



COLORADO

**Department of Health Care
Policy & Financing**

**HEDIS Measurement Year 2021
Aggregate Report
for Health First Colorado
(Colorado's Medicaid Program)**

October 2022

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Colorado Department of Health Care Policy & Financing.*



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Introduction

Health First Colorado (Colorado’s Medicaid program) is administered by the Department of Health Care Policy & Financing (the Department). In fiscal year (FY) 2021–2022, Health First Colorado’s Medicaid member enrollment was approximately 1.5 million. Approximately 1.4 million members (94 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 2021–2022, 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 performance measures from the Centers for Medicare & Medicaid Services (CMS) Adult and Child Core Set reporting set to evaluate the MCOs’ performance and for public reporting. For measurement year (MY) 2021, the Department required that the MCOs report all 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 2021–2022, 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

¹⁻¹ Colorado Department of Health Care Policy & Financing. *Colorado Medicaid Benefits and Services*. Available at: <https://www.healthfirstcolorado.com/benefits-services/>. Accessed on: September 17, 2022.

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

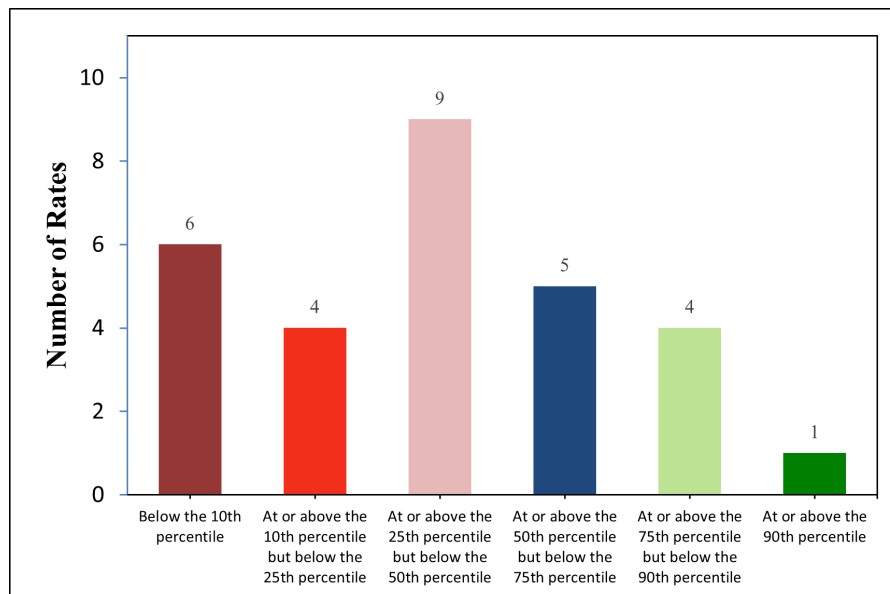
¹⁻³ NCQA HEDIS Compliance Audit[™] is a trademark of the NCQA.

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: Primary Care Access and Preventive Care, Maternal and Perinatal Health, Care of Acute and Chronic Conditions, Behavioral Health Care, 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 MY 2021 performance measure indicators that were comparable to NCQA’s Quality Compass® national Medicaid health maintenance organization (HMO) percentiles for HEDIS MY 2020 (referred to throughout this report as percentiles).¹⁻⁵ Of note, rates for the *Ambulatory Care: Emergency Department (ED) Visits—ED Visits—Total*, and *Plan All-Cause Readmissions—Expected Readmissions—Total* and *Observed Readmissions—Total* measure indicators were compared to NCQA’s Audit Means and Percentiles national Medicaid percentiles for HEDIS MY 2020 since these indicators are not published in Quality Compass. The bars represent the number of Colorado Medicaid weighted averages that fell into each percentile range. The percentile range shows how the Colorado Medicaid weighted average ranked nationally. Measures under the Use of Services domain are considered utilization-based measures rather than performance measures; therefore, they are not included in this figure.

Figure 1-1—Colorado Medicaid Weighted Averages for HEDIS Measure Comparisons

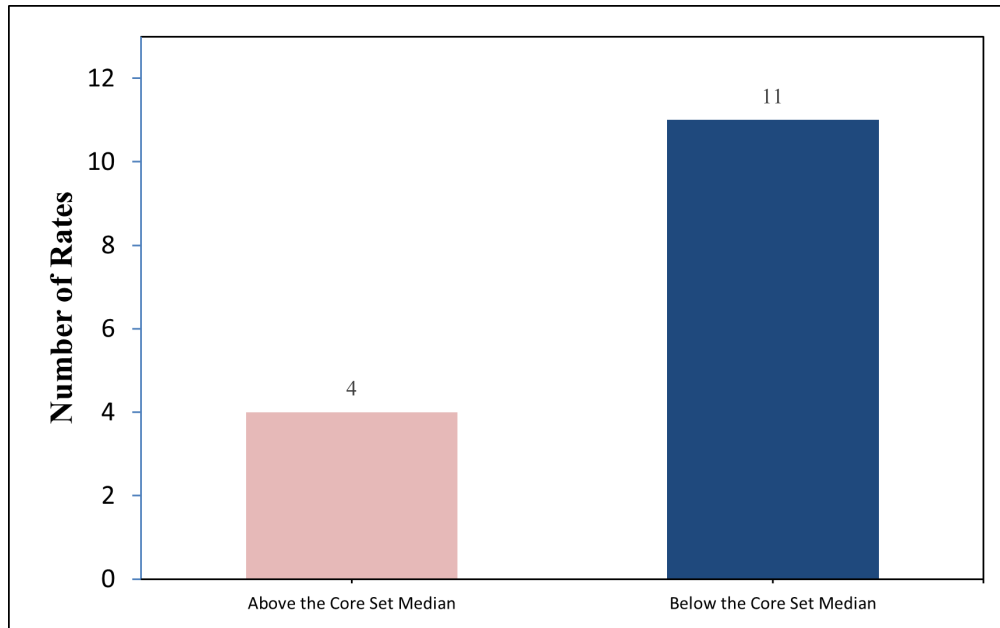


¹⁻⁴ National Committee for Quality Assurance. *HEDIS Compliance Audit Standards, Policies and Procedures, Volume 5*. Washington D.C.

¹⁻⁵ Quality Compass® is a registered trademark of the NCQA.

The Colorado Medicaid weighted averages for HEDIS measures indicated low performance statewide compared to national standards, as 19 of 29 (65.52 percent) measure rates fell below the 50th percentile.

Figure 1-2—Colorado Medicaid Weighted Averages for Core Set Measures



The Colorado Medicaid weighted averages for Core Set measures indicated low performance statewide compared to national standards, as 15 of 19 (78.95 percent) measure rates fell below the Core Set Median.

Detailed Statewide Performance

Table 1-1 shows the Colorado Medicaid weighted averages for MY 2019 through MY 2021 along with the benchmark ranking for each MY 2021 rate. HEDIS rates for MY 2021 shaded green with one caret (^) indicate a statistically significant improvement in performance from the previous year. HEDIS rates for MY 2021 shaded red with two carets (^) indicate a statistically significant decline in performance from the previous year.¹⁻⁶ For non-HEDIS Core Set measures, HSAG compared statewide performance measure results for MY 2021 to the CMS Core Set Medians for FFY 2020 when available. For measures in the Use of Services domain, 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.

¹⁻⁶ HEDIS measure 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 MY 2020 to MY 2021.

Table 1-1—Colorado Medicaid Weighted Averages

Performance Measures	MY 2019 Rate	MY 2020 Rate	MY 2021 Rate	Benchmark Ranking
Primary Care Access and Preventive Care				
Breast Cancer Screening^{SA}				
Ages 50 to 64 Years	—	—	41.29%	ASA
Ages 65 to 74 Years	—	—	34.32%	ASA
Cervical Cancer Screening^H				
Cervical Cancer Screening	42.52%	40.72%	40.67%	<10th
Child and Adolescent Well-Care Visits^H				
Total	—	38.32%	41.16%^	25th–49th
Childhood Immunization Status^H				
Combination 3	66.41%	67.95%	61.94%^^	10th–24th
Combination 7	57.40%	57.71%	53.10%^^	10th–24th
Combination 10	42.68%	40.11%	40.25%	50th–74th
Chlamydia Screening in Women^H				
Ages 16 to 20 Years	68.90%	65.17%	75.11%^	≥90th
Ages 21 to 24 Years	60.62%	56.31%	57.93%	25th–49th
Developmental Screening in the First Three Years of Life^{CS}				
Total	—	—	NA	NA
Immunizations for Adolescents^H				
Combination 1 (Meningococcal, Tetanus, Diphtheria, and Pertussis [Tdap])	77.63%	75.51%	64.92%^^	<10th
Combination 2 (Meningococcal, Tdap, Human Papillomavirus [HPV])	50.04%	44.87%	35.48%^^	25th–49th
Screening for Depression and Follow-Up Plan^{SA}				
Ages 12 to 17 Years	—	—	7.69%	ASA
Ages 18 to 64 Years	—	—	7.28%	ASA
Ages 65 Years and Older	—	—	2.37%	ASA
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents^H				
Body Mass Index (BMI) Percentile Documentation—Total	24.76%	64.36%	69.35%^	25th–49th
Counseling for Nutrition—Total	9.36%	69.02%	73.46%^	50th–74th
Counseling for Physical Activity—Total	7.96%	68.02%	72.54%^	50th–74th
Well-Child Visits in the First 30 Months of Life^H				
Well-Child Visits in the First 15 Months—Six or More Well-Child Visits	—	54.69%	54.34%	25th–49th
Well-Child Visits for Age 15 Months–30 Months—Two or More Well-Child Visits	—	57.22%	54.39%	<10th

Performance Measures	MY 2019 Rate	MY 2020 Rate	MY 2021 Rate	Benchmark Ranking
Maternal and Perinatal Health				
Audiological Diagnosis No Later Than 3 Months of Age^{SA}				
Total	—	—	NA	NA
Contraceptive Care—All Women^{CS}				
Most or Moderately Effective Method of Contraception (MMEC)—Ages 15 to 20 Years	—	—	33.58%	ACSM
Long-Acting Reversible Method of Contraception (LARC)—Ages 15 to 20 Years	—	—	6.51%	ACSM
MMEC—Ages 21 to 44 Years	—	—	20.17%	BCSM
LARC—Ages 21 to 44 Years	—	—	4.87%	BCSM
Contraceptive Care—Postpartum Women^{CS}				
MMEC—3 Days—Ages 15 to 20 Years	—	—	0.00%	BCSM
MMEC—60 Days—Ages 15 to 20 Years	—	—	34.78%	BCSM
LARC—3 Days—Ages 15 to 20 Years	—	—	0.00%	BCSM
LARC—60 Days—Ages 15 to 20 Years	—	—	19.57%	ACSM
MMEC—3 Days—Ages 21 to 44 Years	—	—	5.77%	BCSM
MMEC—60 Days—Ages 21 to 44 Years	—	—	40.74%	BCSM
LARC—3 Days—Ages 21 to 44 Years	—	—	0.00%	BCSM
LARC—60 Days—Ages 21 to 44 Years	—	—	16.56%	ACSM
Elective Delivery^{*SA}				
Ages 18 to 64 Years	—	—	48.09%	ASA
Prenatal and Postpartum Care^H				
Timeliness of Prenatal Care	62.81%	70.45%	68.76%	<10th
Postpartum Care	50.88%	51.65%	54.89%^	<10th
Care of Acute and Chronic Conditions				
Asthma in Younger Adults Admission Rate^{*CS}				
Ages 18 to 39 Years	—	—	6.65	BCSM
Asthma Medication Ratio^{CS}				
Total (Ages 5 to 18 Years)	—	—	59.68%	BCSM
Total (Ages 19 to 64 Years)	—	—	52.00%	BCSM
Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate^{*SA}				
Ages 40 to 64 Years	—	—	258.84	ASA
Ages 65 Years and Older	—	—	1210.72	ASA
Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)^{*SA}				
Ages 18 to 64 Years	—	—	69.74%	ASA
Ages 65 to 75 Years	—	—	66.67%	ASA
Controlling High Blood Pressure^{SA}				
Ages 18 to 64 Years	—	—	36.77%	ASA

Performance Measures	MY 2019 Rate	MY 2020 Rate	MY 2021 Rate	Benchmark Ranking
<i>Ages 65 to 85 Years</i>	—	—	42.45%	ASA
Diabetes Short-Term Complications Admission Rate^{**SA}				
<i>Ages 18 to 64 Years</i>	—	—	27.29	ASA
<i>Ages 65 Years and Older</i>	—	—	18.41	ASA
Heart Failure Admission Rate^{**SA}				
<i>Ages 18 to 64 Years</i>	—	—	76.05	ASA
<i>Ages 65 Years and Older</i>	—	—	1033.38	ASA
Human Immunodeficiency Virus (HIV) Viral Load Suppression^{SA}				
<i>Ages 18 to 64 Years</i>	—	—	0.00%	ASA
<i>Ages 65 Years and Older</i>	—	—	NA	NA
Behavioral Health Care				
Adherence to Antipsychotic Medications for Individuals With Schizophrenia^H				
<i>Adherence to Antipsychotic Medications for Individuals With Schizophrenia</i>	—	—	53.83%	10th–24th
Antidepressant Medication Management^{SA}				
<i>Effective Acute Phase Treatment—Ages 18 to 64 Years</i>	—	—	60.87%	ASA
<i>Effective Acute Phase Treatment—Ages 65 Years and Older</i>	—	—	74.36%	ASA
<i>Effective Continuation Phase Treatment—Ages 18 to 64 Years</i>	—	—	41.07%	ASA
<i>Effective Continuation Phase Treatment—Ages 65 Years and Older</i>	—	—	64.10%	ASA
Concurrent Use of Opioids and Benzodiazepines^{**SA}				
<i>Ages 18 to 64 Years</i>	—	—	14.93%	ASA
<i>Ages 65 Years and Older</i>	—	—	19.29%	ASA
Diabetes Care for People With Serious Mental Illness: HbA1c Poor Control (>9.0%)^{**SA}				
<i>Ages 18 to 64 Years</i>	—	—	58.37%	ASA
<i>Ages 65 to 75 Years</i>	—	—	NA	NA
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications^H				
<i>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications</i>	—	—	79.50%	50th–74th
Follow-Up After ED Visit for Alcohol and Other Drug (AOD) Abuse or Dependence^{SA}				
<i>7-Day Follow-Up—Ages 18 to 64 Years</i>	—	—	15.29%	ASA
<i>7-Day Follow-Up—Ages 65 Years and Older</i>	—	—	2.08%	ASA
<i>30-Day Follow-Up—Ages 18 to 64 Years</i>	—	—	21.09%	ASA
<i>30-Day Follow-Up—Ages 65 Years and Older</i>	—	—	6.25%	ASA
Follow-Up After ED Visit for Mental Illness^H				
<i>7-Day Follow-Up—Ages 18 to 64 Years</i>	—	—	26.47%	25th–49th

Performance Measures	MY 2019 Rate	MY 2020 Rate	MY 2021 Rate	Benchmark Ranking
<i>7-Day Follow-Up—Ages 65 Years and Older</i>	—	—	NA	NA
<i>30-Day Follow-Up—Ages 18 to 64 Years</i>	—	—	36.30%	10th–24th
<i>30-Day Follow-Up—Ages 65 Years and Older</i>	—	—	NA	NA
<i>Follow-Up After Hospitalization for Mental Illness^H</i>				
<i>7-Day Follow-Up—Ages 6 to 17 Years</i>	—	—	NA	NA
<i>7-Day Follow-Up—Ages 18 to 64 Years</i>	—	—	33.98%	50th–74th
<i>7-Day Follow-Up—Ages 65 Years and Older</i>	—	—	NA	NA
<i>30-Day Follow-Up—Ages 6 to 17 Years</i>	—	—	NA	NA
<i>30-Day Follow-Up—Ages 18 to 64 Years</i>	—	—	50.00%	25th–49th
<i>30-Day Follow-Up—Ages 65 Years and Older</i>	—	—	NA	NA
<i>Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication^H</i>				
<i>Initiation Phase</i>	41.59%	41.67%	31.87%	<10th
<i>Continuation and Maintenance Phase</i>	NA	NA	NA	NA
<i>Initiation and Engagement of AOD Abuse or Dependence Treatment^{SA}</i>				
<i>Initiation of AOD—Alcohol Abuse or Dependence—Ages 18 to 64 Years</i>	—	—	41.03%	ASA
<i>Initiation of AOD—Alcohol Abuse or Dependence—Ages 65 Years and Older</i>	—	—	61.05%	ASA
<i>Initiation of AOD—Opioid Abuse or Dependence—Ages 18 to 64 Years</i>	—	—	54.44%	ASA
<i>Initiation of AOD—Opioid Abuse or Dependence—Ages 65 Years and Older</i>	—	—	NA	NA
<i>Initiation of AOD—Other Drug Abuse or Dependence—Ages 18 to 64 Years</i>	—	—	40.41%	ASA
<i>Initiation of AOD—Other Drug Abuse or Dependence—Ages 65 Years and Older</i>	—	—	51.52%	ASA
<i>Initiation of AOD—Total AOD Abuse or Dependence—Ages 18 to 64 Years</i>	—	—	42.16%	ASA
<i>Initiation of AOD—Total AOD Abuse or Dependence—Ages 65 Years and Older</i>	—	—	61.38%	ASA
<i>Engagement of AOD—Alcohol Abuse or Dependence—Ages 18 to 64 Years</i>	—	—	6.32%	ASA
<i>Engagement of AOD—Alcohol Abuse or Dependence—Ages 65 Years and Older</i>	—	—	6.32%	ASA
<i>Engagement of AOD—Opioid Abuse or Dependence—Ages 18 to 64 Years</i>	—	—	14.02%	ASA
<i>Engagement of AOD—Opioid Abuse or Dependence—Ages 65 Years and Older</i>	—	—	NA	NA
<i>Engagement of AOD—Other Drug Abuse or Dependence—Ages 18 to 64 Years</i>	—	—	3.67%	ASA

Performance Measures	MY 2019 Rate	MY 2020 Rate	MY 2021 Rate	Benchmark Ranking
<i>Engagement of AOD—Other Drug Abuse or Dependence—Ages 65 Years and Older</i>	—	—	3.03%	ASA
<i>Engagement of AOD—Total AOD Abuse or Dependence—Ages 18 to 64 Years</i>	—	—	6.40%	ASA
<i>Engagement of AOD—Total AOD Abuse or Dependence—Ages 65 Years and Older</i>	—	—	6.90%	ASA
Metabolic Monitoring for Children and Adolescents on Antipsychotics^H				
<i>Blood Glucose Testing—Total</i>	49.15%	55.88%	59.09%	75th–89th
<i>Cholesterol Testing—Total</i>	38.98%	41.18%	45.45%	75th–89th
<i>Blood Glucose and Cholesterol Testing—Total</i>	38.98%	35.29%	43.94%	75th–89th
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics^H				
<i>Total</i>	—	—	NA	NA
Use of Opioids at High Dosage in Persons Without Cancer^{**SA}				
<i>Ages 18 to 64 Years</i>	—	—	4.11%	ASA
<i>Ages 65 Years and Older</i>	—	—	2.48%	ASA
Use of Pharmacotherapy for Opioid Use Disorder^{SA}				
<i>Rate 1: Total</i>	—	—	52.74%	ASA
<i>Rate 2: Buprenorphine</i>	—	—	31.66%	ASA
<i>Rate 3: Oral Naltrexone</i>	—	—	4.13%	ASA
<i>Rate 4: Long-Acting Injectable Naltrexone</i>	—	—	0.72%	ASA
<i>Rate 5: Methadone</i>	—	—	20.54%	ASA
Use of Services				
Ambulatory Care: ED Visits				
<i>ED Visits—Total[*]</i>	—	—	22.66	NA
Plan All-Cause Readmissions^H				
<i>Observed Readmissions—Total</i>	11.54%	10.45%	8.85%	NA
<i>Expected Readmissions—Total</i>	—	—	9.71%	NA
<i>Observed to Expected (O/E) Ratio—Total[*]</i>	1.13	1.05	0.91	75th–89th

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

^H indicates that the measure is a HEDIS measure and can be compared to NCQA benchmarks.

^{CS} indicates that the measure is a non-HEDIS Core Set measure and can be compared to the Core Set Median.

^{SA} indicates that the measure could only be compared to the statewide average.

— indicates that a percentile ranking was not determined because the rate was not reportable or there was a break in trending. This symbol may also indicate that the denominator was too small to report the rate, there was no benchmark to compare to, or that the plan was exempted from the rate.

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.

ASA indicates the reported rate was above the statewide average.

BCSM indicates the reported rate was below the Core Set Median.

ACSM indicates the reported rate was above the Core Set Median.

Summary of Performance by Domain

Primary Care Access and Preventive Care

Performance for the MCOs in the Primary Care Access and Preventive Care domain demonstrated opportunities for improvement, with nine of 14 (64.29 percent) HEDIS measure indicator rates for DHMP falling below the 50th percentile and all nine reportable HEDIS measure 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, the coronavirus disease 2019 [COVID-19] public health emergency [PHE], provider billing issues, administrative data source challenges).

Of note, DHMP's rate for the *Chlamydia Screening in Women—Ages 16 to 20 Years and Ages 21 to 24 Years* measure indicators ranked at or above the 75th percentile, showing strength in preventive screening.

Maternal and Perinatal Health

With all reportable HEDIS performance measure rates (i.e., *Prenatal and Postpartum Care—Timeliness of Prenatal Care* and *Postpartum Care*) within the Maternal and Perinatal Health domain falling below the 50th percentile, both DHMP and RMHP Prime have opportunities to improve access to prenatal and postpartum care for women. The MCOs and the Department should conduct root cause analyses for the low *Prenatal and Postpartum Care—Timeliness of Prenatal Care* and *Postpartum Care* indicator 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). Timely and adequate prenatal and postpartum care can set the stage for the long-term health and well-being of new mothers and their infants.¹⁻⁷ Additionally, the MCOs and the Department could identify factors related to the COVID-19 PHE and how the Maternal and Perinatal Health rates were 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 Maternal and Perinatal Health domain rates. Improvement in the Maternal and Perinatal Health domain 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).

Care of Acute and Chronic Conditions

Performance for the MCOs in the Care of Acute and Chronic Conditions domain demonstrated opportunities for improvement as it relates to *Asthma Medication Ratio—Total (Ages 5 to 18 Years)* and *Total (Ages 19 to 64 Years)* for DHMP, and *Controlling High Blood Pressure—Ages 18 to 64 Years and Ages 65 to 85 Years* and *Asthma in Younger Adults Admission Rate—Ages 18 to 39 Years* for RMHP

¹⁻⁷ National Committee for Quality Assurance. Prenatal and Postpartum Care. Available at: <https://www.ncqa.org/hedis/measures/prenatal-and-postpartum-care-ppc/>. Accessed on: Sept 28, 2022.

Prime. These measure indicator rates fell below the Core Set Median; therefore, the MCOs and the Department should identify the factors contributing to the low rates for these measure indicators (e.g., barriers to care, COVID-19 PHE).

Behavioral Health Care

Performance for the MCOs in the Behavioral Health Care domain demonstrated opportunities for improvement with six of seven (85.71 percent) HEDIS measure indicator rates for DHMP falling below the 25th percentile and three of nine (33.33 percent) HEDIS measure indicator rates for RMHP Prime falling below the 50th percentile. The MCOs and the Department should identify the factors contributing to the low rates for *Adherence to Antipsychotic Medications for Individuals With Schizophrenia* (e.g., barriers to care, COVID-19 PHE, provider billing issues, administrative data source challenges) since this is a measure in which both DHMP and RMHP Prime show significant need for improvement. Similarly, DHMP should identify factors contributing to the low rates for the *Follow-Up After ED Visit for Mental Illness—7-Day Follow-Up—Ages 18 to 64 Years* and *30-Day Follow-Up—Ages 18 to 64 Years*, *Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase*, and *Follow-Up After Hospitalization for Mental Illness* measures, all of which fell below the 25th percentile.

Of note, DHMP's rate for *Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications* ranked above the 90th percentile, showing strength in preventive screening.

Use of Services

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 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 the *Ambulatory Care: ED Visits* measure. Nonetheless, combined with other performance metrics, the MCOs' and Colorado Medicaid weighted average utilization results provide additional information that the 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 Prime.

- Since all MY 2021 measures were reported using the administrative methodology according to the Department’s direction, the 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 2021–2022 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 MCOs’ 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—2022 Medicaid MCO Names and Abbreviations

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

Summary of MY 2021 Measures

Within this report, HSAG presents the MCOs' and statewide performance on CMS Core Set measures selected by the Department for MY 2021. The measures selected by the Department were grouped into the following domains of care: Primary Care Access and Preventive Care, Maternal and Perinatal Health, Care of Acute and Chronic Conditions, Behavioral Health Care, 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 MY 2021 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 the *Child and Adolescent Well-Care Visits* measure indicators are displayed in the Executive Summary and Section 3 of this report to provide an overall understanding of plan and statewide performance associated with child and adolescent well-care visits. *Child and Adolescent Well-Care Visits* rates for *Ages 3 to 11 Years*, *Ages 12 to 17 Years*, and *Ages 18 to 21 Years* are presented along with the *Total* rates in the appendices.

Table 2-2—MY 2021 Selected Measures

Performance Measures
Primary Care Access and Preventive Care
<i>Breast Cancer Screening—Ages 50 to 64 Years and Ages 65 Years to 74 Years¹</i>
<i>Cervical Cancer Screening</i>
<i>Child and Adolescent Well-Care Visits</i>
<i>Childhood Immunization Status—Combinations 3, 7, and 10</i>
<i>Chlamydia Screening in Women—Ages 16 to 20 Years and Ages 21 to 24 Years¹</i>
<i>Developmental Screening in the First Three Years of Life</i>
<i>Immunizations for Adolescents</i>
<i>Screening For Depression and Follow-Up Plan—Ages 12 to 17 Years and Ages 18 Years and Older¹</i>
<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile Documentation—Total, Counseling for Nutrition—Total, and Counseling for Physical Activity—Total</i>
<i>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</i>
Maternal and Perinatal Health
<i>Audiological Diagnosis No Later than 3 Months of Age</i>
<i>Contraceptive Care—All Women—Ages 15 to 20 Years and Ages 21 to 44 Years¹</i>
<i>Contraceptive Care—Postpartum Women—Ages 15 to 20 Years and Ages 21 to 44 Years¹</i>
<i>Elective Delivery</i>
<i>Prenatal and Postpartum Care—Timeliness of Prenatal Care and Postpartum Care</i>
Care of Acute and Chronic Conditions
<i>Asthma in Younger Adults Admission Rate</i>
<i>Asthma Medication Ratio—Total (Ages 5 to 18 Years) and Total (Ages 19 to 64 Years)¹</i>
<i>COPD or Asthma in Older Adults Admission Rate</i>
<i>Comprehensive Diabetes Care: HbA1c Poor Control (>9.0%)—Ages 18 to 64 Years and Ages 65 to 75 Years¹</i>
<i>Controlling High Blood Pressure—Ages 18 to 64 Years and Ages 65 to 85 Years¹</i>
<i>Diabetes Short-Term Complications Admission Rate</i>

Performance Measures
<i>Heart Failure Admission Rate</i>
<i>HIV Viral Load Suppression</i>
Behavioral Health Care
<i>Adherence to Antipsychotic Medications for Individuals With Schizophrenia</i>
<i>Antidepressant Medication Management—Ages 18 to 64 Years and Ages 65 Years and Older¹</i>
<i>Concurrent Use of Opioids and Benzodiazepines</i>
<i>Diabetes Care for People With Serious Mental Illness: HbA1c Poor Control (>9.0%)</i>
<i>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications</i>
<i>Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence—Ages 18 to 64 Years and Ages 65 Years and Older¹</i>
<i>Follow-Up After Emergency Department Visit for Mental Illness—Ages 18 Years and Older</i>
<i>Follow-Up After Hospitalization for Mental Illness—Ages 6 to 17 Years and Ages 18 Years and Older¹</i>
<i>Follow-Up Care for Children Prescribed ADHD Medication</i>
<i>Initiation and Engagement of AOD or Dependence Treatment—Initiation of AOD Treatment—Ages 18 to 64 Years and Ages 65 Years and Older and Engagement of AOD Treatment—Ages 18 to 64 Years and Ages 65 Years and Older¹</i>
<i>Metabolic Monitoring for Children and Adolescents on Antipsychotics</i>
<i>Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics</i>
<i>Use of Opioids at High Dosage in Persons Without Cancer</i>
<i>Use of Pharmacotherapy for Opioid Use Disorder</i>
Use of Services
<i>Ambulatory Care: ED Visits</i>
<i>Plan All-Cause Readmissions</i>

¹Indicates additional age stratifications were required for reporting using CMS Core Set specifications as opposed to the NCQA specifications. This symbol may also indicate measures that are part of both the CMS Adult Core Set measure list and the CMS Child Core Set measure list; therefore, multiple age stratifications are listed.

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 CMS in the *FFY 2022 Adult Resource Manual and Technical Specifications* and *FFY 2022 Child Resource Manual and Technical Specifications*.^{2-1,2-2} Of note, both MCOs reported select measure rates for MY 2021 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 for HEDIS measures and custom rate reporting templates for those CMS Core Set measures that are non-HEDIS measures. Prior to HSAG's receipt of the MCOs' IDSS files, all the MCOs were required by the Department to have their MY 2021 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. MY 2021 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

²⁻¹ Centers for Medicare & Medicaid Services. FFY 2022 Adult Resource Manual and Technical Specifications. Available at: <https://www.medicare.gov/medicaid/quality-of-care/performance-measurement/adult-and-child-health-care-quality-measures/adult-core-set-reporting-resources/index.html>. Accessed on: Sept 29, 2022.

²⁻² Centers for Medicare & Medicaid Services. FFY 2022 Child Resource Manual and Technical Specifications. Available at: <https://www.medicare.gov/medicaid/quality-of-care/performance-measurement/adult-and-child-health-care-quality-measures/child-core-set-reporting-resources/index.html>. Accessed on: Sept 29, 2022.

respective HEDIS auditor. Please see Appendix C for additional information on NCQA's 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

MY 2021 MCO rates and the statewide weighted average rates were compared to the corresponding national HEDIS benchmarks as well as the CMS Core Set Medians, where applicable. For comparative purposes, HSAG used the most recent data available from NCQA at the time of the production of this report to evaluate the MY 2021 rates: NCQA's Quality Compass national Medicaid HMO percentiles for HEDIS MY 2020 and the CMS Core Set Medians for FFY 2020.

For some measures for which lower rates indicate better performance (e.g., *Ambulatory Care—ED Visits*), HSAG inverted the percentiles to be consistently applied to these measures as with the other measures. For example, the 10th percentile (a lower rate) was inverted to become the 90th percentile, indicating better performance.

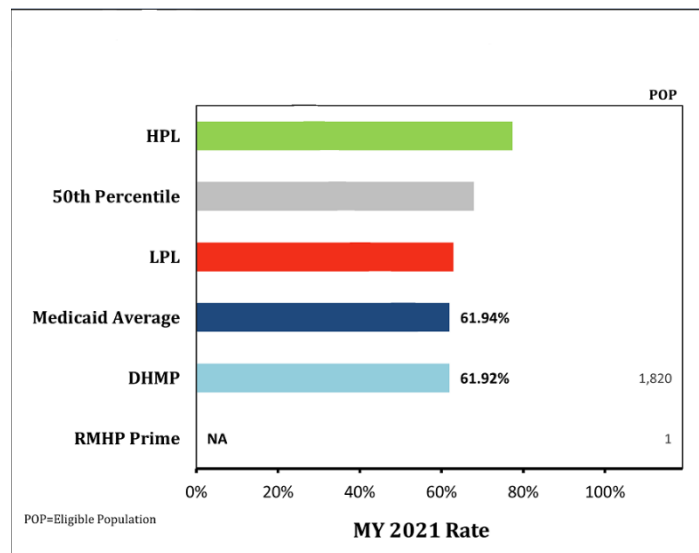
Additionally, benchmarking data (i.e., NCQA's Quality Compass and the CMS Core Set Medians) are the proprietary intellectual property of NCQA and CMS; therefore, this report does not display any actual percentile values. As a result, rate comparisons to benchmarks are illustrated within this report using 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 2021 benchmarks or CMS FFY 2020 Core Set Median, 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. Additionally, in Table 2-4, benchmarking comparisons related to CMS Core Set Medians are denoted within this report using arrow ratings.

Table 2-3—HEDIS Measures 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

Table 2-4—CMS Core Set Median Benchmarking Comparisons

CMS Core Set Rating	Performance Level
↑	At or above the CMS Core Set Median
↓	Below the CMS Core Set Median

Some measures in the Use of Services 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 MY 2021 Colorado Medicaid weighted averages and MCO-specific rates to the corresponding MY 2021 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 MY 2020 to MY 2021. 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 MY 2020 and MY 2021” section lists measures with specification changes made by NCQA.
- Substantial changes in membership composition within the MCO.

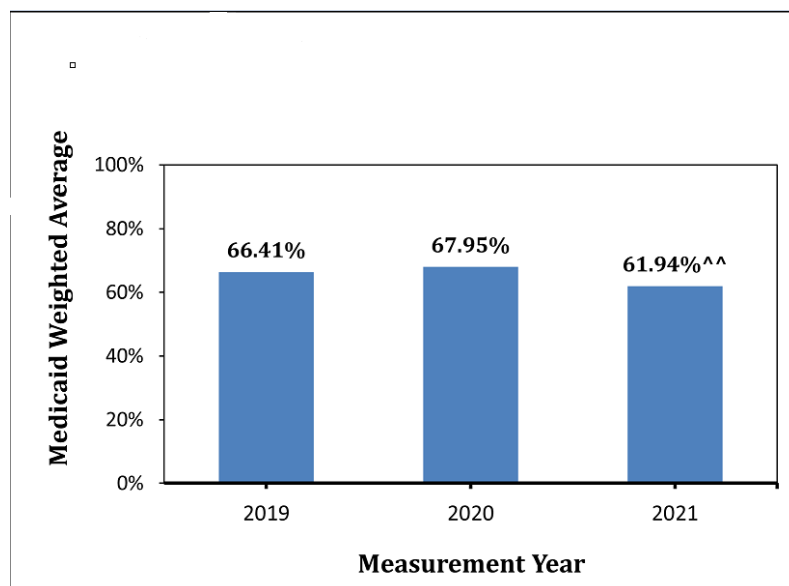
Similarly, caution should be exercised when comparing rates calculated administratively to national benchmarks that were calculated using the hybrid methodology.

Figure Interpretation

Within the Executive Summary and Appendix B of this report, performance measure indicator rates and results of significance testing between MY 2020 and MY 2021 are presented in tabular format. MY 2021 rates shaded green with one caret (^) indicate a significant improvement in performance from the previous year. MY 2021 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 MY 2019, MY 2020, and MY 2021 Colorado Medicaid weighted averages, with significance testing performed between the MY 2020 and MY 2021 weighted averages. Within these figures, MY 2021 rates with one caret (^) indicate a significant improvement in performance from MY 2020. MY 2021 rates with two carets (^) indicate a significant decline in performance from MY 2020. 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 2020 and HEDIS MY 2021

The following is a list of measures with technical specification changes that NCQA announced for MY 2021.^{2-3,2-4} These changes may have an effect on the MY 2021 rates that are presented in this report.

Plan All-Cause Readmissions

- Clarified in the Plan Population definition that members must be 18 and older as of the earliest Index Discharge Date.
- Clarified in the *Reporting* sections for *Number of Members in Plan Population* and *Number of Outliers* that the member's age is determined as of the earliest Index Discharge Date.

Enrollment by Product Line

- Removed reporting by gender, male and female. Only the total number of members is reported.

²⁻³ National Committee for Quality Assurance. *HEDIS® Measurement Year 2020 & Measurement Year 2021, Volume 2: Technical Specifications for Health Plans*. Washington, DC: NCQA Publication, 2020.

²⁻⁴ National Committee for Quality Assurance. *HEDIS® Measurement Year (MY) 2021, Volume 2: Technical Update*. Washington, DC: NCQA Publication, 2020.

Glossary

Table 2-5 provides definitions of terms and acronyms used through this report.

Table 2-5—Definition of Terms Used in Tables and Graphs

Term	Description
ADHD	Attention-deficit/hyperactivity disorder.
AOD	Alcohol and other drug.
Audit Result	The HEDIS auditor's final determination, based on audit findings, of the appropriateness of the MCO to publicly report its HEDIS measure rates. Each measure indicator rate included in the HEDIS audit receives an audit result of <i>Reportable (R)</i> , <i>Small Denominator (NA)</i> , <i>Biased Rate (BR)</i> , <i>No Benefit (NB)</i> , <i>Not Required (NQ)</i> , <i>Not Reported (NR)</i> , and <i>Unaudited (UN)</i> .
BMI	Body mass index.
BR	Biased Rate: indicates that the MCO's reported rate was invalid; therefore, the rate was not presented.
Data Completeness	The degree to which occurring services/diagnoses appear in the MCO's administrative data systems.
COPD	Chronic obstructive pulmonary disease.
COVID-19	Coronavirus disease 2019.
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.
Electronic Data	Data that are maintained in a computer environment versus a paper environment.
Encounter Data	Billing data received from a capitated provider. (Although the MCO does not reimburse the provider for each encounter, submission of encounter data allows the MCO to collect the data for future HEDIS reporting.)
EOC	Effectiveness of care.
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.

Term	Description
FY	Fiscal year.
HbA1c	Hemoglobin A1c.
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.
HIV	Human immunodeficiency virus.
HMO	Health maintenance organization.
HPL	High performance level. (For most performance measures, the Department defined the HPL as the most recent 90th national Medicaid percentile. For measures such as <i>Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)</i> , in which lower rates indicate better performance, the 10th percentile [rather than the 90th percentile] is considered the HPL.)
HPV	Human papillomavirus.
HSAG	Health Services Advisory Group, Inc., the Department's external quality review organization.
Hybrid Measures	Measures that can be reported using the hybrid method (i.e., combination of claims/encounter data and medical record review data).
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.
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. ²⁻⁵
LARC	Long-acting reversible method of contraception.
LPL	Low performance level. (For most performance measures, the Department defined the LPL as the most recent 25th national Medicaid percentile. For measures such as <i>Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)</i> , in which lower rates indicate better performance, the 75th percentile [rather than the 25th percentile] is considered the LPL.)

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

Term	Description
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.
MMEC	Most or moderately effective method of contraception.
MMR	Measles, mumps, and rubella.
NA	<p>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.</p> <ul style="list-style-type: none"> • For 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.
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.
O/E	Observed to expected.
OB/GYN	Obstetrician/Gynecologist.
PCP	Primary care practitioner.
PCV	Pneumococcal conjugate.
PHE	Public health emergency.
POP	Eligible population.
Provider Data	Electronic files containing information about physicians such as type of physician, specialty, reimbursement arrangement, and office location.
Quality Compass	NCQA Quality Compass benchmark.
R	Reportable.

Term	Description
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 & Financing.
Tdap	Tetanus, diphtheria, and pertussis.
UN	Unaudited; indicates that the organization chose to report a measure that is not required to be audited.
VZV	Varicella zoster virus (chicken pox).

3. Primary Care Access and Preventive Care

Primary Care Access and Preventive Care

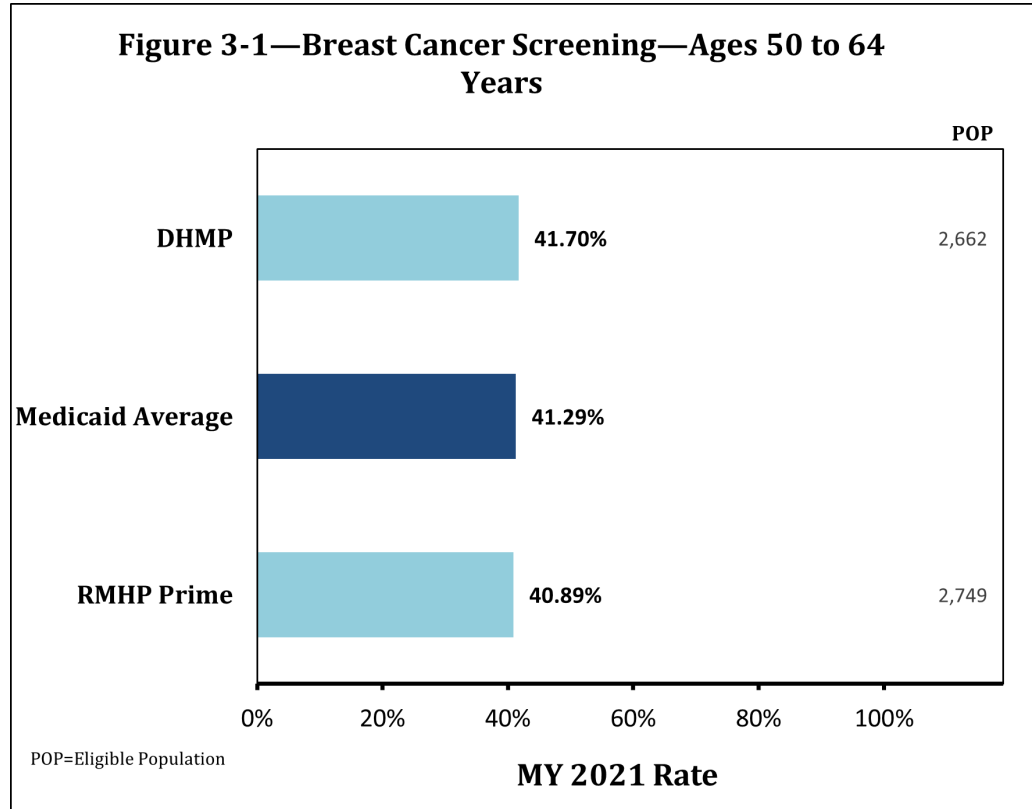
The following section provides a detailed analysis of the Colorado Medicaid MCOs' performance within the Primary Care Access and Preventive Care domain. The Primary Care Access and Preventive Care domain encompasses the following measures/indicators:

- *Breast Cancer Screening—Ages 50 to 64 Years and Ages 65 to 74 Years*
- *Cervical Cancer Screening*
- *Child and Adolescent Well-Care Visits—Total*
- *Childhood Immunization Status—Combinations 3, 7, and 10*
- *Chlamydia Screening in Women—Ages 16 to 20 Years and Ages 21 to 24 Years*
- *Developmental Screening in the First Three Years of Life—Total*
- *Immunizations for Adolescents—Combination 1 (Meningococcal, Tdap) and Combination 2 (Meningococcal, Tdap, HPV)*
- *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*
- *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*

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.

Breast Cancer Screening—Ages 50 to 64 Years

Breast Cancer Screening—Ages 50 to 64 Years measures the percentage of women ages 50 to 64 years who had a mammogram to screen for breast cancer.

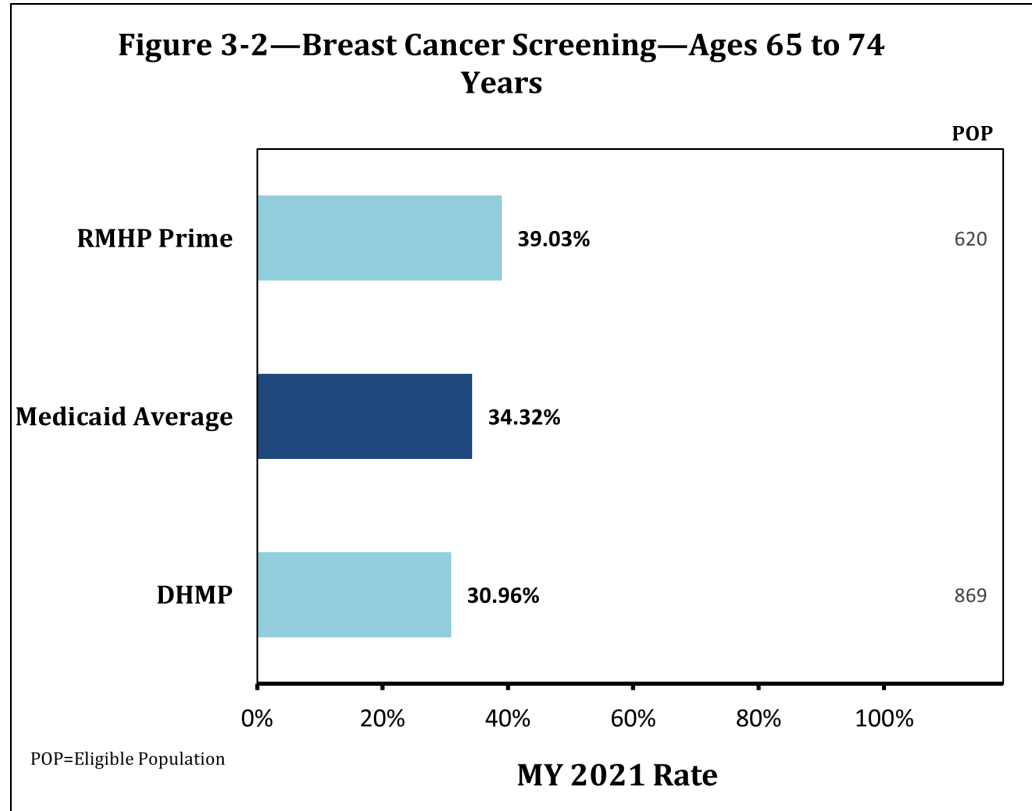


Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

MCO performance varied by approximately 1 percentage point.

Breast Cancer Screening—Ages 65 to 74 Years

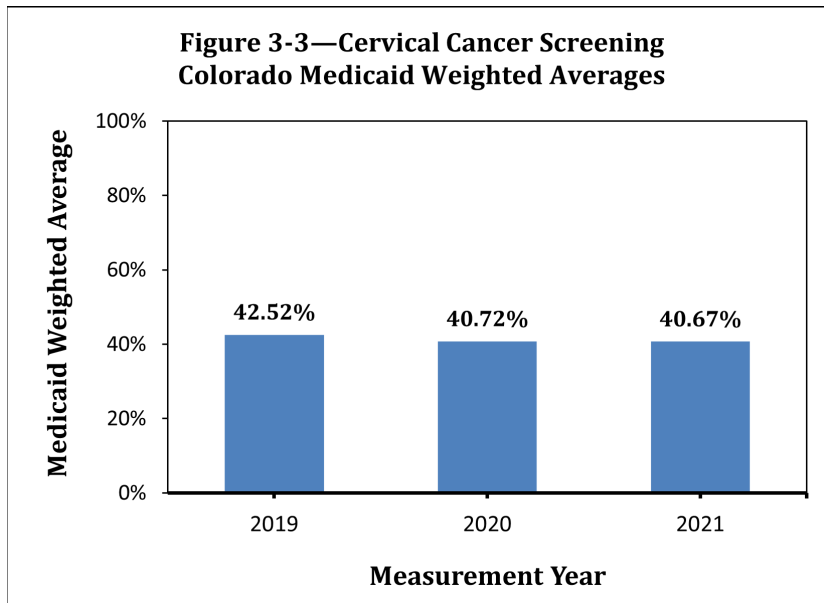
Breast Cancer Screening—Ages 65 to 74 Years measures the percentage of women ages 65 to 74 years who had a mammogram to screen for breast cancer.



