.50	9.33
<i>Average Scripts PMPY for Antibiotics of Concern—Total</i>	0.10	0.09	0.10
<i>Percentage of Antibiotics of Concern of All Antibiotic Scripts—Total</i>	27.65%	28.02%	28.12%
<b><i>Frequency of Selected Procedures (Procedures per 1,000 Member Months)<sup>1</sup></i></b>			
<i>Bariatric Weight Loss Surgery (0–19 Male)—Total</i>	0	0	0.00
<i>Bariatric Weight Loss Surgery (0–19 Female)—Total</i>	0	0	0.00
<i>Bariatric Weight Loss Surgery (20–44 Male)—Total</i>	0	0	0.00
<i>Bariatric Weight Loss Surgery (20–44 Female)—Total</i>	0.05	0.03	0.05
<i>Bariatric Weight Loss Surgery (45–64 Male)—Total</i>	0	0	0.02
<i>Bariatric Weight Loss Surgery (45–64 Female)—Total</i>	0.03	0.08	0.12
<i>Tonsillectomy (0–9 Male &amp; Female)—Total</i>	0.36	0.29	0.31
<i>Tonsillectomy (10–19 Male &amp; Female)—Total</i>	0.19	0.12	0.18
<i>Hysterectomy, Abdominal (15–44 Female)—Total</i>	0.06	0.06	0.06
<i>Hysterectomy, Abdominal (45–64 Female)—Total</i>	0.12	0.31	0.26
<i>Hysterectomy, Vaginal (15–44 Female)—Total</i>	0.09	0.03	0.06

Performance Measures	HEDIS 2014 Rate	HEDIS 2015 Rate	HEDIS 2016 Rate
<i>Hysterectomy, Vaginal (45–64 Female)—Total</i>	0.15	0.08	0.07
<i>Cholecystectomy, Open (30–64 Male)—Total</i>	0.05	0.12	0.04
<i>Cholecystectomy, Open (15–44 Female)—Total</i>	0.05	0.02	0.01
<i>Cholecystectomy, Open (45–64 Female)—Total</i>	0.06	0.03	0.00
<i>Cholecystectomy (Laparoscopic) (30–64 Male)—Total</i>	0.20	0.10	0.09
<i>Cholecystectomy (Laparoscopic) (15–44 Female)—Total</i>	0.55	0.57	0.47
<i>Cholecystectomy (Laparoscopic) (45–64 Female)—Total</i>	0.36	0.57	0.33
<i>Back Surgery (20–44 Male)—Total</i>	0.06	0.13	0.10
<i>Back Surgery (20–44 Female)—Total</i>	0.04	0.06	0.05
<i>Back Surgery (45–64 Male)—Total</i>	0.09	0.47	0.62
<i>Back Surgery (45–64 Female)—Total</i>	0.15	0.34	0.23
<i>Mastectomy (15–44 Female)—Total</i>	0.02	0	0.00
<i>Mastectomy (45–64 Female)—Total</i>	0.03	0.05	0.23
<i>Lumpectomy (15–44 Female)—Total</i>	0.09	0.07	0.04
<i>Lumpectomy (45–64 Female)—Total</i>	0.27	0.23	0.19

<sup>1</sup> Due to changes in the technical specifications for this measure, exercise caution when trending rates between 2016 and prior years.

<sup>2</sup> For measures in the Use of Services domain, statistical tests across years were not performed because variances were not provided in the IDSS files; differences in rates were reported without statistical test results. In addition, higher or lower rates did not necessarily denote better or worse performance.

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

‡ Changes in the rates from HEDIS 2014 to HEDIS 2015 should be interpreted with caution due to a change in the Department’s reporting requirement from hybrid for HEDIS 2014 to administrative for HEDIS 2015 and HEDIS 2016. Of note, DHMC and RMHP reported the Prenatal and Postpartum Care measure as hybrid; however, FFS reported this measure administratively in 2016.

— Indicates that the measure was not presented in last year’s technical report; therefore, a HEDIS 2015 measure rate is not presented in this year’s report.

