



**COLORADO**

**Department of Health Care  
Policy & Financing**

**2019 HEDIS Aggregate Report  
for Health First Colorado  
(Colorado's Medicaid Program)**

*October 2019*

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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) 2018–2019, Health First Colorado’s Medicaid member enrollment was approximately 1.3 million. Approximately 1 million members (78 percent) received services via a fee-for-service (FFS) payment model with services coordinated through Health First Colorado’s Accountable Care program. The remaining 22 percent of Medicaid members received services through Colorado’s two managed care organizations (MCOs), Denver Health Medical Plan (DHMP) and Rocky Mountain Health Plans Medicaid Prime (RMHP Prime). In FY 2018–2019, the MCOs were embedded within the organizational structure of two of the seven Regional Accountable Entities (RAEs). Colorado’s Accountable Care Collaborative (ACC) is the primary healthcare delivery model for Health First Colorado members. Beginning in FY 2018–2019, the Department transitioned its ACC program to ACC Phase II. The Department contracted with seven RAEs responsible for providing behavioral health services under a capitated payment model and providing enhanced care coordination of physical and behavioral health services.

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.<sup>1-1</sup>

To evaluate performance levels and to provide an objective, comparative review of Colorado’s two Medicaid MCOs’ quality-of-care outcomes and performance measure rates, the Department required its MCOs to report results following the National Committee for Quality Assurance’s (NCQA’s) Healthcare Effectiveness Data and Information Set (HEDIS<sup>®</sup>) protocols.<sup>1-2</sup> The Department selected HEDIS performance measures from the standard Medicaid HEDIS 2019 reporting set to evaluate the MCOs’ performance and for public reporting. For HEDIS 2019, the Department required that the MCOs report all HEDIS measures using the administrative methodology. This report includes rates calculated using only administrative data. Therefore, caution should be exercised when comparing measure results for measures with a hybrid option to national benchmarks, which were established using administrative and/or medical record review data.

In FY 2018–2019, each MCO underwent an NCQA HEDIS Compliance Audit<sup>™</sup> through a licensed organization to verify the processes used to report valid HEDIS rates.<sup>1-3</sup> Both MCOs submitted final measure rates and audit results to Health Services Advisory Group, Inc. (HSAG), the Department’s

<sup>1-1</sup> Colorado Department of Health Care Policy and Financing. *Colorado Medicaid Benefits and Services*. Available at: <https://www.healthfirstcolorado.com/benefits-services/>. Accessed on: July 10, 2019.

<sup>1-2</sup> HEDIS<sup>®</sup> is a registered trademark of the NCQA.

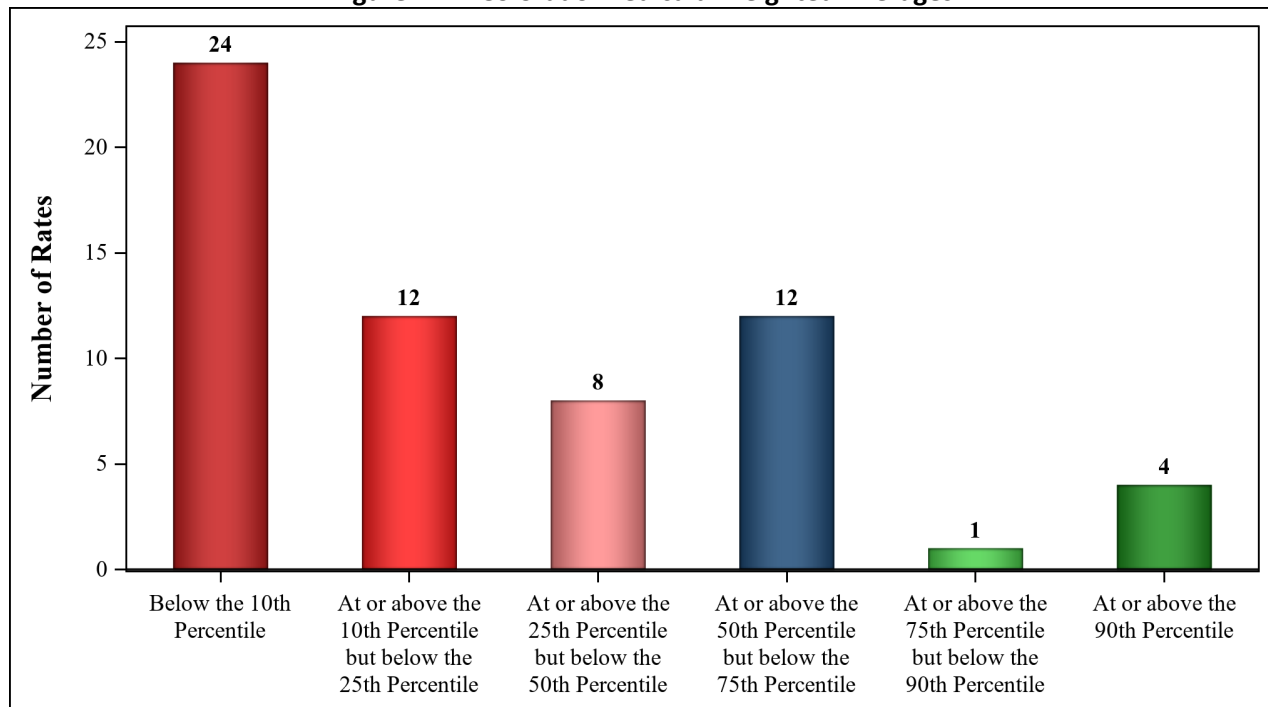
<sup>1-3</sup> NCQA HEDIS Compliance Audit<sup>™</sup> is a trademark of the NCQA.

external quality review organization (EQRO). HSAG examined the measures among the following domains of care: Pediatric Care, Access to Care and Preventive Screening, Mental/Behavioral Health, Living With Illness, and Use of Services. Please see Appendix C for additional information on NCQA’s Information Systems (IS) standards and the audit findings for both Medicaid MCOs.<sup>1-4</sup> 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 2019 performance measure indicators that were comparable to NCQA’s Quality Compass® national Medicaid health maintenance organization (HMO) percentiles for HEDIS 2018 (referred to throughout this report as percentiles).<sup>1-5</sup> Of note, rates for the *Medication Management for People With Asthma—Medication Compliance 50%* and *Plan All-Cause Readmissions* measure indicators were compared to NCQA’s Audit Means and Percentiles national Medicaid percentiles for HEDIS 2018 since these indicators are not published in Quality Compass. The bars represent the number of Colorado Medicaid weighted averages that fell into each percentile range. The percentile range shows how the Colorado Medicaid weighted average ranked nationally. Measures under the Use of Services domain are considered utilization-based measures rather than performance measures; therefore, they are not included in this figure.

**Figure 1-1—Colorado Medicaid Weighted Averages**



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

<sup>1-5</sup> Quality Compass® is a registered trademark of the NCQA.

The Colorado Medicaid weighted averages indicated low performance statewide compared to national standards, as 44 of 61 (72.1 percent) measure rates fell below the 50th percentile.

## Detailed Statewide Performance

Table 1-1 shows the Colorado Medicaid weighted averages for HEDIS 2017 through HEDIS 2019 along with the percentile ranking for each HEDIS 2019 rate. Rates for HEDIS 2019 shaded green with one caret (^) indicate a statistically significant improvement in performance from the previous year. Rates for HEDIS 2019 shaded red with two carets (^) indicate a statistically significant decline in performance from the previous year.<sup>1-6</sup> Please note, the Colorado Medicaid weighted averages for HEDIS 2017 included rates for the fee-for-service (FFS) population and one additional Medicaid MCO. The HEDIS 2018 and HEDIS 2019 Colorado Medicaid weighted averages include only rates submitted by DHMP and RMHP Prime. Therefore, the reader should exercise caution when comparing HEDIS 2018 and HEDIS 2019 Colorado Medicaid 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 Weighted Averages**

Performance Measures	HEDIS 2017 Rate	HEDIS 2018 Rate	HEDIS 2019 Rate	Percentile Ranking
<b>Pediatric Care</b>				
<b>Childhood Immunization Status<sup>1</sup></b>				
<i>Combination 2</i>	58.53%	68.25%	68.01%	10th–24th
<i>Combination 3</i>	56.00%	65.92%	64.77%	10th–24th
<i>Combination 4</i>	53.15%	64.21%	64.65%	25th–49th
<i>Combination 5</i>	47.31%	58.00%	56.78%	25th–49th
<i>Combination 6</i>	32.83%	43.32%	45.20%	50th–74th
<i>Combination 7</i>	45.27%	56.68%	56.66%	25th–49th
<i>Combination 8</i>	31.74%	42.47%	45.14%	50th–74th
<i>Combination 9</i>	28.87%	39.44%	40.76%	50th–74th
<i>Combination 10</i>	28.01%	38.74%	40.70%	50th–74th

<sup>1-6</sup> Performance comparisons are based on the Chi-square test of statistical significance with a *p* value <0.05. A change in performance is considered statistically significant in this report if there was at least a 3-percentage point difference from HEDIS 2018 to HEDIS 2019.

Performance Measures	HEDIS 2017 Rate	HEDIS 2018 Rate	HEDIS 2019 Rate	Percentile Ranking
<b>Immunizations for Adolescents</b>				
Combination 1 (Meningococcal; Tetanus, Diphtheria Toxoids, and Acellular Pertussis [Tdap])	64.78%	75.55%	76.40%	25th–49th
Combination 2 (Meningococcal, Tdap, Human Papillomavirus [HPV])	—	47.11%	48.70%	≥90th
<b>Well-Child Visits in the First 15 Months of Life</b>				
Zero Visits*	4.25%	9.12%	7.08%	<10th
Six or More Visits	48.55%	4.39%	52.28%^	10th–24th
<b>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</b>				
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	57.64%	60.89%	63.57%	10th–24th
<b>Adolescent Well-Care Visits</b>				
Adolescent Well-Care Visits	33.94%	34.29%	39.36%^	10th–24th
<b>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</b>				
Body Mass Index (BMI) Percentile Documentation—Total <sup>1</sup>	8.65%	16.52%	21.62%^	<10th
Counseling for Nutrition—Total	7.57%	6.14%	7.57%	<10th
Counseling for Physical Activity—Total	2.97%	1.35%	5.81%^	<10th
<b>Appropriate Testing for Children With Pharyngitis</b>				
Appropriate Testing for Children With Pharyngitis	75.71%	83.67%	88.14%	75th–89th
<b>Appropriate Treatment for Children With Upper Respiratory Infection</b>				
Appropriate Treatment for Children With Upper Respiratory Infection	92.16%	97.55%	97.17%	≥90th
<b>Access to Care</b>				
<b>Prenatal and Postpartum Care</b>				
Timeliness of Prenatal Care	64.06%	43.75%	58.07%^	<10th
Postpartum Care	35.08%	38.18%	42.40%^	<10th
<b>Children and Adolescents' Access to Primary Care Practitioners</b>				
Ages 12 to 24 Months	92.33%	86.85%	88.52%	<10th
Ages 25 Months to 6 Years	79.07%	72.27%	75.14%	<10th
Ages 7 to 11 Years	83.05%	75.68%	80.16%^	<10th
Ages 12 to 19 Years	82.70%	75.68%	80.50%^	<10th
<b>Adults' Access to Preventive/Ambulatory Health Services<sup>1</sup></b>				
Total	66.03%	62.88%	61.75%	<10th
<b>Preventive Screening</b>				
<b>Chlamydia Screening in Women</b>				
Total	50.69%	60.64%	62.43%	50th–74th
<b>Breast Cancer Screening<sup>1</sup></b>				
Breast Cancer Screening	—	50.53%	48.53%	10th–24th



Performance Measures	HEDIS 2017 Rate	HEDIS 2018 Rate	HEDIS 2019 Rate	Percentile Ranking
<b>Cervical Cancer Screening</b>				
<i>Cervical Cancer Screening</i>	42.85%	43.12%	42.52%	<10th
<b>Non-Recommended Cervical Cancer Screening in Adolescent Females*</b>				
<i>Non-Recommended Cervical Cancer Screening in Adolescent Females</i>	1.34%	0.34%	0.23%	≥90th
<b>Adult BMI Assessment<sup>1</sup></b>				
<i>Adult BMI Assessment</i>	18.39%	47.08%	52.30%^	<10th
<b>Mental/Behavioral Health</b>				
<b>Antidepressant Medication Management<sup>2</sup></b>				
<i>Effective Acute Phase Treatment</i>	55.31%	53.45%	53.24%	50th–74th
<i>Effective Continuation Phase Treatment</i>	32.28%	34.05%	33.91%	25th–49th
<b>Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication<sup>2</sup></b>				
<i>Initiation Phase</i>	34.13%	37.59%	40.56%	25th–49th
<i>Continuation and Maintenance Phase</i>	35.55%	NA	41.94%	10th–24th
<b>Metabolic Monitoring for Children and Adolescents on Antipsychotics</b>				
<i>Total</i>	—	21.95%	35.21%	50th–74th
<b>Use of Multiple Concurrent Antipsychotics in Children and Adolescents**<sup>1</sup></b>				
<i>Total</i>	5.76%	1.49%	5.77%	<10th
<b>Living With Illness</b>				
<b>Persistence of Beta-Blocker Treatment After a Heart Attack<sup>1</sup></b>				
<i>Persistence of Beta-Blocker Treatment After a Heart Attack</i>	69.04%	66.18%	50.98%	<10th
<b>Comprehensive Diabetes Care<sup>1</sup></b>				
<i>Hemoglobin A1c (HbA1c) Testing</i>	79.13%	83.03%	83.24%	10th–24th
<i>HbA1c Poor Control (&gt;9.0%)*</i>	93.82%	56.53%	56.98%	<10th
<i>HbA1c Control (&lt;8.0%)</i>	4.88%	35.51%	34.71%	<10th
<i>Eye Exam (Retinal) Performed</i>	30.83%	27.40%	47.83%^	10th–24th
<i>Medical Attention for Nephropathy</i>	78.30%	82.72%	82.30%	<10th
<i>Blood Pressure Control (&lt;140/90 mm Hg)</i>	5.05%	32.61%	37.14%^	<10th
<b>Statin Therapy for Patients With Diabetes<sup>1</sup></b>				
<i>Received Statin Therapy</i>	56.05%	49.60%	52.77%^	<10th
<i>Statin Adherence 80%</i>	51.69%	58.63%	60.40%	50th–74th
<b>Statin Therapy for Patients With Cardiovascular Disease<sup>1</sup></b>				
<i>Received Statin Therapy—Total</i>	78.26%	73.19%	68.18%	<10th
<i>Statin Adherence 80%—Total</i>	56.99%	64.22%	64.89%	50th–74th
<b>Annual Monitoring for Patients on Persistent Medications</b>				
<i>Angiotensin Converting Enzyme (ACE) Inhibitors or Angiotensin Receptor Blockers (ARBs)</i>	85.08%	84.90%	85.16%	10th–24th
<i>Diuretics</i>	84.45%	84.75%	85.98%	10th–24th
<i>Total</i>	—	84.84%	85.49%	10th–24th

Performance Measures	HEDIS 2017 Rate	HEDIS 2018 Rate	HEDIS 2019 Rate	Percentile Ranking
<b>Use of Imaging Studies for Low Back Pain<sup>2</sup></b>				
Use of Imaging Studies for Low Back Pain	68.16%	71.09%	72.28%	50th–74th
<b>Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis<sup>1</sup></b>				
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis	37.16%	45.60%	49.79%	≥90th
<b>Pharmacotherapy Management of Chronic Obstructive Pulmonary Disease (COPD) Exacerbation</b>				
Systemic Corticosteroid	69.02%	50.53%	47.02%	<10th
Bronchodilator	80.90%	61.10%	67.02%^	<10th
<b>Medication Management for People With Asthma<sup>1</sup></b>				
Medication Compliance 50%—Total	58.29%	57.27%	60.91%	50th–74th
Medication Compliance 75%—Total	32.29%	31.54%	35.00%	25th–49th
<b>Asthma Medication Ratio<sup>2</sup></b>				
Total	61.23%	59.69%	49.08%^^	<10th
<b>Use of Spirometry Testing in the Assessment and Diagnosis of COPD<sup>1</sup></b>				
Use of Spirometry Testing in the Assessment and Diagnosis of COPD	27.07%	31.48%	29.47%	25th–49th
<b>Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis<sup>1</sup></b>				
Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis	78.04%	74.24%	78.89%	50th–74th
<b>Use of Services</b>				
<b>Ambulatory Care (Per 1,000 Member Months)</b>				
Emergency Department (ED) Visits—Total*	55.58	48.02	49.10	75th–89th
Outpatient Visits—Total <sup>1</sup>	263.93	222.58	239.73	<10th
<b>Inpatient Utilization—General Hospital/Acute Care<sup>1</sup></b>				
Discharges per 1,000 Member Months (Total Inpatient)	7.05	5.88	6.34	25th–49th
Average Length of Stay (Total Inpatient)	4.36	4.23	4.19	25th–49th
Discharges per 1,000 Member Months (Medicine)	3.46	3.04	3.34	50th–74th
Average Length of Stay (Medicine)	3.90	4.02	4.01	25th–49th
Discharges per 1,000 Member Months (Surgery)	1.69	1.18	1.29	25th–49th
Average Length of Stay (Surgery)	7.35	7.27	6.85	25th–49th
Discharges per 1,000 Member Months (Maternity)	2.63	2.14	2.15	10th–24th
Average Length of Stay (Maternity)	2.51	2.45	2.56	25th–49th
<b>Antibiotic Utilization*</b>				
Average Scripts Per Member Per Year (PMPY) for Antibiotics	0.58	0.42	0.41	≥90th
Average Days Supplied per Antibiotic Script	9.53	9.29	9.29	25th–49th
Average Scripts PMPY for Antibiotics of Concern	0.22	0.14	0.14	≥90th
Percentage of Antibiotics of Concern of All Antibiotic Scripts	37.13%	33.25%	33.58%	≥90th

Performance Measures	HEDIS 2017 Rate	HEDIS 2018 Rate	HEDIS 2019 Rate	Percentile Ranking
<b>Plan All-Cause Readmissions**<sup>1</sup></b>				
Index Total Stays—Observed Readmissions	—	12.58%	15.90%^^	25th–49th
Index Total Stays—Observed/Expected (O/E) Ratio	—	0.65	0.77	50th–74th
<b>Use of Opioids at High Dosage**<sup>3</sup></b>				
Use of Opioids at High Dosage	—	—	3.68%	—
<b>Use of Opioids From Multiple Providers**<sup>3</sup></b>				
Multiple Prescribers	—	—	22.10%	—
Multiple Pharmacies	—	—	8.23%	—
Multiple Prescribers and Multiple Pharmacies	—	—	4.59%	—

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

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

<sup>2</sup> Due to changes in the technical specifications for this measure for 2018, NCQA recommends trending between 2018 and prior years be considered with caution.

<sup>3</sup> Due to changes in the technical specifications for this measure, NCQA recommends a break in trending between 2019 and prior years; therefore, prior years' rates are not displayed and comparisons to benchmarks are not performed for this measure.

— Indicates that the rate is not presented as the measure was not required to be reported during HEDIS 2017. This symbol may also indicate that NCQA recommends a break in trending; therefore, no prior year rates are displayed and comparisons to benchmarks are not performed for this measure.

NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate. Rates shaded green with one caret (^) indicate a statistically significant improvement in performance from the previous year.

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

## Summary of Performance by Domain

### Pediatric Care

Performance for the MCOs in the Pediatric Care domain demonstrated opportunities for improvement, with 13 of 20 (65.0 percent) measure rates for DHMP falling below the 50th percentile and all seven reportable rates for RMHP Prime below the 25th percentile. With all rates related to well-child/well-care visits falling below the 25th percentile, the MCOs and the Department should identify the factors contributing to the low rates for these measures (e.g., barriers to care, provider billing issues, administrative data source challenges) and ensure children and adolescents receive comprehensive visits that follow the American Academy of Pediatrics' *Recommendations for Preventive Pediatric Health Care*.<sup>1-7</sup>

Of note, DHMP's rates for *Immunizations for Adolescents—Combination 2 (Meningococcal, Tdap, HPV)*, *Appropriate Testing for Children With Pharyngitis*, and *Appropriate Treatment for Children With Upper Respiratory Infection* ranked above the 75th percentile, showing strength in vaccinations for adolescents and the appropriate antibiotic treatment for outpatient and ED visits related to respiratory infections.

### Access to Care and Preventive Screening

With all reportable performance measure rates within the Access to Care domain falling below the 50th percentile, both DHMP and RMHP Prime have opportunities to improve access to the appropriate providers and services for all members. The MCOs and the Department should conduct root cause analyses for the low access to care rates to determine the nature and scope of the issue (e.g., are the issues related to barriers to accessing care, a lack of family planning service providers, or the need for improved community outreach and education). Once the root causes are identified, the MCOs and the Department should work with providers and members to establish potential performance improvement strategies and solutions to increase the access to care rates. Improvement in the access to care rates may also result in improvement related to the quality of care provided, as evidenced by poor performance in the outpatient setting related to other performance measure domains (e.g., well-child/well-care visits, preventive screenings).

Within the Preventive Screening domain, three of five (60.0 percent) of DHMP's rates and all of RMHP Prime's rates fell below the 25th percentile, demonstrating several opportunities to ensure women receive appropriate screenings. Of note, DHMP's rates for *Chlamydia Screening in Women* and *Non-Recommended Cervical Cancer Screening in Adolescent Females* were above the 75th percentile, indicating strong performance for DHMP in these two measures. The MCOs and the Department should focus efforts on identifying the factors contributing to the low rates for *Breast Cancer Screening* and *Cervical Cancer Screening* and implement improvement strategies to increase these screening rates. This may include the MCOs following up with providers when members are overdue for a screening or

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<sup>1-7</sup> American Academy of Pediatrics. *Recommendations for Preventive Pediatric Health Care*. Available at: [https://www.aap.org/en-us/Documents/periodicity\\_schedule.pdf](https://www.aap.org/en-us/Documents/periodicity_schedule.pdf). Accessed on: July 2, 2019.

working with providers to send reminders to members about scheduling an appointment. Best practices include sending reminders in the mail, calling members to schedule screenings, offering flexible or extended office hours, or offering mobile mammogram screenings.<sup>1-8</sup>

## Mental/Behavioral Health

Within the Mental/Behavioral Health domain, both MCOs demonstrated opportunities for improvement related to the management of behavioral health medications. For DHMP, the MCO fell below the 50th percentile for two measure rates: *Antidepressant Medication Management—Effective Continuation Phase Treatment* and *Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase*. Two of the three reportable rates for RMHP Prime fell below the 50th percentile: *Antidepressant Medication Management—Effective Continuation Phase Treatment* and *Metabolic Monitoring for Children and Adolescents on Antipsychotics*. Of note, DHMP was above the 75th percentile for the *Metabolic Monitoring for Children and Adolescents on Antipsychotics* measure, indicating strength with monitoring young members on antipsychotics. The MCOs and the Department should identify the issues that contribute to low rates of medication adherence and monitoring (e.g., barriers to accessing outpatient care and pharmacies, or the need for improved provider training or community outreach and education) and implement strategies that focus on improving adherence to medications and appropriate monitoring of members using medications.

## Living With Illness

For the Living With Illness domain, only 5 of 23 (21.7 percent) of DHMP's measure rates and 4 of 22 (18.2 percent) of RMHP Prime's measure rates were above the 50th percentile. Both MCOs demonstrated opportunities to improve the care management of members with diabetes, as evidenced by the low rates of testing for HbA1c levels, retinal disease, and nephropathy, along with the low prescribing rates of statin medication. Further, the MCOs indicated improvement is needed related to the medication management for members with other chronic conditions (e.g., cardiovascular disease, asthma, COPD). The MCOs and the Department should focus efforts on identifying the factors contributing to the low rates for these measures (e.g., are the issues related to barriers to accessing outpatient care and pharmacies; or the need for provider training, investigation of prescribing patterns, or improved community outreach and education) and implement strategies to improve the care for members with chronic conditions.

Of note, both MCOs exceeded the 90th percentile for the *Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis*, indicating strength in antibiotic stewardship.

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<sup>1-8</sup> The Community Guide. *Cancer Screening: Evidenced-Based Interventions for Your Community*. Available at: <https://www.thecommunityguide.org/sites/default/files/assets/What-Works-Factsheet-CancerScreening.pdf>. Accessed on: Aug 7, 2019.

## Use of Services

For the *Plan All-Cause Readmissions* measure, DHMP reported a readmission rate approximately 8 percentage points higher than RMHP Prime’s readmission rate. However, both MCOs had fewer than expected readmissions based on their O/E ratios, indicating strong performance by both MCOs.

For the remaining *Use of Services* reported rates for the MCOs and the Colorado Medicaid weighted average 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 MCOs’ and Colorado Medicaid weighted average utilization results provide additional information that MCOs may use to assess barriers or patterns of utilization when evaluating improvement interventions.

## Limitations and Considerations

- RMHP Prime provides services only to adults who reside in select counties (i.e., Garfield, Gunnison, Mesa, Montrose, Pitkin, and Rio Blanco counties) and 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 rates in this report to other MCOs’ rates, benchmarks, and historical rates reported for RMHP.
- Since all HEDIS 2019 measures were reported using the administrative methodology according to the Department’s direction, MCOs that were able to obtain supplemental data or capture more complete data will generally report higher rates when using the administrative methodology. As a result, the rates presented in this report for measures with a hybrid option may be more representative of data completeness rather than a measure of performance.
- In Colorado, behavioral health services provided in FY 2018–2019 were carved out (i.e., provided by the RAEs, but not the RAEs’ MCO capitation initiatives). Therefore, this carve out should be considered when reviewing the MCO rates for behavioral health measures.

## 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 Managed Care Organization Names

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

**Table 2-1—2019 Medicaid MCO Names and Abbreviations**

Medicaid MCO Name	Abbreviation
Denver Health Medical Plan	DHMP
Rocky Mountain Health Plans Medicaid Prime	RMHP Prime

## Summary of HEDIS 2019 Measures

Within this report, HSAG presents the MCOs' and statewide performance on HEDIS measures selected by the Department for HEDIS 2019. The HEDIS measures selected by the Department were grouped into the following domains of care: Pediatric Care, Access to Care and Preventive Screening, Mental/Behavioral Health, Living With Illness, and Use of Services. While performance is reported primarily at the measure indicator level, grouping these measures into domains encourages the MCOs and the Department to consider the measures as a whole rather than in isolation and to develop the strategic changes required to improve overall performance.

Table 2-2 shows the selected HEDIS 2019 measures and measure indicators that are presented within this report as well as the corresponding domains of care. Additional measure indicator rates are displayed within the appendices for more granular definitions of MCO performance for select measures. For example, the *Total* rates for *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 2019 Selected Measures**

Performance Measures
<b>Pediatric Care</b>
<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>
<b>Access to Care and Preventive Screening</b>
<b>Access to Care</b>
<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>
<b>Preventive Screening</b>
<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>
<b>Mental/Behavioral Health</b>
<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
<b>Living With Illness</b>
<i>Persistence of Beta-Blocker Treatment After a Heart Attack</i>
<i>Comprehensive Diabetes Care—HbA1c Testing, HbA1c Poor Control (&gt;9.0%), HbA1c Control (&lt;8.0%), Eye Exam (Retinal) Performed, Medical Attention for Nephropathy, and Blood Pressure Control (&lt;140/90 mm Hg)</i>
<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>
<b>Use of Services</b>
<i>Ambulatory Care (Per 1,000 Member Months)—ED Visits—Total and Outpatient Visits—Total</i>
<i>Inpatient Utilization—General Hospital/Acute Care—Total Inpatient—Total Discharges per 1,000 Member Months and Total Average Length of Stay, Medicine—Total Discharges per 1,000 Member Months and Total Average Length of Stay, Surgery—Total Discharges per 1,000 Member Months and Total Average Length of Stay, and Maternity—Total Discharges per 1,000 Member Months and Total Average Length of Stay</i>
<i>Antibiotic Utilization—Total—Average Scripts PMPY for Antibiotics, Average Days Supplied per Antibiotic Script, Average Scripts PMPY for Antibiotics of Concern, and Percentage of Antibiotics of Concern of All Antibiotic Scripts</i>
<i>Plan All-Cause Readmissions—Index Total Stays—Observed Readmissions and O/E Ratio</i>
<i>Use of Opioids at High Dosage</i>
<i>Use of Opioids from Multiple Providers—Multiple Prescribers, Multiple Pharmacies, and Multiple Prescribers and Multiple Pharmacies</i>

## Data Collection Method

According to the Department's guidance, all measure rates presented in this report for the MCOs are based on administrative data only. Please note, the hybrid data collection methodology was used by the MCOs to report rates for select measures prior to 2017. The administrative method requires that the MCOs identify the eligible population (i.e., the denominator) using administrative data, derived from claims and encounters. In addition, the numerator(s), or services provided to the members in the eligible population, are derived solely using administrative and supplemental data collected during the reporting year. Supplemental data include immunization registry data, medical record review data from the prior year, etc. Medical records collected during the current year cannot be used to retrieve information. When using the administrative method, the entire eligible population becomes the denominator, and sampling is not allowed. In contrast, the hybrid method extracts a systematic sample of members and utilizes data from the medical record, along with administrative and supplemental data. The hybrid method generally produces higher rates because the completeness of documentation in the medical record exceeds what is typically captured in administrative data; however, the medical record review component of the hybrid method is considered more labor intensive. The data collection or calculation methods (i.e., administrative, hybrid) for each measure are described in detail by NCQA in the *HEDIS 2019 Volume 2 Technical Specifications*. Of note, RHMP Prime reported select measure rates for HEDIS 2019 using the administrative and hybrid methods. The hybrid rates are included in Appendix D.

## Data Sources and Measure Audit Results

MCO-specific performance displayed in this report was based on data elements obtained from the IDSS files supplied by the MCOs. Prior to HSAG's receipt of the MCOs' IDSS files, all the MCOs were required by the Department to have their HEDIS 2019 results examined and verified through an NCQA HEDIS Compliance Audit.

Through the audit process, each measure indicator rate reported by an MCO was assigned an NCQA-defined audit result. HEDIS 2019 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 MCOs.

## Calculation of Statewide Averages

To calculate the statewide weighted averages, HSAG collected the audited results, numerator, denominator, rate, audit designation, and eligible population data elements reported in the files submitted by the MCOs for all measures. Given that the MCOs varied in membership size and demographic configuration, the statewide rate for a measure was the average rate weighted by each MCO's eligible population for the measure. Weighting the rates by the eligible population sizes ensured that the rate for an MCO with 125,000 members, for example, had a greater impact on the overall Colorado Medicaid statewide weighted average rate than the rate for an MCO with only 10,000 members. For the MCO rates reported as *NA* due to small denominators, the numerators, denominators, and eligible populations were still included in the calculations of the statewide weighted average. However, MCO rates reported as *BR*, *NB*, *NQ*, *NR*, or *UN* were excluded from the statewide weighted average calculation.

Of note, the Colorado Medicaid weighted averages for HEDIS 2017 included rates for the FFS population and one additional Medicaid MCO. The HEDIS 2018 and HEDIS 2019 Colorado Medicaid weighted averages include only rates submitted by DHMP and RMHP Prime. Therefore, the reader should exercise caution when comparing HEDIS 2018 and HEDIS 2019 Colorado Medicaid weighted average rates to historical rates.

## Evaluating Measure Results

### National Benchmark Comparisons

#### Benchmark Data

HEDIS 2019 MCO rates and the statewide weighted average rates were compared to the corresponding national HEDIS benchmarks, which are expressed in percentiles of national performance for each measure. For comparative purposes, HSAG used the most recent data available from NCQA at the time of the production of this report to evaluate the HEDIS 2019 rates: NCQA's Quality Compass national Medicaid HMO percentiles for HEDIS 2018. Of note, rates for the *Medication Management for People With Asthma—Medication Compliance 50%* and *Plan All-Cause Readmissions* measure indicators were compared to NCQA's Audit Means and Percentiles national Medicaid percentiles for HEDIS 2018 since these indicators are not published in Quality Compass.

For some measures for which lower rates indicate better performance (i.e., *Well-Child Visits in the First 15 Months of Life—Zero Visits*, *Ambulatory Care—ED Visits*, and *Antibiotic Utilization*), HSAG inverted the percentiles to be consistently applied to these measures as with the other HEDIS measures. For example, the 10th percentile (a lower rate) was inverted to become the 90th percentile, indicating better performance.

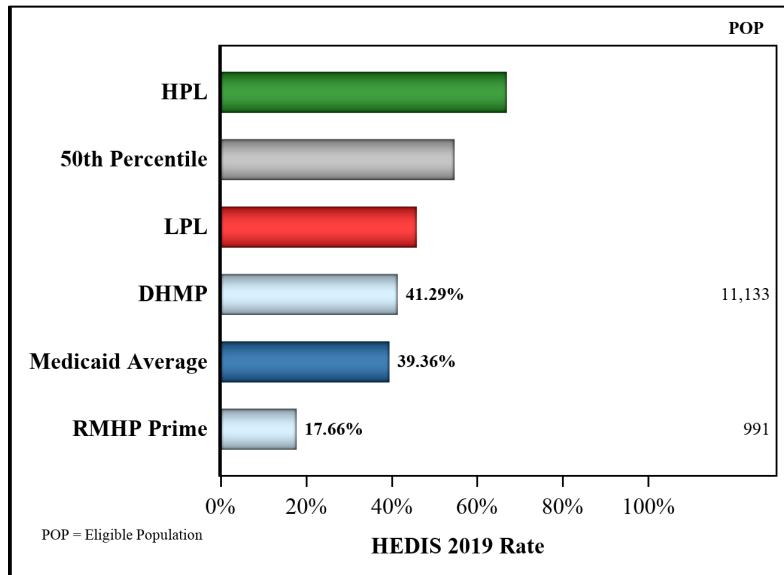
Additionally, benchmarking data (i.e., NCQA Quality Compass and NCQA Audit Means and Percentiles) are the proprietary intellectual property of NCQA; therefore, this report does not display any actual percentile values. As a result, rate comparisons to benchmarks are illustrated within this report using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

**Figure Interpretation**

For each performance measure indicator presented in this report, the horizontal bar graph figure positioned on the right side of the page presents each MCO's performance against the HEDIS 2019 Colorado Medicaid weighted average (i.e., the bar shaded darker blue) as well as the 50th percentile (i.e., the bar shaded gray), and the high (i.e., the bar shaded green) and low (i.e., the bar shaded red) performance levels.

For most performance measures, the high performance level (HPL) corresponds to the 90th percentile and the low performance level (LPL) corresponds to the 25th percentile. For measures such as *Well-Child Visits in the First 15 Months of Life—Zero Visits*, in which lower rates indicate better performance, the 10th percentile (rather than the 90th percentile) and the 75th percentile (rather than the 25th percentile) are considered the HPL and LPL, respectively. An example of the horizontal bar graph figure for one measure is shown in Figure 2-1.

**Figure 2-1—Sample Horizontal Bar Graph Figure**



## Percentile Rankings and Star Ratings

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

**Table 2-3—Percentile Ranking Performance Levels**

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

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

Of note, MCO-specific and statewide rates were rounded to the second decimal place before performance levels were determined. As HSAG assigned percentile rankings and star ratings, an em dash (—) was presented to indicate when the measure did not have an applicable benchmark; therefore, the performance 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 2019 Colorado Medicaid weighted averages and MCO-specific rates to the corresponding HEDIS 2018 rates. HSAG also evaluated the extent of changes observed in the rates between years. Year-over-year performance comparisons are based on the Chi-square test of statistical significance with a *p* value <0.05. However, caution should be exercised when interpreting results of the significance testing, given that statistically significant changes may not necessarily be clinically significant. To limit the impact of this, a change will not be indicated as statistically significant unless the change was at least 3 percentage points. Note that statistical testing could not be performed on the utilization-based measures under the Use of Services domain given that variances were not available in the IDSS for HSAG to use for statistical testing.

In general, results from statistical significance testing provide information on whether a change in the rate may suggest improvement or decline in performance. Throughout the report, references to “significant” changes in performance are noted; these instances refer to statistically significant differences between performance from HEDIS 2018 to HEDIS 2019. Changes (regardless of whether

they are significant) could be related to the following factors independent of any effective interventions designed to improve the quality of care:

- Substantial changes in measure specifications. The “Measure Changes Between HEDIS 2018 and HEDIS 2019” section lists measures with specification changes made by NCQA.
- Substantial changes in membership composition within the MCO.

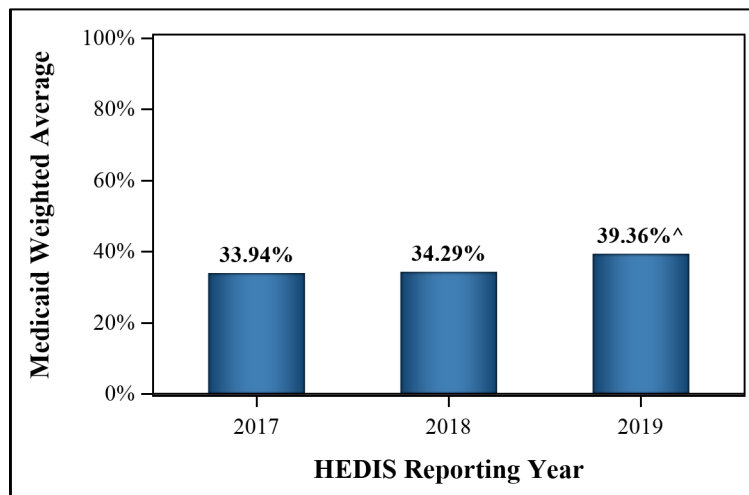
Similarly, caution should be exercised when comparing rates calculated administratively to national benchmarks that were calculated using the hybrid methodology.

**Figure Interpretation**

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

For each performance measure indicator presented in this report, the vertical bar graph figure positioned on the left side of the page presents the HEDIS 2017, HEDIS 2018, and HEDIS 2019 Colorado Medicaid weighted averages, with significance testing performed between the HEDIS 2018 and HEDIS 2019 weighted averages. Within these figures, HEDIS 2019 rates with one caret (^) indicate a significant improvement in performance from HEDIS 2018. HEDIS 2019 rates with two carets (^) indicate a significant decline in performance from HEDIS 2018. An example of the vertical bar graph figure for measure indicators reported is shown in Figure 2-2.

**Figure 2-2—Sample Vertical Bar Graph Figure**



## Measure Changes Between HEDIS 2018 and HEDIS 2019

The following is a list of measures with technical specification changes that NCQA announced for HEDIS 2019.<sup>2-1,2-2</sup> These changes may have an effect on the HEDIS 2019 rates that are presented in this report.

### **Childhood Immunization Status**

- Revised the measles, mumps, and rubella (MMR), varicella-zoster virus (VZV), and hepatitis A (HepA) numerators in the Administrative Specification to indicate that a vaccination administered on or between the child's first and second birthdays meets the numerator criteria.

### **Immunizations for Adolescents**

- Updated meningococcal vaccine references.
- Added optional exclusions for the Tdap vaccine.

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

- Clarified that children who turn 15 months old during the measurement year are included in the measure.
- Clarified in the numerator to not count visits that occur after the member's 15-month birthday.
- Clarified the medical record requirements for health history, physical developmental history, mental developmental history, and health education/anticipatory guidance.
- Added a *Note* that includes examples of documentation that do not meet the criteria for the numerator.

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

- Clarified the medical record requirements for health history, physical developmental history, mental developmental history, and health education/anticipatory guidance.
- Added a *Note* that includes examples of documentation that do not meet the criteria for the numerator.

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

<sup>2-2</sup> National Committee for Quality Assurance. *HEDIS® 2018, Volume 2: Technical Update*. Washington, DC: NCQA Publication, 2017.

### **Adolescent Well-Care Visits**

- Clarified the medical record requirements for health history, physical developmental history, mental developmental history, and health education/anticipatory guidance.
- Added a *Note* that includes examples of documentation that do not meet the criteria for the numerator.

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

- Clarified in the *Notes* that services rendered for obesity or eating disorders may be used to meet criteria for the *Counseling for Nutrition* and *Counseling for Physical Activity* indicators.

### **Appropriate Testing for Children With Pharyngitis**

- Deleted the instructions for identifying ED/observation visits that result in an inpatient stay; refer to General Guideline 44 for new instructions.

### **Appropriate Treatment for Children With Upper Respiratory Infection**

- Deleted the instructions for identifying ED/observation visits that result in an inpatient stay; refer to *General Guideline 44* for new instructions.
- Added a *Note* to indicate that supplemental data may not be used for this measure.

### **Prenatal and Postpartum Care**

- Deleted prenatal visits with internal organization codes for last menstrual period (LMP)/estimated date of delivery (EDD) and obstetrical history/risk assessment counseling from Decision Rule 3 of the Administrative specification. Internal organization codes are supplemental data and are in the scope of the hybrid specification.
- Clarified that documentation in the medical record of gestational age with either prenatal risk assessment and counseling/education or complete obstetrical history meets criteria for the *Timeliness of Prenatal Care* numerator.
- Clarified in the *Notes* that nonancillary services must be delivered by the required provider type.

### **Adults' Access to Preventive/Ambulatory Health Services**

- Incorporated telehealth into the measure specifications.



### ***Breast Cancer Screening***

- Clarified that organizations should use the run date of the Monthly Membership Data File to determine if a member had a Long Term Institutional (LTI) flag during the measurement year.
- Added exclusions for members with advanced illness and frailty.
- Added methods to identify bilateral mastectomy for the optional exclusion.

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

- Added a *Note* to indicate that supplemental data can be used for only required exclusions for this measure.

### ***Antidepressant Medication Management***

- Restructured the codes and value sets for identifying the required exclusions (step 2). Refer to the Value Set Directory for a detailed summary of changes.

### ***Follow-Up Care for Children Prescribed ADHD Medication***

- Clarified in the continuous enrollment of Rate 2 that members who switch product lines or products between the Rate 1 and Rate 2 continuous enrollment periods are only included in Rate 1.
- Restructured the codes and value sets for identifying the numerators. Refer to the Value Set Directory for a detailed summary of changes.

### ***Use of Multiple Concurrent Antipsychotics in Children and Adolescents***

- Revised the *Note* section to not include denied claims when identifying the eligible population or assessing the numerator.

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

- Added exclusions for members with advanced illness and frailty.

### ***Comprehensive Diabetes Care***

- Incorporated telehealth into the measure specifications.
- Added exclusions for members with advanced illness and frailty.
- Added methods to identify bilateral eye enucleation.
- Added blood pressure readings taken from remote patient monitoring devices that are electronically submitted directly to the provider for numerator compliance.
- Updated the *Notes* to clarify that blood pressure readings taken the same day as lidocaine injections and wart or mole removals should not be excluded for the numerator.

- Added date element table CDC-3B: Data Elements for *Comprehensive Diabetes Care* and clarified that it is for the *Eye Exam (Retinal) Performed* indicator only.

### **Statin Therapy for Patients With Diabetes**

- Incorporated telehealth into the measure specifications.
- Added *Step 2: Exclusions*.
- Added exclusions for members with advanced illness and frailty.
- Revised step 4 of the numerator calculation to indicate that the ratio should be rounded to the nearest whole number using the .5 rule.

### **Statin Therapy for Patients With Cardiovascular Disease**

- Incorporated telehealth into the measure specifications.
- Added *Step 3: Exclusions*.
- Added exclusions for members with advanced illness and frailty.
- Revised step 4 of the numerator calculation to indicate that the ratio should be rounded to the nearest whole number using the .5 rule.

### **Use of Imaging Studies for Low Back Pain**

- Deleted the instructions for identifying ED/observation visits that result in an inpatient stay; refer to *General Guideline 44* for new instructions.
- Clarified in step 4 required exclusions that, for multiple prescriptions on the same day, assume the member started taking the second prescription after exhausting the first prescription.
- Added a *Note* to indicate that supplemental data can be used for only required exclusions for this measure.

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

- Incorporated telehealth into the measure specifications.
- Deleted the instructions for identifying ED/observation visits that result in an inpatient stay; refer to *General Guideline 44* for new instructions.
- Added a *Note* to indicate that supplemental data may not be used for this measure.

### **Pharmacotherapy Management of COPD Exacerbation**

- Deleted the instructions for identifying ED/observation visits that result in an inpatient stay; refer to *General Guideline 44* for new instructions.

- Removed “Betamethasone” from the list of prescriptions for Glucocorticoids in the Systemic Corticosteroid Medications List.
- Removed Methylxanthines from the Bronchodilator Medications List.

### **Medication Management for People With Asthma**

- Incorporated telehealth into the measure specifications.
- Removed “Mast cell stabilizers” from the Asthma Controller Medications List.
- Revised step 4 of the numerator calculation to indicate that the ratio should be rounded to the nearest whole number using the .5 rule.

### **Asthma Medication Ratio**

- Incorporated telehealth into the measure specifications.
- Added instructions in step 4 of the numerator calculation to indicate that the ratio should be rounded to the nearest whole number using the .5 rule.
- Removed “Mast cell stabilizers” from the Asthma Controller Medications List.

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

- Incorporated telehealth into the measure specifications.
- Deleted the instructions for identifying ED/observation visits that result in an inpatient stay; refer to *General Guideline 44* for new instructions.

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

- Incorporated telehealth into the measure specifications.
- Clarified when to count nonacute-to-nonacute direct transfers as two discharges.
- Added exclusions for members with advanced illness and frailty.

### **Ambulatory Care**

- Incorporated telehealth into the measure specifications.

### **Inpatient Utilization**

- Clarified that member months for maternity rates are reported for members 10–64 years of age.

### **Plan All-Cause Readmissions**

- Revised the “Planned Hospital Stay” definition.
- Added a *Note* to the eligible population to refer to *General Guideline 10* when reporting for small denominator limits.

- Removed former step 5 in the denominator and added language about planned admissions to step 3 in the numerator.
- Revised steps 6 and 7 in Risk Adjustment Weighting.
- Renamed “Expected Readmission Rate” to “Estimated Readmission Risk” in step 8.
- Renamed “Total Variance” to “Variance.”
- Revised the Data Elements for Reporting tables.
- Added shading to the Data Elements for Reporting tables to indicate how data are reported.

### **Use of Opioids at High Dosage**

- Revised the measure description and added a *Note* to indicate that the proportion will be calculated and displayed as a permillage.
- Replaced all references to “Morphine equivalent dose” and “MED” with “Milligram morphine equivalent” and “MME.”
- Clarified the definitions for “IPSD” and “Total Daily MME.”
- Revised the MME Daily Dose calculation to clarify that multiple dosage unit types (e.g., mg, mcg) can be used for strength and added examples.
- Revised steps 1 and 2 in the event/diagnosis criteria.
- Renamed the medication list and changed references to (UOD Opioid Medications List) for this measure.
- Removed buprenorphine from the UOD Opioid Medications List and Table UOD-A.
- Revised steps 2 and 3 in the numerator.
- Revised Table UOD-A to clarify that conversion factor 3 should be used for methadone.
- Added a *Note* to indicate that supplemental data can be used for only required exclusions for this measure.
- Revised the *Note* section to not include denied claims when identifying the eligible population (except for required exclusions) or assessing the numerator.

### **Use of Opioids from Multiple Providers**

- Revised the measure description and added a *Note* to indicate that the proportion will be calculated and displayed as a permillage.
- Revised steps 1 and 2 in the event/diagnosis criteria.
- Added a *Note* to indicate that supplemental data may not be used for this measure.
- Revised the *Note* section to not include denied claims when identifying the eligible population or assessing the numerator.
- Removed “Number of required exclusions” data element from the Data Elements for Reporting tables.

## 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 MCO to publicly report its HEDIS measure rates. Each measure indicator rate included in the HEDIS audit receives an audit result of <i>Reportable (R)</i> , <i>Small Denominator (NA)</i> , <i>Biased Rate (BR)</i> , <i>No Benefit (NB)</i> , <i>Not Required (NQ)</i> , <i>Not Reported (NR)</i> , and <i>Unaudited (UN)</i> .
BMI	Body Mass Index.
BR	Biased Rate: indicates that the MCO's reported rate was invalid; therefore, the rate was not presented.
Data Completeness	The degree to which occurring services/diagnoses appear in the MCO'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 MCO does not reimburse the provider for each encounter, submission of encounter data allows the MCO 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 MCO's completion of any corrective actions, an auditor completes the final audit report, documenting all final findings and results of the HEDIS audit. The final audit report includes a summary report, IS capabilities assessment, medical record review validation findings, measure results, and auditor's audit opinion (the final audit statement).
Flu	Influenza vaccine.

Term	Description
FY	Fiscal year.
HEDIS	The Healthcare Effectiveness Data and Information Set (HEDIS), developed and maintained by NCQA, is a set of performance measures used to assess the quality of care provided by managed health care organizations.
HEDIS Repository	The data warehouse where all data used for HEDIS reporting are stored.
HepA	Hepatitis A vaccine.
HepB	Hepatitis B vaccine.
HiB	Haemophilus influenzae type B vaccine.
HMO	Health maintenance organization.
HPL	High performance level (For most performance measures, the Department defined the HPL as the most recent 90th national Medicaid percentile. For measures such as <i>Well-Child Visits in the First 15 Months of Life—Zero Visits</i> , in which lower rates indicate better performance, the 10th percentile [rather than the 90th percentile] is considered the HPL.)
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. <sup>2-3</sup>
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 MCO's performance and assess the reliability of the MCO's HEDIS rates.

<sup>2-3</sup> National Committee for Quality Assurance. HEDIS Compliance Audit Standards, Policies and Procedures, Volume 5. Washington D.C.

Term	Description
MMR	Measles, mumps, and rubella vaccine.
NA	<p>Small Denominator; indicates that the MCO followed the specifications, but the denominator was too small (&lt;30) to report a valid rate, resulting in an NA designation.</p> <ul style="list-style-type: none"> <li>• For effectiveness of care (EOC) and EOC-like measures, when the denominator is fewer than 30.</li> <li>• For utilization measures that count member months, when the denominator is fewer than 360 member months.</li> <li>• For all risk-adjusted utilization measures, except PCR, when the denominator is fewer than 150.</li> </ul>
NB	No Benefit; indicates that the required benefit to calculate the measure was not offered.
NCQA	The National Committee for Quality Assurance (NCQA) is a not-for-profit organization that assesses, through accreditation reviews and standardized measures, the quality of care provided by managed health care delivery systems; reports results of those assessments to employers, consumers, public purchasers, and regulators; and ultimately seeks to improve the health care provided within the managed care industry.
NR	Not Reported; indicates that the MCO chose not to report the required HEDIS measure indicator rate. This designation was assigned to rates during previous reporting years to indicate one of the following designations: The MCO chose not to report the required measure indicator rate, or the MCO's reported rate was invalid, therefore, the rate was not presented.
Numerator	The number of members in the denominator who received all the services as specified in the measure.
NQ	Not Required; indicates that the MCO was not required to report this measure.
OB/GYN	Obstetrician/Gynecologist.
PCP	Primary care practitioner.
PCV	Pneumococcal conjugate vaccine.
POP	Eligible population.
PPC	Prenatal and Postpartum Care.
Provider Data	Electronic files containing information about physicians such as type of physician, specialty, reimbursement arrangement, and office location.
RV	Rotavirus vaccine.
Software Vendor	A third party, with source code certified by NCQA, that contracts with the MCO to write source code for HEDIS measures. (For the measures to be certified, the vendor must submit programming codes associated with the measure to NCQA for automated testing of program logic, and a minimum percentage of the measures must receive a "Pass" or "Pass With Qualifications" designation.)

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



### Pediatric Care

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

- *Childhood Immunization Status—Combination 2—Combination 10*
- *Immunizations for Adolescents—Combination 1 (Meningococcal, Tdap) and Combination 2 (Meningococcal, Tdap, HPV)*
- *Well-Child Visits in the First 15 Months of Life—Zero Visits and Six or More Visits*
- *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life*
- *Adolescent Well-Care Visits*
- *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile Documentation—Total, Counseling for Nutrition—Total, and Counseling for Physical Activity—Total*
- *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 Appendix A and Appendix B.

Of note, the Colorado Medicaid weighted averages for HEDIS 2017 included rates for the FFS population and for one additional Medicaid MCO. The HEDIS 2018 and 2019 Colorado Medicaid weighted averages include only rates submitted by DHMP and RMHP Prime. Therefore, the reader should exercise caution when comparing HEDIS 2018 and HEDIS 2019 Colorado Medicaid weighted average rates to historical rates.

### Childhood Immunization Status

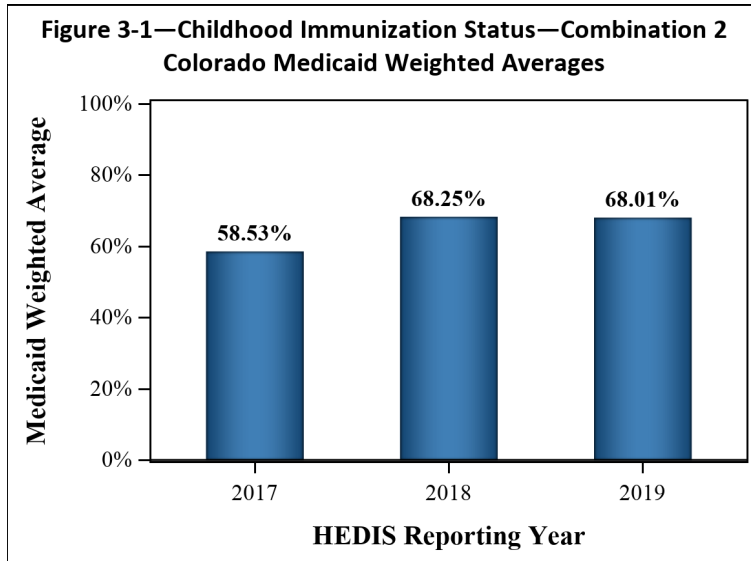
*Childhood Immunization Status* measures the percentage of members 2 years of age who received the following vaccinations on or before their second birthday. Table 3-1 displays the different antigens associated with various combinations. Of note, RMHP Prime did not report a rate for any of the *Childhood 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 HepB	One VZV	Four PCV	One HepA	Two or Three RV	Two Flu
<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>	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

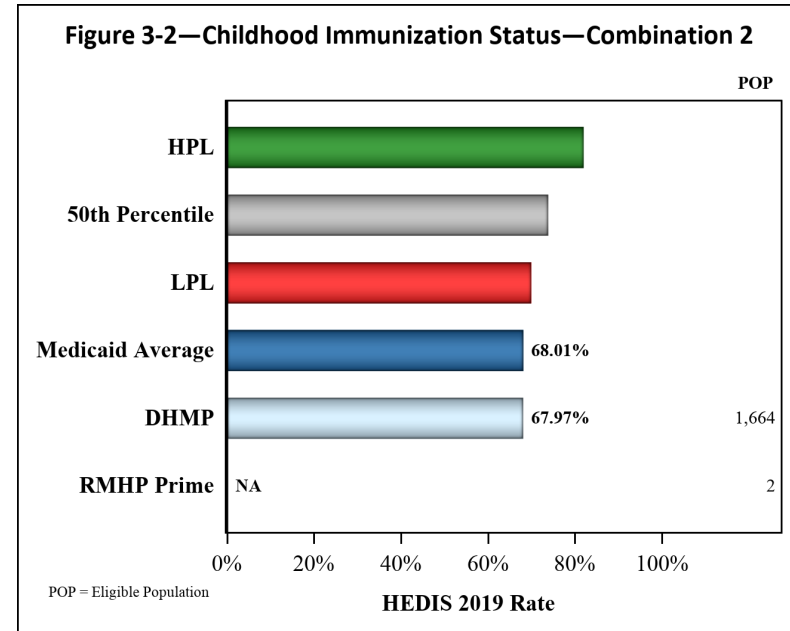
### Childhood Immunization Status—Combination 2

*Childhood Immunization Status—Combination 2* measures the percentage of members 2 years of age who received the following vaccines by their second birthday: four DTaP, three IPV, one MMR, three HiB, three HepB, and one VZV.



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

The Colorado Medicaid weighted average did not demonstrate a significant change from 2018 to 2019.

