COLORADO

Department of Health Care Policy & Financing

HEDIS® Measurement Year 2023 Aggregate Report for Health First Colorado (Colorado's Medicaid Program)

December 2024

This report was produced by Health Services Advisory Group, Inc., for the Colorado Department of Health Care Policy & Financing

HSAG HEALTH SERVICES ADVISORY GROUP

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1. Executive Summary

Introduction

Health First Colorado (Colorado's Medicaid program) is administered by the Department of Health Care Policy & Financing (the Department). In fiscal year (FY) 2023–2024, Colorado's two managed care organizations (MCOs) included Denver Health Medical Plan (DHMP) and Rocky Mountain Health Plans Medicaid Prime (RMHP Prime).

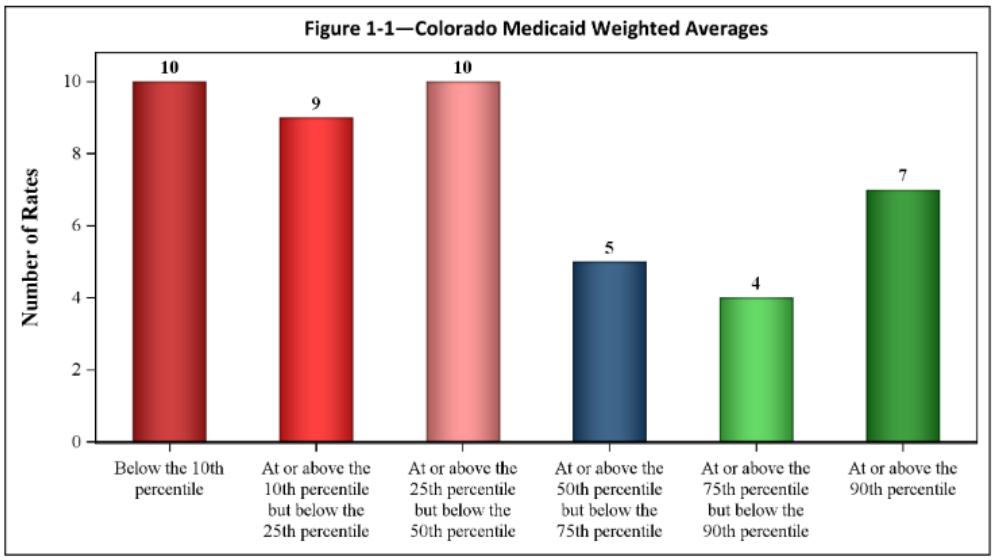
In FY 2023–2024, each MCO underwent a National Committee for Quality Assurance (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS®)[1] Compliance Audit™,[2] through a licensed organization to verify the systems and processes used to report valid HEDIS rates. Both MCOs submitted final measure 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[3] 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) 2023 performance measure indicators that were comparable to NCQA's Quality Compass®,[4] national Medicaid health maintenance organization (HMO) percentiles for HEDIS MY 2022 (referred to throughout this report as percentiles). Of note, rates for the *Ambulatory Care: Emergency Department (ED) Visits*, 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 2022 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.

[1] HEDIS® is a registered trademark of the NCQA.
[2] NCQA HEDIS Compliance Audit™ is a trademark of the NCQA.
[3] National Committee for Quality Assurance. *HEDIS Compliance Audit Standards, Policies and Procedures, Volume 5*. Washington D.C.
[4] Quality Compass® 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 29 of 45 (64.44 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 2023 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 2023–2024 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.

2. Reader's Guide

Introduction

In FY 2023–2024, Health First Colorado's Medicaid member enrollment was approximately 1.1 million. Approximately 991,074 thousand members (87 percent) received services via a fee-for-service (FFS) payment model with services coordinated through Health First Colorado's Accountable Care program. The remaining 13 percent of Medicaid members received services through Colorado's two MCOs. In FY 2023–2024, 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.[5]

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 2023, 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.

[5] Colorado Department of Health Care Policy & Financing. *Health First Colorado Benefits & Services*. Available at: https://www.healthfirstcolorado.com/benefits-services/. Accessed on: Oct 10, 2024.

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 2023 Measures

Within this report, HSAG presents the MCOs' and statewide performance on CMS Core Set measures selected by the Department for MY 2023, which use the Federal Fiscal Year (FFY) 2024 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 2023 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 D 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 *3 to 11 Years*, *12 to 17 Years*, and *18 to 21 Years* are presented along with the *Total* rates in the appendices.

Table 2-2—MY 2023 Selected Measures

Performance Measures
Primary Care Access and Preventive Care
Breast Cancer Screening[1] *(BCS-AD)*
Cervical Cancer Screening (CCS-AD)
Child and Adolescent Well-Care Visits (WCV-CH)
Childhood Immunization Status—Combinations 3, 7, and 10 (CIS-CH)
Chlamydia Screening in Women[1] *(CHL-CH, CHL-AD)*
Colorectal Cancer Screening (COL-AD)
Developmental Screening in the First Three Years of Life (DEV-CH)
Immunizations for Adolescents—Combination 1 and *Combination 2 (IMA-CH)*
Lead Screening in Children (LSC-CH)
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Body Mass Index (BMI) Percentile—Total, *Counseling for Nutrition—Total*, and *Counseling for Physical Activity—Total (WCC-CH)*
Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months of Life—Six or More Well-Child Visits and *Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits (W30-CH)*
Maternal and Perinatal Health
Contraceptive Care—All Women—Most or Moderately Effective Contraception (MMEC) and *Long-Acting Reversible Contraception (LARC)*[1] *(CCW-CH, CCW-AD)*
Contraceptive Care—Postpartum Women—MMEC—3 Days and *90 Days,* and *LARC—3 Days* and *90 Days* [1] *(CCP-CH, CCP-AD)*
Prenatal and Postpartum Care—Timeliness of Prenatal Care and *Postpartum Care (PPC-CH, PPC-AD)*
Care of Acute and Chronic Conditions
Asthma Medication Ratio[1] *(AMR-CH, AMR-AD)*
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB-CH, AAB-AD)
Concurrent Use of Opioids and Benzodiazepines (COB-AD)
Controlling High Blood Pressure[1] *(CBP-AD)*
Hemoglobin A1c Control for Patients With Diabetes—HbA1c Control (<8.0%) and *HbA1c Poor Control (>9.0%)*[1]*(HBD-AD)*
HIV Viral Load Suppression (HVL-AD)

Performance Measures
Use of Opioids at High Dosage in Persons Without Cancer (OHD-AD)
Behavioral Health Care
Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA-AD)
Antidepressant Medication Management—Effective Acute Phase Treatment and *Effective Continuation Phase Treatment*[1] *(AMM-AD)*
Diabetes Care for People With Serious Mental Illness—HbA1c Poor Control (>9.0%) (HPCMI-AD)
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD-AD)
Follow-Up After Emergency Department Visit for Mental Illness—7-Day Follow-Up and *30-Day Follow-Up*[1] *(FUH-CH, FUH-AD)*
Follow-Up After Emergency Department Visit for Substance Use—7-Day Follow-Up and *30-Day Follow-Up*[1] *(FUA-CH, FUA-AD)*
Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up and *30-Day Follow-Up (FUM-CH, FUM-AD)*
Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication—Initiation Phase and *Continuation and Maintenance Phase (ADD-CH)*
Initiation and Engagement of Substance Use Disorder (SUD) Treatment—Initiation of SUD Treatment—Engagement of SUD Treatment[1] *(IET-AD)*
Metabolic Monitoring for Children and Adolescents on Antipsychotics—Blood Glucose Testing—Total, Cholesterol Testing—Total, and *Blood Glucose and Cholesterol Testing—Total (APM-CH)*
Screening for Depression and Follow-Up Plan[1] *(CDF-CH, CDF-AD)*
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP-CH)
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) (OUD-AD)*
Use of Services
Ambulatory Care: Emergency Department (ED) Visits (AMB-CH)
PQI 01: Diabetes Short-Term Complications Admission Rate (PQI01-AD)
PQI 05: Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate (PQI05-AD)
PQI 08: Heart Failure Admission Rate (PQI08-AD)
PQI 15: Asthma in Younger Adults Admission Rate (PQI15-AD)
Plan All-Cause Readmissions (PCR-AD)

[1] *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 2024 Adult Resource Manual and Technical Specifications* and *FFY 2024 Child Resource Manual and Technical Specifications*.[6,7]

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 2023 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 2023 measure indicator rates received one of seven predefined audit results: *Reportable (R)*, *Small Denominator (NA)*, *Biased Rate (BR)*, *No Benefit (NB)*, *Not Required (NQ)*, *Not Reported (NR*), and *Unaudited (UN)*. The audit results are defined in the Glossary section.

Rates designated as *NA*, *BR*, *NB*, *NQ*, *NR*, or *UN* are not presented in this report. All measure indicator rates that are presented in this report have been verified as an unbiased estimate of the measure by the respective HEDIS auditor. Please see Appendix C for additional information on NCQA's Information Systems (IS) standards and the audit findings for the Medicaid MCOs.

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6 Centers for Medicare & Medicaid Services. *FFY 2024 Adult Resource Manual and Technical Specifications.* Available at: https://www.medicaid.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, 2024.

7 Centers for Medicare & Medicaid Services. *FFY 2024 Child Resource Manual and Technical Specifications.* Available at: https://www.medicaid.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, 2024.

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 2023 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 2023 rates: NCQA's Quality Compass national Medicaid HMO percentiles for HEDIS MY 2022.

For some measures for which lower rates indicate better performance (e.g., *Hemoglobin A1c Control for Patients With Diabetes—Poor HbA1c Control [>9.0%]*), 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.

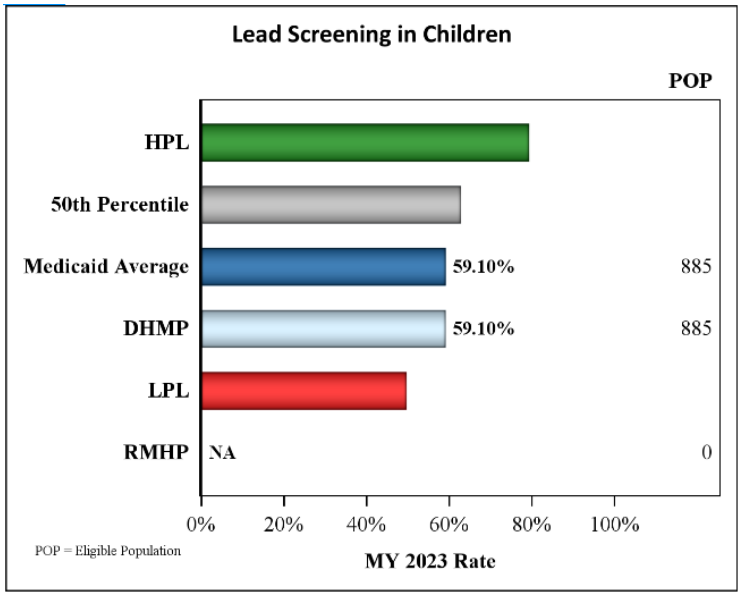
Additionally, benchmarking data (i.e., NCQA's Quality Compass) are the proprietary intellectual property of NCQA; therefore, this report does not display any actual percentile values. As a result, rate comparisons to benchmarks are illustrated within this report using proxy displays.

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—HbA1c Poor Control*, 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 2023 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 2022 to MY 2023. 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.

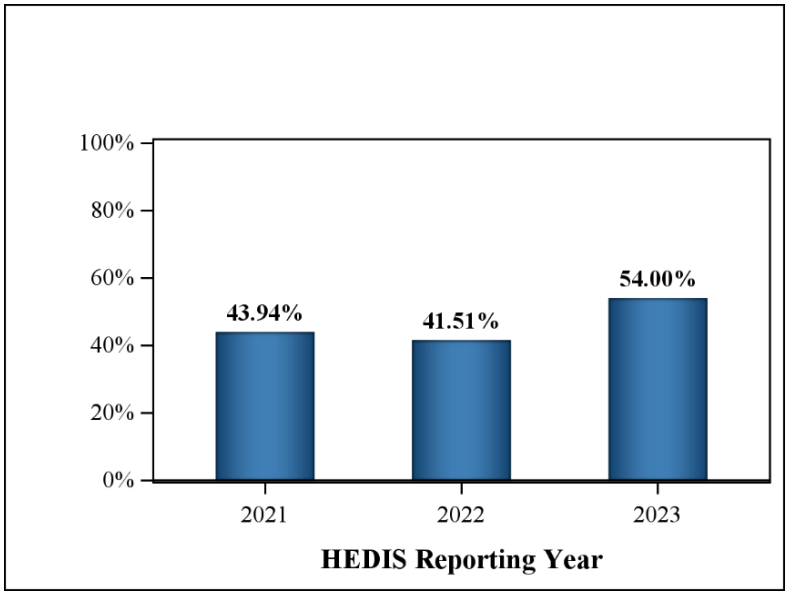
Similarly, caution should be exercised when comparing rates calculated administratively to national benchmarks that were calculated using the hybrid methodology.

Figure Interpretation

Within Appendix A and Appendix B of this report, performance measure indicator rates and results of significance testing between MY 2022 and MY 2023 are presented in tabular format. MY 2023 rates shaded green with one caret (^) indicate a significant improvement in performance from the previous year. MY 2023 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 2021, MY 2022, and MY 2023 Colorado Medicaid weighted averages, with significance testing performed between the MY 2022 and MY 2023 weighted averages. Within these figures, MY 2023 rates with one caret (^) indicate a significant improvement in performance from MY 2022. MY 2023 rates with two carets (^^) indicate a significant decline in performance from MY 2022. 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 2023 and CMS Core Set FFY 2024

The following is a list of measures with technical specification changes that CMS announced for FFY 2024.[8,9] These changes may have an effect on the MY 2023 rates that are presented in this report. The list of measure changes is presented verbatim, and HSAG only made minor formatting updates.

Overall Changes

- Updated the reporting year to FFY 2024, and data collection time frame to 2023.
- Updated specifications, value set codes, copyright, and table source information to *HEDIS Measurement Year (MY) 2023 Volume 2* for all HEDIS measures.
- Updated specifications, value set codes, and copyright information to correspond to calendar year 2023 for non-HEDIS measures.
- Updated references to exclusions throughout specifications. For HEDIS measures, exclusions are now distinguished by whether supplemental and medical record data may be used to identify them; supplemental and medical record data may be used for "required exclusions" but not "exclusions."
- Updated the exclusion for frailty and advanced illness from an Optional Exclusion to an Exclusion (i.e., exclusions for which supplemental and medical record data may not be used).
- Updated guidance related to mandatory reporting of the behavioral health measures in the Adult Core Set beginning in FFY 2024.
- Clarified that Child Core Set reporting is mandatory beginning with FFY 2024 reporting and states are required to adhere to technical specifications and reporting guidance issued by CMS.
- Clarified that all measure-eligible beneficiaries must be included in state reporting.
- Clarified that for each Child Core Set measure reported to CMS, states should calculate and report separate rates for the Medicaid population (inclusive of CHIP-funded Medicaid expansion) and the separate CHIP population (for states with a separate CHIP).
- Clarified that a visit results in a stay when the visit date of service occurs on the day prior to the admission date or any time during the admission (admission date through discharge date). This guidance applies to the following HEDIS measures in the Child Core Set: *AAB-CH, ADD-CH, AMB-CH, AMR-CH, CPC-CH, FUA-CH, FUH-CH,* and *FUM-CH*.
- Clarified that beneficiaries who died any time during the measurement year are a required exclusion. This guidance applies to the following HEDIS measures in the Child Core Set: *AAB-CH, ADD-CH,*

[8] Centers for Medicare & Medicaid Services. *Summary of Updates to the Adult Core Set Measures FFY 2024 Technical Specifications and Resource Manual*. February 2024.

[9] Centers for Medicare & Medicaid Services. *Summary of Updates to the Child Core Set Measures FFY 2024 Technical Specifications and Resource Manual*. February 2024.

AMR-CH, APM-CH, APP-CH, CHL-CH, CIS-CH, CPC-CH, FUA-CH, FUH-CH, FUM-CH, IMA-CH, LSC-CH, PPC2-CH, SFM-CH, W30-CH, WCC-CH, and *WCV-CH*.

- Retired one measure:
  - Measure FVA-AD: Flu Vaccinations for Adults Ages 18 to 64.

Adherence to Antipsychotic Medications for Individuals With Schizophrenia

- Clarified the required exclusions for the measure.
- Updated the number of occurrences required for the frailty cross-cutting exclusion; two indications with different dates of service are required.

Antidepressant Medication Management

- Revised age criteria to require 18 years and older as of the Index Prescription Start Date (IPSD).

Asthma in Younger Adults Admission Rate

- Added "hospice facility" to the list of transfers from health care facilities that are excluded.

Asthma Medication Ratio—19 to 64 Years

- Clarified the required exclusions for the measure.
- Removed Dyphylline Guaifenesin Medications List from the Asthma Controller Medications table.

Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis

- Updated Step 1 of "Event/diagnosis" and the corresponding value sets to clarify that states should identify all beneficiaries who had an outpatient visit, ED visit, observation visit, telephone visit, e-visit, or virtual check-in during the intake period, with a diagnosis of acute bronchitis/bronchiolitis.
- Updated Step 3 of "Event/diagnosis" and the corresponding value sets to clarify that states should remove episode dates where the beneficiary had a claim/encounter with any diagnosis for a comorbid condition during the 12 months prior to or on the episode date.

Breast Cancer Screening

- Updated the required exclusions. Beneficiaries who had a bilateral mastectomy or both right and left unilateral mastectomies are now part of the required exclusions rather than optional exclusions.
- Updated the number of occurrences required for the frailty cross-cutting exclusion; two indications with different dates of service are required.
- Added a direct reference code for the required exclusion for palliative care.

Cervical Cancer Screening

- Revised the optional exclusions for hysterectomy with no residual cervix, cervical agenesis or acquired absence of cervix to be required exclusions.
- Added a direct reference code for the required exclusion for palliative care.

Chlamydia Screening in Women Ages 21 to 24

- Revised the optional exclusion for pregnancy test to be in Step 2 of the "Event/diagnosis" criteria.
- Removed *Mestranol-norethindrone* from the Contraceptive Medications list.

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

- Added "hospice facility" to the list of transfers from health care facilities that are excluded.

Colorectal Cancer Screening

- Updated the age stratifications for Core Set reporting to include: ages 46 to 50, 51 to 65, and 66 to 75.
- Revised the optional exclusions for colorectal cancer and total colectomy to be required exclusions.
- Updated the number of occurrences required for the frailty cross-cutting exclusion; two indications with different dates of service are required.
- Added a direct reference code for the required exclusion for palliative care.

Concurrent Use of Opioids and Benzodiazepines

- Clarified in the Guidance for Reporting how to identify beneficiaries in palliative care for the exclusions.
- Updated the definition of Concurrent Use to refer to the use of opioid and benzodiazepine for 30 or more cumulative days during the measurement year.

Contraceptive Care—All Women Ages 21 to 44

- Updated the value set directory including:
  - Codes indicating sterilization for non-contraceptive reasons.
  - Codes indicating a pregnancy.
  - Codes used to identify provision of a most or moderately effective contraceptive method.

  - Codes used to identify use of a long-acting reversible contraception (LARC) method.

Contraceptive Care—Postpartum Women Ages 21 to 44

- Updated the value set directory including:
  - Codes used to identify provision of an MMEC method.
  - Codes used to identify use of an LARC method.

Controlling High Blood Pressure

- Replaced the reference to "female beneficiaries" with "beneficiaries" in the required exclusions.
- Revised Step 2 of the "Event/Diagnosis" to remove beneficiaries who had a nonacute inpatient admission during the measurement year.
- Revised the optional exclusions to be required exclusions. This includes the exclusions for end-stage renal disease, dialysis, or kidney transplant; and diagnosis of pregnancy.
- Updated the number of occurrences required for the frailty cross-cutting exclusion; two indications with different dates of service are required.
- Added a direct reference code for the required exclusion for palliative care.

Diabetes Care for People With Serious Mental Illness—Hemoglobin A1c (HbA1c) Poor Control (>9.0%)

- Updated the number of occurrences required for the frailty cross-cutting exclusion; two indications with different dates of service are required.
- Added a direct reference code for the required exclusion for palliative care.
- Replaced Semaglutide with Semaglutide (excluding Wegovy) in the "Glucagon-like peptide-1 (GLP1) agonists" row of the Diabetes Medications List.

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

- Clarified the required exclusions for the measure.
- Replaced Semaglutide with Semaglutide (excluding Wegovy) in the "Glucagon-like peptide-1 (GLP1) agonists" row of the Diabetes Medications List.

Diabetes Short-Term Complications Admission Rate

- Updated codes in the value set directory for Table 1. PQI01-A. ICD-10-CM Diagnosis Codes for Short-term Complications of Diabetes.

- Added "hospice facility" to the list of transfers from health care facilities that are excluded.

Follow-Up After Emergency Department Visit for Substance Use

- Added eligible population instructions for ED visits followed by residential treatment.
- In the Benefit section, clarified that beneficiaries with withdrawal management, as well as detoxification-only chemical dependency benefits, do not meet the criteria.

Follow-Up After Hospitalization for Mental Illness

- In the "Event/diagnosis" section, replaced the reference to Mental Illness Value Set, Intentional Self-Harm Value Set with Mental Illness and Intentional Self-Harm Value Set.

Heart Failure Admission Rate

- Updated codes in the value set directory for Table 6. PQI08-C. ICD-10-PCS Procedure Codes for Cardiac Procedures.
- Added "hospice facility" to the list of transfers from health care facilities that are excluded.

Hemoglobin A1c Control for Patients with Diabetes

- Clarified that this measure cannot be calculated using EHR data because only one rate has an electronic specification.
- Updated the number of occurrences required for the frailty cross-cutting exclusion; two indications with different dates of service are required.
- Added a direct reference code for the required exclusion for palliative care.
- Replaced Semaglutide with Semaglutide (excluding Wegovy) in the "Glucagon-like peptide-1 (GLP1) agonists" row of the Diabetes Medications List.

HIV Viral Load Suppression

- Moved code tables (Table HVL-A through Table HVL-K) to a value set directory, which is linked in the technical specifications.
- Tables 'HVL-E. Codes to Identify Office Visits' and 'HVL-F. Codes to Identify Outpatient Consultation' were combined into Table HVL-E. Codes to Identify Office Visits.
  - Removed two codes from the previous 'Table HVL-F. Codes to Identify Outpatient Consultation.'

Initiation and Engagement of Substance Use Disorder Treatment

- Added guidance for reporting clarifying that the SUD diagnosis in the Negative SUD Diagnosis History does not need to match the diagnosis on the claim for the given SUD episode.
- Replaced "detoxification" references with "withdrawal management."
- Added a new step and Note in the "Event/diagnosis" section with guidance on deduplicating eligible episodes.

Plan All-Cause Readmissions

- Replaced reference to "female beneficiaries" with "beneficiaries" in the pregnancy exclusion.
- Clarified definition of Count of Beneficiaries in the Medicaid population.
- Clarified truncating and rounding rules in steps 6 and 8 of the Risk Adjustment Weighting section.
- Added step 8 for calculating the variance for each index hospital stay. Calculating variance can help facilitate interpretation of results; however, it is not reported by states for Adult Core Set reporting.

Prenatal and Postpartum Care—Postpartum Care

- Added Guidance for Reporting:
  - For the purpose of Adult Core Set reporting, both the prenatal and postpartum care rates are reported for beneficiaries age 21 and older as of the delivery date. The Child Core Set measure is reported for beneficiaries under age 21 as of the delivery date.
  - States that use the hybrid methodology will need to draw separate samples by age, in order to submit results for the Adult Core Set (age 21 and over) and Child Core Set (under age 21).
- Revised measure specifications to include both *Timeliness of Prenatal Care* and *Postpartum Care* rates for Adult Core Set reporting.
- Added guidance for reporting that vital records can be used as an alternative data source for the *timeliness of prenatal care* rate in this measure.
- Added definition of first trimester.
- Added age in "eligible population" section to clarify that the Adult Core Set measure applies to beneficiaries age 21 and older as of the date of delivery.
- Replaced all references to "women" with "beneficiary" throughout the measure specification.
- Clarified continuous enrollment requirements for Step 2 of the Timeliness of Prenatal Care numerator.

Screening for Depression and Follow-Up Plan

- Moved code tables (Table CDF-A through Table CDF-F) to a value set directory, which is linked in the technical specifications; updated codes in tables.

- Updated terminology to refer to "qualifying" encounters rather than "eligible" encounters.
- Added additional guidance for beneficiaries with multiple qualifying encounters.
- Updated the Follow-up Plan language with examples of follow-up provider type.

Use of Opioids at High Dosage in Persons Without Cancer

- Clarified in the Guidance for Reporting how to identify beneficiaries in palliative care for the exclusions.

Use of Pharmacotherapy for Opioid Use Disorder

- Updated codes in the value set directory for FDA-approved medications for opioid use disorder.

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 *Reportable (R)*, *Small Denominator (NA)*, *Biased Rate (BR)*, *No Benefit (NB)*, *Not Required (NQ)*, *Not Reported (NR*), and *Unaudited (UN)*.
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.
CMS	Centers for Medicare & Medicaid Services.
COPD	Chronic obstructive pulmonary disease.

Term	Description
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.
HIV	Human immunodeficiency virus.
HMO	Health maintenance organization.

Term	Description
HPL	High performance level. (For most performance measures, the Department defined the HPL as the most recent 90th national Medicaid percentile. For measures such as *Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)*, in which lower rates indicate better performance, the 10th percentile [rather than the 90th percentile] is considered the HPL.)
HPV	Human papillomavirus.
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.[10]
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 *Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)*, 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.

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

Term	Description
NA	Small Denominator; indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate, resulting in an NA designation. • For EOC and EOC-like measures, when the denominator is fewer than 30. • For utilization measures that count member months, when the denominator is fewer than 360 member months. • For all risk-adjusted utilization measures, when the denominator is fewer than 150.
NB	No Benefit; indicates that the required benefit to calculate the measure was not offered.
NCQA	The National Committee for Quality Assurance (NCQA) is a not-for-profit organization that assesses, through accreditation reviews and standardized measures, the quality of care provided by managed health care delivery systems; reports results of those assessments to employers, consumers, public purchasers, and regulators; and ultimately seeks to improve the health care provided within the managed care industry.
NR	Not Reported; indicates that the MCO chose not to report the required HEDIS measure indicator rate. This designation was assigned to rates during previous reporting years to indicate one of the following designations: the MCO chose not to report the required measure indicator rate, or the MCO's reported rate was invalid, therefore, the rate was not presented.
Numerator	The number of members in the denominator who received all the services as specified in the measure.
NQ	Not Required; indicates that the MCO was not required to report this measure.
O/E	Observed to expected.
OB/GYN	Obstetrician/Gynecologist.
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).

Primary Care Access and Preventive Care

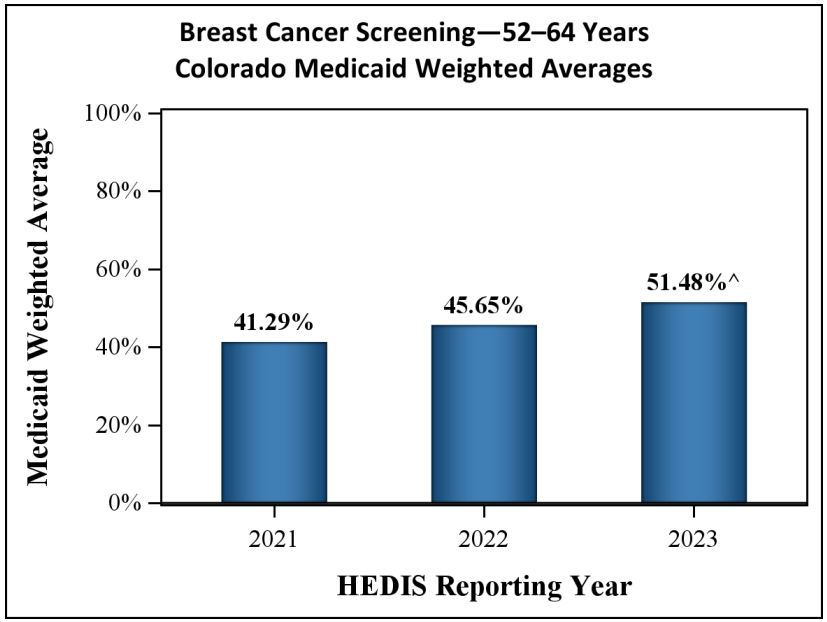
The following section provides a detailed analysis of the Colorado Medicaid MCOs' performance within the Primary Care Access and Preventive Care domain. The Primary Care Access and Preventive Care domain encompasses the following measures/indicators:

- *Breast Cancer Screening—52 to 64 Years* and *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—16 to 20 Years* and *21 to 24 Years*
- *Colorectal Cancer Screening—46 to 50 Years, 51 to 65 Years,* and *66 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 of Life—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.

