2020 HEDIS Aggregate Report for Health First Colorado (Colorado's Medicaid Program)

October 2020

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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) 2019–2020, Health First Colorado's Medicaid member enrollment was approximately 1.2 million. Approximately 1 million members (89 percent) received services via a fee-for-service (FFS) payment model with services coordinated through Health First Colorado's Accountable Care program. The remaining 11 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 2019–2020, 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.[1-1]

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®) protocols.[1-2] The Department selected HEDIS performance measures from the standard Medicaid HEDIS 2020 reporting set to evaluate the MCOs' performance and for public reporting. For HEDIS 2020, 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 2019–2020, each MCO underwent an NCQA HEDIS Compliance Audit™ through a licensed organization to verify the processes used to report valid HEDIS rates.[1-3] Both MCOs submitted final measure rates and audit results to Health Services Advisory Group, Inc. (HSAG), the Department's

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[1-1] Colorado Department of Health Care Policy and Financing. *Colorado Medicaid Benefits and Services*. Available at: https://www.healthfirstcolorado.com/benefits-services/. Accessed on: September 14, 2020.
[1-2] HEDIS® is a registered trademark of the NCQA.
[1-3] NCQA HEDIS Compliance Audit™ 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, Antibiotic Stewardship, Opioids, 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.[1-4] This report documents the results of HSAG's analysis and recommendations for improvement where appropriate.

Summary of Performance

Figure 1-1 shows the Colorado Medicaid program's performance on HEDIS 2020 performance measure indicators that were comparable to NCQA's Quality Compass® national Medicaid health maintenance organization (HMO) percentiles for HEDIS 2019 (referred to throughout this report as percentiles).[1-5] Of note, rates for the *Medication Management for People With Asthma—Medication Compliance 50%* and *Risk of Continued Opioid Us*e measure indicators were compared to NCQA's Audit Means and Percentiles national Medicaid percentiles for HEDIS 2019 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 and one measure under the Antibiotic Stewardship domain (i.e., *Antibiotic Utilization*) are considered utilization-based measures rather than performance measures; therefore, they are not included in this figure.

Figure 1-1—Colorado Medicaid Weighted Averages
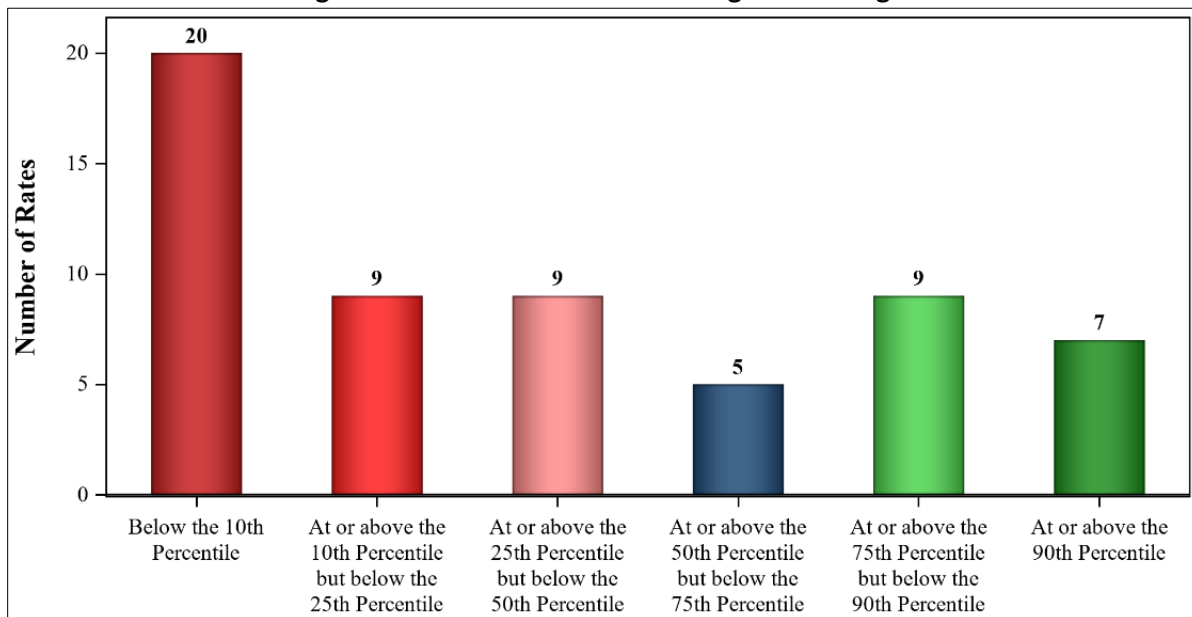
1-4   National Committee for Quality Assurance. *HEDIS Compliance Audit Standards, Policies and Procedures, Volume 5*. Washington D.C.
1-5   Quality Compass® is a registered trademark of the NCQA.

The Colorado Medicaid weighted averages indicated low performance statewide compared to national standards, as 38 of 59 (64.4 percent) measure rates fell below the 50th percentile.

Detailed Statewide Performance

Table 1-1 shows the Colorado Medicaid weighted averages for HEDIS 2018 through HEDIS 2020 along with the percentile ranking for each HEDIS 2020 rate. Rates for HEDIS 2020 shaded green with one caret (^) indicate a statistically significant improvement in performance from the previous year. Rates for HEDIS 2020 shaded red with two carets (^^) indicate a statistically significant decline in performance from the previous year.[1-6] For one measure in the Antibiotic Stewardship domain (i.e., *Antibiotic Utilization)* and some measures in the Use of Services domain (i.e., *Ambulatory Care* and *Inpatient Utilization—General Hospital/Acute Care*), 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 2018 Rate	HEDIS 2019 Rate	HEDIS 2020 Rate	Percentile Ranking
Pediatric Care				
Childhood Immunization Status[2]				
Combination 2	68.25%	68.01%	69.46%	25th–49th
Combination 3	65.92%	64.77%	66.41%	25th–49th
Combination 4	64.21%	64.65%	66.09%	25th–49th
Combination 5	58.00%	56.78%	57.56%	25th–49th
Combination 6	43.32%	45.20%	47.85%	75th–89th
Combination 7	56.68%	56.66%	57.40%	25th–49th
Combination 8	42.47%	45.14%	47.85%	75th–89th
Combination 9	39.44%	40.76%	42.68%	75th–89th
Combination 10	38.74%	40.70%	42.68%	75th–89th
Immunizations for Adolescents				
Combination 1 (Meningococcal; Tetanus, Diphtheria Toxoids and Acellular Pertussis [Tdap])	75.55%	76.40%	77.63%	25th–49th
Combination 2 (Meningococcal, Tdap, Human Papillomavirus [HPV])	47.11%	48.70%	50.04%	≥90th
Well-Child Visits in the First 15 Months of Life				
*Zero Visits**	9.12%	7.08%	4.83%	<10th
Six or More Visits	4.39%	52.28%	55.51%	10th–24th

[1-6] 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 2019 to HEDIS 2020.

Performance Measures	HEDIS 2018 Rate	HEDIS 2019 Rate	HEDIS 2020 Rate	Percentile Ranking
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	60.89%	63.57%	64.49%	10th–24th
Adolescent Well-Care Visits				
Adolescent Well-Care Visits	34.29%	39.36%	38.21%	10th–24th
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents				
Body Mass Index (BMI) Percentile Documentation—Total[2]	16.52%	21.62%	24.76%^	<10th
Counseling for Nutrition—Total	6.14%	7.57%	9.36%	<10th
Counseling for Physical Activity—Total	1.35%	5.81%	7.96%	<10th
Access to Care				
Prenatal and Postpartum Care[3]				
Timeliness of Prenatal Care	—	—	62.81%	—
Postpartum Care	—	—	50.88%	—
Children and Adolescents' Access to Primary Care Practitioners[1]				
Ages 12 to 24 Months	86.85%	88.52%	89.12%	<10th
Ages 25 Months to 6 Years	72.27%	75.14%	74.56%	<10th
Ages 7 to 11 Years	75.68%	80.16%	80.17%	<10th
Ages 12 to 19 Years	75.68%	80.50%	79.40%	<10th
Adults' Access to Preventive/Ambulatory Health Services[2]				
Total	62.88%	61.75%	63.01%	<10th
Preventive Screening				
Chlamydia Screening in Women				
Total	60.64%	62.43%	64.39%	50th–74th
Breast Cancer Screening[2]				
Breast Cancer Screening	50.53%	48.53%	47.09%	<10th
Cervical Cancer Screening[1]				
Cervical Cancer Screening	43.12%	42.52%	42.52%	<10th
Non-Recommended Cervical Cancer Screening in Adolescent Females*				
Non-Recommended Cervical Cancer Screening in Adolescent Females	0.34%	0.23%	0.30%	75th–89th
Adult BMI Assessment[2]				
Adult BMI Assessment	47.08%	52.30%	59.16%^	<10th
Mental/Behavioral Health				
Antidepressant Medication Management				
Effective Acute Phase Treatment	53.45%	53.24%	65.91%^	75th–89th
Effective Continuation Phase Treatment	34.05%	33.91%	52.03%^	≥90th

Performance Measures	HEDIS 2018 Rate	HEDIS 2019 Rate	HEDIS 2020 Rate	Percentile Ranking
Follow-up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication				
Initiation Phase	37.59%	40.56%	41.59%	25th–49th
Continuation and Maintenance Phase	NA	41.94%	NA	—
Metabolic Monitoring for Children and Adolescents on Antipsychotics				
Blood Glucose Testing—Total[3]	—	—	49.15%	—
Cholesterol Testing—Total[3]	—	—	38.98%	—
Blood Glucose and Cholesterol Testing—Total	21.95%	35.21%	38.98%	50th–74th
Living With Illness				
Persistence of Beta-Blocker Treatment After a Heart Attack[2]				
Persistence of Beta-Blocker Treatment After a Heart Attack	66.18%	50.98%	70.21%	10th–24th
Comprehensive Diabetes Care[2]				
Hemoglobin A1c (HbA1c) Testing	83.03%	83.24%	83.74%	10th–24th
*HbA1c Poor Control (>9.0%)**	56.53%	56.98%	56.95%	10th–24th
HbA1c Control (<8.0%)	35.51%	34.71%	35.37%	10th–24th
Eye Exam (Retinal) Performed	27.40%	47.83%	47.75%	10th–24th
Medical Attention for Nephropathy	82.72%	82.30%	83.50%	<10th
Blood Pressure Control (<140/90 mm Hg)	32.61%	37.14%	38.27%	<10th
Statin Therapy for Patients With Diabetes[2]				
Received Statin Therapy	49.60%	52.77%	53.27%	<10th
Statin Adherence 80%[1]	58.63%	60.40%	74.16%^	≥90th
Statin Therapy for Patients With Cardiovascular Disease[2]				
Received Statin Therapy—Total	73.19%	68.18%	66.31%	<10th
Statin Adherence 80%—Total[1]	64.22%	64.89%	77.24%^	≥90th
Use of Imaging Studies for Low Back Pain				
Use of Imaging Studies for Low Back Pain	71.09%	72.28%	75.08%	50th–74th
Pharmacotherapy Management of COPD Exacerbation				
Systemic Corticosteroid	50.53%	47.02%	50.88%	10th–24th
Bronchodilator	61.10%	67.02%	66.43%	<10th
Medication Management for People With Asthma[2]				
Medication Compliance 50%—Total	57.27%	60.91%	69.66%^	75th–89th
Medication Compliance 75%—Total	31.54%	35.00%	47.47%^	75th–89th
Asthma Medication Ratio				
Total	59.69%	49.08%	47.31%	<10th
Use of Spirometry Testing in the Assessment and Diagnosis of COPD[2]				
Use of Spirometry Testing in the Assessment and Diagnosis of COPD	31.48%	29.47%	28.12%	25th–49th

Performance Measures	HEDIS 2018 Rate	HEDIS 2019 Rate	HEDIS 2020 Rate	Percentile Ranking
Antibiotic Stewardship				
Appropriate Testing for Pharyngitis[3]				
Appropriate Testing for Pharyngitis—Total	—	—	81.53%	—
Appropriate Treatment for Upper Respiratory Infection[3]				
Appropriate Treatment for Upper Respiratory Infection—Total	—	—	94.30%	—
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis[3]				
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis—Total	—	—	63.56%	—
Antibiotic Utilization—All Ages*				
Average Scripts PMPY for Antibiotics of Concern—Total	0.14	0.14	0.14	≥90th
Average Days Supplied per Antibiotic Script—Total	9.29	9.29	13.48	<10th
Average Scripts PMPY for Antibiotics—Total	0.42	0.41	0.43	≥90th
Percentage of Antibiotics of Concern of All Antibiotic Scripts—Total	33.25%	33.58%	33.48%	≥90th
Opioids				
Use of Opioids at High Dosage*,[3]				
Use of Opioids at High Dosage	—	—	7.54%	—
Use of Opioids From Multiple Providers*				
Multiple Prescribers	—	22.10%	**39.96%^^**	<10th
Multiple Pharmacies	—	8.23%	3.73%^	75th–89th
Multiple Prescribers and Multiple Pharmacies	—	4.59%	2.98%	50th–74th
Risk of Continued Opioid Use*				
At Least 15 Days Covered—Total	—	—	9.53%	25th–49th
At Least 31 Days Covered—Total	—	—	3.38%	50th–74th
Pharmacotherapy for Opioid Use Disorder				
Total	—	—	38.67%	—
Use of Services				
Ambulatory Care (Per 1,000 Member Months)				
Emergency Department (ED) Visits—Total*	48.02	49.10	49.97	50th–74th
Outpatient Visits—Total[2]	222.58	239.73	254.83	<10th
Inpatient Utilization—General Hospital/Acute Care[2]				
Total Discharges per 1,000 Member Months (Total Inpatient)	5.88	6.34	7.08	50th–74th
Total Average Length of Stay (Total Inpatient)	4.23	4.19	4.35	50th–74th
Total Discharges per 1,000 Member Months (Medicine)	3.04	3.34	3.78	75th–89th
Total Average Length of Stay (Medicine)	4.02	4.01	3.95	25th–49th
Total Discharges per 1,000 Member Months (Surgery)	1.18	1.29	1.53	50th–74th
Total Average Length of Stay (Surgery)	7.27	6.85	7.49	50th–74th
Total Discharges per 1,000 Member Months (Maternity)	2.14	2.15	2.21	10th–24th

Performance Measures	HEDIS 2018 Rate	HEDIS 2019 Rate	HEDIS 2020 Rate	Percentile Ranking
Total Average Length of Stay (Maternity)	2.45	2.56	2.47	<10th
Plan All-Cause Readmissions—Index Total Stays*,3				
Observed Readmissions	—	—	11.54%	—
O/E Ratio	—	—	1.13	—

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

¹ Due to changes in the technical specifications for this measure, NCQA recommends that trending between 2020 and prior years be considered with caution.

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

³ Due to changes in the technical specifications for this measure, NCQA recommends a break in trending between 2020 and prior years; therefore, prior years' rates are not displayed and comparisons to benchmarks are not performed for this measure.

— Indicates that NCQA recommends a break in trending; therefore, no prior year rates are displayed and comparisons to benchmarks are not performed for this measure. This symbol may also indicate that the MCOs were not required to report this measure for HEDIS 2018 or HEDIS 2019.

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 18 (72.2 percent) measure indicator rates for DHMP falling below the 50th percentile and all five reportable rates for RMHP Prime falling 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*.[1-7]

Of note, DHMP's rates for *Immunizations for Adolescents—Combination 2 (Meningococcal, Tdap, HPV)* and *Childhood Immunization Status—Combination 6, Combination 8, Combination 9,* and *Combination 10* measure indicators ranked at or above the 75th percentile, showing strength in vaccinations for adolescents and children.

[1-7] American Academy of Pediatrics. *Recommendations for Preventive Pediatric Health Care*. Available at: https://www.aap.org/en-us/Documents/periodicity_schedule.pdf. Accessed on: September 14, 2020.

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—Total* and *Non-Recommended Cervical Cancer Screening in Adolescent Females* were at or above the 90th 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.

Mental/Behavioral Health

Within the Mental/Behavioral Health domain, both MCOs demonstrated areas of strength related to managing antidepressant medication. For DHMP, the MCO fell below the 90th percentile for the *Antidepressant Medication Management—Effective Acute Phase Treatment* measure indicator and below the 75th percentile for the *Antidepressant Medication Management—Effective Continuation Phase Treatment* measure indicator. RMHP Prime was at or above the 90th percentile for the *Antidepressant Medication Management—Effective Acute Phase Treatment* and *Effective Continuation Phase Treatment* measure indicators. DHMP fell below the 50th percentile for the *Follow-up Care for Children Prescribed ADHD Medication—Initiation Phase* measure indicator, and RMHP Prime fell below the 25th percentile for the *Metabolic Monitoring for Children and Adolescents on Antipsychotics—Blood Glucose and Cholesterol Testing—Total* measure indicator. The MCOs and the Department should identify the issues that contribute to low rates of medication monitoring (e.g., the need for improved provider training or community outreach and education) and implement strategies that focus on improving appropriate monitoring of members using medications.

Living With Illness

For the Living With Illness domain, only three of 17 (17.6 percent) of DHMP's measure rates and five of 17 (29.4 percent) of RMHP Prime's measure indicator rates were at or 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, rates for both MCOs were at or above the 50th percentile for the *Use of Imaging Studies for Low Back Pain* measure.

Antibiotic Stewardship

For the Antibiotic Stewardship domain, three of four (75.0 percent) of DHMP's and RMHP Prime's measure rates were at or above the 50th percentile.

Of note, DHMP met or exceeded the 90th percentile for the *Antibiotic Utilization—Average Scripts PMPY for Antibiotics of Concern—Total, Average Scripts for PMPY for Antibiotics—Total,* and *Percentage of Antibiotics of Concern of All Antibiotic Scripts—Total*.

Opioids

For the Opioids domain, only three of five (60.0 percent) of DHMP's measure indicator rates and two of five (40.0 percent) of RMHP Prime's measure indicator rates were at or above the 50th percentile. RMHP Prime's rates for *Use of Opioids From Multiple Providers—Multiple Pharmacies* and *Multiple Prescribers and Multiple Pharmacies* were at or above the 75th percentile. DHMP's rate for *Use of Opioids From Multiple Providers—Multiple Prescribers* was at or above the 75th percentile. The MCOs and the Department should focus efforts on identifying factors contributing to opioid use and implement strategies to improve the care for members receiving opioids for chronic pain.

Use of Services

For the *Plan All-Cause Readmissions* measure, DHMP reported a readmission rate approximately 4 percentage points higher than RMHP Prime's readmission rate. However, both MCOs had greater than expected readmissions based on their observed-to-expected (O/E) ratios, indicating an opportunity for improvement for both MCOs. However, the increase in O/E ratios could be due to changes in the technical specifications for this measure that prompted NCQA to issue guidance that there should be a break in trending between 2020 and prior years.

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* and *Inpatient Utilization—General Hospital/Acute Care* measures. 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 2020 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 2019–2020 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 presents the Medicaid MCOs discussed within this report and their corresponding abbreviations.

Table 2-1—2020 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 2020 Measures

Within this report, HSAG presents the MCOs' and statewide performance on HEDIS measures selected by the Department for HEDIS 2020. 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, Antibiotic Stewardship, Opioids, 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 2020 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 2020 Selected Measures

Performance Measures
Pediatric Care
Childhood Immunization Status—Combinations 2–10
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*
Access to Care and Preventive Screening
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
Mental/Behavioral Health
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—Blood Glucose Testing—Total, Cholesterol Testing—Total, and *Blood Glucose and Cholesterol Testing—Total*

Performance Measures
Living With Illness
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*
Use of Imaging Studies for Low Back Pain
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
Antibiotic Stewardship
Appropriate Testing for Pharyngitis—Total
Appropriate Treatment for Upper Respiratory Infection—Total
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis—Total
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*
Opioids
Use of Opioids at High Dosage
Use of Opioids From Multiple Providers—Multiple Prescribers, Multiple Pharmacies, and *Multiple Prescribers and Multiple Pharmacies*
Pharmacotherapy for Opioid Use Disorder—Total
Risk of Continued Opioid Use—At Least 15 Days Covered—Total and *At Least 31 Days Covered—Total*

Performance Measures
Use of Services
Ambulatory Care (Per 1,000 Member Months)—ED Visits—Total and *Outpatient 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*
Plan All-Cause Readmissions—Index Total Stays—Observed Readmissions and *O/E Ratio*

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 2020 Volume 2 Technical Specifications*. Of note, both MCOs reported select measure rates for HEDIS 2020 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 2020 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 2020 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.

Evaluating Measure Results

National Benchmark Comparisons

Benchmark Data

HEDIS 2020 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 2020 rates: NCQA's Quality Compass national Medicaid HMO percentiles for HEDIS 2019. Of note, rates for the *Medication Management for People With Asthma—Medication Compliance 50%* and *Risk of Continued Opioid Use* measure indicators were compared to NCQA's Audit Means and Percentiles national Medicaid percentiles for HEDIS 2019 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 2020 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
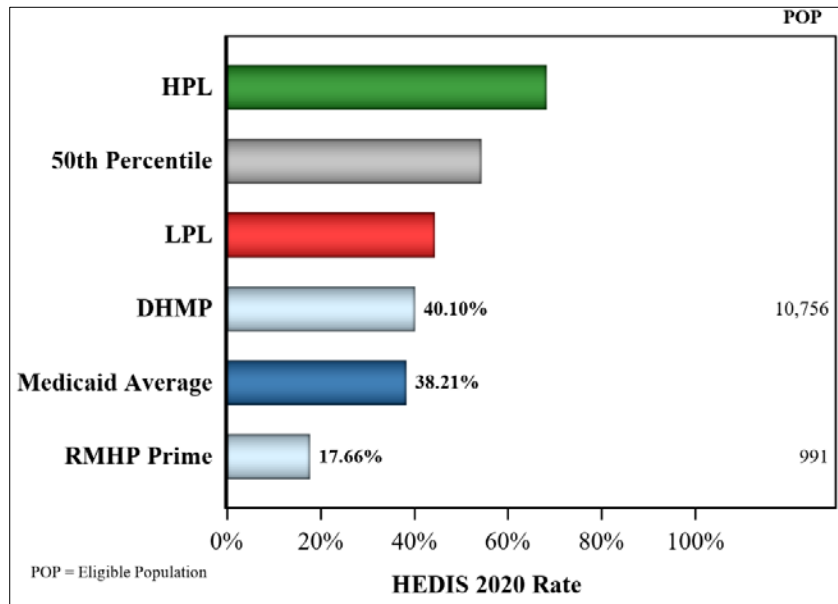
Percentile Rankings and Star Ratings

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

One measure in the Antibiotic Stewardship measure domain and some measures in the Use of Services measure domain are designed to capture the frequency of services provided. Higher or lower rates for these measures 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 2020 Colorado Medicaid weighted averages and MCO-specific rates to the corresponding HEDIS 2019 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 Antibiotic Stewardship and Use of Services domains 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 2019 to HEDIS 2020. 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 2019 and HEDIS 2020" 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 2019 and HEDIS 2020 are presented in tabular format. HEDIS 2020 rates shaded green with one caret (^) indicate a significant improvement in performance from the previous year. HEDIS 2020 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 2018, HEDIS 2019, and HEDIS 2020 Colorado Medicaid weighted averages, with significance testing performed between the HEDIS 2019 and HEDIS 2020 weighted averages. Within these figures, HEDIS 2020 rates with one caret (^) indicate a significant improvement in performance from HEDIS 2019. HEDIS 2020 rates with two carets (^^) indicate a significant decline in performance from HEDIS 2019. 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
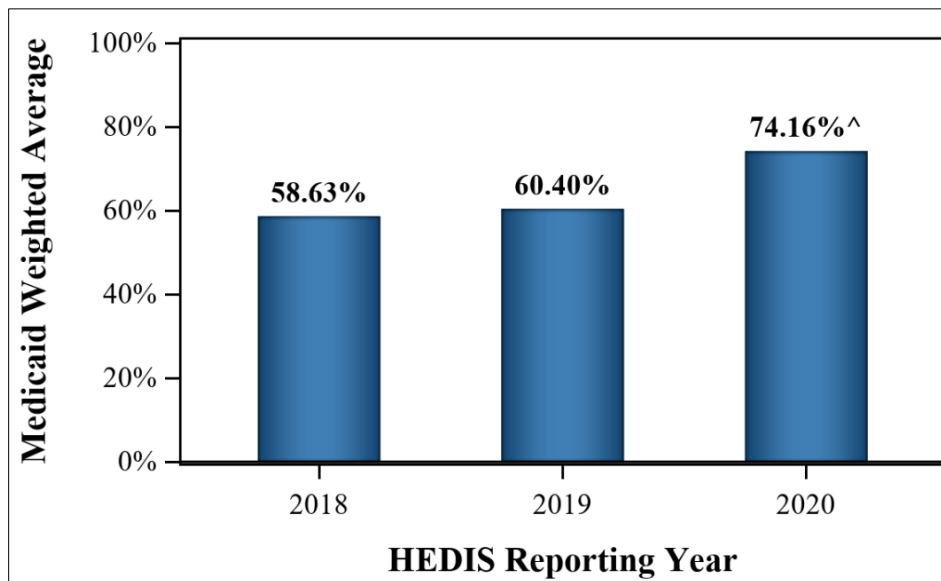
Measure Changes Between HEDIS 2019 and HEDIS 2020

The following is a list of measures with technical specification changes that NCQA announced for HEDIS 2020.[2-1,2-2] These changes may have an effect on the HEDIS 2020 rates that are presented in this report.

Adult BMI Assessment

- Added the *Rules for Allowable Adjustments of HEDIS* section.

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

- Clarified in the *Notes* that referral to Women, Infants and Children (WIC) may be used to meet criteria for the *Counseling for Nutrition* measure indicator.
- Added the *Rules for Allowable Adjustments of HEDIS* section.

Childhood Immunization Status

- Modified value sets to make them compatible with digital measure formatting.
- Added live attenuated influenza vaccine (LAIV) as numerator compliant for the influenza rate.
- Reformatted/reorganized the MMR numerator (MMR numerator requirements were not changed).
- Added the *Rules for Allowable Adjustments of HEDIS* section.

Immunizations for Adolescents

- Modified value sets to make them compatible with digital measure formatting.
- Clarified in the Hybrid specification that immunizations documented under a generic header of "meningococcal conjugate vaccine" or "meningococcal polysaccharide vaccine" meet criteria.
- Added the *Rules for Allowable Adjustments of HEDIS* section.

Breast Cancer Screening

- Modified value sets to make them compatible with digital measure formatting.
- Updated value sets used to identify advanced illness.

[2-1] National Committee for Quality Assurance. *HEDIS® 2020, Volume 2: Technical Specifications for Health Plans*. Washington, DC: NCQA Publication, 2019.

[2-2] National Committee for Quality Assurance. *HEDIS® 2020, Volume 2: Technical Update*. Washington, DC: NCQA Publication, 2019.

- Deleted value set combinations for unilateral mastectomy where laterality (bilateral, left, right) is not specified.
- Added the *Rules for Allowable Adjustments of HEDIS* section.

Cervical Cancer Screening

- Updated screening methods to include primary high-risk human papillomavirus testing.
- Modified value sets to make them compatible with digital measure formatting.
- Updated the Hybrid specification to indicate that sample size reduction is not allowed.
- Added the *Rules for Allowable Adjustments of HEDIS* section.

Chlamydia Screening in Women

- Added the *Rules for Allowable Adjustments of HEDIS* section.

Appropriate Testing for Pharyngitis

- Revised the measure name.
- Expanded the age range to members 3 years of age and older.
- Changed the measure from a member-based denominator to an episode-based denominator.
- Revised the Episode Date definition, removed the Index Episode Start Date (IESD) definition, and added the Negative Comorbid Condition History and Negative Competing Diagnosis definitions.
- Added the Medicare product line.
- Added age ranges, age stratifications, and a total rate to the eligible population.
- Removed the anchor date requirements.
- Added instructions for excluding outpatient visits that result in an inpatient stay.
- Removed the requirement to exclude episode dates where there was any diagnosis other than pharyngitis on the same date.
- Added telehealth visits to the event/diagnosis criteria.
- Added Penicillin G Benzathine to the "Natural penicillins" description in the CWP Antibiotic Medications List.
- Added a comorbid condition exclusion to the event/diagnosis criteria.
- Added a competing diagnosis exclusion to the event/diagnosis criteria.
- Added instructions for deduplicating eligible episodes to the event/diagnosis criteria.
- Revised the Data Elements for Reporting table.
- Added the *Rules for Allowable Adjustments of HEDIS* section.

Use of Spirometry Testing in the Assessment and Diagnosis of COPD

- Removed "with or without a telehealth modifier" language; refer to *General Guideline 43*.
- Added value sets so that both professional and facility claims are used to identify the event/ diagnosis (steps 1 and 2).
- Clarified that the diagnosis must be on the discharge claim when identifying the denominator event/ diagnosis (step 1) and negative diagnosis history (step 2).
- Revised the instructions in step 2 (when assessing for negative diagnosis history) to only exclude outpatient, ED, and observation visits that result in an acute inpatient stay (do not exclude these visits if they result in a nonacute inpatient stay).
- Added instructions for excluding outpatient visits that result in an inpatient stay.
- Added the *Rules for Allowable Adjustments of HEDIS* section.

Pharmacotherapy Management of COPD Exacerbation

- Clarified that the diagnosis must be on the discharge claim when identifying the denominator event/ diagnosis (step 1).
- Added the *Rules for Allowable Adjustments of HEDIS* section.

Medication Management for People With Asthma

- Updated value sets to identify acute inpatient events for the event/diagnosis.
- Modified medication lists to make them compatible with digital measure formatting.
- Clarified the telehealth requirements for identifying the event/diagnosis.
- Added Benralizumab to the "Anti-interleukin-5" description in the Asthma Controller Medications List.
- Clarified in step 4 that the equation must be multiplied by 100 before rounding to the nearest whole number.
- Added the *Rules for Allowable Adjustments of HEDIS* section.

Asthma Medication Ratio

- Updated value sets to identify acute inpatient events for the event/diagnosis.
- Modified medication lists to make them compatible with digital measure formatting.
- Clarified the telehealth requirements for identifying the event/diagnosis.
- Added Benralizumab to the "Anti-interleukin-5" description in the <u>Asthma Controller Medications List</u>.
- Added the *Rules for Allowable Adjustments of HEDIS* section.

Persistence of Beta-Blocker Treatment After a Heart Attack

- Updated value sets to identify acute inpatient events for the event/diagnosis.
- Clarified that the diagnosis must be on the discharge claim when identifying the denominator event/diagnosis.
- Updated value sets used to identify advanced illness.
- Revised the timing for the institutional special needs plan (I-SNP), long-term care, and frailty exclusions.
- Added the *Rules for Allowable Adjustments of HEDIS* section.

Statin Therapy for Patients With Cardiovascular Disease

- Modified value sets to make them compatible with digital measure formatting.
- Clarified that the diagnosis must be on the discharge claim when identifying members discharged from an inpatient setting with a myocardial infarction (MI).
- Updated value sets to identify ischemic vascular disease (IVD) acute inpatient events.
- Updated value sets used to identify advanced illness.
- Modified medication lists to make them compatible with digital measure formatting.
- Updated the method for identifying the same or different medications; high and moderate doses of a medication are considered different medications.
- Clarified in step 4 of the administrative specification of Rate 2 that the equation must be multiplied by 100 before rounding to the nearest whole number.
- Added the *Rules for Allowable Adjustments of HEDIS* section.

Comprehensive Diabetes Care

- Modified value sets to make them compatible with digital measure formatting.
- Removed "with or without a telehealth modifier" language; refer to *General Guideline 43*.
- Updated value sets to identify acute and nonacute inpatient events for the event/diagnosis.
- Updated value sets used to identify advanced illness.
- Updated value sets to identify IVD acute inpatient events.
- Updated value sets to identify thoracic aortic aneurysm inpatient events.
- Clarified the telehealth requirements.
- Removed the telehealth exclusion from end stage renal disease (ESRD).
- Reformatted the denominator of the Hybrid specification.
- Added the *Rules for Allowable Adjustments of HEDIS* section.

Statin Therapy for Patients With Diabetes

- Modified value sets to make them compatible with digital measure formatting.
- Clarified the telehealth requirements for identifying the event/diagnosis.
- Updated value sets to identify acute and nonacute inpatient events for the event/diagnosis.
- Clarified that the diagnosis must be on the discharge claim when identifying members discharged from an inpatient setting with an MI.
- Updated value sets to identify IVD acute inpatient events.
- Removed the telehealth exclusion from ESRD.
- Updated value sets used to identify advanced illness.
- Modified medication lists to make them compatible with digital measure formatting.
- Updated the method for identifying the same or different medications. High, moderate and low doses of a medication are considered different medications.
- Clarified in step 4 of the administrative specification of Rate 2 that the equation must be multiplied by 100 before rounding to the nearest whole number.
- Added the *Rules for Allowable Adjustments of HEDIS* section.

Antidepressant Medication Management

- Added value sets so that both professional and facility claims are used to identify the major depression diagnosis (step 2: Required exclusions).
- Removed "with or without a telehealth modifier" language; refer to *General Guideline 43*.
- Added the *Rules for Allowable Adjustments of HEDIS* section.

Follow-Up Care for Children Prescribed ADHD Medication

- Updated the exclusions (step 4) for both rates.
- Clarified in the continuous enrollment criteria of Rate 2 how to handle members who switch between products.
- Added the *Rules for Allowable Adjustments of HEDIS* section.

Pharmacotherapy for Opioid Use Disorder

- First-year measure.

Metabolic Monitoring for Children and Adolescents on Antipsychotics

- Modified value sets to make them compatible with digital measure formatting.
- Removed "Prochlorperazine" from the Antipsychotic Medications List and added a Prochlorperazine Medications List.

- Added *Blood Glucose Testing* and *Cholesterol Testing* indicators.
- Combined the 1–5 years and 6–11 years age stratification.
- Added the *Rules for Allowable Adjustments of HEDIS* section.

Non-Recommended Cervical Cancer Screening in Adolescent Females

- Modified value sets to make them compatible with digital measure formatting.
- Added the *Rules for Allowable Adjustments of HEDIS* section.

Appropriate Treatment for Upper Respiratory Infection

- Revised the measure name.
- Expanded the age range to members 3 months of age and older.
- Changed the measure from a member-based denominator to an episode-based denominator.
- Revised the Episode Date definition, removed the IESD definition, and added the Negative Comorbid Condition History definition.
- Added the Medicare product line.
- Added age ranges, age stratifications, and a total rate to the eligible population.
- Removed the anchor date requirements.
- Added instructions for excluding outpatient visits that result in an inpatient stay.
- Removed the requirement to exclude episode dates where there was any diagnosis other than upper respiratory infection on the same date.
- Added telehealth visits to the event/diagnosis criteria.
- Added Penicillin G Benzathine to the "Natural penicillins" description in the CWP Antibiotic Medications List.
- Added a comorbid condition exclusion to the event/diagnosis criteria.
- Added instructions for deduplicating eligible episodes to the event/diagnosis criteria.
- Revised the Data Elements for Reporting table.
- Added the *Rules for Allowable Adjustments of HEDIS* section.

Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis

- Revised the measure name.
- Expanded the age range to members 3 months of age and older.
- Changed the measure from a member-based denominator to an episode-based denominator.
- Revised the Intake Period.
- Removed the IESD definition.

- Revised the Negative Competing Diagnosis time frame.
- Added the Medicare product line.
- Added age ranges, age stratifications, and a total rate to the eligible population.
- Updated the continuous enrollment and allowable gap requirements.
- Removed "with or without a telehealth modifier" language; refer to *General Guideline 43*.
- Added instructions for excluding outpatient visits that result in an inpatient stay.
- Deleted the Cystic Fibrosis Value Set from step 3 in the event/diagnosis criteria (codes for cystic fibrosis were moved to the Comorbid Conditions Value Set).
- Added instructions for deduplicating eligible episodes to the event/diagnosis criteria.
- Revised the Data Elements for Reporting table.
- Added the *Rules for Allowable Adjustments of HEDIS* section.

Use of Imaging Studies for Low Back Pain

- Modified value sets to make them compatible with digital measure formatting.
- Removed "with or without a telehealth modifier" language; refer to *General Guideline 43*.
- Added instructions for excluding outpatient visits that result in an inpatient stay.
- Clarified the timing of the prolonged use of corticosteroids exclusion in step 4 of the event/diagnosis criteria.
- Added the *Rules for Allowable Adjustments of HEDIS* section.

Use of Opioids at High Dosage

- Changed the measure acronym from *UOD* to *HDO*.
- Updated the average daily MME threshold from >120 to ≥90.
- Deleted the index prescription start date (IPSD) definition and the former step 4 of the numerator.
- Revised the treatment period definition used to calculate the numerator.
- Modified medication lists to make them compatible with digital measure formatting.
- Updated Table HDO-A to include medication lists and strength (for use in the MME calculation).
- Added a note to indicate that methadone for the treatment of opioid use disorder is excluded from this measure.
- Added the *Rules for Allowable Adjustments of HEDIS* section.

Use of Opioids From Multiple Providers

- Modified medication lists to make them compatible with digital measure formatting.
- Updated the method for identifying the same or different medications; the definition of "same" and "different" remains the same (drugs that were the "same" in prior years will remain "same" and drugs that were "different" in prior years will remain "different").
- Added a note to indicate that methadone for the treatment of opioid use disorder is excluded from this measure.
- Added the *Rules for Allowable Adjustments of HEDIS* section.

Risk of Continued Opioid Use

- Modified medication lists to make them compatible with digital measure formatting.
- Updated the method for identifying the same or different medications; the definition of "same" and "different" remains the same (drugs that were the "same" in prior years will remain "same" and drugs that were "different" in prior years will remain "different").
- Added a note to indicate that methadone for the treatment of opioid use disorder is excluded from this measure.
- Added the *Rules for Allowable Adjustments of HEDIS* section.

Adults' Access to Preventive/Ambulatory Health Services

- Removed "with or without a telehealth modifier" language; refer to *General Guideline 43*.
- Added the *Rules for Allowable Adjustments of HEDIS* section.

Children and Adolescents' Access to Primary Care Practitioners

- Added telehealth to the measure numerator.
- Added the *Rules for Allowable Adjustments of HEDIS* section.

Prenatal and Postpartum Care

- Revised the timing of the event/diagnosis criteria.
- Revised the *Timeliness of Prenatal Care* numerator to allow for visits that occur before the enrollment start date.
- Revised the timing of the *Postpartum Care* numerator.
- Added a *Definitions* section.
- Revised the Continuous Enrollment criteria.
- Added a Note to step 1 of the event/diagnosis to clarify that the date of service or, for inpatient claims, the date of discharge is used if the date of delivery cannot be interpreted on the claim.

- Deleted the decision rules and standardized the prenatal care visit requirements in the *Timeliness of Prenatal Care* numerator.
- Clarified in the *Timeliness of Prenatal Care* and *Postpartum Care* numerators to not count visits that occur on the date of delivery.
- Updated the *Postpartum Care* numerator to exclude services provided in an acute inpatient setting.
- Updated the Hybrid specification to indicate that sample size reduction is not allowed.
- Added bullets to the Hybrid specification of the *Postpartum Care* numerator to meet criteria.
- Added the *Rules for Allowable Adjustments of HEDIS* section.

Well-Child Visits in the First 15 Months of Life

- Added instructions to not count services provided via telehealth when reporting this measure.
- Added a Note to clarify that giving handouts during a visit without evidence of a discussion does not meet criteria for Health Education/Anticipatory Guidance.
- Added the *Rules for Allowable Adjustments of HEDIS* section.

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

- Added instructions to not count services provided via telehealth when reporting this measure.
- Added a Note to clarify that giving handouts during a visit without evidence of a discussion does not meet criteria for Health Education/Anticipatory Guidance.
- Added the *Rules for Allowable Adjustments of HEDIS* section.

Adolescent Well-Care Visits

- Added instructions to not count services provided via telehealth when reporting this measure.
- Added a Note to clarify that giving handouts during a visit without evidence of a discussion does not meet criteria for Health Education/Anticipatory Guidance.
- Added the *Rules for Allowable Adjustments of HEDIS* section.

Ambulatory Care

- Retired the Medicare and commercial product lines.
- Removed "with or without a telehealth modifier" language; refer to *General Guideline 43*.
- Added a note to indicate that supplemental data may not be used for this measure.
- Added shading to the Data Elements for Reporting tables to indicate how data are reported.
- Added the *Rules for Allowable Adjustments of HEDIS* section.

Inpatient Utilization—General Hospital/Acute Care

- Retired the Medicare and Commercial product lines.
- Clarified in step 2 to use the diagnosis on the discharge claim.
- Added a *Note* section.
- Added shading to the Data Elements for Reporting tables to indicate how data are reported.
- Added the *Rules for Allowable Adjustments of HEDIS* section.

Antibiotic Utilization

- Added a *Note* section.
- Added shading to the Data Elements for Reporting tables to indicate how data are reported.
- Added the *Rules for Allowable Adjustments of HEDIS* section.

Plan All-Cause Readmissions

- Added definitions of "outlier," "nonoutlier," and "plan population."
- Added observation stays to inpatient admissions.
- Revised direct transfers to include observation discharges.
- Moved instructions for direct transfer to *Guideline 6* in the *Guidelines for Risk Adjusted Utilization Measures*.
- Added steps to remove hospitalizations for outlier members and report a count of outlier members.
- Removed the high-frequency hospitalization stratification for Medicaid.
- Added a step in the *Risk Adjustment Weighting* section for observation stay Index Hospital Stay.
- Removed the base weight variable from the Risk Adjustment Weighting.
- Removed Sample Table: Plan All-Cause Readmissions (PCR)—Risk Adjustment Weighting in Risk Adjustment Weighting.
- Added a Note to step 4 in the numerator.
- Revised the data element tables to combine the 18–64 and 65+ populations.
- Added instructions and data element tables to report plan population and outlier rate.
- Removed the "Total 18–64 Medicare" and "Total 65+ Medicare" rows from Table PCR-B-3 and removed associated footnotes.
- Added instructions and data element tables to report the rate among index stays discharged or transferred to skilled nursing care.

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 *Reportable (R)*, *Small Denominator (NA)*, *Biased Rate (BR)*, *No Benefit (NB)*, *Not Required (NQ)*, *Not Reported (NR)*, and *Unaudited (UN)*.
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 *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] is considered the HPL.)
HPV	Human papillomavirus vaccine.
HSAG	Health Services Advisory Group, Inc., the State's external quality review organization.
Hybrid Measures	Measures that can be reported using the hybrid method.
IDSS	The Interactive Data Submission System, a tool used to submit data to NCQA.
IPV	Inactivated polio virus vaccine.
IS	Information System; an automated system for collecting, processing, and transmitting data.
IS Standards	Information System (IS) standards, an NCQA-defined set of standards that measure how an organization collects, stores, analyzes, and reports medical, customer service, member, practitioner, and vendor data.[2-3]
IT	Information technology; the technology used to create, store, exchange, and use information in its various forms.
LPL	Low performance level. (For most performance measures, the Department defined the LPL as the most recent 25th national Medicaid percentile. For measures such as *Well-Child Visits in the First 15 Months of Life—Zero Visits*, in which lower rates in 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.

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

Term	Description
MME	Morphine milligram equivalent
MMR	Measles, mumps, and rubella vaccine.
NA	Small Denominator; indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate, resulting in an NA designation. • For effectiveness of care (EOC) and EOC-like measures, when the denominator is fewer than 30. • For utilization measures that count member months, when the denominator is fewer than 360 member months. • For all risk-adjusted utilization measures, except PCR, when the denominator is fewer than 150.
NB	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.
OUD	Opioid use disorder.
PCP	Primary care practitioner.
PCV	Pneumococcal conjugate vaccine.
PMPY	Per member per year.
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.

Term	Description
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.)
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*

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.

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
Combination 2	✓	✓	✓	✓	✓	✓				
Combination 3	✓	✓	✓	✓	✓	✓	✓			
Combination 4	✓	✓	✓	✓	✓	✓	✓	✓		
Combination 5	✓	✓	✓	✓	✓	✓	✓		✓	
Combination 6	✓	✓	✓	✓	✓	✓	✓			✓
Combination 7	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Combination 8	✓	✓	✓	✓	✓	✓	✓	✓		✓
Combination 9	✓	✓	✓	✓	✓	✓	✓		✓	✓
Combination 10	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Childhood Immunization Status—Combination 2

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

Figure 3-1—Childhood Immunization Status—Combination 2
Colorado Medicaid Weighted Averages

The Colorado Medicaid weighted average did not demonstrate a significant change from 2019 to 2020.

Figure 3-2—Childhood Immunization Status—Combination 2

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 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.

Figure 3-3—Childhood Immunization Status—Combination 3 Colorado Medicaid Weighted Averages

Figure 3-4—Childhood Immunization Status—Combination 3

The Colorado Medicaid weighted average did not demonstrate a significant change from 2019 to 2020.

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 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.

Figure 3-5—Childhood Immunization Status—Combination 4 Colorado Medicaid Weighted Averages

Figure 3-6—Childhood Immunization Status—Combination 4

The Colorado Medicaid weighted average did not demonstrate a significant change from 2019 to 2020.

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.

Figure 3-7—Childhood Immunization Status—Combination 5 Colorado Medicaid Weighted Averages

HEDIS Reporting Year	Medicaid Weighted Average
2018	58.00%
2019	56.78%
2020	57.56%

The Colorado Medicaid weighted average did not demonstrate a significant change from 2019 to 2020.

Figure 3-8—Childhood Immunization Status—Combination 5

	HEDIS 2020 Rate	POP
HPL		
50th Percentile		
DHMP	57.78%	1,272
Medicaid Average	57.56%	
LPL		
RMHP Prime	NA	5

POP = Eligible Population

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.
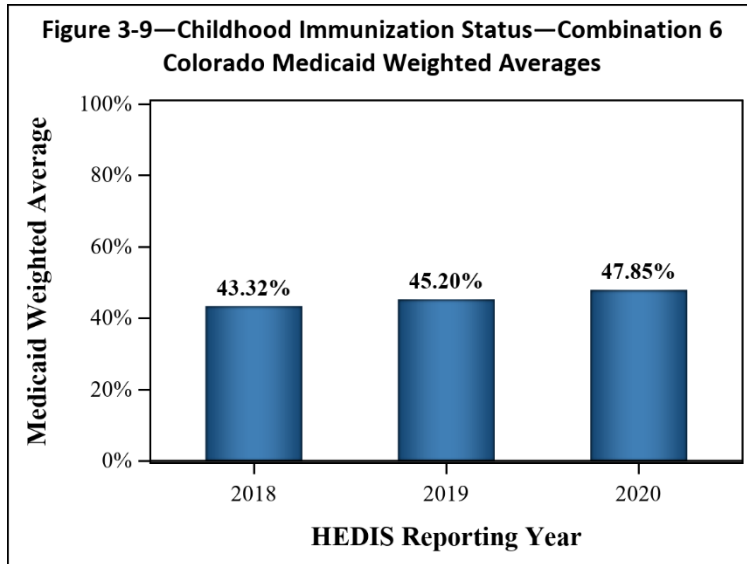
Figure 3-9—Childhood Immunization Status—Combination 6 Colorado Medicaid Weighted Averages

Figure 3-10—Childhood Immunization Status—Combination 6

The Colorado Medicaid weighted average did not demonstrate a significant change from 2019 to 2020.

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.
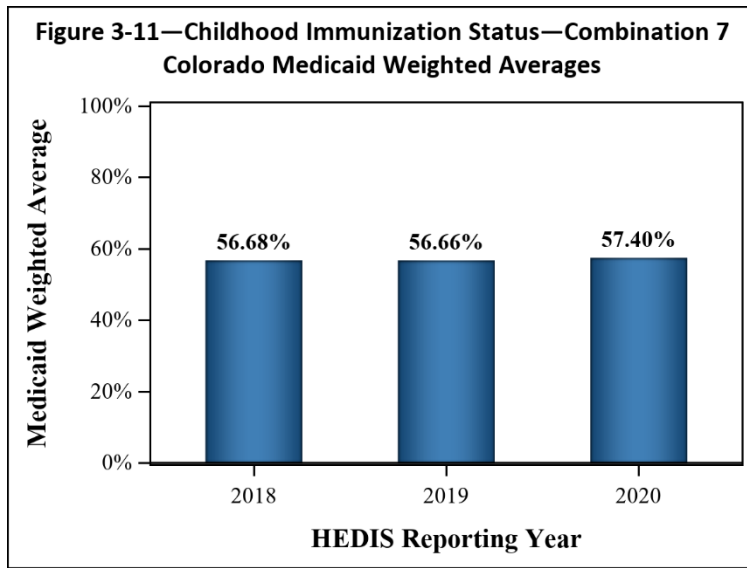
Figure 3-11—Childhood Immunization Status—Combination 7 Colorado Medicaid Weighted Averages

- 2018: 56.68%
- 2019: 56.66%
- 2020: 57.40%

Figure 3-12—Childhood Immunization Status—Combination 7

- DHMP: 57.63% (POP 1,272)
- Medicaid Average: 57.40%
- RMHP Prime: NA (POP 5)

The Colorado Medicaid weighted average did not demonstrate a significant change from 2019 to 2020.

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.
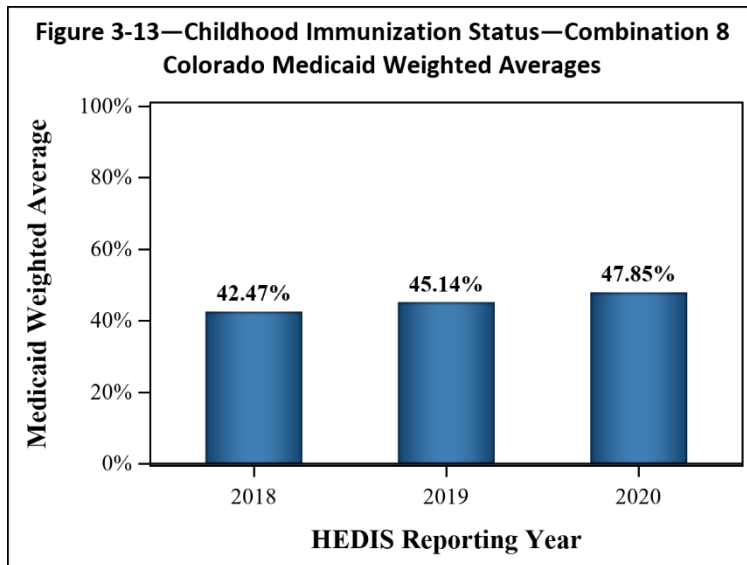
Figure 3-13—Childhood Immunization Status—Combination 8 Colorado Medicaid Weighted Averages

The Colorado Medicaid weighted average did not demonstrate a significant change from 2019 to 2020.

Figure 3-14—Childhood Immunization Status—Combination 8

POP = Eligible Population

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.
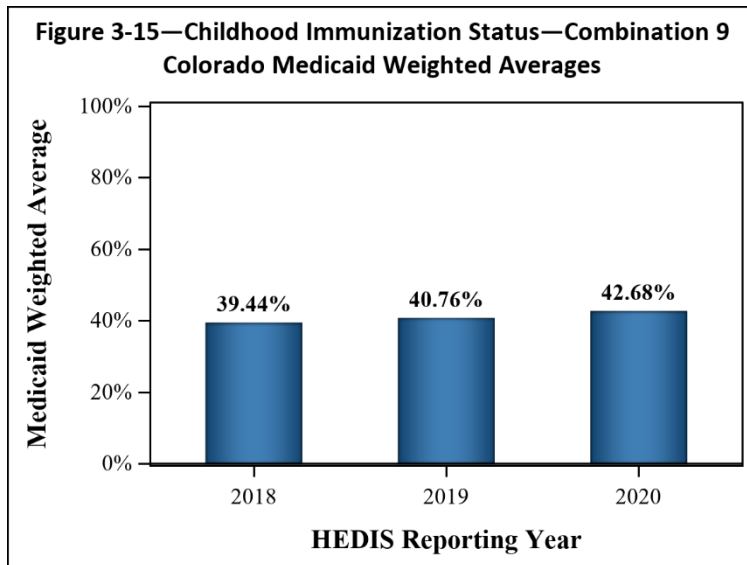
Figure 3-15—Childhood Immunization Status—Combination 9 Colorado Medicaid Weighted Averages

The Colorado Medicaid weighted average did not demonstrate a significant change from 2019 to 2020.

Figure 3-16—Childhood Immunization Status—Combination 9

POP = Eligible Population

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.
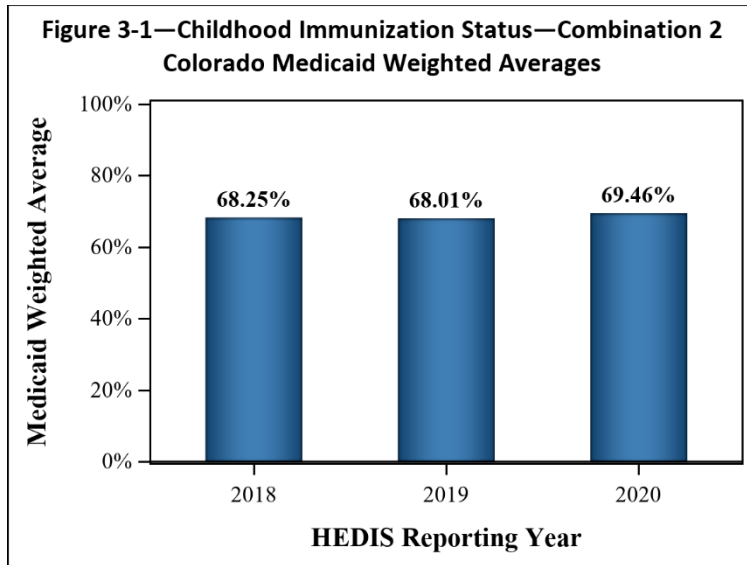
Childhood Immunization Status—Combination 10

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.
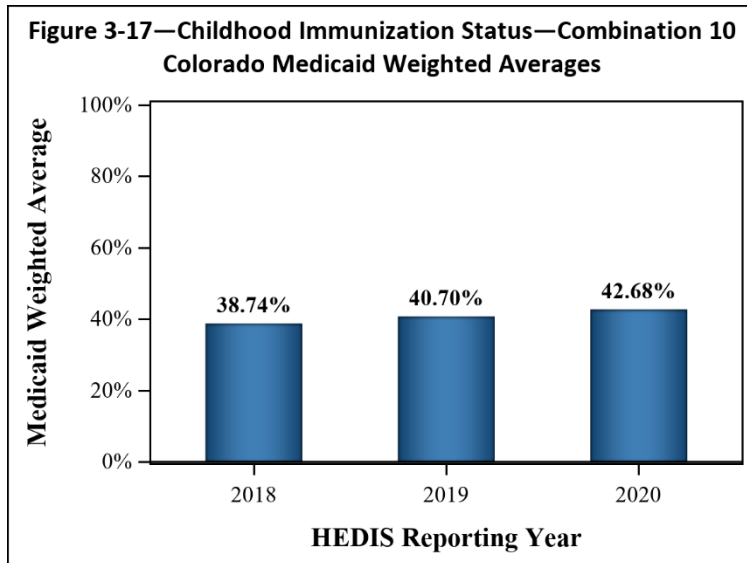
Figure 3-17—Childhood Immunization Status—Combination 10 Colorado Medicaid Weighted Averages

Figure 3-18—Childhood Immunization Status—Combination 10

The Colorado Medicaid weighted average did not demonstrate a significant change from 2019 to 2020.

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.
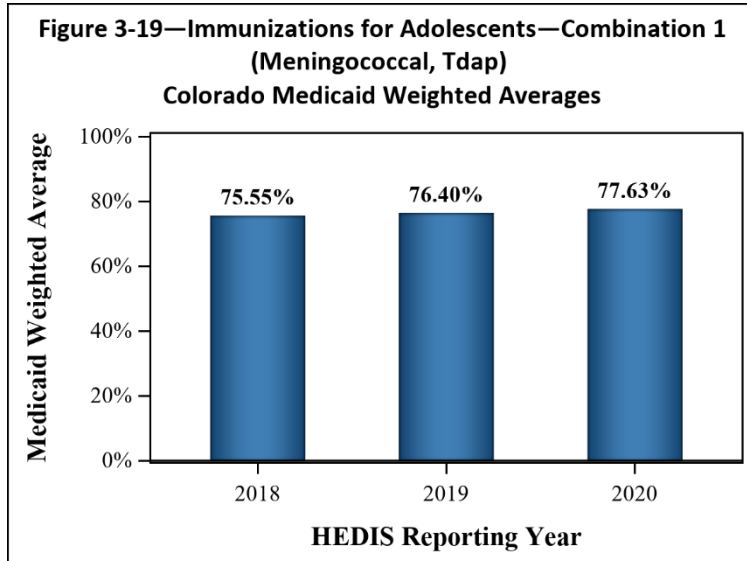
Figure 3-19—Immunizations for Adolescents—Combination 1 (Meningococcal, Tdap) Colorado Medicaid Weighted Averages

The Colorado Medicaid weighted average did not demonstrate a significant change from 2019 to 2020.

Figure 3-20—Immunizations for Adolescents—Combination 1 (Meningococcal, Tdap)

POP = Eligible Population

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.

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.
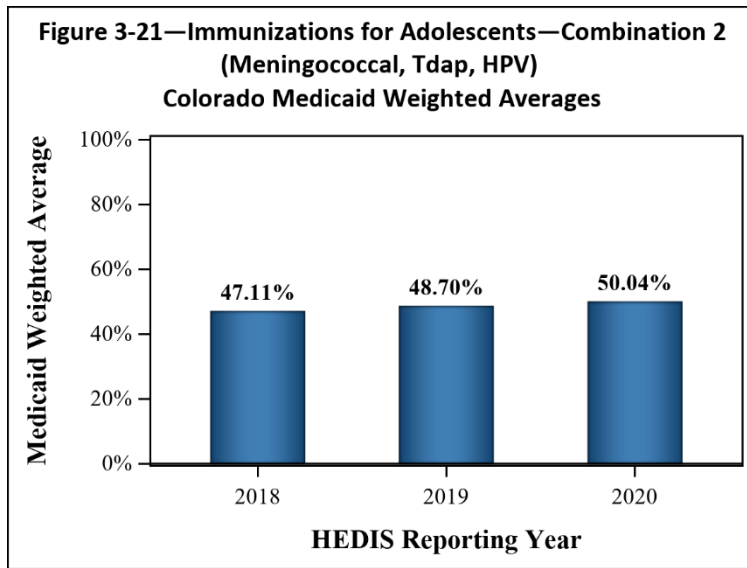
Figure 3-21—Immunizations for Adolescents—Combination 2 (Meningococcal, Tdap, HPV) Colorado Medicaid Weighted Averages

The Colorado Medicaid weighted average did not demonstrate a significant change from 2019 to 2020.