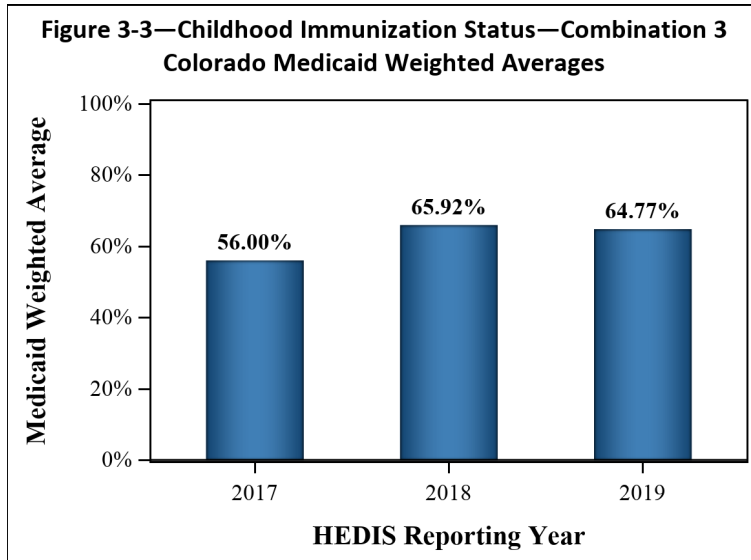


*NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate. Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.*

DHMP’s rate and the Colorado Medicaid weighted average fell below the LPL.

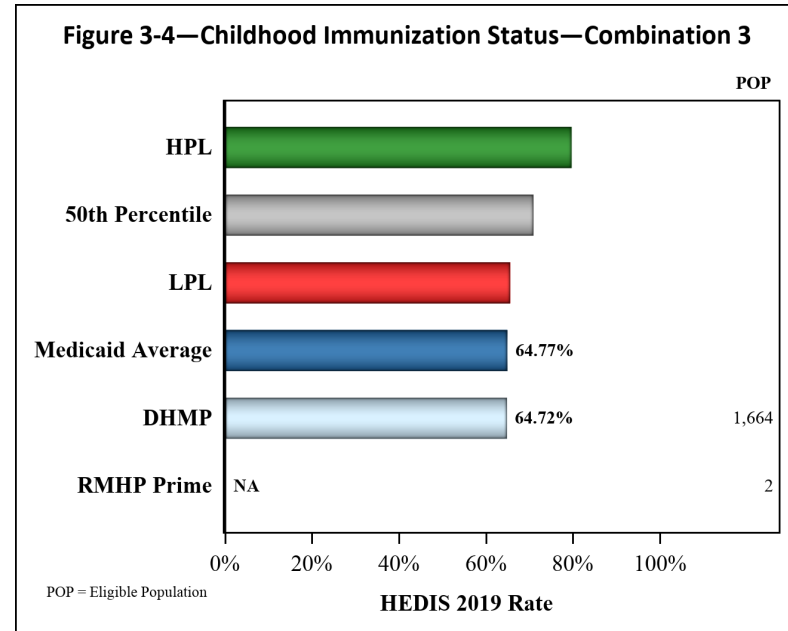
### Childhood Immunization Status—Combination 3

*Childhood Immunization Status—Combination 3* measures the percentage of members 2 years of age who received the following vaccines by their second birthday: four DTaP, three IPV, one MMR, three HiB, three HepB, one VZV, and four PCV.



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

The Colorado Medicaid weighted average did not demonstrate a significant change from 2018 to 2019.

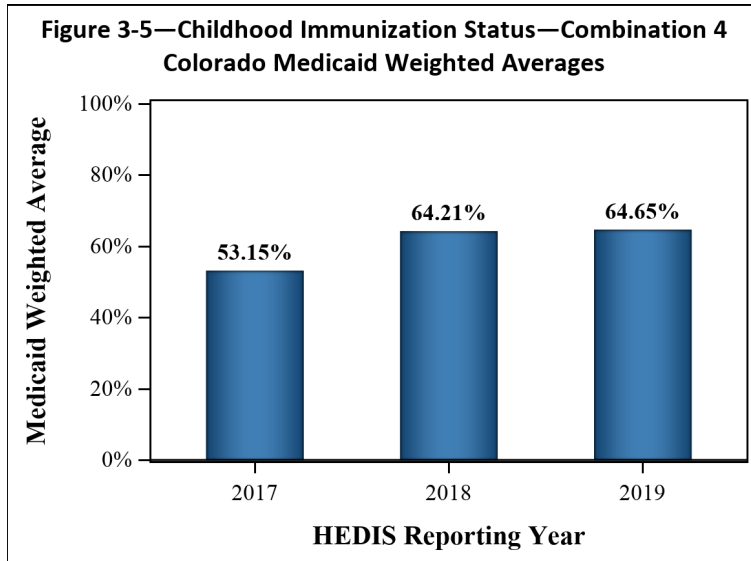


*NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate. Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.*

DHMP’s rate and the Colorado Medicaid weighted average fell below the LPL.

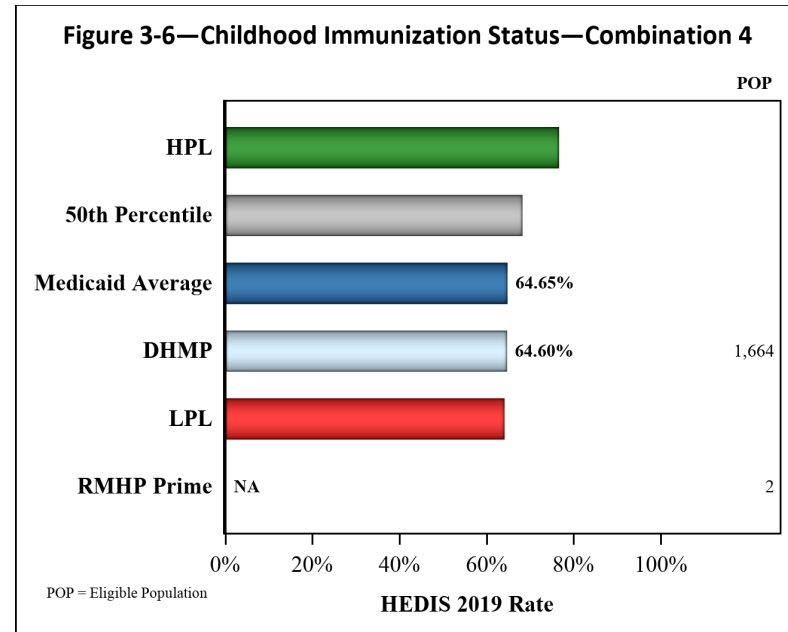
### Childhood Immunization Status—Combination 4

*Childhood Immunization Status—Combination 4* measures the percentage of members 2 years of age who received the following vaccines by their second birthday: four DTaP, three IPV, one MMR, three HiB, three HepB, one VZV, four PCV, and one HepA.



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

The Colorado Medicaid weighted average did not demonstrate a significant change from 2018 to 2019.

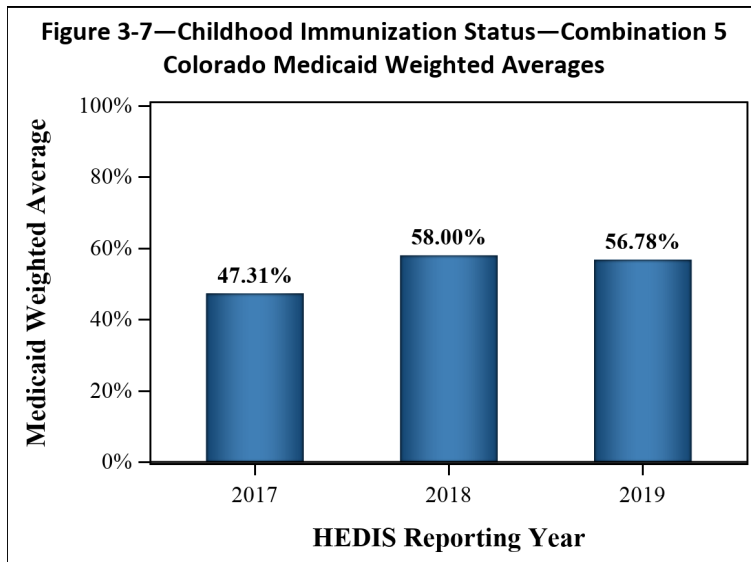


*NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate. Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.*

DHMP’s rate and the Colorado Medicaid weighted average were above the LPL but below the 50th percentile.

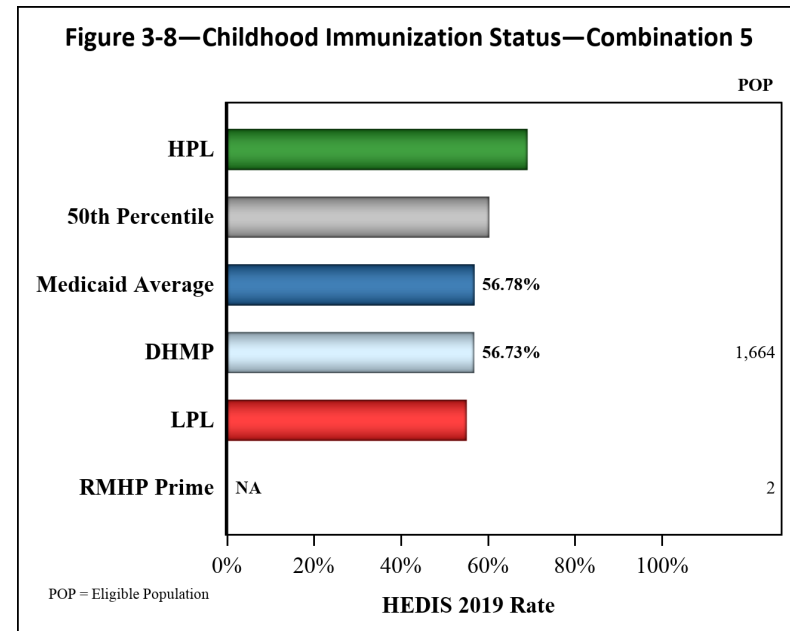
### Childhood Immunization Status—Combination 5

*Childhood Immunization Status—Combination 5* measures the percentage of members 2 years of age who received the following vaccines by their second birthday: four DTaP, three IPV, one MMR, three HiB, three HepB, one VZV, four PCV, and two or three RV.



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

The Colorado Medicaid weighted average did not demonstrate a significant change from 2018 to 2019.

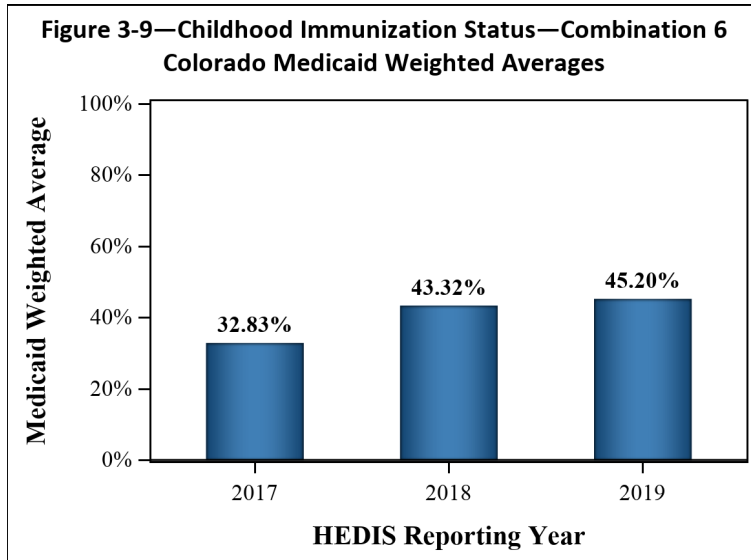


*NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate. Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.*

DHMP’s rate and the Colorado Medicaid weighted average were above the LPL but below the 50th percentile.

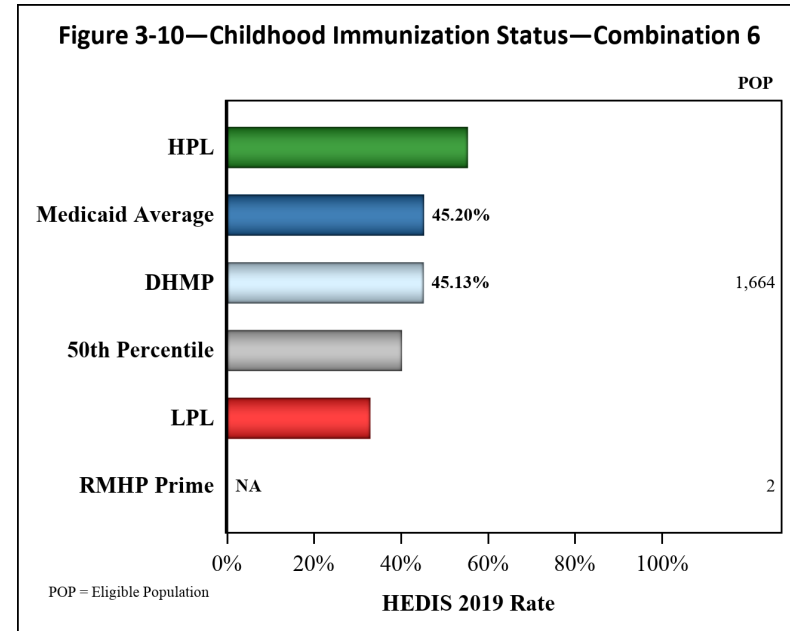
### Childhood Immunization Status—Combination 6

*Childhood Immunization Status—Combination 6* measures the percentage of members 2 years of age who received the following vaccines by their second birthday: four DTaP, three IPV, one MMR, three HiB, three HepB, one VZV, four PCV, and two flu.



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

The Colorado Medicaid weighted average did not demonstrate a significant change from 2018 to 2019.

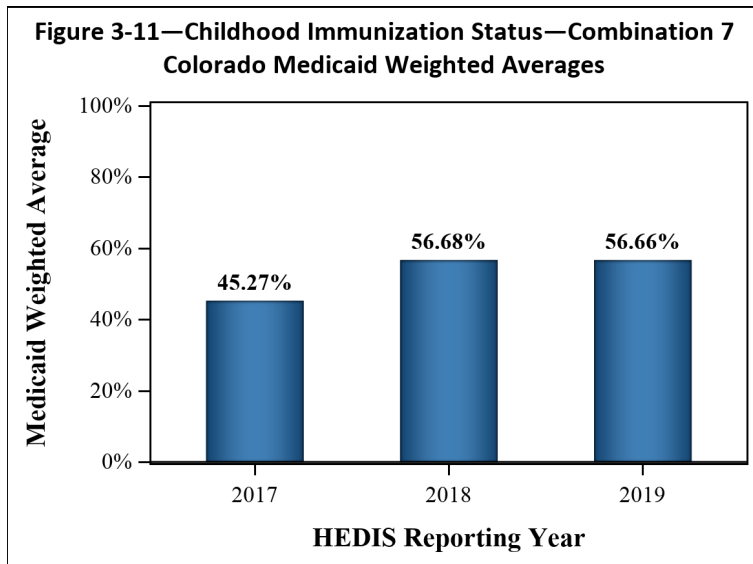


*NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate. Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.*

DHMP’s rate and the Colorado Medicaid weighted average were above the 50th percentile but below the HPL.

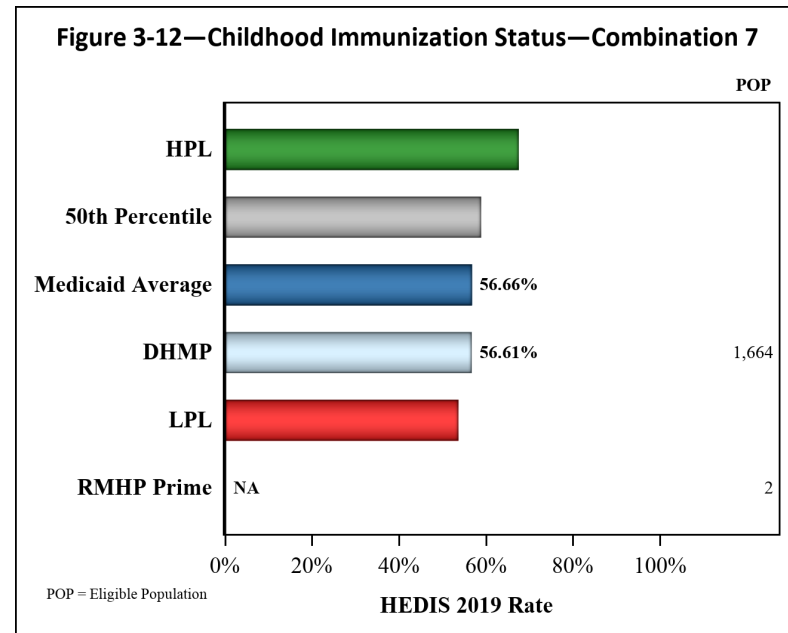
### Childhood Immunization Status—Combination 7

*Childhood Immunization Status—Combination 7* measures the percentage of members 2 years of age who received the following vaccines by their second birthday: four DTaP, three IPV, one MMR, three HiB, three HepB, one VZV, four PCV, one HepA, and two or three RV.



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

The Colorado Medicaid weighted average did not demonstrate a significant change from 2018 to 2019.



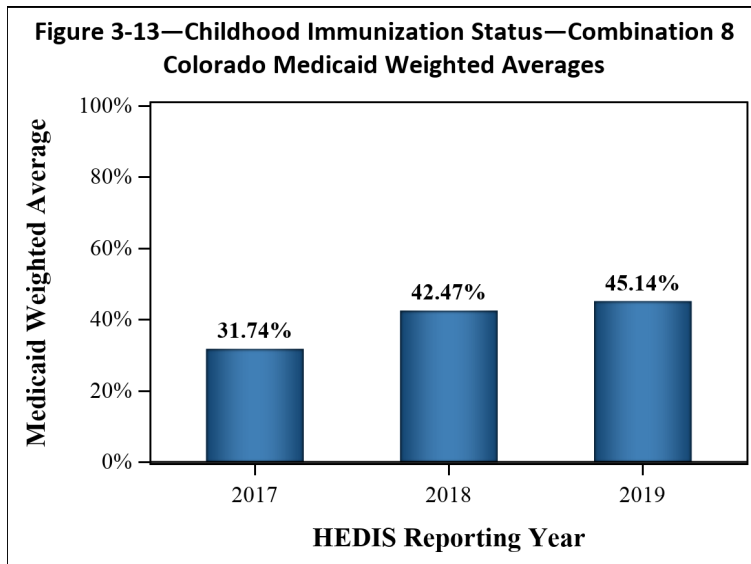
*NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate. Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.*

DHMP’s rate and the Colorado Medicaid weighted average were above the LPL but below the 50th percentile.



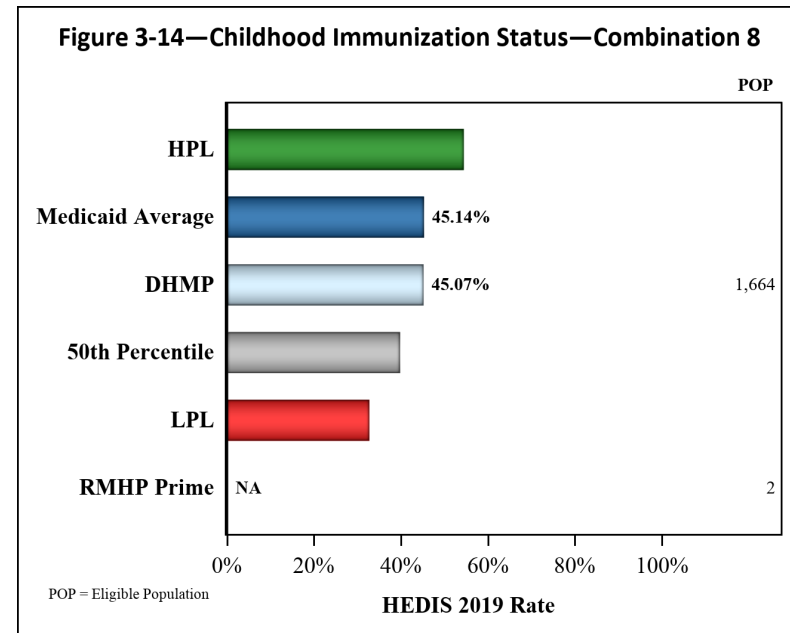
### Childhood Immunization Status—Combination 8

*Childhood Immunization Status—Combination 8* measures the percentage of members 2 years of age who received the following vaccines by their second birthday: four DTaP, three IPV, one MMR, three HiB, three HepB, one VZV, four PCV, one HepA, and two flu.



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

The Colorado Medicaid weighted average did not demonstrate a significant change from 2018 to 2019.

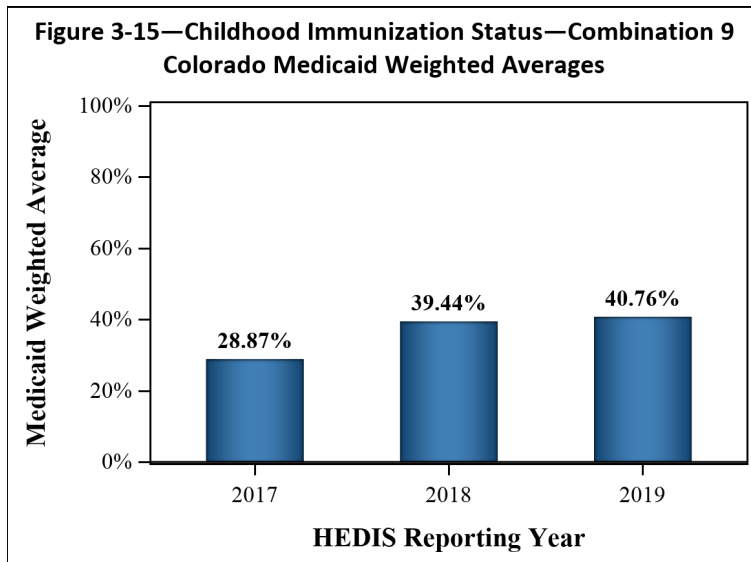


*NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate. Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.*

DHMP’s rate and the Colorado Medicaid weighted average were above the 50th percentile but below the HPL.

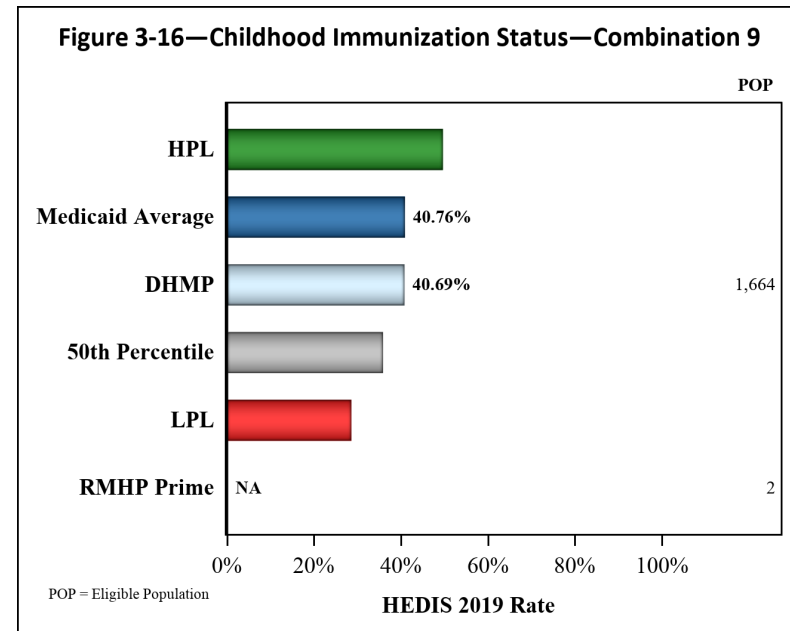
### Childhood Immunization Status—Combination 9

*Childhood Immunization Status—Combination 9* measures the percentage of members 2 years of age who received the following vaccines by their second birthday: four DTaP, three IPV, one MMR, three HiB, three HepB, one VZV, four PCV, two or three RV, and two flu.



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

The Colorado Medicaid weighted average did not demonstrate a significant change from 2018 to 2019.

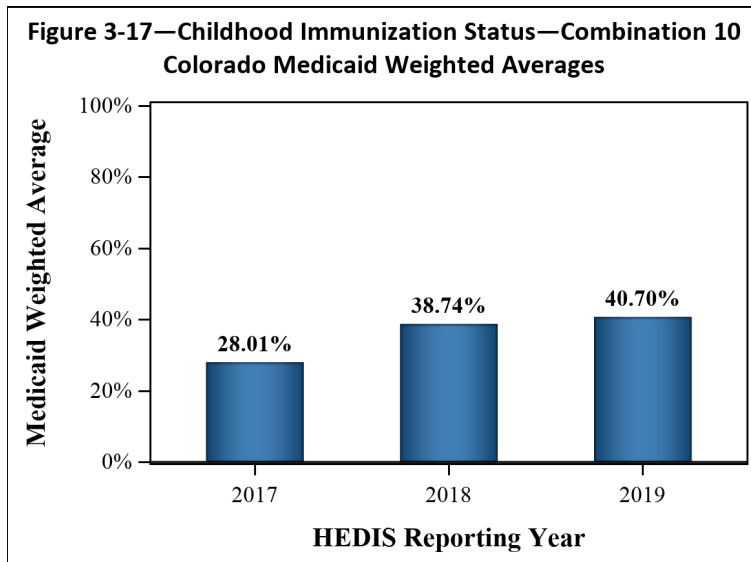


*NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate. Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.*

DHMP’s rate and the Colorado Medicaid weighted average were above the 50th percentile but below the HPL.

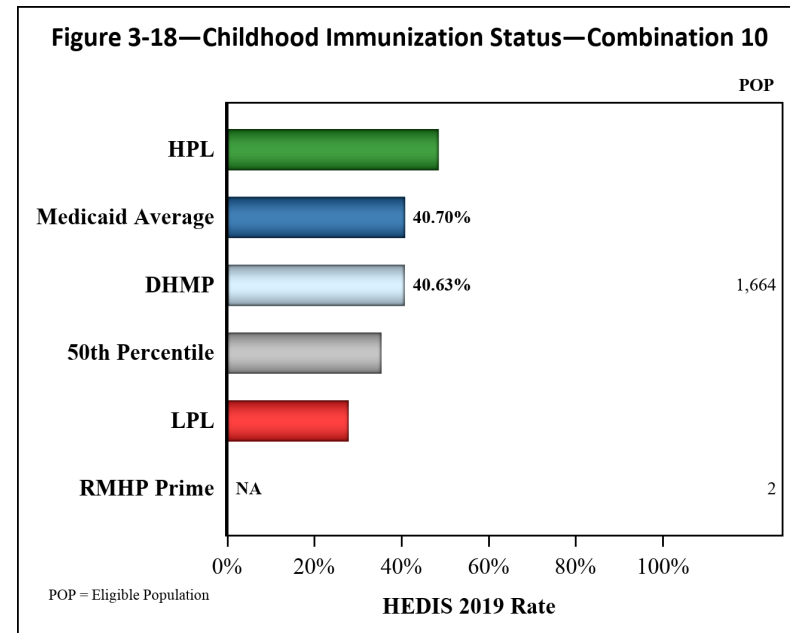
### Childhood Immunization Status—Combination 10

*Childhood Immunization Status—Combination 10* measures the percentage of members 2 years of age who received the following vaccines by their second birthday: four DTaP, three IPV, one MMR, three HiB, three HepB, one VZV, four PCV, one HepA, two or three RV, and two flu.



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

The Colorado Medicaid weighted average did not demonstrate a significant change from 2018 to 2019.

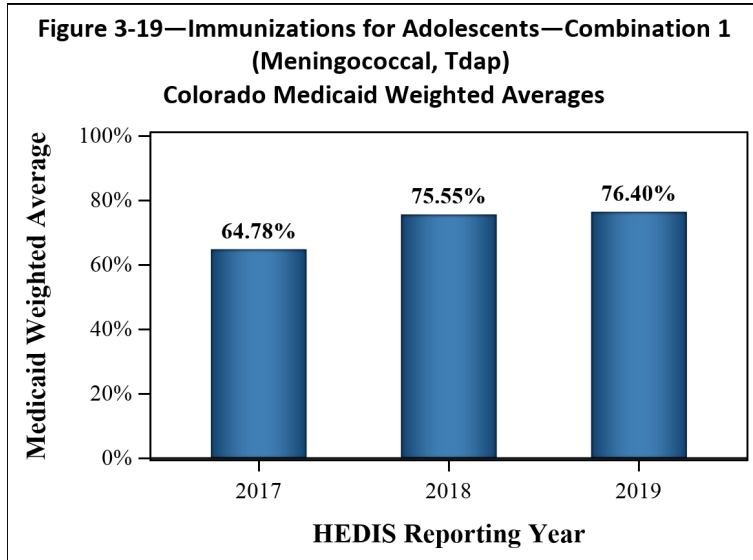


*NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate. Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.*

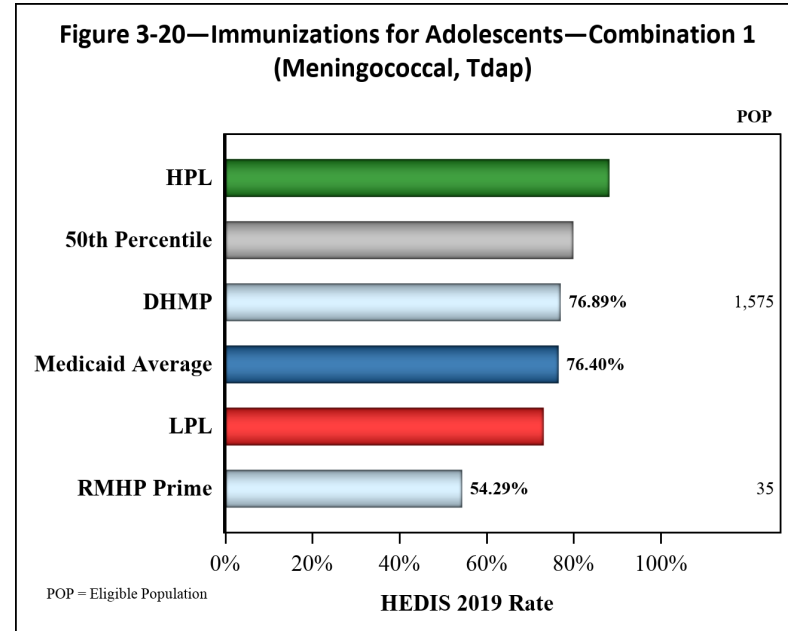
DHMP’s rate and the Colorado Medicaid weighted average were above the 50th percentile but below the HPL.

### 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 vaccine, and one Tdap vaccine.



The Colorado Medicaid weighted average did not demonstrate a significant change from 2018 to 2019.

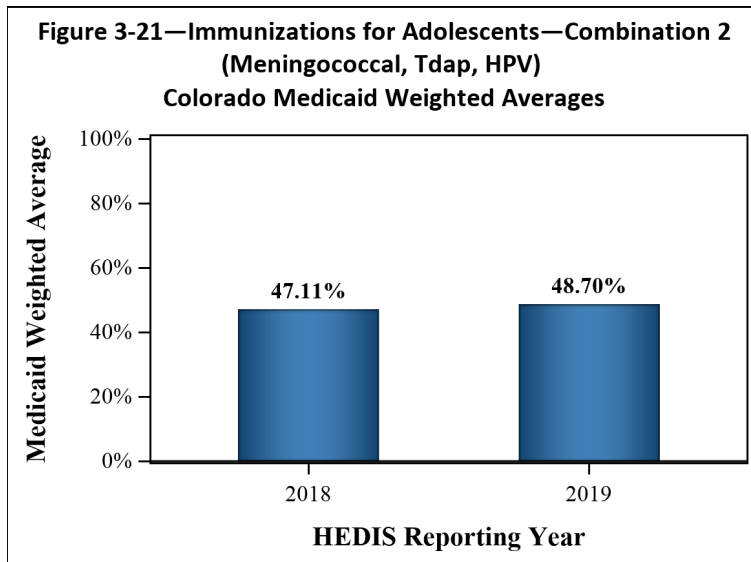


Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

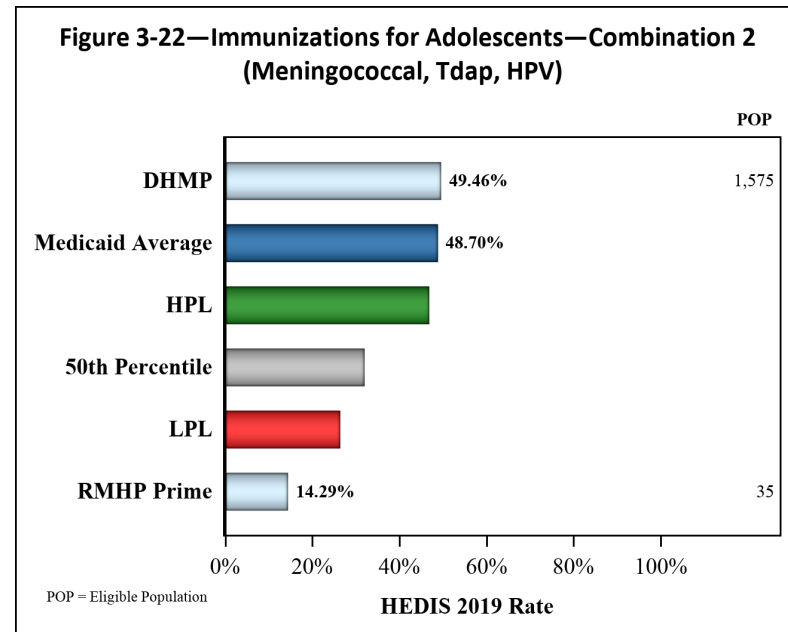
DHMP’s rate and the Colorado Medicaid weighted average were above the LPL but below the 50th percentile. RMHP Prime’s rate fell below the LPL. MCO performance varied by approximately 23 percentage points.

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

*Immunizations for Adolescents—Combination 2 (Meningococcal, Tdap, HPV)* measures the percentage of members 13 years of age who had the following vaccines by their 13th birthday: one dose of meningococcal vaccine, one Tdap vaccine, and completed the HPV vaccine series.



The Colorado Medicaid weighted average did not demonstrate a significant change from 2018 to 2019.

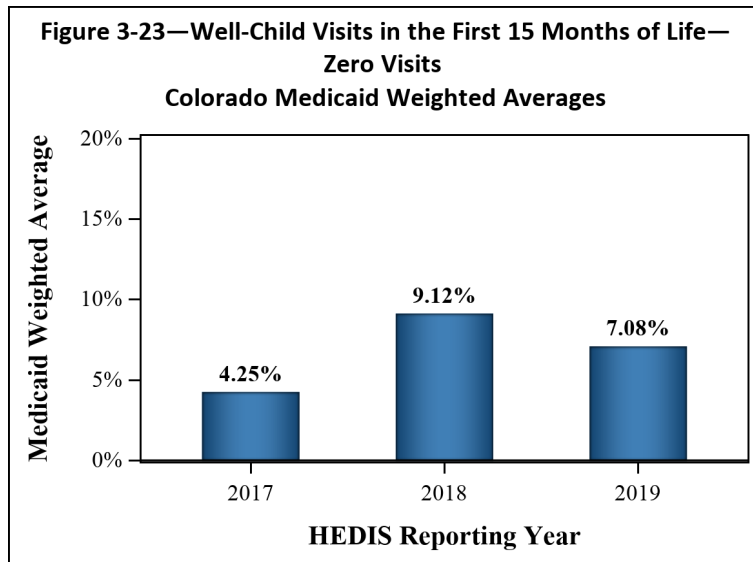


*Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.*

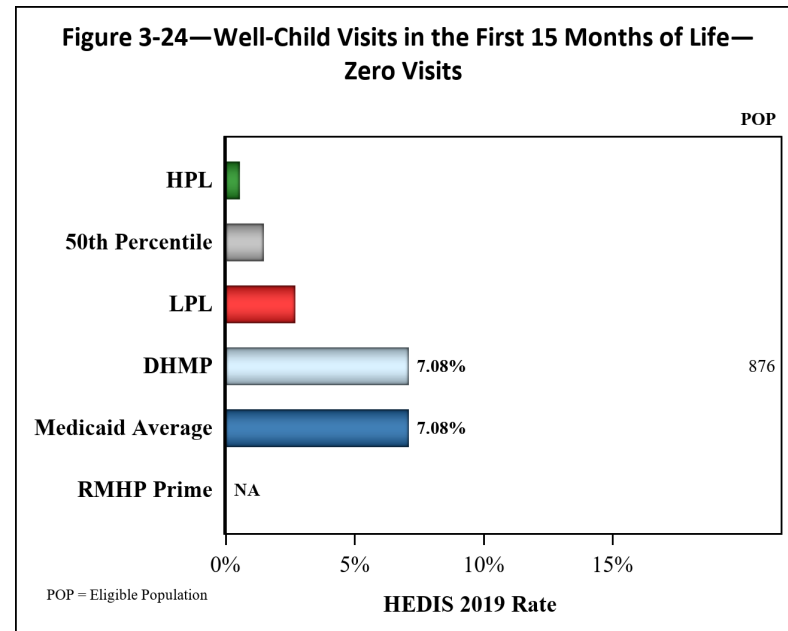
DHMP’s rate and the Colorado Medicaid weighted average exceeded the HPL. RMHP Prime’s rate fell below the LPL. MCO performance varied by approximately 35 percentage points.

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

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



The Colorado Medicaid weighted average did not demonstrate a significant change from 2018 to 2019.

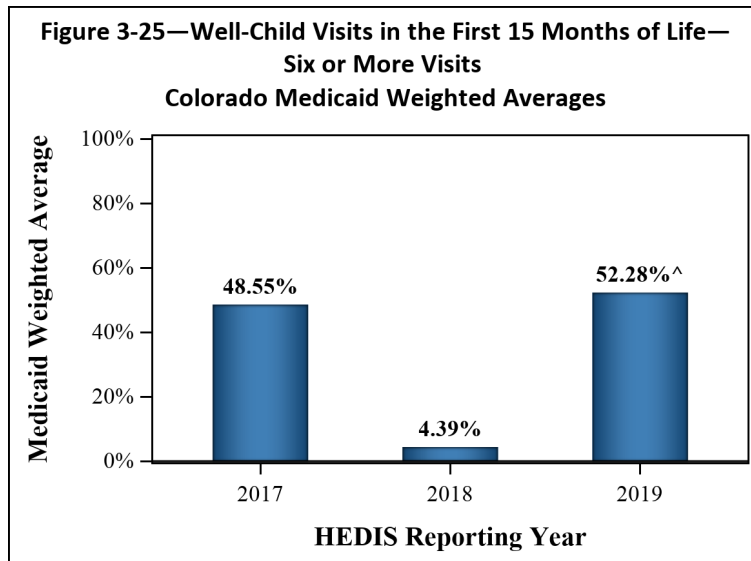


*NA (Small Denominator)* indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate. Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

DHMP’s rate and the Colorado Medicaid weighted average fell below the LPL.

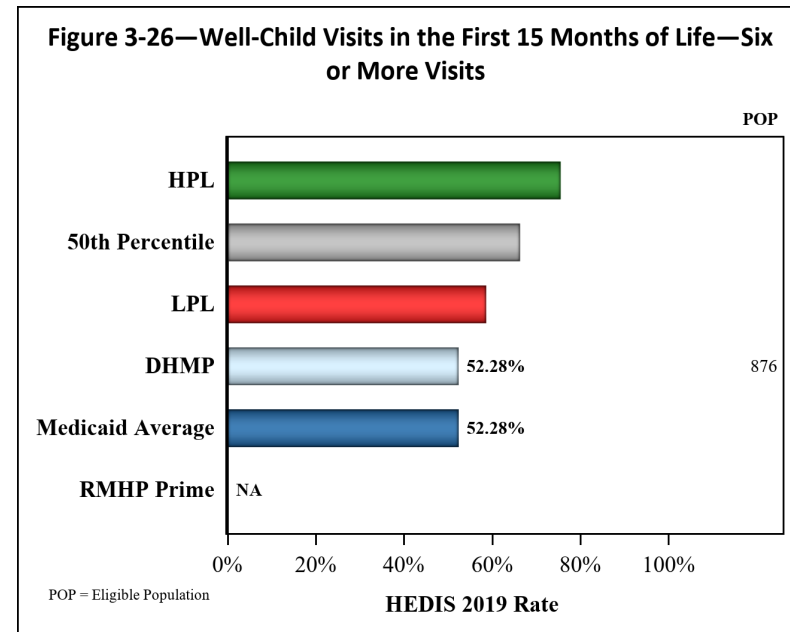
### Well-Child Visits in the First 15 Months of Life—Six or More Visits

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



One caret (^) indicates a significant improvement in performance from 2018 to 2019.

The Colorado Medicaid weighted average significantly improved from 2018 to 2019.

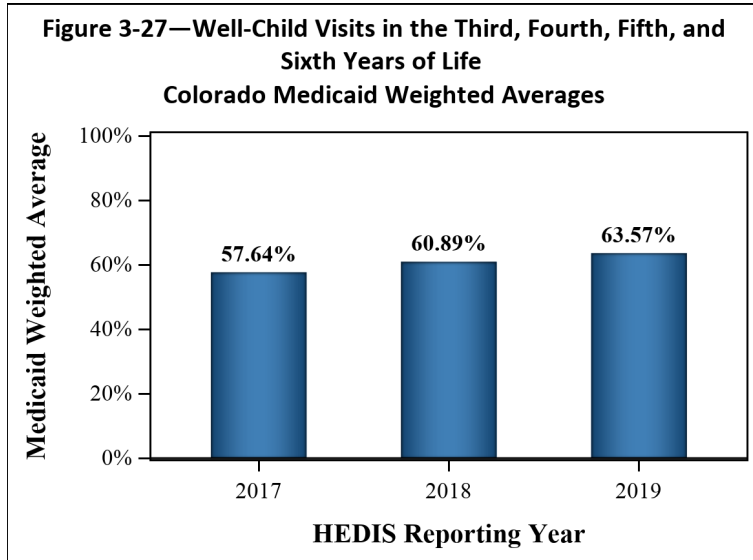


NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate. Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

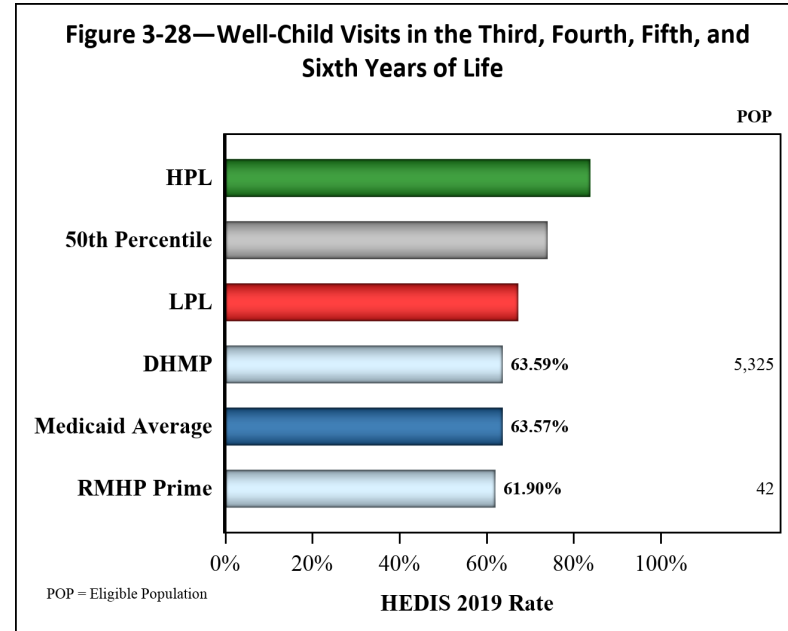
DHMP’s rate and the Colorado Medicaid weighted average fell below the LPL.

### 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.



The Colorado Medicaid weighted average did not demonstrate a significant change from 2018 to 2019.



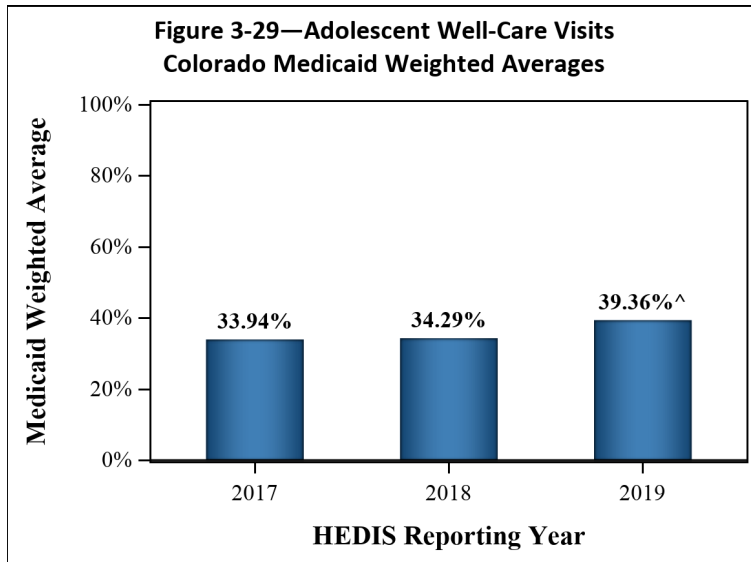
*Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.*

Rates for both MCOs and the Colorado Medicaid weighted average fell below the LPL. MCO performance varied by approximately 2 percentage points.



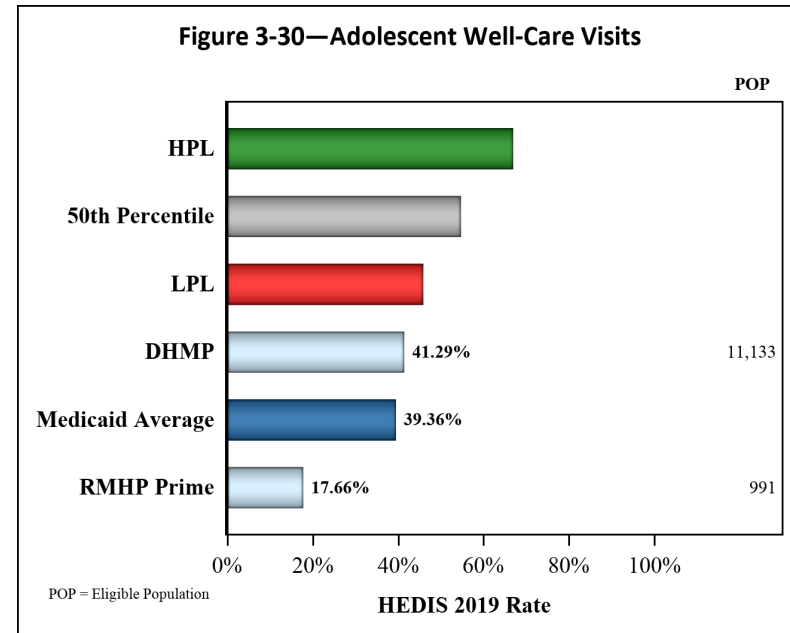
### Adolescent Well-Care Visits

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



One caret (^) indicates a significant improvement in performance from 2018 to 2019.

The Colorado Medicaid weighted average significantly improved from 2018 to 2019.

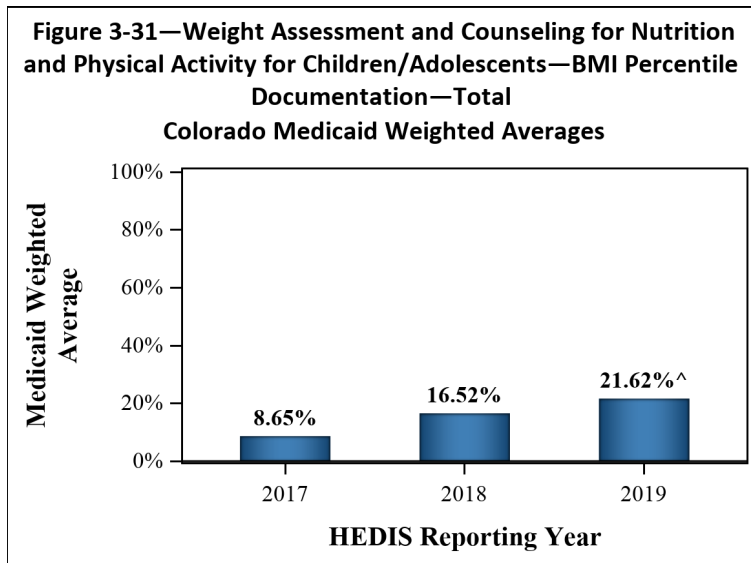


Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

Rates for both MCOs and the Colorado Medicaid weighted average fell below the LPL. MCO performance varied by approximately 24 percentage points.

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

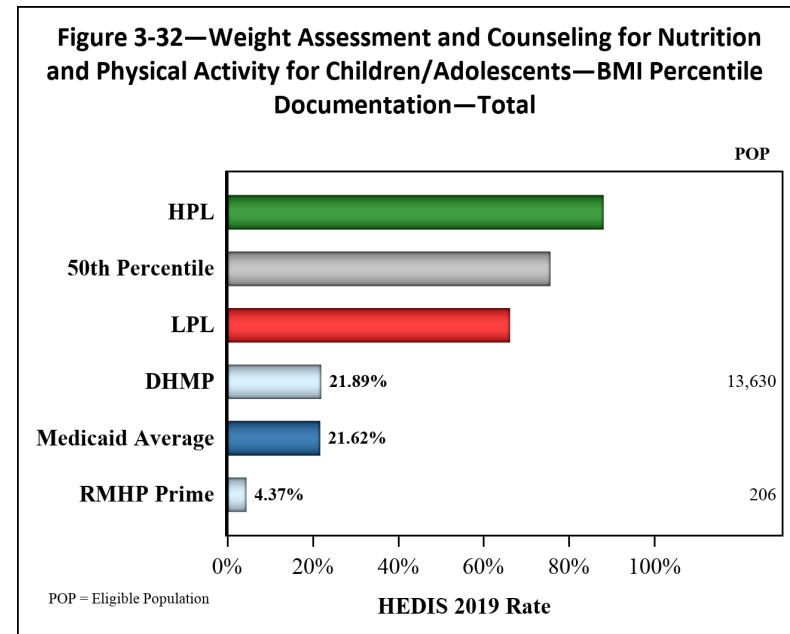
*Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile Documentation—Total* measures the percentage of members 3 to 17 years of age who had an outpatient visit with a PCP or OB/GYN and had evidence of BMI percentile documentation during the measurement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



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

One caret (^) indicates a significant improvement in performance from 2018 to 2019.

The Colorado Medicaid weighted average significantly improved from 2018 to 2019.

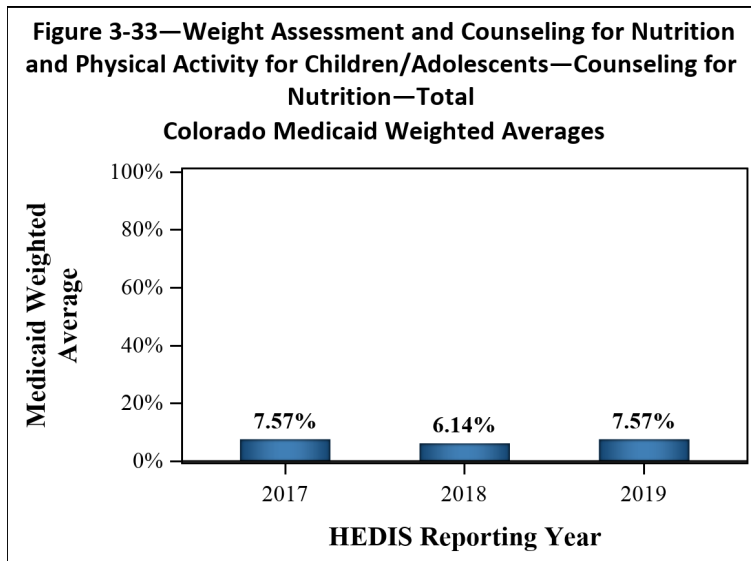


Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

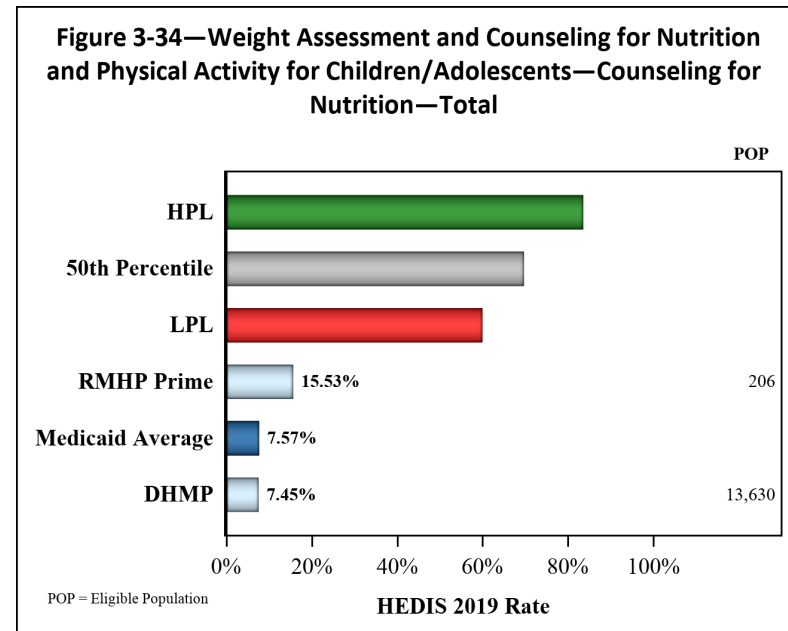
Rates for both MCOs and the Colorado Medicaid weighted average fell below the LPL. MCO performance varied by approximately 18 percentage points.

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

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



The Colorado Medicaid weighted average did not demonstrate a significant change from 2018 to 2019.

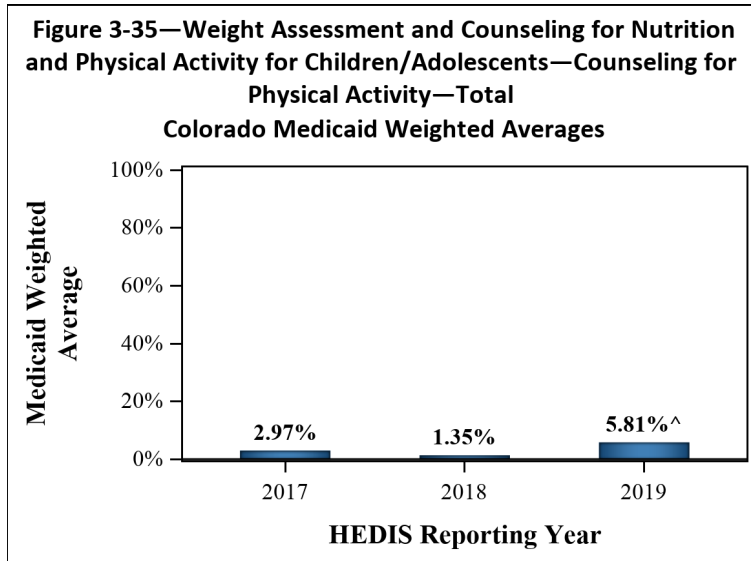


Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

Rates for both MCOs and the Colorado Medicaid weighted average fell below the LPL. MCO performance varied by approximately 8 percentage points.

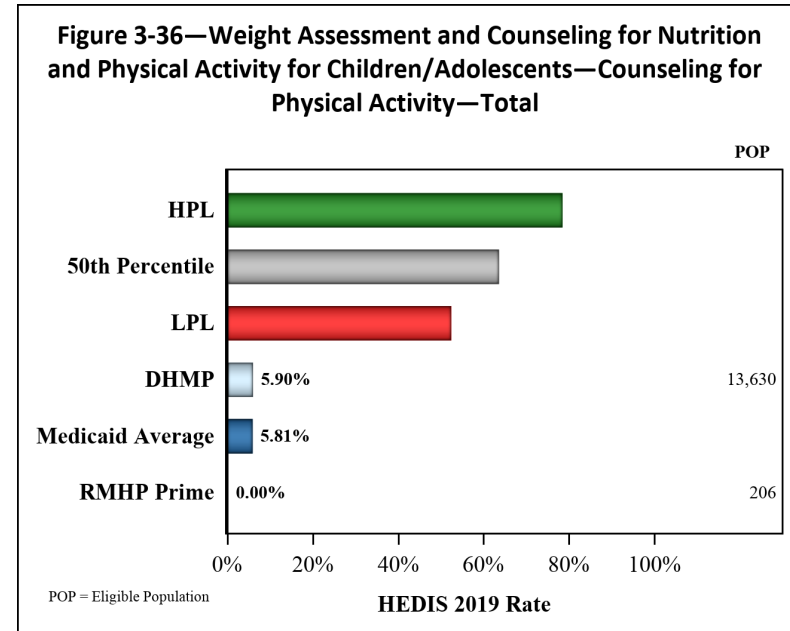
## Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents— Counseling for Physical Activity—Total

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



One caret (^) indicates a significant improvement in performance from 2018 to 2019.

The Colorado Medicaid weighted average significantly improved from 2018 to 2019.

