



COLORADO

**Department of Health Care
Policy & Financing**

2018 HEDIS Aggregate Report for Health First Colorado (Colorado's Medicaid Program)

October 2018

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Colorado Department of Health Care Policy and Financing.*



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Introduction

Health First Colorado (Colorado’s Medicaid program) is administered by the Department of Health Care Policy and Financing (the Department). In fiscal year (FY) 2017–2018, Health First Colorado’s Medicaid member enrollment was approximately 1.3 million. Approximately 1 million members (78 percent) received services through Health First Colorado’s Accountable Care program, with the remaining 22 percent receiving services through Colorado’s two managed care organizations (MCOs), Denver Health Medicaid Choice (DHMC) and Rocky Mountain Health Plans Medicaid—Prime (RMHP Prime). FY 2017–2018 was the last FY that the Department contracted directly with these MCOs. Beginning in FY 2018–2019, Colorado’s Accountable Care Collaborative will be the primary healthcare delivery model for Health First Colorado members.

Colorado’s Medicaid benefits and services include healthcare primary and specialty care provider visits; dental services; hospitalization, emergency services, and 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

To evaluate performance levels and to provide an objective, comparative review of the Colorado Medicaid MCOs’ (health plans’) quality-of-care outcomes and performance measure rates, the Department required its health plans to report results following the National Committee for Quality Assurance’s (NCQA’s) Healthcare Effectiveness Data and Information Set (HEDIS[®]) protocols.¹⁻² The Department selected HEDIS performance measures from the standard Medicaid HEDIS 2018 reporting set to evaluate the Colorado Medicaid health plans’ performance and for public reporting. For HEDIS 2018, the Department required that the health plans report all HEDIS measures using the administrative methodology. This report includes rates calculated using only administrative data. Therefore, caution should be exercised when comparing measure results for measures with a hybrid option to national benchmarks, which were established using administrative and/or medical record review data.

In FY 2017–2018, each health plan underwent an NCQA HEDIS Compliance Audit[™] through a licensed organization to verify the processes used to report valid HEDIS rates.¹⁻³ Both Medicaid health plans submitted final measure rates and audit results to Health Services Advisory Group, Inc. (HSAG), the Department’s external quality review organization (EQRO). HSAG examined the measures among the following different domains of care: Pediatric Care, Access to Care and Preventive Screening, Mental/Behavioral Health, Living With Illness, and Use of Services. Please see Appendix C for

¹⁻¹ Colorado Department of Health Care Policy and Financing. Colorado Medicaid Benefits and Services. Available at: <https://www.healthfirstcolorado.com/benefits-services/>. Accessed on: Aug 21, 2018.

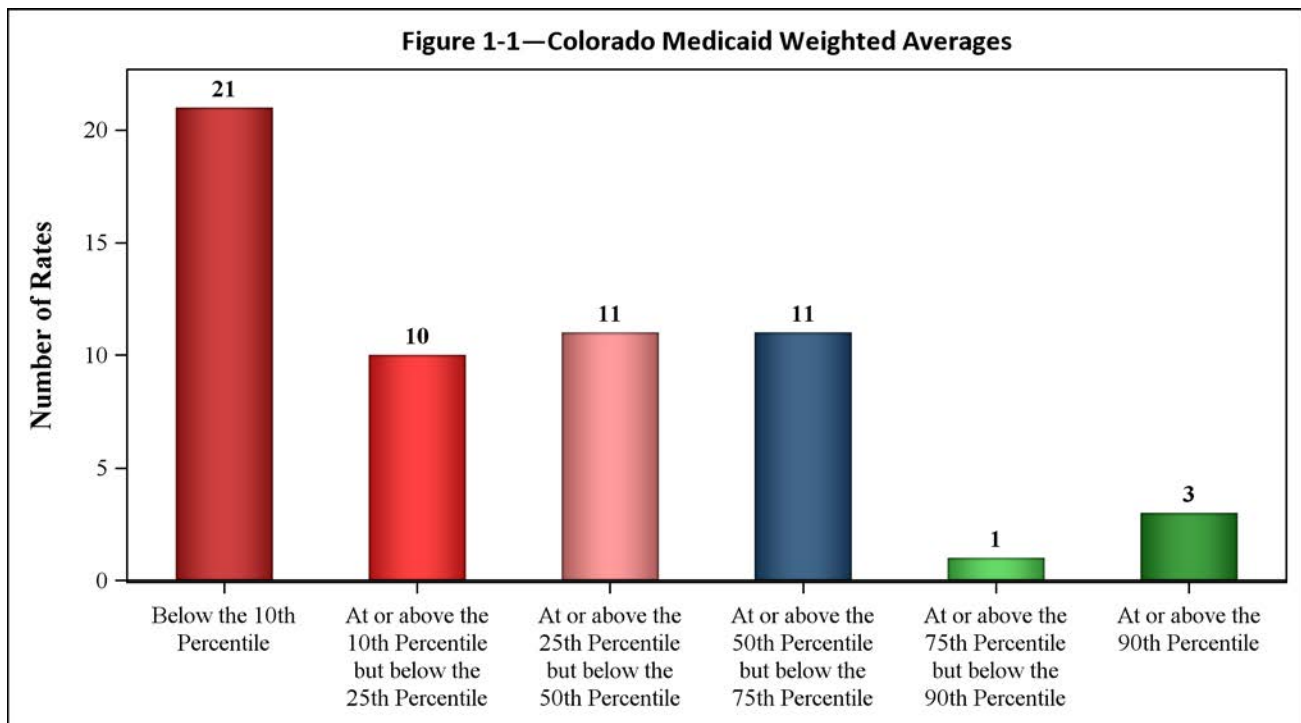
¹⁻² HEDIS[®] is a registered trademark of the National Committee for Quality Assurance (NCQA).

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

additional information on NCQA’s Information System (IS) standards and the audit findings for both Medicaid health plans.¹⁻⁴ This report documents the results of HSAG’s analysis and recommendations for improvement where appropriate.

Summary of Performance

Figure 1-1 shows the Colorado Medicaid program’s performance on HEDIS 2018 performance measure indicators that were comparable to the Quality Compass® national Medicaid percentiles for HEDIS 2017.¹⁻⁵ 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.



Of the 57 reported rates that were compared to national Medicaid percentiles, almost two-thirds (approximately 74 percent) of the Colorado Medicaid statewide weighted average rates fell below the national Medicaid 50th percentile, indicating low performance statewide compared to national standards.

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

Table 1-1 shows the Medicaid statewide weighted averages for HEDIS 2016 through HEDIS 2018 along with the percentile ranking for each HEDIS 2018 rate. Statewide performance measure results for HEDIS 2018 were compared to Quality Compass national Medicaid percentiles for HEDIS 2017, when available. 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 since this indicator is not published in Quality Compass. Additional measure rates reported by the health plans can be found in Appendices A and B.

Rates for HEDIS 2018 shaded green with one caret (^) indicate a statistically significant improvement in performance from the previous year. Rates for HEDIS 2018 shaded red with two carets (^) indicate a statistically significant decline in performance from the previous year.¹⁻⁶ Please note, the Colorado Medicaid statewide weighted averages for HEDIS 2016 and HEDIS 2017 included rates for the fee-for-service (FFS) population and one additional Medicaid health plan. The HEDIS 2018 Colorado Medicaid weighted averages include only rates submitted by DHMC and RMHP Prime. Therefore, exercise caution when comparing HEDIS 2018 statewide weighted average rates to historical rates.

For some measures in the Use of Services domain (i.e., *Ambulatory Care, Inpatient Utilization—General Hospital/Acute Care, and Antibiotic Utilization*), HSAG did not perform significance testing because variances were not provided in the Interactive Data Submission System (IDSS) files; therefore, differences in rates are reported without significance testing. In addition, higher or lower rates do not necessarily indicate better or worse performance for the measures in the Use of Services domain.

Table 1-1—Colorado Medicaid Statewide Weighted Averages

Performance Measures	HEDIS 2016 Rate	HEDIS 2017 Rate	HEDIS 2018 Rate	Percentile Ranking
<i>Pediatric Care</i>				
<i>Childhood Immunization Status¹</i>				
<i>Combination 2</i>	55.00%	58.53%	68.25% ^	10th–24th
<i>Combination 3</i>	52.56%	56.00%	65.92% ^	25th–49th
<i>Combination 4</i>	49.39%	53.15%	64.21% ^	25th–49th
<i>Combination 5</i>	43.25%	47.31%	58.00% ^	25th–49th
<i>Combination 6</i>	25.99%	32.83%	43.32% ^	50th–74th
<i>Combination 7</i>	40.84%	45.27%	56.68% ^	25th–49th
<i>Combination 8</i>	24.90%	31.74%	42.47% ^	50th–74th
<i>Combination 9</i>	22.42%	28.87%	39.44% ^	50th–74th
<i>Combination 10</i>	21.49%	28.01%	38.74% ^	50th–74th

¹⁻⁶ Performance comparisons are based on the Chi-square test of statistical significance with a *p* value <0.05.

Performance Measures	HEDIS 2016 Rate	HEDIS 2017 Rate	HEDIS 2018 Rate	Percentile Ranking
Immunizations for Adolescents¹				
Combination 1 (Meningococcal, Tdap)	64.85%	64.78%	75.55% [^]	25th–49th
Combination 2 (Meningococcal, Tdap, HPV) ²	—	—	47.11%	—
Well-Child Visits in the First 15 Months of Life¹				
Zero Visits*	4.89%	4.25%	9.12% ^{^^}	<10th
Six or More Visits	44.49%	48.55%	4.39% ^{^^}	<10th
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life¹				
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	56.96%	57.64%	60.89% [^]	10th–24th
Adolescent Well-Care Visits¹				
Adolescent Well-Care Visits	32.13%	33.94%	34.29%	10th–24th
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents¹				
BMI Percentile Documentation—Total	60.50%	8.65%	16.52% [^]	<10th
Counseling for Nutrition—Total	59.95%	7.57%	6.14% ^{^^}	<10th
Counseling for Physical Activity—Total	49.01%	2.97%	1.35% ^{^^}	<10th
Appropriate Testing for Children With Pharyngitis				
Appropriate Testing for Children With Pharyngitis	73.15%	75.71%	83.67% [^]	75th–89th
Appropriate Treatment for Children With Upper Respiratory Infection³				
Appropriate Treatment for Children With Upper Respiratory Infection	91.92%	92.16%	97.55% [^]	≥90th
Access to Care				
Prenatal and Postpartum Care¹				
Timeliness of Prenatal Care	—	64.06%	43.75% ^{^^}	<10th
Postpartum Care	—	35.08%	38.18% [^]	<10th
Children and Adolescents' Access to Primary Care Practitioners				
Ages 12 to 24 Months	91.77%	92.33%	86.85% ^{^^}	<10th
Ages 25 Months to 6 Years	78.92%	79.07%	72.27% ^{^^}	<10th
Ages 7 to 11 Years	82.77%	83.05%	75.68% ^{^^}	<10th
Ages 12 to 19 Years	82.34%	82.70%	75.68% ^{^^}	<10th
Adults' Access to Preventive/Ambulatory Health Services				
Total	67.99%	66.03%	62.88% ^{^^}	<10th
Preventive Screening				
Chlamydia Screening in Women				
Total	52.00%	50.69%	60.64% [^]	50th–74th
Breast Cancer Screening²				
Breast Cancer Screening	—	—	50.53%	—
Cervical Cancer Screening¹				
Cervical Cancer Screening	47.87%	42.85%	43.12%	<10th

Performance Measures	HEDIS 2016 Rate	HEDIS 2017 Rate	HEDIS 2018 Rate	Percentile Ranking
Non-Recommended Cervical Cancer Screening in Adolescent Females*				
Non-Recommended Cervical Cancer Screening in Adolescent Females	1.33%	1.34%	0.34% ^	≥90th
Adult BMI Assessment¹				
Adult BMI Assessment	72.16%	18.39%	47.08% ^	<10th
Mental/Behavioral Health				
Antidepressant Medication Management⁴				
Effective Acute Phase Treatment	66.97%	55.31%	53.45%	50th–74th
Effective Continuation Phase Treatment	52.81%	32.28%	34.05%	25th–49th
Follow-Up Care for Children Prescribed ADHD Medication⁴				
Initiation Phase	35.03%	34.13%	37.59%	10th–24th
Continuation and Maintenance Phase	34.95%	35.55%	NA	—
Metabolic Monitoring for Children and Adolescents on Antipsychotics				
Total	—	—	21.95%	<10th
Use of Multiple Concurrent Antipsychotics in Children and Adolescents*³				
Total	6.43%	5.76%	1.49%	50th–74th
Living With Illness				
Persistence of Beta-Blocker Treatment After a Heart Attack				
Persistence of Beta-Blocker Treatment After a Heart Attack	75.60%	69.04%	66.18%	<10th
Comprehensive Diabetes Care¹				
Hemoglobin A1c (HbA1c) Testing	77.76%	79.13%	83.03% ^	10th–24th
HbA1c Poor Control (>9.0%)*	55.00%	93.82%	56.53% ^	10th–24th
HbA1c Control (<8.0%)	37.34%	4.88%	35.51% ^	10th–24th
Eye Exam (Retinal) Performed	40.47%	30.83%	27.40% ^^	<10th
Medical Attention for Nephropathy	85.36%	78.30%	82.72% ^	<10th
Blood Pressure Control (<140/90 mm Hg)	58.24%	5.05%	32.61% ^	<10th
Statin Therapy for Patients With Diabetes				
Received Statin Therapy	—	56.05%	49.60% ^^	<10th
Statin Adherence 80%	—	51.69%	58.63% ^	25th–49th
Statin Therapy for Patients With Cardiovascular Disease				
Received Statin Therapy—Total	—	78.26%	73.19% ^^	25th–49th
Statin Adherence 80%—Total	—	56.99%	64.22% ^	50th–74th
Annual Monitoring for Patients on Persistent Medications				
ACE Inhibitors or ARBs	83.62%	85.08%	84.90%	10th–24th
Diuretics	83.68%	84.45%	84.75%	10th–24th
Total ²	—	—	84.84%	—
Use of Imaging Studies for Low Back Pain³				
Use of Imaging Studies for Low Back Pain	77.16%	68.16%	71.09% ^	50th–74th

Performance Measures	HEDIS 2016 Rate	HEDIS 2017 Rate	HEDIS 2018 Rate	Percentile Ranking
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis³				
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis	31.13%	37.16%	45.60% [^]	≥90th
Pharmacotherapy Management of COPD Exacerbation³				
Systemic Corticosteroid	66.77%	69.02%	50.53% ^{^^}	10th–24th
Bronchodilator	79.63%	80.90%	61.10% ^{^^}	<10th
Medication Management for People With Asthma				
Medication Compliance 50%—Total	69.00%	58.29%	57.27%	25th–49th
Medication Compliance 75%—Total	46.21%	32.29%	31.54%	25th–49th
Asthma Medication Ratio				
Total	60.71%	61.23%	59.69%	25th–49th
Use of Spirometry Testing in the Assessment and Diagnosis of COPD				
Use of Spirometry Testing in the Assessment and Diagnosis of COPD	25.39%	27.07%	31.48%	50th–74th
Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis				
Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis	79.89%	78.04%	74.24%	50th–74th
Use of Services				
Ambulatory Care (Per 1,000 Member Months)				
Emergency Department Visits—Total*	59.12	55.58	48.02	75th–89th
Outpatient Visits—Total	274.59	263.93	222.58	<10th
Inpatient Utilization—General Hospital/Acute Care				
Discharges per 1,000 Member Months (Total Inpatient)	7.17	7.05	5.88	25th–49th
Average Length of Stay (Total Inpatient)	4.33	4.36	4.23	50th–74th
Discharges per 1,000 Member Months (Medicine)	3.40	3.46	3.04	50th–74th
Average Length of Stay (Medicine)	3.97	3.90	4.02	50th–74th
Discharges per 1,000 Member Months (Surgery)	1.78	1.69	1.18	25th–49th
Average Length of Stay (Surgery)	7.02	7.35	7.27	50th–74th
Discharges per 1,000 Member Months (Maternity)	2.83	2.63	2.14	10th–24th
Average Length of Stay (Maternity)	2.53	2.51	2.45	10th–24th
Antibiotic Utilization*				
Average Scripts PMPY for Antibiotics	0.96	0.58	0.42	≥90th
Average Days Supplied per Antibiotic Script	9.72	9.53	9.29	25th–49th
Average Scripts PMPY for Antibiotics of Concern	0.36	0.22	0.14	≥90th
Percentage of Antibiotics of Concern of All Antibiotic Scripts	38.13%	37.13%	33.25%	≥90th
Plan All-Cause Readmissions*				
Index Total Stays—Observed Readmissions	—	—	12.58%	—
Index Total Stays—O/E Ratio	—	—	0.65	—

Performance Measures	HEDIS 2016 Rate	HEDIS 2017 Rate	HEDIS 2018 Rate	Percentile Ranking
Use of Opioids at High Dosage (Per 1,000 Members)*				
Use of Opioids at High Dosage	—	—	35.74	—
Use of Opioids From Multiple Providers (Per 1,000 Members)*				
Multiple Prescribers	—	—	282.14	—
Multiple Pharmacies	—	—	103.59	—
Multiple Prescribers and Multiple Pharmacies	—	—	66.23	—

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

¹ Changes in the rates from HEDIS 2016 to HEDIS 2017 and HEDIS 2018 should be interpreted with caution due to a change in the Department's reporting requirement from Hybrid in HEDIS 2016 to Administrative in HEDIS 2017 and HEDIS 2018.

² Due to changes in the technical specifications for this measure in HEDIS 2018, NCQA does not recommend trending between 2018 and prior years; therefore, prior year rates are not displayed and comparisons to benchmarks are not performed for this measure.

³ Due to changes in the technical specifications for this measure for HEDIS 2017, exercise caution when trending HEDIS 2017 rates to prior years.

⁴ Due to changes in the technical specifications for this measure for HEDIS 2018, exercise caution when trending HEDIS 2018 rates to prior years.

— indicates that the rate is not presented in this report as the measure is a first-year measure; therefore, no trending information is available. This symbol may also indicate that NCQA recommended a break in trending; therefore, no prior year rates are displayed.

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

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

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

Summary of Performance by Domain

Pediatric Care

For 2018, DHMC's performance in the Pediatric Care domain demonstrated opportunities for improvement, with most (13 of 19) measure rates falling below the national Medicaid 50th percentile. Similarly, all of RMHP Prime's reportable rates fell below the national Medicaid 25th percentile. Both health plans should focus improvement efforts on working with providers to document *Well-Child Visits in the First 15 Months of Life*; *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life*; *Adolescent Well-Care Visits*; and *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents* within administrative data sources. Conversely, DHMC's rates for *Appropriate Testing for Children With Pharyngitis* and *Appropriate Treatment for Children With Upper Respiratory Infection* met or exceeded the national Medicaid 75th percentile, indicating a strong performance by DHMC in the appropriate antibiotic treatment for ED and outpatient visits related to respiratory infections.

Access to Care and Preventive Screening

Performance for 2018 within the Access to Care domain indicated opportunities for improvement for both DHMC and RMHP Prime. All seven measure rates for DHMC fell below the national Medicaid 25th percentile, while five of six measure rates for RMHP Prime fell below the national Medicaid 50th percentile. Overall, both DHMC and RMHP Prime should develop quality improvement initiatives designed to ensure members have access to the appropriate providers.

For the four measure rates within the Preventive Screening domain that could be compared to national Medicaid percentiles, performance varied between DHMC and RMHP Prime. DHMC demonstrated high performance for the *Chlamydia Screening in Women—Total* and *Non-Recommended Cervical Cancer Screening in Adolescent Females* measures, with rates ranking at or above the national Medicaid 75th percentile. Conversely, RMHP Prime's rates for both measures fell below the national Medicaid 50th percentile. DHMC and RMHP Prime performed below the national Medicaid 50th percentile for both the *Cervical Cancer Screening* and *Adult BMI Assessment* measures, suggesting that opportunities for improvement exist for the health plans to work with providers to ensure these services are appropriately documented in administrative data sources.

Mental/Behavioral Health

Within the Mental/Behavioral Health domain, both health plans demonstrated opportunities for improvement with medication management for behavioral/mental health conditions, with half of DHMC's rates and three-quarters of RMHP Prime's rates falling below the national Medicaid 50th percentile. DHMC performed below the national Medicaid 25th percentile for the *Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase* measure, suggesting opportunities for improvement. RMHP Prime performed below the national Medicaid 50th percentile for both *Metabolic Monitoring for Children and Adolescents on Antipsychotics* and *Use of Multiple Concurrent Antipsychotics in Children and Adolescents*, indicating that improvement efforts should focus on

children who receive antipsychotic medications. Conversely, DHMC's rate for *Use of Multiple Concurrent Antipsychotics in Children and Adolescents* ranked at or above the national Medicaid 90th percentile, indicating strong performance.

Living With Illness

Within the Living With Illness domain, both health plans demonstrated relatively low performance, with 18 of 22 (81.8 percent) rates for DHMC and 14 of 21 (66.7 percent) rates for RMHP Prime falling below the national Medicaid 50th percentile. DHMC and RMHP Prime should focus improvement efforts on working with providers to document *Comprehensive Diabetes Care* within administrative data sources, given relatively low performance on almost all indicators for both health plans. Additionally, DHMC and RMHP Prime performed below the national Medicaid 25th percentile for the following measures related to medication management, suggesting opportunities for improvement for both health plans: *Statin Therapy for Patients With Diabetes—Received Statin Therapy*; *Annual Monitoring for Patients on Persistent Medication—ACE Inhibitors or ARBs*; and *Pharmacotherapy Management of COPD Exacerbation*. Conversely, both health plans performed at or above the national Medicaid 90th percentile for the *Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis* measure, indicating strong performance by DHMC and RMHP Prime for appropriate treatment in the ED and outpatient settings for bronchitis.

Use of Services

For the *Plan All-Cause Readmissions* measure, DHMC reported a readmission rate almost 7 percentage points higher than RMHP Prime's readmission rate. However, both health plans had fewer than expected readmissions based on their observed/expected (O/E) ratio, indicating strong performance by both health plans.

For the remaining reported rates for the health plans and Medicaid statewide weighted average rates for the Use of Services domain, demographic and clinical characteristics of the population were not considered; therefore, HSAG did not draw conclusions regarding performance based on the reported utilization results for *Ambulatory Care*, *Inpatient Utilization—General Hospital/Acute Care*, and *Antibiotic Utilization*. 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.

Limitations and Considerations

- In FY 2014–2015, RMHP discontinued its Medicaid MCO product line, transitioned Medicaid members to RMHP’s Regional Care Collaborative Organization (RCCO), and developed its Prime product line (RMHP Prime). RMHP Prime provides services only to 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. As a result of these changes, HSAG recommends that readers exercise caution when comparing RMHP Prime’s HEDIS 2016, 2017, and 2018 rates to other health plans’ rates, benchmarks, and historical rates reported for RMHP 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 and HEDIS 2018, since these measure rates likely underestimate performance. Additionally, caution should be exercised when comparing measure results for measures with a hybrid option to national benchmarks, which were established using administrative and/or medical record review data.
- Since all HEDIS 2018 measures were reported using the administrative methodology according to 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 for measures with a hybrid option are more representative of data completeness rather than a measure of performance.
- In Colorado, behavioral health services provided in FY 2017–2018 were 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.
- For HEDIS 2018, the Colorado Medicaid weighted averages include only rates submitted by DHMC and RMHP Prime. Therefore, exercise caution when comparing HEDIS 2018 statewide weighted average rates to historical rates that include rates for the FFS population and for one additional Medicaid health plan.

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—2018 Medicaid Health Plan Names and Abbreviations

Medicaid Health Plan Name	Abbreviation
Denver Health Medicaid Choice	DHMC
Rocky Mountain Health Plans Medicaid—Prime	RMHP Prime

Summary of HEDIS 2018 Measures

Within this report, HSAG presents the health plans’ and statewide performance on HEDIS measures selected by the Department for HEDIS 2018. 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 2018 measures and measure indicators that are presented within this report as well as the corresponding domains of care. Additional measure indicator rates are displayed within the appendices for more granular definitions of health plan performance for select measures. For example, the *Total* rates for *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 2018 Selected Measures

Performance Measures
Pediatric Care
<i>Childhood Immunization Status—Combinations 2–10</i>
<i>Immunizations for Adolescents—Combination 1 (Meningococcal, Tdap) and Combination 2 (Meningococcal, Tdap, HPV)</i>
<i>Well-Child Visits in the First 15 Months of Life—Zero Visits and Six or More Visits</i>
<i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i>
<i>Adolescent Well-Care Visits</i>
<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile Documentation—Total, Counseling for Nutrition—Total, and Counseling for Physical Activity—Total</i>
<i>Appropriate Testing for Children With Pharyngitis</i>
<i>Appropriate Treatment for Children With Upper Respiratory Infection</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>
Mental/Behavioral Health
<i>Antidepressant Medication Management—Effective Acute Phase Treatment and Effective Continuation Phase Treatment</i>
<i>Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase and Continuation and Maintenance Phase</i>
<i>Metabolic Monitoring for Children and Adolescents on Antipsychotics—Total</i>
<i>Use of Multiple Concurrent Antipsychotics in Children and Adolescents—Total</i>

Performance Measures
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—Total and Statin Adherence 80%—Total</i>
<i>Annual Monitoring for Patients on Persistent Medications—ACE Inhibitors or ARBs, 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)—Emergency Department Visits—Total and Outpatient Visits—Total</i>
<i>Inpatient Utilization—General Hospital/Acute Care</i>
<i>Antibiotic Utilization</i>
<i>Plan All-Cause Readmissions—Total</i>
<i>Use of Opioids at High Dosage (Per 1,000 Members)</i>
<i>Use of Opioids from Multiple Providers (Per 1,000 Members)—Multiple Prescribers, Multiple Pharmacies, and Multiple Prescribes and Multiple Pharmacies</i>

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. However, the hybrid data collection methodology was used by the health plans to report rates for select measures prior to 2017. Therefore, the following sections describe both administrative and hybrid calculation methods. The data collection or calculation methods for each measure are described in detail by NCQA in the *HEDIS 2018 Volume 2 Technical Specifications*.

Administrative Method

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

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.

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 2018 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 2018 measure indicator rates received one of seven predefined audit results: *Reportable (R)*, *Small Denominator (NA)*, *Biased Rate (BR)*, *No Benefit (NB)*, *Not Required (NQ)*, *Not Reported (NR)*, and *Unaudited (UN)*. The audit results are defined in the Glossary section.

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

Calculation of Statewide Averages

To calculate the statewide weighted averages, HSAG collected the audited results, numerator, denominator, rate, audit designation, and eligible population data elements reported in the files submitted for the health plans for all measures. Given that the health plans varied in membership size and demographic configuration, the statewide rate for a measure was the average rate weighted by the eligible populations. Weighting the rates by the eligible population sizes ensured that the 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 the rate for a health plan with only 10,000 members. For health plans' rates reported as *NA* due to small denominators, the numerators, denominators, and eligible populations were still included in the calculations of the statewide weighted average. However, health plan rates reported as *BR*, *NB*, *NQ*, *NR*, or *UN* were excluded from the statewide weighted average calculation.

Of note, the Colorado Medicaid weighted averages for HEDIS 2016 and HEDIS 2017 included rates for the FFS population and one additional Medicaid health plan. The HEDIS 2018 Colorado Medicaid weighted averages include only rates submitted by DHMC and RMHP Prime. Therefore, exercise caution when comparing HEDIS 2018 statewide weighted average rates to historical rates.

Evaluating Measure Results

National Benchmark Comparisons

Benchmark Data

HEDIS 2018 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 each measure. For comparative purposes, HSAG used the most recent data available from NCQA at the time of the production of this report to evaluate the HEDIS 2018 rates: NCQA's Quality Compass national Medicaid HMO percentiles for HEDIS 2017. 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 2017 since this indicator is not published in Quality Compass.

For some measures for which lower rates indicate better performance (i.e., *Well-Child Visits in the First 15 Months of Life—Zero Visits*, *Ambulatory Care—ED Visits*, and *Antibiotic Utilization*), HSAG inverted the 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.

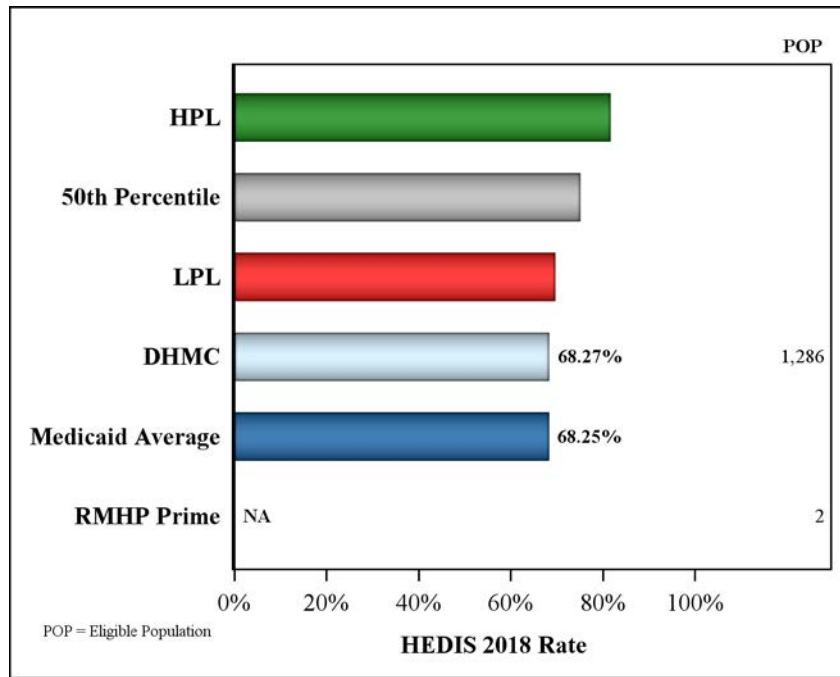
Figure Interpretation

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 2018 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 2017. An example of the horizontal bar graph figure for one measure indicator is shown in Figure 2-1.

Figure 2-1—Sample Horizontal Bar Graph Figure



Percentile Rankings and Star Ratings

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

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. 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 the measure did not have an applicable benchmark; therefore, the performance level for these measures was not presented in this report.

Trend Analysis

In addition to the percentile ranking and star rating results, HSAG also compared HEDIS 2018 Medicaid statewide weighted averages and health plan rates to the corresponding HEDIS 2017 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. Throughout the report, references to “significant” changes in performance are noted; these instances refer to statistically significant differences between performance from HEDIS 2017 to HEDIS 2018. 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 2017 and HEDIS 2018” 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 due to large denominator sizes rather than 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.

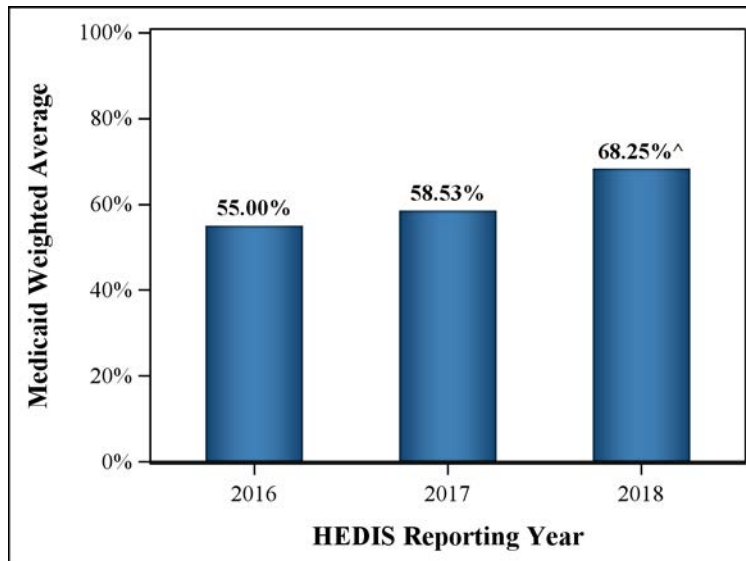
Additionally, caution should be exercised when comparing rates for measures that were reported using different methodologies from year to year (e.g., the hybrid methodology for HEDIS 2016 and the administrative methodology for HEDIS 2018), as the administrative-only rate likely underestimates performance. Similarly, caution should be exercised when comparing rates calculated administratively to national benchmarks that were calculated using the hybrid methodology.

Figure Interpretation

Within the Executive Summary and Appendix B of this report, performance measure indicator rates and results of significance testing between HEDIS 2017 and HEDIS 2018 are presented in tabular format. HEDIS 2018 rates shaded green with one caret (^) indicate a statistically significant improvement in performance from the previous year. HEDIS 2018 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 2016, HEDIS 2017, and HEDIS 2018 Medicaid statewide weighted averages, with significance testing performed between the HEDIS 2017 and HEDIS 2018 weighted averages. Within these figures, HEDIS 2018 rates with one caret (^) indicate a statistically significant improvement in performance from HEDIS 2017. HEDIS 2018 rates with two carets (^) indicate a statistically significant decline in performance from HEDIS 2017. An example of the vertical bar graph figure is shown in Figure 2-2.

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



One caret (^) indicates a significant improvement in performance from 2017 to 2018.

Measure Changes Between HEDIS 2017 and HEDIS 2018

The following is a list of measures with technical specification changes that NCQA announced for HEDIS 2018.^{2-1,2-2} These changes may have an effect on the HEDIS 2018 rates that are presented in this report.

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

- Clarified in the Notes that documentation related to a member's "appetite" does not meet criteria for the *Counseling for Nutrition* measure indicator.

Appropriate Testing for Children With Pharyngitis

- Revised the episode date to allow for multiple diagnoses of pharyngitis and to exclude members who had other diagnoses on the same date of service.
- Clarified how to identify an ED visit or observation visit that resulted in an inpatient stay.

Appropriate Treatment for Children With Upper Respiratory Infection

- Revised the episode date to allow for multiple diagnoses of URI and to exclude members who had other diagnoses on the same date of service.
- Clarified how to identify an ED visit or observation visit that resulted in an inpatient stay.

Prenatal and Postpartum Care

- Updated the administrative numerator specification to indicate when codes must be on the same claim and when codes can occur on different dates of service.
- Revised Decision Rule 3 to allow **either** (rather than any) of the criteria where the practitioner type is a primary care provider (PCP).

Breast Cancer Screening

- Added digital breast tomosynthesis as a method for meeting numerator criteria.

Antidepressant Medication Management

- Added telehealth and telehealth modifiers.

²⁻¹ National Committee for Quality Assurance. *HEDIS® 2018, Volume 2: Technical Specifications for Health Plans*. Washington, DC: NCQA Publication, 2017.

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

Follow-Up Care for Children Prescribed ADHD Medication

- Added telehealth as eligible for one visit for the continuation and maintenance phase.
- Clarified that for the continuation and maintenance phase, visits must be on different dates of service.
- Note added: Do not count visits billed with a telehealth modifier (Telehealth Modifier Value Set) or billed with a telehealth place of service (POS) code (Telehealth POS Value Set).
- Clarification under Admin specifications: Replace the paragraph after the first two bullets with the following text:
 - Only one of the two visits (during days 31–300) may be a telephone visit (Telephone Visits Value Set) or a telehealth visit. Identify follow-up visits using the code combinations below. Then, identify telehealth visits by the presence of a telehealth modifier (Telehealth Modifier Value Set) or the presence of a telehealth POS code (Telehealth POS Value Set) on the claim.
- Added value sets: Add the following as the fifth and sixth bullets in the last paragraph:
 - Add Visits Group 1 Value Set with Telehealth POS Value Set
 - Add Visits Group 2 Value Set with Telehealth POS Value Set

Persistence of Beta-Blocker Treatment After a Heart Attack

- Clarified the definition of “direct transfer”: when the discharge date from the first inpatient setting precedes the admission date to a second inpatient setting by one calendar day or less.

Comprehensive Diabetes Care

- Added bilateral eye enucleation to the *Eye Exam (Retinal) Performed* measure indicator.
- Revised the language in step 1 of the BP Control <140/90 mm Hg Numerator and added Notes clarifying the intent when excluding BP readings from the numerator.
- Clarified the medical record requirements for evidence of angiotensin converting enzyme (ACE) inhibitor/angiotensin receptor blocker (ARB) therapy (for the *Medical Attention for Nephropathy* measure indicator).
- Added “sacubitril-valsartan” to the description of Antihypertensive combinations in the ACE Inhibitor/ARB Medications List.
- Revised the Data Elements for Reporting table to reflect the removal of the Final Sample Size (FSS) when reporting using the hybrid methodology.
- Replaced a bullet under Admin Specifications for the eye exams numerator: Replace the second bullet with the following text:
 - Two unilateral eye enucleations (Unilateral Eye Enucleation Value Set) with service dates 14 days or more apart. For example, if the service date for the first unilateral eye enucleation was February 1 of the measurement year, the service date for the second unilateral eye enucleation must be on or after February 15.

Statin Therapy for Patients With Diabetes

- Clarified that the pregnancy required exclusion should be applied to only female members.
- Revised step 2 in the eligible population: Replace the third bullet with the following text:
 - Dispensed at least one prescription for clomiphene (Estrogen Agonists Medications List) during the measurement year or the year prior to the measurement year.

Statin Therapy for Patients With Cardiovascular Disease

- Clarified that the pregnancy required exclusion should be applied to only female members.
- Revised step 2 in the eligible population: Replace the third bullet with the following text:
 - Dispensed at least one prescription for clomiphene (Estrogen Agonists Medications List) during the measurement year or the year prior to the measurement year.

Annual Monitoring for Patients on Persistent Medications

- Removed the annual monitoring for members on digoxin rate.
- Added “sacubitril-valsartan” to the description of Antihypertensive combinations in the ACE Inhibitor/ARB Medications List.

Use of Imaging Studies for Low Back Pain

- Replaced the Telehealth Value Set with the Telephone Visits Value Set and the Online Assessments Value Set (the value set was split, but codes are unchanged).
- Added telehealth modifiers.
- Clarified how to identify an ED visit or observation visits that resulted in an inpatient stay.

Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis

- Clarified how to identify an ED visit or observation visit that resulted in an inpatient stay.

Pharmacotherapy Management of COPD Exacerbation

- Replaced medication table references with references to medication lists.
- Clarified in steps 2 and 4 that the intent is to identify all episodes (multiple episodes on the same episode date are separate episodes).
- Clarified how to identify ED visits that resulted in an inpatient stay.
- Clarified the definition of “direct transfer”: when the discharge date from the first inpatient setting precedes the admission date to a second inpatient setting by one calendar day or less.
- Added “Cortisone-acetate” to the description of Glucocorticoids in the Systemic Corticosteroid Medications List.

Use of Spirometry Testing in the Assessment and Diagnosis of COPD

- Clarified how to identify an ED visit or observation visits that resulted in an inpatient stay.

Ambulatory Care

- Clarified how to identify an ED visit that resulted in an inpatient stay.
- Removed the Alcohol and Other Drug (AOD) Rehab and Detox Value Set from the required exclusions (exclusions will be identified based on a principal diagnosis of chemical dependency).
- Revised the data elements tables to indicate that rates are calculated for the Visits/ 1,000 Member Months/Years in the unknown category.

Inpatient Utilization

- Revised the data elements tables to indicate that rates are calculated for the Discharges/1,000 Member Months/Years in the unknown category.

Plan All-Cause Readmissions

- Added the Medicaid product line.
- Replaced all references to “Average Adjusted Probability of Readmission” with “Expected Readmissions Rate.”
- Clarified the definition of “direct transfer”:
 - When the discharge date from the first inpatient setting precedes the admission date to a second inpatient setting by one calendar day or less.
- Clarified step 2 of the denominator (acute-to-acute direct transfers) that stays are excluded if the direct transfer’s discharge date is after December 1 of the measurement year.
- Clarified that the pregnancy required exclusion in step 4 of the denominator should be applied to female members.
- Added instructions to calculate the expected count of readmissions in step 6 of the Risk Adjustment Weighting.
- Added a note to step 3 in the numerator: For hospital stays where there was an acute-to-acute direct transfer (identified in step 2), use both the original stay and the direct transfer stay to identify exclusions in this step.
- Added a Note section. (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.)
- Added Count of Expected 30-day Readmissions as a data element to Table PCR-1 and Table PCR 2/3.
- Added a value set for autologous pancreatic cells to the exclusions under denominator, step 5 exclusions.
- An Additional risk adjustment table was added under Reporting tables to impact commercial and Medicare.

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> , <i>Not Reported (NR)</i> , and <i>Unaudited (UN)</i> .
BMI	Body Mass Index.
BR	Biased Rate: indicates that the health plan's reported rate was invalid; therefore, the rate was not presented.
Data Completeness	The degree to which occurring services/diagnoses appear in the health plan's administrative data systems.
CVX	Vaccine administered codes.
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	<p>Small Denominator; indicates that the health plan followed the specifications, but the denominator was too small (<30) to report a valid rate, resulting in an NA designation.</p> <ul style="list-style-type: none"> • For effectiveness of care (EOC) and EOC-like measures, when the denominator is fewer than 30. • For utilization measures that count member months, when the denominator is fewer than 360 member months. • For all risk-adjusted utilization measures, except PCR, when the denominator is fewer than 150.
NB	<p>No Benefit; indicates that the required benefit to calculate the measure was not offered.</p>
NCQA	<p>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.</p>
NR	<p>Not Reported; indicates that the health plan chose not to report the required HEDIS measure indicator rate. This designation was assigned to rates during previous reporting years to indicate one of the following designations: The health plan chose not to report the required measure indicator rate, or the health plan's reported rate was invalid, therefore, the rate was not presented.</p>
Numerator	<p>The number of members in the denominator who received all the services as specified in the measure.</p>
NQ	<p>Not Required; indicates that the health plan was not required to report this measure.</p>
OB/GYN	<p>Obstetrician/Gynecologist.</p>
PCP	<p>Primary care practitioner.</p>
PCV	<p>Pneumococcal conjugate vaccine.</p>
POP	<p>Eligible population.</p>
PPC	<p>Prenatal and Postpartum Care.</p>
Provider Data	<p>Electronic files containing information about physicians such as type of physician, specialty, reimbursement arrangement, and office location.</p>
RV	<p>Rotavirus vaccine.</p>
Software Vendor	<p>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.)</p>
The Department	<p>The Colorado Department of Health Care Policy and Financing.</p>

Term	Description
UN	Unaudited; indicates that the organization chose to report a measure that is not required to be audited.
URI	Upper respiratory infection.
Quality Compass	NCQA Quality Compass benchmark.
VZV	Varicella zoster virus (chicken pox) vaccine.

Pediatric Care

The following section provides a detailed analysis of the Colorado 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*

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.

Of note, the Colorado Medicaid weighted averages for HEDIS 2016 and HEDIS 2017 included rates for the FFS population and for one additional Medicaid health plan. The HEDIS 2018 Colorado Medicaid weighted averages include only rates submitted by DHMC and RMHP Prime. Therefore, exercise caution when comparing HEDIS 2018 statewide weighted average rates to historical rates.

Childhood Immunization Status

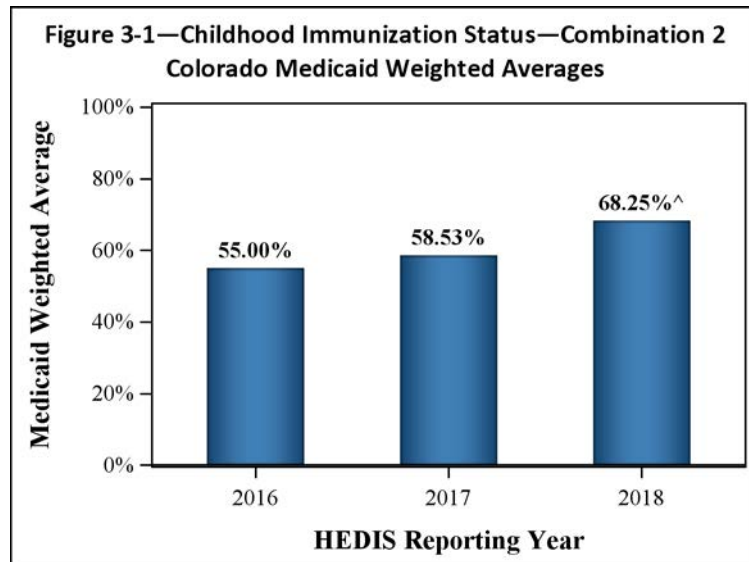
Childhood Immunization Status measures the percentage of members 2 years of age who received the following vaccinations on or before their second birthday. Table 3-1 displays the different antigens associated with various combinations. RMHP Prime did not report a rate for any of the *Childhood Immunization Status* indicators because the denominator was too small (<30) to report a rate.

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
<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>	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

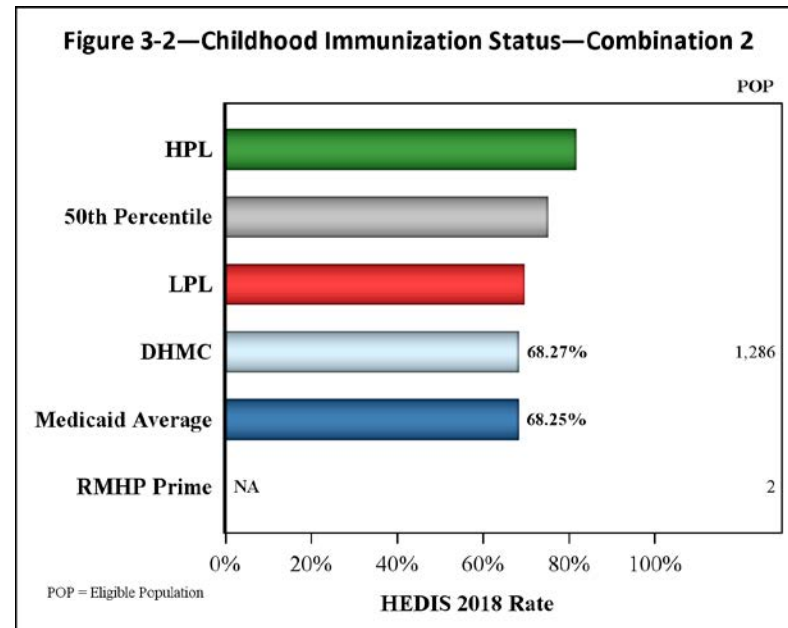
Childhood Immunization Status—Combination 2

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 significant improvement in performance from 2017 to 2018. 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 for 2017.

The Medicaid statewide weighted average significantly improved from 2017 to 2018.

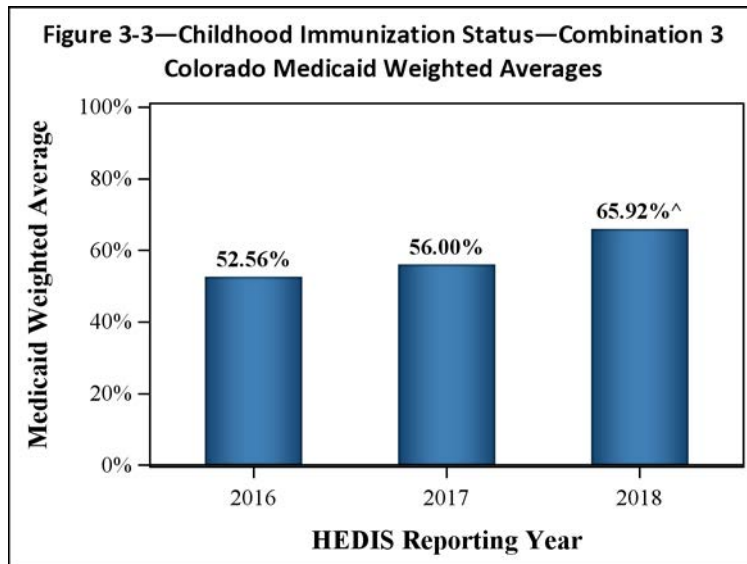


NA (Small Denominator) indicates that the health plan followed the specifications, but the denominator was too small (<30) to report a valid rate. Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

DHMC's rate and the Medicaid statewide weighted average fell below the LPL.

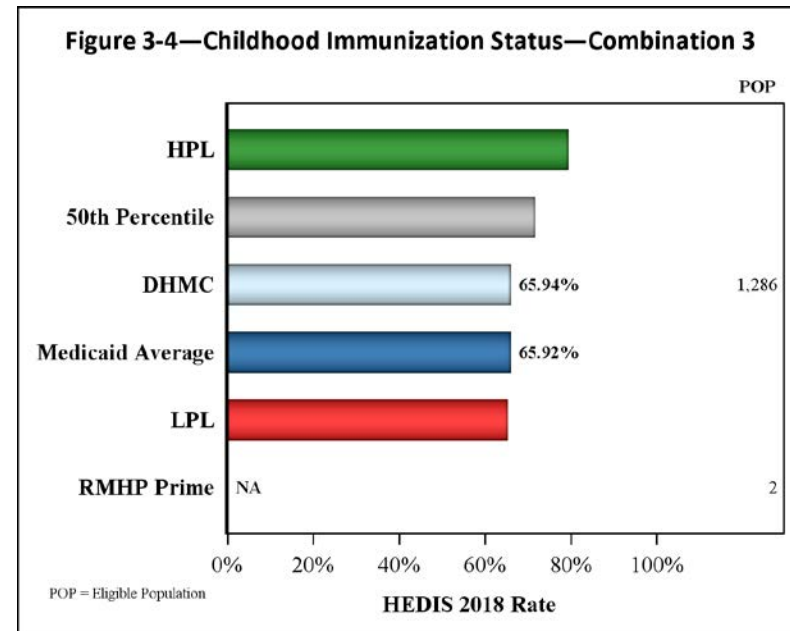
Childhood Immunization Status—Combination 3

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 significant improvement in performance from 2017 to 2018. 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 for 2017.

The Medicaid statewide weighted average significantly improved from 2017 to 2018.

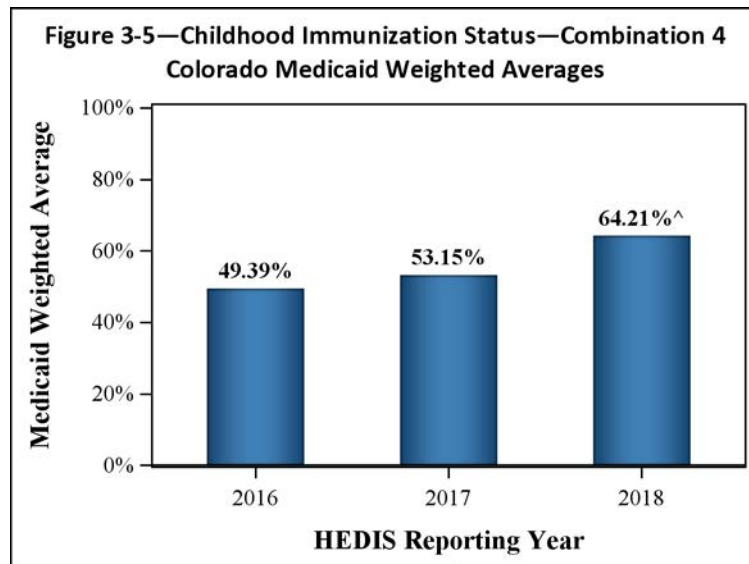


NA (Small Denominator) indicates that the health plan followed the specifications, but the denominator was too small (<30) to report a valid rate. Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

DHMC's rate and the Medicaid statewide weighted average were above the LPL but below the national Medicaid 50th percentile.

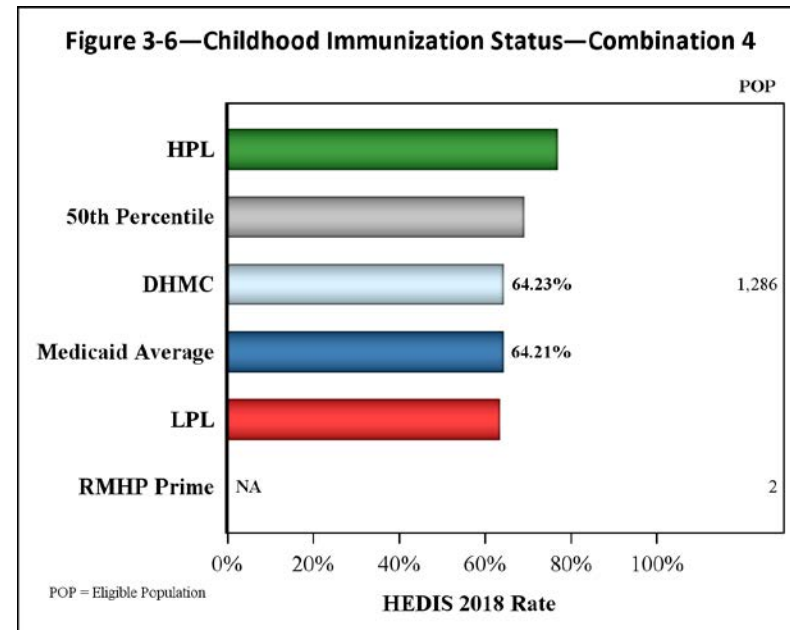
Childhood Immunization Status—Combination 4

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 significant improvement in performance from 2017 to 2018. 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 for 2017.

The Medicaid statewide weighted average significantly improved from 2017 to 2018.

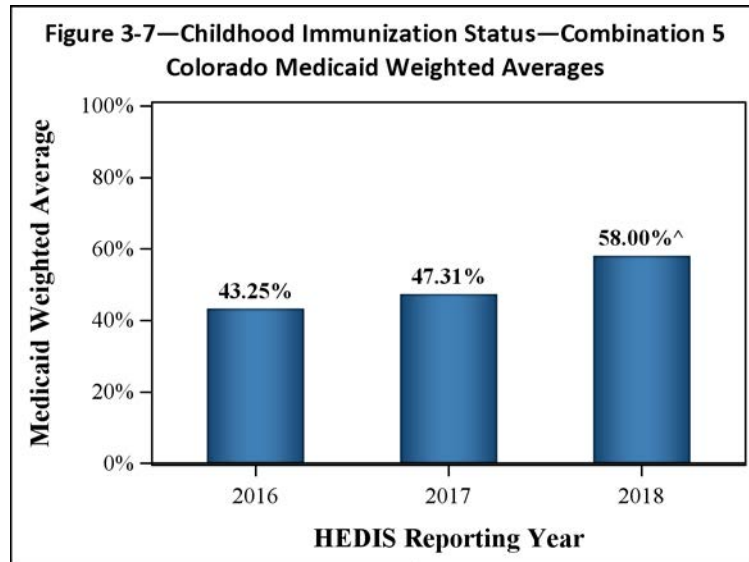


NA (Small Denominator) indicates that the health plan followed the specifications, but the denominator was too small (<30) to report a valid rate. Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

DHMC's rate and the Medicaid statewide weighted average were above the LPL but below the national Medicaid 50th percentile.

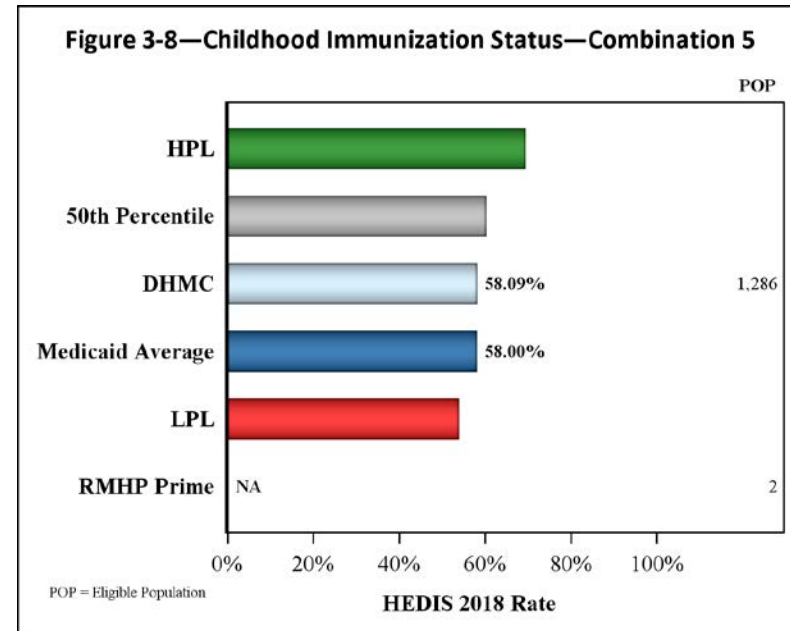
Childhood Immunization Status—Combination 5

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 significant improvement in performance from 2017 to 2018. 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 for 2017.

The Medicaid statewide weighted average significantly improved from 2017 to 2018.

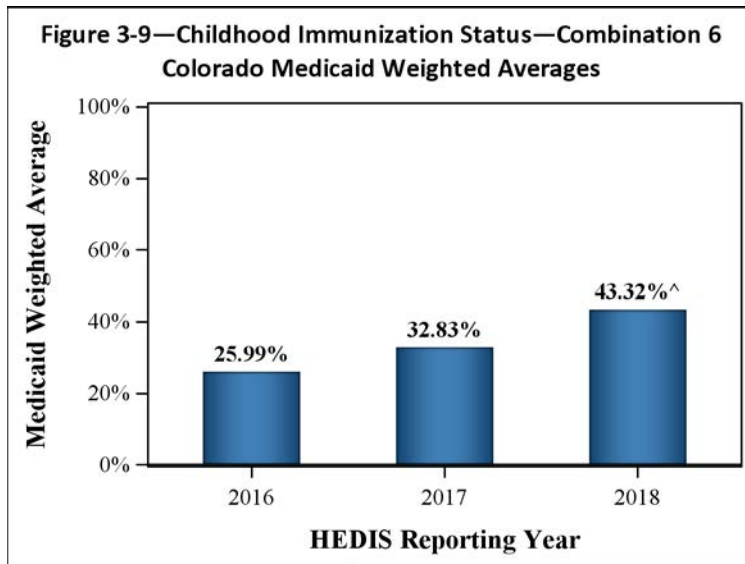


NA (Small Denominator) indicates that the health plan followed the specifications, but the denominator was too small (<30) to report a valid rate. Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

DHMC's rate and the Medicaid statewide weighted average were above the LPL but below the national Medicaid 50th percentile.

