



COLORADO

**Department of Health Care
Policy & Financing**

2017 HEDIS Aggregate Report for Health First Colorado (Colorado's Medicaid Program)

November 2017

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 Information System Findings C-1

Introduction

The State of Colorado offers its residents managed care services through Health First Colorado (Colorado’s Medicaid Program). In June 2017, this program covered more than 1.4 million Coloradans, more than 25 percent of Colorado’s population. Colorado’s Medicaid benefits and services include healthcare primary and specialty care provider visits; dental services; hospitalization, emergency services, transportation services; maternity and newborn care; mental health/behavioral health services, and substance use disorder services; pharmacy and durable medical equipment benefits; physical, occupational, and speech therapy; laboratory services; preventive health and wellness services; and family planning services.¹⁻¹

The Medicaid program is administered by Colorado’s Department of Health Care Policy & Financing (the Department). During fiscal year (FY) 2016–2017, the Department provided Medicaid services to members via the Fee-for-Service (FFS) program and three managed care organizations—Accountable Care Collaborative: Access Kaiser Permanente (Access KP), Denver Health Medicaid Choice (DHMC), and Rocky Mountain Health Plans Medicaid Prime (RMHP Prime). FFS, Access KP, DHMC, and RMHP Prime 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[®]) protocols.¹⁻² The Department selected HEDIS performance measures from the standard Medicaid HEDIS 2017 reporting set to evaluate the Colorado Medicaid health plans’ performance and for public reporting. For HEDIS 2017, the Department required that the plans report all HEDIS measures using the administrative methodology. Therefore, only the rates reported using administrative-only data are included in this report. Therefore, caution should be exercised when comparing the measure results to national benchmarks, which were established using administrative and/or medical record review data.

Each health plan underwent an NCQA HEDIS Compliance Audit[™] through a licensed organization in order to verify the processes used to report valid HEDIS rates.¹⁻³ 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

¹⁻¹ Colorado Department of Health Care Policy & Financing. Colorado Medicaid Benefits and Services. Available at: <https://www.healthfirstcolorado.com/benefits-services/>. Accessed on: Aug 21, 2017.

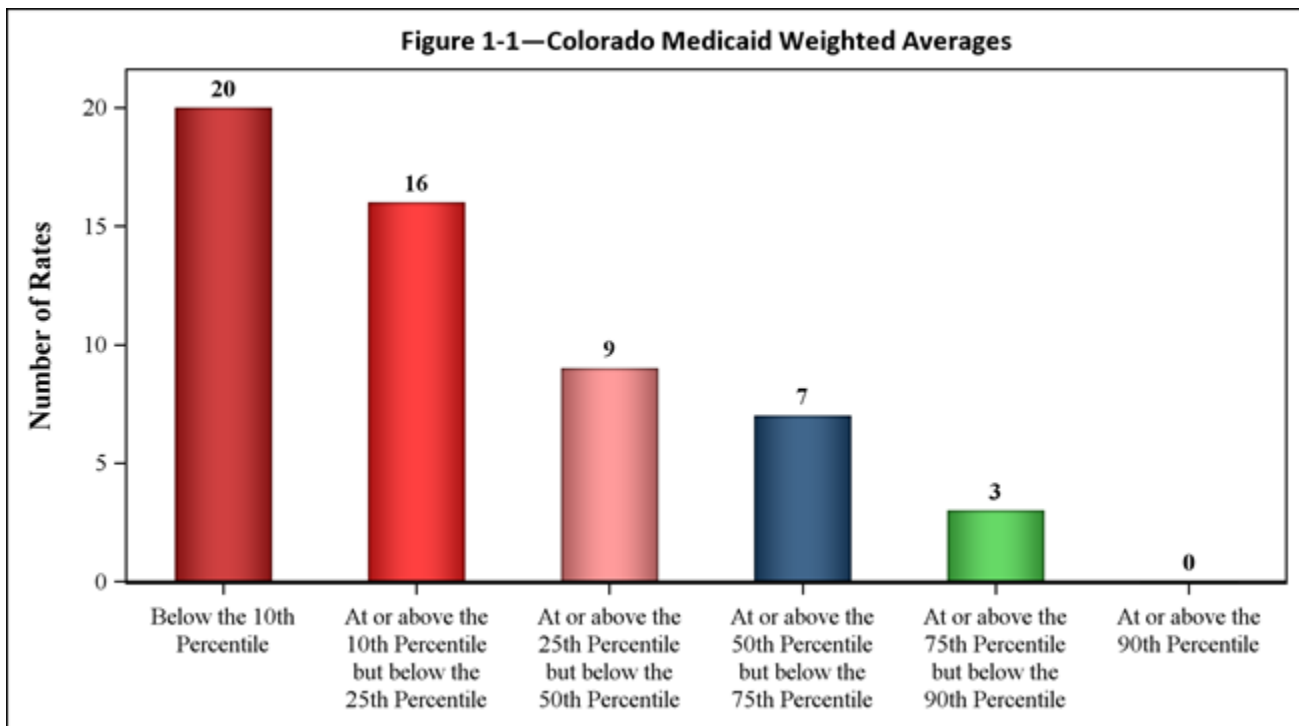
¹⁻² HEDIS[®] is a registered trademark of the National Committee for Quality Assurance (NCQA).

¹⁻³ NCQA HEDIS Compliance Audit[™] is a trademark of the National Committee for Quality Assurance (NCQA).

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.¹⁻⁴

Summary of Performance

Figure 1-1 shows the Colorado Medicaid program’s performance on HEDIS performance measure indicators that were comparable to the Quality Compass® national Medicaid percentiles for HEDIS 2016.¹⁻⁵ 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, 36 Colorado Medicaid statewide average rates fell below the national Medicaid 25th percentile, with 20 of those rates falling below the national Medicaid 10th percentile. Three rates ranked at or above the national Medicaid 75th percentile but below the national Medicaid 90th percentile, and no rates ranked at or above the national Medicaid 90th percentile.

¹⁻⁴ National Committee for Quality Assurance. HEDIS Compliance Audit Standards, Policies and Procedures, Volume 5. Washington D.C.

¹⁻⁵ Quality Compass® is a registered trademark for the National Committee for Quality Assurance (NCQA).

Detailed Statewide Performance

Statewide performance measure results for HEDIS 2017 were compared to HEDIS 2016 national Medicaid percentiles. Table 1-2 shows the Medicaid statewide weighted averages for HEDIS 2015 through HEDIS 2017 along with the percentile ranking for each HEDIS 2017 rate. Rates for HEDIS 2017 shaded green with one carat (^) indicate a statistically significant improvement in performance from the previous year. Rates for HEDIS 2017 shaded red with two carats (^) indicate a statistically significant decline in performance from the previous year.¹⁻⁶ Table 1-1 denotes the percentile ranking performance levels.

Table 1-1—National Medicaid Percentile Ranking Performance Levels

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

Table 1-2—Colorado Medicaid Statewide Weighted Averages

Performance Measures	HEDIS 2015 Rate	HEDIS 2016 Rate	HEDIS 2017 Rate	Percentile Ranking
<i>Pediatric Care</i>				
<i>Childhood Immunization Status⁺</i>				
<i>Combination 2</i>	56.25%	55.00%	58.53% ^	<10th
<i>Combination 3</i>	53.35%	52.56%	56.00% ^	<10th
<i>Combination 4</i>	49.45%	49.39%	53.15% ^	<10th
<i>Combination 5</i>	42.53%	43.25%	47.31% ^	10th–24th
<i>Combination 6</i>	35.32%	25.99%	32.83% ^	25th–49th
<i>Combination 7</i>	39.70%	40.84%	45.27% ^	10th–24th
<i>Combination 8</i>	33.39%	24.90%	31.74% ^	25th–49th
<i>Combination 9</i>	29.47%	22.42%	28.87% ^	25th–49th

¹⁻⁶ 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 2016 rates may be understated or overstated.

Performance Measures	HEDIS 2015 Rate	HEDIS 2016 Rate	HEDIS 2017 Rate	Percentile Ranking
<i>Combination 10</i>	27.93%	21.49%	28.01% [^]	25th–49th
Immunizations for Adolescents⁺				
<i>Combination 1 (Meningococcal, Tdap)</i>	62.33%	64.85%	64.78%	10th–24th
<i>Combination 2 (Meningococcal, Tdap, HPV)</i>	—	—	18.68%	—
Well-Child Visits in the First 15 Months of Life⁺				
<i>Zero Visits*</i>	3.97%	4.89%	4.25% [^]	10th–24th
<i>Six or More Visits</i>	43.97%	44.49%	48.55% [^]	10th–24th
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life⁺				
<i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i>	57.19%	56.96%	57.64% [^]	<10th
Adolescent Well-Care Visits⁺				
<i>Adolescent Well-Care Visits</i>	32.91%	32.13%	33.94% [^]	10th–24th
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents⁺¹				
<i>BMI Percentile Documentation—Total</i>	69.11%	60.50%	8.65% ^{^^}	<10th
<i>Counseling for Nutrition—Total</i>	57.41%	59.95%	7.57% ^{^^}	<10th
<i>Counseling for Physical Activity—Total²</i>	49.88%	49.01%	2.97% ^{^^}	<10th
Appropriate Testing for Children With Pharyngitis³				
<i>Appropriate Testing for Children With Pharyngitis</i>	74.20%	73.15%	75.71% [^]	50th–74th
Appropriate Treatment for Children With Upper Respiratory Infection⁴				
<i>Appropriate Treatment for Children With Upper Respiratory Infection</i>	90.16%	91.92%	92.16%	50th–74th
Annual Dental Visit				
<i>Total</i>	60.32%	60.59%	61.60% [^]	75th–89th
Access to Care				
Prenatal and Postpartum Care⁺⁵				
<i>Timeliness of Prenatal Care</i>	—	—	64.06%	—
<i>Postpartum Care</i>	—	—	35.08%	—
Children and Adolescents' Access to Primary Care Practitioners				
<i>Ages 12 to 24 Months</i>	92.91%	91.77%	92.33% [^]	10th–24th
<i>Ages 25 Months to 6 Years</i>	79.34%	78.92%	79.07%	<10th
<i>Ages 7 to 11 Years</i>	83.78%	82.77%	83.05%	<10th
<i>Ages 12 to 19 Years</i>	83.69%	82.34%	82.70% [^]	<10th

Performance Measures	HEDIS 2015 Rate	HEDIS 2016 Rate	HEDIS 2017 Rate	Percentile Ranking
Adults' Access to Preventive/Ambulatory Health Services				
Total	72.46%	67.99%	66.03%^^	<10th
Preventive Screening				
Chlamydia Screening in Women³				
Total	51.52%	52.00%	50.69%^^	25th–49th
Breast Cancer Screening				
Breast Cancer Screening	32.41%	31.40%	36.96%^	<10th
Cervical Cancer Screening⁺¹				
Cervical Cancer Screening	56.64%	47.87%	42.85%^^	10th–24th
Non-Recommended Cervical Cancer Screening in Adolescent Females^{*2}				
Non-Recommended Cervical Cancer Screening in Adolescent Females	1.74%	1.33%	1.34%	75th–89th
Adult BMI Assessment⁺¹				
Adult BMI Assessment	82.64%	72.16%	18.39%^^	<10th
Mental/Behavioral Health				
Antidepressant Medication Management³				
Effective Acute Phase Treatment	65.37%	66.97%	55.31%^^	50th–74th
Effective Continuation Phase Treatment	49.82%	52.81%	32.28%^^	10th–24th
Follow-up Care for Children Prescribed ADHD Medication³				
Initiation Phase	33.56%	35.03%	34.13%	10th–24th
Continuation and Maintenance Phase	33.37%	34.95%	35.55%	10th–24th
Use of Multiple Concurrent Antipsychotics in Children and Adolescents^{*3,4,6}				
Total	—	6.43%	5.76%	<10th
Living With Illness				
Persistence of Beta-Blocker Treatment After a Heart Attack^{3,6}				
Persistence of Beta-Blocker Treatment After a Heart Attack	73.90%	75.60%	69.04%^^	10th–24th
Comprehensive Diabetes Care^{+1,2,3}				
Hemoglobin A1c (HbA1c) Testing ⁶	82.16%	77.76%	79.13%^	<10th
HbA1c Poor Control (>9.0%)*	44.18%	55.00%	93.82%^^	<10th
HbA1c Control (<8.0%)	43.61%	37.34%	4.88%^^	<10th
Eye Exam (Retinal) Performed	45.85%	40.47%	30.83%^^	<10th
Medical Attention for Nephropathy	73.64%	85.36%	78.30%^^	<10th
Blood Pressure Control (<140/90 mm Hg)	61.91%	58.24%	5.05%^^	<10th

Performance Measures	HEDIS 2015 Rate	HEDIS 2016 Rate	HEDIS 2017 Rate	Percentile Ranking
<i>Statin Therapy for Patients With Diabetes³</i>				
<i>Received Statin Therapy</i>	—	—	56.05%	—
<i>Statin Adherence 80%</i>	—	—	51.69%	—
<i>Statin Therapy for Patients With Cardiovascular Disease³</i>				
<i>Received Statin Therapy—Total</i>	—	—	78.26%	—
<i>Statin Adherence 80%—Total</i>	—	—	56.99%	—
<i>Annual Monitoring for Patients on Persistent Medications^{3,6}</i>				
<i>ACE Inhibitors or ARBs</i>	85.32%	83.62%	85.08% ^	10th–24th
<i>Digoxin</i>	59.26%	55.78%	55.26%	50th–74th
<i>Diuretics</i>	85.47%	83.68%	84.45% ^	10th–24th
<i>Total</i>	85.20%	83.49%	84.65% ^	10th–24th
<i>Use of Imaging Studies for Low Back Pain^{2,4}</i>				
<i>Use of Imaging Studies for Low Back Pain</i>	78.71%	77.16%	68.16% ^^	10th–24th
<i>Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis^{3,4}</i>				
<i>Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis</i>	29.52%	31.13%	37.16% ^	75th–89th
<i>Pharmacotherapy Management of COPD Exacerbation^{3,4}</i>				
<i>Systemic Corticosteroid</i>	59.73%	66.77%	69.02%	25th–49th
<i>Bronchodilator</i>	75.65%	79.63%	80.90%	25th–49th
<i>Medication Management for People With Asthma^{3,6}</i>				
<i>Medication Compliance 50%—Total⁷</i>	66.46%	69.00%	58.29% ^^	50th–74th
<i>Medication Compliance 75%—Total</i>	43.49%	46.21%	32.29% ^^	50th–74th
<i>Asthma Medication Ratio³</i>				
<i>Total</i>	73.17%	60.71%	61.23%	25th–49th
<i>Use of Spirometry Testing in the Assessment and Diagnosis of COPD</i>				
<i>Use of Spirometry Testing in the Assessment and Diagnosis of COPD</i>	22.87%	25.39%	27.07%	25th–49th
<i>Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis³</i>				
<i>Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis</i>	75.33%	79.89%	78.04%	50th–74th
<i>Use of Services[†]</i>				
<i>Ambulatory Care (Per 1,000 Member Months)</i>				
<i>Outpatient Visits—Total</i>	289.90	274.59	263.93	10th–24th
<i>Emergency Department Visits—Total*</i>	62.03	59.12	55.58 ⁸	50th–74th

Performance Measures	HEDIS 2015 Rate	HEDIS 2016 Rate	HEDIS 2017 Rate	Percentile Ranking
Inpatient Utilization—General Hospital/Acute Care				
<i>Discharges per 1,000 Member Months (Total Inpatient)</i>	7.87	7.17	7.05	50th–74th
<i>Days per 1,000 Member Months (Total Inpatient)</i>	9.58	31.04	30.71	50th–74th
<i>Average Length of Stay (Total Inpatient)</i>	1.22	4.33	4.36	50th–74th
<i>Discharges per 1,000 Member Months (Medicine)</i>	3.76	3.40	3.46	50th–74th
<i>Days per 1,000 Member Months (Medicine)</i>	4.83	13.50	13.52	50th–74th
<i>Average Length of Stay (Medicine)</i>	1.28	3.97	3.90	50th–74th
<i>Discharges per 1,000 Member Months (Surgery)</i>	1.84	1.78	1.69	50th–74th
<i>Days per 1,000 Member Months (Surgery)</i>	2.34	12.51	12.43	50th–74th
<i>Average Length of Stay (Surgery)</i>	1.27	7.02	7.35	50th–74th
<i>Discharges per 1,000 Member Months (Maternity)</i>	3.34	2.83	2.63	25th–49th
<i>Days per 1,000 Member Months (Maternity)</i>	3.55	7.15	6.61	25th–49th
<i>Average Length of Stay (Maternity)</i>	1.06	2.53	2.51	10th–24th
Antibiotic Utilization*⁶				
<i>Average Scripts PMPY for Antibiotics</i>	0.90	0.96	0.58	≥90th
<i>Average Days Supplied per Antibiotic Script</i>	9.67	9.72	9.53	25th–49th
<i>Average Scripts PMPY for Antibiotics of Concern</i>	0.34	0.36	0.22	≥90th
<i>Percentage of Antibiotics of Concern of All Antibiotic Scripts</i>	38.29%	38.13%	37.13%	75th–89th
Frequency of Selected Procedures (Procedures per 1,000 MM)²				
<i>Bariatric weight loss surgery (0–19 Male)</i>	0.00	0.00	0.00	**
<i>Bariatric weight loss surgery (0–19 Female)</i>	0.00	0.00	0.00	**
<i>Bariatric weight loss surgery (20–44 Male)</i>	0.01	0.01	0.01	50th–74th
<i>Bariatric weight loss surgery (20–44 Female)</i>	0.06	0.06	0.05	50th–74th
<i>Bariatric weight loss surgery (45–64 Male)</i>	0.01	0.01	0.02	75th–89th
<i>Bariatric weight loss surgery (45–64 Female)</i>	0.06	0.08	0.07	50th–74th
<i>Tonsillectomy (0–9 Male & Female)</i>	0.53	0.57	0.55	25th–49th
<i>Tonsillectomy (10–19 Male & Female)</i>	0.33	0.35	0.32	50th–74th
<i>Hysterectomy, Abdominal (15–44 Female)</i>	0.08	0.10	0.06	10th–24th
<i>Hysterectomy, Abdominal (45–64 Female)</i>	0.18	0.24	0.13	10th–24th
<i>Hysterectomy, Vaginal (15–44 Female)</i>	0.16	0.15	0.12	50th–74th
<i>Hysterectomy, Vaginal (45–64 Female)</i>	0.18	0.19	0.14	25th–49th
<i>Cholecystectomy, Open (30–64 Male)</i>	0.03	0.05	0.02	50th–74th
<i>Cholecystectomy, Open (15–44 Female)</i>	0.01	0.01	0.01	50th–89th
<i>Cholecystectomy, Open (45–64 Female)</i>	0.03	0.04	0.02	25th–49th

Performance Measures	HEDIS 2015 Rate	HEDIS 2016 Rate	HEDIS 2017 Rate	Percentile Ranking
<i>Cholecystectomy (laparoscopic) (30–64 Male)</i>	0.29	0.37	0.26	25th–49th
<i>Cholecystectomy (laparoscopic) (15–44 Female)</i>	0.70	0.73	0.61	25th–49th
<i>Cholecystectomy (laparoscopic) (45–64 Female)</i>	0.67	0.72	0.57	25th–49th
<i>Back Surgery (20–44 Male)</i>	0.23	0.29	0.20	25th–49th
<i>Back Surgery (20–44 Female)</i>	0.17	0.23	0.19	50th–74th
<i>Back Surgery (45–64 Male)</i>	0.54	0.87	0.64	50th–74th
<i>Back Surgery (45–64 Female)</i>	0.55	0.82	0.66	50th–74th
<i>Mastectomy (15–44 Female)</i>	0.02	0.04	0.03	75th–89th
<i>Mastectomy (45–64 Female)</i>	0.17	0.25	0.14	50th–74th
<i>Lumpectomy (15–44 Female)</i>	0.09	0.10	0.08	10th–24th
<i>Lumpectomy (45–64 Female)</i>	0.35	0.30	0.26	10th–24th

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

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

¹ Differences in the rates from 2016 to 2017 should be interpreted with caution due to the transition from hybrid data collection for HEDIS 2015 and 2016 to administrative data collection in HEDIS 2017.

² Due to changes in NCQA’s technical specifications for this measure, exercise caution when comparing rates between HEDIS 2015 and 2016.

³ FFS members who were dually eligible under Medicare and Medicaid were excluded from the calculation of the HEDIS 2017 rate. Use caution when comparing this rate to prior years’ rates.

⁴ Due to changes in NCQA’s technical specifications for this measure, exercise caution when comparing rates between HEDIS 2017 and prior years.

⁵ FFS members were included in the HEDIS 2017 rate using modified specifications. Therefore, comparisons to prior years’ rates and national benchmarks were not performed.

⁶ Due to differences in the calculation of this measure for HEDIS 2017, exercise caution when trending rates between HEDIS 2017 and prior years.

⁷ Quality Compass percentiles for this measure were not available; therefore, NCQA’s HEDIS Audit Means and Percentiles benchmarks were used for comparative purposes.

⁸ Access KP acknowledged that the reported rate used in the calculation of the statewide weighted average for this measure may not be valid; therefore, exercise caution when interpreting these results.

† 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 do not necessarily denote better or poorer performance. Rates were not risk adjusted; therefore, percentile rankings should be interpreted with caution and may not accurately reflect high or low performance.

— Indicates the rate is not presented in the table above as the Department did not require the health plans to report this rate for the respective reporting year. This symbol may also indicate that a percentile ranking was not determined because the HEDIS 2017 measure rate was not reportable, comparable, 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 of <0.05.

** Indicates the percentile ranking was not determined because the values for the national Medicaid 10th, 25th, 50th, 75th, and 90th percentiles were zero.

Summary of Statewide Performance

Pediatric Care

Access KP was the top-performing health plan in the Pediatric Care domain for HEDIS 2017, with seven measure indicators that ranked at or above the national Medicaid 90th percentile.

Conversely, RMHP Prime's rates indicated opportunities for improvement in the Pediatric Care domain. Although RMHP Prime's rates were reportable for only six measure indicators, five of the reportable rates fell below the national Medicaid 50th percentile. FFS' HEDIS 2017 rates also indicated opportunities for improvement, with 13 measure indicators falling below the national Medicaid 25th percentile. Specifically, RMHP Prime and FFS showed opportunities for improvement for the *Adolescent Well-Care Visits* and *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents* measure indicators; however, these rates are most likely indicative of low administrative data completeness.

Overall, the Medicaid statewide weighted average from HEDIS 2016 to HEDIS 2017 demonstrated an increase in the measure indicator rates for the Pediatric Care domain.

Access to Care and Preventive Screening

Regarding Access to Care measures, only Access KP reported measure indicators at or above the national Medicaid 90th percentile. The remaining health plans' HEDIS 2017 rates indicated opportunities for improvement, having all ranked below the national Medicaid 50th percentile except one rate. Overall, the health plans showed areas for improvement with Access to Care measures, as many plans performed below the 25th percentile for these indicators.

Regarding the Preventive Screening measures, Access KP was again the highest-performing health plan, with two measure indicator rates at or above the national Medicaid 90th percentile.

DHMC performed strongly for the *Non-Recommended Cervical Cancer Screening in Adolescent Females* measure but performed below the 25th percentile for the *Cervical Cancer Screening* measure. Both indicators related to cervical cancer screening should be evaluated in conjunction when interpreting performance and identifying strategies for improvement. FFS and RMHP Prime demonstrated the greatest opportunity for improvement for the Preventive Screening measures, as the health plans reported three and four measure indicators below the national Medicaid 25th percentile, respectively.

Overall, the Medicaid statewide weighted average demonstrated varying performance for the measures in the Preventive Screening domain.

Mental/Behavioral Health

Health plan performance varied for the Mental/Behavioral Health domain. Access KP and DHMC were the top-performing health plans, with both health plans reporting one measure indicator at or above the

national Medicaid 90th percentile. FFS showed the most areas for improvement. Of FFS' five HEDIS 2017 reportable rates, four measure indicators ranked below the national Medicaid 25th percentile.

Living With Illness

Performance within the Living With Illness domain varied across and within the health plans. For the measure *Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis*, all health plans performed at or above the national Medicaid 75th percentile.

Access KP was the highest-performing health plan for measures within the Living With Illness domain, with seven measure indicator rates at or above the 90th percentile. In contrast, FFS, DHMC, and RMHP Prime showed opportunity for improvement in many areas, reporting rates below the national Medicaid 50th percentile for various measures in this domain.

Use of Services

For the Use of Services domain, the HEDIS 2017 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 Prime implemented a new Medicaid risk product, which serves only children with disabilities, shifting RMHP Prime's general child Medicaid population (i.e., low income) to a program that only serves children with disabilities. In December 2014, RMHP Prime discontinued its previous Medicaid product line, and the majority of the children were transitioned to RMHP Prime'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. As a result of these changes, HSAG recommends that readers exercise caution when comparing RMHP Prime's HEDIS 2016 and HEDIS 2017 rates to other health plans' rates, benchmarks, and historical rates reported for RMHP Prime that were presented in prior years' reports.
- For HEDIS 2017, the Department changed the reporting requirements so that all measures were reported using the administrative methodology. Therefore, caution should be exercised when evaluating the results for measures that were reported using the hybrid methodology in HEDIS 2016 but reported administratively for HEDIS 2017, since they likely underestimate performance. Additionally, caution should be exercised when comparing measure results to national benchmarks, which were established using administrative and/or medical record review data.

- Since all HEDIS 2017 measures were reported using the administrative methodology per the Department’s direction, health plans that were able to obtain supplemental data or capture more complete data will generally report higher rates when using the administrative methodology. As a result, the rates presented in this report are more representative of data completeness rather than a measure of performance. This should also be considered when comparing measures that were reported using the hybrid methodology in prior years.
- In Colorado, behavioral health services are carved out (i.e., provided by Behavioral Health Organizations [BHOs]). Therefore, this carve out should be considered when reviewing the health plan rates for behavioral health measures.
- Select HEDIS 2017 measure rates for the FFS population were calculated using modified calculation procedures and/or technical specifications as follows:
 - Rates were calculated differently from HEDIS 2016 to 2017 for measures that involved days’ supply for prescription drugs due to a variation in the ways that reversals were handled in the calendar year (CY) 2015 pharmacy data. This issue was resolved for CY 2016 for the calculation of the HEDIS 2017 rates.
 - Medicare-Medicaid dual eligible members were excluded from the FFS rate calculations for any measure that required pharmacy data for HEDIS 2017, as the Department did not receive laboratory data for this population.
 - The technical specifications for the *Prenatal and Postpartum Care* measure indicators for the FFS population were modified to account for the use of bundled service billing for HEDIS 2017.

These measure rates have been identified throughout this report, and caution should be exercised when comparing these FFS rates to other plans, national benchmarks, and prior years’ rates.

- 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 *Avoidance of Antibiotics Treatment in Adults With Acute Bronchitis*). 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—2017 Medicaid Health Plan Names and Abbreviations

Medicaid Health Plan Name	Abbreviation
Fee-for-Service	FFS
Accountable Care Collaborative: Access Kaiser Permanente	Access KP
Denver Health Medicaid Choice	DHMC
Rocky Mountain Health Plans Medicaid Prime	RMHP Prime

To evaluate a new payment mechanism alternative to the current FFS model, the Department, Colorado Access, and Kaiser Permanente collaborated to form Access KP, which was part of Colorado's ACC. The initiative, which began on July 1, 2016, was a limited benefit, capitated primary care model. The contract for this initiative expired June 30, 2017, and allowed the Department to understand the benefits and obstacles of implementing a partially capitated payment strategy within the ACC model.

Please note FFS, Access KP, DHMC, and RMHP Prime are referred to as "health plans" for ease of reading this report.

Summary of HEDIS 2017 Measures

Within this report, HSAG presents the statewide and health plans' performance on HEDIS measures selected by the Department for HEDIS 2017. 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 2017 measures and measure indicators that are presented within this report as well as the corresponding domains of care. Additional measure indicator rates are displayed within the appendices for more granular definitions of plan performance for select measures. For example, the *Total* rates for *Adults' Access to Preventive/Ambulatory Health Services* are displayed in the Executive Summary and Section 4 of this report to provide an overall understanding of plan and statewide performance associated with access to care for adults ages 20 and older. *Adults' Access to Preventive/Ambulatory Health Services* rates for *Ages 20 to 44*, *Ages 45 to 64*, and *Ages 65 and Older* are presented along with the *Total* in the appendices.

Table 2-2—HEDIS 2017 Required Measures

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

Performance Measures
Mental/Behavioral Health
<i>Antidepressant Medication Management—Effective Acute Phase Treatment and Effective Continuation Phase Treatment</i>
<i>Follow-up Care for Children Prescribed ADHD Medication—Initiation Phase and Continuation and Maintenance Phase</i>
<i>Use of Multiple Concurrent Antipsychotics in Children and Adolescents—Total</i>
Living With Illness
<i>Persistence of Beta-Blocker Treatment After a Heart Attack</i>
<i>Comprehensive Diabetes Care—Hemoglobin A1c (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)</i>
<i>Statin Therapy for Patients With Diabetes—Received Statin Therapy and Statin Adherence 80%</i>
<i>Statin Therapy for Patients With Cardiovascular Disease—Received Statin Therapy and Statin Adherence 80%</i>
<i>Annual Monitoring for Patients on Persistent Medications—ACE Inhibitors or ARBs, Digoxin, Diuretics, and Total</i>
<i>Use of Imaging Studies for Low Back Pain</i>
<i>Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis</i>
<i>Pharmacotherapy Management of COPD Exacerbation—Systemic Corticosteroid and Bronchodilator</i>
<i>Medication Management for People with Asthma—Medication Compliance 50%—Total and Medication Compliance 75%—Total</i>
<i>Asthma Medication Ratio—Total</i>
<i>Use of Spirometry Testing in the Assessment and Diagnosis of COPD</i>
<i>Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis</i>
Use of Services
<i>Ambulatory Care (Per 1,000 Member Months)—Outpatient Visits and Emergency Department Visits</i>
<i>Inpatient Utilization—General Hospital/Acute Care</i>
<i>Antibiotic Utilization</i>
<i>Frequency of Selected Procedures (Procedures per 1,000 Member Months)</i>

* Indicates this measure was calculated for the FFS population only.

Data Collection Methods

According to the Department's guidance, all measure rates presented in this report for the health plans are based on administrative data only. The hybrid data collection methodology, however, was used by the health plans to report rates for select measures prior to 2017, and these historical 2015 and 2016 rates may reflect this data collection methodology. Therefore, the following sections describe both administrative and hybrid reporting methods. The data collection or calculation methods for each measure are described in detail by NCQA in the *HEDIS 2017 Volume 2 Technical Specifications*.

Administrative Method

The administrative method requires that the health plans identify the eligible population (i.e., the denominator) using administrative data, derived from claims and encounters. In addition, the numerator(s), or services provided to the members in the eligible population, are derived solely using administrative 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, a 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 $(161/411)$.

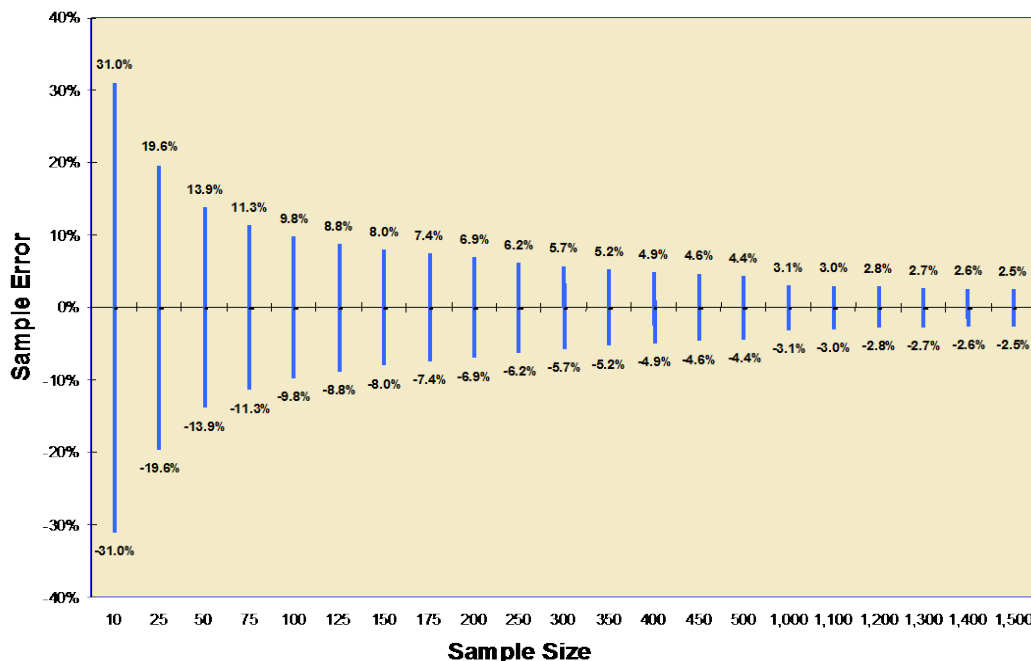
Understanding Sampling Error

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 ± 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.

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 2017 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 2017 measure indicator rates received one of five predefined audit results: *Reportable (R)*, *Small Denominator (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.

For all health plans, the values reported in the IDSS files or MS Excel files are presented in this report as mentioned above; however, rates for one measure reported by DHMC, *Annual Monitoring for Patients on Persistent Medications*, were erroneously reported as *NQ*. Upon follow-up with the health plan's NCQA certified HEDIS compliance auditor, the actual data element values were confirmed and the *NQ* audit designation was not used.

Differences in Calculations

For HEDIS 2017, the *Prenatal and Postpartum Care* measure was calculated using modified measure specifications for FFS. Of note, FFS' calculated rates did not undergo an NCQA HEDIS Compliance Audit.

In a case where a provider submitted a bundled service claim, but did not indicate the date when prenatal care was initiated, the following criteria were used as a proxy to determine the date when prenatal care was initiated to calculate the rate for *Timeliness of Prenatal Care*:

- Any visit with the same obstetrician/gynecologist (OB/GYN) who submitted the bundled service claim during the relevant time period.
- A claim for an obstetric ultrasound during the relevant time period.

In a case where a provider submitted a bundled service claim, but did not indicate the date when postpartum care was rendered, any visit with the same OB/GYN during the relevant time period was used as a proxy to determine the date when postpartum care was rendered to calculate the rate for *Postpartum Care*.

Calculation of Statewide Averages

To calculate the statewide weighted averages, HSAG collected the audited results, numerator, denominator, rate, audit designation, and eligible population data elements reported in the files submitted for the health plans for all measures. 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 2017 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 2017 rates: NCQA's Quality Compass national Medicaid HMO percentiles for HEDIS 2016. Of note, rates for the *Medication Management for People With Asthma—Medication Compliance 50%—Total* measure indicator were compared to NCQA's Audit Means and Percentiles national Medicaid HMO percentiles for HEDIS 2016 since this indicator is not published in Quality Compass.

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., Quality Compass and 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.

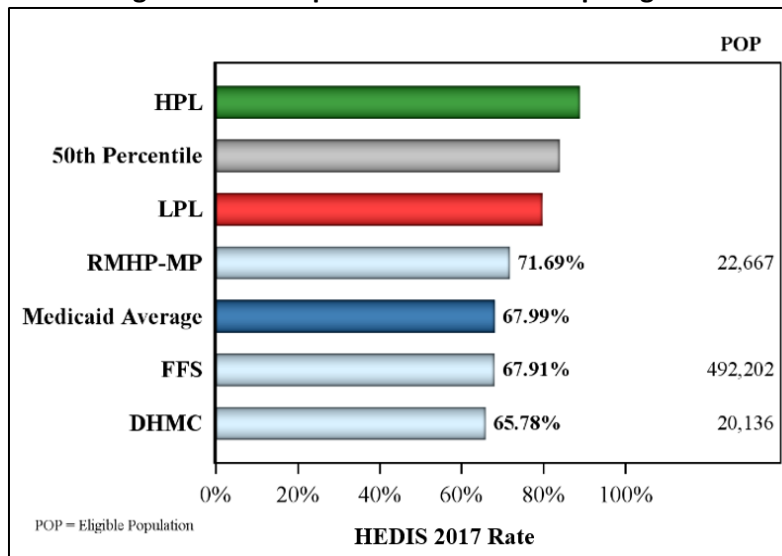
Figure Interpretation

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 Colorado Medicaid HEDIS 2017 statewide weighted average (i.e., the bar shaded darker blue) as well as the national Medicaid 50th percentile value (i.e., the bar shaded gray), and the high and low performance levels.

For most performance measures, “high performance level (HPL),” the bar shaded green, corresponds to the national Medicaid 90th percentile and “low performance level (LPL),” the bar shaded red, corresponds to the national Medicaid 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.

The performance levels were developed based on each performance measure's national Medicaid HMO percentiles for HEDIS 2016. An example of the horizontal bar graph figure for one measure indicator is shown below in Figure 2-2.

Figure 2-2—Sample Horizontal Bar Graph Figure



Percentile Rankings and Star Ratings

In addition to illustrating health plan-specific and statewide performance via side-by-side comparisons to national percentiles, benchmark comparisons are denoted within this report using the percentile ranking performance levels and star ratings defined below in Table 2-3.

Table 2-3—Percentile Ranking Performance Levels

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

Measures in the Use of Services measure domain are designed to capture the frequency of services provided 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 2017 Medicaid statewide weighted averages and health plan rates to the corresponding HEDIS 2015 and HEDIS 2016 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 2016 and HEDIS 2017” section below lists measures with specification changes made by NCQA.
- Substantial changes in membership composition within the health plan.

Some statistically significant declines and improvements may be based on the denominator, not due to a large rate change. Caution should be exercised when evaluating significance testing results since statistically significant changes in performance may not necessarily be clinically significant.

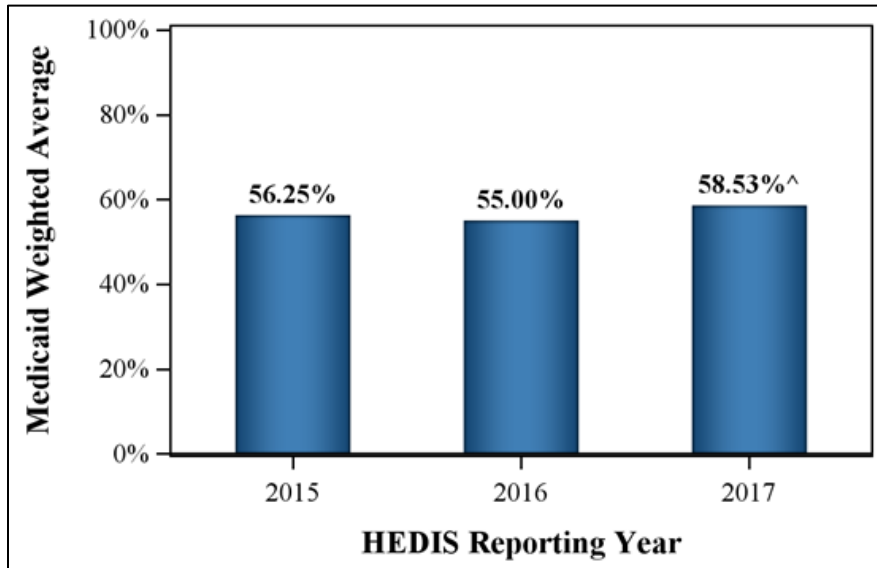
Additionally, caution should be exercised when comparing rates for measures that were reported using different methodologies from year to year (e.g., the hybrid methodology for HEDIS 2016 and the administrative methodology for HEDIS 2017), as the administrative-only rate likely underestimates performance. Similarly, caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the hybrid methodology.

Figure Interpretation

Within the Executive Summary and Appendix B of this report, performance measure indicator rates and results of significance testing between HEDIS 2016 and HEDIS 2017 are presented in tabular format. HEDIS 2017 rates shaded green with one caret (^) indicate a statistically significant improvement in performance from the previous year. HEDIS 2017 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 2015, HEDIS 2016, and HEDIS 2017 Medicaid statewide weighted averages, with significance testing performed between the HEDIS 2016 and HEDIS 2017 weighted averages. Within these figures, HEDIS 2017 rates with one caret (^) indicate a statistically significant improvement in performance from HEDIS 2016. HEDIS 2017 rates with two carets (^) indicate a statistically significant decline in performance from HEDIS 2016. An example of the vertical bar graph figure is shown in Figure 2-3.

Figure 2-3—Sample Vertical Bar Graph Figure Showing Statistically Significant Improvement



Measure Changes Between HEDIS 2016 and HEDIS 2017

The following is a list of measures with technical specification changes that NCQA announced for HEDIS 2017.^{2-1,2-2} These changes may have an effect on the HEDIS 2017 rates that are presented in this report.

Childhood Immunization Status (CIS)

- Added CVX (vaccine administered) codes to the measure.
- Added HIV Type 2 Value Set to the optional exclusions.
- Added optional exclusions for the rotavirus vaccine.

Immunizations for Adolescents (IMA)

- Added the human papillomavirus (HPV) vaccine.
- Added Combination 2 (meningococcal, Tdap, HPV).
- Removed the tetanus, diphtheria toxoids (Td) and meningococcal polysaccharide vaccines.
- Added CVX codes to the measure.

²⁻¹ National Committee for Quality Assurance. *HEDIS® 2017, Volume 2: Technical Specifications for Health Plans*. Washington, DC: NCQA Publication, 2016.

²⁻² National Committee for Quality Assurance. *HEDIS® 2017, Volume 2: Technical Update*. Washington, DC: NCQA Publication, 2016.

Well-Child Visits in the First 15 Months of Life (W15)

- Clarified that services specific to the assessment or treatment of an acute or chronic condition do not count toward the measure.

Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34)

- Clarified that services specific to the assessment or treatment of an acute or chronic condition do not count toward the measure.

Adolescent Well-Care Visits (AWC)

- Clarified that services specific to the assessment or treatment of an acute or chronic condition do not count toward the measure.

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

- Included examples of services specific to the assessment or treatment of an acute or chronic condition that do not count toward the “Counseling for nutrition” and “Counseling for physical activity” indicators.
- Replaced “Each of the 3 rates” with “✓” for the “Measurement year” row in Table WCC-1/2.

Appropriate Testing for Children With Pharyngitis (CWP)

- Added instructions to identify emergency department (ED) visits and observation visits that result in an inpatient stay.

Appropriate Treatment for Children With Upper Respiratory Infection (URI)

- Added instructions to identify ED visits and observation visits that result in an inpatient stay.
- Added a requirement to not include denied claims in the numerator.

Prenatal and Postpartum Care (PPC)

- Clarified that the prenatal visit for the *Timeliness of Prenatal Care* numerator can occur on the date of enrollment.
- Clarified in the *Note* that the estimated date of delivery (EDD) must be on or between November 6 of the year prior to the measurement year and November 5 of the measurement year.
- Added a *Note* explaining that the organization may use the EDD to identify the first trimester for the *Timeliness of Prenatal Care* rate and use the date of delivery for the *Postpartum Care* rate.
- Replaced “Each of the 2 rates” with a “✓” for the “Measurement year” row in Table PPC-1/2.

Breast Cancer Screening (BCS)

- Clarified that diagnostic screenings are not included in the measure.

Cervical Cancer Screening (CCS)

- Clarified that reflex testing does not meet the criteria in step 2 of the hybrid specification.

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

- Added HIV Type 2 Value Set to the required exclusions.

Antidepressant Medication Management (AMM)

- Revised the required exclusion instructions for inpatient stays to search for admissions or discharges that occur during the 121-day period.
- Clarified the number of gap days allowed for each numerator.

Use of Multiple Concurrent Antipsychotics in Children and Adolescents (APC)

- Added Cariprazine to the description of “Second generation antipsychotic medications” in Table APC-A.
- Added a requirement to not include denied claims in the numerator.
- Added a *Note*:
 - Because supplemental data may not be used to identify the eligible population, and the same events are used for the denominator and numerator, supplemental data may not be used for this measure.
 - Although denied claims are not included when assessing the numerator, all claims (paid, suspended, pending and denied) must be included when identifying the eligible population.
- Removed “Numerator events by supplemental data” from Table APC-1/2.

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

- Removed language instructing organizations to use only facility claims to identify discharges and diagnoses for denominator events. This is now addressed in *General Guideline 46*.
- Added instructions to identify direct transfers.

Comprehensive Diabetes Care (CDC)

- Added an administrative method and new value set to identify negative eye exams in the year prior to the measurement year.
- Added glycohemoglobin, glycated hemoglobin, and glycosylated hemoglobin as acceptable HbA1c tests.
- Clarified documentation requirements for a negative eye exam.
- Replaced “Each of the 7 rates” with a “✓” for the “Measurement year” row in Table CDC-1/2/3.

Statin Therapy for Patients With Diabetes (SPD)

- Clarified that optional exclusions are excluded from the denominator for both rates.
- Added a *Note*:
 - All members who are numerator compliant for Rate 1 must be used as the eligible population for Rate 2 (regardless of the data source used to capture the Rate 1 numerator). For example, if supplemental data were used to identify compliance for the Rate 1 numerator, then supplemental data will be included in identifying the Rate 2 eligible population.

Statin Therapy for Patients With Cardiovascular Disease (SPC)

- Added a *Note* section.
 - All members who are numerator compliant for Rate 1 must be used as the eligible population for Rate 2 (regardless of the data source used to capture the Rate 1 numerator). For example, if supplemental data were used to identify compliance for the Rate 1 numerator, then supplemental data will be included in identifying the Rate 2 eligible population.

Use of Imaging Studies for Low Back Pain (LBP)

- Replaced the Low Back Pain Value Set with the Uncomplicated Low Back Pain Value Set in step 1 of the event/diagnosis.
- Added instructions to identify ED visits and observation visits that result in an inpatient stay.
- Renamed the Osteopathic Manipulative Treatment Value Set to Osteopathic and Chiropractic Manipulative Treatment Value Set in step 1 of the event/diagnosis.
- Added the Physical Therapy Value Set to step 1 of the event/diagnosis.
- Added the Telehealth Value Set to step 1 of the event/diagnosis.
- Replaced the Low Back Pain Value Set with the Uncomplicated Low Back Pain Value Set in step 3 of the event/diagnosis.
- Revised the look back period to exclude members with recent trauma from 12 months to 3 months in step 4 of the event/diagnosis.
- Added required exclusions and the following value sets: HIV Value Set, Spinal Infection Value Set, Organ Transplant Other Than Kidney Value Set, Kidney Transplant Value Set to step 4 of the event/diagnosis.
- Added a required exclusion for prolonged use of corticosteroids to step 4 of the event/diagnosis.
- Replaced the Low Back Pain Value Set with the Uncomplicated Low Back Pain Value Set in the numerator.
- Added a requirement to not include denied claims in the numerator.

Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis (AAB)

- Revised the allowable gap and anchor date criteria.
- Added instructions to identify ED visits and observation visits that result in an inpatient stay.
- Added two value sets to step 3 of the event/diagnosis criteria (HIV Type 2 Value Set; Disorders of the Immune System Value Set).
- Added a requirement to not include denied claims in the numerator.

Pharmacotherapy Management of Chronic Obstructive Pulmonary Disease (COPD) Exacerbation (PCE)

- Added instructions to identify ED visits that result in an inpatient stay (step 1).
- Deleted the direct transfer exclusion and added a requirement to use the discharge date from the last admission (step 3).
- Added instructions to identify direct transfers (step 3).
- Deleted the exclusion of Episode Dates when there was a readmission or an ED visits within 14 days (formerly step 4).

Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)

- Clarified the allowable gap criteria for Medicaid beneficiaries whose enrollment is verified monthly.
- Clarified that the first admission date should be used (if the admission is followed by a direct transfer) when determining the negative diagnosis history in step 2.
- Added instructions to identify ED visits and observation visits that result in an inpatient stay.

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

- Added the HIV Type 2 Value Set to the optional exclusions.

Ambulatory Care (AMB)

- Added instructions to identify ED visits that result in an inpatient stay.

Glossary

Table 2-4 below provides definitions of terms and acronyms used through this report.

Table 2-4—Definition of Terms Used in Tables and Graphs

Term	Description
ADHD	Attention-deficit/hyperactivity disorder.
Audit Result	The HEDIS auditor's final determination, based on audit findings, of the appropriateness of the health plan to publicly report its HEDIS measure rates. Each measure indicator rate included in the HEDIS audit receives an audit result of <i>Reportable (R)</i> , <i>Small Denominator (NA)</i> , <i>Biased Rate (BR)</i> , <i>No Benefit (NB)</i> , <i>Not Required (NQ)</i> , and <i>Not Reported (NR)</i> .
BMI	Body Mass Index.
BR	Biased Rate: indicates that the health plan's reported rate was invalid; therefore, the rate was not presented.
Data Completeness	The degree to which occurring services/diagnoses appear in the health plan's administrative data systems.
CVX	Vaccine administered.
Denominator	The number of members who meet all criteria specified in a measure for inclusion in the eligible population. When using the administrative method, the entire eligible population becomes the denominator. When using the hybrid method, a sample of the eligible population becomes the denominator.
DTaP	Diphtheria, tetanus toxoids, and acellular pertussis vaccine.
ED	Emergency department.
EDD	Estimated date of delivery.
EDI	Electronic data interchange, the direct computer-to-computer transfer of data.
Electronic Data	Data that are maintained in a computer environment versus a paper environment.
Encounter Data	Billing data received from a capitated provider. (Although the health plan does not reimburse the provider for each encounter, submission of encounter data allows the health plan to collect the data for future HEDIS reporting.)
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.
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.

Term	Description
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.
HIV	Human immunodeficiency virus.
HMO	Health maintenance organization.
HPL	High performance level (For most performance measures, the Department defined the HPL as the most recent 90th national Medicaid percentile. For measures such as <i>Well-Child Visits in the First 15 Months of Life—Zero Visits</i> , in which lower rates indicate better performance, the 10th percentile [rather than the 90th percentile] is considered the HPL.)
HPV	Human papillomavirus vaccine
HSAG	Health Services Advisory Group, Inc., the State's external quality review organization.
Hybrid Measures	Measures that can be reported using the hybrid method.
IDSS	The Interactive Data Submission System, a tool used to submit data to NCQA.
IPV	Inactivated polio virus vaccine.
IS	Information System; an automated system for collecting, processing, and transmitting data.
IS Standards	Information System (IS) standards, an NCQA-defined set of standards that measure how an organization collects, stores, analyzes, and reports medical, customer service, member, practitioner, and vendor data. ²⁻³
IT	Information technology; the technology used to create, store, exchange, and use information in its various forms.
LPL	Low performance level. (For most performance measures, the Department defined the LPL as the most recent 25th national Medicaid percentile. For measures such as <i>Well-Child Visits in the First 15 Months of Life—Zero Visits</i> , in which lower rates indicate better performance, the 75th percentile [rather than the 25th percentile] is considered the LPL).
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.

²⁻³ National Committee for Quality Assurance. HEDIS Compliance Audit Standards, Policies and Procedures, Volume 5. Washington D.C.

Term	Description
NA	Small Denominator; indicates that the health plan followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in an NA designation.
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 2017 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.
PPC	Prenatal and Postpartum Care.
Provider Data	Electronic files containing information about physicians such as type of physician, specialty, reimbursement arrangement, and office location.
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) and Combination 2 (Meningococcal, Tdap, HPV)*
- *Well-Child Visits in the First 15 Months of Life—Zero Visits and Six or More Visits*
- *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life*
- *Adolescent Well-Care Visits*
- *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile Documentation—Total, Counseling for Nutrition—Total, and Counseling for Physical Activity—Total*
- *Appropriate Testing for Children With Pharyngitis*
- *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

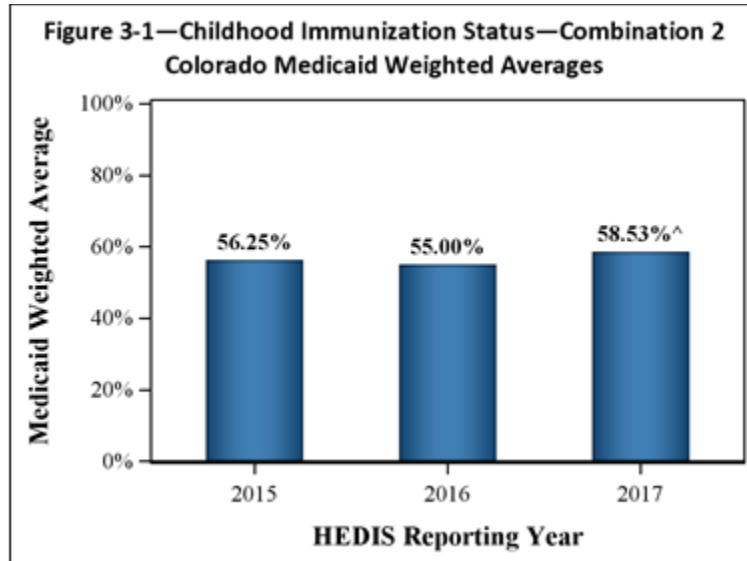
Childhood Immunization Status measures the percentage of members 2 years of age who received the following vaccinations on or before their second birthday. Table 3-1 displays the different antigens associated with various combinations.

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	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

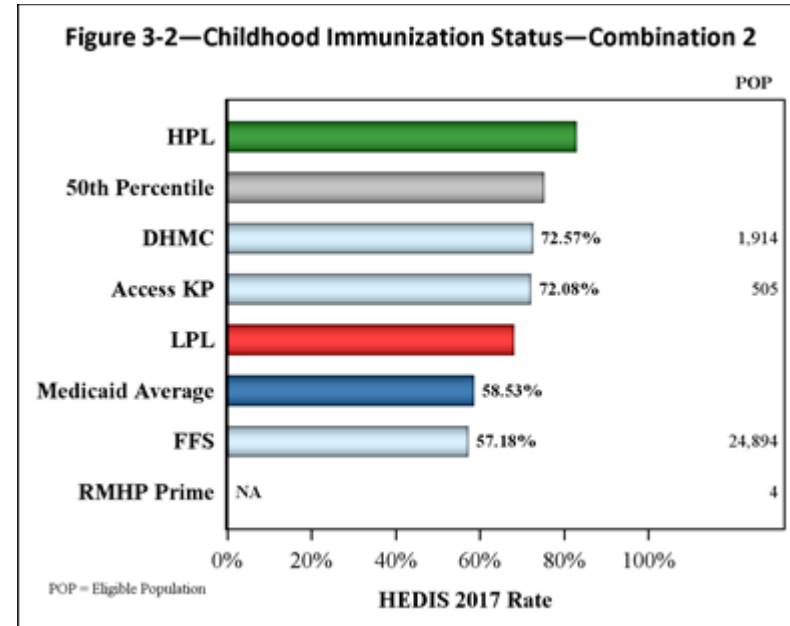
Childhood Immunization Status—Combination 2

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.



One caret (^) indicates a statistically significant improvement in performance from 2016 to 2017.

The Medicaid statewide weighted average demonstrated a statistically significant improvement in performance from 2016 to 2017.

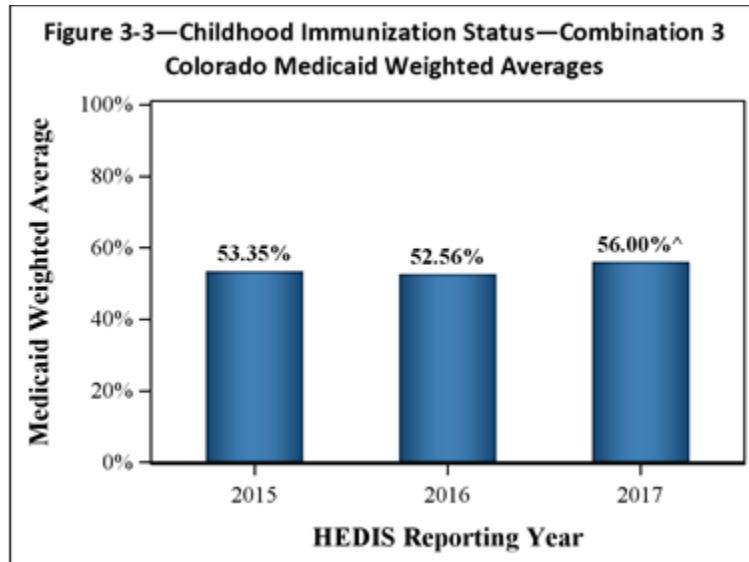


NA (Small Denominator) indicates that the health plan followed the specifications, but the denominator was too small (<30) to report a valid rate. Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

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 57.18 percent to 72.57 percent.

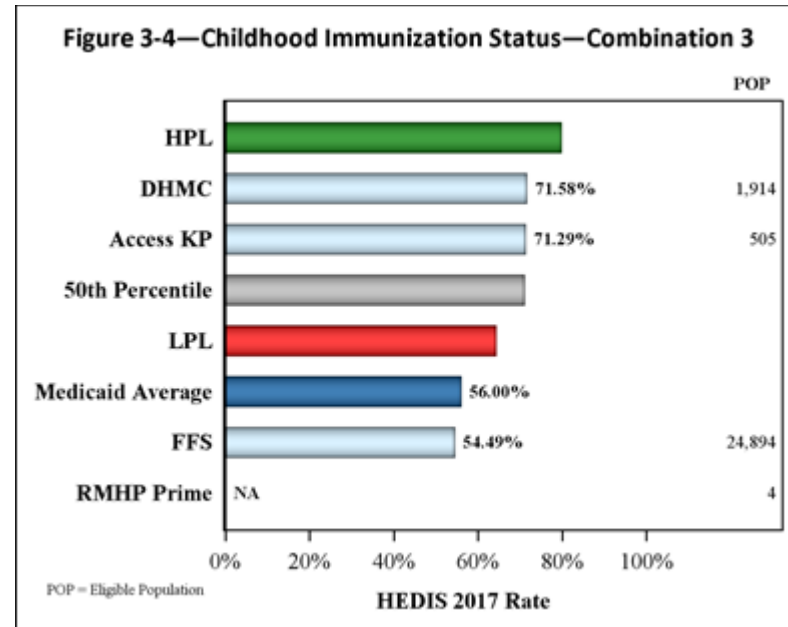
Childhood Immunization Status—Combination 3

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.



One caret (^) indicates a statistically significant improvement in performance from 2016 to 2017.

The Medicaid statewide weighted average demonstrated a statistically significant improvement in performance from 2016 to 2017.

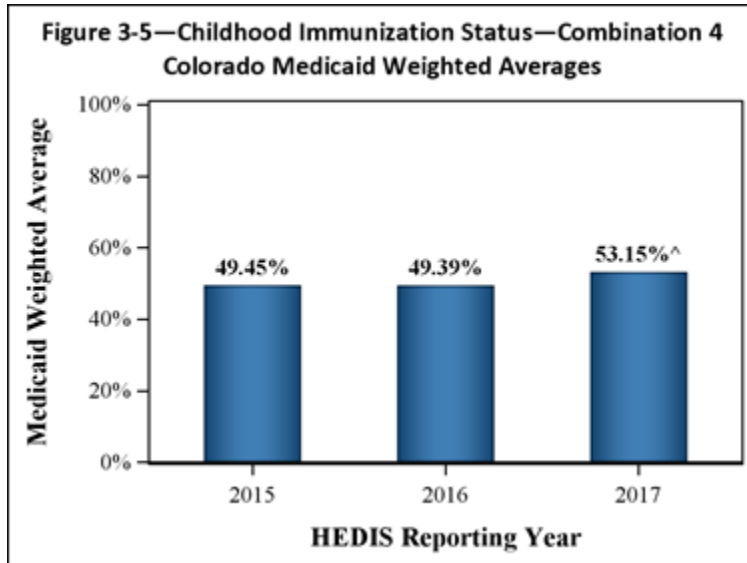


NA (Small Denominator) indicates that the health plan followed the specifications, but the denominator was too small (<30) to report a valid rate. Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

Two health plans 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 54.49 percent to 71.58 percent.