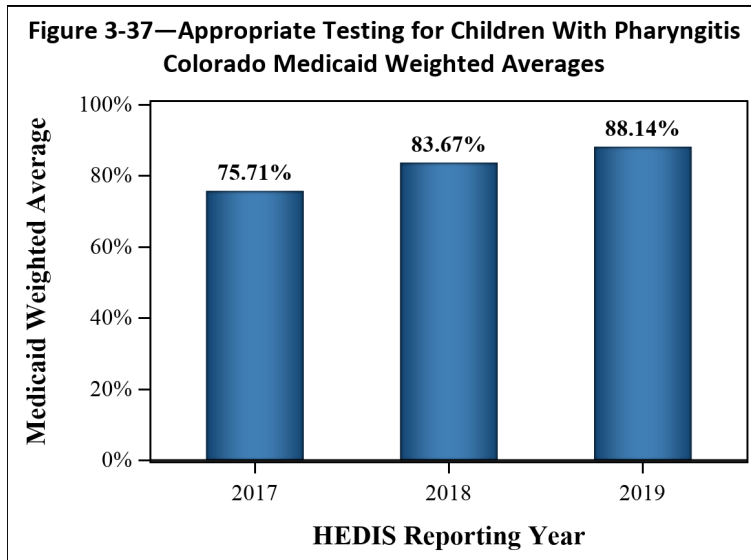


Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

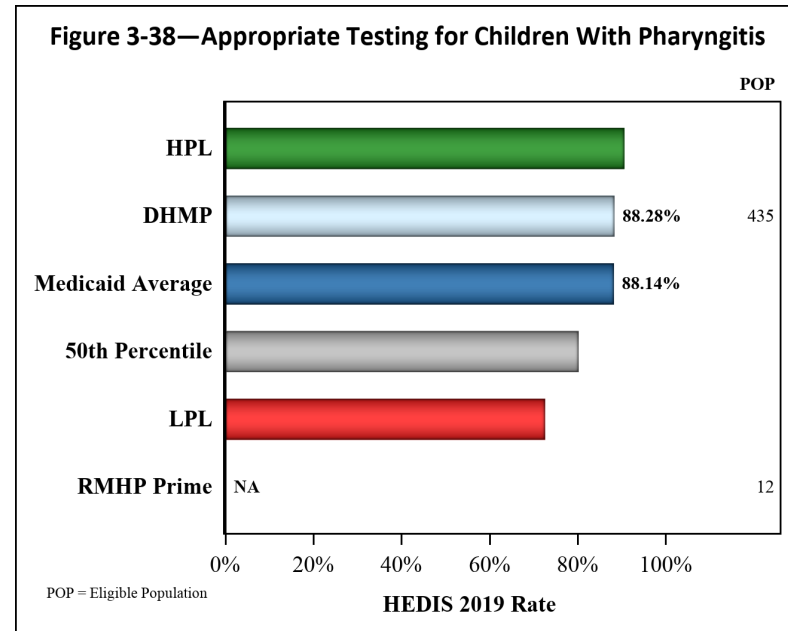
Rates for both MCOs and the Colorado Medicaid weighted average fell below the LPL. MCO performance varied by approximately 6 percentage points.

### 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.



The Colorado Medicaid weighted average did not demonstrate a significant change from 2018 to 2019.

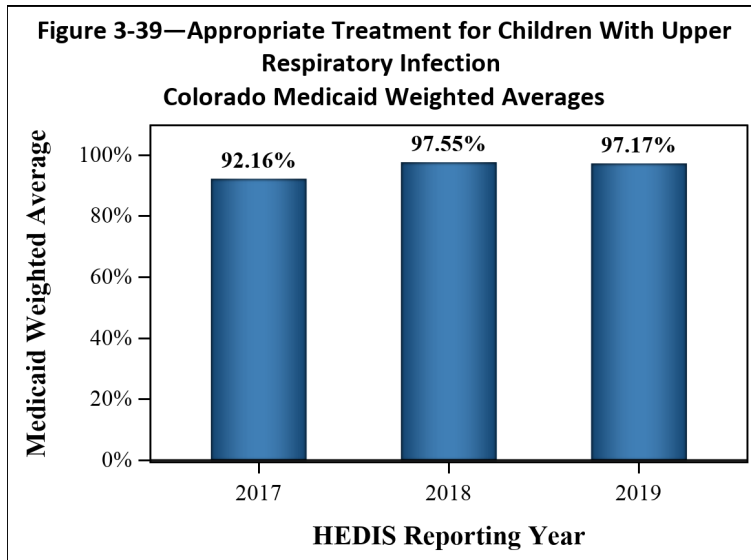


*NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate.*

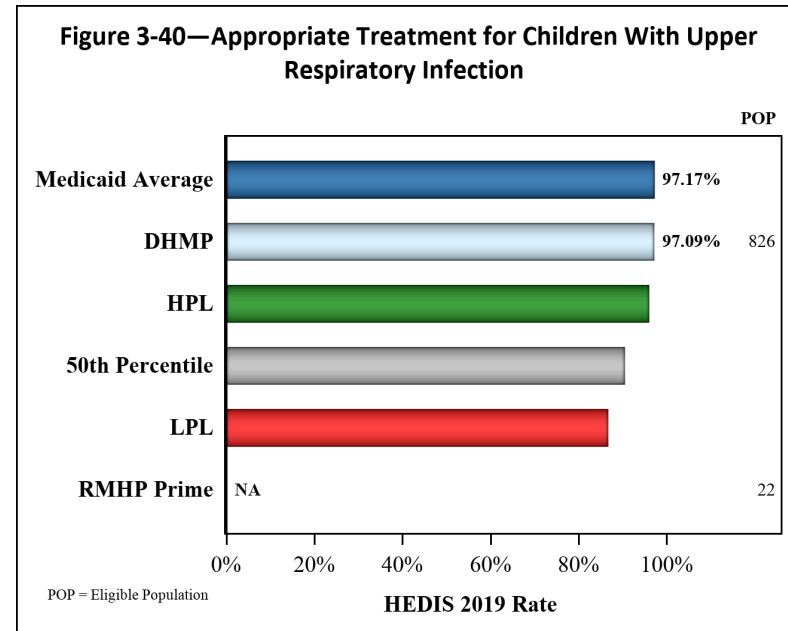
DHMP’s rate and the Colorado Medicaid weighted average were above the 50th percentile but below the HPL.

### 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 during an outpatient or ED visit who were not dispensed an antibiotic prescription.



The Colorado Medicaid weighted average did not demonstrate a significant change from 2018 to 2019.



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

DHMP’s rate and the Colorado Medicaid weighted average exceeded the HPL.

### Summary of Findings

Table 3-2 presents the MCOs’ performance ratings for each measure in the Pediatric Care domain. Performance ratings were assigned across five categories (from ★ representing *Poor Performance* to ★★★★★ representing *Excellent Performance*).

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

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

<sup>1</sup> Due to differences in member eligibility for children in RMHP Prime, rates may not be comparable to DHMP’s. — Indicates that a percentile ranking was not determined because the rate was not reportable.

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

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

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

MCO Name	★★★★★	★★★★	★★★	★★	★
DHMP	2	1	4	4	9
RMHP Prime	0	0	0	0	7

Performance for the MCOs in the Pediatric Care domain demonstrated opportunities for improvement, with 13 of 20 (65.0 percent) measure rates for DHMP falling below the 50th percentile and all seven reportable rates for RMHP Prime below the 25th percentile. With all rates related to well-child/well-care visits falling below the 25th percentile, the MCOs and the Department should identify the factors contributing to the low rates for these measures (e.g., barriers to care, provider billing issues, administrative data source challenges) and ensure children and adolescents receive comprehensive visits that follow the American Academy of Pediatrics’ *Recommendations for Preventive Pediatric Health Care*.<sup>3-1</sup>

Of note, DHMP’s rates for *Immunizations for Adolescents—Combination 2 (Meningococcal, Tdap, HPV)*, *Appropriate Testing for Children With Pharyngitis*, and *Appropriate Treatment for Children With Upper Respiratory Infection* ranked above the 75th percentile, showing strength in vaccinations for adolescents and the appropriate antibiotic treatment for outpatient and ED visits related to respiratory infections.

<sup>3-1</sup> American Academy of Pediatrics. *Recommendations for Preventive Pediatric Health Care*. Available at: [https://www.aap.org/en-us/Documents/periodicity\\_schedule.pdf](https://www.aap.org/en-us/Documents/periodicity_schedule.pdf). Accessed on: July 2, 2019.



## 4. Access to Care and Preventive Screening

### Access to Care and Preventive Screening

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

#### Access to Care

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

#### Preventive Screening

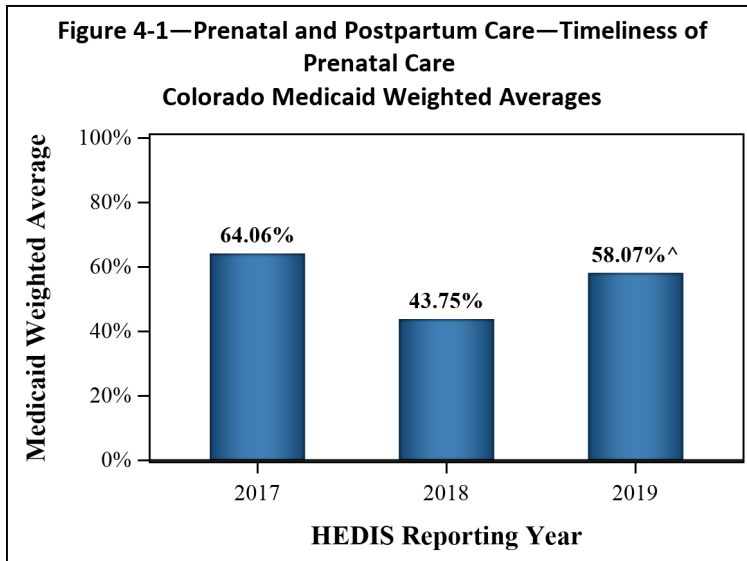
- *Chlamydia Screening in Women—Total*
- *Breast Cancer Screening*
- *Cervical Cancer Screening*
- *Non-Recommended Cervical Cancer Screening in Adolescent Females*
- *Adult BMI Assessment*

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 Appendix A and Appendix B.

Of note, the Colorado Medicaid weighted averages for HEDIS 2017 included rates for the FFS population and for one additional Medicaid MCO. The HEDIS 2018 and 2019 Colorado Medicaid weighted averages include only rates submitted by DHMP and RMHP Prime. Therefore, the reader should exercise caution when comparing HEDIS 2018 and HEDIS 2019 Colorado Medicaid weighted average rates to historical rates.

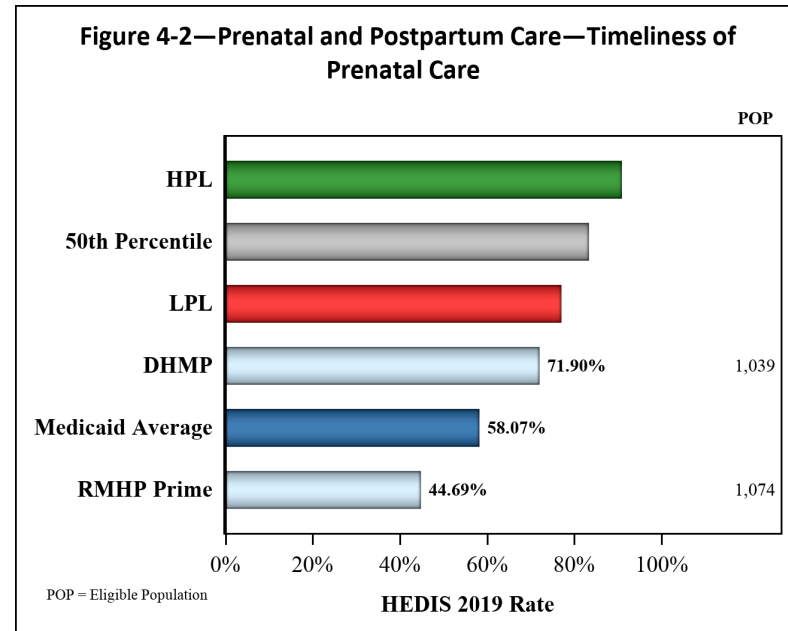
### Prenatal and Postpartum Care—Timeliness of Prenatal Care

*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 MCO.



One caret (^) indicates a significant improvement in performance from 2018 to 2019.

The Colorado Medicaid weighted average significantly improved from 2018 to 2019.

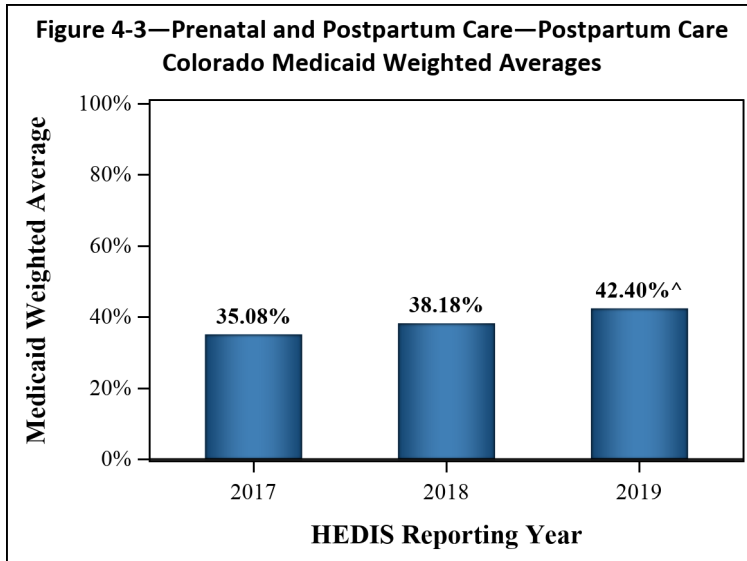


Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

Rates for both MCOs and the Colorado Medicaid weighted average fell below the LPL. MCO performance varied by approximately 27 percentage points.

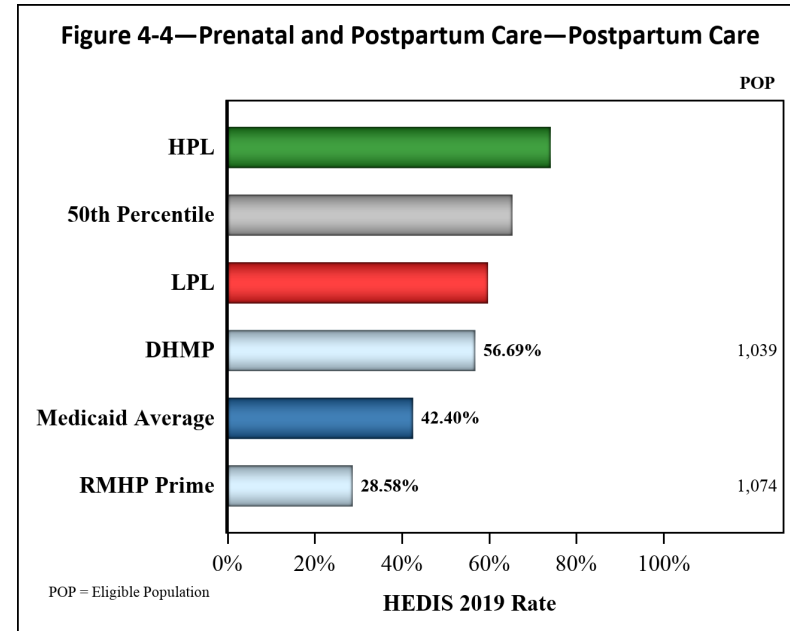
### Prenatal and Postpartum Care—Postpartum Care

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



One caret (^) indicates a significant improvement in performance from 2018 to 2019.

The Colorado Medicaid weighted average significantly improved from 2018 to 2019.

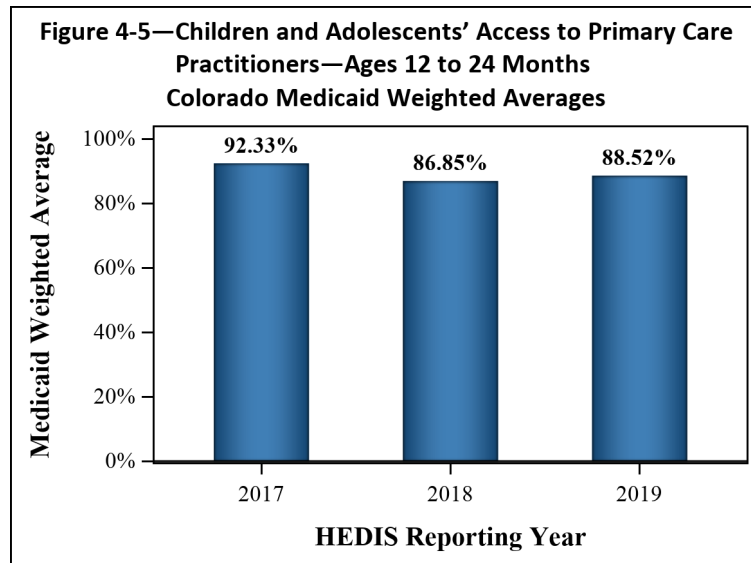


Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

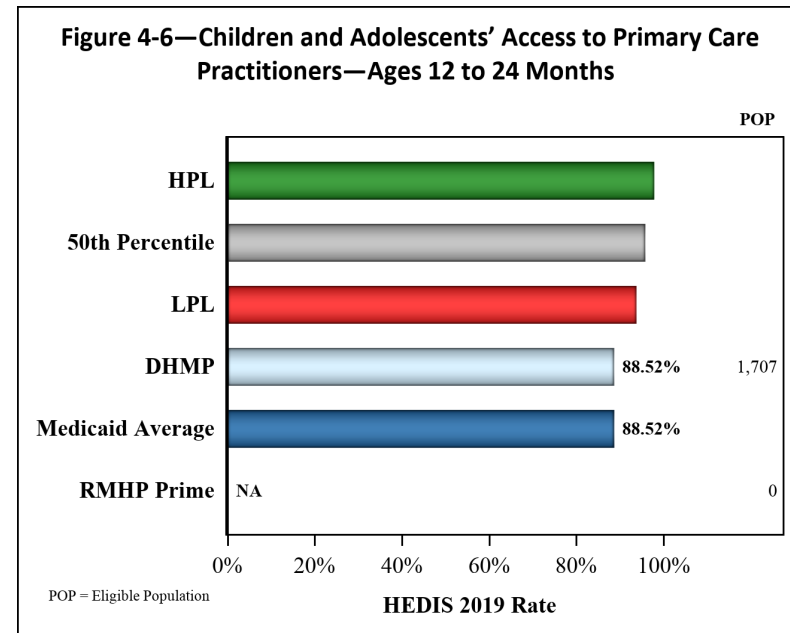
Rates for both MCOs and the Colorado Medicaid weighted average fell below the LPL. MCO performance varied by approximately 28 percentage points.

### 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.



The Colorado Medicaid weighted average did not demonstrate a significant change from 2018 to 2019.

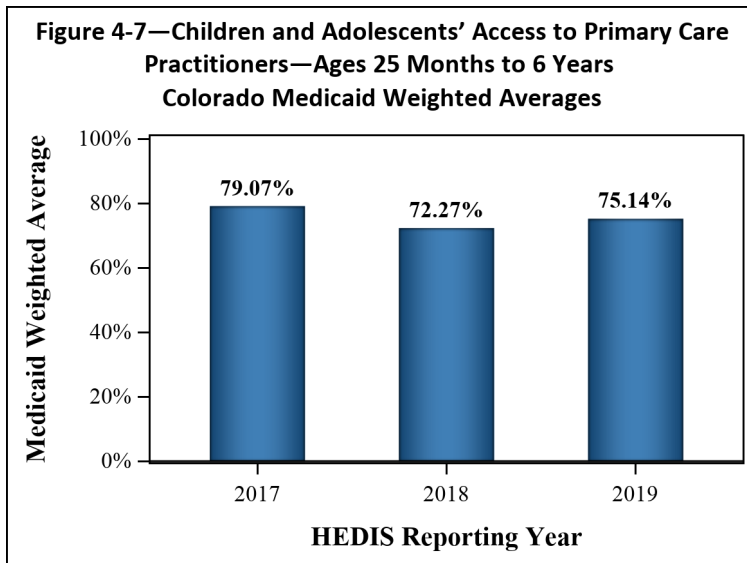


NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate.

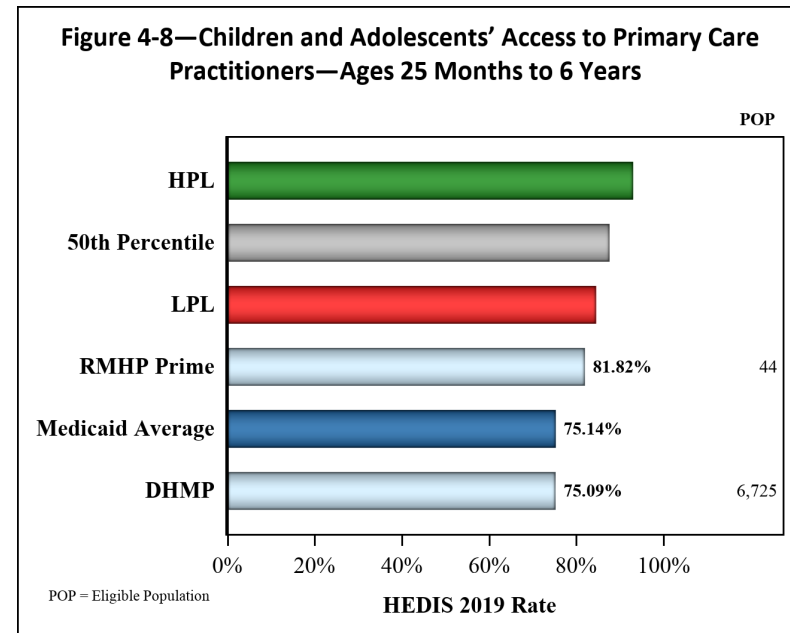
DHMP’s rate and the Colorado Medicaid weighted average fell below the LPL.

### 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.



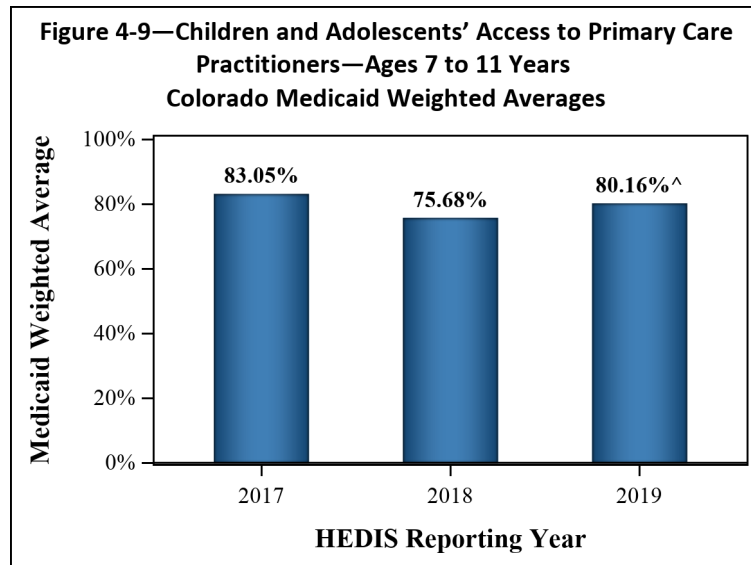
The Colorado Medicaid weighted average did not demonstrate a significant change from 2018 to 2019.



Rates for both MCOs and the Colorado Medicaid weighted average fell below the LPL. MCO performance varied by approximately 7 percentage points.

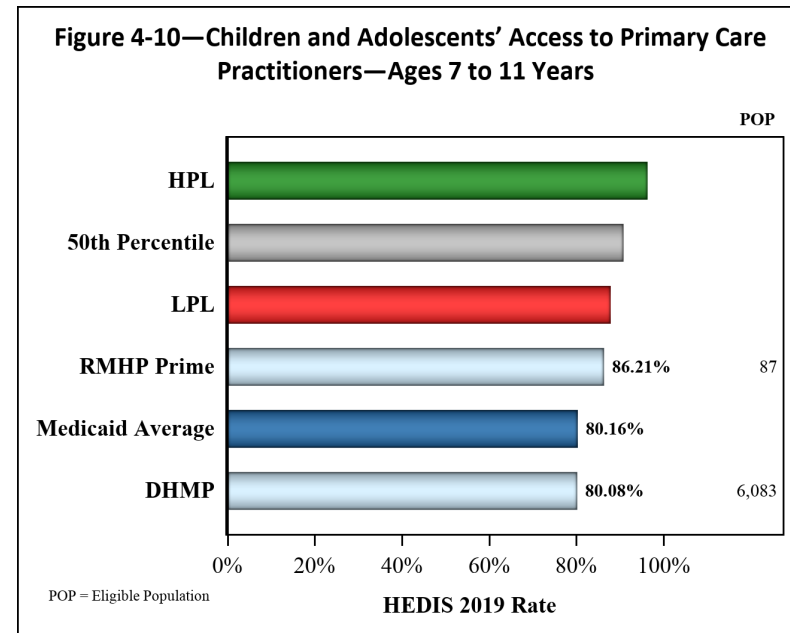
### Children and Adolescents’ Access to Primary Care Practitioners—Ages 7 to 11 Years

Children and Adolescents’ Access to Primary Care Practitioners—Ages 7 to 11 Years measures the percentage of members 7 to 11 years of age who had a visit with a PCP during the measurement year or the year prior to the measurement year.



One caret (^) indicates a significant improvement in performance from 2018 to 2019.

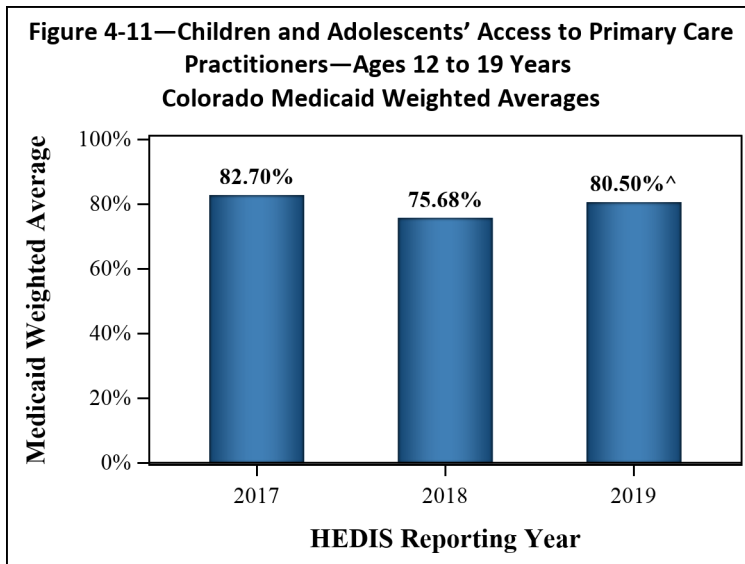
The Colorado Medicaid weighted average significantly improved from 2018 to 2019.



Rates for both MCOs and the Colorado Medicaid weighted average fell below the LPL. MCO performance varied by approximately 6 percentage points.

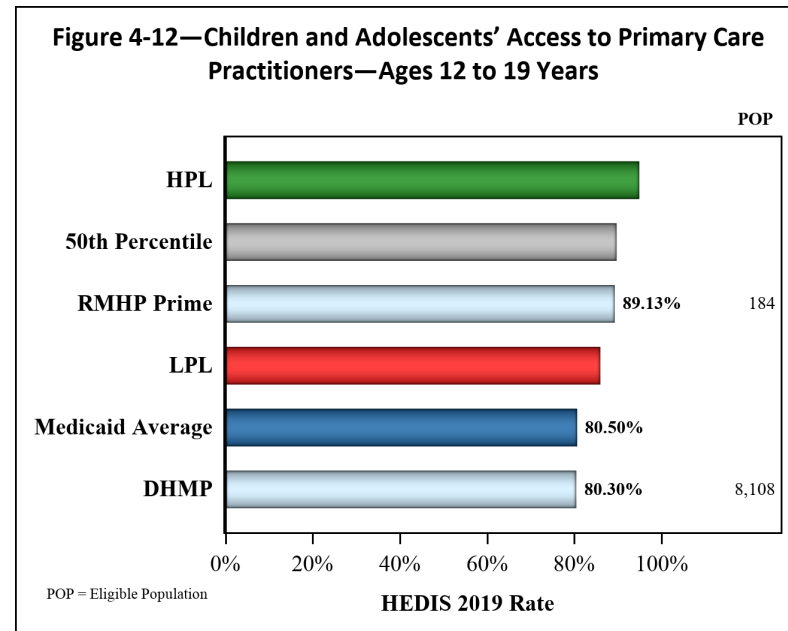
### Children and Adolescents’ Access to Primary Care Practitioners—Ages 12 to 19 Years

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.



One caret (^) indicates a significant improvement in performance from 2018 to 2019.

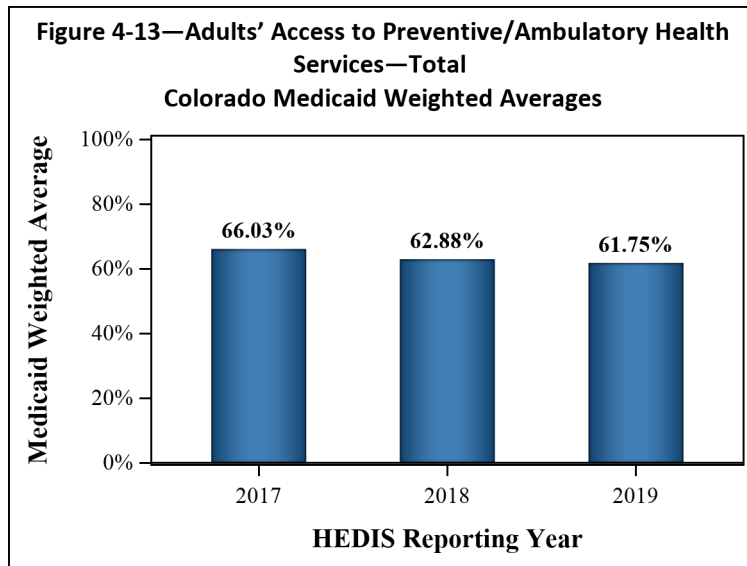
The Colorado Medicaid weighted average significantly improved from 2018 to 2019.



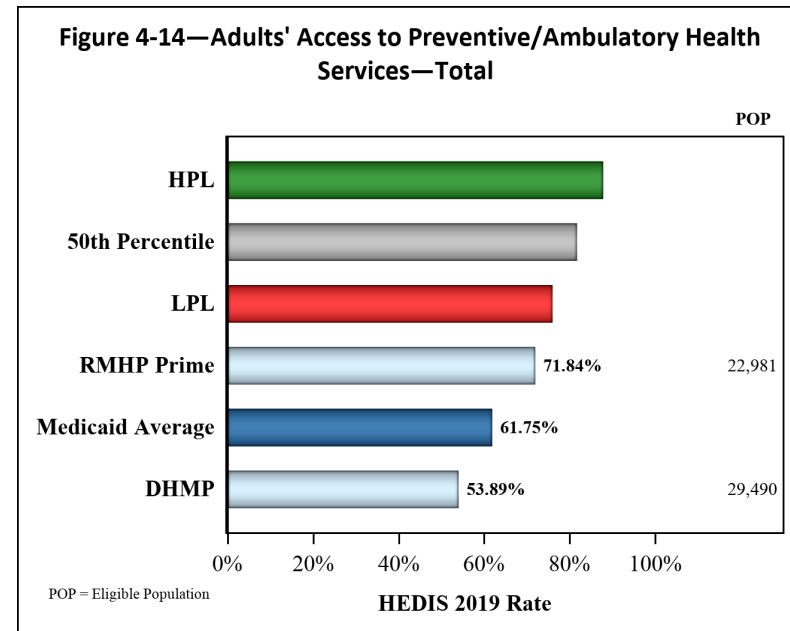
RMHP Prime’s rate was above the LPL but below the 50th percentile. DHMP’s rate and the Colorado Medicaid weighted average fell below the LPL. MCO performance varied by approximately 9 percentage points.

### 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.



The Colorado Medicaid weighted average did not demonstrate a significant change from 2018 to 2019.

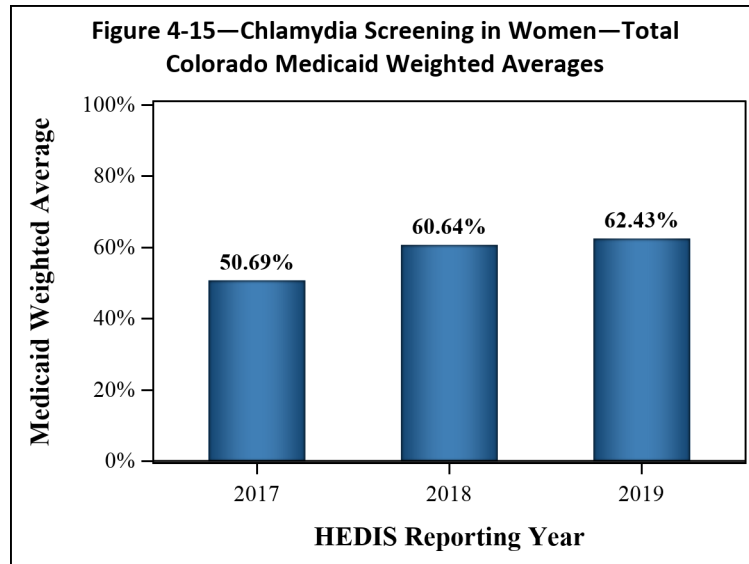


Rates for both MCOs and the Colorado Medicaid weighted average fell below the LPL. MCO performance varied by approximately 18 percentage points.

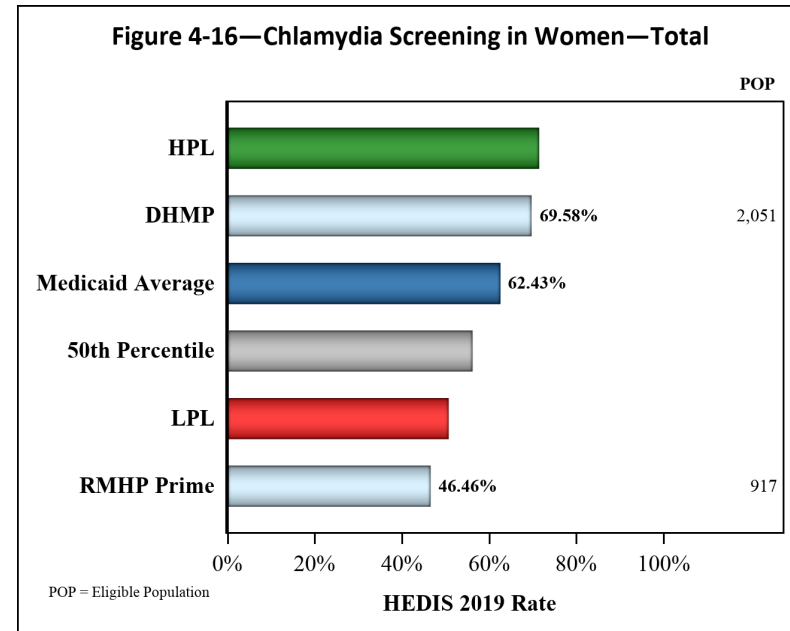


### Chlamydia Screening in Women—Total

*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 received at least one test for chlamydia during the measurement year.



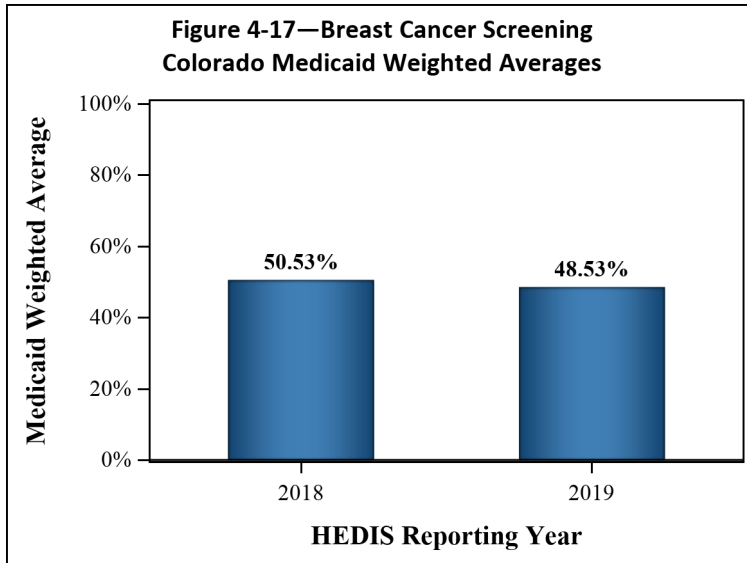
The Colorado Medicaid weighted average did not demonstrate a significant change from 2018 to 2019.



DHMP’s rate and the Colorado Medicaid weighted average were above the 50th percentile but below the HPL. RMHP Prime’s rate fell below the LPL. MCO performance varied by approximately 23 percentage points.

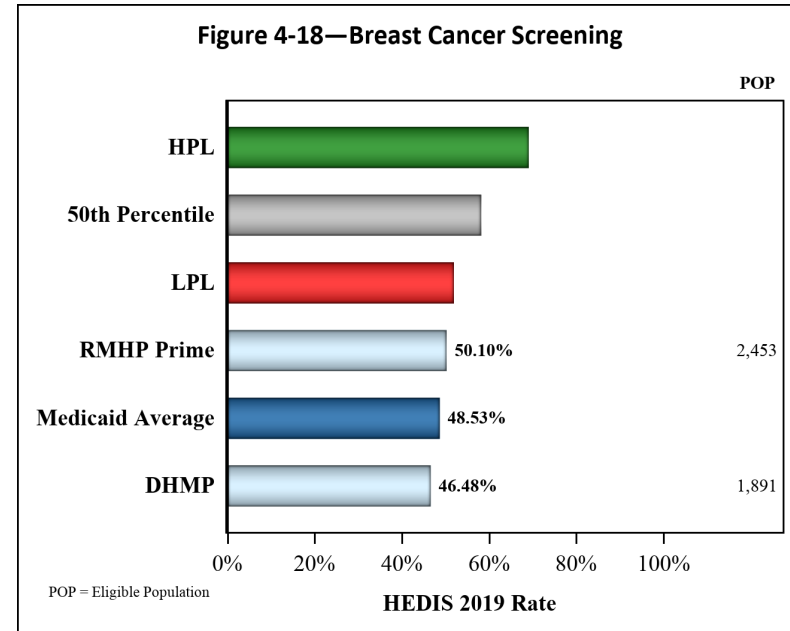
### Breast Cancer Screening

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

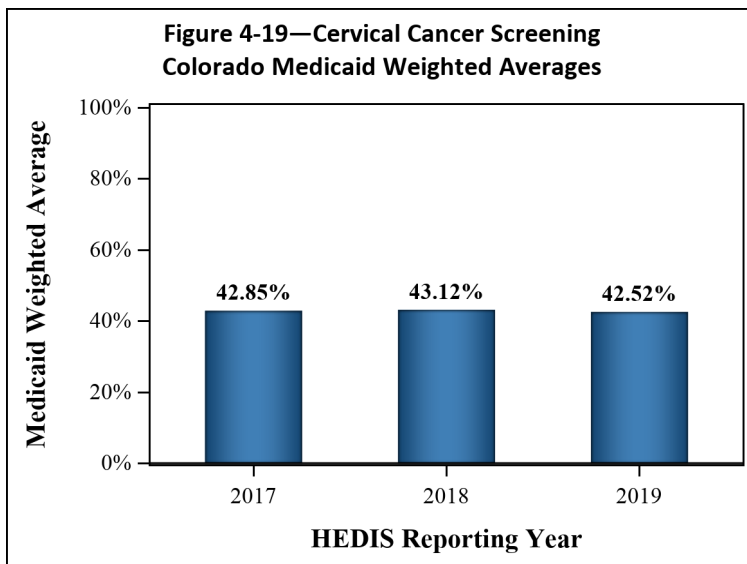
The Colorado Medicaid weighted average did not demonstrate a significant change from 2018 to 2019.



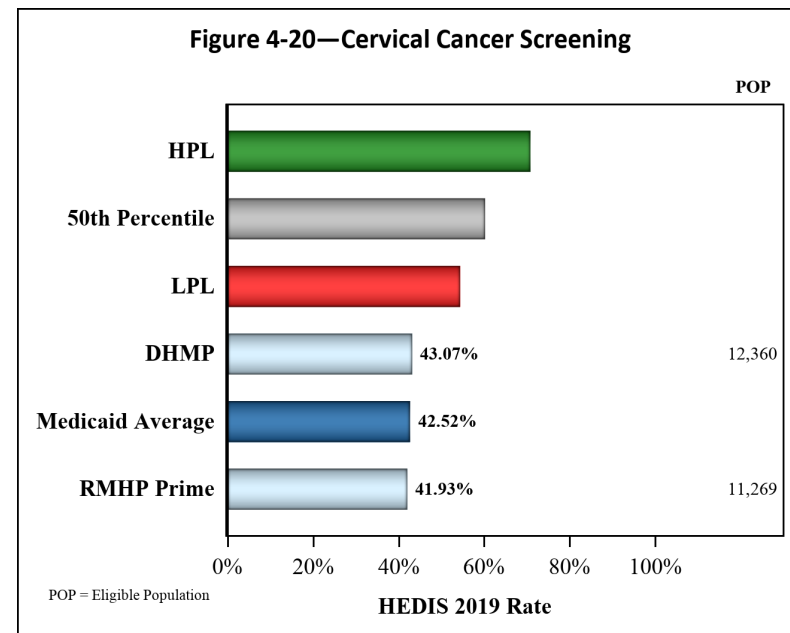
Rates for both MCOs and the Colorado Medicaid weighted average fell below the LPL. MCO performance varied by approximately 4 percentage points.

### 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/HPV co-testing performed every five years.



The Colorado Medicaid weighted average did not demonstrate a significant change from 2018 to 2019.

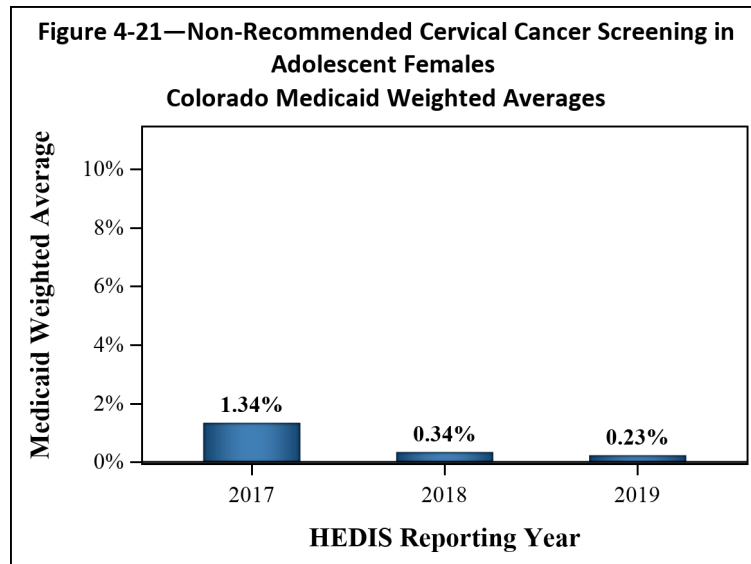


Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

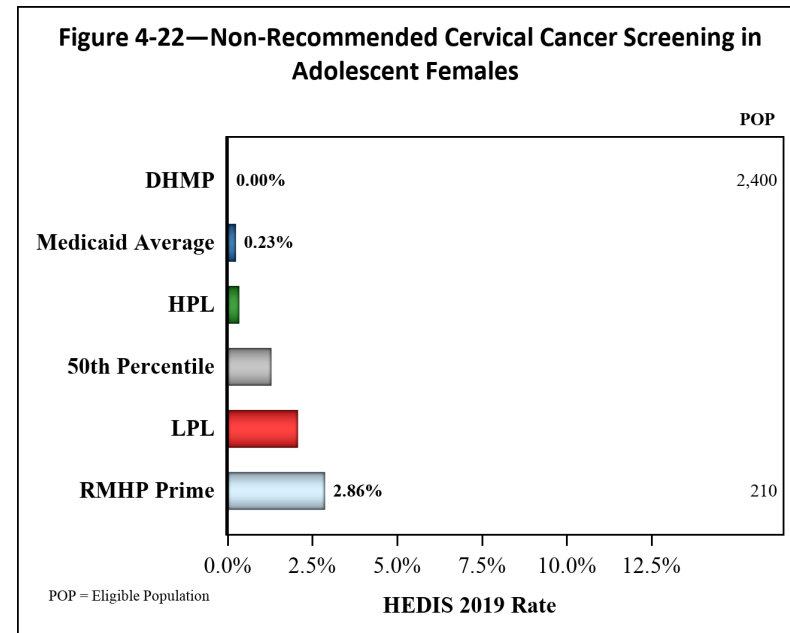
Rates for both MCOs and the Colorado Medicaid weighted average fell below the LPL. MCO performance varied by approximately 1 percentage point.

### 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.



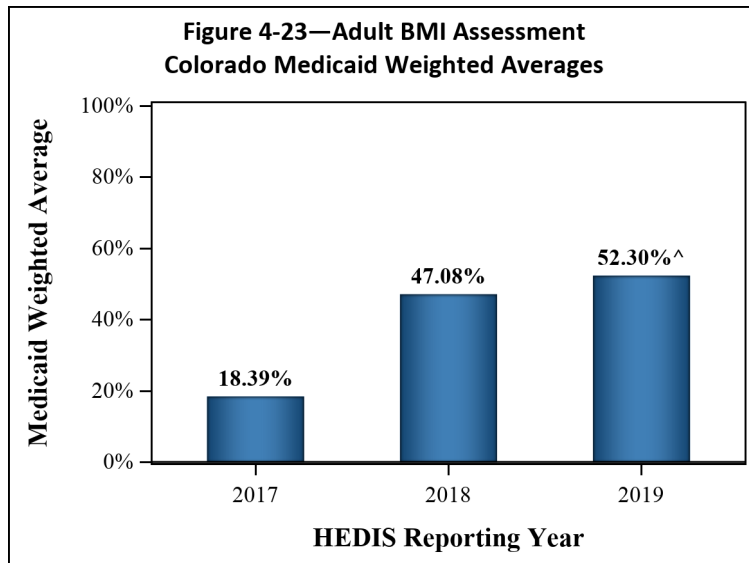
The Colorado Medicaid weighted average did not demonstrate a significant change from 2018 to 2019.



DHMP’s rate and the Colorado Medicaid weighted average exceeded the HPL. RMHP Prime’s rate fell below the LPL. MCO performance varied by approximately 3 percentage points.

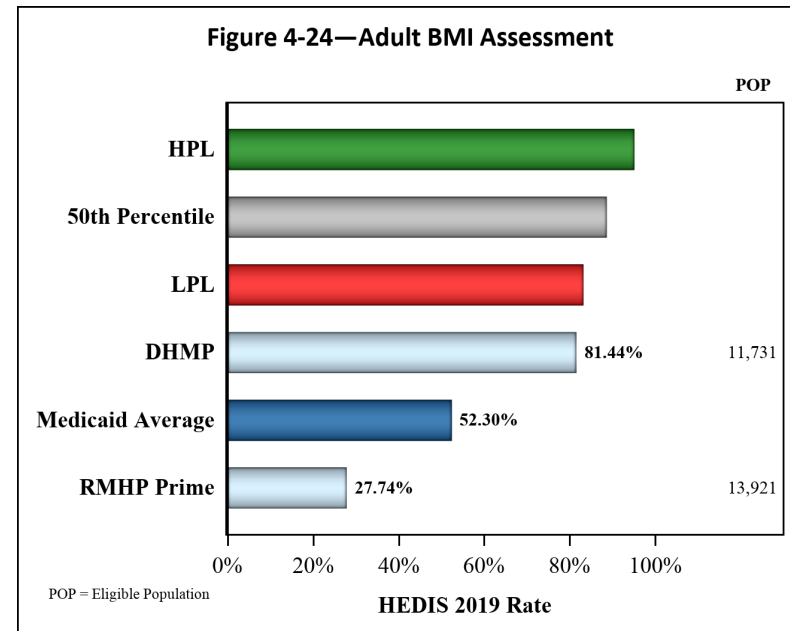
### Adult BMI Assessment

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



Due to changes in the technical specifications for this measure, NCQA recommends trending between 2019 and prior years be considered with caution. One caret (^) indicates a significant improvement in performance from 2018 to 2019.

The Colorado Medicaid weighted average significantly improved from 2018 to 2019.



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 MCOs and the Colorado Medicaid weighted average fell below the LPL. MCO performance varied by approximately 54 percentage points.

### Summary of Findings

Table 4-1 presents the MCOs’ performance ratings for each measure in the Access to Care and Preventive Screening domain. Performance ratings were assigned across five categories (from ★ representing *Poor Performance* to ★★★★★ representing *Excellent Performance*).

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

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

<sup>1</sup> Due to differences in member eligibility for children in RMHP Prime, rates may not be comparable to DHMP’s.

— Indicates that a percentile ranking was not determined because the rate was not reportable.

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

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

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

MCO Name	★★★★★	★★★★	★★★	★★	★
<b>Access to Care</b>					
DHMP	0	0	0	0	7
RMHP Prime	0	0	0	1	5
<b>Preventive Screening</b>					
DHMP	1	1	0	0	3
RMHP Prime	0	0	0	0	5

With all reportable performance measure rates within the Access to Care domain falling below the 50th percentile, both DHMP and RMHP Prime have opportunities to improve access to the appropriate providers and services for all members. The MCOs and the Department should conduct root cause analyses for the low access to care rates to determine the nature and scope of the issue (e.g., are the issues related to barriers to accessing care, a lack of family planning service providers, or the need for improved community outreach and education). Once the root causes are identified, the MCOs and the Department should work with providers and members to establish potential performance improvement strategies and solutions to increase the access to care rates. Improvement in the access to care rates may also result in improvement related to the quality of care provided, as evidenced by poor performance in the outpatient setting related to other performance measure domains (e.g., well-child/well-care visits, preventive screenings).

Within the Preventive Screening domain, three of five (60.0 percent) of DHMP’s rates and all of RMHP Prime’s rates fell below the 25th percentile, demonstrating several opportunities to ensure women receive appropriate screenings. Of note, DHMP’s rates for *Chlamydia Screening in Women* and *Non-Recommended Cervical Cancer Screening in Adolescent Females* were above the 75th percentile, indicating strong performance for DHMP in these two measures. The MCOs and the Department should focus efforts on identifying the factors contributing to the low rates for *Breast Cancer Screening* and *Cervical Cancer Screening* and implement improvement strategies to increase these screening rates. This may include the MCOs following up with providers when members are overdue for a screening or working with providers to send reminders to members about scheduling an appointment. Best practices include sending reminders in the mail, calling members to schedule screenings, offering flexible or extended office hours, or offering mobile mammogram screenings.<sup>4-1</sup>

<sup>4-1</sup> The Community Guide. *Cancer Screening: Evidenced-Based Interventions for Your Community*. Available at: <https://www.thecommunityguide.org/sites/default/files/assets/What-Works-Factsheet-CancerScreening.pdf>. Accessed on: Aug 7, 2019.

### Mental/Behavioral Health

The following section provides a detailed analysis of the Colorado Medicaid MCOs' performance for the Mental/Behavioral Health domain. In FY 2018–2019, behavioral health services were carved out (i.e., provided by RAEs, but not the RAEs' MCO capitation initiatives) in Colorado. Therefore, this carve out should be considered when reviewing the MCO 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 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*

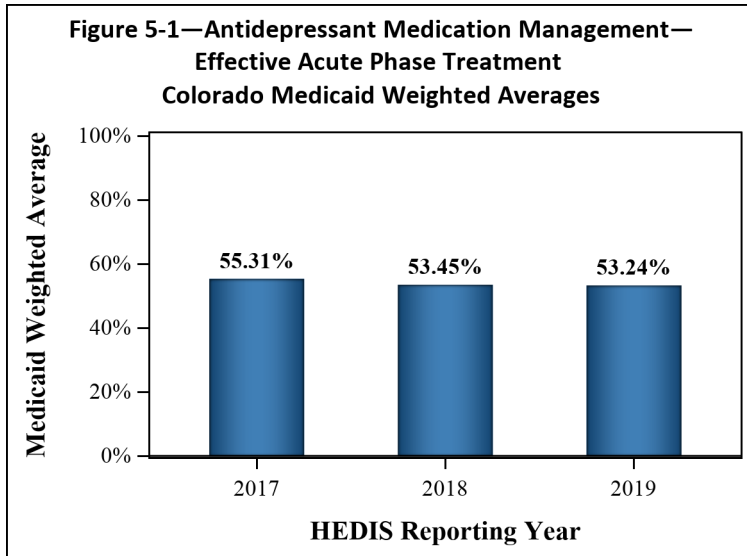
Please see the “Reader’s Guide” section for guidance on interpreting the figures presented within this section. For reference, additional analyses for each measure indicator are displayed in Appendix A and Appendix B.

Of note, the Colorado Medicaid weighted averages for HEDIS 2017 included rates for the FFS population and for one additional Medicaid MCO. The HEDIS 2018 and 2019 Colorado Medicaid weighted averages include only rates submitted by DHMP and RMHP Prime. Therefore, the reader should exercise caution when comparing HEDIS 2018 and HEDIS 2019 Colorado Medicaid weighted average rates to historical rates.

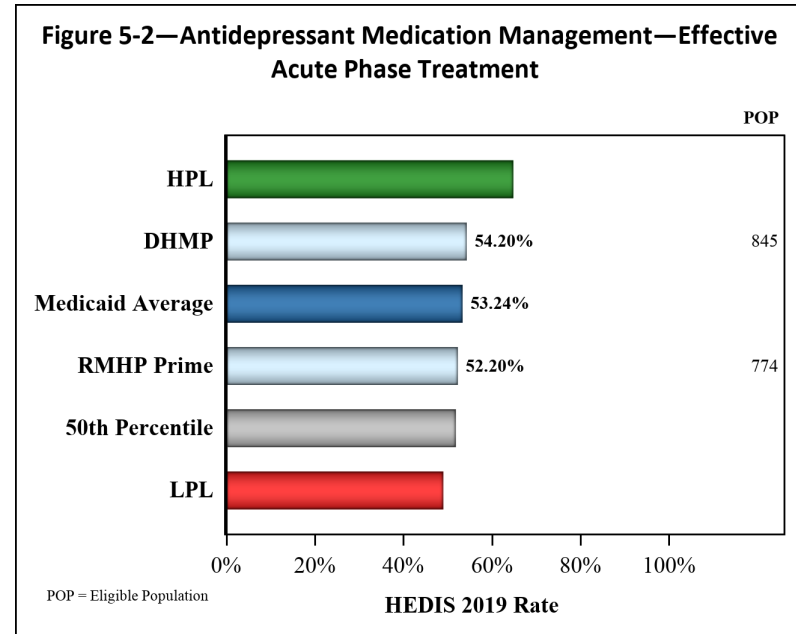


### Antidepressant Medication Management—Effective Acute Phase Treatment

*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 for at least 84 days (12 weeks).



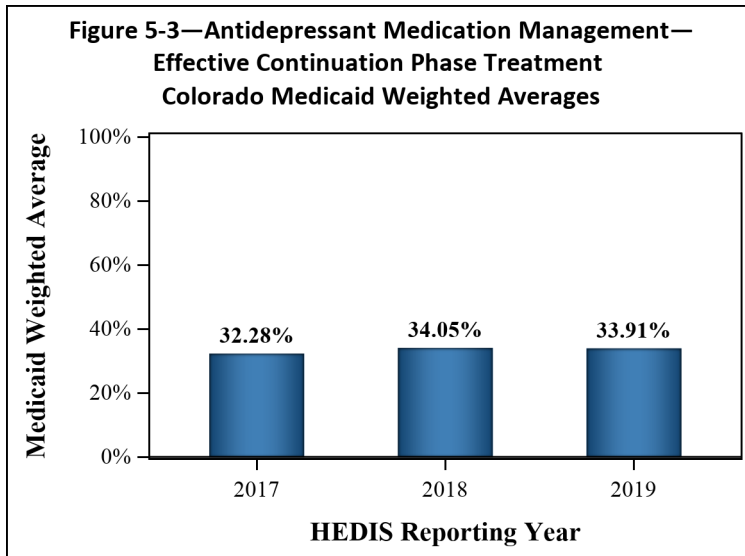
The Colorado Medicaid weighted average did not demonstrate a significant change from 2018 to 2019.