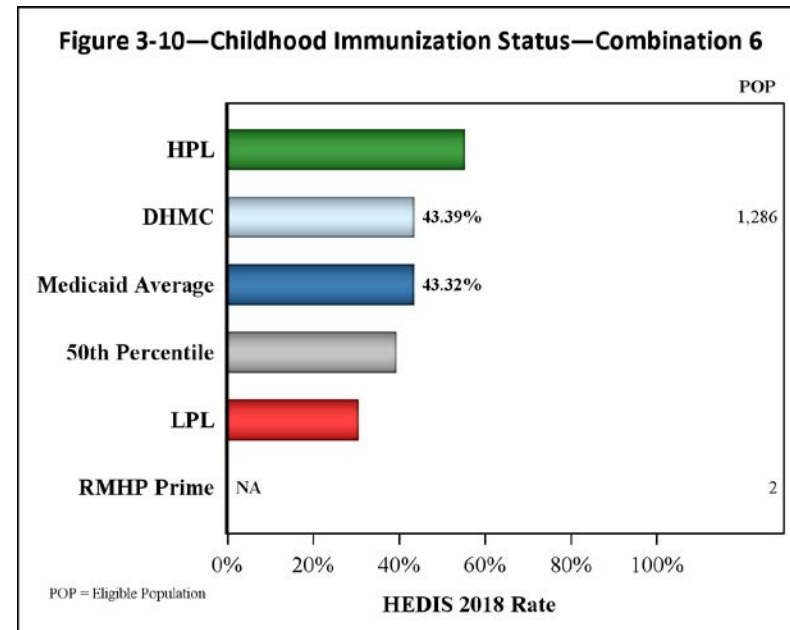
Childhood Immunization Status—Combination 6

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 significant improvement in performance from 2017 to 2018. 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 for 2017.

The Medicaid statewide weighted average significantly improved from 2017 to 2018.

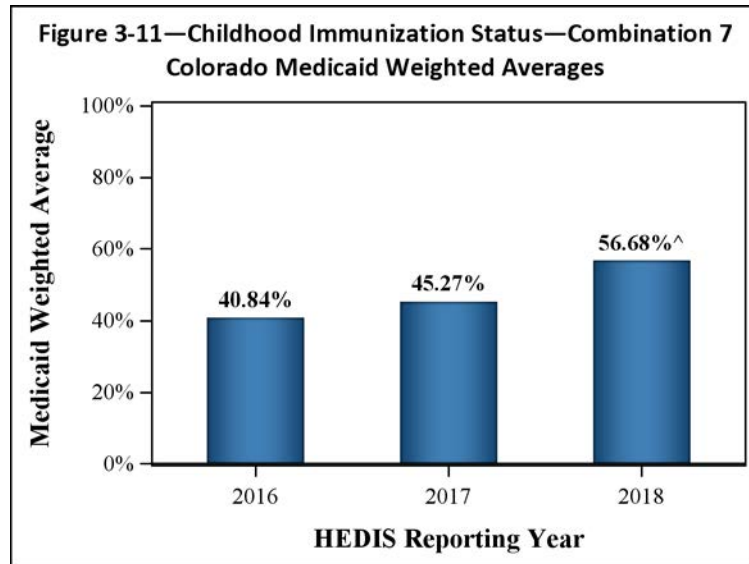


NA (Small Denominator) indicates that the health plan followed the specifications, but the denominator was too small (<30) to report a valid rate. Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

DHMC's rate and the Medicaid statewide weighted average were above the national Medicaid 50th percentile but below the HPL.

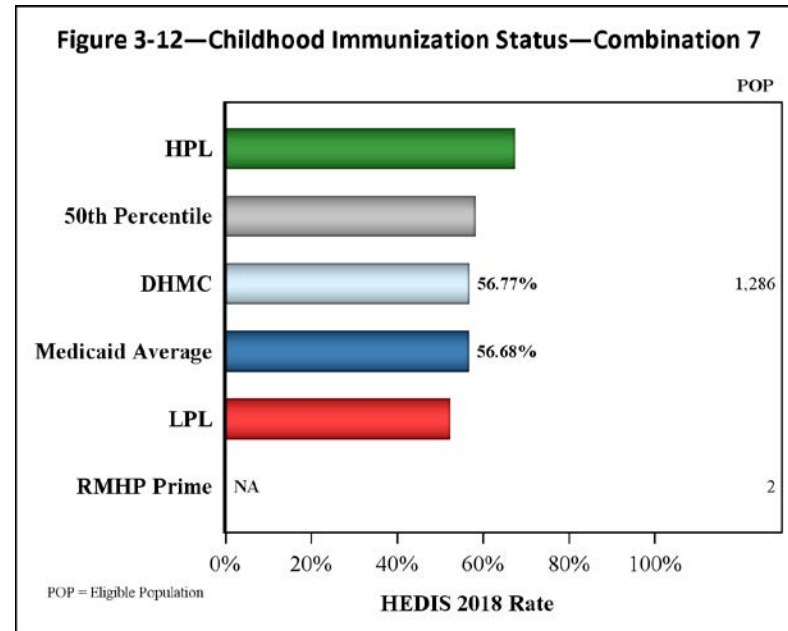
Childhood Immunization Status—Combination 7

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 significant improvement in performance from 2017 to 2018. 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 for 2017.

The Medicaid statewide weighted average significantly improved from 2017 to 2018.

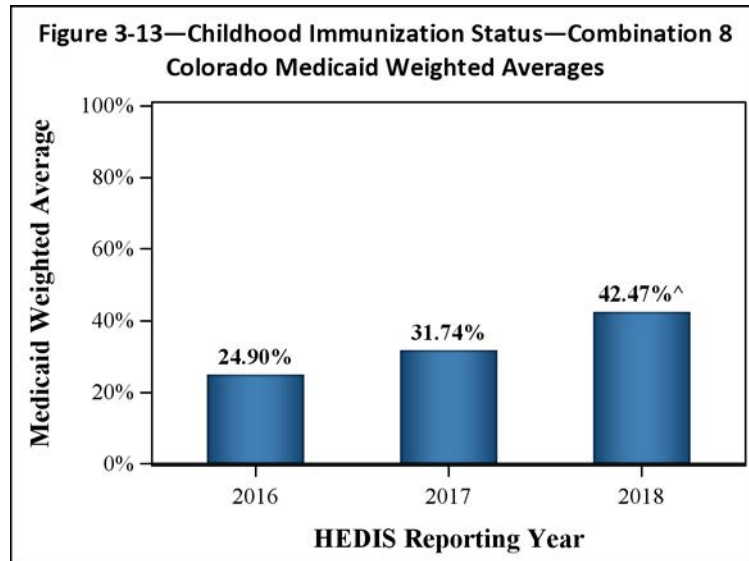


NA (Small Denominator) indicates that the health plan followed the specifications, but the denominator was too small (<30) to report a valid rate. Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

DHMC's rate and the Medicaid statewide weighted average were above the LPL but below the national Medicaid 50th percentile.

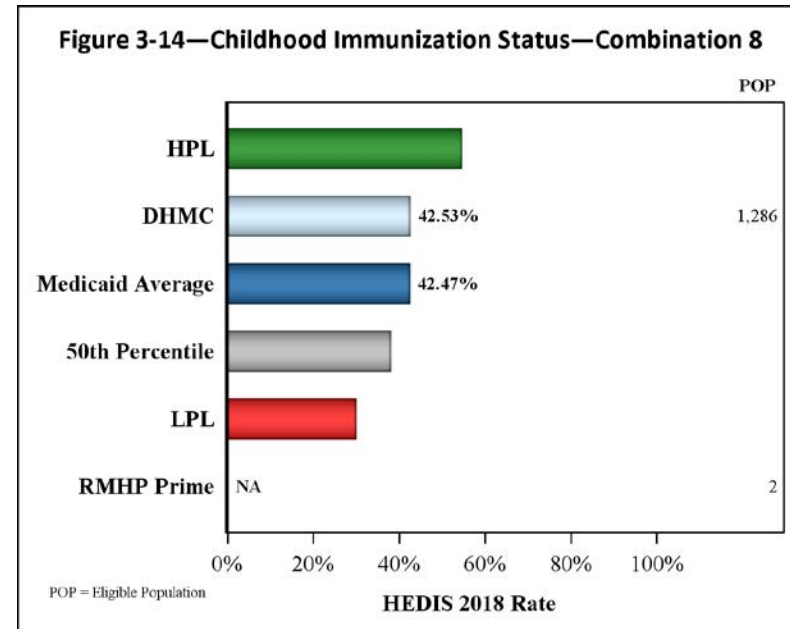
Childhood Immunization Status—Combination 8

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 significant improvement in performance from 2017 to 2018. 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 for 2017.

The Medicaid statewide weighted average significantly improved from 2017 to 2018.

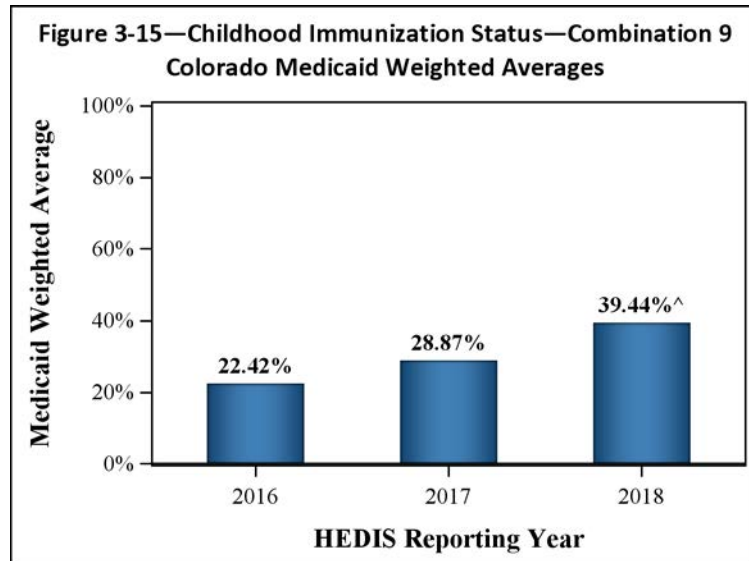


NA (Small Denominator) indicates that the health plan followed the specifications, but the denominator was too small (<30) to report a valid rate. Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

DHMC's rate and the Medicaid statewide weighted average were above the national Medicaid 50th percentile but below the HPL.

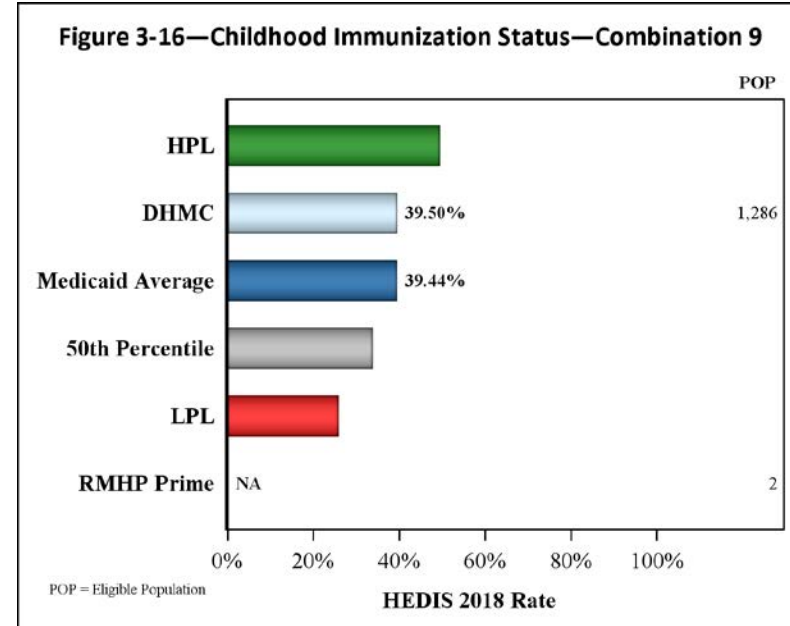
Childhood Immunization Status—Combination 9

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 significant improvement in performance from 2017 to 2018. 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 for 2017.

The Medicaid statewide weighted average significantly improved from 2017 to 2018.

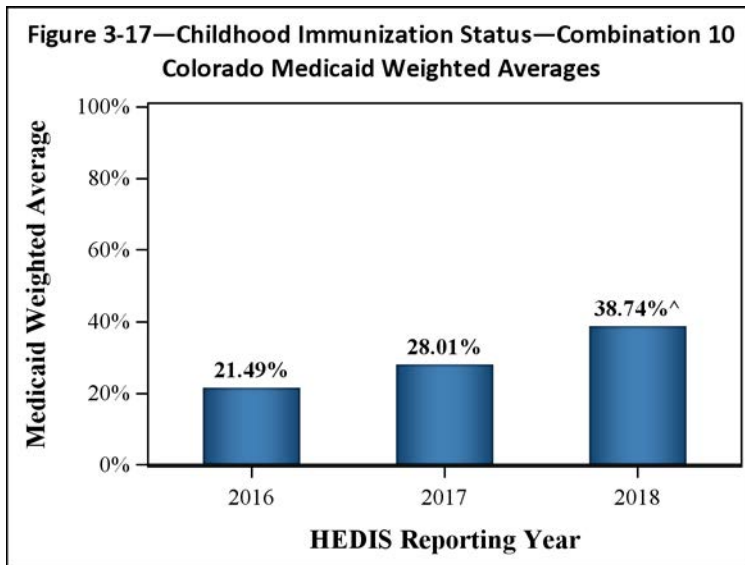


NA (Small Denominator) indicates that the health plan followed the specifications, but the denominator was too small (<30) to report a valid rate. Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

DHMC's rate and the Medicaid statewide weighted average were above the national Medicaid 50th percentile but below the HPL.

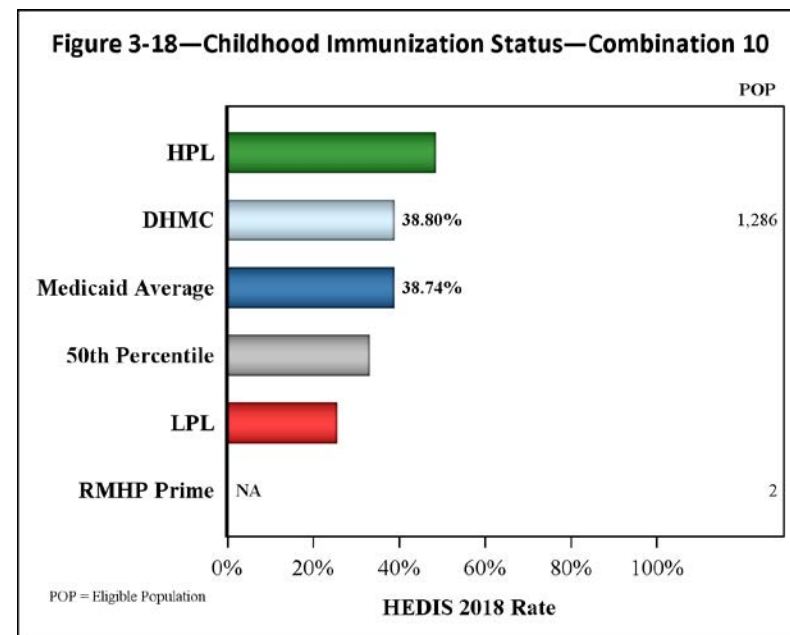
Childhood Immunization Status—Combination 10

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 significant improvement in performance from 2017 to 2018. 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 for 2017.

The Medicaid statewide weighted average significantly improved from 2017 to 2018.

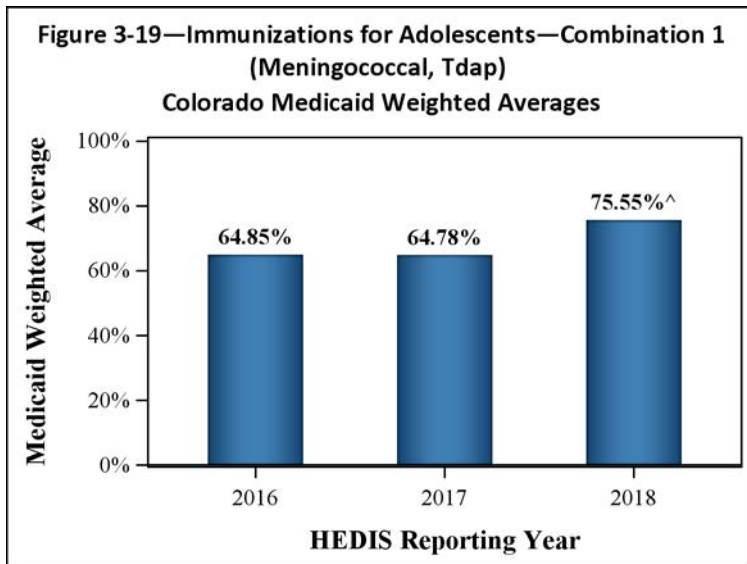


NA (Small Denominator) indicates that the health plan followed the specifications, but the denominator was too small (<30) to report a valid rate. Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

DHMC's rate and the Medicaid statewide weighted average were above the national Medicaid 50th percentile but below the HPL.

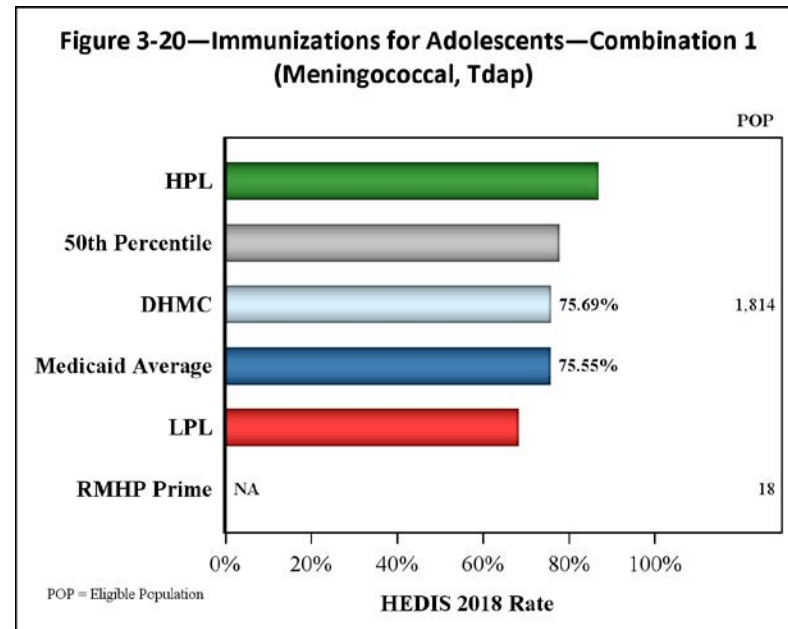
Immunizations for Adolescents—Combination 1 (Meningococcal, Tdap)

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 conjugate vaccine and one tetanus, diphtheria toxoids, and acellular pertussis (Tdap) vaccine.



One caret (^) indicates a significant improvement in performance from 2017 to 2018. 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 for 2017.

The Medicaid statewide weighted average significantly improved from 2017 to 2018.



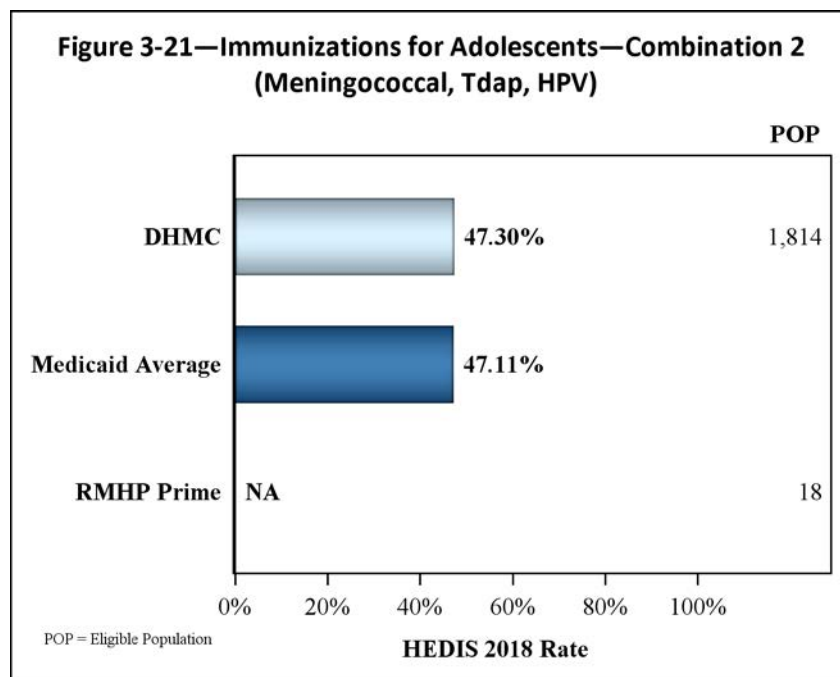
NA (Small Denominator) indicates that the health plan followed the specifications, but the denominator was too small (<30) to report a valid rate. Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

DHMC's rate and the Medicaid statewide weighted average were above the LPL but below the national Medicaid 50th percentile.

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 conjugate vaccine, one tetanus, diphtheria toxoids, and acellular pertussis (Tdap) vaccine, and completed the human papillomavirus (HPV) vaccine series.

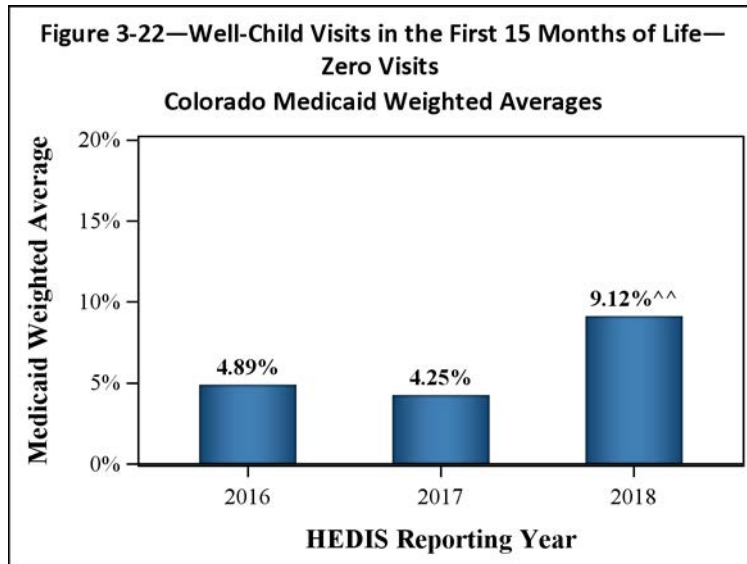
Due to HEDIS 2018 technical specification changes for the *Immunizations for Adolescents—Combination 2 (Meningococcal, Tdap, HPV)* measure indicator, comparisons to prior years' results and national benchmarks were not performed.



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

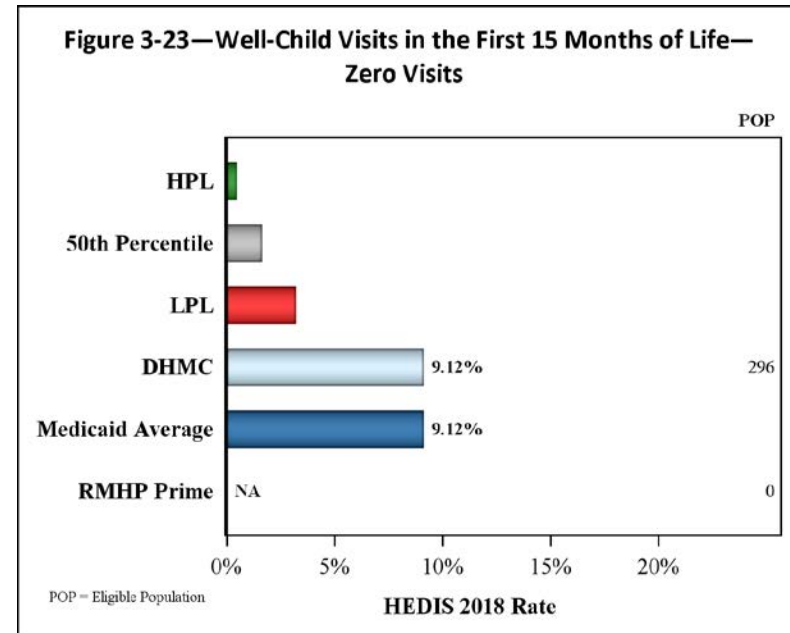
Well-Child Visits in the First 15 Months of Life—Zero Visits

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.



Two carets (^) indicates a significant decline in performance from 2017 to 2018. 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 for 2017.

The Medicaid statewide weighted average significantly declined from 2017 to 2018, as a lower rate indicates better performance for this measure.

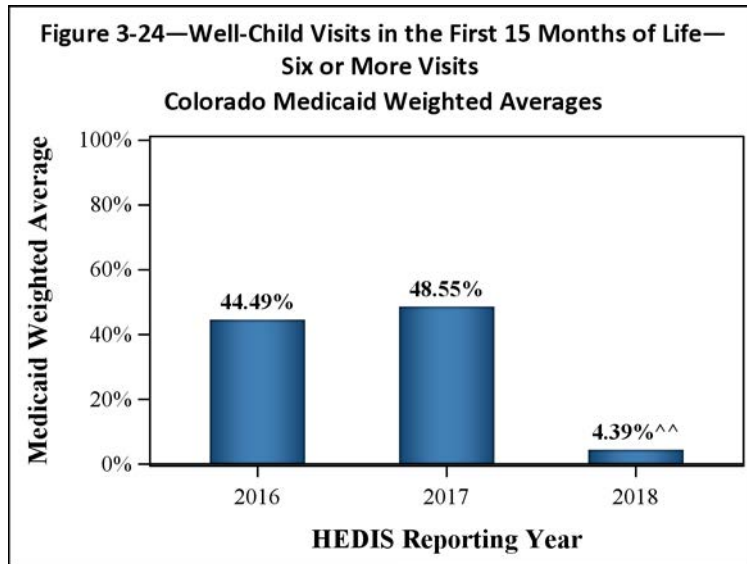


NA (Small Denominator) indicates that the health plan followed the specifications, but the denominator was too small (<30) to report a valid rate. Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

DHMC's rate and the Medicaid statewide weighted average fell below the LPL.

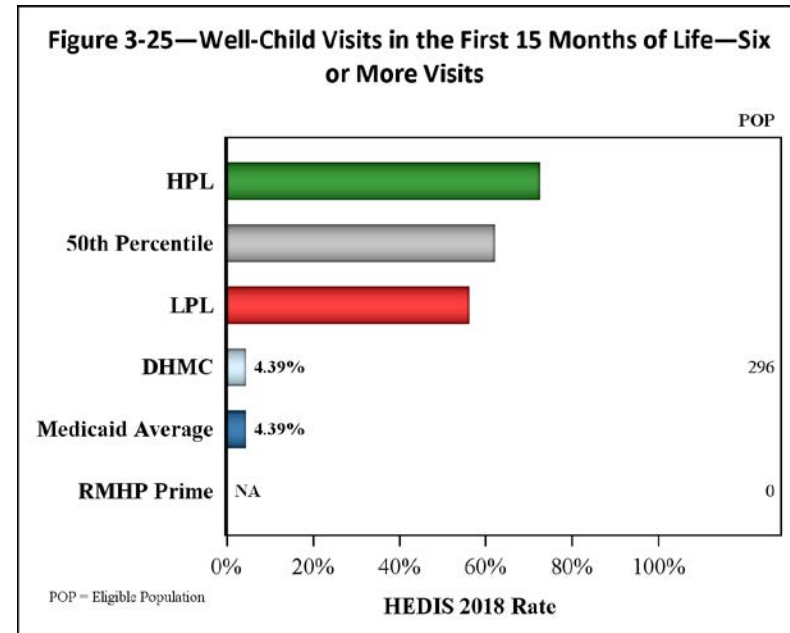
Well-Child Visits in the First 15 Months of Life—Six or More Visits

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.



Two carets (^) indicates a significant decline in performance from 2017 to 2018. 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 for 2017.

The Medicaid statewide weighted average significantly declined from 2017 to 2018.

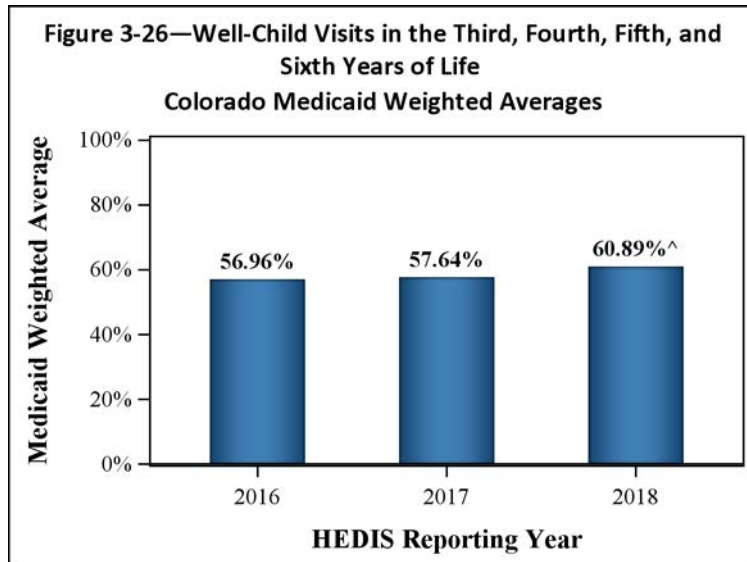


NA (Small Denominator) indicates that the health plan followed the specifications, but the denominator was too small (<30) to report a valid rate. Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

DHMC's rate and the Medicaid statewide weighted average fell below the LPL.

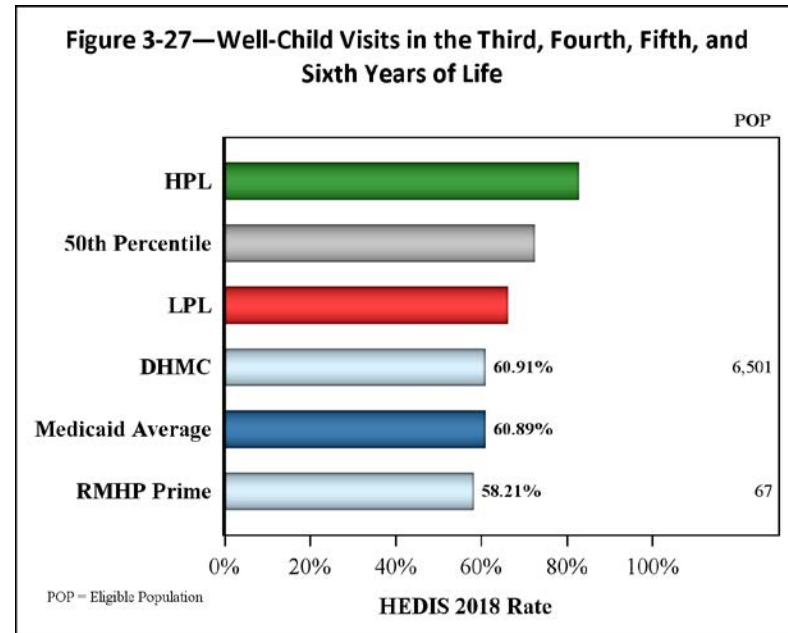
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life

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.



One caret (^) indicates a significant improvement in performance from 2017 to 2018. 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 for 2017.

The Medicaid statewide weighted average significantly improved from 2017 to 2018.

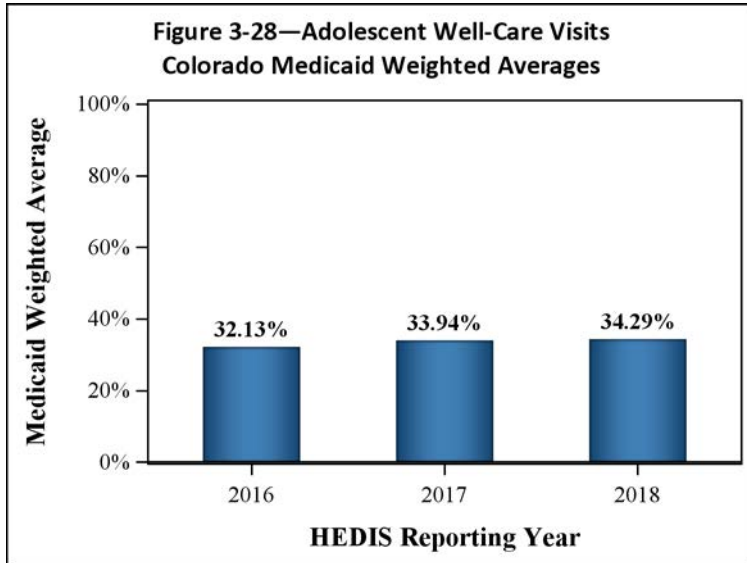


Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

Rates for both health plans and the Medicaid statewide weighted average fell below the LPL.

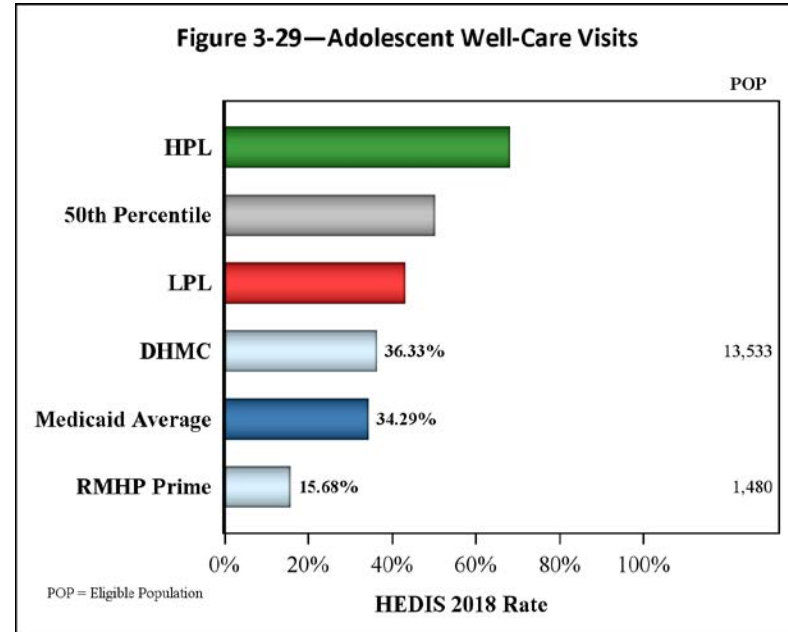
Adolescent Well-Care Visits

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



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 for 2017.

The Medicaid statewide weighted average did not demonstrate a significant change from 2017 to 2018.

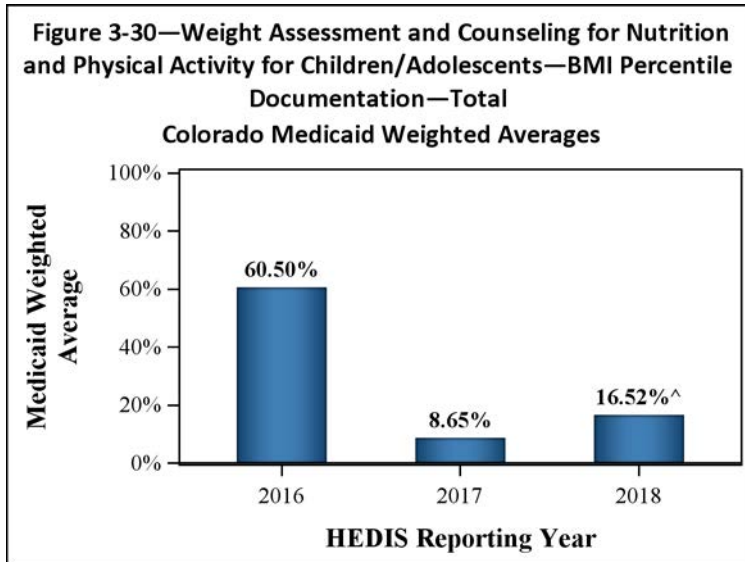


Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

Rates for both health plans and the Medicaid statewide weighted average fell below the LPL.

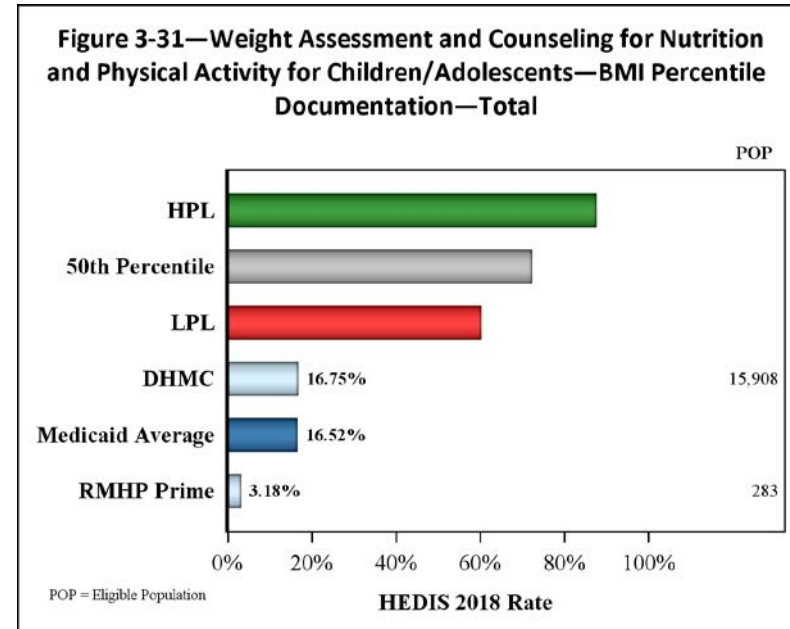
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile Documentation—Total

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.



One caret (^) indicates a significant improvement in performance from 2017 to 2018. 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 for 2017.

The Medicaid statewide weighted average significantly improved from 2017 to 2018.

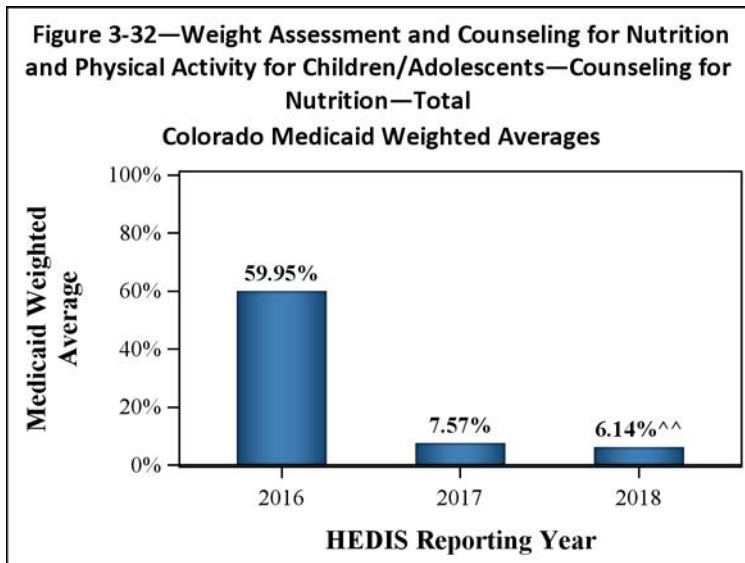


Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

Rates for both health plans and the Medicaid statewide weighted average fell below the LPL.

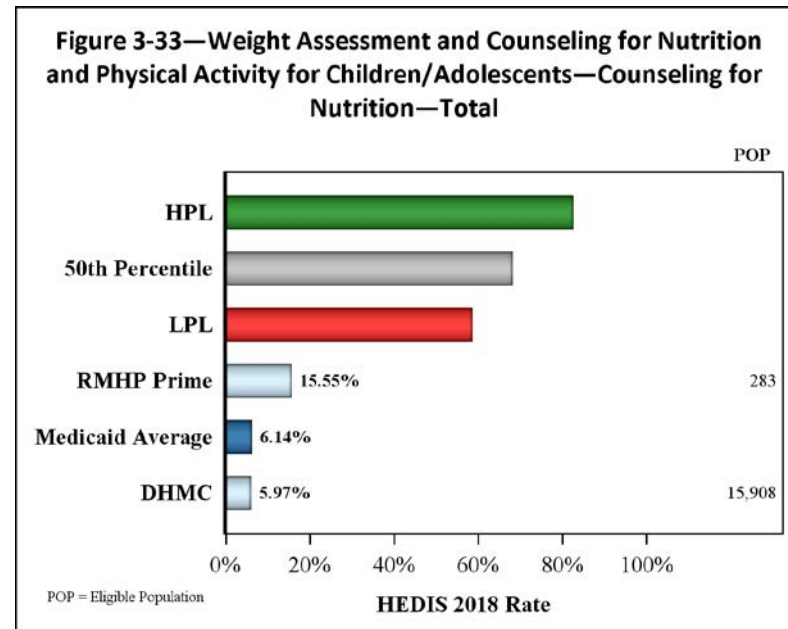
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Nutrition—Total

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.



Two carets (^^) indicates a significant decline in performance from 2017 to 2018. 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 for 2017.

The Medicaid statewide weighted average significantly declined from 2017 to 2018.

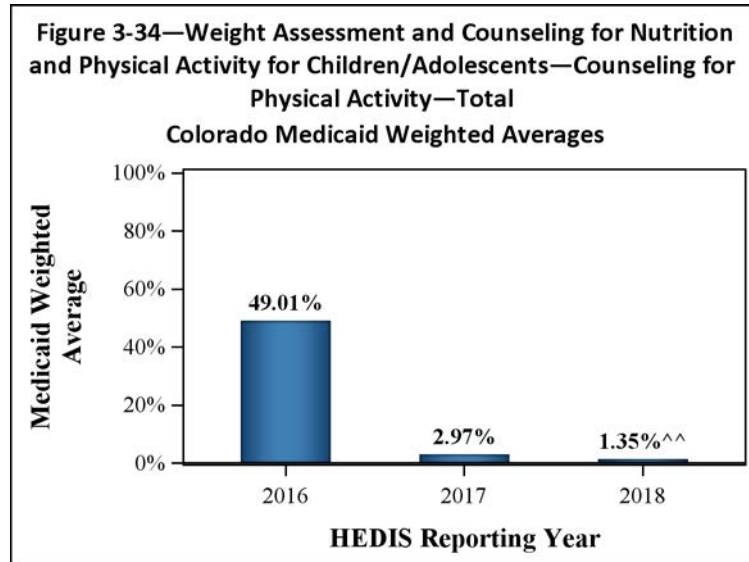


Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

Rates for both health plans and the Medicaid statewide weighted average fell below the LPL.

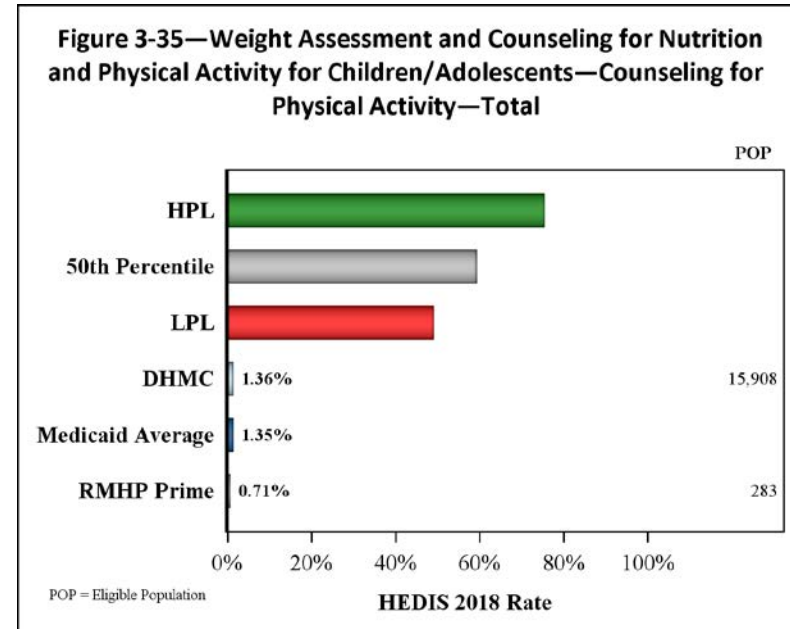
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents— Counseling for Physical Activity—Total

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.



Two carets (^) indicates a significant decline in performance from 2017 to 2018. 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 for 2017.

The Medicaid statewide weighted average significantly declined from 2017 to 2018.

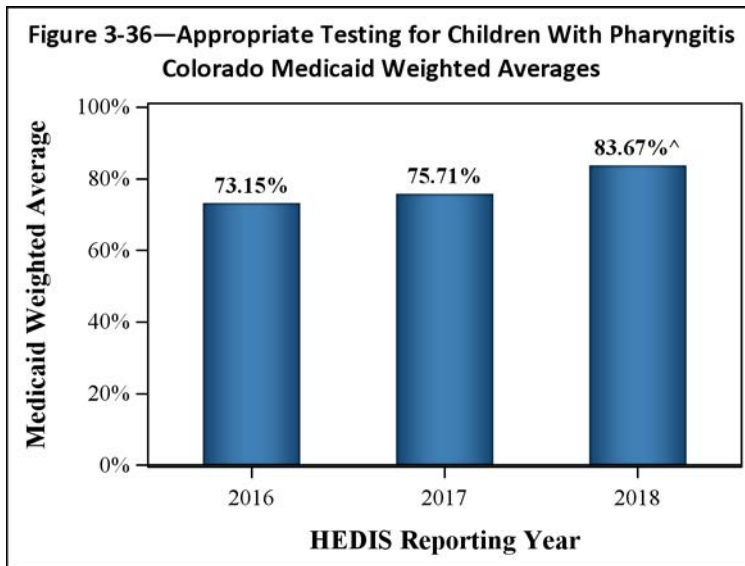


Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

Rates for both health plans and the Medicaid statewide weighted average fell below the LPL.

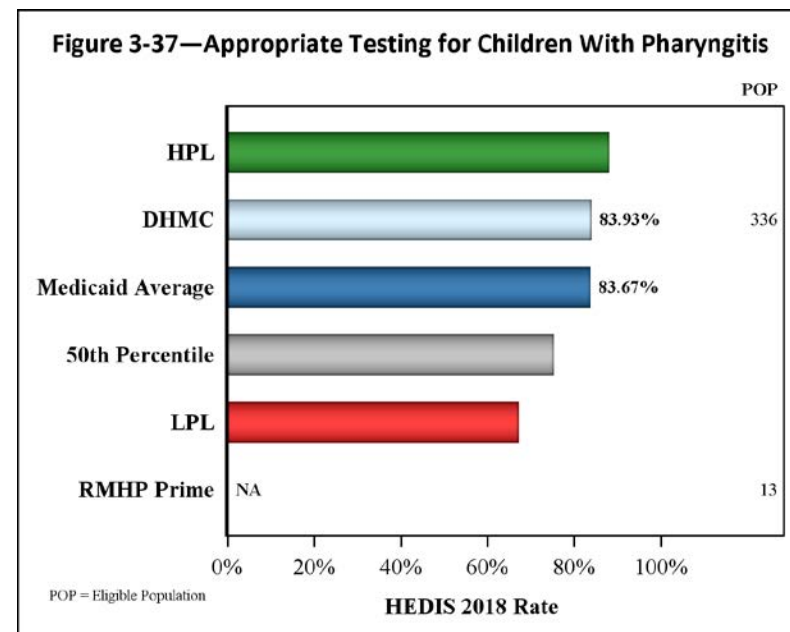
Appropriate Testing for Children With Pharyngitis

Appropriate Testing for Children With Pharyngitis measures the percentage of members 3 to 18 years of age who were diagnosed with pharyngitis during an outpatient or ED visit, dispensed an antibiotic, and received a Group A streptococcus (strep) test for the episode.



One caret (^) indicates a significant improvement in performance from 2017 to 2018.

The Medicaid statewide weighted average significantly improved from 2017 to 2018.

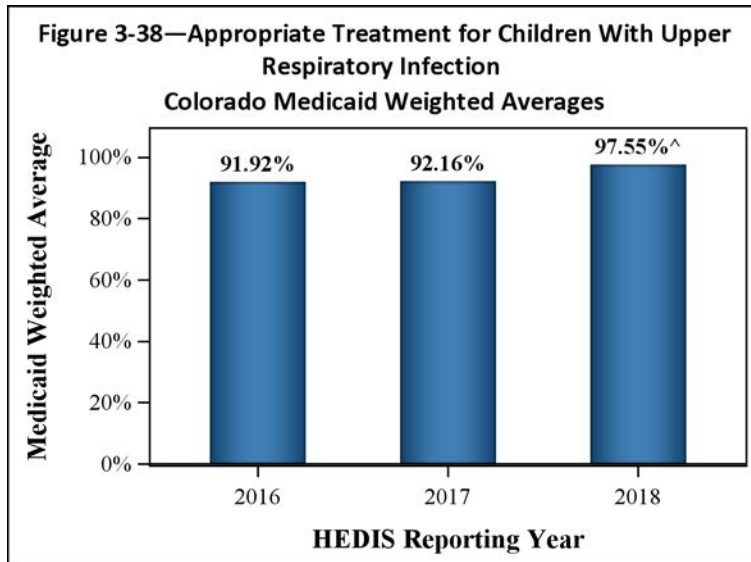


NA (Small Denominator) indicates that the health plan followed the specifications, but the denominator was too small (<30) to report a valid rate.

DHMC’s rate and the Medicaid statewide weighted average were above the national Medicaid 50th percentile but below the HPL.

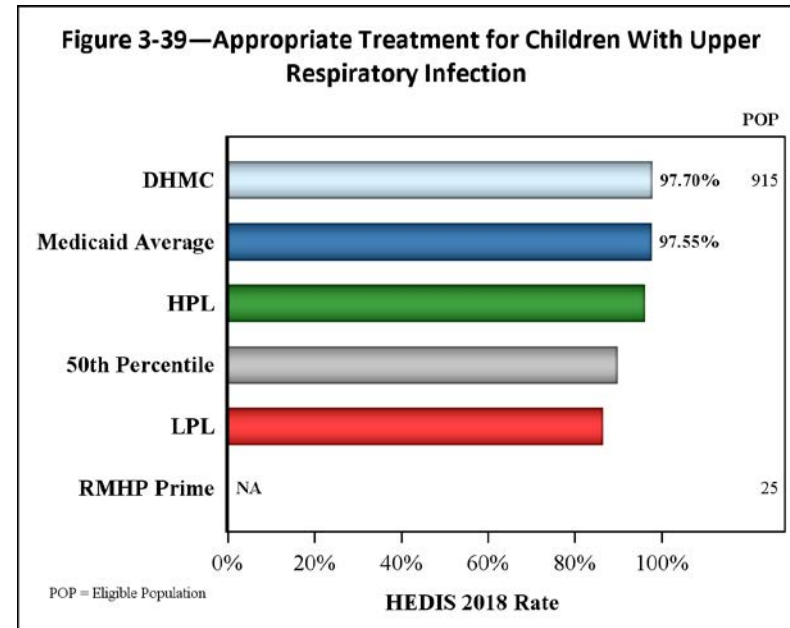
Appropriate Treatment for Children With Upper Respiratory Infection

Appropriate Treatment for Children With Upper Respiratory Infection measures the percentage of members 3 months to 18 years of age diagnosed with an upper respiratory infection (URI) who were not dispensed an antibiotic prescription.



One caret (^) indicates a significant improvement in performance from 2017 to 2018. Due to changes in the technical specifications for this measure for HEDIS 2017, exercise caution when trending HEDIS 2017 rates to prior years.

The Medicaid statewide weighted average significantly improved from 2017 to 2018.



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

DHMC's rate and the Medicaid statewide weighted average were above the HPL.

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 2018 rates to the HEDIS 2017 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, measure rates derived using only administrative data that require, or have an option to use, the hybrid method likely underestimate health plan performance.

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

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

Performance Measures	DHMC	RMHP Prime
<i>Appropriate Treatment for Children With Upper Respiratory Infection</i>		
<i>Appropriate Treatment for Children With Upper Respiratory Infection</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 DHMC.

— Indicates that a percentile ranking was not determined because the HEDIS 2018 measure rate was not reportable or comparison to the benchmark was not appropriate due to technical specification changes.

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	★★★★★	★★★★	★★★	★★	★
DHMC	1	1	4	5	8
RMHP Prime	0	0	0	0	5

For 2018, DHMC’s performance in the Pediatric Care domain demonstrated opportunities for improvement, with most (13 of 19) measure rates falling below the national Medicaid 50th percentile. Similarly, all of RMHP Prime’s reportable rates fell below the national Medicaid 25th percentile. Both health plans should focus improvement efforts on working with providers to document *Well-Child Visits in the First 15 Months of Life; Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life; Adolescent Well-Care Visits; and Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents* within administrative data sources. Conversely, DHMC’s rates for *Appropriate Testing for Children With Pharyngitis* and *Appropriate Treatment for Children With Upper Respiratory Infection* met or exceeded the national Medicaid 75th percentile, indicating a strong performance by DHMC in the appropriate antibiotic treatment for ED and outpatient visits related to respiratory infections.

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, Ages 25 Months to 6 Years, Ages 7 to 11 Years, and Ages 12 to 19 Years*
- *Adults' Access to Preventive/Ambulatory Health Services—Total*

Preventive Screening

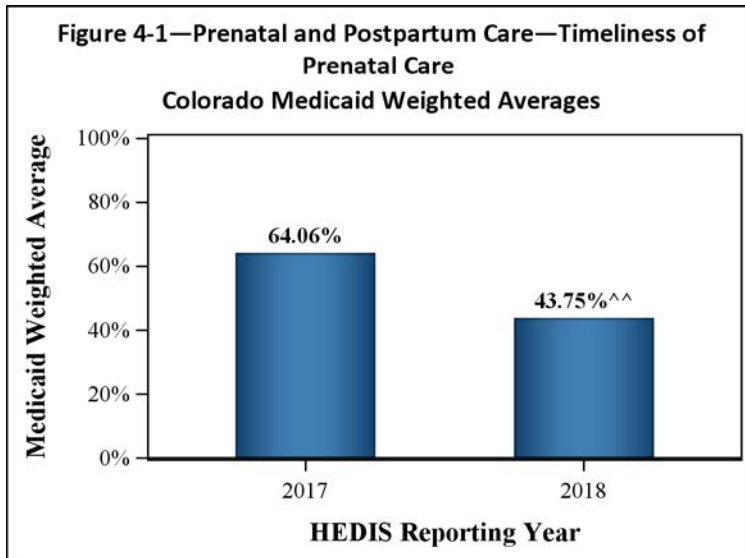
- *Chlamydia Screening in Women—Total*
- *Breast Cancer Screening*
- *Cervical Cancer Screening*
- *Non-Recommended Cervical Cancer Screening in Adolescent Females*
- *Adult BMI Assessment*

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.

Of note, the Colorado Medicaid weighted averages for HEDIS 2016 and HEDIS 2017 included rates for the FFS population and one additional Medicaid health plan. The HEDIS 2018 Colorado Medicaid weighted averages include only rates submitted by DHMC and RMHP Prime. Therefore, exercise caution when comparing HEDIS 2018 statewide weighted average rates to historical rates.

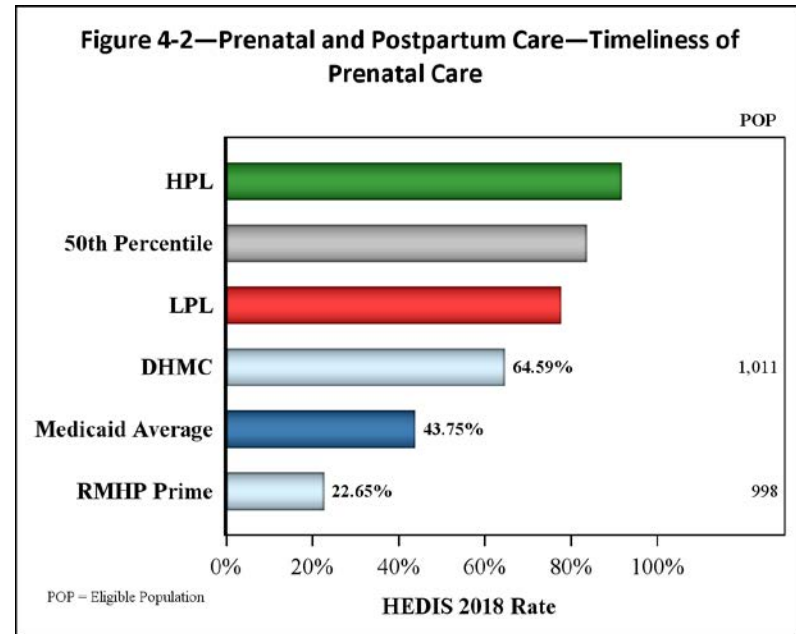
Prenatal and Postpartum Care—Timeliness of Prenatal Care

Prenatal and Postpartum Care—Timeliness of Prenatal Care measures the percentage of deliveries of live births that received a prenatal care visit in the first trimester, on the enrollment start date, or within 42 days of enrollment in the health plan.



Two carets (^^) indicates a significant decline in performance from 2017 to 2018.

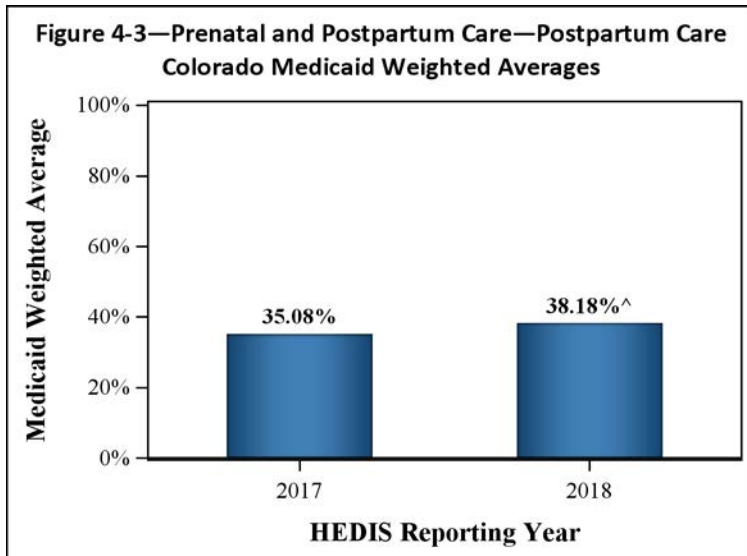
The Medicaid statewide weighted average significantly declined from 2017 to 2018.



Rates for both health plans and the Medicaid statewide weighted average fell below the LPL. Health plan performance varied by approximately 42 percentage points.

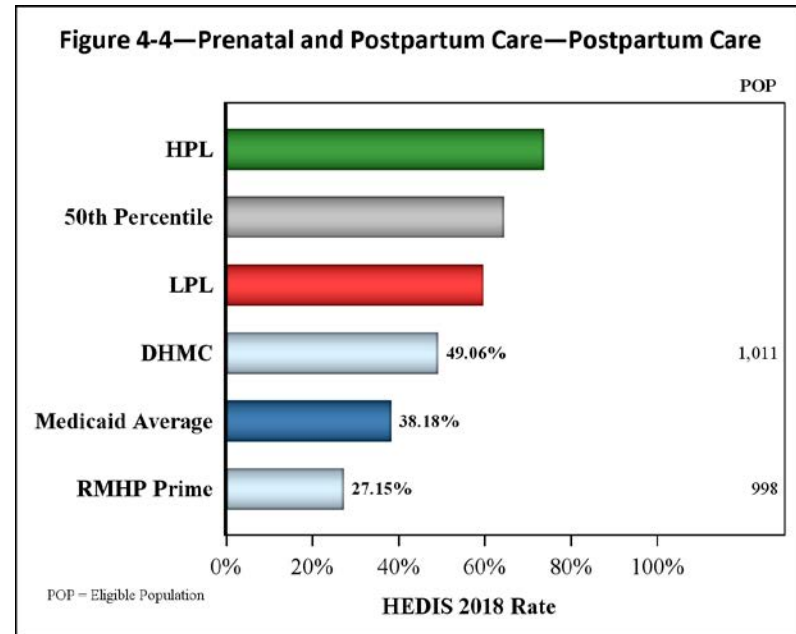
Prenatal and Postpartum Care—Postpartum Care

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



One caret (^) indicates a significant improvement in performance from 2017 to 2018.

