



**CO L O R A D O**

**Department of Health Care  
Policy & Financing**

**HEDIS® Measurement Year 2022  
Aggregate Report  
for Health First Colorado  
(Colorado's Medicaid Program)**

*December 2023*

*This report was produced by Health Services Advisory Group, Inc., for the  
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) 2022–2023, Colorado’s two managed care organizations (MCOs) included Denver Health Medical Plan (DHMP) and Rocky Mountain Health Plans Medicaid Prime (RMHP Prime).

In FY 2022–2023, each MCO underwent a National Committee for Quality Assurance (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS<sup>®</sup>)<sup>1-1</sup> Compliance Audit<sup>™</sup><sup>1-2</sup> through a licensed organization to verify the systems and processes used to report valid HEDIS rates. Both MCOs submitted final measure rates and audit results to Health Services Advisory Group, Inc. (HSAG), the Department’s external quality review organization (EQRO). HSAG examined the measures among the following 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<sup>1-3</sup> and the audit findings for both Medicaid MCOs. 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 measurement year (MY) 2022 performance measure indicators that were comparable to NCQA’s Quality Compass<sup>®</sup><sup>1-4</sup> national Medicaid health maintenance organization (HMO) percentiles for HEDIS MY 2021 (referred to throughout this report as percentiles). Of note, rates for the *Ambulatory Care: Emergency Department (ED) Visits—Total*, and *Plan All-Cause Readmissions—Observed Readmissions—Total* and *Expected Readmissions—Total* measure indicators were compared to NCQA’s Audit Means and Percentiles national Medicaid percentiles for HEDIS MY 2021 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.

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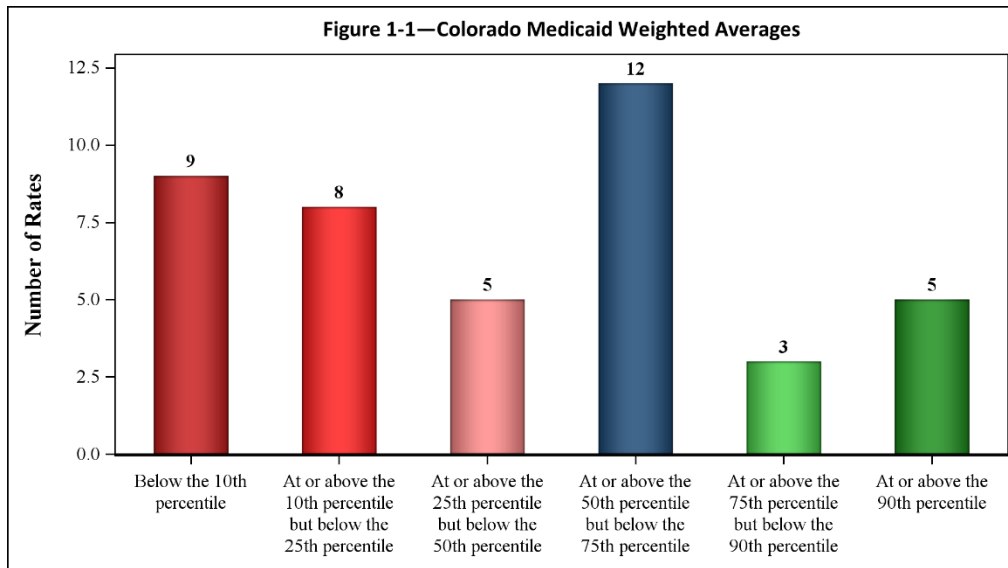
<sup>1-1</sup> HEDIS<sup>®</sup> is a registered trademark of the NCQA.

<sup>1-2</sup> NCQA HEDIS Compliance Audit<sup>™</sup> is a trademark of the NCQA.

<sup>1-3</sup> National Committee for Quality Assurance. *HEDIS Compliance Audit Standards, Policies and Procedures, Volume 5*. Washington D.C.

<sup>1-4</sup> Quality Compass<sup>®</sup> is a registered trademark of the NCQA.

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



The Colorado Medicaid weighted averages for HEDIS measures indicated low performance statewide compared to national standards, as 22 of 41 (53.66 percent) measure rates fell below the 50th percentile.

### Limitations and Considerations

- RMHP Prime provides services only to adults who reside in select counties (i.e., Delta, Garfield, Gunnison, Mesa, Montrose, Ouray, Pitkin, Rio Blanco, and San Miguel 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 DHMP’s rates, benchmarks, and historical rates reported for RMHP Prime.
- Since all MY 2022 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 2022–2023 were carved out (i.e., provided by the Regional Accountable Entities [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

In FY 2022–2023, Health First Colorado's Medicaid member enrollment was approximately 1.6 million. Approximately 1.5 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 6 percent of Medicaid members received services through Colorado's two MCOs. In FY 2022–2023, the MCOs were embedded within the organizational structure of two of the seven 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 (SUD) services; pharmacy and durable medical equipment benefits; physical, occupational, and speech therapy; laboratory services; preventive health and wellness services; and family planning services.<sup>2-1</sup>

To evaluate performance levels and to provide an objective, comparative review of Colorado's two Medicaid MCOs' quality-of-care outcomes and performance measure rates, the Department required its MCOs to report results following the NCQA's HEDIS protocols. 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 MY 2022, 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.

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.

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<sup>2-1</sup> Colorado Department of Health Care Policy & Financing. *Health First Colorado Benefits & Services*. Available at: <https://www.healthfirstcolorado.com/benefits-services/>. Accessed on: Oct 17, 2023.



## Medicaid Managed Care Organization Names

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

**Table 2-1—2023 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 2022 Measures

Within this report, HSAG presents the MCOs' and statewide performance on CMS Core Set measures selected by the Department for MY 2022, which use the Federal Fiscal Year (FFY) 2023 CMS Core Set of Adult and Children's Health Care Quality Measures. 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 2022 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 Section 3 and Appendix E 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 2022 Selected Measures**

| Performance Measures   |
|--|
| <b>Primary Care Access and Preventive Care</b>   |
| <i>Breast Cancer Screening—Ages 50 to 64 Years and Ages 65 Years to 74 Years<sup>1</sup> (BCS-AD)</i>  |
| <i>Cervical Cancer Screening (CCS-AD)</i>  |
| <i>Child and Adolescent Well-Care Visits (WCV-CH)</i>  |
| <i>Childhood Immunization Status—Combinations 3, 7, and 10 (CIS-CH)</i>  |
| <i>Chlamydia Screening in Women—Ages 16 to 20 Years and Ages 21 to 24 Years<sup>1</sup> (CHL-CH, CHL-AD)</i>   |
| <i>Colorectal Cancer Screening (COL-AD)</i>  |
| <i>Developmental Screening in the First Three Years of Life (DEV-CH)</i>   |
| <i>Immunizations for Adolescents—Combination 1 and Combination 2 (IMA-CH)</i>  |
| <i>Lead Screening in Children (LSC-CH)</i>   |
| <i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile—Total, Counseling for Nutrition—Total, and Counseling for Physical Activity—Total (WCC-CH)</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 (W30-CH)</i>  |
| <b>Maternal and Perinatal Health</b>   |
| <i>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<sup>1</sup> (CCW-CH, CCW-AD)</i>  |
| <i>Contraceptive Care—Postpartum Women—MMEC—3 Days—Ages 15 to 20 Years and Ages 21 to 44 Years, and 90 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 90 Days—Ages 15 to 20 Years and Ages 21 to 44 Years<sup>1</sup> (CCP-CH, CCP-AD)</i> |
| <i>Prenatal and Postpartum Care—Timeliness of Prenatal Care and Postpartum Care (PPC-CH, PPC-AD)</i>   |
| <b>Care of Acute and Chronic Conditions</b>  |
| <i>Asthma Medication Ratio—Total (Ages 5 to 18 Years) and Total (Ages 19 to 64 Years)<sup>1</sup> (AMR-CH, AMR-AD)</i>   |
| <i>Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis—Ages 3 Months to 17 Years, Ages 18 to 64 Years, and Ages 65 Years and Older (AAB-CH, AAB-AD)</i>   |
| <i>Concurrent Use of Opioids and Benzodiazepines (COB-AD)</i>  |
| <i>Controlling High Blood Pressure—Ages 18 to 64 Years and Ages 65 to 85 Years<sup>1</sup> (CBP-AD)</i>  |
| <i>Hemoglobin A1c Control for Patients With Diabetes—Ages 18 to 64 Years and Ages 65 to 75 Years<sup>1</sup> (HBD-AD)</i>  |

| Performance Measures  |
|---|
| <i>HIV Viral Load Suppression (HVL-AD)</i>  |
| <i>Use of Opioids at High Dosage in Persons Without Cancer (OHD-AD)</i>   |
| <b>Behavioral Health Care</b>   |
| <i>Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA-AD)</i>   |
| <i>Antidepressant Medication Management—Ages 18 to 64 Years and Ages 65 Years and Older<sup>1</sup> (AMM-AD)</i>  |
| <i>Diabetes Care for People With Serious Mental Illness: HbA1c Poor Control (&gt;9.0%) (HPCMI-AD)</i>   |
| <i>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD-AD)</i>  |
| <i>Follow-Up After Emergency Department Visit for Mental Illness—Ages 6 to 17 Years and Ages 18 Years and Older (FUM-CH, FUM-AD)</i>  |
| <i>Follow-Up After Emergency Department Visit for Substance Use—Ages 13 to 17 Years, Ages 18 to 64 Years, and Ages 65 Years and Older<sup>1</sup> (FUA-CH, FUA-AD)</i>  |
| <i>Follow-Up After Hospitalization for Mental Illness—Ages 6 to 17 Years and Ages 18 Years and Older<sup>1</sup> (FUH-CH, FUH-AD)</i>   |
| <i>Follow-Up Care for Children Prescribed ADHD Medication (ADD-CH)</i>  |
| <i>Initiation and Engagement of Substance Use Disorder (SUD) Treatment—Initiation of SUD Treatment—Ages 18 to 64 Years and Ages 65 Years and Older and Engagement of SUD Treatment—Ages 18 to 64 Years and Ages 65 Years and Older<sup>1</sup> (IET-AD)</i> |
| <i>Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-CH)</i>   |
| <i>Screening for Depression and Follow-Up Plan—Ages 12 to 17 Years, Ages 18 Years to 64 Years, and Ages 65 Years and Older<sup>1</sup> (CDF-CH, CDF-AD)</i>   |
| <i>Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP-CH)</i>  |
| <i>Use of Pharmacotherapy for Opioid Use Disorder (OUD-AD)</i>  |
| <b>Use of Services</b>  |
| <i>Ambulatory Care: Emergency Department (ED) Visits (AMB-CH)</i>   |
| <i>PQI 01: Diabetes Short-Term Complications Admission Rate (PQI01-AD)</i>  |
| <i>PQI 05: Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate (PQI05-AD)</i>   |
| <i>PQI 08: Heart Failure Admission Rate (PQI08-AD)</i>  |
| <i>PQI 15: Asthma in Younger Adults Admission Rate (PQI15-AD)</i>   |
| <i>Plan All-Cause Readmissions (PCR-AD)</i>   |

<sup>1</sup> Indicates 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 2023 Adult Resource Manual and Technical Specifications* and *FFY 2023 Child Resource Manual and Technical Specifications*.<sup>2-2,2-3</sup> Of note, both MCOs reported select measure rates for MY 2022 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 custom rate reporting templates produced by HSAG. Prior to HSAG's receipt of the MCOs' custom rate reporting templates, all the MCOs were required by the Department to have their MY 2022 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 2022 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

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<sup>2-2</sup> Centers for Medicare & Medicaid Services. FFY 2023 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: Oct 10, 2023.

<sup>2-3</sup> Centers for Medicare & Medicaid Services. FFY 2023 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: Oct 10, 2023.

respective HEDIS auditor. Please see Appendix C for additional information on NCQA's Information Systems (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 2022 MCO rates and the statewide weighted average rates were compared to the corresponding national HEDIS benchmarks, 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 2022 rates: NCQA's Quality Compass national Medicaid HMO percentiles for HEDIS MY 2021.

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.

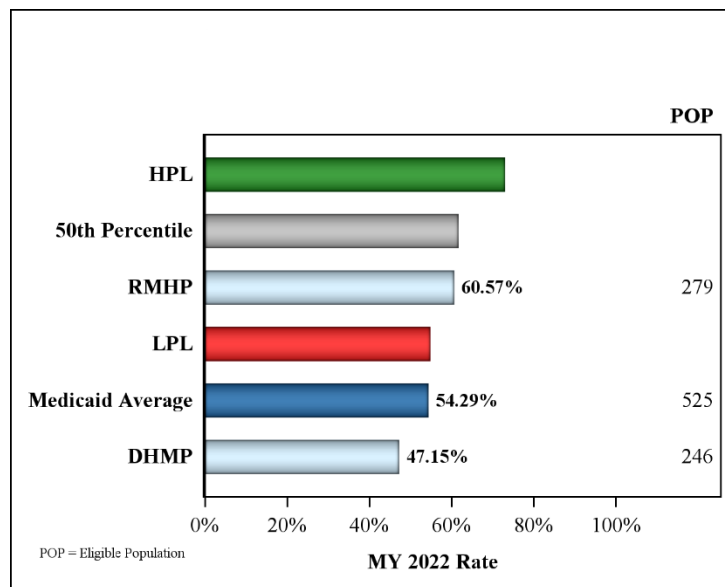
Additionally, benchmarking data (i.e., NCQA's Quality Compass) are the proprietary intellectual property of NCQA; therefore, this report does not display any actual percentile values. As a result, rate comparisons to benchmarks are illustrated within this report using proxy displays.

**Figure Interpretation**

For each performance measure indicator presented in this report, the horizontal bar graph figure positioned on the right side of the page presents each MCO's performance against the HEDIS MY 2022 benchmarks, 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 *Hemoglobin A1c Control for Patients With Diabetes*, 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 in Table 2-3.

**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                                     |

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 2022 Colorado Medicaid weighted averages and MCO-specific rates to the corresponding MY 2022 rates. HSAG also evaluated the extent of changes observed in the rates between years. Year-over-year performance comparisons are based on the Chi-square test of statistical significance with a *p* value <0.05. However, caution should be exercised when interpreting results of the significance testing, given that statistically significant changes may not necessarily be clinically significant. To limit the impact of this, a change will not be indicated as statistically significant unless the change was at least 3 percentage points. Note that statistical testing could not be performed on the utilization-based measures under the Use of Services domains given that variances were not available in the custom reporting templates 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 2021 to MY 2022. 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 where NCQA recommends a break in trending.
- Substantial changes in membership composition within the MCO.

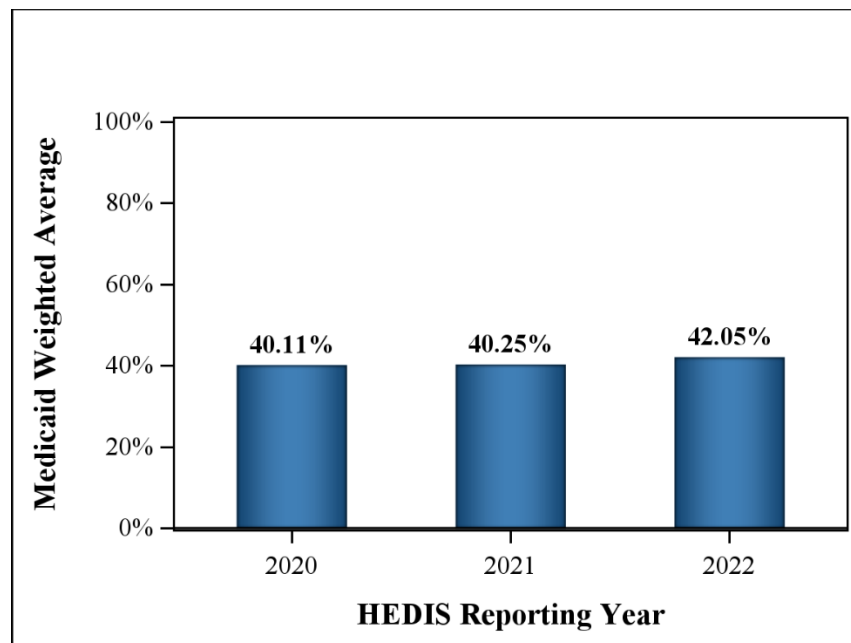
Similarly, caution should be exercised when comparing rates calculated administratively to national benchmarks that were calculated using the hybrid methodology.

**Figure Interpretation**

Within Appendix B and Appendix E of this report, performance measure indicator rates and results of significance testing between MY 2021 and MY 2022 are presented in tabular format. MY 2022 rates shaded green with one caret (^) indicate a significant improvement in performance from the previous year. MY 2022 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 2020, MY 2021, and MY 2022 Colorado Medicaid weighted averages, with significance testing performed between the MY 2021 and MY 2022 weighted averages. Within these figures, MY 2022 rates with one caret (^) indicate a significant improvement in performance from MY 2021. MY 2022 rates with two carets (^) indicate a significant decline in performance from MY 2021. 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 CMS Core Set FFY 2022 and CMS Core Set FFY 2023

The following is a list of measures with technical specification changes that CMS announced for FFY 2023.<sup>2-4,2-5</sup> These changes may have an effect on the MY 2022 rates that are presented in this report.

### Overall Changes

- Updated the reporting year to FFY 2023, and data collection time frame to 2022.
- Updated specifications, value set codes, copyright, and table source information to *HEDIS Measurement Year (MY) 2022 Volume 2* for all HEDIS measures.
- Updated specifications, value set codes, and copyright information to correspond to calendar year 2022 for non-HEDIS measures.
- Added specifications for two new measures:
  - *LSC-CH: Lead Screening in Children*
  - *AAB-CH: Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis—Ages 3 Months to 17 Years*
- Clarified that beneficiaries in hospice or using hospice services anytime during the measurement year are a required exclusion. This guidance applies to the following HEDIS measures in the Child Core Set: *ADD-CH, AAB-CH, AMB-CH, AMR-CH, APM-CH, APP-CH, CHL-CH, CIS-CH, FUA-CH, FUH-CH, FUM-CH, IMA-CH, LSC-CH, PPC-CH, W30-CH, WCC-CH, and WCV-CH*.

### Adherence to Antipsychotic Medications for Individuals With Schizophrenia

- Replaced references to “multiple J codes or National Drug Codes (NDCs)” with “multiple codes (from the value sets and medications lists)” because they are not limited to J codes or NDCs.
- Added Lumateperone to the Oral Antipsychotic Medications table.

### Ambulatory Care: Emergency Department (ED) Visits

- Clarified in the Guidance for Reporting that supplemental data may not be used for the mental health and chemical dependency required exclusion.

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<sup>2-4</sup> Centers for Medicare and Medicaid Services. *Summary of Updates to the Adult Core Set Measures FFY 2023 Technical Specifications and Resource Manual*. February 2023.

<sup>2-5</sup> Centers for Medicare and Medicaid Services. *Summary of Updates to the Child Core Set Measures FFY 2023 Technical Specifications and Resource Manual*. February 2023.

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

- Revised the example in the definition of treatment days.

### ***Asthma in Younger Adults Admission Rate***

- Updated the measure description to use the term “hospitalizations” rather than “inpatient hospital admissions.”
- Updated the Guidance for Reporting and Exclusions text to clarify that discharges rather than admissions should be used to calculate the numerator.
- Clarified the text explaining exclusions for obstetric discharges.

### ***Asthma Medication Ratio***

- Removed Antiasthmatic combinations—Dyphylline-guaifenesin medications from Table AMR-A. Asthma Controller Medications.

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

- Clarified in Optional Exclusions that unilateral mastectomy and bilateral modifier must be from the same procedure.

### ***Childhood Immunization Status***

- Revised optional exclusions for immunocompromising conditions (e.g., immunodeficiency) to be required exclusions.
- Revised optional exclusions for anaphylaxis due to vaccine to be numerator compliant for specific indicators (diphtheria, tetanus, and pertussis [DTaP]; haemophilus influenza type B [HiB]; hepatitis B [HepB]; and rotavirus [RV]).
- Revised optional exclusions for encephalitis due to vaccine to be numerator compliant for DTaP.
- Updated value sets and logic for the measles, mumps, and rubella (MMR) numerator because single antigen vaccines are no longer used.

### ***Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate***

- Updated the measure description to use the term “hospitalizations” rather than “inpatient hospital admissions.”

- Updated the Guidance for Reporting and Exclusions text to clarify that discharges rather than admissions should be used to calculate the numerator.
- Clarified the text explaining exclusions for obstetric discharges.

### **Colorectal Cancer Screening**

- Revised the age range from ages 50 to 75 to ages 45 to 75.
  - Clarified that the measure applies to beneficiaries ages 46 to 75 to account for the lookback period.
- Changed references of “fecal immunochemical test (FIT)-DNA test” to “stool DNA (sDNA) with FIT test” in the numerator.

### **Contraceptive Care—All Women**

- Added language to clarify that the measure is person-based and calculated so that every person in the measure is counted once.
- Updated the exclusion category time period for women who had a live birth from the last two months of the measurement year to the last three months.
- Updated the measure flow chart for calculation of the measure.
- Added additional notes on the use of stratification by race and ethnicity to help illuminate disparities in contraceptive provision.
- Updated the value set directory including:
  - Licensure language in the acknowledgments tab.
  - Codes indicating a miscarriage, ectopic pregnancy, stillbirth, or induced abortion.
  - Codes used to identify provision of a most or moderately effective contraception (MMEC) method.
  - Codes used to identify use of a long-acting reversible contraception (LARC) method.

### **Contraceptive Care—Postpartum Women**

- Revised the 60-day postpartum rate to a 90-day postpartum rate.
- Clarified that the measure is episode-based.
- Updated and added steps for calculating numerator rates.
- Added a measure flow chart for calculation of the measure.
- Updated the exclusion category time period for women who had a live birth from the last two months of the measurement year to the last three months.
- Added additional notes on the use of stratification by race and ethnicity to help illuminate disparities in contraceptive provision.

- Updated the value set directory including:
  - Licensure language in the acknowledgments tab.
  - Codes indicating a miscarriage, ectopic pregnancy, stillbirth, or induced abortion.
  - Codes used to identify provision of an MMEC method.
  - Codes used to identify use of an LARC method.

### ***Controlling High Blood Pressure***

- Updated the numerator description in the Administrative Specification to clarify that blood pressure (BP) readings taken in an acute inpatient setting or during an ED visit should be excluded.
- Clarified in the numerator of the Hybrid Specification that BP readings taken by the beneficiary are eligible for use in reporting.
- Clarified in the numerator of the Hybrid Specification that ranges and thresholds do not meet criteria.
- Clarified in the numerator of the Hybrid Specification that a BP documented as an “average BP” (e.g., “average BP: 139/70”) is eligible for use.
- Replaced references to “(Nephrectomy Value Set)” with “(Total Nephrectomy Value Set; Partial Nephrectomy Value Set)” in the optional exclusions.

### ***Developmental Screening in the First Three Years of Life***

- Added Guidance for Reporting to include all submitted claims (e.g., paid, suspended, pending, or denied) as the claims reflect services that were rendered.

### ***Diabetes Care for People With Serious Mental Illness—HbA1c Poor Control (>9.0%)***

- Revised the optional exclusions for polycystic ovarian syndrome, gestational diabetes, or steroid-induced diabetes to be required exclusions.

### ***Diabetes Short-Term Complications Admission Rate***

- Updated the measure description to use the term “hospitalizations” rather than “inpatient hospital admissions.”
- Updated the Guidance for Reporting and Exclusions text to clarify that discharges rather than admissions should be used to calculate the numerator.
- Clarified the text explaining exclusions for obstetric discharges.

### ***Follow-Up After Emergency Department Visit for Mental Illness***

- Clarified that members in hospice or using hospice services anytime during the measurement year are a required exclusion.
- Added required exclusions to the Rules for Allowable Adjustments.

### ***Follow-Up After Emergency Department Visit for Substance Use***

- Revised the measure name from “*Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence—Ages 13 to 17*” to “*Follow-Up After Emergency Department Visit for Substance Use—Ages 13 to 17*.”
- Revised terminology from “alcohol or other drug abuse or dependence (AOD)” to “substance use” or “substance use disorder (SUD)” throughout.
- Added a pharmacy benefit requirement for the eligible population.
- Added ED visits with a diagnosis of unintentional and undetermined drug overdose to the denominator.
- Revised and restructured the numerator logic and value sets.

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

- Removed the definition of “new episode.”
- Revised the example in the definition of “treatment days (covered days).” The number of days counted in the example was revised from “80” to “82.”
- Updated the time frame for continuous medication treatment to include dispensing events on the Index Prescription Start Date (IPSD) in the count of treatment days.
- Revised the optional exclusion for narcolepsy to a required exclusion.

### ***Immunizations for Adolescents***

- Revised the optional exclusions for anaphylaxis due to vaccine to be numerator compliant for specific indicators (Meningococcal serogroups A; C; W; Y; tetanus, diphtheria, and pertussis [Tdap]; and human papillomavirus [HPV]).
- Revised optional exclusions for encephalitis due to vaccine to be numerator compliant for Tdap.
- Clarified in the example for the two-dose HPV vaccination series that the second vaccine must be on or after July 25.

## Heart Failure Admission Rate

- Updated the measure description to use the term “hospitalizations” rather than “inpatient hospital admissions.”
- Updated the Guidance for Reporting and Exclusions text to clarify that discharges rather than admissions should be used to calculate the numerator.
- Clarified the text explaining exclusions for obstetric discharges.

## Hemoglobin A1c Control for Patients With Diabetes

- Revised the measure name from “*Comprehensive Diabetes Care—Hemoglobin A1c (HbA1c) Poor Control (>9.0%)*” to “*Hemoglobin A1c Control for Patients With Diabetes.*”
  - For the 2023 Adult Core Set, the *Comprehensive Diabetes Care—Hemoglobin A1c (HbA1c) Poor Control (>9.0%) (HPC-AD)* measure was modified by the measure steward into a combined measure that has two rates: *HbA1c Control (<8.0%)* and *HbA1c Poor Control (>9.0%)*. The combined measure is called *Hemoglobin A1c Control for Patients With Diabetes (HBD-AD)*.
- Added numerator specifications for the *HbA1c Control (<8.0%)* indicator.
- Revised the optional exclusions for polycystic ovarian syndrome, gestational diabetes, or steroid-induced diabetes to be required exclusions.

## HIV Viral Load Suppression

- Clarified that states may use administrative data sources (Medicaid claims data and human immunodeficiency virus [HIV] surveillance data) or electronic health record (EHR) data to calculate the measure.
- Provided a link to access the electronic clinical quality measure (eCQM) specifications for EHR data.
- Indicated that more information about calculating the measure using Medicaid claims data and HIV surveillance data can be obtained by emailing [MACQualityTA@cms.hhs.gov](mailto:MACQualityTA@cms.hhs.gov).
- Clarified that the eligible population and denominator population are the same and provided additional guidance on identifying the eligible/denominator population.
- Updated the eligible population, including:
  - Renamed “Event Diagnosis” to “HIV Diagnosis” and updated the definition to beneficiaries who had a diagnosis of HIV (Table HVL-A) prior to the start of the measurement year or within the first 90 days of the measurement year.
  - Added Event—at least one medical visit in the first 240 days of the measurement year (Tables HVL-B through HVL-J).

- Updated the Eligible Population/Denominator language to the beneficiary must meet all three criteria:
  - Age 18 and older.
  - Diagnosis of HIV (Table HVL-A or HIV surveillance data) prior to the start of the measurement year or within the first 90 days of the measurement year.
  - At least one medical visit (Tables HVL-B through HVL-J or HIV surveillance data) must occur in the first 240 days of the measurement year.
- Changed the name of Table HVL-A. ICD-10-CM Diagnosis Codes to Identify HIV to Table HVL-A. Diagnosis Codes to Identify HIV and added additional codes.
- Replaced Table HVL-B. SNOMED-CT Codes to Identify HIV, Table HVL-C. CPT Codes to Identify Medical Visits, and Table HVL-D. SNOMED CT Codes to Identify Outpatient and Ambulatory Medical Visits with tables HVL-B through HVL-J. Additional medical visit codes were added.
- Changed the name of Table HVL-E. Logical Observation Identifiers Names and Codes (LOINC) Codes to Identify HIV Viral Load <200 copies/ml to Table HVL-K. Codes to Identify HIV Viral Load <200 copies/ml and added additional codes.

### ***Initiation and Engagement of Substance Use Disorder Treatment***

- Revised the measure name from “*Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment*” to “*Initiation and Engagement of Substance Use Disorder Treatment.*”
- Replaced “alcohol and other drug (AOD)” references with “substance use disorder (SUD).”
- Changed the start of the intake period to November 15 of the year prior to the measurement year.
- Changed from a beneficiary-based measure to an SUD-diagnosis episode-based measure.
  - Changed “Index episode” to “SUD episode.”
  - Changed “Index Episode Start Date (IESD)” to “SUD episode date.”
- Revised the negative diagnosis history from 60 days to 194 days.
- Added a negative medication history to the denominator.
- Revised the continuous enrollment criteria from 108 days to 242 days.
- Revised the numerator criteria for the *Initiation of SUD Treatment* and *Engagement of SUD Treatment* indicators.

### ***Prenatal and Postpartum Care—Postpartum Care***

- Clarified that services provided during a telephone visit, e-visit, or virtual check-in may be used for both administrative and hybrid collection methods.

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

- Removed the definition of “last enrollment segment” and clarified continuous enrollment requirements for steps 1 and 2 of the numerator.
- Clarified that services provided during a telephone visit, e-visit, or virtual check-in may be used for administrative and hybrid collection methods.

### Screening for Depression and Follow-Up Plan

- Added additional guidance on depression screening tools, documentation of the follow-up plan, and when a beneficiary screens positive for depression.
- Updated the follow-up plan language for documentation of a positive depression screening.
- Updated the exceptions language to clarify which exceptions are patient or medical reasons.
- Updated codes to Table CDF-D: ICD-10 Codes to Identify Diagnosis of Depression (Exclusion).

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

- Clarified in the Notes that services rendered during a telephone visit, e-visit, or virtual check-in meet criteria for the *BMI Percentile* indicator.

## Glossary

Table 2-4 provides definitions of terms and acronyms used through this report.

**Table 2-4—Definition of Terms Used in Tables and Graphs**

| Term         | Description  |
|--------------|--|
| ACC          | Accountable Care Collaborative.  |
| ADHD         | Attention-deficit/hyperactivity disorder.  |
| Audit Result | The HEDIS auditor’s final determination, based on audit findings, of the appropriateness of the MCO to publicly report its HEDIS measure rates. Each measure indicator rate included in the HEDIS audit receives an audit result of <i>Reportable (R)</i> , <i>Small Denominator (NA)</i> , <i>Biased Rate (BR)</i> , <i>No Benefit (NB)</i> , <i>Not Required (NQ)</i> , <i>Not Reported (NR)</i> , and <i>Unaudited (UN)</i> . |
| BMI          | Body mass index.   |
| BP           | Blood pressure.  |
| BR           | Biased Rate: indicates that the MCO’s reported rate was invalid; therefore, the rate was not presented.  |



| Term               | Description  |
|--------------------|--|
| CMS                | Centers for Medicare & Medicaid Services.  |
| COPD               | Chronic obstructive pulmonary disease.   |
| Data Completeness  | The degree to which occurring services/diagnoses appear in the MCO's administrative data systems.  |
| 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, and pertussis.  |
| eCQM               | Electronic clinical quality measure.   |
| ED                 | Emergency department.  |
| EHR                | Electronic health record.  |
| 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.   |
| FDA                | U.S. Food and Drug Administration.   |
| 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.   |
| FFS                | Fee-for-service.   |
| FFY                | Federal fiscal year.   |
| 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.   |

| Term                 | Description  |
|----------------------|--|
| 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 (&gt;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.  |
| IESD                 | Index Episode Start Date.  |
| 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. <sup>2-6</sup>  |
| 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 (&gt;9.0%)</i> , in which lower rates indicate better performance, the 75th percentile [rather than the 25th percentile] is considered the LPL.)  |
| MCO                  | Managed care organization.   |
| 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.   |
| MY                   | Measurement year.  |

<sup>2-6</sup> National Committee for Quality Assurance. HEDIS Compliance Audit Standards, Policies and Procedures, Volume 5. Washington D.C.

| Term            | Description   |
|-----------------|---|
| NA              | <p>Small Denominator; indicates that the MCO followed the specifications, but the denominator was too small (&lt;30) to report a valid rate, resulting in an NA designation.</p> <ul style="list-style-type: none"> <li>• For EOC and EOC-like measures, when the denominator is fewer than 30.</li> <li>• For utilization measures that count member months, when the denominator is fewer than 360 member months.</li> <li>• For all risk-adjusted utilization measures, when the denominator is fewer than 150.</li> </ul> |
| NB              | No Benefit; indicates that the required benefit to calculate the measure was not offered.   |
| NCQA            | The National Committee for Quality Assurance (NCQA) is a not-for-profit organization that assesses, through accreditation reviews and standardized measures, the quality of care provided by managed health care delivery systems; reports results of those assessments to employers, consumers, public purchasers, and regulators; and ultimately seeks to improve the health care provided within the managed care industry.  |
| NR              | Not Reported; indicates that the MCO chose not to report the required HEDIS measure indicator rate. This designation was assigned to rates during previous reporting years to indicate one of the following designations: the MCO chose not to report the required measure indicator rate, or the MCO's reported rate was invalid, therefore, the rate was not presented.   |
| Numerator       | The number of members in the denominator who received all the services as specified in the measure.   |
| NQ              | Not Required; indicates that the MCO was not required to report this measure.   |
| O/E             | Observed to expected.   |
| OB/GYN          | Obstetrician/Gynecologist.  |
| OUD             | Opioid use disorder.  |
| PCP             | Primary care practitioner.  |
| PCV             | Pneumococcal conjugate.   |
| 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.   |
| RAE             | Regional Accountable Entity.  |
| RV              | Rotavirus.  |

| Term            | Description  |
|-----------------|--|
| Software Vendor | A third party, with source code certified by NCQA, that contracts with the MCO to write source code for HEDIS measures. (For the measures to be certified, the vendor must submit programming codes associated with the measure to NCQA for automated testing of program logic, and a minimum percentage of the measures must receive a “Pass” or “Pass With Qualifications” designation.) |
| The Department  | The Colorado Department of Health Care Policy & 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

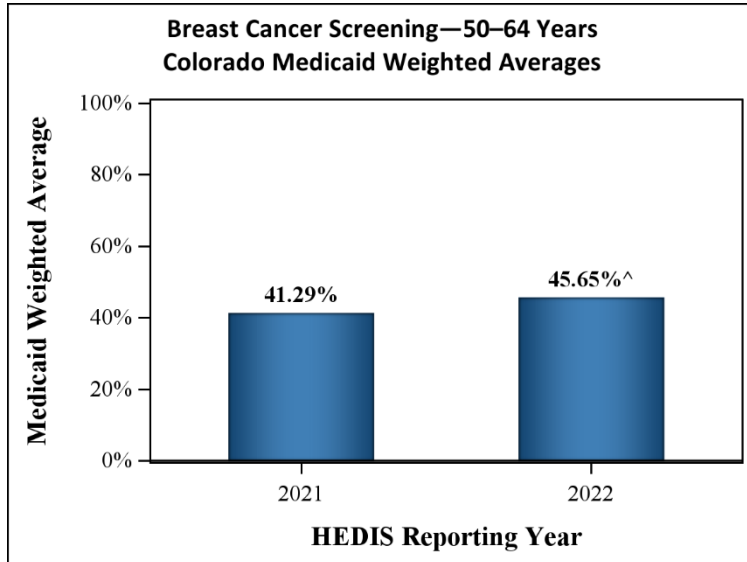
The following section provides a detailed analysis of the Colorado Medicaid MCOs' performance within the Primary Care Access and Preventive Care domain. The Primary Care Access and Preventive Care domain encompasses the following measures/indicators:

- *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*
- *Colorectal Cancer Screening—Ages 46 to 49 Years, Ages 50 to 64 Years, and 65 to 75 Years*
- *Developmental Screening in the First Three Years of Life—Total*
- *Immunizations for Adolescents—Combination 1 and Combination 2*
- *Lead Screening in Children*
- *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile—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 to 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.

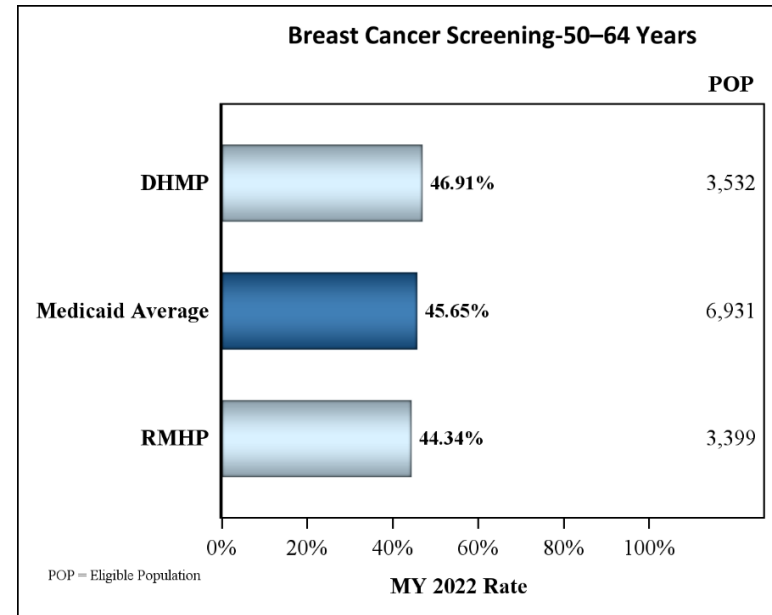
### Breast Cancer Screening—Ages 50 to 64 Years

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.



One caret (^) indicates a statistically significant improvement in performance from MY 2021 to MY 2022.

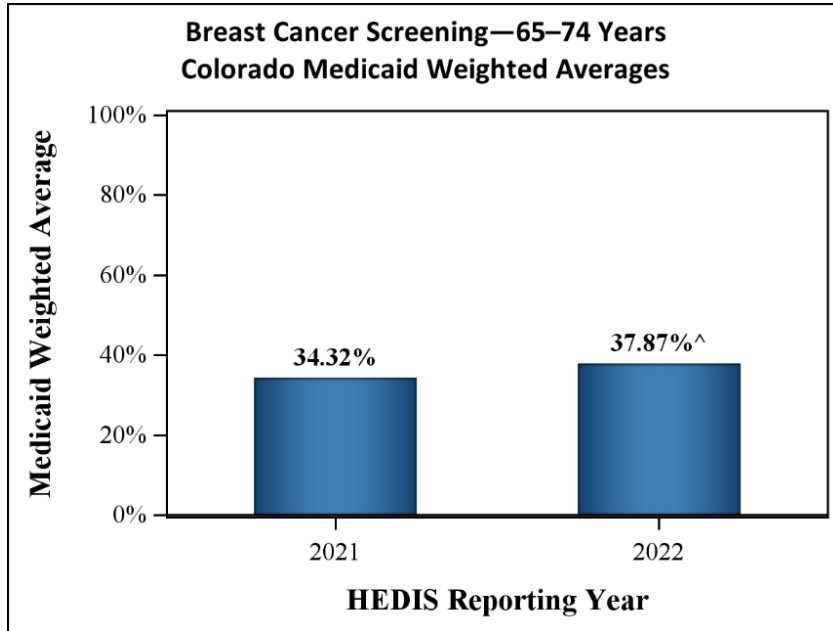
The Colorado Medicaid weighted average significantly improved from MY 2021 to MY 2022.



MCO performance varied by approximately 3 percentage points.

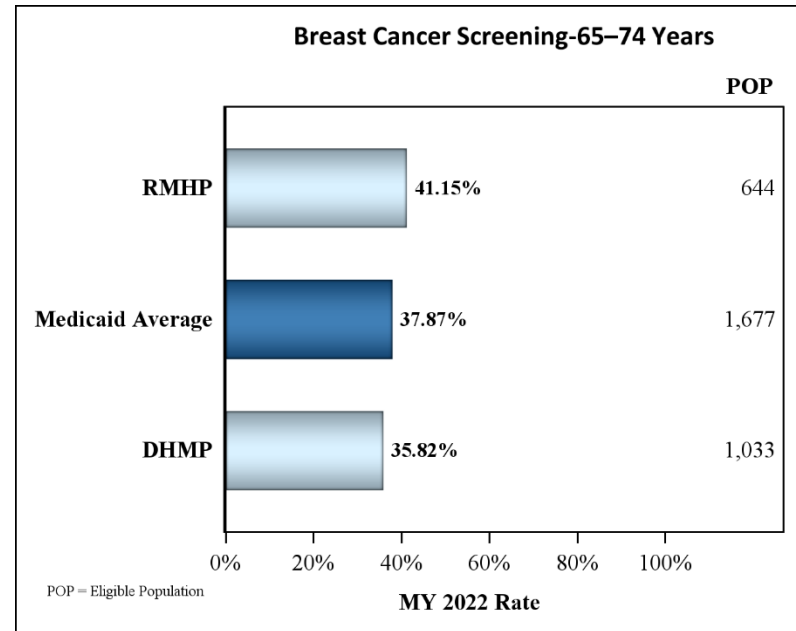
### Breast Cancer Screening—Ages 65 to 74 Years

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.



One caret (^) indicates a statistically significant improvement in performance from MY 2021 to MY 2022.

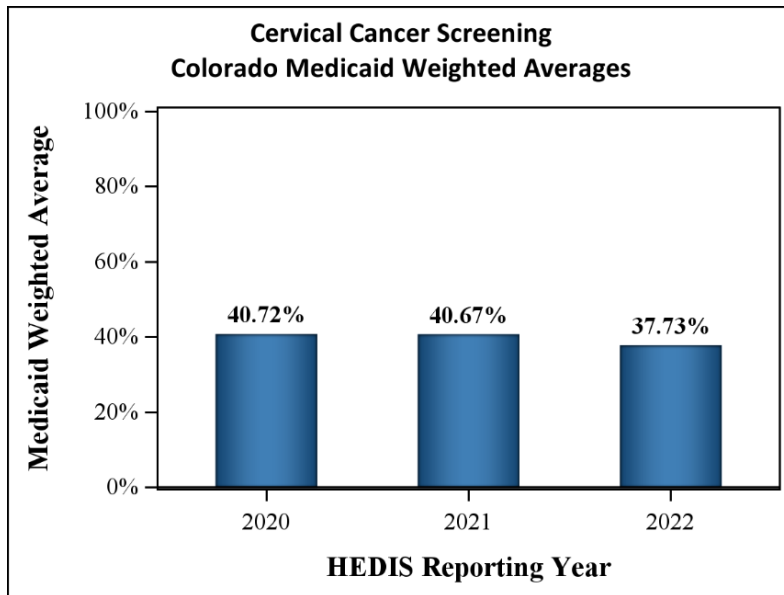
The Colorado Medicaid weighted average significantly improved from MY 2021 to MY 2022.



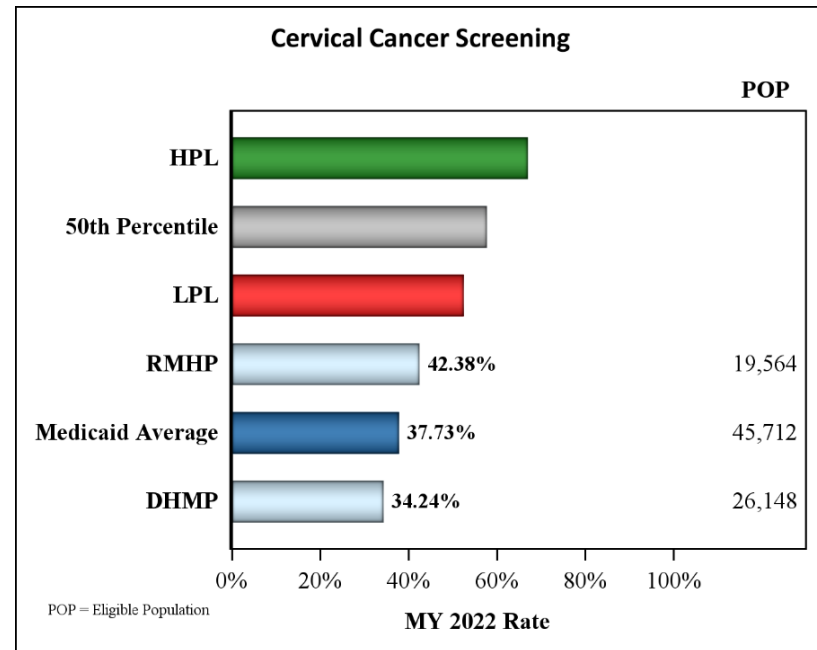
MCO performance varied by approximately 5 percentage points.

## 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 2021 to MY 2022.



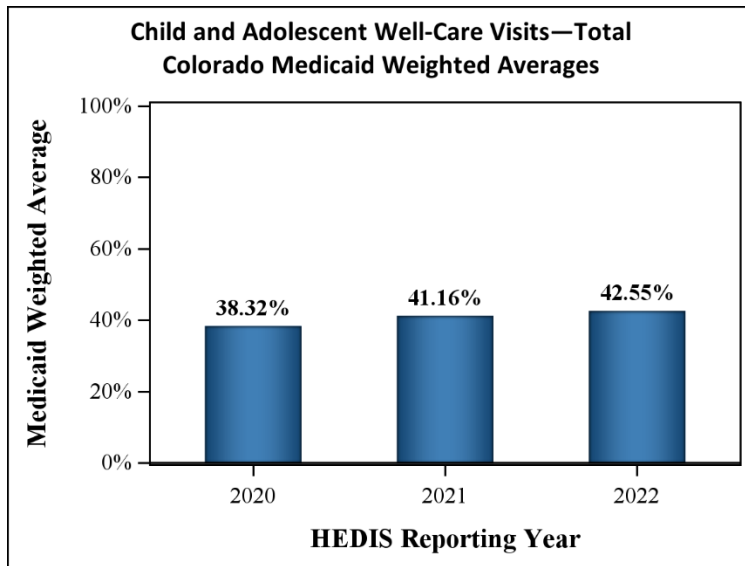
Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

Both MCOs' rates and the Colorado Medicaid weighted average fell below the LPL. MCO performance varied by approximately 8 percentage points.

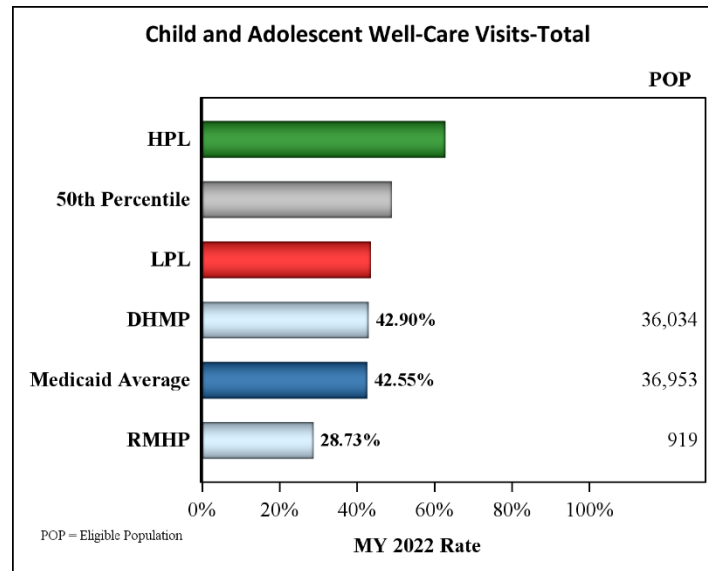


### Child and Adolescent Well-Care Visits—Total

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.



The Colorado Medicaid weighted average did not demonstrate a significant change from MY 2021 to MY 2022.



Both MCOs’ rates and the Colorado Medicaid weighted average were below the LPL. MCO performance varied by approximately 14 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. Therefore, the DHMP rate is equivalent to the weighted average of the Colorado Medicaid MCOs for this measurement year.

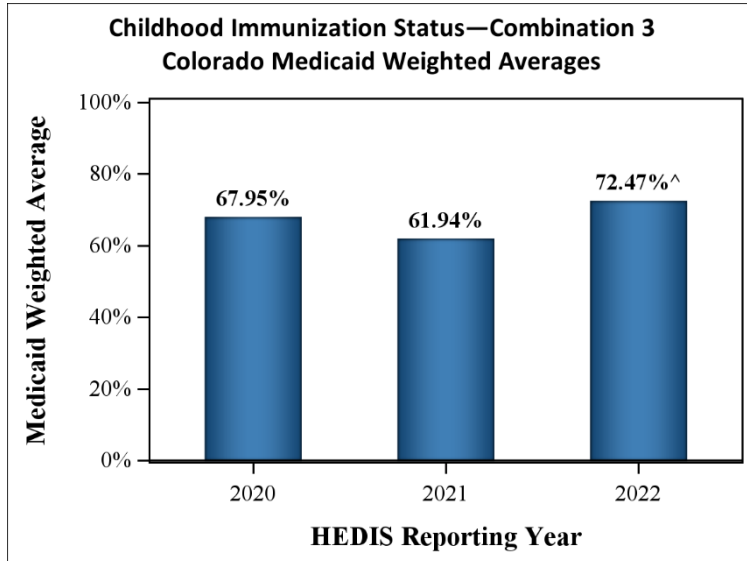
**Table 3-1—Combination Vaccinations for Childhood Immunization Status**

| 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> | ✓         | ✓         | ✓       | ✓         | ✓          | ✓       | ✓        | ✓        | ✓               | ✓       |

Acronyms: DTaP—diphtheria, tetanus toxoids, and acellular pertussis; flu—influenza; HepA—hepatitis A; HepB—hepatitis B; HiB—haemophilus influenza type B; IPV—inactivated polio virus; MMR—measles, mumps, and rubella; PCV—pneumococcal conjugate; RV—rotavirus; VZV—varicella zoster virus (chicken pox)

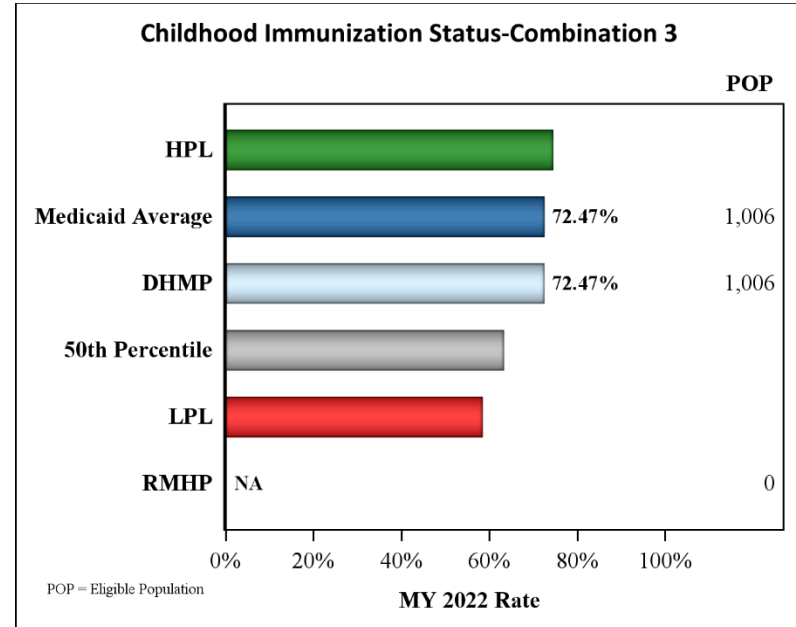
### Childhood Immunization Status—Combination 3

*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.



One caret (^) indicates a statistically significant improvement in performance from MY 2021 to MY 2022.

The Colorado Medicaid weighted average significantly improved from MY 2021 to MY 2022.

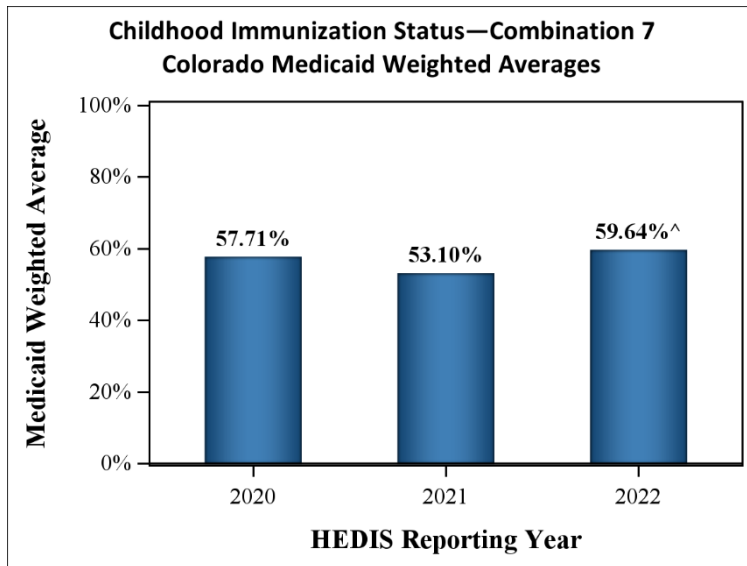


NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate. Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

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

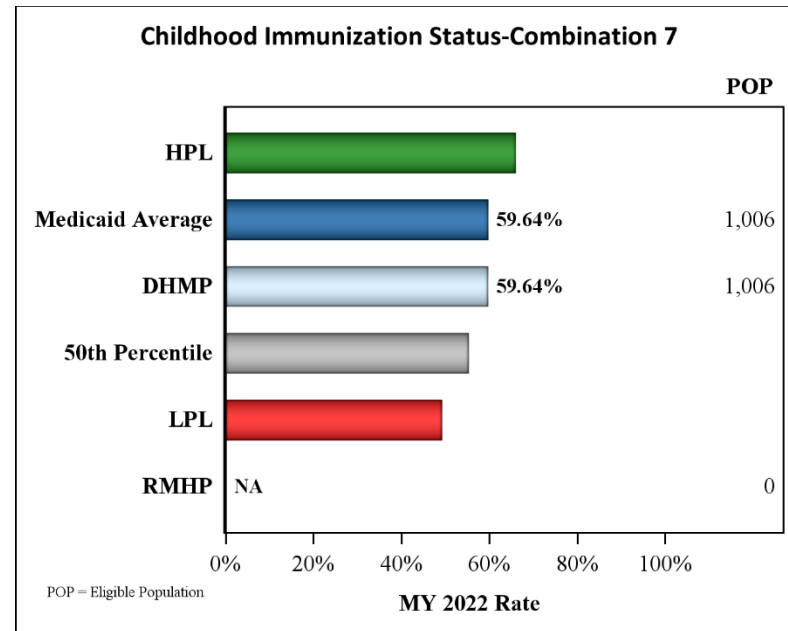
### Childhood Immunization Status—Combination 7

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



One caret (^) indicates a statistically significant improvement in performance from MY 2021 to MY 2022.

The Colorado Medicaid weighted average significantly improved from MY 2021 to MY 2022.

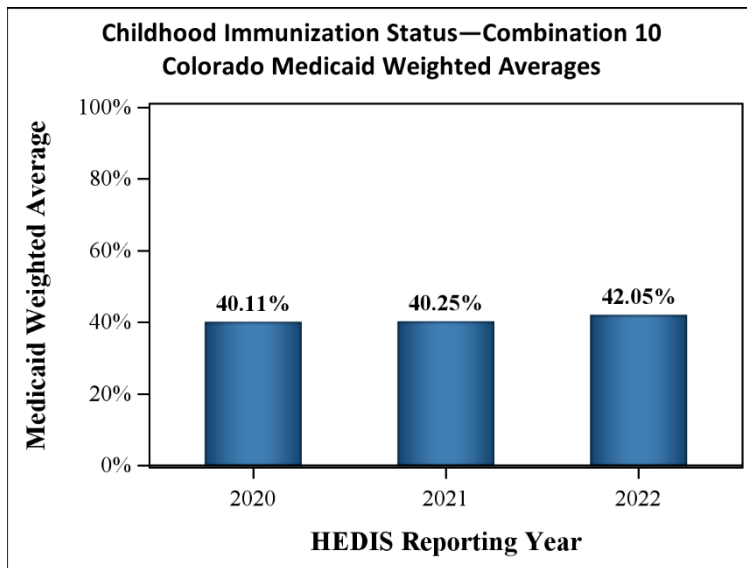


NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate. Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

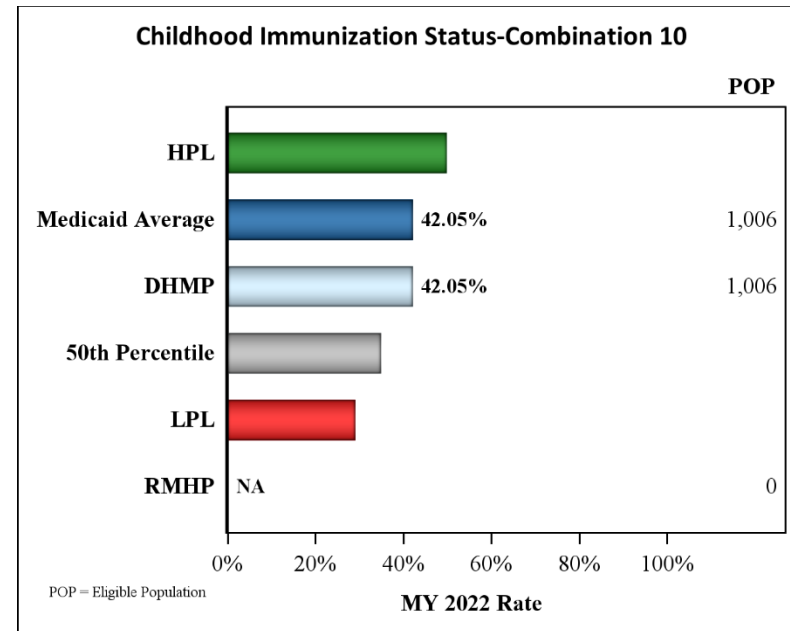
DHMP’s rate and the Colorado Medicaid weighted average were above the 50th percentile but below the HPL.

### Childhood Immunization Status—Combination 10

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



The Colorado Medicaid weighted average did not demonstrate a significant change from MY 2021 to MY 2022.

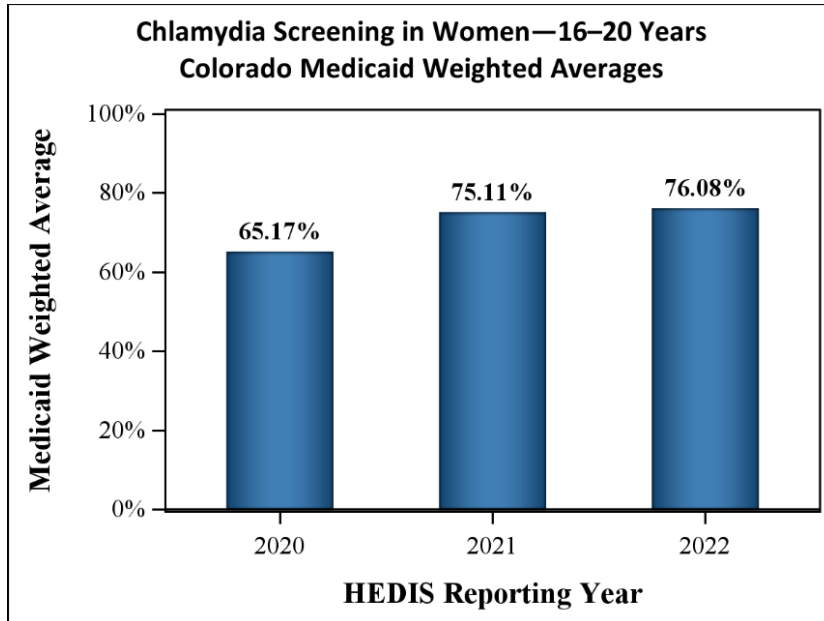


*NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate. Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.*

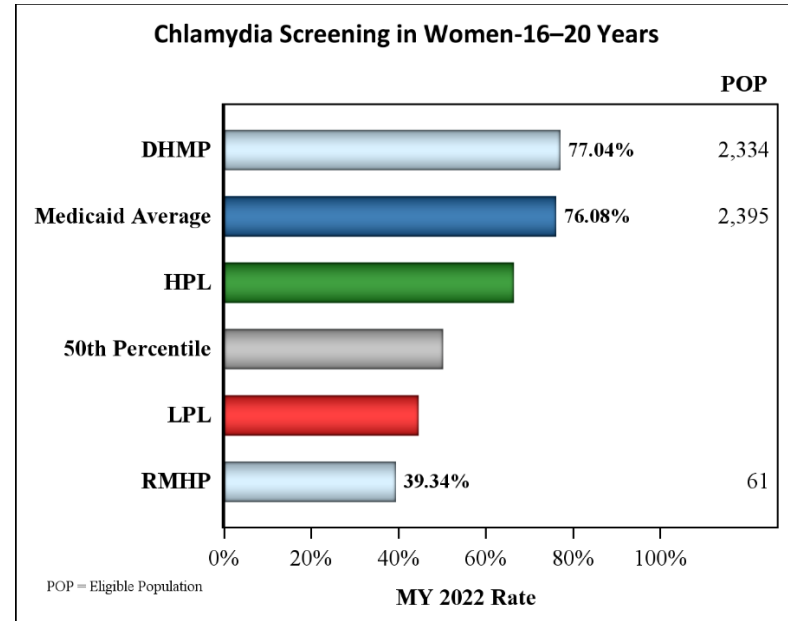
DHMP’s rate and the Colorado Medicaid weighted average were above the 50th percentile but below the HPL.