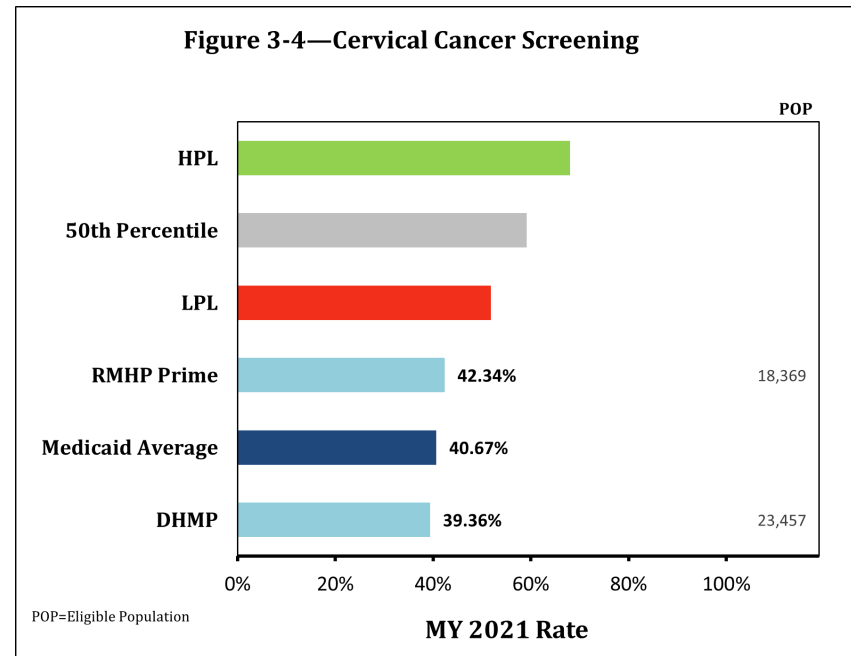
MCO performance varied by approximately 8 percentage points.

Cervical Cancer Screening

Cervical Cancer Screening measures the percentage of women ages 21 to 64 years who were screened for cervical cancer.



The Colorado Medicaid weighted average did not demonstrate a significant change from MY 2020 to MY 2021.

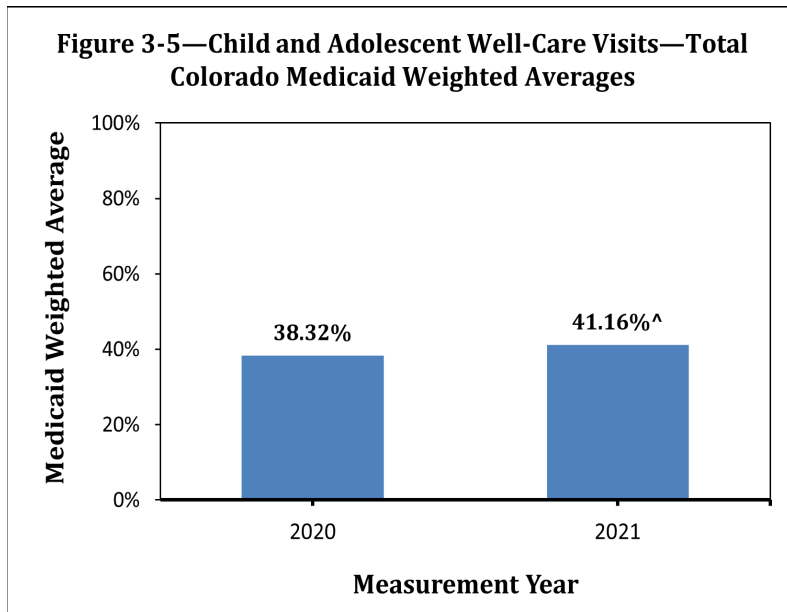


Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

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

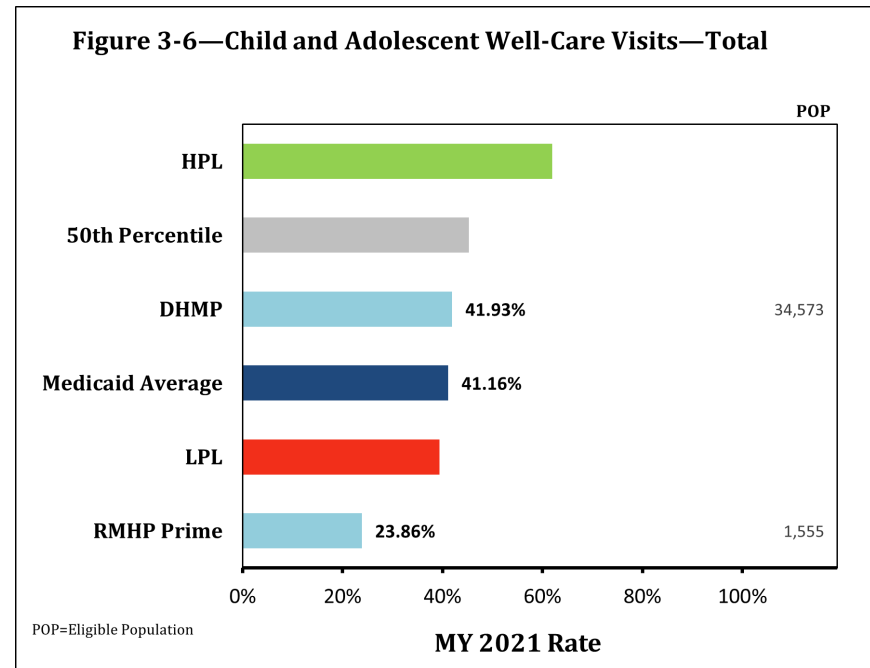
Child and Adolescent Well-Care Visits—Total

Child and Adolescent Well-Care Visits—Total measures the percentage of members ages 3 to 21 years who had at least one comprehensive well-care visit with a primary care practitioner (PCP) or an obstetrician/gynecologist (OB/GYN) during the measurement year.



One caret (^) indicates a statistically significant improvement in performance from MY 2020 to MY 2021.

The Colorado Medicaid weighted average significantly improved from MY 2020 to MY 2021.



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 fell below the 50th percentile. RMHP Prime’s rate fell below the LPL. MCO performance varied by approximately 18 percentage points.

Childhood Immunization Status

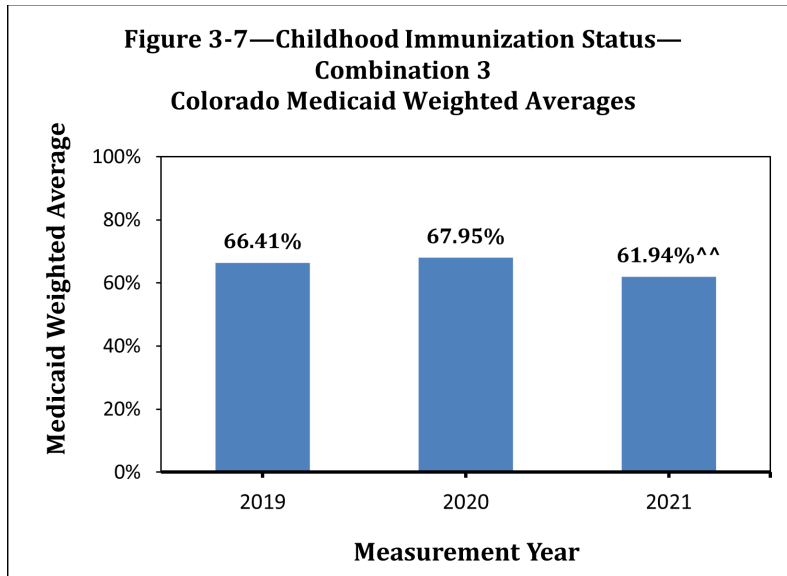
Childhood Immunization Status measures the percentage of members 2 years of age who received the following vaccinations on or before their second birthday. Table 3-1 displays the different antigens associated with various combinations. Of note, RMHP Prime did not report a rate for any of the *Childhood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

Table 3-1—Combination Vaccinations for Childhood Immunization Status

Combination	Four DTaP	Three IPV	One MMR	Three HiB	Three HepB	One VZV	Four PCV	One HepA	Two or Three RV	Two Flu
<i>Combination 3</i>	✓	✓	✓	✓	✓	✓	✓			
<i>Combination 7</i>	✓	✓	✓	✓	✓	✓	✓	✓	✓	
<i>Combination 10</i>	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

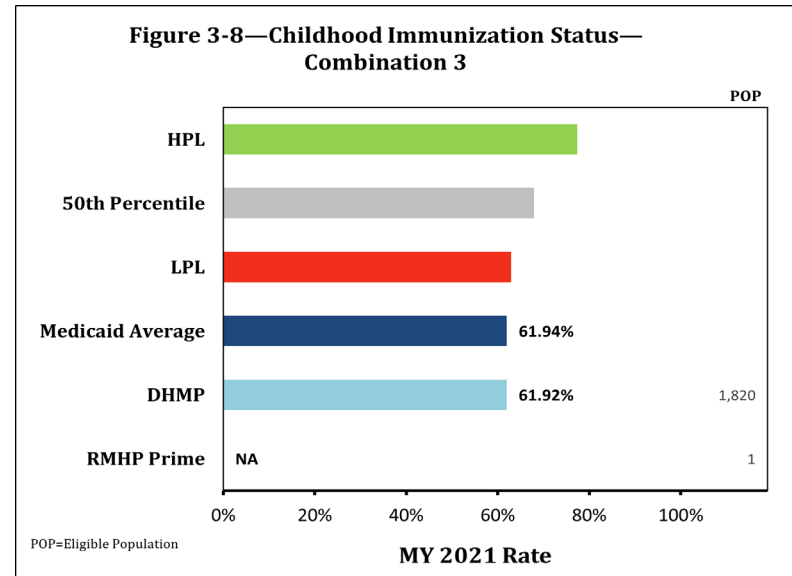
Childhood Immunization Status—Combination 3

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.



Two carets (^^) indicate a statistically significant decline in performance from MY 2020 to MY 2021.

The Colorado Medicaid weighted average significantly declined from MY 2020 to MY 2021.

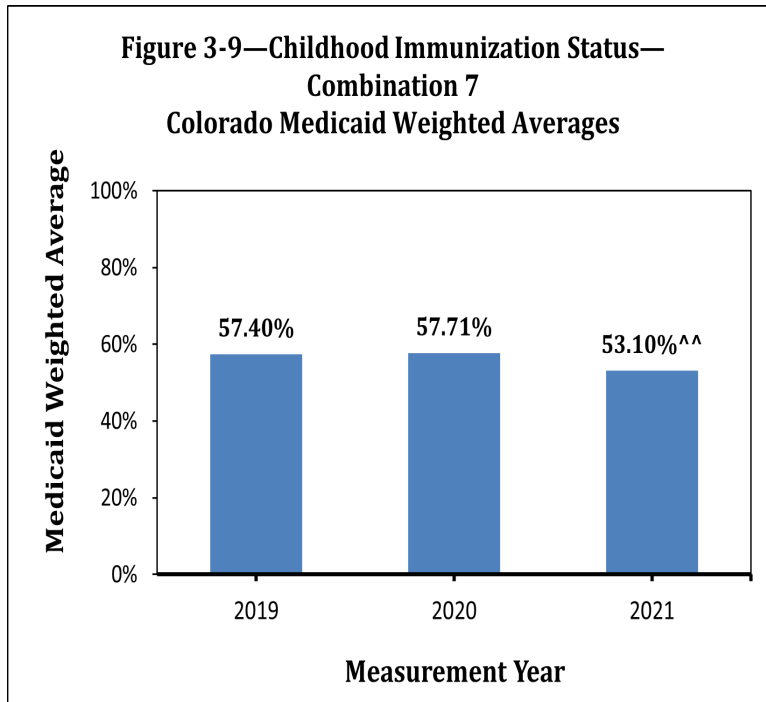


NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate. Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

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

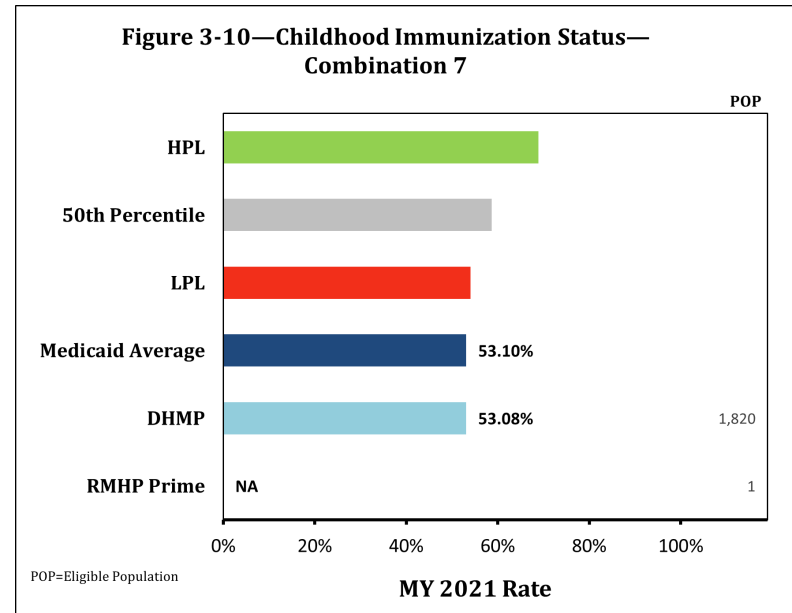
Childhood Immunization Status—Combination 7

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.



Two carets (^) indicate a statistically significant decline in performance from MY 2020 to MY 2021.

The Colorado Medicaid weighted average significantly declined from MY 2020 to MY 2021.

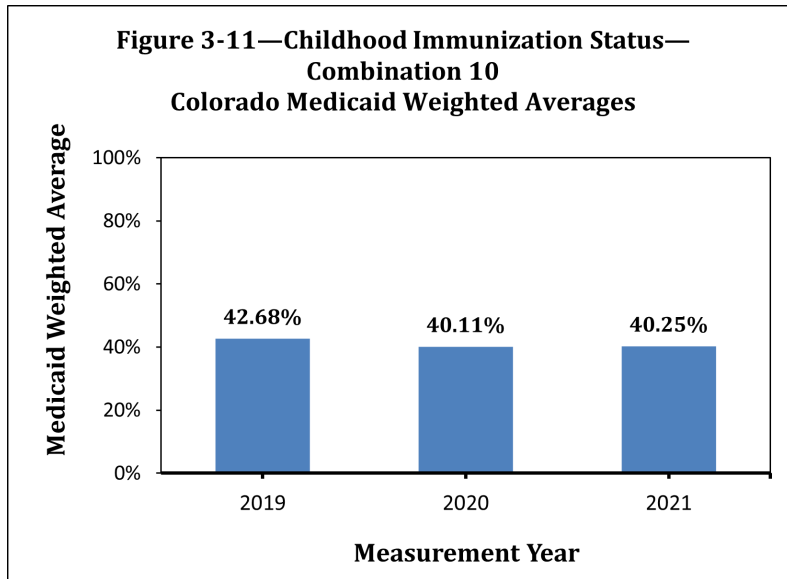


NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate. Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

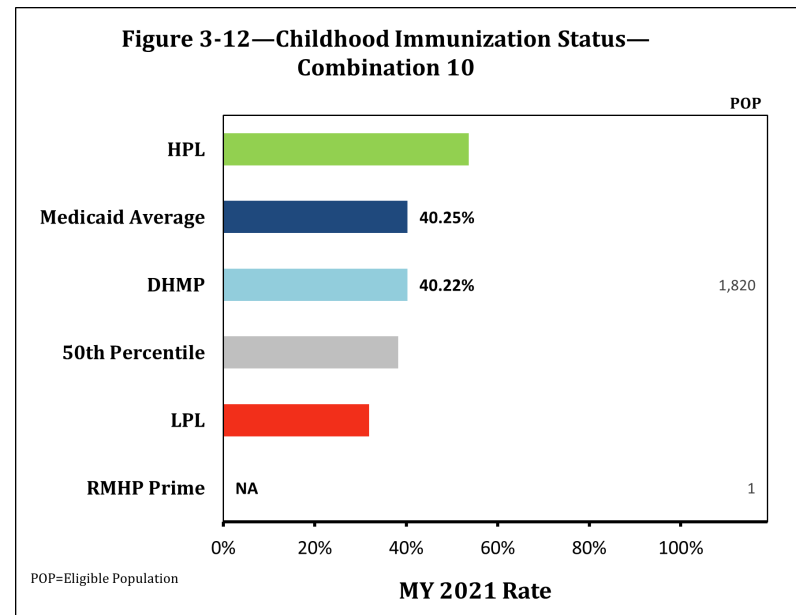
DHMP’s rate and the Colorado Medicaid weighted average fell below the LPL.

Childhood Immunization Status—Combination 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.



The Colorado Medicaid weighted average did not demonstrate a significant change from MY 2020 to MY 2021.

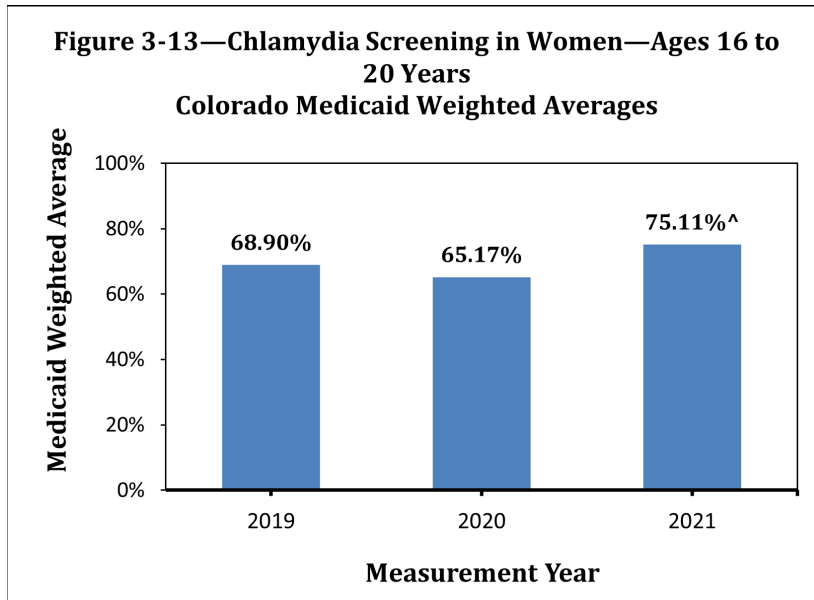


NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate. Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

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

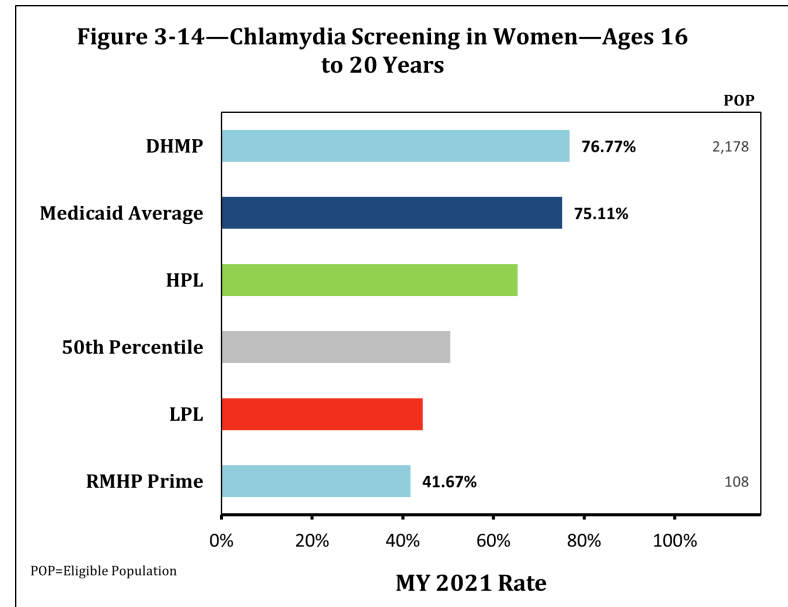
Chlamydia Screening in Women—Ages 16 to 20 Years

Chlamydia Screening in Women—Ages 16 to 20 Years measures the percentage of women ages 16 to 20 years who were identified as sexually active and who had at least one test for chlamydia during the measurement year.



One caret (^) indicates a statistically significant improvement in performance from MY 2020 to MY 2021.

The Colorado Medicaid weighted average significantly improved from MY 2020 to MY 2021.

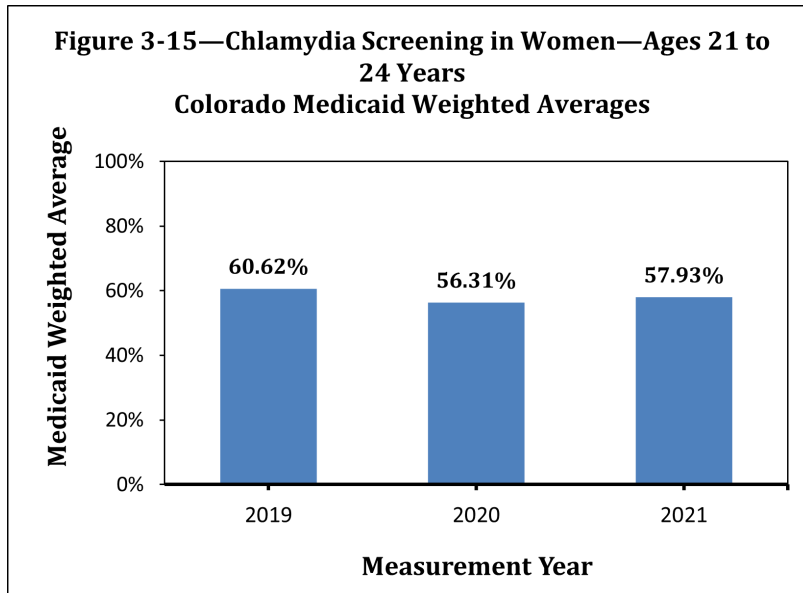


Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

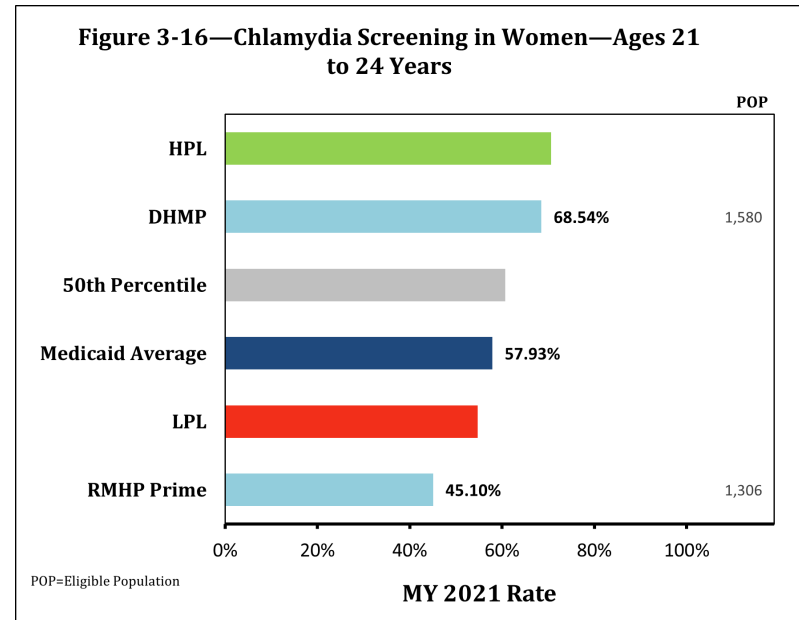
DHMP’s rate and the Colorado Medicaid weighted average were above the HPL. RMHP Prime’s rate fell below the LPL. MCO performance varied by approximately 35 percentage points.

Chlamydia Screening in Women—Ages 21 to 24 Years

Chlamydia Screening in Women—Ages 21 to 24 Years measures the percentage of women ages 21 to 24 years who were identified as sexually active and who had at least one test for chlamydia during the measurement year.



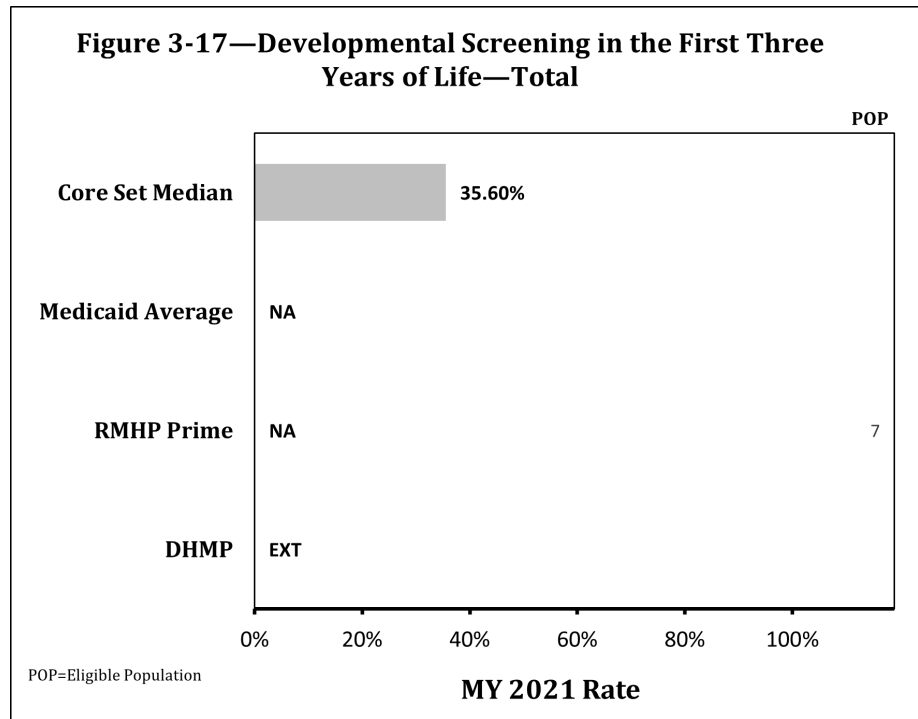
The Colorado Medicaid weighted average did not demonstrate a significant change from MY 2020 to MY 2021.



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

Developmental Screening in the First Three Years of Life—Total

Developmental Screening in the First Three Years of Life—Total measures the percentage of children screened for risk of developmental, behavioral, and social delays using a standardized screening tool in the 12 months preceding or on their first, second, or third birthday.

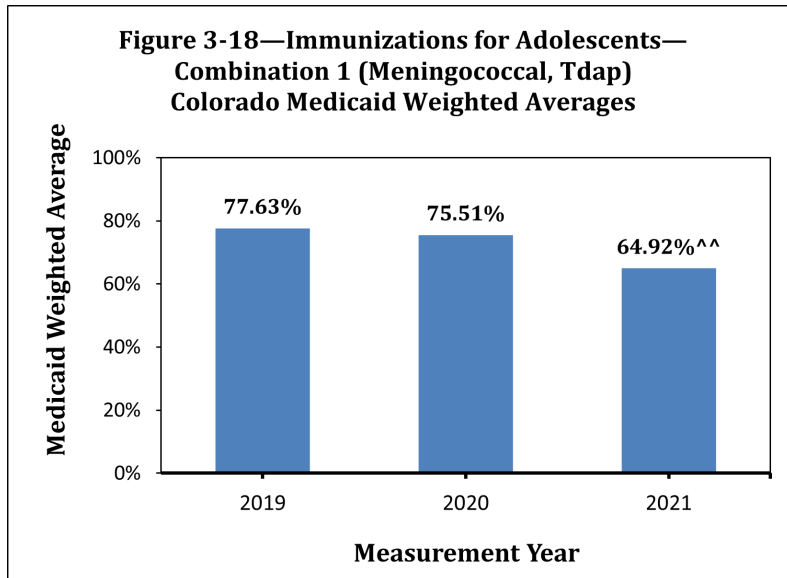


NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate. Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.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

Only RMHP Prime reported this rate and the denominator was too small to report a valid rate.

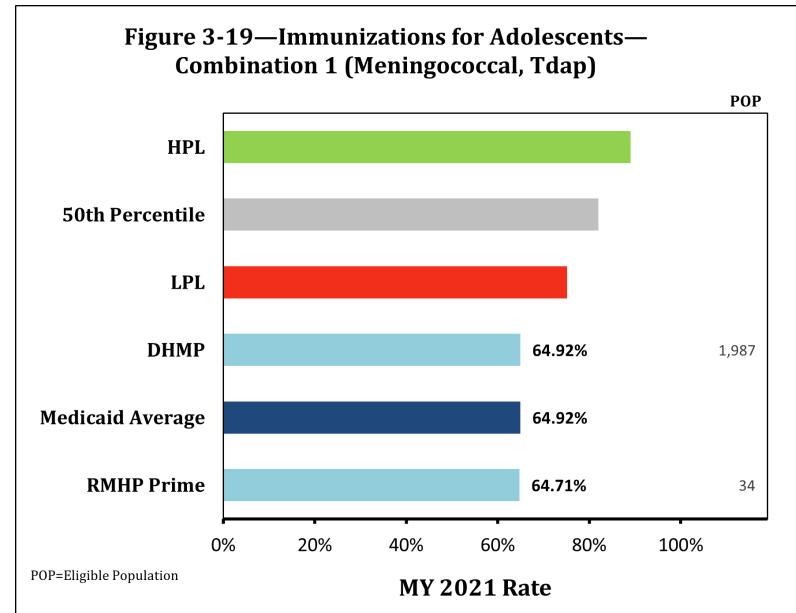
Immunizations for Adolescents—Combination 1 (Meningococcal, Tdap)

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.



Two carets (^) indicate a statistically significant decline in performance from MY 2020 to MY 2021.

The Colorado Medicaid weighted average significantly declined from MY 2020 to MY 2021.

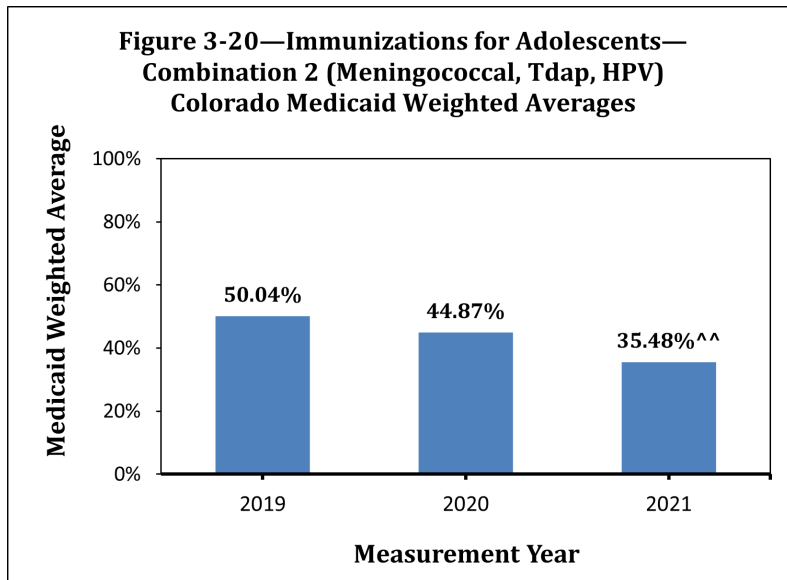


Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

DHMP’s rate, RMHP Prime’s rate, and the Colorado Medicaid weighted average fell below the LPL. MCO performance varied by less than 1 percentage point.

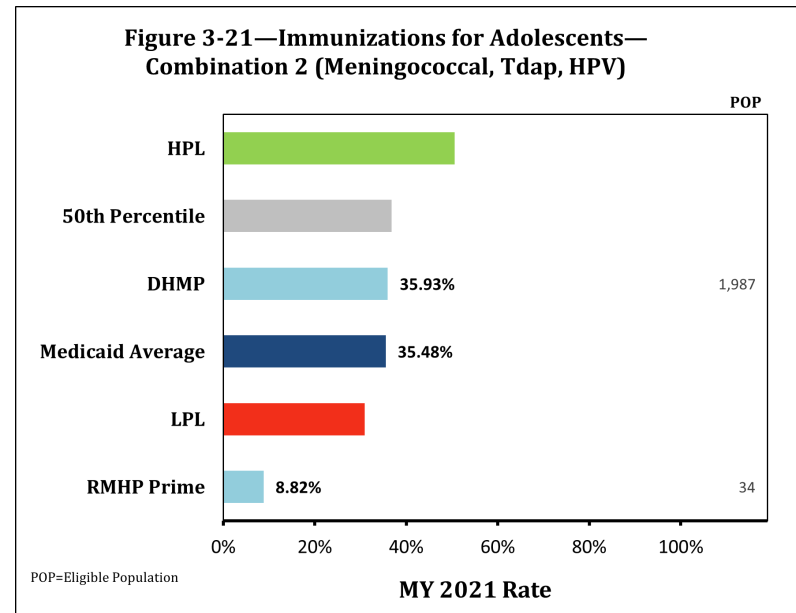
Immunizations for Adolescents—Combination 2 (Meningococcal, Tdap, HPV)

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.



Two carets (^) indicate a statistically significant decline in performance from MY 2020 to MY 2021.

The Colorado Medicaid weighted average significantly declined from MY 2020 to MY 2021.

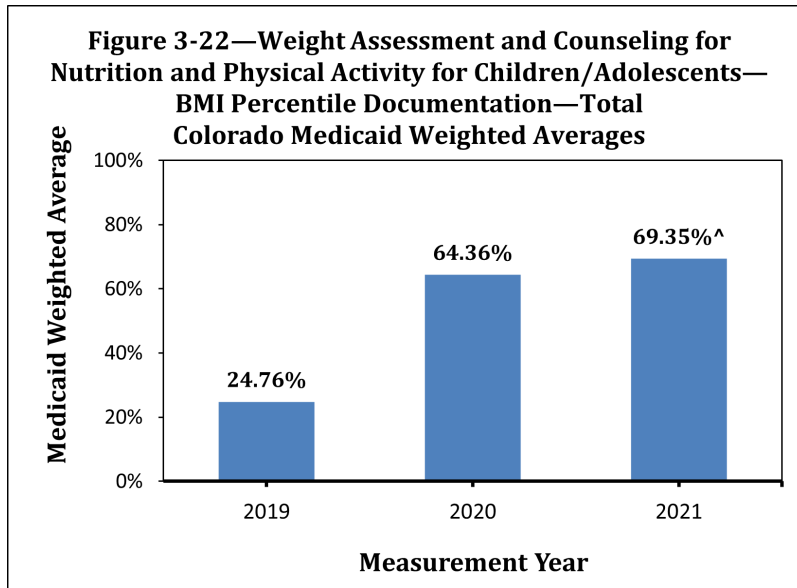


Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

DHMP’s rate and the Colorado Medicaid weighted average were above the LPL but fell below the 50th percentile. RMHP Prime’s rate fell below the LPL. MCO performance varied by approximately 27 percentage points.

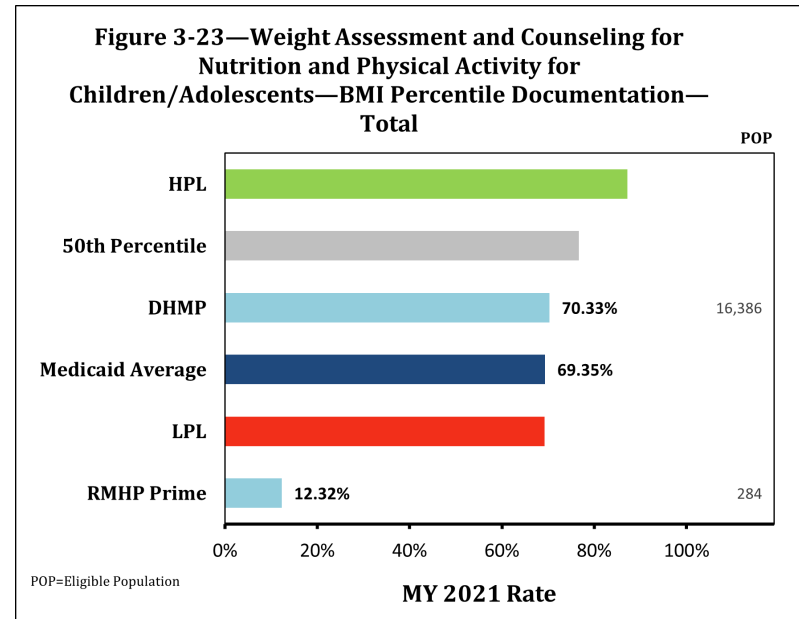
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile Documentation—Total

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



One caret (^) indicates a statistically significant improvement in performance from MY 2020 to MY 2021.

The Colorado Medicaid weighted average significantly improved from MY 2020 to MY 2021.

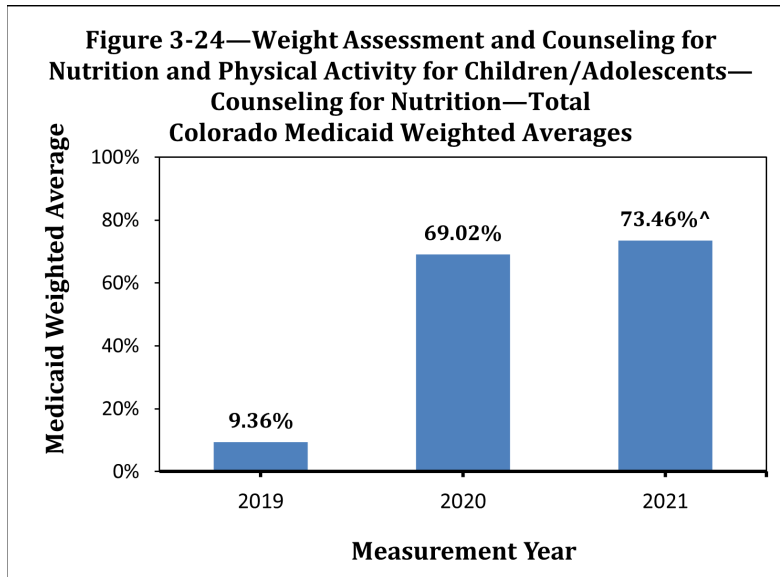


Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

DHMP’s rate and the Colorado Medicaid weighted average were above the LPL but fell below the 50th percentile. RMHP Prime’s rate fell below the LPL. MCO performance varied by approximately 58 percentage points.

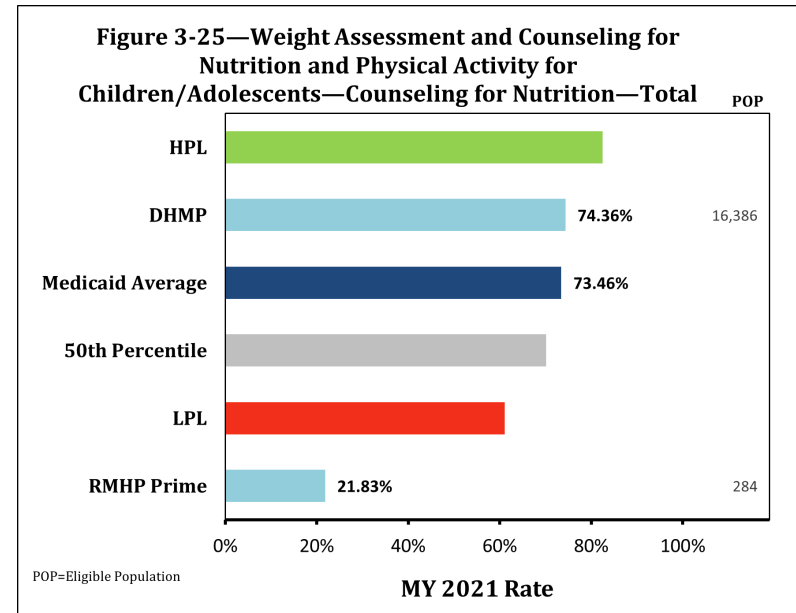
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents— Counseling for Nutrition—Total

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



One caret (^) indicates a statistically significant improvement in performance from MY 2020 to MY 2021.

The Colorado Medicaid weighted average significantly improved from MY 2020 to MY 2021.

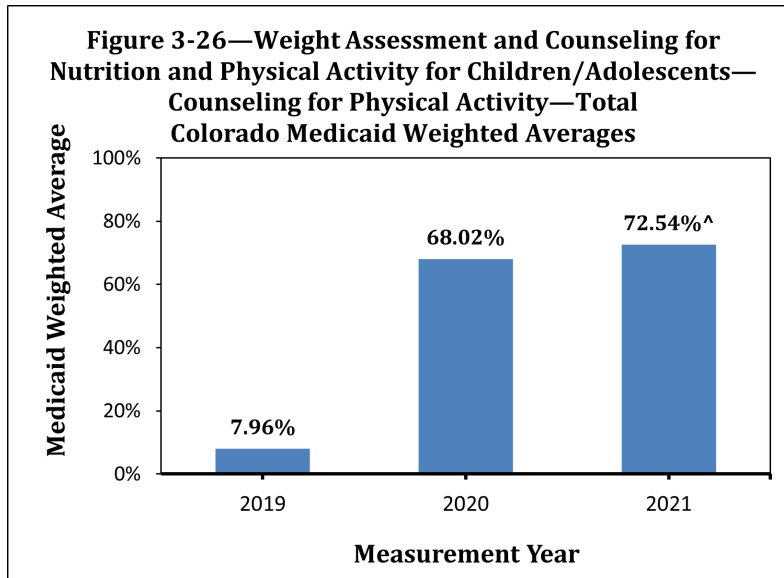


Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

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

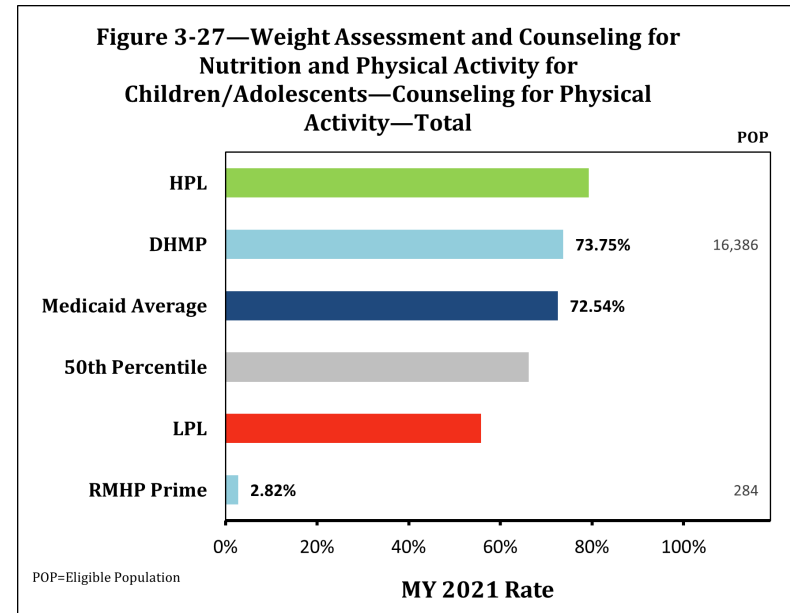
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents— Counseling for Physical Activity—Total

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



One caret (^) indicates a statistically significant improvement in performance from MY 2020 to MY 2021.

The Colorado Medicaid weighted average significantly improved from MY 2020 to MY 2021.

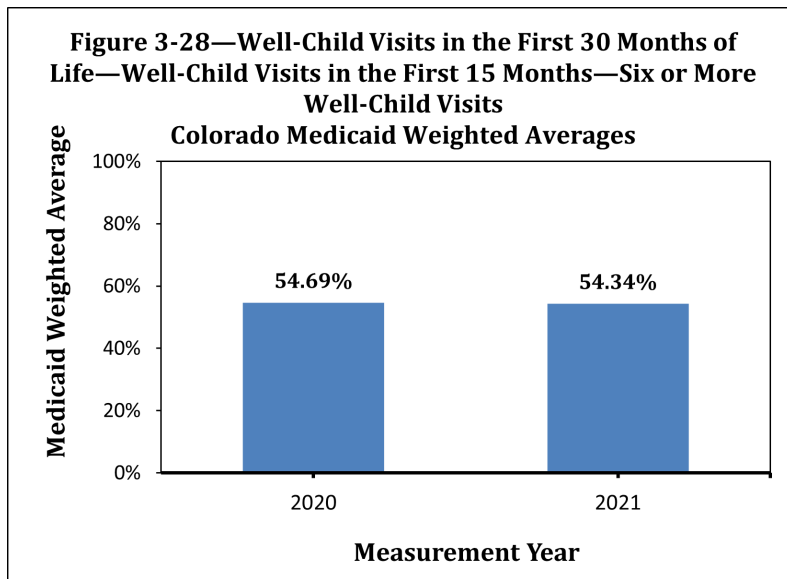


Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

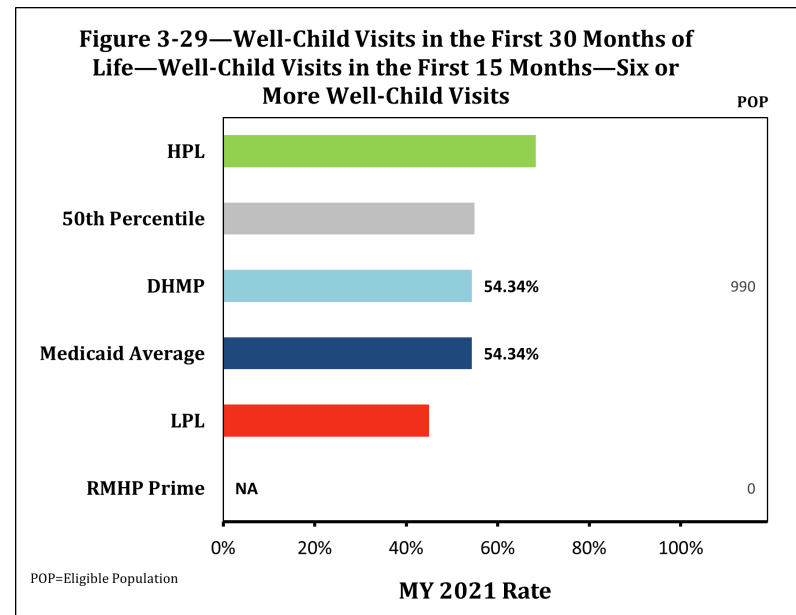
DHMP’s rate and the Colorado Medicaid weighted average were above the 50th percentile but fell below the HPL. RMHP Prime’s rate fell below the LPL. MCO performance varied by approximately 71 percentage points.