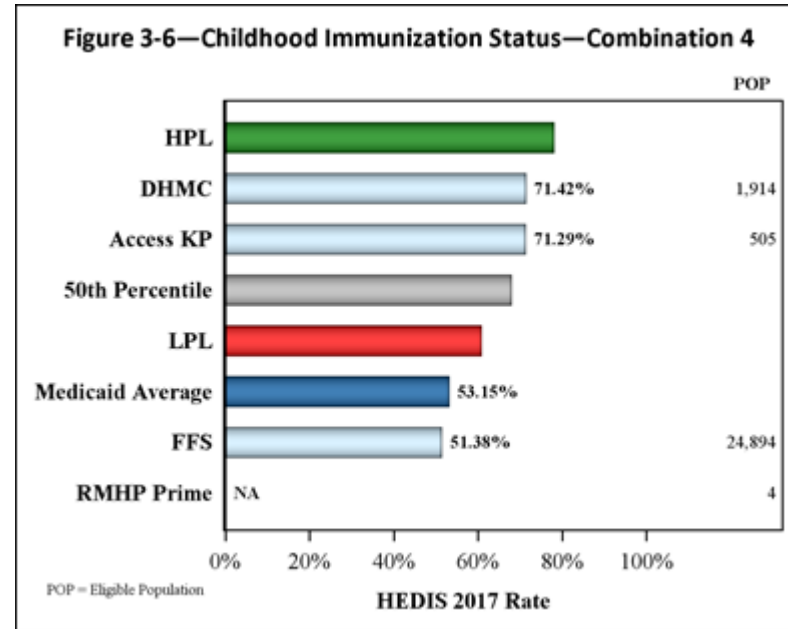
Childhood Immunization Status—Combination 4

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.



One caret (^) indicates a statistically significant improvement in performance from 2016 to 2017.

The Medicaid statewide weighted average demonstrated a statistically significant improvement in performance from 2016 to 2017.

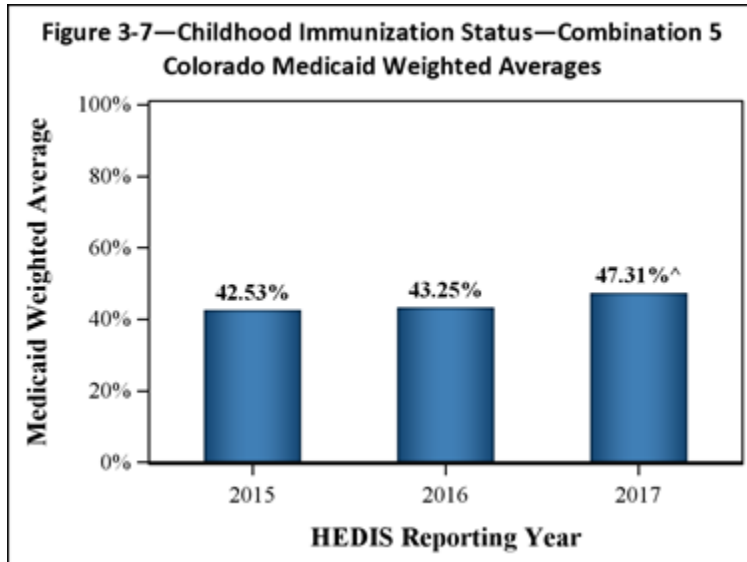


NA (Small Denominator) indicates that the health plan followed the specifications, but the denominator was too small (<30) to report a valid rate. Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

Two health plans 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 51.38 percent to 71.42 percent.

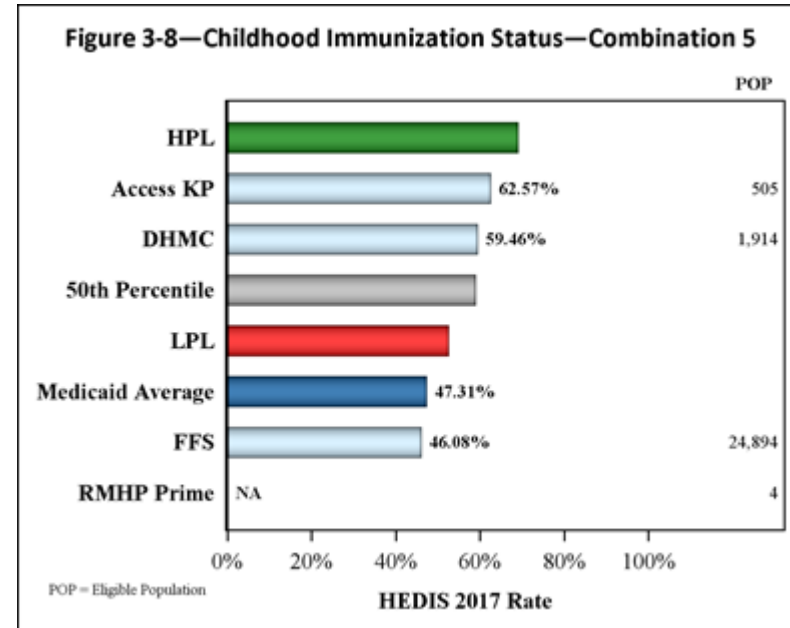
Childhood Immunization Status—Combination 5

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.



One caret (^) indicates a statistically significant improvement in performance from 2016 to 2017.

The Medicaid statewide weighted average demonstrated a statistically significant improvement in performance from 2016 to 2017.

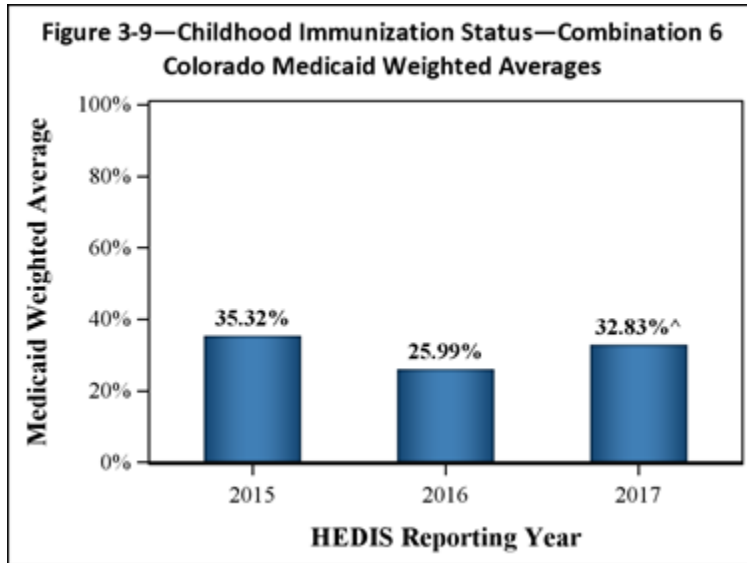


NA (Small Denominator) indicates that the health plan followed the specifications, but the denominator was too small (<30) to report a valid rate. Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

Two health plans 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 46.08 percent to 62.57 percent.

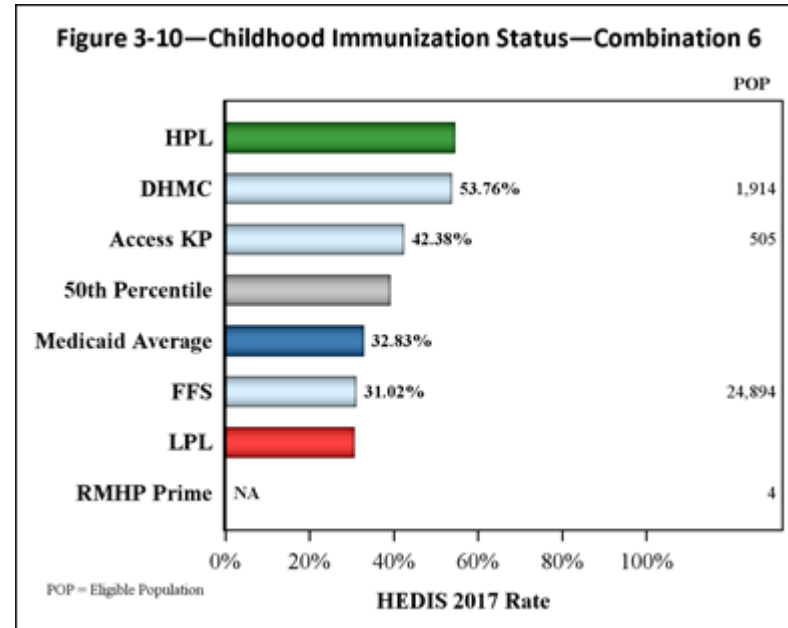
Childhood Immunization Status—Combination 6

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.



One caret (^) indicates a statistically significant improvement in performance from 2016 to 2017.

The Medicaid statewide weighted average demonstrated a statistically significant improvement in performance from 2016 to 2017.

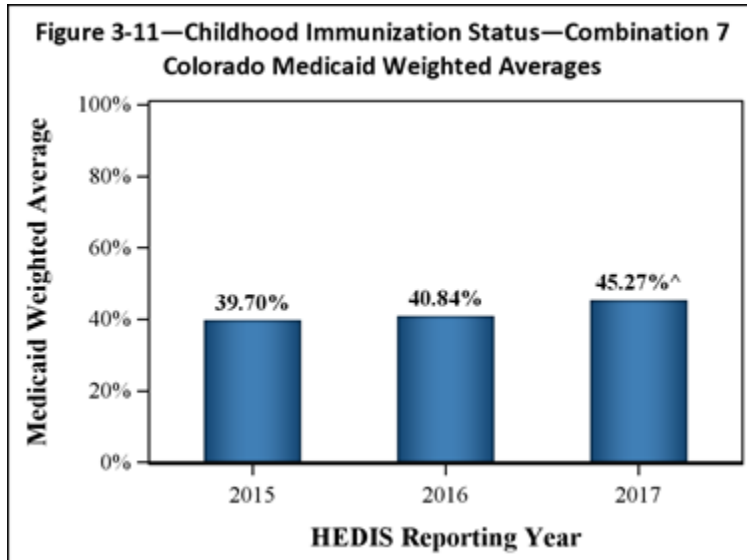


NA (Small Denominator) indicates that the health plan followed the specifications, but the denominator was too small (<30) to report a valid rate. Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

Two health plans ranked above the national Medicaid 50th percentile but below the HPL. No health plans ranked below the LPL. Health plan performance varied from 31.02 percent to 53.76 percent.

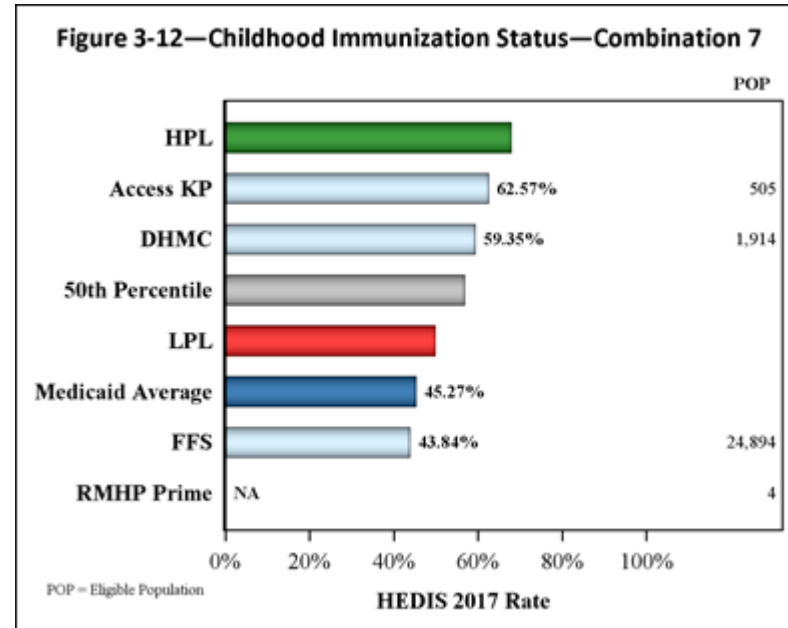
Childhood Immunization Status—Combination 7

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.



One caret (^) indicates a statistically significant improvement in performance from 2016 to 2017.

The Medicaid statewide weighted average demonstrated a statistically significant improvement in performance from 2016 to 2017.

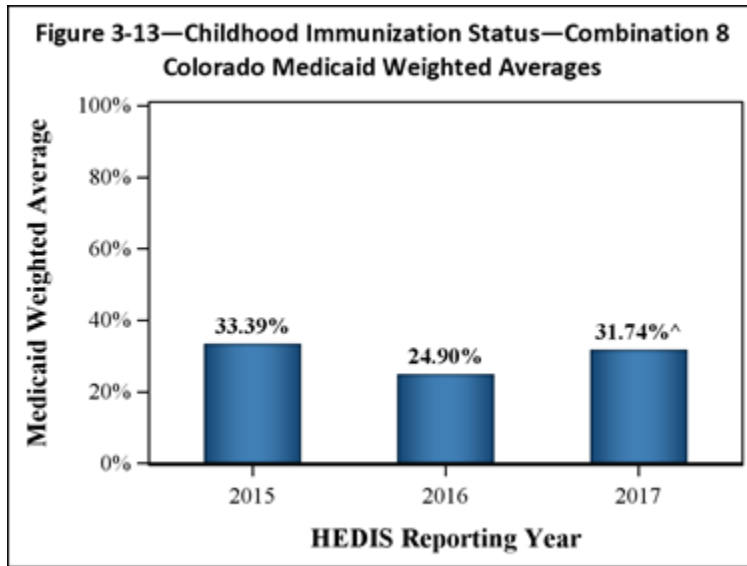


NA (Small Denominator) indicates that the health plan followed the specifications, but the denominator was too small (<30) to report a valid rate. Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

Two health plans 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 43.84 percent to 62.57 percent.

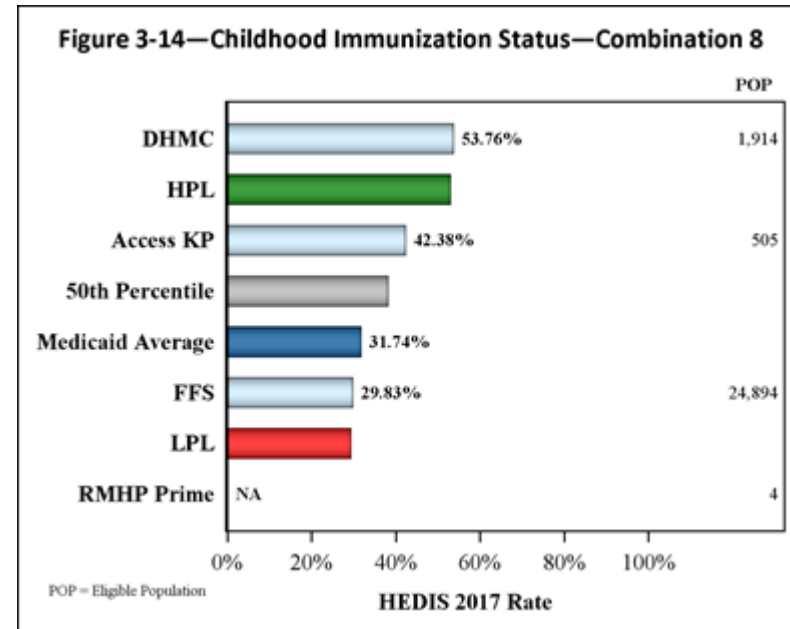
Childhood Immunization Status—Combination 8

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.



One caret (^) indicates a statistically significant improvement in performance from 2016 to 2017.

The Medicaid statewide weighted average demonstrated a statistically significant improvement in performance from 2016 to 2017.

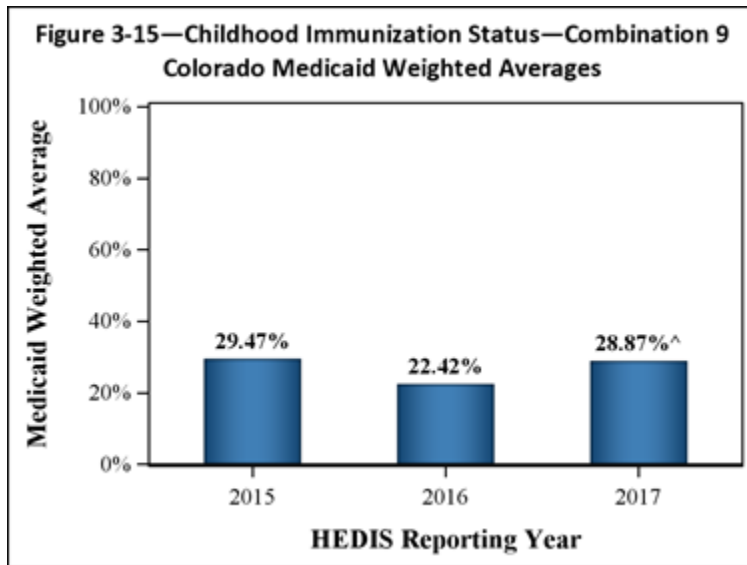


NA (Small Denominator) indicates that the health plan followed the specifications, but the denominator was too small (<30) to report a valid rate. Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

One health plan ranked above the HPL. No health plans ranked below the LPL. Health plan performance varied from 29.83 percent to 53.76 percent.

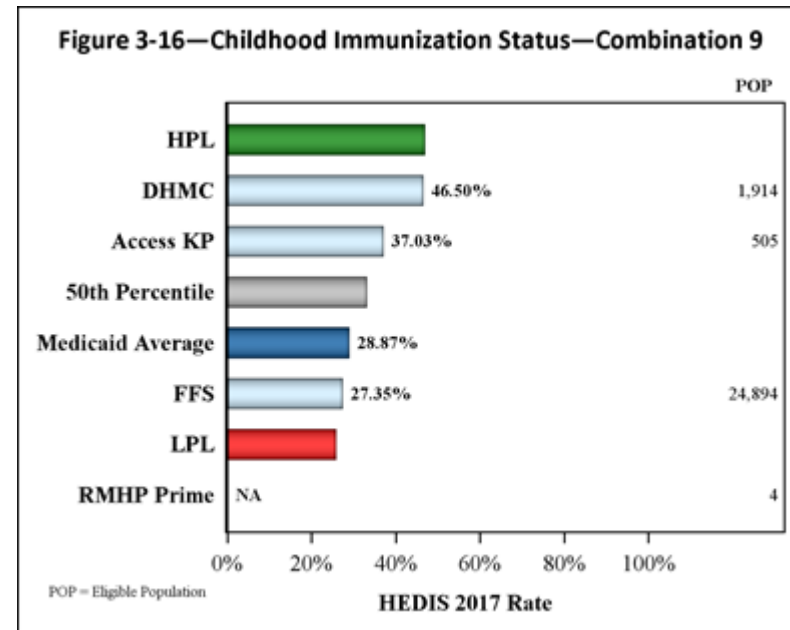
Childhood Immunization Status—Combination 9

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.



One caret (^) indicates a statistically significant improvement in performance from 2016 to 2017.

The Medicaid statewide weighted average demonstrated a statistically significant improvement in performance from 2016 to 2017.

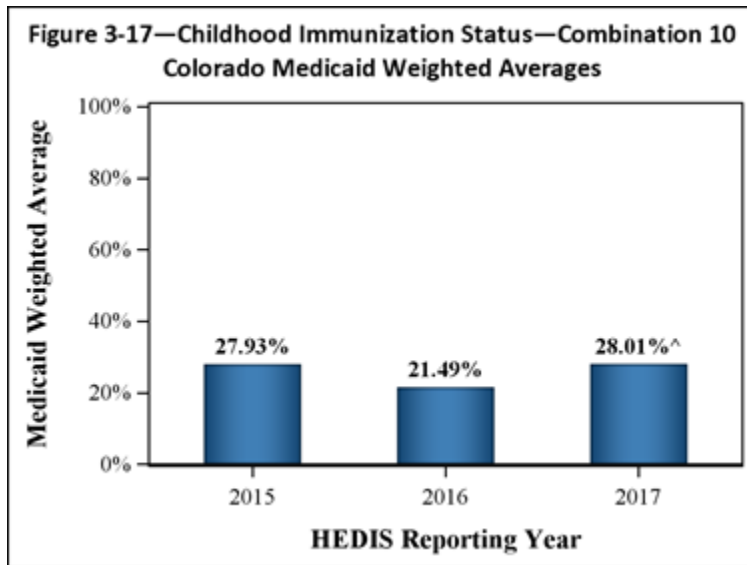


NA (Small Denominator) indicates that the health plan followed the specifications, but the denominator was too small (<30) to report a valid rate. Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

Two health plans ranked above the national Medicaid 50th percentile but below the HPL. No health plans ranked below the LPL. Health plan performance varied from 27.35 percent to 46.50 percent.

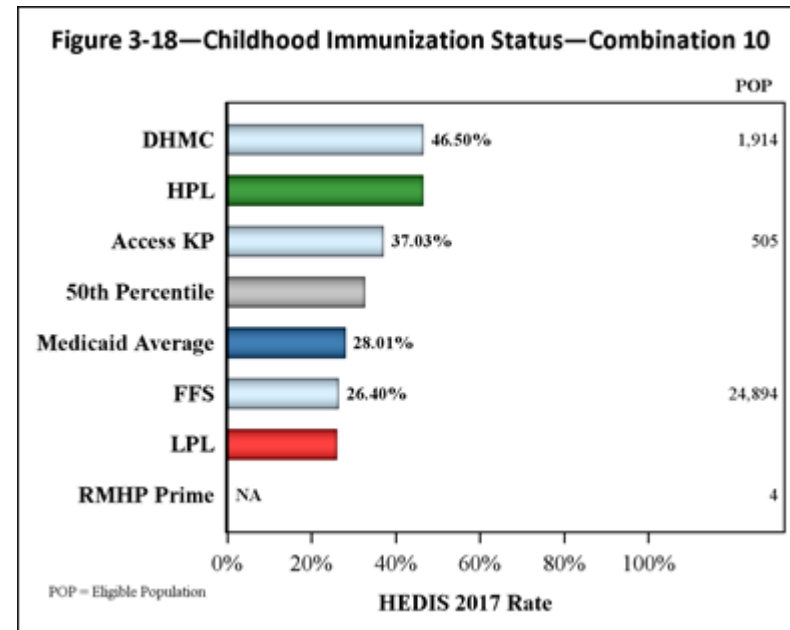
Childhood Immunization Status—Combination 10

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.



One caret (^) indicates a statistically significant improvement in performance from 2016 to 2017.

The Medicaid statewide weighted average demonstrated a statistically significant improvement in performance from 2016 to 2017.

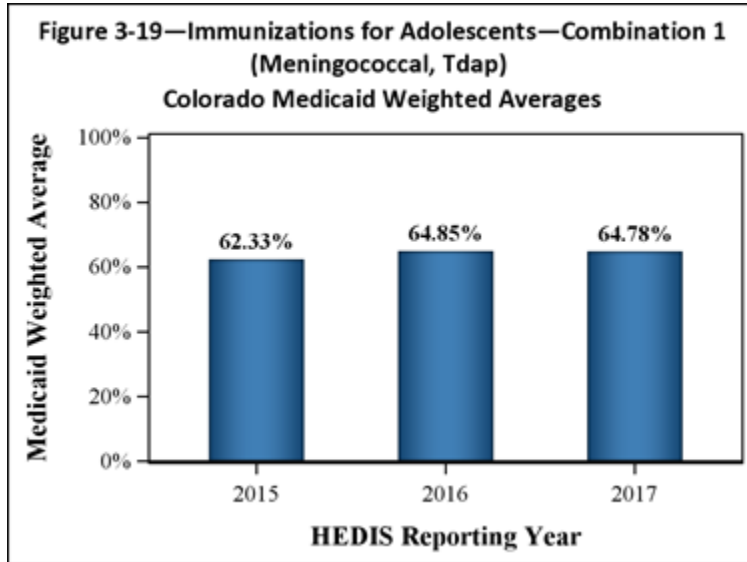


NA (Small Denominator) indicates that the health plan followed the specifications, but the denominator was too small (<30) to report a valid rate. Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

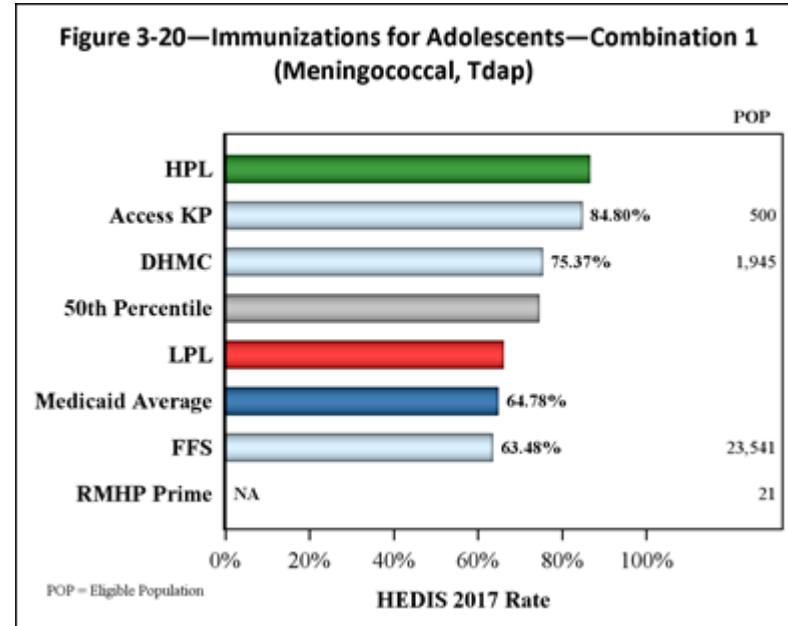
One health plan ranked above the HPL. No health plans ranked below the LPL. Health plan performance varied from 26.40 percent to 46.50 percent.

Immunizations for Adolescents—Combination 1 (Meningococcal, Tdap)

Immunizations for Adolescents—Combination 1 (Meningococcal, Tdap) measures the percentage of members 13 years of age who had the following vaccines by their 13th birthday: one dose of meningococcal vaccine and one tetanus, diphtheria toxoids, and acellular pertussis (Tdap) vaccine.



The Medicaid statewide weighted average did not demonstrate a statistically significant change from 2016 to 2017.



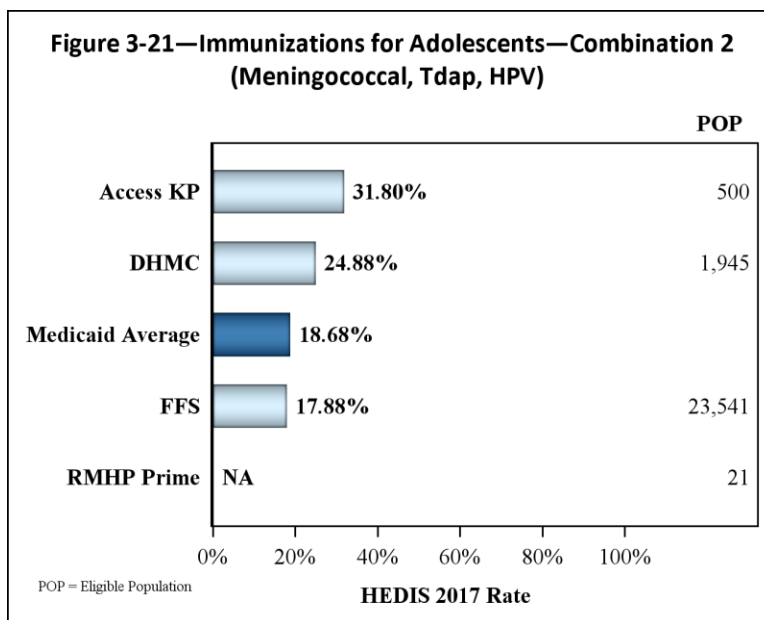
NA (Small Denominator) indicates that the health plan followed the specifications, but the denominator was too small (<30) to report a valid rate. Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

Two health plans 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 63.48 percent to 84.80 percent.

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

Immunizations for Adolescents—Combination 2 (Meningococcal, Tdap, HPV) measures the percentage of members 13 years of age who had the following vaccines by their 13th birthday: one dose of meningococcal vaccine, one tetanus, diphtheria toxoids, and acellular pertussis (Tdap) vaccine, and three doses of the human papillomavirus (HPV) vaccine.

This measure indicator was new for HEDIS 2017. Since Quality Compass has not yet published benchmarks for this measure, comparisons to prior years' results and national benchmarks were not performed.

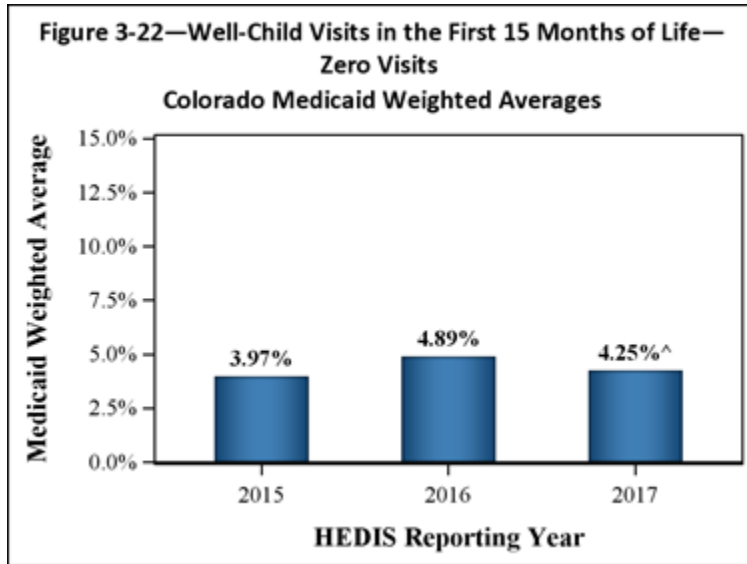


NA (Small Denominator) indicates that the health plan followed the specifications, but the denominator was too small (<30) to report a valid rate. Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

Health plan performance varied from 17.88 percent to 31.80 percent.

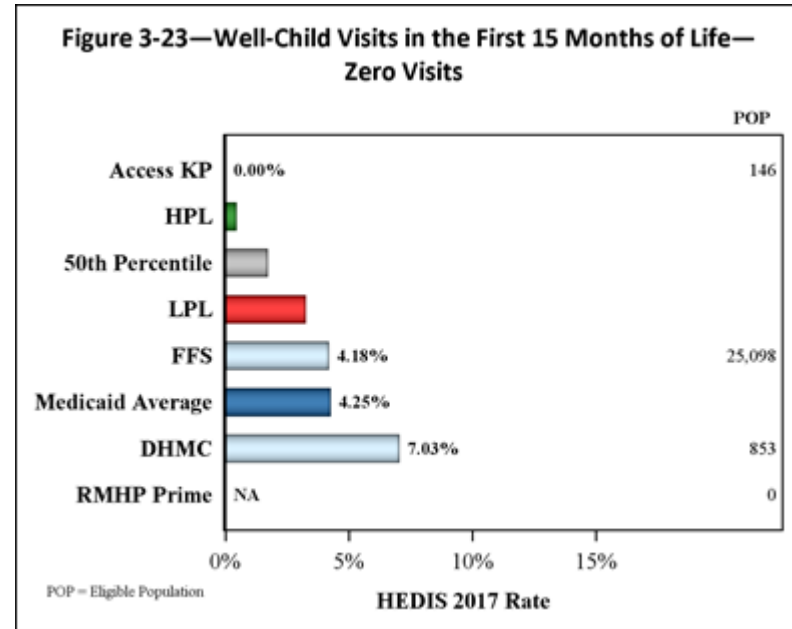
Well-Child Visits in the First 15 Months of Life—Zero Visits

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.



One caret (^) indicates a statistically significant improvement in performance from 2016 to 2017.

The Medicaid statewide weighted average demonstrated a statistically significant improvement in performance from 2016 to 2017.

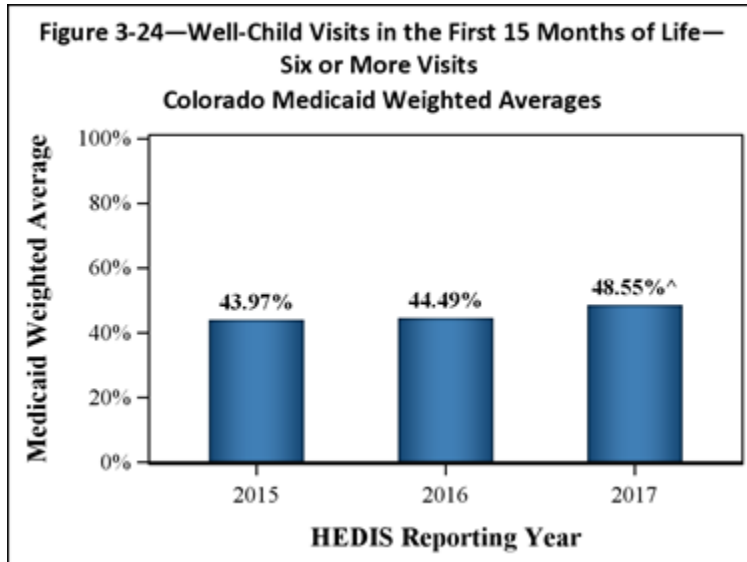


NA (Small Denominator) indicates that the health plan followed the specifications, but the denominator was too small (<30) to report a valid rate. Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

One health plan ranked above the HPL. Two health plans and the Medicaid statewide weighted average ranked below the LPL. Health plan performance varied from 0.00 percent to 7.03 percent.

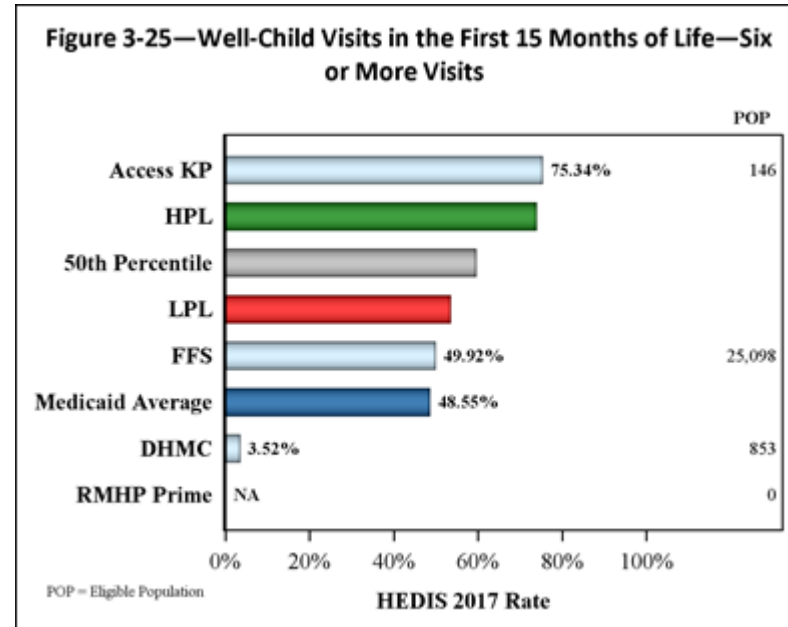
Well-Child Visits in the First 15 Months of Life—Six or More Visits

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.



One caret (^) indicate a statistically significant improvement in performance from 2016 to 2017.

The Medicaid statewide weighted average demonstrated a statistically significant improvement in performance from 2016 to 2017.

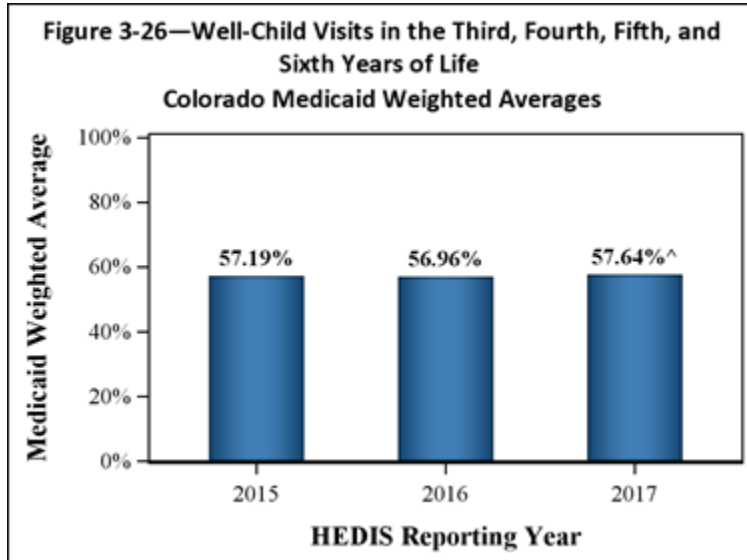


NA (Small Denominator) indicates that the health plan followed the specifications, but the denominator was too small (<30) to report a valid rate. Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

One health plan ranked above the HPL. Two health plans and the Medicaid statewide weighted average ranked below the LPL. Health plan performance varied from 3.52 percent to 75.34 percent.

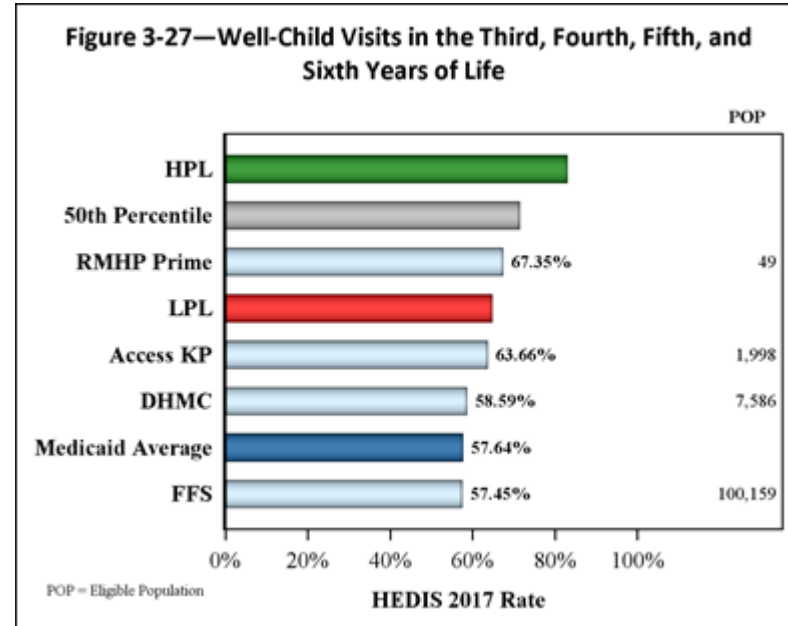
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life

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. Due to differences in member eligibility for children in RMHP Prime, the rate may not be comparable to that of Access KP or DHMC.



One caret (^) indicates a statistically significant improvement in performance from 2016 to 2017.

The Medicaid statewide weighted average demonstrated a statistically significant improvement in performance from 2016 to 2017.

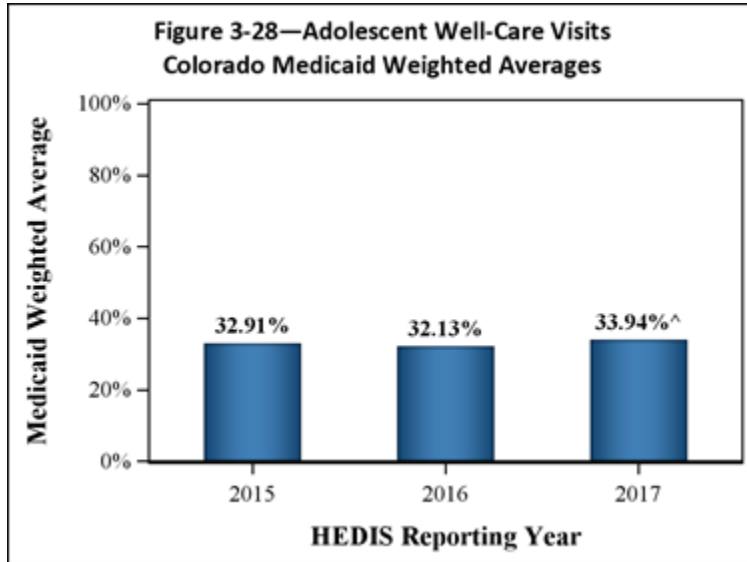


Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

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 57.45 percent to 67.35 percent.

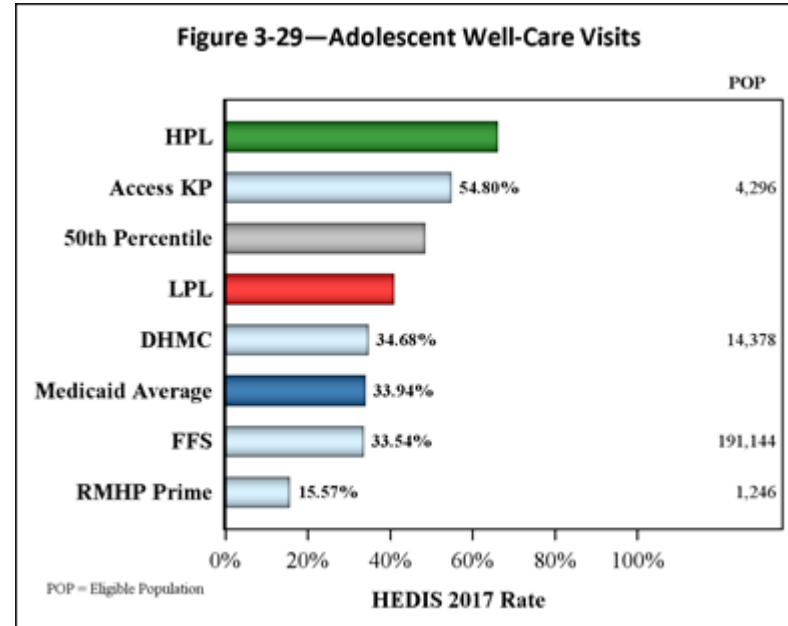
Adolescent Well-Care Visits

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. Due to differences in member eligibility for children in RMHP Prime, the rate may not be comparable to that of Access KP or DHMC.



One caret (^) indicates a statistically significant improvement in performance from 2016 to 2017.

The Medicaid statewide weighted average demonstrated a statistically significant improvement in performance from 2016 to 2017.

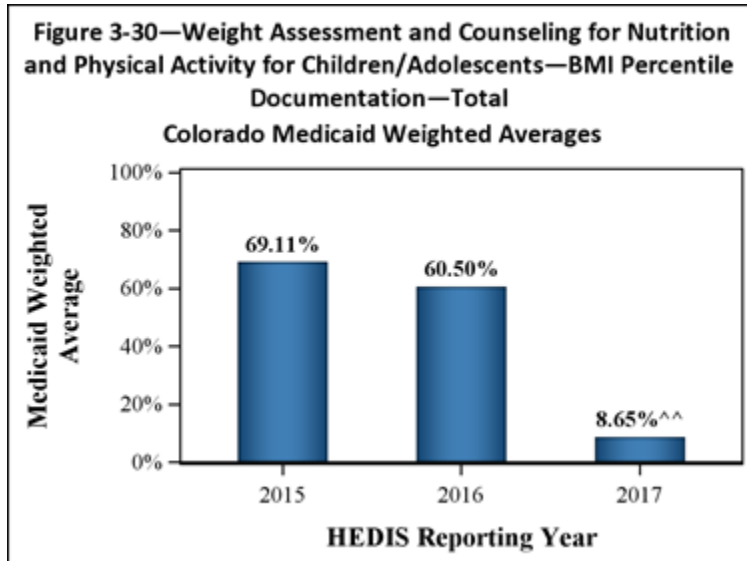


Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

One health plan ranked above the national Medicaid 50th percentile but below the HPL. Three health plans and the Medicaid statewide weighted average ranked below the LPL. Health plan performance varied from 15.57 percent to 54.80 percent.

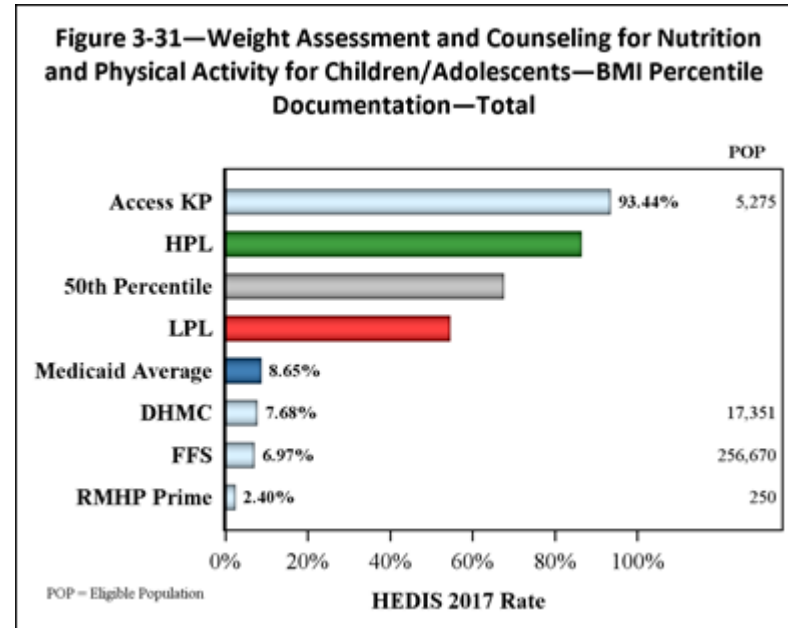
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile Documentation—Total

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. Due to differences in member eligibility for children in RMHP Prime, the rate may not be comparable to that of Access KP or DHMC.



Two carets (^) indicate a statistically significant decline in performance from 2016 to 2017. Changes in the rates should be interpreted with caution due to a change in the Department's reporting requirement from hybrid in 2015 and 2016 to administrative for 2017.

The Medicaid statewide weighted average demonstrated a statistically significant decline in the rate from 2016 to 2017. As previously mentioned, caution should be exercised when comparing the HEDIS 2016 hybrid rates to the HEDIS 2017 administrative-only rates.

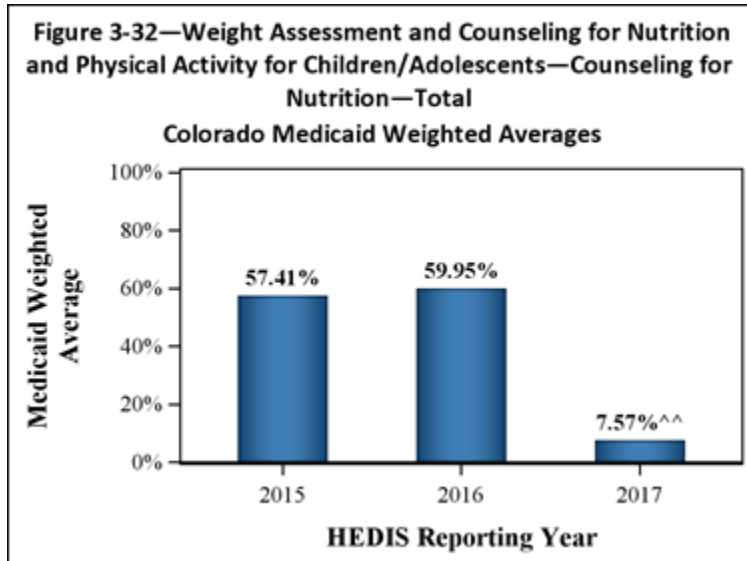


Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

One health plan ranked above the HPL. Three health plans and the Medicaid statewide weighted average ranked below the LPL. Health plan performance varied from 2.40 percent to 93.44 percent.

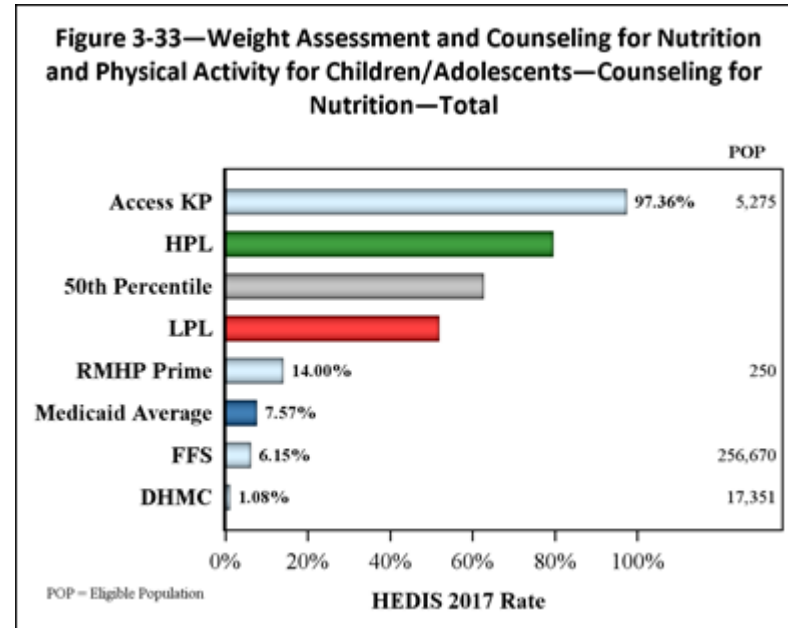
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents— Counseling for Nutrition—Total

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. Due to differences in member eligibility for children in RMHP Prime, the rate may not be comparable to that of Access KP or DHMC.



Two carets (^) indicate a statistically significant decline in performance from 2016 to 2017. Due to a change in technical specifications, exercise caution when trending rates between 2015 and 2016. Changes in the rates should be interpreted with caution due to a change in the Department's reporting requirement from hybrid in 2015 and 2016 to administrative for 2017.

The Medicaid statewide weighted average demonstrated a statistically significant decline in the rate from 2016 to 2017. As previously mentioned, caution should be exercised when comparing the HEDIS 2016 hybrid rates to the HEDIS 2017 administrative-only rates.

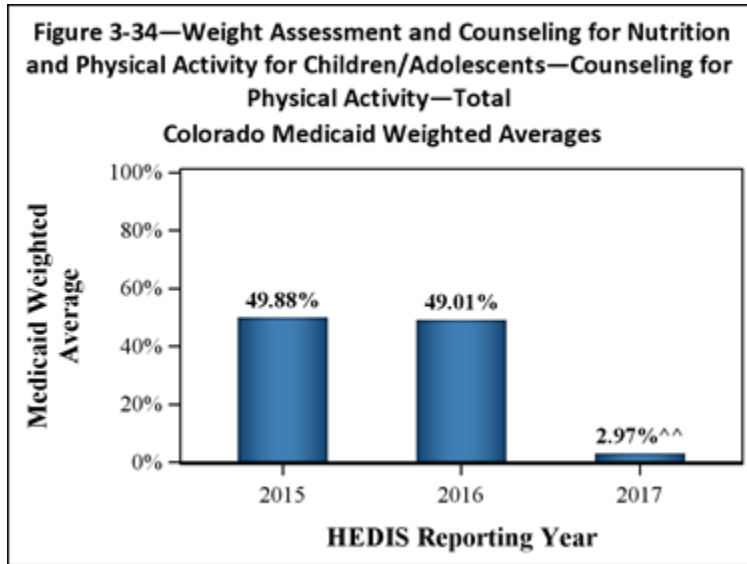


Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

One health plan ranked above the HPL. Three health plans and the Medicaid statewide weighted average ranked below the LPL. Health plan performance varied from 1.08 percent to 97.36 percent.

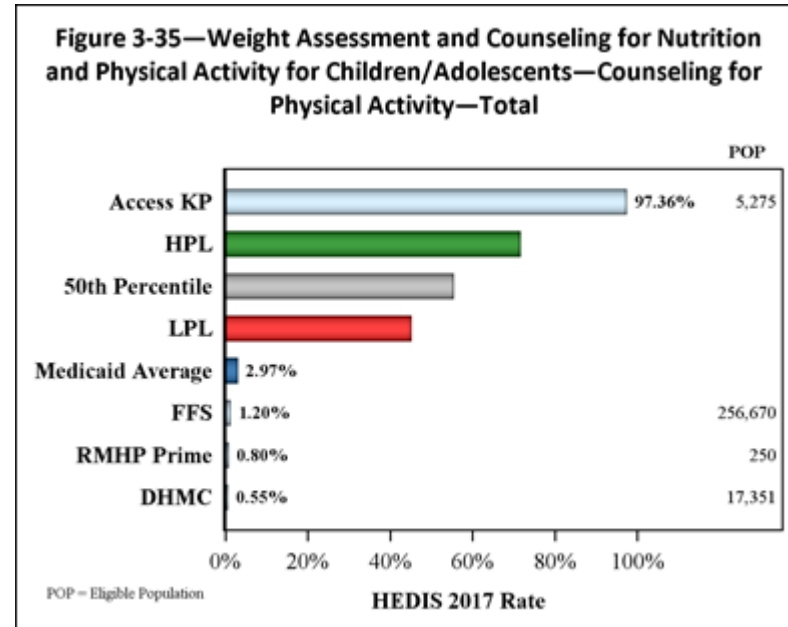
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Physical Activity—Total

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. Due to differences in member eligibility for children in RMHP Prime, the rate may not be comparable to that of Access KP or DHMC.



Two carets (^^) indicate a statistically significant decline in performance from 2016 to 2017. Due to changes in NCQA’s technical specifications for this measure, exercise caution when trending rates between 2015 and 2016. Changes in the rates should be interpreted with caution due to a change in the Department’s reporting requirement from hybrid in 2015 and 2016 to administrative for 2017.

The Medicaid statewide weighted average demonstrated a statistically significant decline in the rate from 2016 to 2017. As previously mentioned, caution should be exercised when comparing the HEDIS 2016 hybrid rates to the HEDIS 2017 administrative-only rates.

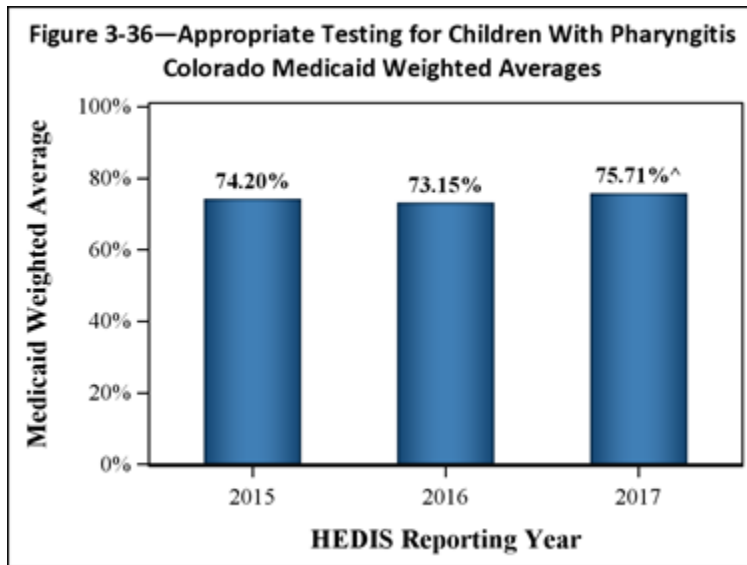


Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

One health plan ranked above the HPL. Three health plans and the Medicaid statewide weighted average ranked below the LPL. Health plan performance varied from 0.55 percent to 97.36 percent.

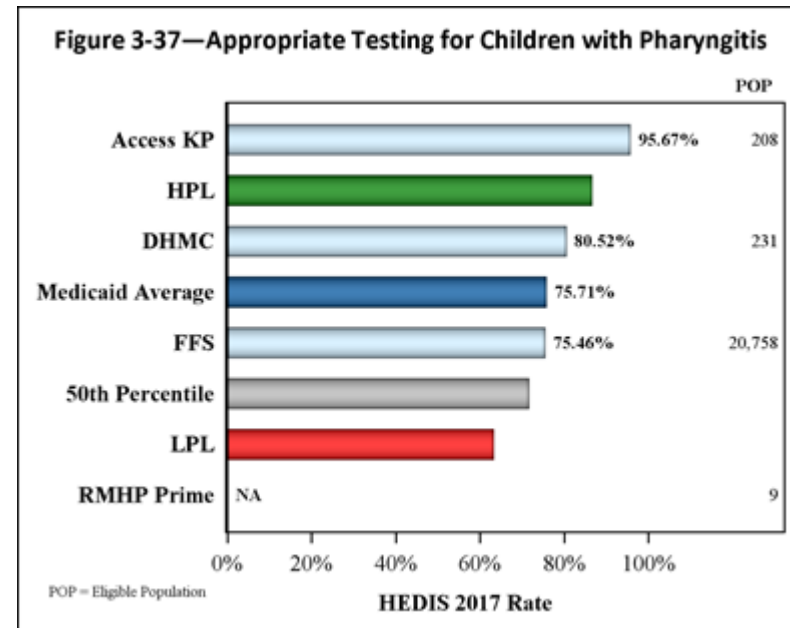
Appropriate Testing for Children With Pharyngitis

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. FFS members who were dually eligible for Medicaid and Medicare were excluded from the calculation of this rate for HEDIS 2017; therefore, exercise caution when comparing this rate to the other health plans' rates or when comparing the HEDIS 2017 rate to prior years' rates.



One caret (^) indicates a statistically significant improvement in performance from 2016 to 2017.

The Medicaid statewide weighted average demonstrated a statistically significant improvement in performance from 2016 to 2017.

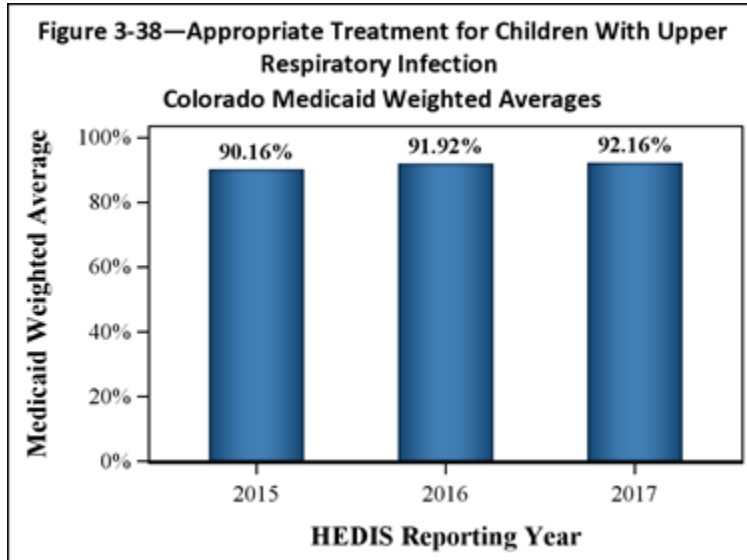


NA (Small Denominator) indicates that the health plan followed the specifications, but the denominator was too small (<30) to report a valid rate.

One health plan ranked above the HPL. No health plans ranked below the national Medicaid 50th percentile. Health plan performance varied from 75.46 percent to 95.67 percent.

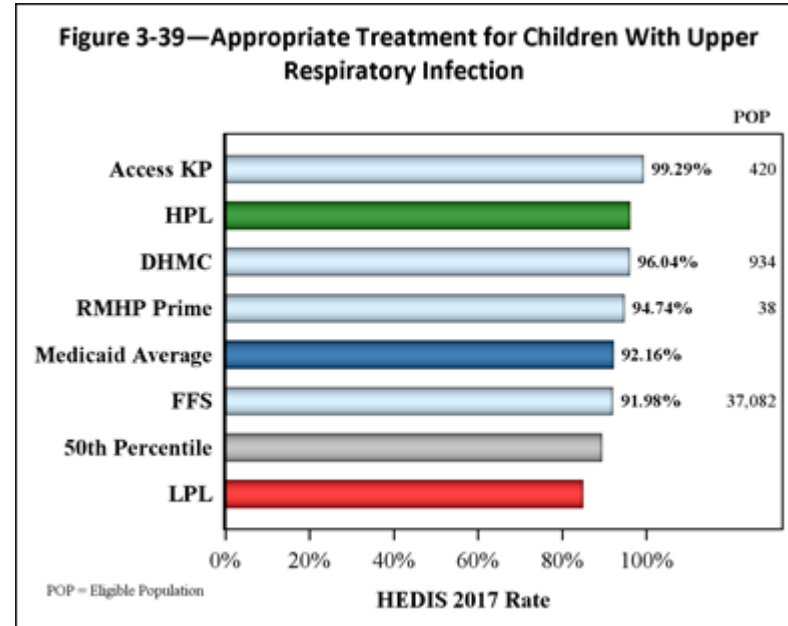
Appropriate Treatment for Children With Upper Respiratory Infection

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. Due to differences in member eligibility for children in RMHP Prime, the rate may not be comparable to that of Access KP or DHMC.



Due to changes in NCQA’s technical specifications for this measure, exercise caution when trending rates between 2017 and prior years.

