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

October 2021

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) 2020–2021, Health First Colorado's Medicaid member enrollment was approximately 1.3 million. Approximately 1 million members (93 percent) received services via a fee-for-service (FFS) payment model with services coordinated through Health First Colorado's Accountable Care program. The remaining 7 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 Measurement Year (MY) 2020 reporting set to evaluate the MCOs' performance and for public reporting. For HEDIS MY 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 2020–2021, 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

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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: August 20, 2021.

[1-2] HEDIS® is a registered trademark of the NCQA.

[1-3] NCQA HEDIS Compliance Audit™ is a trademark of the NCQA.

measure rates and audit results to Health Services Advisory Group, Inc. (HSAG), the Department's external quality review organization (EQRO). HSAG examined the measures among the following 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 MY 2020 performance measure indicators that were comparable to NCQA's Quality Compass® national Medicaid health maintenance organization (HMO) percentiles for HEDIS MY 2019 (referred to throughout this report as percentiles).[1-5] Of note, rates for the *Risk of Continued Opioid Use* measure indicators were compared to NCQA's Audit Means and Percentiles national Medicaid percentiles for HEDIS MY 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
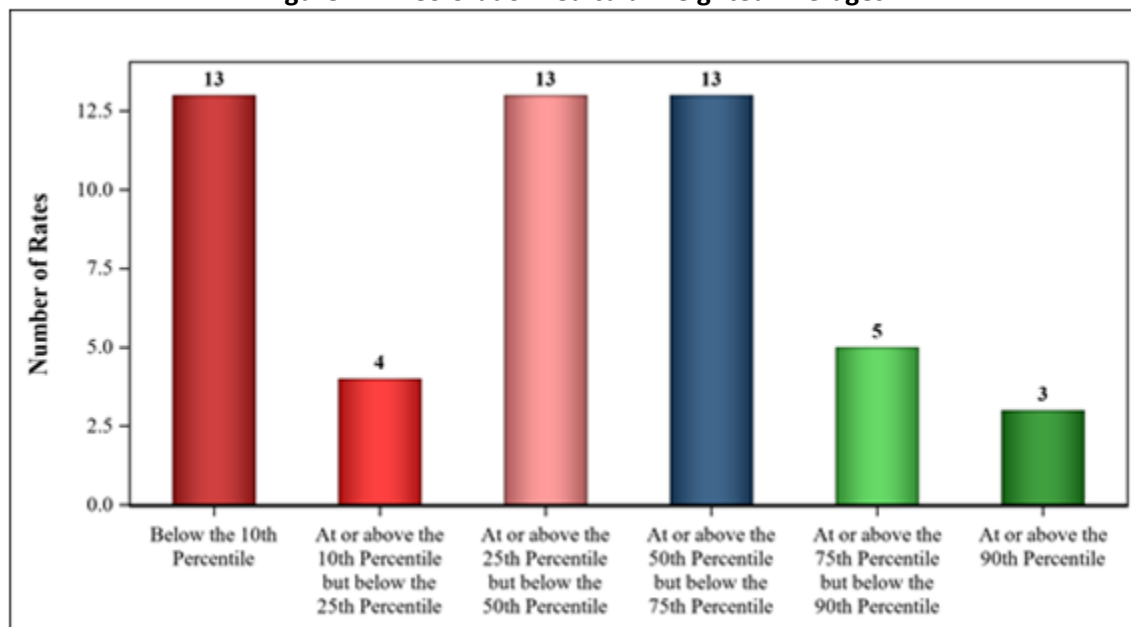
1-4   National Committee for Quality Assurance. *HEDIS Compliance Audit Standards, Policies and Procedures, Volume 5*. Washington D.C.
1-5   Quality Compass® is a registered trademark of the NCQA.

The Colorado Medicaid weighted averages indicated low performance statewide compared to national standards, as 30 of 51 (58.8 percent) measure rates fell below the 50th percentile.

Detailed Statewide Performance

Table 1-1 shows the Colorado Medicaid weighted averages for HEDIS MY 2018 through HEDIS MY 2020 along with the percentile ranking for each HEDIS MY 2020 rate. Rates for HEDIS MY 2020 shaded green with one caret (^) indicate a statistically significant improvement in performance from the previous year. Rates for HEDIS MY 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 MY 2018 Rate	HEDIS MY 2019 Rate	HEDIS MY 2020 Rate	Percentile Ranking
Pediatric Care				
Childhood Immunization Status				
Combination 2	68.01%	69.46%	68.48%	10th–24th
Combination 3	64.77%	66.41%	67.95%	25th–49th
Combination 4	64.65%	66.09%	67.60%	25th–49th
Combination 5	56.78%	57.56%	57.97%	25th–49th
Combination 6	45.20%	47.85%	44.83%	50th–74th
Combination 7	56.66%	57.40%	57.71%	25th–49th
Combination 8	45.14%	47.85%	44.66%	50th–74th
Combination 9	40.76%	42.68%	40.19%	50th–74th
Combination 10	40.70%	42.68%	40.11%	50th–74th
Immunizations for Adolescents				
Combination 1 (Meningococcal; Tetanus, Diphtheria Toxoids and Acellular Pertussis [Tdap])	76.40%	77.63%	75.51%	10th–24th
Combination 2 (Meningococcal, Tdap, Human Papillomavirus [HPV])	48.70%	50.04%	**44.87%^^**	75th–89th

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[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 MY 2019 to HEDIS MY 2020.

Performance Measures	HEDIS MY 2018 Rate	HEDIS MY 2019 Rate	HEDIS MY 2020 Rate	Percentile Ranking
Well-Child Visits in the First 30 Months of Life[3]				
Well-Child Visits in the First 15 Months—Six or More Well-Child Visits	—	—	54.69%	—
Well-Child Visits for Age 15 Months–30 Months—Two or More Well-Child Visits	—	—	57.22%	—
Child and Adolescent Well-Care Visits[3]				
Total	—	—	38.32%	—
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents				
Body Mass Index (BMI) Percentile Documentation—Total[1]	21.62%	24.76%	64.36%^	10th–24th
Counseling for Nutrition—Total	7.57%	9.36%	69.02%^	25th–49th
Counseling for Physical Activity—Total	5.81%	7.96%	68.02%^	50th–74th
Access to Care				
Prenatal and Postpartum Care[1]				
Timeliness of Prenatal Care	—	62.81%	70.45%^	<10th
Postpartum Care	—	50.88%	51.65%	<10th
Adults' Access to Preventive/Ambulatory Health Services				
Total	61.75%	63.01%	59.08%^^	<10th
Preventive Screening				
Chlamydia Screening in Women				
Total	62.43%	64.39%	60.19%^^	50th–74th
Breast Cancer Screening[1]				
Breast Cancer Screening	48.53%	47.09%	43.82%^^	<10th
Cervical Cancer Screening[1]				
Cervical Cancer Screening	42.52%	42.52%	40.72%	<10th
*Non-Recommended Cervical Cancer Screening in Adolescent Females**				
Non-Recommended Cervical Cancer Screening in Adolescent Females	0.23%	0.30%	0.11%	≥90th
Mental/Behavioral Health				
Antidepressant Medication Management				
Effective Acute Phase Treatment	53.24%	65.91%	58.08%^^	50th–74th
Effective Continuation Phase Treatment	33.91%	52.03%	41.66%^^	50th–74th
Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication[1]				
Initiation Phase	40.56%	41.59%	41.67%	25th–49th
Continuation and Maintenance Phase	41.94%	NA	NA	—

Performance Measures	HEDIS MY 2018 Rate	HEDIS MY 2019 Rate	HEDIS MY 2020 Rate	Percentile Ranking
Metabolic Monitoring for Children and Adolescents on Antipsychotics				
Blood Glucose Testing—Total	—	49.15%	55.88%	50th–74th
Cholesterol Testing—Total	—	38.98%	41.18%	50th–74th
Blood Glucose and Cholesterol Testing–Total	35.21%	38.98%	35.29%	25th–49th
Living With Illness				
Persistence of Beta-Blocker Treatment After a Heart Attack				
Persistence of Beta-Blocker Treatment After a Heart Attack	50.98%	70.21%	76.47%	25th–49th
Comprehensive Diabetes Care				
Hemoglobin A1c (HbA1c) Testing[1]	83.24%	83.74%	**79.55%^^**	<10th
HbA1c Poor Control (>9.0%)[1]*	56.98%	56.95%	**61.43%^^**	<10th
HbA1c Control (<8.0%)[1]	34.71%	35.37%	**31.50%^^**	<10th
Eye Exam (Retinal) Performed[1]	47.83%	47.75%	**42.09%^^**	<10th
Blood Pressure Control (<140/90 mm Hg)[3]	—	—	26.46%	—
Statin Therapy for Patients With Diabetes[1]				
Received Statin Therapy	52.77%	53.27%	55.10%	10th–24th
Statin Adherence 80%[2]	60.40%	74.16%	**68.74%^^**	50th–74th
Statin Therapy for Patients With Cardiovascular Disease[1]				
Received Statin Therapy—Total	68.18%	66.31%	66.67%	<10th
Statin Adherence 80%—Total[2]	64.89%	77.24%	77.18%	75th–89th
Use of Imaging Studies for Low Back Pain				
Use of Imaging Studies for Low Back Pain	72.28%	75.08%	78.17%	75th–89th
Pharmacotherapy Management of COPD Exacerbation				
Systemic Corticosteroid	47.02%	50.88%	50.42%	<10th
Bronchodilator	67.02%	66.43%	66.32%	<10th
Asthma Medication Ratio				
Total	49.08%	47.31%	51.56%	<10th
Use of Spirometry Testing in the Assessment and Diagnosis of COPD				
Use of Spirometry Testing in the Assessment and Diagnosis of COPD	29.47%	28.12%	27.70%	25th–49th
Antibiotic Stewardship				
Appropriate Testing for Pharyngitis[1]				
Total	—	81.53%	79.81%	50th–74th
Appropriate Treatment for Upper Respiratory Infection				
Total	—	94.30%	94.92%	≥90th

Performance Measures	HEDIS MY 2018 Rate	HEDIS MY 2019 Rate	HEDIS MY 2020 Rate	Percentile Ranking
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis				
Total	—	63.56%	67.31%	≥90th
*Antibiotic Utilization**				
Average Scripts Prescriptions Per Member Per Year (PMPY) for Antibiotics of Concern—Total	0.14	0.14	0.17	≥90th
Average Days Supplied per Antibiotic Script—Total	9.29	13.48	9.60	25th–49th
Average Scripts PMPY for Antibiotics—Total	0.41	0.43	0.50	≥90th
Percentage of Antibiotics of Concern of All Antibiotic Scripts—Total	33.58%	33.48%	33.64%	75th–89th
Opioids				
Use of Opioids at High Dosage[1]*				
Use of Opioids at High Dosage	—	7.54%	7.64%	25th–49th
Use of Opioids From Multiple Providers[1]*				
Multiple Prescribers	22.10%	39.96%	14.92%^	75th–89th
Multiple Pharmacies	8.23%	3.73%	2.66%	75th–89th
Multiple Prescribers and Multiple Pharmacies	4.59%	2.98%	1.70%	50th–74th
Risk of Continued Opioid Use[1]*				
At Least 15 Days Covered—Total	—	9.53%	9.11%	25th–49th
At Least 31 Days Covered—Total	—	3.38%	4.66%	25th–49th
Pharmacotherapy for Opioid Use Disorder[1]				
Total	—	38.67%	**27.16%^^**	25th–49th
Use of Services				
Ambulatory Care				
Outpatient Visits—Total	239.73	254.83	216.06	<10th
*Emergency Department (ED) Visits—Total**	49.10	49.97	38.36	≥90th
Inpatient Utilization—General Hospital/Acute Care				
Total Discharges per 1,000 Member Months (Total Inpatient)	6.34	7.08	6.48	50th–74th
Total Average Length of Stay (Total Inpatient)	4.19	4.35	4.72	50th–74th
Total Discharges per 1,000 Member Months (Medicine)	3.34	3.78	3.50	50th–74th
Total Average Length of Stay (Medicine)	4.01	3.95	4.46	75th–89th
Total Discharges per 1,000 Member Months (Surgery)	1.29	1.53	1.39	50th–74th
Total Average Length of Stay (Surgery)	6.85	7.49	7.96	50th–74th
Total Discharges per 1,000 Member Months (Maternity)	2.15	2.21	1.95	10th–24th
Total Average Length of Stay (Maternity)	2.56	2.47	2.48	10th–24th

Performance Measures	HEDIS MY 2018 Rate	HEDIS MY 2019 Rate	HEDIS MY 2020 Rate	Percentile Ranking
Plan All-Cause Readmissions*				
Observed Readmissions—Total	—	11.54%	10.45%	25th–49th
O/E Ratio—Total	—	1.13	1.05	25th–49th

* 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 MY 2020 and prior years be considered with caution.
[2] Due to changes in the technical specifications for this measure for MY 2019, NCQA recommends trending between MY 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 MY 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 MY 2018 or HEDIS MY 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 eight of 14 (57.1 percent) measure indicator rates for DHMP falling below the 50th percentile and all three reportable rates for RMHP Prime falling below the 25th percentile. The MCOs and the Department should identify the factors contributing to the low rates for children receiving vaccinations (e.g., barriers to care, coronavirus disease 2019 public health emergency [COVID-19 PHE], provider billing issues, administrative data source challenges).

Of note, DHMP's rate for the *Immunizations for Adolescents—Combination 2 (Meningococcal, Tdap, HPV)* measure indicator ranked at or above the 75th percentile, showing strength in vaccinations for adolescents.

Access to Care and Preventive Screening

With all reportable performance measure rates within the Access to Care domain falling below the 25th 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). Additionally, the MCOs and the Department could identify factors related to the COVID-19 PHE and how access to care was impacted. 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., vaccinations, preventive screenings).

Within the Preventive Screening domain, two of four (50.0 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 75th percentile, indicating strong performance for DHMP in these two measures. The MCOs and the Department should focus efforts on identifying the factors contributing to the low rates for *Breast Cancer Screening* and *Cervical Cancer Screening* and implement improvement strategies to increase these screening rates. This may include the MCOs following up with providers when members are overdue for a screening or working with providers to send reminders to members about scheduling an appointment.

Mental/Behavioral Health

Within the Mental/Behavioral Health domain, both MCOs demonstrated areas of strength related to managing antidepressant medication. DHMP and RMHP Prime were at or above the 50th percentile for both 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*, and *Metabolic Monitoring for Children and Adolescents on Antipsychotics—Cholesterol Testing—Total* and *Blood Glucose Testing—Total* measure indicators; and RMHP Prime fell below the 50th percentile for the *Metabolic Monitoring for Children and Adolescents on Antipsychotics—Cholesterol Testing—Total* and *Blood Glucose and Cholesterol Testing—Total* measure indicators. 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 13 (23.1 percent) of DHMP and 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 and retinal disease, 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 *Statin Therapy for Patients With Diabetes—Statin Adherence 80%* measure indicator and *Use of Imaging Studies for Low Back Pain* measure.

Antibiotic Stewardship

For the Antibiotic Stewardship domain, six of seven (85.7 percent) of DHMP's measure rates and two of seven (28.6 percent) of RMHP Prime's measure rates were at or above the 50th percentile.

Of note, DHMP met or exceeded the 90th percentile for five of seven (71.4 percent) measure rates in this domain: *Appropriate Treatment for Upper Respiratory Infection—Total*; *Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis—Total*; and *Antibiotic Utilization—All Ages—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*. Performance ratings for *Antibiotic Utilization* are displayed for information only; the rates do not indicate the quality and timeliness of, or access to, care and services.

Opioids

For the Opioids domain, five of seven (71.4 percent) of DHMP's measure indicator rates and four of seven (57.1 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 90th percentile and *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 an observed readmissions rate approximately 2 percentage points higher than RMHP Prime's observed readmissions rate. DHMP had greater than expected readmissions, based on its observed-to-expected (O/E) ratio, while RMHP Prime had fewer than expected readmissions, based on its O/E ratio.

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 MY 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 2020–2021 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—2021 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 MY 2020 Measures

Within this report, HSAG presents the MCOs' and statewide performance on HEDIS measures selected by the Department for HEDIS MY 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 MY 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 MY 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 30 Months of Life—Well-Child Visits in the First 15 Months—Six or More Well-Child Visits and *Well-Child Visits for Age 15 Months–30 Months—Two or More Well-Child Visits*
Child and Adolescent Well-Care Visits—Total
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*
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
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*
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, 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*

Performance Measures
Use of Imaging Studies for Low Back Pain
Pharmacotherapy Management of COPD Exacerbation—Systemic Corticosteroid and *Bronchodilator*
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*
Use of Services
Ambulatory Care—Outpatient Visits—Total and *ED Visits—Total*
Inpatient Utilization—General Hospital/Acute Care—Total Discharges per 1,000 Member Month (Total Inpatient), Total Average Length of Stay (Total Inpatient), Total Discharges per 1,000 Member Months (Medicine), Total Average Length of Stay (Medicine), Total Discharges per 1,000 Member Months (Surgery), Total Average Length of Stay (Surgery), Total Discharges per 1,000 Member Months (Maternity), and *Total Average Length of Stay (Maternity)*
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. 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 MY 2020 Volume 2 Technical Specifications*. Of note, both MCOs reported select measure rates for HEDIS MY 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 MY 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 MY 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 MY 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 MY 2020 rates: NCQA's Quality Compass national Medicaid HMO percentiles for HEDIS MY 2019.

For some measures for which lower rates indicate better performance (e.g., *Ambulatory Care—ED Visits* and *Antibiotic Utilization—Total*), 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 MY 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 *Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)*, 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
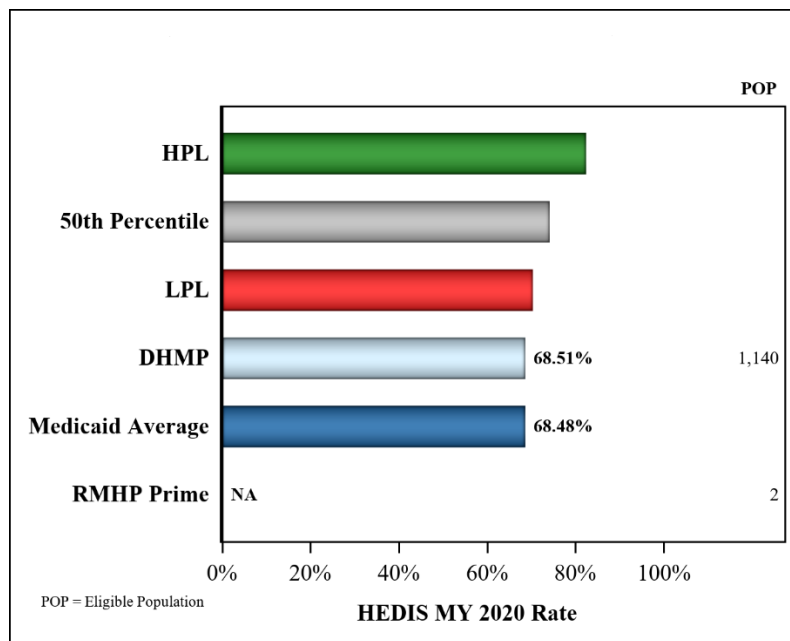
Percentile Rankings and Star Ratings

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 MY 2020 Colorado Medicaid weighted averages and MCO-specific rates to the corresponding HEDIS MY 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 MY 2019 to HEDIS MY 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 MY 2019 and HEDIS MY 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 MY 2019 and HEDIS MY 2020 are presented in tabular format. HEDIS MY 2020 rates shaded green with one caret (^) indicate a significant improvement in performance from the previous year. HEDIS MY 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 MY 2018, HEDIS MY 2019, and HEDIS MY 2020 Colorado Medicaid weighted averages, with significance testing performed between the HEDIS MY 2019 and HEDIS MY 2020 weighted averages. Within these figures, HEDIS MY 2020 rates with one caret (^) indicate a significant improvement in performance from HEDIS MY 2019. HEDIS MY 2020 rates with two carets (^^) indicate a significant decline in performance from HEDIS MY 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
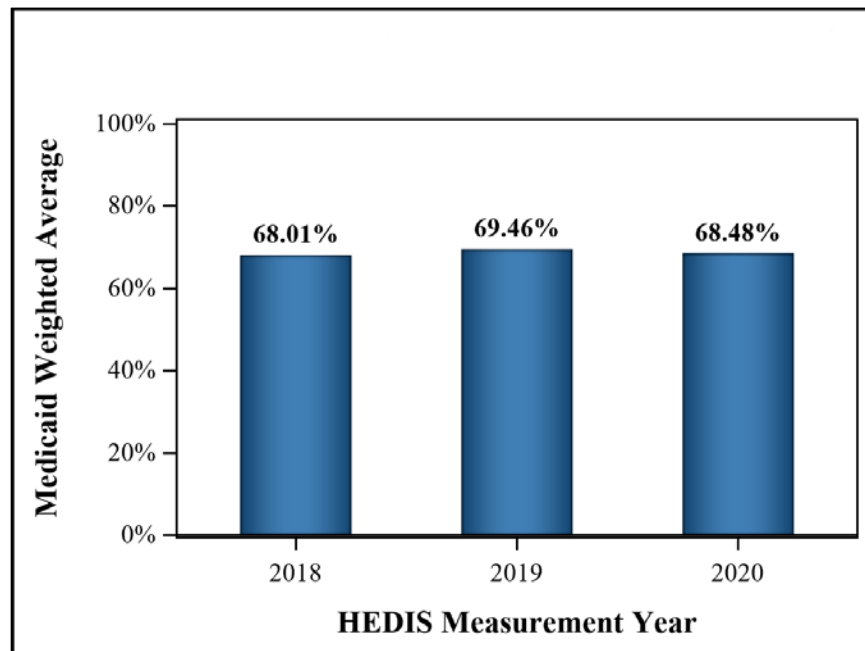
Measure Changes Between HEDIS MY 2019 and HEDIS MY 2020

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

Childhood Immunization Status

- Added a requirement that live attenuated influenza vaccine (LAIV) (influenza) vaccination must occur on the child's second birthday.

Well-Child Visits in the First 30 Months of Life

- Revised the measure name to *Well-Child Visits in the First 30 Months of Life*.
- Retired the 0, 1, 2, 3, 4 and 5 well-child visit rates.
- Added Rate 2 for children who turned 30 months old during the measurement year and had two or more well-child visits in the last 15 months.
- Removed the Hybrid Data Collection Method.
- Removed the telehealth exclusion.
- Revised the Data Elements for Reporting table.
- Revised the Ages criteria in the *Rules for Allowable Adjustments* section to only allow ranges within the specified age range of the measure.

Child and Adolescent Well-Care Visits

- This measure is a combination measure that replaces the former *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life* and *Adolescent Well-Care Visits* HEDIS measures.
- Added members age 7 to 11 years.
- Added age stratifications.
- Removed the Hybrid Data Collection Method.
- Removed the telehealth exclusion.
- Revised the Data Elements for Reporting table.
- Revised the Ages criteria in the *Rules for Allowable Adjustments* section to only allow ranges within the specified age range.

[2-1] National Committee for Quality Assurance. *HEDIS® Measurement Year 2020 & Measurement Year 2021, Volume 2: Technical Specifications for Health Plans*. Washington, DC: NCQA Publication, 2020.

[2-2] National Committee for Quality Assurance. *HEDIS® Measurement Year (MY) 2020, Volume 2: Technical Update*. Washington, DC: NCQA Publication, 2020.

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

- Removed the exclusion of member-reported biometric values (body mass index, height, and weight).
- Added a *Note* to clarify that services rendered during a telephone visit, e-visit, or virtual check-in meet criteria for the *Counseling for Nutrition* and *Counseling for Physical Activity* indicators.

Prenatal and Postpartum Care

- Revised the definition of "last enrollment segment."
- Clarified that visits that occur prior to the enrollment start date (during the pregnancy) meet criteria.
- Added telephone visits (Telephone Visits Value Set), e-visits, and virtual check-ins (Online Assessments Value Set) to the *Timeliness of Prenatal Care* rate (administrative specification) and clarified in the *Notes* that services provided via telephone, e-visit, or virtual check-in are eligible for use in reporting both rates.
- Updated the Hybrid Specification to indicate that sample size reduction is allowed using only the current year's administrative rate for MY 2020; for MY 2021, organizations may reduce the sample size using the current year's administrative rate or the prior year's audited, product line-specific rate.
- Added examples of "pregnancy diagnosis" in the Hybrid Specification of the *Timeliness of Prenatal Care* indicator.

Breast Cancer Screening

- Added palliative care as a required exclusion.
- Added telephone visits, e-visits, and virtual check-ins to the advanced illness exclusion.
- Added Donepezil-memantine to the "Dementia combinations" description in the Dementia Medications List.
- Added the "Number of required exclusions" data element to the Data Elements for Reporting table.
- Added guidance adjusting required exclusions criteria in the *Rules for Allowable Adjustments* section.

Cervical Cancer Screening

- Added palliative care as a required exclusion.
- Updated the Hybrid Specification to indicate that sample size reduction is allowed.
- Clarified that documentation of "vaginal hysterectomy" meets criteria for documentation of hysterectomy with no residual cervix (optional exclusion).
- Added the "Number of required exclusions" data element to the Data Elements for Reporting table.
- Added guidance adjusting required exclusions criteria in the *Rules for Allowable Adjustments* section.

Antidepressant Medication Management

- Added e-visits and virtual check-ins to the event/diagnosis (step 2 required exclusion).

Follow-Up Care for Children Prescribed ADHD Medication

- Clarified in step 4 (of both rates) when the diagnosis must be on the discharge claim.
- Added telehealth and telephone visits to the Rate 1 numerator.
- Added e-visits and virtual check-ins to the Rate 2 numerator and modified the telehealth restrictions.

Metabolic Monitoring for Children and Adolescents on Antipsychotics

- Clarified in the *Rules for Allowable Adjustments of HEDIS* section that when adjusting ages, the upper age range may be expanded or there may be no upper age limit.

Persistence of Beta-Blocker Treatment After a Heart Attack

- Added telephone visits, e-visits, and virtual check-ins to the advanced illness exclusion.
- Added Donepezil-memantine to the "Dementia combinations" description in the Dementia Medications List.

Comprehensive Diabetes Care

- Retired the "HbA1c control (<7.0%) for a selected population" indicator.
- Retired the "Medical Attention for Nephropathy" indicator for the commercial and Medicaid product lines.
- Clarified in the measure description that organizations must use the same data collection method for the HbA1c testing and control indicators (this information was previously included in the General Guidelines).
- Removed the restriction that only one of the two visits with a diabetes diagnosis be an outpatient telehealth, telephone visit, e-visit, or virtual check-in when identifying the event/diagnosis.
- Added telephone visits, e-visits, and virtual check-ins to the advanced illness exclusion.
- Added palliative care as a required exclusion.
- Deleted the HbA1c Level 7.0–9.0 Value Set.
- Updated the Administrative Specification logic and value sets for the Eye Exam indicator.
- Added telephone visits, e-visits, and virtual check-ins to the Administrative Specification as appropriate settings for blood pressure (BP) readings.
- Added Nebivolol-valsartan to the "Antihypertensive combinations" description in the Angiotensin-Converting Enzyme (ACE) Inhibitor and Angiotensin II Receptor Blockers (ARB) Medications List.
- Added Donepezil-memantine to the "Dementia combinations" description in the Dementia Medications List.

- Added polycystic ovarian syndrome to the optional exclusions.
- Added a *Note* to the *Denominator—Sample Size Reduction* section in the Hybrid Specification.
- Clarified that documentation of "HB1c" meets criteria for the Hybrid Specification of the HbA1c testing indicator.
- Clarified that eye exam results read by a system that provides an artificial intelligence (AI) interpretation meet criteria.
- Removed the requirements for remote monitoring devices to allow BPs taken by any digital device.
- Removed the exclusion of BP readings reported or taken by the member.
- Revised the Data Elements for Reporting tables.
- In the *Rules for Allowable Adjustments* section, clarified that the required exclusions criteria may be adjusted with limits.

Statin Therapy for Patients With Diabetes

- Added polycystic ovarian syndrome to the optional exclusions.
- Removed the restriction that only one of the two visits with a diabetes diagnosis be an outpatient telehealth, telephone visit, e-visit, or virtual check-in when identifying the event/diagnosis.
- Removed the restriction that only one of the two visits with an ischemic vascular disease (IVD) diagnosis be an outpatient telehealth, telephone visit, e-visit, or virtual check-in when identifying the event/diagnosis, step 2 required exclusions.
- Added telephone visits, e-visits, and virtual check-ins to the advanced illness exclusion.
- Added palliative care as a required exclusion.
- Added Donepezil-memantine to the "Dementia combinations" description in the Dementia Medications List.
- Added Pitavastatin 1 mg to the Pitavastatin Moderate Intensity Medications List and deleted the Pitavastatin Low Intensity Medications List.
- In the *Rules for Allowable Adjustments* section, clarified that the required exclusions criteria may be adjusted with limits.

Statin Therapy for Patients With Cardiovascular Disease

- Removed the restriction that only one of the two visits with an IVD diagnosis be an outpatient telehealth, telephone visit, e-visit, or virtual check-in when identifying the event/diagnosis.
- Added telephone visits, e-visits, and virtual check-ins to the advanced illness exclusion.
- Added palliative care as a required exclusion.
- Added Donepezil-memantine to the "Dementia combinations" description in the Dementia Medications List.
- In the *Rules for Allowable Adjustments* section, clarified that the required exclusions criteria may be adjusted with limits.

Use of Imaging Studies for Low Back Pain

- In the *Rules for Allowable Adjustments* section, clarified that the numerator criteria may be adjusted with limits.

Pharmacotherapy Management of COPD Exacerbation

- Moved the instructions from step 1 to step 2 to exclude ED visits that result in an inpatient stay.
- Added Fluticasone furoate-umeclidinium-vilanterol to the "Bronchodilator combinations" description in the Bronchodilator Medications List.
- Added Formoterol-aclidinium to the "Bronchodilator combinations" description in the Bronchodilator Medications List.

Asthma Medication Ratio

- Removed the restriction that only three of the four visits with an asthma diagnosis be an outpatient telehealth, telephone visit, e-visit, or virtual check-in when identifying the event/diagnosis.
- Clarified in step 1 when the diagnosis must be on the discharge claim.
- Added Dupilumab to the "Anti-interleukin-4" description in the Dupilumab Medications List.
- Clarified National Drug Code (NDC) code mapping requirements in the *Notes*.

Use of Spirometry Testing in the Assessment and Diagnosis of COPD

- Added telephone visits, e-visits, and virtual check-ins to step 1 of the event/diagnosis and removed the requirement to exclude telehealth.
- Updated the instructions for excluding visits that result in an inpatient stay (step 2).

Appropriate Testing for Pharyngitis

- Updated the instructions for excluding visits that result in an inpatient stay.
- Deleted step 8; this step is unnecessary because these members are removed in step 5.

Appropriate Treatment for Upper Respiratory Infection

- Updated the instructions for excluding visits that result in an inpatient stay.
- In the *Rules for Allowable Adjustments* section, clarified that the numerator criteria may be adjusted with limits.

Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis

- Updated the instructions for excluding visits that result in an inpatient stay.
- In the *Rules for Allowable Adjustments* section, clarified that the numerator criteria may be adjusted with limits.

Use of Opioids at High Dosage

- Clarified the instructions for calculating covered days for the numerator.
- Clarified the instructions for treatment period.
- Added palliative care as a required exclusion.
- Added medication lists for acetaminophen benzhydrocodone, aspirin codeine, and codeine phosphate.
- In the *Rules for Allowable Adjustments* section, clarified that the event/diagnosis, required exclusions and numerator criteria may be adjusted with limits.

Use of Opioids From Multiple Providers

- Added the Aspirin Codeine Medications List, the Codeine Phosphate Medications List, and the Acetaminophen Benzhydrocodone Medications List.
- Clarified the instructions for calculating covered days.
  - In the *Rules for Allowable Adjustments* section, clarified that the event/diagnosis and numerator criteria may be adjusted with limits.

Risk of Continued Opioid Use

- Added the Aspirin Codeine Medications List, the Codeine Phosphate Medications List, and the Acetaminophen Benzhydrocodone Medications List.
- Clarified the instructions for calculating covered days.
- Added palliative care as a required exclusion.
- In the *Rules for Allowable Adjustments* section, clarified that the event/diagnosis, required exclusions, and numerator criteria may be adjusted with limits.

Pharmacotherapy for Opioid Use Disorder

- Added value sets to the Opioid Use Disorder Treatment Medications table.
- Added the *Rules for Allowable Adjustments of HEDIS* section.

Plan All-Cause Readmissions

- Revised the measure description.
- Added a *Note* to the definition of "plan population" to clarify that it should be used as a denominator for the outlier rate.
- Removed "Risk Adjustment Tables" from the Definitions.
- Replaced references to "Table HCC-Surg" with references to the "Surgery Procedure Value Set" in the *Risk Adjustment Determination* section.

- Replaced references to "Table PCR-DischCC" with "Table CC_Mapping" in the *Risk Adjustment Determination* section.
- Updated the *Note* in the *Risk Adjustment Weighting* section for Index Hospital Stay (IHS) that are discharged or transferred to skilled nursing care.
- Removed references to specific risk weight tables in the *Risk Adjustment Weighting* section.
- Clarified rounding rules in step 8 of the *Risk Adjustment Weighting* section.
- Revised the data element tables to separate the Medicaid and commercial product lines from the Medicare product line.

Glossary

Table 2-4 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.
COVID-19	Coronavirus disease 2019.
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.
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.

Term	Description
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.
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.
HepB	Hepatitis B.
HiB	Haemophilus influenzae type B.
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 *Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)*, in which lower rates indicate better performance, the 10th percentile [rather than the 90th percentile] is considered the HPL.)
HPV	Human papillomavirus.
hrHPV	High-risk human papillomavirus.
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.
IS	Information System; an automated system for collecting, processing, and transmitting data.

Term	Description
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 *Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)*, 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.
MME	Morphine milligram equivalent
MMR	Measles, mumps, and rubella.
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, 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.

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

Term	Description
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.
PHE	Public health emergency.
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.
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).

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 30 Months of Life—Well-Child Visits in the First 15 Months—Six or More Well-Child Visits* and *Well-Child Visits for Age 15 Months–30 Months—Two or More Well-Child Visits*
- *Child and Adolescent Well-Care Visits—Total*
- *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

Figure 3-2—Childhood Immunization Status—Combination 2

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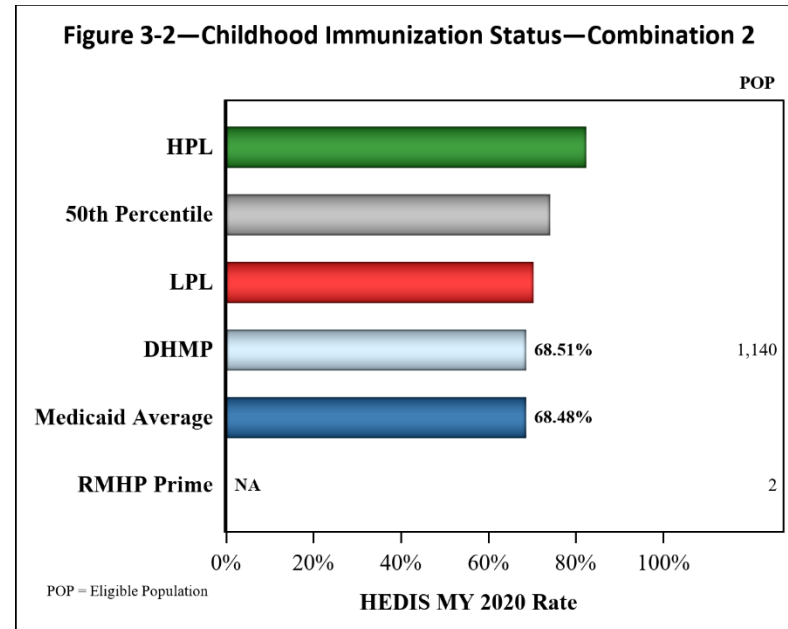
NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate. Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

DHMP's rate and the Colorado Medicaid weighted average were below the LPL.

Childhood Immunization Status—Combination 3

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

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 MY 2019 to MY 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 MY 2019 to MY 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.
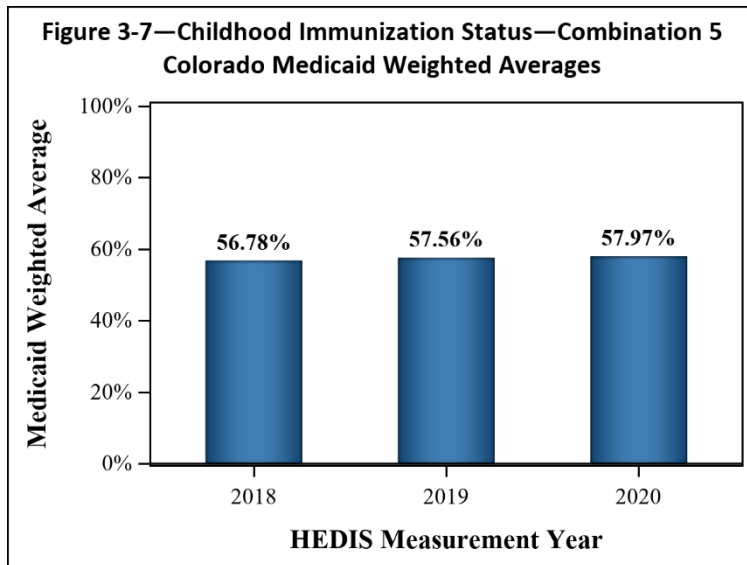
Figure 3-7—Childhood Immunization Status—Combination 5
Colorado Medicaid Weighted Averages

Figure 3-8—Childhood Immunization Status—Combination 5

The Colorado Medicaid weighted average did not demonstrate a significant change from MY 2019 to MY 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 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 MY 2019 to MY 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.
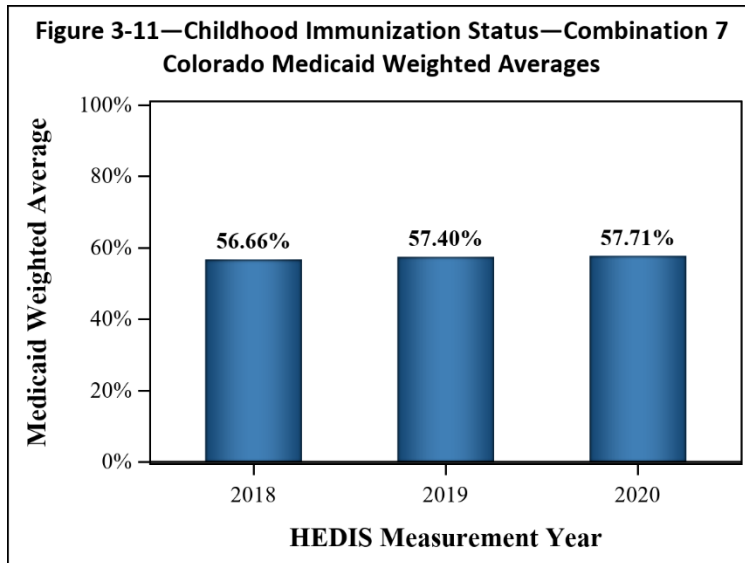
Figure 3-11—Childhood Immunization Status—Combination 7 Colorado Medicaid Weighted Averages

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

Figure 3-12—Childhood Immunization Status—Combination 7

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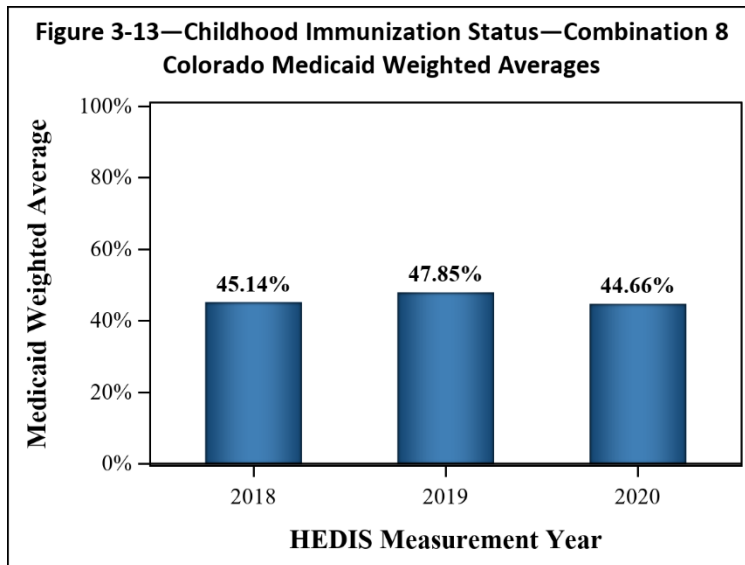
Figure 3-13—Childhood Immunization Status—Combination 8 Colorado Medicaid Weighted Averages

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

Figure 3-14—Childhood Immunization Status—Combination 8

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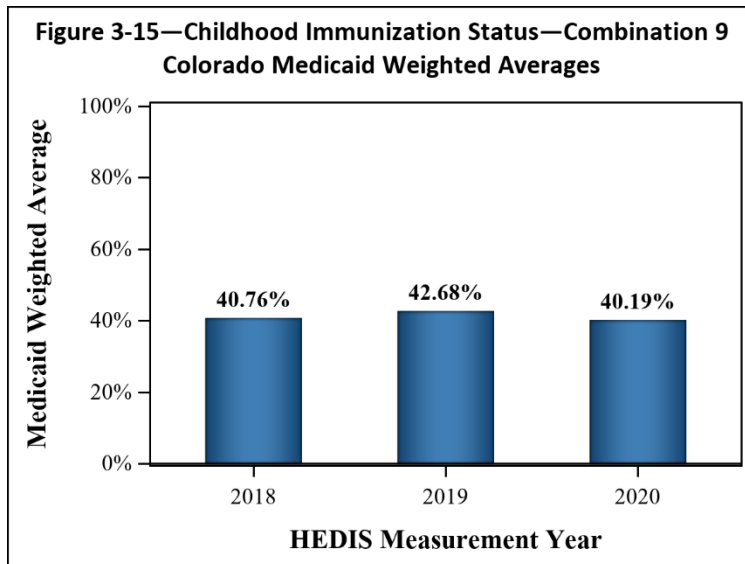
Figure 3-15—Childhood Immunization Status—Combination 9 Colorado Medicaid Weighted Averages

Figure 3-16—Childhood Immunization Status—Combination 9

The Colorado Medicaid weighted average did not demonstrate a significant change from MY 2019 to MY 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.
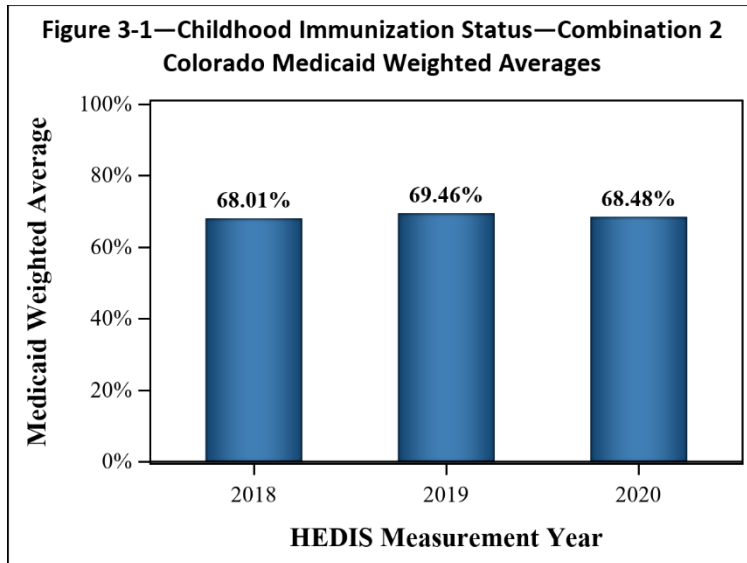
Childhood Immunization Status—Combination 10

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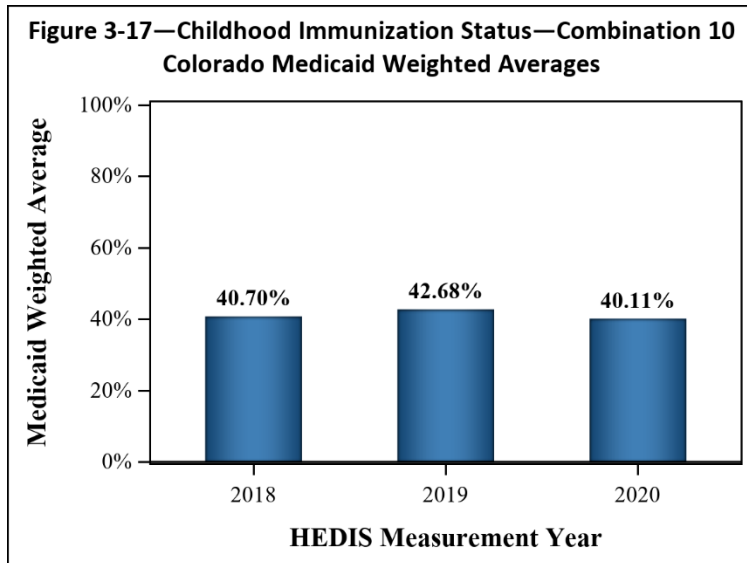
Figure 3-17—Childhood Immunization Status—Combination 10 Colorado Medicaid Weighted Averages

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

Figure 3-18—Childhood Immunization Status—Combination 10

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.

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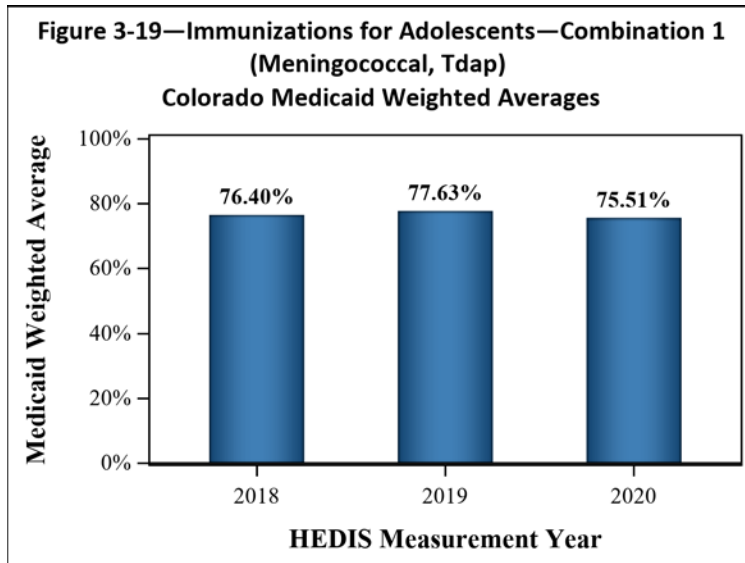
Figure 3-19—Immunizations for Adolescents—Combination 1 (Meningococcal, Tdap) Colorado Medicaid Weighted Averages

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

Figure 3-20—Immunizations for Adolescents—Combination 1 (Meningococcal, Tdap)
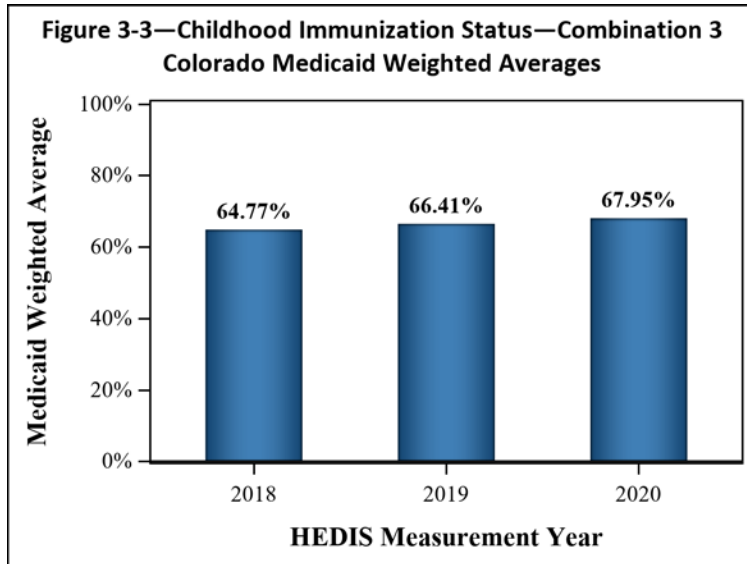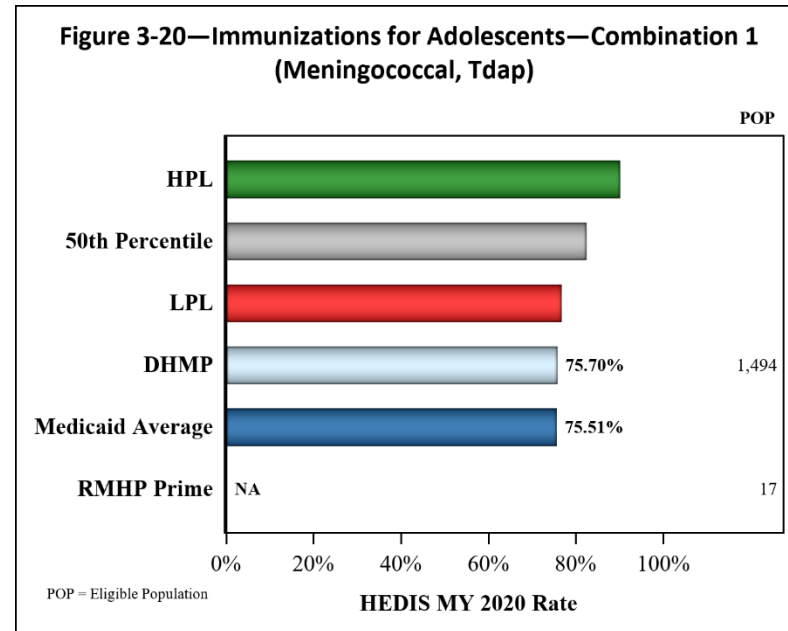
NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate. Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

DHMP's rate and the Colorado Medicaid weighted average were below the LPL.