### 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.



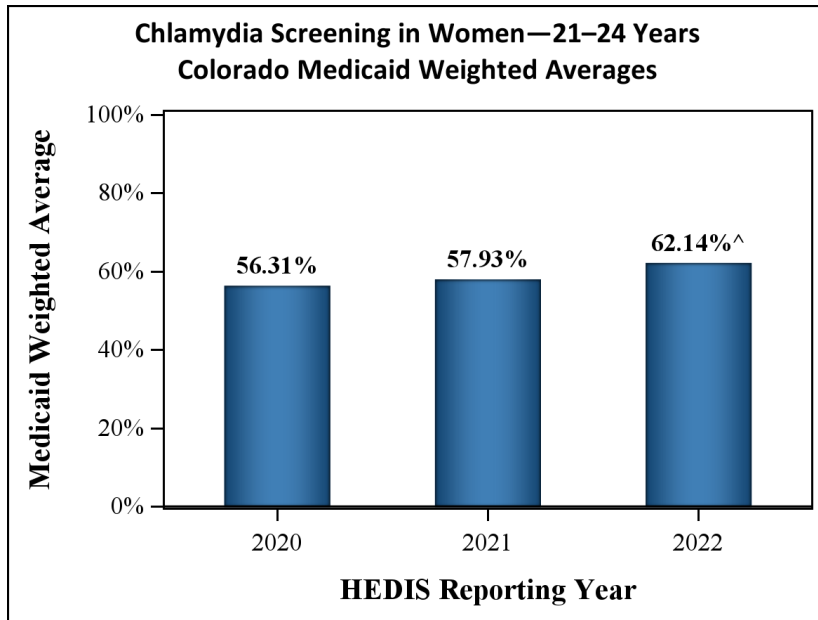
The Colorado Medicaid weighted average did not demonstrate a significant change from MY 2021 to MY 2022.



DHMP’s rate and the Colorado Medicaid weighted average exceeded the HPL. RMHP Prime’s rate fell below the LPL. MCO performance varied by approximately 38 percentage points.

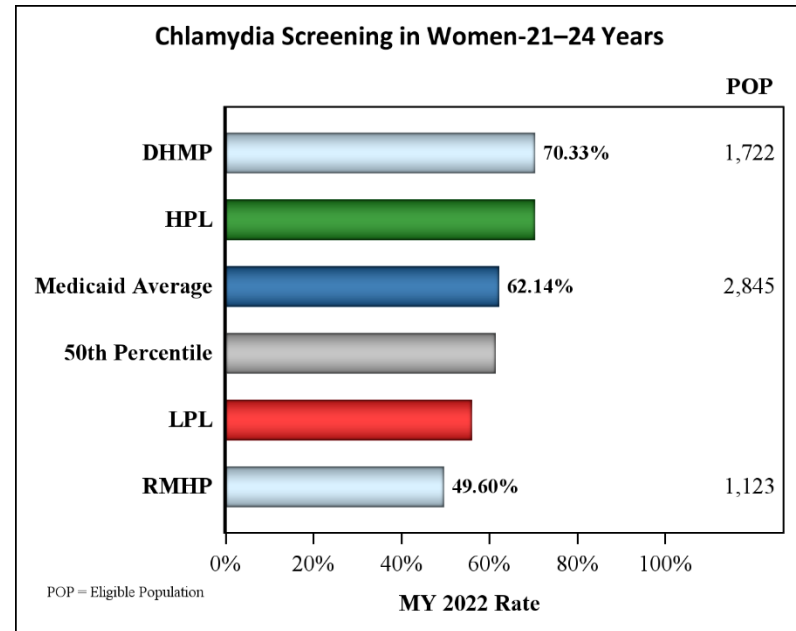
### Chlamydia Screening in Women—Ages 21 to 24 Years

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.



One caret (^) indicates a statistically significant improvement in performance from MY 2021 to MY 2022.

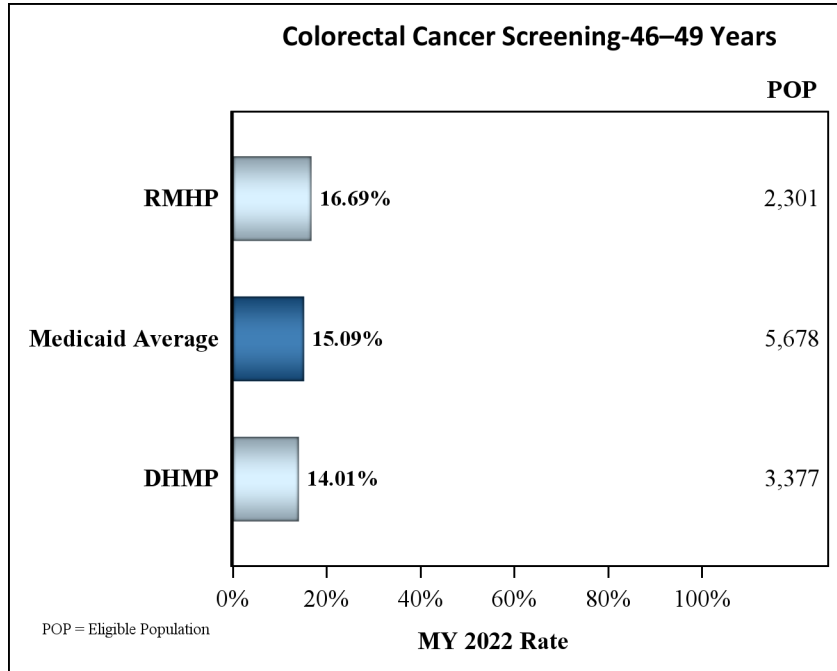
The Colorado Medicaid weighted average significantly improved from MY 2021 to MY 2022.



DHMP’s rate was above the HPL. The Colorado Medicaid weighted average was above the 50th percentile but below the HPL. RMHP Prime’s rate fell below the LPL. MCO performance varied by approximately 21 percentage points.

### Colorectal Cancer Screening—Ages 46 to 49 Years

Colorectal Cancer Screening—Ages 46 to 49 Years measures the percentage of beneficiaries ages 46 to 49 years who had appropriate screening for colorectal cancer.

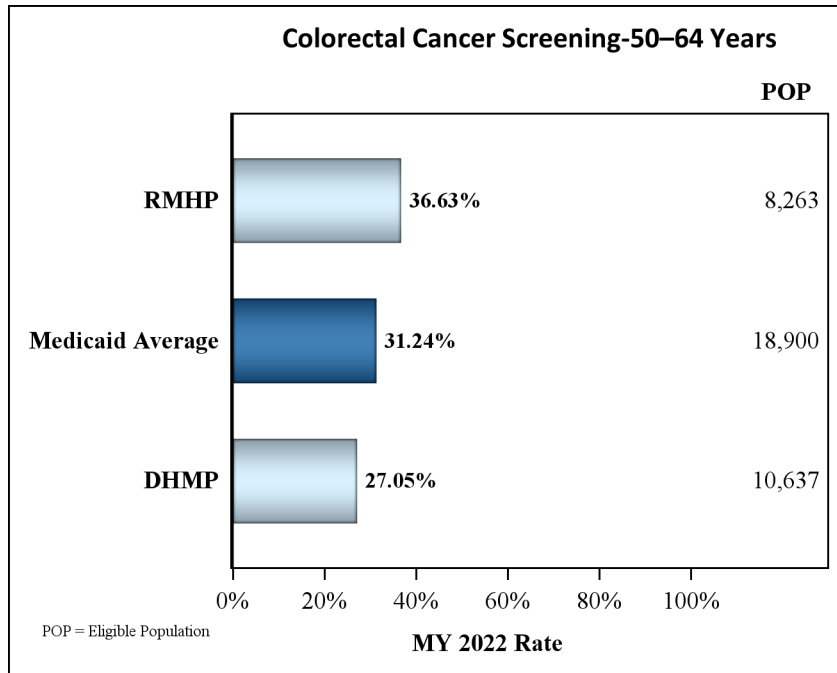


MCO performance varied by approximately 3 percentage points.



### Colorectal Cancer Screening—Ages 50 to 64 Years

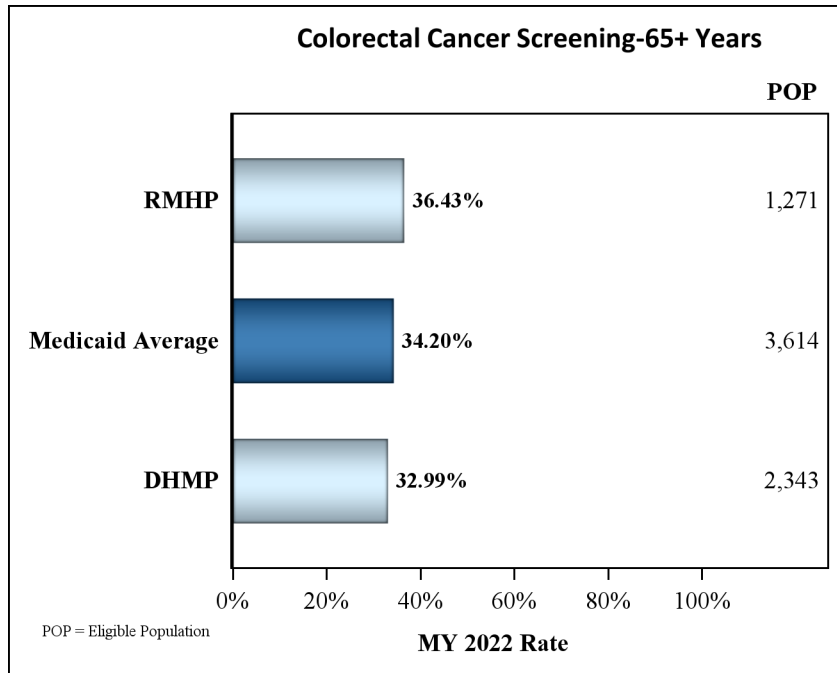
Colorectal Cancer Screening—Ages 50 to 64 Years measures the percentage of beneficiaries ages 50 to 64 years who had appropriate screening for colorectal cancer.



MCO performance varied by approximately 10 percentage points.

### Colorectal Cancer Screening—Ages 65 to 75 Years

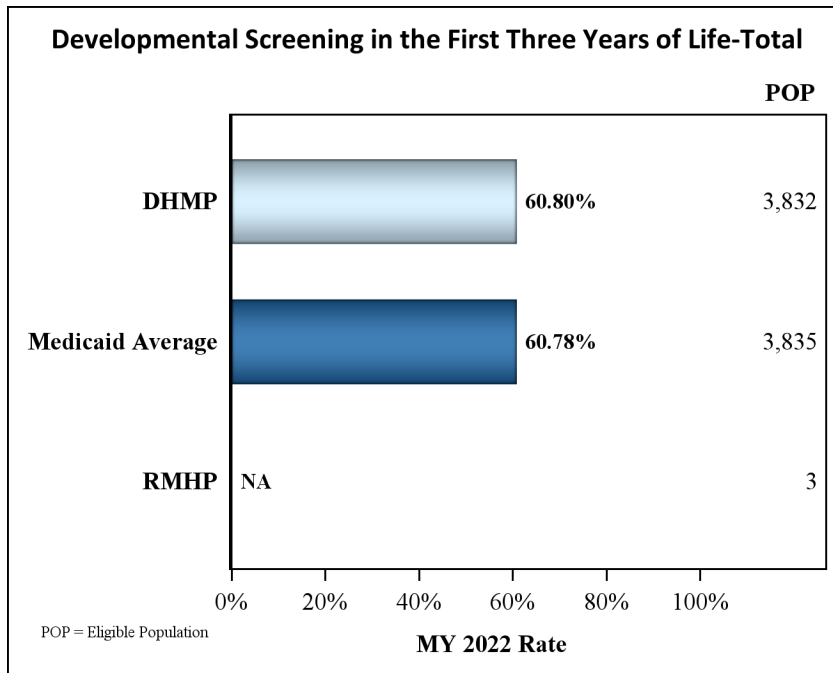
Colorectal Cancer Screening—Ages 65 to 75 Years measures the percentage of beneficiaries ages 65 to 75 years who had appropriate screening for colorectal cancer.



MCO performance varied by approximately 3 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.

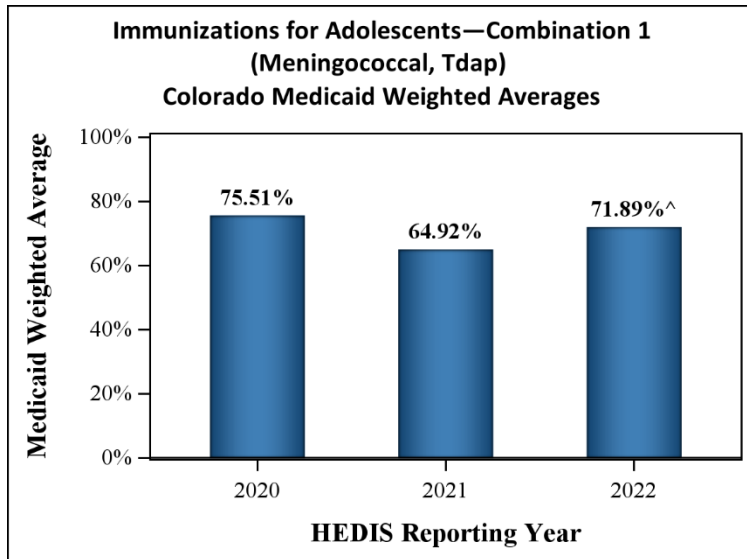


*NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate. Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.*

Only DHMP had a reportable rate, and a benchmark is not available for this measure indicator.

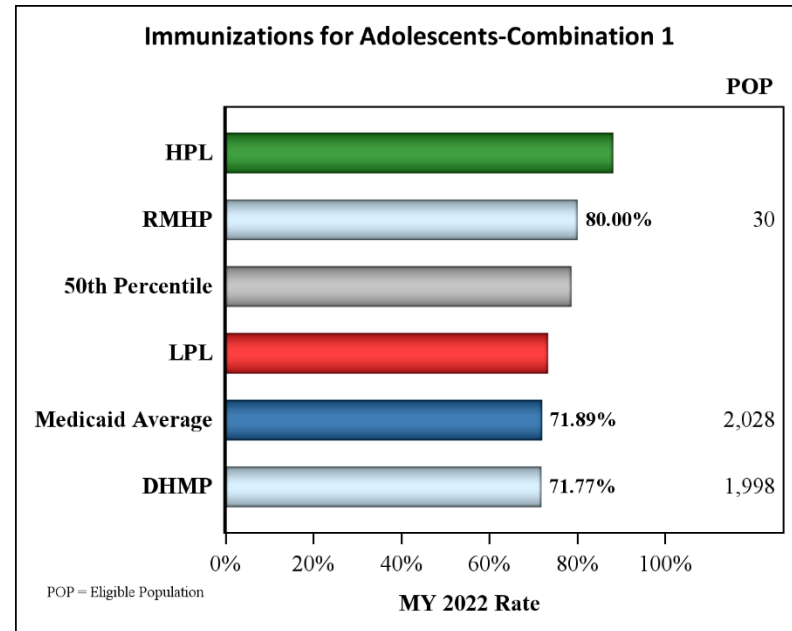
### Immunizations for Adolescents—Combination 1 (Meningococcal, Tdap)

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.



One caret (^) indicates a statistically significant improvement in performance from MY 2021 to MY 2022.

The Colorado Medicaid weighted average significantly improved from MY 2021 to MY 2022.

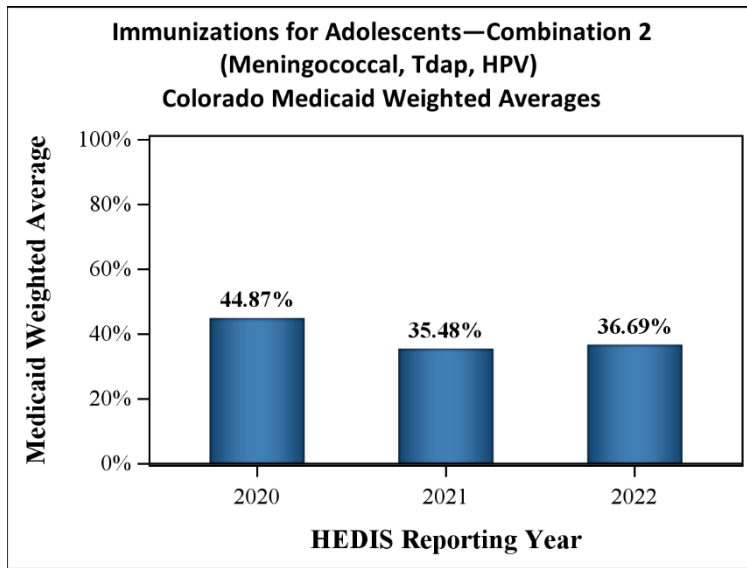


Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

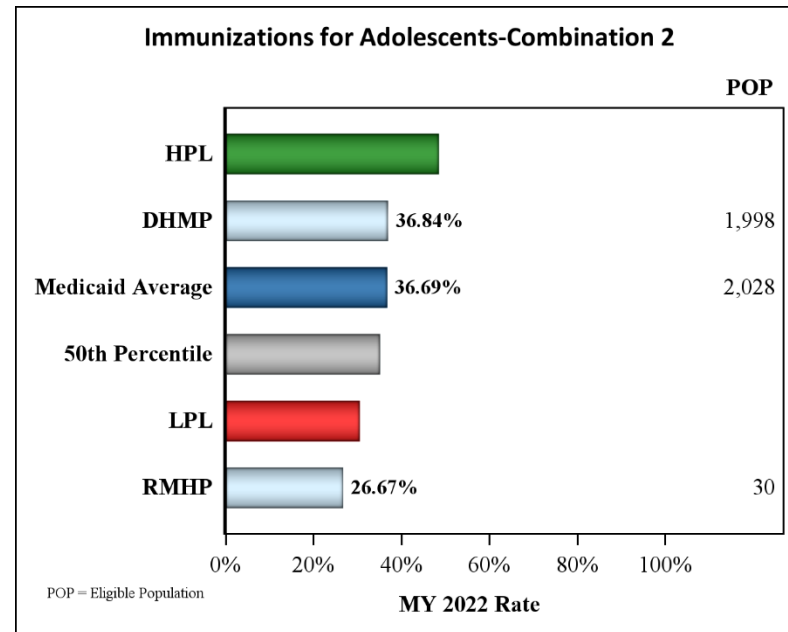
RMHP’s rate was above the 50th percentile but below the HPL. DHMP’s rate and the Colorado Medicaid weighted average fell below the LPL. MCO performance varied by approximately 8 percentage points.

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

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



The Colorado Medicaid weighted average did not demonstrate a significant change from MY 2021 to MY 2022.

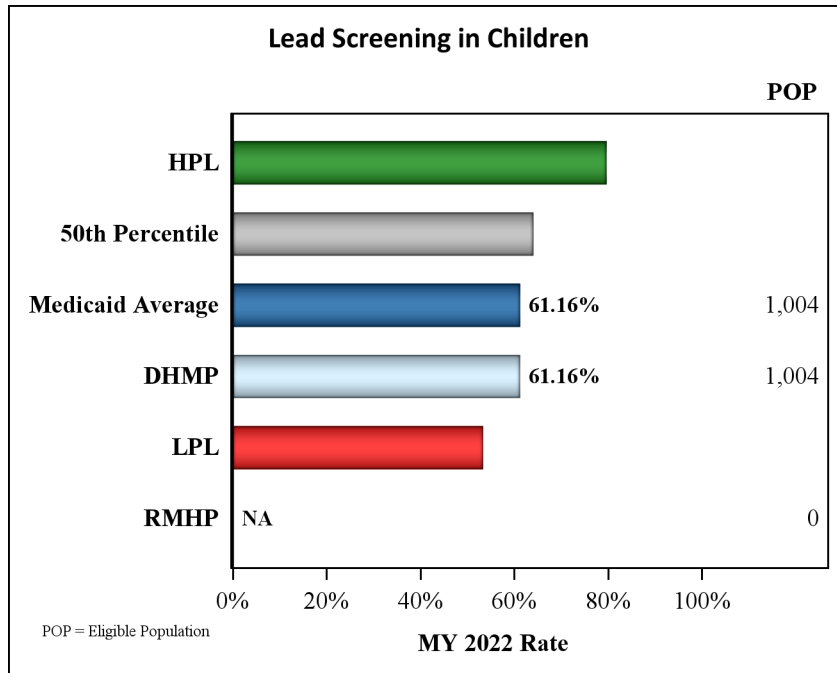


Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

DHMP’s rate and the Colorado Medicaid weighted average were above the 50th percentile but below the HPL. RMHP Prime’s rate fell below the LPL. MCO performance varied by approximately 10 percentage points.

### Lead Screening in Children

Lead Screening in Children measures the percentage of children 2 years of age who had one or more capillary or venous blood lead tests for lead poisoning by their second birthday.

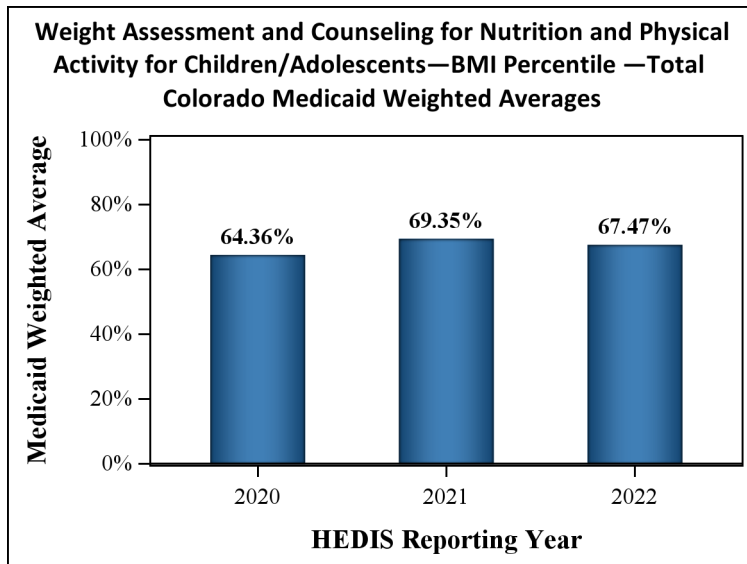


NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate. Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

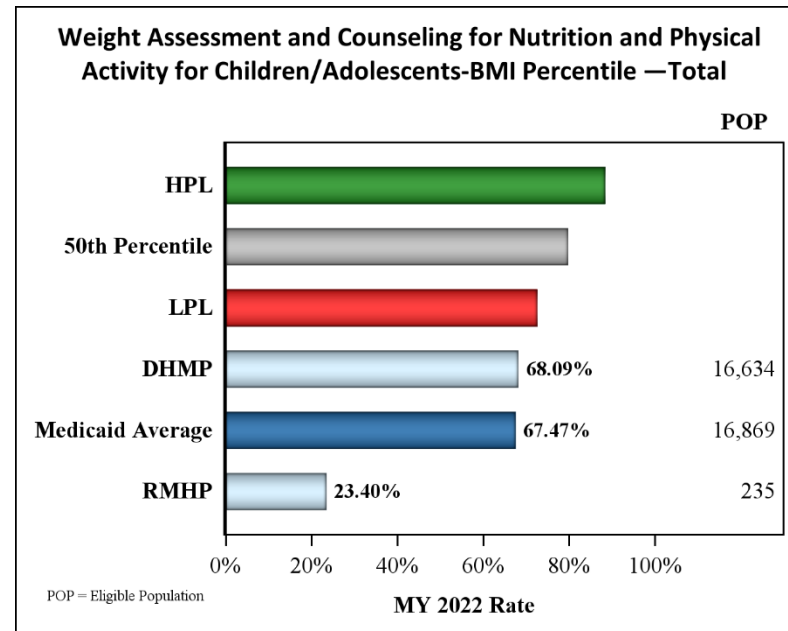
DHMP’s rate and the Colorado Medicaid weighted average were above the LPL but below the 50th percentile.

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

Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile—Total measures the percentage of members ages 3 to 17 years who had an outpatient visit with a primary care practitioner (PCP) or obstetrician/gynecologist (OB/GYN) and who had evidence of body mass index (BMI) percentile documentation during the measurement year.



The Colorado Medicaid weighted average did not demonstrate a significant change from MY 2021 to MY 2022.

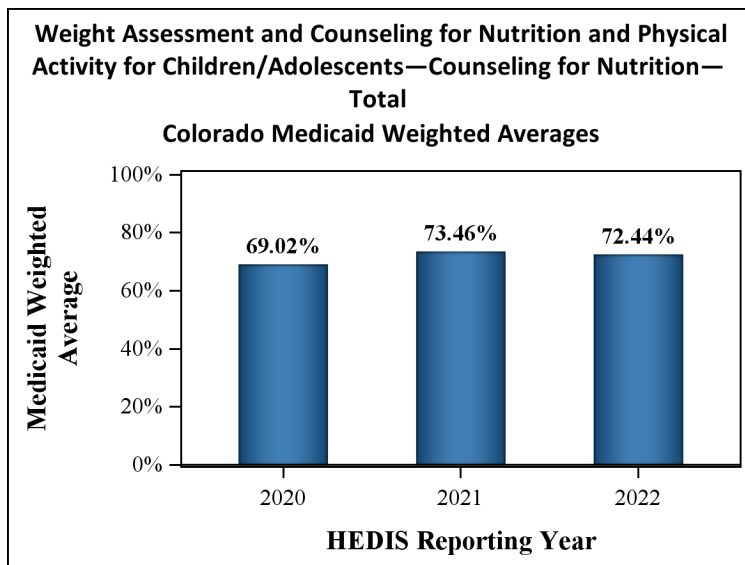


Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

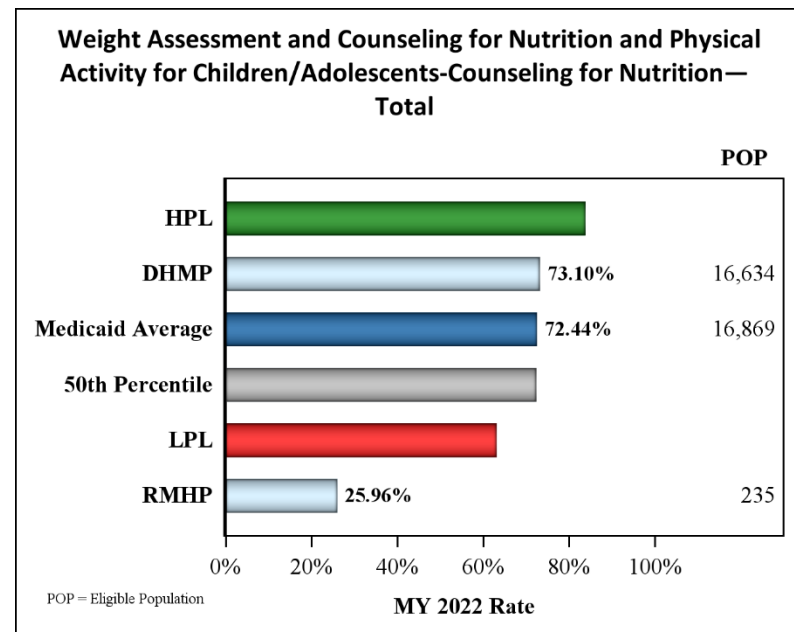
Both MCOs’ rates and the Colorado Medicaid weighted average fell below the LPL. MCO performance varied by approximately 45 percentage points.

## 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.



The Colorado Medicaid weighted average did not demonstrate a significant change from MY 2021 to MY 2022.



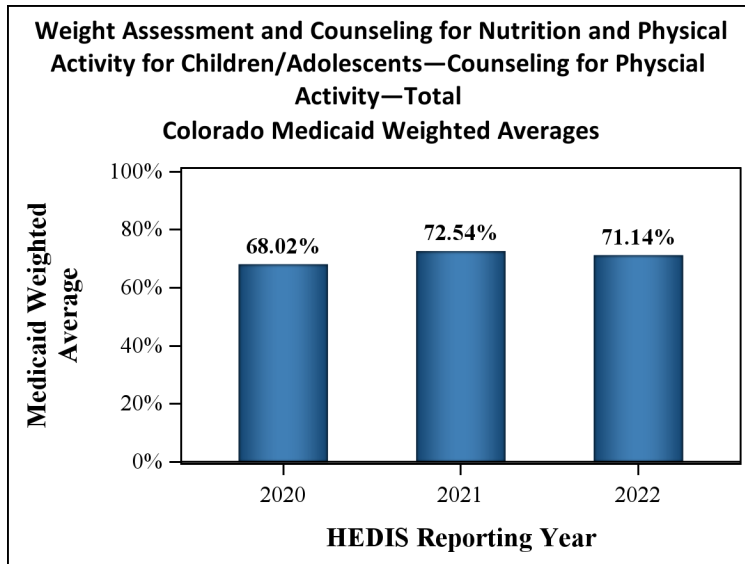
Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

DHMP’s rate and the Colorado Medicaid weighted average were above the 50th percentile but below the HPL. RMHP Prime’s rate fell below the LPL. MCO performance varied by approximately 47 percentage points.

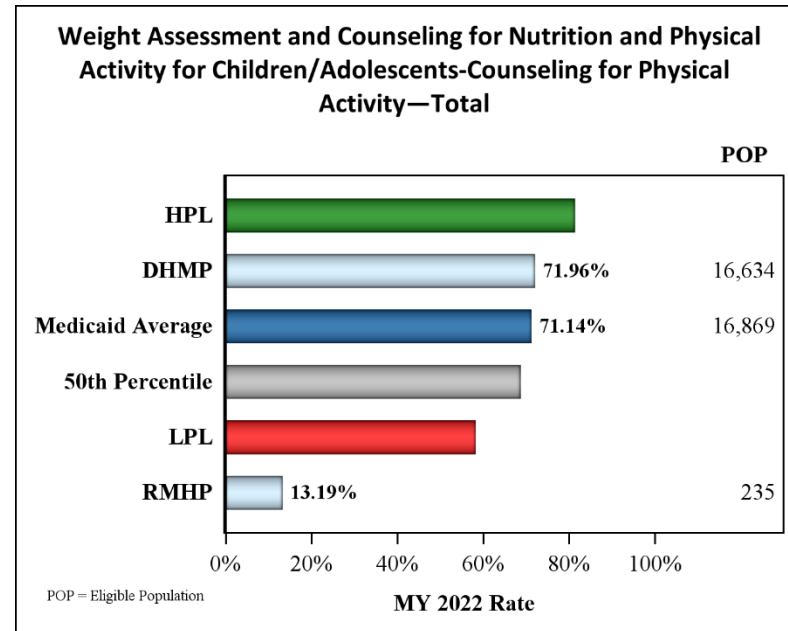


## Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents— Counseling for Physical Activity—Total

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.



The Colorado Medicaid weighted average did not demonstrate a significant change from MY 2021 to MY 2022.

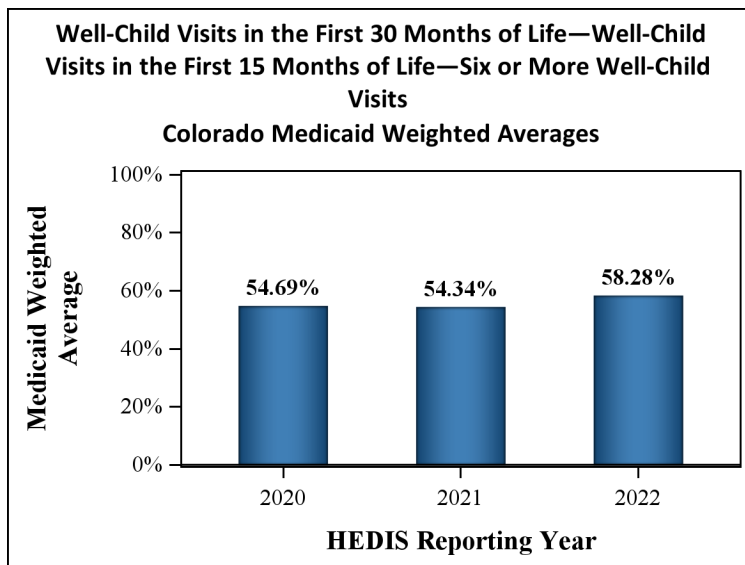


Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

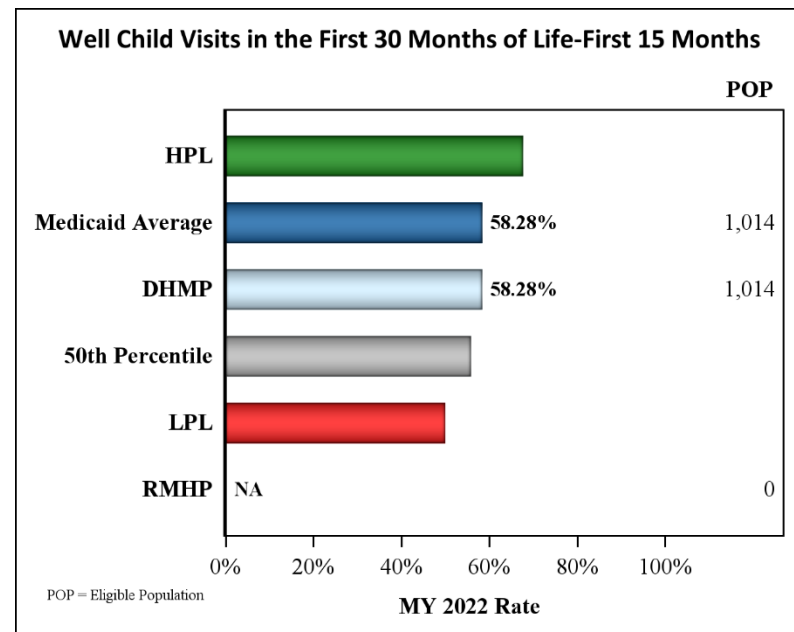
DHMP’s rate and the Colorado Medicaid weighted average were above the 50th percentile but below the HPL. RMHP Prime’s rate fell below the LPL. MCO performance varied by approximately 59 percentage points.

## 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 2021 to MY 2022.

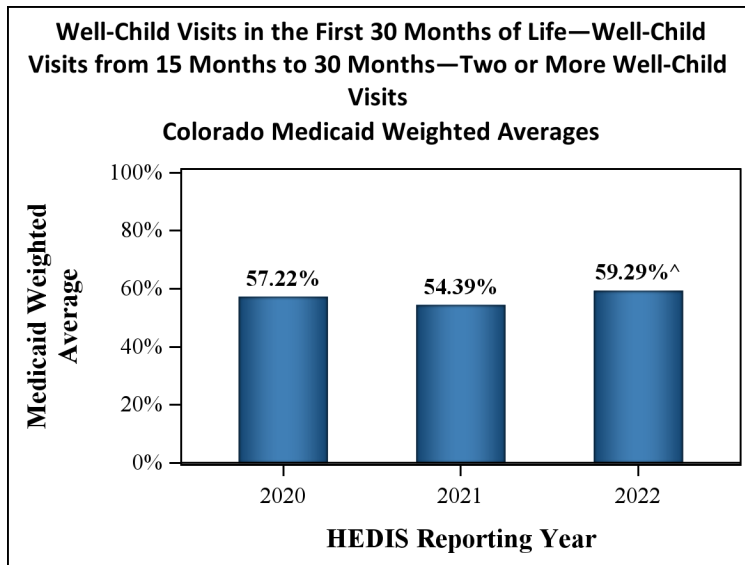


*NA (Small Denominator)* indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate. Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

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

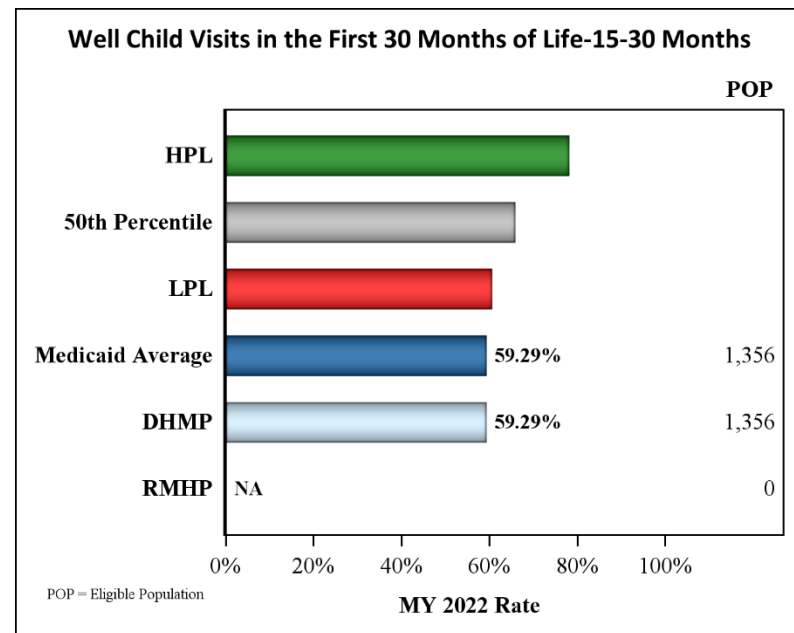
## Well-Child Visits in the First 30 Months of Life—Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits

*Well-Child Visits in the First 30 Months of Life—Well-Child Visits for Age 15 Months to 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.



One caret (^) indicates a statistically significant improvement in performance from MY 2021 to MY 2022.

The Colorado Medicaid weighted average significantly improved from MY 2021 to MY 2022.



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.

### 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*).

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

| Performance Measures   | DHMP  | RMHP Prime |
|--|-------|------------|
| <b>Breast Cancer Screening</b>   |       |            |
| <i>Ages 52 to 64 Years</i>   | —     | —          |
| <i>Ages 65 to 74 Years</i>   | —     | —          |
| <b>Cervical Cancer Screening<sup>H</sup></b>   |       |            |
| <i>Cervical Cancer Screening</i>   | ★     | ★          |
| <b>Child and Adolescent Well-Care Visits<sup>1,H</sup></b>   |       |            |
| <i>Total</i>   | ★     | ★          |
| <b>Childhood Immunization Status<sup>1,H</sup></b>   |       |            |
| <i>Combination 3</i>   | ★★★★★ | —          |
| <i>Combination 7</i>   | ★★★★★ | —          |
| <i>Combination 10</i>  | ★★★   | —          |
| <b>Chlamydia Screening in Women<sup>H</sup></b>  |       |            |
| <i>Ages 16 to 20 Years<sup>l</sup></i>   | ★★★★★ | ★          |
| <i>Ages 21 to 24 Years</i>   | ★★★★★ | ★          |
| <b>Colorectal Cancer Screening</b>   |       |            |
| <i>Ages 46 to 49 Years</i>   | —     | —          |
| <i>Ages 50 to 64 Years</i>   | —     | —          |
| <i>Ages 65 Years and Older</i>   | —     | —          |
| <b>Developmental Screening in the First Three Years of Life<sup>1,H</sup></b>                                      |       |            |
| <i>Total</i>   | —     | —          |
| <b>Immunizations for Adolescents<sup>1,H</sup></b>   |       |            |
| <i>Combination 1</i>   | ★     | ★★★        |
| <i>Combination 2</i>   | ★★★   | ★          |
| <b>Lead Screening in Children<sup>1,H</sup></b>  |       |            |
| <i>Lead Screening in Children</i>  | ★★    | —          |
| <b>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents<sup>1,H</sup></b> |       |            |
| <i>BMI Percentile—Total</i>  | ★     | ★          |
| <i>Counseling for Nutrition—Total</i>  | ★★★   | ★          |
| <i>Counseling for Physical Activity—Total</i>  | ★★★   | ★          |

| Performance Measures  | DHMP | RMHP Prime |
|---|------|------------|
| <b>Well-Child Visits in the First 30 Months of Life<sup>1,H</sup></b>                 |      |            |
| <i>Well-Child Visits in the First 15 Months of Life—Six or More Well-Child Visits</i> | ★★★  | —          |
| <i>Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits</i> | ★    | —          |

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

<sup>H</sup> indicates that the measure is a HEDIS measure and can be compared to NCQA benchmarks.

— 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 or there was no benchmark for comparison.

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             | 2     | 2    | 5   | 1  | 5 |
| RMHP Prime       | 0     | 0    | 1   | 0  | 8 |

Performance for the MCOs in the Primary Care Access and Preventive Care domain demonstrated opportunities for improvement, with six of 15 (40 percent) HEDIS measure indicator rates for DHMP falling below the 50th percentile and eight of nine (88.89 percent) reportable HEDIS measure indicator rates for RMHP Prime falling below the 25th percentile. Additionally, both MCOs’ measure indicator rates for *Cervical Cancer Screening* and *Child and Adolescent Well-Care Visits* fell below the 25th percentile. HSAG recommends the MCOs and the Department consider further analysis of key drivers contributing to continued observed low performance. Consider reassessing, evaluating, and expanding current and/or new member outreach and engagement initiatives. Additionally, HSAG recommends increasing the frequency of internal and external facing multidisciplinary work groups designed to solicit best practices from other organizations within and/or outside the state.

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 90th percentile, showing strength in preventive screening. The Department should work closely with DHMP to determine whether any of the initiatives leading to the strong performance in this measure could be leveraged across other measures as best practice.

## 4. Maternal and Perinatal Health

### Maternal and Perinatal Health

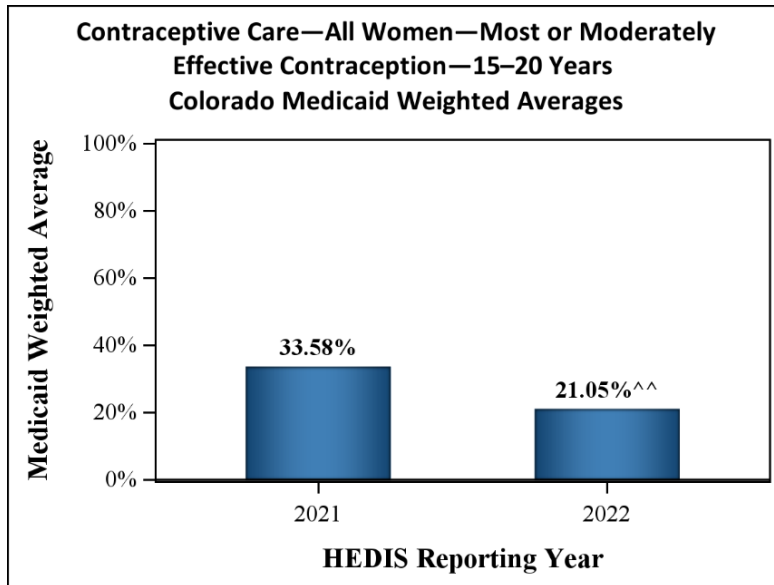
The following section provides a detailed analysis of the Colorado Medicaid MCOs' performance for the Maternal and Perinatal Health domain. The Maternal and Perinatal Health domain encompasses the following measures:

- *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 90 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 90 Days—Ages 15 to 20 Years and Ages 21 to 44 Years*
- *Prenatal and Postpartum Care—Timeliness of Prenatal Care and Postpartum 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.

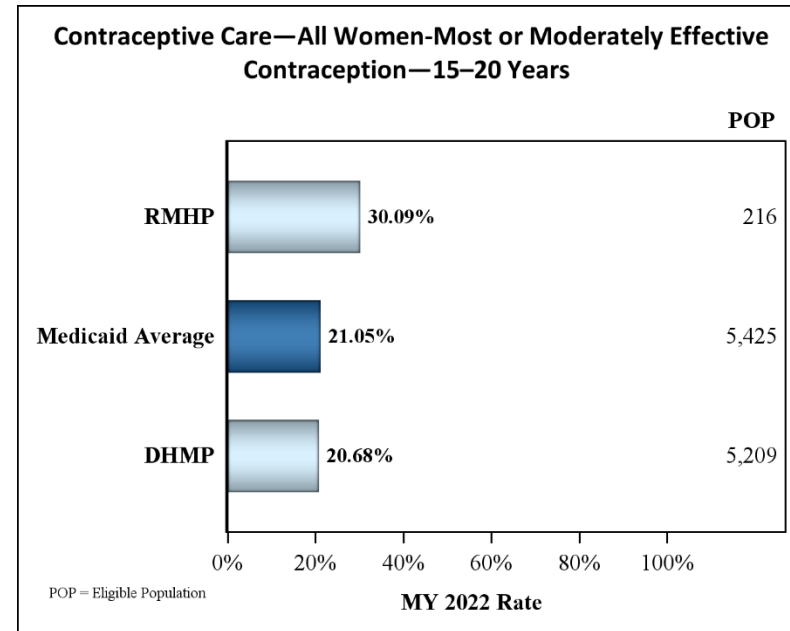
### Contraceptive Care—All Women—MMEC—Ages 15 to 20 Years

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.



Two carets (^^) indicate a statistically significant decline in performance from MY 2021 to MY 2022.

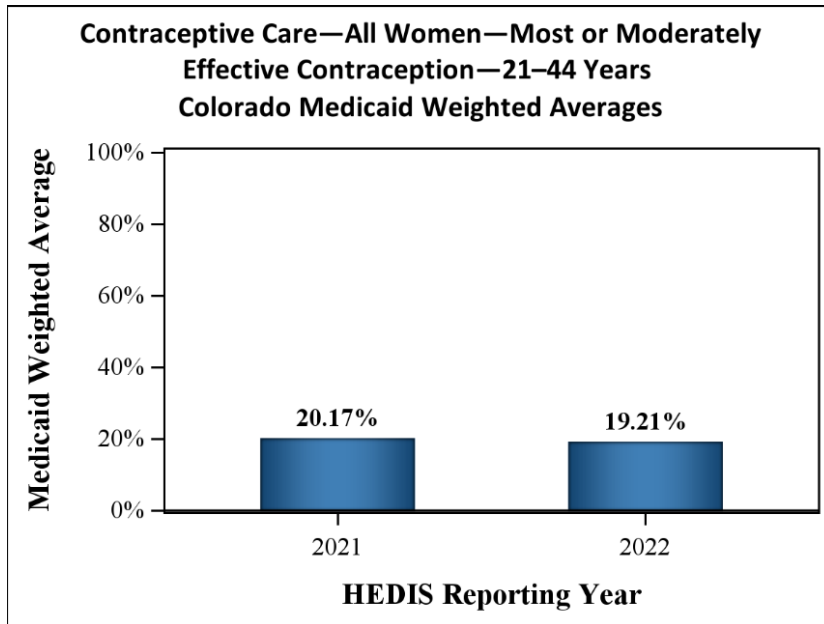
The Colorado Medicaid weighted average significantly declined from MY 2021 to MY 2022.



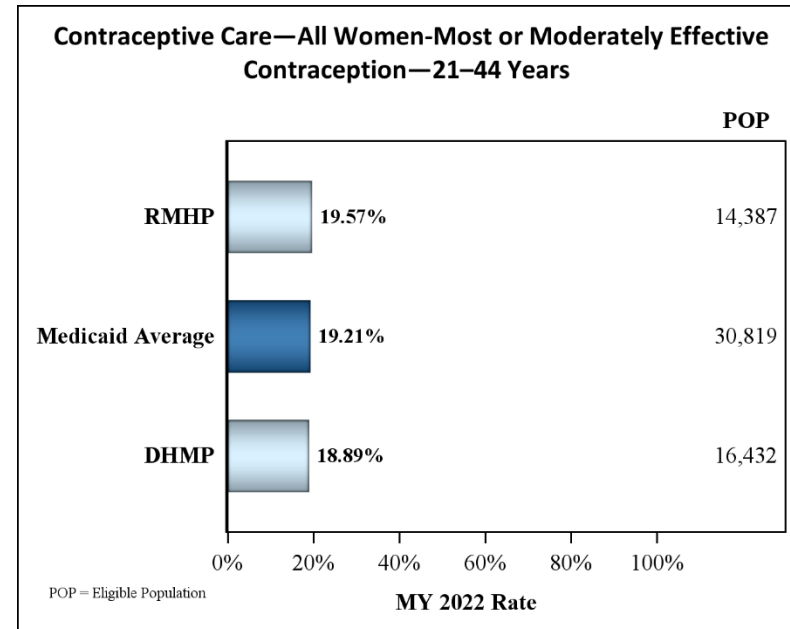
MCO performance varied by approximately 9 percentage points.

### 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.



The Colorado Medicaid weighted average did not demonstrate a significant change from MY 2021 to MY 2022.

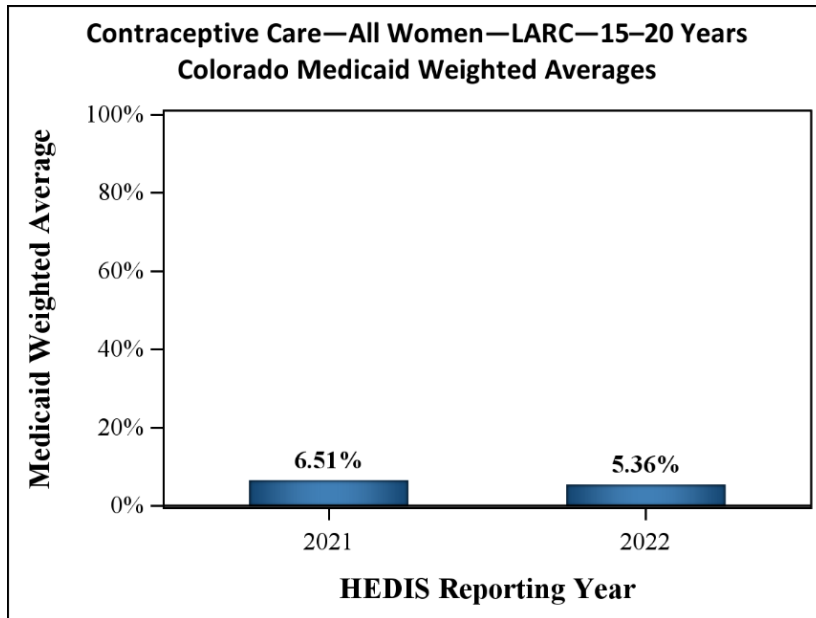


MCO performance varied by less than 1 percentage point.

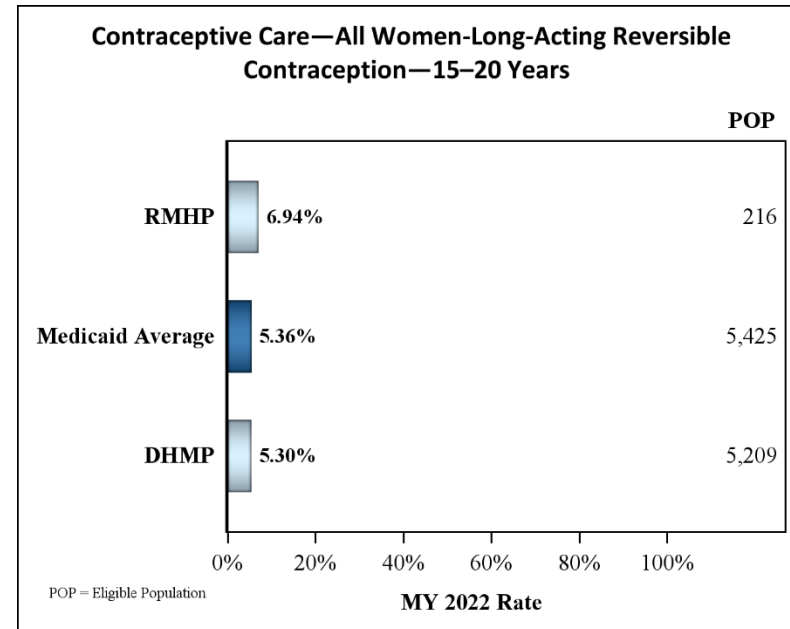


### Contraceptive Care—All Women—LARC—Ages 15 to 20 Years

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.



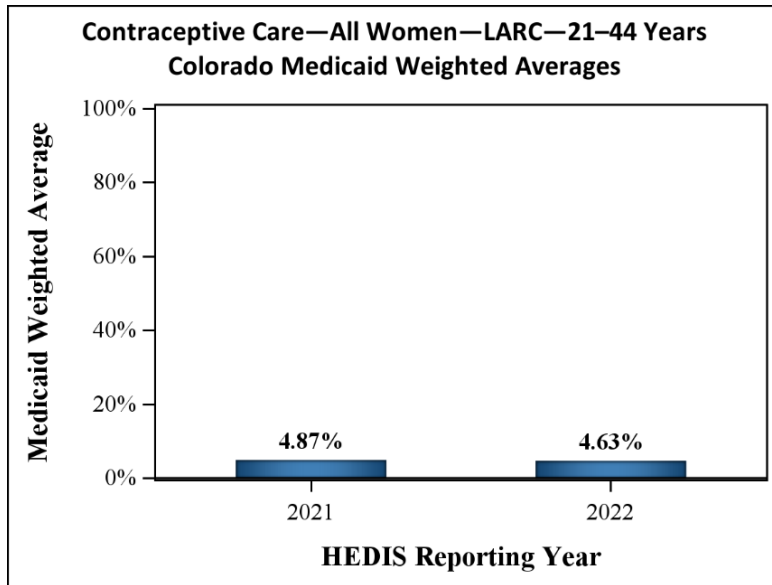
The Colorado Medicaid weighted average did not demonstrate a significant change from MY 2021 to MY 2022.



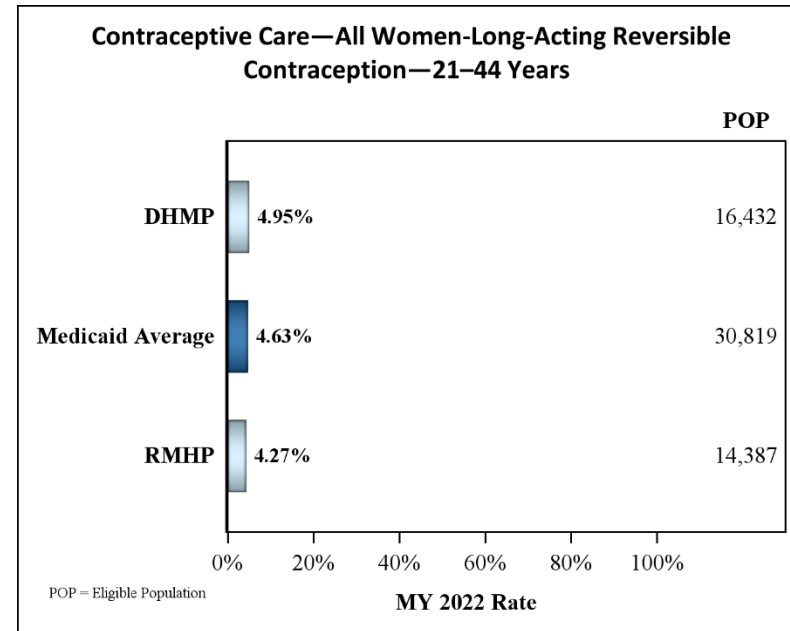
MCO performance varied by approximately 2 percentage points.

### 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.



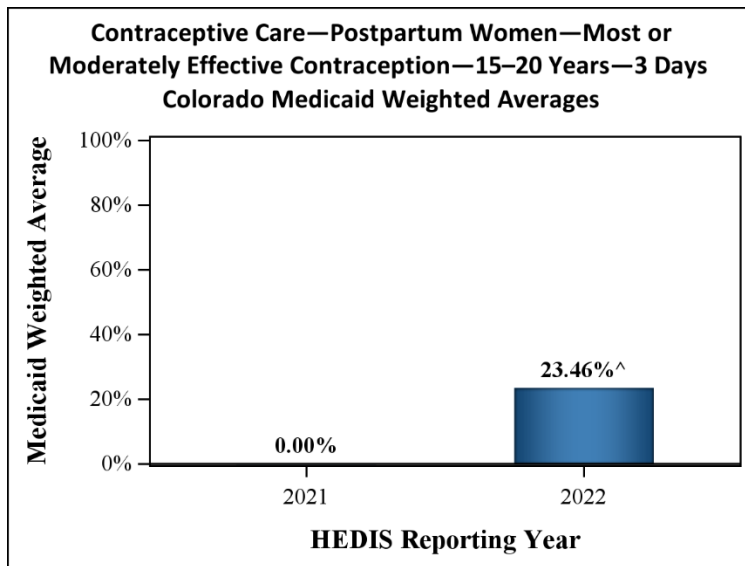
The Colorado Medicaid weighted average did not demonstrate a significant change from MY 2021 to MY 2022.



MCO performance varied by less than 1 percentage point.

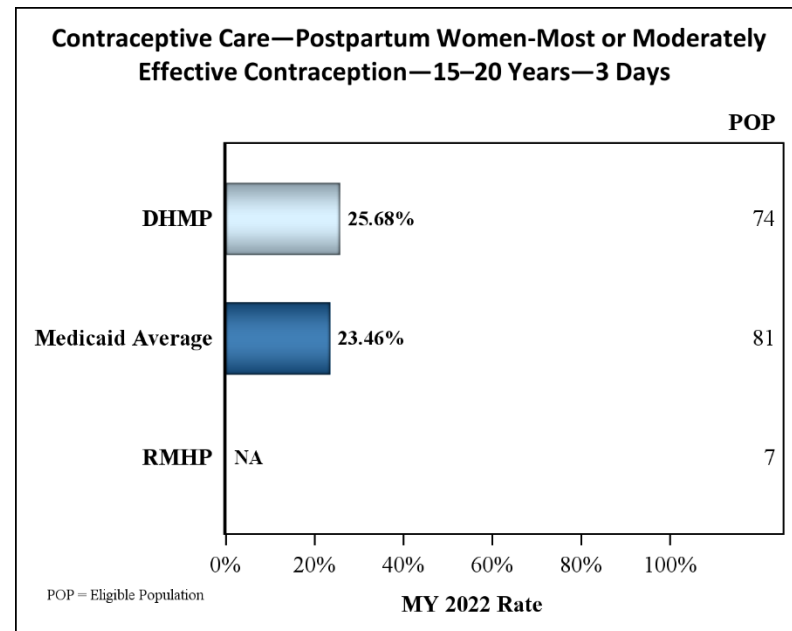
### Contraceptive Care—Postpartum Women—MMEC—3 Days—Ages 15 to 20 Years

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.



One caret (^) indicates a statistically significant improvement in performance from MY 2021 to MY 2022.

The Colorado Medicaid weighted average significantly improved from MY 2021 to MY 2022.

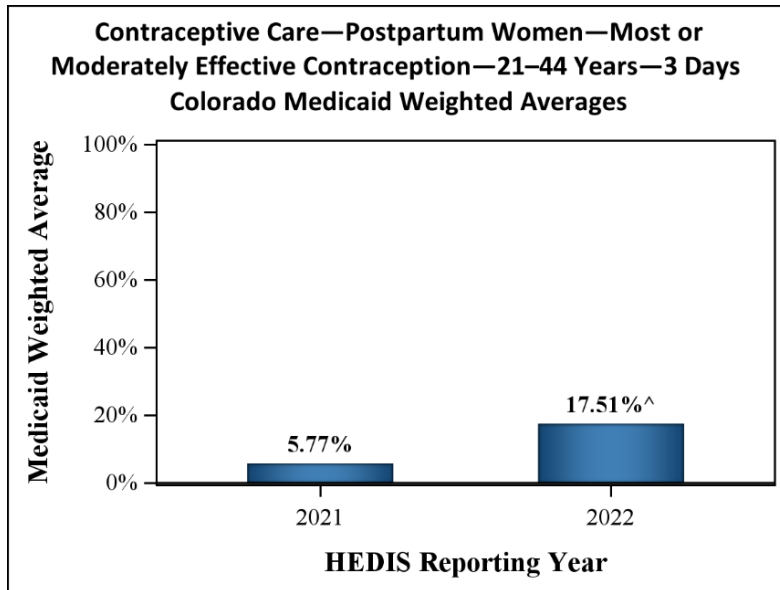


NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate.

Only DHMP had a reportable rate, and a benchmark is not available for this measure indicator.