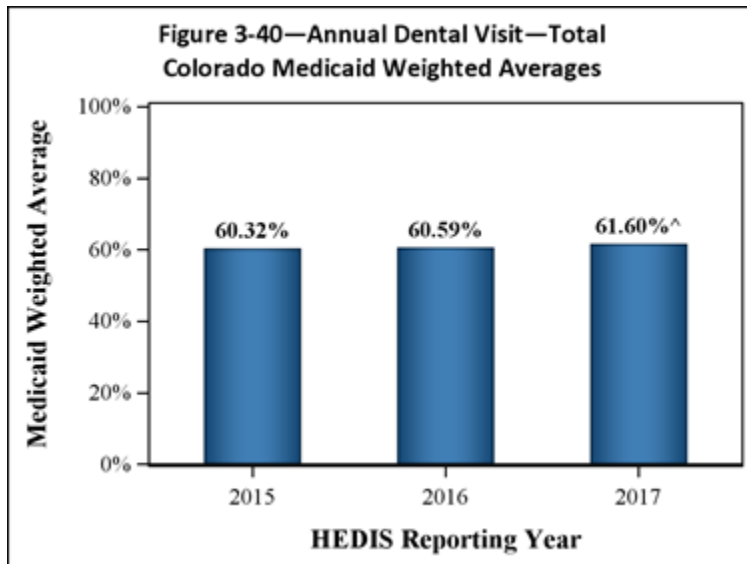
The Medicaid statewide weighted average did not demonstrate a statistically significant change from 2016 to 2017.



One health plan ranked above the HPL. No health plans ranked below the LPL. Health plan performance varied from 91.98 percent to 99.29 percent.

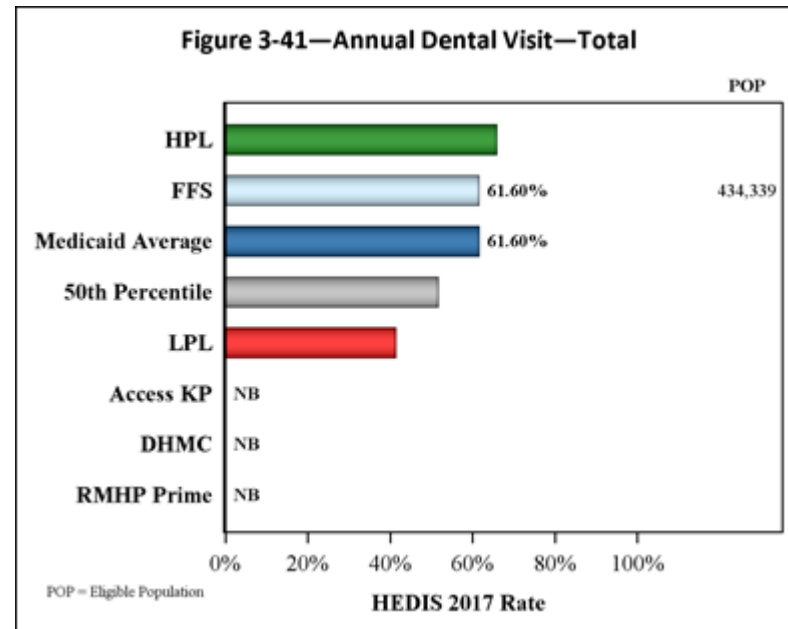
Annual Dental Visit—Total

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.



One caret (^) indicates a statistically significant improvement in performance from 2016 to 2017.

The Medicaid statewide weighted average demonstrated a statistically significant improvement in performance from 2016 to 2017.



NB (No Benefit) indicates that the health plan did not offer the health benefit required by the measure.

One health plan and the Medicaid statewide weighted average 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 2017 rates to the HEDIS 2016 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 only administrative data likely underestimate health plan performance.

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

Performance Measures	FFS	Access KP	DHMC	RMHP Prime
Childhood Immunization Status				
<i>Combination 2</i>	★	★★	★★	—
<i>Combination 3</i>	★	★★★★	★★★★	—
<i>Combination 4</i>	★	★★★★	★★★★	—
<i>Combination 5</i>	★	★★★★	★★★★	—
<i>Combination 6</i>	★★	★★★★	★★★★★	—
<i>Combination 7</i>	★	★★★★★	★★★★	—
<i>Combination 8</i>	★★	★★★★	★★★★★	—
<i>Combination 9</i>	★★	★★★★	★★★★★	—
<i>Combination 10</i>	★★	★★★★	★★★★★	—
Immunizations for Adolescents				
<i>Combination 1 (Meningococcal, Tdap)</i>	★	★★★★★	★★★★	—
<i>Combination 2 (Meningococcal, Tdap, HPV)</i>	—	—	—	—
Well-Child Visits in the First 15 Months of Life				
<i>Zero Visits*</i>	★	★★★★★	★	—
<i>Six or More Visits</i>	★	★★★★★	★	—
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life				
<i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i>	★	★	★	★★ ¹
Adolescent Well-Care Visits				
<i>Adolescent Well-Care Visits</i>	★	★★★★	★	★ ¹
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents				
<i>BMI Percentile Documentation—Total</i>	★	★★★★★	★	★ ¹
<i>Counseling for Nutrition—Total</i>	★	★★★★★	★	★ ¹
<i>Counseling for Physical Activity—Total</i>	★	★★★★★	★	★ ¹
Appropriate Testing for Children with Pharyngitis²				
<i>Appropriate Testing for Children with Pharyngitis</i>	★★★★	★★★★★	★★★★	—

Performance Measures	FFS	Access KP	DHMC	RMHP Prime
<i>Appropriate Treatment for Children With Upper Respiratory Infection³</i>				
<i>Appropriate Treatment for Children With Upper Respiratory Infection</i>	★★★	★★★★★	★★★★	★★★★ ¹
<i>Annual Dental Visit</i>				
<i>Total</i>	★★★★	—	—	—

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

¹ Due to differences in member eligibility for children in RMHP Prime, the rate may not be comparable to that of Access KP or DHMC.

² FFS members who were dually eligible under Medicare and Medicaid were excluded from the calculation of the HEDIS 2017 rate. Use caution when comparing this rate to Access KP’s, DHMC’s, and RMHP’s rates.

³ Due to changes in NCQA’s technical specifications for this measure for HEDIS 2017, exercise caution when interpreting performance rankings as benchmarks were based on HEDIS 2016 rates that were reported using the previous version of NCQA’s technical specifications.

— Indicates that a percentile ranking was not determined because the HEDIS 2017 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
Access KP	7	2	8	1	1
DHMC	2	3	6	1	7
RMHP Prime	0	1	0	1	4

Access KP was the top-performing health plan in the Pediatric Care domain for 2017, with seven measure indicators that ranked at or above the national Medicaid 90th percentile. Two of Access KP’s strengths were for the *Well-Child Visits in the First 15 Months of Life* and *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents* measure indicators, where it consistently outperformed the other health plans and also demonstrated high performance compared to national benchmarks; this is also demonstrates Access KP’s strength in capturing administrative data.

Conversely, RMHP Prime’s rates indicated opportunities for improvement in the Pediatric Care domain. Although RMHP Prime’s rates were reportable for only six measure indicators, five of the reportable rates fell below the national Medicaid 50th percentile, four of which fell below the national Medicaid 25th percentile. In addition, FFS’ 2017 rates also indicated opportunities for improvement, with rates for 13 measure indicators falling below the national Medicaid 25th percentile. Further, RMHP Prime and FFS showed opportunities for improvement for the *Adolescent Well-Care Visits* and *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents* measure indicators; however, these rates are most likely indicative of low administrative data completeness.

Of note, the Medicaid statewide weighted average showed improvement from 2016 to 2017 for the *Childhood Immunization Status* indicators. In addition, the Medicaid statewide weighted average rate for the *Well-Child Visits in the First 15 Months of Life—Zero Visits* indicator decreased (indicating better

performance), and the Medicaid statewide weighted average rate for the *Six or More Visits* indicator increased.

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.

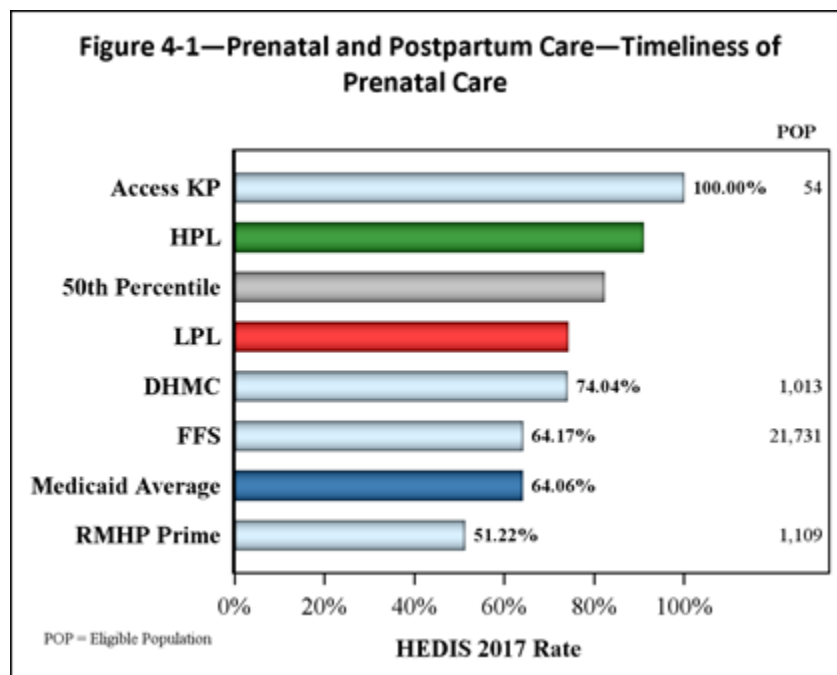
Prenatal and Postpartum Care

The *Prenatal and Postpartum Care* measure is comprised of the following rates:

- *Timeliness of Prenatal Care* assesses the percentage of deliveries that received a prenatal care visit in the first trimester, on the enrollment start date or within 42 days of enrollment in the health plan.
- *Postpartum Care* assesses the percentage of deliveries that had a postpartum visit on or between 21 days and 56 days after delivery.

For HEDIS 2017, the measure specifications were modified for FFS to address the use of bundled service billing; therefore, comparisons to prior years’ statewide Medicaid average rates were not performed. Caution should be used when comparing FFS rates for this measure to national benchmarks or the remaining health plans’ rates. For more information regarding the specifications, please reference the “Reader’s Guide—Differences in Calculations” section of this report. Further, due to differences in member eligibility for children in RMHP Prime, rates for this measure may not be comparable to those of Access KP or DHMC.

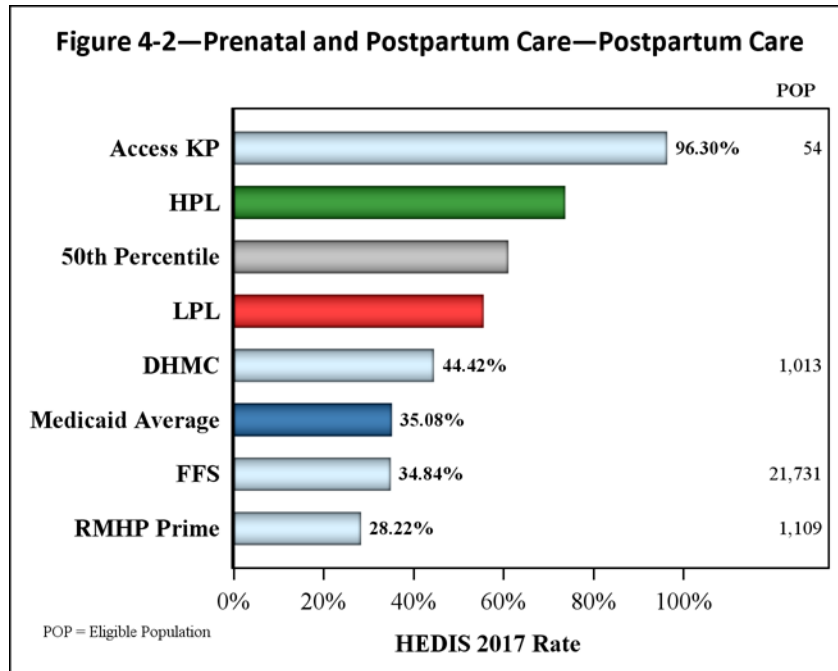
Prenatal and Postpartum Care—Timeliness of Prenatal Care



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

One health plan ranked above the HPL. The Medicaid statewide weighted average and three health plans ranked below the LPL. Health plan performance varied from 51.22 percent to 100.0 percent.

Prenatal and Postpartum Care—Postpartum Care

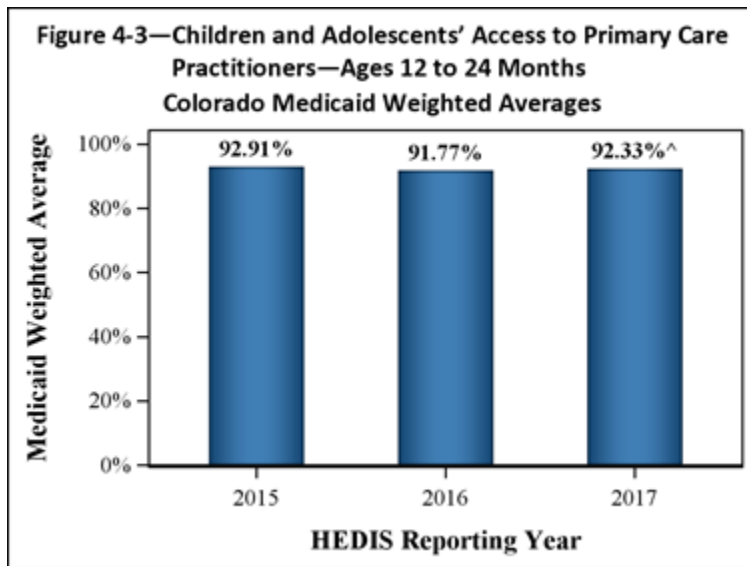


Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

One health plan ranked above the HPL. Three health plans and the Medicaid statewide weighted average ranked below the LPL. Health plan performance varied from 28.22 percent to 96.30 percent.

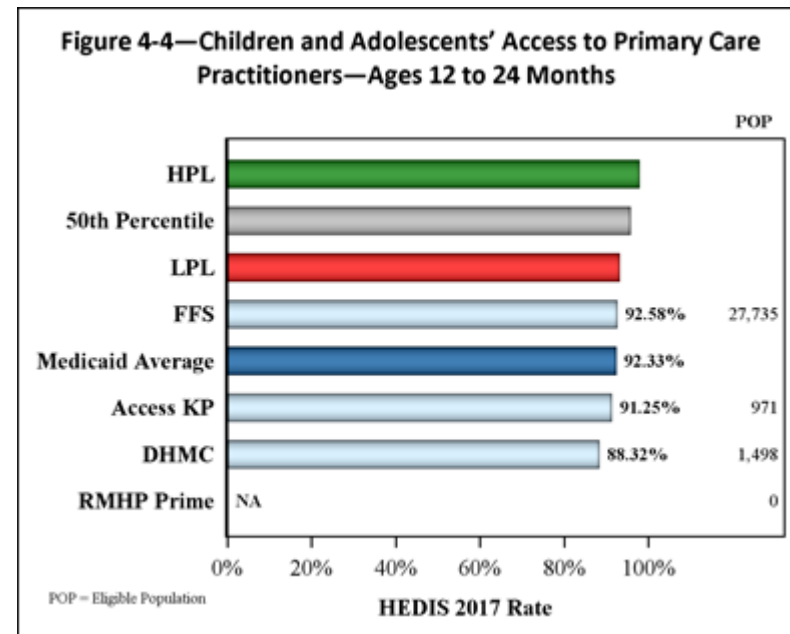
Children and Adolescents' Access to Primary Care Practitioners—Ages 12 to 24 Months

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.



One caret (^) indicates a statistically significant improvement in performance from 2016 to 2017.

The Medicaid statewide weighted average demonstrated a statistically significant increase in performance from 2016 to 2017.

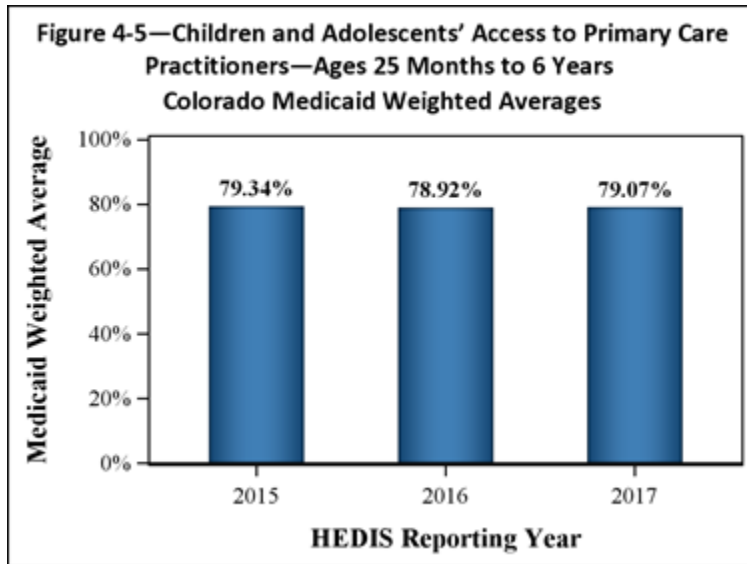


NA (Small Denominator) indicates that the health plan followed the specifications but the denominator was too small (<30) to report a valid rate.

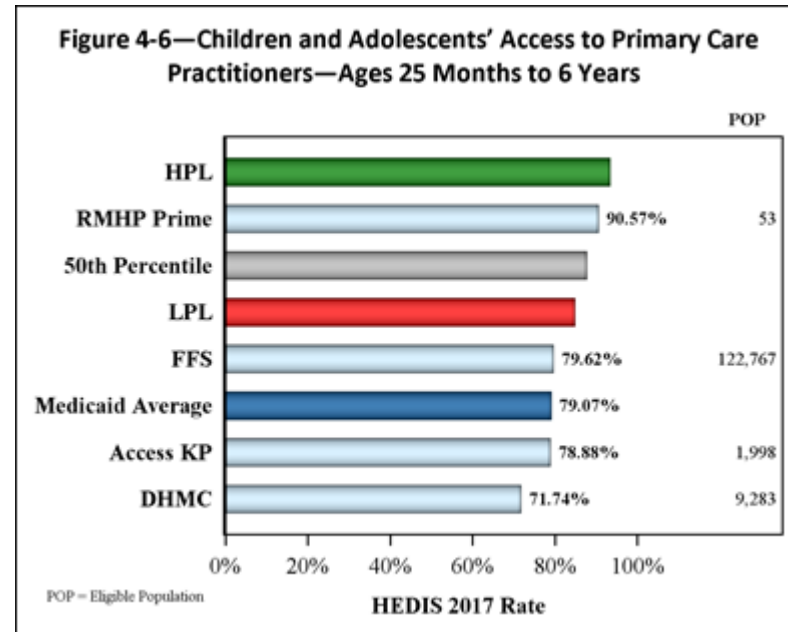
All health plans and the Medicaid weighted average ranked below the LPL. Health plan performance varied from 88.32 percent to 92.58 percent.

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 differences in member eligibility for children in RMHP Prime, the rate may not be comparable to that of Access KP or DHMC.



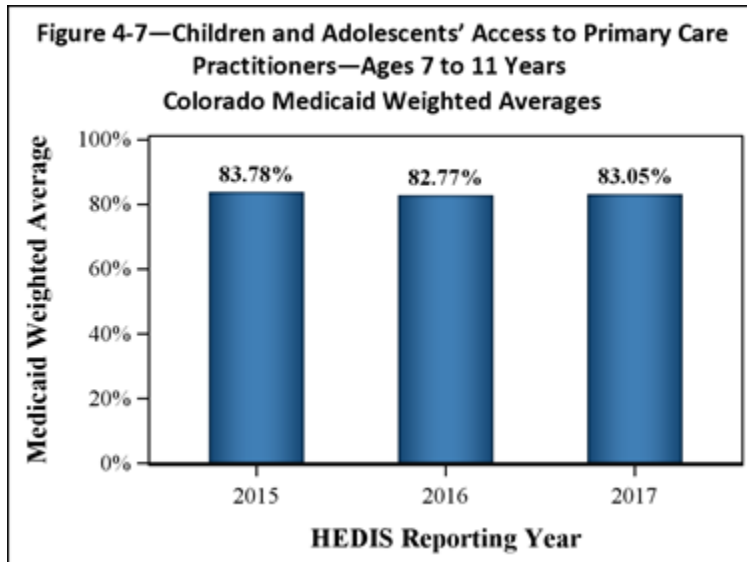
The Medicaid statewide weighted average did not demonstrate a statistically significant change from 2016 to 2017.



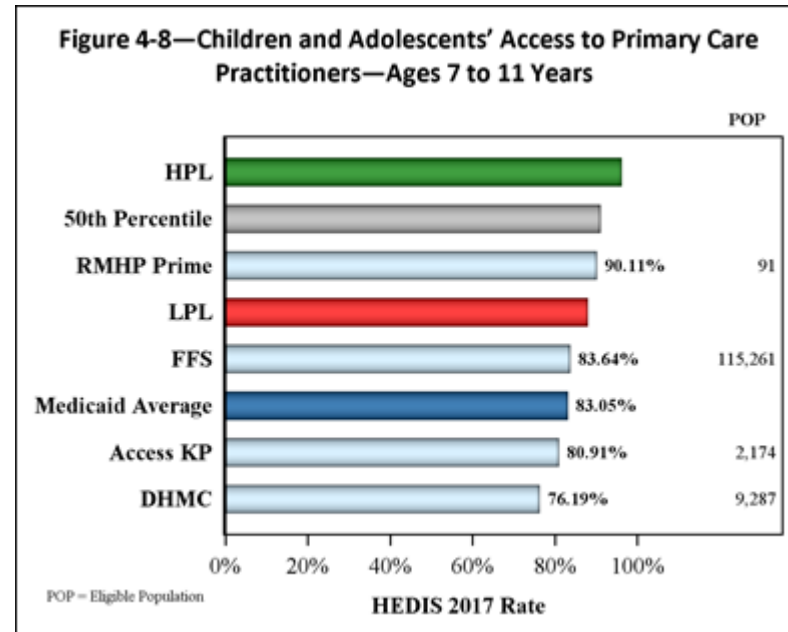
One health plan ranked above the national Medicaid 50th percentile but below the HPL. Three health plans and the Medicaid statewide weighted average ranked below the LPL. Health plan performance varied from 71.74 percent to 90.57 percent.

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 differences in member eligibility for children in RMHP Prime, the rate may not be comparable to that of Access KP or DHMC.



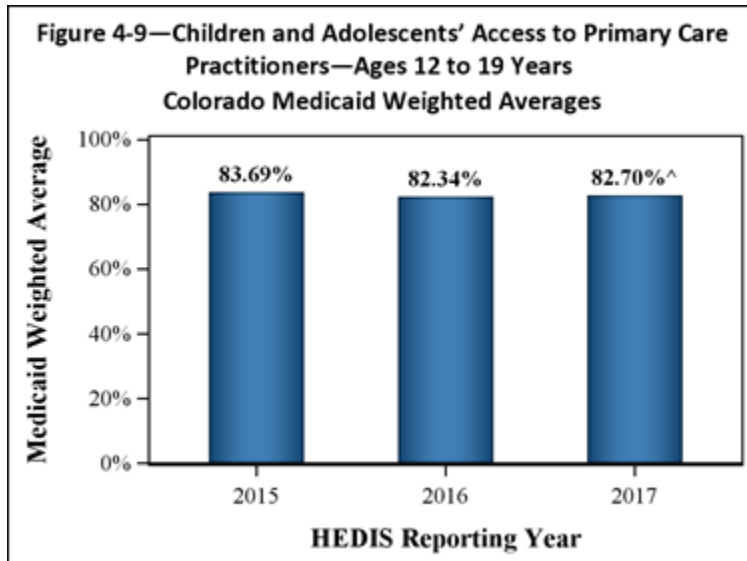
The Medicaid statewide weighted average did not demonstrate a statistically significant change from 2016 to 2017.



One health plan ranked below the national Medicaid 50th percentile but above the LPL. Three health plans and the Medicaid statewide weighted average ranked below the LPL. Health plan performance varied from 76.19 percent to 90.11 percent.

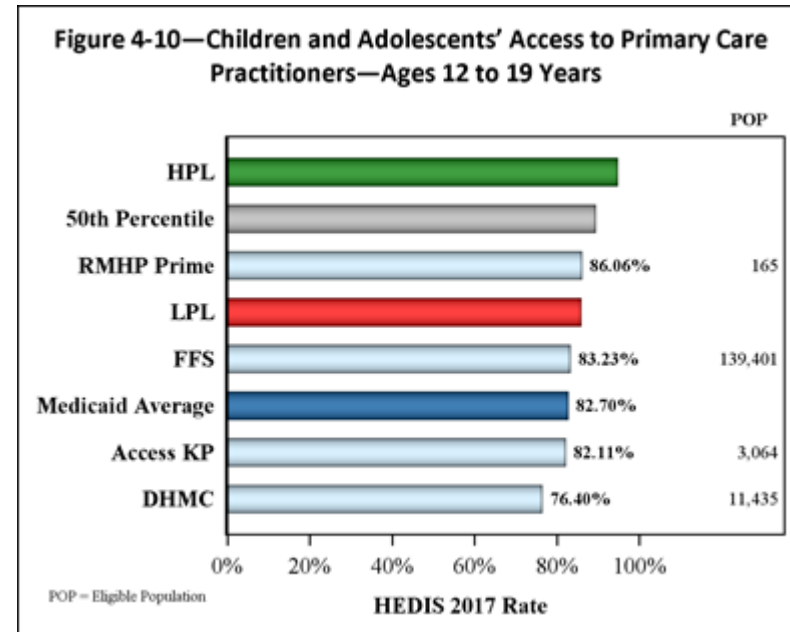
Children and Adolescents' Access to Primary Care Practitioners—Ages 12 to 19 Years

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 differences in member eligibility for children in RMHP Prime, the rate may not be comparable to that of Access KP or DHMC.



One caret (^) indicates a statistically significant improvement in performance from 2016 to 2017.

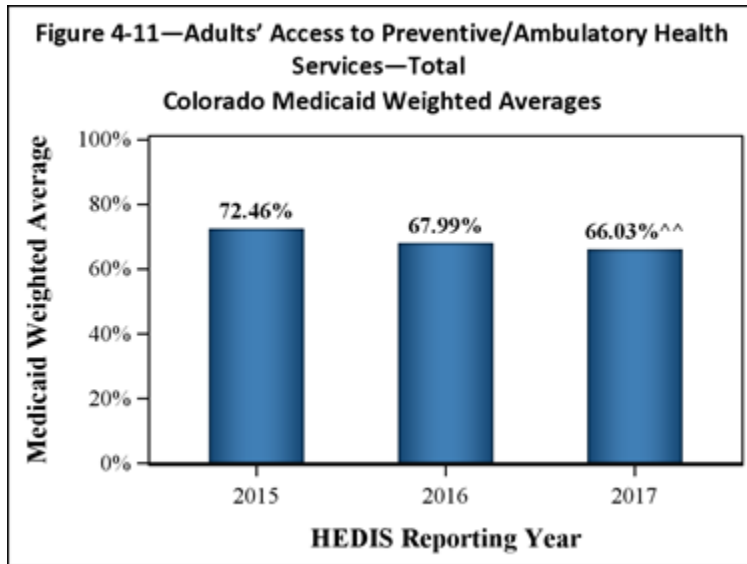
The Medicaid statewide weighted average demonstrated a statistically significant improvement in performance from 2016 to 2017.



One health plan ranked below the national Medicaid 50th percentile but above the LPL. Three health plans and the Medicaid statewide weighted average ranked below the LPL. Health plan performance varied from 76.40 percent to 86.06 percent.

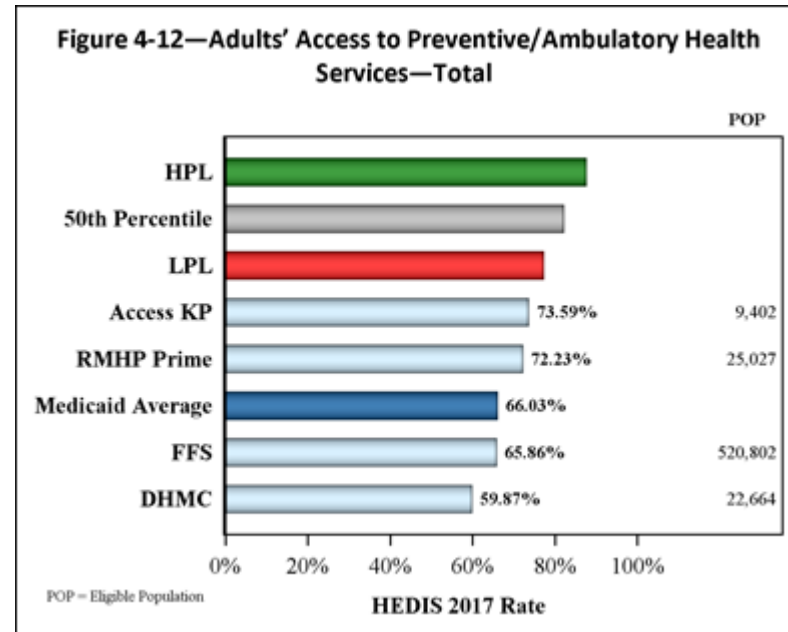
Adults' Access to Preventive/Ambulatory Health Services—Total

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.



Two carets (^) indicate a statistically significant decline in performance from the 2016 to 2017.

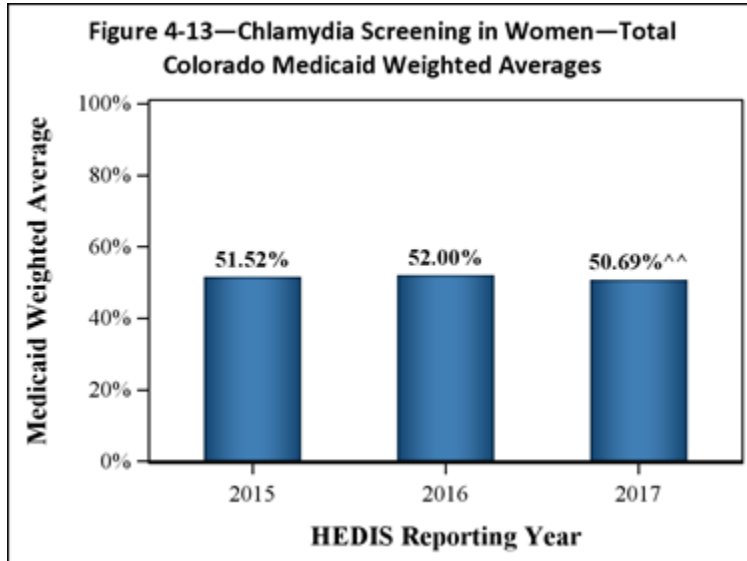
The Medicaid statewide weighted average demonstrated a statistically significant decline in performance from 2016 to 2017.



No health plans ranked above the LPL. Health plan performance varied from 59.87 percent to 73.59 percent.

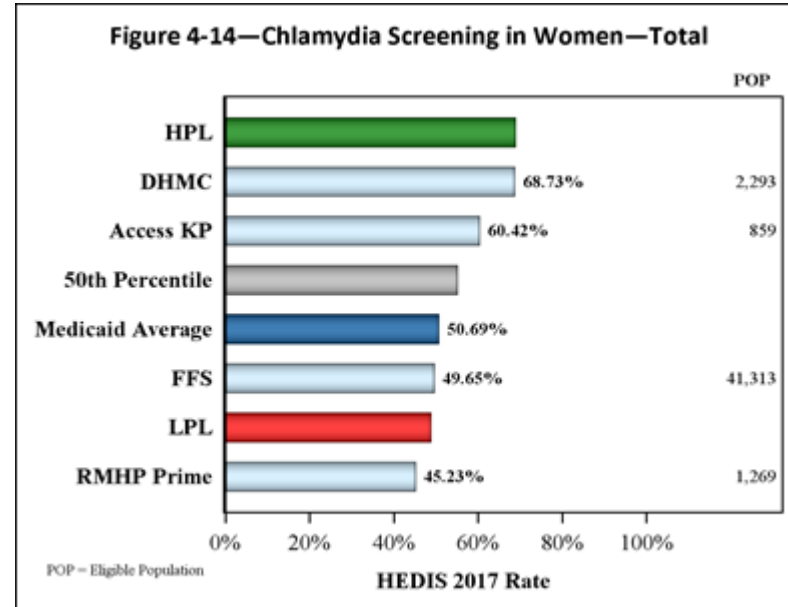
Chlamydia Screening in Women—Total

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 during the measurement year. FFS members who were dually eligible for Medicaid and Medicare were excluded from the calculation of this rate for HEDIS 2017; therefore, exercise caution when comparing this rate to the other health plans’ rates or when comparing the HEDIS 2017 rate to prior years’ rates. In addition, due to differences in member eligibility for children in RMHP Prime, the rate may not be comparable to that of Access KP or DHMC.



Two carets (^) indicate a statistically significant decline in performance from the 2016 to 2017.

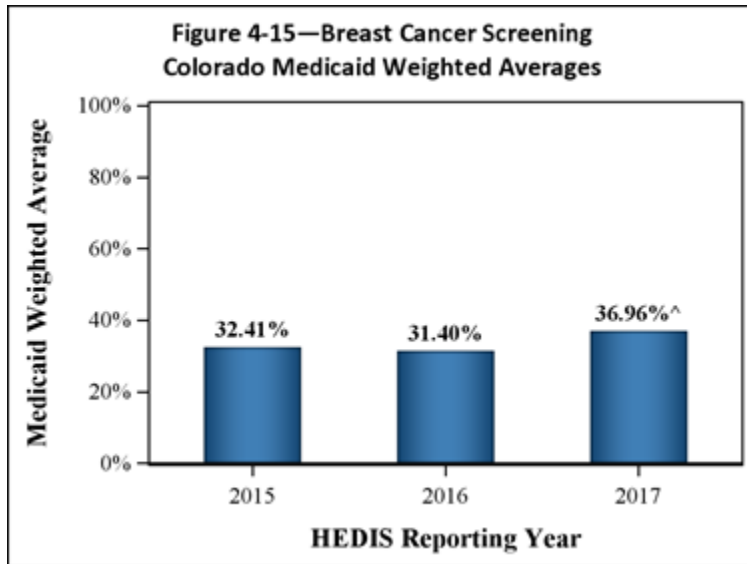
The Medicaid statewide weighted average demonstrated a statistically significant decline in performance from 2016 to 2017.



Two health plans ranked above the national Medicaid 50th percentile but below the HPL. One health plan ranked below the LPL. Health plan performance varied from 45.23 percent to 68.73 percent.

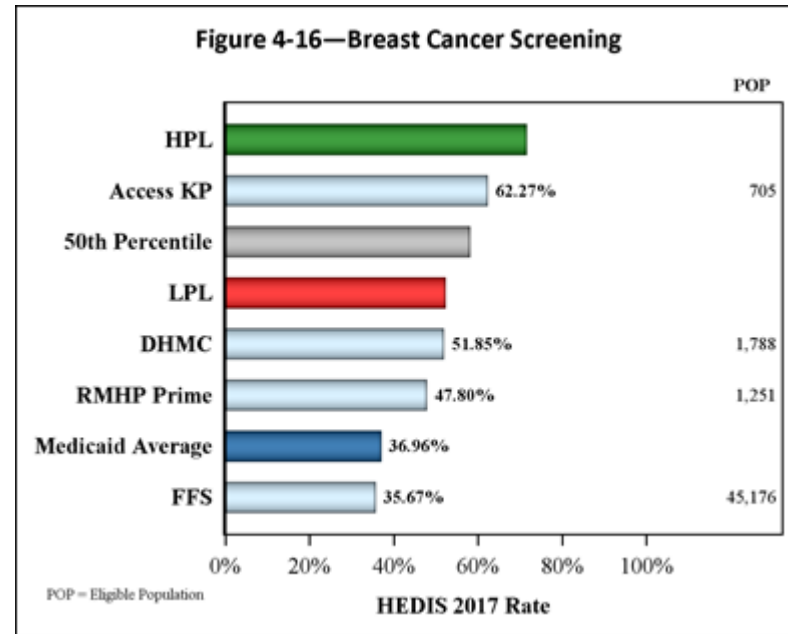
Breast Cancer Screening

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



One caret (^) indicates a statistically significant improvement in performance from 2016 to 2017.

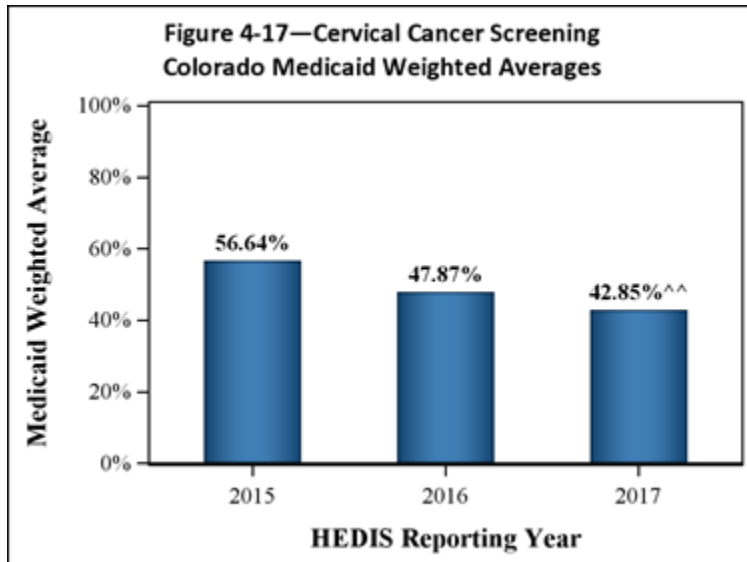
The Medicaid statewide weighted average demonstrated a statistically significant improvement in performance from 2016 to 2017.



One health plan ranked above the national Medicaid 50th percentile but below the HPL. Three health plans and the Medicaid statewide weighted average ranked below the LPL. Health plan performance varied from 35.67 percent to 62.27 percent.

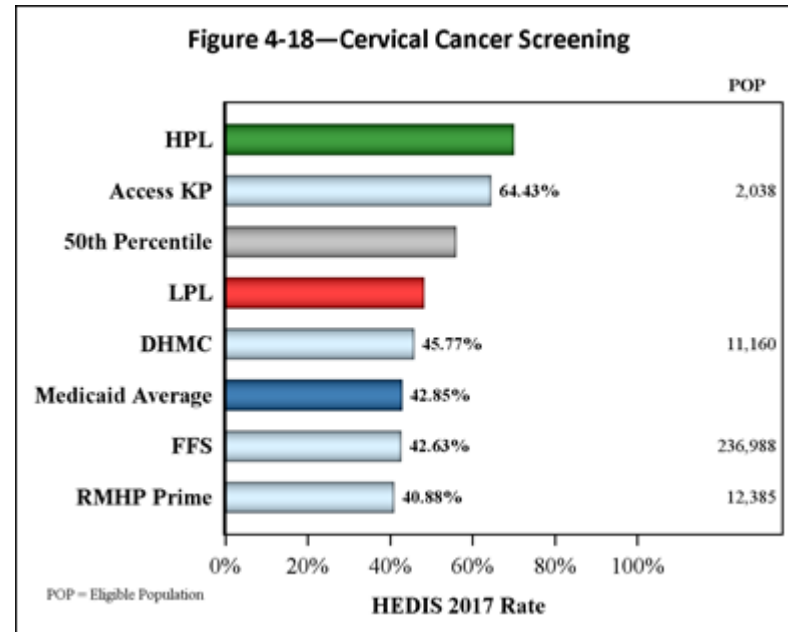
Cervical Cancer Screening

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.



Two carets (^) indicate a statistically significant decline in performance from 2016 to 2017. Changes in the rates from 2015 and 2016 to 2017 should be interpreted with caution due to a change in the Department's reporting requirement from hybrid in 2015 and 2016 to administrative for 2017.

The Medicaid statewide weighted average demonstrated a statistically significant decline in the rate from 2016 to 2017. As previously mentioned, caution should be exercised when comparing the HEDIS 2016 hybrid rates to the HEDIS 2017 administrative-only rates.

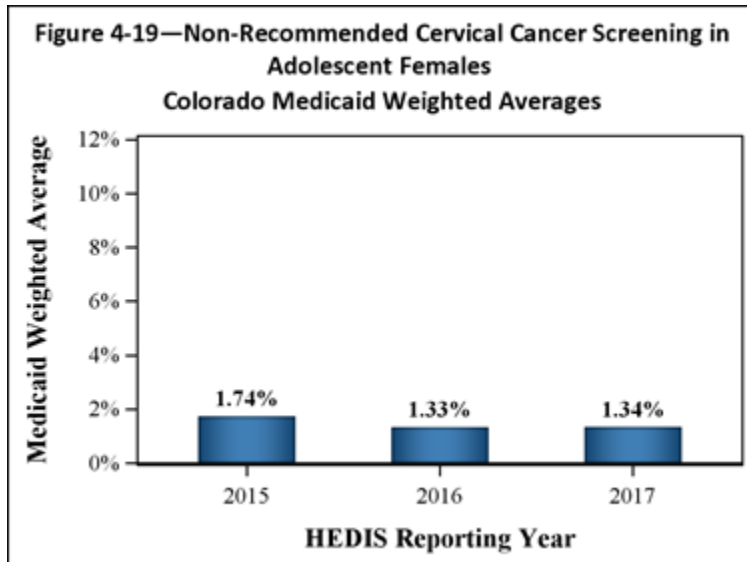


Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

One health plan ranked above the national Medicaid 50th percentile but below the HPL. The Medicaid statewide weighted average and three health plans ranked below the LPL. Health plan performance varied from 40.88 percent to 64.43 percent.

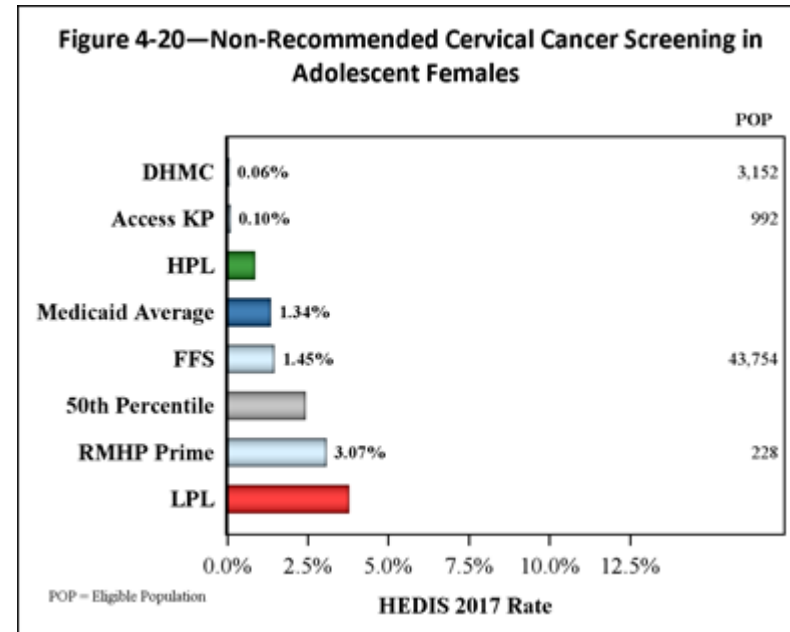
Non-Recommended Cervical Cancer Screening in Adolescent Females

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. Due to differences in member eligibility for children in RMHP Prime, the rate may not be comparable to that of Access KP or DHMC.



Due to changes in NCQA’s technical specifications for this measure, exercise caution when comparing rates between 2015 and 2016.

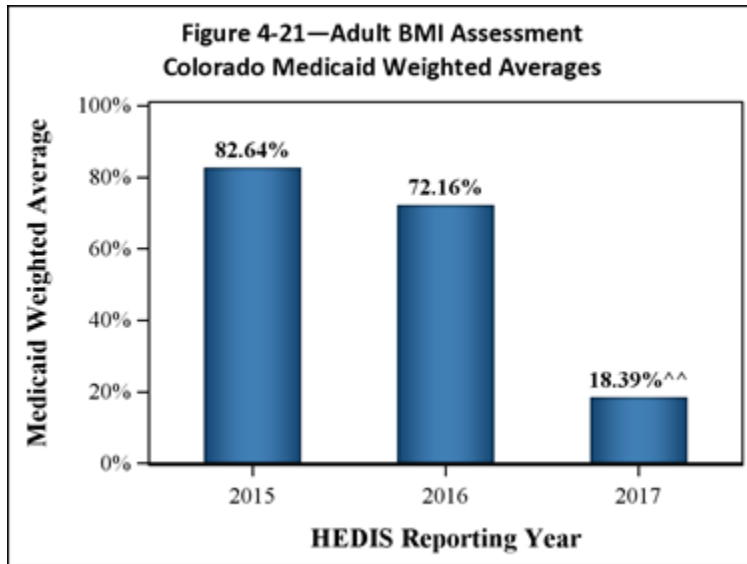
The Medicaid statewide weighted average did not demonstrate a statistically significant change from 2016 to 2017.



Two health plans ranked above the HPL. No health plans ranked below the LPL. Health plan performance varied from 0.06 percent to 3.07 percent.

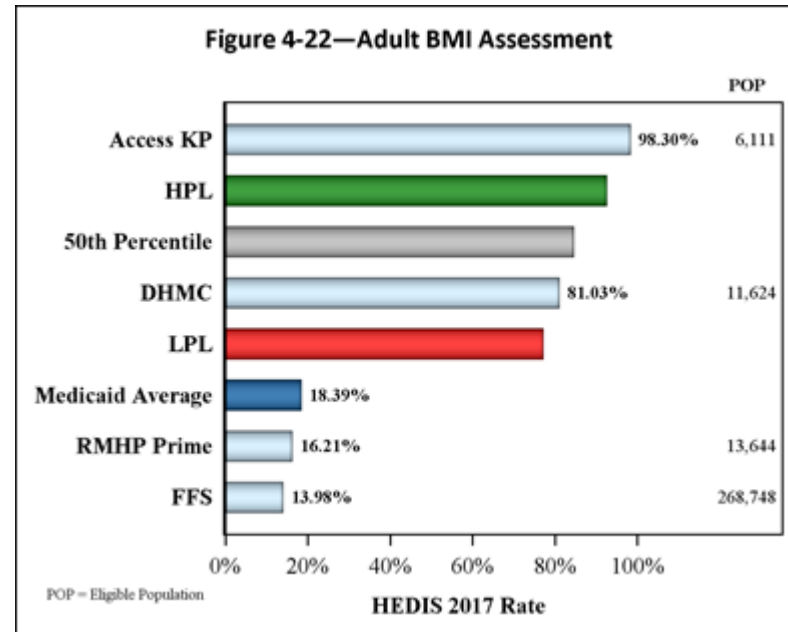
Adult BMI Assessment

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.



Two carets (^) indicate a statistically significant decline in performance from 2016 to 2017. Changes in the rates from 2015 and 2016 to 2017 should be interpreted with caution due to a change in the Department's reporting requirement from hybrid in 2015 and 2016 to administrative for 2017.

The Medicaid statewide weighted average demonstrated a statistically significant decline in the rate from 2016 to 2017. As previously mentioned, caution should be exercised when comparing the HEDIS 2016 hybrid rates to the HEDIS 2017 administrative-only rates.



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

One health plan ranked above the HPL. The Medicaid statewide weighted average and two health plans ranked below the LPL. Health plan performance varied from 13.98 percent to 98.30 percent.

Summary of Findings

Table 4-1 presents the health plans’ performance ratings for each measure in the Access to Care and Preventive Screening domain. Performance ratings were assigned by comparing the health plans’ HEDIS 2017 rates to the HEDIS 2016 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	Access KP	DHMC	RMHP Prime
Access to Care				
Prenatal and Postpartum Care*				
Timeliness of Prenatal Care	—	★★★★★	★	★ ¹
Postpartum Care	—	★★★★★	★	★ ¹
Children and Adolescents’ Access to Primary Care Practitioners				
Ages 12 to 24 Months	★	★	★	—
Ages 25 Months to 6 Years	★	★	★	★★★ ¹
Ages 7 to 11 Years	★	★	★	★★ ¹
Ages 12 to 19 Years	★	★	★	★★ ¹
Adults’ Access to Preventive/Ambulatory Health Services				
Total	★	★	★	★
Preventive Screening				
Chlamydia Screening in Women²				
Total	★★	★★★	★★★★	★ ¹
Breast Cancer Screening				
Breast Cancer Screening	★	★★★	★	★
Cervical Cancer Screening				
Cervical Cancer Screening	★	★★★★	★	★
Non-Recommended Cervical Cancer Screening in Adolescent Females				
Non-Recommended Cervical Cancer Screening in Adolescent Females	★★★	★★★★★	★★★★★	★★ ¹
Adult BMI Assessment				
Adult BMI Assessment	★	★★★★★	★★	★

* Since the FFS rate is calculated using a modified specification, comparisons to national benchmarks are not shown.

¹ Due to differences in member eligibility for children in RMHP Prime, the rate may not be comparable to that of Access KP or DHMC.

— Indicates that a percentile ranking was not determined because the HEDIS 2017 measure rate was not reportable or the measure did not have an applicable benchmark.

² FFS members who were dually eligible under Medicare and Medicaid were excluded from the calculation of the HEDIS 2017 rate. Use caution when comparing this rate to Access KP’s, DHMC’s, and RMHP’s rates.

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: Plan-Specific Count of Measures by Performance Rating

Health Plan Name	★★★★★	★★★★	★★★	★★	★
Access to Care					
FFS	0	0	0	0	5
Access KP	2	0	0	0	5
DHMC	0	0	0	0	7
RMHP Prime	0	0	1	2	3
Preventive Screening					
FFS	0	0	1	1	3
Access KP	2	1	2	0	0
DHMC	1	1	0	1	2
RMHP Prime	0	0	0	1	4

Regarding Access to Care measures, only Access KP reported measure indicators at or above the national Medicaid 90th percentile for the *Prenatal and Postpartum Care* measure indicators indicating strength in capturing administrative data for this measure. The remaining health plans’ HEDIS 2017 rates indicated opportunities for improvement, having all ranked below the national Medicaid 50th percentile except one rate reported by RMHP Prime. Moreover, DHMC had seven measure indicators that ranked at or below the 25th percentile. Overall, the health plans showed areas for improvement related to Access to Care measures.

Regarding the Preventive Screening measures, Access KP was again the highest-performing health plan, with two measure indicators performing at or above the national Medicaid 90th percentile for the *Non-Recommended Cervical Cancer Screening in Adolescent Females* and *Adult BMI Assessment* measures. DHMC also performed strongly for the *Non-Recommended Cervical Cancer Screening in Adolescent Females* measure, but performed below the 25th percentile for the *Cervical Cancer Screening* measure. Both indicators related to cervical cancer screening should be evaluated in conjunction when interpreting performance and identifying strategies for improvement. FFS and RMHP Prime demonstrated the greatest opportunity for improvement for the Preventive Screening measures, as the health plans reported three and four measure indicators below the national Medicaid 25th percentile, respectively.

Overall, the Medicaid statewide weighted average rates increased from 2016 to 2017 for the measure indicators in the Access to Care domain even though many plans performed below the 25th percentile for these indicators. The Medicaid statewide weighted average rates demonstrated varying performance for the measure indicators in the Preventive Screening domain from 2016 to 2017.

Mental/Behavioral Health

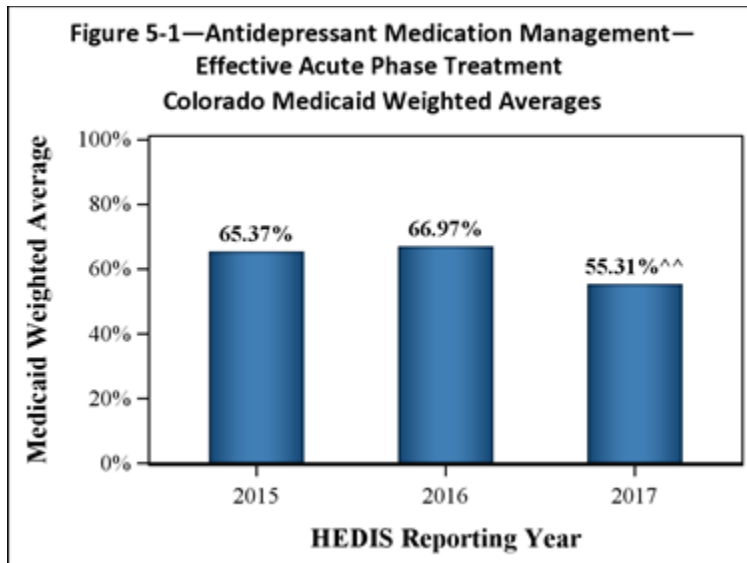
The following section provides a detailed analysis of the Colorado Medicaid health plans' performance for the Mental/Behavioral Health domain. The Mental/Behavioral Health domain encompasses the following measures/indicators:

- *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.

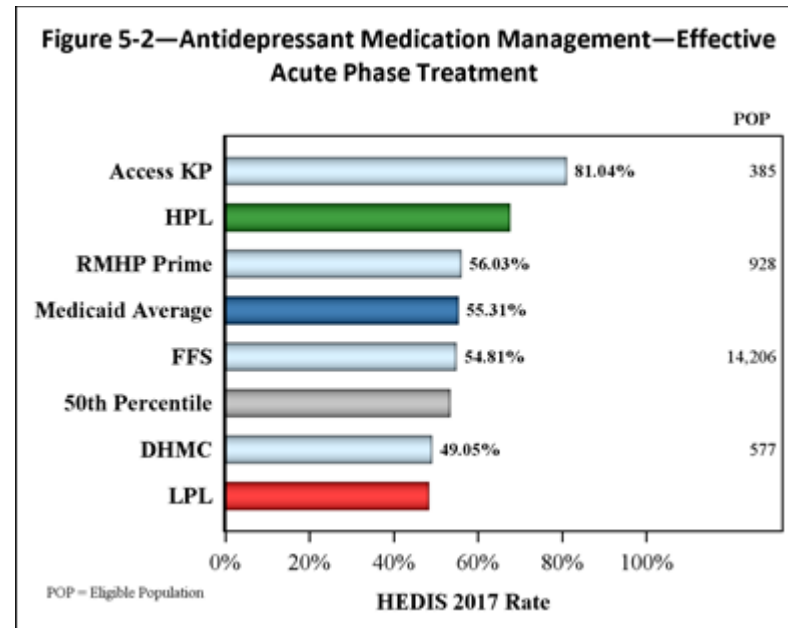
Antidepressant Medication Management—Effective Acute Phase Treatment

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). FFS members who were dually eligible for Medicaid and Medicare were excluded from the calculation of this rate for HEDIS 2017; therefore, exercise caution when comparing this rate to the other health plans’ rates or when comparing the HEDIS 2017 rate to prior years’ rates.



Two carets (^) indicate a statistically significant decline in performance from 2016 to 2017.

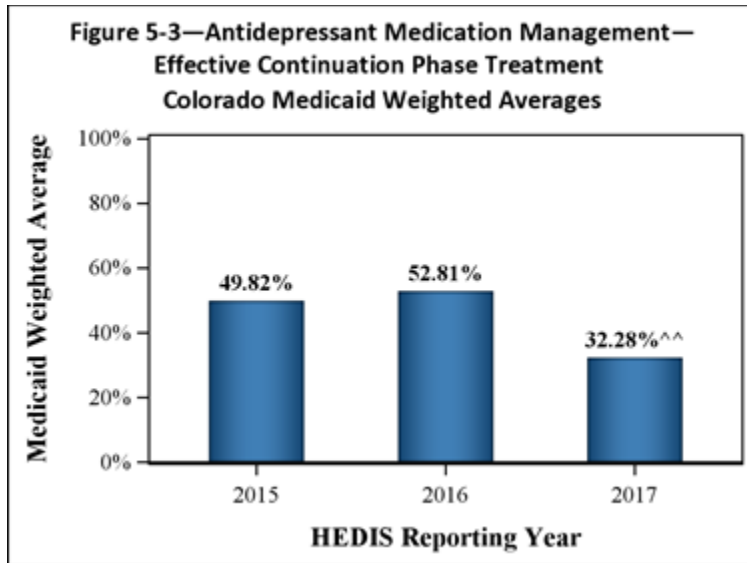
The Medicaid statewide weighted average demonstrated a statistically significant decline in performance from 2016 to 2017.



One health plan ranked above the HPL. No health plans ranked below the LPL. Health plan performance varied from 49.05 percent to 81.04 percent.

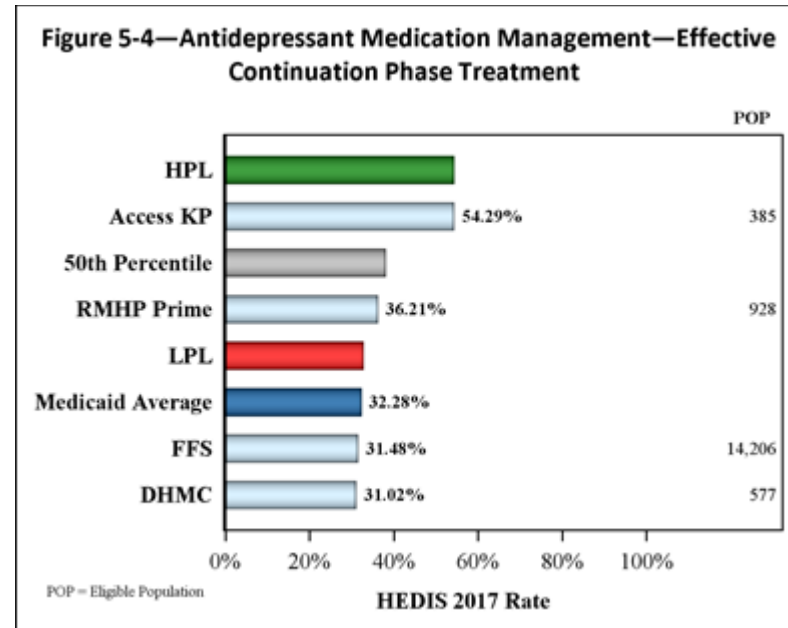
Antidepressant Medication Management—Effective Continuation Phase Treatment

Antidepressant Medication Management—Effective Continuation Phase Treatment measures the percentage of members 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression, and who remained on an antidepressant medication for at least 180 days (6 months). FFS members who were dually eligible for Medicaid and Medicare were excluded from the calculation of this rate for HEDIS 2017; therefore, exercise caution when comparing this rate to the other health plans’ rates or when comparing the HEDIS 2017 rate to prior years’ rates.



Two carets (^) indicate a statistically significant decline in performance from 2016 to 2017.

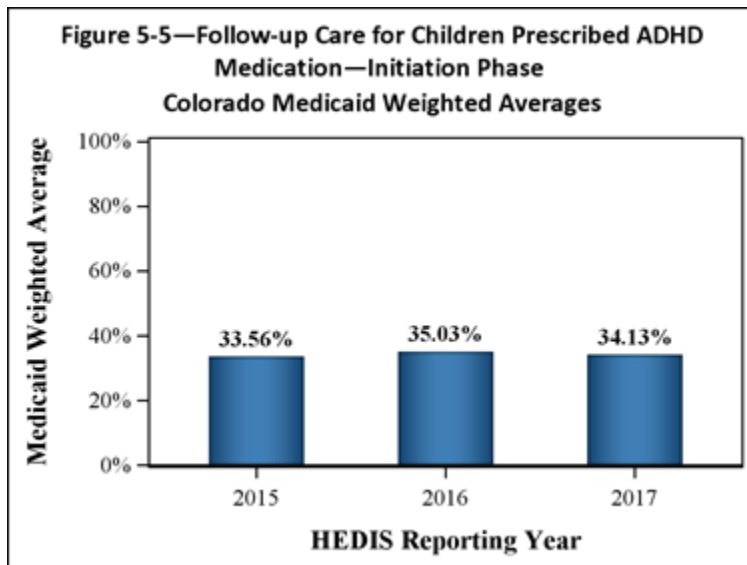
The Medicaid statewide weighted average demonstrated a statistically significant decline in performance from 2016 to 2017.