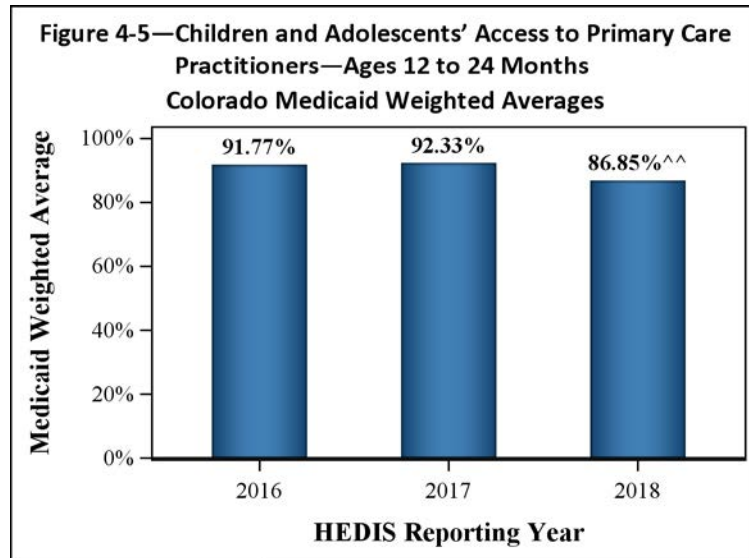
The Medicaid statewide weighted average significantly improved from 2017 to 2018.



Rates for both health plans and the Medicaid statewide weighted average fell below the LPL. Health plan performance varied by approximately 22 percentage points.

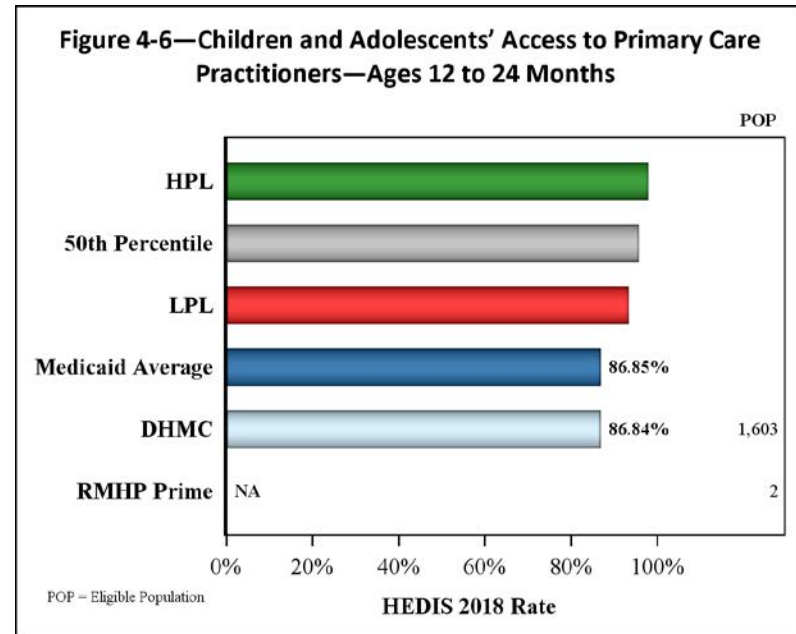
Children and Adolescents’ Access to Primary Care Practitioners—Ages 12 to 24 Months

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.



Two carets (^) indicates a significant decline in performance from 2017 to 2018.

The Medicaid statewide weighted average significantly declined from 2017 to 2018.

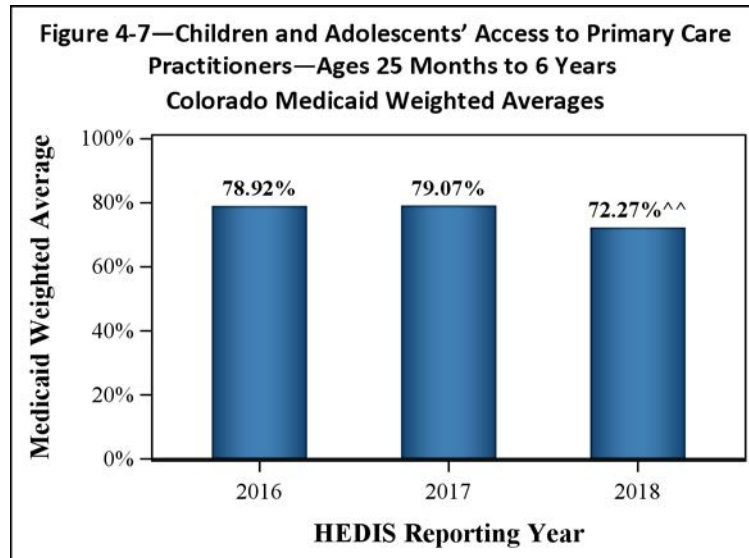


NA (Small Denominator) indicates that the health plan followed the specifications, but the denominator was too small (<30) to report a valid rate.

DHMC’s rate and the Medicaid statewide weighted average fell below the LPL.

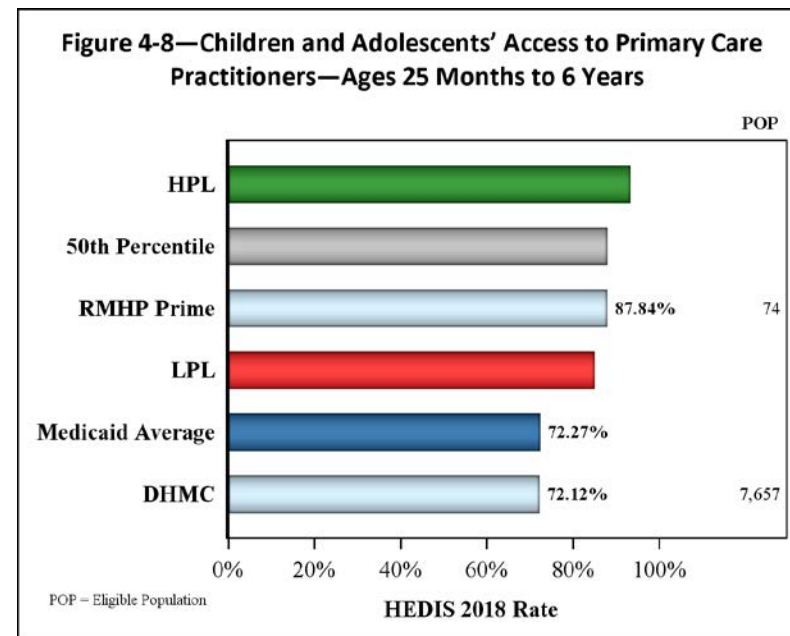
Children and Adolescents' Access to Primary Care Practitioners—Ages 25 Months to 6 Years

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.



Two carets (^) indicates a significant decline in performance from 2017 to 2018.

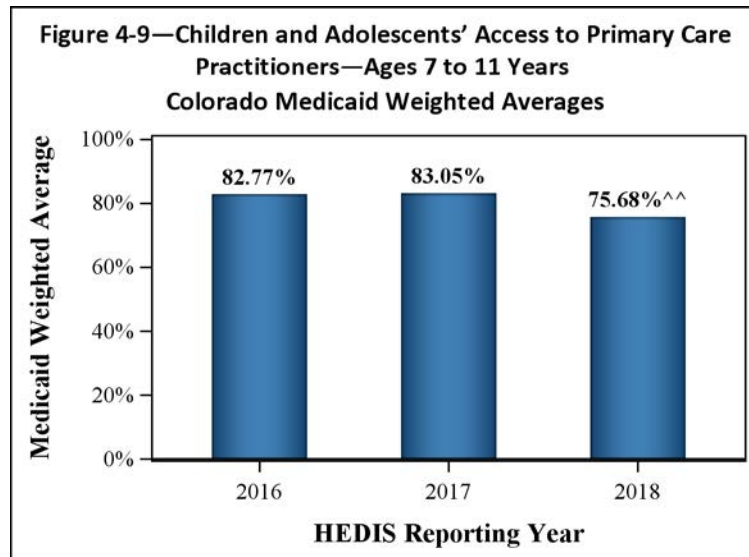
The Medicaid statewide weighted average significantly declined from 2017 to 2018.



RMHP Prime's rate was above the LPL but below the national Medicaid 50th percentile. DHMC's rate and the Medicaid statewide weighted average fell below the LPL.

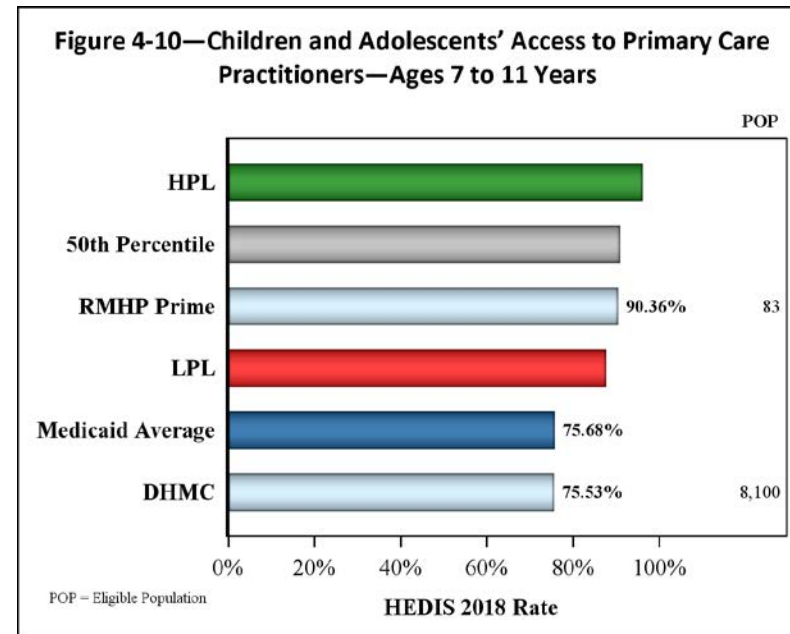
Children and Adolescents' Access to Primary Care Practitioners—Ages 7 to 11 Years

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.



Two carets (^^) indicates a significant decline in performance from 2017 to 2018.

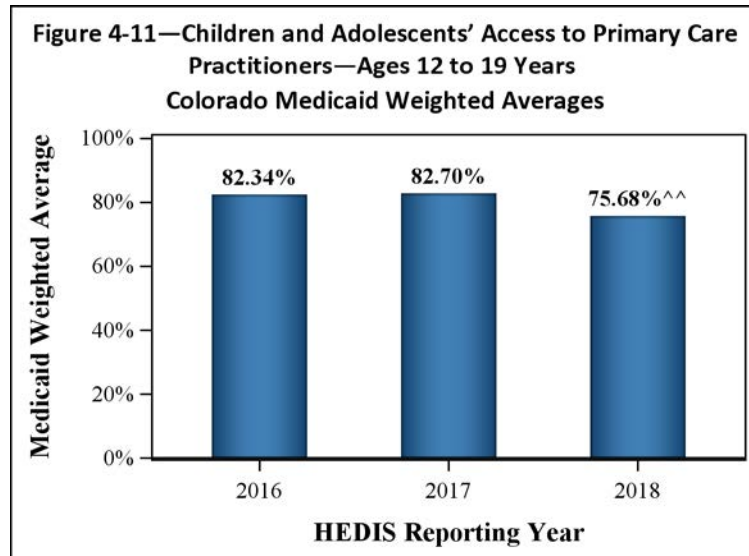
The Medicaid statewide weighted average significantly declined from 2017 to 2018.



RMHP Prime's rate was above the LPL but below the national Medicaid 50th percentile. DHMC's rate and the Medicaid statewide weighted average fell below the LPL.

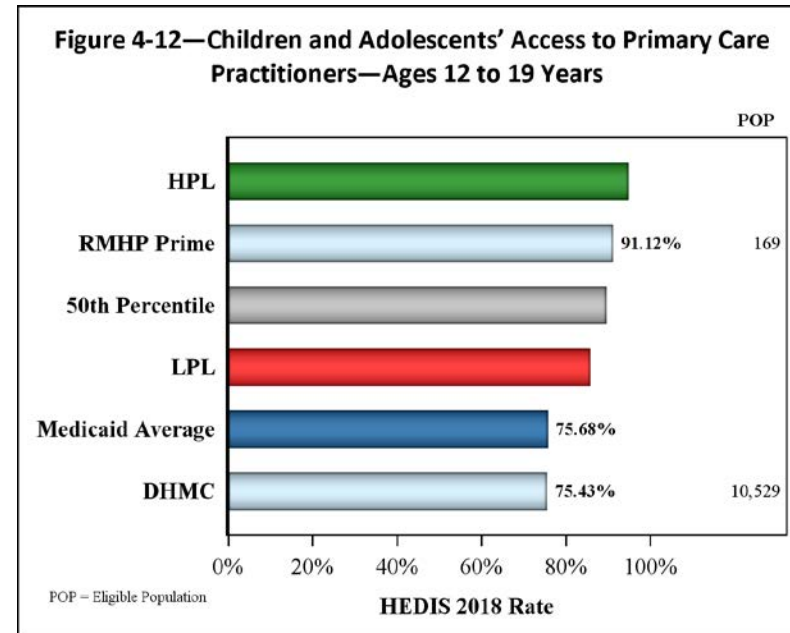
Children and Adolescents’ Access to Primary Care Practitioners—Ages 12 to 19 Years

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.



Two carets (^^) indicates a significant decline in performance from 2017 to 2018.

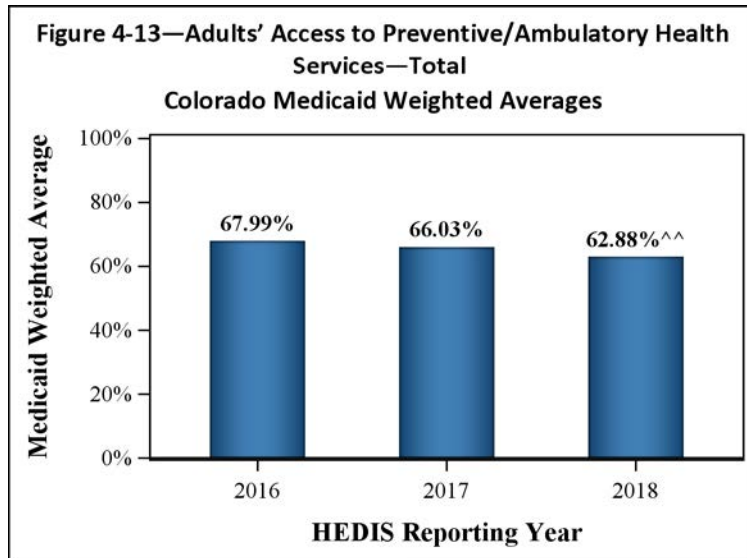
The Medicaid statewide weighted average significantly declined from 2017 to 2018.



RMHP Prime’s rate was above the national Medicaid 50th percentile but below the HPL. DHMC’s rate and the Medicaid statewide weighted average fell below the LPL.

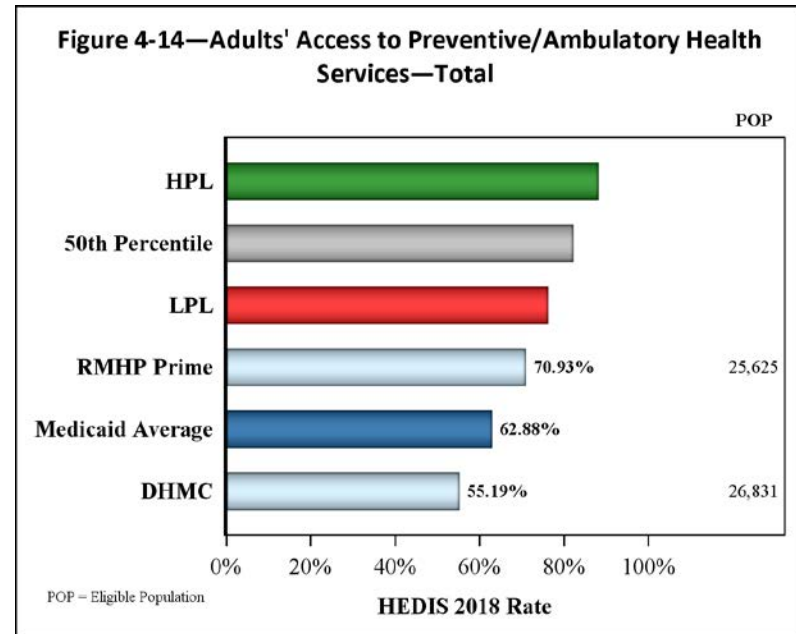
Adults' Access to Preventive/Ambulatory Health Services—Total

Adults' Access to Preventive/Ambulatory Health Services—Total measures the percentage of members 20 years of age and older who had an ambulatory or preventive care visit during the measurement year.



Two carets (^) indicates a significant decline in performance from 2017 to 2018.

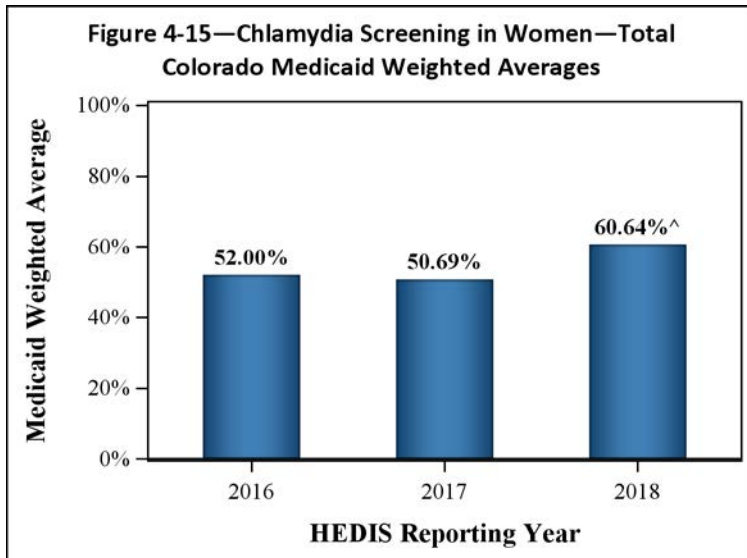
The Medicaid statewide weighted average significantly declined from 2017 to 2018.



Rates for both health plans and the Medicaid statewide weighted average fell below the LPL. Health plan performance varied by approximately 16 percentage points.

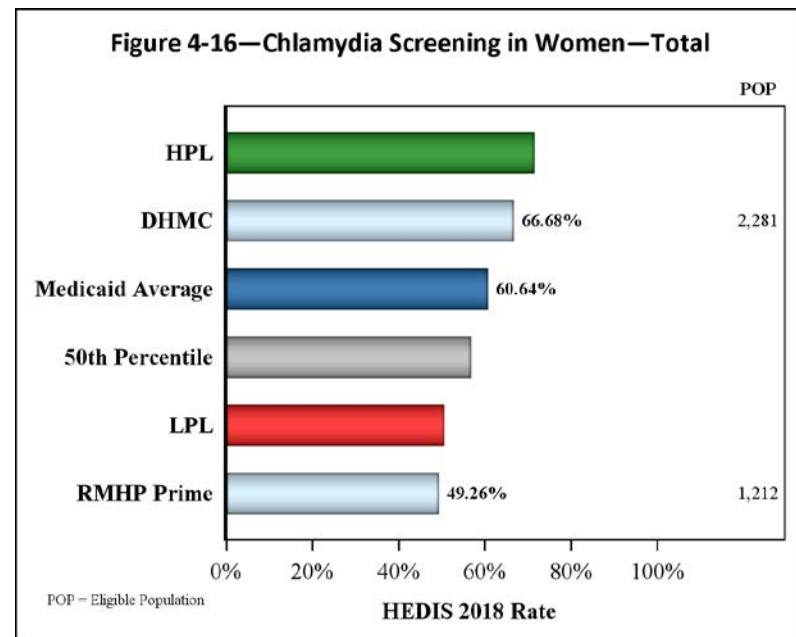
Chlamydia Screening in Women—Total

Chlamydia Screening in Women—Total 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.



One caret (^) indicates a significant improvement in performance from 2017 to 2018.

The Medicaid statewide weighted average significantly improved from 2017 to 2018.

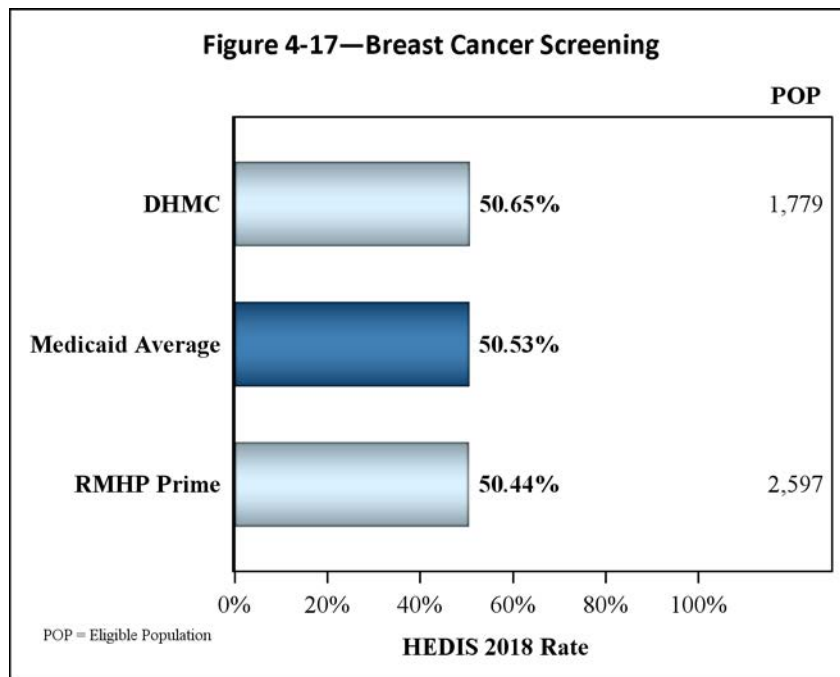


DHMC’s rate and the Medicaid statewide weighted average were above the national Medicaid 50th percentile but below the HPL. RMHP Prime’s rate fell below the LPL.

Breast Cancer Screening

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

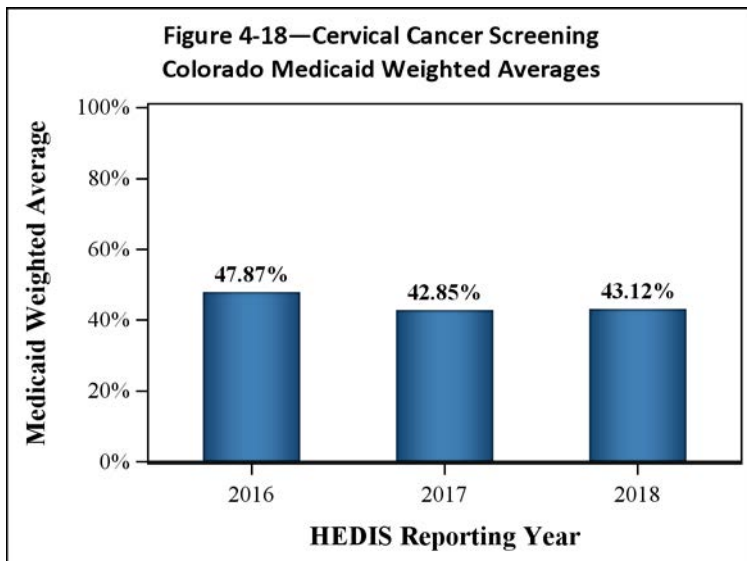
Due to HEDIS 2018 technical specifications changes for the *Breast Cancer Screening* measure, comparisons to prior years' results and national benchmarks were not performed.



Health plan performance varied by less than 1 percentage point.

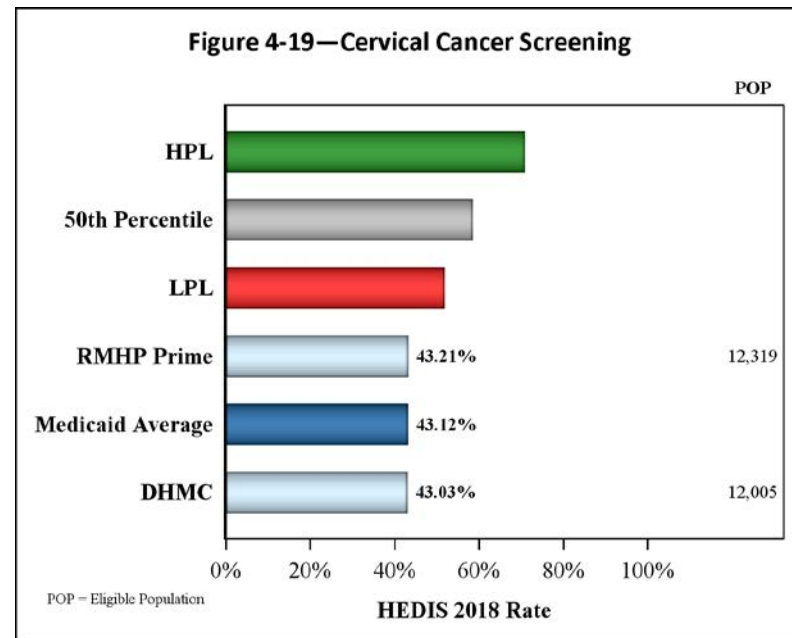
Cervical Cancer Screening

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



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

The Medicaid statewide weighted average did not demonstrate a significant change from 2017 to 2018.

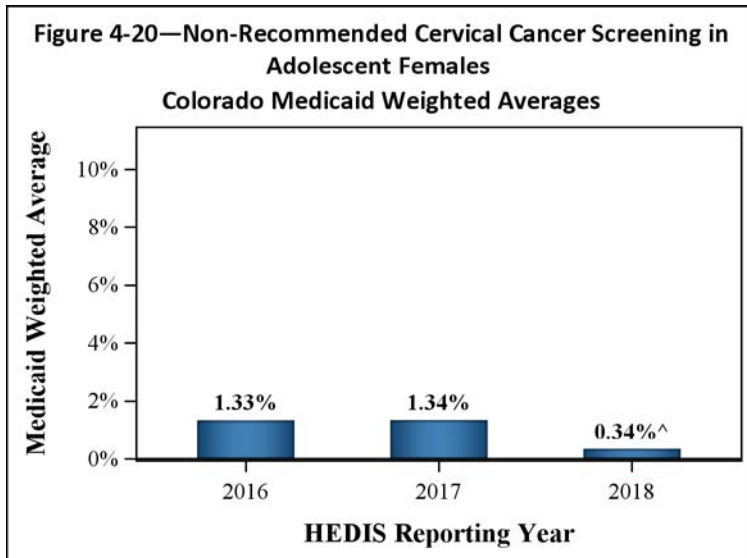


Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

Rates for both health plans and the Medicaid statewide weighted average fell below the LPL. Health plan performance varied by less than 1 percentage point.

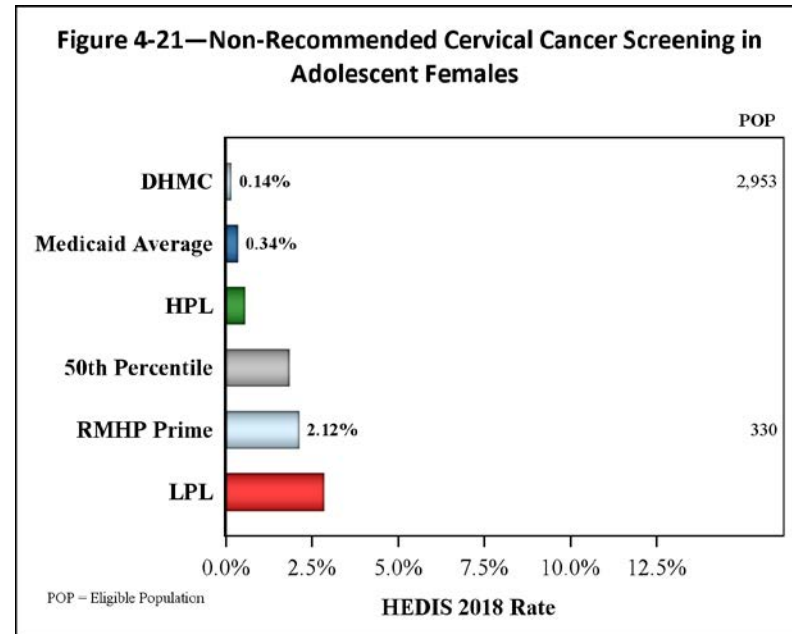
Non-Recommended Cervical Cancer Screening in Adolescent Females

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.



One caret (^) indicates a significant improvement in performance from 2017 to 2018.

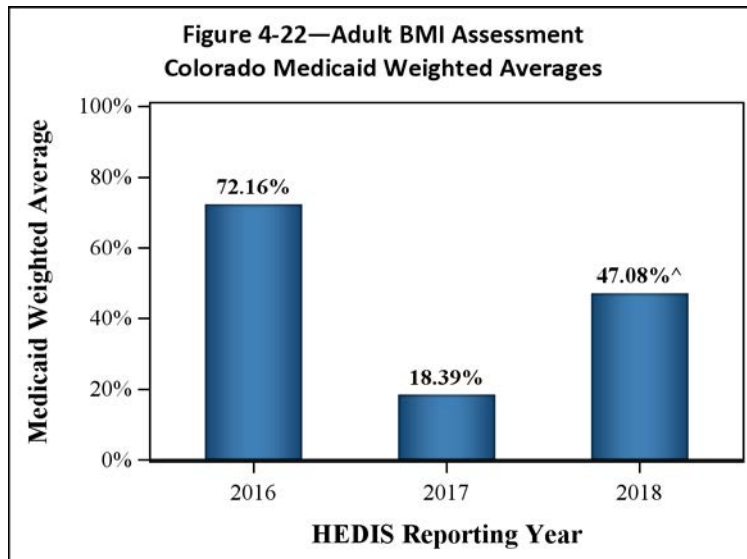
The Medicaid statewide weighted average significantly improved from 2017 to 2018.



DHMC’s rate and the Medicaid statewide weighted average were above the HPL. RMHP Prime’s rate was above the LPL but below the national Medicaid 50th percentile.

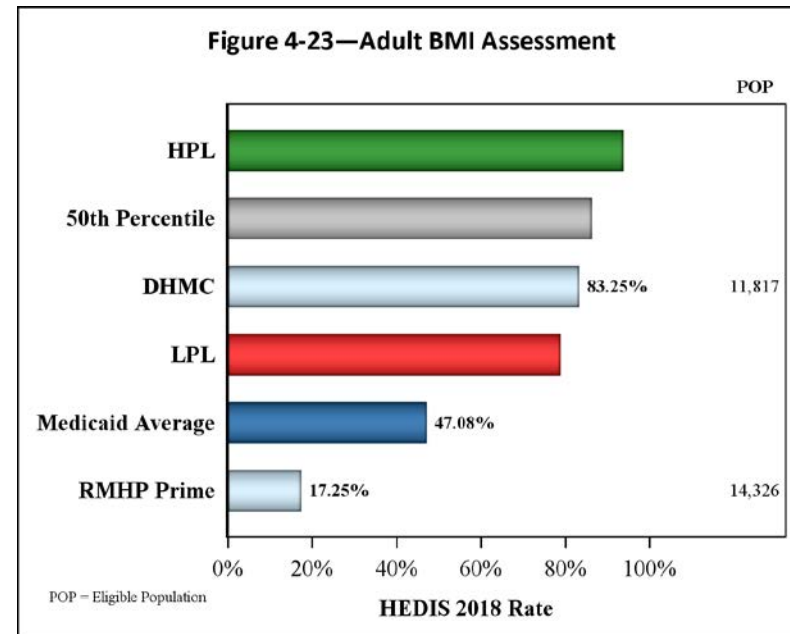
Adult BMI Assessment

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.



One caret (^) indicates a significant improvement in performance from 2017 to 2018. Changes in the rates from 2016 to 2017 should be interpreted with caution due to a change in the Department's reporting requirement from hybrid in 2016 to administrative for 2017.

The Medicaid statewide weighted average significantly improved from 2017 to 2018.



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

DHMC's rate was above the LPL but below the national Medicaid 50th percentile. RMHP Prime's rate and the Medicaid statewide weighted average fell below the LPL. Health plan performance varied by 66 percentage points.

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 2018 rates to the HEDIS 2017 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	DHMC	RMHP Prime
Access to Care		
Prenatal and Postpartum Care¹		
Timeliness of Prenatal Care	★	★
Postpartum Care	★	★
Children’s 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 Women		
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	★★	★

* 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 DHMC.

— Indicates that a percentile ranking was not determined because the HEDIS 2018 measure rate was not reportable or comparison to the benchmark was not appropriate due to technical specification changes.

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	★★★★★	★★★★	★★★	★★	★
<i>Access to Care</i>					
DHMC	0	0	0	0	7
RMHP Prime	0	0	1	2	3
<i>Preventive Screening</i>					
DHMC	1	1	0	1	1
RMHP Prime	0	0	0	1	3

Performance for 2018 within the Access to Care domain indicated opportunities for improvement for both DHMC and RMHP Prime. All seven measure rates for DHMC fell below the national Medicaid 25th percentile, while five of six measure rates for RMHP Prime fell below the national Medicaid 50th percentile. Overall, both DHMC and RMHP Prime should develop quality improvement initiatives designed to ensure members have access to the appropriate providers.

For the four measure rates within the Preventive Screening domain that could be compared to national Medicaid percentiles, performance varied between DHMC and RMHP Prime. DHMC demonstrated high performance for the *Chlamydia Screening in Women—Total* and *Non-Recommended Cervical Cancer Screening in Adolescent Females* measures, with rates ranking at or above the national Medicaid 75th percentile. Conversely, RMHP Prime’s rates for both measures fell below the national Medicaid 50th percentile. DHMC and RMHP Prime performed below the national Medicaid 50th percentile for both the *Cervical Cancer Screening* and *Adult BMI Assessment* measures, suggesting that opportunities for improvement exist for the health plans to work with providers to ensure these services are appropriately documented in administrative data sources.

Mental/Behavioral Health

The following section provides a detailed analysis of the Colorado Medicaid health plans' performance for the Mental/Behavioral Health domain. In FY 2017–2018, behavioral health services were carved out (i.e., provided by BHOs) in Colorado. Therefore, this carve out should be considered when reviewing the health plan rates for these behavioral health measures. The Mental/Behavioral Health domain encompasses the following measures/indicators:

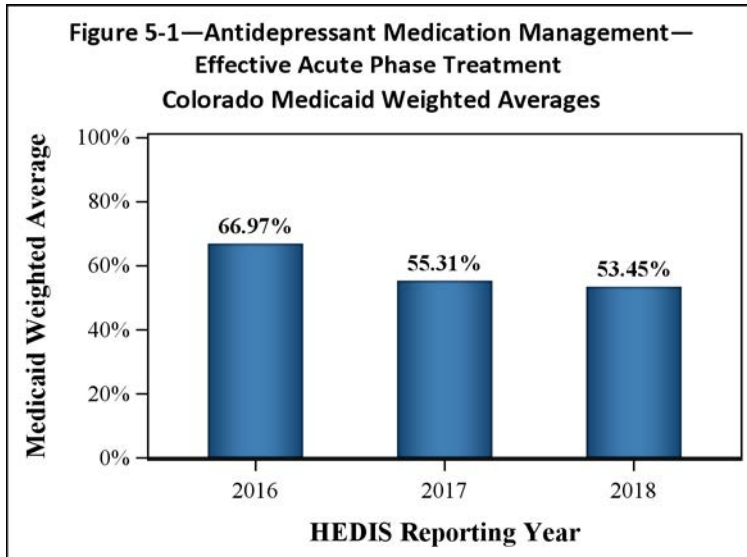
- *Antidepressant Medication Management—Effective Acute Phase Treatment and Effective Continuation Phase Treatment*
- *Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication—Initiation Phase and Continuation and Maintenance Phase*
- *Metabolic Monitoring for Children and Adolescents on Antipsychotics—Total*
- *Use of Multiple Concurrent Antipsychotics in Children and Adolescents—Total*

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

Of note, the Colorado Medicaid weighted averages for HEDIS 2016 and HEDIS 2017 included rates for the FFS population and one additional Medicaid health plan. The HEDIS 2018 Colorado Medicaid weighted averages include only rates submitted by DHMC and RMHP Prime. Therefore, exercise caution when comparing HEDIS 2018 statewide weighted average rates to historical rates.

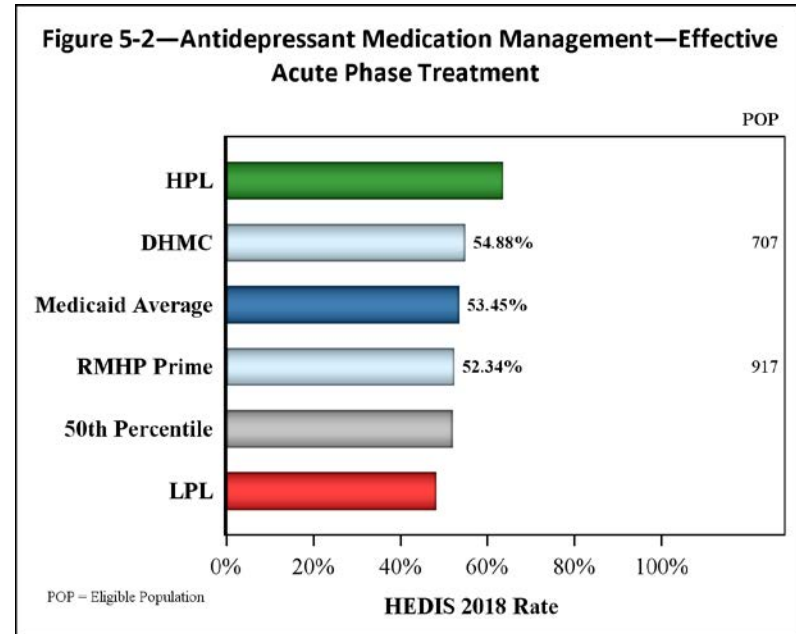
Antidepressant Medication Management—Effective Acute Phase Treatment

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 treatment for at least 84 days (12 weeks).



Due to changes in the technical specifications for this measure indicator for HEDIS 2018, exercise caution when trending HEDIS 2018 rates to prior years.

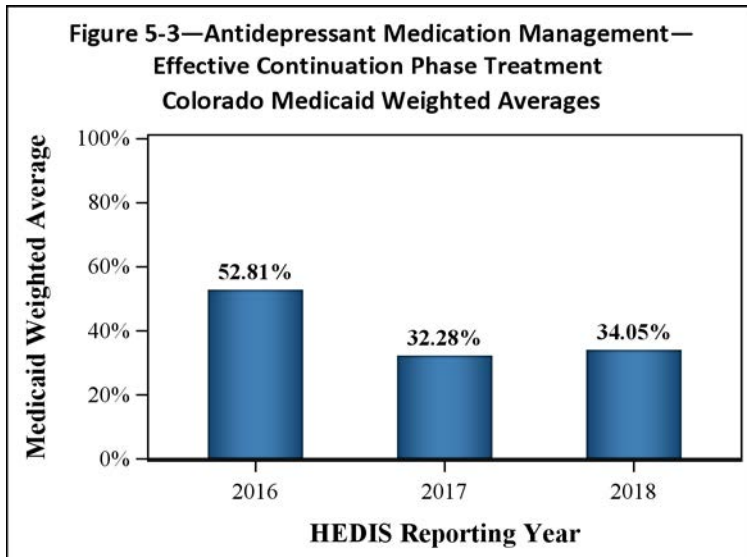
The Medicaid statewide weighted average did not demonstrate a significant change from 2017 to 2018.



Rates for both health plans and the Medicaid statewide weighted average were above the national Medicaid 50th percentile but below the HPL. Health plan performance varied by approximately 3 percentage points.

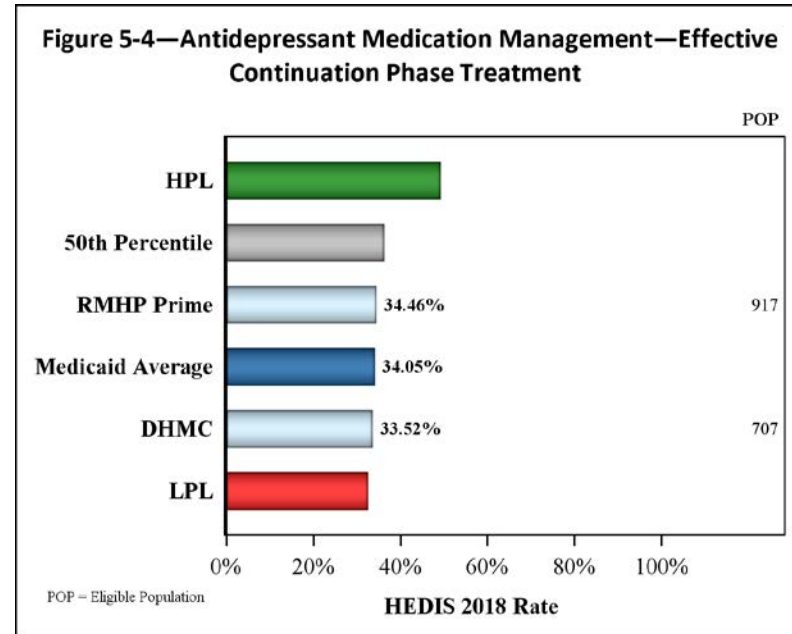
Antidepressant Medication Management—Effective Continuation Phase Treatment

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 treatment for at least 180 days (6 months).



Due to changes in the technical specifications for this measure indicator for HEDIS 2018, exercise caution when trending HEDIS 2018 rates to prior years.

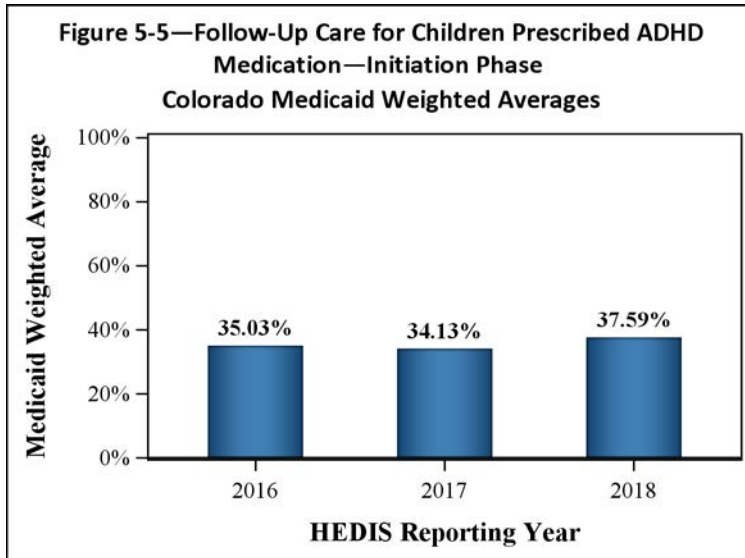
The Medicaid statewide weighted average did not demonstrate a significant change from 2017 to 2018.



Rates for both health plans and the Medicaid statewide weighted average were above the LPL but below the national Medicaid 50th percentile. Health plan performance varied by less than 1 percentage point.

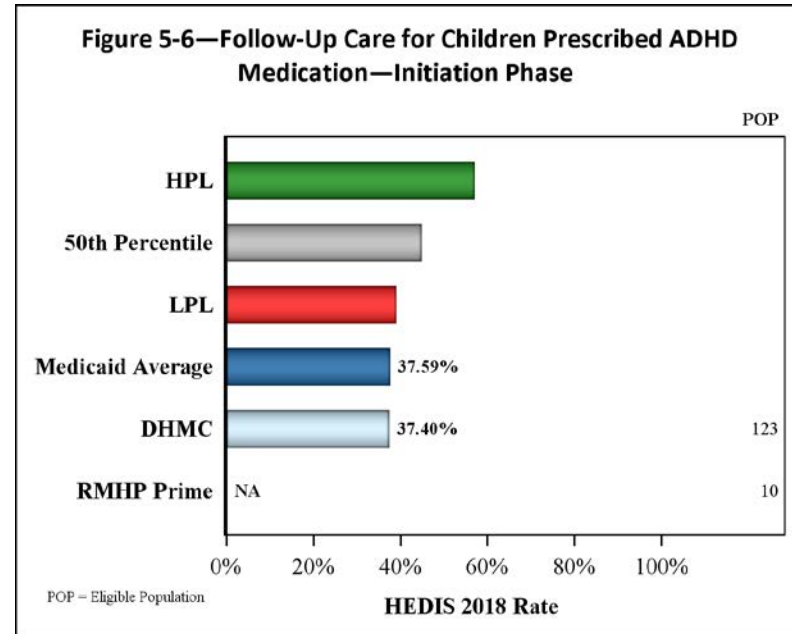
Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase

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



Due to changes in the technical specifications for this measure indicator for HEDIS 2018, exercise caution when trending HEDIS 2018 rates to prior years.

The Medicaid statewide weighted average did not demonstrate a significant change from 2017 to 2018.



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

DHMC’s rate and the Medicaid statewide weighted average fell below the LPL.

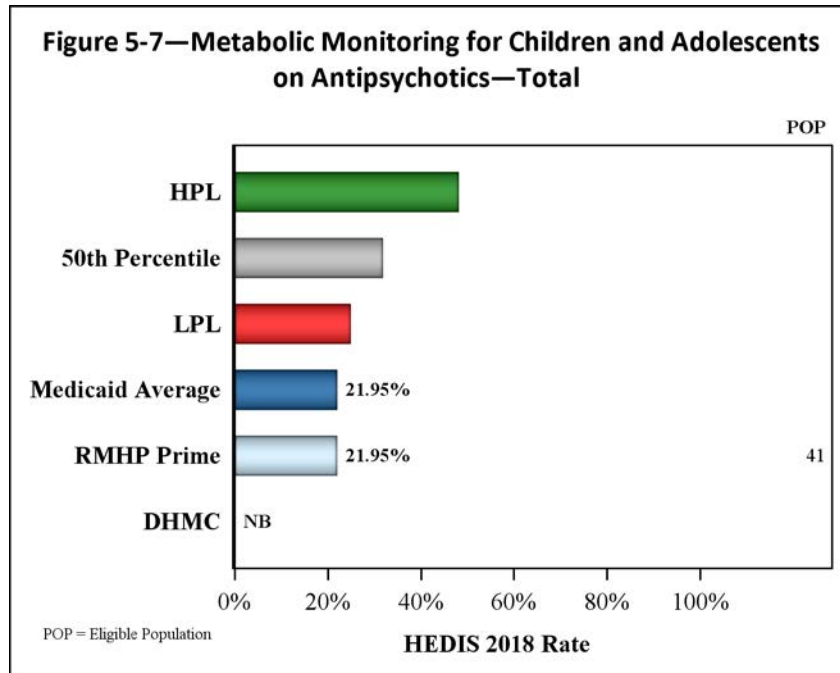
Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase

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.

Both health plans followed the specifications for this performance measure, but the denominator was too small (<30) to report a valid rate, resulting in a *Small Denominator (NA)* audit designation; therefore, these rates are not presented in this report.

Metabolic Monitoring for Children and Adolescents on Antipsychotics—Total

Metabolic Monitoring for Children and Adolescents on Antipsychotics—Total measures the percentage of members 1 to 17 years of age who had two or more antipsychotic medication prescriptions and received metabolic testing. This measure was added to the Department’s HEDIS 2018 measure set for all the health plans; therefore, prior years’ results were not available for comparison.

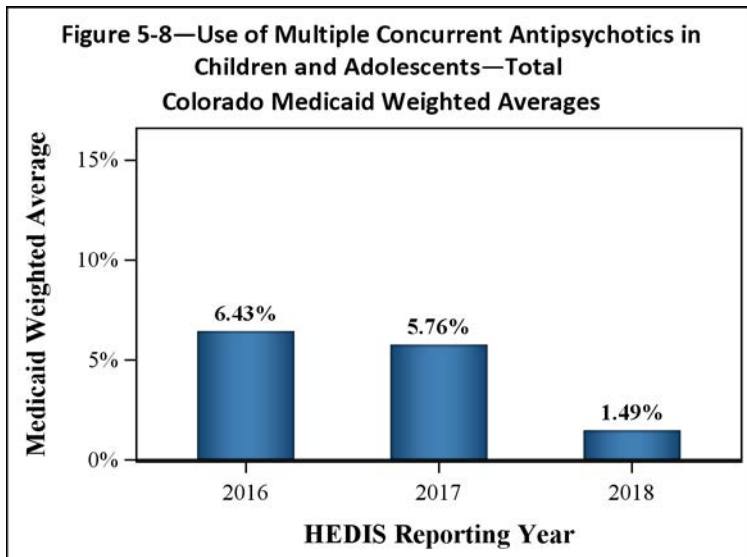


NB (No Benefit) indicates that the health plan did not offer the health benefit required by the measure.

RMHP Prime’s rate and the Medicaid statewide weighted average fell below the LPL.

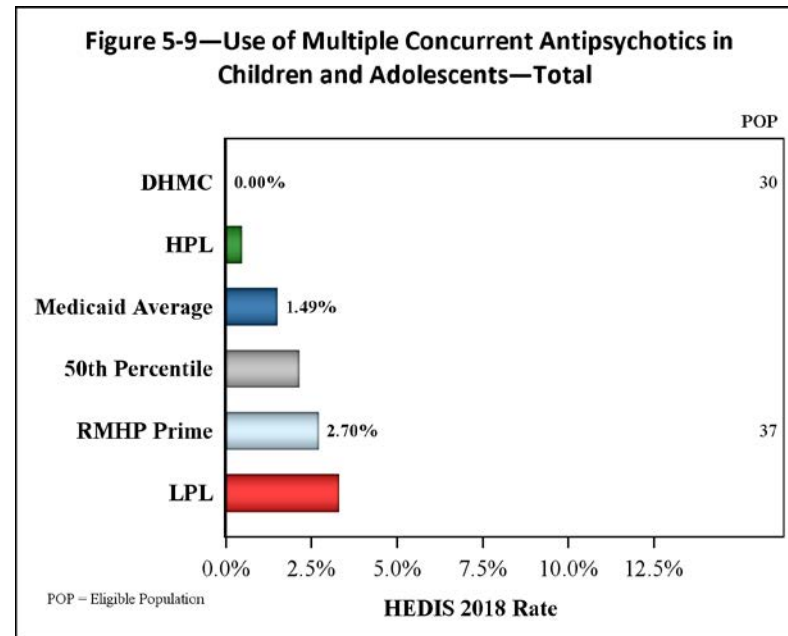
Use of Multiple Concurrent Antipsychotics in Children and Adolescents—Total

Use of Multiple Concurrent Antipsychotics in Children and Adolescents—Total measures the percentage of members 1 to 17 years of age who were on two or more concurrent antipsychotic medications for at least 90 consecutive days. For this indicator, a lower rate indicates better performance.



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

The Medicaid statewide weighted average did not demonstrate a significant change from 2017 to 2018.



DHMC’s rate was above the HPL. RMHP Prime’s rate was above the LPL but below the national Medicaid 50th percentile. Health plan performance varied by approximately 3 percentage points.

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 2018 rates to the HEDIS 2017 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	DHMC	RMHP Prime
<i>Antidepressant Medication Management</i>		
<i>Effective Acute Phase Treatment</i>	★★★	★★★
<i>Effective Continuation Phase Treatment</i>	★★	★★
<i>Follow-Up Care for Children Prescribed ADHD Medication</i>		
<i>Initiation Phase</i>	★	—
<i>Continuation and Maintenance Phase</i>	—	—
<i>Metabolic Monitoring for Children and Adolescents on Antipsychotics</i>		
<i>Total</i>	—	★
<i>Use of Multiple Concurrent Antipsychotics in Children and Adolescents*</i>		
<i>Total</i>	★★★★★	★★

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

— Indicates that a percentile ranking was not determined because the HEDIS 2018 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	★★★★★	★★★★	★★★	★★	★
DHMC	1	0	1	1	1
RMHP Prime	0	0	1	2	1

Within the Mental/Behavioral Health domain, both health plans demonstrated opportunities for improvement with medication management for behavioral/mental health conditions, with half of DHMC’s rates and three-quarters of RMHP Prime’s rates falling below the national Medicaid 50th percentile. DHMC performed below the national Medicaid 25th percentile for the *Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase* measure, suggesting opportunities for improvement. RMHP Prime performed below the national Medicaid 50th percentile for both *Metabolic Monitoring for Children and Adolescents on Antipsychotics* and *Use of Multiple Concurrent Antipsychotics in Children and Adolescents*, indicating that improvement efforts should focus on children who receive antipsychotic medications. Conversely, DHMC’s rate for *Use of Multiple Concurrent Antipsychotics in Children and Adolescents* ranked at or above the national Medicaid 90th percentile, indicating strong performance.

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:

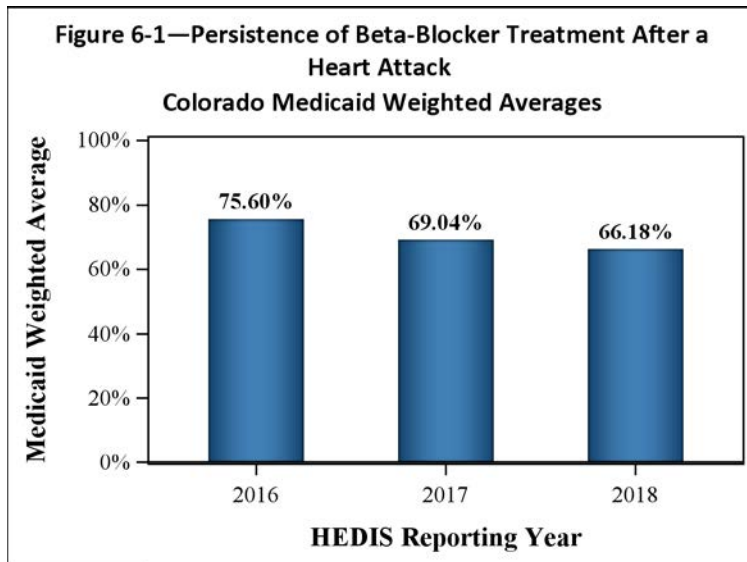
- *Persistence of Beta-Blocker Treatment After a Heart Attack*
- *Comprehensive Diabetes Care—Hemoglobin A1c (HbA1c) Testing, HbA1c Poor Control (>9.0%), HbA1c Control (<8.0%), Eye Exam (Retinal) Performed, Medical Attention for Nephropathy, and Blood Pressure Control (<140/90 mm Hg)*
- *Statin Therapy for Patients With Diabetes—Received Statin Therapy and Statin Adherence 80%*
- *Statin Therapy for Patients With Cardiovascular Disease—Received Statin Therapy—Total and Statin Adherence 80%—Total*
- *Annual Monitoring for Patients on Persistent Medications—Angiotensin Converting Enzyme (ACE) Inhibitors or Angiotensin Receptor Blockers (ARBs), Diuretics, and Total*
- *Use of Imaging Studies for Low Back Pain*
- *Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis*
- *Pharmacotherapy Management of Chronic Obstructive Pulmonary Disease (COPD) Exacerbation—Systemic Corticosteroid and Bronchodilator*
- *Medication Management for People With Asthma—Medication Compliance 50%—Total and Medication Compliance 75%—Total*
- *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.

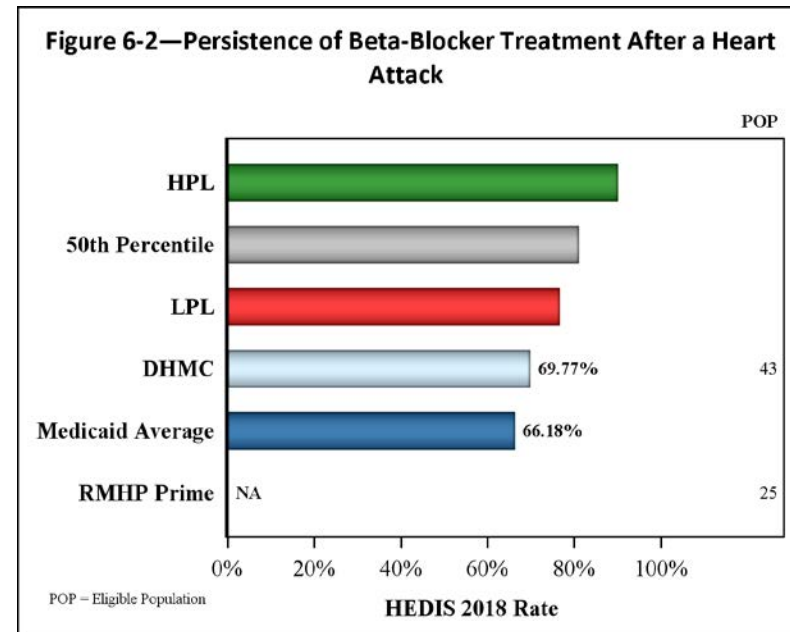
Of note, the Colorado Medicaid weighted averages for HEDIS 2016 and HEDIS 2017 included rates for the FFS population and one additional Medicaid health plan. The HEDIS 2018 Colorado Medicaid weighted averages include only rates submitted by DHMC and RMHP Prime. Therefore, exercise caution when comparing HEDIS 2018 statewide weighted average rates to historical rates.

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.



The Medicaid statewide weighted average did not demonstrate a significant change from 2017 to 2018.

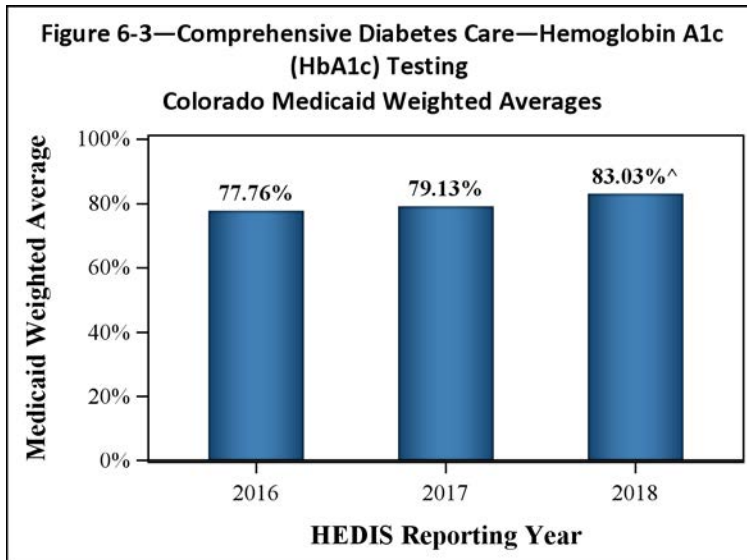


NA (Small Denominator) indicates that the health plan followed the specifications, but the denominator was too small (<30) to report a valid rate.