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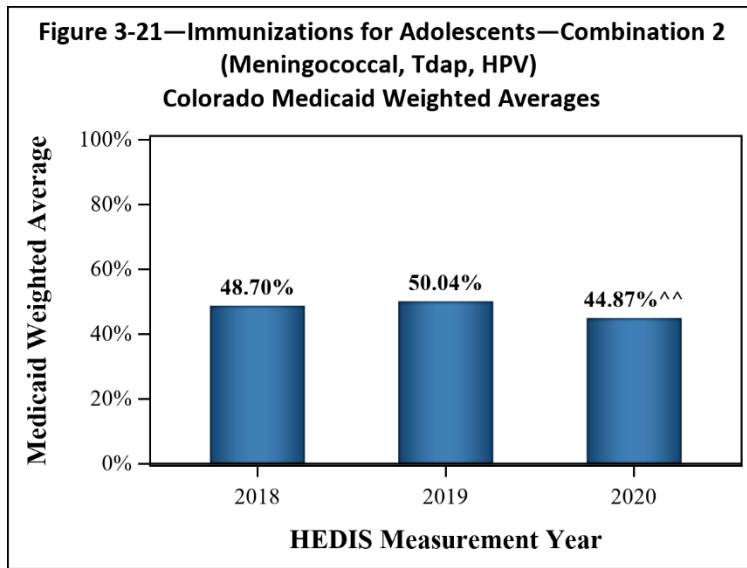
Figure 3-21—Immunizations for Adolescents—Combination 2 (Meningococcal, Tdap, HPV) Colorado Medicaid Weighted Averages

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

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

Figure 3-22—Immunizations for Adolescents—Combination 2 (Meningococcal, Tdap, HPV)

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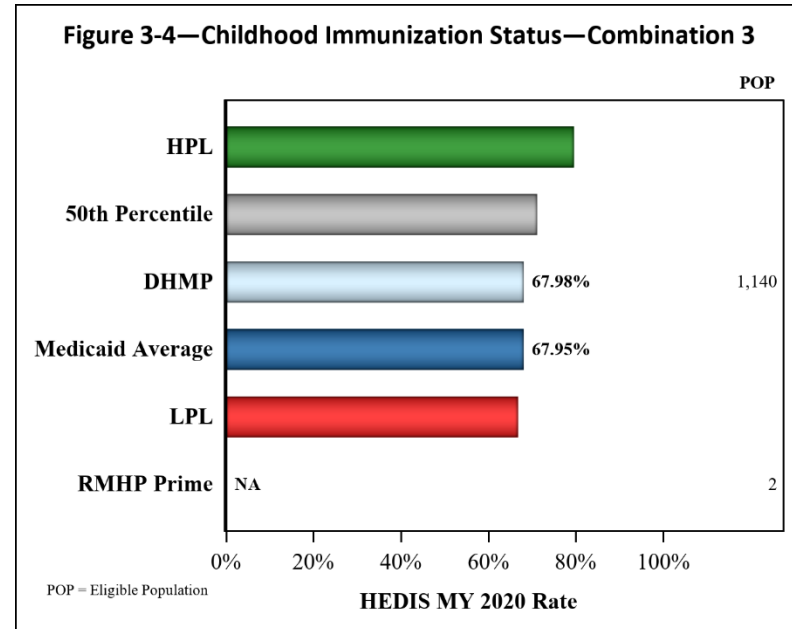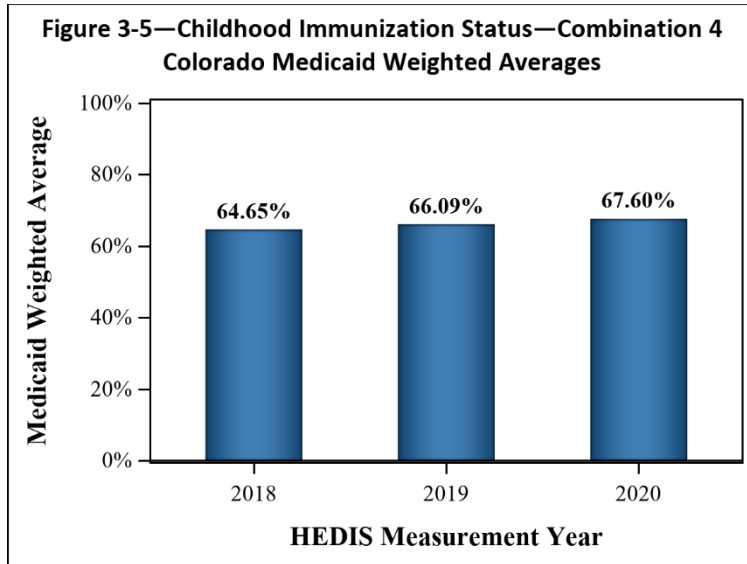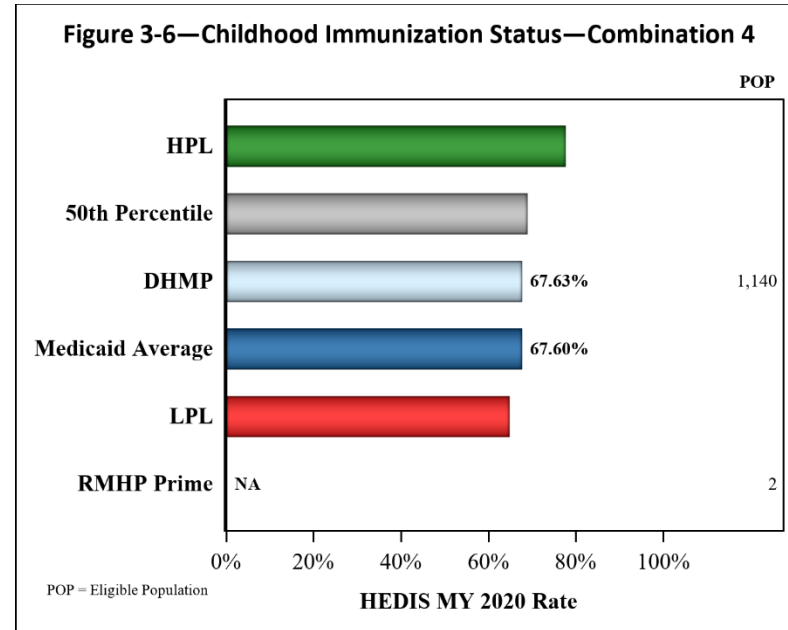
DHMP's rate and the Colorado Medicaid weighted average were above the 50th percentile but below the HPL.

Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months—Six or More Well-Child Visits

Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months—Six or More Well-Child Visits measures the percentage of members who turned 15 months of age during the measurement year who received six or more well-child visits on different dates of service with a PCP upon or before turning 15 months of age. Due to changes in the technical specifications for this measure, NCQA recommends a break in trending between MY 2020 and prior years; therefore, prior years' rates are not displayed.

Figure 3-23—Well-Child Visits in the First 30 Months of Life— Well-Child Visits in the First 15 Months—Six or More Well-Child Visits

|	HEDIS MY 2020 Rate	POP
DHMP	54.69%	1,867
Medicaid Average	54.69%	
RMHP Prime	NA	0

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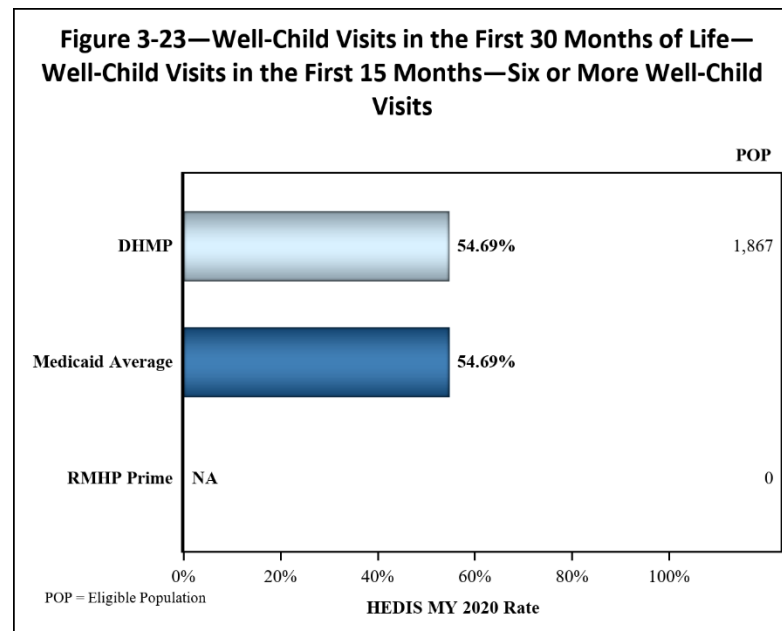
NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate.

DMHP's rate and the Colorado Medicaid weighted average were 54.69 percent in MY 2020.

Well-Child Visits in the First 30 Months of Life—Well-Child Visits for Age 15 Months–30 Months—Two or More Well-Child Visits

Well-Child Visits in the First 30 Months of Life—Well-Child Visits for Age 15 Months–30 Months—Two or More Well-Child Visits measures the percentage of members who turned 30 months of age during the measurement year who received two or more well-child visits on different dates of service with a PCP between the child turning 15 months of age plus one day and the child turning 30 months of age. This was a new measure rate for MY 2020; therefore, prior years' rates are not displayed.
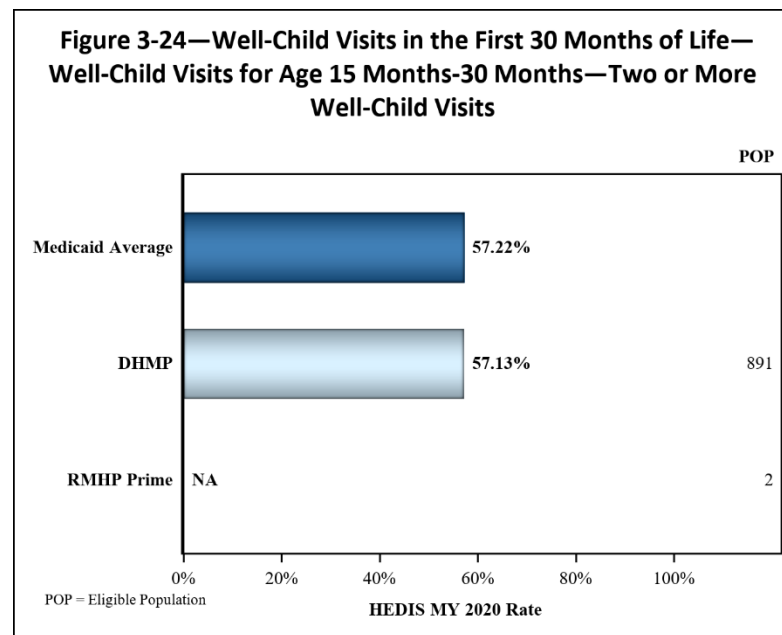
Figure 3-24—Well-Child Visits in the First 30 Months of Life—Well-Child Visits for Age 15 Months-30 Months—Two or More Well-Child Visits
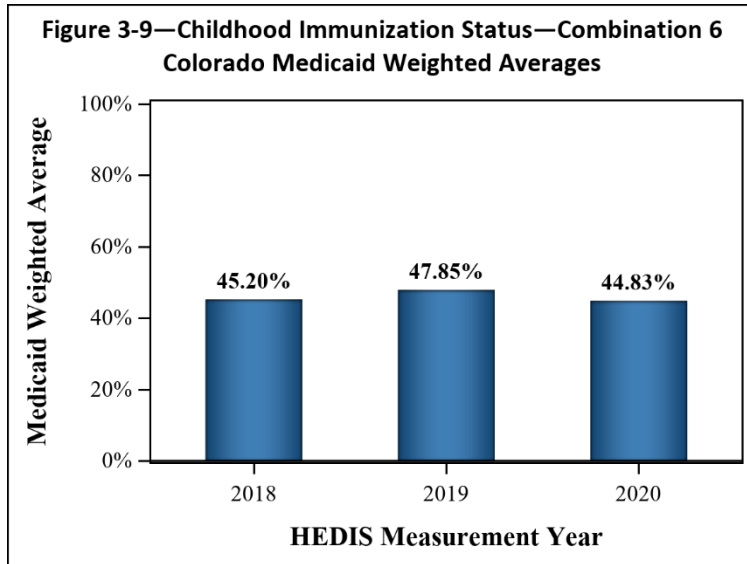
NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate.

The Colorado Medicaid weighted average was 57.22 percent and DHMP's rate was 57.13 percent in MY 2020.

Child and Adolescent Well-Child Visits—Total

Child and Adolescent Well-Child Visits—Total measures the percentage of members 3 to 21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year. This measure is a combination measure that replaces the former *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life* and *Adolescent Well-Care Visits* HEDIS measures. Due to changes in the technical specifications for this measure, NCQA recommends a break in trending between MY 2020 and prior years; therefore, prior years' rates are not displayed.

Figure 3-25—Child and Adolescent Well-Care Visits—Total
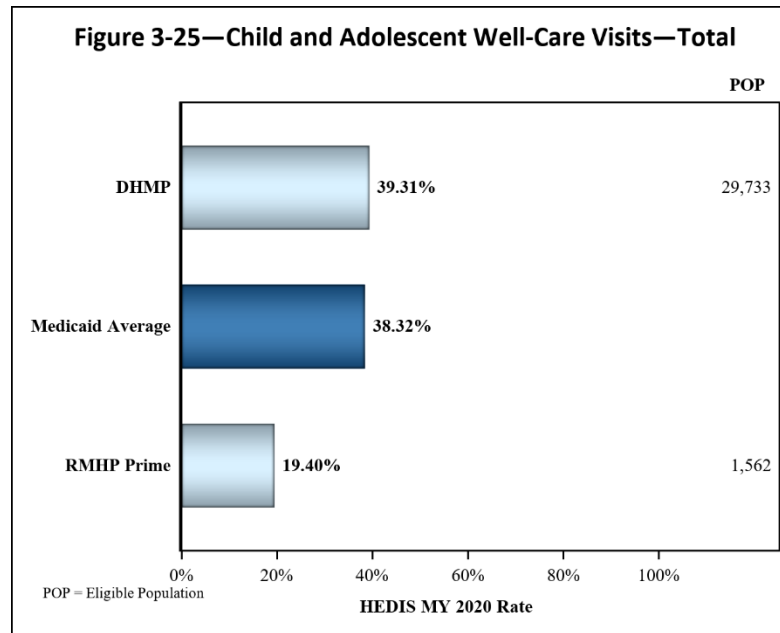
MCO performance varied by approximately 20 percentage points.

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.
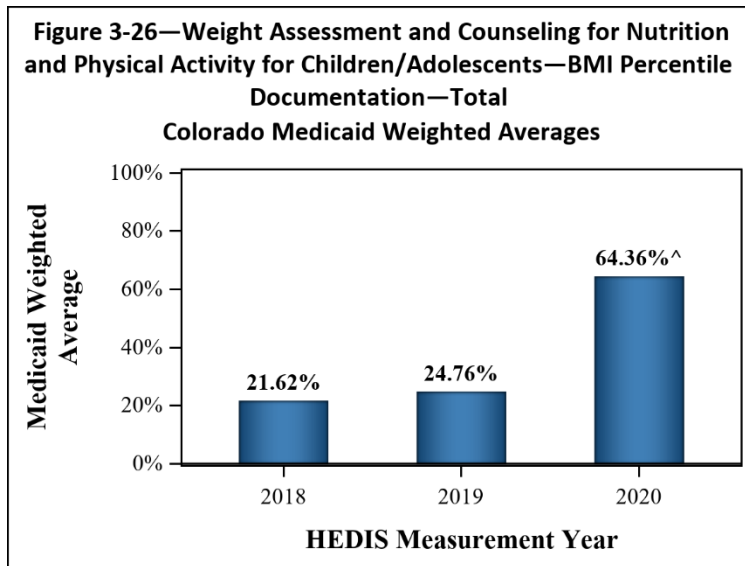
Figure 3-26—Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile Documentation—Total
Colorado Medicaid Weighted Averages

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

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

Figure 3-27—Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile Documentation—Total

POP = Eligible Population
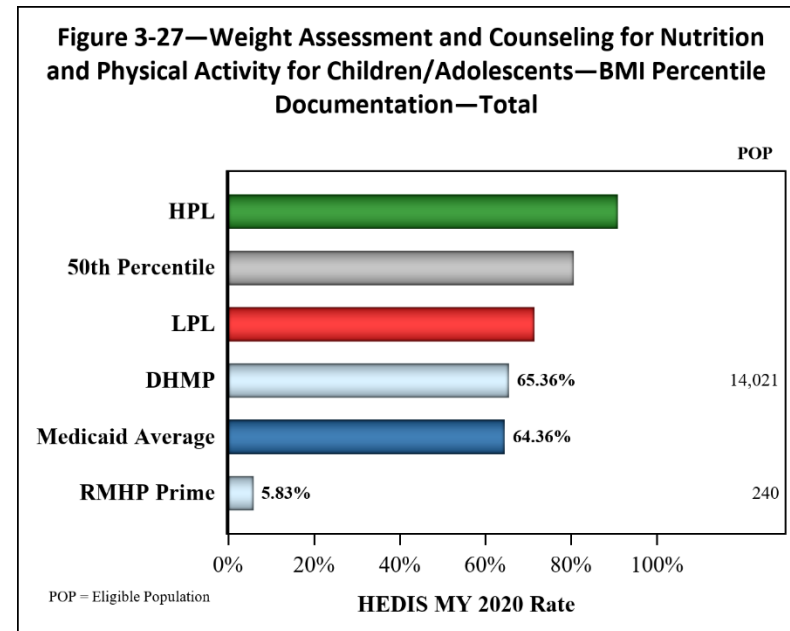
Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.
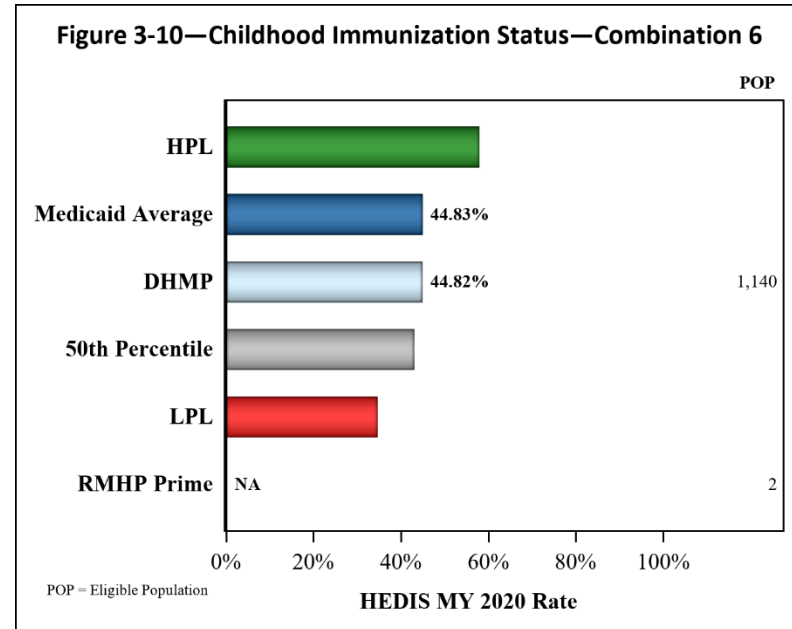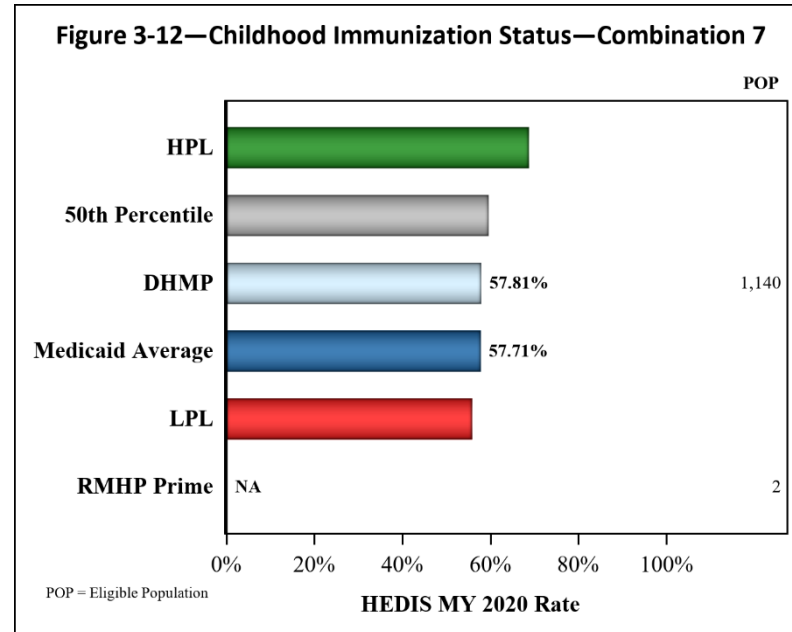
Rates for both MCOs and the Colorado Medicaid weighted average fell below the LPL. MCO performance varied by approximately 60 percentage points.

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 3-28—Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Nutrition—Total
Colorado Medicaid Weighted Averages

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

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

Figure 3-29—Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Nutrition—Total

POP = Eligible Population
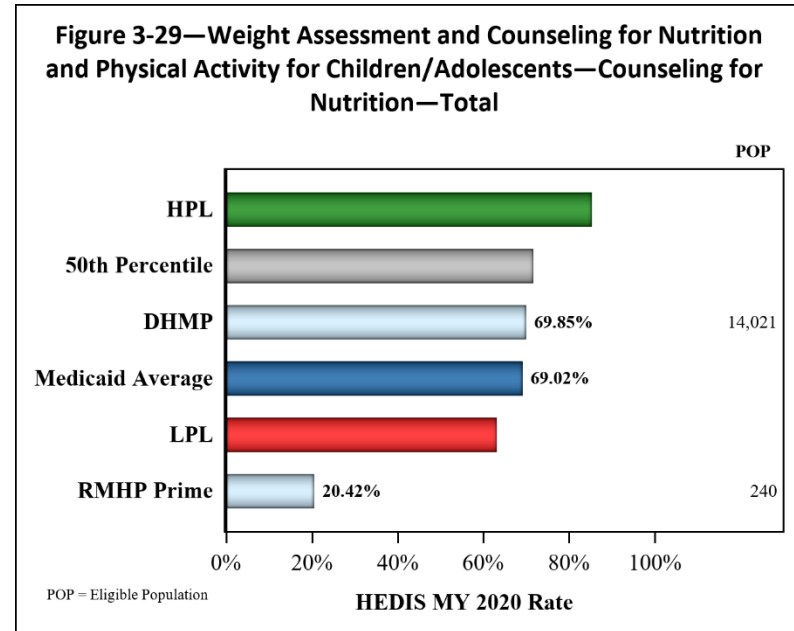
Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.
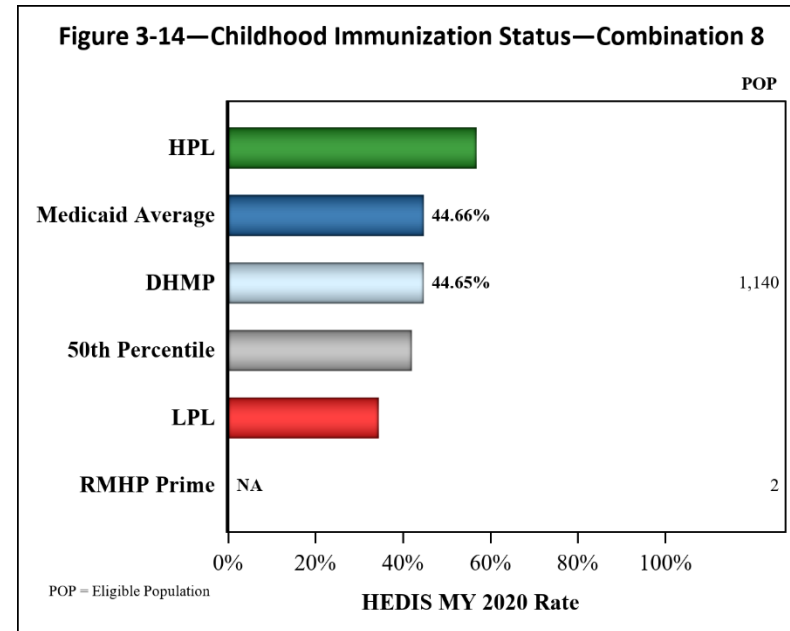
DHMP's rate and the Colorado Medicaid weighted average were above the LPL but below the 50th percentile. RMHP Prime's rate fell below the LPL. MCO performance varied by approximately 49 percentage points.

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.
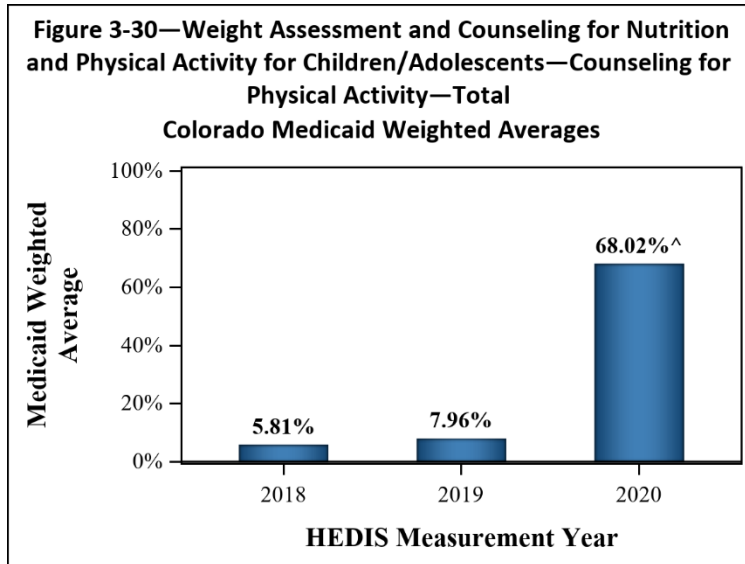
Figure 3-30—Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Physical Activity—Total
Colorado Medicaid Weighted Averages

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

Figure 3-31—Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Physical Activity—Total

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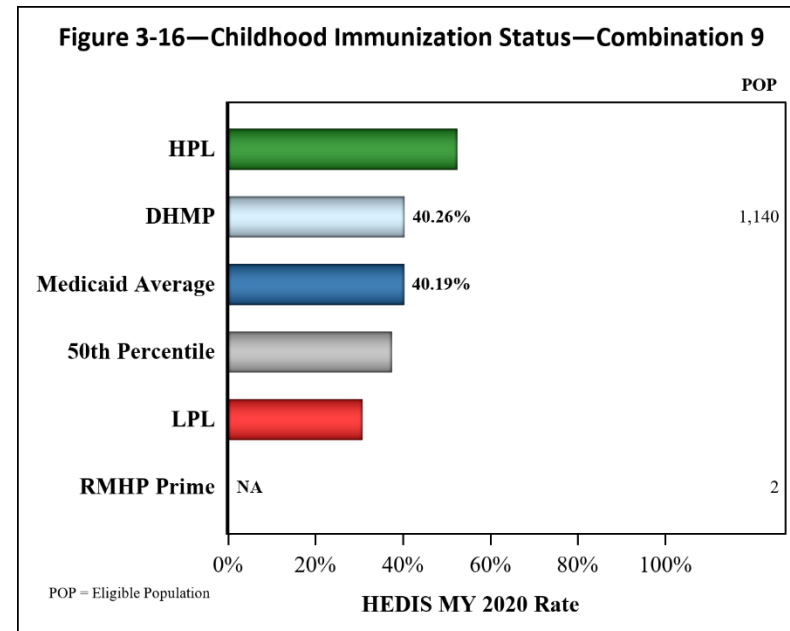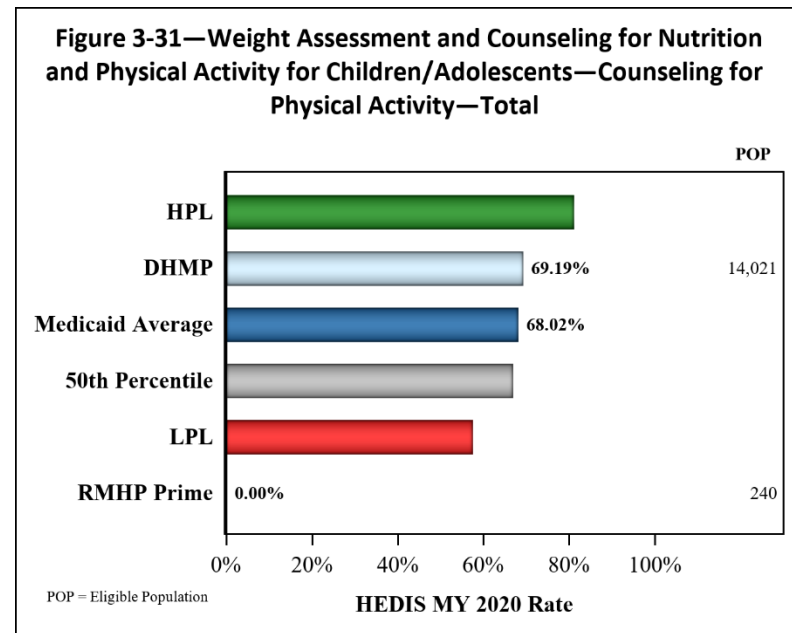
The Colorado Medicaid weighted average significantly improved from MY 2019 to MY 2020.

DHMP's rate and the Colorado Medicaid weighted average were above the 50th percentile but below the HPL. RMHP Prime's rate fell below the LPL. MCO performance varied by approximately 69 percentage points.

Summary of Findings and Recommendations

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 30 Months of Life		
Well-Child Visits in the First 15 Months—Six or More Well-Child Visits	—	—
Well-Child Visits for Age 15 Months–30 Months—Two or More Well-Child Visits	—	—
Child and Adolescent Well-Care Visits		
Total	—	—
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 or there was a break in trending.

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	0	1	5	5	3
RMHP Prime	0	0	0	0	3

Performance for the MCOs in the Pediatric Care domain demonstrated opportunities for improvement, with 8 of 14 (57.1 percent) measure indicator rates for DHMP falling below the 50th percentile and all three reportable rates for RMHP Prime falling below the 25th percentile. The MCOs and the Department should identify the factors contributing to the low rates for children receiving vaccinations (e.g., barriers to care, COVID-19 PHE, provider billing issues, administrative data source challenges).

Of note, DHMP's rate for the *Immunizations for Adolescents—Combination 2 (Meningococcal, Tdap, HPV)* measure indicator ranked at or above the 75th percentile, showing strength in vaccinations for adolescents.

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*
- *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*

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.
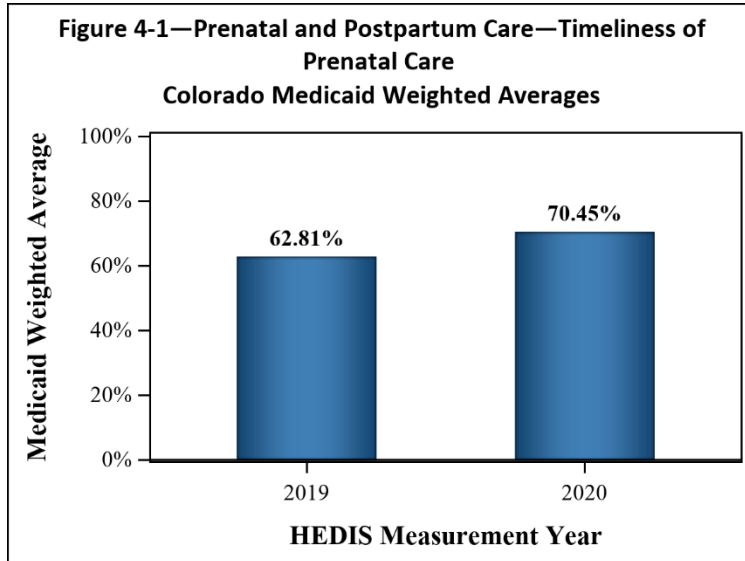
Figure 4-1—Prenatal and Postpartum Care—Timeliness of Prenatal Care
Colorado Medicaid Weighted Averages

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

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

Figure 4-2—Prenatal and Postpartum Care—Timeliness of Prenatal Care
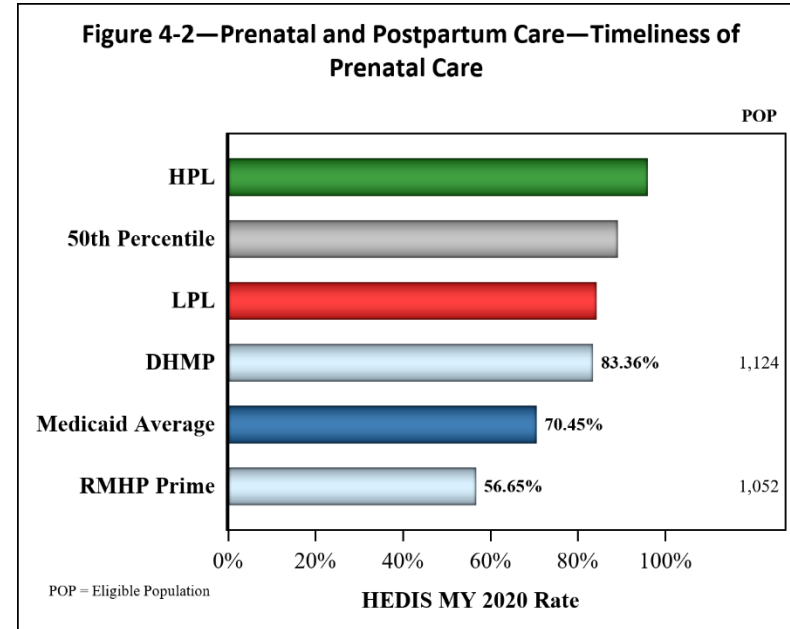
Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

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

Prenatal and Postpartum Care—Postpartum Care

Prenatal and Postpartum Care—Postpartum Care measures the percentage of deliveries of live births that had a postpartum visit on or between seven and 84 days after delivery.
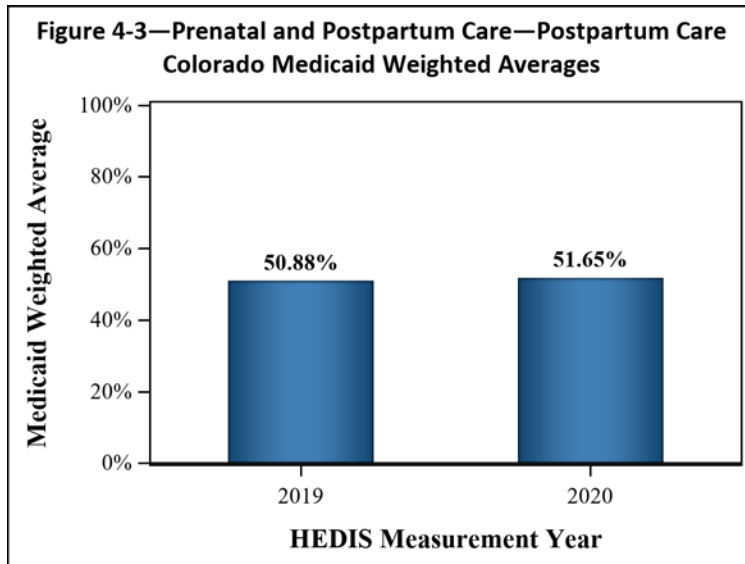
Figure 4-3—Prenatal and Postpartum Care—Postpartum Care Colorado Medicaid Weighted Averages

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

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

Figure 4-4—Prenatal and Postpartum Care—Postpartum Care
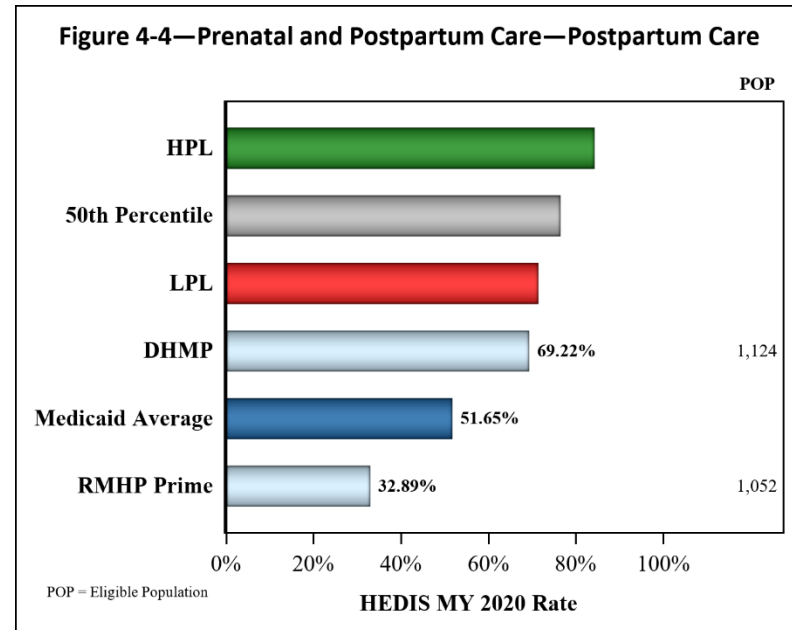
Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

Rates for both MCOs and the Colorado Medicaid weighted average fell below the LPL. MCO performance varied by approximately 36 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.
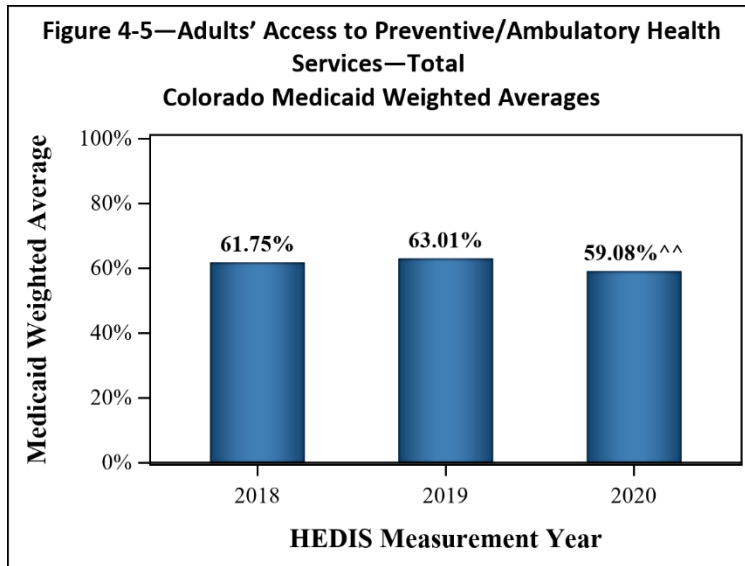
Figure 4-5—Adults' Access to Preventive/Ambulatory Health Services—Total
Colorado Medicaid Weighted Averages

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

Figure 4-6—Adults' Access to Preventive/Ambulatory Health Services—Total

POP = Eligible Population

The Colorado Medicaid weighted average significantly declined from MY 2019 to MY 2020.
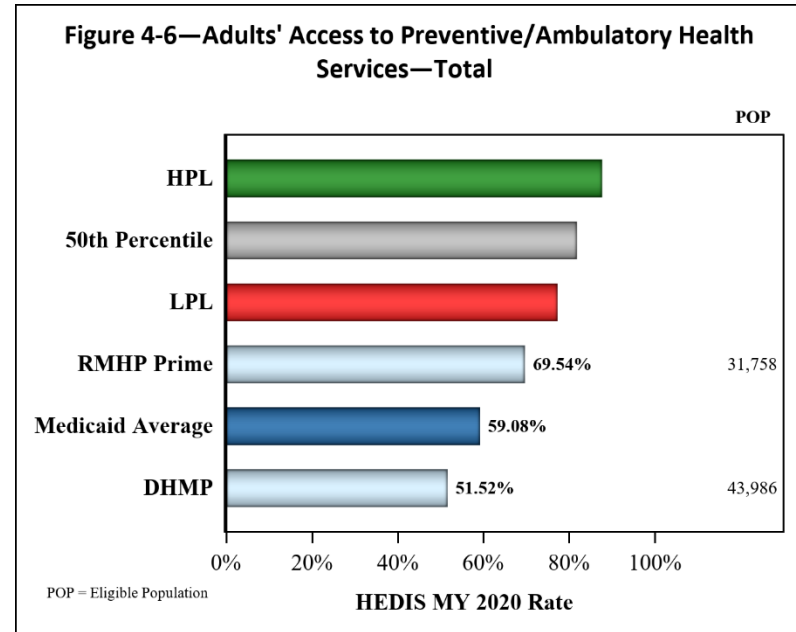
Rates for both MCOs and the Colorado Medicaid weighted average fell below the LPL. MCO performance varied by approximately 18 percentage points.

Chlamydia Screening in Women—Total

Chlamydia Screening in Women—Total measures the percentage of female members 16 to 24 years of age who were identified as being sexually active and received at least one test for chlamydia during the measurement year.
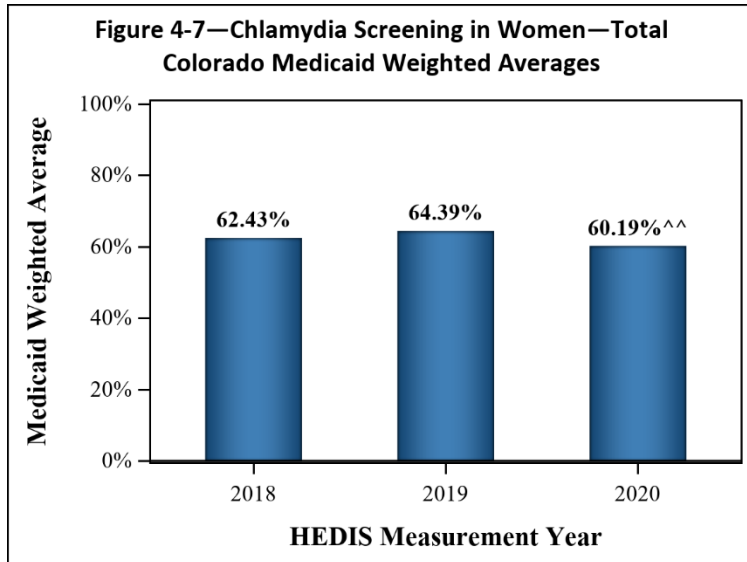
Figure 4-7—Chlamydia Screening in Women—Total
Colorado Medicaid Weighted Averages

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

Figure 4-8—Chlamydia Screening in Women—Total

POP = Eligible Population

The Colorado Medicaid weighted average significantly declined from MY 2019 to MY 2020.
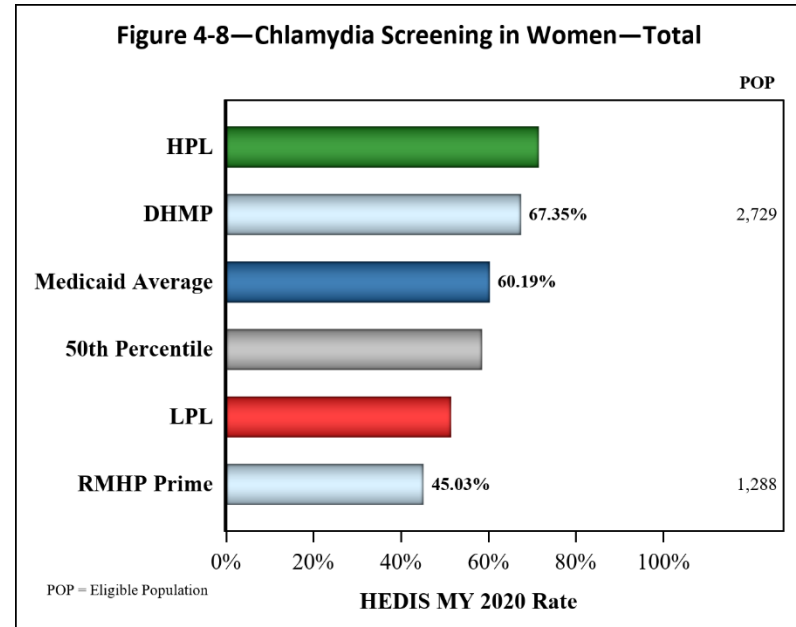
DHMP's rate and the Colorado Medicaid weighted average were above the 50th percentile but below the HPL. RMHP Prime's rate fell below the LPL. MCO performance varied by approximately 22 percentage points.

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.
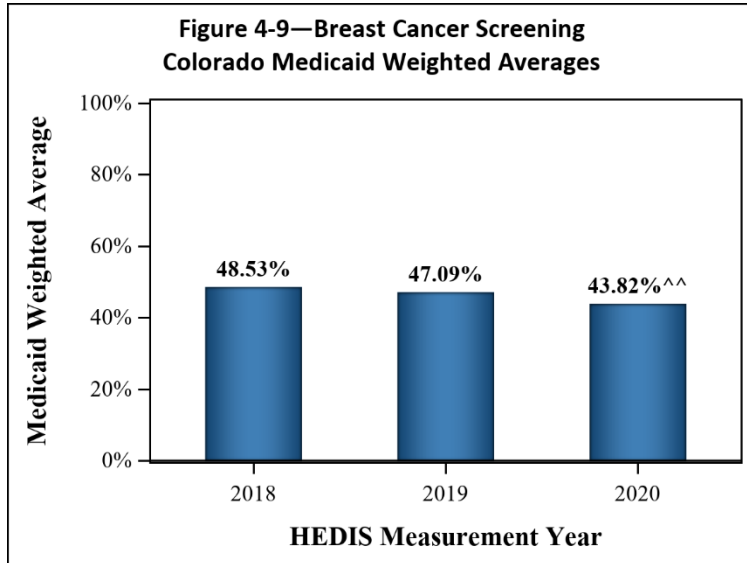
Figure 4-9—Breast Cancer Screening Colorado Medicaid Weighted Averages

Two carets (^^) indicate a statistically significant decline in performance from MY 2019 to MY 2020.
Due to changes in the technical specifications for this measure, NCQA recommends that trending between MY 2020 and prior years be considered with caution.

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

Figure 4-10—Breast Cancer Screening

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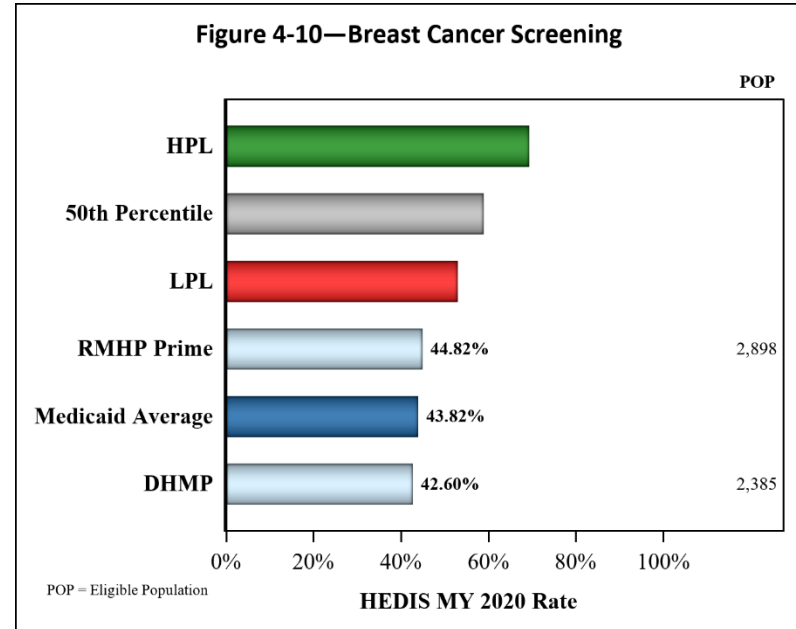
Rates for both MCOs and the Colorado Medicaid weighted average fell below the LPL. MCO performance varied by approximately 2 percentage points.