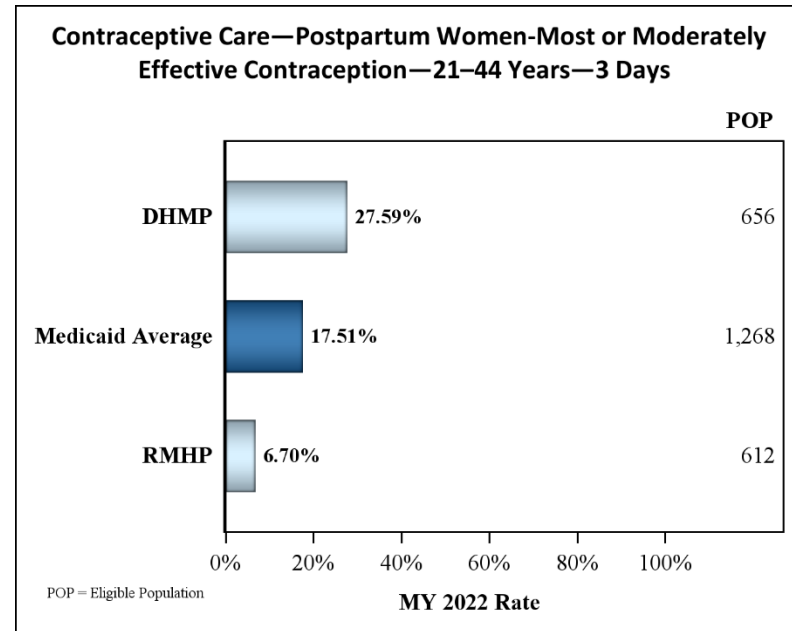
### Contraceptive Care—Postpartum Women—MMEC—3 Days—Ages 21 to 44 Years

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.



One caret (^) indicates a statistically significant improvement in performance from MY 2021 to MY 2022.

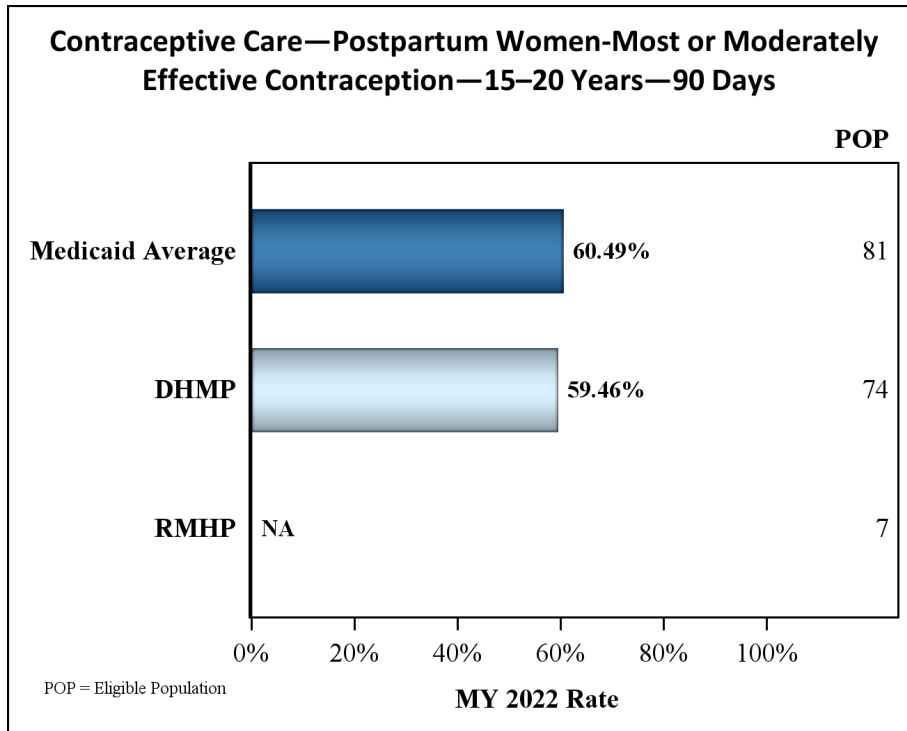
The Colorado Medicaid weighted average significantly improved from MY 2021 to MY 2022.



MCO performance varied by approximately 21 percentage points.

### Contraceptive Care—Postpartum Women—MMEC—90 Days—Ages 15 to 20 Years

Contraceptive Care—Postpartum Women—MMEC—90 Days—Ages 15 to 20 Years measures the percentage of women ages 15 to 20 years who were provided an MMEC within 90 days of delivery.

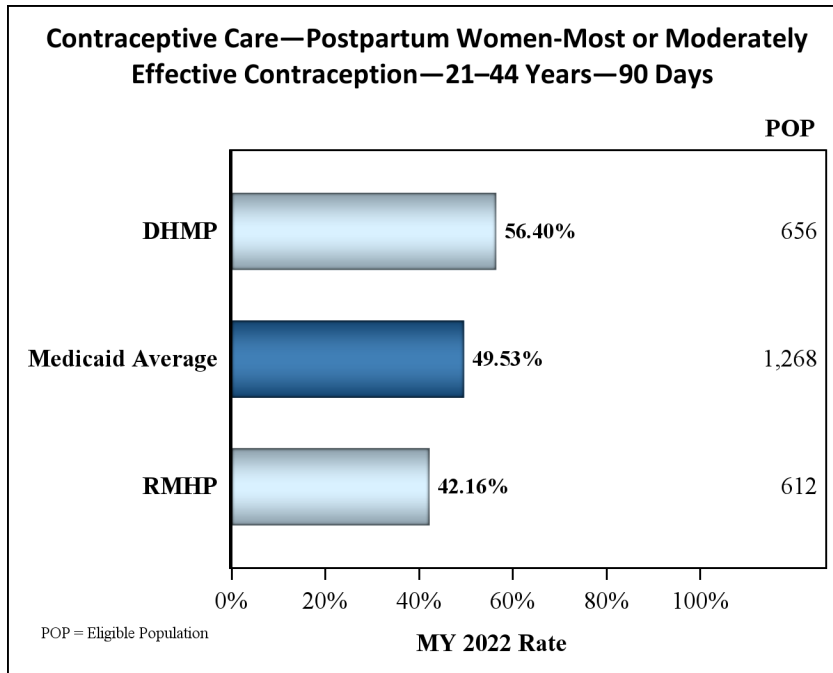


NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate.

Only DHMP had a reportable rate, and a benchmark is not available for this measure indicator.

### Contraceptive Care—Postpartum Women—MMEC—90 Days—Ages 21 to 44 Years

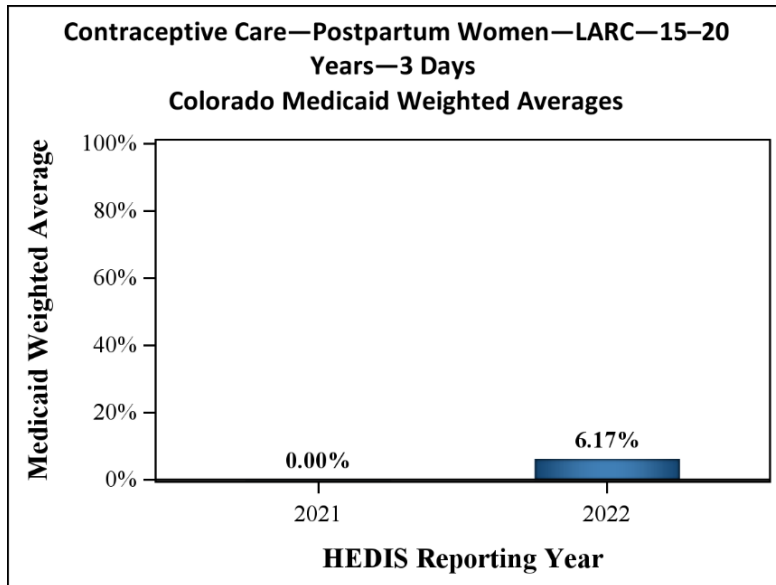
Contraceptive Care—Postpartum Women—MMEC—90 Days—Ages 21 to 44 Years measures the percentage of women ages 21 to 44 years who were provided an MMEC within 90 days of delivery.



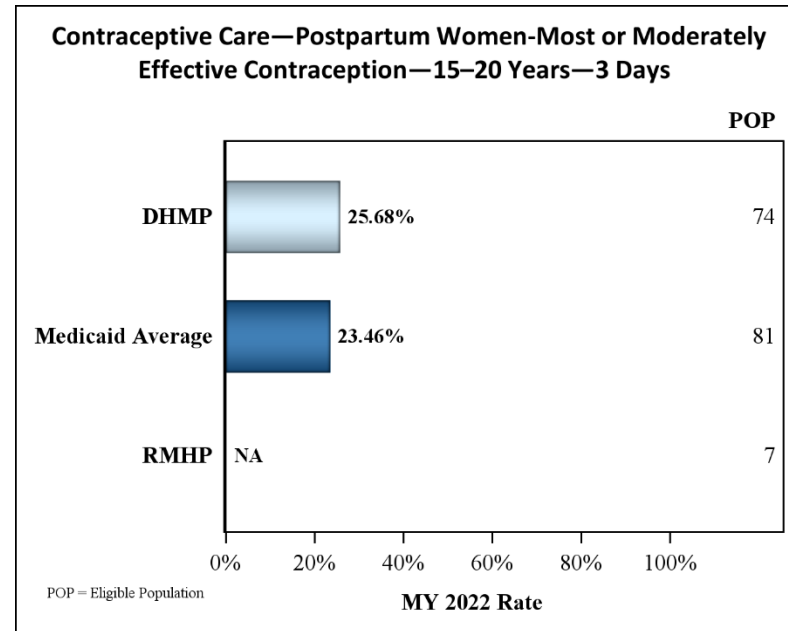
MCO performance varied by approximately 14 percentage points.

### 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.



The Colorado Medicaid weighted average did not demonstrate a significant change from MY 2021 to MY 2022.

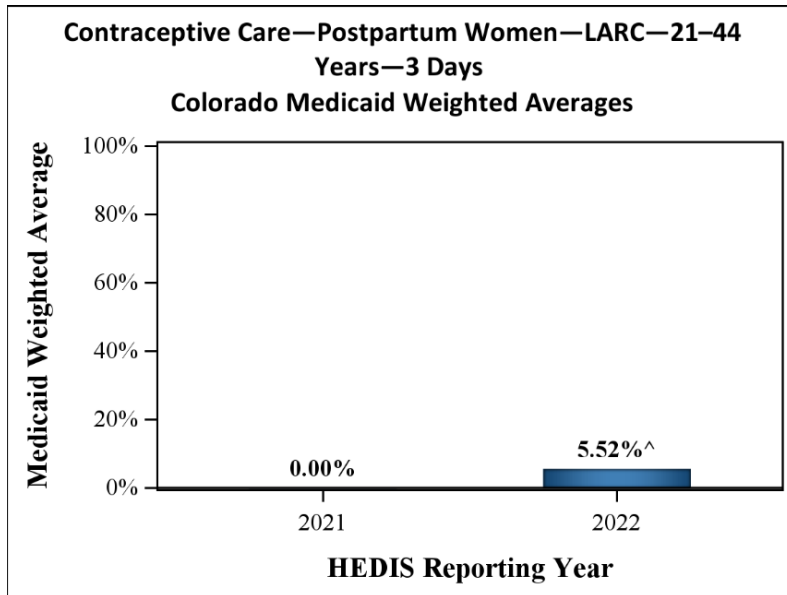


NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate.

Only DHMP had a reportable rate, and a benchmark is not available for this measure indicator.

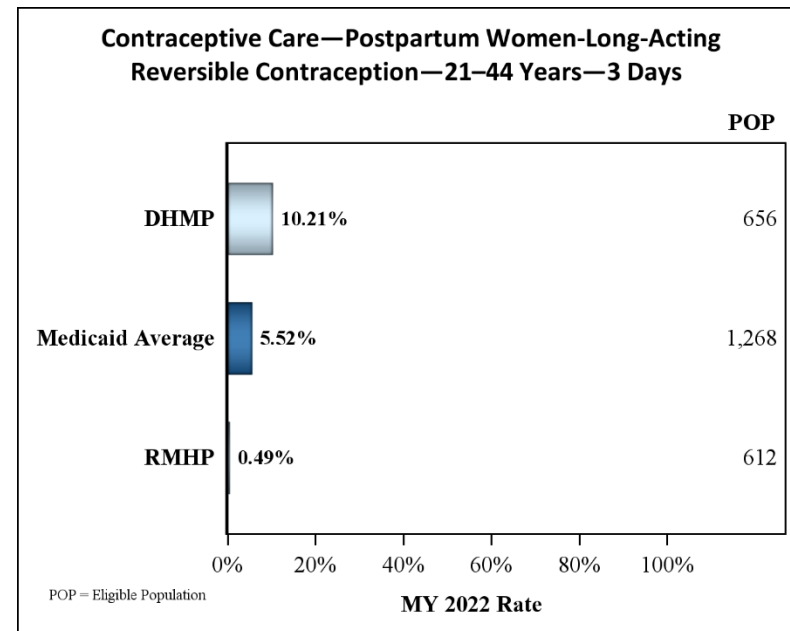
### Contraceptive Care—Postpartum Women—LARC—3 Days—Ages 21 to 44 Years

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.



One caret (^) indicates a statistically significant improvement in performance from MY 2021 to MY 2022.

The Colorado Medicaid weighted average significantly improved from MY 2021 to MY 2022.

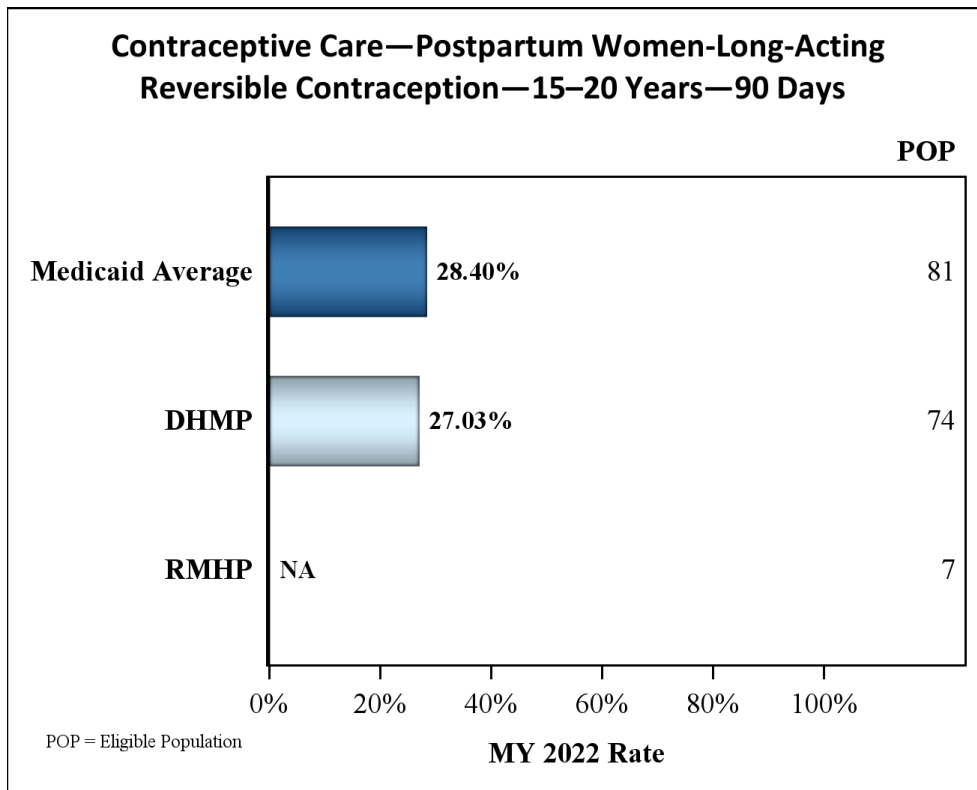


MCO performance varied by approximately 10 percentage points.



### Contraceptive Care—Postpartum Women—LARC—90 Days—Ages 15 to 20 Years

Contraceptive Care—Postpartum Women—LARC—90 Days—Ages 15 to 20 Years measures the percentage of women ages 15 to 20 years who were provided an LARC within 90 days of delivery.

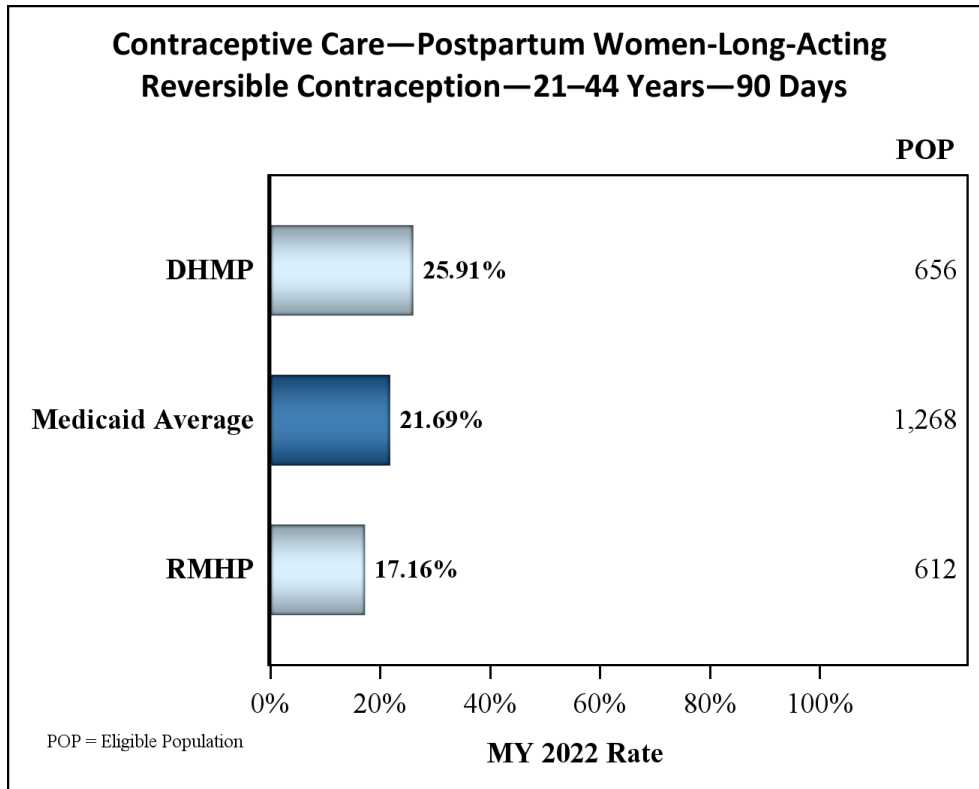


NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate.

Only DHMP had a reportable rate, and a benchmark is not available for this measure indicator.

**Contraceptive Care—Postpartum Women—LARC—90 Days—Ages 21 to 44 Years**

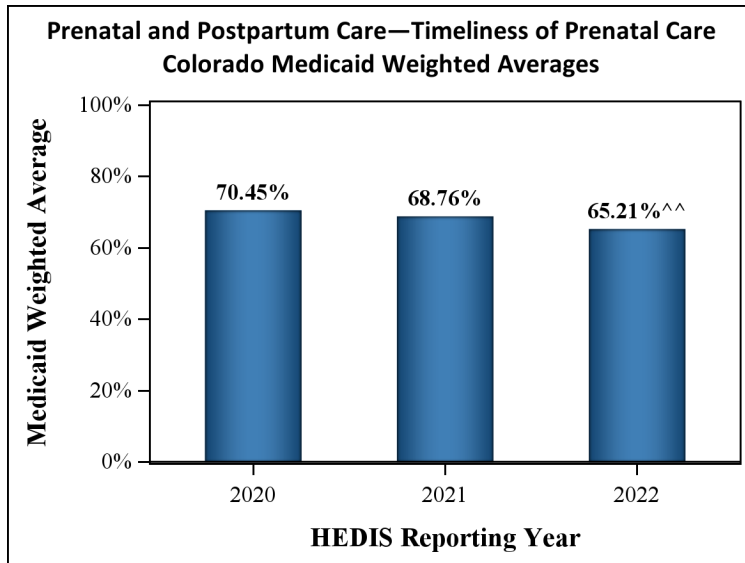
*Contraceptive Care—Postpartum Women—LARC—90 Days—Ages 21 to 44 Years* measures the percentage of women ages 21 to 44 years who were provided a LARC within 90 days of delivery.



MCO performance varied by approximately 9 percentage points.

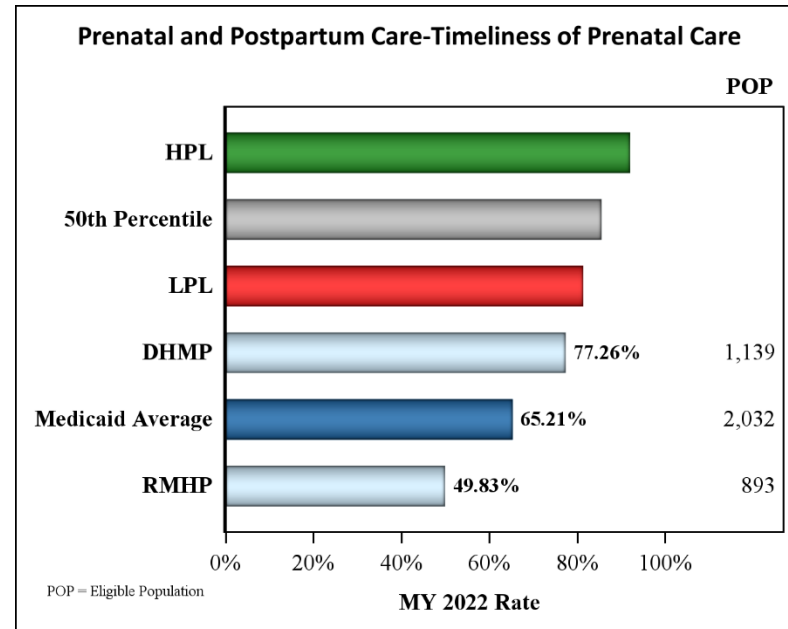
### Prenatal and Postpartum Care—Timeliness of Prenatal Care

*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.



Two carets (^^) indicate a statistically significant decline in performance from MY 2021 to MY 2022.

The Colorado Medicaid weighted average significantly declined from MY 2021 to MY 2022.

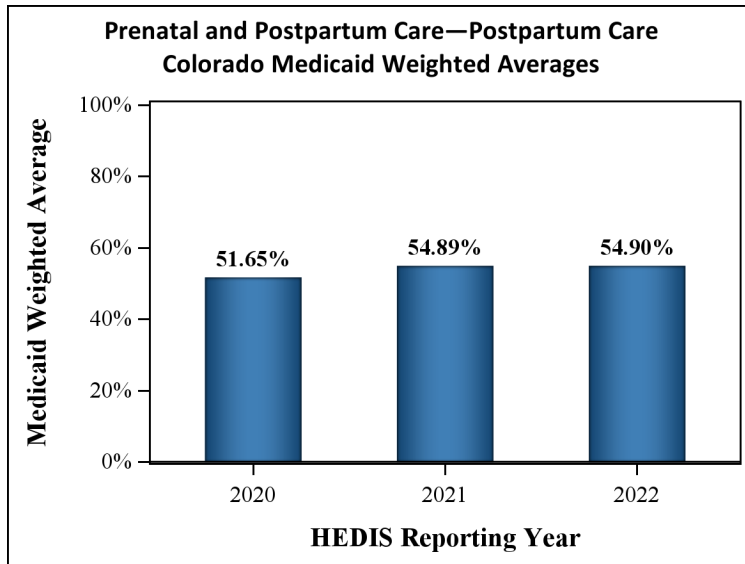


Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

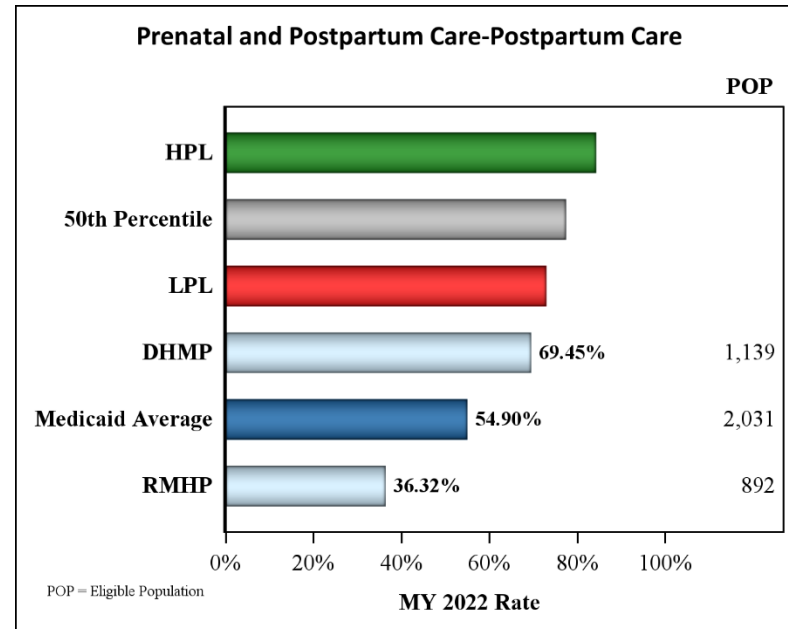
The two MCOs' rates and the Colorado Medicaid weighted average fell below the LPL. MCO performance varied by approximately 27 percentage points.

### Prenatal and Postpartum Care—Postpartum Care

Prenatal and Postpartum Care—Postpartum Care measures the percentage of deliveries of live births that had a postpartum visit on or between seven and 84 days after delivery.



The Colorado Medicaid weighted average did not demonstrate a significant change from MY 2021 to MY 2022.



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

The two MCOs’ rates and the Colorado Medicaid weighted average fell below the LPL. MCO performance varied by approximately 33 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*).

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

| Performance Measures                            | DHMP | RMHP Prime |
|---|------|------------|
| <b>Contraceptive Care—All Women</b>             |      |            |
| MMEC—Ages 15 to 20 Years                        | —    | —          |
| MMEC—Ages 21 to 44 Years                        | —    | —          |
| LARC—Ages 15 to 20 Years                        | —    | —          |
| LARC—Ages 21 to 44 Years                        | —    | —          |
| <b>Contraceptive Care—Postpartum Women</b>      |      |            |
| MMEC—3 Days—Ages 15 to 20 Years                 | —    | —          |
| MMEC—3 Days—Ages 21 to 44 Years                 | —    | —          |
| MMEC—90 Days—Ages 15 to 20 Years                | —    | —          |
| MMEC—90 Days—Ages 21 to 44 Years                | —    | —          |
| LARC—3 Days—Ages 15 to 20 Years                 | —    | —          |
| LARC—3 Days—Ages 21 to 44 Years                 | —    | —          |
| LARC—90 Days—Ages 15 to 20 Years                | —    | —          |
| LARC—90 Days—Ages 21 to 44 Years                | —    | —          |
| <b>Prenatal and Postpartum Care<sup>H</sup></b> |      |            |
| Timeliness of Prenatal Care                     | ★    | ★          |
| Postpartum Care                                 | ★    | ★          |

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

— 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 or there was no benchmark for comparison.

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   | 0  | 2 |
| RMHP Prime       | 0     | 0    | 0   | 0  | 2 |

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 25th percentile, both DHMP and RMHP Prime have opportunities to improve access to prenatal and postpartum care for women. Studies indicate that as many as 60 percent of all pregnancy-related deaths could be prevented if women had better access to healthcare, received better quality of care, and made changes in their health and lifestyle habits.<sup>4-1</sup> 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.<sup>4-2</sup> HSAG recommends further research and potential implementation of an incentive program focused on timely prenatal and postpartum care visits. Additionally, HSAG recommends the MCOs consider leveraging opportunities to host campaigns and/or conduct member outreach activities to engage members in the importance of timely prenatal and postpartum care. HSAG also recommends the MCOs consider exploring available programs and/or vendors that can provide additional services such as appointment and transportation scheduling, pregnancy and parenting education, and pregnancy monitoring.

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<sup>4-1</sup> Building U.S. Capacity to Review and Prevent Maternal Deaths. (2018). Report From Nine Maternal Mortality Review Committees. Available at: <https://www.cdcfoundation.org/sites/default/files/files/ReportfromNineMMRCs.pdf>. Accessed on: Oct 11, 2023.

<sup>4-2</sup> American College of Obstetricians and Gynecologists (ACOG). (2018). Optimizing Postpartum Care. ACOG Committee Opinion No. 736. *Obstet Gynecol*, 131:140-150.

## 5. Care of Acute and Chronic Conditions

### Care of Acute and Chronic Conditions

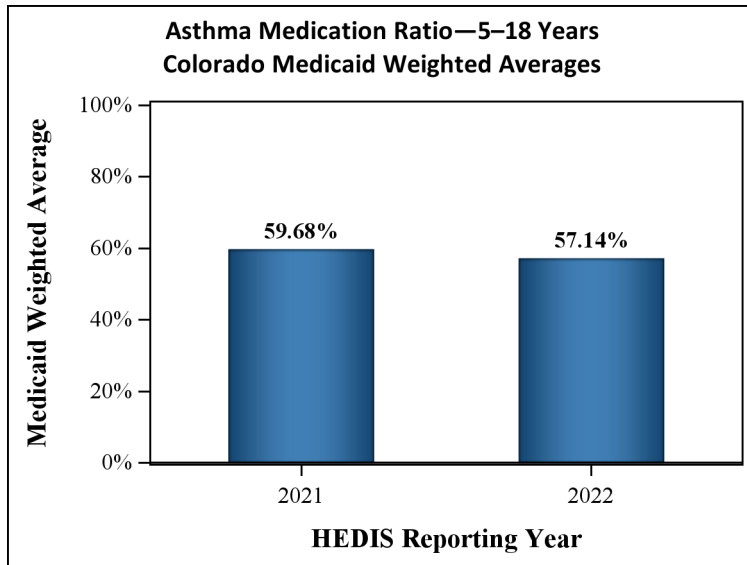
The following section provides a detailed analysis of the Colorado Medicaid MCOs' performance for the Care of Acute and Chronic Conditions domain.

- *Asthma Medication Ratio—Total (Ages 5 to 18 Years) and Total (Ages 19 to 64 Years)*
- *Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis—3 Months to 17 Years, Ages 18 to 64 Years, and Ages 65 Years and Older*
- *Concurrent Use of Opioids and Benzodiazepines—Ages 18 to 64 Years and Ages 65 Years and Older*
- *Controlling High Blood Pressure—Ages 18 to 64 Years and Ages 65 to 85 Years*
- *Hemoglobin A1c Control for Patients With Diabetes—HbA1c Control (<8.0%)—Ages 18 to 64 Years, HbA1c Control (<8.0%)—Ages 65 to 75 Years, Poor HbA1c Control (>9.0%)—Ages 18 to 64 Years, and Poor HbA1c Control (>9.0%)—Ages 65 to 75 Years*
- *HIV Viral Load Suppression—Ages 18 to 64 Years*
- *Use of Opioids at High Dosage in Persons Without Cancer—Ages 18 to 64 Years and Ages 65 Years and Older*

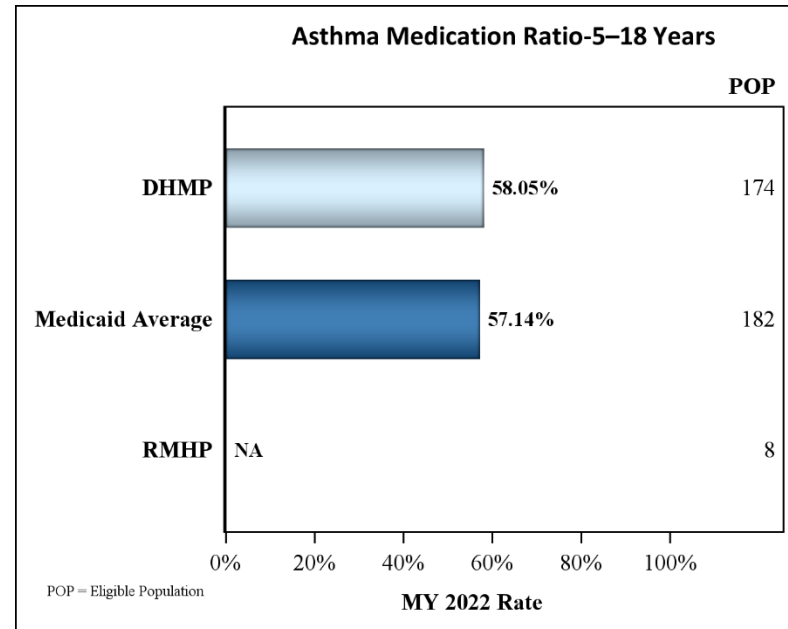
Please see the “Reader’s Guide” section for guidance on interpreting the figures presented within this section. For reference, additional analyses for each measure indicator are displayed in Appendix A and Appendix B.

### Asthma 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.



The Colorado Medicaid weighted average did not demonstrate a significant change from MY 2021 to MY 2022.



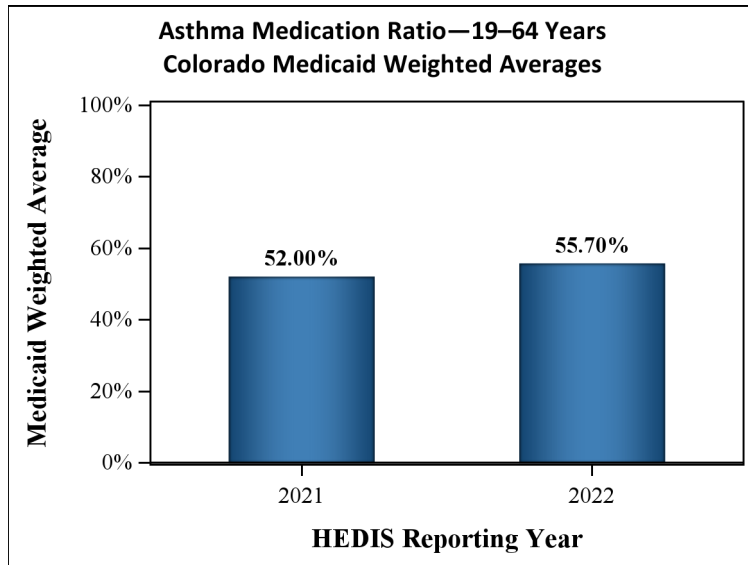
NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate.

Only DMHP had a reportable rate, and a benchmark is not available for this measure indicator.

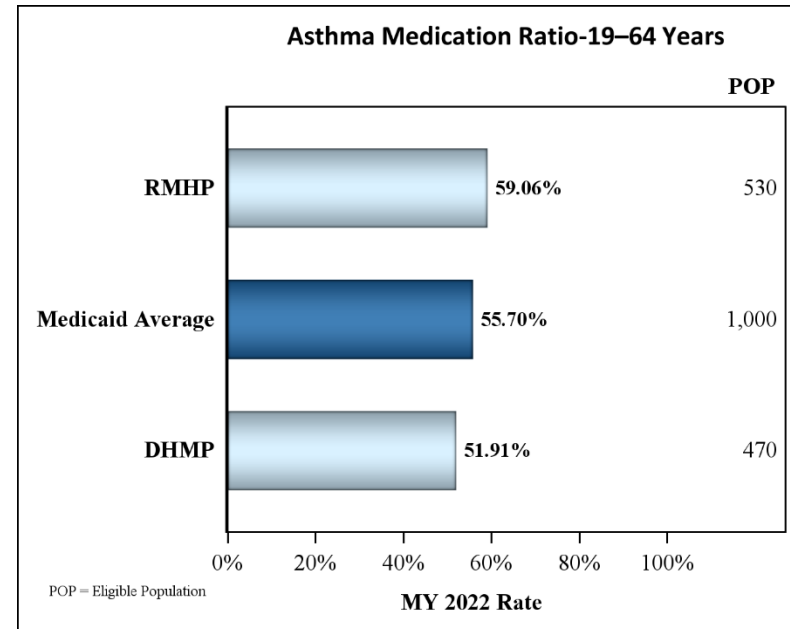


### Asthma Medication Ratio—Total (Ages 19 to 64 Years)

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.



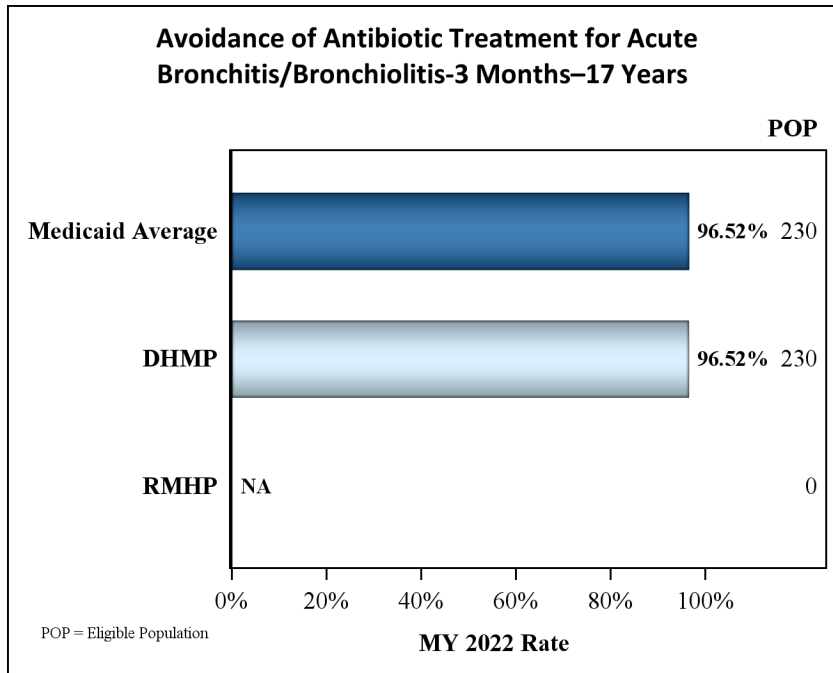
The Colorado Medicaid weighted average did not demonstrate a significant change from MY 2021 to MY 2022.



MCO performance varied by approximately 7 percentage points.

### Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis—3 Months to 17 Years

*Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis—3 Months to 17 Years* measures the proportion of cases involving individuals ages 3 months to 17 years diagnosed with acute bronchitis/bronchiolitis in which no antibiotics were prescribed. A greater percentage suggests the use of suitable treatment for bronchitis/bronchiolitis.

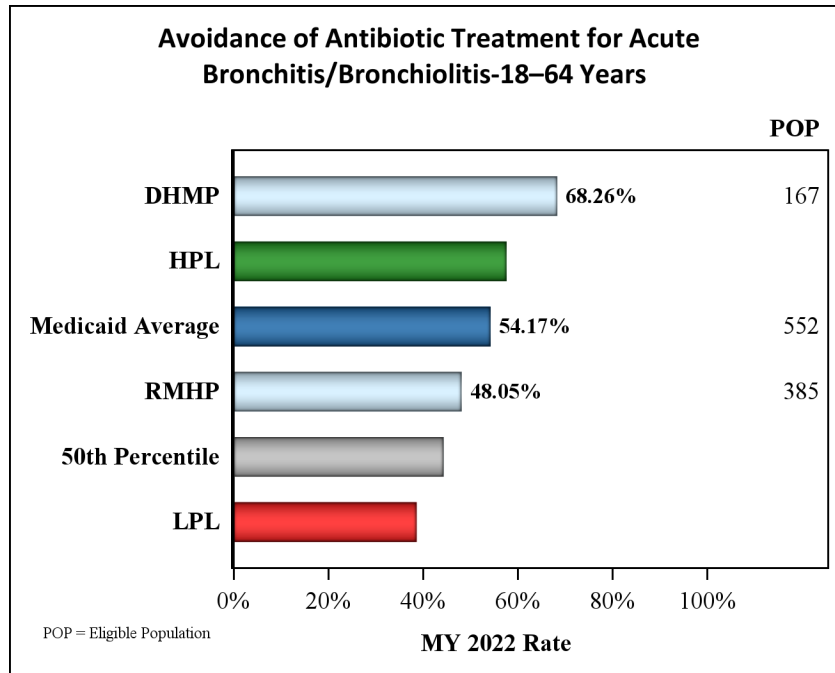


NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate.

Only DHMP reported this rate, and a benchmark is not available for this measure indicator.

### Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis—Ages 18 to 64 Years

Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis—Ages 18 to 64 Years measures the proportion of cases involving individuals ages 18 to 64 years diagnosed with acute bronchitis/bronchiolitis in which no antibiotics were prescribed. A greater percentage suggests the use of suitable treatment for bronchitis/bronchiolitis.



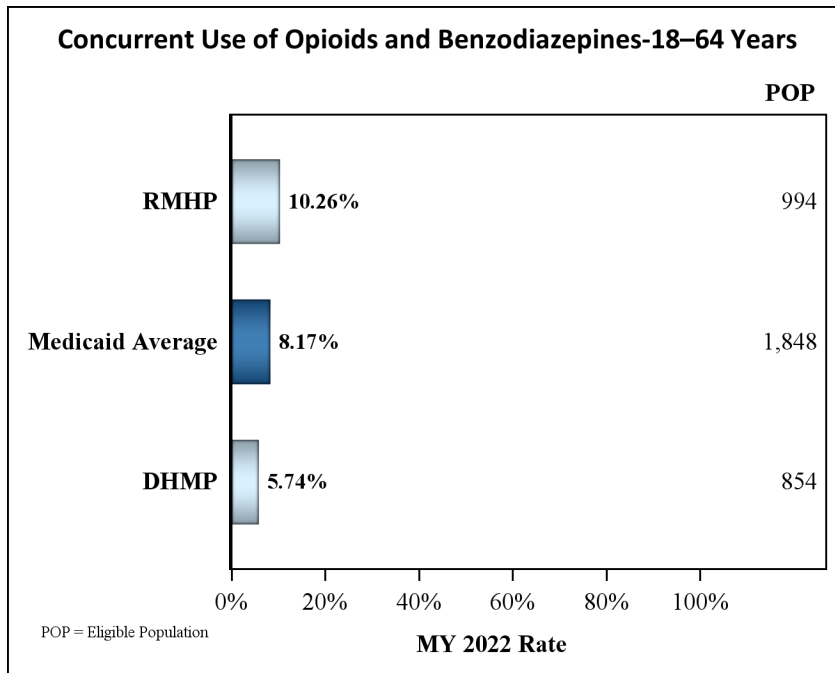
DHMP’s rate exceeded the HPL. RMHP Prime and the Colorado Medicaid weighted average were above the 50th percentile but below the HPL. MCO performance varied by approximately 20 percentage points.

### ***Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis—Ages 65 Years and Older***

*Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis—Ages 65 Years and Older* measures the proportion of cases involving individuals ages 65 years and older diagnosed with acute bronchitis/bronchiolitis in which no antibiotics were prescribed. A greater percentage suggests the use of suitable treatment for bronchitis/bronchiolitis. Neither DHMP nor RMHP Prime had a reportable rate for this measure's indicator.

### Concurrent Use of Opioids and Benzodiazepines—Ages 18 to 64 Years

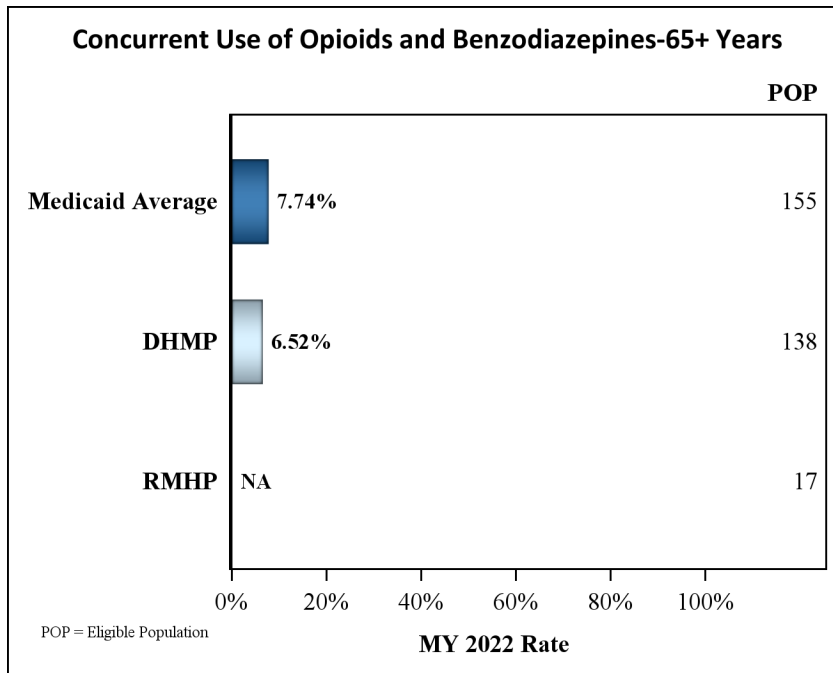
Concurrent Use of Opioids and Benzodiazepines—Ages 18 to 64 Years measures the percentage of members ages 18 to 64 years with concurrent use of prescription opioids and benzodiazepines.



MCO performance varied by approximately 5 percentage points.

### Concurrent Use of Opioids and Benzodiazepines—Ages 65 Years and Older

Concurrent Use of Opioids and Benzodiazepines—Ages 65 Years and Older measures the percentage of members ages 65 years and older with concurrent use of prescription opioids and benzodiazepines.

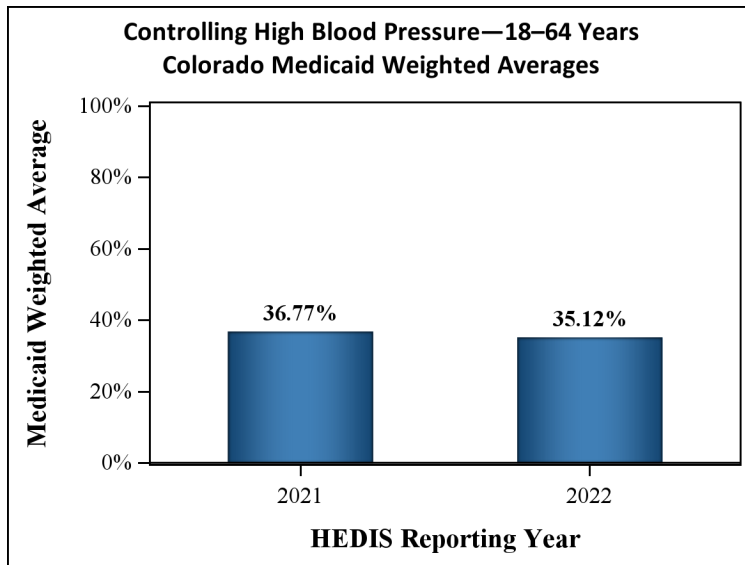


NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate.

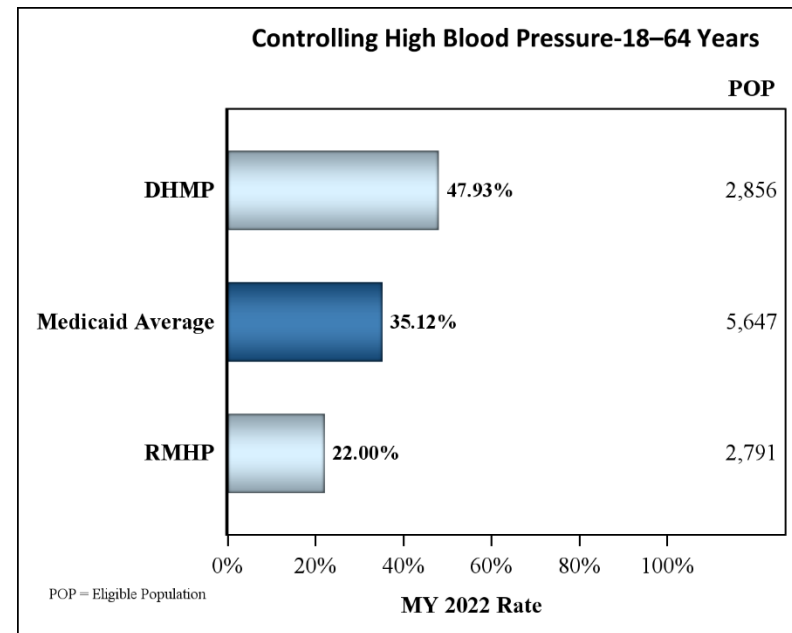
Only DHMP reported this rate, and a benchmark is not available for this measure indicator.

### 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 BP was adequately controlled (< 140/90 mm Hg) during the measurement year.



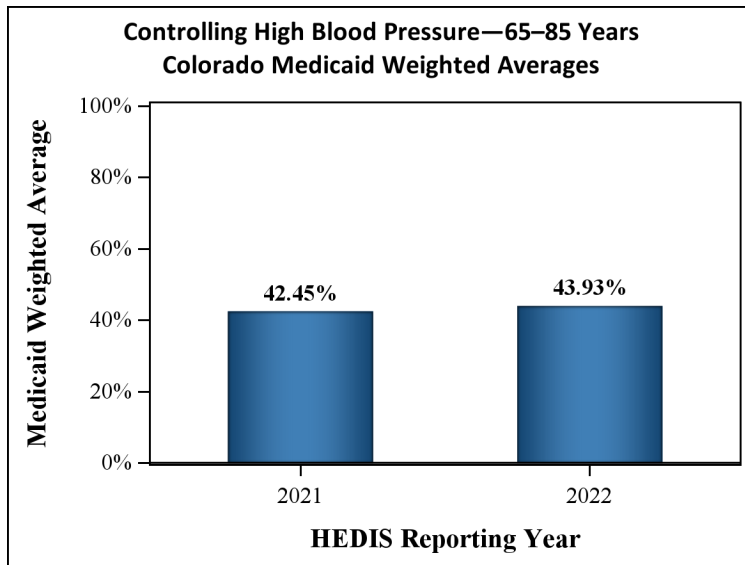
The Colorado Medicaid weighted average did not demonstrate a significant change from MY 2021 to MY 2022.



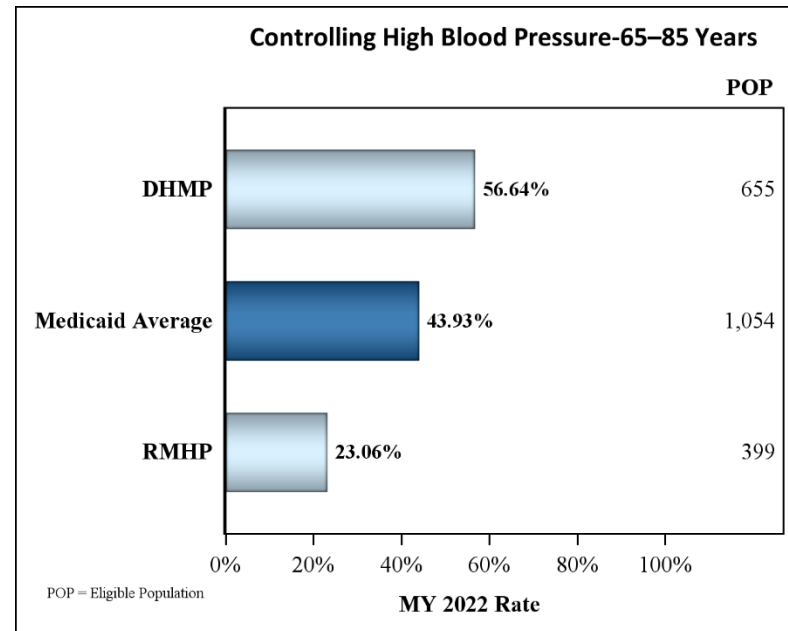
MCO performance varied by approximately 26 percentage points.

### 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.



The Colorado Medicaid weighted average did not demonstrate a significant change from MY 2021 to MY 2022.

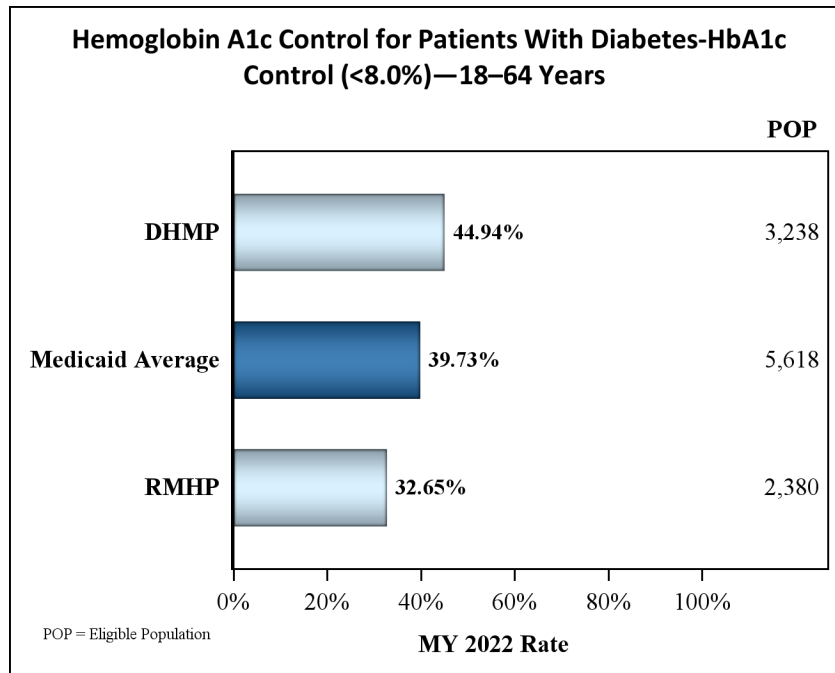


MCO performance varied by approximately 34 percentage points.



### Hemoglobin A1c Control for Patients With Diabetes—HbA1c Control (<8.0%)—Ages 18 to 64 Years

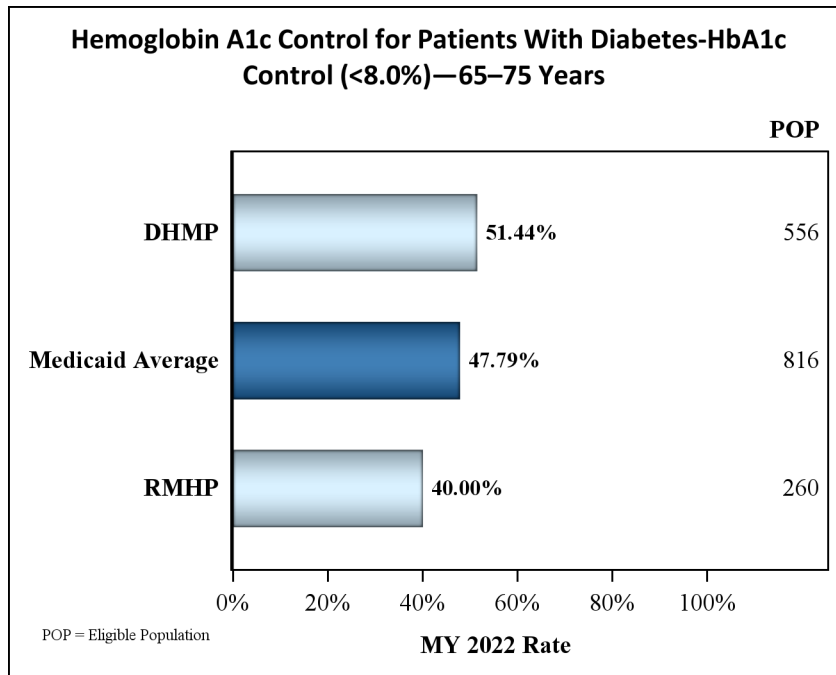
Hemoglobin A1c Control for Patients With Diabetes—HbA1c Control (<8.0%)—Ages 18 to 64 Years measures the percentage of members ages 18 to 64 years with diabetes (type 1 and type 2) whose hemoglobin was less than 8.0 during the measurement year.



MCO performance varied by approximately 12 percentage points.

### Hemoglobin A1c Control for Patients With Diabetes—HbA1c Control (<8.0%)—Ages 65 to 75 Years

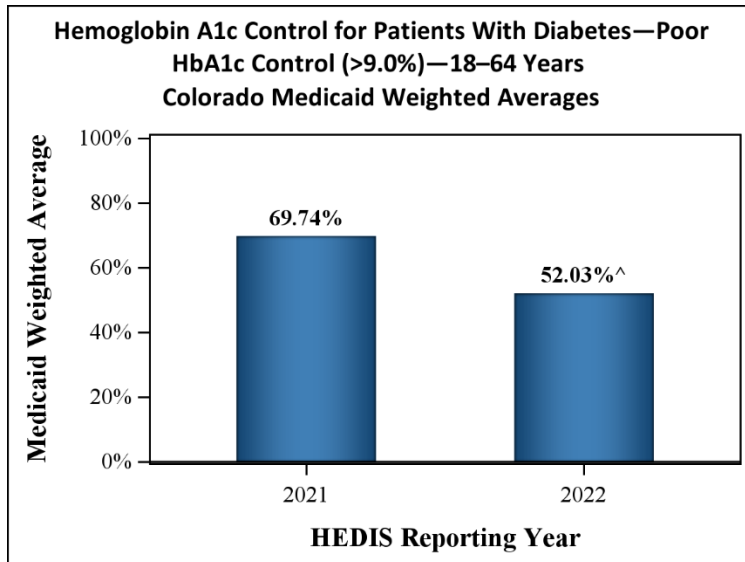
Hemoglobin A1c Control for Patients With Diabetes—HbA1c Control (<8.0%)—Ages 65 to 75 Years measures the percentage of members ages 65 to 75 years with diabetes (type 1 and type 2) whose hemoglobin was less than 8.0 during the measurement year.



MCO performance varied by approximately 11 percentage points.

### Hemoglobin A1c Control for Patients With Diabetes—Poor HbA1c Control (>9.0%)—Ages 18 to 64 Years

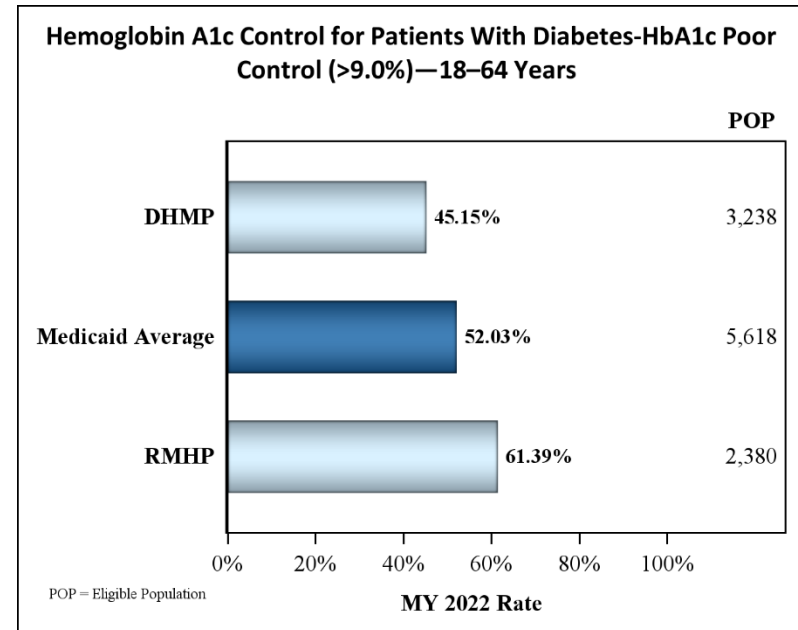
Hemoglobin A1c Control for Patients With Diabetes—Poor HbA1c Control (>9.0%)—Ages 18 to 64 Years measures the percentage of members ages 18 to 64 years with diabetes (type 1 and type 2) whose hemoglobin was greater than 9.0 during the measurement year.



One caret (^) indicates a statistically significant improvement in performance from MY 2021 to MY 2022.

For this indicator, a lower rate indicates better performance.

The Colorado Medicaid weighted average significantly improved from MY 2021 to MY 2022.

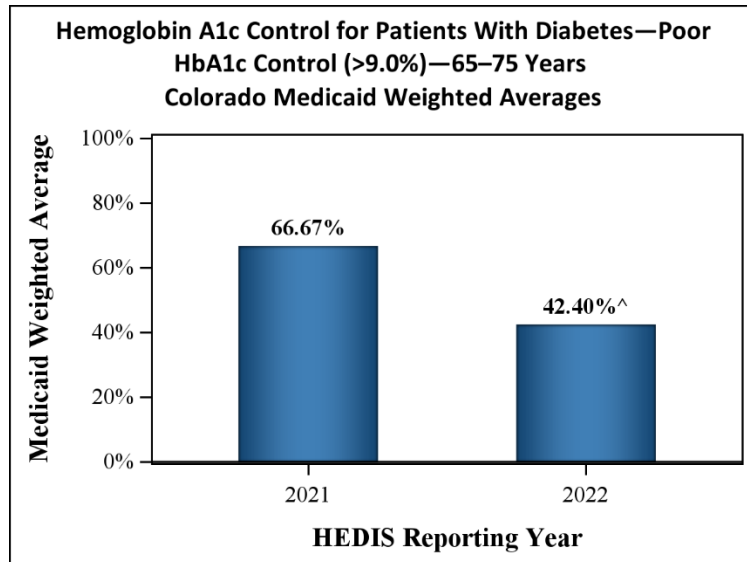


For this indicator, a lower rate indicates better performance.