Figure 3-22—Immunizations for Adolescents—Combination 2 (Meningococcal, Tdap, HPV)
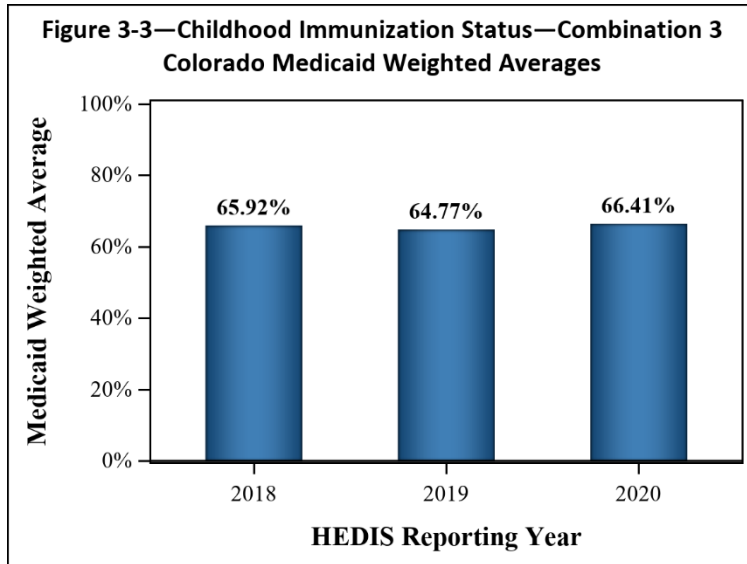
POP = Eligible Population
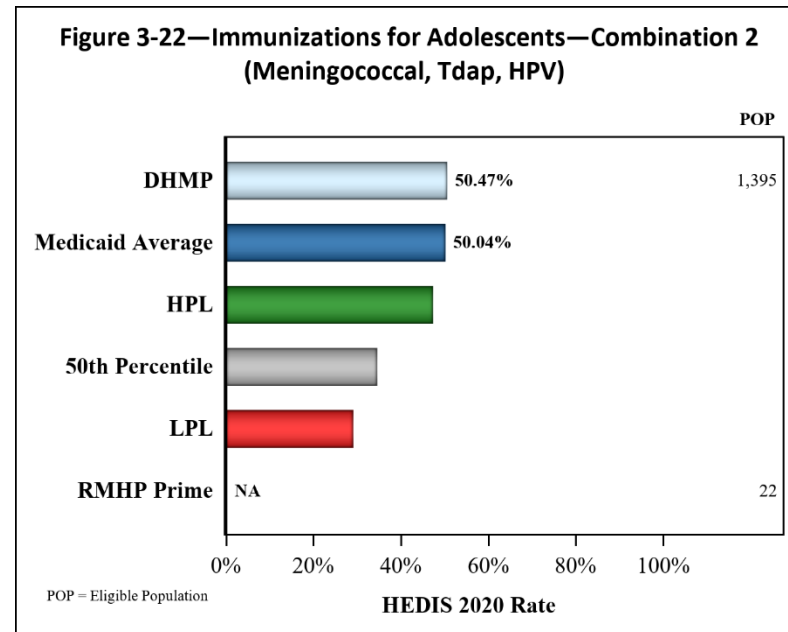
NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate. Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.
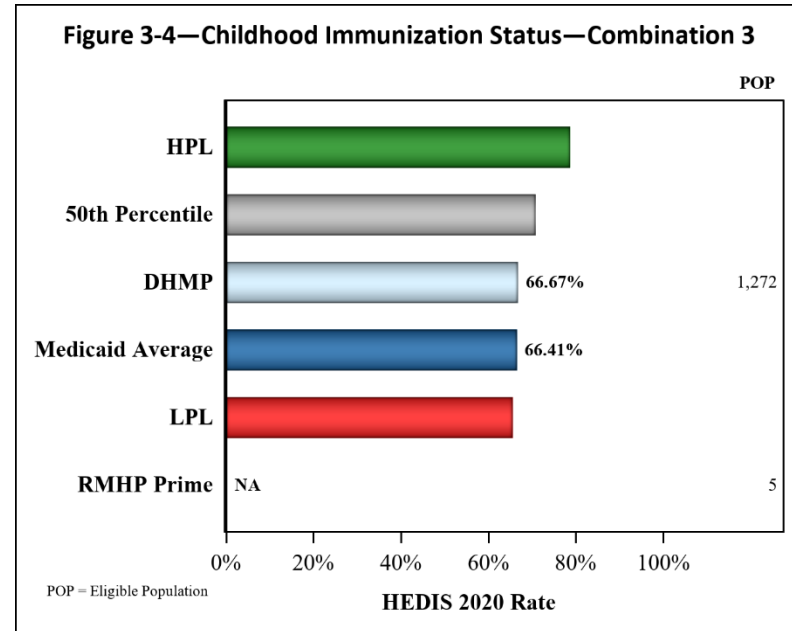
DHMP's rate and the Colorado Medicaid weighted average exceeded the HPL.

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.
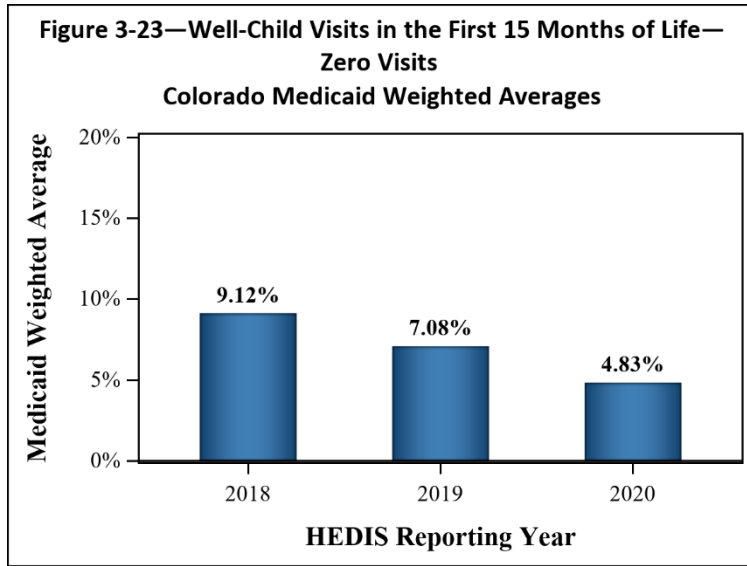
Figure 3-23—Well-Child Visits in the First 15 Months of Life—Zero Visits
Colorado Medicaid Weighted Averages

Figure 3-24—Well-Child Visits in the First 15 Months of Life—Zero Visits

The Colorado Medicaid weighted average did not demonstrate a significant change from 2019 to 2020.
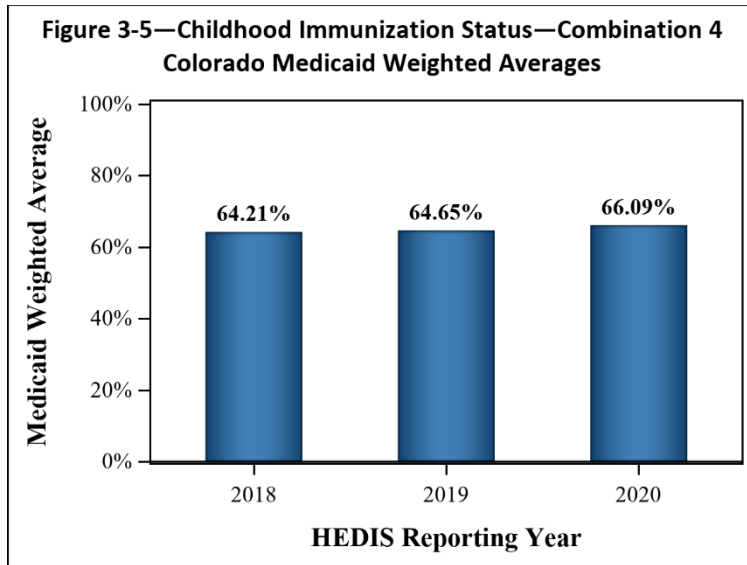
NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate. Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.
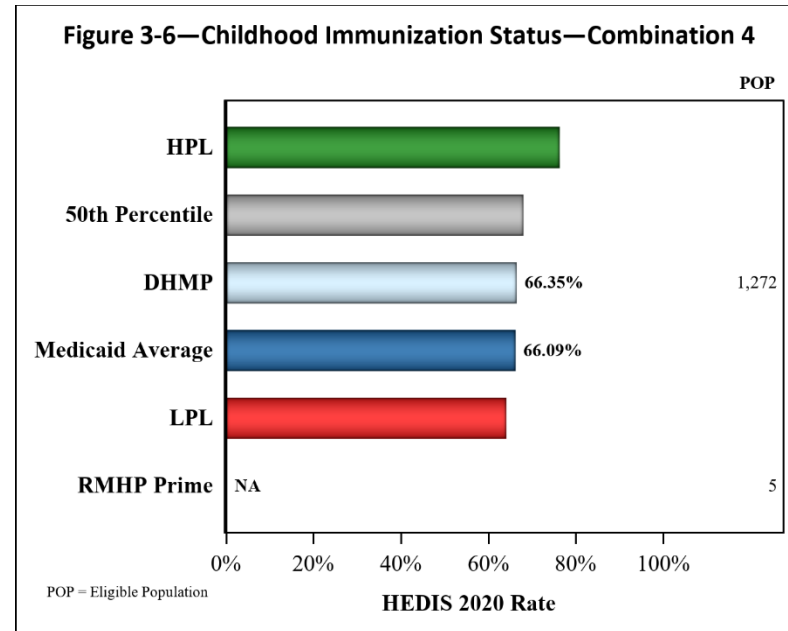
DHMP's rate and the Colorado Medicaid weighted average fell below the LPL.

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.
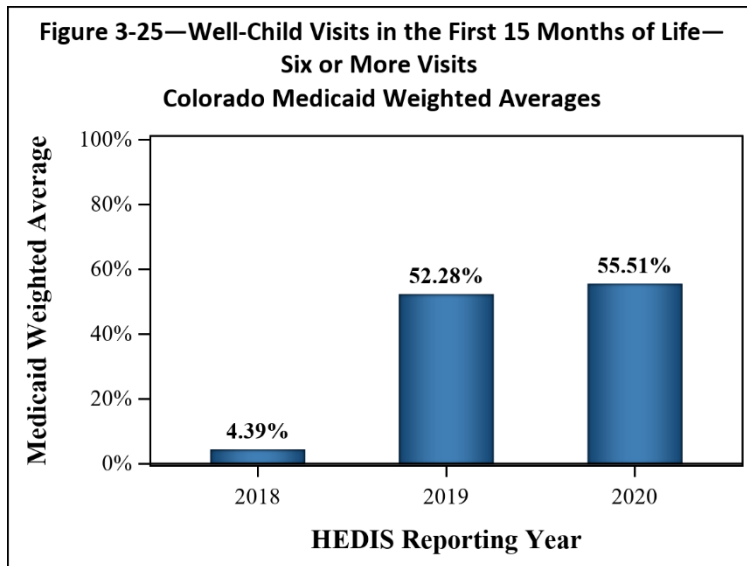
Figure 3-25—Well-Child Visits in the First 15 Months of Life—Six or More Visits Colorado Medicaid Weighted Averages

Figure 3-26—Well-Child Visits in the First 15 Months of Life—Six or More Visits

The Colorado Medicaid weighted average did not demonstrate a significant change from 2019 to 2020.
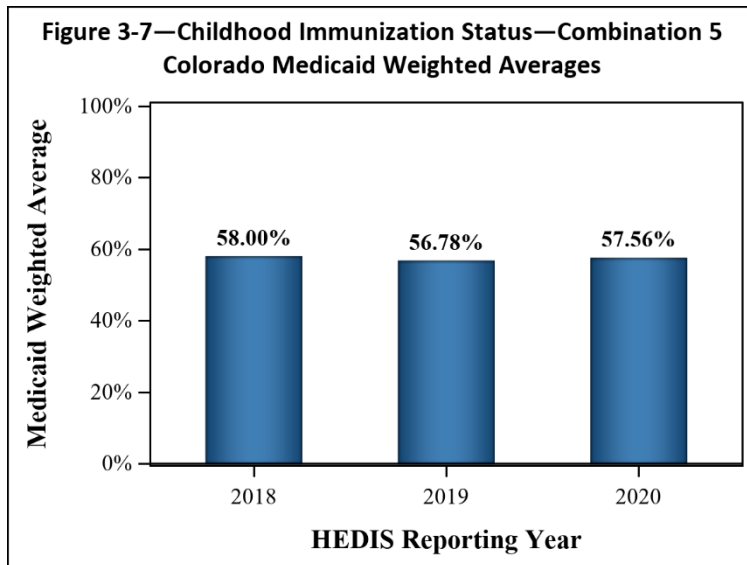
NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate. Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

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.
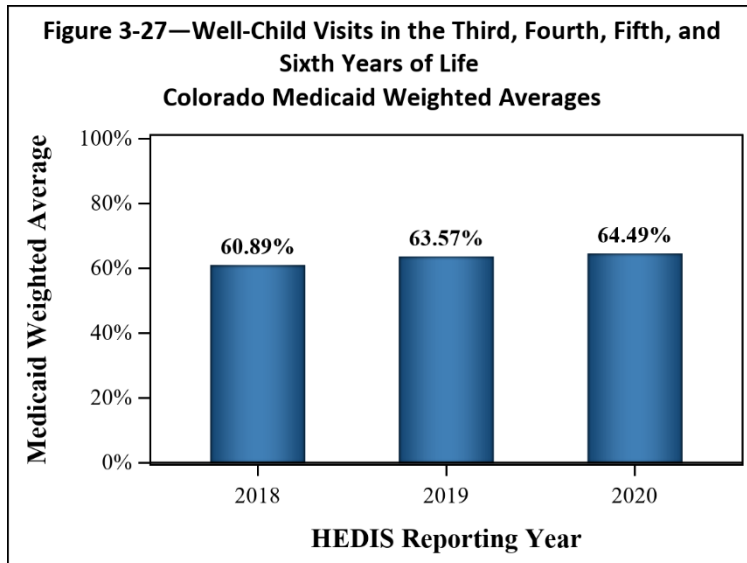
Figure 3-27—Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life
Colorado Medicaid Weighted Averages

The Colorado Medicaid weighted average did not demonstrate a significant change from 2019 to 2020.

Figure 3-28—Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life

POP = Eligible Population
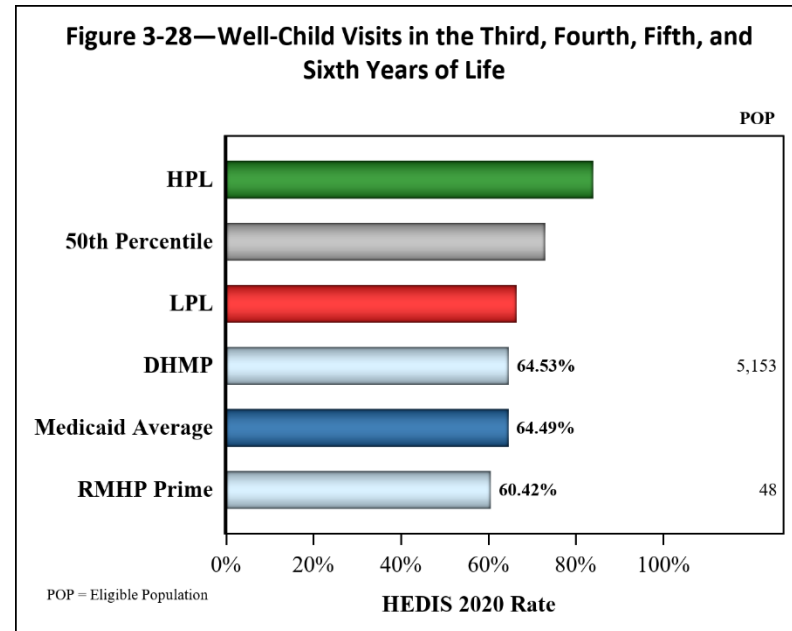
Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.
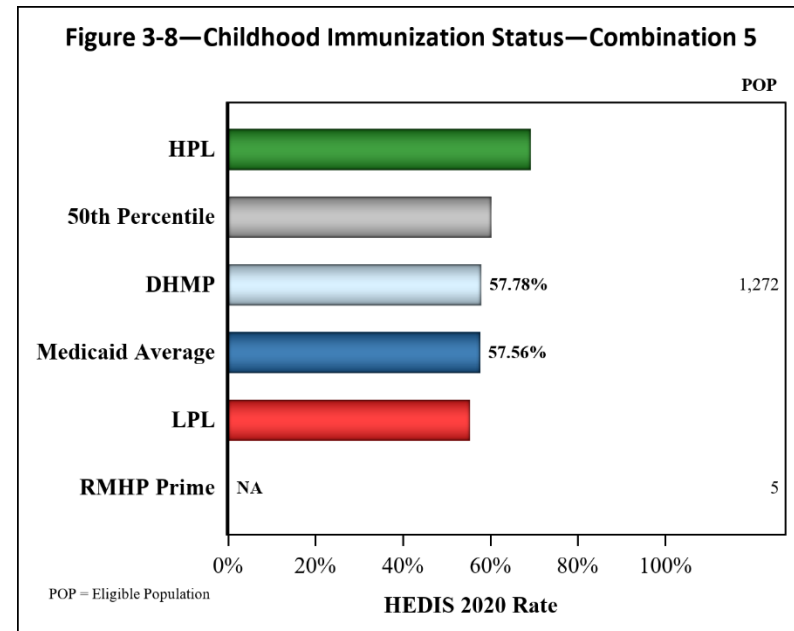
Rates for both MCOs and the Colorado Medicaid weighted average fell below the LPL. MCO performance varied by approximately 4 percentage points.

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.
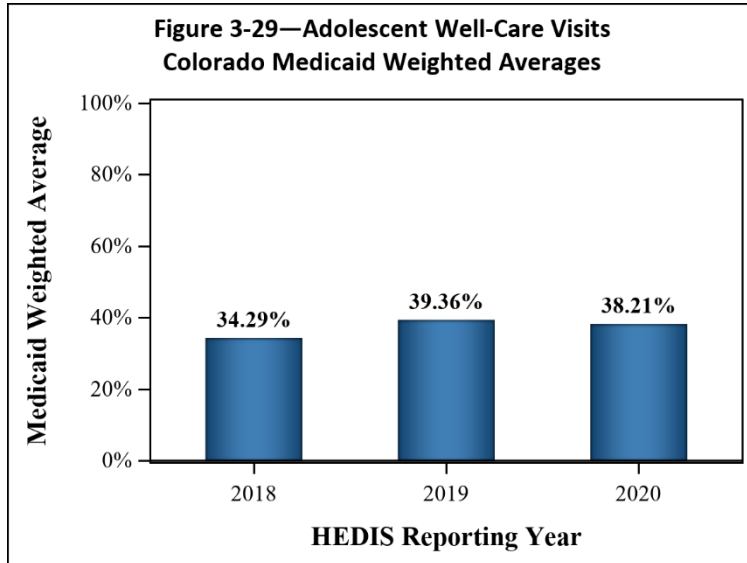
Figure 3-29—Adolescent Well-Care Visits Colorado Medicaid Weighted Averages

The Colorado Medicaid weighted average did not demonstrate a significant change from 2019 to 2020.

Figure 3-30—Adolescent Well-Care Visits

Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.
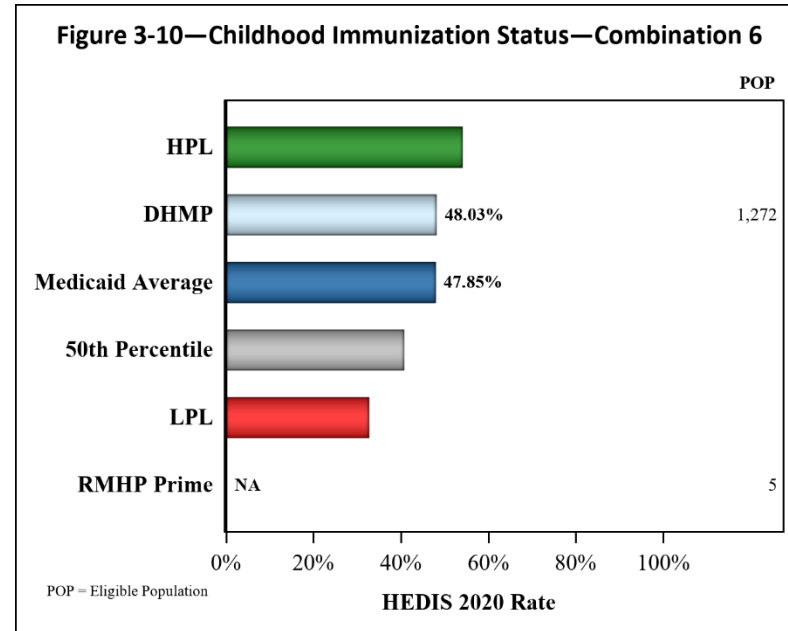
Rates for both MCOs and the Colorado Medicaid weighted average fell below the LPL. MCO performance varied by approximately 23 percentage points.

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.
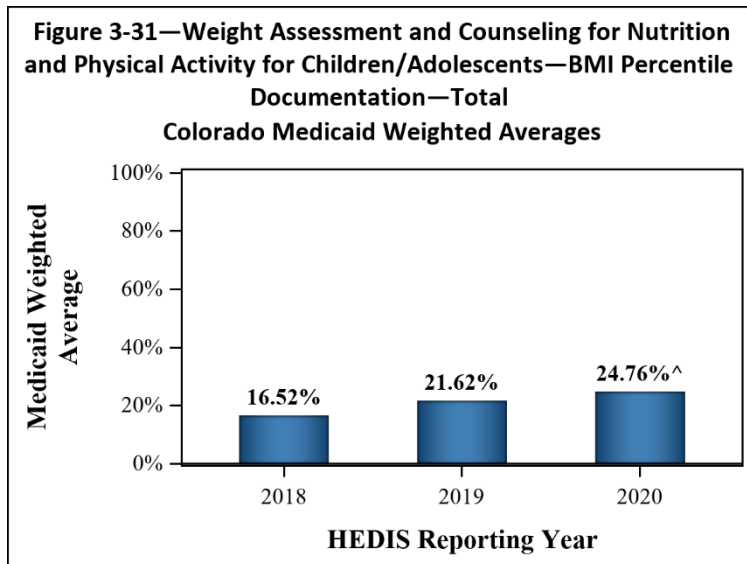
Figure 3-31—Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile Documentation—Total
Colorado Medicaid Weighted Averages

One caret (^) indicates a significant improvement in performance from 2019 to 2020.

The Colorado Medicaid weighted average significantly improved from 2019 to 2020.

Figure 3-32—Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile Documentation—Total

Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.
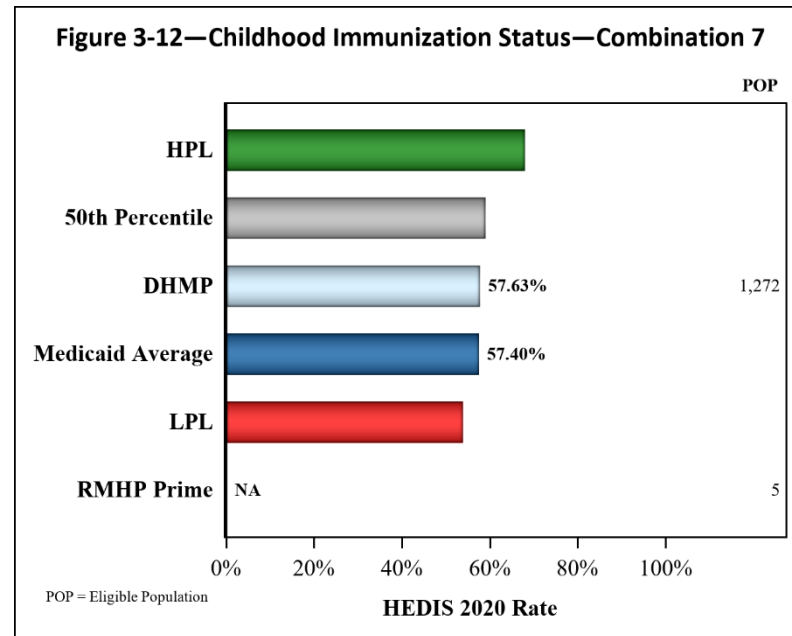
Rates for both MCOs and the Colorado Medicaid weighted average fell below the LPL. MCO performance varied by approximately 19 percentage points.

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.
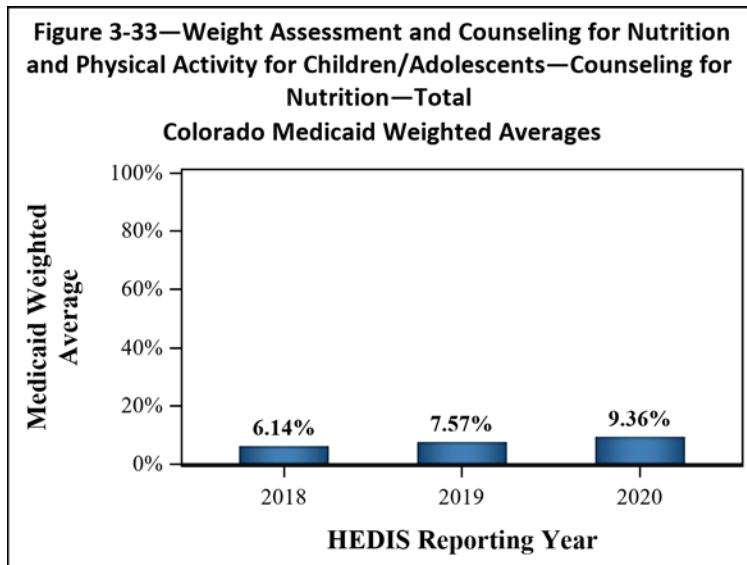
Figure 3-33—Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Nutrition—Total
Colorado Medicaid Weighted Averages

Figure 3-34—Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Nutrition—Total

The Colorado Medicaid weighted average did not demonstrate a significant change from 2019 to 2020.

Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.
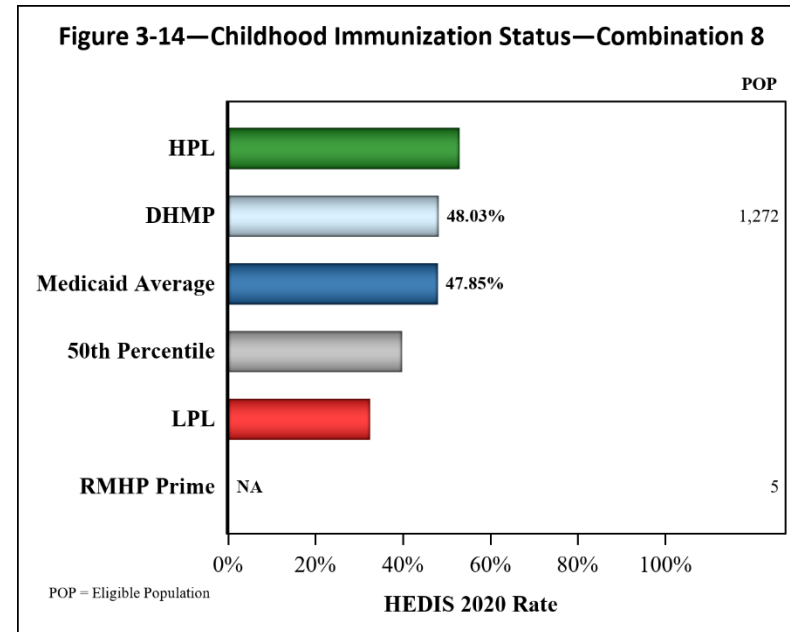
Rates for both MCOs and the Colorado Medicaid weighted average fell below the LPL. MCO performance varied by approximately 11 percentage points.

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.
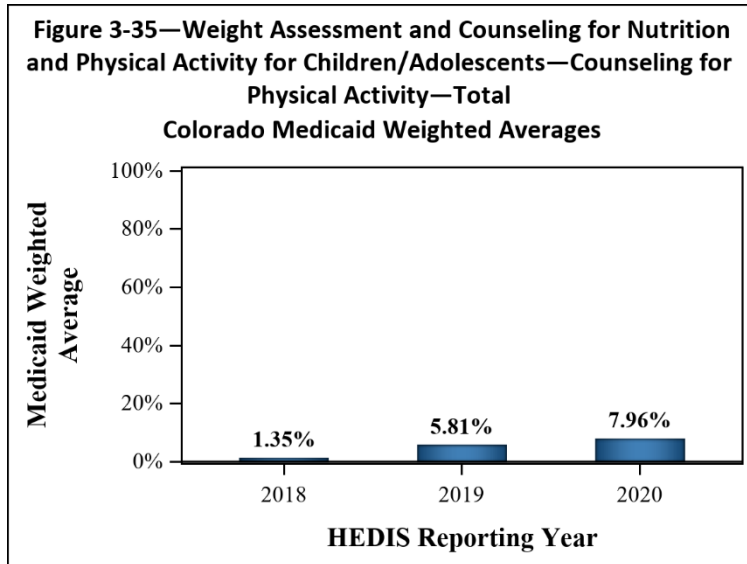
Figure 3-35—Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Physical Activity—Total
Colorado Medicaid Weighted Averages

Figure 3-36—Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Physical Activity—Total

The Colorado Medicaid weighted average did not demonstrate a significant change from 2019 to 2020.

Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.
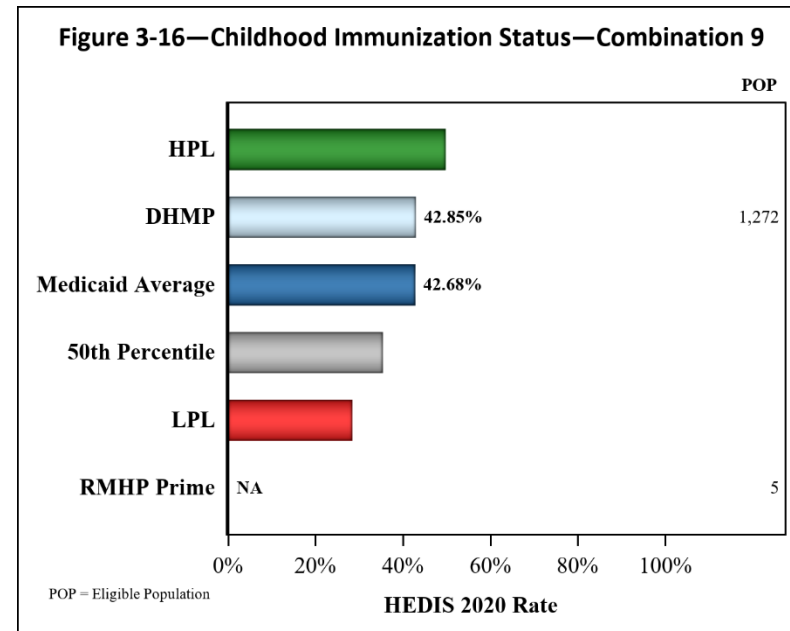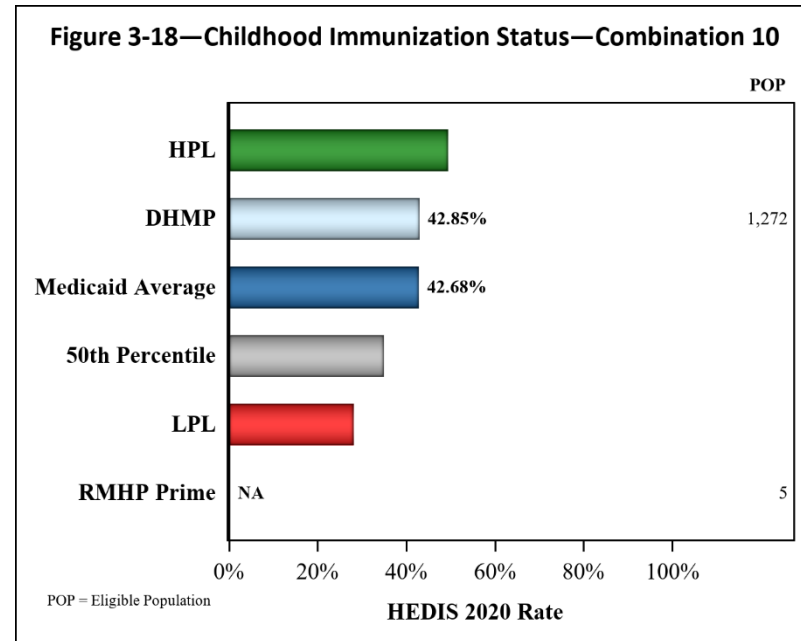
Rates for both MCOs and the Colorado Medicaid weighted average fell below the LPL. MCO performance varied by approximately 7 percentage points.

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

[1] *Due to differences in member eligibility for children in RMHP Prime, rates may not be comparable to DHMP's rates.*

— 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

Health Plan Name	★★★★★	★★★★	★★★	★★	★
DHMP	1	4	0	6	7
RMHP Prime	0	0	0	0	5

Performance for the MCOs in the Pediatric Care domain demonstrated opportunities for improvement, with 13 of 18 (72.2 percent) measure indicator rates for DHMP falling below the 50th percentile and all five reportable rates for RMHP Prime falling 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*.[3-1]

Of note, DHMP's rates for *Immunizations for Adolescents—Combination 2 (Meningococcal, Tdap, HPV)* and *Childhood Immunization Status—Combination 6, Combination 8, Combination 9,* and *Combination 10* measure indicators ranked at or above the 75th percentile, showing strength in vaccinations for adolescents and children.

[3-1] American Academy of Pediatrics. *Recommendations for Preventive Pediatric Health Care*. Available at: https://www.aap.org/en-us/Documents/periodicity_schedule.pdf. Accessed on: September 14, 2020.

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.

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. Due to changes in the technical specifications for this measure, NCQA recommends a break in trending between 2020 and prior years; therefore, prior years' rates are not displayed.
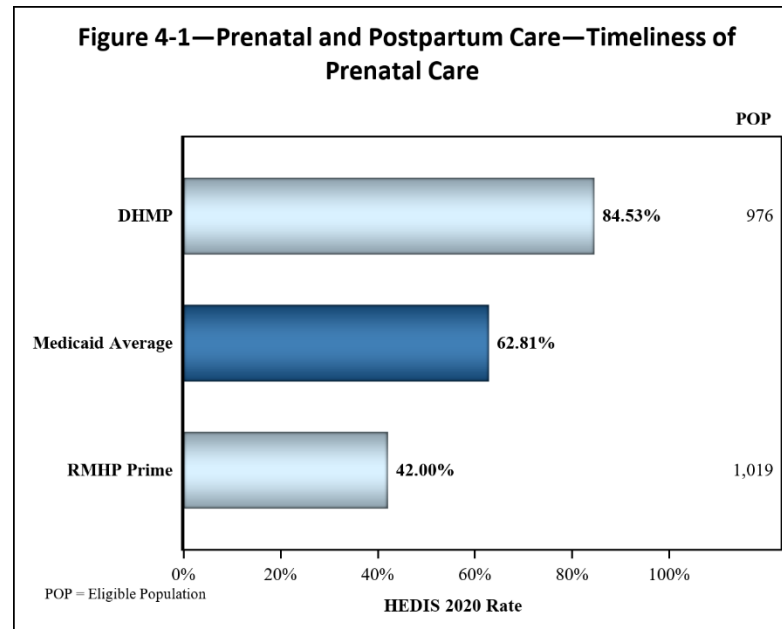
Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.
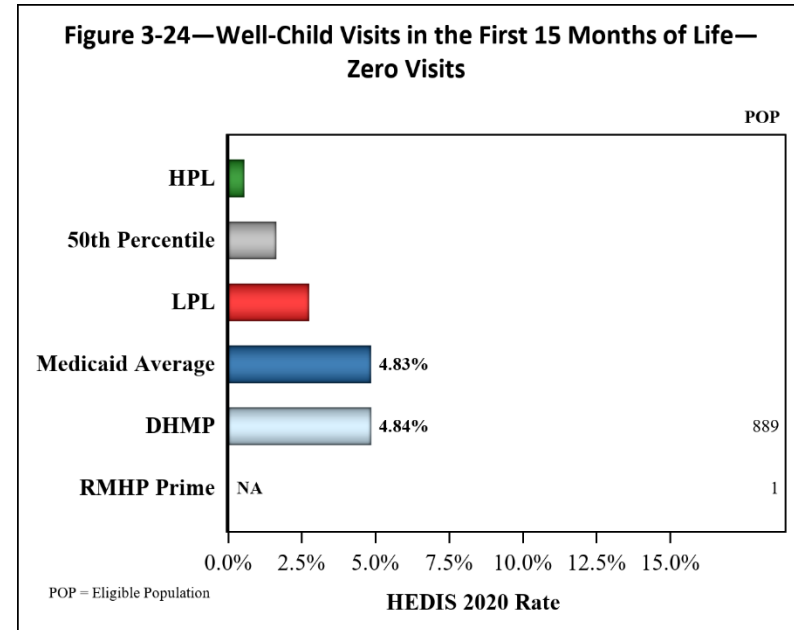
MCO performance varied by approximately 42 percentage points.

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. Due to changes in the technical specifications for this measure, NCQA recommends a break in trending between 2020 and prior years; therefore, prior years' rates are not displayed.

Figure 4-2—Prenatal and Postpartum Care—Postpartum Care

POP

DHMP: 66.50% — 976

Medicaid Average: 50.88%

RMHP Prime: 35.92% — 1,019

POP = Eligible Population

HEDIS 2020 Rate
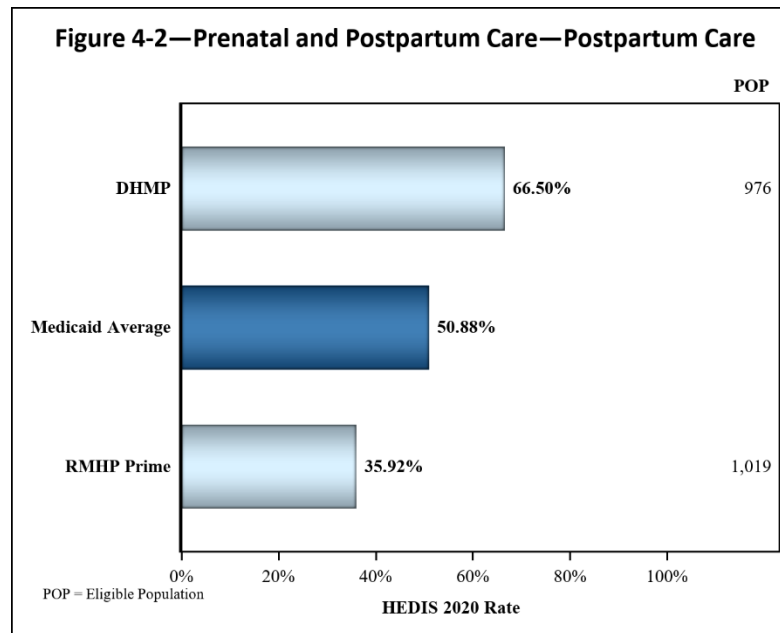
Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.
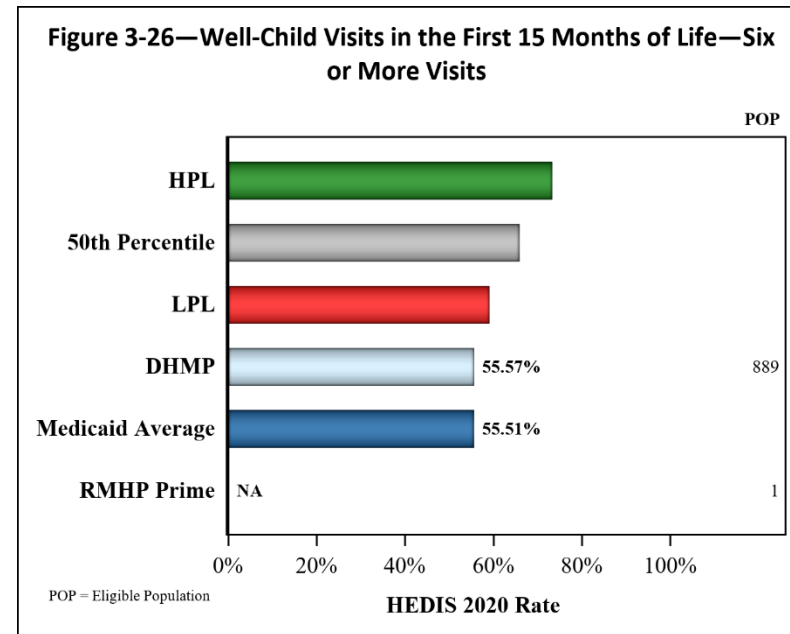
MCO performance varied by approximately 31 percentage points.

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.
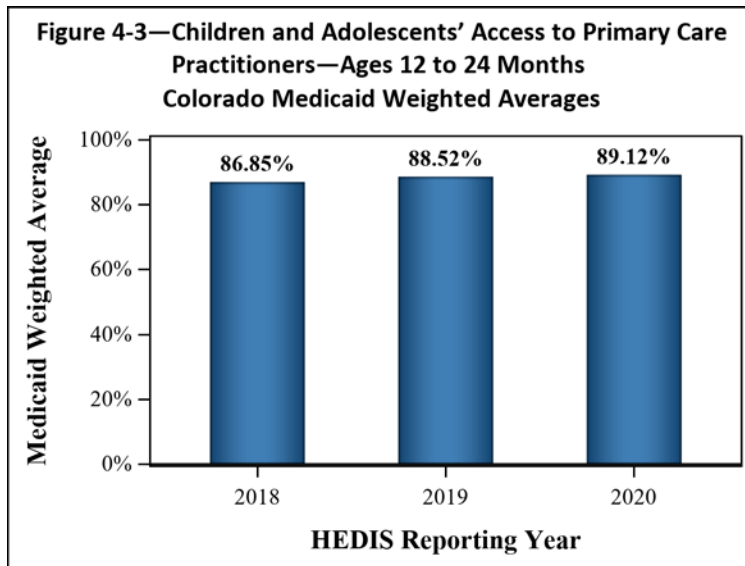
Figure 4-3—Children and Adolescents' Access to Primary Care Practitioners—Ages 12 to 24 Months Colorado Medicaid Weighted Averages

Due to changes in the technical specifications for this measure, NCQA recommends that trending between 2020 and prior years be considered with caution.

The Colorado Medicaid weighted average did not demonstrate a significant change from 2019 to 2020.

Figure 4-4—Children and Adolescents' Access to Primary Care Practitioners—Ages 12 to 24 Months
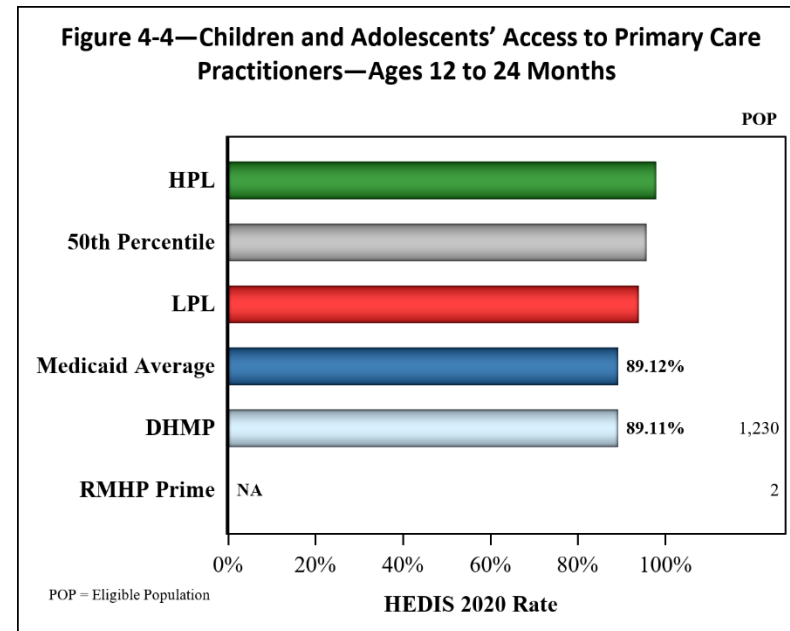
NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate.

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.
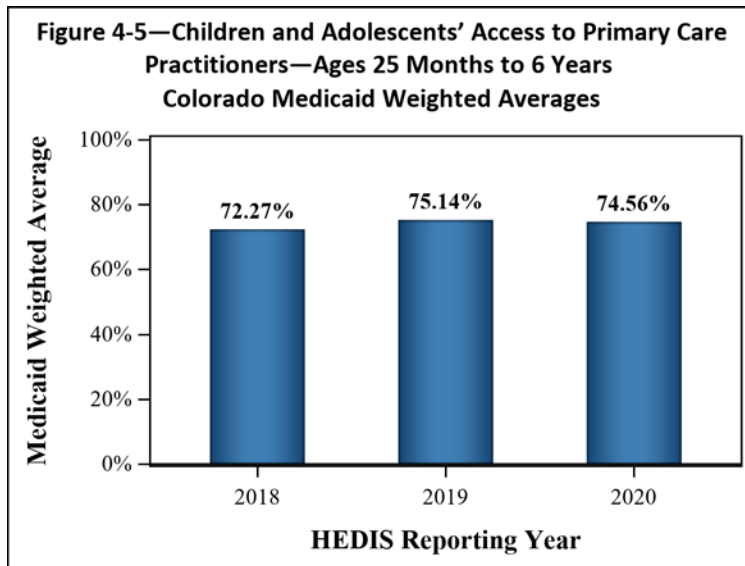
Figure 4-5—Children and Adolescents' Access to Primary Care Practitioners—Ages 25 Months to 6 Years Colorado Medicaid Weighted Averages

Due to changes in the technical specifications for this measure, NCQA recommends that trending between 2020 and prior years be considered with caution.

The Colorado Medicaid weighted average did not demonstrate a significant change from 2019 to 2020.

Figure 4-6—Children and Adolescents' Access to Primary Care Practitioners—Ages 25 Months to 6 Years

POP = Eligible Population
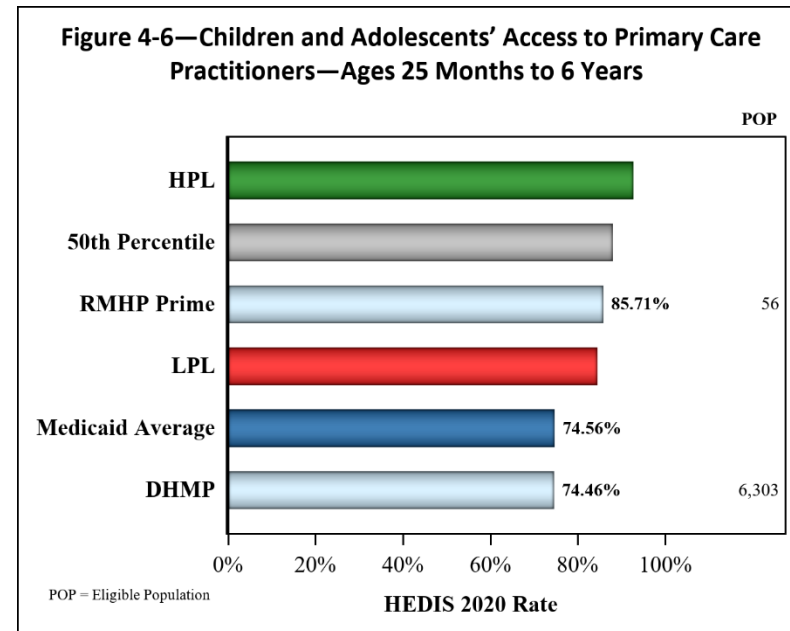
RMHP Prime's rate was above the LPL but below the 50th percentile. DHMP's rate and the Colorado Medicaid weighted average fell below the LPL. MCO performance varied by approximately 11 percentage points.

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.

Figure 4-7—Children and Adolescents' Access to Primary Care Practitioners—Ages 7 to 11 Years Colorado Medicaid Weighted Averages

Due to changes in the technical specifications for this measure, NCQA recommends that trending between 2020 and prior years be considered with caution.

Figure 4-8—Children and Adolescents' Access to Primary Care Practitioners—Ages 7 to 11 Years

The Colorado Medicaid weighted average did not demonstrate a significant change from 2019 to 2020.
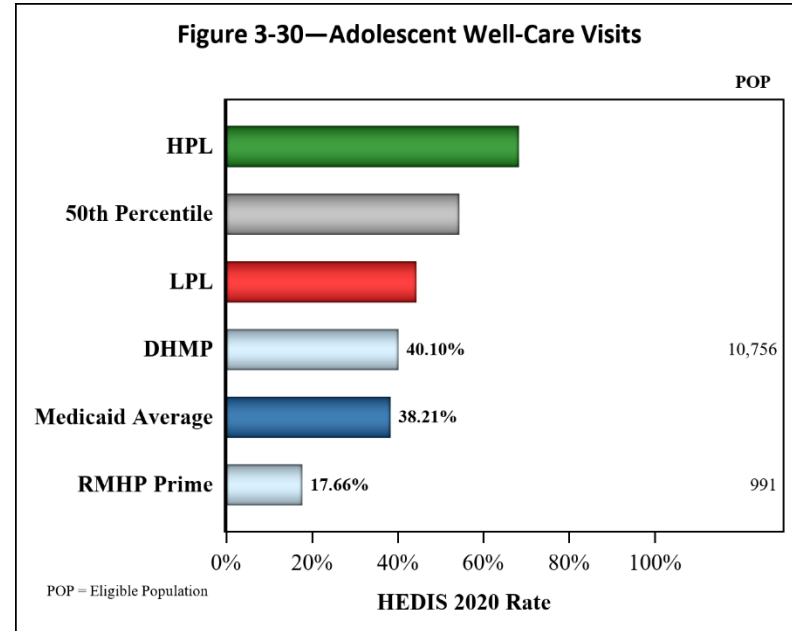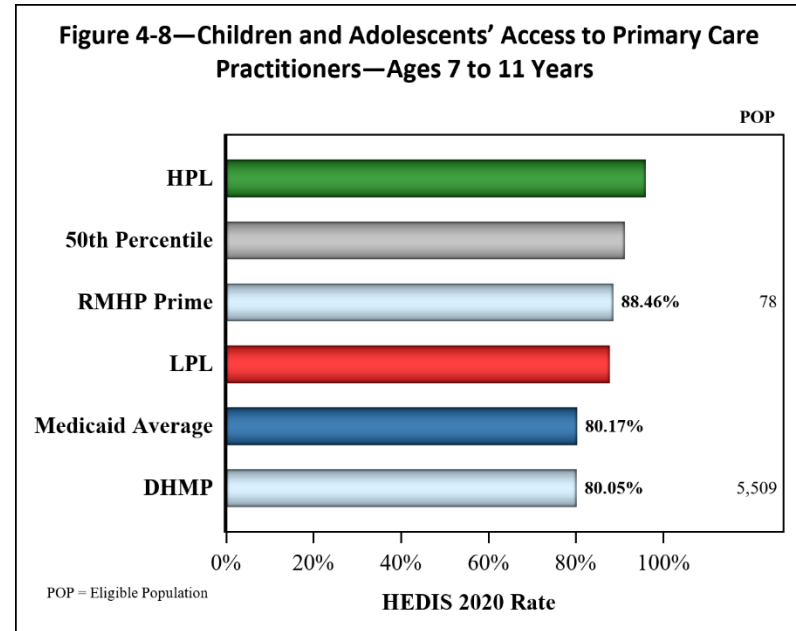
RMHP Prime's rate was above the LPL but below the 50th percentile. DHMP's rate and the Colorado Medicaid weighted average fell below the LPL. MCO performance varied by approximately 8 percentage points.

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.

Figure 4-9—Children and Adolescents' Access to Primary Care Practitioners—Ages 12 to 19 Years Colorado Medicaid Weighted Averages

Due to changes in the technical specifications for this measure, NCQA recommends that trending between 2020 and prior years be considered with caution.

Figure 4-10—Children and Adolescents' Access to Primary Care Practitioners—Ages 12 to 19 Years

The Colorado Medicaid weighted average did not demonstrate a significant change from 2019 to 2020.
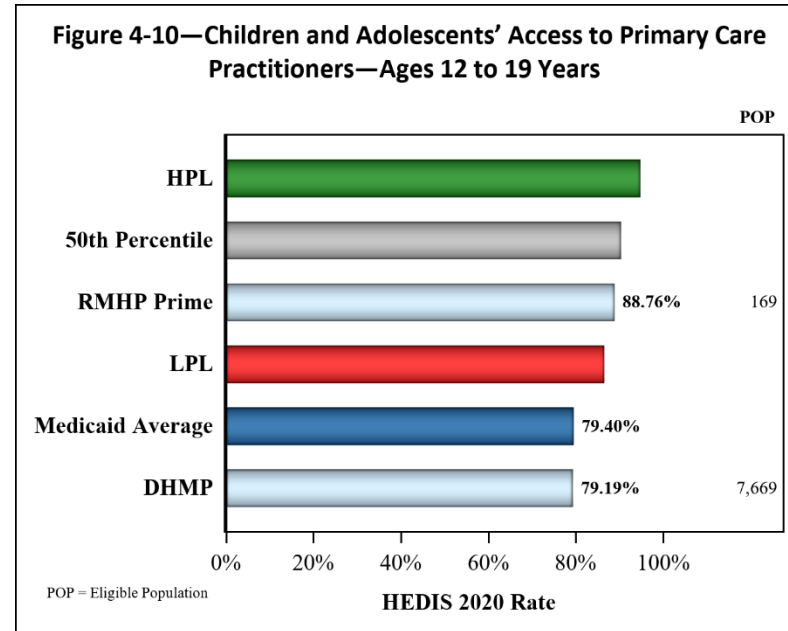
RMHP Prime's rate was above the LPL but below the 50th percentile. DHMP's rate and the Colorado Medicaid weighted average fell below the LPL. MCO performance varied by approximately 10 percentage points.

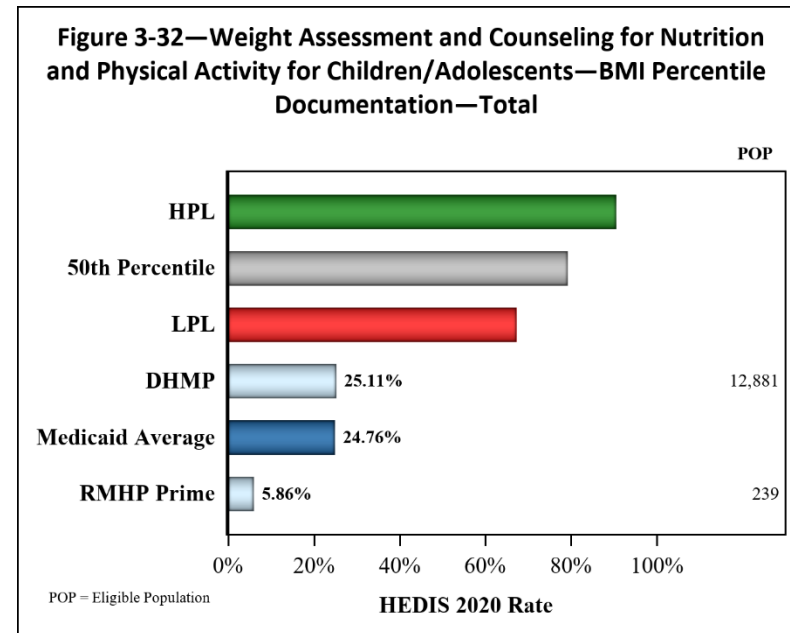## Adults' Access to Preventive/Ambulatory Health Services—Total

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.
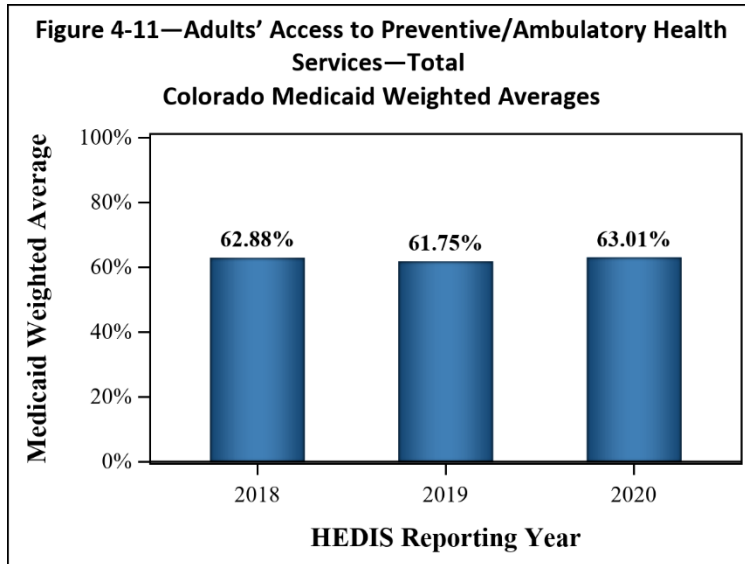
Figure 4-11—Adults' Access to Preventive/Ambulatory Health Services—Total
Colorado Medicaid Weighted Averages

- 2018: 62.88%
- 2019: 61.75%
- 2020: 63.01%

(Medicaid Weighted Average vs. HEDIS Reporting Year)

The Colorado Medicaid weighted average did not demonstrate a significant change from 2019 to 2020.

Figure 4-12—Adults' Access to Preventive/Ambulatory Health Services—Total

POP

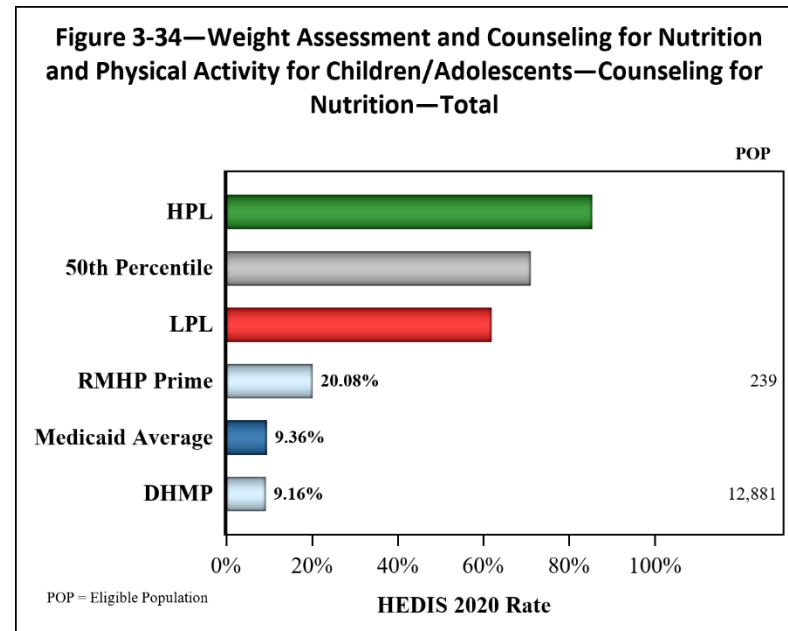|	HEDIS 2020 Rate	POP
HPL		
50th Percentile		
LPL		
RMHP Prime	72.10%	24,668
Medicaid Average	63.01%	
DHMP	55.30%	29,106

POP = Eligible Population
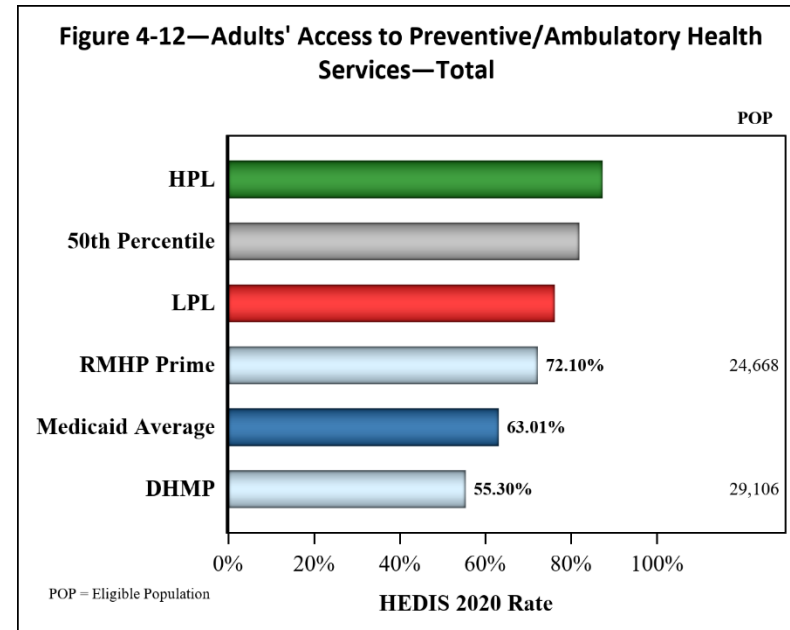
Rates for both MCOs and the Colorado Medicaid weighted average fell below the LPL. MCO performance varied by approximately 17 percentage points.