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

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

Performance comparisons are based on the Chi-square test of statistical significance with a p value <0.05.

NA indicates that the health plan followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in a Not Applicable (NA) audit designation.

NB indicates that the required benefit to calculate the measure was not offered.

NR indicates that the auditor determined that this HEDIS 2015 rate was materially biased.

## Colorado Medicaid Statewide Trend Table

Table B-3—Colorado Medicaid Statewide Trend Table

Performance Measures	HEDIS 2014 Rate	HEDIS 2015 Rate	HEDIS 2016 Rate	Health Plan Rate Range <sup>‡</sup>
<b>Pediatric Care</b>				
<b>Childhood Immunization Status<sup>‡‡</sup></b>				
<i>DTaP</i>	73.07%	64.99%	63.22% <sup>^^</sup>	62.13%–76.13%
<i>IPV</i>	88.48%	81.60%	78.71% <sup>^^</sup>	78.19%–84.88%
<i>MMR</i>	87.04%	82.05%	80.34% <sup>^^</sup>	79.94%–85.14%
<i>HiB</i>	87.84%	77.59%	73.86% <sup>^^</sup>	72.97%–84.46%
<i>Hepatitis B</i>	88.71%	79.90%	80.22%	79.64%–87.16%
<i>VZV</i>	87.02%	81.49%	79.73% <sup>^^</sup>	79.28%–85.03%
<i>Pneumococcal Conjugate</i>	75.06%	66.94%	66.56%	65.49%–79.18%
<i>Hepatitis A</i>	77.19%	71.90%	71.54%	70.48%–84.10%
<i>Rotavirus</i>	66.00%	59.91%	59.50%	58.81%–67.69%
<i>Influenza</i>	52.80%	49.08%	36.12% <sup>^^</sup>	34.44%–55.98%
<i>Combination 2</i>	69.21%	56.25%	55.00% <sup>^^</sup>	53.24%–75.92%
<i>Combination 3</i>	66.67%	53.35%	52.56%	50.63%–75.40%
<i>Combination 4</i>	61.36%	49.45%	49.39%	47.23%–74.99%
<i>Combination 5</i>	53.53%	42.53%	43.25%	41.45%–64.68%
<i>Combination 6</i>	44.19%	35.32%	25.99% <sup>^^</sup>	23.73%–52.87%
<i>Combination 7</i>	49.71%	39.70%	40.84% <sup>^</sup>	38.85%–64.42%
<i>Combination 8</i>	40.57%	33.39%	24.90% <sup>^^</sup>	22.55%–52.67%
<i>Combination 9</i>	36.90%	29.47%	22.42% <sup>^^</sup>	20.35%–47.02%
<i>Combination 10</i>	34.01%	27.93%	21.49% <sup>^^</sup>	19.35%–46.87%
<b>Immunizations for Adolescents<sup>‡‡</sup></b>				
<i>Tdap/TD</i>	82.79%	77.71%	78.86% <sup>^</sup>	78.56%–78.88%
<i>Meningococcal</i>	65.89%	64.65%	65.99% <sup>^</sup>	64.94%–77.72%
<i>Combination 1 (Meningococcal, Tdap/Td)</i>	65.20%	62.33%	64.85% <sup>^</sup>	63.79%–76.72%
<b>Well-Child Visits in the First 15 Months of Life<sup>‡‡</sup></b>				
<i>Zero Visits*</i>	2.85%	3.97%	4.89% <sup>^^</sup>	4.72%–7.69%
<i>Six or More Visits</i>	62.11%	43.97%	44.49%	3.36%–47.02%
<b>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life<sup>‡‡</sup></b>				
<i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i>	60.69%	57.19%	56.96%	56.65%–60.87%
<b>Adolescent Well-Care Visits<sup>‡‡</sup></b>				
<i>Adolescent Well-Care Visits</i>	37.79%	32.91%	32.13% <sup>^^</sup>	31.67%–38.27%