MCO performance varied by approximately 16 percentage points.

### Hemoglobin A1c Control for Patients With Diabetes—Poor HbA1c Control (>9.0%)—Ages 65 to 75 Years

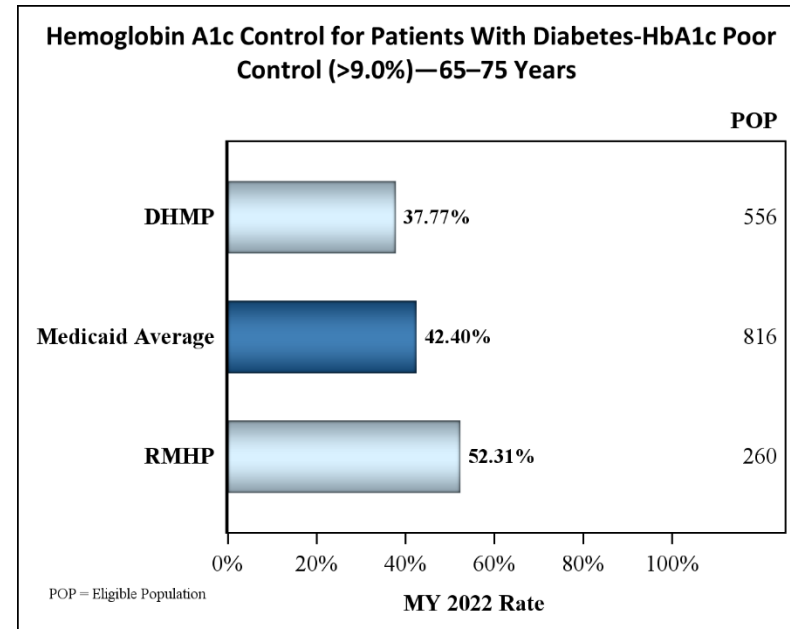
Hemoglobin A1c Control for Patients With Diabetes—Poor HbA1c Control (>9.0%)—Ages 65 to 75 Years measures the percentage of members ages 65 to 75 years with diabetes (type 1 and type 2) whose hemoglobin was greater than 9.0 during the measurement year.



One caret (^) indicates a statistically significant improvement in performance from MY 2021 to MY 2022

For this indicator, a lower rate indicates better performance.

The Colorado Medicaid weighted average significantly improved from MY 2021 to MY 2022.

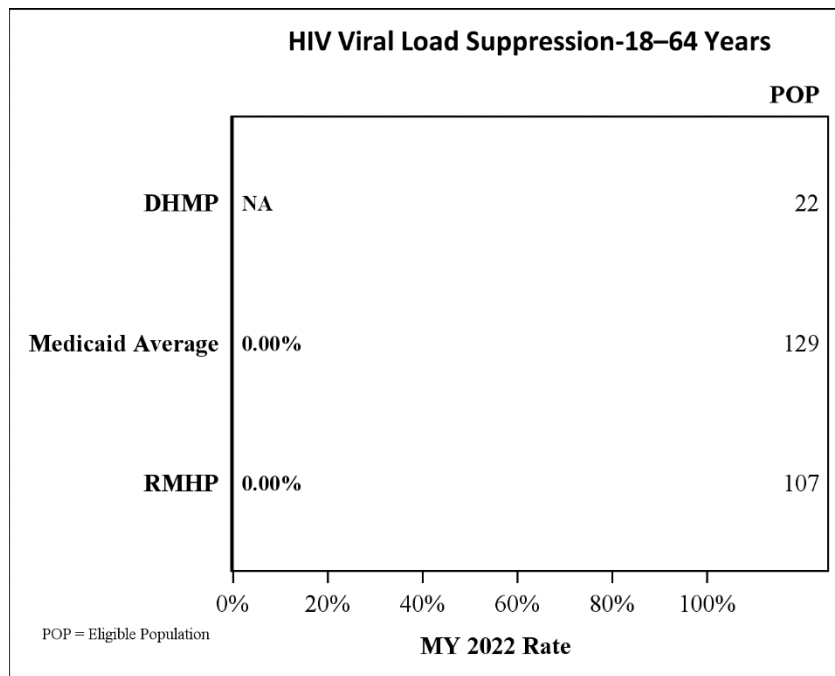


For this indicator, a lower rate indicates better performance.

MCO performance varied by approximately 15 percentage points.

### HIV Viral Load Suppression—Ages 18 to 64 Years

HIV Viral Load Suppression—Ages 18 to 64 Years measures the percentage of members ages 18 to 64 years who have been diagnosed with HIV and a HIV viral load of less than 200 copies/ml during their most recent viral load test within the measurement year.

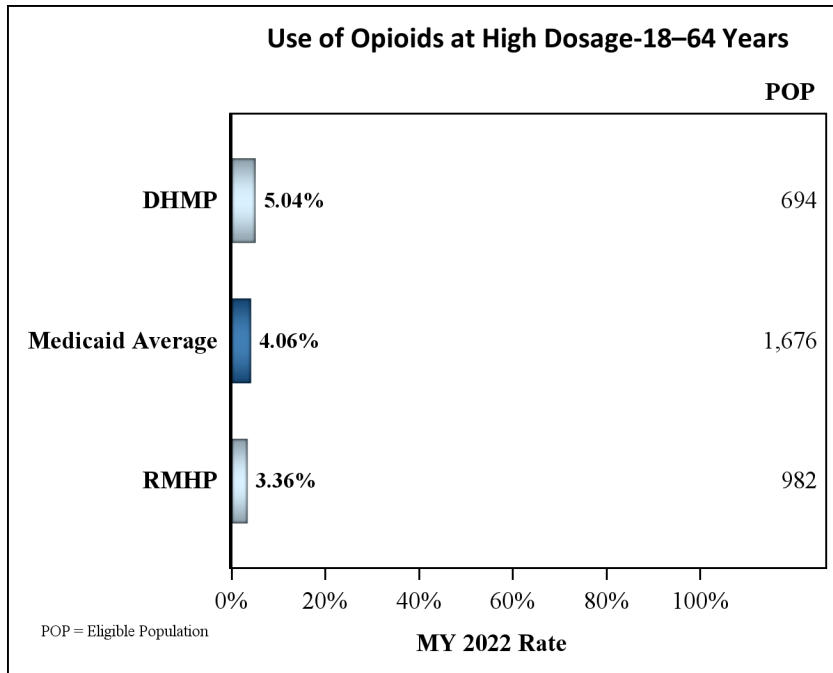


NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate.

Only RMHP Prime reported this rate, and a benchmark is not available for this measure indicator.

**Use of Opioids at High Dosage in Persons Without Cancer—Ages 18 to 64 Years**

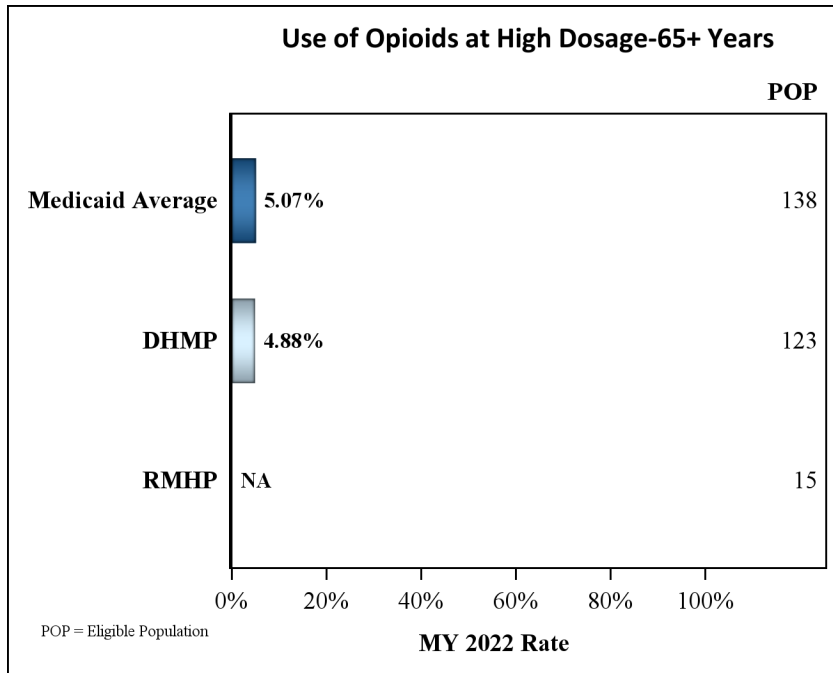
*Use of Opioids at High Dosage in Person Without Cancer—Ages 18 to 64 Years* measures the percentage of members ages 18 to 64 years who were prescribed opioids with an average daily dosage of 90 morphine milligram equivalents or higher for a duration of 90 days or longer during the measurement year.



MCO performance varied by approximately 2 percentage points.

### Use of Opioids at High Dosage in Persons Without Cancer—Ages 65 Years and Older

Use of Opioids at High Dosage in Person Without Cancer—Ages 65 Years and Older measures the percentage of members ages 65 years and older who were prescribed opioids with an average daily dosage of 90 morphine milligram equivalents or higher for a duration of 90 days or longer 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 a benchmark is not available for this measure indicator.

### 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*).

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

| Performance Measures  | DHMP  | RMHP Prime |
|---|-------|------------|
| <b>Asthma Medication Ratio<sup>H</sup></b>  |       |            |
| Total (Ages 5 to 18 Years)  | —     | —          |
| Total (Ages 19 to 64 Years)   | —     | —          |
| <b>Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis<sup>H</sup></b> |       |            |
| 3 Months to 17 Years  | —     | —          |
| Ages 18 to 64 Years <sup>I</sup>  | ★★★★★ | ★★★        |
| Ages 65 Years and Older   | —     | —          |
| <b>Concurrent Use of Opioids and Benzodiazepines</b>                                    |       |            |
| Ages 18 to 64 Years <sup>I</sup>  | —     | —          |
| Ages 65 Years and Older   | —     | —          |
| <b>Controlling High Blood Pressure<sup>H</sup></b>                                      |       |            |
| Ages 18 to 64 Years   | —     | —          |
| Ages 65 to 85 Years   | —     | —          |
| <b>Hemoglobin A1c Control for Patients With Diabetes<sup>*,H</sup></b>                  |       |            |
| HbA1c Control (<8.0%)—Ages 18 to 64 Years   | —     | —          |
| HbA1c Control (<8.0%)—Ages 65 to 75 Years   | —     | —          |
| HbA1c Poor Control (>9.0%)—Ages 18 to 64 Years  | —     | —          |
| HbA1c Poor Control (>9.0%)—Ages 65 to 75 Years  | —     | —          |
| <b>HIV Viral Load Suppression</b>   |       |            |
| Ages 18 to 64 Years   | —     | —          |
| <b>Use of Opioids at High Dosage in Persons Without Cancer</b>                          |       |            |
| Ages 18 to 64 Years   | —     | —          |
| Ages 65 Years and Older   | —     | —          |

<sup>H</sup> indicates that the measure is a HEDIS measure and can be compared to NCQA benchmarks.

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

— 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 or there was no benchmark for comparison.



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             | 1     | 0    | 0   | 0  | 0 |
| RMHP Prime       | 0     | 0    | 1   | 0  | 0 |

Performance for the MCOs in the Care of Acute and Chronic Conditions domain demonstrated strength with the only measure indicator for both MCOs that could be compared to benchmarks, the *Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis—Ages 18 to 64 Years* measure indicator, exceeding the 50th percentile.

### Behavioral Health Care

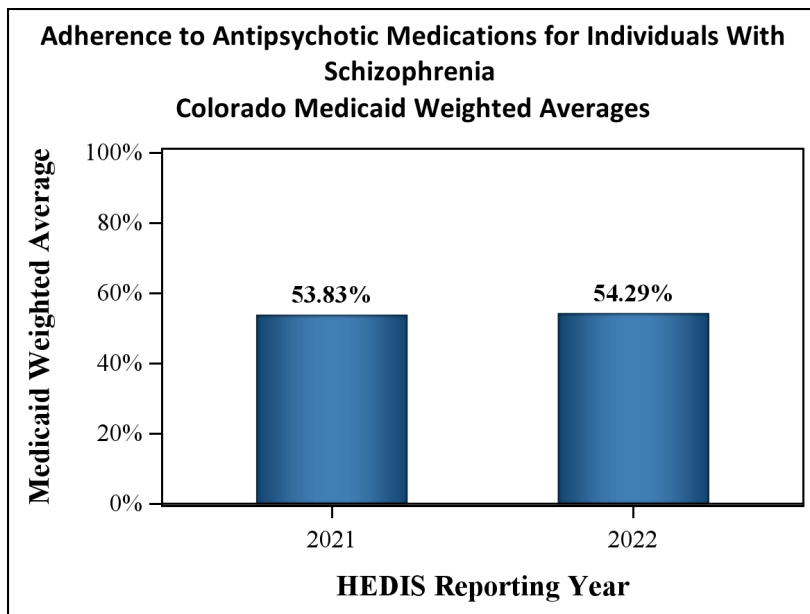
The following section provides a detailed analysis of the Colorado Medicaid MCOs' performance for the Behavioral Health Care domain. In FY 2021–2022, behavioral health services were carved out (i.e., provided by the RAEs, but not the RAEs' MCO capitation initiatives) in Colorado. Therefore, this carve 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 Care for People With Serious Mental Illness—HbA1c Poor Control (>9.0%)—Ages 18 to 64 Years*
- *Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications*
- *Follow-Up After ED Visit 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 After ED Visit for Substance Use—7-Day Follow-Up—Ages 13 to 17 Years, Ages 18 to 64 Years, and Ages 65 Years and Older; and 30-Day Follow-Up—Ages 13 to 17 Years, Ages 18 to 64 Years, and Ages 65 Years and Older*
- *Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up—Ages 6 to 17 Years, Ages 18 to 64 Years, and 65 Years and Older; and 30-Day Follow-Up—Ages 6 to 17 Years, Ages 18 to 64 Years, and 65 Years and Older*
- *Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase and Continuation and Maintenance Phase*
- *Initiation and Engagement of Substance Use Disorder Treatment—Initiation of SUD—Total SUD—Ages 18 to 64 Years and Ages 65 Years and Older and Engagement of SUD—Total SUD—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*
- *Screening for Depression and Follow-Up Plan—Ages 12 to 17 Years, Ages 18 to 64 Years, and Ages 65 Years and Older*
- *Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics—Total*
- *Use of Pharmacotherapy for Opioid Use Disorder—Total (Rate 1), Buprenorphine (Rate 2), Oral Naltrexone (Rate 3), Long-Acting, Injectable Naltrexone (Rate 4), and Methadone (Rate 5)*

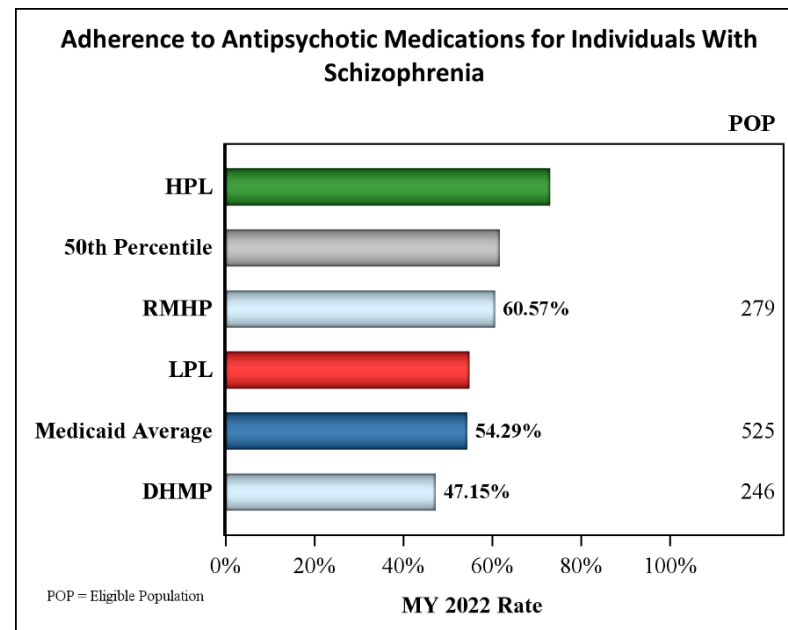
Please see the “Reader’s Guide” section for guidance on interpreting the figures presented within this section. For reference, additional analyses for each measure indicator are displayed in Appendix A and Appendix B.

### 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.



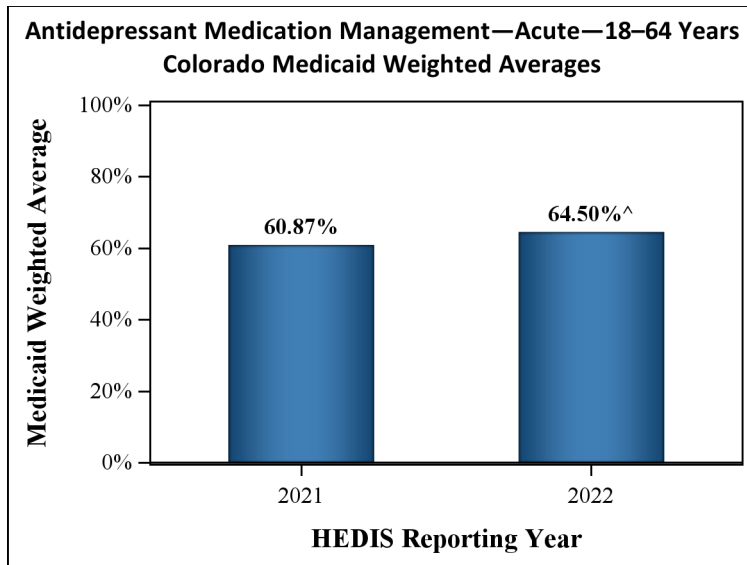
The Colorado Medicaid weighted average did not demonstrate a significant change from MY 2021 to MY 2022.



RHMP’s rate was above the LPL but below the 50th percentile. DHMP’s rate and the Colorado Medicaid weighted average fell below the LPL. MCO performance varied by approximately 13 percentage points.

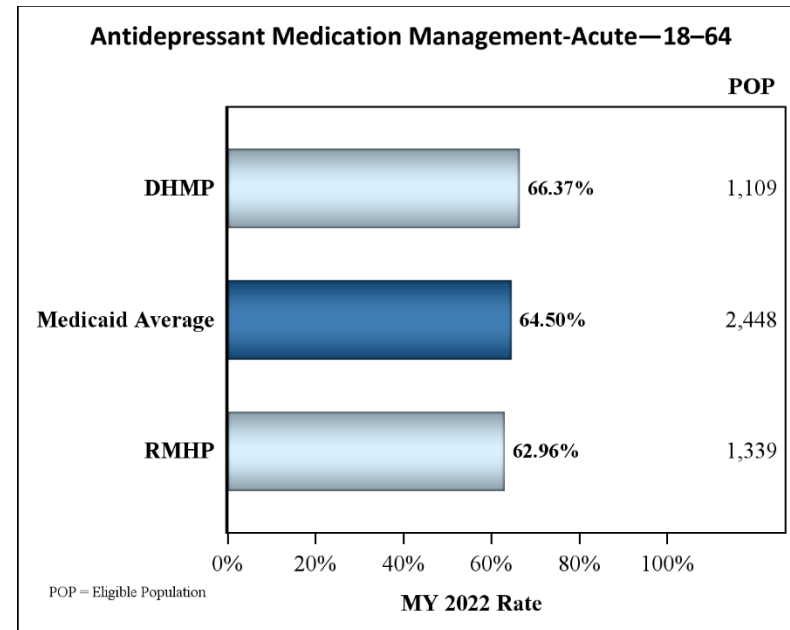
### Antidepressant Medication Management—Effective Acute Phase Treatment—Ages 18 to 64 Years

*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.



One caret (^) indicates a statistically significant improvement in performance from MY 2021 to MY 2022.

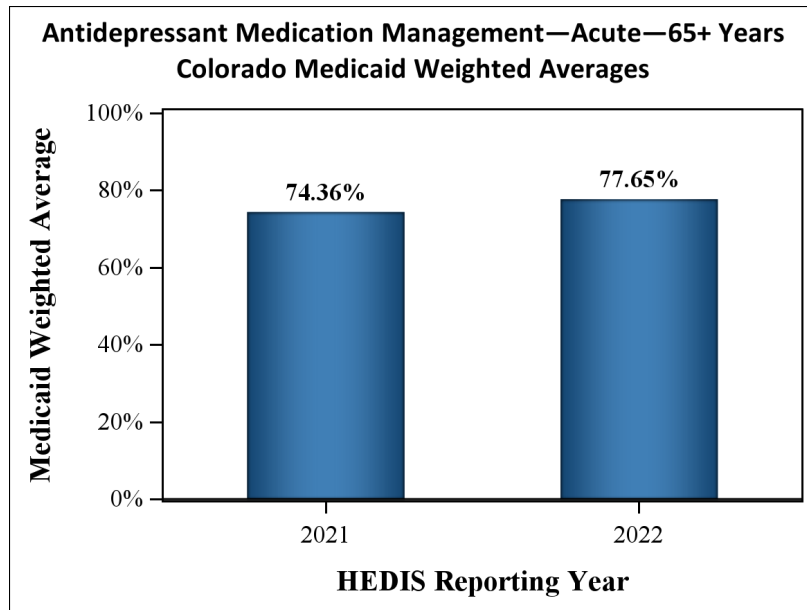
The Colorado Medicaid weighted average significantly improved from MY 2021 to MY 2022.



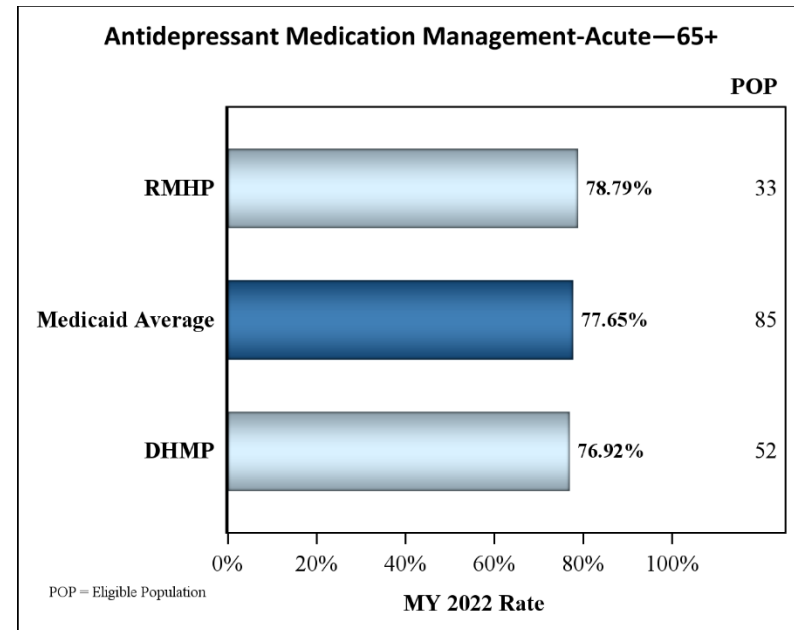
MCO performance varied by approximately 3 percentage points.

### 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.



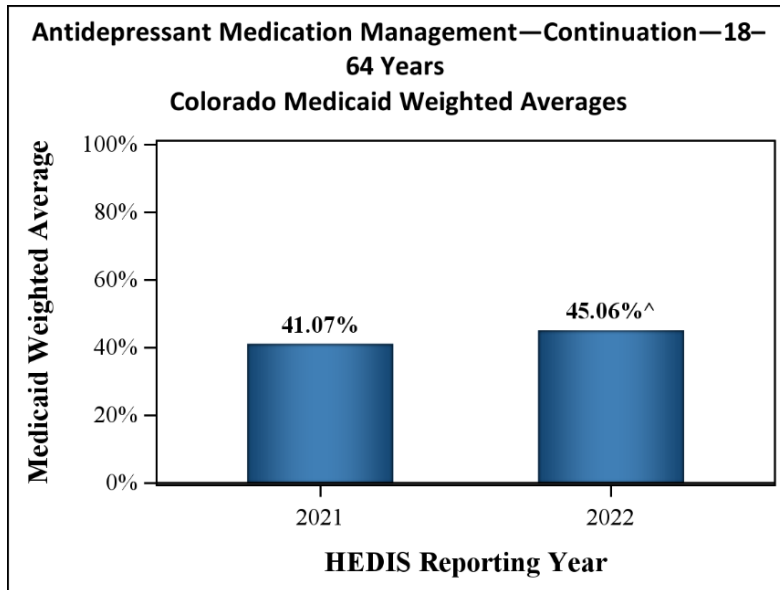
The Colorado Medicaid weighted average did not demonstrate a significant change from MY 2021 to MY 2022.



MCO performance varied by approximately 2 percentage points.

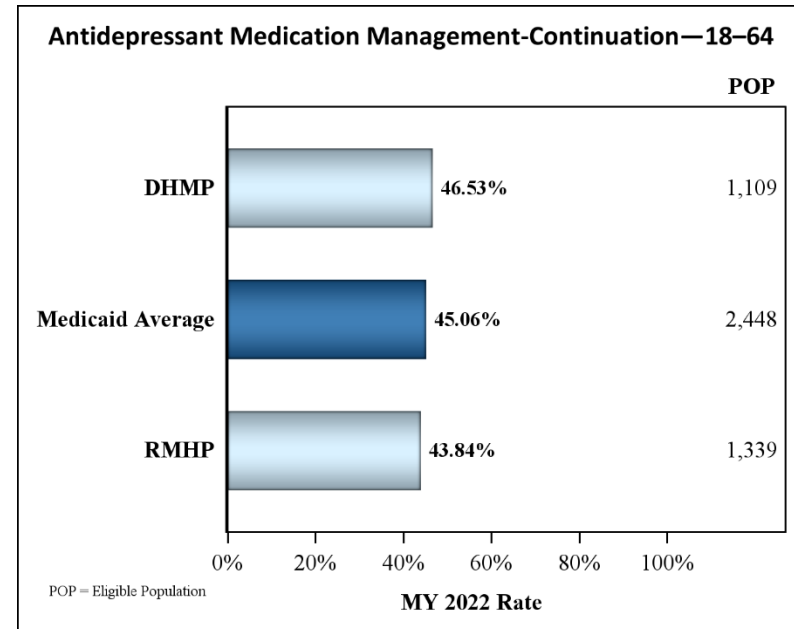
### Antidepressant Medication Management—Effective Continuation Phase Treatment—Ages 18 to 64 Years

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.



One caret (^) indicates a statistically significant improvement in performance from MY 2021 to MY 2022.

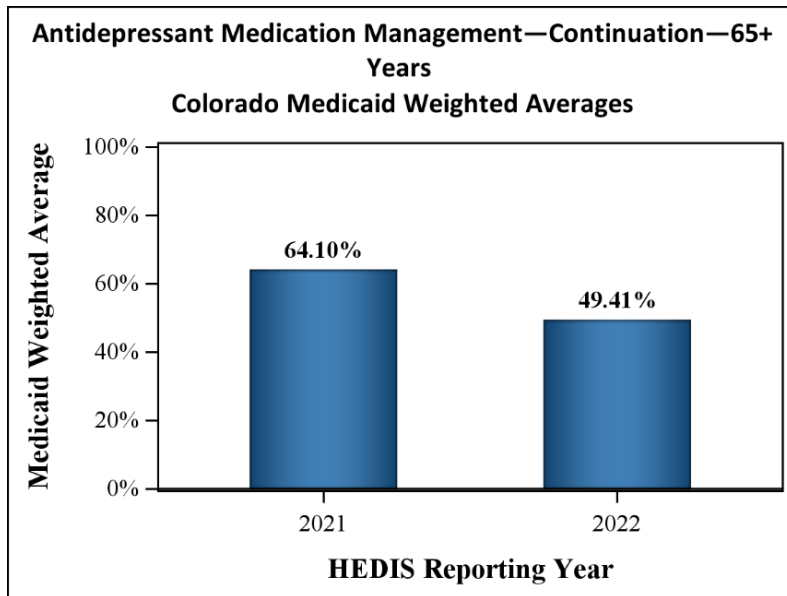
The Colorado Medicaid weighted average significantly improved from MY 2021 to MY 2022.



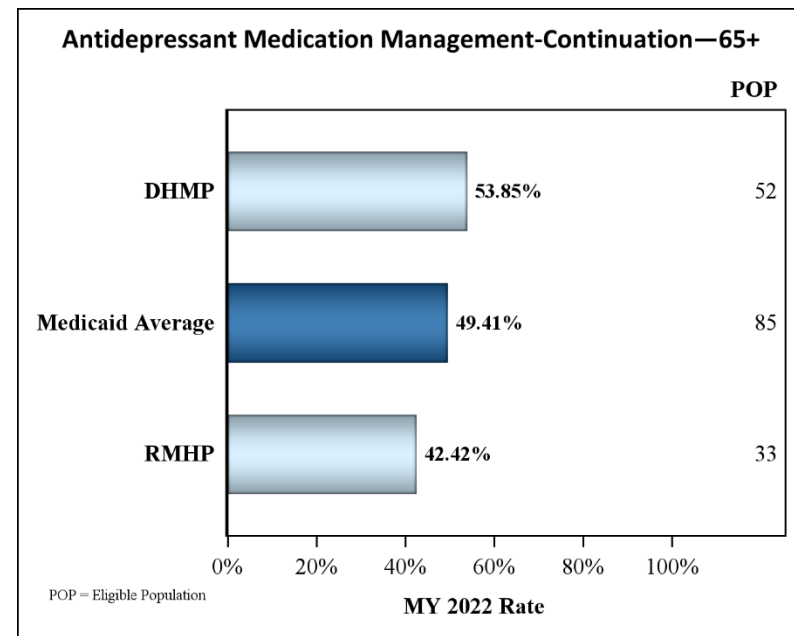
MCO performance varied by approximately 3 percentage points.

## 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.



The Colorado Medicaid weighted average did not demonstrate a significant change from MY 2021 to MY 2022 based on the methodology applied to determine significance.

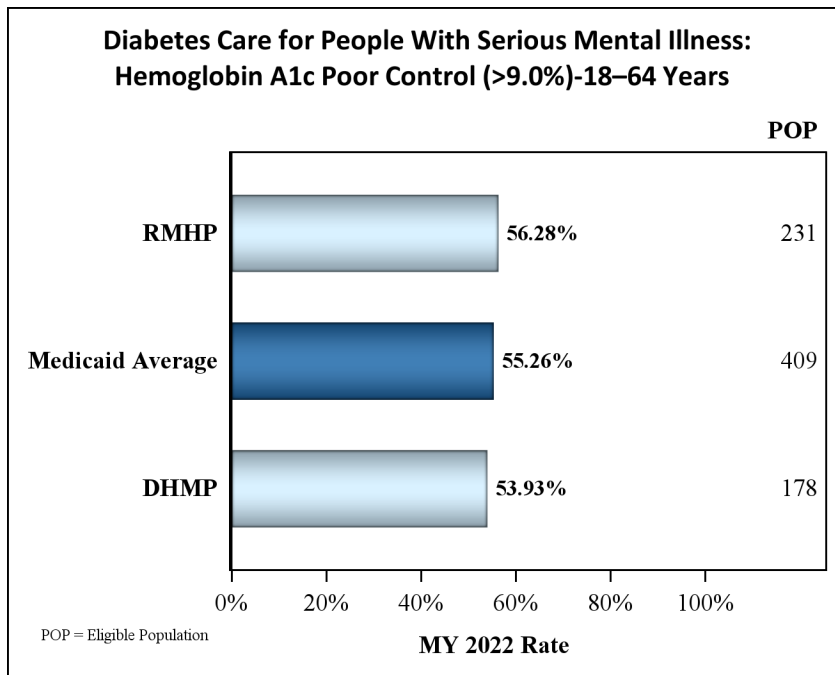


MCO performance varied by approximately 11 percentage points.



**Diabetes Care for People With Serious Mental Illness—HbA1c Poor Control (>9.0%)—Ages 18 to 64 Years**

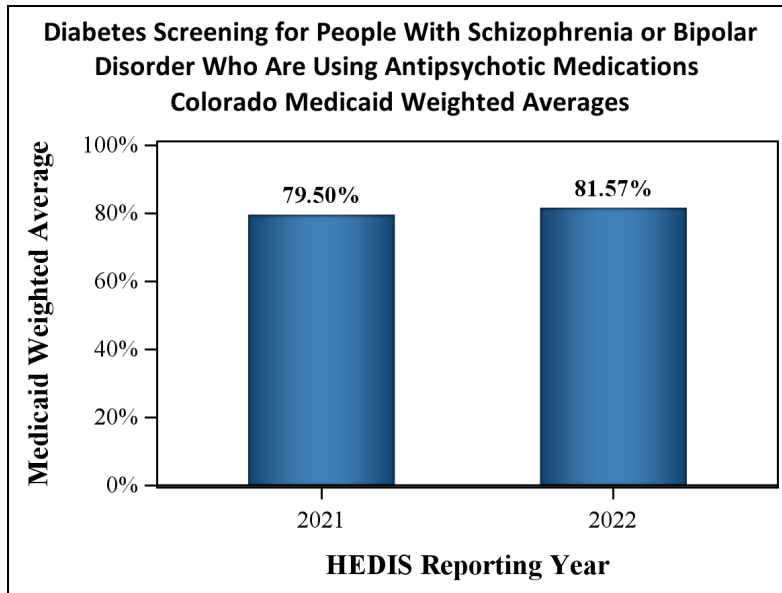
*Diabetes Care for People With Serious Mental Illness—HbA1c Poor Control (>9.0%)* measures the percentage of members ages 18 to 64 years with both a serious mental illness and diabetes (type 1 and type 2), who had poorly controlled hemoglobin A1c (HbA1c) levels (>9.0%).



MCO performance varied by approximately 2 percentage points.

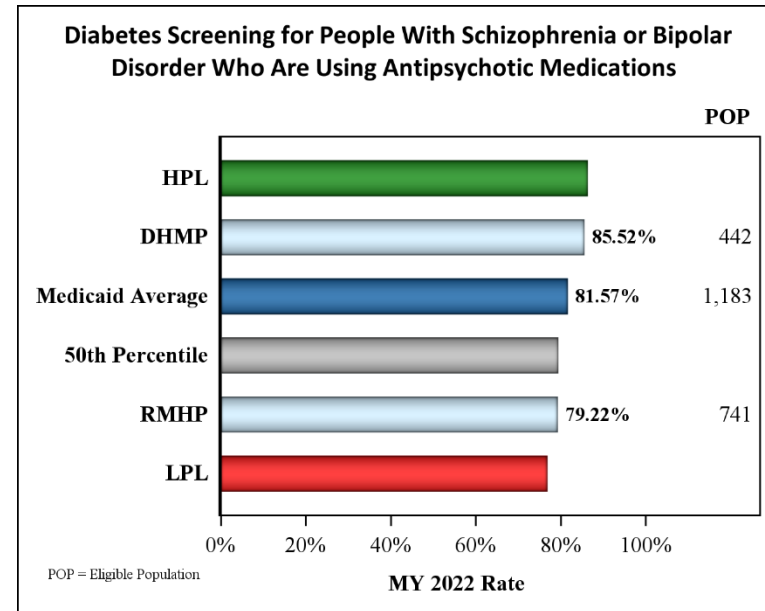
## Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications

*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.



For this indicator, a lower rate indicates better performance.

The Colorado Medicaid weighted average did not demonstrate a significant change from MY 2021 to MY 2022.

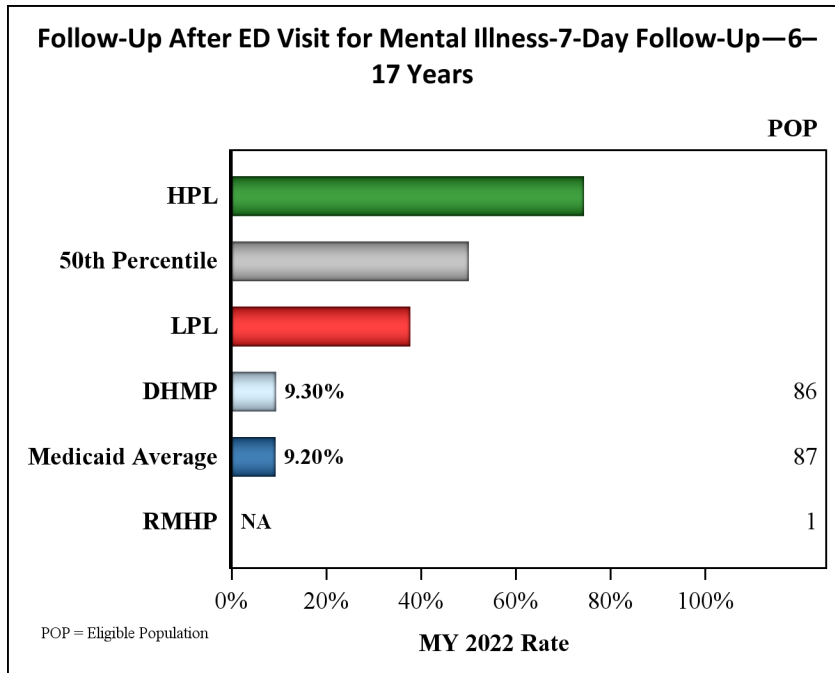


For this indicator, a lower rate indicates better performance.

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

### Follow-Up After ED Visit for Mental Illness—7-Day Follow-Up—Ages 6 to 17 Years

*Follow-Up After ED Visit for Mental Illness—7-Day Follow-Up—Ages 6 to 17 Years* measures the percentage of ED visits for members ages 6 to 17 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.

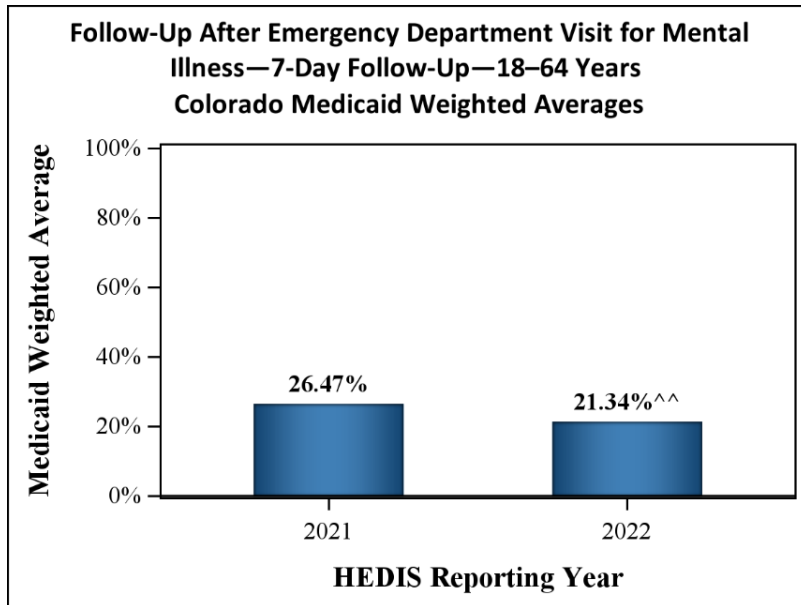


*NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate.*

Only DHMP had reportable rate, and a benchmark is not available for this measure indicator.

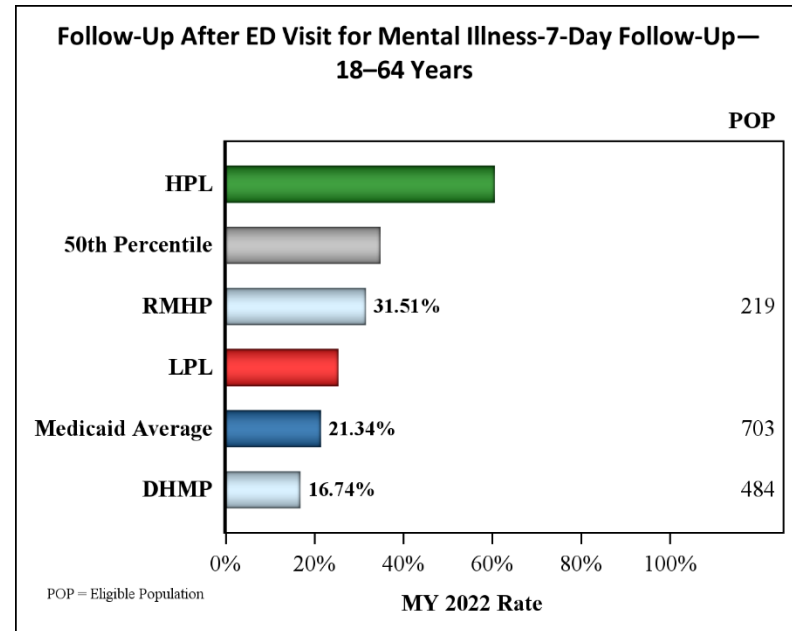
### Follow-Up After ED Visit for Mental Illness—7-Day Follow-Up—Ages 18 to 64 Years

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.



Two carets (^^) indicate a statistically significant decline in performance from MY 2021 to MY 2022.

The Colorado Medicaid weighted average significantly declined from MY 2021 to MY 2022.



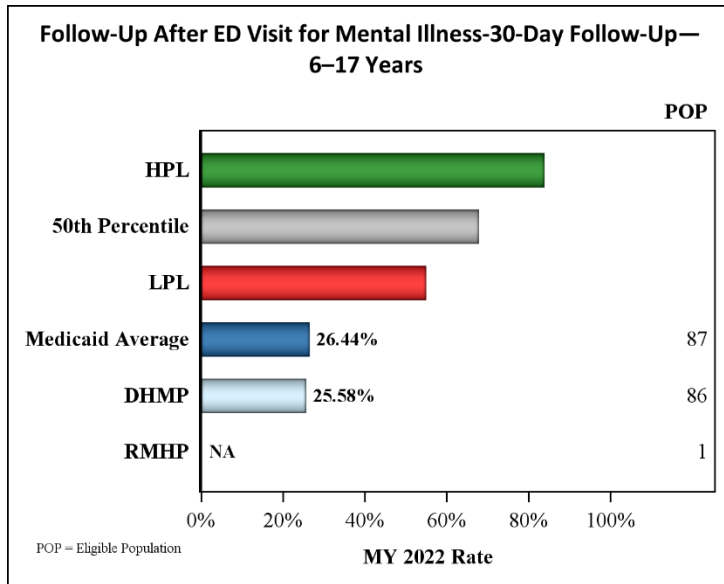
RMHP Prime’s rate was above the LPL but below the 50th percentile. DHMP’s rate and the Colorado Medicaid weighted average fell below the LPL. MCO performance varied by approximately 15 percentage points.

### ***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. 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 6 to 17 Years

*Follow-Up After ED Visit for Mental Illness—30-Day Follow-Up—Ages 6 to 17 Years* measures the percentage of ED visits for members ages 6 to 17 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.

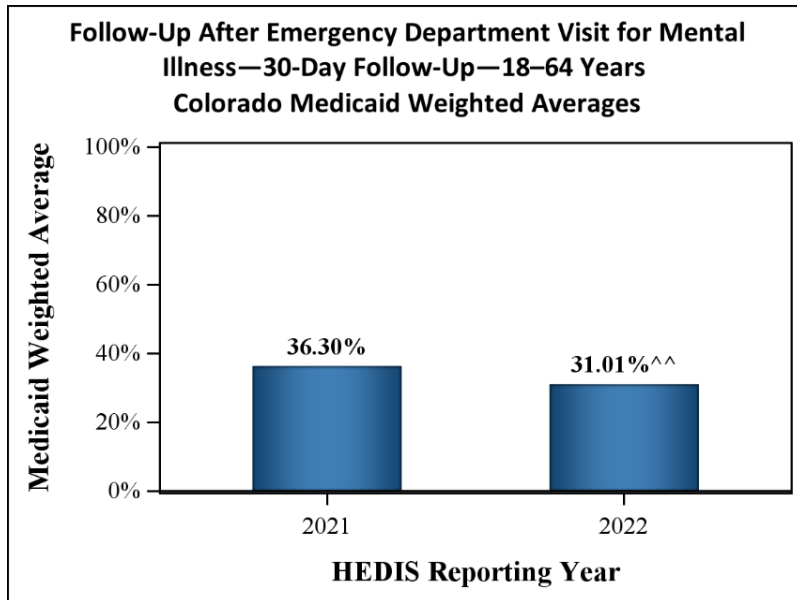


*NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate.*

Only DHMP had a reportable rate, and a benchmark is not available for this measure indicator.

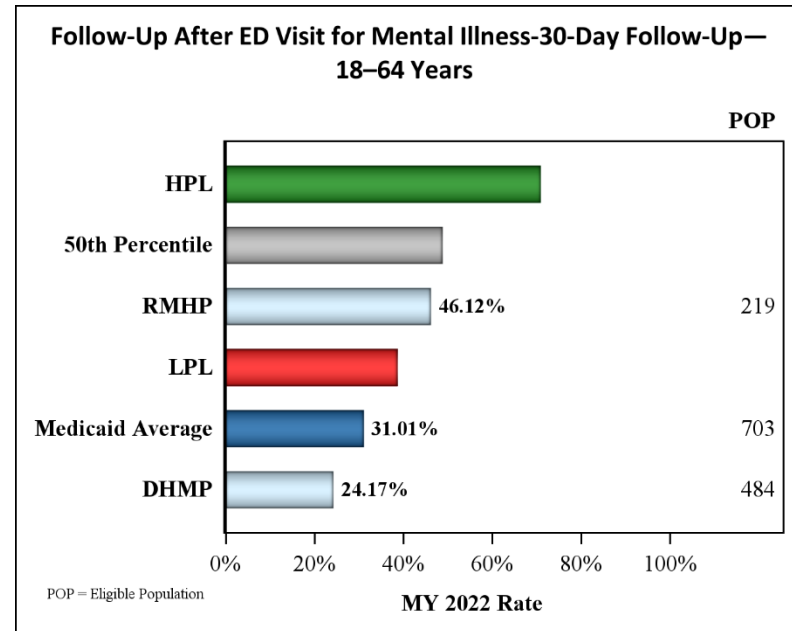
### Follow-Up After ED Visit for Mental Illness—30-Day Follow-Up—Ages 18 to 64 Years

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.



Two carets (^^) indicate a statistically significant decline in performance from MY 2021 to MY 2022.

The Colorado Medicaid weighted average significantly declined from MY 2021 to MY 2022.



RMHP Prime’s rate was above the LPL but below the 50th percentile. DHMP’s rate and the Colorado Medicaid weighted average fell below the LPL. MCO performance varied by approximately 22 percentage points.

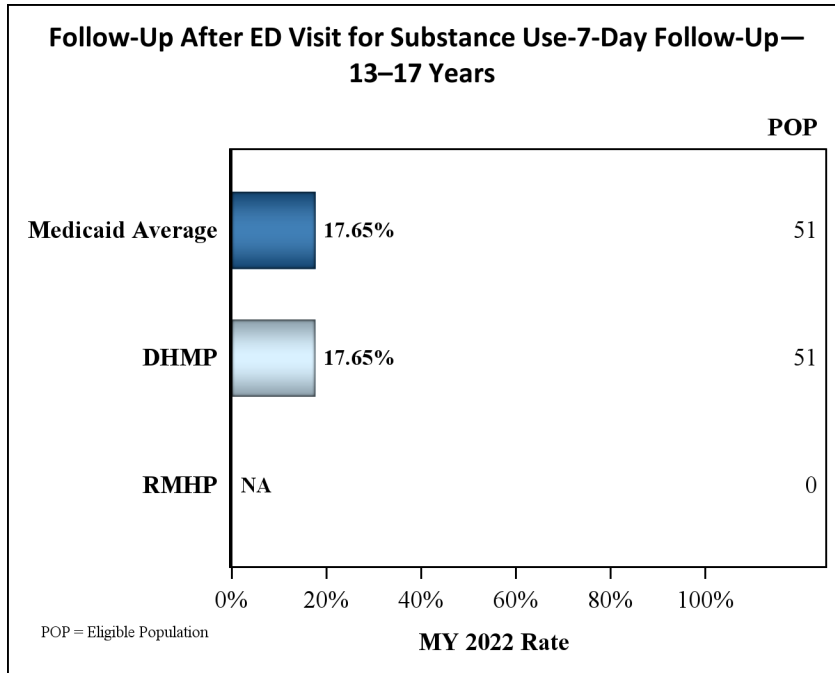
### ***Follow-Up After ED Visit for Mental Illness—30-Day Follow-Up—Ages 65 Years and Older***

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



### Follow-Up After ED Visit for Substance Use—7-Day Follow-Up—Ages 13 to 17 Years

Follow-Up After ED Visit for Substance Use—7-Day Follow-Up—Ages 13 to 17 Years measures the percentage of ED visits for members ages 13 to 17 years with a principal diagnosis of SUD, or any diagnosis of drug overdose, for which there was follow-up within seven days of the ED visit during the measurement year. For this measure, NCQA recommends a break in trending; therefore, comparisons to NCQA Quality Compass benchmarks are not displayed.

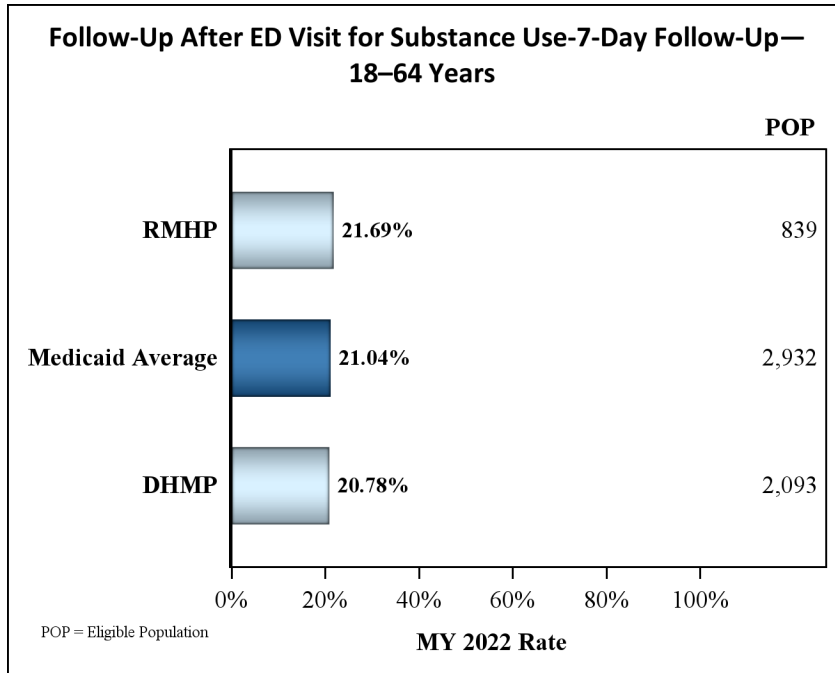


NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate.

Only DHMP had a reportable rate, and a benchmark is not available for this measure indicator.

### Follow-Up After ED Visit for Substance Use—7-Day Follow-Up—Ages 18 to 64 Years

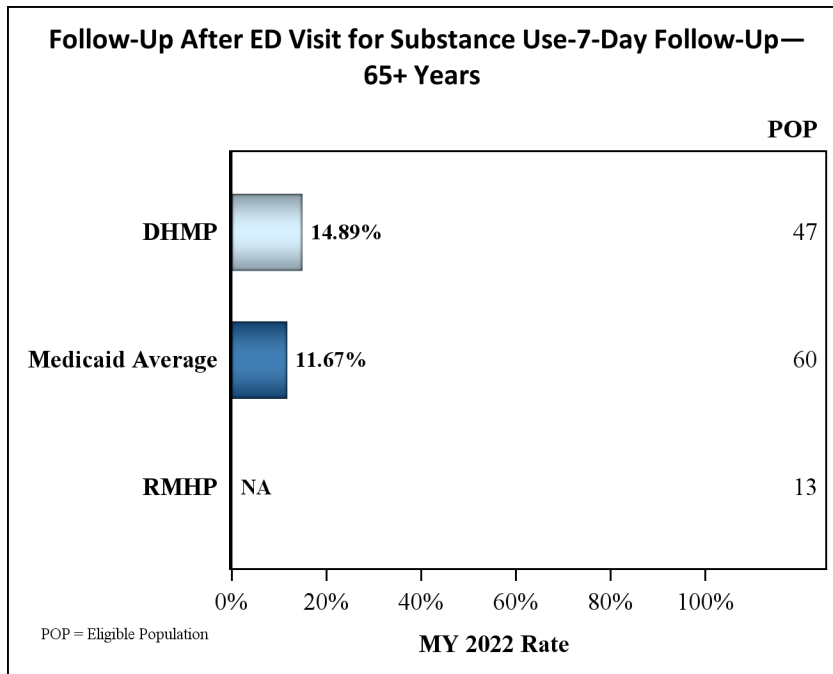
*Follow-Up After ED Visit for Substance Use—7-Day Follow-Up—Ages 18 to 64 Years* measures the percentage of ED visits for members ages 18 to 64 years with a principal diagnosis of SUD, or any diagnosis of drug overdose, for which there was follow-up within seven days of the ED visit during the measurement year. For this measure, NCQA recommends a break in trending; therefore, comparisons to NCQA Quality Compass benchmarks are not displayed.



MCO performance varied by less than 1 percentage point.

### Follow-Up After ED Visit for Substance Use—7-Day Follow-Up—Ages 65 Years and Older

*Follow-Up After ED Visit for Substance Use—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 SUD, or any diagnosis of drug overdose, for which there was follow-up within seven days of the ED visit during the measurement year. For this measure, NCQA recommends a break in trending; therefore, comparisons to NCQA Quality Compass benchmarks are not displayed.

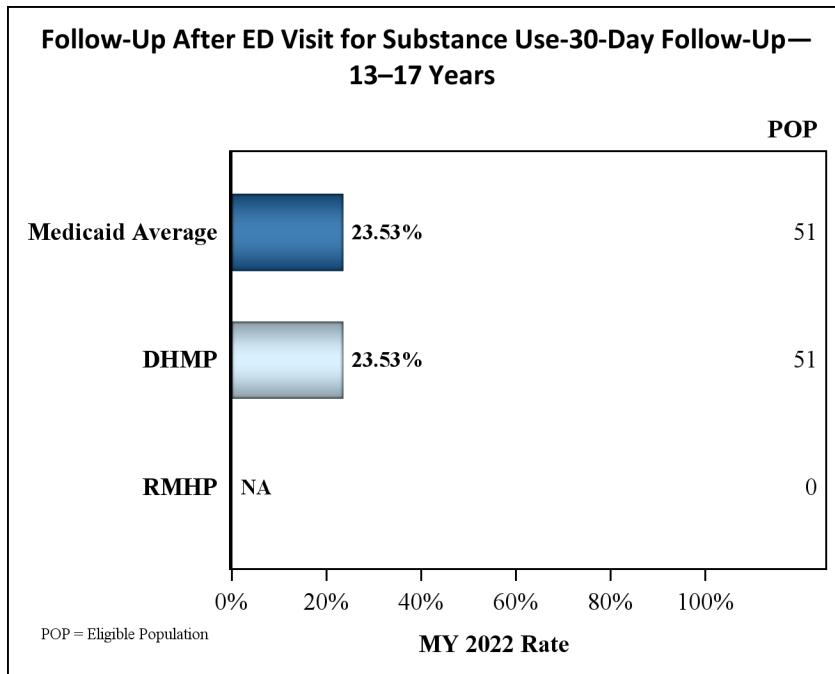


*NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate.*

Only DHMP had a reportable rate, and a benchmark is not available for this measure indicator.

### Follow-Up After ED Visit for Substance Use—30-Day Follow-Up—Ages 13 to 17 Years

*Follow-Up After ED Visit for Substance Use—30-Day Follow-Up—Ages 13 to 17 Years* measures the percentage of ED visits for members ages 13 to 17 years with a principal diagnosis of SUD, or any diagnosis of drug overdose, for which there was follow-up within 30 days of the ED visit during the measurement year. For this measure, NCQA recommends a break in trending; therefore, comparisons to NCQA Quality Compass benchmarks are not displayed.

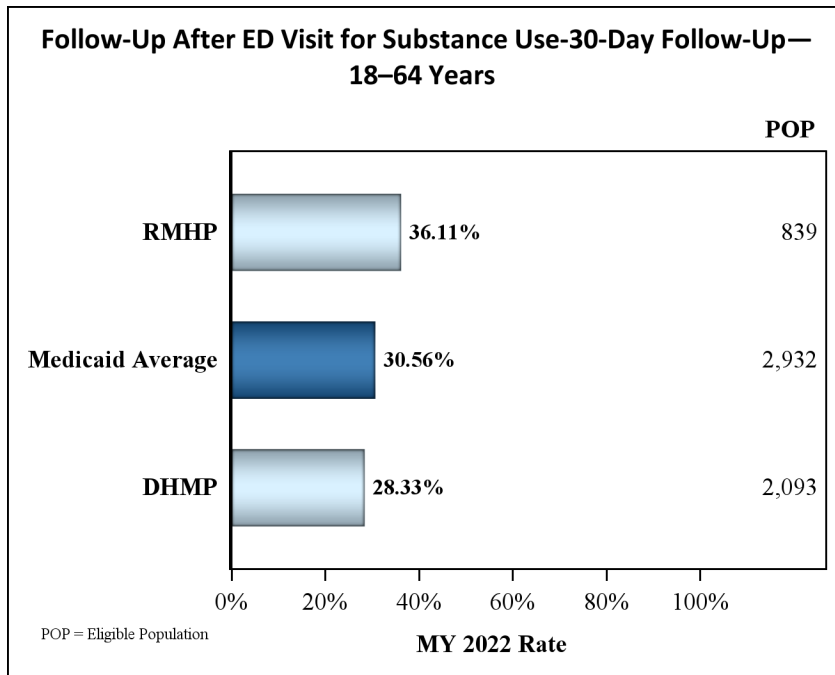


*NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate.*

Only DHMP had a reportable rate, and a benchmark is not available for this measure indicator.

### Follow-Up After ED Visit for Substance Use—30-Day Follow-Up—Ages 18 to 64 Years

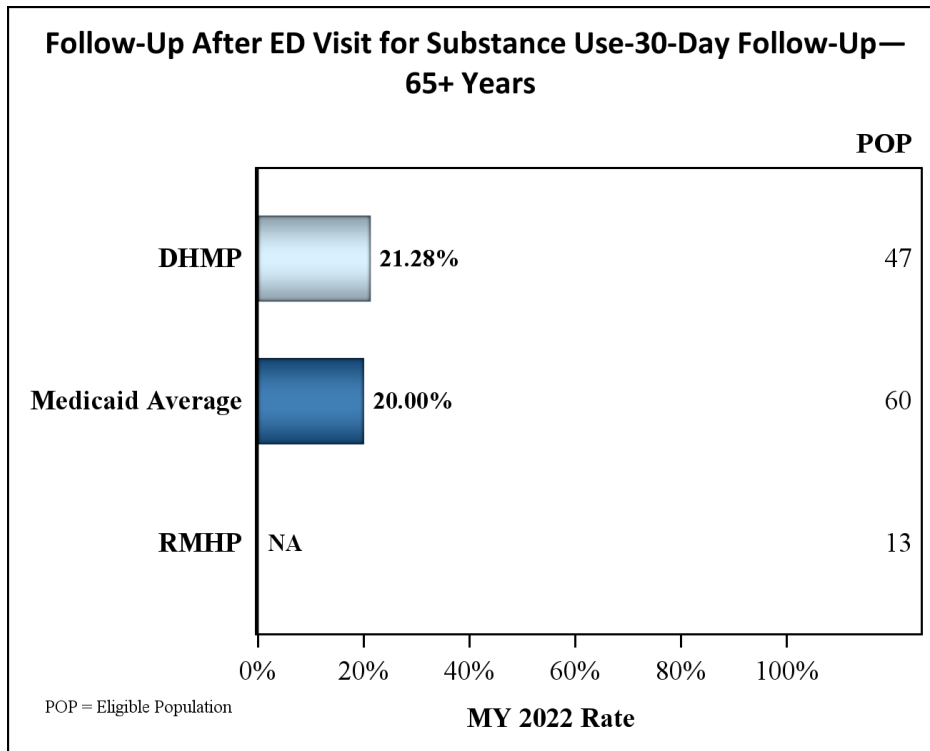
*Follow-Up After ED Visit for Substance Use—30-Day Follow-Up—Ages 18 to 64 Years* measures the percentage of ED visits for members ages 18 to 64 years with a principal diagnosis of SUD, or any diagnosis of drug overdose, for which there was follow-up within 30 days of the ED visit during the measurement year. For this measure, NCQA recommends a break in trending; therefore, comparisons to NCQA Quality Compass benchmarks are not displayed.