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.
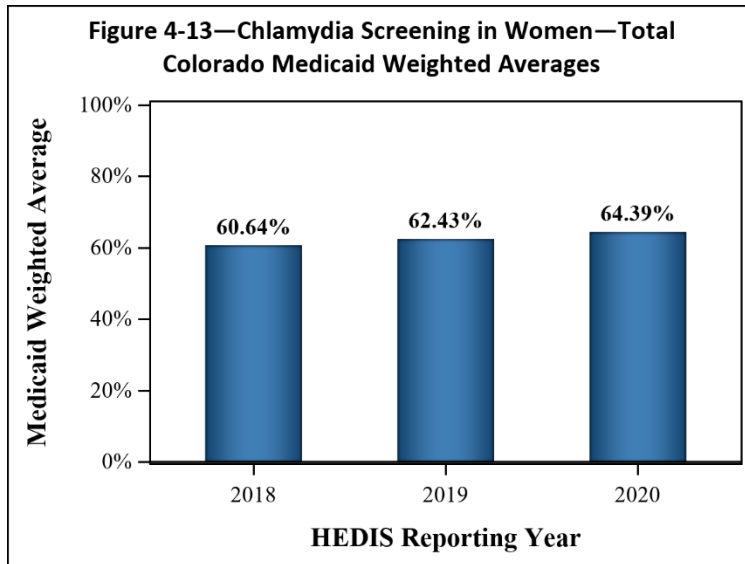
Figure 4-13—Chlamydia Screening in Women—Total
Colorado Medicaid Weighted Averages

Figure 4-14—Chlamydia Screening in Women—Total

The Colorado Medicaid weighted average did not demonstrate a significant change from 2019 to 2020.
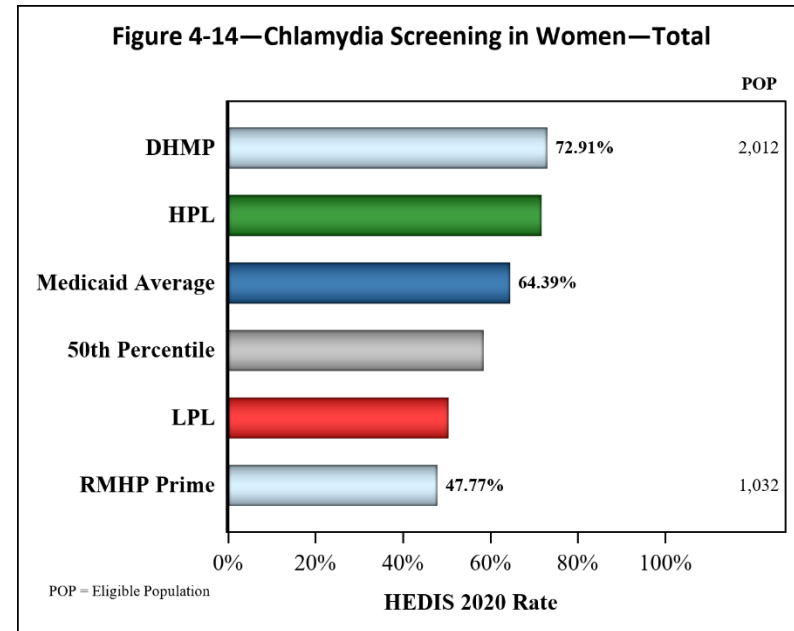
DHMP's rate exceeded the HPL. The Colorado Medicaid weighted average was above the 50th percentile but below the HPL. RMHP Prime's rate fell below the LPL. MCO performance varied by approximately 25 percentage points.

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.
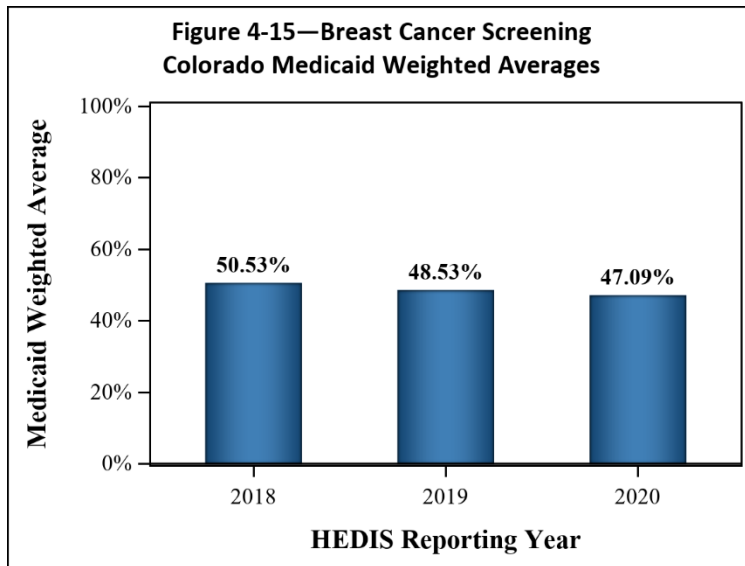
Figure 4-15—Breast Cancer Screening Colorado Medicaid Weighted Averages

The Colorado Medicaid weighted average did not demonstrate a significant change from 2019 to 2020.
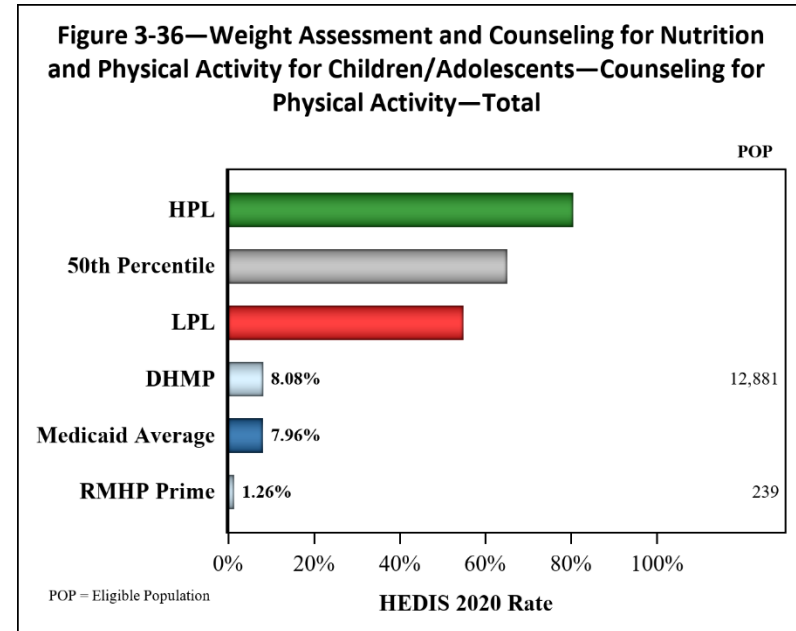

Figure 4-16—Breast Cancer Screening
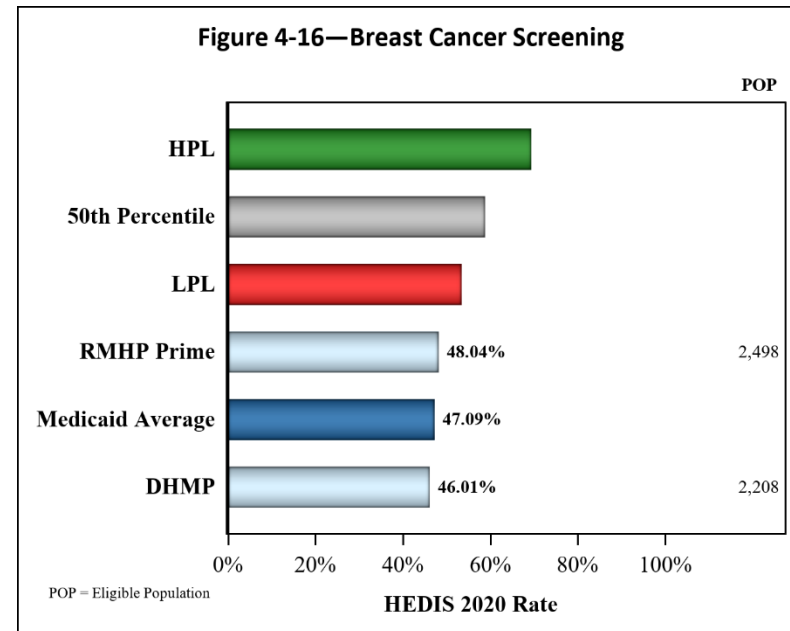
Rates for both MCOs and the Colorado Medicaid weighted average fell below the LPL. MCO performance varied by approximately 2 percentage points.

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.
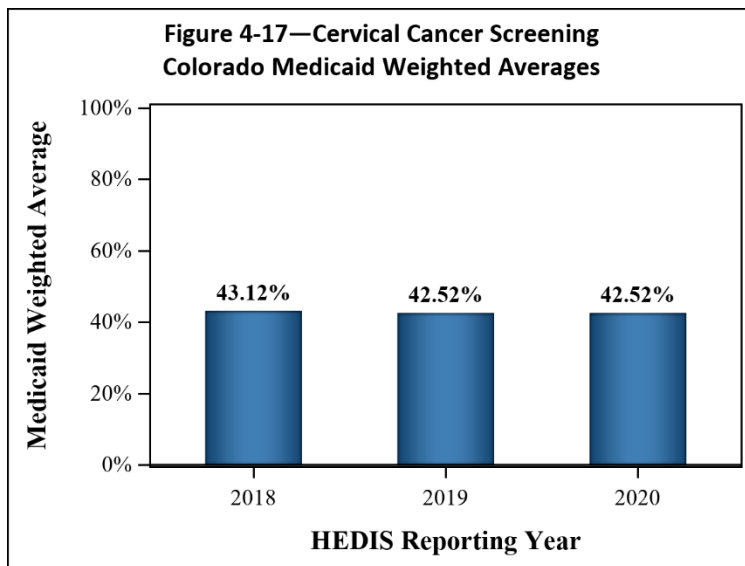
Figure 4-17—Cervical Cancer Screening Colorado Medicaid Weighted Averages

Due to changes in the technical specifications for this measure, NCQA recommends that trending between 2020 and prior years be considered with caution.

The Colorado Medicaid weighted average did not demonstrate a significant change from 2019 to 2020.

Figure 4-18—Cervical Cancer Screening

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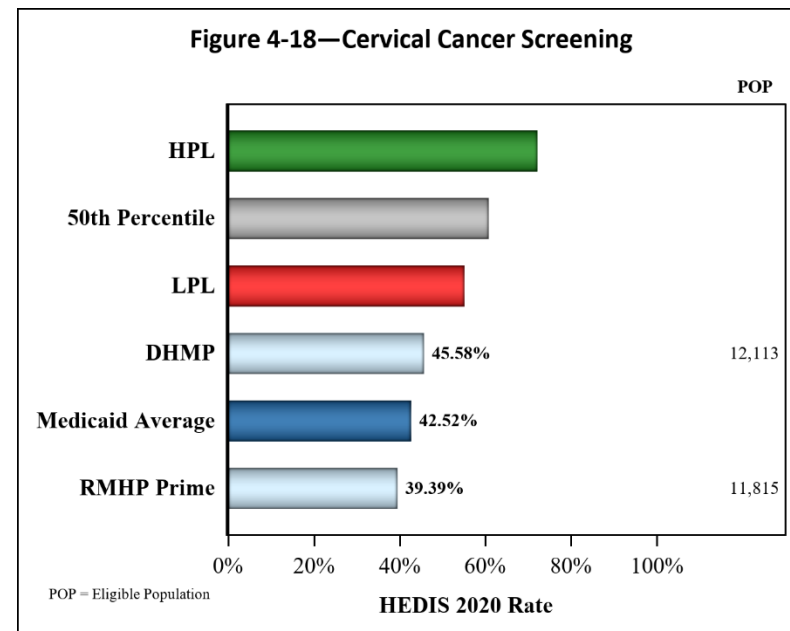
Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

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

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.
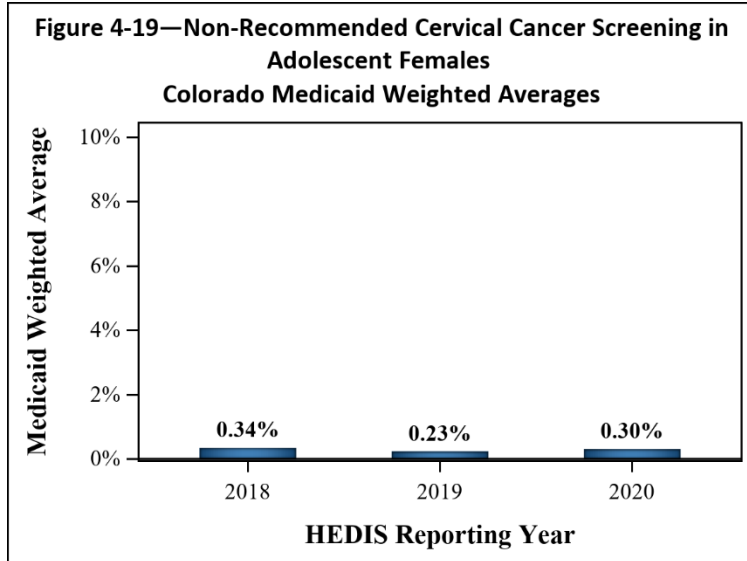
Figure 4-19—Non-Recommended Cervical Cancer Screening in Adolescent Females
Colorado Medicaid Weighted Averages

Figure 4-20—Non-Recommended Cervical Cancer Screening in Adolescent Females

The Colorado Medicaid weighted average did not demonstrate a significant change from 2019 to 2020.
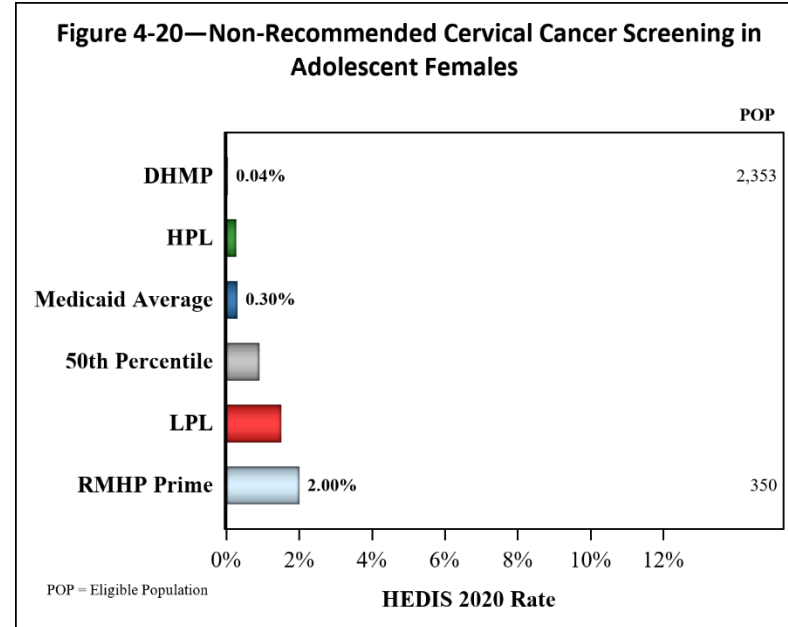
DHMP's rate exceeded the HPL. The Colorado Medicaid weighted average was above the 50th percentile but below the HPL. RMHP Prime's rate fell below the LPL. MCO performance varied by approximately 2 percentage points.

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.
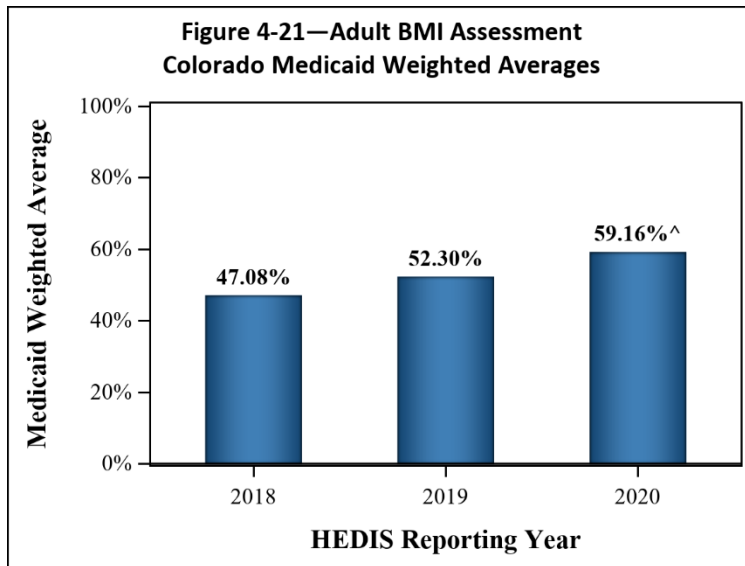
Figure 4-21—Adult BMI Assessment Colorado Medicaid Weighted Averages

One caret (^) indicates a significant improvement in performance from 2019 to 2020.

The Colorado Medicaid weighted average significantly improved from 2019 to 2020.

Figure 4-22—Adult BMI Assessment

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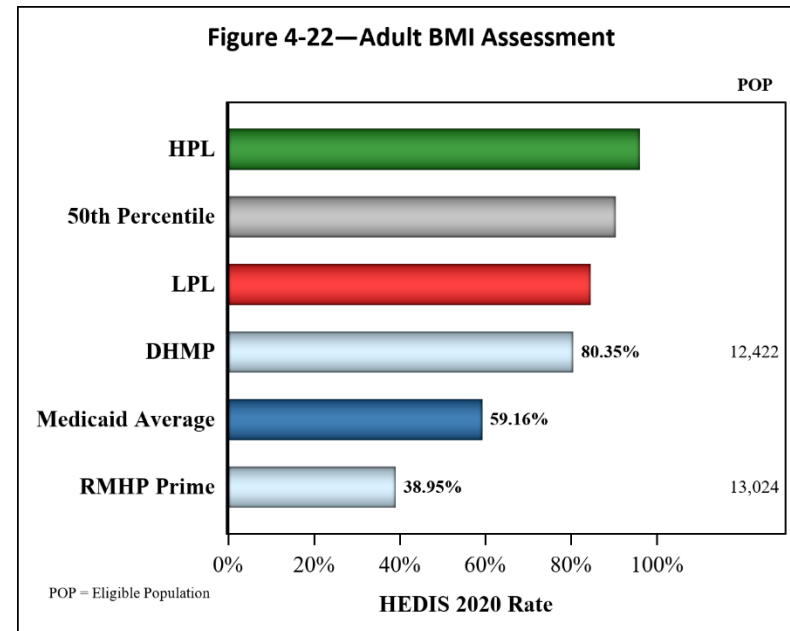
Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

Rates for both MCOs and the Colorado Medicaid weighted average fell below the LPL. MCO performance varied by approximately 41 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
Access to Care		
Prenatal and Postpartum Care		
Timeliness of Prenatal Care	—	—
Postpartum Care	—	—
Children's and Adolescents' Access to Primary Care Practitioners[1]		
Ages 12 to 24 Months	★	—
Ages 25 Months to 6 Years	★	★★
Ages 7 to 11 Years	★	★★
Ages 12 to 19 Years	★	★★
Adults' Access to Preventive/Ambulatory Health Services		
Total	★	★
Preventive Screening		
Chlamydia Screening in Women[1]		
Total	★★★★★	★
Breast Cancer Screening		
Breast Cancer Screening	★	★
Cervical Cancer Screening		
Cervical Cancer Screening	★	★
Non-Recommended Cervical Cancer Screening in Adolescent Females*,[1]		
Non-Recommended Cervical Cancer Screening in Adolescent Females	★★★★★	★
Adult BMI Assessment		
Adult BMI Assessment	★	★

[1] *Due to differences in member eligibility for children in RMHP Prime, rates may not be comparable to DHMP's rates.*

— 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

Health Plan Name	★★★★★	★★★★	★★★	★★	★
Access to Care					
DHMP	0	0	0	0	5
RMHP Prime	0	0	0	3	1
Preventive Screening					
DHMP	2	0	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—Total* and *Non-Recommended Cervical Cancer Screening in Adolescent Females* were at or above the 90th 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.[4-1]

[4-1] 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: September 9, 2020.

Mental/Behavioral Health

The following section provides a detailed analysis of the Colorado Medicaid MCOs' performance for the Mental/Behavioral Health domain. In FY 2019–2020, 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—Blood Glucose Testing— Total*, *Cholesterol Testing—Total*, and *Blood Glucose and Cholesterol Testing—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.

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).
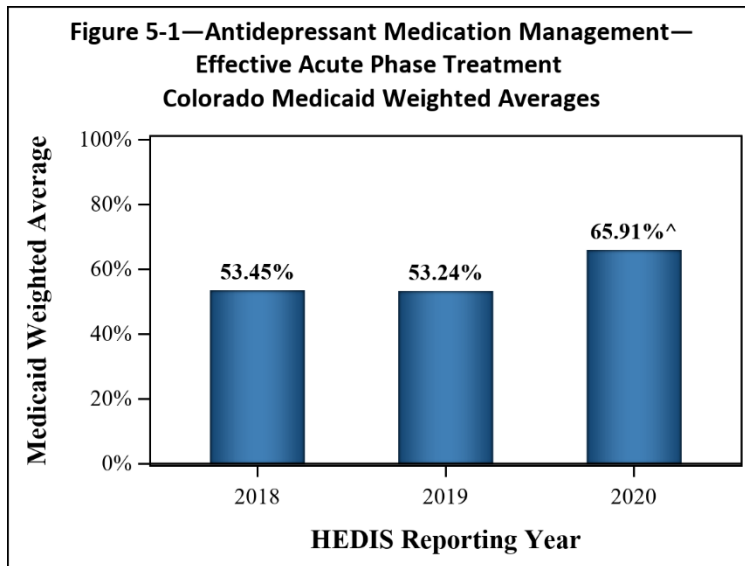
Figure 5-1—Antidepressant Medication Management— Effective Acute Phase Treatment Colorado Medicaid Weighted Averages

One caret (^) indicates a significant improvement in performance from 2019 to 2020.

Figure 5-2—Antidepressant Medication Management—Effective Acute Phase Treatment

POP = Eligible Population

The Colorado Medicaid weighted average significantly improved from 2019 to 2020.
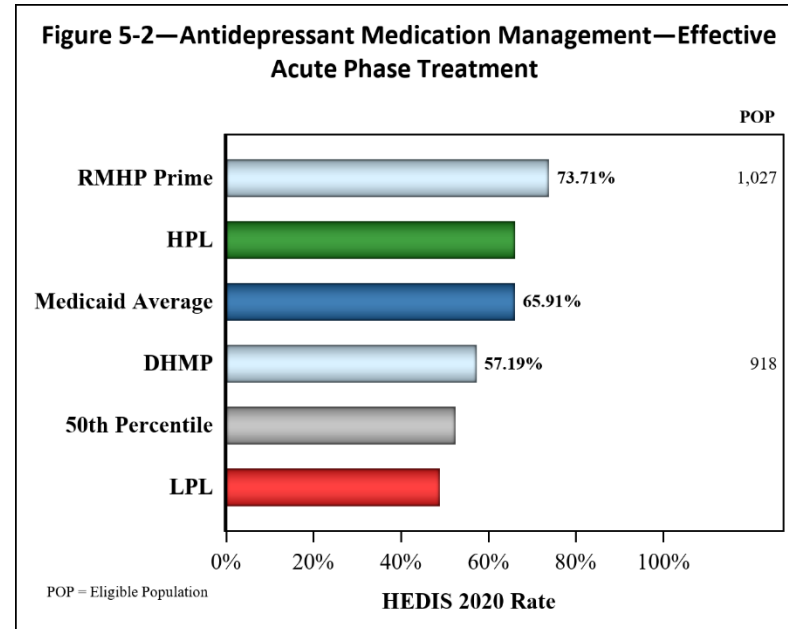
RMHP Prime's rate was above the HPL. DHMP's rate and the Colorado Medicaid weighted average were above the 50th percentile but below the HPL. MCO performance varied by approximately 17 percentage points.

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).
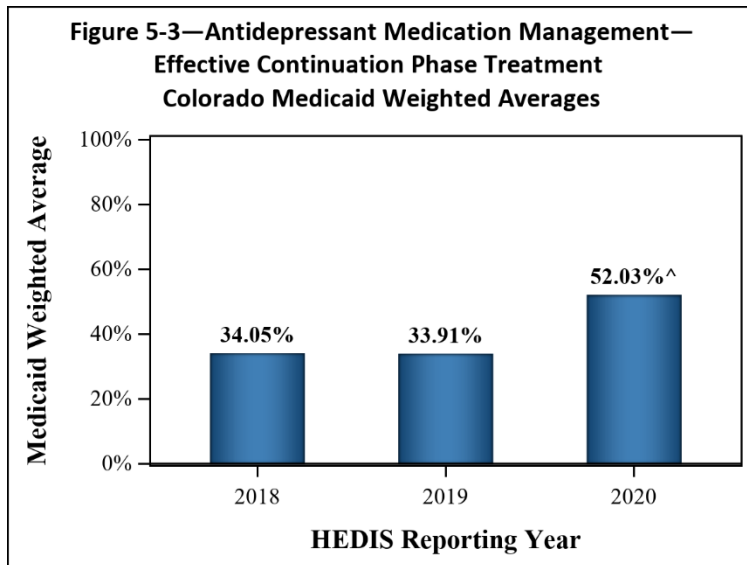
Figure 5-3—Antidepressant Medication Management—Effective Continuation Phase Treatment Colorado Medicaid Weighted Averages

One caret (^) indicates a significant improvement in performance from 2019 to 2020.

Figure 5-4—Antidepressant Medication Management—Effective Continuation Phase Treatment

The Colorado Medicaid weighted average significantly improved from 2019 to 2020.
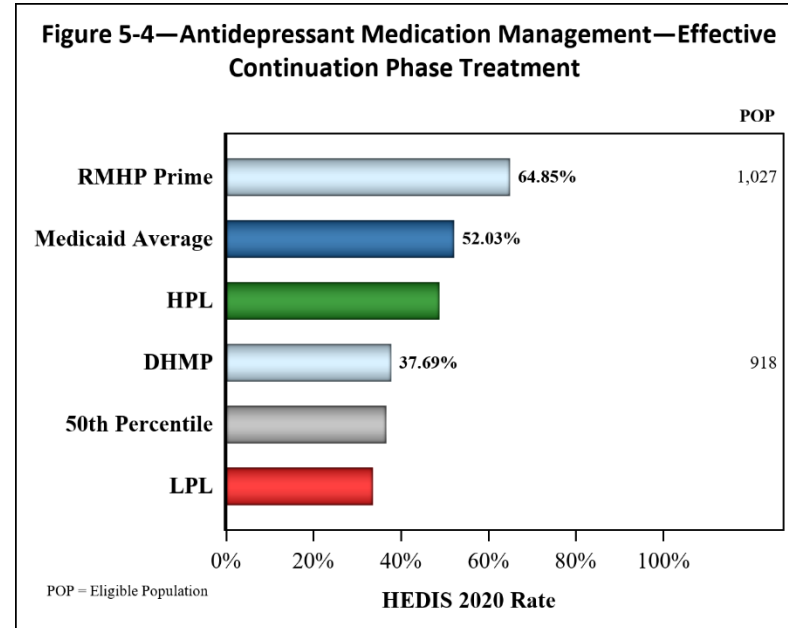
Rates for RMHP Prime and the Colorado Medicaid weighted average were above the HPL. DHMP's rate was above the 50th percentile but below the HPL. MCO performance varied by approximately 27 percentage points.

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

Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase measures the percentage of 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.
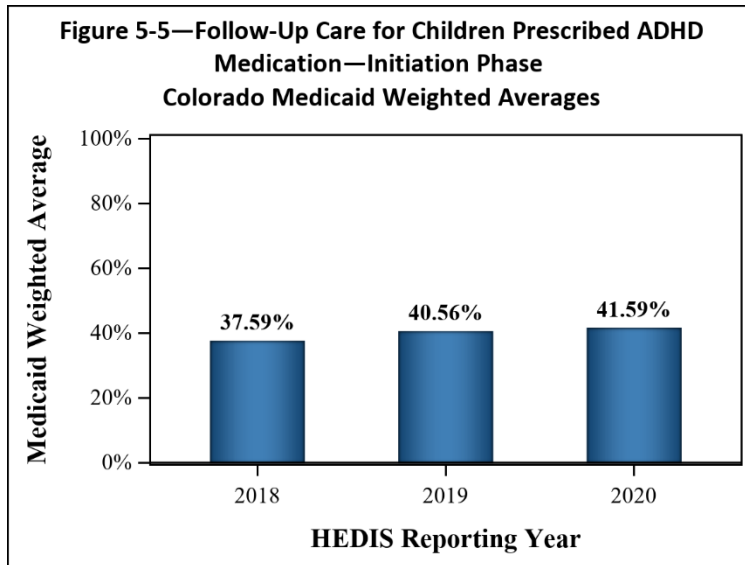
Figure 5-5—Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase Colorado Medicaid Weighted Averages

The Colorado Medicaid weighted average did not demonstrate a significant change from 2019 to 2020.

Figure 5-6—Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase
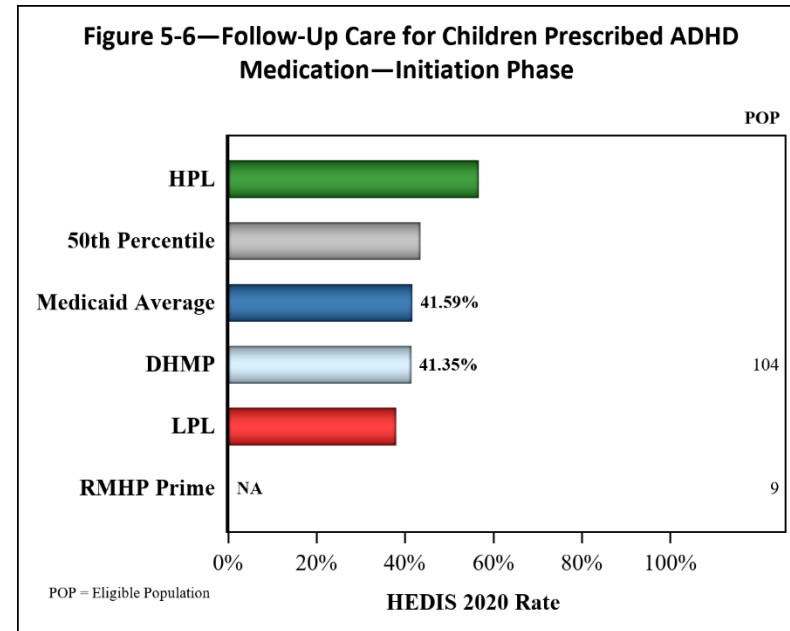
NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate.

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—Blood Glucose Testing—Total

Metabolic Monitoring for Children and Adolescents on Antipsychotics—Blood Glucose Testing—Total measures the percentage of members 1 to 17 years of age who had two or more antipsychotic medication prescriptions and received blood glucose testing. Due to changes in the technical specifications for this measure, NCQA recommends a break in trending between 2020 and prior years; therefore, prior years' rates are not displayed.

Figure 5-7—Metabolic Monitoring for Children and Adolescents on Antipsychotics—Blood Glucose Testing—Total

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

RMHP Prime's rate fell below the Colorado Medicaid weighted average by approximately 6 percentage points.

Metabolic Monitoring for Children and Adolescents on Antipsychotics—Cholesterol Testing—Total

Metabolic Monitoring for Children and Adolescents on Antipsychotics—Cholesterol Testing—Total measures the percentage of members 1 to 17 years of age who had two or more antipsychotic medication prescriptions and received cholesterol testing. Due to changes in the technical specifications for this measure, NCQA recommends a break in trending between 2020 and prior years; therefore, prior years' rates are not displayed.

Figure 5-8—Metabolic Monitoring for Children and Adolescents on Antipsychotics—Cholesterol Testing—Total

POP = Eligible Population

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

 RMHP Prime's rate fell below the Colorado Medicaid weighted average by approximately 12 percentage points.

Metabolic Monitoring for Children and Adolescents on Antipsychotics—Blood Glucose and Cholesterol Testing—Total

Metabolic Monitoring for Children and Adolescents on Antipsychotics—Blood Glucose and Cholesterol Testing—Total measures the percentage of members 1 to 17 years of age who had two or more antipsychotic medication prescriptions and received blood glucose and cholesterol testing.

Figure 5-9—Metabolic Monitoring for Children and Adolescents on Antipsychotics—Blood Glucose and Cholesterol Testing–Total Colorado Medicaid Weighted Averages

The Colorado Medicaid weighted average did not demonstrate a significant change from 2019 to 2020.

Figure 5-10—Metabolic Monitoring for Children and Adolescents on Antipsychotics—Blood Glucose and Cholesterol Testing–Total

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

The Colorado Medicaid weighted average was above the 50th percentile but below the HPL. RMHP Prime's rate fell below the LPL.

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
Antidepressant Medication Management		
Effective Acute Phase Treatment	★★★★	★★★★★
Effective Continuation Phase Treatment	★★★	★★★★★
Follow-up Care for Children Prescribed ADHD Medication		
Initiation Phase	★★	—
Continuation and Maintenance Phase	—	—
Metabolic Monitoring for Children and Adolescents on Antipsychotics		
Blood Glucose Testing—Total	—	—
Cholesterol Testing—Total	—	—
Blood Glucose and Cholesterol Testing–Total	—	★

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

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

Health Plan Name	★★★★★	★★★★	★★★	★★	★
DHMP	0	1	1	1	0
RMHP Prime	2	0	0	0	1

Within the Mental/Behavioral Health domain, both MCOs demonstrated areas of strength related to managing antidepressant medication. For DHMP, the MCO fell below the 90th percentile for the *Antidepressant Medication Management—Effective Acute Phase Treatment* measure indicator and below the 75th percentile for the *Antidepressant Medication Management—Effective Continuation Phase Treatment* measure indicator. RMHP Prime was at or above the 90th percentile for the *Antidepressant Medication Management—Effective Acute Phase Treatment* and *Effective Continuation Phase Treatment* measure indicators. DHMP fell below the 50th percentile for the *Follow-up Care for Children Prescribed ADHD Medication—Initiation Phase* measure indicator, and RMHP Prime fell below the 25th percentile for the *Metabolic Monitoring for Children and Adolescents on Antipsychotics—Blood Glucose and Cholesterol Testing—Total* measure indicator. The MCOs and the Department should identify the issues that contribute to low rates of medication monitoring (e.g., the need for improved provider training or community outreach and education) and implement strategies that focus on improving 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*
- *Use of Imaging Studies for Low Back Pain*
- *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*

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.

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.
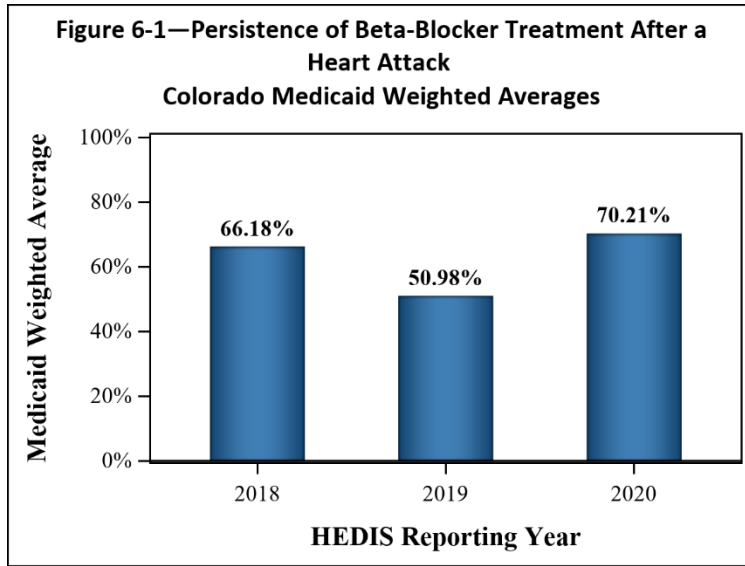
Figure 6-1—Persistence of Beta-Blocker Treatment After a Heart Attack
Colorado Medicaid Weighted Averages

The Colorado Medicaid weighted average did not demonstrate a significant change from 2019 to 2020.

Figure 6-2—Persistence of Beta-Blocker Treatment After a Heart Attack

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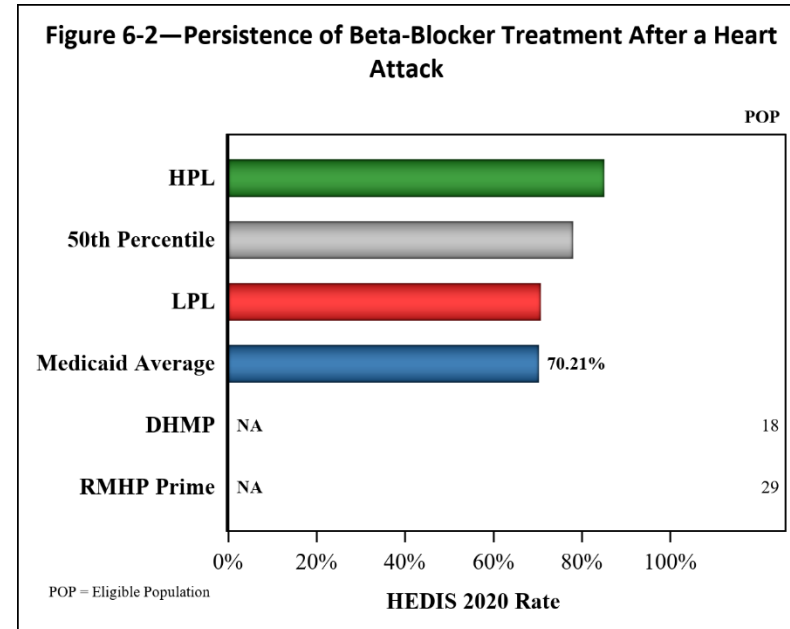
NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate.

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.
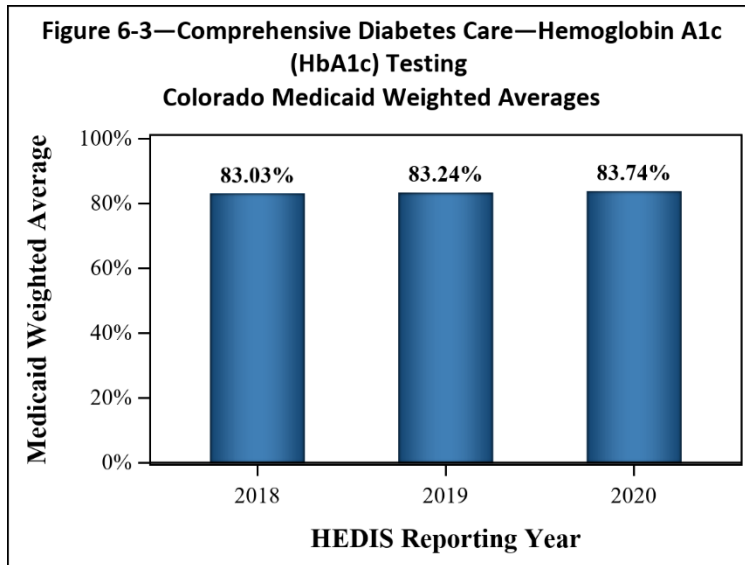
Figure 6-3—Comprehensive Diabetes Care—Hemoglobin A1c (HbA1c) Testing
Colorado Medicaid Weighted Averages

Figure 6-4—Comprehensive Diabetes Care—Hemoglobin A1c (HbA1c) Testing

POP = Eligible Population

The Colorado Medicaid weighted average did not demonstrate a significant change from 2019 to 2020.
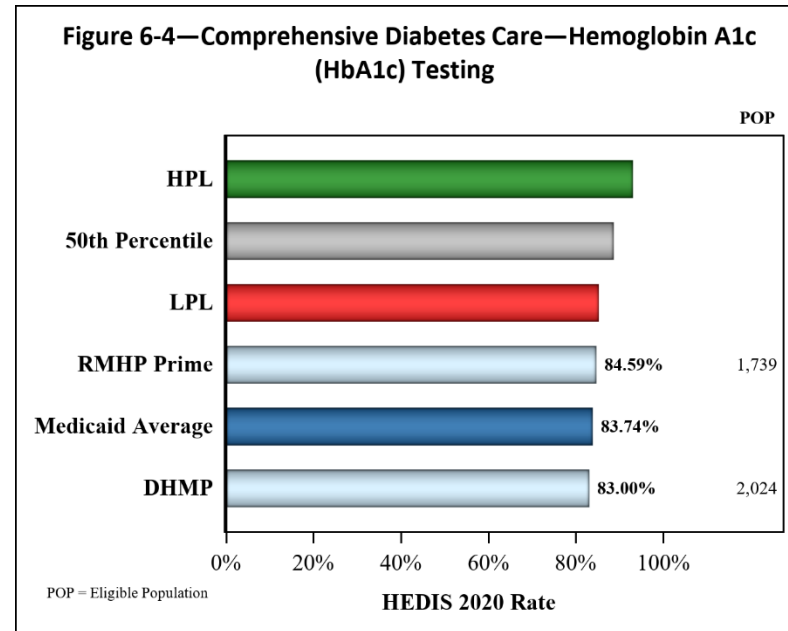
Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

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—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.
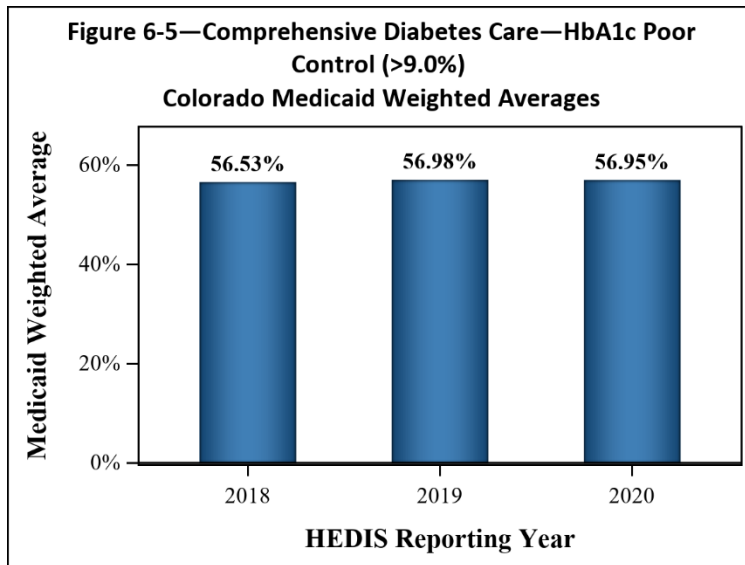
Figure 6-5—Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%) Colorado Medicaid Weighted Averages

The Colorado Medicaid weighted average did not demonstrate a significant change from 2019 to 2020.

Figure 6-6—Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)

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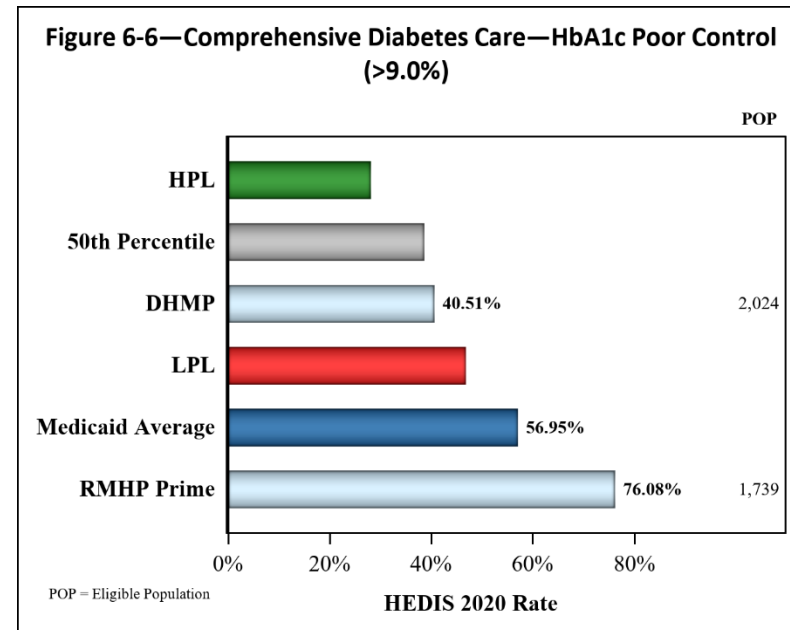
Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

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.
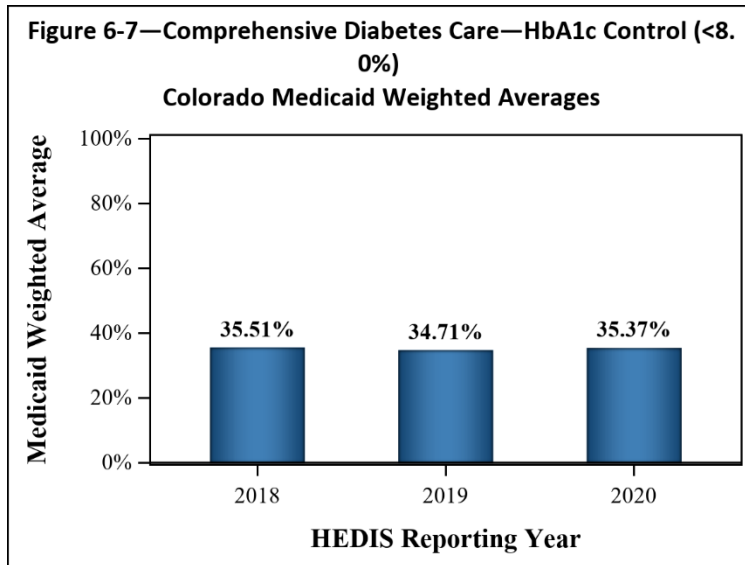
Figure 6-7—Comprehensive Diabetes Care—HbA1c Control (<8.0%)
Colorado Medicaid Weighted Averages

The Colorado Medicaid weighted average did not demonstrate a significant change from 2019 to 2020.

Figure 6-8—Comprehensive Diabetes Care—HbA1c Control (<8.0%)

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 29 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.
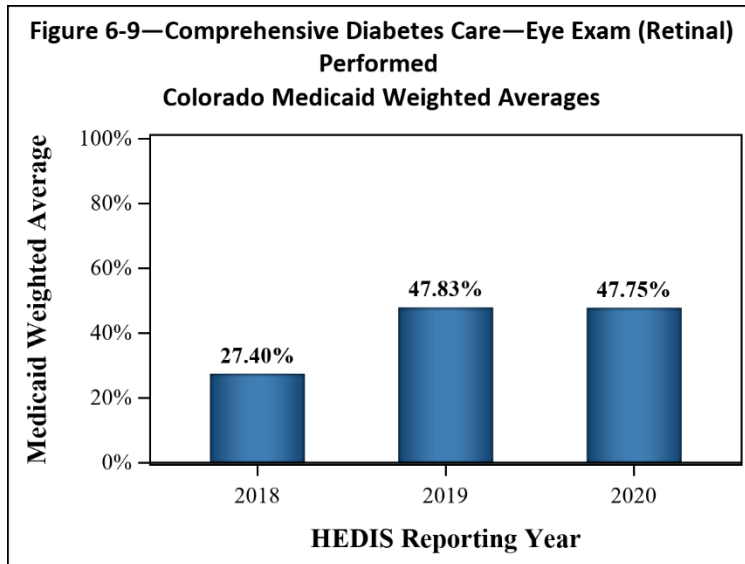
Figure 6-9—Comprehensive Diabetes Care—Eye Exam (Retinal) Performed
Colorado Medicaid Weighted Averages

The Colorado Medicaid weighted average did not demonstrate a significant change from 2019 to 2020.

Figure 6-10—Comprehensive Diabetes Care—Eye Exam (Retinal) Performed

POP = Eligible Population

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.
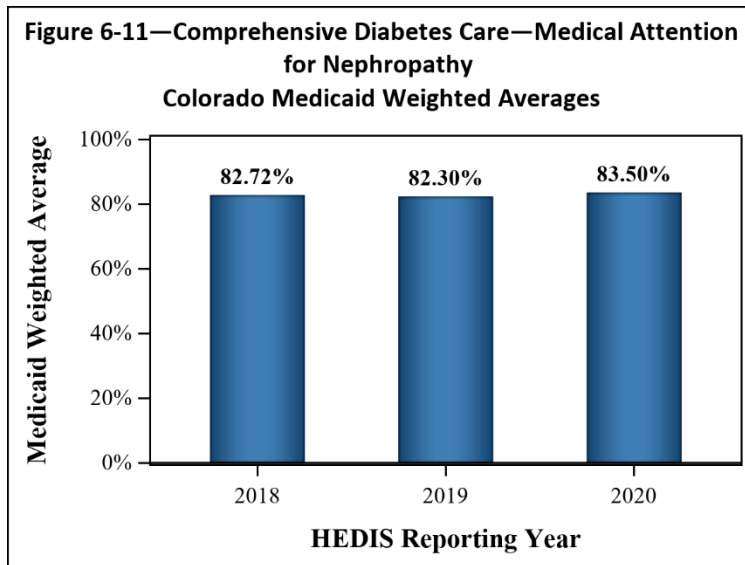
Figure 6-11—Comprehensive Diabetes Care—Medical Attention for Nephropathy
Colorado Medicaid Weighted Averages

The Colorado Medicaid weighted average did not demonstrate a significant change from 2019 to 2020.

Figure 6-12—Comprehensive Diabetes Care—Medical Attention for Nephropathy
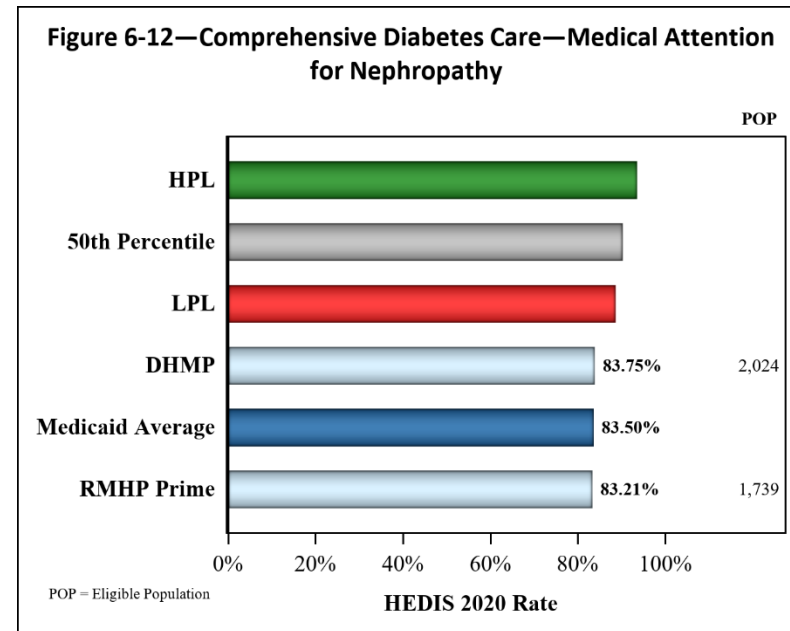
Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

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

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.
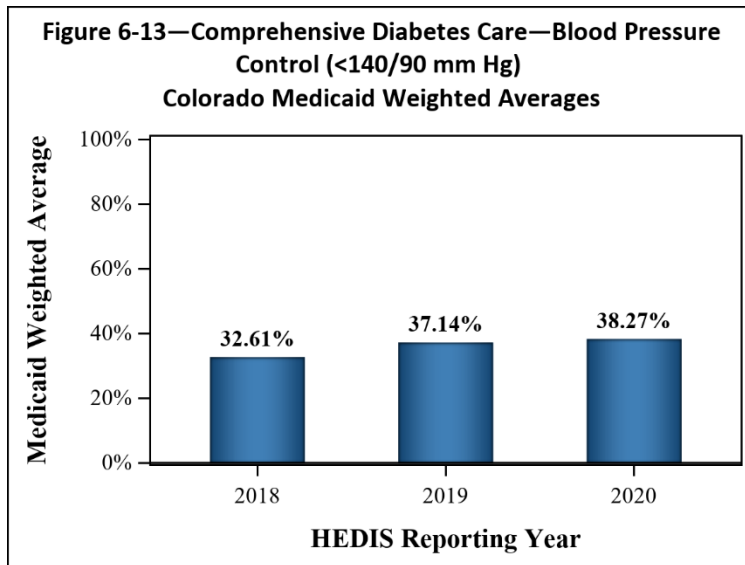
Figure 6-13—Comprehensive Diabetes Care—Blood Pressure Control (<140/90 mm Hg) Colorado Medicaid Weighted Averages

Figure 6-14—Comprehensive Diabetes Care—Blood Pressure Control (<140/90 mm Hg)

The Colorado Medicaid weighted average did not demonstrate a significant change from 2019 to 2020.
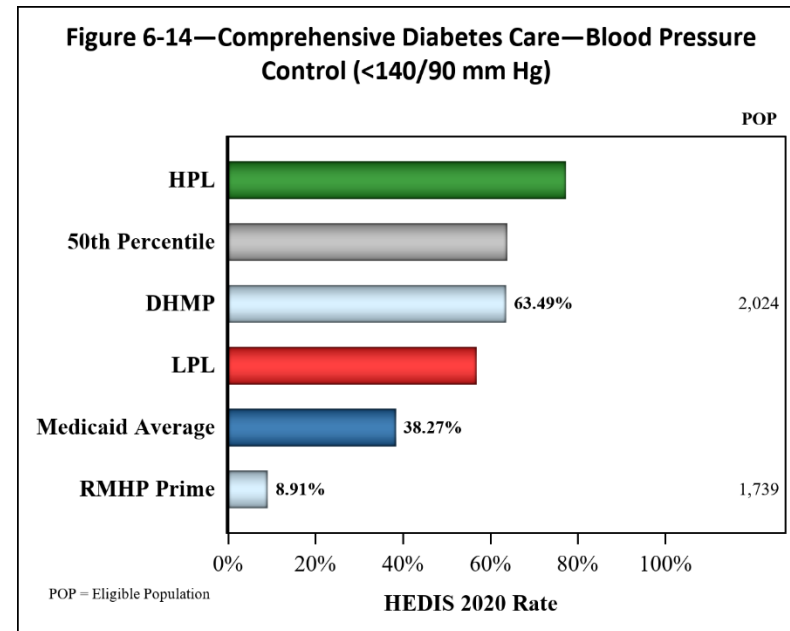
Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

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 55 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.
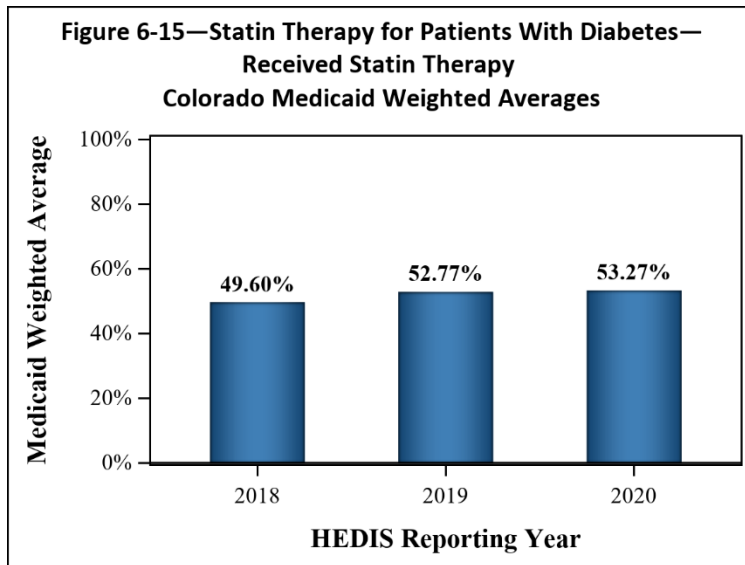
Figure 6-15—Statin Therapy for Patients With Diabetes—Received Statin Therapy Colorado Medicaid Weighted Averages

Figure 6-16—Statin Therapy for Patients With Diabetes—Received Statin Therapy

The Colorado Medicaid weighted average did not demonstrate a significant change from 2019 to 2020.
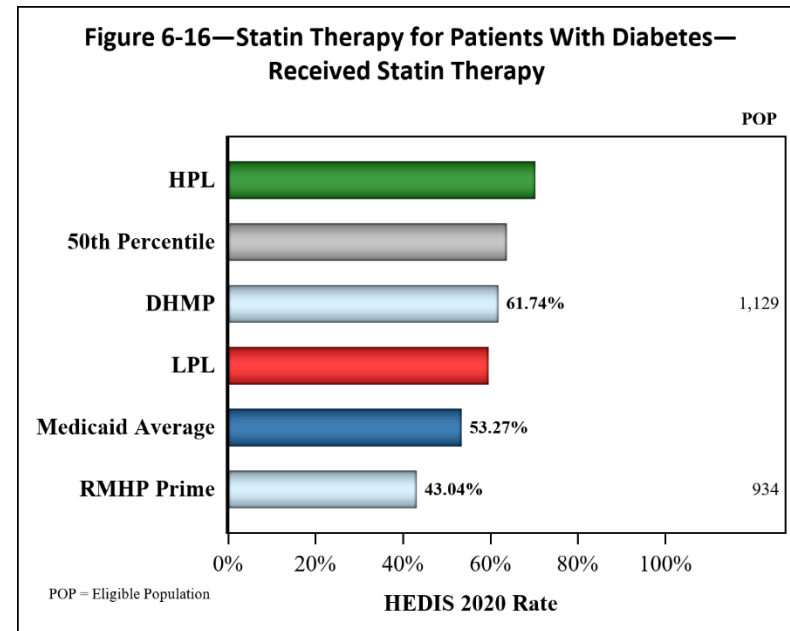
DHMP's rate was above the LPL but below the 50th percentile. RMHP Prime's rate and the Colorado Medicaid weighted average fell below the LPL. MCO performance varied by approximately 19 percentage points.

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.

Figure 6-17—Statin Therapy for Patients With Diabetes—Statin Adherence 80%
Colorado Medicaid Weighted Averages

One caret (^) indicates a significant improvement in performance from 2019 to 2020.
Due to changes in the technical specifications for this measure, NCQA recommends that trending between 2020 and prior years be considered with caution.

The Colorado Medicaid weighted average significantly improved from 2019 to 2020.

Figure 6-18—Statin Therapy for Patients With Diabetes—Statin Adherence 80%

POP = Eligible Population
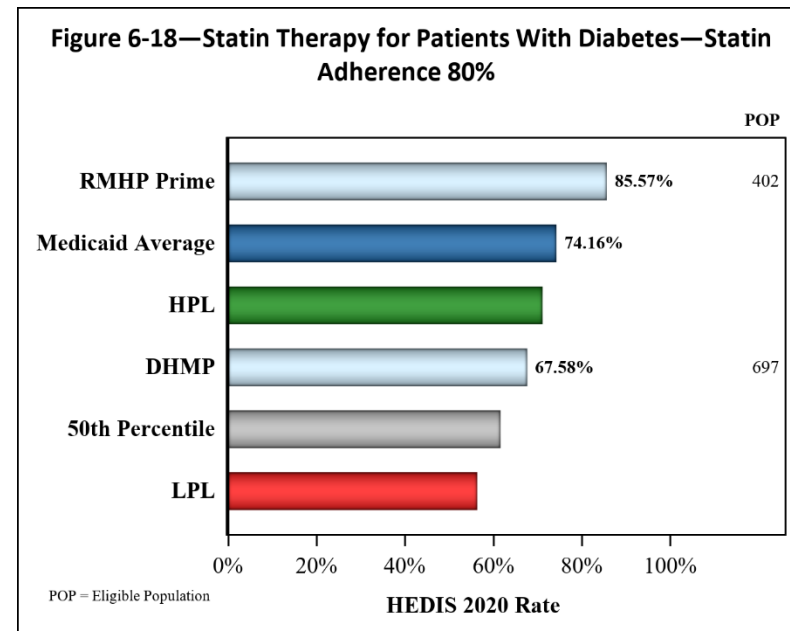
RMHP Prime's rate and the Colorado Medicaid weighted average were above the HPL. DHMP's rate was above the 50th percentile but below the HPL. MCO performance varied by approximately 18 percentage points.