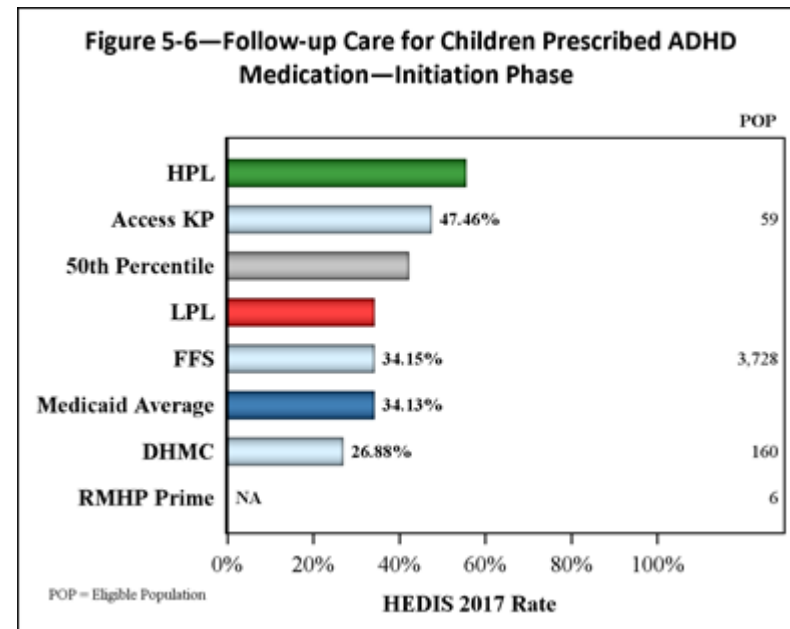
One health plan ranked above the national Medicaid 50th percentile but below the HPL. Two health plans and the Medicaid statewide weighted average ranked below the LPL. Health plan performance varied from 31.02 percent to 54.29 percent.

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. FFS members who were dually eligible for Medicaid and Medicare were excluded from the calculation of this rate for HEDIS 2017; therefore, exercise caution when comparing this rate to the other health plans’ rates or when comparing the HEDIS 2017 rate to prior years’ rates.



The Medicaid statewide weighted average did not demonstrate a statistically significant change from 2016 to 2017.

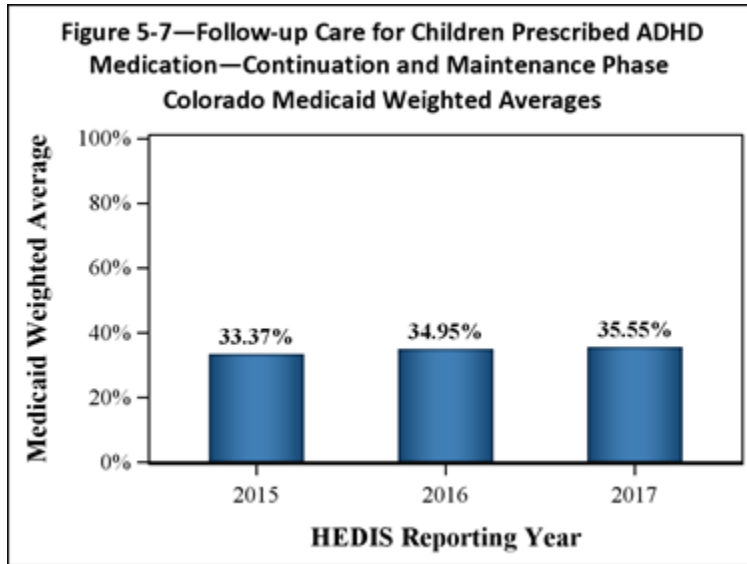


NA (Small Denominator) indicates that the health plan followed the specifications but the denominator was too small (<30) to report a valid rate.

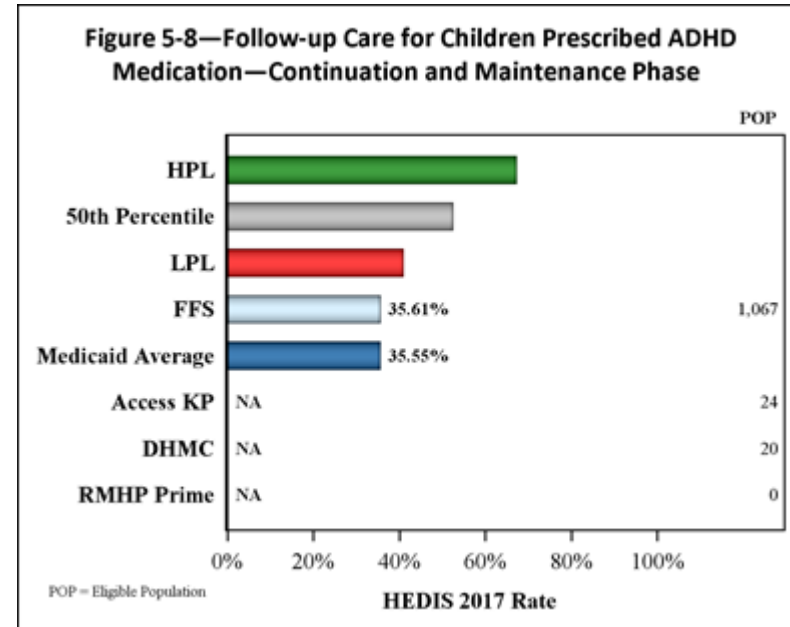
One health plan ranked above the national Medicaid 50th percentile but below the HPL. The Medicaid statewide weighted average and two health plans ranked below the LPL. Health plan performance varied from 26.88 percent to 47.46 percent.

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 2016 to 2017.

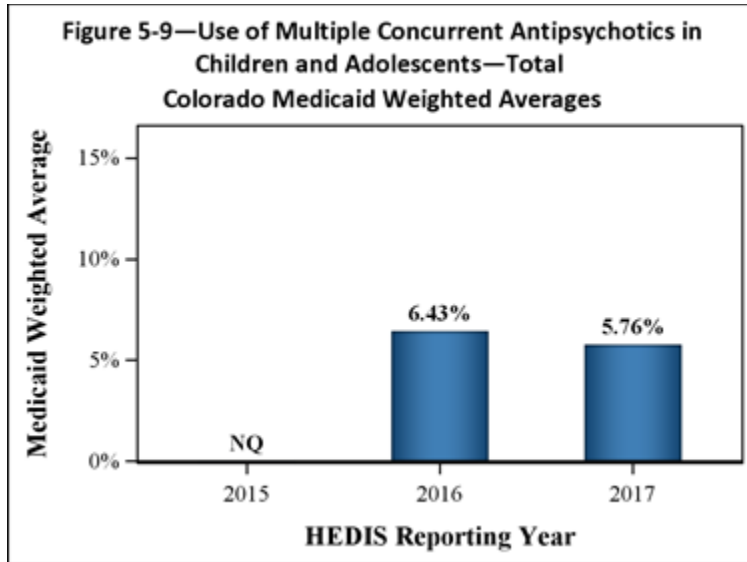


NA (Small Denominator) indicates that the health plan followed the specifications but the denominator was too small (<30) to report a valid rate.

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

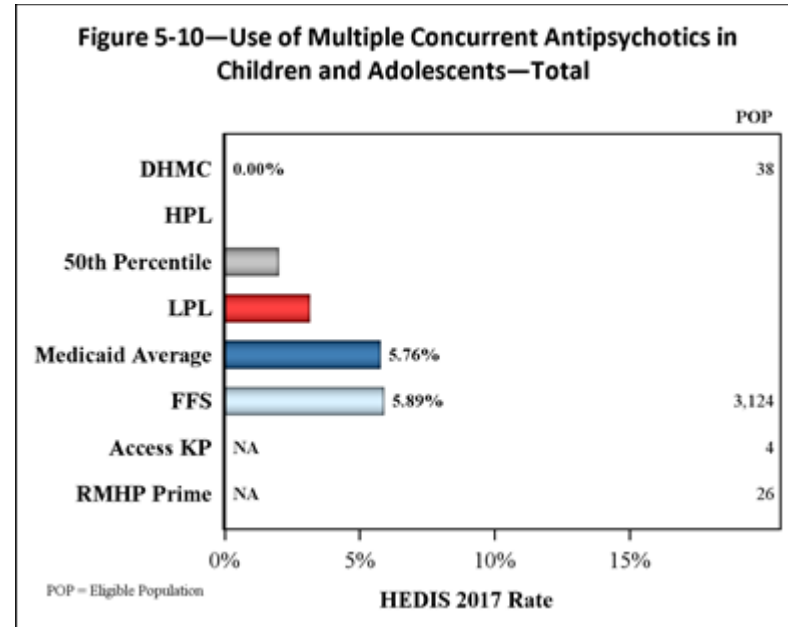
Use of Multiple Concurrent Antipsychotics in Children and Adolescents—Total

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. For this indicator, a lower rate indicates better performance. FFS members who were dually eligible for Medicaid and Medicare were excluded from the calculation of this rate for HEDIS 2017; therefore, exercise caution when comparing this rate to the other health plans’ rates or when comparing the HEDIS 2017 rate to prior years’ rates.



Due to changes in NCQA’s technical specifications and calculation for this measure, exercise caution when trending rates between 2017 and prior years. NQ (Not Required) indicates that the health plans were not required to report this measure. Due to differences in the calculation of this measure, exercise caution when trending rates between 2017 and prior years.

The Medicaid statewide weighted average did not demonstrate a statistically significant change from 2016 to 2017.



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

One health plan ranked at or above the HPL. One health plan and the Medicaid statewide weighted average ranked below the LPL. Health plan performance varied from 0.00 percent to 5.89 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 2017 rates to the HEDIS 2016 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	Access KP	DHMC	RMHP Prime
Antidepressant Medication Management¹				
<i>Effective Acute Phase Treatment</i>	★★★	★★★★★	★★	★★★
<i>Effective Continuation Phase Treatment</i>	★	★★★★	★	★★
Follow-up Care for Children Prescribed ADHD Medication¹				
<i>Initiation Phase</i>	★	★★★	★	—
<i>Continuation and Maintenance Phase</i>	★	—	—	—
Use of Multiple Concurrent Antipsychotics in Children and Adolescents^{*,1,2}				
<i>Total</i>	★	—	★★★★★	—

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

¹ FFS members who were dually eligible under Medicare and Medicaid were excluded from the calculation of the HEDIS 2017 rate. Use caution when comparing this rate to Access KP’s, DHMC’s, and RMHP’s rates.

² Due to changes in NCQA’s technical specifications for this measure for HEDIS 2017, exercise caution when interpreting the performance rankings as benchmarks are based on HEDIS 2016 rates reported using the previous version of NCQA’s technical specifications.

— Indicates that a percentile ranking was not determined because the HEDIS 2017 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	0	0	1	0	4
Access KP	1	1	1	0	0
DHMC	1	0	0	1	2
RMHP Prime	0	0	1	1	0

Health plan performance varied for the Mental/Behavioral Health domain. Access KP and DHMC were the top-performing health plans, with both health plans reporting one measure indicator rate at or above the national Medicaid 90th percentile. FFS showed the most areas for improvement. Of FFS’ five HEDIS 2017 reportable rates, four measure indicators ranked below the national Medicaid 25th percentile.

Living With Illness

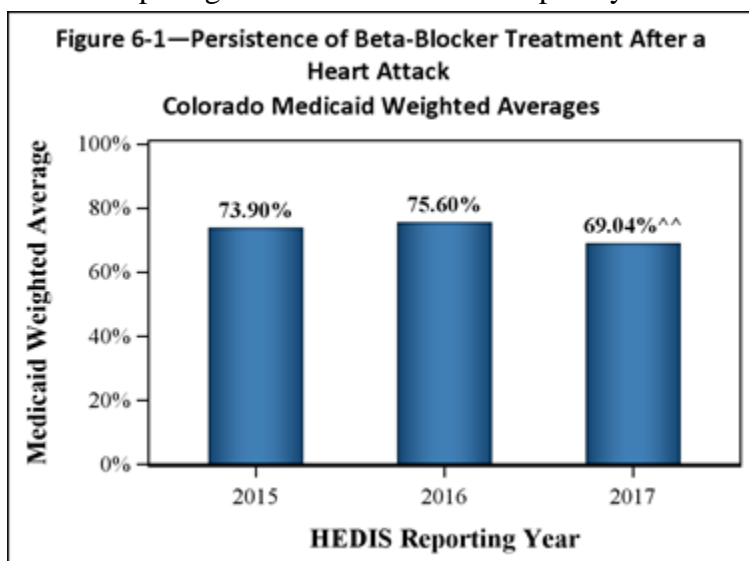
The following section provides a detailed analysis of the Colorado Medicaid health plans' performance for the Living With Illness domain. The Living With Illness domain encompasses the following measures/indicators:

- *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)*
- *Statin Therapy for Patients With Diabetes—Received Statin Therapy and Statin Adherence 80%*
- *Statin Therapy for Patients With Cardiovascular Disease—Received Statin Therapy and Statin Adherence 80%*
- *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 for 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.

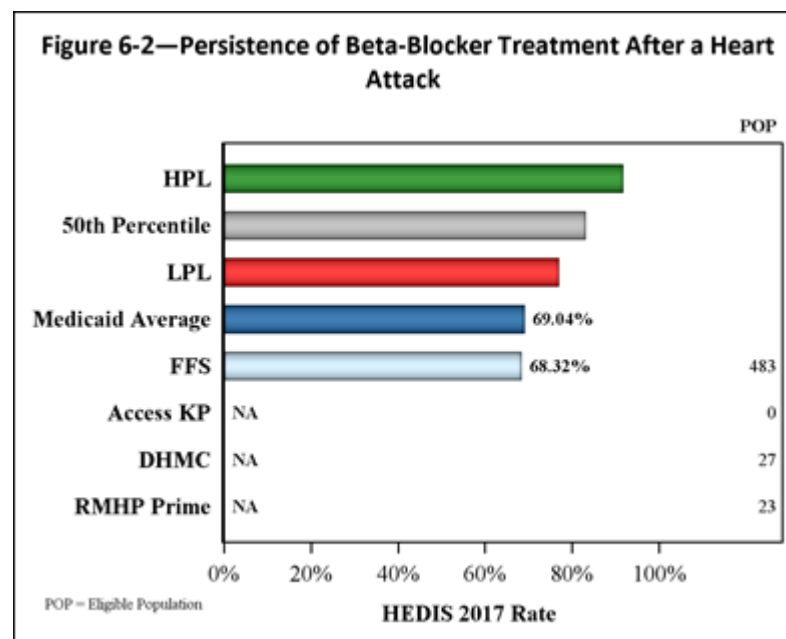
Persistence of Beta-Blocker Treatment After a Heart Attack

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. FFS members who were dually eligible for Medicaid and Medicare were excluded from the calculation of this rate for HEDIS 2017; therefore, exercise caution when comparing this rate to the other health plans' rates or when comparing the HEDIS 2017 rate to prior years' rates.



Two carets (^) indicate a statistically significant decline in performance from 2016 to 2017. Due to differences in the calculation of this measure, exercise caution when trending rates between 2017 and prior years.

The Medicaid statewide weighted average demonstrated a statistically significant decline in performance from 2016 to 2017.



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

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

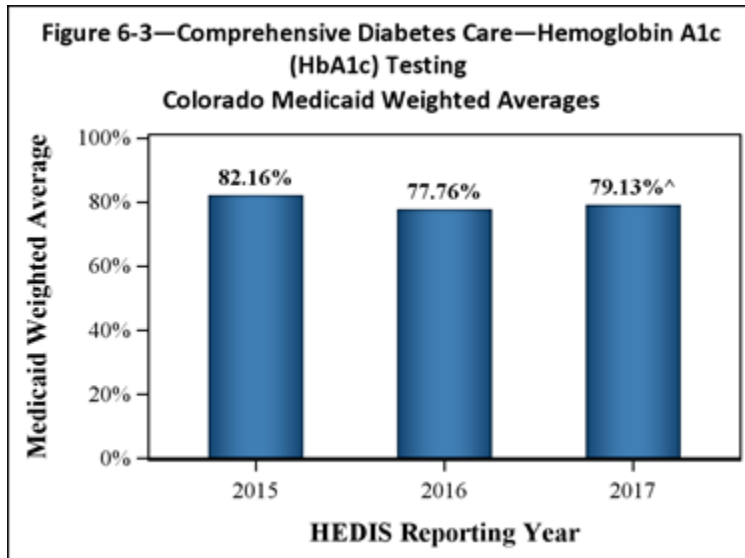
Comprehensive Diabetes Care

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)*

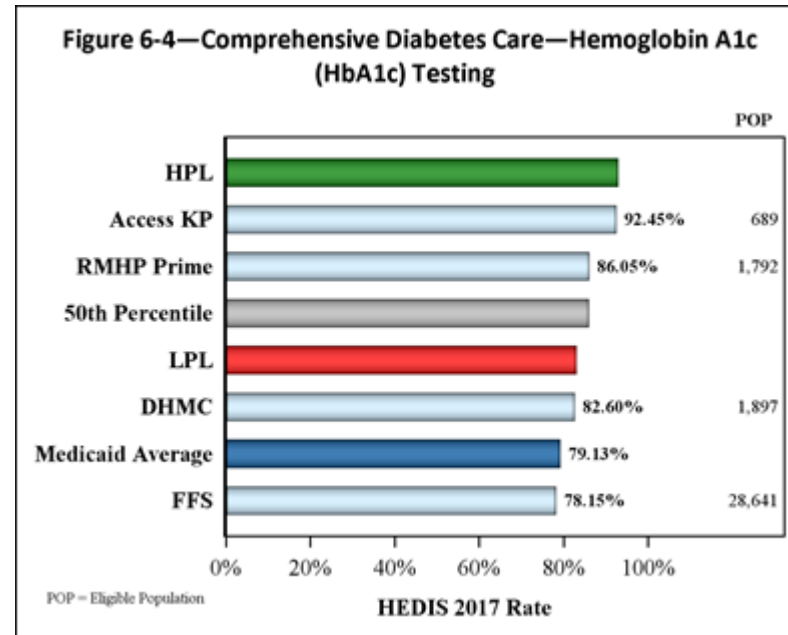
Comprehensive Diabetes Care—Hemoglobin A1c (HbA1c) Testing

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. FFS members who were dually eligible for Medicaid and Medicare were excluded from the calculation of this rate for HEDIS 2017; therefore, exercise caution when comparing this rate to the other health plans’ rates or when comparing the HEDIS 2017 rate to prior years’ rates.



One caret (^) indicates a statistically significant improvement in performance from 2016 to 2017. Changes in the rates should be interpreted with caution due to a change in the Department's reporting requirement from hybrid in 2015 and 2016 to administrative for 2017, changes in NCQA’s technical specifications from 2015 to 2016, and differences in the calculation of the FFS rates from 2016 to 2017.

The Medicaid statewide weighted average demonstrated a statistically significant improvement in the rate from 2016 to 2017. As previously mentioned, caution should be exercised when comparing HEDIS 2016 hybrid rates to HEDIS 2017 administrative-only rates.

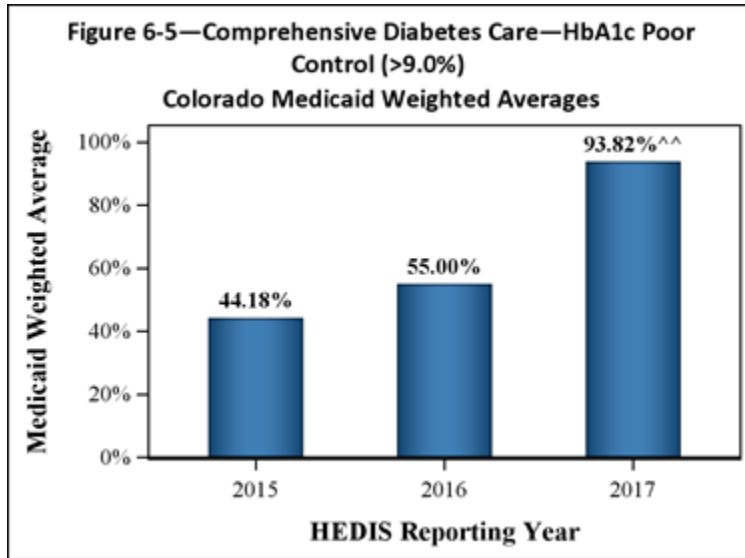


Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

Two health plans ranked above the national Medicaid 50th percentile but below the HPL. The Medicaid statewide weighted average and two health plans ranked below the LPL. Health plan performance varied from 78.15 percent to 92.45 percent.

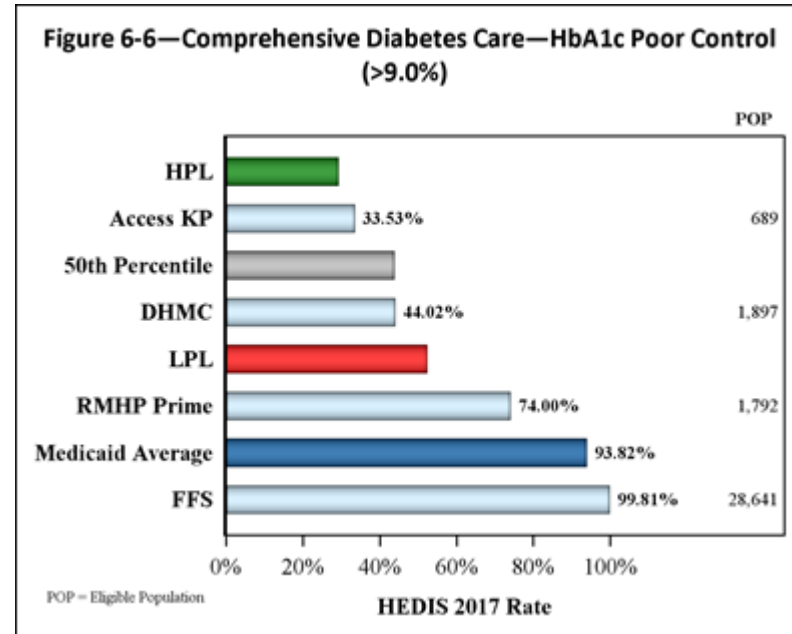
Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)

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. FFS members who were dually eligible for Medicaid and Medicare were excluded from the calculation of this rate for HEDIS 2017; therefore, exercise caution when comparing this rate to the other health plans' rates or when comparing the HEDIS 2017 rate to prior years' rates.



Two carets (^) indicate a statistically significant decline in performance from 2016 to 2017. Changes in the rates should be interpreted with caution due to a change in the Department's reporting requirement from hybrid in 2015 and 2016 to administrative for 2017. Due to changes in NCQA's technical specifications for this measure, exercise caution when trending rates between 2015 and 2016.

The Medicaid statewide weighted average demonstrated a statistically significant decline in the rate from 2016 to 2017. As previously mentioned, caution should be exercised when comparing HEDIS 2016 hybrid rates to HEDIS 2017 administrative-only rates.

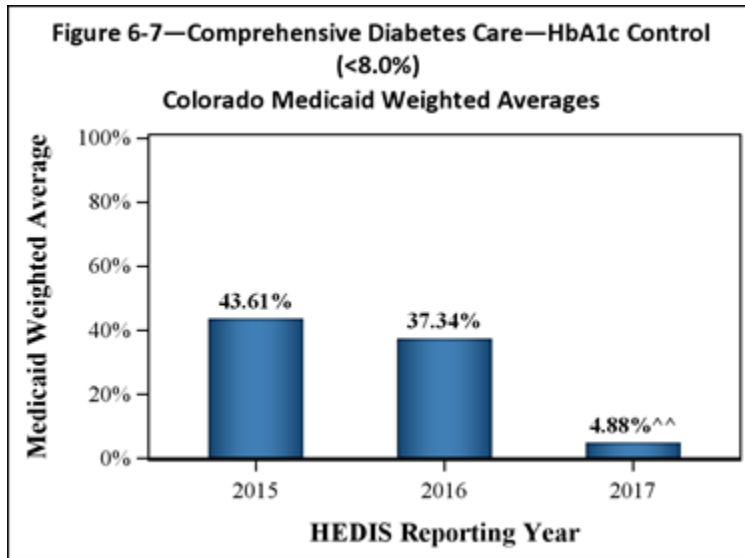


Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

One health plan ranked above the national Medicaid 50th percentile but below the HPL. The Medicaid statewide weighted average and two health plans ranked below the LPL. Health plan performance varied from 33.53 percent to 99.81 percent.

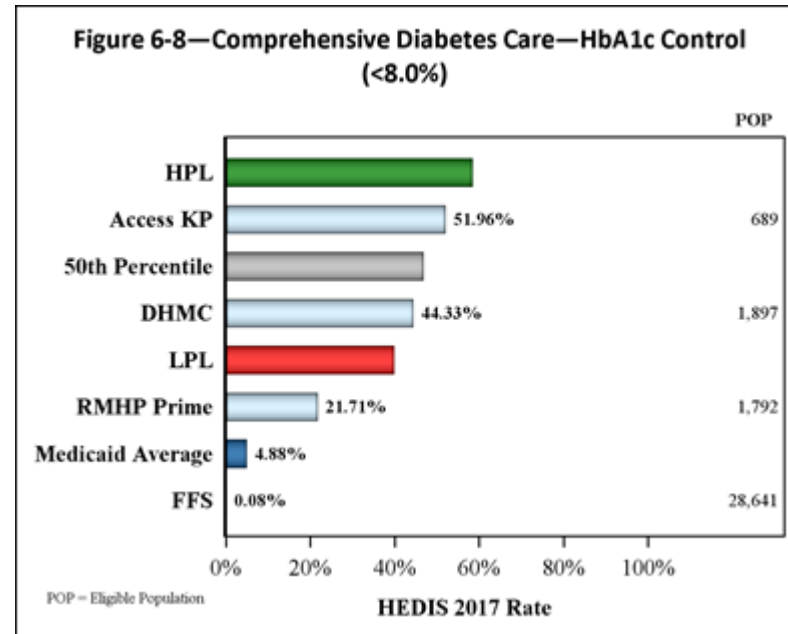
Comprehensive Diabetes Care—HbA1c Control (<8.0%)

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%. FFS members who were dually eligible for Medicaid and Medicare were excluded from the calculation of this rate for HEDIS 2017; therefore, exercise caution when comparing this rate to the other health plans’ rates or when comparing the HEDIS 2017 rate to prior years’ rates.



Two carets (^) indicate a statistically significant decline in performance from 2016 to 2017. Changes in the rates should be interpreted with caution due to a change in the Department’s reporting requirement from hybrid in 2015 and 2016 to administrative for 2017. Due to changes in NCQA’s technical specifications for this measure, exercise caution when trending rates between 2015 to 2016.

The Medicaid statewide weighted average demonstrated a statistically significant decline in the rate from 2016 to 2017. As previously mentioned, caution should be exercised when comparing HEDIS 2016 hybrid rates to HEDIS 2017 administrative-only rates.

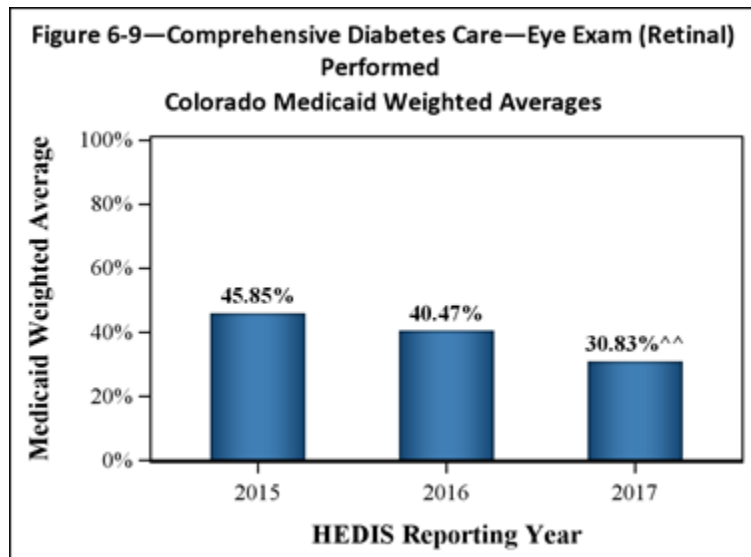


Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

One health plan ranked above the national Medicaid 50th percentile but below the HPL. The Medicaid statewide weighted average and two health plans ranked below the LPL. Health plan performance varied from 0.08 percent to 51.96 percent.

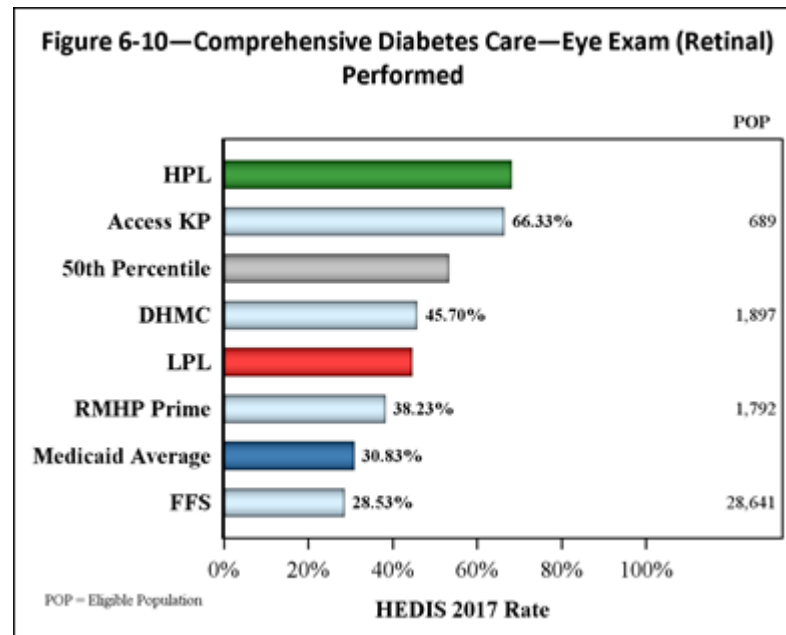
Comprehensive Diabetes Care—Eye Exam (Retinal) Performed

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. FFS members who were dually eligible for Medicaid and Medicare were excluded from the calculation of this rate for HEDIS 2017; therefore, exercise caution when comparing this rate to the other health plans’ rates or when comparing the HEDIS 2017 rate to prior years’ rates.



Two carets (^) indicate a statistically significant decline in performance from 2016 to 2017. Changes in the rates should be interpreted with caution due to a change in the Department’s reporting requirement from hybrid in 2015 and 2016 to administrative for 2017. Due to changes in NCQA’s technical specifications for this measure, exercise caution when trending rates between 2015 and 2016.

The Medicaid statewide weighted average demonstrated a statistically significant decline in the rate from 2016 to 2017. As previously mentioned, caution should be exercised when comparing HEDIS 2016 hybrid rates to HEDIS 2017 administrative-only rates.

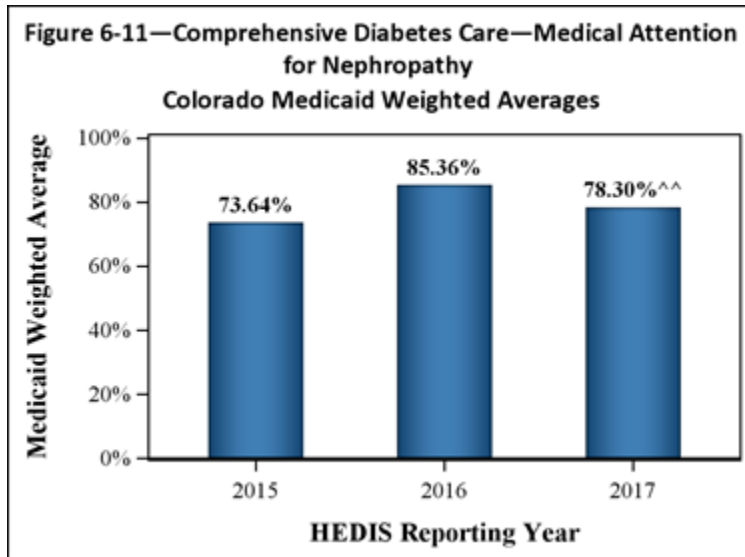


Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

One health plan ranked above the national Medicaid 50th percentile but below the HPL. The Medicaid statewide weighted average and two health plans ranked below the LPL. Health plan performance varied from 28.53 percent to 66.33 percent.

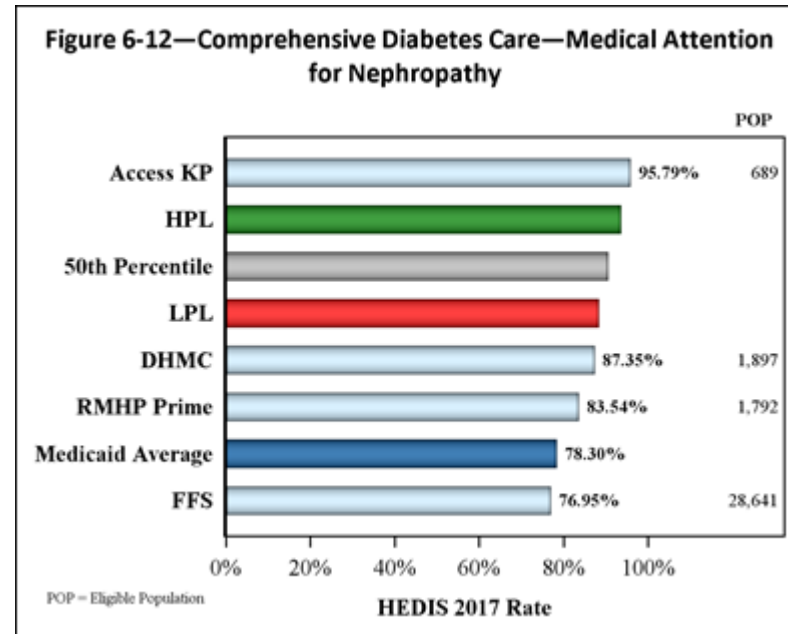
Comprehensive Diabetes Care—Medical Attention for Nephropathy

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. FFS members who were dually eligible for Medicaid and Medicare were excluded from the calculation of this rate for HEDIS 2017; therefore, exercise caution when comparing this rate to the other health plans’ rates or when comparing the HEDIS 2017 rate to prior years’ rates.



Two carets (^) indicate a statistically significant decline in performance from 2016 to 2017. Changes in the rates should be interpreted with caution due to a change in the Department’s reporting requirement from hybrid in 2015 and 2016 to administrative for 2017. Due to changes in NCQA’s technical specifications for this measure, exercise caution when trending rates between 2015 and 2016.

The Medicaid statewide weighted average demonstrated a statistically significant decline in the rate from 2016 to 2017. As previously mentioned, caution should be exercised when comparing HEDIS 2016 hybrid rates to HEDIS 2017 administrative-only rates.

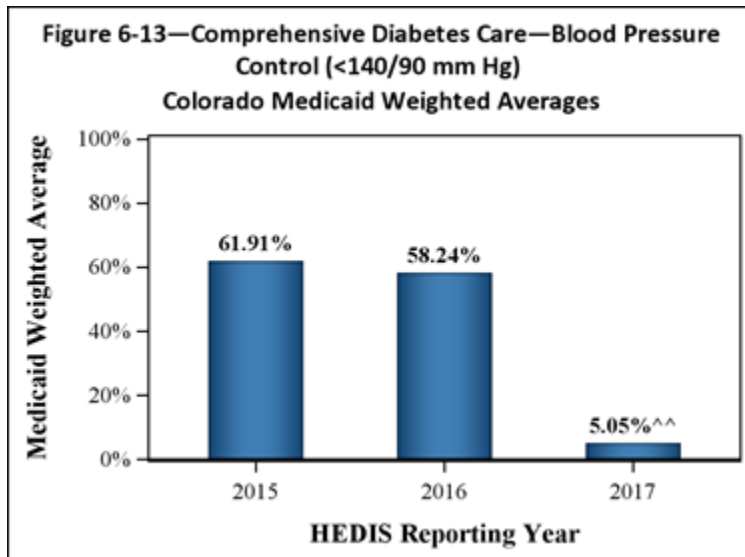


Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

One health plan ranked above the HPL. Three health plans and the Medicaid statewide weighted average ranked below the LPL. Health plan performance varied from 76.95 percent to 95.79 percent.

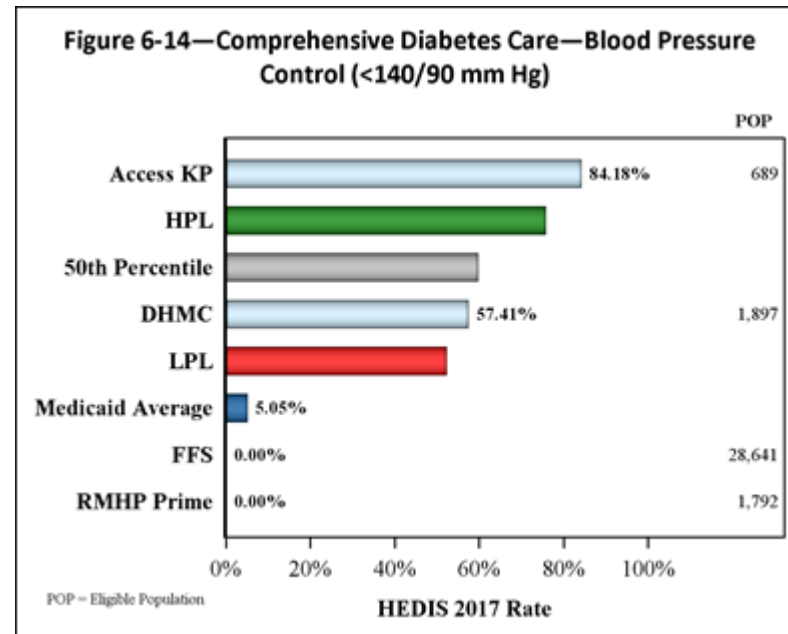
Comprehensive Diabetes Care—BP Control (<140/90 mm Hg)

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. FFS members who were dually eligible for Medicaid and Medicare were excluded from the calculation of this rate for HEDIS 2017; therefore, exercise caution when comparing this rate to the other health plans' rates or when comparing the HEDIS 2017 rate to prior years' rates.



Two carets (^) indicate a statistically significant decline in performance from 2016 to 2017. Changes in the rates should be interpreted with caution due to a change in the Department's reporting requirement from hybrid in 2015 and 2016 to administrative for 2017. Due to changes in NCQA's technical specifications for this measure, exercise caution when trending rates between 2015 and 2016.

The Medicaid statewide weighted average demonstrated a statistically significant decline in the rate from 2016 to 2017. As previously mentioned, caution should be exercised when comparing HEDIS 2016 hybrid rates to HEDIS 2017 administrative-only rates.

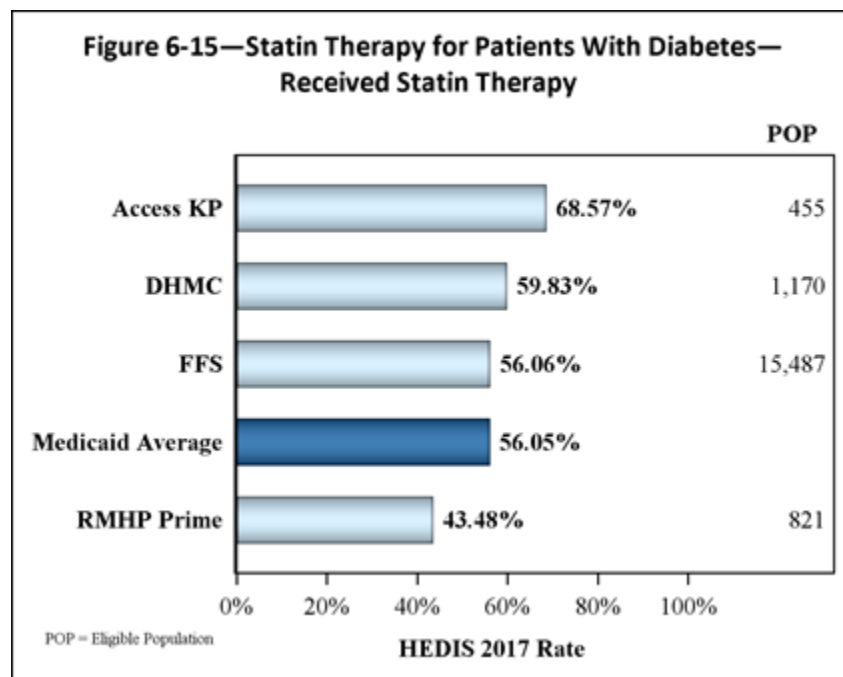


Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

One health plan ranked above the HPL. Two health plans and the Medicaid statewide weighted average ranked below the LPL. Health plan performance varied from 0.00 percent to 84.18 percent.

Statin Therapy for Patients With Diabetes—Received Statin Therapy

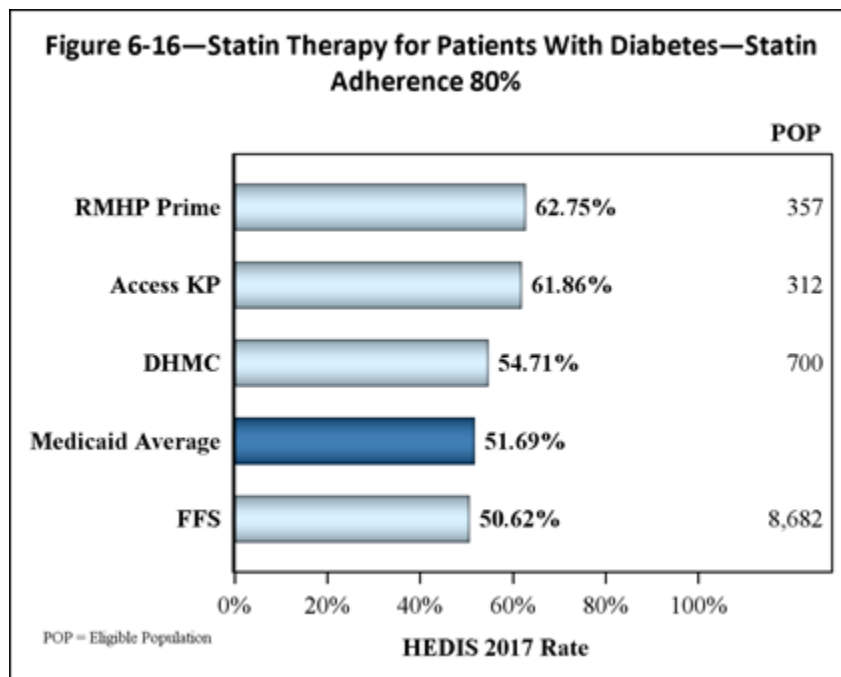
Statin Therapy for Patients with Diabetes—Received Statin Therapy measures the percentage of members 40–75 years of age during the measurement year with diabetes who did not have clinical atherosclerotic cardiovascular disease (ASCVD) and were dispensed at least one statin medication of any intensity during the measurement year. FFS members who were dually eligible for Medicaid and Medicare were excluded from the calculation of this rate for HEDIS 2017, so caution should be exercised when comparing this rate to the other health plans’ rates. Further, this measure was added to the Department’s HEDIS 2017 measure set for all health plans; therefore, comparisons to prior years’ results and Quality Compass national Medicaid benchmarks were not performed.



Health plan performance varied from 43.48 percent to 68.57 percent.

Statin Therapy for Patients With Diabetes—Statin Adherence 80%

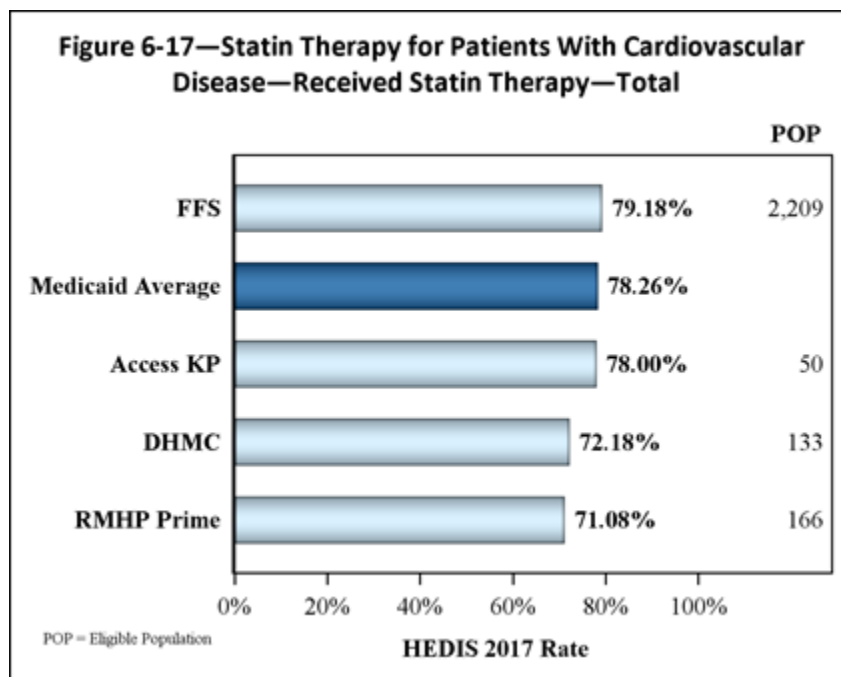
Statin Therapy for Patients with Diabetes—Statin Adherence 80% measures the percentage of members 40–75 years of age during the measurement year with diabetes who did not have clinical ASCVD and who remained on a statin medication of any intensity for at least 80 percent of the treatment period. FFS members who were dually eligible for Medicaid and Medicare were excluded from the calculation of this rate for HEDIS 2017, so caution should be exercised when comparing this rate to the other health plans’ rates. Further, this measure was added to the Department’s HEDIS 2017 measure set for all health plans; therefore, comparisons to prior years’ results and Quality Compass national Medicaid benchmarks were not performed.



Health plan performance varied from 50.62 percent to 62.75 percent.

Statin Therapy for Patients With Cardiovascular Disease—Received Statin Therapy

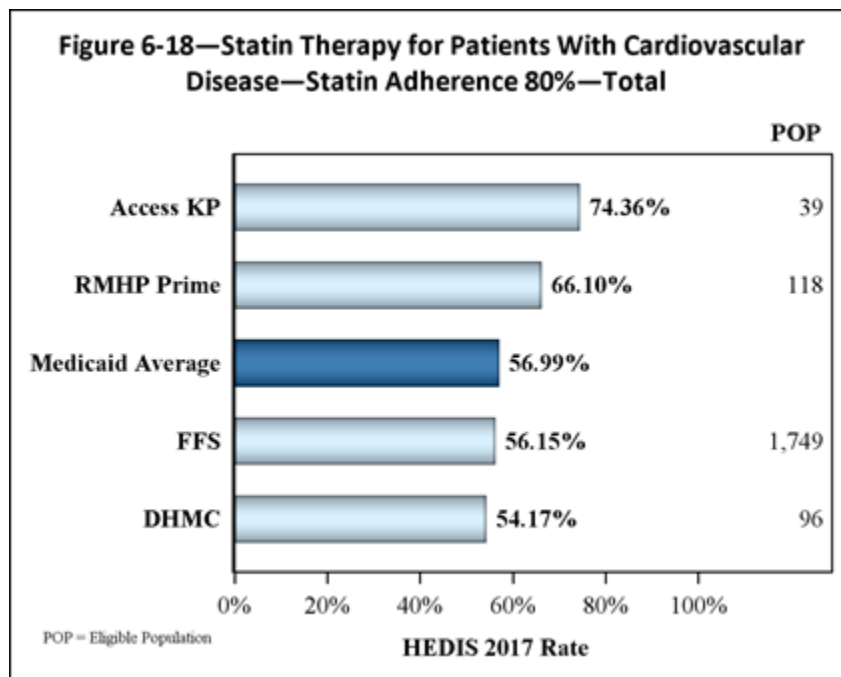
Statin Therapy for Patients with Cardiovascular Disease—Received Statin Therapy measures the percentage of males 21–75 years of age and females 40–75 years of age during the measurement year who were identified as having clinical ASCVD and who were dispensed at least one high- or moderate-intensity statin medication during the measurement year. FFS members who were dually eligible for Medicaid and Medicare were excluded from the calculation of this rate for HEDIS 2017, so caution should be exercised when comparing this rate to the other health plans’ rates. Further, this measure was added to the Department’s HEDIS 2017 measure set for all health plans; therefore, comparisons to prior years’ results and Quality Compass national Medicaid benchmarks were not performed.



Health plan performance varied from 71.08 percent to 79.18 percent.

Statin Therapy for Patients With Cardiovascular Disease—Statin Adherence 80%

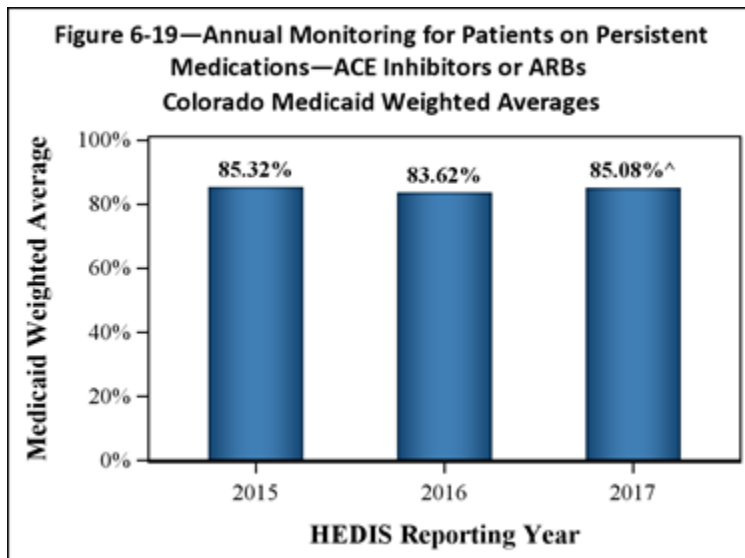
Statin Therapy for Patients with Cardiovascular Disease—Statin Adherence 80% measures the percentage of males 21–75 years of age and females 40–75 years of age during the measurement year who were identified as having clinical ASCVD and who remained on a high or moderate-intensity statin medication for at least 80 percent of the treatment period. FFS members who were dually eligible for Medicaid and Medicare were excluded from the calculation of this rate for HEDIS 2017, so caution should be exercised when comparing this rate to the other health plans. Further, this measure was added to the Department’s HEDIS 2017 measure set for all health plans; therefore, comparisons to prior years’ results and Quality Compass national Medicaid benchmarks were not performed.



Health plan performance varied from 54.17 percent to 74.36 percent.

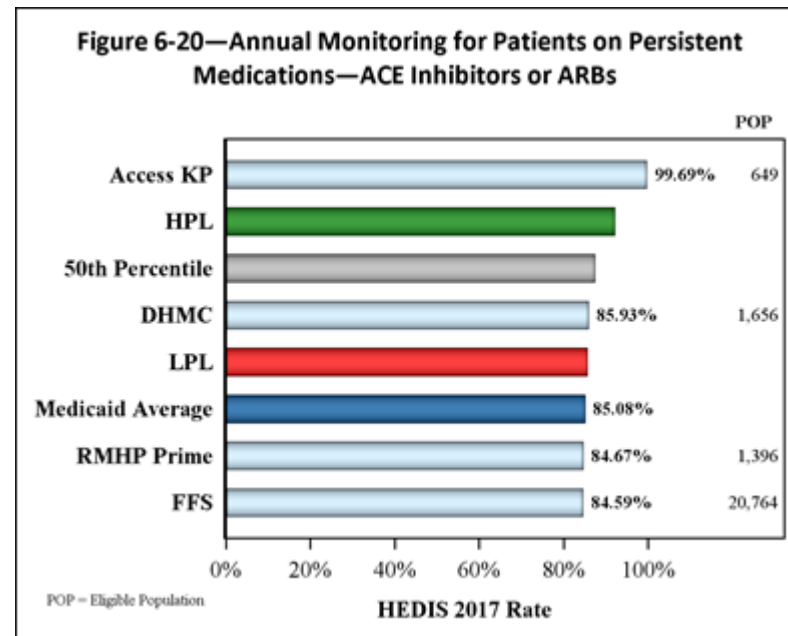
Annual Monitoring for Patients on Persistent Medications—ACE Inhibitors or ARBs

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. FFS members who were dually eligible for Medicaid and Medicare were excluded from the calculation of this rate for HEDIS 2017; therefore, exercise caution when comparing this rate to the other health plans’ rates or when comparing the HEDIS 2017 rate to prior years’ rates.



One caret (^) indicates a statistically significant improvement in performance from 2016 to 2017. Due to differences in the calculation of this measure, exercise caution when trending rates between 2017 and prior years.

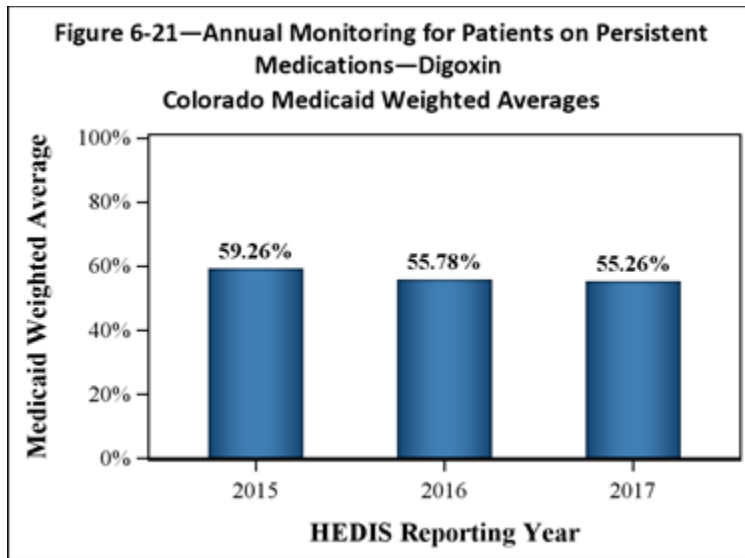
The Medicaid statewide weighted average demonstrated a statistically significant improvement in performance from 2016 to 2017.



One health plan ranked above the HPL. Two health plans and the Medicaid statewide weighted average ranked below the LPL. Health plan performance varied from 84.59 percent to 99.69 percent.

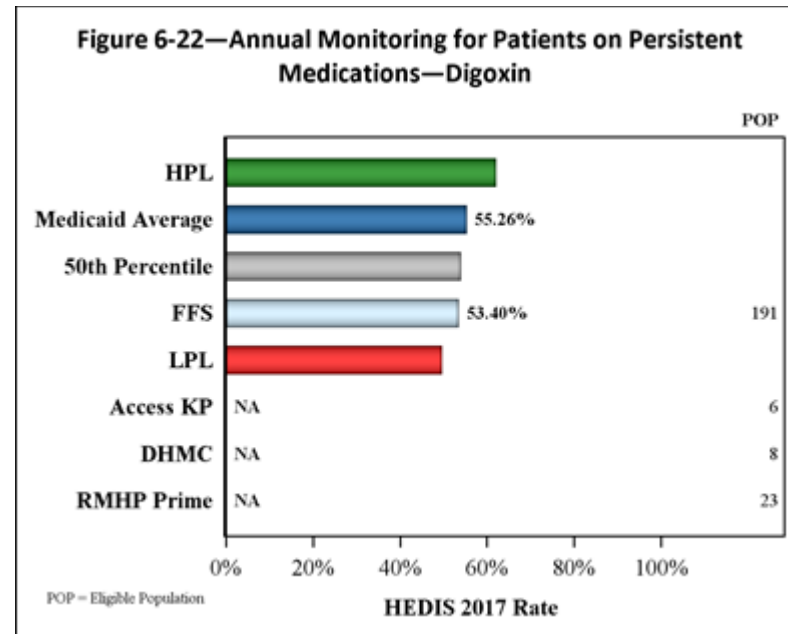
Annual Monitoring for Patients on Persistent Medications—Digoxin

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 digoxin and at least one serum potassium, at least one serum creatinine, and at least one serum digoxin therapeutic monitoring test during the measurement year. FFS members who were dually eligible for Medicaid and Medicare were excluded from the calculation of this rate for HEDIS 2017; therefore, exercise caution when comparing this rate to the other health plans’ rates or when comparing the HEDIS 2017 rate to prior years’ rates.



Due to differences in the calculation of this measure, exercise caution when trending rates between 2017 and prior years.

The Medicaid statewide weighted average did not demonstrate a statistically significant change from 2016 to 2017.

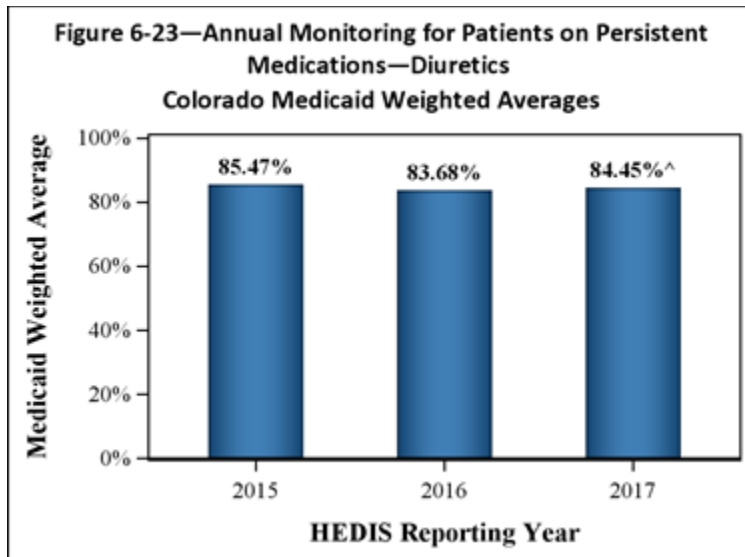


NA (Small Denominator) indicates that the health plan followed the specifications but the denominator was too small (<30) to report a valid rate.

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

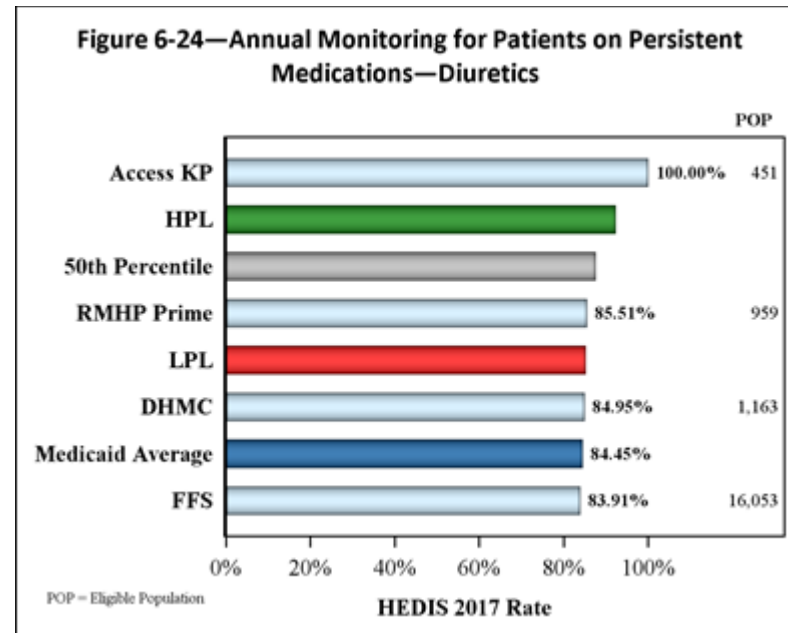
Annual Monitoring for Patients on Persistent Medications—Diuretics

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. FFS members who were dually eligible for Medicaid and Medicare were excluded from the calculation of this rate for HEDIS 2017; therefore, exercise caution when comparing this rate to the other health plans’ rates or when comparing the HEDIS 2017 rate to prior years’ rates.



One caret (^) indicates a statistically significant improvement in performance from 2016 to 2017. Due to differences in the calculation of this measure, exercise caution when trending rates between 2017 and prior years.

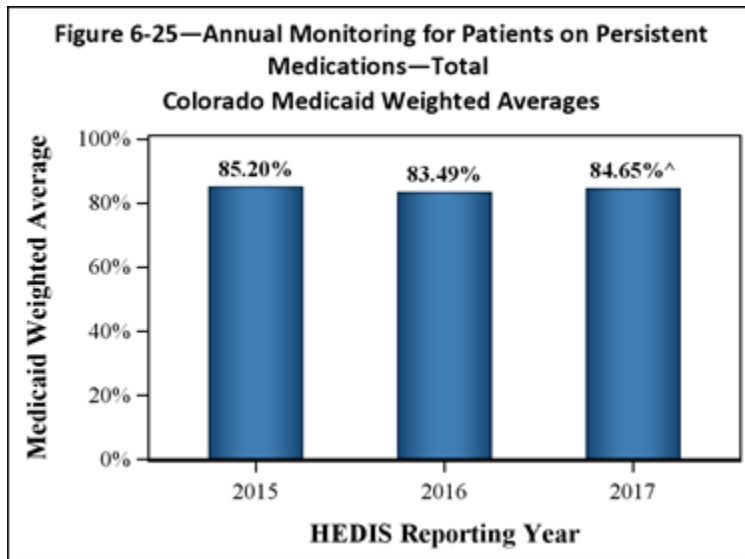
The Medicaid statewide weighted average demonstrated a statistically significant improvement in performance from 2016 to 2017.