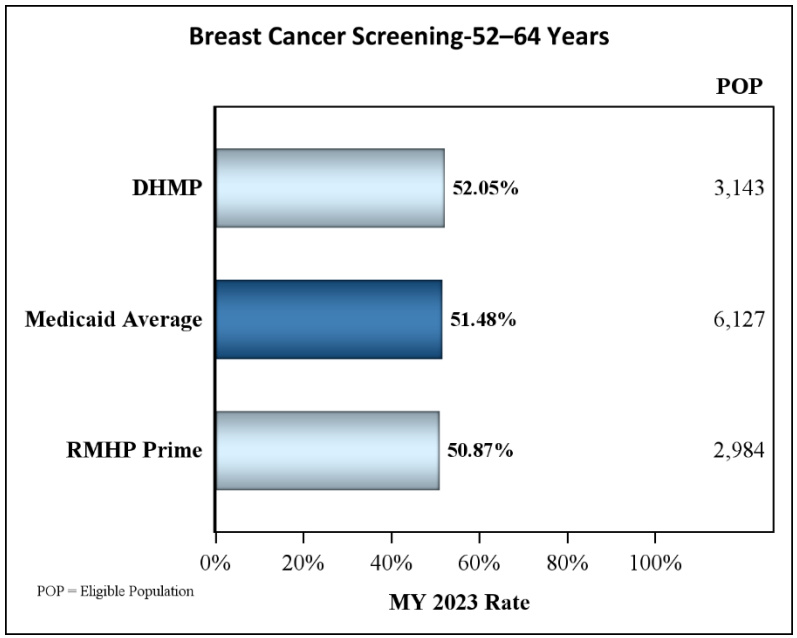
Breast Cancer Screening—52 to 64 Years

Breast Cancer Screening—52 to 64 Years measures the percentage of women ages 52 to 64 years who had a mammogram to screen for breast cancer.



One caret (^) indicates a statistically significant improvement in performance from MY 2022 to MY 2023.

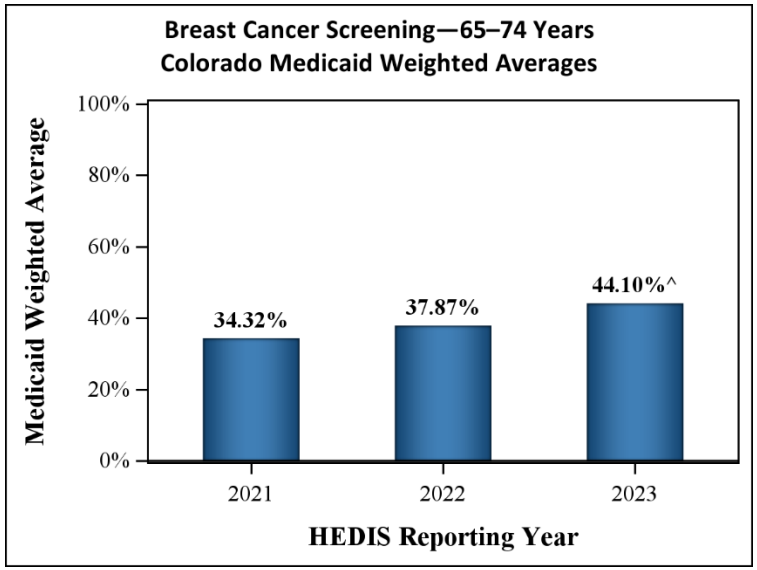
The Colorado Medicaid weighted average significantly improved from MY 2022 to MY 2023.



MCO performance varied by approximately 2 percentage points.

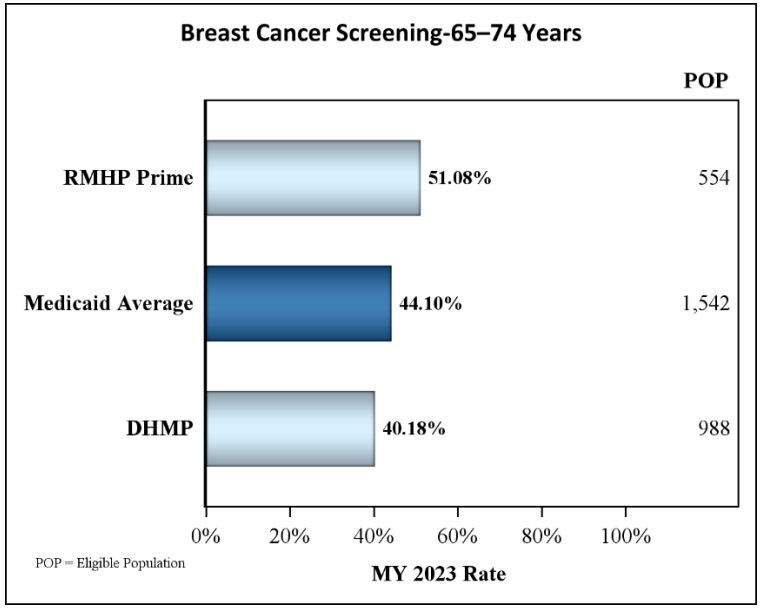
Breast Cancer Screening—65 to 74 Years

Breast Cancer Screening—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 2022 to MY 2023.

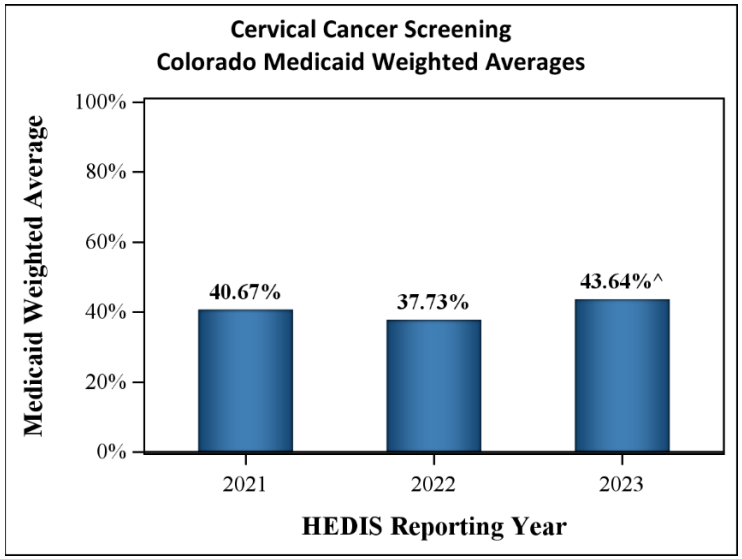
The Colorado Medicaid weighted average significantly improved from MY 2022 to MY 2023.



MCO performance varied by approximately 11 percentage points.

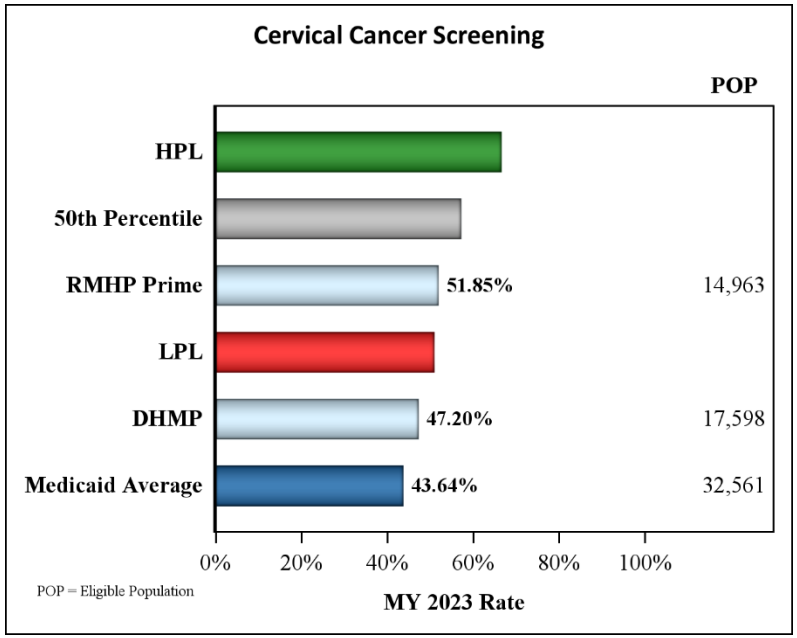
Cervical Cancer Screening

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



One caret (^) indicates a statistically significant improvement in performance from MY 2022 to MY 2023.

The Colorado Medicaid weighted average significantly improved from MY 2022 to MY 2023.

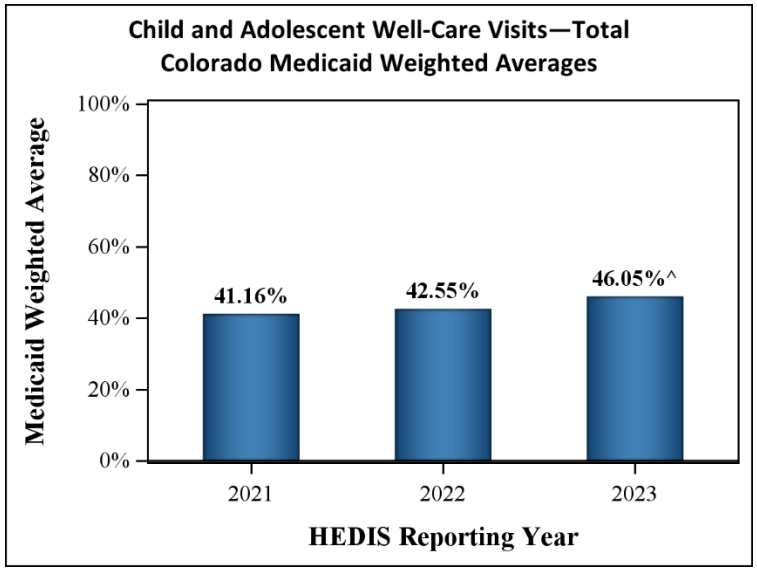


Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

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

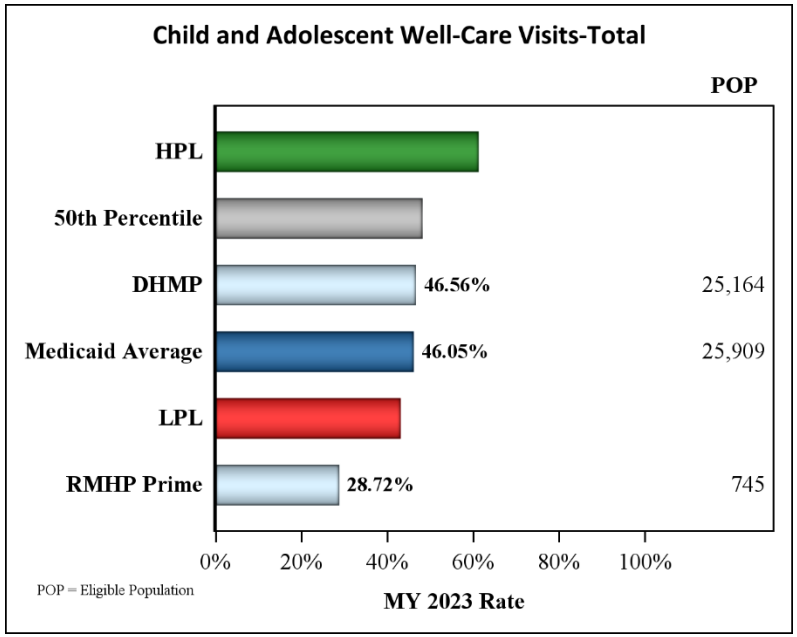
Child and Adolescent Well-Care Visits—Total

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.



One caret (^) indicates a statistically significant improvement in performance from MY 2022 to MY 2023.

The Colorado Medicaid weighted average significantly improved from MY 2022 to MY 2023.



RMHP Prime's rate fell below the LPL. The Colorado Medicaid weighted average and DHMP's rate were above the LPL but fell below the 50th percentile. MCO performance varied by approximately 18 percentage points.

Childhood Immunization Status

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

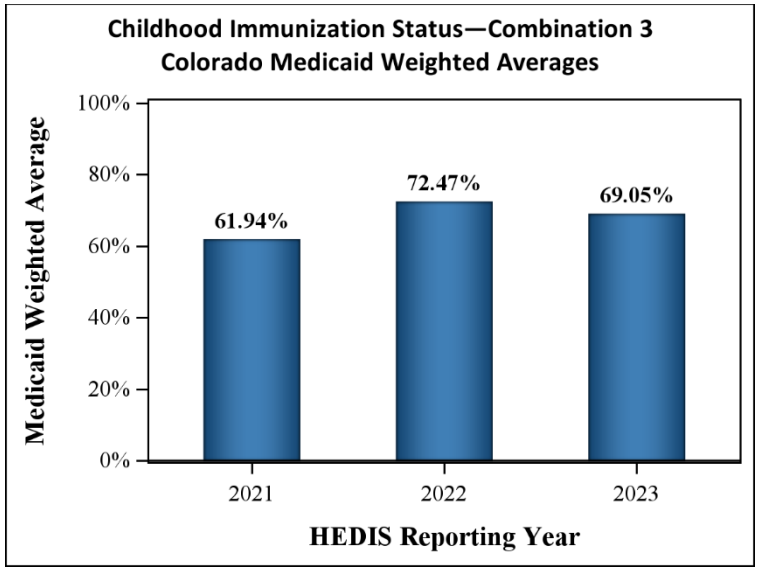
Table 3-1—Combination Vaccinations for Childhood Immunization Status

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

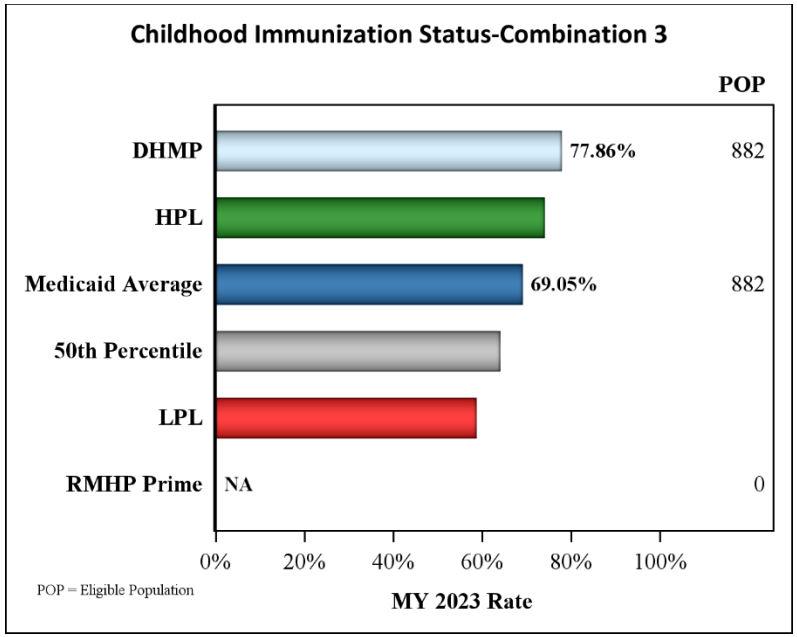
Acronyms: DTaP—diphtheria, tetanus toxoids, and acellular pertussis; flu—influenza; HepA—hepatitis A; HepB—hepatitis B; HiB—haemophilus influenza type B; IPV—inactivated polio virus; MMR—measles, mumps, and rubella; PCV—pneumococcal conjugate; RV—rotavirus; VZV—varicella zoster virus (chicken pox)

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.



The Colorado Medicaid weighted average did not demonstrate a significant change from MY 2022 to MY 2023.

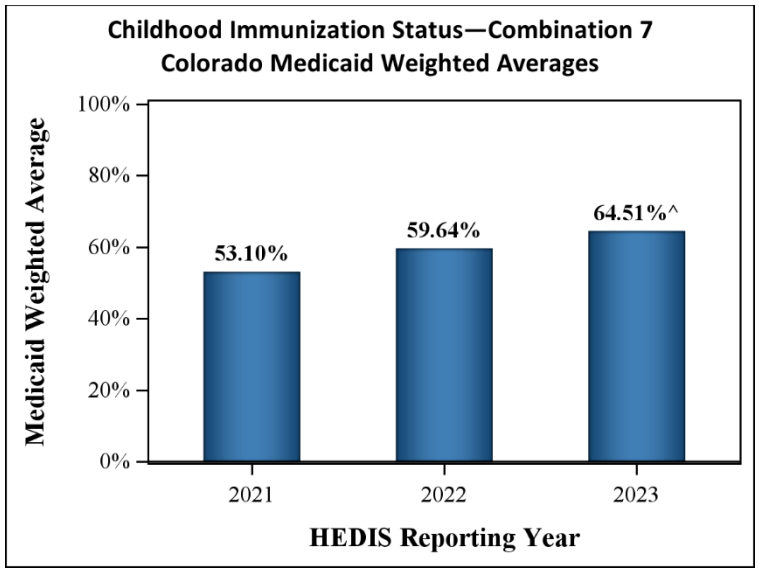


NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate. Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

Only DHMP had a reportable rate, and the MCO's rate exceeded the HPL. The Colorado Medicaid weighted average was above the 50th percentile but below the HPL.

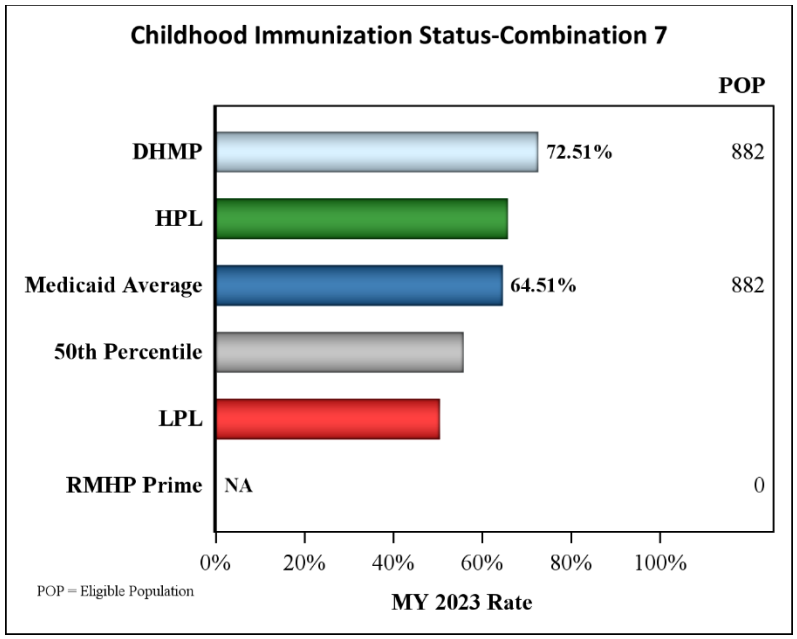
Childhood Immunization Status—Combination 7

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 2022 to MY 2023.

The Colorado Medicaid weighted average significantly improved from MY 2022 to MY 2023.

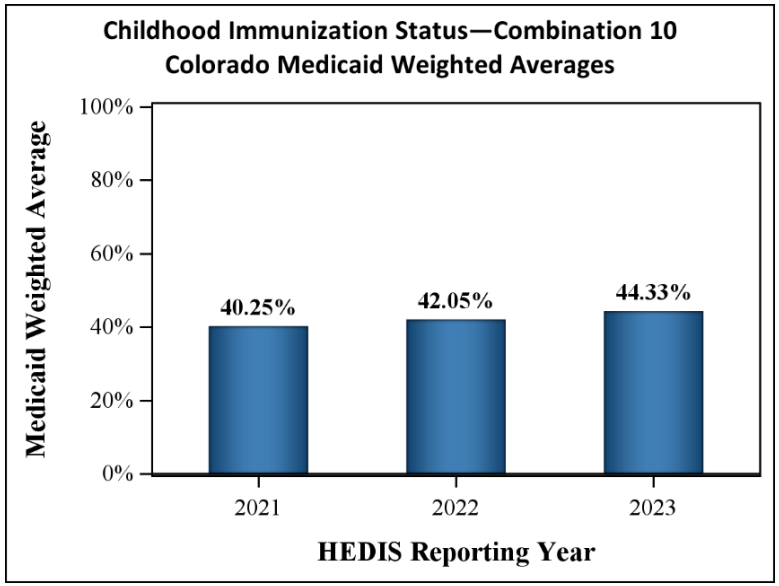


NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate. Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

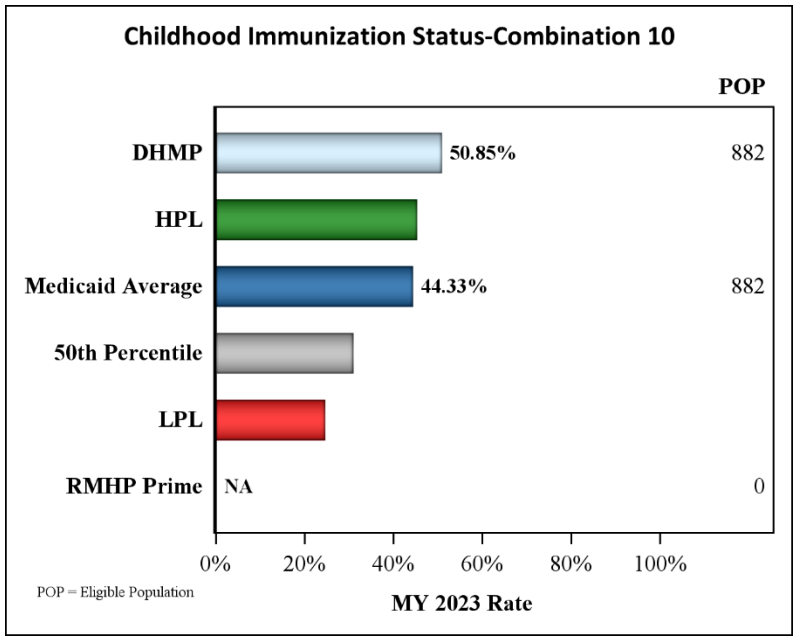
Only DHMP had a reportable rate, and the MCO's rate exceeded the HPL. The Colorado Medicaid weighted average was above the 50th percentile but below the HPL.

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 2022 to MY 2023.

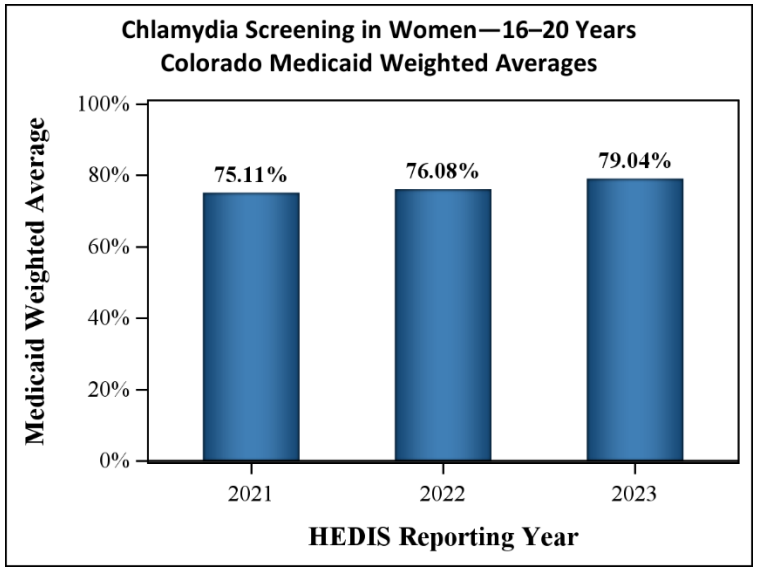


NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate. Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

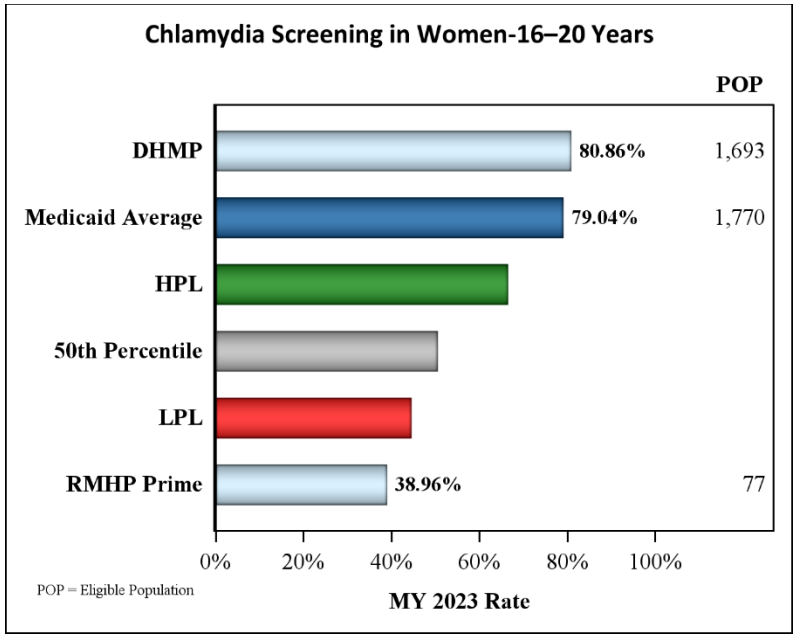
Only DHMP had a reportable rate, and the MCO's rate exceeded the HPL. The Colorado Medicaid weighted average was above the 50th percentile but below the HPL.

Chlamydia Screening in Women—16 to 20 Years

Chlamydia Screening in Women—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.



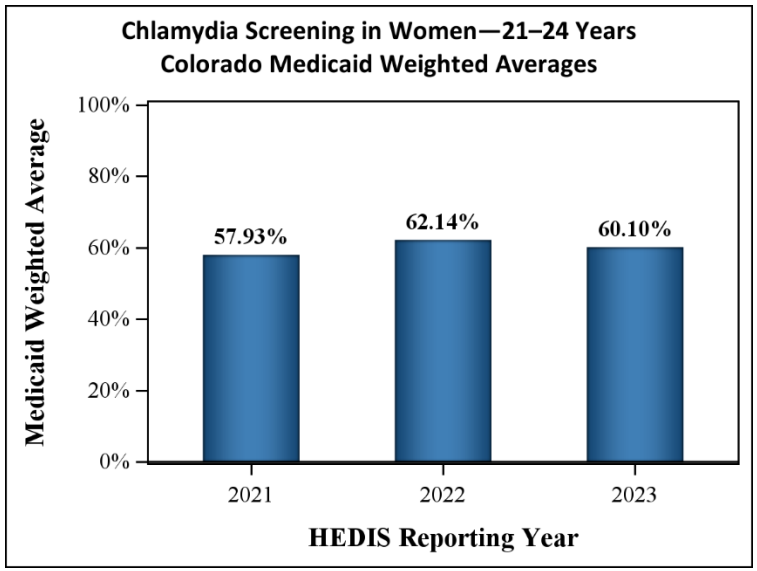
The Colorado Medicaid weighted average did not demonstrate a significant change from MY 2022 to MY 2023.



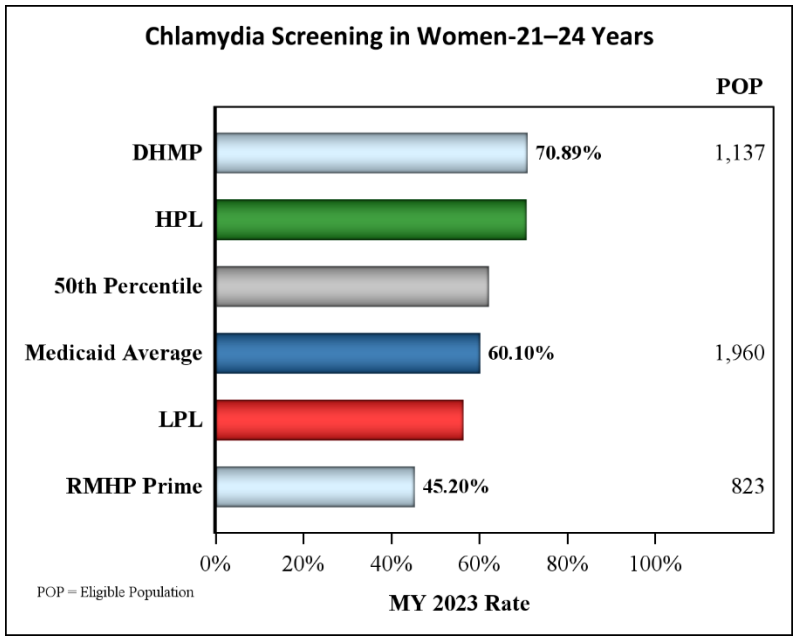
DHMP's rate and the Colorado Medicaid weighted average exceeded the HPL. RMHP Prime's rate fell below the LPL. MCO performance varied by approximately 42 percentage points.