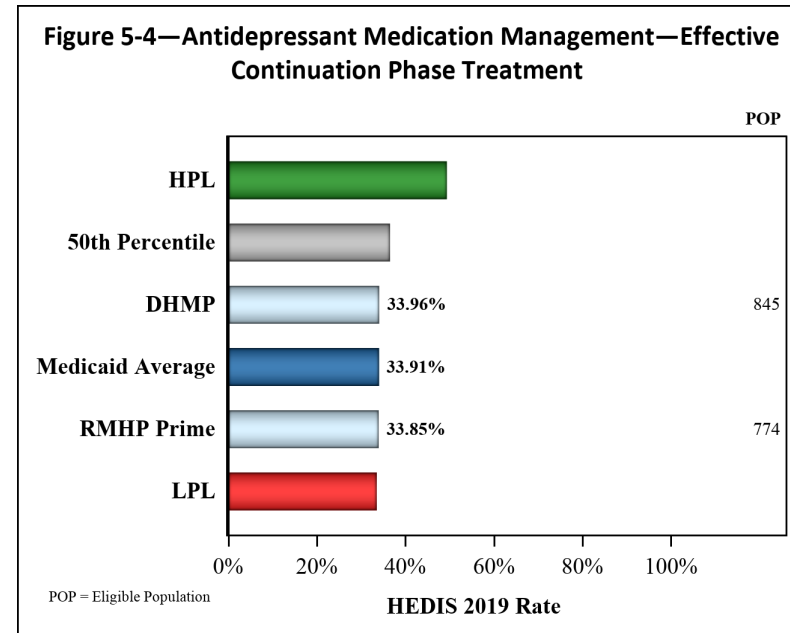
Rates for both MCOs and the Colorado Medicaid weighted average were above the 50th percentile but below the HPL. MCO performance varied by approximately 2 percentage points.

### 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 for at least 180 days (6 months).



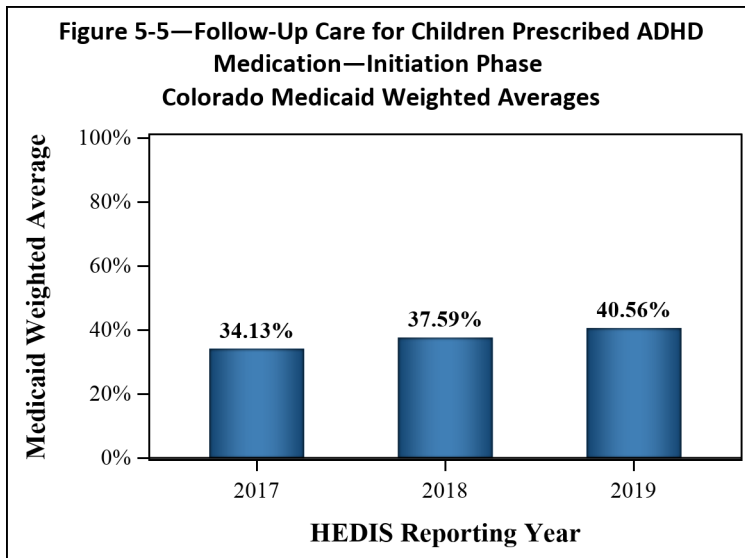
The Colorado Medicaid weighted average did not demonstrate a significant change from 2018 to 2019.



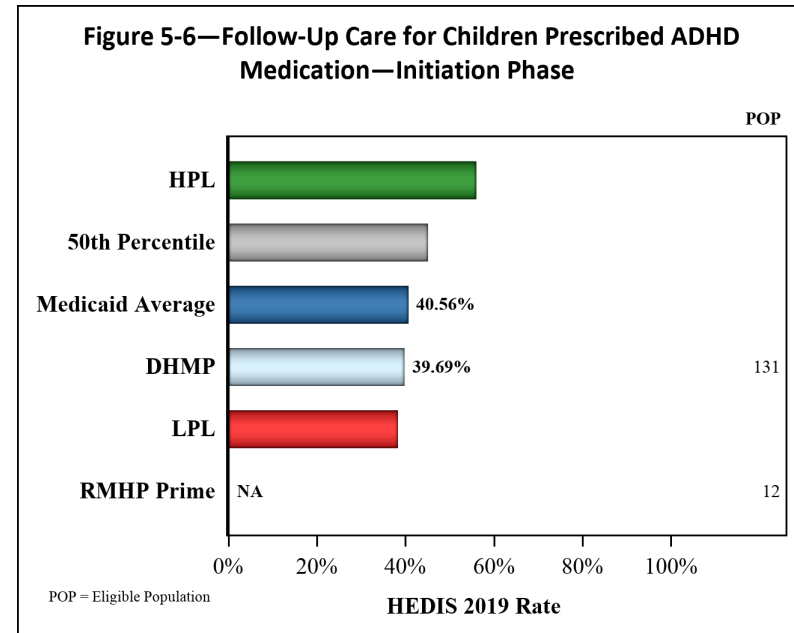
Rates for both MCOs and the Colorado Medicaid weighted average were above the LPL but below the 50th percentile. MCO performance varied by less than 1 percentage point.

### 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 and had a follow-up care visit within 30 days of the first ADHD medication being dispensed.



The Colorado Medicaid weighted average did not demonstrate a significant change from 2018 to 2019.



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

DHMP’s rate and the Colorado Medicaid weighted average were above the LPL but below the 50th percentile.

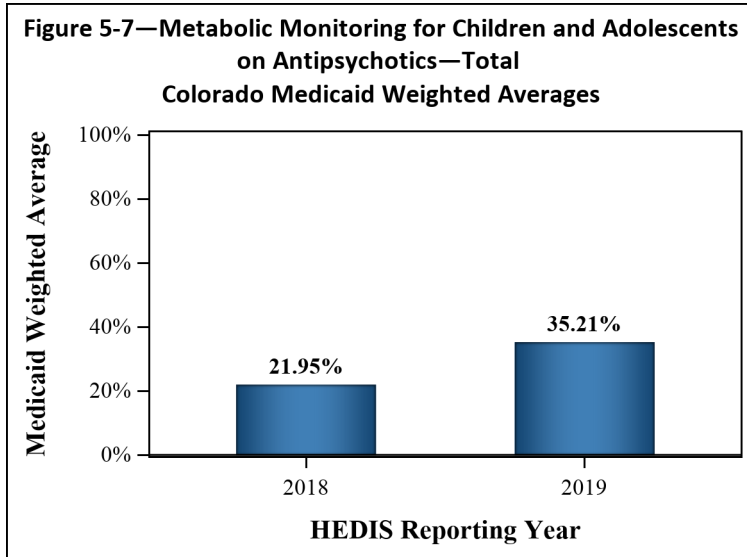
### ***Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase***

*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.

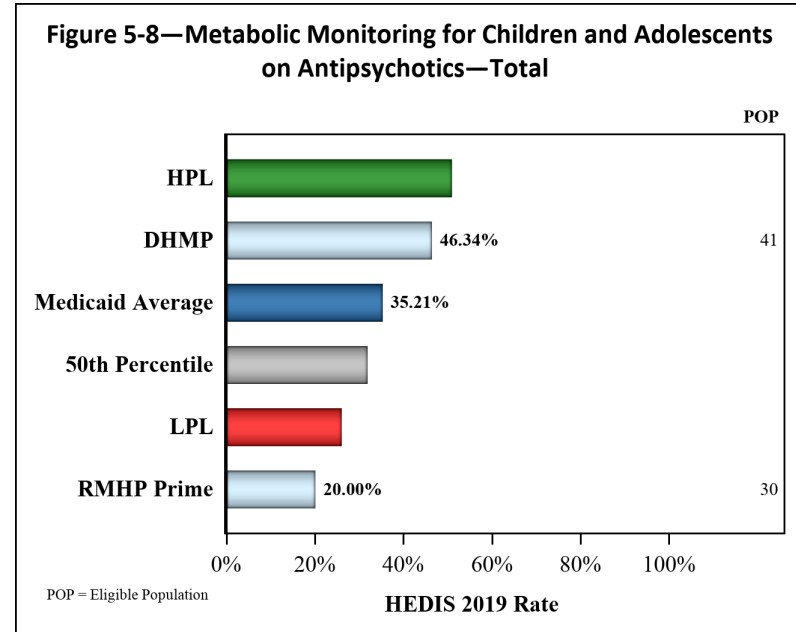
Both MCOs followed the specifications for this performance measure, but the denominator was too small (<30) to report a valid rate, resulting in a *Small Denominator (NA)* audit designation; therefore, these rates are not presented in this report and the figures for this measure are not displayed.

### 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.



The Colorado Medicaid weighted average did not demonstrate a significant change from 2018 to 2019.



DHMP’s rate and the Colorado Medicaid weighted average were above the 50th percentile but below the HPL. RMHP Prime’s rate fell below the LPL. MCO performance varied by approximately 26 percentage points.

### ***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.

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

### Summary of Findings

Table 5-1 presents the MCOs’ performance ratings for each measure in the Mental/Behavioral Health domain. Performance ratings were assigned across five categories (from ★ representing *Poor Performance* to ★★★★★ representing *Excellent Performance*).

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

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

— Indicates that a percentile ranking was not determined because the rate was not reportable.

<sup>1</sup> Due to differences in member eligibility for children in RMHP Prime, rates may not be comparable to DHMP’s.

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

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

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

MCO Name	★★★★★	★★★★	★★★	★★	★
DHMP	0	1	1	2	0
RMHP Prime	0	0	1	1	1

Within the Mental/Behavioral Health domain, both MCOs demonstrated opportunities for improvement related to the management of behavioral health medications. For DHMP, the MCO fell below the 50th percentile for two measure rates: *Antidepressant Medication Management—Effective Continuation Phase Treatment* and *Follow-Up Care for Children Prescribe ADHD Medication—Initiation Phase*. Two of the three reportable rates for RMHP Prime fell below the 50th percentile: *Antidepressant Medication Management—Effective Continuation Phase Treatment* and *Metabolic Monitoring for Children and Adolescents on Antipsychotics*. Of note, DHMP was above the 75th percentile for the *Metabolic Monitoring for Children and Adolescents on Antipsychotics* measure, indicating strength with monitoring young members on antipsychotics. The MCOs and the Department should identify the issues that contribute to low rates of medication adherence and monitoring (e.g., barriers to accessing outpatient care and pharmacies or the need for improved provider training or community outreach and education) and implement strategies that focus on improving adherence to medications and appropriate monitoring of members using medications.

### Living With Illness

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

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

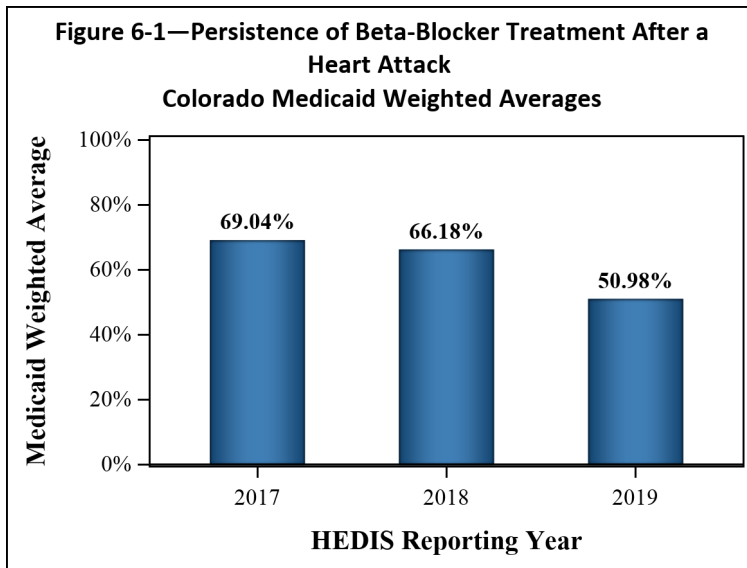
Please see the “Reader’s Guide” section for guidance on interpreting the figures presented within this section. For reference, additional analyses for each measure indicator are displayed in Appendix A and Appendix B.

Of note, the Colorado Medicaid weighted averages for HEDIS 2017 included rates for the FFS population and for one additional Medicaid MCO. The HEDIS 2018 and 2019 Colorado Medicaid weighted averages include only rates submitted by DHMP and RMHP Prime. Therefore, the reader should exercise caution when comparing HEDIS 2018 and HEDIS 2019 Colorado Medicaid weighted average rates to historical rates.



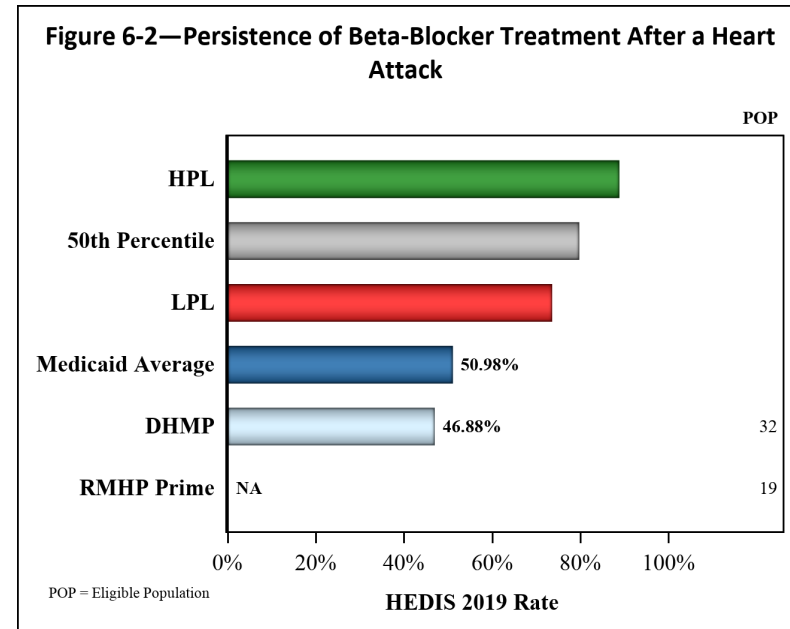
### Persistence of Beta-Blocker Treatment After a Heart Attack

*Persistence of Beta-Blocker Treatment After a Heart Attack* measures the percentage of members 18 years of age and older 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.



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

The Colorado Medicaid weighted average did not demonstrate a significant change from 2018 to 2019.

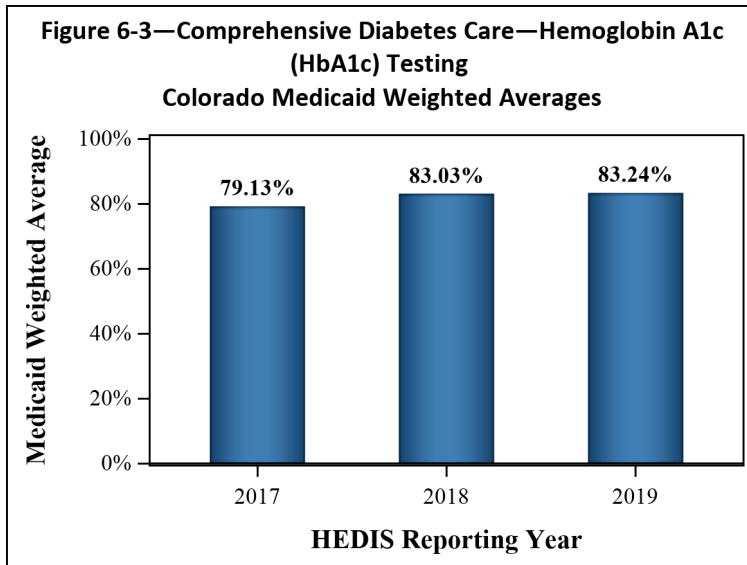


NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate.

DHMP’s rate and the Colorado Medicaid weighted average fell below the LPL.

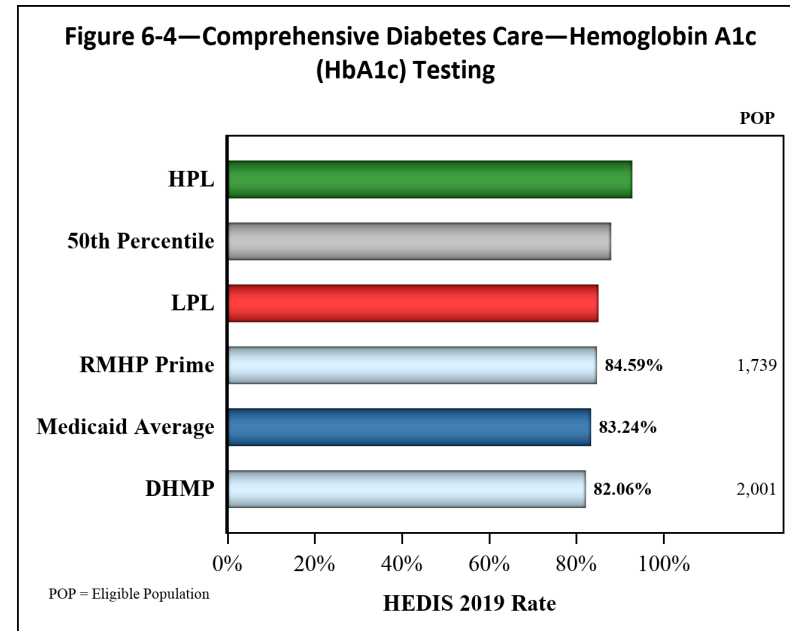
### Comprehensive Diabetes Care—HbA1c Testing

*Comprehensive Diabetes Care—HbA1c Testing* measures the percentage of diabetic (type 1 and type 2) members 18 to 75 years of age with an HbA1c test performed during the measurement year.



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

The Colorado Medicaid weighted average did not demonstrate a significant change from 2018 to 2019.

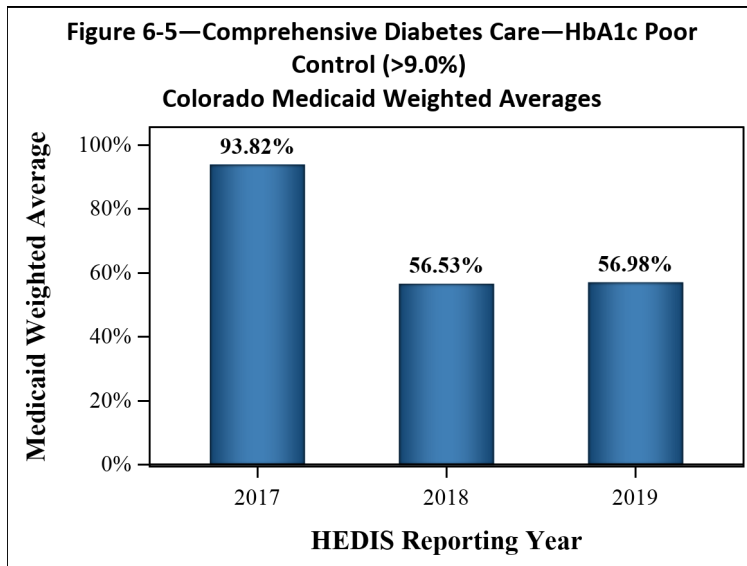


*Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.*

Rates for both MCOs and the Colorado Medicaid weighted average fell below the LPL. MCO performance varied by approximately 3 percentage points.

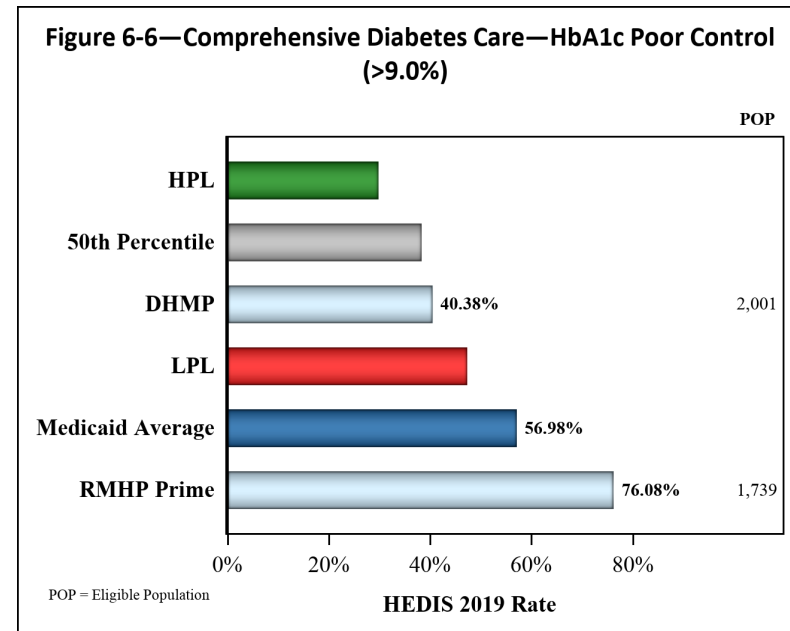
### Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)

*Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)* measures the percentage of diabetic (type 1 and type 2) members 18 to 75 years of age with the most 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.



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

The Colorado Medicaid weighted average did not demonstrate a significant change from 2018 to 2019.

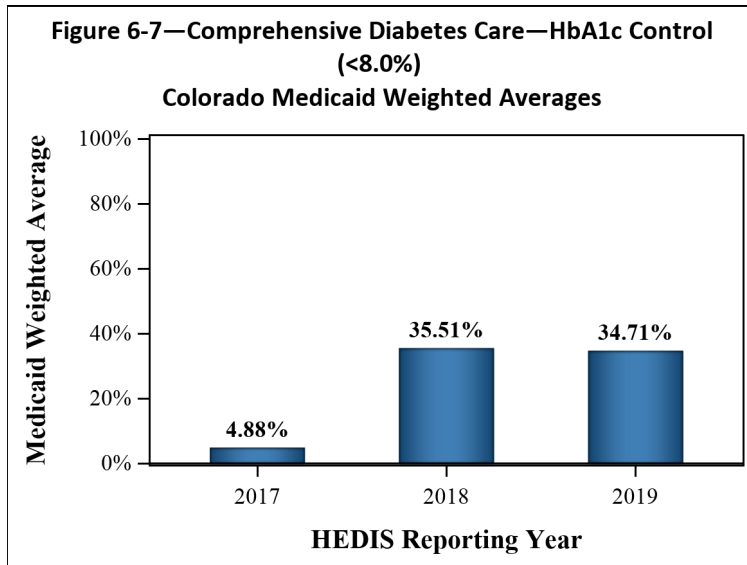


*Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.*

DHMP’s rate was above the LPL but below the 50th percentile. RMHP Prime’s rate and the Colorado Medicaid weighted average fell below the LPL. MCO performance varied by approximately 36 percentage points.

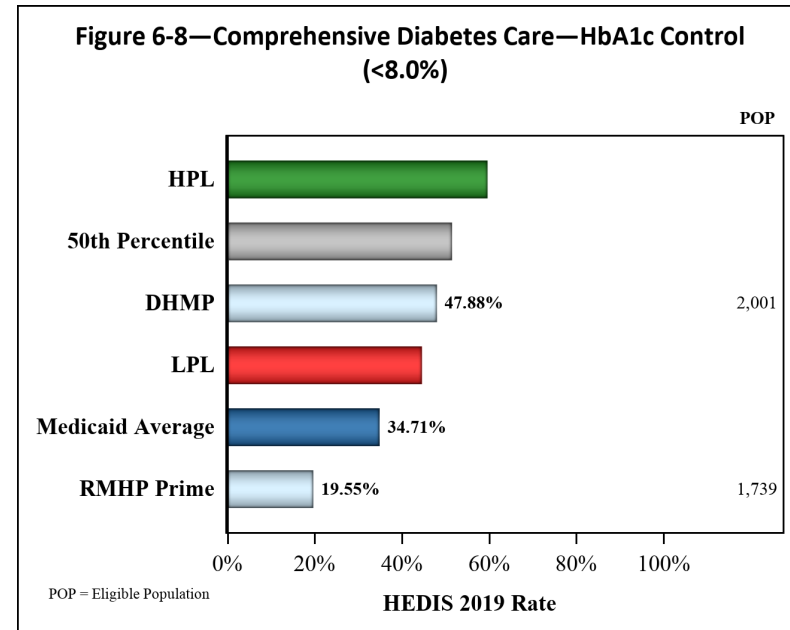
### Comprehensive Diabetes Care—HbA1c Control (<8.0%)

Comprehensive Diabetes Care—HbA1c Control (<8.0%) measures the percentage of diabetic (type 1 and type 2) members 18 to 75 years of age with the most recent HbA1c test performed during the measurement year where the HbA1c level was less than 8.0 percent.



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

The Colorado Medicaid weighted average did not demonstrate a significant change from 2018 to 2019.

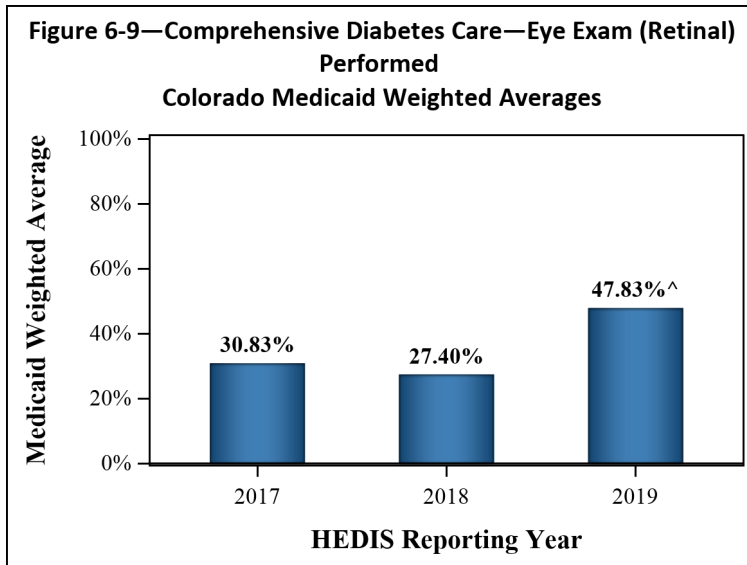


Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

DHMP’s rate was above the LPL but below the 50th percentile. RMHP Prime’s rate and the Colorado Medicaid weighted average fell below the LPL. MCO performance varied by approximately 28 percentage points.

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

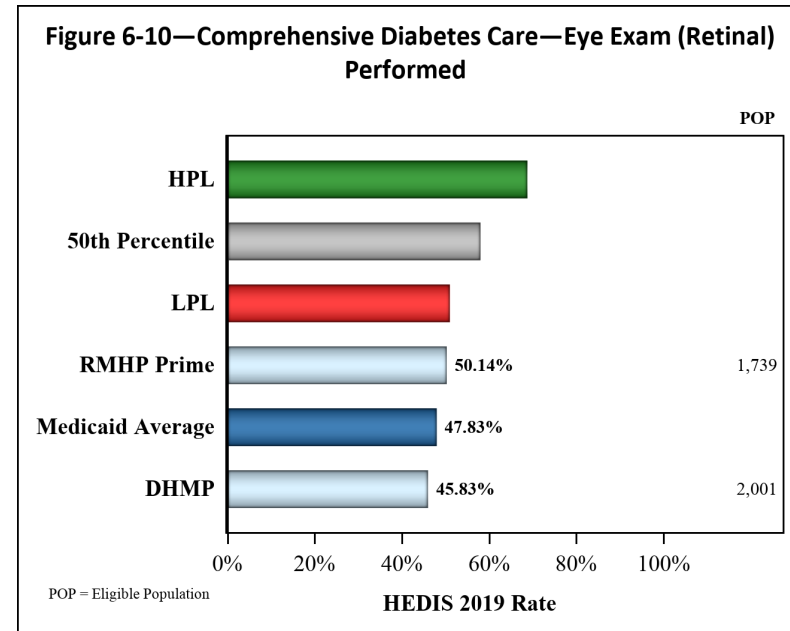
*Comprehensive Diabetes Care—Eye Exam (Retinal) Performed* measures the percentage of diabetic (type 1 and type 2) members 18 to 75 years of age screened or monitored for diabetic retinal disease.



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

*One caret (^) indicates a significant improvement in performance from 2018 to 2019.*

The Colorado Medicaid weighted average significantly improved from 2018 to 2019.

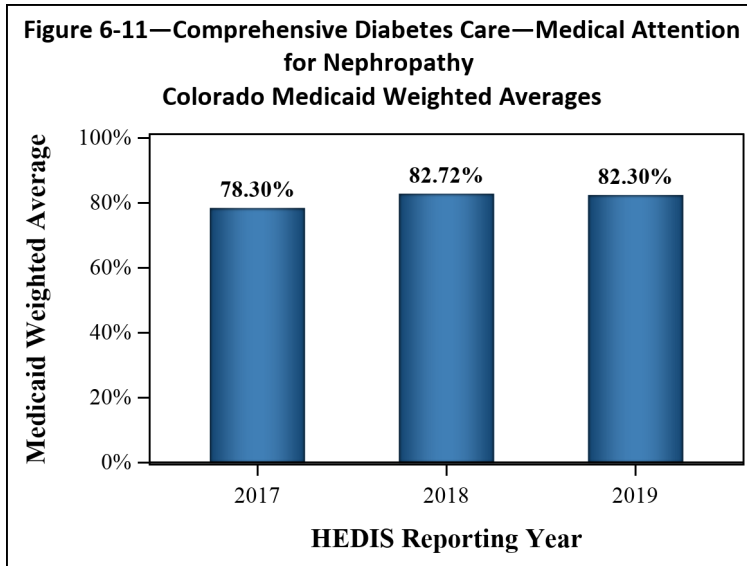


*Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.*

Rates for both MCOs and the Colorado Medicaid weighted average fell below the LPL. MCO performance varied by approximately 4 percentage points.

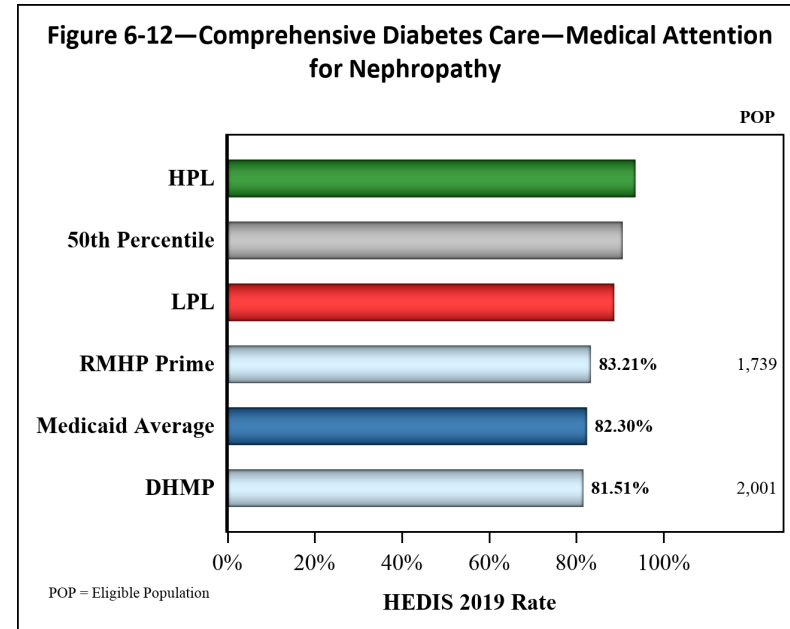
## Comprehensive Diabetes Care—Medical Attention for Nephropathy

*Comprehensive Diabetes Care—Medical Attention for Nephropathy* measures the percentage of diabetic (type 1 and type 2) members 18 to 75 years of age with a nephropathy screening or monitoring test or evidence of nephropathy during the measurement year.



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

The Colorado Medicaid weighted average did not demonstrate a significant change from 2018 to 2019.

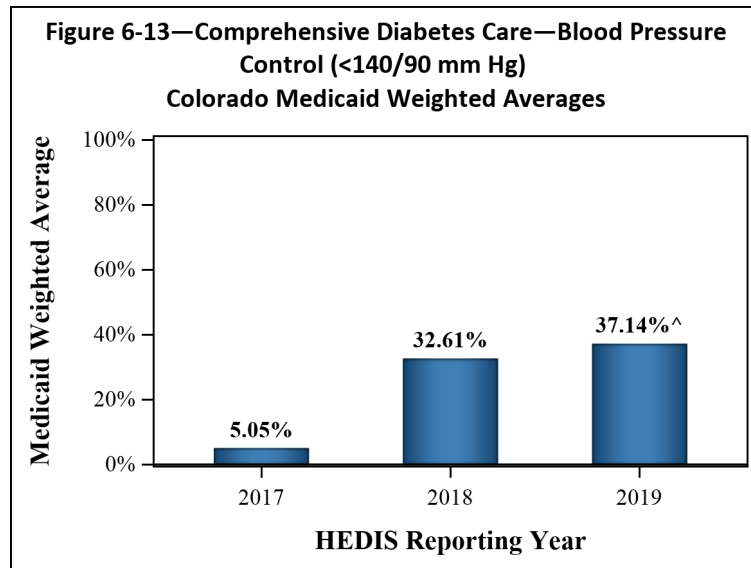


Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

Rates for both MCOs and the Colorado Medicaid weighted average fell below the LPL. MCO performance varied by approximately 2 percentage points.

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

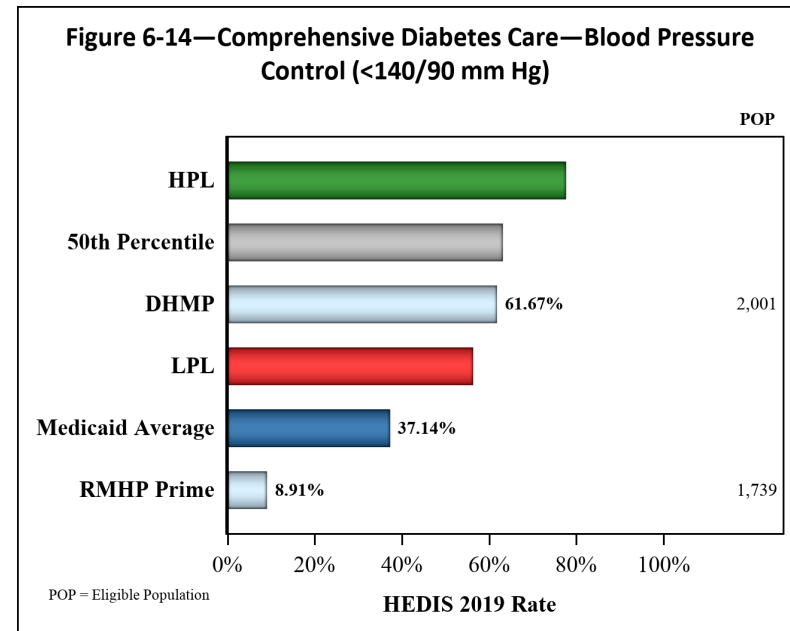
Comprehensive Diabetes Care—Blood Pressure Control (<140/90 mm Hg) measures the percentage of diabetic (type 1 and type 2) members 18 to 75 years of age whose most recent blood pressure reading taken during the measurement year was less than 140/90 mm Hg.



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

One caret (^) indicates a significant improvement in performance from 2018 to 2019.

The Colorado Medicaid weighted average significantly improved from 2018 to 2019.

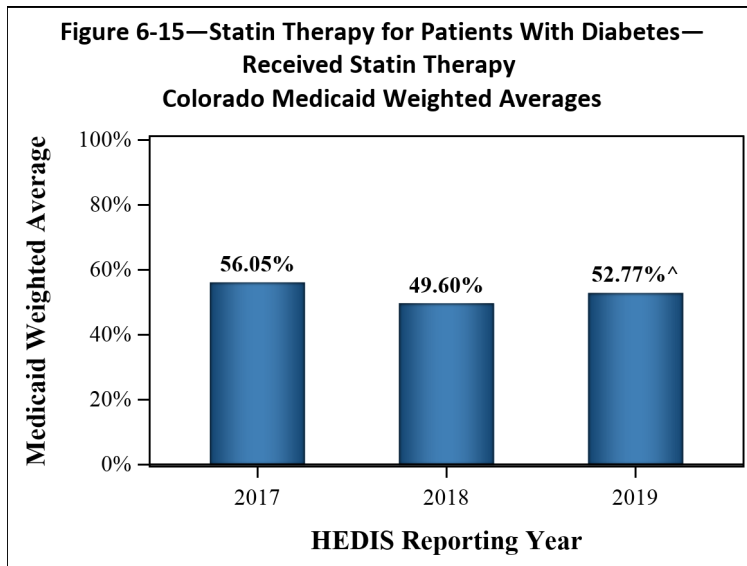


Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

DHMP’s rate was above the LPL but below the 50th percentile. RMHP Prime’s rate and the Colorado Medicaid weighted average fell below the LPL. MCO performance varied by approximately 53 percentage points.

### Statin Therapy for Patients With Diabetes—Received Statin Therapy

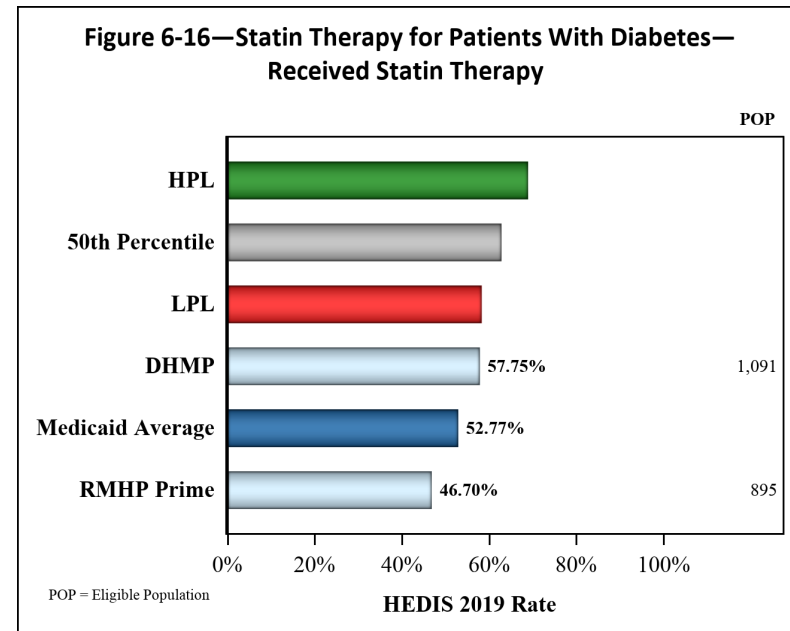
*Statin Therapy for Patients With Diabetes—Received Statin Therapy* measures the percentage of members 40 to 75 years of age with diabetes who did not have clinical atherosclerotic cardiovascular disease (ASCVD) and who were dispensed at least one statin medication of any intensity during the measurement year.



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

*One caret (^) indicates a significant improvement in performance from 2018 to 2019.*

The Colorado Medicaid weighted average significantly improved from 2018 to 2019.

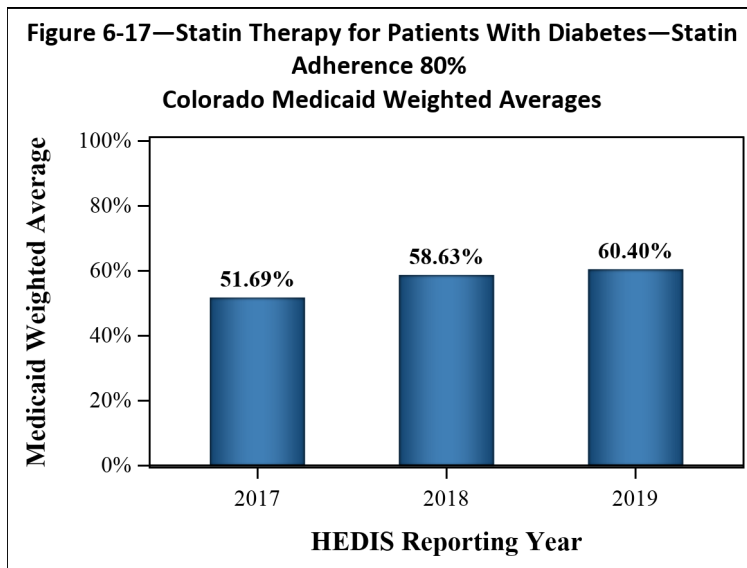


Rates for both MCOs and the Colorado Medicaid weighted average fell below the LPL. MCO performance varied by approximately 11 percentage points.



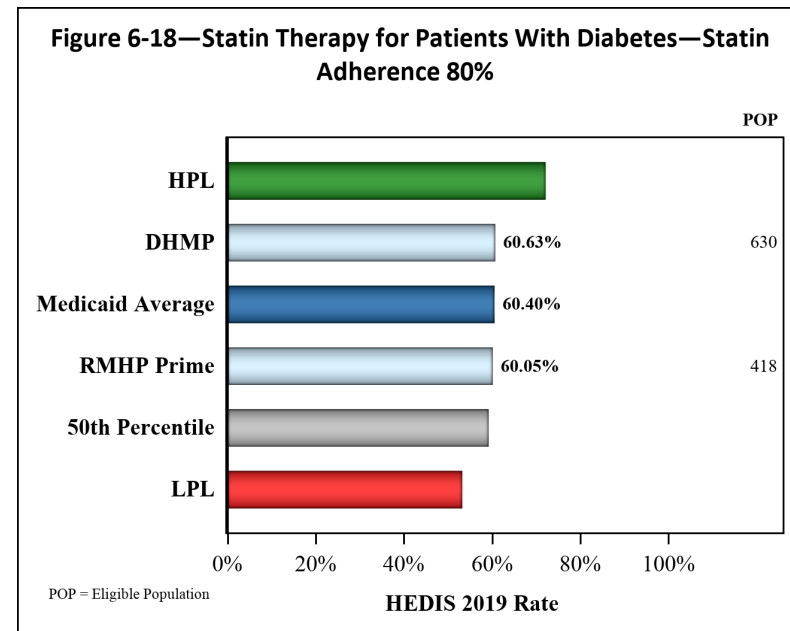
### Statin Therapy for Patients With Diabetes—Statin Adherence 80%

*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.



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

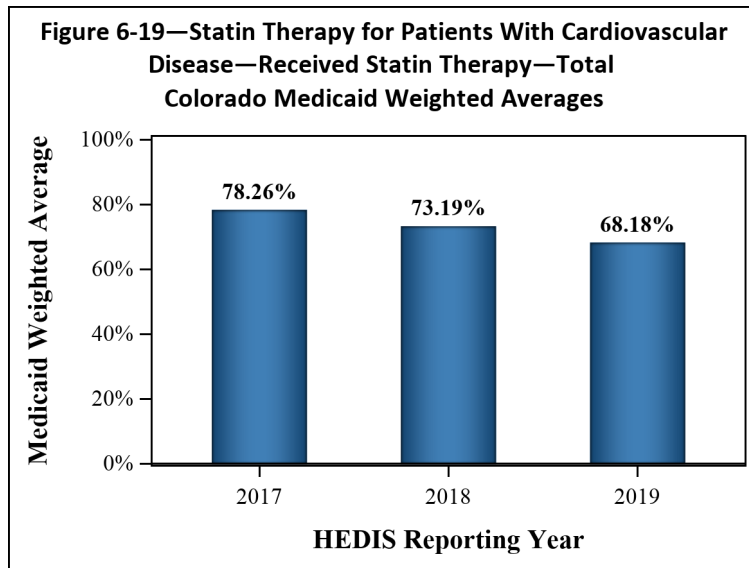
The Colorado Medicaid weighted average did not demonstrate a significant change from 2018 to 2019.



Rates for both MCOs and the Colorado Medicaid weighted average were above the 50th percentile but below the HPL. MCO performance varied by less than 1 percentage point.

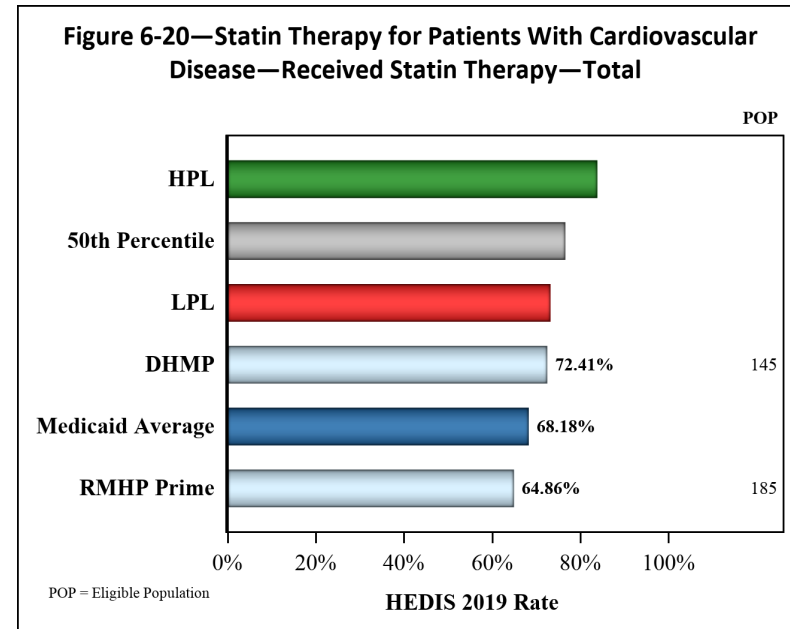
### Statin Therapy for Patients With Cardiovascular Disease—Received Statin Therapy—Total

*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 were dispensed at least one high- or moderate-intensity statin medication during the measurement year.



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

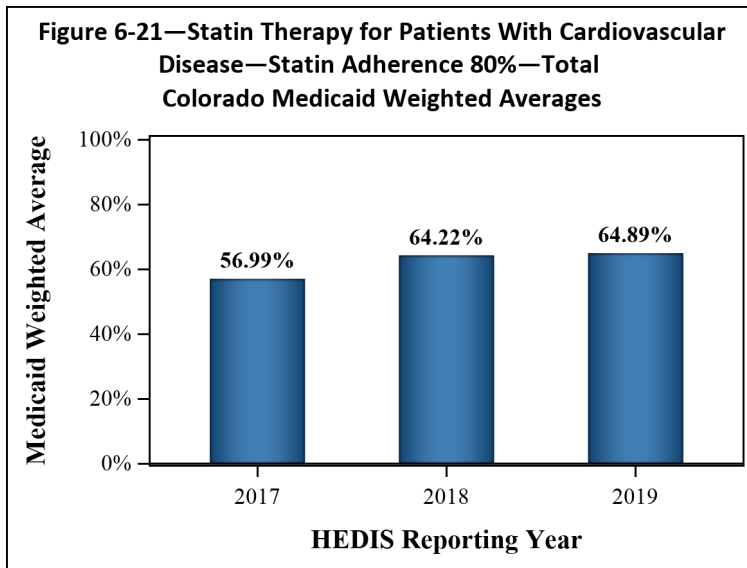
The Colorado Medicaid weighted average did not demonstrate a significant change from 2018 to 2019.



Rates for both MCOs and the Colorado Medicaid weighted average fell below the LPL. MCO performance varied by approximately 8 percentage points.

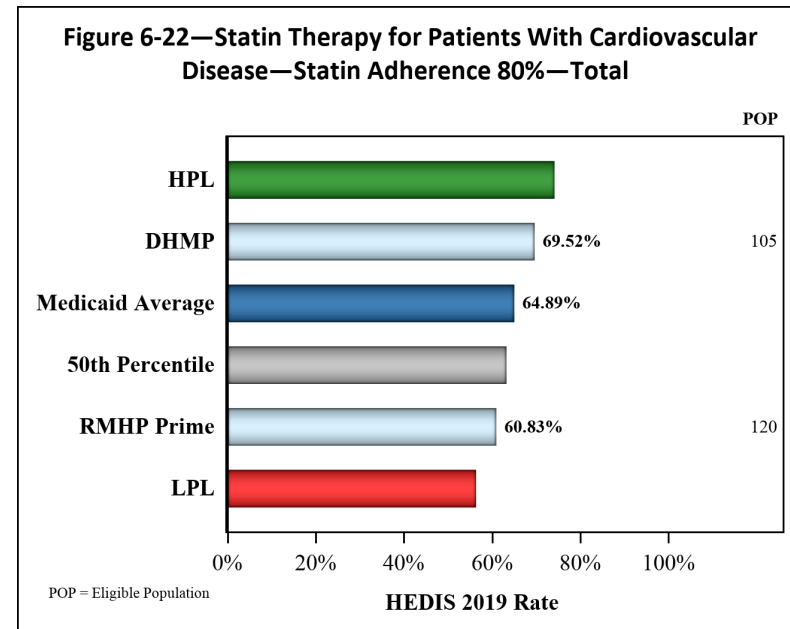
### Statin Therapy for Patients With Cardiovascular Disease—Statin Adherence 80%—Total

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 remained on a high- or moderate-intensity statin medication for at least 80 percent of the treatment period.



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

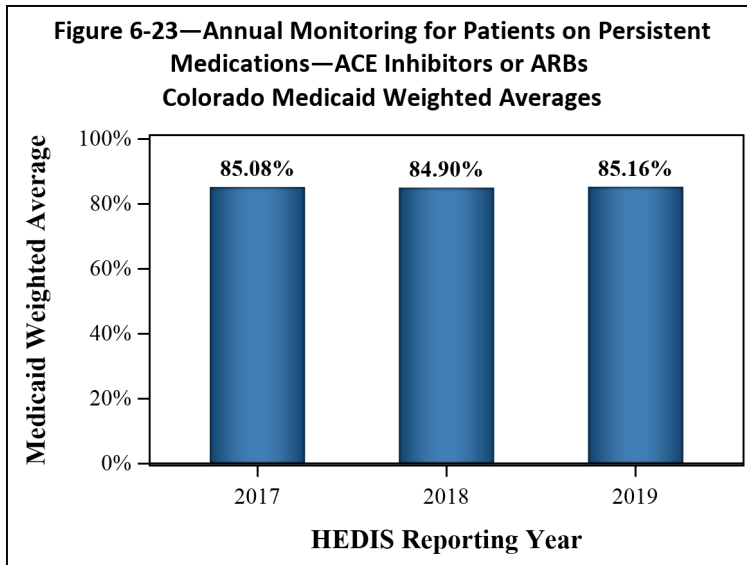
The Colorado Medicaid weighted average did not demonstrate a significant change from 2018 to 2019.



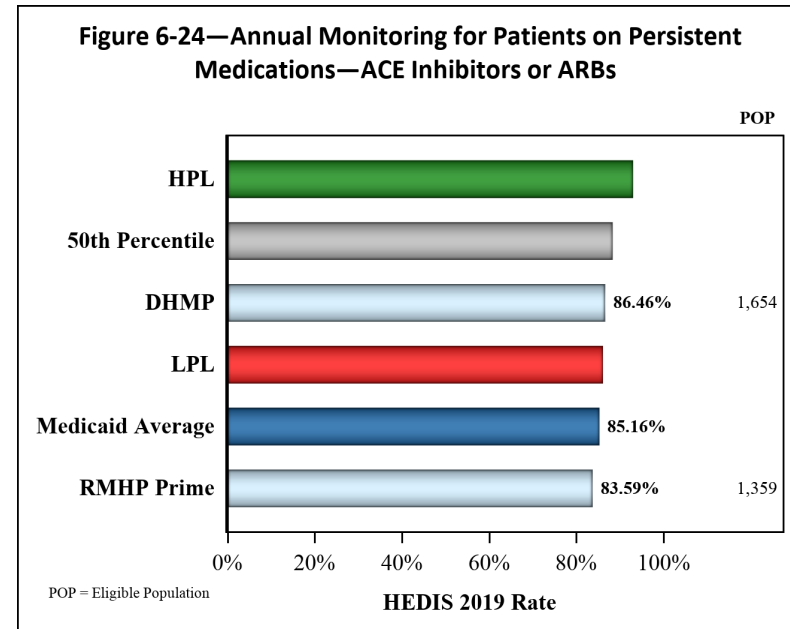
DHMP’s rate and the Colorado Medicaid weighted average were above the 50th percentile but below the HPL. RMHP Prime’s rate was above the LPL but below the 50th percentile. MCO performance varied by approximately 9 percentage points.

### 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.



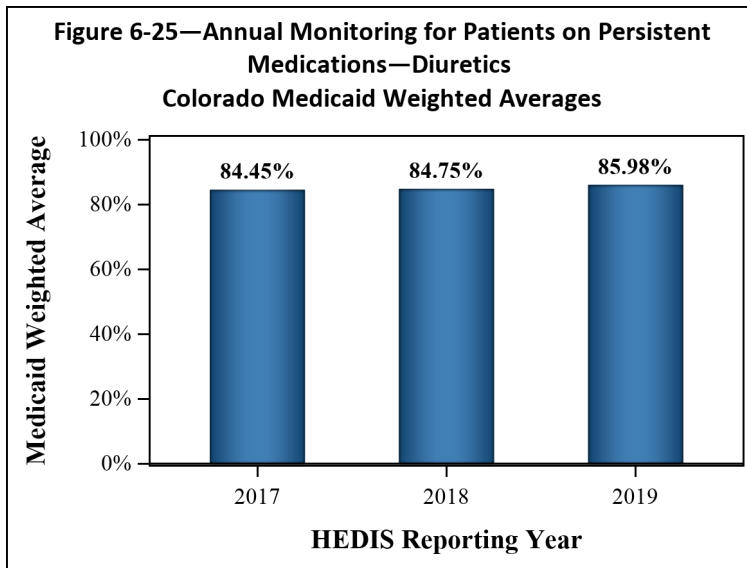
The Colorado Medicaid weighted average did not demonstrate a significant change from 2018 to 2019.



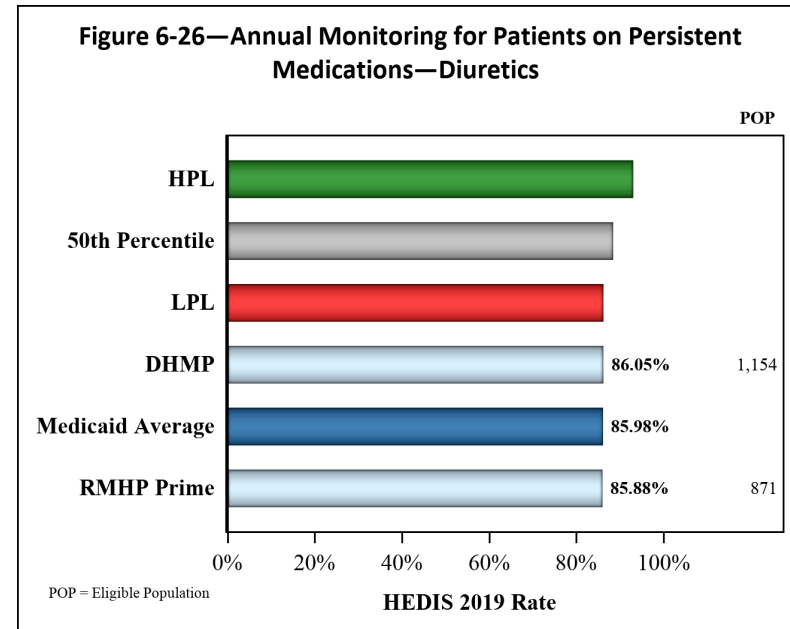
DHMP’s rate was above the LPL but below the 50th percentile. RMHP Prime’s rate and the Colorado Medicaid weighted average fell below the LPL. MCO performance varied by approximately 3 percentage points.

### 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.



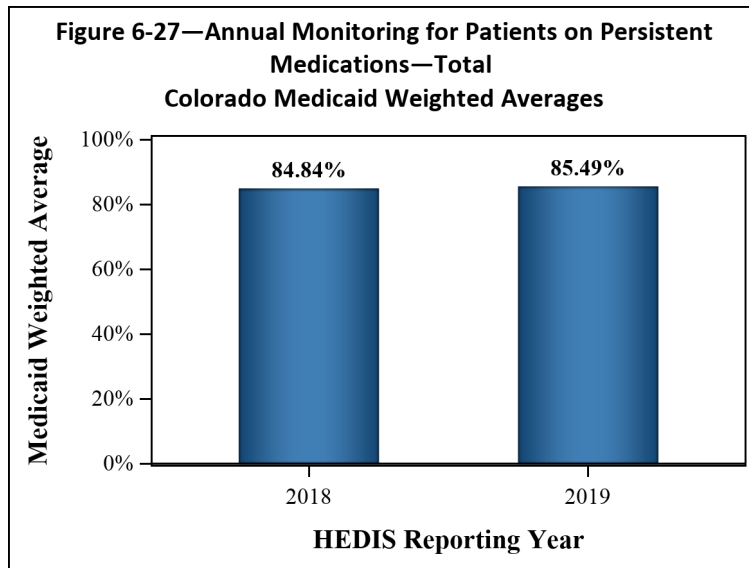
The Colorado Medicaid weighted average did not demonstrate a significant change from 2018 to 2019.