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 and who received six or more well-child visits on different dates of service with a PCP upon or before turning 15 months of age.



The Colorado Medicaid weighted average did not demonstrate a significant change from MY 2020 to MY 2021.

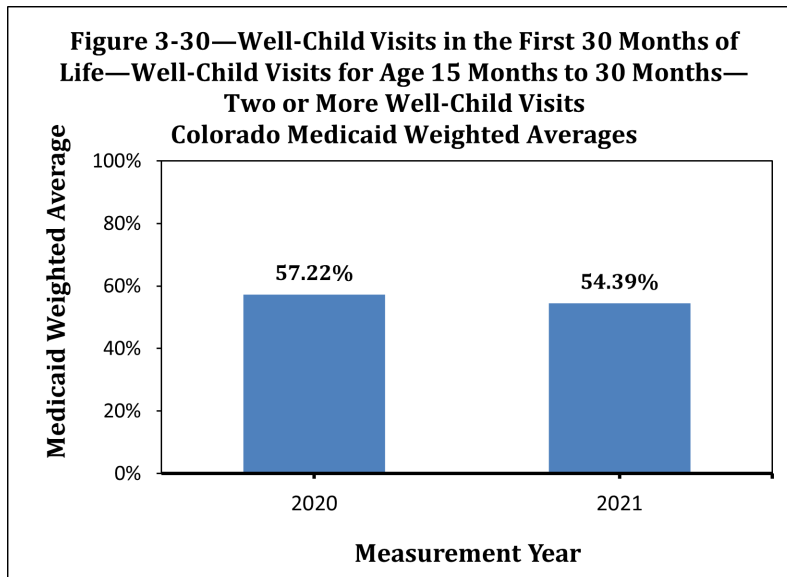


NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate. Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

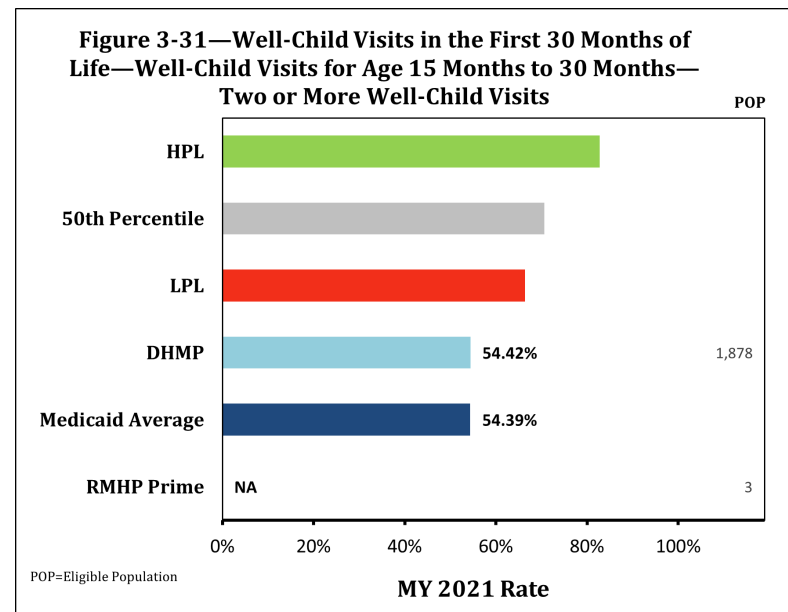
DHMP’s rate and the Colorado Medicaid weighted average were above the LPL but fell below the 50th percentile.

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 and 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.



The Colorado Medicaid weighted average did not demonstrate a significant change from MY 2020 to MY 2021.



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

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

Summary of Findings and Recommendations

Table 3-2 presents the MCOs’ performance ratings for each measure in the Primary Care Access and Preventive Care domain. Performance ratings were assigned across five categories when compared to NCQA benchmarks (from ★ representing *Poor Performance* to ★★★★★ representing *Excellent Performance*). For those measures that could not be compared to NCQA benchmarks, performance ratings were assigned one of two categories (↑ or ↓).

Table 3-2—Primary Care Access and Preventive Care: Measure-Specific Performance Ratings

Performance Measures	DHMP	RMHP Prime
Breast Cancer Screening^{SA}		
Ages 50 to 64 Years	↑	↓
Ages 65 to 74 Years	↓	↑
Cervical Cancer Screening^H		
Cervical Cancer Screening	★	★
Child and Adolescent Well-Care Visits^H		
Total	★★	★
Childhood Immunization Status^{1,H}		
Combination 3	★	—
Combination 7	★	—
Combination 10	★★★	—
Chlamydia Screening in Women^{1,H}		
Ages 16 to 20 Years	★★★★★	★
Ages 21 to 24 Years	★★★★	★
Developmental Screening in the First Three Years of Life^{CS}		
Total	—	—
Immunizations for Adolescents^{1,H}		
Combination 1 (Meningococcal, Tdap)	★	★
Combination 2 (Meningococcal, Tdap, HPV)	★★	★
Screening for Depression and Follow-Up Plan^{1,SA}		
Ages 12 to 17 Years	—	↑
Ages 18 to 64 Years	—	↑
Ages 65 Years and Older	—	↑

Performance Measures	DHMP	RMHP Prime
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents^{1,H}		
BMI Percentile Documentation—Total	★ ★	★
Counseling for Nutrition—Total	★ ★ ★	★
Counseling for Physical Activity—Total	★ ★ ★ ★	★
Well-Child Visits in the First 30 Months of Life^{1,H}		
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	★	—

¹Due to differences in member eligibility for children in RMHP Prime, rates may not be comparable to DHMP’s rates.
 A green arrow pointed up indicates the plan percentage was greater than or equal to the Core Set Median or statewide average.
 A red arrow pointed down indicates the plan percentage was less than the Core Set Median or statewide average.
^H indicates that the measure is a HEDIS measure and can be compared to NCQA benchmarks.
^{CS} indicates that the measure is a non-HEDIS Core Set measure and can be compared to the Core Set Median.
^{SA} indicates that the measure could only be compared to the statewide average.
 — indicates that a percentile ranking was not determined because the rate was not reportable or there was a break in trending.
 This symbol may also indicate that the denominator was too small to report the rate, there was no benchmark to compare to, or that the plan was exempted from the rate.

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

Table 3-3—Primary Care Access and Preventive Care: MCO-Specific Count of Measures by Performance Rating

Health Plan Name	★★★★★	★★★★	★★★	★★	★	↑	↓
DHMP	1	2	2	4	5	1	1
RMHP Prime	0	0	0	0	9	4	1

Performance for the MCOs in the Primary Care Access and Preventive Care domain demonstrated opportunities for improvement, with nine of 14 (64.29 percent) HEDIS measure indicator rates for DHMP falling below the 50th percentile and all nine reportable HEDIS measure 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 *Chlamydia Screening in Women—Ages 16 to 20 Years and Ages 21 to 24 Years* measure indicators ranked at or above the 75th percentile, showing strength in preventive screening.

4. Maternal and Perinatal Health

Maternal and Perinatal Health

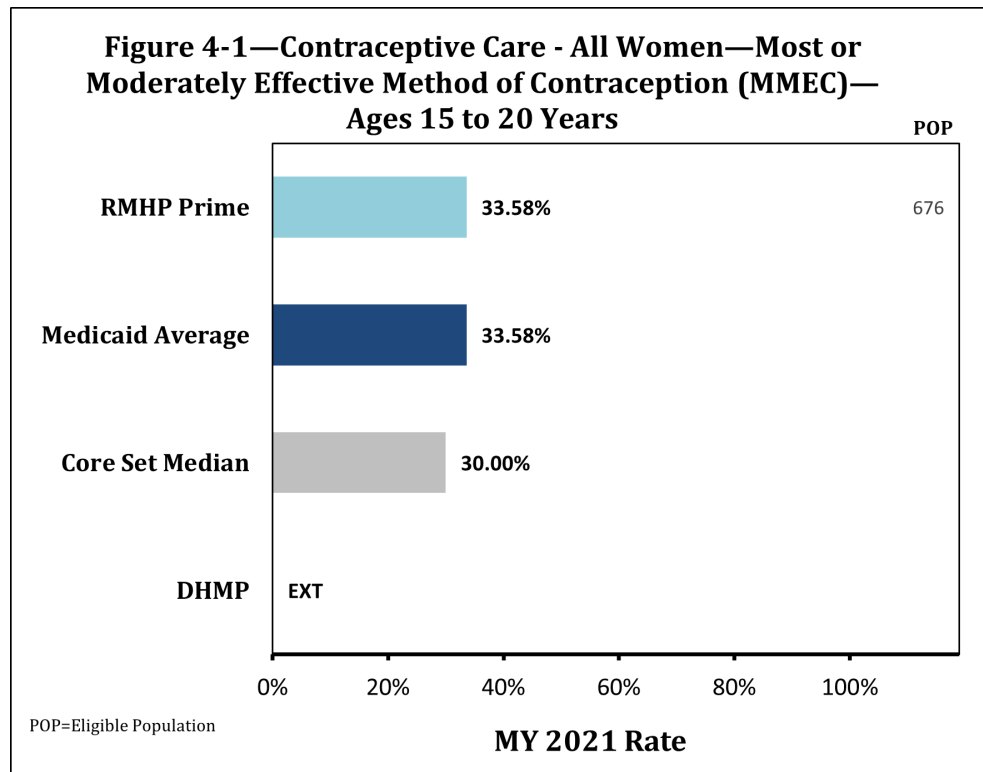
The following section provides a detailed analysis of the Colorado Medicaid MCOs' performance for the Maternal and Perinatal Health domain. The Maternal and Perinatal Health domain encompasses the following measures:

- *Contraceptive Care—All Women—MMEC—Ages 15 to 20 Years and Ages 21 to 44 Years, and LARC—Ages 15 to 20 Years and Ages 21 to 44 Years*
- *Contraceptive Care—Postpartum Women—MMEC—3 Days—Ages 15 to 20 Years and Ages 21 to 44 Years, and 60 Days—Ages 15 to 20 Years and Ages 21 to 44 Years; and LARC—3 Days—Ages 15 to 20 Years and Ages 21 to 44 Years, and 60 Days—Ages 15 to 20 Years and Ages 21 to 44 Years*
- *Prenatal and Postpartum Care—Postpartum Care and Timeliness of Prenatal Care*

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.

Contraceptive Care—All Women—MMEC—Ages 15 to 20 Years

Contraceptive Care—All Women—MMEC—Ages 15 to 20 Years measures the percentage of women ages 15 to 20 years who were provided an MMEC.

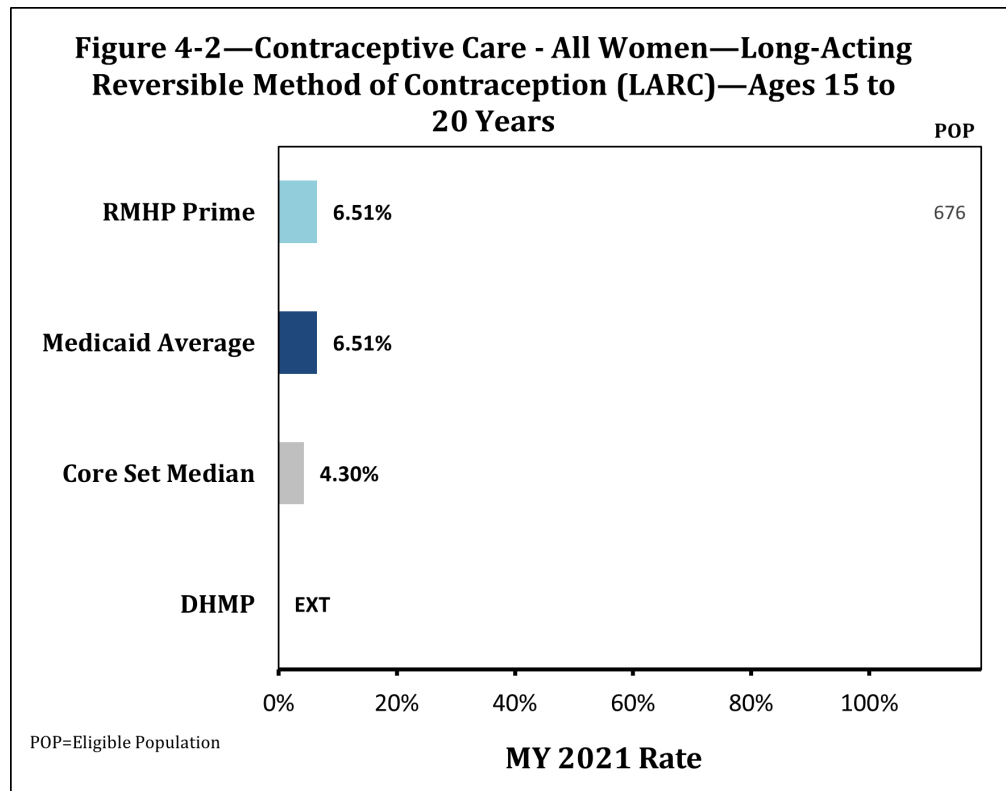


EXT (Exempt) indicates that the MCO was exempt from reporting the measure.

RMHP Prime’s rate and the Colorado Medicaid weighted average were above the Core Set Median.

Contraceptive Care—All Women—LARC—Ages 15 to 20 Years

Contraceptive Care—All Women—LARC—Ages 15 to 20 Years measures the percentage of women ages 15 to 20 years who were provided an LARC.

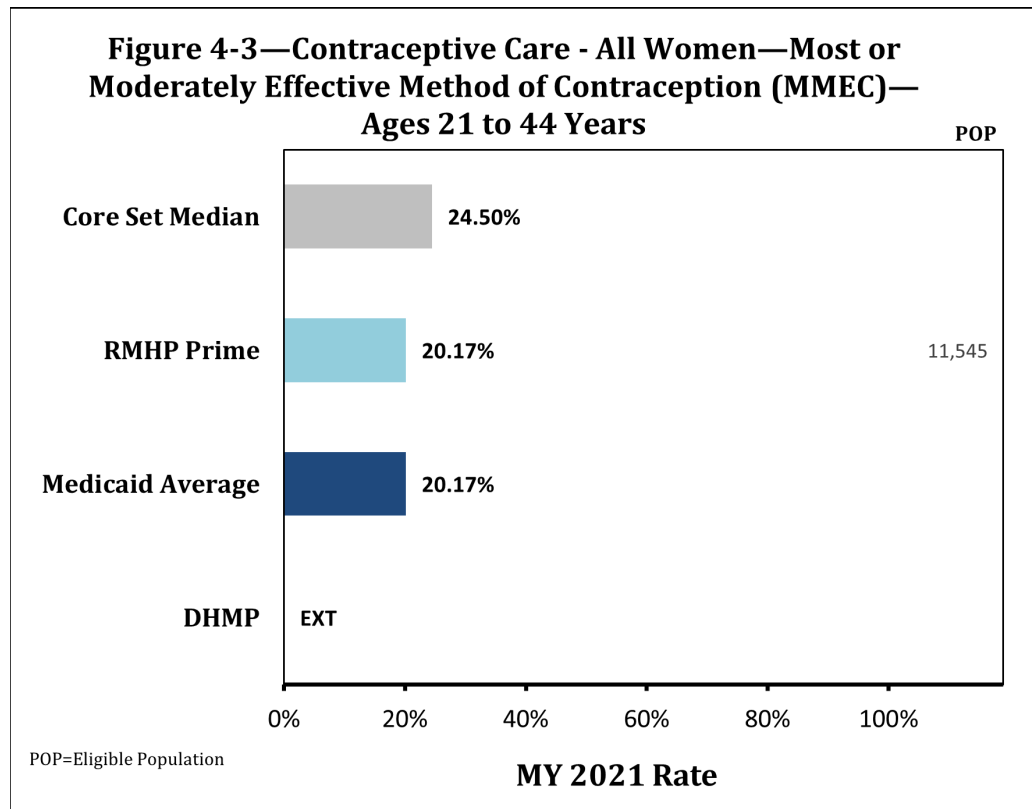


EXT (Exempt) indicates that the MCO was exempt from reporting the measure.

RMHP Prime’s rate and the Colorado Medicaid weighted average were above the Core Set Median.

Contraceptive Care—All Women—MMEC—Ages 21 to 44 Years

Contraceptive Care—All Women—MMEC—Ages 21 to 44 Years measures the percentage of women ages 21 to 44 years who were provided an MMEC.

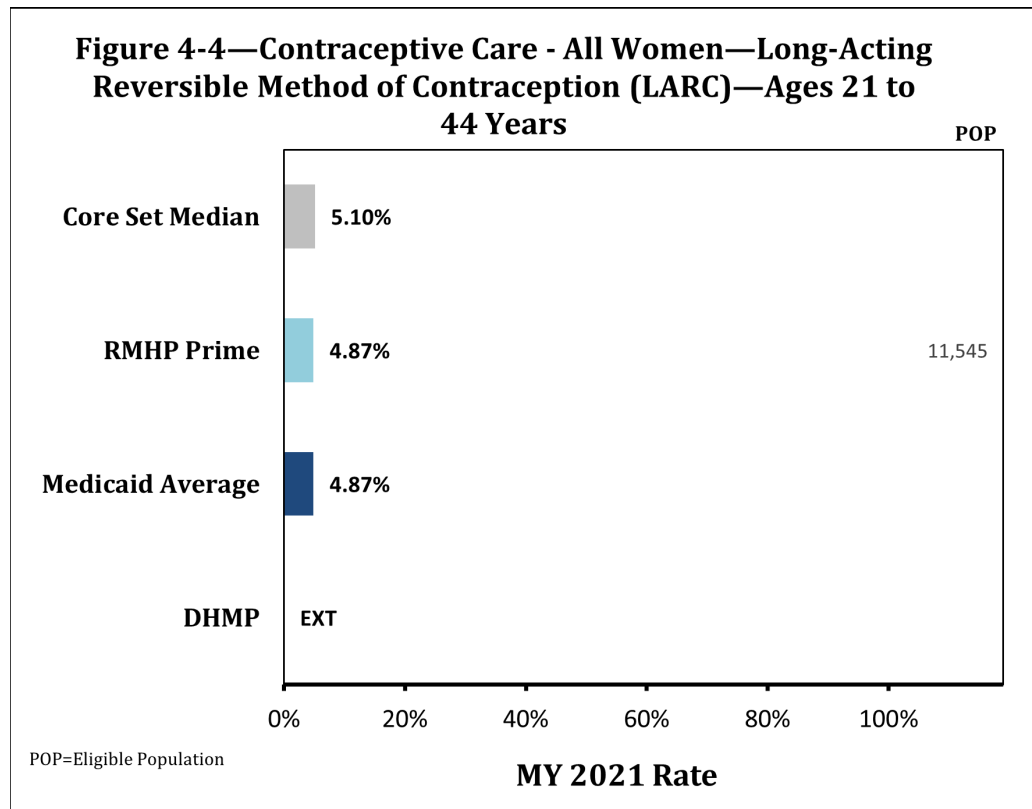


EXT (Exempt) indicates that the MCO was exempt from reporting the measure.

RMHP Prime’s rate and the Colorado Medicaid weighted average fell below the Core Set Median.

Contraceptive Care—All Women—LARC—Ages 21 to 44 Years

Contraceptive Care—All Women—LARC—Ages 21 to 44 Years measures the percentage of women ages 21 to 44 years who were provided an LARC.

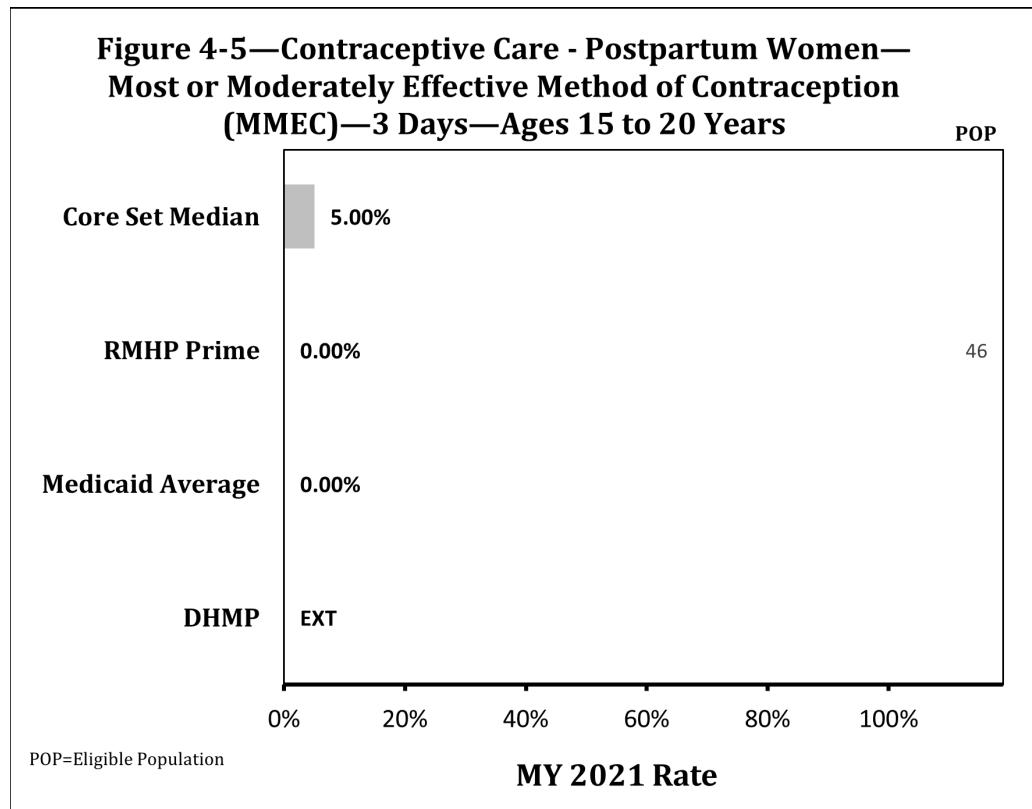


EXT (Exempt) indicates that the MCO was exempt from reporting the measure.

RMHP Prime’s rate and the Colorado Medicaid weighted average fell below the Core Set Median.

Contraceptive Care—Postpartum Women—MMEC—3 Days—Ages 15 to 20 Years

Contraceptive Care—Postpartum Women—MMEC—3 Days—Ages 15 to 20 Years measures the percentage of women ages 15 to 20 years who were provided an MMEC within three days of delivery.

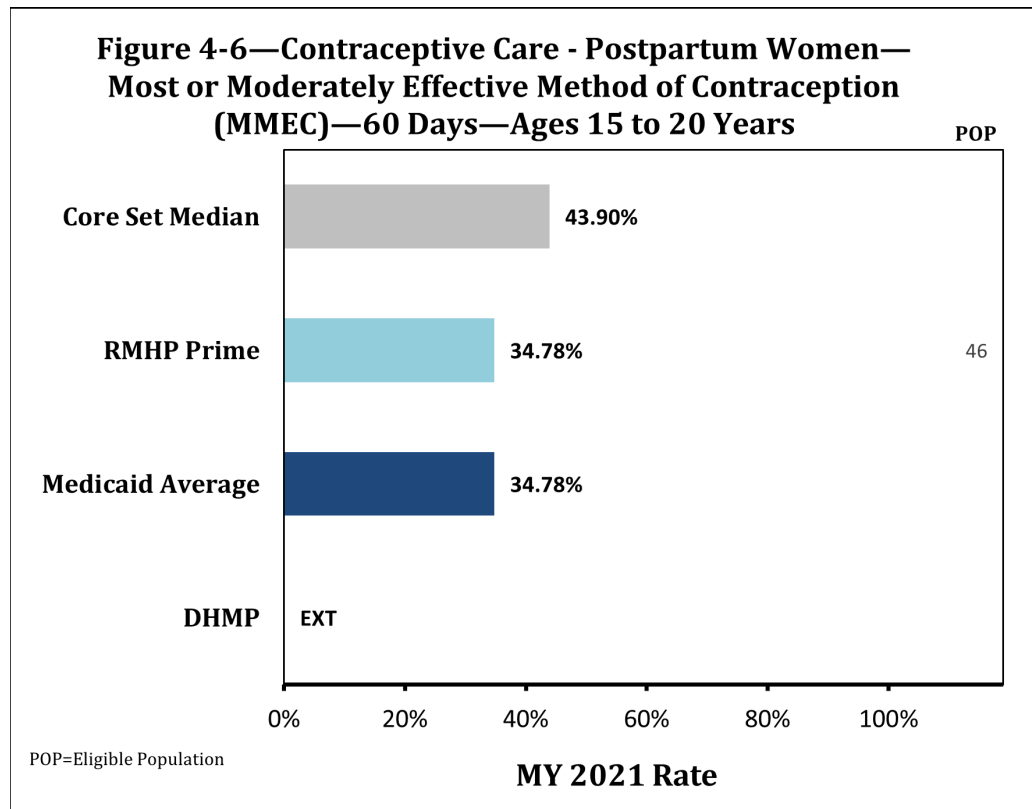


EXT (Exempt) indicates that the MCO was exempt from reporting the measure.

RMHP Prime’s rate and the Colorado Medicaid weighted average fell below the Core Set Median.

Contraceptive Care—Postpartum Women—MMEC—60 Days—Ages 15 to 20 Years

Contraceptive Care—Postpartum Women—MMEC—60 Days—Ages 15 to 20 Years measures the percentage of women ages 15 to 20 years who were provided an MMEC within 60 days of delivery.

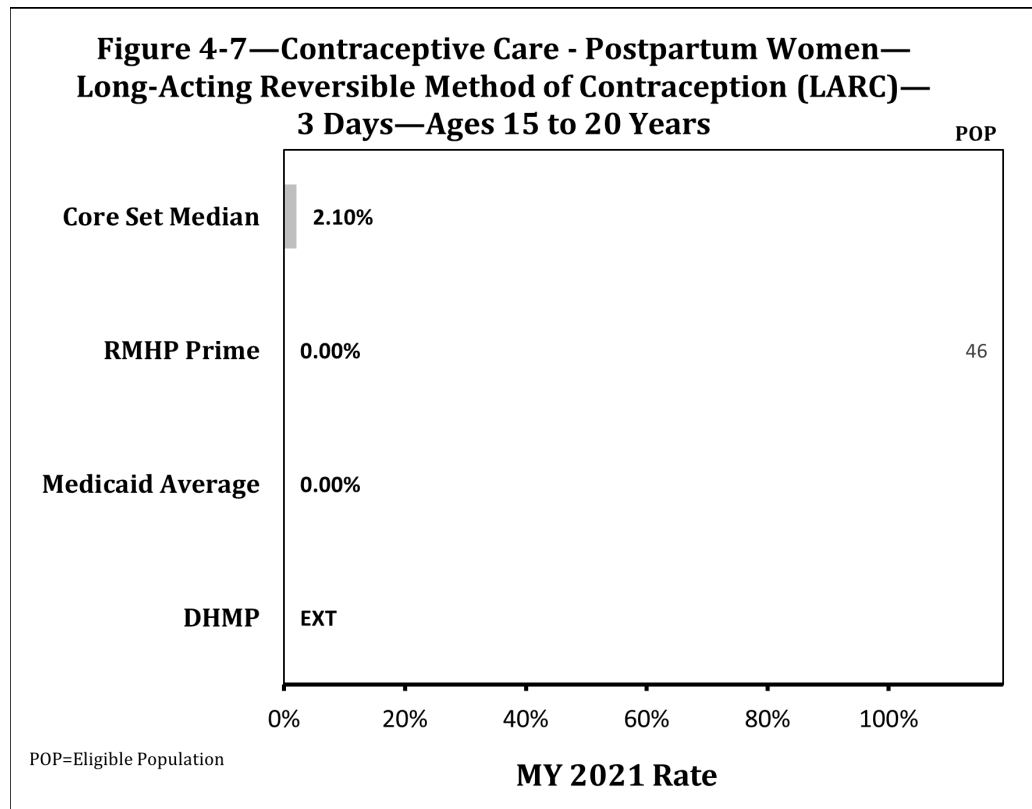


EXT (Exempt) indicates that the MCO was exempt from reporting the measure.

RMHP Prime’s rate and the Colorado Medicaid weighted average fell below the Core Set Median.

Contraceptive Care—Postpartum Women—LARC—3 Days—Ages 15 to 20 Years

Contraceptive Care—Postpartum Women—LARC—3 Days—Ages 15 to 20 Years measures the percentage of women ages 15 to 20 years who were provided an LARC within three days of delivery.

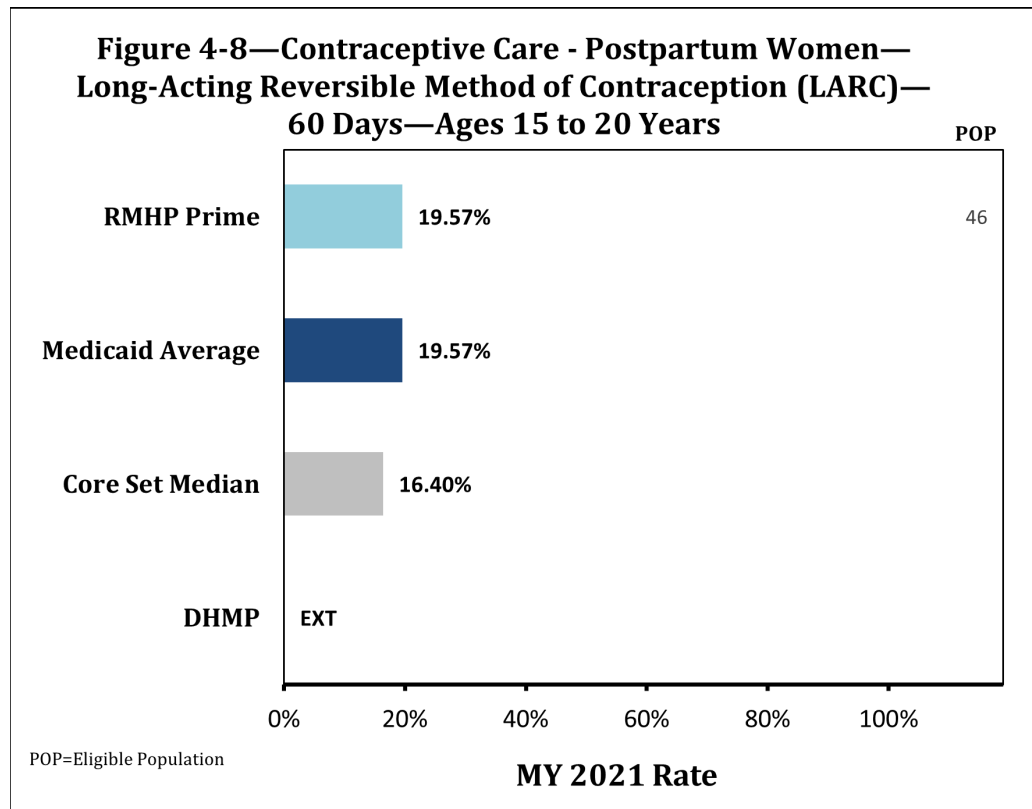


EXT (Exempt) indicates that the MCO was exempt from reporting the measure.

RMHP Prime’s rate and the Colorado Medicaid weighted average fell below the Core Set Median.

Contraceptive Care—Postpartum Women—LARC—60 Days—Ages 15 to 20 Years

Contraceptive Care—Postpartum Women—LARC—60 Days—Ages 15 to 20 Years measures the percentage of women ages 15 to 20 years who were provided an LARC within 60 days of delivery.

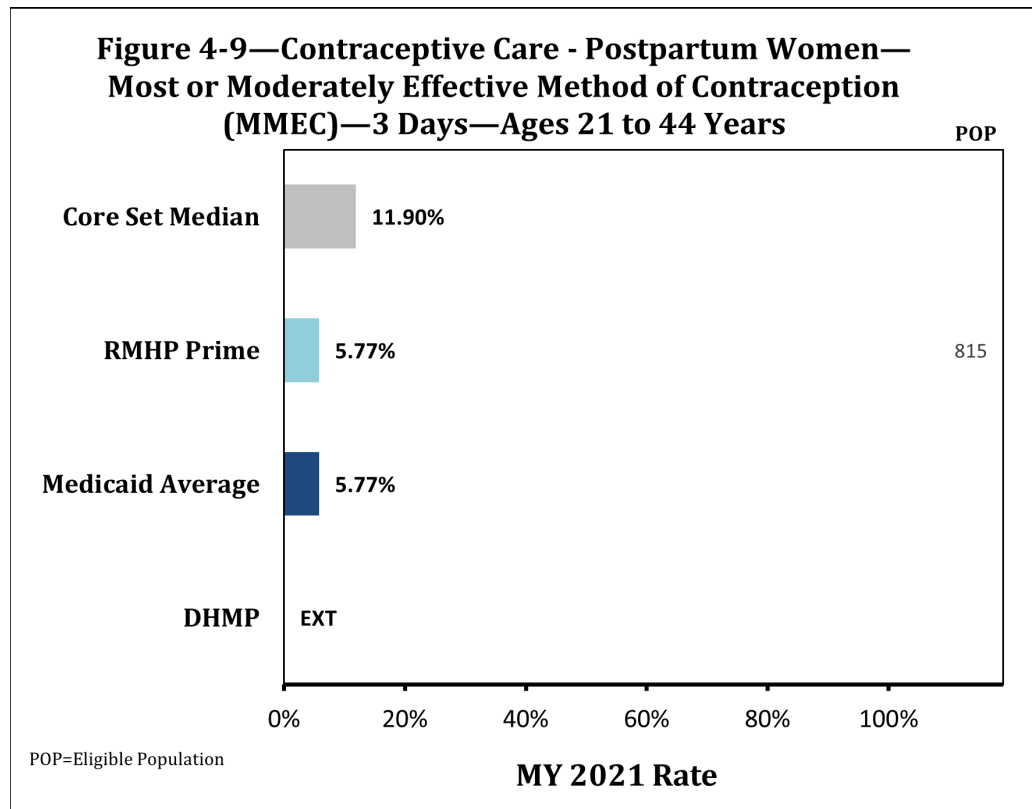


EXT (Exempt) indicates that the MCO was exempt from reporting the measure.

RMHP Prime’s rate and the Colorado Medicaid weighted average were above the Core Set Median.

Contraceptive Care—Postpartum Women—MMEC—3 Days—Ages 21 to 44 Years

Contraceptive Care—Postpartum Women—MMEC—3 Days—Ages 21 to 44 Years measures the percentage of women ages 21 to 44 years who were provided an MMEC within three days of delivery.

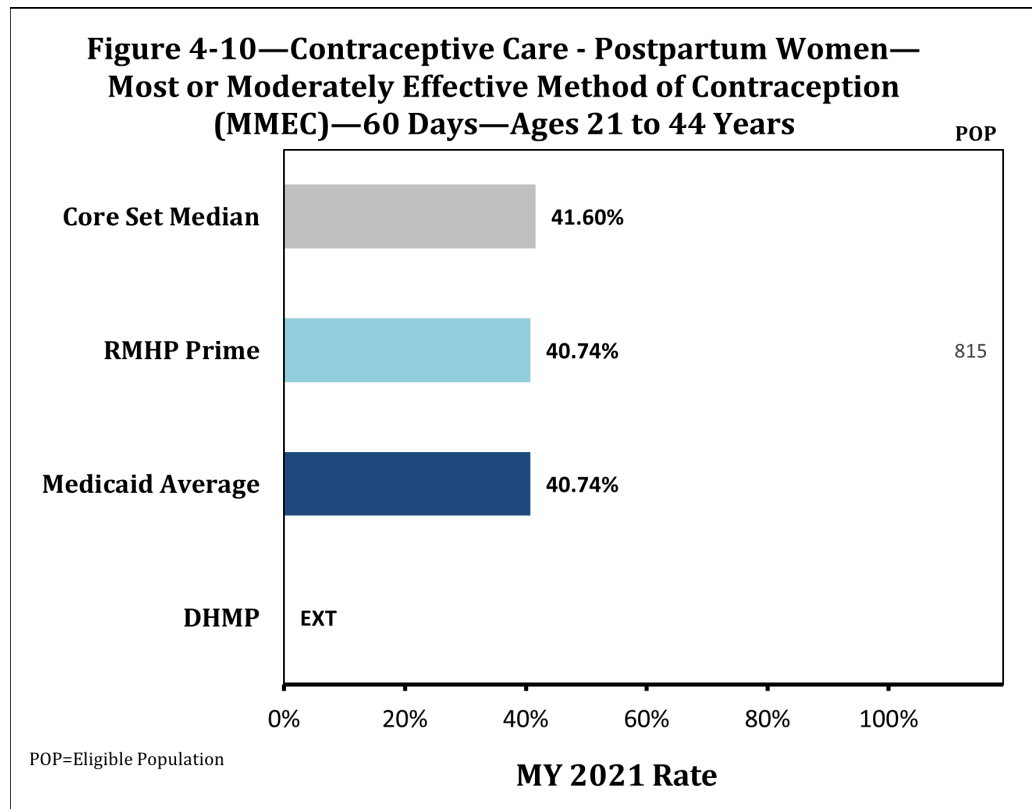


EXT (Exempt) indicates that the MCO was exempt from reporting the measure.

RMHP Prime’s rate and the Colorado Medicaid weighted average fell below the Core Set Median.

Contraceptive Care—Postpartum Women—MMEC—60 Days—Ages 21 to 44 Years

Contraceptive Care—Postpartum Women—MMEC—60 Days—Ages 21 to 44 Years measures the percentage of women ages 21 to 44 years who were provided an MMEC within 60 days of delivery.

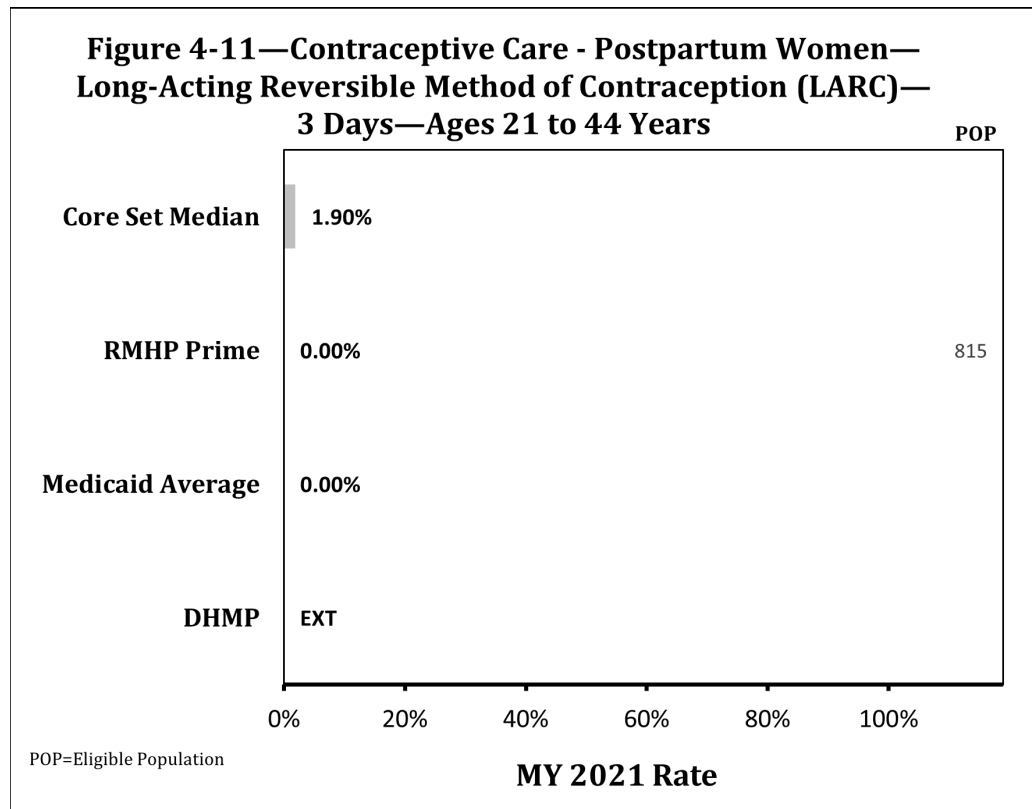


EXT (Exempt) indicates that the MCO was exempt from reporting the measure.

RMHP Prime’s rate and the Colorado Medicaid weighted average fell below the Core Set Median.

Contraceptive Care—Postpartum Women—LARC—3 Days—Ages 21 to 44 Years

Contraceptive Care—Postpartum Women—LARC—3 Days—Ages 21 to 44 Years measures the percentage of women ages 21 to 44 years who were provided an LARC within three days of delivery.

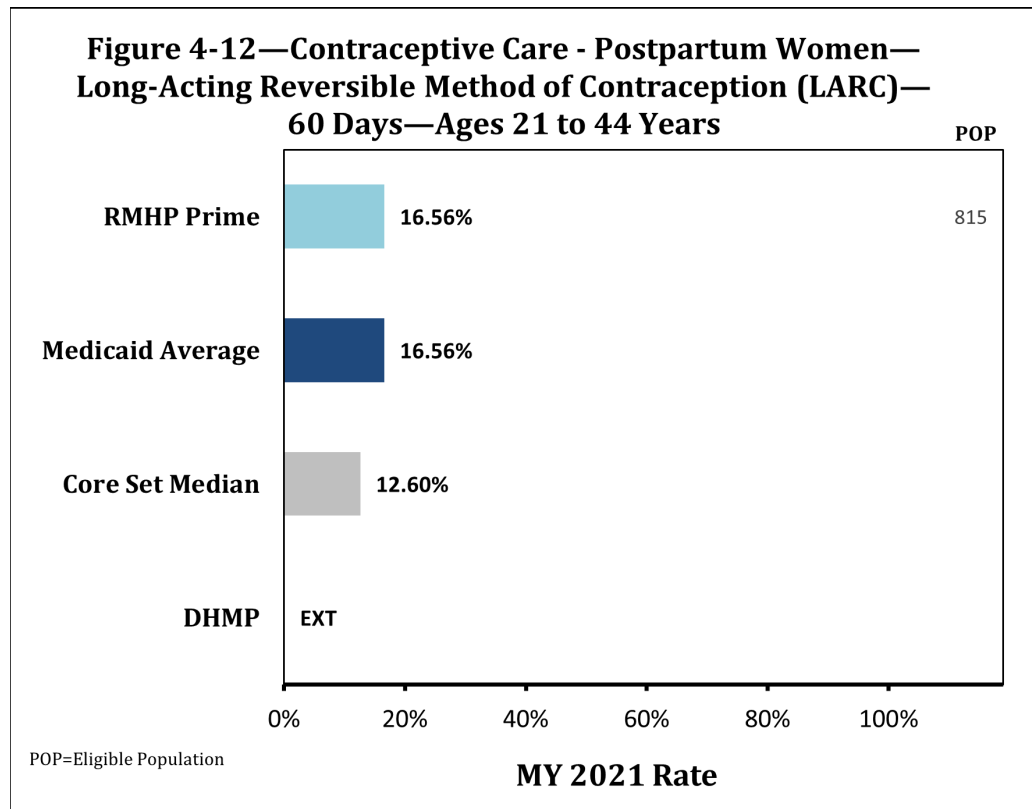


EXT (Exempt) indicates that the MCO was exempt from reporting the measure.

RMHP Prime’s rate and the Colorado Medicaid weighted average fell below the Core Set Median.

Contraceptive Care—Postpartum Women—LARC—60 Days—Ages 21 to 44 Years

Contraceptive Care—Postpartum Women—LARC—60 Days—Ages 21 to 44 Years measures the percentage of women ages 21 to 44 years who were provided a LARC within 60 days of delivery.

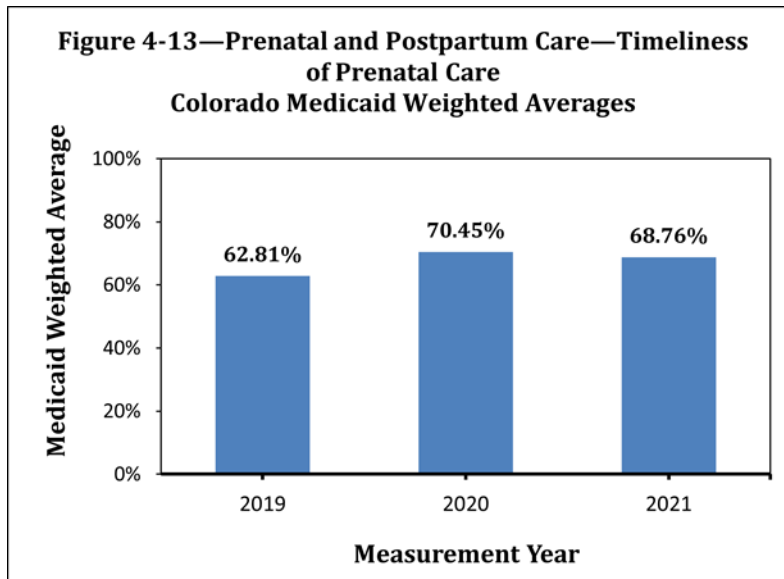


EXT (Exempt) indicates that the MCO was exempt from reporting the measure.

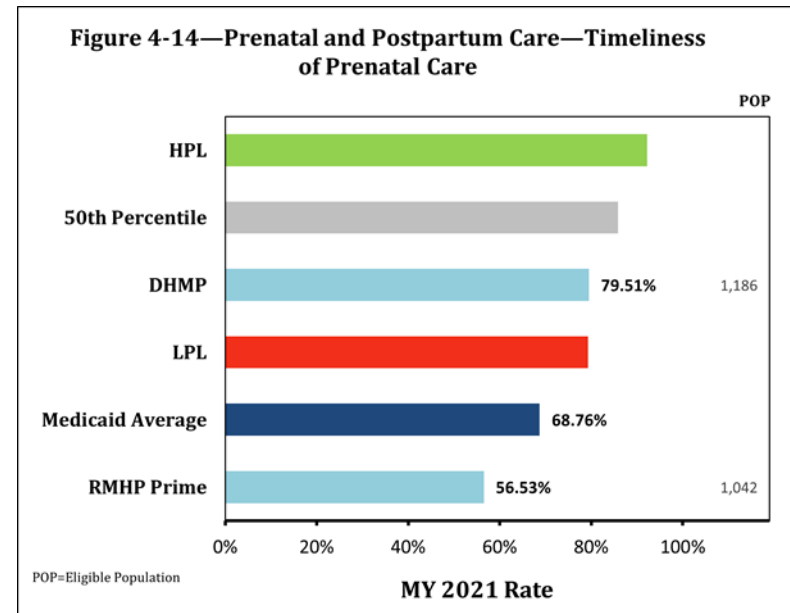
RMHP Prime’s rate and the Colorado Medicaid weighted average were above the Core Set Median.

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.



The Colorado Medicaid weighted average did not demonstrate a significant change from MY 2020 to MY 2021.