MCO performance varied by approximately 8 percentage points.

### Follow-Up After ED Visit for Substance Use—30-Day Follow-Up—Ages 65 Years and Older

Follow-Up After ED Visit for Substance Use—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 SUD, or any diagnosis of drug overdose, for which there was follow-up within 30 days of the ED visit during the measurement year. For this measure, NCQA recommends a break in trending; therefore, comparisons to NCQA Quality Compass benchmarks are not displayed.



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

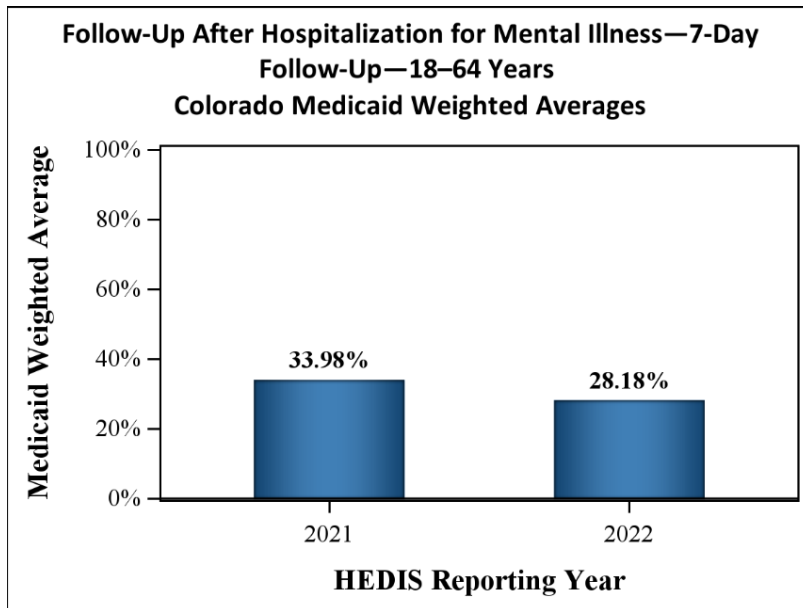
Only DHMP had a reportable rate, and a benchmark is not available for this measure indicator.

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

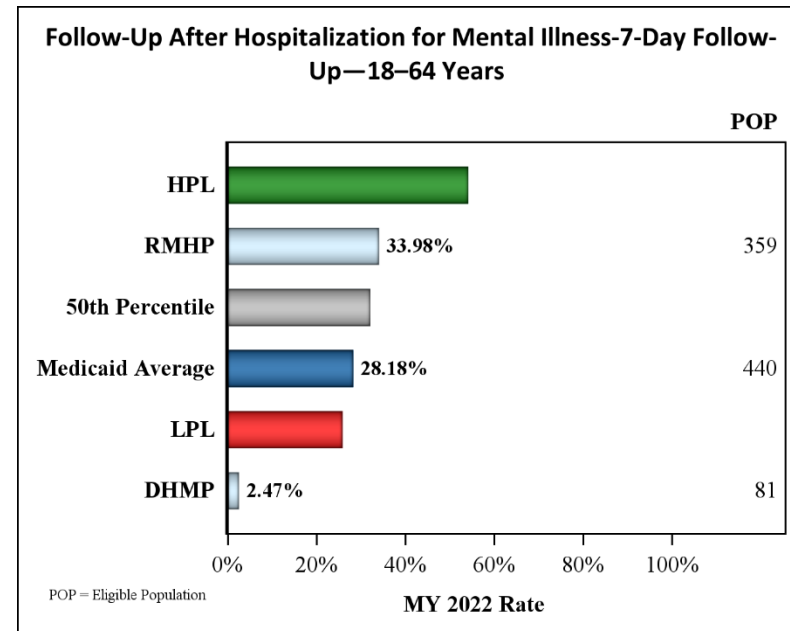
*Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up—Ages 6 to 17 Years* measures the percentage of discharges for members ages 6 to 17 years who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had a follow-up visit with a mental health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



The Colorado Medicaid weighted average did not demonstrate a significant change from MY 2021 to MY 2022.



RMHP Prime’s rate was above the 50th percentile but below the HPL. The Colorado Medicaid weighted average was above the LPL but below the 50th percentile. DHMP’s rate fell below the LPL. MCO performance varied by approximately 32 percentage points.



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

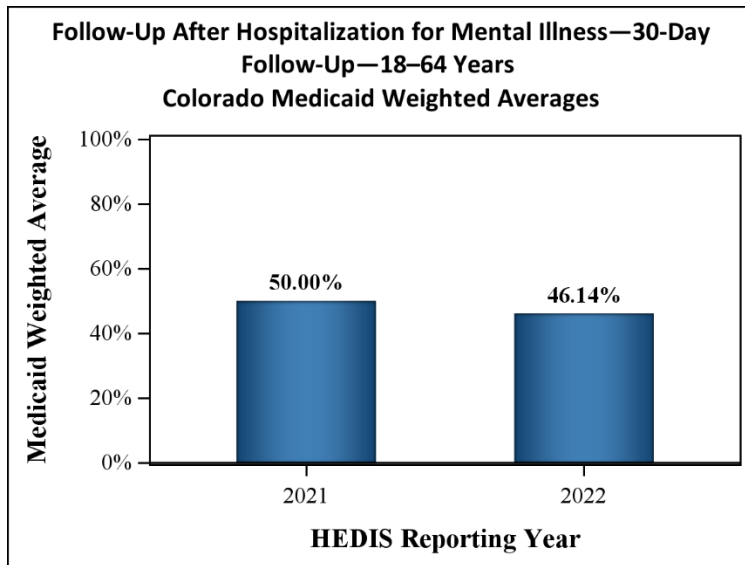
*Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up—Ages 65 Years and Older* measures the percentage of discharges for members ages 65 years and older who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had a follow-up visit with a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

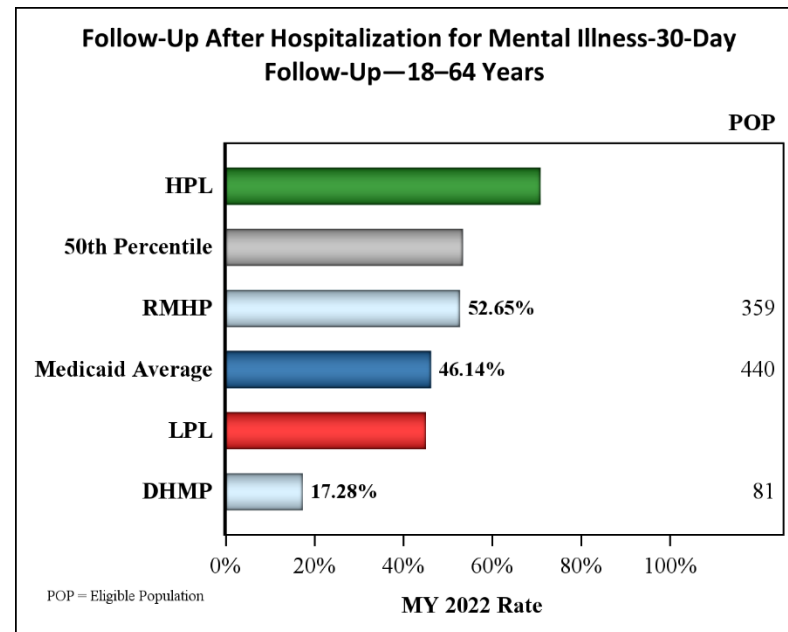
*Follow-Up After Hospitalization for Mental Illness—30-Day Follow-Up—Ages 6 to 17 Years* measures the percentage of discharges for members ages 6 to 17 years who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had a follow-up visit with a mental health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



The Colorado Medicaid weighted average did not demonstrate a significant change from MY 2021 to MY 2022.



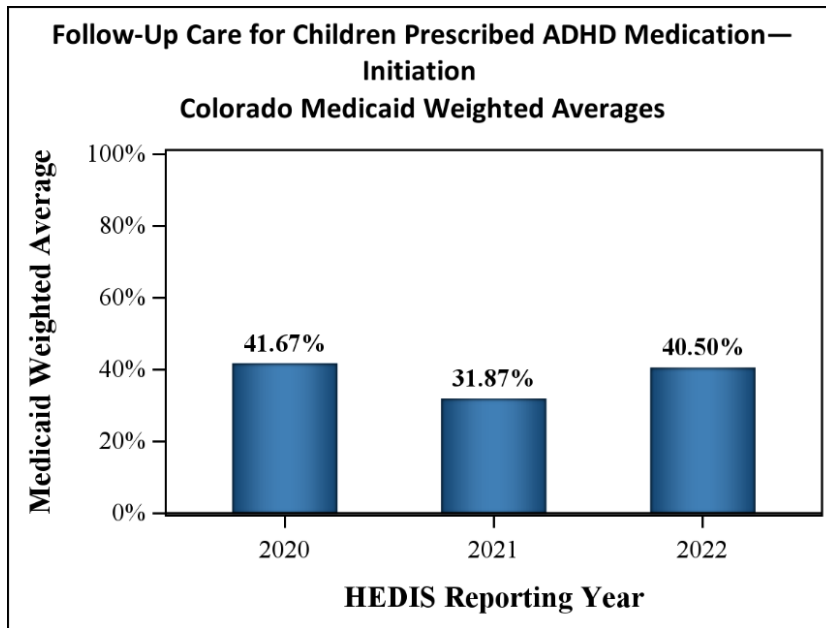
RMHP Prime’s rate and the Colorado Medicaid weighted average was above the LPL but below the 50th percentile. DHMP’s rate fell below the LPL. MCO performance varied by approximately 35 percentage points.

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

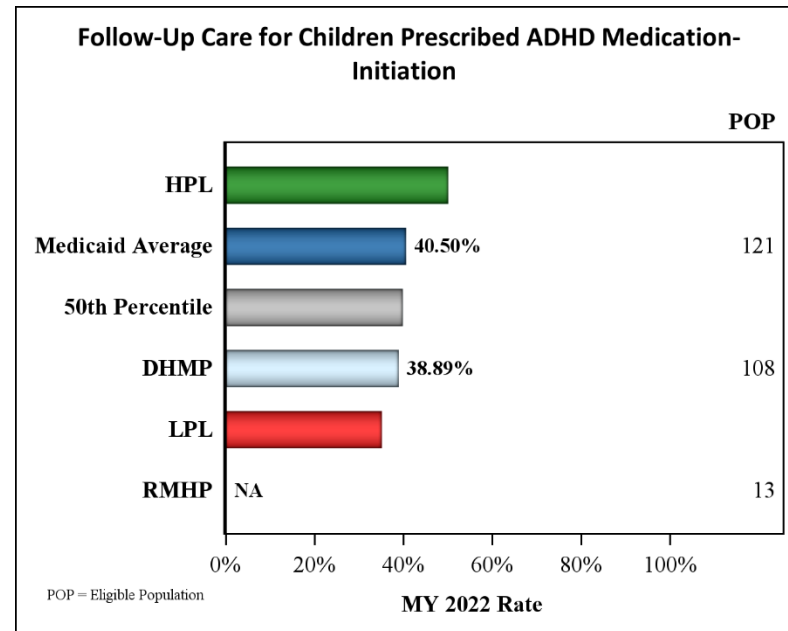
*Follow-Up After Hospitalization for Mental Illness—30-Day Follow-Up—Ages 65 Years and Older* measures the percentage of discharges for members ages 65 years and older who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had a follow-up visit with a mental health provider within 30 days after discharge. 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 attention-deficit/hyperactivity disorder (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 2021 to MY 2022.



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

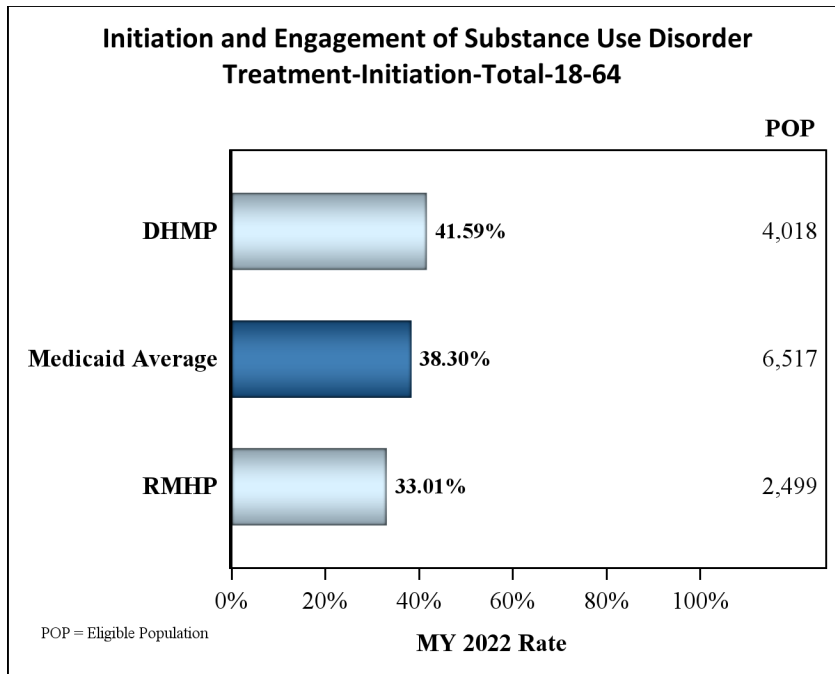
The Colorado Medicaid weighted average was above the 50th percentile but below the HPL. DHMP’s rate was above the LPL but below the 50th percentile.

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

*Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase* measures the percentage of 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. Neither DHMP nor RMHP Prime had a reportable rate for this measure indicator.

**Initiation and Engagement of Substance Use Disorder Treatment—Initiation of SUD—Total SUD—Ages 18 to 64 Years**

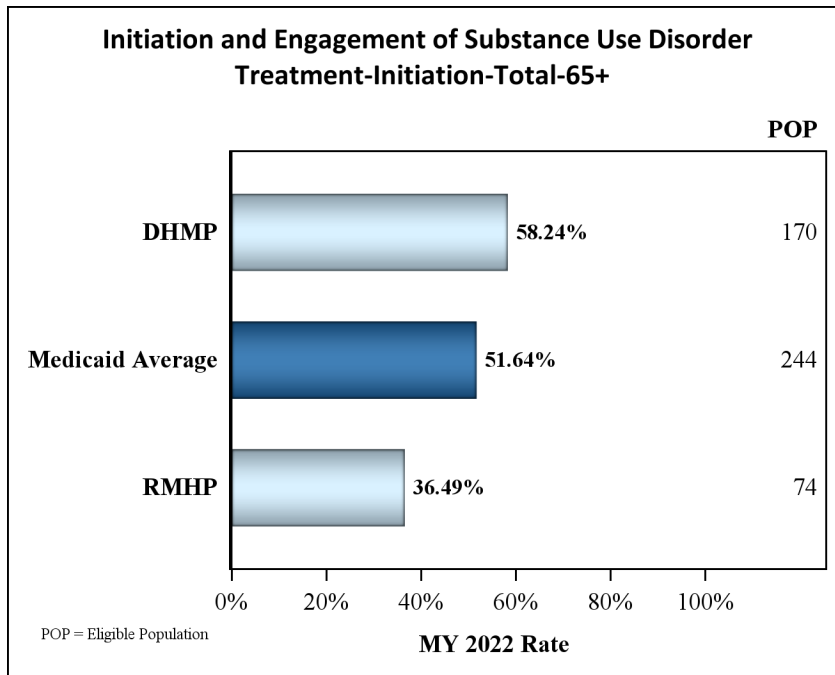
*Initiation and Engagement of Substance Use Disorder Treatment—Initiation of SUD—Total SUD—Ages 18 to 64 Years* measures the percentage of members ages 18 to 64 years who initiated treatment through an inpatient SUD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth, or medication treatment within 14 days of the diagnosis during the measurement year. NCQA recommends a break in trending; therefore, comparisons to NCQA Quality Compass benchmarks are not displayed.



MCO performance varied by approximately 9 percentage points.

### Initiation and Engagement of Substance Use Disorder Treatment—Initiation of SUD—Total SUD—Ages 65 Years and Older

*Initiation and Engagement of Substance Use Disorder Treatment—Initiation of SUD—Total SUD—Ages 65 Years and Older* measures the percentage of members ages 65 years and older who initiated treatment through an inpatient SUD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth, or medication treatment within 14 days of the diagnosis during the measurement year. NCQA recommends a break in trending; therefore, comparisons to NCQA Quality Compass benchmarks are not displayed.

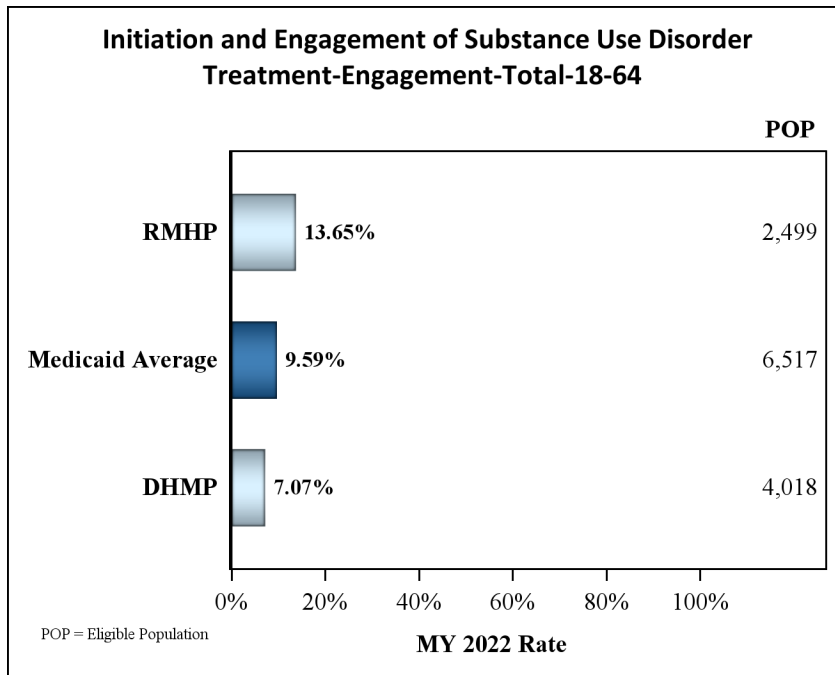


MCO performance varied by approximately 22 percentage points.



**Initiation and Engagement of Substance Use Disorder Treatment—Engagement of SUD—Total SUD—Ages 18 to 64 Years**

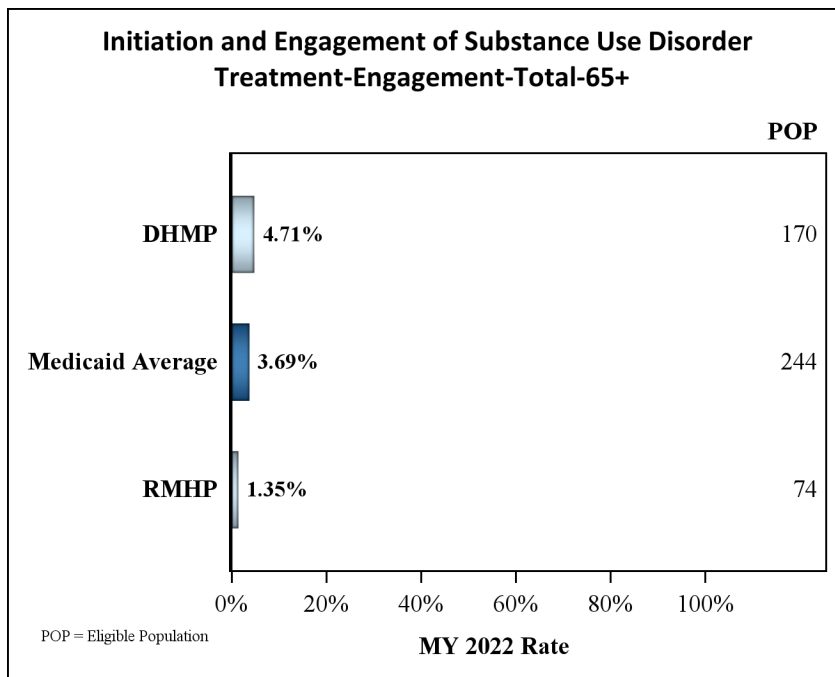
*Initiation and Engagement of Substance Use Disorder Treatment—Engagement of SUD—Total SUD—Ages 18 to 64 Years* measures the percentage of members ages 18 to 64 years who initiated treatment through an inpatient SUD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth, or medication treatment within 14 days of the diagnosis during the measurement year. NCQA recommends a break in trending; therefore, comparisons to NCQA Quality Compass benchmarks are not displayed.



MCO performance varied by approximately 7 percentage points.

### Initiation and Engagement of Substance Use Disorder Treatment—Engagement of SUD—Total SUD—Ages 65 Years and Older

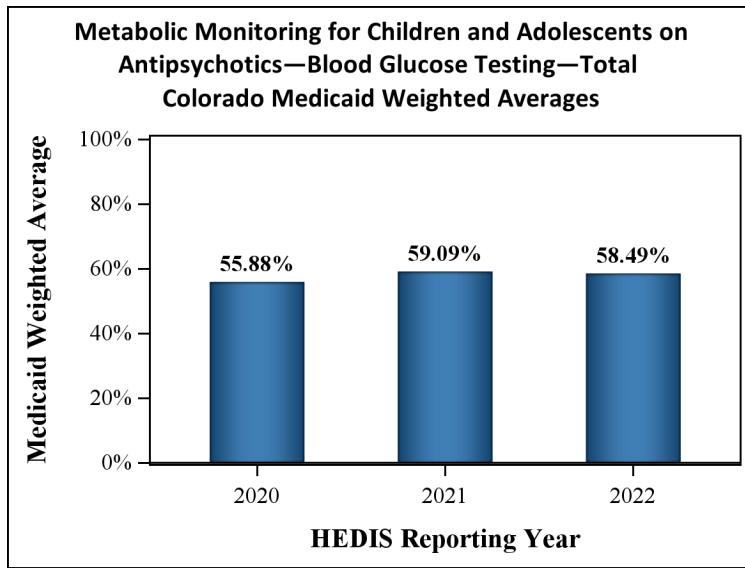
*Initiation and Engagement of Substance Use Disorder Treatment—Engagement of SUD—Total SUD—Ages 65 Years and Older* measures the percentage of members ages 65 years and older who initiated treatment through an inpatient SUD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth, or medication treatment within 14 days of the diagnosis during the measurement year. NCQA recommends a break in trending; therefore, comparisons to NCQA Quality Compass benchmarks are not displayed.



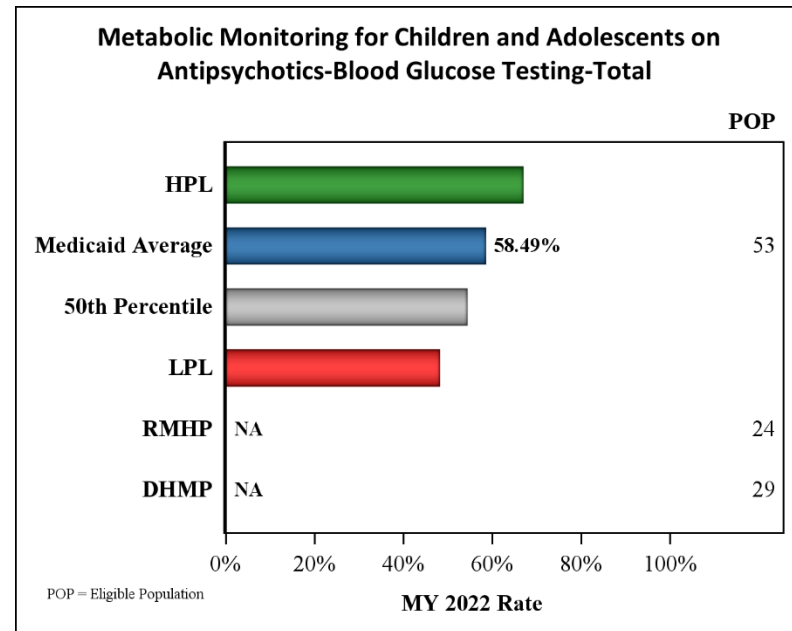
MCO performance varied by approximately 3 percentage points.

### 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 2021 to MY 2022.

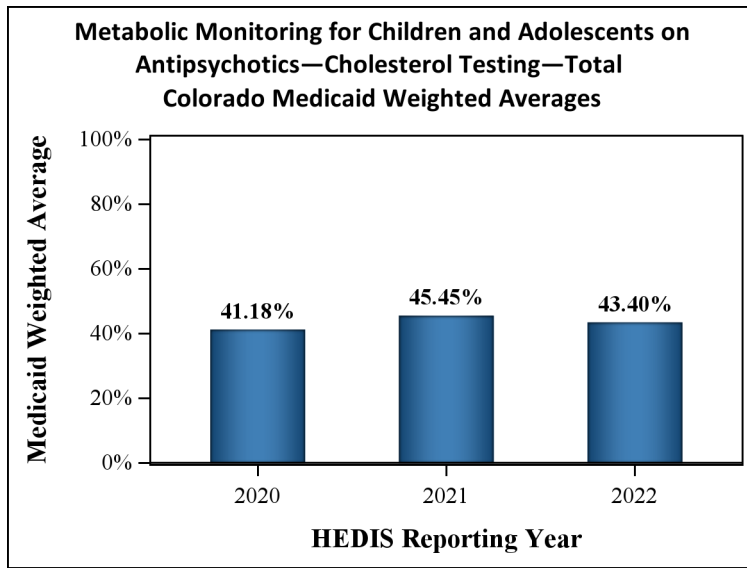


NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate.

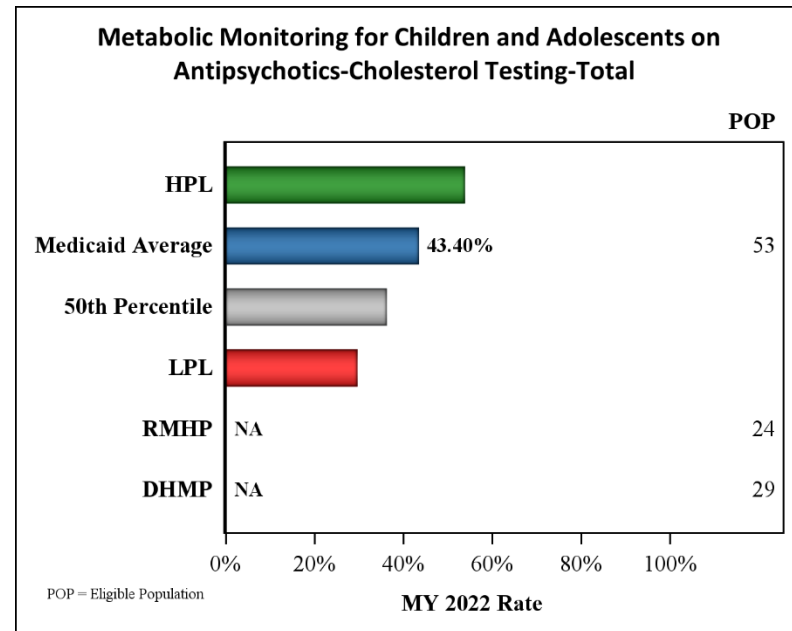
While neither of the MCOs had a reportable rate for this indicator, the Colorado Medicaid weighted average is displayed based on the combined Medicaid population being large enough to result in a reported aggregated rate. The Colorado Medicaid weighted average was above the 50th percentile but below the HPL.

### 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 2021 to MY 2022.

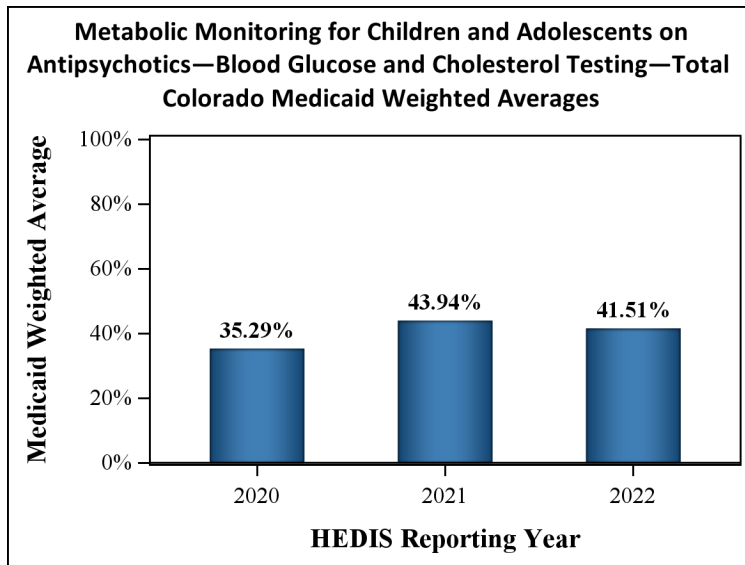


NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate.

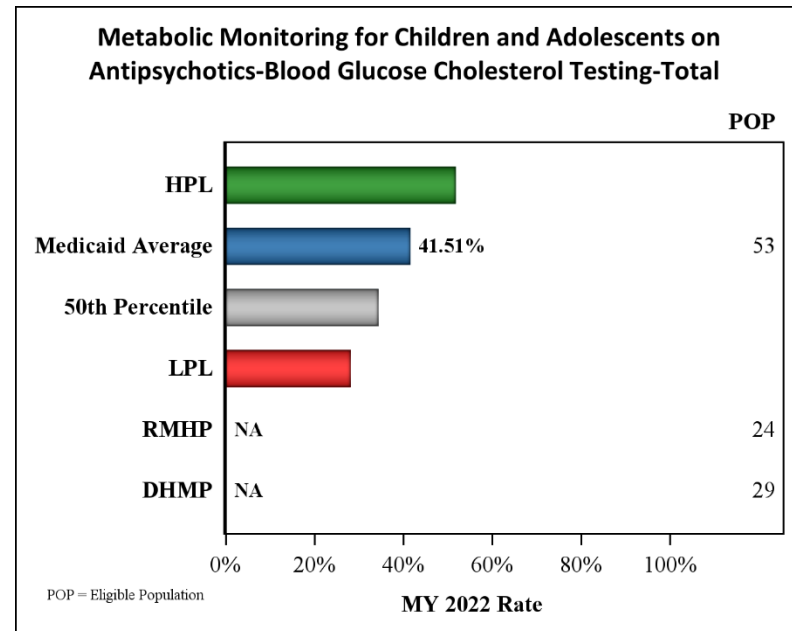
While neither of the MCOs had a reportable rate for this indicator, the Colorado Medicaid weighted average is displayed based on the combined Medicaid population being large enough to result in a reported aggregated rate. The Colorado Medicaid weighted average was above the 50th percentile but fell below 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 2021 to MY 2022.

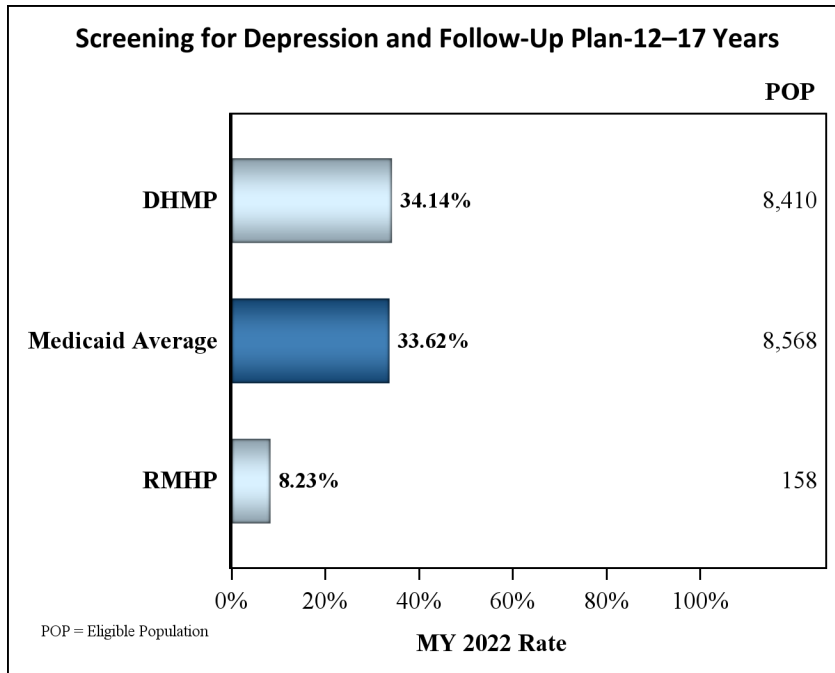


NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate.

While neither of the MCOs had a reportable rate for this indicator, the Colorado Medicaid weighted average is displayed based on the combined Medicaid population being large enough to result in a reported aggregated rate. The Colorado Medicaid weighted average were above the 50th percentile but fell below the HPL.

### Screening for Depression and Follow-Up Plan—Ages 12 to 17 Years

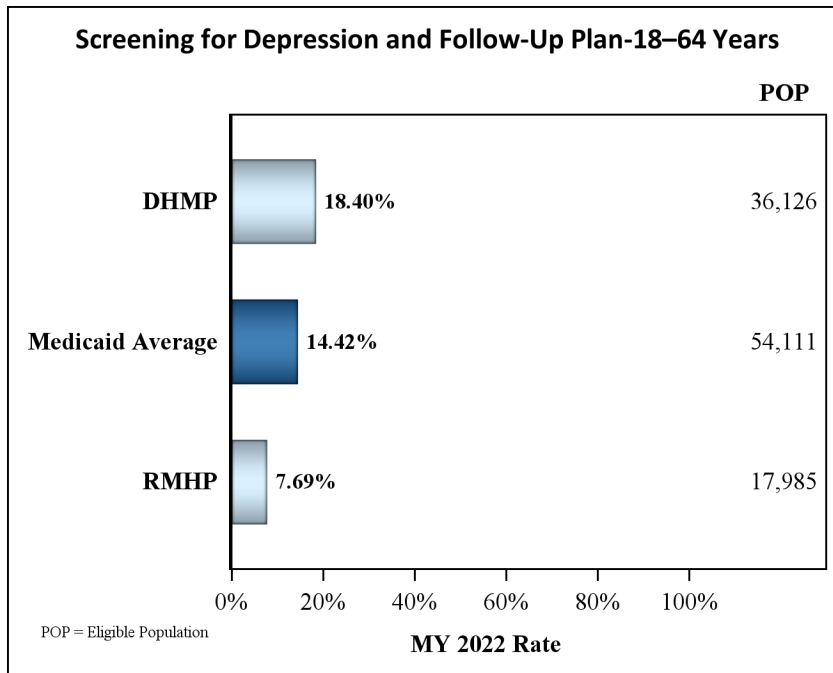
*Screening for Depression and Follow-Up Plan—Ages 12 to 17 Years* measures the percentage of children and adolescents ages 12 to 17 years screened for depression on the date of the encounter or 14 days prior to the date of the encounter using an age-appropriate standardized depression screening tool and, if positive, a follow-up plan is documented on the date of the eligible encounter during the measurement year.



MCO performance varied by approximately 26 percentage points.

### Screening for Depression and Follow-Up Plan—Ages 18 to 64 Years

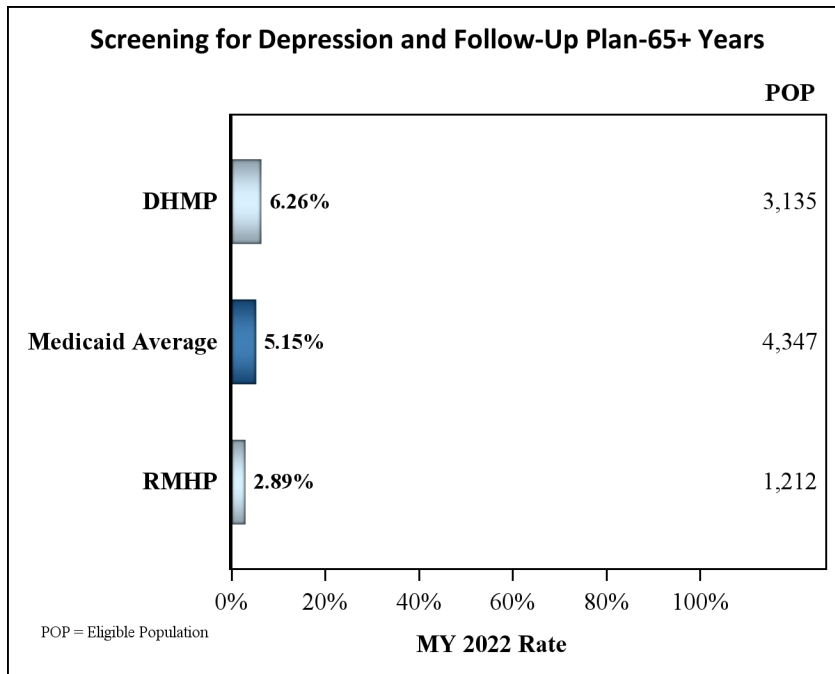
Screening for Depression and Follow-Up Plan—Ages 18 to 64 Years measures the percentage of children and adolescents ages 18 to 64 years screened for depression on the date of the encounter or 14 days prior to the date of the encounter using an age-appropriate standardized depression screening tool and, if positive, a follow-up plan is documented on the date of the eligible encounter during the measurement year.



MCO performance varied by approximately 11 percentage points.

### Screening for Depression and Follow-Up Plan—Ages 65 Years and Older

*Screening for Depression and Follow-Up Plan—Ages 65 Years and Older* measures the percentage of children and adolescents ages 65 years and older screened for depression on the date of the encounter or 14 days prior to the date of the encounter using an age-appropriate standardized depression screening tool and, if positive, a follow-up plan is documented on the date of the eligible encounter during the measurement year.



MCO performance varied by approximately 3 percentage points.



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

***Use of Pharmacotherapy for Opioid Use Disorder—Total (Rate 1), Buprenorphine (Rate 2), Oral Naltrexone (Rate 3), Long-Acting, Injectable Naltrexone (Rate 4), and Methadone (Rate 5)***

*Use of Pharmacotherapy for Opioid Use Disorder—Total (Rate 1), Buprenorphine (Rate 2), Oral Naltrexone (Rate 3), Long-Acting, Injectable Naltrexone (Rate 4), and Methadone (Rate 5)* measures the percentage of Medicaid beneficiaries ages 18 to 64 with an opioid use disorder (OUD) who filled a prescription for or were administered or dispensed a U.S. Food and Drug Administration (FDA)-approved medication for the disorder during the measurement period. Due to optional reporting in MY 2021, MY 2022 performance rates are unable to be compared to prior year performance. In addition, a comparison to benchmarks was either not appropriate or the measure did not have an applicable benchmark.

### 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*).

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

| Performance Measures  | DHMP  | RMHP Prime |
|---|-------|------------|
| <b>Adherence to Antipsychotic Medications for Individuals With Schizophrenia<sup>H</sup></b>                                      |       |            |
| <i>Adherence to Antipsychotic Medications for Individuals With Schizophrenia</i>  | ★     | ★★         |
| <b>Antidepressant Medication Management</b>   |       |            |
| <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>Continuation Phase Treatment—Ages 65 Years and Older</i>   | —     | —          |
| <b>Diabetes Care for People With Serious Mental Illness—HbA1c Poor Control (&gt;9.0%)</b>   |       |            |
| <i>Ages 18 to 64 Years</i>  | —     | —          |
| <i>Ages 65 to 75 Years</i>  | —     | —          |
| <b>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications<sup>*,H</sup></b> |       |            |
| <i>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications</i>               | ★★★★★ | ★★         |
| <b>Follow-Up After Emergency Department Visit for Substance Use</b>   |       |            |
| <i>7-Day Follow-Up—Ages 13 to 17 Years</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 13 to 17 Years</i>   | —     | —          |
| <i>30-Day Follow-Up—Ages 18 to 64 Years</i>   | —     | —          |
| <i>30-Day Follow-Up—Ages 65 Years and Older</i>   | —     | —          |
| <b>Follow-Up After Emergency Department Visit for Mental Illness<sup>H</sup></b>  |       |            |
| <i>7-Day Follow-Up—Ages 6 to 17 Years<sup>I</sup></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 6 to 17 Years<sup>I</sup></i>  | ★     | —          |
| <i>30-Day Follow-Up—Ages 18 to 64 Years</i>   | ★     | ★★         |
| <i>30-Day Follow-Up—Ages 65 Years and Older</i>   | —     | —          |
| <b>Follow-Up After Hospitalization for Mental Illness<sup>H</sup></b>   |       |            |
| <i>7-Day Follow-Up—Ages 6 to 17 Years</i>   | —     | —          |

| Performance Measures  | DHMP | RMHP Prime |
|---|------|------------|
| 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  | —    | —          |
| <b>Follow-Up Care for Children Prescribed ADHD Medication<sup>H</sup></b>                             |      |            |
| Initiation Phase <sup>I</sup>   | ★★   | —          |
| Continuation and Maintenance Phase  | —    | —          |
| <b>Initiation and Engagement of Substance Use Disorder Treatment<sup>H</sup></b>                      |      |            |
| Initiation of SUD Treatment—Total—Ages 18 to 64 Years   | —    | —          |
| Initiation of SUD Treatment—Total—Ages 65 Years and Older   | —    | —          |
| Engagement of SUD Treatment—Total—Ages 18 to 64 Years   | —    | —          |
| Engagement of SUD Treatment—Total—Ages 65 Years and Older   | —    | —          |
| <b>Metabolic Monitoring for Children and Adolescents on Antipsychotics<sup>H</sup></b>                |      |            |
| Blood Glucose Testing—Total   | —    | —          |
| Cholesterol Testing—Total   | —    | —          |
| Blood Glucose and Cholesterol Testing—Total   | —    | —          |
| <b>Screening for Depression and Follow-Up Plan</b>  |      |            |
| Ages 12 to 17 Years   | —    | —          |
| Ages 18 to 64 Years   | —    | —          |
| Ages 65 Years and Older   | —    | —          |
| <b>Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics<sup>H</sup></b> |      |            |
| Total   | —    | —          |
| <b>Use of Pharmacotherapy for Opioid Use Disorder—Total</b>   |      |            |
| Total   | —    | —          |

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

<sup>H</sup> indicates that the measure is a HEDIS measure and can be compared to NCQA benchmarks.

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

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

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             | 2     | 1    | 0   | 1  | 7 |
| RMHP Prime       | 0     | 0    | 1   | 5  | 0 |

Performance for the MCOs in the Behavioral Health Care domain demonstrated opportunities for improvement with eight of 10 (80 percent) HEDIS measure indicator rates for DHMP falling below the 50th percentile and all six HEDIS measure indicator rates for RMHP Prime falling below the 50th percentile. Schizophrenia is a chronic and disabling psychiatric disorder that requires ongoing treatment and monitoring. Symptoms include hallucinations, illogical thinking, memory impairment, and incoherent speech.<sup>6-1</sup> Medication non-adherence is common and a major concern in the treatment of schizophrenia. Using antipsychotic medications as prescribed reduces the risk of relapse or hospitalization.<sup>6-2</sup> Similar to HSAG's recommendation in the prior year, the MCOs and the Department should identify key drivers contributing to the low rates for *Adherence to Antipsychotic Medications for Individuals With Schizophrenia* (e.g., timeliness in encounter data reporting and potential gaps in administrative data sources used to inform performance measure calculation) since this is a measure in which both DHMP and RMHP Prime continue to show significant need for improvement.

Of note, DHMP's rate for *Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications* ranked at or above the 75th percentile, showing strength in preventive screening.

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<sup>6-1</sup> American Psychiatric Association. Schizophrenia Fact Sheet. Available at: <https://www.psychiatry.org/patients-families/schizophrenia/what-is-schizophrenia>. Accessed on: Oct 19, 2023 .

<sup>6-2</sup> Busch, A. B., Lehman, A. F., Goldman, H., & Frank, R. G. (2009). Changes over time and disparities in schizophrenia treatment quality. *Med Care*, 47(2), 199-207.

### 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—Total*
- *PQI 01: Diabetes Short-Term Complications Admission Rate*
- *PQI 05: COPD or Asthma in Older Adults Admission Rate*
- *PQI 08: Heart Failure Admission Rate*
- *PQI 15: Asthma in Younger Adults Admission Rate*
- *Plan All-Cause Readmissions—Observed Readmissions—Total, Expected Readmissions—Total, and Observed to Expected (O/E) Ratio*

Both MCOs were required to report these measures in MY 2022. 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 indicator.

Rates displayed in the Use of Services domain are for informational purposes only; the rates do not indicate the quality, timeliness, or accessibility of care and services. Therefore, exercise caution in connecting these data to the efficacy of the program, as many factors influence these data. HSAG recommends that 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: ED Visits—Total

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 <sup>*,1</sup> |
|-----------------------------------|--------------------------|
| RMHP Prime                        | 502.90                   |
| DHMP                              | 317.11                   |
| MY 2022 Medicaid Weighted Average | 319.68                   |
| MY 2021 Medicaid Weighted Average | 271.94                   |

<sup>1</sup> 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 may indicate more favorable performance.

For the *ED Visits—Total* measure indicator, MCO performance varied, ranging from 502.90 ED visits per 1,000 member months for RMHP Prime to 317.11 ED visits per 1,000 member months for DHMP.

### PQI 01: Diabetes Short-Term Complications Admission Rate

The PQI 01: Diabetes Short-Term Complications Admission Rate measure focuses on hospitalization for individuals ages 18 to 64 years and 65 years and older with a primary diagnosis of diabetes and short-term complications, 100,000 beneficiary months.

#### Results

Table 7-2 shows the total number of hospitalizations with a principal diagnosis of diabetes with short-term complications (ketoacidosis, hyperosmolarity, or coma) per 100,000 beneficiary months for beneficiaries ages 18 and older.

**Table 7-2—Diabetes Short-Term Complications Admission Rate**

| MCO Name                                   | 18 to 64 Years* | 65 Years and Older* |
|--|-----------------|---------------------|
| DHMP                                       | 16.69           | 0.00                |
| RMHP Prime                                 | 11.13           | 9.51                |
| MY 2022 Colorado Medicaid Weighted Average | 14.55           | 3.58                |
| MY 2021 Colorado Medicaid Weighted Average | 27.29           | 18.41               |

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



### PQI 05: COPD or Asthma in Older Adults Admission Rate

The PQI 05: COPD or Asthma in Older Adults Admission Rate measure assesses hospitalizations for individuals ages 40 to 64 years and 65 years and older with a primary diagnosis of COPD or asthma, per 100,000 beneficiary months.

#### Results

Table 7-3 shows the total number of hospitalizations with a principal diagnosis of COPD or asthma per 100,000 beneficiary months for beneficiaries ages 40 years and older.

**Table 7-3—COPD or Asthma in Older Adults Admission Rate**

| Health Plan Names                          | 40 to 64 Years* | 65 Years and Older* |
|--|-----------------|---------------------|
| DHMP                                       | 20.13           | 43.95               |
| RMHP Prime                                 | 9.03            | 25.36               |
| MY 2022 Colorado Medicaid Weighted Average | 15.27           | 36.96               |
| MY 2021 Colorado Medicaid Weighted Average | 258.84          | 1,210.72            |

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

### PQI 08: Heart Failure Admission Rate

The PQI 08: Heart Failure Admission Rate measure focuses on the number of hospitalization due to heart failure per 100,000 individuals ages 18 to 64 years and 65 years and older in the population.

#### Results

Table 7-4 shows the total number of hospitalizations with a principal diagnosis of heart failure per 100,000 beneficiary months for beneficiaries ages 18 and older.

**Table 7-4—Heart Failure Admission Rate**

| MCO Name                                   | 18 to 64 Years* | 65 Years and Older* |
|--|-----------------|---------------------|
| DHMP                                       | 24.10           | 1,385.48            |
| RMHP Prime                                 | 5.20            | 28.53               |
| MY 2022 Colorado Medicaid Weighted Average | 16.02           | 236.22              |
| MY 2021 Colorado Medicaid Weighted Average | 76.05           | 1,033.38            |

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

### PQI 15: Asthma in Younger Adults Admission Rate

The PQI 15: Asthma in Younger Adults Admission Rate measure assesses hospitalizations for individuals ages 18 to 39 years, with a primary diagnosis of asthma, per 100,000 beneficiary months.

#### Results

Table 7-5 shows the total number of hospitalizations with a principal diagnosis of asthma per 100,000 beneficiary months for beneficiaries ages 18 to 39 years.

**Table 7-5—Asthma in Younger Adults Admission Rate**

| Health Plan Names                          | 18 to 39 Years* |
|--|-----------------|
| DHMP                                       | 3.50            |
| RMHP Prime                                 | 2.37            |
| MY 2022 Colorado Medicaid Weighted Average | 3.10            |
| MY 2021 Colorado Medicaid Weighted Average | 6.65            |

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

## 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 7-6 shows the total number of observed readmissions and the O/E ratio of an acute readmission for all ages.

**Table 7-6—Plan All-Cause Readmissions**

| Health Plan Name                  | Observed Rate | Expected Rate | O/E Ratio* |
|-----------------------------------|---------------|---------------|------------|
| DHMP                              | 9.54%         | 9.49%         | 1.01       |
| RMHP Prime                        | 7.96%         | 9.88%         | 0.81       |
| MY 2022 Medicaid Weighted Average | 8.92%         | 9.64%         | 0.92       |
| MY 2021 Medicaid Weighted Average | 8.85%         | 9.71%         | 0.91       |
| MY 2020 Medicaid Weighted Average | 10.45%        | —             | 1.04       |

\* 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. 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 2020, MY 2021, and MY 2022 Colorado Medicaid weighted averages. Where applicable, yellow shading with one caret (^) indicates the MY 2022 MCO-specific or Colorado Medicaid weighted average rate was at or above the measure specific 50th percentile ranking.

### 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   |
|---|---------------------|--------|
| <b><i>Breast Cancer Screening</i></b>                   |                     |        |
| <b><i>Ages 52 to 64 Years<sup>SA</sup></i></b>          |                     |        |
| DHMP  | 3,532               | 46.91% |
| RMHP  | 3,399               | 44.34% |
| <b>HEDIS MY 2022 Colorado Medicaid Weighted Average</b> |                     |        |
| <b>HEDIS MY 2021 Colorado Medicaid Weighted Average</b> |                     |        |
| <b><i>Ages 65 to 74 Years<sup>SA</sup></i></b>          |                     |        |
| DHMP  | 1,033               | 35.82% |
| RMHP  | 644                 | 41.15% |
| <b>HEDIS MY 2022 Colorado Medicaid Weighted Average</b> |                     |        |
| <b>HEDIS MY 2021 Colorado Medicaid Weighted Average</b> |                     |        |
| <b><i>Cervical Cancer Screening<sup>H</sup></i></b>     |                     |        |
| DHMP  | 411                 | 34.24% |
| RMHP  | 392                 | 42.38% |
| <b>HEDIS MY 2022 Colorado Medicaid Weighted Average</b> |                     |        |
| <b>HEDIS MY 2021 Colorado Medicaid Weighted Average</b> |                     |        |
| <b>HEDIS MY 2020 Colorado Medicaid Weighted Average</b> |                     |        |
| <b><i>Child and Adolescent Well-Care Visits</i></b>     |                     |        |
| <b><i>Ages 3 to 11 Years<sup>H</sup></i></b>            |                     |        |
| DHMP  | 16,342              | 52.97% |
| RMHP  | 111                 | 51.35% |
| <b>HEDIS MY 2022 Colorado Medicaid Weighted Average</b> |                     |        |
| <b>HEDIS MY 2021 Colorado Medicaid Weighted Average</b> |                     |        |
| <b>HEDIS MY 2020 Colorado Medicaid Weighted Average</b> |                     |        |
| <b><i>Ages 12 to 17 Years<sup>H</sup></i></b>           |                     |        |
| DHMP  | 12,447              | 45.59% |

| Medicaid Plan   | Eligible Population | Rate            |
|---|---------------------|-----------------|
| RMHP  | 181                 | 59.12%^         |
| <b>HEDIS MY 2022 Colorado Medicaid Weighted Average</b> |                     | <b>45.79%</b>   |
| <b>HEDIS MY 2021 Colorado Medicaid Weighted Average</b> |                     | <b>43.77%</b>   |
| <b>HEDIS MY 2020 Colorado Medicaid Weighted Average</b> |                     | <b>14.45%</b>   |
| <i>Ages 18 to 21 Years<sup>H</sup></i>                  |                     |                 |
| DHMP  | 7,245               | 15.57%          |
| RMHP  | 627                 | 15.95%          |
| <b>HEDIS MY 2022 Colorado Medicaid Weighted Average</b> |                     | <b>15.60%</b>   |
| <b>HEDIS MY 2021 Colorado Medicaid Weighted Average</b> |                     | <b>15.37%</b>   |
| <b>HEDIS MY 2020 Colorado Medicaid Weighted Average</b> |                     | <b>47.04%</b>   |
| <i>Total<sup>H</sup></i>                                |                     |                 |
| DHMP  | 36,034              | 42.90%          |
| RMHP  | 919                 | 28.73%          |
| <b>HEDIS MY 2022 Colorado Medicaid Weighted Average</b> |                     | <b>42.55%</b>   |
| <b>HEDIS MY 2021 Colorado Medicaid Weighted Average</b> |                     | <b>41.16%</b>   |
| <b>HEDIS MY 2020 Colorado Medicaid Weighted Average</b> |                     | <b>38.32%</b>   |
| <i>Childhood Immunization Status</i>                    |                     |                 |
| <i>DTaP<sup>H,1</sup></i>                               |                     |                 |
| DHMP  | 1,006               | 75.25%^         |
| RMHP  | 0                   | NA              |
| <b>HEDIS MY 2022 Colorado Medicaid Weighted Average</b> |                     | <b>75.25% ^</b> |
| <b>HEDIS MY 2021 Colorado Medicaid Weighted Average</b> |                     | <b>65.95%</b>   |
| <b>HEDIS MY 2020 Colorado Medicaid Weighted Average</b> |                     | <b>69.44%</b>   |
| <i>IPV<sup>H,1</sup></i>                                |                     |                 |
| DHMP  | 1,006               | 85.59%          |
| RMHP  | 0                   | NA              |
| <b>HEDIS MY 2022 Colorado Medicaid Weighted Average</b> |                     | <b>85.59%</b>   |
| <b>HEDIS MY 2021 Colorado Medicaid Weighted Average</b> |                     | <b>75.73%</b>   |
| <b>HEDIS MY 2020 Colorado Medicaid Weighted Average</b> |                     | <b>82.14%</b>   |
| <i>MMR<sup>H,1</sup></i>                                |                     |                 |
| DHMP  | 1,006               | 85.69%^         |
| RMHP  | 0                   | NA              |
| <b>HEDIS MY 2022 Colorado Medicaid Weighted Average</b> |                     | <b>85.69% ^</b> |
| <b>HEDIS MY 2021 Colorado Medicaid Weighted Average</b> |                     | <b>76.88%</b>   |
| <b>HEDIS MY 2020 Colorado Medicaid Weighted Average</b> |                     | <b>83.98%</b>   |
| <i>HiB<sup>H,1</sup></i>                                |                     |                 |
| DHMP  | 1,006               | 84.69%^         |
| RMHP  | 0                   | NA              |
| <b>HEDIS MY 2022 Colorado Medicaid Weighted Average</b> |                     | <b>84.69% ^</b> |

| Medicaid Plan   | Eligible Population | Rate           |
|---|---------------------|----------------|
| <b>HEDIS MY 2021 Colorado Medicaid Weighted Average</b> |                     | <b>77.21%</b>  |
| <b>HEDIS MY 2020 Colorado Medicaid Weighted Average</b> |                     | <b>81.87%</b>  |
| <b><i>Hepatitis B<sup>H,I</sup></i></b>                 |                     |                |
| DHMP  | 1,006               | 88.77%^        |
| RMHP  | 0                   | NA             |
| <b>HEDIS MY 2022 Colorado Medicaid Weighted Average</b> |                     | <b>88.77%^</b> |
| <b>HEDIS MY 2021 Colorado Medicaid Weighted Average</b> |                     | <b>74.41%</b>  |
| <b>HEDIS MY 2020 Colorado Medicaid Weighted Average</b> |                     | <b>85.03%</b>  |
| <b><i>VZV<sup>H,I</sup></i></b>                         |                     |                |
| DHMP  | 1,006               | 85.39%^        |
| RMHP  | 0                   | NA             |
| <b>HEDIS MY 2022 Colorado Medicaid Weighted Average</b> |                     | <b>85.39%^</b> |
| <b>HEDIS MY 2021 Colorado Medicaid Weighted Average</b> |                     | <b>76.94%</b>  |
| <b>HEDIS MY 2020 Colorado Medicaid Weighted Average</b> |                     | <b>83.63%</b>  |
| <b><i>Hepatitis A<sup>H,I</sup></i></b>                 |                     |                |
| DHMP  | 1,006               | 85.29%^        |
| RMHP  | 0                   | NA             |
| <b>HEDIS MY 2022 Colorado Medicaid Weighted Average</b> |                     | <b>85.29%^</b> |
| <b>HEDIS MY 2021 Colorado Medicaid Weighted Average</b> |                     | <b>77.27%</b>  |
| <b>HEDIS MY 2020 Colorado Medicaid Weighted Average</b> |                     | <b>82.49%</b>  |
| <b><i>Pneumococcal Conjugate<sup>H,I</sup></i></b>      |                     |                |
| DHMP  | 1,006               | 77.04%^        |
| RMHP  | 0                   | NA             |
| <b>HEDIS MY 2022 Colorado Medicaid Weighted Average</b> |                     | <b>77.04%^</b> |
| <b>HEDIS MY 2021 Colorado Medicaid Weighted Average</b> |                     | <b>68.15%</b>  |
| <b>HEDIS MY 2020 Colorado Medicaid Weighted Average</b> |                     | <b>74.17%</b>  |
| <b><i>Rotavirus<sup>H,I</sup></i></b>                   |                     |                |
| DHMP  | 1,006               | 64.71%         |
| RMHP  | 0                   | NA             |
| <b>HEDIS MY 2022 Colorado Medicaid Weighted Average</b> |                     | <b>64.71%</b>  |
| <b>HEDIS MY 2021 Colorado Medicaid Weighted Average</b> |                     | <b>60.24%</b>  |
| <b>HEDIS MY 2020 Colorado Medicaid Weighted Average</b> |                     | <b>63.66%</b>  |
| <b><i>Influenza<sup>H,I</sup></i></b>                   |                     |                |
| DHMP  | 1,006               | 53.78%^        |
| RMHP  | 0                   | NA             |
| <b>HEDIS MY 2022 Colorado Medicaid Weighted Average</b> |                     | <b>53.78%^</b> |
| <b>HEDIS MY 2021 Colorado Medicaid Weighted Average</b> |                     | <b>52.11%^</b> |
| <b>HEDIS MY 2020 Colorado Medicaid Weighted Average</b> |                     | <b>50.26%</b>  |