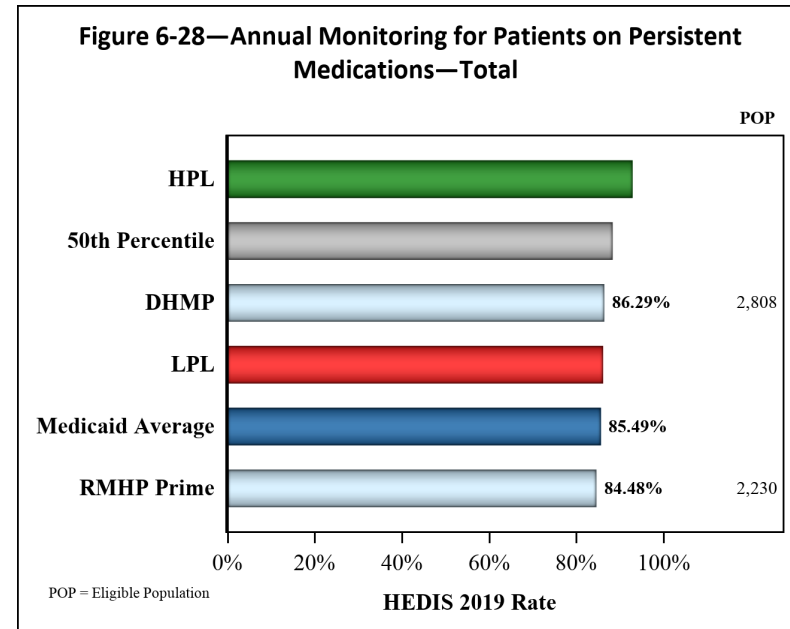
Rates for both MCOs and the Colorado Medicaid weighted average fell below the LPL. MCO performance varied by less than 1 percentage point.

### 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.



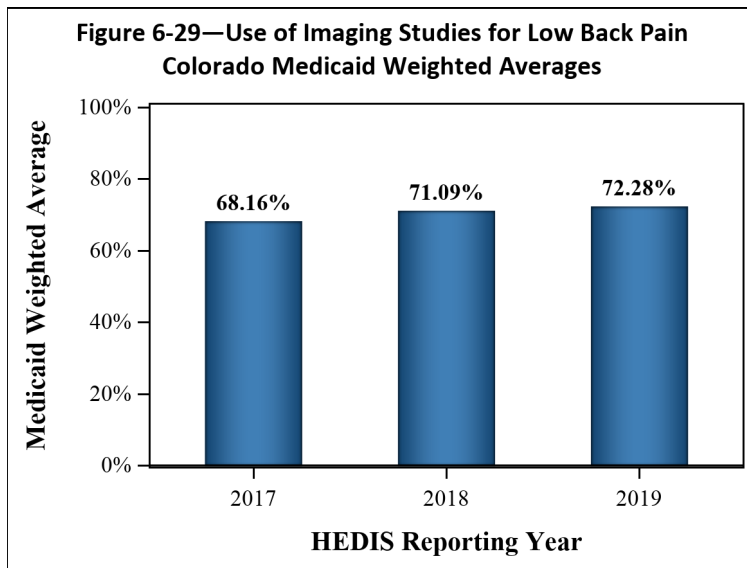
The Colorado Medicaid weighted average did not demonstrate a significant change from 2018 to 2019.



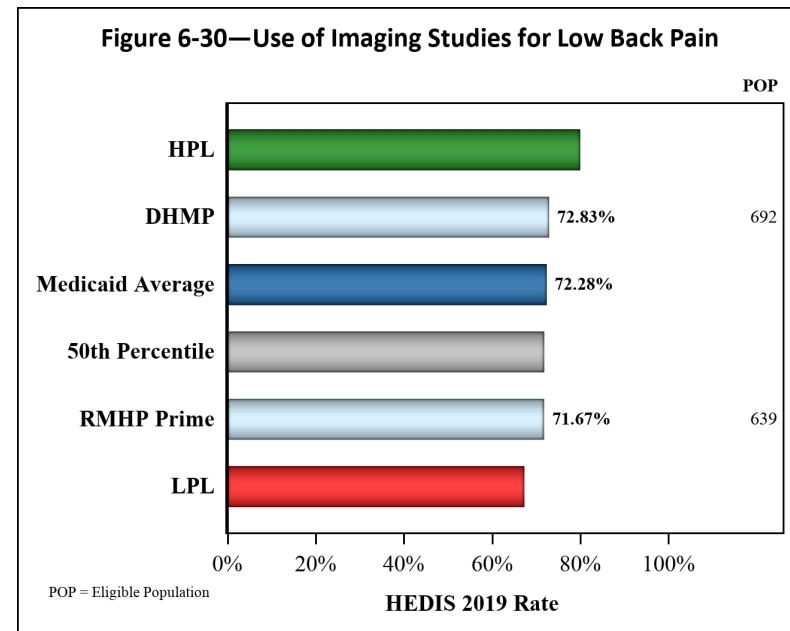
DHMP’s rate was above the LPL but below the 50th percentile. RMHP Prime’s rate and the Colorado Medicaid weighted average fell below the LPL. MCO performance varied by approximately 2 percentage points.

### 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.



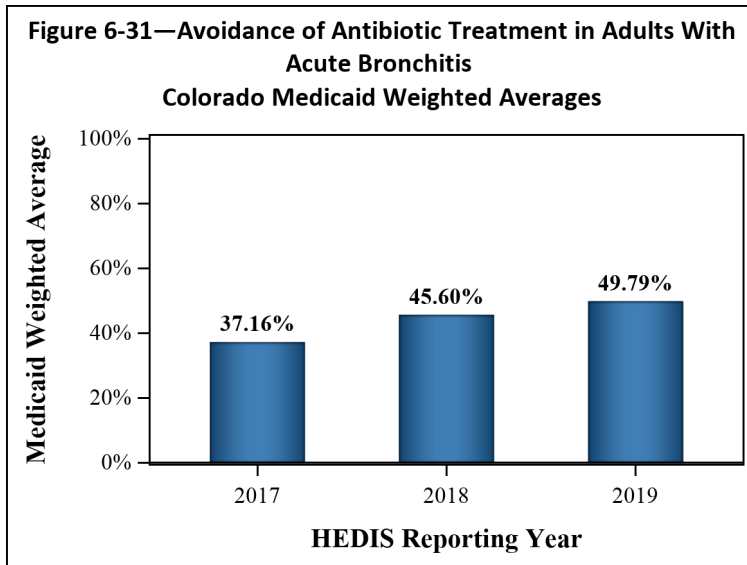
The Colorado Medicaid weighted average did not demonstrate a significant change from 2018 to 2019.



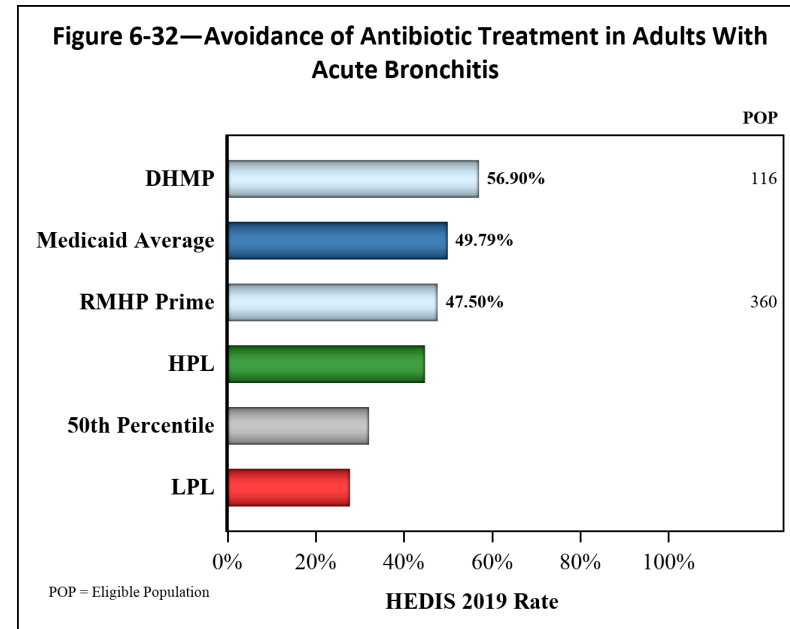
DHMP’s rate and the Colorado Medicaid weighted average were above the 50th percentile but below the HPL. RMHP Prime’s rate was above the LPL but below the 50th percentile. MCO performance varied by approximately 1 percentage point.

### 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.



The Colorado Medicaid weighted average did not demonstrate a significant change from 2018 to 2019.

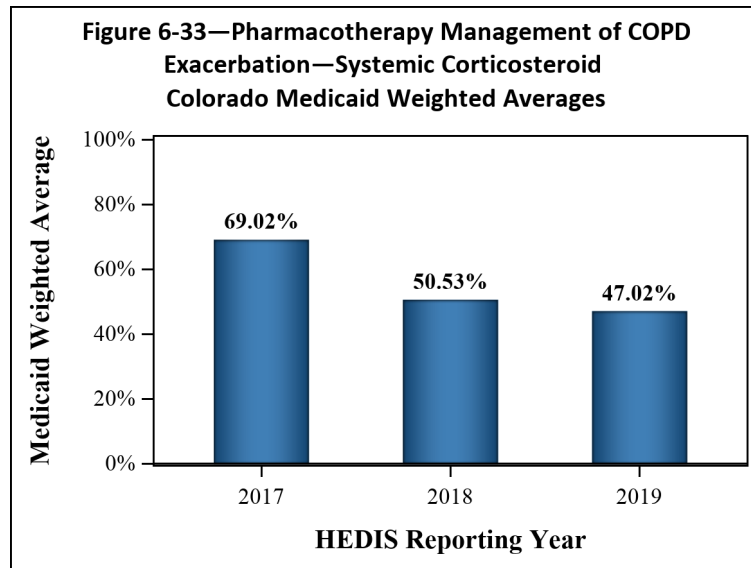


Rates for both MCOs and the Colorado Medicaid weighted average exceeded the HPL. MCO performance varied by approximately 9 percentage points.

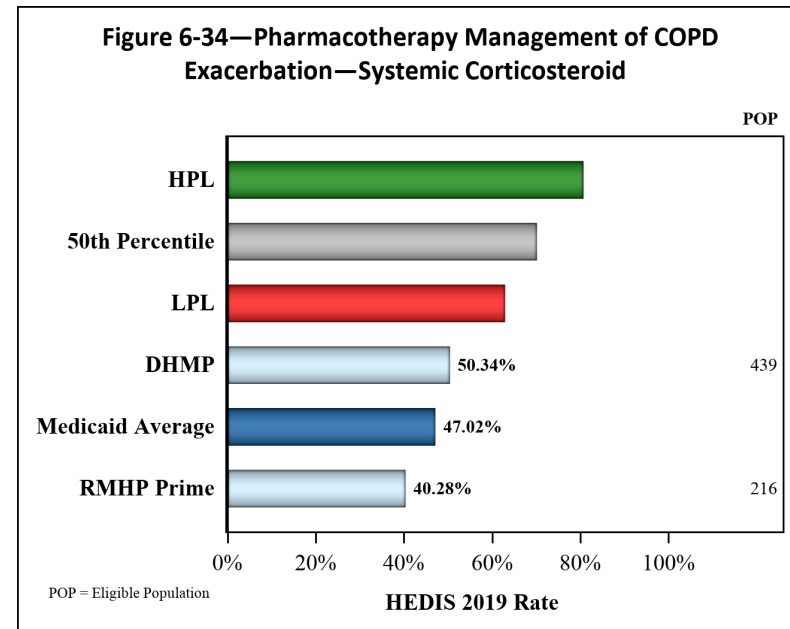


### Pharmacotherapy Management of COPD Exacerbation—Systemic Corticosteroid

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 were dispensed a systemic corticosteroid within 14 days of the event.



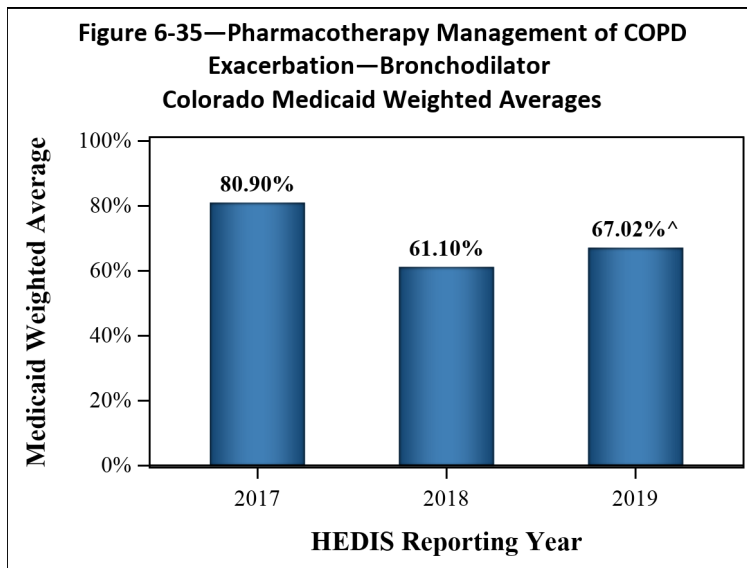
The Colorado Medicaid weighted average did not demonstrate a significant change from 2018 to 2019.



Rates for both MCOs and the Colorado Medicaid weighted average fell below the LPL. MCO performance varied by approximately 10 percentage points.

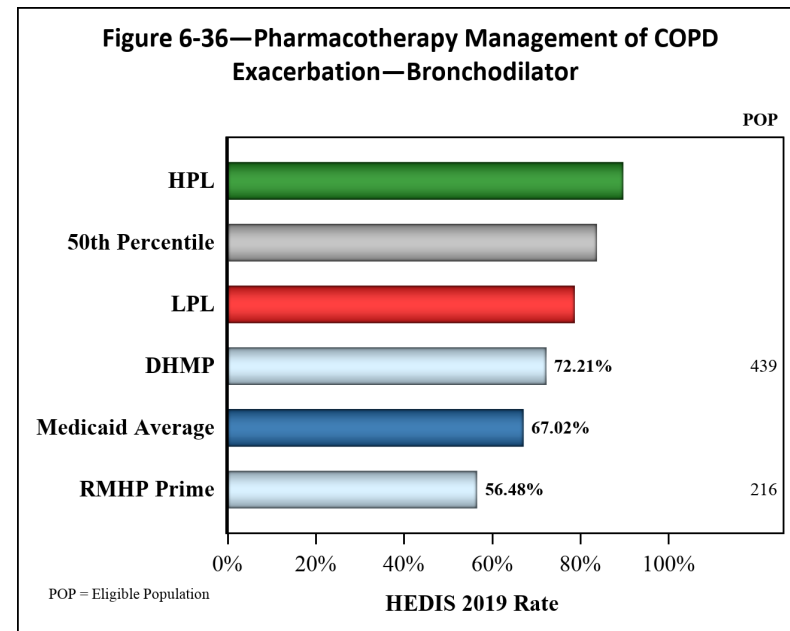
### Pharmacotherapy Management of COPD Exacerbation—Bronchodilator

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 exacerbation of COPD on or between January 1 through November 30 and who were dispensed a bronchodilator within 30 days of the event.



One caret (^) indicates a significant improvement in performance from 2018 to 2019.

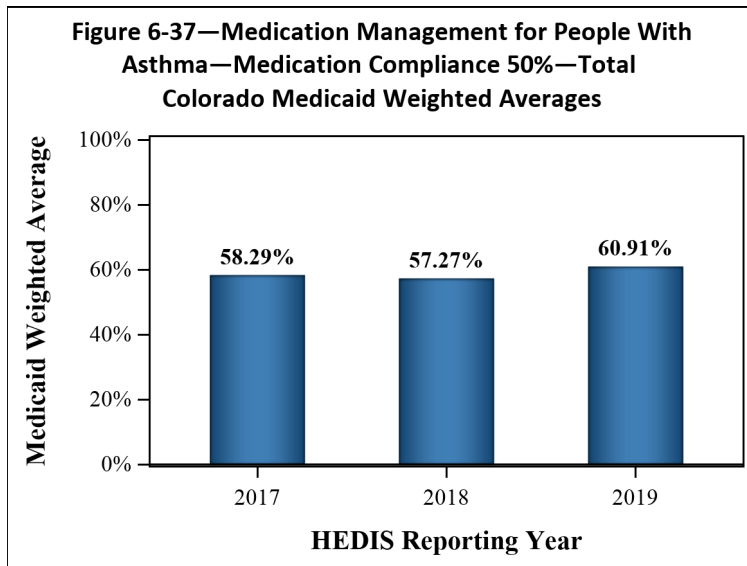
The Colorado Medicaid weighted average significantly improved from 2018 to 2019.



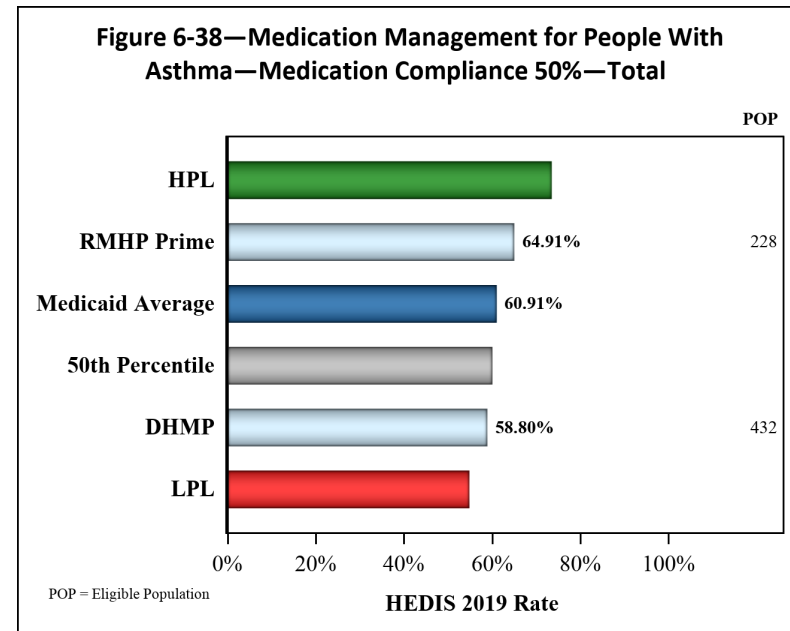
Rates for both MCOs and the Colorado Medicaid weighted average fell below the LPL. MCO performance varied by approximately 16 percentage points.

### 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.



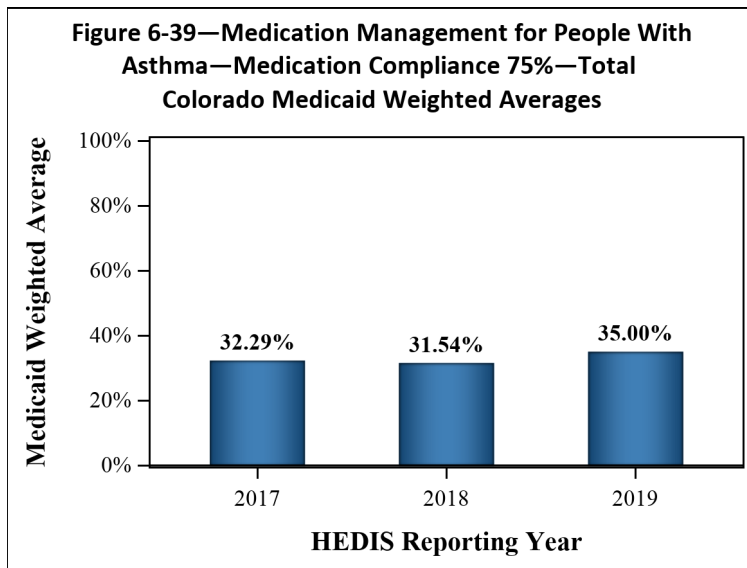
The Colorado Medicaid weighted average did not demonstrate a significant change from 2018 to 2019.



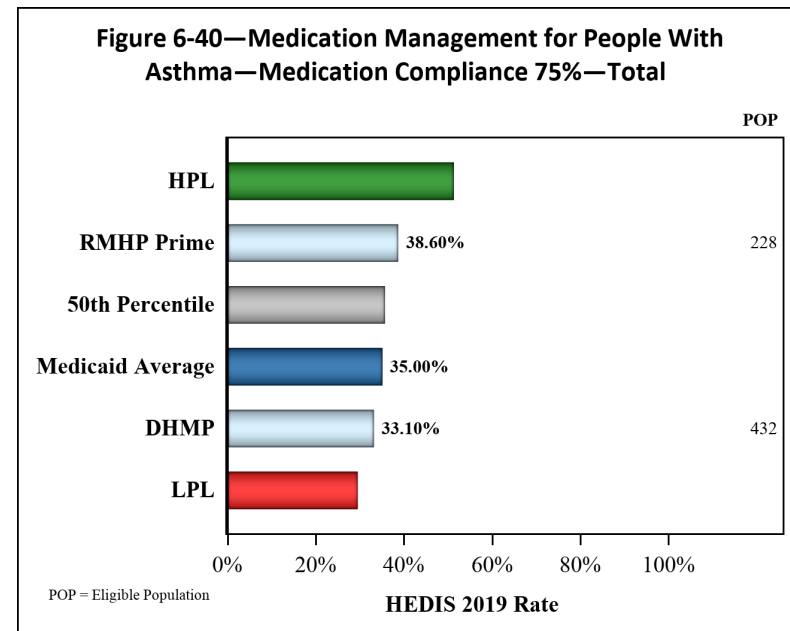
RMHP Prime’s rate and the Colorado Medicaid weighted average were above the 50th percentile but below the HPL. DHMP’s rate was above the LPL but below the 50th percentile. MCO performance varied by approximately 6 percentage points.

### 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.



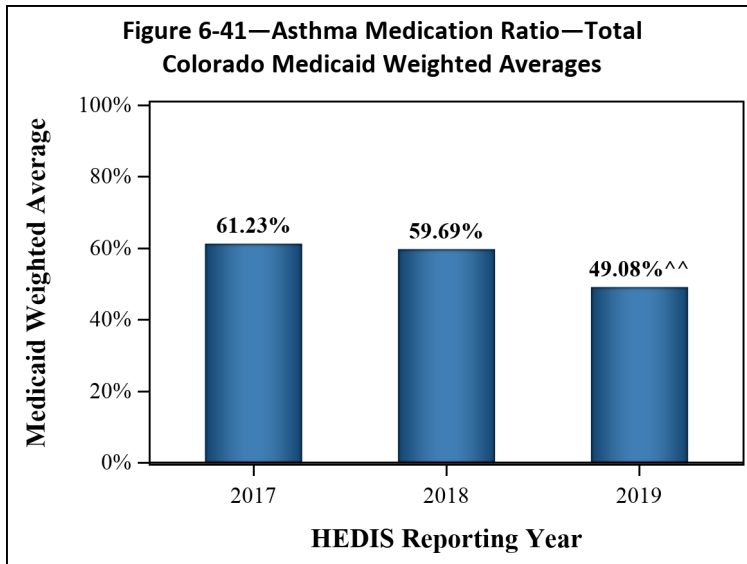
The Colorado Medicaid weighted average did not demonstrate a significant change from 2018 to 2019.



RMHP Prime’s rate was above the 50th percentile but below the HPL. DHMP’s rate and the Colorado Medicaid weighted average were above the LPL but below the 50th percentile. MCO performance varied by approximately 6 percentage points.

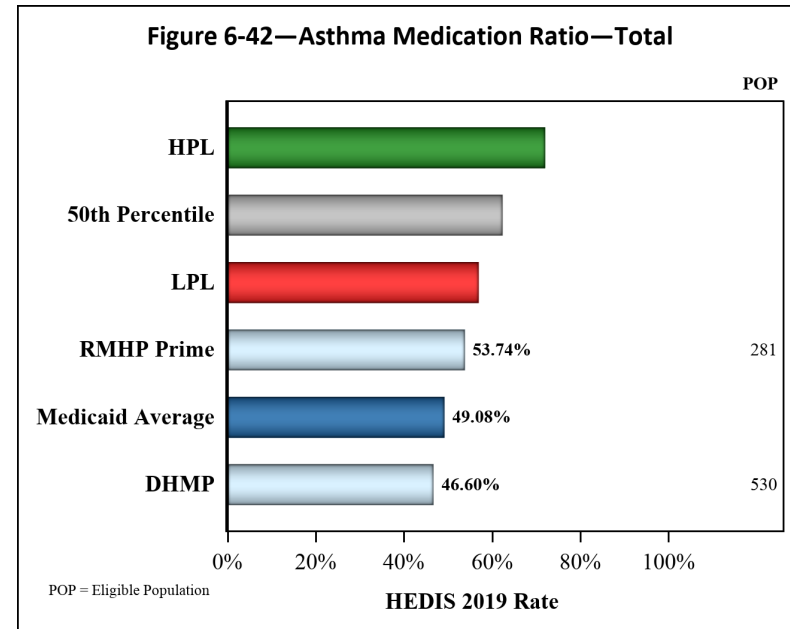
### Asthma Medication Ratio—Total

*Asthma Medication Ratio—Total* 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.



Two carets (^) indicates a significant decline in performance from 2018 to 2019.

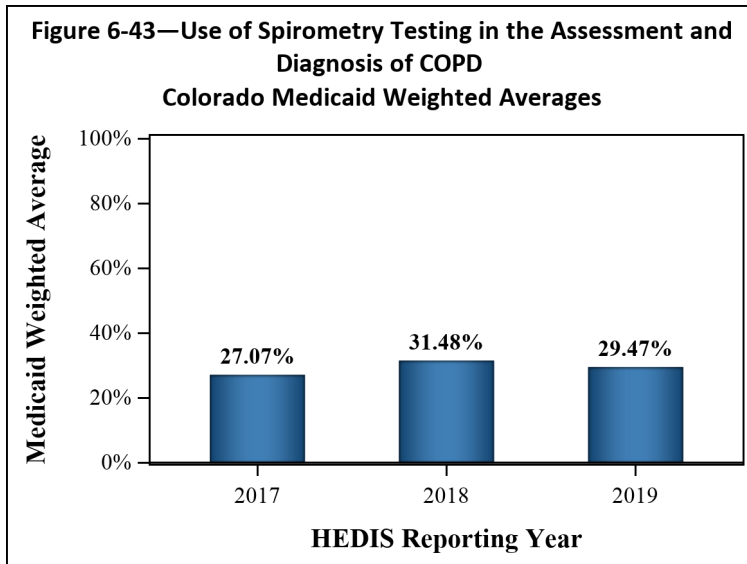
The Colorado Medicaid weighted average significantly declined from 2018 to 2019.



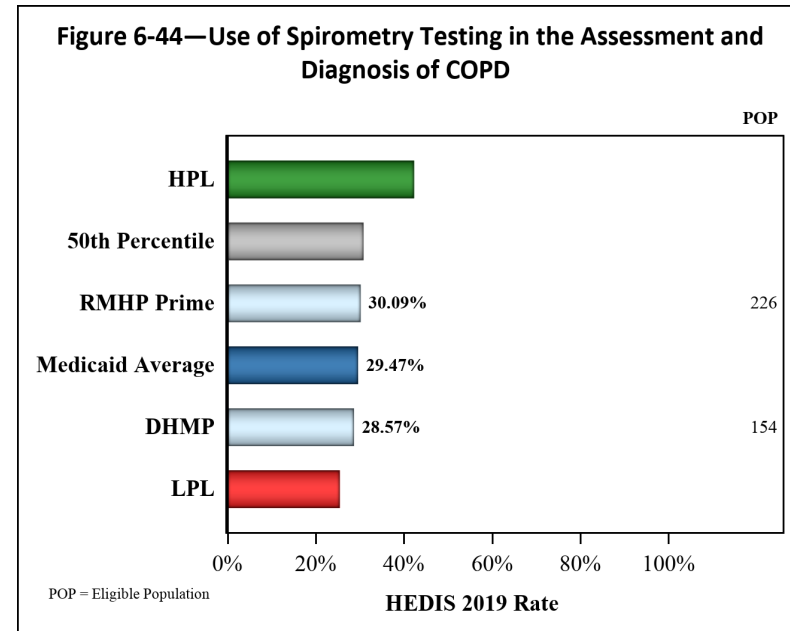
Rates for both MCOs and the Colorado Medicaid weighted average fell below the LPL. MCO performance varied by approximately 7 percentage points.

### 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.



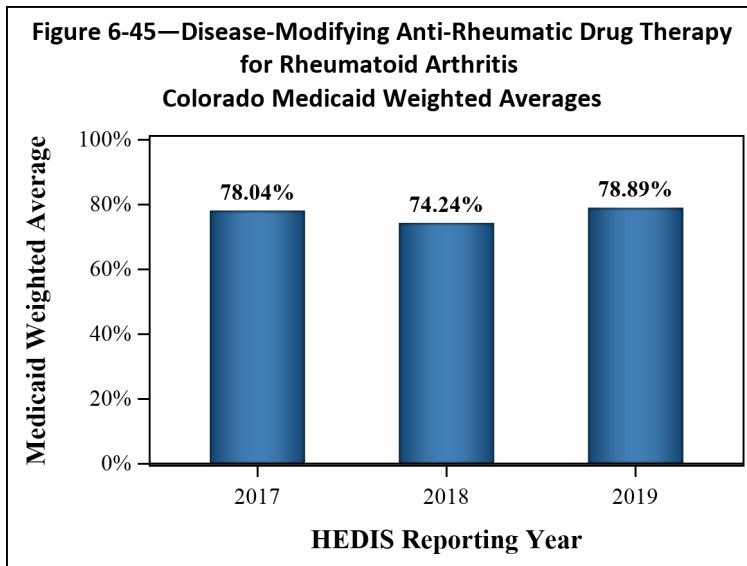
The Colorado Medicaid weighted average did not demonstrate a significant change from 2018 to 2019.



Rates for both MCOs and the Colorado Medicaid weighted average were above the LPL but below the 50th percentile. MCO performance varied by approximately 2 percentage points.

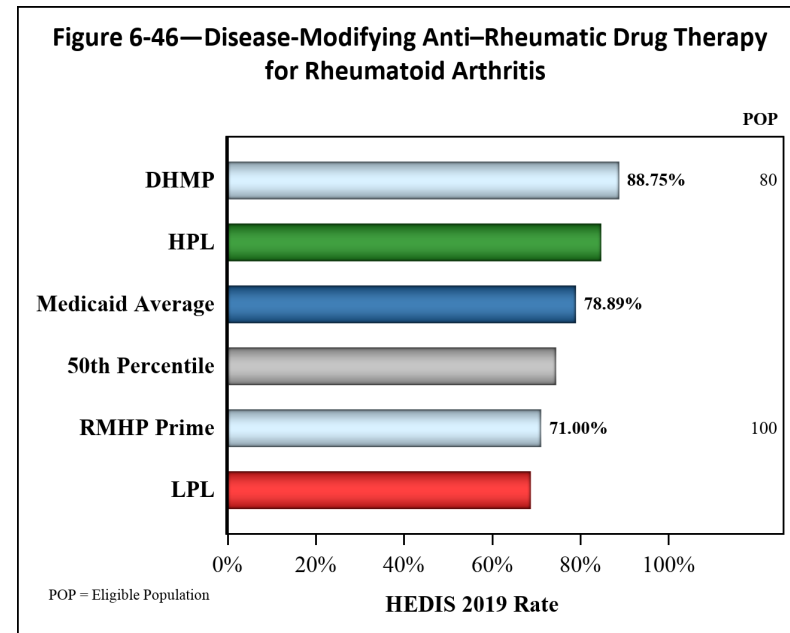
### Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis

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.



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

The Colorado Medicaid weighted average did not demonstrate a significant change from 2018 to 2019.



DHMP’s rate exceeded the HPL. The Colorado Medicaid weighted average was above the 50th percentile but below the HPL. RMHP Prime’s rate was above the LPL but below the 50th percentile. MCO performance varied by approximately 18 percentage points.

### Summary of Findings

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

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

Performance Measures	DHMP	RMHP Prime
<b>Persistence of Beta-Blocker Treatment After a Heart Attack</b>		
<i>Persistence of Beta-Blocker Treatment After a Heart Attack</i>	★	—
<b>Comprehensive Diabetes Care</b>		
<i>Hemoglobin A1c (HbA1c) Testing</i>	★	★
<i>HbA1c Poor Control (&gt;9.0%)*</i>	★★	★
<i>HbA1c Control (&lt;8.0%)</i>	★★	★
<i>Eye Exam (Retinal) Performed</i>	★	★
<i>Medical Attention for Nephropathy</i>	★	★
<i>Blood Pressure Control (&lt;140/90 mm Hg)</i>	★★	★
<b>Statin Therapy for Patients With Diabetes</b>		
<i>Received Statin Therapy</i>	★	★
<i>Statin Adherence 80%</i>	★★★★	★★★★
<b>Statin Therapy for Patients With Cardiovascular Disease</b>		
<i>Received Statin Therapy—Total</i>	★	★
<i>Statin Adherence 80%—Total</i>	★★★★	★★
<b>Annual Monitoring for Patients on Persistent Medications</b>		
<i>ACE Inhibitors or ARBs</i>	★★	★
<i>Diuretics</i>	★	★
<i>Total</i>	★★	★
<b>Use of Imaging Studies for Low Back Pain</b>		
<i>Use of Imaging Studies for Low Back Pain</i>	★★★★	★★
<b>Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis</b>		
<i>Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis</i>	★★★★★	★★★★★
<b>Pharmacotherapy Management of COPD Exacerbation</b>		
<i>Systemic Corticosteroid</i>	★	★
<i>Bronchodilator</i>	★	★
<b>Medication Management for People With Asthma<sup>1</sup></b>		
<i>Medication Compliance 50%—Total</i>	★★	★★★★
<i>Medication Compliance 75%—Total</i>	★★	★★★★
<b>Asthma Medication Ratio<sup>1</sup></b>		
<i>Total</i>	★	★



Performance Measures	DHMP	RMHP Prime
<b><i>Use of Spirometry Testing in the Assessment and Diagnosis of COPD</i></b>		
<i>Use of Spirometry Testing in the Assessment and Diagnosis of COPD</i>	★★	★★
<b><i>Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis</i></b>		
<i>Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis</i>	★★★★★	★★

— Indicates that a percentile ranking was not determined because the rate was not reportable.

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

<sup>1</sup> Due to differences in member eligibility for children in RMHP Prime, rates may not be comparable to DHMP's.

Table 6-2 presents a summary of the MCOs' 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**

MCO Name	★★★★★	★★★★	★★★	★★	★
DHMP	2	1	2	8	10
RMHP Prime	1	0	3	4	14

For the Living With Illness domain, only 5 of 23 (21.7 percent) of DHMP's measure rates and 4 of 22 (18.2 percent) of RMHP Prime's measure rates were above the 50th percentile. Both MCOs demonstrated opportunities to improve the care management of members with diabetes, as evidenced by the low rates of testing for HbA1c levels, retinal disease, and nephropathy, along with the low prescribing rates of statin medication. Further, the MCOs indicated improvement is needed related to the medication management for members with other chronic conditions (e.g., cardiovascular disease, asthma, COPD). The MCOs and the Department should focus efforts on identifying the factors contributing to the low rates for these measures (e.g., are the barriers related to accessing outpatient care and pharmacies; or the need for provider training, investigation of prescribing patterns, or improved community outreach and education) and implement strategies to improve the care for members with chronic conditions.

Of note, both MCOs exceeded the 90th percentile for the *Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis*, indicating strength in antibiotic stewardship.

### Use of Services

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

- *Ambulatory Care (Per 1,000 Member Months)—Outpatient Visits—Total and ED Visits—Total*
- *Inpatient Utilization—General Hospital/Acute Care—Total Inpatient—Total Discharges per 1,000 Member Months and Total Average Length of Stay, Medicine—Total Discharges per 1,000 Member Months and Total Average Length of Stay, Surgery—Total Discharges per 1,000 Member Months and Total Average Length of Stay, and Maternity—Total Discharges per 1,000 Member Months and Total Average Length of Stay*
- *Antibiotic Utilization—Total—Average Scripts PMPY for Antibiotics, Average Days Supplied per Antibiotic Script, Average Scripts PMPY for Antibiotics of Concern, and Percentage of Antibiotics of Concern of All Antibiotic Scripts*
- *Plan All-Cause Readmissions—Index Total Stays—Observed Readmissions and O/E Ratio*
- *Use of Opioids at High Dosage*
- *Use of Opioids from Multiple Providers—Multiple Prescribers, Multiple Pharmacies, and Multiple Prescribers and Multiple Pharmacies*

Both MCOs were required to report these measures in HEDIS 2019. The MCOs' 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 informational purposes only; the rates do not indicate the quality and timeliness of, or access to, care and services. Therefore, the reader should exercise caution in connecting these data to the efficacy of the program, as many factors influence these data. HSAG recommends that MCOs review the Use of Services results to identify whether a rate is higher or lower than expected. Additional focused analyses related to the Use of Services domain may help to identify key drivers associated with the utilization patterns.

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

Of note, the Colorado Medicaid weighted averages for HEDIS 2017 included rates for the FFS population and for one additional Medicaid MCO. The HEDIS 2018 and 2019 Colorado Medicaid weighted averages include only rates submitted by DHMP and RMHP Prime. Therefore, the reader

should exercise caution when comparing HEDIS 2018 and HEDIS 2019 Colorado Medicaid 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**

MCO Name	Outpatient Visits	ED Visits*
DHMP	203.78	43.95
RMHP Prime <sup>1</sup>	326.38	61.52
2019 Colorado Medicaid Weighted Average	239.73	49.10
2018 Colorado Medicaid Weighted Average	222.58	48.02
2017 Colorado Medicaid Weighted Average	263.93	55.58

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

<sup>1</sup> Due to differences in member eligibility for children in RMHP Prime, rates may not be comparable to DHMP's.

For the *ED Visits* indicator, MCO performance varied, ranging from 61.52 ED visits per 1,000 member months for RMHP Prime to 43.95 ED visits per 1,000 member months for DHMP. Rates displayed for the *Outpatient Visits* indicator are for informational 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 informational purposes only.

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

MCO Name	Total Inpatient	Medicine	Surgery	Maternity
DHMP	5.06	2.90	0.90	1.72
RMHP Prime <sup>2</sup>	9.42	4.39	2.23	2.96
2019 Colorado Medicaid Weighted Average	6.34	3.34	1.29	2.15
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

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

<sup>2</sup> Due to differences in member eligibility for children in RMHP Prime, rates may not be comparable to DHMP's.

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

**Table 7-3—Inpatient Utilization—General Hospital/Acute Care: Total Average Length of Stay for Total Age Group<sup>1</sup>**

MCO Name	Total Inpatient	Medicine	Surgery	Maternity
DHMP	4.59	4.17	8.49	2.76
RMHP Prime <sup>2</sup>	3.68	3.74	5.26	2.33
2019 Colorado Medicaid Weighted Average	4.19	4.01	6.85	2.56
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

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

<sup>2</sup> Due to differences in member eligibility for children in RMHP Prime, rates may not be comparable to DHMP's.

## Antibiotic Utilization

The *Antibiotic Utilization* measure summarizes outpatient use of antibiotic prescriptions in four categories: average number of antibiotic scripts PMPY, average days supplied per antibiotic script, average number of scripts PMPY for antibiotics of concern, and the percentage of antibiotics of concern for all antibiotic scripts.

### Results

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

**Table 7-4—Antibiotic Utilization: Total for Total Age Group\***

MCO Name	Average Scripts PMPY for Antibiotics	Average Days Supplied per Antibiotic Script	Average Scripts PMPY for Antibiotics of Concern	Percentage of Antibiotics of Concern of All Antibiotic Scripts
DHMP	0.32	9.44	0.09	28.74%
RMHP Prime <sup>1</sup>	0.64	9.11	0.25	39.52%
2019 Colorado Medicaid Weighted Average	0.41	9.29	0.14	33.58%
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%

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

<sup>1</sup> Due to differences in member eligibility for children in RMHP Prime, rates may not be comparable to DHMP's.

### Plan All-Cause Readmissions—Index Total Stays

*Plan All-Cause Readmissions—Index Total Stays* 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 comorbid conditions associated with the admission. The O/E ratio is presented to show if the MCO had more, the same as, or fewer readmissions than expected. For this measure, a lower rate indicates better performance.

#### 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<sup>\*,1</sup>**

MCO Name	Observed Readmissions	O/E Ratio
DHMP	19.34%	0.85
RMHP Prime	11.71%	0.64
2019 Colorado Medicaid Weighted Average	15.90%	0.77
2018 Colorado Medicaid Weighted Average	12.58%	0.65

<sup>\*</sup> For this measure, a lower rate may indicate more favorable performance.

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

Though DHMP’s readmission rate was approximately 8 percentage points higher than RMHP Prime’s readmission rate, both MCOs had fewer than expected readmissions, based on their O/E ratios.

### Use of Opioids at High Dosage

*Use of Opioids at High Dosage* measures the percentage of 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. Due to changes in the technical specifications for this measure, NCQA recommends a break in trending between 2019 and prior years; therefore, prior years’ rates are not displayed.

#### Results

Table 7-6 shows the rate of opioids prescribed at a high dosage.

**Table 7-6—Use of Opioids at High Dosage: Total\***

MCO Name	Use of Opioids at High Dosage
DHMP	3.23%
RMHP Prime	4.19%
2019 Colorado Medicaid Weighted Average	3.68%

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

MCO performance varied by less than 1 percentage point.

## Use of Opioids From Multiple Providers

*Use of Opioids from Multiple Providers* measures the percentage of 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. Due to changes in the technical specifications for this measure, NCQA recommends a break in trending between 2019 and prior years; therefore, prior years’ rates are not displayed.

### Results

Table 7-7 shows the rate of 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.

**Table 7-7—Use of Opioids From Multiple Providers: Total\***

MCO Name	Multiple Prescribers	Multiple Pharmacies	Multiple Prescribers and Multiple Pharmacies
DHMP	18.61%	12.09%	6.32%
RMHP Prime	25.73%	4.22%	2.79%
2019 Colorado Medicaid Weighted Average	22.10%	8.23%	4.59%

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

MCO performance varied by approximately 7 percentage points for *Multiple Prescribers*, by approximately 8 percentage points for *Multiple Pharmacies*, and by approximately 4 percentage points for *Multiple Prescribers and Multiple Pharmacies*.

### Summary of Findings

For the *Plan All-Cause Readmissions* measure, DHMP reported a readmission rate approximately 8 percentage points higher than RMHP Prime’s readmission rate. However, both MCOs had fewer than expected readmissions based on their O/E ratios, indicating strong performance by both MCOs.

For the remaining *Use of Services* reported rates for the MCOs and the Colorado Medicaid weighted average 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 MCOs’ and Colorado Medicaid weighted average utilization results provide additional information that MCOs may use to assess barriers or patterns of utilization when evaluating improvement interventions.



## Appendix A. Tabular Results for Measures by MCO

Appendix A presents tables showing results for the measures by MCO. Where applicable, the results provided for each measure include the eligible population and rate for each MCO as well as the HEDIS 2017, 2018, and 2019 Colorado Medicaid weighted averages. Yellow shading with one caret (^) indicates the HEDIS 2019 MCO-specific or Colorado Medicaid weighted average rate was at or above the applicable 50th percentile.

### Pediatric Care Performance Measure Results

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

Medicaid MCO	Eligible Population	Rate
<i>Childhood Immunization Status<sup>1</sup></i>		
<i>DTap</i>		
DHMP	1,664	69.47%
RMHP Prime	—	NA
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>		
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>		
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>		
<i>IPV</i>		
DHMP	1,664	79.93%
RMHP Prime	—	NA
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>		
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>		
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>		
<i>MMR</i>		
DHMP	1,664	79.93%
RMHP Prime	—	NA
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>		
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>		
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>		
<i>HiB</i>		
DHMP	1,664	80.53%
RMHP Prime	—	NA
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>		
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>		
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>		

Medicaid MCO	Eligible Population	Rate
<b><i>Hepatitis B</i></b>		
DHMP	1,664	82.15%
RMHP Prime	—	NA
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>		<b>82.17%</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>		<b>80.75%</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>		<b>81.07%</b>
<b><i>VZV</i></b>		
DHMP	1,664	80.05%
RMHP Prime	—	NA
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>		<b>80.07%</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>		<b>83.70%</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>		<b>80.65%</b>
<b><i>Pneumococcal Conjugate</i></b>		
DHMP	1,664	67.97%
RMHP Prime	—	NA
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>		<b>68.01%</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>		<b>73.99%</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>		<b>68.38%</b>
<b><i>Hepatitis A</i></b>		
DHMP	1,664	79.39%
RMHP Prime	—	NA
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>		<b>79.41%</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>		<b>81.06%</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>		<b>74.81%</b>
<b><i>Rotavirus</i></b>		
DHMP	1,664	62.56%
RMHP Prime	—	NA
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>		<b>62.61%</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>		<b>67.62%</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>		<b>61.88%</b>
<b><i>Influenza</i></b>		
DHMP	1,664	51.50%^
RMHP Prime	—	NA
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>		<b>51.56%^</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>		<b>50.23%</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>		<b>41.79%</b>
<b><i>Combination 2</i></b>		
DHMP	1,664	67.97%
RMHP Prime	—	NA

Medicaid MCO	Eligible Population	Rate
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>		<b>68.01%</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>		<b>68.25%</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>		<b>58.53%</b>
<b><i>Combination 3</i></b>		
DHMP	1,664	64.72%
RMHP Prime	—	NA
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>		<b>64.77%</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>		<b>65.92%</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>		<b>56.00%</b>
<b><i>Combination 4</i></b>		
DHMP	1,664	64.60%
RMHP Prime	—	NA
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>		<b>64.65%</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>		<b>64.21%</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>		<b>53.15%</b>
<b><i>Combination 5</i></b>		
DHMP	1,664	56.73%
RMHP Prime	—	NA
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>		<b>56.78%</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>		<b>58.00%</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>		<b>47.31%</b>
<b><i>Combination 6</i></b>		
DHMP	1,664	45.13%^
RMHP Prime	—	NA
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>		<b>45.20%^</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>		<b>43.32%</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>		<b>32.83%</b>
<b><i>Combination 7</i></b>		
DHMP	1,664	56.61%
RMHP Prime	—	NA
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>		<b>56.66%</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>		<b>56.68%</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>		<b>45.27%</b>
<b><i>Combination 8</i></b>		
DHMP	1,664	45.07%^
RMHP Prime	—	NA
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>		<b>45.14%^</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>		<b>42.47%</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>		<b>31.74%</b>

Medicaid MCO	Eligible Population	Rate
<b>Combination 9</b>		
DHMP	1,664	40.69%^
RMHP Prime	—	NA
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>		<b>40.76% ^</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>		<b>39.44%</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>		<b>28.87%</b>
<b>Combination 10</b>		
DHMP	1,664	40.63%^
RMHP Prime	—	NA
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>		<b>40.70% ^</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>		<b>38.74%</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>		<b>28.01%</b>
<b>Immunizations for Adolescents<sup>2</sup></b>		
<b>Meningococcal</b>		
DHMP	1,575	79.43%
RMHP Prime	35	57.14%
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>		<b>78.94%</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>		<b>77.73%</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>		<b>66.57%</b>
<b>Tdap</b>		
DHMP	1,575	78.92%
RMHP Prime	35	80.00%
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>		<b>78.94%</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>		<b>81.93%</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>		<b>77.67%</b>
<b>HPV</b>		
DHMP	1,575	50.98%^
RMHP Prime	35	22.86%
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>		<b>50.37% ^</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>		<b>50.16%</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>		—
<b>Combination 1 (Meningococcal, Tdap)</b>		
DHMP	1,575	76.89%
RMHP Prime	35	54.29%
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>		<b>76.40%</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>		<b>75.55%</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>		<b>64.78%</b>

Medicaid MCO	Eligible Population	Rate
<b>Combination 2 (Meningococcal, Tdap, HPV)</b>		
DHMP	1,575	49.46%^
RMHP Prime	35	14.29%
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>		<b>48.70% ^</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>		<b>47.11%</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>		<b>—</b>
<b>Well-Child Visits in the First 15 Months of Life</b>		
<b>Zero Visits*</b>		
DHMP	876	7.08%
RMHP Prime	—	—
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>		<b>7.08%</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>		<b>9.12%</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>		<b>4.25%</b>
<b>Six or More Visits</b>		
DHMP	876	52.28%
RMHP Prime	—	—
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>		<b>52.28%</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>		<b>4.39%</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>		<b>48.55%</b>
<b>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life<sup>2</sup></b>		
DHMP	5,325	63.59%
RMHP Prime	42	61.90%
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>		<b>63.57%</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>		<b>60.89%</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>		<b>57.64%</b>
<b>Adolescent Well-Care Visits<sup>2</sup></b>		
DHMP	11,133	41.29%
RMHP Prime	991	17.66%
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>		<b>39.36%</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>		<b>34.29%</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>		<b>33.94%</b>
<b>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents<sup>2</sup></b>		
<b>BMI Percentile Documentation—Ages 3 to 11 Years<sup>1</sup></b>		
DHMP	8,473	14.80%
RMHP Prime	108	3.70%
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>		<b>14.66%</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>		<b>10.49%</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>		<b>7.58%</b>

Medicaid MCO	Eligible Population	Rate
<b><i>BMI Percentile Documentation—Ages 12 to 17 Years<sup>1</sup></i></b>		
DHMP	5,157	33.53%
RMHP Prime	98	5.10%
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>		<b>33.00%</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>		<b>26.76%</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>		<b>10.63%</b>
<b><i>BMI Percentile Documentation—Total<sup>1</sup></i></b>		
DHMP	13,630	21.89%
RMHP Prime	206	4.37%
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>		<b>21.62%</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>		<b>16.52%</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>		<b>8.65%</b>
<b><i>Counseling for Nutrition—Ages 3 to 11 Years</i></b>		
DHMP	8,473	2.14%
RMHP Prime	108	15.74%
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>		<b>2.31%</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>		<b>1.76%</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>		<b>7.41%</b>
<b><i>Counseling for Nutrition—Ages 12 to 17 Years</i></b>		
DHMP	5,157	16.17%
RMHP Prime	98	15.31%
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>		<b>16.16%</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>		<b>13.60%</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>		<b>7.85%</b>
<b><i>Counseling for Nutrition—Total</i></b>		
DHMP	13,630	7.45%
RMHP Prime	206	15.53%
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>		<b>7.57%</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>		<b>6.14%</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>		<b>7.57%</b>
<b><i>Counseling for Physical Activity—Ages 3 to 11 Years</i></b>		
DHMP	8,473	1.61%
RMHP Prime	108	0.00%
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>		<b>1.58%</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>		<b>0.36%</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>		<b>1.95%</b>

Medicaid MCO	Eligible Population	Rate
<b><i>Counseling for Physical Activity—Ages 12 to 17 Years</i></b>		
DHMP	5,157	12.95%
RMHP Prime	98	0.00%
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>		<b>12.71%</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>		<b>3.04%</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>		<b>4.89%</b>
<b><i>Counseling for Physical Activity—Total</i></b>		
DHMP	13,630	5.90%
RMHP Prime	206	0.00%
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>		<b>5.81%</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>		<b>1.35%</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>		<b>2.97%</b>
<b><i>Appropriate Testing for Children With Pharyngitis</i></b>		
DHMP	435	88.28%^
RMHP Prime	—	NA
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>		<b>88.14% ^</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>		<b>83.67%</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>		<b>75.71%</b>
<b><i>Appropriate Treatment for Children With Upper Respiratory Infection</i></b>		
DHMP	826	97.09%^
RMHP Prime	—	NA
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>		<b>97.17% ^</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>		<b>97.55%</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>		<b>92.16%</b>

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

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

<sup>2</sup> Due to differences in member eligibility for children in RMHP Prime, rates may not be comparable to DHMP's.

— Indicates the MCO's eligible population was too small to report (<30). This symbol may also mean that NCQA recommended a break in trending; therefore, no prior year rates are displayed.

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

Yellow shading with one caret (^) indicates the rate was at or above the 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—  
MCO-Specific Rates and Colorado Medicaid Weighted Averages**

Medicaid MCO	Eligible Population	Rate
<i>Prenatal and Postpartum Care</i>		
<i>Timeliness of Prenatal Care</i>		
DHMP	1,039	71.90%
RMHP Prime	1,074	44.69%
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>		<b>58.07%</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>		<b>43.75%</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>		<b>64.06%</b>
<i>Postpartum Care</i>		
DHMP	1,039	56.69%
RMHP Prime	1,074	28.58%
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>		<b>42.40%</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>		<b>38.18%</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>		<b>35.08%</b>
<i>Children’s and Adolescents’ Access to Primary Care Practitioners<sup>1</sup></i>		
<i>Ages 12 to 24 Months</i>		
DHMP	1,707	88.52%
RMHP Prime	—	NA
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>		<b>88.52%</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>		<b>86.85%</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>		<b>92.33%</b>
<i>Ages 25 Months to 6 Years</i>		
DHMP	6,725	75.09%
RMHP Prime	44	81.82%
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>		<b>75.14%</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>		<b>72.27%</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>		<b>79.07%</b>
<i>Ages 7 to 11 Years</i>		
DHMP	6,083	80.08%
RMHP Prime	87	86.21%
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>		<b>80.16%</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>		<b>75.68%</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>		<b>83.05%</b>



Medicaid MCO	Eligible Population	Rate
<b><i>Ages 12 to 19 Years</i></b>		
DHMP	8,108	80.30%
RMHP Prime	184	89.13%
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>		<b>80.50%</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>		<b>75.68%</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>		<b>82.70%</b>
<b><i>Adults' Access to Preventive/Ambulatory Health Services</i></b>		
<b><i>Ages 20 to 44 Years</i></b>		
DHMP	19,283	48.84%
RMHP Prime	13,628	66.25%
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>		<b>56.05%</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>		<b>57.22%</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>		<b>61.59%</b>
<b><i>Ages 45 to 64 Years</i></b>		
DHMP	8,200	62.17%
RMHP Prime	7,874	77.83%
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>		<b>69.84%</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>		<b>70.88%</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>		<b>72.83%</b>
<b><i>Ages 65 Years and Older</i></b>		
DHMP	2,007	68.56%
RMHP Prime	1,479	91.55%^
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>		<b>78.31%</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>		<b>83.48%</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>		<b>76.50%</b>
<b><i>Total</i></b>		
DHMP	29,490	53.89%
RMHP Prime	22,981	71.84%
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>		<b>61.75%</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>		<b>62.88%</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>		<b>66.03%</b>
<b><i>Chlamydia Screening in Women</i></b>		
<b><i>Ages 16 to 20 Years<sup>1</sup></i></b>		
DHMP	1,171	66.78%^
RMHP Prime	133	46.62%
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>		<b>64.72% ^</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>		<b>63.09%</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>		<b>47.14%</b>

Medicaid MCO	Eligible Population	Rate
<b><i>Ages 21 to 24 Years</i></b>		
DHMP	880	73.30%^
RMHP Prime	784	46.43%
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>		<b>60.64%</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>		<b>58.66%</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>		<b>54.40%</b>
<b><i>Total<sup>1</sup></i></b>		
DHMP	2,051	69.58%^
RMHP Prime	917	46.46%
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>		<b>62.43%^</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>		<b>60.64%</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>		<b>50.69%</b>
<b><i>Breast Cancer Screening<sup>2</sup></i></b>		
DHMP	1,891	46.48%
RMHP Prime	2,453	50.10%
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>		<b>48.53%</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>		<b>50.53%</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>		—
<b><i>Cervical Cancer Screening</i></b>		
DHMP	12,360	43.07%
RMHP Prime	11,269	41.93%
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>		<b>42.52%</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>		<b>43.12%</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>		<b>42.85%</b>
<b><i>Non-Recommended Cervical Cancer Screening in Adolescent Females<sup>*,1</sup></i></b>		
DHMP	2,400	0.00%^
RMHP Prime	210	2.86%
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>		<b>0.23%^</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>		<b>0.34%</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>		<b>1.34%</b>

Medicaid MCO	Eligible Population	Rate
<b>Adult BMI Assessment<sup>2</sup></b>		
DHMP	11,731	81.44%
RMHP Prime	13,921	27.74%
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>		<b>52.30%</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>		<b>47.08%</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>		<b>18.39%</b>

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

<sup>1</sup>Due to differences in member eligibility for children in RMHP Prime, rates may not be comparable to DHMP's.

<sup>2</sup>Due to changes in the technical specifications for this measure, NCQA recommends trending between 2019 and prior years be considered with caution.

— Indicates the MCO's eligible population was too small to report (<30). This symbol may also mean that NCQA recommended a break in trending; therefore, no prior year rates are displayed.