Chlamydia Screening in Women—21 to 24 Years

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



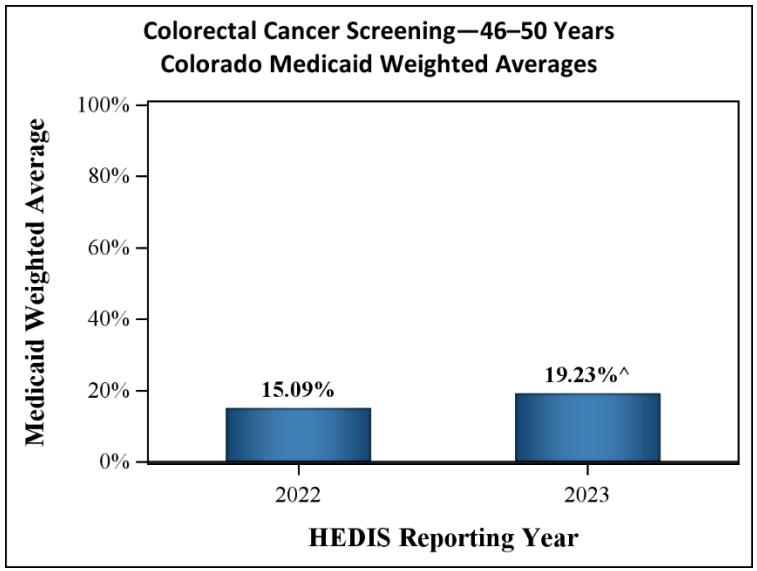
The Colorado Medicaid weighted average did not demonstrate a significant change from MY 2022 to MY 2023.



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

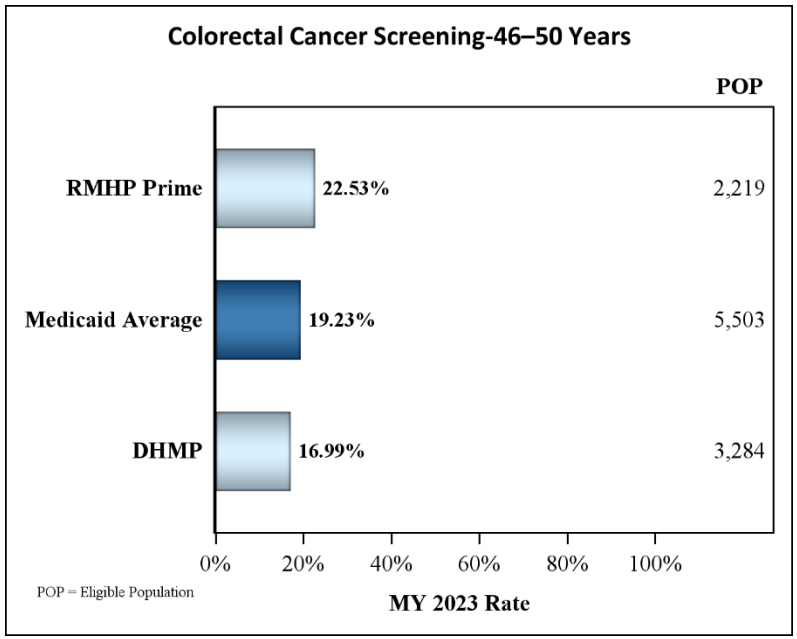
Colorectal Cancer Screening—46 to 50 Years

Colorectal Cancer Screening—46 to 50 Years measures the percentage of beneficiaries ages 46 to 50 years who had appropriate screening for colorectal cancer.



One caret (^) indicates a statistically significant improvement in performance from MY 2022 to MY 2023.

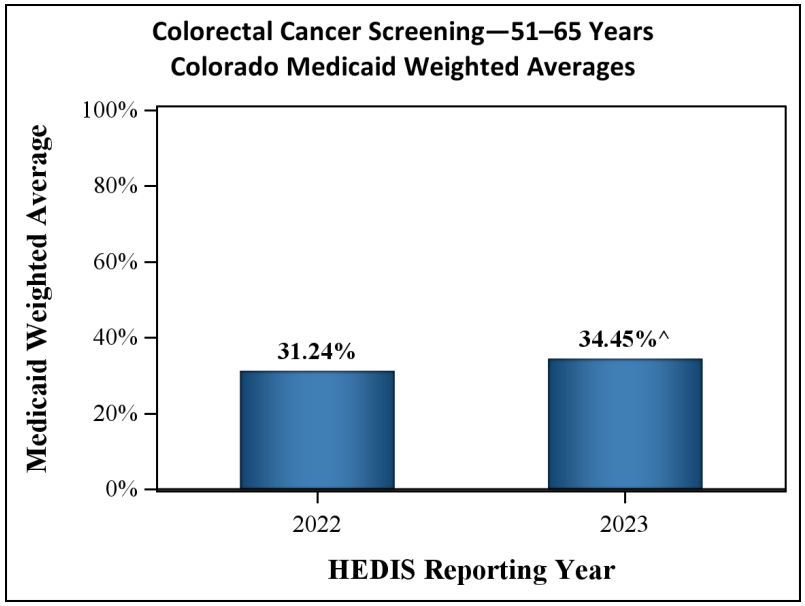
The Colorado Medicaid weighted average significantly improved from MY 2022 to MY 2023.



MCO performance varied by approximately 6 percentage points.

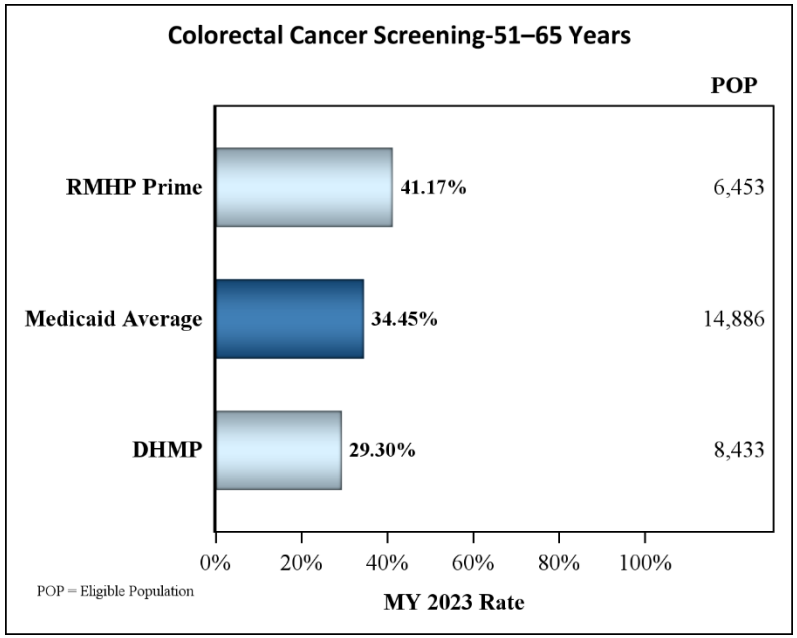
Colorectal Cancer Screening—51 to 65 Years

Colorectal Cancer Screening—51 to 65 Years measures the percentage of beneficiaries ages 51 to 65 years who had appropriate screening for colorectal cancer.



One caret (^) indicates a statistically significant improvement in performance from MY 2022 to MY 2023.

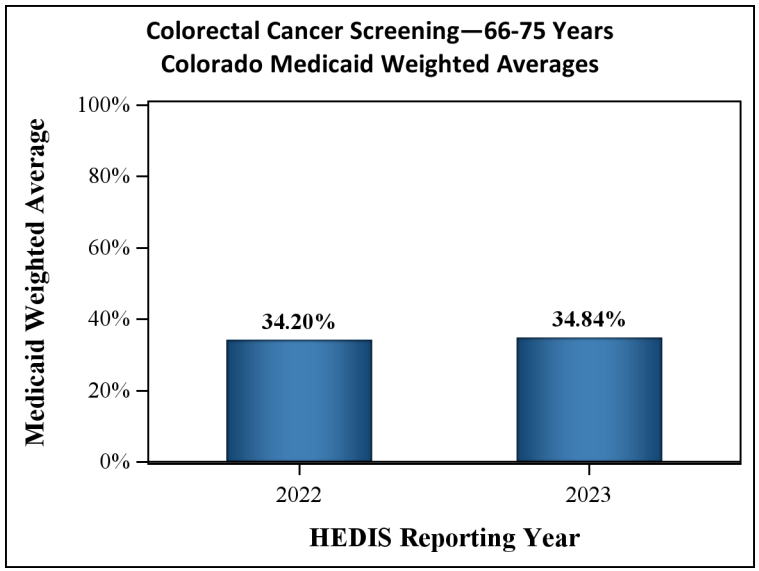
The Colorado Medicaid weighted average significantly improved from MY 2022 to MY 2023.



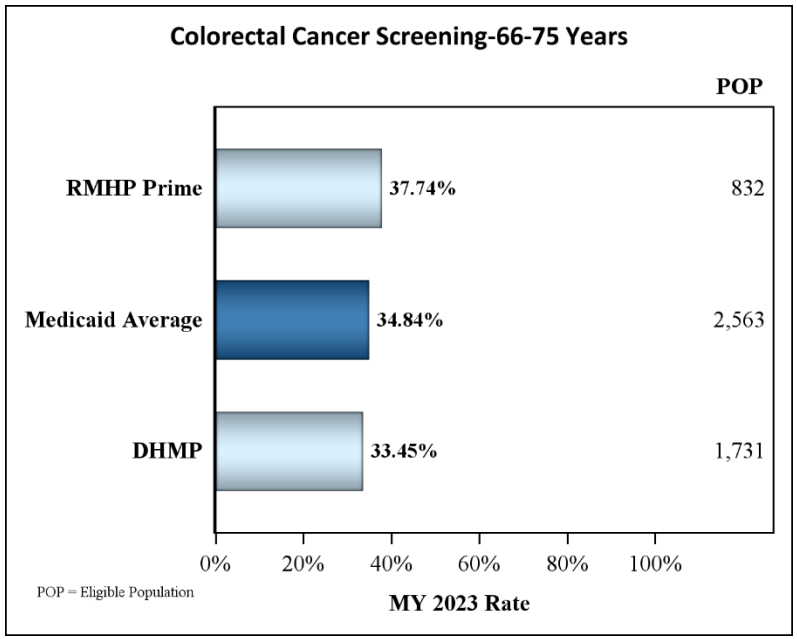
MCO performance varied by approximately 12 percentage points.

Colorectal Cancer Screening—66 to 75 Years

Colorectal Cancer Screening—66 to 75 Years measures the percentage of beneficiaries ages 66 to 75 years who had appropriate screening for colorectal cancer.



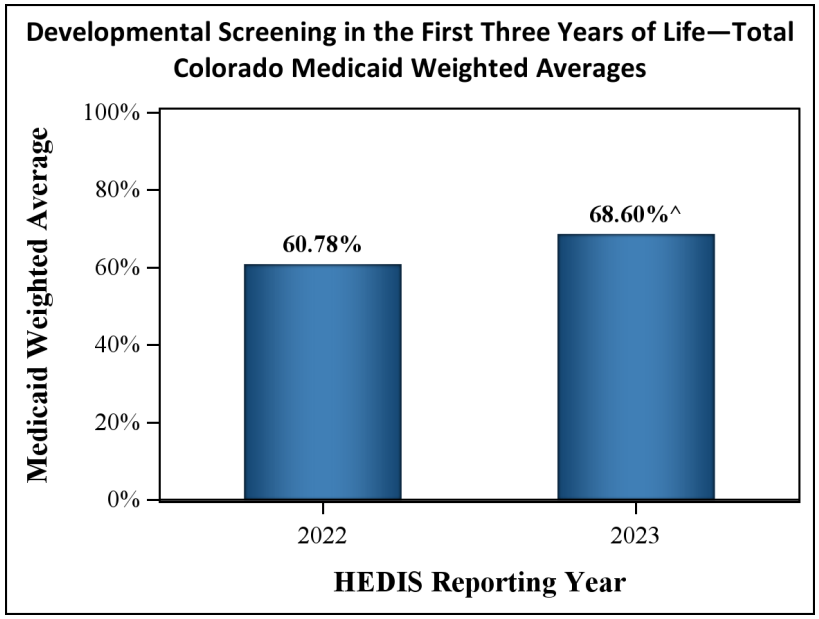
The Colorado Medicaid weighted average did not demonstrate a significant change from MY 2022 to MY 2023.



MCO performance varied by approximately 4 percentage points.

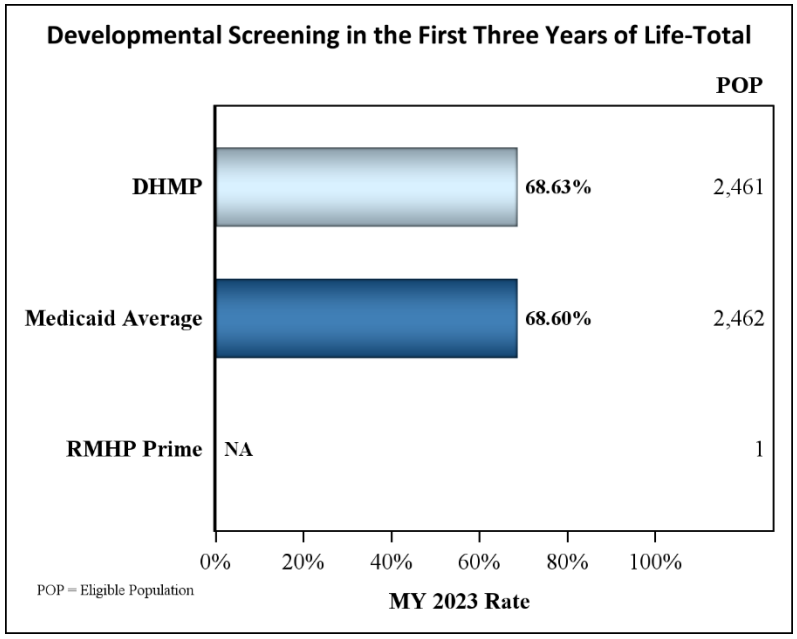
Developmental Screening in the First Three Years of Life—Total

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.



One caret (^) indicates a statistically significant improvement in performance from MY 2022 to MY 2023.

The Colorado Medicaid weighted average significantly improved from MY 2022 to MY 2023.

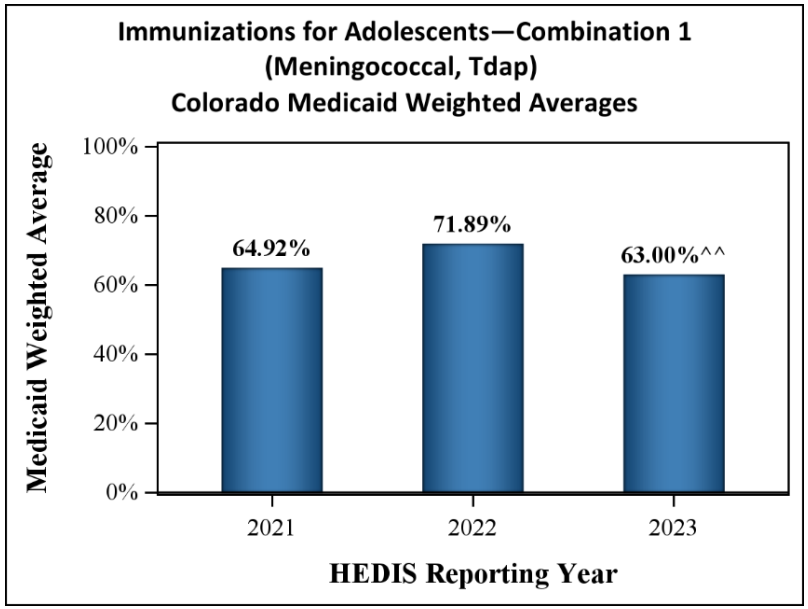


NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate. Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

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

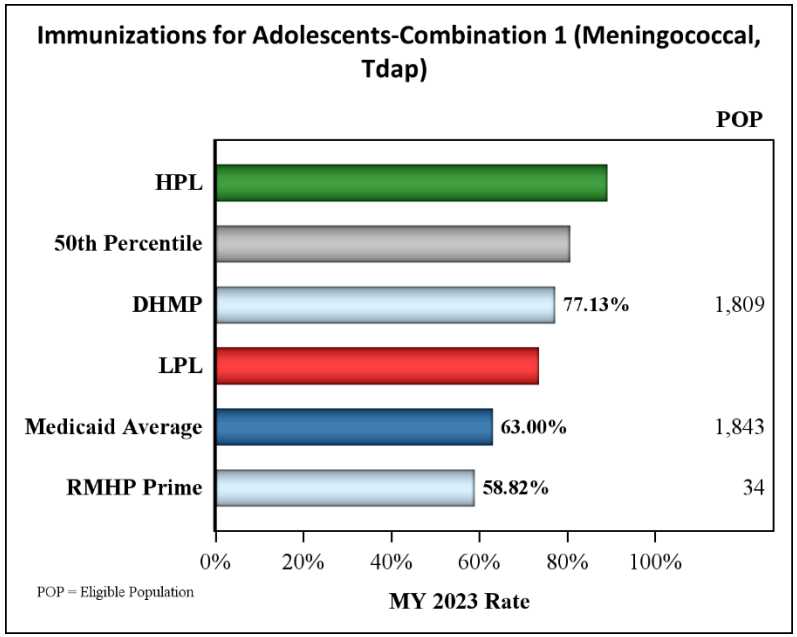
Immunizations for Adolescents—Combination 1

Immunizations for Adolescents—Combination 1 measures the percentage of members 13 years of age who had the following vaccines by their 13th birthday: one dose of meningococcal vaccine and one Tdap vaccine.



Two carets (^^) indicate a statistically significant decline in performance from MY 2022 to MY 2023.

The Colorado Medicaid weighted average significantly declined from MY 2022 to MY 2023.

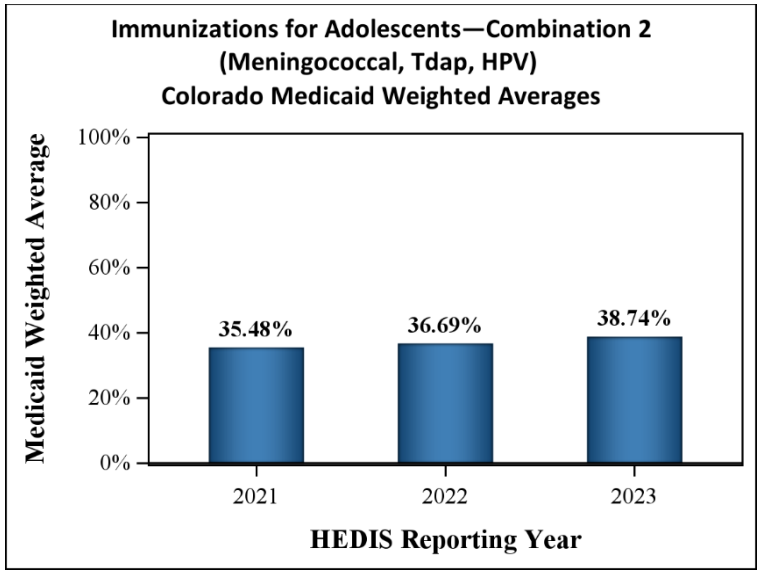


Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

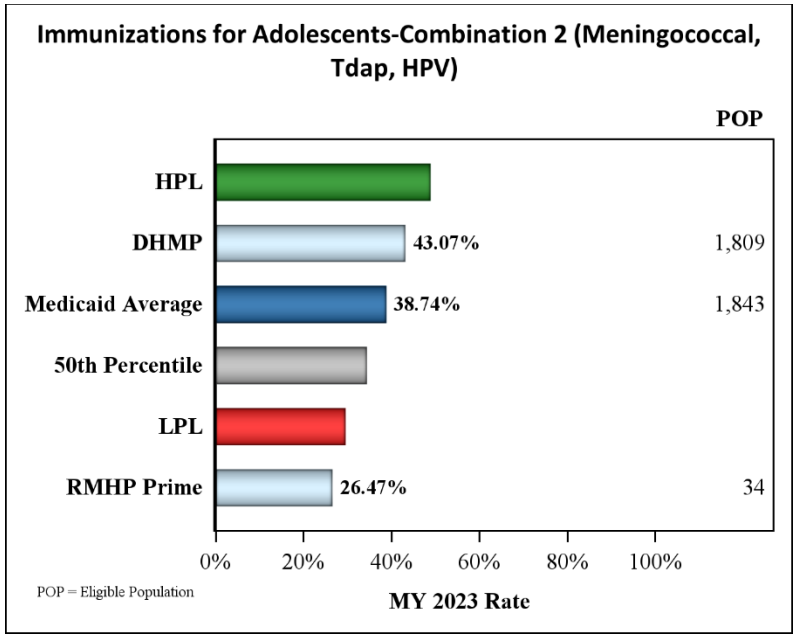
DHMP's rate was above the LPL but below the 50th percentile. RMHP Prime's rate and the Colorado Medicaid weighted average fell below the LPL. MCO performance varied by approximately 19 percentage points.

Immunizations for Adolescents—Combination 2

Immunizations for Adolescents—Combination 2 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 2022 to MY 2023.

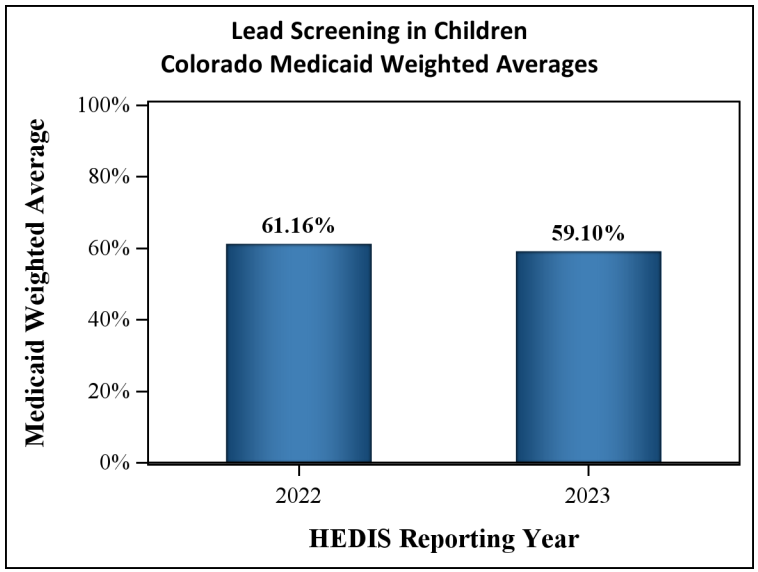


Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

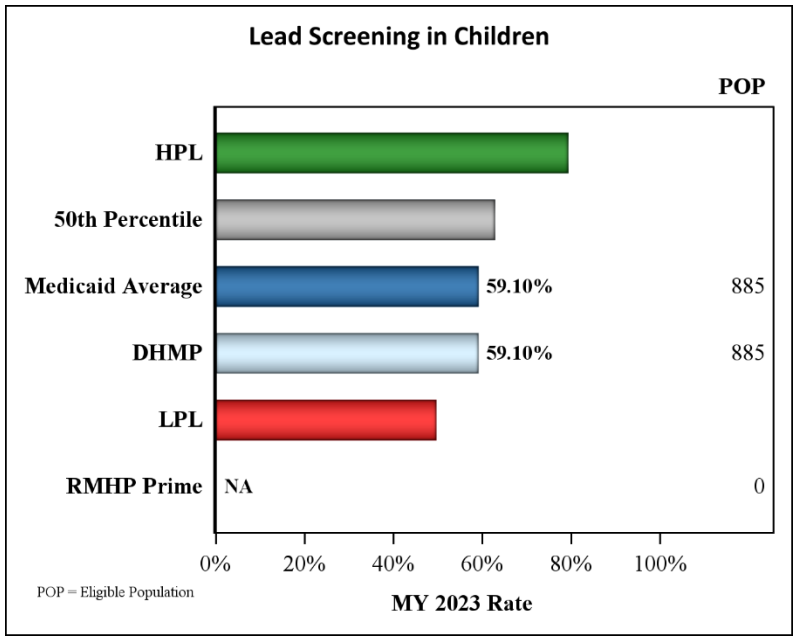
DHMP's rate and the Colorado Medicaid weighted average were above the 50th percentile but below the HPL. RMHP Prime's rate fell below the LPL. MCO performance varied by approximately 17 percentage points.

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.



The Colorado Medicaid weighted average did not demonstrate a significant change from MY 2022 to MY 2023.

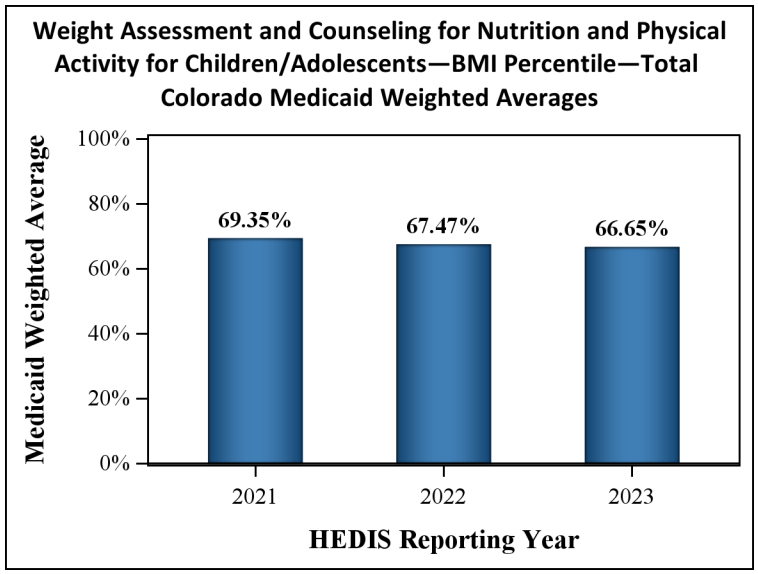


NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate. Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

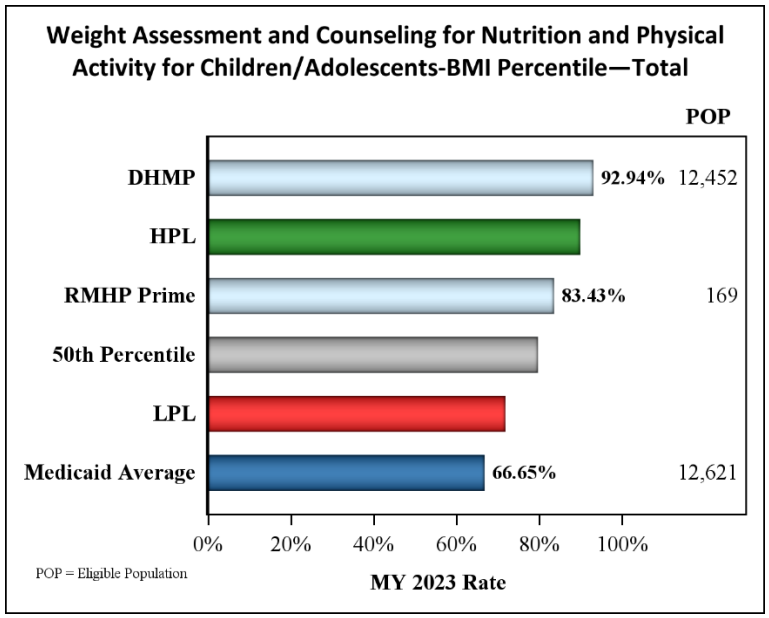
Only DHMP had a reportable rate. The MCO's rate and the Colorado Medicaid weighted average were above the LPL but below the 50th percentile.

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 BMI percentile documentation during the measurement year.



The Colorado Medicaid weighted average did not demonstrate a significant change from MY 2022 to MY 2023.