One health plan ranked above the HPL. Two health plans and the national Medicaid statewide weighted average ranked below the LPL. Health plan performance varied from 83.91 percent to 100.00 percent.

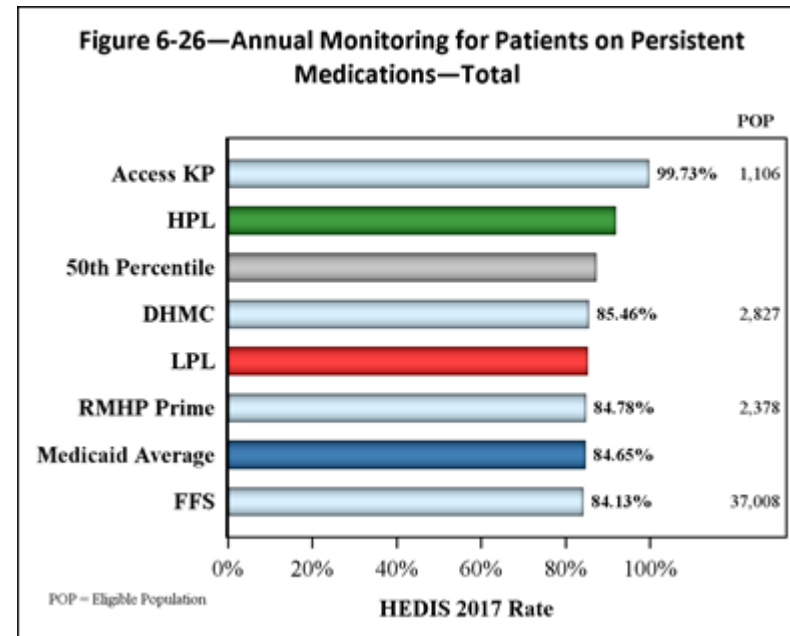
Annual Monitoring for Patients on Persistent Medications—Total

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. FFS members who were dually eligible for Medicaid and Medicare were excluded from the calculation of this rate for HEDIS 2017; therefore, exercise caution when comparing this rate to the other health plans' rates or when comparing the HEDIS 2017 rate to prior years' rates.



One caret (^) indicates a statistically significant improvement in performance from 2016 to 2017. Due to differences in the calculation of this measure, exercise caution when trending rates between 2017 and prior years.

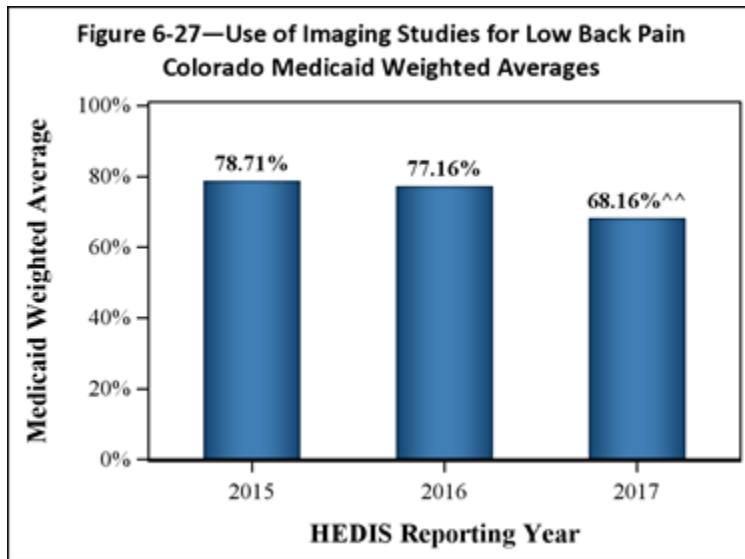
The Medicaid statewide weighted average demonstrated a statistically significant improvement in performance from 2016 to 2017.



One health plan ranked above the HPL. Two health plans and the Medicaid statewide weighted average ranked below the LPL. Health plan performance varied from 84.13 percent to 99.73 percent.

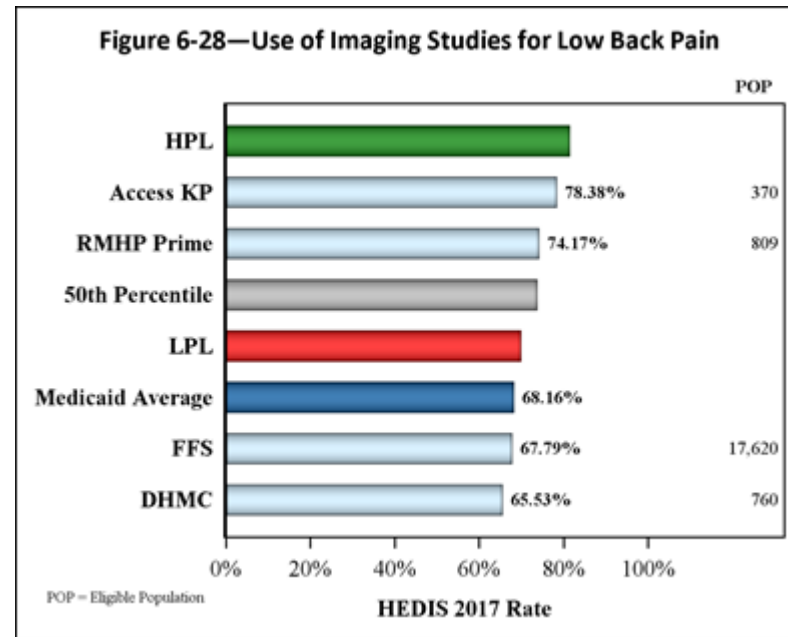
Use of Imaging Studies for Low Back Pain

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.



Two carets (^) indicate a statistically significant decline in performance from 2016 to 2017. Due to changes in NCQA’s technical specifications for this measure, exercise caution when trending rates between 2017 and prior years.

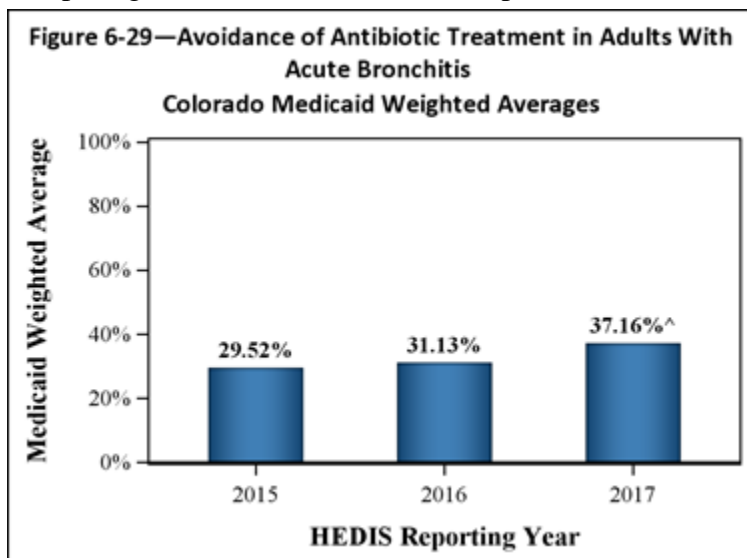
The Medicaid statewide weighted average demonstrated a statistically significant decline in performance from 2016 to 2017.



Two health plans ranked above the national Medicaid 50th percentile but below the HPL. The Medicaid statewide weighted average and two health plans ranked below the LPL. Health plan performance varied from 65.53 percent to 78.38 percent.

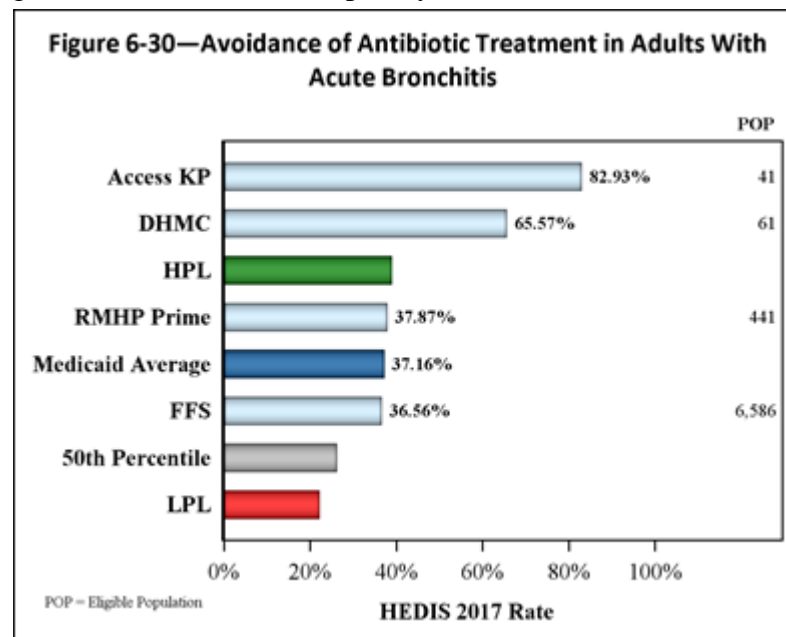
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis

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. FFS members who were dually eligible for Medicaid and Medicare were excluded from the calculation of this rate for HEDIS 2017; therefore, exercise caution when comparing this rate to the other health plans’ rates or when comparing the HEDIS 2017 rate to prior years’ rates.



One caret (^) indicates a statistically significant improvement in performance from 2016 to 2017. Due to changes in NCQA’s technical specifications for this measure, exercise caution when trending rates between 2017 and prior years.

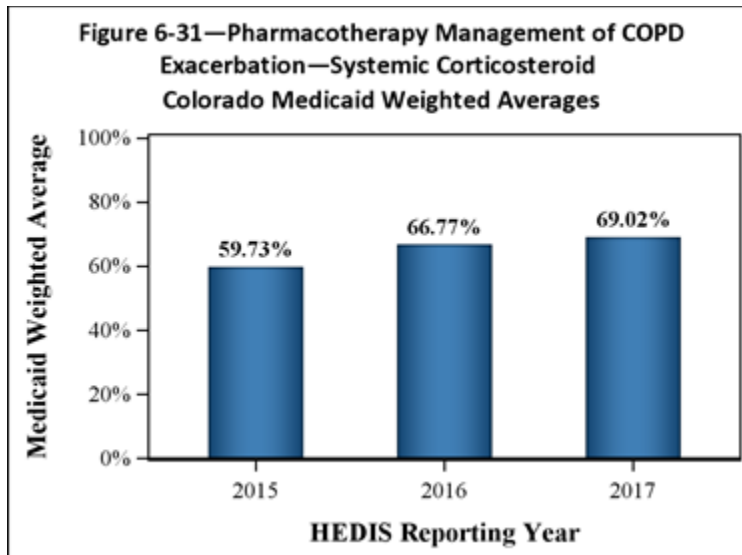
The Medicaid statewide weighted average demonstrated a statistically significant improvement in performance from 2016 to 2017.



Two health plans ranked above the HPL. No health plans ranked below the national Medicaid 50th percentile. Health plan performance varied from 36.56 percent to 82.93 percent.

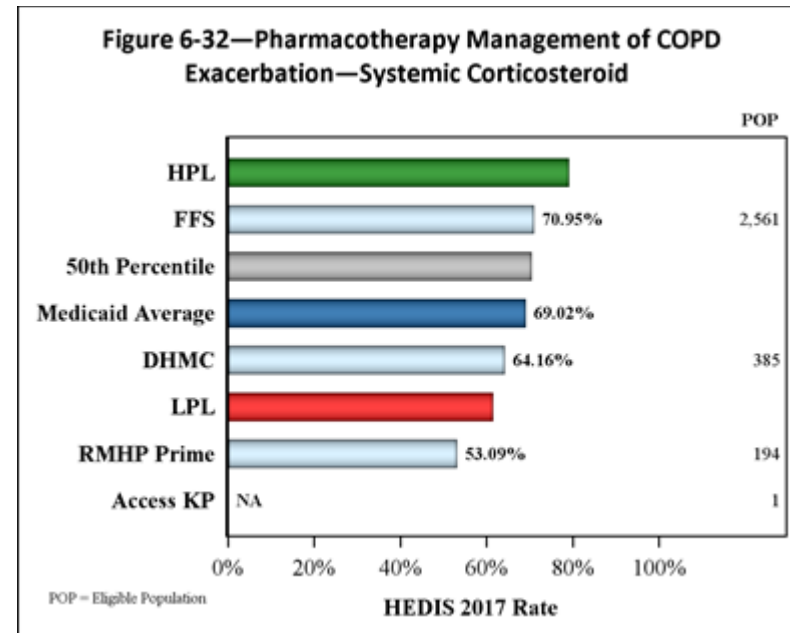
Pharmacotherapy Management of COPD Exacerbation—Systemic Corticosteroid

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. FFS members who were dually eligible for Medicaid and Medicare were excluded from the calculation of this rate for HEDIS 2017; therefore, exercise caution when comparing this rate to the other health plans' rates or when comparing the HEDIS 2017 rate to prior years' rates.



Due to changes in NCQA's technical specifications for this measure, exercise caution when trending rates between 2017 and prior years.

The Medicaid statewide weighted average did not demonstrate a statistically significant change from 2016 to 2017.

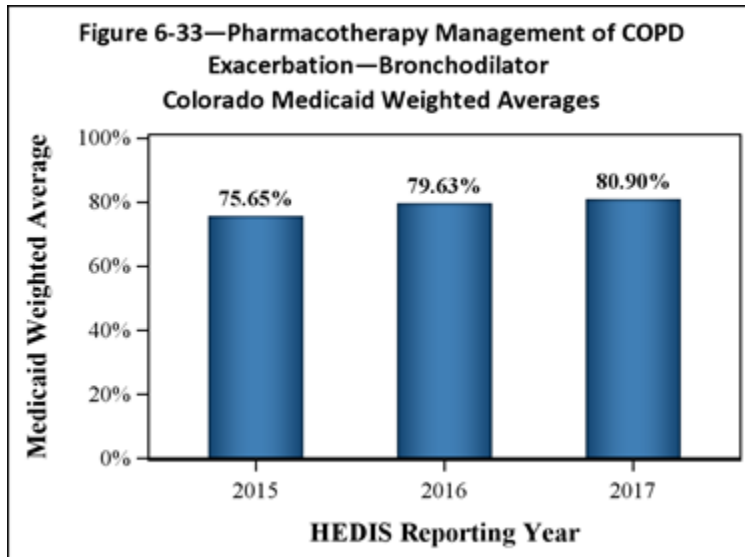


NA (Small Denominator) indicates that the health plan followed the specifications but the denominator was too small (<30) to report a valid rate.

One health plan ranked above the national Medicaid 50th percentile but below the HPL. One health plan ranked below the LPL. Health plan performance varied from 53.09 percent to 70.95 percent.

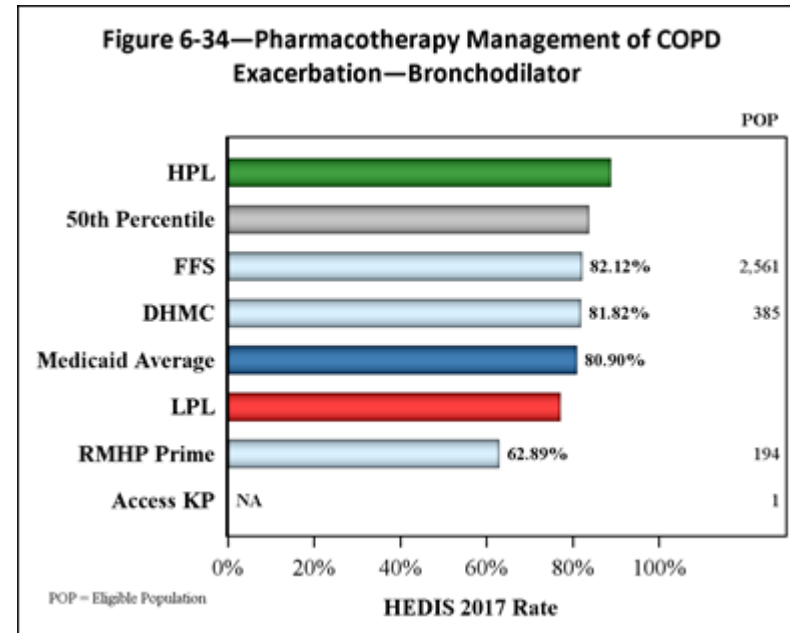
Pharmacotherapy Management of COPD Exacerbation—Bronchodilator

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.



Due to changes in NCQA’s technical specifications for this measure, exercise caution when trending rates between 2017 and prior years.

The Medicaid statewide weighted average did not demonstrate a statistically significant change from 2016 to 2017.

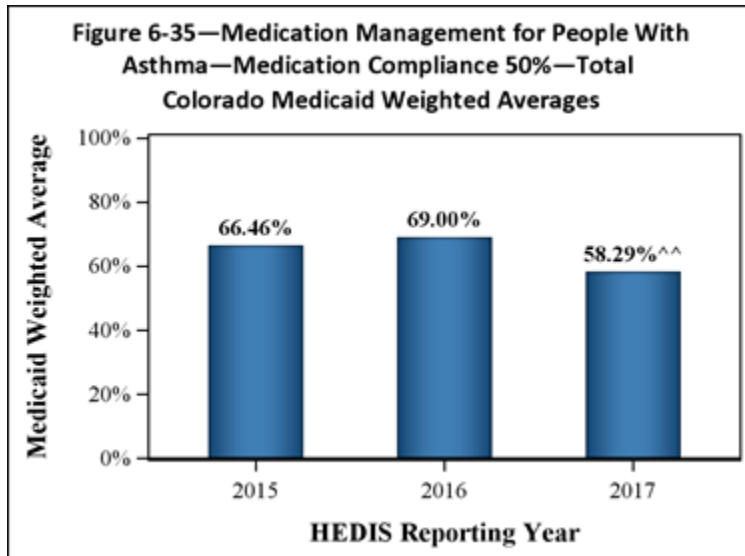


NA (Small Denominator) indicates that the health plan followed the specifications but the denominator was too small (<30) to report a valid rate.

No health plans ranked above the national Medicaid 50th percentile. One health plan ranked below the LPL. Health plan performance varied from 62.89 percent to 82.12 percent.

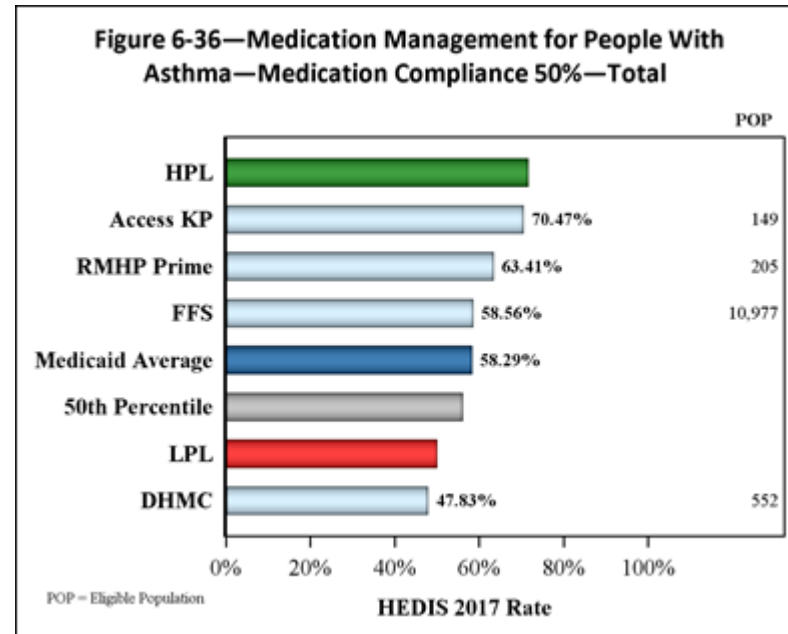
Medication Management for People With Asthma—Medication Compliance 50%—Total

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. FFS members who were dually eligible for Medicaid and Medicare were excluded from the calculation of this rate for HEDIS 2017; therefore, exercise caution when comparing this rate to the other health plans’ rates or when comparing the HEDIS 2017 rate to prior years’ rates. In addition, due to differences in member eligibility for children in RMHP Prime, the rate may not be comparable to that of Access KP and DHMC.



Two carets (^) indicate a statistically significant decline in performance from 2016 to 2017. Due to differences in the calculation of this measure, exercise caution when trending rates between 2017 and prior years.

The Medicaid statewide weighted average demonstrated a statistically significant decline in performance from 2016 to 2017.

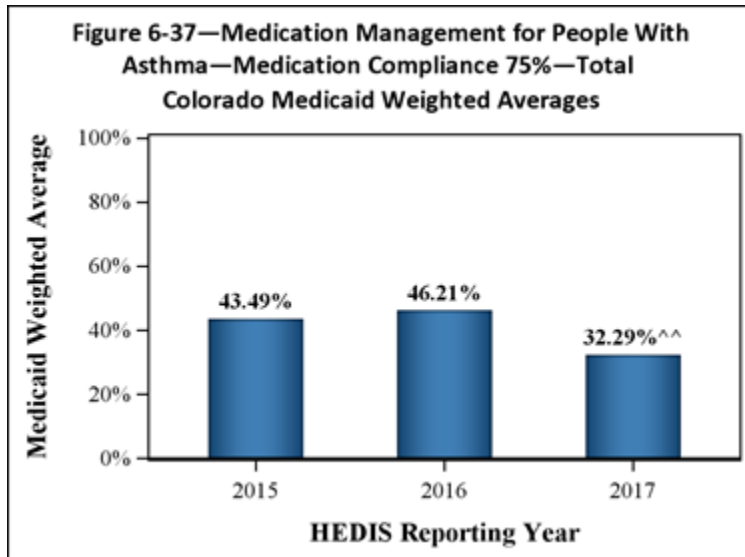


Quality Compass percentiles were not available for this measure; therefore, HEDIS Audit Means and Percentiles were used for comparative purposes.

Three health plans and the Medicaid statewide weighted average ranked above the national Medicaid 50th percentile but below the HPL. One health plan ranked below the LPL. Health plan performance varied from 47.83 percent to 70.47 percent.

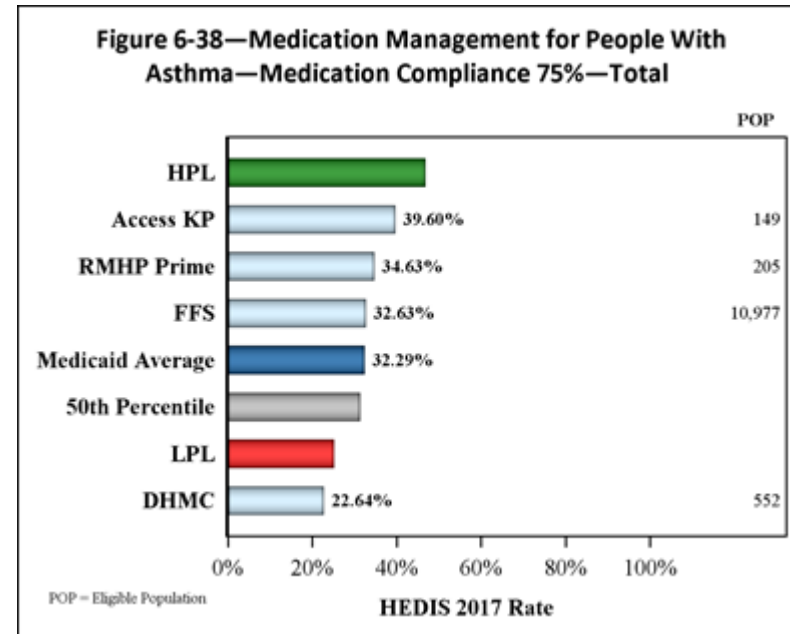
Medication Management for People With Asthma—Medication Compliance 75%—Total

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. Due to differences in member eligibility for children in RMHP Prime, the rate may not be comparable to that of Access KP and DHMC.



Two carets (^) indicate a statistically significant decline in performance from 2016 to 2017. Due to differences in the calculation of this measure, exercise caution when trending rates between 2017 and prior years.

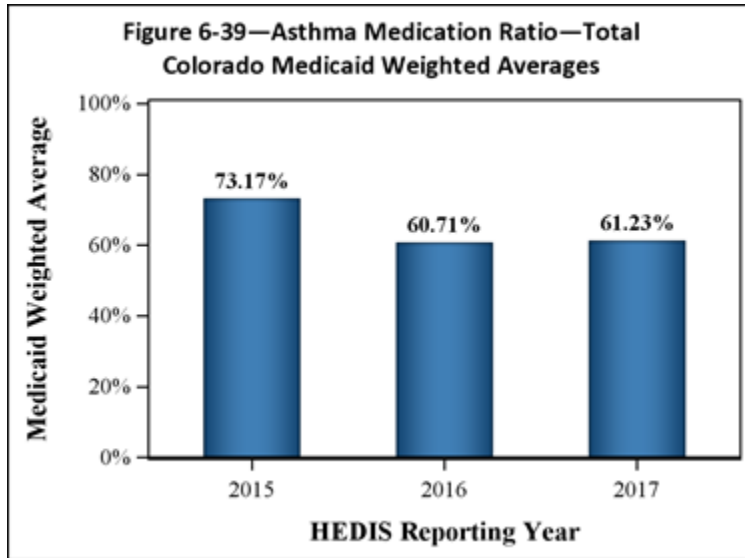
The Medicaid statewide weighted average demonstrated a statistically significant decline in performance from 2016 to 2017.



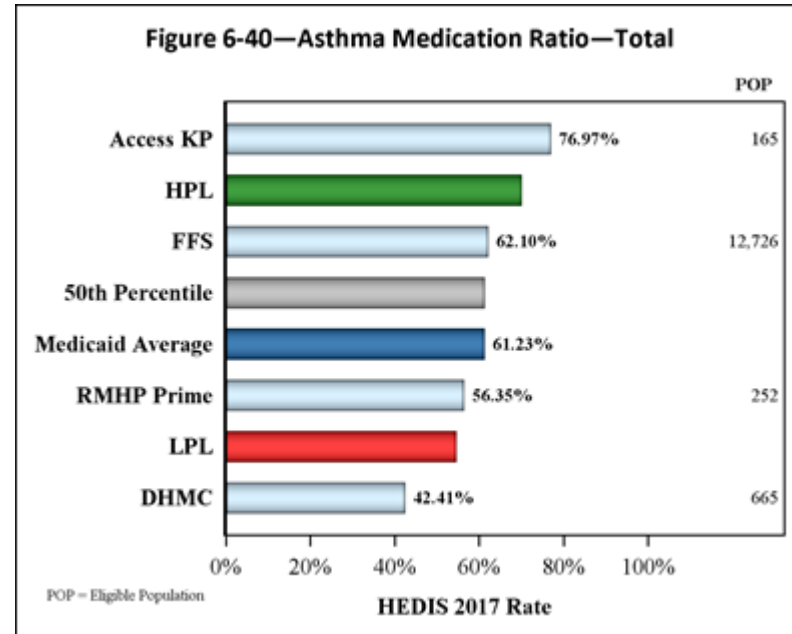
Three health plans and the Medicaid weighted average ranked above the national Medicaid 50th percentile but below the HPL. One health plan ranked below the LPL. Health plan performance varied from 22.64 percent to 39.60 percent.

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 differences in member eligibility for children in RMHP Prime, the rate may not be comparable to that of Access KP and DHMC.



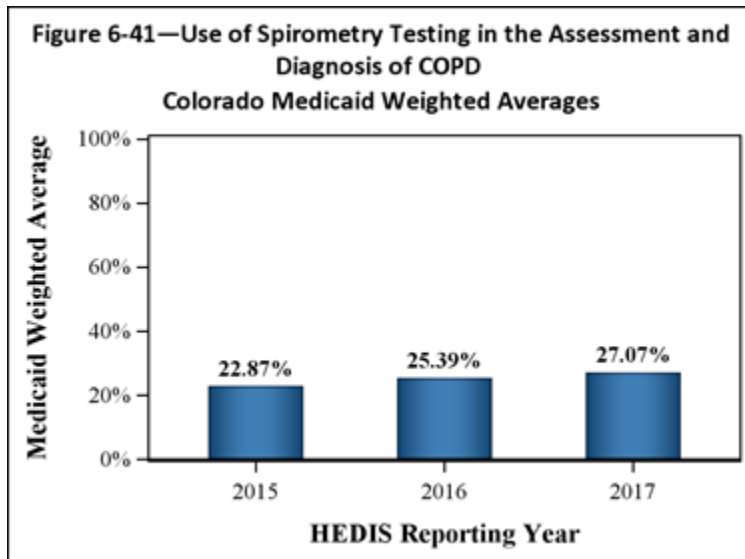
The Medicaid statewide weighted average did not demonstrate a statistically significant change from 2016 to 2017.



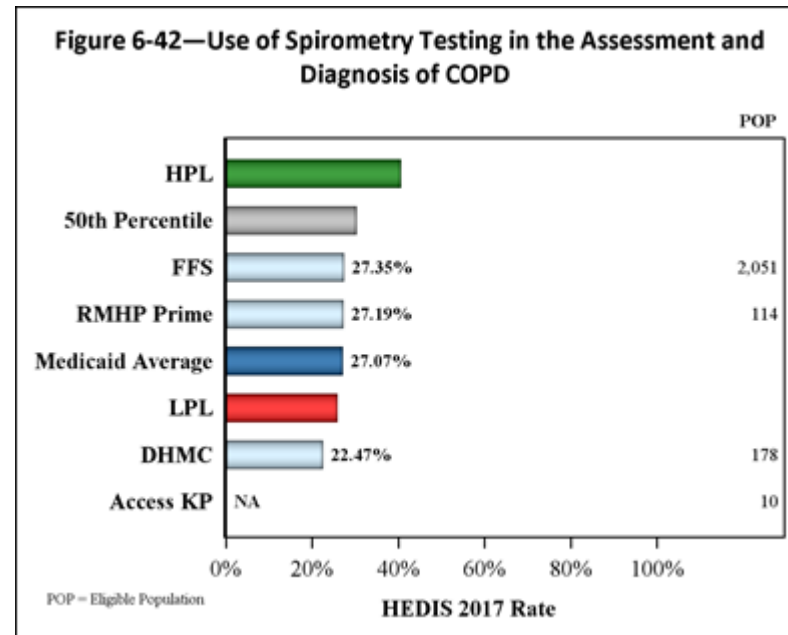
One health plan ranked above the HPL, and one health plan ranked below the LPL. Health plan performance varied from 42.41 percent to 76.97 percent.

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.



The Medicaid statewide weighted average did not demonstrate a statistically significant change from 2016 to 2017.

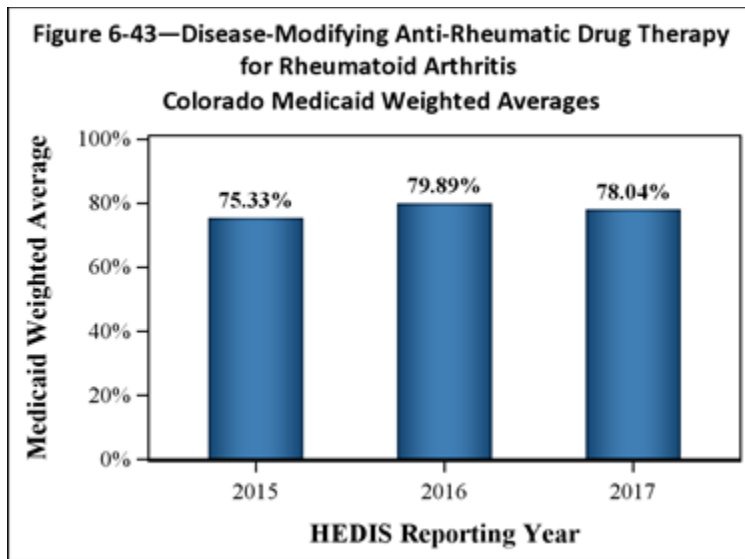


NA (Small Denominator) indicates that the health plan followed the specifications but the denominator was too small (<30) to report a valid rate.

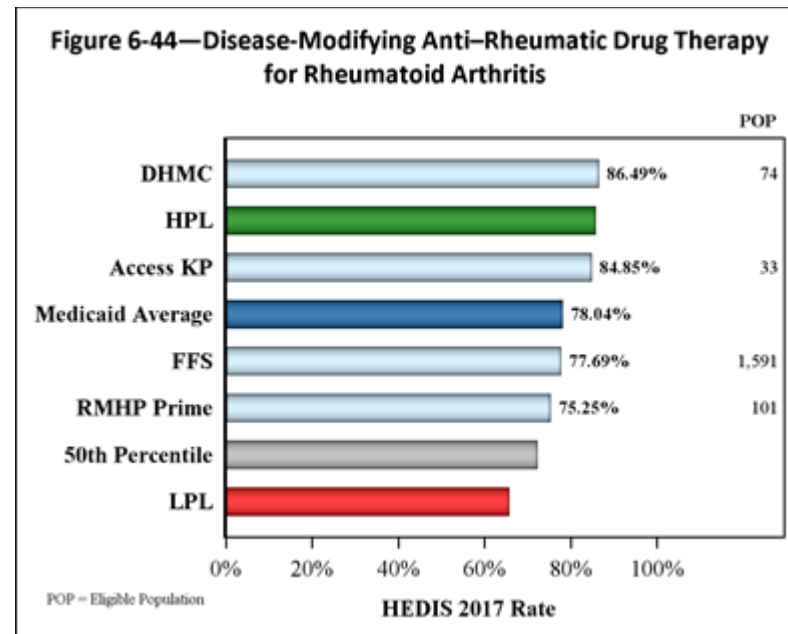
No health plans ranked above the national Medicaid 50th percentile. One health plan ranked below the LPL. Health plan performance varied from 22.47 percent to 27.35 percent.

Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis

Disease-Modifying Anti-Rheumatic Drug Therapy for 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. FFS members who were dually eligible for Medicaid and Medicare were excluded from the calculation of this rate for HEDIS 2017; therefore, exercise caution when comparing this rate to the other health plans' rates or when comparing the HEDIS 2017 rate to prior years' rates.



The Medicaid statewide weighted average did not demonstrate a statistically significant change from 2016 to 2017.



One health plan ranked above the HPL. No health plans ranked below the national Medicaid 50th percentile. Health plan performance varied from 75.25 percent to 86.49 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 2017 rates to the HEDIS 2016 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 Measures	FFS	Access KP	DHMC	RMHP Prime
Persistence of Beta-Blocker Treatment After a Heart Attack¹				
<i>Persistence of Beta-Blocker Treatment After a Heart Attack</i>	★	—	—	—
Comprehensive Diabetes Care¹				
<i>Hemoglobin A1c (HbA1c) Testing</i>	★	★★★★★	★	★★★
<i>HbA1c Poor Control (>9.0%)*</i>	★	★★★★★	★★	★
<i>HbA1c Control (<8.0%)</i>	★	★★★	★★	★
<i>Eye Exam (Retinal) Performed</i>	★	★★★★★	★★	★
<i>Medical Attention for Nephropathy</i>	★	★★★★★	★	★
<i>Blood Pressure Control (<140/90 mm Hg)</i>	★	★★★★★	★★	★
Statin Therapy for Patients With Diabetes¹				
<i>Received Statin Therapy</i>	—	—	—	—
<i>Statin Adherence 80%</i>	—	—	—	—
Statin Therapy for Patients With Cardiovascular Disease¹				
<i>Received Statin Therapy—Total</i>	—	—	—	—
<i>Statin Adherence 80%—Total</i>	—	—	—	—
Annual Monitoring for Patients on Persistent Medications¹				
<i>ACE Inhibitors or ARBs</i>	★	★★★★★	★★	★
<i>Digoxin</i>	★★	—	—	—
<i>Diuretics</i>	★	★★★★★	★	★★
<i>Total</i>	★	★★★★★	★★	★
Use of Imaging Studies for Low Back Pain²				
<i>Use of Imaging Studies for Low Back Pain</i>	★	★★★★	★	★★★
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis^{1,2}				
<i>Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis</i>	★★★★	★★★★★	★★★★★	★★★★
Pharmacotherapy Management of COPD Exacerbation^{1,2}				
<i>Systemic Corticosteroid</i>	★★★	—	★★	★
<i>Bronchodilator</i>	★★	—	★★	★

Performance Measures	FFS	Access KP	DHMC	RMHP Prime
Medication Management for People With Asthma¹				
Medication Compliance 50%—Total ³	★★★	★★★★★	★	★★★★★ ⁴
Medication Compliance 75%—Total	★★★	★★★★★	★	★★★★ ⁴
Asthma Medication Ratio¹				
Total	★★★	★★★★★	★	★★★ ⁴
Use of Spirometry Testing in the Assessment and Diagnosis of COPD				
Use of Spirometry Testing in the Assessment and Diagnosis of COPD	★★	—	★	★★
Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis¹				
Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis	★★★	★★★★★	★★★★★	★★★

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

¹ FFS members who were dually eligible under Medicare and Medicaid were excluded from the calculation of the HEDIS 2017 rate. Use caution when comparing this rate to Access KP’s, DHMC’s, and RMHP’s rates.

² Due to changes in NCQA’s technical specifications for this measure for HEDIS 2017, exercise caution when interpreting the performance rankings as benchmarks are based on HEDIS 2016 rates reported using the previous version of NCQA’s technical specifications.

³ Quality Compass percentiles for this measure were not available; therefore, NQCA’s Audit Means and Percentiles benchmarks were used for comparative purposes.

⁴ Due to differences in member eligibility for children in RMHP Prime, the rate may not be comparable to that of Access KP or DHMC.

— Indicates that a percentile ranking was not determined because the HEDIS 2017 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	0	1	5	3	11
Access KP	7	7	1	0	0
DHMC	2	0	0	8	8
RMHP Prime	0	2	4	3	9

Performance within the Living With Illness domain varied across and within the health plans. For the measure *Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis*, all health plans performed at or above the national Medicaid 75th percentile.

Access KP was the highest-performing health plan for measures within the Living With Illness domain, with seven measure indicators performing at or above the 90th percentile. Of Access KP’s reportable rates, all were at or above the national Medicaid 50th percentile.

In contrast, FFS, DHMC, and RMHP Prime showed opportunity for improvement in many areas, including indicators for *Comprehensive Diabetes Care*, *Annual Monitoring for Patients on Persistent Medications*, and *Use of Spirometry Testing in the Assessment and Diagnosis of COPD*. For these

measure indicators, the plans reported many of their rates below the national Medicaid 50th percentile. It should be noted that the low rates for the *Comprehensive Diabetes Care* indicators are most likely indicative of low administrative data completeness.

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 2017. 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	267.51	57.06
Access KP	213.06	0.25 ¹
DHMC	193.35	42.22
RMHP Prime ²	320.65	66.27
2017 Colorado Medicaid Weighted Average	263.93	55.58
2016 Colorado Medicaid Weighted Average	274.59	59.12
2015 Colorado Medicaid Weighted Average	289.90	62.03

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

¹ Access KP acknowledged that the reported rate for this measure may not be valid; therefore, exercise caution when interpreting these results.

² Due to differences in member eligibility for children in RMHP Prime, the rate may not be comparable to that of Access KP or DHMC.

For the *Emergency Department Visits* indicator, health plan performance varied, ranging from 0.25 ED visits per 1,000 member months to 66.27 ED visits per 1,000 member months. Rates displayed for the *Outpatient Visits* 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	7.11	3.49	1.73	2.65
Access KP	NR	NR	NR	NR
DHMC	4.85	2.63	0.81	2.07
RMHP Prime ¹	9.66	4.47	2.36	2.96
2017 Colorado Medicaid Weighted Average	7.05	3.46	1.69	2.63
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

NR (Not Reported) indicates Access KP did not report this measure as the health plan’s scope did not include inpatient claims.
¹ Due to differences in member eligibility for children in RMHP Prime, the rate may not be comparable to that of Access KP or 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	31.15	13.63	12.75	6.66
Access KP	NR	NR	NR	NR
DHMC	21.39	10.36	7.11	5.78
RMHP Prime ¹	35.32	16.38	12.73	6.52
2017 Colorado Medicaid Weighted Average	30.71	13.52	12.43	6.61
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

NR (Not Reported) indicates Access KP did not report this measure as the health plan’s scope did not include inpatient claims.
¹ Due to differences in member eligibility for children in RMHP Prime, the rate may not be comparable to that of Access KP or 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	4.38	3.91	7.39	2.51
Access KP	NR	NR	NR	NR
DHMC	4.41	3.94	8.79	2.79
RMHP Prime ¹	3.66	3.66	5.39	2.20
2017 Colorado Medicaid Weighted Average	4.36	3.90	7.35	2.51
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

NR (Not Reported) indicates Access KP did not report this measure as the health plan's scope did not include inpatient claims.

¹ Due to differences in member eligibility for children in RMHP Prime, the rate may not be comparable to that of Access KP or 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	0.60	9.54	0.22	37.31%
Access KP	0.43	10.84	0.14	33.37%
DHMC	0.31	9.28	0.09	27.79%
RMHP Prime ¹	0.75	9.27	0.32	42.10%
2017 Colorado Medicaid Weighted Average	0.58	9.53	0.22	37.13%
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%

* For this indicator, a lower rate may indicate more favorable performance. Due to differences in the calculation of this measure, exercise caution when trending rates between HEDIS 2017 and prior years. FFS members who were dually eligible for Medicaid and Medicare were excluded from the calculation of this rate for HEDIS 2017.

¹ Due to differences in member eligibility for children in RMHP Prime, the rate may not be comparable to that of Access KP or 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 Months¹

Health Plan Name	Males Ages 0–19 Years	Females Ages 0–19 Years	Males Ages 20–44 Years	Females Ages 20–44 Years	Males Ages 45–64 Years	Females Ages 45–64 Years
FFS	0.00	0.00	0.01	0.05	0.02	0.07
Access KP	0.00	0.00	0.00	0.00	0.00	0.00
DHMC	0.00	0.00	0.01	0.05	0.02	0.02
RMHP Prime	0.00	0.00	0.01	0.09	0.02	0.25
2017 Colorado Medicaid Weighted Average	0.00	0.00	0.01	0.05	0.02	0.07
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

¹ Due to changes in NCQA’s technical specifications for this measure, exercise caution when comparing rates between HEDIS 2015 and 2016.

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 Months¹

Health Plan Name	Ages 0–9 Years	Ages 10–19 Years
FFS	0.58	0.34
Access KP	0.00	0.00
DHMC	0.29	0.16
RMHP Prime	3.60	0.16
2017 Colorado Medicaid Weighted Average	0.55	0.32
2016 Colorado Medicaid Weighted Average	0.57	0.35
2015 Colorado Medicaid Weighted Average	0.53	0.33

¹ Due to changes in NCQA’s technical specifications for this measure, exercise caution when comparing rates between HEDIS 2015 and 2016.

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 Months¹

Health Plan Name	Ages 15–44 Years	Ages 45–64 Years
FFS	0.06	0.13
Access KP	0.00	0.00
DHMC	0.06	0.10
RMHP Prime	0.10	0.23
2017 Colorado Medicaid Weighted Average	0.06	0.13
2016 Colorado Medicaid Weighted Average	0.10	0.24
2015 Colorado Medicaid Weighted Average	0.08	0.18

¹ Due to changes in NCQA’s technical specifications for this measure, exercise caution when comparing rates between HEDIS 2015 and 2016.

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 Months¹

Health Plan Name	Ages 15–44 Years	Ages 45–64 Years
FFS	0.11	0.12
Access KP	0.00	0.04
DHMC	0.02	0.15
RMHP Prime	0.59	0.40
2017 Colorado Medicaid Weighted Average	0.12	0.14
2016 Colorado Medicaid Weighted Average	0.15	0.19
2015 Colorado Medicaid Weighted Average	0.16	0.18

¹ Due to changes in NCQA’s technical specifications for this measure, exercise caution when comparing rates between HEDIS 2015 and 2016.

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 Months¹

Health Plan Name	Males Ages 30–64 Years	Females Ages 15–44 Years	Females Ages 45–64 Years
FFS	0.03	0.01	0.02
Access KP	0.00	0.00	0.00
DHMC	0.01	0.01	0.04
RMHP Prime	0.00	0.01	0.01
2017 Colorado Medicaid Weighted Average	0.02	0.01	0.02
2016 Colorado Medicaid Weighted Average	0.05	0.01	0.04
2015 Colorado Medicaid Weighted Average	0.03	0.01	0.03

¹ Due to changes in NCQA’s technical specifications for this measure, exercise caution when comparing rates between HEDIS 2015 and 2016.

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 Months¹

Health Plan Name	Males Ages 30–64 Years	Females Ages 15–44 Years	Females Ages 45–64 Years
FFS	0.27	0.62	0.59
Access KP	0.00	0.00	0.00
DHMC	0.05	0.40	0.33
RMHP Prime	0.33	0.82	0.70
2017 Colorado Medicaid Weighted Average	0.26	0.61	0.57
2016 Colorado Medicaid Weighted Average	0.37	0.73	0.72
2015 Colorado Medicaid Weighted Average	0.29	0.70	0.67

¹ Due to changes in NCQA’s technical specifications for this measure, exercise caution when comparing rates between HEDIS 2015 and 2016.

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 Months¹

Health Plan Name	Males Ages 20–44 Years	Females Ages 20–44 Years	Males Ages 45–64 Years	Females Ages 45–64 Years
FFS	0.20	0.18	0.65	0.67
Access KP	0.29	0.57	0.66	0.95
DHMC	0.07	0.03	0.36	0.33
RMHP Prime	0.18	0.29	0.83	0.78
2017 Colorado Medicaid Weighted Average	0.20	0.19	0.64	0.66
2016 Colorado Medicaid Weighted Average	0.29	0.23	0.87	0.82
2015 Colorado Medicaid Weighted Average	0.23	0.17	0.54	0.55

¹ Due to changes in NCQA’s technical specifications for this measure, exercise caution when comparing rates between HEDIS 2015 and 2016.

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 Months¹

Health Plan Name	Ages 15–44 Years	Ages 45–64 Years
FFS	0.03	0.15
Access KP	0.01	0.00
DHMC	0.01	0.06
RMHP Prime	0.07	0.04
2017 Colorado Medicaid Weighted Average	0.03	0.14
2016 Colorado Medicaid Weighted Average	0.04	0.25
2015 Colorado Medicaid Weighted Average	0.02	0.17

¹ Due to changes in NCQA’s technical specifications for this measure, exercise caution when comparing rates between HEDIS 2015 and 2016.

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 Months¹

Health Plan Name	Ages 15–44 Years	Ages 45–64 Years
FFS	0.08	0.27
Access KP	0.01	0.04
DHMC	0.07	0.19
RMHP Prime	0.13	0.26
2017 Colorado Medicaid Weighted Average	0.08	0.26
2016 Colorado Medicaid Weighted Average	0.10	0.30
2015 Colorado Medicaid Weighted Average	0.09	0.35

¹ Due to changes in NCQA’s technical specifications for this measure, exercise caution when comparing rates between HEDIS 2015 and 2016.

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 2015, 2016, and 2017 Colorado Medicaid statewide weighted averages. Yellow shading with one carat (^) indicates the HEDIS 2017 health plan-specific or statewide weighted average rate was at or above the Quality Compass national Medicaid HMO 50th percentile for HEDIS 2016.

Pediatric Care Performance Measure Results

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

Medicaid Plan	Eligible Population	Rate
<i>Childhood Immunization Status⁺</i>		
<i>DTaP</i>		
FFS	24,894	64.07%
Access KP	505	72.67%
DHMC	1,914	73.25%
RMHP Prime ¹	—	NA
HEDIS 2017 Colorado Medicaid Weighted Average		64.87%
HEDIS 2016 Colorado Medicaid Weighted Average		63.22%
HEDIS 2015 Colorado Medicaid Weighted Average		64.99%
<i>IPV</i>		
FFS	24,894	80.48%
Access KP	505	92.87% ^
DHMC	1,914	84.22%
RMHP Prime ¹	—	NA
HEDIS 2017 Colorado Medicaid Weighted Average		80.97%
HEDIS 2016 Colorado Medicaid Weighted Average		78.71%
HEDIS 2015 Colorado Medicaid Weighted Average		81.60%
<i>MMR</i>		
FFS	24,894	81.09%
Access KP	505	90.10%
DHMC	1,914	83.23%
RMHP Prime ¹	—	NA
HEDIS 2017 Colorado Medicaid Weighted Average		81.40%
HEDIS 2016 Colorado Medicaid Weighted Average		80.34%
HEDIS 2015 Colorado Medicaid Weighted Average		82.05%

Medicaid Plan	Eligible Population	Rate
<i>HiB</i>		
FFS	24,894	77.19%
Access KP	505	91.88% ^
DHMC	1,914	84.06%
RMHP Prime ¹	—	NA
HEDIS 2017 Colorado Medicaid Weighted Average		77.94%
HEDIS 2016 Colorado Medicaid Weighted Average		73.86%
HEDIS 2015 Colorado Medicaid Weighted Average		77.59%
<i>Hepatitis B</i>		
FFS	24,894	80.40%
Access KP	505	94.26% ^
DHMC	1,914	86.31%
RMHP Prime ¹	—	NA
HEDIS 2017 Colorado Medicaid Weighted Average		81.07%
HEDIS 2016 Colorado Medicaid Weighted Average		80.22%
HEDIS 2015 Colorado Medicaid Weighted Average		79.90%
<i>VZV</i>		
FFS	24,894	80.28%
Access KP	505	89.90%
DHMC	1,914	83.12%
RMHP Prime ¹	—	NA
HEDIS 2017 Colorado Medicaid Weighted Average		80.65%
HEDIS 2016 Colorado Medicaid Weighted Average		79.73%
HEDIS 2015 Colorado Medicaid Weighted Average		81.49%
<i>Pneumococcal Conjugate</i>		
FFS	24,894	67.37%
Access KP	505	83.96% ^
DHMC	1,914	77.38%
RMHP Prime ¹	—	NA
HEDIS 2017 Colorado Medicaid Weighted Average		68.38%
HEDIS 2016 Colorado Medicaid Weighted Average		66.56%
HEDIS 2015 Colorado Medicaid Weighted Average		66.94%
<i>Hepatitis A</i>		
FFS	24,894	73.91%
Access KP	505	89.50% ^
DHMC	1,914	82.65%
RMHP Prime ¹	—	NA
HEDIS 2017 Colorado Medicaid Weighted Average		74.81%

Medicaid Plan	Eligible Population	Rate
HEDIS 2016 Colorado Medicaid Weighted Average		71.54%
HEDIS 2015 Colorado Medicaid Weighted Average		71.90%
Rotavirus		
FFS	24,894	61.53%
Access KP	505	71.68% ^
DHMC	1,914	63.79%
RMHP Prime ¹	—	NA
HEDIS 2017 Colorado Medicaid Weighted Average		61.88%
HEDIS 2016 Colorado Medicaid Weighted Average		59.50%
HEDIS 2015 Colorado Medicaid Weighted Average		59.91%
Influenza		
FFS	24,894	40.40%
Access KP	505	47.13% ^
DHMC	1,914	58.52% ^
RMHP Prime ¹	—	NA
HEDIS 2017 Colorado Medicaid Weighted Average		41.79%
HEDIS 2016 Colorado Medicaid Weighted Average		36.12%
HEDIS 2015 Colorado Medicaid Weighted Average		49.08%
Combination 2		
FFS	24,894	57.18%
Access KP	505	72.08%
DHMC	1,914	72.57%
RMHP Prime ¹	—	NA
HEDIS 2017 Colorado Medicaid Weighted Average		58.53%
HEDIS 2016 Colorado Medicaid Weighted Average		55.00%
HEDIS 2015 Colorado Medicaid Weighted Average		56.25%
Combination 3		
FFS	24,894	54.49%
Access KP	505	71.29% ^
DHMC	1,914	71.58% ^
RMHP Prime ¹	—	NA
HEDIS 2017 Colorado Medicaid Weighted Average		56.00%
HEDIS 2016 Colorado Medicaid Weighted Average		52.56%
HEDIS 2015 Colorado Medicaid Weighted Average		53.35%
Combination 4		
FFS	24,894	51.38%
Access KP	505	71.29% ^
DHMC	1,914	71.42% ^

Medicaid Plan	Eligible Population	Rate
RMHP Prime ¹	—	NA
HEDIS 2017 Colorado Medicaid Weighted Average		53.15%
HEDIS 2016 Colorado Medicaid Weighted Average		49.39%
HEDIS 2015 Colorado Medicaid Weighted Average		49.45%
Combination 5		
FFS	24,894	46.08%
Access KP	505	62.57% ^
DHMC	1,914	59.46% ^
RMHP Prime ¹	—	NA
HEDIS 2017 Colorado Medicaid Weighted Average		47.31%
HEDIS 2016 Colorado Medicaid Weighted Average		43.25%
HEDIS 2015 Colorado Medicaid Weighted Average		42.53%
Combination 6		
FFS	24,894	31.02%
Access KP	505	42.38% ^
DHMC	1,914	53.76% ^
RMHP Prime ¹	—	NA
HEDIS 2017 Colorado Medicaid Weighted Average		32.83%
HEDIS 2016 Colorado Medicaid Weighted Average		25.99%
HEDIS 2015 Colorado Medicaid Weighted Average		35.32%
Combination 7		
FFS	24,894	43.84%
Access KP	505	62.57% ^
DHMC	1,914	59.35% ^
RMHP Prime ¹	—	NA
HEDIS 2017 Colorado Medicaid Weighted Average		45.27%
HEDIS 2016 Colorado Medicaid Weighted Average		40.84%
HEDIS 2015 Colorado Medicaid Weighted Average		39.70%
Combination 8		
FFS	24,894	29.83%
Access KP	505	42.38% ^
DHMC	1,914	53.76% ^
RMHP Prime ¹	—	NA
HEDIS 2017 Colorado Medicaid Weighted Average		31.74%
HEDIS 2016 Colorado Medicaid Weighted Average		24.90%
HEDIS 2015 Colorado Medicaid Weighted Average		33.39%
Combination 9		
FFS	24,894	27.35%

Medicaid Plan	Eligible Population	Rate
Access KP	505	37.03% ^
DHMC	1,914	46.50% ^
RMHP Prime ¹	—	NA
HEDIS 2017 Colorado Medicaid Weighted Average		28.87%
HEDIS 2016 Colorado Medicaid Weighted Average		22.42%
HEDIS 2015 Colorado Medicaid Weighted Average		29.47%
<i>Combination 10</i>		
FFS	24,894	26.40%
Access KP	505	37.03% ^
DHMC	1,914	46.50% ^
RMHP Prime ¹	—	NA
HEDIS 2017 Colorado Medicaid Weighted Average		28.01%
HEDIS 2016 Colorado Medicaid Weighted Average		21.49%
HEDIS 2015 Colorado Medicaid Weighted Average		27.93%
<i>Immunizations for Adolescents⁺</i>		
<i>Meningococcal</i>		
FFS	23,541	65.28%
Access KP	500	87.20% ^
DHMC	1,945	76.92%
RMHP Prime ¹	—	NA
HEDIS 2017 Colorado Medicaid Weighted Average		66.57%
HEDIS 2016 Colorado Medicaid Weighted Average		65.99%
HEDIS 2015 Colorado Medicaid Weighted Average		64.65%
<i>Tdap</i>		
FFS	23,541	77.51%
Access KP	500	88.00% ^
DHMC	1,945	76.76%
RMHP Prime ¹	—	NA
HEDIS 2017 Colorado Medicaid Weighted Average		77.67%
HEDIS 2016 Colorado Medicaid Weighted Average		78.86%
HEDIS 2015 Colorado Medicaid Weighted Average		77.71%
<i>HPV²</i>		
FFS	23,541	19.61%
Access KP	500	34.00%
DHMC	1,945	25.50%
RMHP Prime ¹	—	NA
HEDIS 2017 Colorado Medicaid Weighted Average		20.34%
HEDIS 2016 Colorado Medicaid Weighted Average		—

Medicaid Plan	Eligible Population	Rate
HEDIS 2015 Colorado Medicaid Weighted Average		—
<i>Combination 1 (Meningococcal, Tdap)</i>		
FFS	23,541	63.48%
Access KP	500	84.80% ^
DHMC	1,945	75.37% ^
RMHP Prime ¹	—	NA
HEDIS 2017 Colorado Medicaid Weighted Average		64.78%
HEDIS 2016 Colorado Medicaid Weighted Average		64.85%
HEDIS 2015 Colorado Medicaid Weighted Average		62.33%
<i>Combination 2 (Meningococcal, Tdap, HPV)²</i>		
FFS	23,541	17.88%
Access KP	500	31.80%
DHMC	1,945	24.88%
RMHP Prime ¹	—	NA
HEDIS 2017 Colorado Medicaid Weighted Average		18.68%
HEDIS 2016 Colorado Medicaid Weighted Average		—
HEDIS 2015 Colorado Medicaid Weighted Average		—
<i>Well-Child Visits in the First 15 Months of Life⁺</i>		
<i>Zero Visits*</i>		
FFS	25,098	4.18%
Access KP	146	0.00% ^
DHMC	853	7.03%
RMHP Prime ¹	—	NA
HEDIS 2017 Colorado Medicaid Weighted Average		4.25%
HEDIS 2016 Colorado Medicaid Weighted Average		4.89%
HEDIS 2015 Colorado Medicaid Weighted Average		3.97%
<i>Six or More Visits</i>		
FFS	25,098	49.92%
Access KP	146	75.34% ^
DHMC	853	3.52%
RMHP Prime ¹	—	NA
HEDIS 2017 Colorado Medicaid Weighted Average		48.55%
HEDIS 2016 Colorado Medicaid Weighted Average		44.49%
HEDIS 2015 Colorado Medicaid Weighted Average		43.97%
<i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life⁺</i>		
FFS	100,159	57.45%
Access KP	1,998	63.66%
DHMC	7,586	58.59%

Medicaid Plan	Eligible Population	Rate
RMHP Prime ¹	49	67.35%
HEDIS 2017 Colorado Medicaid Weighted Average		57.64%
HEDIS 2016 Colorado Medicaid Weighted Average		56.96%
HEDIS 2015 Colorado Medicaid Weighted Average		57.19%
<i>Adolescent Well-Care Visits⁺</i>		
FFS	191,144	33.54%
Access KP	4,296	54.80% ^
DHMC	14,378	34.68%
RMHP Prime ¹	1,246	15.57%
HEDIS 2017 Colorado Medicaid Weighted Average		33.94%
HEDIS 2016 Colorado Medicaid Weighted Average		32.13%
HEDIS 2015 Colorado Medicaid Weighted Average		32.91%
<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents^{3,+}</i>		
<i>BMI Percentile Documentation—Ages 3 to 11 Years</i>		
FFS	167,511	6.03%
Access KP	3,271	93.34% ^
DHMC	11,108	5.82%
RMHP Prime ¹	133	1.50%
HEDIS 2017 Colorado Medicaid Weighted Average		7.58%
HEDIS 2016 Colorado Medicaid Weighted Average		60.99%
HEDIS 2015 Colorado Medicaid Weighted Average		68.04%
<i>BMI Percentile Documentation—Ages 12 to 17 Years</i>		
FFS	89,159	8.75%
Access KP	2,004	93.61% ^
DHMC	6,243	11.00%
RMHP Prime ¹	117	3.42%
HEDIS 2017 Colorado Medicaid Weighted Average		10.63%
HEDIS 2016 Colorado Medicaid Weighted Average		59.66%
HEDIS 2015 Colorado Medicaid Weighted Average		71.26%
<i>BMI Percentile Documentation—Total</i>		
FFS	256,670	6.97%
Access KP	5,275	93.44% ^
DHMC	17,351	7.68%
RMHP Prime ¹	250	2.40%
HEDIS 2017 Colorado Medicaid Weighted Average		8.65%
HEDIS 2016 Colorado Medicaid Weighted Average		60.50%
HEDIS 2015 Colorado Medicaid Weighted Average		69.11%

Medicaid Plan	Eligible Population	Rate
<i>Counseling for Nutrition—Ages 3 to 11 Years</i>		
FFS	167,511	6.12%
Access KP	3,271	97.28% ^
DHMC	11,108	0.35%
RMHP Prime ¹	133	15.79%
HEDIS 2017 Colorado Medicaid Weighted Average		7.41%
HEDIS 2016 Colorado Medicaid Weighted Average		61.68%
HEDIS 2015 Colorado Medicaid Weighted Average		58.44%
<i>Counseling for Nutrition—Ages 12 to 17 Years</i>		
FFS	89,159	6.21%
Access KP	2,004	97.50% ^
DHMC	6,243	2.37%
RMHP Prime ¹	117	11.97%
HEDIS 2017 Colorado Medicaid Weighted Average		7.85%
HEDIS 2016 Colorado Medicaid Weighted Average		57.15%
HEDIS 2015 Colorado Medicaid Weighted Average		55.28%
<i>Counseling for Nutrition—Total</i>		
FFS	256,670	6.15%
Access KP	5,275	97.36% ^
DHMC	17,351	1.08%
RMHP Prime ¹	250	14.00%
HEDIS 2017 Colorado Medicaid Weighted Average		7.57%
HEDIS 2016 Colorado Medicaid Weighted Average		59.95%
HEDIS 2015 Colorado Medicaid Weighted Average		57.41%
<i>Counseling for Physical Activity—Ages 3 to 11 Years⁴</i>		
FFS	167,511	0.21%
Access KP	3,271	97.28% ^
DHMC	11,108	0.07%
RMHP Prime ¹	133	0.75%
HEDIS 2017 Colorado Medicaid Weighted Average		1.95%
HEDIS 2016 Colorado Medicaid Weighted Average		47.66%
HEDIS 2015 Colorado Medicaid Weighted Average		48.82%
<i>Counseling for Physical Activity—Ages 12 to 17 Years⁴</i>		
FFS	89,159	3.05%
Access KP	2,004	97.50% ^
DHMC	6,243	1.41%
RMHP Prime ¹	117	0.85%
HEDIS 2017 Colorado Medicaid Weighted Average		4.89%

Medicaid Plan	Eligible Population	Rate
HEDIS 2016 Colorado Medicaid Weighted Average		51.15%
HEDIS 2015 Colorado Medicaid Weighted Average		52.06%
<i>Counseling for Physical Activity—Total⁴</i>		
FFS	256,670	1.20%
Access KP	5,275	97.36% ^
DHMC	17,351	0.55%
RMHP Prime ¹	250	0.80%
HEDIS 2017 Colorado Medicaid Weighted Average		2.97%
HEDIS 2016 Colorado Medicaid Weighted Average		49.01%
HEDIS 2015 Colorado Medicaid Weighted Average		49.88%
<i>Appropriate Testing for Children With Pharyngitis⁵</i>		
FFS	20,758	75.46% ^
Access KP	208	95.67% ^
DHMC	231	80.52% ^
RMHP Prime ¹	—	NA
HEDIS 2017 Colorado Medicaid Weighted Average		75.71% ^
HEDIS 2016 Colorado Medicaid Weighted Average		73.15%
HEDIS 2015 Colorado Medicaid Weighted Average		74.20%
<i>Appropriate Treatment for Children With Upper Respiratory Infection⁶</i>		
FFS	37,082	91.98% ^
Access KP	420	99.29% ^
DHMC	934	96.04% ^
RMHP Prime ¹	38	94.74% ^
HEDIS 2017 Colorado Medicaid Weighted Average		92.16% ^
HEDIS 2016 Colorado Medicaid Weighted Average		91.92%
HEDIS 2015 Colorado Medicaid Weighted Average		90.16%
<i>Annual Dental Visit</i>		
<i>Ages 2 to 3 Years</i>		
FFS	49,432	54.48% ^
Access KP	—	NB
DHMC	—	NB
RMHP Prime ¹	—	NB
HEDIS 2017 Colorado Medicaid Weighted Average		54.48% ^
HEDIS 2016 Colorado Medicaid Weighted Average		54.11%
HEDIS 2015 Colorado Medicaid Weighted Average		54.58%
<i>Ages 4 to 6 Years</i>		
FFS	75,506	65.92% ^
Access KP	—	NB

Medicaid Plan	Eligible Population	Rate
DHMC	—	NB
RMHP Prime ¹	—	NB
HEDIS 2017 Colorado Medicaid Weighted Average		65.92% ^
HEDIS 2016 Colorado Medicaid Weighted Average		65.53%
HEDIS 2015 Colorado Medicaid Weighted Average		65.50%
<i>Ages 7 to 10 Years</i>		
FFS	107,491	69.44% ^
Access KP	—	NB
DHMC	—	NB
RMHP Prime ¹	—	NB
HEDIS 2017 Colorado Medicaid Weighted Average		69.44% ^
HEDIS 2016 Colorado Medicaid Weighted Average		68.81%
HEDIS 2015 Colorado Medicaid Weighted Average		69.25%
<i>Ages 11 to 14 Years</i>		
FFS	94,469	65.53% ^
Access KP	—	NB
DHMC	—	NB
RMHP Prime ¹	—	NB
HEDIS 2017 Colorado Medicaid Weighted Average		65.53% ^
HEDIS 2016 Colorado Medicaid Weighted Average		64.18%
HEDIS 2015 Colorado Medicaid Weighted Average		64.40%
<i>Ages 15 to 18 Years</i>		
FFS	78,052	55.70% ^
Access KP	—	NB
DHMC	—	NB
RMHP Prime ¹	—	NB
HEDIS 2017 Colorado Medicaid Weighted Average		55.70% ^
HEDIS 2016 Colorado Medicaid Weighted Average		53.62%
HEDIS 2015 Colorado Medicaid Weighted Average		53.84%
<i>Ages 19 to 20 Years</i>		
FFS	29,389	36.81%
Access KP	—	NB
DHMC	—	NB
RMHP Prime	—	NB
HEDIS 2017 Colorado Medicaid Weighted Average		36.81%
HEDIS 2016 Colorado Medicaid Weighted Average		34.54%
HEDIS 2015 Colorado Medicaid Weighted Average		31.56%

Medicaid Plan	Eligible Population	Rate
Total		
FFS	434,339	61.60% [^]
Access KP	—	NB
DHMC	—	NB
RMHP Prime ¹	—	NB
HEDIS 2017 Colorado Medicaid Weighted Average		61.60%[^]
HEDIS 2016 Colorado Medicaid Weighted Average		60.59%
HEDIS 2015 Colorado Medicaid Weighted Average		60.32%

¹ Due to differences in member eligibility for children in RMHP Prime, the rate may not be comparable to that of Access KP or DHMC.