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

Yellow shading with one caret (^) indicates the rate was at or above the 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—  
MCO-Specific Rates and Colorado Medicaid Weighted Averages**

Medicaid MCO	Eligible Population	Rate
<b><i>Antidepressant Medication Management</i></b>		
<b><i>Effective Acute Phase Treatment</i></b>		
DHMP	845	54.20%^
RMHP Prime	774	52.20%^
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>		<b>53.24% ^</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>		<b>53.45%</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>		<b>55.31%</b>
<b><i>Effective Continuation Phase Treatment</i></b>		
DHMP	845	33.96%
RMHP Prime	774	33.85%
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>		<b>33.91%</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>		<b>34.05%</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>		<b>32.28%</b>
<b><i>Follow-Up Care for Children Prescribed ADHD Medication</i></b>		
<b><i>Initiation Phase</i></b>		
DHMP	131	39.69%
RMHP Prime	—	NA
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>		<b>40.56%</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>		<b>37.59%</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>		<b>34.13%</b>
<b><i>Continuation and Maintenance Phase</i></b>		
DHMP	—	NA
RMHP Prime	—	NA
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>		<b>41.94%</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>		<b>NA</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>		<b>35.55%</b>
<b><i>Metabolic Monitoring for Children and Adolescents on Antipsychotics</i></b>		
<b><i>Ages 1 to 5 Years</i></b>		
DHMP	—	NA
RMHP Prime	—	NA
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>		<b>NA</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>		<b>NA</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>		<b>—</b>

Medicaid MCO	Eligible Population	Rate
<b>Ages 6 to 11 Years</b>		
DHMP	—	NA
RMHP Prime	—	NA
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>		<b>NA</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>		<b>NA</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>		<b>—</b>
<b>Ages 12 to 17 Years</b>		
DHMP	32	40.63%^
RMHP Prime	—	NA
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>		<b>27.78%</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>		<b>NA</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>		<b>—</b>
<b>Total<sup>1</sup></b>		
DHMP	41	46.34%^
RMHP Prime	30	20.00%
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>		<b>35.21%^</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>		<b>21.95%</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>		<b>—</b>
<b>Use of Multiple Concurrent Antipsychotics in Children and Adolescents<sup>2</sup></b>		
<b>Ages 1 to 5 Years</b>		
DHMP	—	NA
RMHP Prime	—	NA
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>		<b>NA</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>		<b>NA</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>		<b>NA</b>
<b>Ages 6 to 11 Years</b>		
DHMP	—	NA
RMHP Prime	—	NA
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>		<b>NA</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>		<b>NA</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>		<b>3.52%</b>
<b>Ages 12 to 17 Years</b>		
DHMP	—	NA
RMHP Prime	—	NA
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>		<b>5.13%</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>		<b>0.00%</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>		<b>6.81%</b>

Medicaid MCO	Eligible Population	Rate
<b>Total</b>		
DHMP	—	NA
RMHP Prime	—	NA
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>		<b>5.77%</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>		<b>1.49%</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>		<b>5.76%</b>

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

<sup>1</sup> Due to differences in member eligibility for children in RMHP Prime, rates may not be comparable to DHMP's.

<sup>2</sup> Due to changes in the technical specifications for this measure, NCQA recommends trending between 2019 and prior years be considered with caution.

— Indicates the MCO's eligible population was too small to report (<30). Additionally, this symbol may indicate the MCOs were not required to report this measure for HEDIS 2017.

NA (Small Denominator) indicates that the MCO 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 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—  
MCO-Specific Rates and Colorado Medicaid Weighted Averages**

Medicaid MCO	Eligible Population	Rate
<b><i>Persistence of Beta-Blocker Treatment After a Heart Attack<sup>1</sup></i></b>		
DHMP	32	46.88%
RMHP Prime	—	NA
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>		<b>50.98%</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>		<b>66.18%</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>		<b>69.04%</b>
<b><i>Comprehensive Diabetes Care<sup>1</sup></i></b>		
<b><i>Hemoglobin A1c (HbA1c) Testing</i></b>		
DHMP	2,001	82.06%
RMHP Prime	1,739	84.59%
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>		<b>83.24%</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>		<b>83.03%</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>		<b>79.13%</b>
<b><i>HbA1c Poor Control (&gt;9.0%)*</i></b>		
DHMP	2,001	40.38%
RMHP Prime	1,739	76.08%
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>		<b>56.98%</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>		<b>56.53%</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>		<b>93.82%</b>
<b><i>HbA1c Control (&lt;8.0%)</i></b>		
DHMP	2,001	47.88%
RMHP Prime	1,739	19.55%
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>		<b>34.71%</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>		<b>35.51%</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>		<b>4.88%</b>
<b><i>Eye Exam (Retinal) Performed</i></b>		
DHMP	2,001	45.83%
RMHP Prime	1,739	50.14%
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>		<b>47.83%</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>		<b>27.40%</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>		<b>30.83%</b>
<b><i>Medical Attention for Nephropathy</i></b>		
DHMP	2,001	81.51%
RMHP Prime	1,739	83.21%
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>		<b>82.30%</b>

Medicaid MCO	Eligible Population	Rate
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>		<b>82.72%</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>		<b>78.30%</b>
<b><i>Blood Pressure Control (&lt;140/90 mm Hg)</i></b>		
DHMP	2,001	61.67%
RMHP Prime	1,739	8.91%
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>		<b>37.14%</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>		<b>32.61%</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>		<b>5.05%</b>
<b><i>Statin Therapy for Patients With Diabetes<sup>1</sup></i></b>		
<b><i>Received Statin Therapy</i></b>		
DHMP	1,091	57.75%
RMHP Prime	895	46.70%
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>		<b>52.77%</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>		<b>49.60%</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>		<b>56.05%</b>
<b><i>Statin Adherence 80%</i></b>		
DHMP	630	60.63%^
RMHP Prime	418	60.05%^
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>		<b>60.40% ^</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>		<b>58.63%</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>		<b>51.69%</b>
<b><i>Statin Therapy for Patients With Cardiovascular Disease<sup>1</sup></i></b>		
<b><i>Received Statin Therapy—Male—Ages 21 to 75 Years</i></b>		
DHMP	91	71.43%
RMHP Prime	111	65.77%
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>		<b>68.32%</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>		<b>73.68%</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>		<b>79.98%</b>
<b><i>Received Statin Therapy—Female—Ages 40 to 75 Years</i></b>		
DHMP	54	74.07%
RMHP Prime	74	63.51%
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>		<b>67.97%</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>		<b>72.44%</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>		<b>75.06%</b>
<b><i>Received Statin Therapy—Total</i></b>		
DHMP	145	72.41%
RMHP Prime	185	64.86%
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>		<b>68.18%</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>		<b>73.19%</b>



Medicaid MCO	Eligible Population	Rate
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>		<b>78.26%</b>
<i>Statin Adherence 80%—Male—Ages 21 to 75 Years</i>		
DHMP	65	70.77%^
RMHP Prime	73	60.27%
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>		<b>65.22% ^</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>		<b>65.00%</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>		<b>57.35%</b>
<i>Statin Adherence 80%—Female—Ages 40 to 75 Years</i>		
DHMP	40	67.50%^
RMHP Prime	47	61.70%
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>		<b>64.37% ^</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>		<b>63.04%</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>		<b>56.29%</b>
<i>Statin Adherence 80%—Total</i>		
DHMP	105	69.52%^
RMHP Prime	120	60.83%
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>		<b>64.89% ^</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>		<b>64.22%</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>		<b>56.99%</b>
<i>Annual Monitoring for Patients on Persistent Medications</i>		
<i>ACE Inhibitors or ARBs</i>		
DHMP	1,654	86.46%
RMHP Prime	1,359	83.59%
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>		<b>85.16%</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>		<b>84.90%</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>		<b>85.08%</b>
<i>Diuretics</i>		
DHMP	1,154	86.05%
RMHP Prime	871	85.88%
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>		<b>85.98%</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>		<b>84.75%</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>		<b>84.45%</b>
<i>Total</i>		
DHMP	2,808	86.29%
RMHP Prime	2,230	84.48%
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>		<b>85.49%</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>		<b>84.84%</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>		<b>—</b>

Medicaid MCO	Eligible Population	Rate
<b><i>Use of Imaging Studies for Low Back Pain</i></b>		
DHMP	692	72.83%^
RMHP Prime	639	71.67%
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>		<b>72.28%^</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>		<b>71.09%</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>		<b>68.16%</b>
<b><i>Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis</i></b>		
DHMP	116	56.90%^
RMHP Prime	360	47.50%^
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>		<b>49.79%^</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>		<b>45.60%</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>		<b>37.16%</b>
<b><i>Pharmacotherapy Management of COPD Exacerbation</i></b>		
<b><i>Systemic Corticosteroid</i></b>		
DHMP	439	50.34%
RMHP Prime	216	40.28%
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>		<b>47.02%</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>		<b>50.53%</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>		<b>69.02%</b>
<b><i>Bronchodilator</i></b>		
DHMP	439	72.21%
RMHP Prime	216	56.48%
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>		<b>67.02%</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>		<b>61.10%</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>		<b>80.90%</b>
<b><i>Medication Management for People With Asthma</i></b>		
<b><i>Medication Compliance 50%—Ages 5 to 11 Years<sup>2</sup></i></b>		
DHMP	136	50.74%
RMHP Prime	—	NA
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>		<b>50.35%</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>		<b>41.72%</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>		<b>56.24%</b>
<b><i>Medication Compliance 50%—Ages 12 to 18 Years<sup>2</sup></i></b>		
DHMP	103	42.72%
RMHP Prime	—	NA
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>		<b>44.34%</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>		<b>49.57%</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>		<b>51.40%</b>

Medicaid MCO	Eligible Population	Rate
<b>Medication Compliance 50%—Ages 19 to 50 Years</b>		
DHMP	145	73.10%^
RMHP Prime	164	62.80%
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>		<b>67.64% ^</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>		<b>62.15%</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>		<b>61.10%</b>
<b>Medication Compliance 50%—Ages 51 to 64 Years</b>		
DHMP	48	72.92%
RMHP Prime	56	71.43%
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>		<b>72.12%</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>		<b>73.33%</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>		<b>71.82%</b>
<b>Medication Compliance 50%—Total<sup>2</sup></b>		
DHMP	432	58.80%
RMHP Prime	228	64.91%^
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>		<b>60.91% ^</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>		<b>57.27%</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>		<b>58.29%</b>
<b>Medication Compliance 75%—Ages 5 to 11 Years<sup>2</sup></b>		
DHMP	136	27.21%
RMHP Prime	—	NA
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>		<b>26.95%</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>		<b>21.85%</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>		<b>29.03%</b>
<b>Medication Compliance 75%—Ages 12 to 18 Years<sup>2</sup></b>		
DHMP	103	19.42%
RMHP Prime	—	NA
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>		<b>19.81%</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>		<b>20.87%</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>		<b>25.74%</b>
<b>Medication Compliance 75%—Ages 19 to 50 Years</b>		
DHMP	145	43.45%^
RMHP Prime	164	37.20%
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>		<b>40.13%</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>		<b>34.70%</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>		<b>35.57%</b>

Medicaid MCO	Eligible Population	Rate
<b>Medication Compliance 75%—Ages 51 to 64 Years</b>		
DHMP	48	47.92%
RMHP Prime	56	44.64%
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>		<b>46.15%</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>		<b>47.62%</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>		<b>47.40%</b>
<b>Medication Compliance 75%—Total<sup>2</sup></b>		
DHMP	432	33.10%
RMHP Prime	228	38.60%^
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>		<b>35.00%</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>		<b>31.54%</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>		<b>32.29%</b>
<b>Asthma Medication Ratio</b>		
<b>Ages 5 to 11 Years<sup>2</sup></b>		
DHMP	141	58.87%
RMHP Prime	—	NA
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>		<b>60.27%</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>		<b>78.05%</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>		<b>73.15%</b>
<b>Ages 12 to 18 Years<sup>2</sup></b>		
DHMP	119	42.86%
RMHP Prime	—	NA
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>		<b>44.26%</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>		<b>65.63%</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>		<b>60.73%</b>
<b>Ages 19 to 50 Years</b>		
DHMP	196	42.86%
RMHP Prime	204	49.02%
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>		<b>46.00%</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>		<b>54.23%</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>		<b>51.38%</b>
<b>Ages 51 to 64 Years</b>		
DHMP	74	39.19%
RMHP Prime	69	62.32%^
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>		<b>50.35%</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>		<b>48.18%</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>		<b>61.75%</b>

Medicaid MCO	Eligible Population	Rate
<b>Total<sup>2</sup></b>		
DHMP	530	46.60%
RMHP Prime	281	53.74%
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>		<b>49.08%</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>		<b>59.69%</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>		<b>61.23%</b>
<b>Use of Spirometry Testing in the Assessment and Diagnosis of COPD</b>		
DHMP	154	28.57%
RMHP Prime	226	30.09%
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>		<b>29.47%</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>		<b>31.48%</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>		<b>27.07%</b>
<b>Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis<sup>1</sup></b>		
DHMP	80	88.75%^
RMHP Prime	100	71.00%
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>		<b>78.89%^</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>		<b>74.24%</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>		<b>78.04%</b>

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

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

<sup>2</sup> Due to differences in member eligibility for children in RMHP Prime, rates may not be comparable to DHMP's.

— Indicates that NCQA recommended a break in trending; therefore, no prior year rates are displayed. Additionally, this symbol may mean the MCO's eligible population was too small to report (<30).

NA (Small Denominator) indicates that the MCO 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 50th percentile.

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

## Use of Services Measure Results

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

Medicaid MCO	Rate
<i>Ambulatory Care (Per 1,000 Member Months)</i>	
<i>ED Visits—Age &lt;1 Year*<sup>1</sup></i>	
DHMP	71.63
RMHP Prime	0.00
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>71.61</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>69.67</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>85.99</b>
<i>ED Visits—Ages 1 to 9 Years*<sup>1</sup></i>	
DHMP	33.13
RMHP Prime	38.94
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>33.19</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>32.49</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>42.30</b>
<i>ED Visits—Ages 10 to 19 Years*<sup>1</sup></i>	
DHMP	25.10
RMHP Prime	57.46
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>26.85</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>26.46</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>37.49</b>
<i>ED Visits—Ages 20 to 44 Years*</i>	
DHMP	53.23
RMHP Prime	62.68
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>57.01</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>57.46</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>70.45</b>
<i>ED Visits—Ages 45 to 64 Years*</i>	
DHMP	56.93
RMHP Prime	59.16
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>57.97</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>57.02</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>59.97</b>
<i>ED Visits—Ages 65 to 74 Years*</i>	
DHMP	48.04
RMHP Prime	68.35
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>55.51</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>53.40</b>

Medicaid MCO	Rate
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>56.88</b>
<i>ED Visits—Ages 75 to 84 Years*</i>	
DHMP	37.60
RMHP Prime	68.32
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>48.66</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>44.79</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>50.30</b>
<i>ED Visits—Ages 85+ Years*</i>	
DHMP	32.03
RMHP Prime	59.05
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>42.93</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>40.85</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>41.70</b>
<i>ED Visits—Total**<sup>1</sup></i>	
DHMP	43.95
RMHP Prime	61.52
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>49.10</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>48.02</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>55.58</b>
<i>Outpatient Visits—Age &lt;1 Year<sup>1</sup></i>	
DHMP	562.40
RMHP Prime	375.00
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>562.35</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>492.51</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>699.46</b>
<i>Outpatient Visits—Ages 1 to 9 Years<sup>1</sup></i>	
DHMP	176.32
RMHP Prime	522.12
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>179.92</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>167.22</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>221.29</b>
<i>Outpatient Visits—Ages 10 to 19 Years<sup>1</sup></i>	
DHMP	164.85
RMHP Prime	251.45
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>169.55</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>156.83</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>191.90</b>

Medicaid MCO	Rate
<b><i>Outpatient Visits—Ages 20 to 44 Years</i></b>	
DHMP	162.59
RMHP Prime	236.30
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>192.12</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>184.83</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>219.61</b>
<b><i>Outpatient Visits—Ages 45 to 64 Years</i></b>	
DHMP	306.52
RMHP Prime	445.77
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>371.45</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>345.59</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>386.66</b>
<b><i>Outpatient Visits—Ages 65 to 74 Years</i></b>	
DHMP	335.52
RMHP Prime	662.93
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>455.97</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>453.12</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>505.66</b>
<b><i>Outpatient Visits—Ages 75 to 84 Years</i></b>	
DHMP	337.51
RMHP Prime	771.72
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>493.93</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>453.14</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>530.18</b>
<b><i>Outpatient Visits—Ages 85+ Years</i></b>	
DHMP	203.22
RMHP Prime	683.24
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>396.80</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>354.62</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>480.55</b>
<b><i>Outpatient Visits—Total<sup>1</sup></i></b>	
DHMP	203.78
RMHP Prime	326.38
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>239.73</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>222.58</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>263.93</b>



Medicaid MCO	Rate
<b><i>Inpatient Utilization—General Hospital/Acute Care<sup>2</sup></i></b>	
<b><i>Discharges per 1,000 Member Months (Total Inpatient)—Age &lt;1 Year<sup>1</sup></i></b>	
DHMP	6.54
RMHP Prime	0.00
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>6.53</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>6.61</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>9.37</b>
<b><i>Discharges per 1,000 Member Months (Total Inpatient)—Ages 1 to 9 Years<sup>1</sup></i></b>	
DHMP	1.38
RMHP Prime	13.72
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>1.51</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>1.38</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>1.60</b>
<b><i>Discharges per 1,000 Member Months (Total Inpatient)—Ages 10 to 19 Years<sup>1</sup></i></b>	
DHMP	1.38
RMHP Prime	8.48
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>1.77</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>1.68</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>2.17</b>
<b><i>Discharges per 1,000 Member Months (Total Inpatient)—Ages 20 to 44 Years</i></b>	
DHMP	6.04
RMHP Prime	7.63
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>6.68</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>6.53</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>9.34</b>
<b><i>Discharges per 1,000 Member Months (Total Inpatient)—Ages 45 to 64 Years</i></b>	
DHMP	11.03
RMHP Prime	10.72
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>10.89</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>10.13</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>12.66</b>
<b><i>Discharges per 1,000 Member Months (Total Inpatient)—Ages 65 to 74 Years</i></b>	
DHMP	11.39
RMHP Prime	21.70
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>15.18</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>15.21</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>18.14</b>

Medicaid MCO	Rate
<b><i>Discharges per 1,000 Member Months (Total Inpatient)—Ages 75 to 84 Years</i></b>	
DHMP	12.53
RMHP Prime	25.97
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>17.37</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>15.70</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>19.19</b>
<b><i>Discharges per 1,000 Member Months (Total Inpatient)—Ages 85+ Years</i></b>	
DHMP	10.33
RMHP Prime	22.02
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>15.04</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>16.98</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>18.15</b>
<b><i>Discharges per 1,000 Member Months (Total Inpatient)—Total<sup>1</sup></i></b>	
DHMP	5.06
RMHP Prime	9.42
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>6.34</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>5.88</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>7.05</b>
<b><i>Days per 1,000 Member Months (Total Inpatient)—Age &lt;1 Year<sup>1</sup></i></b>	
DHMP	28.94
RMHP Prime	0.00
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>28.93</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>43.69</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>66.04</b>
<b><i>Days per 1,000 Member Months (Total Inpatient)—Ages 1 to 9 Years<sup>1</sup></i></b>	
DHMP	4.48
RMHP Prime	54.87
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>5.00</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>4.35</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>5.95</b>
<b><i>Days per 1,000 Member Months (Total Inpatient)—Ages 10 to 19 Years<sup>1</sup></i></b>	
DHMP	4.69
RMHP Prime	35.62
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>6.37</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>6.02</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>7.87</b>
<b><i>Days per 1,000 Member Months (Total Inpatient)—Ages 20 to 44 Years</i></b>	
DHMP	22.72
RMHP Prime	22.46

Medicaid MCO	Rate
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>22.62</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>21.37</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>32.70</b>
<i>Days per 1,000 Member Months (Total Inpatient)—Ages 45 to 64 Years</i>	
DHMP	65.62
RMHP Prime	47.47
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>57.16</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>54.66</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>65.04</b>
<i>Days per 1,000 Member Months (Total Inpatient)—Ages 65 to 74 Years</i>	
DHMP	71.04
RMHP Prime	92.78
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>79.03</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>80.11</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>110.73</b>
<i>Days per 1,000 Member Months (Total Inpatient)—Ages 75 to 84 Years</i>	
DHMP	62.49
RMHP Prime	118.24
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>82.57</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>82.16</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>117.23</b>
<i>Days per 1,000 Member Months (Total Inpatient)—Ages 85+ Years</i>	
DHMP	53.04
RMHP Prime	92.46
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>68.94</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>82.98</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>106.89</b>
<i>Days per 1,000 Member Months (Total Inpatient)—Total<sup>1</sup></i>	
DHMP	23.23
RMHP Prime	34.67
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>26.58</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>24.87</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>30.71</b>
<i>Average Length of Stay (Total Inpatient)—Age &lt;1 Year</i>	
DHMP	4.43
RMHP Prime	NA
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>4.43</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>6.61</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>7.05</b>

Medicaid MCO	Rate
<i>Average Length of Stay (Total Inpatient)—Ages 1 to 9 Years<sup>1</sup></i>	
DHMP	3.24
RMHP Prime	4.00
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>3.31</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>3.15</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>3.72</b>
<i>Average Length of Stay (Total Inpatient)—Ages 10 to 19 Years<sup>1</sup></i>	
DHMP	3.39
RMHP Prime	4.20
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>3.60</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>3.59</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>3.62</b>
<i>Average Length of Stay (Total Inpatient)—Ages 20 to 44 Years</i>	
DHMP	3.76
RMHP Prime	2.94
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>3.39</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>3.27</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>3.50</b>
<i>Average Length of Stay (Total Inpatient)—Ages 45 to 64 Years</i>	
DHMP	5.95
RMHP Prime	4.43
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>5.25</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>5.39</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>5.14</b>
<i>Average Length of Stay (Total Inpatient)—Ages 65 to 74 Years</i>	
DHMP	6.23
RMHP Prime	4.28
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>5.21</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>5.27</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>6.11</b>
<i>Average Length of Stay (Total Inpatient)—Ages 75 to 84 Years</i>	
DHMP	4.99
RMHP Prime	4.55
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>4.75</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>5.23</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>6.11</b>
<i>Average Length of Stay (Total Inpatient)—Ages 85+ Years</i>	
DHMP	5.14
RMHP Prime	4.20

Medicaid MCO	Rate
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>4.58</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>4.89</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>5.89</b>
<i>Average Length of Stay (Total Inpatient)—Total<sup>1</sup></i>	
DHMP	4.59
RMHP Prime	3.68
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>4.19</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>4.23</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>4.36</b>
<i>Discharges per 1,000 Member Months (Medicine)—Age &lt;1 Year<sup>1</sup></i>	
DHMP	6.09
RMHP Prime	0.00
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>6.09</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>5.80</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>7.87</b>
<i>Discharges per 1,000 Member Months (Medicine)—Ages 1 to 9 Years<sup>1</sup></i>	
DHMP	1.22
RMHP Prime	7.08
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>1.28</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>1.20</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>1.28</b>
<i>Discharges per 1,000 Member Months (Medicine)—Ages 10 to 19 Years<sup>1</sup></i>	
DHMP	0.49
RMHP Prime	2.45
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>0.59</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>0.54</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>0.85</b>
<i>Discharges per 1,000 Member Months (Medicine)—Ages 20 to 44 Years</i>	
DHMP	2.22
RMHP Prime	2.23
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>2.22</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>2.10</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>2.92</b>
<i>Discharges per 1,000 Member Months (Medicine)—Ages 45 to 64 Years</i>	
DHMP	8.25
RMHP Prime	6.68
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>7.52</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>6.98</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>7.98</b>

Medicaid MCO	Rate
<b><i>Discharges per 1,000 Member Months (Medicine)—Ages 65 to 74 Years</i></b>	
DHMP	8.93
RMHP Prime	15.26
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>11.26</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>11.45</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>12.51</b>
<b><i>Discharges per 1,000 Member Months (Medicine)—Ages 75 to 84 Years</i></b>	
DHMP	10.44
RMHP Prime	20.25
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>13.98</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>11.87</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>14.03</b>
<b><i>Discharges per 1,000 Member Months (Medicine)—Ages 85+ Years</i></b>	
DHMP	8.40
RMHP Prime	18.13
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>12.33</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>13.87</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>14.45</b>
<b><i>Discharges per 1,000 Member Months (Medicine)—Total<sup>1</sup></i></b>	
DHMP	2.90
RMHP Prime	4.39
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>3.34</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>3.04</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>3.46</b>
<b><i>Days per 1,000 Member Months (Medicine)—Age &lt;1 Year<sup>1</sup></i></b>	
DHMP	24.41
RMHP Prime	0.00
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>24.40</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>22.50</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>34.38</b>
<b><i>Days per 1,000 Member Months (Medicine)—Ages 1 to 9 Years<sup>1</sup></i></b>	
DHMP	3.20
RMHP Prime	27.43
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>3.45</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>3.27</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>3.55</b>
<b><i>Days per 1,000 Member Months (Medicine)—Ages 10 to 19 Years<sup>1</sup></i></b>	
DHMP	1.46
RMHP Prime	9.37

Medicaid MCO	Rate
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>1.89</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>1.40</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>2.72</b>
<i>Days per 1,000 Member Months (Medicine)—Ages 20 to 44 Years</i>	
DHMP	8.29
RMHP Prime	7.04
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>7.79</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>7.15</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>9.87</b>
<i>Days per 1,000 Member Months (Medicine)—Ages 45 to 64 Years</i>	
DHMP	39.88
RMHP Prime	26.38
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>33.59</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>31.86</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>31.79</b>
<i>Days per 1,000 Member Months (Medicine)—Ages 65 to 74 Years</i>	
DHMP	41.73
RMHP Prime	62.26
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>49.28</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>50.95</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>68.53</b>
<i>Days per 1,000 Member Months (Medicine)—Ages 75 to 84 Years</i>	
DHMP	44.47
RMHP Prime	84.39
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>58.85</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>57.39</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>81.57</b>
<i>Days per 1,000 Member Months (Medicine)—Ages 85+ Years</i>	
DHMP	36.41
RMHP Prime	73.30
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>51.28</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>63.21</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>80.77</b>
<i>Days per 1,000 Member Months (Medicine)—Total<sup>1</sup></i>	
DHMP	12.11
RMHP Prime	16.41
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>13.37</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>12.22</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>13.52</b>

Medicaid MCO	Rate
<i>Average Length of Stay (Medicine)—Age &lt;1 Year</i>	
DHMP	4.01
RMHP Prime	NA
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>4.01</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>3.88</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>4.37</b>
<i>Average Length of Stay (Medicine)—Ages 1 to 9 Years<sup>1</sup></i>	
DHMP	2.63
RMHP Prime	3.88
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>2.70</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>2.74</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>2.78</b>
<i>Average Length of Stay (Medicine)—Ages 10 to 19 Years<sup>1</sup></i>	
DHMP	3.00
RMHP Prime	3.83
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>3.19</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>2.59</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>3.20</b>
<i>Average Length of Stay (Medicine)—Ages 20 to 44 Years</i>	
DHMP	3.74
RMHP Prime	3.16
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>3.51</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>3.41</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>3.38</b>
<i>Average Length of Stay (Medicine)—Ages 45 to 64 Years</i>	
DHMP	4.83
RMHP Prime	3.95
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>4.47</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>4.56</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>3.98</b>
<i>Average Length of Stay (Medicine)—Ages 65 to 74 Years</i>	
DHMP	4.67
RMHP Prime	4.08
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>4.38</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>4.45</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>5.48</b>
<i>Average Length of Stay (Medicine)—Ages 75 to 84 Years</i>	
DHMP	4.26
RMHP Prime	4.17



Medicaid MCO	Rate
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>4.21</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>4.84</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>5.82</b>
<i>Average Length of Stay (Medicine)—Ages 85+ Years</i>	
DHMP	4.33
RMHP Prime	4.04
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>4.16</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>4.56</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>5.59</b>
<i>Average Length of Stay (Medicine)—Total<sup>1</sup></i>	
DHMP	4.17
RMHP Prime	3.74
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>4.01</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>4.02</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>3.90</b>
<i>Discharges per 1,000 Member Months (Surgery)—Age &lt;1 Year<sup>1</sup></i>	
DHMP	0.44
RMHP Prime	0.00
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>0.44</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>0.81</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>1.50</b>
<i>Discharges per 1,000 Member Months (Surgery)—Ages 1 to 9 Years<sup>1</sup></i>	
DHMP	0.16
RMHP Prime	6.64
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>0.23</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>0.19</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>0.32</b>
<i>Discharges per 1,000 Member Months (Surgery)—Ages 10 to 19 Years<sup>1</sup></i>	
DHMP	0.20
RMHP Prime	1.14
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>0.25</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>0.29</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>0.42</b>
<i>Discharges per 1,000 Member Months (Surgery)—Ages 20 to 44 Years</i>	
DHMP	0.88
RMHP Prime	1.03
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>0.94</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>0.86</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>1.56</b>

Medicaid MCO	Rate
<b><i>Discharges per 1,000 Member Months (Surgery)—Ages 45 to 64 Years</i></b>	
DHMP	2.75
RMHP Prime	4.03
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>3.35</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>3.12</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>4.66</b>
<b><i>Discharges per 1,000 Member Months (Surgery)—Ages 65 to 74 Years</i></b>	
DHMP	2.46
RMHP Prime	6.44
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>3.93</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>3.76</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>5.63</b>
<b><i>Discharges per 1,000 Member Months (Surgery)—Ages 75 to 84 Years</i></b>	
DHMP	2.09
RMHP Prime	5.72
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>3.40</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>3.83</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>5.16</b>
<b><i>Discharges per 1,000 Member Months (Surgery)—Ages 85+ Years</i></b>	
DHMP	1.93
RMHP Prime	3.89
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>2.72</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>3.12</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>3.70</b>
<b><i>Discharges per 1,000 Member Months (Surgery)—Total<sup>1</sup></i></b>	
DHMP	0.90
RMHP Prime	2.23
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>1.29</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>1.18</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>1.69</b>
<b><i>Days per 1,000 Member Months (Surgery)—Age &lt;1 Year<sup>1</sup></i></b>	
DHMP	4.53
RMHP Prime	0.00
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>4.53</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>21.19</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>31.67</b>
<b><i>Days per 1,000 Member Months (Surgery)—Ages 1 to 9 Years<sup>1</sup></i></b>	
DHMP	1.28
RMHP Prime	27.43

Medicaid MCO	Rate
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>1.55</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>1.08</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>2.41</b>
<i>Days per 1,000 Member Months (Surgery)—Ages 10 to 19 Years<sup>1</sup></i>	
DHMP	1.22
RMHP Prime	14.67
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>1.95</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>2.47</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>2.75</b>
<i>Days per 1,000 Member Months (Surgery)—Ages 20 to 44 Years</i>	
DHMP	6.35
RMHP Prime	5.26
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>5.91</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>5.50</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>10.71</b>
<i>Days per 1,000 Member Months (Surgery)—Ages 45 to 64 Years</i>	
DHMP	25.66
RMHP Prime	21.00
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>23.49</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>22.68</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>33.20</b>
<i>Days per 1,000 Member Months (Surgery)—Ages 65 to 74 Years</i>	
DHMP	29.31
RMHP Prime	30.51
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>29.75</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>29.16</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>42.19</b>
<i>Days per 1,000 Member Months (Surgery)—Ages 75 to 84 Years</i>	
DHMP	18.02
RMHP Prime	33.85
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>23.72</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>24.77</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>35.66</b>
<i>Days per 1,000 Member Months (Surgery)—Ages 85+ Years</i>	
DHMP	16.63
RMHP Prime	19.17
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>17.65</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>19.78</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>26.13</b>

Medicaid MCO	Rate
<b><i>Days per 1,000 Member Months (Surgery)—Total<sup>1</sup></i></b>	
DHMP	7.65
RMHP Prime	11.73
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>8.85</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>8.55</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>12.43</b>
<b><i>Average Length of Stay (Surgery)—Age &lt;1 Year</i></b>	
DHMP	10.23
RMHP Prime	NA
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>10.23</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>26.17</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>21.15</b>
<b><i>Average Length of Stay (Surgery)—Ages 1 to 9 Years<sup>1</sup></i></b>	
DHMP	7.83
RMHP Prime	4.13
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>6.72</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>5.82</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>7.41</b>
<b><i>Average Length of Stay (Surgery)—Ages 10 to 19 Years<sup>1</sup></i></b>	
DHMP	6.19
RMHP Prime	12.86
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>7.86</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>8.57</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>6.52</b>
<b><i>Average Length of Stay (Surgery)—Ages 20 to 44 Years</i></b>	
DHMP	7.23
RMHP Prime	5.08
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>6.28</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>6.42</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>6.87</b>
<b><i>Average Length of Stay (Surgery)—Ages 45 to 64 Years</i></b>	
DHMP	9.34
RMHP Prime	5.21
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>7.02</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>7.27</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>7.12</b>
<b><i>Average Length of Stay (Surgery)—Ages 65 to 74 Years</i></b>	
DHMP	11.90
RMHP Prime	4.74

Medicaid MCO	Rate
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>7.58</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>7.76</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>7.50</b>
<i>Average Length of Stay (Surgery)—Ages 75 to 84 Years</i>	
DHMP	8.63
RMHP Prime	5.92
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>6.98</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>6.46</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>6.90</b>
<i>Average Length of Stay (Surgery)—Ages 85+ Years</i>	
DHMP	8.64
RMHP Prime	4.93
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>6.50</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>6.34</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>7.06</b>
<i>Average Length of Stay (Surgery)—Total<sup>1</sup></i>	
DHMP	8.49
RMHP Prime	5.26
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>6.85</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>7.27</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>7.35</b>
<i>Discharges per 1,000 Member Months (Maternity)—Ages 10 to 19 Years<sup>1</sup></i>	
DHMP	0.70
RMHP Prime	4.89
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>0.93</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>0.85</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>0.90</b>
<i>Discharges per 1,000 Member Months (Maternity)—Ages 20 to 44 Years</i>	
DHMP	2.94
RMHP Prime	4.37
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>3.51</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>3.58</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>4.86</b>
<i>Discharges per 1,000 Member Months (Maternity)—Ages 45 to 64 Years</i>	
DHMP	0.03
RMHP Prime	0.02
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>0.02</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>0.03</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>0.02</b>

Medicaid MCO	Rate
<b><i>Discharges per 1,000 Member Months (Maternity)—Total<sup>1</sup></i></b>	
DHMP	1.72
RMHP Prime	2.96
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>2.15</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>2.14</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>2.63</b>
<b><i>Days per 1,000 Member Months (Maternity)—Ages 10 to 19 Years<sup>1</sup></i></b>	
DHMP	2.02
RMHP Prime	11.57
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>2.53</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>2.15</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>2.40</b>
<b><i>Days per 1,000 Member Months (Maternity)—Ages 20 to 44 Years</i></b>	
DHMP	8.07
RMHP Prime	10.17
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>8.91</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>8.72</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>12.12</b>
<b><i>Days per 1,000 Member Months (Maternity)—Ages 45 to 64 Years</i></b>	
DHMP	0.08
RMHP Prime	0.09
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>0.08</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>0.12</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>0.05</b>
<b><i>Days per 1,000 Member Months (Maternity)—Total<sup>1</sup></i></b>	
DHMP	4.75
RMHP Prime	6.91
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>5.50</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>5.24</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>6.61</b>
<b><i>Average Length of Stay (Maternity)—Ages 10 to 19 Years<sup>1</sup></i></b>	
DHMP	2.87
RMHP Prime	2.37
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>2.73</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>2.53</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>2.66</b>
<b><i>Average Length of Stay (Maternity)—Ages 20 to 44 Years</i></b>	
DHMP	2.74
RMHP Prime	2.33

Medicaid MCO	Rate
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>2.54</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>2.44</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>2.50</b>
<i>Average Length of Stay (Maternity)—Ages 45 to 64 Years</i>	
DHMP	3.00
RMHP Prime	6.00
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>4.00</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>3.67</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>2.80</b>
<i>Average Length of Stay (Maternity)—Total<sup>1</sup></i>	
DHMP	2.76
RMHP Prime	2.33
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>2.56</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>2.45</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>2.51</b>
<i>Antibiotic Utilization*</i>	
<i>Average Scripts PMPY for Antibiotics—Ages 0 to 9 Years<sup>1</sup></i>	
DHMP	0.23
RMHP Prime	0.95
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>0.24</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>0.23</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>0.49</b>
<i>Average Scripts PMPY for Antibiotics—Ages 10 to 17 Years<sup>1</sup></i>	
DHMP	0.15
RMHP Prime	0.76
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>0.16</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>0.15</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>0.37</b>
<i>Average Scripts PMPY for Antibiotics—Ages 18 to 34 Years</i>	
DHMP	0.41
RMHP Prime	0.62
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>0.49</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>0.51</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>0.64</b>
<i>Average Scripts PMPY for Antibiotics—Ages 35 to 49 Years</i>	
DHMP	0.42
RMHP Prime	0.68
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>0.53</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>0.58</b>

Medicaid MCO	Rate
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>0.73</b>
<i>Average Scripts PMPY for Antibiotics—Ages 50 to 64 Years</i>	
DHMP	0.45
RMHP Prime	0.72
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>0.58</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>0.63</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>0.77</b>
<i>Average Scripts PMPY for Antibiotics—Ages 65 to 74 Years</i>	
DHMP	0.05
RMHP Prime	0.11
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>0.07</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>0.10</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>0.48</b>
<i>Average Scripts PMPY for Antibiotics—Ages 75 to 84 Years</i>	
DHMP	0.04
RMHP Prime	0.05
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>0.04</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>0.13</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>0.48</b>
<i>Average Scripts PMPY for Antibiotics—Ages 85+ Years</i>	
DHMP	0.07
RMHP Prime	0.05
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>0.06</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>0.13</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>0.41</b>
<i>Average Scripts PMPY for Antibiotics—Total<sup>1</sup></i>	
DHMP	0.32
RMHP Prime	0.64
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>0.41</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>0.42</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>0.58</b>
<i>Average Days Supplied per Antibiotic Script—Ages 0 to 9 Years<sup>1</sup></i>	
DHMP	9.88
RMHP Prime	11.84
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>9.95</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>9.77</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>9.69</b>



Medicaid MCO	Rate
<i>Average Days Supplied per Antibiotic Script—Ages 10 to 17 Years<sup>1</sup></i>	
DHMP	11.56
RMHP Prime	13.62
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>11.71</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>11.03</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>11.02</b>
<i>Average Days Supplied per Antibiotic Script—Ages 18 to 34 Years</i>	
DHMP	8.69
RMHP Prime	8.75
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>8.72</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>8.79</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>9.06</b>
<i>Average Days Supplied per Antibiotic Script—Ages 35 to 49 Years</i>	
DHMP	9.18
RMHP Prime	9.28
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>9.23</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>9.22</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>9.28</b>
<i>Average Days Supplied per Antibiotic Script—Ages 50 to 64 Years</i>	
DHMP	10.02
RMHP Prime	9.29
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>9.59</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>9.64</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>9.51</b>
<i>Average Days Supplied per Antibiotic Script—Ages 65 to 74 Years</i>	
DHMP	9.50
RMHP Prime	9.59
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>9.55</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>9.20</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>9.77</b>
<i>Average Days Supplied per Antibiotic Script—Ages 75 to 84 Years</i>	
DHMP	6.49
RMHP Prime	9.50
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>7.43</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>11.03</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>8.61</b>
<i>Average Days Supplied per Antibiotic Script—Ages 85+ Years</i>	
DHMP	5.79
RMHP Prime	7.00

Medicaid MCO	Rate
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>6.11</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>12.20</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>7.95</b>
<i>Average Days Supplied per Antibiotic Script—Total<sup>1</sup></i>	
DHMP	9.44
RMHP Prime	9.11
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>9.29</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>9.29</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>9.53</b>
<i>Average Scripts PMPY for Antibiotics of Concern—Ages 0 to 9 Years<sup>1</sup></i>	
DHMP	0.05
RMHP Prime	0.39
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>0.06</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>0.05</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>0.16</b>
<i>Average Scripts PMPY for Antibiotics of Concern—Ages 10 to 17 Years<sup>1</sup></i>	
DHMP	0.04
RMHP Prime	0.31
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>0.04</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>0.03</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>0.12</b>
<i>Average Scripts PMPY for Antibiotics of Concern—Ages 18 to 34 Years</i>	
DHMP	0.11
RMHP Prime	0.22
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>0.15</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>0.16</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>0.23</b>
<i>Average Scripts PMPY for Antibiotics of Concern—Ages 35 to 49 Years</i>	
DHMP	0.13
RMHP Prime	0.28
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>0.19</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>0.21</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>0.30</b>
<i>Average Scripts PMPY for Antibiotics of Concern—Ages 50 to 64 Years</i>	
DHMP	0.17
RMHP Prime	0.32
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>0.24</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>0.27</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>0.35</b>

Medicaid MCO	Rate
<b><i>Average Scripts PMPY for Antibiotics of Concern—Ages 65 to 74 Years</i></b>	
DHMP	0.02
RMHP Prime	0.05
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>0.03</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>0.04</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>0.22</b>
<b><i>Average Scripts PMPY for Antibiotics of Concern—Ages 75 to 84 Years</i></b>	
DHMP	0.02
RMHP Prime	0.01
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>0.01</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>0.06</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>0.24</b>
<b><i>Average Scripts PMPY for Antibiotics of Concern—Ages 85+ Years</i></b>	
DHMP	0.04
RMHP Prime	0.02
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>0.03</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>0.06</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>0.22</b>
<b><i>Average Scripts PMPY for Antibiotics of Concern—Total<sup>1</sup></i></b>	
DHMP	0.09
RMHP Prime	0.25
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>0.14</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>0.14</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>0.22</b>
<b><i>Percentage of Antibiotics of Concern of All Antibiotic Scripts—Ages 0 to 9 Years<sup>1</sup></i></b>	
DHMP	23.33%
RMHP Prime	41.34%
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>23.98%</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>21.79%</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>31.65%</b>
<b><i>Percentage of Antibiotics of Concern of All Antibiotic Scripts—Ages 10 to 17 Years<sup>1</sup></i></b>	
DHMP	24.17%
RMHP Prime	40.98%
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>25.41%</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>21.00%</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>32.91%</b>

Medicaid MCO	Rate
<i>Percentage of Antibiotics of Concern of All Antibiotic Scripts—Ages 18 to 34 Years</i>	
DHMP	27.10%
RMHP Prime	35.57%
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>31.15%</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>31.20%</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>35.68%</b>
<i>Percentage of Antibiotics of Concern of All Antibiotic Scripts—Ages 35 to 49 Years</i>	
DHMP	31.96%
RMHP Prime	40.71%
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>36.65%</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>35.66%</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>41.38%</b>
<i>Percentage of Antibiotics of Concern of All Antibiotic Scripts—Ages 50 to 64 Years</i>	
DHMP	36.66%
RMHP Prime	44.56%
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>41.26%</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>42.53%</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>45.63%</b>
<i>Percentage of Antibiotics of Concern of All Antibiotic Scripts—Ages 65 to 74 Years</i>	
DHMP	39.02%
RMHP Prime	41.77%
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>40.37%</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>41.95%</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>45.28%</b>
<i>Percentage of Antibiotics of Concern of All Antibiotic Scripts—Ages 75 to 84 Years</i>	
DHMP	42.86%
RMHP Prime	18.75%
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>35.29%</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>44.94%</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>50.98%</b>
<i>Percentage of Antibiotics of Concern of All Antibiotic Scripts—Ages 85+ Years</i>	
DHMP	51.52%
RMHP Prime	33.33%
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>46.67%</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>42.39%</b>

Medicaid MCO	Rate
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>53.94%</b>
<i>Percentage of Antibiotics of Concern of All Antibiotic Scripts—Total<sup>1</sup></i>	
DHMP	28.74%
RMHP Prime	39.52%
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>33.58%</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>33.25%</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>37.13%</b>
<i>Frequency of Selected Procedures (Procedures per 1,000 Member Months)</i>	
<i>Bariatric weight loss surgery (0–19 Male)<sup>1</sup></i>	
DHMP	0.00
RMHP Prime	0.00
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>0.00</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>0.00</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>0.00</b>
<i>Bariatric weight loss surgery (0–19 Female)<sup>1</sup></i>	
DHMP	0.00
RMHP Prime	0.00
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>0.00</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>0.00</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>0.00</b>
<i>Bariatric weight loss surgery (20–44 Male)</i>	
DHMP	0.01
RMHP Prime	0.02
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>0.01</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>0.01</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>0.01</b>
<i>Bariatric weight loss surgery (20–44 Female)</i>	
DHMP	0.08
RMHP Prime	0.12
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>0.10</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>0.08</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>0.05</b>
<i>Bariatric weight loss surgery (45–64 Male)</i>	
DHMP	0.01
RMHP Prime	0.03
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>0.02</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>0.01</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>0.02</b>

Medicaid MCO	Rate
<b><i>Bariatric weight loss surgery (45–64 Female)</i></b>	
DHMP	0.12
RMHP Prime	0.13
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>0.12</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>0.11</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>0.07</b>
<b><i>Tonsillectomy (0–9 Male &amp; Female)<sup>1</sup></i></b>	
DHMP	0.26
RMHP Prime	1.32
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>0.27</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>0.31</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>0.55</b>
<b><i>Tonsillectomy (10–19 Male &amp; Female)<sup>1</sup></i></b>	
DHMP	0.15
RMHP Prime	0.57
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>0.18</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>0.16</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>0.32</b>
<b><i>Hysterectomy, Abdominal (15–44 Female)<sup>1</sup></i></b>	
DHMP	0.04
RMHP Prime	0.08
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>0.05</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>0.05</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>0.06</b>
<b><i>Hysterectomy, Abdominal (45–64 Female)</i></b>	
DHMP	0.13
RMHP Prime	0.26
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>0.19</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>0.17</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>0.13</b>
<b><i>Hysterectomy, Vaginal (15–44 Female)<sup>1</sup></i></b>	
DHMP	0.06
RMHP Prime	0.43
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>0.20</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>0.16</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>0.12</b>
<b><i>Hysterectomy, Vaginal (45–64 Female)</i></b>	
DHMP	0.12
RMHP Prime	0.20

Medicaid MCO	Rate
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>0.16</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>0.22</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>0.14</b>
<i>Cholecystectomy, Open (30–64 Male)</i>	
DHMP	0.02
RMHP Prime	0.01
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>0.01</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>0.01</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>0.02</b>
<i>Cholecystectomy, Open (15–44 Female)<sup>1</sup></i>	
DHMP	0.01
RMHP Prime	0.01
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>0.01</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>0.00</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>0.01</b>
<i>Cholecystectomy, Open (45–64 Female)</i>	
DHMP	0.06
RMHP Prime	0.01
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>0.04</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>0.01</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>0.02</b>
<i>Cholecystectomy (Laparoscopic) (30–64 Male)</i>	
DHMP	0.11
RMHP Prime	0.30
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>0.18</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>0.19</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>0.26</b>
<i>Cholecystectomy (Laparoscopic) (15–44 Female)<sup>1</sup></i>	
DHMP	0.36
RMHP Prime	0.67
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>0.48</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>0.58</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>0.61</b>
<i>Cholecystectomy (Laparoscopic) (45–64 Female)</i>	
DHMP	0.39
RMHP Prime	0.60
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>0.50</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>0.56</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>0.57</b>

Medicaid MCO	Rate
<b><i>Back Surgery (20–44 Male)</i></b>	
DHMP	0.04
RMHP Prime	0.14
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>0.07</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>0.07</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>0.20</b>
<b><i>Back Surgery (20–44 Female)</i></b>	
DHMP	0.06
RMHP Prime	0.18
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>0.11</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>0.13</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>0.19</b>
<b><i>Back Surgery (45–64 Male)</i></b>	
DHMP	0.30
RMHP Prime	0.76
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>0.50</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>0.46</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>0.64</b>
<b><i>Back Surgery (45–64 Female)</i></b>	
DHMP	0.25
RMHP Prime	0.71
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>0.48</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>0.44</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>0.66</b>
<b><i>Mastectomy (15–44 Female)<sup>1</sup></i></b>	
DHMP	0.03
RMHP Prime	0.06
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>0.04</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>0.02</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>0.03</b>
<b><i>Mastectomy (45–64 Female)</i></b>	
DHMP	0.03
RMHP Prime	0.10
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>0.06</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>0.12</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>0.14</b>
<b><i>Lumpectomy (15–44 Female)<sup>1</sup></i></b>	
DHMP	0.04
RMHP Prime	0.13



Medicaid MCO	Rate
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>0.08</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>0.05</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>0.08</b>
<i>Lumpectomy (45–64 Female)</i>	
DHMP	0.15
RMHP Prime	0.27
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>0.21</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>0.28</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	<b>0.26</b>
<i>Plan All-Cause Readmissions <sup>**2</sup></i>	
<i>Index Total Stays—Observed Readmissions—Ages 18 to 44 Years</i>	
DHMP	15.74%
RMHP Prime	11.95%^
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>14.07%^</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>12.83%</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	—
<i>Index Total Stays—Observed Readmissions—Ages 45 to 54 Years</i>	
DHMP	19.21%
RMHP Prime	11.98%^
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>16.06%</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>12.57%</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	—
<i>Index Total Stays—Observed Readmissions—Ages 55 to 64 Years</i>	
DHMP	23.71%
RMHP Prime	11.27%^
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>17.86%</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>12.32%</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	—
<i>Index Total Stays—Observed Readmissions—Total</i>	
DHMP	19.34%
RMHP Prime	11.71%^
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>15.90%</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>12.58%</b>
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	—
<i>Index Total Stays—O/E Ratio—Total</i>	
DHMP	0.85
RMHP Prime	0.64^
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>0.77^</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	<b>0.65</b>

Medicaid MCO	Rate
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	—
<i>Use of Opioids at High Dosage<sup>*3</sup></i>	
DHMP	3.23%
RMHP Prime	4.19%
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>3.68%</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	—
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	—
<i>Use of Opioids From Multiple Providers<sup>*3</sup></i>	
<i>Multiple Prescribers</i>	
DHMP	18.61%
RMHP Prime	25.73%
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>22.10%</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	—
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	—
<i>Multiple Pharmacies</i>	
DHMP	12.09%
RMHP Prime	4.22%
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>8.23%</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	—
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	—
<i>Multiple Prescribers and Multiple Pharmacies</i>	
DHMP	6.32%
RMHP Prime	2.79%
<b>HEDIS 2019 Colorado Medicaid Weighted Average</b>	<b>4.59%</b>
<b>HEDIS 2018 Colorado Medicaid Weighted Average</b>	—
<b>HEDIS 2017 Colorado Medicaid Weighted Average</b>	—

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

<sup>1</sup>Due to differences in member eligibility for children in RMHP Prime, rates may not be comparable to DHMP's.

<sup>2</sup>Due to changes in the technical specifications for this measure, NCQA recommends trending between 2019 and prior years be considered with caution.

<sup>3</sup>Due to changes in the technical specifications for this measure, NCQA recommends a break in trending between 2019 and prior years; therefore, prior years' rates are not displayed.

— Indicates the MCO's eligible population was too small to report (<30). This symbol may also mean that NCQA recommended a break in trending; therefore, no prior year rates are displayed. Yellow shading with one caret (^) indicates the rate was at or above the 50th percentile.

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

## Appendix B. Trend Tables

Appendix B includes trend tables for each of the MCOs and the Colorado Medicaid weighted averages. Where applicable, measure rates for HEDIS 2017, 2018, and 2019 are presented.

HEDIS 2018 to 2019 performance comparisons are based on the Chi-square test of statistical significance with a  $p$  value  $<0.05$ . Rates shaded green with one caret (^) indicate a statistically significant improvement in performance from the previous year. Rates shaded red with two carets (^) indicate a statistically significant decline in performance from the previous year.