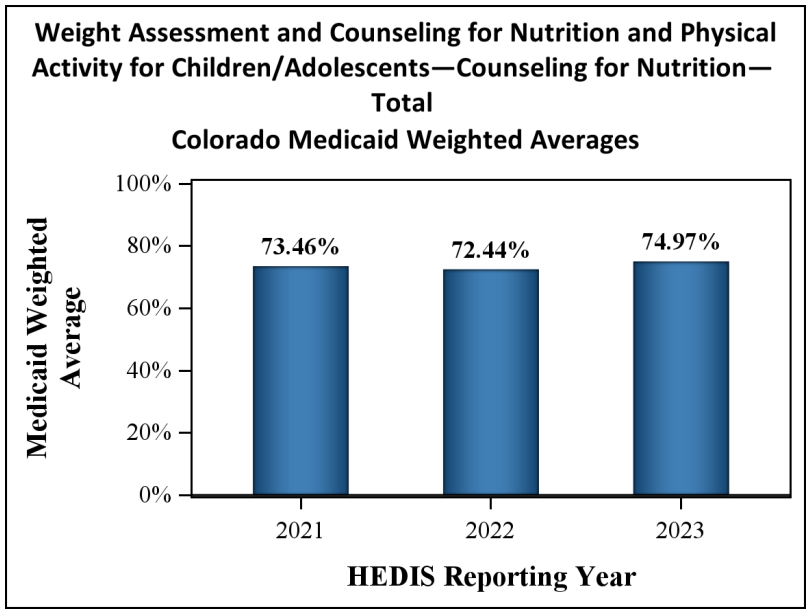


Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

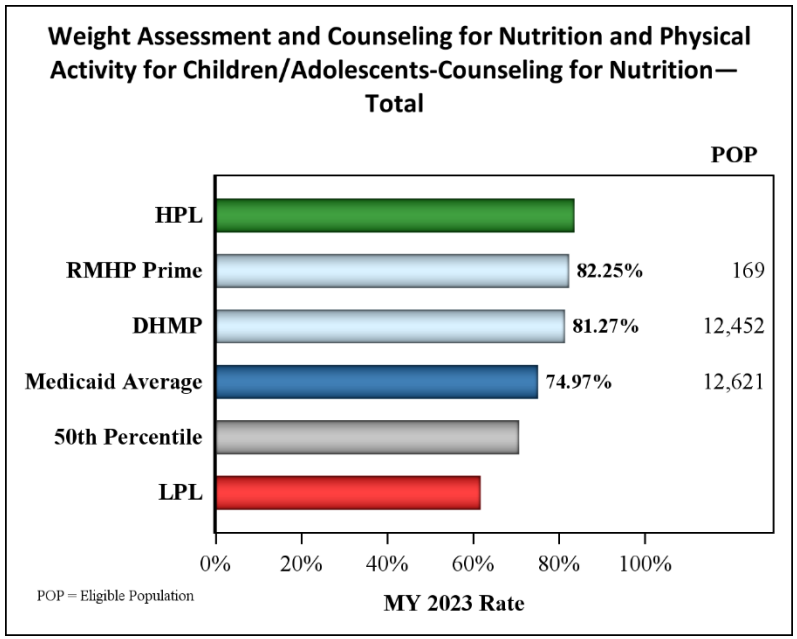
DHMP's rate exceeded the HPL. RMHP Prime's rate was above the 50th percentile but fell below the HPL. The Colorado Medicaid weighted average fell below the LPL. MCO performance varied by approximately 9 percentage points.

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 2022 to MY 2023.

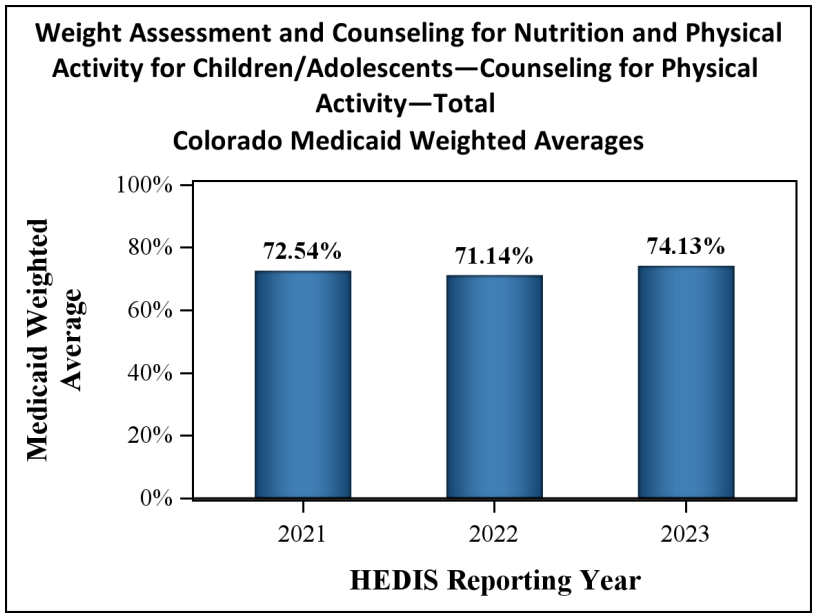


Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

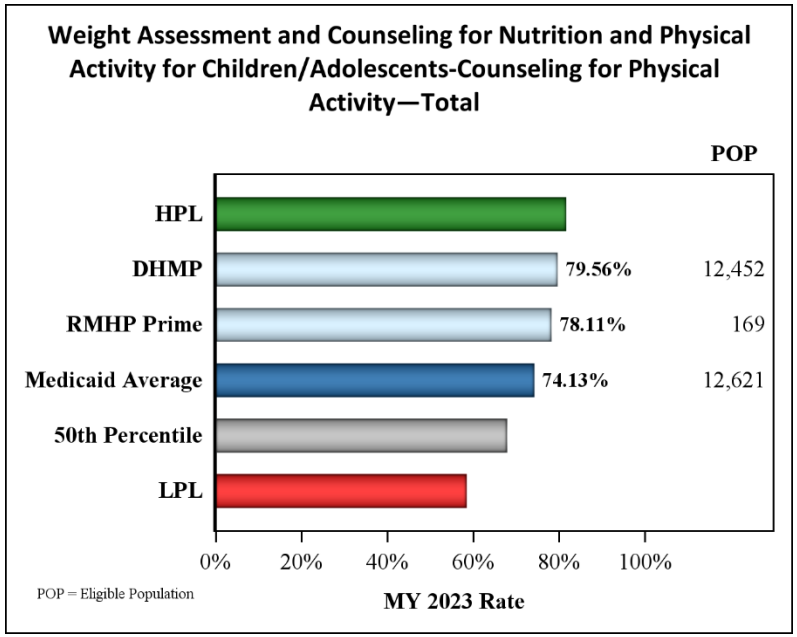
The Colorado Medicaid weighted average and both DHMP's RMHP Prime's rates were above the 50th percentile but below the HPL. MCO performance varied by approximately 1 percentage point.

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 2022 to MY 2023.

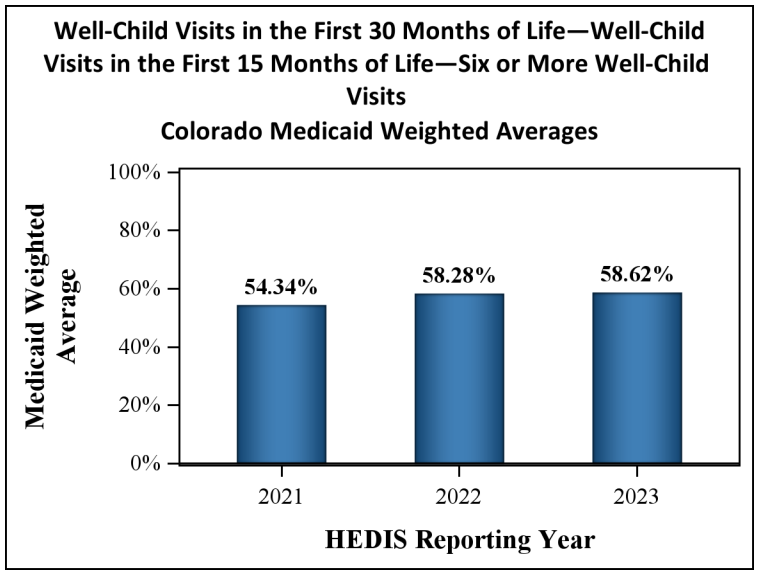


Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

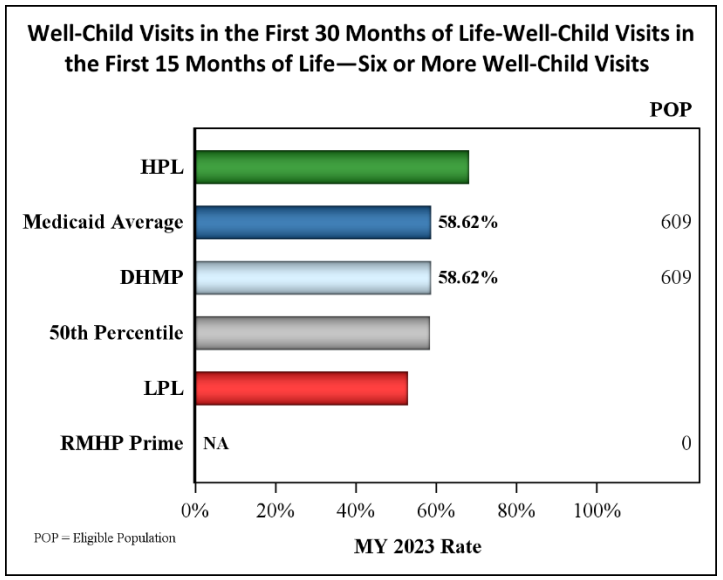
The Colorado Medicaid weighted average and both DHMP's and RMHP Prime's rates were above the 50th percentile but below the HPL. MCO performance varied by approximately 1 percentage point.

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

Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months of Life—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 2022 to MY 2023.

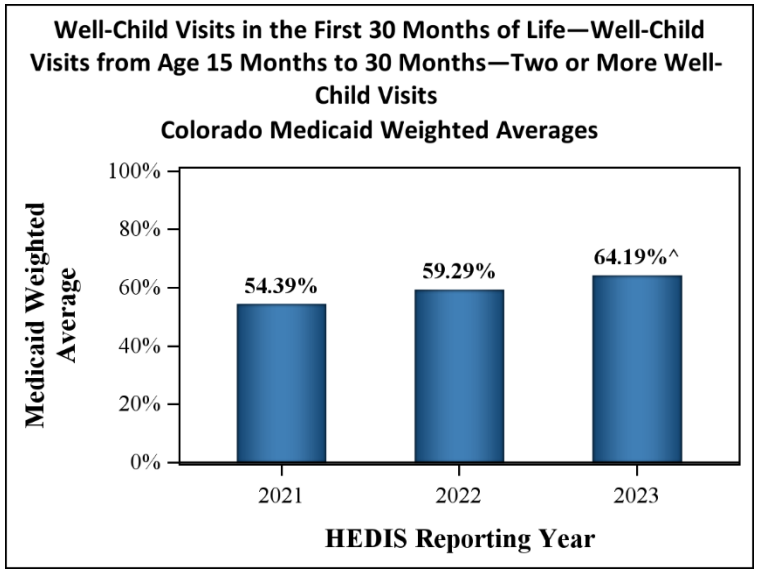


NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate. Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

Only DHMP had a reportable rate. The MCO's rate and the Colorado Medicaid weighted average were above the 50th percentile but below the HPL.

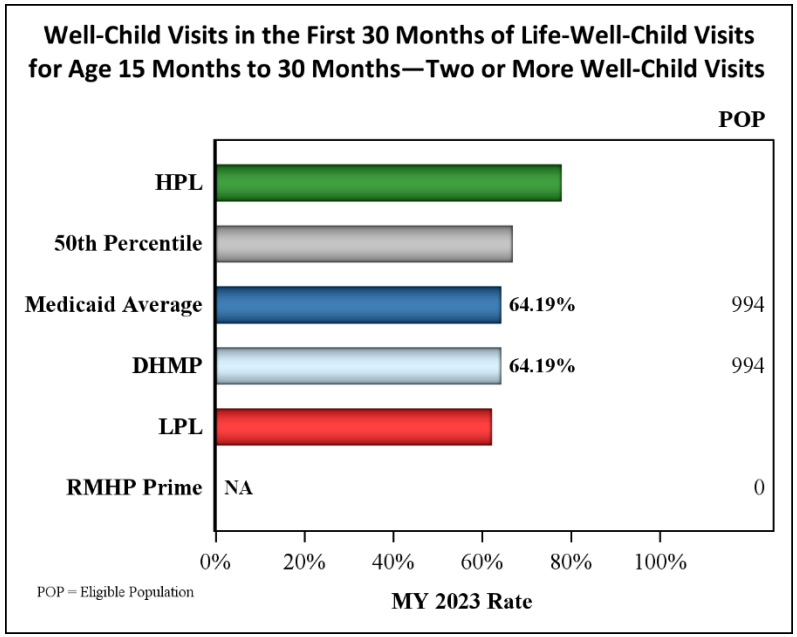
Well-Child Visits in the First 30 Months of Life—Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits

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 2022 to MY 2023.

The Colorado Medicaid weighted average significantly improved from MY 2022 to MY 2023.



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

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
Breast Cancer Screening		
52 to 64 Years	—	—
65 to 74 Years	—	—
Cervical Cancer Screening[H]		
Cervical Cancer Screening	★	★
Child and Adolescent Well-Care Visits[1,H]		
Total	★★	★
Childhood Immunization Status[1,H]		
Combination 3	★★★★	—
Combination 7	★★★★	—
Combination 10	★★★★	—
Chlamydia Screening in Women[H]		
16 to 20 Years[1]	★★★★★	★
21 to 24 Years	★★★★★	★
Colorectal Cancer Screening		
46 to 50 Years	—	—
51 to 65 Years	—	—
66 Years to 75 Years	—	—
Developmental Screening in the First Three Years of Life[1,H]		
Total	—	—
Immunizations for Adolescents[1,H]		
Combination 1	★	★
Combination 2	★★★	★
Lead Screening in Children[1,H]		
Lead Screening in Children	★★	—
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents[1,H]		
BMI Percentile—Total	★	★
Counseling for Nutrition—Total	★★★	★
Counseling for Physical Activity—Total	★★★	★

Performance Measures	DHMP	RMHP Prime
Well-Child Visits in the First 30 Months of Life[1,H]		
Well-Child Visits in the First 15 Months of Life—Six or More Well-Child Visits	★★★	—
Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits	★★	—

[1]Due to differences in member eligibility for children in RMHP Prime, rates may not be comparable to DHMP's rates.
[H] 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	3	4	3	3
RMHP Prime	0	0	0	0	9

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 all nine (100 percent) reportable HEDIS measure indicator rates for RMHP Prime falling below the 25th percentile.

For the *Child Immunization Status* and *Chlamydia Screening in Women* measures, DHMP demonstrated stronger performance, reporting a rate above the 75th percentile. However, both MCOs fell below the 50th percentile for the *Cervical Cancer Screening*, *Immunization for Adolescents—Combination 1*, and *Adolescent Well-Care Visits* measures. HSAG recommends that the MCOs and the Department consider further analysis of key drivers using a segmentation analysis, where the noncompliant members for each measure are stratified by age, gender, race, geography, and provider. Results of this kind of analysis can help to identify key drivers that could be focal points for interventions that would be effective with a larger proportion of the noncompliant population. Additionally, HSAG continues to recommend multidisciplinary work groups designed to solicit and share best practices from other organizations within and/or outside of the State.

Maternal and Perinatal Health

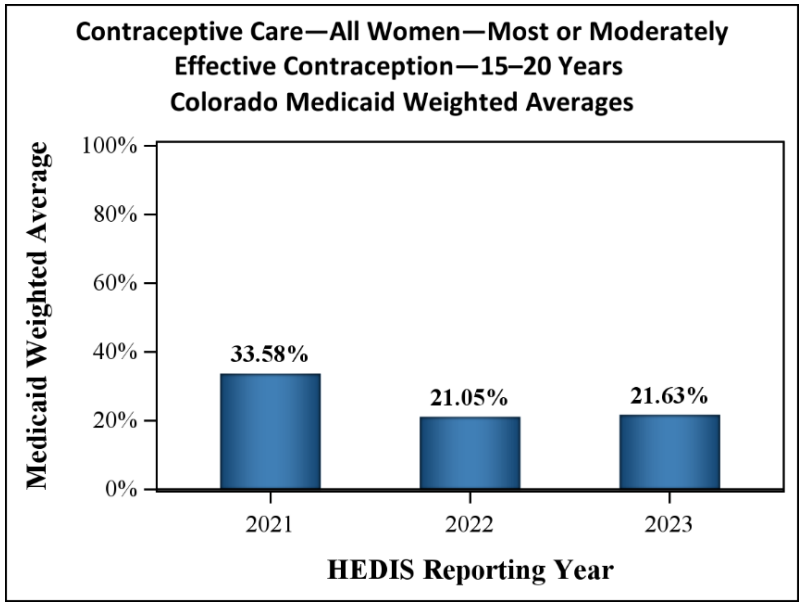
The following section provides a detailed analysis of the Colorado Medicaid MCOs' performance for the Maternal and Perinatal Health domain. The Maternal and Perinatal Health domain encompasses the following measures:

- *Contraceptive Care—All Women—MMEC—15 to 20 Years* and *21 to 44 Years*, and *LARC—15 to 20 Years* and *21 to 44 Years*
- *Contraceptive Care—Postpartum Women—MMEC—15 to 20 Years* and *21 to 44 Years—3 Days*, and *15 to 20 Years* and *21 to 44 Years—90 Days*; and *LARC—15 to 20 Years* and *21 to 44 Years—3 Days*, and *15 to 20 Years* and *21 to 44 Years—90 Days*
- *Prenatal and Postpartum Care—Timeliness of Prenatal Care and Postpartum Care*

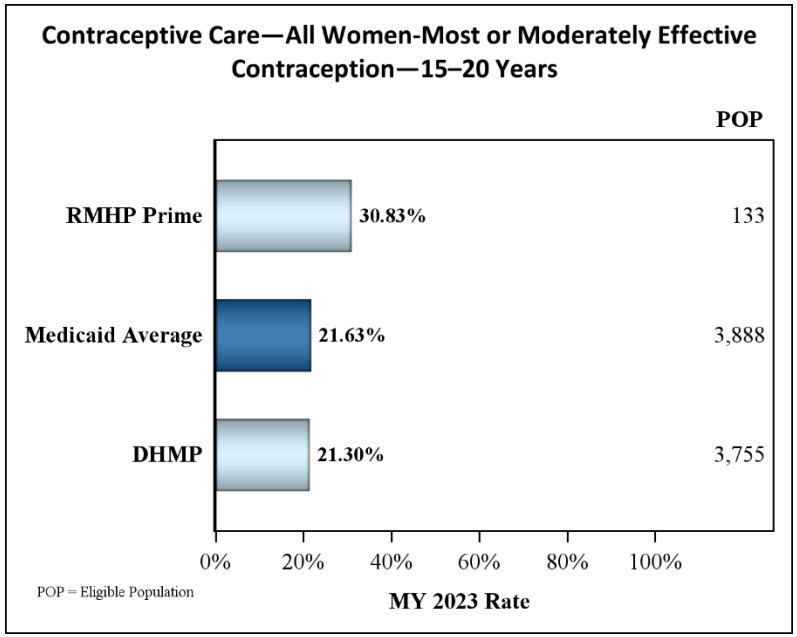
Please see the "Reader's Guide" section for guidance on interpreting the figures presented within this section. For reference, additional analyses for each measure indicator are displayed in Appendix A and Appendix B.

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

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



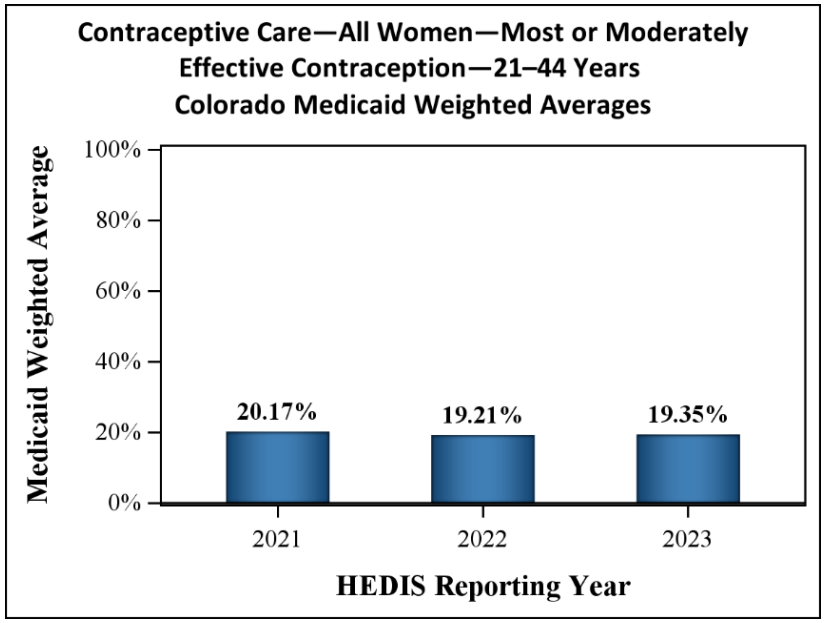
The Colorado Medicaid weighted average did not demonstrate a significant change from MY 2022 to MY 2023.



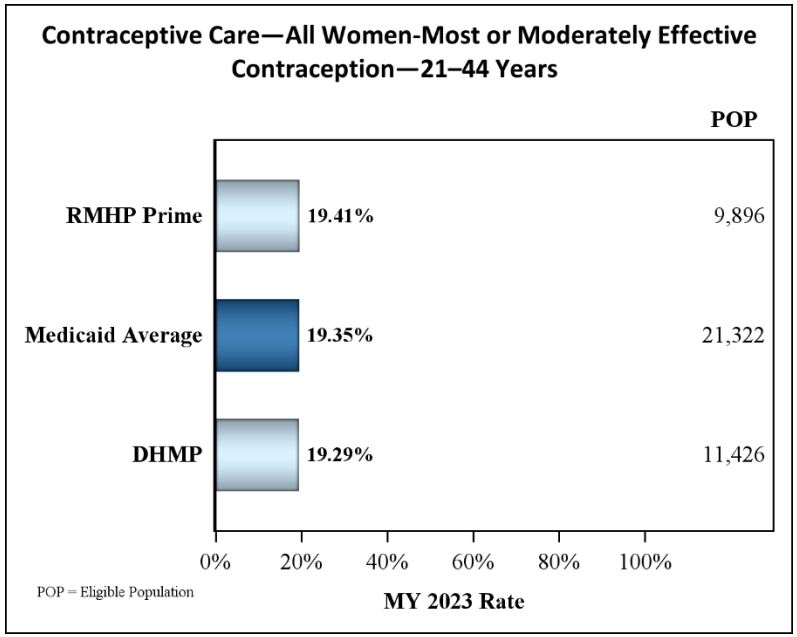
MCO performance varied by approximately 9 percentage points.

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

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



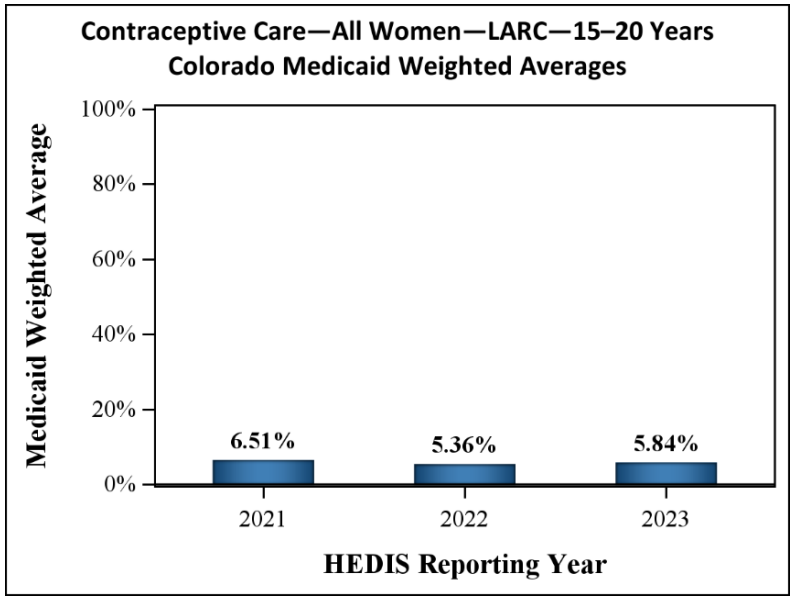
The Colorado Medicaid weighted average did not demonstrate a significant change from MY 2022 to MY 2023.



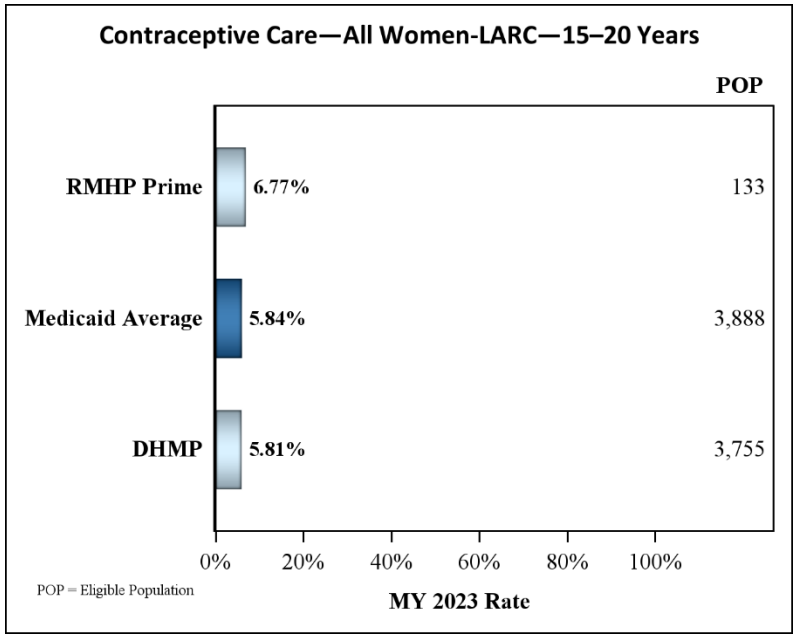
MCO performance varied by less than 1 percentage point.

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

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



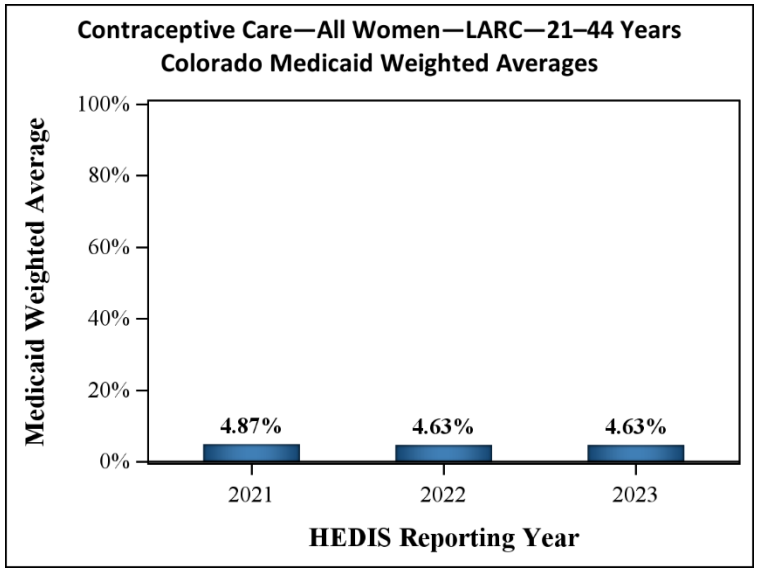
The Colorado Medicaid weighted average did not demonstrate a significant change from MY 2022 to MY 2023.



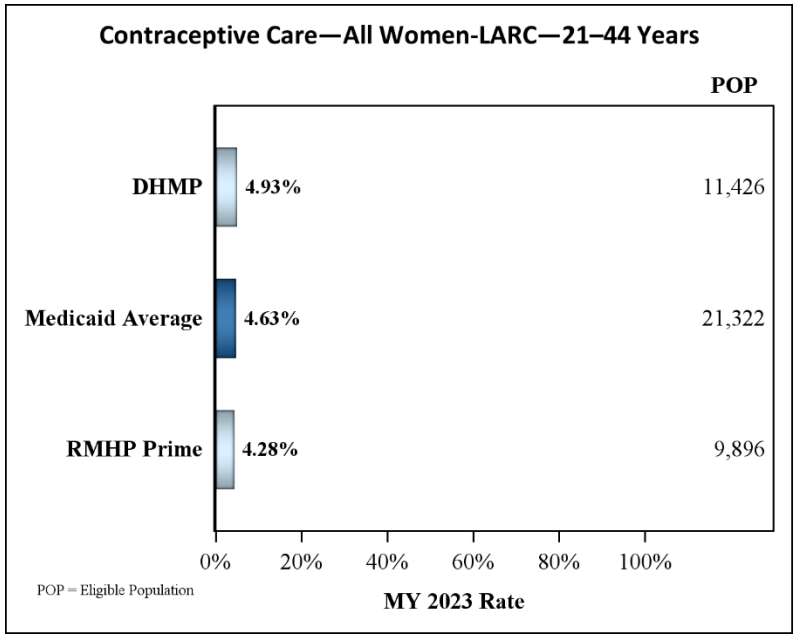
MCO performance varied by approximately 1 percentage point.