DHMC’s rate and the Medicaid statewide weighted average fell below the LPL.

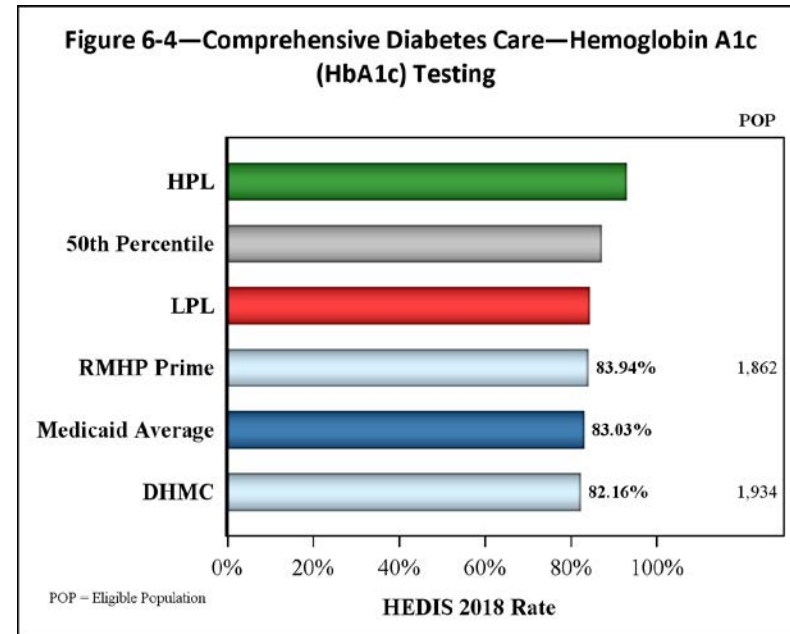
Comprehensive Diabetes Care—HbA1c Testing

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



One caret (^) indicates a significant improvement in performance from 2017 to 2018.

The Medicaid statewide weighted average significantly improved from 2017 to 2018.

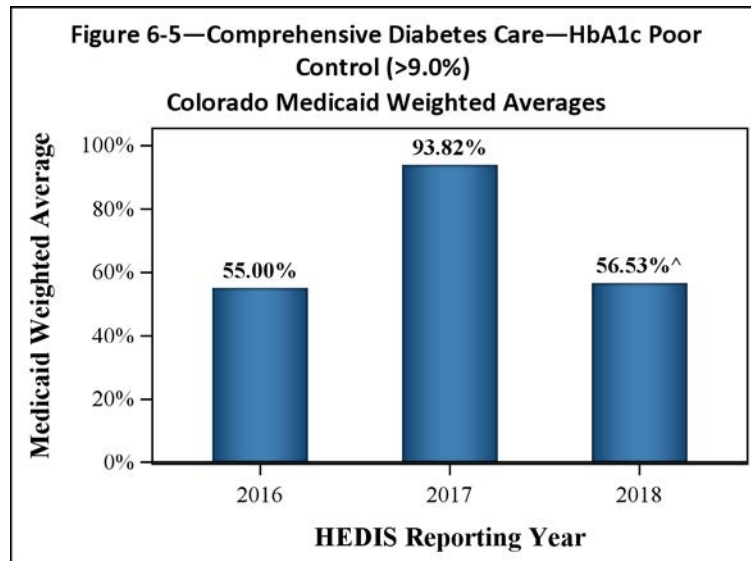


Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

Rates for both health plans and the Medicaid statewide weighted average fell below the LPL. Health plan performance varied by approximately 2 percentage points.

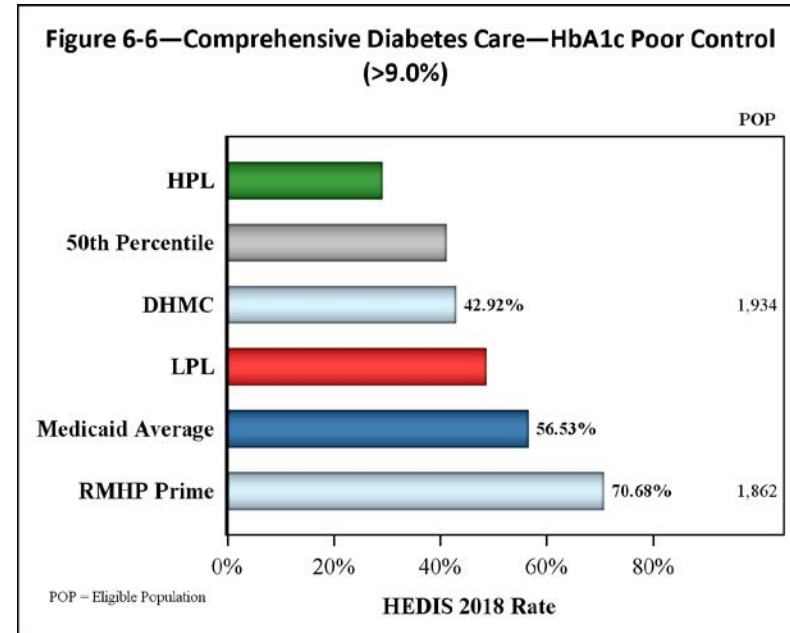
Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)

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 greater than 9.0 percent. For this indicator, a lower rate indicates better performance.



One caret (^) indicates a significant improvement in performance from 2017 to 2018. 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 for 2017.

The Medicaid statewide weighted average significantly improved from 2017 to 2018.

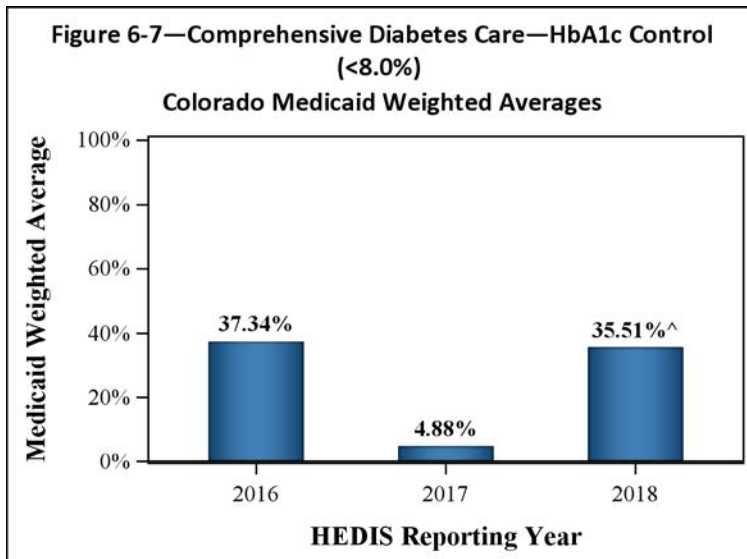


Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

DHMC's rate was above the LPL but below the national Medicaid 50th percentile. RMHP Prime's rate and the Medicaid statewide weighted average fell below the LPL. Health plan performance varied by approximately 28 percentage points.

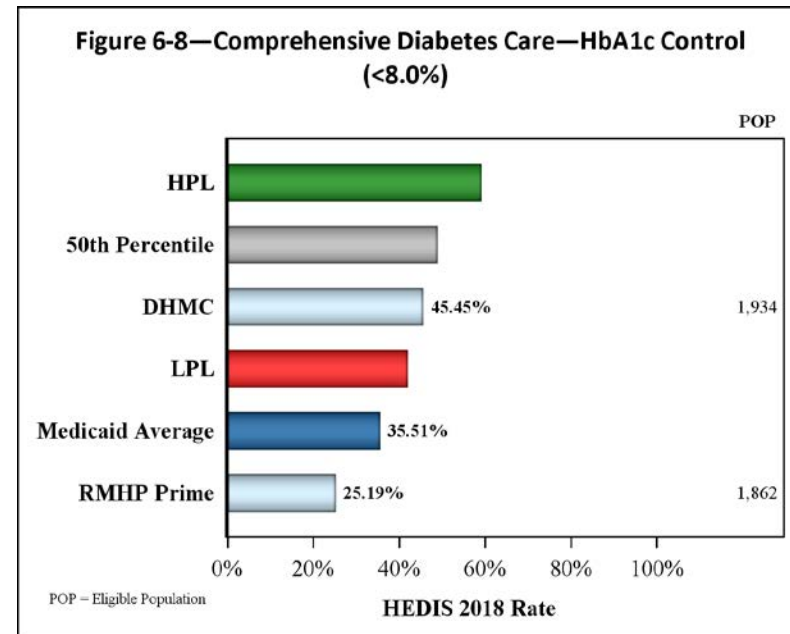
Comprehensive Diabetes Care—HbA1c Control (<8.0%)

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 less than 8.0 percent.



One caret (^) indicates a significant improvement in performance from 2017 to 2018. 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 for 2017.

The Medicaid statewide weighted average significantly improved from 2017 to 2018.

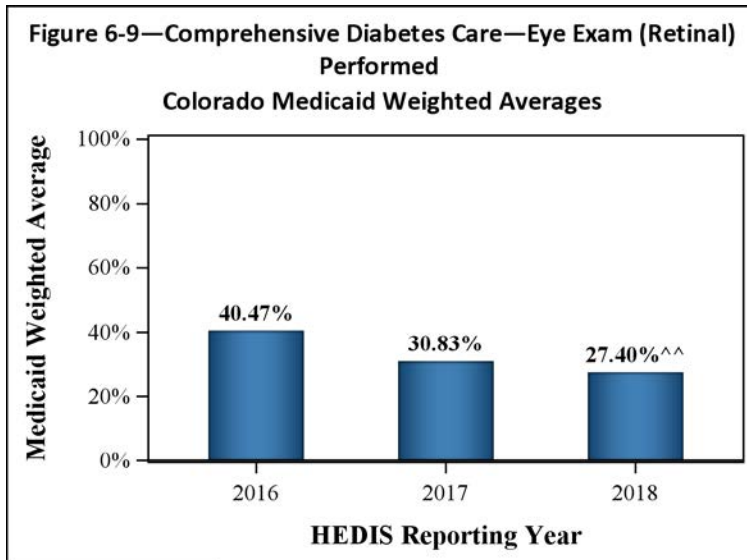


Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

DHMC's rate was above the LPL but below the national Medicaid 50th percentile. RMHP Prime's rate and the Medicaid statewide weighted average fell below the LPL. Health plan performance varied by approximately 20 percentage points.

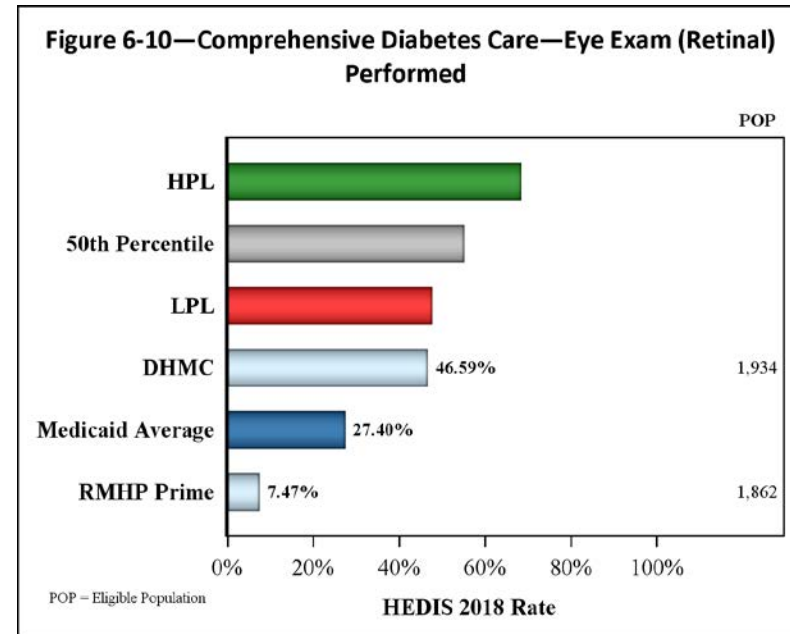
Comprehensive Diabetes Care—Eye Exam (Retinal) Performed

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.



Two carets (^) indicates a significant decline in performance from 2017 to 2018. 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 for 2017.

The Medicaid statewide weighted average significantly declined from 2017 to 2018.

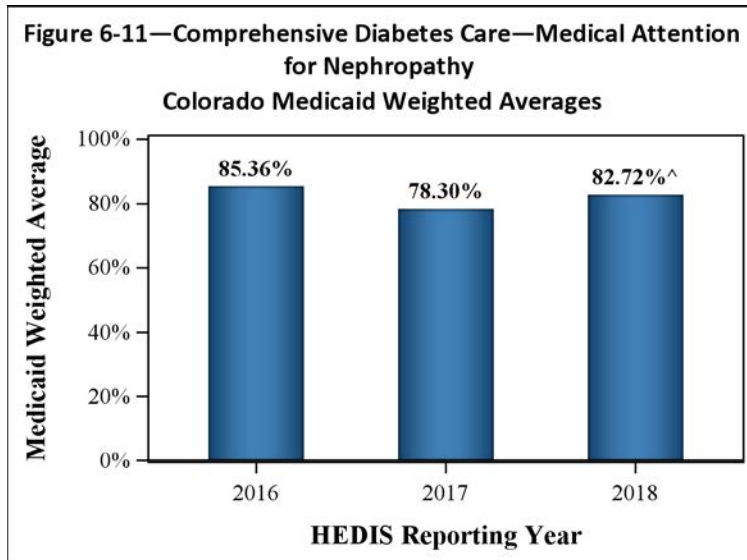


Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

Rates for both health plans and the Medicaid statewide weighted average fell below the LPL. Health plan performance varied by approximately 39 percentage points.

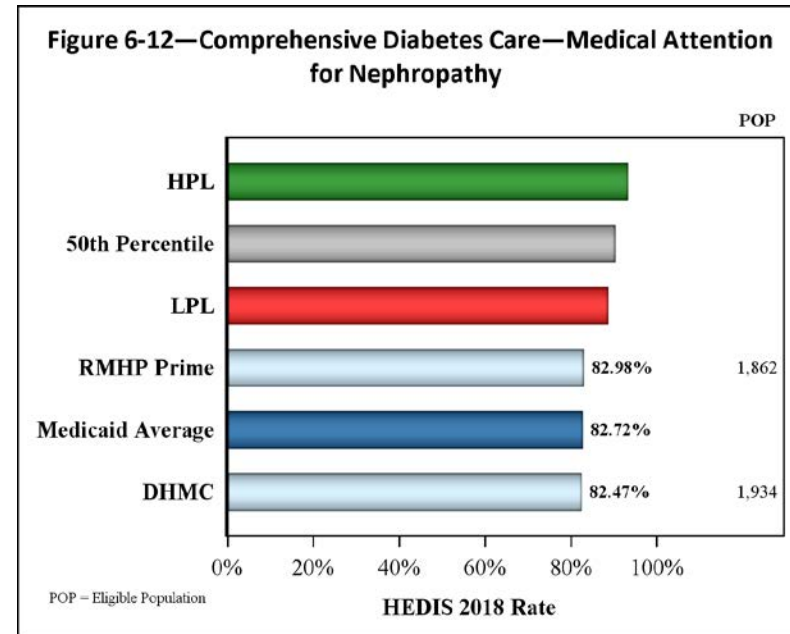
Comprehensive Diabetes Care—Medical Attention for Nephropathy

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.



One caret (^) indicates a significant improvement in performance from 2017 to 2018. 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 for 2017.

The Medicaid statewide weighted average significantly improved from 2017 to 2018.

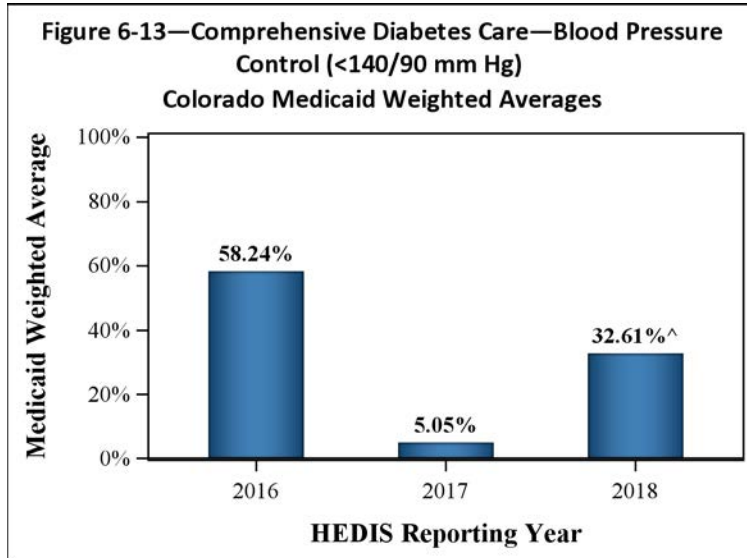


Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

Rates for both health plans and the Medicaid statewide weighted average fell below the LPL. Health plan performance varied by less than 1 percentage point.

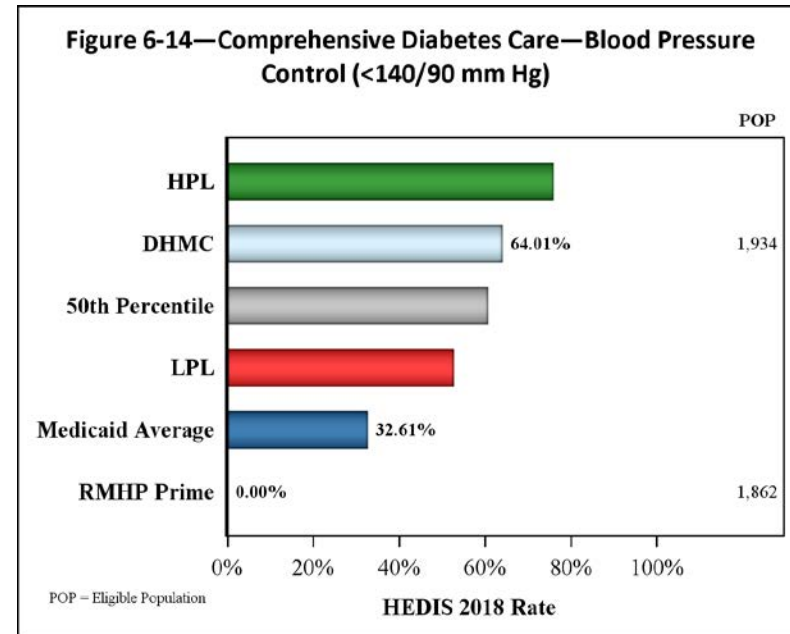
Comprehensive Diabetes Care—BP Control (<140/90 mm Hg)

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 less than 140/90 mm Hg.



One caret (^) indicates a significant improvement in performance from 2017 to 2018. 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 for 2017.

The Medicaid statewide weighted average significantly improved from 2017 to 2018.

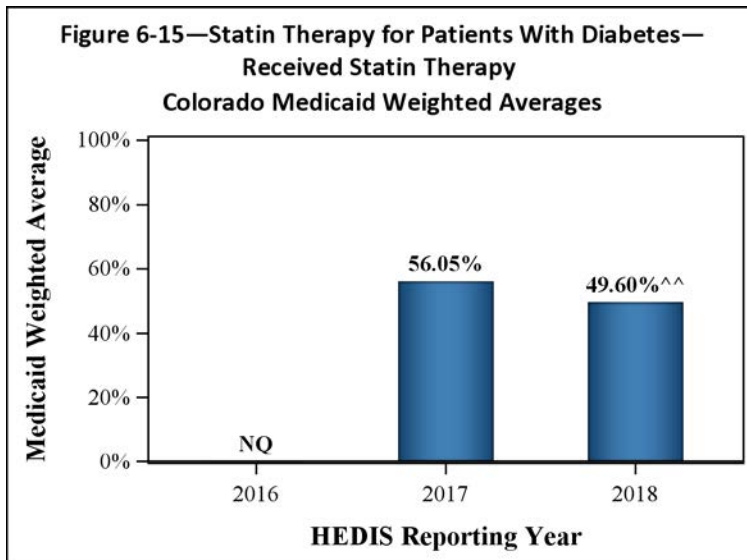


Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

DHMC's rate was above the national Medicaid 50th percentile but below the HPL. RMHP Prime's rate and the Medicaid statewide weighted average fell below the LPL. Health plan performance varied by approximately 64 percentage points.

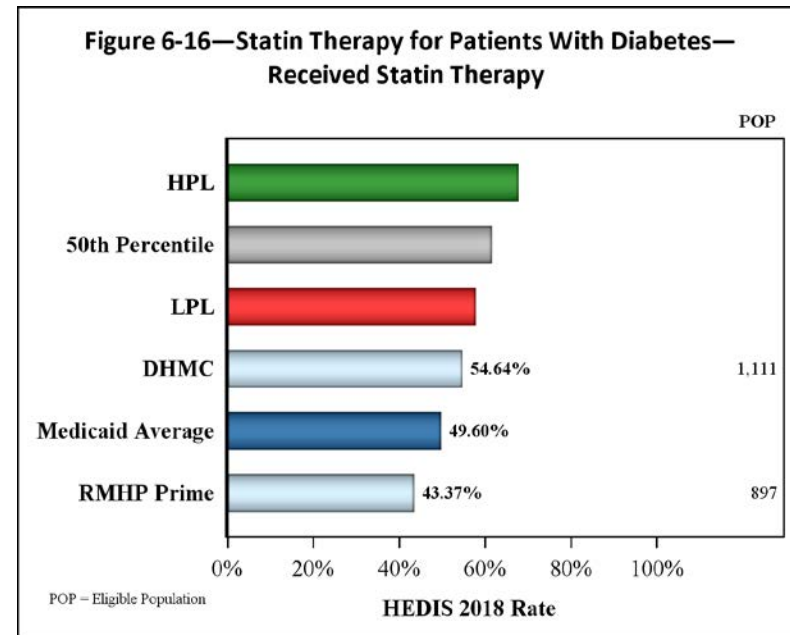
Statin Therapy for Patients With Diabetes—Received Statin Therapy

Statin Therapy for Patients with Diabetes—Received Statin Therapy measures the percentage of members 40 to 75 years of age 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.



NQ (Not Required) indicates that the health plans were not required to report this measure. Two carets (^^) indicate a significant decline in performance from 2017 to 2018.

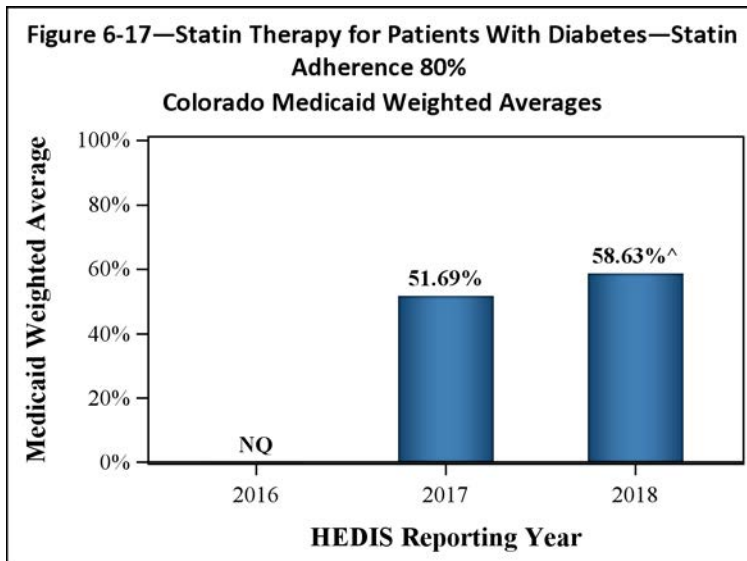
The Medicaid statewide weighted average significantly declined from 2017 to 2018.



Rates for both health plans and the Medicaid statewide weighted average fell below the LPL. Health plan performance varied by approximately 11 percentage points.

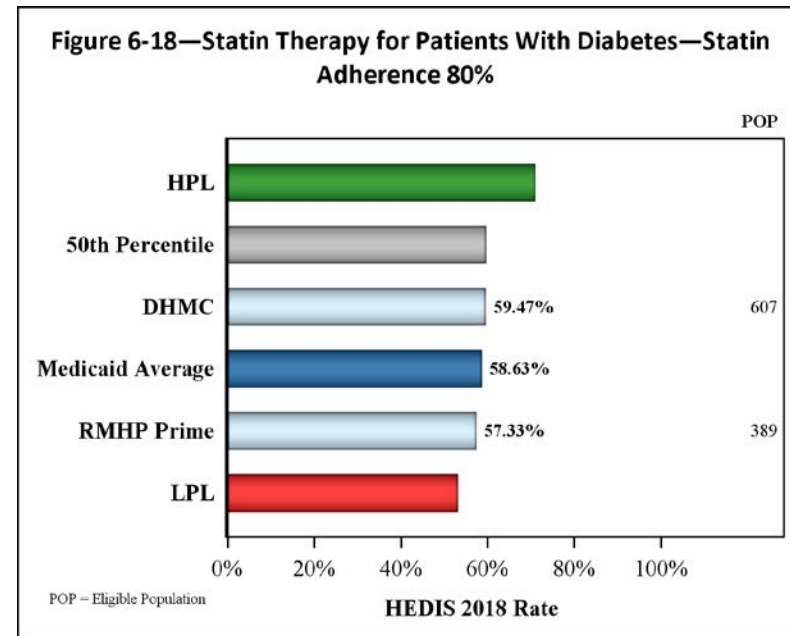
Statin Therapy for Patients With Diabetes—Statin Adherence 80%

Statin Therapy for Patients with Diabetes—Statin Adherence 80% measures the percentage of members 40 to 75 years of age 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.



NQ (Not Required) indicates that the health plans were not required to report this measure. One caret (^) indicates a significant improvement in performance from 2017 to 2018.

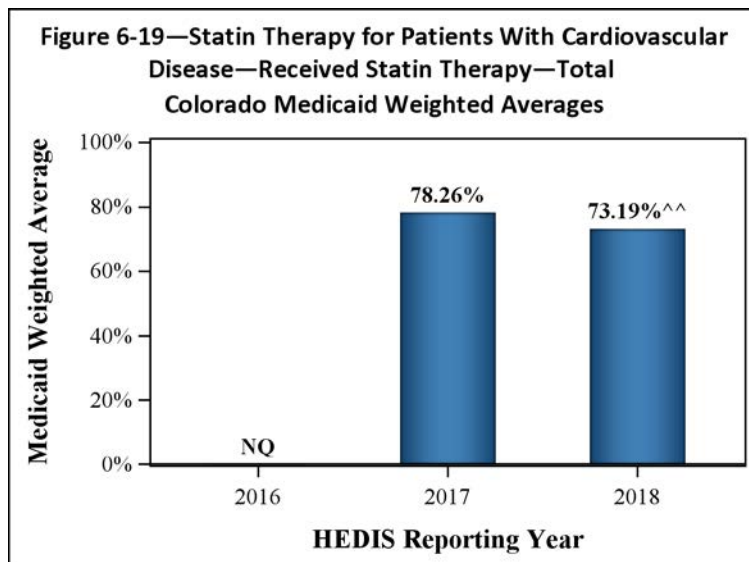
The Medicaid statewide weighted average significantly improved from 2017 to 2018.



Rates for both health plans and the Medicaid statewide weighted average were above the LPL but below the national Medicaid 50th percentile. Health plan performance varied by approximately 2 percentage points.

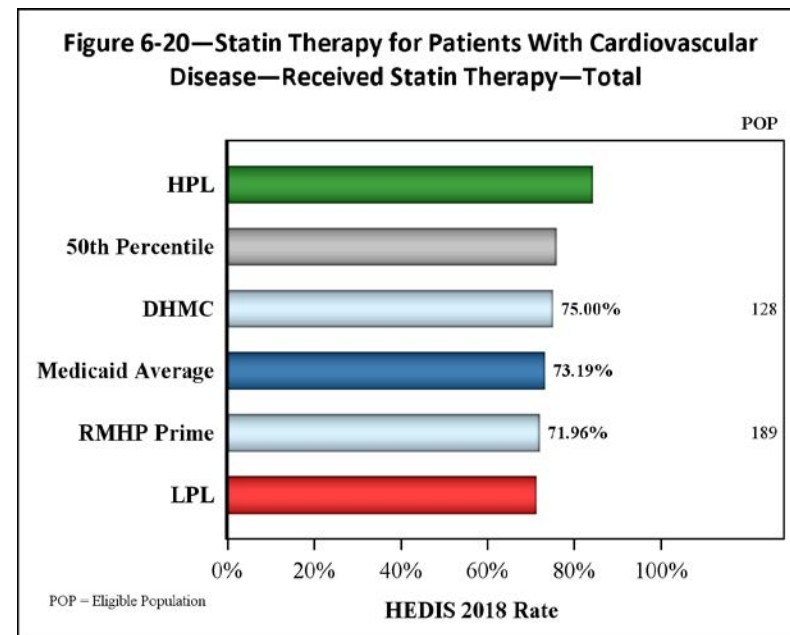
Statin Therapy for Patients With Cardiovascular Disease—Received Statin Therapy—Total

Statin Therapy for Patients with Cardiovascular Disease—Received Statin Therapy—Total measures the percentage of male members 21 to 75 years of age and female members 40 to 75 years of age who were identified as having clinical ASCVD and who were dispensed at least one high- or moderate-intensity statin medication during the measurement year.



NQ (Not Required) indicates that the health plans were not required to report this measure. Two carets (^^) indicate a significant decline in performance from 2017 to 2018.

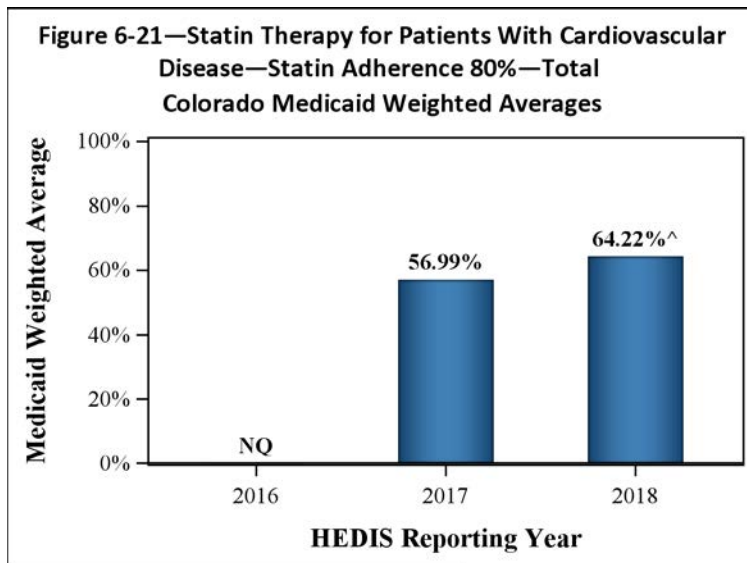
The Medicaid statewide weighted average significantly declined from 2017 to 2018.



Rates for both health plans and the Medicaid statewide weighted average were above the LPL but below the national Medicaid 50th percentile. Health plan performance varied by approximately 3 percentage points.

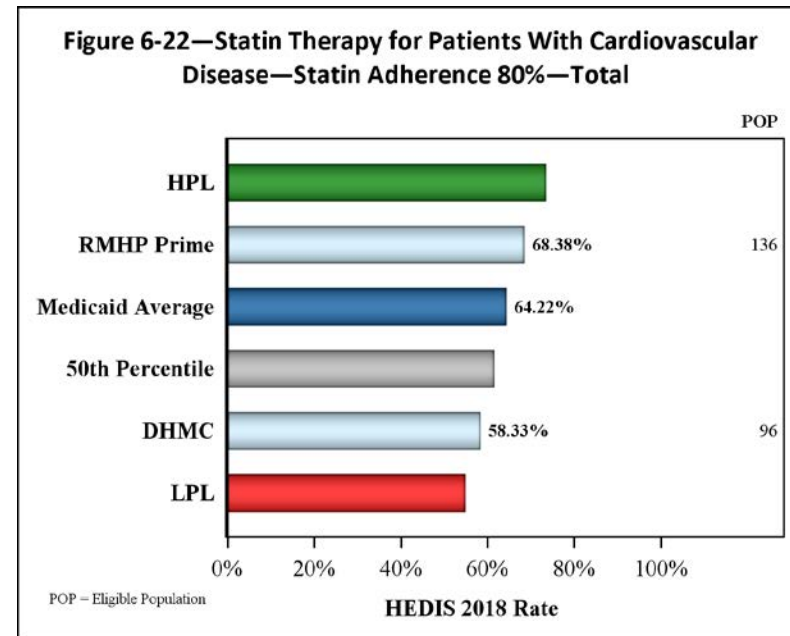
Statin Therapy for Patients With Cardiovascular Disease—Statin Adherence 80%—Total

Statin Therapy for Patients with Cardiovascular Disease—Statin Adherence 80%—Total measures the percentage of male members 21 to 75 years of age and female members 40 to 75 years of age 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.



NQ (Not Required) indicates that the health plans were not required to report this measure. One caret (^) indicates a significant improvement in performance from 2017 to 2018.

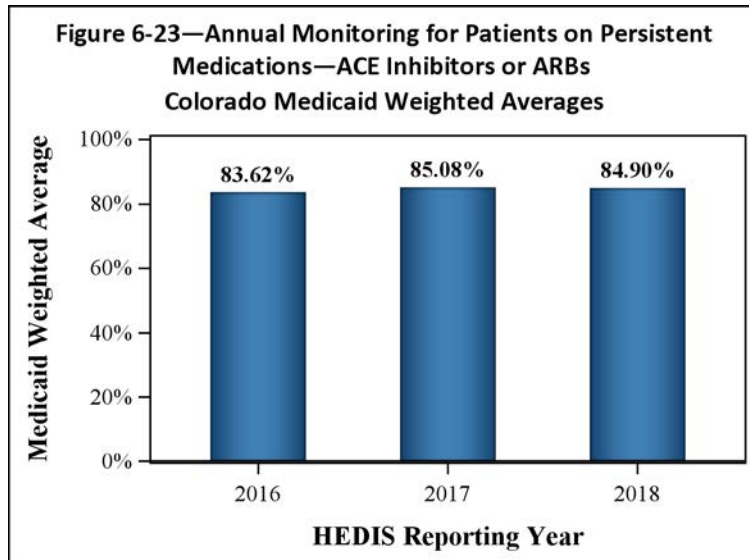
The Medicaid statewide weighted average significantly improved from 2017 to 2018.



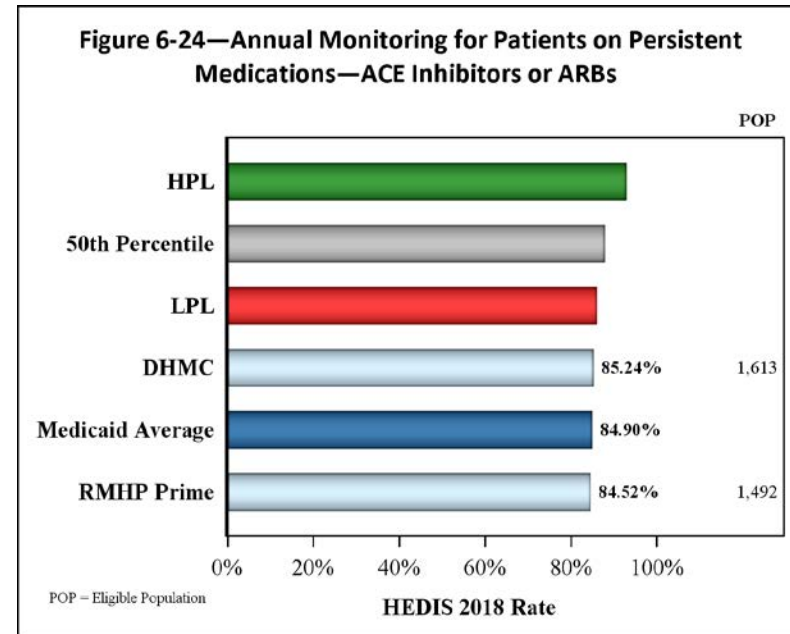
RMHP Prime’s rate and the Medicaid statewide weighted average were above the national Medicaid 50th percentile but below the HPL. DHMC’s rate was above the LPL but below the national Medicaid 50th percentile. Health plan performance varied by approximately 10 percentage points.

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.



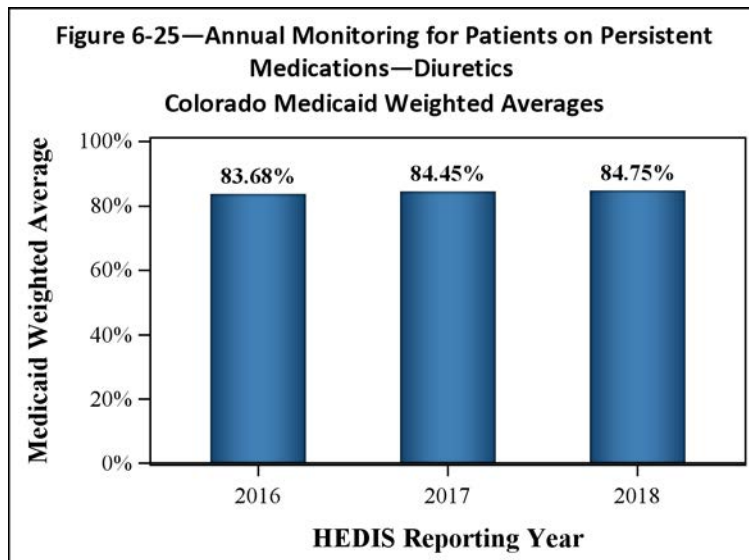
The Medicaid statewide weighted average did not demonstrate a significant change from 2017 to 2018.



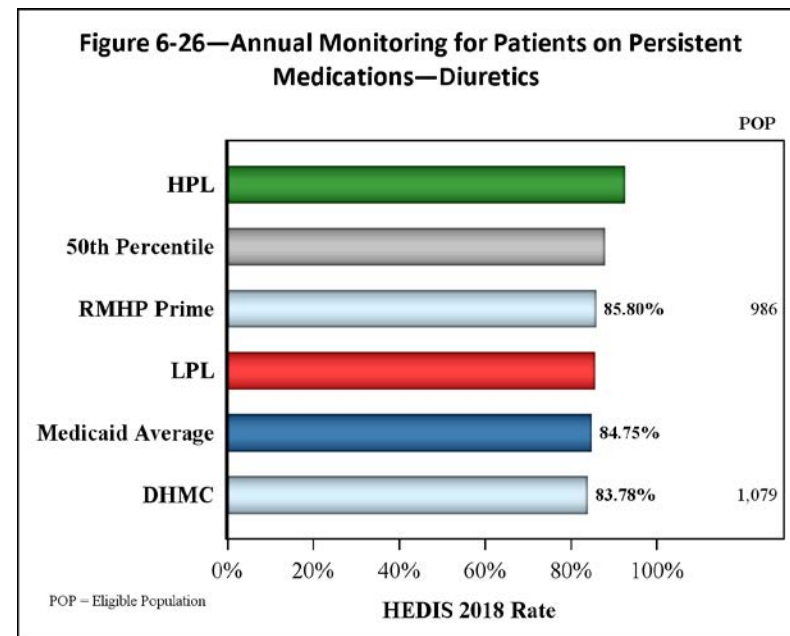
Rates for both health plans and the Medicaid statewide weighted average fell below the LPL. Health plan performance varied by less than 1 percentage point.

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 and at least one serum potassium and a serum creatinine therapeutic monitoring test during the measurement year.



The Medicaid statewide weighted average did not demonstrate a significant change from 2017 to 2018.

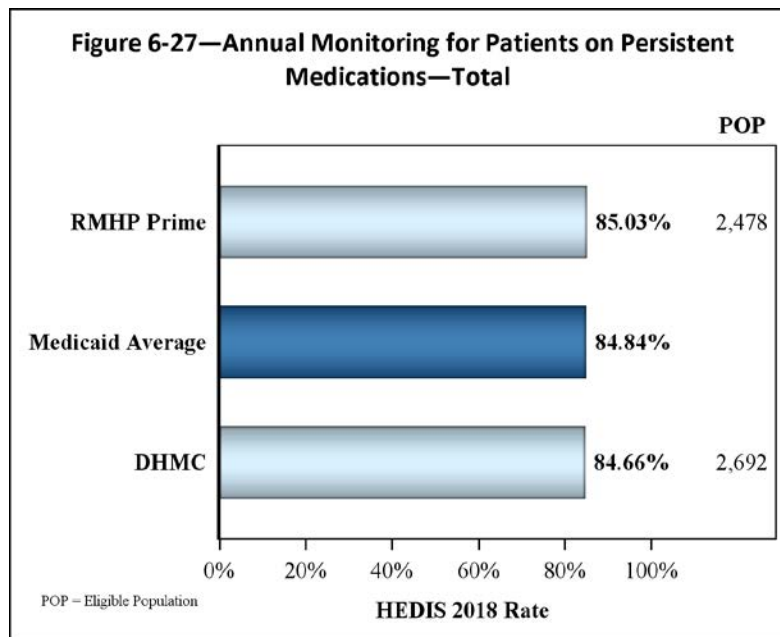


RMHP Prime’s rate was above the LPL but below the national Medicaid 50th percentile. DHMC’s rate and the national Medicaid statewide weighted average fell below the LPL. Health plan performance varied by approximately 2 percentage points.

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, ARBs, or diuretics and at least one serum potassium and a serum creatinine therapeutic monitoring test during the measurement year.

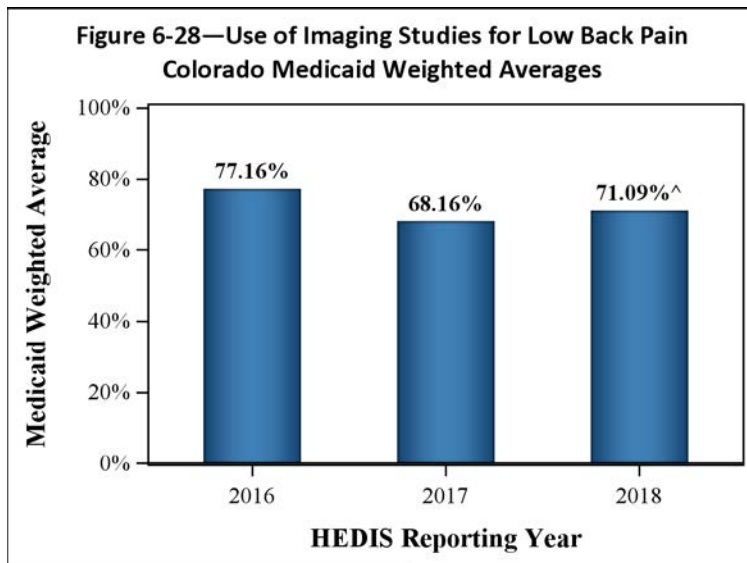
Due to HEDIS 2018 technical specifications changes for the *Annual Monitoring for Patients on Persistent Medications—Total* measure indicator, comparisons to prior years' results and national benchmarks were not performed.



Health plan performance varied by less than 1 percentage point.

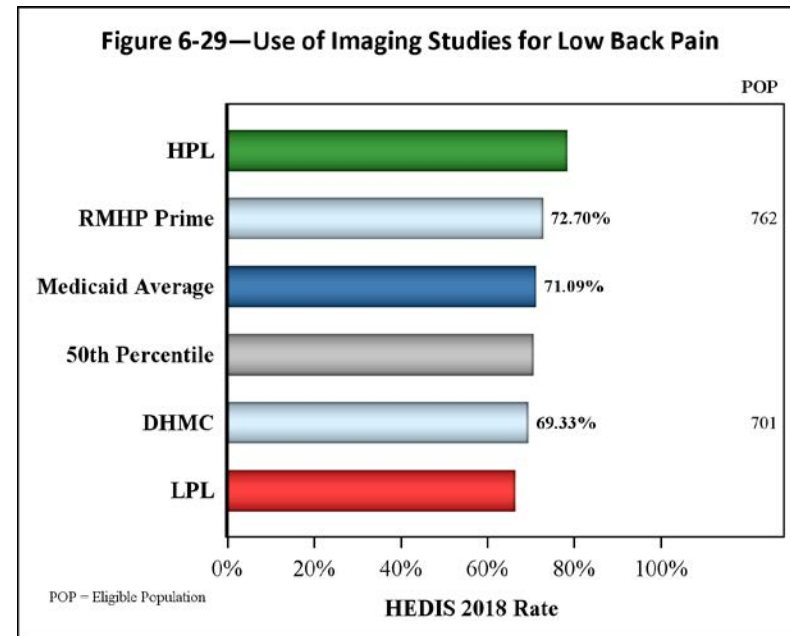
Use of Imaging Studies for Low Back Pain

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, magnetic resonance imaging [MRI], computed tomography [CT] scan) within 28 days of diagnosis.



One caret (^) indicates a significant improvement in performance from 2017 to 2018. Due to changes in the technical specifications for this measure for HEDIS 2017, exercise caution when trending HEDIS 2017 rates to prior years.

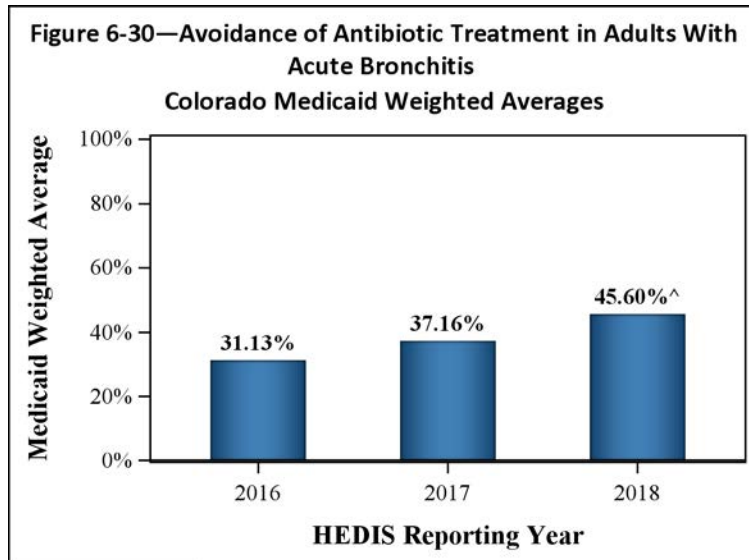
The Medicaid statewide weighted average significantly improved from 2017 to 2018.



RMHP Prime’s rate and the Medicaid statewide weighted average were above the national Medicaid 50th percentile but below the HPL. DHMC’s rate was above the LPL but below the national Medicaid 50th percentile. Health plan performance varied by approximately 3 percentage points.

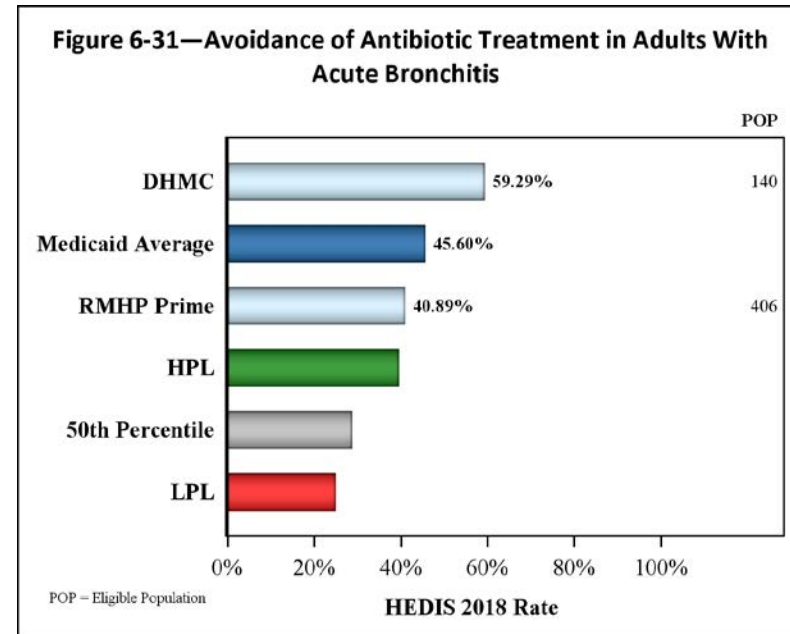
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis

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.



One caret (^) indicates a significant improvement in performance from 2017 to 2018. Due to changes in the technical specifications for this measure for HEDIS 2017, exercise caution when trending HEDIS 2017 rates to prior years.

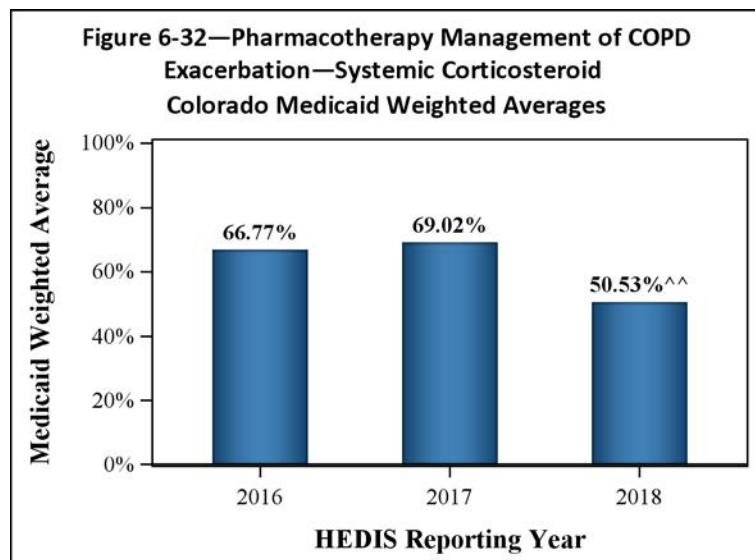
The Medicaid statewide weighted average significantly improved from 2017 to 2018.



Rates for both health plans and the Medicaid statewide weighted average were above the HPL. Health plan performance varied by approximately 18 percentage points.

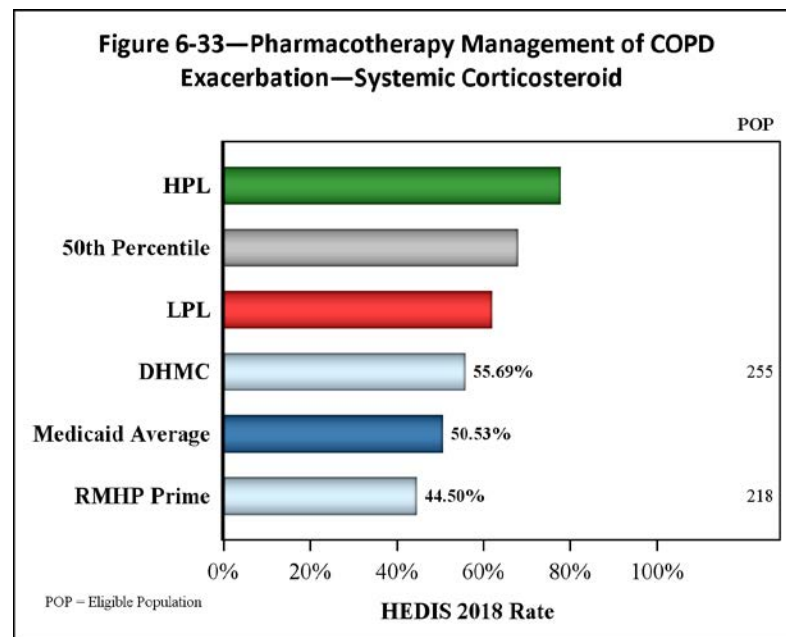
Pharmacotherapy Management of COPD Exacerbation—Systemic Corticosteroid

Pharmacotherapy Management of COPD Exacerbation—Systemic Corticosteroid measures the percentage of members 40 years of age and older who had an acute inpatient discharge or ED visit for exacerbation of COPD on or between January 1 through November 30 and who were dispensed a systemic corticosteroid within 14 days of the event.



Two carets (^) indicates a significant decline in performance from 2017 to 2018. Due to changes in the technical specifications for this measure for HEDIS 2017, exercise caution when trending HEDIS 2017 rates to prior years.

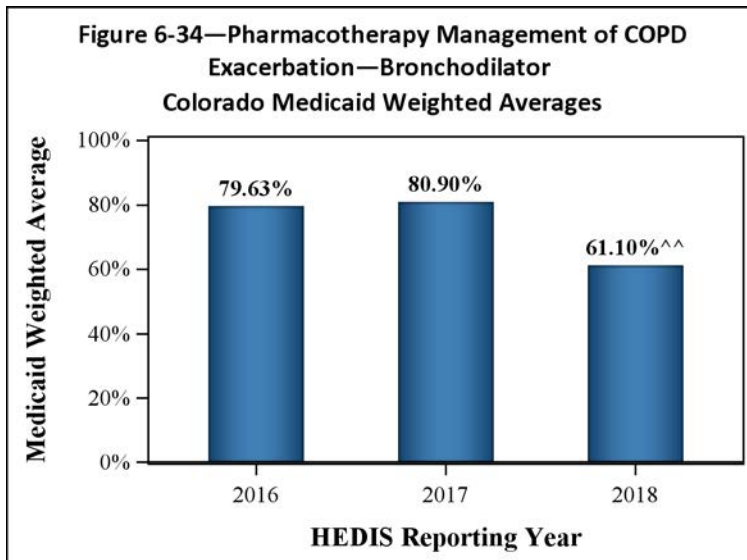
The Medicaid statewide weighted average significantly declined from 2017 to 2018.



Rates for both health plans and the Medicaid statewide weighted average fell below the LPL. Health plan performance varied by approximately 11 percentage points.

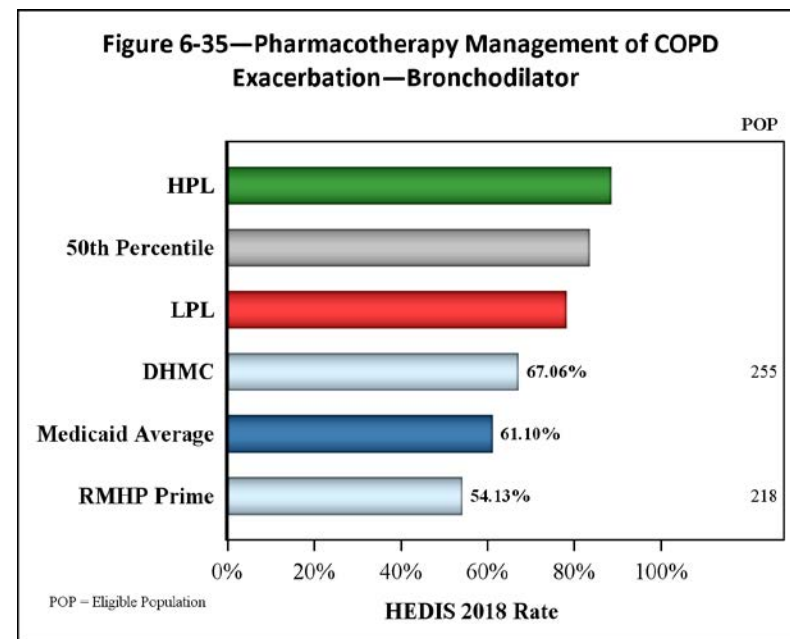
Pharmacotherapy Management of COPD Exacerbation—Bronchodilator

Pharmacotherapy Management of COPD Exacerbation—Bronchodilator measures the percentage of members 40 years of age and older who had an acute inpatient discharge or ED visit for COPD on or between January 1 through November 30 and who were dispensed a bronchodilator within 30 days of the event.



Two carets (^) indicates a significant decline in performance from 2017 to 2018. Due to changes in the technical specifications for this measure for HEDIS 2017, exercise caution when trending HEDIS 2017 rates to prior years.

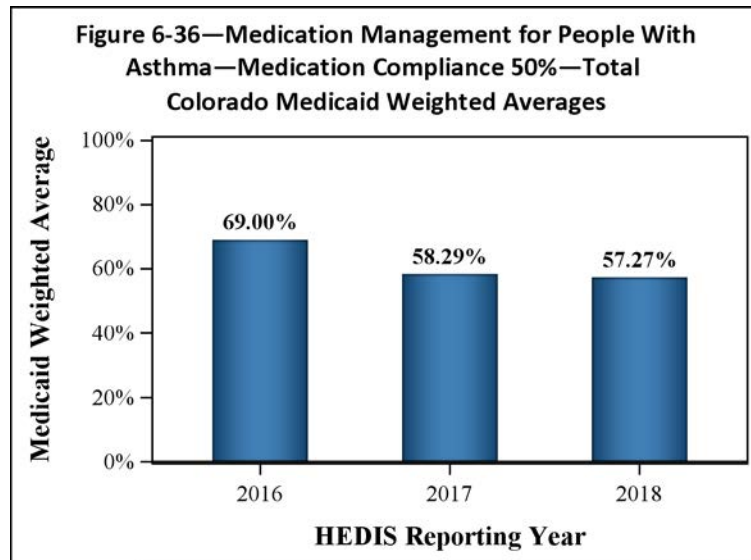
The Medicaid statewide weighted average significantly declined from 2017 to 2018.



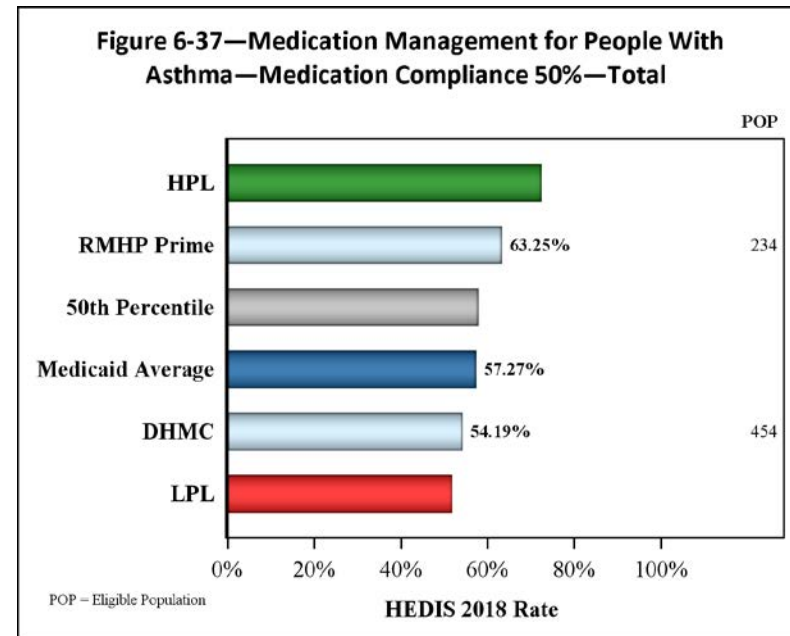
Rates for both health plans and the Medicaid statewide weighted average fell below the LPL. Health plan performance varied by approximately 13 percentage points.