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

### DHMP Trend Table

Table B-1—DHMP Trend Table

Performance Measures	HEDIS 2017 Rate	HEDIS 2018 Rate	HEDIS 2019 Rate	Percentile Ranking
<i>Pediatric Care</i>				
<i>Childhood Immunization Status<sup>1</sup></i>				
<i>DTap</i>	73.25%	75.43%	69.47%^^	10th–24th
<i>IPV</i>	84.22%	84.68%	79.93%^^	<10th
<i>MMR</i>	83.23%	78.62%	79.93%	<10th
<i>HiB</i>	84.06%	84.76%	80.53%^^	<10th
<i>Hepatitis B</i>	86.31%	80.72%	82.15%	10th–24th
<i>VZV</i>	83.12%	83.67%	80.05%^^	<10th
<i>Pneumococcal Conjugate</i>	77.38%	74.03%	67.97%^^	10th–24th
<i>Hepatitis A</i>	82.65%	81.10%	79.39%	10th–24th
<i>Rotavirus</i>	63.79%	67.65%	62.56%^^	10th–24th
<i>Influenza</i>	58.52%	50.31%	51.50%	50th–74th
<i>Combination 2</i>	72.57%	68.27%	67.97%	10th–24th
<i>Combination 3</i>	71.58%	65.94%	64.72%	10th–24th
<i>Combination 4</i>	71.42%	64.23%	64.60%	25th–49th
<i>Combination 5</i>	59.46%	58.09%	56.73%	25th–49th
<i>Combination 6</i>	53.76%	43.39%	45.13%	50th–74th
<i>Combination 7</i>	59.35%	56.77%	56.61%	25th–49th
<i>Combination 8</i>	53.76%	42.53%	45.07%	50th–74th
<i>Combination 9</i>	46.50%	39.50%	40.69%	50th–74th

Performance Measures	HEDIS 2017 Rate	HEDIS 2018 Rate	HEDIS 2019 Rate	Percentile Ranking
<i>Combination 10</i>	46.50%	38.80%	40.63%	50th–74th
<b>Immunizations for Adolescents</b>				
<i>Meningococcal</i>	76.92%	77.73%	79.43%	25th–49th
<i>Tdap</i>	76.76%	81.92%	78.92%^^^	10th–24th
<i>HPV</i>	—	50.39%	50.98%	≥90th
<i>Combination 1 (Meningococcal, Tdap)</i>	75.37%	75.69%	76.89%	25th–49th
<i>Combination 2 (Meningococcal, Tdap, HPV)</i>	—	47.30%	49.46%	≥90th
<b>Well-Child Visits in the First 15 Months of Life</b>				
<i>Zero Visits*</i>	7.03%	9.12%	7.08%	<10th
<i>Six or More Visits</i>	3.52%	4.39%	52.28%^	10th–24th
<b>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</b>				
<i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i>	58.59%	60.91%	63.59%	10th–24th
<b>Adolescent Well-Care Visits</b>				
<i>Adolescent Well-Care Visits</i>	34.68%	36.33%	41.29%^	10th–24th
<b>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</b>				
<i>BMI Percentile Documentation—Ages 3 to 11 Years<sup>1</sup></i>	5.82%	10.61%	14.80%^	<10th
<i>BMI Percentile Documentation—Ages 12 to 17 Years<sup>1</sup></i>	11.00%	27.26%	33.53%^	<10th
<i>BMI Percentile Documentation—Total<sup>1</sup></i>	7.68%	16.75%	21.89%^	<10th
<i>Counseling for Nutrition—Ages 3 to 11 Years</i>	0.35%	1.56%	2.14%	<10th
<i>Counseling for Nutrition—Ages 12 to 17 Years</i>	2.37%	13.51%	16.17%	<10th
<i>Counseling for Nutrition—Total</i>	1.08%	5.97%	7.45%	<10th
<i>Counseling for Physical Activity—Ages 3 to 11 Years</i>	0.07%	0.37%	1.61%	<10th
<i>Counseling for Physical Activity—Ages 12 to 17 Years</i>	1.41%	3.07%	12.95%^	<10th
<i>Counseling for Physical Activity—Total</i>	0.55%	1.36%	5.90%^	<10th
<b>Appropriate Testing for Children With Pharyngitis</b>				
<i>Appropriate Testing for Children With Pharyngitis</i>	80.52%	83.93%	88.28%	75th–89th
<b>Appropriate Treatment for Children With Upper Respiratory Infection</b>				
<i>Appropriate Treatment for Children With Upper Respiratory Infection</i>	96.04%	97.70%	97.09%	≥90th
<b>Access to Care</b>				
<b>Prenatal and Postpartum Care</b>				
<i>Timeliness of Prenatal Care</i>	74.04%	64.59%	71.90%^	10th–24th
<i>Postpartum Care</i>	44.42%	49.06%	56.69%^	10th–24th
<b>Children and Adolescents' Access to Primary Care Practitioners</b>				
<i>Ages 12 to 24 Months</i>	88.32%	86.84%	88.52%	<10th
<i>Ages 25 Months to 6 Years</i>	71.74%	72.12%	75.09%	<10th
<i>Ages 7 to 11 Years</i>	76.19%	75.53%	80.08%^	<10th
<i>Ages 12 to 19 Years</i>	76.40%	75.43%	80.30%^	<10th

Performance Measures	HEDIS 2017 Rate	HEDIS 2018 Rate	HEDIS 2019 Rate	Percentile Ranking
<b>Adults' Access to Preventive/Ambulatory Health Services</b>				
<i>Ages 20 to 44 Years</i>	53.95%	49.43%	48.84%	<10th
<i>Ages 45 to 64 Years</i>	69.17%	64.43%	62.17%	<10th
<i>Ages 65 Years and Older</i>	82.63%	75.20%	68.56%^^	<10th
<i>Total</i>	59.87%	55.19%	53.89%	<10th
<b>Preventive Screening</b>				
<b>Chlamydia Screening in Women</b>				
<i>Ages 16 to 20 Years</i>	68.65%	65.87%	66.78%	75th–89th
<i>Ages 21 to 24 Years</i>	68.85%	67.84%	73.30%^	75th–89th
<i>Total</i>	68.73%	66.68%	69.58%	75th–89th
<b>Breast Cancer Screening<sup>1</sup></b>				
<i>Breast Cancer Screening</i>	—	50.65%	46.48%^^	<10th
<b>Cervical Cancer Screening</b>				
<i>Cervical Cancer Screening</i>	45.77%	43.03%	43.07%	<10th
<b>Non-Recommended Cervical Cancer Screening in Adolescent Females*</b>				
<i>Non-Recommended Cervical Cancer Screening in Adolescent Females</i>	0.06%	0.14%	0.00%	≥90th
<b>Adult BMI Assessment<sup>1</sup></b>				
<i>Adult BMI Assessment</i>	81.03%	83.25%	81.44%	10th–24th
<b>Mental/Behavioral Health</b>				
<b>Antidepressant Medication Management</b>				
<i>Effective Acute Phase Treatment</i>	49.05%	54.88%	54.20%	50th–74th
<i>Effective Continuation Phase Treatment</i>	31.02%	33.52%	33.96%	25th–49th
<b>Follow-Up Care for Children Prescribed ADHD Medication</b>				
<i>Initiation Phase</i>	26.88%	37.40%	39.69%	25th–49th
<i>Continuation and Maintenance Phase</i>	NA	NA	NA	—
<b>Metabolic Monitoring for Children and Adolescents on Antipsychotics</b>				
<i>Ages 1 to 5 Years</i>	—	NB	NA	—
<i>Ages 6 to 11 Years</i>	—	NB	NA	—
<i>Ages 12 to 17 Years</i>	—	NB	40.63%	50th–74th
<i>Total</i>	—	NB	46.34%	75th–89th
<b>Use of Multiple Concurrent Antipsychotics in Children and Adolescents**<sup>1</sup></b>				
<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>	0.00%	NA	NA	—
<i>Total</i>	0.00%	0.00%	NA	—

Performance Measures	HEDIS 2017 Rate	HEDIS 2018 Rate	HEDIS 2019 Rate	Percentile Ranking
<b>Living With Illness</b>				
<b>Persistence of Beta-Blocker Treatment After a Heart Attack<sup>1</sup></b>				
Persistence of Beta-Blocker Treatment After a Heart Attack	NA	69.77%	46.88%^^	<10th
<b>Comprehensive Diabetes Care<sup>1</sup></b>				
Hemoglobin A1c (HbA1c) Testing	82.60%	82.16%	82.06%	<10th
HbA1c Poor Control (>9.0%)*	44.02%	42.92%	40.38%	25th–49th
HbA1c Control (<8.0%)	44.33%	45.45%	47.88%	25th–49th
Eye Exam (Retinal) Performed	45.70%	46.59%	45.83%	10th–24th
Medical Attention for Nephropathy	87.35%	82.47%	81.51%	<10th
Blood Pressure Control (<140/90 mm Hg)	57.41%	64.01%	61.67%	25th–49th
<b>Statin Therapy for Patients With Diabetes<sup>1</sup></b>				
Received Statin Therapy	59.83%	54.64%	57.75%	10th–24th
Statin Adherence 80%	54.71%	59.47%	60.63%	50th–74th
<b>Statin Therapy for Patients With Cardiovascular Disease<sup>1</sup></b>				
Received Statin Therapy—21–75 Years—Male	80.28%	72.00%	71.43%	10th–24th
Received Statin Therapy—40–75 Years—Female	62.90%	79.25%	74.07%	25th–49th
Received Statin Therapy—Total	72.18%	75.00%	72.41%	10th–24th
Statin Adherence 80%—21–75 Years—Male	52.63%	57.41%	70.77%	75th–89th
Statin Adherence 80%—40–75 Years—Female	56.41%	59.52%	67.50%	50th–74th
Statin Adherence 80%—Total	54.17%	58.33%	69.52%	75th–89th
<b>Annual Monitoring for Patients on Persistent Medications</b>				
ACE Inhibitors or ARBs	85.93%	85.24%	86.46%	25th–49th
Diuretics	84.95%	83.78%	86.05%	10th–24th
Total	—	84.66%	86.29%	25th–49th
<b>Use of Imaging Studies for Low Back Pain</b>				
Use of Imaging Studies for Low Back Pain	65.53%	69.33%	72.83%	50th–74th
<b>Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis</b>				
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis	65.57%	59.29%	56.90%	≥90th
<b>Pharmacotherapy Management of COPD Exacerbation</b>				
Systemic Corticosteroid	64.16%	55.69%	50.34%	<10th
Bronchodilator	81.82%	67.06%	72.21%	10th–24th
<b>Medication Management for People With Asthma</b>				
Medication Compliance 50%—Ages 5 to 11 Years	41.46%	41.22%	50.74%	25th–49th
Medication Compliance 50%—Ages 12 to 18 Years	42.76%	49.11%	42.72%	<10th
Medication Compliance 50%—Ages 19 to 50 Years	54.42%	64.19%	73.10%	75th–89th
Medication Compliance 50%—Ages 51 to 64 Years	70.83%	76.09%	72.92%	25th–49th
Medication Compliance 50%—Total	47.83%	54.19%	58.80%	25th–49th
Medication Compliance 75%—Ages 5 to 11 Years	16.59%	21.62%	27.21%	25th–49th
Medication Compliance 75%—Ages 12 to 18 Years	15.79%	20.54%	19.42%	10th–24th

Performance Measures	HEDIS 2017 Rate	HEDIS 2018 Rate	HEDIS 2019 Rate	Percentile Ranking
<i>Medication Compliance 75%—Ages 19 to 50 Years</i>	31.97%	33.11%	43.45%	50th–74th
<i>Medication Compliance 75%—Ages 51 to 64 Years</i>	41.67%	47.83%	47.92%	10th–24th
<i>Medication Compliance 75%—Total</i>	22.64%	27.75%	33.10%	25th–49th
<b>Asthma Medication Ratio</b>				
<i>Ages 5 to 11 Years</i>	54.46%	78.26%	58.87%^^	<10th
<i>Ages 12 to 18 Years</i>	37.06%	64.80%	42.86%^^	<10th
<i>Ages 19 to 50 Years</i>	34.72%	55.79%	42.86%^^	10th–24th
<i>Ages 51 to 64 Years</i>	38.46%	49.23%	39.19%	<10th
<i>Total</i>	42.41%	63.77%	46.60%^^	<10th
<b>Use of Spirometry Testing in the Assessment and Diagnosis of COPD</b>				
<i>Use of Spirometry Testing in the Assessment and Diagnosis of COPD</i>	22.47%	27.44%	28.57%	25th–49th
<b>Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis<sup>1</sup></b>				
<i>Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis</i>	86.49%	73.56%	88.75%^	≥90th
<b>Use of Services</b>				
<b>Ambulatory Care (Per 1,000 Member Months)</b>				
<i>ED Visits—Total—Age &lt;1 Year*</i>	65.22	69.65	71.63	—
<i>ED Visits—Total—Ages 1 to 9 Years*</i>	31.76	32.31	33.13	—
<i>ED Visits—Total—Ages 10 to 19 Years*</i>	24.63	24.84	25.10	—
<i>ED Visits—Total—Ages 20 to 44 Years*</i>	58.06	51.97	53.23	—
<i>ED Visits—Total—Ages 45 to 64 Years*</i>	58.34	54.14	56.93	—
<i>ED Visits—Total—Ages 65 to 74 Years*</i>	56.00	47.45	48.04	—
<i>ED Visits—Total—Ages 75 to 84 Years*</i>	53.12	37.53	37.60	—
<i>ED Visits—Total—Ages 85+ Years*</i>	40.97	31.80	32.03	—
<i>ED Visits—Total—Total*</i>	42.22	41.79	43.95	75th–89th
<i>Outpatient Visits—Total—Age &lt;1 Year</i>	409.84	492.44	562.40	—
<i>Outpatient Visits—Total—Ages 1 to 9 Years</i>	156.74	163.92	176.32	—
<i>Outpatient Visits—Total—Ages 10 to 19 Years</i>	151.78	153.32	164.85	—
<i>Outpatient Visits—Total—Ages 20 to 44 Years</i>	178.07	148.46	162.59	—
<i>Outpatient Visits—Total—Ages 45 to 64 Years</i>	312.71	262.26	306.52	—
<i>Outpatient Visits—Total—Ages 65 to 74 Years</i>	449.88	313.06	335.52	—
<i>Outpatient Visits—Total—Ages 75 to 84 Years</i>	526.66	319.32	337.51	—
<i>Outpatient Visits—Total—Ages 85+ Years</i>	442.99	164.41	203.22	—
<i>Outpatient Visits—Total—Total</i>	193.35	183.12	203.78	<10th

Performance Measures	HEDIS 2017 Rate	HEDIS 2018 Rate	HEDIS 2019 Rate	Percentile Ranking
<b><i>Inpatient Utilization—General Hospital/Acute Care—Total<sup>1</sup></i></b>				
<i>Discharges per 1,000 Member Months (Total Inpatient)—Age &lt;1 Year</i>	4.79	6.61	6.54	—
<i>Discharges per 1,000 Member Months (Total Inpatient)—Ages 1 to 9 Years</i>	1.32	1.29	1.38	—
<i>Discharges per 1,000 Member Months (Total Inpatient)—Ages 10 to 19 Years</i>	1.50	1.38	1.38	—
<i>Discharges per 1,000 Member Months (Total Inpatient)—Ages 20 to 44 Years</i>	7.02	5.86	6.04	—
<i>Discharges per 1,000 Member Months (Total Inpatient)—Ages 45 to 64 Years</i>	12.71	9.97	11.03	—
<i>Discharges per 1,000 Member Months (Total Inpatient)—Ages 65 to 74 Years</i>	15.11	10.75	11.39	—
<i>Discharges per 1,000 Member Months (Total Inpatient)—Ages 75 to 84 Years</i>	19.89	11.71	12.53	—
<i>Discharges per 1,000 Member Months (Total Inpatient)—Ages 85+ Years</i>	25.53	15.00	10.33	—
<i>Discharges per 1,000 Member Months (Total Inpatient)—Total</i>	4.85	4.58	5.06	10th–24th
<i>Days per 1,000 Member Months (Total Inpatient)—Age &lt;1 Year</i>	23.53	43.70	28.94	—
<i>Days per 1,000 Member Months (Total Inpatient)—Ages 1 to 9 Years</i>	3.83	3.96	4.48	—
<i>Days per 1,000 Member Months (Total Inpatient)—Ages 10 to 19 Years</i>	4.88	5.34	4.69	—
<i>Days per 1,000 Member Months (Total Inpatient)—Ages 20 to 44 Years</i>	24.45	21.29	22.72	—
<i>Days per 1,000 Member Months (Total Inpatient)—Ages 45 to 64 Years</i>	76.68	62.97	65.62	—
<i>Days per 1,000 Member Months (Total Inpatient)—Ages 65 to 74 Years</i>	85.04	67.20	71.04	—
<i>Days per 1,000 Member Months (Total Inpatient)—Ages 75 to 84 Years</i>	106.23	66.39	62.49	—
<i>Days per 1,000 Member Months (Total Inpatient)—Ages 85+ Years</i>	138.95	81.66	53.04	—
<i>Days per 1,000 Member Months (Total Inpatient)—Total</i>	21.39	21.65	23.23	25th–49th
<i>Average Length of Stay (Total Inpatient)—Age &lt;1 Year</i>	4.92	6.61	4.43	—
<i>Average Length of Stay (Total Inpatient)—Ages 1 to 9 Years</i>	2.91	3.08	3.24	—
<i>Average Length of Stay (Total Inpatient)—Ages 10 to 19 Years</i>	3.25	3.86	3.39	—
<i>Average Length of Stay (Total Inpatient)—Ages 20 to 44 Years</i>	3.48	3.63	3.76	—
<i>Average Length of Stay (Total Inpatient)—Ages 45 to 64 Years</i>	6.03	6.32	5.95	—
<i>Average Length of Stay (Total Inpatient)—Ages 65 to 74 Years</i>	5.63	6.25	6.23	—
<i>Average Length of Stay (Total Inpatient)—Ages 75 to 84 Years</i>	5.34	5.67	4.99	—
<i>Average Length of Stay (Total Inpatient)—Ages 85+ Years</i>	5.44	5.45	5.14	—



Performance Measures	HEDIS 2017 Rate	HEDIS 2018 Rate	HEDIS 2019 Rate	Percentile Ranking
<i>Average Length of Stay (Total Inpatient)—Total</i>	4.41	4.73	4.59	75th–89th
<i>Discharges per 1,000 Member Months (Medicine)—Age &lt;1 Year</i>	4.16	5.80	6.09	—
<i>Discharges per 1,000 Member Months (Medicine)—Ages 1 to 9 Years</i>	1.17	1.13	1.22	—
<i>Discharges per 1,000 Member Months (Medicine)—Ages 10 to 19 Years</i>	0.58	0.48	0.49	—
<i>Discharges per 1,000 Member Months (Medicine)—Ages 20 to 44 Years</i>	2.08	1.97	2.22	—
<i>Discharges per 1,000 Member Months (Medicine)—Ages 45 to 64 Years</i>	9.64	7.52	8.25	—
<i>Discharges per 1,000 Member Months (Medicine)—Ages 65 to 74 Years</i>	10.67	8.71	8.93	—
<i>Discharges per 1,000 Member Months (Medicine)—Ages 75 to 84 Years</i>	16.00	8.94	10.44	—
<i>Discharges per 1,000 Member Months (Medicine)—Ages 85+ Years</i>	23.16	12.65	8.40	—
<i>Discharges per 1,000 Member Months (Medicine)—Total</i>	2.63	2.55	2.90	25th–49th
<i>Days per 1,000 Member Months (Medicine)—Age &lt;1 Year</i>	13.78	22.51	24.41	—
<i>Days per 1,000 Member Months (Medicine)—Ages 1 to 9 Years</i>	2.96	3.01	3.20	—
<i>Days per 1,000 Member Months (Medicine)—Ages 10 to 19 Years</i>	1.66	1.26	1.46	—
<i>Days per 1,000 Member Months (Medicine)—Ages 20 to 44 Years</i>	7.51	6.82	8.29	—
<i>Days per 1,000 Member Months (Medicine)—Ages 45 to 64 Years</i>	44.76	38.51	39.88	—
<i>Days per 1,000 Member Months (Medicine)—Ages 65 to 74 Years</i>	41.19	45.23	41.73	—
<i>Days per 1,000 Member Months (Medicine)—Ages 75 to 84 Years</i>	64.40	45.18	44.47	—
<i>Days per 1,000 Member Months (Medicine)—Ages 85+ Years</i>	116.98	64.86	36.41	—
<i>Days per 1,000 Member Months (Medicine)—Total</i>	10.36	10.84	12.11	25th–49th
<i>Average Length of Stay (Medicine)—Age &lt;1 Year</i>	3.31	3.88	4.01	—
<i>Average Length of Stay (Medicine)—Ages 1 to 9 Years</i>	2.53	2.67	2.63	—
<i>Average Length of Stay (Medicine)—Ages 10 to 19 Years</i>	2.88	2.63	3.00	—
<i>Average Length of Stay (Medicine)—Ages 20 to 44 Years</i>	3.61	3.46	3.74	—
<i>Average Length of Stay (Medicine)—Ages 45 to 64 Years</i>	4.64	5.12	4.83	—
<i>Average Length of Stay (Medicine)—Ages 65 to 74 Years</i>	3.86	5.20	4.67	—
<i>Average Length of Stay (Medicine)—Ages 75 to 84 Years</i>	4.03	5.05	4.26	—
<i>Average Length of Stay (Medicine)—Ages 85+ Years</i>	5.05	5.13	4.33	—
<i>Average Length of Stay (Medicine)—Total</i>	3.94	4.25	4.17	50th–74th
<i>Discharges per 1,000 Member Months (Surgery)—Age &lt;1 Year</i>	0.62	0.81	0.44	—
<i>Discharges per 1,000 Member Months (Surgery)—Ages 1 to 9 Years</i>	0.15	0.16	0.16	—
<i>Discharges per 1,000 Member Months (Surgery)—Ages 10 to 19 Years</i>	0.18	0.25	0.20	—
<i>Discharges per 1,000 Member Months (Surgery)—Ages 20 to 44 Years</i>	0.86	0.74	0.88	—

Performance Measures	HEDIS 2017 Rate	HEDIS 2018 Rate	HEDIS 2019 Rate	Percentile Ranking
<i>Discharges per 1,000 Member Months (Surgery)—Ages 45 to 64 Years</i>	3.05	2.44	2.75	—
<i>Discharges per 1,000 Member Months (Surgery)—Ages 65 to 74 Years</i>	4.44	2.05	2.46	—
<i>Discharges per 1,000 Member Months (Surgery)—Ages 75 to 84 Years</i>	3.90	2.77	2.09	—
<i>Discharges per 1,000 Member Months (Surgery)—Ages 85+ Years</i>	2.38	2.35	1.93	—
<i>Discharges per 1,000 Member Months (Surgery)—Total</i>	0.81	0.78	0.90	10th–24th
<i>Days per 1,000 Member Months (Surgery)—Age &lt;1 Year</i>	9.75	21.19	4.53	—
<i>Days per 1,000 Member Months (Surgery)—Ages 1 to 9 Years</i>	0.87	0.95	1.28	—
<i>Days per 1,000 Member Months (Surgery)—Ages 10 to 19 Years</i>	1.13	2.36	1.22	—
<i>Days per 1,000 Member Months (Surgery)—Ages 20 to 44 Years</i>	5.55	5.66	6.35	—
<i>Days per 1,000 Member Months (Surgery)—Ages 45 to 64 Years</i>	31.89	24.40	25.66	—
<i>Days per 1,000 Member Months (Surgery)—Ages 65 to 74 Years</i>	43.85	21.96	29.31	—
<i>Days per 1,000 Member Months (Surgery)—Ages 75 to 84 Years</i>	41.84	21.21	18.02	—
<i>Days per 1,000 Member Months (Surgery)—Ages 85+ Years</i>	21.97	16.80	16.63	—
<i>Days per 1,000 Member Months (Surgery)—Total</i>	7.11	7.35	7.65	25th–49th
<i>Average Length of Stay (Surgery)—Age &lt;1 Year</i>	NA	26.17	10.23	—
<i>Average Length of Stay (Surgery)—Ages 1 to 9 Years</i>	5.94	6.00	7.83	—
<i>Average Length of Stay (Surgery)—Ages 10 to 19 Years</i>	6.29	9.51	6.19	—
<i>Average Length of Stay (Surgery)—Ages 20 to 44 Years</i>	6.46	7.68	7.23	—
<i>Average Length of Stay (Surgery)—Ages 45 to 64 Years</i>	10.46	10.00	9.34	—
<i>Average Length of Stay (Surgery)—Ages 65 to 74 Years</i>	9.87	10.72	11.90	—
<i>Average Length of Stay (Surgery)—Ages 75 to 84 Years</i>	NA	7.67	8.63	—
<i>Average Length of Stay (Surgery)—Ages 85+ Years</i>	NA	7.15	8.64	—
<i>Average Length of Stay (Surgery)—Total</i>	8.79	9.40	8.49	75th–89th
<i>Discharges per 1,000 Member Months (Maternity)—Ages 10 to 19 Years</i>	0.75	0.66	0.70	—
<i>Discharges per 1,000 Member Months (Maternity)—Ages 20 to 44 Years</i>	4.08	3.16	2.94	—
<i>Discharges per 1,000 Member Months (Maternity)—Ages 45 to 64 Years</i>	0.02	0.01	0.03	—
<i>Discharges per 1,000 Member Months (Maternity)—Total</i>	2.07	1.75	1.72	10th–24th
<i>Days per 1,000 Member Months (Maternity)—Ages 10 to 19 Years</i>	2.09	1.72	2.02	—
<i>Days per 1,000 Member Months (Maternity)—Ages 20 to 44 Years</i>	11.38	8.80	8.07	—
<i>Days per 1,000 Member Months (Maternity)—Ages 45 to 64 Years</i>	0.03	0.06	0.08	—
<i>Days per 1,000 Member Months (Maternity)—Total</i>	5.78	4.85	4.75	10th–24th
<i>Average Length of Stay (Maternity)—Ages 10 to 19 Years</i>	2.80	2.63	2.87	—
<i>Average Length of Stay (Maternity)—Ages 20 to 44 Years</i>	2.79	2.79	2.74	—

Performance Measures	HEDIS 2017 Rate	HEDIS 2018 Rate	HEDIS 2019 Rate	Percentile Ranking
<i>Average Length of Stay (Maternity)—Ages 45 to 64 Years</i>	NA	4.50	3.00	—
<i>Average Length of Stay (Maternity)—Total</i>	2.79	2.77	2.76	50th–74th
<b>Antibiotic Utilization*</b>				
<i>Average Scripts PMPY for Antibiotics—Ages 0 to 9 Years</i>	0.22	0.22	0.23	—
<i>Average Scripts PMPY for Antibiotics—Ages 10 to 17 Years</i>	0.14	0.14	0.15	—
<i>Average Scripts PMPY for Antibiotics—Ages 18 to 34 Years</i>	0.42	0.40	0.41	—
<i>Average Scripts PMPY for Antibiotics—Ages 35 to 49 Years</i>	0.50	0.46	0.42	—
<i>Average Scripts PMPY for Antibiotics—Ages 50 to 64 Years</i>	0.56	0.49	0.45	—
<i>Average Scripts PMPY for Antibiotics—Ages 65 to 74 Years</i>	0.14	0.06	0.05	—
<i>Average Scripts PMPY for Antibiotics—Ages 75 to 84 Years</i>	0.18	0.09	0.04	—
<i>Average Scripts PMPY for Antibiotics—Ages 85+ Years</i>	0.14	0.05	0.07	—
<i>Average Scripts PMPY for Antibiotics—Total</i>	0.31	0.31	0.32	≥90th
<i>Average Days Supplied per Antibiotic Script—Ages 0 to 9 Years</i>	9.75	9.77	9.88	—
<i>Average Days Supplied per Antibiotic Script—Ages 10 to 17 Years</i>	11.08	10.75	11.56	—
<i>Average Days Supplied per Antibiotic Script—Ages 18 to 34 Years</i>	8.45	8.54	8.69	—
<i>Average Days Supplied per Antibiotic Script—Ages 35 to 49 Years</i>	8.94	9.01	9.18	—
<i>Average Days Supplied per Antibiotic Script—Ages 50 to 64 Years</i>	9.73	9.91	10.02	—
<i>Average Days Supplied per Antibiotic Script—Ages 65 to 74 Years</i>	9.61	10.83	9.50	—
<i>Average Days Supplied per Antibiotic Script—Ages 75 to 84 Years</i>	8.22	6.25	6.49	—
<i>Average Days Supplied per Antibiotic Script—Ages 85+ Years</i>	NA	12.75	5.79	—
<i>Average Days Supplied per Antibiotic Script—Total</i>	9.28	9.27	9.44	25th–49th
<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>	0.03	0.03	0.04	—
<i>Average Scripts PMPY for Antibiotics of Concern—Ages 18 to 34 Years</i>	0.11	0.10	0.11	—
<i>Average Scripts PMPY for Antibiotics of Concern—Ages 35 to 49 Years</i>	0.15	0.14	0.13	—
<i>Average Scripts PMPY for Antibiotics of Concern—Ages 50 to 64 Years</i>	0.21	0.18	0.17	—
<i>Average Scripts PMPY for Antibiotics of Concern—Ages 65 to 74 Years</i>	0.06	0.02	0.02	—
<i>Average Scripts PMPY for Antibiotics of Concern—Ages 75 to 84 Years</i>	0.09	0.05	0.02	—
<i>Average Scripts PMPY for Antibiotics of Concern—Ages 85+ Years</i>	0.06	0.04	0.04	—
<i>Average Scripts PMPY for Antibiotics of Concern—Total</i>	0.09	0.09	0.09	≥90th
<i>Percentage of Antibiotics of Concern of All Antibiotic Scripts—Ages 0 to 9 Years</i>	21.53%	20.72%	23.33%	—

Performance Measures	HEDIS 2017 Rate	HEDIS 2018 Rate	HEDIS 2019 Rate	Percentile Ranking
<i>Percentage of Antibiotics of Concern of All Antibiotic Scripts—Ages 10 to 17 Years</i>	22.03%	20.16%	24.17%	—
<i>Percentage of Antibiotics of Concern of All Antibiotic Scripts—Ages 18 to 34 Years</i>	26.27%	26.18%	27.10%	—
<i>Percentage of Antibiotics of Concern of All Antibiotic Scripts—Ages 35 to 49 Years</i>	30.98%	30.68%	31.96%	—
<i>Percentage of Antibiotics of Concern of All Antibiotic Scripts—Ages 50 to 64 Years</i>	37.95%	37.64%	36.66%	—
<i>Percentage of Antibiotics of Concern of All Antibiotic Scripts—Ages 65 to 74 Years</i>	40.98%	34.88%	39.02%	—
<i>Percentage of Antibiotics of Concern of All Antibiotic Scripts—Ages 75 to 84 Years</i>	51.35%	54.55%	42.86%	—
<i>Percentage of Antibiotics of Concern of All Antibiotic Scripts—Ages 85+ Years</i>	NA	70.83%	51.52%	—
<i>Percentage of Antibiotics of Concern of All Antibiotic Scripts—Total</i>	27.79%	27.52%	28.74%	≥90th
<b>Frequency of Selected Procedures</b>				
<i>Bariatric weight loss surgery (0–19 Male)</i>	0.00	0.00	0.00	≥90th
<i>Bariatric weight loss surgery (0–19 Female)</i>	0.00	0.00	0.00	≥90th
<i>Bariatric weight loss surgery (20–44 Male)</i>	0.01	0.01	0.01	50th–74th
<i>Bariatric weight loss surgery (20–44 Female)</i>	0.05	0.05	0.08	75th–89th
<i>Bariatric weight loss surgery (45–64 Male)</i>	0.02	0.00	0.01	50th–74th
<i>Bariatric weight loss surgery (45–64 Female)</i>	0.02	0.05	0.12	75th–89th
<i>Tonsillectomy (0–9 Male &amp; Female)</i>	0.29	0.31	0.26	<10th
<i>Tonsillectomy (10–19 Male &amp; Female)</i>	0.16	0.14	0.15	10th–24th
<i>Hysterectomy, Abdominal (15–44 Female)</i>	0.06	0.03	0.04	10th–24th
<i>Hysterectomy, Abdominal (45–64 Female)</i>	0.10	0.17	0.13	10th–24th
<i>Hysterectomy, Vaginal (15–44 Female)</i>	0.02	0.04	0.06	25th–49th
<i>Hysterectomy, Vaginal (45–64 Female)</i>	0.15	0.12	0.12	25th–49th
<i>Cholecystectomy, Open (30–64 Male)</i>	0.01	0.02	0.02	50th–74th
<i>Cholecystectomy, Open (15–44 Female)</i>	0.01	0.00	0.01	75th–89th
<i>Cholecystectomy, Open (45–64 Female)</i>	0.04	0.00	0.06	≥90th
<i>Cholecystectomy (Laparoscopic) (30–64 Male)</i>	0.05	0.08	0.11	<10th
<i>Cholecystectomy (Laparoscopic) (15–44 Female)</i>	0.40	0.41	0.36	10th–24th
<i>Cholecystectomy (Laparoscopic) (45–64 Female)</i>	0.33	0.39	0.39	10th–24th
<i>Back Surgery (20–44 Male)</i>	0.07	0.05	0.04	<10th
<i>Back Surgery (20–44 Female)</i>	0.03	0.05	0.06	10th–24th
<i>Back Surgery (45–64 Male)</i>	0.36	0.24	0.30	10th–24th
<i>Back Surgery (45–64 Female)</i>	0.33	0.24	0.25	10th–24th
<i>Mastectomy (15–44 Female)</i>	0.01	0.01	0.03	50th–74th
<i>Mastectomy (45–64 Female)</i>	0.06	0.15	0.03	10th–24th

Performance Measures	HEDIS 2017 Rate	HEDIS 2018 Rate	HEDIS 2019 Rate	Percentile Ranking
<i>Lumpectomy (15–44 Female)</i>	0.07	0.04	0.04	<10th
<i>Lumpectomy (45–64 Female)</i>	0.19	0.23	0.15	<10th
<b>Plan All-Cause Readmissions<sup>*1</sup></b>				
<i>Index Total Stays—Observed Readmissions—Ages 18 to 44 Years</i>	—	15.15%	15.74%	25th–49th
<i>Index Total Stays—Observed Readmissions—Ages 45 to 54 Years</i>	—	15.22%	19.21%	10th–24th
<i>Index Total Stays—Observed Readmissions—Ages 55 to 64 Years</i>	—	17.63%	23.71%^^	<10th
<i>Index Total Stays—Observed Readmissions—Total</i>	—	16.03%	19.34%^^	10th–24th
<i>Index Total Stays—O/E Ratio—Total</i>	—	0.72	0.85	25th–49th
<b>Use of Opioids at High Dosage<sup>*2</sup></b>				
<i>Use of Opioids at High Dosage</i>	—	—	3.23%	—
<b>Use of Opioids From Multiple Providers<sup>*2</sup></b>				
<i>Multiple Prescribers</i>	—	—	18.61%	—
<i>Multiple Pharmacies</i>	—	—	12.09%	—
<i>Multiple Prescribers and Multiple Pharmacies</i>	—	—	6.32%	—

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

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

<sup>2</sup> Due to changes in the technical specifications for this measure, NCQA recommends a break in trending between 2019 and prior years; therefore, prior years' rates are not displayed and comparisons to benchmarks are not performed for this measure.

— Indicates that NCQA recommended a break in trending; therefore, prior years' rates are not displayed and comparisons to benchmarks are not performed. This symbol may also indicate that the MCOs were not required to report this measure for HEDIS 2017.

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

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

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

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

## RMHP Prime Trend Table

Table B-2—RMHP Prime Trend Table

Performance Measures	HEDIS 2017 Rate	HEDIS 2018 Rate	HEDIS 2019 Rate	Percentile Ranking
<b>Pediatric Care</b>				
<b>Childhood Immunization Status</b>				
<i>DTap</i>	NA	NA	NA	—
<i>IPV</i>	NA	NA	NA	—
<i>MMR</i>	NA	NA	NA	—
<i>HiB</i>	NA	NA	NA	—
<i>Hepatitis B</i>	NA	NA	NA	—
<i>VZV</i>	NA	NA	NA	—
<i>Pneumococcal Conjugate</i>	NA	NA	NA	—
<i>Hepatitis A</i>	NA	NA	NA	—
<i>Rotavirus</i>	NA	NA	NA	—
<i>Influenza</i>	NA	NA	NA	—
<i>Combination 2</i>	NA	NA	NA	—
<i>Combination 3</i>	NA	NA	NA	—
<i>Combination 4</i>	NA	NA	NA	—
<i>Combination 5</i>	NA	NA	NA	—
<i>Combination 6</i>	NA	NA	NA	—
<i>Combination 7</i>	NA	NA	NA	—
<i>Combination 8</i>	NA	NA	NA	—
<i>Combination 9</i>	NA	NA	NA	—
<i>Combination 10</i>	NA	NA	NA	—
<b>Immunizations for Adolescents</b>				
<i>Meningococcal</i>	NA	NA	57.14%	<10th
<i>Tdap</i>	NA	NA	80.00%	10th–24th
<i>HPV</i>	—	NA	22.86%	<10th
<i>Combination 1 (Meningococcal, Tdap)</i>	NA	NA	54.29%	<10th
<i>Combination 2 (Meningococcal, Tdap, HPV)</i>	—	NA	14.29%	<10th
<b>Well-Child Visits in the First 15 Months of Life</b>				
<i>Zero Visits*</i>	NA	NA	NA	—
<i>Six or More Visits</i>	NA	NA	NA	—
<b>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</b>				
<i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i>	67.35%	58.21%	61.90%	10th–24th
<b>Adolescent Well-Care Visits</b>				
<i>Adolescent Well-Care Visits</i>	15.57%	15.68%	17.66%	<10th

Performance Measures	HEDIS 2017 Rate	HEDIS 2018 Rate	HEDIS 2019 Rate	Percentile Ranking
<b>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</b>				
<i>BMI Percentile Documentation—Ages 3 to 11 Years<sup>1</sup></i>	1.50%	3.16%	3.70%	<10th
<i>BMI Percentile Documentation—Ages 12 to 17 Years<sup>1</sup></i>	3.42%	3.20%	5.10%	<10th
<i>BMI Percentile Documentation—Total<sup>1</sup></i>	2.40%	3.18%	4.37%	<10th
<i>Counseling for Nutrition—Ages 3 to 11 Years</i>	15.79%	13.92%	15.74%	<10th
<i>Counseling for Nutrition—Ages 12 to 17 Years</i>	11.97%	17.60%	15.31%	<10th
<i>Counseling for Nutrition—Total</i>	14.00%	15.55%	15.53%	<10th
<i>Counseling for Physical Activity—Ages 3 to 11 Years</i>	0.75%	0.00%	0.00%	<10th
<i>Counseling for Physical Activity—Ages 12 to 17 Years</i>	0.85%	1.60%	0.00%	<10th
<i>Counseling for Physical Activity—Total</i>	0.80%	0.71%	0.00%	<10th
<b>Appropriate Testing for Children With Pharyngitis</b>				
<i>Appropriate Testing for Children With Pharyngitis</i>	NA	NA	NA	—
<b>Appropriate Treatment for Children With Upper Respiratory Infection</b>				
<i>Appropriate Treatment for Children With Upper Respiratory Infection</i>	94.74%	NA	NA	—
<b>Access to Care</b>				
<b>Prenatal and Postpartum Care</b>				
<i>Timeliness of Prenatal Care</i>	51.22%	22.65%	44.69%^	<10th
<i>Postpartum Care</i>	28.22%	27.15%	28.58%	<10th
<b>Children and Adolescents' Access to Primary Care Practitioners</b>				
<i>Ages 12 to 24 Months</i>	NA	NA	NA	—
<i>Ages 25 Months to 6 Years</i>	90.57%	87.84%	81.82%	10th–24th
<i>Ages 7 to 11 Years</i>	90.11%	90.36%	86.21%	10th–24th
<i>Ages 12 to 19 Years</i>	86.06%	91.12%	89.13%	25th–49th
<b>Adults' Access to Preventive/Ambulatory Health Services</b>				
<i>Ages 20 to 44 Years</i>	67.53%	65.96%	66.25%	10th–24th
<i>Ages 45 to 64 Years</i>	77.79%	76.58%	77.83%	10th–24th
<i>Ages 65 Years and Older</i>	91.80%	93.50%	91.55%	75th–89th
<i>Total</i>	72.23%	70.93%	71.84%	10th–24th
<b>Preventive Screening</b>				
<b>Chlamydia Screening in Women</b>				
<i>Ages 16 to 20 Years</i>	44.68%	45.83%	46.62%	10th–24th
<i>Ages 21 to 24 Years</i>	45.30%	50.00%	46.43%	<10th
<i>Total</i>	45.23%	49.26%	46.46%	10th–24th
<b>Breast Cancer Screening<sup>1</sup></b>				
<i>Breast Cancer Screening</i>	—	50.44%	50.10%	10th–24th
<b>Cervical Cancer Screening</b>				
<i>Cervical Cancer Screening</i>	40.88%	43.21%	41.93%	<10th

Performance Measures	HEDIS 2017 Rate	HEDIS 2018 Rate	HEDIS 2019 Rate	Percentile Ranking
<b>Non-Recommended Cervical Cancer Screening in Adolescent Females*</b>				
<i>Non-Recommended Cervical Cancer Screening in Adolescent Females</i>	3.07%	2.12%	2.86%	10th–24th
<b>Adult BMI Assessment<sup>1</sup></b>				
<i>Adult BMI Assessment</i>	16.21%	17.25%	27.74%^	<10th
<b>Mental/Behavioral Health</b>				
<b>Antidepressant Medication Management</b>				
<i>Effective Acute Phase Treatment</i>	56.03%	52.34%	52.20%	50th–74th
<i>Effective Continuation Phase Treatment</i>	36.21%	34.46%	33.85%	25th–49th
<b>Follow-Up Care for Children Prescribed ADHD Medication</b>				
<i>Initiation Phase</i>	NA	NA	NA	—
<i>Continuation and Maintenance Phase</i>	NA	NA	NA	—
<b>Metabolic Monitoring for Children and Adolescents on Antipsychotics</b>				
<i>Ages 1 to 5 Years</i>	—	NA	NA	—
<i>Ages 6 to 11 Years</i>	—	NA	NA	—
<i>Ages 12 to 17 Years</i>	—	NA	NA	—
<i>Total</i>	—	21.95%	20.00%	<10th
<b>Use of Multiple Concurrent Antipsychotics in Children and Adolescents**<sup>1</sup></b>				
<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>	NA	2.70%	NA	—
<b>Living With Illness</b>				
<b>Persistence of Beta-Blocker Treatment After a Heart Attack<sup>1</sup></b>				
<i>Persistence of Beta-Blocker Treatment After a Heart Attack</i>	NA	NA	NA	—
<b>Comprehensive Diabetes Care<sup>1</sup></b>				
<i>Hemoglobin A1c (HbA1c) Testing</i>	86.05%	83.94%	84.59%	10th–24th
<i>HbA1c Poor Control (&gt;9.0%)*</i>	74.00%	70.68%	76.08%^^	<10th
<i>HbA1c Control (&lt;8.0%)</i>	21.71%	25.19%	19.55%^^	<10th
<i>Eye Exam (Retinal) Performed</i>	38.23%	7.47%	50.14%^	10th–24th
<i>Medical Attention for Nephropathy</i>	83.54%	82.98%	83.21%	<10th
<i>Blood Pressure Control (&lt;140/90 mm Hg)</i>	0.00%	0.00%	8.91%^	<10th
<b>Statin Therapy for Patients With Diabetes<sup>1</sup></b>				
<i>Received Statin Therapy</i>	43.48%	43.37%	46.70%	<10th
<i>Statin Adherence 80%</i>	62.75%	57.33%	60.05%	50th–74th
<b>Statin Therapy for Patients With Cardiovascular Disease<sup>1</sup></b>				
<i>Received Statin Therapy—21–75 Years—Male</i>	73.47%	74.78%	65.77%	<10th
<i>Received Statin Therapy—40–75 Years—Female</i>	67.65%	67.57%	63.51%	<10th
<i>Received Statin Therapy—Total</i>	71.08%	71.96%	64.86%	<10th



Performance Measures	HEDIS 2017 Rate	HEDIS 2018 Rate	HEDIS 2019 Rate	Percentile Ranking
<i>Statin Adherence 80%—21–75 Years—Male</i>	65.28%	69.77%	60.27%	25th–49th
<i>Statin Adherence 80%—40–75 Years—Female</i>	67.39%	66.00%	61.70%	25th–49th
<i>Statin Adherence 80%—Total</i>	66.10%	68.38%	60.83%	25th–49th
<b>Annual Monitoring for Patients on Persistent Medications</b>				
<i>ACE Inhibitors or ARBs</i>	84.67%	84.52%	83.59%	<10th
<i>Diuretics</i>	85.51%	85.80%	85.88%	10th–24th
<i>Total</i>	—	85.03%	84.48%	10th–24th
<b>Use of Imaging Studies for Low Back Pain</b>				
<i>Use of Imaging Studies for Low Back Pain</i>	74.17%	72.70%	71.67%	25th–49th
<b>Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis</b>				
<i>Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis</i>	37.87%	40.89%	47.50%	≥90th
<b>Pharmacotherapy Management of COPD Exacerbation</b>				
<i>Systemic Corticosteroid</i>	53.09%	44.50%	40.28%	<10th
<i>Bronchodilator</i>	62.89%	54.13%	56.48%	<10th
<b>Medication Management for People With Asthma</b>				
<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>	63.46%	60.36%	62.80%	25th–49th
<i>Medication Compliance 50%—Ages 51 to 64 Years</i>	61.54%	71.19%	71.43%	10th–24th
<i>Medication Compliance 50%—Total</i>	63.41%	63.25%	64.91%	50th–74th
<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>	34.62%	36.09%	37.20%	25th–49th
<i>Medication Compliance 75%—Ages 51 to 64 Years</i>	33.33%	47.46%	44.64%	10th–24th
<i>Medication Compliance 75%—Total</i>	34.63%	38.89%	38.60%	50th–74th
<b>Asthma Medication Ratio</b>				
<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>	53.40%	52.83%	49.02%	25th–49th
<i>Ages 51 to 64 Years</i>	66.00%	47.22%	62.32%	75th–89th
<i>Total</i>	56.35%	52.07%	53.74%	10th–24th
<b>Use of Spirometry Testing in the Assessment and Diagnosis of COPD</b>				
<i>Use of Spirometry Testing in the Assessment and Diagnosis of COPD</i>	27.19%	34.87%	30.09%	25th–49th
<b>Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis<sup>1</sup></b>				
<i>Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis</i>	75.25%	74.77%	71.00%	25th–49th



Performance Measures	HEDIS 2017 Rate	HEDIS 2018 Rate	HEDIS 2019 Rate	Percentile Ranking
<b>Use of Services</b>				
<b>Ambulatory Care (Per 1,000 Member Months)</b>				
<i>ED Visits—Total—Age &lt;1 Year*</i>	NA	NA	NA	—
<i>ED Visits—Total—Ages 1 to 9 Years*</i>	52.25	50.42	38.94	—
<i>ED Visits—Total—Ages 10 to 19 Years*</i>	60.34	58.92	57.46	—
<i>ED Visits—Total—Ages 20 to 44 Years*</i>	70.71	64.89	62.68	—
<i>ED Visits—Total—Ages 45 to 64 Years*</i>	58.31	60.07	59.16	—
<i>ED Visits—Total—Ages 65 to 74 Years*</i>	76.95	64.63	68.35	—
<i>ED Visits—Total—Ages 75 to 84 Years*</i>	52.24	58.89	68.32	—
<i>ED Visits—Total—Ages 85+ Years*</i>	48.63	54.14	59.05	—
<i>ED Visits—Total—Total*</i>	66.27	62.98	61.52	25th–49th
<i>Outpatient Visits—Total—Age &lt;1 Year</i>	NA	NA	NA	—
<i>Outpatient Visits—Total—Ages 1 to 9 Years</i>	515.92	495.34	522.12	—
<i>Outpatient Visits—Total—Ages 10 to 19 Years</i>	279.11	227.33	251.45	—
<i>Outpatient Visits—Total—Ages 20 to 44 Years</i>	241.27	234.08	236.30	—
<i>Outpatient Visits—Total—Ages 45 to 64 Years</i>	435.38	434.24	445.77	—
<i>Outpatient Visits—Total—Ages 65 to 74 Years</i>	708.72	717.41	662.93	—
<i>Outpatient Visits—Total—Ages 75 to 84 Years</i>	645.90	712.90	771.72	—
<i>Outpatient Visits—Total—Ages 85+ Years</i>	518.44	634.02	683.24	—
<i>Outpatient Visits—Total—Total</i>	320.65	317.25	326.38	25th–49th
<b>Inpatient Utilization—General Hospital/Acute Care—Total<sup>1</sup></b>				
<i>Discharges per 1,000 Member Months (Total Inpatient)—Age &lt;1 Year</i>	NA	NA	NA	—
<i>Discharges per 1,000 Member Months (Total Inpatient)—Ages 1 to 9 Years</i>	4.80	11.02	13.72	—
<i>Discharges per 1,000 Member Months (Total Inpatient)—Ages 10 to 19 Years</i>	7.68	7.60	8.48	—
<i>Discharges per 1,000 Member Months (Total Inpatient)—Ages 20 to 44 Years</i>	8.45	7.44	7.63	—
<i>Discharges per 1,000 Member Months (Total Inpatient)—Ages 45 to 64 Years</i>	10.98	10.30	10.72	—
<i>Discharges per 1,000 Member Months (Total Inpatient)—Ages 65 to 74 Years</i>	19.61	23.62	21.70	—
<i>Discharges per 1,000 Member Months (Total Inpatient)—Ages 75 to 84 Years</i>	21.09	23.45	25.97	—
<i>Discharges per 1,000 Member Months (Total Inpatient)—Ages 85+ Years</i>	14.80	19.90	22.02	—
<i>Discharges per 1,000 Member Months (Total Inpatient)—Total</i>	9.66	9.01	9.42	75th–89th
<i>Days per 1,000 Member Months (Total Inpatient)—Age &lt;1 Year</i>	NA	NA	NA	—

Performance Measures	HEDIS 2017 Rate	HEDIS 2018 Rate	HEDIS 2019 Rate	Percentile Ranking
<i>Days per 1,000 Member Months (Total Inpatient)—Ages 1 to 9 Years</i>	56.46	43.64	54.87	—
<i>Days per 1,000 Member Months (Total Inpatient)—Ages 10 to 19 Years</i>	19.12	19.58	35.62	—
<i>Days per 1,000 Member Months (Total Inpatient)—Ages 20 to 44 Years</i>	25.03	21.49	22.46	—
<i>Days per 1,000 Member Months (Total Inpatient)—Ages 45 to 64 Years</i>	49.73	45.82	47.47	—
<i>Days per 1,000 Member Months (Total Inpatient)—Ages 65 to 74 Years</i>	99.27	104.47	92.78	—
<i>Days per 1,000 Member Months (Total Inpatient)—Ages 75 to 84 Years</i>	83.59	112.76	118.24	—
<i>Days per 1,000 Member Months (Total Inpatient)—Ages 85+ Years</i>	59.67	84.93	92.46	—
<i>Days per 1,000 Member Months (Total Inpatient)—Total</i>	35.32	32.59	34.67	75th–89th
<i>Average Length of Stay (Total Inpatient)—Age &lt;1 Year</i>	NA	NA	NA	—
<i>Average Length of Stay (Total Inpatient)—Ages 1 to 9 Years</i>	NA	3.96	4.00	—
<i>Average Length of Stay (Total Inpatient)—Ages 10 to 19 Years</i>	2.49	2.58	4.20	—
<i>Average Length of Stay (Total Inpatient)—Ages 20 to 44 Years</i>	2.96	2.89	2.94	—
<i>Average Length of Stay (Total Inpatient)—Ages 45 to 64 Years</i>	4.53	4.45	4.43	—
<i>Average Length of Stay (Total Inpatient)—Ages 65 to 74 Years</i>	5.06	4.42	4.28	—
<i>Average Length of Stay (Total Inpatient)—Ages 75 to 84 Years</i>	3.96	4.81	4.55	—
<i>Average Length of Stay (Total Inpatient)—Ages 85+ Years</i>	4.03	4.27	4.20	—
<i>Average Length of Stay (Total Inpatient)—Total</i>	3.66	3.62	3.68	10th–24th
<i>Discharges per 1,000 Member Months (Medicine)—Age &lt;1 Year</i>	NA	NA	NA	—
<i>Discharges per 1,000 Member Months (Medicine)—Ages 1 to 9 Years</i>	3.00	8.05	7.08	—
<i>Discharges per 1,000 Member Months (Medicine)—Ages 10 to 19 Years</i>	2.98	1.77	2.45	—
<i>Discharges per 1,000 Member Months (Medicine)—Ages 20 to 44 Years</i>	2.82	2.28	2.23	—
<i>Discharges per 1,000 Member Months (Medicine)—Ages 45 to 64 Years</i>	6.76	6.41	6.68	—
<i>Discharges per 1,000 Member Months (Medicine)—Ages 65 to 74 Years</i>	12.09	16.64	15.26	—
<i>Discharges per 1,000 Member Months (Medicine)—Ages 75 to 84 Years</i>	14.90	17.54	20.25	—
<i>Discharges per 1,000 Member Months (Medicine)—Ages 85+ Years</i>	11.28	15.66	18.13	—
<i>Discharges per 1,000 Member Months (Medicine)—Total</i>	4.47	4.20	4.39	75th–89th
<i>Days per 1,000 Member Months (Medicine)—Age &lt;1 Year</i>	NA	NA	NA	—
<i>Days per 1,000 Member Months (Medicine)—Ages 1 to 9 Years</i>	30.63	29.24	27.43	—

Performance Measures	HEDIS 2017 Rate	HEDIS 2018 Rate	HEDIS 2019 Rate	Percentile Ranking
<i>Days per 1,000 Member Months (Medicine)—Ages 10 to 19 Years</i>	6.58	4.22	9.37	—
<i>Days per 1,000 Member Months (Medicine)—Ages 20 to 44 Years</i>	9.03	7.61	7.04	—
<i>Days per 1,000 Member Months (Medicine)—Ages 45 to 64 Years</i>	26.34	24.78	26.38	—
<i>Days per 1,000 Member Months (Medicine)—Ages 65 to 74 Years</i>	56.73	61.74	62.26	—
<i>Days per 1,000 Member Months (Medicine)—Ages 75 to 84 Years</i>	57.86	81.08	84.39	—
<i>Days per 1,000 Member Months (Medicine)—Ages 85+ Years</i>	42.52	60.77	73.30	—
<i>Days per 1,000 Member Months (Medicine)—Total</i>	16.38	15.52	16.41	50th–74th
<i>Average Length of Stay (Medicine)—Age &lt;1 Year</i>	NA	NA	NA	—
<i>Average Length of Stay (Medicine)—Ages 1 to 9 Years</i>	NA	3.63	3.88	—
<i>Average Length of Stay (Medicine)—Ages 10 to 19 Years</i>	NA	2.38	3.83	—
<i>Average Length of Stay (Medicine)—Ages 20 to 44 Years</i>	3.21	3.34	3.16	—
<i>Average Length of Stay (Medicine)—Ages 45 to 64 Years</i>	3.90	3.87	3.95	—
<i>Average Length of Stay (Medicine)—Ages 65 to 74 Years</i>	4.69	3.71	4.08	—
<i>Average Length of Stay (Medicine)—Ages 75 to 84 Years</i>	3.88	4.62	4.17	—
<i>Average Length of Stay (Medicine)—Ages 85+ Years</i>	3.77	3.88	4.04	—
<i>Average Length of Stay (Medicine)—Total</i>	3.66	3.70	3.74	10th–24th
<i>Discharges per 1,000 Member Months (Surgery)—Age &lt;1 Year</i>	NA	NA	NA	—
<i>Discharges per 1,000 Member Months (Surgery)—Ages 1 to 9 Years</i>	1.80	2.97	6.64	—
<i>Discharges per 1,000 Member Months (Surgery)—Ages 10 to 19 Years</i>	1.57	1.10	1.14	—
<i>Discharges per 1,000 Member Months (Surgery)—Ages 20 to 44 Years</i>	1.21	1.02	1.03	—
<i>Discharges per 1,000 Member Months (Surgery)—Ages 45 to 64 Years</i>	4.20	3.84	4.03	—
<i>Discharges per 1,000 Member Months (Surgery)—Ages 65 to 74 Years</i>	7.52	6.98	6.44	—
<i>Discharges per 1,000 Member Months (Surgery)—Ages 75 to 84 Years</i>	6.19	5.91	5.72	—
<i>Discharges per 1,000 Member Months (Surgery)—Ages 85+ Years</i>	3.52	4.25	3.89	—
<i>Discharges per 1,000 Member Months (Surgery)—Total</i>	2.36	2.12	2.23	75th–89th
<i>Days per 1,000 Member Months (Surgery)—Age &lt;1 Year</i>	NA	NA	NA	—
<i>Days per 1,000 Member Months (Surgery)—Ages 1 to 9 Years</i>	25.83	14.41	27.43	—
<i>Days per 1,000 Member Months (Surgery)—Ages 10 to 19 Years</i>	6.58	4.73	14.67	—
<i>Days per 1,000 Member Months (Surgery)—Ages 20 to 44 Years</i>	6.25	5.27	5.26	—
<i>Days per 1,000 Member Months (Surgery)—Ages 45 to 64 Years</i>	23.32	20.85	21.00	—
<i>Days per 1,000 Member Months (Surgery)—Ages 65 to 74 Years</i>	42.55	42.73	30.51	—
<i>Days per 1,000 Member Months (Surgery)—Ages 75 to 84 Years</i>	25.74	31.68	33.85	—
<i>Days per 1,000 Member Months (Surgery)—Ages 85+ Years</i>	17.15	24.15	19.17	—
<i>Days per 1,000 Member Months (Surgery)—Total</i>	12.73	11.43	11.73	50th–74th

Performance Measures	HEDIS 2017 Rate	HEDIS 2018 Rate	HEDIS 2019 Rate	Percentile Ranking
<i>Average Length of Stay (Surgery)—Age &lt;1 Year</i>	NA	NA	NA	—
<i>Average Length of Stay (Surgery)—Ages 1 to 9 Years</i>	NA	4.86	4.13	—
<i>Average Length of Stay (Surgery)—Ages 10 to 19 Years</i>	NA	4.31	12.86	—
<i>Average Length of Stay (Surgery)—Ages 20 to 44 Years</i>	5.16	5.18	5.08	—
<i>Average Length of Stay (Surgery)—Ages 45 to 64 Years</i>	5.55	5.43	5.21	—
<i>Average Length of Stay (Surgery)—Ages 65 to 74 Years</i>	5.66	6.12	4.74	—
<i>Average Length of Stay (Surgery)—Ages 75 to 84 Years</i>	4.16	5.36	5.92	—
<i>Average Length of Stay (Surgery)—Ages 85+ Years</i>	NA	5.69	4.93	—
<i>Average Length of Stay (Surgery)—Total</i>	5.39	5.39	5.26	<10th
<i>Discharges per 1,000 Member Months (Maternity)—Ages 10 to 19 Years</i>	3.13	4.73	4.89	—
<i>Discharges per 1,000 Member Months (Maternity)—Ages 20 to 44 Years</i>	4.42	4.14	4.37	—
<i>Discharges per 1,000 Member Months (Maternity)—Ages 45 to 64 Years</i>	0.02	0.05	0.02	—
<i>Discharges per 1,000 Member Months (Maternity)—Total</i>	2.96	2.83	2.96	50th–74th
<i>Days per 1,000 Member Months (Maternity)—Ages 10 to 19 Years</i>	5.96	10.64	11.57	—
<i>Days per 1,000 Member Months (Maternity)—Ages 20 to 44 Years</i>	9.74	8.61	10.17	—
<i>Days per 1,000 Member Months (Maternity)—Ages 45 to 64 Years</i>	0.07	0.18	0.09	—
<i>Days per 1,000 Member Months (Maternity)—Total</i>	6.52	5.93	6.91	25th–49th
<i>Average Length of Stay (Maternity)—Ages 10 to 19 Years</i>	NA	2.25	2.37	—
<i>Average Length of Stay (Maternity)—Ages 20 to 44 Years</i>	2.20	2.08	2.33	—
<i>Average Length of Stay (Maternity)—Ages 45 to 64 Years</i>	NA	3.43	6.00	—
<i>Average Length of Stay (Maternity)—Total</i>	2.20	2.10	2.33	<10th
<b>Antibiotic Utilization*</b>				
<i>Average Scripts PMPY for Antibiotics—Ages 0 to 9 Years</i>	1.28	1.08	0.95	—
<i>Average Scripts PMPY for Antibiotics—Ages 10 to 17 Years</i>	0.86	0.82	0.76	—
<i>Average Scripts PMPY for Antibiotics—Ages 18 to 34 Years</i>	0.71	0.67	0.62	—
<i>Average Scripts PMPY for Antibiotics—Ages 35 to 49 Years</i>	0.79	0.73	0.68	—
<i>Average Scripts PMPY for Antibiotics—Ages 50 to 64 Years</i>	0.82	0.77	0.72	—
<i>Average Scripts PMPY for Antibiotics—Ages 65 to 74 Years</i>	0.35	0.23	0.11	—
<i>Average Scripts PMPY for Antibiotics—Ages 75 to 84 Years</i>	0.23	0.26	0.05	—
<i>Average Scripts PMPY for Antibiotics—Ages 85+ Years</i>	0.21	0.30	0.05	—
<i>Average Scripts PMPY for Antibiotics—Total</i>	0.75	0.70	0.64	75th–89th
<i>Average Days Supplied per Antibiotic Script—Ages 0 to 9 Years</i>	12.62	9.88	11.84	—
<i>Average Days Supplied per Antibiotic Script—Ages 10 to 17 Years</i>	13.01	14.21	13.62	—
<i>Average Days Supplied per Antibiotic Script—Ages 18 to 34 Years</i>	9.06	9.02	8.75	—
<i>Average Days Supplied per Antibiotic Script—Ages 35 to 49 Years</i>	9.24	9.40	9.28	—
<i>Average Days Supplied per Antibiotic Script—Ages 50 to 64 Years</i>	9.40	9.46	9.29	—

Performance Measures	HEDIS 2017 Rate	HEDIS 2018 Rate	HEDIS 2019 Rate	Percentile Ranking
<i>Average Days Supplied per Antibiotic Script—Ages 65 to 74 Years</i>	11.71	8.03	9.59	—
<i>Average Days Supplied per Antibiotic Script—Ages 75 to 84 Years</i>	8.31	15.58	9.50	—
<i>Average Days Supplied per Antibiotic Script—Ages 85+ Years</i>	10.09	12.00	7.00	—
<i>Average Days Supplied per Antibiotic Script—Total</i>	9.27	9.32	9.11	50th–74th
<i>Average Scripts PMPY for Antibiotics of Concern—Ages 0 to 9 Years</i>	0.55	0.50	0.39	—
<i>Average Scripts PMPY for Antibiotics of Concern—Ages 10 to 17 Years</i>	0.33	0.25	0.31	—
<i>Average Scripts PMPY for Antibiotics of Concern—Ages 18 to 34 Years</i>	0.27	0.24	0.22	—
<i>Average Scripts PMPY for Antibiotics of Concern—Ages 35 to 49 Years</i>	0.34	0.29	0.28	—
<i>Average Scripts PMPY for Antibiotics of Concern—Ages 50 to 64 Years</i>	0.39	0.35	0.32	—
<i>Average Scripts PMPY for Antibiotics of Concern—Ages 65 to 74 Years</i>	0.14	0.11	0.05	—
<i>Average Scripts PMPY for Antibiotics of Concern—Ages 75 to 84 Years</i>	0.12	0.09	0.01	—
<i>Average Scripts PMPY for Antibiotics of Concern—Ages 85+ Years</i>	0.08	0.10	0.02	—
<i>Average Scripts PMPY for Antibiotics of Concern—Total</i>	0.32	0.28	0.25	75th–89th
<i>Percentage of Antibiotics of Concern of All Antibiotic Scripts—Ages 0 to 9 Years</i>	42.70%	46.48%	41.34%	—
<i>Percentage of Antibiotics of Concern of All Antibiotic Scripts—Ages 10 to 17 Years</i>	38.00%	30.58%	40.98%	—
<i>Percentage of Antibiotics of Concern of All Antibiotic Scripts—Ages 18 to 34 Years</i>	38.10%	35.78%	35.57%	—
<i>Percentage of Antibiotics of Concern of All Antibiotic Scripts—Ages 35 to 49 Years</i>	42.96%	39.74%	40.71%	—
<i>Percentage of Antibiotics of Concern of All Antibiotic Scripts—Ages 50 to 64 Years</i>	47.94%	45.75%	44.56%	—
<i>Percentage of Antibiotics of Concern of All Antibiotic Scripts—Ages 65 to 74 Years</i>	39.31%	47.06%	41.77%	—
<i>Percentage of Antibiotics of Concern of All Antibiotic Scripts—Ages 75 to 84 Years</i>	53.13%	35.80%	18.75%	—
<i>Percentage of Antibiotics of Concern of All Antibiotic Scripts—Ages 85+ Years</i>	39.29%	32.35%	33.33%	—
<i>Percentage of Antibiotics of Concern of All Antibiotic Scripts—Total</i>	42.10%	39.55%	39.52%	50th–74th

Performance Measures	HEDIS 2017 Rate	HEDIS 2018 Rate	HEDIS 2019 Rate	Percentile Ranking
<b>Frequency of Selected Procedures</b>				
<i>Bariatric weight loss surgery (0–19 Male)</i>	0.00	0.00	0.00	≥90th
<i>Bariatric weight loss surgery (0–19 Female)</i>	0.00	0.00	0.00	≥90th
<i>Bariatric weight loss surgery (20–44 Male)</i>	0.01	0.01	0.02	75th–89th
<i>Bariatric weight loss surgery (20–44 Female)</i>	0.09	0.12	0.12	≥90th
<i>Bariatric weight loss surgery (45–64 Male)</i>	0.02	0.02	0.03	75th–89th
<i>Bariatric weight loss surgery (45–64 Female)</i>	0.25	0.17	0.13	75th–89th
<i>Tonsillectomy (0–9 Male &amp; Female)</i>	3.60	1.27	1.32	≥90th
<i>Tonsillectomy (10–19 Male &amp; Female)</i>	0.16	0.42	0.57	≥90th
<i>Hysterectomy, Abdominal (15–44 Female)</i>	0.10	0.08	0.08	25th–49th
<i>Hysterectomy, Abdominal (45–64 Female)</i>	0.23	0.17	0.26	50th–74th
<i>Hysterectomy, Vaginal (15–44 Female)</i>	0.59	0.34	0.43	≥90th
<i>Hysterectomy, Vaginal (45–64 Female)</i>	0.40	0.31	0.20	50th–74th
<i>Cholecystectomy, Open (30–64 Male)</i>	0.00	0.01	0.01	25th–49th
<i>Cholecystectomy, Open (15–44 Female)</i>	0.01	0.01	0.01	75th–89th
<i>Cholecystectomy, Open (45–64 Female)</i>	0.01	0.01	0.01	25th–49th
<i>Cholecystectomy (Laparoscopic) (30–64 Male)</i>	0.33	0.32	0.30	50th–74th
<i>Cholecystectomy (Laparoscopic) (15–44 Female)</i>	0.82	0.84	0.67	50th–74th
<i>Cholecystectomy (Laparoscopic) (45–64 Female)</i>	0.70	0.71	0.60	50th–74th
<i>Back Surgery (20–44 Male)</i>	0.18	0.10	0.14	25th–49th
<i>Back Surgery (20–44 Female)</i>	0.29	0.23	0.18	50th–74th
<i>Back Surgery (45–64 Male)</i>	0.83	0.72	0.76	75th–89th
<i>Back Surgery (45–64 Female)</i>	0.78	0.62	0.71	75th–89th
<i>Mastectomy (15–44 Female)</i>	0.07	0.05	0.06	≥90th
<i>Mastectomy (45–64 Female)</i>	0.04	0.10	0.10	25th–49th
<i>Lumpectomy (15–44 Female)</i>	0.13	0.08	0.13	75th–89th
<i>Lumpectomy (45–64 Female)</i>	0.26	0.33	0.27	25th–49th
<b>Plan All-Cause Readmissions<sup>*1</sup></b>				
<i>Index Total Stays—Observed Readmissions—Ages 18 to 44 Years</i>	—	10.71%	11.95%	75th–89th
<i>Index Total Stays—Observed Readmissions—Ages 45 to 54 Years</i>	—	9.81%	11.98%	75th–89th
<i>Index Total Stays—Observed Readmissions—Ages 55 to 64 Years</i>	—	7.50%	11.27%^^	75th–89th
<i>Index Total Stays—Observed Readmissions—Total</i>	—	9.33%	11.71%	75th–89th
<i>Index Total Stays—O/E Ratio—Total</i>	—	0.56	0.64	≥90th
<b>Use of Opioids at High Dosage<sup>*2</sup></b>				
<i>Use of Opioids at High Dosage</i>	—	—	4.19%	—

Performance Measures	HEDIS 2017 Rate	HEDIS 2018 Rate	HEDIS 2019 Rate	Percentile Ranking
<b>Use of Opioids From Multiple Providers**<sup>2</sup></b>				
Multiple Prescribers	—	—	25.73%	—
Multiple Pharmacies	—	—	4.22%	—
Multiple Prescribers and Multiple Pharmacies	—	—	2.79%	—

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

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

<sup>2</sup> Due to changes in the technical specifications for this measure, NCQA recommends a break in trending between 2019 and prior years; therefore, prior years' rates are not displayed and comparisons to benchmarks are not performed for this measure.