² Indicates this indicator is a new measure for HEDIS 2017; therefore, Quality Compass national Medicaid benchmarks are not available for comparison.

³ Changes in the rates from HEDIS 2016 to HEDIS 2017 should be interpreted with caution due to a change in the department's reporting requirement from hybrid in HEDIS 2015 and HEDIS 2016 to administrative in HEDIS 2017.

⁴ Due to changes in the technical specifications for this measure, exercise caution when trending rates between HEDIS 2016 and prior year.

⁵ FFS members who were dually eligible for Medicaid and Medicare were excluded from the calculation of this rate for HEDIS 2017.

⁶ Due to changes in the technical specifications for this measure, exercise caution when trending rates between HEDIS 2017 and prior years.

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

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

— Indicates the rate is not presented in the table above as the Department did not require the health plans to report this rate for the respective reporting year.

Yellow shading with one carat (^) indicates the rate was at or above the Quality Compass national Medicaid HMO 50th percentile for HEDIS 2016.

Bold font indicates Colorado Medicaid Weighted Average values.

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

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 Plan	Eligible Population	Rate
<i>Prenatal and Postpartum Care^{1,+}</i>		
<i>Timeliness of Prenatal Care</i>		
FFS	21,731	64.17%
Access KP	54	100.00% ^
DHMC	1,013	74.04%
RMHP Prime ²	1,109	51.22%
HEDIS 2017 Colorado Medicaid Weighted Average		64.06%
HEDIS 2016 Colorado Medicaid Weighted Average		—
HEDIS 2015 Colorado Medicaid Weighted Average		—
<i>Postpartum Care</i>		
FFS	21,731	34.84%
Access KP	54	96.30% ^
DHMC	1,013	44.42%
RMHP Prime ²	1,109	28.22%
HEDIS 2017 Colorado Medicaid Weighted Average		35.08%
HEDIS 2016 Colorado Medicaid Weighted Average		—
HEDIS 2015 Colorado Medicaid Weighted Average		—
<i>Children and Adolescents' Access to Primary Care Practitioners</i>		
<i>Ages 12 to 24 Months</i>		
FFS	27,735	92.58%
Access KP	971	91.25%
DHMC	1,498	88.32%
RMHP Prime ²	—	NA
HEDIS 2017 Colorado Medicaid Weighted Average		92.33%
HEDIS 2016 Colorado Medicaid Weighted Average		91.77%
HEDIS 2015 Colorado Medicaid Weighted Average		92.91%
<i>Ages 25 Months to 6 Years</i>		
FFS	122,767	79.62%
Access KP	1,998	78.88%
DHMC	9,283	71.74%
RMHP Prime ²	53	90.57% ^
HEDIS 2017 Colorado Medicaid Weighted Average		79.07%
HEDIS 2016 Colorado Medicaid Weighted Average		78.92%
HEDIS 2015 Colorado Medicaid Weighted Average		79.34%

Medicaid Plan	Eligible Population	Rate
<i>Ages 7 to 11 Years</i>		
FFS	115,261	83.64%
Access KP	2,174	80.91%
DHMC	9,287	76.19%
RMHP Prime ²	91	90.11%
HEDIS 2017 Colorado Medicaid Weighted Average		83.05%
HEDIS 2016 Colorado Medicaid Weighted Average		82.77%
HEDIS 2015 Colorado Medicaid Weighted Average		83.78%
<i>Ages 12 to 19 Years</i>		
FFS	139,401	83.23%
Access KP	3,064	82.11%
DHMC	11,435	76.40%
RMHP Prime ²	165	86.06%
HEDIS 2017 Colorado Medicaid Weighted Average		82.70%
HEDIS 2016 Colorado Medicaid Weighted Average		82.34%
HEDIS 2015 Colorado Medicaid Weighted Average		83.69%
<i>Adults' Access to Preventive/Ambulatory Health Services</i>		
<i>Ages 20 to 44 Years</i>		
FFS	325,507	61.50%
Access KP	5,972	70.04%
DHMC	14,938	53.95%
RMHP Prime	15,397	67.53%
HEDIS 2017 Colorado Medicaid Weighted Average		61.59%
HEDIS 2016 Colorado Medicaid Weighted Average		63.86%
HEDIS 2015 Colorado Medicaid Weighted Average		68.84%
<i>Ages 45 to 64 Years</i>		
FFS	160,310	72.58%
Access KP	3,393	79.63%
DHMC	6,488	69.17%
RMHP Prime	8,289	77.79%
HEDIS 2017 Colorado Medicaid Weighted Average		72.83%
HEDIS 2016 Colorado Medicaid Weighted Average		74.67%
HEDIS 2015 Colorado Medicaid Weighted Average		78.78%

Medicaid Plan	Eligible Population	Rate
<i>Ages 65 Years and Older</i>		
FFS	34,985	75.68%
Access KP	37	91.89% ^
DHMC	1,238	82.63%
RMHP Prime	1,341	91.80% ^
HEDIS 2017 Colorado Medicaid Weighted Average		76.50%
HEDIS 2016 Colorado Medicaid Weighted Average		75.14%
HEDIS 2015 Colorado Medicaid Weighted Average		75.52%
<i>Total</i>		
FFS	520,802	65.86%
Access KP	9,402	73.59%
DHMC	22,664	59.87%
RMHP Prime	25,027	72.23%
HEDIS 2017 Colorado Medicaid Weighted Average		66.03%
HEDIS 2016 Colorado Medicaid Weighted Average		67.99%
HEDIS 2015 Colorado Medicaid Weighted Average		72.46%
<i>Chlamydia Screening in Women³</i>		
<i>Ages 16 to 20 Years</i>		
FFS	21,398	45.66%
Access KP	456	52.19% ^
DHMC	1,375	68.65% ^
RMHP Prime ²	141	44.68%
HEDIS 2017 Colorado Medicaid Weighted Average		47.14%
HEDIS 2016 Colorado Medicaid Weighted Average		48.19%
HEDIS 2015 Colorado Medicaid Weighted Average		47.60%
<i>Ages 21 to 24 Years</i>		
FFS	19,915	53.94%
Access KP	403	69.73% ^
DHMC	918	68.85% ^
RMHP Prime	1,128	45.30%
HEDIS 2017 Colorado Medicaid Weighted Average		54.40%
HEDIS 2016 Colorado Medicaid Weighted Average		55.66%
HEDIS 2015 Colorado Medicaid Weighted Average		55.49%

Medicaid Plan	Eligible Population	Rate
Total		
FFS	41,313	49.65%
Access KP	859	60.42% ^
DHMC	2,293	68.73% ^
RMHP Prime ²	1,269	45.23%
HEDIS 2017 Colorado Medicaid Weighted Average		50.69%
HEDIS 2016 Colorado Medicaid Weighted Average		52.00%
HEDIS 2015 Colorado Medicaid Weighted Average		51.52%
Breast Cancer Screening		
FFS	45,176	35.67%
Access KP	705	62.27% ^
DHMC	1,788	51.85%
RMHP Prime	1,251	47.80%
HEDIS 2017 Colorado Medicaid Weighted Average		36.96%
HEDIS 2016 Colorado Medicaid Weighted Average		31.40%
HEDIS 2015 Colorado Medicaid Weighted Average		32.41%
Cervical Cancer Screening^{4,+}		
FFS	236,988	42.63%
Access KP	2,038	64.43% ^
DHMC	11,160	45.77%
RMHP Prime	12,385	40.88%
HEDIS 2017 Colorado Medicaid Weighted Average		42.85%
HEDIS 2016 Colorado Medicaid Weighted Average		47.87%
HEDIS 2015 Colorado Medicaid Weighted Average		56.64%
Non-Recommended Cervical Cancer Screening in Adolescent Females^{*,5}		
FFS	43,754	1.45% ^
Access KP	992	0.10% ^
DHMC	3,152	0.06% ^
RMHP Prime ²	228	3.07%
HEDIS 2017 Colorado Medicaid Weighted Average		1.34% ^
HEDIS 2016 Colorado Medicaid Weighted Average		1.33%
HEDIS 2015 Colorado Medicaid Weighted Average		1.74%
Adult BMI Assessment^{4,+}		
FFS	268,748	13.98%
Access KP	6,111	98.30% ^
DHMC	11,624	81.03%
RMHP Prime	13,644	16.21%

Medicaid Plan	Eligible Population	Rate
HEDIS 2017 Colorado Medicaid Weighted Average		18.39%
HEDIS 2016 Colorado Medicaid Weighted Average		72.16%
HEDIS 2015 Colorado Medicaid Weighted Average		82.64%

¹ The FFS rate for this measure was calculated using modified specifications for HEDIS 2017. Exercise caution when comparing the FFS rate to the other health plans and when trending rates between HEDIS 2017 and prior years.

² Due to differences in member eligibility for children in RMHP Prime, the rate may not be comparable to that of Access KP or DHMC.

³ FFS members who were dually eligible for Medicaid and Medicare were excluded from the calculation of this rate for HEDIS 2017.

⁴ Changes in the rates from HEDIS 2016 to HEDIS 2017 should be interpreted with caution due to a change in the department's reporting requirement from hybrid in HEDIS 2015 and HEDIS 2016 to administrative in HEDIS 2017.

⁵ Due to changes in the technical specifications for this measure, exercise caution when trending rates between HEDIS 2016 and prior year.

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

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

— Indicates 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 Quality Compass national Medicaid HMO 50th percentile for HEDIS 2016.

Bold font indicates Colorado Medicaid Weighted Average values.

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

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 Plan	Eligible Population	Rate
<i>Antidepressant Medication Management¹</i>		
<i>Effective Acute Phase Treatment</i>		
FFS	14,206	54.81% ^
Access KP	385	81.04% ^
DHMC	577	49.05%
RMHP Prime	928	56.03% ^
HEDIS 2017 Colorado Medicaid Weighted Average		55.31% ^
HEDIS 2016 Colorado Medicaid Weighted Average		66.97%
HEDIS 2015 Colorado Medicaid Weighted Average		65.37%
<i>Effective Continuation Phase Treatment</i>		
FFS	14,206	31.48%
Access KP	385	54.29% ^
DHMC	577	31.02%
RMHP Prime	928	36.21%
HEDIS 2017 Colorado Medicaid Weighted Average		32.28%
HEDIS 2016 Colorado Medicaid Weighted Average		52.81%
HEDIS 2015 Colorado Medicaid Weighted Average		49.82%
<i>Follow-up Care for Children Prescribed ADHD Medication</i>		
<i>Initiation Phase</i>		
FFS	3,728	34.15%
Access KP	59	47.46% ^
DHMC	160	26.88%
RMHP Prime ³	—	NA
HEDIS 2017 Colorado Medicaid Weighted Average		34.13%
HEDIS 2016 Colorado Medicaid Weighted Average		35.03%
HEDIS 2015 Colorado Medicaid Weighted Average		33.56%

Medicaid Plan	Eligible Population	Rate
<i>Continuation and Maintenance Phase</i>		
FFS	1,067	35.61%
Access KP	—	NA
DHMC	—	NA
RMHP Prime ³	—	NA
HEDIS 2017 Colorado Medicaid Weighted Average		35.55%
HEDIS 2016 Colorado Medicaid Weighted Average		34.95%
HEDIS 2015 Colorado Medicaid Weighted Average		33.37%
<i>Use of Multiple Concurrent Antipsychotics in Children and Adolescents*^{1,2,4}</i>		
<i>Ages 1 to 5 Years</i>		
FFS	—	NA
Access KP	—	NA
DHMC	—	NA
RMHP Prime ³	—	NA
HEDIS 2017 Colorado Medicaid Weighted Average		NA
HEDIS 2016 Colorado Medicaid Weighted Average		0.00%
HEDIS 2015 Colorado Medicaid Weighted Average		—
<i>Ages 6 to 11 Years</i>		
FFS	944	3.60%
Access KP	—	NA
DHMC	—	NA
RMHP Prime ³	—	NA
HEDIS 2017 Colorado Medicaid Weighted Average		3.52%
HEDIS 2016 Colorado Medicaid Weighted Average		3.77%
HEDIS 2015 Colorado Medicaid Weighted Average		—
<i>Ages 12 to 17 Years</i>		
FFS	2,155	6.96%
Access KP	—	NA
DHMC	30	0.00% [^]
RMHP Prime ³	—	NA
HEDIS 2017 Colorado Medicaid Weighted Average		6.81%
HEDIS 2016 Colorado Medicaid Weighted Average		7.79%
HEDIS 2015 Colorado Medicaid Weighted Average		—

Medicaid Plan	Eligible Population	Rate
Total		
FFS	3,124	5.89%
Access KP	—	NA
DHMC	38	0.00% [^]
RMHP Prime ³	—	NA
HEDIS 2017 Colorado Medicaid Weighted Average		5.76%
HEDIS 2016 Colorado Medicaid Weighted Average		6.43%
HEDIS 2015 Colorado Medicaid Weighted Average		—

¹ FFS members who were dually eligible for Medicaid and Medicare were excluded from the calculation of this rate for HEDIS 2017.

² Due to differences in the calculation of this measure, exercise caution when trending rates between HEDIS 2017 and prior years.

³ Due to differences in member eligibility for children in RMHP Prime, the rate may not be comparable to that of Access KP or DHMC.

⁴ Due to changes in the technical specifications for this measure, exercise caution when trending rates between HEDIS 2017 and prior years.

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

— Indicates the rate is not presented in the table above as the Department did not require the health plans to report this rate for the respective reporting year.

Yellow shading with one carat (^) indicates the rate was at or above the Quality Compass national Medicaid HMO 50th percentile for HEDIS 2016.

Bold font indicates Colorado Medicaid Weighted Average values.

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

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 Plan	Eligible Population	Rate
<i>Persistence of Beta-Blocker Treatment After a Heart Attack^{1,2}</i>		
FFS	483	68.32%
Access KP	—	NA
DHMC	—	NA
RMHP Prime	—	NA
HEDIS 2017 Colorado Medicaid Weighted Average		69.04%
HEDIS 2016 Colorado Medicaid Weighted Average		75.60%
HEDIS 2015 Colorado Medicaid Weighted Average		73.90%
<i>Comprehensive Diabetes Care^{2,3,4,+}</i>		
<i>Hemoglobin A1c (HbA1c) Testing¹</i>		
FFS	28,641	78.15%
Access KP	689	92.45% ^
DHMC	1,897	82.60%
RMHP Prime	1,792	86.05% ^
HEDIS 2017 Colorado Medicaid Weighted Average		79.13%
HEDIS 2016 Colorado Medicaid Weighted Average		77.76%
HEDIS 2015 Colorado Medicaid Weighted Average		82.16%
<i>HbA1c Poor Control (>9.0%)*</i>		
FFS	28,641	99.81%
Access KP	689	33.53% ^
DHMC	1,897	44.02%
RMHP Prime	1,792	74.00%
HEDIS 2017 Colorado Medicaid Weighted Average		93.82%
HEDIS 2016 Colorado Medicaid Weighted Average		55.00%
HEDIS 2015 Colorado Medicaid Weighted Average		44.18%
<i>HbA1c Control (<8.0%)</i>		
FFS	28,641	0.08%
Access KP	689	51.96% ^
DHMC	1,897	44.33%
RMHP Prime	1,792	21.71%
HEDIS 2017 Colorado Medicaid Weighted Average		4.88%
HEDIS 2016 Colorado Medicaid Weighted Average		37.34%
HEDIS 2015 Colorado Medicaid Weighted Average		43.61%

Medicaid Plan	Eligible Population	Rate
<i>Eye Exam (Retinal) Performed</i>		
FFS	28,641	28.53%
Access KP	689	66.33% ^
DHMC	1,897	45.70%
RMHP Prime	1,792	38.23%
HEDIS 2017 Colorado Medicaid Weighted Average		30.83%
HEDIS 2016 Colorado Medicaid Weighted Average		40.47%
HEDIS 2015 Colorado Medicaid Weighted Average		45.85%
<i>Medical Attention for Nephropathy</i>		
FFS	28,641	76.95%
Access KP	689	95.79% ^
DHMC	1,897	87.35%
RMHP Prime	1,792	83.54%
HEDIS 2017 Colorado Medicaid Weighted Average		78.30%
HEDIS 2016 Colorado Medicaid Weighted Average		85.36%
HEDIS 2015 Colorado Medicaid Weighted Average		73.64%
<i>Blood Pressure Control (<140/90 mm Hg)</i>		
FFS	28,641	0.00%
Access KP	689	84.18% ^
DHMC	1,897	57.41%
RMHP Prime	1,792	0.00%
HEDIS 2017 Colorado Medicaid Weighted Average		5.05%
HEDIS 2016 Colorado Medicaid Weighted Average		58.24%
HEDIS 2015 Colorado Medicaid Weighted Average		61.91%
<i>Statin Therapy for Patients With Diabetes²</i>		
<i>Received Statin Therapy</i>		
FFS	15,487	56.06%
Access KP	455	68.57%
DHMC	1,170	59.83%
RMHP Prime	821	43.48%
HEDIS 2017 Colorado Medicaid Weighted Average		56.05%
HEDIS 2016 Colorado Medicaid Weighted Average		—
HEDIS 2015 Colorado Medicaid Weighted Average		—
<i>Statin Adherence 80%</i>		
FFS	8,682	50.62%
Access KP	312	61.86%
DHMC	700	54.71%
RMHP Prime	357	62.75%

Medicaid Plan	Eligible Population	Rate
HEDIS 2017 Colorado Medicaid Weighted Average		51.69%
HEDIS 2016 Colorado Medicaid Weighted Average		—
HEDIS 2015 Colorado Medicaid Weighted Average		—
<i>Statin Therapy for Patients With Cardiovascular Disease²</i>		
<i>Received Statin Therapy—Male—Ages 21 to 75 Years</i>		
FFS	1,464	80.40%
Access KP	35	80.00%
DHMC	71	80.28%
RMHP Prime	98	73.47%
HEDIS 2017 Colorado Medicaid Weighted Average		79.98%
HEDIS 2016 Colorado Medicaid Weighted Average		—
HEDIS 2015 Colorado Medicaid Weighted Average		—
<i>Received Statin Therapy—Female—Ages 40 to 75 Years</i>		
FFS	745	76.78%
Access KP	—	NA
DHMC	62	62.90%
RMHP Prime	68	67.65%
HEDIS 2017 Colorado Medicaid Weighted Average		75.06%
HEDIS 2016 Colorado Medicaid Weighted Average		—
HEDIS 2015 Colorado Medicaid Weighted Average		—
<i>Received Statin Therapy—Total</i>		
FFS	2,209	79.18%
Access KP	50	78.00%
DHMC	133	72.18%
RMHP Prime	166	71.08%
HEDIS 2017 Colorado Medicaid Weighted Average		78.26%
HEDIS 2016 Colorado Medicaid Weighted Average		—
HEDIS 2015 Colorado Medicaid Weighted Average		—
<i>Statin Adherence 80%—Male—Ages 21 to 75 Years</i>		
FFS	1,177	56.67%
Access KP	—	NA
DHMC	57	52.63%
RMHP Prime	72	65.28%
HEDIS 2017 Colorado Medicaid Weighted Average		57.35%
HEDIS 2016 Colorado Medicaid Weighted Average		—
HEDIS 2015 Colorado Medicaid Weighted Average		—

Medicaid Plan	Eligible Population	Rate
<i>Statin Adherence 80%—Female—Ages 40 to 75 Years</i>		
FFS	572	55.07%
Access KP	—	NA
DHMC	39	56.41%
RMHP Prime	46	67.39%
HEDIS 2017 Colorado Medicaid Weighted Average		56.29%
HEDIS 2016 Colorado Medicaid Weighted Average		—
HEDIS 2015 Colorado Medicaid Weighted Average		—
<i>Statin Adherence 80%—Total</i>		
FFS	1,749	56.15%
Access KP	39	74.36%
DHMC	96	54.17%
RMHP Prime	118	66.10%
HEDIS 2017 Colorado Medicaid Weighted Average		56.99%
HEDIS 2016 Colorado Medicaid Weighted Average		—
HEDIS 2015 Colorado Medicaid Weighted Average		—
<i>Annual Monitoring for Patients on Persistent Medications^{1,2}</i>		
<i>ACE Inhibitors or ARBs</i>		
FFS	20,764	84.59%
Access KP	649	99.69% ^
DHMC	1,656	85.93%
RMHP Prime	1,396	84.67%
HEDIS 2017 Colorado Medicaid Weighted Average		85.08%
HEDIS 2016 Colorado Medicaid Weighted Average		83.62%
HEDIS 2015 Colorado Medicaid Weighted Average		85.32%
<i>Digoxin</i>		
FFS	191	53.40%
Access KP	—	NA
DHMC	—	NA
RMHP Prime	—	NA
HEDIS 2017 Colorado Medicaid Weighted Average		55.26% ^
HEDIS 2016 Colorado Medicaid Weighted Average		55.78%
HEDIS 2015 Colorado Medicaid Weighted Average		59.26%
<i>Diuretics</i>		
FFS	16,053	83.91%
Access KP	451	100.00% ^
DHMC	1,163	84.95%
RMHP Prime	959	85.51%

Medicaid Plan	Eligible Population	Rate
HEDIS 2017 Colorado Medicaid Weighted Average		84.45%
HEDIS 2016 Colorado Medicaid Weighted Average		83.68%
HEDIS 2015 Colorado Medicaid Weighted Average		85.47%
<i>Total</i>		
FFS	37,008	84.13%
Access KP	1,106	99.73% ^
DHMC	2,827	85.46%
RMHP Prime	2,378	84.78%
HEDIS 2017 Colorado Medicaid Weighted Average		84.65%
HEDIS 2016 Colorado Medicaid Weighted Average		83.49%
HEDIS 2015 Colorado Medicaid Weighted Average		85.20%
<i>Use of Imaging Studies for Low Back Pain^{4,5}</i>		
FFS	17,620	67.79%
Access KP	370	78.38% ^
DHMC	760	65.53%
RMHP Prime	809	74.17% ^
HEDIS 2017 Colorado Medicaid Weighted Average		68.16%
HEDIS 2016 Colorado Medicaid Weighted Average		77.16%
HEDIS 2015 Colorado Medicaid Weighted Average		78.71%
<i>Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis²</i>		
FFS	6,586	36.56% ^
Access KP	41	82.93% ^
DHMC	61	65.57% ^
RMHP Prime	441	37.87% ^
HEDIS 2017 Colorado Medicaid Weighted Average		37.16% ^
HEDIS 2016 Colorado Medicaid Weighted Average		31.13%
HEDIS 2015 Colorado Medicaid Weighted Average		29.52%
<i>Pharmacotherapy Management of COPD Exacerbation^{2,5}</i>		
<i>Systemic Corticosteroid</i>		
FFS	2,561	70.95% ^
Access KP	—	NA
DHMC	385	64.16%
RMHP Prime	194	53.09%
HEDIS 2017 Colorado Medicaid Weighted Average		69.02%
HEDIS 2016 Colorado Medicaid Weighted Average		66.77%
HEDIS 2015 Colorado Medicaid Weighted Average		59.73%

Medicaid Plan	Eligible Population	Rate
<i>Bronchodilator</i>		
FFS	2,561	82.12%
Access KP	—	NA
DHMC	385	81.82%
RMHP Prime	194	62.89%
HEDIS 2017 Colorado Medicaid Weighted Average		80.90%
HEDIS 2016 Colorado Medicaid Weighted Average		79.63%
HEDIS 2015 Colorado Medicaid Weighted Average		75.65%
<i>Medication Management for People With Asthma^{1,2}</i>		
<i>Medication Compliance 50%—Ages 5 to 11 Years⁶</i>		
FFS	3,641	57.04% ^
Access KP	52	53.85% ^
DHMC	205	41.46%
RMHP Prime ⁷	—	NA
HEDIS 2017 Colorado Medicaid Weighted Average		56.24% ^
HEDIS 2016 Colorado Medicaid Weighted Average		69.33%
HEDIS 2015 Colorado Medicaid Weighted Average		67.45%
<i>Medication Compliance 50%—Ages 12 to 18 Years⁶</i>		
FFS	2,598	51.73% ^
Access KP	—	NA
DHMC	152	42.76%
RMHP Prime ⁷	—	NA
HEDIS 2017 Colorado Medicaid Weighted Average		51.40% ^
HEDIS 2016 Colorado Medicaid Weighted Average		64.14%
HEDIS 2015 Colorado Medicaid Weighted Average		62.26%
<i>Medication Compliance 50%—Ages 19 to 50 Years⁶</i>		
FFS	3,675	61.03% ^
Access KP	53	77.36% ^
DHMC	147	54.42%
RMHP Prime	156	63.46% ^
HEDIS 2017 Colorado Medicaid Weighted Average		61.10% ^
HEDIS 2016 Colorado Medicaid Weighted Average		69.77%
HEDIS 2015 Colorado Medicaid Weighted Average		68.26%
<i>Medication Compliance 50%—Ages 51 to 64 Years⁶</i>		
FFS	1,063	71.87%
Access KP	—	NA
DHMC	48	70.83%
RMHP Prime	39	61.54%

Medicaid Plan	Eligible Population	Rate
HEDIS 2017 Colorado Medicaid Weighted Average		71.82%
HEDIS 2016 Colorado Medicaid Weighted Average		81.13%
HEDIS 2015 Colorado Medicaid Weighted Average		75.26%
<i>Medication Compliance 50%—Total⁶</i>		
FFS	10,977	58.56% ^
Access KP	149	70.47% ^
DHMC	552	47.83%
RMHP Prime ⁷	205	63.41% ^
HEDIS 2017 Colorado Medicaid Weighted Average		58.29% ^
HEDIS 2016 Colorado Medicaid Weighted Average		69.00%
HEDIS 2015 Colorado Medicaid Weighted Average		66.46%
<i>Medication Compliance 75%—Ages 5 to 11 Years</i>		
FFS	3,641	29.72% ^
Access KP	52	26.92% ^
DHMC	205	16.59%
RMHP Prime ⁷	—	NA
HEDIS 2017 Colorado Medicaid Weighted Average		29.03% ^
HEDIS 2016 Colorado Medicaid Weighted Average		45.92%
HEDIS 2015 Colorado Medicaid Weighted Average		44.40%
<i>Medication Compliance 75%—Ages 12 to 18 Years</i>		
FFS	2,598	26.21% ^
Access KP	—	NA
DHMC	152	15.79%
RMHP Prime ⁷	—	NA
HEDIS 2017 Colorado Medicaid Weighted Average		25.74% ^
HEDIS 2016 Colorado Medicaid Weighted Average		41.17%
HEDIS 2015 Colorado Medicaid Weighted Average		38.26%
<i>Medication Compliance 75%—Ages 19 to 50 Years</i>		
FFS	3,675	35.70%
Access KP	53	39.62% ^
DHMC	147	31.97%
RMHP Prime	156	34.62%
HEDIS 2017 Colorado Medicaid Weighted Average		35.57%
HEDIS 2016 Colorado Medicaid Weighted Average		47.97%
HEDIS 2015 Colorado Medicaid Weighted Average		46.06%

Medicaid Plan	Eligible Population	Rate
Medication Compliance 75%—Ages 51 to 64 Years		
FFS	1,063	47.70%
Access KP	—	NA
DHMC	48	41.67%
RMHP Prime	39	33.33%
HEDIS 2017 Colorado Medicaid Weighted Average		47.40%
HEDIS 2016 Colorado Medicaid Weighted Average		58.23%
HEDIS 2015 Colorado Medicaid Weighted Average		56.19%
Medication Compliance 75%—Total		
FFS	10,977	32.63% ^
Access KP	149	39.60% ^
DHMC	552	22.64%
RMHP Prime ⁷	205	34.63% ^
HEDIS 2017 Colorado Medicaid Weighted Average		32.29% ^
HEDIS 2016 Colorado Medicaid Weighted Average		46.21%
HEDIS 2015 Colorado Medicaid Weighted Average		43.49%
Asthma Medication Ratio²		
Ages 5 to 11 Years		
FFS	3,931	74.05% ^
Access KP	52	84.62% ^
DHMC	224	54.46%
RMHP Prime ⁷	—	NA
HEDIS 2017 Colorado Medicaid Weighted Average		73.15% ^
HEDIS 2016 Colorado Medicaid Weighted Average		70.83%
HEDIS 2015 Colorado Medicaid Weighted Average		71.77%
Ages 12 to 18 Years		
FFS	2,911	62.04% ^
Access KP	—	NA
DHMC	170	37.06%
RMHP Prime ⁷	—	NA
HEDIS 2017 Colorado Medicaid Weighted Average		60.73% ^
HEDIS 2016 Colorado Medicaid Weighted Average		59.87%
HEDIS 2015 Colorado Medicaid Weighted Average		72.22%

Medicaid Plan	Eligible Population	Rate
<i>Ages 19 to 50 Years</i>		
FFS	4,579	51.71% ^
Access KP	62	72.58% ^
DHMC	193	34.72%
RMHP Prime	191	53.40% ^
HEDIS 2017 Colorado Medicaid Weighted Average		51.38% ^
HEDIS 2016 Colorado Medicaid Weighted Average		50.74%
HEDIS 2015 Colorado Medicaid Weighted Average		77.08%
<i>Ages 51 to 64 Years</i>		
FFS	1,305	62.68% ^
Access KP	—	NA
DHMC	78	38.46%
RMHP Prime	50	66.00% ^
HEDIS 2017 Colorado Medicaid Weighted Average		61.75% ^
HEDIS 2016 Colorado Medicaid Weighted Average		59.64%
HEDIS 2015 Colorado Medicaid Weighted Average		72.33%
<i>Total</i>		
FFS	12,726	62.10% ^
Access KP	165	76.97% ^
DHMC	665	42.41%
RMHP Prime ⁷	252	56.35%
HEDIS 2017 Colorado Medicaid Weighted Average		61.23%
HEDIS 2016 Colorado Medicaid Weighted Average		60.71%
HEDIS 2015 Colorado Medicaid Weighted Average		73.17%
<i>Use of Spirometry Testing in the Assessment and Diagnosis of COPD</i>		
FFS	2,051	27.35%
Access KP	—	NA
DHMC	178	22.47%
RMHP Prime	114	27.19%
HEDIS 2017 Colorado Medicaid Weighted Average		27.07%
HEDIS 2016 Colorado Medicaid Weighted Average		25.39%
HEDIS 2015 Colorado Medicaid Weighted Average		22.87%
<i>Disease-Modifying Anti-Rheumatic Drug Therapy in Rheumatoid Arthritis²</i>		
FFS	1,591	77.69% ^
Access KP	33	84.85% ^
DHMC	74	86.49% ^
RMHP Prime	101	75.25% ^

Medicaid Plan	Eligible Population	Rate
HEDIS 2017 Colorado Medicaid Weighted Average		78.04%[^]
HEDIS 2016 Colorado Medicaid Weighted Average		79.89%
HEDIS 2015 Colorado Medicaid Weighted Average		75.33%

¹ Due to differences in the calculation of this measure, exercise caution when trending rates between HEDIS 2017 and prior years.

² FFS members who were dually eligible for Medicaid and Medicare were excluded from the calculation of this rate for HEDIS 2017.

³ Changes in the rates from HEDIS 2016 to HEDIS 2017 should be interpreted with caution due to a change in the Department's reporting requirement from hybrid in HEDIS 2015 and HEDIS 2016 to administrative in HEDIS 2017.

⁴ Due to changes in the technical specifications for this measure, exercise caution when trending rates between HEDIS 2016 and prior year.

⁵ Due to changes in the technical specifications for this measure, exercise caution when trending rates between HEDIS 2017 and prior years.

⁶ Quality Compass benchmarks were not available for this measure; therefore, NCQA's HEDIS Audit Means and Percentiles benchmarks for HEDIS 2016 were used for comparison.

⁷ Due to differences in member eligibility for children in RMHP Prime, the rate may not be comparable to that of Access KP or DHMC.

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

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

— Indicates the rate is not presented in the table above as the Department did not require the health plans to report this rate for the respective reporting year.

Yellow shading with one carat ([^]) indicates the rate was at or above the Quality Compass national Medicaid HMO 50th percentile for HEDIS 2016.

Bold font indicates Colorado Medicaid Weighted Average values.

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

Use of Services Measure Results

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

Medicaid Plan	Rate
<i>Ambulatory Care (Per 1,000 Member Months)</i>	
<i>Outpatient Visits—Age <1 Year</i>	
FFS	714.12
Access KP	1,567.97
DHMC	409.84
RMHP Prime ¹	1,000.00
HEDIS 2017 Colorado Medicaid Weighted Average	696.83
HEDIS 2016 Colorado Medicaid Weighted Average	675.15
HEDIS 2015 Colorado Medicaid Weighted Average	715.84
<i>Outpatient Visits—Ages 1 to 9 Years</i>	
FFS	226.15
Access KP	212.27
DHMC	156.74
RMHP Prime ¹	515.92
HEDIS 2017 Colorado Medicaid Weighted Average	221.29
HEDIS 2016 Colorado Medicaid Weighted Average	227.73
HEDIS 2015 Colorado Medicaid Weighted Average	238.04
<i>Outpatient Visits—Ages 10 to 19 Years</i>	
FFS	195.68
Access KP	153.83
DHMC	151.78
RMHP Prime ¹	279.11
HEDIS 2017 Colorado Medicaid Weighted Average	191.90
HEDIS 2016 Colorado Medicaid Weighted Average	194.51
HEDIS 2015 Colorado Medicaid Weighted Average	208.08
<i>Outpatient Visits—Ages 20 to 44 Years</i>	
FFS	221.01
Access KP	198.33
DHMC	178.07
RMHP Prime	241.27
HEDIS 2017 Colorado Medicaid Weighted Average	219.61
HEDIS 2016 Colorado Medicaid Weighted Average	236.98
HEDIS 2015 Colorado Medicaid Weighted Average	265.84

Medicaid Plan	Rate
<i>Outpatient Visits—Ages 45 to 64 Years</i>	
FFS	389.34
Access KP	284.69
DHMC	312.71
RMHP Prime	435.38
HEDIS 2017 Colorado Medicaid Weighted Average	386.66
HEDIS 2016 Colorado Medicaid Weighted Average	403.43
HEDIS 2015 Colorado Medicaid Weighted Average	422.62
<i>Outpatient Visits—Ages 65 to 74 Years</i>	
FFS	501.71
Access KP	287.46
DHMC	449.88
RMHP Prime	708.72
HEDIS 2017 Colorado Medicaid Weighted Average	505.66
HEDIS 2016 Colorado Medicaid Weighted Average	502.36
HEDIS 2015 Colorado Medicaid Weighted Average	432.96
<i>Outpatient Visits—Ages 75 to 84 Years</i>	
FFS	526.56
Access KP	343.75
DHMC	526.66
RMHP Prime	645.90
HEDIS 2017 Colorado Medicaid Weighted Average	530.18
HEDIS 2016 Colorado Medicaid Weighted Average	521.44
HEDIS 2015 Colorado Medicaid Weighted Average	397.75
<i>Outpatient Visits—Ages 85+ Years</i>	
FFS	479.62
Access KP	368.42
DHMC	442.99
RMHP Prime	518.44
HEDIS 2017 Colorado Medicaid Weighted Average	480.55
HEDIS 2016 Colorado Medicaid Weighted Average	479.04
HEDIS 2015 Colorado Medicaid Weighted Average	283.37
<i>Outpatient Visits—Total</i>	
FFS	267.51
Access KP	213.06
DHMC	193.35
RMHP Prime ¹	320.65
HEDIS 2017 Colorado Medicaid Weighted Average	263.93
HEDIS 2016 Colorado Medicaid Weighted Average	274.59

Medicaid Plan	Rate
HEDIS 2015 Colorado Medicaid Weighted Average	289.90
<i>Emergency Department Visits—Age <1 Year*</i>	
FFS	87.52
Access KP ²	0.00
DHMC	65.22
RMHP Prime ¹	0.00
HEDIS 2017 Colorado Medicaid Weighted Average²	85.99
HEDIS 2016 Colorado Medicaid Weighted Average	86.14
HEDIS 2015 Colorado Medicaid Weighted Average	92.06
<i>Emergency Department Visits—Ages 1 to 9 Years*</i>	
FFS	43.89
Access KP ²	0.07
DHMC	31.76
RMHP Prime ¹	52.25
HEDIS 2017 Colorado Medicaid Weighted Average²	42.30
HEDIS 2016 Colorado Medicaid Weighted Average	46.01
HEDIS 2015 Colorado Medicaid Weighted Average	47.63
<i>Emergency Department Visits—Ages 10 to 19 Years*</i>	
FFS	39.25
Access KP ²	0.10
DHMC	24.63
RMHP Prime ¹	60.34
HEDIS 2017 Colorado Medicaid Weighted Average²	37.49
HEDIS 2016 Colorado Medicaid Weighted Average	39.17
HEDIS 2015 Colorado Medicaid Weighted Average	41.84
<i>Emergency Department Visits—Ages 20 to 44 Years*</i>	
FFS	72.25
Access KP ²	0.44
DHMC	58.06
RMHP Prime	70.71
HEDIS 2017 Colorado Medicaid Weighted Average²	70.45
HEDIS 2016 Colorado Medicaid Weighted Average	77.49
HEDIS 2015 Colorado Medicaid Weighted Average	84.80
<i>Emergency Department Visits—Ages 45 to 64 Years*</i>	
FFS	61.28
Access KP ²	0.37
DHMC	58.34
RMHP Prime	58.31
HEDIS 2017 Colorado Medicaid Weighted Average²	59.97

Medicaid Plan	Rate
HEDIS 2016 Colorado Medicaid Weighted Average	62.20
HEDIS 2015 Colorado Medicaid Weighted Average	64.83
<i>Emergency Department Visits—Ages 65 to 74 Years*</i>	
FFS	56.37
Access KP ²	0.00
DHMC	56.00
RMHP Prime	76.95
HEDIS 2017 Colorado Medicaid Weighted Average²	56.88
HEDIS 2016 Colorado Medicaid Weighted Average	56.19
HEDIS 2015 Colorado Medicaid Weighted Average	48.38
<i>Emergency Department Visits—Ages 75 to 84 Years*</i>	
FFS	50.17
Access KP ²	0.00
DHMC	53.12
RMHP Prime	52.24
HEDIS 2017 Colorado Medicaid Weighted Average²	50.30
HEDIS 2016 Colorado Medicaid Weighted Average	50.03
HEDIS 2015 Colorado Medicaid Weighted Average	42.41
<i>Emergency Department Visits—Ages 85+ Years*</i>	
FFS	41.43
Access KP ²	0.00
DHMC	40.97
RMHP Prime	48.63
HEDIS 2017 Colorado Medicaid Weighted Average²	41.70
HEDIS 2016 Colorado Medicaid Weighted Average	41.60
HEDIS 2015 Colorado Medicaid Weighted Average	35.72
<i>Emergency Department Visits—Total*</i>	
FFS	57.06
Access KP ²	0.25
DHMC	42.22
RMHP Prime ¹	66.27
HEDIS 2017 Colorado Medicaid Weighted Average²	55.58
HEDIS 2016 Colorado Medicaid Weighted Average	59.12
HEDIS 2015 Colorado Medicaid Weighted Average	62.03
<i>Inpatient Utilization—General Hospital/Acute Care</i>	
<i>Discharges per 1,000 Member Months (Total Inpatient)—Age <1 Year</i>	
FFS	9.65
Access KP	NR
DHMC	4.79

Medicaid Plan	Rate
RMHP Prime ¹	0.00
HEDIS 2017 Colorado Medicaid Weighted Average	9.37
HEDIS 2016 Colorado Medicaid Weighted Average	9.88
HEDIS 2015 Colorado Medicaid Weighted Average	9.84
<i>Discharges per 1,000 Member Months (Total Inpatient)—Ages 1 to 9 Years</i>	
FFS	1.62
Access KP	NR
DHMC	1.32
RMHP Prime ¹	4.80
HEDIS 2017 Colorado Medicaid Weighted Average	1.60
HEDIS 2016 Colorado Medicaid Weighted Average	1.72
HEDIS 2015 Colorado Medicaid Weighted Average	1.80
<i>Discharges per 1,000 Member Months (Total Inpatient)—Ages 10 to 19 Years</i>	
FFS	2.21
Access KP	NR
DHMC	1.50
RMHP Prime ¹	7.68
HEDIS 2017 Colorado Medicaid Weighted Average	2.17
HEDIS 2016 Colorado Medicaid Weighted Average	2.21
HEDIS 2015 Colorado Medicaid Weighted Average	2.55
<i>Discharges per 1,000 Member Months (Total Inpatient)—Ages 20 to 44 Years</i>	
FFS	9.50
Access KP	NR
DHMC	7.02
RMHP Prime	8.45
HEDIS 2017 Colorado Medicaid Weighted Average	9.34
HEDIS 2016 Colorado Medicaid Weighted Average	9.82
HEDIS 2015 Colorado Medicaid Weighted Average	11.43
<i>Discharges per 1,000 Member Months (Total Inpatient)—Ages 45 to 64 Years</i>	
FFS	12.75
Access KP	NR
DHMC	12.71
RMHP Prime	10.98
HEDIS 2017 Colorado Medicaid Weighted Average	12.66
HEDIS 2016 Colorado Medicaid Weighted Average	12.61
HEDIS 2015 Colorado Medicaid Weighted Average	13.99
<i>Discharges per 1,000 Member Months (Total Inpatient)—Ages 65 to 74 Years</i>	
FFS	18.21
Access KP	NR

Medicaid Plan	Rate
DHMC	15.11
RMHP Prime	19.61
HEDIS 2017 Colorado Medicaid Weighted Average	18.14
HEDIS 2016 Colorado Medicaid Weighted Average	18.08
HEDIS 2015 Colorado Medicaid Weighted Average	17.93
<i>Discharges per 1,000 Member Months (Total Inpatient)—Ages 75 to 84 Years</i>	
FFS	19.11
Access KP	NR
DHMC	19.89
RMHP Prime	21.09
HEDIS 2017 Colorado Medicaid Weighted Average	19.19
HEDIS 2016 Colorado Medicaid Weighted Average	20.22
HEDIS 2015 Colorado Medicaid Weighted Average	19.17
<i>Discharges per 1,000 Member Months (Total Inpatient)—Ages 85+ Years</i>	
FFS	18.17
Access KP	NR
DHMC	25.53
RMHP Prime	14.80
HEDIS 2017 Colorado Medicaid Weighted Average	18.15
HEDIS 2016 Colorado Medicaid Weighted Average	19.38
HEDIS 2015 Colorado Medicaid Weighted Average	18.84
<i>Discharges per 1,000 Member Months (Total Inpatient)—Total</i>	
FFS	7.11
Access KP	NR
DHMC	4.85
RMHP Prime ¹	9.66
HEDIS 2017 Colorado Medicaid Weighted Average	7.05
HEDIS 2016 Colorado Medicaid Weighted Average	7.17
HEDIS 2015 Colorado Medicaid Weighted Average	7.87
<i>Days per 1,000 Member Months (Total Inpatient)—Age <1 Year</i>	
FFS	68.61
Access KP	NR
DHMC	23.53
RMHP Prime ¹	0.00
HEDIS 2017 Colorado Medicaid Weighted Average	66.04
HEDIS 2016 Colorado Medicaid Weighted Average	68.03
HEDIS 2015 Colorado Medicaid Weighted Average	11.22

Medicaid Plan	Rate
<i>Days per 1,000 Member Months (Total Inpatient)—Ages 1 to 9 Years</i>	
FFS	6.09
Access KP	NR
DHMC	3.83
RMHP Prime ¹	56.46
HEDIS 2017 Colorado Medicaid Weighted Average	5.95
HEDIS 2016 Colorado Medicaid Weighted Average	7.06
HEDIS 2015 Colorado Medicaid Weighted Average	2.13
<i>Days per 1,000 Member Months (Total Inpatient)—Ages 10 to 19 Years</i>	
FFS	8.08
Access KP	NR
DHMC	4.88
RMHP Prime ¹	19.12
HEDIS 2017 Colorado Medicaid Weighted Average	7.87
HEDIS 2016 Colorado Medicaid Weighted Average	8.16
HEDIS 2015 Colorado Medicaid Weighted Average	2.87
<i>Days per 1,000 Member Months (Total Inpatient)—Ages 20 to 44 Years</i>	
FFS	33.53
Access KP	NR
DHMC	24.45
RMHP Prime	25.03
HEDIS 2017 Colorado Medicaid Weighted Average	32.70
HEDIS 2016 Colorado Medicaid Weighted Average	34.67
HEDIS 2015 Colorado Medicaid Weighted Average	13.07
<i>Days per 1,000 Member Months (Total Inpatient)—Ages 45 to 64 Years</i>	
FFS	65.34
Access KP	NR
DHMC	76.68
RMHP Prime	49.73
HEDIS 2017 Colorado Medicaid Weighted Average	65.04
HEDIS 2016 Colorado Medicaid Weighted Average	67.11
HEDIS 2015 Colorado Medicaid Weighted Average	16.77
<i>Days per 1,000 Member Months (Total Inpatient)—Ages 65 to 74 Years</i>	
FFS	112.18
Access KP	NR
DHMC	85.04
RMHP Prime	99.27
HEDIS 2017 Colorado Medicaid Weighted Average	110.73
HEDIS 2016 Colorado Medicaid Weighted Average	86.92

Medicaid Plan	Rate
HEDIS 2015 Colorado Medicaid Weighted Average	29.48
<i>Days per 1,000 Member Months (Total Inpatient)—Ages 75 to 84 Years</i>	
FFS	118.69
Access KP	NR
DHMC	106.23
RMHP Prime	83.59
HEDIS 2017 Colorado Medicaid Weighted Average	117.23
HEDIS 2016 Colorado Medicaid Weighted Average	100.57
HEDIS 2015 Colorado Medicaid Weighted Average	34.82
<i>Days per 1,000 Member Months (Total Inpatient)—Ages 85+ Years</i>	
FFS	108.35
Access KP	NR
DHMC	138.95
RMHP Prime	59.67
HEDIS 2017 Colorado Medicaid Weighted Average	106.89
HEDIS 2016 Colorado Medicaid Weighted Average	86.55
HEDIS 2015 Colorado Medicaid Weighted Average	31.91
<i>Days per 1,000 Member Months (Total Inpatient)—Total</i>	
FFS	31.15
Access KP	NR
DHMC	21.39
RMHP Prime ¹	35.32
HEDIS 2017 Colorado Medicaid Weighted Average	30.71
HEDIS 2016 Colorado Medicaid Weighted Average	31.04
HEDIS 2015 Colorado Medicaid Weighted Average	9.58
<i>Average Length of Stay (Total Inpatient)—Age <1 Year</i>	
FFS	7.11
Access KP	NR
DHMC	4.92
RMHP Prime ¹	NA
HEDIS 2017 Colorado Medicaid Weighted Average	7.05
HEDIS 2016 Colorado Medicaid Weighted Average	6.88
HEDIS 2015 Colorado Medicaid Weighted Average	1.14
<i>Average Length of Stay (Total Inpatient)—Ages 1 to 9 Years</i>	
FFS	3.75
Access KP	NR
DHMC	2.91
RMHP Prime ¹	11.75 [†]
HEDIS 2017 Colorado Medicaid Weighted Average	3.72

Medicaid Plan	Rate
HEDIS 2016 Colorado Medicaid Weighted Average	4.10
HEDIS 2015 Colorado Medicaid Weighted Average	1.18
<i>Average Length of Stay (Total Inpatient)—Ages 10 to 19 Years</i>	
FFS	3.65
Access KP	NR
DHMC	3.25
RMHP Prime ¹	2.49
HEDIS 2017 Colorado Medicaid Weighted Average	3.62
HEDIS 2016 Colorado Medicaid Weighted Average	3.69
HEDIS 2015 Colorado Medicaid Weighted Average	1.13
<i>Average Length of Stay (Total Inpatient)—Ages 20 to 44 Years</i>	
FFS	3.53
Access KP	NR
DHMC	3.48
RMHP Prime	2.96
HEDIS 2017 Colorado Medicaid Weighted Average	3.50
HEDIS 2016 Colorado Medicaid Weighted Average	3.53
HEDIS 2015 Colorado Medicaid Weighted Average	1.14
<i>Average Length of Stay (Total Inpatient)—Ages 45 to 64 Years</i>	
FFS	5.12
Access KP	NR
DHMC	6.03
RMHP Prime	4.53
HEDIS 2017 Colorado Medicaid Weighted Average	5.14
HEDIS 2016 Colorado Medicaid Weighted Average	5.32
HEDIS 2015 Colorado Medicaid Weighted Average	1.20
<i>Average Length of Stay (Total Inpatient)—Ages 65 to 74 Years</i>	
FFS	6.16
Access KP	NR
DHMC	5.63
RMHP Prime	5.06
HEDIS 2017 Colorado Medicaid Weighted Average	6.11
HEDIS 2016 Colorado Medicaid Weighted Average	4.81
HEDIS 2015 Colorado Medicaid Weighted Average	1.64
<i>Average Length of Stay (Total Inpatient)—Ages 75 to 84 Years</i>	
FFS	6.21
Access KP	NR
DHMC	5.34
RMHP Prime	3.96

Medicaid Plan	Rate
HEDIS 2017 Colorado Medicaid Weighted Average	6.11
HEDIS 2016 Colorado Medicaid Weighted Average	4.97
HEDIS 2015 Colorado Medicaid Weighted Average	1.82
<i>Average Length of Stay (Total Inpatient)—Ages 85+ Years</i>	
FFS	5.96
Access KP	NR
DHMC	5.44
RMHP Prime	4.03
HEDIS 2017 Colorado Medicaid Weighted Average	5.89
HEDIS 2016 Colorado Medicaid Weighted Average	4.46
HEDIS 2015 Colorado Medicaid Weighted Average	1.69
<i>Average Length of Stay (Total Inpatient)—Total</i>	
FFS	4.38
Access KP	NR
DHMC	4.41
RMHP Prime ¹	3.66
HEDIS 2017 Colorado Medicaid Weighted Average	4.36
HEDIS 2016 Colorado Medicaid Weighted Average	4.33
HEDIS 2015 Colorado Medicaid Weighted Average	1.22
<i>Discharges per 1,000 Member Months (Medicine)—Age <1 Year</i>	
FFS	8.10
Access KP	NR
DHMC	4.16
RMHP Prime ¹	0.00
HEDIS 2017 Colorado Medicaid Weighted Average	7.87
HEDIS 2016 Colorado Medicaid Weighted Average	8.20
HEDIS 2015 Colorado Medicaid Weighted Average	8.15
<i>Discharges per 1,000 Member Months (Medicine)—Ages 1 to 9 Years</i>	
FFS	1.28
Access KP	NR
DHMC	1.17
RMHP Prime ¹	3.00
HEDIS 2017 Colorado Medicaid Weighted Average	1.28
HEDIS 2016 Colorado Medicaid Weighted Average	1.39
HEDIS 2015 Colorado Medicaid Weighted Average	1.46
<i>Discharges per 1,000 Member Months (Medicine)—Ages 10 to 19 Years</i>	
FFS	0.87
Access KP	NR
DHMC	0.58

Medicaid Plan	Rate
RMHP Prime ¹	2.98
HEDIS 2017 Colorado Medicaid Weighted Average	0.85
HEDIS 2016 Colorado Medicaid Weighted Average	0.83
HEDIS 2015 Colorado Medicaid Weighted Average	0.96
<i>Discharges per 1,000 Member Months (Medicine)—Ages 20 to 44 Years</i>	
FFS	2.97
Access KP	NR
DHMC	2.08
RMHP Prime	2.82
HEDIS 2017 Colorado Medicaid Weighted Average	2.92
HEDIS 2016 Colorado Medicaid Weighted Average	2.79
HEDIS 2015 Colorado Medicaid Weighted Average	3.20
<i>Discharges per 1,000 Member Months (Medicine)—Ages 45 to 64 Years</i>	
FFS	7.97
Access KP	NR
DHMC	9.64
RMHP Prime	6.76
HEDIS 2017 Colorado Medicaid Weighted Average	7.98
HEDIS 2016 Colorado Medicaid Weighted Average	7.67
HEDIS 2015 Colorado Medicaid Weighted Average	8.65
<i>Discharges per 1,000 Member Months (Medicine)—Ages 65 to 74 Years</i>	
FFS	12.60
Access KP	NR
DHMC	10.67
RMHP Prime	12.09
HEDIS 2017 Colorado Medicaid Weighted Average	12.51
HEDIS 2016 Colorado Medicaid Weighted Average	12.27
HEDIS 2015 Colorado Medicaid Weighted Average	12.62
<i>Discharges per 1,000 Member Months (Medicine)—Ages 75 to 84 Years</i>	
FFS	13.94
Access KP	NR
DHMC	16.00
RMHP Prime	14.90
HEDIS 2017 Colorado Medicaid Weighted Average	14.03
HEDIS 2016 Colorado Medicaid Weighted Average	14.90
HEDIS 2015 Colorado Medicaid Weighted Average	14.46
<i>Discharges per 1,000 Member Months (Medicine)—Ages 85+ Years</i>	
FFS	14.44
Access KP	NR

Medicaid Plan	Rate
DHMC	23.16
RMHP Prime	11.28
HEDIS 2017 Colorado Medicaid Weighted Average	14.45
HEDIS 2016 Colorado Medicaid Weighted Average	15.54
HEDIS 2015 Colorado Medicaid Weighted Average	15.34
<i>Discharges per 1,000 Member Months (Medicine)—Total</i>	
FFS	3.49
Access KP	NR
DHMC	2.63
RMHP Prime ¹	4.47
HEDIS 2017 Colorado Medicaid Weighted Average	3.46
HEDIS 2016 Colorado Medicaid Weighted Average	3.40
HEDIS 2015 Colorado Medicaid Weighted Average	3.76
<i>Days per 1,000 Member Months (Medicine)—Age <1 Year</i>	
FFS	35.62
Access KP	NR
DHMC	13.78
RMHP Prime ¹	0.00
HEDIS 2017 Colorado Medicaid Weighted Average	34.38
HEDIS 2016 Colorado Medicaid Weighted Average	43.16
HEDIS 2015 Colorado Medicaid Weighted Average	9.35
<i>Days per 1,000 Member Months (Medicine)—Ages 1 to 9 Years</i>	
FFS	3.58
Access KP	NR
DHMC	2.96
RMHP Prime ¹	30.63
HEDIS 2017 Colorado Medicaid Weighted Average	3.55
HEDIS 2016 Colorado Medicaid Weighted Average	4.29
HEDIS 2015 Colorado Medicaid Weighted Average	1.72
<i>Days per 1,000 Member Months (Medicine)—Ages 10 to 19 Years</i>	
FFS	2.80
Access KP	NR
DHMC	1.66
RMHP Prime ¹	6.58
HEDIS 2017 Colorado Medicaid Weighted Average	2.72
HEDIS 2016 Colorado Medicaid Weighted Average	2.83
HEDIS 2015 Colorado Medicaid Weighted Average	1.15
<i>Days per 1,000 Member Months (Medicine)—Ages 20 to 44 Years</i>	
FFS	10.03