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: women 21 to 64 years of age who had cervical cytology performed within the last three years, women 30 to 64 years of age who had cervical hrHPV testing performed within the last five years, or women 30 to 64 years of age who had cervical cytology/hrHPV co-testing within the last five years.
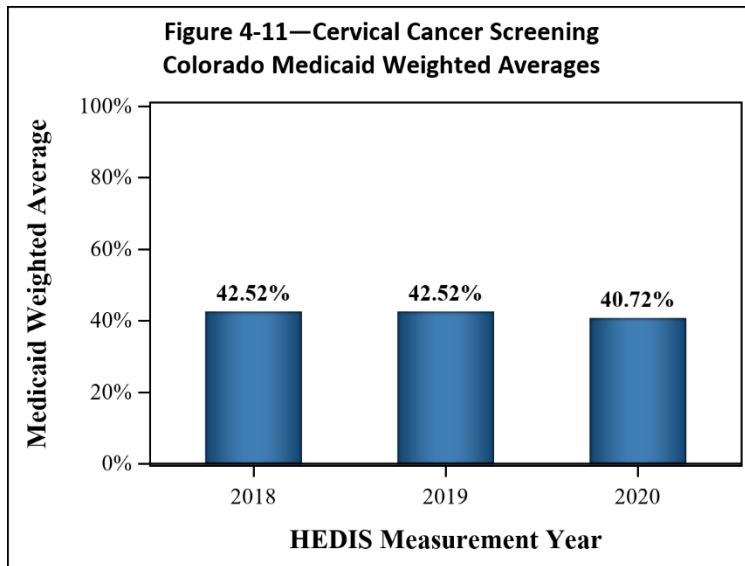
Figure 4-11—Cervical Cancer Screening
Colorado Medicaid Weighted Averages

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

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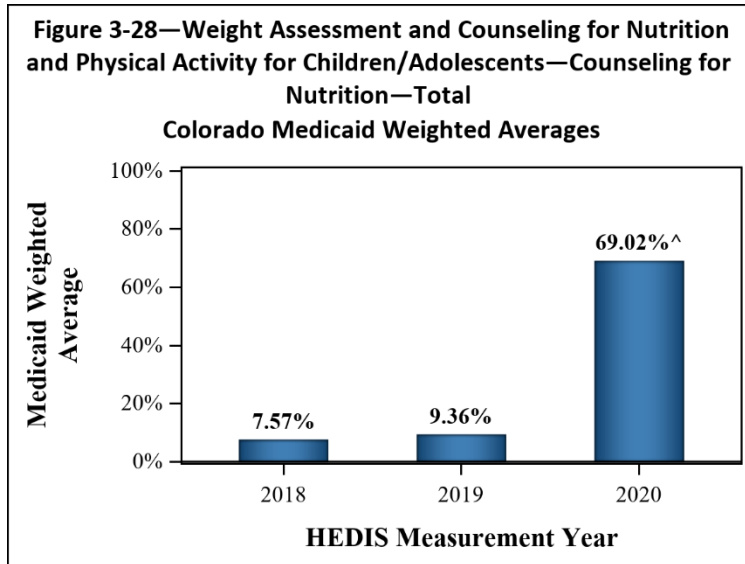

Figure 4-12—Cervical Cancer Screening
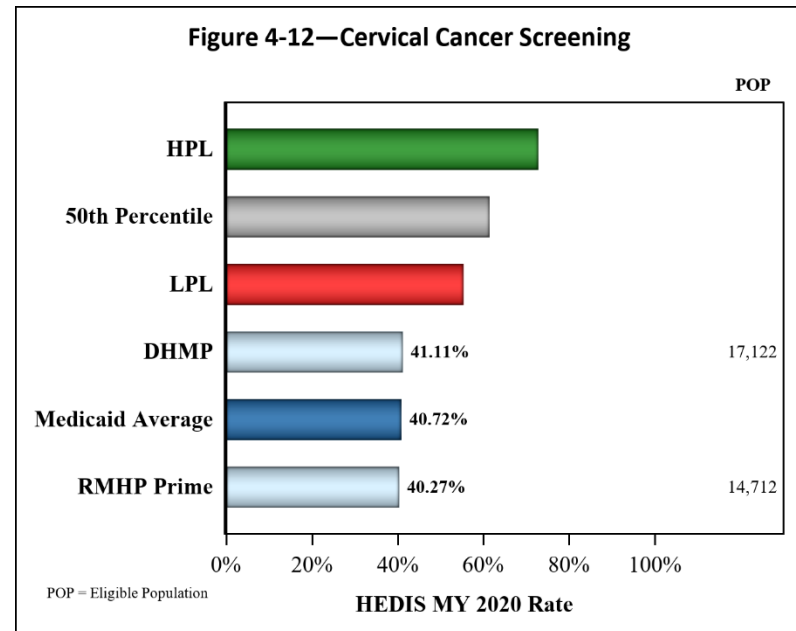
Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

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

Non-Recommended Cervical Cancer Screening in Adolescent Females

Non-Recommended Cervical Cancer Screening in Adolescent Females measures the percentage of adolescent female members 16 to 20 years of age who were screened unnecessarily for cervical cancer. For this measure, a lower rate indicates better performance.
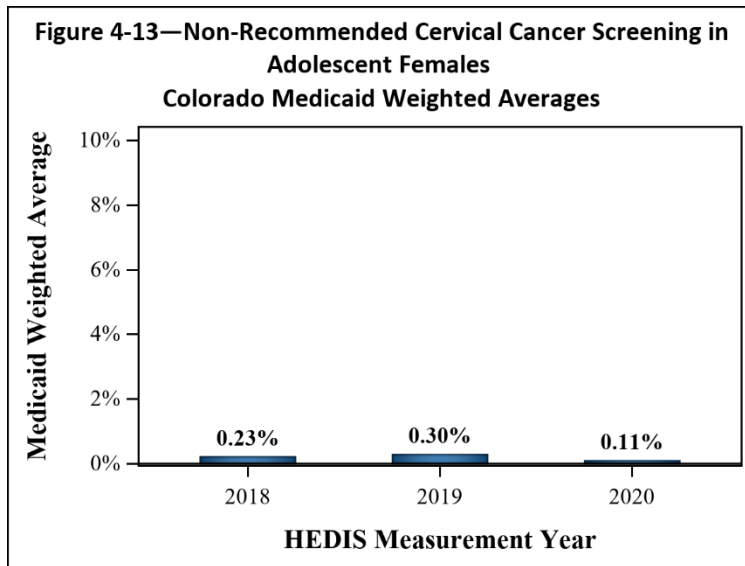
Figure 4-13—Non-Recommended Cervical Cancer Screening in Adolescent Females
Colorado Medicaid Weighted Averages

Figure 4-14—Non-Recommended Cervical Cancer Screening in Adolescent Females

The Colorado Medicaid weighted average did not demonstrate a significant change from MY 2019 to MY 2020.
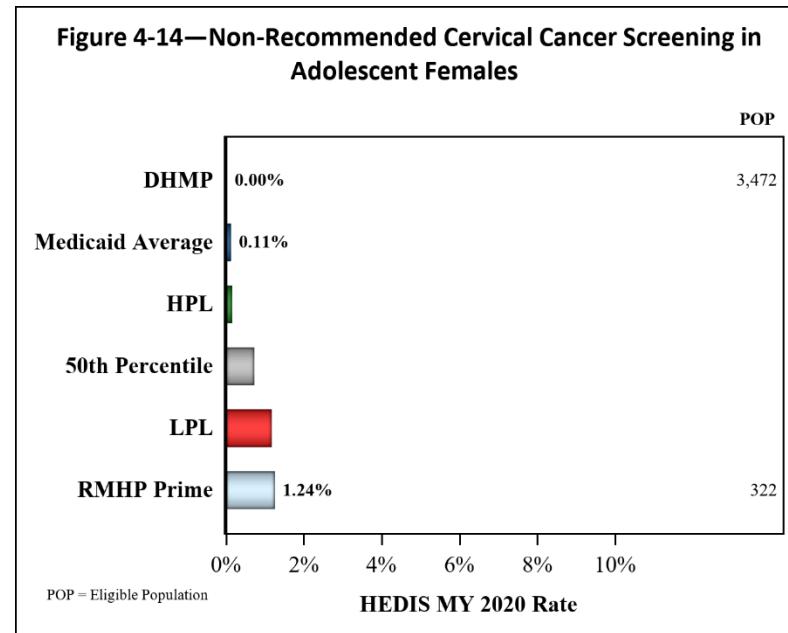
DHMP's rate and the Colorado Medicaid weighted average exceeded the HPL. RMHP Prime's rate fell below the LPL. MCO performance varied by approximately 1 percentage point.

Summary of Findings and Recommendations

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	★	★
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	★★★★★	★

[1] *Due to differences in member eligibility for children in RMHP Prime, rates may not be comparable to DHMP's rates.*
* 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	3
RMHP Prime	0	0	0	0	3
Preventive Screening					
DHMP	1	1	0	0	2
RMHP Prime	0	0	0	0	4

With all reportable performance measure rates within the Access to Care domain falling below the 25th 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). Additionally, the MCOs and the Department could identify factors related to the COVID-19 PHE and how access to care was impacted. 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., vaccinations, preventive screenings).

Within the Preventive Screening domain, two of four (50.0 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 75th percentile, indicating strong performance for DHMP in these two measures. The MCOs and the Department should focus efforts on identifying the factors contributing to the low rates for *Breast Cancer Screening* and *Cervical Cancer Screening* and implement improvement strategies to increase these screening rates. This may include the MCOs following up with providers when members are overdue for a screening or working with providers to send reminders to members about scheduling an appointment. Best practices include sending reminders in the mail, calling members to schedule screenings, offering flexible or extended office hours, or offering mobile mammogram screenings.[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: August 24, 2021.

Mental/Behavioral Health

The following section provides a detailed analysis of the Colorado Medicaid MCOs' performance for the Mental/Behavioral Health domain. In FY 2020–2021, 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).
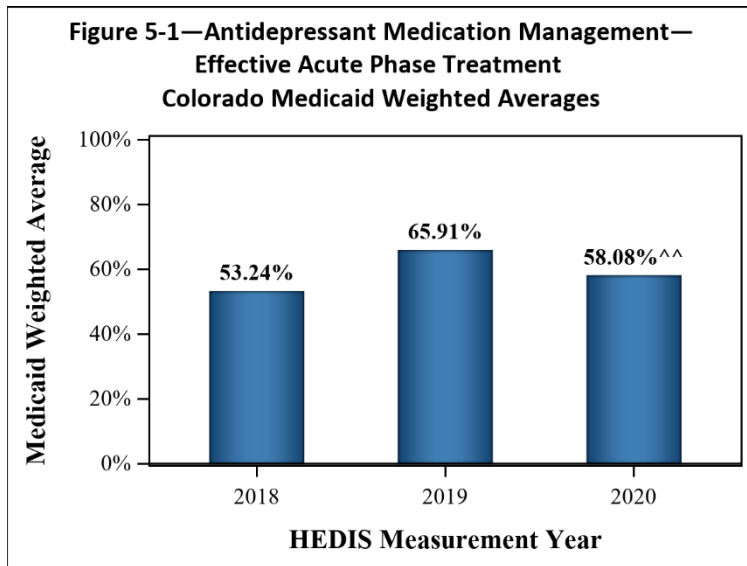
Figure 5-1—Antidepressant Medication Management— Effective Acute Phase Treatment Colorado Medicaid Weighted Averages

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

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

POP = Eligible Population

The Colorado Medicaid weighted average significantly declined from MY 2019 to MY 2020.
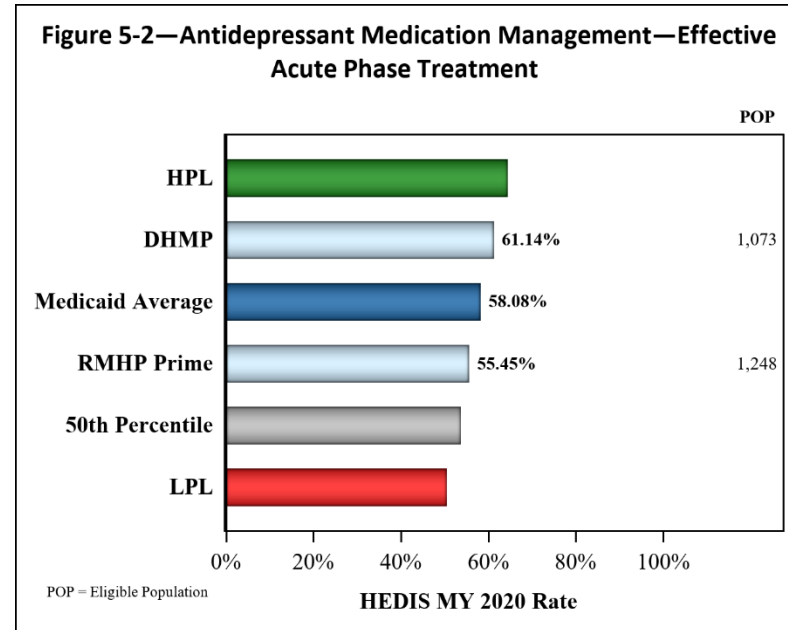
Rates for both MCOs and the Colorado Medicaid weighted average were above the 50th percentile but below the HPL. MCO performance varied by approximately 6 percentage points.

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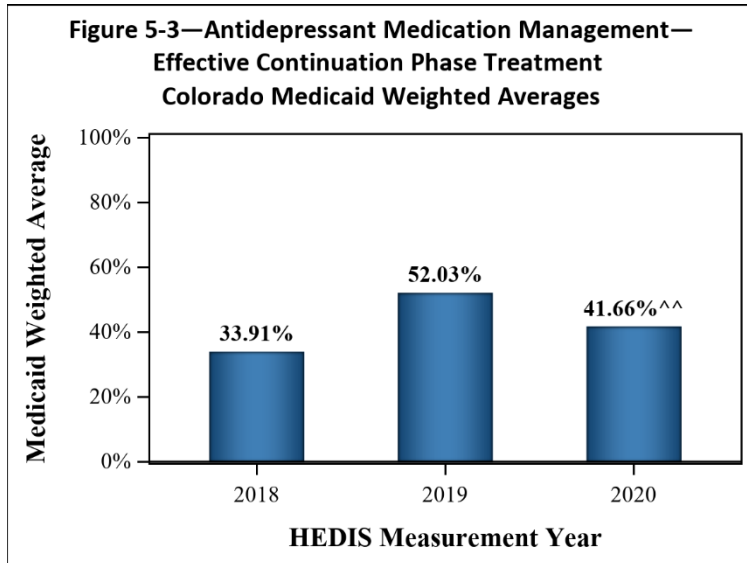
Figure 5-3—Antidepressant Medication Management— Effective Continuation Phase Treatment Colorado Medicaid Weighted Averages

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

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

Figure 5-4—Antidepressant Medication Management—Effective Continuation Phase Treatment
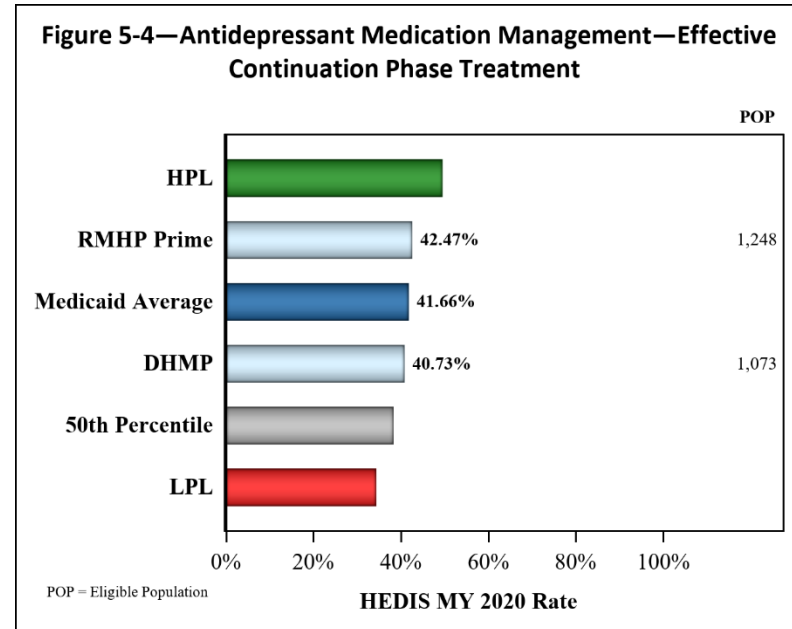
Rates for both MCOs and the Colorado Medicaid weighted average were above the 50th percentile but below the HPL. MCO performance varied by approximately 2 percentage points.

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 who 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

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

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


Figure 5-6—Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase

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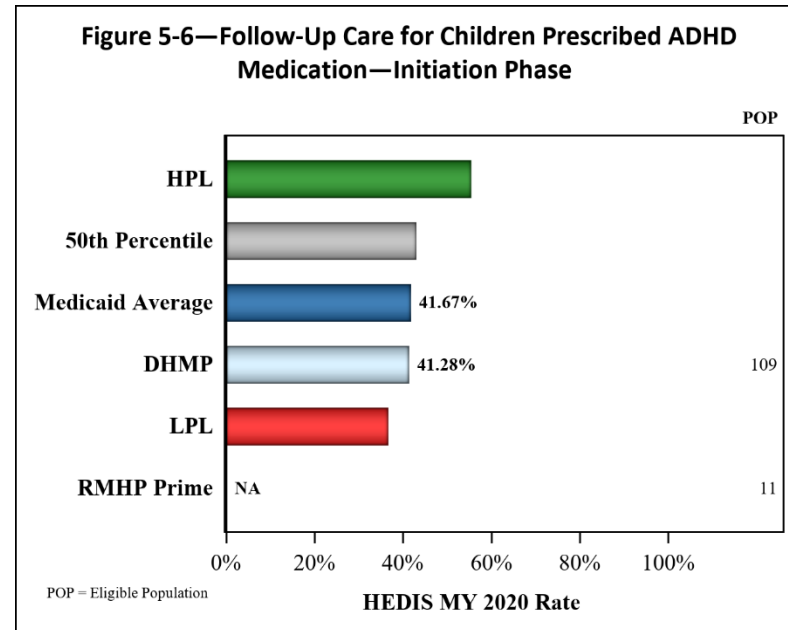
NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate.

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

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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.

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

NQ (Not Required) indicates the MCOs were not required to report the measure.

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

The Colorado Medicaid weighted average did not demonstrate a significant change from MY 2019 to MY 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 13 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.

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

NQ (Not Required) indicates the MCOs were not required to report the measure.

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

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

POP = Eligible Population

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 13 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 5-11—Metabolic Monitoring for Children and Adolescents on Antipsychotics—Blood Glucose and Cholesterol Testing–Total
Colorado Medicaid Weighted Averages

Figure 5-12—Metabolic Monitoring for Children and Adolescents on Antipsychotics—Blood Glucose and Cholesterol Testing–Total

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

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

Summary of Findings and Recommendations

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[1]		
Initiation Phase	★★	—
Continuation and Maintenance Phase	—	—
Metabolic Monitoring for Children and Adolescents on Antipsychotics[1]		
Blood Glucose Testing—Total	★★	★★★★
Cholesterol Testing—Total	★★★★	★★
Blood Glucose and Cholesterol Testing–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.

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	2	2	2	0
RMHP Prime	0	1	2	2	0

Within the Mental/Behavioral Health domain, both MCOs demonstrated areas of strength related to managing antidepressant medication. DHMP and RMHP Prime were at or above the 50th percentile for both *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* and *Metabolic Monitoring for Children and Adolescents on Antipsychotics—Blood Glucose Testing—Total* measure indicators, and RMHP Prime fell below the 50th percentile for the *Metabolic Monitoring for Children and Adolescents on Antipsychotics—Cholesterol Testing—Total* and *Blood Glucose and Cholesterol Testing—Total* measure indicators. 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*, 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*
- *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.
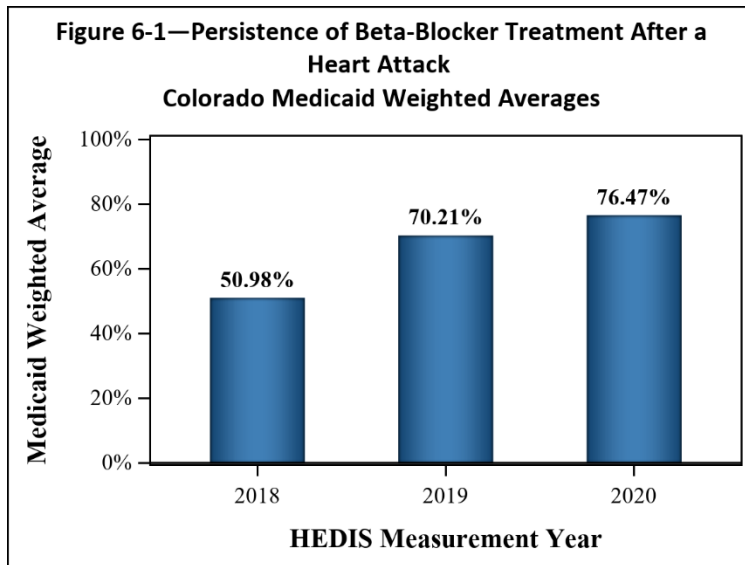
Figure 6-1—Persistence of Beta-Blocker Treatment After a Heart Attack
Colorado Medicaid Weighted Averages

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

The Colorado Medicaid weighted average did not demonstrate a significant change from MY 2019 to MY 2020.
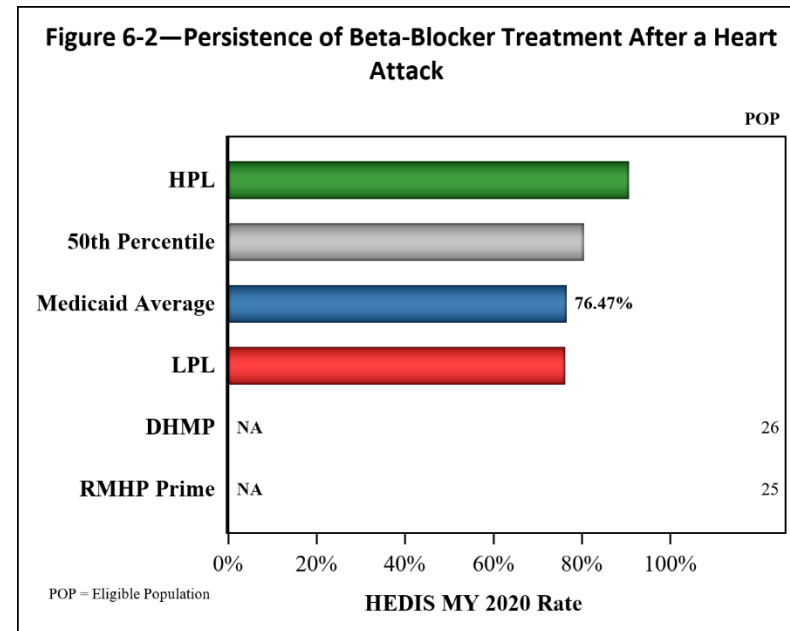
NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate.

The Colorado Medicaid weighted average was above the LPL but fell below the 50th percentile.

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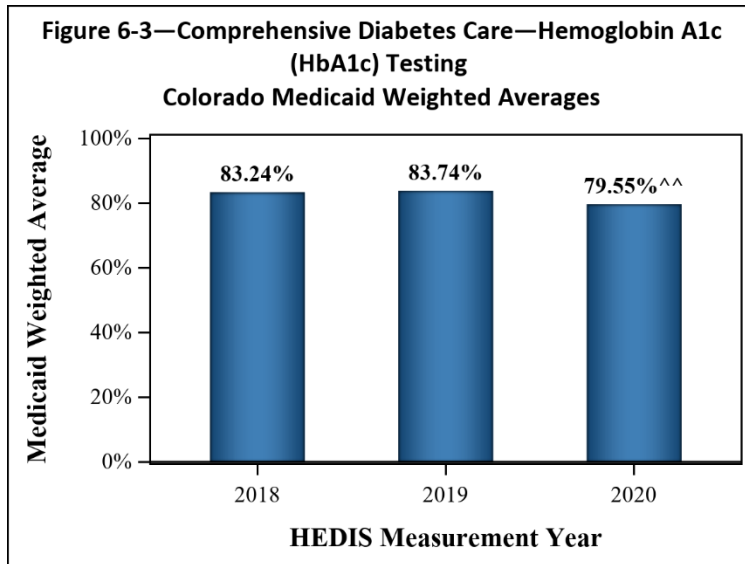
Figure 6-3—Comprehensive Diabetes Care—Hemoglobin A1c (HbA1c) Testing
Colorado Medicaid Weighted Averages

Two carets (^^) indicate a statistically significant decline in performance from MY 2019 to MY 2020.
Due to changes in the technical specifications for this measure, NCQA recommends that trending between MY 2020 and prior years be considered with caution.

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

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

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

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 13 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.
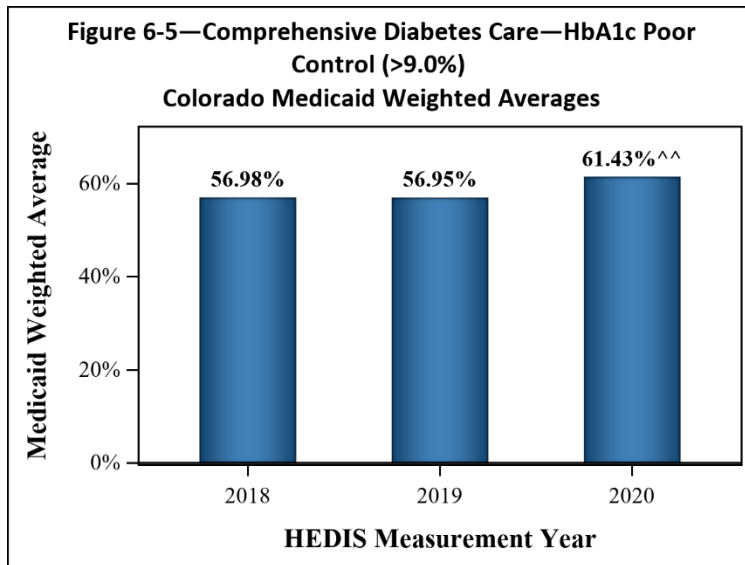
Figure 6-5—Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)
Colorado Medicaid Weighted Averages

Two carets (^^) indicate a statistically significant decline in performance from MY 2019 to MY 2020.
Due to changes in the technical specifications for this measure, NCQA recommends that trending between MY 2020 and prior years be considered with caution.

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

Rates for both MCOs and the Colorado Medicaid weighted average fell below the LPL. MCO performance varied by approximately 19 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.
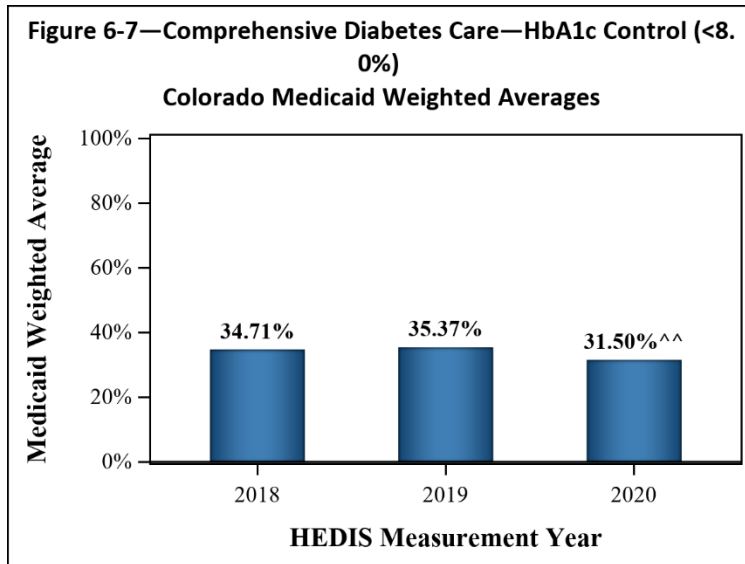
Figure 6-7—Comprehensive Diabetes Care—HbA1c Control (<8.0%)
Colorado Medicaid Weighted Averages

Two carets (^^) indicate a statistically significant decline in performance from MY 2019 to MY 2020.
Due to changes in the technical specifications for this measure, NCQA recommends that trending between MY 2020 and prior years be considered with caution.

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

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

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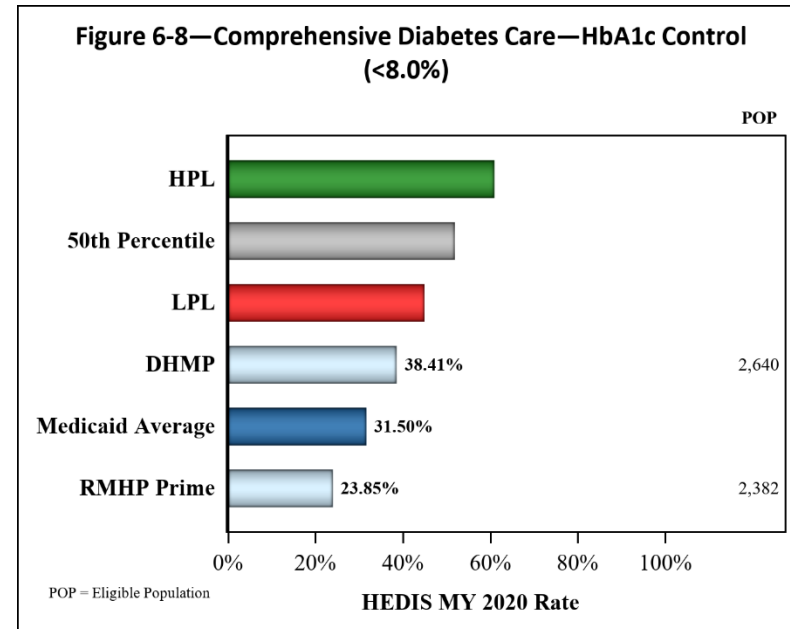
Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

Rates for both MCOs and the Colorado Medicaid weighted average fell below the LPL. MCO performance varied by approximately 15 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

Two carets (^^) indicate a statistically significant decline in performance from MY 2019 to MY 2020.
Due to changes in the technical specifications for this measure, NCQA recommends that trending between MY 2020 and prior years be considered with caution.

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

Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.
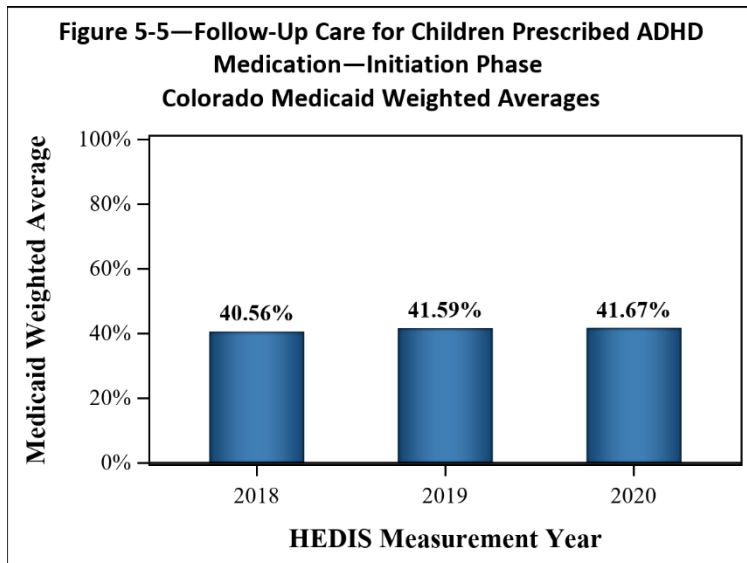
The Colorado Medicaid weighted average significantly declined from MY 2019 to MY 2020.

Rates for both MCOs and the Colorado Medicaid weighted average fell below the LPL. MCO performance varied by approximately 12 percentage points.

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

Comprehensive Diabetes Care—Blood Pressure Control (<140/90 mm Hg) measures the percentage of diabetic (type 1 and type 2) members 18 to 75 years of age whose most recent blood pressure reading taken during the measurement year was less than 140/90 mm Hg. Due to changes in the technical specifications for this measure, NCQA recommends a break in trending between MY 2020 and prior years; therefore, prior years' rates are not displayed.

Figure 6-11—Comprehensive Diabetes Care—Blood Pressure Control (<140/90 mm Hg)

	HEDIS MY 2020 Rate	POP
DHMP	50.23%	2,640
Medicaid Average	26.46%	
RMHP Prime	0.13%	2,382

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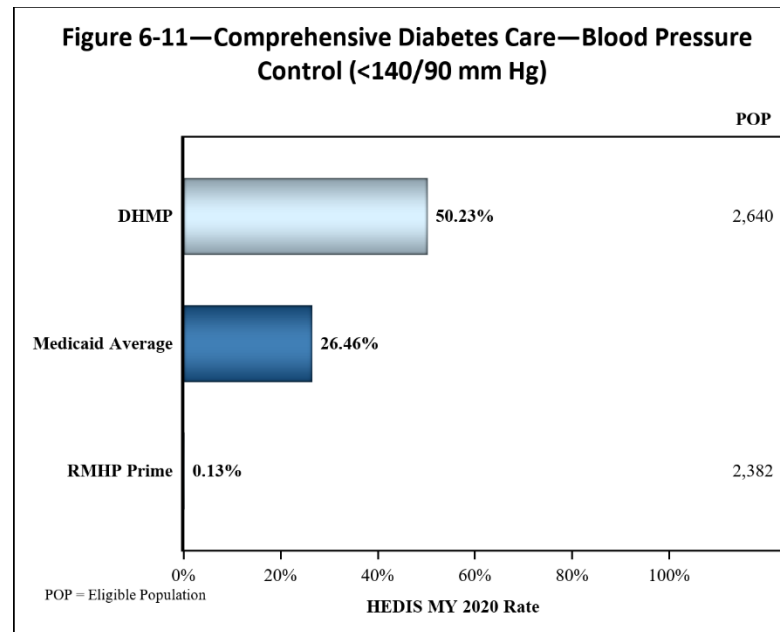
Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

MCO performance varied by approximately 50 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.
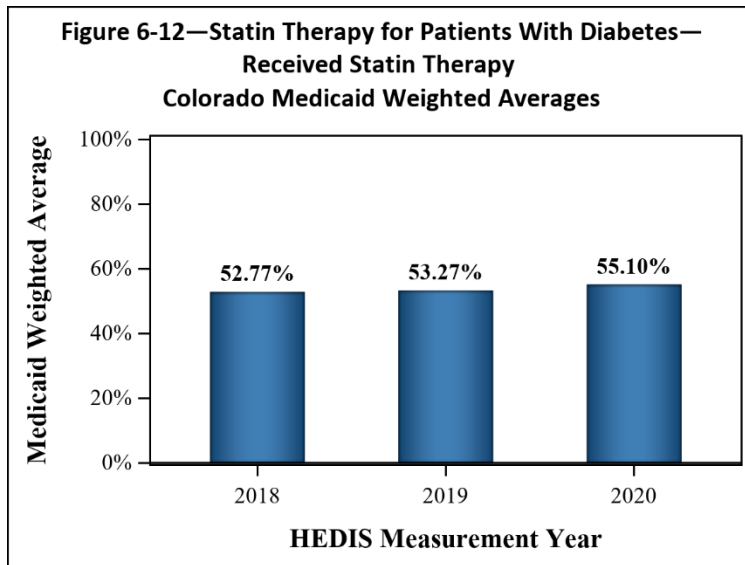
Figure 6-12—Statin Therapy for Patients With Diabetes—Received Statin Therapy Colorado Medicaid Weighted Averages

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

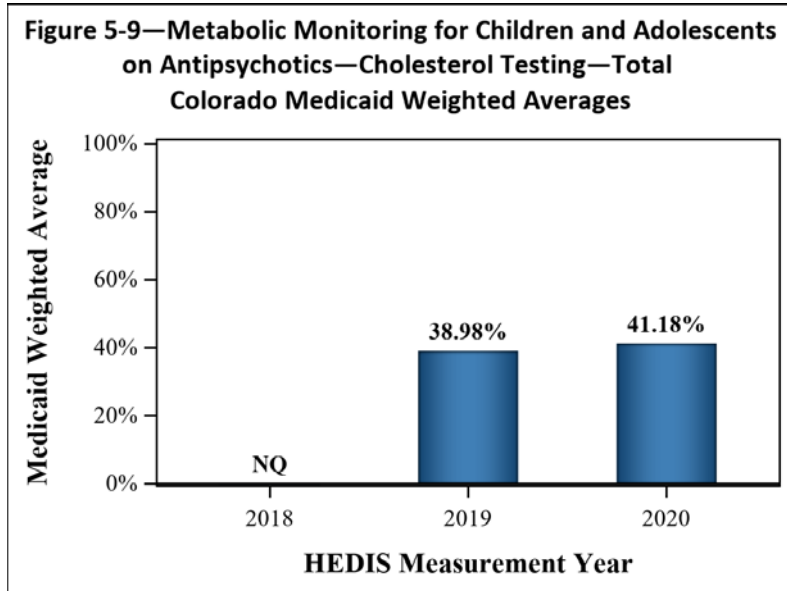**Figure 6-13—Statin Therapy for Patients With Diabetes—Received Statin Therapy**

The Colorado Medicaid weighted average did not demonstrate a significant change from MY 2019 to MY 2020.
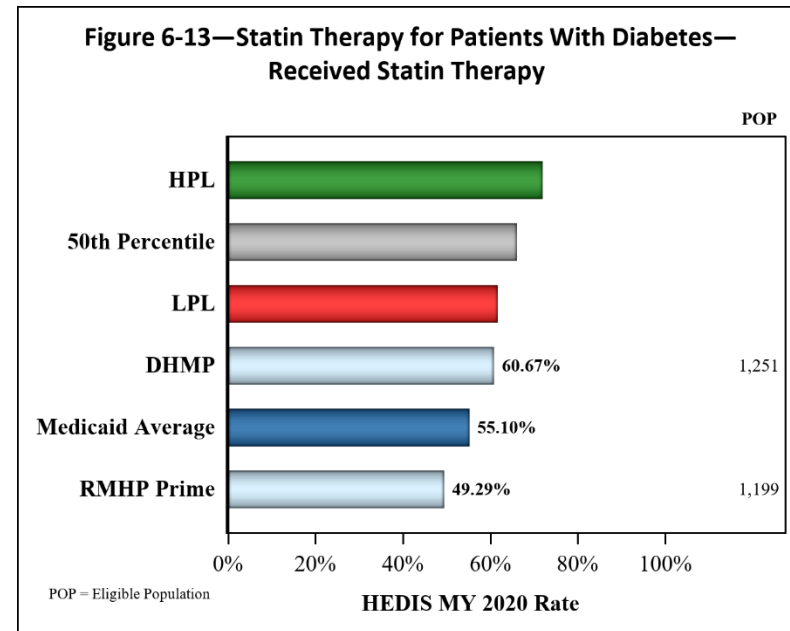
Rates for both MCOs and the Colorado Medicaid weighted average fell below the LPL. MCO performance varied by approximately 11 percentage points.

Statin Therapy for Patients With Diabetes—Statin Adherence 80%

Statin Therapy for Patients With Diabetes—Statin Adherence 80% measures the percentage of members 40 to 75 years of age with diabetes who did not have clinical ASCVD and who remained on a statin medication of any intensity for at least 80 percent of the treatment period.

Figure 6-14—Statin Therapy for Patients With Diabetes—Statin Adherence 80% Colorado Medicaid Weighted Averages

Two carets (^^) indicate a statistically significant decline in performance from MY 2019 to MY 2020.
Due to changes in the technical specifications for this measure, NCQA recommends that trending between MY 2020 and prior years be considered with caution.

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

Figure 6-15—Statin Therapy for Patients With Diabetes—Statin Adherence 80%

POP = Eligible Population

Rates for both MCOs and the Colorado Medicaid weighted average were above the 50th percentile but below the HPL. MCO performance varied by approximately 3 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-intensity or moderate-intensity statin medication during the measurement year.
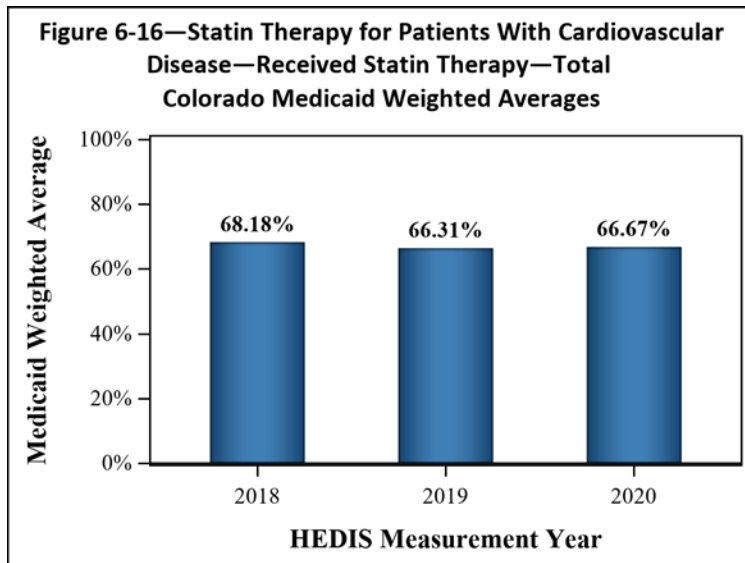
Figure 6-16—Statin Therapy for Patients With Cardiovascular Disease—Received Statin Therapy—Total Colorado Medicaid Weighted Averages

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

Figure 6-17—Statin Therapy for Patients With Cardiovascular Disease—Received Statin Therapy—Total
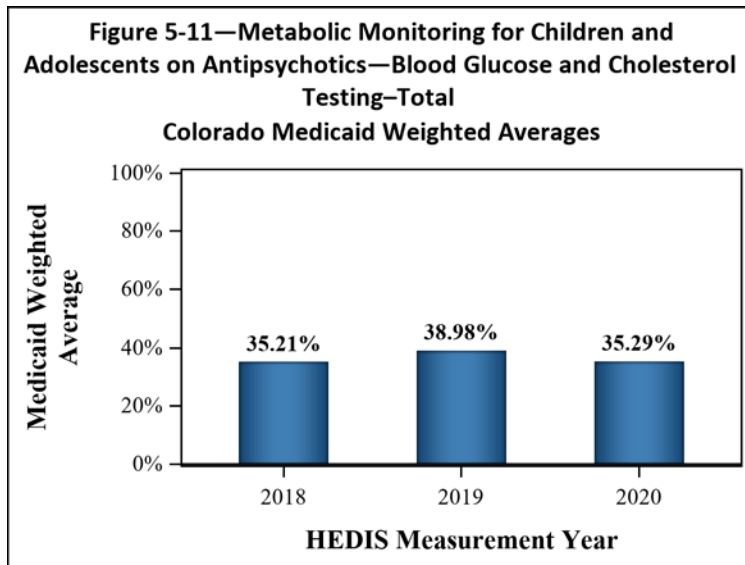
The Colorado Medicaid weighted average did not demonstrate a significant change from MY 2019 to MY 2020.
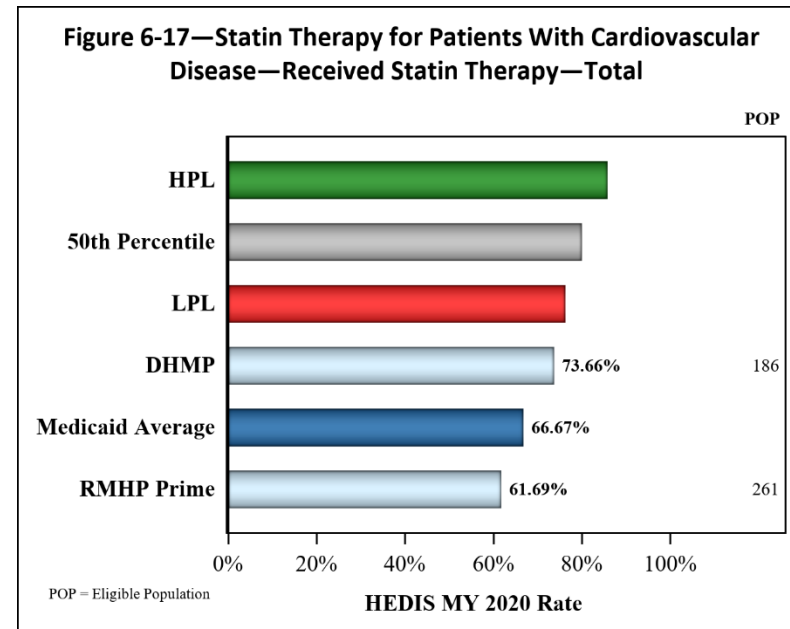
Rates for both MCOs and the Colorado Medicaid weighted average fell below the LPL. MCO performance varied by approximately 12 percentage points.

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

Figure 6-18—Statin Therapy for Patients With Cardiovascular Disease—Statin Adherence 80%—Total Colorado Medicaid Weighted Averages

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

Figure 6-19—Statin Therapy for Patients With Cardiovascular Disease—Statin Adherence 80%—Total

The Colorado Medicaid weighted average did not demonstrate a significant change from MY 2019 to MY 2020.
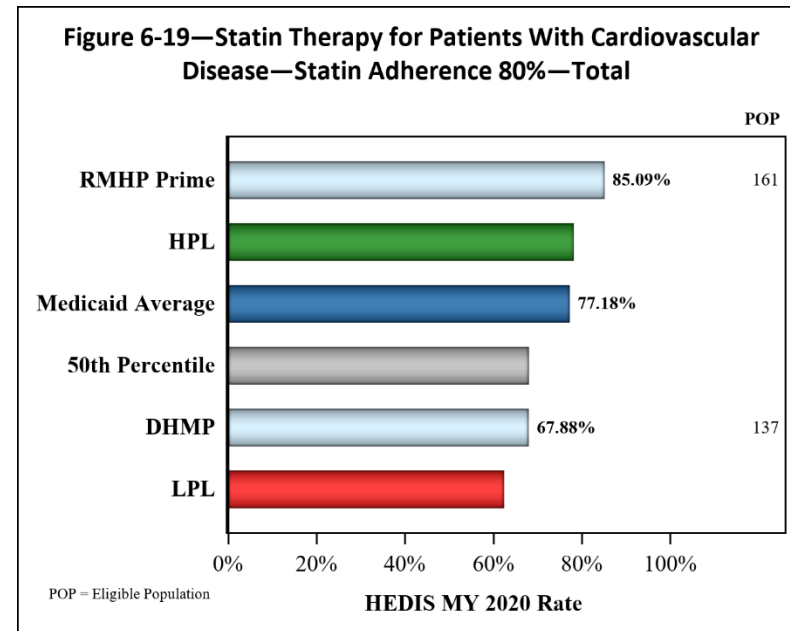
RMHP Prime's rate was above the HPL. The Colorado Medicaid weighted average was above the 50th percentile but below the HPL. DHMP's rate was above the LPL but below the 50th percentile. MCO performance varied by approximately 17 percentage points.

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.
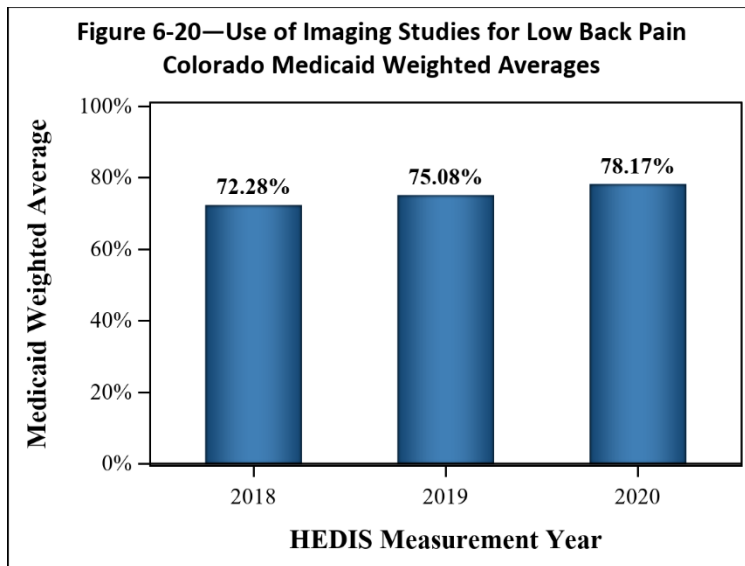
Figure 6-20—Use of Imaging Studies for Low Back Pain
Colorado Medicaid Weighted Averages

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

Figure 6-21—Use of Imaging Studies for Low Back Pain
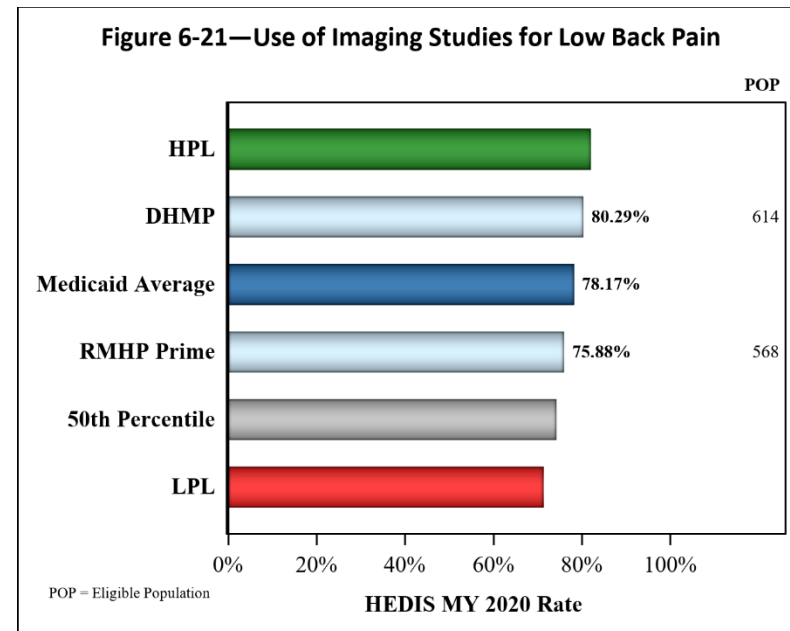
Rates for both MCOs and the Colorado Medicaid weighted average were above the 50th percentile but below the HPL. MCO performance varied by approximately 4 percentage points.

Pharmacotherapy Management of COPD Exacerbation—Systemic Corticosteroid

Pharmacotherapy Management of COPD Exacerbation—Systemic Corticosteroid measures the percentage of COPD exacerbations for members 40 years of age and older who had an acute inpatient discharge or ED visit on or between January 1 through November 30 of the measurement year and were dispensed a systemic corticosteroid (or there was evidence of an active prescription) within 14 days of the event.
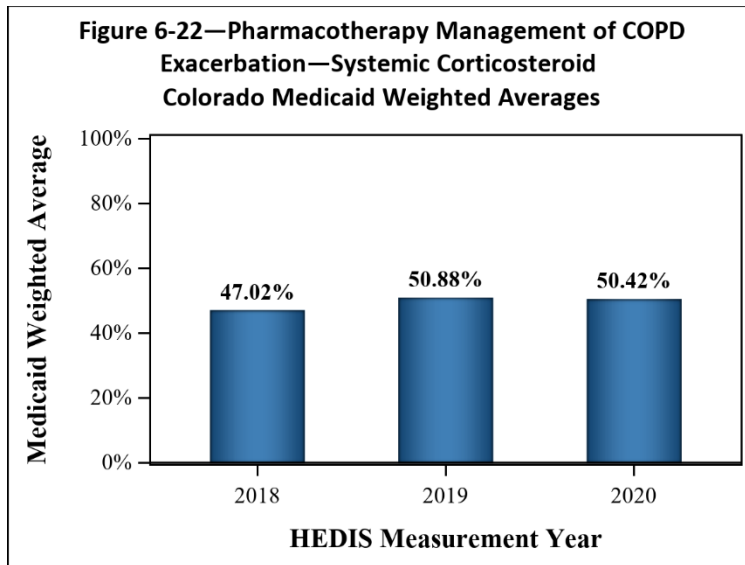
Figure 6-22—Pharmacotherapy Management of COPD Exacerbation—Systemic Corticosteroid Colorado Medicaid Weighted Averages

Figure 6-23—Pharmacotherapy Management of COPD Exacerbation—Systemic Corticosteroid

The Colorado Medicaid weighted average did not demonstrate a significant change from MY 2019 to MY 2020.
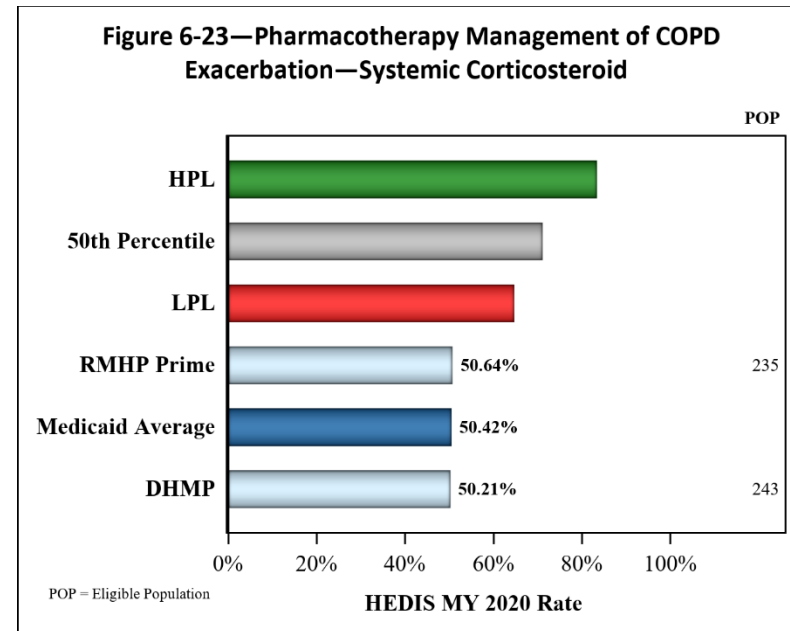
Rates for both MCOs and the Colorado Medicaid weighted average fell below the LPL. MCO performance varied by less than 1 percentage point.