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 treatment period.



The Medicaid statewide weighted average did not demonstrate a significant change from 2017 to 2018.

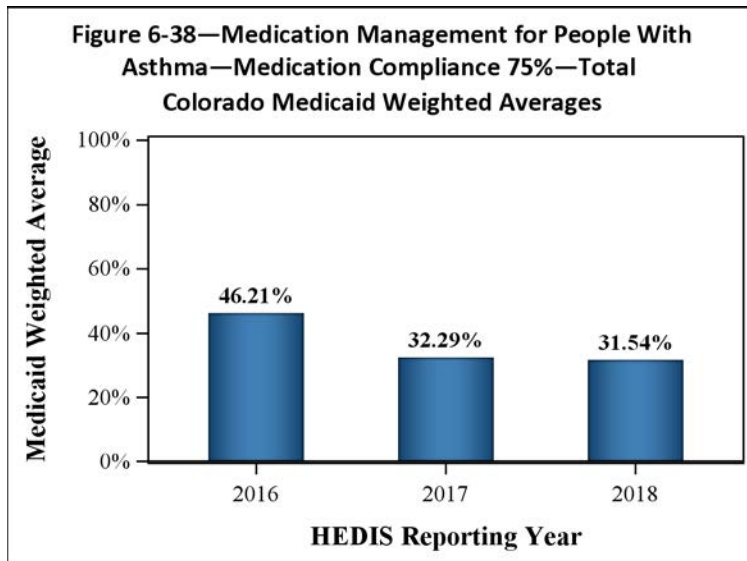


Quality Compass percentiles were not available for this measure; therefore, HEDIS Audit Means and Percentiles were used for comparative purposes.

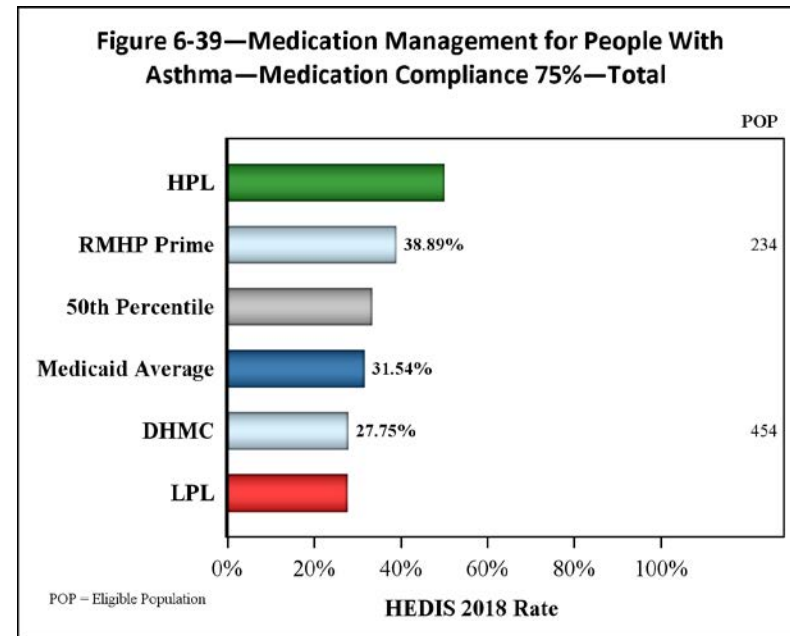
RMHP Prime’s rate was above the national Medicaid 50th percentile but below the HPL. DHMC’s rate and the Medicaid statewide weighted average were above the LPL but below the national Medicaid 50th percentile.

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 treatment period.



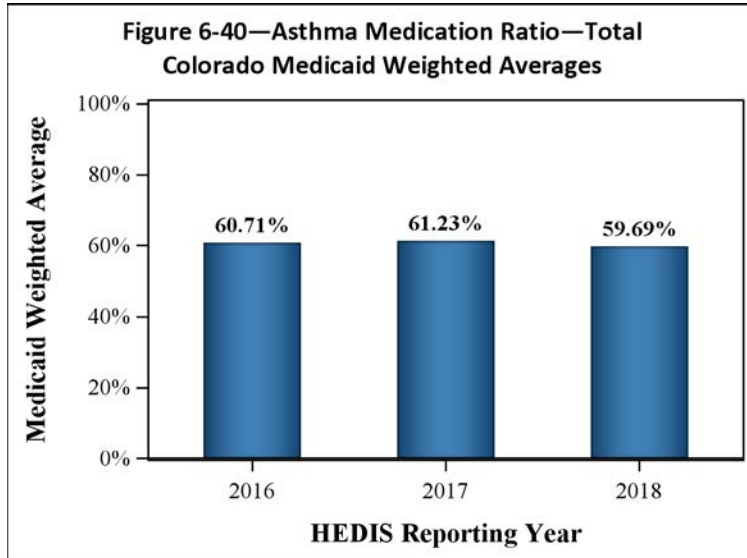
The Medicaid statewide weighted average did not demonstrate a significant change from 2017 to 2018.



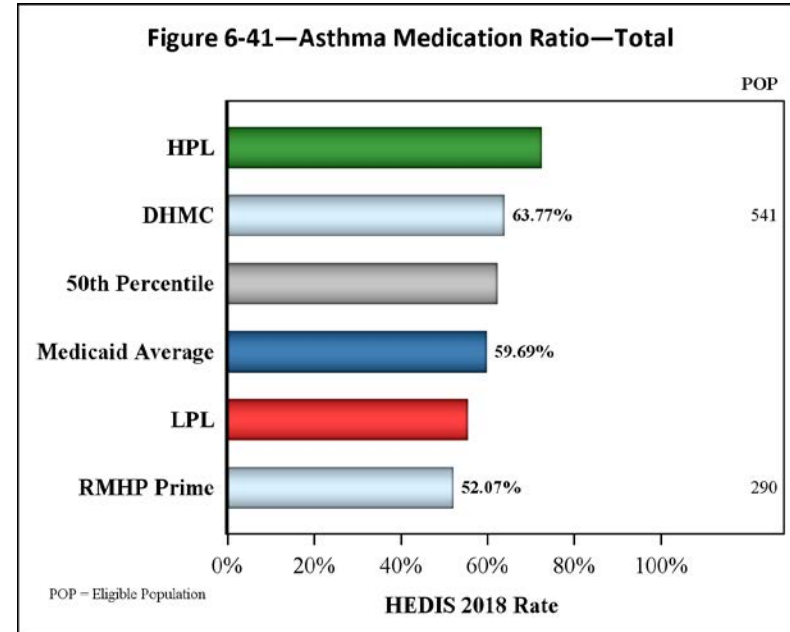
RMHP Prime’s rate was above the national Medicaid 50th percentile but below the HPL. DHMC’s rate and the Medicaid statewide weighted average were above the LPL but below the national Medicaid 50th percentile.

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.



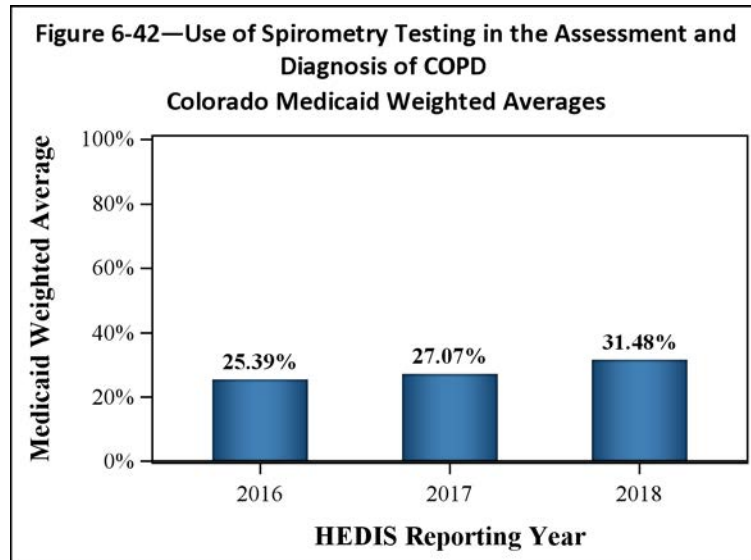
The Medicaid statewide weighted average did not demonstrate a significant change from 2017 to 2018.



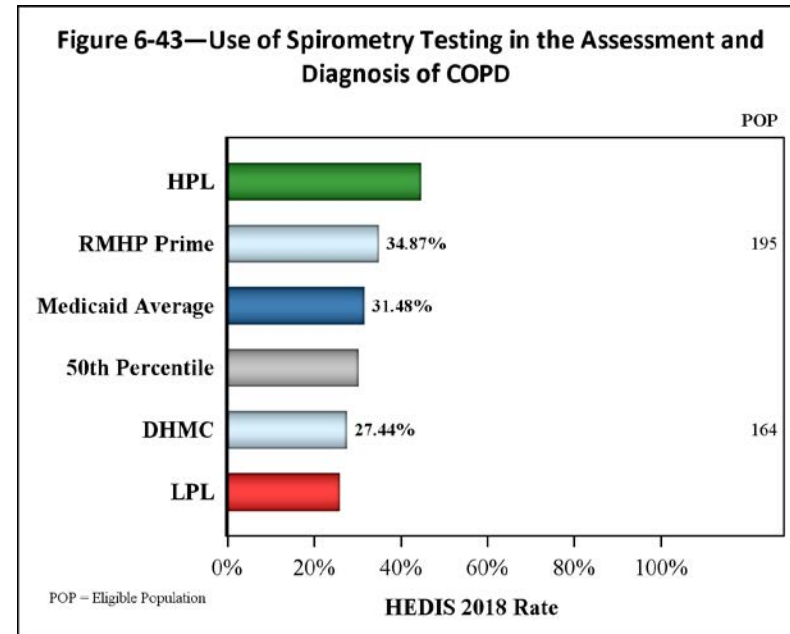
DHMC’s rate was above the national Medicaid 50th percentile but below the HPL. RMHP Prime’s rate fell below the LPL.

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.



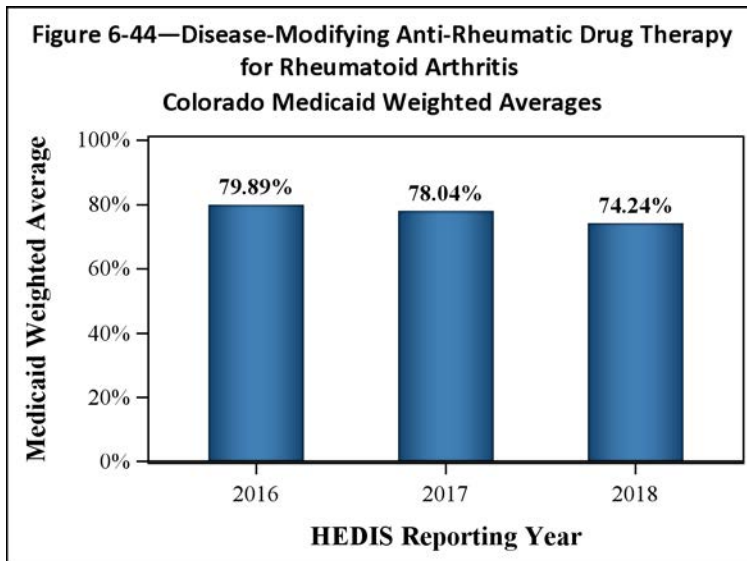
The Medicaid statewide weighted average did not demonstrate a significant change from 2017 to 2018.



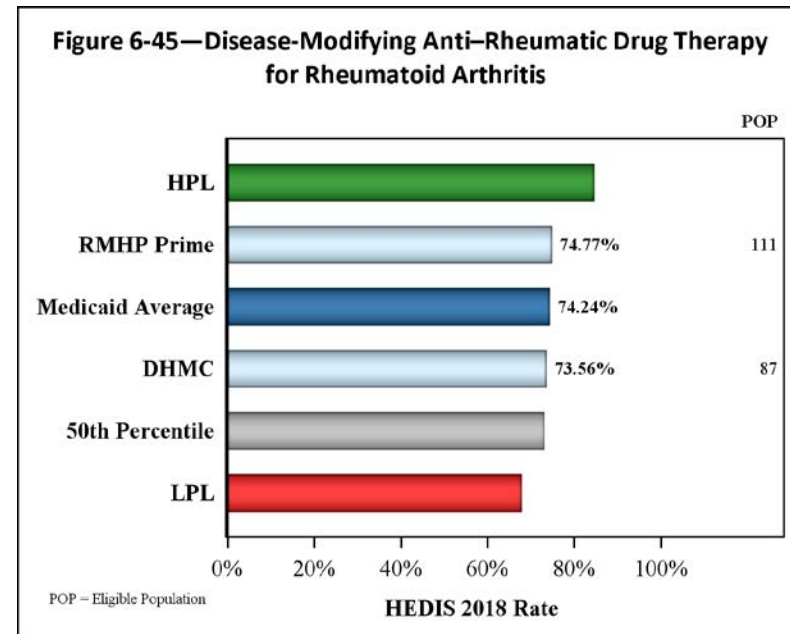
RMHP Prime’s rate and the Medicaid statewide weighted average were above the national Medicaid 50th percentile but below the HPL. DHMC’s rate was above the LPL but below the national Medicaid 50th percentile. Health plan performance varied by approximately 7 percentage points.

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.



The Medicaid statewide weighted average did not demonstrate a significant change from 2017 to 2018.



Rates for both health plans and the Medicaid statewide weighted average were above the national Medicaid 50th percentile but below the HPL. Health plan performance varied by approximately 1 percentage point.

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 2018 rates to the HEDIS 2017 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	DHMC	RMHP Prime
<i>Persistence of Beta-Blocker Treatment After a Heart Attack</i>		
<i>Persistence of Beta-Blocker Treatment After a Heart Attack</i>	★	—
<i>Comprehensive Diabetes Care</i>		
<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>	★★★	★
<i>Statin Therapy for Patients With Diabetes</i>		
<i>Received Statin Therapy</i>	★	★
<i>Statin Adherence 80%</i>	★★	★★
<i>Statin Therapy for Patients With Cardiovascular Disease</i>		
<i>Received Statin Therapy—Total</i>	★★	★★
<i>Statin Adherence 80%—Total</i>	★★	★★★★
<i>Annual Monitoring for Patients on Persistent Medications</i>		
<i>ACE Inhibitors or ARBs</i>	★	★
<i>Diuretics</i>	★	★★
<i>Total</i>	—	—
<i>Use of Imaging Studies for Low Back Pain</i>		
<i>Use of Imaging Studies for Low Back Pain</i>	★★	★★★
<i>Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis</i>		
<i>Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis</i>	★★★★★	★★★★★
<i>Pharmacotherapy Management of COPD Exacerbation</i>		
<i>Systemic Corticosteroid</i>	★	★
<i>Bronchodilator</i>	★	★
<i>Medication Management for People With Asthma</i>		
<i>Medication Compliance 50%—Total¹</i>	★★	★★★ ²
<i>Medication Compliance 75%—Total</i>	★★	★★★ ²

Performance Measures	DHMC	RMHP Prime
Asthma Medication Ratio		
Total	★★★	★ ²
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 Arthritis		
Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis	★★★★	★★★★

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

¹ Quality Compass percentiles for this measure were not available; therefore, NCQA’s Audit Means and Percentiles benchmarks were used for comparative purposes.

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

— Indicates that a percentile ranking was not determined because the HEDIS 2018 measure rate was not reportable or comparison to the benchmark was not appropriate due to technical specification changes.

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	★★★★★	★★★★	★★★	★★	★
DHMC	1	0	3	9	9
RMHP Prime	1	1	5	3	11

Within the Living With Illness domain, both health plans demonstrated relatively low performance with 18 of 22 (81.8 percent) rates for DHMC and 14 of 21 (66.7 percent) rates for RMHP Prime falling below the national Medicaid 50th percentile. DHMC and RMHP Prime should focus improvement efforts on working with providers to document *Comprehensive Diabetes Care* within administrative data sources, given relatively low performance on almost all indicators for both health plans. Additionally, DHMC and RMHP Prime performed below the national Medicaid 25th percentile for the following measures related to medication management, suggesting opportunities for improvement for both health plans: *Statin Therapy for Patients With Diabetes—Received Statin Therapy*; *Annual Monitoring for Patients on Persistent Medication—ACE Inhibitors or ARBs*; and *Pharmacotherapy Management of COPD Exacerbation*. Conversely, both health plans performed at or above the national Medicaid 90th percentile for the *Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis* measure, indicating strong performance by DHMC and RMHP Prime for appropriate treatment in the ED and outpatient settings for bronchitis.

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 (ED) Visits*
- *Inpatient Utilization—General Hospital/Acute Care—Total*
- *Antibiotic Utilization*
- *Plan All-Cause Readmissions—Index Total Stays—Observed Readmissions and O/E Ratio*
- *Use of Opioids at High Dosage (Per 1,000 Members)*
- *Use of Opioids from Multiple Providers (Per 1,000 Members)—Multiple Prescribers, Multiple Pharmacies, and Multiple Prescribers and Multiple Pharmacies*

All the health plans were required to report these measures in HEDIS 2018. The health plans' member months served as an eligible population proxy and were used when calculating the Colorado Medicaid weighted average for the *Ambulatory Care, Inpatient Utilization—General Hospital/Acute Care, and Antibiotic Utilization* measures.

Some rates displayed in the Use of Services domain (i.e., *Ambulatory Care, Inpatient Utilization—General Hospital/Acute Care, and Antibiotic Utilization*) 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 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.

Of note, the Colorado Medicaid weighted averages for HEDIS 2016 and HEDIS 2017 included rates for the FFS population and one additional Medicaid health plan. The HEDIS 2018 Colorado Medicaid weighted averages include only rates submitted by DHMC and RMHP Prime. Therefore, exercise caution when comparing HEDIS 2018 statewide weighted average rates to historical rates.

Ambulatory Care

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

Results

Table 7-1 shows *Outpatient Visits* and *ED 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	ED Visits*
DHMC	183.12	41.79
RMHP Prime ¹	317.25	62.98
2018 Colorado Medicaid Weighted Average	222.58	48.02
2017 Colorado Medicaid Weighted Average	263.93	55.58
2016 Colorado Medicaid Weighted Average	274.59	59.12

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

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

For the *ED Visits* indicator, health plan performance varied, ranging from 62.98 ED visits per 1,000 member months for RMHP Prime to 41.79 ED visits per 1,000 member months for DHMC. 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, medicine, surgery, and maternity.

Results

Table 7-2 shows the total discharges per 1,000 member months for all ages, which are 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
DHMC	4.58	2.55	0.78	1.75
RMHP Prime ¹	9.01	4.20	2.12	2.83
2018 Colorado Medicaid Weighted Average	5.88	3.04	1.18	2.14
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

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

Table 7-3 displays the total average length of stay for all ages, which are presented for information purposes only.

Table 7-3—Inpatient Utilization—General Hospital/Acute Care: Total Average Length of Stay for Total Age Group

Health Plan Name	Total Inpatient	Medicine	Surgery	Maternity
DHMC	4.73	4.25	9.40	2.77
RMHP Prime ¹	3.62	3.70	5.39	2.10
2018 Colorado Medicaid Weighted Average	4.23	4.02	7.27	2.45
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

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

Antibiotic Utilization

Table 7-4 displays the results for the antibiotic utilization indicators, which are presented for information purposes only.

Table 7-4—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
DHMC	0.31	9.27	0.09	27.52%
RMHP Prime ¹	0.70	9.32	0.28	39.55%
2018 Colorado Medicaid Weighted Average	0.42	9.29	0.14	33.25%
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%

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

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

Plan All-Cause Readmissions—Index Total Stays

Plan All-Cause Readmissions—Total measures the number of total acute inpatient stays during the measurement year for members 18 years of age and older that were followed by an unplanned acute readmission for any diagnosis within 30 days. This measure is also risk-adjusted to calculate the expected number of readmissions. For each admission, an expected readmission count is calculated based on age, gender, whether the patient had a surgery during the admission, the primary discharge diagnosis for the admission, and for comorbid conditions associated with the admission. The observed/expected (O/E) ratio is presented to show if the health plan had more, the same as, or fewer readmissions than expected. For this measure, a lower rate indicates better performance. This measure was added to the Department’s HEDIS 2018 measure set for all the health plans; therefore, prior years’ results were not available for comparison.

Results

Table 7-5 shows the total number of observed readmissions and the O/E ratio of an acute readmission for all ages.

Table 7-5—Plan All-Cause Readmissions: Index Total Stays

Health Plan Name	Observed Readmission Rate	O/E Ratio
DHMC	16.03%	0.72
RMHP Prime	9.33%	0.56
2018 Colorado Medicaid Weighted Average	12.58%	0.65

Though DHMC’s readmission rate was almost 7 percentage points higher than RMHP Prime’s readmission rate, both health plans had fewer than expected readmissions, based on their O/E ratio.

Use of Opioids at High Dosage

Use of Opioids at High Dosage measures the rate per 1,000 members 18 years of age and older receiving prescription opioids for at least 15 days during the measurement year at high dosage. For this measure, a lower rate indicates better performance. This measure was added to the Department’s HEDIS 2018 measure set for all the health plans; therefore, prior years’ results were not available for comparison.

Results

Table 7-6 shows the rate of opioids prescribed at a high dosage per 1,000 members. This measure is a first-year measure; therefore, national benchmarks are not available.

Table 7-6—Use of Opioids at High Dosage: Total per 1,000 Members

Health Plan Name	Use of Opioids at High Dosage
DHMC	29.05
RMHP Prime	41.26
2018 Colorado Medicaid Weighted Average	35.74

RMHP Prime’s rate was far higher than DHMC’s rate, with a relative difference of 42.0 percent.

Use of Opioids From Multiple Providers

Use of Opioids from Multiple Providers measures the rate per 1,000 members 18 years of age and older receiving prescription opioids for at least 15 days during the measurement year who received opioids from multiple providers. Three rates are reported: *Multiple Prescribers*, *Multiple Pharmacies*, and *Multiple Prescribers and Multiple Pharmacies*. For this measure, a lower rate indicates better performance. This measure was added to the Department’s HEDIS 2018 measure set for all the health plans; therefore, prior years’ results were not available for comparison.

Results

Table 7-7 shows the rate per 1,000 members receiving prescriptions for opioids from four or more different prescribers, four or more different pharmacies, and four or more different prescribers and four or more different pharmacies during the measurement year. This measure is a first-year measure; therefore, national benchmarks are not available.

Table 7-7—Use of Opioids From Multiple Providers: Total per 1,000 Members

Health Plan Name	Multiple Prescribers	Multiple Pharmacies	Multiple Prescribers and Multiple Pharmacies
DHMC	206.94	119.39	71.06
RMHP Prime	338.13	91.83	62.63
2018 Colorado Medicaid Weighted Average	282.14	103.59	66.23

RMHP Prime’s rate for *Multiple Prescribers* was higher than DHMC’s rate, with a relative difference of 63.4 percent. Conversely, DHMC’s rate for *Multiple Pharmacies*, and *Multiple Prescribers and Multiple Pharmacies* was higher than RMHP Prime’s rate, with relative differences of 30.0 percent and 13.5 percent, respectively.

Summary of Findings

For the *Plan All-Cause Readmissions* measure, DHMC reported a readmission rate almost 7 percentage points higher than RMHP Prime’s readmission rate. However, both health plans had fewer than expected readmissions based on their O/E ratio, indicating strong performance by both health plans.

For the remaining reported rates for the health plans and Medicaid statewide weighted average rates for the Use of Services domain, demographic and clinical characteristics of the population were not considered; therefore, HSAG did not draw conclusions regarding performance based on the reported utilization results for *Ambulatory Care*, *Inpatient Utilization—General Hospital/Acute Care*, and *Antibiotic Utilization*. 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 2016, 2017, and 2018 Colorado Medicaid statewide weighted averages. Yellow shading with one caret (^) indicates the HEDIS 2018 health plan-specific or statewide weighted average rate was at or above the applicable Quality Compass national Medicaid HMO 50th percentile or NCQA’s Audit Means and Percentiles national Medicaid HMO 50th percentile for HEDIS 2017.

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 Status¹</i>		
<i>DTap</i>		
DHMC	1,286	75.43%
RMHP Prime	—	NA
HEDIS 2018 Colorado Medicaid Weighted Average		
HEDIS 2017 Colorado Medicaid Weighted Average		
HEDIS 2016 Colorado Medicaid Weighted Average		
<i>IPV</i>		
DHMC	1,286	84.68%
RMHP Prime	—	NA
HEDIS 2018 Colorado Medicaid Weighted Average		
HEDIS 2017 Colorado Medicaid Weighted Average		
HEDIS 2016 Colorado Medicaid Weighted Average		
<i>MMR</i>		
DHMC	1,286	78.62%
RMHP Prime	—	NA
HEDIS 2018 Colorado Medicaid Weighted Average		
HEDIS 2017 Colorado Medicaid Weighted Average		
HEDIS 2016 Colorado Medicaid Weighted Average		
<i>HiB</i>		
DHMC	1,286	84.76%
RMHP Prime	—	NA
HEDIS 2018 Colorado Medicaid Weighted Average		
HEDIS 2017 Colorado Medicaid Weighted Average		
HEDIS 2016 Colorado Medicaid Weighted Average		

Medicaid Plan	Eligible Population	Rate
<i>Hepatitis B</i>		
DHMC	1,286	80.72%
RMHP Prime	—	NA
HEDIS 2018 Colorado Medicaid Weighted Average		80.75%
HEDIS 2017 Colorado Medicaid Weighted Average		81.07%
HEDIS 2016 Colorado Medicaid Weighted Average		80.22%
<i>VZV</i>		
DHMC	1,286	83.67%
RMHP Prime	—	NA
HEDIS 2018 Colorado Medicaid Weighted Average		83.70%
HEDIS 2017 Colorado Medicaid Weighted Average		80.65%
HEDIS 2016 Colorado Medicaid Weighted Average		79.73%
<i>Pneumococcal Conjugate</i>		
DHMC	1,286	74.03%
RMHP Prime	—	NA
HEDIS 2018 Colorado Medicaid Weighted Average		73.99%
HEDIS 2017 Colorado Medicaid Weighted Average		68.38%
HEDIS 2016 Colorado Medicaid Weighted Average		66.56%
<i>Hepatitis A</i>		
DHMC	1,286	81.10%
RMHP Prime	—	NA
HEDIS 2018 Colorado Medicaid Weighted Average		81.06%
HEDIS 2017 Colorado Medicaid Weighted Average		74.81%
HEDIS 2016 Colorado Medicaid Weighted Average		71.54%
<i>Rotavirus</i>		
DHMC	1,286	67.65%
RMHP Prime	—	NA
HEDIS 2018 Colorado Medicaid Weighted Average		67.62%
HEDIS 2017 Colorado Medicaid Weighted Average		61.88%
HEDIS 2016 Colorado Medicaid Weighted Average		59.50%
<i>Influenza</i>		
DHMC	1,286	50.31% ^
RMHP Prime	—	NA
HEDIS 2018 Colorado Medicaid Weighted Average		50.23% ^
HEDIS 2017 Colorado Medicaid Weighted Average		41.79%
HEDIS 2016 Colorado Medicaid Weighted Average		36.12%
<i>Combination 2</i>		
DHMC	1,286	68.27%
RMHP Prime	—	NA

Medicaid Plan	Eligible Population	Rate
HEDIS 2018 Colorado Medicaid Weighted Average		68.25%
HEDIS 2017 Colorado Medicaid Weighted Average		58.53%
HEDIS 2016 Colorado Medicaid Weighted Average		55.00%
<i>Combination 3</i>		
DHMC	1,286	65.94%
RMHP Prime	—	NA
HEDIS 2018 Colorado Medicaid Weighted Average		65.92%
HEDIS 2017 Colorado Medicaid Weighted Average		56.00%
HEDIS 2016 Colorado Medicaid Weighted Average		52.56%
<i>Combination 4</i>		
DHMC	1,286	64.23%
RMHP Prime	—	NA
HEDIS 2018 Colorado Medicaid Weighted Average		64.21%
HEDIS 2017 Colorado Medicaid Weighted Average		53.15%
HEDIS 2016 Colorado Medicaid Weighted Average		49.39%
<i>Combination 5</i>		
DHMC	1,286	58.09%
RMHP Prime	—	NA
HEDIS 2018 Colorado Medicaid Weighted Average		58.00%
HEDIS 2017 Colorado Medicaid Weighted Average		47.31%
HEDIS 2016 Colorado Medicaid Weighted Average		43.25%
<i>Combination 6</i>		
DHMC	1,286	43.39% ^
RMHP Prime	—	NA
HEDIS 2018 Colorado Medicaid Weighted Average		43.32% ^
HEDIS 2017 Colorado Medicaid Weighted Average		32.83%
HEDIS 2016 Colorado Medicaid Weighted Average		25.99%
<i>Combination 7</i>		
DHMC	1,286	56.77%
RMHP Prime	—	NA
HEDIS 2018 Colorado Medicaid Weighted Average		56.68%
HEDIS 2017 Colorado Medicaid Weighted Average		45.27%
HEDIS 2016 Colorado Medicaid Weighted Average		40.84%
<i>Combination 8</i>		
DHMC	1,286	42.53% ^
RMHP Prime	—	NA
HEDIS 2018 Colorado Medicaid Weighted Average		42.47% ^
HEDIS 2017 Colorado Medicaid Weighted Average		31.74%
HEDIS 2016 Colorado Medicaid Weighted Average		24.90%

Medicaid Plan	Eligible Population	Rate
Combination 9		
DHMC	1,286	39.50% ^
RMHP Prime	—	NA
HEDIS 2018 Colorado Medicaid Weighted Average		39.44% ^
HEDIS 2017 Colorado Medicaid Weighted Average		28.87%
HEDIS 2016 Colorado Medicaid Weighted Average		22.42%
Combination 10		
DHMC	1,286	38.80% ^
RMHP Prime	—	NA
HEDIS 2018 Colorado Medicaid Weighted Average		38.74% ^
HEDIS 2017 Colorado Medicaid Weighted Average		28.01%
HEDIS 2016 Colorado Medicaid Weighted Average		21.49%
Immunizations for Adolescents¹		
Meningococcal		
DHMC	1,814	77.73%
RMHP Prime	—	NA
HEDIS 2018 Colorado Medicaid Weighted Average		77.73%
HEDIS 2017 Colorado Medicaid Weighted Average		66.57%
HEDIS 2016 Colorado Medicaid Weighted Average		65.99%
Tdap		
DHMC	1,814	81.92%
RMHP Prime	—	NA
HEDIS 2018 Colorado Medicaid Weighted Average		81.93%
HEDIS 2017 Colorado Medicaid Weighted Average		77.67%
HEDIS 2016 Colorado Medicaid Weighted Average		78.86%
HPV		
DHMC	1,814	50.39%
RMHP Prime	—	NA
HEDIS 2018 Colorado Medicaid Weighted Average		50.16%
HEDIS 2017 Colorado Medicaid Weighted Average		—
HEDIS 2016 Colorado Medicaid Weighted Average		—
Combination 1 (Meningococcal, Tdap)		
DHMC	1,814	75.69%
RMHP Prime	—	NA
HEDIS 2018 Colorado Medicaid Weighted Average		75.55%
HEDIS 2017 Colorado Medicaid Weighted Average		64.78%
HEDIS 2016 Colorado Medicaid Weighted Average		64.85%

Medicaid Plan	Eligible Population	Rate
Combination 2 (Meningococcal, Tdap, HPV)²		
DHMC	1,814	47.30%
RMHP Prime	—	NA
HEDIS 2018 Colorado Medicaid Weighted Average		47.11%
HEDIS 2017 Colorado Medicaid Weighted Average		—
HEDIS 2016 Colorado Medicaid Weighted Average		—
Well-Child Visits in the First 15 Months of Life¹		
Zero Visits*		
DHMC	296	9.12%
RMHP Prime	—	NA
HEDIS 2018 Colorado Medicaid Weighted Average		9.12%
HEDIS 2017 Colorado Medicaid Weighted Average		4.25%
HEDIS 2016 Colorado Medicaid Weighted Average		4.89%
Six or More Visits		
DHMC	296	4.39%
RMHP Prime	—	NA
HEDIS 2018 Colorado Medicaid Weighted Average		4.39%
HEDIS 2017 Colorado Medicaid Weighted Average		48.55%
HEDIS 2016 Colorado Medicaid Weighted Average		44.49%
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life^{1,3}		
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life		
DHMC	6,501	60.91%
RMHP Prime	67	58.21%
HEDIS 2018 Colorado Medicaid Weighted Average		60.89%
HEDIS 2017 Colorado Medicaid Weighted Average		57.64%
HEDIS 2016 Colorado Medicaid Weighted Average		56.96%
Adolescent Well-Care Visits^{1,3}		
Adolescent Well-Care Visits		
DHMC	13,533	36.33%
RMHP Prime	1,480	15.68%
HEDIS 2018 Colorado Medicaid Weighted Average		34.29%
HEDIS 2017 Colorado Medicaid Weighted Average		33.94%
HEDIS 2016 Colorado Medicaid Weighted Average		32.13%
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents^{1,3}		
BMI Percentile Documentation—Ages 3 to 11 Years		
DHMC	10,039	10.61%
RMHP Prime	158	3.16%
HEDIS 2018 Colorado Medicaid Weighted Average		10.49%

Medicaid Plan	Eligible Population	Rate
HEDIS 2017 Colorado Medicaid Weighted Average		7.58%
HEDIS 2016 Colorado Medicaid Weighted Average		60.99%
<i>BMI Percentile Documentation—Ages 12 to 17 Years</i>		
DHMC	5,869	27.26%
RMHP Prime	125	3.20%
HEDIS 2018 Colorado Medicaid Weighted Average		26.76%
HEDIS 2017 Colorado Medicaid Weighted Average		10.63%
HEDIS 2016 Colorado Medicaid Weighted Average		59.66%
<i>BMI Percentile Documentation—Total</i>		
DHMC	15,908	16.75%
RMHP Prime	283	3.18%
HEDIS 2018 Colorado Medicaid Weighted Average		16.52%
HEDIS 2017 Colorado Medicaid Weighted Average		8.65%
HEDIS 2016 Colorado Medicaid Weighted Average		60.50%
<i>Counseling for Nutrition—Ages 3 to 11 Years</i>		
DHMC	10,039	1.56%
RMHP Prime	158	13.92%
HEDIS 2018 Colorado Medicaid Weighted Average		1.76%
HEDIS 2017 Colorado Medicaid Weighted Average		7.41%
HEDIS 2016 Colorado Medicaid Weighted Average		61.68%
<i>Counseling for Nutrition—Ages 12 to 17 Years</i>		
DHMC	5,869	13.51%
RMHP Prime	125	17.60%
HEDIS 2018 Colorado Medicaid Weighted Average		13.60%
HEDIS 2017 Colorado Medicaid Weighted Average		7.85%
HEDIS 2016 Colorado Medicaid Weighted Average		57.15%
<i>Counseling for Nutrition—Total</i>		
DHMC	15,908	5.97%
RMHP Prime	283	15.55%
HEDIS 2018 Colorado Medicaid Weighted Average		6.14%
HEDIS 2017 Colorado Medicaid Weighted Average		7.57%
HEDIS 2016 Colorado Medicaid Weighted Average		59.95%
<i>Counseling for Physical Activity—Ages 3 to 11 Years</i>		
DHMC	10,039	0.37%
RMHP Prime	158	0.00%
HEDIS 2018 Colorado Medicaid Weighted Average		0.36%
HEDIS 2017 Colorado Medicaid Weighted Average		1.95%
HEDIS 2016 Colorado Medicaid Weighted Average		47.66%

Medicaid Plan	Eligible Population	Rate
<i>Counseling for Physical Activity—Ages 12 to 17 Years</i>		
DHMC	5,869	3.07%
RMHP Prime	125	1.60%
HEDIS 2018 Colorado Medicaid Weighted Average		3.04%
HEDIS 2017 Colorado Medicaid Weighted Average		4.89%
HEDIS 2016 Colorado Medicaid Weighted Average		51.15%
<i>Counseling for Physical Activity—Total</i>		
DHMC	15,908	1.36%
RMHP Prime	283	0.71%
HEDIS 2018 Colorado Medicaid Weighted Average		1.35%
HEDIS 2017 Colorado Medicaid Weighted Average		2.97%
HEDIS 2016 Colorado Medicaid Weighted Average		49.01%
<i>Appropriate Testing for Children With Pharyngitis</i>		
<i>Appropriate Testing for Children With Pharyngitis</i>		
DHMC	336	83.93% ^
RMHP Prime	—	NA
HEDIS 2018 Colorado Medicaid Weighted Average		83.67% ^
HEDIS 2017 Colorado Medicaid Weighted Average		75.71%
HEDIS 2016 Colorado Medicaid Weighted Average		73.15%
<i>Appropriate Treatment for Children With Upper Respiratory Infection⁴</i>		
<i>Appropriate Treatment for Children With Upper Respiratory Infection</i>		
DHMC	915	97.70% ^
RMHP Prime	—	NA
HEDIS 2018 Colorado Medicaid Weighted Average		97.55% ^
HEDIS 2017 Colorado Medicaid Weighted Average		92.16%
HEDIS 2016 Colorado Medicaid Weighted Average		91.92%

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

¹ Changes in the rates from HEDIS 2016 to HEDIS 2017 and HEDIS 2018 should be interpreted with caution due to a change in the Department's reporting requirement from Hybrid in HEDIS 2016 to Administrative in HEDIS 2017 and HEDIS 2018.

² Due to changes in the technical specifications for this measure in HEDIS 2018, NCQA does not recommend trending between 2018 and prior years; therefore, prior year rates are not displayed and comparisons to benchmarks are not performed for this measure.

³ Due to differences in member eligibility for children in RMHP Prime, the rate may not be comparable to that of DHMC. — indicates that the rate is not presented in this report as the measure is a first-year measure; therefore, no trending information is available. This symbol may also indicate that NCQA recommended a break in trending; therefore, no prior year rates are displayed. Additionally, this symbol may mean the health plan's eligible population was too small to report (<30).

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

Yellow shading with one caret (^) indicates the rate was at or above the 2017 NCQA Quality Compass 50th percentile.

Bold font indicates Colorado Medicaid Weighted Average values.

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 Care¹</i>		
<i>Timeliness of Prenatal Care</i>		
DHMC	1,011	64.59%
RMHP Prime	998	22.65%
HEDIS 2018 Colorado Medicaid Weighted Average		43.75%
HEDIS 2017 Colorado Medicaid Weighted Average		64.06%
HEDIS 2016 Colorado Medicaid Weighted Average		—
<i>Postpartum Care</i>		
DHMC	1,011	49.06%
RMHP Prime	998	27.15%
HEDIS 2018 Colorado Medicaid Weighted Average		38.18%
HEDIS 2017 Colorado Medicaid Weighted Average		35.08%
HEDIS 2016 Colorado Medicaid Weighted Average		—
<i>Children’s and Adolescents’ Access to Primary Care Practitioners²</i>		
<i>Ages 12 to 24 Months</i>		
DHMC	1,603	86.84%
RMHP Prime	—	NA
HEDIS 2018 Colorado Medicaid Weighted Average		86.85%
HEDIS 2017 Colorado Medicaid Weighted Average		92.33%
HEDIS 2016 Colorado Medicaid Weighted Average		91.77%
<i>Ages 25 Months to 6 Years</i>		
DHMC	7,657	72.12%
RMHP Prime	74	87.84%
HEDIS 2018 Colorado Medicaid Weighted Average		72.27%
HEDIS 2017 Colorado Medicaid Weighted Average		79.07%
HEDIS 2016 Colorado Medicaid Weighted Average		78.92%
<i>Ages 7 to 11 Years</i>		
DHMC	8,100	75.53%
RMHP Prime	83	90.36%
HEDIS 2018 Colorado Medicaid Weighted Average		75.68%
HEDIS 2017 Colorado Medicaid Weighted Average		83.05%
HEDIS 2016 Colorado Medicaid Weighted Average		82.77%

Medicaid Plan	Eligible Population	Rate
<i>Ages 12 to 19 Years</i>		
DHMC	10,529	75.43%
RMHP Prime	169	91.12% ^
HEDIS 2018 Colorado Medicaid Weighted Average		75.68%
HEDIS 2017 Colorado Medicaid Weighted Average		82.70%
HEDIS 2016 Colorado Medicaid Weighted Average		82.34%
<i>Adults' Access to Preventive/Ambulatory Health Services</i>		
<i>Ages 20 to 44 Years</i>		
DHMC	17,682	49.43%
RMHP Prime	15,752	65.96%
HEDIS 2018 Colorado Medicaid Weighted Average		57.22%
HEDIS 2017 Colorado Medicaid Weighted Average		61.59%
HEDIS 2016 Colorado Medicaid Weighted Average		63.86%
<i>Ages 45 to 64 Years</i>		
DHMC	7,528	64.43%
RMHP Prime	8,534	76.58%
HEDIS 2018 Colorado Medicaid Weighted Average		70.88%
HEDIS 2017 Colorado Medicaid Weighted Average		72.83%
HEDIS 2016 Colorado Medicaid Weighted Average		74.67%
<i>Ages 65 Years and Older</i>		
DHMC	1,621	75.20%
RMHP Prime	1,339	93.50% ^
HEDIS 2018 Colorado Medicaid Weighted Average		83.48%
HEDIS 2017 Colorado Medicaid Weighted Average		76.50%
HEDIS 2016 Colorado Medicaid Weighted Average		75.14%
<i>Total</i>		
DHMC	26,831	55.19%
RMHP Prime	25,625	70.93%
HEDIS 2018 Colorado Medicaid Weighted Average		62.88%
HEDIS 2017 Colorado Medicaid Weighted Average		66.03%
HEDIS 2016 Colorado Medicaid Weighted Average		67.99%
<i>Chlamydia Screening in Women²</i>		
<i>Ages 16 to 20 Years</i>		
DHMC	1,342	65.87% ^
RMHP Prime	216	45.83%
HEDIS 2018 Colorado Medicaid Weighted Average		63.09% ^
HEDIS 2017 Colorado Medicaid Weighted Average		47.14%
HEDIS 2016 Colorado Medicaid Weighted Average		48.19%

Medicaid Plan	Eligible Population	Rate
<i>Ages 21 to 24 Years</i>		
DHMC	939	67.84% ^
RMHP Prime	996	50.00%
HEDIS 2018 Colorado Medicaid Weighted Average		58.66%
HEDIS 2017 Colorado Medicaid Weighted Average		54.40%
HEDIS 2016 Colorado Medicaid Weighted Average		55.66%
<i>Total</i>		
DHMC	2,281	66.68% ^
RMHP Prime	1,212	49.26%
HEDIS 2018 Colorado Medicaid Weighted Average		60.64% ^
HEDIS 2017 Colorado Medicaid Weighted Average		50.69%
HEDIS 2016 Colorado Medicaid Weighted Average		52.00%
<i>Breast Cancer Screening</i>		
<i>Breast Cancer Screening</i>		
DHMC	1,779	50.65%
RMHP Prime	2,597	50.44%
HEDIS 2018 Colorado Medicaid Weighted Average		50.53%
HEDIS 2017 Colorado Medicaid Weighted Average		—
HEDIS 2016 Colorado Medicaid Weighted Average		—
<i>Cervical Cancer Screening</i>		
<i>Cervical Cancer Screening</i>		
DHMC	12,005	43.03%
RMHP Prime	12,319	43.21%
HEDIS 2018 Colorado Medicaid Weighted Average		43.12%
HEDIS 2017 Colorado Medicaid Weighted Average		42.85%
HEDIS 2016 Colorado Medicaid Weighted Average		47.87%
<i>Non-Recommended Cervical Cancer Screening in Adolescent Females*²</i>		
<i>Non-Recommended Cervical Cancer Screening in Adolescent Females</i>		
DHMC	2,953	0.14% ^
RMHP Prime	330	2.12%
HEDIS 2018 Colorado Medicaid Weighted Average		0.34% ^
HEDIS 2017 Colorado Medicaid Weighted Average		1.34%
HEDIS 2016 Colorado Medicaid Weighted Average		1.33%

Medicaid Plan	Eligible Population	Rate
Adult BMI Assessment¹		
Adult BMI Assessment		
DHMC	11,817	83.25%
RMHP Prime	14,326	17.25%
HEDIS 2018 Colorado Medicaid Weighted Average		47.08%
HEDIS 2017 Colorado Medicaid Weighted Average		18.39%
HEDIS 2016 Colorado Medicaid Weighted Average		72.16%

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

¹ Changes in the rates from HEDIS 2016 to HEDIS 2017 and HEDIS 2018 should be interpreted with caution due to a change in the Department's reporting requirement from Hybrid in HEDIS 2016 to Administrative in HEDIS 2017 and HEDIS 2018.

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

— indicates that the rate is not presented in this report as the measure is a first-year measure; therefore, no trending information is available. This symbol may also indicate that NCQA recommended a break in trending; therefore, no prior year rates are displayed. Additionally, this symbol may also mean the health plan's eligible population was too small to report (<30).

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

Yellow shading with one caret (^) indicates the rate was at or above the 2017 NCQA Quality Compass 50th percentile.

Bold font indicates Colorado Medicaid Weighted Average values.

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>		
DHMC	707	54.88% ^
RMHP Prime	917	52.34% ^
HEDIS 2018 Colorado Medicaid Weighted Average		53.45% ^
HEDIS 2017 Colorado Medicaid Weighted Average		55.31%
HEDIS 2016 Colorado Medicaid Weighted Average		66.97%
<i>Effective Continuation Phase Treatment</i>		
DHMC	707	33.52%
RMHP Prime	917	34.46%
HEDIS 2018 Colorado Medicaid Weighted Average		34.05%
HEDIS 2017 Colorado Medicaid Weighted Average		32.28%
HEDIS 2016 Colorado Medicaid Weighted Average		52.81%
<i>Follow-Up Care for Children Prescribed ADHD Medication¹</i>		
<i>Initiation Phase</i>		
DHMC	123	37.40%
RMHP Prime	—	NA
HEDIS 2018 Colorado Medicaid Weighted Average		37.59%
HEDIS 2017 Colorado Medicaid Weighted Average		34.13%
HEDIS 2016 Colorado Medicaid Weighted Average		35.03%
<i>Continuation and Maintenance Phase</i>		
DHMC	—	NA
RMHP Prime	—	NA
HEDIS 2018 Colorado Medicaid Weighted Average		NA
HEDIS 2017 Colorado Medicaid Weighted Average		35.55%
HEDIS 2016 Colorado Medicaid Weighted Average		34.95%
<i>Metabolic Monitoring for Children and Adolescents on Antipsychotics</i>		
<i>Ages 1 to 5 Years</i>		
DHMC	—	NB
RMHP Prime	—	NA
HEDIS 2018 Colorado Medicaid Weighted Average		NA
HEDIS 2017 Colorado Medicaid Weighted Average		—
HEDIS 2016 Colorado Medicaid Weighted Average		—

Medicaid Plan	Eligible Population	Rate
<i>Ages 6 to 11 Years</i>		
DHMC	—	NB
RMHP Prime	—	NA
HEDIS 2018 Colorado Medicaid Weighted Average		NA
HEDIS 2017 Colorado Medicaid Weighted Average		—
HEDIS 2016 Colorado Medicaid Weighted Average		—
<i>Ages 12 to 17 Years</i>		
DHMC	—	NB
RMHP Prime	—	NA
HEDIS 2018 Colorado Medicaid Weighted Average		NA
HEDIS 2017 Colorado Medicaid Weighted Average		—
HEDIS 2016 Colorado Medicaid Weighted Average		—
<i>Total</i>		
DHMC	—	NB
RMHP Prime	41	21.95%
HEDIS 2018 Colorado Medicaid Weighted Average		21.95%
HEDIS 2017 Colorado Medicaid Weighted Average		—
HEDIS 2016 Colorado Medicaid Weighted Average		—
<i>Use of Multiple Concurrent Antipsychotics in Children and Adolescents^{*2}</i>		
<i>Ages 1 to 5 Years</i>		
DHMC	—	NA
RMHP Prime	—	NA
HEDIS 2018 Colorado Medicaid Weighted Average		NA
HEDIS 2017 Colorado Medicaid Weighted Average		NA
HEDIS 2016 Colorado Medicaid Weighted Average		0.00%
<i>Ages 6 to 11 Years</i>		
DHMC	—	NA
RMHP Prime	—	NA
HEDIS 2018 Colorado Medicaid Weighted Average		NA
HEDIS 2017 Colorado Medicaid Weighted Average		3.52%
HEDIS 2016 Colorado Medicaid Weighted Average		3.77%
<i>Ages 12 to 17 Years</i>		
DHMC	—	NA
RMHP Prime	—	NA
HEDIS 2018 Colorado Medicaid Weighted Average		0.00%[^]
HEDIS 2017 Colorado Medicaid Weighted Average		6.81%
HEDIS 2016 Colorado Medicaid Weighted Average		7.79%

Medicaid Plan	Eligible Population	Rate
Total		
DHMC	30	0.00% [^]
RMHP Prime	37	2.70%
HEDIS 2018 Colorado Medicaid Weighted Average		1.49%[^]
HEDIS 2017 Colorado Medicaid Weighted Average		5.76%
HEDIS 2016 Colorado Medicaid Weighted Average		6.43%

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

¹ Due to changes in the technical specifications for this measure for HEDIS 2018, exercise caution when trending HEDIS 2018 rates to prior years.

² Due to changes in the technical specifications for this measure for HEDIS 2017, exercise caution when trending HEDIS 2017 rates to prior years.

— indicates that the rate is not presented in this report as the measure is a first-year measure; therefore, no trending information is available. This symbol may also indicate that NCQA recommended a break in trending; therefore, no prior year rates are displayed. Additionally, this symbol may mean the health plan's eligible population was too small to report (<30).

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.

Yellow shading with one caret (^) indicates the rate was at or above the 2017 NCQA Quality Compass 50th percentile. **Bold** font indicates Colorado Medicaid Weighted Average values.

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</i>		
<i>Persistence of Beta-Blocker Treatment After a Heart Attack</i>		
DHMC	43	69.77%
RMHP Prime	—	NA
HEDIS 2018 Colorado Medicaid Weighted Average		66.18%
HEDIS 2017 Colorado Medicaid Weighted Average		69.04%
HEDIS 2016 Colorado Medicaid Weighted Average		75.60%
<i>Comprehensive Diabetes Care¹</i>		
<i>Hemoglobin A1c (HbA1c) Testing</i>		
DHMC	1,934	82.16%
RMHP Prime	1,862	83.94%
HEDIS 2018 Colorado Medicaid Weighted Average		83.03%
HEDIS 2017 Colorado Medicaid Weighted Average		79.13%
HEDIS 2016 Colorado Medicaid Weighted Average		77.76%
<i>HbA1c Poor Control (>9.0%)*</i>		
DHMC	1,934	42.92%
RMHP Prime	1,862	70.68%
HEDIS 2018 Colorado Medicaid Weighted Average		56.53%
HEDIS 2017 Colorado Medicaid Weighted Average		93.82%
HEDIS 2016 Colorado Medicaid Weighted Average		55.00%
<i>HbA1c Control (<8.0%)</i>		
DHMC	1,934	45.45%
RMHP Prime	1,862	25.19%
HEDIS 2018 Colorado Medicaid Weighted Average		35.51%
HEDIS 2017 Colorado Medicaid Weighted Average		4.88%
HEDIS 2016 Colorado Medicaid Weighted Average		37.34%
<i>Eye Exam (Retinal) Performed</i>		
DHMC	1,934	46.59%
RMHP Prime	1,862	7.47%
HEDIS 2018 Colorado Medicaid Weighted Average		27.40%
HEDIS 2017 Colorado Medicaid Weighted Average		30.83%
HEDIS 2016 Colorado Medicaid Weighted Average		40.47%
<i>Medical Attention for Nephropathy</i>		
DHMC	1,934	82.47%
RMHP Prime	1,862	82.98%

Medicaid Plan	Eligible Population	Rate
HEDIS 2018 Colorado Medicaid Weighted Average		82.72%
HEDIS 2017 Colorado Medicaid Weighted Average		78.30%
HEDIS 2016 Colorado Medicaid Weighted Average		85.36%
<i>Blood Pressure Control (<140/90 mm Hg)</i>		
DHMC	1,934	64.01% ^
RMHP Prime	1,862	0.00%
HEDIS 2018 Colorado Medicaid Weighted Average		32.61%
HEDIS 2017 Colorado Medicaid Weighted Average		5.05%
HEDIS 2016 Colorado Medicaid Weighted Average		58.24%
<i>Statin Therapy for Patients With Diabetes</i>		
<i>Received Statin Therapy</i>		
DHMC	1,111	54.64%
RMHP Prime	897	43.37%
HEDIS 2018 Colorado Medicaid Weighted Average		49.60%
HEDIS 2017 Colorado Medicaid Weighted Average		56.05%
HEDIS 2016 Colorado Medicaid Weighted Average		—
<i>Statin Adherence 80%</i>		
DHMC	607	59.47%
RMHP Prime	389	57.33%
HEDIS 2018 Colorado Medicaid Weighted Average		58.63%
HEDIS 2017 Colorado Medicaid Weighted Average		51.69%
HEDIS 2016 Colorado Medicaid Weighted Average		—
<i>Statin Therapy for Patients With Cardiovascular Disease</i>		
<i>Received Statin Therapy—Male—Ages 21 to 75 Years</i>		
DHMC	75	72.00%
RMHP Prime	115	74.78%
HEDIS 2018 Colorado Medicaid Weighted Average		73.68%
HEDIS 2017 Colorado Medicaid Weighted Average		79.98%
HEDIS 2016 Colorado Medicaid Weighted Average		—
<i>Received Statin Therapy—Female—Ages 40 to 75 Years</i>		
DHMC	53	79.25% ^
RMHP Prime	74	67.57%
HEDIS 2018 Colorado Medicaid Weighted Average		72.44%
HEDIS 2017 Colorado Medicaid Weighted Average		75.06%
HEDIS 2016 Colorado Medicaid Weighted Average		—
<i>Received Statin Therapy—Total</i>		
DHMC	128	75.00%
RMHP Prime	189	71.96%
HEDIS 2018 Colorado Medicaid Weighted Average		73.19%

Medicaid Plan	Eligible Population	Rate
HEDIS 2017 Colorado Medicaid Weighted Average		78.26%
HEDIS 2016 Colorado Medicaid Weighted Average		—
<i>Statin Adherence 80%—Male—Ages 21 to 75 Years</i>		
DHMC	54	57.41%
RMHP Prime	86	69.77% ^
HEDIS 2018 Colorado Medicaid Weighted Average		65.00% ^
HEDIS 2017 Colorado Medicaid Weighted Average		57.35%
HEDIS 2016 Colorado Medicaid Weighted Average		—
<i>Statin Adherence 80%—Female—Ages 40 to 75 Years</i>		
DHMC	42	59.52%
RMHP Prime	50	66.00% ^
HEDIS 2018 Colorado Medicaid Weighted Average		63.04% ^
HEDIS 2017 Colorado Medicaid Weighted Average		56.29%
HEDIS 2016 Colorado Medicaid Weighted Average		—
<i>Statin Adherence 80%—Total</i>		
DHMC	96	58.33%
RMHP Prime	136	68.38% ^
HEDIS 2018 Colorado Medicaid Weighted Average		64.22% ^
HEDIS 2017 Colorado Medicaid Weighted Average		56.99%
HEDIS 2016 Colorado Medicaid Weighted Average		—
<i>Annual Monitoring for Patients on Persistent Medications</i>		
<i>ACE Inhibitors or ARBs</i>		
DHMC	1,613	85.24%
RMHP Prime	1,492	84.52%
HEDIS 2018 Colorado Medicaid Weighted Average		84.90%
HEDIS 2017 Colorado Medicaid Weighted Average		85.08%
HEDIS 2016 Colorado Medicaid Weighted Average		83.62%
<i>Diuretics</i>		
DHMC	1,079	83.78%
RMHP Prime	986	85.80%
HEDIS 2018 Colorado Medicaid Weighted Average		84.75%
HEDIS 2017 Colorado Medicaid Weighted Average		84.45%
HEDIS 2016 Colorado Medicaid Weighted Average		83.68%
<i>Total²</i>		
DHMC	2,692	84.66%
RMHP Prime	2,478	85.03%
HEDIS 2018 Colorado Medicaid Weighted Average		84.84%
HEDIS 2017 Colorado Medicaid Weighted Average		—
HEDIS 2016 Colorado Medicaid Weighted Average		—

Medicaid Plan	Eligible Population	Rate
Use of Imaging Studies for Low Back Pain³		
<i>Use of Imaging Studies for Low Back Pain</i>		
DHMC	701	69.33%
RMHP Prime	762	72.70% ^
HEDIS 2018 Colorado Medicaid Weighted Average		71.09% ^
HEDIS 2017 Colorado Medicaid Weighted Average		68.16%
HEDIS 2016 Colorado Medicaid Weighted Average		77.16%
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis³		
<i>Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis</i>		
DHMC	140	59.29% ^
RMHP Prime	406	40.89% ^
HEDIS 2018 Colorado Medicaid Weighted Average		45.60% ^
HEDIS 2017 Colorado Medicaid Weighted Average		37.16%
HEDIS 2016 Colorado Medicaid Weighted Average		31.13%
Pharmacotherapy Management of COPD Exacerbation³		
<i>Systemic Corticosteroid</i>		
DHMC	255	55.69%
RMHP Prime	218	44.50%
HEDIS 2018 Colorado Medicaid Weighted Average		50.53%
HEDIS 2017 Colorado Medicaid Weighted Average		69.02%
HEDIS 2016 Colorado Medicaid Weighted Average		66.77%
<i>Bronchodilator</i>		
DHMC	255	67.06%
RMHP Prime	218	54.13%
HEDIS 2018 Colorado Medicaid Weighted Average		61.10%
HEDIS 2017 Colorado Medicaid Weighted Average		80.90%
HEDIS 2016 Colorado Medicaid Weighted Average		79.63%
Medication Management for People With Asthma		
<i>Medication Compliance 50%—Ages 5 to 11 Years⁴</i>		
DHMC	148	41.22%
RMHP Prime	—	NA
HEDIS 2018 Colorado Medicaid Weighted Average		41.72%
HEDIS 2017 Colorado Medicaid Weighted Average		56.24%
HEDIS 2016 Colorado Medicaid Weighted Average		69.33%
<i>Medication Compliance 50%—Ages 12 to 18 Years⁴</i>		
DHMC	112	49.11%
RMHP Prime	—	NA
HEDIS 2018 Colorado Medicaid Weighted Average		49.57%

Medicaid Plan	Eligible Population	Rate
HEDIS 2017 Colorado Medicaid Weighted Average		51.40%
HEDIS 2016 Colorado Medicaid Weighted Average		64.14%
<i>Medication Compliance 50%—Ages 19 to 50 Years</i>		
DHMC	148	64.19% ^
RMHP Prime	169	60.36%
HEDIS 2018 Colorado Medicaid Weighted Average		62.15%
HEDIS 2017 Colorado Medicaid Weighted Average		61.10%
HEDIS 2016 Colorado Medicaid Weighted Average		69.77%
<i>Medication Compliance 50%—Ages 51 to 64 Years</i>		
DHMC	46	76.09% ^
RMHP Prime	59	71.19%
HEDIS 2018 Colorado Medicaid Weighted Average		73.33%
HEDIS 2017 Colorado Medicaid Weighted Average		71.82%
HEDIS 2016 Colorado Medicaid Weighted Average		81.13%
<i>Medication Compliance 50%—Total</i>		
DHMC	454	54.19%
RMHP Prime	234	63.25% ^
HEDIS 2018 Colorado Medicaid Weighted Average		57.27%
HEDIS 2017 Colorado Medicaid Weighted Average		58.29%
HEDIS 2016 Colorado Medicaid Weighted Average		69.00%
<i>Medication Compliance 75%—Ages 5 to 11 Years⁴</i>		
DHMC	148	21.62%
RMHP Prime	—	NA
HEDIS 2018 Colorado Medicaid Weighted Average		21.85%
HEDIS 2017 Colorado Medicaid Weighted Average		29.03%
HEDIS 2016 Colorado Medicaid Weighted Average		45.92%
<i>Medication Compliance 75%—Ages 12 to 18 Years⁴</i>		
DHMC	112	20.54%
RMHP Prime	—	NA
HEDIS 2018 Colorado Medicaid Weighted Average		20.87%
HEDIS 2017 Colorado Medicaid Weighted Average		25.74%
HEDIS 2016 Colorado Medicaid Weighted Average		41.17%
<i>Medication Compliance 75%—Ages 19 to 50 Years</i>		
DHMC	148	33.11%
RMHP Prime	169	36.09%
HEDIS 2018 Colorado Medicaid Weighted Average		34.70%
HEDIS 2017 Colorado Medicaid Weighted Average		35.57%
HEDIS 2016 Colorado Medicaid Weighted Average		47.97%

Medicaid Plan	Eligible Population	Rate
Medication Compliance 75%—Ages 51 to 64 Years		
DHMC	46	47.83%
RMHP Prime	59	47.46%
HEDIS 2018 Colorado Medicaid Weighted Average		47.62%
HEDIS 2017 Colorado Medicaid Weighted Average		47.40%
HEDIS 2016 Colorado Medicaid Weighted Average		58.23%
Medication Compliance 75%—Total		
DHMC	454	27.75%
RMHP Prime	234	38.89% ^
HEDIS 2018 Colorado Medicaid Weighted Average		31.54%
HEDIS 2017 Colorado Medicaid Weighted Average		32.29%
HEDIS 2016 Colorado Medicaid Weighted Average		46.21%
Asthma Medication Ratio		
Ages 5 to 11 Years⁴		
DHMC	161	78.26% ^
RMHP Prime	—	NA
HEDIS 2018 Colorado Medicaid Weighted Average		78.05% ^
HEDIS 2017 Colorado Medicaid Weighted Average		73.15%
HEDIS 2016 Colorado Medicaid Weighted Average		70.83%
Ages 12 to 18 Years⁴		
DHMC	125	64.80% ^
RMHP Prime	—	NA
HEDIS 2018 Colorado Medicaid Weighted Average		65.63% ^
HEDIS 2017 Colorado Medicaid Weighted Average		60.73%
HEDIS 2016 Colorado Medicaid Weighted Average		59.87%
Ages 19 to 50 Years		
DHMC	190	55.79% ^
RMHP Prime	212	52.83% ^
HEDIS 2018 Colorado Medicaid Weighted Average		54.23% ^
HEDIS 2017 Colorado Medicaid Weighted Average		51.38%
HEDIS 2016 Colorado Medicaid Weighted Average		50.74%
Ages 51 to 64 Years		
DHMC	65	49.23%
RMHP Prime	72	47.22%
HEDIS 2018 Colorado Medicaid Weighted Average		48.18%
HEDIS 2017 Colorado Medicaid Weighted Average		61.75%
HEDIS 2016 Colorado Medicaid Weighted Average		59.64%

Medicaid Plan	Eligible Population	Rate
Total		
DHMC	541	63.77% ^
RMHP Prime	290	52.07%
HEDIS 2018 Colorado Medicaid Weighted Average		59.69%
HEDIS 2017 Colorado Medicaid Weighted Average		61.23%
HEDIS 2016 Colorado Medicaid Weighted Average		60.71%
Use of Spirometry Testing in the Assessment and Diagnosis of COPD		
Use of Spirometry Testing in the Assessment and Diagnosis of COPD		
DHMC	164	27.44%
RMHP Prime	195	34.87% ^
HEDIS 2018 Colorado Medicaid Weighted Average		31.48% ^
HEDIS 2017 Colorado Medicaid Weighted Average		27.07%
HEDIS 2016 Colorado Medicaid Weighted Average		25.39%
Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis		
Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis		
DHMC	87	73.56% ^
RMHP Prime	111	74.77% ^
HEDIS 2018 Colorado Medicaid Weighted Average		74.24% ^
HEDIS 2017 Colorado Medicaid Weighted Average		78.04%
HEDIS 2016 Colorado Medicaid Weighted Average		79.89%

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

¹ Changes in the rates from HEDIS 2016 to HEDIS 2017 and HEDIS 2018 should be interpreted with caution due to a change in the Department's reporting requirement from Hybrid in HEDIS 2016 to Administrative in HEDIS 2017.