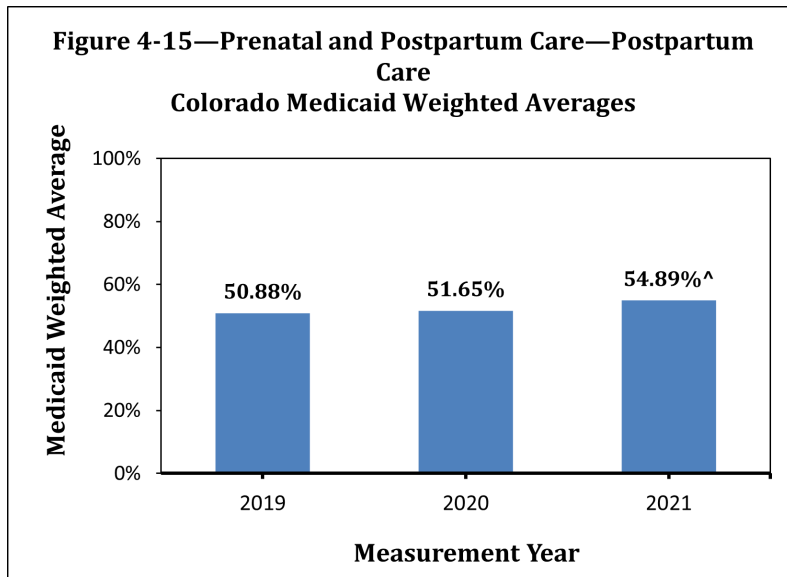


Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

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

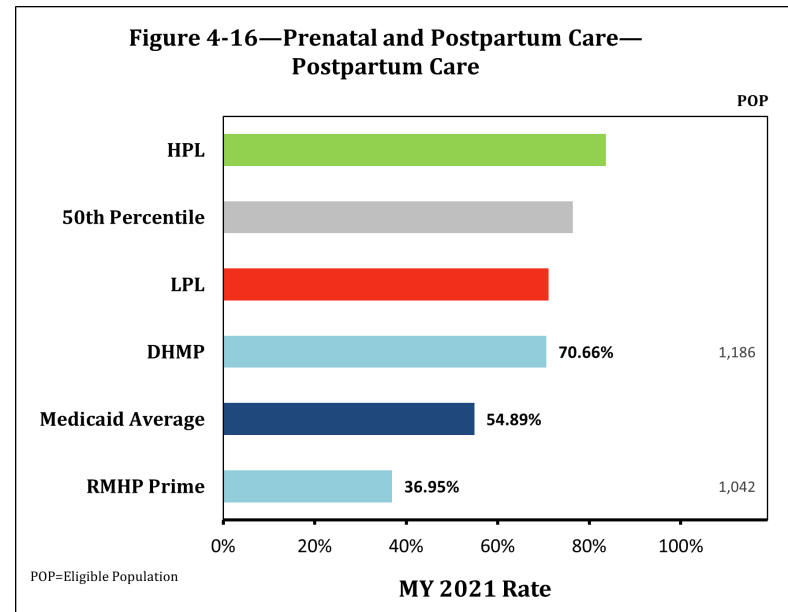
Prenatal and Postpartum Care—Postpartum Care

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.



One caret (^) indicates a statistically significant improvement in performance from MY 2020 to MY 2021.

The Colorado Medicaid weighted average significantly improved from MY 2020 to MY 2021.



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 34 percentage points.

Summary of Findings and Recommendations

Table 4-1 presents the MCOs’ performance ratings for each measure in the Maternal and Perinatal Health domain. Performance ratings were assigned across five categories (from ★ representing *Poor Performance* to ★★★★★ representing *Excellent Performance*). For those measures that could not be compared to NCQA benchmarks, performance ratings were assigned one of two categories (↑ or ↓).

Table 4-1—Maternal and Perinatal Health: Measure-Specific Performance Ratings

Performance Measures	DHMP	RMHP Prime
<i>Audiological Diagnosis No Later Than 3 Months of Age^{SA}</i>		
<i>Total</i>	—	—
<i>Contraceptive Care—All Women^{CS}</i>		
<i>MMEC—Ages 15 to 20 Years</i>	—	↑
<i>LARC—Ages 15 to 20 Years</i>	—	↑
<i>MMEC—Ages 21 to 44 Years</i>	—	↓
<i>LARC—Ages 21 to 44 Years</i>	—	↓
<i>Contraceptive Care—Postpartum Women^{CS}</i>		
<i>MMEC—3 Days—Ages 15 to 20 Years</i>	—	↓
<i>MMEC—60 Days—Ages 15 to 20 Years</i>	—	↓
<i>LARC—3 Days—Ages 15 to 20 Years</i>	—	↓
<i>LARC—60 Days—Ages 15 to 20 Years</i>	—	↑
<i>MMEC—3 Days—Ages 21 to 44 Years</i>	—	↓
<i>MMEC—60 Days—Ages 21 to 44 Years</i>	—	↓
<i>LARC—3 Days—Ages 21 to 44 Years</i>	—	↓
<i>LARC—60 Days—Ages 21 to 44 Years</i>	—	↑
<i>Elective Delivery^{*SA}</i>		
<i>Ages 18 to 64 Years</i>	—	↑
<i>Prenatal and Postpartum Care^H</i>		
<i>Postpartum Care</i>	★	★
<i>Timeliness of Prenatal Care</i>	★★	★

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

A green arrow pointed up indicates the plan percentage was greater than or equal to the Core Set Median or statewide average.

A red arrow pointed down indicates the plan percentage was less than the Core Set Median or statewide average.

H indicates that the measure is a HEDIS measure and can be compared to NCQA Benchmarks.

CS indicates that the measure is a non-HEDIS Core Set measure and can be compared to the Core Set Median.

SA indicates that the measure could only be compared to the statewide average.

— indicates that a percentile ranking was not determined because the rate was not reportable or there was a break in trending. This symbol may also indicate that the denominator was too small to report the rate, there was no benchmark to compare to, or that the plan was exempted from the rate.

Table 4-2 presents a summary of the MCOs’ overall performance for the measures in the Maternal and Perinatal Health domain with the number of measures falling into each performance rating.

Table 4-2—Maternal and Perinatal Health: MCO-Specific Count of Measures by Performance Rating

Health Plan Name	★★★★★	★★★★	★★★	★★	★	↑	↓
DHMP	0	0	0	1	1	0	0
RMHP Prime	0	0	0	0	2	5	8

With all reportable HEDIS performance measure rates (i.e., *Prenatal and Postpartum Care—Timeliness of Prenatal Care* and *Postpartum Care*) within the Maternal and Perinatal Health domain falling below the 50th percentile, both DHMP and RMHP Prime have opportunities to improve access to prenatal and postpartum care for women. The MCOs and the Department should conduct root cause analyses for the low *Prenatal and Postpartum Care—Timeliness of Prenatal Care* and *Postpartum Care* indicator 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). Timely and adequate prenatal and postpartum care can set the stage for the long-term health and well-being of new mothers and their infants.⁴⁻¹ Additionally, the MCOs and the Department could identify factors related to the COVID-19 PHE and how the Maternal and Perinatal Health rate were 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 Maternal and Perinatal Health domain rates. Improvement in the Maternal and Perinatal Health domain 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).

⁴⁻¹ National Committee for Quality Assurance. Prenatal and Postpartum Care. Available at: <https://www.ncqa.org/hedis/measures/prenatal-and-postpartum-care-ppc/>. Accessed on: Sept 28, 2022.

5. Care of Acute and Chronic Conditions

Care of Acute and Chronic Conditions

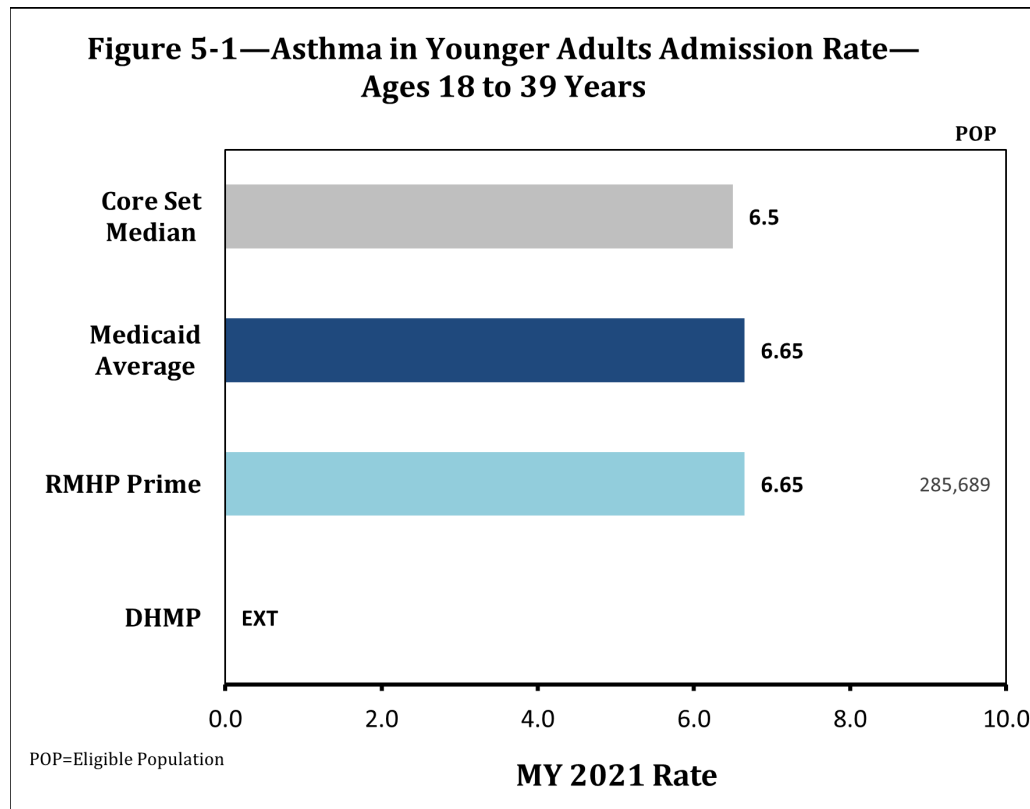
The following section provides a detailed analysis of the Colorado Medicaid MCOs' performance for the Care of Acute and Chronic Conditions domain.

- *Asthma in Younger Adults Admission Rate—Ages 18 to 39 Years*
- *Asthma Medication Ratio—Total (Ages 5 to 18 Years) and Total (Ages 19 to 64 Years)*
- *Controlling High Blood Pressure—Ages 18 to 64 Years and Ages 65 to 85 Years*

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.

Asthma in Younger Adults Admission Rate—Ages 18 to 39 Years

Asthma in Younger Adults Admission Rate—Ages 18 to 39 Years measures the number of inpatient hospital admissions for asthma per 100,00 member months for members ages 18 to 39 years during the measurement year.

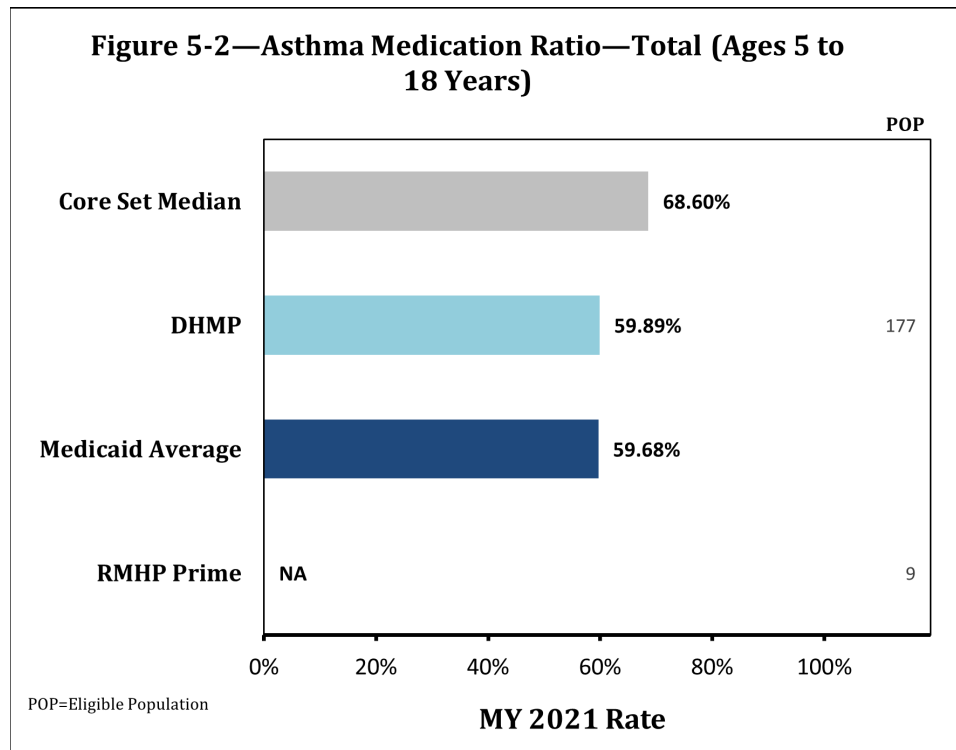


EXT (Exempt) indicates that the MCO was exempt from reporting the measure

RMHP Prime’s rate and the Colorado Medicaid weighted average fell below the Core Set Median.

Asthma Medication Ratio—Total (Ages 5 to 18 Years)

Asthma Medication Ratio—Total (Ages 5 to 18 Years) measures the percentage of members ages 5 to 18 years who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year.

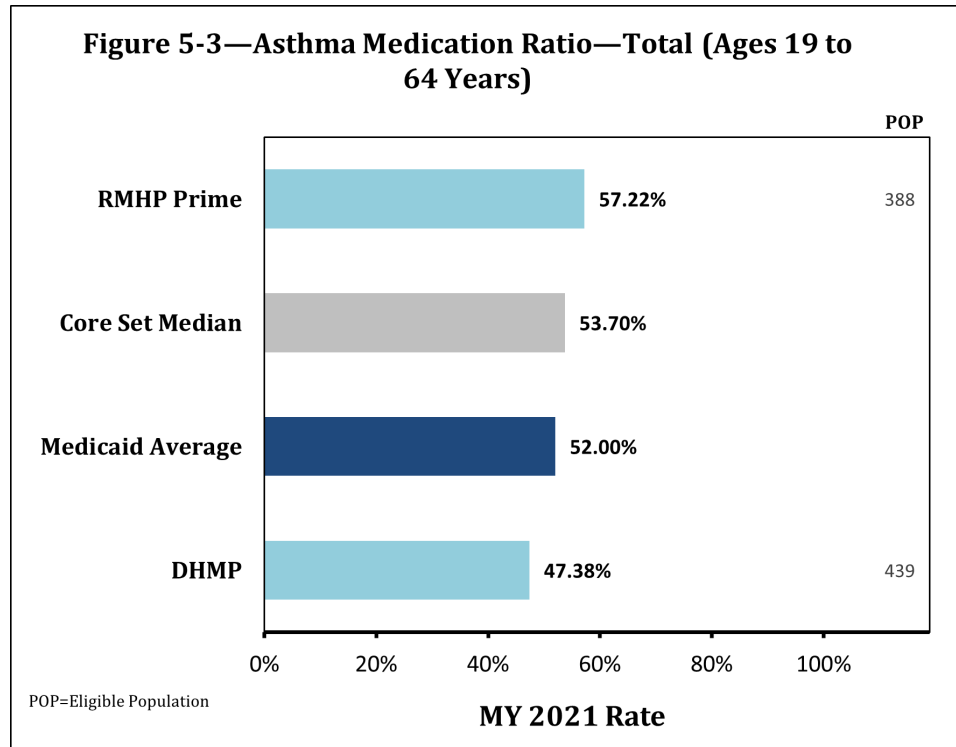


NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate.

DHMP’s rate and the Colorado Medicaid weighted average fell below the Core Set Median.

Asthma Medication Ratio—Total (Ages 19 to 64 Years)

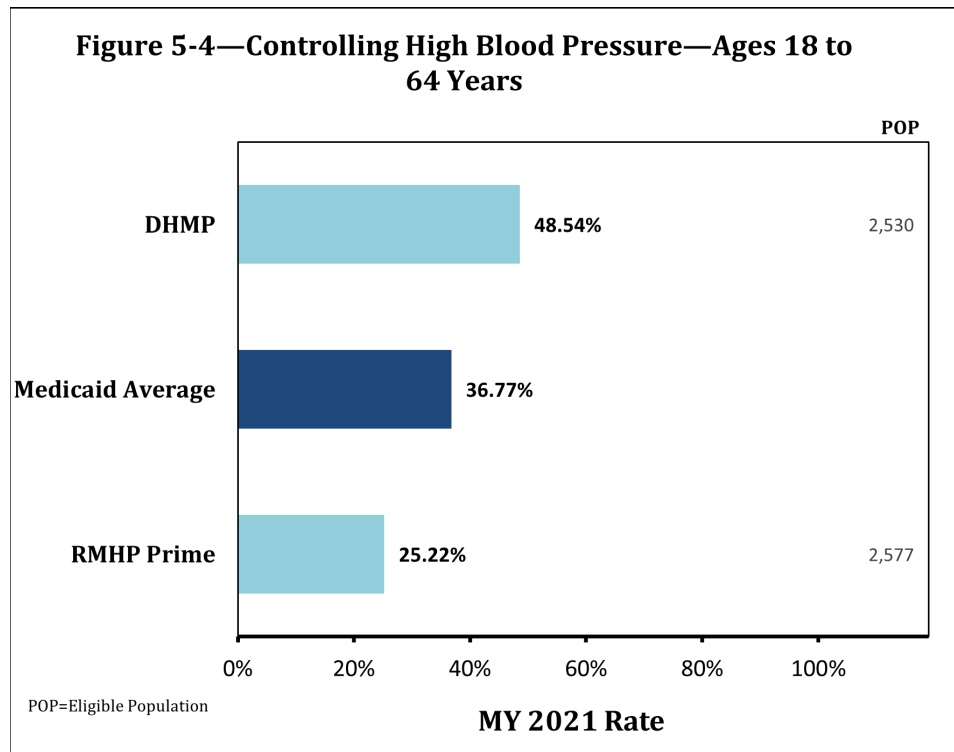
Asthma Medication Ratio—Total (Ages 19 to 64 Years) measures the percentage of members ages 19 to 64 years who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year.



RMHP Prime’s rate was above the Core Set Median. DHMP’s rate and the Colorado Medicaid weighted average fell below the Core Set Median. MCO performance varied by approximately 10 percentage points.

Controlling High Blood Pressure—Ages 18 to 64 Years

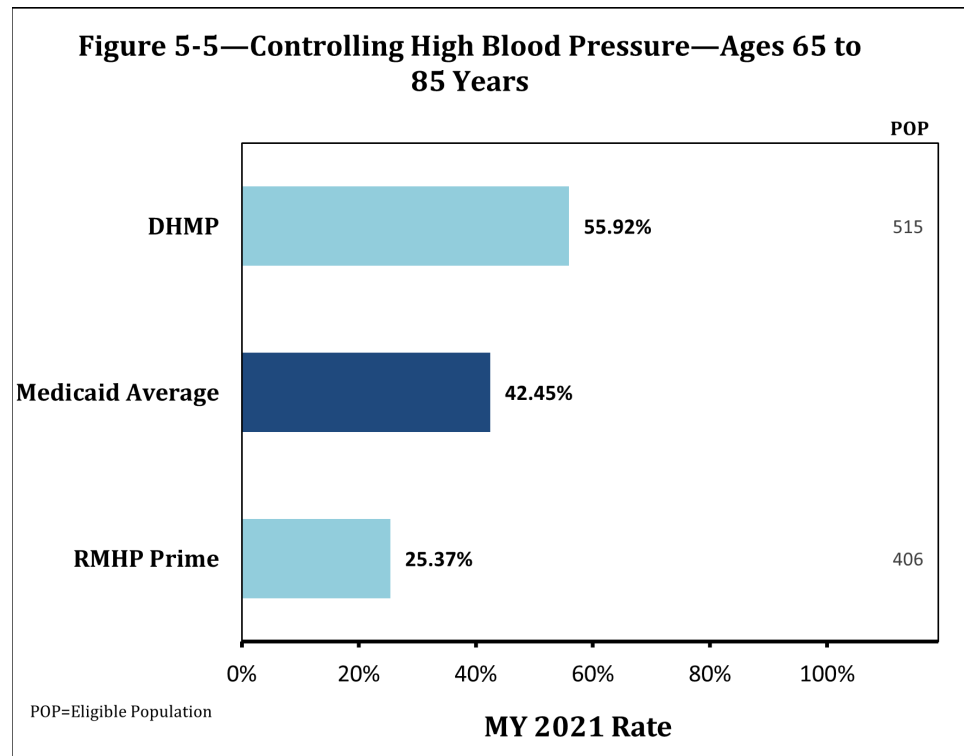
Controlling High Blood Pressure—Ages 18 to 64 Years measures the percentage of members ages 18 to 64 years who had a diagnosis of hypertension and whose blood pressure (BP) was adequately controlled (< 140/90 mm Hg) during the measurement year.



MCO performance varied by approximately 23 percentage points.

Controlling High Blood Pressure—Ages 65 to 85 Years

Controlling High Blood Pressure—Ages 65 to 85 Years measures the percentage of members ages 65 to 85 years who had a diagnosis of hypertension and whose BP was adequately controlled (< 140/90 mm Hg) during the measurement year.



MCO performance varied by approximately 31 percentage points.

Summary of Findings and Recommendations

Table 5-1 presents the MCOs’ performance ratings for each measure in the Care of Acute and Chronic Conditions domain. Performance ratings were assigned across five categories (from ★ representing *Poor Performance* to ★★★★★ representing *Excellent Performance*). For those measures that could not be compared to NCQA benchmarks, performance ratings were assigned one of two categories (↑ or ↓).

Table 5-1—Care of Acute and Chronic Conditions: Measure-Specific Performance Ratings

Performance Measures	DHMP	RMHP Prime
<i>Asthma in Younger Adults Admission Rate</i>^{*CS}		
<i>Ages 18 to 39 Years</i>	—	↓
<i>Asthma Medication Ratio</i>^{CS}		
<i>Total (Ages 5 to 18 Years)</i> ¹	↓	—
<i>Total (Ages 19 to 64 Years)</i>	↓	↑
<i>COPD or Asthma in Older Adults Admission Rate</i>^{*SA}		
<i>Ages 40 to 64 Years</i>	—	↑
<i>Ages 65 Years and Older</i>	—	↑
<i>Comprehensive Diabetes Care: HbA1c Poor Control (>9.0%)</i>^{*SA}		
<i>Ages 18 to 64 Years</i>	—	↑
<i>Ages 65 to 75 Years</i>	—	↑
<i>Controlling High Blood Pressure</i>^{SA}		
<i>Ages 18 to 64 Years</i>	↑	↓
<i>Ages 65 to 85 Years</i>	↑	↓
<i>Diabetes Short-Term Complications Admission Rate</i>^{*SA}		
<i>Ages 18 to 64 Years</i>	—	↑
<i>Ages 65 Years and Older</i>	—	↑
<i>Heart Failure Admission Rate</i>^{*SA}		
<i>Ages 18 to 64 Years</i>	—	↑
<i>Ages 65 Years and Older</i>	—	↑
<i>HIV Viral Load Suppression</i>^{SA}		
<i>Ages 18 to 64 Years</i>	—	↑
<i>Ages 65 Years and Older</i>	—	—

¹Due 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.

A green arrow pointed up indicates the plan percentage was greater than or equal to the Core Set Median or statewide average.

A red arrow pointed down indicates the plan percentage was less than the Core Set Median or statewide average.

^{CS} indicates that the measure is a non-HEDIS Core Set measure and can be compared to the Core Set Median.

^{S4} indicates that the measure could only be compared to the statewide average.
 — indicates that a percentile ranking was not determined because the rate was not reportable or there was a break in trending. This symbol may also indicate that the denominator was too small to report the rate, there was no benchmark to compare to, or that the plan was exempted from the rate.

Table 5-2 presents a summary of the MCOs’ overall performance for measures in the Care of Acute and Chronic Conditions domain.

Table 5-2—Care of Acute and Chronic Conditions: MCO-Specific Count of Measures by Performance Rating

Health Plan Name	★★★★★	★★★★	★★★	★★	★	↑	↓
DHMP	0	0	0	0	0	2	2
RMHP Prime	0	0	0	0	0	10	3

Performance for the MCOs in the Care of Acute and Chronic Conditions domain demonstrated opportunities for improvement as it relates to *Asthma Medication Ratio—Total (Ages 5 to 18 Years)* and *Total (Ages 19 to 64 Years)* for DHMP, and *Controlling High Blood Pressure—Ages 18 to 64 Years and Ages 65 to 85 Years* and *Asthma in Younger Adults Admission Rate—Ages 18 to 39 Years* for RMHP Prime. These measure indicator rates fell below the Core Set Median; therefore, the MCOs and the Department should identify factors contributing to the low rates for these measure indicators (e.g., barriers to care, COVID-19 PHE).

Behavioral Health Care

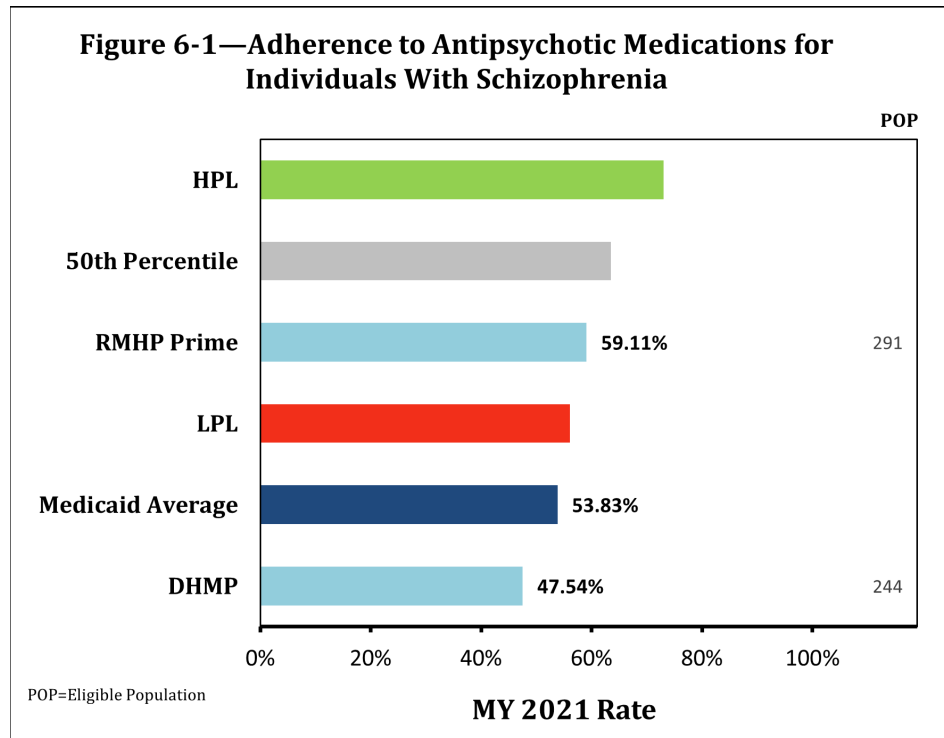
The following section provides a detailed analysis of the Colorado Medicaid MCOs' performance for the Behavioral Health Care domain. In FY 2021–2022, behavioral health services were carved out (i.e., provided by the RAEs, but not the RAEs' MCO capitation initiatives) in Colorado. Therefore, this carve out should be considered when reviewing the MCOs' rates for these behavioral health measures. The Behavioral Health Care domain encompasses the following measures/indicators:

- *Adherence to Antipsychotic Medications for Individuals With Schizophrenia*
- *Antidepressant Medication Management—Effective Acute Phase Treatment—Ages 18 to 64 Years and Ages 65 Years and Older, and Effective Continuation Phase Treatment—Ages 18 to 64 Years and Ages 65 Years and Older*
- *Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications*
- *Follow-Up After ED Visit for AOD Abuse or Dependence—7-Day Follow-Up—Ages 18 to 64 Years and Ages 65 Years and Older, and 30-Day Follow-Up—Ages 18 to 64 Years and Ages 65 Years and Older*
- *Follow-Up After ED Visit for Mental Illness—7-Day Follow-Up—Ages 18 to 64 Years and 65 Years and Older, and 30-Day Follow-Up—Ages 18 to 64 Years*
- *Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up—Ages 6 to 17 Years, Ages 18 to 64 Years, and Ages 65 Years and Older; and 30-Day Follow-Up—Ages 6 to 17 Years, Ages 18 to 64 Years, and Ages 65 Years and Older*
- *Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase and Continuation and Maintenance Phase*
- *Initiation and Engagement of AOD or Dependence Treatment—Initiation of AOD—Total AOD Abuse or Dependence—Ages 18 to 64 Years and Ages 65 Years and Older and Engagement of AOD Treatment—Ages 18 to 64 Years and Ages 65 Years and Older*
- *Metabolic Monitoring for Children and Adolescents on Antipsychotics—Blood Glucose Testing—Total, Cholesterol Testing—Total, and Blood Glucose and Cholesterol Testing—Total*
- *Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics—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.

Adherence to Antipsychotic Medications for Individuals With Schizophrenia

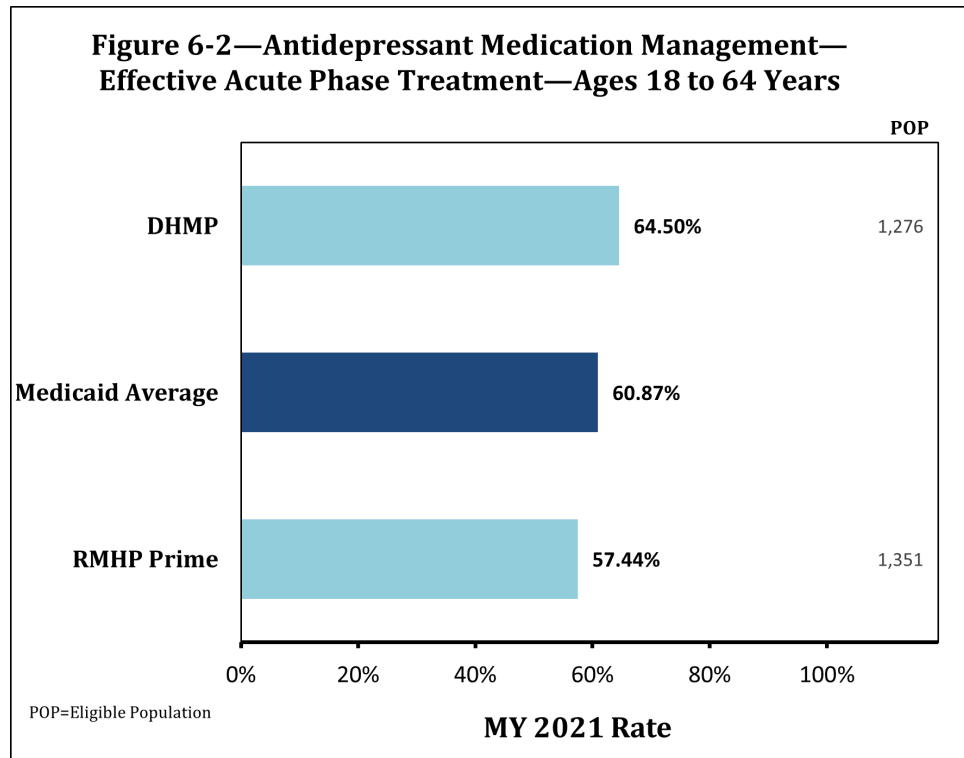
Adherence to Antipsychotic Medications for Individuals With Schizophrenia measures the percentage of members 18 years of age and older during the measurement year with schizophrenia or schizoaffective disorder who were dispensed and remained on an antipsychotic medication for at least 80 percent of their treatment period during the measurement year.



RMHP Prime’s rate was above the LPL but fell below the 50th percentile. DHMP’s rate and the Colorado Medicaid weighted average fell below the LPL. MCO performance varied by approximately 12 percentage points.

Antidepressant Medication Management—Effective Acute Phase Treatment—Ages 18 to 64 Years

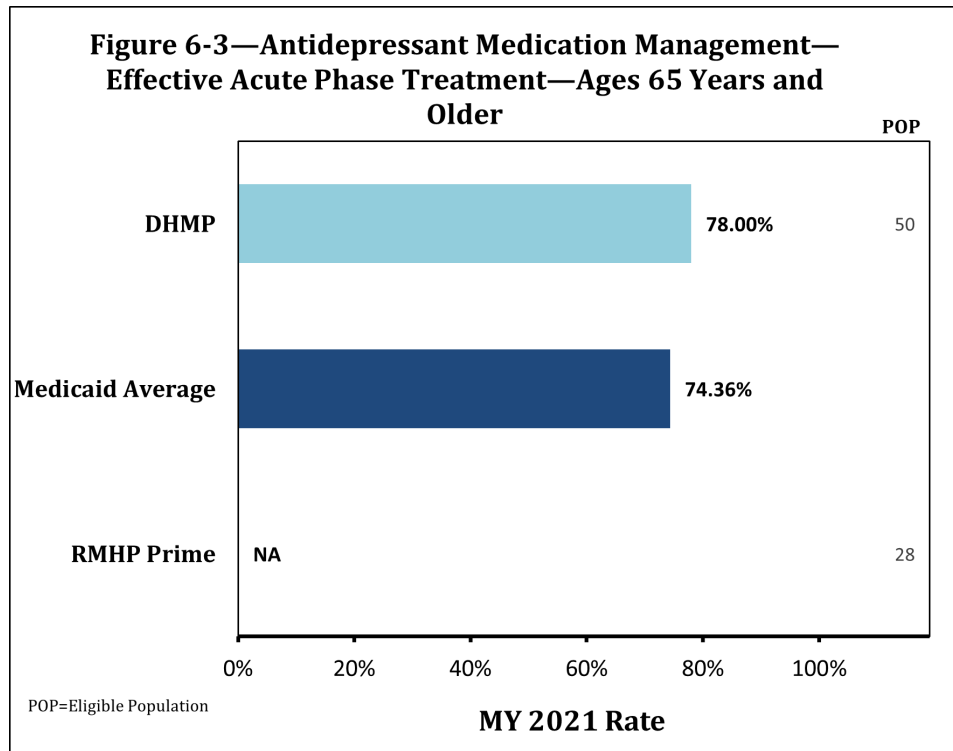
Antidepressant Medication Management—Effective Acute Phase Treatment—Ages 18 to 64 Years measures the percentage of members ages 18 to 64 years who were treated with antidepressant medication, had a diagnosis of major depression, and who remained on an antidepressant medication treatment for at least 84 days (12 weeks) during the measurement year.



MCO performance varied by approximately 7 percentage points.

Antidepressant Medication Management—Effective Acute Phase Treatment—Ages 65 Years and Older

Antidepressant Medication Management—Effective Acute Phase Treatment—Ages 65 Years and Older measures the percentage of members ages 65 years and older who were treated with antidepressant medication, had a diagnosis of major depression, and who remained on an antidepressant medication treatment for at least 84 days (12 weeks) during the measurement year.

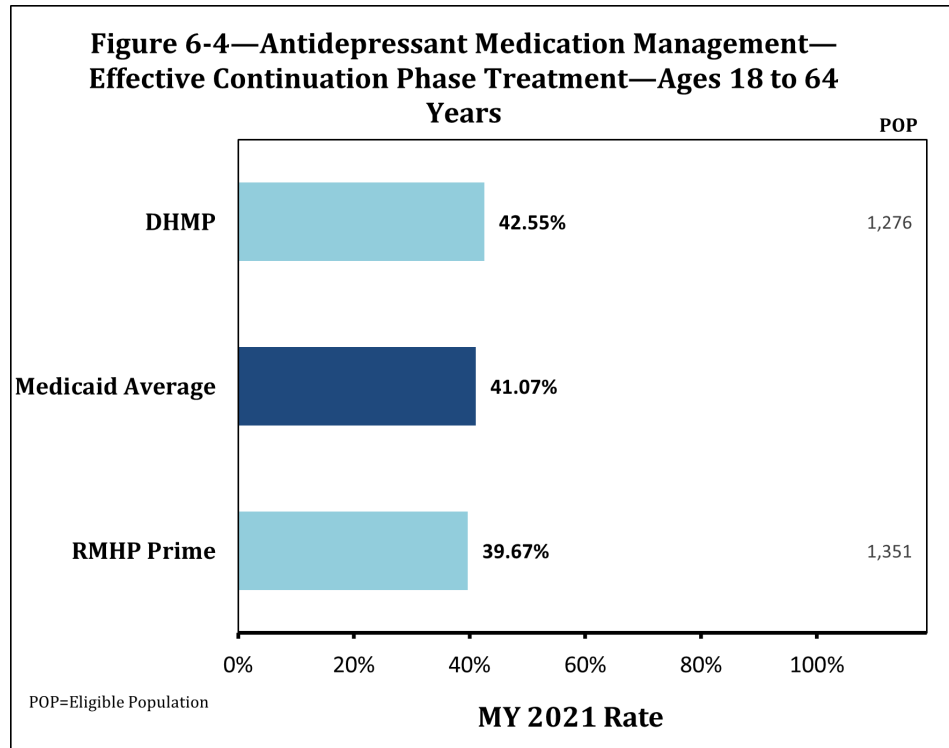


NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate.

Only DHMP reported this rate and it is not comparable to benchmarks.

Antidepressant Medication Management—Effective Continuation Phase Treatment—Ages 18 to 64 Years

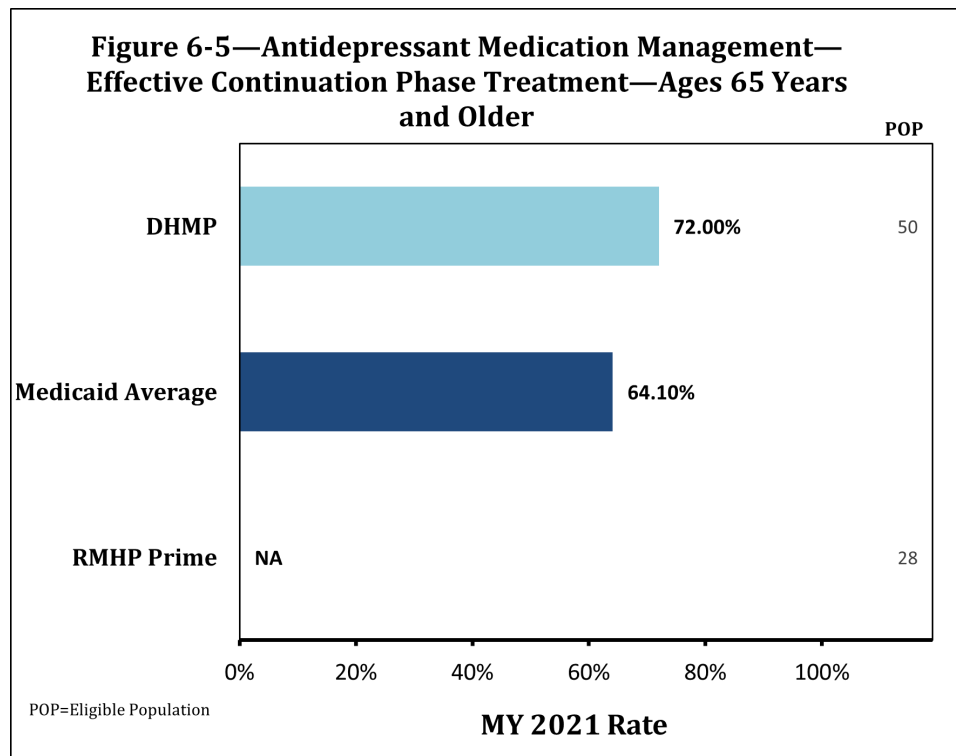
Antidepressant Medication Management—Effective Continuation Phase Treatment—Ages 18 to 64 Years measures the percentage of members ages 18 to 64 years who were treated with antidepressant medication, had a diagnosis of major depression, and who remained on an antidepressant medication treatment for at least 180 days (six months) during the measurement year.



MCO performance varied by approximately 3 percentage points.

Antidepressant Medication Management—Effective Continuation Phase Treatment—Ages 65 Years and Older

Antidepressant Medication Management—Effective Continuation Phase Treatment—Ages 65 Years and Older measures the percentage of members ages 65 years and older who were treated with antidepressant medication, had a diagnosis of major depression, and who remained on an antidepressant medication treatment for at least 180 days (six months) during the measurement year.

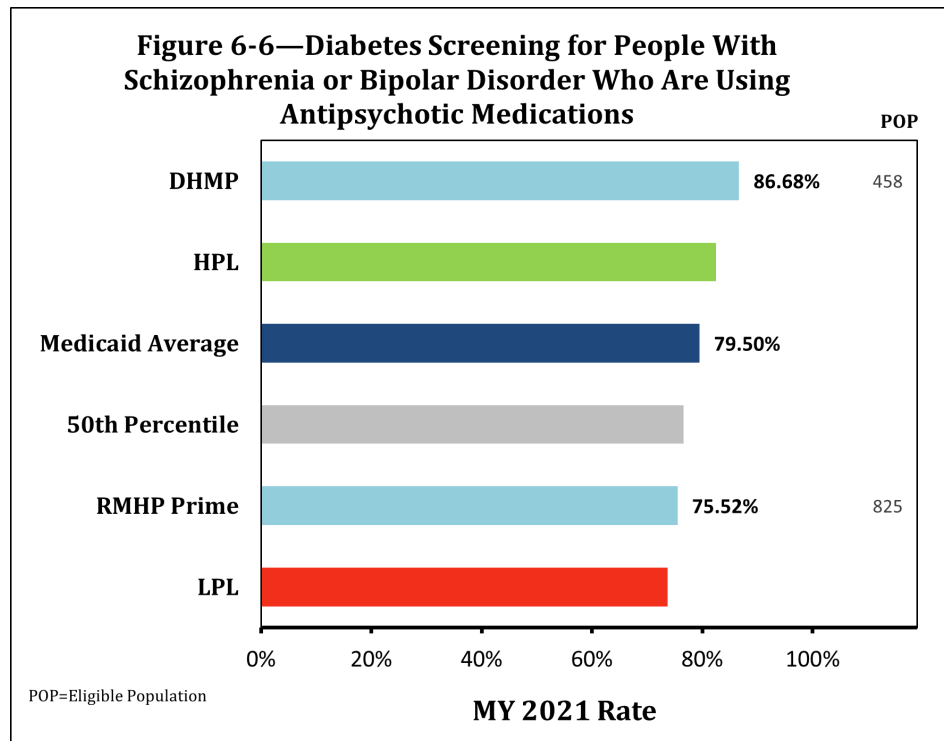


NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate.

Only DHMP reported this rate and it is not comparable to benchmarks.

Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications

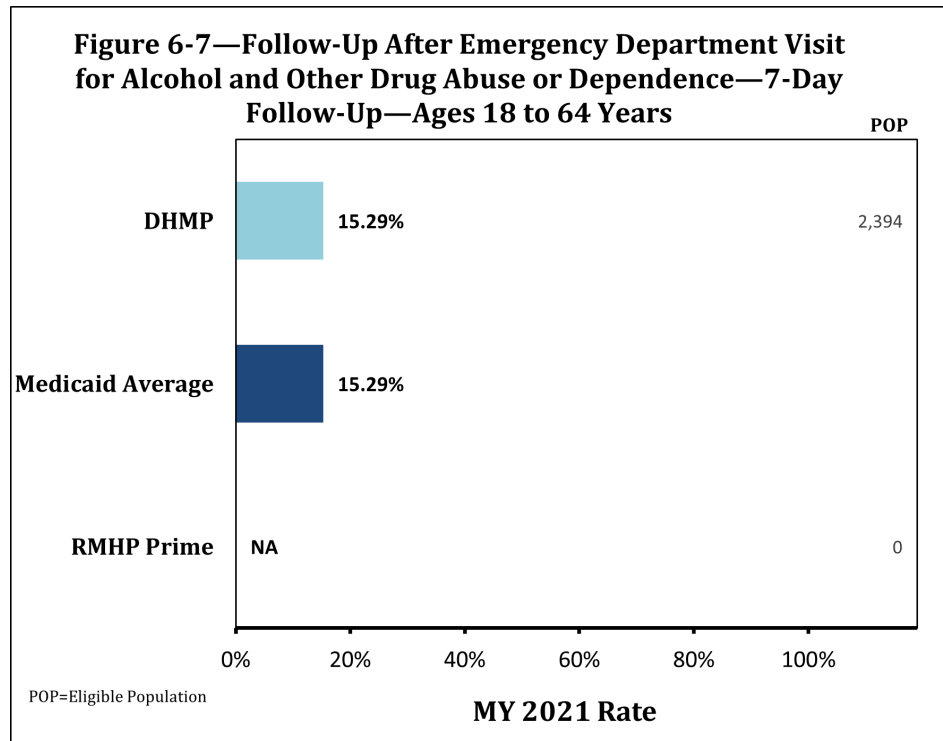
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications measures the percentage of members ages 18 to 64 years with schizophrenia, schizoaffective disorder, or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year.



DHMP’s rate was above the HPL. The Colorado Medicaid weighted average was above the 50th percentile but fell below the HPL. RMHP Prime’s rate was above the LPL but fell below the 50th percentile. MCO performance varied by approximately 11 percentage points.

Follow-Up After ED Visit for AOD Abuse or Dependence—7-Day Follow-Up—Ages 18 to 64 Years

Follow-Up After ED Visit for AOD Abuse or Dependence—7-Day Follow-Up—Ages 18 to 64 Years measures the percentage of ED visits for members ages 18 to 64 years with a principal diagnosis of AOD abuse or dependence who had a follow-up visit for AOD abuse or dependence within seven days of the ED visit during the measurement year.

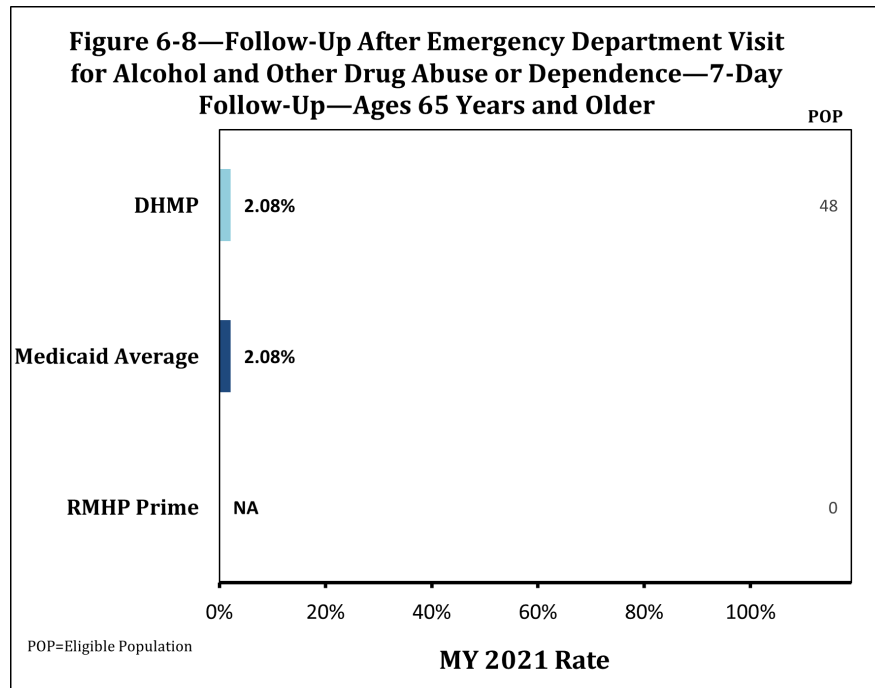


NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate.