Pharmacotherapy Management of COPD Exacerbation—Bronchodilator

Pharmacotherapy Management of COPD Exacerbation—Bronchodilator measures the percentage of COPD exacerbations for members 40 years of age and older who had an acute inpatient discharge or ED visit on or between January 1 through November 30 of the measurement year and who were dispensed a bronchodilator (or there was evidence of an active prescription) within 30 days of the event.
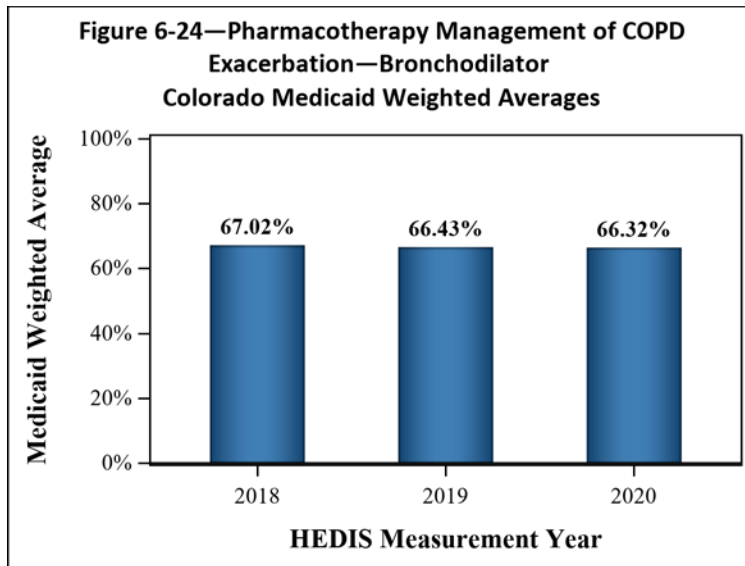
Figure 6-24—Pharmacotherapy Management of COPD Exacerbation—Bronchodilator Colorado Medicaid Weighted Averages

Figure 6-25—Pharmacotherapy Management of COPD Exacerbation—Bronchodilator

The Colorado Medicaid weighted average did not demonstrate a significant change from MY 2019 to MY 2020.
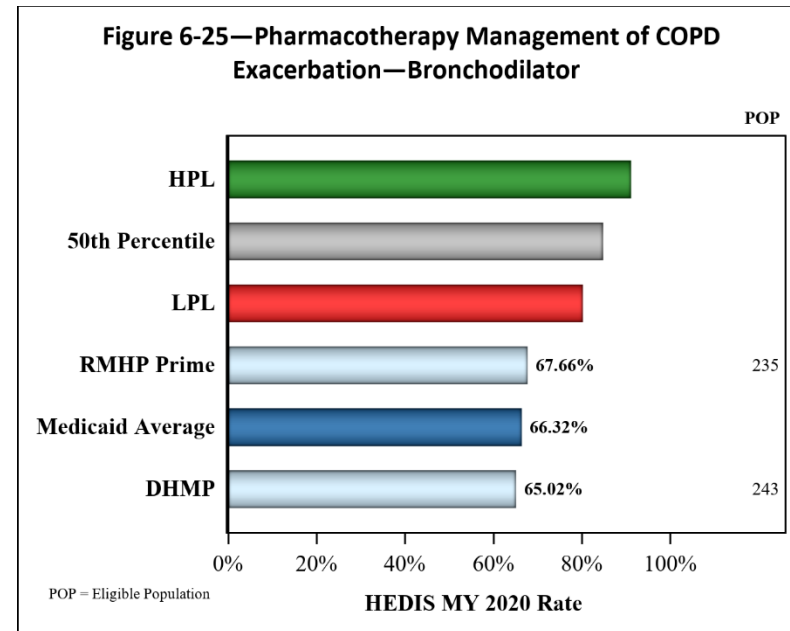
Rates for both MCOs and the Colorado Medicaid weighted average fell below the LPL. MCO performance varied by approximately 3 percentage points.

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.
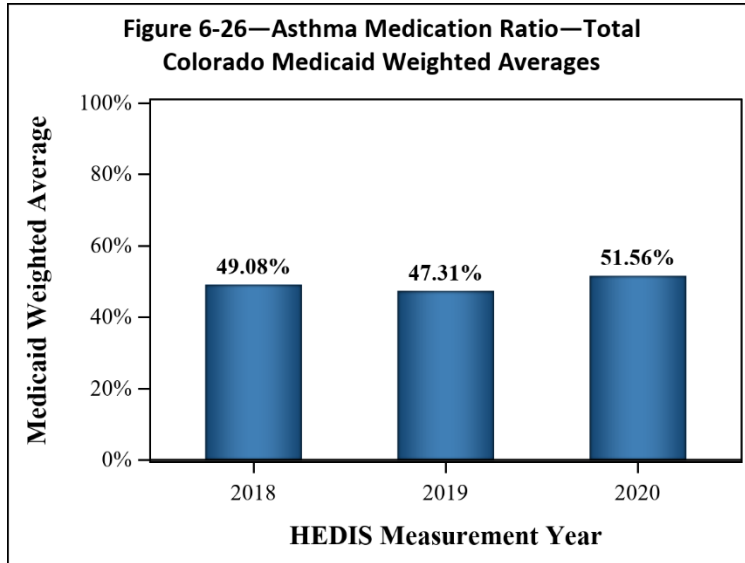
Figure 6-26—Asthma Medication Ratio—Total Colorado Medicaid Weighted Averages

Figure 6-27—Asthma Medication Ratio—Total

The Colorado Medicaid weighted average did not demonstrate a significant change from MY 2019 to MY 2020.
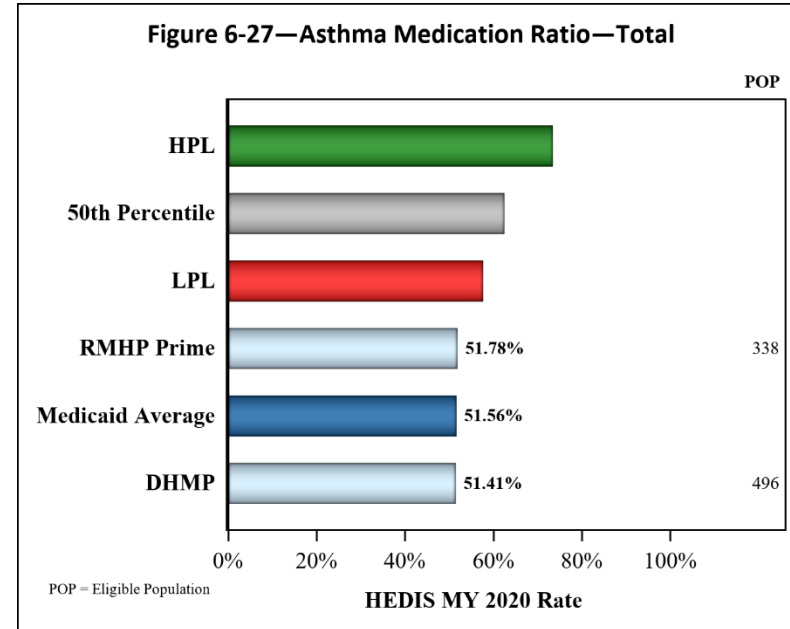
Rates for both MCOs and the Colorado Medicaid weighted average fell below the LPL. MCO performance varied by less than 1 percentage point.

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.
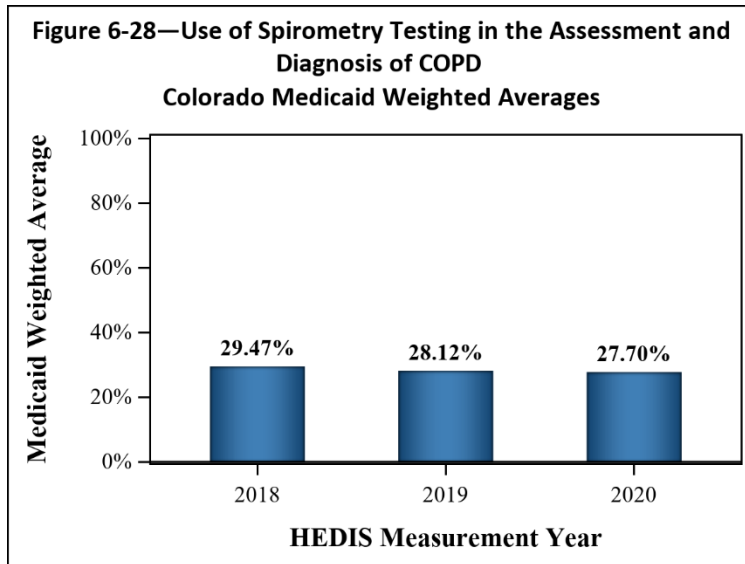
Figure 6-28—Use of Spirometry Testing in the Assessment and Diagnosis of COPD Colorado Medicaid Weighted Averages

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

Figure 6-29—Use of Spirometry Testing in the Assessment and Diagnosis of COPD
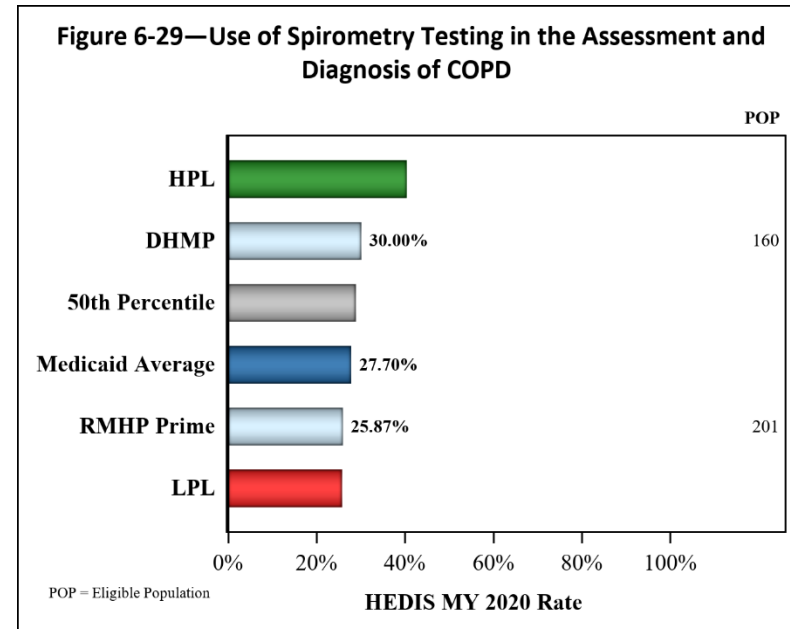
DHMP's rate was above the 50th percentile but below the HPL. RMHP Prime's rate and the Colorado Medicaid weighted average were above the LPL but below the 50th percentile. MCO performance varied by approximately 4 percentage points.

Summary of Findings and Recommendations

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	★	★
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	★	★
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	1	2	1	9
RMHP Prime	1	1	1	2	8

For the Living With Illness domain, only three of 13 (23.1 percent) of DHMP and 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 and retinal disease, along with the low prescribing rates of statin medication. Further, the MCOs indicated improvement is needed related to 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 *Statin Therapy for Patients With Diabetes—Statin Adherence 80%* and *Use of Imaging Studies for Low Back Pain* measures.

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.
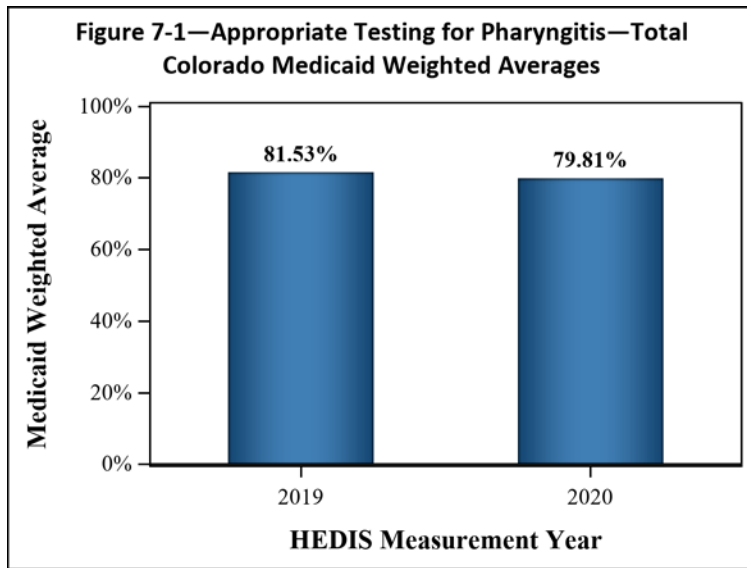
Figure 7-1—Appropriate Testing for Pharyngitis—Total Colorado Medicaid Weighted Averages

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

Figure 7-2—Appropriate Testing for Pharyngitis—Total

The Colorado Medicaid weighted average did not demonstrate a significant change from MY 2019 to MY 2020.
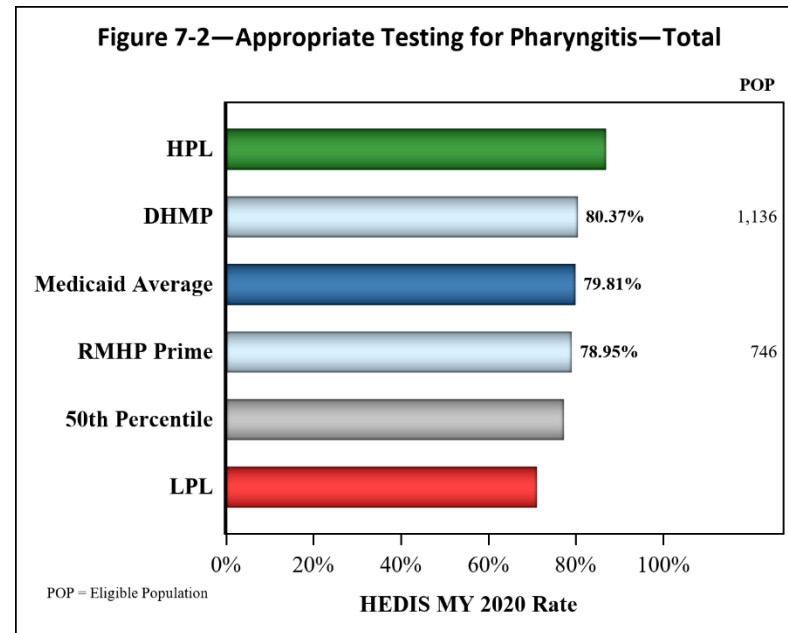
Rates for both MCOs and the Colorado Medicaid weighted average were above the 50th percentile but below the HPL. MCO performance varied by less than 2 percentage points.

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.
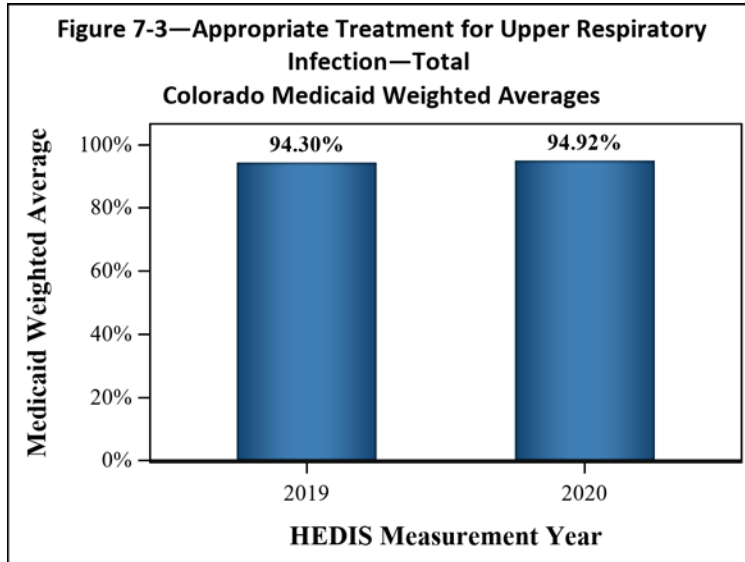
Figure 7-3—Appropriate Treatment for Upper Respiratory Infection—Total
Colorado Medicaid Weighted Averages

Figure 7-4—Appropriate Treatment for Upper Respiratory Infection—Total

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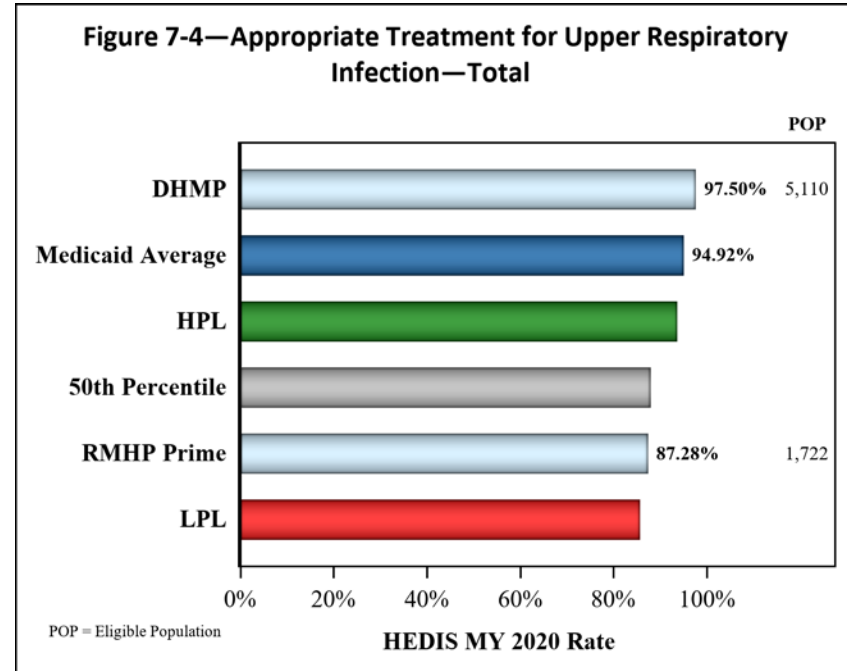
DHMP's rate and the Colorado Medicaid weighted average were above the HPL. RMHP Prime's rate was above the LPL but below the 50th percentile. MCO performance varied by approximately 10 percentage points.

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.
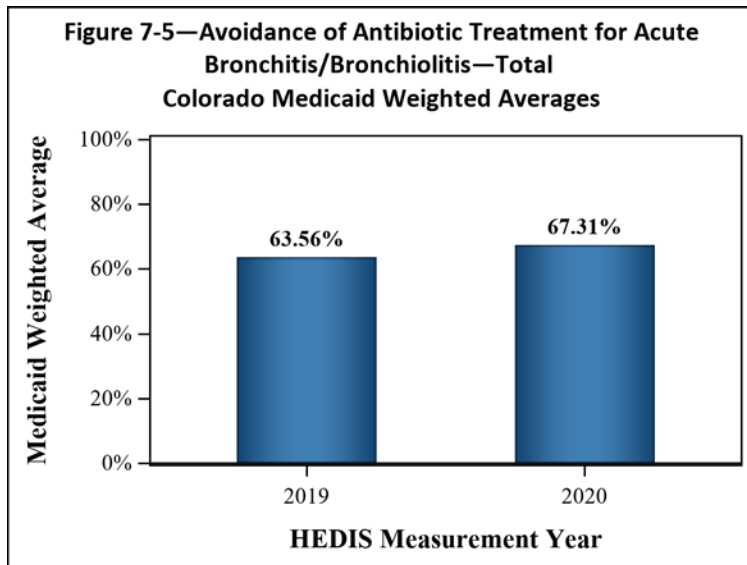
Figure 7-5—Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis—Total Colorado Medicaid Weighted Averages

Figure 7-6—Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis—Total

The Colorado Medicaid weighted average did not demonstrate a significant change from MY 2019 to MY 2020.
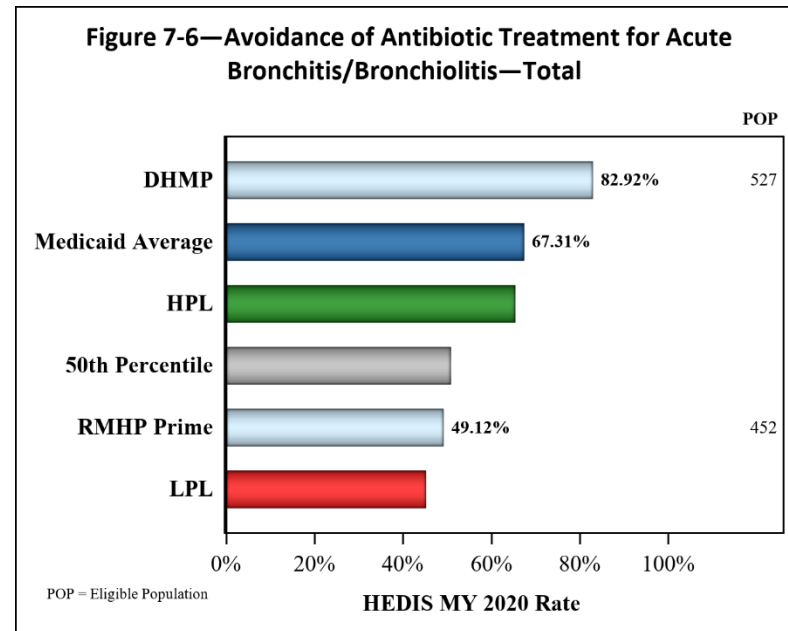
DHMP's rate and the Colorado Medicaid weighted average were above the HPL. RMHP Prime's rate was above the LPL but below the 50th percentile. MCO performance varied by approximately 34 percentage points.

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

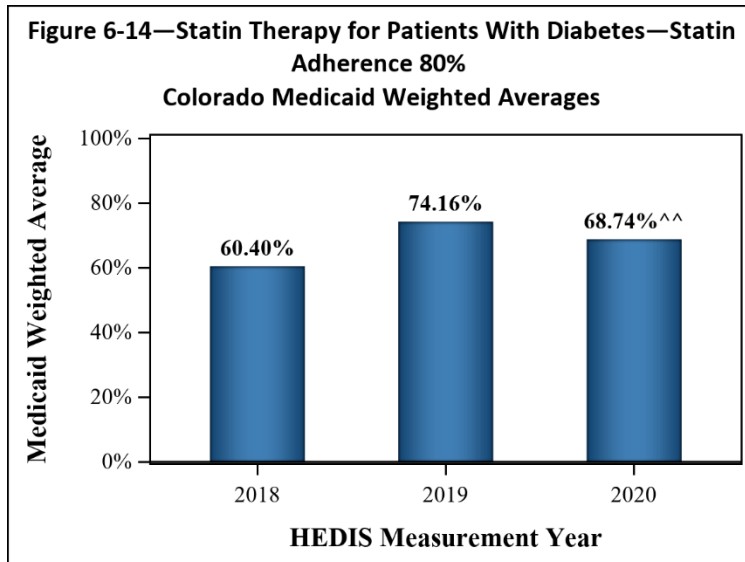Figure 7-8—Antibiotic Utilization—Average Scripts PMPY for Antibiotics—Total
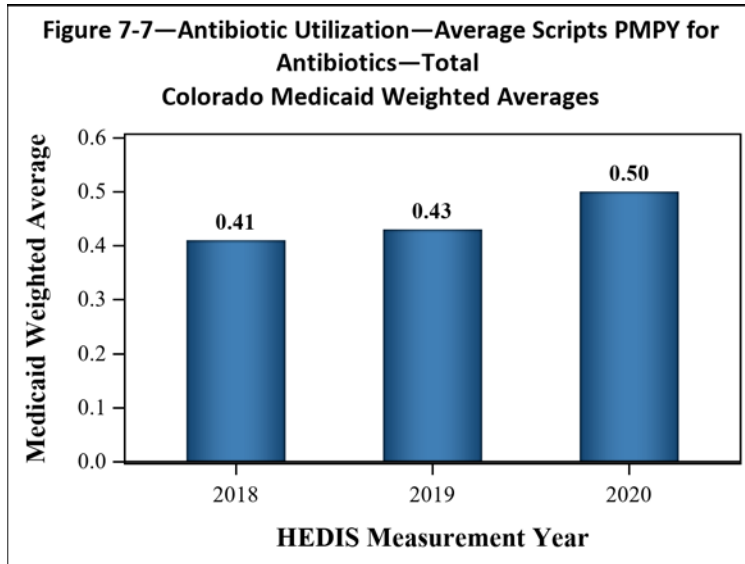
The Colorado Medicaid weighted average did not demonstrate a significant change from MY 2019 to MY 2020.
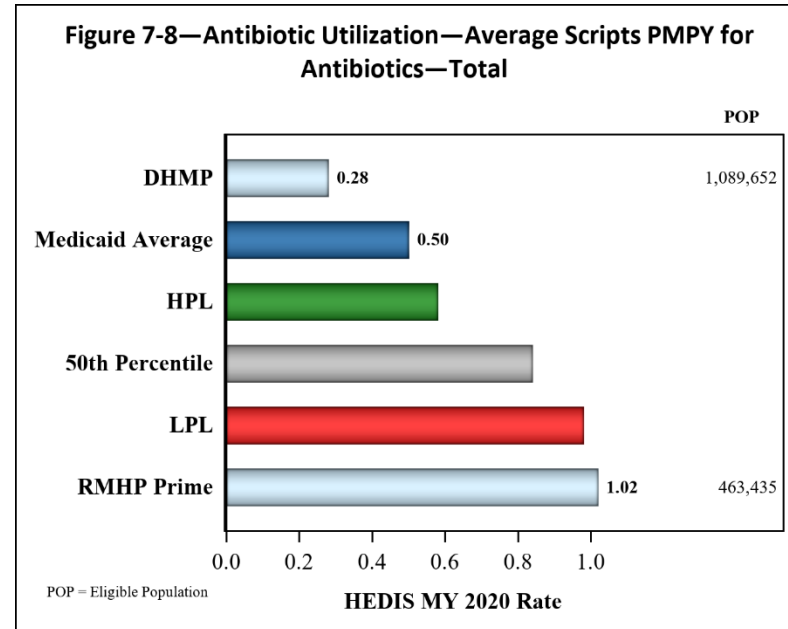
DHMP's rate and the Colorado Medicaid weighted average were above the HPL. RMHP Prime's rate fell below the LPL. MCO performance varied by less than 1 percentage point.

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 7-9—Antibiotic Utilization—Average Days Supplied per Antibiotic Script—Total
Colorado Medicaid Weighted Averages

Figure 7-10—Antibiotic Utilization—Average Days Supplied per Antibiotic Script—Total

The Colorado Medicaid weighted average did not demonstrate a significant change from MY 2019 to MY 2020.
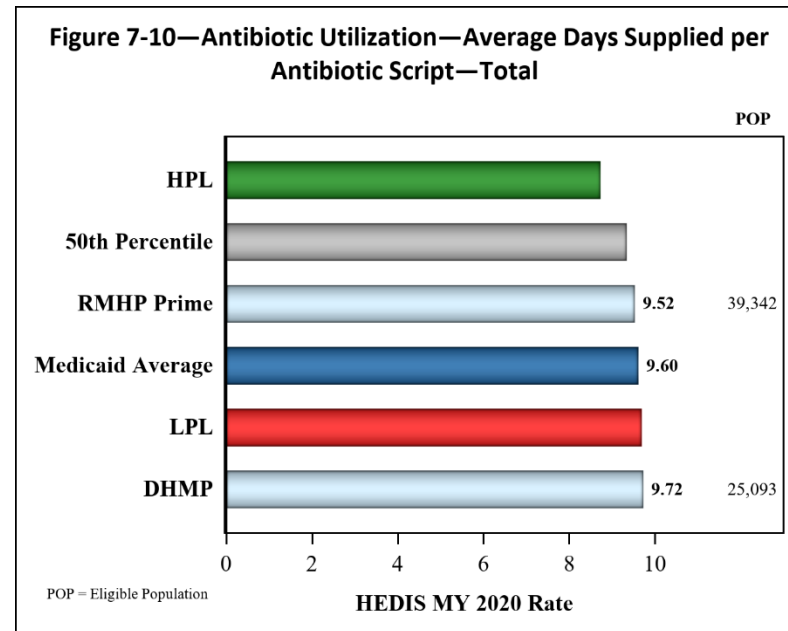
RMHP Prime's rate and the Colorado Medicaid weighted average were above the LPL but below the 50th percentile. DHMP's rate fell below the LPL. MCO performance varied by less than 1 percentage point.

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 7-11—Antibiotic Utilization—Average Scripts PMPY for Antibiotics of Concern—Total Colorado Medicaid Weighted Averages

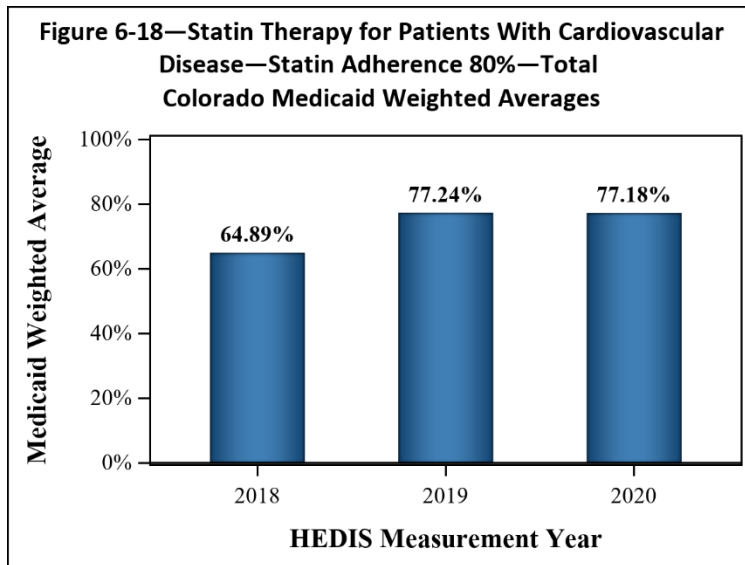Figure 7-12—Antibiotic Utilization—Average Scripts PMPY for Antibiotics of Concern—Total

The Colorado Medicaid weighted average did not demonstrate a significant change from MY 2019 to MY 2020.
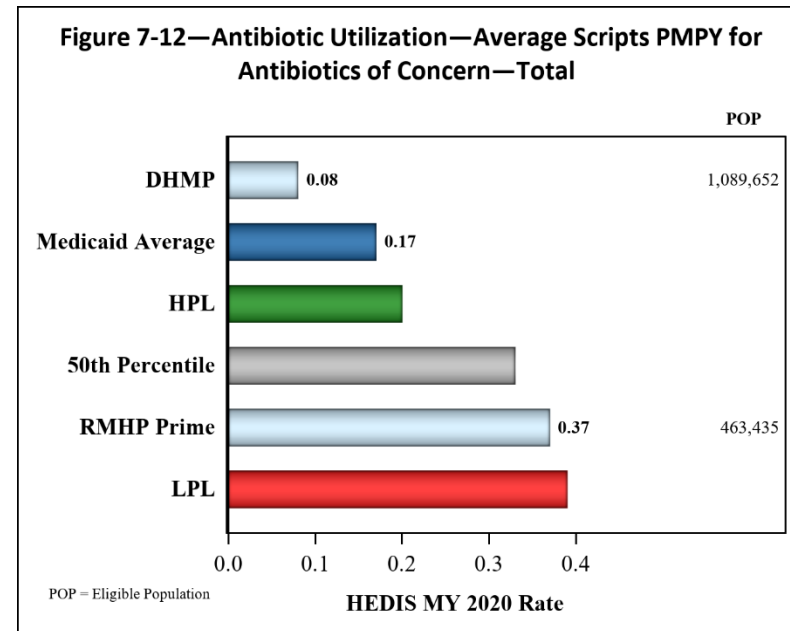
DHMP's rate and the Colorado Medicaid weighted average were above the HPL. RMHP Prime's rate was above the LPL but below the 50th percentile. MCO performance varied by less than 1 percentage point.

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 7-13—Antibiotic Utilization—Percentage of Antibiotics of Concern of All Antibiotic Scripts—Total Colorado Medicaid Weighted Averages

Figure 7-14—Antibiotic Utilization—Percentage of Antibiotics of Concern of All Antibiotic Scripts—Total
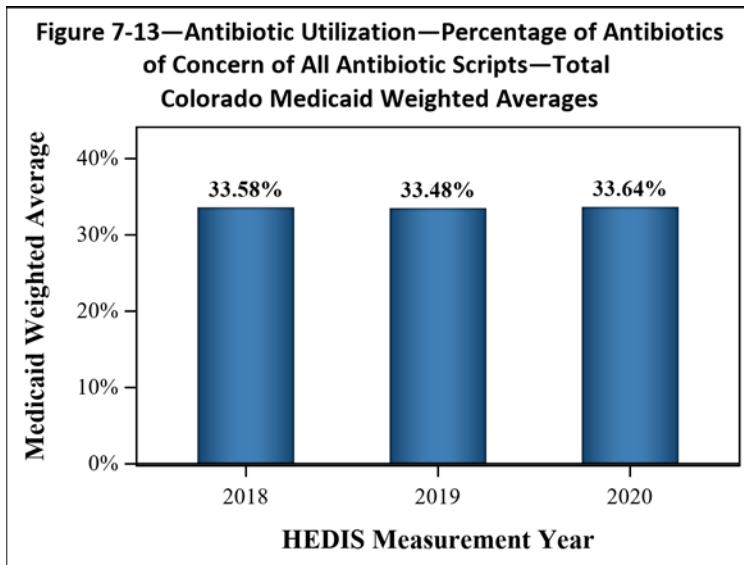
The Colorado Medicaid weighted average did not demonstrate a significant change from MY 2019 to MY 2020.
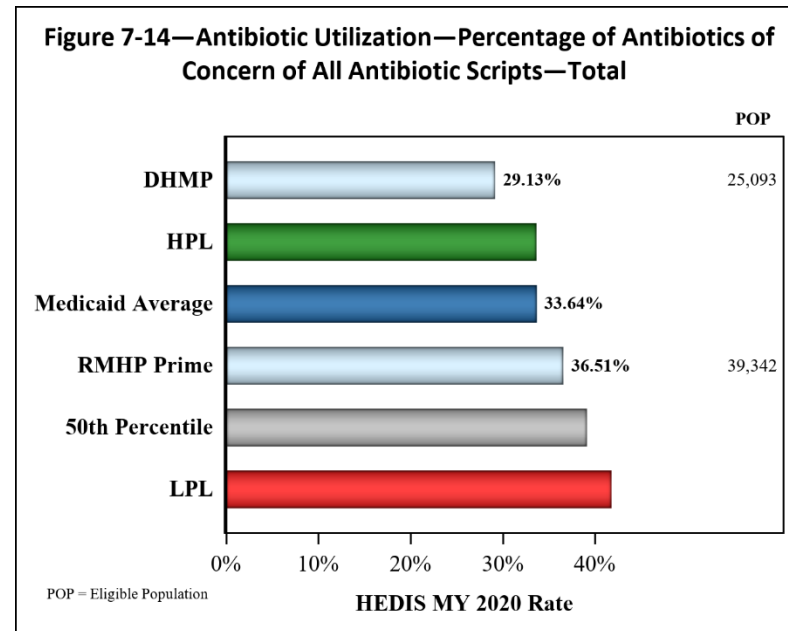
DHMP's rate was above the HPL. RMHP Prime's rate and the Colorado Medicaid weighted average were above the 50th percentile but below the HPL. MCO performance varied by approximately 7 percentage points.

Summary of Findings and Recommendations

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		
Total	★★★	★★★
Appropriate Treatment for Upper Respiratory Infection		
Total	★★★★★	★★
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis		
Total	★★★★★	★★
Antibiotic Utilization*		
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.

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	5	0	1	0	1
RMHP Prime	0	0	2	4	1

For the Antibiotic Stewardship domain, six of seven (85.7 percent) of DHMP's measure rates and two of seven (28.6 percent) of RMHP Prime's measure rates were at or above the 50th percentile.

Of note, DHMP met or exceeded the 90th percentile for five of seven (71.4 percent) measure rates in this domain: *Appropriate Treatment for Upper Respiratory Infection—Total*; *Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis—Total*; and *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*. As mentioned in the introduction to this domain, 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.

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*
- *Risk of Continued Opioid Use—At Least 15 Days Covered* and *At Least 31 Days Covered*
- *Pharmacotherapy for Opioid Use Disorder—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.

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.

Figure 8-1—Use of Opioids at High Dosage
Colorado Medicaid Weighted Averages

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

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

Figure 8-2—Use of Opioids at High Dosage
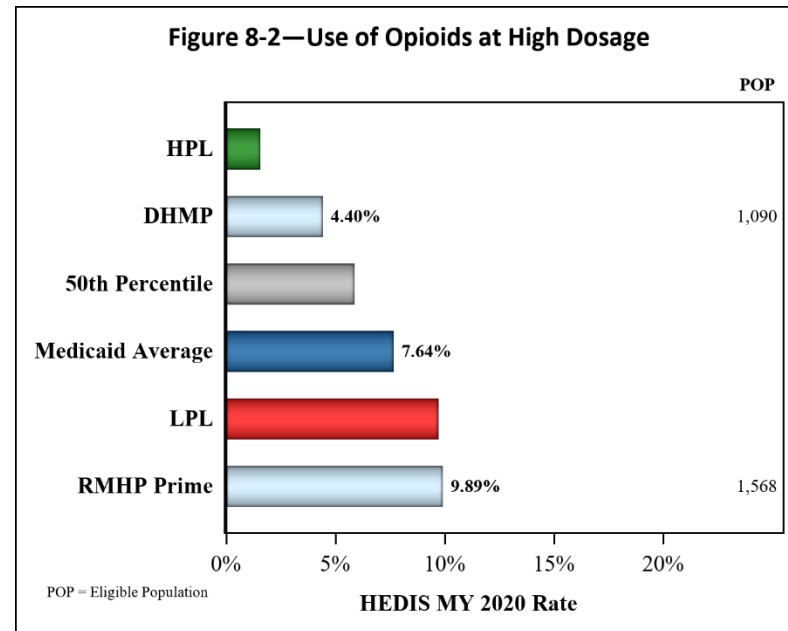
DHMP's rate was above the 50th percentile but below the HPL. The Colorado Medicaid weighted average was above the LPL but below the 50th percentile. RMHP Prime's rate fell below the LPL. MCO performance varied by approximately 5 percentage points.

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.
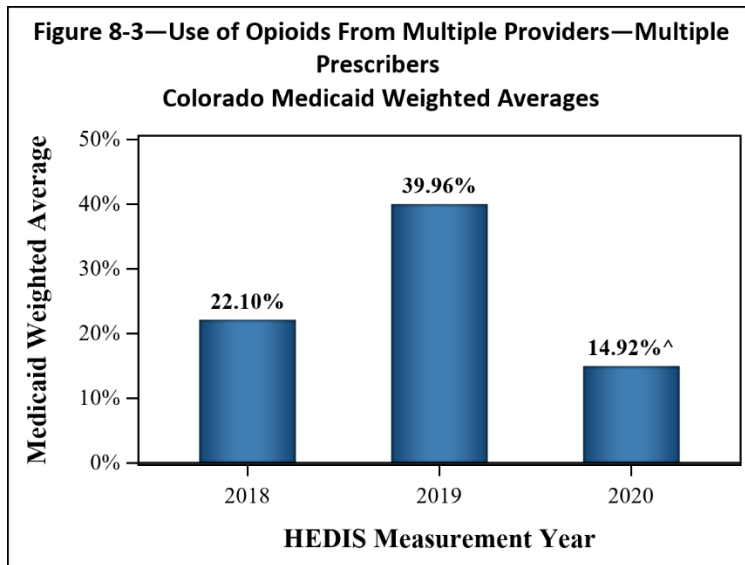
Figure 8-3—Use of Opioids From Multiple Providers—Multiple Prescribers Colorado Medicaid Weighted Averages

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

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

Figure 8-4—Use of Opioids From Multiple Providers—Multiple Prescribers

Rates for both MCOs and the Colorado Medicaid weighted average were above the 50th percentile but below the HPL.

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 8-5—Use of Opioids From Multiple Providers—Multiple Pharmacies
Colorado Medicaid Weighted Averages

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

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

Figure 8-6—Use of Opioids From Multiple Providers—Multiple Pharmacies

POP = Eligible Population

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 3 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 8-7—Use of Opioids From Multiple Providers—Multiple Prescribers and Multiple Pharmacies Colorado Medicaid Weighted Averages

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

Figure 8-8—Use of Opioids From Multiple Providers—Multiple Prescribers and Multiple Pharmacies

The Colorado Medicaid weighted average did not demonstrate a significant change from MY 2019 to MY 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 3 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.
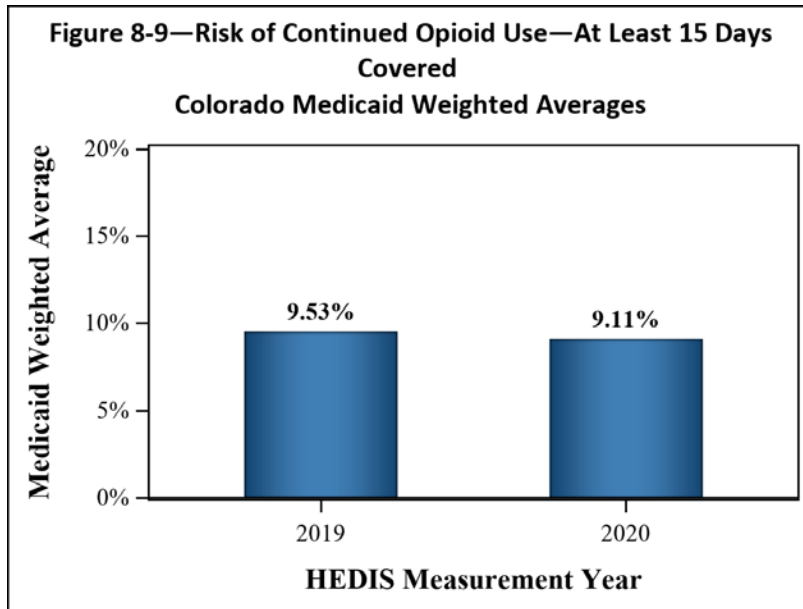
Figure 8-9—Risk of Continued Opioid Use—At Least 15 Days Covered
Colorado Medicaid Weighted Averages

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

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

Figure 8-10—Risk of Continued Opioid Use—At Least 15 Days Covered
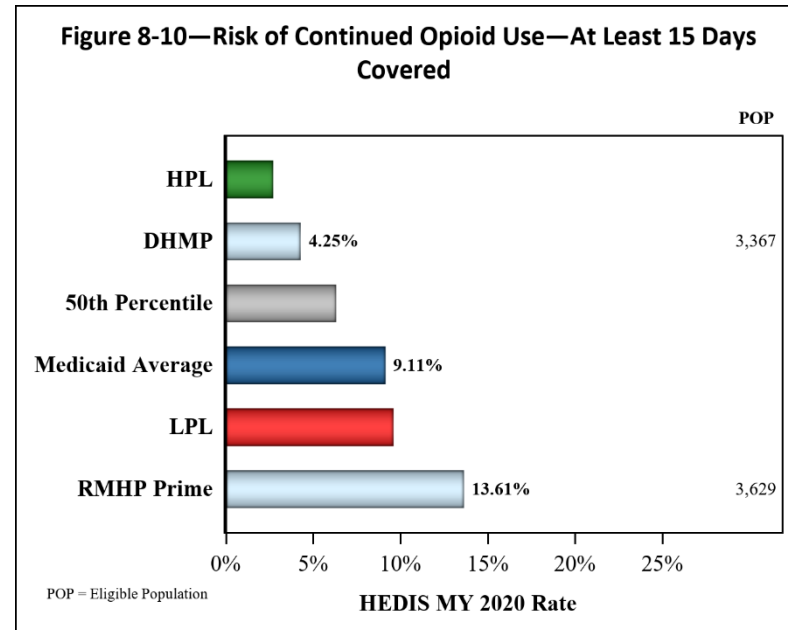
DHMP's rate was above the 50th percentile but below the HPL. The Colorado Medicaid weighted average was above the LPL but below the 50th percentile. RMHP Prime's rate fell below the LPL. MCO performance varied by approximately 9 percentage points.

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.
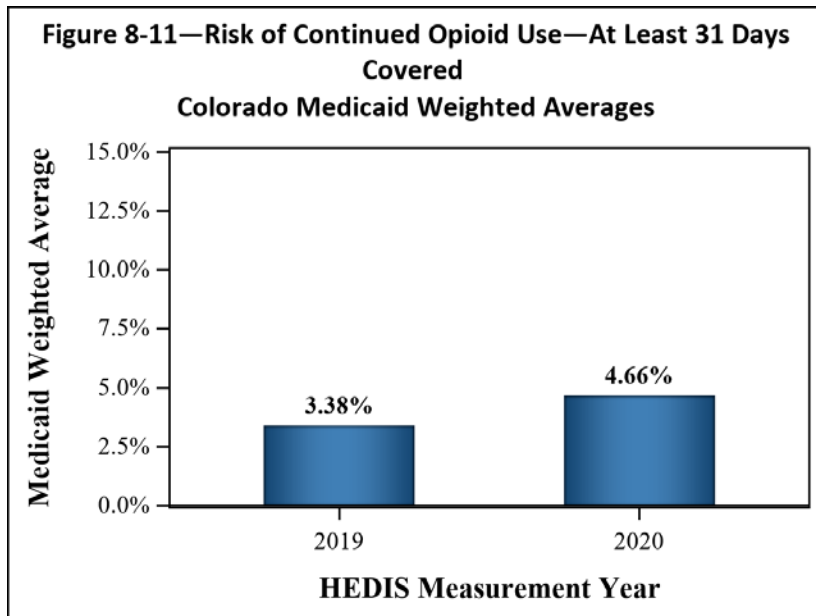
Figure 8-11—Risk of Continued Opioid Use—At Least 31 Days Covered
Colorado Medicaid Weighted Averages

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

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

Figure 8-12—Risk of Continued Opioid Use—At Least 31 Days Covered

POP = Eligible Population
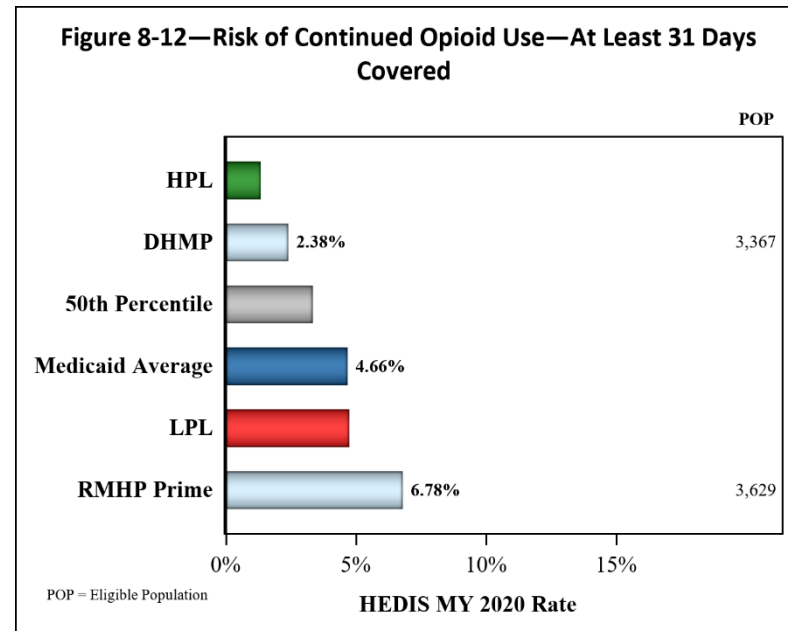
DHMP's rate was above the 50th percentile but below the HPL. The Colorado Medicaid weighted average was above the LPL but below the 50th percentile. RMHP Prime's rate fell below the LPL. MCO performance varied by approximately 4 percentage points.

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 16 years of age and older with a diagnosis of OUD.
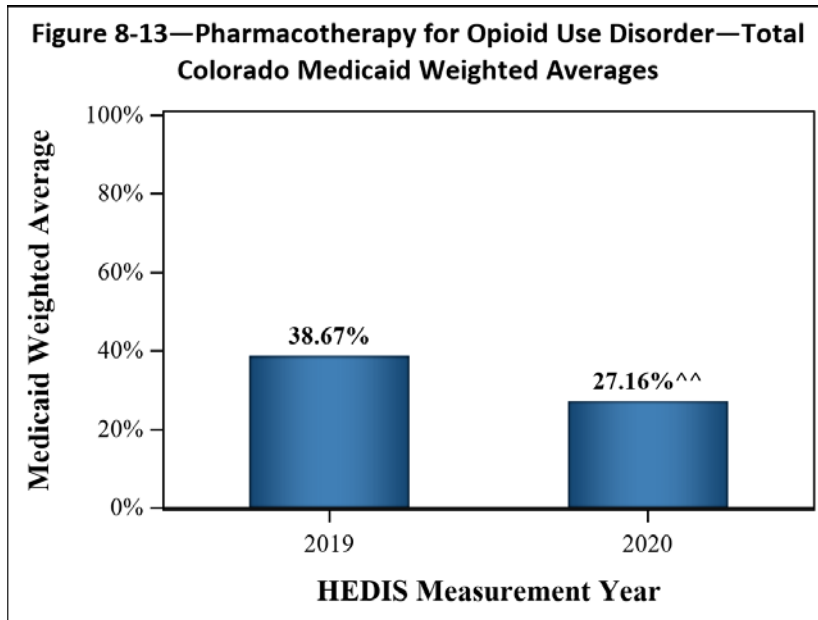
Figure 8-13—Pharmacotherapy for Opioid Use Disorder—Total Colorado Medicaid Weighted Averages

Figure 8-14—Pharmacotherapy for Opioid Use Disorder—Total

Two carets (^^) indicate a statistically significant decline in performance from MY 2019 to MY 2020.
Due to changes in the technical specifications for this measure, NCQA recommends that trending between MY 2020 and prior years be considered with caution.

The Colorado Medicaid weighted average significantly declined from MY 2019 to MY 2020.
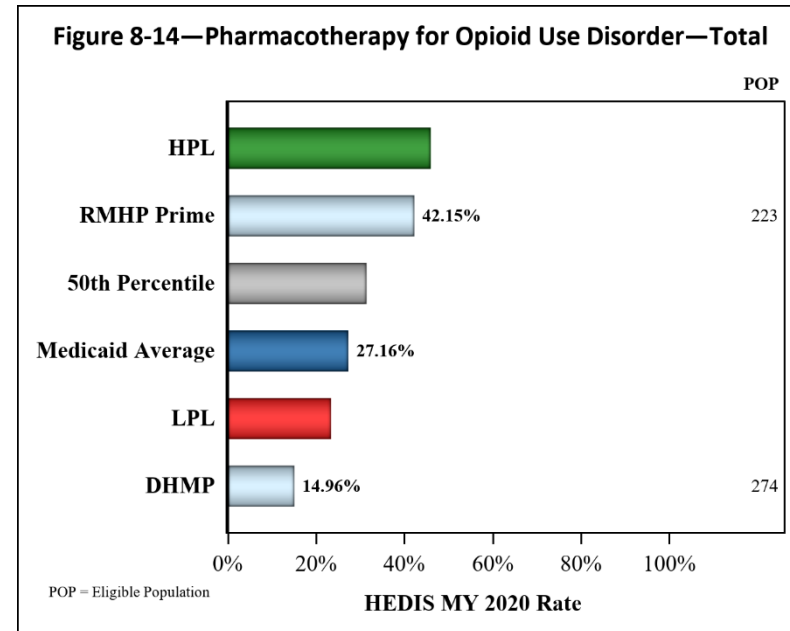
RMHP Prime's rate was above the 50th percentile but below the HPL. The Colorado Medicaid weighted average was above the LPL but below the 50th percentile. DHMP's rate fell below the LPL. MCO performance varied by approximately 27 percentage points

Summary of Findings and Recommendations

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	★★	★★★★★
*Risk of Continued Opioid Use**		
At Least 15 Days Covered—Total	★★★	★
At Least 31 Days Covered—Total	★★★	★
Pharmacotherapy for Opioid Use Disorder		
Total	★	★★★★

* 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	1	4	1	1
RMHP Prime	2	2	0	0	3

For the Opioids domain, five of seven (71.4 percent) of DHMP's measure indicator rates and four of seven (57.1 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 90th percentile and *Use of Opioids From Multiple Providers—Multiple Prescribers* was 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—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 MY 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	177.62	33.75
RMHP Prime[1]	304.91	49.02
MY 2020 Colorado Medicaid Weighted Average	216.06	38.36
MY 2019 Colorado Medicaid Weighted Average	254.83	49.97
MY 2018 Colorado Medicaid Weighted Average	239.73	49.10

* 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* measure indicator, MCO performance varied, ranging from 49.02 ED visits per 1,000 member months for RMHP Prime to 33.75 ED visits per 1,000 member months for DHMP. Rates displayed for the *Outpatient Visits* measure 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	5.46	3.25	0.99	1.58
RMHP Prime[1]	8.86	4.10	2.29	2.66
MY 2020 Colorado Medicaid Weighted Average	6.48	3.50	1.39	1.95
MY 2019 Colorado Medicaid Weighted Average	7.08	3.78	1.53	2.21
MY 2018 Colorado Medicaid Weighted Average	6.34	3.34	1.29	2.15

[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	5.08	4.63	9.42	2.71
RMHP Prime[1]	4.23	4.15	6.51	2.22
MY 2020 Colorado Medicaid Weighted Average	4.72	4.46	7.96	2.48
MY 2019 Colorado Medicaid Weighted Average	4.35	3.95	7.49	2.47
MY 2018 Colorado Medicaid Weighted Average	4.19	4.01	6.85	2.56

[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.