— Indicates that NCQA recommended a break in trending; therefore, prior years' rates are not displayed and comparisons to benchmarks are not performed. This symbol may also indicate that the MCOs were not required to report this measure for HEDIS 2017.

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

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

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



## Colorado Medicaid Weighted Average Trend Table

Given that the MCOs varied in membership size, the statewide average rate for each measure was weighted based on the MCOs’ eligible populations. For the MCOs with rates reported as *Small Denominator (NA)*, the numerators, denominators, and eligible populations were included in the calculations of the statewide rate. Non-reportable rates such as *NA* were excluded when calculating plan rate range. Of note, the Colorado Medicaid weighted averages for HEDIS 2017 were based on the FFS population and one additional Medicaid MCO. The HEDIS 2018 and 2019 Colorado Medicaid weighted averages are based on DHMP and RMHP Prime. Therefore, exercise caution when comparing HEDIS 2018 and 2019 rates to historical rates.

**Table B-3—Colorado Medicaid Statewide Trend Table**

Performance Measures	HEDIS 2017 Rate	HEDIS 2018 Rate	HEDIS 2019 Rate	Plan Rate Range
<b><i>Pediatric Care</i></b>				
<b><i>Childhood Immunization Status<sup>1</sup></i></b>				
<i>DTap</i>	64.87%	75.39%	69.51%^^	—
<i>IPV</i>	80.97%	84.70%	79.95%^^	—
<i>MMR</i>	81.40%	78.65%	79.95%	—
<i>HiB</i>	77.94%	84.70%	80.55%^^	—
<i>Hepatitis B</i>	81.07%	80.75%	82.17%	—
<i>VZV</i>	80.65%	83.70%	80.07%^^	—
<i>Pneumococcal Conjugate</i>	68.38%	73.99%	68.01%^^	—
<i>Hepatitis A</i>	74.81%	81.06%	79.41%	—
<i>Rotavirus</i>	61.88%	67.62%	62.61%^^	—
<i>Influenza</i>	41.79%	50.23%	51.56%	—
<i>Combination 2</i>	58.53%	68.25%	68.01%	—
<i>Combination 3</i>	56.00%	65.92%	64.77%	—
<i>Combination 4</i>	53.15%	64.21%	64.65%	—
<i>Combination 5</i>	47.31%	58.00%	56.78%	—
<i>Combination 6</i>	32.83%	43.32%	45.20%	—
<i>Combination 7</i>	45.27%	56.68%	56.66%	—
<i>Combination 8</i>	31.74%	42.47%	45.14%	—
<i>Combination 9</i>	28.87%	39.44%	40.76%	—
<i>Combination 10</i>	28.01%	38.74%	40.70%	—
<b><i>Immunizations for Adolescents</i></b>				
<i>Meningococcal</i>	66.57%	77.73%	78.94%	57.14%–79.43%
<i>Tdap</i>	77.67%	81.93%	78.94%	78.92%–80.00%
<i>HPV</i>	—	50.16%	50.37%	22.86%–50.98%
<i>Combination 1 (Meningococcal, Tdap)</i>	64.78%	75.55%	76.40%	54.29%–76.89%
<i>Combination 2 (Meningococcal, Tdap, HPV)</i>	—	47.11%	48.70%	14.29%–49.46%

Performance Measures	HEDIS 2017 Rate	HEDIS 2018 Rate	HEDIS 2019 Rate	Plan Rate Range
<b>Well-Child Visits in the First 15 Months of Life</b>				
Zero Visits*	4.25%	9.12%	7.08%	—
Six or More Visits	48.55%	4.39%	52.28%^	—
<b>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</b>				
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	57.64%	60.89%	63.57%	61.90%–63.59%
<b>Adolescent Well-Care Visits</b>				
Adolescent Well-Care Visits	33.94%	34.29%	39.36%^	17.66%–41.29%
<b>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</b>				
BMI Percentile Documentation—Ages 3 to 11 Years <sup>1</sup>	7.58%	10.49%	14.66%^	3.70%–14.80%
BMI Percentile Documentation—Ages 12 to 17 Years <sup>1</sup>	10.63%	26.76%	33.00%^	5.10%–33.53%
BMI Percentile Documentation—Total <sup>1</sup>	8.65%	16.52%	21.62%^	4.37%–21.89%
Counseling for Nutrition—Ages 3 to 11 Years	7.41%	1.76%	2.31%	2.14%–15.74%
Counseling for Nutrition—Ages 12 to 17 Years	7.85%	13.60%	16.16%	15.31%–16.17%
Counseling for Nutrition—Total	7.57%	6.14%	7.57%	7.45%–15.53%
Counseling for Physical Activity—Ages 3 to 11 Years	1.95%	0.36%	1.58%	0.00%–1.61%
Counseling for Physical Activity—Ages 12 to 17 Years	4.89%	3.04%	12.71%^	0.00%–12.95%
Counseling for Physical Activity—Total	2.97%	1.35%	5.81%^	0.00%–5.90%
<b>Appropriate Testing for Children With Pharyngitis</b>				
Appropriate Testing for Children With Pharyngitis	75.71%	83.67%	88.14%	—
<b>Appropriate Treatment for Children With Upper Respiratory Infection</b>				
Appropriate Treatment for Children With Upper Respiratory Infection	92.16%	97.55%	97.17%	—
<b>Access to Care</b>				
<b>Prenatal and Postpartum Care</b>				
Timeliness of Prenatal Care	64.06%	43.75%	58.07%^	44.69%–71.90%
Postpartum Care	35.08%	38.18%	42.40%^	28.58%–56.69%
<b>Children's and Adolescents' Access to Primary Care Practitioners</b>				
Ages 12 to 24 Months	92.33%	86.85%	88.52%	—
Ages 25 Months to 6 Years	79.07%	72.27%	75.14%	75.09%–81.82%
Ages 7 to 11 Years	83.05%	75.68%	80.16%^	80.08%–86.21%
Ages 12 to 19 Years	82.70%	75.68%	80.50%^	80.30%–89.13%
<b>Adults' Access to Preventive/Ambulatory Health Services</b>				
Ages 20 to 44 Years	61.59%	57.22%	56.05%	48.84%–66.25%
Ages 45 to 64 Years	72.83%	70.88%	69.84%	62.17%–77.83%
Ages 65 Years and Older	76.50%	83.48%	78.31%^	68.56%–91.55%
Total	66.03%	62.88%	61.75%	53.89%–71.84%

Performance Measures	HEDIS 2017 Rate	HEDIS 2018 Rate	HEDIS 2019 Rate	Plan Rate Range
<b>Preventive Screening</b>				
<b>Chlamydia Screening in Women</b>				
<i>Ages 16 to 20 Years</i>	47.14%	63.09%	64.72%	46.62%–66.78%
<i>Ages 21 to 24 Years</i>	54.40%	58.66%	60.64%	46.43%–73.30%
<i>Total</i>	50.69%	60.64%	62.43%	46.46%–69.58%
<b>Breast Cancer Screening<sup>1</sup></b>				
<i>Breast Cancer Screening</i>	—	50.53%	48.53%	46.48%–50.10%
<b>Cervical Cancer Screening</b>				
<i>Cervical Cancer Screening</i>	42.85%	43.12%	42.52%	41.93%–43.07%
<b>Non-Recommended Cervical Cancer Screening in Adolescent Females*</b>				
<i>Non-Recommended Cervical Cancer Screening in Adolescent Females</i>	1.34%	0.34%	0.23%	0.00%–2.86%
<b>Adult BMI Assessment<sup>1</sup></b>				
<i>Adult BMI Assessment</i>	18.39%	47.08%	52.30%^	27.74%–81.44%
<b>Mental/Behavioral Health</b>				
<b>Anti-depressant Medication Management</b>				
<i>Effective Acute Phase Treatment</i>	55.31%	53.45%	53.24%	52.20%–54.20%
<i>Effective Continuation Phase Treatment</i>	32.28%	34.05%	33.91%	33.85%–33.96%
<b>Follow-up Care for Children Prescribed ADHD Medication</b>				
<i>Initiation Phase</i>	34.13%	37.59%	40.56%	—
<i>Continuation and Maintenance Phase</i>	35.55%	NA	41.94%	—
<b>Metabolic Monitoring for Children and Adolescents on Antipsychotics</b>				
<i>Ages 1 to 5 Years</i>	—	NA	NA	—
<i>Ages 6 to 11 Years</i>	—	NA	NA	—
<i>Ages 12 to 17 Years</i>	—	NA	27.78%	—
<i>Total</i>	—	21.95%	35.21%	20.00%–46.34%
<b>Use of Multiple Concurrent Antipsychotics in Children and Adolescents*<sup>1</sup></b>				
<i>Ages 1 to 5 Years</i>	NA	NA	NA	—
<i>Ages 6 to 11 Years</i>	3.52%	NA	NA	—
<i>Ages 12 to 17 Years</i>	6.81%	0.00%	5.13%	—
<i>Total</i>	5.76%	1.49%	5.77%	—
<b>Living With Illness</b>				
<b>Persistence of Beta-Blocker Treatment After a Heart Attack<sup>1</sup></b>				
<i>Persistence of Beta-Blocker Treatment After a Heart Attack</i>	69.04%	66.18%	50.98%	—
<b>Comprehensive Diabetes Care<sup>1</sup></b>				
<i>Hemoglobin A1c (HbA1c) Testing</i>	79.13%	83.03%	83.24%	82.06%–84.59%
<i>HbA1c Poor Control (&gt;9.0%)*</i>	93.82%	56.53%	56.98%	40.38%–76.08%
<i>HbA1c Control (&lt;8.0%)</i>	4.88%	35.51%	34.71%	19.55%–47.88%

Performance Measures	HEDIS 2017 Rate	HEDIS 2018 Rate	HEDIS 2019 Rate	Plan Rate Range
<i>Eye Exam (Retinal) Performed</i>	30.83%	27.40%	47.83%^	45.83%–50.14%
<i>Medical Attention for Nephropathy</i>	78.30%	82.72%	82.30%	81.51%–83.21%
<i>Blood Pressure Control (&lt;140/90 mm Hg)</i>	5.05%	32.61%	37.14%^	8.91%–61.67%
<b><i>Statin Therapy for Patients With Diabetes<sup>1</sup></i></b>				
<i>Received Statin Therapy</i>	56.05%	49.60%	52.77%^	46.70%–57.75%
<i>Statin Adherence 80%</i>	51.69%	58.63%	60.40%	60.05%–60.63%
<b><i>Statin Therapy for Patients With Cardiovascular Disease<sup>1</sup></i></b>				
<i>Received Statin Therapy—21–75 Years—Male</i>	79.98%	73.68%	68.32%	65.77%–71.43%
<i>Received Statin Therapy—40–75 Years—Female</i>	75.06%	72.44%	67.97%	63.51%–74.07%
<i>Received Statin Therapy—Total</i>	78.26%	73.19%	68.18%	64.86%–72.41%
<i>Statin Adherence 80%—21–75 Years—Male</i>	57.35%	65.00%	65.22%	60.27%–70.77%
<i>Statin Adherence 80%—40–75 Years—Female</i>	56.29%	63.04%	64.37%	61.70%–67.50%
<i>Statin Adherence 80%—Total</i>	56.99%	64.22%	64.89%	60.83%–69.52%
<b><i>Annual Monitoring for Patients on Persistent Medications</i></b>				
<i>ACE Inhibitors or ARBs</i>	85.08%	84.90%	85.16%	83.59%–86.46%
<i>Diuretics</i>	84.45%	84.75%	85.98%	85.88%–86.05%
<i>Total</i>	—	84.84%	85.49%	84.48%–86.29%
<b><i>Use of Imaging Studies for Low Back Pain</i></b>				
<i>Use of Imaging Studies for Low Back Pain</i>	68.16%	71.09%	72.28%	71.67%–72.83%
<b><i>Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis</i></b>				
<i>Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis</i>	37.16%	45.60%	49.79%	47.50%–56.90%
<b><i>Pharmacotherapy Management of COPD Exacerbation</i></b>				
<i>Systemic Corticosteroid</i>	69.02%	50.53%	47.02%	40.28%–50.34%
<i>Bronchodilator</i>	80.90%	61.10%	67.02%^	56.48%–72.21%
<b><i>Medication Management for People With Asthma</i></b>				
<i>Medication Compliance 50%—Ages 5 to 11 Years</i>	56.24%	41.72%	50.35%	—
<i>Medication Compliance 50%—Ages 12 to 18 Years</i>	51.40%	49.57%	44.34%	—
<i>Medication Compliance 50%—Ages 19 to 50 Years</i>	61.10%	62.15%	67.64%	62.80%–73.10%
<i>Medication Compliance 50%—Ages 51 to 64 Years</i>	71.82%	73.33%	72.12%	71.43%–72.92%
<i>Medication Compliance 50%—Total</i>	58.29%	57.27%	60.91%	58.80%–64.91%
<i>Medication Compliance 75%—Ages 5 to 11 Years</i>	29.03%	21.85%	26.95%	—
<i>Medication Compliance 75%—Ages 12 to 18 Years</i>	25.74%	20.87%	19.81%	—
<i>Medication Compliance 75%—Ages 19 to 50 Years</i>	35.57%	34.70%	40.13%	37.20%–43.45%
<i>Medication Compliance 75%—Ages 51 to 64 Years</i>	47.40%	47.62%	46.15%	44.64%–47.92%
<i>Medication Compliance 75%—Total</i>	32.29%	31.54%	35.00%	33.10%–38.60%

Performance Measures	HEDIS 2017 Rate	HEDIS 2018 Rate	HEDIS 2019 Rate	Plan Rate Range
<b>Asthma Medication Ratio</b>				
<i>Ages 5 to 11 Years</i>	73.15%	78.05%	60.27%^^	—
<i>Ages 12 to 18 Years</i>	60.73%	65.63%	44.26%^^	—
<i>Ages 19 to 50 Years</i>	51.38%	54.23%	46.00%^^	42.86%–49.02%
<i>Ages 51 to 64 Years</i>	61.75%	48.18%	50.35%	39.19%–62.32%
<i>Total</i>	61.23%	59.69%	49.08%^^	46.60%–53.74%
<b>Use of Spirometry Testing in the Assessment and Diagnosis of COPD</b>				
<i>Use of Spirometry Testing in the Assessment and Diagnosis of COPD</i>	27.07%	31.48%	29.47%	28.57%–30.09%
<b>Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis<sup>1</sup></b>				
<i>Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis</i>	78.04%	74.24%	78.89%	71.00%–88.75%
<b>Use of Services</b>				
<b>Ambulatory Care (Per 1,000 Member Months)</b>				
<i>ED Visits—Total—Age &lt;1 Year*</i>	85.99	69.67	71.61	—
<i>ED Visits—Total—Ages 1 to 9 Years*</i>	42.30	32.49	33.19	33.13–38.94
<i>ED Visits—Total—Ages 10 to 19 Years*</i>	37.49	26.46	26.85	25.10–57.46
<i>ED Visits—Total—Ages 20 to 44 Years*</i>	70.45	57.46	57.01	53.23–62.68
<i>ED Visits—Total—Ages 45 to 64 Years*</i>	59.97	57.02	57.97	56.93–59.16
<i>ED Visits—Total—Ages 65 to 74 Years*</i>	56.88	53.40	55.51	48.04–68.35
<i>ED Visits—Total—Ages 75 to 84 Years*</i>	50.30	44.79	48.66	37.60–68.32
<i>ED Visits—Total—Ages 85+ Years*</i>	41.70	40.85	42.93	32.03–59.05
<i>ED Visits—Total—Total*</i>	55.58	48.02	49.10	43.95–61.52
<i>Outpatient Visits—Total—Age &lt;1 Year</i>	699.46	492.51	562.35	—
<i>Outpatient Visits—Total—Ages 1 to 9 Years</i>	221.29	167.22	179.92	176.32–522.12
<i>Outpatient Visits—Total—Ages 10 to 19 Years</i>	191.90	156.83	169.55	164.85–251.45
<i>Outpatient Visits—Total—Ages 20 to 44 Years</i>	219.61	184.83	192.12	162.59–236.30
<i>Outpatient Visits—Total—Ages 45 to 64 Years</i>	386.66	345.59	371.45	306.52–445.77
<i>Outpatient Visits—Total—Ages 65 to 74 Years</i>	505.66	453.12	455.97	335.52–662.93
<i>Outpatient Visits—Total—Ages 75 to 84 Years</i>	530.18	453.14	493.93	337.51–771.72
<i>Outpatient Visits—Total—Ages 85+ Years</i>	480.55	354.62	396.80	203.22–683.24
<i>Outpatient Visits—Total—Total</i>	263.93	222.58	239.73	203.78–326.38

Performance Measures	HEDIS 2017 Rate	HEDIS 2018 Rate	HEDIS 2019 Rate	Plan Rate Range
<b><i>Inpatient Utilization—General Hospital/Acute Care<sup>1</sup></i></b>				
<i>Discharges per 1,000 Member Months (Total Inpatient)—Age &lt;1 Year</i>	9.37	6.61	6.53	—
<i>Discharges per 1,000 Member Months (Total Inpatient)—Ages 1 to 9 Years</i>	1.60	1.38	1.51	1.38–13.72
<i>Discharges per 1,000 Member Months (Total Inpatient)—Ages 10 to 19 Years</i>	2.17	1.68	1.77	1.38–8.48
<i>Discharges per 1,000 Member Months (Total Inpatient)—Ages 20 to 44 Years</i>	9.34	6.53	6.68	6.04–7.63
<i>Discharges per 1,000 Member Months (Total Inpatient)—Ages 45 to 64 Years</i>	12.66	10.13	10.89	10.72–11.03
<i>Discharges per 1,000 Member Months (Total Inpatient)—Ages 65 to 74 Years</i>	18.14	15.21	15.18	11.39–21.70
<i>Discharges per 1,000 Member Months (Total Inpatient)—Ages 75 to 84 Years</i>	19.19	15.70	17.37	12.53–25.97
<i>Discharges per 1,000 Member Months (Total Inpatient)—Ages 85+ Years</i>	18.15	16.98	15.04	10.33–22.02
<i>Discharges per 1,000 Member Months (Total Inpatient)—Total</i>	7.05	5.88	6.34	5.06–9.42
<i>Days per 1,000 Member Months (Total Inpatient)—Age &lt;1 Year</i>	66.04	43.69	28.93	—
<i>Days per 1,000 Member Months (Total Inpatient)—Ages 1 to 9 Years</i>	5.95	4.35	5.00	4.48–54.87
<i>Days per 1,000 Member Months (Total Inpatient)—Ages 10 to 19 Years</i>	7.87	6.02	6.37	4.69–35.62
<i>Days per 1,000 Member Months (Total Inpatient)—Ages 20 to 44 Years</i>	32.70	21.37	22.62	22.46–22.72
<i>Days per 1,000 Member Months (Total Inpatient)—Ages 45 to 64 Years</i>	65.04	54.66	57.16	47.47–65.62
<i>Days per 1,000 Member Months (Total Inpatient)—Ages 65 to 74 Years</i>	110.73	80.11	79.03	71.04–92.78
<i>Days per 1,000 Member Months (Total Inpatient)—Ages 75 to 84 Years</i>	117.23	82.16	82.57	62.49–118.24
<i>Days per 1,000 Member Months (Total Inpatient)—Ages 85+ Years</i>	106.89	82.98	68.94	53.04–92.46
<i>Days per 1,000 Member Months (Total Inpatient)—Total</i>	30.71	24.87	26.58	23.23–34.67
<i>Average Length of Stay (Total Inpatient)—Age &lt;1 Year</i>	7.05	6.61	4.43	—
<i>Average Length of Stay (Total Inpatient)—Ages 1 to 9 Years</i>	3.72	3.15	3.31	3.24–4.00
<i>Average Length of Stay (Total Inpatient)—Ages 10 to 19 Years</i>	3.62	3.59	3.60	3.39–4.20

Performance Measures	HEDIS 2017 Rate	HEDIS 2018 Rate	HEDIS 2019 Rate	Plan Rate Range
<i>Average Length of Stay (Total Inpatient)—Ages 20 to 44 Years</i>	3.50	3.27	3.39	2.94–3.76
<i>Average Length of Stay (Total Inpatient)—Ages 45 to 64 Years</i>	5.14	5.39	5.25	4.43–5.95
<i>Average Length of Stay (Total Inpatient)—Ages 65 to 74 Years</i>	6.11	5.27	5.21	4.28–6.23
<i>Average Length of Stay (Total Inpatient)—Ages 75 to 84 Years</i>	6.11	5.23	4.75	4.55–4.99
<i>Average Length of Stay (Total Inpatient)—Ages 85+ Years</i>	5.89	4.89	4.58	4.20–5.14
<i>Average Length of Stay (Total Inpatient)—Total</i>	4.36	4.23	4.19	3.68–4.59
<i>Discharges per 1,000 Member Months (Medicine)—Age &lt;1 Year</i>	7.87	5.80	6.09	—
<i>Discharges per 1,000 Member Months (Medicine)—Ages 1 to 9 Years</i>	1.28	1.20	1.28	1.22–7.08
<i>Discharges per 1,000 Member Months (Medicine)—Ages 10 to 19 Years</i>	0.85	0.54	0.59	0.49–2.45
<i>Discharges per 1,000 Member Months (Medicine)—Ages 20 to 44 Years</i>	2.92	2.10	2.22	2.22–2.23
<i>Discharges per 1,000 Member Months (Medicine)—Ages 45 to 64 Years</i>	7.98	6.98	7.52	6.68–8.25
<i>Discharges per 1,000 Member Months (Medicine)—Ages 65 to 74 Years</i>	12.51	11.45	11.26	8.93–15.26
<i>Discharges per 1,000 Member Months (Medicine)—Ages 75 to 84 Years</i>	14.03	11.87	13.98	10.44–20.25
<i>Discharges per 1,000 Member Months (Medicine)—Ages 85+ Years</i>	14.45	13.87	12.33	8.40–18.13
<i>Discharges per 1,000 Member Months (Medicine)—Total</i>	3.46	3.04	3.34	2.90–4.39
<i>Days per 1,000 Member Months (Medicine)—Age &lt;1 Year</i>	34.38	22.50	24.40	—
<i>Days per 1,000 Member Months (Medicine)—Ages 1 to 9 Years</i>	3.55	3.27	3.45	3.20–27.43
<i>Days per 1,000 Member Months (Medicine)—Ages 10 to 19 Years</i>	2.72	1.40	1.89	1.46–9.37
<i>Days per 1,000 Member Months (Medicine)—Ages 20 to 44 Years</i>	9.87	7.15	7.79	7.04–8.29
<i>Days per 1,000 Member Months (Medicine)—Ages 45 to 64 Years</i>	31.79	31.86	33.59	26.38–39.88
<i>Days per 1,000 Member Months (Medicine)—Ages 65 to 74 Years</i>	68.53	50.95	49.28	41.73–62.26
<i>Days per 1,000 Member Months (Medicine)—Ages 75 to 84 Years</i>	81.57	57.39	58.85	44.47–84.39

Performance Measures	HEDIS 2017 Rate	HEDIS 2018 Rate	HEDIS 2019 Rate	Plan Rate Range
<i>Days per 1,000 Member Months (Medicine)—Ages 85+ Years</i>	80.77	63.21	51.28	36.41–73.30
<i>Days per 1,000 Member Months (Medicine)—Total</i>	13.52	12.22	13.37	12.11–16.41
<i>Average Length of Stay (Medicine)—Age &lt;1 Year</i>	4.37	3.88	4.01	—
<i>Average Length of Stay (Medicine)—Ages 1 to 9 Years</i>	2.78	2.74	2.70	2.63–3.88
<i>Average Length of Stay (Medicine)—Ages 10 to 19 Years</i>	3.20	2.59	3.19	3.00–3.83
<i>Average Length of Stay (Medicine)—Ages 20 to 44 Years</i>	3.38	3.41	3.51	3.16–3.74
<i>Average Length of Stay (Medicine)—Ages 45 to 64 Years</i>	3.98	4.56	4.47	3.95–4.83
<i>Average Length of Stay (Medicine)—Ages 65 to 74 Years</i>	5.48	4.45	4.38	4.08–4.67
<i>Average Length of Stay (Medicine)—Ages 75 to 84 Years</i>	5.82	4.84	4.21	4.17–4.26
<i>Average Length of Stay (Medicine)—Ages 85+ Years</i>	5.59	4.56	4.16	4.04–4.33
<i>Average Length of Stay (Medicine)—Total</i>	3.90	4.02	4.01	3.74–4.17
<i>Discharges per 1,000 Member Months (Surgery)—Age &lt;1 Year</i>	1.50	0.81	0.44	—
<i>Discharges per 1,000 Member Months (Surgery)—Ages 1 to 9 Years</i>	0.32	0.19	0.23	0.16–6.64
<i>Discharges per 1,000 Member Months (Surgery)—Ages 10 to 19 Years</i>	0.42	0.29	0.25	0.20–1.14
<i>Discharges per 1,000 Member Months (Surgery)—Ages 20 to 44 Years</i>	1.56	0.86	0.94	0.88–1.03
<i>Discharges per 1,000 Member Months (Surgery)—Ages 45 to 64 Years</i>	4.66	3.12	3.35	2.75–4.03
<i>Discharges per 1,000 Member Months (Surgery)—Ages 65 to 74 Years</i>	5.63	3.76	3.93	2.46–6.44
<i>Discharges per 1,000 Member Months (Surgery)—Ages 75 to 84 Years</i>	5.16	3.83	3.40	2.09–5.72
<i>Discharges per 1,000 Member Months (Surgery)—Ages 85+ Years</i>	3.70	3.12	2.72	1.93–3.89
<i>Discharges per 1,000 Member Months (Surgery)—Total</i>	1.69	1.18	1.29	0.90–2.23
<i>Days per 1,000 Member Months (Surgery)—Age &lt;1 Year</i>	31.67	21.19	4.53	—
<i>Days per 1,000 Member Months (Surgery)—Ages 1 to 9 Years</i>	2.41	1.08	1.55	1.28–27.43
<i>Days per 1,000 Member Months (Surgery)—Ages 10 to 19 Years</i>	2.75	2.47	1.95	1.22–14.67
<i>Days per 1,000 Member Months (Surgery)—Ages 20 to 44 Years</i>	10.71	5.50	5.91	5.26–6.35
<i>Days per 1,000 Member Months (Surgery)—Ages 45 to 64 Years</i>	33.20	22.68	23.49	21.00–25.66
<i>Days per 1,000 Member Months (Surgery)—Ages 65 to 74 Years</i>	42.19	29.16	29.75	29.31–30.51



Performance Measures	HEDIS 2017 Rate	HEDIS 2018 Rate	HEDIS 2019 Rate	Plan Rate Range
<i>Days per 1,000 Member Months (Surgery)—Ages 75 to 84 Years</i>	35.66	24.77	23.72	18.02–33.85
<i>Days per 1,000 Member Months (Surgery)—Ages 85+ Years</i>	26.13	19.78	17.65	16.63–19.17
<i>Days per 1,000 Member Months (Surgery)—Total</i>	12.43	8.55	8.85	7.65–11.73
<i>Average Length of Stay (Surgery)—Age &lt;1 Year</i>	21.15	26.17	10.23	—
<i>Average Length of Stay (Surgery)—Ages 1 to 9 Years</i>	7.41	5.82	6.72	4.13–7.83
<i>Average Length of Stay (Surgery)—Ages 10 to 19 Years</i>	6.52	8.57	7.86	6.19–12.86
<i>Average Length of Stay (Surgery)—Ages 20 to 44 Years</i>	6.87	6.42	6.28	5.08–7.23
<i>Average Length of Stay (Surgery)—Ages 45 to 64 Years</i>	7.12	7.27	7.02	5.21–9.34
<i>Average Length of Stay (Surgery)—Ages 65 to 74 Years</i>	7.50	7.76	7.58	4.74–11.90
<i>Average Length of Stay (Surgery)—Ages 75 to 84 Years</i>	6.90	6.46	6.98	5.92–8.63
<i>Average Length of Stay (Surgery)—Ages 85+ Years</i>	7.06	6.34	6.50	4.93–8.64
<i>Average Length of Stay (Surgery)—Total</i>	7.35	7.27	6.85	5.26–8.49
<i>Discharges per 1,000 Member Months (Maternity)—Ages 10 to 19 Years</i>	0.90	0.85	0.93	0.70–4.89
<i>Discharges per 1,000 Member Months (Maternity)—Ages 20 to 44 Years</i>	4.86	3.58	3.51	2.94–4.37
<i>Discharges per 1,000 Member Months (Maternity)—Ages 45 to 64 Years</i>	0.02	0.03	0.02	0.02–0.03
<i>Discharges per 1,000 Member Months (Maternity)—Total</i>	2.63	2.14	2.15	1.72–2.96
<i>Days per 1,000 Member Months (Maternity)—Ages 10 to 19 Years</i>	2.40	2.15	2.53	2.02–11.57
<i>Days per 1,000 Member Months (Maternity)—Ages 20 to 44 Years</i>	12.12	8.72	8.91	8.07–10.17
<i>Days per 1,000 Member Months (Maternity)—Ages 45 to 64 Years</i>	0.05	0.12	0.08	0.08–0.09
<i>Days per 1,000 Member Months (Maternity)—Total</i>	6.61	5.24	5.50	4.75–6.91
<i>Average Length of Stay (Maternity)—Ages 10 to 19 Years</i>	2.66	2.53	2.73	2.37–2.87
<i>Average Length of Stay (Maternity)—Ages 20 to 44 Years</i>	2.50	2.44	2.54	2.33–2.74
<i>Average Length of Stay (Maternity)—Ages 45 to 64 Years</i>	2.80	3.67	4.00	3.00–6.00
<i>Average Length of Stay (Maternity)—Total</i>	2.51	2.45	2.56	2.33–2.76
<b>Antibiotic Utilization*</b>				
<i>Average Scripts PMPY for Antibiotics—Ages 0 to 9 Years</i>	0.49	0.23	0.24	0.23–0.95
<i>Average Scripts PMPY for Antibiotics—Ages 10 to 17 Years</i>	0.37	0.15	0.16	0.15–0.76
<i>Average Scripts PMPY for Antibiotics—Ages 18 to 34 Years</i>	0.64	0.51	0.49	0.41–0.62
<i>Average Scripts PMPY for Antibiotics—Ages 35 to 49 Years</i>	0.73	0.58	0.53	0.42–0.68

Performance Measures	HEDIS 2017 Rate	HEDIS 2018 Rate	HEDIS 2019 Rate	Plan Rate Range
<i>Average Scripts PMPY for Antibiotics—Ages 50 to 64 Years</i>	0.77	0.63	0.58	0.45–0.72
<i>Average Scripts PMPY for Antibiotics—Ages 65 to 74 Years</i>	0.48	0.10	0.07	0.05–0.11
<i>Average Scripts PMPY for Antibiotics—Ages 75 to 84 Years</i>	0.48	0.13	0.04	0.04–0.05
<i>Average Scripts PMPY for Antibiotics—Ages 85+ Years</i>	0.41	0.13	0.06	0.05–0.07
<i>Average Scripts PMPY for Antibiotics—Total</i>	0.58	0.42	0.41	0.32–0.64
<i>Average Days Supplied per Antibiotic Script—Ages 0 to 9 Years</i>	9.69	9.77	9.95	9.88–11.84
<i>Average Days Supplied per Antibiotic Script—Ages 10 to 17 Years</i>	11.02	11.03	11.71	11.56–13.62
<i>Average Days Supplied per Antibiotic Script—Ages 18 to 34 Years</i>	9.06	8.79	8.72	8.69–8.75
<i>Average Days Supplied per Antibiotic Script—Ages 35 to 49 Years</i>	9.28	9.22	9.23	9.18–9.28
<i>Average Days Supplied per Antibiotic Script—Ages 50 to 64 Years</i>	9.51	9.64	9.59	9.29–10.02
<i>Average Days Supplied per Antibiotic Script—Ages 65 to 74 Years</i>	9.77	9.20	9.55	9.50–9.59
<i>Average Days Supplied per Antibiotic Script—Ages 75 to 84 Years</i>	8.61	11.03	7.43	6.49–9.50
<i>Average Days Supplied per Antibiotic Script—Ages 85+ Years</i>	7.95	12.20	6.11	5.79–7.00
<i>Average Days Supplied per Antibiotic Script—Total</i>	9.53	9.29	9.29	9.11–9.44
<i>Average Scripts PMPY for Antibiotics of Concern—Ages 0 to 9 Years</i>	0.16	0.05	0.06	0.05–0.39
<i>Average Scripts PMPY for Antibiotics of Concern—Ages 10 to 17 Years</i>	0.12	0.03	0.04	0.04–0.31
<i>Average Scripts PMPY for Antibiotics of Concern—Ages 18 to 34 Years</i>	0.23	0.16	0.15	0.11–0.22
<i>Average Scripts PMPY for Antibiotics of Concern—Ages 35 to 49 Years</i>	0.30	0.21	0.19	0.13–0.28
<i>Average Scripts PMPY for Antibiotics of Concern—Ages 50 to 64 Years</i>	0.35	0.27	0.24	0.17–0.32
<i>Average Scripts PMPY for Antibiotics of Concern—Ages 65 to 74 Years</i>	0.22	0.04	0.03	0.02–0.05
<i>Average Scripts PMPY for Antibiotics of Concern—Ages 75 to 84 Years</i>	0.24	0.06	0.01	0.01–0.02
<i>Average Scripts PMPY for Antibiotics of Concern—Ages 85+ Years</i>	0.22	0.06	0.03	0.02–0.04

Performance Measures	HEDIS 2017 Rate	HEDIS 2018 Rate	HEDIS 2019 Rate	Plan Rate Range
<i>Average Scripts PMPY for Antibiotics of Concern—Total</i>	0.22	0.14	0.14	0.09–0.25
<i>Percentage of Antibiotics of Concern of All Antibiotic Scripts—Ages 0 to 9 Years</i>	31.65%	21.79%	23.98%	23.33%–41.34%
<i>Percentage of Antibiotics of Concern of All Antibiotic Scripts—Ages 10 to 17 Years</i>	32.91%	21.00%	25.41%	24.17%–40.98%
<i>Percentage of Antibiotics of Concern of All Antibiotic Scripts—Ages 18 to 34 Years</i>	35.68%	31.20%	31.15%	27.10%–35.57%
<i>Percentage of Antibiotics of Concern of All Antibiotic Scripts—Ages 35 to 49 Years</i>	41.38%	35.66%	36.65%	31.96%–40.71%
<i>Percentage of Antibiotics of Concern of All Antibiotic Scripts—Ages 50 to 64 Years</i>	45.63%	42.53%	41.26%	36.66%–44.56%
<i>Percentage of Antibiotics of Concern of All Antibiotic Scripts—Ages 65 to 74 Years</i>	45.28%	41.95%	40.37%	39.02%–41.77%
<i>Percentage of Antibiotics of Concern of All Antibiotic Scripts—Ages 75 to 84 Years</i>	50.98%	44.94%	35.29%	18.75%–42.86%
<i>Percentage of Antibiotics of Concern of All Antibiotic Scripts—Ages 85+ Years</i>	53.94%	42.39%	46.67%	33.33%–51.52%
<i>Percentage of Antibiotics of Concern of All Antibiotic Scripts—Total</i>	37.13%	33.25%	33.58%	28.74%–39.52%
<b>Frequency of Selected Procedures (Procedures per 1,000 Member Months)</b>				
<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	0.01–0.02
<i>Bariatric weight loss surgery (20–44 Female)</i>	0.05	0.08	0.10	0.08–0.12
<i>Bariatric weight loss surgery (45–64 Male)</i>	0.02	0.01	0.02	0.01–0.03
<i>Bariatric weight loss surgery (45–64 Female)</i>	0.07	0.11	0.12	0.12–0.13
<i>Tonsillectomy (0–9 Male &amp; Female)</i>	0.55	0.31	0.27	0.26–1.32
<i>Tonsillectomy (10–19 Male &amp; Female)</i>	0.32	0.16	0.18	0.15–0.57
<i>Hysterectomy, Abdominal (15–44 Female)</i>	0.06	0.05	0.05	0.04–0.08
<i>Hysterectomy, Abdominal (45–64 Female)</i>	0.13	0.17	0.19	0.13–0.26
<i>Hysterectomy, Vaginal (15–44 Female)</i>	0.12	0.16	0.20	0.06–0.43
<i>Hysterectomy, Vaginal (45–64 Female)</i>	0.14	0.22	0.16	0.12–0.20
<i>Cholecystectomy, Open (30–64 Male)</i>	0.02	0.01	0.01	0.01–0.02
<i>Cholecystectomy, Open (15–44 Female)</i>	0.01	0.00	0.01	—
<i>Cholecystectomy, Open (45–64 Female)</i>	0.02	0.01	0.04	0.01–0.06
<i>Cholecystectomy (Laparoscopic) (30–64 Male)</i>	0.26	0.19	0.18	0.11–0.30
<i>Cholecystectomy (Laparoscopic) (15–44 Female)</i>	0.61	0.58	0.48	0.36–0.67
<i>Cholecystectomy (Laparoscopic) (45–64 Female)</i>	0.57	0.56	0.50	0.39–0.60
<i>Back Surgery (20–44 Male)</i>	0.20	0.07	0.07	0.04–0.14
<i>Back Surgery (20–44 Female)</i>	0.19	0.13	0.11	0.06–0.18

Performance Measures	HEDIS 2017 Rate	HEDIS 2018 Rate	HEDIS 2019 Rate	Plan Rate Range
<i>Back Surgery (45–64 Male)</i>	0.64	0.46	0.50	0.30–0.76
<i>Back Surgery (45–64 Female)</i>	0.66	0.44	0.48	0.25–0.71
<i>Mastectomy (15–44 Female)</i>	0.03	0.02	0.04	0.03–0.06
<i>Mastectomy (45–64 Female)</i>	0.14	0.12	0.06	0.03–0.10
<i>Lumpectomy (15–44 Female)</i>	0.08	0.05	0.08	0.04–0.13
<i>Lumpectomy (45–64 Female)</i>	0.26	0.28	0.21	0.15–0.27
<b>Plan All-Cause Readmissions**<sup>1</sup></b>				
<i>Index Total Stays—Observed Readmissions—Ages 18 to 44 Years</i>	—	12.83%	14.07%	11.95%–15.74%
<i>Index Total Stays—Observed Readmissions—Ages 45 to 54 Years</i>	—	12.57%	16.06%	11.98%–19.21%
<i>Index Total Stays—Observed Readmissions—Ages 55 to 64 Years</i>	—	12.32%	17.86%^^	11.27%–23.71%
<i>Index Total Stays—Observed Readmissions—Total</i>	—	12.58%	15.90%^^	11.71%–19.34%
<i>Index Total Stays—O/E Ratio—Total</i>	—	0.65	0.77	0.64–0.85
<b>Use of Opioids at High Dosage**<sup>2</sup></b>				
<i>Use of Opioids at High Dosage</i>	—	—	3.68%	3.23%–4.19%
<b>Use of Opioids From Multiple Providers**<sup>2</sup></b>				
<i>Multiple Prescribers</i>	—	—	22.10%	18.61%–25.73%
<i>Multiple Pharmacies</i>	—	—	8.23%	4.22%–12.09%
<i>Multiple Prescribers and Multiple Pharmacies</i>	—	—	4.59%	2.79%–6.32%

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

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

<sup>2</sup> Due to changes in the technical specifications for this measure, NCQA recommends a break in trending between 2019 and prior years; therefore, prior years' rates are not displayed and comparisons to benchmarks are not performed for this measure.

— Indicates that NCQA recommended a break in trending; therefore, prior years' rates are not displayed and comparisons to benchmarks are not performed. This symbol may also indicate that the MCOs were not required to report this measure for HEDIS 2017.

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

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

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

## Appendix C. Information System Findings

### Information System Findings

NCQA’s Information System (IS) standards are the guidelines used by NCQA-certified HEDIS compliance auditors to assess the MCOs’ HEDIS reporting capabilities.<sup>C-1</sup> HSAG evaluated each MCO on six IS standards. To assess the MCOs’ 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 MCOs were compliant with all of NCQA’s IS standards. Both MCOs were able to accurately report most Department-required HEDIS performance measures. For a few measures, the MCOs could not report valid rates because too few eligible cases existed (>30) for the measures.

Both MCOs 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 2018–2019, each Colorado Medicaid MCO 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 MCOs.

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

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

NCQA’s IS Standards	HSAG’s Findings Based on HEDIS 2019 FAR Review
<p><b>IS 1.0—Medical Service Data—Sound Coding Methods and Data Capture, Transfer, and Entry</b></p> <ul style="list-style-type: none"> <li>• Industry standard codes are required and captured.</li> <li>• Primary and secondary diagnosis codes are identified.</li> <li>• Nonstandard codes (if used) are mapped to industry standard codes.</li> <li>• Standard submission forms are used.</li> <li>• Timely and accurate data entry processes and sufficient edit checks are used.</li> <li>• Data completeness is continually assessed, and all contracted vendors involved in medical claims processing are monitored.</li> </ul>	<p>Both plans were compliant with IS Standard 1.0 for medical services data capture and processing.</p> <p>Both plans only accepted industry standard codes on industry standard forms.</p> <p>All data elements required for HEDIS reporting were adequately captured.</p>
<p><b>IS 2.0—Enrollment Data—Data Capture, Transfer, and Entry</b></p> <ul style="list-style-type: none"> <li>• All HEDIS-relevant information for data entry or electronic transmissions of enrollment data is accurate and complete.</li> <li>• Manual entry of enrollment data is timely and accurate, and sufficient edit checks are in place.</li> <li>• The MCOs continually assess data completeness and take steps to improve performance.</li> <li>• The MCOs effectively monitor the quality and accuracy of electronic submissions.</li> <li>• The MCOs have effective control processes for the transmission of enrollment data.</li> </ul>	<p>Both plans were compliant with IS Standard 2.0 for enrollment data capture and processing.</p> <p>The MCOs had policies and procedures in place for submitted electronic data. Data elements required for reporting were captured. Adequate validation processes were in place, ensuring data accuracy.</p>
<p><b>IS 3.0—Practitioner Data—Data Capture, Transfer, and Entry</b></p> <ul style="list-style-type: none"> <li>• Provider specialties are fully documented and mapped to HEDIS provider specialties.</li> <li>• Effective procedures for submitting HEDIS-relevant information are in place.</li> <li>• Electronic transmissions of practitioner data are checked to ensure accuracy.</li> <li>• Processes and edit checks ensure accurate and timely entry of data into the transaction files.</li> <li>• Data completeness is assessed and steps are taken to improve performance.</li> <li>• Vendors are regularly monitored against expected performance standards.</li> </ul>	<p>Both plans were compliant with IS Standard 3.0 for practitioner data capture and processing.</p> <p>The MCOs appropriately captured and documented practitioner data. Data validation processes were in place to verify practitioner data.</p> <p>In addition, for accuracy and completeness, the MCOs reviewed all provider data received from delegated entities.</p>

NCQA’s IS Standards	HSAG’s Findings Based on HEDIS 2019 FAR Review
<p><b>IS 4.0—Medical Record Review Processes—Training, Sampling, Abstraction, and Oversight</b></p> <ul style="list-style-type: none"> <li>• Forms or tools used for medical record review capture all fields relevant to HEDIS reporting.</li> <li>• Checking procedures are in place to ensure data integrity for electronic transmission of information.</li> <li>• Retrieval and abstraction of data from medical records are accurately performed.</li> <li>• Data entry processes, including edit checks, are timely and accurate.</li> <li>• Data completeness is assessed, including steps to improve performance.</li> <li>• Vendor performance is monitored against expected performance standards.</li> </ul>	<p>Both plans were compliant with IS Standard 4.0 for medical record review processes.</p> <p>Data collection tools used by the MCOs were able to capture all data fields necessary for HEDIS reporting. Sufficient validation processes were in place to ensure data accuracy. <b>However</b>, HSAG did not review this step since the State requires administrative rates only.</p>
<p><b>IS 5.0—Supplemental Data—Capture, Transfer, and Entry</b></p> <ul style="list-style-type: none"> <li>• Nonstandard coding schemes are fully documented and mapped to industry standard codes.</li> <li>• Effective procedures for submitting HEDIS-relevant information are in place.</li> <li>• Electronic transmissions of supplemental data are checked to ensure accuracy.</li> <li>• Data entry processes, including edit checks, are timely and accurate.</li> <li>• Data completeness is assessed, including steps to improve performance.</li> <li>• Vendor performance is monitored against expected performance standards.</li> <li>• Data approved for electronic clinical data system (ECDS) reporting met reporting requirements.</li> </ul>	<p>Both plans were compliant with IS Standard 5.0 for supplemental data capture and processing.</p> <p>The HEDIS repository contained all data fields required for HEDIS reporting. In addition, staff members were interviewed to confirm the appropriate quality processes for the data source and to determine if primary source verification (PSV) was needed on all supplemental data that were in nonstandard form.</p>

NCQA’s IS Standards	HSAG’s Findings Based on HEDIS 2019 FAR Review
<p><b>IS 6.0 Data Preproduction Processing—Transfer, Consolidation, Control Procedures That Support Measure Reporting Integrity</b></p> <ul style="list-style-type: none"> <li>• Nonstandard coding schemes are fully documented and mapped to industry standard codes. Organization-to-vendor mapping is fully documented.</li> <li>• Data transfers to HEDIS repository from transaction files are accurate and file consolidations, extracts, and derivations are accurate.</li> <li>• Repository structure and formatting is suitable for measures and enable required programming efforts.</li> <li>• Report production is managed effectively and operators perform appropriately.</li> <li>• Vendor performance is monitored against expected performance standards.</li> </ul>	<p>Both plans were compliant with IS Standard 6.0 for data preproduction processing.</p> <p>File consolidation and data extractions were performed by the MCOs’ staff members. Data were verified for accuracy at each data merge point.</p>
<p><b>IS 7.0—Data Integration and Reporting—Accurate Reporting, Control Procedures That Support HEDIS Reporting Integrity</b></p> <ul style="list-style-type: none"> <li>• Data transfers to the HEDIS repository from transaction files are accurate.</li> <li>• Report production is managed effectively and operators perform appropriately.</li> <li>• HEDIS reporting software is managed properly.</li> <li>• The organization regularly monitors vendor performance against expected performance standards.</li> </ul>	<p>Both plans were compliant with IS Standard 7.0 for data integration.</p> <p>The MCOs used an NCQA-certified measure vendor for data production and rate calculation.</p>



## Appendix D. RMHP Prime Administrative and Hybrid Rates

Appendix D shows RMHP Prime’s rates for HEDIS 2019 for measures with a hybrid option, along with the percentile ranking for each HEDIS 2019 hybrid rate.

**Table D-1—HEDIS 2019 Administrative and Hybrid Performance Measure Results for RMHP Prime**

Performance Measures	Administrative Rate	Hybrid Rate	Percentile Ranking
<b><i>Pediatric Care</i></b>			
<b><i>Immunizations for Adolescents</i></b>			
<i>Combination 1 (Meningococcal, Tdap)</i>	54.29%	62.86%	<10th
<i>Combination 2 (Meningococcal, Tdap, HPV)</i>	14.29%	28.57%	25th–49th
<b><i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i></b>			
<i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i>	61.90%	76.19%	50th–74th
<b><i>Adolescent Well-Care Visits</i></b>			
<i>Adolescent Well-Care Visits</i>	17.66%	35.77%	<10th
<b><i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</i></b>			
<i>BMI Percentile Documentation—Total</i>	4.37%	87.86%	75th–89th
<i>Counseling for Nutrition—Total</i>	15.53%	80.10%	75th–89th
<i>Counseling for Physical Activity—Total</i>	0.00%	77.67%	75th–89th
<b><i>Access to Care</i></b>			
<b><i>Prenatal and Postpartum Care</i></b>			
<i>Timeliness of Prenatal Care</i>	44.69%	85.79%	50th–74th
<i>Postpartum Care</i>	28.58%	67.63%	50th–74th
<b><i>Preventive Screening</i></b>			
<b><i>Cervical Cancer Screening</i></b>			
<i>Cervical Cancer Screening</i>	41.93%	59.60%	25th–49th
<b><i>Adult BMI Assessment</i></b>			
<i>Adult BMI Assessment</i>	27.74%	93.00%	75th–89th
<b><i>Living With Illness</i></b>			
<b><i>Comprehensive Diabetes Care</i></b>			
<i>HbA1c Testing</i>	84.59%	91.61%	75th–89th
<i>HbA1c Poor Control (&gt;9.0%)*</i>	76.08%	25.91%	≥90th
<i>HbA1c Control (&lt;8.0%)</i>	19.55%	58.58%	75th–89th
<i>Eye Exam (Retinal) Performed</i>	50.14%	60.40%	50th–74th
<i>Medical Attention for Nephropathy</i>	83.21%	89.60%	25th–49th
<i>Blood Pressure Control (&lt;140/90 mm Hg)</i>	8.91%	74.82%	75th–89th

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