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

Statin Therapy for Patients With Cardiovascular Disease—Received Statin Therapy—Total measures the percentage of male members 21 to 75 years of age and female members 40 to 75 years of age who were identified as having clinical ASCVD and were dispensed at least one high- or moderate-intensity statin medication during the measurement year.
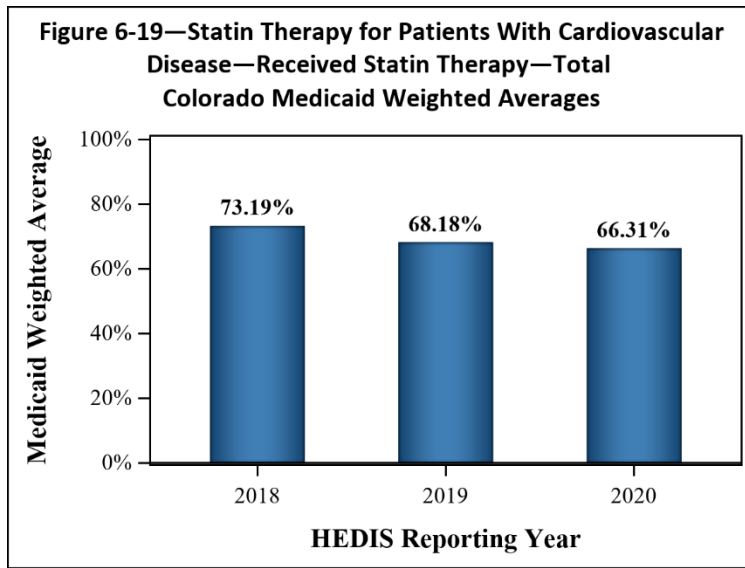
Figure 6-19—Statin Therapy for Patients With Cardiovascular Disease—Received Statin Therapy—Total Colorado Medicaid Weighted Averages

Figure 6-20—Statin Therapy for Patients With Cardiovascular Disease—Received Statin Therapy—Total

The Colorado Medicaid weighted average did not demonstrate a significant change from 2019 to 2020.

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 19 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.

Figure 6-21—Statin Therapy for Patients With Cardiovascular Disease—Statin Adherence 80%—Total Colorado Medicaid Weighted Averages

One caret (^) indicates a significant improvement in performance from 2019 to 2020.
Due to changes in the technical specifications for this measure, NCQA recommends that trending between 2020 and prior years be considered with caution.

The Colorado Medicaid weighted average significantly improved from 2019 to 2020.

Figure 6-22—Statin Therapy for Patients With Cardiovascular Disease—Statin Adherence 80%—Total
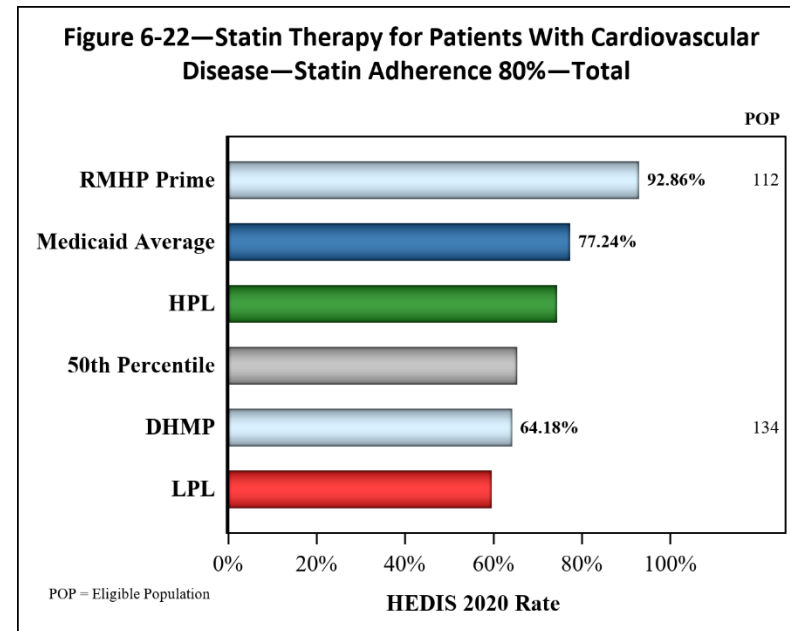
RMHP Prime's rate and the Colorado Medicaid weighted average were above the HPL. DHMP's rate was above the LPL but below the 50th percentile. MCO performance varied by approximately 29 percentage points.

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.
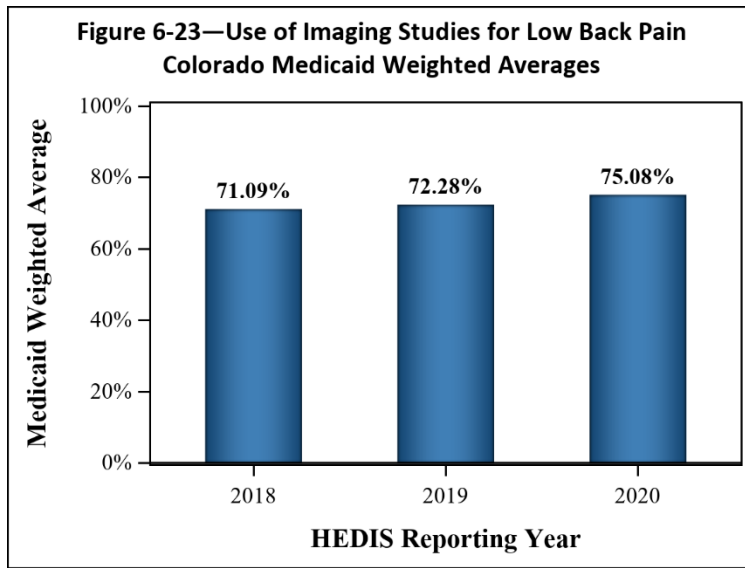
Figure 6-23—Use of Imaging Studies for Low Back Pain Colorado Medicaid Weighted Averages

Figure 6-24—Use of Imaging Studies for Low Back Pain

The Colorado Medicaid weighted average did not demonstrate a significant change from 2019 to 2020.
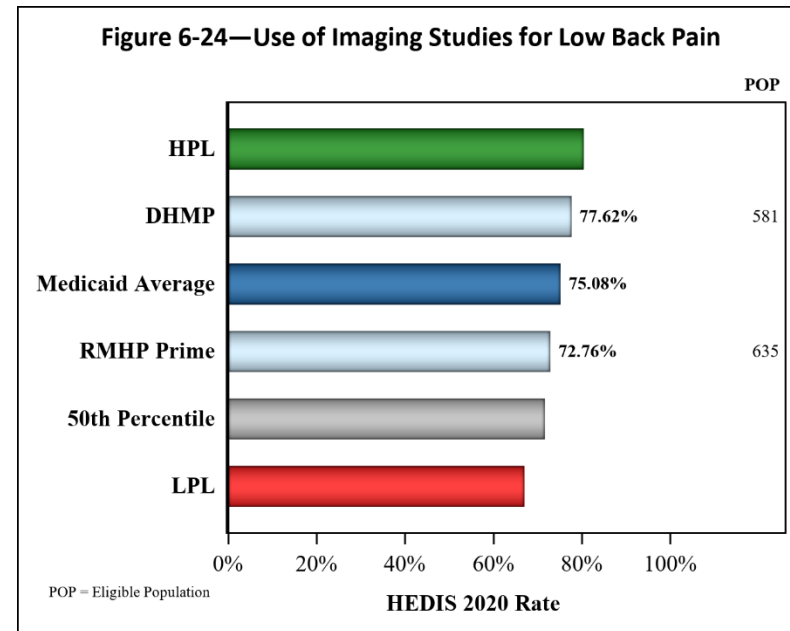
Rates for both MCOs and the Colorado Medicaid weighted average were above the 50th percentile but below the HPL. MCO performance varied by approximately 5 percentage points.

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.
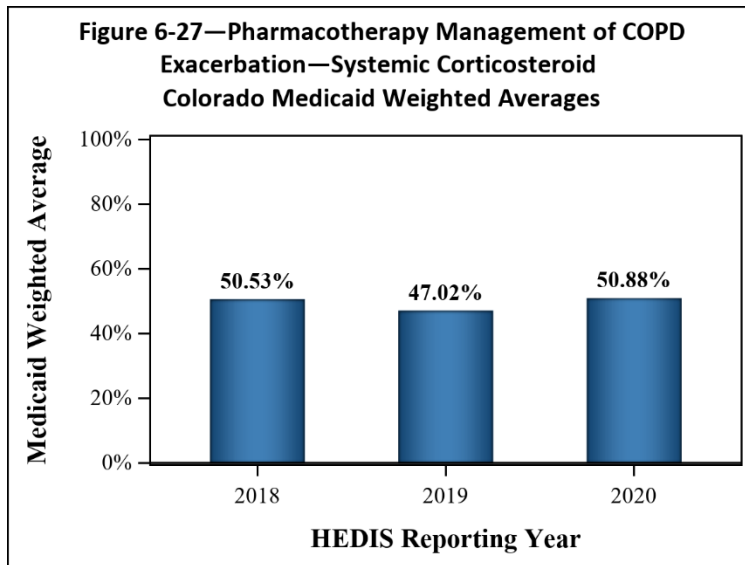
Figure 6-27—Pharmacotherapy Management of COPD Exacerbation—Systemic Corticosteroid Colorado Medicaid Weighted Averages

Figure 6-28—Pharmacotherapy Management of COPD Exacerbation—Systemic Corticosteroid

The Colorado Medicaid weighted average did not demonstrate a significant change from 2019 to 2020.
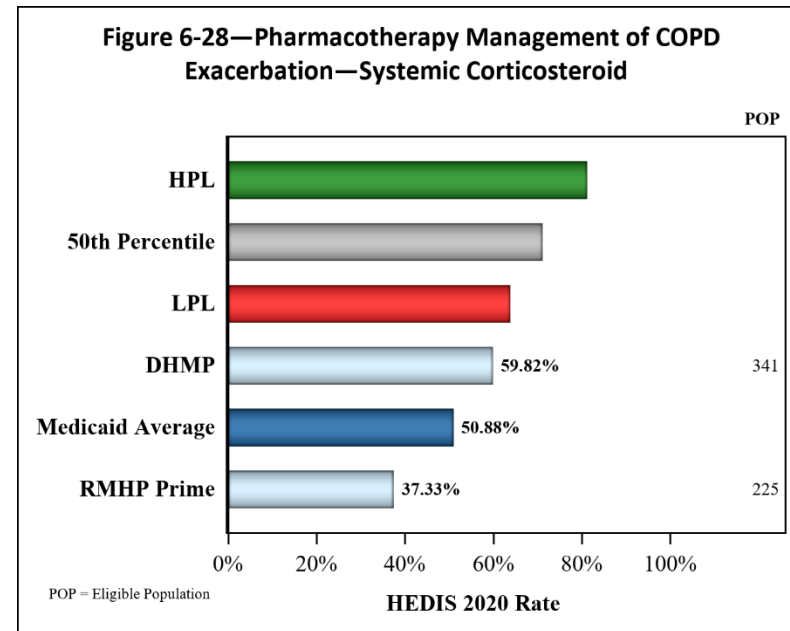
Rates for both MCOs and the Colorado Medicaid weighted average fell below the LPL. MCO performance varied by approximately 22 percentage points.

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.
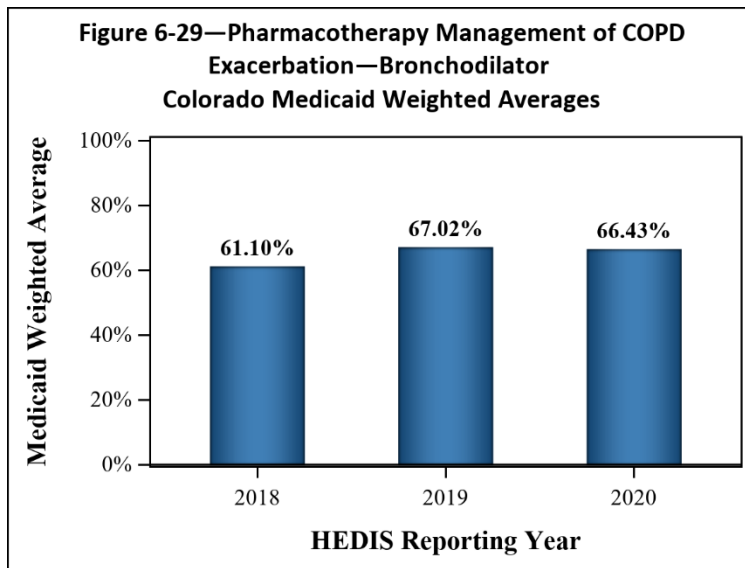
Figure 6-29—Pharmacotherapy Management of COPD Exacerbation—Bronchodilator Colorado Medicaid Weighted Averages

Figure 6-30—Pharmacotherapy Management of COPD Exacerbation—Bronchodilator

The Colorado Medicaid weighted average did not demonstrate a significant change from 2019 to 2020.
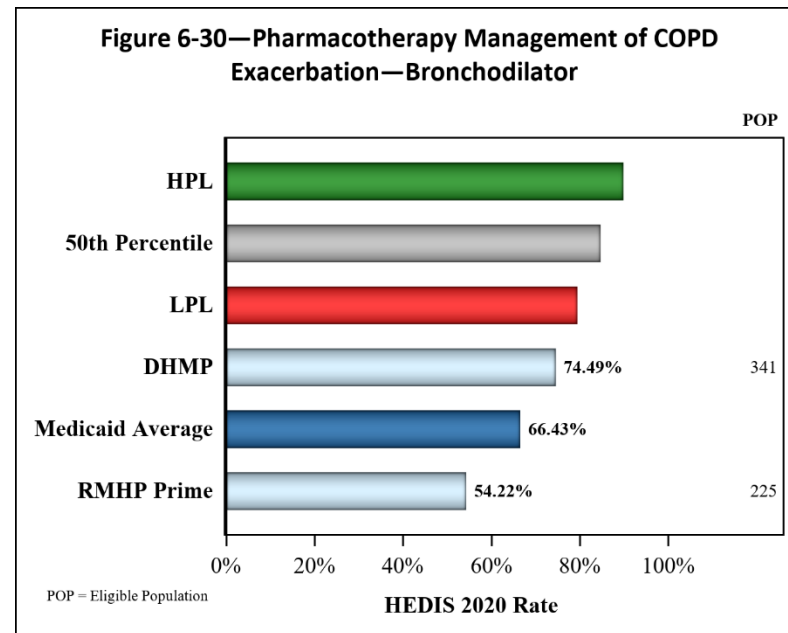
Rates for both MCOs and the Colorado Medicaid weighted average fell below the LPL. MCO performance varied by approximately 20 percentage points.

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.
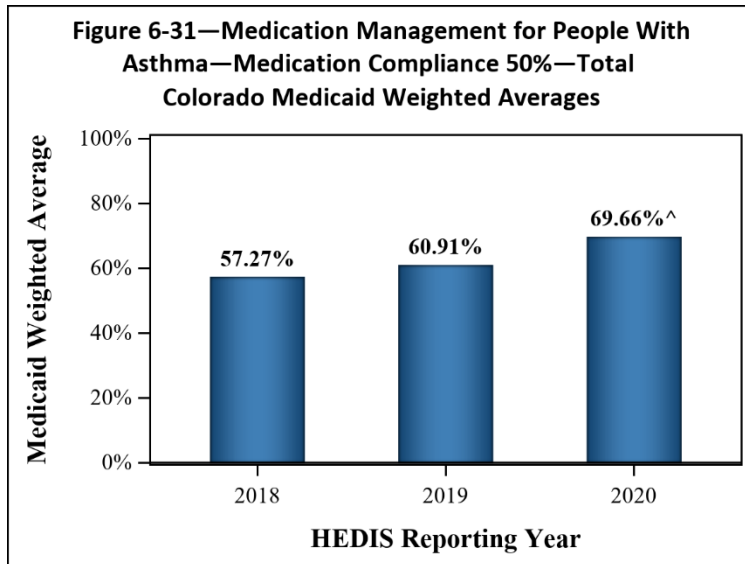
Figure 6-31—Medication Management for People With Asthma—Medication Compliance 50%—Total Colorado Medicaid Weighted Averages

One caret (^) indicates a significant improvement in performance from 2019 to 2020.

Figure 6-32—Medication Management for People With Asthma—Medication Compliance 50%—Total

POP = Eligible Population

The Colorado Medicaid weighted average significantly improved from 2019 to 2020.
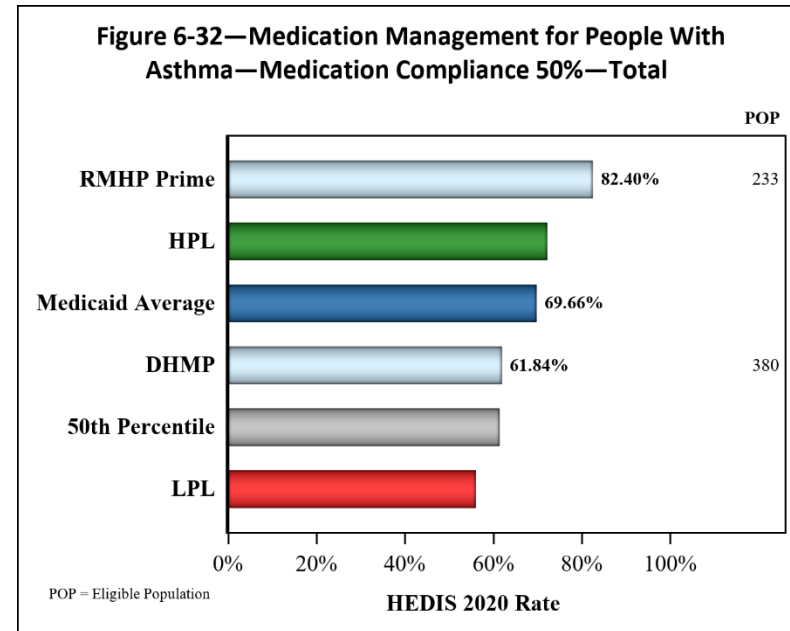
RMHP Prime's rate was above the HPL. DHMP's rate and the Colorado Medicaid weighted average were above the 50th percentile but below the HPL. MCO performance varied by approximately 21 percentage points.

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.

Figure 6-33—Medication Management for People With Asthma—Medication Compliance 75%—Total Colorado Medicaid Weighted Averages

One caret (^) indicates a significant improvement in performance from 2019 to 2020.

Figure 6-34—Medication Management for People With Asthma—Medication Compliance 75%—Total

The Colorado Medicaid weighted average significantly improved from 2019 to 2020.

RMHP Prime's rate was above the HPL. The Colorado Medicaid weighted average was 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 30 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.

Figure 6-35—Asthma Medication Ratio—Total Colorado Medicaid Weighted Averages

The Colorado Medicaid weighted average did not demonstrate a significant change from 2019 to 2020.

Figure 6-36—Asthma Medication Ratio—Total

POP = Eligible Population

Rates for both MCOs and the Colorado Medicaid weighted average fell below the LPL. MCO performance varied by approximately 2 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.
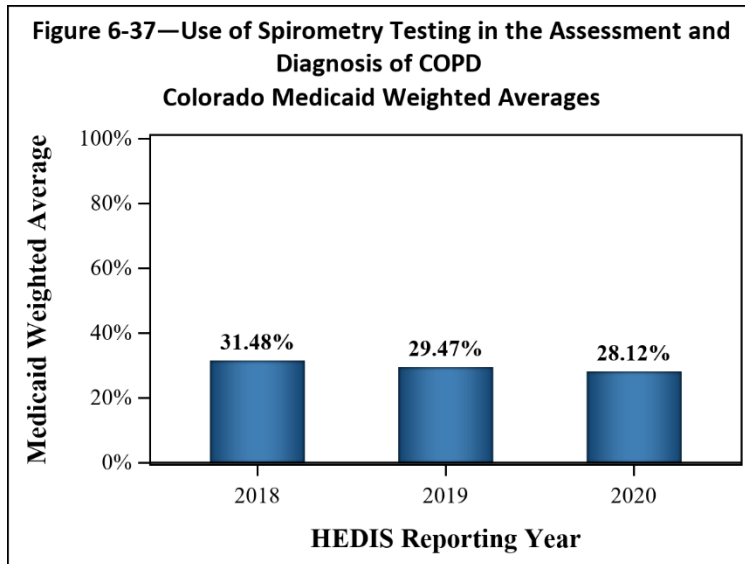
Figure 6-37—Use of Spirometry Testing in the Assessment and Diagnosis of COPD Colorado Medicaid Weighted Averages

The Colorado Medicaid weighted average did not demonstrate a significant change from 2019 to 2020.

Figure 6-38—Use of Spirometry Testing in the Assessment and Diagnosis of COPD
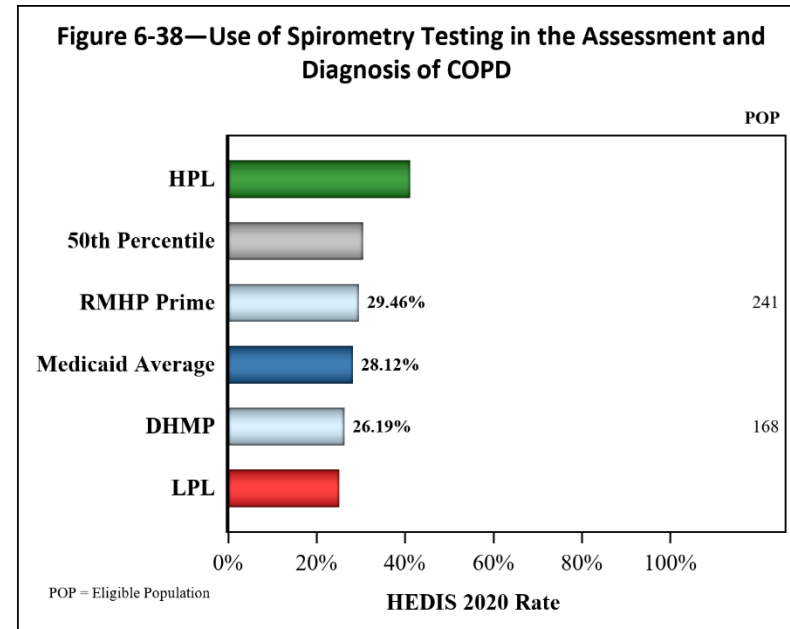
Rates for both MCOs and the Colorado Medicaid weighted average were above the LPL but below the 50th percentile. MCO performance varied by approximately 3 percentage points.

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
Persistence of Beta-Blocker Treatment After a Heart Attack		
Persistence of Beta-Blocker Treatment After a Heart Attack	—	—
Comprehensive Diabetes Care		
Hemoglobin A1c (HbA1c) Testing	★	★
HbA1c Poor Control (>9.0%)*	★★	★
HbA1c Control (<8.0%)	★★	★
Eye Exam (Retinal) Performed	★	★
Medical Attention for Nephropathy	★	★
Blood Pressure Control (<140/90 mm Hg)	★★	★
Statin Therapy for Patients With Diabetes		
Received Statin Therapy	★★	★
Statin Adherence 80%	★★★★	★★★★★
Statin Therapy for Patients With Cardiovascular Disease		
Received Statin Therapy—Total	★★	★
Statin Adherence 80%—Total	★★	★★★★★
Use of Imaging Studies for Low Back Pain		
Use of Imaging Studies for Low Back Pain	★★★★	★★★
Pharmacotherapy Management of COPD Exacerbation		
Systemic Corticosteroid	★	★
Bronchodilator	★	★
Medication Management for People With Asthma[1]		
Medication Compliance 50%—Total	★★★	★★★★★
Medication Compliance 75%—Total	★★	★★★★★
Asthma Medication Ratio[1]		
Total	★	★
Use of Spirometry Testing in the Assessment and Diagnosis of COPD		
Use of Spirometry Testing in the Assessment and Diagnosis of COPD	★★	★★

[1] *Due to differences in member eligibility for children in RMHP Prime, rates may not be comparable to DHMP's rates.*

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

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

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

Health Plan Name	★★★★★	★★★★	★★★	★★	★
DHMP	0	2	1	8	6
RMHP Prime	4	0	1	1	11

For the Living With Illness domain, only three of 17 (17.6 percent) of DHMP's measure rates and five of 17 (29.4 percent) of RMHP Prime's measure indicator rates were at or 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, rates for both MCOs were at or above the 50th percentile for the *Use of Imaging Studies for Low Back Pain* measure.

Antibiotic Stewardship

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

- *Appropriate Testing for Pharyngitis—Total*
- *Appropriate Treatment for Upper Respiratory Infection—Total*
- *Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis—Total*
- *Antibiotic Utilization— Average Scripts PMPY for Antibiotics—Total, Average Days Supplied per Antibiotic Script—Total, Average Scripts PMPY for Antibiotics of Concern—Total,* and *Percentage of Antibiotics of Concern of All Antibiotic Scripts—Total*

The MCOs' member months served as an eligible population proxy and were used when calculating the Colorado Medicaid weighted average for the *Antibiotic Utilization* measure. Additionally, rates displayed for *Antibiotic Utilization* are for information 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 results to identify whether a rate is higher or lower than expected. Additional focused analyses may help to identify key drivers associated with the antibiotic utilization patterns.

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.

Appropriate Testing for Pharyngitis—Total

Appropriate Testing for Pharyngitis—Total measures the percentage of episodes for members 3 years of age and older where the member was diagnosed with pharyngitis, dispensed an antibiotic, and received a group A streptococcus (strep) test for the episode. Due to changes in the technical specifications for this measure, NCQA recommends a break in trending between 2020 and prior years; therefore, prior years' rates are not displayed.

Figure 7-1—Appropriate Testing for Pharyngitis—Total
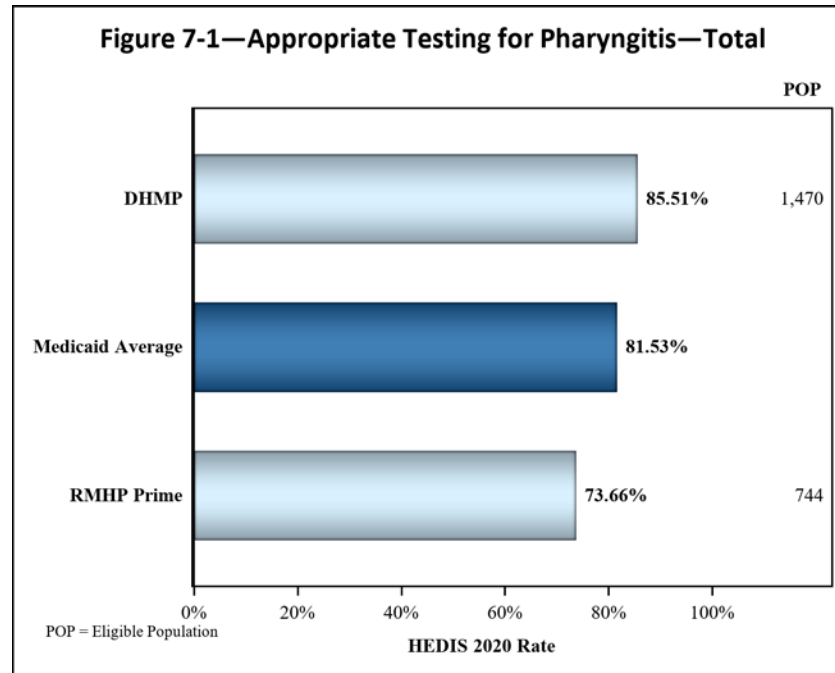
MCO performance varied by approximately 12 percentage points.

Appropriate Treatment for Upper Respiratory Infection—Total

Appropriate Treatment for Upper Respiratory Infection—Total measures the percentage of episodes for members 3 months of age and older with a diagnosis of upper respiratory infection (URI) that did not result in an antibiotic dispensing event. Due to changes in the technical specifications for this measure, NCQA recommends a break in trending between 2020 and prior years; therefore, prior years' rates are not displayed.

Figure 7-2—Appropriate Treatment for Upper Respiratory Infection—Total

	HEDIS 2020 Rate	POP
DHMP	96.35%	5,283
Medicaid Average	94.30%	
RMHP Prime	88.24%	1,786

POP = Eligible Population
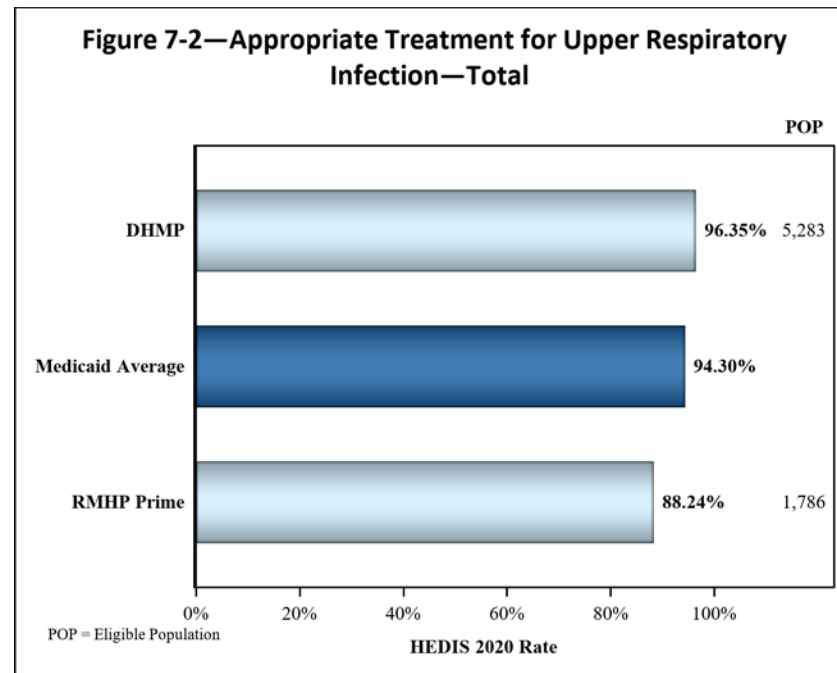
MCO performance varied by approximately 8 percentage points.

Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis—Total

Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis measures the percentage of episodes for members ages 3 months and older with a diagnosis of acute bronchitis/bronchiolitis that did not result in an antibiotic dispensing event. Due to changes in the technical specifications for this measure, NCQA recommends a break in trending between 2020 and prior years; therefore, prior years' rates are not displayed.

Figure 7-3—Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis—Total
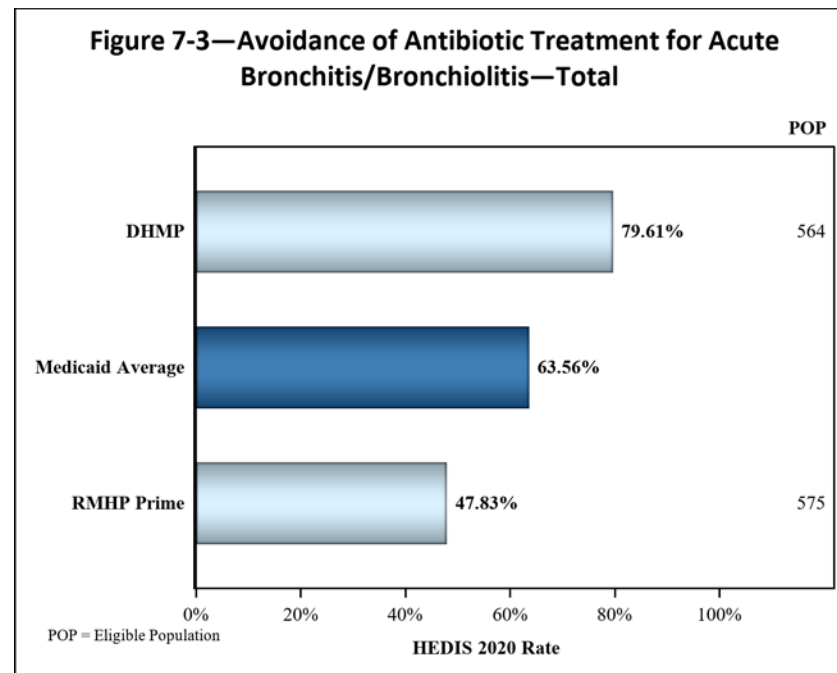
MCO performance varied by approximately 32 percentage points.

Antibiotic Utilization—Average Scripts PMPY for Antibiotics—Total

Antibiotic Utilization—Average Scripts PMPY for Antibiotics—Total summarizes the average number of prescriptions PMPY for antibiotics on outpatient utilization of antibiotic prescriptions during the measurement year. For this measure, a lower rate indicates better performance.

Figure 7-4—Antibiotic Utilization—Average Scripts PMPY for Antibiotics—Total
Colorado Medicaid Weighted Averages

Figure 7-5—Antibiotic Utilization—Average Scripts PMPY for Antibiotics—Total
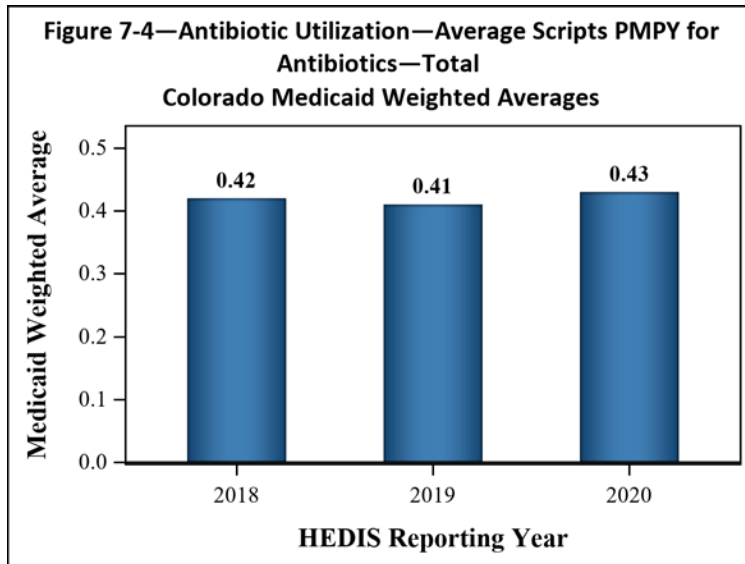
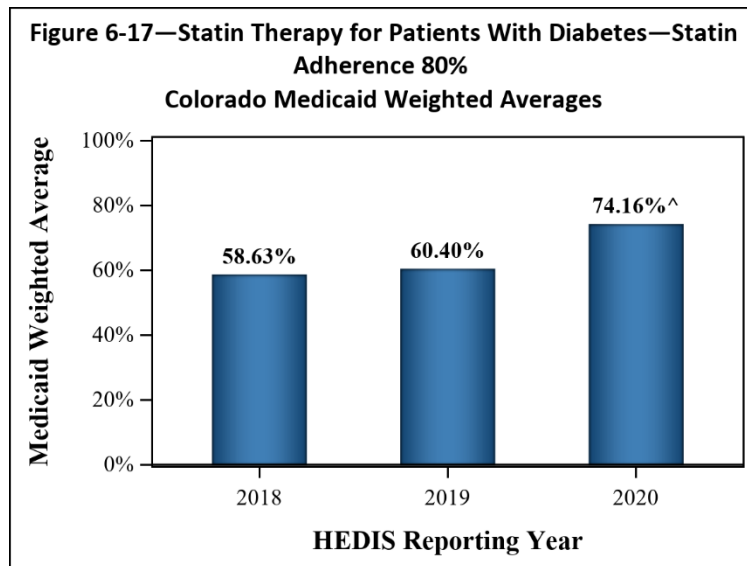The Colorado Medicaid weighted average did not demonstrate a significant change from 2019 to 2020.
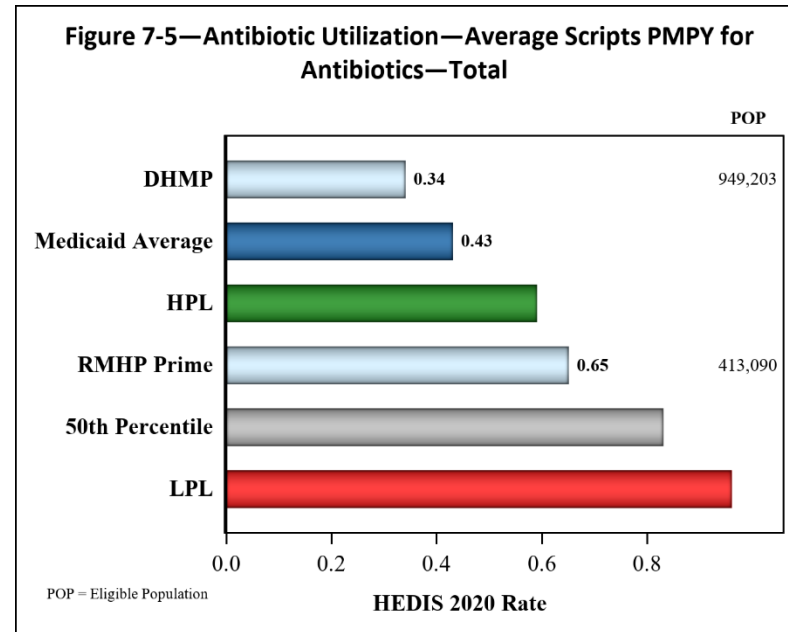
DHMP's rate and the Colorado Medicaid weighted average were above the HPL. RMHP Prime's rate was above the 50th percentile but below the HPL. MCO performance varied by less than 0.5 percentage points.

Antibiotic Utilization—Average Days Supplied per Antibiotic Script—Total

Antibiotic Utilization—Average Days Supplied per Antibiotic Script—Total summarizes the average days supplied per antibiotic prescription on outpatient utilization of antibiotic prescriptions during the measurement year. For this measure, a lower rate indicates better performance.

Figure 7-6—Antibiotic Utilization—Average Days Supplied per Antibiotic Script—Total Colorado Medicaid Weighted Averages

Figure 7-7—Antibiotic Utilization—Average Days Supplied per Antibiotic Script—Total
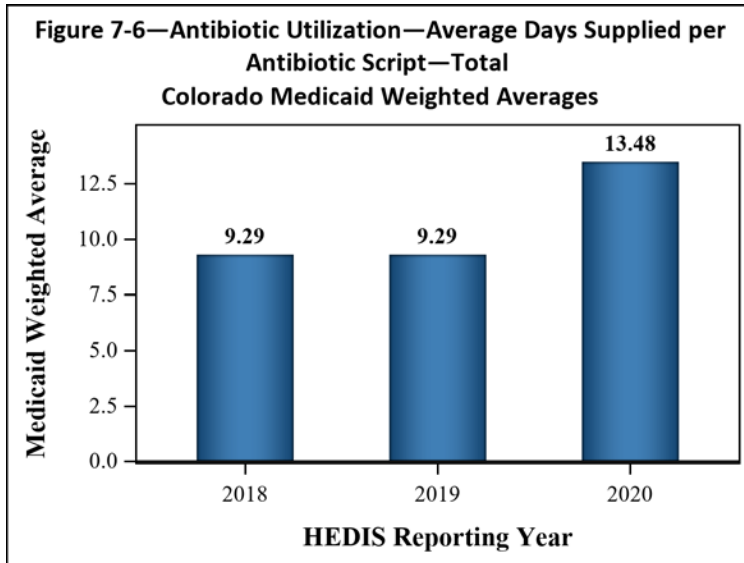
The Colorado Medicaid weighted average did not demonstrate a significant change from 2019 to 2020.
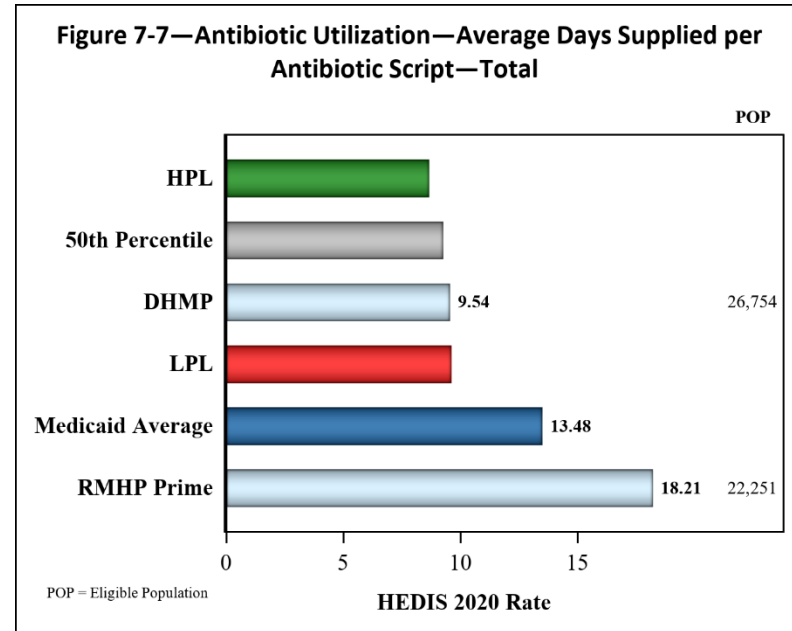
DHMP's rate was above the LPL but below the 50th percentile. RMHP Prime's rate and the Colorado Medicaid weighted average fell below the LPL. MCO performance varied by approximately 9 percentage points.

Antibiotic Utilization—Average Scripts PMPY for Antibiotics of Concern—Total

Antibiotic Utilization—Average Scripts PMPY for Antibiotics of Concern—Total summarizes the average number of prescriptions PMPY for antibiotics of concern on outpatient utilization of antibiotic prescriptions during the measurement year. For this measure, a lower rate indicates better performance.

Figure 7-8—Antibiotic Utilization—Average Scripts PMPY for Antibiotics of Concern—Total Colorado Medicaid Weighted Averages

Figure 7-9—Antibiotic Utilization—Average Scripts PMPY for Antibiotics of Concern—Total

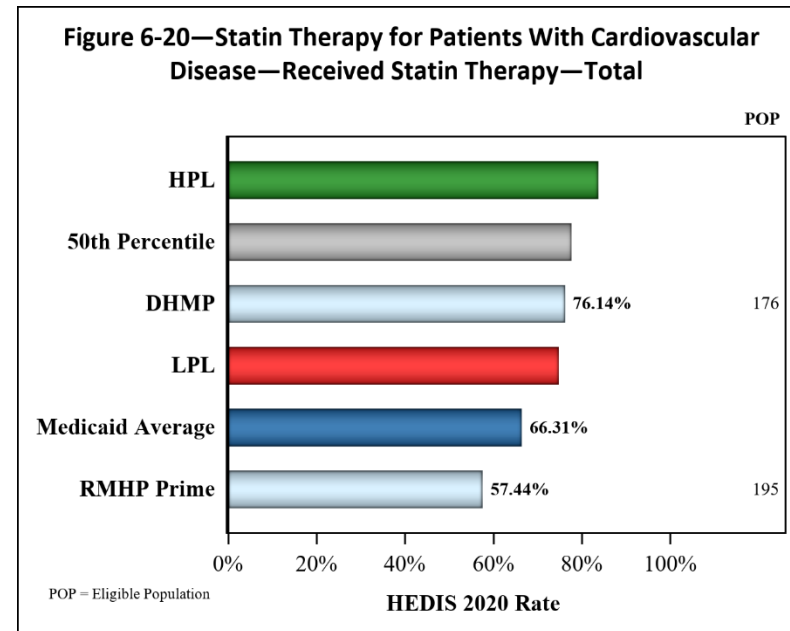The Colorado Medicaid weighted average did not demonstrate a significant change from 2019 to 2020.
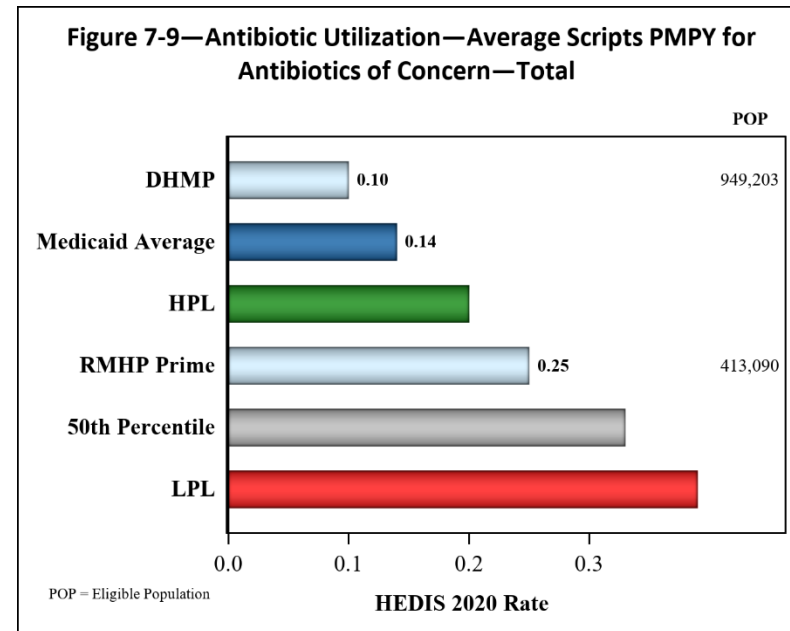
DHMP's rate and the Colorado Medicaid weighted average were above the HPL. RMHP Prime's rate was above the 50th percentile but below the HPL. MCO performance varied by less than 0.5 percentage points.

Antibiotic Utilization—Percentage of Antibiotics of Concern of All Antibiotic Scripts—Total

Antibiotic Utilization—Percentage of Antibiotics of Concern of All Antibiotic Scripts—Total summarizes the percentage of antibiotics of concern of all antibiotic prescriptions on outpatient utilization of antibiotic prescriptions during the measurement year. For this measure, a lower rate indicates better performance.

Figure 7-10—Antibiotic Utilization—Percentage of Antibiotics of Concern of All Antibiotic Scripts—Total Colorado Medicaid Weighted Averages

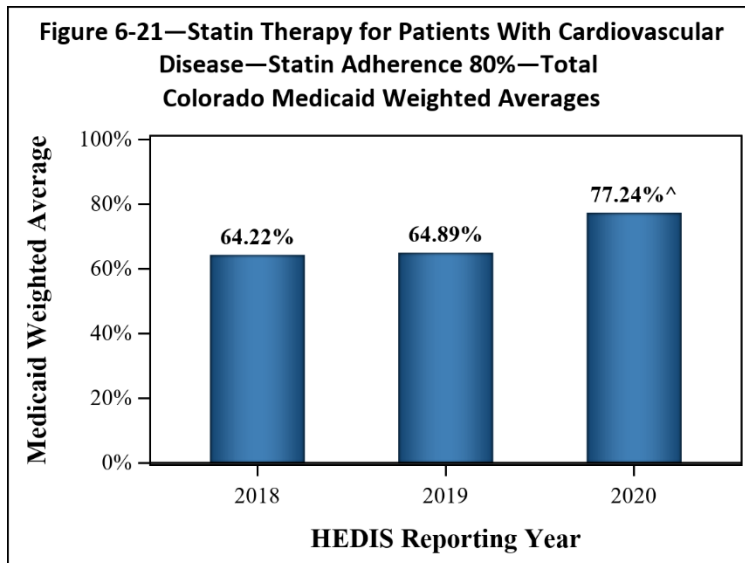Figure 7-11—Antibiotic Utilization—Percentage of Antibiotics of Concern of All Antibiotic Scripts—Total
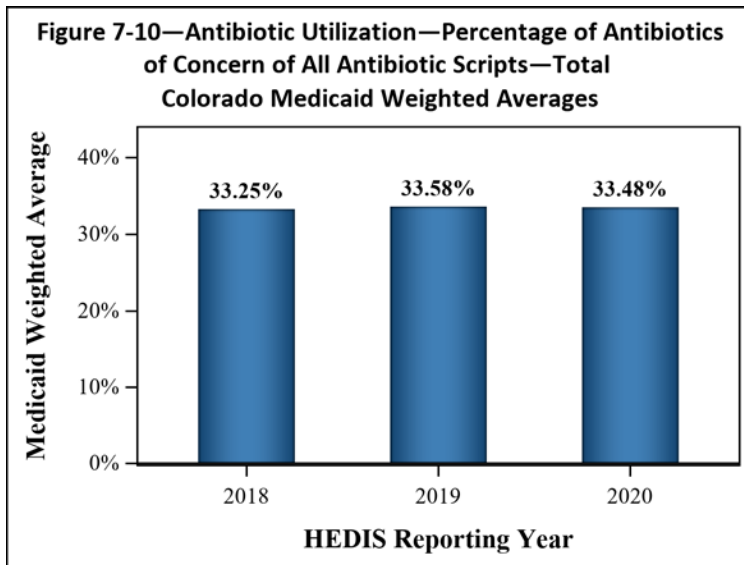
The Colorado Medicaid weighted average did not demonstrate a significant change from 2019 to 2020.
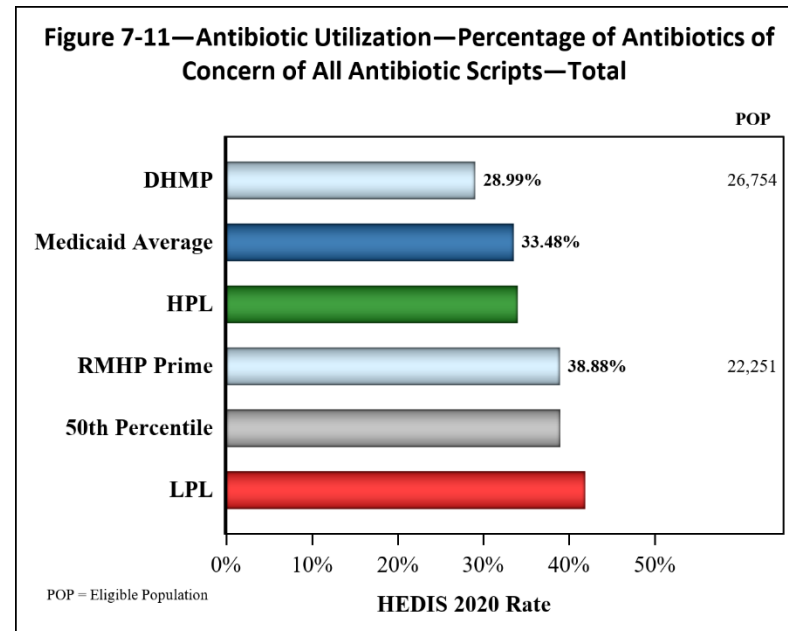
DHMP's rate and the Colorado Medicaid weighted average were above the HPL. RMHP Prime's rate was above the 50th percentile but below the HPL. MCO performance varied by approximately 10 percentage points.

Summary of Findings

Table 7-1 presents the MCOs' performance ratings for each measure in the Antibiotic Stewardship domain. Performance ratings were assigned across five categories (from ★ representing *Poor Performance* to ★★★★★ representing *Excellent Performance*).

Table 7-1—Antibiotic Stewardship Measure-Specific Performance Ratings

Performance Measures	DHMP	RMHP Prime
Appropriate Testing for Pharyngitis		
Appropriate Testing for Pharyngitis—Total	—	—
Appropriate Treatment for Upper Respiratory Infection		
Appropriate Treatment for Upper Respiratory Infection—Total	—	—
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis		
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis—Total	—	—
Antibiotic Utilization—All Ages*,[1]		
Average Scripts PMPY for Antibiotics of Concern—Total	★★★★★	★★★★
Average Days Supplied per Antibiotic Script—Total	★★	★
Average Scripts for PMPY for Antibiotics—Total	★★★★★	★★★★
Percentage of Antibiotics of Concern of All Antibiotic Scripts—Total	★★★★★	★★★

* For this indicator, a lower rate indicates better performance.
[1] Due to differences in member eligibility for children in RMHP Prime, rates may not be comparable to DHMP's rates.
— Indicates that a percentile ranking was not determined because the rate was not reportable.

Table 7-2 presents a summary of the MCOs' overall performance for measures in the Antibiotic Stewardship domain, with the number of measures falling into each performance rating.

Table 7-2—Antibiotic Stewardship: Plan-Specific Count of Measures by Performance Rating

Health Plan Name	★★★★★	★★★★	★★★	★★	★
DHMP	3	0	0	1	0
RMHP Prime	0	2	1	0	1

For the Antibiotic Stewardship domain, three of four (75.0 percent) of DHMP's and RMHP Prime's measure rates were at or above the 50th percentile.

Of note, DHMP met or exceeded the 90th percentile for the *Antibiotic Utilization—Average Scripts PMPY for Antibiotics of Concern—Total, Average Scripts for PMPY for Antibiotics—Total,* and *Percentage of Antibiotics of Concern of All Antibiotic Scripts—Total.*

Opioids

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

- *Use of Opioids at High Dosage*
- *Use of Opioids From Multiple Providers—Multiple Prescribers, Multiple Pharmacies,* and *Multiple Prescribers and Multiple Pharmacies*
- *Pharmacotherapy for Opioid Use Disorder—Total*
- *Risk of Continued Opioid Use—At Least 15 Days Covered* and *At Least 31 Days Covered*

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.

Use of Opioids at High Dosage

Use of Opioids at High Dosage measures the percentage of members 18 years of age and older who received prescription opioids at a high dosage (average morphine milligram equivalent dose [MME] ≥90) for at least 15 days during the measurement year. 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 2020 and prior years; therefore, prior years' rates are not displayed.

Figure 8-1—Use of Opioids at High Dosage
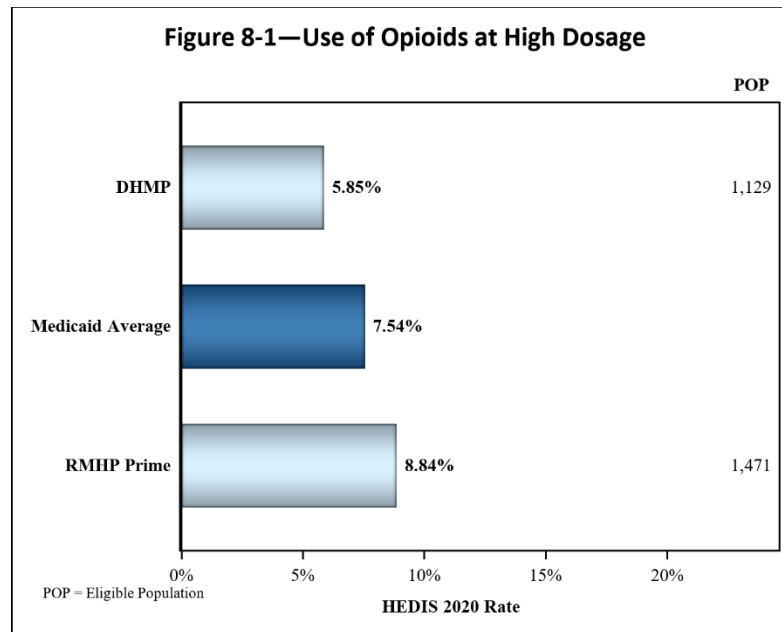
MCO performance varied by approximately 3 percentage points.

Use of Opioids From Multiple Providers—Multiple Prescribers

Use of Opioids From Multiple Providers—Multiple Prescribers measures the percentage of members 18 years and older, receiving prescription opioids for at least 15 days during the measurement year who received opioids from multiple providers and received prescriptions for opioids from four or more different prescribers during the measurement year. For this measure, a lower rate indicates better performance.
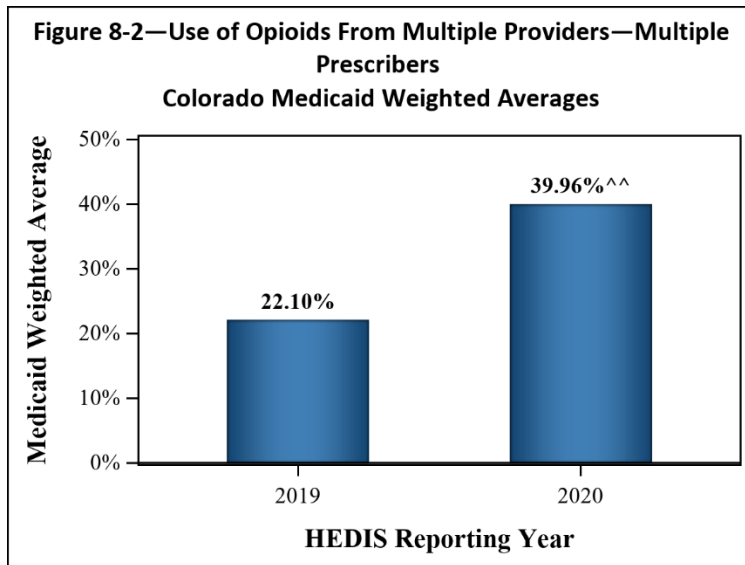
Figure 8-2—Use of Opioids From Multiple Providers—Multiple Prescribers
Colorado Medicaid Weighted Averages

Two carets (^^) indicate a statistically significant decline in performance from 2019 to 2020.

Figure 8-3—Use of Opioids From Multiple Providers—Multiple Prescribers

The Colorado Medicaid weighted average significantly declined from 2019 to 2020.

DHMP's rate was above the 50th percentile but below the HPL. RMHP Prime's rate and the Colorado Medicaid weighted average fell below the LPL. MCO performance varied by approximately 42 percentage points.

## *Use of Opioids From Multiple Providers—Multiple Pharmacies*

Use of Opioids From Multiple Providers—Multiple Pharmacies measures the percentage of members 18 years and older, receiving prescription opioids for at least 15 days during the measurement year who received opioids from multiple providers and received prescriptions for opioids from four or more different pharmacies during the measurement year. For this measure, a lower rate indicates better performance.

Figure 8-4—Use of Opioids From Multiple Providers—Multiple Pharmacies
Colorado Medicaid Weighted Averages

One caret (^) indicates a significant improvement in performance from 2019 to 2020.