Only DHMP reported this rate and it is not comparable to benchmarks.

Follow-Up After ED Visit for AOD Abuse or Dependence—7-Day Follow-Up—Ages 65 Years and Older

Follow-Up After ED Visit for AOD Abuse or Dependence—7-Day Follow-Up—Ages 65 Years and Older measures the percentage of ED visits for members ages 65 years and older with a principal diagnosis of AOD abuse or dependence who had a follow-up visit for AOD abuse or dependence within seven days of the ED visit during the measurement year.

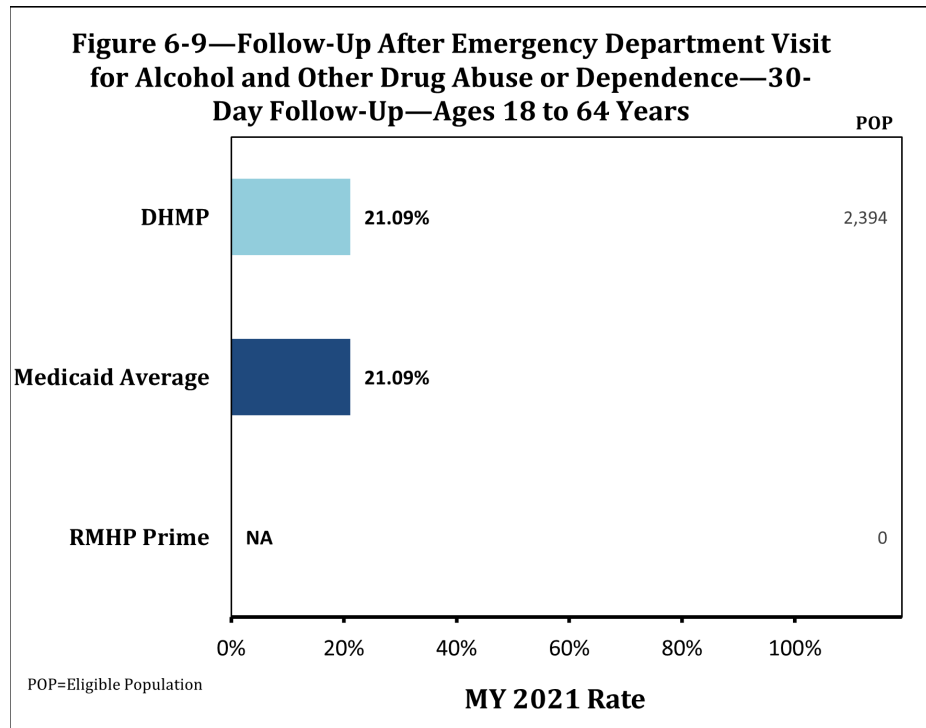


NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate.

Only DHMP reported this rate and it is not comparable to benchmarks.

Follow-Up After ED Visit for AOD Abuse or Dependence—30-Day Follow-Up—Ages 18 to 64 Years

Follow-Up After ED Visit for AOD Abuse or Dependence—30-Day Follow-Up—Ages 18 to 64 Years measures the percentage of ED visits for members ages 18 to 64 years with a principal diagnosis of AOD abuse or dependence who had a follow-up visit for AOD abuse or dependence within 30 days of the ED visit during the measurement year.

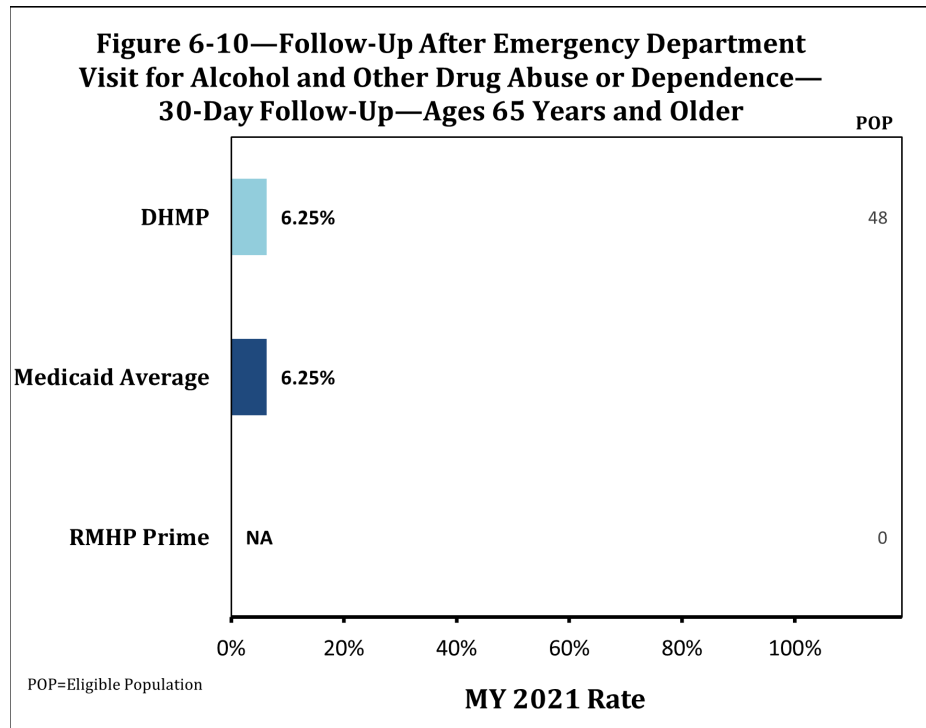


NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate.

Only DHMP reported this rate and it is not comparable to benchmarks.

Follow-Up After ED Visit for AOD Abuse or Dependence—30-Day Follow-Up—Ages 65 Years and Older

Follow-Up After ED Visit for AOD Abuse or Dependence—30-Day Follow-Up—Ages 65 Years and Older measures the percentage of ED visits for members ages 65 years and older with a principal diagnosis of AOD abuse or dependence who had a follow-up visit for AOD abuse or dependence within 30 days of the ED visit during the measurement year.

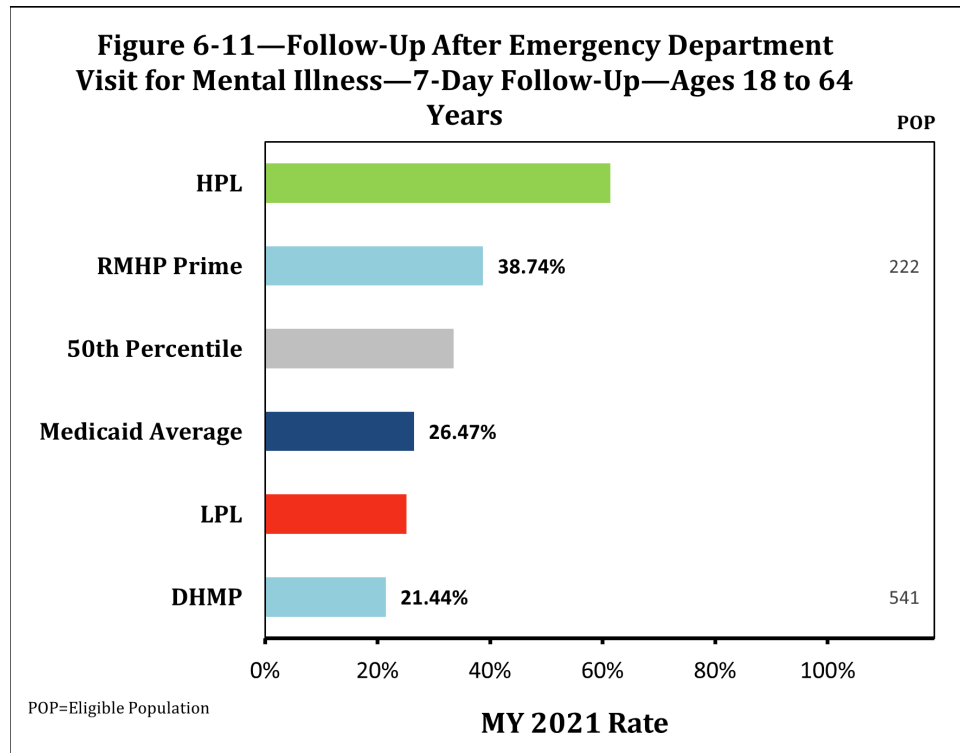


NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate.

Only DHMP reported this rate and it is not comparable to benchmarks.

Follow-Up After ED Visit for Mental Illness—7-Day Follow-Up—Ages 18 to 64 Years

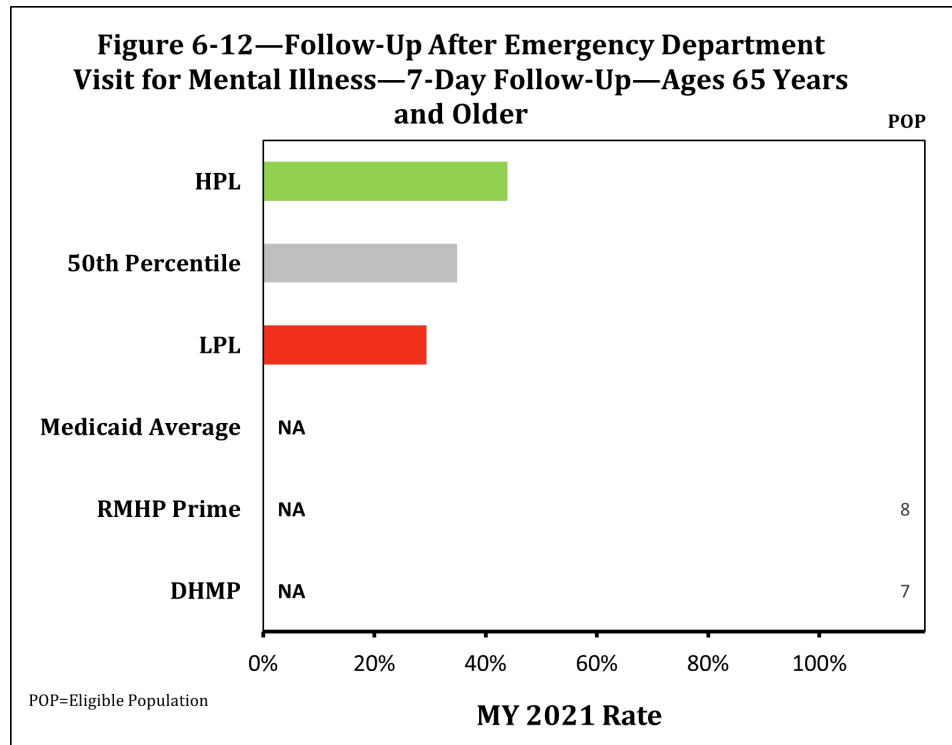
Follow-Up After ED Visit for Mental Illness—7-Day Follow-Up—Ages 18 to 64 Years measures the percentage of ED visits for members ages 18 to 64 years with a principal diagnosis of mental illness or intentional self-harm and who had a follow-up visit for mental illness within seven days of the ED visit during the measurement year.



RMHP Prime’s rate was above the 50th percentile but fell below the HPL. The Colorado Medicaid weighted average was above the LPL but fell below the 50th percentile. DHMP’s rate fell below the LPL. MCO performance varied by approximately 17 percentage points.

Follow-Up After ED Visit for Mental Illness—7-Day Follow-Up—Ages 65 Years and Older

Follow-Up After ED Visit for Mental Illness—7-Day Follow-Up—Ages 65 Years and Older measures the percentage of ED visits for members ages 65 years and older with a principal diagnosis of mental illness or intentional self-harm and who had a follow-up visit for mental illness within seven days of the ED visit during the measurement year.

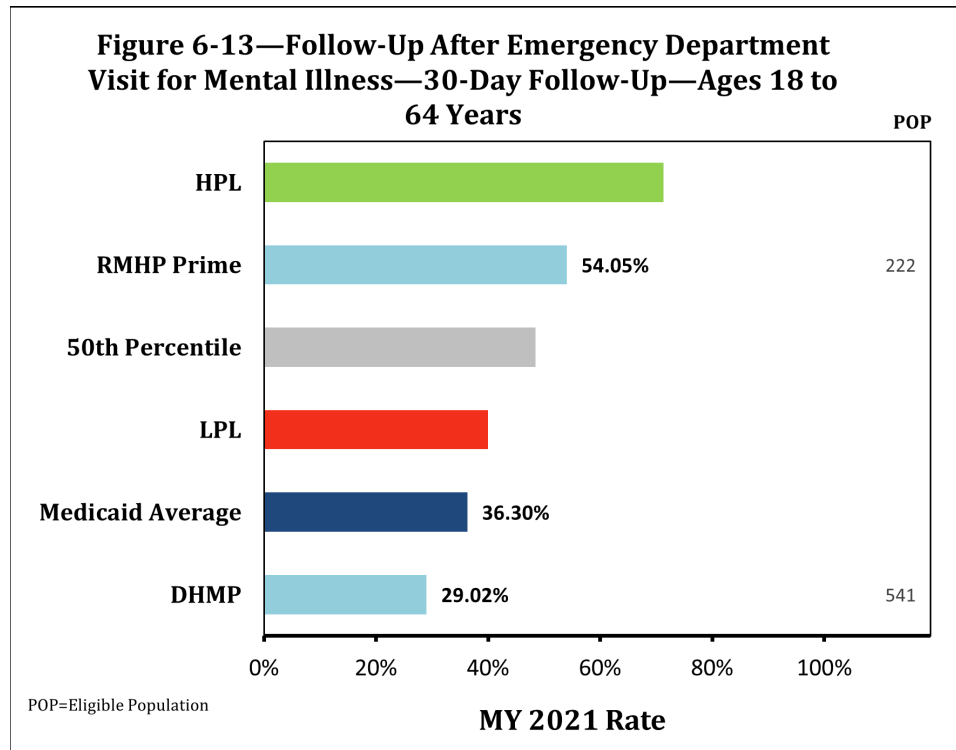


NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate.

Neither DHMP nor RMHP Prime had a reportable rate for this measure indicator.

Follow-Up After ED Visit for Mental Illness—30-Day Follow-Up—Ages 18 to 64 Years

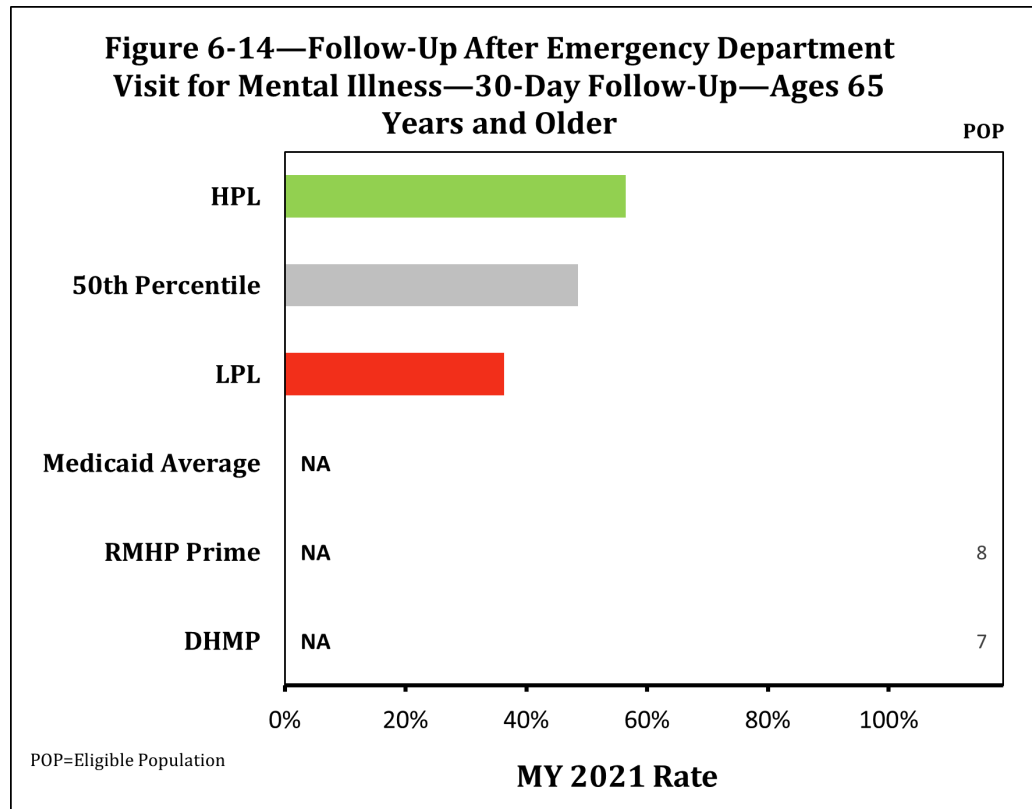
Follow-Up After ED Visit for Mental Illness—30-Day Follow-Up—Ages 18 to 64 Years measures the percentage of ED visits for members ages 18 to 64 years with a principal diagnosis of mental illness or intentional self-harm and who had a follow-up visit for mental illness within 30 days of the ED visit during the measurement year.



RMHP Prime’s rate was above the 50th percentile but fell below the HPL. DHMP’s rate and the Colorado Medicaid weighted average fell below the LPL. MCO performance varied by approximately 25 percentage points.

Follow-Up After ED Visit for Mental Illness—30-Day Follow-Up—Ages 65 Years and Older

Follow-Up After ED Visit for Mental Illness—30-Day Follow-Up—Ages 65 Years and Older measures the percentage of ED visits for members ages 65 years and older with a principal diagnosis of mental illness or intentional self-harm and who had a follow-up visit for mental illness within 30 days of the ED visit during the measurement year.

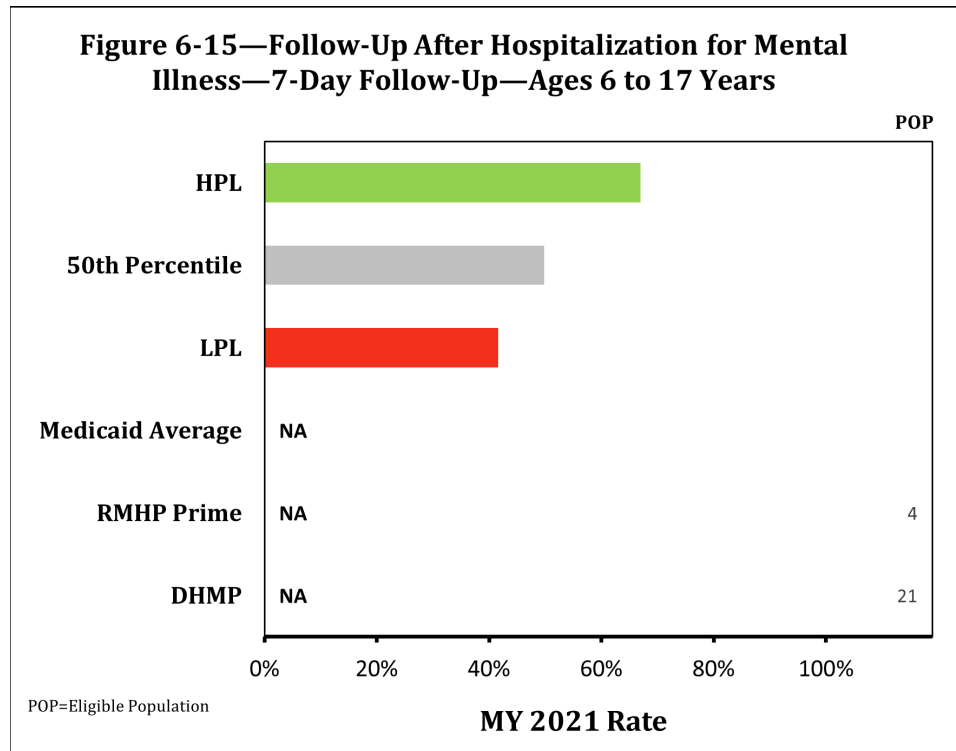


NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate.

Neither DHMP nor RMHP Prime had a reportable rate for this measure indicator.

Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up—Ages 6 to 17 Years

Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up—Ages 6 to 17 Years measures the percentage of discharges for members ages 6 to 17 years who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had a follow-up visit with a mental health provider within seven days after discharge during the measurement year.

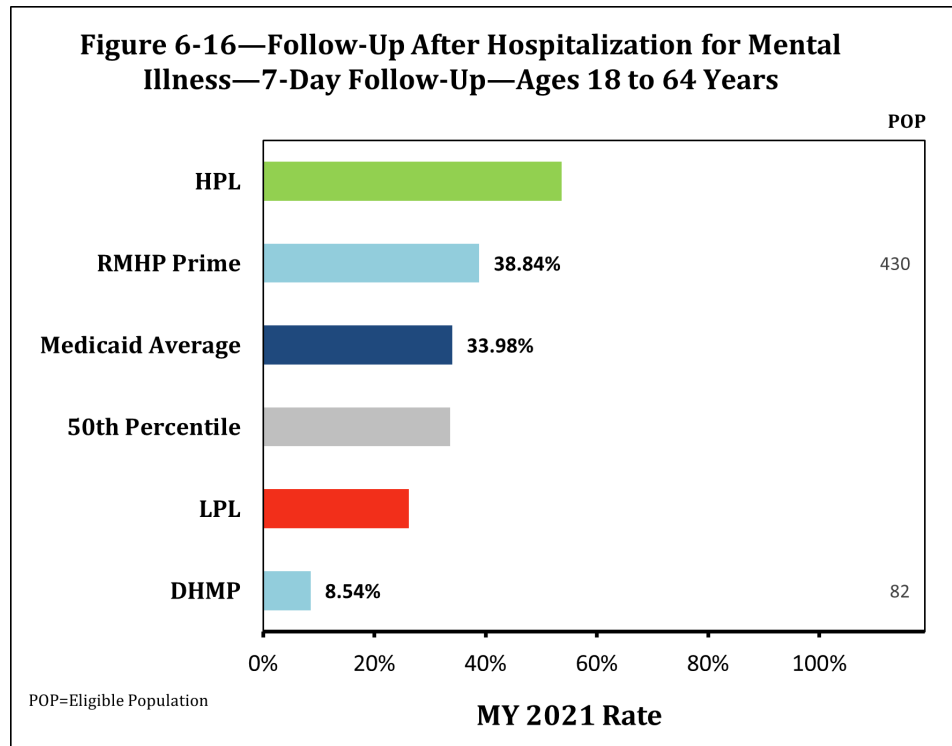


NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate.

Neither DHMP nor RMHP Prime had a reportable rate for this measure indicator.

Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up—Ages 18 to 64 Years

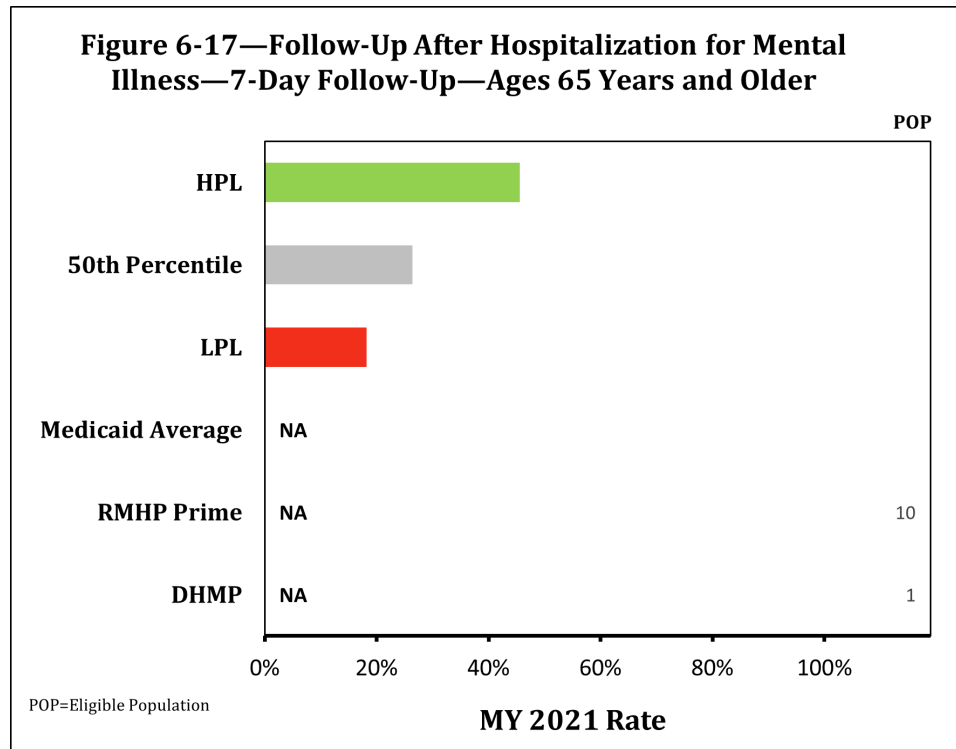
Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up—Ages 18 to 64 Years measures the percentage of discharges for members ages 18 to 64 years who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had a follow-up visit with a mental health provider within seven days after discharge during the measurement year.



RMHP Prime’s rate and the Colorado Medicaid weighted average were above the 50th percentile but fell below the HPL. DHMP’s rate fell below the LPL. MCO performance varied by approximately 30 percentage points.

Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up—Ages 65 Years and Older

Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up—Ages 65 Years and Older measures the percentage of discharges for members ages 65 years and older who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had a follow-up visit with a mental health provider within seven days after discharge during the measurement year.

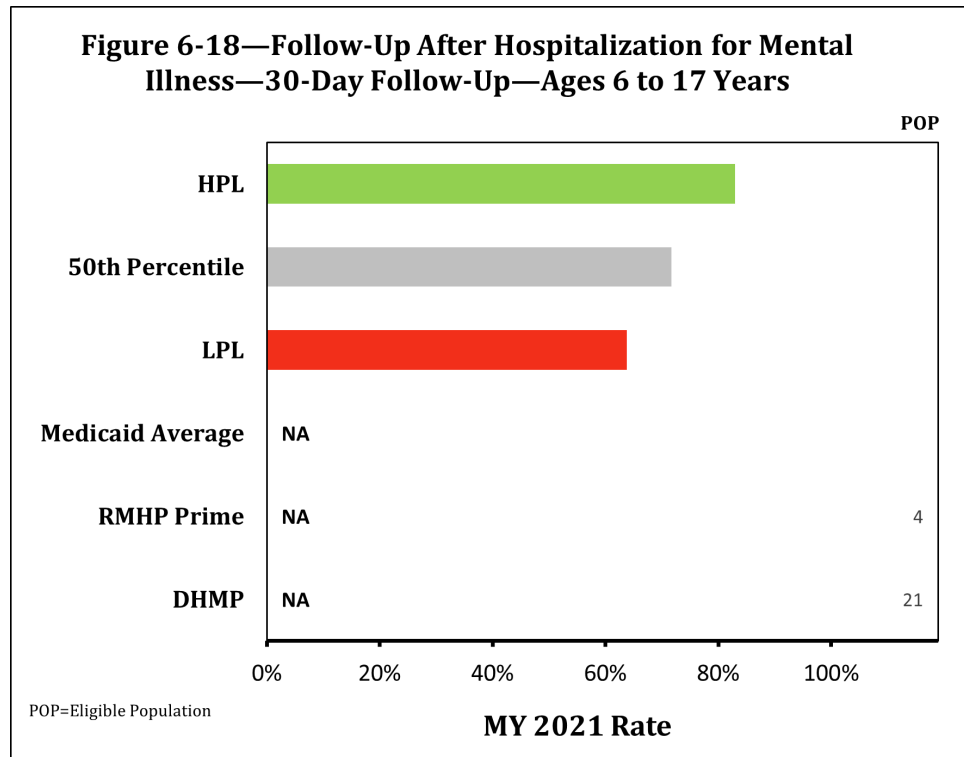


NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate.

Neither DHMP nor RMHP Prime had a reportable rate for this measure indicator.

Follow-Up After Hospitalization for Mental Illness—30-Day Follow-Up—Ages 6 to 17 Years

Follow-Up After Hospitalization for Mental Illness—30-Day Follow-Up—Ages 6 to 17 Years measures the percentage of discharges for members ages 6 to 17 years who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had a follow-up visit with a mental health provider within 30 days after discharge during the measurement year.

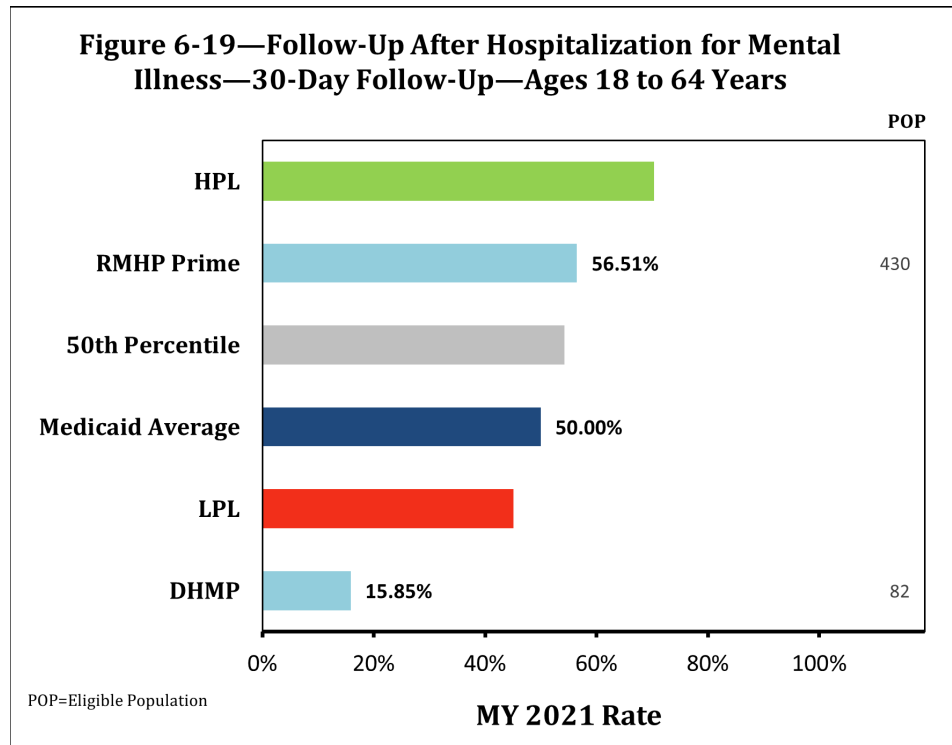


NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate.

Neither DHMP nor RMHP Prime had a reportable rate for this measure indicator.

Follow-Up After Hospitalization for Mental Illness—30-Day Follow-Up—Ages 18 to 64 Years

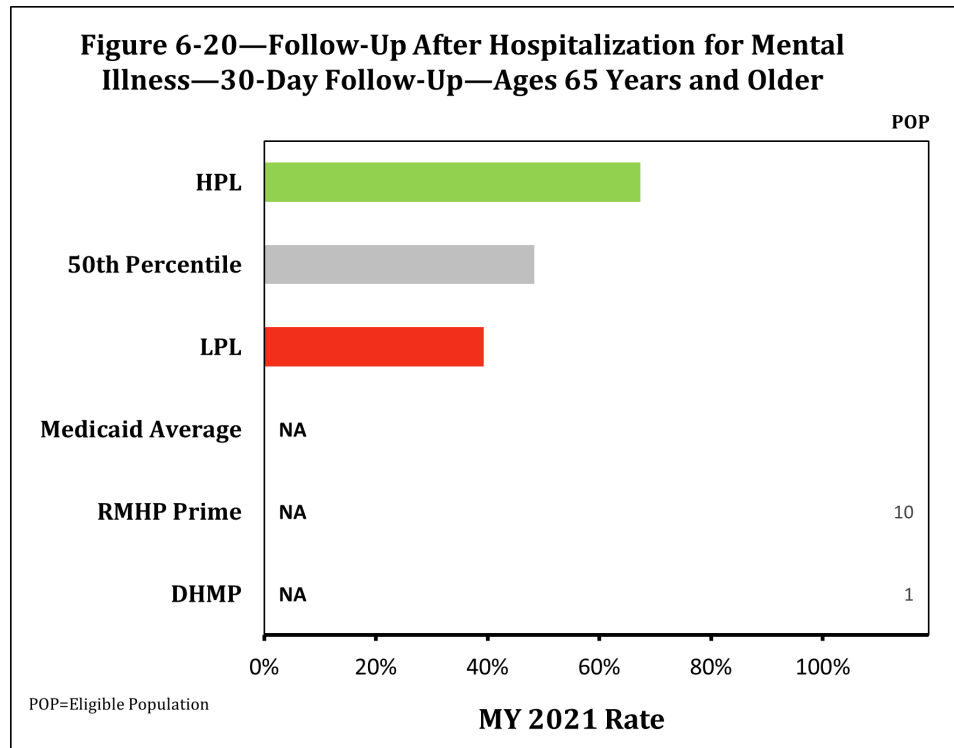
Follow-Up After Hospitalization for Mental Illness—30-Day Follow-Up—Ages 18 to 64 Years measures the percentage of discharges for members ages 18 to 64 years who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had a follow-up visit with a mental health provider within 30 days after discharge during the measurement year.



RMHP Prime’s rate was above the 50th percentile but fell below the HPL. The Colorado Medicaid weighted average was above the LPL but fell below the 50th percentile. DHMP’s rate fell below the LPL. MCO performance varied by approximately 41 percentage points.

Follow-Up After Hospitalization for Mental Illness—30-Day Follow-Up—Ages 65 Years and Older

Follow-Up After Hospitalization for Mental Illness—30-Day Follow-Up—Ages 65 Years and Older measures the percentage of discharges for members ages 65 years and older who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had a follow-up visit with a mental health provider within 30 days after discharge.

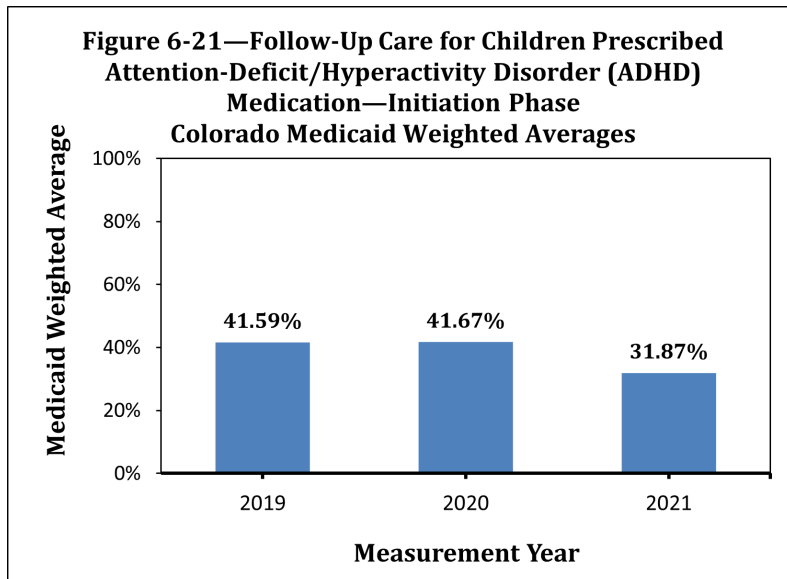


NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate.

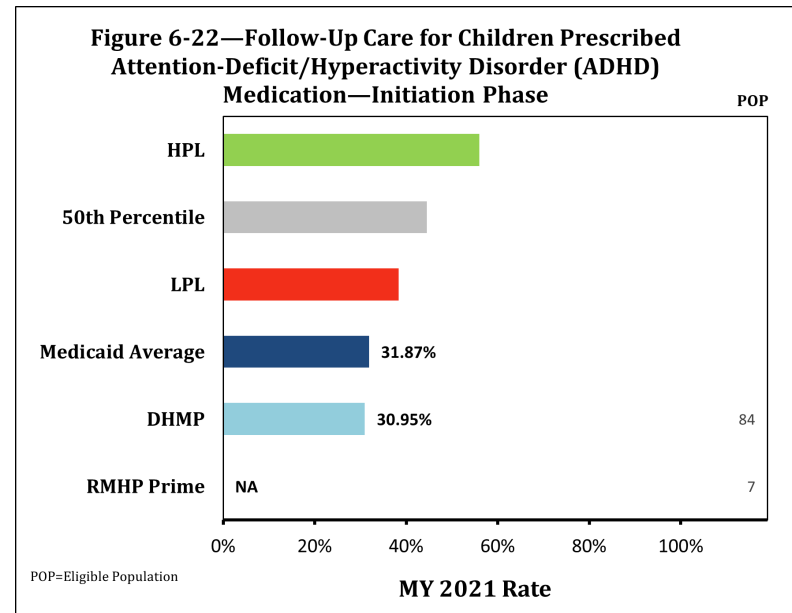
Neither DHMP nor RMHP Prime had a reportable rate for this measure indicator.

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

Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase measures the percentage of children ages 6 to 12 years with an ambulatory prescription dispensed for ADHD medication who had one follow-up visit with a practitioner with prescribing authority during the 30-day initiation phase during the measurement year.



The Colorado Medicaid weighted average did not demonstrate a significant change from MY 2020 to MY 2021.

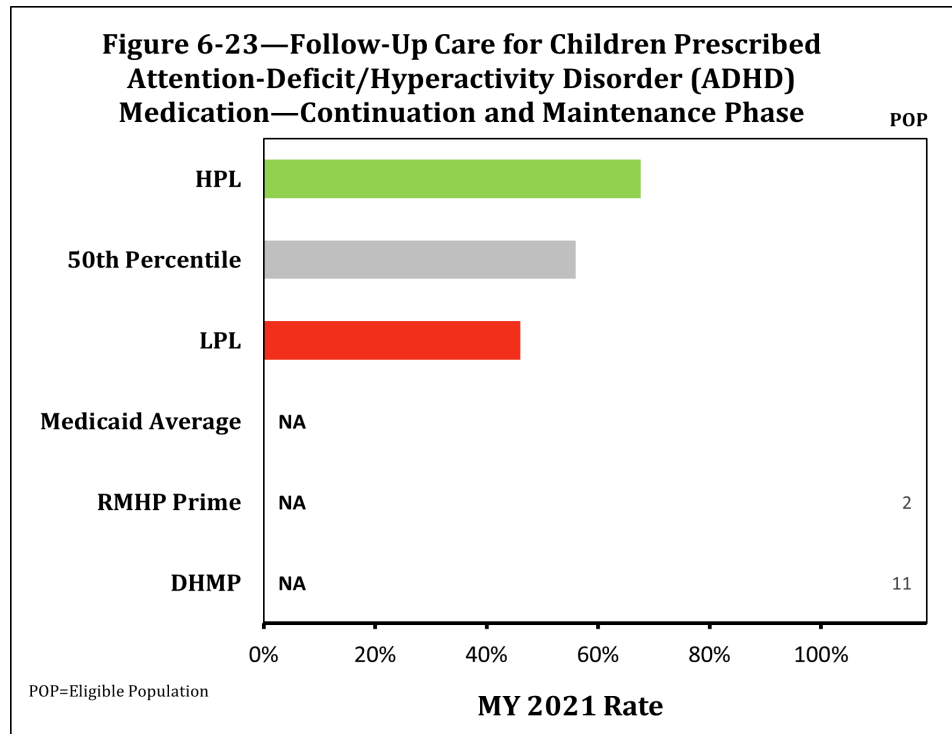


NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate.

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

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 children ages 6 to 12 years with an ambulatory prescription dispensed for ADHD medication who remained on the medication for at least 210 days and who, in addition to the visit in the initiation phase, had at least two follow-up visits with a practitioner within 270 days (nine months) after the initiation phase during the measurement year.

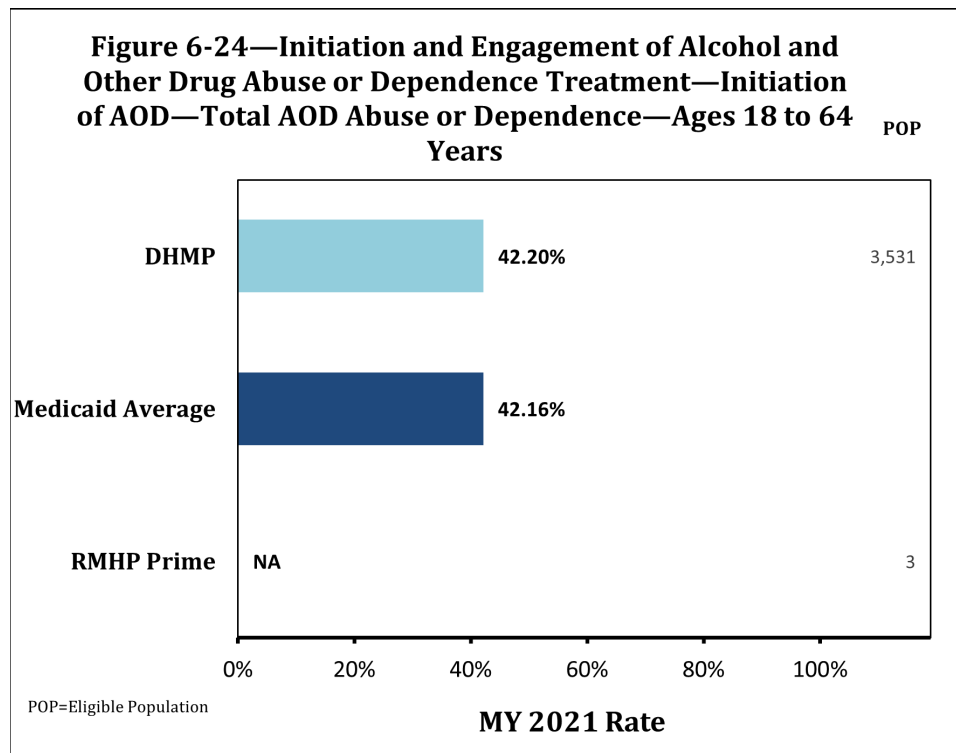


NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate.

Neither DHMP nor RMHP Prime had a reportable rate for this measure indicator.

Initiation and Engagement of AOD or Dependence Treatment—Initiation of AOD—Total AOD Abuse or Dependence—Ages 18 to 64 Years

Initiation and Engagement of AOD or Dependence Treatment—Initiation of AOD—Total AOD Abuse or Dependence—Ages 18 to 64 Years measures the percentage of members ages 18 to 64 years who initiated treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth, or medication treatment within 14 days of the diagnosis during the measurement year.

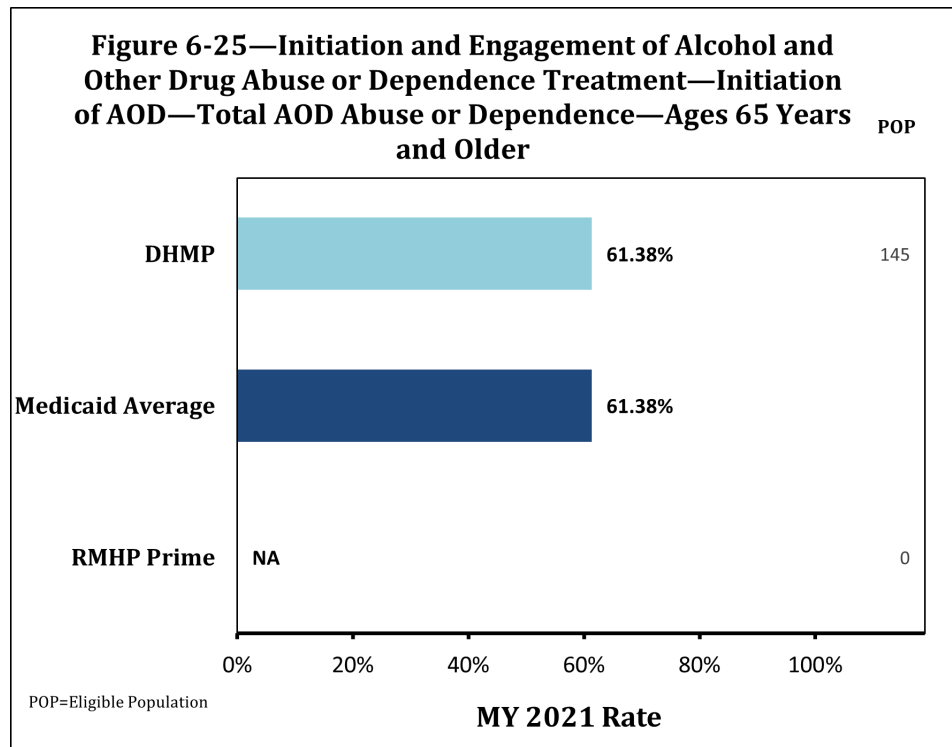


NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate.

Only DHMP reported this rate and it is not comparable to benchmarks.

Initiation and Engagement of AOD or Dependence Treatment—Initiation of AOD—Total AOD Abuse or Dependence—Ages 65 Years and Older

Initiation and Engagement of AOD or Dependence Treatment—Initiation of AOD—Total AOD Abuse or Dependence—Ages 65 Years and Older measures the percentage of members ages 65 years and older who initiated treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth, or medication treatment within 14 days of the diagnosis during the measurement year.

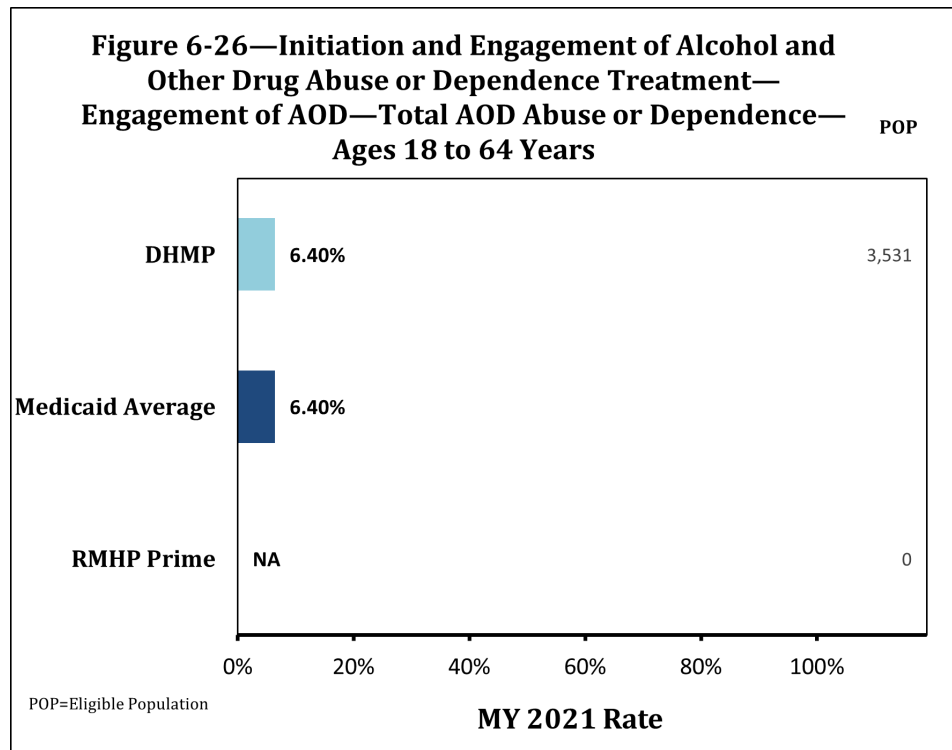


NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate.