Performance Measures	HEDIS 2014 Rate	HEDIS 2015 Rate	HEDIS 2016 Rate	Health Plan Rate Range <sup>‡</sup>
<b>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</b>				
<i>BMI Percentile Documentation—Ages 3 to 11 Years</i>	54.27%	68.04%	60.99%^^	59.36%–82.95%
<i>BMI Percentile Documentation—Ages 12 to 17 Years</i>	53.61%	71.26%	59.66%^^	58.75%–71.43%
<i>BMI Percentile Documentation—Total</i>	54.08%	69.11%	60.50%^^	59.12%–78.83%
<i>Counseling for Nutrition—Ages 3 to 11 Years</i>	56.52%	58.44%	61.68%^	60.16%–82.20%
<i>Counseling for Nutrition—Ages 12 to 17 Years</i>	48.33%	55.28%	57.15%^	56.25%–68.71%
<i>Counseling for Nutrition—Total</i>	54.23%	57.41%	59.95%^	58.64%–77.37%
<i>Counseling for Physical Activity—Ages 3 to 11 Years<sup>1</sup></i>	48.69%	48.82%	47.66%^^	46.61%–61.74%
<i>Counseling for Physical Activity—Ages 12 to 17 Years<sup>1</sup></i>	50.64%	52.06%	51.15%^^	50.00%–65.99%
<i>Counseling for Physical Activity—Total<sup>1</sup></i>	49.25%	49.88%	49.01%^^	47.93%–63.26%
<b>Appropriate Testing for Children With Pharyngitis</b>				
<i>Appropriate Testing for Children With Pharyngitis</i>	72.61%	74.20%	73.15%^^	72.82%–89.14%
<b>Appropriate Treatment for Children With Upper Respiratory Infection</b>				
<i>Appropriate Treatment for Children With Upper Respiratory Infection</i>	—	90.16%	91.92%^	91.59%–97.48%
<b>Annual Dental Visit</b>				
<i>Ages 2 to 3 Years</i>	56.11%	54.58%	54.11%	—
<i>Ages 4 to 6 Years</i>	67.13%	65.50%	65.53%	—
<i>Ages 7 to 10 Years</i>	70.42%	69.25%	68.81%^^	—
<i>Ages 11 to 14 Years</i>	65.76%	64.40%	64.18%	—
<i>Ages 15 to 18 Years</i>	56.21%	53.84%	53.62%	—
<i>Ages 19 to 20 Years</i>	—	—	34.54%	—
<i>Total</i>	63.41%	60.32%	60.59%^	—
<b>Access to Care</b>				
<b>Prenatal and Postpartum Care<sup>‡‡</sup></b>				
<i>Timeliness of Prenatal Care</i>	74.60%	50.62%	50.13%	48.42%–81.75%
<i>Postpartum Care</i>	57.67%	33.14%	31.61%^^	30.36%–54.74%
<b>Children and Adolescents' Access to Primary Care Practitioners</b>				
<i>Ages 12 to 24 Months</i>	95.23%	92.91%	91.77%^^	89.33%–91.97%
<i>Ages 25 Months to 6 Years</i>	81.40%	79.34%	78.92%^^	73.66%–84.93%
<i>Ages 7 to 11 Years</i>	85.68%	83.78%	82.77%^^	78.22%–91.67%
<i>Ages 12 to 19 Years</i>	85.48%	83.69%	82.34%^^	79.00%–89.60%
<b>Adults' Access to Preventive/Ambulatory Health Services</b>				
<i>Ages 20 to 44 Years</i>	74.46%	68.84%	63.86%^^	60.52%–68.38%
<i>Ages 45 to 64 Years</i>	81.17%	78.78%	74.67%^^	73.59%–76.95%
<i>Ages 65 Years and Older</i>	76.15%	75.52%	75.14%	74.72%–89.05%
<i>Total</i>	76.42%	72.46%	67.99%^^	65.78%–71.69%