Figure 8-5—Use of Opioids From Multiple Providers—Multiple Pharmacies

POP = Eligible Population

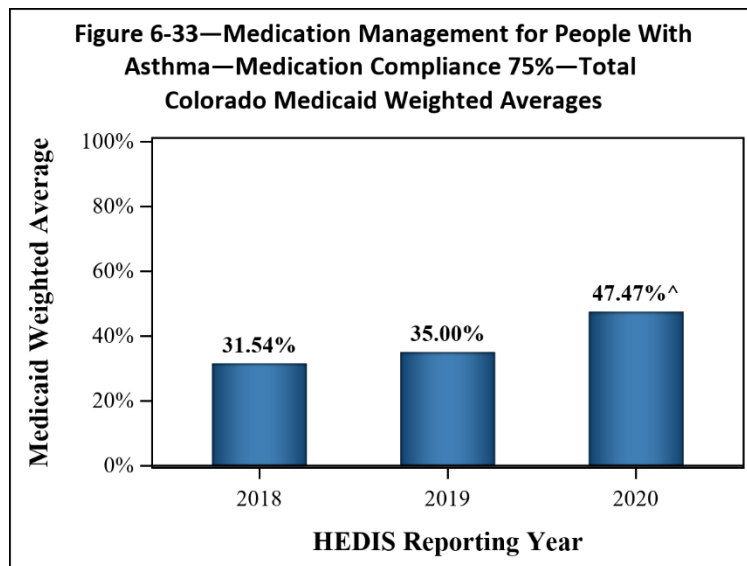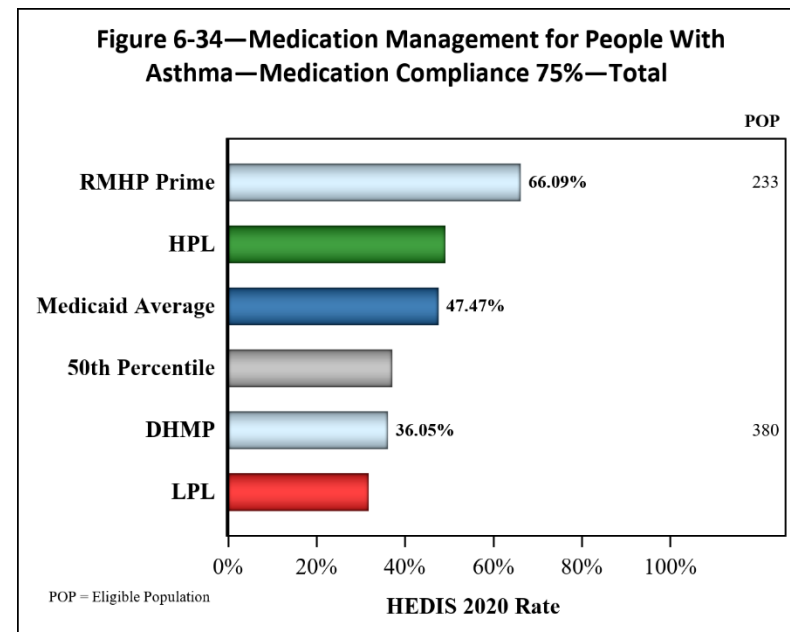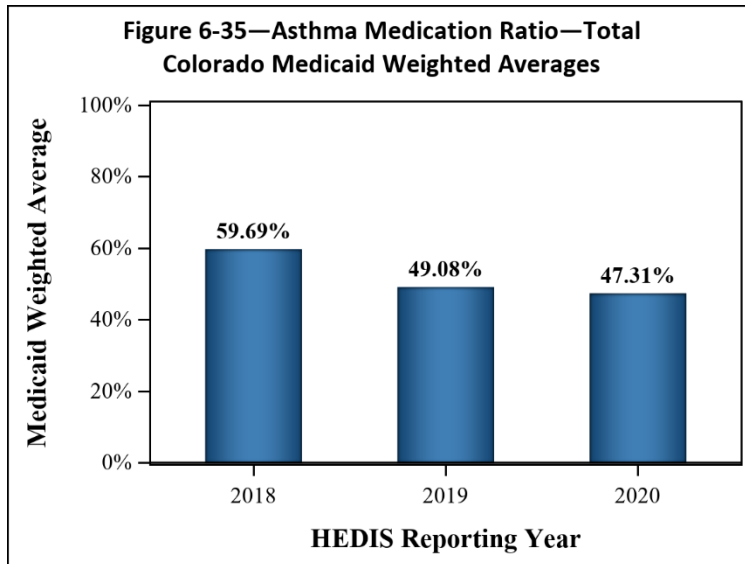The Colorado Medicaid weighted average significantly improved from 2019 to 2020.
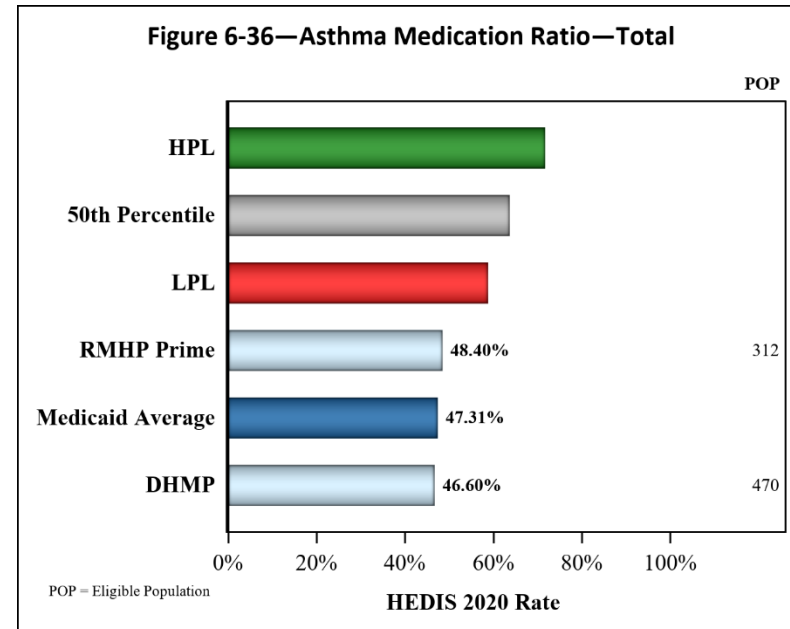
RMHP Prime's rate was above the HPL. The Colorado Medicaid weighted average was above the 50th percentile but below the HPL. DHMP's rate was above the LPL but below the 50th percentile. MCO performance varied by approximately 4 percentage points

Use of Opioids From Multiple Providers—Multiple Prescribers and Multiple Pharmacies

Use of Opioids From Multiple Providers—Multiple Prescribers and Multiple Pharmacies measures the percentage of members 18 years and older, receiving prescription opioids for at least 15 days during the measurement year who received opioids from multiple providers and received prescriptions for opioids from four or more different prescribers and four or more different pharmacies during the measurement year. For this measure, a lower rate indicates better performance

Figure 8-6—Use of Opioids From Multiple Providers—Multiple Prescribers and Multiple Pharmacies Colorado Medicaid Weighted Averages

Figure 8-7—Use of Opioids From Multiple Providers—Multiple Prescribers and Multiple Pharmacies
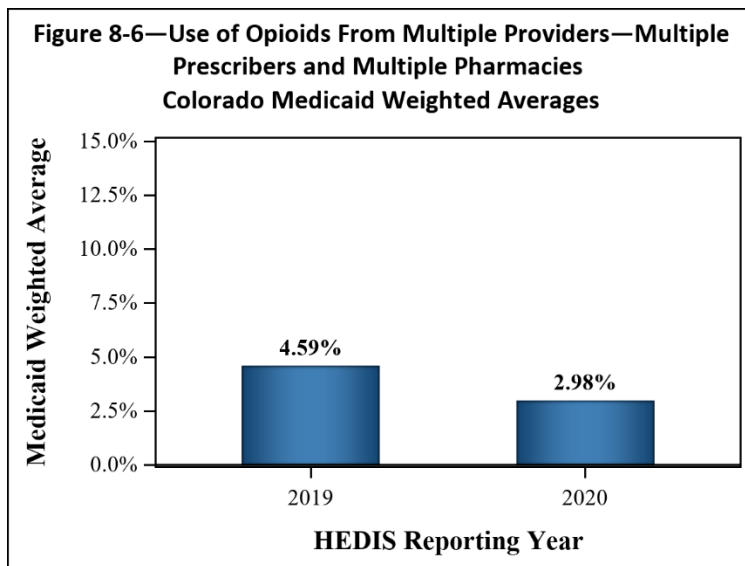
The Colorado Medicaid weighted average did not demonstrate a significant change from 2019 to 2020.
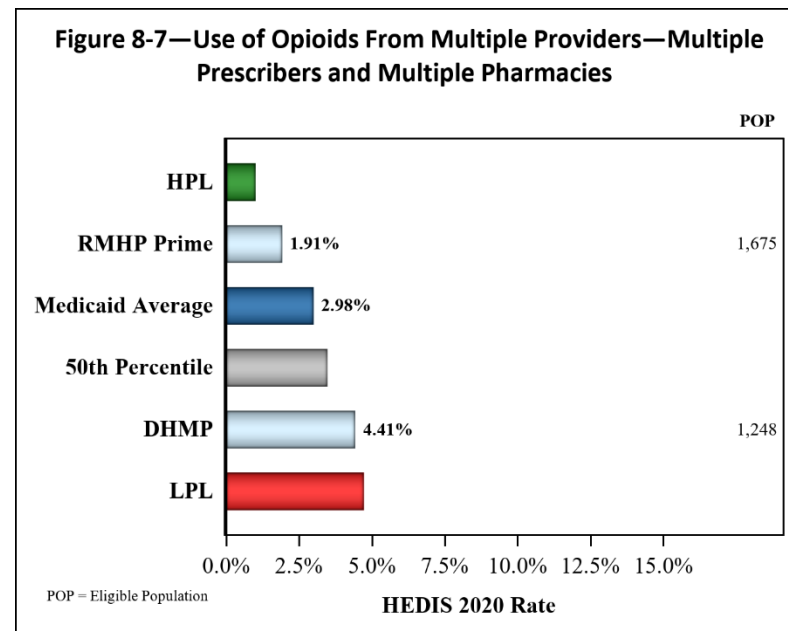
RMHP Prime's rate and the Colorado Medicaid weighted average were above the 50th percentile but below the HPL. DHMP's rate was above the LPL but below the 50th percentile. MCO performance varied by approximately 3 percentage points.

Pharmacotherapy for Opioid Use Disorder—Total

Pharmacotherapy for Opioid Use Disorder—Total measures the percentage of new opioid use disorder (OUD) pharmacotherapy events with OUD pharmacotherapy for 180 or more days among members ages 16 years and older with a diagnosis of OUD. This measure was added to the Department's HEDIS 2020 measure set for all MCOs; therefore, prior years' results were not available for comparison.

Figure 8-8—Pharmacotherapy for Opioid Use Disorder—Total

	HEDIS 2020 Rate	POP
RMHP Prime	54.02%	261
Medicaid Average	38.67%	
DHMP	15.91%	176

POP = Eligible Population
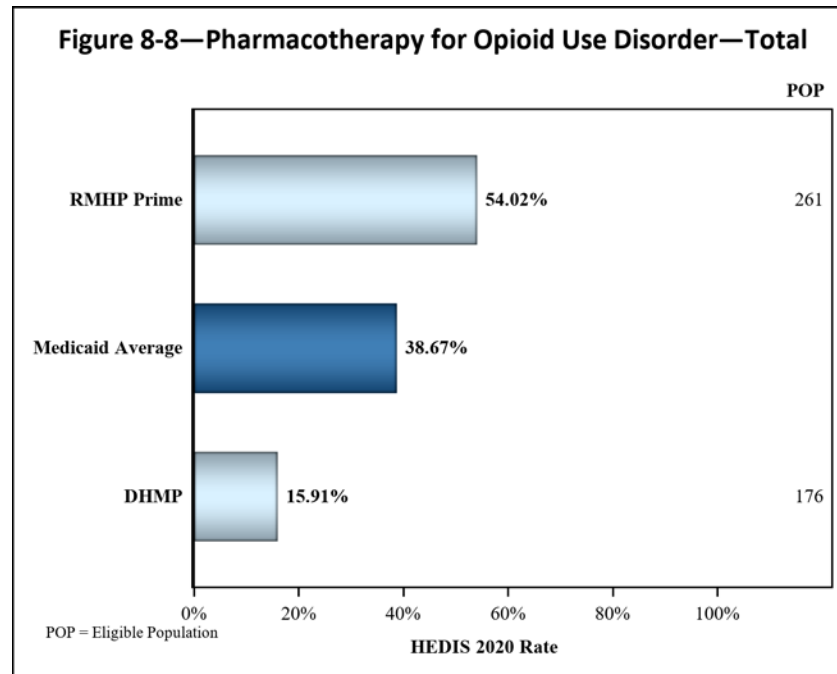
MCO performance varied by approximately 38 percentage points.

Risk of Continued Opioid Use—At Least 15 Days Covered

Risk of Continued Opioid Use—At Least 15 Days Covered measures the percentage of members 18 years of age and older who have a new episode of opioid use that puts them at risk for continued opioid use with at least 15 days of prescription opioids in a 30-day period. For this measure, a lower rate indicates better performance. This measure was added to the Department's HEDIS 2020 measure set for all MCOs; therefore, prior years' results were not available for comparison.

Figure 8-9—Risk of Continued Opioid Use—At Least 15 Days Covered

	POP
HPL	
DHMP 5.40%	3,018
50th Percentile	
Medicaid Average 9.53%	
LPL	
RMHP Prime 13.01%	3,575

POP = Eligible Population

HEDIS 2020 Rate
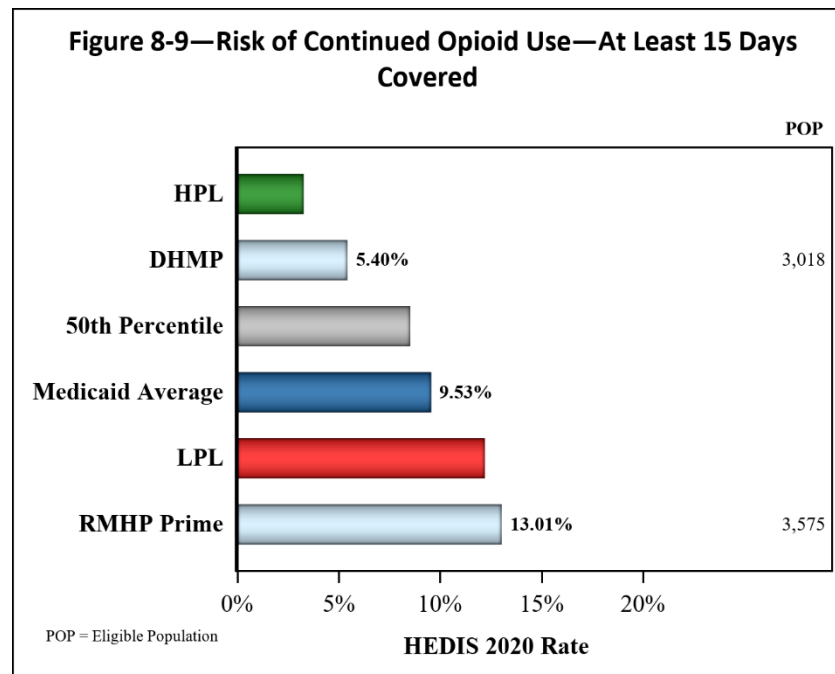
DHMP's rate was above the 50th percentile but below the HPL. The Colorado Medicaid weighted average was above the LPL but below the 50th percentile. RMHP Prime's rate fell below the LPL. MCO performance varied by approximately 8 percentage points.

Risk of Continued Opioid Use—At Least 31 Days Covered

Risk of Continued Opioid Use—At Least 31 Days Covered measures the percentage of members 18 years of age and older who have a new episode of opioid use that puts them at risk for continued opioid use with at least 31 days of prescription opioids in a 62-day period. For this measure, a lower rate indicates better performance. This measure was added to the Department's HEDIS 2020 measure set for all MCOs; therefore, prior years' results were not available for comparison.

Figure 8-10—Risk of Continued Opioid Use—At Least 31 Days Covered
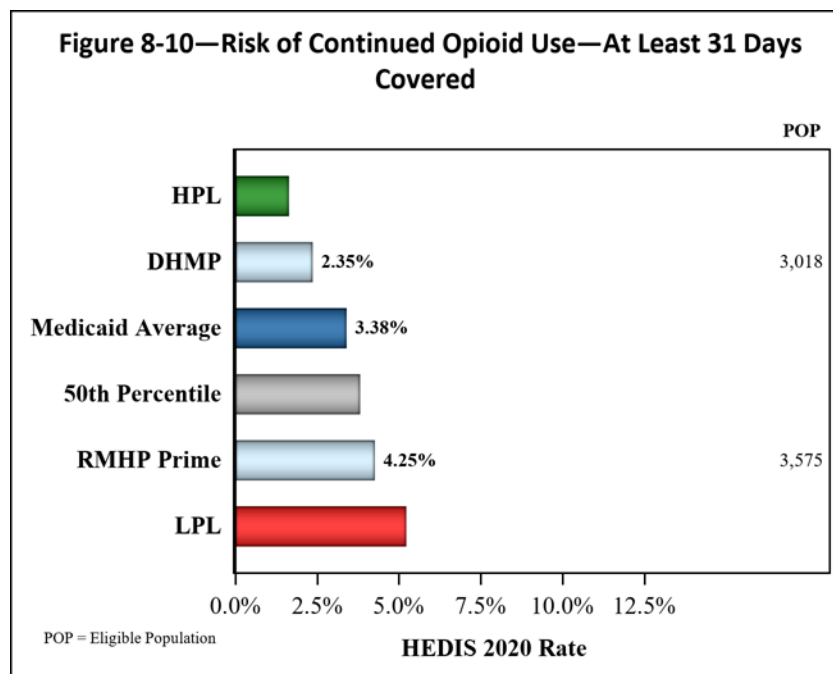
DHMP's rate and the Colorado Medicaid weighted average were above the 50th percentile but below the HPL. RMHP Prime's rate was above the LPL but below the 50th percentile. MCO performance varied by approximately 2 percentage points.

Summary of Findings

Table 8-1 presents the MCOs' performance ratings for each measure in the Opioids domain. Performance ratings were assigned across five categories (from ★ representing *Poor Performance* to ★★★★★ representing *Excellent Performance*).

Table 8-1—Opioids Measure-Specific Performance Ratings

Performance Measures	DHMP	RMHP Prime
Use of Opioids at High Dosage[*]		
Use of Opioids at High Dosage	—	—
Use of Opioids From Multiple Providers[*]		
Multiple Prescribers	★★★★	★
Multiple Pharmacies	★★	★★★★★
Multiple Prescribers and Multiple Pharmacies	★★	★★★★
Pharmacotherapy for Opioid Use Disorder		
Total	—	—
Risk of Continued Opioid Use[*]		
At Least 15 Days Covered	★★★	★
At Least 31 Days Covered	★★★★	★★

— Indicates that a percentile ranking was not determined because the rate was not reportable.
* For this indicator, a lower rate indicates better performance.

Table 8-2 presents a summary of the MCOs' overall performance for measures in the Opioids domain, with the number of measures falling into each performance rating.

Table 8-2—Opioids: Plan-Specific Count of Measures by Performance Rating

Health Plan Name	★★★★★	★★★★	★★★	★★	★
DHMP	0	2	1	2	0
RMHP Prime	1	1	0	1	2

For the Opioids domain, only three of five (60.0 percent) of DHMP's measure indicator rates and two of five (40.0 percent) of RMHP Prime's measure indicator rates were at or above the 50th percentile. RMHP Prime's rates for *Use of Opioids From Multiple Providers—Multiple Pharmacies* and *Multiple Prescribers and Multiple Pharmacies* were at or above the 75th percentile. DHMP's rate for *Use of Opioids From Multiple Providers—Multiple Prescribers* was at or above the 75th percentile. The MCOs and the Department should focus efforts on identifying factors contributing to opioid use and implement strategies to improve the care for members receiving opioids for chronic pain.

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*
- *Plan All-Cause Readmissions—Index Total Stays—Observed Readmissions* and *O/E Ratio*

Both MCOs were required to report these measures in HEDIS 2020. The MCOs' member months served as an eligible population proxy and were used when calculating the Colorado Medicaid weighted average for the *Ambulatory Care* and *Inpatient Utilization—General Hospital/Acute Care* measure indicators.

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

Ambulatory Care

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

Results

Table 9-1 shows *Outpatient Visits—Total* and *ED Visits—Total* per 1,000 member months for ambulatory care for all ages.

Table 9-1—Ambulatory Care: Total Visits per 1,000 Member Months for Total Age Group

Health Plan Name	Outpatient Visits	ED Visits*
DHMP	215.69	45.35
RMHP Prime[1]	341.87	60.25
2020 Colorado Medicaid Weighted Average	254.83	49.97
2019 Colorado Medicaid Weighted Average	239.73	49.10
2018 Colorado Medicaid Weighted Average	222.58	48.02

* For this indicator, a lower rate may indicate more favorable performance.
[1] Due to differences in member eligibility for children in RMHP Prime, rates may not be comparable to DHMP's rates.

For the *ED Visits* indicator, MCO performance varied, ranging from 60.25 ED visits per 1,000 member months for RMHP Prime to 45.35 ED visits per 1,000 member months for DHMP. Rates displayed for the *Outpatient Visits* indicator are for information 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 9-2 shows the total discharges per 1,000 member months for all ages, which are presented for information only.

Table 9-2—Inpatient Utilization—General Hospital/Acute Care: Total Discharges per 1,000 Member Months for Total Age Group

Health Plan Name	Total Inpatient	Medicine	Surgery	Maternity
DHMP	5.79	3.39	1.06	1.80
RMHP Prime[1]	9.96	4.65	2.57	2.93
2020 Colorado Medicaid Weighted Average	7.08	3.78	1.53	2.21
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

[1] *Due to differences in member eligibility for children in RMHP Prime, rates may not be comparable to DHMP's rates.*

Table 9-3 displays the total average length of stay for all ages, which are presented for information only.

Table 9-3—Inpatient Utilization—General Hospital/Acute Care: Total Average Length of Stay for Total Age Group

Health Plan Name	Total Inpatient	Medicine	Surgery	Maternity
DHMP	4.40	3.92	8.23	2.58
RMHP Prime[1]	4.27	4.00	6.81	2.35
2020 Colorado Medicaid Weighted Average	4.35	3.95	7.49	2.47
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

[1] *Due to differences in member eligibility for children in RMHP Prime, rates may not be comparable to DHMP's rates.*

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. Due to changes in the technical specifications for this measure, NCQA recommends a break in trending between 2020 and prior years; therefore, prior years' rates are not displayed.

Results

Table 9-4 shows the total number of observed readmissions and the O/E ratio of an acute readmission for all ages.

Table 9-4—Plan All-Cause Readmissions: Index Total Stays*

Health Plan Name	Observed Readmissions	O/E Ratio
DHMP	13.79%	1.26
RMHP Prime	9.87%	1.02
2020 Colorado Medicaid Weighted Average	11.54%	1.13

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

Though DHMP's readmission rate was approximately 4 percentage points higher than RMHP Prime's readmission rate, both MCOs had greater than expected readmissions, based on their O/E ratios.

Summary of Findings

For the *Plan All-Cause Readmissions* measure, DHMP reported a readmission rate approximately 4 percentage points higher than RMHP Prime's readmission rate. However, both MCOs had greater than expected readmissions based on their O/E ratios, indicating an opportunity for improvement for both MCOs. However, the increase in O/E ratios could be due to changes in the technical specifications for this measure that prompted NCQA to issue guidance that there should be a break in trending between 2020 and prior years.

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* and *Inpatient Utilization—General Hospital/Acute Care* measures. 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 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 2018, 2019, and 2020 Colorado Medicaid weighted averages. Yellow shading with one caret (^) indicates the HEDIS 2020 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 Plan	Eligible Population	Rate
Childhood Immunization Status		
DTaP		
DHMP	1,272	70.60%
RMHP Prime	—	NA
HEDIS 2020 Colorado Medicaid Weighted Average		**70.63%**
HEDIS 2019 Colorado Medicaid Weighted Average		**69.51%**
HEDIS 2018 Colorado Medicaid Weighted Average		**75.39%**
IPV		
DHMP	1,272	81.84%
RMHP Prime	—	NA
HEDIS 2020 Colorado Medicaid Weighted Average		**81.91%**
HEDIS 2019 Colorado Medicaid Weighted Average		**79.95%**
HEDIS 2018 Colorado Medicaid Weighted Average		**84.70%**
MMR		
DHMP	1,272	81.29%
RMHP Prime	—	NA
HEDIS 2020 Colorado Medicaid Weighted Average		**81.21%**
HEDIS 2019 Colorado Medicaid Weighted Average		**79.95%**
HEDIS 2018 Colorado Medicaid Weighted Average		**78.65%**
HiB		
DHMP	1,272	81.45%
RMHP Prime	—	NA
HEDIS 2020 Colorado Medicaid Weighted Average		**81.36%**
HEDIS 2019 Colorado Medicaid Weighted Average		**80.55%**
HEDIS 2018 Colorado Medicaid Weighted Average		**84.70%**

Medicaid Plan	Eligible Population	Rate
Hepatitis B		
DHMP	1,272	85.06%
RMHP Prime	—	NA
HEDIS 2020 Colorado Medicaid Weighted Average		**85.12%**
HEDIS 2019 Colorado Medicaid Weighted Average		**82.17%**
HEDIS 2018 Colorado Medicaid Weighted Average		**80.75%**
VZV		
DHMP	1,272	81.29%
RMHP Prime	—	NA
HEDIS 2020 Colorado Medicaid Weighted Average		**81.21%**
HEDIS 2019 Colorado Medicaid Weighted Average		**80.07%**
HEDIS 2018 Colorado Medicaid Weighted Average		**83.70%**
Pneumococcal Conjugate		
DHMP	1,272	70.83%
RMHP Prime	—	NA
HEDIS 2020 Colorado Medicaid Weighted Average		**70.87%**
HEDIS 2019 Colorado Medicaid Weighted Average		**68.01%**
HEDIS 2018 Colorado Medicaid Weighted Average		**73.99%**
Hepatitis A		
DHMP	1,272	80.82%
RMHP Prime	—	NA
HEDIS 2020 Colorado Medicaid Weighted Average		**80.89%**
HEDIS 2019 Colorado Medicaid Weighted Average		**79.41%**
HEDIS 2018 Colorado Medicaid Weighted Average		**81.06%**
Rotavirus		
DHMP	1,272	63.13%
RMHP Prime	—	NA
HEDIS 2020 Colorado Medicaid Weighted Average		**63.12%**
HEDIS 2019 Colorado Medicaid Weighted Average		**62.61%**
HEDIS 2018 Colorado Medicaid Weighted Average		**67.62%**
Influenza		
DHMP	1,272	53.22%^
RMHP Prime	—	NA
HEDIS 2020 Colorado Medicaid Weighted Average		**53.17%^**
HEDIS 2019 Colorado Medicaid Weighted Average		**51.56%**
HEDIS 2018 Colorado Medicaid Weighted Average		**50.23%**
Combination 2		
DHMP	1,272	69.65%
RMHP Prime	—	NA

Medicaid Plan	Eligible Population	Rate
HEDIS 2020 Colorado Medicaid Weighted Average		**69.46%**
HEDIS 2019 Colorado Medicaid Weighted Average		**68.01%**
HEDIS 2018 Colorado Medicaid Weighted Average		**68.25%**
Combination 3		
DHMP	1,272	66.67%
RMHP Prime	—	NA
HEDIS 2020 Colorado Medicaid Weighted Average		**66.41%**
HEDIS 2019 Colorado Medicaid Weighted Average		**64.77%**
HEDIS 2018 Colorado Medicaid Weighted Average		**65.92%**
Combination 4		
DHMP	1,272	66.35%
RMHP Prime	—	NA
HEDIS 2020 Colorado Medicaid Weighted Average		**66.09%**
HEDIS 2019 Colorado Medicaid Weighted Average		**64.65%**
HEDIS 2018 Colorado Medicaid Weighted Average		**64.21%**
Combination 5		
DHMP	1,272	57.78%
RMHP Prime	—	NA
HEDIS 2020 Colorado Medicaid Weighted Average		**57.56%**
HEDIS 2019 Colorado Medicaid Weighted Average		**56.78%**
HEDIS 2018 Colorado Medicaid Weighted Average		**58.00%**
Combination 6		
DHMP	1,272	48.03%^
RMHP Prime	—	NA
HEDIS 2020 Colorado Medicaid Weighted Average		**47.85%^**
HEDIS 2019 Colorado Medicaid Weighted Average		**45.20%**
HEDIS 2018 Colorado Medicaid Weighted Average		**43.32%**
Combination 7		
DHMP	1,272	57.63%
RMHP Prime	—	NA
HEDIS 2020 Colorado Medicaid Weighted Average		**57.40%**
HEDIS 2019 Colorado Medicaid Weighted Average		**56.66%**
HEDIS 2018 Colorado Medicaid Weighted Average		**56.68%**
Combination 8		
DHMP	1,272	48.03%^
RMHP Prime	—	NA
HEDIS 2020 Colorado Medicaid Weighted Average		**47.85%^**
HEDIS 2019 Colorado Medicaid Weighted Average		**45.14%**
HEDIS 2018 Colorado Medicaid Weighted Average		**42.47%**

Medicaid Plan	Eligible Population	Rate
Combination 9		
DHMP	1,272	42.85%^
RMHP Prime	—	NA
HEDIS 2020 Colorado Medicaid Weighted Average		**42.68%^**
HEDIS 2019 Colorado Medicaid Weighted Average		**40.76%**
HEDIS 2018 Colorado Medicaid Weighted Average		**39.44%**
Combination 10		
DHMP	1,272	42.85%^
RMHP Prime	—	NA
HEDIS 2020 Colorado Medicaid Weighted Average		**42.68%^**
HEDIS 2019 Colorado Medicaid Weighted Average		**40.70%**
HEDIS 2018 Colorado Medicaid Weighted Average		**38.74%**
Immunizations for Adolescents[1]		
Meningococcal		
DHMP	1,395	80.93%
RMHP Prime	—	NA
HEDIS 2020 Colorado Medicaid Weighted Average		**80.45%**
HEDIS 2019 Colorado Medicaid Weighted Average		**78.94%**
HEDIS 2018 Colorado Medicaid Weighted Average		**77.73%**
Tdap		
DHMP	1,395	80.65%
RMHP Prime	—	NA
HEDIS 2020 Colorado Medicaid Weighted Average		**80.66%**
HEDIS 2019 Colorado Medicaid Weighted Average		**78.94%**
HEDIS 2018 Colorado Medicaid Weighted Average		**81.93%**
HPV		
DHMP	1,395	52.40%^
RMHP Prime	—	NA
HEDIS 2020 Colorado Medicaid Weighted Average		**52.08%^**
HEDIS 2019 Colorado Medicaid Weighted Average		**50.37%**
HEDIS 2018 Colorado Medicaid Weighted Average		**50.16%**
Combination 1 (Meningococcal, Tdap)		
DHMP	1,395	78.06%
RMHP Prime	—	NA
HEDIS 2020 Colorado Medicaid Weighted Average		**77.63%**
HEDIS 2019 Colorado Medicaid Weighted Average		**76.40%**
HEDIS 2018 Colorado Medicaid Weighted Average		**75.55%**

Medicaid Plan	Eligible Population	Rate
Combination 2 (Meningococcal, Tdap, HPV)		
DHMP	1,395	50.47%^
RMHP Prime	—	NA
HEDIS 2020 Colorado Medicaid Weighted Average		**50.04%^**
HEDIS 2019 Colorado Medicaid Weighted Average		**48.70%**
HEDIS 2018 Colorado Medicaid Weighted Average		**47.11%**
Well-Child Visits in the First 15 Months of Life		
*Zero Visits**		
DHMP	889	4.84%
RMHP Prime	—	NA
HEDIS 2020 Colorado Medicaid Weighted Average		**4.83%**
HEDIS 2019 Colorado Medicaid Weighted Average		**7.08%**
HEDIS 2018 Colorado Medicaid Weighted Average		**9.12%**
Six or More Visits		
DHMP	889	55.57%
RMHP Prime	—	NA
HEDIS 2020 Colorado Medicaid Weighted Average		**55.51%**
HEDIS 2019 Colorado Medicaid Weighted Average		**52.28%**
HEDIS 2018 Colorado Medicaid Weighted Average		**4.39%**
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life[1]		
DHMP	5,153	64.53%
RMHP Prime	48	60.42%
HEDIS 2020 Colorado Medicaid Weighted Average		**64.49%**
HEDIS 2019 Colorado Medicaid Weighted Average		**63.57%**
HEDIS 2018 Colorado Medicaid Weighted Average		**60.89%**
Adolescent Well-Care Visits[1]		
DHMP	10,756	40.10%
RMHP Prime	991	17.66%
HEDIS 2020 Colorado Medicaid Weighted Average		**38.21%**
HEDIS 2019 Colorado Medicaid Weighted Average		**39.36%**
HEDIS 2018 Colorado Medicaid Weighted Average		**34.29%**

Medicaid Plan	Eligible Population	Rate
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents[1]		
BMI Percentile Documentation—Ages 3 to 11 Years		
DHMP	7,955	19.32%
RMHP Prime	128	8.59%
HEDIS 2020 Colorado Medicaid Weighted Average		**19.15%**
HEDIS 2019 Colorado Medicaid Weighted Average		**14.66%**
HEDIS 2018 Colorado Medicaid Weighted Average		**10.49%**
BMI Percentile Documentation—Ages 12 to 17 Years		
DHMP	4,926	34.47%
RMHP Prime	111	2.70%
HEDIS 2020 Colorado Medicaid Weighted Average		**33.77%**
HEDIS 2019 Colorado Medicaid Weighted Average		**33.00%**
HEDIS 2018 Colorado Medicaid Weighted Average		**26.76%**
BMI Percentile Documentation—Total		
DHMP	12,881	25.11%
RMHP Prime	239	5.86%
HEDIS 2020 Colorado Medicaid Weighted Average		**24.76%**
HEDIS 2019 Colorado Medicaid Weighted Average		**21.62%**
HEDIS 2018 Colorado Medicaid Weighted Average		**16.52%**
Counseling for Nutrition—Ages 3 to 11 Years		
DHMP	7,955	4.81%
RMHP Prime	128	21.09%
HEDIS 2020 Colorado Medicaid Weighted Average		**5.07%**
HEDIS 2019 Colorado Medicaid Weighted Average		**2.31%**
HEDIS 2018 Colorado Medicaid Weighted Average		**1.76%**
Counseling for Nutrition—Ages 12 to 17 Years		
DHMP	4,926	16.18%
RMHP Prime	111	18.92%
HEDIS 2020 Colorado Medicaid Weighted Average		**16.24%**
HEDIS 2019 Colorado Medicaid Weighted Average		**16.16%**
HEDIS 2018 Colorado Medicaid Weighted Average		**13.60%**
Counseling for Nutrition—Total		
DHMP	12,881	9.16%
RMHP Prime	239	20.08%
HEDIS 2020 Colorado Medicaid Weighted Average		**9.36%**
HEDIS 2019 Colorado Medicaid Weighted Average		**7.57%**
HEDIS 2018 Colorado Medicaid Weighted Average		**6.14%**

Medicaid Plan	Eligible Population	Rate
Counseling for Physical Activity—Ages 3 to 11 Years		
DHMP	7,955	4.02%
RMHP Prime	128	0.00%
HEDIS 2020 Colorado Medicaid Weighted Average		**3.96%**
HEDIS 2019 Colorado Medicaid Weighted Average		**1.58%**
HEDIS 2018 Colorado Medicaid Weighted Average		**0.36%**
Counseling for Physical Activity—Ages 12 to 17 Years		
DHMP	4,926	14.64%
RMHP Prime	111	2.70%
HEDIS 2020 Colorado Medicaid Weighted Average		**14.37%**
HEDIS 2019 Colorado Medicaid Weighted Average		**12.71%**
HEDIS 2018 Colorado Medicaid Weighted Average		**3.04%**
Counseling for Physical Activity—Total		
DHMP	12,881	8.08%
RMHP Prime	239	1.26%
HEDIS 2020 Colorado Medicaid Weighted Average		**7.96%**
HEDIS 2019 Colorado Medicaid Weighted Average		**5.81%**
HEDIS 2018 Colorado Medicaid Weighted Average		**1.35%**

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

[1]*Due to differences in member eligibility for children in RMHP Prime, rates may not be comparable to DHMP's rates.*

— 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 Plan	Eligible Population	Rate
Prenatal and Postpartum Care[3]		
Timeliness of Prenatal Care		
DHMP	976	84.53%
RMHP Prime	1,019	42.00%
HEDIS 2020 Colorado Medicaid Weighted Average		**62.81%**
HEDIS 2019 Colorado Medicaid Weighted Average		—
HEDIS 2018 Colorado Medicaid Weighted Average		—
Postpartum Care		
DHMP	976	66.50%
RMHP Prime	1,019	35.92%
HEDIS 2020 Colorado Medicaid Weighted Average		**50.88%**
HEDIS 2019 Colorado Medicaid Weighted Average		—
HEDIS 2018 Colorado Medicaid Weighted Average		—
Children's and Adolescents' Access to Primary Care Practitioners[1,2]		
Ages 12 to 24 Months		
DHMP	1,230	89.11%
RMHP Prime	—	NA
HEDIS 2020 Colorado Medicaid Weighted Average		**89.12%**
HEDIS 2019 Colorado Medicaid Weighted Average		**88.52%**
HEDIS 2018 Colorado Medicaid Weighted Average		**86.85%**
Ages 25 Months to 6 Years		
DHMP	6,303	74.46%
RMHP Prime	56	85.71%
HEDIS 2020 Colorado Medicaid Weighted Average		**74.56%**
HEDIS 2019 Colorado Medicaid Weighted Average		**75.14%**
HEDIS 2018 Colorado Medicaid Weighted Average		**72.27%**
Ages 7 to 11 Years		
DHMP	5,509	80.05%
RMHP Prime	78	88.46%
HEDIS 2020 Colorado Medicaid Weighted Average		**80.17%**
HEDIS 2019 Colorado Medicaid Weighted Average		**80.16%**
HEDIS 2018 Colorado Medicaid Weighted Average		**75.68%**

Medicaid Plan	Eligible Population	Rate
Ages 12 to 19 Years		
DHMP	7,669	79.19%
RMHP Prime	169	88.76%
HEDIS 2020 Colorado Medicaid Weighted Average		**79.40%**
HEDIS 2019 Colorado Medicaid Weighted Average		**80.50%**
HEDIS 2018 Colorado Medicaid Weighted Average		**75.68%**
Adults' Access to Preventive/Ambulatory Health Services		
Ages 20 to 44 Years		
DHMP	18,722	49.81%
RMHP Prime	14,520	66.50%
HEDIS 2020 Colorado Medicaid Weighted Average		**57.10%**
HEDIS 2019 Colorado Medicaid Weighted Average		**56.05%**
HEDIS 2018 Colorado Medicaid Weighted Average		**57.22%**
Ages 45 to 64 Years		
DHMP	8,281	63.53%
RMHP Prime	8,337	77.92%
HEDIS 2020 Colorado Medicaid Weighted Average		**70.75%**
HEDIS 2019 Colorado Medicaid Weighted Average		**69.84%**
HEDIS 2018 Colorado Medicaid Weighted Average		**70.88%**
Ages 65 Years and Older		
DHMP	2,103	71.75%
RMHP Prime	1,811	90.17%^
HEDIS 2020 Colorado Medicaid Weighted Average		**80.28%**
HEDIS 2019 Colorado Medicaid Weighted Average		**78.31%**
HEDIS 2018 Colorado Medicaid Weighted Average		**83.48%**
Total		
DHMP	29,106	55.30%
RMHP Prime	24,668	72.10%
HEDIS 2020 Colorado Medicaid Weighted Average		**63.01%**
HEDIS 2019 Colorado Medicaid Weighted Average		**61.75%**
HEDIS 2018 Colorado Medicaid Weighted Average		**62.88%**
Chlamydia Screening in Women		
Ages 16 to 20 Years[1]		
DHMP	1,162	72.63%^
RMHP Prime	224	49.55%
HEDIS 2020 Colorado Medicaid Weighted Average		**68.90%^**

Medicaid Plan	Eligible Population	Rate
HEDIS 2019 Colorado Medicaid Weighted Average		**64.72%**
HEDIS 2018 Colorado Medicaid Weighted Average		**63.09%**
Ages 21 to 24 Years		
DHMP	850	73.29%^
RMHP Prime	808	47.28%
HEDIS 2020 Colorado Medicaid Weighted Average		**60.62%**
HEDIS 2019 Colorado Medicaid Weighted Average		**60.64%**
HEDIS 2018 Colorado Medicaid Weighted Average		**58.66%**
Total[1]		
DHMP	2,012	72.91%^
RMHP Prime	1,032	47.77%
HEDIS 2020 Colorado Medicaid Weighted Average		**64.39%^**
HEDIS 2019 Colorado Medicaid Weighted Average		**62.43%**
HEDIS 2018 Colorado Medicaid Weighted Average		**60.64%**
Breast Cancer Screening		
DHMP	2,208	46.01%
RMHP Prime	2,498	48.04%
HEDIS 2020 Colorado Medicaid Weighted Average		**47.09%**
HEDIS 2019 Colorado Medicaid Weighted Average		**48.53%**
HEDIS 2018 Colorado Medicaid Weighted Average		**50.53%**
Cervical Cancer Screening[2]		
DHMP	12,113	45.58%
RMHP Prime	11,815	39.39%
HEDIS 2020 Colorado Medicaid Weighted Average		**42.52%**
HEDIS 2019 Colorado Medicaid Weighted Average		**42.52%**
HEDIS 2018 Colorado Medicaid Weighted Average		**43.12%**
Non-Recommended Cervical Cancer Screening in Adolescent Females[1]*		
DHMP	2,353	0.04%^
RMHP Prime	350	2.00%
HEDIS 2020 Colorado Medicaid Weighted Average		**0.30%^**
HEDIS 2019 Colorado Medicaid Weighted Average		—
HEDIS 2018 Colorado Medicaid Weighted Average		—
Adult BMI Assessment		
DHMP	12,422	80.35%
RMHP Prime	13,024	38.95%

Medicaid Plan	Eligible Population	Rate
HEDIS 2020 Colorado Medicaid Weighted Average		**59.16%**
HEDIS 2019 Colorado Medicaid Weighted Average		**52.30%**
HEDIS 2018 Colorado Medicaid Weighted Average		**47.08%**

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

[1]Due to differences in member eligibility for children in RMHP Prime, rates may not be comparable to DHMP's rates.

[2] Due to changes in the technical specifications for this measure, NCQA recommends that trending between 2020 and prior years be considered with caution.

[3] Due to changes in the technical specifications for this measure, NCQA recommends a break in trending between 2020 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.

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 Plan	Eligible Population	Rate
Antidepressant Medication Management		
Effective Acute Phase Treatment		
DHMP	918	57.19%^
RMHP Prime	1,027	73.71%^
HEDIS 2020 Colorado Medicaid Weighted Average		**65.91%^**
HEDIS 2019 Colorado Medicaid Weighted Average		**53.24%**
HEDIS 2018 Colorado Medicaid Weighted Average		**53.45%**
Effective Continuation Phase Treatment		
DHMP	918	37.69%^
RMHP Prime	1,027	64.85%^
HEDIS 2020 Colorado Medicaid Weighted Average		**52.03%^**
HEDIS 2019 Colorado Medicaid Weighted Average		**33.91%**
HEDIS 2018 Colorado Medicaid Weighted Average		**34.05%**
Follow-Up Care for Children Prescribed ADHD Medication		
Initiation Phase		
DHMP	104	41.35%
RMHP Prime	—	NA
HEDIS 2020 Colorado Medicaid Weighted Average		**41.59%**
HEDIS 2019 Colorado Medicaid Weighted Average		**40.56%**
HEDIS 2018 Colorado Medicaid Weighted Average		**37.59%**
Continuation and Maintenance Phase		
DHMP	—	NA
RMHP Prime	—	NA
HEDIS 2020 Colorado Medicaid Weighted Average		**NA**
HEDIS 2019 Colorado Medicaid Weighted Average		**41.94%**
HEDIS 2018 Colorado Medicaid Weighted Average		**NA**
Metabolic Monitoring for Children and Adolescents on Antipsychotics		
Blood Glucose Testing—Ages 1 to 11 Years		
DHMP	—	NA
RMHP Prime	—	NA
HEDIS 2020 Colorado Medicaid Weighted Average		**NA**
HEDIS 2019 Colorado Medicaid Weighted Average		**—**
HEDIS 2018 Colorado Medicaid Weighted Average		**—**

Medicaid Plan	Eligible Population	Rate
Blood Glucose Testing—Ages 12 to 17 Years		
DHMP	—	NA
RMHP Prime	—	NA
HEDIS 2020 Colorado Medicaid Weighted Average		**51.06%**
HEDIS 2019 Colorado Medicaid Weighted Average		—
HEDIS 2018 Colorado Medicaid Weighted Average		—
Blood Glucose Testing—Total		
DHMP	—	NA
RMHP Prime	30	43.33%
HEDIS 2020 Colorado Medicaid Weighted Average		**49.15%**
HEDIS 2019 Colorado Medicaid Weighted Average		—
HEDIS 2018 Colorado Medicaid Weighted Average		—
Cholesterol Testing—Ages 1 to 11 Years		
DHMP	—	NA
RMHP Prime	—	NA
HEDIS 2020 Colorado Medicaid Weighted Average		**NA**
HEDIS 2019 Colorado Medicaid Weighted Average		—
HEDIS 2018 Colorado Medicaid Weighted Average		—
Cholesterol Testing—Ages 12 to 17 Years		
DHMP	—	NA
RMHP Prime	—	NA
HEDIS 2020 Colorado Medicaid Weighted Average		**38.30%**
HEDIS 2019 Colorado Medicaid Weighted Average		—
HEDIS 2018 Colorado Medicaid Weighted Average		—
Cholesterol Testing—Total		
DHMP	—	NA
RMHP Prime	30	26.67%
HEDIS 2020 Colorado Medicaid Weighted Average		**38.98%**
HEDIS 2019 Colorado Medicaid Weighted Average		—
HEDIS 2018 Colorado Medicaid Weighted Average		—
Blood Glucose and Cholesterol Testing—Ages 1 to 11 Years		
DHMP	—	NA
RMHP Prime	—	NA
HEDIS 2020 Colorado Medicaid Weighted Average		**NA**
HEDIS 2019 Colorado Medicaid Weighted Average		—
HEDIS 2018 Colorado Medicaid Weighted Average		—

Medicaid Plan	Eligible Population	Rate
Blood Glucose and Cholesterol Testing—Ages 12 to 17 Years		
DHMP	—	NA
RMHP Prime	—	NA
HEDIS 2020 Colorado Medicaid Weighted Average		**38.30%^**
HEDIS 2019 Colorado Medicaid Weighted Average		**27.78%**
HEDIS 2018 Colorado Medicaid Weighted Average		**NA**
Blood Glucose and Cholesterol Testing—Total		
DHMP	—	NA
RMHP Prime	30	26.67%
HEDIS 2020 Colorado Medicaid Weighted Average		**38.98%^**
HEDIS 2019 Colorado Medicaid Weighted Average		**35.21%**
HEDIS 2018 Colorado Medicaid Weighted Average		**21.95%**

— 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 2018.

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 Plan	Eligible Population	Rate
Persistence of Beta-Blocker Treatment After a Heart Attack		
DHMP	—	NA
RMHP Prime	—	NA
HEDIS 2020 Colorado Medicaid Weighted Average		**70.21%**
HEDIS 2019 Colorado Medicaid Weighted Average		**50.98%**
HEDIS 2018 Colorado Medicaid Weighted Average		**66.18%**
Comprehensive Diabetes Care		
Hemoglobin A1c (HbA1c) Testing		
DHMP	2,024	83.00%
RMHP Prime	1,739	84.59%
HEDIS 2020 Colorado Medicaid Weighted Average		**83.74%**
HEDIS 2019 Colorado Medicaid Weighted Average		**83.24%**
HEDIS 2018 Colorado Medicaid Weighted Average		**83.03%**
*HbA1c Poor Control (>9.0%)**		
DHMP	2,024	40.51%
RMHP Prime	1,739	76.08%
HEDIS 2020 Colorado Medicaid Weighted Average		**56.95%**
HEDIS 2019 Colorado Medicaid Weighted Average		**56.98%**
HEDIS 2018 Colorado Medicaid Weighted Average		**56.53%**
HbA1c Control (<8.0%)		
DHMP	2,024	48.96%
RMHP Prime	1,739	19.55%
HEDIS 2020 Colorado Medicaid Weighted Average		**35.37%**
HEDIS 2019 Colorado Medicaid Weighted Average		**34.71%**
HEDIS 2018 Colorado Medicaid Weighted Average		**35.51%**
Eye Exam (Retinal) Performed		
DHMP	2,024	45.70%
RMHP Prime	1,739	50.14%
HEDIS 2020 Colorado Medicaid Weighted Average		**47.75%**
HEDIS 2019 Colorado Medicaid Weighted Average		**47.83%**
HEDIS 2018 Colorado Medicaid Weighted Average		**27.40%**
Medical Attention for Nephropathy		
DHMP	2,024	83.75%
RMHP Prime	1,739	83.21%
HEDIS 2020 Colorado Medicaid Weighted Average		**83.50%**

Medicaid Plan	Eligible Population	Rate
HEDIS 2019 Colorado Medicaid Weighted Average		**82.30%**
HEDIS 2018 Colorado Medicaid Weighted Average		**82.72%**
Blood Pressure Control (<140/90 mm Hg)		
DHMP	2,024	63.49%
RMHP Prime	1,739	8.91%
HEDIS 2020 Colorado Medicaid Weighted Average		**38.27%**
HEDIS 2019 Colorado Medicaid Weighted Average		**37.14%**
HEDIS 2018 Colorado Medicaid Weighted Average		**32.61%**
Statin Therapy for Patients With Diabetes		
Received Statin Therapy		
DHMP	1,129	61.74%
RMHP Prime	934	43.04%
HEDIS 2020 Colorado Medicaid Weighted Average		**53.27%**
HEDIS 2019 Colorado Medicaid Weighted Average		**52.77%**
HEDIS 2018 Colorado Medicaid Weighted Average		**49.60%**
Statin Adherence 80%[2]		
DHMP	697	67.58%^
RMHP Prime	402	85.57%^
HEDIS 2020 Colorado Medicaid Weighted Average		**74.16%^**
HEDIS 2019 Colorado Medicaid Weighted Average		**60.40%**
HEDIS 2018 Colorado Medicaid Weighted Average		**58.63%**
Statin Therapy for Patients With Cardiovascular Disease		
Received Statin Therapy—Male—Ages 21 to 75 Years		
DHMP	115	74.78%
RMHP Prime	124	60.48%
HEDIS 2020 Colorado Medicaid Weighted Average		**67.36%**
HEDIS 2019 Colorado Medicaid Weighted Average		**68.32%**
HEDIS 2018 Colorado Medicaid Weighted Average		**73.68%**
Received Statin Therapy—Female—Ages 40 to 75 Years		
DHMP	61	78.69%^
RMHP Prime	71	52.11%
HEDIS 2020 Colorado Medicaid Weighted Average		**64.39%**
HEDIS 2019 Colorado Medicaid Weighted Average		**67.97%**
HEDIS 2018 Colorado Medicaid Weighted Average		**72.44%**
Received Statin Therapy—Total		
DHMP	176	76.14%
RMHP Prime	195	57.44%
HEDIS 2020 Colorado Medicaid Weighted Average		**66.31%**
HEDIS 2019 Colorado Medicaid Weighted Average		**68.18%**

Medicaid Plan	Eligible Population	Rate
HEDIS 2018 Colorado Medicaid Weighted Average		**73.19%**
Statin Adherence 80%—Male—Ages 21 to 75 Years[2]		
DHMP	86	70.93%^
RMHP Prime	75	93.33%^
HEDIS 2020 Colorado Medicaid Weighted Average		**81.37%^**
HEDIS 2019 Colorado Medicaid Weighted Average		**65.22%**
HEDIS 2018 Colorado Medicaid Weighted Average		**65.00%**
Statin Adherence 80%—Female—Ages 40 to 75 Years[2]		
DHMP	48	52.08%
RMHP Prime	37	91.89%^
HEDIS 2020 Colorado Medicaid Weighted Average		**69.41%^**
HEDIS 2019 Colorado Medicaid Weighted Average		**64.37%**
HEDIS 2018 Colorado Medicaid Weighted Average		**63.04%**
Statin Adherence 80%—Total[2]		
DHMP	134	64.18%
RMHP Prime	112	92.86%^
HEDIS 2020 Colorado Medicaid Weighted Average		**77.24%^**
HEDIS 2019 Colorado Medicaid Weighted Average		**64.89%**
HEDIS 2018 Colorado Medicaid Weighted Average		**64.22%**
Use of Imaging Studies for Low Back Pain		
DHMP	581	77.62%^
RMHP Prime	635	72.76%^
HEDIS 2020 Colorado Medicaid Weighted Average		**75.08%^**
HEDIS 2019 Colorado Medicaid Weighted Average		**72.28%**
HEDIS 2018 Colorado Medicaid Weighted Average		**71.09%**
Pharmacotherapy Management of COPD Exacerbation		
Systemic Corticosteroid		
DHMP	341	59.82%
RMHP Prime	225	37.33%
HEDIS 2020 Colorado Medicaid Weighted Average		**50.88%**
HEDIS 2019 Colorado Medicaid Weighted Average		**47.02%**
HEDIS 2018 Colorado Medicaid Weighted Average		**50.53%**
Bronchodilator		
DHMP	341	74.49%
RMHP Prime	225	54.22%
HEDIS 2020 Colorado Medicaid Weighted Average		**66.43%**
HEDIS 2019 Colorado Medicaid Weighted Average		**67.02%**
HEDIS 2018 Colorado Medicaid Weighted Average		**61.10%**

Medicaid Plan	Eligible Population	Rate
Medication Management for People With Asthma		
Medication Compliance 50%—Ages 5 to 11 Years[1]		
DHMP	112	63.39%^
RMHP Prime	—	NA
HEDIS 2020 Colorado Medicaid Weighted Average		**63.48%^**
HEDIS 2019 Colorado Medicaid Weighted Average		**50.35%**
HEDIS 2018 Colorado Medicaid Weighted Average		**41.72%**
Medication Compliance 50%—Ages 12 to 18 Years[1]		
DHMP	79	53.16%
RMHP Prime	—	NA
HEDIS 2020 Colorado Medicaid Weighted Average		**56.47%^**
HEDIS 2019 Colorado Medicaid Weighted Average		**44.34%**
HEDIS 2018 Colorado Medicaid Weighted Average		**49.57%**
Medication Compliance 50%—Ages 19 to 50 Years		
DHMP	147	61.90%
RMHP Prime	165	81.21%^
HEDIS 2020 Colorado Medicaid Weighted Average		**72.12%^**
HEDIS 2019 Colorado Medicaid Weighted Average		**67.64%**
HEDIS 2018 Colorado Medicaid Weighted Average		**62.15%**
Medication Compliance 50%—Ages 51 to 64 Years		
DHMP	42	73.81%
RMHP Prime	59	84.75%^
HEDIS 2020 Colorado Medicaid Weighted Average		**80.20%^**
HEDIS 2019 Colorado Medicaid Weighted Average		**72.12%**
HEDIS 2018 Colorado Medicaid Weighted Average		**73.33%**
Medication Compliance 50%—Total[1]		
DHMP	380	61.84%^
RMHP Prime	233	82.40%^
HEDIS 2020 Colorado Medicaid Weighted Average		**69.66%^**
HEDIS 2019 Colorado Medicaid Weighted Average		**60.91%**
HEDIS 2018 Colorado Medicaid Weighted Average		**57.27%**
Medication Compliance 75%—Ages 5 to 11 Years[1]		
DHMP	112	28.57%
RMHP Prime	—	NA
HEDIS 2020 Colorado Medicaid Weighted Average		**29.57%**
HEDIS 2019 Colorado Medicaid Weighted Average		**26.95%**
HEDIS 2018 Colorado Medicaid Weighted Average		**21.85%**

Medicaid Plan	Eligible Population	Rate
Medication Compliance 75%—Ages 12 to 18 Years[1]		
DHMP	79	29.11%
RMHP Prime	—	NA
HEDIS 2020 Colorado Medicaid Weighted Average		**32.94%^**
HEDIS 2019 Colorado Medicaid Weighted Average		**19.81%**
HEDIS 2018 Colorado Medicaid Weighted Average		**20.87%**
Medication Compliance 75%—Ages 19 to 50 Years		
DHMP	147	38.10%
RMHP Prime	165	64.24%^
HEDIS 2020 Colorado Medicaid Weighted Average		**51.92%^**
HEDIS 2019 Colorado Medicaid Weighted Average		**40.13%**
HEDIS 2018 Colorado Medicaid Weighted Average		**34.70%**
Medication Compliance 75%—Ages 51 to 64 Years		
DHMP	42	61.90%^
RMHP Prime	59	69.49%^
HEDIS 2020 Colorado Medicaid Weighted Average		**66.34%^**
HEDIS 2019 Colorado Medicaid Weighted Average		**46.15%**
HEDIS 2018 Colorado Medicaid Weighted Average		**47.62%**
Medication Compliance 75%—Total[1]		
DHMP	380	36.05%
RMHP Prime	233	66.09%^
HEDIS 2020 Colorado Medicaid Weighted Average		**47.47%^**
HEDIS 2019 Colorado Medicaid Weighted Average		**35.00%**
HEDIS 2018 Colorado Medicaid Weighted Average		**31.54%**
Asthma Medication Ratio		
Ages 5 to 11 Years[1]		
DHMP	117	60.68%
RMHP Prime	—	NA
HEDIS 2020 Colorado Medicaid Weighted Average		**61.67%**
HEDIS 2019 Colorado Medicaid Weighted Average		**60.27%**
HEDIS 2018 Colorado Medicaid Weighted Average		**78.05%**
Ages 12 to 18 Years[1]		
DHMP	94	48.94%
RMHP Prime	—	NA
HEDIS 2020 Colorado Medicaid Weighted Average		**49.50%**
HEDIS 2019 Colorado Medicaid Weighted Average		**44.26%**
HEDIS 2018 Colorado Medicaid Weighted Average		**65.63%**

Medicaid Plan	Eligible Population	Rate
Ages 19 to 50 Years		
DHMP	190	38.95%
RMHP Prime	223	45.74%
HEDIS 2020 Colorado Medicaid Weighted Average		**42.62%**
HEDIS 2019 Colorado Medicaid Weighted Average		**46.00%**
HEDIS 2018 Colorado Medicaid Weighted Average		**54.23%**
Ages 51 to 64 Years		
DHMP	69	40.58%
RMHP Prime	79	53.16%
HEDIS 2020 Colorado Medicaid Weighted Average		**47.30%**
HEDIS 2019 Colorado Medicaid Weighted Average		**50.35%**
HEDIS 2018 Colorado Medicaid Weighted Average		**48.18%**
Total[1]		
DHMP	470	46.60%
RMHP Prime	312	48.40%
HEDIS 2020 Colorado Medicaid Weighted Average		**47.31%**
HEDIS 2019 Colorado Medicaid Weighted Average		**49.08%**
HEDIS 2018 Colorado Medicaid Weighted Average		**59.69%**
Use of Spirometry Testing in the Assessment and Diagnosis of COPD		
DHMP	168	26.19%
RMHP Prime	241	29.46%
HEDIS 2020 Colorado Medicaid Weighted Average		**28.12%**
HEDIS 2019 Colorado Medicaid Weighted Average		**29.47%**
HEDIS 2018 Colorado Medicaid Weighted Average		**31.48%**

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

[1] *Due to differences in member eligibility for children in RMHP Prime, rates may not be comparable to DHMP's rates.*

[2] *Due to changes in the technical specifications for this measure, NCQA recommends that trending between 2020 and prior years be considered with caution.*

— 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.*

Antibiotic Stewardship Performance Measure Results

**Table A–5—Antibiotic Stewardship Performance Measure Results—
MCO-Specific Rates and Colorado Medicaid Weighted Averages**

Medicaid Plan	Eligible Population	Rate
Appropriate Testing for Pharyngitis		
Ages 3 to 17 Years		
DHMP	889	88.19%
RMHP Prime	—	NA
HEDIS 2020 Colorado Medicaid Weighted Average		**87.92%**
HEDIS 2019 Colorado Medicaid Weighted Average		—
HEDIS 2018 Colorado Medicaid Weighted Average		—
Ages 18 to 64 Years		
DHMP	579	81.69%
RMHP Prime	731	73.73%
HEDIS 2020 Colorado Medicaid Weighted Average		**77.25%**
HEDIS 2019 Colorado Medicaid Weighted Average		—
HEDIS 2018 Colorado Medicaid Weighted Average		—
Ages 65 Years and Older		
DHMP	—	NA
RMHP Prime	—	NA
HEDIS 2020 Colorado Medicaid Weighted Average		**NA**
HEDIS 2019 Colorado Medicaid Weighted Average		—
HEDIS 2018 Colorado Medicaid Weighted Average		—
Total		
DHMP	1,470	85.51%
RMHP Prime	744	73.66%
HEDIS 2020 Colorado Medicaid Weighted Average		**81.53%**
HEDIS 2019 Colorado Medicaid Weighted Average		—
HEDIS 2018 Colorado Medicaid Weighted Average		—
Appropriate Treatment for Upper Respiratory Infection		
Ages 3 Months to 17 Years		
DHMP	3,572	97.82%
RMHP Prime	77	96.10%
HEDIS 2020 Colorado Medicaid Weighted Average		**97.78%**
HEDIS 2019 Colorado Medicaid Weighted Average		—
HEDIS 2018 Colorado Medicaid Weighted Average		—