Medicaid Plan	Rate
Access KP	NR
DHMC	7.51
RMHP Prime	9.03
HEDIS 2017 Colorado Medicaid Weighted Average	9.87
HEDIS 2016 Colorado Medicaid Weighted Average	10.25
HEDIS 2015 Colorado Medicaid Weighted Average	3.93
<i>Days per 1,000 Member Months (Medicine)—Ages 45 to 64 Years</i>	
FFS	31.49
Access KP	NR
DHMC	44.76
RMHP Prime	26.34
HEDIS 2017 Colorado Medicaid Weighted Average	31.79
HEDIS 2016 Colorado Medicaid Weighted Average	32.18
HEDIS 2015 Colorado Medicaid Weighted Average	10.50
<i>Days per 1,000 Member Months (Medicine)—Ages 65 to 74 Years</i>	
FFS	70.07
Access KP	NR
DHMC	41.19
RMHP Prime	56.73
HEDIS 2017 Colorado Medicaid Weighted Average	68.53
HEDIS 2016 Colorado Medicaid Weighted Average	49.75
HEDIS 2015 Colorado Medicaid Weighted Average	20.64
<i>Days per 1,000 Member Months (Medicine)—Ages 75 to 84 Years</i>	
FFS	82.89
Access KP	NR
DHMC	64.40
RMHP Prime	57.86
HEDIS 2017 Colorado Medicaid Weighted Average	81.57
HEDIS 2016 Colorado Medicaid Weighted Average	63.91
HEDIS 2015 Colorado Medicaid Weighted Average	25.88
<i>Days per 1,000 Member Months (Medicine)—Ages 85+ Years</i>	
FFS	81.78
Access KP	NR
DHMC	116.98
RMHP Prime	42.52
HEDIS 2017 Colorado Medicaid Weighted Average	80.77
HEDIS 2016 Colorado Medicaid Weighted Average	63.58
HEDIS 2015 Colorado Medicaid Weighted Average	25.45

Medicaid Plan	Rate
<i>Days per 1,000 Member Months (Medicine)—Total</i>	
FFS	13.63
Access KP	NR
DHMC	10.36
RMHP Prime ¹	16.38
HEDIS 2017 Colorado Medicaid Weighted Average	13.52
HEDIS 2016 Colorado Medicaid Weighted Average	13.50
HEDIS 2015 Colorado Medicaid Weighted Average	4.83
<i>Average Length of Stay (Medicine)—Age <1 Year</i>	
FFS	4.40
Access KP	NR
DHMC	3.31
RMHP Prime ¹	NA
HEDIS 2017 Colorado Medicaid Weighted Average	4.37
HEDIS 2016 Colorado Medicaid Weighted Average	5.26
HEDIS 2015 Colorado Medicaid Weighted Average	1.15
<i>Average Length of Stay (Medicine)—Ages 1 to 9 Years</i>	
FFS	2.79
Access KP	NR
DHMC	2.53
RMHP Prime ¹	10.20†
HEDIS 2017 Colorado Medicaid Weighted Average	2.78
HEDIS 2016 Colorado Medicaid Weighted Average	3.09
HEDIS 2015 Colorado Medicaid Weighted Average	1.18
<i>Average Length of Stay (Medicine)—Ages 10 to 19 Years</i>	
FFS	3.23
Access KP	NR
DHMC	2.88
RMHP Prime ¹	2.21†
HEDIS 2017 Colorado Medicaid Weighted Average	3.20
HEDIS 2016 Colorado Medicaid Weighted Average	3.42
HEDIS 2015 Colorado Medicaid Weighted Average	1.19
<i>Average Length of Stay (Medicine)—Ages 20 to 44 Years</i>	
FFS	3.38
Access KP	NR
DHMC	3.61
RMHP Prime	3.21
HEDIS 2017 Colorado Medicaid Weighted Average	3.38
HEDIS 2016 Colorado Medicaid Weighted Average	3.68

Medicaid Plan	Rate
HEDIS 2015 Colorado Medicaid Weighted Average	1.23
<i>Average Length of Stay (Medicine)—Ages 45 to 64 Years</i>	
FFS	3.95
Access KP	NR
DHMC	4.64
RMHP Prime	3.90
HEDIS 2017 Colorado Medicaid Weighted Average	3.98
HEDIS 2016 Colorado Medicaid Weighted Average	4.20
HEDIS 2015 Colorado Medicaid Weighted Average	1.21
<i>Average Length of Stay (Medicine)—Ages 65 to 74 Years</i>	
FFS	5.56
Access KP	NR
DHMC	3.86
RMHP Prime	4.69
HEDIS 2017 Colorado Medicaid Weighted Average	5.48
HEDIS 2016 Colorado Medicaid Weighted Average	4.06
HEDIS 2015 Colorado Medicaid Weighted Average	1.64
<i>Average Length of Stay (Medicine)—Ages 75 to 84 Years</i>	
FFS	5.95
Access KP	NR
DHMC	4.03
RMHP Prime	3.88
HEDIS 2017 Colorado Medicaid Weighted Average	5.82
HEDIS 2016 Colorado Medicaid Weighted Average	4.29
HEDIS 2015 Colorado Medicaid Weighted Average	1.79
<i>Average Length of Stay (Medicine)—Ages 85+ Years</i>	
FFS	5.66
Access KP	NR
DHMC	5.05
RMHP Prime	3.77
HEDIS 2017 Colorado Medicaid Weighted Average	5.59
HEDIS 2016 Colorado Medicaid Weighted Average	4.09
HEDIS 2015 Colorado Medicaid Weighted Average	1.66
<i>Average Length of Stay (Medicine)—Total</i>	
FFS	3.91
Access KP	NR
DHMC	3.94
RMHP Prime ¹	3.66
HEDIS 2017 Colorado Medicaid Weighted Average	3.90

Medicaid Plan	Rate
HEDIS 2016 Colorado Medicaid Weighted Average	3.97
HEDIS 2015 Colorado Medicaid Weighted Average	1.28
<i>Discharges per 1,000 Member Months (Surgery)—Age <1 Year</i>	
FFS	1.55
Access KP	NR
DHMC	0.62
RMHP Prime ¹	0.00
HEDIS 2017 Colorado Medicaid Weighted Average	1.50
HEDIS 2016 Colorado Medicaid Weighted Average	1.66
HEDIS 2015 Colorado Medicaid Weighted Average	1.67
<i>Discharges per 1,000 Member Months (Surgery)—Ages 1 to 9 Years</i>	
FFS	0.34
Access KP	NR
DHMC	0.15
RMHP Prime ¹	1.80
HEDIS 2017 Colorado Medicaid Weighted Average	0.32
HEDIS 2016 Colorado Medicaid Weighted Average	0.33
HEDIS 2015 Colorado Medicaid Weighted Average	0.34
<i>Discharges per 1,000 Member Months (Surgery)—Ages 10 to 19 Years</i>	
FFS	0.44
Access KP	NR
DHMC	0.18
RMHP Prime ¹	1.57
HEDIS 2017 Colorado Medicaid Weighted Average	0.42
HEDIS 2016 Colorado Medicaid Weighted Average	0.43
HEDIS 2015 Colorado Medicaid Weighted Average	0.46
<i>Discharges per 1,000 Member Months (Surgery)—Ages 20 to 44 Years</i>	
FFS	1.61
Access KP	NR
DHMC	0.86
RMHP Prime	1.21
HEDIS 2017 Colorado Medicaid Weighted Average	1.56
HEDIS 2016 Colorado Medicaid Weighted Average	1.73
HEDIS 2015 Colorado Medicaid Weighted Average	1.82
<i>Discharges per 1,000 Member Months (Surgery)—Ages 45 to 64 Years</i>	
FFS	4.76
Access KP	NR
DHMC	3.05
RMHP Prime	4.20

Medicaid Plan	Rate
HEDIS 2017 Colorado Medicaid Weighted Average	4.66
HEDIS 2016 Colorado Medicaid Weighted Average	4.92
HEDIS 2015 Colorado Medicaid Weighted Average	5.31
<i>Discharges per 1,000 Member Months (Surgery)—Ages 65 to 74 Years</i>	
FFS	5.61
Access KP	NR
DHMC	4.44
RMHP Prime	7.52
HEDIS 2017 Colorado Medicaid Weighted Average	5.63
HEDIS 2016 Colorado Medicaid Weighted Average	5.81
HEDIS 2015 Colorado Medicaid Weighted Average	5.31
<i>Discharges per 1,000 Member Months (Surgery)—Ages 75 to 84 Years</i>	
FFS	5.17
Access KP	NR
DHMC	3.90
RMHP Prime	6.19
HEDIS 2017 Colorado Medicaid Weighted Average	5.16
HEDIS 2016 Colorado Medicaid Weighted Average	5.32
HEDIS 2015 Colorado Medicaid Weighted Average	4.71
<i>Discharges per 1,000 Member Months (Surgery)—Ages 85+ Years</i>	
FFS	3.73
Access KP	NR
DHMC	2.38
RMHP Prime	3.52
HEDIS 2017 Colorado Medicaid Weighted Average	3.70
HEDIS 2016 Colorado Medicaid Weighted Average	3.84
HEDIS 2015 Colorado Medicaid Weighted Average	3.48
<i>Discharges per 1,000 Member Months (Surgery)—Total</i>	
FFS	1.73
Access KP	NR
DHMC	0.81
RMHP Prime ¹	2.36
HEDIS 2017 Colorado Medicaid Weighted Average	1.69
HEDIS 2016 Colorado Medicaid Weighted Average	1.78
HEDIS 2015 Colorado Medicaid Weighted Average	1.84
<i>Days per 1,000 Member Months (Surgery)—Age <1 Year</i>	
FFS	32.99
Access KP	NR
DHMC	9.75

Medicaid Plan	Rate
RMHP Prime ¹	0.00
HEDIS 2017 Colorado Medicaid Weighted Average	31.67
HEDIS 2016 Colorado Medicaid Weighted Average	24.77
HEDIS 2015 Colorado Medicaid Weighted Average	1.85
<i>Days per 1,000 Member Months (Surgery)—Ages 1 to 9 Years</i>	
FFS	2.51
Access KP	NR
DHMC	0.87
RMHP Prime ¹	25.83
HEDIS 2017 Colorado Medicaid Weighted Average	2.41
HEDIS 2016 Colorado Medicaid Weighted Average	2.77
HEDIS 2015 Colorado Medicaid Weighted Average	0.41
<i>Days per 1,000 Member Months (Surgery)—Ages 10 to 19 Years</i>	
FFS	2.86
Access KP	NR
DHMC	1.13
RMHP Prime ¹	6.58
HEDIS 2017 Colorado Medicaid Weighted Average	2.75
HEDIS 2016 Colorado Medicaid Weighted Average	2.81
HEDIS 2015 Colorado Medicaid Weighted Average	0.52
<i>Days per 1,000 Member Months (Surgery)—Ages 20 to 44 Years</i>	
FFS	11.21
Access KP	NR
DHMC	5.55
RMHP Prime	6.25
HEDIS 2017 Colorado Medicaid Weighted Average	10.71
HEDIS 2016 Colorado Medicaid Weighted Average	11.07
HEDIS 2015 Colorado Medicaid Weighted Average	2.35
<i>Days per 1,000 Member Months (Surgery)—Ages 45 to 64 Years</i>	
FFS	33.80
Access KP	NR
DHMC	31.89
RMHP Prime	23.32
HEDIS 2017 Colorado Medicaid Weighted Average	33.20
HEDIS 2016 Colorado Medicaid Weighted Average	34.85
HEDIS 2015 Colorado Medicaid Weighted Average	6.23
<i>Days per 1,000 Member Months (Surgery)—Ages 65 to 74 Years</i>	
FFS	42.11
Access KP	NR

Medicaid Plan	Rate
DHMC	43.85
RMHP Prime	42.55
HEDIS 2017 Colorado Medicaid Weighted Average	42.19
HEDIS 2016 Colorado Medicaid Weighted Average	37.13
HEDIS 2015 Colorado Medicaid Weighted Average	8.84
<i>Days per 1,000 Member Months (Surgery)—Ages 75 to 84 Years</i>	
FFS	35.79
Access KP	NR
DHMC	41.84
RMHP Prime	25.74
HEDIS 2017 Colorado Medicaid Weighted Average	35.66
HEDIS 2016 Colorado Medicaid Weighted Average	36.65
HEDIS 2015 Colorado Medicaid Weighted Average	8.94
<i>Days per 1,000 Member Months (Surgery)—Ages 85+ Years</i>	
FFS	26.57
Access KP	NR
DHMC	21.97
RMHP Prime	17.15
HEDIS 2017 Colorado Medicaid Weighted Average	26.13
HEDIS 2016 Colorado Medicaid Weighted Average	22.97
HEDIS 2015 Colorado Medicaid Weighted Average	6.44
<i>Days per 1,000 Member Months (Surgery)—Total</i>	
FFS	12.75
Access KP	NR
DHMC	7.11
RMHP Prime ¹	12.73
HEDIS 2017 Colorado Medicaid Weighted Average	12.43
HEDIS 2016 Colorado Medicaid Weighted Average	12.51
HEDIS 2015 Colorado Medicaid Weighted Average	2.34
<i>Average Length of Stay (Surgery)—Age <1 Year</i>	
FFS	21.28
Access KP	NR
DHMC	15.71†
RMHP Prime ¹	NA
HEDIS 2017 Colorado Medicaid Weighted Average	21.15
HEDIS 2016 Colorado Medicaid Weighted Average	14.92
HEDIS 2015 Colorado Medicaid Weighted Average	1.11

Medicaid Plan	Rate
<i>Average Length of Stay (Surgery)—Ages 1 to 9 Years</i>	
FFS	7.44
Access KP	NR
DHMC	5.94
RMHP Prime ¹	14.33 [†]
HEDIS 2017 Colorado Medicaid Weighted Average	7.41
HEDIS 2016 Colorado Medicaid Weighted Average	8.33
HEDIS 2015 Colorado Medicaid Weighted Average	1.19
<i>Average Length of Stay (Surgery)—Ages 10 to 19 Years</i>	
FFS	6.54
Access KP	NR
DHMC	6.29
RMHP Prime ¹	4.20 [†]
HEDIS 2017 Colorado Medicaid Weighted Average	6.52
HEDIS 2016 Colorado Medicaid Weighted Average	6.56
HEDIS 2015 Colorado Medicaid Weighted Average	1.14
<i>Average Length of Stay (Surgery)—Ages 20 to 44 Years</i>	
FFS	6.95
Access KP	NR
DHMC	6.46
RMHP Prime	5.16
HEDIS 2017 Colorado Medicaid Weighted Average	6.87
HEDIS 2016 Colorado Medicaid Weighted Average	6.42
HEDIS 2015 Colorado Medicaid Weighted Average	1.29
<i>Average Length of Stay (Surgery)—Ages 45 to 64 Years</i>	
FFS	7.10
Access KP	NR
DHMC	10.46
RMHP Prime	5.55
HEDIS 2017 Colorado Medicaid Weighted Average	7.12
HEDIS 2016 Colorado Medicaid Weighted Average	7.08
HEDIS 2015 Colorado Medicaid Weighted Average	1.17
<i>Average Length of Stay (Surgery)—Ages 65 to 74 Years</i>	
FFS	7.51
Access KP	NR
DHMC	9.87
RMHP Prime	5.66
HEDIS 2017 Colorado Medicaid Weighted Average	7.50
HEDIS 2016 Colorado Medicaid Weighted Average	6.39

Medicaid Plan	Rate
HEDIS 2015 Colorado Medicaid Weighted Average	1.66
<i>Average Length of Stay (Surgery)—Ages 75 to 84 Years</i>	
FFS	6.92
Access KP	NR
DHMC	10.74†
RMHP Prime	4.16
HEDIS 2017 Colorado Medicaid Weighted Average	6.90
HEDIS 2016 Colorado Medicaid Weighted Average	6.89
HEDIS 2015 Colorado Medicaid Weighted Average	1.90
<i>Average Length of Stay (Surgery)—Ages 85+ Years</i>	
FFS	7.13
Access KP	NR
DHMC	9.25†
RMHP Prime	4.87†
HEDIS 2017 Colorado Medicaid Weighted Average	7.06
HEDIS 2016 Colorado Medicaid Weighted Average	5.97
HEDIS 2015 Colorado Medicaid Weighted Average	1.85
<i>Average Length of Stay (Surgery)—Total</i>	
FFS	7.39
Access KP	NR
DHMC	8.79
RMHP Prime ¹	5.39
HEDIS 2017 Colorado Medicaid Weighted Average	7.35
HEDIS 2016 Colorado Medicaid Weighted Average	7.02
HEDIS 2015 Colorado Medicaid Weighted Average	1.27
<i>Discharges per 1,000 Member Months (Maternity)—Ages 10 to 19 Years</i>	
FFS	0.91
Access KP	NR
DHMC	0.75
RMHP Prime ¹	3.13
HEDIS 2017 Colorado Medicaid Weighted Average	0.90
HEDIS 2016 Colorado Medicaid Weighted Average	0.96
HEDIS 2015 Colorado Medicaid Weighted Average	1.12
<i>Discharges per 1,000 Member Months (Maternity)—Ages 20 to 44 Years</i>	
FFS	4.92
Access KP	NR
DHMC	4.08
RMHP Prime	4.42
HEDIS 2017 Colorado Medicaid Weighted Average	4.86

Medicaid Plan	Rate
HEDIS 2016 Colorado Medicaid Weighted Average	5.31
HEDIS 2015 Colorado Medicaid Weighted Average	6.40
<i>Discharges per 1,000 Member Months (Maternity)—Ages 45 to 64 Years</i>	
FFS	0.02
Access KP	NR
DHMC	0.02
RMHP Prime	0.02
HEDIS 2017 Colorado Medicaid Weighted Average	0.02
HEDIS 2016 Colorado Medicaid Weighted Average	0.02
HEDIS 2015 Colorado Medicaid Weighted Average	0.03
<i>Discharges per 1,000 Member Months (Maternity)—Total</i>	
FFS	2.65
Access KP	NR
DHMC	2.07
RMHP Prime ¹	2.96
HEDIS 2017 Colorado Medicaid Weighted Average	2.63
HEDIS 2016 Colorado Medicaid Weighted Average	2.83
HEDIS 2015 Colorado Medicaid Weighted Average	3.34
<i>Days per 1,000 Member Months (Maternity)—Ages 10 to 19 Years</i>	
FFS	2.42
Access KP	NR
DHMC	2.09
RMHP Prime ¹	5.96
HEDIS 2017 Colorado Medicaid Weighted Average	2.40
HEDIS 2016 Colorado Medicaid Weighted Average	2.52
HEDIS 2015 Colorado Medicaid Weighted Average	1.20
<i>Days per 1,000 Member Months (Maternity)—Ages 20 to 44 Years</i>	
FFS	12.29
Access KP	NR
DHMC	11.38
RMHP Prime	9.74
HEDIS 2017 Colorado Medicaid Weighted Average	12.12
HEDIS 2016 Colorado Medicaid Weighted Average	13.34
HEDIS 2015 Colorado Medicaid Weighted Average	6.80
<i>Days per 1,000 Member Months (Maternity)—Ages 45 to 64 Years</i>	
FFS	0.05
Access KP	NR
DHMC	0.03
RMHP Prime	0.07

Medicaid Plan	Rate
HEDIS 2017 Colorado Medicaid Weighted Average	0.05
HEDIS 2016 Colorado Medicaid Weighted Average	0.07
HEDIS 2015 Colorado Medicaid Weighted Average	0.04
<i>Days per 1,000 Member Months (Maternity)—Total</i>	
FFS	6.66
Access KP	NR
DHMC	5.78
RMHP Prime ¹	6.52
HEDIS 2017 Colorado Medicaid Weighted Average	6.61
HEDIS 2016 Colorado Medicaid Weighted Average	7.15
HEDIS 2015 Colorado Medicaid Weighted Average	3.55
<i>Average Length of Stay (Maternity)—Ages 10 to 19 Years</i>	
FFS	2.66
Access KP	NR
DHMC	2.80
RMHP Prime ¹	1.90†
HEDIS 2017 Colorado Medicaid Weighted Average	2.66
HEDIS 2016 Colorado Medicaid Weighted Average	2.64
HEDIS 2015 Colorado Medicaid Weighted Average	1.07
<i>Average Length of Stay (Maternity)—Ages 20 to 44 Years</i>	
FFS	2.50
Access KP	NR
DHMC	2.79
RMHP Prime	2.20
HEDIS 2017 Colorado Medicaid Weighted Average	2.50
HEDIS 2016 Colorado Medicaid Weighted Average	2.51
HEDIS 2015 Colorado Medicaid Weighted Average	1.06
<i>Average Length of Stay (Maternity)—Ages 45 to 64 Years</i>	
FFS	2.85
Access KP	NR
DHMC	1.50†
RMHP Prime	3.00†
HEDIS 2017 Colorado Medicaid Weighted Average	2.80
HEDIS 2016 Colorado Medicaid Weighted Average	3.59
HEDIS 2015 Colorado Medicaid Weighted Average	1.08
<i>Average Length of Stay (Maternity)—Total</i>	
FFS	2.51
Access KP	NR
DHMC	2.79

Medicaid Plan	Rate
RMHP Prime ¹	2.20
HEDIS 2017 Colorado Medicaid Weighted Average	2.51
HEDIS 2016 Colorado Medicaid Weighted Average	2.53
HEDIS 2015 Colorado Medicaid Weighted Average	1.06
<i>Antibiotic Utilization*^{3,4}</i>	
<i>Average Scripts PMPY for Antibiotics—Ages 0 to 9 Years</i>	
FFS	0.52
Access KP	0.38
DHMC	0.22
RMHP Prime ¹	1.28
HEDIS 2017 Colorado Medicaid Weighted Average	0.49
HEDIS 2016 Colorado Medicaid Weighted Average	0.94
HEDIS 2015 Colorado Medicaid Weighted Average	0.87
<i>Average Scripts PMPY for Antibiotics—Ages 10 to 17 Years</i>	
FFS	0.39
Access KP	0.25
DHMC	0.14
RMHP Prime ¹	0.86
HEDIS 2017 Colorado Medicaid Weighted Average	0.37
HEDIS 2016 Colorado Medicaid Weighted Average	0.61
HEDIS 2015 Colorado Medicaid Weighted Average	0.58
<i>Average Scripts PMPY for Antibiotics—Ages 18 to 34 Years</i>	
FFS	0.65
Access KP	0.49
DHMC	0.42
RMHP Prime	0.71
HEDIS 2017 Colorado Medicaid Weighted Average	0.64
HEDIS 2016 Colorado Medicaid Weighted Average	1.05
HEDIS 2015 Colorado Medicaid Weighted Average	1.03
<i>Average Scripts PMPY for Antibiotics—Ages 35 to 49 Years</i>	
FFS	0.74
Access KP	0.56
DHMC	0.50
RMHP Prime	0.79
HEDIS 2017 Colorado Medicaid Weighted Average	0.73
HEDIS 2016 Colorado Medicaid Weighted Average	1.12
HEDIS 2015 Colorado Medicaid Weighted Average	1.07

Medicaid Plan	Rate
<i>Average Scripts PMPY for Antibiotics—Ages 50 to 64 Years</i>	
FFS	0.78
Access KP	0.56
DHMC	0.56
RMHP Prime	0.82
HEDIS 2017 Colorado Medicaid Weighted Average	0.77
HEDIS 2016 Colorado Medicaid Weighted Average	1.13
HEDIS 2015 Colorado Medicaid Weighted Average	1.04
<i>Average Scripts PMPY for Antibiotics—Ages 65 to 74 Years</i>	
FFS	0.67
Access KP	0.19
DHMC	0.14
RMHP Prime	0.35
HEDIS 2017 Colorado Medicaid Weighted Average	0.48
HEDIS 2016 Colorado Medicaid Weighted Average	0.76
HEDIS 2015 Colorado Medicaid Weighted Average	0.66
<i>Average Scripts PMPY for Antibiotics—Ages 75 to 84 Years</i>	
FFS	0.67
Access KP	0.38
DHMC	0.18
RMHP Prime	0.23
HEDIS 2017 Colorado Medicaid Weighted Average	0.48
HEDIS 2016 Colorado Medicaid Weighted Average	0.56
HEDIS 2015 Colorado Medicaid Weighted Average	0.46
<i>Average Scripts PMPY for Antibiotics—Ages 85+ Years</i>	
FFS	0.65
Access KP	0.95
DHMC	0.14
RMHP Prime	0.21
HEDIS 2017 Colorado Medicaid Weighted Average	0.41
HEDIS 2016 Colorado Medicaid Weighted Average	0.54
HEDIS 2015 Colorado Medicaid Weighted Average	0.47
<i>Average Scripts PMPY for Antibiotics—Total</i>	
FFS	0.60
Access KP	0.43
DHMC	0.31
RMHP Prime ¹	0.75
HEDIS 2017 Colorado Medicaid Weighted Average	0.58
HEDIS 2016 Colorado Medicaid Weighted Average	0.96

Medicaid Plan	Rate
HEDIS 2015 Colorado Medicaid Weighted Average	0.90
<i>Average Days Supplied per Antibiotic Script—Ages 0 to 9 Years</i>	
FFS	9.68
Access KP	10.58
DHMC	9.75
RMHP Prime ¹	12.62
HEDIS 2017 Colorado Medicaid Weighted Average	9.69
HEDIS 2016 Colorado Medicaid Weighted Average	9.70
HEDIS 2015 Colorado Medicaid Weighted Average	9.59
<i>Average Days Supplied per Antibiotic Script—Ages 10 to 17 Years</i>	
FFS	10.99
Access KP	13.24
DHMC	11.08
RMHP Prime ¹	13.01
HEDIS 2017 Colorado Medicaid Weighted Average	11.02
HEDIS 2016 Colorado Medicaid Weighted Average	11.36
HEDIS 2015 Colorado Medicaid Weighted Average	11.10
<i>Average Days Supplied per Antibiotic Script—Ages 18 to 34 Years</i>	
FFS	9.06
Access KP	10.55
DHMC	8.45
RMHP Prime	9.06
HEDIS 2017 Colorado Medicaid Weighted Average	9.06
HEDIS 2016 Colorado Medicaid Weighted Average	9.30
HEDIS 2015 Colorado Medicaid Weighted Average	9.22
<i>Average Days Supplied per Antibiotic Script—Ages 35 to 49 Years</i>	
FFS	9.28
Access KP	10.73
DHMC	8.94
RMHP Prime	9.24
HEDIS 2017 Colorado Medicaid Weighted Average	9.28
HEDIS 2016 Colorado Medicaid Weighted Average	9.44
HEDIS 2015 Colorado Medicaid Weighted Average	9.52
<i>Average Days Supplied per Antibiotic Script—Ages 50 to 64 Years</i>	
FFS	9.50
Access KP	10.13
DHMC	9.73
RMHP Prime	9.40
HEDIS 2017 Colorado Medicaid Weighted Average	9.51

Medicaid Plan	Rate
HEDIS 2016 Colorado Medicaid Weighted Average	9.70
HEDIS 2015 Colorado Medicaid Weighted Average	9.71
<i>Average Days Supplied per Antibiotic Script—Ages 65 to 74 Years</i>	
FFS	9.58
Access KP	6.89
DHMC	9.61
RMHP Prime	11.71
HEDIS 2017 Colorado Medicaid Weighted Average	9.77
HEDIS 2016 Colorado Medicaid Weighted Average	9.17
HEDIS 2015 Colorado Medicaid Weighted Average	9.35
<i>Average Days Supplied per Antibiotic Script—Ages 75 to 84 Years</i>	
FFS	8.69
Access KP	6.33
DHMC	8.22
RMHP Prime	8.31
HEDIS 2017 Colorado Medicaid Weighted Average	8.61
HEDIS 2016 Colorado Medicaid Weighted Average	8.69
HEDIS 2015 Colorado Medicaid Weighted Average	9.47
<i>Average Days Supplied per Antibiotic Script—Ages 85+ Years</i>	
FFS	7.67
Access KP	6.67
DHMC	5.70
RMHP Prime	10.09
HEDIS 2017 Colorado Medicaid Weighted Average	7.95
HEDIS 2016 Colorado Medicaid Weighted Average	8.10
HEDIS 2015 Colorado Medicaid Weighted Average	9.45
<i>Average Days Supplied per Antibiotic Script—Total</i>	
FFS	9.54
Access KP	10.84
DHMC	9.28
RMHP Prime ¹	9.27
HEDIS 2017 Colorado Medicaid Weighted Average	9.53
HEDIS 2016 Colorado Medicaid Weighted Average	9.72
HEDIS 2015 Colorado Medicaid Weighted Average	9.67
<i>Average Scripts PMPY for Antibiotics of Concern—Ages 0 to 9 Years</i>	
FFS	0.17
Access KP	0.10
DHMC	0.05
RMHP Prime ¹	0.55

Medicaid Plan	Rate
HEDIS 2017 Colorado Medicaid Weighted Average	0.16
HEDIS 2016 Colorado Medicaid Weighted Average	0.33
HEDIS 2015 Colorado Medicaid Weighted Average	0.31
<i>Average Scripts PMPY for Antibiotics of Concern—Ages 10 to 17 Years</i>	
FFS	0.13
Access KP	0.07
DHMC	0.03
RMHP Prime ¹	0.33
HEDIS 2017 Colorado Medicaid Weighted Average	0.12
HEDIS 2016 Colorado Medicaid Weighted Average	0.22
HEDIS 2015 Colorado Medicaid Weighted Average	0.21
<i>Average Scripts PMPY for Antibiotics of Concern—Ages 18 to 34 Years</i>	
FFS	0.24
Access KP	0.16
DHMC	0.11
RMHP Prime	0.27
HEDIS 2017 Colorado Medicaid Weighted Average	0.23
HEDIS 2016 Colorado Medicaid Weighted Average	0.38
HEDIS 2015 Colorado Medicaid Weighted Average	0.37
<i>Average Scripts PMPY for Antibiotics of Concern—Ages 35 to 49 Years</i>	
FFS	0.31
Access KP	0.20
DHMC	0.15
RMHP Prime	0.34
HEDIS 2017 Colorado Medicaid Weighted Average	0.30
HEDIS 2016 Colorado Medicaid Weighted Average	0.47
HEDIS 2015 Colorado Medicaid Weighted Average	0.45
<i>Average Scripts PMPY for Antibiotics of Concern—Ages 50 to 64 Years</i>	
FFS	0.36
Access KP	0.24
DHMC	0.21
RMHP Prime	0.39
HEDIS 2017 Colorado Medicaid Weighted Average	0.35
HEDIS 2016 Colorado Medicaid Weighted Average	0.52
HEDIS 2015 Colorado Medicaid Weighted Average	0.48
<i>Average Scripts PMPY for Antibiotics of Concern—Ages 65 to 74 Years</i>	
FFS	0.31
Access KP	0.04
DHMC	0.06

Medicaid Plan	Rate
RMHP Prime	0.14
HEDIS 2017 Colorado Medicaid Weighted Average	0.22
HEDIS 2016 Colorado Medicaid Weighted Average	0.35
HEDIS 2015 Colorado Medicaid Weighted Average	0.33
<i>Average Scripts PMPY for Antibiotics of Concern—Ages 75 to 84 Years</i>	
FFS	0.34
Access KP	0.13
DHMC	0.09
RMHP Prime	0.12
HEDIS 2017 Colorado Medicaid Weighted Average	0.24
HEDIS 2016 Colorado Medicaid Weighted Average	0.27
HEDIS 2015 Colorado Medicaid Weighted Average	0.23
<i>Average Scripts PMPY for Antibiotics of Concern—Ages 85+ Years</i>	
FFS	0.37
Access KP	0.95
DHMC	0.06
RMHP Prime	0.08
HEDIS 2017 Colorado Medicaid Weighted Average	0.22
HEDIS 2016 Colorado Medicaid Weighted Average	0.30
HEDIS 2015 Colorado Medicaid Weighted Average	0.24
<i>Average Scripts PMPY for Antibiotics of Concern—Total</i>	
FFS	0.22
Access KP	0.14
DHMC	0.09
RMHP Prime ¹	0.32
HEDIS 2017 Colorado Medicaid Weighted Average	0.22
HEDIS 2016 Colorado Medicaid Weighted Average	0.36
HEDIS 2015 Colorado Medicaid Weighted Average	0.34
<i>Percentage of Antibiotics of Concern of All Antibiotic Scripts—Ages 0 to 9 Years</i>	
FFS	32.03%
Access KP	26.03%
DHMC	21.53%
RMHP Prime ¹	42.70%
HEDIS 2017 Colorado Medicaid Weighted Average	31.65%
HEDIS 2016 Colorado Medicaid Weighted Average	35.44%
HEDIS 2015 Colorado Medicaid Weighted Average	36.35%

Medicaid Plan	Rate
Percentage of Antibiotics of Concern of All Antibiotic Scripts—Ages 10 to 17 Years	
FFS	33.29%
Access KP	27.73%
DHMC	22.03%
RMHP Prime ¹	38.00%
HEDIS 2017 Colorado Medicaid Weighted Average	32.91%
HEDIS 2016 Colorado Medicaid Weighted Average	35.38%
HEDIS 2015 Colorado Medicaid Weighted Average	36.45%
Percentage of Antibiotics of Concern of All Antibiotic Scripts—Ages 18 to 34 Years	
FFS	35.91%
Access KP	33.50%
DHMC	26.27%
RMHP Prime	38.10%
HEDIS 2017 Colorado Medicaid Weighted Average	35.68%
HEDIS 2016 Colorado Medicaid Weighted Average	35.96%
HEDIS 2015 Colorado Medicaid Weighted Average	35.67%
Percentage of Antibiotics of Concern of All Antibiotic Scripts—Ages 35 to 49 Years	
FFS	41.76%
Access KP	36.17%
DHMC	30.98%
RMHP Prime	42.96%
HEDIS 2017 Colorado Medicaid Weighted Average	41.38%
HEDIS 2016 Colorado Medicaid Weighted Average	41.99%
HEDIS 2015 Colorado Medicaid Weighted Average	41.89%
Percentage of Antibiotics of Concern of All Antibiotic Scripts—Ages 50 to 64 Years	
FFS	45.80%
Access KP	42.81%
DHMC	37.95%
RMHP Prime	47.94%
HEDIS 2017 Colorado Medicaid Weighted Average	45.63%
HEDIS 2016 Colorado Medicaid Weighted Average	45.78%
HEDIS 2015 Colorado Medicaid Weighted Average	45.98%
Percentage of Antibiotics of Concern of All Antibiotic Scripts—Ages 65 to 74 Years	
FFS	46.59%
Access KP	22.22%

Medicaid Plan	Rate
DHMC	40.98%
RMHP Prime	39.31%
HEDIS 2017 Colorado Medicaid Weighted Average	45.28%
HEDIS 2016 Colorado Medicaid Weighted Average	46.10%
HEDIS 2015 Colorado Medicaid Weighted Average	50.11%
<i>Percentage of Antibiotics of Concern of All Antibiotic Scripts—Ages 75 to 84 Years</i>	
FFS	50.81%
Access KP	33.33%
DHMC	51.35%
RMHP Prime	53.13%
HEDIS 2017 Colorado Medicaid Weighted Average	50.98%
HEDIS 2016 Colorado Medicaid Weighted Average	48.31%
HEDIS 2015 Colorado Medicaid Weighted Average	49.55%
<i>Percentage of Antibiotics of Concern of All Antibiotic Scripts—Ages 85+ Years</i>	
FFS	57.37%
Access KP	100.0%
DHMC	45.00%
RMHP Prime	39.29%
HEDIS 2017 Colorado Medicaid Weighted Average	53.94%
HEDIS 2016 Colorado Medicaid Weighted Average	55.26%
HEDIS 2015 Colorado Medicaid Weighted Average	49.90%
<i>Percentage of Antibiotics of Concern of All Antibiotic Scripts—Total</i>	
FFS	37.31%
Access KP	33.37%
DHMC	27.79%
RMHP Prime ¹	42.10%
HEDIS 2017 Colorado Medicaid Weighted Average	37.13%
HEDIS 2016 Colorado Medicaid Weighted Average	38.13%
HEDIS 2015 Colorado Medicaid Weighted Average	38.29%
<i>Frequency of Selected Procedures (Procedures per 1,000 Member Months)⁵</i>	
<i>Bariatric Weight Loss Surgery (0–19 Male)</i>	
FFS	0.00
Access KP	0.00
DHMC	0.00
RMHP Prime	0.00
HEDIS 2017 Colorado Medicaid Weighted Average	0.00
HEDIS 2016 Colorado Medicaid Weighted Average	0.00

Medicaid Plan	Rate
HEDIS 2015 Colorado Medicaid Weighted Average	0.00
<i>Bariatric Weight Loss Surgery (0–19 Female)</i>	
FFS	0.00
Access KP	0.00
DHMC	0.00
RMHP Prime	0.00
HEDIS 2017 Colorado Medicaid Weighted Average	0.00
HEDIS 2016 Colorado Medicaid Weighted Average	0.00
HEDIS 2015 Colorado Medicaid Weighted Average	0.00
<i>Bariatric Weight Loss Surgery (20–44 Male)</i>	
FFS	0.01
Access KP	0.00
DHMC	0.01
RMHP Prime	0.01
HEDIS 2017 Colorado Medicaid Weighted Average	0.01
HEDIS 2016 Colorado Medicaid Weighted Average	0.01
HEDIS 2015 Colorado Medicaid Weighted Average	0.01
<i>Bariatric Weight Loss Surgery (20–44 Female)</i>	
FFS	0.05
Access KP	0.00
DHMC	0.05
RMHP Prime	0.09
HEDIS 2017 Colorado Medicaid Weighted Average	0.05
HEDIS 2016 Colorado Medicaid Weighted Average	0.06
HEDIS 2015 Colorado Medicaid Weighted Average	0.06
<i>Bariatric Weight Loss Surgery (45–64 Male)</i>	
FFS	0.02
Access KP	0.00
DHMC	0.02
RMHP Prime	0.02
HEDIS 2017 Colorado Medicaid Weighted Average	0.02
HEDIS 2016 Colorado Medicaid Weighted Average	0.01
HEDIS 2015 Colorado Medicaid Weighted Average	0.01
<i>Bariatric Weight Loss Surgery (45–64 Female)</i>	
FFS	0.07
Access KP	0.00
DHMC	0.02
RMHP Prime	0.25
HEDIS 2017 Colorado Medicaid Weighted Average	0.07

Medicaid Plan	Rate
HEDIS 2016 Colorado Medicaid Weighted Average	0.08
HEDIS 2015 Colorado Medicaid Weighted Average	0.06
<i>Tonsillectomy (0–9 Male & Female)</i>	
FFS	0.58
Access KP	0.00
DHMC	0.29
RMHP Prime	3.60
HEDIS 2017 Colorado Medicaid Weighted Average	0.55
HEDIS 2016 Colorado Medicaid Weighted Average	0.57
HEDIS 2015 Colorado Medicaid Weighted Average	0.53
<i>Tonsillectomy (10–19 Male & Female)</i>	
FFS	0.34
Access KP	0.00
DHMC	0.16
RMHP Prime	0.16
HEDIS 2017 Colorado Medicaid Weighted Average	0.32
HEDIS 2016 Colorado Medicaid Weighted Average	0.35
HEDIS 2015 Colorado Medicaid Weighted Average	0.33
<i>Hysterectomy, Abdominal (15–44 Female)</i>	
FFS	0.06
Access KP	0.00
DHMC	0.06
RMHP Prime	0.10
HEDIS 2017 Colorado Medicaid Weighted Average	0.06
HEDIS 2016 Colorado Medicaid Weighted Average	0.10
HEDIS 2015 Colorado Medicaid Weighted Average	0.08
<i>Hysterectomy, Abdominal (45–64 Female)</i>	
FFS	0.13
Access KP	0.00
DHMC	0.10
RMHP Prime	0.23
HEDIS 2017 Colorado Medicaid Weighted Average	0.13
HEDIS 2016 Colorado Medicaid Weighted Average	0.24
HEDIS 2015 Colorado Medicaid Weighted Average	0.18
<i>Hysterectomy, Vaginal (15–44 Female)</i>	
FFS	0.11
Access KP	0.00
DHMC	0.02
RMHP Prime	0.59

Medicaid Plan	Rate
HEDIS 2017 Colorado Medicaid Weighted Average	0.12
HEDIS 2016 Colorado Medicaid Weighted Average	0.15
HEDIS 2015 Colorado Medicaid Weighted Average	0.16
<i>Hysterectomy, Vaginal (45–64 Female)</i>	
FFS	0.12
Access KP	0.04
DHMC	0.15
RMHP Prime	0.40
HEDIS 2017 Colorado Medicaid Weighted Average	0.14
HEDIS 2016 Colorado Medicaid Weighted Average	0.19
HEDIS 2015 Colorado Medicaid Weighted Average	0.18
<i>Cholecystectomy, Open (30–64 Male)</i>	
FFS	0.03
Access KP	0.00
DHMC	0.01
RMHP Prime	0.00
HEDIS 2017 Colorado Medicaid Weighted Average	0.02
HEDIS 2016 Colorado Medicaid Weighted Average	0.05
HEDIS 2015 Colorado Medicaid Weighted Average	0.03
<i>Cholecystectomy, Open (15–44 Female)</i>	
FFS	0.01
Access KP	0.00
DHMC	0.01
RMHP Prime	0.01
HEDIS 2017 Colorado Medicaid Weighted Average	0.01
HEDIS 2016 Colorado Medicaid Weighted Average	0.01
HEDIS 2015 Colorado Medicaid Weighted Average	0.01
<i>Cholecystectomy, Open (45–64 Female)</i>	
FFS	0.02
Access KP	0.00
DHMC	0.04
RMHP Prime	0.01
HEDIS 2017 Colorado Medicaid Weighted Average	0.02
HEDIS 2016 Colorado Medicaid Weighted Average	0.04
HEDIS 2015 Colorado Medicaid Weighted Average	0.03
<i>Cholecystectomy (Laparoscopic) (30–64 Male)</i>	
FFS	0.27
Access KP	0.00
DHMC	0.05

Medicaid Plan	Rate
RMHP Prime	0.33
HEDIS 2017 Colorado Medicaid Weighted Average	0.26
HEDIS 2016 Colorado Medicaid Weighted Average	0.37
HEDIS 2015 Colorado Medicaid Weighted Average	0.29
<i>Cholecystectomy (Laparoscopic) (15–44 Female)</i>	
FFS	0.62
Access KP	0.00
DHMC	0.40
RMHP Prime	0.82
HEDIS 2017 Colorado Medicaid Weighted Average	0.61
HEDIS 2016 Colorado Medicaid Weighted Average	0.73
HEDIS 2015 Colorado Medicaid Weighted Average	0.70
<i>Cholecystectomy (Laparoscopic) (45–64 Female)</i>	
FFS	0.59
Access KP	0.00
DHMC	0.33
RMHP Prime	0.70
HEDIS 2017 Colorado Medicaid Weighted Average	0.57
HEDIS 2016 Colorado Medicaid Weighted Average	0.72
HEDIS 2015 Colorado Medicaid Weighted Average	0.67
<i>Back Surgery (20–44 Male)</i>	
FFS	0.20
Access KP	0.29
DHMC	0.07
RMHP Prime	0.18
HEDIS 2017 Colorado Medicaid Weighted Average	0.20
HEDIS 2016 Colorado Medicaid Weighted Average	0.29
HEDIS 2015 Colorado Medicaid Weighted Average	0.23
<i>Back Surgery (20–44 Female)</i>	
FFS	0.18
Access KP	0.57
DHMC	0.03
RMHP Prime	0.29
HEDIS 2017 Colorado Medicaid Weighted Average	0.19
HEDIS 2016 Colorado Medicaid Weighted Average	0.23
HEDIS 2015 Colorado Medicaid Weighted Average	0.17
<i>Back Surgery (45–64 Male)</i>	
FFS	0.65
Access KP	0.66

Medicaid Plan	Rate
DHMC	0.36
RMHP Prime	0.83
HEDIS 2017 Colorado Medicaid Weighted Average	0.64
HEDIS 2016 Colorado Medicaid Weighted Average	0.87
HEDIS 2015 Colorado Medicaid Weighted Average	0.54
<i>Back Surgery (45–64 Female)</i>	
FFS	0.67
Access KP	0.95
DHMC	0.33
RMHP Prime	0.78
HEDIS 2017 Colorado Medicaid Weighted Average	0.66
HEDIS 2016 Colorado Medicaid Weighted Average	0.82
HEDIS 2015 Colorado Medicaid Weighted Average	0.55
<i>Mastectomy (15–44 Female)</i>	
FFS	0.03
Access KP	0.01
DHMC	0.01
RMHP Prime	0.07
HEDIS 2017 Colorado Medicaid Weighted Average	0.03
HEDIS 2016 Colorado Medicaid Weighted Average	0.04
HEDIS 2015 Colorado Medicaid Weighted Average	0.02
<i>Mastectomy (45–64 Female)</i>	
FFS	0.15
Access KP	0.00
DHMC	0.06
RMHP Prime	0.04
HEDIS 2017 Colorado Medicaid Weighted Average	0.14
HEDIS 2016 Colorado Medicaid Weighted Average	0.25
HEDIS 2015 Colorado Medicaid Weighted Average	0.17
<i>Lumpectomy (15–44 Female)</i>	
FFS	0.08
Access KP	0.01
DHMC	0.07
RMHP Prime	0.13
HEDIS 2017 Colorado Medicaid Weighted Average	0.08
HEDIS 2016 Colorado Medicaid Weighted Average	0.10
HEDIS 2015 Colorado Medicaid Weighted Average	0.09
<i>Lumpectomy (45–64 Female)</i>	
FFS	0.27

Medicaid Plan	Rate
Access KP	0.04
DHMC	0.19
RMHP Prime	0.26
HEDIS 2017 Colorado Medicaid Weighted Average	0.26
HEDIS 2016 Colorado Medicaid Weighted Average	0.30
HEDIS 2015 Colorado Medicaid Weighted Average	0.35

¹ Due to differences in member eligibility for children in RMHP Prime, the rate may not be comparable to that of Access KP or DHMC.

² Access KP acknowledged that the reported rate for this measure may not be valid; therefore, exercise caution when interpreting these results.

³ Due to differences in the calculation of this measure, exercise caution when trending rates between HEDIS 2017 and prior years.

⁴ FFS members who were dually eligible for Medicaid and Medicare were excluded from the calculation of this rate for HEDIS 2017.

⁵ Due to changes in the technical specifications for this measure, exercise caution when trending rates between HEDIS 2016 and prior year.

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

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

NR indicates the health plan did not report the indicator.

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 2015, 2016, and 2017 are presented.

HEDIS 2016 to 2017 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. Since Access KP began reporting performance measure rates in 2017 and historical rates were not available, a trend analysis was not performed for Access KP; 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 for FFS	HEDIS 2015 Rate	HEDIS 2016 Rate	HEDIS 2017 Rate
<i>Pediatric Care</i>			
<i>Childhood Immunization Status</i>			
<i>DTaP</i>	63.79%	62.13%	64.07% ^
<i>IPV</i>	80.98%	78.19%	80.48% ^
<i>MMR</i>	81.27%	79.94%	81.09% ^
<i>HiB</i>	76.61%	72.97%	77.19% ^
<i>Hepatitis B</i>	80.23%	79.64%	80.40% ^
<i>VZV</i>	80.69%	79.28%	80.28% ^
<i>Pneumococcal Conjugate</i>	65.71%	65.49%	67.37% ^
<i>Hepatitis A</i>	70.59%	70.48%	73.91% ^
<i>Rotavirus</i>	58.89%	58.81%	61.53% ^
<i>Influenza</i>	47.57%	34.44%	40.40% ^
<i>Combination 2</i>	55.31%	53.24%	57.18% ^
<i>Combination 3</i>	52.24%	50.63%	54.49% ^
<i>Combination 4</i>	48.03%	47.23%	51.38% ^
<i>Combination 5</i>	41.22%	41.45%	46.08% ^
<i>Combination 6</i>	33.83%	23.73%	31.02% ^
<i>Combination 7</i>	38.17%	38.85%	43.84% ^
<i>Combination 8</i>	31.74%	22.55%	29.83% ^
<i>Combination 9</i>	27.97%	20.35%	27.35% ^
<i>Combination 10</i>	26.31%	19.35%	26.40% ^

Performance Measures for FFS	HEDIS 2015 Rate	HEDIS 2016 Rate	HEDIS 2017 Rate
Immunizations for Adolescents			
<i>Meningococcal</i>	63.36%	64.94%	65.28%
<i>Tdap</i>	77.05%	78.88%	77.51%^^
<i>HPV</i>	—	—	19.61%
<i>Combination 1 (Meningococcal, Tdap)</i>	60.85%	63.79%	63.48%
<i>Combination 2 (Meningococcal, Tdap, HPV)</i>	—	—	17.88%
Well-Child Visits in the First 15 Months of Life			
<i>Zero Visits*</i>	3.97%	4.72%	4.18% ^
<i>Six or More Visits</i>	46.16%	47.02%	49.92% ^
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life			
<i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i>	56.67%	56.65%	57.45% ^
Adolescent Well-Care Visits			
<i>Adolescent Well-Care Visits</i>	32.15%	31.67%	33.54% ^
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents¹			
<i>BMI Percentile Documentation—Ages 3 to 11 Years</i>	65.45%	59.36%	6.03%^^
<i>BMI Percentile Documentation—Ages 12 to 17 Years</i>	69.12%	58.75%	8.75%^^
<i>BMI Percentile Documentation—Total</i>	66.67%	59.12%	6.97%^^
<i>Counseling for Nutrition—Ages 3 to 11 Years</i>	56.36%	60.16%	6.12%^^
<i>Counseling for Nutrition—Ages 12 to 17 Years</i>	53.68%	56.25%	6.21%^^
<i>Counseling for Nutrition—Total</i>	55.47%	58.64%	6.15%^^
<i>Counseling for Physical Activity—Ages 3 to 11 Years²</i>	47.64%	46.61%	0.21%^^
<i>Counseling for Physical Activity—Ages 12 to 17 Years²</i>	50.00%	50.00%	3.05%^^
<i>Counseling for Physical Activity—Total²</i>	48.42%	47.93%	1.20%^^
Appropriate Testing for Children With Pharyngitis			
<i>Appropriate Testing for Children With Pharyngitis</i>	73.41%	72.82%	75.46% ^
Appropriate Treatment for Children With Upper Respiratory Infection³			
<i>Appropriate Treatment for Children With Upper Respiratory Infection</i>	89.57%	91.59%	91.98%
Annual Dental Visit			
<i>Ages 2 to 3 Years</i>	54.58%	54.11%	54.48%
<i>Ages 4 to 6 Years</i>	65.50%	65.53%	65.92%
<i>Ages 7 to 10 Years</i>	69.25%	68.81%	69.44% ^
<i>Ages 11 to 14 Years</i>	64.40%	64.18%	65.53% ^
<i>Ages 15 to 18 Years</i>	53.84%	53.62%	55.70% ^
<i>Ages 19 to 20 Years</i>	—	34.54%	36.81% ^
<i>Total</i>	60.32%	60.59%	61.60% ^

Performance Measures for FFS	HEDIS 2015 Rate	HEDIS 2016 Rate	HEDIS 2017 Rate
Access to Care			
Prenatal and Postpartum Care⁴			
Timeliness of Prenatal Care	—	—	64.17%
Postpartum Care	—	—	34.84%
Children and Adolescents' Access to Primary Care Practitioners			
Ages 12 to 24 Months	93.07%	91.97%	92.58% [^]
Ages 25 Months to 6 Years	80.13%	79.33%	79.62%
Ages 7 to 11 Years	84.11%	83.17%	83.64% [^]
Ages 12 to 19 Years	84.00%	82.62%	83.23% [^]
Adults' Access to Preventive/Ambulatory Health Services			
Ages 20 to 44 Years	69.53%	63.77%	61.50% ^{^^}
Ages 45 to 64 Years	79.48%	74.61%	72.58% ^{^^}
Ages 65 Years and Older	75.07%	74.72%	75.68% [^]
Total	73.05%	67.91%	65.86% ^{^^}
Preventive Screening			
Chlamydia Screening in Women			
Ages 16 to 20 Years	46.26%	46.75%	45.66% ^{^^}
Ages 21 to 24 Years	55.53%	55.50%	53.94% ^{^^}
Total	50.89%	51.17%	49.65% ^{^^}
Breast Cancer Screening			
Breast Cancer Screening	30.17%	29.79%	35.67% [^]
Cervical Cancer Screening¹			
Cervical Cancer Screening	56.69%	47.45%	42.63% ^{^^}
Non-Recommended Cervical Cancer Screening in Adolescent Females*²			
Non-Recommended Cervical Cancer Screening in Adolescent Females	1.82%	1.39%	1.45%
Adult BMI Assessment¹			
Adult BMI Assessment	82.00%	71.53%	13.98% ^{^^}
Mental/Behavioral Health			
Antidepressant Medication Management			
Effective Acute Phase Treatment	66.76%	67.72%	54.81% ^{^^}
Effective Continuation Phase Treatment	51.20%	53.53%	31.48% ^{^^}
Follow-up Care for Children Prescribed ADHD Medication			
Initiation Phase	33.67%	35.26%	34.15%
Continuation and Maintenance Phase	33.64%	35.36%	35.61%

Performance Measures for FFS	HEDIS 2015 Rate	HEDIS 2016 Rate	HEDIS 2017 Rate
Use of Multiple Concurrent Antipsychotics in Children and Adolescents^{*,3,4,5}			
<i>Ages 1 to 5 Years</i>	—	0.00%	NA
<i>Ages 6 to 11 Years</i>	—	3.78%	3.60%
<i>Ages 12 to 17 Years</i>	—	7.90%	6.96%
<i>Total</i>	—	6.51%	5.89%
Living With Illness			
Persistence of Beta-Blocker Treatment After a Heart Attack^{4,5}			
<i>Persistence of Beta-Blocker Treatment After a Heart Attack</i>	73.57%	75.64%	68.32%^^
Comprehensive Diabetes Care^{1,2}			
<i>Hemoglobin A1c (HbA1c) Testing⁴</i>	81.75%	77.13%	78.15%
<i>HbA1c Poor Control (>9.0%)*</i>	45.01%	55.96%	99.81%^^
<i>HbA1c Control (<8.0%)</i>	42.58%	36.74%	0.08%^^
<i>Eye Exam (Retinal) Performed</i>	45.26%	39.66%	28.53%^^
<i>Medical Attention for Nephropathy</i>	72.99%	85.16%	76.95%^^
<i>Blood Pressure Control (<140/90 mm Hg)</i>	61.07%	57.42%	0.00%^^
Statin Therapy for Patients With Diabetes			
<i>Received Statin Therapy</i>	—	—	56.06%
<i>Statin Adherence 80%</i>	—	—	50.62%
Statin Therapy for Patients With Cardiovascular Disease			
<i>Received Statin Therapy—21–75 Years—Male</i>	—	—	80.40%
<i>Received Statin Therapy—40–75 Years—Female</i>	—	—	76.78%
<i>Received Statin Therapy—Total</i>	—	—	79.18%
<i>Statin Adherence 80%—21–75 Years—Male</i>	—	—	56.67%
<i>Statin Adherence 80%—40–75 Years—Female</i>	—	—	55.07%
<i>Statin Adherence 80%—Total</i>	—	—	56.15%
Annual Monitoring for Patients on Persistent Medications^{4,5}			
<i>ACE Inhibitors or ARBs</i>	85.30%	83.49%	84.59%^
<i>Digoxin</i>	58.50%	55.51%	53.40%
<i>Diuretics</i>	85.42%	83.57%	83.91%
<i>Total</i>	85.15%	83.37%	84.13%^
Use of Imaging Studies for Low Back Pain^{2,3}			
<i>Use of Imaging Studies for Low Back Pain</i>	78.49%	76.92%	67.79%^^
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis			
<i>Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis</i>	28.81%	30.46%	36.56%^
Pharmacotherapy Management of COPD Exacerbation³			
<i>Systemic Corticosteroid</i>	62.49%	68.45%	70.95%

Performance Measures for FFS	HEDIS 2015 Rate	HEDIS 2016 Rate	HEDIS 2017 Rate
<i>Bronchodilator</i>	79.28%	82.29%	82.12%
Medication Management for People With Asthma^{4,5}			
<i>Medication Compliance 50%—Ages 5 to 11 Years</i>	69.57%	71.42%	57.04%^^
<i>Medication Compliance 50%—Ages 12 to 18 Years</i>	64.40%	65.54%	51.73%^^
<i>Medication Compliance 50%—Ages 19 to 50 Years</i>	69.70%	70.80%	61.03%^^
<i>Medication Compliance 50%—Ages 51 to 64 Years</i>	76.54%	81.16%	71.87%^^
<i>Medication Compliance 50%—Total</i>	68.38%	70.44%	58.56%^^
<i>Medication Compliance 75%—Ages 5 to 11 Years</i>	46.50%	47.88%	29.72%^^
<i>Medication Compliance 75%—Ages 12 to 18 Years</i>	40.04%	42.53%	26.21%^^
<i>Medication Compliance 75%—Ages 19 to 50 Years</i>	47.73%	49.02%	35.70%^^
<i>Medication Compliance 75%—Ages 51 to 64 Years</i>	57.48%	58.84%	47.70%^^
<i>Medication Compliance 75%—Total</i>	45.34%	47.64%	32.63%^^
Asthma Medication Ratio			
<i>Ages 5 to 11 Years</i>	73.46%	72.46%	74.05%
<i>Ages 12 to 18 Years</i>	75.36%	61.45%	62.04%
<i>Ages 19 to 50 Years</i>	81.97%	51.73%	51.71%
<i>Ages 51 to 64 Years</i>	85.50%	61.85%	62.68%
<i>Total</i>	76.46%	62.20%	62.10%
Use of Spirometry Testing in the Assessment and Diagnosis of COPD			
<i>Use of Spirometry Testing in the Assessment and Diagnosis of COPD</i>	22.19%	25.11%	27.35%
Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis			
<i>Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis</i>	76.88%	80.72%	77.69%^^
Use of Services[†]			
Ambulatory Care (Per 1,000 Member Months)			
<i>Outpatient Visits—Total</i>	292.90	277.74	267.51
<i>Emergency Department Visits—Total*</i>	63.16	59.69	57.06
Inpatient Utilization—General Hospital/Acute Care			
<i>Discharges per 1,000 Member Months (Total Inpatient)—Total</i>	7.99	7.21	7.11
<i>Days per 1,000 Member Months (Total Inpatient)—Total</i>	9.14	31.36	31.15
<i>Average Length of Stay (Total Inpatient)—Total</i>	1.14	4.35	4.38
<i>Discharges per 1,000 Member Months (Medicine)—Total</i>	3.82	3.50	3.49
<i>Days per 1,000 Member Months (Medicine)—Total</i>	4.59	13.81	13.63
<i>Average Length of Stay (Medicine)—Total</i>	1.20	3.95	3.91
<i>Discharges per 1,000 Member Months (Surgery)—Total</i>	1.88	1.71	1.73

Performance Measures for FFS	HEDIS 2015 Rate	HEDIS 2016 Rate	HEDIS 2017 Rate
<i>Days per 1,000 Member Months (Surgery)—Total</i>	2.20	12.48	12.75
<i>Average Length of Stay (Surgery)—Total</i>	1.17	7.31	7.39
<i>Discharges per 1,000 Member Months (Maternity)—Total</i>	3.38	2.86	2.65
<i>Days per 1,000 Member Months (Maternity)—Total</i>	3.47	7.23	6.66
<i>Average Length of Stay (Maternity)—Total</i>	1.03	2.53	2.51
Antibiotic Utilization*^{4,5}			
<i>Average Scripts PMPY for Antibiotics—Total</i>	0.96	0.99	0.60
<i>Average Days Supplied per Antibiotic Script—Total</i>	9.67	9.75	9.54
<i>Average Scripts PMPY for Antibiotics of Concern—Total</i>	0.37	0.38	0.22
<i>Percentage of Antibiotics of Concern of All Antibiotic Scripts—Total</i>	38.52%	38.20%	37.31%
Frequency of Selected Procedures (Procedures per 1,000 Member Months)²			
<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>	0.01	0.01	0.01
<i>Bariatric Weight Loss Surgery (20–44 Female)—Total</i>	0.06	0.05	0.05
<i>Bariatric Weight Loss Surgery (45–64 Male)—Total</i>	0.01	0.01	0.02
<i>Bariatric Weight Loss Surgery (45–64 Female)—Total</i>	0.06	0.07	0.07
<i>Tonsillectomy (0–9 Male & Female)—Total</i>	0.55	0.59	0.58
<i>Tonsillectomy (10–19 Male & Female)—Total</i>	0.34	0.36	0.34
<i>Hysterectomy, Abdominal (15–44 Female)—Total</i>	0.08	0.10	0.06
<i>Hysterectomy, Abdominal (45–64 Female)—Total</i>	0.17	0.24	0.13
<i>Hysterectomy, Vaginal (15–44 Female)—Total</i>	0.15	0.14	0.11
<i>Hysterectomy, Vaginal (45–64 Female)—Total</i>	0.18	0.18	0.12
<i>Cholecystectomy, Open (30–64 Male)—Total</i>	0.03	0.05	0.03
<i>Cholecystectomy, Open (15–44 Female)—Total</i>	0.01	0.02	0.01
<i>Cholecystectomy, Open (45–64 Female)—Total</i>	0.03	0.04	0.02
<i>Cholecystectomy (Laparoscopic) (30–64 Male)—Total</i>	0.29	0.38	0.27
<i>Cholecystectomy (Laparoscopic) (15–44 Female)—Total</i>	0.71	0.73	0.62
<i>Cholecystectomy (Laparoscopic) (45–64 Female)—Total</i>	0.67	0.72	0.59
<i>Back Surgery (20–44 Male)—Total</i>	0.24	0.29	0.20
<i>Back Surgery (20–44 Female)—Total</i>	0.18	0.24	0.18
<i>Back Surgery (45–64 Male)—Total</i>	0.55	0.88	0.65
<i>Back Surgery (45–64 Female)—Total</i>	0.57	0.85	0.67
<i>Mastectomy (15–44 Female)—Total</i>	0.02	0.04	0.03
<i>Mastectomy (45–64 Female)—Total</i>	0.17	0.25	0.15

Performance Measures for FFS	HEDIS 2015 Rate	HEDIS 2016 Rate	HEDIS 2017 Rate
<i>Lumpectomy (15–44 Female)—Total</i>	0.09	0.10	0.08
<i>Lumpectomy (45–64 Female)—Total</i>	0.35	0.30	0.27

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

¹ Changes in the rates should be interpreted with caution due to a change in the Department's reporting requirement from hybrid in 2015 and 2016 to administrative in 2017.