Only DHMP reported this rate and it is not comparable to benchmarks.

Initiation and Engagement of AOD or Dependence Treatment—Engagement of AOD—Total AOD Abuse or Dependence—Ages 18 to 64 Years

Initiation and Engagement of AOD or Dependence Treatment—Engagement of AOD—Total AOD Abuse or Dependence—Ages 18 to 64 Years measures the percentage of members ages 18 to 64 years who initiated treatment and who were engaged in ongoing AOD treatment within 34 days of the initiation visit during the measurement year.

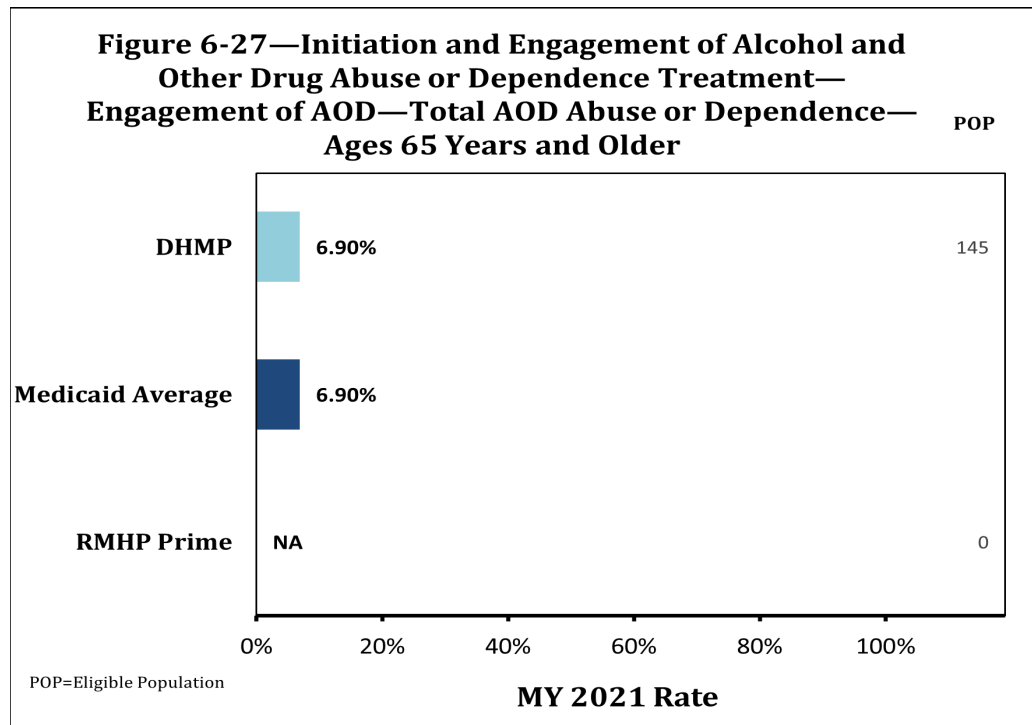


NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate.

Only DHMP reported this rate and it is not comparable to benchmarks.

Initiation and Engagement of AOD or Dependence Treatment—Engagement of AOD—Total AOD Abuse or Dependence—Ages 65 Years and Older

Initiation and Engagement of AOD or Dependence Treatment—Engagement of AOD—Total AOD Abuse or Dependence—Ages 65 Years and Older measures the percentage of members ages 65 years and older who initiated treatment and who were engaged in ongoing AOD treatment within 34 days of the initiation visit during the measurement year.

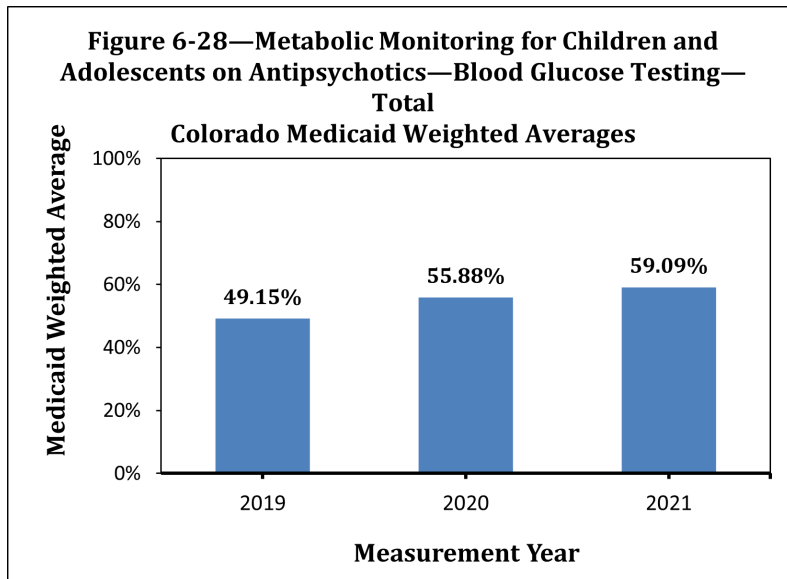


NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate.

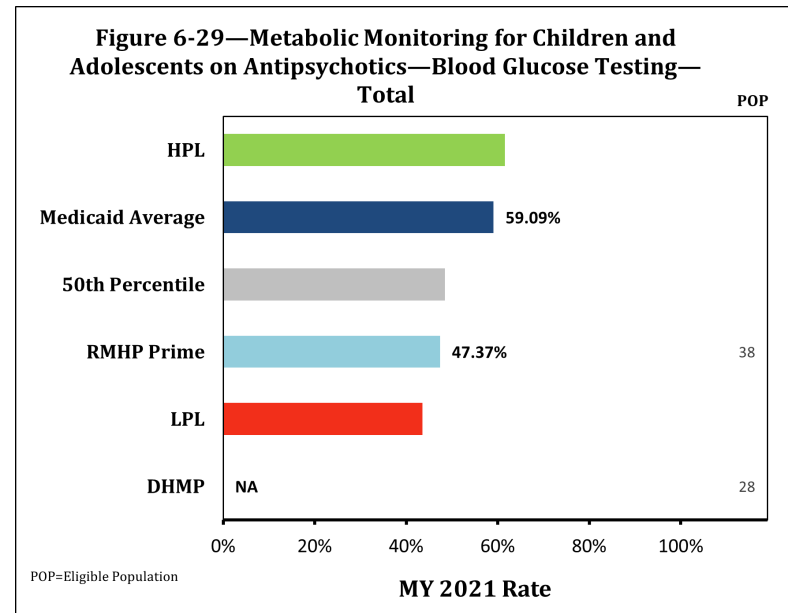
Only DHMP reported this rate and it is not comparable to benchmarks.

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 children and adolescents ages 1 to 17 years who had two or more antipsychotic prescriptions and who received blood glucose testing during the measurement year.



The Colorado Medicaid weighted average did not demonstrate a significant change from MY 2020 to MY 2021.

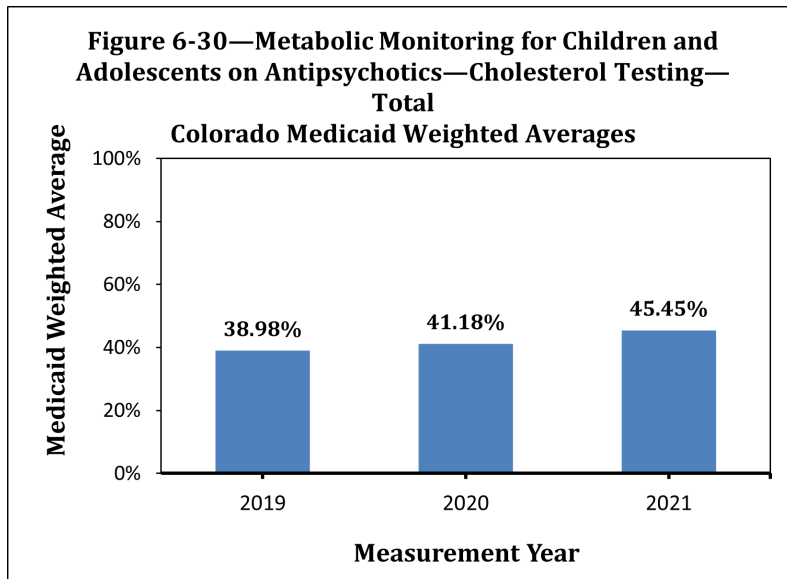


NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate.

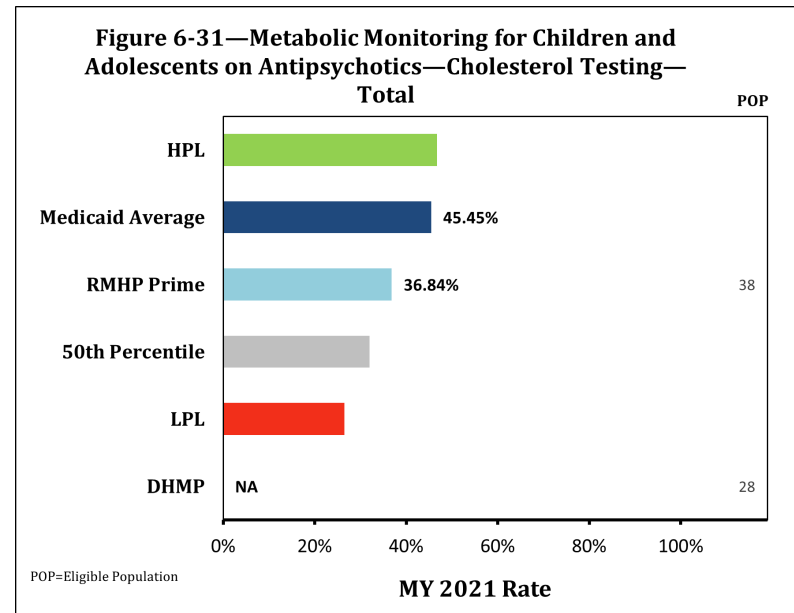
The Colorado Medicaid weighted average was above the 50th percentile but fell below the HPL. RMHP Prime’s rate was above the LPL but fell below the 50th percentile.

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 children and adolescents ages 1 to 17 years who had two or more antipsychotic prescriptions and who received cholesterol testing during the measurement year.



The Colorado Medicaid weighted average did not demonstrate a significant change from MY 2020 to MY 2021.

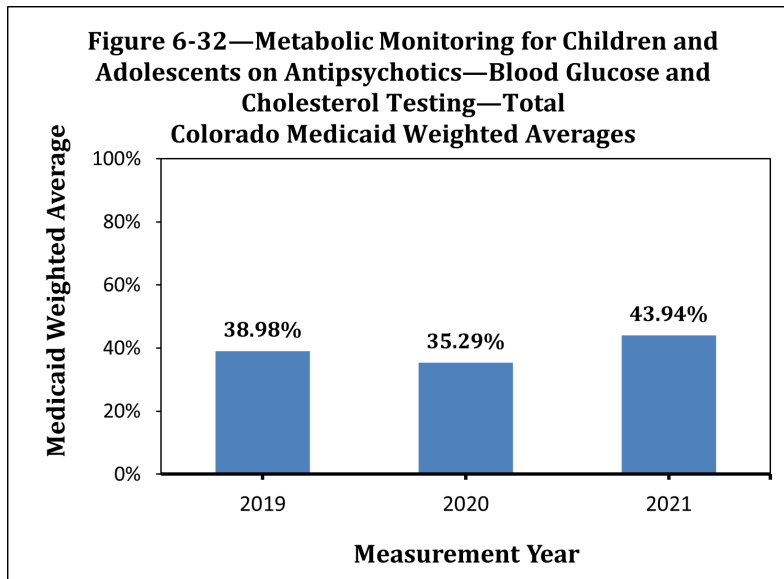


NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate.

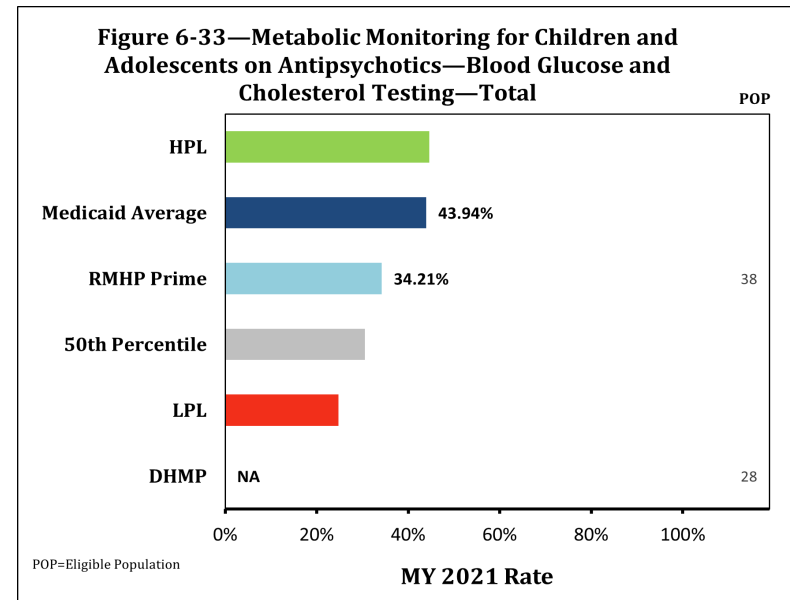
RMHP Prime’s rate and the Colorado Medicaid weighted average were above the 50th percentile but fell below the HPL.

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 children and adolescents ages 1 to 17 years who had two or more antipsychotic prescriptions and who received blood glucose and cholesterol testing during the measurement year.



The Colorado Medicaid weighted average did not demonstrate a significant change from MY 2020 to MY 2021.

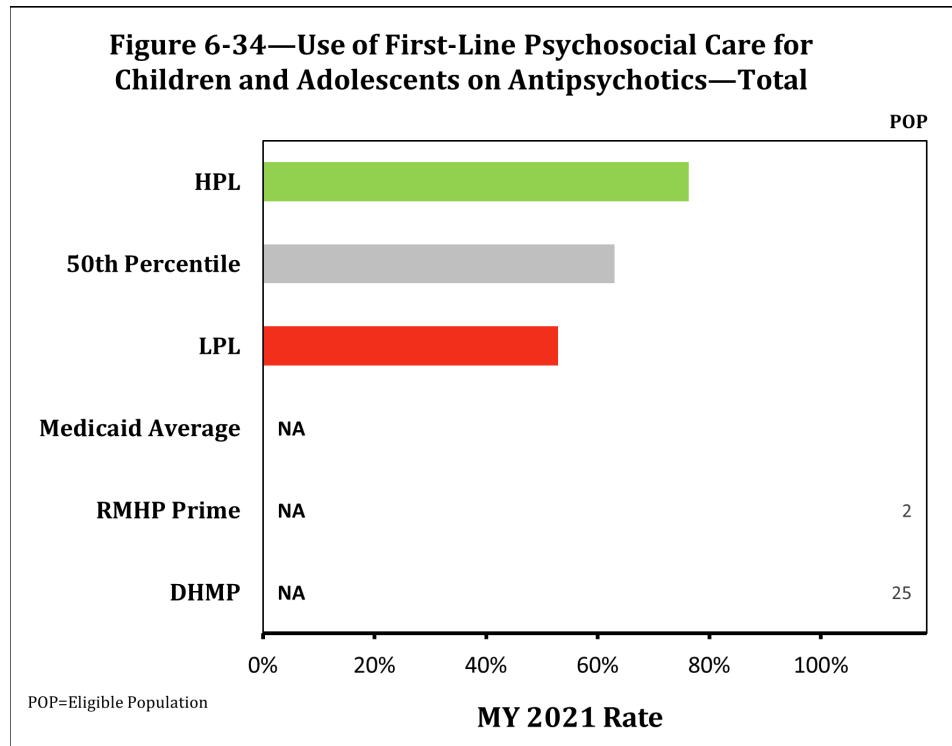


NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate.

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

Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics—Total

Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics—Total measures the percentage of children and adolescents ages 1 to 17 years who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first-line treatment during the measurement period.



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

Neither DHMP nor RMHP Prime had a reportable rate for this measure indicator.

Summary of Findings and Recommendations

Table 6-1 presents the MCOs’ performance ratings for each measure in the Behavioral Health Care domain. Performance ratings were assigned across five categories (from ★ representing *Poor Performance* to ★★★★★ representing *Excellent Performance*). For those measures that could not be compared to NCQA benchmarks, performance ratings were assigned one of two categories (↑ or ↓).

Table 6-1—Behavioral Health Care: Measure-Specific Performance Ratings

Performance Measures	DHMP	RMHP Prime
<i>Adherence to Antipsychotic Medications for Individuals With Schizophrenia^H</i>		
<i>Adherence to Antipsychotic Medications for Individuals With Schizophrenia</i>	★	★★
<i>Antidepressant Medication Management^{SA}</i>		
<i>Effective Acute Phase Treatment—Ages 18 to 64 Years</i>	↑	↓
<i>Effective Acute Phase Treatment—Ages 65 Years and Older</i>	↑	—
<i>Effective Continuation Phase Treatment—Ages 18 to 64 Years</i>	↑	↓
<i>Effective Continuation Phase Treatment—Ages 65 Years and Older</i>	↑	—
<i>Concurrent Use of Opioids and Benzodiazepines^{*,SA}</i>		
<i>Ages 18 to 64 Years</i>	—	↑
<i>Ages 65 Years and Older</i>	—	↑
<i>Diabetes Care for People With Serious Mental Illness: HbA1c Poor Control (>9.0%)^{*,SA}</i>		
<i>Ages 18 to 64 Years</i>	—	↑
<i>Ages 65 to 75 Years</i>	—	—
<i>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications^H</i>		
<i>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications</i>	★★★★★	★★
<i>Follow-Up After ED Visit for AOD Abuse or Dependence^{SA}</i>		
<i>7-Day Follow-Up—Ages 18 to 64 Years</i>	↑	—
<i>7-Day Follow-Up—Ages 65 Years and Older</i>	↑	—
<i>30-Day Follow-Up—Ages 18 to 64 Years</i>	↑	—
<i>30-Day Follow-Up—Ages 65 Years and Older</i>	↑	—
<i>Follow-Up After ED Visit for Mental Illness^H</i>		
<i>7-Day Follow-Up—Ages 18 to 64 Years</i>	★	★★★
<i>7-Day Follow-Up—Ages 65 Years and Older</i>	—	—
<i>30-Day Follow-Up—Ages 18 to 64 Years</i>	★	★★★
<i>30-Day Follow-Up—Ages 65 Years and Older</i>	—	—

Performance Measures	DHMP	RMHP Prime
Follow-Up After Hospitalization for Mental Illness^H		
7-Day Follow-Up—Ages 6 to 17 Years	—	—
7-Day Follow-Up—Ages 18 to 64 Years	★	★★★
7-Day Follow-Up—Ages 65 Years and Older	—	—
30-Day Follow-Up—Ages 6 to 17 Years	—	—
30-Day Follow-Up—Ages 18 to 64 Years	★	★★★
30-Day Follow-Up—Ages 65 Years and Older	—	—
Follow-Up Care for Children Prescribed ADHD Medication^H		
Initiation Phase	★	—
Continuation and Maintenance Phase	—	—
Initiation and Engagement of AOD Abuse or Dependence Treatment^{SA}		
Initiation of AOD—Alcohol Abuse or Dependence—Ages 18 to 64 Years	↑	—
Initiation of AOD—Alcohol Abuse or Dependence—Ages 65 Years and Older	↑	—
Initiation of AOD—Other Drug Abuse or Dependence—Ages 18 to 64 Years	↑	—
Initiation of AOD—Other Drug Abuse or Dependence—Ages 65 Years and Older	↑	—
Initiation of AOD—Opioid Abuse or Dependence—Ages 18 to 64 Years	↑	—
Initiation of AOD—Opioid Abuse or Dependence—Ages 65 Years and Older	—	—
Initiation of AOD—Total AOD Abuse or Dependence—Ages 18 to 64 Years	↑	—
Initiation of AOD—Total AOD Abuse or Dependence—Ages 65 Years and Older	↑	—
Engagement of AOD—Alcohol Abuse or Dependence—Ages 18 to 64 Years	↑	—
Engagement of AOD—Alcohol Abuse or Dependence—Ages 65 Years and Older	↑	—
Engagement of AOD—Other Drug Abuse or Dependence—Ages 18 to 64 Years	↑	—
Engagement of AOD—Other Drug Abuse or Dependence—Ages 65 Years and Older	↑	—
Engagement of AOD—Opioid Abuse or Dependence—Ages 18 to 64 Years	↑	—
Engagement of AOD—Opioid Abuse or Dependence—Ages 65 Years and Older	—	—
Engagement of AOD—Total AOD Abuse or Dependence—Ages 18 to 64 Years	↑	—
Engagement of AOD—Total AOD Abuse or Dependence—Ages 65 Years and Older	↑	—

Performance Measures	DHMP	RMHP Prime
Metabolic Monitoring for Children and Adolescents on Antipsychotics^H		
Blood Glucose Testing—Total	—	★★
Cholesterol Testing—Total	—	★★★
Blood Glucose and Cholesterol Testing—Total	—	★★★
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics^H		
Total	—	—
Use of Opioids at High Dosage in Persons Without Cancer^{*SA}		
Ages 18 to 64 Years	—	↑
Ages 65 Years and Older	—	↑
Use of Pharmacotherapy for Opioid Use Disorder^{SA}		
Rate 1: Total	—	↑
Rate 2: Buprenorphine	—	↑
Rate 3: Oral Naltrexone	—	↑
Rate 4: Long-Acting Injectable Naltrexone	—	↑
Rate 5: Methadone	—	↑

A green arrow pointed up represents the plan percentage was greater than or equal to the Core Set Median or statewide average.

A red arrow pointed down indicates the plan percentage was less than the Core Set Median or statewide average.

^H indicates that the measure is a HEDIS measure and can be compared to NCQA benchmarks.

^{SA} indicates that the measure could only be compared to the statewide average.

— indicates that a percentile ranking was not determined because the rate was not reportable or there was a break in trending. This symbol may also indicate that the denominator was too small to report the rate, there was no benchmark to compare to, or that the plan was exempted from the rate.

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

Table 6-2 presents a summary of the MCOs’ overall performance for measures in the Behavioral Health Care domain, with the number of measures falling into each performance rating.

Table 6-2—Behavioral Health Care: Plan-Specific Count of Measures by Performance Rating

Health Plan Name	★★★★★	★★★★	★★★	★★	★	↑	↓
DHMP	1	0	0	0	6	22	0
RMHP Prime	0	0	6	3	0	10	2

Performance for the MCOs in the Behavioral Health Care domain demonstrated opportunities for improvement with six of seven (85.71 percent) HEDIS measure indicator rates for DHMP falling below the 25th percentile and three of nine (33.33 percent) HEDIS measure indicator rates for RMHP Prime falling below the 50th percentile. The MCOs and the Department should identify the factors contributing to the low rates for *Adherence to Antipsychotic Medications for Individuals With Schizophrenia* (e.g., barriers to care, COVID-19 PHE, provider billing issues, administrative data source challenges) since this is a measure in which both DHMP and RMHP Prime show significant need for improvement. Similarly, DHMP should identify factors contributing to the low rates for the *Follow-Up After ED Visit*

for Mental Illness—7-Day Follow-Up—Ages 18 to 64 Years and 30-Day Follow-Up—Ages 18 to 64 Years, Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase, and Follow-Up After Hospitalization for Mental Illness measures, all of which fell below the 25th percentile.

Of note, DHMP's rate for *Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications* ranked above the 90th percentile, showing strength in preventive screening.

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: ED Visits—ED Visits—Total*
- *Plan All-Cause Readmissions—Expected Readmissions—Total, Observed Readmissions—Total, and O/E Ratio—Total*

Both MCOs were required to report these measures in MY 2021. The MCOs' member months served as an eligible population proxy and were used when calculating the Colorado Medicaid weighted average for the *Ambulatory Care: ED Visits* measure indicators.

Some rates displayed in the Use of Services domain (i.e., *Ambulatory 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 *ED Visits—Total*. In this section, the results for the total age group are presented.

Results

Table 7-1 shows *ED Visits—Total* per 1,000 member months for ambulatory care for all ages.

Table 7-1—Ambulatory Care: Total ED Visits per 1,000 Member Months for Total Age Group

Health Plan Name	ED Visits
DHMP	22.47
RMHP Prime ¹	34.94
MY 2021 Colorado Medicaid Weighted Average	22.66
MY 2020 Colorado Medicaid Weighted Average	—
MY 2019 Colorado Medicaid Weighted Average	—

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 34.09 ED visits per 1,000 member months for RMHP Prime to 22.47 ED visits per 1,000 member months for DHMP.

Plan All-Cause Readmissions

Plan All-Cause Readmissions measures the number of total acute inpatient stays during the measurement year for members ages 18 to 64 years that were followed by an unplanned acute readmission for any diagnosis within 30 days. This measure is also risk-adjusted to calculate the expected number of readmissions. For each admission, an expected readmission count is calculated based on age, gender, whether the patient had a surgery during the admission, the primary discharge diagnosis for the admission, and comorbid conditions associated with the admission. The O/E ratio is presented to show if the MCO had more, the same as, or fewer readmissions than expected. For this measure, a lower rate indicates better performance.

Results

Table 7-2 shows the total number of observed readmissions and the O/E ratio of an acute readmission for all ages.

Table 7-2—Plan All-Cause Readmissions

Health Plan Name	Observed Readmissions	Expected Readmissions	O/E Ratio*
DHMP	9.51%	9.63%	0.99
RMHP Prime	7.92%	9.83%	0.81
MY 2021 Colorado Medicaid Weighted Average	8.85%	9.71%	0.91
MY 2020 Colorado Medicaid Weighted Average	10.45%	—	1.05
MY 2019 Colorado Medicaid Weighted Average	11.54%	—	1.13

* For this indicator, a lower rate indicates better 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 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 the *Ambulatory Care: ED Visits* measure. Nonetheless, combined with other performance metrics, the MCOs’ and Colorado Medicaid weighted average utilization results provide additional information that the MCOs may use to assess barriers or patterns of utilization when evaluating improvement interventions.

Appendix A. Tabular Results for Measures by MCO

Appendix A presents tables showing results for the measures by MCO. Where applicable, the results provided for each measure include the eligible population and rate for each MCO as well as the MY 2019, MY 2020, and MY 2021 Colorado Medicaid weighted averages. Yellow shading with one caret (^) indicates the MY 2021 MCO-specific or Colorado Medicaid weighted average rate was at or above the applicable 50th percentile.

Primary Care Access and Preventive Care Measure Results

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

Medicaid Plan	Eligible Population	Rate
<i>Breast Cancer Screening</i>		
<i>Ages 50 to 64 Years^{SA}</i>		
DHMP	2,662	41.70%^
RMHP Prime	2,749	40.89%
MY 2021 Colorado Medicaid Weighted Average		41.29%^
MY 2020 Colorado Medicaid Weighted Average		—
MY 2019 Colorado Medicaid Weighted Average		—
<i>Ages 65 to 74 Years^{SA}</i>		
DHMP	869	30.96%
RMHP Prime	620	39.03%^
MY 2021 Colorado Medicaid Weighted Average		34.32%^
MY 2020 Colorado Medicaid Weighted Average		—
MY 2019 Colorado Medicaid Weighted Average		—
<i>Cervical Cancer Screening^H</i>		
DHMP	23,457	39.36%
RMHP Prime	18,369	42.34%
MY 2021 Colorado Medicaid Weighted Average		40.67%
MY 2020 Colorado Medicaid Weighted Average		40.72%
MY 2019 Colorado Medicaid Weighted Average		42.52%
<i>Child and Adolescent Well-Care Visits</i>		
<i>Ages 3 to 11 Years^{1,H}</i>		
DHMP	16,015	51.55%^
RMHP Prime	154	62.99%^
MY 2021 Colorado Medicaid Weighted Average		51.66%^

Medicaid Plan	Eligible Population	Rate
MY 2020 Colorado Medicaid Weighted Average		47.04%
MY 2019 Colorado Medicaid Weighted Average		—
<i>Ages 12 to 17 Years^{1,H}</i>		
DHMP	11,947	43.56%
RMHP Prime	196	56.63%^
MY 2021 Colorado Medicaid Weighted Average		43.77%
MY 2020 Colorado Medicaid Weighted Average		39.94%
MY 2019 Colorado Medicaid Weighted Average		—
<i>Ages 18 to 21 Years^{1,H}</i>		
DHMP	6,611	15.70%
RMHP Prime	1,205	13.53%
MY 2021 Colorado Medicaid Weighted Average		15.37%
MY 2020 Colorado Medicaid Weighted Average		14.45%
MY 2019 Colorado Medicaid Weighted Average		—
<i>Total^{1,H}</i>		
DHMP	34,573	41.93%
RMHP Prime	1,555	23.86%
MY 2021 Colorado Medicaid Weighted Average		41.16%
MY 2020 Colorado Medicaid Weighted Average		38.32%
MY 2019 Colorado Medicaid Weighted Average		—
<i>Childhood Immunization Status</i>		
<i>Combination 3^{1,H}</i>		
DHMP	1,820	61.92%
RMHP Prime	1	NA
MY 2021 Colorado Medicaid Weighted Average		61.94%
MY 2020 Colorado Medicaid Weighted Average		67.95%
MY 2019 Colorado Medicaid Weighted Average		66.41%
<i>Combination 7^{1,H}</i>		
DHMP	1,820	53.08%
RMHP Prime	1	NA
MY 2021 Colorado Medicaid Weighted Average		53.10%
MY 2020 Colorado Medicaid Weighted Average		57.71%
MY 2019 Colorado Medicaid Weighted Average		57.40%

Medicaid Plan	Eligible Population	Rate
Combination 10^{1,H}		
DHMP	1,820	40.22%^
RMHP Prime	1	NA
MY 2021 Colorado Medicaid Weighted Average		40.25% ^
MY 2020 Colorado Medicaid Weighted Average		40.11%
MY 2019 Colorado Medicaid Weighted Average		42.68%
DTaP^{1,H}		
DHMP	1,820	65.93%
RMHP Prime	1	NA
MY 2021 Colorado Medicaid Weighted Average		65.95%
MY 2020 Colorado Medicaid Weighted Average		69.44%
MY 2019 Colorado Medicaid Weighted Average		70.63%
IPV^{1,H}		
DHMP	1,820	75.71%
RMHP Prime	1	NA
MY 2021 Colorado Medicaid Weighted Average		75.73%
MY 2020 Colorado Medicaid Weighted Average		82.14%
MY 2019 Colorado Medicaid Weighted Average		81.91%
MMR^{1,H}		
DHMP	1,820	76.87%
RMHP Prime	1	NA
MY 2021 Colorado Medicaid Weighted Average		76.88%
MY 2020 Colorado Medicaid Weighted Average		83.98%
MY 2019 Colorado Medicaid Weighted Average		81.21%
HiB^{1,H}		
DHMP	1,820	77.20%
RMHP Prime	1	NA
MY 2021 Colorado Medicaid Weighted Average		77.21%
MY 2020 Colorado Medicaid Weighted Average		81.87%
MY 2019 Colorado Medicaid Weighted Average		81.36%
Hepatitis B^{1,H}		
DHMP	1,820	74.40%
RMHP Prime	1	NA
MY 2021 Colorado Medicaid Weighted Average		74.41%
MY 2020 Colorado Medicaid Weighted Average		85.03%

Medicaid Plan	Eligible Population	Rate
MY 2019 Colorado Medicaid Weighted Average		85.12%
<i>VZV^{1,H}</i>		
DHMP	1,820	76.92%
RMHP Prime	1	NA
MY 2021 Colorado Medicaid Weighted Average		76.94%
MY 2020 Colorado Medicaid Weighted Average		83.63%
MY 2019 Colorado Medicaid Weighted Average		81.21%
<i>Pneumococcal Conjugate^{1,H}</i>		
DHMP	1,820	68.13%
RMHP Prime	1	NA
MY 2021 Colorado Medicaid Weighted Average		68.15%
MY 2020 Colorado Medicaid Weighted Average		74.17%
MY 2019 Colorado Medicaid Weighted Average		70.87%
<i>Hepatitis A^{1,H}</i>		
DHMP	1,820	77.25%
RMHP Prime	1	NA
MY 2021 Colorado Medicaid Weighted Average		77.27%
MY 2020 Colorado Medicaid Weighted Average		82.49%
MY 2019 Colorado Medicaid Weighted Average		80.89%
<i>Rotavirus^{1,H}</i>		
DHMP	1,820	60.22%
RMHP Prime	1	NA
MY 2021 Colorado Medicaid Weighted Average		60.24%
MY 2020 Colorado Medicaid Weighted Average		63.66%
MY 2019 Colorado Medicaid Weighted Average		63.12%
<i>Influenza^{1,H}</i>		
DHMP	1,820	52.09%^
RMHP Prime	1	NA
MY 2021 Colorado Medicaid Weighted Average		52.11% ^
MY 2020 Colorado Medicaid Weighted Average		50.26%
MY 2019 Colorado Medicaid Weighted Average		53.17%
<i>Chlamydia Screening in Women</i>		
<i>Ages 16 to 20 Years^{1,H}</i>		
DHMP	2,178	76.77%^
RMHP Prime	108	41.67%

Medicaid Plan	Eligible Population	Rate
MY 2021 Colorado Medicaid Weighted Average		75.11%[^]
MY 2020 Colorado Medicaid Weighted Average		65.17%
MY 2019 Colorado Medicaid Weighted Average		68.90%
<i>Ages 21 to 24 Years^H</i>		
DHMP	1,580	68.54% [^]
RMHP Prime	1,306	45.10%
MY 2021 Colorado Medicaid Weighted Average		57.93%
MY 2020 Colorado Medicaid Weighted Average		56.31%
MY 2019 Colorado Medicaid Weighted Average		60.62%
<i>Developmental Screening in the First Three Years of Life</i>		
<i>Age 1^{1,SA}</i>		
DHMP	—	—
RMHP Prime		NA
MY 2021 Colorado Medicaid Weighted Average		NA
MY 2020 Colorado Medicaid Weighted Average		—
MY 2019 Colorado Medicaid Weighted Average		—
<i>Age 2^{1,SA}</i>		
DHMP	—	—
RMHP Prime	1	NA
MY 2021 Colorado Medicaid Weighted Average		NA
MY 2020 Colorado Medicaid Weighted Average		—
MY 2019 Colorado Medicaid Weighted Average		—
<i>Age 3^{1,SA}</i>		
DHMP	—	—
RMHP Prime	6	NA
MY 2021 Colorado Medicaid Weighted Average		NA
MY 2020 Colorado Medicaid Weighted Average		—
MY 2019 Colorado Medicaid Weighted Average		—
<i>Total^{1,CS}</i>		
DHMP	—	—
RMHP Prime	7	NA
MY 2021 Colorado Medicaid Weighted Average		NA
MY 2020 Colorado Medicaid Weighted Average		—
MY 2019 Colorado Medicaid Weighted Average		—

Medicaid Plan	Eligible Population	Rate
Immunizations for Adolescents		
Combination 1 (Meningococcal, Tdap)^{1,H}		
DHMP	1,987	64.92%
RMHP Prime	34	64.71%
MY 2021 Colorado Medicaid Weighted Average		64.92%
MY 2020 Colorado Medicaid Weighted Average		75.51%
MY 2019 Colorado Medicaid Weighted Average		77.63%
Combination 2 (Meningococcal, Tdap, HPV)^{1,H}		
DHMP	1,987	35.93%
RMHP Prime	34	8.82%
MY 2021 Colorado Medicaid Weighted Average		35.48%
MY 2020 Colorado Medicaid Weighted Average		44.87%
MY 2019 Colorado Medicaid Weighted Average		50.04%
Meningococcal^{1,H}		
DHMP	1,987	66.58%
RMHP Prime	34	64.71%
MY 2021 Colorado Medicaid Weighted Average		66.55%
MY 2020 Colorado Medicaid Weighted Average		78.03%
MY 2019 Colorado Medicaid Weighted Average		80.45%
Tdap^{1,H}		
DHMP	1,987	66.73%
RMHP Prime	34	79.41%
MY 2021 Colorado Medicaid Weighted Average		66.95%
MY 2020 Colorado Medicaid Weighted Average		77.56%
MY 2019 Colorado Medicaid Weighted Average		80.66%
HPV^{1,H}		
DHMP	1,987	37.04%
RMHP Prime	34	11.76%
MY 2021 Colorado Medicaid Weighted Average		36.62%
MY 2020 Colorado Medicaid Weighted Average		46.59%
MY 2019 Colorado Medicaid Weighted Average		52.08%
Screening for Depression and Follow-Up Plan		
Ages 12 to 17 Years^{1,SA}		
DHMP	—	—
RMHP Prime	130	7.69%^

Medicaid Plan	Eligible Population	Rate
MY 2021 Colorado Medicaid Weighted Average		7.69%[^]
MY 2020 Colorado Medicaid Weighted Average		—
MY 2019 Colorado Medicaid Weighted Average		—
<i>Ages 18 to 64 Years^{SA}</i>		
DHMP	—	—
RMHP Prime	18,401	7.28% [^]
MY 2021 Colorado Medicaid Weighted Average		7.28%[^]
MY 2020 Colorado Medicaid Weighted Average		—
MY 2019 Colorado Medicaid Weighted Average		—
<i>Ages 65 Years and Older^{SA}</i>		
DHMP	—	—
RMHP Prime	1,690	2.37% [^]
MY 2021 Colorado Medicaid Weighted Average		2.37%[^]
MY 2020 Colorado Medicaid Weighted Average		—
MY 2019 Colorado Medicaid Weighted Average		—
<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</i>		
<i>BMI Percentile Documentation—Ages 3 to 11 Years^{1,H}</i>		
DHMP	9,659	71.29%
RMHP Prime	132	10.61%
MY 2021 Colorado Medicaid Weighted Average		70.47%
MY 2020 Colorado Medicaid Weighted Average		65.05%
MY 2019 Colorado Medicaid Weighted Average		19.15%
<i>BMI Percentile Documentation—Ages 12 to 17 Years^{1,H}</i>		
DHMP	6,727	68.96%
RMHP Prime	152	13.82%
MY 2021 Colorado Medicaid Weighted Average		67.74%
MY 2020 Colorado Medicaid Weighted Average		63.32%
MY 2019 Colorado Medicaid Weighted Average		33.77%
<i>BMI Percentile Documentation—Total^{1,H}</i>		
DHMP	16,386	70.33%
RMHP Prime	284	12.32%
MY 2021 Colorado Medicaid Weighted Average		69.35%
MY 2020 Colorado Medicaid Weighted Average		64.36%
MY 2019 Colorado Medicaid Weighted Average		24.76%

Medicaid Plan	Eligible Population	Rate
<i>Counseling for Nutrition—Ages 3 to 11 Years^{1,H}</i>		
DHMP	9,659	77.17%^
RMHP Prime	132	22.73%
MY 2021 Colorado Medicaid Weighted Average		76.44%^
MY 2020 Colorado Medicaid Weighted Average		71.67%
MY 2019 Colorado Medicaid Weighted Average		5.07%
<i>Counseling for Nutrition—Ages 12 to 17 Years^{1,H}</i>		
DHMP	6,727	70.31%^
RMHP Prime	152	21.05%
MY 2021 Colorado Medicaid Weighted Average		69.23%^
MY 2020 Colorado Medicaid Weighted Average		65.04%
MY 2019 Colorado Medicaid Weighted Average		16.24%
<i>Counseling for Nutrition—Total^{1,H}</i>		
DHMP	16,386	74.36%^
RMHP Prime	284	21.83%
MY 2021 Colorado Medicaid Weighted Average		73.46%^
MY 2020 Colorado Medicaid Weighted Average		69.02%
MY 2019 Colorado Medicaid Weighted Average		9.36%
<i>Counseling for Physical Activity—Ages 3 to 11 Years^{1,H}</i>		
DHMP	9,659	76.45%^
RMHP Prime	132	3.79%
MY 2021 Colorado Medicaid Weighted Average		75.47%^
MY 2020 Colorado Medicaid Weighted Average		70.68%
MY 2019 Colorado Medicaid Weighted Average		3.96%
<i>Counseling for Physical Activity—Ages 12 to 17 Years^{1,H}</i>		
DHMP	6,727	69.87%^
RMHP Prime	152	1.97%
MY 2021 Colorado Medicaid Weighted Average		68.37%^
MY 2020 Colorado Medicaid Weighted Average		64.04%
MY 2019 Colorado Medicaid Weighted Average		14.37%
<i>Counseling for Physical Activity—Total^{1,H}</i>		
DHMP	16,386	73.75%^
RMHP Prime	284	2.82%
MY 2021 Colorado Medicaid Weighted Average		72.54%^
MY 2020 Colorado Medicaid Weighted Average		68.02%

Medicaid Plan	Eligible Population	Rate
MY 2019 Colorado Medicaid Weighted Average		7.96%
<i>Well-Child Visits in the First 30 Months of Life</i>		
<i>Well-Child Visits in the First 15 Months—Six or More Well-Child Visits^{1,H}</i>		
DHMP	990	54.34%
RMHP Prime		NA
MY 2021 Colorado Medicaid Weighted Average		54.34%
MY 2020 Colorado Medicaid Weighted Average		54.69%
MY 2019 Colorado Medicaid Weighted Average		—
<i>Well-Child Visits for Age 15 Months–30 Months—Two or More Well-Child Visits^{1,H}</i>		
DHMP	1,878	54.42%
RMHP Prime	3	NA
MY 2021 Colorado Medicaid Weighted Average		54.39%
MY 2020 Colorado Medicaid Weighted Average		57.22%
MY 2019 Colorado Medicaid Weighted Average		—

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

^H indicates that the measure is a HEDIS measure and can be compared to NCQA benchmarks.

^{CS} indicates that the measure is a non-HEDIS Core Set measure and can be compared to the Core Set Median.

^{SA} indicates that the measure could only be compared to the statewide average.

— indicates that a percentile ranking was not determined because the rate was not reportable or there was a break in trending. This symbol may also indicate that the denominator was too small to report the rate, there was no benchmark to compare to, or that the plan was exempted from the rate.

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

Bold font indicates Colorado Medicaid weighted average values.

Maternal and Perinatal Health Performance Measure Results

**Table A-2—Maternal and Perinatal Health Performance Measure Results—
MCO-Specific Rates and Colorado Medicaid Weighted Averages**

Medicaid Plan	Eligible Population	Rate
<i>Audiological Diagnosis No Later Than 3 Months of Age</i>		
<i>Total^{1,SA}</i>		
DHMP	—	—
RMHP Prime		NA
MY 2021 Colorado Medicaid Weighted Average		NA
MY 2020 Colorado Medicaid Weighted Average		—
MY 2019 Colorado Medicaid Weighted Average		—
<i>Contraceptive Care—All Women</i>		
<i>MMEC—Ages 15 to 20 Years^{1,CS}</i>		
DHMP	—	—
RMHP Prime	676	33.58%^
MY 2021 Colorado Medicaid Weighted Average		33.58%^
MY 2020 Colorado Medicaid Weighted Average		—
MY 2019 Colorado Medicaid Weighted Average		—
<i>LARC—Ages 15 to 20 Years^{1,CS}</i>		
DHMP	—	—
RMHP Prime	676	6.51%^
MY 2021 Colorado Medicaid Weighted Average		6.51%^
MY 2020 Colorado Medicaid Weighted Average		—
MY 2019 Colorado Medicaid Weighted Average		—
<i>MMEC—Ages 21 to 44 Years^{CS}</i>		
DHMP	—	—
RMHP Prime	11,545	20.17%
MY 2021 Colorado Medicaid Weighted Average		20.17%
MY 2020 Colorado Medicaid Weighted Average		—
MY 2019 Colorado Medicaid Weighted Average		—
<i>LARC—Ages 21 to 44 Years^{CS}</i>		
DHMP	—	—
RMHP Prime	11,545	4.87%
MY 2021 Colorado Medicaid Weighted Average		4.87%
MY 2020 Colorado Medicaid Weighted Average		—

Medicaid Plan	Eligible Population	Rate
MY 2019 Colorado Medicaid Weighted Average		—
<i>Contraceptive Care—Postpartum Women</i>		
<i>MMEC—3 Days—Ages 15 to 20 Years^{1,CS}</i>		
DHMP	—	—
RMHP Prime	46	0.00%
MY 2021 Colorado Medicaid Weighted Average		0.00%
MY 2020 Colorado Medicaid Weighted Average		—
MY 2019 Colorado Medicaid Weighted Average		—
<i>MMEC—60 Days—Ages 15 to 20 Years^{1,CS}</i>		
DHMP	—	—
RMHP Prime	46	34.78%
MY 2021 Colorado Medicaid Weighted Average		34.78%
MY 2020 Colorado Medicaid Weighted Average		—
MY 2019 Colorado Medicaid Weighted Average		—
<i>LARC—3 Days—Ages 15 to 20 Years^{1,CS}</i>		
DHMP	—	—
RMHP Prime	46	0.00%
MY 2021 Colorado Medicaid Weighted Average		0.00%
MY 2020 Colorado Medicaid Weighted Average		—
MY 2019 Colorado Medicaid Weighted Average		—
<i>LARC—60 Days—Ages 15 to 20 Years^{1,CS}</i>		
DHMP	—	—
RMHP Prime	46	19.57%^
MY 2021 Colorado Medicaid Weighted Average		19.57%^
MY 2020 Colorado Medicaid Weighted Average		—
MY 2019 Colorado Medicaid Weighted Average		—
<i>MMEC—3 Days—Ages 21 to 44 Years^{CS}</i>		
DHMP	—	—
RMHP Prime	815	5.77%
MY 2021 Colorado Medicaid Weighted Average		5.77%
MY 2020 Colorado Medicaid Weighted Average		—
MY 2019 Colorado Medicaid Weighted Average		—

Medicaid Plan	Eligible Population	Rate
MMEC—60 Days—Ages 21 to 44 Years^{CS}		
DHMP	—	—
RMHP Prime	815	40.74%
MY 2021 Colorado Medicaid Weighted Average		40.74%
MY 2020 Colorado Medicaid Weighted Average		—
MY 2019 Colorado Medicaid Weighted Average		—
LARC—3 Days—Ages 21 to 44 Years^{CS}		
DHMP	—	—
RMHP Prime	815	0.00%
MY 2021 Colorado Medicaid Weighted Average		0.00%
MY 2020 Colorado Medicaid Weighted Average		—
MY 2019 Colorado Medicaid Weighted Average		—
LARC—60 Days—Ages 21 to 44 Years^{CS}		
DHMP	—	—
RMHP Prime	815	16.56%^
MY 2021 Colorado Medicaid Weighted Average		16.56%^
MY 2020 Colorado Medicaid Weighted Average		—
MY 2019 Colorado Medicaid Weighted Average		—
Elective Delivery		
Ages 18 to 64 Years^{*,SA}		
DHMP	—	—
RMHP Prime	235	48.09%^
MY 2021 Colorado Medicaid Weighted Average		48.09%^
MY 2020 Colorado Medicaid Weighted Average		—
MY 2019 Colorado Medicaid Weighted Average		—
Prenatal and Postpartum Care		
Timeliness of Prenatal Care^H		
DHMP	1,186	79.51%
RMHP Prime	1,042	56.53%
MY 2021 Colorado Medicaid Weighted Average		68.76%
MY 2020 Colorado Medicaid Weighted Average		70.45%
MY 2019 Colorado Medicaid Weighted Average		62.81%

Medicaid Plan	Eligible Population	Rate
Postpartum Care^H		
DHMP	1,186	70.66%
RMHP Prime	1,042	36.95%
MY 2021 Colorado Medicaid Weighted Average		54.89%
MY 2020 Colorado Medicaid Weighted Average		51.65%
MY 2019 Colorado Medicaid Weighted Average		50.88%

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.
^H indicates that the measure is a HEDIS measure and can be compared to NCQA benchmarks.
^{CS} indicates that the measure is a non-HEDIS Core Set measure and can be compared to the Core Set Median.
^{SA} indicates that the measure could only be compared to the statewide average.
 — indicates that a percentile ranking was not determined because the rate was not reportable or there was a break in trending. This symbol may also indicate that the denominator was too small to report the rate, there was no benchmark to compare to, or that the plan was exempted from the rate.
 Yellow shading with one caret (^) indicates the rate was at or above the 50th percentile.
Bold font indicates Colorado Medicaid weighted average values.