Performance Measures	HEDIS 2014 Rate	HEDIS 2015 Rate	HEDIS 2016 Rate	Health Plan Rate Range <sup>‡</sup>
<b>Preventive Screening</b>				
<b>Chlamydia Screening in Women</b>				
Ages 16 to 20 Years	47.45%	47.60%	48.19%	43.70%–69.43%
Ages 21 to 24 Years	55.61%	55.49%	55.66%	46.86%–69.18%
Total	51.66%	51.52%	52.00%	46.27%–69.33%
<b>Breast Cancer Screening</b>				
Breast Cancer Screening	31.17%	32.41%	31.40%^^	29.79%–49.17%
<b>Cervical Cancer Screening</b>				
Cervical Cancer Screening	57.67%	56.64%	47.87%^^	47.45%–56.93%
<b>Non-Recommended Cervical Cancer Screening in Adolescent Females<sup>1,*</sup></b>				
Non-Recommended Cervical Cancer Screening in Adolescent Females	—	1.74%	1.33%^	0.17%–4.04%
<b>Adult BMI Assessment</b>				
Adult BMI Assessment	71.34%	82.64%	72.16%^^	71.53%–84.43%
<b>Mental/Behavioral Health</b>				
<b>Antidepressant Medication Management</b>				
Effective Acute Phase Treatment	62.03%	65.37%	66.97%^	46.35%–69.92%
Effective Continuation Phase Treatment	46.72%	49.82%	52.81%^	31.41%–57.47%
<b>Follow-up Care for Children Prescribed ADHD Medication</b>				
Initiation Phase	34.18%	33.56%	35.03%	29.41%–35.26%
Continuation and Maintenance Phase	36.51%	33.37%	34.95%	—
<b>Use of Multiple Concurrent Antipsychotics in Children and Adolescents*</b>				
Ages 1 to 5 Years	—	—	0.00%	—
Ages 6 to 11 Years	—	—	3.77%	—
Ages 12 to 17 Years	—	—	7.79%	3.23%–7.90%
Total	—	—	6.43%	0.00%–6.51%
<b>Living With Illness</b>				
<b>Controlling High Blood Pressure</b>				
Controlling High Blood Pressure	50.48%	53.54%	58.89%^	58.64%–63.99%
<b>Persistence of Beta-Blocker Treatment After a Heart Attack</b>				
Persistence of Beta-Blocker Treatment After a Heart Attack	—	73.90%	75.60%	—
<b>Comprehensive Diabetes Care<sup>1</sup></b>				
Hemoglobin A1c (HbA1c) Testing	74.56%	82.16%	77.76%^^	77.13%–89.78%
HbA1c Poor Control (>9.0%)*	56.33%	44.18%	55.00%^^	36.74%–55.96%
HbA1c Control (<8.0%)	37.24%	43.61%	37.34%^^	36.74%–48.66%
Eye Exam (Retinal) Performed	41.68%	45.85%	40.47%^^	39.66%–55.96%
Medical Attention for Nephropathy	71.22%	73.64%	85.36%^	85.16%–89.29%