² Due to changes in NCQA's technical specifications for this measure, exercise caution when trending rates between 2015 and 2016.

³ Due to changes in NCQA's technical specifications for this measure, exercise caution when trending rates between 2017 and prior years.

⁴ Since the HEDIS 2017 rate is calculated using modified specifications, exercise caution when trending rates between 2017 and prior years.

⁵ Due to differences in the calculation of this measure for HEDIS 2017, exercise caution when trending rates between HEDIS 2017 and prior years.

[†] For measures in the Use of Services domain, statistical tests across years were not performed because variances were not provided in the IDSS files; differences in rates were reported without statistical test results. In addition, higher or lower rates did not necessarily denote better or poorer performance.

— Indicates that the rate is not presented in this report as the Department did not require the health plans to report this rate for the respective reporting year.

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

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

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

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

DHMC Trend Table

Table B-2—DHMC Trend Table

Performance Measures for DHMC	HEDIS 2015 Rate	HEDIS 2016 Rate	HEDIS 2017 Rate
<i>Pediatric Care</i>			
<i>Childhood Immunization Status</i>			
<i>DTaP</i>	77.70%	76.13%	73.25%^^
<i>IPV</i>	88.37%	84.88%	84.22%
<i>MMR</i>	87.73%	85.14%	83.23%
<i>HiB</i>	87.35%	84.46%	84.06%
<i>Hepatitis B</i>	90.10%	87.16%	86.31%
<i>VZV</i>	87.80%	85.03%	83.12%
<i>Pneumococcal Conjugate</i>	81.34%	79.18%	77.38%
<i>Hepatitis A</i>	86.45%	84.10%	82.65%
<i>Rotavirus</i>	69.58%	67.69%	63.79%^^
<i>Influenza</i>	63.19%	55.98%	58.52%
<i>Combination 2</i>	76.81%	75.92%	72.57%^^
<i>Combination 3</i>	75.85%	75.40%	71.58%^^
<i>Combination 4</i>	75.02%	74.99%	71.42%^^
<i>Combination 5</i>	64.98%	64.68%	59.46%^^
<i>Combination 6</i>	57.96%	52.87%	53.76%
<i>Combination 7</i>	64.41%	64.42%	59.35%^^
<i>Combination 8</i>	57.64%	52.67%	53.76%
<i>Combination 9</i>	51.31%	47.02%	46.50%
<i>Combination 10</i>	51.05%	46.87%	46.50%
<i>Immunizations for Adolescents</i>			
<i>Meningococcal</i>	80.90%	77.72%	76.92%
<i>Tdap</i>	82.36%	78.56%	76.76%
<i>HPV</i>	—	—	25.50%
<i>Combination 1 (Meningococcal, Tdap)</i>	80.27%	76.72%	75.37%
<i>Combination 2 (Meningococcal, Tdap, HPV)</i>	—	—	24.88%
<i>Well-Child Visits in the First 15 Months of Life</i>			
<i>Zero Visits*</i>	5.19%	7.69%	7.03%
<i>Six or More Visits</i>	2.36%	3.36%	3.52%
<i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i>			
<i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i>	60.06%	60.87%	58.59%^^
<i>Adolescent Well-Care Visits</i>			
<i>Adolescent Well-Care Visits</i>	39.79%	38.27%	34.68%^^

Performance Measures for DHMC	HEDIS 2015 Rate	HEDIS 2016 Rate	HEDIS 2017 Rate
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents¹			
<i>BMI Percentile Documentation—Ages 3 to 11 Years</i>	93.14%	82.95%	5.82%^^
<i>BMI Percentile Documentation—Ages 12 to 17 Years</i>	93.28%	71.43%	11.00%^^
<i>BMI Percentile Documentation—Total</i>	93.19%	78.83%	7.68%^^
<i>Counseling for Nutrition—Ages 3 to 11 Years</i>	79.42%	82.20%	0.35%^^
<i>Counseling for Nutrition—Ages 12 to 17 Years</i>	74.63%	68.71%	2.37%^^
<i>Counseling for Nutrition—Total</i>	77.86%	77.37%	1.08%^^
<i>Counseling for Physical Activity—Ages 3 to 11 Years²</i>	56.32%	61.74%	0.07%^^
<i>Counseling for Physical Activity—Ages 12 to 17 Years²</i>	73.88%	65.99%	1.41%^^
<i>Counseling for Physical Activity—Total²</i>	62.04%	63.26%	0.55%^^
Appropriate Testing for Children With Pharyngitis			
<i>Appropriate Testing for Children With Pharyngitis</i>	72.78%	76.34%	80.52%
Appropriate Treatment for Children With Upper Respiratory Infection³			
<i>Appropriate Treatment for Children With Upper Respiratory Infection</i>	98.03%	97.48%	96.04%^^
Annual Dental Visit			
<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	NB
<i>Total</i>	NB	NB	NB
Access to Care			
Prenatal and Postpartum Care			
<i>Timeliness of Prenatal Care</i>	84.67%	81.75%	74.04%^^
<i>Postpartum Care</i>	60.58%	54.74%	44.42%^^
Children and Adolescents' Access to Primary Care Practitioners			
<i>Ages 12 to 24 Months</i>	91.12%	89.33%	88.32%
<i>Ages 25 Months to 6 Years</i>	73.42%	73.66%	71.74%^^
<i>Ages 7 to 11 Years</i>	79.27%	78.22%	76.19%^^
<i>Ages 12 to 19 Years</i>	80.17%	79.00%	76.40%^^
Adults' Access to Preventive/Ambulatory Health Services			
<i>Ages 20 to 44 Years</i>	64.39%	60.52%	53.95%^^
<i>Ages 45 to 64 Years</i>	75.85%	73.59%	69.17%^^
<i>Ages 65 Years and Older</i>	75.56%	78.35%	82.63%^

Performance Measures for DHMC	HEDIS 2015 Rate	HEDIS 2016 Rate	HEDIS 2017 Rate
<i>Total</i>	69.07%	65.78%	59.87%^^
Preventive Screening			
Chlamydia Screening in Women			
<i>Ages 16 to 20 Years</i>	70.13%	69.43%	68.65%
<i>Ages 21 to 24 Years</i>	66.56%	69.18%	68.85%
<i>Total</i>	68.60%	69.33%	68.73%
Breast Cancer Screening			
<i>Breast Cancer Screening</i>	53.09%	49.17%	51.85%
Cervical Cancer Screening¹			
<i>Cervical Cancer Screening</i>	63.02%	56.93%	45.77%^^
Non-Recommended Cervical Cancer Screening in Adolescent Females*²			
<i>Non-Recommended Cervical Cancer Screening in Adolescent Females</i>	0.21%	0.17%	0.06%
Adult BMI Assessment¹			
<i>Adult BMI Assessment</i>	88.08%	84.43%	81.03%
Mental/Behavioral Health			
Antidepressant Medication Management			
<i>Effective Acute Phase Treatment</i>	43.65%	46.35%	49.05%
<i>Effective Continuation Phase Treatment</i>	29.62%	31.41%	31.02%
Follow-up Care for Children Prescribed ADHD Medication			
<i>Initiation Phase</i>	29.20%	29.41%	26.88%
<i>Continuation and Maintenance Phase</i>	NA	NA	NA
Use of Multiple Concurrent Antipsychotics in Children and Adolescents*^{3,4}			
<i>Ages 1 to 5 Years</i>	—	NA	NA
<i>Ages 6 to 11 Years</i>	—	NA	NA
<i>Ages 12 to 17 Years</i>	—	3.23%	0.00%
<i>Total</i>	—	4.55%	0.00%
Living With Illness			
Persistence of Beta-Blocker Treatment After a Heart Attack⁴			
<i>Persistence of Beta-Blocker Treatment After a Heart Attack</i>	NA	NA	NA
Comprehensive Diabetes Care^{1,2}			
<i>Hemoglobin A1c (HbA1c) Testing</i>	85.64%	89.78%	82.60%^^
<i>HbA1c Poor Control (>9.0%)*</i>	38.44%	36.74%	44.02%^^
<i>HbA1c Control (<8.0%)</i>	50.85%	48.66%	44.33%
<i>Eye Exam (Retinal) Performed</i>	47.93%	55.96%	45.70%^^
<i>Medical Attention for Nephropathy</i>	79.32%	89.29%	87.35%

Performance Measures for DHMC	HEDIS 2015 Rate	HEDIS 2016 Rate	HEDIS 2017 Rate
<i>Blood Pressure Control (<140/90 mm Hg)</i>	69.10%	73.72%	57.41%^^
Statin Therapy for Patients With Diabetes			
<i>Received Statin Therapy</i>	—	—	59.83%
<i>Statin Adherence 80%</i>	—	—	54.71%
Statin Therapy for Patients With Cardiovascular Disease			
<i>Received Statin Therapy—21–75 Years—Male</i>	—	—	80.28%
<i>Received Statin Therapy—40–75 Years—Female</i>	—	—	62.90%
<i>Received Statin Therapy—Total</i>	—	—	72.18%
<i>Statin Adherence 80%—21–75 Years—Male</i>	—	—	52.63%
<i>Statin Adherence 80%—40–75 Years—Female</i>	—	—	56.41%
<i>Statin Adherence 80%—Total</i>	—	—	54.17%
Annual Monitoring for Patients on Persistent Medications⁴			
<i>ACE Inhibitors or ARBs</i>	85.12%	85.22%	85.93%
<i>Digoxin</i>	NA	NA	NA
<i>Diuretics</i>	86.06%	85.05%	84.95%
<i>Total</i>	85.56%	85.14%	85.46%
Use of Imaging Studies for Low Back Pain^{2,3}			
<i>Use of Imaging Studies for Low Back Pain</i>	80.33%	81.26%	65.53%^^
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis			
<i>Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis</i>	53.41%	45.54%	65.57% [^]
Pharmacotherapy Management of COPD Exacerbation³			
<i>Systemic Corticosteroid</i>	52.38%	61.54%	64.16%
<i>Bronchodilator</i>	65.08%	73.08%	81.82% [^]
Medication Management for People With Asthma⁴			
<i>Medication Compliance 50%—Ages 5 to 11 Years</i>	34.08%	30.47%	41.46% [^]
<i>Medication Compliance 50%—Ages 12 to 18 Years</i>	27.42%	36.13%	42.76%
<i>Medication Compliance 50%—Ages 19 to 50 Years</i>	47.27%	46.26%	54.42%
<i>Medication Compliance 50%—Ages 51 to 64 Years</i>	64.71%	78.26%	70.83%
<i>Medication Compliance 50%—Total⁴</i>	37.81%	39.76%	47.83% [^]
<i>Medication Compliance 75%—Ages 5 to 11 Years</i>	9.50%	9.01%	16.59% [^]
<i>Medication Compliance 75%—Ages 12 to 18 Years</i>	11.29%	14.84%	15.79%
<i>Medication Compliance 75%—Ages 19 to 50 Years</i>	17.27%	21.77%	31.97% [^]
<i>Medication Compliance 75%—Ages 51 to 64 Years</i>	41.18%	47.83%	41.67%
<i>Medication Compliance 75%—Total</i>	14.32%	16.87%	22.64% [^]
Asthma Medication Ratio			
<i>Ages 5 to 11 Years</i>	40.21%	39.53%	54.46% [^]
<i>Ages 12 to 18 Years</i>	28.68%	29.21%	37.06%

Performance Measures for DHMC	HEDIS 2015 Rate	HEDIS 2016 Rate	HEDIS 2017 Rate
<i>Ages 19 to 50 Years</i>	24.66%	25.74%	34.72%
<i>Ages 51 to 64 Years</i>	15.49%	33.77%	38.46%
<i>Total</i>	29.98%	32.39%	42.41% [^]
<i>Use of Spirometry Testing in the Assessment and Diagnosis of COPD</i>			
<i>Use of Spirometry Testing in the Assessment and Diagnosis of COPD</i>	31.16%	26.13%	22.47%
<i>Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis</i>			
<i>Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis</i>	64.63%	83.33%	86.49%
<i>Use of Services[†]</i>			
<i>Ambulatory Care (Per 1,000 Member Months)</i>			
<i>Outpatient Visits—Total</i>	NR	207.09	193.35
<i>Emergency Department Visits—Total*</i>	NR	43.97	42.22
<i>Inpatient Utilization—General Hospital/Acute Care</i>			
<i>Discharges per 1,000 Member Months (Total Inpatient)—Total</i>	NR	5.48	4.85
<i>Days per 1,000 Member Months (Total Inpatient)—Total</i>	NR	24.92	21.39
<i>Average Length of Stay (Total Inpatient)—Total</i>	NR	4.55	4.41
<i>Discharges per 1,000 Member Months (Medicine)—Total</i>	NR	3.06	2.63
<i>Days per 1,000 Member Months (Medicine)—Total</i>	NR	13.46	10.36
<i>Average Length of Stay (Medicine)—Total</i>	NR	4.41	3.94
<i>Discharges per 1,000 Member Months (Surgery)—Total</i>	NR	0.81	0.81
<i>Days per 1,000 Member Months (Surgery)—Total</i>	NR	7.12	7.11
<i>Average Length of Stay (Surgery)—Total</i>	NR	8.77	8.79
<i>Discharges per 1,000 Member Months (Maternity)—Total</i>	NR	2.61	2.07
<i>Days per 1,000 Member Months (Maternity)—Total</i>	NR	7.03	5.78
<i>Average Length of Stay (Maternity)—Total</i>	NR	2.69	2.79
<i>Antibiotic Utilization*⁴</i>			
<i>Average Scripts PMPY for Antibiotics—Total</i>	0.30	0.34	0.31
<i>Average Days Supplied per Antibiotic Script—Total</i>	9.50	9.33	9.28
<i>Average Scripts PMPY for Antibiotics of Concern—Total</i>	0.09	0.10	0.09
<i>Percentage of Antibiotics of Concern of All Antibiotic Scripts—Total</i>	28.02%	28.12%	27.79%
<i>Frequency of Selected Procedures (Procedures per 1,000 Member Months)²</i>			
<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>	0.00	0.00	0.01
<i>Bariatric Weight Loss Surgery (20–44 Female)—Total</i>	0.03	0.05	0.05

Performance Measures for DHMC	HEDIS 2015 Rate	HEDIS 2016 Rate	HEDIS 2017 Rate
<i>Bariatric Weight Loss Surgery (45–64 Male)—Total</i>	0.00	0.02	0.02
<i>Bariatric Weight Loss Surgery (45–64 Female)—Total</i>	0.08	0.12	0.02
<i>Tonsillectomy (0–9 Male & Female)—Total</i>	0.29	0.31	0.29
<i>Tonsillectomy (10–19 Male & Female)—Total</i>	0.12	0.18	0.16
<i>Hysterectomy, Abdominal (15–44 Female)—Total</i>	0.06	0.06	0.06
<i>Hysterectomy, Abdominal (45–64 Female)—Total</i>	0.31	0.26	0.10
<i>Hysterectomy, Vaginal (15–44 Female)—Total</i>	0.03	0.06	0.02
<i>Hysterectomy, Vaginal (45–64 Female)—Total</i>	0.08	0.07	0.15
<i>Cholecystectomy, Open (30–64 Male)—Total</i>	0.12	0.04	0.01
<i>Cholecystectomy, Open (15–44 Female)—Total</i>	0.02	0.01	0.01
<i>Cholecystectomy, Open (45–64 Female)—Total</i>	0.03	0.00	0.04
<i>Cholecystectomy (Laparoscopic) (30–64 Male)—Total</i>	0.10	0.09	0.05
<i>Cholecystectomy (Laparoscopic) (15–44 Female)—Total</i>	0.57	0.47	0.40
<i>Cholecystectomy (Laparoscopic) (45–64 Female)—Total</i>	0.57	0.33	0.33
<i>Back Surgery (20–44 Male)—Total</i>	0.13	0.10	0.07
<i>Back Surgery (20–44 Female)—Total</i>	0.06	0.05	0.03
<i>Back Surgery (45–64 Male)—Total</i>	0.47	0.62	0.36
<i>Back Surgery (45–64 Female)—Total</i>	0.34	0.23	0.33
<i>Mastectomy (15–44 Female)—Total</i>	0	0.00	0.01
<i>Mastectomy (45–64 Female)—Total</i>	0.05	0.23	0.06
<i>Lumpectomy (15–44 Female)—Total</i>	0.07	0.04	0.07
<i>Lumpectomy (45–64 Female)—Total</i>	0.23	0.19	0.19

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

¹ Changes in the rates should be interpreted with caution due to a change in the Department's reporting requirement from hybrid in 2015 and 2016 to administrative in 2017.

² Due to changes in NCQA's technical specifications for this measure, exercise caution when trending rates between 2015 and 2016.

³ Due to changes in NCQA's technical specifications for this measure, exercise caution when trending rates between 2017 and prior years.

⁴ Due to differences in the calculation of this measure for HEDIS 2017, exercise caution when trending rates between HEDIS 2017 and prior years.

[†] For measures in the Use of Services domain, statistical tests across years were not performed because variances were not provided in the IDSS files; differences in rates were reported without statistical test results. In addition, higher or lower rates did not necessarily denote better or poorer performance.

— Indicates that the rate is not presented in this report as the Department did not require the health plans to report this rate for the respective reporting year.

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

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

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

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

NB (No Benefit) indicates that the health plan did not offer the health benefit required by the measure.

NR indicates that the auditor determined the rate was materially biased.

RMHP Prime Trend Table

Table B-3—RMHP Prime Trend Table

Performance Measures for RMHP Prime	HEDIS 2016 Rate	HEDIS 2017 Rate
<i>Pediatric Care</i>		
<i>Childhood Immunization Status</i>		
<i>DTaP</i>	BR	NA
<i>IPV</i>	BR	NA
<i>MMR</i>	BR	NA
<i>HiB</i>	BR	NA
<i>Hepatitis B</i>	BR	NA
<i>VZV</i>	BR	NA
<i>Pneumococcal Conjugate</i>	BR	NA
<i>Hepatitis A</i>	BR	NA
<i>Rotavirus</i>	BR	NA
<i>Influenza</i>	BR	NA
<i>Combination 2</i>	BR	NA
<i>Combination 3</i>	BR	NA
<i>Combination 4</i>	BR	NA
<i>Combination 5</i>	BR	NA
<i>Combination 6</i>	BR	NA
<i>Combination 7</i>	BR	NA
<i>Combination 8</i>	BR	NA
<i>Combination 9</i>	BR	NA
<i>Combination 10</i>	BR	NA
<i>Immunizations for Adolescents</i>		
<i>Meningococcal</i>	BR	NA
<i>Tdap</i>	BR	NA
<i>HPV</i>	—	NA
<i>Combination 1 (Meningococcal, Tdap)</i>	BR	NA
<i>Combination 2 (Meningococcal, Tdap, HPV)</i>	—	NA
<i>Well-Child Visits in the First 15 Months of Life</i>		
<i>Zero Visits*</i>	NA	NA
<i>Six or More Visits</i>	NA	NA
<i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i>		
<i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i>	BR	67.35%
<i>Adolescent Well-Care Visits</i>		
<i>Adolescent Well-Care Visits</i>	BR	15.57%

Performance Measures for RMHP Prime	HEDIS 2016 Rate	HEDIS 2017 Rate
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents¹		
BMI Percentile Documentation—Ages 3 to 11 Years	BR	1.50%
BMI Percentile Documentation—Ages 12 to 17 Years	BR	3.42%
BMI Percentile Documentation—Total	BR	2.40%
Counseling for Nutrition—Ages 3 to 11 Years	BR	15.79%
Counseling for Nutrition—Ages 12 to 17 Years	BR	11.97%
Counseling for Nutrition—Total	BR	14.00%
Counseling for Physical Activity—Ages 3 to 11 Years	BR	0.75%
Counseling for Physical Activity—Ages 12 to 17 Years	BR	0.85%
Counseling for Physical Activity—Total	BR	0.80%
Appropriate Testing for Children With Pharyngitis		
Appropriate Testing for Children With Pharyngitis	89.14%	NA
Appropriate Treatment for Children With Upper Respiratory Infection²		
Appropriate Treatment for Children With Upper Respiratory Infection	94.98%	94.74%
Annual Dental Visit		
Ages 2 to 3 Years	NB	NB
Ages 4 to 6 Years	NB	NB
Ages 7 to 10 Years	NB	NB
Ages 11 to 14 Years	NB	NB
Ages 15 to 18 Years	NB	NB
Ages 19 to 20 Years	NB	NB
Total	NB	NB
Access to Care		
Prenatal and Postpartum Care¹		
Timeliness of Prenatal Care	BR	51.22%
Postpartum Care	BR	28.22%
Children and Adolescents' Access to Primary Care Practitioners		
Ages 12 to 24 Months	NA	NA
Ages 25 Months to 6 Years	84.93%	90.57%
Ages 7 to 11 Years	91.67%	90.11%
Ages 12 to 19 Years	89.60%	86.06%
Adults' Access to Preventive/Ambulatory Health Services		
Ages 20 to 44 Years	68.38%	67.53%
Ages 45 to 64 Years	76.95%	77.79%
Ages 65 Years and Older	89.05%	91.80% [^]

Performance Measures for RMHP Prime	HEDIS 2016 Rate	HEDIS 2017 Rate
<i>Total</i>	71.69%	72.23%
Preventive Screening		
Chlamydia Screening in Women		
<i>Ages 16 to 20 Years</i>	43.70%	44.68%
<i>Ages 21 to 24 Years</i>	46.86%	45.30%
<i>Total</i>	46.27%	45.23%
Breast Cancer Screening		
<i>Breast Cancer Screening</i>	47.38%	47.80%
Cervical Cancer Screening¹		
<i>Cervical Cancer Screening</i>	BR	40.88%
Non-Recommended Cervical Cancer Screening in Adolescent Females*		
<i>Non-Recommended Cervical Cancer Screening in Adolescent Females</i>	4.04%	3.07%
Adult BMI Assessment¹		
<i>Adult BMI Assessment</i>	BR	16.21%
Mental/Behavioral Health		
Antidepressant Medication Management		
<i>Effective Acute Phase Treatment</i>	69.92%	56.03%^^
<i>Effective Continuation Phase Treatment</i>	57.47%	36.21%^^
Follow-up Care for Children Prescribed ADHD Medication		
<i>Initiation Phase</i>	35.19%	NA
<i>Continuation and Maintenance Phase</i>	NA	NA
Use of Multiple Concurrent Antipsychotics in Children and Adolescents*^{2,3}		
<i>Ages 1 to 5 Years</i>	NA	NA
<i>Ages 6 to 11 Years</i>	NA	NA
<i>Ages 12 to 17 Years</i>	NA	NA
<i>Total</i>	0.00%	NA
Living With Illness		
Persistence of Beta-Blocker Treatment After a Heart Attack³		
<i>Persistence of Beta-Blocker Treatment After a Heart Attack</i>	NA	NA
Comprehensive Diabetes Care		
<i>Hemoglobin A1c (HbA1c) Testing</i>	BR	86.05%
<i>HbA1c Poor Control (>9.0%)*</i>	BR	74.00%
<i>HbA1c Control (<8.0%)</i>	BR	21.71%
<i>Eye Exam (Retinal) Performed</i>	BR	38.23%
<i>Medical Attention for Nephropathy</i>	BR	83.54%

Performance Measures for RMHP Prime	HEDIS 2016 Rate	HEDIS 2017 Rate
<i>Blood Pressure Control (<140/90 mm Hg)</i>	BR	0.00%
Statin Therapy for Patients With Diabetes		
<i>Received Statin Therapy</i>	—	43.48%
<i>Statin Adherence 80%</i>	—	62.75%
Statin Therapy for Patients With Cardiovascular Disease		
<i>Received Statin Therapy—21–75 Years—Male</i>	—	73.47%
<i>Received Statin Therapy—40–75 Years—Female</i>	—	67.65%
<i>Received Statin Therapy—Total</i>	—	71.08%
<i>Statin Adherence 80%—21–75 Years—Male</i>	—	65.28%
<i>Statin Adherence 80%—40–75 Years—Female</i>	—	67.39%
<i>Statin Adherence 80%—Total</i>	—	66.10%
Annual Monitoring for Patients on Persistent Medications³		
<i>ACE Inhibitors or ARBs</i>	84.54%	84.67%
<i>Digoxin</i>	NA	NA
<i>Diuretics</i>	84.17%	85.51%
<i>Total</i>	84.05%	84.78%
Use of Imaging Studies for Low Back Pain²		
<i>Use of Imaging Studies for Low Back Pain</i>	78.35%	74.17%
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis²		
<i>Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis</i>	42.11%	37.87%
Pharmacotherapy Management of COPD Exacerbation²		
<i>Systemic Corticosteroid</i>	53.99%	53.09%
<i>Bronchodilator</i>	57.06%	62.89%
Medication Management for People With Asthma³		
<i>Medication Compliance 50%—Ages 5 to 11 Years</i>	NA	NA
<i>Medication Compliance 50%—Ages 12 to 18 Years</i>	NA	NA
<i>Medication Compliance 50%—Ages 19 to 50 Years</i>	66.67%	63.46%
<i>Medication Compliance 50%—Ages 51 to 64 Years</i>	NA	61.54%
<i>Medication Compliance 50%—Total</i>	65.91%	63.41%
<i>Medication Compliance 75%—Ages 5 to 11 Years</i>	NA	NA
<i>Medication Compliance 75%—Ages 12 to 18 Years</i>	NA	NA
<i>Medication Compliance 75%—Ages 19 to 50 Years</i>	50.00%	34.62% ^^
<i>Medication Compliance 75%—Ages 51 to 64 Years</i>	NA	33.33%
<i>Medication Compliance 75%—Total</i>	45.45%	34.63%
Asthma Medication Ratio		
<i>Ages 5 to 11 Years</i>	NA	NA
<i>Ages 12 to 18 Years</i>	NA	NA

Performance Measures for RMHP Prime	HEDIS 2016 Rate	HEDIS 2017 Rate
<i>Ages 19 to 50 Years</i>	58.82%	53.40%
<i>Ages 51 to 64 Years</i>	NA	66.00%
<i>Total</i>	58.26%	56.35%
<i>Use of Spirometry Testing in the Assessment and Diagnosis of COPD</i>		
<i>Use of Spirometry Testing in the Assessment and Diagnosis of COPD</i>	35.42%	27.19%
<i>Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis</i>		
<i>Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis</i>	65.00%	75.25%
<i>Use of Services[†]</i>		
<i>Ambulatory Care (Per 1,000 Member Months)</i>		
<i>Outpatient Visits—Total</i>	306.76	320.65
<i>Emergency Department Visits—Total*</i>	71.40	66.27
<i>Inpatient Utilization—General Hospital/Acute Care</i>		
<i>Discharges per 1,000 Member Months (Total Inpatient)—Total</i>	9.35	9.66
<i>Days per 1,000 Member Months (Total Inpatient)—Total</i>	32.70	35.32
<i>Average Length of Stay (Total Inpatient)—Total</i>	3.50	3.66
<i>Discharges per 1,000 Member Months (Medicine)—Total</i>	0.65	4.47
<i>Days per 1,000 Member Months (Medicine)—Total</i>	2.53	16.38
<i>Average Length of Stay (Medicine)—Total</i>	3.90	3.66
<i>Discharges per 1,000 Member Months (Surgery)—Total</i>	6.37	2.36
<i>Days per 1,000 Member Months (Surgery)—Total</i>	25.02	12.73
<i>Average Length of Stay (Surgery)—Total</i>	3.93	5.39
<i>Discharges per 1,000 Member Months (Maternity)—Total</i>	2.42	2.96
<i>Days per 1,000 Member Months (Maternity)—Total</i>	5.34	6.52
<i>Average Length of Stay (Maternity)—Total</i>	2.21	2.20
<i>Antibiotic Utilization*³</i>		
<i>Average Scripts PMPY for Antibiotics—Total</i>	1.02	0.75
<i>Average Days Supplied per Antibiotic Script—Total</i>	9.30	9.27
<i>Average Scripts PMPY for Antibiotics of Concern—Total</i>	0.44	0.32
<i>Percentage of Antibiotics of Concern of All Antibiotic Scripts—Total</i>	43.15%	42.10%
<i>Frequency of Selected Procedures (Procedures per 1,000 Member Months)</i>		
<i>Bariatric Weight Loss Surgery (0–19 Male)—Total</i>	0.00	0.00
<i>Bariatric Weight Loss Surgery (0–19 Female)—Total</i>	0.00	0.00
<i>Bariatric Weight Loss Surgery (20–44 Male)—Total</i>	0.05	0.01
<i>Bariatric Weight Loss Surgery (20–44 Female)—Total</i>	0.11	0.09

Performance Measures for RMHP Prime	HEDIS 2016 Rate	HEDIS 2017 Rate
<i>Bariatric Weight Loss Surgery (45–64 Male)—Total</i>	0.06	0.02
<i>Bariatric Weight Loss Surgery (45–64 Female)—Total</i>	0.16	0.25
<i>Tonsillectomy (0–9 Male & Female)—Total</i>	0.84	3.60
<i>Tonsillectomy (10–19 Male & Female)—Total</i>	0.33	0.16
<i>Hysterectomy, Abdominal (15–44 Female)—Total</i>	0.15	0.10
<i>Hysterectomy, Abdominal (45–64 Female)—Total</i>	0.26	0.23
<i>Hysterectomy, Vaginal (15–44 Female)—Total</i>	0.49	0.59
<i>Hysterectomy, Vaginal (45–64 Female)—Total</i>	0.47	0.40
<i>Cholecystectomy, Open (30–64 Male)—Total</i>	0.00	0.00
<i>Cholecystectomy, Open (15–44 Female)—Total</i>	0.00	0.01
<i>Cholecystectomy, Open (45–64 Female)—Total</i>	0.03	0.01
<i>Cholecystectomy (Laparoscopic) (30–64 Male)—Total</i>	0.35	0.33
<i>Cholecystectomy (Laparoscopic) (15–44 Female)—Total</i>	0.99	0.82
<i>Cholecystectomy (Laparoscopic) (45–64 Female)—Total</i>	0.91	0.70
<i>Back Surgery (20–44 Male)—Total</i>	0.35	0.18
<i>Back Surgery (20–44 Female)—Total</i>	0.24	0.29
<i>Back Surgery (45–64 Male)—Total</i>	0.92	0.83
<i>Back Surgery (45–64 Female)—Total</i>	0.58	0.78
<i>Mastectomy (15–44 Female)—Total</i>	0.04	0.07
<i>Mastectomy (45–64 Female)—Total</i>	0.21	0.04
<i>Lumpectomy (15–44 Female)—Total</i>	0.21	0.13
<i>Lumpectomy (45–64 Female)—Total</i>	0.36	0.26

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

¹ Changes in the rates should be interpreted with caution due to a change in the Department's reporting requirement from hybrid in 2016 to administrative in 2017.

² Due to changes in NCQA's technical specifications for this measure, exercise caution when trending rates between 2017 and prior years.

³ Due to differences in the calculation of this measure for HEDIS 2017, exercise caution when trending rates between HEDIS 2017 and prior years.

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

— Indicates that the rate is not presented in this report as the Department did not require the health plans to report this rate for the respective reporting year.

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

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

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

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

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

NB (No Benefit) indicates that the health plan did not offer the health benefit required by the measure.

Colorado Medicaid Statewide Trend Table

Given that the health plans varied in membership size, the statewide average rate for each measure was weighted based on the health plans' eligible populations. For the health plans with rates reported as *Small Denominator (NA)*, the numerators, denominators, and eligible populations were included in the calculations of the statewide rate. Health plan rates reported as *Biased Rate (BR)* or *Not Reported (NR)* were excluded from the statewide rate calculation. Of note, the Colorado Medicaid weighted averages are based on the Medicaid managed care health plans and FFS.

Table B-4—Colorado Medicaid Statewide Trend Table

Performance Measures for Colorado Medicaid Statewide	HEDIS 2015 Rate	HEDIS 2016 Rate	HEDIS 2017 Rate	Plan Rate Range [‡]
<i>Pediatric Care</i>				
<i>Childhood Immunization Status</i>				
<i>DTaP</i>	64.99%	63.22%	64.87% [^]	64.07%-73.25%
<i>IPV</i>	81.60%	78.71%	80.97% [^]	80.48%-92.87%
<i>MMR</i>	82.05%	80.34%	81.40% [^]	81.09%-90.10%
<i>HiB</i>	77.59%	73.86%	77.94% [^]	77.19%-91.88%
<i>Hepatitis B</i>	79.90%	80.22%	81.07% [^]	80.40%-94.26%
<i>VZV</i>	81.49%	79.73%	80.65% [^]	80.28%-89.90%
<i>Pneumococcal Conjugate</i>	66.94%	66.56%	68.38% [^]	67.37%-83.96%
<i>Hepatitis A</i>	71.90%	71.54%	74.81% [^]	73.91%-89.50%
<i>Rotavirus</i>	59.91%	59.50%	61.88% [^]	61.53%-71.68%
<i>Influenza</i>	49.08%	36.12%	41.79% [^]	40.40%-58.52%
<i>Combination 2</i>	56.25%	55.00%	58.53% [^]	57.18%-72.57%
<i>Combination 3</i>	53.35%	52.56%	56.00% [^]	54.49%-71.58%
<i>Combination 4</i>	49.45%	49.39%	53.15% [^]	51.38%-71.42%
<i>Combination 5</i>	42.53%	43.25%	47.31% [^]	46.08%-62.57%
<i>Combination 6</i>	35.32%	25.99%	32.83% [^]	31.02%-53.76%
<i>Combination 7</i>	39.70%	40.84%	45.27% [^]	43.84%-62.57%
<i>Combination 8</i>	33.39%	24.90%	31.74% [^]	29.83%-53.76%
<i>Combination 9</i>	29.47%	22.42%	28.87% [^]	27.35%-46.50%
<i>Combination 10</i>	27.93%	21.49%	28.01% [^]	26.40%-46.50%
<i>Immunizations for Adolescents</i>				
<i>Meningococcal</i>	64.65%	65.99%	66.57%	65.28%-87.20%
<i>Tdap</i>	77.71%	78.86%	77.67% ^{^^}	76.76%-88.00%
<i>HPV</i>	—	—	20.34%	19.61%-34.00%
<i>Combination 1 (Meningococcal, Tdap)</i>	62.33%	64.85%	64.78%	63.48%-84.80%
<i>Combination 2 (Meningococcal, Tdap, HPV)</i>	—	—	18.68%	17.88%-31.80%

Performance Measures for Colorado Medicaid Statewide	HEDIS 2015 Rate	HEDIS 2016 Rate	HEDIS 2017 Rate	Plan Rate Range [‡]
Well-Child Visits in the First 15 Months of Life				
Zero Visits*	3.97%	4.89%	4.25% ^	0.00%-7.03%
Six or More Visits	43.97%	44.49%	48.55% ^	3.52%-75.34%
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	57.19%	56.96%	57.64% ^	57.45%-67.35%
Adolescent Well-Care Visits				
Adolescent Well-Care Visits	32.91%	32.13%	33.94% ^	15.57%-54.80%
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents¹				
BMI Percentile Documentation—Ages 3 to 11 Years	68.04%	60.99%	7.58% ^^	1.50%-93.34%
BMI Percentile Documentation—Ages 12 to 17 Years	71.26%	59.66%	10.63% ^^	3.42%-93.61%
BMI Percentile Documentation—Total	69.11%	60.50%	8.65% ^^	2.40%-93.44%
Counseling for Nutrition—Ages 3 to 11 Years	58.44%	61.68%	7.41% ^^	0.35%-97.28%
Counseling for Nutrition—Ages 12 to 17 Years	55.28%	57.15%	7.85% ^^	2.37%-97.50%
Counseling for Nutrition—Total	57.41%	59.95%	7.57% ^^	1.08%-97.36%
Counseling for Physical Activity—Ages 3 to 11 Years ²	48.82%	47.66%	1.95% ^^	0.07%-97.28%
Counseling for Physical Activity—Ages 12 to 17 Years ²	52.06%	51.15%	4.89% ^^	0.85%-97.50%
Counseling for Physical Activity—Total ²	49.88%	49.01%	2.97% ^^	0.55%-97.36%
Appropriate Testing for Children With Pharyngitis				
Appropriate Testing for Children With Pharyngitis	74.20%	73.15%	75.71% ^	75.46%-95.67%
Appropriate Treatment for Children With Upper Respiratory Infection³				
Appropriate Treatment for Children With Upper Respiratory Infection	90.16%	91.92%	92.16%	91.98%-99.29%
Annual Dental Visit				
Ages 2 to 3 Years	54.58%	54.11%	54.48%	—
Ages 4 to 6 Years	65.50%	65.53%	65.92%	—
Ages 7 to 10 Years	69.25%	68.81%	69.44% ^	—
Ages 11 to 14 Years	64.40%	64.18%	65.53% ^	—
Ages 15 to 18 Years	53.84%	53.62%	55.70% ^	—
Ages 19 to 20 Years	—	34.54%	36.81% ^	—
Total	60.32%	60.59%	61.60% ^	—
Access to Care				
Prenatal and Postpartum Care⁴				
Timeliness of Prenatal Care	50.62%	50.13%	64.06% ^	51.22%-100.00%
Postpartum Care	33.14%	31.61%	35.08% ^	28.22%-96.30%

Performance Measures for Colorado Medicaid Statewide	HEDIS 2015 Rate	HEDIS 2016 Rate	HEDIS 2017 Rate	Plan Rate Range [‡]
Children and Adolescents' Access to Primary Care Practitioners				
Ages 12 to 24 Months	92.91%	91.77%	92.33% [^]	88.32%-92.58%
Ages 25 Months to 6 Years	79.34%	78.92%	79.07%	71.74%-90.57%
Ages 7 to 11 Years	83.78%	82.77%	83.05%	76.19%-90.11%
Ages 12 to 19 Years	83.69%	82.34%	82.70% [^]	76.40%-86.06%
Adults' Access to Preventive/Ambulatory Health Services				
Ages 20 to 44 Years	68.84%	63.86%	61.59% ^{^^}	53.95%-70.04%
Ages 45 to 64 Years	78.78%	74.67%	72.83% ^{^^}	69.17%-79.63%
Ages 65 Years and Older	75.52%	75.14%	76.50% [^]	75.68%-91.89%
Total	72.46%	67.99%	66.03% ^{^^}	59.87%-73.59%
Preventive Screening				
Chlamydia Screening in Women				
Ages 16 to 20 Years	47.60%	48.19%	47.14% ^{^^}	44.68%-68.65%
Ages 21 to 24 Years	55.49%	55.66%	54.40% ^{^^}	45.30%-69.73%
Total	51.52%	52.00%	50.69% ^{^^}	45.23%-68.73%
Breast Cancer Screening				
Breast Cancer Screening	32.41%	31.40%	36.96% [^]	35.67%-62.27%
Cervical Cancer Screening¹				
Cervical Cancer Screening	56.64%	47.87%	42.85% ^{^^}	40.88%-64.43%
Non-Recommended Cervical Cancer Screening in Adolescent Females^{*2}				
Non-Recommended Cervical Cancer Screening in Adolescent Females	1.74%	1.33%	1.34%	0.06%-3.07%
Adult BMI Assessment¹				
Adult BMI Assessment	82.64%	72.16%	18.39% ^{^^}	13.98%-98.30%
Mental/Behavioral Health				
Antidepressant Medication Management				
Effective Acute Phase Treatment	65.37%	66.97%	55.31% ^{^^}	49.05%-81.04%
Effective Continuation Phase Treatment	49.82%	52.81%	32.28% ^{^^}	31.02%-54.29%
Follow-up Care for Children Prescribed ADHD Medication				
Initiation Phase	33.56%	35.03%	34.13%	26.88%-47.46%
Continuation and Maintenance Phase	33.37%	34.95%	35.55%	—
Use of Multiple Concurrent Antipsychotics in Children and Adolescents^{*3,4,5}				
Ages 1 to 5 Years	—	0.00%	NA	—
Ages 6 to 11 Years	—	3.77%	3.52%	—
Ages 12 to 17 Years	—	7.79%	6.81%	0.00%-6.96%

Performance Measures for Colorado Medicaid Statewide	HEDIS 2015 Rate	HEDIS 2016 Rate	HEDIS 2017 Rate	Plan Rate Range [‡]
<i>Total</i>	—	6.43%	5.76%	0.00%-5.89%
Living With Illness				
Persistence of Beta-Blocker Treatment After a Heart Attack^{4,5}				
<i>Persistence of Beta-Blocker Treatment After a Heart Attack</i>	73.90%	75.60%	69.04%^^	—
Comprehensive Diabetes Care^{1,2}				
<i>Hemoglobin A1c (HbA1c) Testing⁴</i>	82.16%	77.76%	79.13%^	78.15%-92.45%
<i>HbA1c Poor Control (>9.0%)*</i>	44.18%	55.00%	93.82%^^	33.53%-99.81%
<i>HbA1c Control (<8.0%)</i>	43.61%	37.34%	4.88%^^	0.08%-51.96%
<i>Eye Exam (Retinal) Performed</i>	45.85%	40.47%	30.83%^^	28.53%-66.33%
<i>Medical Attention for Nephropathy</i>	73.64%	85.36%	78.30%^^	76.95%-95.79%
<i>Blood Pressure Control (<140/90 mm Hg)</i>	61.91%	58.24%	5.05%^^	0.00%-84.18%
Statin Therapy for Patients With Diabetes				
<i>Received Statin Therapy</i>	—	—	56.05%	43.48%-68.57%
<i>Statin Adherence 80%</i>	—	—	51.69%	50.62%-62.75%
Statin Therapy for Patients With Cardiovascular Disease				
<i>Received Statin Therapy—21–75 Years—Male</i>	—	—	79.98%	73.47%-80.40%
<i>Received Statin Therapy—40–75 Years—Female</i>	—	—	75.06%	62.90%-76.78%
<i>Received Statin Therapy—Total</i>	—	—	78.26%	71.08%-79.18%
<i>Statin Adherence 80%—21–75 Years—Male</i>	—	—	57.35%	52.63%-65.28%
<i>Statin Adherence 80%—40–75 Years—Female</i>	—	—	56.29%	55.07%-67.39%
<i>Statin Adherence 80%—Total</i>	—	—	56.99%	54.17%-74.36%
Annual Monitoring for Patients on Persistent Medications^{4,5}				
<i>ACE Inhibitors or ARBs</i>	85.32%	83.62%	85.08%^	84.59%-99.69%
<i>Digoxin</i>	59.26%	55.78%	55.26%	—
<i>Diuretics</i>	85.47%	83.68%	84.45%^	83.91%-100.00%
<i>Total</i>	85.20%	83.49%	84.65%^	84.13%-99.73%
Use of Imaging Studies for Low Back Pain^{2,3}				
<i>Use of Imaging Studies for Low Back Pain</i>	78.71%	77.16%	68.16%^^	65.53%-78.38%
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis				
<i>Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis</i>	29.52%	31.13%	37.16%^	36.56%-82.93%
Pharmacotherapy Management of COPD Exacerbation³				
<i>Systemic Corticosteroid</i>	59.73%	66.77%	69.02%	53.09%-70.95%
<i>Bronchodilator</i>	75.65%	79.63%	80.90%	62.89%-82.12%

Performance Measures for Colorado Medicaid Statewide	HEDIS 2015 Rate	HEDIS 2016 Rate	HEDIS 2017 Rate	Plan Rate Range [‡]
Medication Management for People With Asthma^{4,5}				
<i>Medication Compliance 50%—Ages 5 to 11 Years</i>	67.45%	69.33%	56.24%^^	41.46%-57.04%
<i>Medication Compliance 50%—Ages 12 to 18 Years</i>	62.26%	64.14%	51.40%^^	42.76%-51.73%
<i>Medication Compliance 50%—Ages 19 to 50 Years</i>	68.26%	69.77%	61.10%^^	54.42%-77.36%
<i>Medication Compliance 50%—Ages 51 to 64 Years</i>	75.26%	81.13%	71.82%^^	61.54%-71.87%
<i>Medication Compliance 50%—Total</i>	66.46%	69.00%	58.29%^^	47.83%-70.47%
<i>Medication Compliance 75%—Ages 5 to 11 Years</i>	44.40%	45.92%	29.03%^^	16.59%-29.72%
<i>Medication Compliance 75%—Ages 12 to 18 Years</i>	38.26%	41.17%	25.74%^^	15.79%-26.21%
<i>Medication Compliance 75%—Ages 19 to 50 Years</i>	46.06%	47.97%	35.57%^^	31.97%-39.62%
<i>Medication Compliance 75%—Ages 51 to 64 Years</i>	56.19%	58.23%	47.40%^^	33.33%-47.70%
<i>Medication Compliance 75%—Total</i>	43.49%	46.21%	32.29%^^	22.64%-39.60%
Asthma Medication Ratio				
<i>Ages 5 to 11 Years</i>	71.77%	70.83%	73.15%^	54.46%-84.62%
<i>Ages 12 to 18 Years</i>	72.22%	59.87%	60.73%	37.06%-62.04%
<i>Ages 19 to 50 Years</i>	77.08%	50.74%	51.38%	34.72%-72.58%
<i>Ages 51 to 64 Years</i>	72.33%	59.64%	61.75%	38.46%-66.00%
<i>Total</i>	73.17%	60.71%	61.23%	42.41%-76.97%
Use of Spirometry Testing in the Assessment and Diagnosis of COPD				
<i>Use of Spirometry Testing in the Assessment and Diagnosis of COPD</i>	22.87%	25.39%	27.07%	22.47%-27.35%
Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis				
<i>Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis</i>	75.33%	79.89%	78.04%	75.25%-86.49%
Use of Services[†]				
Ambulatory Care (Per 1,000 Member Months)				
<i>Outpatient Visits—Total</i>	289.90	274.59	263.93	193.35-320.65
<i>Emergency Department Visits—Total*</i>	62.03	59.12	55.58	0.25-66.27
Inpatient Utilization—General Hospital/Acute Care				
<i>Discharges per 1,000 Member Months (Total Inpatient)—Total</i>	7.87	7.17	7.05	4.85-9.66
<i>Days per 1,000 Member Months (Total Inpatient)—Total</i>	9.58	31.04	30.71	21.39-35.32
<i>Average Length of Stay (Total Inpatient)—Total</i>	1.22	4.33	4.36	3.66-4.41
<i>Discharges per 1,000 Member Months (Medicine)—Total</i>	3.76	3.40	3.46	2.63-4.47
<i>Days per 1,000 Member Months (Medicine)—Total</i>	4.83	13.50	13.52	10.36-16.38
<i>Average Length of Stay (Medicine)—Total</i>	1.28	3.97	3.90	3.66-3.94
<i>Discharges per 1,000 Member Months (Surgery)—Total</i>	1.84	1.78	1.69	0.81-2.36

Performance Measures for Colorado Medicaid Statewide	HEDIS 2015 Rate	HEDIS 2016 Rate	HEDIS 2017 Rate	Plan Rate Range [‡]
<i>Days per 1,000 Member Months (Surgery)—Total</i>	2.34	12.51	12.43	7.11-12.75
<i>Average Length of Stay (Surgery)—Total</i>	1.27	7.02	7.35	5.39-8.79
<i>Discharges per 1,000 Member Months (Maternity)—Total</i>	3.34	2.83	2.63	2.07-2.96
<i>Days per 1,000 Member Months (Maternity)—Total</i>	3.55	7.15	6.61	5.78-6.66
<i>Average Length of Stay (Maternity)—Total</i>	1.06	2.53	2.51	2.20-2.79
Antibiotic Utilization*^{4,5}				
<i>Average Scripts PMPY for Antibiotics—Total</i>	0.90	0.96	0.58	0.31-0.75
<i>Average Days Supplied per Antibiotic Script—Total</i>	9.67	9.72	9.53	9.27-10.84
<i>Average Scripts PMPY for Antibiotics of Concern—Total</i>	0.34	0.36	0.22	0.09-0.32
<i>Percentage of Antibiotics of Concern of All Antibiotic Scripts—Total</i>	38.29%	38.13%	37.13%	27.79%-42.10%
Frequency of Selected Procedures (Procedures per 1,000 Member Months)²				
<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>	0.01	0.01	0.01	0.00-0.01
<i>Bariatric Weight Loss Surgery (20–44 Female)—Total</i>	0.06	0.06	0.05	0.00-0.09
<i>Bariatric Weight Loss Surgery (45–64 Male)—Total</i>	0.01	0.01	0.02	0.00-0.02
<i>Bariatric Weight Loss Surgery (45–64 Female)—Total</i>	0.06	0.08	0.07	0.00-0.25
<i>Tonsillectomy (0–9 Male & Female)—Total</i>	0.53	0.57	0.55	0.00-3.60
<i>Tonsillectomy (10–19 Male & Female)—Total</i>	0.33	0.35	0.32	0.00-0.34
<i>Hysterectomy, Abdominal (15–44 Female)—Total</i>	0.08	0.10	0.06	0.00-0.10
<i>Hysterectomy, Abdominal (45–64 Female)—Total</i>	0.18	0.24	0.13	0.00-0.23
<i>Hysterectomy, Vaginal (15–44 Female)—Total</i>	0.16	0.15	0.12	0.00-0.59
<i>Hysterectomy, Vaginal (45–64 Female)—Total</i>	0.18	0.19	0.14	0.04-0.40
<i>Cholecystectomy, Open (30–64 Male)—Total</i>	0.03	0.05	0.02	0.00-0.03
<i>Cholecystectomy, Open (15–44 Female)—Total</i>	0.01	0.01	0.01	0.00-0.01
<i>Cholecystectomy, Open (45–64 Female)—Total</i>	0.03	0.04	0.02	0.00-0.04
<i>Cholecystectomy (Laparoscopic) (30–64 Male)—Total</i>	0.29	0.37	0.26	0.00-0.33
<i>Cholecystectomy (Laparoscopic) (15–44 Female)—Total</i>	0.70	0.73	0.61	0.00-0.82
<i>Cholecystectomy (Laparoscopic) (45–64 Female)—Total</i>	0.67	0.72	0.57	0.00-0.70
<i>Back Surgery (20–44 Male)—Total</i>	0.23	0.29	0.20	0.07-0.29
<i>Back Surgery (20–44 Female)—Total</i>	0.17	0.23	0.19	0.03-0.57
<i>Back Surgery (45–64 Male)—Total</i>	0.54	0.87	0.64	0.36-0.83
<i>Back Surgery (45–64 Female)—Total</i>	0.55	0.82	0.66	0.33-0.95
<i>Mastectomy (15–44 Female)—Total</i>	0.02	0.04	0.03	0.01-0.07
<i>Mastectomy (45–64 Female)—Total</i>	0.17	0.25	0.14	0.00-0.15

Performance Measures for Colorado Medicaid Statewide	HEDIS 2015 Rate	HEDIS 2016 Rate	HEDIS 2017 Rate	Plan Rate Range [‡]
<i>Lumpectomy (15–44 Female)—Total</i>	0.09	0.10	0.08	0.01-0.13
<i>Lumpectomy (45–64 Female)—Total</i>	0.35	0.30	0.26	0.04-0.27

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

¹ Changes in the rates should be interpreted with caution due to a change in the Department's reporting requirement from hybrid in 2015 and 2016 to administrative in 2017.

² Due to changes in NCQA's technical specifications for this measure, exercise caution when trending rates between 2015 and 2016.

³ Due to changes in NCQA's technical specifications for this measure, exercise caution when trending rates between 2017 and prior years.

⁴ Since the HEDIS 2017 rate is calculated using modified specifications, exercise caution when trending rates between 2017 and prior years. NA (Small Denominator) indicates that the health plans followed the specifications, but the denominator was too small (<30) to report a valid rate.

⁵ Due to differences in the calculation of this measure for HEDIS 2017, exercise caution when trending rates between HEDIS 2017 and prior years.

[†] For measures in the Use of Services domain, statistical tests across years were not performed because variances were not provided in the IDSS files; differences in rates were reported without statistical test results. In addition, higher or lower rates did not necessarily denote better or poorer performance.

— Indicates that the rate is not presented in this report as the Department did not require the health plans to report this rate for the respective reporting year.

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

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

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

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

Information System Findings

NCQA's Information System (IS) standards are the guidelines used by NCQA-certified HEDIS compliance auditors to assess the health plans' HEDIS reporting capabilities.^{C-1} HSAG evaluated each health plan on six IS standards. To assess the health plans' adherence to standards, HSAG reviewed several documents for Access KP, DHMC, and RMHP Prime, which included the Final Audit Reports (FARs) (generated by an NCQA-licensed audit organization [LO]), IDSS files, and audit review tables. The findings indicated that, 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 except Access KP 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. 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. Access KP's auditor selected a core set of measures for source code review. The selected source codes were reviewed and approved for measure reporting.

Each Colorado Medicaid health plan contracted with an LO to perform the NCQA HEDIS Compliance Audit. For the current measurement year, HSAG did not perform an NCQA HEDIS Compliance Audit for the FFS program; therefore, the following table only summarizes the audit findings for the Colorado Medicaid health plans.

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

Table C-1—Summary of Compliance With IS Standards

NCQA’s IS Standards	HSAG’s Findings Based on HEDIS 2017 FAR Review
<p>IS 1.0—Medical Service Data—Sound Coding Methods and Data Capture</p> <ul style="list-style-type: none"> • Industry standard codes are required and captured. • Primary and secondary diagnosis codes are identified. • Nonstandard codes (if used) are mapped to industry standard codes. • Standard submission forms are used. • Timely and accurate data entry processes and sufficient edit checks are used. • Data completeness is continually assessed, and all contracted vendors involved in medical claims processing are monitored. 	<p>All health plans were fully compliant with IS 1.0.</p> <p>The health plans had sufficient policies and procedures related to medical service data processing. No issues or concerns relevant to the selected Colorado Medicaid measures were noted for this standard.</p>
<p>IS 2.0—Enrollment Data—Data Capture, Transfer, and Entry</p> <ul style="list-style-type: none"> • All HEDIS-relevant information for data entry or electronic transmissions of enrollment data are accurate and complete. • Manual entry of enrollment data is timely and accurate, and sufficient edit checks are in place. • The health plans continually assess data completeness and take steps to improve performance. • The health plans effectively monitor the quality and accuracy of electronic submissions. • The health plans have effective control processes for the transmission of enrollment data. 	<p>All health plans were fully compliant with IS 2.0.</p> <p>The health plans had adequate policies and procedures related to Medicaid enrollment data processing. No issues or concerns relevant to receiving, processing, or validating enrollment data were noted.</p>
<p>IS 3.0—Practitioner Data—Data Capture, Transfer, and Entry</p> <ul style="list-style-type: none"> • Provider specialties are fully documented and mapped to HEDIS provider specialties. • Effective procedures for submitting HEDIS-relevant information are in place. • Electronic transmissions of practitioner data are checked to ensure accuracy. • Processes and edit checks ensure accurate and timely entry of data into the transaction files. • Data completeness is assessed and steps are taken to improve performance. • Vendors are regularly monitored against expected performance standards. 	<p>All health plans were fully compliant with IS 3.0.</p> <p>The health plans had adequate policies and procedures in place to process Medicaid practitioner data, related to measures required to be reported for the current measurement period.</p>

NCQA's IS Standards	HSAG's Findings Based on HEDIS 2017 FAR Review
<p>IS 4.0—Medical Record Review Processes—Training, Sampling, Abstraction, and Oversight</p> <ul style="list-style-type: none"> • Forms or tools used for medical record review capture all fields relevant to HEDIS reporting. • Checking procedures are in place to ensure data integrity for electronic transmission of information. • Retrieval and abstraction of data from medical records are accurately performed. • Data entry processes, including edit checks, are timely and accurate. • Data completeness is assessed, including steps to improve performance. • Vendor performance is monitored against expected performance standards. 	<p>All health plans were fully compliant with IS 4.0. No issues or concerns relevant to the selected Colorado Medicaid HEDIS measures were noted for this standard.</p>
<p>IS 5.0—Supplemental Data—Capture, Transfer, and Entry</p> <ul style="list-style-type: none"> • Nonstandard coding schemes are fully documented and mapped to industry standard codes. • Effective procedures for submitting HEDIS-relevant information are in place. • Electronic transmissions of supplemental data are checked to ensure accuracy. • Data entry processes, including edit checks, are timely and accurate. • Data completeness is assessed, including steps to improve performance. • Vendor performance is monitored against expected performance standards. 	<p>All health plans 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>IS 7.0—Data Integration—Accurate HEDIS Reporting, Control Procedures That Support HEDIS Reporting Integrity</p> <ul style="list-style-type: none"> • Nonstandard coding schemes are fully documented and mapped to industry standard codes. • Data transfers to the HEDIS Repository from transaction files are accurate. • File consolidations, extracts, and derivations are accurate. • The repository structure and formatting are suitable for HEDIS measures and enable required programming efforts. 	<p>Two of the health plans were fully compliant with IS 7.0. For these two health plans, the auditors did not identify any notable issues that had any negative impact on HEDIS measure reporting.</p> <p>Access KP was found noncompliant with this standard. In the FAR, the auditor noted that Access KP experienced data mapping issues and had significant challenges in producing final HEDIS rates and patient-level detail files to meet reporting and audit deadlines. Due to these issues, Access KP was unable to produce reportable rates for several measures. However, all but one of the</p>

NCQA's IS Standards	HSAG's Findings Based on HEDIS 2017 FAR Review
<ul style="list-style-type: none"> • Report production is managed effectively and operators perform appropriately. • HEDIS reporting software is managed properly. • Physical control procedures ensure HEDIS data integrity. • The organization regularly monitors vendor performance against expected performance standards. 	<p>measures that are presented in this report were assigned an audit designation of <i>Reportable</i>. One rate was designated as <i>Not Reported</i> as Access KP chose not to report the measure (i.e., <i>Inpatient Utilization</i>). The auditor recommended that Access KP implement processes to provide complete and accurate data in a timely manner for future reporting.</p> <p>In addition, the auditor noted that DHMC experienced challenges with the data extract and formatting to the appropriate file layout, but these challenges did not have any negative impact on HEDIS reporting. Due to DHMC's limited information technology resources, DHMC was unable to implement measure changes to file layouts and fields outlined by NCQA in a timely manner. The auditor recommended that DHMC's staff review measure changes and updates to the HEDIS 2018 specifications, and apply these changes to file layouts and fields for the next reporting period in preparation for the HEDIS 2018 reporting period.</p>