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

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



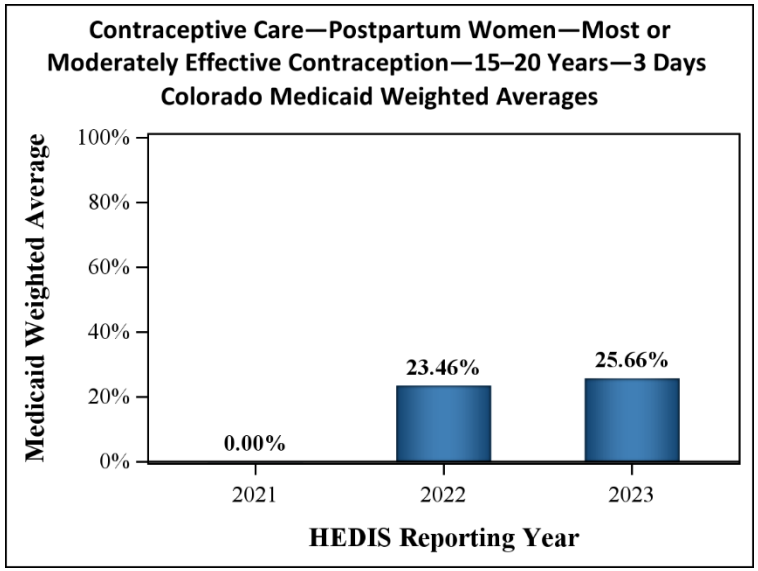
The Colorado Medicaid weighted average did not demonstrate a significant change from MY 2022 to MY 2023.



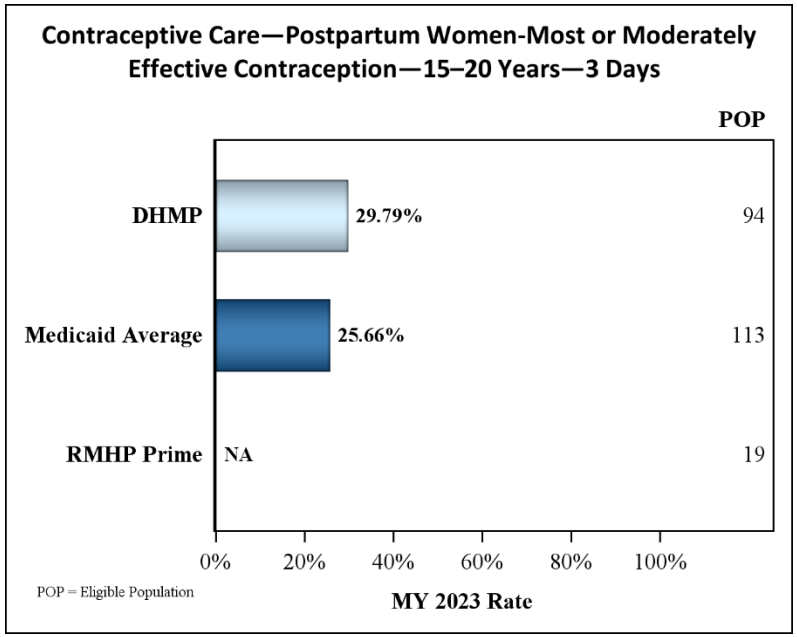
MCO performance varied by less than 1 percentage point.

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

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



The Colorado Medicaid weighted average did not demonstrate a significant change from MY 2022 to MY 2023.

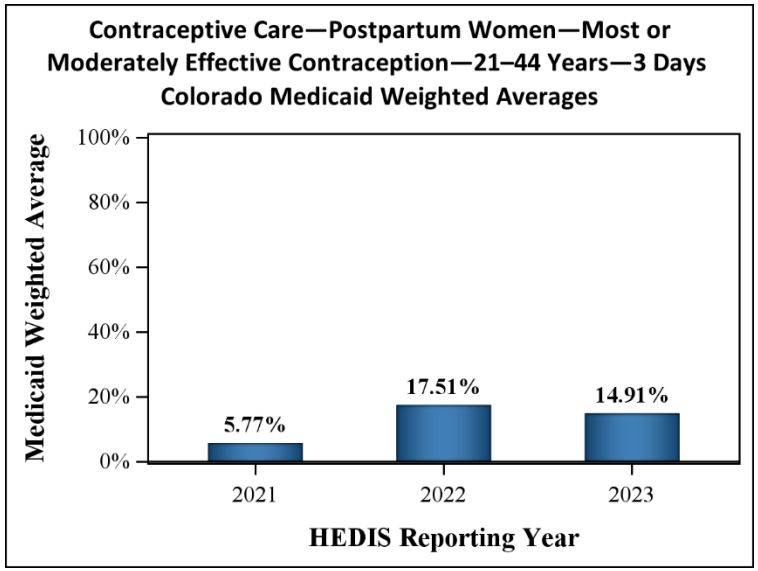


NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate.

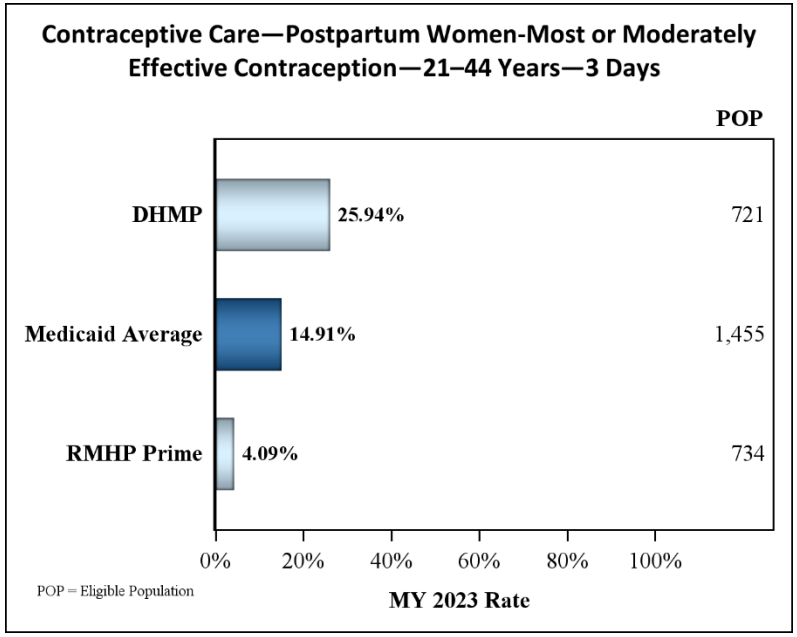
Only DHMP had a reportable rate.

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

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



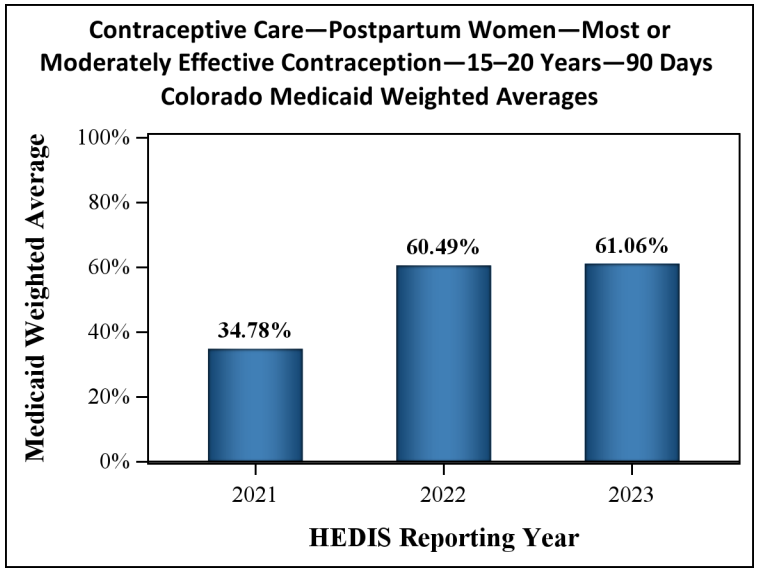
The Colorado Medicaid weighted average did not demonstrate a significant change from MY 2022 to MY 2023.



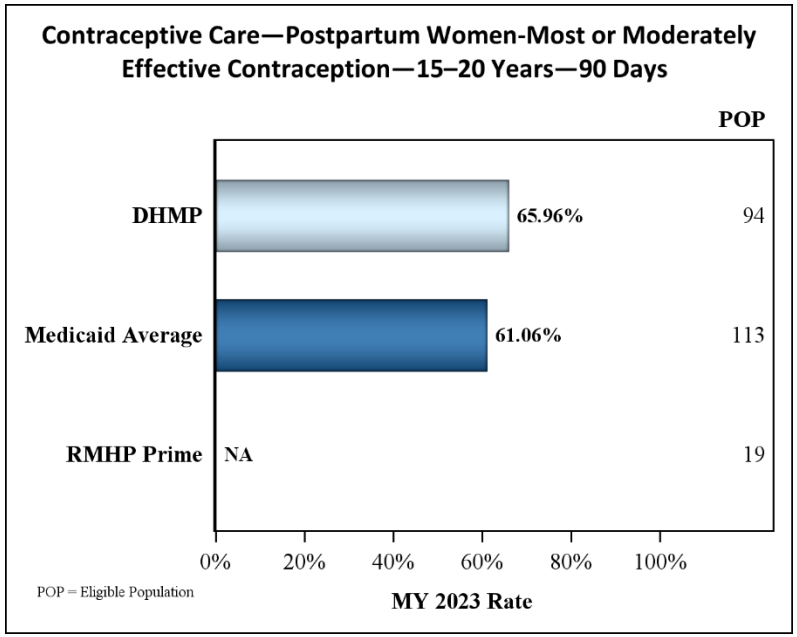
MCO performance varied by approximately 21 percentage points.

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

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



The Colorado Medicaid weighted average did not demonstrate a significant change from MY 2022 to MY 2023.

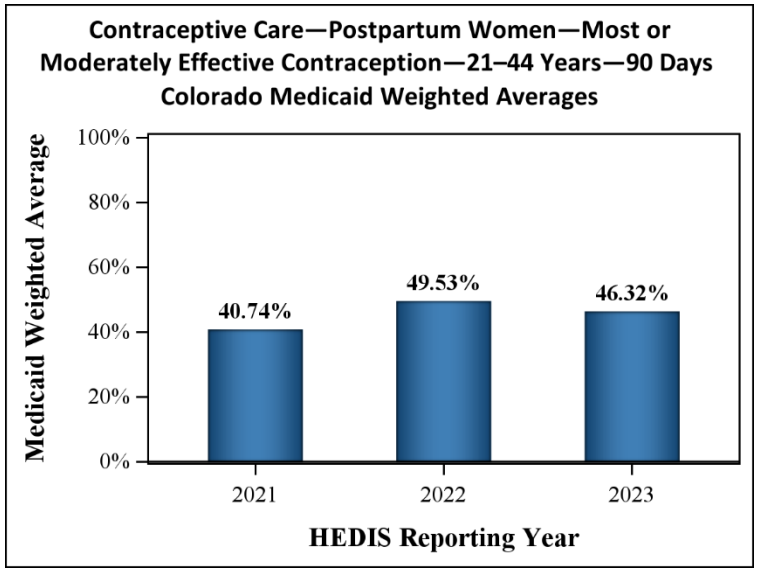


NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate.

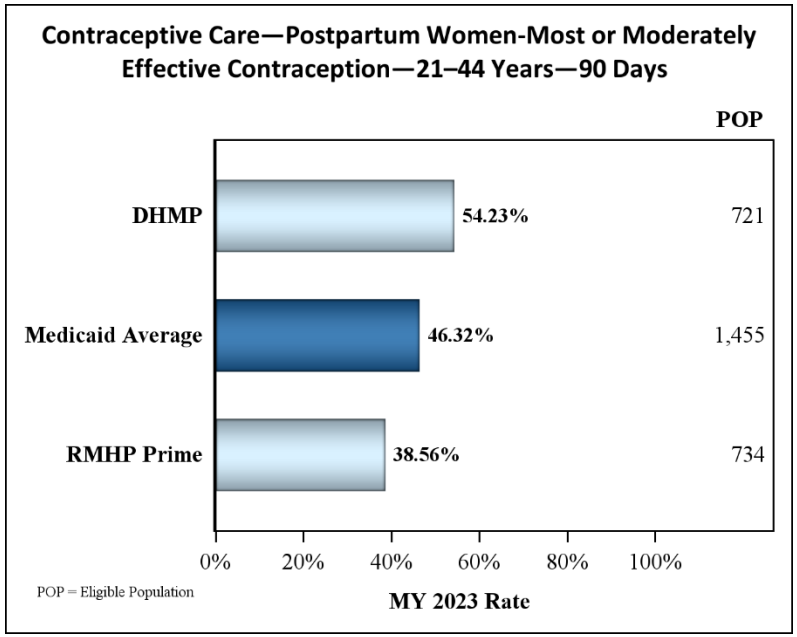
Only DHMP had a reportable rate.

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

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



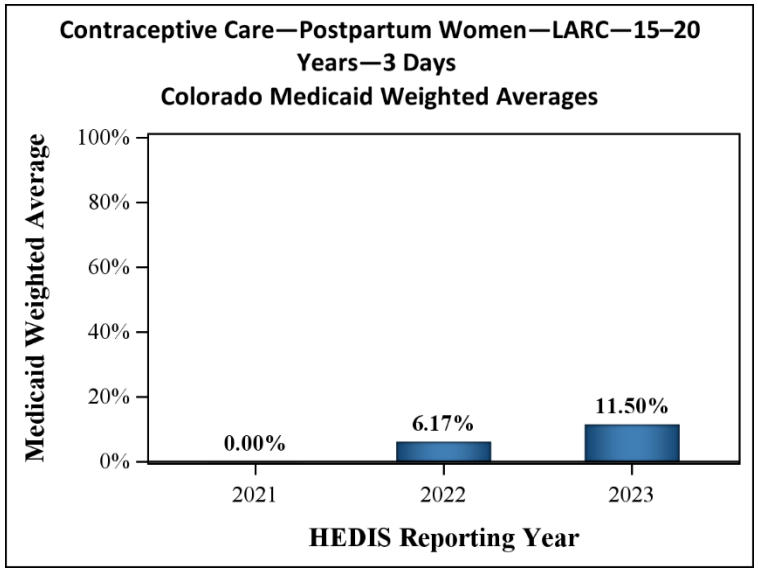
The Colorado Medicaid weighted average did not demonstrate a significant change from MY 2022 to MY 2023.



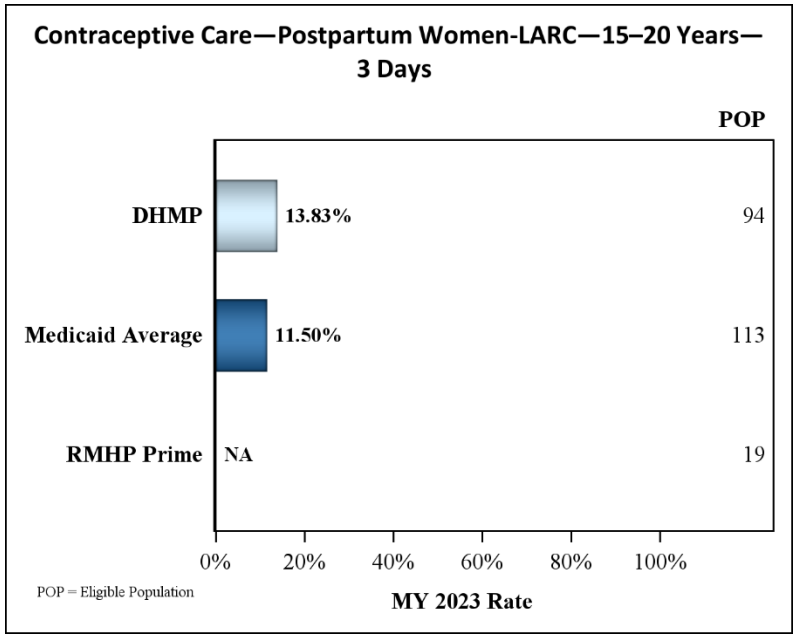
MCO performance varied by approximately 16 percentage points.

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

Contraceptive Care—Postpartum Women—LARC—15 to 20 Years—3 Days 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 2022 to MY 2023.

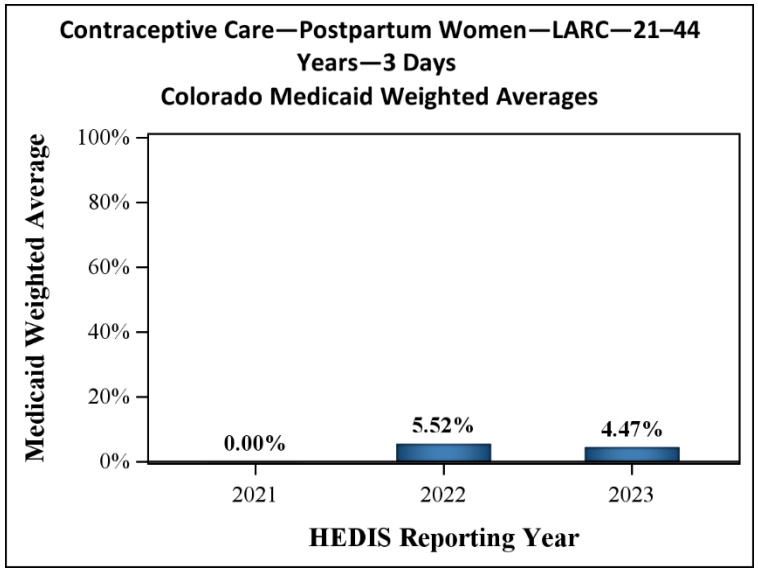


NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate.

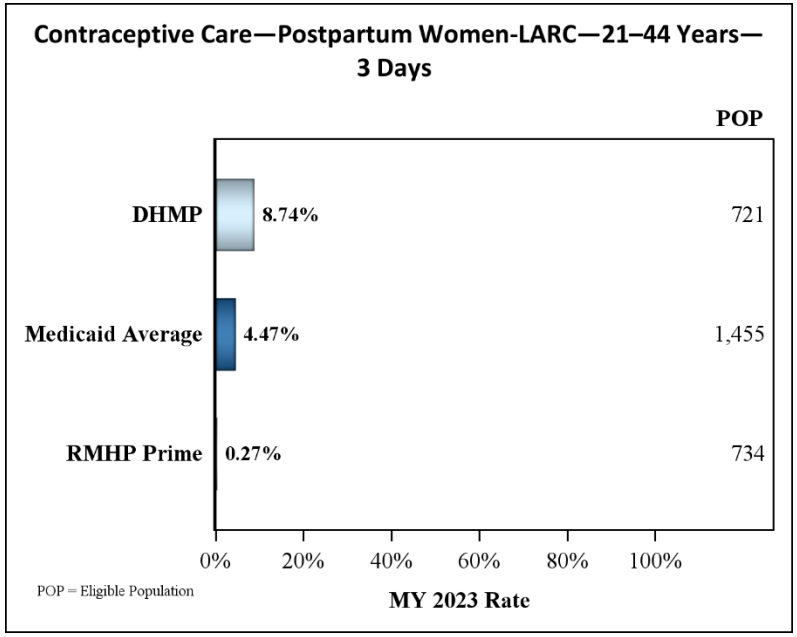
Only DHMP had a reportable rate.

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

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



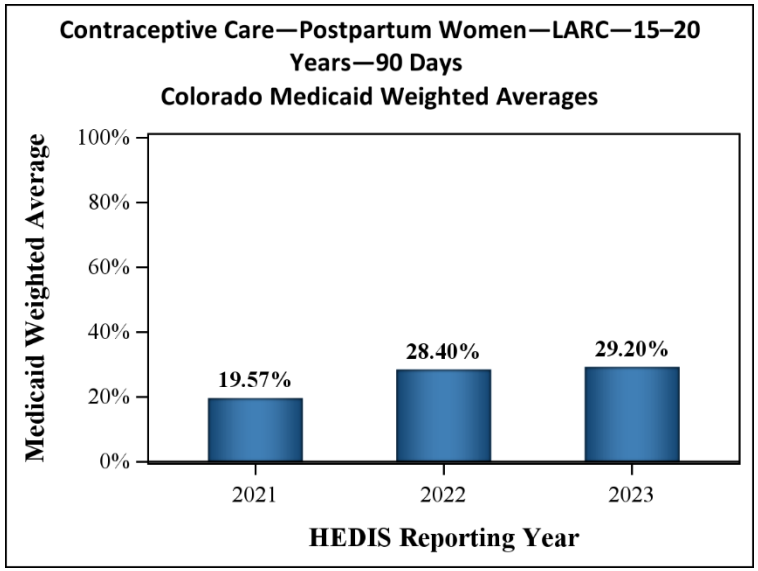
The Colorado Medicaid weighted average did not demonstrate a significant change from MY 2022 to MY 2023.



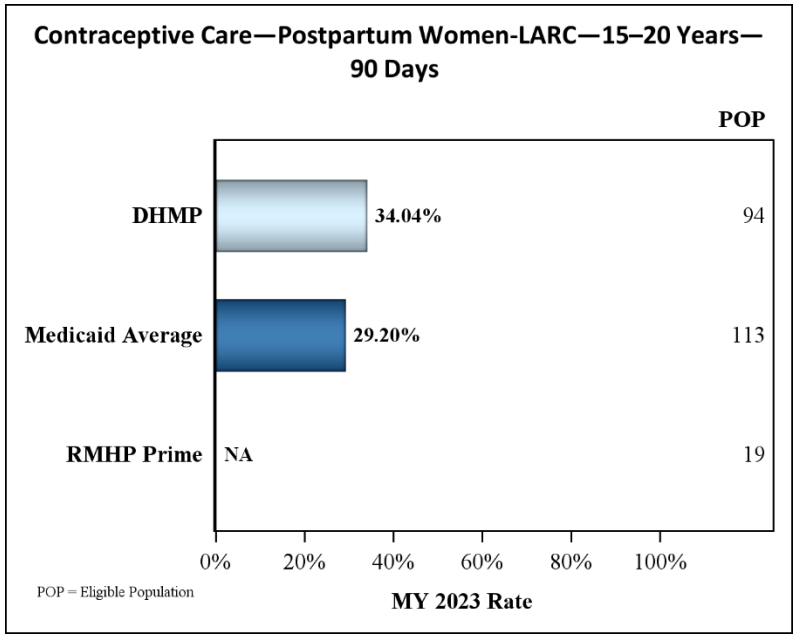
MCO performance varied by approximately 8 percentage points.

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

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



The Colorado Medicaid weighted average did not demonstrate a significant change from MY 2022 to MY 2023.

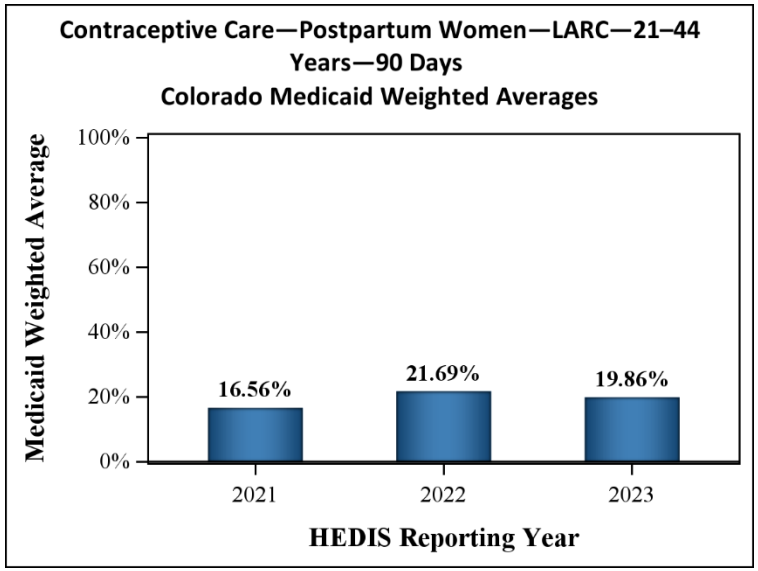


NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate.

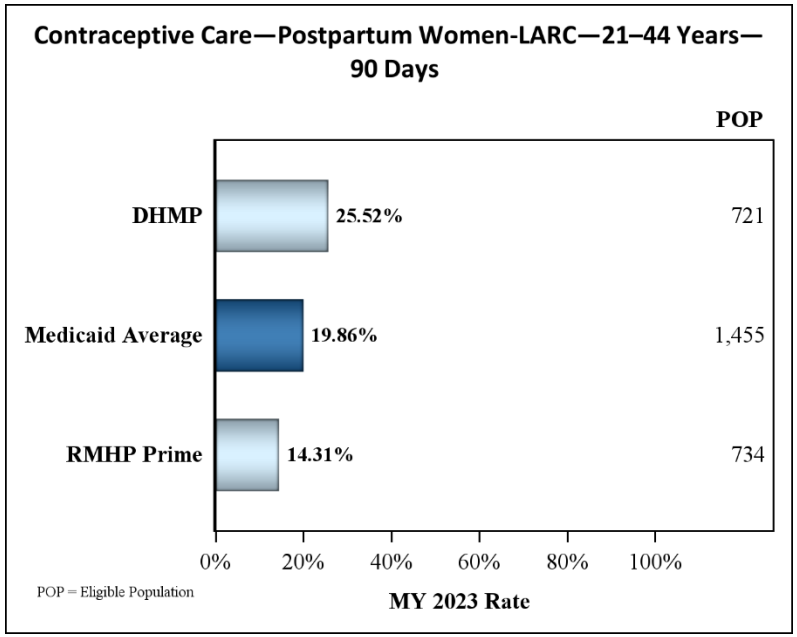
Only DHMP had a reportable rate.

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

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



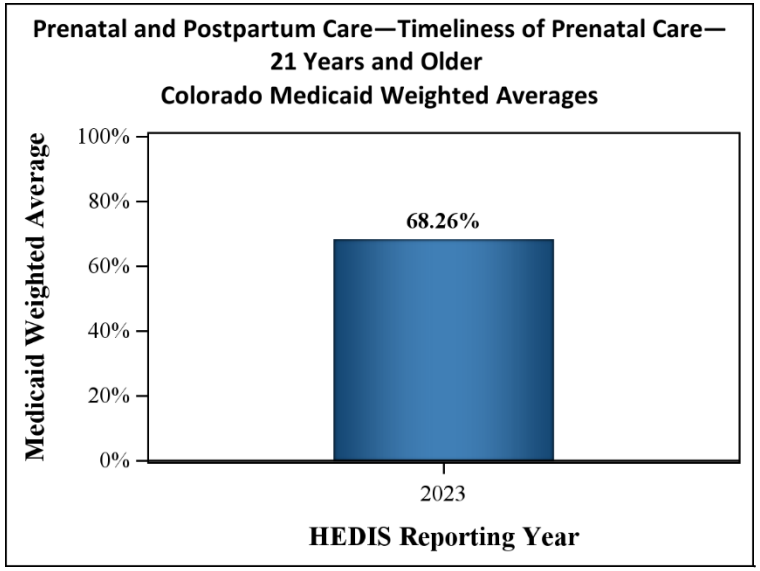
The Colorado Medicaid weighted average did not demonstrate a significant change from MY 2022 to MY 2023.



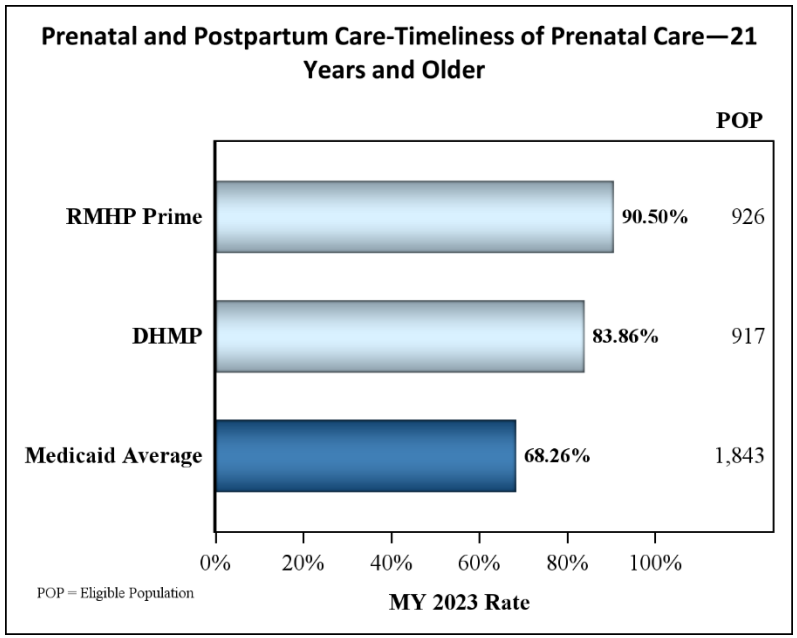
MCO performance varied by approximately 11 percentage points.

Prenatal and Postpartum Care—Timeliness of Prenatal Care—21 Years and Older

Prenatal and Postpartum Care—Timeliness of Prenatal Care—21 Years and Older measures the percentage of deliveries of live births for beneficiaries ages 21 years and older who received a prenatal care visit in the first trimester, on the enrollment start date, or within 42 days of enrollment in the MCO.



Please note that this measure could not be compared to any national benchmarks, and it is the first year being reported so it cannot be compared to prior years.