² Due to significant changes in the technical specifications for this measure for HEDIS 2018, comparisons to historical rates are not appropriate and therefore, are not presented.

³ Due to changes in the technical specifications for this measure for HEDIS 2017, exercise caution when trending HEDIS 2017 rates and prior years.

⁴ Due to differences in member eligibility for children in RMHP Prime, the rate may not be comparable to that of DHMC. — indicates that the rate is not presented in this report as the measure is a first-year measure; therefore, no trending information is available. This symbol may also indicate that NCQA recommended a break in trending; therefore, no prior year rates are displayed. Additionally, this symbol may mean the health plan's eligible population was too small to report (<30).

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

Yellow shading with one caret (^) indicates the rate was at or above the 2017 NCQA Quality Compass 50th percentile.

Bold font indicates Colorado Medicaid Weighted Average values.

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>	
DHMC	492.44
RMHP Prime	833.33
HEDIS 2018 Colorado Medicaid Weighted Average	492.51
HEDIS 2017 Colorado Medicaid Weighted Average	699.46
HEDIS 2016 Colorado Medicaid Weighted Average	675.15
<i>Outpatient Visits—Ages 1 to 9 Years</i>	
DHMC	163.92
RMHP Prime	495.34
HEDIS 2018 Colorado Medicaid Weighted Average	167.22
HEDIS 2017 Colorado Medicaid Weighted Average	221.29
HEDIS 2016 Colorado Medicaid Weighted Average	227.73
<i>Outpatient Visits—Ages 10 to 19 Years</i>	
DHMC	153.32
RMHP Prime	227.33
HEDIS 2018 Colorado Medicaid Weighted Average	156.83
HEDIS 2017 Colorado Medicaid Weighted Average	191.90
HEDIS 2016 Colorado Medicaid Weighted Average	194.51
<i>Outpatient Visits—Ages 20 to 44 Years</i>	
DHMC	148.46
RMHP Prime	234.08
HEDIS 2018 Colorado Medicaid Weighted Average	184.83
HEDIS 2017 Colorado Medicaid Weighted Average	219.61
HEDIS 2016 Colorado Medicaid Weighted Average	236.98
<i>Outpatient Visits—Ages 45 to 64 Years</i>	
DHMC	262.26
RMHP Prime	434.24
HEDIS 2018 Colorado Medicaid Weighted Average	345.59
HEDIS 2017 Colorado Medicaid Weighted Average	386.66
HEDIS 2016 Colorado Medicaid Weighted Average	403.43
<i>Outpatient Visits—Ages 65 to 74 Years</i>	
DHMC	313.06
RMHP Prime	717.41
HEDIS 2018 Colorado Medicaid Weighted Average	453.12
HEDIS 2017 Colorado Medicaid Weighted Average	505.66

Medicaid Plan	Rate
HEDIS 2016 Colorado Medicaid Weighted Average	502.36
<i>Outpatient Visits—Ages 75 to 84 Years</i>	
DHMC	319.32
RMHP Prime	712.90
HEDIS 2018 Colorado Medicaid Weighted Average	453.14
HEDIS 2017 Colorado Medicaid Weighted Average	530.18
HEDIS 2016 Colorado Medicaid Weighted Average	521.44
<i>Outpatient Visits—Ages 85+ Years</i>	
DHMC	164.41
RMHP Prime	634.02
HEDIS 2018 Colorado Medicaid Weighted Average	354.62
HEDIS 2017 Colorado Medicaid Weighted Average	480.55
HEDIS 2016 Colorado Medicaid Weighted Average	479.04
<i>Outpatient Visits—Total</i>	
DHMC	183.12
RMHP Prime	317.25
HEDIS 2018 Colorado Medicaid Weighted Average	222.58
HEDIS 2017 Colorado Medicaid Weighted Average	263.93
HEDIS 2016 Colorado Medicaid Weighted Average	274.59
<i>Emergency Department Visits—Age <1 Year*</i>	
DHMC	69.65
RMHP Prime	166.67
HEDIS 2018 Colorado Medicaid Weighted Average	69.67
HEDIS 2017 Colorado Medicaid Weighted Average	85.99
HEDIS 2016 Colorado Medicaid Weighted Average	86.14
<i>Emergency Department Visits—Ages 1 to 9 Years*</i>	
DHMC	32.31
RMHP Prime	50.42
HEDIS 2018 Colorado Medicaid Weighted Average	32.49
HEDIS 2017 Colorado Medicaid Weighted Average	42.30
HEDIS 2016 Colorado Medicaid Weighted Average	46.01
<i>Emergency Department Visits—Ages 10 to 19 Years*</i>	
DHMC	24.84
RMHP Prime	58.92
HEDIS 2018 Colorado Medicaid Weighted Average	26.46
HEDIS 2017 Colorado Medicaid Weighted Average	37.49
HEDIS 2016 Colorado Medicaid Weighted Average	39.17

Medicaid Plan	Rate
<i>Emergency Department Visits—Ages 20 to 44 Years*</i>	
DHMC	51.97
RMHP Prime	64.89
HEDIS 2018 Colorado Medicaid Weighted Average	57.46
HEDIS 2017 Colorado Medicaid Weighted Average	70.45
HEDIS 2016 Colorado Medicaid Weighted Average	77.49
<i>Emergency Department Visits—Ages 45 to 64 Years*</i>	
DHMC	54.14
RMHP Prime	60.07
HEDIS 2018 Colorado Medicaid Weighted Average	57.02
HEDIS 2017 Colorado Medicaid Weighted Average	59.97
HEDIS 2016 Colorado Medicaid Weighted Average	62.20
<i>Emergency Department Visits—Ages 65 to 74 Years*</i>	
DHMC	47.45
RMHP Prime	64.63
HEDIS 2018 Colorado Medicaid Weighted Average	53.40
HEDIS 2017 Colorado Medicaid Weighted Average	56.88
HEDIS 2016 Colorado Medicaid Weighted Average	56.19
<i>Emergency Department Visits—Ages 75 to 84 Years*</i>	
DHMC	37.53
RMHP Prime	58.89
HEDIS 2018 Colorado Medicaid Weighted Average	44.79
HEDIS 2017 Colorado Medicaid Weighted Average	50.30
HEDIS 2016 Colorado Medicaid Weighted Average	50.03
<i>Emergency Department Visits—Ages 85+ Years*</i>	
DHMC	31.80
RMHP Prime	54.14
HEDIS 2018 Colorado Medicaid Weighted Average	40.85
HEDIS 2017 Colorado Medicaid Weighted Average	41.70
HEDIS 2016 Colorado Medicaid Weighted Average	41.60
<i>Emergency Department Visits—Total*</i>	
DHMC	41.79
RMHP Prime	62.98
HEDIS 2018 Colorado Medicaid Weighted Average	48.02
HEDIS 2017 Colorado Medicaid Weighted Average	55.58
HEDIS 2016 Colorado Medicaid Weighted Average	59.12

Medicaid Plan	Rate
<i>Inpatient Utilization—General Hospital/Acute Care</i>	
<i>Discharges per 1,000 Member Months (Total Inpatient)—Age <1 Year</i>	
DHMC	6.61
RMHP Prime	0.00
HEDIS 2018 Colorado Medicaid Weighted Average	6.61
HEDIS 2017 Colorado Medicaid Weighted Average	9.37
HEDIS 2016 Colorado Medicaid Weighted Average	9.88
<i>Discharges per 1,000 Member Months (Total Inpatient)—Ages 1 to 9 Years</i>	
DHMC	1.29
RMHP Prime	11.02
HEDIS 2018 Colorado Medicaid Weighted Average	1.38
HEDIS 2017 Colorado Medicaid Weighted Average	1.60
HEDIS 2016 Colorado Medicaid Weighted Average	1.72
<i>Discharges per 1,000 Member Months (Total Inpatient)—Ages 10 to 19 Years</i>	
DHMC	1.38
RMHP Prime	7.60
HEDIS 2018 Colorado Medicaid Weighted Average	1.68
HEDIS 2017 Colorado Medicaid Weighted Average	2.17
HEDIS 2016 Colorado Medicaid Weighted Average	2.21
<i>Discharges per 1,000 Member Months (Total Inpatient)—Ages 20 to 44 Years</i>	
DHMC	5.86
RMHP Prime	7.44
HEDIS 2018 Colorado Medicaid Weighted Average	6.53
HEDIS 2017 Colorado Medicaid Weighted Average	9.34
HEDIS 2016 Colorado Medicaid Weighted Average	9.82
<i>Discharges per 1,000 Member Months (Total Inpatient)—Ages 45 to 64 Years</i>	
DHMC	9.97
RMHP Prime	10.30
HEDIS 2018 Colorado Medicaid Weighted Average	10.13
HEDIS 2017 Colorado Medicaid Weighted Average	12.66
HEDIS 2016 Colorado Medicaid Weighted Average	12.61
<i>Discharges per 1,000 Member Months (Total Inpatient)—Ages 65 to 74 Years</i>	
DHMC	10.75
RMHP Prime	23.62
HEDIS 2018 Colorado Medicaid Weighted Average	15.21
HEDIS 2017 Colorado Medicaid Weighted Average	18.14
HEDIS 2016 Colorado Medicaid Weighted Average	18.08

Medicaid Plan	Rate
<i>Discharges per 1,000 Member Months (Total Inpatient)—Ages 75 to 84 Years</i>	
DHMC	11.71
RMHP Prime	23.45
HEDIS 2018 Colorado Medicaid Weighted Average	15.70
HEDIS 2017 Colorado Medicaid Weighted Average	19.19
HEDIS 2016 Colorado Medicaid Weighted Average	20.22
<i>Discharges per 1,000 Member Months (Total Inpatient)—Ages 85+ Years</i>	
DHMC	15.00
RMHP Prime	19.90
HEDIS 2018 Colorado Medicaid Weighted Average	16.98
HEDIS 2017 Colorado Medicaid Weighted Average	18.15
HEDIS 2016 Colorado Medicaid Weighted Average	19.38
<i>Discharges per 1,000 Member Months (Total Inpatient)—Total</i>	
DHMC	4.58
RMHP Prime	9.01
HEDIS 2018 Colorado Medicaid Weighted Average	5.88
HEDIS 2017 Colorado Medicaid Weighted Average	7.05
HEDIS 2016 Colorado Medicaid Weighted Average	7.17
<i>Days per 1,000 Member Months (Total Inpatient)—Age <1 Year</i>	
DHMC	43.70
RMHP Prime	0.00
HEDIS 2018 Colorado Medicaid Weighted Average	43.69
HEDIS 2017 Colorado Medicaid Weighted Average	66.04
HEDIS 2016 Colorado Medicaid Weighted Average	68.03
<i>Days per 1,000 Member Months (Total Inpatient)—Ages 1 to 9 Years</i>	
DHMC	3.96
RMHP Prime	43.64
HEDIS 2018 Colorado Medicaid Weighted Average	4.35
HEDIS 2017 Colorado Medicaid Weighted Average	5.95
HEDIS 2016 Colorado Medicaid Weighted Average	7.06
<i>Days per 1,000 Member Months (Total Inpatient)—Ages 10 to 19 Years</i>	
DHMC	5.34
RMHP Prime	19.58
HEDIS 2018 Colorado Medicaid Weighted Average	6.02
HEDIS 2017 Colorado Medicaid Weighted Average	7.87
HEDIS 2016 Colorado Medicaid Weighted Average	8.16
<i>Days per 1,000 Member Months (Total Inpatient)—Ages 20 to 44 Years</i>	
DHMC	21.29
RMHP Prime	21.49

Medicaid Plan	Rate
HEDIS 2018 Colorado Medicaid Weighted Average	21.37
HEDIS 2017 Colorado Medicaid Weighted Average	32.70
HEDIS 2016 Colorado Medicaid Weighted Average	34.67
<i>Days per 1,000 Member Months (Total Inpatient)—Ages 45 to 64 Years</i>	
DHMC	62.97
RMHP Prime	45.82
HEDIS 2018 Colorado Medicaid Weighted Average	54.66
HEDIS 2017 Colorado Medicaid Weighted Average	65.04
HEDIS 2016 Colorado Medicaid Weighted Average	67.11
<i>Days per 1,000 Member Months (Total Inpatient)—Ages 65 to 74 Years</i>	
DHMC	67.20
RMHP Prime	104.47
HEDIS 2018 Colorado Medicaid Weighted Average	80.11
HEDIS 2017 Colorado Medicaid Weighted Average	110.73
HEDIS 2016 Colorado Medicaid Weighted Average	86.92
<i>Days per 1,000 Member Months (Total Inpatient)—Ages 75 to 84 Years</i>	
DHMC	66.39
RMHP Prime	112.76
HEDIS 2018 Colorado Medicaid Weighted Average	82.16
HEDIS 2017 Colorado Medicaid Weighted Average	117.23
HEDIS 2016 Colorado Medicaid Weighted Average	100.57
<i>Days per 1,000 Member Months (Total Inpatient)—Ages 85+ Years</i>	
DHMC	81.66
RMHP Prime	84.93
HEDIS 2018 Colorado Medicaid Weighted Average	82.98
HEDIS 2017 Colorado Medicaid Weighted Average	106.89
HEDIS 2016 Colorado Medicaid Weighted Average	86.55
<i>Days per 1,000 Member Months (Total Inpatient)—Total</i>	
DHMC	21.65
RMHP Prime	32.59
HEDIS 2018 Colorado Medicaid Weighted Average	24.87
HEDIS 2017 Colorado Medicaid Weighted Average	30.71
HEDIS 2016 Colorado Medicaid Weighted Average	31.04
<i>Average Length of Stay (Total Inpatient)—Age <1 Year</i>	
DHMC	6.61
RMHP Prime	—
HEDIS 2018 Colorado Medicaid Weighted Average	6.61
HEDIS 2017 Colorado Medicaid Weighted Average	7.05
HEDIS 2016 Colorado Medicaid Weighted Average	6.88

Medicaid Plan	Rate
<i>Average Length of Stay (Total Inpatient)—Ages 1 to 9 Years</i>	
DHMC	3.08
RMHP Prime	3.96
HEDIS 2018 Colorado Medicaid Weighted Average	3.15
HEDIS 2017 Colorado Medicaid Weighted Average	3.72
HEDIS 2016 Colorado Medicaid Weighted Average	4.10
<i>Average Length of Stay (Total Inpatient)—Ages 10 to 19 Years</i>	
DHMC	3.86
RMHP Prime	2.58
HEDIS 2018 Colorado Medicaid Weighted Average	3.59
HEDIS 2017 Colorado Medicaid Weighted Average	3.62
HEDIS 2016 Colorado Medicaid Weighted Average	3.69
<i>Average Length of Stay (Total Inpatient)—Ages 20 to 44 Years</i>	
DHMC	3.63
RMHP Prime	2.89
HEDIS 2018 Colorado Medicaid Weighted Average	3.27
HEDIS 2017 Colorado Medicaid Weighted Average	3.50
HEDIS 2016 Colorado Medicaid Weighted Average	3.53
<i>Average Length of Stay (Total Inpatient)—Ages 45 to 64 Years</i>	
DHMC	6.32
RMHP Prime	4.45
HEDIS 2018 Colorado Medicaid Weighted Average	5.39
HEDIS 2017 Colorado Medicaid Weighted Average	5.14
HEDIS 2016 Colorado Medicaid Weighted Average	5.32
<i>Average Length of Stay (Total Inpatient)—Ages 65 to 74 Years</i>	
DHMC	6.25
RMHP Prime	4.42
HEDIS 2018 Colorado Medicaid Weighted Average	5.27
HEDIS 2017 Colorado Medicaid Weighted Average	6.11
HEDIS 2016 Colorado Medicaid Weighted Average	4.81
<i>Average Length of Stay (Total Inpatient)—Ages 75 to 84 Years</i>	
DHMC	5.67
RMHP Prime	4.81
HEDIS 2018 Colorado Medicaid Weighted Average	5.23
HEDIS 2017 Colorado Medicaid Weighted Average	6.11
HEDIS 2016 Colorado Medicaid Weighted Average	4.97
<i>Average Length of Stay (Total Inpatient)—Ages 85+ Years</i>	
DHMC	5.45
RMHP Prime	4.27

Medicaid Plan	Rate
HEDIS 2018 Colorado Medicaid Weighted Average	4.89
HEDIS 2017 Colorado Medicaid Weighted Average	5.89
HEDIS 2016 Colorado Medicaid Weighted Average	4.46
<i>Average Length of Stay (Total Inpatient)—Total</i>	
DHMC	4.73
RMHP Prime	3.62
HEDIS 2018 Colorado Medicaid Weighted Average	4.23
HEDIS 2017 Colorado Medicaid Weighted Average	4.36
HEDIS 2016 Colorado Medicaid Weighted Average	4.33
<i>Discharges per 1,000 Member Months (Medicine)—Age <1 Year</i>	
DHMC	5.80
RMHP Prime	0.00
HEDIS 2018 Colorado Medicaid Weighted Average	5.80
HEDIS 2017 Colorado Medicaid Weighted Average	7.87
HEDIS 2016 Colorado Medicaid Weighted Average	8.20
<i>Discharges per 1,000 Member Months (Medicine)—Ages 1 to 9 Years</i>	
DHMC	1.13
RMHP Prime	8.05
HEDIS 2018 Colorado Medicaid Weighted Average	1.20
HEDIS 2017 Colorado Medicaid Weighted Average	1.28
HEDIS 2016 Colorado Medicaid Weighted Average	1.39
<i>Discharges per 1,000 Member Months (Medicine)—Ages 10 to 19 Years</i>	
DHMC	0.48
RMHP Prime	1.77
HEDIS 2018 Colorado Medicaid Weighted Average	0.54
HEDIS 2017 Colorado Medicaid Weighted Average	0.85
HEDIS 2016 Colorado Medicaid Weighted Average	0.83
<i>Discharges per 1,000 Member Months (Medicine)—Ages 20 to 44 Years</i>	
DHMC	1.97
RMHP Prime	2.28
HEDIS 2018 Colorado Medicaid Weighted Average	2.10
HEDIS 2017 Colorado Medicaid Weighted Average	2.92
HEDIS 2016 Colorado Medicaid Weighted Average	2.79
<i>Discharges per 1,000 Member Months (Medicine)—Ages 45 to 64 Years</i>	
DHMC	7.52
RMHP Prime	6.41
HEDIS 2018 Colorado Medicaid Weighted Average	6.98
HEDIS 2017 Colorado Medicaid Weighted Average	7.98
HEDIS 2016 Colorado Medicaid Weighted Average	7.67

Medicaid Plan	Rate
<i>Discharges per 1,000 Member Months (Medicine)—Ages 65 to 74 Years</i>	
DHMC	8.71
RMHP Prime	16.64
HEDIS 2018 Colorado Medicaid Weighted Average	11.45
HEDIS 2017 Colorado Medicaid Weighted Average	12.51
HEDIS 2016 Colorado Medicaid Weighted Average	12.27
<i>Discharges per 1,000 Member Months (Medicine)—Ages 75 to 84 Years</i>	
DHMC	8.94
RMHP Prime	17.54
HEDIS 2018 Colorado Medicaid Weighted Average	11.87
HEDIS 2017 Colorado Medicaid Weighted Average	14.03
HEDIS 2016 Colorado Medicaid Weighted Average	14.90
<i>Discharges per 1,000 Member Months (Medicine)—Ages 85+ Years</i>	
DHMC	12.65
RMHP Prime	15.66
HEDIS 2018 Colorado Medicaid Weighted Average	13.87
HEDIS 2017 Colorado Medicaid Weighted Average	14.45
HEDIS 2016 Colorado Medicaid Weighted Average	15.54
<i>Discharges per 1,000 Member Months (Medicine)—Total</i>	
DHMC	2.55
RMHP Prime	4.20
HEDIS 2018 Colorado Medicaid Weighted Average	3.04
HEDIS 2017 Colorado Medicaid Weighted Average	3.46
HEDIS 2016 Colorado Medicaid Weighted Average	3.40
<i>Days per 1,000 Member Months (Medicine)—Age <1 Year</i>	
DHMC	22.51
RMHP Prime	0.00
HEDIS 2018 Colorado Medicaid Weighted Average	22.50
HEDIS 2017 Colorado Medicaid Weighted Average	34.38
HEDIS 2016 Colorado Medicaid Weighted Average	43.16
<i>Days per 1,000 Member Months (Medicine)—Ages 1 to 9 Years</i>	
DHMC	3.01
RMHP Prime	29.24
HEDIS 2018 Colorado Medicaid Weighted Average	3.27
HEDIS 2017 Colorado Medicaid Weighted Average	3.55
HEDIS 2016 Colorado Medicaid Weighted Average	4.29
<i>Days per 1,000 Member Months (Medicine)—Ages 10 to 19 Years</i>	
DHMC	1.26
RMHP Prime	4.22

Medicaid Plan	Rate
HEDIS 2018 Colorado Medicaid Weighted Average	1.40
HEDIS 2017 Colorado Medicaid Weighted Average	2.72
HEDIS 2016 Colorado Medicaid Weighted Average	2.83
<i>Days per 1,000 Member Months (Medicine)—Ages 20 to 44 Years</i>	
DHMC	6.82
RMHP Prime	7.61
HEDIS 2018 Colorado Medicaid Weighted Average	7.15
HEDIS 2017 Colorado Medicaid Weighted Average	9.87
HEDIS 2016 Colorado Medicaid Weighted Average	10.25
<i>Days per 1,000 Member Months (Medicine)—Ages 45 to 64 Years</i>	
DHMC	38.51
RMHP Prime	24.78
HEDIS 2018 Colorado Medicaid Weighted Average	31.86
HEDIS 2017 Colorado Medicaid Weighted Average	31.79
HEDIS 2016 Colorado Medicaid Weighted Average	32.18
<i>Days per 1,000 Member Months (Medicine)—Ages 65 to 74 Years</i>	
DHMC	45.23
RMHP Prime	61.74
HEDIS 2018 Colorado Medicaid Weighted Average	50.95
HEDIS 2017 Colorado Medicaid Weighted Average	68.53
HEDIS 2016 Colorado Medicaid Weighted Average	49.75
<i>Days per 1,000 Member Months (Medicine)—Ages 75 to 84 Years</i>	
DHMC	45.18
RMHP Prime	81.08
HEDIS 2018 Colorado Medicaid Weighted Average	57.39
HEDIS 2017 Colorado Medicaid Weighted Average	81.57
HEDIS 2016 Colorado Medicaid Weighted Average	63.91
<i>Days per 1,000 Member Months (Medicine)—Ages 85+ Years</i>	
DHMC	64.86
RMHP Prime	60.77
HEDIS 2018 Colorado Medicaid Weighted Average	63.21
HEDIS 2017 Colorado Medicaid Weighted Average	80.77
HEDIS 2016 Colorado Medicaid Weighted Average	63.58
<i>Days per 1,000 Member Months (Medicine)—Total</i>	
DHMC	10.84
RMHP Prime	15.52
HEDIS 2018 Colorado Medicaid Weighted Average	12.22
HEDIS 2017 Colorado Medicaid Weighted Average	13.52
HEDIS 2016 Colorado Medicaid Weighted Average	13.50

Medicaid Plan	Rate
<i>Average Length of Stay (Medicine)—Age <1 Year</i>	
DHMC	3.88
RMHP Prime	—
HEDIS 2018 Colorado Medicaid Weighted Average	3.88
HEDIS 2017 Colorado Medicaid Weighted Average	4.37
HEDIS 2016 Colorado Medicaid Weighted Average	5.26
<i>Average Length of Stay (Medicine)—Ages 1 to 9 Years</i>	
DHMC	2.67
RMHP Prime	3.63
HEDIS 2018 Colorado Medicaid Weighted Average	2.74
HEDIS 2017 Colorado Medicaid Weighted Average	2.78
HEDIS 2016 Colorado Medicaid Weighted Average	3.09
<i>Average Length of Stay (Medicine)—Ages 10 to 19 Years</i>	
DHMC	2.63
RMHP Prime	2.38
HEDIS 2018 Colorado Medicaid Weighted Average	2.59
HEDIS 2017 Colorado Medicaid Weighted Average	3.20
HEDIS 2016 Colorado Medicaid Weighted Average	3.42
<i>Average Length of Stay (Medicine)—Ages 20 to 44 Years</i>	
DHMC	3.46
RMHP Prime	3.34
HEDIS 2018 Colorado Medicaid Weighted Average	3.41
HEDIS 2017 Colorado Medicaid Weighted Average	3.38
HEDIS 2016 Colorado Medicaid Weighted Average	3.68
<i>Average Length of Stay (Medicine)—Ages 45 to 64 Years</i>	
DHMC	5.12
RMHP Prime	3.87
HEDIS 2018 Colorado Medicaid Weighted Average	4.56
HEDIS 2017 Colorado Medicaid Weighted Average	3.98
HEDIS 2016 Colorado Medicaid Weighted Average	4.20
<i>Average Length of Stay (Medicine)—Ages 65 to 74 Years</i>	
DHMC	5.20
RMHP Prime	3.71
HEDIS 2018 Colorado Medicaid Weighted Average	4.45
HEDIS 2017 Colorado Medicaid Weighted Average	5.48
HEDIS 2016 Colorado Medicaid Weighted Average	4.06
<i>Average Length of Stay (Medicine)—Ages 75 to 84 Years</i>	
DHMC	5.05
RMHP Prime	4.62

Medicaid Plan	Rate
HEDIS 2018 Colorado Medicaid Weighted Average	4.84
HEDIS 2017 Colorado Medicaid Weighted Average	5.82
HEDIS 2016 Colorado Medicaid Weighted Average	4.29
<i>Average Length of Stay (Medicine)—Ages 85+ Years</i>	
DHMC	5.13
RMHP Prime	3.88
HEDIS 2018 Colorado Medicaid Weighted Average	4.56
HEDIS 2017 Colorado Medicaid Weighted Average	5.59
HEDIS 2016 Colorado Medicaid Weighted Average	4.09
<i>Average Length of Stay (Medicine)—Total</i>	
DHMC	4.25
RMHP Prime	3.70
HEDIS 2018 Colorado Medicaid Weighted Average	4.02
HEDIS 2017 Colorado Medicaid Weighted Average	3.90
HEDIS 2016 Colorado Medicaid Weighted Average	3.97
<i>Discharges per 1,000 Member Months (Surgery)—Age <1 Year</i>	
DHMC	0.81
RMHP Prime	0.00
HEDIS 2018 Colorado Medicaid Weighted Average	0.81
HEDIS 2017 Colorado Medicaid Weighted Average	1.50
HEDIS 2016 Colorado Medicaid Weighted Average	1.66
<i>Discharges per 1,000 Member Months (Surgery)—Ages 1 to 9 Years</i>	
DHMC	0.16
RMHP Prime	2.97
HEDIS 2018 Colorado Medicaid Weighted Average	0.19
HEDIS 2017 Colorado Medicaid Weighted Average	0.32
HEDIS 2016 Colorado Medicaid Weighted Average	0.33
<i>Discharges per 1,000 Member Months (Surgery)—Ages 10 to 19 Years</i>	
DHMC	0.25
RMHP Prime	1.10
HEDIS 2018 Colorado Medicaid Weighted Average	0.29
HEDIS 2017 Colorado Medicaid Weighted Average	0.42
HEDIS 2016 Colorado Medicaid Weighted Average	0.43
<i>Discharges per 1,000 Member Months (Surgery)—Ages 20 to 44 Years</i>	
DHMC	0.74
RMHP Prime	1.02
HEDIS 2018 Colorado Medicaid Weighted Average	0.86
HEDIS 2017 Colorado Medicaid Weighted Average	1.56
HEDIS 2016 Colorado Medicaid Weighted Average	1.73

Medicaid Plan	Rate
<i>Discharges per 1,000 Member Months (Surgery)—Ages 45 to 64 Years</i>	
DHMC	2.44
RMHP Prime	3.84
HEDIS 2018 Colorado Medicaid Weighted Average	3.12
HEDIS 2017 Colorado Medicaid Weighted Average	4.66
HEDIS 2016 Colorado Medicaid Weighted Average	4.92
<i>Discharges per 1,000 Member Months (Surgery)—Ages 65 to 74 Years</i>	
DHMC	2.05
RMHP Prime	6.98
HEDIS 2018 Colorado Medicaid Weighted Average	3.76
HEDIS 2017 Colorado Medicaid Weighted Average	5.63
HEDIS 2016 Colorado Medicaid Weighted Average	5.81
<i>Discharges per 1,000 Member Months (Surgery)—Ages 75 to 84 Years</i>	
DHMC	2.77
RMHP Prime	5.91
HEDIS 2018 Colorado Medicaid Weighted Average	3.83
HEDIS 2017 Colorado Medicaid Weighted Average	5.16
HEDIS 2016 Colorado Medicaid Weighted Average	5.32
<i>Discharges per 1,000 Member Months (Surgery)—Ages 85+ Years</i>	
DHMC	2.35
RMHP Prime	4.25
HEDIS 2018 Colorado Medicaid Weighted Average	3.12
HEDIS 2017 Colorado Medicaid Weighted Average	3.70
HEDIS 2016 Colorado Medicaid Weighted Average	3.84
<i>Discharges per 1,000 Member Months (Surgery)—Total</i>	
DHMC	0.78
RMHP Prime	2.12
HEDIS 2018 Colorado Medicaid Weighted Average	1.18
HEDIS 2017 Colorado Medicaid Weighted Average	1.69
HEDIS 2016 Colorado Medicaid Weighted Average	1.78
<i>Days per 1,000 Member Months (Surgery)—Age <1 Year</i>	
DHMC	21.19
RMHP Prime	0.00
HEDIS 2018 Colorado Medicaid Weighted Average	21.19
HEDIS 2017 Colorado Medicaid Weighted Average	31.67
HEDIS 2016 Colorado Medicaid Weighted Average	24.77
<i>Days per 1,000 Member Months (Surgery)—Ages 1 to 9 Years</i>	
DHMC	0.95
RMHP Prime	14.41

Medicaid Plan	Rate
HEDIS 2018 Colorado Medicaid Weighted Average	1.08
HEDIS 2017 Colorado Medicaid Weighted Average	2.41
HEDIS 2016 Colorado Medicaid Weighted Average	2.77
<i>Days per 1,000 Member Months (Surgery)—Ages 10 to 19 Years</i>	
DHMC	2.36
RMHP Prime	4.73
HEDIS 2018 Colorado Medicaid Weighted Average	2.47
HEDIS 2017 Colorado Medicaid Weighted Average	2.75
HEDIS 2016 Colorado Medicaid Weighted Average	2.81
<i>Days per 1,000 Member Months (Surgery)—Ages 20 to 44 Years</i>	
DHMC	5.66
RMHP Prime	5.27
HEDIS 2018 Colorado Medicaid Weighted Average	5.50
HEDIS 2017 Colorado Medicaid Weighted Average	10.71
HEDIS 2016 Colorado Medicaid Weighted Average	11.07
<i>Days per 1,000 Member Months (Surgery)—Ages 45 to 64 Years</i>	
DHMC	24.40
RMHP Prime	20.85
HEDIS 2018 Colorado Medicaid Weighted Average	22.68
HEDIS 2017 Colorado Medicaid Weighted Average	33.20
HEDIS 2016 Colorado Medicaid Weighted Average	34.85
<i>Days per 1,000 Member Months (Surgery)—Ages 65 to 74 Years</i>	
DHMC	21.96
RMHP Prime	42.73
HEDIS 2018 Colorado Medicaid Weighted Average	29.16
HEDIS 2017 Colorado Medicaid Weighted Average	42.19
HEDIS 2016 Colorado Medicaid Weighted Average	37.13
<i>Days per 1,000 Member Months (Surgery)—Ages 75 to 84 Years</i>	
DHMC	21.21
RMHP Prime	31.68
HEDIS 2018 Colorado Medicaid Weighted Average	24.77
HEDIS 2017 Colorado Medicaid Weighted Average	35.66
HEDIS 2016 Colorado Medicaid Weighted Average	36.65
<i>Days per 1,000 Member Months (Surgery)—Ages 85+ Years</i>	
DHMC	16.80
RMHP Prime	24.15
HEDIS 2018 Colorado Medicaid Weighted Average	19.78
HEDIS 2017 Colorado Medicaid Weighted Average	26.13
HEDIS 2016 Colorado Medicaid Weighted Average	22.97

Medicaid Plan	Rate
<i>Days per 1,000 Member Months (Surgery)—Total</i>	
DHMC	7.35
RMHP Prime	11.43
HEDIS 2018 Colorado Medicaid Weighted Average	8.55
HEDIS 2017 Colorado Medicaid Weighted Average	12.43
HEDIS 2016 Colorado Medicaid Weighted Average	12.51
<i>Average Length of Stay (Surgery)—Age <1 Year</i>	
DHMC	26.17
RMHP Prime	—
HEDIS 2018 Colorado Medicaid Weighted Average	26.17
HEDIS 2017 Colorado Medicaid Weighted Average	21.15
HEDIS 2016 Colorado Medicaid Weighted Average	14.92
<i>Average Length of Stay (Surgery)—Ages 1 to 9 Years</i>	
DHMC	6.00
RMHP Prime	4.86
HEDIS 2018 Colorado Medicaid Weighted Average	5.82
HEDIS 2017 Colorado Medicaid Weighted Average	7.41
HEDIS 2016 Colorado Medicaid Weighted Average	8.33
<i>Average Length of Stay (Surgery)—Ages 10 to 19 Years</i>	
DHMC	9.51
RMHP Prime	4.31
HEDIS 2018 Colorado Medicaid Weighted Average	8.57
HEDIS 2017 Colorado Medicaid Weighted Average	6.52
HEDIS 2016 Colorado Medicaid Weighted Average	6.56
<i>Average Length of Stay (Surgery)—Ages 20 to 44 Years</i>	
DHMC	7.68
RMHP Prime	5.18
HEDIS 2018 Colorado Medicaid Weighted Average	6.42
HEDIS 2017 Colorado Medicaid Weighted Average	6.87
HEDIS 2016 Colorado Medicaid Weighted Average	6.42
<i>Average Length of Stay (Surgery)—Ages 45 to 64 Years</i>	
DHMC	10.00
RMHP Prime	5.43
HEDIS 2018 Colorado Medicaid Weighted Average	7.27
HEDIS 2017 Colorado Medicaid Weighted Average	7.12
HEDIS 2016 Colorado Medicaid Weighted Average	7.08
<i>Average Length of Stay (Surgery)—Ages 65 to 74 Years</i>	
DHMC	10.72
RMHP Prime	6.12

Medicaid Plan	Rate
HEDIS 2018 Colorado Medicaid Weighted Average	7.76
HEDIS 2017 Colorado Medicaid Weighted Average	7.50
HEDIS 2016 Colorado Medicaid Weighted Average	6.39
<i>Average Length of Stay (Surgery)—Ages 75 to 84 Years</i>	
DHMC	7.67
RMHP Prime	5.36
HEDIS 2018 Colorado Medicaid Weighted Average	6.46
HEDIS 2017 Colorado Medicaid Weighted Average	6.90
HEDIS 2016 Colorado Medicaid Weighted Average	6.89
<i>Average Length of Stay (Surgery)—Ages 85+ Years</i>	
DHMC	7.15
RMHP Prime	5.69
HEDIS 2018 Colorado Medicaid Weighted Average	6.34
HEDIS 2017 Colorado Medicaid Weighted Average	7.06
HEDIS 2016 Colorado Medicaid Weighted Average	5.97
<i>Average Length of Stay (Surgery)—Total</i>	
DHMC	9.40
RMHP Prime	5.39
HEDIS 2018 Colorado Medicaid Weighted Average	7.27
HEDIS 2017 Colorado Medicaid Weighted Average	7.35
HEDIS 2016 Colorado Medicaid Weighted Average	7.02
<i>Discharges per 1,000 Member Months (Maternity)—Ages 10 to 19 Years</i>	
DHMC	0.66
RMHP Prime	4.73
HEDIS 2018 Colorado Medicaid Weighted Average	0.85
HEDIS 2017 Colorado Medicaid Weighted Average	0.90
HEDIS 2016 Colorado Medicaid Weighted Average	0.96
<i>Discharges per 1,000 Member Months (Maternity)—Ages 20 to 44 Years</i>	
DHMC	3.16
RMHP Prime	4.14
HEDIS 2018 Colorado Medicaid Weighted Average	3.58
HEDIS 2017 Colorado Medicaid Weighted Average	4.86
HEDIS 2016 Colorado Medicaid Weighted Average	5.31
<i>Discharges per 1,000 Member Months (Maternity)—Ages 45 to 64 Years</i>	
DHMC	0.01
RMHP Prime	0.05
HEDIS 2018 Colorado Medicaid Weighted Average	0.03
HEDIS 2017 Colorado Medicaid Weighted Average	0.02
HEDIS 2016 Colorado Medicaid Weighted Average	0.02

Medicaid Plan	Rate
<i>Discharges per 1,000 Member Months (Maternity)—Total</i>	
DHMC	1.75
RMHP Prime	2.83
HEDIS 2018 Colorado Medicaid Weighted Average	2.14
HEDIS 2017 Colorado Medicaid Weighted Average	2.63
HEDIS 2016 Colorado Medicaid Weighted Average	2.83
<i>Days per 1,000 Member Months (Maternity)—Ages 10 to 19 Years</i>	
DHMC	1.72
RMHP Prime	10.64
HEDIS 2018 Colorado Medicaid Weighted Average	2.15
HEDIS 2017 Colorado Medicaid Weighted Average	2.40
HEDIS 2016 Colorado Medicaid Weighted Average	2.52
<i>Days per 1,000 Member Months (Maternity)—Ages 20 to 44 Years</i>	
DHMC	8.80
RMHP Prime	8.61
HEDIS 2018 Colorado Medicaid Weighted Average	8.72
HEDIS 2017 Colorado Medicaid Weighted Average	12.12
HEDIS 2016 Colorado Medicaid Weighted Average	13.34
<i>Days per 1,000 Member Months (Maternity)—Ages 45 to 64 Years</i>	
DHMC	0.06
RMHP Prime	0.18
HEDIS 2018 Colorado Medicaid Weighted Average	0.12
HEDIS 2017 Colorado Medicaid Weighted Average	0.05
HEDIS 2016 Colorado Medicaid Weighted Average	0.07
<i>Days per 1,000 Member Months (Maternity)—Total</i>	
DHMC	4.85
RMHP Prime	5.93
HEDIS 2018 Colorado Medicaid Weighted Average	5.24
HEDIS 2017 Colorado Medicaid Weighted Average	6.61
HEDIS 2016 Colorado Medicaid Weighted Average	7.15
<i>Average Length of Stay (Maternity)—Ages 10 to 19 Years</i>	
DHMC	2.63
RMHP Prime	2.25
HEDIS 2018 Colorado Medicaid Weighted Average	2.53
HEDIS 2017 Colorado Medicaid Weighted Average	2.66
HEDIS 2016 Colorado Medicaid Weighted Average	2.64
<i>Average Length of Stay (Maternity)—Ages 20 to 44 Years</i>	
DHMC	2.79
RMHP Prime	2.08

Medicaid Plan	Rate
HEDIS 2018 Colorado Medicaid Weighted Average	2.44
HEDIS 2017 Colorado Medicaid Weighted Average	2.50
HEDIS 2016 Colorado Medicaid Weighted Average	2.51
<i>Average Length of Stay (Maternity)—Ages 45 to 64 Years</i>	
DHMC	4.50
RMHP Prime	3.43
HEDIS 2018 Colorado Medicaid Weighted Average	3.67
HEDIS 2017 Colorado Medicaid Weighted Average	2.80
HEDIS 2016 Colorado Medicaid Weighted Average	3.59
<i>Average Length of Stay (Maternity)—Total</i>	
DHMC	2.77
RMHP Prime	2.10
HEDIS 2018 Colorado Medicaid Weighted Average	2.45
HEDIS 2017 Colorado Medicaid Weighted Average	2.51
HEDIS 2016 Colorado Medicaid Weighted Average	2.53
<i>Antibiotic Utilization*</i>	
<i>Average Scripts PMPY for Antibiotics—Ages 0 to 9 Years</i>	
DHMC	0.22
RMHP Prime	1.08
HEDIS 2018 Colorado Medicaid Weighted Average	0.23
HEDIS 2017 Colorado Medicaid Weighted Average	0.49
HEDIS 2016 Colorado Medicaid Weighted Average	0.94
<i>Average Scripts PMPY for Antibiotics—Ages 10 to 17 Years</i>	
DHMC	0.14
RMHP Prime	0.82
HEDIS 2018 Colorado Medicaid Weighted Average	0.15
HEDIS 2017 Colorado Medicaid Weighted Average	0.37
HEDIS 2016 Colorado Medicaid Weighted Average	0.61
<i>Average Scripts PMPY for Antibiotics—Ages 18 to 34 Years</i>	
DHMC	0.40
RMHP Prime	0.67
HEDIS 2018 Colorado Medicaid Weighted Average	0.51
HEDIS 2017 Colorado Medicaid Weighted Average	0.64
HEDIS 2016 Colorado Medicaid Weighted Average	1.05
<i>Average Scripts PMPY for Antibiotics—Ages 35 to 49 Years</i>	
DHMC	0.46
RMHP Prime	0.73
HEDIS 2018 Colorado Medicaid Weighted Average	0.58
HEDIS 2017 Colorado Medicaid Weighted Average	0.73

Medicaid Plan	Rate
HEDIS 2016 Colorado Medicaid Weighted Average	1.12
<i>Average Scripts PMPY for Antibiotics—Ages 50 to 64 Years</i>	
DHMC	0.49
RMHP Prime	0.77
HEDIS 2018 Colorado Medicaid Weighted Average	0.63
HEDIS 2017 Colorado Medicaid Weighted Average	0.77
HEDIS 2016 Colorado Medicaid Weighted Average	1.13
<i>Average Scripts PMPY for Antibiotics—Ages 65 to 74 Years</i>	
DHMC	0.06
RMHP Prime	0.23
HEDIS 2018 Colorado Medicaid Weighted Average	0.10
HEDIS 2017 Colorado Medicaid Weighted Average	0.48
HEDIS 2016 Colorado Medicaid Weighted Average	0.76
<i>Average Scripts PMPY for Antibiotics—Ages 75 to 84 Years</i>	
DHMC	0.09
RMHP Prime	0.26
HEDIS 2018 Colorado Medicaid Weighted Average	0.13
HEDIS 2017 Colorado Medicaid Weighted Average	0.48
HEDIS 2016 Colorado Medicaid Weighted Average	0.56
<i>Average Scripts PMPY for Antibiotics—Ages 85+ Years</i>	
DHMC	0.05
RMHP Prime	0.30
HEDIS 2018 Colorado Medicaid Weighted Average	0.13
HEDIS 2017 Colorado Medicaid Weighted Average	0.41
HEDIS 2016 Colorado Medicaid Weighted Average	0.54
<i>Average Scripts PMPY for Antibiotics—Total</i>	
DHMC	0.31
RMHP Prime	0.70
HEDIS 2018 Colorado Medicaid Weighted Average	0.42
HEDIS 2017 Colorado Medicaid Weighted Average	0.58
HEDIS 2016 Colorado Medicaid Weighted Average	0.96
<i>Average Days Supplied per Antibiotic Script—Ages 0 to 9 Years</i>	
DHMC	9.77
RMHP Prime	9.88
HEDIS 2018 Colorado Medicaid Weighted Average	9.77
HEDIS 2017 Colorado Medicaid Weighted Average	9.69
HEDIS 2016 Colorado Medicaid Weighted Average	9.70

Medicaid Plan	Rate
<i>Average Days Supplied per Antibiotic Script—Ages 10 to 17 Years</i>	
DHMC	10.75
RMHP Prime	14.21
HEDIS 2018 Colorado Medicaid Weighted Average	11.03
HEDIS 2017 Colorado Medicaid Weighted Average	11.02
HEDIS 2016 Colorado Medicaid Weighted Average	11.36
<i>Average Days Supplied per Antibiotic Script—Ages 18 to 34 Years</i>	
DHMC	8.54
RMHP Prime	9.02
HEDIS 2018 Colorado Medicaid Weighted Average	8.79
HEDIS 2017 Colorado Medicaid Weighted Average	9.06
HEDIS 2016 Colorado Medicaid Weighted Average	9.30
<i>Average Days Supplied per Antibiotic Script—Ages 35 to 49 Years</i>	
DHMC	9.01
RMHP Prime	9.40
HEDIS 2018 Colorado Medicaid Weighted Average	9.22
HEDIS 2017 Colorado Medicaid Weighted Average	9.28
HEDIS 2016 Colorado Medicaid Weighted Average	9.44
<i>Average Days Supplied per Antibiotic Script—Ages 50 to 64 Years</i>	
DHMC	9.91
RMHP Prime	9.46
HEDIS 2018 Colorado Medicaid Weighted Average	9.64
HEDIS 2017 Colorado Medicaid Weighted Average	9.51
HEDIS 2016 Colorado Medicaid Weighted Average	9.70
<i>Average Days Supplied per Antibiotic Script—Ages 65 to 74 Years</i>	
DHMC	10.83
RMHP Prime	8.03
HEDIS 2018 Colorado Medicaid Weighted Average	9.20
HEDIS 2017 Colorado Medicaid Weighted Average	9.77
HEDIS 2016 Colorado Medicaid Weighted Average	9.17
<i>Average Days Supplied per Antibiotic Script—Ages 75 to 84 Years</i>	
DHMC	6.25
RMHP Prime	15.58
HEDIS 2018 Colorado Medicaid Weighted Average	11.03
HEDIS 2017 Colorado Medicaid Weighted Average	8.61
HEDIS 2016 Colorado Medicaid Weighted Average	8.69
<i>Average Days Supplied per Antibiotic Script—Ages 85+ Years</i>	
DHMC	12.75
RMHP Prime	12.00

Medicaid Plan	Rate
HEDIS 2018 Colorado Medicaid Weighted Average	12.20
HEDIS 2017 Colorado Medicaid Weighted Average	7.95
HEDIS 2016 Colorado Medicaid Weighted Average	8.10
<i>Average Days Supplied per Antibiotic Script—Total</i>	
DHMC	9.27
RMHP Prime	9.32
HEDIS 2018 Colorado Medicaid Weighted Average	9.29
HEDIS 2017 Colorado Medicaid Weighted Average	9.53
HEDIS 2016 Colorado Medicaid Weighted Average	9.72
<i>Average Scripts PMPY for Antibiotics of Concern—Ages 0 to 9 Years</i>	
DHMC	0.05
RMHP Prime	0.50
HEDIS 2018 Colorado Medicaid Weighted Average	0.05
HEDIS 2017 Colorado Medicaid Weighted Average	0.16
HEDIS 2016 Colorado Medicaid Weighted Average	0.33
<i>Average Scripts PMPY for Antibiotics of Concern—Ages 10 to 17 Years</i>	
DHMC	0.03
RMHP Prime	0.25
HEDIS 2018 Colorado Medicaid Weighted Average	0.03
HEDIS 2017 Colorado Medicaid Weighted Average	0.12
HEDIS 2016 Colorado Medicaid Weighted Average	0.22
<i>Average Scripts PMPY for Antibiotics of Concern—Ages 18 to 34 Years</i>	
DHMC	0.10
RMHP Prime	0.24
HEDIS 2018 Colorado Medicaid Weighted Average	0.16
HEDIS 2017 Colorado Medicaid Weighted Average	0.23
HEDIS 2016 Colorado Medicaid Weighted Average	0.38
<i>Average Scripts PMPY for Antibiotics of Concern—Ages 35 to 49 Years</i>	
DHMC	0.14
RMHP Prime	0.29
HEDIS 2018 Colorado Medicaid Weighted Average	0.21
HEDIS 2017 Colorado Medicaid Weighted Average	0.30
HEDIS 2016 Colorado Medicaid Weighted Average	0.47
<i>Average Scripts PMPY for Antibiotics of Concern—Ages 50 to 64 Years</i>	
DHMC	0.18
RMHP Prime	0.35
HEDIS 2018 Colorado Medicaid Weighted Average	0.27
HEDIS 2017 Colorado Medicaid Weighted Average	0.35
HEDIS 2016 Colorado Medicaid Weighted Average	0.52

Medicaid Plan	Rate
<i>Average Scripts PMPY for Antibiotics of Concern—Ages 65 to 74 Years</i>	
DHMC	0.02
RMHP Prime	0.11
HEDIS 2018 Colorado Medicaid Weighted Average	0.04
HEDIS 2017 Colorado Medicaid Weighted Average	0.22
HEDIS 2016 Colorado Medicaid Weighted Average	0.35
<i>Average Scripts PMPY for Antibiotics of Concern—Ages 75 to 84 Years</i>	
DHMC	0.05
RMHP Prime	0.09
HEDIS 2018 Colorado Medicaid Weighted Average	0.06
HEDIS 2017 Colorado Medicaid Weighted Average	0.24
HEDIS 2016 Colorado Medicaid Weighted Average	0.27
<i>Average Scripts PMPY for Antibiotics of Concern—Ages 85+ Years</i>	
DHMC	0.04
RMHP Prime	0.10
HEDIS 2018 Colorado Medicaid Weighted Average	0.06
HEDIS 2017 Colorado Medicaid Weighted Average	0.22
HEDIS 2016 Colorado Medicaid Weighted Average	0.30
<i>Average Scripts PMPY for Antibiotics of Concern—Total</i>	
DHMC	0.09
RMHP Prime	0.28
HEDIS 2018 Colorado Medicaid Weighted Average	0.14
HEDIS 2017 Colorado Medicaid Weighted Average	0.22
HEDIS 2016 Colorado Medicaid Weighted Average	0.36
<i>Percentage of Antibiotics of Concern of All Antibiotic Scripts—Ages 0 to 9 Years</i>	
DHMC	20.72%
RMHP Prime	46.48%
HEDIS 2018 Colorado Medicaid Weighted Average	21.79%
HEDIS 2017 Colorado Medicaid Weighted Average	31.65%
HEDIS 2016 Colorado Medicaid Weighted Average	35.44%
<i>Percentage of Antibiotics of Concern of All Antibiotic Scripts—Ages 10 to 17 Years</i>	
DHMC	20.16%
RMHP Prime	30.58%
HEDIS 2018 Colorado Medicaid Weighted Average	21.00%
HEDIS 2017 Colorado Medicaid Weighted Average	32.91%
HEDIS 2016 Colorado Medicaid Weighted Average	35.38%

Medicaid Plan	Rate
<i>Percentage of Antibiotics of Concern of All Antibiotic Scripts—Ages 18 to 34 Years</i>	
DHMC	26.18%
RMHP Prime	35.78%
HEDIS 2018 Colorado Medicaid Weighted Average	31.20%
HEDIS 2017 Colorado Medicaid Weighted Average	35.68%
HEDIS 2016 Colorado Medicaid Weighted Average	35.96%
<i>Percentage of Antibiotics of Concern of All Antibiotic Scripts—Ages 35 to 49 Years</i>	
DHMC	30.68%
RMHP Prime	39.74%
HEDIS 2018 Colorado Medicaid Weighted Average	35.66%
HEDIS 2017 Colorado Medicaid Weighted Average	41.38%
HEDIS 2016 Colorado Medicaid Weighted Average	41.99%
<i>Percentage of Antibiotics of Concern of All Antibiotic Scripts—Ages 50 to 64 Years</i>	
DHMC	37.64%
RMHP Prime	45.75%
HEDIS 2018 Colorado Medicaid Weighted Average	42.53%
HEDIS 2017 Colorado Medicaid Weighted Average	45.63%
HEDIS 2016 Colorado Medicaid Weighted Average	45.78%
<i>Percentage of Antibiotics of Concern of All Antibiotic Scripts—Ages 65 to 74 Years</i>	
DHMC	34.88%
RMHP Prime	47.06%
HEDIS 2018 Colorado Medicaid Weighted Average	41.95%
HEDIS 2017 Colorado Medicaid Weighted Average	45.28%
HEDIS 2016 Colorado Medicaid Weighted Average	46.10%
<i>Percentage of Antibiotics of Concern of All Antibiotic Scripts—Ages 75 to 84 Years</i>	
DHMC	54.55%
RMHP Prime	35.80%
HEDIS 2018 Colorado Medicaid Weighted Average	44.94%
HEDIS 2017 Colorado Medicaid Weighted Average	50.98%
HEDIS 2016 Colorado Medicaid Weighted Average	48.31%
<i>Percentage of Antibiotics of Concern of All Antibiotic Scripts—Ages 85+ Years</i>	
DHMC	70.83%
RMHP Prime	32.35%
HEDIS 2018 Colorado Medicaid Weighted Average	42.39%