Medicaid Plan	Eligible Population	Rate
Ages 18 to 64 Years		
DHMP	1,660	93.13%
RMHP Prime	1,672	87.62%
HEDIS 2020 Colorado Medicaid Weighted Average		**90.37%**
HEDIS 2019 Colorado Medicaid Weighted Average		—
HEDIS 2018 Colorado Medicaid Weighted Average		—
Ages 65 Years and Older		
DHMP	51	98.04%
RMHP Prime	37	100.00%
HEDIS 2020 Colorado Medicaid Weighted Average		**98.86%**
HEDIS 2019 Colorado Medicaid Weighted Average		—
HEDIS 2018 Colorado Medicaid Weighted Average		—
Total		
DHMP	5,283	96.35%
RMHP Prime	1,786	88.24%
HEDIS 2020 Colorado Medicaid Weighted Average		**94.30%**
HEDIS 2019 Colorado Medicaid Weighted Average		—
HEDIS 2018 Colorado Medicaid Weighted Average		—
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis		
Ages 3 Months to 17 Years		
DHMP	337	95.25%
RMHP Prime	—	NA
HEDIS 2020 Colorado Medicaid Weighted Average		**94.19%**
HEDIS 2019 Colorado Medicaid Weighted Average		—
HEDIS 2018 Colorado Medicaid Weighted Average		—
Ages 18 to 64 Years		
DHMP	221	55.66%
RMHP Prime	548	46.17%
HEDIS 2020 Colorado Medicaid Weighted Average		**48.89%**
HEDIS 2019 Colorado Medicaid Weighted Average		—
HEDIS 2018 Colorado Medicaid Weighted Average		—
Ages 65 Years and Older		
DHMP	—	NA
RMHP Prime	—	NA
HEDIS 2020 Colorado Medicaid Weighted Average		**NA**

Medicaid Plan	Eligible Population	Rate
HEDIS 2019 Colorado Medicaid Weighted Average		—
HEDIS 2018 Colorado Medicaid Weighted Average		—
Total		
DHMP	564	79.61%
RMHP Prime	575	47.83%
HEDIS 2020 Colorado Medicaid Weighted Average		**63.56%**
HEDIS 2019 Colorado Medicaid Weighted Average		—
HEDIS 2018 Colorado Medicaid Weighted Average		—
Antibiotic Utilization*		
Average Scripts PMPY for Antibiotics of Concern—Ages 0 to 9 Years		
DHMP	209,553	0.06
RMHP Prime	2,153	0.44
HEDIS 2020 Colorado Medicaid Weighted Average		**0.06**
HEDIS 2019 Colorado Medicaid Weighted Average		**0.06**
HEDIS 2018 Colorado Medicaid Weighted Average		**0.05**
Average Scripts PMPY for Antibiotics of Concern—Ages 10 to 17 Years		
DHMP	165,822	0.04
RMHP Prime	3,032	0.22
HEDIS 2020 Colorado Medicaid Weighted Average		**0.04**
HEDIS 2019 Colorado Medicaid Weighted Average		**0.04**
HEDIS 2018 Colorado Medicaid Weighted Average		**0.03**
Average Scripts PMPY for Antibiotics of Concern—Ages 18 to 34 Years		
DHMP	278,419	0.11
RMHP Prime	173,511	0.22
HEDIS 2020 Colorado Medicaid Weighted Average		**0.15**
HEDIS 2019 Colorado Medicaid Weighted Average		**0.15**
HEDIS 2018 Colorado Medicaid Weighted Average		**0.16**
Average Scripts PMPY for Antibiotics of Concern—Ages 35 to 49 Years		
DHMP	155,193	0.14
RMHP Prime	117,645	0.28
HEDIS 2020 Colorado Medicaid Weighted Average		**0.20**
HEDIS 2019 Colorado Medicaid Weighted Average		**0.19**
HEDIS 2018 Colorado Medicaid Weighted Average		**0.21**

Medicaid Plan	Eligible Population	Rate
Average Scripts PMPY for Antibiotics of Concern—Ages 50 to 64 Years		
DHMP	105,020	0.19
RMHP Prime	96,664	0.32
HEDIS 2020 Colorado Medicaid Weighted Average		**0.25**
HEDIS 2019 Colorado Medicaid Weighted Average		**0.24**
HEDIS 2018 Colorado Medicaid Weighted Average		**0.27**
Average Scripts PMPY for Antibiotics of Concern—Ages 65 to 74 Years		
DHMP	18,586	0.07
RMHP Prime	10,717	0.02
HEDIS 2020 Colorado Medicaid Weighted Average		**0.05**
HEDIS 2019 Colorado Medicaid Weighted Average		**0.03**
HEDIS 2018 Colorado Medicaid Weighted Average		**0.04**
Average Scripts PMPY for Antibiotics of Concern—Ages 75 to 84 Years		
DHMP	10,766	0.08
RMHP Prime	5,630	0.01
HEDIS 2020 Colorado Medicaid Weighted Average		**0.05**
HEDIS 2019 Colorado Medicaid Weighted Average		**0.01**
HEDIS 2018 Colorado Medicaid Weighted Average		**0.06**
Average Scripts PMPY for Antibiotics of Concern—Ages 85+ Years		
DHMP	5,844	0.06
RMHP Prime	3,738	0.01
HEDIS 2020 Colorado Medicaid Weighted Average		**0.04**
HEDIS 2019 Colorado Medicaid Weighted Average		**0.03**
HEDIS 2018 Colorado Medicaid Weighted Average		**0.06**
Average Scripts PMPY for Antibiotics of Concern—Total		
DHMP	949,203	0.10^
RMHP Prime	413,090	0.25^
HEDIS 2020 Colorado Medicaid Weighted Average		**0.14^**
HEDIS 2019 Colorado Medicaid Weighted Average		**0.14**
HEDIS 2018 Colorado Medicaid Weighted Average		**0.14**
Average Days Supplied per Antibiotic Script—Ages 0 to 9 Years		
DHMP	4,193	9.66

Medicaid Plan	Eligible Population	Rate
RMHP Prime	177	20.50
HEDIS 2020 Colorado Medicaid Weighted Average		**10.10**
HEDIS 2019 Colorado Medicaid Weighted Average		**9.95**
HEDIS 2018 Colorado Medicaid Weighted Average		**9.77**
Average Days Supplied per Antibiotic Script—Ages 10 to 17 Years		
DHMP	2,299	10.97
RMHP Prime	168	23.15
HEDIS 2020 Colorado Medicaid Weighted Average		**11.80**
HEDIS 2019 Colorado Medicaid Weighted Average		**11.71**
HEDIS 2018 Colorado Medicaid Weighted Average		**11.03**
Average Days Supplied per Antibiotic Script—Ages 18 to 34 Years		
DHMP	9,569	8.84
RMHP Prime	9,228	17.59
HEDIS 2020 Colorado Medicaid Weighted Average		**13.14**
HEDIS 2019 Colorado Medicaid Weighted Average		**8.72**
HEDIS 2018 Colorado Medicaid Weighted Average		**8.79**
Average Days Supplied per Antibiotic Script—Ages 35 to 49 Years		
DHMP	5,820	9.06
RMHP Prime	6,805	18.10
HEDIS 2020 Colorado Medicaid Weighted Average		**13.93**
HEDIS 2019 Colorado Medicaid Weighted Average		**9.23**
HEDIS 2018 Colorado Medicaid Weighted Average		**9.22**
Average Days Supplied per Antibiotic Script—Ages 50 to 64 Years		
DHMP	4,378	10.45
RMHP Prime	5,805	19.09
HEDIS 2020 Colorado Medicaid Weighted Average		**15.38**
HEDIS 2019 Colorado Medicaid Weighted Average		**9.59**
HEDIS 2018 Colorado Medicaid Weighted Average		**9.64**
Average Days Supplied per Antibiotic Script—Ages 65 to 74 Years		
DHMP	267	13.16
RMHP Prime	47	21.70
HEDIS 2020 Colorado Medicaid Weighted Average		**14.44**

Medicaid Plan	Eligible Population	Rate
HEDIS 2019 Colorado Medicaid Weighted Average		**9.55**
HEDIS 2018 Colorado Medicaid Weighted Average		**9.20**
Average Days Supplied per Antibiotic Script—Ages 75 to 84 Years		
DHMP	172	12.26
RMHP Prime	10	16.80
HEDIS 2020 Colorado Medicaid Weighted Average		**12.51**
HEDIS 2019 Colorado Medicaid Weighted Average		**7.43**
HEDIS 2018 Colorado Medicaid Weighted Average		**11.03**
Average Days Supplied per Antibiotic Script—Ages 85+ Years		
DHMP	56	14.32
RMHP Prime	11	12.00
HEDIS 2020 Colorado Medicaid Weighted Average		**13.94**
HEDIS 2019 Colorado Medicaid Weighted Average		**6.11**
HEDIS 2018 Colorado Medicaid Weighted Average		**12.20**
Average Days Supplied per Antibiotic Script—Total		
DHMP	26,754	9.54
RMHP Prime	22,251	18.21
HEDIS 2020 Colorado Medicaid Weighted Average		**13.48**
HEDIS 2019 Colorado Medicaid Weighted Average		**9.29**
HEDIS 2018 Colorado Medicaid Weighted Average		**9.29**
Average Scripts PMPY for Antibiotics—Ages 0 to 9 Years		
DHMP	209,553	0.24
RMHP Prime	2,153	0.99
HEDIS 2020 Colorado Medicaid Weighted Average		**0.25**
HEDIS 2019 Colorado Medicaid Weighted Average		**0.24**
HEDIS 2018 Colorado Medicaid Weighted Average		**0.23**
Average Scripts PMPY for Antibiotics—Ages 10 to 17 Years		
DHMP	165,822	0.17
RMHP Prime	3,032	0.66
HEDIS 2020 Colorado Medicaid Weighted Average		**0.18**
HEDIS 2019 Colorado Medicaid Weighted Average		**0.16**
HEDIS 2018 Colorado Medicaid Weighted Average		**0.15**
Average Scripts PMPY for Antibiotics—Ages 18 to 34 Years		
DHMP	278,419	0.41
RMHP Prime	173,511	0.64

Medicaid Plan	Eligible Population	Rate
HEDIS 2020 Colorado Medicaid Weighted Average		**0.50**
HEDIS 2019 Colorado Medicaid Weighted Average		**0.49**
HEDIS 2018 Colorado Medicaid Weighted Average		**0.51**
Average Scripts PMPY for Antibiotics—Ages 35 to 49 Years		
DHMP	155,193	0.45
RMHP Prime	117,645	0.69
HEDIS 2020 Colorado Medicaid Weighted Average		**0.56**
HEDIS 2019 Colorado Medicaid Weighted Average		**0.53**
HEDIS 2018 Colorado Medicaid Weighted Average		**0.58**
Average Scripts PMPY for Antibiotics—Ages 50 to 64 Years		
DHMP	105,020	0.50
RMHP Prime	96,664	0.72
HEDIS 2020 Colorado Medicaid Weighted Average		**0.61**
HEDIS 2019 Colorado Medicaid Weighted Average		**0.58**
HEDIS 2018 Colorado Medicaid Weighted Average		**0.63**
Average Scripts PMPY for Antibiotics—Ages 65 to 74 Years		
DHMP	18,586	0.17
RMHP Prime	10,717	0.05
HEDIS 2020 Colorado Medicaid Weighted Average		**0.13**
HEDIS 2019 Colorado Medicaid Weighted Average		**0.07**
HEDIS 2018 Colorado Medicaid Weighted Average		**0.10**
Average Scripts PMPY for Antibiotics—Ages 75 to 84 Years		
DHMP	10,766	0.19
RMHP Prime	5,630	0.02
HEDIS 2020 Colorado Medicaid Weighted Average		**0.13**
HEDIS 2019 Colorado Medicaid Weighted Average		**0.04**
HEDIS 2018 Colorado Medicaid Weighted Average		**0.13**
Average Scripts PMPY for Antibiotics—Ages 85+ Years		
DHMP	5,844	0.11
RMHP Prime	3,738	0.04
HEDIS 2020 Colorado Medicaid Weighted Average		**0.08**
HEDIS 2019 Colorado Medicaid Weighted Average		**0.06**
HEDIS 2018 Colorado Medicaid Weighted Average		**0.13**
Average Scripts PMPY for Antibiotics—Total		
DHMP	949,203	0.34^
RMHP Prime	413,090	0.65^

Medicaid Plan	Eligible Population	Rate
HEDIS 2020 Colorado Medicaid Weighted Average		**0.43^**
HEDIS 2019 Colorado Medicaid Weighted Average		**0.41**
HEDIS 2018 Colorado Medicaid Weighted Average		**0.42**
Percentage of Antibiotics of Concern of All Antibiotic Scripts—Ages 0 to 9 Years		
DHMP	4,193	23.18%
RMHP Prime	177	44.63%
HEDIS 2020 Colorado Medicaid Weighted Average		**24.05%**
HEDIS 2019 Colorado Medicaid Weighted Average		**23.98%**
HEDIS 2018 Colorado Medicaid Weighted Average		**21.79%**
Percentage of Antibiotics of Concern of All Antibiotic Scripts—Ages 10 to 17 Years		
DHMP	2,299	23.10%
RMHP Prime	168	33.33%
HEDIS 2020 Colorado Medicaid Weighted Average		**23.79%**
HEDIS 2019 Colorado Medicaid Weighted Average		**25.41%**
HEDIS 2018 Colorado Medicaid Weighted Average		**21.00%**
Percentage of Antibiotics of Concern of All Antibiotic Scripts—Ages 18 to 34 Years		
DHMP	9,569	27.28%
RMHP Prime	9,228	34.38%
HEDIS 2020 Colorado Medicaid Weighted Average		**30.77%**
HEDIS 2019 Colorado Medicaid Weighted Average		**31.15%**
HEDIS 2018 Colorado Medicaid Weighted Average		**31.20%**
Percentage of Antibiotics of Concern of All Antibiotic Scripts—Ages 35 to 49 Years		
DHMP	5,820	30.79%
RMHP Prime	6,805	40.54%
HEDIS 2020 Colorado Medicaid Weighted Average		**36.05%**
HEDIS 2019 Colorado Medicaid Weighted Average		**36.65%**
HEDIS 2018 Colorado Medicaid Weighted Average		**35.66%**
Percentage of Antibiotics of Concern of All Antibiotic Scripts—Ages 50 to 64 Years		
DHMP	4,378	37.46%
RMHP Prime	5,805	44.08%
HEDIS 2020 Colorado Medicaid Weighted Average		**41.24%**
HEDIS 2019 Colorado Medicaid Weighted Average		**41.26%**

Medicaid Plan	Eligible Population	Rate
HEDIS 2018 Colorado Medicaid Weighted Average		**42.53%**
Percentage of Antibiotics of Concern of All Antibiotic Scripts—Ages 65 to 74 Years		
DHMP	267	41.95%
RMHP Prime	47	42.55%
HEDIS 2020 Colorado Medicaid Weighted Average		**42.04%**
HEDIS 2019 Colorado Medicaid Weighted Average		**40.37%**
HEDIS 2018 Colorado Medicaid Weighted Average		**41.95%**
Percentage of Antibiotics of Concern of All Antibiotic Scripts—Ages 75 to 84 Years		
DHMP	172	40.70%
RMHP Prime	10	30.00%
HEDIS 2020 Colorado Medicaid Weighted Average		**40.11%**
HEDIS 2019 Colorado Medicaid Weighted Average		**35.29%**
HEDIS 2018 Colorado Medicaid Weighted Average		**44.94%**
Percentage of Antibiotics of Concern of All Antibiotic Scripts—Ages 85+ Years		
DHMP	56	50.00%
RMHP Prime	11	27.27%
HEDIS 2020 Colorado Medicaid Weighted Average		**46.27%**
HEDIS 2019 Colorado Medicaid Weighted Average		**46.67%**
HEDIS 2018 Colorado Medicaid Weighted Average		**42.39%**
Percentage of Antibiotics of Concern of All Antibiotic Scripts—Total		
DHMP	26,754	28.99%^
RMHP Prime	22,251	38.88%^
HEDIS 2020 Colorado Medicaid Weighted Average		**33.48%^**
HEDIS 2019 Colorado Medicaid Weighted Average		**33.58%**
HEDIS 2018 Colorado Medicaid Weighted Average		**33.25%**

* For this indicator, a lower rate indicates better performance.
[1] Due to differences in member eligibility for children in RMHP Prime, rates may not be comparable to DHMP's rates.
[2] Due to changes in the technical specifications for this measure, NCQA recommends a break in trending between 2020 and prior years; therefore, prior years' rates are not displayed.
— 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.*

Opioids Performance Measure Results

Table A–6—Opioids Performance Measure Results—
MCO-Specific Rates and Colorado Medicaid Weighted Averages

Medicaid Plan	Eligible Population	Rate
*Use of Opioids at High Dosage**		
DHMP	1,129	5.85%
RMHP Prime	1,471	8.84%
HEDIS 2020 Colorado Medicaid Weighted Average		**7.54%**
HEDIS 2019 Colorado Medicaid Weighted Average		**—**
HEDIS 2018 Colorado Medicaid Weighted Average		**—**
*Use of Opioids From Multiple Providers**		
Multiple Pharmacies		
DHMP	1,248	6.17%
RMHP Prime	1,675	1.91%^
HEDIS 2020 Colorado Medicaid Weighted Average		**3.73%^**
HEDIS 2019 Colorado Medicaid Weighted Average		**8.23%**
HEDIS 2018 Colorado Medicaid Weighted Average		**—**
Multiple Prescribers		
DHMP	1,248	16.11%^
RMHP Prime	1,675	57.73%
HEDIS 2020 Colorado Medicaid Weighted Average		**39.96%**
HEDIS 2019 Colorado Medicaid Weighted Average		**22.10%**
HEDIS 2018 Colorado Medicaid Weighted Average		**—**
Multiple Prescribers and Multiple Pharmacies		
DHMP	1,248	4.41%
RMHP Prime	1,675	1.91%^
HEDIS 2020 Colorado Medicaid Weighted Average		**2.98%^**
HEDIS 2019 Colorado Medicaid Weighted Average		**4.59%**
HEDIS 2018 Colorado Medicaid Weighted Average		**—**
Risk of Continued Opioid Use		
*At Least 15 Days Covered—Ages 18 to 64 Years**		
DHMP	2,957	4.94%^
RMHP Prime	3,571	12.99%
HEDIS 2020 Colorado Medicaid Weighted Average		**9.34%**
HEDIS 2019 Colorado Medicaid Weighted Average		**—**
HEDIS 2018 Colorado Medicaid Weighted Average		**—**

Medicaid Plan	Eligible Population	Rate
At Least 15 Days Covered—Ages 65+ Years*		
DHMP	61	27.87%
RMHP Prime	—	NA
HEDIS 2020 Colorado Medicaid Weighted Average		**27.69%**
HEDIS 2019 Colorado Medicaid Weighted Average		—
HEDIS 2018 Colorado Medicaid Weighted Average		—
At Least 15 Days Covered—Total*		
DHMP	3,018	5.40%^
RMHP Prime	3,575	13.01%
HEDIS 2020 Colorado Medicaid Weighted Average		**9.53%**
HEDIS 2019 Colorado Medicaid Weighted Average		—
HEDIS 2018 Colorado Medicaid Weighted Average		—
At Least 31 Days Covered—Ages 18 to 64 Years*		
DHMP	2,957	2.06%^
RMHP Prime	3,571	4.23%
HEDIS 2020 Colorado Medicaid Weighted Average		**3.25%^**
HEDIS 2019 Colorado Medicaid Weighted Average		—
HEDIS 2018 Colorado Medicaid Weighted Average		—
At Least 31 Days Covered—Ages 65+ Years*		
DHMP	61	16.39%
RMHP Prime	—	NA
HEDIS 2020 Colorado Medicaid Weighted Average		**16.92%**
HEDIS 2019 Colorado Medicaid Weighted Average		—
HEDIS 2018 Colorado Medicaid Weighted Average		—
At Least 31 Days Covered—Total*		
DHMP	3,018	2.35%^
RMHP Prime	3,575	4.25%
HEDIS 2020 Colorado Medicaid Weighted Average		**3.38%^**
HEDIS 2019 Colorado Medicaid Weighted Average		—
HEDIS 2018 Colorado Medicaid Weighted Average		—
Pharmacotherapy for Opioid Use Disorder		
Ages 16 to 64 Years		
DHMP	176	15.91%
RMHP Prime	261	54.02%
HEDIS 2020 Colorado Medicaid Weighted Average		**38.67%**
HEDIS 2019 Colorado Medicaid Weighted Average		—
HEDIS 2018 Colorado Medicaid Weighted Average		—

Medicaid Plan	Eligible Population	Rate
Ages 65+ Years		
DHMP	—	NA
RMHP Prime	—	NA
HEDIS 2020 Colorado Medicaid Weighted Average		**NA**
HEDIS 2019 Colorado Medicaid Weighted Average		—
HEDIS 2018 Colorado Medicaid Weighted Average		—
Total		
DHMP	176	15.91%
RMHP Prime	261	54.02%
HEDIS 2020 Colorado Medicaid Weighted Average		**38.67%**
HEDIS 2019 Colorado Medicaid Weighted Average		—
HEDIS 2018 Colorado Medicaid Weighted Average		—

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

[1] Due to changes in the technical specifications for this measure, NCQA recommends a break in trending between 2020 and prior years; therefore, prior years' rates are not displayed.

— 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–7—Use of Services Measure Results—MCO-Specific Rates and Colorado Medicaid Weighted Averages

Medicaid Plan	Rate
Ambulatory Care (Per 1,000 Member Months)	
Emergency Department Visits—Age <1 Year,[1]*	
DHMP	73.94
RMHP Prime	NA
HEDIS 2020 Colorado Medicaid Weighted Average	**73.91**
HEDIS 2019 Colorado Medicaid Weighted Average	**71.61**
HEDIS 2018 Colorado Medicaid Weighted Average	**69.67**
Emergency Department Visits—Ages 1 to 9 Years,[1]*	
DHMP	32.74
RMHP Prime	35.95
HEDIS 2020 Colorado Medicaid Weighted Average	**32.78**
HEDIS 2019 Colorado Medicaid Weighted Average	**33.19**
HEDIS 2018 Colorado Medicaid Weighted Average	**32.49**
Emergency Department Visits—Ages 10 to 19 Years,[1]*	
DHMP	25.80
RMHP Prime	59.24
HEDIS 2020 Colorado Medicaid Weighted Average	**27.86**
HEDIS 2019 Colorado Medicaid Weighted Average	**26.85**
HEDIS 2018 Colorado Medicaid Weighted Average	**26.46**
*Emergency Department Visits—Ages 20 to 44 Years**	
DHMP	54.13
RMHP Prime	60.58
HEDIS 2020 Colorado Medicaid Weighted Average	**56.78**
HEDIS 2019 Colorado Medicaid Weighted Average	**57.01**
HEDIS 2018 Colorado Medicaid Weighted Average	**57.46**
*Emergency Department Visits—Ages 45 to 64 Years**	
DHMP	61.94
RMHP Prime	58.52
HEDIS 2020 Colorado Medicaid Weighted Average	**60.31**
HEDIS 2019 Colorado Medicaid Weighted Average	**57.97**
HEDIS 2018 Colorado Medicaid Weighted Average	**57.02**
*Emergency Department Visits—Ages 65 to 74 Years**	
DHMP	44.66
RMHP Prime	72.72
HEDIS 2020 Colorado Medicaid Weighted Average	**56.62**
HEDIS 2019 Colorado Medicaid Weighted Average	**55.51**

Medicaid Plan	Rate
HEDIS 2018 Colorado Medicaid Weighted Average	**53.40**
Emergency Department Visits—Ages 75 to 84 Years*	
DHMP	37.43
RMHP Prime	65.47
HEDIS 2020 Colorado Medicaid Weighted Average	**49.37**
HEDIS 2019 Colorado Medicaid Weighted Average	**48.66**
HEDIS 2018 Colorado Medicaid Weighted Average	**44.79**
Emergency Department Visits—Ages 85+ Years*	
DHMP	26.01
RMHP Prime	59.80
HEDIS 2020 Colorado Medicaid Weighted Average	**41.76**
HEDIS 2019 Colorado Medicaid Weighted Average	**42.93**
HEDIS 2018 Colorado Medicaid Weighted Average	**40.85**
Emergency Department Visits—Total*,[1]	
DHMP	45.35
RMHP Prime	60.25
HEDIS 2020 Colorado Medicaid Weighted Average	**49.97**
HEDIS 2019 Colorado Medicaid Weighted Average	**49.10**
HEDIS 2018 Colorado Medicaid Weighted Average	**48.02**
Outpatient Visits—Age <1 Year[1]	
DHMP	673.32
RMHP Prime	NA
HEDIS 2020 Colorado Medicaid Weighted Average	**673.16**
HEDIS 2019 Colorado Medicaid Weighted Average	**562.35**
HEDIS 2018 Colorado Medicaid Weighted Average	**492.51**
Outpatient Visits—Ages 1 to 9 Years[1]	
DHMP	180.99
RMHP Prime	505.14
HEDIS 2020 Colorado Medicaid Weighted Average	**184.76**
HEDIS 2019 Colorado Medicaid Weighted Average	**179.92**
HEDIS 2018 Colorado Medicaid Weighted Average	**167.22**
Outpatient Visits—Ages 10 to 19 Years[1]	
DHMP	170.43
RMHP Prime	266.43
HEDIS 2020 Colorado Medicaid Weighted Average	**176.33**
HEDIS 2019 Colorado Medicaid Weighted Average	**169.55**
HEDIS 2018 Colorado Medicaid Weighted Average	**156.83**

Medicaid Plan	Rate
Outpatient Visits—Ages 20 to 44 Years	
DHMP	177.10
RMHP Prime	246.78
HEDIS 2020 Colorado Medicaid Weighted Average	**205.74**
HEDIS 2019 Colorado Medicaid Weighted Average	**192.12**
HEDIS 2018 Colorado Medicaid Weighted Average	**184.83**
Outpatient Visits—Ages 45 to 64 Years	
DHMP	309.42
RMHP Prime	463.27
HEDIS 2020 Colorado Medicaid Weighted Average	**382.76**
HEDIS 2019 Colorado Medicaid Weighted Average	**371.45**
HEDIS 2018 Colorado Medicaid Weighted Average	**345.59**
Outpatient Visits—Ages 65 to 74 Years	
DHMP	323.42
RMHP Prime	687.89
HEDIS 2020 Colorado Medicaid Weighted Average	**478.76**
HEDIS 2019 Colorado Medicaid Weighted Average	**455.97**
HEDIS 2018 Colorado Medicaid Weighted Average	**453.12**
Outpatient Visits—Ages 75 to 84 Years	
DHMP	321.20
RMHP Prime	675.80
HEDIS 2020 Colorado Medicaid Weighted Average	**472.25**
HEDIS 2019 Colorado Medicaid Weighted Average	**493.93**
HEDIS 2018 Colorado Medicaid Weighted Average	**453.14**
Outpatient Visits—Ages 85+ Years	
DHMP	203.29
RMHP Prime	552.75
HEDIS 2020 Colorado Medicaid Weighted Average	**366.14**
HEDIS 2019 Colorado Medicaid Weighted Average	**396.80**
HEDIS 2018 Colorado Medicaid Weighted Average	**354.62**
Outpatient Visits—Total[1]	
DHMP	215.69
RMHP Prime	341.87
HEDIS 2020 Colorado Medicaid Weighted Average	**254.83**
HEDIS 2019 Colorado Medicaid Weighted Average	**239.73**
HEDIS 2018 Colorado Medicaid Weighted Average	**222.58**

Medicaid Plan	Rate
Inpatient Utilization—General Hospital/Acute Care	
Discharges per 1,000 Member Months (Total Inpatient)—Age <1 Year[1]	
DHMP	10.94
RMHP Prime	NA
HEDIS 2020 Colorado Medicaid Weighted Average	**10.94**
HEDIS 2019 Colorado Medicaid Weighted Average	**6.53**
HEDIS 2018 Colorado Medicaid Weighted Average	**6.61**
Discharges per 1,000 Member Months (Total Inpatient)—Ages 1 to 9 Years[1]	
DHMP	1.51
RMHP Prime	6.07
HEDIS 2020 Colorado Medicaid Weighted Average	**1.57**
HEDIS 2019 Colorado Medicaid Weighted Average	**1.51**
HEDIS 2018 Colorado Medicaid Weighted Average	**1.38**
Discharges per 1,000 Member Months (Total Inpatient)—Ages 10 to 19 Years[1]	
DHMP	1.48
RMHP Prime	9.20
HEDIS 2020 Colorado Medicaid Weighted Average	**1.96**
HEDIS 2019 Colorado Medicaid Weighted Average	**1.77**
HEDIS 2018 Colorado Medicaid Weighted Average	**1.68**
Discharges per 1,000 Member Months (Total Inpatient)—Ages 20 to 44 Years	
DHMP	6.73
RMHP Prime	7.75
HEDIS 2020 Colorado Medicaid Weighted Average	**7.15**
HEDIS 2019 Colorado Medicaid Weighted Average	**6.68**
HEDIS 2018 Colorado Medicaid Weighted Average	**6.53**
Discharges per 1,000 Member Months (Total Inpatient)—Ages 45 to 64 Years	
DHMP	11.78
RMHP Prime	11.63
HEDIS 2020 Colorado Medicaid Weighted Average	**11.71**
HEDIS 2019 Colorado Medicaid Weighted Average	**10.89**
HEDIS 2018 Colorado Medicaid Weighted Average	**10.13**
Discharges per 1,000 Member Months (Total Inpatient)—Ages 65 to 74 Years	
DHMP	13.67
RMHP Prime	23.61
HEDIS 2020 Colorado Medicaid Weighted Average	**17.91**
HEDIS 2019 Colorado Medicaid Weighted Average	**15.18**
HEDIS 2018 Colorado Medicaid Weighted Average	**15.21**
Discharges per 1,000 Member Months (Total Inpatient)—Ages 75 to 84 Years	
DHMP	14.40

Medicaid Plan	Rate
RMHP Prime	25.66
HEDIS 2020 Colorado Medicaid Weighted Average	**19.19**
HEDIS 2019 Colorado Medicaid Weighted Average	**17.37**
HEDIS 2018 Colorado Medicaid Weighted Average	**15.70**
Discharges per 1,000 Member Months (Total Inpatient)—Ages 85+ Years	
DHMP	12.15
RMHP Prime	18.04
HEDIS 2020 Colorado Medicaid Weighted Average	**14.89**
HEDIS 2019 Colorado Medicaid Weighted Average	**15.04**
HEDIS 2018 Colorado Medicaid Weighted Average	**16.98**
Discharges per 1,000 Member Months (Total Inpatient)—Total[1]	
DHMP	5.79
RMHP Prime	9.96
HEDIS 2020 Colorado Medicaid Weighted Average	**7.08**
HEDIS 2019 Colorado Medicaid Weighted Average	**6.34**
HEDIS 2018 Colorado Medicaid Weighted Average	**5.88**
Days per 1,000 Member Months (Total Inpatient)—Age <1 Year[1]	
DHMP	37.96
RMHP Prime	NA
HEDIS 2020 Colorado Medicaid Weighted Average	**37.94**
HEDIS 2019 Colorado Medicaid Weighted Average	**28.93**
HEDIS 2018 Colorado Medicaid Weighted Average	**43.69**
Days per 1,000 Member Months (Total Inpatient)—Ages 1 to 9 Years[1]	
DHMP	3.54
RMHP Prime	23.81
HEDIS 2020 Colorado Medicaid Weighted Average	**3.77**
HEDIS 2019 Colorado Medicaid Weighted Average	**5.00**
HEDIS 2018 Colorado Medicaid Weighted Average	**4.35**
Days per 1,000 Member Months (Total Inpatient)—Ages 10 to 19 Years[1]	
DHMP	3.86
RMHP Prime	37.35
HEDIS 2020 Colorado Medicaid Weighted Average	**5.92**
HEDIS 2019 Colorado Medicaid Weighted Average	**6.37**
HEDIS 2018 Colorado Medicaid Weighted Average	**6.02**
Days per 1,000 Member Months (Total Inpatient)—Ages 20 to 44 Years	
DHMP	24.35
RMHP Prime	26.67
HEDIS 2020 Colorado Medicaid Weighted Average	**25.30**
HEDIS 2019 Colorado Medicaid Weighted Average	**22.62**

Medicaid Plan	Rate
HEDIS 2018 Colorado Medicaid Weighted Average	**21.37**
Days per 1,000 Member Months (Total Inpatient)—Ages 45 to 64 Years	
DHMP	67.97
RMHP Prime	58.64
HEDIS 2020 Colorado Medicaid Weighted Average	**63.52**
HEDIS 2019 Colorado Medicaid Weighted Average	**57.16**
HEDIS 2018 Colorado Medicaid Weighted Average	**54.66**
Days per 1,000 Member Months (Total Inpatient)—Ages 65 to 74 Years	
DHMP	97.60
RMHP Prime	130.09
HEDIS 2020 Colorado Medicaid Weighted Average	**111.45**
HEDIS 2019 Colorado Medicaid Weighted Average	**79.03**
HEDIS 2018 Colorado Medicaid Weighted Average	**80.11**
Days per 1,000 Member Months (Total Inpatient)—Ages 75 to 84 Years	
DHMP	77.37
RMHP Prime	121.17
HEDIS 2020 Colorado Medicaid Weighted Average	**96.03**
HEDIS 2019 Colorado Medicaid Weighted Average	**82.57**
HEDIS 2018 Colorado Medicaid Weighted Average	**82.16**
Days per 1,000 Member Months (Total Inpatient)—Ages 85+ Years	
DHMP	68.28
RMHP Prime	72.55
HEDIS 2020 Colorado Medicaid Weighted Average	**70.27**
HEDIS 2019 Colorado Medicaid Weighted Average	**68.94**
HEDIS 2018 Colorado Medicaid Weighted Average	**82.98**
Days per 1,000 Member Months (Total Inpatient)—Total[1]	
DHMP	25.48
RMHP Prime	42.57
HEDIS 2020 Colorado Medicaid Weighted Average	**30.78**
HEDIS 2019 Colorado Medicaid Weighted Average	**26.58**
HEDIS 2018 Colorado Medicaid Weighted Average	**24.87**
Average Length of Stay (Total Inpatient)—Age <1 Year[1]	
DHMP	3.47
RMHP Prime	NA
HEDIS 2020 Colorado Medicaid Weighted Average	**3.47**
HEDIS 2019 Colorado Medicaid Weighted Average	**4.43**
HEDIS 2018 Colorado Medicaid Weighted Average	**6.61**

Medicaid Plan	Rate
Average Length of Stay (Total Inpatient)—Ages 1 to 9 Years[1]	
DHMP	2.34
RMHP Prime	3.92
HEDIS 2020 Colorado Medicaid Weighted Average	**2.41**
HEDIS 2019 Colorado Medicaid Weighted Average	**3.31**
HEDIS 2018 Colorado Medicaid Weighted Average	**3.15**
Average Length of Stay (Total Inpatient)—Ages 10 to 19 Years[1]	
DHMP	2.60
RMHP Prime	4.06
HEDIS 2020 Colorado Medicaid Weighted Average	**3.02**
HEDIS 2019 Colorado Medicaid Weighted Average	**3.60**
HEDIS 2018 Colorado Medicaid Weighted Average	**3.59**
Average Length of Stay (Total Inpatient)—Ages 20 to 44 Years	
DHMP	3.62
RMHP Prime	3.44
HEDIS 2020 Colorado Medicaid Weighted Average	**3.54**
HEDIS 2019 Colorado Medicaid Weighted Average	**3.39**
HEDIS 2018 Colorado Medicaid Weighted Average	**3.27**
Average Length of Stay (Total Inpatient)—Ages 45 to 64 Years	
DHMP	5.77
RMHP Prime	5.04
HEDIS 2020 Colorado Medicaid Weighted Average	**5.43**
HEDIS 2019 Colorado Medicaid Weighted Average	**5.25**
HEDIS 2018 Colorado Medicaid Weighted Average	**5.39**
Average Length of Stay (Total Inpatient)—Ages 65 to 74 Years	
DHMP	7.14
RMHP Prime	5.51
HEDIS 2020 Colorado Medicaid Weighted Average	**6.22**
HEDIS 2019 Colorado Medicaid Weighted Average	**5.21**
HEDIS 2018 Colorado Medicaid Weighted Average	**5.27**
Average Length of Stay (Total Inpatient)—Ages 75 to 84 Years	
DHMP	5.37
RMHP Prime	4.72
HEDIS 2020 Colorado Medicaid Weighted Average	**5.00**
HEDIS 2019 Colorado Medicaid Weighted Average	**4.75**
HEDIS 2018 Colorado Medicaid Weighted Average	**5.23**
Average Length of Stay (Total Inpatient)—Ages 85+ Years	
DHMP	5.62
RMHP Prime	4.02

Medicaid Plan	Rate
HEDIS 2020 Colorado Medicaid Weighted Average	**4.72**
HEDIS 2019 Colorado Medicaid Weighted Average	**4.58**
HEDIS 2018 Colorado Medicaid Weighted Average	**4.89**
Average Length of Stay (Total Inpatient)—Total[1]	
DHMP	4.40
RMHP Prime	4.27
HEDIS 2020 Colorado Medicaid Weighted Average	**4.35**
HEDIS 2019 Colorado Medicaid Weighted Average	**4.19**
HEDIS 2018 Colorado Medicaid Weighted Average	**4.23**
Discharges per 1,000 Member Months (Medicine)—Age <1 Year[1]	
DHMP	10.36
RMHP Prime	NA
HEDIS 2020 Colorado Medicaid Weighted Average	**10.35**
HEDIS 2019 Colorado Medicaid Weighted Average	**6.09**
HEDIS 2018 Colorado Medicaid Weighted Average	**5.80**
Discharges per 1,000 Member Months (Medicine)—Ages 1 to 9 Years[1]	
DHMP	1.39
RMHP Prime	3.73
HEDIS 2020 Colorado Medicaid Weighted Average	**1.42**
HEDIS 2019 Colorado Medicaid Weighted Average	**1.28**
HEDIS 2018 Colorado Medicaid Weighted Average	**1.20**
Discharges per 1,000 Member Months (Medicine)—Ages 10 to 19 Years[1]	
DHMP	0.64
RMHP Prime	2.86
HEDIS 2020 Colorado Medicaid Weighted Average	**0.78**
HEDIS 2019 Colorado Medicaid Weighted Average	**0.59**
HEDIS 2018 Colorado Medicaid Weighted Average	**0.54**
Discharges per 1,000 Member Months (Medicine)—Ages 20 to 44 Years	
DHMP	2.58
RMHP Prime	2.24
HEDIS 2020 Colorado Medicaid Weighted Average	**2.44**
HEDIS 2019 Colorado Medicaid Weighted Average	**2.22**
HEDIS 2018 Colorado Medicaid Weighted Average	**2.10**
Discharges per 1,000 Member Months (Medicine)—Ages 45 to 64 Years	
DHMP	8.56
RMHP Prime	7.00
HEDIS 2020 Colorado Medicaid Weighted Average	**7.82**
HEDIS 2019 Colorado Medicaid Weighted Average	**7.52**
HEDIS 2018 Colorado Medicaid Weighted Average	**6.98**

Medicaid Plan	Rate
Discharges per 1,000 Member Months (Medicine)—Ages 65 to 74 Years	
DHMP	10.33
RMHP Prime	16.15
HEDIS 2020 Colorado Medicaid Weighted Average	**12.81**
HEDIS 2019 Colorado Medicaid Weighted Average	**11.26**
HEDIS 2018 Colorado Medicaid Weighted Average	**11.45**
Discharges per 1,000 Member Months (Medicine)—Ages 75 to 84 Years	
DHMP	11.52
RMHP Prime	18.65
HEDIS 2020 Colorado Medicaid Weighted Average	**14.56**
HEDIS 2019 Colorado Medicaid Weighted Average	**13.98**
HEDIS 2018 Colorado Medicaid Weighted Average	**11.87**
Discharges per 1,000 Member Months (Medicine)—Ages 85+ Years	
DHMP	10.10
RMHP Prime	14.90
HEDIS 2020 Colorado Medicaid Weighted Average	**12.34**
HEDIS 2019 Colorado Medicaid Weighted Average	**12.33**
HEDIS 2018 Colorado Medicaid Weighted Average	**13.87**
Discharges per 1,000 Member Months (Medicine)—Total[1]	
DHMP	3.39
RMHP Prime	4.65
HEDIS 2020 Colorado Medicaid Weighted Average	**3.78**
HEDIS 2019 Colorado Medicaid Weighted Average	**3.34**
HEDIS 2018 Colorado Medicaid Weighted Average	**3.04**
Days per 1,000 Member Months (Medicine)—Age <1 Year[1]	
DHMP	31.19
RMHP Prime	NA
HEDIS 2020 Colorado Medicaid Weighted Average	**31.17**
HEDIS 2019 Colorado Medicaid Weighted Average	**24.40**
HEDIS 2018 Colorado Medicaid Weighted Average	**22.50**
Days per 1,000 Member Months (Medicine)—Ages 1 to 9 Years[1]	
DHMP	3.00
RMHP Prime	14.47
HEDIS 2020 Colorado Medicaid Weighted Average	**3.13**
HEDIS 2019 Colorado Medicaid Weighted Average	**3.45**
HEDIS 2018 Colorado Medicaid Weighted Average	**3.27**
Days per 1,000 Member Months (Medicine)—Ages 10 to 19 Years[1]	
DHMP	1.40
RMHP Prime	8.74

Medicaid Plan	Rate
HEDIS 2020 Colorado Medicaid Weighted Average	**1.85**
HEDIS 2019 Colorado Medicaid Weighted Average	**1.89**
HEDIS 2018 Colorado Medicaid Weighted Average	**1.40**
Days per 1,000 Member Months (Medicine)—Ages 20 to 44 Years	
DHMP	8.97
RMHP Prime	7.81
HEDIS 2020 Colorado Medicaid Weighted Average	**8.49**
HEDIS 2019 Colorado Medicaid Weighted Average	**7.79**
HEDIS 2018 Colorado Medicaid Weighted Average	**7.15**
Days per 1,000 Member Months (Medicine)—Ages 45 to 64 Years	
DHMP	39.71
RMHP Prime	29.00
HEDIS 2020 Colorado Medicaid Weighted Average	**34.60**
HEDIS 2019 Colorado Medicaid Weighted Average	**33.59**
HEDIS 2018 Colorado Medicaid Weighted Average	**31.86**
Days per 1,000 Member Months (Medicine)—Ages 65 to 74 Years	
DHMP	57.57
RMHP Prime	77.00
HEDIS 2020 Colorado Medicaid Weighted Average	**65.85**
HEDIS 2019 Colorado Medicaid Weighted Average	**49.28**
HEDIS 2018 Colorado Medicaid Weighted Average	**50.95**
Days per 1,000 Member Months (Medicine)—Ages 75 to 84 Years	
DHMP	52.29
RMHP Prime	81.99
HEDIS 2020 Colorado Medicaid Weighted Average	**64.94**
HEDIS 2019 Colorado Medicaid Weighted Average	**58.85**
HEDIS 2018 Colorado Medicaid Weighted Average	**57.39**
Days per 1,000 Member Months (Medicine)—Ages 85+ Years	
DHMP	46.89
RMHP Prime	53.73
HEDIS 2020 Colorado Medicaid Weighted Average	**50.07**
HEDIS 2019 Colorado Medicaid Weighted Average	**51.28**
HEDIS 2018 Colorado Medicaid Weighted Average	**63.21**
Days per 1,000 Member Months (Medicine)—Total[1]	
DHMP	13.28
RMHP Prime	18.63
HEDIS 2020 Colorado Medicaid Weighted Average	**14.94**
HEDIS 2019 Colorado Medicaid Weighted Average	**13.37**
HEDIS 2018 Colorado Medicaid Weighted Average	**12.22**

Medicaid Plan	Rate
Average Length of Stay (Medicine)—Age <1 Year[1]	
DHMP	3.01
RMHP Prime	NA
HEDIS 2020 Colorado Medicaid Weighted Average	**3.01**
HEDIS 2019 Colorado Medicaid Weighted Average	**4.01**
HEDIS 2018 Colorado Medicaid Weighted Average	**3.88**
Average Length of Stay (Medicine)—Ages 1 to 9 Years[1]	
DHMP	2.16
RMHP Prime	3.88
HEDIS 2020 Colorado Medicaid Weighted Average	**2.21**
HEDIS 2019 Colorado Medicaid Weighted Average	**2.70**
HEDIS 2018 Colorado Medicaid Weighted Average	**2.74**
Average Length of Stay (Medicine)—Ages 10 to 19 Years[1]	
DHMP	2.18
RMHP Prime	3.05
HEDIS 2020 Colorado Medicaid Weighted Average	**2.38**
HEDIS 2019 Colorado Medicaid Weighted Average	**3.19**
HEDIS 2018 Colorado Medicaid Weighted Average	**2.59**
Average Length of Stay (Medicine)—Ages 20 to 44 Years	
DHMP	3.47
RMHP Prime	3.49
HEDIS 2020 Colorado Medicaid Weighted Average	**3.48**
HEDIS 2019 Colorado Medicaid Weighted Average	**3.51**
HEDIS 2018 Colorado Medicaid Weighted Average	**3.41**
Average Length of Stay (Medicine)—Ages 45 to 64 Years	
DHMP	4.64
RMHP Prime	4.14
HEDIS 2020 Colorado Medicaid Weighted Average	**4.43**
HEDIS 2019 Colorado Medicaid Weighted Average	**4.47**
HEDIS 2018 Colorado Medicaid Weighted Average	**4.56**
Average Length of Stay (Medicine)—Ages 65 to 74 Years	
DHMP	5.57
RMHP Prime	4.77
HEDIS 2020 Colorado Medicaid Weighted Average	**5.14**
HEDIS 2019 Colorado Medicaid Weighted Average	**4.38**
HEDIS 2018 Colorado Medicaid Weighted Average	**4.45**
Average Length of Stay (Medicine)—Ages 75 to 84 Years	
DHMP	4.54
RMHP Prime	4.40

Medicaid Plan	Rate
HEDIS 2020 Colorado Medicaid Weighted Average	**4.46**
HEDIS 2019 Colorado Medicaid Weighted Average	**4.21**
HEDIS 2018 Colorado Medicaid Weighted Average	**4.84**
Average Length of Stay (Medicine)—Ages 85+ Years	
DHMP	4.64
RMHP Prime	3.61
HEDIS 2020 Colorado Medicaid Weighted Average	**4.06**
HEDIS 2019 Colorado Medicaid Weighted Average	**4.16**
HEDIS 2018 Colorado Medicaid Weighted Average	**4.56**
Average Length of Stay (Medicine)—Total[1]	
DHMP	3.92
RMHP Prime	4.00
HEDIS 2020 Colorado Medicaid Weighted Average	**3.95**
HEDIS 2019 Colorado Medicaid Weighted Average	**4.01**
HEDIS 2018 Colorado Medicaid Weighted Average	**4.02**
Discharges per 1,000 Member Months (Surgery)—Age <1 Year[1]	
DHMP	0.59
RMHP Prime	NA
HEDIS 2020 Colorado Medicaid Weighted Average	**0.59**
HEDIS 2019 Colorado Medicaid Weighted Average	**0.44**
HEDIS 2018 Colorado Medicaid Weighted Average	**0.81**
Discharges per 1,000 Member Months (Surgery)—Ages 1 to 9 Years[1]	
DHMP	0.13
RMHP Prime	2.33
HEDIS 2020 Colorado Medicaid Weighted Average	**0.15**
HEDIS 2019 Colorado Medicaid Weighted Average	**0.23**
HEDIS 2018 Colorado Medicaid Weighted Average	**0.19**
Discharges per 1,000 Member Months (Surgery)—Ages 10 to 19 Years[1]	
DHMP	0.23
RMHP Prime	0.85
HEDIS 2020 Colorado Medicaid Weighted Average	**0.27**
HEDIS 2019 Colorado Medicaid Weighted Average	**0.25**
HEDIS 2018 Colorado Medicaid Weighted Average	**0.29**
Discharges per 1,000 Member Months (Surgery)—Ages 20 to 44 Years	
DHMP	0.98
RMHP Prime	1.18
HEDIS 2020 Colorado Medicaid Weighted Average	**1.06**
HEDIS 2019 Colorado Medicaid Weighted Average	**0.94**
HEDIS 2018 Colorado Medicaid Weighted Average	**0.86**

Medicaid Plan	Rate
Discharges per 1,000 Member Months (Surgery)—Ages 45 to 64 Years	
DHMP	3.19
RMHP Prime	4.60
HEDIS 2020 Colorado Medicaid Weighted Average	**3.86**
HEDIS 2019 Colorado Medicaid Weighted Average	**3.35**
HEDIS 2018 Colorado Medicaid Weighted Average	**3.12**
Discharges per 1,000 Member Months (Surgery)—Ages 65 to 74 Years	
DHMP	3.34
RMHP Prime	7.46
HEDIS 2020 Colorado Medicaid Weighted Average	**5.09**
HEDIS 2019 Colorado Medicaid Weighted Average	**3.93**
HEDIS 2018 Colorado Medicaid Weighted Average	**3.76**
Discharges per 1,000 Member Months (Surgery)—Ages 75 to 84 Years	
DHMP	2.88
RMHP Prime	7.01
HEDIS 2020 Colorado Medicaid Weighted Average	**4.64**
HEDIS 2019 Colorado Medicaid Weighted Average	**3.40**
HEDIS 2018 Colorado Medicaid Weighted Average	**3.83**
Discharges per 1,000 Member Months (Surgery)—Ages 85+ Years	
DHMP	2.05
RMHP Prime	3.14
HEDIS 2020 Colorado Medicaid Weighted Average	**2.56**
HEDIS 2019 Colorado Medicaid Weighted Average	**2.72**
HEDIS 2018 Colorado Medicaid Weighted Average	**3.12**
Discharges per 1,000 Member Months (Surgery)—Total[1]	
DHMP	1.06
RMHP Prime	2.57
HEDIS 2020 Colorado Medicaid Weighted Average	**1.53**
HEDIS 2019 Colorado Medicaid Weighted Average	**1.29**
HEDIS 2018 Colorado Medicaid Weighted Average	**1.18**
Days per 1,000 Member Months (Surgery)—Age <1 Year[1]	
DHMP	6.77
RMHP Prime	NA
HEDIS 2020 Colorado Medicaid Weighted Average	**6.77**
HEDIS 2019 Colorado Medicaid Weighted Average	**4.53**
HEDIS 2018 Colorado Medicaid Weighted Average	**21.19**
Days per 1,000 Member Months (Surgery)—Ages 1 to 9 Years[1]	
DHMP	0.54
RMHP Prime	9.34

Medicaid Plan	Rate
HEDIS 2020 Colorado Medicaid Weighted Average	**0.65**
HEDIS 2019 Colorado Medicaid Weighted Average	**1.55**
HEDIS 2018 Colorado Medicaid Weighted Average	**1.08**
Days per 1,000 Member Months (Surgery)—Ages 10 to 19 Years[1]	
DHMP	0.82
RMHP Prime	13.46
HEDIS 2020 Colorado Medicaid Weighted Average	**1.60**
HEDIS 2019 Colorado Medicaid Weighted Average	**1.95**
HEDIS 2018 Colorado Medicaid Weighted Average	**2.47**
Days per 1,000 Member Months (Surgery)—Ages 20 to 44 Years	
DHMP	7.25
RMHP Prime	8.82
HEDIS 2020 Colorado Medicaid Weighted Average	**7.90**
HEDIS 2019 Colorado Medicaid Weighted Average	**5.91**
HEDIS 2018 Colorado Medicaid Weighted Average	**5.50**
Days per 1,000 Member Months (Surgery)—Ages 45 to 64 Years	
DHMP	28.16
RMHP Prime	29.56
HEDIS 2020 Colorado Medicaid Weighted Average	**28.83**
HEDIS 2019 Colorado Medicaid Weighted Average	**23.49**
HEDIS 2018 Colorado Medicaid Weighted Average	**22.68**
Days per 1,000 Member Months (Surgery)—Ages 65 to 74 Years	
DHMP	40.03
RMHP Prime	53.09
HEDIS 2020 Colorado Medicaid Weighted Average	**45.60**
HEDIS 2019 Colorado Medicaid Weighted Average	**29.75**
HEDIS 2018 Colorado Medicaid Weighted Average	**29.16**
Days per 1,000 Member Months (Surgery)—Ages 75 to 84 Years	
DHMP	25.08
RMHP Prime	39.18
HEDIS 2020 Colorado Medicaid Weighted Average	**31.09**
HEDIS 2019 Colorado Medicaid Weighted Average	**23.72**
HEDIS 2018 Colorado Medicaid Weighted Average	**24.77**
Days per 1,000 Member Months (Surgery)—Ages 85+ Years	
DHMP	21.39
RMHP Prime	18.82
HEDIS 2020 Colorado Medicaid Weighted Average	**20.19**
HEDIS 2019 Colorado Medicaid Weighted Average	**17.65**
HEDIS 2018 Colorado Medicaid Weighted Average	**19.78**

Medicaid Plan	Rate
Days per 1,000 Member Months (Surgery)—Total[1]	
DHMP	8.75
RMHP Prime	17.53
HEDIS 2020 Colorado Medicaid Weighted Average	**11.47**
HEDIS 2019 Colorado Medicaid Weighted Average	**8.85**
HEDIS 2018 Colorado Medicaid Weighted Average	**8.55**
Average Length of Stay (Surgery)—Age <1 Year[1]	
DHMP	11.56
RMHP Prime	NA
HEDIS 2020 Colorado Medicaid Weighted Average	**11.56**
HEDIS 2019 Colorado Medicaid Weighted Average	**10.23**
HEDIS 2018 Colorado Medicaid Weighted Average	**26.17**
Average Length of Stay (Surgery)—Ages 1 to 9 Years[1]	
DHMP	4.30
RMHP Prime	4.00
HEDIS 2020 Colorado Medicaid Weighted Average	**4.25**
HEDIS 2019 Colorado Medicaid Weighted Average	**6.72**
HEDIS 2018 Colorado Medicaid Weighted Average	**5.82**
Average Length of Stay (Surgery)—Ages 10 to 19 Years[1]	
DHMP	3.60
RMHP Prime	15.82
HEDIS 2020 Colorado Medicaid Weighted Average	**6.00**
HEDIS 2019 Colorado Medicaid Weighted Average	**7.86**
HEDIS 2018 Colorado Medicaid Weighted Average	**8.57**
Average Length of Stay (Surgery)—Ages 20 to 44 Years	
DHMP	7.37
RMHP Prime	7.49
HEDIS 2020 Colorado Medicaid Weighted Average	**7.42**
HEDIS 2019 Colorado Medicaid Weighted Average	**6.28**
HEDIS 2018 Colorado Medicaid Weighted Average	**6.42**
Average Length of Stay (Surgery)—Ages 45 to 64 Years	
DHMP	8.83
RMHP Prime	6.42
HEDIS 2020 Colorado Medicaid Weighted Average	**7.46**
HEDIS 2019 Colorado Medicaid Weighted Average	**7.02**
HEDIS 2018 Colorado Medicaid Weighted Average	**7.27**
Average Length of Stay (Surgery)—Ages 65 to 74 Years	
DHMP	12.00
RMHP Prime	7.12

Medicaid Plan	Rate
HEDIS 2020 Colorado Medicaid Weighted Average	**8.95**
HEDIS 2019 Colorado Medicaid Weighted Average	**7.58**
HEDIS 2018 Colorado Medicaid Weighted Average	**7.76**
Average Length of Stay (Surgery)—Ages 75 to 84 Years	
DHMP	8.71
RMHP Prime	5.59
HEDIS 2020 Colorado Medicaid Weighted Average	**6.70**
HEDIS 2019 Colorado Medicaid Weighted Average	**6.98**
HEDIS 2018 Colorado Medicaid Weighted Average	**6.46**
Average Length of Stay (Surgery)—Ages 85+ Years	
DHMP	10.42
RMHP Prime	6.00
HEDIS 2020 Colorado Medicaid Weighted Average	**7.89**
HEDIS 2019 Colorado Medicaid Weighted Average	**6.50**
HEDIS 2018 Colorado Medicaid Weighted Average	**6.34**
Average Length of Stay (Surgery)—Total[1]	
DHMP	8.23
RMHP Prime	6.81
HEDIS 2020 Colorado Medicaid Weighted Average	**7.49**
HEDIS 2019 Colorado Medicaid Weighted Average	**6.85**
HEDIS 2018 Colorado Medicaid Weighted Average	**7.27**
Discharges per 1,000 Member Months (Maternity)—Ages 10 to 19 Years[1]	
DHMP	0.61
RMHP Prime	5.49
HEDIS 2020 Colorado Medicaid Weighted Average	**0.91**
HEDIS 2019 Colorado Medicaid Weighted Average	**0.93**
HEDIS 2018 Colorado Medicaid Weighted Average	**0.85**
Discharges per 1,000 Member Months (Maternity)—Ages 20 to 44 Years	
DHMP	3.16
RMHP Prime	4.33
HEDIS 2020 Colorado Medicaid Weighted Average	**3.64**
HEDIS 2019 Colorado Medicaid Weighted Average	**3.51**
HEDIS 2018 Colorado Medicaid Weighted Average	**3.58**
Discharges per 1,000 Member Months (Maternity)—Ages 45 to 64 Years	
DHMP	0.03
RMHP Prime	0.03
HEDIS 2020 Colorado Medicaid Weighted Average	**0.03**
HEDIS 2019 Colorado Medicaid Weighted Average	**0.02**
HEDIS 2018 Colorado Medicaid Weighted Average	**0.03**

Medicaid Plan	Rate
Discharges per 1,000 Member Months (Maternity)—Total[1]	
DHMP	1.80
RMHP Prime	2.93
HEDIS 2020 Colorado Medicaid Weighted Average	**2.21**
HEDIS 2019 Colorado Medicaid Weighted Average	**2.15**
HEDIS 2018 Colorado Medicaid Weighted Average	**2.14**
Days per 1,000 Member Months (Maternity)—Ages 10 to 19 Years[1]	
DHMP	1.64
RMHP Prime	15.16
HEDIS 2020 Colorado Medicaid Weighted Average	**2.47**
HEDIS 2019 Colorado Medicaid Weighted Average	**2.53**
HEDIS 2018 Colorado Medicaid Weighted Average	**2.15**
Days per 1,000 Member Months (Maternity)—Ages 20 to 44 Years	
DHMP	8.13
RMHP Prime	10.03
HEDIS 2020 Colorado Medicaid Weighted Average	**8.91**
HEDIS 2019 Colorado Medicaid Weighted Average	**8.91**
HEDIS 2018 Colorado Medicaid Weighted Average	**8.72**
Days per 1,000 Member Months (Maternity)—Ages 45 to 64 Years	
DHMP	0.10
RMHP Prime	0.08
HEDIS 2020 Colorado Medicaid Weighted Average	**0.09**
HEDIS 2019 Colorado Medicaid Weighted Average	**0.08**
HEDIS 2018 Colorado Medicaid Weighted Average	**0.12**
Days per 1,000 Member Months (Maternity)—Total[1]	
DHMP	4.65
RMHP Prime	6.88
HEDIS 2020 Colorado Medicaid Weighted Average	**5.46**
HEDIS 2019 Colorado Medicaid Weighted Average	**5.50**
HEDIS 2018 Colorado Medicaid Weighted Average	**5.24**
Average Length of Stay (Maternity)—Ages 10 to 19 Years[1]	
DHMP	2.67
RMHP Prime	2.76
HEDIS 2020 Colorado Medicaid Weighted Average	**2.70**
HEDIS 2019 Colorado Medicaid Weighted Average	**2.73**
HEDIS 2018 Colorado Medicaid Weighted Average	**2.53**
Average Length of Stay (Maternity)—Ages 20 to 44 Years[1]	
DHMP	2.57
RMHP Prime	2.32