| Medicaid Plan   | Eligible Population | Rate           |
|---|---------------------|----------------|
| <b>Combination 3<sup>H,1</sup></b>                      |                     |                |
| DHMP  | 1,006               | 72.47%^        |
| RMHP  | 0                   | NA             |
| <b>HEDIS MY 2022 Colorado Medicaid Weighted Average</b> |                     | <b>72.47%^</b> |
| <b>HEDIS MY 2021 Colorado Medicaid Weighted Average</b> |                     | <b>61.94%</b>  |
| <b>HEDIS MY 2020 Colorado Medicaid Weighted Average</b> |                     | <b>67.95%</b>  |
| <b>Combination 7<sup>H,1</sup></b>                      |                     |                |
| DHMP  | 1,006               | 59.64%^        |
| RMHP  | 0                   | NA             |
| <b>HEDIS MY 2022 Colorado Medicaid Weighted Average</b> |                     | <b>59.64%^</b> |
| <b>HEDIS MY 2021 Colorado Medicaid Weighted Average</b> |                     | <b>53.10%</b>  |
| <b>HEDIS MY 2020 Colorado Medicaid Weighted Average</b> |                     | <b>57.71%</b>  |
| <b>Combination 10<sup>H,1</sup></b>                     |                     |                |
| DHMP  | 1,006               | 42.05%^        |
| RMHP  | 0                   | NA             |
| <b>HEDIS MY 2022 Colorado Medicaid Weighted Average</b> |                     | <b>42.05%^</b> |
| <b>HEDIS MY 2021 Colorado Medicaid Weighted Average</b> |                     | <b>40.25%^</b> |
| <b>HEDIS MY 2020 Colorado Medicaid Weighted Average</b> |                     | <b>40.11%</b>  |
| <b>Chlamydia Screening in Women</b>                     |                     |                |
| <b>Ages 16 to 20 Years<sup>H</sup></b>                  |                     |                |
| DHMP  | 2,334               | 77.04%^        |
| RMHP  | 61                  | 39.34%         |
| <b>HEDIS MY 2022 Colorado Medicaid Weighted Average</b> |                     | <b>76.08%^</b> |
| <b>HEDIS MY 2021 Colorado Medicaid Weighted Average</b> |                     | <b>75.11%^</b> |
| <b>HEDIS MY 2020 Colorado Medicaid Weighted Average</b> |                     | <b>65.17%</b>  |
| <b>Ages 21 to 24 Years<sup>H</sup></b>                  |                     |                |
| DHMP  | 1,722               | 70.33%^        |
| RMHP  | 1,123               | 49.60%         |
| <b>HEDIS MY 2022 Colorado Medicaid Weighted Average</b> |                     | <b>62.14%^</b> |
| <b>HEDIS MY 2021 Colorado Medicaid Weighted Average</b> |                     | <b>57.93%</b>  |
| <b>HEDIS MY 2020 Colorado Medicaid Weighted Average</b> |                     | <b>56.31%</b>  |
| <b>Colorectal Cancer Screening</b>                      |                     |                |
| <b>Ages 46 to 49 Years<sup>S,4</sup></b>                |                     |                |
| DHMP  | 3,377               | 14.01%         |
| RMHP  | 2,301               | 16.69%         |
| <b>HEDIS MY 2022 Colorado Medicaid Weighted Average</b> |                     | <b>15.09%</b>  |
| <b>Ages 50 to 64 Years<sup>S,4</sup></b>                |                     |                |
| DHMP  | 10,637              | 27.05%         |
| RMHP  | 8,263               | 36.63%         |

| Medicaid Plan   | Eligible Population | Rate          |
|---|---------------------|---------------|
| <b>HEDIS MY 2022 Colorado Medicaid Weighted Average</b>         |                     | <b>31.24%</b> |
| <i>Ages 65 Years and Older<sup>SA</sup></i>                     |                     |               |
| DHMP  | 2,343               | 32.99%        |
| RMHP  | 1,271               | 36.43%        |
| <b>HEDIS MY 2022 Colorado Medicaid Weighted Average</b>         |                     | <b>34.20%</b> |
| <i>Developmental Screening in the First Three Years of Life</i> |                     |               |
| <i>Total<sup>SA</sup></i>                                       |                     |               |
| DHMP  | 3,832               | 60.80%        |
| RMHP  | 3                   | NA            |
| <b>HEDIS MY 2022 Colorado Medicaid Weighted Average</b>         |                     | <b>60.78%</b> |
| <b>HEDIS MY 2021 Colorado Medicaid Weighted Average</b>         |                     | <b>NA</b>     |
| <i>1 Year<sup>SA,1</sup></i>                                    |                     |               |
| DHMP  | 951                 | 48.58%        |
| RMHP  | 0                   | NA            |
| <b>HEDIS MY 2022 Colorado Medicaid Weighted Average</b>         |                     | <b>48.58%</b> |
| <b>HEDIS MY 2021 Colorado Medicaid Weighted Average</b>         |                     | <b>NA</b>     |
| <i>2 Years<sup>SA</sup></i>                                     |                     |               |
| DHMP  | 1,009               | 75.82%        |
| RMHP  | 1                   | NA            |
| <b>HEDIS MY 2022 Colorado Medicaid Weighted Average</b>         |                     | <b>75.84%</b> |
| <b>HEDIS MY 2021 Colorado Medicaid Weighted Average</b>         |                     | <b>NA</b>     |
| <i>3 Years<sup>SA</sup></i>                                     |                     |               |
| DHMP  | 1,872               | 58.92%        |
| RMHP  | 2                   | NA            |
| <b>HEDIS MY 2022 Colorado Medicaid Weighted Average</b>         |                     | <b>58.86%</b> |
| <b>HEDIS MY 2021 Colorado Medicaid Weighted Average</b>         |                     | <b>NA</b>     |
| <i>Immunizations for Adolescents</i>                            |                     |               |
| <i>Meningococcal<sup>H</sup></i>                                |                     |               |
| DHMP  | 1,998               | 72.22%        |
| RMHP  | 30                  | 80.00%        |
| <b>HEDIS MY 2022 Colorado Medicaid Weighted Average</b>         |                     | <b>72.34%</b> |
| <b>HEDIS MY 2021 Colorado Medicaid Weighted Average</b>         |                     | <b>66.55%</b> |
| <b>HEDIS MY 2020 Colorado Medicaid Weighted Average</b>         |                     | <b>78.03%</b> |
| <i>Tdap<sup>H</sup></i>   |                     |               |
| DHMP  | 1,998               | 74.52%        |
| RMHP  | 30                  | 83.33%        |
| <b>HEDIS MY 2022 Colorado Medicaid Weighted Average</b>         |                     | <b>74.65%</b> |
| <b>HEDIS MY 2021 Colorado Medicaid Weighted Average</b>         |                     | <b>66.95%</b> |
| <b>HEDIS MY 2020 Colorado Medicaid Weighted Average</b>         |                     | <b>77.56%</b> |

| Medicaid Plan  | Eligible Population | Rate                      |
|--|---------------------|---------------------------|
| <b>HPV<sup>H</sup></b>   |                     |                           |
| DHMP   | 1,998               | 37.19%^                   |
| RMHP   | 30                  | 26.67%                    |
| <b>HEDIS MY 2022 Colorado Medicaid Weighted Average</b>  |                     | <b>37.03%<sup>^</sup></b> |
| <b>HEDIS MY 2021 Colorado Medicaid Weighted Average</b>  |                     | <b>36.62%</b>             |
| <b>HEDIS MY 2020 Colorado Medicaid Weighted Average</b>  |                     | <b>46.59%</b>             |
| <b>Combination 1<sup>H</sup></b>   |                     |                           |
| DHMP   | 1,998               | 71.77%                    |
| RMHP   | 30                  | 80.00%^                   |
| <b>HEDIS MY 2022 Colorado Medicaid Weighted Average</b>  |                     | <b>71.89%</b>             |
| <b>HEDIS MY 2021 Colorado Medicaid Weighted Average</b>  |                     | <b>64.92%</b>             |
| <b>HEDIS MY 2020 Colorado Medicaid Weighted Average</b>  |                     | <b>75.51%</b>             |
| <b>Combination 2<sup>H</sup></b>   |                     |                           |
| DHMP   | 1,998               | 36.84%^                   |
| RMHP   | 30                  | 26.67%                    |
| <b>HEDIS MY 2022 Colorado Medicaid Weighted Average</b>  |                     | <b>36.69%<sup>^</sup></b> |
| <b>HEDIS MY 2021 Colorado Medicaid Weighted Average</b>  |                     | <b>35.48%</b>             |
| <b>HEDIS MY 2020 Colorado Medicaid Weighted Average</b>  |                     | <b>44.87%</b>             |
| <b>Lead Screening in Children<sup>H,1</sup></b>  |                     |                           |
| DHMP   | 1,004               | 61.16%                    |
| RMHP   | 0                   | NA                        |
| <b>HEDIS MY 2022 Colorado Medicaid Weighted Average</b>  |                     | <b>61.16%</b>             |
| <b>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</b> |                     |                           |
| <b>BMI Percentile—Ages 3 to 11 Years<sup>H</sup></b>   |                     |                           |
| DHMP   | 222                 | 68.01%                    |
| RMHP   | 89                  | 20.65%                    |
| <b>HEDIS MY 2022 Colorado Medicaid Weighted Average</b>  |                     | <b>67.56%</b>             |
| <b>HEDIS MY 2021 Colorado Medicaid Weighted Average</b>  |                     | <b>70.47%</b>             |
| <b>HEDIS MY 2020 Colorado Medicaid Weighted Average</b>  |                     | <b>65.05%</b>             |
| <b>BMI Percentile—Ages 12 to 17 Years<sup>H</sup></b>  |                     |                           |
| DHMP   | 189                 | 68.21%                    |
| RMHP   | 142                 | 25.17%                    |
| <b>HEDIS MY 2022 Colorado Medicaid Weighted Average</b>  |                     | <b>67.33%</b>             |
| <b>HEDIS MY 2021 Colorado Medicaid Weighted Average</b>  |                     | <b>67.74%</b>             |
| <b>HEDIS MY 2020 Colorado Medicaid Weighted Average</b>  |                     | <b>63.32%</b>             |
| <b>BMI Percentile—Total<sup>H</sup></b>  |                     |                           |
| DHMP   | 411                 | 68.09%                    |
| RMHP   | 231                 | 23.40%                    |

| Medicaid Plan   | Eligible Population | Rate            |
|---|---------------------|-----------------|
| <b>HEDIS MY 2022 Colorado Medicaid Weighted Average</b>                 |                     | <b>67.47%</b>   |
| <b>HEDIS MY 2021 Colorado Medicaid Weighted Average</b>                 |                     | <b>69.35%</b>   |
| <b>HEDIS MY 2020 Colorado Medicaid Weighted Average</b>                 |                     | <b>64.36%</b>   |
| <i>Counseling for Nutrition—Ages 3 to 11 Years<sup>H</sup></i>          |                     |                 |
| DHMP  | 222                 | 74.96%^         |
| RMHP  | 89                  | 30.43%          |
| <b>HEDIS MY 2022 Colorado Medicaid Weighted Average</b>                 |                     | <b>74.55% ^</b> |
| <b>HEDIS MY 2021 Colorado Medicaid Weighted Average</b>                 |                     | <b>76.44% ^</b> |
| <b>HEDIS MY 2020 Colorado Medicaid Weighted Average</b>                 |                     | <b>71.67%</b>   |
| <i>Counseling for Nutrition—Ages 12 to 17 Years<sup>H</sup></i>         |                     |                 |
| DHMP  | 189                 | 70.43%^         |
| RMHP  | 142                 | 23.08%          |
| <b>HEDIS MY 2022 Colorado Medicaid Weighted Average</b>                 |                     | <b>69.46%</b>   |
| <b>HEDIS MY 2021 Colorado Medicaid Weighted Average</b>                 |                     | <b>69.23% ^</b> |
| <b>HEDIS MY 2020 Colorado Medicaid Weighted Average</b>                 |                     | <b>65.04%</b>   |
| <i>Counseling for Nutrition—Total<sup>H</sup></i>                       |                     |                 |
| DHMP  | 411                 | 73.10%^         |
| RMHP  | 231                 | 25.96%          |
| <b>HEDIS MY 2022 Colorado Medicaid Weighted Average</b>                 |                     | <b>72.44% ^</b> |
| <b>HEDIS MY 2021 Colorado Medicaid Weighted Average</b>                 |                     | <b>73.46% ^</b> |
| <b>HEDIS MY 2020 Colorado Medicaid Weighted Average</b>                 |                     | <b>69.02%</b>   |
| <i>Counseling for Physical Activity—Ages 3 to 11 Years<sup>H</sup></i>  |                     |                 |
| DHMP  | 222                 | 73.78%^         |
| RMHP  | 89                  | 13.04%          |
| <b>HEDIS MY 2022 Colorado Medicaid Weighted Average</b>                 |                     | <b>73.21% ^</b> |
| <b>HEDIS MY 2021 Colorado Medicaid Weighted Average</b>                 |                     | <b>75.47% ^</b> |
| <b>HEDIS MY 2020 Colorado Medicaid Weighted Average</b>                 |                     | <b>70.68%</b>   |
| <i>Counseling for Physical Activity—Ages 12 to 17 Years<sup>H</sup></i> |                     |                 |
| DHMP  | 189                 | 69.36%          |
| RMHP  | 142                 | 13.29%          |
| <b>HEDIS MY 2022 Colorado Medicaid Weighted Average</b>                 |                     | <b>68.22%</b>   |
| <b>HEDIS MY 2021 Colorado Medicaid Weighted Average</b>                 |                     | <b>68.37% ^</b> |
| <b>HEDIS MY 2020 Colorado Medicaid Weighted Average</b>                 |                     | <b>64.04%</b>   |
| <i>Counseling for Physical Activity—Total<sup>H</sup></i>               |                     |                 |
| DHMP  | 411                 | 71.96%^         |
| RMHP  | 231                 | 13.19%          |
| <b>HEDIS MY 2022 Colorado Medicaid Weighted Average</b>                 |                     | <b>71.14% ^</b> |
| <b>HEDIS MY 2021 Colorado Medicaid Weighted Average</b>                 |                     | <b>72.54% ^</b> |
| <b>HEDIS MY 2020 Colorado Medicaid Weighted Average</b>                 |                     | <b>68.02%</b>   |

| Medicaid Plan   | Eligible Population | Rate           |
|---|---------------------|----------------|
| <b>Well-Child Visits in the First 30 Months of Life</b>   |                     |                |
| <b>Well-Child Visits in the First 15 Months of Life—Six or More Well-Child Visits<sup>H,1</sup></b> |                     |                |
| DHMP  | 1,014               | 58.28%^        |
| RMHP  | 0                   | NA             |
| <b>HEDIS MY 2022 Colorado Medicaid Weighted Average</b>   |                     | <b>58.28%^</b> |
| <b>HEDIS MY 2021 Colorado Medicaid Weighted Average</b>   |                     | <b>54.34%</b>  |
| <b>HEDIS MY 2020 Colorado Medicaid Weighted Average</b>   |                     | <b>54.69%</b>  |
| <b>Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits<sup>H,1</sup></b> |                     |                |
| DHMP  | 1,356               | 59.29%         |
| RMHP  | 0                   | NA             |
| <b>HEDIS MY 2022 Colorado Medicaid Weighted Average</b>   |                     | <b>59.29%</b>  |
| <b>HEDIS MY 2021 Colorado Medicaid Weighted Average</b>   |                     | <b>54.39%</b>  |
| <b>HEDIS MY 2020 Colorado Medicaid Weighted Average</b>   |                     | <b>57.22%</b>  |

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

<sup>H</sup> indicates that the measure is a HEDIS measure and can be compared to NCQA benchmarks.

<sup>SA</sup> indicates that the measure could only be compared to the statewide average.

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          |
|---|---------------------|---------------|
| <b>Contraceptive Care—All Women</b>                     |                     |               |
| <b>MMEC—Ages 15 to 20 Years<sup>SA</sup></b>            |                     |               |
| DHMP  | 5,209               | 20.68%        |
| RMHP  | 216                 | 30.09%        |
| <b>HEDIS MY 2022 Colorado Medicaid Weighted Average</b> |                     | <b>21.05%</b> |
| <b>HEDIS MY 2021 Colorado Medicaid Weighted Average</b> |                     | <b>33.58%</b> |
| <b>MMEC—Ages 21 to 44 Years<sup>SA</sup></b>            |                     |               |
| DHMP  | 16,432              | 18.89%        |
| RMHP  | 14,387              | 19.57%        |
| <b>HEDIS MY 2022 Colorado Medicaid Weighted Average</b> |                     | <b>19.21%</b> |
| <b>HEDIS MY 2021 Colorado Medicaid Weighted Average</b> |                     | <b>20.17%</b> |
| <b>LARC—Ages 15 to 20 Years<sup>SA</sup></b>            |                     |               |
| DHMP  | 5,209               | 5.30%         |
| RMHP  | 216                 | 6.94%         |
| <b>HEDIS MY 2022 Colorado Medicaid Weighted Average</b> |                     | <b>5.36%</b>  |
| <b>HEDIS MY 2021 Colorado Medicaid Weighted Average</b> |                     | <b>6.51%</b>  |
| <b>LARC—Ages 21 to 44 Years<sup>SA</sup></b>            |                     |               |
| DHMP  | 16,432              | 4.95%         |
| RMHP  | 14,387              | 4.27%         |
| <b>HEDIS MY 2022 Colorado Medicaid Weighted Average</b> |                     | <b>4.63%</b>  |
| <b>HEDIS MY 2021 Colorado Medicaid Weighted Average</b> |                     | <b>4.87%</b>  |
| <b>Contraceptive Care—Postpartum Women</b>              |                     |               |
| <b>MMEC—3 Days—Ages 15 to 20 Years<sup>SA</sup></b>     |                     |               |
| DHMP  | 74                  | 25.68%        |
| RMHP  | 7                   | NA            |
| <b>HEDIS MY 2022 Colorado Medicaid Weighted Average</b> |                     | <b>23.46%</b> |
| <b>HEDIS MY 2021 Colorado Medicaid Weighted Average</b> |                     | <b>0.00%</b>  |
| <b>MMEC—3 Days—Ages 21 to 44 Years<sup>SA</sup></b>     |                     |               |
| DHMP  | 656                 | 27.59%        |
| RMHP  | 612                 | 6.70%         |
| <b>HEDIS MY 2022 Colorado Medicaid Weighted Average</b> |                     | <b>17.51%</b> |
| <b>HEDIS MY 2021 Colorado Medicaid Weighted Average</b> |                     | <b>5.77%</b>  |
| <b>MMEC—90 Days—Ages 15 to 20 Years<sup>SA</sup></b>    |                     |               |
| DHMP  | 74                  | 59.46%        |

| Medicaid Plan   | Eligible Population | Rate          |
|---|---------------------|---------------|
| RMHP  | 7                   | NA            |
| <b>HEDIS MY 2022 Colorado Medicaid Weighted Average</b> |                     | <b>60.49%</b> |
| <b>HEDIS MY 2021 Colorado Medicaid Weighted Average</b> |                     | <b>34.78%</b> |
| <i>MMEC—90 Days—Ages 21 to 44 Years<sup>SA</sup></i>    |                     |               |
| DHMP  | 656                 | 56.40%        |
| RMHP  | 612                 | 42.16%        |
| <b>HEDIS MY 2022 Colorado Medicaid Weighted Average</b> |                     | <b>49.53%</b> |
| <b>HEDIS MY 2021 Colorado Medicaid Weighted Average</b> |                     | <b>40.74%</b> |
| <i>LARC—3 Days—Ages 15 to 20 Years<sup>SA</sup></i>     |                     |               |
| DHMP  | 74                  | 6.76%         |
| RMHP  | 7                   | NA            |
| <b>HEDIS MY 2022 Colorado Medicaid Weighted Average</b> |                     | <b>6.17%</b>  |
| <b>HEDIS MY 2021 Colorado Medicaid Weighted Average</b> |                     | <b>0.00%</b>  |
| <i>LARC—3 Days—Ages 21 to 44 Years<sup>SA</sup></i>     |                     |               |
| DHMP  | 656                 | 10.21%        |
| RMHP  | 612                 | 0.49%         |
| <b>HEDIS MY 2022 Colorado Medicaid Weighted Average</b> |                     | <b>5.52%</b>  |
| <b>HEDIS MY 2021 Colorado Medicaid Weighted Average</b> |                     | <b>0.00%</b>  |
| <i>LARC—90 Days—Ages 15 to 20 Years<sup>SA</sup></i>    |                     |               |
| DHMP  | 74                  | 27.03%        |
| RMHP  | 7                   | NA            |
| <b>HEDIS MY 2022 Colorado Medicaid Weighted Average</b> |                     | <b>28.40%</b> |
| <b>HEDIS MY 2021 Colorado Medicaid Weighted Average</b> |                     | <b>19.57%</b> |
| <i>LARC—90 Days—Ages 21 to 44 Years<sup>SA</sup></i>    |                     |               |
| DHMP  | 656                 | 25.91%        |
| RMHP  | 612                 | 17.16%        |
| <b>HEDIS MY 2022 Colorado Medicaid Weighted Average</b> |                     | <b>21.69%</b> |
| <b>HEDIS MY 2021 Colorado Medicaid Weighted Average</b> |                     | <b>16.56%</b> |
| <i>Prenatal and Postpartum Care</i>                     |                     |               |
| <i>Timeliness of Prenatal Care<sup>H</sup></i>          |                     |               |
| DHMP  | 411                 | 77.26%        |
| RMHP  | 270                 | 49.83%        |
| <b>HEDIS MY 2022 Colorado Medicaid Weighted Average</b> |                     | <b>65.21%</b> |
| <b>HEDIS MY 2021 Colorado Medicaid Weighted Average</b> |                     | <b>68.76%</b> |
| <b>HEDIS MY 2020 Colorado Medicaid Weighted Average</b> |                     | <b>70.45%</b> |
| <i>Postpartum Care<sup>H</sup></i>                      |                     |               |
| DHMP  | 411                 | 69.45%        |
| RMHP  | 270                 | 36.32%        |

| Medicaid Plan   | Eligible Population | Rate          |
|---|---------------------|---------------|
| <b>HEDIS MY 2022 Colorado Medicaid Weighted Average</b> |                     | <b>54.90%</b> |
| <b>HEDIS MY 2021 Colorado Medicaid Weighted Average</b> |                     | <b>54.89%</b> |
| <b>HEDIS MY 2020 Colorado Medicaid Weighted Average</b> |                     | <b>51.65%</b> |

<sup>H</sup> indicates that the measure is a HEDIS measure and can be compared to NCQA benchmarks.

<sup>SA</sup> indicates that the measure could only be compared to the statewide average.

— indicates that the rate was not reported.

**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 Medication Ratio</i>                          |                     |               |
| <i>Ages 5 to 11 Years<sup>H</sup></i>                   |                     |               |
| DHMP  | 88                  | 62.50%        |
| RMHP  | 5                   | NA            |
| <b>HEDIS MY 2022 Colorado Medicaid Weighted Average</b> |                     | <b>61.29%</b> |
| <b>HEDIS MY 2021 Colorado Medicaid Weighted Average</b> |                     | <b>56.48%</b> |
| <i>Ages 12 to 18 Years<sup>H</sup></i>                  |                     |               |
| DHMP  | 86                  | 53.49%        |
| RMHP  | 3                   | NA            |
| <b>HEDIS MY 2022 Colorado Medicaid Weighted Average</b> |                     | <b>52.81%</b> |
| <b>HEDIS MY 2021 Colorado Medicaid Weighted Average</b> |                     | <b>64.10%</b> |
| <i>Total (Ages 5 to 18 Years)<sup>SA</sup></i>          |                     |               |
| DHMP  | 174                 | 58.05%        |
| RMHP  | 8                   | NA            |
| <b>HEDIS MY 2022 Colorado Medicaid Weighted Average</b> |                     | <b>57.14%</b> |
| <b>HEDIS MY 2021 Colorado Medicaid Weighted Average</b> |                     | <b>59.68%</b> |
| <i>Ages 19 to 50 Years<sup>H</sup></i>                  |                     |               |
| DHMP  | 350                 | 51.71%        |
| RMHP  | 392                 | 57.91%        |
| <b>HEDIS MY 2022 Colorado Medicaid Weighted Average</b> |                     | <b>54.99%</b> |
| <b>HEDIS MY 2021 Colorado Medicaid Weighted Average</b> |                     | <b>51.58%</b> |
| <i>Ages 51 to 64 Years<sup>H</sup></i>                  |                     |               |
| DHMP  | 120                 | 52.50%        |
| RMHP  | 138                 | 62.32%^       |
| <b>HEDIS MY 2022 Colorado Medicaid Weighted Average</b> |                     | <b>57.75%</b> |
| <b>HEDIS MY 2021 Colorado Medicaid Weighted Average</b> |                     | <b>53.33%</b> |
| <i>Total (Ages 19 to 64 Years)<sup>SA</sup></i>         |                     |               |
| DHMP  | 470                 | 51.91%        |
| RMHP  | 530                 | 59.06%        |
| <b>HEDIS MY 2022 Colorado Medicaid Weighted Average</b> |                     | <b>55.70%</b> |
| <b>HEDIS MY 2021 Colorado Medicaid Weighted Average</b> |                     | <b>52.00%</b> |

| Medicaid Plan   | Eligible Population | Rate          |
|---|---------------------|---------------|
| <b>Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis</b> |                     |               |
| <b>3 Months to 17 Years<sup>H,1</sup></b>                                   |                     |               |
| DHMP  | 230                 | 96.52%        |
| RMHP  | 0                   | NA            |
| <b>HEDIS MY 2022 Colorado Medicaid Weighted Average</b>                     |                     | <b>96.52%</b> |
| <b>HEDIS MY 2020 Colorado Medicaid Weighted Average</b>                     |                     | <b>95.44%</b> |
| <b>Ages 18 to 64 Years<sup>H</sup></b>                                      |                     |               |
| DHMP  | 167                 | 68.26%        |
| RMHP  | 385                 | 48.05%        |
| <b>HEDIS MY 2022 Colorado Medicaid Weighted Average</b>                     |                     | <b>54.17%</b> |
| <b>HEDIS MY 2020 Colorado Medicaid Weighted Average</b>                     |                     | <b>51.60%</b> |
| <b>Ages 65 Years and Older<sup>H</sup></b>                                  |                     |               |
| DHMP  | 4                   | NA            |
| RMHP  | 19                  | NA            |
| <b>HEDIS MY 2022 Colorado Medicaid Weighted Average</b>                     |                     | <b>NA</b>     |
| <b>HEDIS MY 2020 Colorado Medicaid Weighted Average</b>                     |                     | <b>NA</b>     |
| <b>Concurrent Use of Opioids and Benzodiazepines</b>                        |                     |               |
| <b>Ages 18 to 64 Years<sup>*SA</sup></b>                                    |                     |               |
| DHMP  | 854                 | 5.74%         |
| RMHP  | 994                 | 10.26%        |
| <b>HEDIS MY 2022 Colorado Medicaid Weighted Average</b>                     |                     | <b>8.17%</b>  |
| <b>HEDIS MY 2021 Colorado Medicaid Weighted Average</b>                     |                     | <b>14.93%</b> |
| <b>Ages 65 Years and Older<sup>*SA</sup></b>                                |                     |               |
| DHMP  | 138                 | 6.52%         |
| RMHP  | 17                  | NA            |
| <b>HEDIS MY 2022 Colorado Medicaid Weighted Average</b>                     |                     | <b>7.74%</b>  |
| <b>HEDIS MY 2021 Colorado Medicaid Weighted Average</b>                     |                     | <b>19.29%</b> |
| <b>Controlling High Blood Pressure</b>                                      |                     |               |
| <b>Ages 18 to 64 Years<sup>SA</sup></b>                                     |                     |               |
| DHMP  | 340                 | 47.93%        |
| RMHP  | 300                 | 22.00%        |
| <b>HEDIS MY 2022 Colorado Medicaid Weighted Average</b>                     |                     | <b>35.12%</b> |
| <b>HEDIS MY 2021 Colorado Medicaid Weighted Average</b>                     |                     | <b>36.77%</b> |
| <b>Ages 65 to 85 Years<sup>SA</sup></b>                                     |                     |               |
| DHMP  | 71                  | 56.64%        |
| RMHP  | 35                  | 23.06%        |
| <b>HEDIS MY 2022 Colorado Medicaid Weighted Average</b>                     |                     | <b>43.93%</b> |
| <b>HEDIS MY 2021 Colorado Medicaid Weighted Average</b>                     |                     | <b>42.45%</b> |

| Medicaid Plan   | Eligible Population | Rate          |
|---|---------------------|---------------|
| <b>Hemoglobin A1c Control for Patients With Diabetes</b>                |                     |               |
| <b>HbA1c Control (&lt;8.0%)—Ages 18 to 64 Years<sup>S4</sup></b>        |                     |               |
| DHMP  | 350                 | 44.94%        |
| RMHP  | 410                 | 32.65%        |
| <b>HEDIS MY 2022 Colorado Medicaid Weighted Average</b>                 |                     | <b>39.73%</b> |
| <b>HbA1c Control (&lt;8.0%)—Ages 65 to 75 Years<sup>S4</sup></b>        |                     |               |
| DHMP  | 61                  | 51.44%        |
| RMHP  | 410                 | 40.00%        |
| <b>HEDIS MY 2022 Colorado Medicaid Weighted Average</b>                 |                     | <b>47.79%</b> |
| <b>Poor HbA1c Control (&gt;9.0%)—Ages 18 to 64 Years<sup>**S4</sup></b> |                     |               |
| DHMP  | 350                 | 45.15%        |
| RMHP  | 410                 | 61.39%        |
| <b>HEDIS MY 2022 Colorado Medicaid Weighted Average</b>                 |                     | <b>52.03%</b> |
| <b>HEDIS MY 2021 Colorado Medicaid Weighted Average</b>                 |                     | <b>69.74%</b> |
| <b>Poor HbA1c Control (&gt;9.0%)—Ages 65 to 75 Years<sup>**S4</sup></b> |                     |               |
| DHMP  | 61                  | 37.77%        |
| RMHP  | 410                 | 52.31%        |
| <b>HEDIS MY 2022 Colorado Medicaid Weighted Average</b>                 |                     | <b>42.40%</b> |
| <b>HEDIS MY 2021 Colorado Medicaid Weighted Average</b>                 |                     | <b>66.67%</b> |
| <b>HIV Viral Load Suppression</b>                                       |                     |               |
| <b>Ages 18 to 64 Years<sup>S4</sup></b>                                 |                     |               |
| DHMP  | 22                  | NA            |
| RMHP  | 107                 | 0.00%         |
| <b>HEDIS MY 2022 Colorado Medicaid Weighted Average</b>                 |                     | <b>0.00%</b>  |
| <b>HEDIS MY 2021 Colorado Medicaid Weighted Average</b>                 |                     | <b>0.00%</b>  |
| <b>Ages 65 Years and Older<sup>S4</sup></b>                             |                     |               |
| DHMP  | 2                   | NA            |
| RMHP  | 2                   | NA            |
| <b>HEDIS MY 2022 Colorado Medicaid Weighted Average</b>                 |                     | <b>NA</b>     |
| <b>HEDIS MY 2021 Colorado Medicaid Weighted Average</b>                 |                     | <b>NA</b>     |
| <b>Use of Opioids at High Dosage in Persons Without Cancer</b>          |                     |               |
| <b>Ages 18 to 64 Years<sup>**S4</sup></b>                               |                     |               |
| DHMP  | 694                 | 5.04%         |
| RMHP  | 982                 | 3.36%         |
| <b>HEDIS MY 2022 Colorado Medicaid Weighted Average</b>                 |                     | <b>4.06%</b>  |
| <b>HEDIS MY 2021 Colorado Medicaid Weighted Average</b>                 |                     | <b>4.11%</b>  |

| Medicaid Plan   | Eligible Population | Rate         |
|---|---------------------|--------------|
| <i>Ages 65 Years and Older</i> <sup>*,SA</sup>          |                     |              |
| DHMP  | 123                 | 4.88%        |
| RMHP  | 15                  | NA           |
| <b>HEDIS MY 2022 Colorado Medicaid Weighted Average</b> |                     | <b>5.07%</b> |
| <b>HEDIS MY 2021 Colorado Medicaid Weighted Average</b> |                     | <b>2.48%</b> |

<sup>1</sup> 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.

<sup>H</sup> indicates that the measure is a HEDIS measure and can be compared to NCQA benchmarks.

<sup>SA</sup> indicates that the measure could only be compared to the statewide average.

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          |
|--|---------------------|---------------|
| <b><i>Adherence to Antipsychotic Medications for Individuals With Schizophrenia</i></b>          |                     |               |
| DHMP   | 246                 | 47.15%        |
| RMHP   | 279                 | 60.57%        |
| <b>HEDIS MY 2022 Colorado Medicaid Weighted Average</b>  |                     | <b>54.29%</b> |
| <b>HEDIS MY 2021 Colorado Medicaid Weighted Average</b>  |                     | <b>53.83%</b> |
| <b><i>Antidepressant Medication Management</i></b>   |                     |               |
| <b><i>Effective Acute Phase Treatment—Ages 18 to 64 Years<sup>SA</sup></i></b>                   |                     |               |
| DHMP   | 1,109               | 66.37%        |
| RMHP   | 1,339               | 62.96%        |
| <b>HEDIS MY 2022 Colorado Medicaid Weighted Average</b>  |                     | <b>64.50%</b> |
| <b>HEDIS MY 2021 Colorado Medicaid Weighted Average</b>  |                     | <b>60.87%</b> |
| <b><i>Effective Acute Phase Treatment—Ages 65 Years and Older<sup>SA</sup></i></b>               |                     |               |
| DHMP   | 52                  | 76.92%        |
| RMHP   | 33                  | 78.79%        |
| <b>HEDIS MY 2022 Colorado Medicaid Weighted Average</b>  |                     | <b>77.65%</b> |
| <b>HEDIS MY 2021 Colorado Medicaid Weighted Average</b>  |                     | <b>74.36%</b> |
| <b><i>Effective Continuation Phase Treatment—Ages 18 to 64 Years<sup>SA</sup></i></b>            |                     |               |
| DHMP   | 1,109               | 46.53%        |
| RMHP   | 1,339               | 43.84%        |
| <b>HEDIS MY 2022 Colorado Medicaid Weighted Average</b>  |                     | <b>45.06%</b> |
| <b>HEDIS MY 2021 Colorado Medicaid Weighted Average</b>  |                     | <b>41.07%</b> |
| <b><i>Effective Continuation Phase Treatment—Ages 65 Years and Older<sup>SA</sup></i></b>        |                     |               |
| DHMP   | 52                  | 53.85%        |
| RMHP   | 33                  | 42.42%        |
| <b>HEDIS MY 2022 Colorado Medicaid Weighted Average</b>  |                     | <b>49.41%</b> |
| <b>HEDIS MY 2021 Colorado Medicaid Weighted Average</b>  |                     | <b>64.10%</b> |
| <b><i>Diabetes Care for People With Serious Mental Illness—HbA1c Poor Control (&gt;9.0%)</i></b> |                     |               |
| <b><i>Ages 18 to 64 Years<sup>*,SA</sup></i></b>   |                     |               |
| DHMP   | 178                 | 53.93%        |
| RMHP   | 228                 | 56.28%        |
| <b>HEDIS MY 2022 Colorado Medicaid Weighted Average</b>  |                     | <b>55.26%</b> |

| Medicaid Plan  | Eligible Population | Rate           |
|--|---------------------|----------------|
| <b>HEDIS MY 2021 Colorado Medicaid Weighted Average</b>  |                     | <b>58.37%</b>  |
| <i>Ages 65 to 75 Years</i> <sup>*S4</sup>  |                     |                |
| DHMP   | 14                  | 28.57%         |
| RMHP   | 14                  | 35.71%         |
| <b>HEDIS MY 2022 Colorado Medicaid Weighted Average</b>  |                     | <b>32.14%</b>  |
| <b>HEDIS MY 2021 Colorado Medicaid Weighted Average</b>  |                     | <b>NA</b>      |
| <i>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications</i> <sup>H</sup> |                     |                |
| DHMP   | 442                 | 85.52%^        |
| RMHP   | 741                 | 79.22%         |
| <b>HEDIS MY 2022 Colorado Medicaid Weighted Average</b>  |                     | <b>81.57%^</b> |
| <b>HEDIS MY 2021 Colorado Medicaid Weighted Average</b>  |                     | <b>79.50%^</b> |
| <i>Follow-Up After Emergency Department Visit for Mental Illness</i>   |                     |                |
| <i>7-Day Follow-Up—Ages 6 to 17 Years</i> <sup>H</sup>   |                     |                |
| DHMP   | 86                  | 9.30%          |
| RMHP   | 1                   | NA             |
| <b>HEDIS MY 2022 Colorado Medicaid Weighted Average</b>  |                     | <b>9.20%</b>   |
| <i>7-Day Follow-Up—Ages 18 to 64 Years</i> <sup>H</sup>  |                     |                |
| DHMP   | 484                 | 16.74%         |
| RMHP   | 219                 | 31.51%         |
| <b>HEDIS MY 2022 Colorado Medicaid Weighted Average</b>  |                     | <b>21.34%</b>  |
| <b>HEDIS MY 2021 Colorado Medicaid Weighted Average</b>  |                     | <b>26.47%</b>  |
| <i>7-Day Follow-Up—Ages 65 Years and Older</i> <sup>H</sup>  |                     |                |
| DHMP   | 9                   | NA             |
| RMHP   | 12                  | NA             |
| <b>HEDIS MY 2022 Colorado Medicaid Weighted Average</b>  |                     | <b>NA</b>      |
| <b>HEDIS MY 2021 Colorado Medicaid Weighted Average</b>  |                     | <b>NA</b>      |
| <i>30-Day Follow-Up—Ages 6 to 17 Years</i> <sup>H</sup>  |                     |                |
| DHMP   | 86                  | 25.58%         |
| RMHP   | 1                   | NA             |
| <b>HEDIS MY 2022 Colorado Medicaid Weighted Average</b>  |                     | <b>26.44%</b>  |
| <i>30-Day Follow-Up—Ages 18 to 64 Years</i> <sup>H</sup>   |                     |                |
| DHMP   | 484                 | 24.17%         |
| RMHP   | 219                 | 46.12%         |
| <b>HEDIS MY 2022 Colorado Medicaid Weighted Average</b>  |                     | <b>31.01%</b>  |
| <b>HEDIS MY 2021 Colorado Medicaid Weighted Average</b>  |                     | <b>36.30%</b>  |
| <i>30-Day Follow-Up—Ages 65 Years and Older</i> <sup>H</sup>   |                     |                |
| DHMP   | 9                   | NA             |

| Medicaid Plan   | Eligible Population | Rate           |
|---|---------------------|----------------|
| RMHP  | 12                  | NA             |
| <b>HEDIS MY 2022 Colorado Medicaid Weighted Average</b>             |                     | <b>NA</b>      |
| <b>HEDIS MY 2021 Colorado Medicaid Weighted Average</b>             |                     | <b>NA</b>      |
| <i>Follow-Up After Emergency Department Visit for Substance Use</i> |                     |                |
| <i>7-Day Follow-Up—Ages 18 to 64 Years<sup>SA</sup></i>             |                     |                |
| DHMP  | 2,093               | 20.78%         |
| RMHP  | 839                 | 21.69%         |
| <b>HEDIS MY 2022 Colorado Medicaid Weighted Average</b>             |                     | <b>21.04%</b>  |
| <b>HEDIS MY 2021 Colorado Medicaid Weighted Average</b>             |                     | <b>15.29%</b>  |
| <i>7-Day Follow-Up—Ages 65 Years and Older<sup>SA</sup></i>         |                     |                |
| DHMP  | 47                  | 14.89%         |
| RMHP  | 13                  | NA             |
| <b>HEDIS MY 2022 Colorado Medicaid Weighted Average</b>             |                     | <b>11.67%</b>  |
| <b>HEDIS MY 2021 Colorado Medicaid Weighted Average</b>             |                     | <b>2.08%</b>   |
| <i>30-Day Follow-Up—Ages 18 to 64 Years<sup>SA</sup></i>            |                     |                |
| DHMP  | 2,093               | 28.33%         |
| RMHP  | 839                 | 36.11%         |
| <b>HEDIS MY 2022 Colorado Medicaid Weighted Average</b>             |                     | <b>30.56%</b>  |
| <b>HEDIS MY 2021 Colorado Medicaid Weighted Average</b>             |                     | <b>21.09%</b>  |
| <i>30-Day Follow-Up—Ages 65 Years and Older<sup>SA</sup></i>        |                     |                |
| DHMP  | 47                  | 21.28%         |
| RMHP  | 13                  | NA             |
| <b>HEDIS MY 2022 Colorado Medicaid Weighted Average</b>             |                     | <b>20.00%</b>  |
| <b>HEDIS MY 2021 Colorado Medicaid Weighted Average</b>             |                     | <b>6.25%</b>   |
| <i>7-Day Follow-Up—Ages 13 to 17 Years<sup>H,1</sup></i>            |                     |                |
| DHMP  | 51                  | 17.65%^        |
| RMHP  | 0                   | NA             |
| <b>HEDIS MY 2022 Colorado Medicaid Weighted Average</b>             |                     | <b>17.65%^</b> |
| <i>30-Day Follow-Up—Ages 13 to 17 Years<sup>H,1</sup></i>           |                     |                |
| DHMP  | 51                  | 23.53%^        |
| RMHP  | 0                   | NA             |
| <b>HEDIS MY 2022 Colorado Medicaid Weighted Average</b>             |                     | <b>23.53%^</b> |
| <i>Follow-Up After Hospitalization for Mental Illness</i>           |                     |                |
| <i>7-Day Follow-Up—Ages 6 to 17 Years<sup>H</sup></i>               |                     |                |
| DHMP  | 13                  | NA             |
| RMHP  | 2                   | NA             |
| <b>HEDIS MY 2022 Colorado Medicaid Weighted Average</b>             |                     | <b>NA</b>      |
| <b>HEDIS MY 2021 Colorado Medicaid Weighted Average</b>             |                     | <b>NA</b>      |

| Medicaid Plan   | Eligible Population | Rate           |
|---|---------------------|----------------|
| <b>7-Day Follow-Up—Ages 18 to 64 Years<sup>H</sup></b>        |                     |                |
| DHMP  | 81                  | 2.47%          |
| RMHP  | 359                 | 33.98%^        |
| <b>HEDIS MY 2022 Colorado Medicaid Weighted Average</b>       |                     | <b>28.18%</b>  |
| <b>HEDIS MY 2021 Colorado Medicaid Weighted Average</b>       |                     | <b>33.98%^</b> |
| <b>7-Day Follow-Up—Ages 65 Years and Older<sup>H</sup></b>    |                     |                |
| DHMP  | 7                   | NA             |
| RMHP  | 7                   | NA             |
| <b>HEDIS MY 2022 Colorado Medicaid Weighted Average</b>       |                     | <b>NA</b>      |
| <b>HEDIS MY 2021 Colorado Medicaid Weighted Average</b>       |                     | <b>NA</b>      |
| <b>30-Day Follow-Up—Ages 6 to 17 Years<sup>H</sup></b>        |                     |                |
| DHMP  | 13                  | NA             |
| RMHP  | 2                   | NA             |
| <b>HEDIS MY 2022 Colorado Medicaid Weighted Average</b>       |                     | <b>NA</b>      |
| <b>HEDIS MY 2021 Colorado Medicaid Weighted Average</b>       |                     | <b>NA</b>      |
| <b>30-Day Follow-Up—Ages 18 to 64 Years<sup>H</sup></b>       |                     |                |
| DHMP  | 81                  | 17.28%         |
| RMHP  | 359                 | 52.65%         |
| <b>HEDIS MY 2022 Colorado Medicaid Weighted Average</b>       |                     | <b>46.14%</b>  |
| <b>HEDIS MY 2021 Colorado Medicaid Weighted Average</b>       |                     | <b>50.00%</b>  |
| <b>30-Day Follow-Up—Ages 65 Years and Older<sup>H</sup></b>   |                     |                |
| DHMP  | 7                   | NA             |
| RMHP  | 7                   | NA             |
| <b>HEDIS MY 2022 Colorado Medicaid Weighted Average</b>       |                     | <b>NA</b>      |
| <b>HEDIS MY 2021 Colorado Medicaid Weighted Average</b>       |                     | <b>NA</b>      |
| <b>Follow-Up Care for Children Prescribed ADHD Medication</b> |                     |                |
| <b>Initiation Phase<sup>H</sup></b>                           |                     |                |
| DHMP  | 108                 | 38.89%         |
| RMHP  | 13                  | NA             |
| <b>HEDIS MY 2022 Colorado Medicaid Weighted Average</b>       |                     | <b>40.50%^</b> |
| <b>HEDIS MY 2021 Colorado Medicaid Weighted Average</b>       |                     | <b>31.87%</b>  |
| <b>HEDIS MY 2020 Colorado Medicaid Weighted Average</b>       |                     | <b>41.67%</b>  |
| <b>Continuation and Maintenance Phase<sup>H</sup></b>         |                     |                |
| DHMP  | 20                  | NA             |
| RMHP  | 4                   | NA             |
| <b>HEDIS MY 2022 Colorado Medicaid Weighted Average</b>       |                     | <b>NA</b>      |
| <b>HEDIS MY 2021 Colorado Medicaid Weighted Average</b>       |                     | <b>NA</b>      |
| <b>HEDIS MY 2020 Colorado Medicaid Weighted Average</b>       |                     | <b>NA</b>      |



| Medicaid Plan  | Eligible Population | Rate          |
|--|---------------------|---------------|
| <b><i>Initiation and Engagement of Substance Use Disorder Treatment</i></b>              |                     |               |
| <b><i>Initiation of SUD Treatment—Alcohol—Ages 18 to 64 Years<sup>H</sup></i></b>        |                     |               |
| DHMP   | 1,932               | 40.11%        |
| RMHP   | 1,129               | 35.16%        |
| <b>HEDIS MY 2022 Colorado Medicaid Weighted Average</b>                                  |                     | <b>38.29%</b> |
| <b>HEDIS MY 2021 Colorado Medicaid Weighted Average</b>                                  |                     | <b>41.03%</b> |
| <b><i>Initiation of SUD Treatment—Alcohol—Ages 65 Years and Older<sup>H</sup></i></b>    |                     |               |
| DHMP   | 111                 | 56.76%        |
| RMHP   | 33                  | 36.36%        |
| <b>HEDIS MY 2022 Colorado Medicaid Weighted Average</b>                                  |                     | <b>52.08%</b> |
| <b>HEDIS MY 2021 Colorado Medicaid Weighted Average</b>                                  |                     | <b>61.05%</b> |
| <b><i>Initiation of SUD Treatment—Opioid—Ages 18 to 64 Years<sup>H</sup></i></b>         |                     |               |
| DHMP   | 555                 | 50.81%        |
| RMHP   | 267                 | 37.83%        |
| <b>HEDIS MY 2022 Colorado Medicaid Weighted Average</b>                                  |                     | <b>46.59%</b> |
| <b>HEDIS MY 2021 Colorado Medicaid Weighted Average</b>                                  |                     | <b>54.44%</b> |
| <b><i>Initiation of SUD Treatment—Opioid—Ages 65 Years and Older<sup>H</sup></i></b>     |                     |               |
| DHMP   | 30                  | 60.00%        |
| RMHP   | 17                  | NA            |
| <b>HEDIS MY 2022 Colorado Medicaid Weighted Average</b>                                  |                     | <b>57.45%</b> |
| <b>HEDIS MY 2021 Colorado Medicaid Weighted Average</b>                                  |                     | <b>NA</b>     |
| <b><i>Initiation of SUD Treatment—Other Drug—Ages 18 to 64 Years<sup>H</sup></i></b>     |                     |               |
| DHMP   | 1,531               | 40.10%        |
| RMHP   | 1,103               | 29.65%        |
| <b>HEDIS MY 2022 Colorado Medicaid Weighted Average</b>                                  |                     | <b>35.73%</b> |
| <b>HEDIS MY 2021 Colorado Medicaid Weighted Average</b>                                  |                     | <b>40.41%</b> |
| <b><i>Initiation of SUD Treatment—Other Drug—Ages 65 Years and Older<sup>H</sup></i></b> |                     |               |
| DHMP   | 29                  | NA            |
| RMHP   | 24                  | NA            |
| <b>HEDIS MY 2022 Colorado Medicaid Weighted Average</b>                                  |                     | <b>45.28%</b> |
| <b>HEDIS MY 2021 Colorado Medicaid Weighted Average</b>                                  |                     | <b>51.52%</b> |
| <b><i>Initiation of SUD Treatment—Total—Ages 18 to 64 Years<sup>H</sup></i></b>          |                     |               |
| DHMP   | 4,018               | 41.59%        |
| RMHP   | 2,499               | 33.01%        |

| Medicaid Plan  | Eligible Population | Rate          |
|--|---------------------|---------------|
| <b>HEDIS MY 2022 Colorado Medicaid Weighted Average</b>                        |                     | <b>38.30%</b> |
| <b>HEDIS MY 2021 Colorado Medicaid Weighted Average</b>                        |                     | <b>42.16%</b> |
| <i>Initiation of SUD Treatment—Total—Ages 65 Years and Older<sup>H</sup></i>   |                     |               |
| DHMP   | 170                 | 58.24%        |
| RMHP   | 74                  | 36.49%        |
| <b>HEDIS MY 2022 Colorado Medicaid Weighted Average</b>                        |                     | <b>51.64%</b> |
| <b>HEDIS MY 2021 Colorado Medicaid Weighted Average</b>                        |                     | <b>61.38%</b> |
| <i>Engagement of SUD Treatment—Alcohol—Ages 18 to 64 Years<sup>H</sup></i>     |                     |               |
| DHMP   | 1,932               | 6.63%         |
| RMHP   | 1,129               | 12.84%        |
| <b>HEDIS MY 2022 Colorado Medicaid Weighted Average</b>                        |                     | <b>8.92%</b>  |
| <b>HEDIS MY 2021 Colorado Medicaid Weighted Average</b>                        |                     | <b>6.32%</b>  |
| <i>Engagement of SUD Treatment—Alcohol—Ages 65 Years and Older<sup>H</sup></i> |                     |               |
| DHMP   | 111                 | 3.60%         |
| RMHP   | 33                  | 3.03%         |
| <b>HEDIS MY 2022 Colorado Medicaid Weighted Average</b>                        |                     | <b>3.47%</b>  |
| <b>HEDIS MY 2021 Colorado Medicaid Weighted Average</b>                        |                     | <b>6.32%</b>  |
| <i>Engagement of SUD Treatment—Opioid—Ages 18 to 64 Years<sup>H</sup></i>      |                     |               |
| DHMP   | 555                 | 15.50%        |
| RMHP   | 267                 | 23.22%        |
| <b>HEDIS MY 2022 Colorado Medicaid Weighted Average</b>                        |                     | <b>18.00%</b> |
| <b>HEDIS MY 2021 Colorado Medicaid Weighted Average</b>                        |                     | <b>14.02%</b> |
| <i>Engagement of SUD Treatment—Opioid—Ages 65 Years and Older<sup>H</sup></i>  |                     |               |
| DHMP   | 30                  | 13.33%        |
| RMHP   | 17                  | NA            |
| <b>HEDIS MY 2022 Colorado Medicaid Weighted Average</b>                        |                     | <b>8.51%</b>  |
| <b>HEDIS MY 2021 Colorado Medicaid Weighted Average</b>                        |                     | <b>NA</b>     |
| <i>Engagement of SUD Treatment—Other Drug—Ages 18 to 64 Years<sup>H</sup></i>  |                     |               |
| DHMP   | 1,531               | 4.57%         |
| RMHP   | 1,103               | 12.15%        |
| <b>HEDIS MY 2022 Colorado Medicaid Weighted Average</b>                        |                     | <b>7.74%</b>  |
| <b>HEDIS MY 2021 Colorado Medicaid Weighted Average</b>                        |                     | <b>3.67%</b>  |

| Medicaid Plan   | Eligible Population | Rate                      |
|---|---------------------|---------------------------|
| <b>Engagement of SUD Treatment—Other Drug—Ages 65 Years and Older<sup>H</sup></b> |                     |                           |
| DHMP  | 29                  | NA                        |
| RMHP  | 24                  | NA                        |
| <b>HEDIS MY 2022 Colorado Medicaid Weighted Average</b>                           |                     | <b>0.00%</b>              |
| <b>HEDIS MY 2021 Colorado Medicaid Weighted Average</b>                           |                     | <b>3.03%</b>              |
| <b>Engagement of SUD Treatment—Total—Ages 18 to 64 Years<sup>H</sup></b>          |                     |                           |
| DHMP  | 4,018               | 7.07%                     |
| RMHP  | 2,499               | 13.65%                    |
| <b>HEDIS MY 2022 Colorado Medicaid Weighted Average</b>                           |                     | <b>9.59%</b>              |
| <b>HEDIS MY 2021 Colorado Medicaid Weighted Average</b>                           |                     | <b>6.40%</b>              |
| <b>Engagement of SUD Treatment—Total—Ages 65 Years and Older<sup>H</sup></b>      |                     |                           |
| DHMP  | 170                 | 4.71%                     |
| RMHP  | 74                  | 1.35%                     |
| <b>HEDIS MY 2022 Colorado Medicaid Weighted Average</b>                           |                     | <b>3.69%</b>              |
| <b>HEDIS MY 2021 Colorado Medicaid Weighted Average</b>                           |                     | <b>6.90%</b>              |
| <b>Metabolic Monitoring for Children and Adolescents on Antipsychotics</b>        |                     |                           |
| <b>Blood Glucose Testing—Ages 1 to 11 Years<sup>H</sup></b>                       |                     |                           |
| DHMP  | 5                   | NA                        |
| RMHP  | 3                   | NA                        |
| <b>HEDIS MY 2022 Colorado Medicaid Weighted Average</b>                           |                     | <b>NA</b>                 |
| <b>HEDIS MY 2021 Colorado Medicaid Weighted Average</b>                           |                     | <b>NA</b>                 |
| <b>HEDIS MY 2020 Colorado Medicaid Weighted Average</b>                           |                     | <b>NA</b>                 |
| <b>Blood Glucose Testing—Ages 12 to 17 Years<sup>H</sup></b>                      |                     |                           |
| DHMP  | 24                  | NA                        |
| RMHP  | 21                  | NA                        |
| <b>HEDIS MY 2022 Colorado Medicaid Weighted Average</b>                           |                     | <b>57.78%</b>             |
| <b>HEDIS MY 2021 Colorado Medicaid Weighted Average</b>                           |                     | <b>59.65%<sup>^</sup></b> |
| <b>HEDIS MY 2020 Colorado Medicaid Weighted Average</b>                           |                     | <b>58.93%</b>             |
| <b>Blood Glucose Testing—Total<sup>H</sup></b>                                    |                     |                           |
| DHMP  | 29                  | NA                        |
| RMHP  | 24                  | NA                        |
| <b>HEDIS MY 2022 Colorado Medicaid Weighted Average</b>                           |                     | <b>58.49%<sup>^</sup></b> |
| <b>HEDIS MY 2021 Colorado Medicaid Weighted Average</b>                           |                     | <b>59.09%<sup>^</sup></b> |
| <b>HEDIS MY 2020 Colorado Medicaid Weighted Average</b>                           |                     | <b>55.88%</b>             |
| <b>Cholesterol Testing—Ages 1 to 11 Years<sup>H</sup></b>                         |                     |                           |
| DHMP  | 5                   | NA                        |

| Medicaid Plan   | Eligible Population | Rate            |
|---|---------------------|-----------------|
| RMHP  | 3                   | NA              |
| <b>HEDIS MY 2022 Colorado Medicaid Weighted Average</b>                             |                     | <b>NA</b>       |
| <b>HEDIS MY 2021 Colorado Medicaid Weighted Average</b>                             |                     | <b>NA</b>       |
| <b>HEDIS MY 2020 Colorado Medicaid Weighted Average</b>                             |                     | <b>NA</b>       |
| <b><i>Cholesterol Testing—Ages 12 to 17 Years<sup>H</sup></i></b>                   |                     |                 |
| DHMP  | 24                  | NA              |
| RMHP  | 21                  | NA              |
| <b>HEDIS MY 2022 Colorado Medicaid Weighted Average</b>                             |                     | <b>42.22% ^</b> |
| <b>HEDIS MY 2021 Colorado Medicaid Weighted Average</b>                             |                     | <b>47.37% ^</b> |
| <b>HEDIS MY 2020 Colorado Medicaid Weighted Average</b>                             |                     | <b>42.86%</b>   |
| <b><i>Cholesterol Testing—Total<sup>H</sup></i></b>                                 |                     |                 |
| DHMP  | 29                  | NA              |
| RMHP  | 24                  | NA              |
| <b>HEDIS MY 2022 Colorado Medicaid Weighted Average</b>                             |                     | <b>43.40% ^</b> |
| <b>HEDIS MY 2021 Colorado Medicaid Weighted Average</b>                             |                     | <b>45.45% ^</b> |
| <b>HEDIS MY 2020 Colorado Medicaid Weighted Average</b>                             |                     | <b>41.18%</b>   |
| <b><i>Blood Glucose and Cholesterol Testing—Ages 1 to 11 Years<sup>H</sup></i></b>  |                     |                 |
| DHMP  | 5                   | NA              |
| RMHP  | 3                   | NA              |
| <b>HEDIS MY 2022 Colorado Medicaid Weighted Average</b>                             |                     | <b>NA</b>       |
| <b>HEDIS MY 2021 Colorado Medicaid Weighted Average</b>                             |                     | <b>NA</b>       |
| <b>HEDIS MY 2020 Colorado Medicaid Weighted Average</b>                             |                     | <b>NA</b>       |
| <b><i>Blood Glucose and Cholesterol Testing—Ages 12 to 17 Years<sup>H</sup></i></b> |                     |                 |
| DHMP  | 24                  | NA              |
| RMHP  | 21                  | NA              |
| <b>HEDIS MY 2022 Colorado Medicaid Weighted Average</b>                             |                     | <b>40.00% ^</b> |
| <b>HEDIS MY 2021 Colorado Medicaid Weighted Average</b>                             |                     | <b>45.61% ^</b> |
| <b>HEDIS MY 2020 Colorado Medicaid Weighted Average</b>                             |                     | <b>37.50%</b>   |
| <b><i>Blood Glucose and Cholesterol Testing—Total<sup>H</sup></i></b>               |                     |                 |
| DHMP  | 29                  | NA              |
| RMHP  | 24                  | NA              |
| <b>HEDIS MY 2022 Colorado Medicaid Weighted Average</b>                             |                     | <b>41.51% ^</b> |
| <b>HEDIS MY 2021 Colorado Medicaid Weighted Average</b>                             |                     | <b>43.94% ^</b> |
| <b>HEDIS MY 2020 Colorado Medicaid Weighted Average</b>                             |                     | <b>35.29%</b>   |
| <b><i>Screening for Depression and Follow-Up Plan</i></b>                           |                     |                 |
| <b><i>Ages 12 to 17 Years<sup>SA</sup></i></b>                                      |                     |                 |
| DHMP  | 7,727               | 34.14%          |
| RMHP  | 158                 | 8.23%           |
| <b>HEDIS MY 2022 Colorado Medicaid Weighted Average</b>                             |                     | <b>33.62%</b>   |

| Medicaid Plan   | Eligible Population | Rate          |
|---|---------------------|---------------|
| <b>HEDIS MY 2021 Colorado Medicaid Weighted Average</b>                                   |                     | <b>7.69%</b>  |
| <i>Ages 18 to 64 Years<sup>SA</sup></i>   |                     |               |
| DHMP  | 30,452              | 18.40%        |
| RMHP  | 17,985              | 7.69%         |
| <b>HEDIS MY 2022 Colorado Medicaid Weighted Average</b>                                   |                     | <b>14.42%</b> |
| <b>HEDIS MY 2021 Colorado Medicaid Weighted Average</b>                                   |                     | <b>7.28%</b>  |
| <i>Ages 65 Years and Older<sup>SA</sup></i>   |                     |               |
| DHMP  | 2,459               | 6.26%         |
| RMHP  | 1,212               | 2.89%         |
| <b>HEDIS MY 2022 Colorado Medicaid Weighted Average</b>                                   |                     | <b>5.15%</b>  |
| <b>HEDIS MY 2021 Colorado Medicaid Weighted Average</b>                                   |                     | <b>2.37%</b>  |
| <i>Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics</i> |                     |               |
| <i>Ages 1 to 11 Years<sup>H,1</sup></i>   |                     |               |
| DHMP  | 4                   | NA            |
| RMHP  | 0                   | NA            |
| <b>HEDIS MY 2022 Colorado Medicaid Weighted Average</b>                                   |                     | <b>NA</b>     |
| <b>HEDIS MY 2021 Colorado Medicaid Weighted Average</b>                                   |                     | <b>NA</b>     |
| <i>Ages 12 to 17 Years<sup>H</sup></i>  |                     |               |
| DHMP  | 18                  | NA            |
| RMHP  | 1                   | NA            |
| <b>HEDIS MY 2022 Colorado Medicaid Weighted Average</b>                                   |                     | <b>NA</b>     |
| <b>HEDIS MY 2021 Colorado Medicaid Weighted Average</b>                                   |                     | <b>NA</b>     |
| <i>Total<sup>H</sup></i>  |                     |               |
| DHMP  | 22                  | NA            |
| RMHP  | 1                   | NA            |
| <b>HEDIS MY 2022 Colorado Medicaid Weighted Average</b>                                   |                     | <b>NA</b>     |
| <b>HEDIS MY 2021 Colorado Medicaid Weighted Average</b>                                   |                     | <b>NA</b>     |
| <i>Use of Pharmacotherapy for Opioid Use Disorder</i>                                     |                     |               |
| <i>Rate 1: Total<sup>SA</sup></i>   |                     |               |
| DHMP  | 308                 | 51.62%        |
| RMHP  | 1,073               | 63.56%        |
| <b>HEDIS MY 2022 Colorado Medicaid Weighted Average</b>                                   |                     | <b>60.90%</b> |
| <b>HEDIS MY 2021 Colorado Medicaid Weighted Average</b>                                   |                     | <b>52.74%</b> |
| <i>Rate 2: Buprenorphine<sup>SA</sup></i>   |                     |               |
| DHMP  | 308                 | 48.70%        |
| RMHP  | 1,073               | 36.44%        |
| <b>HEDIS MY 2022 Colorado Medicaid Weighted Average</b>                                   |                     | <b>39.17%</b> |
| <b>HEDIS MY 2021 Colorado Medicaid Weighted Average</b>                                   |                     | <b>31.66%</b> |

| Medicaid Plan  | Eligible Population | Rate          |
|--|---------------------|---------------|
| <b>Rate 3: Oral Naltrexone<sup>SA</sup></b>                    |                     |               |
| DHMP   | 308                 | 1.95%         |
| RMHP   | 1,073               | 4.10%         |
| <b>HEDIS MY 2022 Colorado Medicaid Weighted Average</b>        |                     | <b>3.62%</b>  |
| <b>HEDIS MY 2021 Colorado Medicaid Weighted Average</b>        |                     | <b>4.13%</b>  |
| <b>Rate 4: Long-Acting, Injectable Naltrexone<sup>SA</sup></b> |                     |               |
| DHMP   | 308                 | 1.62%         |
| RMHP   | 1,073               | 0.93%         |
| <b>HEDIS MY 2022 Colorado Medicaid Weighted Average</b>        |                     | <b>1.09%</b>  |
| <b>HEDIS MY 2021 Colorado Medicaid Weighted Average</b>        |                     | <b>0.72%</b>  |
| <b>Rate 5: Methadone<sup>SA</sup></b>                          |                     |               |
| DHMP   | 308                 | 0.32%         |
| RMHP   | 1,073               | 29.17%        |
| <b>HEDIS MY 2022 Colorado Medicaid Weighted Average</b>        |                     | <b>22.74%</b> |
| <b>HEDIS MY 2021 Colorado Medicaid Weighted Average</b>        |                     | <b>20.54%</b> |

<sup>1</sup>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.