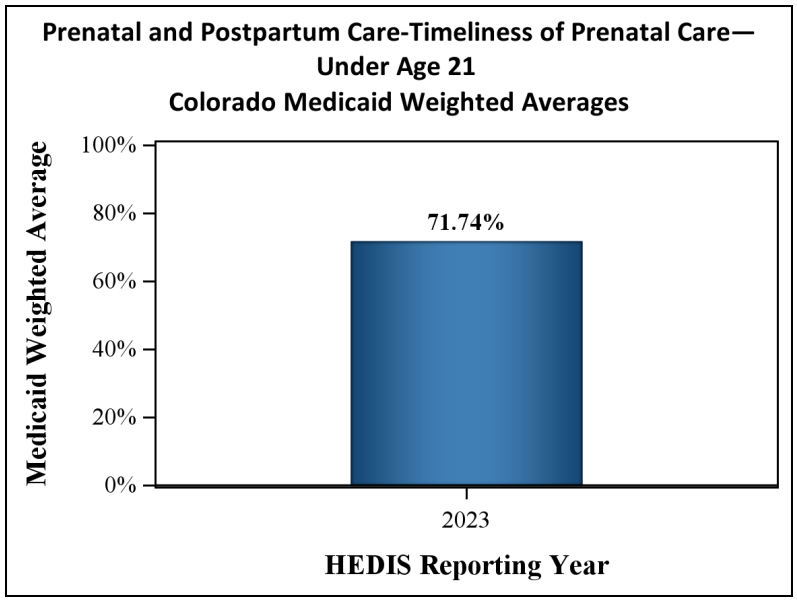


Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

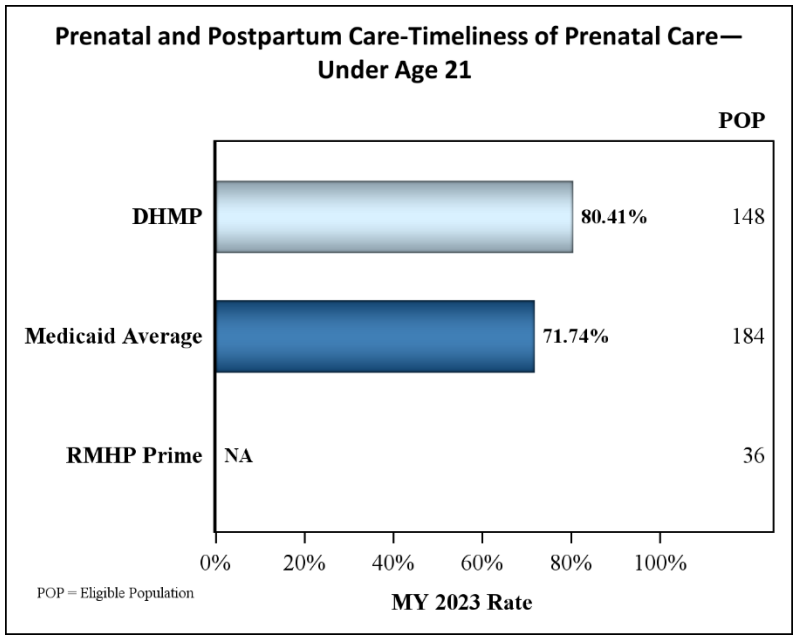
MCO performance varied by approximately 7 percentage points.

Prenatal and Postpartum Care—Timeliness of Prenatal Care—Under Age 21

Prenatal and Postpartum Care—Timeliness of Prenatal Care—Under Age 21 measures the percentage of deliveries of live births for beneficiaries under 21 years of age who received a prenatal care visit in the first trimester, on the enrollment start date, or within 42 days of enrollment in the MCO.



Please note that this measure could not be compared to any national benchmarks, and it is the first year being reported so it cannot be compared to prior years.

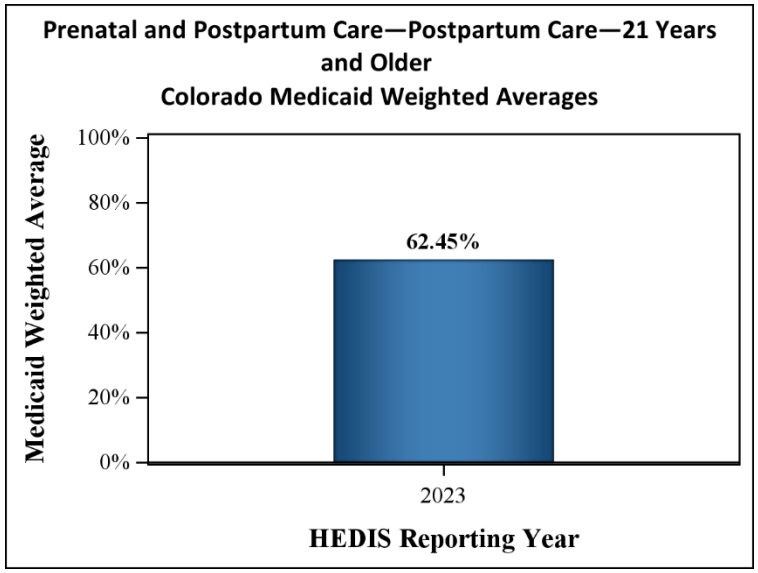


Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

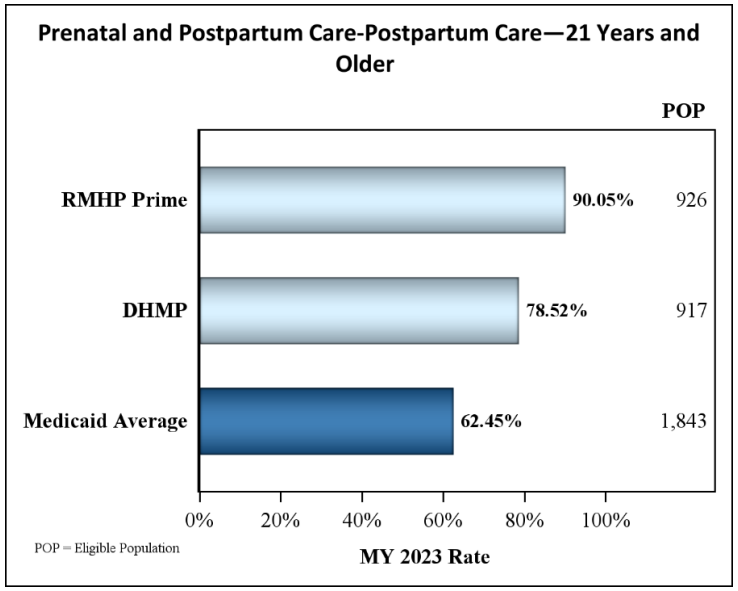
Only DHMP had a reportable rate.

Prenatal and Postpartum Care—Postpartum Care—21 Years and Older

Prenatal and Postpartum Care—Postpartum Care—21 Years and Older measures the percentage of deliveries of live births for beneficiaries ages 21 years and older who had a postpartum visit on or between seven and 84 days after delivery.



Please note that this measure could not be compared to any national benchmarks, and it is the first year being reported so it cannot be compared to prior years.

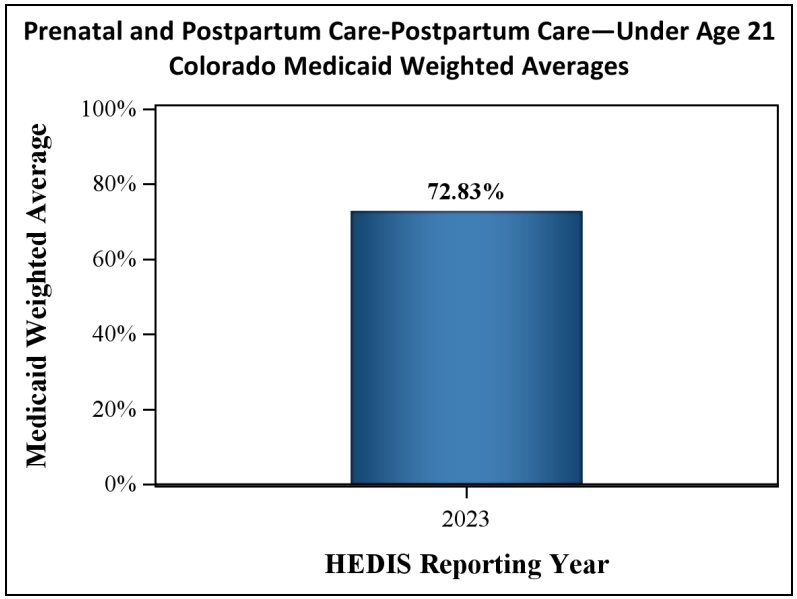


Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

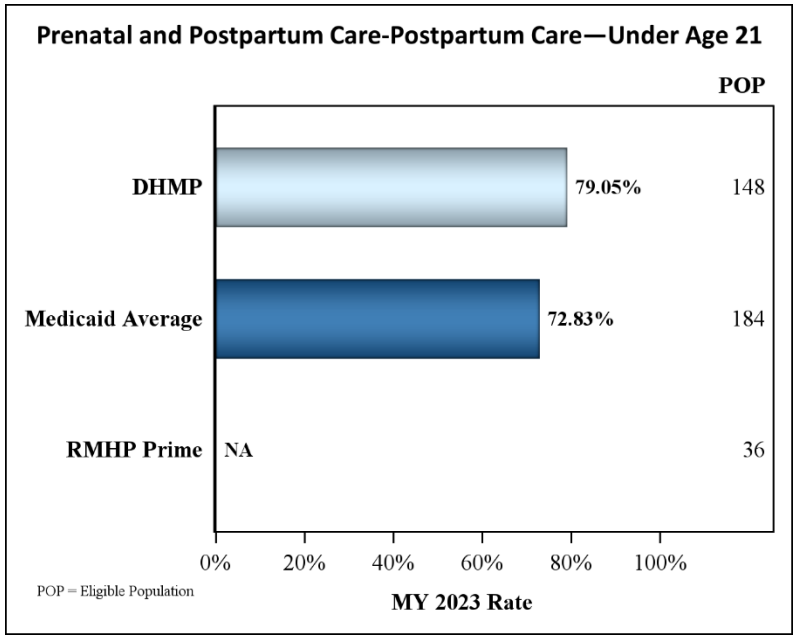
MCO performance varied by approximately 12 percentage points.

Prenatal and Postpartum Care—Postpartum Care—Under Age 21

Prenatal and Postpartum Care—Postpartum Care—Under Age 21 measures the percentage of deliveries of live births for beneficiaries under 21 years of age who had a postpartum visit on or between seven and 84 days after delivery.



Please note that this measure could not be compared to any national benchmarks, and it is the first year being reported so it cannot be compared to prior years.



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

MCO performance varied by approximately 7 percentage points.

Summary of Findings and Recommendations

Table 3-1 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
Contraceptive Care—All Women		
MMEC—15 to 20 Years	—	—
MMEC—21 to 44 Years	—	—
LARC—15 to 20 Years	—	—
LARC—21 to 44 Years	—	—
Contraceptive Care—Postpartum Women		
MMEC—15 to 20 Years—3 Days	—	—
MMEC—21 to 44 Years—3 Days	—	—
MMEC—15 to 20 Years—90 Days	—	—
MMEC—21 to 44 Years—90 Days	—	—
LARC—15 to 20 Years—3 Days	—	—
LARC—21 to 44 Years—3 Days	—	—
LARC—15 to 20 Years—90 Days	—	—
LARC—21 to 44 Years—90 Days	—	—
Prenatal and Postpartum Care[H]		
Timeliness of Prenatal Care—21 Years and Older	—	—
Timeliness of Prenatal Care—Under Age 21	—	—
Postpartum Care—21 Years and Older	—	—
Postpartum Care— Under 21 Years	—	—

[H] 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.

For MY 2023, none of the measures in the Maternal and Perinatal Health domain could be compared to NCQA Quality Compass benchmarks; therefore, a percentile ranking was not determined. HSAG was not able to draw formal conclusions regarding performance based on MY 2023 reported results. Nonetheless, the MCO results provide additional information that may be used to assess quality improvement interventions.

Care of Acute and Chronic Conditions

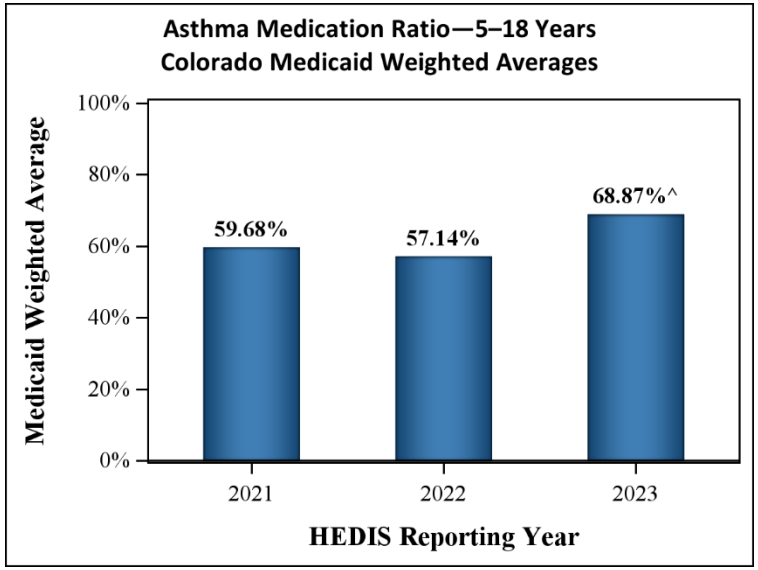
The following section provides a detailed analysis of the Colorado Medicaid MCOs' performance for the Care of Acute and Chronic Conditions domain.

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

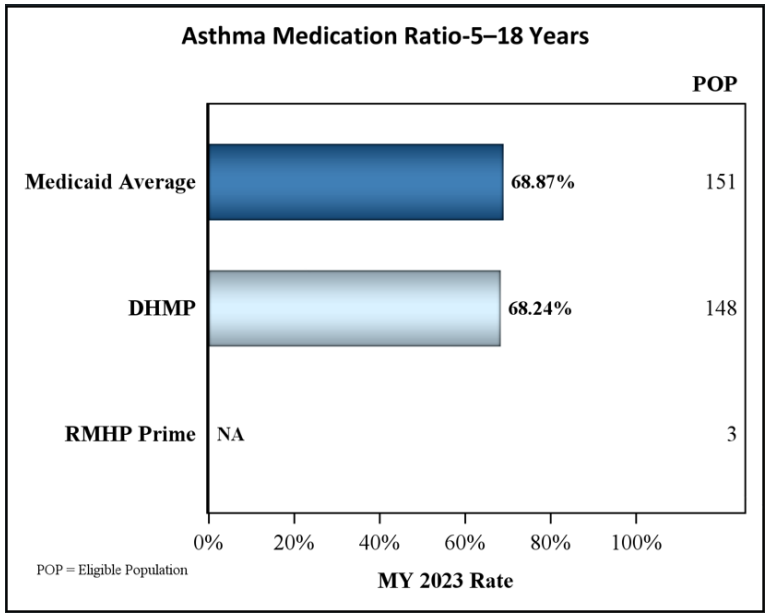
Asthma Medication Ratio—5 to 18 Years

Asthma Medication Ratio—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.



One caret (^) indicates a statistically significant improvement in performance from MY 2022 to MY 2023.

The Colorado Medicaid weighted average significantly improved from MY 2022 to MY 2023.

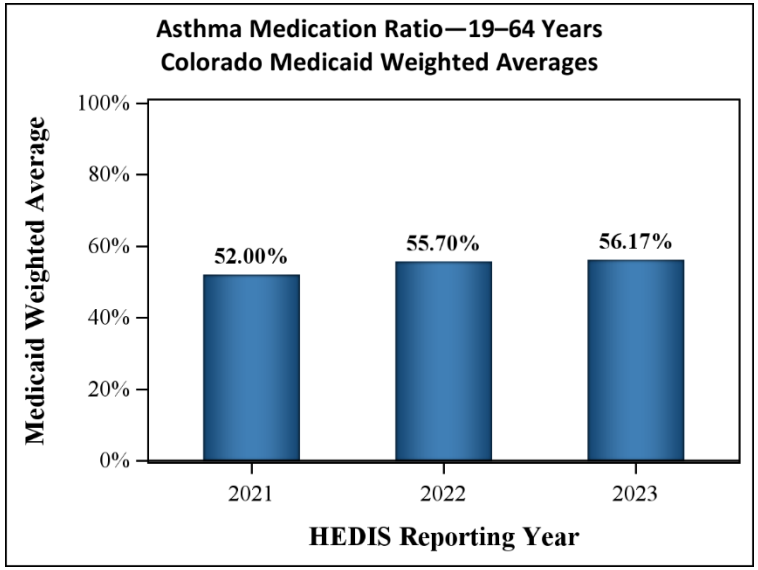


NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate.

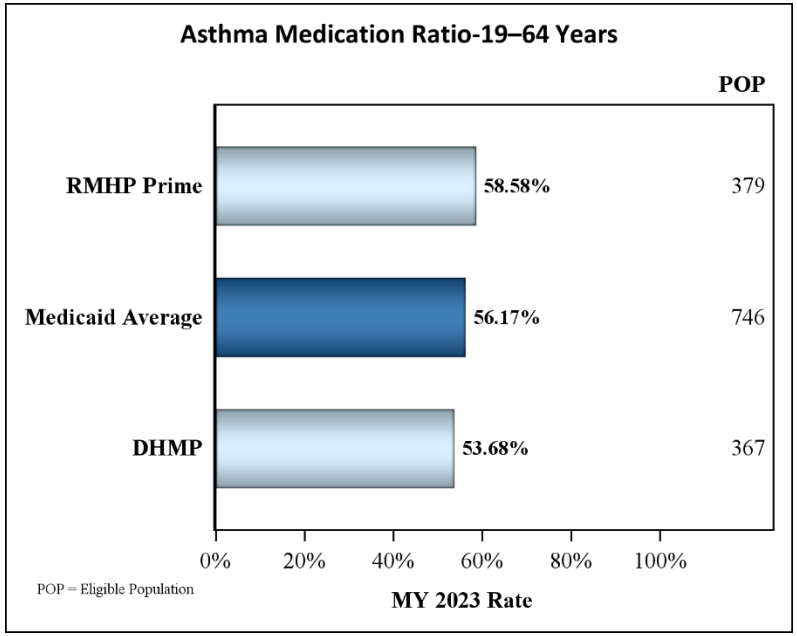
Only DHMP had a reportable rate, and a benchmark is not available for this measure indicator.

Asthma Medication Ratio—19 to 64 Years

Asthma Medication Ratio—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.



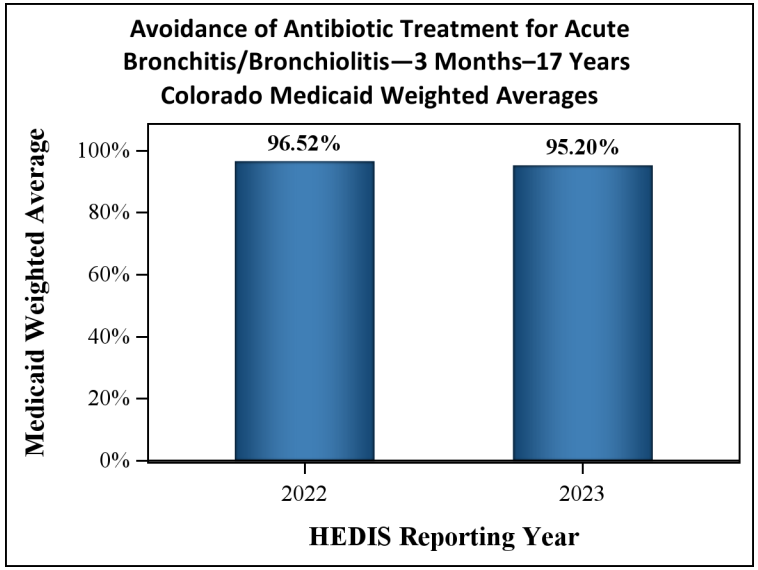
The Colorado Medicaid weighted average did not demonstrate a significant change from MY 2022 to MY 2023.



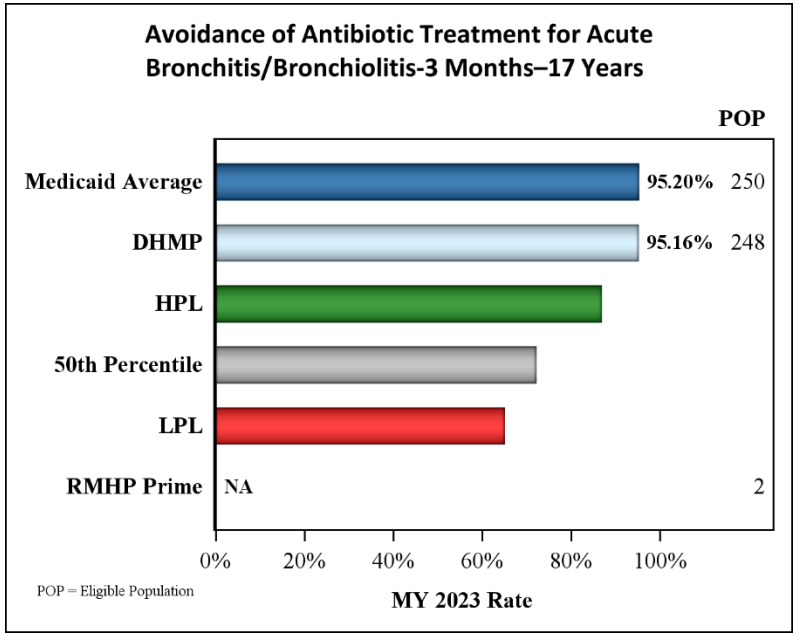
MCO performance varied by approximately 5 percentage points.

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.



The Colorado Medicaid weighted average did not demonstrate a significant change from MY 2022 to MY 2023.

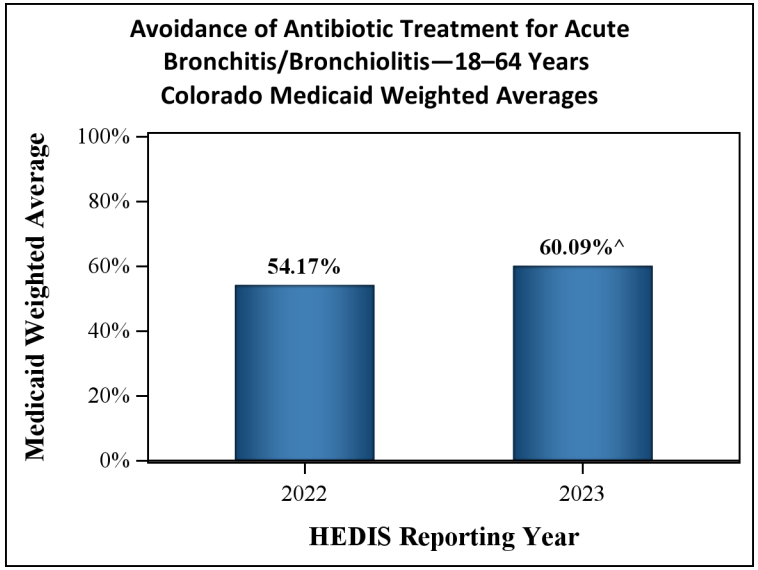


NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate.

DHMP and the Colorado Medicaid Average exceeded the HPL. Only DHMP had a reportable rate.

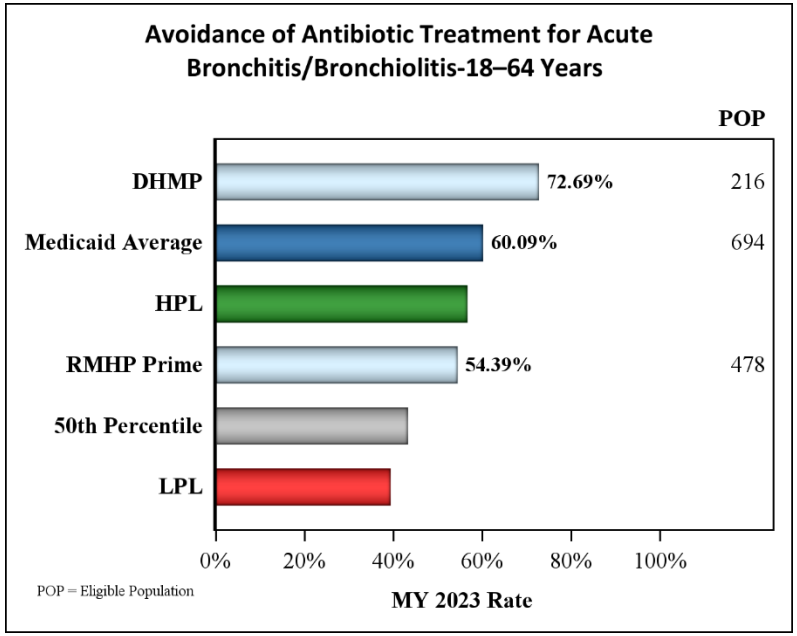
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis—18 to 64 Years

Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis—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.



One caret (^) indicates a statistically significant improvement in performance from MY 2022 to MY 2023.

The Colorado Medicaid weighted average significantly improved from MY 2022 to MY 2023.



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

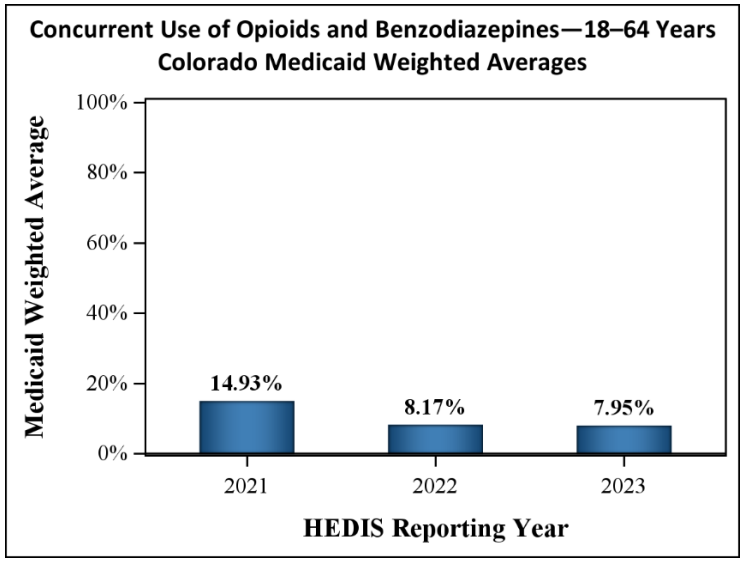
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis—65 Years and Older

Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis—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.

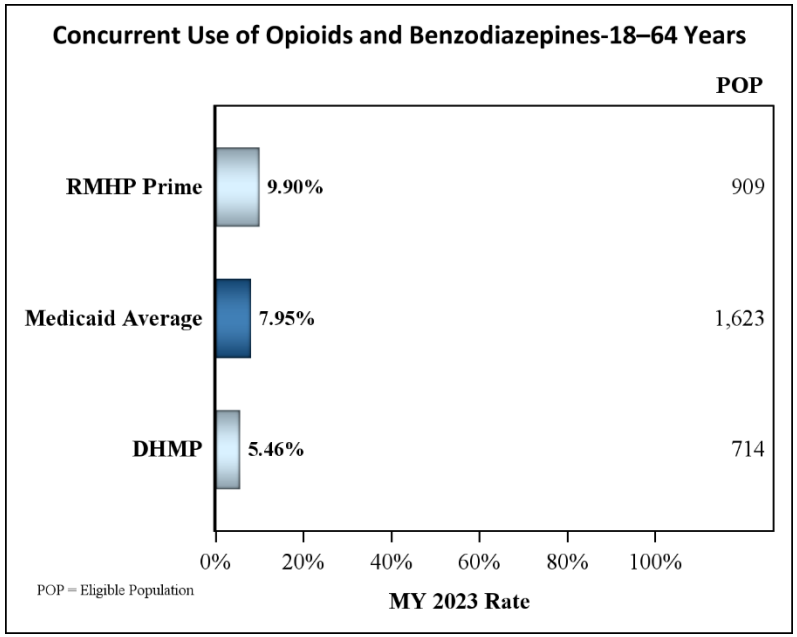
Neither DHMP nor RMHP Prime had a reportable rate for this measure's indicator in MY 2023 or the previous two years.