Medicaid Plan	Rate
HEDIS 2020 Colorado Medicaid Weighted Average	**2.45**
HEDIS 2019 Colorado Medicaid Weighted Average	**2.54**
HEDIS 2018 Colorado Medicaid Weighted Average	**2.44**
Average Length of Stay (Maternity)—Ages 45 to 64 Years	
DHMP	3.50
RMHP Prime	2.50
HEDIS 2020 Colorado Medicaid Weighted Average	**3.00**
HEDIS 2019 Colorado Medicaid Weighted Average	**4.00**
HEDIS 2018 Colorado Medicaid Weighted Average	**3.67**
Average Length of Stay (Maternity)—Total[1]	
DHMP	2.58
RMHP Prime	2.35
HEDIS 2020 Colorado Medicaid Weighted Average	**2.47**
HEDIS 2019 Colorado Medicaid Weighted Average	**2.56**
HEDIS 2018 Colorado Medicaid Weighted Average	**2.45**
Frequency of Selected Procedures (Procedures per 1,000 MM)	
Bariatric Weight Loss Surgery (0–19 Male)[1]	
DHMP	0.00
RMHP Prime	0.00
HEDIS 2020 Colorado Medicaid Weighted Average	**0.00**
HEDIS 2019 Colorado Medicaid Weighted Average	**0.00**
HEDIS 2018 Colorado Medicaid Weighted Average	**0.00**
Bariatric Weight Loss Surgery (0–19 Female)[1]	
DHMP	0.01
RMHP Prime	0.00
HEDIS 2020 Colorado Medicaid Weighted Average	**0.00**
HEDIS 2019 Colorado Medicaid Weighted Average	**0.00**
HEDIS 2018 Colorado Medicaid Weighted Average	**0.00**
Bariatric Weight Loss Surgery (20–44 Male)	
DHMP	0.00
RMHP Prime	0.04
HEDIS 2020 Colorado Medicaid Weighted Average	**0.01**
HEDIS 2019 Colorado Medicaid Weighted Average	**0.01**
HEDIS 2018 Colorado Medicaid Weighted Average	**0.01**
Bariatric Weight Loss Surgery (20–44 Female)	
DHMP	0.09
RMHP Prime	0.14
HEDIS 2020 Colorado Medicaid Weighted Average	**0.11**
HEDIS 2019 Colorado Medicaid Weighted Average	**0.10**

Medicaid Plan	Rate
HEDIS 2018 Colorado Medicaid Weighted Average	**0.08**
Bariatric Weight Loss Surgery (45–64 Male)	
DHMP	0.01
RMHP Prime	0.06
HEDIS 2020 Colorado Medicaid Weighted Average	**0.03**
HEDIS 2019 Colorado Medicaid Weighted Average	**0.02**
HEDIS 2018 Colorado Medicaid Weighted Average	**0.01**
Bariatric Weight Loss Surgery (45–64 Female)	
DHMP	0.08
RMHP Prime	0.30
HEDIS 2020 Colorado Medicaid Weighted Average	**0.19**
HEDIS 2019 Colorado Medicaid Weighted Average	**0.12**
HEDIS 2018 Colorado Medicaid Weighted Average	**0.11**
Tonsillectomy (0–9 Male & Female)[1]	
DHMP	0.28
RMHP Prime	1.39
HEDIS 2020 Colorado Medicaid Weighted Average	**0.29**
HEDIS 2019 Colorado Medicaid Weighted Average	**0.27**
HEDIS 2018 Colorado Medicaid Weighted Average	**0.31**
Tonsillectomy (10–19 Male & Female)[1]	
DHMP	0.11
RMHP Prime	0.54
HEDIS 2020 Colorado Medicaid Weighted Average	**0.14**
HEDIS 2019 Colorado Medicaid Weighted Average	**0.18**
HEDIS 2018 Colorado Medicaid Weighted Average	**0.16**
Hysterectomy, Abdominal (15–44 Female)[1]	
DHMP	0.05
RMHP Prime	0.04
HEDIS 2020 Colorado Medicaid Weighted Average	**0.05**
HEDIS 2019 Colorado Medicaid Weighted Average	**0.05**
HEDIS 2018 Colorado Medicaid Weighted Average	**0.05**
Hysterectomy, Abdominal (45–64 Female)	
DHMP	0.22
RMHP Prime	0.14
HEDIS 2020 Colorado Medicaid Weighted Average	**0.18**
HEDIS 2019 Colorado Medicaid Weighted Average	**0.19**
HEDIS 2018 Colorado Medicaid Weighted Average	**0.17**
Hysterectomy, Vaginal (15–44 Female)[1]	
DHMP	0.06

Medicaid Plan	Rate
RMHP Prime	0.36
HEDIS 2020 Colorado Medicaid Weighted Average	**0.18**
HEDIS 2019 Colorado Medicaid Weighted Average	**0.20**
HEDIS 2018 Colorado Medicaid Weighted Average	**0.16**
Hysterectomy, Vaginal (45–64 Female)	
DHMP	0.06
RMHP Prime	0.29
HEDIS 2020 Colorado Medicaid Weighted Average	**0.18**
HEDIS 2019 Colorado Medicaid Weighted Average	**0.16**
HEDIS 2018 Colorado Medicaid Weighted Average	**0.22**
Cholecystectomy, Open (30–64 Male)	
DHMP	0.02
RMHP Prime	0.02
HEDIS 2020 Colorado Medicaid Weighted Average	**0.02**
HEDIS 2019 Colorado Medicaid Weighted Average	**0.01**
HEDIS 2018 Colorado Medicaid Weighted Average	**0.01**
Cholecystectomy, Open (15–44 Female) [1]	
DHMP	0.00
RMHP Prime	0.00
HEDIS 2020 Colorado Medicaid Weighted Average	**0.00**
HEDIS 2019 Colorado Medicaid Weighted Average	**0.01**
HEDIS 2018 Colorado Medicaid Weighted Average	**0.00**
Cholecystectomy, Open (45–64 Female)	
DHMP	0.00
RMHP Prime	0.03
HEDIS 2020 Colorado Medicaid Weighted Average	**0.01**
HEDIS 2019 Colorado Medicaid Weighted Average	**0.04**
HEDIS 2018 Colorado Medicaid Weighted Average	**0.01**
Cholecystectomy (Laparoscopic) (30–64 Male)	
DHMP	0.11
RMHP Prime	0.23
HEDIS 2020 Colorado Medicaid Weighted Average	**0.16**
HEDIS 2019 Colorado Medicaid Weighted Average	**0.18**
HEDIS 2018 Colorado Medicaid Weighted Average	**0.19**
Cholecystectomy (Laparoscopic) (15–44 Female) [1]	
DHMP	0.37
RMHP Prime	0.65
HEDIS 2020 Colorado Medicaid Weighted Average	**0.48**
HEDIS 2019 Colorado Medicaid Weighted Average	**0.48**

Medicaid Plan	Rate
HEDIS 2018 Colorado Medicaid Weighted Average	**0.58**
Cholecystectomy (Laparoscopic) (45–64 Female)	
DHMP	0.26
RMHP Prime	0.61
HEDIS 2020 Colorado Medicaid Weighted Average	**0.45**
HEDIS 2019 Colorado Medicaid Weighted Average	**0.50**
HEDIS 2018 Colorado Medicaid Weighted Average	**0.56**
Back Surgery (20–44 Male)	
DHMP	0.06
RMHP Prime	0.15
HEDIS 2020 Colorado Medicaid Weighted Average	**0.09**
HEDIS 2019 Colorado Medicaid Weighted Average	**0.07**
HEDIS 2018 Colorado Medicaid Weighted Average	**0.07**
Back Surgery (20–44 Female)	
DHMP	0.05
RMHP Prime	0.16
HEDIS 2020 Colorado Medicaid Weighted Average	**0.10**
HEDIS 2019 Colorado Medicaid Weighted Average	**0.11**
HEDIS 2018 Colorado Medicaid Weighted Average	**0.13**
Back Surgery (45–64 Male)	
DHMP	0.32
RMHP Prime	1.01
HEDIS 2020 Colorado Medicaid Weighted Average	**0.62**
HEDIS 2019 Colorado Medicaid Weighted Average	**0.50**
HEDIS 2018 Colorado Medicaid Weighted Average	**0.46**
Back Surgery (45–64 Female)	
DHMP	0.29
RMHP Prime	0.57
HEDIS 2020 Colorado Medicaid Weighted Average	**0.44**
HEDIS 2019 Colorado Medicaid Weighted Average	**0.48**
HEDIS 2018 Colorado Medicaid Weighted Average	**0.44**
Mastectomy (15–44 Female) [1]	
DHMP	0.07
RMHP Prime	0.14
HEDIS 2020 Colorado Medicaid Weighted Average	**0.09**
HEDIS 2019 Colorado Medicaid Weighted Average	**0.04**
HEDIS 2018 Colorado Medicaid Weighted Average	**0.02**

Medicaid Plan	Rate
Mastectomy (45–64 Female)	
DHMP	0.09
RMHP Prime	0.24
HEDIS 2020 Colorado Medicaid Weighted Average	**0.17**
HEDIS 2019 Colorado Medicaid Weighted Average	**0.06**
HEDIS 2018 Colorado Medicaid Weighted Average	**0.12**
Lumpectomy (15–44 Female) [1]	
DHMP	0.08
RMHP Prime	0.13
HEDIS 2020 Colorado Medicaid Weighted Average	**0.10**
HEDIS 2019 Colorado Medicaid Weighted Average	**0.08**
HEDIS 2018 Colorado Medicaid Weighted Average	**0.05**
Lumpectomy (45–64 Female)	
DHMP	0.12
RMHP Prime	0.36
HEDIS 2020 Colorado Medicaid Weighted Average	**0.24**
HEDIS 2019 Colorado Medicaid Weighted Average	**0.21**
HEDIS 2018 Colorado Medicaid Weighted Average	**0.28**
Plan All-Cause Readmissions[*,2]	
Observed Readmissions—Ages 18 to 44 Years	
DHMP	12.06%
RMHP Prime	9.70%
HEDIS 2020 Colorado Medicaid Weighted Average	**10.74%**
HEDIS 2019 Colorado Medicaid Weighted Average	—
HEDIS 2018 Colorado Medicaid Weighted Average	—
Observed Readmissions—Ages 45 to 54 Years	
DHMP	16.94%
RMHP Prime	9.16%
HEDIS 2020 Colorado Medicaid Weighted Average	**12.52%**
HEDIS 2019 Colorado Medicaid Weighted Average	—
HEDIS 2018 Colorado Medicaid Weighted Average	—
Observed Readmissions—Ages 55 to 64 Years	
DHMP	13.95%
RMHP Prime	10.59%
HEDIS 2020 Colorado Medicaid Weighted Average	**11.94%**
HEDIS 2019 Colorado Medicaid Weighted Average	—
HEDIS 2018 Colorado Medicaid Weighted Average	—

Medicaid Plan	Rate
Observed Readmissions—Total	
DHMP	13.79%
RMHP Prime	9.87%
HEDIS 2020 Colorado Medicaid Weighted Average	**11.54%**
HEDIS 2019 Colorado Medicaid Weighted Average	**—**
HEDIS 2018 Colorado Medicaid Weighted Average	**—**
O/E Ratio—Total	
DHMP	1.26
RMHP Prime	1.02
HEDIS 2020 Colorado Medicaid Weighted Average	**1.13**
HEDIS 2019 Colorado Medicaid Weighted Average	**—**
HEDIS 2018 Colorado Medicaid Weighted Average	**—**

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

[1]Due to differences in member eligibility for children in RMHP Prime, rates may not be comparable to DHMP's rates.

[2] Due to changes in the technical specifications for this measure, NCQA recommends a break in trending between 2020 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.

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

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

Appendix B includes trend tables for each of the MCOs and the Colorado Medicaid weighted averages. Where applicable, measure rates for HEDIS 2018, 2019, and 2020 are presented.

HEDIS 2019 to 2020 performance comparisons are based on the Chi-square test of statistical significance with a *p* value <0.05. Rates shaded green with one caret (^) indicate a statistically significant improvement in performance from the previous year. Rates shaded red with two carets (^^) indicate a statistically significant decline in performance from the previous year.

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

DHMP Trend Table

Table B-1—DHMP Trend Table

Performance Measures	HEDIS 2018 Rate	HEDIS 2019 Rate	HEDIS 2020 Rate	Percentile Ranking
Pediatric Care				
Childhood Immunization Status				
DTaP	75.43%	69.47%	70.60%	10th–24th
IPV	84.68%	79.93%	81.84%	10th–24th
MMR	78.62%	79.93%	81.29%	<10th
HiB	84.76%	80.53%	81.45%	10th–24th
Hepatitis B	80.72%	82.15%	85.06%	10th–24th
VZV	83.67%	80.05%	81.29%	<10th
Pneumococcal Conjugate	74.03%	67.97%	70.83%	10th–24th
Hepatitis A	81.10%	79.39%	80.82%	25th–49th
Rotavirus	67.65%	62.56%	63.13%	10th–24th
Influenza	50.31%	51.50%	53.22%	50th–74th
Combination 2	68.27%	67.97%	69.65%	25th–49th
Combination 3	65.94%	64.72%	66.67%	25th–49th
Combination 4	64.23%	64.60%	66.35%	25th–49th
Combination 5	58.09%	56.73%	57.78%	25th–49th
Combination 6	43.39%	45.13%	48.03%	75th–89th
Combination 7	56.77%	56.61%	57.63%	25th–49th
Combination 8	42.53%	45.07%	48.03%	75th–89th
Combination 9	39.50%	40.69%	42.85%	75th–89th

Performance Measures	HEDIS 2018 Rate	HEDIS 2019 Rate	HEDIS 2020 Rate	Percentile Ranking
Combination 10	38.80%	40.63%	42.85%	75th–89th
Immunizations for Adolescents				
Meningococcal	77.73%	79.43%	80.93%	25th–49th
Tdap	81.92%	78.92%	80.65%	10th–24th
HPV	50.39%	50.98%	52.40%	≥90th
Combination 1 (Meningococcal, Tdap)	75.69%	76.89%	78.06%	25th–49th
Combination 2 (Meningococcal, Tdap, HPV)	47.30%	49.46%	50.47%	≥90th
Well-Child Visits in the First 15 Months of Life				
Zero Visits*	9.12%	7.08%	4.84%	<10th
Six or More Visits	4.39%	52.28%	55.57%	10th–24th
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	60.91%	63.59%	64.53%	10th–24th
Adolescent Well-Care Visits				
Adolescent Well-Care Visits	36.33%	41.29%	40.10%	10th–24th
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents				
BMI Percentile Documentation—Ages 3 to 11 Years	10.61%	14.80%	19.32%^	<10th
BMI Percentile Documentation—Ages 12 to 17 Years	27.26%	33.53%	34.47%	<10th
BMI Percentile Documentation—Total	16.75%	21.89%	25.11%^	<10th
Counseling for Nutrition—Ages 3 to 11 Years	1.56%	2.14%	4.81%	<10th
Counseling for Nutrition—Ages 12 to 17 Years	13.51%	16.17%	16.18%	<10th
Counseling for Nutrition—Total	5.97%	7.45%	9.16%	<10th
Counseling for Physical Activity—Ages 3 to 11 Years	0.37%	1.61%	4.02%	<10th
Counseling for Physical Activity—Ages 12 to 17 Years	3.07%	12.95%	14.64%	<10th
Counseling for Physical Activity—Total	1.36%	5.90%	8.08%	<10th
Access to Care				
Prenatal and Postpartum Care[2]				
Timeliness of Prenatal Care	—	—	84.53%	—
Postpartum Care	—	—	66.50%	—
Children and Adolescents' Access to Primary Care Practitioners[1]				
Ages 12 to 24 Months	86.84%	88.52%	89.11%	<10th
Ages 25 Months to 6 Years	72.12%	75.09%	74.46%	<10th
Ages 7 to 11 Years	75.53%	80.08%	80.05%	<10th
Ages 12 to 19 Years	75.43%	80.30%	79.19%	<10th
Adults' Access to Preventive/Ambulatory Health Services				
Ages 20 to 44 Years	49.43%	48.84%	49.81%	<10th
Ages 45 to 64 Years	64.43%	62.17%	63.53%	<10th
Ages 65 Years and Older	75.20%	68.56%	71.75%^	<10th
Total	55.19%	53.89%	55.30%	<10th

Performance Measures	HEDIS 2018 Rate	HEDIS 2019 Rate	HEDIS 2020 Rate	Percentile Ranking
Preventive Screening				
Chlamydia Screening in Women				
Ages 16 to 20 Years	65.87%	66.78%	72.63%^	≥90th
Ages 21 to 24 Years	67.84%	73.30%	73.29%	75th–89th
Total	66.68%	69.58%	72.91%^	≥90th
Breast Cancer Screening				
Breast Cancer Screening	50.65%	46.48%	46.01%	<10th
Cervical Cancer Screening[1]				
Cervical Cancer Screening	43.03%	43.07%	45.58%	<10th
Non-Recommended Cervical Cancer Screening in Adolescent Females*				
Non-Recommended Cervical Cancer Screening in Adolescent Females	0.14%	0.00%	0.04%	≥90th
Adult BMI Assessment				
Adult BMI Assessment	83.25%	81.44%	80.35%	10th–24th
Mental/Behavioral Health				
Antidepressant Medication Management				
Effective Acute Phase Treatment	54.88%	54.20%	57.19%	75th–89th
Effective Continuation Phase Treatment	33.52%	33.96%	37.69%	50th–74th
Follow-Up Care for Children Prescribed ADHD Medication				
Initiation Phase	37.40%	39.69%	41.35%	25th–49th
Continuation and Maintenance Phase	NA	NA	NA	—
Metabolic Monitoring for Children and Adolescents on Antipsychotics				
Blood Glucose Testing—Ages 1 to 11 Years	—	—	NA	—
Blood Glucose Testing—Ages 12 to 17 Years	—	—	NA	—
Blood Glucose Testing—Total	—	—	NA	—
Cholesterol Testing—Ages 1 to 11 Years	—	—	NA	—
Cholesterol Testing—Ages 12 to 17 Years	—	—	NA	—
Cholesterol Testing—Total	—	—	NA	—
Blood Glucose and Cholesterol Testing—Ages 1 to 11 Years	—	—	NA	—
Blood Glucose and Cholesterol Testing—Ages 12 to 17 Years	NB	40.63%	NA	—
Blood Glucose and Cholesterol Testing—Total	NB	46.34%	NA	—
Living With Illness				
Persistence of Beta-Blocker Treatment After a Heart Attack				
Persistence of Beta-Blocker Treatment After a Heart Attack	69.77%	46.88%	NA	—
Comprehensive Diabetes Care				
Hemoglobin A1c (HbA1c) Testing	82.16%	82.06%	83.00%	10th–24th
HbA1c Poor Control (>9.0%)*	42.92%	40.38%	40.51%	25th–49th
HbA1c Control (<8.0%)	45.45%	47.88%	48.96%	25th–49th
Eye Exam (Retinal) Performed	46.59%	45.83%	45.70%	10th–24th

Performance Measures	HEDIS 2018 Rate	HEDIS 2019 Rate	HEDIS 2020 Rate	Percentile Ranking
Medical Attention for Nephropathy	82.47%	81.51%	83.75%	<10th
Blood Pressure Control (<140/90 mm Hg)	64.01%	61.67%	63.49%	25th–49th
Statin Therapy for Patients With Diabetes				
Received Statin Therapy	54.64%	57.75%	61.74%	25th–49th
Statin Adherence 80%[1]	59.47%	60.63%	67.58%^	75th–89th
Statin Therapy for Patients With Cardiovascular Disease				
Received Statin Therapy—21–75 Years—Male	72.00%	71.43%	74.78%	10th–24th
Received Statin Therapy—40–75 Years—Female	79.25%	74.07%	78.69%	50th–74th
Received Statin Therapy—Total	75.00%	72.41%	76.14%	25th–49th
Statin Adherence 80%—21–75 Years—Male[1]	57.41%	70.77%	70.93%	75th–89th
Statin Adherence 80%—40–75 Years—Female[1]	59.52%	67.50%	52.08%	10th–24th
Statin Adherence 80%—Total[1]	58.33%	69.52%	64.18%	25th–49th
Use of Imaging Studies for Low Back Pain				
Use of Imaging Studies for Low Back Pain	69.33%	72.83%	77.62%^	75th–89th
Pharmacotherapy Management of COPD Exacerbation				
Systemic Corticosteroid	55.69%	50.34%	59.82%^	10th–24th
Bronchodilator	67.06%	72.21%	74.49%	10th–24th
Medication Management for People With Asthma				
Medication Compliance 50%—Ages 5 to 11 Years	41.22%	50.74%	63.39%^	75th–89th
Medication Compliance 50%—Ages 12 to 18 Years	49.11%	42.72%	53.16%	25th–49th
Medication Compliance 50%—Ages 19 to 50 Years	64.19%	73.10%	**61.90%^^**	25th–49th
Medication Compliance 50%—Ages 51 to 64 Years	76.09%	72.92%	73.81%	25th–49th
Medication Compliance 50%—Total	54.19%	58.80%	61.84%	50th–74th
Medication Compliance 75%—Ages 5 to 11 Years	21.62%	27.21%	28.57%	25th–49th
Medication Compliance 75%—Ages 12 to 18 Years	20.54%	19.42%	29.11%	25th–49th
Medication Compliance 75%—Ages 19 to 50 Years	33.11%	43.45%	38.10%	25th–49th
Medication Compliance 75%—Ages 51 to 64 Years	47.83%	47.92%	61.90%	75th–89th
Medication Compliance 75%—Total	27.75%	33.10%	36.05%	25th–49th
Asthma Medication Ratio				
Ages 5 to 11 Years	78.26%	58.87%	60.68%	<10th
Ages 12 to 18 Years	64.80%	42.86%	48.94%	<10th
Ages 19 to 50 Years	55.79%	42.86%	38.95%	<10th
Ages 51 to 64 Years	49.23%	39.19%	40.58%	<10th
Total	63.77%	46.60%	46.60%	<10th
Use of Spirometry Testing in the Assessment and Diagnosis of COPD				
Use of Spirometry Testing in the Assessment and Diagnosis of COPD	27.44%	28.57%	26.19%	25th–49th

Performance Measures	HEDIS 2018 Rate	HEDIS 2019 Rate	HEDIS 2020 Rate	Percentile Ranking
Antibiotic Stewardship				
Appropriate Testing for Pharyngitis[2]				
Ages 3 to 17 Years	—	—	88.19%	—
Ages 18 to 64 Years	—	—	81.69%	—
Ages 65 Years and Older	—	—	NA	—
Total	—	—	85.51%	—
Appropriate Treatment for Upper Respiratory Infection[2]				
Ages 3 Months to 17 Years	—	—	97.82%	—
Ages 18 to 64 Years	—	—	93.13%	—
Ages 65 Years and Older	—	—	98.04%	—
Total	—	—	96.35%	—
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis[2]				
Ages 3 Months to 17 Years	—	—	95.25%	—
Ages 18 to 64 Years	—	—	55.66%	—
Ages 65 Years and Older	—	—	NA	—
Total	—	—	79.61%	—
Antibiotic Utilization*				
Average Scripts PMPY for Antibiotics of Concern—Ages 0 to 9 Years	0.05	0.05	0.06	—
Average Scripts PMPY for Antibiotics of Concern—Ages 10 to 17 Years	0.03	0.04	0.04	—
Average Scripts PMPY for Antibiotics of Concern—Ages 18 to 34 Years	0.10	0.11	0.11	—
Average Scripts PMPY for Antibiotics of Concern—Ages 35 to 49 Years	0.14	0.13	0.14	—
Average Scripts PMPY for Antibiotics of Concern—Ages 50 to 64 Years	0.18	0.17	0.19	—
Average Scripts PMPY for Antibiotics of Concern—Ages 65 to 74 Years	0.02	0.02	0.07	—
Average Scripts PMPY for Antibiotics of Concern—Ages 75 to 84 Years	0.05	0.02	0.08	—
Average Scripts PMPY for Antibiotics of Concern—Ages 85+ Years	0.04	0.04	0.06	—
Average Scripts PMPY for Antibiotics of Concern—Total	0.09	0.09	0.10	≥90th
Average Days Supplied per Antibiotic Script—Ages 0 to 9 Years	9.77	9.88	9.66	—
Average Days Supplied per Antibiotic Script—Ages 10 to 17 Years	10.75	11.56	10.97	—
Average Days Supplied per Antibiotic Script—Ages 18 to 34 Years	8.54	8.69	8.84	—
Average Days Supplied per Antibiotic Script—Ages 35 to 49 Years	9.01	9.18	9.06	—
Average Days Supplied per Antibiotic Script—Ages 50 to 64 Years	9.91	10.02	10.45	—
Average Days Supplied per Antibiotic Script—Ages 65 to 74 Years	10.83	9.50	13.16	—
Average Days Supplied per Antibiotic Script—Ages 75 to 84 Years	6.25	6.49	12.26	—

Performance Measures	HEDIS 2018 Rate	HEDIS 2019 Rate	HEDIS 2020 Rate	Percentile Ranking
Average Days Supplied per Antibiotic Script—Ages 85+ Years	12.75	5.79	14.32	—
Average Days Supplied per Antibiotic Script—Total	9.27	9.44	9.54	25th–49th
Average Scripts PMPY for Antibiotics—Ages 0 to 9 Years	0.22	0.23	0.24	—
Average Scripts PMPY for Antibiotics—Ages 10 to 17 Years	0.14	0.15	0.17	—
Average Scripts PMPY for Antibiotics—Ages 18 to 34 Years	0.40	0.41	0.41	—
Average Scripts PMPY for Antibiotics—Ages 35 to 49 Years	0.46	0.42	0.45	—
Average Scripts PMPY for Antibiotics—Ages 50 to 64 Years	0.49	0.45	0.50	—
Average Scripts PMPY for Antibiotics—Ages 65 to 74 Years	0.06	0.05	0.17	—
Average Scripts PMPY for Antibiotics—Ages 75 to 84 Years	0.09	0.04	0.19	—
Average Scripts PMPY for Antibiotics—Ages 85+ Years	0.05	0.07	0.11	—
Average Scripts PMPY for Antibiotics—Total	0.31	0.32	0.34	≥90th
Percentage of Antibiotics of Concern of All Antibiotic Scripts— Ages 0 to 9 Years	20.72%	23.33%	23.18%	—
Percentage of Antibiotics of Concern of All Antibiotic Scripts— Ages 10 to 17 Years	20.16%	24.17%	23.10%	—
Percentage of Antibiotics of Concern of All Antibiotic Scripts— Ages 18 to 34 Years	26.18%	27.10%	27.28%	—
Percentage of Antibiotics of Concern of All Antibiotic Scripts— Ages 35 to 49 Years	30.68%	31.96%	30.79%	—
Percentage of Antibiotics of Concern of All Antibiotic Scripts— Ages 50 to 64 Years	37.64%	36.66%	37.46%	—
Percentage of Antibiotics of Concern of All Antibiotic Scripts— Ages 65 to 74 Years	34.88%	39.02%	41.95%	—
Percentage of Antibiotics of Concern of All Antibiotic Scripts— Ages 75 to 84 Years	54.55%	42.86%	40.70%	—
Percentage of Antibiotics of Concern of All Antibiotic Scripts— Ages 85+ Years	70.83%	51.52%	50.00%	—
Percentage of Antibiotics of Concern of All Antibiotic Scripts—Total	27.52%	28.74%	28.99%	≥90th
Opioids				
Use of Opioids at High Dosage*[2]				
Use of Opioids at High Dosage	—	—	5.85%	—
Use of Opioids From Multiple Providers*				
Multiple Pharmacies	—	12.09%	6.17%^	25th–49th
Multiple Prescribers	—	18.61%	16.11%	75th–89th
Multiple Prescribers and Multiple Pharmacies	—	6.32%	4.41%	25th–49th
Risk of Continued Opioid Use*				
At Least 15 Days Covered—Ages 18 to 64 Years	—	—	4.94%	75th–89th
At Least 15 Days Covered—Ages 65+ Years	—	—	27.87%	25th–49th
At Least 15 Days Covered—Total	—	—	5.40%	50th–74th
At Least 31 Days Covered—Ages 18 to 64 Years	—	—	2.06%	75th–89th

Performance Measures	HEDIS 2018 Rate	HEDIS 2019 Rate	HEDIS 2020 Rate	Percentile Ranking
At Least 31 Days Covered—Ages 65+ Years	—	—	16.39%	10th–24th
At Least 31 Days Covered—Total	—	—	2.35%	75th–89th
Pharmacotherapy for Opioid Use Disorder				
Ages 16 to 64 Years	—	—	15.91%	—
Ages 65+ Years	—	—	NA	—
Total	—	—	15.91%	—
Use of Services				
Ambulatory Care—Total				
Emergency Department Visits—Total—Age <1 Year*	69.65	71.63	73.94	75th–89th
Emergency Department Visits—Total—Ages 1 to 9 Years*	32.31	33.13	32.74	≥90th
Emergency Department Visits—Total—Ages 10 to 19 Years*	24.84	25.10	25.80	≥90th
Emergency Department Visits—Total—Ages 20 to 44 Years*	51.97	53.23	54.13	75th–89th
Emergency Department Visits—Total—Ages 45 to 64 Years*	54.14	56.93	61.94	50th–74th
Emergency Department Visits—Total—Ages 65 to 74 Years*	47.45	48.04	44.66	25th–49th
Emergency Department Visits—Total—Ages 75 to 84 Years*	37.53	37.60	37.43	25th–49th
Emergency Department Visits—Total—Ages 85+ Years*	31.80	32.03	26.01	50th–74th
Emergency Department Visits—Total—Total*	41.79	43.95	45.35	75th–89th
Outpatient Visits—Total—Age <1 Year	492.44	562.40	673.32	10th–24th
Outpatient Visits—Total—Ages 1 to 9 Years	163.92	176.32	180.99	<10th
Outpatient Visits—Total—Ages 10 to 19 Years	153.32	164.85	170.43	10th–24th
Outpatient Visits—Total—Ages 20 to 44 Years	148.46	162.59	177.10	<10th
Outpatient Visits—Total—Ages 45 to 64 Years	262.26	306.52	309.42	<10th
Outpatient Visits—Total—Ages 65 to 74 Years	313.06	335.52	323.42	10th–24th
Outpatient Visits—Total—Ages 75 to 84 Years	319.32	337.51	321.20	10th–24th
Outpatient Visits—Total—Ages 85+ Years	164.41	203.22	203.29	10th–24th
Outpatient Visits—Total—Total	183.12	203.78	215.69	<10th
Inpatient Utilization—General Hospital/Acute Care—Total				
Discharges per 1,000 Member Months (Total Inpatient)—Age <1 Year	6.61	6.54	10.94	≥90th
Discharges per 1,000 Member Months (Total Inpatient)—Ages 1 to 9 Years	1.29	1.38	1.51	50th–74th
Discharges per 1,000 Member Months (Total Inpatient)—Ages 10 to 19 Years	1.38	1.38	1.48	10th–24th
Discharges per 1,000 Member Months (Total Inpatient)—Ages 20 to 44 Years	5.86	6.04	6.73	<10th
Discharges per 1,000 Member Months (Total Inpatient)—Ages 45 to 64 Years	9.97	11.03	11.78	25th–49th
Discharges per 1,000 Member Months (Total Inpatient)—Ages 65 to 74 Years	10.75	11.39	13.67	25th–49th

Performance Measures	HEDIS 2018 Rate	HEDIS 2019 Rate	HEDIS 2020 Rate	Percentile Ranking
Discharges per 1,000 Member Months (Total Inpatient)—Ages 75 to 84 Years	11.71	12.53	14.40	25th–49th
Discharges per 1,000 Member Months (Total Inpatient)—Ages 85+ Years	15.00	10.33	12.15	10th–24th
Discharges per 1,000 Member Months (Total Inpatient)—Total	4.58	5.06	5.79	25th–49th
Days per 1,000 Member Months (Total Inpatient)—Age <1 Year	43.70	28.94	37.96	25th–49th
Days per 1,000 Member Months (Total Inpatient)—Ages 1 to 9 Years	3.96	4.48	3.54	10th–24th
Days per 1,000 Member Months (Total Inpatient)—Ages 10 to 19 Years	5.34	4.69	3.86	<10th
Days per 1,000 Member Months (Total Inpatient)—Ages 20 to 44 Years	21.29	22.72	24.35	<10th
Days per 1,000 Member Months (Total Inpatient)—Ages 45 to 64 Years	62.97	65.62	67.97	50th–74th
Days per 1,000 Member Months (Total Inpatient)—Ages 65 to 74 Years	67.20	71.04	97.60	50th–74th
Days per 1,000 Member Months (Total Inpatient)—Ages 75 to 84 Years	66.39	62.49	77.37	25th–49th
Days per 1,000 Member Months (Total Inpatient)—Ages 85+ Years	81.66	53.04	68.28	25th–49th
Days per 1,000 Member Months (Total Inpatient)—Total	21.65	23.23	25.48	25th–49th
Average Length of Stay (Total Inpatient)—Age <1 Year	6.61	4.43	3.47	<10th
Average Length of Stay (Total Inpatient)—Ages 1 to 9 Years	3.08	3.24	2.34	<10th
Average Length of Stay (Total Inpatient)—Ages 10 to 19 Years	3.86	3.39	2.60	<10th
Average Length of Stay (Total Inpatient)—Ages 20 to 44 Years	3.63	3.76	3.62	50th–74th
Average Length of Stay (Total Inpatient)—Ages 45 to 64 Years	6.32	5.95	5.77	50th–74th
Average Length of Stay (Total Inpatient)—Ages 65 to 74 Years	6.25	6.23	7.14	75th–89th
Average Length of Stay (Total Inpatient)—Ages 75 to 84 Years	5.67	4.99	5.37	25th–49th
Average Length of Stay (Total Inpatient)—Ages 85+ Years	5.45	5.14	5.62	50th–74th
Average Length of Stay (Total Inpatient)—Total	4.73	4.59	4.40	50th–74th
Discharges per 1,000 Member Months (Medicine)—Age <1 Year	5.80	6.09	10.36	≥90th
Discharges per 1,000 Member Months (Medicine)—Ages 1 to 9 Years	1.13	1.22	1.39	75th–89th
Discharges per 1,000 Member Months (Medicine)—Ages 10 to 19 Years	0.48	0.49	0.64	25th–49th
Discharges per 1,000 Member Months (Medicine)—Ages 20 to 44 Years	1.97	2.22	2.58	25th–49th
Discharges per 1,000 Member Months (Medicine)—Ages 45 to 64 Years	7.52	8.25	8.56	50th–74th
Discharges per 1,000 Member Months (Medicine)—Ages 65 to 74 Years	8.71	8.93	10.33	50th–74th

Performance Measures	HEDIS 2018 Rate	HEDIS 2019 Rate	HEDIS 2020 Rate	Percentile Ranking
Discharges per 1,000 Member Months (Medicine)—Ages 75 to 84 Years	8.94	10.44	11.52	50th–74th
Discharges per 1,000 Member Months (Medicine)—Ages 85+ Years	12.65	8.40	10.10	10th–24th
Discharges per 1,000 Member Months (Medicine)—Total	2.55	2.90	3.39	50th–74th
Days per 1,000 Member Months (Medicine)—Age <1 Year	22.51	24.41	31.19	50th–74th
Days per 1,000 Member Months (Medicine)—Ages 1 to 9 Years	3.01	3.20	3.00	25th–49th
Days per 1,000 Member Months (Medicine)—Ages 10 to 19 Years	1.26	1.46	1.40	10th–24th
Days per 1,000 Member Months (Medicine)—Ages 20 to 44 Years	6.82	8.29	8.97	25th–49th
Days per 1,000 Member Months (Medicine)—Ages 45 to 64 Years	38.51	39.88	39.71	50th–74th
Days per 1,000 Member Months (Medicine)—Ages 65 to 74 Years	45.23	41.73	57.57	50th–74th
Days per 1,000 Member Months (Medicine)—Ages 75 to 84 Years	45.18	44.47	52.29	25th–49th
Days per 1,000 Member Months (Medicine)—Ages 85+ Years	64.86	36.41	46.89	25th–49th
Days per 1,000 Member Months (Medicine)—Total	10.84	12.11	13.28	50th–74th
Average Length of Stay (Medicine)—Age <1 Year	3.88	4.01	3.01	<10th
Average Length of Stay (Medicine)—Ages 1 to 9 Years	2.67	2.63	2.16	<10th
Average Length of Stay (Medicine)—Ages 10 to 19 Years	2.63	3.00	2.18	<10th
Average Length of Stay (Medicine)—Ages 20 to 44 Years	3.46	3.74	3.47	10th–24th
Average Length of Stay (Medicine)—Ages 45 to 64 Years	5.12	4.83	4.64	50th–74th
Average Length of Stay (Medicine)—Ages 65 to 74 Years	5.20	4.67	5.57	50th–74th
Average Length of Stay (Medicine)—Ages 75 to 84 Years	5.05	4.26	4.54	25th–49th
Average Length of Stay (Medicine)—Ages 85+ Years	5.13	4.33	4.64	25th–49th
Average Length of Stay (Medicine)—Total	4.25	4.17	3.92	25th–49th
Discharges per 1,000 Member Months (Surgery)—Age <1 Year	0.81	0.44	0.59	<10th
Discharges per 1,000 Member Months (Surgery)—Ages 1 to 9 Years	0.16	0.16	0.13	<10th
Discharges per 1,000 Member Months (Surgery)—Ages 10 to 19 Years	0.25	0.20	0.23	10th–24th
Discharges per 1,000 Member Months (Surgery)—Ages 20 to 44 Years	0.74	0.88	0.98	10th–24th
Discharges per 1,000 Member Months (Surgery)—Ages 45 to 64 Years	2.44	2.75	3.19	10th–24th
Discharges per 1,000 Member Months (Surgery)—Ages 65 to 74 Years	2.05	2.46	3.34	25th–49th
Discharges per 1,000 Member Months (Surgery)—Ages 75 to 84 Years	2.77	2.09	2.88	10th–24th
Discharges per 1,000 Member Months (Surgery)—Ages 85+ Years	2.35	1.93	2.05	25th–49th
Discharges per 1,000 Member Months (Surgery)—Total	0.78	0.90	1.06	25th–49th
Days per 1,000 Member Months (Surgery)—Age <1 Year	21.19	4.53	6.77	10th–24th
Days per 1,000 Member Months (Surgery)—Ages 1 to 9 Years	0.95	1.28	0.54	<10th
Days per 1,000 Member Months (Surgery)—Ages 10 to 19 Years	2.36	1.22	0.82	<10th

Performance Measures	HEDIS 2018 Rate	HEDIS 2019 Rate	HEDIS 2020 Rate	Percentile Ranking
Days per 1,000 Member Months (Surgery)—Ages 20 to 44 Years	5.66	6.35	7.25	10th–24th
Days per 1,000 Member Months (Surgery)—Ages 45 to 64 Years	24.40	25.66	28.16	25th–49th
Days per 1,000 Member Months (Surgery)—Ages 65 to 74 Years	21.96	29.31	40.03	50th–74th
Days per 1,000 Member Months (Surgery)—Ages 75 to 84 Years	21.21	18.02	25.08	25th–49th
Days per 1,000 Member Months (Surgery)—Ages 85+ Years	16.80	16.63	21.39	25th–49th
Days per 1,000 Member Months (Surgery)—Total	7.35	7.65	8.75	25th–49th
Average Length of Stay (Surgery)—Age <1 Year	26.17	10.23	11.56	25th–49th
Average Length of Stay (Surgery)—Ages 1 to 9 Years	6.00	7.83	4.30	10th–24th
Average Length of Stay (Surgery)—Ages 10 to 19 Years	9.51	6.19	3.60	<10th
Average Length of Stay (Surgery)—Ages 20 to 44 Years	7.68	7.23	7.37	75th–89th
Average Length of Stay (Surgery)—Ages 45 to 64 Years	10.00	9.34	8.83	75th–89th
Average Length of Stay (Surgery)—Ages 65 to 74 Years	10.72	11.90	12.00	≥90th
Average Length of Stay (Surgery)—Ages 75 to 84 Years	7.67	8.63	8.71	50th–74th
Average Length of Stay (Surgery)—Ages 85+ Years	7.15	8.64	10.42	75th–89th
Average Length of Stay (Surgery)—Total	9.40	8.49	8.23	75th–89th
Discharges per 1,000 Member Months (Maternity)—Ages 10 to 19 Years	0.66	0.70	0.61	25th–49th
Discharges per 1,000 Member Months (Maternity)—Ages 20 to 44 Years	3.16	2.94	3.16	<10th
Discharges per 1,000 Member Months (Maternity)—Ages 45 to 64 Years	0.01	0.03	0.03	25th–49th
Discharges per 1,000 Member Months (Maternity)—Total	1.75	1.72	1.80	10th–24th
Days per 1,000 Member Months (Maternity)—Ages 10 to 19 Years	1.72	2.02	1.64	25th–49th
Days per 1,000 Member Months (Maternity)—Ages 20 to 44 Years	8.80	8.07	8.13	<10th
Days per 1,000 Member Months (Maternity)—Ages 45 to 64 Years	0.06	0.08	0.10	25th–49th
Days per 1,000 Member Months (Maternity)—Total	4.85	4.75	4.65	10th–24th
Average Length of Stay (Maternity)—Ages 10 to 19 Years	2.63	2.87	2.67	25th–49th
Average Length of Stay (Maternity)—Ages 20 to 44 Years	2.79	2.74	2.57	10th–24th
Average Length of Stay (Maternity)—Ages 45 to 64 Years	4.50	3.00	3.50	50th–74th
Average Length of Stay (Maternity)—Total	2.77	2.76	2.58	10th–24th
Frequency of Selected Procedures				
Bariatric Weight Loss Surgery (0–19 Male)	0.00	0.00	0.00	≥90th
Bariatric Weight Loss Surgery (0–19 Female)	0.00	0.00	0.01	≥90th
Bariatric Weight Loss Surgery (20–44 Male)	0.01	0.01	0.00	25th–49th
Bariatric Weight Loss Surgery (20–44 Female)	0.05	0.08	0.09	25th–49th
Bariatric Weight Loss Surgery (45–64 Male)	0.00	0.01	0.01	25th–49th
Bariatric Weight Loss Surgery (45–64 Female)	0.05	0.12	0.08	25th–49th
Tonsillectomy (0–9 Male & Female)	0.31	0.26	0.28	10th–24th
Tonsillectomy (10–19 Male & Female)	0.14	0.15	0.11	10th–24th

Performance Measures	HEDIS 2018 Rate	HEDIS 2019 Rate	HEDIS 2020 Rate	Percentile Ranking
Hysterectomy, Abdominal (15–44 Female)	0.03	0.04	0.05	10th–24th
Hysterectomy, Abdominal (45–64 Female)	0.17	0.13	0.22	50th–74th
Hysterectomy, Vaginal (15–44 Female)	0.04	0.06	0.06	25th–49th
Hysterectomy, Vaginal (45–64 Female)	0.12	0.12	0.06	10th–24th
Cholecystectomy, Open (30–64 Male)	0.02	0.02	0.02	50th–74th
Cholecystectomy, Open (15–44 Female)	0.00	0.01	0.00	25th–49th
Cholecystectomy, Open (45–64 Female)	0.00	0.06	0.00	10th–24th
Cholecystectomy (Laparoscopic) (30–64 Male)	0.08	0.11	0.11	10th–24th
Cholecystectomy (Laparoscopic) (15–44 Female)	0.41	0.36	0.37	10th–24th
Cholecystectomy (Laparoscopic) (45–64 Female)	0.39	0.39	0.26	<10th
Back Surgery (20–44 Male)	0.05	0.04	0.06	10th–24th
Back Surgery (20–44 Female)	0.05	0.06	0.05	10th–24th
Back Surgery (45–64 Male)	0.24	0.30	0.32	10th–24th
Back Surgery (45–64 Female)	0.24	0.25	0.29	25th–49th
Mastectomy (15–44 Female)	0.01	0.03	0.07	≥90th
Mastectomy (45–64 Female)	0.15	0.03	0.09	25th–49th
Lumpectomy (15–44 Female)	0.04	0.04	0.08	25th–49th
Lumpectomy (45–64 Female)	0.23	0.15	0.12	<10th
Plan All-Cause Readmissions*[2]				
Observed Readmissions—Ages 18 to 44 Years	—	—	12.06%	—
Observed Readmissions—Ages 45 to 54 Years	—	—	16.94%	—
Observed Readmissions—Ages 55 to 64 Years	—	—	13.95%	—
Observed Readmissions—Total	—	—	13.79%	—
O/E Ratio—Total	—	—	1.26	—

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

[1] *Due to changes in the technical specifications for this measure, NCQA recommends that trending between 2020 and prior years be considered with caution.*

[2] *Due to changes in the technical specifications for this measure, NCQA recommends a break in trending between 2020 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 2018 or HEDIS 2019.

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 2018 Rate	HEDIS 2019 Rate	HEDIS 2020 Rate	Percentile Ranking
Pediatric Care				
Childhood Immunization Status				
DTaP	NA	NA	NA	—
IPV	NA	NA	NA	—
MMR	NA	NA	NA	—
HiB	NA	NA	NA	—
Hepatitis B	NA	NA	NA	—
VZV	NA	NA	NA	—
Pneumococcal Conjugate	NA	NA	NA	—
Hepatitis A	NA	NA	NA	—
Rotavirus	NA	NA	NA	—
Influenza	NA	NA	NA	—
Combination 2	NA	NA	NA	—
Combination 3	NA	NA	NA	—
Combination 4	NA	NA	NA	—
Combination 5	NA	NA	NA	—
Combination 6	NA	NA	NA	—
Combination 7	NA	NA	NA	—
Combination 8	NA	NA	NA	—
Combination 9	NA	NA	NA	—
Combination 10	NA	NA	NA	—
Immunizations for Adolescents				
Meningococcal	NA	57.14%	NA	—
Tdap	NA	80.00%	NA	—
HPV	NA	22.86%	NA	—
Combination 1 (Meningococcal, Tdap)	NA	54.29%	NA	—
Combination 2 (Meningococcal, Tdap, HPV)	NA	14.29%	NA	—
Well-Child Visits in the First 15 Months of Life				
*Zero Visits**	NA	NR	NA	—
Six or More Visits	NA	NR	NA	—
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	58.21%	61.90%	60.42%	<10th
Adolescent Well-Care Visits				
Adolescent Well-Care Visits	15.68%	17.66%	17.66%	<10th

Performance Measures	HEDIS 2018 Rate	HEDIS 2019 Rate	HEDIS 2020 Rate	Percentile Ranking
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents				
BMI Percentile Documentation—Ages 3 to 11 Years	3.16%	3.70%	8.59%	<10th
BMI Percentile Documentation—Ages 12 to 17 Years	3.20%	5.10%	2.70%	<10th
BMI Percentile Documentation—Total	3.18%	4.37%	5.86%	<10th
Counseling for Nutrition—Ages 3 to 11 Years	13.92%	15.74%	21.09%	<10th
Counseling for Nutrition—Ages 12 to 17 Years	17.60%	15.31%	18.92%	<10th
Counseling for Nutrition—Total	15.55%	15.53%	20.08%	<10th
Counseling for Physical Activity—Ages 3 to 11 Years	0.00%	0.00%	0.00%	<10th
Counseling for Physical Activity—Ages 12 to 17 Years	1.60%	0.00%	2.70%	<10th
Counseling for Physical Activity—Total	0.71%	0.00%	1.26%	<10th
Access to Care				
Prenatal and Postpartum Care[2]				
Timeliness of Prenatal Care	—	—	42.00%	—
Postpartum Care	—	—	35.92%	—
Children and Adolescents' Access to Primary Care Practitioners[1]				
Ages 12 to 24 Months	NA	NA	NA	—
Ages 25 Months to 6 Years	87.84%	81.82%	85.71%	25th–49th
Ages 7 to 11 Years	90.36%	86.21%	88.46%	25th–49th
Ages 12 to 19 Years	91.12%	89.13%	88.76%	25th–49th
Adults' Access to Preventive/Ambulatory Health Services				
Ages 20 to 44 Years	65.96%	66.25%	66.50%	10th–24th
Ages 45 to 64 Years	76.58%	77.83%	77.92%	10th–24th
Ages 65 Years and Older	93.50%	91.55%	90.17%	50th–74th
Total	70.93%	71.84%	72.10%	10th–24th
Preventive Screening				
Chlamydia Screening in Women				
Ages 16 to 20 Years	45.83%	46.62%	49.55%	25th–49th
Ages 21 to 24 Years	50.00%	46.43%	47.28%	<10th
Total	49.26%	46.46%	47.77%	10th–24th
Breast Cancer Screening				
Breast Cancer Screening	50.44%	50.10%	48.04%	10th–24th
Cervical Cancer Screening[1]				
Cervical Cancer Screening	43.21%	41.93%	39.39%	<10th
*Non-Recommended Cervical Cancer Screening in Adolescent Females**				
Non-Recommended Cervical Cancer Screening in Adolescent Females	2.12%	2.86%	2.00%	10th–24th

Performance Measures	HEDIS 2018 Rate	HEDIS 2019 Rate	HEDIS 2020 Rate	Percentile Ranking
Adult BMI Assessment				
Adult BMI Assessment	17.25%	27.74%	38.95%^	<10th
Mental/Behavioral Health				
Antidepressant Medication Management				
Effective Acute Phase Treatment	52.34%	52.20%	73.71%^	≥90th
Effective Continuation Phase Treatment	34.46%	33.85%	64.85%^	≥90th
Follow-Up Care for Children Prescribed ADHD Medication				
Initiation Phase	NA	NA	NA	—
Continuation and Maintenance Phase	NA	NA	NA	—
Metabolic Monitoring for Children and Adolescents on Antipsychotics				
Blood Glucose Testing—Ages 1 to 11 Years	—	—	NA	—
Blood Glucose Testing—Ages 12 to 17 Years	—	—	NA	—
Blood Glucose Testing—Total	—	—	43.33%	—
Cholesterol Testing—Ages 1 to 11 Years	—	—	NA	—
Cholesterol Testing—Ages 12 to 17 Years	—	—	NA	—
Cholesterol Testing—Total	—	—	26.67%	—
Blood Glucose and Cholesterol Testing—Ages 1 to 11 Years	—	—	NA	—
Blood Glucose and Cholesterol Testing—Ages 12 to 17 Years	NA	NA	NA	—
Blood Glucose and Cholesterol Testing—Total	21.95%	20.00%	26.67%	10th–24th
Living With Illness				
Persistence of Beta-Blocker Treatment After a Heart Attack				
Persistence of Beta-Blocker Treatment After a Heart Attack	NA	NA	NA	—
Comprehensive Diabetes Care				
Hemoglobin A1c (HbA1c) Testing	83.94%	84.59%	84.59%	10th–24th
*HbA1c Poor Control (>9.0%)**	70.68%	76.08%	76.08%	<10th
HbA1c Control (<8.0%)	25.19%	19.55%	19.55%	<10th
Eye Exam (Retinal) Performed	7.47%	50.14%	50.14%	10th–24th
Medical Attention for Nephropathy	82.98%	83.21%	83.21%	<10th
Blood Pressure Control (<140/90 mm Hg)	0.00%	8.91%	8.91%	<10th
Statin Therapy for Patients With Diabetes				
Received Statin Therapy	43.37%	46.70%	43.04%	<10th
Statin Adherence 80%[1]	57.33%	60.05%	85.57%^	≥90th
Statin Therapy for Patients With Cardiovascular Disease				
Received Statin Therapy—21–75 Years—Male	74.78%	65.77%	60.48%	<10th
Received Statin Therapy—40–75 Years—Female	67.57%	63.51%	52.11%	<10th
Received Statin Therapy—Total	71.96%	64.86%	57.44%	<10th
Statin Adherence 80%—21–75 Years—Male[1]	69.77%	60.27%	93.33%^	≥90th
Statin Adherence 80%—40–75 Years—Female[1]	66.00%	61.70%	91.89%^	≥90th
Statin Adherence 80%—Total[1]	68.38%	60.83%	92.86%^	≥90th

Performance Measures	HEDIS 2018 Rate	HEDIS 2019 Rate	HEDIS 2020 Rate	Percentile Ranking
Use of Imaging Studies for Low Back Pain				
Use of Imaging Studies for Low Back Pain	72.70%	71.67%	72.76%	50th–74th
Pharmacotherapy Management of COPD Exacerbation				
Systemic Corticosteroid	44.50%	40.28%	37.33%	<10th
Bronchodilator	54.13%	56.48%	54.22%	<10th
Medication Management for People With Asthma				
Medication Compliance 50%—Ages 5 to 11 Years	NA	NA	NA	—
Medication Compliance 50%—Ages 12 to 18 Years	NA	NA	NA	—
Medication Compliance 50%—Ages 19 to 50 Years	60.36%	62.80%	81.21%^	≥90th
Medication Compliance 50%—Ages 51 to 64 Years	71.19%	71.43%	84.75%	≥90th
Medication Compliance 50%—Total	63.25%	64.91%	82.40%^	≥90th
Medication Compliance 75%—Ages 5 to 11 Years	NA	NA	NA	—
Medication Compliance 75%—Ages 12 to 18 Years	NA	NA	NA	—
Medication Compliance 75%—Ages 19 to 50 Years	36.09%	37.20%	64.24%^	≥90th
Medication Compliance 75%—Ages 51 to 64 Years	47.46%	44.64%	69.49%^	≥90th
Medication Compliance 75%—Total	38.89%	38.60%	66.09%^	≥90th
Asthma Medication Ratio				
Ages 5 to 11 Years	NA	NA	NA	—
Ages 12 to 18 Years	NA	NA	NA	—
Ages 19 to 50 Years	52.83%	49.02%	45.74%	10th–24th
Ages 51 to 64 Years	47.22%	62.32%	53.16%	25th–49th
Total	52.07%	53.74%	48.40%	<10th
Use of Spirometry Testing in the Assessment and Diagnosis of COPD				
Use of Spirometry Testing in the Assessment and Diagnosis of COPD	34.87%	30.09%	29.46%	25th–49th
Antibiotic Stewardship				
Appropriate Testing for Pharyngitis[2]				
Ages 3 to 17 Years	—	—	NA	—
Ages 18 to 64 Years	—	—	73.73%	—
Ages 65 Years and Older	—	—	NA	—
Total	—	—	73.66%	—
Appropriate Treatment for Upper Respiratory Infection[2]				
Ages 3 Months to 17 Years	—	—	96.10%	—
Ages 18 to 64 Years	—	—	87.62%	—
Ages 65 Years and Older	—	—	100.00%	—
Total	—	—	88.24%	—
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis[2]				
Ages 3 Months to 17 Years	—	—	NA	—
Ages 18 to 64 Years	—	—	46.17%	—

Performance Measures	HEDIS 2018 Rate	HEDIS 2019 Rate	HEDIS 2020 Rate	Percentile Ranking
Ages 65 Years and Older	—	—	NA	—
Total	—	—	47.83%	—
Antibiotic Utilization*				
Average Scripts PMPY for Antibiotics of Concern—Ages 0 to 9 Years	0.50	0.39	0.44	—
Average Scripts PMPY for Antibiotics of Concern—Ages 10 to 17 Years	0.25	0.31	0.22	—
Average Scripts PMPY for Antibiotics of Concern—Ages 18 to 34 Years	0.24	0.22	0.22	—
Average Scripts PMPY for Antibiotics of Concern—Ages 35 to 49 Years	0.29	0.28	0.28	—
Average Scripts PMPY for Antibiotics of Concern—Ages 50 to 64 Years	0.35	0.32	0.32	—
Average Scripts PMPY for Antibiotics of Concern—Ages 65 to 74 Years	0.11	0.05	0.02	—
Average Scripts PMPY for Antibiotics of Concern—Ages 75 to 84 Years	0.09	0.01	0.01	—
Average Scripts PMPY for Antibiotics of Concern—Ages 85+ Years	0.10	0.02	0.01	—
Average Scripts PMPY for Antibiotics of Concern—Total	0.28	0.25	0.25	75th–89th
Average Days Supplied per Antibiotic Script—Ages 0 to 9 Years	9.88	11.84	20.50	—
Average Days Supplied per Antibiotic Script—Ages 10 to 17 Years	14.21	13.62	23.15	—
Average Days Supplied per Antibiotic Script—Ages 18 to 34 Years	9.02	8.75	17.59	—
Average Days Supplied per Antibiotic Script—Ages 35 to 49 Years	9.40	9.28	18.10	—
Average Days Supplied per Antibiotic Script—Ages 50 to 64 Years	9.46	9.29	19.09	—
Average Days Supplied per Antibiotic Script—Ages 65 to 74 Years	8.03	9.59	21.70	—
Average Days Supplied per Antibiotic Script—Ages 75 to 84 Years	15.58	9.50	16.80	—
Average Days Supplied per Antibiotic Script—Ages 85+ Years	12.00	7.00	12.00	—
Average Days Supplied per Antibiotic Script—Total	9.32	9.11	18.21	<10th
Average Scripts PMPY for Antibiotics—Ages 0 to 9 Years	1.08	0.95	0.99	—
Average Scripts PMPY for Antibiotics—Ages 10 to 17 Years	0.82	0.76	0.66	—
Average Scripts PMPY for Antibiotics—Ages 18 to 34 Years	0.67	0.62	0.64	—
Average Scripts PMPY for Antibiotics—Ages 35 to 49 Years	0.73	0.68	0.69	—
Average Scripts PMPY for Antibiotics—Ages 50 to 64 Years	0.77	0.72	0.72	—
Average Scripts PMPY for Antibiotics—Ages 65 to 74 Years	0.23	0.11	0.05	—
Average Scripts PMPY for Antibiotics—Ages 75 to 84 Years	0.26	0.05	0.02	—
Average Scripts PMPY for Antibiotics—Ages 85+ Years	0.30	0.05	0.04	—
Average Scripts PMPY for Antibiotics—Total	0.70	0.64	0.65	75th–89th
Percentage of Antibiotics of Concern of All Antibiotic Scripts—Ages 0 to 9 Years	46.48%	41.34%	44.63%	—

Performance Measures	HEDIS 2018 Rate	HEDIS 2019 Rate	HEDIS 2020 Rate	Percentile Ranking
Percentage of Antibiotics of Concern of All Antibiotic Scripts—Ages 10 to 17 Years	30.58%	40.98%	33.33%	—
Percentage of Antibiotics of Concern of All Antibiotic Scripts—Ages 18 to 34 Years	35.78%	35.57%	34.38%	—
Percentage of Antibiotics of Concern of All Antibiotic Scripts—Ages 35 to 49 Years	39.74%	40.71%	40.54%	—
Percentage of Antibiotics of Concern of All Antibiotic Scripts—Ages 50 to 64 Years	45.75%	44.56%	44.08%	—
Percentage of Antibiotics of Concern of All Antibiotic Scripts—Ages 65 to 74 Years	47.06%	41.77%	42.55%	—
Percentage of Antibiotics of Concern of All Antibiotic Scripts—Ages 75 to 84 Years	35.80%	18.75%	30.00%	—
Percentage of Antibiotics of Concern of All Antibiotic Scripts—Ages 85+ Years	32.35%	33.33%	27.27%	—
Percentage of Antibiotics of Concern of All Antibiotic Scripts—Total	39.55%	39.52%	38.88%	50th–74th
Opioids				
Use of Opioids at High Dosage*²				
Use of Opioids at High Dosage	—	—	8.84%	—
Use of Opioids From Multiple Providers*				
Multiple Pharmacies	—	4.22%	1.91%	≥90th
Multiple Prescribers	—	25.73%	**57.73%^^**	<10th
Multiple Prescribers and Multiple Pharmacies	—	2.79%	1.91%	75th–89th
Risk of Continued Opioid Use*				
At Least 15 Days Covered—Ages 18 to 64 Years	—	—	12.99%	10th–24th
At Least 15 Days Covered—Ages 65+ Years	—	—	NA	—
At Least 15 Days Covered—Total	—	—	13.01%	10th–24th
At Least 31 Days Covered—Ages 18 to 64 Years	—	—	4.23%	25th–49th
At Least 31 Days Covered—Ages 65+ Years	—	—	NA	—
At Least 31 Days Covered—Total	—	—	4.25%	25th–49th
Pharmacotherapy for Opioid Use Disorder				
Ages 16 to 64 Years	—	—	54.02%	—
Ages 65+ Years	—	—	NA	—
Total	—	—	54.02%	—
Use of Services				
Ambulatory Care—Total				
Emergency Department Visits—Total—Age <1 Year*	NA	NA	NA	—
Emergency Department Visits—Total—Ages 1 to 9 Years*	50.42	38.94	35.95	75th–89th
Emergency Department Visits—Total—Ages 10 to 19 Years*	58.92	57.46	59.24	<10th
Emergency Department Visits—Total—Ages 20 to 44 Years*	64.89	62.68	60.58	75th–89th
Emergency Department Visits—Total—Ages 45 to 64 Years*	60.07	59.16	58.52	50th–74th