<sup>H</sup> indicates that the measure is a HEDIS measure and can be compared to NCQA benchmarks.

<sup>SA</sup> indicates that the measure could only be compared to the statewide average.

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  | Rate          |
|--|---------------|
| <b><i>Ambulatory Care: ED Visits</i></b>                               |               |
| <b><i>&lt;1 Year</i></b> <sup>*SA,1</sup>                              |               |
| DHMP   | 773.59        |
| RMHP   | NA            |
| <b>HEDIS MY 2022 Colorado Medicaid Weighted Average</b>                | <b>773.59</b> |
| <b>HEDIS MY 2021 Colorado Medicaid Weighted Average</b>                | <b>288.02</b> |
| <b><i>Ages 1 to 9 Years</i></b> <sup>*SA</sup>                         |               |
| DHMP   | 376.07        |
| RMHP   | 420.68        |
| <b>HEDIS MY 2022 Colorado Medicaid Weighted Average</b>                | <b>376.34</b> |
| <b>HEDIS MY 2021 Colorado Medicaid Weighted Average</b>                | <b>239.83</b> |
| <b><i>Ages 10 to 19 Years</i></b> <sup>*SA</sup>                       |               |
| DHMP   | 253.56        |
| RMHP   | 520.84        |
| <b>HEDIS MY 2022 Colorado Medicaid Weighted Average</b>                | <b>259.01</b> |
| <b>HEDIS MY 2021 Colorado Medicaid Weighted Average</b>                | <b>649.07</b> |
| <b><i>Total (Ages 0 to 19 Years)</i></b> <sup>*H</sup>                 |               |
| DHMP   | 317.11        |
| RMHP   | 502.90        |
| <b>HEDIS MY 2022 Colorado Medicaid Weighted Average</b>                | <b>319.68</b> |
| <b>HEDIS MY 2021 Colorado Medicaid Weighted Average</b>                | <b>271.94</b> |
| <b><i>PQI 01: Diabetes Short-Term Complications Admission Rate</i></b> |               |
| <b><i>Ages 18 to 64 Years</i></b> <sup>*SA</sup>                       |               |
| DHMP   | 16.69         |
| RMHP   | 11.13         |
| <b>HEDIS MY 2022 Colorado Medicaid Weighted Average</b>                | <b>14.55</b>  |
| <b>HEDIS MY 2021 Colorado Medicaid Weighted Average</b>                | <b>27.29</b>  |
| <b><i>Ages 65 Years and Older</i></b> <sup>*SA</sup>                   |               |
| DHMP   | 0.00          |
| RMHP   | 9.51          |
| <b>HEDIS MY 2022 Colorado Medicaid Weighted Average</b>                | <b>3.58</b>   |
| <b>HEDIS MY 2021 Colorado Medicaid Weighted Average</b>                | <b>18.41</b>  |
| <b><i>PQI 05: COPD or Asthma in Older Adults Admission Rate</i></b>    |               |
| <b><i>Ages 40 to 64 Years</i></b> <sup>*SA</sup>                       |               |
| DHMP   | 20.13         |

| Medicaid Plan   | Rate            |
|---|-----------------|
| RMHP  | 9.03            |
| <b>HEDIS MY 2022 Colorado Medicaid Weighted Average</b> | <b>15.27</b>    |
| <b>HEDIS MY 2021 Colorado Medicaid Weighted Average</b> | <b>258.84</b>   |
| <i>Ages 65 Years and Older</i> <sup>*S4</sup>           |                 |
| DHMP  | 43.95           |
| RMHP  | 25.36           |
| <b>HEDIS MY 2022 Colorado Medicaid Weighted Average</b> | <b>36.96</b>    |
| <b>HEDIS MY 2021 Colorado Medicaid Weighted Average</b> | <b>1,210.72</b> |
| <i>PQI 08: Heart Failure Admission Rate</i>             |                 |
| <i>Ages 18 to 64 Years</i> <sup>*S4</sup>               |                 |
| DHMP  | 24.10           |
| RMHP  | 5.20            |
| <b>HEDIS MY 2022 Colorado Medicaid Weighted Average</b> | <b>16.02</b>    |
| <b>HEDIS MY 2021 Colorado Medicaid Weighted Average</b> | <b>76.05</b>    |
| <i>Ages 65 Years and Older</i> <sup>*S4</sup>           |                 |
| DHMP  | 1,385.48        |
| RMHP  | 28.53           |
| <b>HEDIS MY 2022 Colorado Medicaid Weighted Average</b> | <b>236.22</b>   |
| <b>HEDIS MY 2021 Colorado Medicaid Weighted Average</b> | <b>1,033.38</b> |
| <i>PQI 15: Asthma in Younger Adults Admission Rate</i>  |                 |
| <i>Ages 18 to 39 Years</i> <sup>*S4</sup>               |                 |
| DHMP  | 3.50            |
| RMHP  | 2.37            |
| <b>HEDIS MY 2022 Colorado Medicaid Weighted Average</b> | <b>3.10</b>     |
| <b>HEDIS MY 2021 Colorado Medicaid Weighted Average</b> | <b>6.65</b>     |
| <i>Plan All-Cause Readmissions</i>                      |                 |
| <i>Total Observed Readmissions</i> <sup>H</sup>         |                 |
| DHMP  | 9.54%           |
| RMHP  | 7.96%           |
| <b>HEDIS MY 2022 Colorado Medicaid Weighted Average</b> | <b>8.92%</b>    |
| <b>HEDIS MY 2021 Colorado Medicaid Weighted Average</b> | <b>8.85%</b>    |
| <b>EDIS MY 2020 Colorado Medicaid Weighted Average</b>  | <b>10.45%</b>   |
| <i>Total Expected Readmissions</i> <sup>H</sup>         |                 |
| DHMP  | 9.49%           |
| RMHP  | 9.88%           |
| <b>HEDIS MY 2022 Colorado Medicaid Weighted Average</b> | <b>9.64%</b>    |
| <b>HEDIS MY 2021 Colorado Medicaid Weighted Average</b> | <b>9.71%</b>    |
| <i>Total Outlier Rate</i> <sup>H</sup>                  |                 |
| DHMP  | 49.41           |



| Medicaid Plan   | Rate          |
|---|---------------|
| RMHP  | 33.91         |
| <b>HEDIS MY 2022 Colorado Medicaid Weighted Average</b> | <b>43.25</b>  |
| <i>O/E Ratio<sup>*,H</sup></i>                          |               |
| DHMP  | 1.0051        |
| RMHP  | 0.8054        |
| <b>HEDIS MY 2022 Colorado Medicaid Weighted Average</b> | <b>0.9247</b> |
| <b>HEDIS MY 2021 Colorado Medicaid Weighted Average</b> | <b>0.9107</b> |
| <b>HEDIS MY 2020 Colorado Medicaid Weighted Average</b> | <b>1.0450</b> |

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

<sup>H</sup> indicates that the measure is a HEDIS measure and can be compared to NCQA benchmarks.

<sup>SA</sup> indicates that the measure could only be compared to the statewide average.

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

**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 2020, MY 2021, and MY 2022 are presented.

MY 2021 to MY 2022 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.

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

### DHMP Trend Table

**Table B-1—DHMP Trend Table**

| Performance Measures                           | HEDIS MY 2020 Rate | HEDIS MY 2021 Rate | HEDIS MY 2022 Rate | Percentile Ranking |
|--|--------------------|--------------------|--------------------|--------------------|
| <b>Primary Care Access and Preventive Care</b> |                    |                    |                    |                    |
| <b>Breast Cancer Screening</b>                 |                    |                    |                    |                    |
| <i>Ages 52 to 64 Years<sup>H</sup></i>         | —                  | 41.70%             | 46.91%^            | BTSA               |
| <i>Ages 65 to 74 Years<sup>H</sup></i>         | —                  | 30.96%             | 35.82%             | WTSA               |
| <b>Cervical Cancer Screening</b>               |                    |                    |                    |                    |
| <i>Cervical Cancer Screening<sup>H</sup></i>   | 41.11%             | 39.36%             | 34.24%             | <10th              |
| <b>Child and Adolescent Well-Care Visits</b>   |                    |                    |                    |                    |
| <i>Ages 3 to 11 Years<sup>H</sup></i>          | 47.04%             | 51.55%             | 52.97%             | 25th–49th          |
| <i>Ages 12 to 17 Years<sup>H</sup></i>         | 39.88%             | 43.56%             | 45.59%             | 25th–49th          |
| <i>Ages 18 to 21 Years<sup>H</sup></i>         | 14.79%             | 15.70%             | 15.57%             | <10th              |
| <i>Total<sup>H</sup></i>                       | 39.31%             | 41.93%             | 42.90%             | 10th–24th          |
| <b>Childhood Immunization Status</b>           |                    |                    |                    |                    |
| <i>DTaP<sup>H</sup></i>                        | 69.47%             | 65.93%             | 75.25%^            | 50th–74th          |
| <i>IPV<sup>H</sup></i>                         | 82.19%             | 75.71%             | 85.59%^            | 25th–49th          |
| <i>MMR<sup>H</sup></i>                         | 84.04%             | 76.87%             | 85.69%^            | 50th–74th          |
| <i>HiB<sup>H</sup></i>                         | 81.93%             | 77.20%             | 84.69%^            | 50th–74th          |
| <i>Hepatitis B<sup>H</sup></i>                 | 85.09%             | 74.40%             | 88.77%^            | 50th–74th          |
| <i>VZV<sup>H</sup></i>                         | 83.68%             | 76.92%             | 85.39%^            | 50th–74th          |
| <i>Hepatitis A<sup>H</sup></i>                 | 82.54%             | 77.25%             | 85.29%^            | 75th–89th          |

| Performance Measures   | HEDIS MY 2020 Rate | HEDIS MY 2021 Rate | HEDIS MY 2022 Rate | Percentile Ranking |
|--|--------------------|--------------------|--------------------|--------------------|
| <i>Pneumococcal Conjugate<sup>H</sup></i>  | 74.21%             | 68.13%             | 77.04%^            | 75th–89th          |
| <i>Rotavirus<sup>H</sup></i>   | 63.77%             | 60.22%             | 64.71%^            | 25th–49th          |
| <i>Influenza<sup>H</sup></i>   | 50.26%             | 52.09%             | 53.78%             | 50th–74th          |
| <i>Combination 3<sup>H</sup></i>   | 67.98%             | 61.92%             | 72.47%^            | 75th–89th          |
| <i>Combination 7<sup>H</sup></i>   | 57.81%             | 53.08%             | 59.64%^            | 75th–89th          |
| <i>Combination 10<sup>H</sup></i>  | 40.18%             | 40.22%             | 42.05%             | 50th–74th          |
| <b>Chlamydia Screening in Women</b>  |                    |                    |                    |                    |
| <i>Ages 16 to 20 Years<sup>H</sup></i>   | 67.65%             | 76.77%             | 77.04%             | ≥90th              |
| <i>Ages 21 to 24 Years<sup>H</sup></i>   | 66.95%             | 68.54%             | 70.33%             | ≥90th              |
| <b>Colorectal Cancer Screening</b>   |                    |                    |                    |                    |
| <i>Ages 46 to 49 Years<sup>H</sup></i>   | —                  | —                  | 14.01%             | WTSA               |
| <i>Ages 50 to 64 Years<sup>H</sup></i>   | —                  | —                  | 27.05%             | WTSA               |
| <i>Ages 65 Years and Older<sup>H</sup></i>   | —                  | —                  | 32.99%             | WTSA               |
| <b>Developmental Screening in the First Three Years of Life</b>                                      |                    |                    |                    |                    |
| <i>1 Year<sup>SA</sup></i>   | —                  | —                  | 48.58%             | BTSA               |
| <i>2 Years<sup>SA</sup></i>  | —                  | —                  | 75.82%             | WTSA               |
| <i>3 Years<sup>SA</sup></i>  | —                  | —                  | 58.92%             | BTSA               |
| <i>Total<sup>SA</sup></i>  | —                  | —                  | 60.80%             | BTSA               |
| <b>Immunizations for Adolescents</b>   |                    |                    |                    |                    |
| <i>Meningococcal<sup>H</sup></i>   | 78.25%             | 66.58%             | 72.22%^            | 10th–24th          |
| <i>Tdap<sup>H</sup></i>  | 77.64%             | 66.73%             | 74.52%^            | 10th–24th          |
| <i>HPV<sup>H</sup></i>   | 46.79%             | 37.04%             | 37.19%             | 50th–74th          |
| <i>Combination 1<sup>H</sup></i>   | 75.70%             | 64.92%             | 71.77%^            | 10th–24th          |
| <i>Combination 2<sup>H</sup></i>   | 45.11%             | 35.93%             | 36.84%             | 50th–74th          |
| <b>Lead Screening in Children</b>  |                    |                    |                    |                    |
| <i>Lead Screening in Children<sup>H</sup></i>  | —                  | —                  | 61.16%             | 25th–49th          |
| <b>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</b> |                    |                    |                    |                    |
| <i>BMI Percentile—Ages 3 to 11 Years<sup>H</sup></i>   | 65.85%             | 71.29%             | 68.01%^^^          | 10th–24th          |
| <i>BMI Percentile—Ages 12 to 17 Years<sup>H</sup></i>  | 64.61%             | 68.96%             | 68.21%             | 10th–24th          |
| <i>BMI Percentile—Total<sup>H</sup></i>  | 65.36%             | 70.33%             | 68.09%             | 10th–24th          |
| <i>Counseling for Nutrition—Ages 3 to 11 Years<sup>H</sup></i>                                       | 72.33%             | 77.17%             | 74.96%             | 50th–74th          |
| <i>Counseling for Nutrition—Ages 12 to 17 Years<sup>H</sup></i>                                      | 66.10%             | 70.31%             | 70.43%             | 50th–74th          |
| <i>Counseling for Nutrition—Total<sup>H</sup></i>  | 69.85%             | 74.36%             | 73.10%             | 50th–74th          |
| <i>Counseling for Physical Activity—Ages 3 to 11 Years<sup>H</sup></i>                               | 71.63%             | 76.45%             | 73.78%             | 50th–74th          |
| <i>Counseling for Physical Activity—Ages 12 to 17 Years<sup>H</sup></i>                              | 65.49%             | 69.87%             | 69.36%             | 25th–49th          |
| <i>Counseling for Physical Activity—Total<sup>H</sup></i>  | 69.19%             | 73.75%             | 71.96%             | 50th–74th          |

| Performance Measures  | HEDIS MY 2020 Rate | HEDIS MY 2021 Rate | HEDIS MY 2022 Rate  | Percentile Ranking |
|---|--------------------|--------------------|---------------------|--------------------|
| <b>Well-Child Visits in the First 30 Months of Life</b>                                     |                    |                    |                     |                    |
| Well-Child Visits in the First 15 Months of Life—Six or More Well-Child Visits <sup>H</sup> | 54.69%             | 54.34%             | 58.28%              | 50th–74th          |
| Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits <sup>H</sup> | 57.13%             | 54.42%             | 59.29% <sup>^</sup> | 10th–24th          |
| <b>Maternal and Perinatal Health</b>  |                    |                    |                     |                    |
| <b>Contraceptive Care—All Women</b>   |                    |                    |                     |                    |
| MMEC—Ages 15 to 20 Years <sup>SA</sup>  | —                  | —                  | 20.68%              | WTSA               |
| MMEC—Ages 21 to 44 Years <sup>SA</sup>  | —                  | —                  | 18.89%              | WTSA               |
| LARC—Ages 15 to 20 Years <sup>SA</sup>  | —                  | —                  | 5.30%               | WTSA               |
| LARC—Ages 21 to 44 Years <sup>SA</sup>  | —                  | —                  | 4.95%               | BTSA               |
| <b>Contraceptive Care—Postpartum Women</b>  |                    |                    |                     |                    |
| MMEC—3 Days—Ages 15 to 20 Years <sup>SA</sup>   | —                  | —                  | 25.68%              | BTSA               |
| MMEC—3 Days—Ages 21 to 44 Years <sup>SA</sup>   | —                  | —                  | 27.59%              | BTSA               |
| MMEC—90 Days—Ages 15 to 20 Years <sup>SA</sup>  | —                  | —                  | 59.46%              | WTSA               |
| MMEC—90 Days—Ages 21 to 44 Years <sup>SA</sup>  | —                  | —                  | 56.40%              | BTSA               |
| LARC—3 Days—Ages 15 to 20 Years <sup>SA</sup>   | —                  | —                  | 6.76%               | BTSA               |
| LARC—3 Days—Ages 21 to 44 Years <sup>SA</sup>   | —                  | —                  | 10.21%              | BTSA               |
| LARC—90 Days—Ages 15 to 20 Years <sup>SA</sup>  | —                  | —                  | 27.03%              | WTSA               |
| LARC—90 Days—Ages 21 to 44 Years <sup>SA</sup>  | —                  | —                  | 25.91%              | BTSA               |
| <b>Prenatal and Postpartum Care</b>   |                    |                    |                     |                    |
| Timeliness of Prenatal Care <sup>H</sup>  | 83.36%             | 79.51%             | 77.26%              | 10th–24th          |
| Postpartum Care <sup>H</sup>  | 69.22%             | 70.66%             | 69.45%              | 10th–24th          |
| <b>Care of Acute and Chronic Conditions</b>   |                    |                    |                     |                    |
| <b>Asthma Medication Ratio</b>  |                    |                    |                     |                    |
| Ages 5 to 11 Years <sup>H</sup>   | —                  | 56.73%             | 62.50%              | <10th              |
| Ages 12 to 18 Years <sup>H</sup>  | —                  | 64.38%             | 53.49%              | <10th              |
| Total (Ages 5 to 18 Years) <sup>H</sup>   | —                  | 59.89%             | 58.05%              | BTSA               |
| Ages 19 to 50 Years <sup>H</sup>  | —                  | 47.01%             | 51.71%              | 10th–24th          |
| Ages 51 to 64 Years <sup>H</sup>  | —                  | 48.57%             | 52.50%              | 10th–24th          |
| Total (Ages 19 to 64 Years) <sup>H</sup>  | —                  | 47.38%             | 51.91%              | WTSA               |
| <b>Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis</b>                 |                    |                    |                     |                    |
| 3 Months–17 Years <sup>H</sup>  | 95.41%             | —                  | 96.52%              | ≥90th              |
| Ages 18 to 64 Years <sup>H</sup>  | 61.46%             | —                  | 68.26%              | ≥90th              |
| Ages 65 Years and Older <sup>H</sup>  | NA                 | —                  | NA                  | —                  |
| <b>Concurrent Use of Opioids and Benzodiazepines</b>  |                    |                    |                     |                    |
| Ages 18 to 64 Years <sup>*,SA</sup>   | —                  | —                  | 5.74%               | BTSA               |
| Ages 65 Years and Older <sup>*,SA</sup>   | —                  | —                  | 6.52%               | BTSA               |

| Performance Measures   | HEDIS MY 2020 Rate | HEDIS MY 2021 Rate | HEDIS MY 2022 Rate  | Percentile Ranking |
|--|--------------------|--------------------|---------------------|--------------------|
| <b>Controlling High Blood Pressure</b>   |                    |                    |                     |                    |
| <i>Ages 18 to 64 Years<sup>H</sup></i>   | —                  | 48.54%             | 47.93%              | BTSA               |
| <i>Ages 65 to 85 Years<sup>H</sup></i>   | —                  | 55.92%             | 56.64%              | BTSA               |
| <b>Hemoglobin A1c Control for Patients With Diabetes</b>   |                    |                    |                     |                    |
| <i>HbA1c Control (&lt;8.0%)—Ages 18 to 64 Years<sup>H</sup></i>  | —                  | —                  | 44.94%              | BTSA               |
| <i>HbA1c Control (&lt;8.0%)—Ages 65 to 75 Years<sup>H</sup></i>  | —                  | —                  | 51.44%              | BTSA               |
| <i>Poor HbA1c Control (&gt;9.0%)—Ages 18 to 64 Years<sup>*H</sup></i>  | —                  | —                  | 45.15%              | BTSA               |
| <i>Poor HbA1c Control (&gt;9.0%)—Ages 65 to 75 Years<sup>*H</sup></i>  | —                  | —                  | 37.77%              | BTSA               |
| <b>HIV Viral Load Suppression</b>  |                    |                    |                     |                    |
| <i>Ages 18 to 64 Years<sup>SA</sup></i>  | —                  | —                  | NA                  | —                  |
| <i>Ages 65 Years and Older<sup>SA</sup></i>  | —                  | —                  | NA                  | —                  |
| <b>Use of Opioids at High Dosage in Persons Without Cancer</b>   |                    |                    |                     |                    |
| <i>Ages 18 to 64 Years<sup>*SA</sup></i>   | —                  | —                  | 5.04%               | WTSA               |
| <i>Ages 65 Years and Older<sup>*SA</sup></i>   | —                  | —                  | 4.88%               | BTSA               |
| <b>Behavioral Health Care</b>  |                    |                    |                     |                    |
| <b>Adherence to Antipsychotic Medications for Individuals With Schizophrenia</b>   |                    |                    |                     |                    |
| <i>Adherence to Antipsychotic Medications for Individuals With Schizophrenia<sup>H</sup></i>                                   | —                  | 47.54%             | 47.15%              | 10th–24th          |
| <b>Antidepressant Medication Management</b>  |                    |                    |                     |                    |
| <i>Effective Acute Phase Treatment—Ages 18 to 64 Years<sup>H</sup></i>   | —                  | 64.50%             | 66.37% <sup>^</sup> | BTSA               |
| <i>Effective Acute Phase Treatment—Ages 65 Years and Older<sup>H</sup></i>   | —                  | 78.00%             | 76.92%              | WTSA               |
| <i>Effective Continuation Phase Treatment—Ages 18 to 64 Years<sup>H</sup></i>  | —                  | 42.55%             | 46.53%              | BTSA               |
| <i>Effective Continuation Phase Treatment—Ages 65 Years and Older<sup>H</sup></i>  | —                  | 72.00%             | 53.85%              | BTSA               |
| <b>Diabetes Care for People With Serious Mental Illness—HbA1c Poor Control (&gt;9.0%)</b>                                      |                    |                    |                     |                    |
| <i>Ages 18 to 64 Years<sup>*H</sup></i>  | —                  | —                  | 53.93%              | BTSA               |
| <i>Ages 65 to 75 Years<sup>*H</sup></i>  | —                  | —                  | NA                  | —                  |
| <b>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications</b>            |                    |                    |                     |                    |
| <i>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medication<sup>H</sup></i> | —                  | 86.68%             | 85.52%              | 75th–89th          |
| <b>Follow-Up After Emergency Department Visit for Mental Illness</b>   |                    |                    |                     |                    |
| <i>7-Day Follow-Up—Ages 6 to 17 Years<sup>H</sup></i>  | —                  | —                  | 9.30%               | <10th              |
| <i>7-Day Follow-Up—Ages 18 to 64 Years<sup>H</sup></i>   | —                  | 21.44%             | 16.74%              | <10th              |
| <i>7-Day Follow-Up—65 Years and Older<sup>H</sup></i>  | —                  | NA                 | NA                  | —                  |
| <i>30-Day Follow-Up—Ages 6 to 17 Years<sup>H</sup></i>   | —                  | —                  | 25.58%              | <10th              |
| <i>30-Day Follow-Up—Ages 18 to 64 Years<sup>H</sup></i>  | —                  | 29.02%             | 24.17%              | <10th              |

| Performance Measures  | HEDIS MY 2020 Rate | HEDIS MY 2021 Rate | HEDIS MY 2022 Rate | Percentile Ranking |
|---|--------------------|--------------------|--------------------|--------------------|
| <i>30-Day Follow-Up—65 Years and Older<sup>H</sup></i>                            | —                  | NA                 | NA                 | —                  |
| <b>Follow-Up After Emergency Department Visit for Substance Use</b>               |                    |                    |                    |                    |
| <i>7-Day Follow-Up—Ages 13 to 17 Years<sup>H</sup></i>                            | —                  | —                  | 17.65%             | —                  |
| <i>7-Day Follow-Up—Ages 18 to 64 Years<sup>H</sup></i>                            | —                  | —                  | 20.78%             | —                  |
| <i>7-Day Follow-Up—Ages 65 Years and Older<sup>H</sup></i>                        | —                  | —                  | 14.89%             | —                  |
| <i>30-Day Follow-Up—Ages 13 to 17 Years<sup>H</sup></i>                           | —                  | —                  | 23.53%             | —                  |
| <i>30-Day Follow-Up—Ages 18 to 64 Years<sup>H</sup></i>                           | —                  | —                  | 28.33%             | —                  |
| <i>30-Day Follow-Up—Ages 65 Years and Older<sup>H</sup></i>                       | —                  | —                  | 21.28%             | —                  |
| <b>Follow-Up After Hospitalization for Mental Illness</b>                         |                    |                    |                    |                    |
| <i>7-Day Follow-Up—Ages 6 to 17 Years<sup>H</sup></i>                             | —                  | NA                 | NA                 | —                  |
| <i>7-Day Follow-Up—Ages 18 to 64 Years<sup>H</sup></i>                            | —                  | 8.54%              | 2.47%              | <10th              |
| <i>7-Day Follow-Up—Ages 65 Years and Older<sup>H</sup></i>                        | —                  | NA                 | NA                 | —                  |
| <i>30-Day Follow-Up—Ages 6 to 17 Years<sup>H</sup></i>                            | —                  | NA                 | NA                 | —                  |
| <i>30-Day Follow-Up—Ages 18 to 64 Years<sup>H</sup></i>                           | —                  | 15.85%             | 17.28%             | <10th              |
| <i>30-Day Follow-Up—Ages 65 Years and Older<sup>H</sup></i>                       | —                  | NA                 | NA                 | —                  |
| <b>Follow-Up Care for Children Prescribed ADHD Medication</b>                     |                    |                    |                    |                    |
| <i>Initiation Phase<sup>H</sup></i>   | 41.28%             | 30.95%             | 38.89%             | 25th–49th          |
| <i>Continuation and Maintenance Phase<sup>H</sup></i>                             | NA                 | NA                 | NA                 | —                  |
| <b>Initiation and Engagement of Substance Use Disorder Treatment</b>              |                    |                    |                    |                    |
| <i>Initiation of SUD Treatment—Alcohol—Ages 18 to 64 Years<sup>H</sup></i>        | —                  | —                  | 40.11%             | —                  |
| <i>Initiation of SUD Treatment—Alcohol—Ages 65 Years and Older<sup>H</sup></i>    | —                  | —                  | 56.76%             | —                  |
| <i>Initiation of SUD Treatment—Opioid—Ages 18 to 64 Years<sup>H</sup></i>         | —                  | —                  | 50.81%             | —                  |
| <i>Initiation of SUD Treatment—Opioid—Ages 65 Year and Older<sup>H</sup></i>      | —                  | —                  | 60.00%             | —                  |
| <i>Initiation of SUD Treatment—Other Drug—Ages 18 to 64 Years<sup>H</sup></i>     | —                  | —                  | 40.10%             | —                  |
| <i>Initiation of SUD Treatment—Other Drug—Ages 65 Years and Older<sup>H</sup></i> | —                  | —                  | NA                 | —                  |
| <i>Initiation of SUD Treatment—Total—Ages 18 to 64 Years<sup>H</sup></i>          | —                  | —                  | 41.59%             | —                  |
| <i>Initiation of SUD Treatment—Total—Ages 65 Years and Older<sup>H</sup></i>      | —                  | —                  | 58.24%             | —                  |
| <i>Engagement of SUD Treatment—Alcohol—Ages 18 to 64 Years<sup>H</sup></i>        | —                  | —                  | 6.63%              | —                  |
| <i>Engagement of SUD Treatment—Alcohol—Ages 65 Years and Older<sup>H</sup></i>    | —                  | —                  | 3.60%              | —                  |
| <i>Engagement of SUD Treatment—Opioid—Ages 18 to 64 Years<sup>H</sup></i>         | —                  | —                  | 15.50%             | —                  |
| <i>Engagement of SUD Treatment—Opioid—Ages 65 Years and Older<sup>H</sup></i>     | —                  | —                  | 13.33%             | —                  |
| <i>Engagement of SUD Treatment—Other Drug—Ages 18 to 64 Years<sup>H</sup></i>     | —                  | —                  | 4.57%              | —                  |
| <i>Engagement of SUD Treatment—Other Drug—Ages 65 Years and Older</i>             | —                  | —                  | NA                 | —                  |
| <i>Engagement of SUD Treatment—Total—Ages 18 to 64 Years<sup>H</sup></i>          | —                  | —                  | 7.07%              | —                  |
| <i>Engagement of SUD Treatment—Total—Ages 65 Years and Older<sup>H</sup></i>      | —                  | —                  | 4.71%              | —                  |

| Performance Measures  | HEDIS MY 2020 Rate | HEDIS MY 2021 Rate | HEDIS MY 2022 Rate | Percentile Ranking |
|---|--------------------|--------------------|--------------------|--------------------|
| <b>Metabolic Monitoring for Children and Adolescents on Antipsychotics</b>                |                    |                    |                    |                    |
| Blood Glucose Testing—Ages 1 to 11 Years <sup>H</sup>                                     | —                  | NA                 | NA                 | —                  |
| Blood Glucose Testing—Ages 12 to 17 Years <sup>H</sup>                                    | 56.25%             | NA                 | NA                 | —                  |
| Blood Glucose Testing—Total <sup>H</sup>  | 50.00%             | NA                 | NA                 | —                  |
| Cholesterol Testing—Ages 1 to 11 Years <sup>H</sup>                                       | —                  | NA                 | NA                 | —                  |
| Cholesterol Testing—Ages 12 to 17 Years <sup>H</sup>                                      | 50.00%             | NA                 | NA                 | —                  |
| Cholesterol Testing—Total <sup>H</sup>  | 47.22%             | NA                 | NA                 | —                  |
| Blood Glucose and Cholesterol Testing—Ages 1 to 11 Years <sup>H</sup>                     | —                  | NA                 | NA                 | —                  |
| Blood Glucose and Cholesterol Testing—Ages 12 to 17 Years <sup>H</sup>                    | 40.63%             | NA                 | NA                 | —                  |
| Blood Glucose and Cholesterol Testing—Total <sup>H</sup>                                  | 36.11%             | NA                 | NA                 | —                  |
| <b>Screening for Depression and Follow-Up Plan</b>  |                    |                    |                    |                    |
| Ages 12 to 17 Years <sup>SA</sup>   | —                  | —                  | 34.14%             | BTSA               |
| Ages 18 to 64 Years <sup>SA</sup>   | —                  | —                  | 18.40%             | BTSA               |
| Ages 65 Years and Older <sup>SA</sup>   | —                  | —                  | 6.26%              | BTSA               |
| <b>Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics</b> |                    |                    |                    |                    |
| Ages 1 to 11 Years <sup>H</sup>   | —                  | NA                 | NA                 | —                  |
| Ages 12 to 17 Years <sup>H</sup>  | —                  | NA                 | NA                 | —                  |
| Total <sup>H</sup>  | —                  | NA                 | NA                 | —                  |
| <b>Use of Pharmacotherapy for Opioid Use Disorder</b>                                     |                    |                    |                    |                    |
| Rate 1: Total <sup>SA</sup>   | —                  | —                  | 51.62%             | WTSA               |
| Rate 2: Buprenorphine <sup>SA</sup>   | —                  | —                  | 48.70%             | BTSA               |
| Rate 3: Oral Naltrexone <sup>SA</sup>   | —                  | —                  | 1.95%              | WTSA               |
| Rate 4: Long-Acting, Injectable Naltrexone <sup>SA</sup>                                  | —                  | —                  | 1.62%              | BTSA               |
| Rate 5: Methadone <sup>SA</sup>   | —                  | —                  | 0.32%              | WTSA               |
| <b>Use of Services</b>  |                    |                    |                    |                    |
| <b>Ambulatory Care: ED Visits</b>   |                    |                    |                    |                    |
| <1 Year <sup>*,SA</sup>   | —                  | 23.94              | 773.59             | —                  |
| Ages 1 to 9 Years <sup>*,SA</sup>   | —                  | 19.62              | 376.07             | —                  |
| Ages 10 to 19 Years <sup>*,SA</sup>   | —                  | 54.09              | 253.56             | —                  |
| Total (Ages 0–19 Years) <sup>*,H</sup>  | —                  | 22.47              | 317.11             | —                  |
| <b>PQI 01: Diabetes Short-Term Complications Admission Rate</b>                           |                    |                    |                    |                    |
| Ages 18 to 64 Years <sup>*,SA</sup>   | —                  | —                  | 16.69              | —                  |
| Ages 65 Years and Older <sup>*,SA</sup>   | —                  | —                  | 0.00               | —                  |
| <b>PQI 05: COPD or Asthma in Older Adults Admission Rate</b>                              |                    |                    |                    |                    |
| Ages 40 to 64 Years <sup>*,SA</sup>   | —                  | —                  | 20.13              | —                  |
| Ages 65 Years and Older <sup>*,SA</sup>   | —                  | —                  | 43.95              | —                  |



| Performance Measures                                   | HEDIS MY 2020 Rate | HEDIS MY 2021 Rate | HEDIS MY 2022 Rate | Percentile Ranking |
|--|--------------------|--------------------|--------------------|--------------------|
| <b>PQI 08: Heart Failure Admission Rate</b>            |                    |                    |                    |                    |
| <i>Ages 18 to 64 Years</i> <sup>*,SA</sup>             | —                  | —                  | 24.10              | —                  |
| <i>Ages 65 Years and Older</i> <sup>*,SA</sup>         | —                  | —                  | 1,385.48           | —                  |
| <b>PQI 15: Asthma in Younger Adults Admission Rate</b> |                    |                    |                    |                    |
| <i>Ages 18 to 39 Years</i> <sup>*,SA</sup>             | —                  | —                  | 3.50               | —                  |
| <b>Plan All-Cause Readmissions</b>                     |                    |                    |                    |                    |
| <i>Observed Readmissions</i> <sup>H</sup>              | 11.35%             | 9.51%              | 9.54%              | —                  |
| <i>Expected Readmissions</i> <sup>H</sup>              | —                  | 9.63%              | 9.49%              | —                  |
| <i>O/E Ratio</i> <sup>*,H</sup>                        | 1.14               | 0.99               | 1.0051             | —                  |
| <i>Outlier Rate</i> <sup>H</sup>                       | —                  | —                  | 49.41              | —                  |

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

<sup>H</sup> indicates that the measure is a HEDIS measure and can be compared to NCQA benchmarks.

<sup>SA</sup> 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 there was no benchmark for comparison.

BTSA indicates the reported rate was better than the statewide average.

WTSA indicates the reported rate was worse than the statewide average.



## RMHP Prime Trend Table

Table B-2—RMHP Prime Trend Table

| Performance Measures                           | HEDIS MY 2020 Rate | HEDIS MY 2021 Rate | HEDIS MY 2022 Rate | Percentile Ranking |
|--|--------------------|--------------------|--------------------|--------------------|
| <b>Primary Care Access and Preventive Care</b> |                    |                    |                    |                    |
| <b>Breast Cancer Screening</b>                 |                    |                    |                    |                    |
| <i>Ages 52 to 64 Years<sup>H</sup></i>         | —                  | 40.89%             | 44.34%^            | WTSA               |
| <i>Ages 65 to 74 Years<sup>H</sup></i>         | —                  | 39.03%             | 41.15%             | BTSA               |
| <b>Cervical Cancer Screening</b>               |                    |                    |                    |                    |
| <i>Cervical Cancer Screening<sup>H</sup></i>   | 40.27%             | 42.34%             | 42.38%             | <10th              |
| <b>Child and Adolescent Well-Care Visits</b>   |                    |                    |                    |                    |
| <i>Ages 3 to 11 Years<sup>H</sup></i>          | 46.43%             | 62.99%             | 51.35%             | 25th–49th          |
| <i>Ages 12 to 17 Years<sup>H</sup></i>         | 43.71%             | 56.63%             | 59.12%             | 75th–89th          |
| <i>Ages 18 to 21 Years<sup>H</sup></i>         | 13.15%             | 13.53%             | 15.95%             | <10th              |
| <i>Total<sup>H</sup></i>                       | 19.40%             | 23.86%             | 28.73%             | <10th              |
| <b>Childhood Immunization Status</b>           |                    |                    |                    |                    |
| <i>DTaP<sup>H</sup></i>                        | NA                 | NA                 | NA                 | —                  |
| <i>IPV<sup>H</sup></i>                         | NA                 | NA                 | NA                 | —                  |
| <i>MMR<sup>H</sup></i>                         | NA                 | NA                 | NA                 | —                  |
| <i>HiB<sup>H</sup></i>                         | NA                 | NA                 | NA                 | —                  |
| <i>Hepatitis B<sup>H</sup></i>                 | NA                 | NA                 | NA                 | —                  |
| <i>VZV<sup>H</sup></i>                         | NA                 | NA                 | NA                 | —                  |
| <i>Hepatitis A<sup>H</sup></i>                 | NA                 | NA                 | NA                 | —                  |
| <i>Pneumococcal Conjugate<sup>H</sup></i>      | NA                 | NA                 | NA                 | —                  |
| <i>Rotavirus<sup>H</sup></i>                   | NA                 | NA                 | NA                 | —                  |
| <i>Influenza<sup>H</sup></i>                   | NA                 | NA                 | NA                 | —                  |
| <i>Combination 3<sup>H</sup></i>               | NA                 | NA                 | NA                 | —                  |
| <i>Combination 7<sup>H</sup></i>               | NA                 | NA                 | NA                 | —                  |
| <i>Combination 10<sup>H</sup></i>              | NA                 | NA                 | NA                 | —                  |
| <b>Chlamydia Screening in Women</b>            |                    |                    |                    |                    |
| <i>Ages 16 to 20 Years<sup>H</sup></i>         | 45.08%             | 41.67%             | 39.34%             | 10th–24th          |
| <i>Ages 21 to 24 Years<sup>H</sup></i>         | 45.02%             | 45.10%             | 49.60%             | <10th              |
| <b>Colorectal Cancer Screening</b>             |                    |                    |                    |                    |
| <i>Ages 46 to 49 Years<sup>H</sup></i>         | —                  | —                  | 16.69%             | BTSA               |
| <i>Ages 50 to 64 Years<sup>H</sup></i>         | —                  | —                  | 36.63%             | BTSA               |
| <i>Ages 65 Years and Older<sup>H</sup></i>     | —                  | —                  | 36.43%             | BTSA               |

| Performance Measures   | HEDIS MY 2020 Rate | HEDIS MY 2021 Rate | HEDIS MY 2022 Rate | Percentile Ranking |
|--|--------------------|--------------------|--------------------|--------------------|
| <b>Developmental Screening in the First Three Years of Life</b>                                      |                    |                    |                    |                    |
| 1 Year <sup>SA</sup>   | —                  | NA                 | NA                 | —                  |
| 2 Years <sup>SA</sup>  | —                  | NA                 | NA                 | —                  |
| 3 Years <sup>SA</sup>  | —                  | NA                 | NA                 | —                  |
| Total <sup>SA</sup>  | —                  | NA                 | NA                 | —                  |
| <b>Immunizations for Adolescents</b>   |                    |                    |                    |                    |
| Meningococcal <sup>H</sup>   | NA                 | 64.71%             | 80.00%^            | 25th–49th          |
| Tdap <sup>H</sup>  | NA                 | 79.41%             | 83.33%^            | 25th–49th          |
| HPV <sup>H</sup>   | NA                 | 11.76%             | 26.67%             | <10th              |
| Combination 1 <sup>H</sup>   | NA                 | 64.71%             | 80.00%^            | 50th–74th          |
| Combination 2 <sup>H</sup>   | NA                 | 8.82%              | 26.67%             | 10th–24th          |
| <b>Lead Screening in Children</b>  |                    |                    |                    |                    |
| Lead Screening in Children <sup>H</sup>  | —                  | —                  | NA                 | —                  |
| <b>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</b> |                    |                    |                    |                    |
| BMI Percentile—Ages 3 to 11 Years <sup>H</sup>   | 5.26%              | 10.61%             | 20.65%^            | <10th              |
| BMI Percentile—Ages 12 to 17 Years <sup>H</sup>  | 6.35%              | 13.82%             | 25.17%^            | <10th              |
| BMI Percentile—Total <sup>H</sup>  | 5.83%              | 12.32%             | 23.40%^            | <10th              |
| Counseling for Nutrition—Ages 3 to 11 Years <sup>H</sup>   | 22.81%             | 22.73%             | 30.43%             | <10th              |
| Counseling for Nutrition—Ages 12 to 17 Years <sup>H</sup>  | 18.25%             | 21.05%             | 23.08%             | <10th              |
| Counseling for Nutrition—Total <sup>H</sup>  | 20.42%             | 21.83%             | 25.96%             | <10th              |
| Counseling for Physical Activity—Ages 3 to 11 Years <sup>H</sup>                                     | 0.00%              | 3.79%              | 13.04%^            | <10th              |
| Counseling for Physical Activity—Ages 12 to 17 Years <sup>H</sup>                                    | 0.00%              | 1.97%              | 13.29%^            | <10th              |
| Counseling for Physical Activity—Total <sup>H</sup>  | 0.00%              | 2.82%              | 13.19%^            | <10th              |
| <b>Well-Child Visits in the First 30 Months of Life</b>  |                    |                    |                    |                    |
| Well-Child Visits in the First 15 Months of Life—Six or More Well-Child Visits <sup>H</sup>          | NA                 | NA                 | NA                 | —                  |
| Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits <sup>H</sup>          | NA                 | NA                 | NA                 | —                  |
| <b>Maternal and Perinatal Health</b>   |                    |                    |                    |                    |
| <b>Contraceptive Care—All Women</b>  |                    |                    |                    |                    |
| MMEC—Ages 15 to 20 Years <sup>SA</sup>   | —                  | 33.58%             | 30.09%             | BTSA               |
| MMEC—Ages 21 to 44 Years <sup>SA</sup>   | —                  | 20.17%             | 19.57%             | BTSA               |
| LARC—Ages 15 to 20 Years <sup>SA</sup>   | —                  | 6.51%              | 6.94%              | BTSA               |
| LARC—Ages 21 to 44 Years <sup>SA</sup>   | —                  | 4.87%              | 4.27%              | WTSA               |
| <b>Contraceptive Care—Postpartum Women</b>   |                    |                    |                    |                    |
| MMEC—3 Days—Ages 15 to 20 Years <sup>SA</sup>  | —                  | 0.00%              | NA                 | —                  |
| MMEC—3 Days—Ages 21 to 44 Years <sup>SA</sup>  | —                  | 5.77%              | 6.70%              | WTSA               |

| Performance Measures  | HEDIS MY 2020 Rate | HEDIS MY 2021 Rate | HEDIS MY 2022 Rate | Percentile Ranking |
|---|--------------------|--------------------|--------------------|--------------------|
| <i>MMEC—90 Days—Ages 15 to 20 Years<sup>SA</sup></i>                        | —                  | 34.78%             | NA                 | —                  |
| <i>MMEC—90 Days—Ages 21 to 44 Years<sup>SA</sup></i>                        | —                  | 40.74%             | 42.16%             | WTSA               |
| <i>LARC—3 Days—Ages 15 to 20 Years<sup>SA</sup></i>                         | —                  | 0.00%              | NA                 | —                  |
| <i>LARC—3 Days—Ages 21 to 44 Years<sup>SA</sup></i>                         | —                  | 0.00%              | 0.49%              | WTSA               |
| <i>LARC—90 Days—Ages 15 to 20 Years<sup>SA</sup></i>                        | —                  | 19.57%             | NA                 | —                  |
| <i>LARC—90 Days—Ages 21 to 44 Years<sup>SA</sup></i>                        | —                  | 16.56%             | 17.16%             | WTSA               |
| <b>Prenatal and Postpartum Care</b>   |                    |                    |                    |                    |
| <i>Timeliness of Prenatal Care<sup>H</sup></i>                              | 56.65%             | 56.53%             | 49.83%             | <10th              |
| <i>Postpartum Care<sup>H</sup></i>  | 32.89%             | 36.95%             | 36.32%             | <10th              |
| <b>Care of Acute and Chronic Conditions</b>                                 |                    |                    |                    |                    |
| <b>Asthma Medication Ratio</b>  |                    |                    |                    |                    |
| <i>Ages 5 to 11 Years<sup>H</sup></i>                                       | —                  | NA                 | NA                 | —                  |
| <i>Ages 12 to 18 Years<sup>H</sup></i>                                      | —                  | NA                 | NA                 | —                  |
| <i>Total (Ages 5 to 18 Years)<sup>H</sup></i>                               | —                  | NA                 | NA                 | —                  |
| <i>Ages 19 to 50 Years<sup>H</sup></i>                                      | —                  | 56.71%             | 57.91%             | 25th–49th          |
| <i>Ages 51 to 64 Years<sup>H</sup></i>                                      | —                  | 58.89%             | 62.32%             | 50th–74th          |
| <i>Total (Ages 19 to 64 Years)<sup>H</sup></i>                              | —                  | 57.22%             | 59.06%             | BTSA               |
| <b>Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis</b> |                    |                    |                    |                    |
| <i>3 Months–17 Years<sup>H</sup></i>  | NA                 | —                  | NA                 | —                  |
| <i>Ages 18 to 64 Years<sup>H</sup></i>                                      | 47.24%             | —                  | 48.05%             | 50th–74th          |
| <i>Ages 65 Years and Older<sup>H</sup></i>                                  | NA                 | —                  | NA                 | —                  |
| <b>Concurrent Use of Opioids and Benzodiazepines</b>                        |                    |                    |                    |                    |
| <i>Ages 18 to 64 Years<sup>*,SA</sup></i>                                   | —                  | 14.93%             | 10.26%^^           | WTSA               |
| <i>Ages 65 Years and Older<sup>*,SA</sup></i>                               | —                  | 19.29%             | NA                 | —                  |
| <b>Controlling High Blood Pressure</b>                                      |                    |                    |                    |                    |
| <i>Ages 18 to 64 Years<sup>H</sup></i>                                      | —                  | 25.22%             | 22.00%             | WTSA               |
| <i>Ages 65 to 85 Years<sup>H</sup></i>                                      | —                  | 25.37%             | 23.06%             | WTSA               |
| <b>Hemoglobin A1c Control for Patients With Diabetes</b>                    |                    |                    |                    |                    |
| <i>HbA1c Control (&lt;8.0%)—Ages 18 to 64 Years<sup>H</sup></i>             | —                  | —                  | 32.65%             | WTSA               |
| <i>HbA1c Control (&lt;8.0%)—Ages 65 to 75 Years<sup>H</sup></i>             | —                  | —                  | 40.00%             | WTSA               |
| <i>Poor HbA1c Control (&gt;9.0%)—Ages 18 to 64 Years<sup>*,H</sup></i>      | —                  | 69.74%             | 61.39%             | WTSA               |
| <i>Poor HbA1c Control (&gt;9.0%)—Ages 65 to 75 Years<sup>*,H</sup></i>      | —                  | 66.67%             | 52.31%^            | WTSA               |
| <b>HIV Viral Load Suppression</b>   |                    |                    |                    |                    |
| <i>Ages 18 to 64 Years<sup>SA</sup></i>                                     | —                  | 0.00%              | 0.00%              | —                  |
| <i>Ages 65 Years and Older<sup>SA</sup></i>                                 | —                  | NA                 | NA                 | —                  |
| <b>Use of Opioids at High Dosage in Persons Without Cancer</b>              |                    |                    |                    |                    |
| <i>Ages 18 to 64 Years<sup>*,SA</sup></i>                                   | —                  | 4.11%              | 3.36%              | BTSA               |
| <i>Ages 65 Years and Older<sup>*,SA</sup></i>                               | —                  | 2.48%              | NA                 | —                  |

| Performance Measures  | HEDIS MY 2020 Rate | HEDIS MY 2021 Rate | HEDIS MY 2022 Rate  | Percentile Ranking |
|---|--------------------|--------------------|---------------------|--------------------|
| <b>Behavioral Health Care</b>   |                    |                    |                     |                    |
| <b>Adherence to Antipsychotic Medications for Individuals With Schizophrenia</b>  |                    |                    |                     |                    |
| <i>Adherence to Antipsychotic Medications for Individuals With Schizophrenia<sup>H</sup></i>                                    | —                  | 59.11%             | 60.57%              | 25th–49th          |
| <b>Antidepressant Medication Management</b>   |                    |                    |                     |                    |
| <i>Effective Acute Phase Treatment—Ages 18 to 64 Years<sup>H</sup></i>  | —                  | 57.44%             | 62.96% <sup>^</sup> | WTSA               |
| <i>Effective Acute Phase Treatment—Ages 65 Years and Older<sup>H</sup></i>  | —                  | NA                 | 78.79%              | BTSA               |
| <i>Effective Continuation Phase Treatment—Ages 18 to 64 Years<sup>H</sup></i>   | —                  | 39.67%             | 43.84%              | WTSA               |
| <i>Effective Continuation Phase Treatment—Ages 65 Years and Older<sup>H</sup></i>   | —                  | NA                 | 42.42%              | WTSA               |
| <b>Diabetes Care for People With Serious Mental Illness—HbA1c Poor Control (&gt;9.0%)</b>                                       |                    |                    |                     |                    |
| <i>Ages 18 to 64 Years<sup>*,H</sup></i>  | —                  | 58.37%             | 56.28%              | WTSA               |
| <i>Ages 65 to 75 Years<sup>*,H</sup></i>  | —                  | NA                 | NA                  | —                  |
| <b>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications</b>             |                    |                    |                     |                    |
| <i>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications<sup>H</sup></i> | —                  | 75.52%             | 79.22%              | 25th–49th          |
| <b>Follow-Up After Emergency Department Visit for Mental Illness</b>  |                    |                    |                     |                    |
| <i>7-Day Follow-Up—Ages 6 to 17 Years<sup>H</sup></i>   | —                  | —                  | NA                  | —                  |
| <i>7-Day Follow-Up—Ages 18 to 64 Years<sup>H</sup></i>  | —                  | 38.74%             | 31.51%              | 25th–49th          |
| <i>7-Day Follow-Up—65 Years and Older<sup>H</sup></i>   | —                  | NA                 | NA                  | —                  |
| <i>30-Day Follow-Up—Ages 6 to 17 Years<sup>H</sup></i>  | —                  | —                  | NA                  | —                  |
| <i>30-Day Follow-Up—Ages 18 to 64 Years<sup>H</sup></i>   | —                  | 54.05%             | 46.12%              | 25th–49th          |
| <i>30-Day Follow-Up—65 Years and Older<sup>H</sup></i>  | —                  | NA                 | NA                  | —                  |
| <b>Follow-Up After Emergency Department Visit for Substance Use</b>   |                    |                    |                     |                    |
| <i>7-Day Follow-Up—Ages 13 to 17 Years<sup>H</sup></i>  | —                  | —                  | NA                  | —                  |
| <i>7-Day Follow-Up—Ages 18 to 64 Years<sup>H</sup></i>  | —                  | —                  | 21.69%              | —                  |
| <i>7-Day Follow-Up—Ages 65 Years and Older<sup>H</sup></i>  | —                  | —                  | NA                  | —                  |
| <i>30-Day Follow-Up—Ages 13 to 17 Years<sup>H</sup></i>   | —                  | —                  | NA                  | —                  |
| <i>30-Day Follow-Up—Ages 18 to 64 Years<sup>H</sup></i>   | —                  | —                  | 36.11%              | —                  |
| <i>30-Day Follow-Up—Ages 65 Years and Older<sup>H</sup></i>   | —                  | —                  | NA                  | —                  |
| <b>Follow-Up After Hospitalization for Mental Illness</b>   |                    |                    |                     |                    |
| <i>7-Day Follow-Up—Ages 6 to 17 Years<sup>H</sup></i>   | —                  | NA                 | NA                  | —                  |
| <i>7-Day Follow-Up—Ages 18 to 64 Years<sup>H</sup></i>  | —                  | 38.84%             | 33.98%              | 50th–74th          |
| <i>7-Day Follow-Up—Ages 65 Years and Older<sup>H</sup></i>  | —                  | NA                 | NA                  | —                  |
| <i>30-Day Follow-Up—Ages 6 to 17 Years<sup>H</sup></i>  | —                  | NA                 | NA                  | —                  |
| <i>30-Day Follow-Up—Ages 18 to 64 Years<sup>H</sup></i>   | —                  | 56.51%             | 52.65%              | 25th–49th          |

| Performance Measures  | HEDIS MY 2020 Rate | HEDIS MY 2021 Rate | HEDIS MY 2022 Rate | Percentile Ranking |
|---|--------------------|--------------------|--------------------|--------------------|
| <i>30-Day Follow-Up—Ages 65 Years and Older<sup>H</sup></i>                       | —                  | NA                 | NA                 | —                  |
| <b>Follow-Up Care for Children Prescribed ADHD Medication</b>                     |                    |                    |                    |                    |
| <i>Initiation Phase<sup>H</sup></i>   | NA                 | NA                 | NA                 | —                  |
| <i>Continuation and Maintenance Phase<sup>H</sup></i>                             | NA                 | NA                 | NA                 | —                  |
| <b>Initiation and Engagement of Substance Use Disorder Treatment</b>              |                    |                    |                    |                    |
| <i>Initiation of SUD Treatment—Alcohol—Ages 18 to 64 Years<sup>H</sup></i>        | —                  | —                  | 35.16%             | —                  |
| <i>Initiation of SUD Treatment—Alcohol—Ages 65 Years and Older<sup>H</sup></i>    | —                  | —                  | 36.36%             | —                  |
| <i>Initiation of SUD Treatment—Opioid—Ages 18 to 64 Years<sup>H</sup></i>         | —                  | —                  | 37.83%             | —                  |
| <i>Initiation of SUD Treatment—Opioid—Ages 65 Year and Older<sup>H</sup></i>      | —                  | —                  | NA                 | —                  |
| <i>Initiation of SUD Treatment—Other Drug—Ages 18 to 64 Years<sup>H</sup></i>     | —                  | —                  | 29.65%             | —                  |
| <i>Initiation of SUD Treatment—Other Drug—Ages 65 Years and Older<sup>H</sup></i> | —                  | —                  | NA                 | —                  |
| <i>Initiation of SUD Treatment—Total—Ages 18 to 64 Years<sup>H</sup></i>          | —                  | —                  | 33.01%             | —                  |
| <i>Initiation of SUD Treatment—Total—Ages 65 Years and Older<sup>H</sup></i>      | —                  | —                  | 36.49%             | —                  |
| <i>Engagement of SUD Treatment—Alcohol—Ages 18 to 64 Years<sup>H</sup></i>        | —                  | —                  | 12.84%             | —                  |
| <i>Engagement of SUD Treatment—Alcohol—Ages 65 Years and Older<sup>H</sup></i>    | —                  | —                  | 3.03%              | —                  |
| <i>Engagement of SUD Treatment—Opioid—Ages 18 to 64 Years<sup>H</sup></i>         | —                  | —                  | 23.22%             | —                  |
| <i>Engagement of SUD Treatment—Opioid—Ages 65 Years and Older<sup>H</sup></i>     | —                  | —                  | NA                 | —                  |
| <i>Engagement of SUD Treatment—Other Drug—Ages 18 to 64 Years<sup>H</sup></i>     | —                  | —                  | 12.15%             | —                  |
| <i>Engagement of SUD Treatment—Other Drug—Ages 65 Years and Older</i>             | —                  | —                  | NA                 | —                  |
| <i>Engagement of SUD Treatment—Total—Ages 18 to 64 Years<sup>H</sup></i>          | —                  | —                  | 13.65%             | —                  |
| <i>Engagement of SUD Treatment—Total—Ages 65 Years and Older<sup>H</sup></i>      | —                  | —                  | 1.35%              | —                  |
| <b>Metabolic Monitoring for Children and Adolescents on Antipsychotics</b>        |                    |                    |                    |                    |
| <i>Blood Glucose Testing—Ages 1 to 11 Years<sup>H</sup></i>                       | NA                 | NA                 | NA                 | —                  |
| <i>Blood Glucose Testing—Ages 12 to 17 Years<sup>H</sup></i>                      | NA                 | 46.88%             | NA                 | —                  |
| <i>Blood Glucose Testing—Total<sup>H</sup></i>                                    | 62.50%             | 47.37%             | NA                 | —                  |
| <i>Cholesterol Testing—Ages 1 to 11 Years<sup>H</sup></i>                         | NA                 | NA                 | NA                 | —                  |
| <i>Cholesterol Testing—Ages 12 to 17 Years<sup>H</sup></i>                        | NA                 | 40.63%             | NA                 | —                  |
| <i>Cholesterol Testing—Total<sup>H</sup></i>                                      | 34.38%             | 36.84%             | NA                 | —                  |
| <i>Blood Glucose and Cholesterol Testing—Ages 1 to 11 Years<sup>H</sup></i>       | NA                 | NA                 | NA                 | —                  |
| <i>Blood Glucose and Cholesterol Testing—Ages 12 to 17 Years<sup>H</sup></i>      | NA                 | 37.50%             | NA                 | —                  |
| <i>Blood Glucose and Cholesterol Testing—Total<sup>H</sup></i>                    | 34.38%             | 34.21%             | NA                 | —                  |
| <b>Screening for Depression and Follow-Up Plan</b>                                |                    |                    |                    |                    |
| <i>Ages 12 to 17 Years<sup>SA</sup></i>   | —                  | 7.69%              | 8.23%              | WTSA               |
| <i>Ages 18 to 64 Years<sup>SA</sup></i>   | —                  | 7.28%              | 7.69%              | WTSA               |
| <i>Ages 65 Years and Older<sup>SA</sup></i>                                       | —                  | 2.37%              | 2.89%              | WTSA               |

| Performance Measures  | HEDIS MY 2020 Rate | HEDIS MY 2021 Rate | HEDIS MY 2022 Rate | Percentile Ranking |
|---|--------------------|--------------------|--------------------|--------------------|
| <b>Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics</b> |                    |                    |                    |                    |
| <i>Ages 1 to 11 Years<sup>H</sup></i>   | —                  | NA                 | NA                 | —                  |
| <i>Ages 12 to 17 Years<sup>H</sup></i>  | —                  | NA                 | NA                 | —                  |
| <i>Total<sup>H</sup></i>  | —                  | NA                 | NA                 | —                  |
| <b>Use of Pharmacotherapy for Opioid Use Disorder</b>                                     |                    |                    |                    |                    |
| <i>Rate 1: Total<sup>SA</sup></i>   | —                  | 52.74%             | 63.56%^            | BTSA               |
| <i>Rate 2: Buprenorphine<sup>SA</sup></i>   | —                  | 31.66%             | 36.44%^            | WTSA               |
| <i>Rate 3: Oral Naltrexone<sup>SA</sup></i>   | —                  | 4.13%              | 4.10%              | BTSA               |
| <i>Rate 4: Long-Acting, Injectable Naltrexone<sup>SA</sup></i>                            | —                  | 0.72%              | 0.93%              | WTSA               |
| <i>Rate 5: Methadone<sup>SA</sup></i>   | —                  | 20.54%             | 29.17%^            | BTSA               |
| <b>Use of Services</b>  |                    |                    |                    |                    |
| <b>Ambulatory Care: ED Visits</b>   |                    |                    |                    |                    |
| <i>&lt;1 Year<sup>*,SA</sup></i>  | —                  | 32.76              | NA                 | —                  |
| <i>Ages 1 to 9 Years<sup>*,SA</sup></i>   | —                  | 35.46              | 420.68             | —                  |
| <i>Ages 10 to 19 Years<sup>*,SA</sup></i>   | —                  | NA                 | 520.84             | —                  |
| <i>Total (Ages 0 to 19 Years)<sup>*,H</sup></i>   | —                  | 34.94              | 502.90             | —                  |
| <b>PQI 01: Diabetes Short-Term Complications Admission Rate</b>                           |                    |                    |                    |                    |
| <i>Ages 18 to 64 Years<sup>*,SA</sup></i>   | —                  | 27.29              | 11.13              | —                  |
| <i>Ages 65 Years and Older<sup>*,SA</sup></i>   | —                  | 18.41              | 9.51               | —                  |
| <b>PQI 05: COPD or Asthma in Older Adults Admission Rate</b>                              |                    |                    |                    |                    |
| <i>Ages 40 to 64 Years<sup>*,SA</sup></i>   | —                  | 258.84             | 9.03               | —                  |
| <i>Ages 65 Years and Older<sup>*,SA</sup></i>   | —                  | 1210.72            | 25.36              | —                  |
| <b>PQI 08: Heart Failure Admission Rate</b>   |                    |                    |                    |                    |
| <i>Ages 18 to 64 Years<sup>*,SA</sup></i>   | —                  | 76.05              | 5.20               | —                  |
| <i>Ages 65 Years and Older<sup>*,SA</sup></i>   | —                  | 1033.38            | 28.53              | —                  |
| <b>PQI 15: Asthma in Younger Adults Admission Rate</b>                                    |                    |                    |                    |                    |
| <i>Ages 18 to 39 Years<sup>*,SA</sup></i>   | —                  | 6.65               | 2.37               | —                  |
| <b>Plan All-Cause Readmissions</b>  |                    |                    |                    |                    |
| <i>Observed Readmissions<sup>H</sup></i>  | 9.34%              | 7.92%              | 7.96%              | —                  |
| <i>Expected Readmissions<sup>H</sup></i>  | —                  | 9.83%              | 9.88%              | —                  |
| <i>O/E Ratio<sup>*,H</sup></i>  | 0.93               | 0.81               | 0.8054             | —                  |
| <i>Outlier Rate<sup>H</sup></i>   | —                  | —                  | 33.91              | —                  |

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

<sup>H</sup> indicates that the measure is a HEDIS measure and can be compared to NCQA benchmarks.