Concurrent Use of Opioids and Benzodiazepines—18 to 64 Years

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



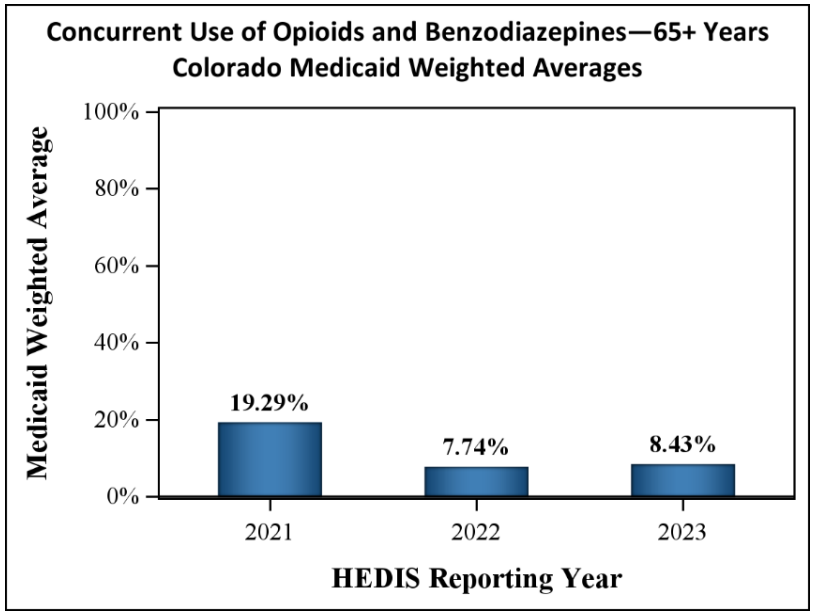
The Colorado Medicaid weighted average did not demonstrate a significant change from MY 2022 to MY 2023.



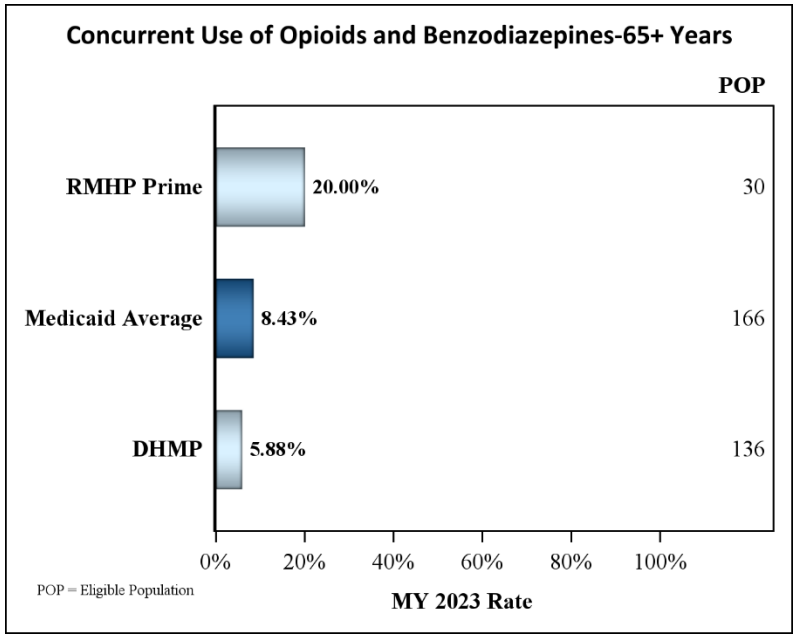
MCO performance varied by approximately 4 percentage points.

Concurrent Use of Opioids and Benzodiazepines—65 Years and Older

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



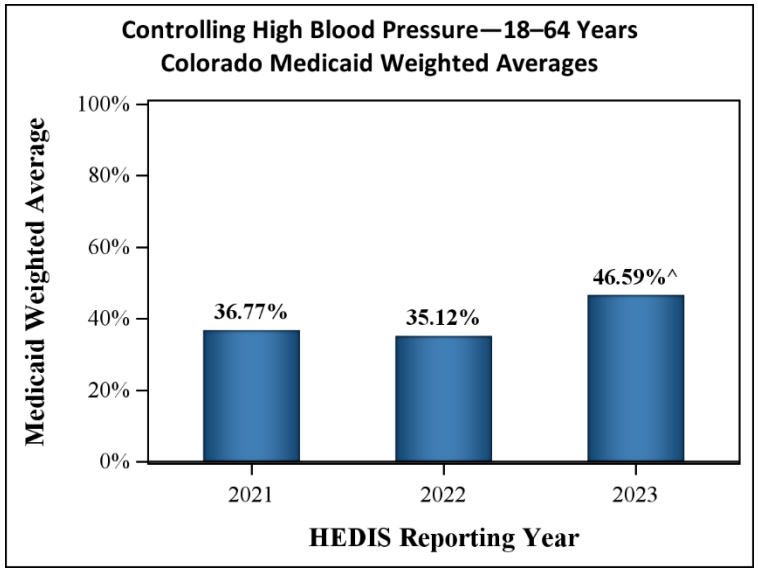
The Colorado Medicaid weighted average did not demonstrate a significant change from MY 2022 to MY 2023.



MCO performance varied by approximately 14 percentage points.

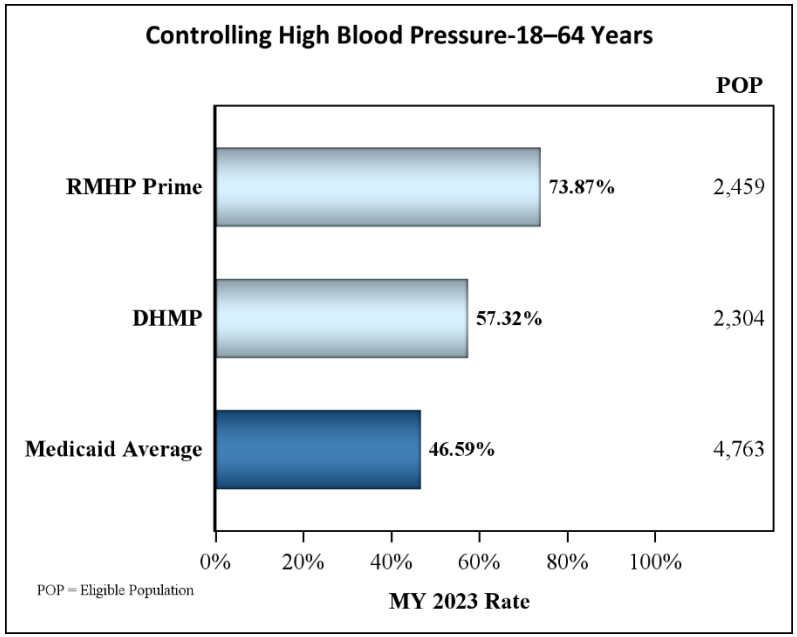
Controlling High Blood Pressure—18 to 64 Years

Controlling High Blood Pressure—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.



One caret (^) indicates a statistically significant improvement in performance from MY 2022 to MY 2023.

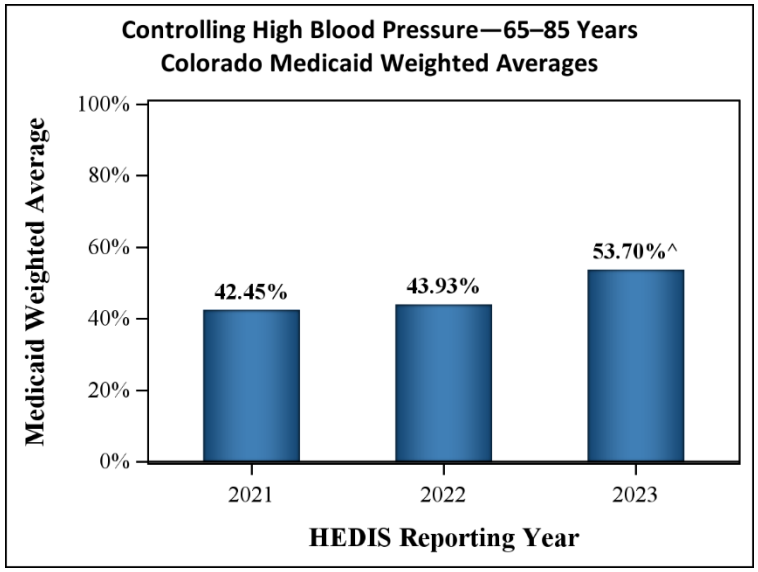
The Colorado Medicaid weighted average significantly improved from MY 2022 to MY 2023.



MCO performance varied by approximately 16 percentage points.

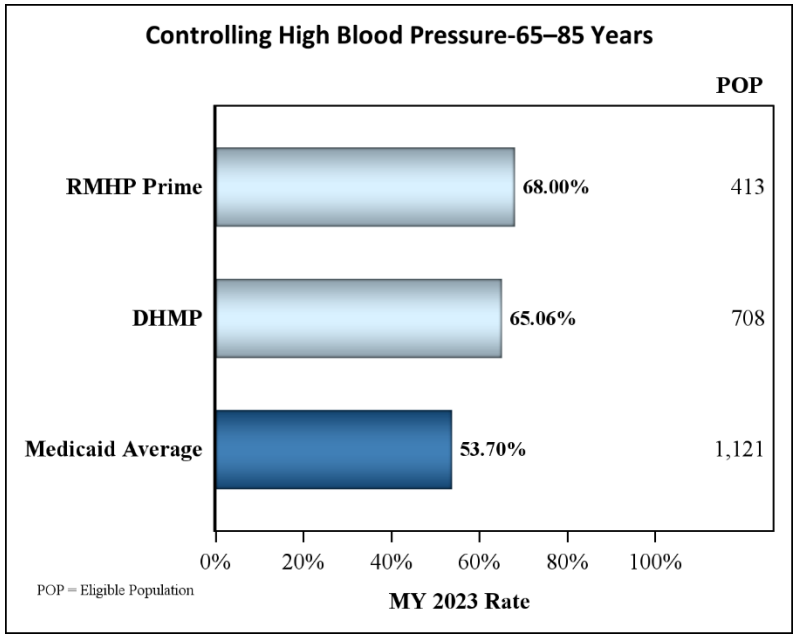
Controlling High Blood Pressure—65 to 85 Years

Controlling High Blood Pressure—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.



One caret (^) indicates a statistically significant improvement in performance from MY 2022 to MY 2023.

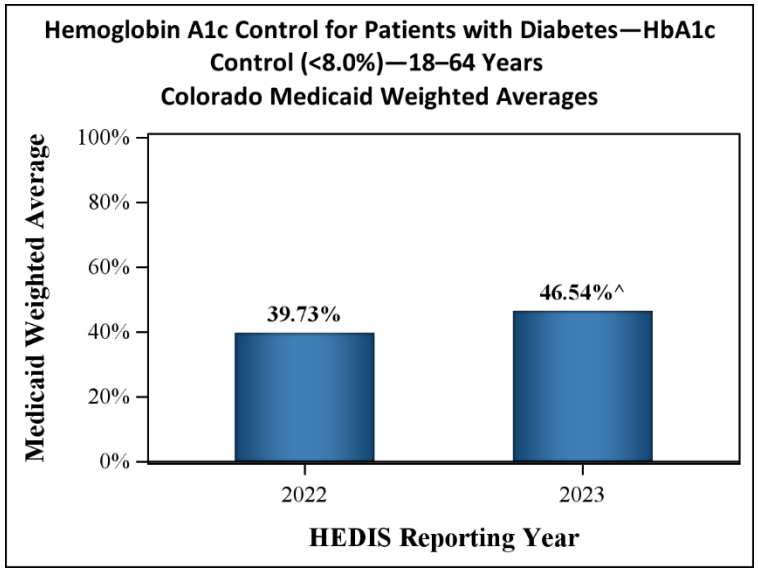
The Colorado Medicaid weighted average significantly improved from MY 2022 to MY 2023.



MCO performance varied by approximately 3 percentage points.

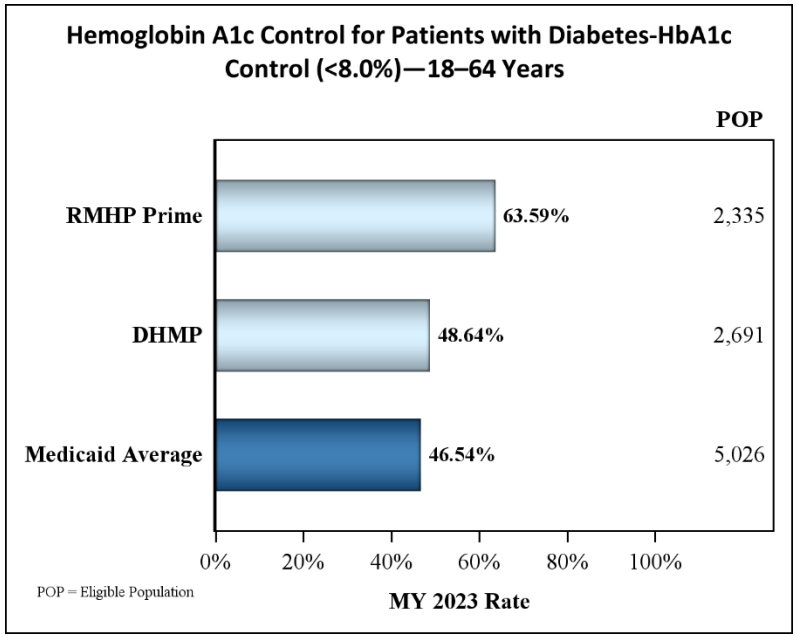
Hemoglobin A1c Control for Patients With Diabetes—HbA1c Control (<8.0%)—18 to 64 Years

Hemoglobin A1c Control for Patients With Diabetes—HbA1c Control (<8.0%)—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.



One caret (^) indicates a statistically significant improvement in performance from MY 2022 to MY 2023.

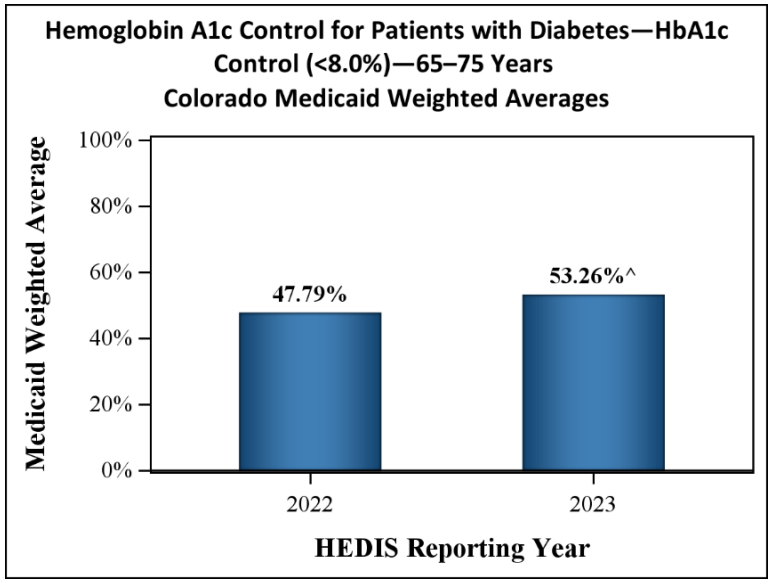
The Colorado Medicaid weighted average significantly improved from MY 2022 to MY 2023.



MCO performance varied by approximately 15 percentage points.

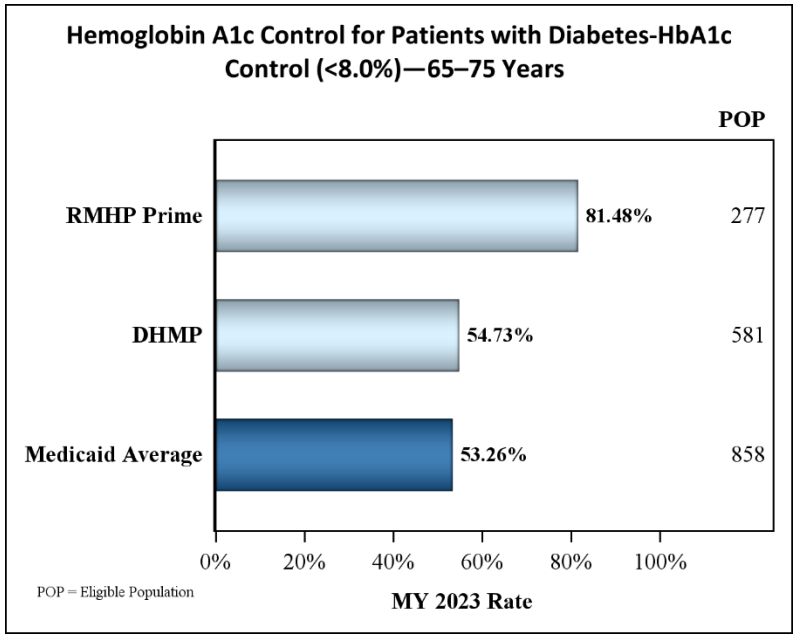
Hemoglobin A1c Control for Patients With Diabetes—HbA1c Control (<8.0%)—65 to 75 Years

Hemoglobin A1c Control for Patients With Diabetes—HbA1c Control (<8.0%)—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.



One caret (^) indicates a statistically significant improvement in performance from MY 2022 to MY 2023.

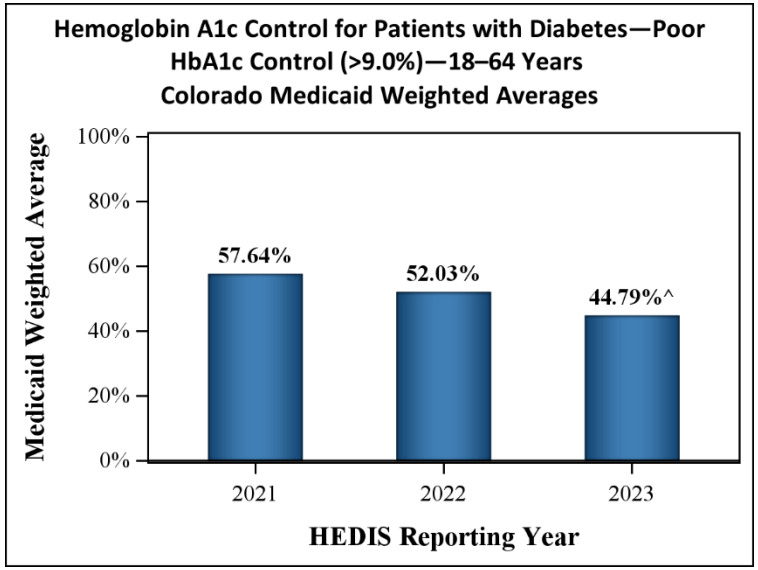
The Colorado Medicaid weighted average significantly improved from MY 2022 to MY 2023.



MCO performance varied by approximately 27 percentage points.

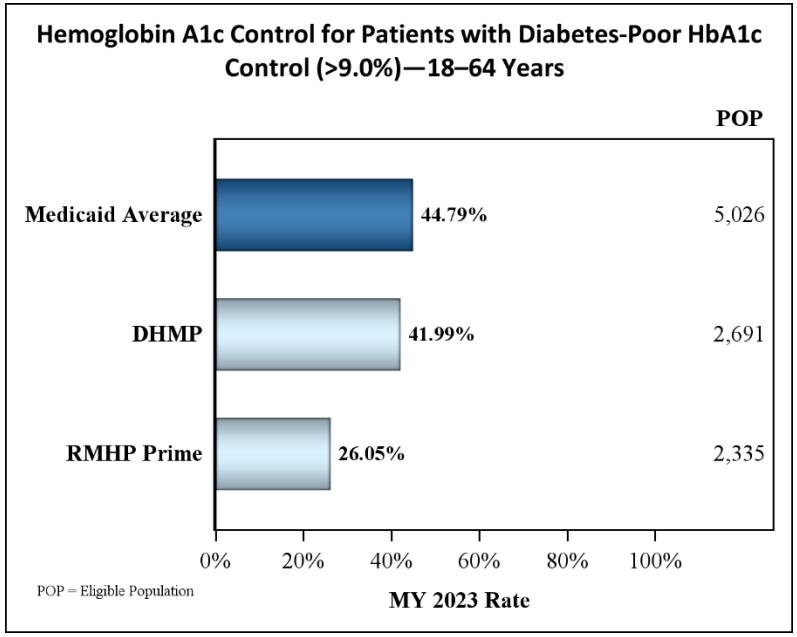
Hemoglobin A1c Control for Patients With Diabetes—Poor HbA1c Control (>9.0%)—18 to 64 Years

Hemoglobin A1c Control for Patients With Diabetes—Poor HbA1c Control (>9.0%)—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 2022 to MY 2023. For this indicator, a lower rate indicates better performance.

The Colorado Medicaid weighted average significantly improved from MY 2022 to MY 2023.

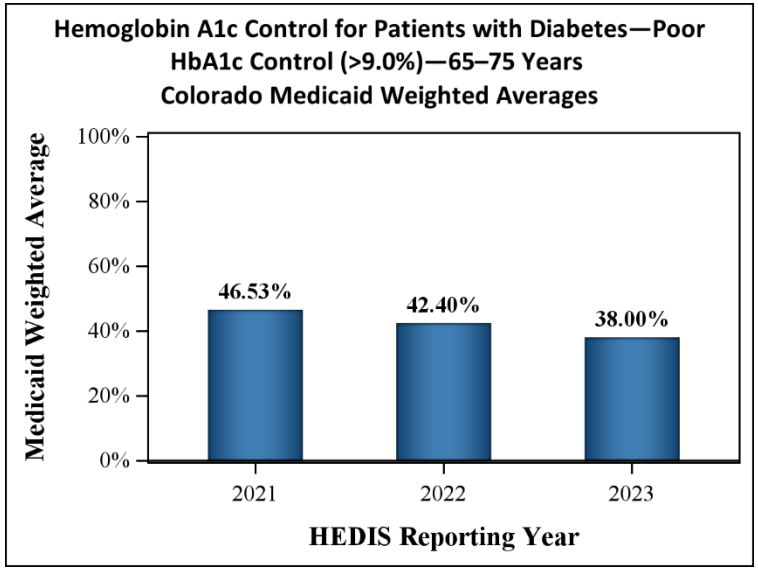


For this indicator, a lower rate indicates better performance.

MCO performance varied by approximately 16 percentage points.

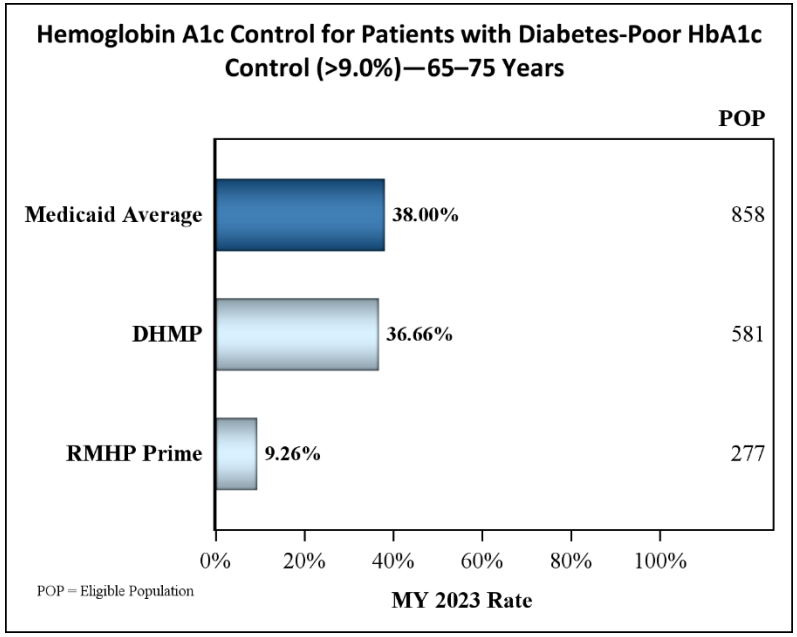
Hemoglobin A1c Control for Patients With Diabetes—Poor HbA1c Control (>9.0%)—65 to 75 Years

Hemoglobin A1c Control for Patients With Diabetes—Poor HbA1c Control (>9.0%)—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.



For this indicator, a lower rate indicates better performance.

The Colorado Medicaid weighted average did not demonstrate a significant change from MY 2022 to MY 2023.

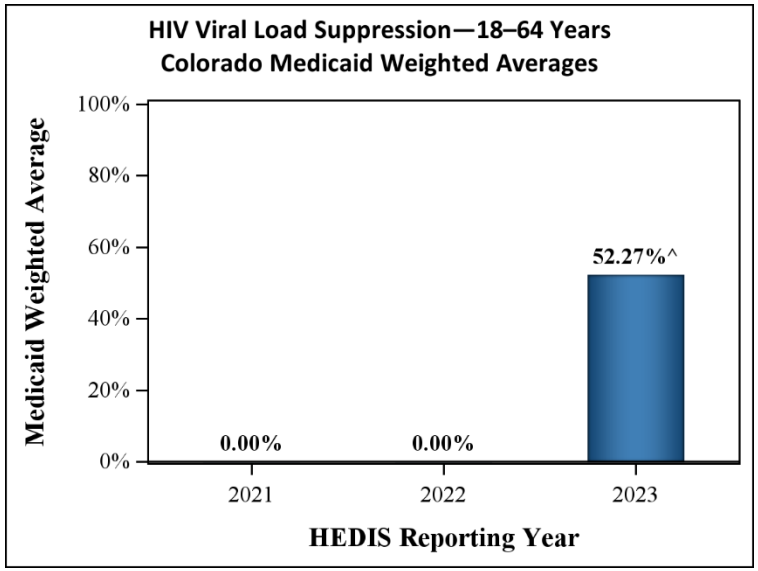


For this indicator, a lower rate indicates better performance.

MCO performance varied by approximately 27 percentage points.

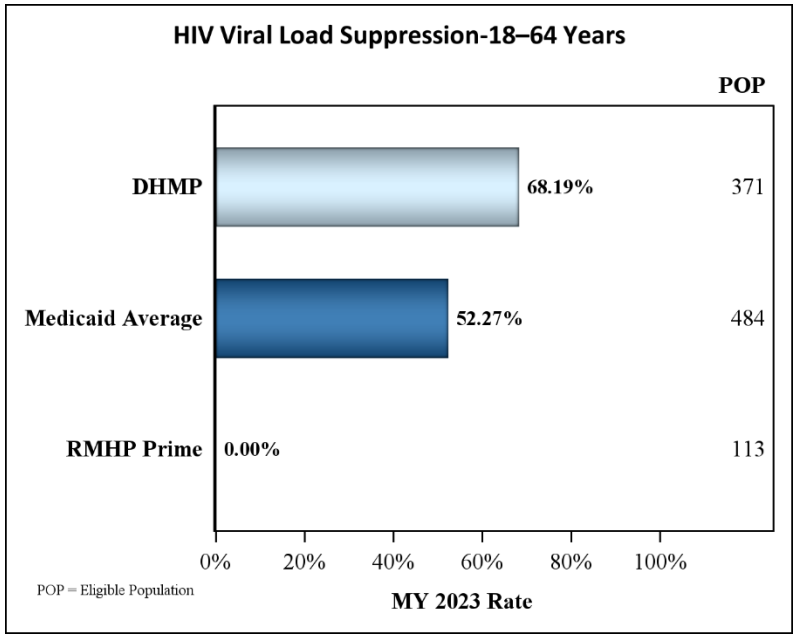
HIV Viral Load Suppression—18 to 64 Years

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



One caret (^) indicates a statistically significant improvement in performance from MY 2022 to MY 2023.

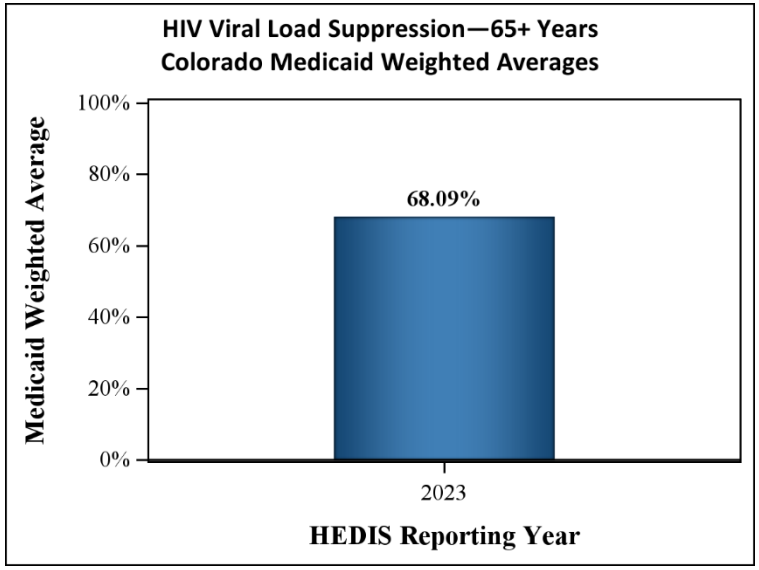
The Colorado Medicaid weighted average significantly improved from MY 2022 to MY 2023.