Performance Measures	HEDIS 2018 Rate	HEDIS 2019 Rate	HEDIS 2020 Rate	Percentile Ranking
*Emergency Department Visits—Total—Ages 65 to 74 Years**	64.63	68.35	72.72	<10th
*Emergency Department Visits—Total—Ages 75 to 84 Years**	58.89	68.32	65.47	<10th
*Emergency Department Visits—Total—Ages 85+ Years**	54.14	59.05	59.80	<10th
*Emergency Department Visits—Total—Total**	62.98	61.52	60.25	25th–49th
Outpatient Visits—Total—Age <1 Year	NA	NA	NA	—
Outpatient Visits—Total—Ages 1 to 9 Years	495.34	522.12	505.14	≥90th
Outpatient Visits—Total—Ages 10 to 19 Years	227.33	251.45	266.43	50th–74th
Outpatient Visits—Total—Ages 20 to 44 Years	234.08	236.30	246.78	10th–24th
Outpatient Visits—Total—Ages 45 to 64 Years	434.24	445.77	463.27	10th–24th
Outpatient Visits—Total—Ages 65 to 74 Years	717.41	662.93	687.89	50th–74th
Outpatient Visits—Total—Ages 75 to 84 Years	712.90	771.72	675.80	50th–74th
Outpatient Visits—Total—Ages 85+ Years	634.02	683.24	552.75	50th–74th
Outpatient Visits—Total—Total	317.25	326.38	341.87	25th–49th
Inpatient Utilization—General Hospital/Acute Care—Total				
Discharges per 1,000 Member Months (Total Inpatient)— Age <1 Year	NA	NA	NA	—
Discharges per 1,000 Member Months (Total Inpatient)— Ages 1 to 9 Years	11.02	13.72	6.07	≥90th
Discharges per 1,000 Member Months (Total Inpatient)— Ages 10 to 19 Years	7.60	8.48	9.20	≥90th
Discharges per 1,000 Member Months (Total Inpatient)— Ages 20 to 44 Years	7.44	7.63	7.75	10th–24th
Discharges per 1,000 Member Months (Total Inpatient)— Ages 45 to 64 Years	10.30	10.72	11.63	25th–49th
Discharges per 1,000 Member Months (Total Inpatient)— Ages 65 to 74 Years	23.62	21.70	23.61	75th–89th
Discharges per 1,000 Member Months (Total Inpatient)— Ages 75 to 84 Years	23.45	25.97	25.66	75th–89th
Discharges per 1,000 Member Months (Total Inpatient)— Ages 85+ Years	19.90	22.02	18.04	25th–49th
Discharges per 1,000 Member Months (Total Inpatient)—Total	9.01	9.42	9.96	≥90th
Days per 1,000 Member Months (Total Inpatient)—Age <1 Year	NA	NA	NA	—
Days per 1,000 Member Months (Total Inpatient)—Ages 1 to 9 Years	43.64	54.87	23.81	≥90th
Days per 1,000 Member Months (Total Inpatient)—Ages 10 to 19 Years	19.58	35.62	37.35	≥90th
Days per 1,000 Member Months (Total Inpatient)—Ages 20 to 44 Years	21.49	22.46	26.67	<10th
Days per 1,000 Member Months (Total Inpatient)—Ages 45 to 64 Years	45.82	47.47	58.64	25th–49th

Performance Measures	HEDIS 2018 Rate	HEDIS 2019 Rate	HEDIS 2020 Rate	Percentile Ranking
Days per 1,000 Member Months (Total Inpatient)—Ages 65 to 74 Years	104.47	92.78	130.09	75th–89th
Days per 1,000 Member Months (Total Inpatient)—Ages 75 to 84 Years	112.76	118.24	121.17	50th–74th
Days per 1,000 Member Months (Total Inpatient)—Ages 85+ Years	84.93	92.46	72.55	25th–49th
Days per 1,000 Member Months (Total Inpatient)—Total	32.59	34.67	42.57	75th–89th
Average Length of Stay (Total Inpatient)—Age <1 Year	NA	NA	NA	—
Average Length of Stay (Total Inpatient)—Ages 1 to 9 Years	3.96	4.00	3.92	50th–74th
Average Length of Stay (Total Inpatient)—Ages 10 to 19 Years	2.58	4.20	4.06	75th–89th
Average Length of Stay (Total Inpatient)—Ages 20 to 44 Years	2.89	2.94	3.44	25th–49th
Average Length of Stay (Total Inpatient)—Ages 45 to 64 Years	4.45	4.43	5.04	25th–49th
Average Length of Stay (Total Inpatient)—Ages 65 to 74 Years	4.42	4.28	5.51	25th–49th
Average Length of Stay (Total Inpatient)—Ages 75 to 84 Years	4.81	4.55	4.72	10th–24th
Average Length of Stay (Total Inpatient)—Ages 85+ Years	4.27	4.20	4.02	<10th
Average Length of Stay (Total Inpatient)—Total	3.62	3.68	4.27	25th–49th
Discharges per 1,000 Member Months (Medicine)—Age <1 Year	NA	NA	NA	—
Discharges per 1,000 Member Months (Medicine)—Ages 1 to 9 Years	8.05	7.08	3.73	≥90th
Discharges per 1,000 Member Months (Medicine)—Ages 10 to 19 Years	1.77	2.45	2.86	≥90th
Discharges per 1,000 Member Months (Medicine)—Ages 20 to 44 Years	2.28	2.23	2.24	10th–24th
Discharges per 1,000 Member Months (Medicine)—Ages 45 to 64 Years	6.41	6.68	7.00	25th–49th
Discharges per 1,000 Member Months (Medicine)—Ages 65 to 74 Years	16.64	15.26	16.15	75th–89th
Discharges per 1,000 Member Months (Medicine)—Ages 75 to 84 Years	17.54	20.25	18.65	75th–89th
Discharges per 1,000 Member Months (Medicine)—Ages 85+ Years	15.66	18.13	14.90	50th–74th
Discharges per 1,000 Member Months (Medicine)—Total	4.20	4.39	4.65	75th–89th
Days per 1,000 Member Months (Medicine)—Age <1 Year	NA	NA	NA	—
Days per 1,000 Member Months (Medicine)—Ages 1 to 9 Years	29.24	27.43	14.47	≥90th
Days per 1,000 Member Months (Medicine)—Ages 10 to 19 Years	4.22	9.37	8.74	≥90th
Days per 1,000 Member Months (Medicine)—Ages 20 to 44 Years	7.61	7.04	7.81	10th–24th
Days per 1,000 Member Months (Medicine)—Ages 45 to 64 Years	24.78	26.38	29.00	25th–49th
Days per 1,000 Member Months (Medicine)—Ages 65 to 74 Years	61.74	62.26	77.00	75th–89th
Days per 1,000 Member Months (Medicine)—Ages 75 to 84 Years	81.08	84.39	81.99	75th–89th
Days per 1,000 Member Months (Medicine)—Ages 85+ Years	60.77	73.30	53.73	25th–49th
Days per 1,000 Member Months (Medicine)—Total	15.52	16.41	18.63	75th–89th
Average Length of Stay (Medicine)—Age <1 Year	NA	NA	NA	—

Performance Measures	HEDIS 2018 Rate	HEDIS 2019 Rate	HEDIS 2020 Rate	Percentile Ranking
Average Length of Stay (Medicine)—Ages 1 to 9 Years	3.63	3.88	3.88	75th–89th
Average Length of Stay (Medicine)—Ages 10 to 19 Years	2.38	3.83	3.05	25th–49th
Average Length of Stay (Medicine)—Ages 20 to 44 Years	3.34	3.16	3.49	10th–24th
Average Length of Stay (Medicine)—Ages 45 to 64 Years	3.87	3.95	4.14	25th–49th
Average Length of Stay (Medicine)—Ages 65 to 74 Years	3.71	4.08	4.77	25th–49th
Average Length of Stay (Medicine)—Ages 75 to 84 Years	4.62	4.17	4.40	25th–49th
Average Length of Stay (Medicine)—Ages 85+ Years	3.88	4.04	3.61	10th–24th
Average Length of Stay (Medicine)—Total	3.70	3.74	4.00	25th–49th
Discharges per 1,000 Member Months (Surgery)—Age <1 Year	NA	NA	NA	—
Discharges per 1,000 Member Months (Surgery)—Ages 1 to 9 Years	2.97	6.64	2.33	≥90th
Discharges per 1,000 Member Months (Surgery)—Ages 10 to 19 Years	1.10	1.14	0.85	≥90th
Discharges per 1,000 Member Months (Surgery)—Ages 20 to 44 Years	1.02	1.03	1.18	10th–24th
Discharges per 1,000 Member Months (Surgery)—Ages 45 to 64 Years	3.84	4.03	4.60	50th–74th
Discharges per 1,000 Member Months (Surgery)—Ages 65 to 74 Years	6.98	6.44	7.46	75th–89th
Discharges per 1,000 Member Months (Surgery)—Ages 75 to 84 Years	5.91	5.72	7.01	75th–89th
Discharges per 1,000 Member Months (Surgery)—Ages 85+ Years	4.25	3.89	3.14	25th–49th
Discharges per 1,000 Member Months (Surgery)—Total	2.12	2.23	2.57	≥90th
Days per 1,000 Member Months (Surgery)—Age <1 Year	NA	NA	NA	—
Days per 1,000 Member Months (Surgery)—Ages 1 to 9 Years	14.41	27.43	9.34	≥90th
Days per 1,000 Member Months (Surgery)—Ages 10 to 19 Years	4.73	14.67	13.46	≥90th
Days per 1,000 Member Months (Surgery)—Ages 20 to 44 Years	5.27	5.26	8.82	25th–49th
Days per 1,000 Member Months (Surgery)—Ages 45 to 64 Years	20.85	21.00	29.56	25th–49th
Days per 1,000 Member Months (Surgery)—Ages 65 to 74 Years	42.73	30.51	53.09	75th–89th
Days per 1,000 Member Months (Surgery)—Ages 75 to 84 Years	31.68	33.85	39.18	50th–74th
Days per 1,000 Member Months (Surgery)—Ages 85+ Years	24.15	19.17	18.82	25th–49th
Days per 1,000 Member Months (Surgery)—Total	11.43	11.73	17.53	≥90th
Average Length of Stay (Surgery)—Age <1 Year	NA	NA	NA	—
Average Length of Stay (Surgery)—Ages 1 to 9 Years	4.86	4.13	4.00	10th–24th
Average Length of Stay (Surgery)—Ages 10 to 19 Years	4.31	12.86	15.82	≥90th
Average Length of Stay (Surgery)—Ages 20 to 44 Years	5.18	5.08	7.49	75th–89th
Average Length of Stay (Surgery)—Ages 45 to 64 Years	5.43	5.21	6.42	25th–49th
Average Length of Stay (Surgery)—Ages 65 to 74 Years	6.12	4.74	7.12	25th–49th
Average Length of Stay (Surgery)—Ages 75 to 84 Years	5.36	5.92	5.59	10th–24th
Average Length of Stay (Surgery)—Ages 85+ Years	5.69	4.93	6.00	10th–24th

Performance Measures	HEDIS 2018 Rate	HEDIS 2019 Rate	HEDIS 2020 Rate	Percentile Ranking
Average Length of Stay (Surgery)—Total	5.39	5.26	6.81	25th–49th
Discharges per 1,000 Member Months (Maternity)—Ages 10 to 19 Years	4.73	4.89	5.49	≥90th
Discharges per 1,000 Member Months (Maternity)—Ages 20 to 44 Years	4.14	4.37	4.33	10th–24th
Discharges per 1,000 Member Months (Maternity)—Ages 45 to 64 Years	0.05	0.02	0.03	25th–49th
Discharges per 1,000 Member Months (Maternity)—Total	2.83	2.96	2.93	50th–74th
Days per 1,000 Member Months (Maternity)—Ages 10 to 19 Years	10.64	11.57	15.16	≥90th
Days per 1,000 Member Months (Maternity)—Ages 20 to 44 Years	8.61	10.17	10.03	10th–24th
Days per 1,000 Member Months (Maternity)—Ages 45 to 64 Years	0.18	0.09	0.08	25th–49th
Days per 1,000 Member Months (Maternity)—Total	5.93	6.91	6.88	25th–49th
Average Length of Stay (Maternity)—Ages 10 to 19 Years	2.25	2.37	2.76	50th–74th
Average Length of Stay (Maternity)—Ages 20 to 44 Years	2.08	2.33	2.32	<10th
Average Length of Stay (Maternity)—Ages 45 to 64 Years	3.43	6.00	2.50	10th–24th
Average Length of Stay (Maternity)—Total	2.10	2.33	2.35	<10th
Frequency of Selected Procedures				
Bariatric Weight Loss Surgery (0–19 Male)	0.00	0.00	0.00	≥90th
Bariatric Weight Loss Surgery (0–19 Female)	0.00	0.00	0.00	75th–89th
Bariatric Weight Loss Surgery (20–44 Male)	0.01	0.02	0.04	50th–74th
Bariatric Weight Loss Surgery (20–44 Female)	0.12	0.12	0.14	25th–49th
Bariatric Weight Loss Surgery (45–64 Male)	0.02	0.03	0.06	75th–89th
Bariatric Weight Loss Surgery (45–64 Female)	0.17	0.13	0.30	75th–89th
Tonsillectomy (0–9 Male & Female)	1.27	1.32	1.39	≥90th
Tonsillectomy (10–19 Male & Female)	0.42	0.57	0.54	≥90th
Hysterectomy, Abdominal (15–44 Female)	0.08	0.08	0.04	10th–24th
Hysterectomy, Abdominal (45–64 Female)	0.17	0.26	0.14	25th–49th
Hysterectomy, Vaginal (15–44 Female)	0.34	0.43	0.36	≥90th
Hysterectomy, Vaginal (45–64 Female)	0.31	0.20	0.29	≥90th
Cholecystectomy, Open (30–64 Male)	0.01	0.01	0.02	50th–74th
Cholecystectomy, Open (15–44 Female)	0.01	0.01	0.00	25th–49th
Cholecystectomy, Open (45–64 Female)	0.01	0.01	0.03	50th–74th
Cholecystectomy (Laparoscopic) (30–64 Male)	0.32	0.30	0.23	50th–74th
Cholecystectomy (Laparoscopic) (15–44 Female)	0.84	0.67	0.65	50th–74th
Cholecystectomy (Laparoscopic) (45–64 Female)	0.71	0.60	0.61	50th–74th
Back Surgery (20–44 Male)	0.10	0.14	0.15	25th–49th
Back Surgery (20–44 Female)	0.23	0.18	0.16	50th–74th
Back Surgery (45–64 Male)	0.72	0.76	1.01	≥90th
Back Surgery (45–64 Female)	0.62	0.71	0.57	50th–74th

Performance Measures	HEDIS 2018 Rate	HEDIS 2019 Rate	HEDIS 2020 Rate	Percentile Ranking
Mastectomy (15–44 Female)	0.05	0.06	0.14	≥90th
Mastectomy (45–64 Female)	0.10	0.10	0.24	≥90th
Lumpectomy (15–44 Female)	0.08	0.13	0.13	75th–89th
Lumpectomy (45–64 Female)	0.33	0.27	0.36	50th–74th
Plan All-Cause Readmissions*[2]				
Observed Readmissions—Ages 18 to 44 Years	—	—	9.70%	—
Observed Readmissions—Ages 45 to 54 Years	—	—	9.16%	—
Observed Readmissions—Ages 55 to 64 Years	—	—	10.59%	—
Observed Readmissions—Total	—	—	9.87%	—
O/E Ratio—Total	—	—	1.02	—

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

[1] Due to changes in the technical specifications for this measure, NCQA recommends that trending between 2020 and prior years be considered with caution.

[2] Due to changes in the technical specifications for this measure, NCQA recommends a break in trending between 2020 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 2018 or HEDIS 2019.

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

NR (Not Reported) indicates that the MCO did not report 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.

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. MCO rates reported as *Not Reported* (*NR*) were excluded from the statewide rate calculation.

Table B-3—Colorado Medicaid Statewide Trend Table

Performance Measures	HEDIS 2018 Rate	HEDIS 2019 Rate	HEDIS 2020 Rate	Plan Rate Range
Pediatric Care				
Childhood Immunization Status				
DTaP	75.39%	69.51%	70.63%	—
IPV	84.70%	79.95%	81.91%	—
MMR	78.65%	79.95%	81.21%	—
HiB	84.70%	80.55%	81.36%	—
Hepatitis B	80.75%	82.17%	85.12%	—
VZV	83.70%	80.07%	81.21%	—
Pneumococcal Conjugate	73.99%	68.01%	70.87%	—
Hepatitis A	81.06%	79.41%	80.89%	—
Rotavirus	67.62%	62.61%	63.12%	—
Influenza	50.23%	51.56%	53.17%	—
Combination 2	68.25%	68.01%	69.46%	—
Combination 3	65.92%	64.77%	66.41%	—
Combination 4	64.21%	64.65%	66.09%	—
Combination 5	58.00%	56.78%	57.56%	—
Combination 6	43.32%	45.20%	47.85%	—
Combination 7	56.68%	56.66%	57.40%	—
Combination 8	42.47%	45.14%	47.85%	—
Combination 9	39.44%	40.76%	42.68%	—
Combination 10	38.74%	40.70%	42.68%	—
Immunizations for Adolescents				
Meningococcal	77.73%	78.94%	80.45%	—
Tdap	81.93%	78.94%	80.66%	—
HPV	50.16%	50.37%	52.08%	—
Combination 1 (Meningococcal, Tdap)	75.55%	76.40%	77.63%	—
Combination 2 (Meningococcal, Tdap, HPV)	47.11%	48.70%	50.04%	—
Well-Child Visits in the First 15 Months of Life				
*Zero Visits**	9.12%	7.08%	4.83%	—
Six or More Visits	4.39%	52.28%	55.51%	—

Performance Measures	HEDIS 2018 Rate	HEDIS 2019 Rate	HEDIS 2020 Rate	Plan Rate Range
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	60.89%	63.57%	64.49%	60.42%-64.53%
Adolescent Well-Care Visits				
Adolescent Well-Care Visits	34.29%	39.36%	38.21%	17.66%-40.10%
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents				
BMI Percentile Documentation—Ages 3 to 11 Years	10.49%	14.66%	19.15%^	8.59%-19.32%
BMI Percentile Documentation—Ages 12 to 17 Years	26.76%	33.00%	33.77%	2.70%-34.47%
BMI Percentile Documentation—Total	16.52%	21.62%	24.76%^	5.86%-25.11%
Counseling for Nutrition—Ages 3 to 11 Years	1.76%	2.31%	5.07%	4.81%-21.09%
Counseling for Nutrition—Ages 12 to 17 Years	13.60%	16.16%	16.24%	16.18%-18.92%
Counseling for Nutrition—Total	6.14%	7.57%	9.36%	9.16%-20.08%
Counseling for Physical Activity—Ages 3 to 11 Years	0.36%	1.58%	3.96%	0.00%-4.02%
Counseling for Physical Activity—Ages 12 to 17 Years	3.04%	12.71%	14.37%	2.70%-14.64%
Counseling for Physical Activity—Total	1.35%	5.81%	7.96%	1.26%-8.08%
Access to Care				
Prenatal and Postpartum Care[2]				
Timeliness of Prenatal Care	—	—	62.81%	42.00%-84.53%
Postpartum Care	—	—	50.88%	35.92%-66.50%
Children's and Adolescents' Access to Primary Care Practitioners				
Ages 12 to 24 Months	86.85%	88.52%	89.12%	—
Ages 25 Months to 6 Years	72.27%	75.14%	74.56%	74.46%-85.71%
Ages 7 to 11 Years	75.68%	80.16%	80.17%	80.05%-88.46%
Ages 12 to 19 Years	75.68%	80.50%	79.40%	79.19%-88.76%
Adults' Access to Preventive/Ambulatory Health Services				
Ages 20 to 44 Years	57.22%	56.05%	57.10%	49.81%-66.50%
Ages 45 to 64 Years	70.88%	69.84%	70.75%	63.53%-77.92%
Ages 65 Years and Older	83.48%	78.31%	80.28%	71.75%-90.17%
Total	62.88%	61.75%	63.01%	55.30%-72.10%
Preventive Screening				
Chlamydia Screening in Women				
Ages 16 to 20 Years	63.09%	64.72%	68.90%^	49.55%-72.63%
Ages 21 to 24 Years	58.66%	60.64%	60.62%	47.28%-73.29%
Total	60.64%	62.43%	64.39%	47.77%-72.91%
Breast Cancer Screening				
Breast Cancer Screening	50.53%	48.53%	47.09%	46.01%-48.04%

Performance Measures	HEDIS 2018 Rate	HEDIS 2019 Rate	HEDIS 2020 Rate	Plan Rate Range
Cervical Cancer Screening[1]				
Cervical Cancer Screening	43.12%	42.52%	42.52%	39.39%-45.58%
Non-Recommended Cervical Cancer Screening in Adolescent Females*				
Non-Recommended Cervical Cancer Screening in Adolescent Females	0.34%	0.23%	0.30%	0.04%-2.00%
Adult BMI Assessment				
Adult BMI Assessment	47.08%	52.30%	59.16%^	38.95%-80.35%
Mental/Behavioral Health				
Anti-depressant Medication Management				
Effective Acute Phase Treatment	53.45%	53.24%	65.91%^	57.19%-73.71%
Effective Continuation Phase Treatment	34.05%	33.91%	52.03%^	37.69%-64.85%
Follow-up Care for Children Prescribed ADHD Medication				
Initiation Phase	37.59%	40.56%	41.59%	—
Continuation and Maintenance Phase	NA	41.94%	NA	—
Metabolic Monitoring for Children and Adolescents on Antipsychotics				
Blood Glucose Testing—Ages 1 to 11 Years	—	—	NA	—
Blood Glucose Testing—Ages 12 to 17 Years	—	—	51.06%	—
Blood Glucose Testing—Total	—	—	49.15%	—
Cholesterol Testing—Ages 1 to 11 Years	—	—	NA	—
Cholesterol Testing—Ages 12 to 17 Years	—	—	38.30%	—
Cholesterol Testing—Total	—	—	38.98%	—
Blood Glucose and Cholesterol Testing—Ages 1 to 11 Years	—	—	NA	—
Blood Glucose and Cholesterol Testing—Ages 12 to 17 Years	NA	27.78%	38.30%	—
Blood Glucose and Cholesterol Testing—Total	21.95%	35.21%	38.98%	—
Living With Illness				
Persistence of Beta-Blocker Treatment After a Heart Attack				
Persistence of Beta-Blocker Treatment After a Heart Attack	66.18%	50.98%	70.21%	—
Comprehensive Diabetes Care				
Hemoglobin A1c (HbA1c) Testing	83.03%	83.24%	83.74%	83.00%-84.59%
HbA1c Poor Control (>9.0%)*	56.53%	56.98%	56.95%	40.51%-76.08%
HbA1c Control (<8.0%)	35.51%	34.71%	35.37%	19.55%-48.96%
Eye Exam (Retinal) Performed	27.40%	47.83%	47.75%	45.70%-50.14%
Medical Attention for Nephropathy	82.72%	82.30%	83.50%	83.21%-83.75%
Blood Pressure Control (<140/90 mm Hg)	32.61%	37.14%	38.27%	8.91%-63.49%

Performance Measures	HEDIS 2018 Rate	HEDIS 2019 Rate	HEDIS 2020 Rate	Plan Rate Range
Statin Therapy for Patients With Diabetes				
Received Statin Therapy	49.60%	52.77%	53.27%	43.04%-61.74%
Statin Adherence 80%[1]	58.63%	60.40%	74.16%^	67.58%-85.57%
Statin Therapy for Patients With Cardiovascular Disease				
Received Statin Therapy—21–75 Years—Male	73.68%	68.32%	67.36%	60.48%-74.78%
Received Statin Therapy—40–75 Years—Female	72.44%	67.97%	64.39%	52.11%-78.69%
Received Statin Therapy—Total	73.19%	68.18%	66.31%	57.44%-76.14%
Statin Adherence 80%—21–75 Years—Male[1]	65.00%	65.22%	81.37%^	70.93%-93.33%
Statin Adherence 80%—40–75 Years—Female[1]	63.04%	64.37%	69.41%	52.08%-91.89%
Statin Adherence 80%—Total[1]	64.22%	64.89%	77.24%^	64.18%-92.86%
Use of Imaging Studies for Low Back Pain				
Use of Imaging Studies for Low Back Pain	71.09%	72.28%	75.08%	72.76%-77.62%
Pharmacotherapy Management of COPD Exacerbation				
Systemic Corticosteroid	50.53%	47.02%	50.88%	37.33%-59.82%
Bronchodilator	61.10%	67.02%	66.43%	54.22%-74.49%
Medication Management for People With Asthma				
Medication Compliance 50%—Ages 5 to 11 Years	41.72%	50.35%	63.48%^	—
Medication Compliance 50%—Ages 12 to 18 Years	49.57%	44.34%	56.47%	—
Medication Compliance 50%—Ages 19 to 50 Years	62.15%	67.64%	72.12%	61.90%-81.21%
Medication Compliance 50%—Ages 51 to 64 Years	73.33%	72.12%	80.20%	73.81%-84.75%
Medication Compliance 50%—Total	57.27%	60.91%	69.66%^	61.84%-82.40%
Medication Compliance 75%—Ages 5 to 11 Years	21.85%	26.95%	29.57%	—
Medication Compliance 75%—Ages 12 to 18 Years	20.87%	19.81%	32.94%^	—
Medication Compliance 75%—Ages 19 to 50 Years	34.70%	40.13%	51.92%^	38.10%-64.24%
Medication Compliance 75%—Ages 51 to 64 Years	47.62%	46.15%	66.34%^	61.90%-69.49%
Medication Compliance 75%—Total	31.54%	35.00%	47.47%^	36.05%-66.09%
Asthma Medication Ratio				
Ages 5 to 11 Years	78.05%	60.27%	61.67%	—
Ages 12 to 18 Years	65.63%	44.26%	49.50%	—
Ages 19 to 50 Years	54.23%	46.00%	42.62%	38.95%-45.74%
Ages 51 to 64 Years	48.18%	50.35%	47.30%	40.58%-53.16%
Total	59.69%	49.08%	47.31%	46.60%-48.40%
Use of Spirometry Testing in the Assessment and Diagnosis of COPD				
Use of Spirometry Testing in the Assessment and Diagnosis of COPD	31.48%	29.47%	28.12%	26.19%-29.46%

Performance Measures	HEDIS 2018 Rate	HEDIS 2019 Rate	HEDIS 2020 Rate	Plan Rate Range
Antibiotic Stewardship				
Appropriate Testing for Pharyngitis [2]				
Ages 3 to 17 Years	—	—	87.92%	—
Ages 18 to 64 Years	—	—	77.25%	73.73%-81.69%
Ages 65 Years and Older	—	—	NA	—
Total	—	—	81.53%	73.66%-85.51%
Appropriate Treatment for Upper Respiratory Infection [2]				
Ages 3 Months to 17 Years	—	—	97.78%	96.10%-97.82%
Ages 18 to 64 Years	—	—	90.37%	87.62%-93.13%
Ages 65 Years and Older	—	—	98.86%	98.04%-100.00%
Total	—	—	94.30%	88.24%-96.35%
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis [2]				
Ages 3 Months to 17 Years	—	—	94.19%	—
Ages 18 to 64 Years	—	—	48.89%	46.17%-55.66%
Ages 65 Years and Older	—	—	NA	—
Total	—	—	63.56%	47.83%-79.61%
Antibiotic Utilization*				
Average Scripts PMPY for Antibiotics of Concern—Ages 0 to 9 Years	0.05	0.06	0.06	0.06-0.44
Average Scripts PMPY for Antibiotics of Concern—Ages 10 to 17 Years	0.03	0.04	0.04	0.04-0.22
Average Scripts PMPY for Antibiotics of Concern—Ages 18 to 34 Years	0.16	0.15	0.15	0.11-0.22
Average Scripts PMPY for Antibiotics of Concern—Ages 35 to 49 Years	0.21	0.19	0.20	0.14-0.28
Average Scripts PMPY for Antibiotics of Concern—Ages 50 to 64 Years	0.27	0.24	0.25	0.19-0.32
Average Scripts PMPY for Antibiotics of Concern—Ages 65 to 74 Years	0.04	0.03	0.05	0.02-0.07
Average Scripts PMPY for Antibiotics of Concern—Ages 75 to 84 Years	0.06	0.01	0.05	0.01-0.08
Average Scripts PMPY for Antibiotics of Concern—Ages 85+ Years	0.06	0.03	0.04	0.01-0.06
Average Scripts PMPY for Antibiotics of Concern—Total	0.14	0.14	0.14	0.10-0.25

Performance Measures	HEDIS 2018 Rate	HEDIS 2019 Rate	HEDIS 2020 Rate	Plan Rate Range
Average Days Supplied per Antibiotic Script—Ages 0 to 9 Years	9.77	9.95	10.10	9.66-20.50
Average Days Supplied per Antibiotic Script—Ages 10 to 17 Years	11.03	11.71	11.80	10.97-23.15
Average Days Supplied per Antibiotic Script—Ages 18 to 34 Years	8.79	8.72	13.14	8.84-17.59
Average Days Supplied per Antibiotic Script—Ages 35 to 49 Years	9.22	9.23	13.93	9.06-18.10
Average Days Supplied per Antibiotic Script—Ages 50 to 64 Years	9.64	9.59	15.38	10.45-19.09
Average Days Supplied per Antibiotic Script—Ages 65 to 74 Years	9.20	9.55	14.44	13.16-21.70
Average Days Supplied per Antibiotic Script—Ages 75 to 84 Years	11.03	7.43	12.51	12.26-16.80
Average Days Supplied per Antibiotic Script—Ages 85+ Years	12.20	6.11	13.94	12.00-14.32
Average Days Supplied per Antibiotic Script—Total	9.29	9.29	13.48	9.54-18.21
Average Scripts PMPY for Antibiotics—Ages 0 to 9 Years	0.23	0.24	0.25	0.24-0.99
Average Scripts PMPY for Antibiotics—Ages 10 to 17 Years	0.15	0.16	0.18	0.17-0.66
Average Scripts PMPY for Antibiotics—Ages 18 to 34 Years	0.51	0.49	0.50	0.41-0.64
Average Scripts PMPY for Antibiotics—Ages 35 to 49 Years	0.58	0.53	0.56	0.45-0.69
Average Scripts PMPY for Antibiotics—Ages 50 to 64 Years	0.63	0.58	0.61	0.50-0.72
Average Scripts PMPY for Antibiotics—Ages 65 to 74 Years	0.10	0.07	0.13	0.05-0.17
Average Scripts PMPY for Antibiotics—Ages 75 to 84 Years	0.13	0.04	0.13	0.02-0.19
Average Scripts PMPY for Antibiotics—Ages 85+ Years	0.13	0.06	0.08	0.04-0.11
Average Scripts PMPY for Antibiotics—Total	0.42	0.41	0.43	0.34-0.65
Percentage of Antibiotics of Concern of All Antibiotic Scripts—Ages 0 to 9 Years	21.79%	23.98%	24.05%	23.18%-44.63%
Percentage of Antibiotics of Concern of All Antibiotic Scripts—Ages 10 to 17 Years	21.00%	25.41%	23.79%	23.10%-33.33%
Percentage of Antibiotics of Concern of All Antibiotic Scripts—Ages 18 to 34 Years	31.20%	31.15%	30.77%	27.28%-34.38%
Percentage of Antibiotics of Concern of All Antibiotic Scripts—Ages 35 to 49 Years	35.66%	36.65%	36.05%	30.79%-40.54%

Performance Measures	HEDIS 2018 Rate	HEDIS 2019 Rate	HEDIS 2020 Rate	Plan Rate Range
Percentage of Antibiotics of Concern of All Antibiotic Scripts—Ages 50 to 64 Years	42.53%	41.26%	41.24%	37.46%-44.08%
Percentage of Antibiotics of Concern of All Antibiotic Scripts—Ages 65 to 74 Years	41.95%	40.37%	42.04%	41.95%-42.55%
Percentage of Antibiotics of Concern of All Antibiotic Scripts—Ages 75 to 84 Years	44.94%	35.29%	40.11%	30.00%-40.70%
Percentage of Antibiotics of Concern of All Antibiotic Scripts—Ages 85+ Years	42.39%	46.67%	46.27%	27.27%-50.00%
Percentage of Antibiotics of Concern of All Antibiotic Scripts—Total	33.25%	33.58%	33.48%	28.99%-38.88%
Opioids				
Use of Opioids at High Dosage*,2				
Use of Opioids at High Dosage	—	—	7.54%	5.85%-8.84%
Use of Opioids From Multiple Providers*				
Multiple Pharmacies	—	8.23%	3.73%^	1.91%-6.17%
Multiple Prescribers	—	22.10%	**39.96%^^**	16.11%-57.73%
Multiple Prescribers and Multiple Pharmacies	—	4.59%	2.98%	1.91%-4.41%
Risk of Continued Opioid Use*				
At Least 15 Days Covered—Ages 18 to 64 Years	—	—	9.34%	4.94%-12.99%
At Least 15 Days Covered—Ages 65+ Years	—	—	27.69%	—
At Least 15 Days Covered—Total	—	—	9.53%	5.40%-13.01%
At Least 31 Days Covered—Ages 18 to 64 Years	—	—	3.25%	2.06%-4.23%
At Least 31 Days Covered—Ages 65+ Years	—	—	16.92%	—
At Least 31 Days Covered—Total	—	—	3.38%	2.35%-4.25%
Pharmacotherapy for Opioid Use Disorder				
Ages 16 to 64 Years	—	—	38.67%	15.91%-54.02%
Ages 65+ Years	—	—	NA	—
Total	—	—	38.67%	15.91%-54.02%
Use of Services				
Ambulatory Care (Per 1,000 Member Months)				
Emergency Department Visits—Total—Age <1 Year*	69.67	71.61	73.91	—
Emergency Department Visits—Total—Ages 1 to 9 Years*	32.49	33.19	32.78	32.74-35.95
Emergency Department Visits—Total—Ages 10 to 19 Years*	26.46	26.85	27.86	25.80-59.24
Emergency Department Visits—Total—Ages 20 to 44 Years*	57.46	57.01	56.78	54.13-60.58
Emergency Department Visits—Total—Ages 45 to 64 Years*	57.02	57.97	60.31	58.52-61.94
Emergency Department Visits—Total—Ages 65 to 74 Years*	53.40	55.51	56.62	44.66-72.72

Performance Measures	HEDIS 2018 Rate	HEDIS 2019 Rate	HEDIS 2020 Rate	Plan Rate Range
Emergency Department Visits—Total—Ages 75 to 84 Years*	44.79	48.66	49.37	37.43-65.47
Emergency Department Visits—Total—Ages 85+ Years*	40.85	42.93	41.76	26.01-59.80
Emergency Department Visits—Total—Total*	48.02	49.10	49.97	45.35-60.25
Outpatient Visits—Total—Age <1 Year	492.51	562.35	673.16	—
Outpatient Visits—Total—Ages 1 to 9 Years	167.22	179.92	184.76	180.99-505.14
Outpatient Visits—Total—Ages 10 to 19 Years	156.83	169.55	176.33	170.43-266.43
Outpatient Visits—Total—Ages 20 to 44 Years	184.83	192.12	205.74	177.10-246.78
Outpatient Visits—Total—Ages 45 to 64 Years	345.59	371.45	382.76	309.42-463.27
Outpatient Visits—Total—Ages 65 to 74 Years	453.12	455.97	478.76	323.42-687.89
Outpatient Visits—Total—Ages 75 to 84 Years	453.14	493.93	472.25	321.20-675.80
Outpatient Visits—Total—Ages 85+ Years	354.62	396.80	366.14	203.29-552.75
Outpatient Visits—Total—Total	222.58	239.73	254.83	215.69-341.87
Inpatient Utilization—General Hospital/Acute Care				
Discharges per 1,000 Member Months (Total Inpatient)—Age <1 Year	6.61	6.53	10.94	—
Discharges per 1,000 Member Months (Total Inpatient)—Ages 1 to 9 Years	1.38	1.51	1.57	1.51-6.07
Discharges per 1,000 Member Months (Total Inpatient)—Ages 10 to 19 Years	1.68	1.77	1.96	1.48-9.20
Discharges per 1,000 Member Months (Total Inpatient)—Ages 20 to 44 Years	6.53	6.68	7.15	6.73-7.75
Discharges per 1,000 Member Months (Total Inpatient)—Ages 45 to 64 Years	10.13	10.89	11.71	11.63-11.78
Discharges per 1,000 Member Months (Total Inpatient)—Ages 65 to 74 Years	15.21	15.18	17.91	13.67-23.61
Discharges per 1,000 Member Months (Total Inpatient)—Ages 75 to 84 Years	15.70	17.37	19.19	14.40-25.66
Discharges per 1,000 Member Months (Total Inpatient)—Ages 85+ Years	16.98	15.04	14.89	12.15-18.04
Discharges per 1,000 Member Months (Total Inpatient)—Total	5.88	6.34	7.08	5.79-9.96
Days per 1,000 Member Months (Total Inpatient)—Age <1 Year	43.69	28.93	37.94	—
Days per 1,000 Member Months (Total Inpatient)—Ages 1 to 9 Years	4.35	5.00	3.77	3.54-23.81
Days per 1,000 Member Months (Total Inpatient)—Ages 10 to 19 Years	6.02	6.37	5.92	3.86-37.35
Days per 1,000 Member Months (Total Inpatient)—Ages 20 to 44 Years	21.37	22.62	25.30	24.35-26.67

Performance Measures	HEDIS 2018 Rate	HEDIS 2019 Rate	HEDIS 2020 Rate	Plan Rate Range
Days per 1,000 Member Months (Total Inpatient)—Ages 45 to 64 Years	54.66	57.16	63.52	58.64-67.97
Days per 1,000 Member Months (Total Inpatient)—Ages 65 to 74 Years	80.11	79.03	111.45	97.60-130.09
Days per 1,000 Member Months (Total Inpatient)—Ages 75 to 84 Years	82.16	82.57	96.03	77.37-121.17
Days per 1,000 Member Months (Total Inpatient)—Ages 85+ Years	82.98	68.94	70.27	68.28-72.55
Days per 1,000 Member Months (Total Inpatient)—Total	24.87	26.58	30.78	25.48-42.57
Average Length of Stay (Total Inpatient)—Age <1 Year	6.61	4.43	3.47	—
Average Length of Stay (Total Inpatient)—Ages 1 to 9 Years	3.15	3.31	2.41	2.34-3.92
Average Length of Stay (Total Inpatient)—Ages 10 to 19 Years	3.59	3.60	3.02	2.60-4.06
Average Length of Stay (Total Inpatient)—Ages 20 to 44 Years	3.27	3.39	3.54	3.44-3.62
Average Length of Stay (Total Inpatient)—Ages 45 to 64 Years	5.39	5.25	5.43	5.04-5.77
Average Length of Stay (Total Inpatient)—Ages 65 to 74 Years	5.27	5.21	6.22	5.51-7.14
Average Length of Stay (Total Inpatient)—Ages 75 to 84 Years	5.23	4.75	5.00	4.72-5.37
Average Length of Stay (Total Inpatient)—Ages 85+ Years	4.89	4.58	4.72	4.02-5.62
Average Length of Stay (Total Inpatient)—Total	4.23	4.19	4.35	4.27-4.40
Discharges per 1,000 Member Months (Medicine)—Age <1 Year	5.80	6.09	10.35	—
Discharges per 1,000 Member Months (Medicine)—Ages 1 to 9 Years	1.20	1.28	1.42	1.39-3.73
Discharges per 1,000 Member Months (Medicine)—Ages 10 to 19 Years	0.54	0.59	0.78	0.64-2.86
Discharges per 1,000 Member Months (Medicine)—Ages 20 to 44 Years	2.10	2.22	2.44	2.24-2.58
Discharges per 1,000 Member Months (Medicine)—Ages 45 to 64 Years	6.98	7.52	7.82	7.00-8.56
Discharges per 1,000 Member Months (Medicine)—Ages 65 to 74 Years	11.45	11.26	12.81	10.33-16.15
Discharges per 1,000 Member Months (Medicine)—Ages 75 to 84 Years	11.87	13.98	14.56	11.52-18.65
Discharges per 1,000 Member Months (Medicine)—Ages 85+ Years	13.87	12.33	12.34	10.10-14.90
Discharges per 1,000 Member Months (Medicine)—Total	3.04	3.34	3.78	3.39-4.65

Performance Measures	HEDIS 2018 Rate	HEDIS 2019 Rate	HEDIS 2020 Rate	Plan Rate Range
Days per 1,000 Member Months (Medicine)—Age <1 Year	22.50	24.40	31.17	—
Days per 1,000 Member Months (Medicine)—Ages 1 to 9 Years	3.27	3.45	3.13	3.00-14.47
Days per 1,000 Member Months (Medicine)—Ages 10 to 19 Years	1.40	1.89	1.85	1.40-8.74
Days per 1,000 Member Months (Medicine)—Ages 20 to 44 Years	7.15	7.79	8.49	7.81-8.97
Days per 1,000 Member Months (Medicine)—Ages 45 to 64 Years	31.86	33.59	34.60	29.00-39.71
Days per 1,000 Member Months (Medicine)—Ages 65 to 74 Years	50.95	49.28	65.85	57.57-77.00
Days per 1,000 Member Months (Medicine)—Ages 75 to 84 Years	57.39	58.85	64.94	52.29-81.99
Days per 1,000 Member Months (Medicine)—Ages 85+ Years	63.21	51.28	50.07	46.89-53.73
Days per 1,000 Member Months (Medicine)—Total	12.22	13.37	14.94	13.28-18.63
Average Length of Stay (Medicine)—Age <1 Year	3.88	4.01	3.01	—
Average Length of Stay (Medicine)—Ages 1 to 9 Years	2.74	2.70	2.21	2.16-3.88
Average Length of Stay (Medicine)—Ages 10 to 19 Years	2.59	3.19	2.38	2.18-3.05
Average Length of Stay (Medicine)—Ages 20 to 44 Years	3.41	3.51	3.48	3.47-3.49
Average Length of Stay (Medicine)—Ages 45 to 64 Years	4.56	4.47	4.43	4.14-4.64
Average Length of Stay (Medicine)—Ages 65 to 74 Years	4.45	4.38	5.14	4.77-5.57
Average Length of Stay (Medicine)—Ages 75 to 84 Years	4.84	4.21	4.46	4.40-4.54
Average Length of Stay (Medicine)—Ages 85+ Years	4.56	4.16	4.06	3.61-4.64
Average Length of Stay (Medicine)—Total	4.02	4.01	3.95	3.92-4.00
Discharges per 1,000 Member Months (Surgery)—Age <1 Year	0.81	0.44	0.59	—
Discharges per 1,000 Member Months (Surgery)—Ages 1 to 9 Years	0.19	0.23	0.15	0.13-2.33
Discharges per 1,000 Member Months (Surgery)—Ages 10 to 19 Years	0.29	0.25	0.27	0.23-0.85
Discharges per 1,000 Member Months (Surgery)—Ages 20 to 44 Years	0.86	0.94	1.06	0.98-1.18
Discharges per 1,000 Member Months (Surgery)—Ages 45 to 64 Years	3.12	3.35	3.86	3.19-4.60
Discharges per 1,000 Member Months (Surgery)—Ages 65 to 74 Years	3.76	3.93	5.09	3.34-7.46

Performance Measures	HEDIS 2018 Rate	HEDIS 2019 Rate	HEDIS 2020 Rate	Plan Rate Range
Discharges per 1,000 Member Months (Surgery)— Ages 75 to 84 Years	3.83	3.40	4.64	2.88-7.01
Discharges per 1,000 Member Months (Surgery)— Ages 85+ Years	3.12	2.72	2.56	2.05-3.14
Discharges per 1,000 Member Months (Surgery)—Total	1.18	1.29	1.53	1.06-2.57
Days per 1,000 Member Months (Surgery)—Age <1 Year	21.19	4.53	6.77	—
Days per 1,000 Member Months (Surgery)—Ages 1 to 9 Years	1.08	1.55	0.65	0.54-9.34
Days per 1,000 Member Months (Surgery)—Ages 10 to 19 Years	2.47	1.95	1.60	0.82-13.46
Days per 1,000 Member Months (Surgery)—Ages 20 to 44 Years	5.50	5.91	7.90	7.25-8.82
Days per 1,000 Member Months (Surgery)—Ages 45 to 64 Years	22.68	23.49	28.83	28.16-29.56
Days per 1,000 Member Months (Surgery)—Ages 65 to 74 Years	29.16	29.75	45.60	40.03-53.09
Days per 1,000 Member Months (Surgery)—Ages 75 to 84 Years	24.77	23.72	31.09	25.08-39.18
Days per 1,000 Member Months (Surgery)—Ages 85+ Years	19.78	17.65	20.19	18.82-21.39
Days per 1,000 Member Months (Surgery)—Total	8.55	8.85	11.47	8.75-17.53
Average Length of Stay (Surgery)—Age <1 Year	26.17	10.23	11.56	—
Average Length of Stay (Surgery)—Ages 1 to 9 Years	5.82	6.72	4.25	4.00-4.30
Average Length of Stay (Surgery)—Ages 10 to 19 Years	8.57	7.86	6.00	3.60-15.82
Average Length of Stay (Surgery)—Ages 20 to 44 Years	6.42	6.28	7.42	7.37-7.49
Average Length of Stay (Surgery)—Ages 45 to 64 Years	7.27	7.02	7.46	6.42-8.83
Average Length of Stay (Surgery)—Ages 65 to 74 Years	7.76	7.58	8.95	7.12-12.00
Average Length of Stay (Surgery)—Ages 75 to 84 Years	6.46	6.98	6.70	5.59-8.71
Average Length of Stay (Surgery)—Ages 85+ Years	6.34	6.50	7.89	6.00-10.42
Average Length of Stay (Surgery)—Total	7.27	6.85	7.49	6.81-8.23
Discharges per 1,000 Member Months (Maternity)— Ages 10 to 19 Years	0.85	0.93	0.91	0.61-5.49
Discharges per 1,000 Member Months (Maternity)— Ages 20 to 44 Years	3.58	3.51	3.64	3.16-4.33
Discharges per 1,000 Member Months (Maternity)— Ages 45 to 64 Years	0.03	0.02	0.03	—
Discharges per 1,000 Member Months (Maternity)—Total	2.14	2.15	2.21	1.80-2.93
Days per 1,000 Member Months (Maternity)—Ages 10 to 19 Years	2.15	2.53	2.47	1.64-15.16

Performance Measures	HEDIS 2018 Rate	HEDIS 2019 Rate	HEDIS 2020 Rate	Plan Rate Range
Days per 1,000 Member Months (Maternity)—Ages 20 to 44 Years	8.72	8.91	8.91	8.13-10.03
Days per 1,000 Member Months (Maternity)—Ages 45 to 64 Years	0.12	0.08	0.09	0.08-0.10
Days per 1,000 Member Months (Maternity)—Total	5.24	5.50	5.46	4.65-6.88
Average Length of Stay (Maternity)—Ages 10 to 19 Years	2.53	2.73	2.70	2.67-2.76
Average Length of Stay (Maternity)—Ages 20 to 44 Years	2.44	2.54	2.45	2.32-2.57
Average Length of Stay (Maternity)—Ages 45 to 64 Years	3.67	4.00	3.00	2.50-3.50
Average Length of Stay (Maternity)—Total	2.45	2.56	2.47	2.35-2.58
Frequency of Selected Procedures (Procedures per 1,000 MM)				
Bariatric Weight Loss Surgery (0–19 Male)	0.00	0.00	0.00	0.00-0.00
Bariatric Weight Loss Surgery (0–19 Female)	0.00	0.00	0.00	0.00-0.01
Bariatric Weight Loss Surgery (20–44 Male)	0.01	0.01	0.01	0.00-0.04
Bariatric Weight Loss Surgery (20–44 Female)	0.08	0.10	0.11	0.09-0.14
Bariatric Weight Loss Surgery (45–64 Male)	0.01	0.02	0.03	0.01-0.06
Bariatric Weight Loss Surgery (45–64 Female)	0.11	0.12	0.19	0.08-0.30
Tonsillectomy (0–9 Male & Female)	0.31	0.27	0.29	0.28-1.39
Tonsillectomy (10–19 Male & Female)	0.16	0.18	0.14	0.11-0.54
Hysterectomy, Abdominal (15–44 Female)	0.05	0.05	0.05	0.04-0.05
Hysterectomy, Abdominal (45–64 Female)	0.17	0.19	0.18	0.14-0.22
Hysterectomy, Vaginal (15–44 Female)	0.16	0.20	0.18	0.06-0.36
Hysterectomy, Vaginal (45–64 Female)	0.22	0.16	0.18	0.06-0.29
Cholecystectomy, Open (30–64 Male)	0.01	0.01	0.02	—
Cholecystectomy, Open (15–44 Female)	0.00	0.01	0.00	—
Cholecystectomy, Open (45–64 Female)	0.01	0.04	0.01	0.00-0.03
Cholecystectomy (Laparoscopic) (30–64 Male)	0.19	0.18	0.16	0.11-0.23
Cholecystectomy (Laparoscopic) (15–44 Female)	0.58	0.48	0.48	0.37-0.65
Cholecystectomy (Laparoscopic) (45–64 Female)	0.56	0.50	0.45	0.26-0.61
Back Surgery (20–44 Male)	0.07	0.07	0.09	0.06-0.15
Back Surgery (20–44 Female)	0.13	0.11	0.10	0.05-0.16
Back Surgery (45–64 Male)	0.46	0.50	0.62	0.32-1.01
Back Surgery (45–64 Female)	0.44	0.48	0.44	0.29-0.57
Mastectomy (15–44 Female)	0.02	0.04	0.09	0.07-0.14
Mastectomy (45–64 Female)	0.12	0.06	0.17	0.09-0.24
Lumpectomy (15–44 Female)	0.05	0.08	0.10	0.08-0.13
Lumpectomy (45–64 Female)	0.28	0.21	0.24	0.12-0.36

Performance Measures	HEDIS 2018 Rate	HEDIS 2019 Rate	HEDIS 2020 Rate	Plan Rate Range
Plan All-Cause Readmissions*,2				
Observed Readmissions—Ages 18 to 44 Years	—	—	10.74%	9.70%-12.06%
Observed Readmissions—Ages 45 to 54 Years	—	—	12.52%	9.16%-16.94%
Observed Readmissions—Ages 55 to 64 Years	—	—	11.94%	10.59%-13.95%
Observed Readmissions—Total	—	—	11.54%	9.87%-13.79%
O/E Ratio—Total	—	—	1.13	1.02-1.26

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

[1] Due to changes in the technical specifications for this measure, NCQA recommends that trending between 2020 and prior years be considered with caution.

[2] Due to changes in the technical specifications for this measure, NCQA recommends a break in trending between 2020 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 2018 or 2019.

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.

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.[C-1] HSAG evaluated each MCO on six IS standards. To assess the MCOs' adherence to standards, HSAG reviewed several documents for DHMP 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 2019–2020, 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.

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

Table C-1—Summary of Compliance With IS Standards

NCQA's IS Standards	HSAG's Findings Based on HEDIS 2020 FAR Review
IS 1.0—Medical Service Data—Sound Coding Methods and Data Capture, Transfer, and Entry • Industry standard codes are required and captured. • Primary and secondary diagnosis codes are identified. • Nonstandard codes (if used) are mapped to industry standard codes. • Standard submission forms are used. • Timely and accurate data entry processes and sufficient edit checks are used. • Data completeness is continually assessed, and all contracted vendors involved in medical claims processing are monitored.	Both MCOs were compliant with IS Standard 1.0 for medical services data capture and processing. Both MCOs only accepted industry standard codes on industry standard forms. All data elements required for HEDIS reporting were adequately captured.
IS 2.0—Enrollment Data—Data Capture, Transfer, and Entry • All HEDIS-relevant information for data entry or electronic transmissions of enrollment data is accurate and complete. • Manual entry of enrollment data is timely and accurate, and sufficient edit checks are in place. • The MCOs continually assess data completeness and take steps to improve performance. • The MCOs effectively monitor the quality and accuracy of electronic submissions. • The MCOs have effective control processes for the transmission of enrollment data.	Both MCOs were compliant with IS Standard 2.0 for enrollment data capture and processing. 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.
IS 3.0—Practitioner Data—Data Capture, Transfer, and Entry • Provider specialties are fully documented and mapped to HEDIS provider specialties. • Effective procedures for submitting HEDIS-relevant information are in place. • Electronic transmissions of practitioner data are checked to ensure accuracy. • Processes and edit checks ensure accurate and timely entry of data into the transaction files. • Data completeness is assessed and steps are taken to improve performance. • Vendors are regularly monitored against expected performance standards.	Both MCOs were compliant with IS Standard 3.0 for practitioner data capture and processing. The MCOs appropriately captured and documented practitioner data. Data validation processes were in place to verify practitioner data. In addition, for accuracy and completeness, the MCOs reviewed all provider data received from delegated entities.

NCQA's IS Standards	HSAG's Findings Based on HEDIS 2020 FAR Review
IS 4.0—Medical Record Review Processes—Training, Sampling, Abstraction, and Oversight • Forms or tools used for medical record review capture all fields relevant to HEDIS reporting. • Checking procedures are in place to ensure data integrity for electronic transmission of information. • Retrieval and abstraction of data from medical records are accurately performed. • Data entry processes, including edit checks, are timely and accurate. • Data completeness is assessed, including steps to improve performance. • Vendor performance is monitored against expected performance standards.	Both MCOs were compliant with IS Standard 4.0 for medical record review processes. 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. However, HSAG did not review this step since the State requires administrative rates only.
IS 5.0—Supplemental Data—Capture, Transfer, and Entry • Nonstandard coding schemes are fully documented and mapped to industry standard codes. • Effective procedures for submitting HEDIS-relevant information are in place. • Electronic transmissions of supplemental data are checked to ensure accuracy. • Data entry processes, including edit checks, are timely and accurate. • Data completeness is assessed, including steps to improve performance. • Vendor performance is monitored against expected performance standards. • Data approved for electronic clinical data system (ECDS) reporting met reporting requirements. • NCQA-certified eCQM (electronic clinical quality measure) data met reporting requirements.	Both MCOs were compliant with IS Standard 5.0 for supplemental data capture and processing. 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.

NCQA's IS Standards	HSAG's Findings Based on HEDIS 2020 FAR Review
IS 6.0 Data Preproduction Processing—Transfer, Consolidation, Control Procedures That Support Measure Reporting Integrity • Nonstandard coding schemes are fully documented and mapped to industry standard codes. Organization-to-vendor mapping is fully documented. • Data transfers to HEDIS repository from transaction files are accurate and file consolidations, extracts, and derivations are accurate. • Repository structure and formatting is suitable for measures and enable required programming efforts. • Report production is managed effectively and operators perform appropriately. • Vendor performance is monitored against expected performance standards.	Both MCOs were compliant with IS Standard 6.0 for data preproduction processing. File consolidation and data extractions were performed by the MCOs' staff members. Data were verified for accuracy at each data merge point.
IS 7.0—Data Integration and Reporting—Accurate Reporting, Control Procedures That Support HEDIS Reporting Integrity • Data transfers to the HEDIS repository from transaction files are accurate. • Report production is managed effectively and operators perform appropriately. • HEDIS reporting software is managed properly. • The organization regularly monitors vendor performance against expected performance standards.	Both MCOs were compliant with IS Standard 7.0 for data integration. The MCOs used an NCQA-certified measure vendor for data production and rate calculation.

Table D-1 shows DHMP's rates for HEDIS 2020 for measures with a hybrid option, along with the percentile ranking for each HEDIS 2020 hybrid rate.

Table D-1—HEDIS 2020 Administrative and Hybrid Performance Measure Results for DHMP

Performance Measures	Administrative Rate	Hybrid Rate	Percentile Ranking
Pediatric Care			
Childhood Immunization Status			
Combination 2	69.65%	70.56%	25th–49th
Combination 3	66.67%	67.15%	25th–49th
Combination 4	66.35%	67.15%	25th–49th
Combination 5	57.78%	59.61%	25th–49th
Combination 6	48.03%	49.15%	75th–89th
Combination 7	57.63%	59.61%	50th–74th
Combination 8	48.03%	49.15%	75th–89th
Combination 9	42.85%	43.80%	75th–89th
Combination 10	42.85%	43.80%	75th–89th
Access to Care			
Prenatal and Postpartum Care			
Timeliness of Prenatal Care	84.53%	91.73%	—
Postpartum Care	66.50%	77.62%	—
Preventive Screening			
Adult BMI Assessment			
Adult BMI Assessment	80.35%	92.46%	50th–74th
Living With Illness			
Comprehensive Diabetes Care			
Hemoglobin A1c (HbA1c) Testing	83.00%	84.43%	10th–24th
*HbA1c Poor Control (>9.0%)**	40.51%	33.58%	50th–74th
HbA1c Control (<8.0%)	48.96%	55.47%	50th–74th

For this measure, a lower rate indicates better performance.
— Indicates that NCQA recommended a break in trending; therefore, comparisons to benchmarks are not performed.

Table D-2 shows RMHP Prime's rates for HEDIS 2020 for measures with a hybrid option, along with the percentile ranking for each HEDIS 2020 hybrid rate.

Table D-2—HEDIS 2020 Administrative and Hybrid Performance Measure Results for RMHP Prime

Performance Measures	Administrative Rate	Hybrid Rate	Percentile Ranking
Pediatric Care			
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	60.42%	77.08%	50th–74th
Adolescent Well-Care Visits			
Adolescent Well-Care Visits	17.66%	35.77%	<10th
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents			
BMI Percentile Documentation—Total	5.86%	89.41%	75th–89th
Counseling for Nutrition—Total	20.08%	83.47%	75th–89th
Counseling for Physical Activity—Total	1.26%	77.12%	75th–89th
Access to Care			
Prenatal and Postpartum Care			
Timeliness of Prenatal Care	42.00%	95.38%	—
Postpartum Care	35.92%	84.43%	—
Preventive Screening			
Cervical Cancer Screening			
Cervical Cancer Screening	39.39%	59.85%	25th–49th
Adult BMI Assessment			
Adult BMI Assessment	38.95%	97.50%	≥90th
Living With Illness			
Comprehensive Diabetes Care			
Hemoglobin A1c (HbA1c) Testing	84.59%	91.61%	75th–89th
HbA1c Poor Control (>9.0%)*	76.08%	25.91%	≥90th
HbA1c Control (<8.0%)	19.55%	58.58%	75th–89th
Eye Exam (Retinal) Performed	50.14%	60.40%	50th–74th
Medical Attention for Nephropathy	83.21%	89.60%	25th–49th
Blood Pressure Control (<140/90 mm Hg)	8.91%	74.82%	75th–89th

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

— Indicates that NCQA recommended a break in trending; therefore, comparisons to benchmarks are not performed.