Medicaid Plan	Rate
HEDIS 2017 Colorado Medicaid Weighted Average	53.94%
HEDIS 2016 Colorado Medicaid Weighted Average	55.26%
<i>Percentage of Antibiotics of Concern of All Antibiotic Scripts—Total</i>	
DHMC	27.52%
RMHP Prime	39.55%
HEDIS 2018 Colorado Medicaid Weighted Average	33.25%
HEDIS 2017 Colorado Medicaid Weighted Average	37.13%
HEDIS 2016 Colorado Medicaid Weighted Average	38.13%
<i>Frequency of Selected Procedures (Procedures per 1,000 MM)</i>	
<i>Bariatric weight loss surgery (0–19 Male)</i>	
DHMC	0.00
RMHP Prime	0.00
HEDIS 2018 Colorado Medicaid Weighted Average	0.00
HEDIS 2017 Colorado Medicaid Weighted Average	0.00
HEDIS 2016 Colorado Medicaid Weighted Average	0.00
<i>Bariatric weight loss surgery (0–19 Female)</i>	
DHMC	0.00
RMHP Prime	0.00
HEDIS 2018 Colorado Medicaid Weighted Average	0.00
HEDIS 2017 Colorado Medicaid Weighted Average	0.00
HEDIS 2016 Colorado Medicaid Weighted Average	0.00
<i>Bariatric weight loss surgery (20–44 Male)</i>	
DHMC	0.01
RMHP Prime	0.01
HEDIS 2018 Colorado Medicaid Weighted Average	0.01
HEDIS 2017 Colorado Medicaid Weighted Average	0.01
HEDIS 2016 Colorado Medicaid Weighted Average	0.01
<i>Bariatric weight loss surgery (20–44 Female)</i>	
DHMC	0.05
RMHP Prime	0.12
HEDIS 2018 Colorado Medicaid Weighted Average	0.08
HEDIS 2017 Colorado Medicaid Weighted Average	0.05
HEDIS 2016 Colorado Medicaid Weighted Average	0.06
<i>Bariatric weight loss surgery (45–64 Male)</i>	
DHMC	0.00
RMHP Prime	0.02
HEDIS 2018 Colorado Medicaid Weighted Average	0.01
HEDIS 2017 Colorado Medicaid Weighted Average	0.02
HEDIS 2016 Colorado Medicaid Weighted Average	0.01

Medicaid Plan	Rate
<i>Bariatric weight loss surgery (45–64 Female)</i>	
DHMC	0.05
RMHP Prime	0.17
HEDIS 2018 Colorado Medicaid Weighted Average	0.11
HEDIS 2017 Colorado Medicaid Weighted Average	0.07
HEDIS 2016 Colorado Medicaid Weighted Average	0.08
<i>Tonsillectomy (0–9 Male & Female)</i>	
DHMC	0.31
RMHP Prime	1.27
HEDIS 2018 Colorado Medicaid Weighted Average	0.31
HEDIS 2017 Colorado Medicaid Weighted Average	0.55
HEDIS 2016 Colorado Medicaid Weighted Average	0.57
<i>Tonsillectomy (10–19 Male & Female)</i>	
DHMC	0.14
RMHP Prime	0.42
HEDIS 2018 Colorado Medicaid Weighted Average	0.16
HEDIS 2017 Colorado Medicaid Weighted Average	0.32
HEDIS 2016 Colorado Medicaid Weighted Average	0.35
<i>Hysterectomy, Abdominal (15–44 Female)</i>	
DHMC	0.03
RMHP Prime	0.08
HEDIS 2018 Colorado Medicaid Weighted Average	0.05
HEDIS 2017 Colorado Medicaid Weighted Average	0.06
HEDIS 2016 Colorado Medicaid Weighted Average	0.10
<i>Hysterectomy, Abdominal (45–64 Female)</i>	
DHMC	0.17
RMHP Prime	0.17
HEDIS 2018 Colorado Medicaid Weighted Average	0.17
HEDIS 2017 Colorado Medicaid Weighted Average	0.13
HEDIS 2016 Colorado Medicaid Weighted Average	0.24
<i>Hysterectomy, Vaginal (15–44 Female)</i>	
DHMC	0.04
RMHP Prime	0.34
HEDIS 2018 Colorado Medicaid Weighted Average	0.16
HEDIS 2017 Colorado Medicaid Weighted Average	0.12
HEDIS 2016 Colorado Medicaid Weighted Average	0.15
<i>Hysterectomy, Vaginal (45–64 Female)</i>	
DHMC	0.12
RMHP Prime	0.31

Medicaid Plan	Rate
HEDIS 2018 Colorado Medicaid Weighted Average	0.22
HEDIS 2017 Colorado Medicaid Weighted Average	0.14
HEDIS 2016 Colorado Medicaid Weighted Average	0.19
<i>Cholecystectomy, Open (30–64 Male)</i>	
DHMC	0.02
RMHP Prime	0.01
HEDIS 2018 Colorado Medicaid Weighted Average	0.01
HEDIS 2017 Colorado Medicaid Weighted Average	0.02
HEDIS 2016 Colorado Medicaid Weighted Average	0.05
<i>Cholecystectomy, Open (15–44 Female)</i>	
DHMC	0.00
RMHP Prime	0.01
HEDIS 2018 Colorado Medicaid Weighted Average	0.00
HEDIS 2017 Colorado Medicaid Weighted Average	0.01
HEDIS 2016 Colorado Medicaid Weighted Average	0.01
<i>Cholecystectomy, Open (45–64 Female)</i>	
DHMC	0.00
RMHP Prime	0.01
HEDIS 2018 Colorado Medicaid Weighted Average	0.01
HEDIS 2017 Colorado Medicaid Weighted Average	0.02
HEDIS 2016 Colorado Medicaid Weighted Average	0.04
<i>Cholecystectomy (laparoscopic) (30–64 Male)</i>	
DHMC	0.08
RMHP Prime	0.32
HEDIS 2018 Colorado Medicaid Weighted Average	0.19
HEDIS 2017 Colorado Medicaid Weighted Average	0.26
HEDIS 2016 Colorado Medicaid Weighted Average	0.37
<i>Cholecystectomy (laparoscopic) (15–44 Female)</i>	
DHMC	0.41
RMHP Prime	0.84
HEDIS 2018 Colorado Medicaid Weighted Average	0.58
HEDIS 2017 Colorado Medicaid Weighted Average	0.61
HEDIS 2016 Colorado Medicaid Weighted Average	0.73
<i>Cholecystectomy (laparoscopic) (45–64 Female)</i>	
DHMC	0.39
RMHP Prime	0.71
HEDIS 2018 Colorado Medicaid Weighted Average	0.56
HEDIS 2017 Colorado Medicaid Weighted Average	0.57
HEDIS 2016 Colorado Medicaid Weighted Average	0.72

Medicaid Plan	Rate
<i>Back Surgery (20–44 Male)</i>	
DHMC	0.05
RMHP Prime	0.10
HEDIS 2018 Colorado Medicaid Weighted Average	0.07
HEDIS 2017 Colorado Medicaid Weighted Average	0.20
HEDIS 2016 Colorado Medicaid Weighted Average	0.29
<i>Back Surgery (20–44 Female)</i>	
DHMC	0.05
RMHP Prime	0.23
HEDIS 2018 Colorado Medicaid Weighted Average	0.13
HEDIS 2017 Colorado Medicaid Weighted Average	0.19
HEDIS 2016 Colorado Medicaid Weighted Average	0.23
<i>Back Surgery (45–64 Male)</i>	
DHMC	0.24
RMHP Prime	0.72
HEDIS 2018 Colorado Medicaid Weighted Average	0.46
HEDIS 2017 Colorado Medicaid Weighted Average	0.64
HEDIS 2016 Colorado Medicaid Weighted Average	0.87
<i>Back Surgery (45–64 Female)</i>	
DHMC	0.24
RMHP Prime	0.62
HEDIS 2018 Colorado Medicaid Weighted Average	0.44
HEDIS 2017 Colorado Medicaid Weighted Average	0.66
HEDIS 2016 Colorado Medicaid Weighted Average	0.82
<i>Mastectomy (15–44 Female)</i>	
DHMC	0.01
RMHP Prime	0.05
HEDIS 2018 Colorado Medicaid Weighted Average	0.02
HEDIS 2017 Colorado Medicaid Weighted Average	0.03
HEDIS 2016 Colorado Medicaid Weighted Average	0.04
<i>Mastectomy (45–64 Female)</i>	
DHMC	0.15
RMHP Prime	0.10
HEDIS 2018 Colorado Medicaid Weighted Average	0.12
HEDIS 2017 Colorado Medicaid Weighted Average	0.14
HEDIS 2016 Colorado Medicaid Weighted Average	0.25
<i>Lumpectomy (15–44 Female)</i>	
DHMC	0.04
RMHP Prime	0.08

Medicaid Plan	Rate
HEDIS 2018 Colorado Medicaid Weighted Average	0.05
HEDIS 2017 Colorado Medicaid Weighted Average	0.08
HEDIS 2016 Colorado Medicaid Weighted Average	0.10
<i>Lumpectomy (45–64 Female)</i>	
DHMC	0.23
RMHP Prime	0.33
HEDIS 2018 Colorado Medicaid Weighted Average	0.28
HEDIS 2017 Colorado Medicaid Weighted Average	0.26
HEDIS 2016 Colorado Medicaid Weighted Average	0.30
<i>Plan All-Cause Readmissions*</i>	
<i>Index Total Stays—Observed Readmissions—Ages 18 to 44 Years</i>	
DHMC	15.15%
RMHP Prime	10.71%
HEDIS 2018 Colorado Medicaid Weighted Average	12.83%
HEDIS 2017 Colorado Medicaid Weighted Average	—
HEDIS 2016 Colorado Medicaid Weighted Average	—
<i>Index Total Stays—Observed Readmissions—Ages 45 to 54 Years</i>	
DHMC	15.22%
RMHP Prime	9.81%
HEDIS 2018 Colorado Medicaid Weighted Average	12.57%
HEDIS 2017 Colorado Medicaid Weighted Average	—
HEDIS 2016 Colorado Medicaid Weighted Average	—
<i>Index Total Stays—Observed Readmissions—Ages 55 to 64 Years</i>	
DHMC	17.63%
RMHP Prime	7.50%
HEDIS 2018 Colorado Medicaid Weighted Average	12.32%
HEDIS 2017 Colorado Medicaid Weighted Average	—
HEDIS 2016 Colorado Medicaid Weighted Average	—
<i>Index Total Stays—Observed Readmissions—Total</i>	
DHMC	16.03%
RMHP Prime	9.33%
HEDIS 2018 Colorado Medicaid Weighted Average	12.58%
HEDIS 2017 Colorado Medicaid Weighted Average	—
HEDIS 2016 Colorado Medicaid Weighted Average	—
<i>Index Total Stays—O/E Ratio—Total</i>	
DHMC	0.72
RMHP Prime	0.56
HEDIS 2018 Colorado Medicaid Weighted Average	0.65
HEDIS 2017 Colorado Medicaid Weighted Average	—

Medicaid Plan	Rate
HEDIS 2016 Colorado Medicaid Weighted Average	—
<i>Use of Opioids at High Dosage*</i>	
<i>Use of Opioids at High Dosage</i>	
DHMC	29.05
RMHP Prime	41.26
HEDIS 2018 Colorado Medicaid Weighted Average	35.74
HEDIS 2017 Colorado Medicaid Weighted Average	—
HEDIS 2016 Colorado Medicaid Weighted Average	—
<i>Use of Opioids From Multiple Providers*</i>	
<i>Multiple Prescribers</i>	
DHMC	206.94
RMHP Prime	338.13
HEDIS 2018 Colorado Medicaid Weighted Average	282.14
HEDIS 2017 Colorado Medicaid Weighted Average	—
HEDIS 2016 Colorado Medicaid Weighted Average	—
<i>Multiple Pharmacies</i>	
DHMC	119.39
RMHP Prime	91.83
HEDIS 2018 Colorado Medicaid Weighted Average	103.59
HEDIS 2017 Colorado Medicaid Weighted Average	—
HEDIS 2016 Colorado Medicaid Weighted Average	—
<i>Multiple Prescribers and Multiple Pharmacies</i>	
DHMC	71.06
RMHP Prime	62.63
HEDIS 2018 Colorado Medicaid Weighted Average	66.23
HEDIS 2017 Colorado Medicaid Weighted Average	—
HEDIS 2016 Colorado Medicaid Weighted Average	—

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

— Indicates that the measure was not required in previous aggregate reports or the health plan's eligible population was too small to report (<30).

Bold font indicates Colorado Medicaid Weighted Average values.

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 2016, 2017, and 2018 are presented.

HEDIS 2017 to 2018 performance comparisons are based on the Chi-square test of statistical significance with a p value <0.05 . Rates shaded green with one caret (^) indicate a statistically significant improvement in performance from the previous year. Rates shaded red with two carets (^^) indicate a statistically significant decline in performance from the previous year.

DHMC Trend Table

Table B-1—DHMC Trend Table

Performance Measures	HEDIS 2016 Rate	HEDIS 2017 Rate	HEDIS 2018 Rate
<i>Pediatric Care</i>			
<i>Childhood Immunization Status¹</i>			
<i>DTap</i>	76.13%	73.25%	75.43%
<i>IPV</i>	84.88%	84.22%	84.68%
<i>MMR</i>	85.14%	83.23%	78.62% ^^
<i>HiB</i>	84.46%	84.06%	84.76%
<i>Hepatitis B</i>	87.16%	86.31%	80.72% ^^
<i>VZV</i>	85.03%	83.12%	83.67%
<i>Pneumococcal Conjugate</i>	79.18%	77.38%	74.03% ^^
<i>Hepatitis A</i>	84.10%	82.65%	81.10%
<i>Rotavirus</i>	67.69%	63.79%	67.65% ^
<i>Influenza</i>	55.98%	58.52%	50.31% ^^
<i>Combination 2</i>	75.92%	72.57%	68.27% ^^
<i>Combination 3</i>	75.40%	71.58%	65.94% ^^
<i>Combination 4</i>	74.99%	71.42%	64.23% ^^
<i>Combination 5</i>	64.68%	59.46%	58.09%
<i>Combination 6</i>	52.87%	53.76%	43.39% ^^
<i>Combination 7</i>	64.42%	59.35%	56.77%
<i>Combination 8</i>	52.67%	53.76%	42.53% ^^
<i>Combination 9</i>	47.02%	46.50%	39.50% ^^
<i>Combination 10</i>	46.87%	46.50%	38.80% ^^
<i>Immunizations for Adolescents¹</i>			
<i>Meningococcal</i>	77.72%	76.92%	77.73%
<i>Tdap</i>	78.56%	76.76%	81.92% ^
<i>HPV</i>	—	—	50.39%
<i>Combination 1 (Meningococcal, Tdap)</i>	76.72%	75.37%	75.69%

Performance Measures	HEDIS 2016 Rate	HEDIS 2017 Rate	HEDIS 2018 Rate
<i>Combination 2 (Meningococcal, Tdap, HPV)²</i>	—	—	47.30%
Well-Child Visits in the First 15 Months of Life¹			
<i>Zero Visits*</i>	7.69%	7.03%	9.12%
<i>Six or More Visits</i>	3.36%	3.52%	4.39%
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life¹			
<i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i>	60.87%	58.59%	60.91% ^
Adolescent Well-Care Visits			
<i>Adolescent Well-Care Visits</i>	38.27%	34.68%	36.33% ^
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents¹			
<i>BMI Percentile Documentation—Ages 3 to 11 Years</i>	82.95%	5.82%	10.61% ^
<i>BMI Percentile Documentation—Ages 12 to 17 Years</i>	71.43%	11.00%	27.26% ^
<i>BMI Percentile Documentation—Total</i>	78.83%	7.68%	16.75% ^
<i>Counseling for Nutrition—Ages 3 to 11 Years</i>	82.20%	0.35%	1.56% ^
<i>Counseling for Nutrition—Ages 12 to 17 Years</i>	68.71%	2.37%	13.51% ^
<i>Counseling for Nutrition—Total</i>	77.37%	1.08%	5.97% ^
<i>Counseling for Physical Activity—Ages 3 to 11 Years</i>	61.74%	0.07%	0.37% ^
<i>Counseling for Physical Activity—Ages 12 to 17 Years</i>	65.99%	1.41%	3.07% ^
<i>Counseling for Physical Activity—Total</i>	63.26%	0.55%	1.36% ^
Appropriate Testing for Children With Pharyngitis			
<i>Appropriate Testing for Children With Pharyngitis</i>	76.34%	80.52%	83.93%
Appropriate Treatment for Children With Upper Respiratory Infection³			
<i>Appropriate Treatment for Children With Upper Respiratory Infection</i>	97.48%	96.04%	97.70% ^
Access to Care			
Prenatal and Postpartum Care¹			
<i>Timeliness of Prenatal Care</i>	—	74.04%	64.59% ^^
<i>Postpartum Care</i>	—	44.42%	49.06% ^
Children and Adolescents' Access to Primary Care Practitioners			
<i>Ages 12 to 24 Months</i>	89.33%	88.32%	86.84%
<i>Ages 25 Months to 6 Years</i>	73.66%	71.74%	72.12%
<i>Ages 7 to 11 Years</i>	78.22%	76.19%	75.53%
<i>Ages 12 to 19 Years</i>	79.00%	76.40%	75.43%
Adults' Access to Preventive/Ambulatory Health Services			
<i>Ages 20 to 44 Years</i>	60.52%	53.95%	49.43% ^^
<i>Ages 45 to 64 Years</i>	73.59%	69.17%	64.43% ^^
<i>Ages 65 Years and Older</i>	78.35%	82.63%	75.20% ^^
<i>Total</i>	65.78%	59.87%	55.19% ^^

Performance Measures	HEDIS 2016 Rate	HEDIS 2017 Rate	HEDIS 2018 Rate
Preventive Screening			
Chlamydia Screening in Women			
Ages 16 to 20 Years	69.43%	68.65%	65.87%
Ages 21 to 24 Years	69.18%	68.85%	67.84%
Total	69.33%	68.73%	66.68%
Breast Cancer Screening²			
Breast Cancer Screening	—	—	50.65%
Cervical Cancer Screening¹			
Cervical Cancer Screening	56.93%	45.77%	43.03%^^
Non-Recommended Cervical Cancer Screening in Adolescent Females*			
Non-Recommended Cervical Cancer Screening in Adolescent Females	0.17%	0.06%	0.14%
Adult BMI Assessment¹			
Adult BMI Assessment	84.43%	81.03%	83.25%^
Mental/Behavioral Health			
Antidepressant Medication Management⁴			
Effective Acute Phase Treatment	46.35%	49.05%	54.88%^
Effective Continuation Phase Treatment	31.41%	31.02%	33.52%
Follow-Up Care for Children Prescribed ADHD Medication⁴			
Initiation Phase	29.41%	26.88%	37.40%
Continuation and Maintenance Phase	NA	NA	NA
Metabolic Monitoring for Children and Adolescents on Antipsychotics			
Ages 1 to 5 Years	—	—	NB
Ages 6 to 11 Years	—	—	NB
Ages 12 to 17 Years	—	—	NB
Total	—	—	NB
Use of Multiple Concurrent Antipsychotics in Children and Adolescents*³			
Ages 1 to 5 Years	NA	NA	NA
Ages 6 to 11 Years	NA	NA	NA
Ages 12 to 17 Years	3.23%	0.00%	NA
Total	4.55%	0.00%	0.00%
Living With Illness			
Persistence of Beta-Blocker Treatment After a Heart Attack			
Persistence of Beta-Blocker Treatment After a Heart Attack	NA	NA	69.77%
Comprehensive Diabetes Care¹			
Hemoglobin A1c (HbA1c) Testing	89.78%	82.60%	82.16%
HbA1c Poor Control (>9.0%)*	36.74%	44.02%	42.92%
HbA1c Control (<8.0%)	48.66%	44.33%	45.45%
Eye Exam (Retinal) Performed	55.96%	45.70%	46.59%

Performance Measures	HEDIS 2016 Rate	HEDIS 2017 Rate	HEDIS 2018 Rate
<i>Medical Attention for Nephropathy</i>	89.29%	87.35%	82.47%^^
<i>Blood Pressure Control (<140/90 mm Hg)</i>	73.72%	57.41%	64.01%^
<i>Statin Therapy for Patients With Diabetes</i>			
<i>Received Statin Therapy</i>	57.92%	59.83%	54.64%^^
<i>Statin Adherence 80%</i>	59.43%	54.71%	59.47%
<i>Statin Therapy for Patients With Cardiovascular Disease</i>			
<i>Received Statin Therapy—21–75 Years—Male</i>	67.42%	80.28%	72.00%
<i>Received Statin Therapy—40–75 Years—Female</i>	55.22%	62.90%	79.25%
<i>Received Statin Therapy—Total</i>	62.18%	72.18%	75.00%
<i>Statin Adherence 80%—21–75 Years—Male</i>	61.67%	52.63%	57.41%
<i>Statin Adherence 80%—40–75 Years—Female</i>	67.57%	56.41%	59.52%
<i>Statin Adherence 80%—Total</i>	63.92%	54.17%	58.33%
<i>Annual Monitoring for Patients on Persistent Medications</i>			
<i>ACE Inhibitors or ARBs</i>	85.22%	85.93%	85.24%
<i>Diuretics</i>	85.05%	84.95%	83.78%
<i>Total²</i>	—	—	84.66%
<i>Use of Imaging Studies for Low Back Pain³</i>			
<i>Use of Imaging Studies for Low Back Pain</i>	81.26%	65.53%	69.33%
<i>Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis³</i>			
<i>Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis</i>	45.54%	65.57%	59.29%
<i>Pharmacotherapy Management of COPD Exacerbation³</i>			
<i>Systemic Corticosteroid</i>	61.54%	64.16%	55.69%^^
<i>Bronchodilator</i>	73.08%	81.82%	67.06%^^
<i>Medication Management for People With Asthma</i>			
<i>Medication Compliance 50%—Ages 5 to 11 Years</i>	30.47%	41.46%	41.22%
<i>Medication Compliance 50%—Ages 12 to 18 Years</i>	36.13%	42.76%	49.11%
<i>Medication Compliance 50%—Ages 19 to 50 Years</i>	46.26%	54.42%	64.19%
<i>Medication Compliance 50%—Ages 51 to 64 Years</i>	78.26%	70.83%	76.09%
<i>Medication Compliance 50%—Total</i>	39.76%	47.83%	54.19%^
<i>Medication Compliance 75%—Ages 5 to 11 Years</i>	9.01%	16.59%	21.62%
<i>Medication Compliance 75%—Ages 12 to 18 Years</i>	14.84%	15.79%	20.54%
<i>Medication Compliance 75%—Ages 19 to 50 Years</i>	21.77%	31.97%	33.11%
<i>Medication Compliance 75%—Ages 51 to 64 Years</i>	47.83%	41.67%	47.83%
<i>Medication Compliance 75%—Total</i>	16.87%	22.64%	27.75%
<i>Asthma Medication Ratio</i>			
<i>Ages 5 to 11 Years</i>	39.53%	54.46%	78.26%^
<i>Ages 12 to 18 Years</i>	29.21%	37.06%	64.80%^
<i>Ages 19 to 50 Years</i>	25.74%	34.72%	55.79%^
<i>Ages 51 to 64 Years</i>	33.77%	38.46%	49.23%

Performance Measures	HEDIS 2016 Rate	HEDIS 2017 Rate	HEDIS 2018 Rate
<i>Total</i>	32.39%	42.41%	63.77% [^]
Use of Spirometry Testing in the Assessment and Diagnosis of COPD			
<i>Use of Spirometry Testing in the Assessment and Diagnosis of COPD</i>	26.13%	22.47%	27.44%
Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis			
<i>Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis</i>	83.33%	86.49%	73.56% ^{^^}
Use of Services[†]			
Ambulatory Care (Per 1,000 Member Months)			
<i>Emergency Department Visits—Total—Age <1 Year*</i>	16.95	65.22	69.65
<i>Emergency Department Visits—Total—Ages 1 to 9 Years*</i>	36.43	31.76	32.31
<i>Emergency Department Visits—Total—Ages 10 to 19 Years*</i>	24.69	24.63	24.84
<i>Emergency Department Visits—Total—Ages 20 to 44 Years*</i>	70.03	58.06	51.97
<i>Emergency Department Visits—Total—Ages 45 to 64 Years*</i>	65.03	58.34	54.14
<i>Emergency Department Visits—Total—Ages 65 to 74 Years*</i>	59.37	56.00	47.45
<i>Emergency Department Visits—Total—Ages 75 to 84 Years*</i>	44.60	53.12	37.53
<i>Emergency Department Visits—Total—Ages 85+ Years*</i>	41.84	40.97	31.80
<i>Emergency Department Visits—Total—Total*</i>	43.97	42.22	41.79
<i>Outpatient Visits—Total—Age <1 Year</i>	143.62	409.84	492.44
<i>Outpatient Visits—Total—Ages 1 to 9 Years</i>	176.01	156.74	163.92
<i>Outpatient Visits—Total—Ages 10 to 19 Years</i>	157.24	151.78	153.32
<i>Outpatient Visits—Total—Ages 20 to 44 Years</i>	226.26	178.07	148.46
<i>Outpatient Visits—Total—Ages 45 to 64 Years</i>	353.89	312.71	262.26
<i>Outpatient Visits—Total—Ages 65 to 74 Years</i>	439.76	449.88	313.06
<i>Outpatient Visits—Total—Ages 75 to 84 Years</i>	409.33	526.66	319.32
<i>Outpatient Visits—Total—Ages 85+ Years</i>	342.78	442.99	164.41
<i>Outpatient Visits—Total—Total</i>	207.09	193.35	183.12
Inpatient Utilization—General Hospital/Acute Care—Total			
<i>Discharges per 1,000 Member Months (Total Inpatient)—Age <1 Year</i>	6.40	4.79	6.61
<i>Discharges per 1,000 Member Months (Total Inpatient)—Ages 1 to 9 Years</i>	1.40	1.32	1.29
<i>Discharges per 1,000 Member Months (Total Inpatient)—Ages 10 to 19 Years</i>	1.74	1.50	1.38
<i>Discharges per 1,000 Member Months (Total Inpatient)—Ages 20 to 44 Years</i>	9.56	7.02	5.86
<i>Discharges per 1,000 Member Months (Total Inpatient)—Ages 45 to 64 Years</i>	15.74	12.71	9.97
<i>Discharges per 1,000 Member Months (Total Inpatient)—Ages 65 to 74 Years</i>	14.67	15.11	10.75

Performance Measures	HEDIS 2016 Rate	HEDIS 2017 Rate	HEDIS 2018 Rate
<i>Discharges per 1,000 Member Months (Total Inpatient)—Ages 75 to 84 Years</i>	15.68	19.89	11.71
<i>Discharges per 1,000 Member Months (Total Inpatient)—Ages 85+ Years</i>	19.23	25.53	15.00
<i>Discharges per 1,000 Member Months (Total Inpatient)—Total</i>	5.48	4.85	4.58
<i>Days per 1,000 Member Months (Total Inpatient)—Age <1 Year</i>	38.40	23.53	43.70
<i>Days per 1,000 Member Months (Total Inpatient)—Ages 1 to 9 Years</i>	5.86	3.83	3.96
<i>Days per 1,000 Member Months (Total Inpatient)—Ages 10 to 19 Years</i>	5.49	4.88	5.34
<i>Days per 1,000 Member Months (Total Inpatient)—Ages 20 to 44 Years</i>	34.96	24.45	21.29
<i>Days per 1,000 Member Months (Total Inpatient)—Ages 45 to 64 Years</i>	90.36	76.68	62.97
<i>Days per 1,000 Member Months (Total Inpatient)—Ages 65 to 74 Years</i>	84.32	85.04	67.20
<i>Days per 1,000 Member Months (Total Inpatient)—Ages 75 to 84 Years</i>	105.38	106.23	66.39
<i>Days per 1,000 Member Months (Total Inpatient)—Ages 85+ Years</i>	93.45	138.95	81.66
<i>Days per 1,000 Member Months (Total Inpatient)—Total</i>	24.92	21.39	21.65
<i>Average Length of Stay (Total Inpatient)—Age <1 Year</i>	6.00	4.92	6.61
<i>Average Length of Stay (Total Inpatient)—Ages 1 to 9 Years</i>	4.20	2.91	3.08
<i>Average Length of Stay (Total Inpatient)—Ages 10 to 19 Years</i>	3.16	3.25	3.86
<i>Average Length of Stay (Total Inpatient)—Ages 20 to 44 Years</i>	3.66	3.48	3.63
<i>Average Length of Stay (Total Inpatient)—Ages 45 to 64 Years</i>	5.74	6.03	6.32
<i>Average Length of Stay (Total Inpatient)—Ages 65 to 74 Years</i>	5.75	5.63	6.25
<i>Average Length of Stay (Total Inpatient)—Ages 75 to 84 Years</i>	6.72	5.34	5.67
<i>Average Length of Stay (Total Inpatient)—Ages 85+ Years</i>	4.86	5.44	5.45
<i>Average Length of Stay (Total Inpatient)—Total</i>	4.55	4.41	4.73
<i>Discharges per 1,000 Member Months (Medicine)—Age <1 Year</i>	5.86	4.16	5.80
<i>Discharges per 1,000 Member Months (Medicine)—Ages 1 to 9 Years</i>	1.24	1.17	1.13
<i>Discharges per 1,000 Member Months (Medicine)—Ages 10 to 19 Years</i>	0.66	0.58	0.48
<i>Discharges per 1,000 Member Months (Medicine)—Ages 20 to 44 Years</i>	2.86	2.08	1.97
<i>Discharges per 1,000 Member Months (Medicine)—Ages 45 to 64 Years</i>	12.20	9.64	7.52
<i>Discharges per 1,000 Member Months (Medicine)—Ages 65 to 74 Years</i>	11.50	10.67	8.71

Performance Measures	HEDIS 2016 Rate	HEDIS 2017 Rate	HEDIS 2018 Rate
<i>Discharges per 1,000 Member Months (Medicine)—Ages 75 to 84 Years</i>	11.70	16.00	8.94
<i>Discharges per 1,000 Member Months (Medicine)—Ages 85+ Years</i>	16.53	23.16	12.65
<i>Discharges per 1,000 Member Months (Medicine)—Total</i>	3.06	2.63	2.55
<i>Days per 1,000 Member Months (Medicine)—Age <1 Year</i>	23.78	13.78	22.51
<i>Days per 1,000 Member Months (Medicine)—Ages 1 to 9 Years</i>	3.41	2.96	3.01
<i>Days per 1,000 Member Months (Medicine)—Ages 10 to 19 Years</i>	1.85	1.66	1.26
<i>Days per 1,000 Member Months (Medicine)—Ages 20 to 44 Years</i>	12.74	7.51	6.82
<i>Days per 1,000 Member Months (Medicine)—Ages 45 to 64 Years</i>	60.60	44.76	38.51
<i>Days per 1,000 Member Months (Medicine)—Ages 65 to 74 Years</i>	64.89	41.19	45.23
<i>Days per 1,000 Member Months (Medicine)—Ages 75 to 84 Years</i>	55.91	64.40	45.18
<i>Days per 1,000 Member Months (Medicine)—Ages 85+ Years</i>	75.24	116.98	64.86
<i>Days per 1,000 Member Months (Medicine)—Total</i>	13.46	10.36	10.84
<i>Average Length of Stay (Medicine)—Age <1 Year</i>	4.06	3.31	3.88
<i>Average Length of Stay (Medicine)—Ages 1 to 9 Years</i>	2.75	2.53	2.67
<i>Average Length of Stay (Medicine)—Ages 10 to 19 Years</i>	2.82	2.88	2.63
<i>Average Length of Stay (Medicine)—Ages 20 to 44 Years</i>	4.45	3.61	3.46
<i>Average Length of Stay (Medicine)—Ages 45 to 64 Years</i>	4.97	4.64	5.12
<i>Average Length of Stay (Medicine)—Ages 65 to 74 Years</i>	5.64	3.86	5.20
<i>Average Length of Stay (Medicine)—Ages 75 to 84 Years</i>	4.78	4.03	5.05
<i>Average Length of Stay (Medicine)—Ages 85+ Years</i>	4.55	5.05	5.13
<i>Average Length of Stay (Medicine)—Total</i>	4.41	3.94	4.25
<i>Discharges per 1,000 Member Months (Surgery)—Age <1 Year</i>	0.54	0.62	0.81
<i>Discharges per 1,000 Member Months (Surgery)—Ages 1 to 9 Years</i>	0.15	0.15	0.16
<i>Discharges per 1,000 Member Months (Surgery)—Ages 10 to 19 Years</i>	0.26	0.18	0.25
<i>Discharges per 1,000 Member Months (Surgery)—Ages 20 to 44 Years</i>	0.91	0.86	0.74
<i>Discharges per 1,000 Member Months (Surgery)—Ages 45 to 64 Years</i>	3.48	3.05	2.44
<i>Discharges per 1,000 Member Months (Surgery)—Ages 65 to 74 Years</i>	3.18	4.44	2.05
<i>Discharges per 1,000 Member Months (Surgery)—Ages 75 to 84 Years</i>	3.98	3.90	2.77
<i>Discharges per 1,000 Member Months (Surgery)—Ages 85+ Years</i>	2.70	2.38	2.35
<i>Discharges per 1,000 Member Months (Surgery)—Total</i>	0.81	0.81	0.78
<i>Days per 1,000 Member Months (Surgery)—Age <1 Year</i>	14.62	9.75	21.19
<i>Days per 1,000 Member Months (Surgery)—Ages 1 to 9 Years</i>	2.45	0.87	0.95
<i>Days per 1,000 Member Months (Surgery)—Ages 10 to 19 Years</i>	1.34	1.13	2.36

Performance Measures	HEDIS 2016 Rate	HEDIS 2017 Rate	HEDIS 2018 Rate
<i>Days per 1,000 Member Months (Surgery)—Ages 20 to 44 Years</i>	6.77	5.55	5.66
<i>Days per 1,000 Member Months (Surgery)—Ages 45 to 64 Years</i>	29.57	31.89	24.40
<i>Days per 1,000 Member Months (Surgery)—Ages 65 to 74 Years</i>	19.44	43.85	21.96
<i>Days per 1,000 Member Months (Surgery)—Ages 75 to 84 Years</i>	49.48	41.84	21.21
<i>Days per 1,000 Member Months (Surgery)—Ages 85+ Years</i>	18.22	21.97	16.80
<i>Days per 1,000 Member Months (Surgery)—Total</i>	7.12	7.11	7.35
<i>Average Length of Stay (Surgery)—Age <1 Year</i>	NA	NA	26.17
<i>Average Length of Stay (Surgery)—Ages 1 to 9 Years</i>	15.98	5.94	6.00
<i>Average Length of Stay (Surgery)—Ages 10 to 19 Years</i>	5.21	6.29	9.51
<i>Average Length of Stay (Surgery)—Ages 20 to 44 Years</i>	7.42	6.46	7.68
<i>Average Length of Stay (Surgery)—Ages 45 to 64 Years</i>	8.49	10.46	10.00
<i>Average Length of Stay (Surgery)—Ages 65 to 74 Years</i>	6.12	9.87	10.72
<i>Average Length of Stay (Surgery)—Ages 75 to 84 Years</i>	12.42	NA	7.67
<i>Average Length of Stay (Surgery)—Ages 85+ Years</i>	NA	NA	7.15
<i>Average Length of Stay (Surgery)—Total</i>	8.77	8.79	9.40
<i>Discharges per 1,000 Member Months (Maternity)—Ages 10 to 19 Years</i>	0.82	0.75	0.66
<i>Discharges per 1,000 Member Months (Maternity)—Ages 20 to 44 Years</i>	5.78	4.08	3.16
<i>Discharges per 1,000 Member Months (Maternity)—Ages 45 to 64 Years</i>	0.06	0.02	0.01
<i>Discharges per 1,000 Member Months (Maternity)—Total</i>	2.61	2.07	1.75
<i>Days per 1,000 Member Months (Maternity)—Ages 10 to 19 Years</i>	2.30	2.09	1.72
<i>Days per 1,000 Member Months (Maternity)—Ages 20 to 44 Years</i>	15.45	11.38	8.80
<i>Days per 1,000 Member Months (Maternity)—Ages 45 to 64 Years</i>	0.19	0.03	0.06
<i>Days per 1,000 Member Months (Maternity)—Total</i>	7.03	5.78	4.85
<i>Average Length of Stay (Maternity)—Ages 10 to 19 Years</i>	2.79	2.80	2.63
<i>Average Length of Stay (Maternity)—Ages 20 to 44 Years</i>	2.67	2.79	2.79
<i>Average Length of Stay (Maternity)—Ages 45 to 64 Years</i>	NA	NA	4.50
<i>Average Length of Stay (Maternity)—Total</i>	2.69	2.79	2.77
Antibiotic Utilization*			
<i>Average Scripts PMPY for Antibiotics—Ages 0 to 9 Years</i>	0.22	0.22	0.22
<i>Average Scripts PMPY for Antibiotics—Ages 10 to 17 Years</i>	0.15	0.14	0.14
<i>Average Scripts PMPY for Antibiotics—Ages 18 to 34 Years</i>	0.55	0.42	0.40
<i>Average Scripts PMPY for Antibiotics—Ages 35 to 49 Years</i>	0.59	0.50	0.46
<i>Average Scripts PMPY for Antibiotics—Ages 50 to 64 Years</i>	0.68	0.56	0.49
<i>Average Scripts PMPY for Antibiotics—Ages 65 to 74 Years</i>	0.30	0.14	0.06
<i>Average Scripts PMPY for Antibiotics—Ages 75 to 84 Years</i>	0.16	0.18	0.09
<i>Average Scripts PMPY for Antibiotics—Ages 85+ Years</i>	0.17	0.14	0.05

Performance Measures	HEDIS 2016 Rate	HEDIS 2017 Rate	HEDIS 2018 Rate
<i>Average Scripts PMPY for Antibiotics—Total</i>	0.34	0.31	0.31
<i>Average Days Supplied per Antibiotic Script—Ages 0 to 9 Years</i>	9.73	9.75	9.77
<i>Average Days Supplied per Antibiotic Script—Ages 10 to 17 Years</i>	10.62	11.08	10.75
<i>Average Days Supplied per Antibiotic Script—Ages 18 to 34 Years</i>	8.54	8.45	8.54
<i>Average Days Supplied per Antibiotic Script—Ages 35 to 49 Years</i>	8.95	8.94	9.01
<i>Average Days Supplied per Antibiotic Script—Ages 50 to 64 Years</i>	10.03	9.73	9.91
<i>Average Days Supplied per Antibiotic Script—Ages 65 to 74 Years</i>	9.34	9.61	10.83
<i>Average Days Supplied per Antibiotic Script—Ages 75 to 84 Years</i>	7.84	8.22	6.25
<i>Average Days Supplied per Antibiotic Script—Ages 85+ Years</i>	9.20	NA	12.75
<i>Average Days Supplied per Antibiotic Script—Total</i>	9.33	9.28	9.27
<i>Average Scripts PMPY for Antibiotics of Concern—Ages 0 to 9 Years</i>	0.05	0.05	0.05
<i>Average Scripts PMPY for Antibiotics of Concern—Ages 10 to 17 Years</i>	0.04	0.03	0.03
<i>Average Scripts PMPY for Antibiotics of Concern—Ages 18 to 34 Years</i>	0.14	0.11	0.10
<i>Average Scripts PMPY for Antibiotics of Concern—Ages 35 to 49 Years</i>	0.19	0.15	0.14
<i>Average Scripts PMPY for Antibiotics of Concern—Ages 50 to 64 Years</i>	0.27	0.21	0.18
<i>Average Scripts PMPY for Antibiotics of Concern—Ages 65 to 74 Years</i>	0.13	0.06	0.02
<i>Average Scripts PMPY for Antibiotics of Concern—Ages 75 to 84 Years</i>	0.08	0.09	0.05
<i>Average Scripts PMPY for Antibiotics of Concern—Ages 85+ Years</i>	0.09	0.06	0.04
<i>Average Scripts PMPY for Antibiotics of Concern—Total</i>	0.10	0.09	0.09
<i>Percentage of Antibiotics of Concern of All Antibiotic Scripts—Ages 0 to 9 Years</i>	22.81%	21.53%	20.72%
<i>Percentage of Antibiotics of Concern of All Antibiotic Scripts—Ages 10 to 17 Years</i>	23.81%	22.03%	20.16%
<i>Percentage of Antibiotics of Concern of All Antibiotic Scripts—Ages 18 to 34 Years</i>	25.15%	26.27%	26.18%
<i>Percentage of Antibiotics of Concern of All Antibiotic Scripts—Ages 35 to 49 Years</i>	31.40%	30.98%	30.68%
<i>Percentage of Antibiotics of Concern of All Antibiotic Scripts—Ages 50 to 64 Years</i>	39.21%	37.95%	37.64%
<i>Percentage of Antibiotics of Concern of All Antibiotic Scripts—Ages 65 to 74 Years</i>	44.71%	40.98%	34.88%
<i>Percentage of Antibiotics of Concern of All Antibiotic Scripts—Ages 75 to 84 Years</i>	46.67%	51.35%	54.55%

Performance Measures	HEDIS 2016 Rate	HEDIS 2017 Rate	HEDIS 2018 Rate
<i>Percentage of Antibiotics of Concern of All Antibiotic Scripts—Ages 85+ Years</i>	56.10%	NA	70.83%
<i>Percentage of Antibiotics of Concern of All Antibiotic Scripts—Total</i>	28.12%	27.79%	27.52%
Frequency of Selected Procedures			
<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>	0.00	0.01	0.01
<i>Bariatric weight loss surgery (20–44 Female)</i>	0.05	0.05	0.05
<i>Bariatric weight loss surgery (45–64 Male)</i>	0.02	0.02	0.00
<i>Bariatric weight loss surgery (45–64 Female)</i>	0.12	0.02	0.05
<i>Tonsillectomy (0–9 Male & Female)</i>	0.31	0.29	0.31
<i>Tonsillectomy (10–19 Male & Female)</i>	0.18	0.16	0.14
<i>Hysterectomy, Abdominal (15–44 Female)</i>	0.06	0.06	0.03
<i>Hysterectomy, Abdominal (45–64 Female)</i>	0.26	0.10	0.17
<i>Hysterectomy, Vaginal (15–44 Female)</i>	0.06	0.02	0.04
<i>Hysterectomy, Vaginal (45–64 Female)</i>	0.07	0.15	0.12
<i>Cholecystectomy, Open (30–64 Male)</i>	0.04	0.01	0.02
<i>Cholecystectomy, Open (15–44 Female)</i>	0.01	0.01	0.00
<i>Cholecystectomy, Open (45–64 Female)</i>	0.00	0.04	0.00
<i>Cholecystectomy (laparoscopic) (30–64 Male)</i>	0.09	0.05	0.08
<i>Cholecystectomy (laparoscopic) (15–44 Female)</i>	0.47	0.40	0.41
<i>Cholecystectomy (laparoscopic) (45–64 Female)</i>	0.33	0.33	0.39
<i>Back Surgery (20–44 Male)</i>	0.10	0.07	0.05
<i>Back Surgery (20–44 Female)</i>	0.05	0.03	0.05
<i>Back Surgery (45–64 Male)</i>	0.62	0.36	0.24
<i>Back Surgery (45–64 Female)</i>	0.23	0.33	0.24
<i>Mastectomy (15–44 Female)</i>	0.00	0.01	0.01
<i>Mastectomy (45–64 Female)</i>	0.23	0.06	0.15
<i>Lumpectomy (15–44 Female)</i>	0.04	0.07	0.04
<i>Lumpectomy (45–64 Female)</i>	0.19	0.19	0.23
Plan All-Cause Readmissions*			
<i>Index Total Stays—Observed Readmissions—Ages 18 to 44 Years</i>	—	—	15.15%
<i>Index Total Stays—Observed Readmissions—Ages 45 to 54 Years</i>	—	—	15.22%
<i>Index Total Stays—Observed Readmissions—Ages 55 to 64 Years</i>	—	—	17.63%
<i>Index Total Stays—Observed Readmissions—Total</i>	—	—	16.03%
<i>Index Total Stays—O/E Ratio—Total</i>	—	—	0.72
Use of Opioids at High Dosage (Per 1,000 Members)*			
<i>Use of Opioids at High Dosage</i>	—	—	29.05

Performance Measures	HEDIS 2016 Rate	HEDIS 2017 Rate	HEDIS 2018 Rate
Use of Opioids From Multiple Providers (Per 1,000 Members)*			
Multiple Prescribers	—	—	206.94
Multiple Pharmacies	—	—	119.39
Multiple Prescribers and Multiple Pharmacies	—	—	71.06

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

¹ Changes in the rates from HEDIS 2016 to HEDIS 2017 and HEDIS 2018 should be interpreted with caution due to a change in the Department's reporting requirement from Hybrid in HEDIS 2016 to Administrative in HEDIS 2017 and HEDIS 2018.

² Due to changes in the technical specifications for this measure in HEDIS 2018, NCQA does not recommend trending between 2018 and prior years; therefore, prior year rates are not displayed and comparisons to benchmarks are not performed for this measure.

³ Due to changes in the technical specifications for this measure for HEDIS 2017, exercise caution when trending HEDIS 2017 rates to prior years.

⁴ Due to changes in the technical specifications for this measure for HEDIS 2018, exercise caution when trending HEDIS 2018 rates to prior years.

— indicates that the rate is not presented in this report as the measure is a first-year measure; therefore, no trending information is available. This symbol may also indicate that NCQA recommended a break in trending; therefore, no prior year rates are displayed.

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

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.

RMHP Prime Trend Table

Table B-2—RMHP Prime Trend Table

Performance Measures	HEDIS 2016 Rate	HEDIS 2017 Rate	HEDIS 2018 Rate
<i>Pediatric Care</i>			
<i>Childhood Immunization Status¹</i>			
<i>DTap</i>	BR	NA	NA
<i>IPV</i>	BR	NA	NA
<i>MMR</i>	BR	NA	NA
<i>HiB</i>	BR	NA	NA
<i>Hepatitis B</i>	BR	NA	NA
<i>VZV</i>	BR	NA	NA
<i>Pneumococcal Conjugate</i>	BR	NA	NA
<i>Hepatitis A</i>	BR	NA	NA
<i>Rotavirus</i>	BR	NA	NA
<i>Influenza</i>	BR	NA	NA
<i>Combination 2</i>	BR	NA	NA
<i>Combination 3</i>	BR	NA	NA
<i>Combination 4</i>	BR	NA	NA
<i>Combination 5</i>	BR	NA	NA
<i>Combination 6</i>	BR	NA	NA
<i>Combination 7</i>	BR	NA	NA
<i>Combination 8</i>	BR	NA	NA
<i>Combination 9</i>	BR	NA	NA
<i>Combination 10</i>	BR	NA	NA
<i>Immunizations for Adolescents¹</i>			
<i>Meningococcal</i>	BR	NA	NA
<i>Tdap</i>	BR	NA	NA
<i>HPV</i>	—	—	NA
<i>Combination 1 (Meningococcal, Tdap)</i>	BR	NA	NA
<i>Combination 2 (Meningococcal, Tdap, HPV)²</i>	—	—	NA
<i>Well-Child Visits in the First 15 Months of Life¹</i>			
<i>Zero Visits*</i>	NA	NA	NA
<i>Six or More Visits</i>	NA	NA	NA
<i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life¹</i>			
<i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i>	BR	67.35%	58.21%
<i>Adolescent Well-Care Visits¹</i>			
<i>Adolescent Well-Care Visits</i>	BR	15.57%	15.68%

Performance Measures	HEDIS 2016 Rate	HEDIS 2017 Rate	HEDIS 2018 Rate
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents¹			
BMI Percentile Documentation—Ages 3 to 11 Years	BR	1.50%	3.16%
BMI Percentile Documentation—Ages 12 to 17 Years	BR	3.42%	3.20%
BMI Percentile Documentation—Total	BR	2.40%	3.18%
Counseling for Nutrition—Ages 3 to 11 Years	BR	15.79%	13.92%
Counseling for Nutrition—Ages 12 to 17 Years	BR	11.97%	17.60%
Counseling for Nutrition—Total	BR	14.00%	15.55%
Counseling for Physical Activity—Ages 3 to 11 Years	BR	0.75%	0.00%
Counseling for Physical Activity—Ages 12 to 17 Years	BR	0.85%	1.60%
Counseling for Physical Activity—Total	BR	0.80%	0.71%
Appropriate Testing for Children With Pharyngitis			
Appropriate Testing for Children With Pharyngitis	89.14%	NA	NA
Appropriate Treatment for Children With Upper Respiratory Infection³			
Appropriate Treatment for Children With Upper Respiratory Infection	94.98%	94.74%	NA
Access to Care			
Prenatal and Postpartum Care¹			
Timeliness of Prenatal Care	—	51.22%	22.65% ^^
Postpartum Care	—	28.22%	27.15%
Children and Adolescents' Access to Primary Care Practitioners			
Ages 12 to 24 Months	NA	NA	NA
Ages 25 Months to 6 Years	84.93%	90.57%	87.84%
Ages 7 to 11 Years	91.67%	90.11%	90.36%
Ages 12 to 19 Years	89.60%	86.06%	91.12%
Adults' Access to Preventive/Ambulatory Health Services			
Ages 20 to 44 Years	68.38%	67.53%	65.96% ^^
Ages 45 to 64 Years	76.95%	77.79%	76.58%
Ages 65 Years and Older	89.05%	91.80%	93.50%
Total	71.69%	72.23%	70.93% ^^
Preventive Screening			
Chlamydia Screening in Women			
Ages 16 to 20 Years	43.70%	44.68%	45.83%
Ages 21 to 24 Years	46.86%	45.30%	50.00% ^
Total	46.27%	45.23%	49.26% ^
Breast Cancer Screening²			
Breast Cancer Screening	—	—	50.44%
Cervical Cancer Screening¹			
Cervical Cancer Screening	BR	40.88%	43.21% ^

Performance Measures	HEDIS 2016 Rate	HEDIS 2017 Rate	HEDIS 2018 Rate
Non-Recommended Cervical Cancer Screening in Adolescent Females*			
<i>Non-Recommended Cervical Cancer Screening in Adolescent Females</i>	4.04%	3.07%	2.12%
Adult BMI Assessment¹			
<i>Adult BMI Assessment</i>	BR	16.21%	17.25% ^
Mental/Behavioral Health			
Antidepressant Medication Management⁴			
<i>Effective Acute Phase Treatment</i>	69.92%	56.03%	52.34%
<i>Effective Continuation Phase Treatment</i>	57.47%	36.21%	34.46%
Follow-Up Care for Children Prescribed ADHD Medication⁴			
<i>Initiation Phase</i>	35.19%	NA	NA
<i>Continuation and Maintenance Phase</i>	NA	NA	NA
Metabolic Monitoring for Children and Adolescents on Antipsychotics			
<i>Ages 1 to 5 Years</i>	—	—	NA
<i>Ages 6 to 11 Years</i>	—	—	NA
<i>Ages 12 to 17 Years</i>	—	—	NA
<i>Total</i>	—	—	21.95%
Use of Multiple Concurrent Antipsychotics in Children and Adolescents^{*,3}			
<i>Ages 1 to 5 Years</i>	NA	NA	NA
<i>Ages 6 to 11 Years</i>	NA	NA	NA
<i>Ages 12 to 17 Years</i>	NA	NA	NA
<i>Total</i>	0.00%	NA	2.70%
Living With Illness			
Persistence of Beta-Blocker Treatment After a Heart Attack			
<i>Persistence of Beta-Blocker Treatment After a Heart Attack</i>	NA	NA	NA
Comprehensive Diabetes Care¹			
<i>Hemoglobin A1c (HbA1c) Testing</i>	BR	86.05%	83.94%
<i>HbA1c Poor Control (>9.0%)*</i>	BR	74.00%	70.68% ^
<i>HbA1c Control (<8.0%)</i>	BR	21.71%	25.19% ^
<i>Eye Exam (Retinal) Performed</i>	BR	38.23%	7.47% ^^
<i>Medical Attention for Nephropathy</i>	BR	83.54%	82.98%
<i>Blood Pressure Control (<140/90 mm Hg)</i>	BR	0.00%	0.00%
Statin Therapy for Patients With Diabetes			
<i>Received Statin Therapy</i>	33.44%	43.48%	43.37%
<i>Statin Adherence 80%</i>	64.81%	62.75%	57.33%
Statin Therapy for Patients With Cardiovascular Disease			
<i>Received Statin Therapy—21–75 Years—Male</i>	42.42%	73.47%	74.78%
<i>Received Statin Therapy—40–75 Years—Female</i>	41.18%	67.65%	67.57%
<i>Received Statin Therapy—Total</i>	41.79%	71.08%	71.96%

Performance Measures	HEDIS 2016 Rate	HEDIS 2017 Rate	HEDIS 2018 Rate
<i>Statin Adherence 80%—21–75 Years—Male</i>	NA	65.28%	69.77%
<i>Statin Adherence 80%—40–75 Years—Female</i>	NA	67.39%	66.00%
<i>Statin Adherence 80%—Total</i>	NA	66.10%	68.38%
Annual Monitoring for Patients on Persistent Medications			
<i>ACE Inhibitors or ARBs</i>	84.54%	84.67%	84.52%
<i>Diuretics</i>	84.17%	85.51%	85.80%
<i>Total²</i>	—	—	85.03%
Use of Imaging Studies for Low Back Pain³			
<i>Use of Imaging Studies for Low Back Pain</i>	78.35%	74.17%	72.70%
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis³			
<i>Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis</i>	42.11%	37.87%	40.89%
Pharmacotherapy Management of COPD Exacerbation³			
<i>Systemic Corticosteroid</i>	53.99%	53.09%	44.50%
<i>Bronchodilator</i>	57.06%	62.89%	54.13%
Medication Management for People With Asthma			
<i>Medication Compliance 50%—Ages 5 to 11 Years</i>	NA	NA	NA
<i>Medication Compliance 50%—Ages 12 to 18 Years</i>	NA	NA	NA
<i>Medication Compliance 50%—Ages 19 to 50 Years</i>	66.67%	63.46%	60.36%
<i>Medication Compliance 50%—Ages 51 to 64 Years</i>	NA	61.54%	71.19%
<i>Medication Compliance 50%—Total</i>	65.91%	63.41%	63.25%
<i>Medication Compliance 75%—Ages 5 to 11 Years</i>	NA	NA	NA
<i>Medication Compliance 75%—Ages 12 to 18 Years</i>	NA	NA	NA
<i>Medication Compliance 75%—Ages 19 to 50 Years</i>	50.00%	34.62%	36.09%
<i>Medication Compliance 75%—Ages 51 to 64 Years</i>	NA	33.33%	47.46%
<i>Medication Compliance 75%—Total</i>	45.45%	34.63%	38.89%
Asthma Medication Ratio			
<i>Ages 5 to 11 Years</i>	NA	NA	NA
<i>Ages 12 to 18 Years</i>	NA	NA	NA
<i>Ages 19 to 50 Years</i>	58.82%	53.40%	52.83%
<i>Ages 51 to 64 Years</i>	NA	66.00%	47.22%^^
<i>Total</i>	58.26%	56.35%	52.07%
Use of Spirometry Testing in the Assessment and Diagnosis of COPD			
<i>Use of Spirometry Testing in the Assessment and Diagnosis of COPD</i>	35.42%	27.19%	34.87%
Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis			
<i>Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis</i>	65.00%	75.25%	74.77%

Performance Measures	HEDIS 2016 Rate	HEDIS 2017 Rate	HEDIS 2018 Rate
Use of Services†			
Ambulatory Care (Per 1,000 Member Months)			
<i>Emergency Department Visits—Total—Age <1 Year*</i>	NA	NA	166.67
<i>Emergency Department Visits—Total—Ages 1 to 9 Years*</i>	61.49	52.25	50.42
<i>Emergency Department Visits—Total—Ages 10 to 19 Years*</i>	63.28	60.34	58.92
<i>Emergency Department Visits—Total—Ages 20 to 44 Years*</i>	77.25	70.71	64.89
<i>Emergency Department Visits—Total—Ages 45 to 64 Years*</i>	60.39	58.31	60.07
<i>Emergency Department Visits—Total—Ages 65 to 74 Years*</i>	80.29	76.95	64.63
<i>Emergency Department Visits—Total—Ages 75 to 84 Years*</i>	58.88	52.24	58.89
<i>Emergency Department Visits—Total—Ages 85+ Years*</i>	51.66	48.63	54.14
<i>Emergency Department Visits—Total—Total*</i>	71.40	66.27	62.98
<i>Outpatient Visits—Total—Age <1 Year</i>	NA	NA	833.33
<i>Outpatient Visits—Total—Ages 1 to 9 Years</i>	507.69	515.92	495.34
<i>Outpatient Visits—Total—Ages 10 to 19 Years</i>	210.43	279.11	227.33
<i>Outpatient Visits—Total—Ages 20 to 44 Years</i>	244.71	241.27	234.08
<i>Outpatient Visits—Total—Ages 45 to 64 Years</i>	419.17	435.38	434.24
<i>Outpatient Visits—Total—Ages 65 to 74 Years</i>	608.30	708.72	717.41
<i>Outpatient Visits—Total—Ages 75 to 84 Years</i>	588.16	645.90	712.90
<i>Outpatient Visits—Total—Ages 85+ Years</i>	494.69	518.44	634.02
<i>Outpatient Visits—Total—Total</i>	306.76	320.65	317.25
Inpatient Utilization—General Hospital/Acute Care—Total			
<i>Discharges per 1,000 Member Months (Total Inpatient)—Age <1 Year</i>	NA	NA	0.00
<i>Discharges per 1,000 Member Months (Total Inpatient)—Ages 1 to 9 Years</i>	12.81	4.80	11.02
<i>Discharges per 1,000 Member Months (Total Inpatient)—Ages 10 to 19 Years</i>	7.25	7.68	7.60
<i>Discharges per 1,000 Member Months (Total Inpatient)—Ages 20 to 44 Years</i>	8.57	8.45	7.44
<i>Discharges per 1,000 Member Months (Total Inpatient)—Ages 45 to 64 Years</i>	10.35	10.98	10.30
<i>Discharges per 1,000 Member Months (Total Inpatient)—Ages 65 to 74 Years</i>	16.44	19.61	23.62
<i>Discharges per 1,000 Member Months (Total Inpatient)—Ages 75 to 84 Years</i>	18.00	21.09	23.45
<i>Discharges per 1,000 Member Months (Total Inpatient)—Ages 85+ Years</i>	19.46	14.80	19.90