Care of Acute and Chronic Conditions Performance Measure Results

**Table A-3—Care of Acute and Chronic Conditions Performance Measure Results—
MCO-Specific Rates and Colorado Medicaid Weighted Averages**

Medicaid Plan	Eligible Population	Rate
<i>Asthma in Younger Adults Admission Rate</i>		
<i>Ages 18 to 39 Years^{*,CS}</i>		
DHMP	—	—
RMHP Prime	285,689	6.65
MY 2021 Colorado Medicaid Weighted Average		6.65
MY 2020 Colorado Medicaid Weighted Average		—
MY 2019 Colorado Medicaid Weighted Average		—
<i>Asthma Medication Ratio</i>		
<i>Ages 5 to 11 Years^{1,H}</i>		
DHMP	73	64.38%
RMHP Prime	5	NA
MY 2021 Colorado Medicaid Weighted Average		64.10%
MY 2020 Colorado Medicaid Weighted Average		64.58%
MY 2019 Colorado Medicaid Weighted Average		61.67%
<i>Ages 12 to 18 Years^{1,H}</i>		
DHMP	104	56.73%
RMHP Prime	4	NA
MY 2021 Colorado Medicaid Weighted Average		56.48%
MY 2020 Colorado Medicaid Weighted Average		54.64%
MY 2019 Colorado Medicaid Weighted Average		49.50%
<i>Ages 19 to 50 Years^H</i>		
DHMP	334	47.01%
RMHP Prime	298	56.71%^
MY 2021 Colorado Medicaid Weighted Average		51.58%
MY 2020 Colorado Medicaid Weighted Average		49.06%
MY 2019 Colorado Medicaid Weighted Average		42.62%
<i>Ages 51 to 64 Years^H</i>		
DHMP	105	48.57%
RMHP Prime	90	58.89%^
MY 2021 Colorado Medicaid Weighted Average		53.33%
MY 2020 Colorado Medicaid Weighted Average		49.38%

Medicaid Plan	Eligible Population	Rate
MY 2019 Colorado Medicaid Weighted Average		47.30%
<i>Total (Ages 5 to 18 Years)^{1,CS}</i>		
DHMP	177	59.89%
RMHP Prime	9	NA
MY 2021 Colorado Medicaid Weighted Average		59.68%
MY 2020 Colorado Medicaid Weighted Average		—
MY 2019 Colorado Medicaid Weighted Average		—
<i>Total (Ages 19 to 64 Years)^{CS}</i>		
DHMP	439	47.38%
RMHP Prime	388	57.22%^
MY 2021 Colorado Medicaid Weighted Average		52.00%
MY 2020 Colorado Medicaid Weighted Average		—
MY 2019 Colorado Medicaid Weighted Average		—
<i>COPD or Asthma in Older Adults Admission Rate</i>		
<i>Ages 40 to 64 Years^{*,SA}</i>		
DHMP	—	—
RMHP Prime	240,302	258.84^
MY 2021 Colorado Medicaid Weighted Average		258.84^
MY 2020 Colorado Medicaid Weighted Average		—
MY 2019 Colorado Medicaid Weighted Average		—
<i>Ages 65 Years and Older^{*,SA}</i>		
DHMP	—	—
RMHP Prime	52,696	1210.72^
MY 2021 Colorado Medicaid Weighted Average		1210.72^
MY 2020 Colorado Medicaid Weighted Average		—
MY 2019 Colorado Medicaid Weighted Average		—
<i>Comprehensive Diabetes Care: HbA1c Poor Control (>9.0%)</i>		
<i>Ages 18 to 64 Years^{*,SA}</i>		
DHMP	—	—
RMHP Prime	2,280	69.74%^
MY 2021 Colorado Medicaid Weighted Average		69.74%^
MY 2020 Colorado Medicaid Weighted Average		—
MY 2019 Colorado Medicaid Weighted Average		—

Medicaid Plan	Eligible Population	Rate
<i>Ages 65 to 75 Years^{*,SA}</i>		
DHMP	—	—
RMHP Prime	258	66.67%^
MY 2021 Colorado Medicaid Weighted Average		66.67%^
MY 2020 Colorado Medicaid Weighted Average		—
MY 2019 Colorado Medicaid Weighted Average		—
<i>Controlling High Blood Pressure</i>		
<i>Ages 18 to 64 Years^{SA}</i>		
DHMP	2,530	48.54%^
RMHP Prime	2,577	25.22%
MY 2021 Colorado Medicaid Weighted Average		36.77%^
MY 2020 Colorado Medicaid Weighted Average		—
MY 2019 Colorado Medicaid Weighted Average		—
<i>Ages 65 to 85 Years^{SA}</i>		
DHMP	515	55.92%^
RMHP Prime	406	25.37%
MY 2021 Colorado Medicaid Weighted Average		42.45%^
MY 2020 Colorado Medicaid Weighted Average		—
MY 2019 Colorado Medicaid Weighted Average		—
<i>Diabetes Short-Term Complications Admission Rate</i>		
<i>Ages 18 to 64 Years^{*,SA}</i>		
DHMP	—	—
RMHP Prime	523,911	27.29%^
MY 2021 Colorado Medicaid Weighted Average		27.29%^
MY 2020 Colorado Medicaid Weighted Average		—
MY 2019 Colorado Medicaid Weighted Average		—
<i>Ages 65 Years and Older^{*,SA}</i>		
DHMP	—	—
RMHP Prime	48,885	18.41%^
MY 2021 Colorado Medicaid Weighted Average		18.41%^
MY 2020 Colorado Medicaid Weighted Average		—
MY 2019 Colorado Medicaid Weighted Average		—

Medicaid Plan	Eligible Population	Rate
Heart Failure Admission Rate		
<i>Ages 18 to 64 Years</i> ^{*,SA}		
DHMP	—	—
RMHP Prime	524,650	76.05 [^]
MY 2021 Colorado Medicaid Weighted Average		76.05[^]
MY 2020 Colorado Medicaid Weighted Average		—
MY 2019 Colorado Medicaid Weighted Average		—
<i>Ages 65 Years and Older</i> ^{*,SA}		
DHMP	—	—
RMHP Prime	52,449	1033.38 [^]
MY 2021 Colorado Medicaid Weighted Average		1033.38[^]
MY 2020 Colorado Medicaid Weighted Average		—
MY 2019 Colorado Medicaid Weighted Average		—
HIV Viral Load Suppression		
<i>Ages 18 to 64 Years</i> ^{SA}		
DHMP	—	—
RMHP Prime	116	0.00% [^]
MY 2021 Colorado Medicaid Weighted Average		0.00%[^]
MY 2020 Colorado Medicaid Weighted Average		—
MY 2019 Colorado Medicaid Weighted Average		—
<i>Ages 65 Years and Older</i> ^{SA}		
DHMP	—	—
RMHP Prime	5	NA
MY 2021 Colorado Medicaid Weighted Average		NA
MY 2020 Colorado Medicaid Weighted Average		—
MY 2019 Colorado Medicaid Weighted Average		—

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.

^H indicates that the measure is a HEDIS measure and can be compared to NCQA benchmarks.

^{CS} indicates that the measure is a non-HEDIS Core Set measure and can be compared to the Core Set Median.

^{SA} indicates that the measure could only be compared to the statewide average.

— indicates that a percentile ranking was not determined because the rate was not reportable or there was a break in trending. This symbol may also indicate that the denominator was too small to report the rate, there was no benchmark to compare to, or that the plan was exempted from the rate.

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

Bold font indicates Colorado Medicaid weighted average values.

Behavioral Health Care Performance Measure Results

**Table A-4—Behavioral Health Care Performance Measure Results—
MCO-Specific Rates and Colorado Medicaid Weighted Averages**

Medicaid Plan	Eligible Population	Rate
<i>Adherence to Antipsychotic Medications for Individuals With Schizophrenia^H</i>		
DHMP	244	47.54%
RMHP Prime	291	59.11%
MY 2021 Colorado Medicaid Weighted Average		53.83%
MY 2020 Colorado Medicaid Weighted Average		—
MY 2019 Colorado Medicaid Weighted Average		—
<i>Antidepressant Medication Management</i>		
<i>Effective Acute Phase Treatment—Ages 18 to 64 Years^{SA}</i>		
DHMP	1,276	64.50%^
RMHP Prime	1,351	57.44%
MY 2021 Colorado Medicaid Weighted Average		60.87%^
MY 2020 Colorado Medicaid Weighted Average		—
MY 2019 Colorado Medicaid Weighted Average		—
<i>Effective Acute Phase Treatment—Ages 65 Years and Older^{SA}</i>		
DHMP	50	78.00%^
RMHP Prime	28	NA
MY 2021 Colorado Medicaid Weighted Average		74.36%^
MY 2020 Colorado Medicaid Weighted Average		—
MY 2019 Colorado Medicaid Weighted Average		—
<i>Effective Continuation Phase Treatment—Ages 18 to 64 Years^{SA}</i>		
DHMP	1,276	42.55%^
RMHP Prime	1,351	39.67%
MY 2021 Colorado Medicaid Weighted Average		41.07%^
MY 2020 Colorado Medicaid Weighted Average		—
MY 2019 Colorado Medicaid Weighted Average		—
<i>Effective Continuation Phase Treatment—Ages 65 Years and Older^{SA}</i>		
DHMP	50	72.00%^
RMHP Prime	28	NA
MY 2021 Colorado Medicaid Weighted Average		64.10%^
MY 2020 Colorado Medicaid Weighted Average		—

Medicaid Plan	Eligible Population	Rate
MY 2019 Colorado Medicaid Weighted Average		—
Concurrent Use of Opioids and Benzodiazepines		
<i>Ages 18 to 64 Years^{*,SA}</i>		
DHMP	—	—
RMHP Prime	1,145	14.93%^
MY 2021 Colorado Medicaid Weighted Average		14.93%^
MY 2020 Colorado Medicaid Weighted Average		—
MY 2019 Colorado Medicaid Weighted Average		—
<i>Ages 65 Years and Older^{*,SA}</i>		
DHMP	—	—
RMHP Prime	140	19.29%^
MY 2021 Colorado Medicaid Weighted Average		19.29%^
MY 2020 Colorado Medicaid Weighted Average		—
MY 2019 Colorado Medicaid Weighted Average		—
Diabetes Care for People with Serious Mental Illness: HbA1c Poor Control (>9.0%)		
<i>Ages 18 to 64 Years^{*,SA}</i>		
DHMP	—	—
RMHP Prime	221	58.37%^
MY 2021 Colorado Medicaid Weighted Average		58.37%^
MY 2020 Colorado Medicaid Weighted Average		—
MY 2019 Colorado Medicaid Weighted Average		—
<i>Ages 65 to 75 Years^{*,SA}</i>		
DHMP	—	—
RMHP Prime	21	NA
MY 2021 Colorado Medicaid Weighted Average		NA
MY 2020 Colorado Medicaid Weighted Average		—
MY 2019 Colorado Medicaid Weighted Average		—
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications^H		
DHMP	458	86.68%^
RMHP Prime	825	75.52%
MY 2021 Colorado Medicaid Weighted Average		79.50%^
MY 2020 Colorado Medicaid Weighted Average		—
MY 2019 Colorado Medicaid Weighted Average		—

Medicaid Plan	Eligible Population	Rate
<i>Follow-Up After ED Visit for AOD Abuse or Dependence</i>		
<i>7-Day Follow-Up—Ages 18 to 64 Years^{SA}</i>		
DHMP	2,394	15.29% [^]
RMHP Prime		NA
MY 2021 Colorado Medicaid Weighted Average		15.29%[^]
MY 2020 Colorado Medicaid Weighted Average		—
MY 2019 Colorado Medicaid Weighted Average		—
<i>7-Day Follow-Up—Ages 65 Years and Older^{SA}</i>		
DHMP	48	2.08% [^]
RMHP Prime		NA
MY 2021 Colorado Medicaid Weighted Average		2.08%[^]
MY 2020 Colorado Medicaid Weighted Average		—
MY 2019 Colorado Medicaid Weighted Average		—
<i>30-Day Follow-Up—Ages 18 to 64 Years^{SA}</i>		
DHMP	2,394	21.09% [^]
RMHP Prime		NA
MY 2021 Colorado Medicaid Weighted Average		21.09%[^]
MY 2020 Colorado Medicaid Weighted Average		—
MY 2019 Colorado Medicaid Weighted Average		—
<i>30-Day Follow-Up—Ages 65 Years and Older^{SA}</i>		
DHMP	48	6.25% [^]
RMHP Prime		NA
MY 2021 Colorado Medicaid Weighted Average		6.25%[^]
MY 2020 Colorado Medicaid Weighted Average		—
MY 2019 Colorado Medicaid Weighted Average		—
<i>Follow-Up After ED Visit for Mental Illness</i>		
<i>7-Day Follow-Up—Ages 18 to 64 Years^H</i>		
DHMP	541	21.44%
RMHP Prime	222	38.74% [^]
MY 2021 Colorado Medicaid Weighted Average		26.47%
MY 2020 Colorado Medicaid Weighted Average		—
MY 2019 Colorado Medicaid Weighted Average		—

Medicaid Plan	Eligible Population	Rate
7-Day Follow-Up—Ages 65 Years and Older^H		
DHMP	7	NA
RMHP Prime	8	NA
MY 2021 Colorado Medicaid Weighted Average		NA
MY 2020 Colorado Medicaid Weighted Average		—
MY 2019 Colorado Medicaid Weighted Average		—
30-Day Follow-Up—Ages 18 to 64 Years^H		
DHMP	541	29.02%
RMHP Prime	222	54.05%^
MY 2021 Colorado Medicaid Weighted Average		36.30%
MY 2020 Colorado Medicaid Weighted Average		—
MY 2019 Colorado Medicaid Weighted Average		—
30-Day Follow-Up—Ages 65 Years and Older^H		
DHMP	7	NA
RMHP Prime	8	NA
MY 2021 Colorado Medicaid Weighted Average		NA
MY 2020 Colorado Medicaid Weighted Average		—
MY 2019 Colorado Medicaid Weighted Average		—
Follow-Up After Hospitalization for Mental Illness		
7-Day Follow-Up—Ages 6 to 17 Years^{1,H}		
DHMP	21	NA
RMHP Prime	4	NA
MY 2021 Colorado Medicaid Weighted Average		NA
MY 2020 Colorado Medicaid Weighted Average		—
MY 2019 Colorado Medicaid Weighted Average		—
7-Day Follow-Up—Ages 18 to 64 Years^H		
DHMP	82	8.54%
RMHP Prime	430	38.84%^
MY 2021 Colorado Medicaid Weighted Average		33.98%^
MY 2020 Colorado Medicaid Weighted Average		—
MY 2019 Colorado Medicaid Weighted Average		—
7-Day Follow-Up—Ages 65 Years and Older^H		
DHMP	1	NA
RMHP Prime	10	NA
MY 2021 Colorado Medicaid Weighted Average		NA

Medicaid Plan	Eligible Population	Rate
MY 2020 Colorado Medicaid Weighted Average		—
MY 2019 Colorado Medicaid Weighted Average		—
30-Day Follow-Up—Ages 6 to 17 Years^{1,H}		
DHMP	21	NA
RMHP Prime	4	NA
MY 2021 Colorado Medicaid Weighted Average		NA
MY 2020 Colorado Medicaid Weighted Average		—
MY 2019 Colorado Medicaid Weighted Average		—
30-Day Follow-Up—Ages 18 to 64 Years^H		
DHMP	82	15.85%
RMHP Prime	430	56.51%^
MY 2021 Colorado Medicaid Weighted Average		50.00%
MY 2020 Colorado Medicaid Weighted Average		—
MY 2019 Colorado Medicaid Weighted Average		—
30-Day Follow-Up—Ages 65 Years and Older^H		
DHMP	1	NA
RMHP Prime	10	NA
MY 2021 Colorado Medicaid Weighted Average		NA
MY 2020 Colorado Medicaid Weighted Average		—
MY 2019 Colorado Medicaid Weighted Average		—
Follow-Up Care for Children Prescribed ADHD Medication		
Initiation Phase^{1,H}		
DHMP	84	30.95%
RMHP Prime	7	NA
MY 2021 Colorado Medicaid Weighted Average		31.87%
MY 2020 Colorado Medicaid Weighted Average		41.67%
MY 2019 Colorado Medicaid Weighted Average		41.59%
Continuation and Maintenance Phase^{1,H}		
DHMP	11	NA
RMHP Prime	2	NA
MY 2021 Colorado Medicaid Weighted Average		NA
MY 2020 Colorado Medicaid Weighted Average		NA
MY 2019 Colorado Medicaid Weighted Average		NA

Medicaid Plan	Eligible Population	Rate
<i>Initiation and Engagement of AOD Abuse or Dependence Treatment</i>		
<i>Initiation of AOD—Alcohol Abuse or Dependence—Ages 18 to 64 Years^{SA}</i>		
DHMP	1,787	41.07%^
RMHP Prime	2	NA
MY 2021 Colorado Medicaid Weighted Average		41.03%^
MY 2020 Colorado Medicaid Weighted Average		—
MY 2019 Colorado Medicaid Weighted Average		—
<i>Initiation of AOD—Alcohol Abuse or Dependence—Ages 65 Years and Older^{SA}</i>		
DHMP	95	61.05%^
RMHP Prime		NA
MY 2021 Colorado Medicaid Weighted Average		61.05%^
MY 2020 Colorado Medicaid Weighted Average		—
MY 2019 Colorado Medicaid Weighted Average		—
<i>Initiation of AOD—Opioid Abuse or Dependence—Ages 18 to 64 Years^{SA}</i>		
DHMP	528	54.55%^
RMHP Prime	1	NA
MY 2021 Colorado Medicaid Weighted Average		54.44%^
MY 2020 Colorado Medicaid Weighted Average		—
MY 2019 Colorado Medicaid Weighted Average		—
<i>Initiation of AOD—Opioid Abuse or Dependence—Ages 65 Years and Older^{SA}</i>		
DHMP	26	NA
RMHP Prime		NA
MY 2021 Colorado Medicaid Weighted Average		NA
MY 2020 Colorado Medicaid Weighted Average		—
MY 2019 Colorado Medicaid Weighted Average		—
<i>Initiation of AOD—Other Drug Abuse or Dependence—Ages 18 to 64 Years^{SA}</i>		
DHMP	1,554	40.41%^
RMHP Prime		NA
MY 2021 Colorado Medicaid Weighted Average		40.41%^
MY 2020 Colorado Medicaid Weighted Average		—

Medicaid Plan	Eligible Population	Rate
MY 2019 Colorado Medicaid Weighted Average		—
<i>Initiation of AOD—Other Drug Abuse or Dependence—Ages 65 Years and Older^{SA}</i>		
DHMP	33	51.52%^
RMHP Prime		NA
MY 2021 Colorado Medicaid Weighted Average		51.52%^
MY 2020 Colorado Medicaid Weighted Average		—
MY 2019 Colorado Medicaid Weighted Average		—
<i>Initiation of AOD—Total AOD Abuse or Dependence—Ages 18 to 64 Years^{SA}</i>		
DHMP	3,531	42.20%^
RMHP Prime	3	NA
MY 2021 Colorado Medicaid Weighted Average		42.16%^
MY 2020 Colorado Medicaid Weighted Average		—
MY 2019 Colorado Medicaid Weighted Average		—
<i>Initiation of AOD—Total AOD Abuse or Dependence—Ages 65 Years and Older^{SA}</i>		
DHMP	145	61.38%^
RMHP Prime		NA
MY 2021 Colorado Medicaid Weighted Average		61.38%^
MY 2020 Colorado Medicaid Weighted Average		—
MY 2019 Colorado Medicaid Weighted Average		—
<i>Engagement of AOD—Alcohol Abuse or Dependence—Ages 18 to 64 Years^{SA}</i>		
DHMP	1,787	6.32%^
RMHP Prime	2	NA
MY 2021 Colorado Medicaid Weighted Average		6.32%^
MY 2020 Colorado Medicaid Weighted Average		—
MY 2019 Colorado Medicaid Weighted Average		—
<i>Engagement of AOD—Alcohol Abuse or Dependence—Ages 65 Years and Older^{SA}</i>		
DHMP	95	6.32%^
RMHP Prime		NA
MY 2021 Colorado Medicaid Weighted Average		6.32%^
MY 2020 Colorado Medicaid Weighted Average		—
MY 2019 Colorado Medicaid Weighted Average		—

Medicaid Plan	Eligible Population	Rate
<i>Engagement of AOD—Opioid Abuse or Dependence—Ages 18 to 64 Years^{SA}</i>		
DHMP	528	14.02%^
RMHP Prime		NA
MY 2021 Colorado Medicaid Weighted Average		14.02%^
MY 2020 Colorado Medicaid Weighted Average		—
MY 2019 Colorado Medicaid Weighted Average		—
<i>Engagement of AOD—Opioid Abuse or Dependence—Ages 65 Years and Older^{SA}</i>		
DHMP	26	NA
RMHP Prime		NA
MY 2021 Colorado Medicaid Weighted Average		NA
MY 2020 Colorado Medicaid Weighted Average		—
MY 2019 Colorado Medicaid Weighted Average		—
<i>Engagement of AOD—Other Drug Abuse or Dependence—Ages 18 to 64 Years^{SA}</i>		
DHMP	1,554	3.67%^
RMHP Prime		NA
MY 2021 Colorado Medicaid Weighted Average		3.67%^
MY 2020 Colorado Medicaid Weighted Average		—
MY 2019 Colorado Medicaid Weighted Average		—
<i>Engagement of AOD—Other Drug Abuse or Dependence—Ages 65 Years and Older^{SA}</i>		
DHMP	33	3.03%^
RMHP Prime		NA
MY 2021 Colorado Medicaid Weighted Average		3.03%^
MY 2020 Colorado Medicaid Weighted Average		—
MY 2019 Colorado Medicaid Weighted Average		—
<i>Engagement of AOD—Total AOD Abuse or Dependence—Ages 18 to 64 Years^{SA}</i>		
DHMP	3,531	6.40%^
RMHP Prime		NA
MY 2021 Colorado Medicaid Weighted Average		6.40%^
MY 2020 Colorado Medicaid Weighted Average		—
MY 2019 Colorado Medicaid Weighted Average		—

Medicaid Plan	Eligible Population	Rate
<i>Engagement of AOD—Total AOD Abuse or Dependence—Ages 65 Years and Older^{SA}</i>		
DHMP	145	6.90%^
RMHP Prime		NA
MY 2021 Colorado Medicaid Weighted Average		6.90%^
MY 2020 Colorado Medicaid Weighted Average		—
MY 2019 Colorado Medicaid Weighted Average		—
<i>Metabolic Monitoring for Children and Adolescents on Antipsychotics</i>		
<i>Blood Glucose Testing—Ages 1 to 11 Years^{1,H}</i>		
DHMP	3	NA
RMHP Prime	6	NA
MY 2021 Colorado Medicaid Weighted Average		NA
MY 2020 Colorado Medicaid Weighted Average		NA
MY 2019 Colorado Medicaid Weighted Average		NA
<i>Blood Glucose Testing—Ages 12 to 17 Years^{1,H}</i>		
DHMP	25	NA
RMHP Prime	32	46.88%
MY 2021 Colorado Medicaid Weighted Average		59.65%^
MY 2020 Colorado Medicaid Weighted Average		58.93%
MY 2019 Colorado Medicaid Weighted Average		51.06%
<i>Blood Glucose Testing—Total^{1,H}</i>		
DHMP	28	NA
RMHP Prime	38	47.37%
MY 2021 Colorado Medicaid Weighted Average		59.09%^
MY 2020 Colorado Medicaid Weighted Average		55.88%
MY 2019 Colorado Medicaid Weighted Average		49.15%
<i>Cholesterol Testing—Ages 1 to 11 Years^{1,H}</i>		
DHMP	3	NA
RMHP Prime	6	NA
MY 2021 Colorado Medicaid Weighted Average		NA
MY 2020 Colorado Medicaid Weighted Average		NA
MY 2019 Colorado Medicaid Weighted Average		NA
<i>Cholesterol Testing—Ages 12 to 17 Years^{1,H}</i>		
DHMP	25	NA

Medicaid Plan	Eligible Population	Rate
RMHP Prime	32	40.63%^
MY 2021 Colorado Medicaid Weighted Average		47.37%^
MY 2020 Colorado Medicaid Weighted Average		42.86%
MY 2019 Colorado Medicaid Weighted Average		38.30%
<i>Cholesterol Testing—Total^{1,H}</i>		
DHMP	28	NA
RMHP Prime	38	36.84%^
MY 2021 Colorado Medicaid Weighted Average		45.45%^
MY 2020 Colorado Medicaid Weighted Average		41.18%
MY 2019 Colorado Medicaid Weighted Average		38.98%
<i>Blood Glucose and Cholesterol Testing—Ages 1 to 11 Years^{1,H}</i>		
DHMP	3	NA
RMHP Prime	6	NA
MY 2021 Colorado Medicaid Weighted Average		NA
MY 2020 Colorado Medicaid Weighted Average		NA
MY 2019 Colorado Medicaid Weighted Average		NA
<i>Blood Glucose and Cholesterol Testing—Ages 12 to 17 Years^{1,H}</i>		
DHMP	25	NA
RMHP Prime	32	37.50%^
MY 2021 Colorado Medicaid Weighted Average		45.61%^
MY 2020 Colorado Medicaid Weighted Average		37.50%
MY 2019 Colorado Medicaid Weighted Average		38.30%
<i>Blood Glucose and Cholesterol Testing—Total^{1,H}</i>		
DHMP	28	NA
RMHP Prime	38	34.21%^
MY 2021 Colorado Medicaid Weighted Average		43.94%^
MY 2020 Colorado Medicaid Weighted Average		35.29%
MY 2019 Colorado Medicaid Weighted Average		38.98%
<i>Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics</i>		
<i>Ages 1 to 11 Years^{1,H}</i>		
DHMP	3	NA
RMHP Prime		NA
MY 2021 Colorado Medicaid Weighted Average		NA
MY 2020 Colorado Medicaid Weighted Average		—

Medicaid Plan	Eligible Population	Rate
MY 2019 Colorado Medicaid Weighted Average		—
<i>Ages 12 to 17 Years^{1,H}</i>		
DHMP	22	NA
RMHP Prime	2	NA
MY 2021 Colorado Medicaid Weighted Average		NA
MY 2020 Colorado Medicaid Weighted Average		—
MY 2019 Colorado Medicaid Weighted Average		—
<i>Total^{1,H}</i>		
DHMP	25	NA
RMHP Prime	2	NA
MY 2021 Colorado Medicaid Weighted Average		NA
MY 2020 Colorado Medicaid Weighted Average		—
MY 2019 Colorado Medicaid Weighted Average		—
<i>Use of Opioids at High Dosage in Persons Without Cancer</i>		
<i>Ages 18 to 64 Years^{*,SA}</i>		
DHMP	—	—
RMHP Prime	875	4.11%^
MY 2021 Colorado Medicaid Weighted Average		4.11%^
MY 2020 Colorado Medicaid Weighted Average		—
MY 2019 Colorado Medicaid Weighted Average		—
<i>Ages 65 Years and Older^{*,SA}</i>		
DHMP	—	—
RMHP Prime	121	2.48%^
MY 2021 Colorado Medicaid Weighted Average		2.48%^
MY 2020 Colorado Medicaid Weighted Average		—
MY 2019 Colorado Medicaid Weighted Average		—
<i>Use of Pharmacotherapy for Opioid Use Disorder</i>		
<i>Rate 1: Total^{SA}</i>		
DHMP	—	—
RMHP Prime	1,115	52.74%^
MY 2021 Colorado Medicaid Weighted Average		52.74%^
MY 2020 Colorado Medicaid Weighted Average		—
MY 2019 Colorado Medicaid Weighted Average		—

Medicaid Plan	Eligible Population	Rate
Rate 2: Buprenorphine^{SA}		
DHMP	—	—
RMHP Prime	1,115	31.66%^
MY 2021 Colorado Medicaid Weighted Average		31.66%^
MY 2020 Colorado Medicaid Weighted Average		—
MY 2019 Colorado Medicaid Weighted Average		—
Rate 3: Oral Naltrexone^{SA}		
DHMP	—	—
RMHP Prime	1,115	4.13%^
MY 2021 Colorado Medicaid Weighted Average		4.13%^
MY 2020 Colorado Medicaid Weighted Average		—
MY 2019 Colorado Medicaid Weighted Average		—
Rate 4: Long-Acting Injectable Naltrexone^{SA}		
DHMP	—	—
RMHP Prime	1,115	0.72%^
MY 2021 Colorado Medicaid Weighted Average		0.72%^
MY 2020 Colorado Medicaid Weighted Average		—
MY 2019 Colorado Medicaid Weighted Average		—
Rate 5: Methadone^{SA}		
DHMP	—	—
RMHP Prime	1,115	20.54%^
MY 2021 Colorado Medicaid Weighted Average		20.54%^
MY 2020 Colorado Medicaid Weighted Average		—
MY 2019 Colorado Medicaid Weighted Average		—

¹Due 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.

^H indicates that the measure is a HEDIS measure and can be compared to NCQA benchmarks.

^{SA} indicates that the measure could only be compared to the statewide average.

— indicates that a percentile ranking was not determined because the rate was not reportable or there was a break in trending. This symbol may also indicate that the denominator was too small to report the rate, there was no benchmark to compare to, or that the plan was exempted from the rate.

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

Bold font indicates Colorado Medicaid weighted average values.

Use of Services Measure Results

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

Medicaid Plan	Eligible Population	Rate
<i>Ambulatory Care: ED Visits</i>		
<i>ED Visits—Ages <1 Year^{*,1}</i>		
DHMP	13,071	54.09
RMHP Prime		NA
MY 2021 Colorado Medicaid Weighted Average		54.09
MY 2020 Colorado Medicaid Weighted Average		48.81
MY 2019 Colorado Medicaid Weighted Average		73.91
<i>ED Visits—Ages 1 to 9 Years^{*,1}</i>		
DHMP	201,667	23.94
RMHP Prime	1,404	32.76
MY 2021 Colorado Medicaid Weighted Average		24.00
MY 2020 Colorado Medicaid Weighted Average		19.20
MY 2019 Colorado Medicaid Weighted Average		32.78
<i>ED Visits—Ages 10 to 19 Years^{*,1}</i>		
DHMP	249,297	19.62
RMHP Prime	5,837	35.46
MY 2021 Colorado Medicaid Weighted Average		19.99
MY 2020 Colorado Medicaid Weighted Average		18.24
MY 2019 Colorado Medicaid Weighted Average		27.86
<i>ED Visits—Total^{*,1}</i>		
DHMP	464,035	22.47
RMHP Prime	7,241	34.94
MY 2021 Colorado Medicaid Weighted Average		22.66
MY 2020 Colorado Medicaid Weighted Average		—
MY 2019 Colorado Medicaid Weighted Average		—
<i>Plan All-Cause Readmissions</i>		
<i>Observed Readmissions—Total</i>		
DHMP	3,006	9.51%
RMHP Prime	2,171	7.92%
MY 2021 Colorado Medicaid Weighted Average		8.85%
MY 2020 Colorado Medicaid Weighted Average		10.45%

Medicaid Plan	Eligible Population	Rate
MY 2019 Colorado Medicaid Weighted Average		11.54%
<i>Expected Readmissions—Total</i>		
DHMP	3,006	9.63%
RMHP Prime	2,171	9.83%
MY 2021 Colorado Medicaid Weighted Average		9.71%
MY 2020 Colorado Medicaid Weighted Average		—
MY 2019 Colorado Medicaid Weighted Average		—
<i>O/E Ratio—Total*</i>		
DHMP	3,006	0.99
RMHP Prime	2,171	0.81
MY 2021 Colorado Medicaid Weighted Average		0.91
MY 2020 Colorado Medicaid Weighted Average		1.05
MY 2019 Colorado Medicaid Weighted Average		1.13

¹Due 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.

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

Bold font indicates Colorado Medicaid weighted average values.



Appendix B. Trend Tables

Appendix B includes trend tables for each of the MCOs and the Colorado Medicaid weighted averages. Where applicable, measure rates for MY 2019, MY 2020, and MY 2021 are presented.

MY 2020 to MY 2021 HEDIS measure 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. HSAG also compared performance measure results for MY 2021 to the CMS Core Set Medians for FFY 2020 when available.

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	MY 2019 Rate	MY 2020 Rate	MY 2021 Rate	Benchmark Ranking
Primary Care Access and Preventive Care				
Breast Cancer Screening				
Ages 50 to 64 Years ^{SA}	—	—	41.70%	ASA
Ages 65 to 74 Years ^{SA}	—	—	30.96%	BSA
Cervical Cancer Screening				
Cervical Cancer Screening ^H	45.58%	41.11%	39.36%	<10th
Child and Adolescent Well-Care Visits				
Ages 3 to 11 Years ^H	—	47.04%	51.55%^	50th–74th
Ages 12 to 17 Years ^H	—	39.88%	43.56%^	25th–49th
Ages 18 to 21 Years ^H	—	14.79%	15.70%	10th–24th
Total ^H	—	39.31%	41.93%	25th–49th
Childhood Immunization Status				
Combination 3 ^H	66.67%	67.98%	61.92%^^	10th–24th
Combination 7 ^H	57.63%	57.81%	53.08%^^	10th–24th
Combination 10 ^H	42.85%	40.18%	40.22%	50th–74th
DTaP ^H	70.60%	69.47%	65.93%^^	<10th
IPV ^H	81.84%	82.19%	75.71%^^	<10th
MMR ^H	81.29%	84.04%	76.87%^^	<10th
HiB ^H	81.45%	81.93%	77.20%^^	<10th

Performance Measures	MY 2019 Rate	MY 2020 Rate	MY 2021 Rate	Benchmark Ranking
<i>Hepatitis B^H</i>	85.06%	85.09%	74.40%^^	<10th
<i>VZV^H</i>	81.29%	83.68%	76.92%^^	<10th
<i>Pneumococcal Conjugate^H</i>	70.83%	74.21%	68.13%^^	10th–24th
<i>Hepatitis A^H</i>	80.82%	82.54%	77.25%^^	10th–24th
<i>Rotavirus^H</i>	63.13%	63.77%	60.22%	<10th
<i>Influenza^H</i>	53.22%	50.26%	52.09%	50th–74th
Chlamydia Screening in Women				
<i>Ages 16 to 20 Years^H</i>	72.63%	67.65%	76.77%^	≥90th
<i>Ages 21 to 24 Years^H</i>	73.29%	66.95%	68.54%	75th–89th
Developmental Screening in the First Three Years of Life				
<i>Age 1^{SA}</i>	—	—	—	—
<i>Age 2^{SA}</i>	—	—	—	—
<i>Age 3^{SA}</i>	—	—	—	—
<i>Total^{CS}</i>	—	—	—	—
Immunizations for Adolescents				
<i>Combination 1 (Meningococcal, Tdap)^H</i>	78.06%	75.70%	64.92%^^	<10th
<i>Combination 2 (Meningococcal, Tdap, HPV)^H</i>	50.47%	45.11%	35.93%^^	25th–49th
<i>Meningococcal^H</i>	80.93%	78.25%	66.58%^^	<10th
<i>Tdap^H</i>	80.65%	77.64%	66.73%^^	<10th
<i>HPV^H</i>	52.40%	46.79%	37.04%^^	25th–49th
Screening for Depression and Follow-Up Plan				
<i>Ages 12 to 17 Years^{SA}</i>	—	—	—	—
<i>Ages 18 to 64 Years^{SA}</i>	—	—	—	—
<i>Ages 65 Years and Older^{SA}</i>	—	—	—	—
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents				
<i>BMI Percentile Documentation—Ages 3 to 11 Years^H</i>	19.32%	65.85%	71.29%^	25th–49th
<i>BMI Percentile Documentation—Ages 12 to 17 Years^H</i>	34.47%	64.61%	68.96%^	25th–49th
<i>BMI Percentile Documentation—Total^H</i>	25.11%	65.36%	70.33%^	25th–49th
<i>Counseling for Nutrition—Ages 3 to 11 Years^H</i>	4.81%	72.33%	77.17%^	50th–74th
<i>Counseling for Nutrition—Ages 12 to 17 Years^H</i>	16.18%	66.10%	70.31%^	50th–74th
<i>Counseling for Nutrition—Total^H</i>	9.16%	69.85%	74.36%^	50th–74th
<i>Counseling for Physical Activity—Ages 3 to 11 Years^H</i>	4.02%	71.63%	76.45%^	75th–89th
<i>Counseling for Physical Activity—Ages 12 to 17 Years^H</i>	14.64%	65.49%	69.87%^	50th–74th
<i>Counseling for Physical Activity—Total^H</i>	8.08%	69.19%	73.75%^	75th–89th

Performance Measures	MY 2019 Rate	MY 2020 Rate	MY 2021 Rate	Benchmark Ranking
Well-Child Visits in the First 30 Months of Life				
Well-Child Visits in the First 15 Months—Six or More Well-Child Visits ^H	—	54.69%	54.34%	25th–49th
Well-Child Visits for Age 15 Months–30 Months—Two or More Well-Child Visits ^H	—	57.13%	54.42%	<10th
Maternal and Perinatal Health				
Audiological Diagnosis No Later Than 3 Months of Age				
Total ^{SA}	—	—	—	—
Contraceptive Care—All Women				
MMEC—Ages 15 to 20 Years ^{CS}	—	—	—	—
LARC—Ages 15 to 20 Years ^{CS}	—	—	—	—
MMEC—Ages 21 to 44 Years ^{CS}	—	—	—	—
LARC—Ages 21 to 44 Years ^{CS}	—	—	—	—
Contraceptive Care—Postpartum Women				
MMEC—3 Days—Ages 15 to 20 Years ^{CS}	—	—	—	—
MMEC—60 Days—Ages 15 to 20 Years ^{CS}	—	—	—	—
LARC—3 Days—Ages 15 to 20 Years ^{CS}	—	—	—	—
LARC—60 Days—Ages 15 to 20 Years ^{CS}	—	—	—	—
MMEC—3 Days—Ages 21 to 44 Years ^{CS}	—	—	—	—
MMEC—60 Days—Ages 21 to 44 Years ^{CS}	—	—	—	—
LARC—3 Days—Ages 21 to 44 Years ^{CS}	—	—	—	—
LARC—60 Days—Ages 21 to 44 Years ^{CS}	—	—	—	—
Elective Delivery*				
Ages 18 to 64 Years ^{SA}	—	—	—	—
Prenatal and Postpartum Care				
Timeliness of Prenatal Care ^H	84.53%	83.36%	79.51%^^	25th–49th
Postpartum Care ^H	66.50%	69.22%	70.66%	10th–24th
Care of Acute and Chronic Conditions				
Asthma in Younger Adults Admission Rate*				
Ages 18 to 39 Years ^{CS}	—	—	—	—
Asthma Medication Ratio				
Ages 5 to 11 Years ^H	60.68%	63.04%	64.38%	<10th
Ages 12 to 18 Years ^H	48.94%	54.26%	56.73%	<10th
Ages 19 to 50 Years ^H	38.95%	48.91%	47.01%	<10th
Ages 51 to 64 Years ^H	40.58%	41.98%	48.57%	10th–24th
Total (Ages 5 to 18 Years) ^{CS}	—	—	59.89%	BCSM
Total (Ages 19 to 64 Years) ^{CS}	—	—	47.38%	BCSM

Performance Measures	MY 2019 Rate	MY 2020 Rate	MY 2021 Rate	Benchmark Ranking
Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate*				
<i>Ages 40 to 64 Years^{SA}</i>	—	—	—	—
<i>Ages 65 Years and Older^{SA}</i>	—	—	—	—
Comprehensive Diabetes Care: HbA1c Poor Control (>9.0%)*				
<i>Ages 18 to 64 Years^{SA}</i>	—	—	—	—
<i>Ages 65 to 75 Years^{SA}</i>	—	—	—	—
Controlling High Blood Pressure				
<i>Ages 18 to 64 Years^{SA}</i>	—	—	48.54%	ASA
<i>Ages 65 to 85 Years^{SA}</i>	—	—	55.92%	ASA
Diabetes Short-Term Complications Admission Rate*				
<i>Ages 18 to 64 Years^{SA}</i>	—	—	—	—
<i>Ages 65 Years and Older^{SA}</i>	—	—	—	—
Heart Failure Admission Rate*				
<i>Ages 18 to 64 Years^{SA}</i>	—	—	—	—
<i>Ages 65 Years and Older^{SA}</i>	—	—	—	—
HIV Viral Load Suppression				
<i>Ages 18 to 64 Years^{SA}</i>	—	—	—	—
<i>Ages 65 Years and Older^{SA}</i>	—	—	—	—
Behavioral Health Care				
Adherence to Antipsychotic Medications for Individuals With Schizophrenia				
<i>Adherence to Antipsychotic Medications for Individuals With Schizophrenia^H</i>	—	—	47.54%	10th–24th
Antidepressant Medication Management				
<i>Effective Acute Phase Treatment—Ages 18 to 64 Years^{SA}</i>	—	—	64.50%	ASA
<i>Effective Acute Phase Treatment—Ages 65 Years and Older^{SA}</i>	—	—	78.00%	ASA
<i>Effective Continuation Phase Treatment—Ages 18 to 64 Years^{SA}</i>	—	—	42.55%	ASA
<i>Effective Continuation Phase Treatment—Ages 65 Years and Older^{SA}</i>	—	—	72.00%	ASA
Concurrent Use of Opioids and Benzodiazepines*				
<i>Ages 18 to 64 Years^{SA}</i>	—	—	—	—
<i>Ages 65 Years and Older^{SA}</i>	—	—	—	—

Performance Measures	MY 2019 Rate	MY 2020 Rate	MY 2021 Rate	Benchmark Ranking
Diabetes Care for People with Serious Mental Illness: HbA1c Poor Control (>9.0%)*				
<i>Ages 18 to 64 Years^{SA}</i>	—	—	—	—
<i>Ages 65 to 75 Years^{SA}</i>	—	—	—	—
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications				
<i>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications^H</i>	—	—	86.68%	≥90th
Follow-Up After ED Visit for AOD Abuse or Dependence				
<i>7-Day Follow-Up—Ages 18 to 64 Years^{SA}</i>	—	—	15.29%	ASA
<i>7-Day Follow-Up—Ages 65 Years and Older^{SA}</i>	—	—	2.08%	ASA
<i>30-Day Follow-Up—Ages 18 to 64 Years^{SA}</i>	—	—	21.09%	ASA
<i>30-Day Follow-Up—Ages 65 Years and Older^{SA}</i>	—	—	6.25%	ASA
Follow-Up After ED Visit for Mental Illness				
<i>7-Day Follow-Up—Ages 18 to 64 Years^H</i>	—	—	21.44%	10th–24th
<i>7-Day Follow-Up—Ages 65 Years and Older^H</i>	—	—	—	NA
<i>30-Day Follow-Up—Ages 18 to 64 Years^H</i>	—	—	29.02%	<10th
<i>30-Day Follow-Up—Ages 65 Years and Older^H</i>	—	—	—	NA
Follow-Up After Hospitalization for Mental Illness				
<i>7-Day Follow-Up—Ages 6 to 17 Years^H</i>	—	—	—	NA
<i>7-Day Follow-Up—Ages 18 to 64 Years^H</i>	—	—	8.54%	<10th
<i>7-Day Follow-Up—Ages 65 Years and Older^H</i>	—	—	—	NA
<i>30-Day Follow-Up—Ages 6 to 17 Years^H</i>	—	—	—	NA
<i>30-Day Follow-Up—Ages 18 to 64 Years^H</i>	—	—	15.85%	<10th
<i>30-Day Follow-Up—Ages 65 Years and Older^H</i>	—	—	—	NA
Follow-Up Care for Children Prescribed ADHD Medication				
<i>Initiation Phase^H</i>	41.35%	41.28%	30.95%	<10th
<i>Continuation and Maintenance Phase^H</i>	—	—	—	NA
Initiation and Engagement of AOD Abuse or Dependence Treatment				
<i>Initiation of AOD—Alcohol Abuse or Dependence— Ages 18 to 64 Years^{SA}</i>	—	—	41.07%	ASA
<i>Initiation of AOD—Alcohol Abuse or Dependence— Ages 65 Years and Older^{SA}</i>	—	—	61.05%	ASA
<i>Initiation of AOD—Opioid Abuse or Dependence— Ages 18 to 64 Years^{SA}</i>	—	—	54.55%	ASA

Performance Measures	MY 2019 Rate	MY 2020 Rate	MY 2021 Rate	Benchmark Ranking
<i>Initiation of AOD—Opioid Abuse or Dependence—Ages 65 Years and Older^{SA}</i>	—	—	—	NA
<i>Initiation of AOD—Other Drug Abuse or Dependence—Ages 18 to 64 Years^{SA}</i>	—	—	40.41%	ASA
<i>Initiation of AOD—Other Drug Abuse or Dependence—Ages 65 Years and Older^{SA}</i>	—	—	51.52%	ASA
<i>Initiation of AOD—Total AOD Abuse or Dependence—Ages 18 to 64 Years^{SA}</i>	—	—	42.20%	ASA
<i>Initiation of AOD—Total AOD Abuse or Dependence—Ages 65 Years and Older^{SA}</i>	—	—	61.38%	ASA
<i>Engagement of AOD—Alcohol Abuse or Dependence—Ages 18 to 64 Years^{SA}</i>	—	—	6.32%	ASA
<i>Engagement of AOD—Alcohol Abuse or Dependence—Ages 65 Years and Older^{SA}</i>	—	—	6.32%	ASA
<i>Engagement of AOD—Opioid Abuse or Dependence—Ages 18 to 64 Years^{SA}</i>	—	—	14.02%	ASA
<i>Engagement of AOD—Opioid Abuse or Dependence—Ages 65 Years and Older^{SA}</i>	—	—	—	NA
<i>Engagement of AOD—Other Drug Abuse or Dependence—Ages 18 to 64 Years^{SA}</i>	—	—	3.67%	ASA
<i>Engagement of AOD—Other Drug Abuse or Dependence—Ages 65 Years and Older^{SA}</i>	—	—	3.03%	ASA
<i>Engagement of AOD—Total AOD Abuse or Dependence—Ages 18 to 64 Years^{SA}</i>	—	—	6.40%	ASA
<i>Engagement of AOD—Total AOD Abuse or Dependence—Ages 65 Years and Older^{SA}</i>	—	—	6.90%	ASA
Metabolic Monitoring for Children and Adolescents on Antipsychotics				
<i>Blood Glucose Testing—Ages 1 to 11 Years^H</i>	—	—	—	NA
<i>Blood Glucose Testing—Ages 12 to 17 Years^H</i>	—	56.25%	—	NA
<i>Blood Glucose Testing—Total^H</i>	—	50.00%	—	NA
<i>Cholesterol Testing—Ages 1 to 11 Years^H</i>	—	—	—	NA
<i>Cholesterol Testing—Ages 12 to 17 Years^H</i>	—	50.00%	—	NA
<i>Cholesterol Testing—Total^H</i>	—	47.22%	—	NA
<i>Blood Glucose and Cholesterol Testing—Ages 1 to 11 Years^H</i>	—	—	—	NA
<i>Blood Glucose and Cholesterol Testing—Ages 12 to 17 Years^H</i>	—	40.63%	—	NA
<i>Blood Glucose and Cholesterol Testing—Total^H</i>	—	36.11%	—	NA

Performance Measures	MY 2019 Rate	MY 2020 Rate	MY 2021 Rate	Benchmark Ranking
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics				
<i>Ages 1 to 11 Years^H</i>	—	—	—	NA
<i>Ages 12 to 17 Years^H</i>	—	—	—	NA
<i>Total^H</i>	—	—	—	NA
Use of Opioids at High Dosage in Persons Without Cancer*				
<i>Ages 18 to 64 Years^{SA}</i>	—	—	—	—
<i>Ages 65 Years and Older^{SA}</i>	—	—	—	—
Use of Pharmacotherapy for Opioid Use Disorder*				
<i>Rate 1: Total^{SA}</i>	—	—	—	—
<i>Rate 2: Buprenorphine^{SA}</i>	—	—	—	—
<i>Rate 3: Oral Naltrexone^{SA}</i>	—	—	—	—
<i>Rate 4: Long-Acting Injectable Naltrexone^{SA}</i>	—	—	—	—
<i>Rate 5: Methadone^{SA}</i>	—	—	—	—
Use of Services				
Ambulatory Care: ED Visits				
<i>ED Visits—Ages <1 Year^H</i>	73.94	48.83	54.09	25th–49th
<i>ED Visits—Ages 1 to 9 Years^H</i>	32.74	19.14	23.94	50th–74th
<i>ED Visits—Ages 10 to 19 Years^H</i>	25.80	17.38	19.62	50th–74th
<i>ED Visits—Total</i>	—	—	22.47	NA
Plan All-Cause Readmissions				
<i>Observed Readmissions—Total^H</i>	13.79%	11.35%	9.51%	25th–49th
<i>Expected Readmissions—Total^H</i>	—	—	9.63%	25th–49 th
<i>O/E Ratio—Total^{H*}</i>	1.26	1.14	0.99	50th–74 th

* For this indicator, a lower rate indicates better performance

^H indicates that the measure is a HEDIS measure and can be compared to NCQA benchmarks.