Performance Measures	HEDIS 2014 Rate	HEDIS 2015 Rate	HEDIS 2016 Rate	Health Plan Rate Range <sup>‡</sup>
<i>Blood Pressure Control (&lt;140/90 mm Hg)</i>	58.21%	61.91%	58.24%^^	57.42%–73.72%
<b>Annual Monitoring for Patients on Persistent Medications</b>				
<i>ACE Inhibitors or ARBs</i>	85.84%	85.32%	83.62%^^	83.49%–85.22%
<i>Digoxin</i>	89.16%	59.26%	55.78%	—
<i>Diuretics</i>	86.26%	85.47%	83.68%^^	83.57%–85.05%
<i>Total</i>	83.29%	85.20%	83.49%^^	83.37%–85.14%
<b>Use of Imaging Studies for Low Back Pain<sup>1</sup></b>				
<i>Use of Imaging Studies for Low Back Pain</i>	78.46%	78.71%	77.16%^^	76.92%–81.26%
<b>Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis</b>				
<i>Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis</i>	—	29.52%	31.13%	30.46%–45.54%
<b>Pharmacotherapy Management of COPD Exacerbation</b>				
<i>Systemic Corticosteroid</i>	59.43%	59.73%	66.77%^	53.99%–68.45%
<i>Bronchodilator</i>	76.11%	75.65%	79.63%^	57.06%–82.29%
<b>Medication Management for People With Asthma</b>				
<i>Medication Compliance 50%—Ages 5 to 11 Years</i>	—	67.45%	69.33%	30.47%–71.42%
<i>Medication Compliance 50%—Ages 12 to 18 Years</i>	—	62.26%	64.14%	36.13%–65.54%
<i>Medication Compliance 50%—Ages 19 to 50 Years</i>	—	68.26%	69.77%	46.26%–70.80%
<i>Medication Compliance 50%—Ages 51 to 64 Years</i>	—	75.26%	81.13%^	78.26%–81.16%
<i>Medication Compliance 50%—Total</i>	—	66.46%	69.00%^	39.76%–70.44%
<i>Medication Compliance 75%—Ages 5 to 11 Years</i>	—	44.40%	45.92%	9.01%–47.88%
<i>Medication Compliance 75%—Ages 12 to 18 Years</i>	—	38.26%	41.17%^	14.84%–42.53%
<i>Medication Compliance 75%—Ages 19 to 50 Years</i>	—	46.06%	47.97%	21.77%–50.00%
<i>Medication Compliance 75%—Ages 51 to 64 Years</i>	—	56.19%	58.23%	47.83%–58.84%
<i>Medication Compliance 75%—Total</i>	—	43.49%	46.21%^	16.87%–47.64%
<b>Asthma Medication Ratio</b>				
<i>Ages 5 to 11 Years</i>	77.96%	71.77%	70.83%	39.53%–72.46%
<i>Ages 12 to 18 Years</i>	62.82%	72.22%	59.87%^^	29.21%–61.45%
<i>Ages 19 to 50 Years</i>	48.47%	77.08%	50.74%^^	25.74%–58.82%
<i>Ages 51 to 64 Years</i>	55.96%	72.33%	59.64%^^	33.77%–61.85%
<i>Total</i>	65.55%	73.17%	60.71%^^	32.39%–62.20%
<b>Use of Spirometry Testing in the Assessment and Diagnosis of COPD</b>				
<i>Use of Spirometry Testing in the Assessment and Diagnosis of COPD</i>	23.79%	22.87%	25.39%^	25.11%–35.42%
<b>Disease-Modifying Anti-Rheumatic Drug Therapy in Rheumatoid Arthritis</b>				
<i>Disease-Modifying Anti-Rheumatic Drug Therapy in Rheumatoid Arthritis</i>	73.17%	75.33%	79.89%^	65.00%–83.33%