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	11.35%	1.14
RMHP Prime	9.34%	0.93
MY 2020 Colorado Medicaid Weighted Average	10.45%	1.05
MY 2021 Colorado Medicaid Weighted Average	11.54%	1.13

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

DHMP's observed readmissions rate was approximately 2 percentage points higher than RMHP Prime's observed readmissions rate, and DHMP had greater than expected readmissions, based on its O/E ratio. RMHP Prime had fewer than expected readmissions, based on its O/E ratio.

Summary of Findings and Recommendations

For the *Plan All-Cause Readmissions* measure, DHMP reported a readmission rate approximately 2 percentage points higher than RMHP Prime's readmission rate. Additionally, DHMP had greater than expected readmissions, based on its O/E ratio, while RMHP Prime had fewer than expected readmissions, based on its O/E ratio.

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 MY 2018, MY 2019, and MY 2020 Colorado Medicaid weighted averages. Yellow shading with one caret (^) indicates the HEDIS MY 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	1,140	69.47%
RMHP Prime	—	NA
HEDIS MY 2020 Colorado Medicaid Weighted Average		**69.44%**
HEDIS MY 2019 Colorado Medicaid Weighted Average		**70.63%**
HEDIS MY 2018 Colorado Medicaid Weighted Average		**69.51%**
IPV		
DHMP	1,140	82.19%
RMHP Prime	—	NA
HEDIS MY 2020 Colorado Medicaid Weighted Average		**82.14%**
HEDIS MY 2019 Colorado Medicaid Weighted Average		**81.91%**
HEDIS MY 2018 Colorado Medicaid Weighted Average		**79.95%**
MMR		
DHMP	1,140	84.04%
RMHP Prime	—	NA
HEDIS MY 2020 Colorado Medicaid Weighted Average		**83.98%**
HEDIS MY 2019 Colorado Medicaid Weighted Average		**81.21%**
HEDIS MY 2018 Colorado Medicaid Weighted Average		**79.95%**
HiB		
DHMP	1,140	81.93%
RMHP Prime	—	NA
HEDIS MY 2020 Colorado Medicaid Weighted Average		**81.87%**
HEDIS MY 2019 Colorado Medicaid Weighted Average		**81.36%**
HEDIS MY 2018 Colorado Medicaid Weighted Average		**80.55%**

Medicaid Plan	Eligible Population	Rate
Hepatitis B		
DHMP	1,140	85.09%
RMHP Prime	—	NA
HEDIS MY 2020 Colorado Medicaid Weighted Average		**85.03%**
HEDIS MY 2019 Colorado Medicaid Weighted Average		**85.12%**
HEDIS MY 2018 Colorado Medicaid Weighted Average		**82.17%**
VZV		
DHMP	1,140	83.68%
RMHP Prime	—	NA
HEDIS MY 2020 Colorado Medicaid Weighted Average		**83.63%**
HEDIS MY 2019 Colorado Medicaid Weighted Average		**81.21%**
HEDIS MY 2018 Colorado Medicaid Weighted Average		**80.07%**
Pneumococcal Conjugate		
DHMP	1,140	74.21%
RMHP Prime	—	NA
HEDIS MY 2020 Colorado Medicaid Weighted Average		**74.17%**
HEDIS MY 2019 Colorado Medicaid Weighted Average		**70.87%**
HEDIS MY 2018 Colorado Medicaid Weighted Average		**68.01%**
Hepatitis A		
DHMP	1,140	82.54%
RMHP Prime	—	NA
HEDIS MY 2020 Colorado Medicaid Weighted Average		**82.49%**
HEDIS MY 2019 Colorado Medicaid Weighted Average		**80.89%**
HEDIS MY 2018 Colorado Medicaid Weighted Average		**79.41%**
Rotavirus		
DHMP	1,140	63.77%
RMHP Prime	—	NA
HEDIS MY 2020 Colorado Medicaid Weighted Average		**63.66%**
HEDIS MY 2019 Colorado Medicaid Weighted Average		**63.12%**
HEDIS MY 2018 Colorado Medicaid Weighted Average		**62.61%**
Influenza		
DHMP	1,140	50.26%^
RMHP Prime	—	NA
HEDIS MY 2020 Colorado Medicaid Weighted Average		**50.26%^**
HEDIS MY 2019 Colorado Medicaid Weighted Average		**53.17%**
HEDIS MY 2018 Colorado Medicaid Weighted Average		**51.56%**
Combination 2		
DHMP	1,140	68.51%
RMHP Prime	—	NA

Medicaid Plan	Eligible Population	Rate
HEDIS MY 2020 Colorado Medicaid Weighted Average		**68.48%**
HEDIS MY 2019 Colorado Medicaid Weighted Average		**69.46%**
HEDIS MY 2018 Colorado Medicaid Weighted Average		**68.01%**
Combination 3		
DHMP	1,140	67.98%
RMHP Prime	—	NA
HEDIS MY 2020 Colorado Medicaid Weighted Average		**67.95%**
HEDIS MY 2019 Colorado Medicaid Weighted Average		**66.41%**
HEDIS MY 2018 Colorado Medicaid Weighted Average		**64.77%**
Combination 4		
DHMP	1,140	67.63%
RMHP Prime	—	NA
HEDIS MY 2020 Colorado Medicaid Weighted Average		**67.60%**
HEDIS MY 2019 Colorado Medicaid Weighted Average		**66.09%**
HEDIS MY 2018 Colorado Medicaid Weighted Average		**64.65%**
Combination 5		
DHMP	1,140	58.07%
RMHP Prime	—	NA
HEDIS MY 2020 Colorado Medicaid Weighted Average		**57.97%**
HEDIS MY 2019 Colorado Medicaid Weighted Average		**57.56%**
HEDIS MY 2018 Colorado Medicaid Weighted Average		**56.78%**
Combination 6		
DHMP	1,140	44.82%^
RMHP Prime	—	NA
HEDIS MY 2020 Colorado Medicaid Weighted Average		**44.83%^**
HEDIS MY 2019 Colorado Medicaid Weighted Average		**47.85%**
HEDIS MY 2018 Colorado Medicaid Weighted Average		**45.20%**
Combination 7		
DHMP	1,140	57.81%
RMHP Prime	—	NA
HEDIS MY 2020 Colorado Medicaid Weighted Average		**57.71%**
HEDIS MY 2019 Colorado Medicaid Weighted Average		**57.40%**
HEDIS MY 2018 Colorado Medicaid Weighted Average		**56.66%**
Combination 8		
DHMP	1,140	44.65%^
RMHP Prime	—	NA
HEDIS MY 2020 Colorado Medicaid Weighted Average		**44.66%^**
HEDIS MY 2019 Colorado Medicaid Weighted Average		**47.85%**
HEDIS MY 2018 Colorado Medicaid Weighted Average		**45.14%**

Medicaid Plan	Eligible Population	Rate
Combination 9		
DHMP	1,140	40.26%^
RMHP Prime	—	NA
HEDIS MY 2020 Colorado Medicaid Weighted Average		**40.19%^**
HEDIS MY 2019 Colorado Medicaid Weighted Average		**42.68%**
HEDIS MY 2018 Colorado Medicaid Weighted Average		**40.76%**
Combination 10		
DHMP	1,140	40.18%^
RMHP Prime	—	NA
HEDIS MY 2020 Colorado Medicaid Weighted Average		**40.11%^**
HEDIS MY 2019 Colorado Medicaid Weighted Average		**42.68%**
HEDIS MY 2018 Colorado Medicaid Weighted Average		**40.70%**
Immunizations for Adolescents		
Meningococcal		
DHMP	1,494	78.25%
RMHP Prime	—	NA
HEDIS MY 2020 Colorado Medicaid Weighted Average		**78.03%**
HEDIS MY 2019 Colorado Medicaid Weighted Average		**80.45%**
HEDIS MY 2018 Colorado Medicaid Weighted Average		**78.94%**
Tdap		
DHMP	1,494	77.64%
RMHP Prime	—	NA
HEDIS MY 2020 Colorado Medicaid Weighted Average		**77.56%**
HEDIS MY 2019 Colorado Medicaid Weighted Average		**80.66%**
HEDIS MY 2018 Colorado Medicaid Weighted Average		**78.94%**
HPV		
DHMP	1,494	46.79%^
RMHP Prime	—	NA
HEDIS MY 2020 Colorado Medicaid Weighted Average		**46.59%^**
HEDIS MY 2019 Colorado Medicaid Weighted Average		**52.08%**
HEDIS MY 2018 Colorado Medicaid Weighted Average		**50.37%**
Combination 1 (Meningococcal, Tdap)		
DHMP	1,494	75.70%
RMHP Prime	—	NA
HEDIS MY 2020 Colorado Medicaid Weighted Average		**75.51%**
HEDIS MY 2019 Colorado Medicaid Weighted Average		**77.63%**
HEDIS MY 2018 Colorado Medicaid Weighted Average		**76.40%**

Medicaid Plan	Eligible Population	Rate
Combination 2 (Meningococcal, Tdap, HPV)		
DHMP	1,494	45.11%^
RMHP Prime	—	NA
HEDIS MY 2020 Colorado Medicaid Weighted Average		**44.87%^**
HEDIS MY 2019 Colorado Medicaid Weighted Average		**50.04%**
HEDIS MY 2018 Colorado Medicaid Weighted Average		**48.70%**
Well-Child Visits in the First 30 Months of Life[1,3]		
Well-Child Visits in the First 15 Months—Six or More Well-Child Visits		
DHMP	1,867	54.69%
RMHP Prime	—	NA
HEDIS MY 2020 Colorado Medicaid Weighted Average		**54.69%**
HEDIS MY 2019 Colorado Medicaid Weighted Average		—
HEDIS MY 2018 Colorado Medicaid Weighted Average		—
Well-Child Visits for Age 15 Months–30 Months—Two or More Well-Child Visits		
DHMP	891	57.13%
RMHP Prime	—	NA
HEDIS MY 2020 Colorado Medicaid Weighted Average		**57.22%**
HEDIS MY 2019 Colorado Medicaid Weighted Average		—
HEDIS MY 2018 Colorado Medicaid Weighted Average		—
Child and Adolescent Well-Care Visits[1,3]		
Ages 3 to 11 Years		
DHMP	14,687	47.04%
RMHP Prime	140	46.43%
HEDIS MY 2020 Colorado Medicaid Weighted Average		**47.04%**
HEDIS MY 2019 Colorado Medicaid Weighted Average		—
HEDIS MY 2018 Colorado Medicaid Weighted Average		—
Ages 12 to 17 Years		
DHMP	10,183	39.88%
RMHP Prime	167	43.71%
HEDIS MY 2020 Colorado Medicaid Weighted Average		**39.94%**
HEDIS MY 2019 Colorado Medicaid Weighted Average		—
HEDIS MY 2018 Colorado Medicaid Weighted Average		—

Medicaid Plan	Eligible Population	Rate
Ages 18 to 21 Years		
DHMP	4,863	14.79%
RMHP Prime	1,255	13.15%
HEDIS MY 2020 Colorado Medicaid Weighted Average		**14.45%**
HEDIS MY 2019 Colorado Medicaid Weighted Average		—
HEDIS MY 2018 Colorado Medicaid Weighted Average		—
Total		
DHMP	29,733	39.31%
RMHP Prime	1,562	19.40%
HEDIS MY 2020 Colorado Medicaid Weighted Average		**38.32%**
HEDIS MY 2019 Colorado Medicaid Weighted Average		—
HEDIS MY 2018 Colorado Medicaid Weighted Average		—
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents[1]		
BMI Percentile Documentation—Ages 3 to 11 Years[2]		
DHMP	8,443	65.85%
RMHP Prime	114	5.26%
HEDIS MY 2020 Colorado Medicaid Weighted Average		**65.05%**
HEDIS MY 2019 Colorado Medicaid Weighted Average		**19.15%**
HEDIS MY 2018 Colorado Medicaid Weighted Average		**14.66%**
BMI Percentile Documentation—Ages 12 to 17 Years[2]		
DHMP	5,578	64.61%
RMHP Prime	126	6.35%
HEDIS MY 2020 Colorado Medicaid Weighted Average		**63.32%**
HEDIS MY 2019 Colorado Medicaid Weighted Average		**33.77%**
HEDIS MY 2018 Colorado Medicaid Weighted Average		**33.00%**
BMI Percentile Documentation—Total[2]		
DHMP	14,021	65.36%
RMHP Prime	240	5.83%
HEDIS MY 2020 Colorado Medicaid Weighted Average		**64.36%**
HEDIS MY 2019 Colorado Medicaid Weighted Average		**24.76%**
HEDIS MY 2018 Colorado Medicaid Weighted Average		**21.62%**
Counseling for Nutrition—Ages 3 to 11 Years		
DHMP	8,443	72.33%
RMHP Prime	114	22.81%
HEDIS MY 2020 Colorado Medicaid Weighted Average		**71.67%**
HEDIS MY 2019 Colorado Medicaid Weighted Average		**5.07%**
HEDIS MY 2018 Colorado Medicaid Weighted Average		**2.31%**

Medicaid Plan	Eligible Population	Rate
Counseling for Nutrition—Ages 12 to 17 Years		
DHMP	5,578	66.10%
RMHP Prime	126	18.25%
HEDIS MY 2020 Colorado Medicaid Weighted Average		**65.04%**
HEDIS MY 2019 Colorado Medicaid Weighted Average		**16.24%**
HEDIS MY 2018 Colorado Medicaid Weighted Average		**16.16%**
Counseling for Nutrition—Total		
DHMP	14,021	69.85%
RMHP Prime	240	20.42%
HEDIS MY 2020 Colorado Medicaid Weighted Average		**69.02%**
HEDIS MY 2019 Colorado Medicaid Weighted Average		**9.36%**
HEDIS MY 2018 Colorado Medicaid Weighted Average		**7.57%**
Counseling for Physical Activity—Ages 3 to 11 Years		
DHMP	8,443	71.63%^
RMHP Prime	114	0.00%
HEDIS MY 2020 Colorado Medicaid Weighted Average		**70.68%^**
HEDIS MY 2019 Colorado Medicaid Weighted Average		**3.96%**
HEDIS MY 2018 Colorado Medicaid Weighted Average		**1.58%**
Counseling for Physical Activity—Ages 12 to 17 Years		
DHMP	5,578	65.49%
RMHP Prime	126	0.00%
HEDIS MY 2020 Colorado Medicaid Weighted Average		**64.04%**
HEDIS MY 2019 Colorado Medicaid Weighted Average		**14.37%**
HEDIS MY 2018 Colorado Medicaid Weighted Average		**12.71%**
Counseling for Physical Activity—Total		
DHMP	14,021	69.19%^
RMHP Prime	240	0.00%
HEDIS MY 2020 Colorado Medicaid Weighted Average		**68.02%^**
HEDIS MY 2019 Colorado Medicaid Weighted Average		**7.96%**
HEDIS MY 2018 Colorado Medicaid Weighted Average		**5.81%**

[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 MY 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 MY 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.*

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[2]		
Timeliness of Prenatal Care		
DHMP	1,124	83.36%
RMHP Prime	1,052	56.65%
HEDIS MY 2020 Colorado Medicaid Weighted Average		**70.45%**
HEDIS MY 2019 Colorado Medicaid Weighted Average		**62.81%**
HEDIS MY 2018 Colorado Medicaid Weighted Average		**—**
Postpartum Care		
DHMP	1,124	69.22%
RMHP Prime	1,052	32.89%
HEDIS MY 2020 Colorado Medicaid Weighted Average		**51.65%**
HEDIS MY 2019 Colorado Medicaid Weighted Average		**50.88%**
HEDIS MY 2018 Colorado Medicaid Weighted Average		**—**
Adults' Access to Preventive/Ambulatory Health Services		
Ages 20 to 44 Years		
DHMP	28,695	47.79%
RMHP Prime	18,847	64.55%
HEDIS MY 2020 Colorado Medicaid Weighted Average		**54.43%**
HEDIS MY 2019 Colorado Medicaid Weighted Average		**57.10%**
HEDIS MY 2018 Colorado Medicaid Weighted Average		**56.05%**
Ages 45 to 64 Years		
DHMP	12,036	58.29%
RMHP Prime	10,289	74.83%
HEDIS MY 2020 Colorado Medicaid Weighted Average		**65.91%**
HEDIS MY 2019 Colorado Medicaid Weighted Average		**70.75%**
HEDIS MY 2018 Colorado Medicaid Weighted Average		**69.84%**
Ages 65 Years and Older		
DHMP	3,255	59.42%
RMHP Prime	2,622	84.74%
HEDIS MY 2020 Colorado Medicaid Weighted Average		**70.72%**
HEDIS MY 2019 Colorado Medicaid Weighted Average		**80.28%**
HEDIS MY 2018 Colorado Medicaid Weighted Average		**78.31%**

Medicaid Plan	Eligible Population	Rate
Total		
DHMP	43,986	51.52%
RMHP Prime	31,758	69.54%
HEDIS MY 2020 Colorado Medicaid Weighted Average		**59.08%**
HEDIS MY 2019 Colorado Medicaid Weighted Average		**63.01%**
HEDIS MY 2018 Colorado Medicaid Weighted Average		**61.75%**
Chlamydia Screening in Women		
Ages 16 to 20 Years[1]		
DHMP	1,567	67.65%^
RMHP Prime	193	45.08%
HEDIS MY 2020 Colorado Medicaid Weighted Average		**65.17%^**
HEDIS MY 2019 Colorado Medicaid Weighted Average		**68.90%**
HEDIS MY 2018 Colorado Medicaid Weighted Average		**64.72%**
Ages 21 to 24 Years		
DHMP	1,162	66.95%^
RMHP Prime	1,095	45.02%
HEDIS MY 2020 Colorado Medicaid Weighted Average		**56.31%**
HEDIS MY 2019 Colorado Medicaid Weighted Average		**60.62%**
HEDIS MY 2018 Colorado Medicaid Weighted Average		**60.64%**
Total[1]		
DHMP	2,729	67.35%^
RMHP Prime	1,288	45.03%
HEDIS MY 2020 Colorado Medicaid Weighted Average		**60.19%^**
HEDIS MY 2019 Colorado Medicaid Weighted Average		**64.39%**
HEDIS MY 2018 Colorado Medicaid Weighted Average		**62.43%**
Breast Cancer Screening[2]		
DHMP	2,385	42.60%
RMHP Prime	2,898	44.82%
HEDIS MY 2020 Colorado Medicaid Weighted Average		**43.82%**
HEDIS MY 2019 Colorado Medicaid Weighted Average		**47.09%**
HEDIS MY 2018 Colorado Medicaid Weighted Average		**48.53%**
Cervical Cancer Screening[2]		
DHMP	17,122	41.11%
RMHP Prime	14,712	40.27%
HEDIS MY 2020 Colorado Medicaid Weighted Average		**40.72%**
HEDIS MY 2019 Colorado Medicaid Weighted Average		**42.52%**
HEDIS MY 2018 Colorado Medicaid Weighted Average		**42.52%**

Medicaid Plan	Eligible Population	Rate
Non-Recommended Cervical Cancer Screening in Adolescent Females*[1]		
DHMP	3,472	0.00%^
RMHP Prime	322	1.24%
HEDIS MY 2020 Colorado Medicaid Weighted Average		**0.11%^**
HEDIS MY 2019 Colorado Medicaid Weighted Average		**0.30%**
HEDIS MY 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 that trending between 2020 and prior years be considered with caution.

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

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	1,073	61.14%^
RMHP Prime	1,248	55.45%^
HEDIS MY 2020 Colorado Medicaid Weighted Average		**58.08%^**
HEDIS MY 2019 Colorado Medicaid Weighted Average		**65.91%**
HEDIS MY 2018 Colorado Medicaid Weighted Average		**53.24%**
Effective Continuation Phase Treatment		
DHMP	1,073	40.73%^
RMHP Prime	1,248	42.47%^
HEDIS MY 2020 Colorado Medicaid Weighted Average		**41.66%^**
HEDIS MY 2019 Colorado Medicaid Weighted Average		**52.03%**
HEDIS MY 2018 Colorado Medicaid Weighted Average		**33.91%**
Follow-Up Care for Children Prescribed ADHD Medication[2]		
Initiation Phase		
DHMP	109	41.28%
RMHP Prime	—	NA
HEDIS MY 2020 Colorado Medicaid Weighted Average		**41.67%**
HEDIS MY 2019 Colorado Medicaid Weighted Average		**41.59%**
HEDIS MY 2018 Colorado Medicaid Weighted Average		**40.56%**
Continuation and Maintenance Phase		
DHMP	—	NA
RMHP Prime	—	NA
HEDIS MY 2020 Colorado Medicaid Weighted Average		**NA**
HEDIS MY 2019 Colorado Medicaid Weighted Average		**NA**
HEDIS MY 2018 Colorado Medicaid Weighted Average		**41.94%**
Metabolic Monitoring for Children and Adolescents on Antipsychotics		
Blood Glucose Testing—Ages 1 to 11 Years		
DHMP	—	NA
RMHP Prime	—	NA
HEDIS MY 2020 Colorado Medicaid Weighted Average		**NA**
HEDIS MY 2019 Colorado Medicaid Weighted Average		**NA**
HEDIS MY 2018 Colorado Medicaid Weighted Average		**—**

Medicaid Plan	Eligible Population	Rate
Blood Glucose Testing—Ages 12 to 17 Years[1]		
DHMP	32	56.25%
RMHP Prime	—	NA
HEDIS MY 2020 Colorado Medicaid Weighted Average		**58.93%**
HEDIS MY 2019 Colorado Medicaid Weighted Average		**51.06%**
HEDIS MY 2018 Colorado Medicaid Weighted Average		**—**
Blood Glucose Testing—Total[1]		
DHMP	36	50.00%
RMHP Prime	32	62.50%^
HEDIS MY 2020 Colorado Medicaid Weighted Average		**55.88%^**
HEDIS MY 2019 Colorado Medicaid Weighted Average		**49.15%**
HEDIS MY 2018 Colorado Medicaid Weighted Average		**—**
Cholesterol Testing—Ages 1 to 11 Years		
DHMP	—	NA
RMHP Prime	—	NA
HEDIS MY 2020 Colorado Medicaid Weighted Average		**NA**
HEDIS MY 2019 Colorado Medicaid Weighted Average		**NA**
HEDIS MY 2018 Colorado Medicaid Weighted Average		**—**
Cholesterol Testing—Ages 12 to 17 Years		
DHMP	32	50.00%^
RMHP Prime	—	NA
HEDIS MY 2020 Colorado Medicaid Weighted Average		**42.86%^**
HEDIS MY 2019 Colorado Medicaid Weighted Average		**38.30%**
HEDIS MY 2018 Colorado Medicaid Weighted Average		**—**
Cholesterol Testing—Total[1]		
DHMP	36	47.22%^
RMHP Prime	32	34.38%
HEDIS MY 2020 Colorado Medicaid Weighted Average		**41.18%^**
HEDIS MY 2019 Colorado Medicaid Weighted Average		**38.98%**
HEDIS MY 2018 Colorado Medicaid Weighted Average		**—**
Blood Glucose and Cholesterol Testing—Ages 1 to 11 Years		
DHMP	—	NA
RMHP Prime	—	NA
HEDIS MY 2020 Colorado Medicaid Weighted Average		**NA**
HEDIS MY 2019 Colorado Medicaid Weighted Average		**NA**
HEDIS MY 2018 Colorado Medicaid Weighted Average		**—**

Medicaid Plan	Eligible Population	Rate
Blood Glucose and Cholesterol Testing—Ages 12 to 17 Years		
DHMP	32	40.63%^
RMHP Prime	—	NA
HEDIS MY 2020 Colorado Medicaid Weighted Average		**37.50%**
HEDIS MY 2019 Colorado Medicaid Weighted Average		**38.30%**
HEDIS MY 2018 Colorado Medicaid Weighted Average		**27.78%**
Blood Glucose and Cholesterol Testing—Total[1]		
DHMP	36	36.11%^
RMHP Prime	32	34.38%
HEDIS MY 2020 Colorado Medicaid Weighted Average		**35.29%**
HEDIS MY 2019 Colorado Medicaid Weighted Average		**38.98%**
HEDIS MY 2018 Colorado Medicaid Weighted Average		**35.21%**

[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 MY 2020 and prior years be considered with caution.*
— Indicates the MCO's eligible population was too small to report (<30). Additionally, this symbol may indicate the MCOs were not required to report this measure for HEDIS MY 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 MY 2020 Colorado Medicaid Weighted Average		**76.47%**
HEDIS MY 2019 Colorado Medicaid Weighted Average		**70.21%**
HEDIS MY 2018 Colorado Medicaid Weighted Average		**50.98%**
Comprehensive Diabetes Care		
Hemoglobin A1c (HbA1c) Testing[2]		
DHMP	2,640	73.18%
RMHP Prime	2,382	86.61%
HEDIS MY 2020 Colorado Medicaid Weighted Average		**79.55%**
HEDIS MY 2019 Colorado Medicaid Weighted Average		**83.74%**
HEDIS MY 2018 Colorado Medicaid Weighted Average		**83.24%**
HbA1c Poor Control (>9.0%)*[2]		
DHMP	2,640	52.46%
RMHP Prime	2,382	71.37%
HEDIS MY 2020 Colorado Medicaid Weighted Average		**61.43%**
HEDIS MY 2019 Colorado Medicaid Weighted Average		**56.95%**
HEDIS MY 2018 Colorado Medicaid Weighted Average		**56.98%**
HbA1c Control (<8.0%)[2]		
DHMP	2,640	38.41%
RMHP Prime	2,382	23.85%
HEDIS MY 2020 Colorado Medicaid Weighted Average		**31.50%**
HEDIS MY 2019 Colorado Medicaid Weighted Average		**35.37%**
HEDIS MY 2018 Colorado Medicaid Weighted Average		**34.71%**
Eye Exam (Retinal) Performed[2]		
DHMP	2,640	36.25%
RMHP Prime	2,382	48.57%
HEDIS MY 2020 Colorado Medicaid Weighted Average		**42.09%**
HEDIS MY 2019 Colorado Medicaid Weighted Average		**47.75%**
HEDIS MY 2018 Colorado Medicaid Weighted Average		**47.83%**
Blood Pressure Control (<140/90 mm Hg)[3]		
DHMP	2,640	50.23%
RMHP Prime	2,382	0.13%
HEDIS MY 2020 Colorado Medicaid Weighted Average		**26.46%**

Medicaid Plan	Eligible Population	Rate
HEDIS MY 2019 Colorado Medicaid Weighted Average		—
HEDIS MY 2018 Colorado Medicaid Weighted Average		—
Statin Therapy for Patients With Diabetes[2]		
Received Statin Therapy		
DHMP	1,251	60.67%
RMHP Prime	1,199	49.29%
HEDIS MY 2020 Colorado Medicaid Weighted Average		**55.10%**
HEDIS MY 2019 Colorado Medicaid Weighted Average		**53.27%**
HEDIS MY 2018 Colorado Medicaid Weighted Average		**52.77%**
Statin Adherence 80%		
DHMP	759	67.46%^
RMHP Prime	591	70.39%^
HEDIS MY 2020 Colorado Medicaid Weighted Average		**68.74%^**
HEDIS MY 2019 Colorado Medicaid Weighted Average		**74.16%**
HEDIS MY 2018 Colorado Medicaid Weighted Average		**60.40%**
Statin Therapy for Patients With Cardiovascular Disease[2]		
Received Statin Therapy—Male—Ages 21 to 75 Years		
DHMP	129	73.64%
RMHP Prime	163	62.58%
HEDIS MY 2020 Colorado Medicaid Weighted Average		**67.47%**
HEDIS MY 2019 Colorado Medicaid Weighted Average		**67.36%**
HEDIS MY 2018 Colorado Medicaid Weighted Average		**68.32%**
Received Statin Therapy—Female—Ages 40 to 75 Years		
DHMP	57	73.68%
RMHP Prime	98	60.20%
HEDIS MY 2020 Colorado Medicaid Weighted Average		**65.16%**
HEDIS MY 2019 Colorado Medicaid Weighted Average		**64.39%**
HEDIS MY 2018 Colorado Medicaid Weighted Average		**67.97%**
Received Statin Therapy—Total		
DHMP	186	73.66%
RMHP Prime	261	61.69%
HEDIS MY 2020 Colorado Medicaid Weighted Average		**66.67%**
HEDIS MY 2019 Colorado Medicaid Weighted Average		**66.31%**
HEDIS MY 2018 Colorado Medicaid Weighted Average		**68.18%**
Statin Adherence 80%—Male—Ages 21 to 75 Years		
DHMP	95	64.21%
RMHP Prime	102	81.37%^
HEDIS MY 2020 Colorado Medicaid Weighted Average		**73.10%^**
HEDIS MY 2019 Colorado Medicaid Weighted Average		**81.37%**

Medicaid Plan	Eligible Population	Rate
HEDIS MY 2018 Colorado Medicaid Weighted Average		**65.22%**
Statin Adherence 80%—Female—Ages 40 to 75 Years		
DHMP	42	76.19%^
RMHP Prime	59	91.53%^
HEDIS MY 2020 Colorado Medicaid Weighted Average		**85.15%^**
HEDIS MY 2019 Colorado Medicaid Weighted Average		**69.41%**
HEDIS MY 2018 Colorado Medicaid Weighted Average		**64.37%**
Statin Adherence 80%—Total		
DHMP	137	67.88%
RMHP Prime	161	85.09%^
HEDIS MY 2020 Colorado Medicaid Weighted Average		**77.18%^**
HEDIS MY 2019 Colorado Medicaid Weighted Average		**77.24%**
HEDIS MY 2018 Colorado Medicaid Weighted Average		**64.89%**
Use of Imaging Studies for Low Back Pain		
DHMP	614	80.29%^
RMHP Prime	568	75.88%^
HEDIS MY 2020 Colorado Medicaid Weighted Average		**78.17%^**
HEDIS MY 2019 Colorado Medicaid Weighted Average		**75.08%**
HEDIS MY 2018 Colorado Medicaid Weighted Average		**72.28%**
Pharmacotherapy Management of COPD Exacerbation		
Systemic Corticosteroid		
DHMP	243	50.21%
RMHP Prime	235	50.64%
HEDIS MY 2020 Colorado Medicaid Weighted Average		**50.42%**
HEDIS MY 2019 Colorado Medicaid Weighted Average		**50.88%**
HEDIS MY 2018 Colorado Medicaid Weighted Average		**47.02%**
Bronchodilator		
DHMP	243	65.02%
RMHP Prime	235	67.66%
HEDIS MY 2020 Colorado Medicaid Weighted Average		**66.32%**
HEDIS MY 2019 Colorado Medicaid Weighted Average		**66.43%**
HEDIS MY 2018 Colorado Medicaid Weighted Average		**67.02%**
Asthma Medication Ratio		
Ages 5 to 11 Years[1]		
DHMP	92	63.04%
RMHP Prime	—	NA
HEDIS MY 2020 Colorado Medicaid Weighted Average		**64.58%**
HEDIS MY 2019 Colorado Medicaid Weighted Average		**61.67%**
HEDIS MY 2018 Colorado Medicaid Weighted Average		**60.27%**

Medicaid Plan	Eligible Population	Rate
Ages 12 to 18 Years[1]		
DHMP	94	54.26%
RMHP Prime	—	NA
HEDIS MY 2020 Colorado Medicaid Weighted Average		**54.64%**
HEDIS MY 2019 Colorado Medicaid Weighted Average		**49.50%**
HEDIS MY 2018 Colorado Medicaid Weighted Average		**44.26%**
Ages 19 to 50 Years		
DHMP	229	48.91%
RMHP Prime	252	49.21%
HEDIS MY 2020 Colorado Medicaid Weighted Average		**49.06%**
HEDIS MY 2019 Colorado Medicaid Weighted Average		**42.62%**
HEDIS MY 2018 Colorado Medicaid Weighted Average		**46.00%**
Ages 51 to 64 Years		
DHMP	81	41.98%
RMHP Prime	79	56.96%^
HEDIS MY 2020 Colorado Medicaid Weighted Average		**49.38%**
HEDIS MY 2019 Colorado Medicaid Weighted Average		**47.30%**
HEDIS MY 2018 Colorado Medicaid Weighted Average		**50.35%**
Total[1]		
DHMP	496	51.41%
RMHP Prime	338	51.78%
HEDIS MY 2020 Colorado Medicaid Weighted Average		**51.56%**
HEDIS MY 2019 Colorado Medicaid Weighted Average		**47.31%**
HEDIS MY 2018 Colorado Medicaid Weighted Average		**49.08%**
Use of Spirometry Testing in the Assessment and Diagnosis of COPD		
DHMP	160	30.00%^
RMHP Prime	201	25.87%
HEDIS MY 2020 Colorado Medicaid Weighted Average		**27.70%**
HEDIS MY 2019 Colorado Medicaid Weighted Average		**28.12%**
HEDIS MY 2018 Colorado Medicaid Weighted Average		**29.47%**

* 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 MY 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 MY 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.*

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[2]		
Ages 3 to 17 Years		
DHMP	603	83.91%^
RMHP Prime	—	NA
HEDIS MY 2020 Colorado Medicaid Weighted Average		**83.98%^**
HEDIS MY 2019 Colorado Medicaid Weighted Average		**87.92%**
HEDIS MY 2018 Colorado Medicaid Weighted Average		**—**
Ages 18 to 64 Years		
DHMP	533	76.36%^
RMHP Prime	730	78.77%^
HEDIS MY 2020 Colorado Medicaid Weighted Average		**77.75%^**
HEDIS MY 2019 Colorado Medicaid Weighted Average		**77.25%**
HEDIS MY 2018 Colorado Medicaid Weighted Average		**—**
Ages 65 Years and Older		
DHMP	—	NA
RMHP Prime	—	NA
HEDIS MY 2020 Colorado Medicaid Weighted Average		**NA**
HEDIS MY 2019 Colorado Medicaid Weighted Average		**NA**
HEDIS MY 2018 Colorado Medicaid Weighted Average		**—**
Total		
DHMP	1,136	80.37%^
RMHP Prime	746	78.95%^
HEDIS MY 2020 Colorado Medicaid Weighted Average		**79.81%^**
HEDIS MY 2019 Colorado Medicaid Weighted Average		**81.53%**
HEDIS MY 2018 Colorado Medicaid Weighted Average		**—**
Appropriate Treatment for Upper Respiratory Infection		
Ages 3 Months to 17 Years[1]		
DHMP	3,439	98.46%^
RMHP Prime	69	95.65%^
HEDIS MY 2020 Colorado Medicaid Weighted Average		**98.40%^**
HEDIS MY 2019 Colorado Medicaid Weighted Average		**97.78%**
HEDIS MY 2018 Colorado Medicaid Weighted Average		**—**

Medicaid Plan	Eligible Population	Rate
Ages 18 to 64 Years		
DHMP	1,606	95.39%^
RMHP Prime	1,612	86.60%^
HEDIS MY 2020 Colorado Medicaid Weighted Average		**90.99%^**
HEDIS MY 2019 Colorado Medicaid Weighted Average		**90.37%**
HEDIS MY 2018 Colorado Medicaid Weighted Average		—
Ages 65 Years and Older		
DHMP	65	98.46%^
RMHP Prime	41	100.00%^
HEDIS MY 2020 Colorado Medicaid Weighted Average		**99.06%^**
HEDIS MY 2019 Colorado Medicaid Weighted Average		**98.86%**
HEDIS MY 2018 Colorado Medicaid Weighted Average		—
Total[1]		
DHMP	5,110	97.50%^
RMHP Prime	1,722	87.28%
HEDIS MY 2020 Colorado Medicaid Weighted Average		**94.92%^**
HEDIS MY 2019 Colorado Medicaid Weighted Average		**94.30%**
HEDIS MY 2018 Colorado Medicaid Weighted Average		—
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis		
Ages 3 Months to 17 Years		
DHMP	327	95.41%^
RMHP Prime	—	NA
HEDIS MY 2020 Colorado Medicaid Weighted Average		**95.44%^**
HEDIS MY 2019 Colorado Medicaid Weighted Average		**94.19%**
HEDIS MY 2018 Colorado Medicaid Weighted Average		—
Ages 18 to 64 Years		
DHMP	192	61.46%^
RMHP Prime	434	47.24%^
HEDIS MY 2020 Colorado Medicaid Weighted Average		**51.60%^**
HEDIS MY 2019 Colorado Medicaid Weighted Average		**48.89%**
HEDIS MY 2018 Colorado Medicaid Weighted Average		—
Ages 65 Years and Older		
DHMP	—	NA
RMHP Prime	—	NA
HEDIS MY 2020 Colorado Medicaid Weighted Average		**NA**
HEDIS MY 2019 Colorado Medicaid Weighted Average		**NA**
HEDIS MY 2018 Colorado Medicaid Weighted Average		—

Medicaid Plan	Eligible Population	Rate
Total		
DHMP	527	82.92%^
RMHP Prime	452	49.12%
HEDIS MY 2020 Colorado Medicaid Weighted Average		**67.31%^**
HEDIS MY 2019 Colorado Medicaid Weighted Average		**63.56%**
HEDIS MY 2018 Colorado Medicaid Weighted Average		—
Antibiotic Utilization*		
Average Scripts PMPY for Antibiotics of Concern—Ages 0 to 9 Years[1]		
DHMP	210,749	0.03
RMHP Prime	1,792	0.31
HEDIS MY 2020 Colorado Medicaid Weighted Average		**0.03**
HEDIS MY 2019 Colorado Medicaid Weighted Average		**0.06**
HEDIS MY 2018 Colorado Medicaid Weighted Average		**0.06**
Average Scripts PMPY for Antibiotics of Concern—Ages 10 to 17 Years[1]		
DHMP	182,804	0.03
RMHP Prime	3,235	0.42
HEDIS MY 2020 Colorado Medicaid Weighted Average		**0.03**
HEDIS MY 2019 Colorado Medicaid Weighted Average		**0.04**
HEDIS MY 2018 Colorado Medicaid Weighted Average		**0.04**
Average Scripts PMPY for Antibiotics of Concern—Ages 18 to 34 Years		
DHMP	335,710	0.09
RMHP Prime	187,081	0.31
HEDIS MY 2020 Colorado Medicaid Weighted Average		**0.17**
HEDIS MY 2019 Colorado Medicaid Weighted Average		**0.15**
HEDIS MY 2018 Colorado Medicaid Weighted Average		**0.15**
Average Scripts PMPY for Antibiotics of Concern—Ages 35 to 49 Years		
DHMP	192,547	0.11
RMHP Prime	134,931	0.39
HEDIS MY 2020 Colorado Medicaid Weighted Average		**0.23**
HEDIS MY 2019 Colorado Medicaid Weighted Average		**0.20**
HEDIS MY 2018 Colorado Medicaid Weighted Average		**0.19**
Average Scripts PMPY for Antibiotics of Concern—Ages 50 to 64 Years		
DHMP	127,010	0.16
RMHP Prime	108,028	0.49

Medicaid Plan	Eligible Population	Rate
HEDIS MY 2020 Colorado Medicaid Weighted Average		**0.31**
HEDIS MY 2019 Colorado Medicaid Weighted Average		**0.25**
HEDIS MY 2018 Colorado Medicaid Weighted Average		**0.24**
Average Scripts PMPY for Antibiotics of Concern—Ages 65 to 74 Years		
DHMP	22,402	0.09
RMHP Prime	15,557	0.28
HEDIS MY 2020 Colorado Medicaid Weighted Average		**0.17**
HEDIS MY 2019 Colorado Medicaid Weighted Average		**0.05**
HEDIS MY 2018 Colorado Medicaid Weighted Average		**0.03**
Average Scripts PMPY for Antibiotics of Concern—Ages 75 to 84 Years		
DHMP	12,172	0.09
RMHP Prime	7,890	0.26
HEDIS MY 2020 Colorado Medicaid Weighted Average		**0.15**
HEDIS MY 2019 Colorado Medicaid Weighted Average		**0.05**
HEDIS MY 2018 Colorado Medicaid Weighted Average		**0.01**
Average Scripts PMPY for Antibiotics of Concern—Ages 85+ Years		
DHMP	6,258	0.05
RMHP Prime	4,921	0.09
HEDIS MY 2020 Colorado Medicaid Weighted Average		**0.06**
HEDIS MY 2019 Colorado Medicaid Weighted Average		**0.04**
HEDIS MY 2018 Colorado Medicaid Weighted Average		**0.03**
Average Scripts PMPY for Antibiotics of Concern—Total[1]		
DHMP	1,089,652	0.08^
RMHP Prime	463,435	0.37
HEDIS MY 2020 Colorado Medicaid Weighted Average		**0.17^**
HEDIS MY 2019 Colorado Medicaid Weighted Average		**0.14**
HEDIS MY 2018 Colorado Medicaid Weighted Average		**0.14**
Average Days Supplied per Antibiotic Script—Ages 0 to 9 Years[1]		
DHMP	2,369	9.25
RMHP Prime	130	9.91
HEDIS MY 2020 Colorado Medicaid Weighted Average		**9.29**
HEDIS MY 2019 Colorado Medicaid Weighted Average		**10.10**
HEDIS MY 2018 Colorado Medicaid Weighted Average		**9.95**

Medicaid Plan	Eligible Population	Rate
Average Days Supplied per Antibiotic Script—Ages 10 to 17 Years[1]		
DHMP	1,755	12.08
RMHP Prime	273	11.93
HEDIS MY 2020 Colorado Medicaid Weighted Average		**12.06**
HEDIS MY 2019 Colorado Medicaid Weighted Average		**11.80**
HEDIS MY 2018 Colorado Medicaid Weighted Average		**11.71**
Average Days Supplied per Antibiotic Script—Ages 18 to 34 Years		
DHMP	9,565	8.80
RMHP Prime	14,924	8.84
HEDIS MY 2020 Colorado Medicaid Weighted Average		**8.83**
HEDIS MY 2019 Colorado Medicaid Weighted Average		**13.14**
HEDIS MY 2018 Colorado Medicaid Weighted Average		**8.72**
Average Days Supplied per Antibiotic Script—Ages 35 to 49 Years		
DHMP	5,994	9.47
RMHP Prime	12,116	9.43
HEDIS MY 2020 Colorado Medicaid Weighted Average		**9.44**
HEDIS MY 2019 Colorado Medicaid Weighted Average		**13.93**
HEDIS MY 2018 Colorado Medicaid Weighted Average		**9.23**
Average Days Supplied per Antibiotic Script—Ages 50 to 64 Years		
DHMP	4,787	10.75
RMHP Prime	10,415	10.10
HEDIS MY 2020 Colorado Medicaid Weighted Average		**10.31**
HEDIS MY 2019 Colorado Medicaid Weighted Average		**15.38**
HEDIS MY 2018 Colorado Medicaid Weighted Average		**9.59**
Average Days Supplied per Antibiotic Script—Ages 65 to 74 Years		
DHMP	352	13.50
RMHP Prime	918	11.72
HEDIS MY 2020 Colorado Medicaid Weighted Average		**12.21**
HEDIS MY 2019 Colorado Medicaid Weighted Average		**14.44**
HEDIS MY 2018 Colorado Medicaid Weighted Average		**9.55**
Average Days Supplied per Antibiotic Script—Ages 75 to 84 Years		
DHMP	208	13.25
RMHP Prime	415	11.73

Medicaid Plan	Eligible Population	Rate
HEDIS MY 2020 Colorado Medicaid Weighted Average		**12.23**
HEDIS MY 2019 Colorado Medicaid Weighted Average		**12.51**
HEDIS MY 2018 Colorado Medicaid Weighted Average		**7.43**
Average Days Supplied per Antibiotic Script—Ages 85+ Years		
DHMP	63	11.86
RMHP Prime	151	20.11
HEDIS MY 2020 Colorado Medicaid Weighted Average		**17.68**
HEDIS MY 2019 Colorado Medicaid Weighted Average		**13.94**
HEDIS MY 2018 Colorado Medicaid Weighted Average		**6.11**
Average Days Supplied per Antibiotic Script—Total[1]		
DHMP	25,093	9.72
RMHP Prime	39,342	9.52
HEDIS MY 2020 Colorado Medicaid Weighted Average		**9.60**
HEDIS MY 2019 Colorado Medicaid Weighted Average		**13.48**
HEDIS MY 2018 Colorado Medicaid Weighted Average		**9.29**
Average Scripts PMPY for Antibiotics—Ages 0 to 9 Years[1]		
DHMP	210,749	0.13
RMHP Prime	1,792	0.87
HEDIS MY 2020 Colorado Medicaid Weighted Average		**0.14**
HEDIS MY 2019 Colorado Medicaid Weighted Average		**0.25**
HEDIS MY 2018 Colorado Medicaid Weighted Average		**0.24**
Average Scripts PMPY for Antibiotics—Ages 10 to 17 Years[1]		
DHMP	182,804	0.12
RMHP Prime	3,235	1.01
HEDIS MY 2020 Colorado Medicaid Weighted Average		**0.13**
HEDIS MY 2019 Colorado Medicaid Weighted Average		**0.18**
HEDIS MY 2018 Colorado Medicaid Weighted Average		**0.16**
Average Scripts PMPY for Antibiotics—Ages 18 to 34 Years		
DHMP	335,710	0.34
RMHP Prime	187,081	0.96
HEDIS MY 2020 Colorado Medicaid Weighted Average		**0.56**
HEDIS MY 2019 Colorado Medicaid Weighted Average		**0.50**
HEDIS MY 2018 Colorado Medicaid Weighted Average		**0.49**
Average Scripts PMPY for Antibiotics—Ages 35 to 49 Years		
DHMP	192,547	0.37
RMHP Prime	134,931	1.08
HEDIS MY 2020 Colorado Medicaid Weighted Average		**0.66**
HEDIS MY 2019 Colorado Medicaid Weighted Average		**0.56**
HEDIS MY 2018 Colorado Medicaid Weighted Average		**0.53**

Medicaid Plan	Eligible Population	Rate
Average Scripts PMPY for Antibiotics—Ages 50 to 64 Years		
DHMP	127,010	0.45
RMHP Prime	108,028	1.16
HEDIS MY 2020 Colorado Medicaid Weighted Average		**0.78**
HEDIS MY 2019 Colorado Medicaid Weighted Average		**0.61**
HEDIS MY 2018 Colorado Medicaid Weighted Average		**0.58**
Average Scripts PMPY for Antibiotics—Ages 65 to 74 Years		
DHMP	22,402	0.19
RMHP Prime	15,557	0.71
HEDIS MY 2020 Colorado Medicaid Weighted Average		**0.40**
HEDIS MY 2019 Colorado Medicaid Weighted Average		**0.13**
HEDIS MY 2018 Colorado Medicaid Weighted Average		**0.07**
Average Scripts PMPY for Antibiotics—Ages 75 to 84 Years		
DHMP	12,172	0.21
RMHP Prime	7,890	0.63
HEDIS MY 2020 Colorado Medicaid Weighted Average		**0.37**
HEDIS MY 2019 Colorado Medicaid Weighted Average		**0.13**
HEDIS MY 2018 Colorado Medicaid Weighted Average		**0.04**
Average Scripts PMPY for Antibiotics—Ages 85+ Years		
DHMP	6,258	0.12
RMHP Prime	4,921	0.37
HEDIS MY 2020 Colorado Medicaid Weighted Average		**0.23**
HEDIS MY 2019 Colorado Medicaid Weighted Average		**0.08**
HEDIS MY 2018 Colorado Medicaid Weighted Average		**0.06**
Average Scripts PMPY for Antibiotics—Total[1]		
DHMP	1,089,652	0.28^
RMHP Prime	463,435	1.02
HEDIS MY 2020 Colorado Medicaid Weighted Average		**0.50^**
HEDIS MY 2019 Colorado Medicaid Weighted Average		**0.43**
HEDIS MY 2018 Colorado Medicaid Weighted Average		**0.41**
Percentage of Antibiotics of Concern of All Antibiotic Scripts—Ages 0 to 9 Years[1]		
DHMP	2,369	23.22%
RMHP Prime	130	35.38%
HEDIS MY 2020 Colorado Medicaid Weighted Average		**23.85%**
HEDIS MY 2019 Colorado Medicaid Weighted Average		**24.05%**
HEDIS MY 2018 Colorado Medicaid Weighted Average		**23.98%**