<sup>SA</sup> 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 there was no benchmark for comparison.

BTSA indicates the reported rate was better than the statewide average.

WTSA indicates the reported rate was worse than the statewide average.

## Colorado Medicaid Weighted Average Trend Table

Given that the MCOs varied in membership size, the statewide average rate for each measure was weighted based on the MCOs' eligible populations. For the MCOs with rates reported as *Small Denominator (NA)*, the numerators, denominators, and eligible populations were included in the calculations of the statewide rate. Non-reportable rates such as *NA* were excluded when calculating plan rate range.

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

| Performance Measures                           | HEDIS MY 2020 Rate | HEDIS MY 2021 Rate | HEDIS MY 2022 Rate | Plan Rate Range |
|--|--------------------|--------------------|--------------------|-----------------|
| <b>Primary Care Access and Preventive Care</b> |                    |                    |                    |                 |
| <b>Breast Cancer Screening</b>                 |                    |                    |                    |                 |
| <i>Ages 52 to 64 Years<sup>H</sup></i>         | —                  | 41.29%             | 45.65%^            | 44.34%–46.91%   |
| <i>Ages 65 to 74 Years<sup>H</sup></i>         | —                  | 34.32%             | 37.87%^            | 35.82%–41.15%   |
| <b>Cervical Cancer Screening</b>               |                    |                    |                    |                 |
| <i>Cervical Cancer Screening<sup>H</sup></i>   | 40.72%             | 40.67%             | 37.73%             | 34.24%–42.38%   |
| <b>Child and Adolescent Well-Care Visits</b>   |                    |                    |                    |                 |
| <i>Ages 3 to 11 Years<sup>H</sup></i>          | 39.94%             | 51.66%             | 52.96%             | 51.35%–52.97%   |
| <i>Ages 12 to 17 Years<sup>H</sup></i>         | 14.45%             | 43.77%             | 45.79%             | 45.59%–59.12%   |
| <i>Ages 18 to 21 Years<sup>H</sup></i>         | 47.04%             | 15.37%             | 15.60%             | 15.57%–15.95%   |
| <i>Total<sup>H</sup></i>                       | 38.32%             | 41.16%             | 42.55%             | 28.73%–42.90%   |
| <b>Childhood Immunization Status</b>           |                    |                    |                    |                 |
| <i>DTaP<sup>H</sup></i>                        | 69.44%             | 65.95%             | 75.25%^            | 75.25%          |
| <i>IPV<sup>H</sup></i>                         | 82.14%             | 75.73%             | 85.59%^            | 85.59%          |
| <i>MMR<sup>H</sup></i>                         | 83.98%             | 76.88%             | 85.69%^            | 85.69%          |
| <i>HiB<sup>H</sup></i>                         | 81.87%             | 77.21%             | 84.69%^            | 84.69%          |
| <i>Hepatitis B<sup>H</sup></i>                 | 85.03%             | 74.41%             | 88.77%^            | 88.77%          |
| <i>VZV<sup>H</sup></i>                         | 83.63%             | 76.94%             | 85.39%^            | 85.39%          |
| <i>Hepatitis A<sup>H</sup></i>                 | 82.49%             | 77.27%             | 85.29%^            | 85.29%          |
| <i>Pneumococcal Conjugate<sup>H</sup></i>      | 74.17%             | 68.15%             | 77.04%^            | 77.04%          |
| <i>Rotavirus<sup>H</sup></i>                   | 63.66%             | 60.24%             | 64.71%^            | 64.71%          |
| <i>Influenza<sup>H</sup></i>                   | 50.26%             | 52.11%             | 53.78%             | 53.78%          |
| <i>Combination 3<sup>H</sup></i>               | 67.95%             | 61.94%             | 72.47%^            | 72.47%          |
| <i>Combination 7<sup>H</sup></i>               | 57.71%             | 53.10%             | 59.64%^            | 59.64%          |
| <i>Combination 10<sup>H</sup></i>              | 40.11%             | 40.25%             | 42.05%             | 42.05%          |
| <b>Chlamydia Screening in Women</b>            |                    |                    |                    |                 |
| <i>Ages 16 to 20 Years<sup>H</sup></i>         | 65.17%             | 75.11%             | 76.08%             | 39.34%–77.04%   |
| <i>Ages 21 to 24 Years<sup>H</sup></i>         | 56.31%             | 57.93%             | 62.14%^            | 49.60%–70.33%   |

| Performance Measures   | HEDIS MY 2020 Rate | HEDIS MY 2021 Rate | HEDIS MY 2022 Rate | Plan Rate Range |
|--|--------------------|--------------------|--------------------|-----------------|
| <b>Colorectal Cancer Screening</b>   |                    |                    |                    |                 |
| Ages 46 to 49 Years <sup>H</sup>   | —                  | —                  | 15.09%             | 14.01%–16.69%   |
| Ages 50 to 64 Years <sup>H</sup>   | —                  | —                  | 31.24%             | 27.05%–36.63%   |
| Ages 65 Years and Older <sup>H</sup>   | —                  | —                  | 34.20%             | 32.99%–36.43%   |
| <b>Developmental Screening in the First Three Years of Life</b>                                      |                    |                    |                    |                 |
| 1 Year <sup>SA</sup>   | —                  | NA                 | 48.58%             | 48.58%          |
| 2 Years <sup>SA</sup>  | —                  | NA                 | 75.84%             | 75.81%          |
| 3 Years <sup>SA</sup>  | —                  | NA                 | 58.86%             | 58.92%          |
| Total <sup>SA</sup>  | —                  | NA                 | 60.78%             | 60.80%          |
| <b>Immunizations for Adolescents</b>   |                    |                    |                    |                 |
| Meningococcal <sup>H</sup>   | 78.03%             | 66.55%             | 72.34%^            | 72.22%–80.00%   |
| Tdap <sup>H</sup>  | 77.56%             | 66.95%             | 74.65%^            | 74.52%–83.33%   |
| HPV <sup>H</sup>   | 46.59%             | 36.62%             | 37.03%             | 26.67%–37.19%   |
| Combination 1 <sup>H</sup>   | 75.51%             | 64.92%             | 71.89%^            | 71.77%–80.00%   |
| Combination 2 <sup>H</sup>   | 44.87%             | 35.48%             | 36.69%             | 26.67%–36.84%   |
| <b>Lead Screening in Children</b>  |                    |                    |                    |                 |
| Lead Screening in Children <sup>H</sup>  | —                  | —                  | 61.16%             | 61.16%          |
| <b>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</b> |                    |                    |                    |                 |
| BMI Percentile—Ages 3 to 11 Years <sup>H</sup>   | 65.05%             | 70.47%             | 67.56%             | 20.65%–68.01%   |
| BMI Percentile—Ages 12 to 17 Years <sup>H</sup>  | 63.32%             | 67.74%             | 67.33%             | 25.17%–68.21%   |
| BMI Percentile—Total <sup>H</sup>  | 64.36%             | 69.35%             | 67.47%             | 23.40%–68.09%   |
| Counseling for Nutrition—Ages 3 to 11 Years <sup>H</sup>   | 71.67%             | 76.44%             | 74.55%             | 30.43%–74.96%   |
| Counseling for Nutrition—Ages 12 to 17 Years <sup>H</sup>  | 65.04%             | 69.23%             | 69.46%             | 23.08%–70.43%   |
| Counseling for Nutrition—Total <sup>H</sup>  | 69.02%             | 73.46%             | 72.44%             | 25.96%–73.10%   |
| Counseling for Physical Activity—Ages 3 to 11 Years <sup>H</sup>                                     | 70.68%             | 75.47%             | 73.21%             | 13.04%–73.78%   |
| Counseling for Physical Activity—Ages 12 to 17 Years <sup>H</sup>                                    | 64.04%             | 68.37%             | 68.22%             | 13.29%–69.36%   |
| Counseling for Physical Activity—Total <sup>H</sup>  | 68.02%             | 72.54%             | 71.14%             | 13.19%–71.96%   |
| <b>Well-Child Visits in the First 30 Months of Life</b>  |                    |                    |                    |                 |
| Well-Child Visits in the First 15 Months of Life—Six or More Well-Child Visits <sup>H</sup>          | 54.69%             | 54.34%             | 58.28%             | 58.28%          |
| Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits <sup>H</sup>          | 57.22%             | 54.39%             | 59.29%^            | 59.29%          |
| <b>Maternal and Perinatal Health</b>   |                    |                    |                    |                 |
| <b>Contraceptive Care—All Women</b>  |                    |                    |                    |                 |
| MMEC—Ages 15 to 20 Years <sup>SA</sup>   | —                  | 33.58%             | 21.05%^^           | 20.68%–30.09%   |
| MMEC—Ages 21 to 44 Years <sup>SA</sup>   | —                  | 20.17%             | 19.21%             | 18.89%–19.57%   |
| LARC—Ages 15 to 20 Years <sup>SA</sup>   | —                  | 6.51%              | 5.36%              | 5.30%–6.94%     |



| Performance Measures  | HEDIS MY 2020 Rate | HEDIS MY 2021 Rate | HEDIS MY 2022 Rate | Plan Rate Range |
|---|--------------------|--------------------|--------------------|-----------------|
| <i>LARC—Ages 21 to 44 Years<sup>SA</sup></i>                                | —                  | 4.87%              | 4.63%              | 4.27%–4.95%     |
| <b>Contraceptive Care—Postpartum Women</b>                                  |                    |                    |                    |                 |
| <i>MMEC—3 Days—Ages 15 to 20 Years<sup>SA</sup></i>                         | —                  | 0.00%              | 23.46%^            | 25.68%          |
| <i>MMEC—3 Days—Ages 21 to 44 Years<sup>SA</sup></i>                         | —                  | 5.77%              | 17.51%^            | 6.70%–27.59%    |
| <i>MMEC—90 Days—Ages 15 to 20 Years<sup>SA</sup></i>                        | —                  | 34.78%             | 60.49%^            | 59.46%          |
| <i>MMEC—90 Days—Ages 21 to 44 Years<sup>SA</sup></i>                        | —                  | 40.74%             | 49.53%^            | 42.16%–56.40%   |
| <i>LARC—3 Days—Ages 15 to 20 Years<sup>SA</sup></i>                         | —                  | 0.00%              | 6.17%              | 6.76%           |
| <i>LARC—3 Days—Ages 21 to 44 Years<sup>SA</sup></i>                         | —                  | 0.00%              | 5.52%^             | 0.49%–10.21%    |
| <i>LARC—90 Days—Ages 15 to 20 Years<sup>SA</sup></i>                        | —                  | 19.57%             | 28.40%             | 27.03%          |
| <i>LARC—90 Days—Ages 21 to 44 Years<sup>SA</sup></i>                        | —                  | 16.56%             | 21.69%^            | 17.16%–25.91%   |
| <b>Prenatal and Postpartum Care</b>   |                    |                    |                    |                 |
| <i>Timeliness of Prenatal Care<sup>H</sup></i>                              | 70.45%             | 68.76%             | 65.21%^^           | 49.83%–77.26%   |
| <i>Postpartum Care<sup>H</sup></i>  | 51.65%             | 54.89%             | 54.90%             | 36.32%–69.45%   |
| <b>Care of Acute and Chronic Conditions</b>                                 |                    |                    |                    |                 |
| <b>Asthma Medication Ratio</b>  |                    |                    |                    |                 |
| <i>Ages 5 to 11 Years<sup>H</sup></i>                                       | —                  | 56.48%             | 61.29%             | 62.50%          |
| <i>Ages 12 to 18 Years<sup>H</sup></i>                                      | —                  | 64.10%             | 52.81%             | 53.49%          |
| <i>Total (Ages 5 to 18 Years)<sup>H</sup></i>                               | —                  | 59.68%             | 57.14%             | 58.05%          |
| <i>Ages 19 to 50 Years<sup>H</sup></i>                                      | —                  | 51.58%             | 54.99%             | 51.71%–57.91%   |
| <i>Ages 51 to 64 Years<sup>H</sup></i>                                      | —                  | 53.33%             | 57.75%             | 52.50%–62.32%   |
| <i>Total (Ages 19 to 64 Years)<sup>H</sup></i>                              | —                  | 52.00%             | 55.70%             | 51.91%–59.06%   |
| <b>Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis</b> |                    |                    |                    |                 |
| <i>3 Months–17 Years<sup>H</sup></i>  | 95.44%             | —                  | 96.52%             | 96.52%          |
| <i>Ages 18 to 64 Years<sup>H</sup></i>                                      | 51.60%             | —                  | 54.17%             | 48.05%–68.26%   |
| <i>Ages 65 Years and Older<sup>H</sup></i>                                  | NA                 | —                  | NA                 | —               |
| <b>Concurrent Use of Opioids and Benzodiazepines</b>                        |                    |                    |                    |                 |
| <i>Ages 18 to 64 Years<sup>*,SA</sup></i>                                   | —                  | 14.93%             | 8.17%^^            | 10.26%–5.74%    |
| <i>Ages 65 Years and Older<sup>*,SA</sup></i>                               | —                  | 19.29%             | 7.74%^^            | 6.52%           |
| <b>Controlling High Blood Pressure</b>                                      |                    |                    |                    |                 |
| <i>Ages 18 to 64 Years<sup>H</sup></i>                                      | —                  | 36.77%             | 35.12%             | 22.00%–47.93%   |
| <i>Ages 65 to 85 Years<sup>H</sup></i>                                      | —                  | 42.45%             | 43.93%             | 23.06%–56.64%   |
| <b>Hemoglobin A1c Control for Patients With Diabetes</b>                    |                    |                    |                    |                 |
| <i>HbA1c Control (&lt;8.0%)—Ages 18 to 64 Years<sup>H</sup></i>             | —                  | —                  | 39.73%             | 32.65%–44.94%   |
| <i>HbA1c Control (&lt;8.0%)—Ages 65 to 75 Years<sup>H</sup></i>             | —                  | —                  | 47.79%             | 40.00%–51.44%   |
| <i>Poor HbA1c Control (&gt;9.0%)—Ages 18 to 64 Years<sup>*,H</sup></i>      | —                  | 69.74%             | 52.03%^            | 61.39%–45.15%   |
| <i>Poor HbA1c Control (&gt;9.0%)—Ages 65 to 75 Years<sup>*,H</sup></i>      | —                  | 66.67%             | 42.40%^            | 52.31%–37.77%   |

| Performance Measures  | HEDIS MY 2020 Rate | HEDIS MY 2021 Rate | HEDIS MY 2022 Rate | Plan Rate Range |
|---|--------------------|--------------------|--------------------|-----------------|
| <b>HIV Viral Load Suppression</b>   |                    |                    |                    |                 |
| Ages 18 to 64 Years <sup>SA</sup>   | —                  | 0.00%              | 0.00%              | 0.00%           |
| Ages 65 Years and Older <sup>SA</sup>   | —                  | NA                 | NA                 | —               |
| <b>Use of Opioids at High Dosage in Persons Without Cancer</b>  |                    |                    |                    |                 |
| Ages 18 to 64 Years <sup>*,SA</sup>   | —                  | 4.11%              | 4.06%              | 5.04%–3.36%     |
| Ages 65 Years and Older <sup>*,SA</sup>   | —                  | 2.48%              | 5.07%              | 4.88%           |
| <b>Behavioral Health Care</b>   |                    |                    |                    |                 |
| <b>Adherence to Antipsychotic Medications for Individuals With Schizophrenia</b>  |                    |                    |                    |                 |
| Adherence to Antipsychotic Medications for Individuals With Schizophrenia <sup>H</sup>                                    | —                  | 53.83%             | 54.29%             | 47.15%–60.57%   |
| <b>Antidepressant Medication Management</b>   |                    |                    |                    |                 |
| Effective Acute Phase Treatment—Ages 18 to 64 Years <sup>H</sup>  | —                  | 60.87%             | 64.50%^            | 62.96%–66.37%   |
| Effective Acute Phase Treatment—Ages 65 Years and Older <sup>H</sup>  | —                  | 74.36%             | 77.65%             | 76.92%–78.79%   |
| Effective Continuation Phase Treatment—Ages 18 to 64 Years <sup>H</sup>   | —                  | 41.07%             | 45.06%^            | 43.84%–46.53%   |
| Effective Continuation Phase Treatment—Ages 65 Years and Older <sup>H</sup>   | —                  | 64.10%             | 49.41%             | 42.42%–53.85%   |
| <b>Diabetes Care for People With Serious Mental Illness—HbA1c Poor Control (&gt;9.0%)</b>                                 |                    |                    |                    |                 |
| Ages 18 to 64 Years <sup>*H</sup>   | —                  | 58.37%             | 55.26%             | 54.98%–53.93%   |
| Ages 65 to 75 Years <sup>*H</sup>   | —                  | NA                 | 32.14%             | —               |
| <b>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications</b>       |                    |                    |                    |                 |
| Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications <sup>H</sup> | —                  | 79.50%             | 81.57%             | 79.22%–85.52%   |
| <b>Follow-Up After Emergency Department Visit for Mental Illness</b>  |                    |                    |                    |                 |
| 7-Day Follow-Up—Ages 6 to 17 Years <sup>H</sup>   | —                  | —                  | 9.20%              | 9.30%           |
| 7-Day Follow-Up—Ages 18 to 64 Years <sup>H</sup>  | —                  | 26.47%             | 21.34%^            | 16.74%–31.51%   |
| 7-Day Follow-Up—65 Years and Older <sup>H</sup>   | —                  | NA                 | NA                 | —               |
| 30-Day Follow-Up—Ages 6 to 17 Years <sup>H</sup>  | —                  | —                  | 26.44%             | 25.58%          |
| 30-Day Follow-Up—Ages 18 to 64 Years <sup>H</sup>   | —                  | 36.30%             | 31.01%^            | 24.17%–46.12%   |
| 30-Day Follow-Up—65 Years and Older <sup>H</sup>  | —                  | NA                 | NA                 | —               |
| <b>Follow-Up After Emergency Department Visit for Substance Use</b>   |                    |                    |                    |                 |
| 7-Day Follow-Up—Ages 13 to 17 Years <sup>H</sup>  | —                  | —                  | 17.65%             | 17.65%          |
| 7-Day Follow-Up—Ages 18 to 64 Years <sup>H</sup>  | —                  | —                  | 21.04%             | 20.78%–21.69%   |
| 7-Day Follow-Up—Ages 65 Years and Older <sup>H</sup>  | —                  | —                  | 11.67%             | 14.89%          |
| 30-Day Follow-Up—Ages 13 to 17 Years <sup>H</sup>   | —                  | —                  | 23.53%             | 23.53%          |
| 30-Day Follow-Up—Ages 18 to 64 Years <sup>H</sup>   | —                  | —                  | 30.56%             | 28.33%–36.11%   |

| Performance Measures  | HEDIS MY 2020 Rate | HEDIS MY 2021 Rate | HEDIS MY 2022 Rate | Plan Rate Range |
|---|--------------------|--------------------|--------------------|-----------------|
| <i>30-Day Follow-Up—Ages 65 Years and Older<sup>H</sup></i>                       | —                  | —                  | 20.00%             | 21.28%          |
| <b>Follow-Up After Hospitalization for Mental Illness</b>                         |                    |                    |                    |                 |
| <i>7-Day Follow-Up—Ages 6 to 17 Years<sup>H</sup></i>                             | —                  | NA                 | NA                 | —               |
| <i>7-Day Follow-Up—Ages 18 to 64 Years<sup>H</sup></i>                            | —                  | 33.98%             | 28.18%             | 2.47%–33.98%    |
| <i>7-Day Follow-Up—Ages 65 Years and Older<sup>H</sup></i>                        | —                  | NA                 | NA                 | —               |
| <i>30-Day Follow-Up—Ages 6 to 17 Years<sup>H</sup></i>                            | —                  | NA                 | NA                 | —               |
| <i>30-Day Follow-Up—Ages 18 to 64 Years<sup>H</sup></i>                           | —                  | 50.00%             | 46.14%             | 17.28%–52.65%   |
| <i>30-Day Follow-Up—Ages 65 Years and Older<sup>H</sup></i>                       | —                  | NA                 | NA                 | —               |
| <b>Follow-Up Care for Children Prescribed ADHD Medication</b>                     |                    |                    |                    |                 |
| <i>Initiation Phase<sup>H</sup></i>   | 41.67%             | 31.87%             | 40.50%             | 38.89%          |
| <i>Continuation and Maintenance Phase<sup>H</sup></i>                             | NA                 | NA                 | NA                 | —               |
| <b>Initiation and Engagement of Substance Use Disorder Treatment</b>              |                    |                    |                    |                 |
| <i>Initiation of SUD Treatment—Alcohol—Ages 18 to 64 Years<sup>H</sup></i>        | —                  | 41.03%             | 38.29%             | 35.16%–40.11%   |
| <i>Initiation of SUD Treatment—Alcohol—Ages 65 Years and Older<sup>H</sup></i>    | —                  | 61.05%             | 52.08%             | 36.36%–56.76%   |
| <i>Initiation of SUD Treatment—Opioid—Ages 18 to 64 Years<sup>H</sup></i>         | —                  | 54.44%             | 46.59%             | 37.83%–50.81%   |
| <i>Initiation of SUD Treatment—Opioid—Ages 65 Year and Older<sup>H</sup></i>      | —                  | NA                 | 57.45%             | 60.00%          |
| <i>Initiation of SUD Treatment—Other Drug—Ages 18 to 64 Years<sup>H</sup></i>     | —                  | 40.41%             | 35.73%             | 29.65%–40.10%   |
| <i>Initiation of SUD Treatment—Other Drug—Ages 65 Years and Older<sup>H</sup></i> | —                  | 51.52%             | 45.28%             | —               |
| <i>Initiation of SUD Treatment—Total—Ages 18 to 64 Years<sup>H</sup></i>          | —                  | 42.16%             | 38.30%             | 33.01%–41.59%   |
| <i>Initiation of SUD Treatment—Total—Ages 65 Years and Older<sup>H</sup></i>      | —                  | 61.38%             | 51.64%             | 36.49%–58.24%   |
| <i>Engagement of SUD Treatment—Alcohol—Ages 18 to 64 Years<sup>H</sup></i>        | —                  | 6.32%              | 8.92%              | 6.62%–12.84%    |
| <i>Engagement of SUD Treatment—Alcohol—Ages 65 Years and Older<sup>H</sup></i>    | —                  | 6.32%              | 3.47%              | 3.03%–3.60%     |
| <i>Engagement of SUD Treatment—Opioid—Ages 18 to 64 Years<sup>H</sup></i>         | —                  | 14.02%             | 18.00%             | 15.50%–23.22%   |
| <i>Engagement of SUD Treatment—Opioid—Ages 65 Years and Older<sup>H</sup></i>     | —                  | NA                 | 8.51%              | 13.33%          |
| <i>Engagement of SUD Treatment—Other Drug—Ages 18 to 64 Years<sup>H</sup></i>     | —                  | 3.67%              | 7.74%              | 4.57%–12.15%    |
| <i>Engagement of SUD Treatment—Other Drug—Ages 65 Years and Older</i>             | —                  | 3.03%              | 0.00%              | —               |
| <i>Engagement of SUD Treatment—Total—Ages 18 to 64 Years<sup>H</sup></i>          | —                  | 6.40%              | 9.59%              | 7.07%–13.65%    |

| Performance Measures  | HEDIS MY 2020 Rate | HEDIS MY 2021 Rate | HEDIS MY 2022 Rate | Plan Rate Range |
|---|--------------------|--------------------|--------------------|-----------------|
| <i>Engagement of SUD Treatment—Total—Ages 65 Years and Older<sup>H</sup></i>              | —                  | 6.90%              | 3.69%              | 1.35%–4.71%     |
| <b>Metabolic Monitoring for Children and Adolescents on Antipsychotics</b>                |                    |                    |                    |                 |
| <i>Blood Glucose Testing—Ages 1 to 11 Years<sup>H</sup></i>                               | NA                 | NA                 | NA                 | —               |
| <i>Blood Glucose Testing—Ages 12 to 17 Years<sup>H</sup></i>                              | 58.93%             | 59.65%             | 57.78%             | —               |
| <i>Blood Glucose Testing—Total<sup>H</sup></i>  | 55.88%             | 59.09%             | 58.49%             | —               |
| <i>Cholesterol Testing—Ages 1 to 11 Years<sup>H</sup></i>                                 | NA                 | NA                 | NA                 | —               |
| <i>Cholesterol Testing—Ages 12 to 17 Years<sup>H</sup></i>                                | 42.86%             | 47.37%             | 42.22%             | —               |
| <i>Cholesterol Testing—Total<sup>H</sup></i>  | 41.18%             | 45.45%             | 43.40%             | —               |
| <i>Blood Glucose and Cholesterol Testing—Ages 1 to 11 Years<sup>H</sup></i>               | NA                 | NA                 | NA                 | —               |
| <i>Blood Glucose and Cholesterol Testing—Ages 12 to 17 Years<sup>H</sup></i>              | 37.50%             | 45.61%             | 40.00%             | —               |
| <i>Blood Glucose and Cholesterol Testing—Total<sup>H</sup></i>                            | 35.29%             | 43.94%             | 41.51%             | —               |
| <b>Screening for Depression and Follow-Up Plan</b>  |                    |                    |                    |                 |
| <i>Ages 12 to 17 Years<sup>SA</sup></i>   | —                  | 7.69%              | 33.62%^            | 8.23%–34.14%    |
| <i>Ages 18 to 64 Years<sup>SA</sup></i>   | —                  | 7.28%              | 14.42%^            | 7.69%–18.40%    |
| <i>Ages 65 Years and Older<sup>SA</sup></i>   | —                  | 2.37%              | 5.15%              | 2.89%–6.26%     |
| <b>Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics</b> |                    |                    |                    |                 |
| <i>Ages 1 to 11 Years<sup>H</sup></i>   | —                  | NA                 | NA                 | —               |
| <i>Ages 12 to 17 Years<sup>H</sup></i>  | —                  | NA                 | NA                 | —               |
| <i>Total<sup>H</sup></i>  | —                  | NA                 | NA                 | —               |
| <b>Use of Pharmacotherapy for Opioid Use Disorder</b>                                     |                    |                    |                    |                 |
| <i>Rate 1: Total<sup>H</sup></i>  | —                  | 52.74%             | 60.90%^            | 51.62%–63.56%   |
| <i>Rate 2: Buprenorphine<sup>H</sup></i>  | —                  | 31.66%             | 39.17%^            | 36.44%–48.70%   |
| <i>Rate 3: Oral Naltrexone<sup>H</sup></i>  | —                  | 4.13%              | 3.62%              | 1.95%–4.10%     |
| <i>Rate 4: Long-Acting, Injectable Naltrexone<sup>H</sup></i>                             | —                  | 0.72%              | 1.09%              | 0.93%–1.62%     |
| <i>Rate 5: Methadone<sup>H</sup></i>  | —                  | 20.54%             | 22.74%             | 0.32%–29.17%    |
| <b>Use of Services</b>  |                    |                    |                    |                 |
| <b>Ambulatory Care: ED Visits</b>   |                    |                    |                    |                 |
| <i>&lt;1 Year<sup>*SA</sup></i>   | —                  | 288.02             | 773.59             | 773.59          |
| <i>Ages 1 to 9 Years<sup>*SA</sup></i>  | —                  | 239.83             | 376.34             | 420.68–376.07   |
| <i>Ages 10 to 19 Years<sup>*SA</sup></i>  | —                  | 649.07             | 259.01             | 520.84–253.56   |
| <i>Total (Ages 0 to 19 Years)<sup>*H</sup></i>  | —                  | 271.94             | 319.68             | 502.90–317.11   |
| <b>PQI 01: Diabetes Short-Term Complications Admission Rate</b>                           |                    |                    |                    |                 |
| <i>Ages 18 to 64 Years<sup>*SA</sup></i>  | —                  | 27.29              | 14.55              | 11.13–16.69     |
| <i>Ages 65 Years and Older<sup>*SA</sup></i>  | —                  | 18.41              | 3.58               | 0.00–9.51       |

| Performance Measures   | HEDIS MY 2020 Rate | HEDIS MY 2021 Rate | HEDIS MY 2022 Rate | Plan Rate Range |
|--|--------------------|--------------------|--------------------|-----------------|
| <b>PQI 05: COPD or Asthma in Older Adults Admission Rate</b> |                    |                    |                    |                 |
| <i>Ages 40 to 64 Years</i> *. <sup>SA</sup>                  | —                  | 258.84             | 15.27              | 9.03–20.13      |
| <i>Ages 65 Years and Older</i> *. <sup>SA</sup>              | —                  | 1,210.72           | 36.96              | 25.36–43.95     |
| <b>PQI 08: Heart Failure Admission Rate</b>                  |                    |                    |                    |                 |
| <i>Ages 18 to 64 Years</i> *. <sup>SA</sup>                  | —                  | 76.05              | 16.02              | 5.20–24.10      |
| <i>Ages 65 Years and Older</i> *. <sup>SA</sup>              | —                  | 1,033.38           | 236.22             | 28.53–1385.48   |
| <b>PQI 15: Asthma in Younger Adults Admission Rate</b>       |                    |                    |                    |                 |
| <i>Ages 18 to 39 Years</i> *. <sup>SA</sup>                  | —                  | 6.65               | 3.10               | 2.37–3.50       |
| <b>Plan All-Cause Readmissions</b>                           |                    |                    |                    |                 |
| <i>Observed Readmissions</i> <sup>H</sup>                    | 10.45%             | 8.85%              | 8.92%              | 9.54%–7.96%     |
| <i>Expected Readmissions</i> <sup>H</sup>                    | —                  | 9.71%              | 9.64%              | 9.88%–9.49%     |
| <i>O/E Ratio</i> *. <sup>H</sup>                             | 1.0450             | 0.9107             | 0.9247             | 1.0051–0.8054   |
| <i>Outlier Rate</i> <sup>H</sup>                             | —                  | —                  | 43.25              | 49.41–33.91     |

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

<sup>H</sup> indicates that the measure is a HEDIS measure and can be compared to NCQA benchmarks.

<sup>SA</sup> 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 there was no benchmark for comparison.

## 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.<sup>C-1</sup> 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.

Each Colorado Medicaid MCO contracted with an LO to perform the NCQA HEDIS Compliance Audit. For the current measurement year, HSAG did not calculate measures or perform an NCQA HEDIS Compliance Audit for the FFS program; therefore, the following table only summarizes the audit findings for the two Colorado Medicaid MCOs.

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

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

| NCQA’s IS Standards   | HSAG’s Findings Based on MY 2022 FAR Review  |
|---|--|
| <p><b>IS 1.0—Medical Service Data—Sound Coding Methods and Data Capture, Transfer, and Entry</b></p> <ul style="list-style-type: none"> <li>• Industry standard codes are required and captured.</li> <li>• Primary and secondary diagnosis codes are identified.</li> <li>• Nonstandard codes (if used) are mapped to industry standard codes.</li> <li>• Standard submission forms are used.</li> <li>• Timely and accurate data entry processes and sufficient edit checks are used.</li> <li>• Data completeness is continually assessed, and all contracted vendors involved in medical claims processing are monitored.</li> </ul>  | <p>The two 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 the necessary data elements for HEDIS reporting were adequately captured.</p>  |
| <p><b>IS 2.0—Enrollment Data—Data Capture, Transfer, and Entry</b></p> <ul style="list-style-type: none"> <li>• All HEDIS-relevant information for data entry or electronic transmissions of enrollment data is accurate and complete.</li> <li>• Manual entry of enrollment data is timely and accurate, and sufficient edit checks are in place.</li> <li>• The MCOs continually assess data completeness and take steps to improve performance.</li> <li>• The MCOs effectively monitor the quality and accuracy of electronic submissions.</li> <li>• The MCOs have effective control processes for the transmission of enrollment data.</li> </ul>                             | <p>The two 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><b>IS 3.0—Practitioner Data—Data Capture, Transfer, and Entry</b></p> <ul style="list-style-type: none"> <li>• Provider specialties are fully documented and mapped to HEDIS provider specialties.</li> <li>• Effective procedures for submitting HEDIS-relevant information are in place.</li> <li>• Electronic transmissions of practitioner data are checked to ensure accuracy.</li> <li>• Processes and edit checks ensure accurate and timely entry of data into the transaction files.</li> <li>• Data completeness is assessed and steps are taken to improve performance.</li> <li>• Vendors are regularly monitored against expected performance standards.</li> </ul> | <p>The two 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 2022 FAR Review   |
|---|---|
| <p><b>IS 4.0—Medical Record Review Processes—Training, Sampling, Abstraction, and Oversight</b></p> <ul style="list-style-type: none"> <li>Forms or tools used for medical record review capture all fields relevant to HEDIS reporting.</li> <li>Checking procedures are in place to ensure data integrity for electronic transmission of information.</li> <li>Retrieval and abstraction of data from medical records are accurately performed.</li> <li>Data entry processes, including edit checks, are timely and accurate.</li> <li>Data completeness is assessed, including steps to improve performance.</li> <li>Vendor performance is monitored against expected performance standards.</li> </ul>  | <p>The two 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><b>IS 5.0—Supplemental Data—Capture, Transfer, and Entry</b></p> <ul style="list-style-type: none"> <li>Nonstandard coding schemes are fully documented and mapped to industry standard codes.</li> <li>Effective procedures for submitting HEDIS-relevant information are in place.</li> <li>Electronic transmissions of supplemental data are checked to ensure accuracy.</li> <li>Data entry processes, including edit checks, are timely and accurate.</li> <li>Data completeness is assessed, including steps to improve performance.</li> <li>Vendor performance is monitored against expected performance standards.</li> <li>Data approved for electronic clinical data system (ECDS) reporting met reporting requirements.</li> <li>NCQA-certified eCQM (electronic clinical quality measure) data met reporting requirements.</li> </ul> | <p>The two 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 2022 FAR Review   |
|--|---|
| <p><b>IS 6.0 Data Preproduction Processing—Transfer, Consolidation, Control Procedures That Support Measure Reporting Integrity</b></p> <ul style="list-style-type: none"> <li>• Nonstandard coding schemes are fully documented and mapped to industry standard codes. Organization-to-vendor mapping is fully documented.</li> <li>• Data transfers to HEDIS repository from transaction files are accurate and file consolidations, extracts, and derivations are accurate.</li> <li>• Repository structure and formatting is suitable for measures and enable required programming efforts.</li> <li>• Report production is managed effectively and operators perform appropriately.</li> <li>• Vendor performance is monitored against expected performance standards.</li> </ul> | <p>Both MCOs were compliant with IS Standard 6.0 for data preproduction processing.</p> <p>The MCOs’ staff members performed file consolidation and data extractions. Data were verified for accuracy at each data merge point.</p> |
| <p><b>IS 7.0—Data Integration and Reporting—Accurate Reporting, Control Procedures That Support HEDIS Reporting Integrity</b></p> <ul style="list-style-type: none"> <li>• Data transfers to the HEDIS repository from transaction files are accurate.</li> <li>• Report production is managed effectively and operators perform appropriately.</li> <li>• HEDIS reporting software is managed properly.</li> <li>• The organization regularly monitors vendor performance against expected performance standards.</li> </ul>  | <p>Both 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 2022 for measures with a hybrid option, along with the percentile ranking for each MY 2022 hybrid rate.

**Table D-1—MY 2022 Administrative and Hybrid Performance Measure Results for DHMP**

| Performance Measure  | Administrative Rate | Hybrid Rate | Percentile Ranking |
|--|---------------------|-------------|--------------------|
| <b>Primary Care Access and Preventive Care</b>   |                     |             |                    |
| <b>Cervical Cancer Screening</b>   |                     |             |                    |
| <i>Cervical Cancer Screening</i>   | 34.24%              | 39.42%      | <25th              |
| <b>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</b> |                     |             |                    |
| <i>BMI Percentile—Total</i>  | 68.09%              | 91.24%      | ≥90th              |
| <i>Counseling for Nutrition—Total</i>  | 73.10%              | 83.21%      | 75th–89th          |
| <i>Counseling for Physical Activity—Total</i>  | 71.96%              | 81.27%      | ≥90th              |
| <b>Maternal and Perinatal Health</b>   |                     |             |                    |
| <b>Prenatal and Postpartum Care</b>  |                     |             |                    |
| <i>Timeliness of Prenatal Care</i>   | 77.26%              | 80.78%      | 10th–24th          |
| <i>Postpartum Care</i>   | 69.45%              | 76.64%      | 25th–49th          |
| <b>Care of Acute and Chronic Conditions</b>  |                     |             |                    |
| <b>Controlling High Blood Pressure</b>   |                     |             |                    |
| <i>Ages 18 to 64 Years</i>   | 47.93%              | 53.24%      | —                  |
| <i>Ages 65 to 85 Years</i>   | 56.64%              | 50.70%      | —                  |
| <b>Hemoglobin A1c Control for Patients With Diabetes*</b>  |                     |             |                    |
| <i>HbA1c Control (&lt;8.0%)—Ages 18 to 64 Years</i>  | 44.94%              | 53.14%      | —                  |
| <i>HbA1c Control (&lt;8.0%)—Ages 65 to 75 Years</i>  | 51.44%              | 54.10%      | —                  |
| <i>HbA1c Poor Control (&gt;9.0%)—Ages 18 to 64 Years</i>   | 45.15%              | 37.14%      | —                  |
| <i>HbA1c Poor Control (&gt;9.0%)—Ages 65 to 75 Years</i>   | 37.77%              | 36.07%      | —                  |

\*For this measure, a lower rate indicates better performance.  
 — indicates that the rate was not comparable to benchmarks.

Table D-2 shows RMHP Prime’s rates for MY 2022 for measures with a hybrid option, along with the percentile ranking for each MY 2022 hybrid rate.

**Table D-2—MY 2022 Administrative and Hybrid Performance Measure Results for RMHP Prime**

| Performance Measure  | Administrative Rate | Hybrid Rate | Percentile Ranking |
|--|---------------------|-------------|--------------------|
| <b>Primary Care Access and Preventive Care</b>   |                     |             |                    |
| <b>Cervical Cancer Screening</b>   |                     |             |                    |
| Cervical Cancer Screening  | 42.38%              | 56.63%      | 25th–49th          |
| <b>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</b> |                     |             |                    |
| BMI Percentile—Total   | 23.40%              | 85.28%      | 75th–89th          |
| Counseling for Nutrition—Total   | 25.96%              | 82.68%      | 75th–89th          |
| Counseling for Physical Activity—Total   | 13.19%              | 77.92%      | 75th–89th          |
| <b>Maternal and Perinatal Health</b>   |                     |             |                    |
| <b>Prenatal and Postpartum Care</b>  |                     |             |                    |
| Timeliness of Prenatal Care  | 49.83%              | 93.70%      | ≥90th              |
| Postpartum Care  | 36.32%              | 84.81%      | ≥90th              |
| <b>Care of Acute and Chronic Conditions</b>  |                     |             |                    |
| <b>Controlling High Blood Pressure</b>   |                     |             |                    |
| Ages 18 to 64 Years  | 22.00%              | 68.67%      | —                  |
| Ages 65 to 85 Years  | 23.06%              | 62.86%      | —                  |
| <b>Hemoglobin A1c Control for Patients With Diabetes*</b>  |                     |             |                    |
| HbA1c Control (<8.0%)—Ages 18 to 64 Years  | 32.65%              | 51.71%      | —                  |
| HbA1c Control (<8.0%)—Ages 65 to 75 Years  | 40.00%              | 7.07%       | —                  |
| HbA1c Poor Control (>9.0%)—Ages 18 to 64 Years   | 61.39%              | 27.07%      | —                  |
| HbA1c Poor Control (>9.0%)—Ages 65 to 75 Years   | 52.31%              | 2.44%       | —                  |

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

— indicates that the rate was not comparable to benchmarks.

## Appendix E. Colorado Medicaid Weighted Averages

Table E-1 shows the Colorado Medicaid weighted averages for MY 2020 through MY 2022 along with the percentile ranking for each MY 2022 rate. HEDIS rates for MY 2022 shaded green with one caret (^) indicate a statistically significant improvement in performance from the previous year. HEDIS rates for MY 2022 shaded red with two carets (^) indicate a statistically significant decline in performance from the previous year.<sup>E-1</sup> For measures in the Use of Services domain, HSAG reported performance rates compared to the prior year without the application of significance testing. In addition, higher or lower rates do not necessarily indicate better or worse performance for the measures in the Use of Services domain.

**Table E-1—Colorado Medicaid Weighted Averages**

| Performance Measures  | HEDIS MY 2020 Rate | HEDIS MY 2021 Rate | HEDIS MY 2022 Rate | Percentile Ranking |
|---|--------------------|--------------------|--------------------|--------------------|
| <b>Primary Care Access and Preventive Care</b>                  |                    |                    |                    |                    |
| <b>Breast Cancer Screening</b>                                  |                    |                    |                    |                    |
| <i>Ages 52 to 64 Years</i>                                      | —                  | 41.29%             | 45.65%^            | —                  |
| <i>Ages 65 to 74 Years</i>                                      | —                  | 34.32%             | 37.87%^            | —                  |
| <b>Cervical Cancer Screening</b>                                |                    |                    |                    |                    |
| <i>Cervical Cancer Screening</i>                                | 40.72%             | 40.67%             | 37.73%             | <10th              |
| <b>Child and Adolescent Well-Care Visits</b>                    |                    |                    |                    |                    |
| <i>Total</i>  | 38.32%             | 41.16%             | 42.55%             | 10th–24th          |
| <b>Childhood Immunization Status</b>                            |                    |                    |                    |                    |
| <i>Combination 3</i>  | 67.95%             | 61.94%             | 72.47%^            | 75th–89th          |
| <i>Combination 7</i>  | 57.71%             | 53.10%             | 59.64%^            | 75th–89th          |
| <i>Combination 10</i>   | 40.11%             | 40.25%             | 42.05%             | 50th–74th          |
| <b>Chlamydia Screening in Women</b>                             |                    |                    |                    |                    |
| <i>Ages 16 to 20 Years</i>                                      | 65.17%             | 75.11%             | 76.08%             | ≥90th              |
| <i>Ages 21 to 24 Years</i>                                      | 56.31%             | 57.93%             | 62.14%^            | 50th–74th          |
| <b>Colorectal Cancer Screening</b>                              |                    |                    |                    |                    |
| <i>Ages 46 to 49 Years</i>                                      | —                  | —                  | 15.09%             | —                  |
| <i>Ages 50 to 64 Years</i>                                      | —                  | —                  | 31.24%             | —                  |
| <i>Ages 65 Years and Older</i>                                  | —                  | —                  | 34.20%             | —                  |
| <b>Developmental Screening in the First Three Years of Life</b> |                    |                    |                    |                    |
| <i>Total</i>  | —                  | NA                 | 60.78%             | —                  |

<sup>E-1</sup> 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 2021 to MY 2022.



| Performance Measures   | HEDIS MY 2020 Rate | HEDIS MY 2021 Rate | HEDIS MY 2022 Rate | Percentile Ranking |
|--|--------------------|--------------------|--------------------|--------------------|
| <b>Immunizations for Adolescents</b>   |                    |                    |                    |                    |
| Combination 1  | 75.51%             | 64.92%             | 71.89%^            | 10th–24th          |
| Combination 2  | 44.87%             | 35.48%             | 36.69%             | 50th–74th          |
| <b>Lead Screening in Children</b>  |                    |                    |                    |                    |
| Lead Screening in Children   | —                  | —                  | 61.16%             | 25th–49th          |
| <b>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</b> |                    |                    |                    |                    |
| BMI Percentile—Total   | 64.36%             | 69.35%             | 67.47%             | 10th–24th          |
| Counseling for Nutrition—Total   | 69.02%             | 73.46%             | 72.44%             | 50th–74th          |
| Counseling for Physical Activity—Total   | 68.02%             | 72.54%             | 71.14%             | 50th–74th          |
| <b>Well-Child Visits in the First 30 Months of Life</b>  |                    |                    |                    |                    |
| Well-Child Visits in the First 15 Months of Life—Six or More Well-Child Visits                       | 54.69%             | 54.34%             | 58.28%             | 50th–74th          |
| Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits                       | 57.22%             | 54.39%             | 59.29%^            | 10th–24th          |
| <b>Maternal and Perinatal Health</b>   |                    |                    |                    |                    |
| <b>Contraceptive Care—All Women</b>  |                    |                    |                    |                    |
| MMEC—Ages 15 to 20 Years   | —                  | 33.58%             | 21.05%^^           | —                  |
| MMEC—Ages 21 to 44 Years   | —                  | 20.17%             | 19.21%             | —                  |
| LARC—Ages 15 to 20 Years   | —                  | 6.51%              | 5.36%              | —                  |
| LARC—Ages 21 to 44 Years   | —                  | 4.87%              | 4.63%              | —                  |
| <b>Contraceptive Care—Postpartum Women</b>   |                    |                    |                    |                    |
| MMEC—3 Days—Ages 15 to 20 Years  | —                  | 0.00%              | 23.46%^            | —                  |
| MMEC—3 Days—Ages 21 to 44 Years  | —                  | 5.77%              | 17.51%^            | —                  |
| MMEC—90 Days—Ages 15 to 20 Years   | —                  | 34.78%             | 60.49%^            | —                  |
| MMEC—90 Days—Ages 21 to 44 Years   | —                  | 40.74%             | 49.53%^            | —                  |
| LARC—3 Days—Ages 15 to 20 Years  | —                  | 0.00%              | 6.17%              | —                  |
| LARC—3 Days—Ages 21 to 44 Years  | —                  | 0.00%              | 5.52%^             | —                  |
| LARC—90 Days—Ages 15 to 20 Years   | —                  | 19.57%             | 28.40%             | —                  |
| LARC—90 Days—Ages 21 to 44 Years   | —                  | 16.56%             | 21.69%^            | —                  |
| <b>Prenatal and Postpartum Care</b>  |                    |                    |                    |                    |
| Timeliness of Prenatal Care  | 70.45%             | 68.76%             | 65.21%^^           | <10th              |
| Postpartum Care  | 51.65%             | 54.89%             | 54.90%             | <10th              |
| <b>Care of Acute and Chronic Conditions</b>  |                    |                    |                    |                    |
| <b>Asthma Medication Ratio</b>   |                    |                    |                    |                    |
| Total (Ages 5 to 18 Years)   | —                  | 59.68%             | 57.14%             | —                  |
| Total (Ages 19 to 64 Years)  | —                  | 52.00%             | 55.70%             | —                  |



| Performance Measures   | HEDIS MY 2020 Rate | HEDIS MY 2021 Rate | HEDIS MY 2022 Rate | Percentile Ranking |
|--|--------------------|--------------------|--------------------|--------------------|
| <b>Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis</b>                |                    |                    |                    |                    |
| <i>Ages 3 Months to 17 Years</i>   | 95.44%             | —                  | 96.52%             | ≥90th              |
| <i>Ages 18 to 64 Years</i>   | 51.60%             | —                  | 54.17%             | 75th–89th          |
| <i>Ages 65 Years and Older</i>   | NA                 | —                  | NA                 | —                  |
| <b>Concurrent Use of Opioids and Benzodiazepines*</b>                                      |                    |                    |                    |                    |
| <i>Ages 18 to 64 Years</i>   | —                  | 14.93%             | 8.17%^             | —                  |
| <i>Ages 65 Years and Older</i>   | —                  | 19.29%             | 7.74%^             | —                  |
| <b>Controlling High Blood Pressure</b>   |                    |                    |                    |                    |
| <i>Ages 18 to 64 Years</i>   | —                  | 36.77%             | 35.12%             | —                  |
| <i>Ages 65 to 85 Years</i>   | —                  | 42.45%             | 43.93%             | —                  |
| <b>Hemoglobin A1c Control for Patients With Diabetes</b>                                   |                    |                    |                    |                    |
| <i>HbA1c Control (&lt;8.0%)—Ages 18 to 64 Years</i>  | —                  | —                  | 39.73%             | —                  |
| <i>HbA1c Control (&lt;8.0%)—Ages 65 to 75 Years</i>  | —                  | —                  | 47.79%             | —                  |
| <i>Poor HbA1c Control (&gt;9.0%)—Ages 18 to 64 Years*</i>                                  | —                  | 69.74%             | 52.03%^            | —                  |
| <i>Poor HbA1c Control (&gt;9.0%)—Ages 65 to 75 Years*</i>                                  | —                  | 66.67%             | 42.40%^            | —                  |
| <b>HIV Viral Load Suppression</b>  |                    |                    |                    |                    |
| <i>Ages 18 to 64 Years</i>   | —                  | 0.00%              | 0.00%              | —                  |
| <i>Ages 65 Years and Older</i>   | —                  | NA                 | NA                 | —                  |
| <b>Use of Opioids at High Dosage in Persons Without Cancer*</b>                            |                    |                    |                    |                    |
| <i>Ages 18 to 64 Years</i>   | —                  | 4.11%              | 4.06%              | —                  |
| <i>Ages 65 Years and Older</i>   | —                  | 2.48%              | 5.07%              | —                  |
| <b>Behavioral Health Care</b>  |                    |                    |                    |                    |
| <b>Adherence to Antipsychotic Medications for Individuals With Schizophrenia</b>           |                    |                    |                    |                    |
| <i>Adherence to Antipsychotic Medications for Individuals With Schizophrenia</i>           | —                  | 53.83%             | 54.29%             | 10th–24th          |
| <b>Antidepressant Medication Management</b>  |                    |                    |                    |                    |
| <i>Effective Acute Phase Treatment—Ages 18 to 64 Years</i>                                 | —                  | 60.87%             | 64.50%^            | —                  |
| <i>Effective Acute Phase Treatment—Ages 65 Years and Older</i>                             | —                  | 74.36%             | 77.65%             | —                  |
| <i>Effective Continuation Phase Treatment—Ages 18 to 64 Years</i>                          | —                  | 41.07%             | 45.06%^            | —                  |
| <i>Effective Continuation Phase Treatment—Ages 65 Years and Older</i>                      | —                  | 64.10%             | 49.41%             | —                  |
| <b>Diabetes Care for People With Serious Mental Illness—HbA1c Poor Control (&gt;9.0%)*</b> |                    |                    |                    |                    |
| <i>Ages 18 to 64 Years</i>   | —                  | 58.37%             | 55.26%             | —                  |
| <i>Ages 65 to 75 Years</i>   | —                  | NA                 | NA                 | —                  |



| Performance Measures  | HEDIS MY 2020 Rate | HEDIS MY 2021 Rate | HEDIS MY 2022 Rate | Percentile Ranking |
|---|--------------------|--------------------|--------------------|--------------------|
| <b>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications</b> |                    |                    |                    |                    |
| <i>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications</i> | —                  | 79.50%             | 81.57%             | 50th–74th          |
| <b>Follow-Up After Emergency Department Visit for Mental Illness</b>  |                    |                    |                    |                    |
| <i>7-Day Follow-Up—Ages 6 to 17 Years</i>   | —                  | —                  | 9.20%              | <10th              |
| <i>7-Day Follow-Up—Ages 18 to 64 Years</i>  | —                  | 26.47%             | 21.34%^^           | 10th–24th          |
| <i>7-Day Follow-Up—Ages 65 Years and Older</i>  | —                  | NA                 | NA                 | <10th              |
| <i>30-Day Follow-Up—Ages 6 to 17 Years</i>  | —                  | —                  | 26.44%             | <10th              |
| <i>30-Day Follow-Up—Ages 18 to 64 Years</i>   | —                  | 36.30%             | 31.01%^^           | 10th–24th          |
| <i>30-Day Follow-Up—Ages 65 Years and Older</i>   | —                  | NA                 | NA                 | 10th–24th          |
| <b>Follow-Up After Emergency Department Visit for Substance Use</b>   |                    |                    |                    |                    |
| <i>7-Day Follow-Up—Ages 13 to 17 Years</i>  | —                  | —                  | 17.65%             | —                  |
| <i>7-Day Follow-Up—Ages 18 to 64 Years</i>  | —                  | —                  | 21.04%             | —                  |
| <i>7-Day Follow-Up—Ages 65 Years and Older</i>  | —                  | —                  | 11.67%             | —                  |
| <i>30-Day Follow-Up—Ages 13 to 17 Years</i>   | —                  | —                  | 23.53%             | —                  |
| <i>30-Day Follow-Up—Ages 18 to 64 Years</i>   | —                  | —                  | 30.56%             | —                  |
| <i>30-Day Follow-Up—Ages 65 Years and Older</i>   | —                  | —                  | 20.00%             | —                  |
| <b>Follow-Up After Hospitalization for Mental Illness</b>   |                    |                    |                    |                    |
| <i>7-Day Follow-Up—Ages 6 to 17 Years</i>   | —                  | NA                 | NA                 | <10th              |
| <i>7-Day Follow-Up—Ages 18 to 64 Years</i>  | —                  | 33.98%             | 28.18%             | 25th–49th          |
| <i>7-Day Follow-Up—Ages 65 Years and Older</i>  | —                  | NA                 | NA                 | 25th–49th          |
| <i>30-Day Follow-Up—Ages 6 to 17 Years</i>  | —                  | NA                 | NA                 | <10th              |
| <i>30-Day Follow-Up—Ages 18 to 64 Years</i>   | —                  | 50.00%             | 46.14%             | 25th–49th          |
| <i>30-Day Follow-Up—Ages 65 Years and Older</i>   | —                  | NA                 | NA                 | 50th–74th          |
| <b>Follow-Up Care for Children Prescribed ADHD Medication</b>   |                    |                    |                    |                    |
| <i>Initiation Phase</i>   | 41.67%             | 31.87%             | 40.50%             | 50th–74th          |
| <i>Continuation and Maintenance Phase</i>   | NA                 | NA                 | NA                 | 25th–49th          |
| <b>Initiation and Engagement of Substance Use Disorder Treatment</b>  |                    |                    |                    |                    |
| <i>Initiation of SUD Treatment—Total—Ages 18 to 64 Years</i>  | —                  | —                  | 38.30%             | —                  |
| <i>Initiation of SUD Treatment—Total—Ages 65 Years and Older</i>  | —                  | —                  | 51.64%             | —                  |
| <i>Engagement of SUD Treatment—Total—Ages 18 to 64 Years</i>  | —                  | —                  | 9.59%              | —                  |
| <i>Engagement of SUD Treatment—Total—Ages 65 Years and Older</i>  | —                  | —                  | 3.69%              | —                  |
| <b>Metabolic Monitoring for Children and Adolescents on Antipsychotics</b>  |                    |                    |                    |                    |
| <i>Blood Glucose Testing—Total</i>  | 55.88%             | 59.09%             | 58.49%             | 50th–74th          |
| <i>Cholesterol Testing—Total</i>  | 41.18%             | 45.45%             | 43.40%             | 50th–74th          |

| Performance Measures  | HEDIS MY 2020 Rate | HEDIS MY 2021 Rate | HEDIS MY 2022 Rate | Percentile Ranking |
|---|--------------------|--------------------|--------------------|--------------------|
| <i>Blood Glucose and Cholesterol Testing—Total</i>  | 35.29%             | 43.94%             | 41.51%             | 50th–74th          |
| <b>Screening for Depression and Follow-Up Plan</b>  |                    |                    |                    |                    |
| <i>Ages 12 to 17 Years</i>  | —                  | 7.69%              | 33.62%^            | —                  |
| <i>Ages 18 to 64 Years</i>  | —                  | 7.28%              | 14.42%^            | —                  |
| <i>Ages 65 Years and Older</i>  | —                  | 2.37%              | 5.15%              | —                  |
| <b>Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics</b> |                    |                    |                    |                    |
| <i>Total</i>  | —                  | NA                 | NA                 | —                  |
| <b>Use of Pharmacotherapy for Opioid Use Disorder</b>                                     |                    |                    |                    |                    |
| <i>Rate 1: Total</i>  | —                  | 52.74%             | 60.90%^            | —                  |
| <i>Rate 2: Buprenorphine</i>  | —                  | 31.66%             | 39.17%^            | —                  |
| <i>Rate 3: Oral Naltrexone</i>  | —                  | 4.13%              | 3.62%              | —                  |
| <i>Rate 4: Long-Acting, Injectable Naltrexone</i>   | —                  | 0.72%              | 1.09%              | —                  |
| <i>Rate 5: Methadone</i>  | —                  | 20.54%             | 22.74%             | —                  |
| <b>Use of Services</b>  |                    |                    |                    |                    |
| <b>Ambulatory Care—ED Visits*</b>   |                    |                    |                    |                    |
| <i>Total (Ages 0 to 19 Years)</i>   | —                  | 271.94             | 319.68             | —                  |
| <b>PQI 01: Diabetes Short-Term Complications Admission Rate*</b>                          |                    |                    |                    |                    |
| <i>Ages 18 to 64 Years</i>  | —                  | 27.29              | 14.55              | —                  |
| <i>Ages 65 Years and Older</i>  | —                  | 18.41              | 3.58               | —                  |
| <b>PQI 05: COPD or Asthma in Older Adults Admission Rate*</b>                             |                    |                    |                    |                    |
| <i>Ages 40 to 64 Years</i>  | —                  | 258.84             | 15.27              | —                  |
| <i>Ages 65 Years and Older</i>  | —                  | 1,210.72           | 36.96              | —                  |
| <b>PQI 08: Heart Failure Admission Rate*</b>  |                    |                    |                    |                    |
| <i>Ages 18 to 64 Years</i>  | —                  | 76.05              | 16.02              | —                  |
| <i>Ages 65 Years and Older</i>  | —                  | 1,033.38           | 236.22             | —                  |
| <b>PQI 15: Asthma in Younger Adults Admission Rate*</b>                                   |                    |                    |                    |                    |
| <i>Ages 18 to 39 Years</i>  | —                  | 6.65               | 3.10               | —                  |
| <b>Plan All-Cause Readmissions</b>  |                    |                    |                    |                    |
| <i>Observed Readmissions</i>  | 10.45%             | 8.85%              | 8.92%              | —                  |
| <i>Expected Readmissions</i>  | —                  | 9.71%              | 9.64%              | —                  |
| <i>O/E Ratio*</i>   | 1.05               | 0.91               | 0.92               | —                  |

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

— 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 or there was no benchmark for comparison.

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.

Please note that CMS Core Set measures that were non-HEDIS measures were not compared to benchmarks because the CMS Core Set benchmarks are out of date.