Performance Measures	HEDIS 2014 Rate	HEDIS 2015 Rate	HEDIS 2016 Rate	Health Plan Rate Range <sup>‡</sup>
<b>Use of Services<sup>2</sup></b>				
<b>Ambulatory Care (per 1,000 Member Months)</b>				
<i>Outpatient Visits—Total</i>	307.00	289.90	274.59	207.09–306.76
<i>Emergency Department Visits—Total*</i>	59.14	62.03	59.12	43.97–71.40
<b>Inpatient Utilization—General Hospital/Acute Care</b>				
<i>Discharges per 1,000 Member Months (Total Inpatient)—Total</i>	9.15	7.87	7.17	5.48–9.35
<i>Days per 1,000 Member Months (Total Inpatient)—Total</i>	26.80	9.58	31.04	24.92–32.70
<i>Average Length of Stay (Total Inpatient)—Total</i>	2.93	1.22	4.33	3.50–4.55
<i>Discharges per 1,000 Member Months (Medicine)—Total</i>	3.93	3.76	3.40	0.65–3.50
<i>Days per 1,000 Member Months (Medicine)—Total</i>	12.87	4.83	13.50	2.53–13.81
<i>Average Length of Stay (Medicine)—Total</i>	3.27	1.28	3.97	3.90–4.41
<i>Discharges per 1,000 Member Months (Surgery)—Total</i>	1.77	1.84	1.78	0.81–6.37
<i>Days per 1,000 Member Months (Surgery)—Total</i>	9.10	2.34	12.51	7.12–25.02
<i>Average Length of Stay (Surgery)—Total</i>	5.14	1.27	7.02	3.93–8.77
<i>Discharges per 1,000 Member Months (Maternity)—Total</i>	6.02	3.34	2.83	2.42–2.86
<i>Days per 1,000 Member Months (Maternity)—Total</i>	8.46	3.55	7.15	5.34–7.23
<i>Average Length of Stay (Maternity)—Total</i>	1.40	1.06	2.53	2.21–2.69
<b>Antibiotic Utilization*</b>				
<i>Average Scripts PMPY for Antibiotics—Total</i>	0.94	0.90	0.96	0.34–1.02
<i>Average Days Supplied per Antibiotic Script—Total</i>	9.73	9.67	9.72	9.30–9.75
<i>Average Scripts PMPY for Antibiotics of Concern—Total</i>	0.35	0.34	0.36	0.10–0.44
<i>Percentage of Antibiotics of Concern of All Antibiotic Scripts—Total</i>	37.32%	38.29%	38.13%	28.12%–43.15%
<b>Frequency of Selected Procedures (Procedures per 1,000 Member Months)<sup>1</sup></b>				
<i>Bariatric Weight Loss Surgery (0–19 Male)—Total</i>	0.00	0.00	0.00	0.00–0.00
<i>Bariatric Weight Loss Surgery (0–19 Female)—Total</i>	0.00	0.00	0.00	0.00–0.00
<i>Bariatric Weight Loss Surgery (20–44 Male)—Total</i>	0.02	0.01	0.01	0.00–0.05
<i>Bariatric Weight Loss Surgery (20–44 Female)—Total</i>	0.09	0.06	0.06	0.05–0.11
<i>Bariatric Weight Loss Surgery (45–64 Male)—Total</i>	0.02	0.01	0.01	0.01–0.06
<i>Bariatric Weight Loss Surgery (45–64 Female)—Total</i>	0.13	0.06	0.08	0.07–0.16
<i>Tonsillectomy (0–9 Male &amp; Female)—Total</i>	0.59	0.53	0.57	0.31–0.84
<i>Tonsillectomy (10–19 Male &amp; Female)—Total</i>	0.39	0.33	0.35	0.18–0.36
<i>Hysterectomy, Abdominal (15–44 Female)—Total</i>	0.10	0.08	0.10	0.06–0.15
<i>Hysterectomy, Abdominal (45–64 Female)—Total</i>	0.18	0.18	0.24	0.24–0.26
<i>Hysterectomy, Vaginal (15–44 Female)—Total</i>	0.19	0.16	0.15	0.06–0.49
<i>Hysterectomy, Vaginal (45–64 Female)—Total</i>	0.17	0.18	0.19	0.07–0.47
<i>Cholecystectomy, Open (30–64 Male)—Total</i>	0.03	0.03	0.05	0.00–0.05

Performance Measures	HEDIS 2014 Rate	HEDIS 2015 Rate	HEDIS 2016 Rate	Health Plan Rate Range <sup>‡</sup>
<i>Cholecystectomy, Open (15–44 Female)—Total</i>	0.02	0.01	0.01	0.00–0.02
<i>Cholecystectomy, Open (45–64 Female)—Total</i>	0.06	0.03	0.04	0.00–0.04
<i>Cholecystectomy (Laparoscopic) (30–64 Male)—Total</i>	0.29	0.29	0.37	0.09–0.38
<i>Cholecystectomy (Laparoscopic) (15–44 Female)—Total</i>	0.83	0.70	0.73	0.47–0.99
<i>Cholecystectomy (Laparoscopic) (45–64 Female)—Total</i>	0.74	0.67	0.72	0.33–0.91
<i>Back Surgery (20–44 Male)—Total</i>	0.31	0.23	0.29	0.10–0.35
<i>Back Surgery (20–44 Female)—Total</i>	0.20	0.17	0.23	0.05–0.24
<i>Back Surgery (45–64 Male)—Total</i>	0.50	0.54	0.87	0.62–0.92
<i>Back Surgery (45–64 Female)—Total</i>	0.63	0.55	0.82	0.23–0.85
<i>Mastectomy (15–44 Female)—Total</i>	0.04	0.02	0.04	0.00–0.04
<i>Mastectomy (45–64 Female)—Total</i>	0.34	0.17	0.25	0.21–0.25
<i>Lumpectomy (15–44 Female)—Total</i>	0.10	0.09	0.10	0.04–0.21
<i>Lumpectomy (45–64 Female)—Total</i>	0.56	0.35	0.30	0.19–0.36

<sup>1</sup>Due to changes in the technical specifications for this measure, exercise caution when trending rates between 2016 and prior years.