Medicaid Plan	Eligible Population	Rate
Percentage of Antibiotics of Concern of All Antibiotic Scripts—Ages 10 to 17 Years[1]		
DHMP	1,755	22.34%
RMHP Prime	273	41.76%
HEDIS MY 2020 Colorado Medicaid Weighted Average		**24.95%**
HEDIS MY 2019 Colorado Medicaid Weighted Average		**23.79%**
HEDIS MY 2018 Colorado Medicaid Weighted Average		**25.41%**
Percentage of Antibiotics of Concern of All Antibiotic Scripts—Ages 18 to 34 Years		
DHMP	9,565	27.65%
RMHP Prime	14,924	32.36%
HEDIS MY 2020 Colorado Medicaid Weighted Average		**30.52%**
HEDIS MY 2019 Colorado Medicaid Weighted Average		**30.77%**
HEDIS MY 2018 Colorado Medicaid Weighted Average		**31.15%**
Percentage of Antibiotics of Concern of All Antibiotic Scripts—Ages 35 to 49 Years		
DHMP	5,994	29.58%
RMHP Prime	12,116	36.64%
HEDIS MY 2020 Colorado Medicaid Weighted Average		**34.30%**
HEDIS MY 2019 Colorado Medicaid Weighted Average		**36.05%**
HEDIS MY 2018 Colorado Medicaid Weighted Average		**36.65%**
Percentage of Antibiotics of Concern of All Antibiotic Scripts—Ages 50 to 64 Years		
DHMP	4,787	34.87%
RMHP Prime	10,415	41.98%
HEDIS MY 2020 Colorado Medicaid Weighted Average		**39.74%**
HEDIS MY 2019 Colorado Medicaid Weighted Average		**41.24%**
HEDIS MY 2018 Colorado Medicaid Weighted Average		**41.26%**
Percentage of Antibiotics of Concern of All Antibiotic Scripts—Ages 65 to 74 Years		
DHMP	352	46.88%
RMHP Prime	918	39.32%
HEDIS MY 2020 Colorado Medicaid Weighted Average		**41.42%**
HEDIS MY 2019 Colorado Medicaid Weighted Average		**42.04%**
HEDIS MY 2018 Colorado Medicaid Weighted Average		**40.37%**

Medicaid Plan	Eligible Population	Rate
Percentage of Antibiotics of Concern of All Antibiotic Scripts—Ages 75 to 84 Years		
DHMP	208	43.27%
RMHP Prime	415	40.48%
HEDIS MY 2020 Colorado Medicaid Weighted Average		**41.41%**
HEDIS MY 2019 Colorado Medicaid Weighted Average		**40.11%**
HEDIS MY 2018 Colorado Medicaid Weighted Average		**35.29%**
Percentage of Antibiotics of Concern of All Antibiotic Scripts—Ages 85+ Years		
DHMP	63	39.68%
RMHP Prime	151	23.18%
HEDIS MY 2020 Colorado Medicaid Weighted Average		**28.04%**
HEDIS MY 2019 Colorado Medicaid Weighted Average		**46.27%**
HEDIS MY 2018 Colorado Medicaid Weighted Average		**46.67%**
Percentage of Antibiotics of Concern of All Antibiotic Scripts—Total[1]		
DHMP	25,093	29.13%^
RMHP Prime	39,342	36.51%^
HEDIS MY 2020 Colorado Medicaid Weighted Average		**33.64%^**
HEDIS MY 2019 Colorado Medicaid Weighted Average		**33.48%**
HEDIS MY 2018 Colorado Medicaid Weighted Average		**33.58%**

* 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 MY 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.*

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*,2		
DHMP	1,090	4.40%^
RMHP Prime	1,568	9.89%
HEDIS MY 2020 Colorado Medicaid Weighted Average		**7.64%**
HEDIS MY 2019 Colorado Medicaid Weighted Average		**7.54%**
HEDIS MY 2018 Colorado Medicaid Weighted Average		**—**
Use of Opioids From Multiple Providers*,2		
Multiple Pharmacies		
DHMP	1,220	4.34%^
RMHP Prime	1,830	1.53%^
HEDIS MY 2020 Colorado Medicaid Weighted Average		**2.66%^**
HEDIS MY 2019 Colorado Medicaid Weighted Average		**3.73%**
HEDIS MY 2018 Colorado Medicaid Weighted Average		**8.23%**
Multiple Prescribers		
DHMP	1,220	14.92%^
RMHP Prime	1,830	14.92%^
HEDIS MY 2020 Colorado Medicaid Weighted Average		**14.92%^**
HEDIS MY 2019 Colorado Medicaid Weighted Average		**39.96%**
HEDIS MY 2018 Colorado Medicaid Weighted Average		**22.10%**
Multiple Prescribers and Multiple Pharmacies		
DHMP	1,220	3.28%
RMHP Prime	1,830	0.66%^
HEDIS MY 2020 Colorado Medicaid Weighted Average		**1.70%^**
HEDIS MY 2019 Colorado Medicaid Weighted Average		**2.98%**
HEDIS MY 2018 Colorado Medicaid Weighted Average		**4.59%**
Risk of Continued Opioid Use*,2		
At Least 15 Days Covered—Ages 18 to 64 Years		
DHMP	3,293	3.55%^
RMHP Prime	3,561	12.66%
HEDIS MY 2020 Colorado Medicaid Weighted Average		**8.29%**
HEDIS MY 2019 Colorado Medicaid Weighted Average		**9.34%**
HEDIS MY 2018 Colorado Medicaid Weighted Average		**—**

Medicaid Plan	Eligible Population	Rate
At Least 15 Days Covered—Ages 65+ Years		
DHMP	74	35.14%
RMHP Prime	68	63.24%
HEDIS MY 2020 Colorado Medicaid Weighted Average		**48.59%**
HEDIS MY 2019 Colorado Medicaid Weighted Average		**27.69%**
HEDIS MY 2018 Colorado Medicaid Weighted Average		—
At Least 15 Days Covered—Total		
DHMP	3,367	4.25%^
RMHP Prime	3,629	13.61%
HEDIS MY 2020 Colorado Medicaid Weighted Average		**9.11%**
HEDIS MY 2019 Colorado Medicaid Weighted Average		**9.53%**
HEDIS MY 2018 Colorado Medicaid Weighted Average		—
At Least 31 Days Covered—Ages 18 to 64 Years		
DHMP	3,293	1.82%^
RMHP Prime	3,561	5.93%
HEDIS MY 2020 Colorado Medicaid Weighted Average		**3.95%**
HEDIS MY 2019 Colorado Medicaid Weighted Average		**3.25%**
HEDIS MY 2018 Colorado Medicaid Weighted Average		—
At Least 31 Days Covered—Ages 65+ Years		
DHMP	74	27.03%
RMHP Prime	68	51.47%
HEDIS MY 2020 Colorado Medicaid Weighted Average		**38.73%**
HEDIS MY 2019 Colorado Medicaid Weighted Average		**16.92%**
HEDIS MY 2018 Colorado Medicaid Weighted Average		—
At Least 31 Days Covered—Total		
DHMP	3,367	2.38%^
RMHP Prime	3,629	6.78%
HEDIS MY 2020 Colorado Medicaid Weighted Average		**4.66%**
HEDIS MY 2019 Colorado Medicaid Weighted Average		**3.38%**
HEDIS MY 2018 Colorado Medicaid Weighted Average		—
Pharmacotherapy for Opioid Use Disorder[2]		
Ages 16 to 64 Years[1]		
DHMP	263	14.83%
RMHP Prime	221	42.08%^
HEDIS MY 2020 Colorado Medicaid Weighted Average		**27.27%**
HEDIS MY 2019 Colorado Medicaid Weighted Average		**38.67%**
HEDIS MY 2018 Colorado Medicaid Weighted Average		—

Medicaid Plan	Eligible Population	Rate
Ages 65+ Years		
DHMP	—	NA
RMHP Prime	—	NA
HEDIS MY 2020 Colorado Medicaid Weighted Average		**NA**
HEDIS MY 2019 Colorado Medicaid Weighted Average		**NA**
HEDIS MY 2018 Colorado Medicaid Weighted Average		**—**
Total[1]		
DHMP	274	14.96%
RMHP Prime	223	42.15%^
HEDIS MY 2020 Colorado Medicaid Weighted Average		**27.16%**
HEDIS MY 2019 Colorado Medicaid Weighted Average		**38.67%**
HEDIS MY 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 that trending between MY 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.*

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	
ED Visits—Age <1 Year,[1]*	
DHMP	48.83
RMHP Prime	0.00
HEDIS MY 2020 Colorado Medicaid Weighted Average	**48.81**
HEDIS MY 2019 Colorado Medicaid Weighted Average	**73.91**
HEDIS MY 2018 Colorado Medicaid Weighted Average	**71.61**
ED Visits—Ages 1 to 9 Years,[1]*	
DHMP	19.14
RMHP Prime	26.35
HEDIS MY 2020 Colorado Medicaid Weighted Average	**19.20**
HEDIS MY 2019 Colorado Medicaid Weighted Average	**32.78**
HEDIS MY 2018 Colorado Medicaid Weighted Average	**33.19**
ED Visits—Ages 10 to 19 Years,[1]*	
DHMP	17.38
RMHP Prime	39.61
HEDIS MY 2020 Colorado Medicaid Weighted Average	**18.24**
HEDIS MY 2019 Colorado Medicaid Weighted Average	**27.86**
HEDIS MY 2018 Colorado Medicaid Weighted Average	**26.85**
*ED Visits—Ages 20 to 44 Years**	
DHMP	41.55
RMHP Prime	49.21
HEDIS MY 2020 Colorado Medicaid Weighted Average	**44.55**
HEDIS MY 2019 Colorado Medicaid Weighted Average	**56.78**
HEDIS MY 2018 Colorado Medicaid Weighted Average	**57.01**
*ED Visits—Ages 45 to 64 Years**	
DHMP	49.70
RMHP Prime	47.88
HEDIS MY 2020 Colorado Medicaid Weighted Average	**48.88**
HEDIS MY 2019 Colorado Medicaid Weighted Average	**60.31**
HEDIS MY 2018 Colorado Medicaid Weighted Average	**57.97**

Medicaid Plan	Rate
ED Visits—Ages 65 to 74 Years*	
DHMP	37.68
RMHP Prime	58.96
HEDIS MY 2020 Colorado Medicaid Weighted Average	**46.93**
HEDIS MY 2019 Colorado Medicaid Weighted Average	**56.62**
HEDIS MY 2018 Colorado Medicaid Weighted Average	**55.51**
ED Visits—Ages 75 to 84 Years*	
DHMP	29.17
RMHP Prime	56.84
HEDIS MY 2020 Colorado Medicaid Weighted Average	**41.13**
HEDIS MY 2019 Colorado Medicaid Weighted Average	**49.37**
HEDIS MY 2018 Colorado Medicaid Weighted Average	**48.66**
ED Visits—Ages 85+ Years*	
DHMP	16.46
RMHP Prime	48.10
HEDIS MY 2020 Colorado Medicaid Weighted Average	**31.90**
HEDIS MY 2019 Colorado Medicaid Weighted Average	**41.76**
HEDIS MY 2018 Colorado Medicaid Weighted Average	**42.93**
ED Visits—Total*[1]	
DHMP	33.75
RMHP Prime	49.02
HEDIS MY 2020 Colorado Medicaid Weighted Average	**38.36**
HEDIS MY 2019 Colorado Medicaid Weighted Average	**49.97**
HEDIS MY 2018 Colorado Medicaid Weighted Average	**49.10**
Outpatient Visits—Age <1 Year[1]	
DHMP	522.63
RMHP Prime	125.00
HEDIS MY 2020 Colorado Medicaid Weighted Average	**522.45**
HEDIS MY 2019 Colorado Medicaid Weighted Average	**673.16**
HEDIS MY 2018 Colorado Medicaid Weighted Average	**562.35**
Outpatient Visits—Ages 1 to 9 Years[1]	
DHMP	143.07
RMHP Prime	429.93
HEDIS MY 2020 Colorado Medicaid Weighted Average	**145.70**
HEDIS MY 2019 Colorado Medicaid Weighted Average	**184.76**
HEDIS MY 2018 Colorado Medicaid Weighted Average	**179.92**

Medicaid Plan	Rate
Outpatient Visits—Ages 10 to 19 Years[1]	
DHMP	134.15
RMHP Prime	245.43
HEDIS MY 2020 Colorado Medicaid Weighted Average	**138.46**
HEDIS MY 2019 Colorado Medicaid Weighted Average	**176.33**
HEDIS MY 2018 Colorado Medicaid Weighted Average	**169.55**
Outpatient Visits—Ages 20 to 44 Years	
DHMP	157.92
RMHP Prime	225.74
HEDIS MY 2020 Colorado Medicaid Weighted Average	**184.45**
HEDIS MY 2019 Colorado Medicaid Weighted Average	**205.74**
HEDIS MY 2018 Colorado Medicaid Weighted Average	**192.12**
Outpatient Visits—Ages 45 to 64 Years	
DHMP	266.01
RMHP Prime	402.63
HEDIS MY 2020 Colorado Medicaid Weighted Average	**327.73**
HEDIS MY 2019 Colorado Medicaid Weighted Average	**382.76**
HEDIS MY 2018 Colorado Medicaid Weighted Average	**371.45**
Outpatient Visits—Ages 65 to 74 Years	
DHMP	281.45
RMHP Prime	566.05
HEDIS MY 2020 Colorado Medicaid Weighted Average	**405.11**
HEDIS MY 2019 Colorado Medicaid Weighted Average	**478.76**
HEDIS MY 2018 Colorado Medicaid Weighted Average	**455.97**
Outpatient Visits—Ages 75 to 84 Years	
DHMP	270.05
RMHP Prime	611.52
HEDIS MY 2020 Colorado Medicaid Weighted Average	**417.69**
HEDIS MY 2019 Colorado Medicaid Weighted Average	**472.25**
HEDIS MY 2018 Colorado Medicaid Weighted Average	**493.93**
Outpatient Visits—Ages 85+ Years	
DHMP	150.69
RMHP Prime	500.92
HEDIS MY 2020 Colorado Medicaid Weighted Average	**321.64**
HEDIS MY 2019 Colorado Medicaid Weighted Average	**366.14**
HEDIS MY 2018 Colorado Medicaid Weighted Average	**396.80**

Medicaid Plan	Rate
Outpatient Visits—Total[1]	
DHMP	177.62
RMHP Prime	304.91
HEDIS MY 2020 Colorado Medicaid Weighted Average	**216.06**
HEDIS MY 2019 Colorado Medicaid Weighted Average	**254.83**
HEDIS MY 2018 Colorado Medicaid Weighted Average	**239.73**
Inpatient Utilization—General Hospital/Acute Care	
Discharges per 1,000 Member Months (Total Inpatient)—Age <1 Year[1]	
DHMP	7.19
RMHP Prime	0.00
HEDIS MY 2020 Colorado Medicaid Weighted Average	**7.18**
HEDIS MY 2019 Colorado Medicaid Weighted Average	**10.94**
HEDIS MY 2018 Colorado Medicaid Weighted Average	**6.53**
Discharges per 1,000 Member Months (Total Inpatient)—Ages 1 to 9 Years[1]	
DHMP	0.87
RMHP Prime	7.29
HEDIS MY 2020 Colorado Medicaid Weighted Average	**0.93**
HEDIS MY 2019 Colorado Medicaid Weighted Average	**1.57**
HEDIS MY 2018 Colorado Medicaid Weighted Average	**1.51**
Discharges per 1,000 Member Months (Total Inpatient)—Ages 10 to 19 Years[1]	
DHMP	1.31
RMHP Prime	6.85
HEDIS MY 2020 Colorado Medicaid Weighted Average	**1.53**
HEDIS MY 2019 Colorado Medicaid Weighted Average	**1.96**
HEDIS MY 2018 Colorado Medicaid Weighted Average	**1.77**
Discharges per 1,000 Member Months (Total Inpatient)—Ages 20 to 44 Years	
DHMP	6.29
RMHP Prime	7.35
HEDIS MY 2020 Colorado Medicaid Weighted Average	**6.71**
HEDIS MY 2019 Colorado Medicaid Weighted Average	**7.15**
HEDIS MY 2018 Colorado Medicaid Weighted Average	**6.68**
Discharges per 1,000 Member Months (Total Inpatient)—Ages 45 to 64 Years	
DHMP	11.21
RMHP Prime	9.55
HEDIS MY 2020 Colorado Medicaid Weighted Average	**10.46**
HEDIS MY 2019 Colorado Medicaid Weighted Average	**11.71**
HEDIS MY 2018 Colorado Medicaid Weighted Average	**10.89**

Medicaid Plan	Rate
Discharges per 1,000 Member Months (Total Inpatient)—Ages 65 to 74 Years	
DHMP	15.31
RMHP Prime	19.11
HEDIS MY 2020 Colorado Medicaid Weighted Average	**16.96**
HEDIS MY 2019 Colorado Medicaid Weighted Average	**17.91**
HEDIS MY 2018 Colorado Medicaid Weighted Average	**15.18**
Discharges per 1,000 Member Months (Total Inpatient)—Ages 75 to 84 Years	
DHMP	15.36
RMHP Prime	21.68
HEDIS MY 2020 Colorado Medicaid Weighted Average	**18.09**
HEDIS MY 2019 Colorado Medicaid Weighted Average	**19.19**
HEDIS MY 2018 Colorado Medicaid Weighted Average	**17.37**
Discharges per 1,000 Member Months (Total Inpatient)—Ages 85+ Years	
DHMP	13.10
RMHP Prime	17.76
HEDIS MY 2020 Colorado Medicaid Weighted Average	**15.38**
HEDIS MY 2019 Colorado Medicaid Weighted Average	**14.89**
HEDIS MY 2018 Colorado Medicaid Weighted Average	**15.04**
Discharges per 1,000 Member Months (Total Inpatient)—Total[1]	
DHMP	5.46
RMHP Prime	8.86
HEDIS MY 2020 Colorado Medicaid Weighted Average	**6.48**
HEDIS MY 2019 Colorado Medicaid Weighted Average	**7.08**
HEDIS MY 2018 Colorado Medicaid Weighted Average	**6.34**
Days per 1,000 Member Months (Total Inpatient)—Age <1 Year[1]	
DHMP	26.42
RMHP Prime	0.00
HEDIS MY 2020 Colorado Medicaid Weighted Average	**26.41**
HEDIS MY 2019 Colorado Medicaid Weighted Average	**37.94**
HEDIS MY 2018 Colorado Medicaid Weighted Average	**28.93**
Days per 1,000 Member Months (Total Inpatient)—Ages 1 to 9 Years[1]	
DHMP	2.35
RMHP Prime	54.37
HEDIS MY 2020 Colorado Medicaid Weighted Average	**2.82**
HEDIS MY 2019 Colorado Medicaid Weighted Average	**3.77**
HEDIS MY 2018 Colorado Medicaid Weighted Average	**5.00**

Medicaid Plan	Rate
Days per 1,000 Member Months (Total Inpatient)—Ages 10 to 19 Years[1]	
DHMP	3.86
RMHP Prime	22.67
HEDIS MY 2020 Colorado Medicaid Weighted Average	**4.59**
HEDIS MY 2019 Colorado Medicaid Weighted Average	**5.92**
HEDIS MY 2018 Colorado Medicaid Weighted Average	**6.37**
Days per 1,000 Member Months (Total Inpatient)—Ages 20 to 44 Years	
DHMP	25.04
RMHP Prime	23.71
HEDIS MY 2020 Colorado Medicaid Weighted Average	**24.52**
HEDIS MY 2019 Colorado Medicaid Weighted Average	**25.30**
HEDIS MY 2018 Colorado Medicaid Weighted Average	**22.62**
Days per 1,000 Member Months (Total Inpatient)—Ages 45 to 64 Years	
DHMP	75.59
RMHP Prime	50.40
HEDIS MY 2020 Colorado Medicaid Weighted Average	**64.21**
HEDIS MY 2019 Colorado Medicaid Weighted Average	**63.52**
HEDIS MY 2018 Colorado Medicaid Weighted Average	**57.16**
Days per 1,000 Member Months (Total Inpatient)—Ages 65 to 74 Years	
DHMP	108.25
RMHP Prime	100.73
HEDIS MY 2020 Colorado Medicaid Weighted Average	**104.98**
HEDIS MY 2019 Colorado Medicaid Weighted Average	**111.45**
HEDIS MY 2018 Colorado Medicaid Weighted Average	**79.03**
Days per 1,000 Member Months (Total Inpatient)—Ages 75 to 84 Years	
DHMP	98.75
RMHP Prime	111.84
HEDIS MY 2020 Colorado Medicaid Weighted Average	**104.41**
HEDIS MY 2019 Colorado Medicaid Weighted Average	**96.03**
HEDIS MY 2018 Colorado Medicaid Weighted Average	**82.57**
Days per 1,000 Member Months (Total Inpatient)—Ages 85+ Years	
DHMP	66.00
RMHP Prime	91.67
HEDIS MY 2020 Colorado Medicaid Weighted Average	**78.53**
HEDIS MY 2019 Colorado Medicaid Weighted Average	**70.27**
HEDIS MY 2018 Colorado Medicaid Weighted Average	**68.94**

Medicaid Plan	Rate
Days per 1,000 Member Months (Total Inpatient)—Total[1]	
DHMP	27.69
RMHP Prime	37.44
HEDIS MY 2020 Colorado Medicaid Weighted Average	**30.63**
HEDIS MY 2019 Colorado Medicaid Weighted Average	**30.78**
HEDIS MY 2018 Colorado Medicaid Weighted Average	**26.58**
Average Length of Stay (Total Inpatient)—Age <1 Year[1]	
DHMP	3.68
RMHP Prime	NA
HEDIS MY 2020 Colorado Medicaid Weighted Average	**3.68**
HEDIS MY 2019 Colorado Medicaid Weighted Average	**3.47**
HEDIS MY 2018 Colorado Medicaid Weighted Average	**4.43**
Average Length of Stay (Total Inpatient)—Ages 1 to 9 Years[1]	
DHMP	2.70
RMHP Prime	7.46
HEDIS MY 2020 Colorado Medicaid Weighted Average	**3.04**
HEDIS MY 2019 Colorado Medicaid Weighted Average	**2.41**
HEDIS MY 2018 Colorado Medicaid Weighted Average	**3.31**
Average Length of Stay (Total Inpatient)—Ages 10 to 19 Years[1]	
DHMP	2.94
RMHP Prime	3.31
HEDIS MY 2020 Colorado Medicaid Weighted Average	**3.01**
HEDIS MY 2019 Colorado Medicaid Weighted Average	**3.02**
HEDIS MY 2018 Colorado Medicaid Weighted Average	**3.60**
Average Length of Stay (Total Inpatient)—Ages 20 to 44 Years	
DHMP	3.98
RMHP Prime	3.23
HEDIS MY 2020 Colorado Medicaid Weighted Average	**3.66**
HEDIS MY 2019 Colorado Medicaid Weighted Average	**3.54**
HEDIS MY 2018 Colorado Medicaid Weighted Average	**3.39**
Average Length of Stay (Total Inpatient)—Ages 45 to 64 Years	
DHMP	6.74
RMHP Prime	5.28
HEDIS MY 2020 Colorado Medicaid Weighted Average	**6.14**
HEDIS MY 2019 Colorado Medicaid Weighted Average	**5.43**
HEDIS MY 2018 Colorado Medicaid Weighted Average	**5.25**

Medicaid Plan	Rate
Average Length of Stay (Total Inpatient)—Ages 65 to 74 Years	
DHMP	7.07
RMHP Prime	5.27
HEDIS MY 2020 Colorado Medicaid Weighted Average	**6.19**
HEDIS MY 2019 Colorado Medicaid Weighted Average	**6.22**
HEDIS MY 2018 Colorado Medicaid Weighted Average	**5.21**
Average Length of Stay (Total Inpatient)—Ages 75 to 84 Years	
DHMP	6.43
RMHP Prime	5.16
HEDIS MY 2020 Colorado Medicaid Weighted Average	**5.77**
HEDIS MY 2019 Colorado Medicaid Weighted Average	**5.00**
HEDIS MY 2018 Colorado Medicaid Weighted Average	**4.75**
Average Length of Stay (Total Inpatient)—Ages 85+ Years	
DHMP	5.04
RMHP Prime	5.16
HEDIS MY 2020 Colorado Medicaid Weighted Average	**5.11**
HEDIS MY 2019 Colorado Medicaid Weighted Average	**4.72**
HEDIS MY 2018 Colorado Medicaid Weighted Average	**4.58**
Average Length of Stay (Total Inpatient)—Total[1]	
DHMP	5.08
RMHP Prime	4.23
HEDIS MY 2020 Colorado Medicaid Weighted Average	**4.72**
HEDIS MY 2019 Colorado Medicaid Weighted Average	**4.35**
HEDIS MY 2018 Colorado Medicaid Weighted Average	**4.19**
Discharges per 1,000 Member Months (Medicine)—Age <1 Year[1]	
DHMP	6.17
RMHP Prime	0.00
HEDIS MY 2020 Colorado Medicaid Weighted Average	**6.16**
HEDIS MY 2019 Colorado Medicaid Weighted Average	**10.35**
HEDIS MY 2018 Colorado Medicaid Weighted Average	**6.09**
Discharges per 1,000 Member Months (Medicine)—Ages 1 to 9 Years[1]	
DHMP	0.74
RMHP Prime	4.48
HEDIS MY 2020 Colorado Medicaid Weighted Average	**0.77**
HEDIS MY 2019 Colorado Medicaid Weighted Average	**1.42**
HEDIS MY 2018 Colorado Medicaid Weighted Average	**1.28**

Medicaid Plan	Rate
Discharges per 1,000 Member Months (Medicine)—Ages 10 to 19 Years[1]	
DHMP	0.57
RMHP Prime	2.13
HEDIS MY 2020 Colorado Medicaid Weighted Average	**0.63**
HEDIS MY 2019 Colorado Medicaid Weighted Average	**0.78**
HEDIS MY 2018 Colorado Medicaid Weighted Average	**0.59**
Discharges per 1,000 Member Months (Medicine)—Ages 20 to 44 Years	
DHMP	2.59
RMHP Prime	2.21
HEDIS MY 2020 Colorado Medicaid Weighted Average	**2.44**
HEDIS MY 2019 Colorado Medicaid Weighted Average	**2.44**
HEDIS MY 2018 Colorado Medicaid Weighted Average	**2.22**
Discharges per 1,000 Member Months (Medicine)—Ages 45 to 64 Years	
DHMP	8.57
RMHP Prime	5.65
HEDIS MY 2020 Colorado Medicaid Weighted Average	**7.25**
HEDIS MY 2019 Colorado Medicaid Weighted Average	**7.82**
HEDIS MY 2018 Colorado Medicaid Weighted Average	**7.52**
Discharges per 1,000 Member Months (Medicine)—Ages 65 to 74 Years	
DHMP	12.19
RMHP Prime	12.78
HEDIS MY 2020 Colorado Medicaid Weighted Average	**12.44**
HEDIS MY 2019 Colorado Medicaid Weighted Average	**12.81**
HEDIS MY 2018 Colorado Medicaid Weighted Average	**11.26**
Discharges per 1,000 Member Months (Medicine)—Ages 75 to 84 Years	
DHMP	13.23
RMHP Prime	16.50
HEDIS MY 2020 Colorado Medicaid Weighted Average	**14.64**
HEDIS MY 2019 Colorado Medicaid Weighted Average	**14.56**
HEDIS MY 2018 Colorado Medicaid Weighted Average	**13.98**
Discharges per 1,000 Member Months (Medicine)—Ages 85+ Years	
DHMP	11.35
RMHP Prime	14.92
HEDIS MY 2020 Colorado Medicaid Weighted Average	**13.09**
HEDIS MY 2019 Colorado Medicaid Weighted Average	**12.34**
HEDIS MY 2018 Colorado Medicaid Weighted Average	**12.33**

Medicaid Plan	Rate
Discharges per 1,000 Member Months (Medicine)—Total[1]	
DHMP	3.25
RMHP Prime	4.10
HEDIS MY 2020 Colorado Medicaid Weighted Average	**3.50**
HEDIS MY 2019 Colorado Medicaid Weighted Average	**3.78**
HEDIS MY 2018 Colorado Medicaid Weighted Average	**3.34**
Days per 1,000 Member Months (Medicine)—Age <1 Year[1]	
DHMP	17.37
RMHP Prime	0.00
HEDIS MY 2020 Colorado Medicaid Weighted Average	**17.36**
HEDIS MY 2019 Colorado Medicaid Weighted Average	**31.17**
HEDIS MY 2018 Colorado Medicaid Weighted Average	**24.40**
Days per 1,000 Member Months (Medicine)—Ages 1 to 9 Years[1]	
DHMP	1.42
RMHP Prime	33.63
HEDIS MY 2020 Colorado Medicaid Weighted Average	**1.72**
HEDIS MY 2019 Colorado Medicaid Weighted Average	**3.13**
HEDIS MY 2018 Colorado Medicaid Weighted Average	**3.45**
Days per 1,000 Member Months (Medicine)—Ages 10 to 19 Years[1]	
DHMP	1.79
RMHP Prime	5.84
HEDIS MY 2020 Colorado Medicaid Weighted Average	**1.95**
HEDIS MY 2019 Colorado Medicaid Weighted Average	**1.85**
HEDIS MY 2018 Colorado Medicaid Weighted Average	**1.89**
Days per 1,000 Member Months (Medicine)—Ages 20 to 44 Years	
DHMP	9.73
RMHP Prime	8.21
HEDIS MY 2020 Colorado Medicaid Weighted Average	**9.14**
HEDIS MY 2019 Colorado Medicaid Weighted Average	**8.49**
HEDIS MY 2018 Colorado Medicaid Weighted Average	**7.79**
Days per 1,000 Member Months (Medicine)—Ages 45 to 64 Years	
DHMP	46.76
RMHP Prime	23.21
HEDIS MY 2020 Colorado Medicaid Weighted Average	**36.12**
HEDIS MY 2019 Colorado Medicaid Weighted Average	**34.60**
HEDIS MY 2018 Colorado Medicaid Weighted Average	**33.59**

Medicaid Plan	Rate
Days per 1,000 Member Months (Medicine)—Ages 65 to 74 Years	
DHMP	74.46
RMHP Prime	59.89
HEDIS MY 2020 Colorado Medicaid Weighted Average	**68.13**
HEDIS MY 2019 Colorado Medicaid Weighted Average	**65.85**
HEDIS MY 2018 Colorado Medicaid Weighted Average	**49.28**
Days per 1,000 Member Months (Medicine)—Ages 75 to 84 Years	
DHMP	72.87
RMHP Prime	80.67
HEDIS MY 2020 Colorado Medicaid Weighted Average	**76.25**
HEDIS MY 2019 Colorado Medicaid Weighted Average	**64.94**
HEDIS MY 2018 Colorado Medicaid Weighted Average	**58.85**
Days per 1,000 Member Months (Medicine)—Ages 85+ Years	
DHMP	51.13
RMHP Prime	74.41
HEDIS MY 2020 Colorado Medicaid Weighted Average	**62.49**
HEDIS MY 2019 Colorado Medicaid Weighted Average	**50.07**
HEDIS MY 2018 Colorado Medicaid Weighted Average	**51.28**
Days per 1,000 Member Months (Medicine)—Total[1]	
DHMP	15.04
RMHP Prime	17.04
HEDIS MY 2020 Colorado Medicaid Weighted Average	**15.64**
HEDIS MY 2019 Colorado Medicaid Weighted Average	**14.94**
HEDIS MY 2018 Colorado Medicaid Weighted Average	**13.37**
Average Length of Stay (Medicine)—Age <1 Year[1]	
DHMP	2.82
RMHP Prime	NA
HEDIS MY 2020 Colorado Medicaid Weighted Average	**2.82**
HEDIS MY 2019 Colorado Medicaid Weighted Average	**3.01**
HEDIS MY 2018 Colorado Medicaid Weighted Average	**4.01**
Average Length of Stay (Medicine)—Ages 1 to 9 Years[1]	
DHMP	1.94
RMHP Prime	7.50
HEDIS MY 2020 Colorado Medicaid Weighted Average	**2.23**
HEDIS MY 2019 Colorado Medicaid Weighted Average	**2.21**
HEDIS MY 2018 Colorado Medicaid Weighted Average	**2.70**

Medicaid Plan	Rate
Average Length of Stay (Medicine)—Ages 10 to 19 Years[1]	
DHMP	3.12
RMHP Prime	2.74
HEDIS MY 2020 Colorado Medicaid Weighted Average	**3.07**
HEDIS MY 2019 Colorado Medicaid Weighted Average	**2.38**
HEDIS MY 2018 Colorado Medicaid Weighted Average	**3.19**
Average Length of Stay (Medicine)—Ages 20 to 44 Years	
DHMP	3.75
RMHP Prime	3.72
HEDIS MY 2020 Colorado Medicaid Weighted Average	**3.74**
HEDIS MY 2019 Colorado Medicaid Weighted Average	**3.48**
HEDIS MY 2018 Colorado Medicaid Weighted Average	**3.51**
Average Length of Stay (Medicine)—Ages 45 to 64 Years	
DHMP	5.46
RMHP Prime	4.11
HEDIS MY 2020 Colorado Medicaid Weighted Average	**4.98**
HEDIS MY 2019 Colorado Medicaid Weighted Average	**4.43**
HEDIS MY 2018 Colorado Medicaid Weighted Average	**4.47**
Average Length of Stay (Medicine)—Ages 65 to 74 Years	
DHMP	6.11
RMHP Prime	4.69
HEDIS MY 2020 Colorado Medicaid Weighted Average	**5.47**
HEDIS MY 2019 Colorado Medicaid Weighted Average	**5.14**
HEDIS MY 2018 Colorado Medicaid Weighted Average	**4.38**
Average Length of Stay (Medicine)—Ages 75 to 84 Years	
DHMP	5.51
RMHP Prime	4.89
HEDIS MY 2020 Colorado Medicaid Weighted Average	**5.21**
HEDIS MY 2019 Colorado Medicaid Weighted Average	**4.46**
HEDIS MY 2018 Colorado Medicaid Weighted Average	**4.21**
Average Length of Stay (Medicine)—Ages 85+ Years	
DHMP	4.51
RMHP Prime	4.99
HEDIS MY 2020 Colorado Medicaid Weighted Average	**4.78**
HEDIS MY 2019 Colorado Medicaid Weighted Average	**4.06**
HEDIS MY 2018 Colorado Medicaid Weighted Average	**4.16**

Medicaid Plan	Rate
Average Length of Stay (Medicine)—Total[1]	
DHMP	4.63
RMHP Prime	4.15
HEDIS MY 2020 Colorado Medicaid Weighted Average	**4.46**
HEDIS MY 2019 Colorado Medicaid Weighted Average	**3.95**
HEDIS MY 2018 Colorado Medicaid Weighted Average	**4.01**
Discharges per 1,000 Member Months (Surgery)—Age <1 Year[1]	
DHMP	1.02
RMHP Prime	0.00
HEDIS MY 2020 Colorado Medicaid Weighted Average	**1.02**
HEDIS MY 2019 Colorado Medicaid Weighted Average	**0.59**
HEDIS MY 2018 Colorado Medicaid Weighted Average	**0.44**
Discharges per 1,000 Member Months (Surgery)—Ages 1 to 9 Years[1]	
DHMP	0.13
RMHP Prime	2.80
HEDIS MY 2020 Colorado Medicaid Weighted Average	**0.16**
HEDIS MY 2019 Colorado Medicaid Weighted Average	**0.15**
HEDIS MY 2018 Colorado Medicaid Weighted Average	**0.23**
Discharges per 1,000 Member Months (Surgery)—Ages 10 to 19 Years[1]	
DHMP	0.21
RMHP Prime	1.57
HEDIS MY 2020 Colorado Medicaid Weighted Average	**0.27**
HEDIS MY 2019 Colorado Medicaid Weighted Average	**0.27**
HEDIS MY 2018 Colorado Medicaid Weighted Average	**0.25**
Discharges per 1,000 Member Months (Surgery)—Ages 20 to 44 Years	
DHMP	0.97
RMHP Prime	1.16
HEDIS MY 2020 Colorado Medicaid Weighted Average	**1.04**
HEDIS MY 2019 Colorado Medicaid Weighted Average	**1.06**
HEDIS MY 2018 Colorado Medicaid Weighted Average	**0.94**
Discharges per 1,000 Member Months (Surgery)—Ages 45 to 64 Years	
DHMP	2.59
RMHP Prime	3.86
HEDIS MY 2020 Colorado Medicaid Weighted Average	**3.17**
HEDIS MY 2019 Colorado Medicaid Weighted Average	**3.86**
HEDIS MY 2018 Colorado Medicaid Weighted Average	**3.35**

Medicaid Plan	Rate
Discharges per 1,000 Member Months (Surgery)—Ages 65 to 74 Years	
DHMP	3.12
RMHP Prime	6.33
HEDIS MY 2020 Colorado Medicaid Weighted Average	**4.52**
HEDIS MY 2019 Colorado Medicaid Weighted Average	**5.09**
HEDIS MY 2018 Colorado Medicaid Weighted Average	**3.93**
Discharges per 1,000 Member Months (Surgery)—Ages 75 to 84 Years	
DHMP	2.14
RMHP Prime	5.18
HEDIS MY 2020 Colorado Medicaid Weighted Average	**3.45**
HEDIS MY 2019 Colorado Medicaid Weighted Average	**4.64**
HEDIS MY 2018 Colorado Medicaid Weighted Average	**3.40**
Discharges per 1,000 Member Months (Surgery)—Ages 85+ Years	
DHMP	1.76
RMHP Prime	2.85
HEDIS MY 2020 Colorado Medicaid Weighted Average	**2.29**
HEDIS MY 2019 Colorado Medicaid Weighted Average	**2.56**
HEDIS MY 2018 Colorado Medicaid Weighted Average	**2.72**
Discharges per 1,000 Member Months (Surgery)—Total[1]	
DHMP	0.99
RMHP Prime	2.29
HEDIS MY 2020 Colorado Medicaid Weighted Average	**1.39**
HEDIS MY 2019 Colorado Medicaid Weighted Average	**1.53**
HEDIS MY 2018 Colorado Medicaid Weighted Average	**1.29**
Days per 1,000 Member Months (Surgery)—Age <1 Year[1]	
DHMP	9.05
RMHP Prime	0.00
HEDIS MY 2020 Colorado Medicaid Weighted Average	**9.05**
HEDIS MY 2019 Colorado Medicaid Weighted Average	**6.77**
HEDIS MY 2018 Colorado Medicaid Weighted Average	**4.53**
Days per 1,000 Member Months (Surgery)—Ages 1 to 9 Years[1]	
DHMP	0.92
RMHP Prime	20.74
HEDIS MY 2020 Colorado Medicaid Weighted Average	**1.10**
HEDIS MY 2019 Colorado Medicaid Weighted Average	**0.65**
HEDIS MY 2018 Colorado Medicaid Weighted Average	**1.55**

Medicaid Plan	Rate
Days per 1,000 Member Months (Surgery)—Ages 10 to 19 Years[1]	
DHMP	0.64
RMHP Prime	10.44
HEDIS MY 2020 Colorado Medicaid Weighted Average	**1.02**
HEDIS MY 2019 Colorado Medicaid Weighted Average	**1.60**
HEDIS MY 2018 Colorado Medicaid Weighted Average	**1.95**
Days per 1,000 Member Months (Surgery)—Ages 20 to 44 Years	
DHMP	7.94
RMHP Prime	6.65
HEDIS MY 2020 Colorado Medicaid Weighted Average	**7.44**
HEDIS MY 2019 Colorado Medicaid Weighted Average	**7.90**
HEDIS MY 2018 Colorado Medicaid Weighted Average	**5.91**
Days per 1,000 Member Months (Surgery)—Ages 45 to 64 Years	
DHMP	28.66
RMHP Prime	27.03
HEDIS MY 2020 Colorado Medicaid Weighted Average	**27.93**
HEDIS MY 2019 Colorado Medicaid Weighted Average	**28.83**
HEDIS MY 2018 Colorado Medicaid Weighted Average	**23.49**
Days per 1,000 Member Months (Surgery)—Ages 65 to 74 Years	
DHMP	33.79
RMHP Prime	40.84
HEDIS MY 2020 Colorado Medicaid Weighted Average	**36.85**
HEDIS MY 2019 Colorado Medicaid Weighted Average	**45.60**
HEDIS MY 2018 Colorado Medicaid Weighted Average	**29.75**
Days per 1,000 Member Months (Surgery)—Ages 75 to 84 Years	
DHMP	25.88
RMHP Prime	31.17
HEDIS MY 2020 Colorado Medicaid Weighted Average	**28.17**
HEDIS MY 2019 Colorado Medicaid Weighted Average	**31.09**
HEDIS MY 2018 Colorado Medicaid Weighted Average	**23.72**
Days per 1,000 Member Months (Surgery)—Ages 85+ Years	
DHMP	14.86
RMHP Prime	17.26
HEDIS MY 2020 Colorado Medicaid Weighted Average	**16.03**
HEDIS MY 2019 Colorado Medicaid Weighted Average	**20.19**
HEDIS MY 2018 Colorado Medicaid Weighted Average	**17.65**

Medicaid Plan	Rate
Days per 1,000 Member Months (Surgery)—Total[1]	
DHMP	9.36
RMHP Prime	14.92
HEDIS MY 2020 Colorado Medicaid Weighted Average	**11.04**
HEDIS MY 2019 Colorado Medicaid Weighted Average	**11.47**
HEDIS MY 2018 Colorado Medicaid Weighted Average	**8.85**
Average Length of Stay (Surgery)—Age <1 Year[1]	
DHMP	8.89
RMHP Prime	NA
HEDIS MY 2020 Colorado Medicaid Weighted Average	**8.89**
HEDIS MY 2019 Colorado Medicaid Weighted Average	**11.56**
HEDIS MY 2018 Colorado Medicaid Weighted Average	**10.23**
Average Length of Stay (Surgery)—Ages 1 to 9 Years[1]	
DHMP	6.85
RMHP Prime	7.40
HEDIS MY 2020 Colorado Medicaid Weighted Average	**6.94**
HEDIS MY 2019 Colorado Medicaid Weighted Average	**4.25**
HEDIS MY 2018 Colorado Medicaid Weighted Average	**6.72**
Average Length of Stay (Surgery)—Ages 10 to 19 Years[1]	
DHMP	3.00
RMHP Prime	6.64
HEDIS MY 2020 Colorado Medicaid Weighted Average	**3.84**
HEDIS MY 2019 Colorado Medicaid Weighted Average	**6.00**
HEDIS MY 2018 Colorado Medicaid Weighted Average	**7.86**
Average Length of Stay (Surgery)—Ages 20 to 44 Years	
DHMP	8.18
RMHP Prime	5.76
HEDIS MY 2020 Colorado Medicaid Weighted Average	**7.13**
HEDIS MY 2019 Colorado Medicaid Weighted Average	**7.42**
HEDIS MY 2018 Colorado Medicaid Weighted Average	**6.28**
Average Length of Stay (Surgery)—Ages 45 to 64 Years	
DHMP	11.06
RMHP Prime	7.00
HEDIS MY 2020 Colorado Medicaid Weighted Average	**8.82**
HEDIS MY 2019 Colorado Medicaid Weighted Average	**7.46**
HEDIS MY 2018 Colorado Medicaid Weighted Average	**7.02**

Medicaid Plan	Rate
Average Length of Stay (Surgery)—Ages 65 to 74 Years	
DHMP	10.81
RMHP Prime	6.45
HEDIS MY 2020 Colorado Medicaid Weighted Average	**8.16**
HEDIS MY 2019 Colorado Medicaid Weighted Average	**8.95**
HEDIS MY 2018 Colorado Medicaid Weighted Average	**7.58**
Average Length of Stay (Surgery)—Ages 75 to 84 Years	
DHMP	12.12
RMHP Prime	6.02
HEDIS MY 2020 Colorado Medicaid Weighted Average	**8.16**
HEDIS MY 2019 Colorado Medicaid Weighted Average	**6.70**
HEDIS MY 2018 Colorado Medicaid Weighted Average	**6.98**
Average Length of Stay (Surgery)—Ages 85+ Years	
DHMP	8.45
RMHP Prime	6.06
HEDIS MY 2020 Colorado Medicaid Weighted Average	**7.00**
HEDIS MY 2019 Colorado Medicaid Weighted Average	**7.89**
HEDIS MY 2018 Colorado Medicaid Weighted Average	**6.50**
Average Length of Stay (Surgery)—Total[1]	
DHMP	9.42
RMHP Prime	6.51
HEDIS MY 2020 Colorado Medicaid Weighted Average	**7.96**
HEDIS MY 2019 Colorado Medicaid Weighted Average	**7.49**
HEDIS MY 2018 Colorado Medicaid Weighted Average	**6.85**
Discharges per 1,000 Member Months (Maternity)—Ages 10 to 19 Years[1]	
DHMP	0.52
RMHP Prime	3.14
HEDIS MY 2020 Colorado Medicaid Weighted Average	**0.63**
HEDIS MY 2019 Colorado Medicaid Weighted Average	**0.91**
HEDIS MY 2018 Colorado Medicaid Weighted Average	**0.93**
Discharges per 1,000 Member Months (Maternity)—Ages 20 to 44 Years	
DHMP	2.73
RMHP Prime	3.99
HEDIS MY 2020 Colorado Medicaid Weighted Average	**3.22**
HEDIS MY 2019 Colorado Medicaid Weighted Average	**3.64**
HEDIS MY 2018 Colorado Medicaid Weighted Average	**3.51**

Medicaid Plan	Rate
Discharges per 1,000 Member Months (Maternity)—Ages 45 to 64 Years	
DHMP	0.05
RMHP Prime	0.03
HEDIS MY 2020 Colorado Medicaid Weighted Average	**0.04**
HEDIS MY 2019 Colorado Medicaid Weighted Average	**0.03**
HEDIS MY 2018 Colorado Medicaid Weighted Average	**0.02**
Discharges per 1,000 Member Months (Maternity)—Total[1]	
DHMP	1.58
RMHP Prime	2.66
HEDIS MY 2020 Colorado Medicaid Weighted Average	**1.95**
HEDIS MY 2019 Colorado Medicaid Weighted Average	**2.21**
HEDIS MY 2018 Colorado Medicaid Weighted Average	**2.15**
Days per 1,000 Member Months (Maternity)—Ages 10 to 19 Years[1]	
DHMP	1.43
RMHP Prime	6.40
HEDIS MY 2020 Colorado Medicaid Weighted Average	**1.63**
HEDIS MY 2019 Colorado Medicaid Weighted Average	**2.47**
HEDIS MY 2018 Colorado Medicaid Weighted Average	**2.53**
Days per 1,000 Member Months (Maternity)—Ages 20 to 44 Years	
DHMP	7.36
RMHP Prime	8.84
HEDIS MY 2020 Colorado Medicaid Weighted Average	**7.94**
HEDIS MY 2019 Colorado Medicaid Weighted Average	**8.91**
HEDIS MY 2018 Colorado Medicaid Weighted Average	**8.91**
Days per 1,000 Member Months (Maternity)—Ages 45 to 64 Years	
DHMP	0.16
RMHP Prime	0.15
HEDIS MY 2020 Colorado Medicaid Weighted Average	**0.16**
HEDIS MY 2019 Colorado Medicaid Weighted Average	**0.09**
HEDIS MY 2018 Colorado Medicaid Weighted Average	**0.08**
Days per 1,000 Member Months (Maternity)—Total[1]	
DHMP	4.28
RMHP Prime	5.90
HEDIS MY 2020 Colorado Medicaid Weighted Average	**4.84**
HEDIS MY 2019 Colorado Medicaid Weighted Average	**5.46**
HEDIS MY 2018 Colorado Medicaid Weighted Average	**5.50**

Medicaid Plan	Rate
Average Length of Stay (Maternity)—Ages 10 to 19 Years[1]	
DHMP	2.73
RMHP Prime	2.04
HEDIS MY 2020 Colorado Medicaid Weighted Average	**2.60**
HEDIS MY 2019 Colorado Medicaid Weighted Average	**2.70**
HEDIS MY 2018 Colorado Medicaid Weighted Average	**2.73**
Average Length of Stay (Maternity)—Ages 20 to 44 Years	
DHMP	2.70
RMHP Prime	2.22
HEDIS MY 2020 Colorado Medicaid Weighted Average	**2.47**
HEDIS MY 2019 Colorado Medicaid Weighted Average	**2.45**
HEDIS MY 2018 Colorado Medicaid Weighted Average	**2.54**
Average Length of Stay (Maternity)—Ages 45 to 64 Years	
DHMP	3.63
RMHP Prime	4.40
HEDIS MY 2020 Colorado Medicaid Weighted Average	**3.92**
HEDIS MY 2019 Colorado Medicaid Weighted Average	**3.00**
HEDIS MY 2018 Colorado Medicaid Weighted Average	**4.00**
Average Length of Stay (Maternity)—Total[1]	
DHMP	2.71
RMHP Prime	2.22
HEDIS MY 2020 Colorado Medicaid Weighted Average	**2.48**
HEDIS MY 2019 Colorado Medicaid Weighted Average	**2.47**
HEDIS MY 2018 Colorado Medicaid Weighted Average	**2.56**
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 MY 2020 Colorado Medicaid Weighted Average	**0.00**
HEDIS MY 2019 Colorado Medicaid Weighted Average	**0.00**
HEDIS MY 2018 Colorado Medicaid Weighted Average	**0.00**
Bariatric Weight Loss Surgery (0–19 Female)[1]	
DHMP	0.00
RMHP Prime	0.00
HEDIS MY 2020 Colorado Medicaid Weighted Average	**0.00**
HEDIS MY 2019 Colorado Medicaid Weighted Average	**0.00**
HEDIS MY 2018 Colorado Medicaid Weighted Average	**0.00**

Medicaid Plan	Rate
Bariatric Weight Loss Surgery (20–44 Male)	
DHMP	0.01
RMHP Prime	0.01
HEDIS MY 2020 Colorado Medicaid Weighted Average	**0.01**
HEDIS MY 2019 Colorado Medicaid Weighted Average	**0.01**
HEDIS MY 2018 Colorado Medicaid Weighted Average	**0.01**
Bariatric Weight Loss Surgery (20–44 Female)	
DHMP	0.05
RMHP Prime	0.17
HEDIS MY 2020 Colorado Medicaid Weighted Average	**0.10**
HEDIS MY 2019 Colorado Medicaid Weighted Average	**0.11**
HEDIS MY 2018 Colorado Medicaid Weighted Average	**0.10**
Bariatric Weight Loss Surgery (45–64 Male)	
DHMP	0.00
RMHP Prime	0.07
HEDIS MY 2020 Colorado Medicaid Weighted Average	**0.03**
HEDIS MY 2019 Colorado Medicaid Weighted Average	**0.03**
HEDIS MY 2018 Colorado Medicaid Weighted Average	**0.02**
Bariatric Weight Loss Surgery (45–64 Female)	
DHMP	0.06
RMHP Prime	0.21
HEDIS MY 2020 Colorado Medicaid Weighted Average	**0.14**
HEDIS MY 2019 Colorado Medicaid Weighted Average	**0.19**
HEDIS MY 2018 Colorado Medicaid Weighted Average	**0.12**
Tonsillectomy (0–9 Male & Female)[1]	
DHMP	0.08
RMHP Prime	2.23
HEDIS MY 2020 Colorado Medicaid Weighted Average	**0.10**
HEDIS MY 2019 Colorado Medicaid Weighted Average	**0.29**
HEDIS MY 2018 Colorado Medicaid Weighted Average	**0.27**
Tonsillectomy (10–19 Male & Female)[1]	
DHMP	0.05
RMHP Prime	0.22
HEDIS MY 2020 Colorado Medicaid Weighted Average	**0.06**
HEDIS MY 2019 Colorado Medicaid Weighted Average	**0.14**
HEDIS MY 2018 Colorado Medicaid Weighted Average	**0.18**