^{CS} indicates that the measure is a non-HEDIS Core Set measure and can be compared to the Core Set Median.

^{SA} indicates that the measure could only be compared to the statewide average.

— indicates that a percentile ranking was not determined because the rate was not reportable or there was a break in trending.

This symbol may also indicate that the denominator was too small to report the rate, there was no benchmark to compare to, or that the plan was exempted from the rate.

BSA indicates the reported rate was below the statewide average.

ASA indicates the reported rate was above the statewide average.

BCSM indicates the reported rate was below the Core Set Median.

RMHP Prime Trend Table

Table B-2—RMHP Prime Trend Table

Performance Measures	MY 2019 Rate	MY 2020 Rate	MY 2021 Rate	Benchmark Ranking
Primary Care Access and Preventive Care				
Breast Cancer Screening				
Ages 50 to 64 Years ^{SA}	—	—	40.89%	BSA
Ages 65 to 74 Years ^{SA}	—	—	39.03%	ASA
Cervical Cancer Screening				
Cervical Cancer Screening ^H	39.39%	40.27%	42.34%	<10th
Child and Adolescent Well-Care Visits				
Ages 3 to 11 Years ^H	—	46.43%	62.99%^	75th–89th
Ages 12 to 17 Years ^H	—	43.71%	56.63%^	75th–89th
Ages 18 to 21 Years ^H	—	13.15%	13.53%	<10th
Total ^H	—	19.40%	23.86%^	<10th
Childhood Immunization Status				
Combination 3 ^H	—	—	—	NA
Combination 7 ^H	—	—	—	NA
Combination 10 ^H	—	—	—	NA
DTaP ^H	—	—	—	NA
IPV ^H	—	—	—	NA
MMR ^H	—	—	—	NA
HiB ^H	—	—	—	NA
Hepatitis B ^H	—	—	—	NA
VZV ^H	—	—	—	NA
Pneumococcal Conjugate ^H	—	—	—	NA
Hepatitis A ^H	—	—	—	NA
Rotavirus ^H	—	—	—	NA
Influenza ^H	—	—	—	NA
Chlamydia Screening in Women				
Ages 16 to 20 Years ^H	49.55%	45.08%	41.67%	10th–24th
Ages 21 to 24 Years ^H	47.28%	45.02%	45.10%	<10th
Developmental Screening in the First Three Years of Life				
Age 1 ^{SA}	—	—	—	NA
Age 2 ^{SA}	—	—	—	NA
Age 3 ^{SA}	—	—	—	NA
Total ^{CS}	—	—	—	NA

Performance Measures	MY 2019 Rate	MY 2020 Rate	MY 2021 Rate	Benchmark Ranking
Immunizations for Adolescents				
Combination 1 (Meningococcal, Tdap) ^H	—	—	64.71%	<10th
Combination 2 (Meningococcal, Tdap, HPV) ^H	—	—	8.82%	<10th
Meningococcal ^H	—	—	64.71%	<10th
Tdap ^H	—	—	79.41%	10th–24th
HPV ^H	—	—	11.76%	<10th
Screening for Depression and Follow-Up Plan				
Ages 12 to 17 Years ^{SA}	—	—	7.69%	ASA
Ages 18 to 64 Years ^{SA}	—	—	7.28%	ASA
Ages 65 Years and Older ^{SA}	—	—	2.37%	ASA
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents				
BMI Percentile Documentation—Ages 3 to 11 Years ^H	8.59%	5.26%	10.61%	<10th
BMI Percentile Documentation—Ages 12 to 17 Years ^H	2.70%	6.35%	13.82%^	<10th
BMI Percentile Documentation—Total ^H	5.86%	5.83%	12.32%^	<10th
Counseling for Nutrition—Ages 3 to 11 Years ^H	21.09%	22.81%	22.73%	<10th
Counseling for Nutrition—Ages 12 to 17 Years ^H	18.92%	18.25%	21.05%	<10th
Counseling for Nutrition—Total ^H	20.08%	20.42%	21.83%	<10th
Counseling for Physical Activity—Ages 3 to 11 Years ^H	0.00%	0.00%	3.79%^	<10th
Counseling for Physical Activity—Ages 12 to 17 Years ^H	2.70%	0.00%	1.97%	<10th
Counseling for Physical Activity—Total ^H	1.26%	0.00%	2.82%	<10th
Well-Child Visits in the First 30 Months of Life				
Well-Child Visits in the First 15 Months—Six or More Well-Child Visits ^H	—	—	—	NA
Well-Child Visits for Age 15 Months–30 Months—Two or More Well-Child Visits ^H	—	—	—	NA
Maternal and Perinatal Health				
Audiological Diagnosis No Later Than 3 Months of Age				
Total ^{SA}	—	—	—	NA
Contraceptive Care—All Women				
MMEC—Ages 15 to 20 Years ^{CS}	—	—	33.58%	ACSM
LARC—Ages 15 to 20 Years ^{CS}	—	—	6.51%	ACSM
MMEC—Ages 21 to 44 Years ^{CS}	—	—	20.17%	BCSM
LARC—Ages 21 to 44 Years ^{CS}	—	—	4.87%	BCSM

Performance Measures	MY 2019 Rate	MY 2020 Rate	MY 2021 Rate	Benchmark Ranking
Contraceptive Care—Postpartum Women				
MMEC—3 Days—Ages 15 to 20 Years ^{CS}	—	—	0.00%	BCSM
MMEC—60 Days—Ages 15 to 20 Years ^{CS}	—	—	34.78%	BCSM
LARC—3 Days—Ages 15 to 20 Years ^{CS}	—	—	0.00%	BCSM
LARC—60 Days—Ages 15 to 20 Years ^{CS}	—	—	19.57%	ACSM
MMEC—3 Days—Ages 21 to 44 Years ^{CS}	—	—	5.77%	BCSM
MMEC—60 Days—Ages 21 to 44 Years ^{CS}	—	—	40.74%	BCSM
LARC—3 Days—Ages 21 to 44 Years ^{CS}	—	—	0.00%	BCSM
LARC—60 Days—Ages 21 to 44 Years ^{CS}	—	—	16.56%	ACSM
Elective Delivery*				
Ages 18 to 64 Years ^{SA}	—	—	48.09%	ASA
Prenatal and Postpartum Care				
Timeliness of Prenatal Care ^H	42.00%	56.65%	56.53%	<10th
Postpartum Care ^H	35.92%	32.89%	36.95%	<10th
Care of Acute and Chronic Conditions				
Asthma in Younger Adults Admission Rate*				
Ages 18 to 39 Years ^{CS}	—	—	6.65	BCSM
Asthma Medication Ratio				
Ages 5 to 11 Years ^H	—	—	—	NA
Ages 12 to 18 Years ^H	—	—	—	NA
Ages 19 to 50 Years ^H	45.74%	49.21%	56.71%	50th–74th
Ages 51 to 64 Years ^H	53.16%	56.96%	58.89%	50th–74th
Total (Ages 5 to 18 Years) ^{CS}	—	—	—	NA
Total (Ages 19 to 64 Years) ^{CS}	—	—	57.22%	ACSM
Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate*				
Ages 40 to 64 Years ^{SA}	—	—	258.84	ASA
Ages 65 Years and Older ^{SA}	—	—	1210.72	ASA
Comprehensive Diabetes Care: HbA1c Poor Control (>9.0%)*				
Ages 18 to 64 Years ^{SA}	—	—	69.74%	ASA
Ages 65 to 75 Years ^{SA}	—	—	66.67%	ASA
Controlling High Blood Pressure				
Ages 18 to 64 Years ^{SA}	—	—	25.22%	BSA
Ages 65 to 85 Years ^{SA}	—	—	25.37%	BSA
Diabetes Short-Term Complications Admission Rate*				
Ages 18 to 64 Years ^{SA}	—	—	27.29	ASA

Performance Measures	MY 2019 Rate	MY 2020 Rate	MY 2021 Rate	Benchmark Ranking
<i>Ages 65 Years and Older^{SA}</i>	—	—	18.41	ASA
Heart Failure Admission Rate*				
<i>Ages 18 to 64 Years^{SA}</i>	—	—	76.05	ASA
<i>Ages 65 Years and Older^{SA}</i>	—	—	1033.38	ASA
HIV Viral Load Suppression				
<i>Ages 18 to 64 Years^{SA}</i>	—	—	0.00%	ASA
<i>Ages 65 Years and Older^{SA}</i>	—	—	—	NA
Behavioral Health Care				
Adherence to Antipsychotic Medications for Individuals With Schizophrenia				
<i>Adherence to Antipsychotic Medications for Individuals With Schizophrenia^H</i>	—	—	59.11%	25th–49th
Antidepressant Medication Management				
<i>Effective Acute Phase Treatment—Ages 18 to 64 Years^{SA}</i>	—	—	57.44%	BSA
<i>Effective Acute Phase Treatment—Ages 65 Years and Older^{SA}</i>	—	—	—	NA
<i>Effective Continuation Phase Treatment—Ages 18 to 64 Years^{SA}</i>	—	—	39.67%	BSA
<i>Effective Continuation Phase Treatment—Ages 65 Years and Older^{SA}</i>	—	—	—	NA
Concurrent Use of Opioids and Benzodiazepines*				
<i>Ages 18 to 64 Years^{SA}</i>	—	—	14.93%	ASA
<i>Ages 65 Years and Older^{SA}</i>	—	—	19.29%	ASA
Diabetes Care for People with Serious Mental Illness: HbA1c Poor Control (>9.0%)*				
<i>Ages 18 to 64 Years^{SA}</i>	—	—	58.37%	ASA
<i>Ages 65 to 75 Years^{SA}</i>	—	—	—	NA
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications				
<i>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications^H</i>	—	—	75.52%	25th–49th
Follow-Up After ED Visit for AOD Abuse or Dependence				
<i>7-Day Follow-Up—Ages 18 to 64 Years^{SA}</i>	—	—	—	NA
<i>7-Day Follow-Up—Ages 65 Years and Older^{SA}</i>	—	—	—	NA
<i>30-Day Follow-Up—Ages 18 to 64 Years^{SA}</i>	—	—	—	NA
<i>30-Day Follow-Up—Ages 65 Years and Older^{SA}</i>	—	—	—	NA

Performance Measures	MY 2019 Rate	MY 2020 Rate	MY 2021 Rate	Benchmark Ranking
Follow-Up After ED Visit for Mental Illness				
7-Day Follow-Up—Ages 18 to 64 Years ^H	—	—	38.74%	50th–74th
7-Day Follow-Up—Ages 65 Years and Older ^H	—	—	—	NA
30-Day Follow-Up—Ages 18 to 64 Years ^H	—	—	54.05%	50th–74th
30-Day Follow-Up—Ages 65 Years and Older ^H	—	—	—	NA
Follow-Up After Hospitalization for Mental Illness				
7-Day Follow-Up—Ages 6 to 17 Years ^H	—	—	—	NA
7-Day Follow-Up—Ages 18 to 64 Years ^H	—	—	38.84%	50th–74th
7-Day Follow-Up—Ages 65 Years and Older ^H	—	—	—	NA
30-Day Follow-Up—Ages 6 to 17 Years ^H	—	—	—	NA
30-Day Follow-Up—Ages 18 to 64 Years ^H	—	—	56.51%	50th–74th
30-Day Follow-Up—Ages 65 Years and Older ^H	—	—	—	NA
Follow-Up Care for Children Prescribed ADHD Medication				
Initiation Phase ^H	—	—	—	NA
Continuation and Maintenance Phase ^H	—	—	—	NA
Initiation and Engagement of AOD Abuse or Dependence Treatment				
Initiation of AOD—Alcohol Abuse or Dependence—Ages 18 to 64 Years ^{SA}	—	—	—	NA
Initiation of AOD—Alcohol Abuse or Dependence—Ages 65 Years and Older ^{SA}	—	—	—	NA
Initiation of AOD—Opioid Abuse or Dependence—Ages 18 to 64 Years ^{SA}	—	—	—	NA
Initiation of AOD—Opioid Abuse or Dependence—Ages 65 Years and Older ^{SA}	—	—	—	NA
Initiation of AOD—Other Drug Abuse or Dependence—Ages 18 to 64 Years ^{SA}	—	—	—	NA
Initiation of AOD—Other Drug Abuse or Dependence—Ages 65 Years and Older ^{SA}	—	—	—	NA
Initiation of AOD—Total AOD Abuse or Dependence—Ages 18 to 64 Years ^{SA}	—	—	—	NA
Initiation of AOD—Total AOD Abuse or Dependence—Ages 65 Years and Older ^{SA}	—	—	—	NA
Engagement of AOD—Alcohol Abuse or Dependence—Ages 18 to 64 Years ^{SA}	—	—	—	NA
Engagement of AOD—Alcohol Abuse or Dependence—Ages 65 Years and Older ^{SA}	—	—	—	NA
Engagement of AOD—Opioid Abuse or Dependence—Ages 18 to 64 Years ^{SA}	—	—	—	NA

Performance Measures	MY 2019 Rate	MY 2020 Rate	MY 2021 Rate	Benchmark Ranking
<i>Engagement of AOD—Opioid Abuse or Dependence—Ages 65 Years and Older^{SA}</i>	—	—	—	NA
<i>Engagement of AOD—Other Drug Abuse or Dependence—Ages 18 to 64 Years^{SA}</i>	—	—	—	NA
<i>Engagement of AOD—Other Drug Abuse or Dependence—Ages 65 Years and Older^{SA}</i>	—	—	—	NA
<i>Engagement of AOD—Total AOD Abuse or Dependence—Ages 18 to 64 Years^{SA}</i>	—	—	—	NA
<i>Engagement of AOD—Total AOD Abuse or Dependence—Ages 65 Years and Older^{SA}</i>	—	—	—	NA
Metabolic Monitoring for Children and Adolescents on Antipsychotics				
<i>Blood Glucose Testing—Ages 1 to 11 Years^H</i>	—	—	—	NA
<i>Blood Glucose Testing—Ages 12 to 17 Years^H</i>	—	—	46.88%	10th–24th
<i>Blood Glucose Testing—Total^H</i>	43.33%	62.50%	47.37%	25th–49th
<i>Cholesterol Testing—Ages 1 to 11 Years^H</i>	—	—	—	NA
<i>Cholesterol Testing—Ages 12 to 17 Years^H</i>	—	—	40.63%	50th–74th
<i>Cholesterol Testing—Total^H</i>	26.67%	34.38%	36.84%	50th–74th
<i>Blood Glucose and Cholesterol Testing—Ages 1 to 11 Years^H</i>	—	—	—	NA
<i>Blood Glucose and Cholesterol Testing—Ages 12 to 17 Years^H</i>	—	—	37.50%	50th–74th
<i>Blood Glucose and Cholesterol Testing—Total^H</i>	26.67%	34.38%	34.21%	50th–74th
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics				
<i>Ages 1 to 11 Years^H</i>	—	—	—	NA
<i>Ages 12 to 17 Years^H</i>	—	—	—	NA
<i>Total^H</i>	—	—	—	NA
Use of Opioids at High Dosage in Persons Without Cancer*				
<i>Ages 18 to 64 Years^{SA}</i>	—	—	4.11%	ASA
<i>Ages 65 Years and Older^{SA}</i>	—	—	2.48%	ASA
Use of Pharmacotherapy for Opioid Use Disorder*				
<i>Rate 1: Total^{SA}</i>	—	—	52.74%	ASA
<i>Rate 2: Buprenorphine^{SA}</i>	—	—	31.66%	ASA
<i>Rate 3: Oral Naltrexone^{SA}</i>	—	—	4.13%	ASA
<i>Rate 4: Long-Acting Injectable Naltrexone^{SA}</i>	—	—	0.72%	ASA
<i>Rate 5: Methadone^{SA}</i>	—	—	20.54%	ASA

Performance Measures	MY 2019 Rate	MY 2020 Rate	MY 2021 Rate	Benchmark Ranking
Use of Services				
Ambulatory Care: ED Visits				
ED Visits—Ages <1 Year ^H	—	—	—	NA
ED Visits—Ages 1 to 9 Years ^H	35.95	26.35	32.76	10th–24th
ED Visits—Ages 10 to 19 Years ^H	59.24	39.61	35.46	<10th
ED Visits—Total	—	—	34.94	NA
Plan All-Cause Readmissions				
Observed Readmissions—Total ^H	9.87%	9.34%	7.92%	<10th
Expected Readmissions—Total ^H	—	—	9.83%	50th–74th
O/E Ratio—Total ^{H*}	1.02	0.93	0.81	≥90th

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

^H indicates that the measure is a HEDIS measure and can be compared to NCQA benchmarks.

^{CS} indicates that the measure is a non-HEDIS Core Set measure and can be compared to the Core Set Median.

^{SA} indicates that the measure could only be compared to the statewide average.

— indicates that a percentile ranking was not determined because the rate was not reportable or there was a break in trending.

This symbol may also indicate that the denominator was too small to report the rate, there was no benchmark to compare to, or that the plan was exempted from the rate.

BSA indicates the reported rate was below the statewide average.

ASA indicates the reported rate was above the statewide average.

BCSM indicates the reported rate was below the Core Set Median.

ACSM indicates the reported rate was above the Core Set Median.

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	MY 2019 Rate	MY 2020 Rate	MY 2021 Rate	Benchmark Ranking
Primary Care Access and Preventive Care				
Breast Cancer Screening				
<i>Ages 50 to 64 Years^{SA}</i>	—	—	41.29%	40.89%–41.70%
<i>Ages 65 to 74 Years^{SA}</i>	—	—	34.32%	30.96%–39.03%
Cervical Cancer Screening				
<i>Cervical Cancer Screening^H</i>	42.52%	40.72%	40.67%	39.36%–42.34%
Child and Adolescent Well-Care Visits				
<i>Ages 3 to 11 Years^H</i>	—	47.04%	51.66%^	51.55%–62.99%
<i>Ages 12 to 17 Years^H</i>	—	39.94%	43.77%^	43.56%–56.63%
<i>Ages 18 to 21 Years^H</i>	—	14.45%	15.37%	13.53%–15.70%
<i>Total^H</i>	—	38.32%	41.16%	23.86%–41.93%
Childhood Immunization Status				
<i>Combination 3^H</i>	66.41%	67.95%	61.94%^^	61.92%
<i>Combination 7^H</i>	57.40%	57.71%	53.10%^^	53.08%
<i>Combination 10^H</i>	42.68%	40.11%	40.25%	40.22%
<i>DTaP^H</i>	70.63%	69.44%	65.95%^^	65.93%
<i>IPV^H</i>	81.91%	82.14%	75.73%^^	75.71%
<i>MMR^H</i>	81.21%	83.98%	76.88%^^	76.87%
<i>HiB^H</i>	81.36%	81.87%	77.21%^^	77.20%
<i>Hepatitis B^H</i>	85.12%	85.03%	74.41%^^	74.40%
<i>VZV^H</i>	81.21%	83.63%	76.94%^^	76.92%
<i>Pneumococcal Conjugate^H</i>	70.87%	74.17%	68.15%^^	68.13%
<i>Hepatitis A^H</i>	80.89%	82.49%	77.27%^^	77.25%
<i>Rotavirus^H</i>	63.12%	63.66%	60.24%	60.22%
<i>Influenza^H</i>	53.17%	50.26%	52.11%	52.09%
Chlamydia Screening in Women				
<i>Ages 16 to 20 Years^H</i>	68.90%	65.17%	75.11%^	41.67%–76.77%
<i>Ages 21 to 24 Years^H</i>	60.62%	56.31%	57.93%	45.10%–68.54%

Performance Measures	MY 2019 Rate	MY 2020 Rate	MY 2021 Rate	Benchmark Ranking
Developmental Screening in the First Three Years of Life				
Age 1 ^{SA}	—	—	—	—
Age 2 ^{SA}	—	—	—	—
Age 3 ^{SA}	—	—	—	—
Total ^{CS}	—	—	—	—
Immunizations for Adolescents				
Combination 1 (Meningococcal, Tdap) ^H	77.63%	75.51%	64.92%^^	64.71%–64.92%
Combination 2 (Meningococcal, Tdap, HPV) ^H	50.04%	44.87%	35.48%^^	8.82%–35.93%
Meningococcal ^H	80.45%	78.03%	66.55%^^	64.71%–66.58%
Tdap ^H	80.66%	77.56%	66.95%^^	66.73%–79.41%
HPV ^H	52.08%	46.59%	36.62%^^	11.76%–37.04%
Screening for Depression and Follow-Up Plan				
Ages 12 to 17 Years ^{SA}	—	—	7.69%	7.69%
Ages 18 to 64 Years ^{SA}	—	—	7.28%	7.28%
Ages 65 Years and Older ^{SA}	—	—	2.37%	2.37%
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents				
BMI Percentile Documentation—Ages 3 to 11 Years ^H	19.15%	65.05%	70.47%^	10.61%–71.29%
BMI Percentile Documentation—Ages 12 to 17 Years ^H	33.77%	63.32%	67.74%^	13.82%–68.96%
BMI Percentile Documentation—Total ^H	24.76%	64.36%	69.35%^	12.32%–70.33%
Counseling for Nutrition—Ages 3 to 11 Years ^H	5.07%	71.67%	76.44%^	22.73%–77.17%
Counseling for Nutrition—Ages 12 to 17 Years ^H	16.24%	65.04%	69.23%^	21.05%–70.31%
Counseling for Nutrition—Total ^H	9.36%	69.02%	73.46%^	21.83%–74.36%
Counseling for Physical Activity—Ages 3 to 11 Years ^H	3.96%	70.68%	75.47%^	3.79%–76.45%
Counseling for Physical Activity—Ages 12 to 17 Years ^H	14.37%	64.04%	68.37%^	1.97%–69.87%
Counseling for Physical Activity—Total ^H	7.96%	68.02%	72.54%^	2.82%–73.75%
Well-Child Visits in the First 30 Months of Life				
Well-Child Visits in the First 15 Months—Six or More Well-Child Visits ^H	—	54.69%	54.34%	54.34%

Performance Measures	MY 2019 Rate	MY 2020 Rate	MY 2021 Rate	Benchmark Ranking
<i>Well-Child Visits for Age 15 Months–30 Months—Two or More Well-Child Visits^H</i>	—	57.22%	54.39%	54.42%
Maternal and Perinatal Health				
Audiological Diagnosis No Later Than 3 Months of Age				
<i>Total^{SA}</i>	—	—	—	—
Contraceptive Care—All Women				
<i>MMEC—Ages 15 to 20 Years^{CS}</i>	—	—	33.58%	33.58%
<i>LARC—Ages 15 to 20 Years^{CS}</i>	—	—	6.51%	6.51%
<i>MMEC—Ages 21 to 44 Years^{CS}</i>	—	—	20.17%	20.17%
<i>LARC—Ages 21 to 44 Years^{CS}</i>	—	—	4.87%	4.87%
Contraceptive Care—Postpartum Women				
<i>MMEC—3 Days—Ages 15 to 20 Years^{CS}</i>	—	—	0.00%	0.00%
<i>MMEC—60 Days—Ages 15 to 20 Years^{CS}</i>	—	—	34.78%	34.78%
<i>LARC—3 Days—Ages 15 to 20 Years^{CS}</i>	—	—	0.00%	0.00%
<i>LARC—60 Days—Ages 15 to 20 Years^{CS}</i>	—	—	19.57%	19.57%
<i>MMEC—3 Days—Ages 21 to 44 Years^{CS}</i>	—	—	5.77%	5.77%
<i>MMEC—60 Days—Ages 21 to 44 Years^{CS}</i>	—	—	40.74%	40.74%
<i>LARC—3 Days—Ages 21 to 44 Years^{CS}</i>	—	—	0.00%	0.00%
<i>LARC—60 Days—Ages 21 to 44 Years^{CS}</i>	—	—	16.56%	16.56%
Elective Delivery*				
<i>Ages 18 to 64 Years^{SA}</i>	—	—	48.09%	48.09%
Prenatal and Postpartum Care				
<i>Timeliness of Prenatal Care^H</i>	62.81%	70.45%	68.76%	56.53%–79.51%
<i>Postpartum Care^H</i>	50.88%	51.65%	54.89%^	36.95%–70.66%
Care of Acute and Chronic Conditions				
Asthma in Younger Adults Admission Rate*				
<i>Ages 18 to 39 Years^{CS}</i>	—	—	6.65	6.65
Asthma Medication Ratio				
<i>Ages 5 to 11 Years^H</i>	61.67%	64.58%	64.10%	64.38%
<i>Ages 12 to 18 Years^H</i>	49.50%	54.64%	56.48%	56.73%
<i>Ages 19 to 50 Years^H</i>	42.62%	49.06%	51.58%	47.01%–56.71%
<i>Ages 51 to 64 Years^H</i>	47.30%	49.38%	53.33%	48.57%–58.89%
<i>Total (Ages 5 to 18 Years)^{CS}</i>	—	—	59.68%	59.89%
<i>Total (Ages 19 to 64 Years)^{CS}</i>	—	—	52.00%	47.38%–57.22%

Performance Measures	MY 2019 Rate	MY 2020 Rate	MY 2021 Rate	Benchmark Ranking
Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate*				
<i>Ages 40 to 64 Years^{SA}</i>	—	—	258.84	258.84
<i>Ages 65 Years and Older^{SA}</i>	—	—	1210.72	1210.72
Comprehensive Diabetes Care: HbA1c Poor Control (>9.0%)*				
<i>Ages 18 to 64 Years^{SA}</i>	—	—	69.74%	69.74%
<i>Ages 65 to 75 Years^{SA}</i>	—	—	66.67%	66.67%
Controlling High Blood Pressure				
<i>Ages 18 to 64 Years^{SA}</i>	—	—	36.77%	25.22%–48.54%
<i>Ages 65 to 85 Years^{SA}</i>	—	—	42.45%	25.37%–55.92%
Diabetes Short-Term Complications Admission Rate*				
<i>Ages 18 to 64 Years^{SA}</i>	—	—	27.29	27.29
<i>Ages 65 Years and Older^{SA}</i>	—	—	18.41	18.41
Heart Failure Admission Rate*				
<i>Ages 18 to 64 Years^{SA}</i>	—	—	76.05	76.05
<i>Ages 65 Years and Older^{SA}</i>	—	—	1033.38	1033.38
HIV Viral Load Suppression				
<i>Ages 18 to 64 Years^{SA}</i>	—	—	0.00%	0.00%
<i>Ages 65 Years and Older^{SA}</i>	—	—	—	—
Behavioral Health Care				
Adherence to Antipsychotic Medications for Individuals With Schizophrenia				
<i>Adherence to Antipsychotic Medications for Individuals With Schizophrenia^H</i>	—	—	53.83%	47.54%–59.11%
Antidepressant Medication Management				
<i>Effective Acute Phase Treatment—Ages 18 to 64 Years^{SA}</i>	—	—	60.87%	57.44%–64.50%
<i>Effective Acute Phase Treatment—Ages 65 Years and Older^{SA}</i>	—	—	74.36%	78.00%
<i>Effective Continuation Phase Treatment—Ages 18 to 64 Years^{SA}</i>	—	—	41.07%	39.67%–42.55%
<i>Effective Continuation Phase Treatment—Ages 65 Years and Older^{SA}</i>	—	—	64.10%	72.00%
Concurrent Use of Opioids and Benzodiazepines*				
<i>Ages 18 to 64 Years^{SA}</i>	—	—	14.93%	14.93%

Performance Measures	MY 2019 Rate	MY 2020 Rate	MY 2021 Rate	Benchmark Ranking
<i>Ages 65 Years and Older^{SA}</i>	—	—	19.29%	19.29%
Diabetes Care for People with Serious Mental Illness: HbA1c Poor Control (>9.0%)*				
<i>Ages 18 to 64 Years^{SA}</i>	—	—	58.37%	58.37%
<i>Ages 65 to 75 Years^{SA}</i>	—	—	—	—
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications				
<i>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications^H</i>	—	—	79.50%	75.52%–86.68%
Follow-Up After ED Visit for AOD Abuse or Dependence				
<i>7-Day Follow-Up—Ages 18 to 64 Years^{SA}</i>	—	—	15.29%	15.29%
<i>7-Day Follow-Up—Ages 65 Years and Older^{SA}</i>	—	—	2.08%	2.08%
<i>30-Day Follow-Up—Ages 18 to 64 Years^{SA}</i>	—	—	21.09%	21.09%
<i>30-Day Follow-Up—Ages 65 Years and Older^{SA}</i>	—	—	6.25%	6.25%
Follow-Up After ED Visit for Mental Illness				
<i>7-Day Follow-Up—Ages 18 to 64 Years^H</i>	—	—	26.47%	21.44%–38.74%
<i>7-Day Follow-Up—Ages 65 Years and Older^H</i>	—	—	—	—
<i>30-Day Follow-Up—Ages 18 to 64 Years^H</i>	—	—	36.30%	29.02%–54.05%
<i>30-Day Follow-Up—Ages 65 Years and Older^H</i>	—	—	—	—
Follow-Up After Hospitalization for Mental Illness				
<i>7-Day Follow-Up—Ages 6 to 17 Years^H</i>	—	—	—	—
<i>7-Day Follow-Up—Ages 18 to 64 Years^H</i>	—	—	33.98%	8.54%–38.84%
<i>7-Day Follow-Up—Ages 65 Years and Older^H</i>	—	—	—	—
<i>30-Day Follow-Up—Ages 6 to 17 Years^H</i>	—	—	—	—
<i>30-Day Follow-Up—Ages 18 to 64 Years^H</i>	—	—	50.00%	15.85%–56.51%
<i>30-Day Follow-Up—Ages 65 Years and Older^H</i>	—	—	—	—

Performance Measures	MY 2019 Rate	MY 2020 Rate	MY 2021 Rate	Benchmark Ranking
Follow-Up Care for Children Prescribed ADHD Medication				
<i>Initiation Phase^H</i>	41.59%	41.67%	31.87%	30.95%
<i>Continuation and Maintenance Phase^H</i>	—	—	—	—
Initiation and Engagement of AOD Abuse or Dependence Treatment				
<i>Initiation of AOD—Alcohol Abuse or Dependence—Ages 18 to 64 Years^{SA}</i>	—	—	41.03%	41.07%
<i>Initiation of AOD—Alcohol Abuse or Dependence—Ages 65 Years and Older^{SA}</i>	—	—	61.05%	61.05%
<i>Initiation of AOD—Opioid Abuse or Dependence—Ages 18 to 64 Years^{SA}</i>	—	—	54.44%	54.55%
<i>Initiation of AOD—Opioid Abuse or Dependence—Ages 65 Years and Older^{SA}</i>	—	—	—	—
<i>Initiation of AOD—Other Drug Abuse or Dependence—Ages 18 to 64 Years^{SA}</i>	—	—	40.41%	40.41%
<i>Initiation of AOD—Other Drug Abuse or Dependence—Ages 65 Years and Older^{SA}</i>	—	—	51.52%	51.52%
<i>Initiation of AOD—Total AOD Abuse or Dependence—Ages 18 to 64 Years^{SA}</i>	—	—	42.16%	42.20%
<i>Initiation of AOD—Total AOD Abuse or Dependence—Ages 65 Years and Older^{SA}</i>	—	—	61.38%	61.38%
<i>Engagement of AOD—Alcohol Abuse or Dependence—Ages 18 to 64 Years^{SA}</i>	—	—	6.32%	6.32%
<i>Engagement of AOD—Alcohol Abuse or Dependence—Ages 65 Years and Older^{SA}</i>	—	—	6.32%	6.32%
<i>Engagement of AOD—Opioid Abuse or Dependence—Ages 18 to 64 Years^{SA}</i>	—	—	14.02%	14.02%
<i>Engagement of AOD—Opioid Abuse or Dependence—Ages 65 Years and Older^{SA}</i>	—	—	—	—
<i>Engagement of AOD—Other Drug Abuse or Dependence—Ages 18 to 64 Years^{SA}</i>	—	—	3.67%	3.67%
<i>Engagement of AOD—Other Drug Abuse or Dependence—Ages 65 Years and Older^{SA}</i>	—	—	3.03%	3.03%
<i>Engagement of AOD—Total AOD Abuse or Dependence—Ages 18 to 64 Years^{SA}</i>	—	—	6.40%	6.40%
<i>Engagement of AOD—Total AOD Abuse or Dependence—Ages 65 Years and Older^{SA}</i>	—	—	6.90%	6.90%

Performance Measures	MY 2019 Rate	MY 2020 Rate	MY 2021 Rate	Benchmark Ranking
Metabolic Monitoring for Children and Adolescents on Antipsychotics				
Blood Glucose Testing—Ages 1 to 11 Years ^H	—	—	—	—
Blood Glucose Testing—Ages 12 to 17 Years ^H	51.06%	58.93%	59.65%	46.88%
Blood Glucose Testing—Total ^H	49.15%	55.88%	59.09%	47.37%
Cholesterol Testing—Ages 1 to 11 Years ^H	—	—	—	—
Cholesterol Testing—Ages 12 to 17 Years ^H	38.30%	42.86%	47.37%	40.63%
Cholesterol Testing—Total ^H	38.98%	41.18%	45.45%	36.84%
Blood Glucose and Cholesterol Testing—Ages 1 to 11 Years ^H	—	—	—	—
Blood Glucose and Cholesterol Testing—Ages 12 to 17 Years ^H	38.30%	37.50%	45.61%	37.50%
Blood Glucose and Cholesterol Testing—Total ^H	38.98%	35.29%	43.94%	34.21%
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics				
Ages 1 to 11 Years ^H	—	—	—	—
Ages 12 to 17 Years ^H	—	—	—	—
Total ^H	—	—	—	—
Use of Opioids at High Dosage in Persons Without Cancer*				
Ages 18 to 64 Years ^{SA}	—	—	4.11%	4.11%
Ages 65 Years and Older ^{SA}	—	—	2.48%	2.48%
Use of Pharmacotherapy for Opioid Use Disorder*				
Rate 1: Total ^{SA}	—	—	52.74%	52.74%
Rate 2: Buprenorphine ^{SA}	—	—	31.66%	31.66%
Rate 3: Oral Naltrexone ^{SA}	—	—	4.13%	4.13%
Rate 4: Long-Acting Injectable Naltrexone ^{SA}	—	—	0.72%	0.72%
Rate 5: Methadone ^{SA}	—	—	20.54%	20.54%

Performance Measures	MY 2019 Rate	MY 2020 Rate	MY 2021 Rate	Benchmark Ranking
Use of Services				
Ambulatory Care: ED Visits				
<i>ED Visits—Ages <1 Year^H</i>	73.91	48.81	54.09	54.09
<i>ED Visits—Ages 1 to 9 Years^H</i>	32.78	19.20	24.00	23.94–32.76
<i>ED Visits—Ages 10 to 19 Years^H</i>	27.86	18.24	19.99	19.62–35.46
<i>ED Visits—Total</i>	—	—	22.66	22.47–34.94
Plan All-Cause Readmissions				
<i>Observed Readmissions—Total^H</i>	11.54%	10.45%	8.85%	7.92%–9.51%
<i>Expected Readmissions—Total^H</i>	—	—	9.71%	9.63%–9.83%
<i>O/E Ratio—Total^{H*}</i>	1.13	1.05	0.91	81.00%–99.00%

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

^H indicates that the measure is a HEDIS measure and can be compared to NCQA benchmarks.

^{CS} indicates that the measure is a non-HEDIS Core Set measure and can be compared to the Core Set Median.

^{SA} indicates that the measure could only be compared to the statewide average.

— indicates that a percentile ranking was not determined because the rate was not reportable or there was a break in trending. This symbol may also indicate that the denominator was too small to report the rate, there was no benchmark to compare to, or that the plan was exempted from the rate.

Appendix C. Information System Findings

Information System Findings

NCQA’s 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 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. Additionally, both MCOs’ software vendors’ non-HEDIS measures underwent source code review by the MCOs’ NCQA HEDIS Compliance Audit Licensed Organizations. The selected source codes were reviewed and approved for measure reporting.

In FY 2021–2022, 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 MY 2021 FAR Review
<p>IS 1.0—Medical Service Data—Sound Coding Methods and Data Capture, Transfer, and Entry</p> <ul style="list-style-type: none"> • Industry standard codes are required and captured. • Primary and secondary diagnosis codes are identified. • Nonstandard codes (if used) are mapped to industry standard codes. • Standard submission forms are used. • Timely and accurate data entry processes and sufficient edit checks are used. • Data completeness is continually assessed, and all contracted vendors involved in medical claims processing are monitored. 	<p>Both MCOs were compliant with IS Standard 1.0 for medical services data capture and processing.</p> <p>Both MCOs only accepted industry standard codes on industry standard forms.</p> <p>All data elements required for HEDIS reporting were adequately captured.</p>
<p>IS 2.0—Enrollment Data—Data Capture, Transfer, and Entry</p> <ul style="list-style-type: none"> • All HEDIS-relevant information for data entry or electronic transmissions of enrollment data 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. 	<p>Both MCOs were compliant with IS Standard 2.0 for enrollment data capture and processing.</p> <p>The MCOs had policies and procedures in place for submitted electronic data. Data elements required for reporting were captured. Adequate validation processes were in place, ensuring data accuracy.</p>
<p>IS 3.0—Practitioner Data—Data Capture, Transfer, and Entry</p> <ul style="list-style-type: none"> • Provider specialties are fully documented and mapped to HEDIS provider specialties. • Effective procedures for submitting HEDIS-relevant information are in place. • Electronic transmissions of practitioner data are checked to ensure accuracy. • Processes and edit checks ensure accurate and timely entry of data into the transaction files. • Data completeness is assessed and steps are taken to improve performance. • Vendors are regularly monitored against expected performance standards. 	<p>Both MCOs were compliant with IS Standard 3.0 for practitioner data capture and processing.</p> <p>The MCOs appropriately captured and documented practitioner data. Data validation processes were in place to verify practitioner data.</p> <p>In addition, for accuracy and completeness, the MCOs reviewed all provider data received from delegated entities.</p>

NCQA’s IS Standards	HSAG’s Findings Based on MY 2021 FAR Review
<p>IS 4.0—Medical Record Review Processes—Training, Sampling, Abstraction, and Oversight</p> <ul style="list-style-type: none"> • Forms or tools used for medical record review capture all fields relevant to HEDIS reporting. • Checking procedures are in place to ensure data integrity for electronic transmission of information. • Retrieval and abstraction of data from medical records are accurately performed. • Data entry processes, including edit checks, are timely and accurate. • Data completeness is assessed, including steps to improve performance. • Vendor performance is monitored against expected performance standards. 	<p>Both MCOs were compliant with IS Standard 4.0 for medical record review processes.</p> <p>Data collection tools used by the MCOs were able to capture all data fields necessary for HEDIS reporting. Sufficient validation processes were in place to ensure data accuracy. However, HSAG did not review this step since the State requires administrative rates only.</p>
<p>IS 5.0—Supplemental Data—Capture, Transfer, and Entry</p> <ul style="list-style-type: none"> • Nonstandard coding schemes are fully documented and mapped to industry standard codes. • Effective procedures for submitting HEDIS-relevant information are in place. • Electronic transmissions of supplemental data are checked to ensure accuracy. • Data entry processes, including edit checks, are timely and accurate. • Data completeness is assessed, including steps to improve performance. • Vendor performance is monitored against expected performance standards. • Data approved for electronic clinical data system (ECDS) reporting met reporting requirements. • NCQA-certified eCQM (electronic clinical quality measure) data met reporting requirements. 	<p>Both MCOs were compliant with IS Standard 5.0 for supplemental data capture and processing.</p> <p>The HEDIS repository contained all data fields required for HEDIS reporting. In addition, staff members were interviewed to confirm the appropriate quality processes for the data source and to determine if primary source verification (PSV) was needed on all supplemental data that were in nonstandard form.</p>

NCQA’s IS Standards	HSAG’s Findings Based on MY 2021 FAR Review
<p>IS 6.0 Data Preproduction Processing—Transfer, Consolidation, Control Procedures That Support Measure Reporting Integrity</p> <ul style="list-style-type: none"> • 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. 	<p>Both MCOs were compliant with IS Standard 6.0 for data preproduction processing.</p> <p>File consolidation and data extractions were performed by the MCOs’ staff members. Data were verified for accuracy at each data merge point.</p>
<p>IS 7.0—Data Integration and Reporting—Accurate Reporting, Control Procedures That Support HEDIS Reporting Integrity</p> <ul style="list-style-type: none"> • 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. 	<p>Both MCOs were compliant with IS Standard 7.0 for data integration.</p> <p>The MCOs used an NCQA-certified measure vendor for data production and rate calculation.</p>

Appendix D. MCO Capitation Initiative Administrative and Hybrid Rates

Table D-1 shows DHMP’s rates for MY 2021 for measures with a hybrid option, along with the percentile ranking for each MY 2021 hybrid rate.

Table D-1—MY 2021 Administrative and Hybrid Performance Measure Results for DHMP

Performance Measures	Administrative Rate	Hybrid Rate	Percentile Ranking
<i>Maternal and Perinatal Health</i>			
<i>Prenatal and Postpartum Care</i>			
<i>Timeliness of Prenatal Care</i>	83.36%	87.10%	25th–49th
<i>Postpartum Care</i>	69.22%	74.21%	25th–49th

Table D-2 shows RMHP Prime’s rates for MY 2021 for measures with a hybrid option, along with the percentile ranking for each MY 2021 hybrid rate.

Table D-2—MY 2021 Administrative and Hybrid Performance Measure Results for RMHP Prime

Performance Measures	Administrative Rate	Hybrid Rate	Percentile Ranking
<i>Primary Care Access and Preventive Care</i>			
<i>Cervical Cancer Screening</i>			
<i>Cervical Cancer Screening</i>	40.27%	52.01%	10th–24th
<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</i>			
<i>BMI Percentile Documentation—Total</i>	5.83%	75.74%	25th–49th
<i>Counseling for Nutrition—Total</i>	20.42%	77.87%	50th–74th
<i>Counseling for Physical Activity—Total</i>	0.00%	72.34%	50th–74th
<i>Maternal and Perinatal Health</i>			
<i>Prenatal and Postpartum Care</i>			
<i>Timeliness of Prenatal Care</i>	56.65%	91.00%	50th–74th
<i>Postpartum Care</i>	32.89%	85.64%	≥90th
<i>Care of Acute and Chronic Conditions</i>			
<i>Comprehensive Diabetes Care</i>			
<i>HbA1c Testing*</i>	86.61%	92.77%	≥90th

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