Performance Measures	HEDIS 2016 Rate	HEDIS 2017 Rate	HEDIS 2018 Rate
<i>Discharges per 1,000 Member Months (Total Inpatient)—Total</i>	9.35	9.66	9.01
<i>Days per 1,000 Member Months (Total Inpatient)—Age <1 Year</i>	NA	NA	0.00
<i>Days per 1,000 Member Months (Total Inpatient)—Ages 1 to 9 Years</i>	40.56	56.46	43.64
<i>Days per 1,000 Member Months (Total Inpatient)—Ages 10 to 19 Years</i>	19.36	19.12	19.58
<i>Days per 1,000 Member Months (Total Inpatient)—Ages 20 to 44 Years</i>	24.65	25.03	21.49
<i>Days per 1,000 Member Months (Total Inpatient)—Ages 45 to 64 Years</i>	44.85	49.73	45.82
<i>Days per 1,000 Member Months (Total Inpatient)—Ages 65 to 74 Years</i>	88.32	99.27	104.47
<i>Days per 1,000 Member Months (Total Inpatient)—Ages 75 to 84 Years</i>	100.98	83.59	112.76
<i>Days per 1,000 Member Months (Total Inpatient)—Ages 85+ Years</i>	108.63	59.67	84.93
<i>Days per 1,000 Member Months (Total Inpatient)—Total</i>	32.70	35.32	32.59
<i>Average Length of Stay (Total Inpatient)—Age <1 Year</i>	NA	NA	—
<i>Average Length of Stay (Total Inpatient)—Ages 1 to 9 Years</i>	3.17	NA	3.96
<i>Average Length of Stay (Total Inpatient)—Ages 10 to 19 Years</i>	2.67	2.49	2.58
<i>Average Length of Stay (Total Inpatient)—Ages 20 to 44 Years</i>	2.87	2.96	2.89
<i>Average Length of Stay (Total Inpatient)—Ages 45 to 64 Years</i>	4.33	4.53	4.45
<i>Average Length of Stay (Total Inpatient)—Ages 65 to 74 Years</i>	5.37	5.06	4.42
<i>Average Length of Stay (Total Inpatient)—Ages 75 to 84 Years</i>	5.61	3.96	4.81
<i>Average Length of Stay (Total Inpatient)—Ages 85+ Years</i>	5.58	4.03	4.27
<i>Average Length of Stay (Total Inpatient)—Total</i>	3.50	3.66	3.62
<i>Discharges per 1,000 Member Months (Medicine)—Age <1 Year</i>	NA	NA	0.00
<i>Discharges per 1,000 Member Months (Medicine)—Ages 1 to 9 Years</i>	8.54	3.00	8.05
<i>Discharges per 1,000 Member Months (Medicine)—Ages 10 to 19 Years</i>	0.74	2.98	1.77
<i>Discharges per 1,000 Member Months (Medicine)—Ages 20 to 44 Years</i>	0.45	2.82	2.28
<i>Discharges per 1,000 Member Months (Medicine)—Ages 45 to 64 Years</i>	0.77	6.76	6.41
<i>Discharges per 1,000 Member Months (Medicine)—Ages 65 to 74 Years</i>	1.15	12.09	16.64
<i>Discharges per 1,000 Member Months (Medicine)—Ages 75 to 84 Years</i>	2.75	14.90	17.54
<i>Discharges per 1,000 Member Months (Medicine)—Ages 85+ Years</i>	2.83	11.28	15.66
<i>Discharges per 1,000 Member Months (Medicine)—Total</i>	0.65	4.47	4.20

Performance Measures	HEDIS 2016 Rate	HEDIS 2017 Rate	HEDIS 2018 Rate
<i>Days per 1,000 Member Months (Medicine)—Age <1 Year</i>	NA	NA	0.00
<i>Days per 1,000 Member Months (Medicine)—Ages 1 to 9 Years</i>	17.93	30.63	29.24
<i>Days per 1,000 Member Months (Medicine)—Ages 10 to 19 Years</i>	2.31	6.58	4.22
<i>Days per 1,000 Member Months (Medicine)—Ages 20 to 44 Years</i>	1.53	9.03	7.61
<i>Days per 1,000 Member Months (Medicine)—Ages 45 to 64 Years</i>	3.66	26.34	24.78
<i>Days per 1,000 Member Months (Medicine)—Ages 65 to 74 Years</i>	3.44	56.73	61.74
<i>Days per 1,000 Member Months (Medicine)—Ages 75 to 84 Years</i>	16.47	57.86	81.08
<i>Days per 1,000 Member Months (Medicine)—Ages 85+ Years</i>	13.80	42.52	60.77
<i>Days per 1,000 Member Months (Medicine)—Total</i>	2.53	16.38	15.52
<i>Average Length of Stay (Medicine)—Age <1 Year</i>	NA	NA	—
<i>Average Length of Stay (Medicine)—Ages 1 to 9 Years</i>	NA	NA	3.63
<i>Average Length of Stay (Medicine)—Ages 10 to 19 Years</i>	NA	NA	2.38
<i>Average Length of Stay (Medicine)—Ages 20 to 44 Years</i>	3.43	3.21	3.34
<i>Average Length of Stay (Medicine)—Ages 45 to 64 Years</i>	4.73	3.90	3.87
<i>Average Length of Stay (Medicine)—Ages 65 to 74 Years</i>	NA	4.69	3.71
<i>Average Length of Stay (Medicine)—Ages 75 to 84 Years</i>	NA	3.88	4.62
<i>Average Length of Stay (Medicine)—Ages 85+ Years</i>	NA	3.77	3.88
<i>Average Length of Stay (Medicine)—Total</i>	3.90	3.66	3.70
<i>Discharges per 1,000 Member Months (Surgery)—Age <1 Year</i>	NA	NA	0.00
<i>Discharges per 1,000 Member Months (Surgery)—Ages 1 to 9 Years</i>	4.27	1.80	2.97
<i>Discharges per 1,000 Member Months (Surgery)—Ages 10 to 19 Years</i>	2.72	1.57	1.10
<i>Discharges per 1,000 Member Months (Surgery)—Ages 20 to 44 Years</i>	4.65	1.21	1.02
<i>Discharges per 1,000 Member Months (Surgery)—Ages 45 to 64 Years</i>	9.57	4.20	3.84
<i>Discharges per 1,000 Member Months (Surgery)—Ages 65 to 74 Years</i>	15.29	7.52	6.98
<i>Discharges per 1,000 Member Months (Surgery)—Ages 75 to 84 Years</i>	15.25	6.19	5.91
<i>Discharges per 1,000 Member Months (Surgery)—Ages 85+ Years</i>	16.63	3.52	4.25
<i>Discharges per 1,000 Member Months (Surgery)—Total</i>	6.37	2.36	2.12
<i>Days per 1,000 Member Months (Surgery)—Age <1 Year</i>	NA	NA	0.00
<i>Days per 1,000 Member Months (Surgery)—Ages 1 to 9 Years</i>	22.63	25.83	14.41
<i>Days per 1,000 Member Months (Surgery)—Ages 10 to 19 Years</i>	7.91	6.58	4.73
<i>Days per 1,000 Member Months (Surgery)—Ages 20 to 44 Years</i>	15.49	6.25	5.27
<i>Days per 1,000 Member Months (Surgery)—Ages 45 to 64 Years</i>	41.15	23.32	20.85
<i>Days per 1,000 Member Months (Surgery)—Ages 65 to 74 Years</i>	84.88	42.55	42.73
<i>Days per 1,000 Member Months (Surgery)—Ages 75 to 84 Years</i>	84.50	25.74	31.68

Performance Measures	HEDIS 2016 Rate	HEDIS 2017 Rate	HEDIS 2018 Rate
<i>Days per 1,000 Member Months (Surgery)—Ages 85+ Years</i>	94.83	17.15	24.15
<i>Days per 1,000 Member Months (Surgery)—Total</i>	25.02	12.73	11.43
<i>Average Length of Stay (Surgery)—Age <1 Year</i>	NA	NA	—
<i>Average Length of Stay (Surgery)—Ages 1 to 9 Years</i>	NA	NA	4.86
<i>Average Length of Stay (Surgery)—Ages 10 to 19 Years</i>	2.91	NA	4.31
<i>Average Length of Stay (Surgery)—Ages 20 to 44 Years</i>	3.33	5.16	5.18
<i>Average Length of Stay (Surgery)—Ages 45 to 64 Years</i>	4.30	5.55	5.43
<i>Average Length of Stay (Surgery)—Ages 65 to 74 Years</i>	5.55	5.66	6.12
<i>Average Length of Stay (Surgery)—Ages 75 to 84 Years</i>	5.54	4.16	5.36
<i>Average Length of Stay (Surgery)—Ages 85+ Years</i>	5.70	NA	5.69
<i>Average Length of Stay (Surgery)—Total</i>	3.93	5.39	5.39
<i>Discharges per 1,000 Member Months (Maternity)—Ages 10 to 19 Years</i>	3.79	3.13	4.73
<i>Discharges per 1,000 Member Months (Maternity)—Ages 20 to 44 Years</i>	3.48	4.42	4.14
<i>Discharges per 1,000 Member Months (Maternity)—Ages 45 to 64 Years</i>	0.01	0.02	0.05
<i>Discharges per 1,000 Member Months (Maternity)—Total</i>	2.42	2.96	2.83
<i>Days per 1,000 Member Months (Maternity)—Ages 10 to 19 Years</i>	9.15	5.96	10.64
<i>Days per 1,000 Member Months (Maternity)—Ages 20 to 44 Years</i>	7.63	9.74	8.61
<i>Days per 1,000 Member Months (Maternity)—Ages 45 to 64 Years</i>	0.03	0.07	0.18
<i>Days per 1,000 Member Months (Maternity)—Total</i>	5.34	6.52	5.93
<i>Average Length of Stay (Maternity)—Ages 10 to 19 Years</i>	2.41	NA	2.25
<i>Average Length of Stay (Maternity)—Ages 20 to 44 Years</i>	2.19	2.20	2.08
<i>Average Length of Stay (Maternity)—Ages 45 to 64 Years</i>	NA	NA	3.43
<i>Average Length of Stay (Maternity)—Total</i>	2.21	2.20	2.10
Antibiotic Utilization*			
<i>Average Scripts PMPY for Antibiotics—Ages 0 to 9 Years</i>	1.50	1.28	1.08
<i>Average Scripts PMPY for Antibiotics—Ages 10 to 17 Years</i>	0.80	0.86	0.82
<i>Average Scripts PMPY for Antibiotics—Ages 18 to 34 Years</i>	1.03	0.71	0.67
<i>Average Scripts PMPY for Antibiotics—Ages 35 to 49 Years</i>	1.07	0.79	0.73
<i>Average Scripts PMPY for Antibiotics—Ages 50 to 64 Years</i>	1.02	0.82	0.77
<i>Average Scripts PMPY for Antibiotics—Ages 65 to 74 Years</i>	0.17	0.35	0.23
<i>Average Scripts PMPY for Antibiotics—Ages 75 to 84 Years</i>	0.15	0.23	0.26
<i>Average Scripts PMPY for Antibiotics—Ages 85+ Years</i>	0.20	0.21	0.30
<i>Average Scripts PMPY for Antibiotics—Total</i>	1.02	0.75	0.70
<i>Average Days Supplied per Antibiotic Script—Ages 0 to 9 Years</i>	14.44	12.62	9.88
<i>Average Days Supplied per Antibiotic Script—Ages 10 to 17 Years</i>	13.75	13.01	14.21
<i>Average Days Supplied per Antibiotic Script—Ages 18 to 34 Years</i>	9.06	9.06	9.02

Performance Measures	HEDIS 2016 Rate	HEDIS 2017 Rate	HEDIS 2018 Rate
<i>Average Days Supplied per Antibiotic Script—Ages 35 to 49 Years</i>	9.19	9.24	9.40
<i>Average Days Supplied per Antibiotic Script—Ages 50 to 64 Years</i>	9.64	9.40	9.46
<i>Average Days Supplied per Antibiotic Script—Ages 65 to 74 Years</i>	7.78	11.71	8.03
<i>Average Days Supplied per Antibiotic Script—Ages 75 to 84 Years</i>	6.53	8.31	15.58
<i>Average Days Supplied per Antibiotic Script—Ages 85+ Years</i>	9.37	10.09	12.00
<i>Average Days Supplied per Antibiotic Script—Total</i>	9.30	9.27	9.32
<i>Average Scripts PMPY for Antibiotics of Concern—Ages 0 to 9 Years</i>	0.64	0.55	0.50
<i>Average Scripts PMPY for Antibiotics of Concern—Ages 10 to 17 Years</i>	0.26	0.33	0.25
<i>Average Scripts PMPY for Antibiotics of Concern—Ages 18 to 34 Years</i>	0.40	0.27	0.24
<i>Average Scripts PMPY for Antibiotics of Concern—Ages 35 to 49 Years</i>	0.49	0.34	0.29
<i>Average Scripts PMPY for Antibiotics of Concern—Ages 50 to 64 Years</i>	0.50	0.39	0.35
<i>Average Scripts PMPY for Antibiotics of Concern—Ages 65 to 74 Years</i>	0.10	0.14	0.11
<i>Average Scripts PMPY for Antibiotics of Concern—Ages 75 to 84 Years</i>	0.09	0.12	0.09
<i>Average Scripts PMPY for Antibiotics of Concern—Ages 85+ Years</i>	0.10	0.08	0.10
<i>Average Scripts PMPY for Antibiotics of Concern—Total</i>	0.44	0.32	0.28
<i>Percentage of Antibiotics of Concern of All Antibiotic Scripts—Ages 0 to 9 Years</i>	42.91%	42.70%	46.48%
<i>Percentage of Antibiotics of Concern of All Antibiotic Scripts—Ages 10 to 17 Years</i>	32.98%	38.00%	30.58%
<i>Percentage of Antibiotics of Concern of All Antibiotic Scripts—Ages 18 to 34 Years</i>	38.87%	38.10%	35.78%
<i>Percentage of Antibiotics of Concern of All Antibiotic Scripts—Ages 35 to 49 Years</i>	45.49%	42.96%	39.74%
<i>Percentage of Antibiotics of Concern of All Antibiotic Scripts—Ages 50 to 64 Years</i>	49.13%	47.94%	45.75%
<i>Percentage of Antibiotics of Concern of All Antibiotic Scripts—Ages 65 to 74 Years</i>	56.76%	39.31%	47.06%
<i>Percentage of Antibiotics of Concern of All Antibiotic Scripts—Ages 75 to 84 Years</i>	60.00%	53.13%	35.80%
<i>Percentage of Antibiotics of Concern of All Antibiotic Scripts—Ages 85+ Years</i>	50.00%	39.29%	32.35%
<i>Percentage of Antibiotics of Concern of All Antibiotic Scripts—Total</i>	43.15%	42.10%	39.55%

Performance Measures	HEDIS 2016 Rate	HEDIS 2017 Rate	HEDIS 2018 Rate
Frequency of Selected Procedures			
<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>	0.05	0.01	0.01
<i>Bariatric weight loss surgery (20–44 Female)</i>	0.11	0.09	0.12
<i>Bariatric weight loss surgery (45–64 Male)</i>	0.06	0.02	0.02
<i>Bariatric weight loss surgery (45–64 Female)</i>	0.16	0.25	0.17
<i>Tonsillectomy (0–9 Male & Female)</i>	0.84	3.60	1.27
<i>Tonsillectomy (10–19 Male & Female)</i>	0.33	0.16	0.42
<i>Hysterectomy, Abdominal (15–44 Female)</i>	0.15	0.10	0.08
<i>Hysterectomy, Abdominal (45–64 Female)</i>	0.26	0.23	0.17
<i>Hysterectomy, Vaginal (15–44 Female)</i>	0.49	0.59	0.34
<i>Hysterectomy, Vaginal (45–64 Female)</i>	0.47	0.40	0.31
<i>Cholecystectomy, Open (30–64 Male)</i>	0.00	0.00	0.01
<i>Cholecystectomy, Open (15–44 Female)</i>	0.00	0.01	0.01
<i>Cholecystectomy, Open (45–64 Female)</i>	0.03	0.01	0.01
<i>Cholecystectomy (laparoscopic) (30–64 Male)</i>	0.35	0.33	0.32
<i>Cholecystectomy (laparoscopic) (15–44 Female)</i>	0.99	0.82	0.84
<i>Cholecystectomy (laparoscopic) (45–64 Female)</i>	0.91	0.70	0.71
<i>Back Surgery (20–44 Male)</i>	0.35	0.18	0.10
<i>Back Surgery (20–44 Female)</i>	0.24	0.29	0.23
<i>Back Surgery (45–64 Male)</i>	0.92	0.83	0.72
<i>Back Surgery (45–64 Female)</i>	0.58	0.78	0.62
<i>Mastectomy (15–44 Female)</i>	0.04	0.07	0.05
<i>Mastectomy (45–64 Female)</i>	0.21	0.04	0.10
<i>Lumpectomy (15–44 Female)</i>	0.21	0.13	0.08
<i>Lumpectomy (45–64 Female)</i>	0.36	0.26	0.33
Plan All-Cause Readmissions*			
<i>Index Total Stays—Observed Readmissions—Ages 18 to 44 Years</i>	—	—	10.71%
<i>Index Total Stays—Observed Readmissions—Ages 45 to 54 Years</i>	—	—	9.81%
<i>Index Total Stays—Observed Readmissions—Ages 55 to 64 Years</i>	—	—	7.50%
<i>Index Total Stays—Observed Readmissions—Total</i>	—	—	9.33%
<i>Index Total Stays—O/E Ratio—Total</i>	—	—	0.56
Use of Opioids at High Dosage (Per 1,000 Members)*			
<i>Use of Opioids at High Dosage</i>	—	—	41.26

Performance Measures	HEDIS 2016 Rate	HEDIS 2017 Rate	HEDIS 2018 Rate
Use of Opioids From Multiple Providers (Per 1,000 Members)*			
Multiple Prescribers	—	—	338.13
Multiple Pharmacies	—	—	91.83
Multiple Prescribers and Multiple Pharmacies	—	—	62.63

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

¹ Changes in the rates from HEDIS 2016 to HEDIS 2017 and HEDIS 2018 should be interpreted with caution due to a change in the Department's reporting requirement from Hybrid in HEDIS 2016 to Administrative in HEDIS 2017 and HEDIS 2018.

² Due to changes in the technical specifications for this measure in HEDIS 2018, NCQA does not recommend trending between 2018 and prior years; therefore, prior year rates are not displayed and comparisons to benchmarks are not performed for this measure.

³ Due to changes in the technical specifications for this measure for HEDIS 2017, exercise caution when trending HEDIS 2017 rates to prior years.

⁴ Due to changes in the technical specifications for this measure for HEDIS 2018, exercise caution when trending HEDIS 2018 rates to prior years.

— indicates that the rate is not presented in this report as the measure is a first-year measure; therefore, no trending information is available. This symbol may also indicate that NCQA recommended a break in trending; therefore, no prior year rates are displayed.

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

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.

BR (Biased Rate) indicates that the reported rate was invalid; therefore, the rate is not presented.

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 for HEDIS 2016 and 2017 were based on FFS and additional Medicaid managed care health plans. The HEDIS 2018 Colorado Medicaid weighted averages are based on DHMC and RMHP Prime. Therefore, exercise caution when comparing HEDIS 2018 rates to historical rates.

Table B-3—Colorado Medicaid Statewide Trend Table

Performance Measures	HEDIS 2016 Rate	HEDIS 2017 Rate	HEDIS 2018 Rate	Plan Rate Range [‡]
<i>Pediatric Care</i>				
<i>Childhood Immunization Status¹</i>				
<i>DTap</i>	63.22%	64.87%	75.39% [^]	—
<i>IPV</i>	78.71%	80.97%	84.70% [^]	—
<i>MMR</i>	80.34%	81.40%	78.65% ^{^^}	—
<i>HiB</i>	73.86%	77.94%	84.70% [^]	—
<i>Hepatitis B</i>	80.22%	81.07%	80.75%	—
<i>VZV</i>	79.73%	80.65%	83.70% [^]	—
<i>Pneumococcal Conjugate</i>	66.56%	68.38%	73.99% [^]	—
<i>Hepatitis A</i>	71.54%	74.81%	81.06% [^]	—
<i>Rotavirus</i>	59.50%	61.88%	67.62% [^]	—
<i>Influenza</i>	36.12%	41.79%	50.23% [^]	—
<i>Combination 2</i>	55.00%	58.53%	68.25% [^]	—
<i>Combination 3</i>	52.56%	56.00%	65.92% [^]	—
<i>Combination 4</i>	49.39%	53.15%	64.21% [^]	—
<i>Combination 5</i>	43.25%	47.31%	58.00% [^]	—
<i>Combination 6</i>	25.99%	32.83%	43.32% [^]	—
<i>Combination 7</i>	40.84%	45.27%	56.68% [^]	—
<i>Combination 8</i>	24.90%	31.74%	42.47% [^]	—
<i>Combination 9</i>	22.42%	28.87%	39.44% [^]	—
<i>Combination 10</i>	21.49%	28.01%	38.74% [^]	—
<i>Immunizations for Adolescents¹</i>				
<i>Meningococcal</i>	65.99%	66.57%	77.73% [^]	—
<i>Tdap</i>	78.86%	77.67%	81.93% [^]	—
<i>HPV</i>	—	—	50.16%	—
<i>Combination 1 (Meningococcal, Tdap)</i>	64.85%	64.78%	75.55% [^]	—
<i>Combination 2 (Meningococcal, Tdap, HPV)²</i>	—	—	47.11%	—

Performance Measures	HEDIS 2016 Rate	HEDIS 2017 Rate	HEDIS 2018 Rate	Plan Rate Range [‡]
Well-Child Visits in the First 15 Months of Life¹				
Zero Visits*	4.89%	4.25%	9.12%^^	—
Six or More Visits	44.49%	48.55%	4.39%^^	—
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life¹				
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	56.96%	57.64%	60.89%^	58.21%-60.91%
Adolescent Well-Care Visits¹				
Adolescent Well-Care Visits	32.13%	33.94%	34.29%	15.68%-36.33%
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents¹				
BMI Percentile Documentation—Ages 3 to 11 Years	60.99%	7.58%	10.49%^	3.16%-10.61%
BMI Percentile Documentation—Ages 12 to 17 Years	59.66%	10.63%	26.76%^	3.20%-27.26%
BMI Percentile Documentation—Total	60.50%	8.65%	16.52%^	3.18%-16.75%
Counseling for Nutrition—Ages 3 to 11 Years	61.68%	7.41%	1.76%^^	1.56%-13.92%
Counseling for Nutrition—Ages 12 to 17 Years	57.15%	7.85%	13.60%^	13.51%-17.60%
Counseling for Nutrition—Total	59.95%	7.57%	6.14%^^	5.97%-15.55%
Counseling for Physical Activity—Ages 3 to 11 Years	47.66%	1.95%	0.36%^^	0.00%-0.37%
Counseling for Physical Activity—Ages 12 to 17 Years	51.15%	4.89%	3.04%^^	1.60%-3.07%
Counseling for Physical Activity—Total	49.01%	2.97%	1.35%^^	0.71%-1.36%
Appropriate Testing for Children With Pharyngitis				
Appropriate Testing for Children With Pharyngitis	73.15%	75.71%	83.67%^	—
Appropriate Treatment for Children With Upper Respiratory Infection³				
Appropriate Treatment for Children With Upper Respiratory Infection	91.92%	92.16%	97.55%^	—
Access to Care				
Prenatal and Postpartum Care¹				
Timeliness of Prenatal Care	—	64.06%	43.75%^^	22.65%-64.59%
Postpartum Care	—	35.08%	38.18%^	27.15%-49.06%
Children's and Adolescents' Access to Primary Care Practitioners				
Ages 12 to 24 Months	91.77%	92.33%	86.85%^^	—
Ages 25 Months to 6 Years	78.92%	79.07%	72.27%^^	72.12%-87.84%
Ages 7 to 11 Years	82.77%	83.05%	75.68%^^	75.53%-90.36%
Ages 12 to 19 Years	82.34%	82.70%	75.68%^^	75.43%-91.12%
Adults' Access to Preventive/Ambulatory Health Services				
Ages 20 to 44 Years	63.86%	61.59%	57.22%^^	49.43%-65.96%
Ages 45 to 64 Years	74.67%	72.83%	70.88%^^	64.43%-76.58%
Ages 65 Years and Older	75.14%	76.50%	83.48%^	75.20%-93.50%
Total	67.99%	66.03%	62.88%^^	55.19%-70.93%

Performance Measures	HEDIS 2016 Rate	HEDIS 2017 Rate	HEDIS 2018 Rate	Plan Rate Range [‡]
Preventive Screening				
Chlamydia Screening in Women—Total				
Ages 16 to 20 Years	48.19%	47.14%	63.09% [^]	45.83%-65.87%
Ages 21 to 24 Years	55.66%	54.40%	58.66% [^]	50.00%-67.84%
Total	52.00%	50.69%	60.64% [^]	49.26%-66.68%
Breast Cancer Screening²				
Breast Cancer Screening	—	—	50.53%	50.44%-50.65%
Cervical Cancer Screening¹				
Cervical Cancer Screening	47.87%	42.85%	43.12%	43.03%-43.21%
Non-Recommended Cervical Cancer Screening in Adolescent Females*				
Non-Recommended Cervical Cancer Screening in Adolescent Females	1.33%	1.34%	0.34% [^]	0.14%-2.12%
Adult BMI Assessment¹				
Adult BMI Assessment	72.16%	18.39%	47.08% [^]	17.25%-83.25%
Mental/Behavioral Health				
Anti-depressant Medication Management⁴				
Effective Acute Phase Treatment	66.97%	55.31%	53.45%	52.34%-54.88%
Effective Continuation Phase Treatment	52.81%	32.28%	34.05%	33.52%-34.46%
Follow-Up Care for Children Prescribed ADHD Medication⁴				
Initiation Phase	35.03%	34.13%	37.59%	—
Continuation and Maintenance Phase	34.95%	35.55%	NA	—
Metabolic Monitoring for Children and Adolescents on Antipsychotics				
Ages 1 to 5 Years	—	—	NA	—
Ages 6 to 11 Years	—	—	NA	—
Ages 12 to 17 Years	—	—	NA	—
Total	—	—	21.95%	—
Use of Multiple Concurrent Antipsychotics in Children and Adolescents*³				
Ages 1 to 5 Years	0.00%	NA	NA	—
Ages 6 to 11 Years	3.77%	3.52%	NA	—
Ages 12 to 17 Years	7.79%	6.81%	0.00%	—
Total	6.43%	5.76%	1.49%	0.00%-2.70%
Living With Illness				
Persistence of Beta-Blocker Treatment After a Heart Attack				
Persistence of Beta-Blocker Treatment After a Heart Attack	75.60%	69.04%	66.18%	—
Comprehensive Diabetes Care¹				
Hemoglobin A1c (HbA1c) Testing	77.76%	79.13%	83.03% [^]	82.16%-83.94%
HbA1c Poor Control (>9.0%)*	55.00%	93.82%	56.53% [^]	42.92%-70.68%
HbA1c Control (<8.0%)	37.34%	4.88%	35.51% [^]	25.19%-45.45%

Performance Measures	HEDIS 2016 Rate	HEDIS 2017 Rate	HEDIS 2018 Rate	Plan Rate Range [‡]
<i>Eye Exam (Retinal) Performed</i>	40.47%	30.83%	27.40%^^	7.47%-46.59%
<i>Medical Attention for Nephropathy</i>	85.36%	78.30%	82.72%^	82.47%-82.98%
<i>Blood Pressure Control (<140/90 mm Hg)</i>	58.24%	5.05%	32.61%^	0.00%-64.01%
Statin Therapy for Patients With Diabetes				
<i>Received Statin Therapy</i>	—	56.05%	49.60%^^	43.37%-54.64%
<i>Statin Adherence 80%</i>	—	51.69%	58.63%^	57.33%-59.47%
Statin Therapy for Patients With Cardiovascular Disease				
<i>Received Statin Therapy—21–75 Years—Male</i>	—	79.98%	73.68%^^	72.00%-74.78%
<i>Received Statin Therapy—40–75 Years—Female</i>	—	75.06%	72.44%	67.57%-79.25%
<i>Received Statin Therapy—Total</i>	—	78.26%	73.19%^^	71.96%-75.00%
<i>Statin Adherence 80%—21–75 Years—Male</i>	—	57.35%	65.00%	57.41%-69.77%
<i>Statin Adherence 80%—40–75 Years—Female</i>	—	56.29%	63.04%	59.52%-66.00%
<i>Statin Adherence 80%—Total</i>	—	56.99%	64.22%^	58.33%-68.38%
Annual Monitoring for Patients on Persistent Medications				
<i>ACE Inhibitors or ARBs</i>	83.62%	85.08%	84.90%	84.52%-85.24%
<i>Diuretics</i>	83.68%	84.45%	84.75%	83.78%-85.80%
<i>Total</i>	—	—	84.84%	84.66%-85.03%
Use of Imaging Studies for Low Back Pain³				
<i>Use of Imaging Studies for Low Back Pain</i>	77.16%	68.16%	71.09%^	69.33%-72.70%
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis³				
<i>Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis</i>	31.13%	37.16%	45.60%^	40.89%-59.29%
Pharmacotherapy Management of COPD Exacerbation³				
<i>Systemic Corticosteroid</i>	66.77%	69.02%	50.53%^^	44.50%-55.69%
<i>Bronchodilator</i>	79.63%	80.90%	61.10%^^	54.13%-67.06%
Medication Management for People With Asthma				
<i>Medication Compliance 50%—Ages 5 to 11 Years</i>	69.33%	56.24%	41.72%^^	—
<i>Medication Compliance 50%—Ages 12 to 18 Years</i>	64.14%	51.40%	49.57%	—
<i>Medication Compliance 50%—Ages 19 to 50 Years</i>	69.77%	61.10%	62.15%	60.36%-64.19%
<i>Medication Compliance 50%—Ages 51 to 64 Years</i>	81.13%	71.82%	73.33%	71.19%-76.09%
<i>Medication Compliance 50%—Total</i>	69.00%	58.29%	57.27%	54.19%-63.25%
<i>Medication Compliance 75%—Ages 5 to 11 Years</i>	45.92%	29.03%	21.85%	—
<i>Medication Compliance 75%—Ages 12 to 18 Years</i>	41.17%	25.74%	20.87%	—
<i>Medication Compliance 75%—Ages 19 to 50 Years</i>	47.97%	35.57%	34.70%	33.11%-36.09%
<i>Medication Compliance 75%—Ages 51 to 64 Years</i>	58.23%	47.40%	47.62%	47.46%-47.83%
<i>Medication Compliance 75%—Total</i>	46.21%	32.29%	31.54%	27.75%-38.89%
Asthma Medication Ratio				
<i>Ages 5 to 11 Years</i>	70.83%	73.15%	78.05%	—
<i>Ages 12 to 18 Years</i>	59.87%	60.73%	65.63%	—

Performance Measures	HEDIS 2016 Rate	HEDIS 2017 Rate	HEDIS 2018 Rate	Plan Rate Range [‡]
<i>Ages 19 to 50 Years</i>	50.74%	51.38%	54.23%	52.83%-55.79%
<i>Ages 51 to 64 Years</i>	59.64%	61.75%	48.18%^^	47.22%-49.23%
<i>Total</i>	60.71%	61.23%	59.69%	52.07%-63.77%
Use of Spirometry Testing in the Assessment and Diagnosis of COPD				
<i>Use of Spirometry Testing in the Assessment and Diagnosis of COPD</i>	25.39%	27.07%	31.48%	27.44%-34.87%
Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis				
<i>Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis</i>	79.89%	78.04%	74.24%	73.56%-74.77%
Use of Services[†]				
Ambulatory Care (Per 1,000 Member Months)				
<i>Emergency Department Visits—Total—Age <1 Year*</i>	86.14	85.99	69.67	69.65-166.67
<i>Emergency Department Visits—Total—Ages 1 to 9 Years*</i>	46.01	42.30	32.49	32.31-50.42
<i>Emergency Department Visits—Total—Ages 10 to 19 Years*</i>	39.17	37.49	26.46	24.84-58.92
<i>Emergency Department Visits—Total—Ages 20 to 44 Years*</i>	77.49	70.45	57.46	51.97-64.89
<i>Emergency Department Visits—Total—Ages 45 to 64 Years*</i>	62.20	59.97	57.02	54.14-60.07
<i>Emergency Department Visits—Total—Ages 65 to 74 Years*</i>	56.19	56.88	53.40	47.45-64.63
<i>Emergency Department Visits—Total—Ages 75 to 84 Years*</i>	50.03	50.30	44.79	37.53-58.89
<i>Emergency Department Visits—Total—Ages 85+ Years*</i>	41.60	41.70	40.85	31.80-54.14
<i>Emergency Department Visits—Total—Total*</i>	59.12	55.58	48.02	41.79-62.98
<i>Outpatient Visits—Total—Age <1 Year</i>	675.15	699.46	492.51	492.44-833.33
<i>Outpatient Visits—Total—Ages 1 to 9 Years</i>	227.73	221.29	167.22	163.92-495.34
<i>Outpatient Visits—Total—Ages 10 to 19 Years</i>	194.51	191.90	156.83	153.32-227.33
<i>Outpatient Visits—Total—Ages 20 to 44 Years</i>	236.98	219.61	184.83	148.46-234.08
<i>Outpatient Visits—Total—Ages 45 to 64 Years</i>	403.43	386.66	345.59	262.26-434.24
<i>Outpatient Visits—Total—Ages 65 to 74 Years</i>	502.36	505.66	453.12	313.06-717.41
<i>Outpatient Visits—Total—Ages 75 to 84 Years</i>	521.44	530.18	453.14	319.32-712.90
<i>Outpatient Visits—Total—Ages 85+ Years</i>	479.04	480.55	354.62	164.41-634.02
<i>Outpatient Visits—Total—Total</i>	274.59	263.93	222.58	183.12-317.25
Inpatient Utilization—General Hospital/Acute Care				
<i>Discharges per 1,000 Member Months (Total Inpatient)—Age <1 Year</i>	9.88	9.37	6.61	0.00-6.61
<i>Discharges per 1,000 Member Months (Total Inpatient)—Ages 1 to 9 Years</i>	1.72	1.60	1.38	1.29-11.02

Performance Measures	HEDIS 2016 Rate	HEDIS 2017 Rate	HEDIS 2018 Rate	Plan Rate Range [‡]
<i>Discharges per 1,000 Member Months (Total Inpatient)—Ages 10 to 19 Years</i>	2.21	2.17	1.68	1.38-7.60
<i>Discharges per 1,000 Member Months (Total Inpatient)—Ages 20 to 44 Years</i>	9.82	9.34	6.53	5.86-7.44
<i>Discharges per 1,000 Member Months (Total Inpatient)—Ages 45 to 64 Years</i>	12.61	12.66	10.13	9.97-10.30
<i>Discharges per 1,000 Member Months (Total Inpatient)—Ages 65 to 74 Years</i>	18.08	18.14	15.21	10.75-23.62
<i>Discharges per 1,000 Member Months (Total Inpatient)—Ages 75 to 84 Years</i>	20.22	19.19	15.70	11.71-23.45
<i>Discharges per 1,000 Member Months (Total Inpatient)—Ages 85+ Years</i>	19.38	18.15	16.98	15.00-19.90
<i>Discharges per 1,000 Member Months (Total Inpatient)—Total</i>	7.17	7.05	5.88	4.58-9.01
<i>Days per 1,000 Member Months (Total Inpatient)—Age <1 Year</i>	68.03	66.04	43.69	0.00-43.70
<i>Days per 1,000 Member Months (Total Inpatient)—Ages 1 to 9 Years</i>	7.06	5.95	4.35	3.96-43.64
<i>Days per 1,000 Member Months (Total Inpatient)—Ages 10 to 19 Years</i>	8.16	7.87	6.02	5.34-19.58
<i>Days per 1,000 Member Months (Total Inpatient)—Ages 20 to 44 Years</i>	34.67	32.70	21.37	21.29-21.49
<i>Days per 1,000 Member Months (Total Inpatient)—Ages 45 to 64 Years</i>	67.11	65.04	54.66	45.82-62.97
<i>Days per 1,000 Member Months (Total Inpatient)—Ages 65 to 74 Years</i>	86.92	110.73	80.11	67.20-104.47
<i>Days per 1,000 Member Months (Total Inpatient)—Ages 75 to 84 Years</i>	100.57	117.23	82.16	66.39-112.76
<i>Days per 1,000 Member Months (Total Inpatient)—Ages 85+ Years</i>	86.55	106.89	82.98	81.66-84.93
<i>Days per 1,000 Member Months (Total Inpatient)—Total</i>	31.04	30.71	24.87	21.65-32.59
<i>Average Length of Stay (Total Inpatient)—Age <1 Year</i>	6.88	7.05	6.61	—
<i>Average Length of Stay (Total Inpatient)—Ages 1 to 9 Years</i>	4.10	3.72	3.15	3.08-3.96
<i>Average Length of Stay (Total Inpatient)—Ages 10 to 19 Years</i>	3.69	3.62	3.59	2.58-3.86
<i>Average Length of Stay (Total Inpatient)—Ages 20 to 44 Years</i>	3.53	3.50	3.27	2.89-3.63
<i>Average Length of Stay (Total Inpatient)—Ages 45 to 64 Years</i>	5.32	5.14	5.39	4.45-6.32
<i>Average Length of Stay (Total Inpatient)—Ages 65 to 74 Years</i>	4.81	6.11	5.27	4.42-6.25

Performance Measures	HEDIS 2016 Rate	HEDIS 2017 Rate	HEDIS 2018 Rate	Plan Rate Range [‡]
<i>Average Length of Stay (Total Inpatient)—Ages 75 to 84 Years</i>	4.97	6.11	5.23	4.81-5.67
<i>Average Length of Stay (Total Inpatient)—Ages 85+ Years</i>	4.46	5.89	4.89	4.27-5.45
<i>Average Length of Stay (Total Inpatient)—Total</i>	4.33	4.36	4.23	3.62-4.73
<i>Discharges per 1,000 Member Months (Medicine)—Age <1 Year</i>	8.20	7.87	5.80	0.00-5.80
<i>Discharges per 1,000 Member Months (Medicine)—Ages 1 to 9 Years</i>	1.39	1.28	1.20	1.13-8.05
<i>Discharges per 1,000 Member Months (Medicine)—Ages 10 to 19 Years</i>	0.83	0.85	0.54	0.48-1.77
<i>Discharges per 1,000 Member Months (Medicine)—Ages 20 to 44 Years</i>	2.79	2.92	2.10	1.97-2.28
<i>Discharges per 1,000 Member Months (Medicine)—Ages 45 to 64 Years</i>	7.67	7.98	6.98	6.41-7.52
<i>Discharges per 1,000 Member Months (Medicine)—Ages 65 to 74 Years</i>	12.27	12.51	11.45	8.71-16.64
<i>Discharges per 1,000 Member Months (Medicine)—Ages 75 to 84 Years</i>	14.90	14.03	11.87	8.94-17.54
<i>Discharges per 1,000 Member Months (Medicine)—Ages 85+ Years</i>	15.54	14.45	13.87	12.65-15.66
<i>Discharges per 1,000 Member Months (Medicine)—Total</i>	3.40	3.46	3.04	2.55-4.20
<i>Days per 1,000 Member Months (Medicine)—Age <1 Year</i>	43.16	34.38	22.50	0.00-22.51
<i>Days per 1,000 Member Months (Medicine)—Ages 1 to 9 Years</i>	4.29	3.55	3.27	3.01-29.24
<i>Days per 1,000 Member Months (Medicine)—Ages 10 to 19 Years</i>	2.83	2.72	1.40	1.26-4.22
<i>Days per 1,000 Member Months (Medicine)—Ages 20 to 44 Years</i>	10.25	9.87	7.15	6.82-7.61
<i>Days per 1,000 Member Months (Medicine)—Ages 45 to 64 Years</i>	32.18	31.79	31.86	24.78-38.51
<i>Days per 1,000 Member Months (Medicine)—Ages 65 to 74 Years</i>	49.75	68.53	50.95	45.23-61.74
<i>Days per 1,000 Member Months (Medicine)—Ages 75 to 84 Years</i>	63.91	81.57	57.39	45.18-81.08
<i>Days per 1,000 Member Months (Medicine)—Ages 85+ Years</i>	63.58	80.77	63.21	60.77-64.86
<i>Days per 1,000 Member Months (Medicine)—Total</i>	13.50	13.52	12.22	10.84-15.52
<i>Average Length of Stay (Medicine)—Age <1 Year</i>	5.26	4.37	3.88	—
<i>Average Length of Stay (Medicine)—Ages 1 to 9 Years</i>	3.09	2.78	2.74	2.67-3.63
<i>Average Length of Stay (Medicine)—Ages 10 to 19 Years</i>	3.42	3.20	2.59	2.38-2.63
<i>Average Length of Stay (Medicine)—Ages 20 to 44 Years</i>	3.68	3.38	3.41	3.34-3.46

Performance Measures	HEDIS 2016 Rate	HEDIS 2017 Rate	HEDIS 2018 Rate	Plan Rate Range [‡]
<i>Average Length of Stay (Medicine)—Ages 45 to 64 Years</i>	4.20	3.98	4.56	3.87-5.12
<i>Average Length of Stay (Medicine)—Ages 65 to 74 Years</i>	4.06	5.48	4.45	3.71-5.20
<i>Average Length of Stay (Medicine)—Ages 75 to 84 Years</i>	4.29	5.82	4.84	4.62-5.05
<i>Average Length of Stay (Medicine)—Ages 85+ Years</i>	4.09	5.59	4.56	3.88-5.13
<i>Average Length of Stay (Medicine)—Total</i>	3.97	3.90	4.02	3.70-4.25
<i>Discharges per 1,000 Member Months (Surgery)—Age <1 Year</i>	1.66	1.50	0.81	0.00-0.81
<i>Discharges per 1,000 Member Months (Surgery)—Ages 1 to 9 Years</i>	0.33	0.32	0.19	0.16-2.97
<i>Discharges per 1,000 Member Months (Surgery)—Ages 10 to 19 Years</i>	0.43	0.42	0.29	0.25-1.10
<i>Discharges per 1,000 Member Months (Surgery)—Ages 20 to 44 Years</i>	1.73	1.56	0.86	0.74-1.02
<i>Discharges per 1,000 Member Months (Surgery)—Ages 45 to 64 Years</i>	4.92	4.66	3.12	2.44-3.84
<i>Discharges per 1,000 Member Months (Surgery)—Ages 65 to 74 Years</i>	5.81	5.63	3.76	2.05-6.98
<i>Discharges per 1,000 Member Months (Surgery)—Ages 75 to 84 Years</i>	5.32	5.16	3.83	2.77-5.91
<i>Discharges per 1,000 Member Months (Surgery)—Ages 85+ Years</i>	3.84	3.70	3.12	2.35-4.25
<i>Discharges per 1,000 Member Months (Surgery)—Total</i>	1.78	1.69	1.18	0.78-2.12
<i>Days per 1,000 Member Months (Surgery)—Age <1 Year</i>	24.77	31.67	21.19	0.00-21.19
<i>Days per 1,000 Member Months (Surgery)—Ages 1 to 9 Years</i>	2.77	2.41	1.08	0.95-14.41
<i>Days per 1,000 Member Months (Surgery)—Ages 10 to 19 Years</i>	2.81	2.75	2.47	2.36-4.73
<i>Days per 1,000 Member Months (Surgery)—Ages 20 to 44 Years</i>	11.07	10.71	5.50	5.27-5.66
<i>Days per 1,000 Member Months (Surgery)—Ages 45 to 64 Years</i>	34.85	33.20	22.68	20.85-24.40
<i>Days per 1,000 Member Months (Surgery)—Ages 65 to 74 Years</i>	37.13	42.19	29.16	21.96-42.73
<i>Days per 1,000 Member Months (Surgery)—Ages 75 to 84 Years</i>	36.65	35.66	24.77	21.21-31.68
<i>Days per 1,000 Member Months (Surgery)—Ages 85+ Years</i>	22.97	26.13	19.78	16.80-24.15
<i>Days per 1,000 Member Months (Surgery)—Total</i>	12.51	12.43	8.55	7.35-11.43
<i>Average Length of Stay (Surgery)—Age <1 Year</i>	14.92	21.15	26.17	—
<i>Average Length of Stay (Surgery)—Ages 1 to 9 Years</i>	8.33	7.41	5.82	4.86-6.00
<i>Average Length of Stay (Surgery)—Ages 10 to 19 Years</i>	6.56	6.52	8.57	4.31-9.51

Performance Measures	HEDIS 2016 Rate	HEDIS 2017 Rate	HEDIS 2018 Rate	Plan Rate Range [‡]
<i>Average Length of Stay (Surgery)—Ages 20 to 44 Years</i>	6.42	6.87	6.42	5.18-7.68
<i>Average Length of Stay (Surgery)—Ages 45 to 64 Years</i>	7.08	7.12	7.27	5.43-10.00
<i>Average Length of Stay (Surgery)—Ages 65 to 74 Years</i>	6.39	7.50	7.76	6.12-10.72
<i>Average Length of Stay (Surgery)—Ages 75 to 84 Years</i>	6.89	6.90	6.46	5.36-7.67
<i>Average Length of Stay (Surgery)—Ages 85+ Years</i>	5.97	7.06	6.34	5.69-7.15
<i>Average Length of Stay (Surgery)—Total</i>	7.02	7.35	7.27	5.39-9.40
<i>Discharges per 1,000 Member Months (Maternity)—Ages 10 to 19 Years</i>	0.96	0.90	0.85	0.66-4.73
<i>Discharges per 1,000 Member Months (Maternity)—Ages 20 to 44 Years</i>	5.31	4.86	3.58	3.16-4.14
<i>Discharges per 1,000 Member Months (Maternity)—Ages 45 to 64 Years</i>	0.02	0.02	0.03	0.01-0.05
<i>Discharges per 1,000 Member Months (Maternity)—Total</i>	2.83	2.63	2.14	1.75-2.83
<i>Days per 1,000 Member Months (Maternity)—Ages 10 to 19 Years</i>	2.52	2.40	2.15	1.72-10.64
<i>Days per 1,000 Member Months (Maternity)—Ages 20 to 44 Years</i>	13.34	12.12	8.72	8.61-8.80
<i>Days per 1,000 Member Months (Maternity)—Ages 45 to 64 Years</i>	0.07	0.05	0.12	0.06-0.18
<i>Days per 1,000 Member Months (Maternity)—Total</i>	7.15	6.61	5.24	4.85-5.93
<i>Average Length of Stay (Maternity)—Ages 10 to 19 Years</i>	2.64	2.66	2.53	2.25-2.63
<i>Average Length of Stay (Maternity)—Ages 20 to 44 Years</i>	2.51	2.50	2.44	2.08-2.79
<i>Average Length of Stay (Maternity)—Ages 45 to 64 Years</i>	3.59	2.80	3.67	3.43-4.50
<i>Average Length of Stay (Maternity)—Total</i>	2.53	2.51	2.45	2.10-2.77
Antibiotic Utilization*				
<i>Average Scripts PMPY for Antibiotics—Ages 0 to 9 Years</i>	0.94	0.49	0.23	0.22-1.08
<i>Average Scripts PMPY for Antibiotics—Ages 10 to 17 Years</i>	0.61	0.37	0.15	0.14-0.82
<i>Average Scripts PMPY for Antibiotics—Ages 18 to 34 Years</i>	1.05	0.64	0.51	0.40-0.67
<i>Average Scripts PMPY for Antibiotics—Ages 35 to 49 Years</i>	1.12	0.73	0.58	0.46-0.73
<i>Average Scripts PMPY for Antibiotics—Ages 50 to 64 Years</i>	1.13	0.77	0.63	0.49-0.77
<i>Average Scripts PMPY for Antibiotics—Ages 65 to 74 Years</i>	0.76	0.48	0.10	0.06-0.23
<i>Average Scripts PMPY for Antibiotics—Ages 75 to 84 Years</i>	0.56	0.48	0.13	0.09-0.26
<i>Average Scripts PMPY for Antibiotics—Ages 85+ Years</i>	0.54	0.41	0.13	0.05-0.30
<i>Average Scripts PMPY for Antibiotics—Total</i>	0.96	0.58	0.42	0.31-0.70

Performance Measures	HEDIS 2016 Rate	HEDIS 2017 Rate	HEDIS 2018 Rate	Plan Rate Range [‡]
<i>Average Days Supplied per Antibiotic Script—Ages 0 to 9 Years</i>	9.70	9.69	9.77	9.77-9.88
<i>Average Days Supplied per Antibiotic Script—Ages 10 to 17 Years</i>	11.36	11.02	11.03	10.75-14.21
<i>Average Days Supplied per Antibiotic Script—Ages 18 to 34 Years</i>	9.30	9.06	8.79	8.54-9.02
<i>Average Days Supplied per Antibiotic Script—Ages 35 to 49 Years</i>	9.44	9.28	9.22	9.01-9.40
<i>Average Days Supplied per Antibiotic Script—Ages 50 to 64 Years</i>	9.70	9.51	9.64	9.46-9.91
<i>Average Days Supplied per Antibiotic Script—Ages 65 to 74 Years</i>	9.17	9.77	9.20	8.03-10.83
<i>Average Days Supplied per Antibiotic Script—Ages 75 to 84 Years</i>	8.69	8.61	11.03	6.25-15.58
<i>Average Days Supplied per Antibiotic Script—Ages 85+ Years</i>	8.10	7.95	12.20	12.00-12.75
<i>Average Days Supplied per Antibiotic Script—Total</i>	9.72	9.53	9.29	9.27-9.32
<i>Average Scripts PMPY for Antibiotics of Concern—Ages 0 to 9 Years</i>	0.33	0.16	0.05	0.05-0.50
<i>Average Scripts PMPY for Antibiotics of Concern—Ages 10 to 17 Years</i>	0.22	0.12	0.03	0.03-0.25
<i>Average Scripts PMPY for Antibiotics of Concern—Ages 18 to 34 Years</i>	0.38	0.23	0.16	0.10-0.24
<i>Average Scripts PMPY for Antibiotics of Concern—Ages 35 to 49 Years</i>	0.47	0.30	0.21	0.14-0.29
<i>Average Scripts PMPY for Antibiotics of Concern—Ages 50 to 64 Years</i>	0.52	0.35	0.27	0.18-0.35
<i>Average Scripts PMPY for Antibiotics of Concern—Ages 65 to 74 Years</i>	0.35	0.22	0.04	0.02-0.11
<i>Average Scripts PMPY for Antibiotics of Concern—Ages 75 to 84 Years</i>	0.27	0.24	0.06	0.05-0.09
<i>Average Scripts PMPY for Antibiotics of Concern—Ages 85+ Years</i>	0.30	0.22	0.06	0.04-0.10
<i>Average Scripts PMPY for Antibiotics of Concern—Total</i>	0.36	0.22	0.14	0.09-0.28
<i>Percentage of Antibiotics of Concern of All Antibiotic Scripts—Ages 0 to 9 Years</i>	35.44%	31.65%	21.79%	20.72%-46.48%
<i>Percentage of Antibiotics of Concern of All Antibiotic Scripts—Ages 10 to 17 Years</i>	35.38%	32.91%	21.00%	20.16%-30.58%
<i>Percentage of Antibiotics of Concern of All Antibiotic Scripts—Ages 18 to 34 Years</i>	35.96%	35.68%	31.20%	26.18%-35.78%
<i>Percentage of Antibiotics of Concern of All Antibiotic Scripts—Ages 35 to 49 Years</i>	41.99%	41.38%	35.66%	30.68%-39.74%

Performance Measures	HEDIS 2016 Rate	HEDIS 2017 Rate	HEDIS 2018 Rate	Plan Rate Range [‡]
<i>Percentage of Antibiotics of Concern of All Antibiotic Scripts—Ages 50 to 64 Years</i>	45.78%	45.63%	42.53%	37.64%-45.75%
<i>Percentage of Antibiotics of Concern of All Antibiotic Scripts—Ages 65 to 74 Years</i>	46.10%	45.28%	41.95%	34.88%-47.06%
<i>Percentage of Antibiotics of Concern of All Antibiotic Scripts—Ages 75 to 84 Years</i>	48.31%	50.98%	44.94%	35.80%-54.55%
<i>Percentage of Antibiotics of Concern of All Antibiotic Scripts—Ages 85+ Years</i>	55.26%	53.94%	42.39%	32.35%-70.83%
<i>Percentage of Antibiotics of Concern of All Antibiotic Scripts—Total</i>	38.13%	37.13%	33.25%	27.52%-39.55%
Frequency of Selected Procedures (Procedures per 1,000 MM)				
<i>Bariatric weight loss surgery (0–19 Male)</i>	0.00	0.00	0.00	0.00-0.00
<i>Bariatric weight loss surgery (0–19 Female)</i>	0.00	0.00	0.00	0.00-0.00
<i>Bariatric weight loss surgery (20–44 Male)</i>	0.01	0.01	0.01	—
<i>Bariatric weight loss surgery (20–44 Female)</i>	0.06	0.05	0.08	0.05-0.12
<i>Bariatric weight loss surgery (45–64 Male)</i>	0.01	0.02	0.01	0.00-0.02
<i>Bariatric weight loss surgery (45–64 Female)</i>	0.08	0.07	0.11	0.05-0.17
<i>Tonsillectomy (0–9 Male & Female)</i>	0.57	0.55	0.31	0.31-1.27
<i>Tonsillectomy (10–19 Male & Female)</i>	0.35	0.32	0.16	0.14-0.42
<i>Hysterectomy, Abdominal (15–44 Female)</i>	0.10	0.06	0.05	0.03-0.08
<i>Hysterectomy, Abdominal (45–64 Female)</i>	0.24	0.13	0.17	—
<i>Hysterectomy, Vaginal (15–44 Female)</i>	0.15	0.12	0.16	0.04-0.34
<i>Hysterectomy, Vaginal (45–64 Female)</i>	0.19	0.14	0.22	0.12-0.31
<i>Cholecystectomy, Open (30–64 Male)</i>	0.05	0.02	0.01	0.01-0.02
<i>Cholecystectomy, Open (15–44 Female)</i>	0.01	0.01	0.00	0.00-0.01
<i>Cholecystectomy, Open (45–64 Female)</i>	0.04	0.02	0.01	0.00-0.01
<i>Cholecystectomy (laparoscopic) (30–64 Male)</i>	0.37	0.26	0.19	0.08-0.32
<i>Cholecystectomy (laparoscopic) (15–44 Female)</i>	0.73	0.61	0.58	0.41-0.84
<i>Cholecystectomy (laparoscopic) (45–64 Female)</i>	0.72	0.57	0.56	0.39-0.71
<i>Back Surgery (20–44 Male)</i>	0.29	0.20	0.07	0.05-0.10
<i>Back Surgery (20–44 Female)</i>	0.23	0.19	0.13	0.05-0.23
<i>Back Surgery (45–64 Male)</i>	0.87	0.64	0.46	0.24-0.72
<i>Back Surgery (45–64 Female)</i>	0.82	0.66	0.44	0.24-0.62
<i>Mastectomy (15–44 Female)</i>	0.04	0.03	0.02	0.01-0.05
<i>Mastectomy (45–64 Female)</i>	0.25	0.14	0.12	0.10-0.15
<i>Lumpectomy (15–44 Female)</i>	0.10	0.08	0.05	0.04-0.08
<i>Lumpectomy (45–64 Female)</i>	0.30	0.26	0.28	0.23-0.33

Performance Measures	HEDIS 2016 Rate	HEDIS 2017 Rate	HEDIS 2018 Rate	Plan Rate Range [‡]
Plan All-Cause Readmissions*				
<i>Index Total Stays—Observed Readmissions—Ages 18 to 44 Years</i>	—	—	12.83%	10.71%-15.15%
<i>Index Total Stays—Observed Readmissions—Ages 45 to 54 Years</i>	—	—	12.57%	9.81%-15.22%
<i>Index Total Stays—Observed Readmissions—Ages 55 to 64 Years</i>	—	—	12.32%	7.50%-17.63%
<i>Index Total Stays—Observed Readmissions—Total</i>	—	—	12.58%	9.33%-16.03%
<i>Index Total Stays—O/E Ratio—Total</i>	—	—	0.65	0.56-0.72
Use of Opioids at High Dosage (Per 1,000 Members)*				
<i>Use of Opioids at High Dosage</i>	—	—	35.74	29.05-41.26
Use of Opioids From Multiple Providers (Per 1,000 Members)*				
<i>Multiple Prescribers</i>	—	—	282.14	206.94-338.13
<i>Multiple Pharmacies</i>	—	—	103.59	91.83-119.39
<i>Multiple Prescribers and Multiple Pharmacies</i>	—	—	66.23	62.63-71.06

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

¹ Changes in the rates from HEDIS 2016 to HEDIS 2017 and HEDIS 2018 should be interpreted with caution due to a change in the Department's reporting requirement from Hybrid in HEDIS 2016 to Administrative in HEDIS 2017 and HEDIS 2018.

² Due to changes in the technical specifications for this measure in HEDIS 2018, NCQA does not recommend trending between 2018 and prior years; therefore, prior year rates are not displayed and comparisons to benchmarks are not performed for this measure.

³ Due to changes in the technical specifications for this measure for HEDIS 2017, exercise caution when trending HEDIS 2017 rates to prior years.

⁴ Due to changes in the technical specifications for this measure for HEDIS 2018, exercise caution when trending HEDIS 2018 rates to prior years.

— indicates that the rate is not presented in this report as the measure is a first-year measure; therefore, no trending information is available. This symbol may also indicate that NCQA recommended a break in trending; therefore, no prior year rates are displayed. This symbol may also indicate that a plan rate range was not determined because only one or none of the HEDIS 2018 measure rates were reportable.

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

‡ 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.

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

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 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. Both 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.

Both health plans contracted with a software vendor to produce the HEDIS measure rates. The vendors submitted programming code developed for each HEDIS measure to NCQA for the measure certification process. 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. The selected source codes were reviewed and approved for measure reporting.

In FY 2017–2018, each Colorado Medicaid health plan contracted with an LO to perform the NCQA HEDIS Compliance Audit. For the current measurement year, HSAG did not calculate measures or perform an NCQA HEDIS Compliance Audit for the FFS program; therefore, the following table only summarizes the audit findings for the two 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 2018 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>RMHP Prime was compliant with IS Standard 1.0 for medical services data capture and processing.</p> <p>DHMC was partially compliant with IS Standard 1.0 for medical services data capture and processing. There was an impact to the rates for <i>Childhood Immunization Status</i>; however, the rate was reportable.</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>Both 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>Both 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 2018 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>Both health plans were fully compliant with IS 4.0.</p> <p>No issues or concerns relevant to the selected Colorado Medicaid HEDIS measures were noted for this standard. However, HSAG did not review this step since the State requires administrative rates only.</p>
<p>IS 5.0—Supplemental Data—Capture, Transfer, and Entry</p> <ul style="list-style-type: none"> • Nonstandard coding schemes are fully documented and mapped to industry standard codes. • Effective procedures for submitting HEDIS-relevant information are in place. • Electronic transmissions of supplemental data are checked to ensure accuracy. • Data entry processes, including edit checks, are timely and accurate. • Data completeness is assessed, including steps to improve performance. • Vendor performance is monitored against expected performance standards. 	<p>Both health plans were fully compliant with IS 5.0.</p> <p>No issues or concerns relevant to the selected Colorado Medicaid HEDIS measures were noted for this standard.</p>

NCQA’s IS Standards	HSAG’s Findings Based on HEDIS 2018 FAR Review
<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. • 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>RMHP Prime was compliant with IS Standard 7.0 for data integration.</p> <p>DHMC was partially compliant with IS Standard 7.0 for data integration. There was an impact to the rates for <i>Childhood Immunization Status</i>; however, the rate was reportable.</p>