Medicaid Plan	Rate
Hysterectomy, Abdominal (15–44 Female)[1]	
DHMP	0.03
RMHP Prime	0.05
HEDIS MY 2020 Colorado Medicaid Weighted Average	**0.04**
HEDIS MY 2019 Colorado Medicaid Weighted Average	**0.05**
HEDIS MY 2018 Colorado Medicaid Weighted Average	**0.05**
Hysterectomy, Abdominal (45–64 Female)	
DHMP	0.06
RMHP Prime	0.12
HEDIS MY 2020 Colorado Medicaid Weighted Average	**0.09**
HEDIS MY 2019 Colorado Medicaid Weighted Average	**0.18**
HEDIS MY 2018 Colorado Medicaid Weighted Average	**0.19**
Hysterectomy, Vaginal (15–44 Female)[1]	
DHMP	0.02
RMHP Prime	0.28
HEDIS MY 2020 Colorado Medicaid Weighted Average	**0.12**
HEDIS MY 2019 Colorado Medicaid Weighted Average	**0.18**
HEDIS MY 2018 Colorado Medicaid Weighted Average	**0.20**
Hysterectomy, Vaginal (45–64 Female)	
DHMP	0.14
RMHP Prime	0.17
HEDIS MY 2020 Colorado Medicaid Weighted Average	**0.16**
HEDIS MY 2019 Colorado Medicaid Weighted Average	**0.18**
HEDIS MY 2018 Colorado Medicaid Weighted Average	**0.16**
Cholecystectomy, Open (30–64 Male)	
DHMP	0.01
RMHP Prime	0.01
HEDIS MY 2020 Colorado Medicaid Weighted Average	**0.01**
HEDIS MY 2019 Colorado Medicaid Weighted Average	**0.02**
HEDIS MY 2018 Colorado Medicaid Weighted Average	**0.01**
Cholecystectomy, Open (15–44 Female)[1]	
DHMP	0.00
RMHP Prime	0.00
HEDIS MY 2020 Colorado Medicaid Weighted Average	**0.00**
HEDIS MY 2019 Colorado Medicaid Weighted Average	**0.00**
HEDIS MY 2018 Colorado Medicaid Weighted Average	**0.01**

Medicaid Plan	Rate
Cholecystectomy, Open (45–64 Female)	
DHMP	0.04
RMHP Prime	0.00
HEDIS MY 2020 Colorado Medicaid Weighted Average	**0.02**
HEDIS MY 2019 Colorado Medicaid Weighted Average	**0.01**
HEDIS MY 2018 Colorado Medicaid Weighted Average	**0.04**
Cholecystectomy (Laparoscopic) (30–64 Male)	
DHMP	0.11
RMHP Prime	0.25
HEDIS MY 2020 Colorado Medicaid Weighted Average	**0.16**
HEDIS MY 2019 Colorado Medicaid Weighted Average	**0.16**
HEDIS MY 2018 Colorado Medicaid Weighted Average	**0.18**
Cholecystectomy (Laparoscopic) (15–44 Female)[1]	
DHMP	0.28
RMHP Prime	0.69
HEDIS MY 2020 Colorado Medicaid Weighted Average	**0.44**
HEDIS MY 2019 Colorado Medicaid Weighted Average	**0.48**
HEDIS MY 2018 Colorado Medicaid Weighted Average	**0.48**
Cholecystectomy (Laparoscopic) (45–64 Female)	
DHMP	0.32
RMHP Prime	0.53
HEDIS MY 2020 Colorado Medicaid Weighted Average	**0.42**
HEDIS MY 2019 Colorado Medicaid Weighted Average	**0.45**
HEDIS MY 2018 Colorado Medicaid Weighted Average	**0.50**
Back Surgery (20–44 Male)	
DHMP	0.05
RMHP Prime	0.22
HEDIS MY 2020 Colorado Medicaid Weighted Average	**0.11**
HEDIS MY 2019 Colorado Medicaid Weighted Average	**0.09**
HEDIS MY 2018 Colorado Medicaid Weighted Average	**0.07**
Back Surgery (20–44 Female)	
DHMP	0.04
RMHP Prime	0.14
HEDIS MY 2020 Colorado Medicaid Weighted Average	**0.08**
HEDIS MY 2019 Colorado Medicaid Weighted Average	**0.10**
HEDIS MY 2018 Colorado Medicaid Weighted Average	**0.11**

Medicaid Plan	Rate
Back Surgery (45–64 Male)	
DHMP	0.21
RMHP Prime	0.59
HEDIS MY 2020 Colorado Medicaid Weighted Average	**0.37**
HEDIS MY 2019 Colorado Medicaid Weighted Average	**0.62**
HEDIS MY 2018 Colorado Medicaid Weighted Average	**0.50**
Back Surgery (45–64 Female)	
DHMP	0.23
RMHP Prime	0.62
HEDIS MY 2020 Colorado Medicaid Weighted Average	**0.42**
HEDIS MY 2019 Colorado Medicaid Weighted Average	**0.44**
HEDIS MY 2018 Colorado Medicaid Weighted Average	**0.48**
Mastectomy (15–44 Female)[1]	
DHMP	0.03
RMHP Prime	0.05
HEDIS MY 2020 Colorado Medicaid Weighted Average	**0.04**
HEDIS MY 2019 Colorado Medicaid Weighted Average	**0.09**
HEDIS MY 2018 Colorado Medicaid Weighted Average	**0.04**
Mastectomy (45–64 Female)	
DHMP	0.14
RMHP Prime	0.25
HEDIS MY 2020 Colorado Medicaid Weighted Average	**0.19**
HEDIS MY 2019 Colorado Medicaid Weighted Average	**0.17**
HEDIS MY 2018 Colorado Medicaid Weighted Average	**0.06**
Lumpectomy (15–44 Female)[1]	
DHMP	0.02
RMHP Prime	0.09
HEDIS MY 2020 Colorado Medicaid Weighted Average	**0.05**
HEDIS MY 2019 Colorado Medicaid Weighted Average	**0.10**
HEDIS MY 2018 Colorado Medicaid Weighted Average	**0.08**
Lumpectomy (45–64 Female)	
DHMP	0.19
RMHP Prime	0.16
HEDIS MY 2020 Colorado Medicaid Weighted Average	**0.18**
HEDIS MY 2019 Colorado Medicaid Weighted Average	**0.24**
HEDIS MY 2018 Colorado Medicaid Weighted Average	**0.21**

Medicaid Plan	Rate
*Plan All-Cause Readmissions**	
Observed Readmissions—Ages 18 to 44 Years	
DHMP	9.71%
RMHP Prime	8.62%^
HEDIS MY 2020 Colorado Medicaid Weighted Average	**9.22%**
HEDIS MY 2019 Colorado Medicaid Weighted Average	**10.74%**
HEDIS MY 2018 Colorado Medicaid Weighted Average	**—**
Observed Readmissions—Ages 45 to 54 Years	
DHMP	13.35%
RMHP Prime	10.10%^
HEDIS MY 2020 Colorado Medicaid Weighted Average	**11.96%**
HEDIS MY 2019 Colorado Medicaid Weighted Average	**12.52%**
HEDIS MY 2018 Colorado Medicaid Weighted Average	**—**
Observed Readmissions—Ages 55 to 64 Years	
DHMP	12.44%
RMHP Prime	9.91%^
HEDIS MY 2020 Colorado Medicaid Weighted Average	**11.26%**
HEDIS MY 2019 Colorado Medicaid Weighted Average	**11.94%**
HEDIS MY 2018 Colorado Medicaid Weighted Average	**—**
Observed Readmissions—Total	
DHMP	11.35%
RMHP Prime	9.34%^
HEDIS MY 2020 Colorado Medicaid Weighted Average	**10.45%**
HEDIS MY 2019 Colorado Medicaid Weighted Average	**11.54%**
HEDIS MY 2018 Colorado Medicaid Weighted Average	**—**
O/E Ratio—Total	
DHMP	1.14
RMHP Prime	0.93^
HEDIS MY 2020 Colorado Medicaid Weighted Average	**1.05**
HEDIS MY 2019 Colorado Medicaid Weighted Average	**1.13**
HEDIS MY 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.
— 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.

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

HEDIS MY 2019 to MY 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 MY 2018 Rate	HEDIS MY 2019 Rate	HEDIS MY 2020 Rate	Percentile Ranking
Pediatric Care				
Childhood Immunization Status				
DTap	69.47%	70.60%	69.47%	10th–24th
IPV	79.93%	81.84%	82.19%	<10th
MMR	79.93%	81.29%	84.04%	10th–24th
HiB	80.53%	81.45%	81.93%	10th–24th
Hepatitis B	82.15%	85.06%	85.09%	10th–24th
VZV	80.05%	81.29%	83.68%	10th–24th
Pneumococcal Conjugate	67.97%	70.83%	74.21%	25th–49th
Hepatitis A	79.39%	80.82%	82.54%	10th–24th
Rotavirus	62.56%	63.13%	63.77%	10th–24th
Influenza	51.50%	53.22%	50.26%	50th–74th
Combination 2	67.97%	69.65%	68.51%	10th–24th
Combination 3	64.72%	66.67%	67.98%	25th–49th
Combination 4	64.60%	66.35%	67.63%	25th–49th
Combination 5	56.73%	57.78%	58.07%	25th–49th
Combination 6	45.13%	48.03%	44.82%	50th–74th
Combination 7	56.61%	57.63%	57.81%	25th–49th
Combination 8	45.07%	48.03%	44.65%	50th–74th

Performance Measures	HEDIS MY 2018 Rate	HEDIS MY 2019 Rate	HEDIS MY 2020 Rate	Percentile Ranking
Combination 9	40.69%	42.85%	40.26%	50th–74th
Combination 10	40.63%	42.85%	40.18%	50th–74th
Immunizations for Adolescents				
Meningococcal	79.43%	80.93%	78.25%	10th–24th
Tdap	78.92%	80.65%	**77.64%^^**	<10th
HPV	50.98%	52.40%	**46.79%^^**	75th–89th
Combination 1 (Meningococcal, Tdap)	76.89%	78.06%	75.70%	10th–24th
Combination 2 (Meningococcal, Tdap, HPV)	49.46%	50.47%	**45.11%^^**	75th–89th
Well-Child Visits in the First 30 Months of Life[2]				
Well-Child Visits in the First 15 Months—Six or More Well-Child Visits	—	—	54.69%	—
Well-Child Visits for Age 15 Months–30 Months—Two or More Well-Child Visits	—	—	57.13%	—
Child and Adolescent Well-Care Visits[2]				
Ages 3 to 11 Years	—	—	47.04%	—
Ages 12 to 17 Years	—	—	39.88%	—
Ages 18 to 21 Years	—	—	14.79%	—
Total	—	—	39.31%	—
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents				
BMI Percentile Documentation—Ages 3 to 11 Years[1]	14.80%	19.32%	65.85%^	10th–24th
BMI Percentile Documentation—Ages 12 to 17 Years[1]	33.53%	34.47%	64.61%^	10th–24th
BMI Percentile Documentation—Total[1]	21.89%	25.11%	65.36%^	10th–24th
Counseling for Nutrition—Ages 3 to 11 Years	2.14%	4.81%	72.33%^	25th–49th
Counseling for Nutrition—Ages 12 to 17 Years	16.17%	16.18%	66.10%^	25th–49th
Counseling for Nutrition—Total	7.45%	9.16%	69.85%^	25th–49th
Counseling for Physical Activity—Ages 3 to 11 Years	1.61%	4.02%	71.63%^	50th–74th
Counseling for Physical Activity—Ages 12 to 17 Years	12.95%	14.64%	65.49%^	25th–49th
Counseling for Physical Activity—Total	5.90%	8.08%	69.19%^	50th–74th
Access to Care				
Prenatal and Postpartum Care[1]				
Timeliness of Prenatal Care	—	84.53%	83.36%	10th–24th
Postpartum Care	—	66.50%	69.22%	10th–24th
Adults' Access to Preventive/Ambulatory Health Services				
Ages 20 to 44 Years	48.84%	49.81%	47.79%	<10th
Ages 45 to 64 Years	62.17%	63.53%	**58.29%^^**	<10th
Ages 65 Years and Older	68.56%	71.75%	**59.42%^^**	<10th
Total	53.89%	55.30%	**51.52%^^**	<10th

Performance Measures	HEDIS MY 2018 Rate	HEDIS MY 2019 Rate	HEDIS MY 2020 Rate	Percentile Ranking
Preventive Screening				
Chlamydia Screening in Women				
Ages 16 to 20 Years	66.78%	72.63%	**67.65%^^**	75th–89th
Ages 21 to 24 Years	73.30%	73.29%	**66.95%^^**	50th–74th
Total	69.58%	72.91%	**67.35%^^**	75th–89th
Breast Cancer Screening[1]				
Breast Cancer Screening	46.48%	46.01%	**42.60%^^**	<10th
Cervical Cancer Screening[1]				
Cervical Cancer Screening	43.07%	45.58%	**41.11%^^**	<10th
Non-Recommended Cervical Cancer Screening in Adolescent Females*				
Non-Recommended Cervical Cancer Screening in Adolescent Females	0.00%	0.04%	0.00%	≥90th
Mental/Behavioral Health				
Antidepressant Medication Management				
Effective Acute Phase Treatment	54.20%	57.19%	61.14%	75th–89th
Effective Continuation Phase Treatment	33.96%	37.69%	40.73%	50th–74th
Follow-Up Care for Children Prescribed ADHD Medication[1]				
Initiation Phase	39.69%	41.35%	41.28%	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	NA	—
Blood Glucose Testing—Ages 12 to 17 Years	—	NA	56.25%	25th–49th
Blood Glucose Testing—Total	—	NA	50.00%	25th–49th
Cholesterol Testing—Ages 1 to 11 Years	—	NA	NA	—
Cholesterol Testing—Ages 12 to 17 Years	—	NA	50.00%	75th–89th
Cholesterol Testing—Total	—	NA	47.22%	75th–89th
Blood Glucose and Cholesterol Testing—Ages 1 to 11 Years	—	NA	NA	—
Blood Glucose and Cholesterol Testing—Ages 12 to 17 Years	40.63%	NA	40.63%	50th–74th
Blood Glucose and Cholesterol Testing—Total	46.34%	NA	36.11%	50th–74th
Living With Illness				
Persistence of Beta-Blocker Treatment After a Heart Attack				
Persistence of Beta-Blocker Treatment After a Heart Attack	46.88%	NA	NA	—
Comprehensive Diabetes Care				
HbA1c Testing[1]	82.06%	83.00%	**73.18%^^**	<10th
HbA1c Poor Control (>9.0%)*[1]	40.38%	40.51%	**52.46%^^**	10th–24th
HbA1c Control (<8.0%)[1]	47.88%	48.96%	**38.41%^^**	10th–24th
Eye Exam (Retinal) Performed[1]	45.83%	45.70%	**36.25%^^**	<10th
Blood Pressure Control (<140/90 mm Hg)[2]	—	—	50.23%	—

Performance Measures	HEDIS MY 2018 Rate	HEDIS MY 2019 Rate	HEDIS MY 2020 Rate	Percentile Ranking
Statin Therapy for Patients With Diabetes[1]				
Received Statin Therapy	57.75%	61.74%	60.67%	10th–24th
Statin Adherence 80%	60.63%	67.58%	67.46%	50th–74th
Statin Therapy for Patients With Cardiovascular Disease[1]				
Received Statin Therapy—21–75 Years—Male	71.43%	74.78%	73.64%	10th–24th
Received Statin Therapy—40–75 Years—Female	74.07%	78.69%	73.68%	25th–49th
Received Statin Therapy—Total	72.41%	76.14%	73.66%	10th–24th
Statin Adherence 80%—21–75 Years—Male	70.77%	70.93%	64.21%	25th–49th
Statin Adherence 80%—40–75 Years—Female	67.50%	52.08%	76.19%^	75th–89th
Statin Adherence 80%—Total	69.52%	64.18%	67.88%	25th–49th
Use of Imaging Studies for Low Back Pain				
Use of Imaging Studies for Low Back Pain	72.83%	77.62%	80.29%	75th–89th
Pharmacotherapy Management of COPD Exacerbation[1]				
Systemic Corticosteroid	50.34%	59.82%	**50.21%^^**	<10th
Bronchodilator	72.21%	74.49%	**65.02%^^**	<10th
Asthma Medication Ratio				
Ages 5 to 11 Years	58.87%	60.68%	63.04%	10th–24th
Ages 12 to 18 Years	42.86%	48.94%	54.26%	<10th
Ages 19 to 50 Years	42.86%	38.95%	48.91%^	10th–24th
Ages 51 to 64 Years	39.19%	40.58%	41.98%	<10th
Total	46.60%	46.60%	51.41%	<10th
Use of Spirometry Testing in the Assessment and Diagnosis of COPD				
Use of Spirometry Testing in the Assessment and Diagnosis of COPD	28.57%	26.19%	30.00%	50th–74th
Antibiotic Stewardship				
Appropriate Testing for Pharyngitis[1]				
Ages 3 to 17 Years	—	88.19%	**83.91%^^**	50th–74th
Ages 18 to 64 Years	—	81.69%	**76.36%^^**	75th–89th
Ages 65 Years and Older	—	NA	NA	—
Total	—	85.51%	**80.37%^^**	50th–74th
Appropriate Treatment for Upper Respiratory Infection				
Ages 3 Months to 17 Years	—	97.82%	98.46%	≥90th
Ages 18 to 64 Years	—	93.13%	95.39%	≥90th
Ages 65 Years and Older	—	98.04%	98.46%	≥90th
Total	—	96.35%	97.50%	≥90th
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis				
Ages 3 Months to 17 Years	—	95.25%	95.41%	≥90th
Ages 18 to 64 Years	—	55.66%	61.46%	≥90th
Ages 65 Years and Older	—	NA	NA	—

Performance Measures	HEDIS MY 2018 Rate	HEDIS MY 2019 Rate	HEDIS MY 2020 Rate	Percentile Ranking
Total	—	79.61%	82.92%	≥90th
*Antibiotic Utilization**				
Average Scripts PMPY for Antibiotics of Concern—Ages 0 to 9 Years	0.05	0.06	0.03	—
Average Scripts PMPY for Antibiotics of Concern—Ages 10 to 17 Years	0.04	0.04	0.03	—
Average Scripts PMPY for Antibiotics of Concern—Ages 18 to 34 Years	0.11	0.11	0.09	—
Average Scripts PMPY for Antibiotics of Concern—Ages 35 to 49 Years	0.13	0.14	0.11	—
Average Scripts PMPY for Antibiotics of Concern—Ages 50 to 64 Years	0.17	0.19	0.16	—
Average Scripts PMPY for Antibiotics of Concern—Ages 65 to 74 Years	0.02	0.07	0.09	—
Average Scripts PMPY for Antibiotics of Concern—Ages 75 to 84 Years	0.02	0.08	0.09	—
Average Scripts PMPY for Antibiotics of Concern—Ages 85+ Years	0.04	0.06	0.05	—
Average Scripts PMPY for Antibiotics of Concern—Total	0.09	0.10	0.08	≥90th
Average Days Supplied per Antibiotic Script—Ages 0 to 9 Years	9.88	9.66	9.25	—
Average Days Supplied per Antibiotic Script—Ages 10 to 17 Years	11.56	10.97	12.08	—
Average Days Supplied per Antibiotic Script—Ages 18 to 34 Years	8.69	8.84	8.80	—
Average Days Supplied per Antibiotic Script—Ages 35 to 49 Years	9.18	9.06	9.47	—
Average Days Supplied per Antibiotic Script—Ages 50 to 64 Years	10.02	10.45	10.75	—
Average Days Supplied per Antibiotic Script—Ages 65 to 74 Years	9.50	13.16	13.50	—
Average Days Supplied per Antibiotic Script—Ages 75 to 84 Years	6.49	12.26	13.25	—
Average Days Supplied per Antibiotic Script—Ages 85+ Years	5.79	14.32	11.86	—
Average Days Supplied per Antibiotic Script—Total	9.44	9.54	9.72	10th–24th
Average Scripts PMPY for Antibiotics—Ages 0 to 9 Years	0.23	0.24	0.13	—
Average Scripts PMPY for Antibiotics—Ages 10 to 17 Years	0.15	0.17	0.12	—
Average Scripts PMPY for Antibiotics—Ages 18 to 34 Years	0.41	0.41	0.34	—
Average Scripts PMPY for Antibiotics—Ages 35 to 49 Years	0.42	0.45	0.37	—
Average Scripts PMPY for Antibiotics—Ages 50 to 64 Years	0.45	0.50	0.45	—
Average Scripts PMPY for Antibiotics—Ages 65 to 74 Years	0.05	0.17	0.19	—
Average Scripts PMPY for Antibiotics—Ages 75 to 84 Years	0.04	0.19	0.21	—
Average Scripts PMPY for Antibiotics—Ages 85+ Years	0.07	0.11	0.12	—
Average Scripts PMPY for Antibiotics—Total	0.32	0.34	0.28	≥90th
Percentage of Antibiotics of Concern of All Antibiotic Scripts—Ages 0 to 9 Years	23.33%	23.18%	23.22%	—
Percentage of Antibiotics of Concern of All Antibiotic Scripts—Ages 10 to 17 Years	24.17%	23.10%	22.34%	—
Percentage of Antibiotics of Concern of All Antibiotic Scripts—Ages 18 to 34 Years	27.10%	27.28%	27.65%	—
Percentage of Antibiotics of Concern of All Antibiotic Scripts—Ages 35 to 49 Years	31.96%	30.79%	29.58%	—

Performance Measures	HEDIS MY 2018 Rate	HEDIS MY 2019 Rate	HEDIS MY 2020 Rate	Percentile Ranking
Percentage of Antibiotics of Concern of All Antibiotic Scripts—Ages 50 to 64 Years	36.66%	37.46%	34.87%	—
Percentage of Antibiotics of Concern of All Antibiotic Scripts—Ages 65 to 74 Years	39.02%	41.95%	46.88%	—
Percentage of Antibiotics of Concern of All Antibiotic Scripts—Ages 75 to 84 Years	42.86%	40.70%	43.27%	—
Percentage of Antibiotics of Concern of All Antibiotic Scripts—Ages 85+ Years	51.52%	50.00%	39.68%	—
Percentage of Antibiotics of Concern of All Antibiotic Scripts—Total	28.74%	28.99%	29.13%	≥90th
Opioids				
Use of Opioids at High Dosage*[1]				
Use of Opioids at High Dosage	—	5.85%	4.40%	50th–74th
Use of Opioids From Multiple Providers*[1]				
Multiple Pharmacies	12.09%	6.17%	4.34%	50th–74th
Multiple Prescribers	18.61%	16.11%	14.92%	75th–89th
Multiple Prescribers and Multiple Pharmacies	6.32%	4.41%	3.28%	25th–49th
Risk of Continued Opioid Use*[1]				
At Least 15 Days Covered—Ages 18 to 64 Years	—	4.94%	3.55%	75th–89th
At Least 15 Days Covered—Ages 65+ Years	—	27.87%	35.14%	<10th
At Least 15 Days Covered—Total	—	5.40%	4.25%	50th–74th
At Least 31 Days Covered—Ages 18 to 64 Years	—	2.06%	1.82%	75th–89th
At Least 31 Days Covered—Ages 65+ Years	—	16.39%	27.03%	<10th
At Least 31 Days Covered—Total	—	2.35%	2.38%	50th–74th
Pharmacotherapy for Opioid Use Disorder[1]				
Ages 16 to 64 Years	—	15.91%	14.83%	<10th
Ages 65+ Years	—	NA	NA	—
Total	—	15.91%	14.96%	<10th
Use of Services				
Ambulatory Care				
ED Visits—Total—Age <1 Year*	71.63	73.94	48.83	≥90th
ED Visits—Total—Ages 1 to 9 Years*	33.13	32.74	19.14	≥90th
ED Visits—Total—Ages 10 to 19 Years*	25.10	25.80	17.38	≥90th
ED Visits—Total—Ages 20 to 44 Years*	53.23	54.13	41.55	≥90th
ED Visits—Total—Ages 45 to 64 Years*	56.93	61.94	49.70	75th–89th
ED Visits—Total—Ages 65 to 74 Years*	48.04	44.66	37.68	50th–74th
ED Visits—Total—Ages 75 to 84 Years*	37.60	37.43	29.17	50th–74th
ED Visits—Total—Ages 85+ Years*	32.03	26.01	16.46	≥90th
ED Visits—Total—Total*	43.95	45.35	33.75	≥90th

Performance Measures	HEDIS MY 2018 Rate	HEDIS MY 2019 Rate	HEDIS MY 2020 Rate	Percentile Ranking
Outpatient Visits—Total—Age <1 Year	562.40	673.32	522.63	<10th
Outpatient Visits—Total—Ages 1 to 9 Years	176.32	180.99	143.07	<10th
Outpatient Visits—Total—Ages 10 to 19 Years	164.85	170.43	134.15	<10th
Outpatient Visits—Total—Ages 20 to 44 Years	162.59	177.10	157.92	<10th
Outpatient Visits—Total—Ages 45 to 64 Years	306.52	309.42	266.01	<10th
Outpatient Visits—Total—Ages 65 to 74 Years	335.52	323.42	281.45	<10th
Outpatient Visits—Total—Ages 75 to 84 Years	337.51	321.20	270.05	<10th
Outpatient Visits—Total—Ages 85+ Years	203.22	203.29	150.69	<10th
Outpatient Visits—Total—Total	203.78	215.69	177.62	<10th
Inpatient Utilization—General Hospital/Acute Care—Total				
Discharges per 1,000 Member Months (Total Inpatient)—Age <1 Year	6.54	10.94	7.19	25th–49th
Discharges per 1,000 Member Months (Total Inpatient)—Ages 1 to 9 Years	1.38	1.51	0.87	10th–24th
Discharges per 1,000 Member Months (Total Inpatient)—Ages 10 to 19 Years	1.38	1.48	1.31	10th–24th
Discharges per 1,000 Member Months (Total Inpatient)—Ages 20 to 44 Years	6.04	6.73	6.29	<10th
Discharges per 1,000 Member Months (Total Inpatient)—Ages 45 to 64 Years	11.03	11.78	11.21	25th–49th
Discharges per 1,000 Member Months (Total Inpatient)—Ages 65 to 74 Years	11.39	13.67	15.31	25th–49th
Discharges per 1,000 Member Months (Total Inpatient)—Ages 75 to 84 Years	12.53	14.40	15.36	25th–49th
Discharges per 1,000 Member Months (Total Inpatient)—Ages 85+ Years	10.33	12.15	13.10	10th–24th
Discharges per 1,000 Member Months (Total Inpatient)—Total	5.06	5.79	5.46	10th–24th
Days per 1,000 Member Months (Total Inpatient)—Age <1 Year	28.94	37.96	26.42	10th–24th
Days per 1,000 Member Months (Total Inpatient)—Ages 1 to 9 Years	4.48	3.54	2.35	<10th
Days per 1,000 Member Months (Total Inpatient)—Ages 10 to 19 Years	4.69	3.86	3.86	10th–24th
Days per 1,000 Member Months (Total Inpatient)—Ages 20 to 44 Years	22.72	24.35	25.04	<10th
Days per 1,000 Member Months (Total Inpatient)—Ages 45 to 64 Years	65.62	67.97	75.59	50th–74th
Days per 1,000 Member Months (Total Inpatient)—Ages 65 to 74 Years	71.04	97.60	108.25	50th–74th
Days per 1,000 Member Months (Total Inpatient)—Ages 75 to 84 Years	62.49	77.37	98.75	25th–49th
Days per 1,000 Member Months (Total Inpatient)—Ages 85+ Years	53.04	68.28	66.00	10th–24th
Days per 1,000 Member Months (Total Inpatient)—Total	23.23	25.48	27.69	50th–74th
Average Length of Stay (Total Inpatient)—Age <1 Year	4.43	3.47	3.68	<10th
Average Length of Stay (Total Inpatient)—Ages 1 to 9 Years	3.24	2.34	2.70	10th–24th
Average Length of Stay (Total Inpatient)—Ages 10 to 19 Years	3.39	2.60	2.94	10th–24th
Average Length of Stay (Total Inpatient)—Ages 20 to 44 Years	3.76	3.62	3.98	75th–89th

Performance Measures	HEDIS MY 2018 Rate	HEDIS MY 2019 Rate	HEDIS MY 2020 Rate	Percentile Ranking
Average Length of Stay (Total Inpatient)—Ages 45 to 64 Years	5.95	5.77	6.74	≥90th
Average Length of Stay (Total Inpatient)—Ages 65 to 74 Years	6.23	7.14	7.07	75th–89th
Average Length of Stay (Total Inpatient)—Ages 75 to 84 Years	4.99	5.37	6.43	50th–74th
Average Length of Stay (Total Inpatient)—Ages 85+ Years	5.14	5.62	5.04	25th–49th
Average Length of Stay (Total Inpatient)—Total	4.59	4.40	5.08	75th–89th
Discharges per 1,000 Member Months (Medicine)—Age <1 Year	6.09	10.36	6.17	25th–49th
Discharges per 1,000 Member Months (Medicine)—Ages 1 to 9 Years	1.22	1.39	0.74	25th–49th
Discharges per 1,000 Member Months (Medicine)—Ages 10 to 19 Years	0.49	0.64	0.57	25th–49th
Discharges per 1,000 Member Months (Medicine)—Ages 20 to 44 Years	2.22	2.58	2.59	25th–49th
Discharges per 1,000 Member Months (Medicine)—Ages 45 to 64 Years	8.25	8.56	8.57	50th–74th
Discharges per 1,000 Member Months (Medicine)—Ages 65 to 74 Years	8.93	10.33	12.19	50th–74th
Discharges per 1,000 Member Months (Medicine)—Ages 75 to 84 Years	10.44	11.52	13.23	50th–74th
Discharges per 1,000 Member Months (Medicine)—Ages 85+ Years	8.40	10.10	11.35	10th–24th
Discharges per 1,000 Member Months (Medicine)—Total	2.90	3.39	3.25	50th–74th
Days per 1,000 Member Months (Medicine)—Age <1 Year	24.41	31.19	17.37	10th–24th
Days per 1,000 Member Months (Medicine)—Ages 1 to 9 Years	3.20	3.00	1.42	<10th
Days per 1,000 Member Months (Medicine)—Ages 10 to 19 Years	1.46	1.40	1.79	25th–49th
Days per 1,000 Member Months (Medicine)—Ages 20 to 44 Years	8.29	8.97	9.73	25th–49th
Days per 1,000 Member Months (Medicine)—Ages 45 to 64 Years	39.88	39.71	46.76	50th–74th
Days per 1,000 Member Months (Medicine)—Ages 65 to 74 Years	41.73	57.57	74.46	50th–74th
Days per 1,000 Member Months (Medicine)—Ages 75 to 84 Years	44.47	52.29	72.87	50th–74th
Days per 1,000 Member Months (Medicine)—Ages 85+ Years	36.41	46.89	51.13	10th–24th
Days per 1,000 Member Months (Medicine)—Total	12.11	13.28	15.04	50th–74th
Average Length of Stay (Medicine)—Age <1 Year	4.01	3.01	2.82	<10th
Average Length of Stay (Medicine)—Ages 1 to 9 Years	2.63	2.16	1.94	<10th
Average Length of Stay (Medicine)—Ages 10 to 19 Years	3.00	2.18	3.12	25th–49th
Average Length of Stay (Medicine)—Ages 20 to 44 Years	3.74	3.47	3.75	25th–49th
Average Length of Stay (Medicine)—Ages 45 to 64 Years	4.83	4.64	5.46	≥90th
Average Length of Stay (Medicine)—Ages 65 to 74 Years	4.67	5.57	6.11	75th–89th
Average Length of Stay (Medicine)—Ages 75 to 84 Years	4.26	4.54	5.51	50th–74th
Average Length of Stay (Medicine)—Ages 85+ Years	4.33	4.64	4.51	25th–49th
Average Length of Stay (Medicine)—Total	4.17	3.92	4.63	75th–89th
Discharges per 1,000 Member Months (Surgery)—Age <1 Year	0.44	0.59	1.02	10th–24th
Discharges per 1,000 Member Months (Surgery)—Ages 1 to 9 Years	0.16	0.13	0.13	<10th
Discharges per 1,000 Member Months (Surgery)—Ages 10 to 19 Years	0.20	0.23	0.21	<10th
Discharges per 1,000 Member Months (Surgery)—Ages 20 to 44 Years	0.88	0.98	0.97	<10th
Discharges per 1,000 Member Months (Surgery)—Ages 45 to 64 Years	2.75	3.19	2.59	<10th
Discharges per 1,000 Member Months (Surgery)—Ages 65 to 74 Years	2.46	3.34	3.12	10th–24th

Performance Measures	HEDIS MY 2018 Rate	HEDIS MY 2019 Rate	HEDIS MY 2020 Rate	Percentile Ranking
Discharges per 1,000 Member Months (Surgery)—Ages 75 to 84 Years	2.09	2.88	2.14	10th–24th
Discharges per 1,000 Member Months (Surgery)—Ages 85+ Years	1.93	2.05	1.76	10th–24th
Discharges per 1,000 Member Months (Surgery)—Total	0.90	1.06	0.99	10th–24th
Days per 1,000 Member Months (Surgery)—Age <1 Year	4.53	6.77	9.05	10th–24th
Days per 1,000 Member Months (Surgery)—Ages 1 to 9 Years	1.28	0.54	0.92	10th–24th
Days per 1,000 Member Months (Surgery)—Ages 10 to 19 Years	1.22	0.82	0.64	<10th
Days per 1,000 Member Months (Surgery)—Ages 20 to 44 Years	6.35	7.25	7.94	25th–49th
Days per 1,000 Member Months (Surgery)—Ages 45 to 64 Years	25.66	28.16	28.66	25th–49th
Days per 1,000 Member Months (Surgery)—Ages 65 to 74 Years	29.31	40.03	33.79	25th–49th
Days per 1,000 Member Months (Surgery)—Ages 75 to 84 Years	18.02	25.08	25.88	25th–49th
Days per 1,000 Member Months (Surgery)—Ages 85+ Years	16.63	21.39	14.86	10th–24th
Days per 1,000 Member Months (Surgery)—Total	7.65	8.75	9.36	25th–49th
Average Length of Stay (Surgery)—Age <1 Year	10.23	11.56	8.89	10th–24th
Average Length of Stay (Surgery)—Ages 1 to 9 Years	7.83	4.30	6.85	25th–49th
Average Length of Stay (Surgery)—Ages 10 to 19 Years	6.19	3.60	3.00	<10th
Average Length of Stay (Surgery)—Ages 20 to 44 Years	7.23	7.37	8.18	75th–89th
Average Length of Stay (Surgery)—Ages 45 to 64 Years	9.34	8.83	11.06	≥90th
Average Length of Stay (Surgery)—Ages 65 to 74 Years	11.90	12.00	10.81	75th–89th
Average Length of Stay (Surgery)—Ages 75 to 84 Years	8.63	8.71	12.12	75th–89th
Average Length of Stay (Surgery)—Ages 85+ Years	8.64	10.42	8.45	50th–74th
Average Length of Stay (Surgery)—Total	8.49	8.23	9.42	≥90th
Discharges per 1,000 Member Months (Maternity)—Ages 10 to 19 Years	0.70	0.61	0.52	25th–49th
Discharges per 1,000 Member Months (Maternity)—Ages 20 to 44 Years	2.94	3.16	2.73	<10th
Discharges per 1,000 Member Months (Maternity)—Ages 45 to 64 Years	0.03	0.03	0.05	50th–74th
Discharges per 1,000 Member Months (Maternity)—Total	1.72	1.80	1.58	10th–24th
Days per 1,000 Member Months (Maternity)—Ages 10 to 19 Years	2.02	1.64	1.43	25th–49th
Days per 1,000 Member Months (Maternity)—Ages 20 to 44 Years	8.07	8.13	7.36	<10th
Days per 1,000 Member Months (Maternity)—Ages 45 to 64 Years	0.08	0.10	0.16	50th–74th
Days per 1,000 Member Months (Maternity)—Total	4.75	4.65	4.28	10th–24th
Average Length of Stay (Maternity)—Ages 10 to 19 Years	2.87	2.67	2.73	25th–49th
Average Length of Stay (Maternity)—Ages 20 to 44 Years	2.74	2.57	2.70	25th–49th
Average Length of Stay (Maternity)—Ages 45 to 64 Years	3.00	3.50	3.63	50th–74th
Average Length of Stay (Maternity)—Total	2.76	2.58	2.71	25th–49th
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	0.01	0.00	75th–89th
Bariatric Weight Loss Surgery (20–44 Male)	0.01	0.00	0.01	25th–49th
Bariatric Weight Loss Surgery (20–44 Female)	0.08	0.09	0.05	10th–24th

Performance Measures	HEDIS MY 2018 Rate	HEDIS MY 2019 Rate	HEDIS MY 2020 Rate	Percentile Ranking
Bariatric Weight Loss Surgery (45–64 Male)	0.01	0.01	0.00	25th–49th
Bariatric Weight Loss Surgery (45–64 Female)	0.12	0.08	0.06	10th–24th
Tonsillectomy (0–9 Male & Female)	0.26	0.28	0.08	<10th
Tonsillectomy (10–19 Male & Female)	0.15	0.11	0.05	<10th
Hysterectomy, Abdominal (15–44 Female)	0.04	0.05	0.03	10th–24th
Hysterectomy, Abdominal (45–64 Female)	0.13	0.22	0.06	<10th
Hysterectomy, Vaginal (15–44 Female)	0.06	0.06	0.02	10th–24th
Hysterectomy, Vaginal (45–64 Female)	0.12	0.06	0.14	50th–74th
Cholecystectomy, Open (30–64 Male)	0.02	0.02	0.01	25th–49th
Cholecystectomy, Open (15–44 Female)	0.01	0.00	0.00	25th–49th
Cholecystectomy, Open (45–64 Female)	0.06	0.00	0.04	75th–89th
Cholecystectomy (Laparoscopic) (30–64 Male)	0.11	0.11	0.11	<10th
Cholecystectomy (Laparoscopic) (15–44 Female)	0.36	0.37	0.28	10th–24th
Cholecystectomy (Laparoscopic) (45–64 Female)	0.39	0.26	0.32	10th–24th
Back Surgery (20–44 Male)	0.04	0.06	0.05	<10th
Back Surgery (20–44 Female)	0.06	0.05	0.04	<10th
Back Surgery (45–64 Male)	0.30	0.32	0.21	<10th
Back Surgery (45–64 Female)	0.25	0.29	0.23	10th–24th
Mastectomy (15–44 Female)	0.03	0.07	0.03	25th–49th
Mastectomy (45–64 Female)	0.03	0.09	0.14	25th–49th
Lumpectomy (15–44 Female)	0.04	0.08	0.02	<10th
Lumpectomy (45–64 Female)	0.15	0.12	0.19	<10th
Plan All-Cause Readmissions*				
Observed Readmissions—Ages 18 to 44 Years	—	12.06%	9.71%	25th–49th
Observed Readmissions—Ages 45 to 54 Years	—	16.94%	13.35%	10th–24th
Observed Readmissions—Ages 55 to 64 Years	—	13.95%	12.44%	25th–49th
Observed Readmissions—Total	—	13.79%	11.35%	10th–24th
O/E Ratio—Total	—	1.26	1.14	10th–24th

* 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 MY 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 MY 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 MY 2018 or HEDIS MY 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.

RMHP Prime Trend Table

Table B-2—RMHP Prime Trend Table

Performance Measures	HEDIS MY 2018 Rate	HEDIS MY 2019 Rate	HEDIS MY 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	57.14%	NA	NA	—
Tdap	80.00%	NA	NA	—
HPV	22.86%	NA	NA	—
Combination 1 (Meningococcal, Tdap)	54.29%	NA	NA	—
Combination 2 (Meningococcal, Tdap, HPV)	14.29%	NA	NA	—
Well-Child Visits in the First 30 Months of Life[2]				
Well-Child Visits in the First 15 Months—Six or More Well-Child Visits	—	—	NA	—
Well-Child Visits for Age 15 Months–30 Months—Two or More Well-Child Visits	—	—	NA	—
Child and Adolescent Well-Care Visits[2]				
Ages 3 to 11 Years	—	—	46.43%	—
Ages 12 to 17 Years	—	—	43.71%	—
Ages 18 to 21 Years	—	—	13.15%	—

Performance Measures	HEDIS MY 2018 Rate	HEDIS MY 2019 Rate	HEDIS MY 2020 Rate	Percentile Ranking
Total	—	—	19.40%	—
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents				
BMI Percentile Documentation—Ages 3 to 11 Years[1]	3.70%	8.59%	5.26%	<10th
BMI Percentile Documentation—Ages 12 to 17 Years[1]	5.10%	2.70%	6.35%	<10th
BMI Percentile Documentation—Total[1]	4.37%	5.86%	5.83%	<10th
Counseling for Nutrition—Ages 3 to 11 Years	15.74%	21.09%	22.81%	<10th
Counseling for Nutrition—Ages 12 to 17 Years	15.31%	18.92%	18.25%	<10th
Counseling for Nutrition—Total	15.53%	20.08%	20.42%	<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	0.00%	2.70%	0.00%	<10th
Counseling for Physical Activity—Total	0.00%	1.26%	0.00%	<10th
Access to Care				
Prenatal and Postpartum Care[1]				
Timeliness of Prenatal Care	—	42.00%	56.65%^	<10th
Postpartum Care	—	35.92%	32.89%	<10th
Adults' Access to Preventive/Ambulatory Health Services				
Ages 20 to 44 Years	66.25%	66.50%	64.55%	<10th
Ages 45 to 64 Years	77.83%	77.92%	74.83%^^	<10th
Ages 65 Years and Older	91.55%	90.17%	84.74%^^	25th–49th
Total	71.84%	72.10%	69.54%	<10th
Preventive Screening				
Chlamydia Screening in Women				
Ages 16 to 20 Years	46.62%	49.55%	45.08%	10th–24th
Ages 21 to 24 Years	46.43%	47.28%	45.02%	<10th
Total	46.46%	47.77%	45.03%	10th–24th
Breast Cancer Screening[1]				
Breast Cancer Screening	50.10%	48.04%	44.82%^^	<10th
Cervical Cancer Screening[1]				
Cervical Cancer Screening	41.93%	39.39%	40.27%	<10th
Non-Recommended Cervical Cancer Screening in Adolescent Females*				
Non-Recommended Cervical Cancer Screening in Adolescent Females	2.86%	2.00%	1.24%	10th–24th
Mental/Behavioral Health				
Antidepressant Medication Management				
Effective Acute Phase Treatment	52.20%	73.71%	55.45%^^	50th–74th
Effective Continuation Phase Treatment	33.85%	64.85%	42.47%^^	50th–74th

Performance Measures	HEDIS MY 2018 Rate	HEDIS MY 2019 Rate	HEDIS MY 2020 Rate	Percentile Ranking
Follow-Up Care for Children Prescribed ADHD Medication[1]				
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	NA	—
Blood Glucose Testing—Ages 12 to 17 Years	—	NA	NA	—
Blood Glucose Testing—Total	—	43.33%	62.50%	75th–89th
Cholesterol Testing—Ages 1 to 11 Years	—	NA	NA	—
Cholesterol Testing—Ages 12 to 17 Years	—	NA	NA	—
Cholesterol Testing—Total	—	26.67%	34.38%	25th–49th
Blood Glucose and Cholesterol Testing—Ages 1 to 11 Years	—	NA	NA	—
Blood Glucose and Cholesterol Testing—Ages 12 to 17 Years	NA	NA	NA	—
Blood Glucose and Cholesterol Testing—Total	20.00%	26.67%	34.38%	25th–49th
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[1]	84.59%	84.59%	86.61%	25th–49th
HbA1c Poor Control (>9.0%)*[1]	76.08%	76.08%	71.37%^	<10th
HbA1c Control (<8.0%)[1]	19.55%	19.55%	23.85%^	<10th
Eye Exam (Retinal) Performed[1]	50.14%	50.14%	48.57%	10th–24th
Blood Pressure Control (<140/90 mm Hg)[2]	—	—	0.13%	—
Statin Therapy for Patients With Diabetes[1]				
Received Statin Therapy	46.70%	43.04%	49.29%^	<10th
Statin Adherence 80%	60.05%	85.57%	**70.39%^^**	75th–89th
Statin Therapy for Patients With Cardiovascular Disease[1]				
Received Statin Therapy—21–75 Years—Male	65.77%	60.48%	62.58%	<10th
Received Statin Therapy—40–75 Years—Female	63.51%	52.11%	60.20%	<10th
Received Statin Therapy—Total	64.86%	57.44%	61.69%	<10th
Statin Adherence 80%—21–75 Years—Male	60.27%	93.33%	**81.37%^^**	≥90th
Statin Adherence 80%—40–75 Years—Female	61.70%	91.89%	91.53%	≥90th
Statin Adherence 80%—Total	60.83%	92.86%	**85.09%^^**	≥90th
Use of Imaging Studies for Low Back Pain				
Use of Imaging Studies for Low Back Pain	71.67%	72.76%	75.88%	50th–74th
Pharmacotherapy Management of COPD Exacerbation[1]				
Systemic Corticosteroid	40.28%	37.33%	50.64%^	<10th
Bronchodilator	56.48%	54.22%	67.66%^	<10th

Performance Measures	HEDIS MY 2018 Rate	HEDIS MY 2019 Rate	HEDIS MY 2020 Rate	Percentile Ranking
Asthma Medication Ratio				
Ages 5 to 11 Years	NA	NA	NA	—
Ages 12 to 18 Years	NA	NA	NA	—
Ages 19 to 50 Years	49.02%	45.74%	49.21%	25th–49th
Ages 51 to 64 Years	62.32%	53.16%	56.96%	50th–74th
Total	53.74%	48.40%	51.78%	<10th
Use of Spirometry Testing in the Assessment and Diagnosis of COPD				
Use of Spirometry Testing in the Assessment and Diagnosis of COPD	30.09%	29.46%	25.87%	25th–49th
Antibiotic Stewardship				
Appropriate Testing for Pharyngitis[1]				
Ages 3 to 17 Years	—	NA	NA	—
Ages 18 to 64 Years	—	73.73%	78.77%^	75th–89th
Ages 65 Years and Older	—	NA	NA	—
Total	—	73.66%	78.95%^	50th–74th
Appropriate Treatment for Upper Respiratory Infection				
Ages 3 Months to 17 Years	—	96.10%	95.65%	75th–89th
Ages 18 to 64 Years	—	87.62%	86.60%	75th–89th
Ages 65 Years and Older	—	100.00%	100.00%	≥90th
Total	—	88.24%	87.28%	25th–49th
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis				
Ages 3 Months to 17 Years	—	NA	NA	—
Ages 18 to 64 Years	—	46.17%	47.24%	75th–89th
Ages 65 Years and Older	—	NA	NA	—
Total	—	47.83%	49.12%	25th–49th
*Antibiotic Utilization**				
Average Scripts PMPY for Antibiotics of Concern—Ages 0 to 9 Years	0.39	0.44	0.31	—
Average Scripts PMPY for Antibiotics of Concern—Ages 10 to 17 Years	0.31	0.22	0.42	—
Average Scripts PMPY for Antibiotics of Concern—Ages 18 to 34 Years	0.22	0.22	0.31	—
Average Scripts PMPY for Antibiotics of Concern—Ages 35 to 49 Years	0.28	0.28	0.39	—
Average Scripts PMPY for Antibiotics of Concern—Ages 50 to 64 Years	0.32	0.32	0.49	—
Average Scripts PMPY for Antibiotics of Concern—Ages 65 to 74 Years	0.05	0.02	0.28	—
Average Scripts PMPY for Antibiotics of Concern—Ages 75 to 84 Years	0.01	0.01	0.26	—
Average Scripts PMPY for Antibiotics of Concern—Ages 85+ Years	0.02	0.01	0.09	—
Average Scripts PMPY for Antibiotics of Concern—Total	0.25	0.25	0.37	25th–49th
Average Days Supplied per Antibiotic Script—Ages 0 to 9 Years	11.84	20.50	9.91	—
Average Days Supplied per Antibiotic Script—Ages 10 to 17 Years	13.62	23.15	11.93	—
Average Days Supplied per Antibiotic Script—Ages 18 to 34 Years	8.75	17.59	8.84	—
Average Days Supplied per Antibiotic Script—Ages 35 to 49 Years	9.28	18.10	9.43	—

Performance Measures	HEDIS MY 2018 Rate	HEDIS MY 2019 Rate	HEDIS MY 2020 Rate	Percentile Ranking
Average Days Supplied per Antibiotic Script—Ages 50 to 64 Years	9.29	19.09	10.10	—
Average Days Supplied per Antibiotic Script—Ages 65 to 74 Years	9.59	21.70	11.72	—
Average Days Supplied per Antibiotic Script—Ages 75 to 84 Years	9.50	16.80	11.73	—
Average Days Supplied per Antibiotic Script—Ages 85+ Years	7.00	12.00	20.11	—
Average Days Supplied per Antibiotic Script—Total	9.11	18.21	9.52	25th–49th
Average Scripts PMPY for Antibiotics—Ages 0 to 9 Years	0.95	0.99	0.87	—
Average Scripts PMPY for Antibiotics—Ages 10 to 17 Years	0.76	0.66	1.01	—
Average Scripts PMPY for Antibiotics—Ages 18 to 34 Years	0.62	0.64	0.96	—
Average Scripts PMPY for Antibiotics—Ages 35 to 49 Years	0.68	0.69	1.08	—
Average Scripts PMPY for Antibiotics—Ages 50 to 64 Years	0.72	0.72	1.16	—
Average Scripts PMPY for Antibiotics—Ages 65 to 74 Years	0.11	0.05	0.71	—
Average Scripts PMPY for Antibiotics—Ages 75 to 84 Years	0.05	0.02	0.63	—
Average Scripts PMPY for Antibiotics—Ages 85+ Years	0.05	0.04	0.37	—
Average Scripts PMPY for Antibiotics—Total	0.64	0.65	1.02	10th–24th
Percentage of Antibiotics of Concern of All Antibiotic Scripts—Ages 0 to 9 Years	41.34%	44.63%	35.38%	—
Percentage of Antibiotics of Concern of All Antibiotic Scripts—Ages 10 to 17 Years	40.98%	33.33%	41.76%	—
Percentage of Antibiotics of Concern of All Antibiotic Scripts—Ages 18 to 34 Years	35.57%	34.38%	32.36%	—
Percentage of Antibiotics of Concern of All Antibiotic Scripts—Ages 35 to 49 Years	40.71%	40.54%	36.64%	—
Percentage of Antibiotics of Concern of All Antibiotic Scripts—Ages 50 to 64 Years	44.56%	44.08%	41.98%	—
Percentage of Antibiotics of Concern of All Antibiotic Scripts—Ages 65 to 74 Years	41.77%	42.55%	39.32%	—
Percentage of Antibiotics of Concern of All Antibiotic Scripts—Ages 75 to 84 Years	18.75%	30.00%	40.48%	—
Percentage of Antibiotics of Concern of All Antibiotic Scripts—Ages 85+ Years	33.33%	27.27%	23.18%	—
Percentage of Antibiotics of Concern of All Antibiotic Scripts—Total	39.52%	38.88%	36.51%	50th–74th
Opioids				
Use of Opioids at High Dosage*[1]				
Use of Opioids at High Dosage	—	8.84%	9.89%	10th–24th
Use of Opioids From Multiple Providers*[1]				
Multiple Pharmacies	4.22%	1.91%	1.53%	≥90th
Multiple Prescribers	25.73%	57.73%	14.92%^	75th–89th
Multiple Prescribers and Multiple Pharmacies	2.79%	1.91%	0.66%	≥90th