<sup>2</sup>For measures in the Use of Services domain, statistical tests across years were not performed because variances were not provided in the IDSS files; differences in rates were reported without statistical test results. In addition, higher or lower rates did not necessarily denote better or worse performance.

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

‡ Non-reportable rates such as NA were excluded when calculating the health plan rate range.

‡‡ Changes in the rates from HEDIS 2014 to HEDIS 2015 should be interpreted with caution due to a change in the Department’s reporting requirement from hybrid for HEDIS 2014 to administrative for HEDIS 2015 and HEDIS 2016. Of note, DHMC and RMHP reported the Prenatal and Postpartum Care measure as hybrid; however, FFS reported this measure administratively in 2016.

— Indicates that the measure was not presented in the previous year’s aggregate report; therefore, that year’s HEDIS measure rate is not presented in this year’s report. This symbol may also indicate that the health plan rate range was not presented because only one or none of the health plans’ HEDIS 2016 measure rates were reportable.

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

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

Performance comparisons are based on the Chi-square test of statistical significance with a p value <0.05.

### Information System Findings

NCQA's Information System (IS) standards are the guidelines used by certified HEDIS compliance auditors to assess the health plans' HEDIS reporting capabilities.<sup>C-1</sup> HSAG evaluated each health plan on seven IS standards. To assess the health plans' adherence to standards, HSAG reviewed several documents for FFS, DHMC, and RMHP-MP, which included the final audit reports (FARs) (generated by an NCQA-licensed audit organization), IDSS files, and audit review tables. The findings indicated that, overall, the health plans were compliant with all of NCQA's IS standards. All the health plans were able to accurately report most Department-required HEDIS performance measures. For a few measures, the health plans could not report valid rates because too few eligible cases existed (>30) for the measures.

All the health plans contracted with a software vendor to produce the HEDIS measure rates. The vendors submitted programming code developed for each HEDIS measure to NCQA for the measure certification process. NCQA certification helped ensure the validity of the results. 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.

Each Colorado Medicaid health plan contracted with a licensed HEDIS audit organization to perform the NCQA HEDIS Compliance Audit. HSAG audited the FFS program, while the other health plans contracted with different LOs to perform their audits.

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

---

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

**Table C-1—Summary of Compliance With IS Standards**

NCQA’s IS Standards	HSAG’s Findings Based on HEDIS 2016 FAR Review
<p><b>IS 1.0—Medical Service Data—Sound Coding Methods and Data Capture</b></p> <ul style="list-style-type: none"> <li>• Industry standard codes are required and captured.</li> <li>• Primary and secondary diagnosis codes are identified.</li> <li>• Nonstandard codes (if used) are mapped to industry standard codes.</li> <li>• Standard submission forms are used.</li> <li>• Timely and accurate data entry processes and sufficient edit checks are used.</li> <li>• Data completeness is continually assessed, and all contracted vendors involved in medical claims processing are monitored.</li> </ul>	<p>The health plans and the Department were fully compliant with IS 1.0. No issues or concerns relevant to the selected Colorado Medicaid HEDIS measures were noted for this standard.</p>
<p><b>IS 2.0—Enrollment Data—Data Capture, Transfer, and Entry</b></p> <ul style="list-style-type: none"> <li>• All HEDIS-relevant information for data entry or electronic transmissions of enrollment data are accurate and complete.</li> <li>• Manual entry of enrollment data is timely and accurate, and sufficient edit checks are in place.</li> <li>• The health plans continually assess data completeness and take steps to improve performance.</li> <li>• The health plans effectively monitor the quality and accuracy of electronic submissions.</li> <li>• The health plans have effective control processes for the transmission of enrollment data.</li> </ul>	<p>The health plans and the Department were fully compliant with IS 2.0. The health plans and the Department had adequate policies and procedures related to Medicaid enrollment data processing.</p>

NCQA's IS Standards	HSAG's Findings Based on HEDIS 2016 FAR Review
<p><b>IS 3.0—Practitioner Data—Data Capture, Transfer, and Entry</b></p> <ul style="list-style-type: none"> <li>• Provider specialties are fully documented and mapped to HEDIS provider specialties.</li> <li>• Effective procedures for submitting HEDIS-relevant information are in place.</li> <li>• Electronic transmissions of practitioner data are checked to ensure accuracy.</li> <li>• Processes and edit checks ensure accurate and timely entry of data into the transaction files.</li> <li>• Data completeness is assessed and steps are taken to improve performance.</li> <li>• Vendors are regularly monitored against expected performance standards.</li> </ul>	<p>The health plans and the Department were fully compliant with IS 3.0. The health plans and the Department had adequate policies and procedures related to Medicaid practitioner data processing.</p>
<p><b>IS 4.0—Medical Record Review Processes—Training, Sampling, Abstraction, and Oversight</b></p> <ul style="list-style-type: none"> <li>• Forms or tools used for medical record review capture all fields relevant to HEDIS reporting.</li> <li>• Checking procedures are in place to ensure data integrity for electronic transmission of information.</li> <li>• Retrieval and abstraction of data from medical records are accurately performed.</li> <li>• Data entry processes, including edit checks, are timely and accurate.</li> <li>• Data completeness is assessed, including steps to improve performance.</li> <li>• Vendor performance is monitored against expected performance standards.</li> </ul>	<p>The health plans and the Department were fully compliant with IS 4.0. No issues or concerns relevant to the selected Colorado Medicaid HEDIS measures were noted for this standard.</p>



NCQA's IS Standards	HSAG's Findings Based on HEDIS 2016 FAR Review
<p><b>IS 5.0—Supplemental Data—Capture, Transfer, and Entry</b></p> <ul style="list-style-type: none"> <li>• Nonstandard coding schemes are fully documented and mapped to industry standard codes.</li> <li>• Effective procedures for submitting HEDIS-relevant information are in place.</li> <li>• Electronic transmissions of supplemental data are checked to ensure accuracy.</li> <li>• Data entry processes, including edit checks, are timely and accurate.</li> <li>• Data completeness is assessed, including steps to improve performance.</li> <li>• Vendor performance is monitored against expected performance standards.</li> </ul>	<p>The health plans and the Department were fully compliant with IS 5.0. No issues or concerns relevant to the selected Colorado Medicaid HEDIS measures were noted for this standard.</p>
<p><b>IS 6.0—Member Call Center Data—Capture, Transfer, and Entry</b></p>	<p>IS 6.0 was not applicable to the selected Colorado Medicaid HEDIS measures under the scope of the audit.</p>
<p><b>IS 7.0—Data Integration—Accurate HEDIS Reporting, Control Procedures That Support HEDIS Reporting Integrity</b></p> <ul style="list-style-type: none"> <li>• Nonstandard coding schemes are fully documented and mapped to industry standard codes.</li> <li>• Data transfers to the HEDIS Repository from transaction files are accurate.</li> <li>• File consolidations, extracts, and derivations are accurate.</li> <li>• The repository structure and formatting are suitable for HEDIS measures and enable required programming efforts.</li> <li>• Report production is managed effectively and operators perform appropriately.</li> <li>• HEDIS reporting software is managed properly.</li> <li>• Physical control procedures ensure HEDIS data integrity.</li> <li>• The organization regularly monitors vendor performance against expected performance standards.</li> </ul>	<p>The health plans and the Department were fully compliant with IS 7.0.</p> <p>The auditors did not identify any notable issues that had any negative impact on Medicaid HEDIS measure results reporting.</p>