Performance Measures	HEDIS MY 2018 Rate	HEDIS MY 2019 Rate	HEDIS MY 2020 Rate	Percentile Ranking
Risk of Continued Opioid Use*,1				
At Least 15 Days Covered—Ages 18 to 64 Years	—	12.99%	12.66%	10th–24th
At Least 15 Days Covered—Ages 65+ Years	—	NA	63.24%	<10th
At Least 15 Days Covered—Total	—	13.01%	13.61%	<10th
At Least 31 Days Covered—Ages 18 to 64 Years	—	4.23%	5.93%	10th–24th
At Least 31 Days Covered—Ages 65+ Years	—	NA	51.47%	<10th
At Least 31 Days Covered—Total	—	4.25%	6.78%	<10th
Pharmacotherapy for Opioid Use Disorder1				
Ages 16 to 64 Years	—	54.02%	**42.08%^^**	75th–89th
Ages 65+ Years	—	NA	NA	—
Total	—	54.02%	**42.15%^^**	75th–89th
Use of Services				
Ambulatory Care				
ED Visits—Total—Age <1 Year*	NA	NA	NA	—
ED Visits—Total—Ages 1 to 9 Years*	38.94	35.95	26.35	≥90th
ED Visits—Total—Ages 10 to 19 Years*	57.46	59.24	39.61	25th–49th
ED Visits—Total—Ages 20 to 44 Years*	62.68	60.58	49.21	≥90th
ED Visits—Total—Ages 45 to 64 Years*	59.16	58.52	47.88	≥90th
ED Visits—Total—Ages 65 to 74 Years*	68.35	72.72	58.96	25th–49th
ED Visits—Total—Ages 75 to 84 Years*	68.32	65.47	56.84	10th–24th
ED Visits—Total—Ages 85+ Years*	59.05	59.80	48.10	25th–49th
ED Visits—Total—Total*	61.52	60.25	49.02	50th–74th
Outpatient Visits—Total—Age <1 Year	NA	NA	NA	—
Outpatient Visits—Total—Ages 1 to 9 Years	522.12	505.14	429.93	≥90th
Outpatient Visits—Total—Ages 10 to 19 Years	251.45	266.43	245.43	50th–74th
Outpatient Visits—Total—Ages 20 to 44 Years	236.30	246.78	225.74	<10th
Outpatient Visits—Total—Ages 45 to 64 Years	445.77	463.27	402.63	<10th
Outpatient Visits—Total—Ages 65 to 74 Years	662.93	687.89	566.05	25th–49th
Outpatient Visits—Total—Ages 75 to 84 Years	771.72	675.80	611.52	25th–49th
Outpatient Visits—Total—Ages 85+ Years	683.24	552.75	500.92	25th–49th
Outpatient Visits—Total—Total	326.38	341.87	304.91	10th–24th
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	13.72	6.07	7.29	≥90th
Discharges per 1,000 Member Months (Total Inpatient)—Ages 10 to 19 Years	8.48	9.20	6.85	≥90th

Performance Measures	HEDIS MY 2018 Rate	HEDIS MY 2019 Rate	HEDIS MY 2020 Rate	Percentile Ranking
Discharges per 1,000 Member Months (Total Inpatient)—Ages 20 to 44 Years	7.63	7.75	7.35	<10th
Discharges per 1,000 Member Months (Total Inpatient)—Ages 45 to 64 Years	10.72	11.63	9.55	10th–24th
Discharges per 1,000 Member Months (Total Inpatient)—Ages 65 to 74 Years	21.70	23.61	19.11	50th–74th
Discharges per 1,000 Member Months (Total Inpatient)—Ages 75 to 84 Years	25.97	25.66	21.68	50th–74th
Discharges per 1,000 Member Months (Total Inpatient)—Ages 85+ Years	22.02	18.04	17.76	25th–49th
Discharges per 1,000 Member Months (Total Inpatient)—Total	9.42	9.96	8.86	75th–89th
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	54.87	23.81	54.37	≥90th
Days per 1,000 Member Months (Total Inpatient)—Ages 10 to 19 Years	35.62	37.35	22.67	≥90th
Days per 1,000 Member Months (Total Inpatient)—Ages 20 to 44 Years	22.46	26.67	23.71	<10th
Days per 1,000 Member Months (Total Inpatient)—Ages 45 to 64 Years	47.47	58.64	50.40	10th–24th
Days per 1,000 Member Months (Total Inpatient)—Ages 65 to 74 Years	92.78	130.09	100.73	50th–74th
Days per 1,000 Member Months (Total Inpatient)—Ages 75 to 84 Years	118.24	121.17	111.84	50th–74th
Days per 1,000 Member Months (Total Inpatient)—Ages 85+ Years	92.46	72.55	91.67	25th–49th
Days per 1,000 Member Months (Total Inpatient)—Total	34.67	42.57	37.44	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	4.00	3.92	7.46	≥90th
Average Length of Stay (Total Inpatient)—Ages 10 to 19 Years	4.20	4.06	3.31	10th–24th
Average Length of Stay (Total Inpatient)—Ages 20 to 44 Years	2.94	3.44	3.23	10th–24th
Average Length of Stay (Total Inpatient)—Ages 45 to 64 Years	4.43	5.04	5.28	25th–49th
Average Length of Stay (Total Inpatient)—Ages 65 to 74 Years	4.28	5.51	5.27	10th–24th
Average Length of Stay (Total Inpatient)—Ages 75 to 84 Years	4.55	4.72	5.16	25th–49th
Average Length of Stay (Total Inpatient)—Ages 85+ Years	4.20	4.02	5.16	25th–49th
Average Length of Stay (Total Inpatient)—Total	3.68	4.27	4.23	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	7.08	3.73	4.48	≥90th
Discharges per 1,000 Member Months (Medicine)—Ages 10 to 19 Years	2.45	2.86	2.13	≥90th
Discharges per 1,000 Member Months (Medicine)—Ages 20 to 44 Years	2.23	2.24	2.21	10th–24th
Discharges per 1,000 Member Months (Medicine)—Ages 45 to 64 Years	6.68	7.00	5.65	10th–24th
Discharges per 1,000 Member Months (Medicine)—Ages 65 to 74 Years	15.26	16.15	12.78	50th–74th
Discharges per 1,000 Member Months (Medicine)—Ages 75 to 84 Years	20.25	18.65	16.50	50th–74th
Discharges per 1,000 Member Months (Medicine)—Ages 85+ Years	18.13	14.90	14.92	25th–49th
Discharges per 1,000 Member Months (Medicine)—Total	4.39	4.65	4.10	75th–89th

Performance Measures	HEDIS MY 2018 Rate	HEDIS MY 2019 Rate	HEDIS MY 2020 Rate	Percentile Ranking
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	27.43	14.47	33.63	≥90th
Days per 1,000 Member Months (Medicine)—Ages 10 to 19 Years	9.37	8.74	5.84	≥90th
Days per 1,000 Member Months (Medicine)—Ages 20 to 44 Years	7.04	7.81	8.21	10th–24th
Days per 1,000 Member Months (Medicine)—Ages 45 to 64 Years	26.38	29.00	23.21	10th–24th
Days per 1,000 Member Months (Medicine)—Ages 65 to 74 Years	62.26	77.00	59.89	50th–74th
Days per 1,000 Member Months (Medicine)—Ages 75 to 84 Years	84.39	81.99	80.67	50th–74th
Days per 1,000 Member Months (Medicine)—Ages 85+ Years	73.30	53.73	74.41	25th–49th
Days per 1,000 Member Months (Medicine)—Total	16.41	18.63	17.04	75th–89th
Average Length of Stay (Medicine)—Age <1 Year	NA	NA	NA	—
Average Length of Stay (Medicine)—Ages 1 to 9 Years	3.88	3.88	7.50	≥90th
Average Length of Stay (Medicine)—Ages 10 to 19 Years	3.83	3.05	2.74	10th–24th
Average Length of Stay (Medicine)—Ages 20 to 44 Years	3.16	3.49	3.72	25th–49th
Average Length of Stay (Medicine)—Ages 45 to 64 Years	3.95	4.14	4.11	25th–49th
Average Length of Stay (Medicine)—Ages 65 to 74 Years	4.08	4.77	4.69	25th–49th
Average Length of Stay (Medicine)—Ages 75 to 84 Years	4.17	4.40	4.89	50th–74th
Average Length of Stay (Medicine)—Ages 85+ Years	4.04	3.61	4.99	50th–74th
Average Length of Stay (Medicine)—Total	3.74	4.00	4.15	50th–74th
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	6.64	2.33	2.80	≥90th
Discharges per 1,000 Member Months (Surgery)—Ages 10 to 19 Years	1.14	0.85	1.57	≥90th
Discharges per 1,000 Member Months (Surgery)—Ages 20 to 44 Years	1.03	1.18	1.16	10th–24th
Discharges per 1,000 Member Months (Surgery)—Ages 45 to 64 Years	4.03	4.60	3.86	25th–49th
Discharges per 1,000 Member Months (Surgery)—Ages 65 to 74 Years	6.44	7.46	6.33	50th–74th
Discharges per 1,000 Member Months (Surgery)—Ages 75 to 84 Years	5.72	7.01	5.18	25th–49th
Discharges per 1,000 Member Months (Surgery)—Ages 85+ Years	3.89	3.14	2.85	25th–49th
Discharges per 1,000 Member Months (Surgery)—Total	2.23	2.57	2.29	75th–89th
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	27.43	9.34	20.74	≥90th
Days per 1,000 Member Months (Surgery)—Ages 10 to 19 Years	14.67	13.46	10.44	≥90th
Days per 1,000 Member Months (Surgery)—Ages 20 to 44 Years	5.26	8.82	6.65	10th–24th
Days per 1,000 Member Months (Surgery)—Ages 45 to 64 Years	21.00	29.56	27.03	10th–24th
Days per 1,000 Member Months (Surgery)—Ages 65 to 74 Years	30.51	53.09	40.84	25th–49th
Days per 1,000 Member Months (Surgery)—Ages 75 to 84 Years	33.85	39.18	31.17	25th–49th
Days per 1,000 Member Months (Surgery)—Ages 85+ Years	19.17	18.82	17.26	25th–49th
Days per 1,000 Member Months (Surgery)—Total	11.73	17.53	14.92	75th–89th
Average Length of Stay (Surgery)—Age <1 Year	NA	NA	NA	—
Average Length of Stay (Surgery)—Ages 1 to 9 Years	4.13	4.00	7.40	50th–74th

Performance Measures	HEDIS MY 2018 Rate	HEDIS MY 2019 Rate	HEDIS MY 2020 Rate	Percentile Ranking
Average Length of Stay (Surgery)—Ages 10 to 19 Years	12.86	15.82	6.64	50th–74th
Average Length of Stay (Surgery)—Ages 20 to 44 Years	5.08	7.49	5.76	10th–24th
Average Length of Stay (Surgery)—Ages 45 to 64 Years	5.21	6.42	7.00	25th–49th
Average Length of Stay (Surgery)—Ages 65 to 74 Years	4.74	7.12	6.45	10th–24th
Average Length of Stay (Surgery)—Ages 75 to 84 Years	5.92	5.59	6.02	10th–24th
Average Length of Stay (Surgery)—Ages 85+ Years	4.93	6.00	6.06	10th–24th
Average Length of Stay (Surgery)—Total	5.26	6.81	6.51	10th–24th
Discharges per 1,000 Member Months (Maternity)—Ages 10 to 19 Years	4.89	5.49	3.14	≥90th
Discharges per 1,000 Member Months (Maternity)—Ages 20 to 44 Years	4.37	4.33	3.99	10th–24th
Discharges per 1,000 Member Months (Maternity)—Ages 45 to 64 Years	0.02	0.03	0.03	50th–74th
Discharges per 1,000 Member Months (Maternity)—Total	2.96	2.93	2.66	25th–49th
Days per 1,000 Member Months (Maternity)—Ages 10 to 19 Years	11.57	15.16	6.40	≥90th
Days per 1,000 Member Months (Maternity)—Ages 20 to 44 Years	10.17	10.03	8.84	<10th
Days per 1,000 Member Months (Maternity)—Ages 45 to 64 Years	0.09	0.08	0.15	50th–74th
Days per 1,000 Member Months (Maternity)—Total	6.91	6.88	5.90	25th–49th
Average Length of Stay (Maternity)—Ages 10 to 19 Years	2.37	2.76	2.04	<10th
Average Length of Stay (Maternity)—Ages 20 to 44 Years	2.33	2.32	2.22	<10th
Average Length of Stay (Maternity)—Ages 45 to 64 Years	6.00	2.50	4.40	75th–89th
Average Length of Stay (Maternity)—Total	2.33	2.35	2.22	<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)	0.02	0.04	0.01	25th–49th
Bariatric Weight Loss Surgery (20–44 Female)	0.12	0.14	0.17	50th–74th
Bariatric Weight Loss Surgery (45–64 Male)	0.03	0.06	0.07	75th–89th
Bariatric Weight Loss Surgery (45–64 Female)	0.13	0.30	0.21	50th–74th
Tonsillectomy (0–9 Male & Female)	1.32	1.39	2.23	≥90th
Tonsillectomy (10–19 Male & Female)	0.57	0.54	0.22	25th–49th
Hysterectomy, Abdominal (15–44 Female)	0.08	0.04	0.05	25th–49th
Hysterectomy, Abdominal (45–64 Female)	0.26	0.14	0.12	25th–49th
Hysterectomy, Vaginal (15–44 Female)	0.43	0.36	0.28	≥90th
Hysterectomy, Vaginal (45–64 Female)	0.20	0.29	0.17	75th–89th
Cholecystectomy, Open (30–64 Male)	0.01	0.02	0.01	25th–49th
Cholecystectomy, Open (15–44 Female)	0.01	0.00	0.00	25th–49th
Cholecystectomy, Open (45–64 Female)	0.01	0.03	0.00	10th–24th
Cholecystectomy (Laparoscopic) (30–64 Male)	0.30	0.23	0.25	50th–74th
Cholecystectomy (Laparoscopic) (15–44 Female)	0.67	0.65	0.69	75th–89th
Cholecystectomy (Laparoscopic) (45–64 Female)	0.60	0.61	0.53	50th–74th

Performance Measures	HEDIS MY 2018 Rate	HEDIS MY 2019 Rate	HEDIS MY 2020 Rate	Percentile Ranking
Back Surgery (20–44 Male)	0.14	0.15	0.22	50th–74th
Back Surgery (20–44 Female)	0.18	0.16	0.14	50th–74th
Back Surgery (45–64 Male)	0.76	1.01	0.59	50th–74th
Back Surgery (45–64 Female)	0.71	0.57	0.62	50th–74th
Mastectomy (15–44 Female)	0.06	0.14	0.05	50th–74th
Mastectomy (45–64 Female)	0.10	0.24	0.25	75th–89th
Lumpectomy (15–44 Female)	0.13	0.13	0.09	25th–49th
Lumpectomy (45–64 Female)	0.27	0.36	0.16	<10th
Plan All-Cause Readmissions*				
Observed Readmissions—Ages 18 to 44 Years	—	9.70%	8.62%	50th–74th
Observed Readmissions—Ages 45 to 54 Years	—	9.16%	10.10%	50th–74th
Observed Readmissions—Ages 55 to 64 Years	—	10.59%	9.91%	50th–74th
Observed Readmissions—Total	—	9.87%	9.34%	50th–74th
O/E Ratio—Total	—	1.02	0.93	50th–74th

* 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 MY 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 MY 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 MY 2018 or HEDIS MY 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.

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.

Table B-3—Colorado Medicaid Statewide Trend Table

Performance Measures	HEDIS MY 2018 Rate	HEDIS MY 2019 Rate	HEDIS MY 2020 Rate	Plan Rate Range
Pediatric Care				
Childhood Immunization Status				
DTap	69.51%	70.63%	69.44%	—
IPV	79.95%	81.91%	82.14%	—
MMR	79.95%	81.21%	83.98%	—
HiB	80.55%	81.36%	81.87%	—
Hepatitis B	82.17%	85.12%	85.03%	—
VZV	80.07%	81.21%	83.63%	—
Pneumococcal Conjugate	68.01%	70.87%	74.17%	—
Hepatitis A	79.41%	80.89%	82.49%	—
Rotavirus	62.61%	63.12%	63.66%	—
Influenza	51.56%	53.17%	50.26%	—
Combination 2	68.01%	69.46%	68.48%	—
Combination 3	64.77%	66.41%	67.95%	—
Combination 4	64.65%	66.09%	67.60%	—
Combination 5	56.78%	57.56%	57.97%	—
Combination 6	45.20%	47.85%	44.83%	—
Combination 7	56.66%	57.40%	57.71%	—
Combination 8	45.14%	47.85%	44.66%	—
Combination 9	40.76%	42.68%	40.19%	—
Combination 10	40.70%	42.68%	40.11%	—
Immunizations for Adolescents				
Meningococcal	78.94%	80.45%	78.03%	—
Tdap	78.94%	80.66%	**77.56%^^**	—
HPV	50.37%	52.08%	**46.59%^^**	—
Combination 1 (Meningococcal, Tdap)	76.40%	77.63%	75.51%	—
Combination 2 (Meningococcal, Tdap, HPV)	48.70%	50.04%	**44.87%^^**	—

Performance Measures	HEDIS MY 2018 Rate	HEDIS MY 2019 Rate	HEDIS MY 2020 Rate	Plan Rate Range
Well-Child Visits in the First 30 Months of Life[2]				
Well-Child Visits in the First 15 Months—Six or More Well-Child Visits	—	—	54.69%	—
Well-Child Visits for Age 15 Months–30 Months—Two or More Well-Child Visits	—	—	57.22%	—
Child and Adolescent Well-Care Visits[2]				
Ages 3 to 11 Years	—	—	47.04%	46.43%–47.04%
Ages 12 to 17 Years	—	—	39.94%	39.88%–43.71%
Ages 18 to 21 Years	—	—	14.45%	13.15%–14.79%
Total	—	—	38.32%	19.40%–39.31%
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents				
BMI Percentile Documentation—Ages 3 to 11 Years[1]	14.66%	19.15%	65.05%^	5.26%–65.85%
BMI Percentile Documentation—Ages 12 to 17 Years[1]	33.00%	33.77%	63.32%^	6.35%–64.61%
BMI Percentile Documentation—Total[1]	21.62%	24.76%	64.36%^	5.83%–65.36%
Counseling for Nutrition—Ages 3 to 11 Years	2.31%	5.07%	71.67%^	22.81%–72.33%
Counseling for Nutrition—Ages 12 to 17 Years	16.16%	16.24%	65.04%^	18.25%–66.10%
Counseling for Nutrition—Total	7.57%	9.36%	69.02%^	20.42%–69.85%
Counseling for Physical Activity—Ages 3 to 11 Years	1.58%	3.96%	70.68%^	0.00%–71.63%
Counseling for Physical Activity—Ages 12 to 17 Years	12.71%	14.37%	64.04%^	0.00%–65.49%
Counseling for Physical Activity—Total	5.81%	7.96%	68.02%^	0.00%–69.19%
Access to Care				
Prenatal and Postpartum Care[1]				
Timeliness of Prenatal Care	—	62.81%	70.45%^	56.65%–83.36%
Postpartum Care	—	50.88%	51.65%	32.89%–69.22%
Adults' Access to Preventive/Ambulatory Health Services				
Ages 20 to 44 Years	56.05%	57.10%	54.43%	47.79%–64.55%
Ages 45 to 64 Years	69.84%	70.75%	**65.91%^^**	58.29%–74.83%
Ages 65 Years and Older	78.31%	80.28%	**70.72%^^**	59.42%–84.74%
Total	61.75%	63.01%	**59.08%^^**	51.52%–69.54%
Preventive Screening				
Chlamydia Screening in Women				
Ages 16 to 20 Years	64.72%	68.90%	**65.17%^^**	45.08%–67.65%
Ages 21 to 24 Years	60.64%	60.62%	**56.31%^^**	45.02%–66.95%
Total	62.43%	64.39%	**60.19%^^**	45.03%–67.35%
Breast Cancer Screening[1]				
Breast Cancer Screening	48.53%	47.09%	**43.82%^^**	42.60%–44.82%

Performance Measures	HEDIS MY 2018 Rate	HEDIS MY 2019 Rate	HEDIS MY 2020 Rate	Plan Rate Range
Cervical Cancer Screening[1]				
Cervical Cancer Screening	42.52%	42.52%	40.72%	40.27%–41.11%
Non-Recommended Cervical Cancer Screening in Adolescent Females*				
Non-Recommended Cervical Cancer Screening in Adolescent Females	0.23%	0.30%	0.11%	0.00%–1.24%
Mental/Behavioral Health				
Antidepressant Medication Management				
Effective Acute Phase Treatment	53.24%	65.91%	**58.08%^^**	55.45%–61.14%
Effective Continuation Phase Treatment	33.91%	52.03%	**41.66%^^**	40.73%–42.47%
Follow-Up Care for Children Prescribed ADHD Medication[1]				
Initiation Phase	40.56%	41.59%	41.67%	—
Continuation and Maintenance Phase	41.94%	NA	NA	—
Metabolic Monitoring for Children and Adolescents on Antipsychotics				
Blood Glucose Testing—Ages 1 to 11 Years	—	NA	NA	—
Blood Glucose Testing—Ages 12 to 17 Years	—	51.06%	58.93%	—
Blood Glucose Testing—Total	—	49.15%	55.88%	50.00%–62.50%
Cholesterol Testing—Ages 1 to 11 Years	—	NA	NA	—
Cholesterol Testing—Ages 12 to 17 Years	—	38.30%	42.86%	—
Cholesterol Testing—Total	—	38.98%	41.18%	34.38%–47.22%
Blood Glucose and Cholesterol Testing—Ages 1 to 11 Years	—	NA	NA	—
Blood Glucose and Cholesterol Testing—Ages 12 to 17 Years	27.78%	38.30%	37.50%	—
Blood Glucose and Cholesterol Testing—Total	35.21%	38.98%	35.29%	34.38%–36.11%
Living With Illness				
Persistence of Beta-Blocker Treatment After a Heart Attack				
Persistence of Beta-Blocker Treatment After a Heart Attack	50.98%	70.21%	76.47%	—
Comprehensive Diabetes Care				
Hemoglobin A1c (HbA1c) Testing[1]	83.24%	83.74%	**79.55%^^**	73.18%–86.61%
HbA1c Poor Control (>9.0%)*[1]	56.98%	56.95%	**61.43%^^**	52.46%–71.37%
HbA1c Control (<8.0%)[1]	34.71%	35.37%	**31.50%^^**	23.85%–38.41%
Eye Exam (Retinal) Performed[1]	47.83%	47.75%	**42.09%^^**	36.25%–48.57%
Blood Pressure Control (<140/90 mm Hg)[2]	—	—	26.46%	0.13%–50.23%
Statin Therapy for Patients With Diabetes[1]				
Received Statin Therapy	52.77%	53.27%	55.10%	49.29%–60.67%
Statin Adherence 80%	60.40%	74.16%	**68.74%^^**	67.46%–70.39%

Performance Measures	HEDIS MY 2018 Rate	HEDIS MY 2019 Rate	HEDIS MY 2020 Rate	Plan Rate Range
Statin Therapy for Patients With Cardiovascular Disease[1]				
Received Statin Therapy—21–75 Years—Male	68.32%	67.36%	67.47%	62.58%–73.64%
Received Statin Therapy—40–75 Years—Female	67.97%	64.39%	65.16%	60.20%–73.68%
Received Statin Therapy—Total	68.18%	66.31%	66.67%	61.69%–73.66%
Statin Adherence 80%—21–75 Years—Male	65.22%	81.37%	73.10%	64.21%–81.37%
Statin Adherence 80%—40–75 Years—Female	64.37%	69.41%	85.15%^	76.19%–91.53%
Statin Adherence 80%—Total	64.89%	77.24%	77.18%	67.88%–85.09%
Use of Imaging Studies for Low Back Pain				
Use of Imaging Studies for Low Back Pain	72.28%	75.08%	78.17%	75.88%–80.29%
Pharmacotherapy Management of COPD Exacerbation[1]				
Systemic Corticosteroid	47.02%	50.88%	50.42%	50.21%–50.64%
Bronchodilator	67.02%	66.43%	66.32%	65.02%–67.66%
Asthma Medication Ratio				
Ages 5 to 11 Years	60.27%	61.67%	64.58%	—
Ages 12 to 18 Years	44.26%	49.50%	54.64%	—
Ages 19 to 50 Years	46.00%	42.62%	49.06%	48.91%–49.21%
Ages 51 to 64 Years	50.35%	47.30%	49.38%	41.98%–56.96%
Total	49.08%	47.31%	51.56%	51.41%–51.78%
Use of Spirometry Testing in the Assessment and Diagnosis of COPD				
Use of Spirometry Testing in the Assessment and Diagnosis of COPD	29.47%	28.12%	27.70%	25.87%–30.00%
Antibiotic Stewardship				
Appropriate Testing for Pharyngitis[1]				
Ages 3 to 17 Years	—	87.92%	**83.98%^^**	—
Ages 18 to 64 Years	—	77.25%	77.75%	76.36%–78.77%
Ages 65 Years and Older	—	NA	NA	—
Total	—	81.53%	79.81%	78.95%–80.37%
Appropriate Treatment for Upper Respiratory Infection				
Ages 3 Months to 17 Years	—	97.78%	98.40%	95.65%–98.46%
Ages 18 to 64 Years	—	90.37%	90.99%	86.60%–95.39%
Ages 65 Years and Older	—	98.86%	99.06%	98.46%–100.00%
Total	—	94.30%	94.92%	87.28%–97.50%
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis				
Ages 3 Months to 17 Years	—	94.19%	95.44%	—
Ages 18 to 64 Years	—	48.89%	51.60%	47.24%–61.46%

Performance Measures	HEDIS MY 2018 Rate	HEDIS MY 2019 Rate	HEDIS MY 2020 Rate	Plan Rate Range
Ages 65 Years and Older	—	NA	NA	—
Total	—	63.56%	67.31%	49.12%–82.92%
Antibiotic Utilization*				
Average Scripts PMPY for Antibiotics of Concern—Ages 0 to 9 Years	0.06	0.06	0.03	0.03–0.31
Average Scripts PMPY for Antibiotics of Concern—Ages 10 to 17 Years	0.04	0.04	0.03	0.03–0.42
Average Scripts PMPY for Antibiotics of Concern—Ages 18 to 34 Years	0.15	0.15	0.17	0.09–0.31
Average Scripts PMPY for Antibiotics of Concern—Ages 35 to 49 Years	0.19	0.20	0.23	0.11–0.39
Average Scripts PMPY for Antibiotics of Concern—Ages 50 to 64 Years	0.24	0.25	0.31	0.16–0.49
Average Scripts PMPY for Antibiotics of Concern—Ages 65 to 74 Years	0.03	0.05	0.17	0.09–0.28
Average Scripts PMPY for Antibiotics of Concern—Ages 75 to 84 Years	0.01	0.05	0.15	0.09–0.26
Average Scripts PMPY for Antibiotics of Concern—Ages 85+ Years	0.03	0.04	0.06	0.05–0.09
Average Scripts PMPY for Antibiotics of Concern—Total	0.14	0.14	0.17	0.08–0.37
Average Days Supplied per Antibiotic Script—Ages 0 to 9 Years	9.95	10.10	9.29	9.25–9.91
Average Days Supplied per Antibiotic Script—Ages 10 to 17 Years	11.71	11.80	12.06	11.93–12.08
Average Days Supplied per Antibiotic Script—Ages 18 to 34 Years	8.72	13.14	8.83	8.80–8.84
Average Days Supplied per Antibiotic Script—Ages 35 to 49 Years	9.23	13.93	9.44	9.43–9.47
Average Days Supplied per Antibiotic Script—Ages 50 to 64 Years	9.59	15.38	10.31	10.10–10.75
Average Days Supplied per Antibiotic Script—Ages 65 to 74 Years	9.55	14.44	12.21	11.72–13.50
Average Days Supplied per Antibiotic Script—Ages 75 to 84 Years	7.43	12.51	12.23	11.73–13.25
Average Days Supplied per Antibiotic Script—Ages 85+ Years	6.11	13.94	17.68	11.86–20.11
Average Days Supplied per Antibiotic Script—Total	9.29	13.48	9.60	9.52–9.72
Average Scripts PMPY for Antibiotics—Ages 0 to 9 Years	0.24	0.25	0.14	0.13–0.87
Average Scripts PMPY for Antibiotics—Ages 10 to 17 Years	0.16	0.18	0.13	0.12–1.01
Average Scripts PMPY for Antibiotics—Ages 18 to 34 Years	0.49	0.50	0.56	0.34–0.96
Average Scripts PMPY for Antibiotics—Ages 35 to 49 Years	0.53	0.56	0.66	0.37–1.08

Performance Measures	HEDIS MY 2018 Rate	HEDIS MY 2019 Rate	HEDIS MY 2020 Rate	Plan Rate Range
Average Scripts PMPY for Antibiotics—Ages 50 to 64 Years	0.58	0.61	0.78	0.45–1.16
Average Scripts PMPY for Antibiotics—Ages 65 to 74 Years	0.07	0.13	0.40	0.19–0.71
Average Scripts PMPY for Antibiotics—Ages 75 to 84 Years	0.04	0.13	0.37	0.21–0.63
Average Scripts PMPY for Antibiotics—Ages 85+ Years	0.06	0.08	0.23	0.12–0.37
Average Scripts PMPY for Antibiotics—Total	0.41	0.43	0.50	0.28–1.02
Percentage of Antibiotics of Concern of All Antibiotic Scripts—Ages 0 to 9 Years	23.98%	24.05%	23.85%	23.22%–35.38%
Percentage of Antibiotics of Concern of All Antibiotic Scripts—Ages 10 to 17 Years	25.41%	23.79%	24.95%	22.34%–41.76%
Percentage of Antibiotics of Concern of All Antibiotic Scripts—Ages 18 to 34 Years	31.15%	30.77%	30.52%	27.65%–32.36%
Percentage of Antibiotics of Concern of All Antibiotic Scripts—Ages 35 to 49 Years	36.65%	36.05%	34.30%	29.58%–36.64%
Percentage of Antibiotics of Concern of All Antibiotic Scripts—Ages 50 to 64 Years	41.26%	41.24%	39.74%	34.87%–41.98%
Percentage of Antibiotics of Concern of All Antibiotic Scripts—Ages 65 to 74 Years	40.37%	42.04%	41.42%	39.32%–46.88%
Percentage of Antibiotics of Concern of All Antibiotic Scripts—Ages 75 to 84 Years	35.29%	40.11%	41.41%	40.48%–43.27%
Percentage of Antibiotics of Concern of All Antibiotic Scripts—Ages 85+ Years	46.67%	46.27%	28.04%	23.18%–39.68%
Percentage of Antibiotics of Concern of All Antibiotic Scripts—Total	33.58%	33.48%	33.64%	29.13%–36.51%
Opioids				
Use of Opioids at High Dosage*,1				
Use of Opioids at High Dosage	—	7.54%	7.64%	4.40%–9.89%
Use of Opioids From Multiple Providers*,1				
Multiple Pharmacies	8.23%	3.73%	2.66%	1.53%–4.34%
Multiple Prescribers	22.10%	39.96%	14.92%^	—
Multiple Prescribers and Multiple Pharmacies	4.59%	2.98%	1.70%	0.66%–3.28%
Risk of Continued Opioid Use*,1				
At Least 15 Days Covered—Ages 18 to 64 Years	—	9.34%	8.29%	3.55%–12.66%
At Least 15 Days Covered—Ages 65+ Years	—	27.69%	**48.59%^^**	35.14%–63.24%
At Least 15 Days Covered—Total	—	9.53%	9.11%	4.25%–13.61%
At Least 31 Days Covered—Ages 18 to 64 Years	—	3.25%	3.95%	1.82%–5.93%
At Least 31 Days Covered—Ages 65+ Years	—	16.92%	**38.73%^^**	27.03%–51.47%
At Least 31 Days Covered—Total	—	3.38%	4.66%	2.38%–6.78%

Performance Measures	HEDIS MY 2018 Rate	HEDIS MY 2019 Rate	HEDIS MY 2020 Rate	Plan Rate Range
Pharmacotherapy for Opioid Use Disorder[1]				
Ages 16 to 64 Years	—	38.67%	**27.27%^^**	14.83%–42.08%
Ages 65+ Years	—	NA	NA	—
Total	—	38.67%	**27.16%^^**	14.96%–42.15%
Use of Services				
Ambulatory Care				
ED Visits—Total—Age <1 Year*	71.61	73.91	48.81	—
ED Visits—Total—Ages 1 to 9 Years*	33.19	32.78	19.20	19.14–26.35
ED Visits—Total—Ages 10 to 19 Years*	26.85	27.86	18.24	17.38–39.61
ED Visits—Total—Ages 20 to 44 Years*	57.01	56.78	44.55	41.55–49.21
ED Visits—Total—Ages 45 to 64 Years*	57.97	60.31	48.88	47.88–49.70
ED Visits—Total—Ages 65 to 74 Years*	55.51	56.62	46.93	37.68–58.96
ED Visits—Total—Ages 75 to 84 Years*	48.66	49.37	41.13	29.17–56.84
ED Visits—Total—Ages 85+ Years*	42.93	41.76	31.90	16.46–48.10
ED Visits—Total—Total*	49.10	49.97	38.36	33.75–49.02
Outpatient Visits—Total—Age <1 Year	562.35	673.16	522.45	—
Outpatient Visits—Total—Ages 1 to 9 Years	179.92	184.76	145.70	143.07–429.93
Outpatient Visits—Total—Ages 10 to 19 Years	169.55	176.33	138.46	134.15–245.43
Outpatient Visits—Total—Ages 20 to 44 Years	192.12	205.74	184.45	157.92–225.74
Outpatient Visits—Total—Ages 45 to 64 Years	371.45	382.76	327.73	266.01–402.63
Outpatient Visits—Total—Ages 65 to 74 Years	455.97	478.76	405.11	281.45–566.05
Outpatient Visits—Total—Ages 75 to 84 Years	493.93	472.25	417.69	270.05–611.52
Outpatient Visits—Total—Ages 85+ Years	396.80	366.14	321.64	150.69–500.92
Outpatient Visits—Total—Total	239.73	254.83	216.06	177.62–304.91
Inpatient Utilization—General Hospital/Acute Care				
Discharges per 1,000 Member Months (Total Inpatient)—Age <1 Year	6.53	10.94	7.18	—
Discharges per 1,000 Member Months (Total Inpatient)—Ages 1 to 9 Years	1.51	1.57	0.93	0.87–7.29
Discharges per 1,000 Member Months (Total Inpatient)—Ages 10 to 19 Years	1.77	1.96	1.53	1.31–6.85
Discharges per 1,000 Member Months (Total Inpatient)—Ages 20 to 44 Years	6.68	7.15	6.71	6.29–7.35
Discharges per 1,000 Member Months (Total Inpatient)—Ages 45 to 64 Years	10.89	11.71	10.46	9.55–11.21
Discharges per 1,000 Member Months (Total Inpatient)—Ages 65 to 74 Years	15.18	17.91	16.96	15.31–19.11
Discharges per 1,000 Member Months (Total Inpatient)—Ages 75 to 84 Years	17.37	19.19	18.09	15.36–21.68

Performance Measures	HEDIS MY 2018 Rate	HEDIS MY 2019 Rate	HEDIS MY 2020 Rate	Plan Rate Range
Discharges per 1,000 Member Months (Total Inpatient)—Ages 85+ Years	15.04	14.89	15.38	13.10–17.76
Discharges per 1,000 Member Months (Total Inpatient)—Total	6.34	7.08	6.48	5.46–8.86
Days per 1,000 Member Months (Total Inpatient)—Age <1 Year	28.93	37.94	26.41	—
Days per 1,000 Member Months (Total Inpatient)—Ages 1 to 9 Years	5.00	3.77	2.82	2.35–54.37
Days per 1,000 Member Months (Total Inpatient)—Ages 10 to 19 Years	6.37	5.92	4.59	3.86–22.67
Days per 1,000 Member Months (Total Inpatient)—Ages 20 to 44 Years	22.62	25.30	24.52	23.71–25.04
Days per 1,000 Member Months (Total Inpatient)—Ages 45 to 64 Years	57.16	63.52	64.21	50.40–75.59
Days per 1,000 Member Months (Total Inpatient)—Ages 65 to 74 Years	79.03	111.45	104.98	100.73–108.25
Days per 1,000 Member Months (Total Inpatient)—Ages 75 to 84 Years	82.57	96.03	104.41	98.75–111.84
Days per 1,000 Member Months (Total Inpatient)—Ages 85+ Years	68.94	70.27	78.53	66.00–91.67
Days per 1,000 Member Months (Total Inpatient)—Total	26.58	30.78	30.63	27.69–37.44
Average Length of Stay (Total Inpatient)—Age <1 Year	4.43	3.47	3.68	—
Average Length of Stay (Total Inpatient)—Ages 1 to 9 Years	3.31	2.41	3.04	2.70–7.46
Average Length of Stay (Total Inpatient)—Ages 10 to 19 Years	3.60	3.02	3.01	2.94–3.31
Average Length of Stay (Total Inpatient)—Ages 20 to 44 Years	3.39	3.54	3.66	3.23–3.98
Average Length of Stay (Total Inpatient)—Ages 45 to 64 Years	5.25	5.43	6.14	5.28–6.74
Average Length of Stay (Total Inpatient)—Ages 65 to 74 Years	5.21	6.22	6.19	5.27–7.07
Average Length of Stay (Total Inpatient)—Ages 75 to 84 Years	4.75	5.00	5.77	5.16–6.43
Average Length of Stay (Total Inpatient)—Ages 85+ Years	4.58	4.72	5.11	5.04–5.16
Average Length of Stay (Total Inpatient)—Total	4.19	4.35	4.72	4.23–5.08
Discharges per 1,000 Member Months (Medicine)—Age <1 Year	6.09	10.35	6.16	—
Discharges per 1,000 Member Months (Medicine)—Ages 1 to 9 Years	1.28	1.42	0.77	0.74–4.48
Discharges per 1,000 Member Months (Medicine)—Ages 10 to 19 Years	0.59	0.78	0.63	0.57–2.13
Discharges per 1,000 Member Months (Medicine)—Ages 20 to 44 Years	2.22	2.44	2.44	2.21–2.59
Discharges per 1,000 Member Months (Medicine)—Ages 45 to 64 Years	7.52	7.82	7.25	5.65–8.57

Performance Measures	HEDIS MY 2018 Rate	HEDIS MY 2019 Rate	HEDIS MY 2020 Rate	Plan Rate Range
Discharges per 1,000 Member Months (Medicine)—Ages 65 to 74 Years	11.26	12.81	12.44	12.19–12.78
Discharges per 1,000 Member Months (Medicine)—Ages 75 to 84 Years	13.98	14.56	14.64	13.23–16.50
Discharges per 1,000 Member Months (Medicine)—Ages 85+ Years	12.33	12.34	13.09	11.35–14.92
Discharges per 1,000 Member Months (Medicine)—Total	3.34	3.78	3.50	3.25–4.10
Days per 1,000 Member Months (Medicine)—Age <1 Year	24.40	31.17	17.36	—
Days per 1,000 Member Months (Medicine)—Ages 1 to 9 Years	3.45	3.13	1.72	1.42–33.63
Days per 1,000 Member Months (Medicine)—Ages 10 to 19 Years	1.89	1.85	1.95	1.79–5.84
Days per 1,000 Member Months (Medicine)—Ages 20 to 44 Years	7.79	8.49	9.14	8.21–9.73
Days per 1,000 Member Months (Medicine)—Ages 45 to 64 Years	33.59	34.60	36.12	23.21–46.76
Days per 1,000 Member Months (Medicine)—Ages 65 to 74 Years	49.28	65.85	68.13	59.89–74.46
Days per 1,000 Member Months (Medicine)—Ages 75 to 84 Years	58.85	64.94	76.25	72.87–80.67
Days per 1,000 Member Months (Medicine)—Ages 85+ Years	51.28	50.07	62.49	51.13–74.41
Days per 1,000 Member Months (Medicine)—Total	13.37	14.94	15.64	15.04–17.04
Average Length of Stay (Medicine)—Age <1 Year	4.01	3.01	2.82	—
Average Length of Stay (Medicine)—Ages 1 to 9 Years	2.70	2.21	2.23	1.94–7.50
Average Length of Stay (Medicine)—Ages 10 to 19 Years	3.19	2.38	3.07	2.74–3.12
Average Length of Stay (Medicine)—Ages 20 to 44 Years	3.51	3.48	3.74	3.72–3.75
Average Length of Stay (Medicine)—Ages 45 to 64 Years	4.47	4.43	4.98	4.11–5.46
Average Length of Stay (Medicine)—Ages 65 to 74 Years	4.38	5.14	5.47	4.69–6.11
Average Length of Stay (Medicine)—Ages 75 to 84 Years	4.21	4.46	5.21	4.89–5.51
Average Length of Stay (Medicine)—Ages 85+ Years	4.16	4.06	4.78	4.51–4.99
Average Length of Stay (Medicine)—Total	4.01	3.95	4.46	4.15–4.63
Discharges per 1,000 Member Months (Surgery)—Age <1 Year	0.44	0.59	1.02	—
Discharges per 1,000 Member Months (Surgery)—Ages 1 to 9 Years	0.23	0.15	0.16	0.13–2.80
Discharges per 1,000 Member Months (Surgery)—Ages 10 to 19 Years	0.25	0.27	0.27	0.21–1.57
Discharges per 1,000 Member Months (Surgery)—Ages 20 to 44 Years	0.94	1.06	1.04	0.97–1.16

Performance Measures	HEDIS MY 2018 Rate	HEDIS MY 2019 Rate	HEDIS MY 2020 Rate	Plan Rate Range
Discharges per 1,000 Member Months (Surgery)—Ages 45 to 64 Years	3.35	3.86	3.17	2.59–3.86
Discharges per 1,000 Member Months (Surgery)—Ages 65 to 74 Years	3.93	5.09	4.52	3.12–6.33
Discharges per 1,000 Member Months (Surgery)—Ages 75 to 84 Years	3.40	4.64	3.45	2.14–5.18
Discharges per 1,000 Member Months (Surgery)—Ages 85+ Years	2.72	2.56	2.29	1.76–2.85
Discharges per 1,000 Member Months (Surgery)—Total	1.29	1.53	1.39	0.99–2.29
Days per 1,000 Member Months (Surgery)—Age <1 Year	4.53	6.77	9.05	—
Days per 1,000 Member Months (Surgery)—Ages 1 to 9 Years	1.55	0.65	1.10	0.92–20.74
Days per 1,000 Member Months (Surgery)—Ages 10 to 19 Years	1.95	1.60	1.02	0.64–10.44
Days per 1,000 Member Months (Surgery)—Ages 20 to 44 Years	5.91	7.90	7.44	6.65–7.94
Days per 1,000 Member Months (Surgery)—Ages 45 to 64 Years	23.49	28.83	27.93	27.03–28.66
Days per 1,000 Member Months (Surgery)—Ages 65 to 74 Years	29.75	45.60	36.85	33.79–40.84
Days per 1,000 Member Months (Surgery)—Ages 75 to 84 Years	23.72	31.09	28.17	25.88–31.17
Days per 1,000 Member Months (Surgery)—Ages 85+ Years	17.65	20.19	16.03	14.86–17.26
Days per 1,000 Member Months (Surgery)—Total	8.85	11.47	11.04	9.36–14.92
Average Length of Stay (Surgery)—Age <1 Year	10.23	11.56	8.89	—
Average Length of Stay (Surgery)—Ages 1 to 9 Years	6.72	4.25	6.94	6.85–7.40
Average Length of Stay (Surgery)—Ages 10 to 19 Years	7.86	6.00	3.84	3.00–6.64
Average Length of Stay (Surgery)—Ages 20 to 44 Years	6.28	7.42	7.13	5.76–8.18
Average Length of Stay (Surgery)—Ages 45 to 64 Years	7.02	7.46	8.82	7.00–11.06
Average Length of Stay (Surgery)—Ages 65 to 74 Years	7.58	8.95	8.16	6.45–10.81
Average Length of Stay (Surgery)—Ages 75 to 84 Years	6.98	6.70	8.16	6.02–12.12
Average Length of Stay (Surgery)—Ages 85+ Years	6.50	7.89	7.00	6.06–8.45
Average Length of Stay (Surgery)—Total	6.85	7.49	7.96	6.51–9.42
Discharges per 1,000 Member Months (Maternity)—Ages 10 to 19 Years	0.93	0.91	0.63	0.52–3.14
Discharges per 1,000 Member Months (Maternity)—Ages 20 to 44 Years	3.51	3.64	3.22	2.73–3.99
Discharges per 1,000 Member Months (Maternity)—Ages 45 to 64 Years	0.02	0.03	0.04	0.03–0.05
Discharges per 1,000 Member Months (Maternity)—Total	2.15	2.21	1.95	1.58–2.66

Performance Measures	HEDIS MY 2018 Rate	HEDIS MY 2019 Rate	HEDIS MY 2020 Rate	Plan Rate Range
Days per 1,000 Member Months (Maternity)—Ages 10 to 19 Years	2.53	2.47	1.63	1.43–6.40
Days per 1,000 Member Months (Maternity)—Ages 20 to 44 Years	8.91	8.91	7.94	7.36–8.84
Days per 1,000 Member Months (Maternity)—Ages 45 to 64 Years	0.08	0.09	0.16	0.15–0.16
Days per 1,000 Member Months (Maternity)—Total	5.50	5.46	4.84	4.28–5.90
Average Length of Stay (Maternity)—Ages 10 to 19 Years	2.73	2.70	2.60	2.04–2.73
Average Length of Stay (Maternity)—Ages 20 to 44 Years	2.54	2.45	2.47	2.22–2.70
Average Length of Stay (Maternity)—Ages 45 to 64 Years	4.00	3.00	3.92	3.63–4.40
Average Length of Stay (Maternity)—Total	2.56	2.47	2.48	2.22–2.71
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	0.00–0.00
Bariatric Weight Loss Surgery (20–44 Male)	0.01	0.01	0.01	—
Bariatric Weight Loss Surgery (20–44 Female)	0.10	0.11	0.10	0.05–0.17
Bariatric Weight Loss Surgery (45–64 Male)	0.02	0.03	0.03	0.00–0.07
Bariatric Weight Loss Surgery (45–64 Female)	0.12	0.19	0.14	0.06–0.21
Tonsillectomy (0–9 Male & Female)	0.27	0.29	0.10	0.08–2.23
Tonsillectomy (10–19 Male & Female)	0.18	0.14	0.06	0.05–0.22
Hysterectomy, Abdominal (15–44 Female)	0.05	0.05	0.04	0.03–0.05
Hysterectomy, Abdominal (45–64 Female)	0.19	0.18	0.09	0.06–0.12
Hysterectomy, Vaginal (15–44 Female)	0.20	0.18	0.12	0.02–0.28
Hysterectomy, Vaginal (45–64 Female)	0.16	0.18	0.16	0.14–0.17
Cholecystectomy, Open (30–64 Male)	0.01	0.02	0.01	—
Cholecystectomy, Open (15–44 Female)	0.01	0.00	0.00	—
Cholecystectomy, Open (45–64 Female)	0.04	0.01	0.02	0.00–0.04
Cholecystectomy (Laparoscopic) (30–64 Male)	0.18	0.16	0.16	0.11–0.25
Cholecystectomy (Laparoscopic) (15–44 Female)	0.48	0.48	0.44	0.28–0.69
Cholecystectomy (Laparoscopic) (45–64 Female)	0.50	0.45	0.42	0.32–0.53
Back Surgery (20–44 Male)	0.07	0.09	0.11	0.05–0.22
Back Surgery (20–44 Female)	0.11	0.10	0.08	0.04–0.14
Back Surgery (45–64 Male)	0.50	0.62	0.37	0.21–0.59
Back Surgery (45–64 Female)	0.48	0.44	0.42	0.23–0.62
Mastectomy (15–44 Female)	0.04	0.09	0.04	0.03–0.05
Mastectomy (45–64 Female)	0.06	0.17	0.19	0.14–0.25
Lumpectomy (15–44 Female)	0.08	0.10	0.05	0.02–0.09
Lumpectomy (45–64 Female)	0.21	0.24	0.18	0.16–0.19

Performance Measures	HEDIS MY 2018 Rate	HEDIS MY 2019 Rate	HEDIS MY 2020 Rate	Plan Rate Range
Plan All-Cause Readmissions*				
Observed Readmissions—Ages 18 to 44 Years	—	10.74%	9.22%	8.62%–9.71%
Observed Readmissions—Ages 45 to 54 Years	—	12.52%	11.96%	10.10%–13.35%
Observed Readmissions—Ages 55 to 64 Years	—	11.94%	11.26%	9.91%–12.44%
Observed Readmissions—Total	—	11.54%	10.45%	9.34%–11.35%
O/E Ratio—Total	—	1.13	1.05	0.93–1.14

* 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 MY 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 MY 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 MY 2018 or MY 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 2020–2021, 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 MY 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 MY 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 MY 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.

Appendix D. MCO Capitation Initiative Administrative and Hybrid Rates

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

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

Performance Measures	Administrative Rate	Hybrid Rate	Percentile Ranking
Access to Care			
Prenatal and Postpartum Care			
Timeliness of Prenatal Care	83.36%	87.10%	25th–49th
Postpartum Care	69.22%	74.21%	25th–49th

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

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

Performance Measures	Administrative Rate	Hybrid Rate	Percentile Ranking
Pediatric Care			
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents			
BMI Percentile Documentation—Total	5.83%	75.74%	25th–49th
Counseling for Nutrition—Total	20.42%	77.87%	50th–74th
Counseling for Physical Activity—Total	0.00%	72.34%	50th–74th
Access to Care			
Prenatal and Postpartum Care			
Timeliness of Prenatal Care	56.65%	91.00%	50th–74th
Postpartum Care	32.89%	85.64%	≥90th
Preventive Screening			
Cervical Cancer Screening			
Cervical Cancer Screening	40.27%	52.01%	10th–24th
Living With Illness			
Comprehensive Diabetes Care			
Hemoglobin A1c (HbA1c) Testing	86.61%	92.77%	≥90th
HbA1c Poor Control (>9.0%)*	71.37%	25.94%	≥90th
HbA1c Control (<8.0%)	23.85%	60.10%	75th–89th
Eye Exam (Retinal) Performed	48.57%	59.60%	50th–74th
Blood Pressure Control (<140/90 mm Hg)	0.13%	75.31%	—

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

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