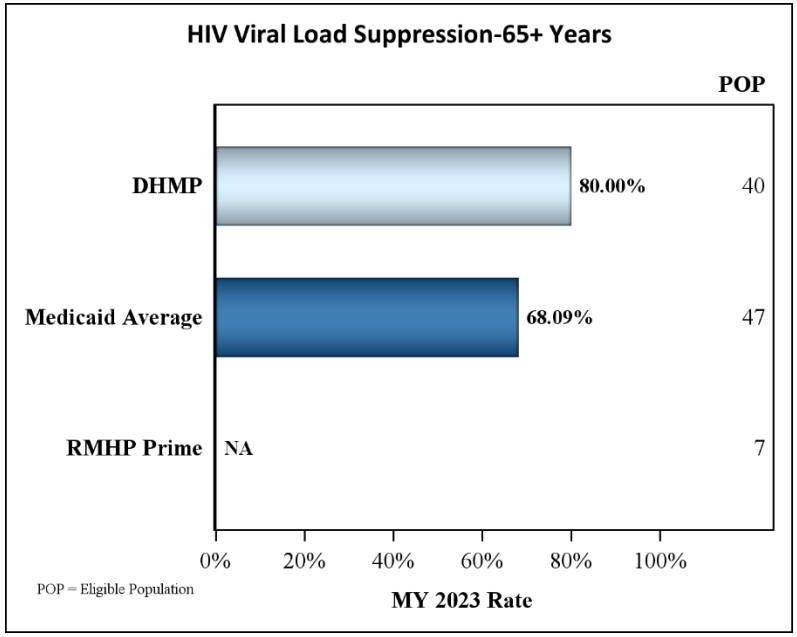
MCO performance varied by approximately 68 percentage points.

HIV Viral Load Suppression—65 Years and Older

HIV Viral Load Suppression—65 Years and Older measures the percentage of members ages 65 years and older who have been diagnosed with HIV and an HIV viral load of less than 200 copies/ml during their most recent viral load test within the measurement year.



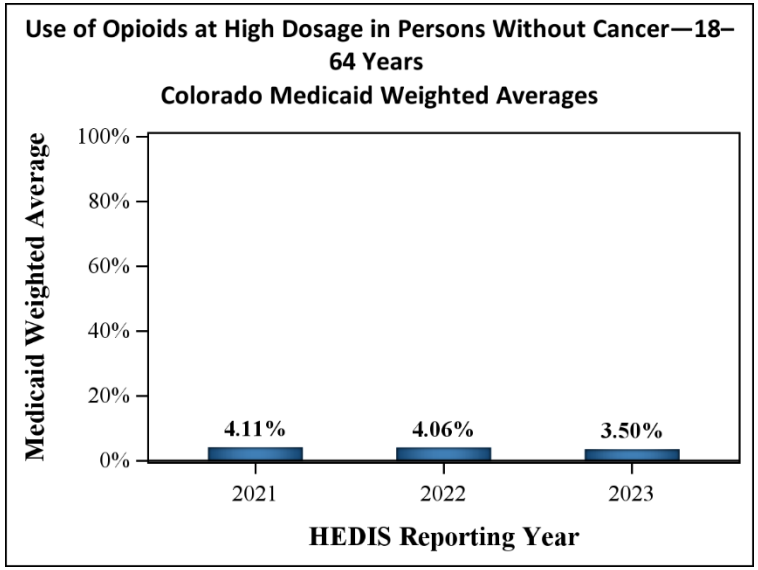
Please note that this measure could not be compared to any national benchmarks, and it is the first year being reported so it cannot be compared to prior years.



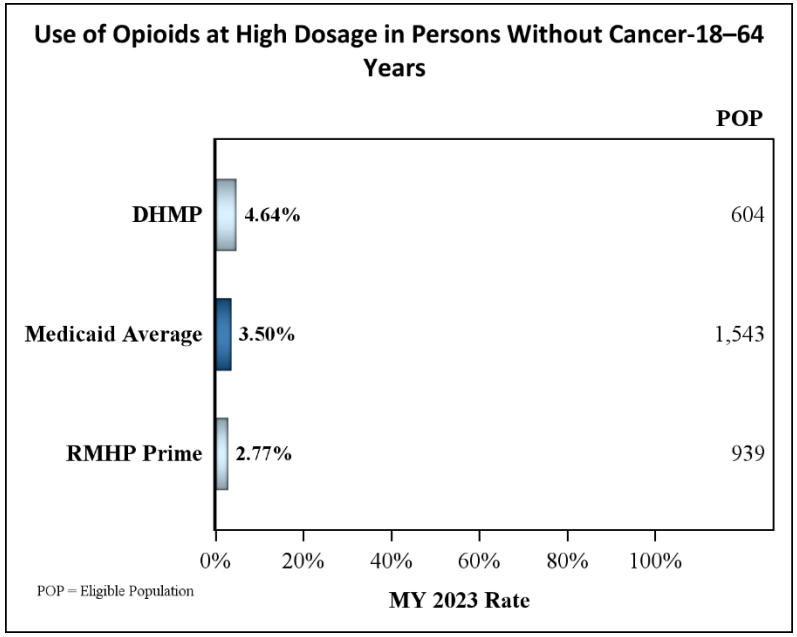
Only DHMP reported this rate, and it is not comparable to benchmarks.

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

Use of Opioids at High Dosage in Persons Without Cancer—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.



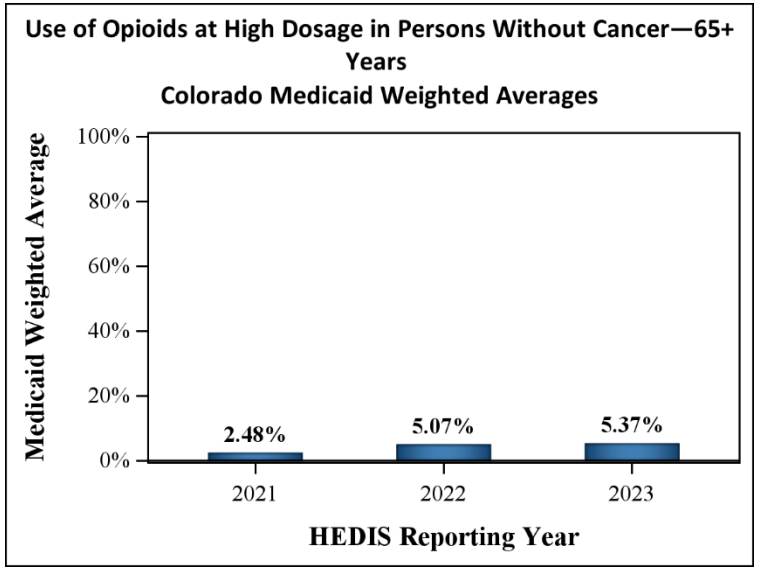
The Colorado Medicaid weighted average did not demonstrate a significant change from MY 2022 to MY 2023.



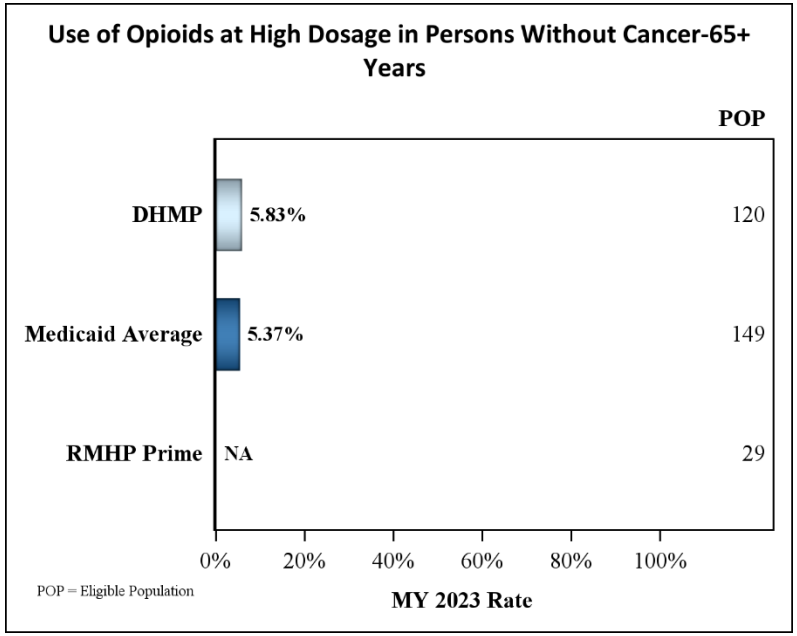
MCO performance varied by approximately 2 percentage points.

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

Use of Opioids at High Dosage in Person Without Cancer—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.



The Colorado Medicaid weighted average did not demonstrate a significant change from MY 2022 to MY 2023.



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
Asthma Medication Ratio[H]		
5 to 18 Years	—	—
19 to 64 Years	—	—
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis[H]		
3 Months to 17 Years	★★★★★	—
18 to 64 Years[1]	★★★★★	★★★★
65 Years and Older	—	—
Concurrent Use of Opioids and Benzodiazepines		
18 to 64 Years[1]	—	—
65 Years and Older	—	—
Controlling High Blood Pressure[H]		
18 to 64 Years	—	—
65 to 85 Years	—	—
Hemoglobin A1c Control for Patients with Diabetes[H]		
HbA1c Control (<8.0%)—18 to 64 Years	—	—
HbA1c Control (<8.0%)—65 to 75 Years	—	—
Poor HbA1c Control (>9.0%)—18 to 64 Years	—	—
Poor HbA1c Control (>9.0%)—65 to 75 Years	—	—
HIV Viral Load Suppression		
18 to 64 Years	—	—
65 Years and Older	—	—
Use of Opioids at High Dosage in Persons Without Cancer		
18 to 64 Years	—	—
65 Years and Older	—	—

[H] 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 3-1 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	2	0	0	0	0
RMHP Prime	0	1	0	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—18 to 64 Years* measure indicator, exceeding the 75th percentile.

Behavioral Health Care

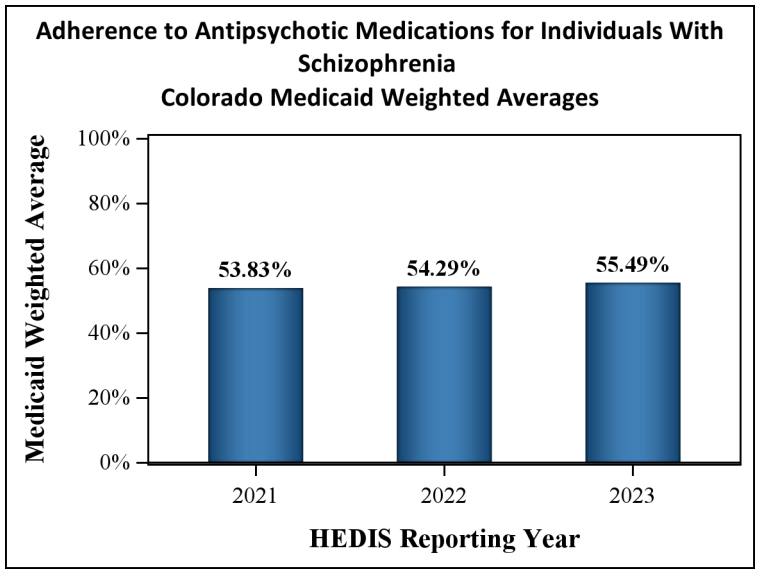
The following section provides a detailed analysis of the Colorado Medicaid MCOs' performance for the Behavioral Health Care domain. In FY 2022–2023, behavioral health services were carved out (i.e., provided by the RAEs, but not the RAEs' MCO capitation initiatives) in Colorado. Therefore, this carve 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—18 to 64 Years* and *65 Years and Older*, and *Effective Continuation Phase Treatment—18 to 64 Years* and *65 Years and Older*
- *Diabetes Care for People With Serious Mental Illness—HbA1c Poor Control (>9.0%)—18 to 64 Years*
- *Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications*
- *Follow-Up After Emergency Department Visit for Mental Illness—7-Day Follow-Up—6 to 17 Years*, *18 to 64 Years*, and *65 Years and Older*; and *30-Day Follow-Up—6 to 17 Years*, *18 to 64 Years*, and *65 Years and Older*
- *Follow-Up After Emergency Department Visit for Substance Use—7-Day Follow-Up—13 to 17 Years*, *18 to 64 Years*, and *65 Years and Older*; and *30-Day Follow-Up—13 to 17 Years*, *18 to 64 Years*, and *65 Years and Older*
- *Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up—6 to 17 Years*, *18 to 64 Years*, and *65 Years and Older*; and *30-Day Follow-Up—6 to 17 Years*, *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 Treatment—Total—18 to 64 Years* and *65 Years and Older* and *Engagement of SUD Treatment—Total—18 to 64 Years* and *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—12 to 17 Years*,*18 to 64 Years,* and *65 Years and Older*
- *Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics*
- *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)*

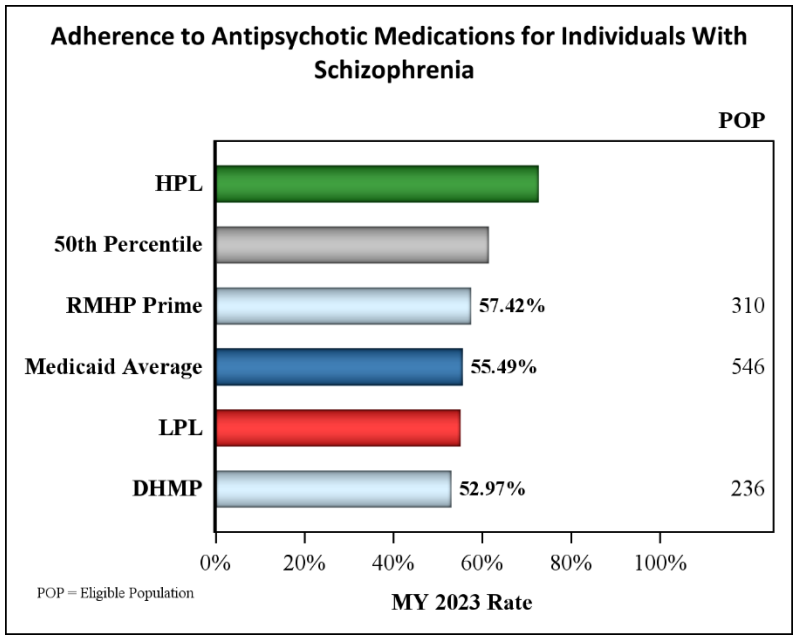
Please see the "Reader's Guide" section for guidance on interpreting the figures presented within this section. For reference, additional analyses for each measure indicator are displayed in Appendix A and Appendix B.

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.



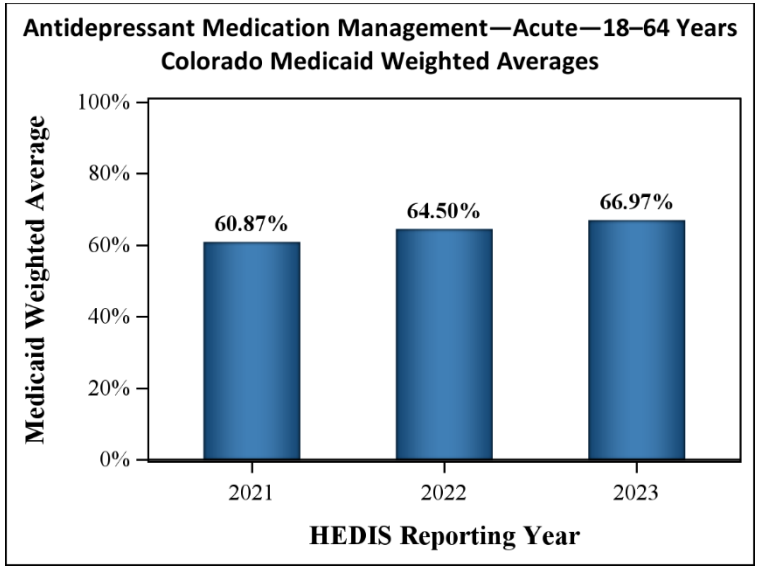
The Colorado Medicaid weighted average did not demonstrate a significant change from MY 2022 to MY 2023.



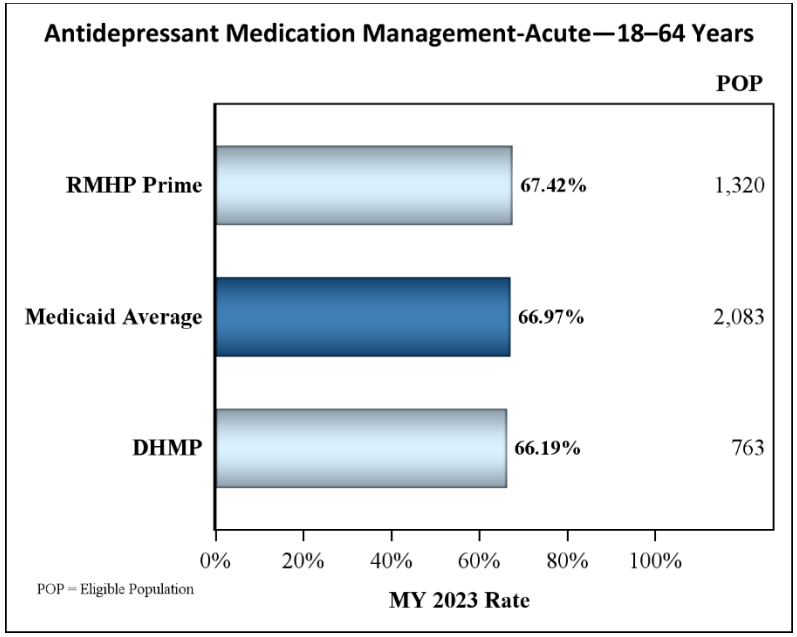
RMHP Prime's rate and the Colorado Medicaid weighted average were above the LPL but below the 50th percentile. DHMP's rate fell below the LPL. MCO performance varied by approximately 5 percentage points.

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

Antidepressant Medication Management—Effective Acute Phase Treatment—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.



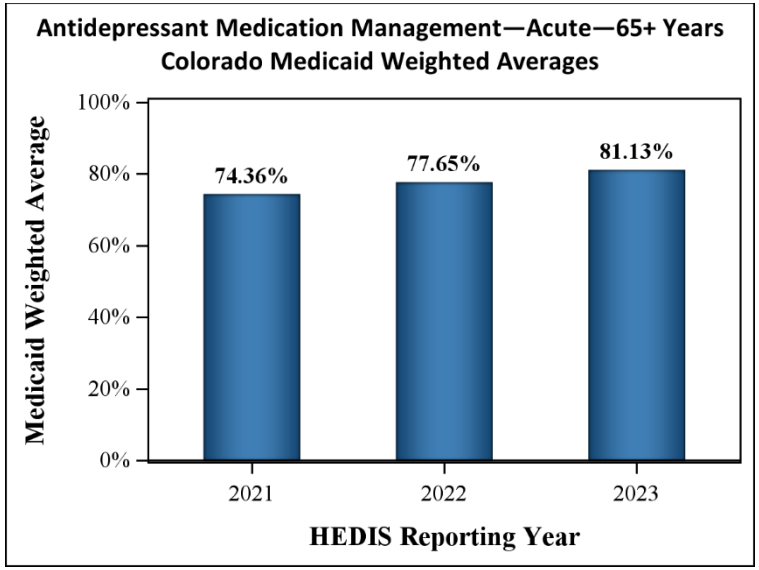
The Colorado Medicaid weighted average did not demonstrate a significant change from MY 2022 to MY 2023.



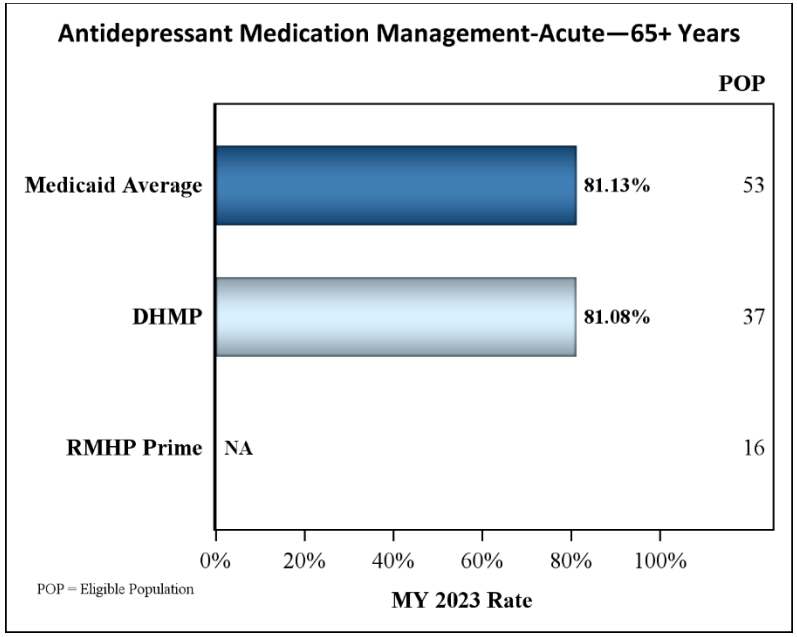
MCO performance varied by approximately 1 percentage point, and a benchmark is not available for this measure indicator.

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

Antidepressant Medication Management—Effective Acute Phase Treatment—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 2022 to MY 2023.

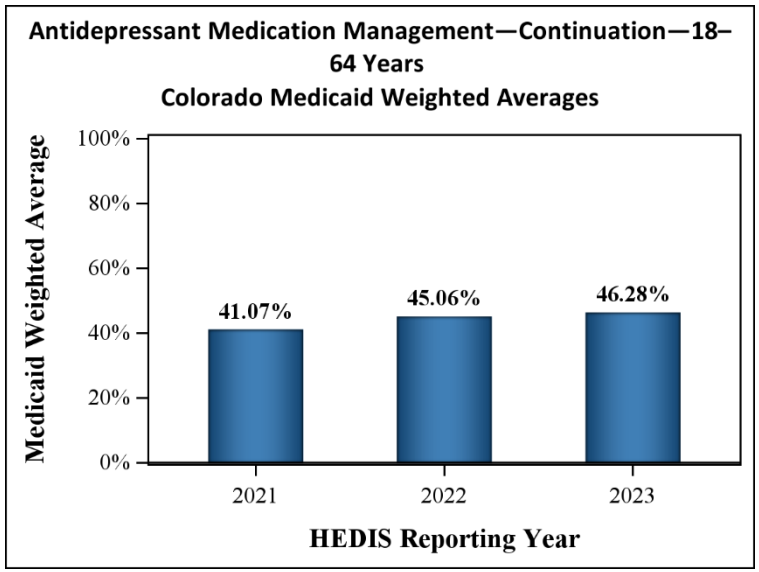


NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate.

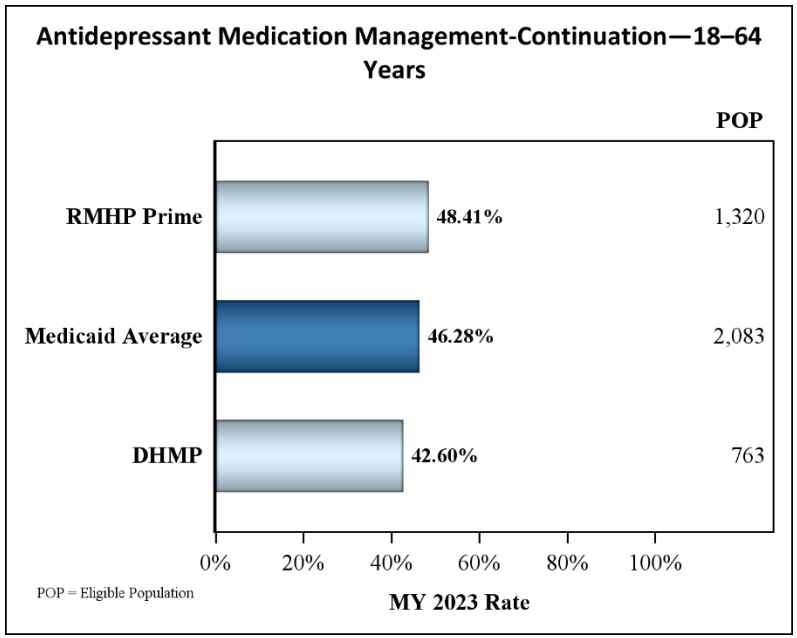
Only DHMP had a reportable rate, and a benchmark is not available for this measure indicator.

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

Antidepressant Medication Management—Effective Continuation Phase Treatment—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.



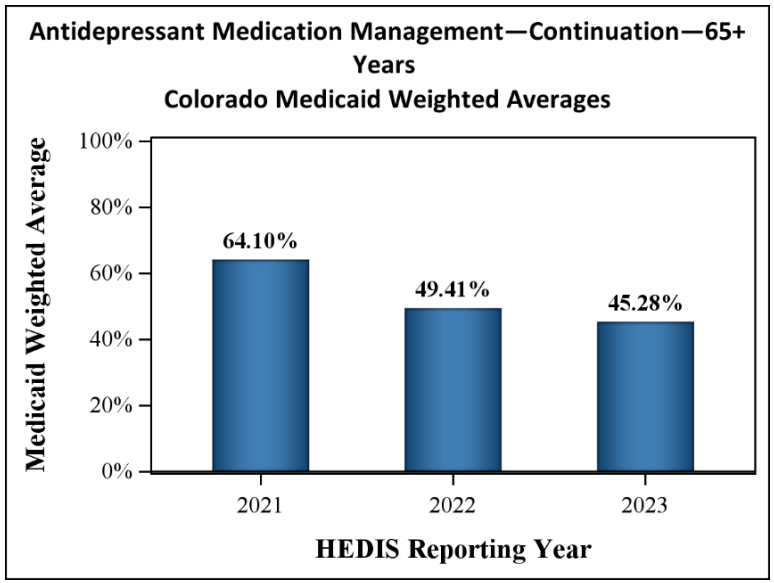
The Colorado Medicaid weighted average did not demonstrate a significant change from MY 2022 to MY 2023.



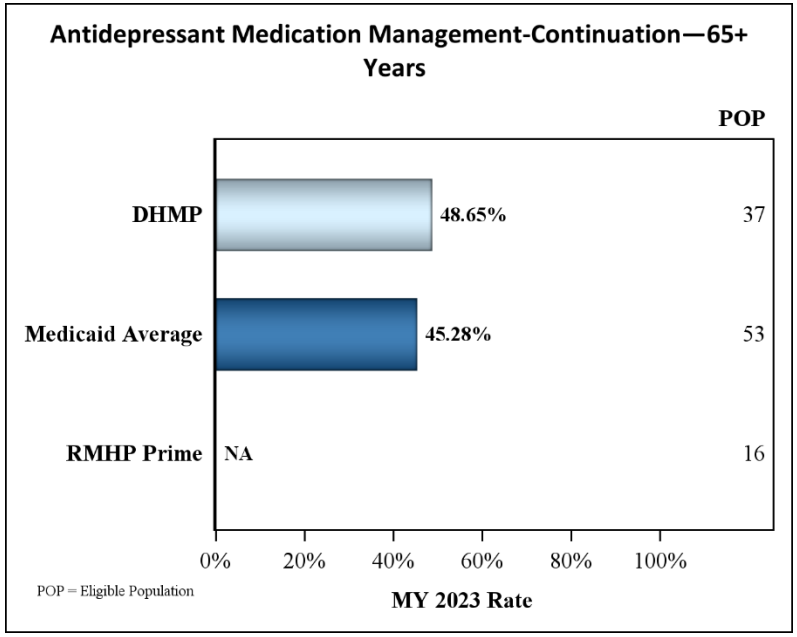
MCO performance varied by approximately 5 percentage points, and a benchmark is not available for this measure indicator.

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

Antidepressant Medication Management—Effective Continuation Phase Treatment—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 2022 to MY 2023.

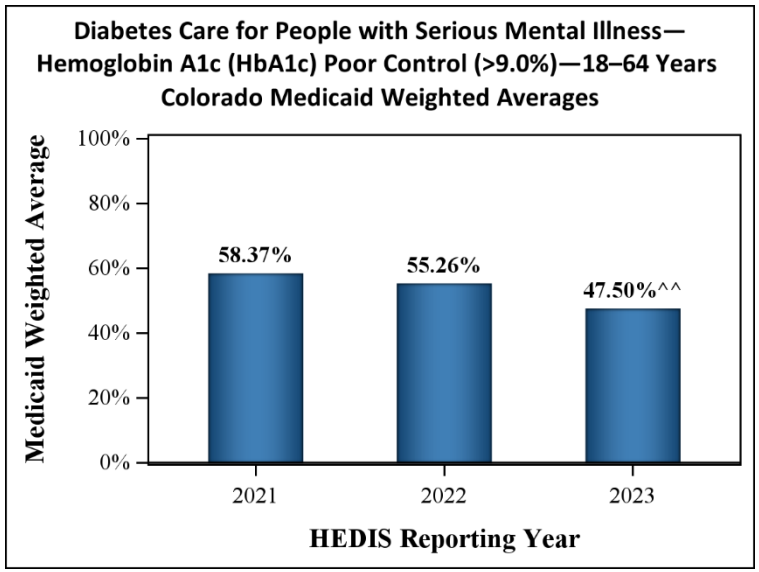


NA(Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate.

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

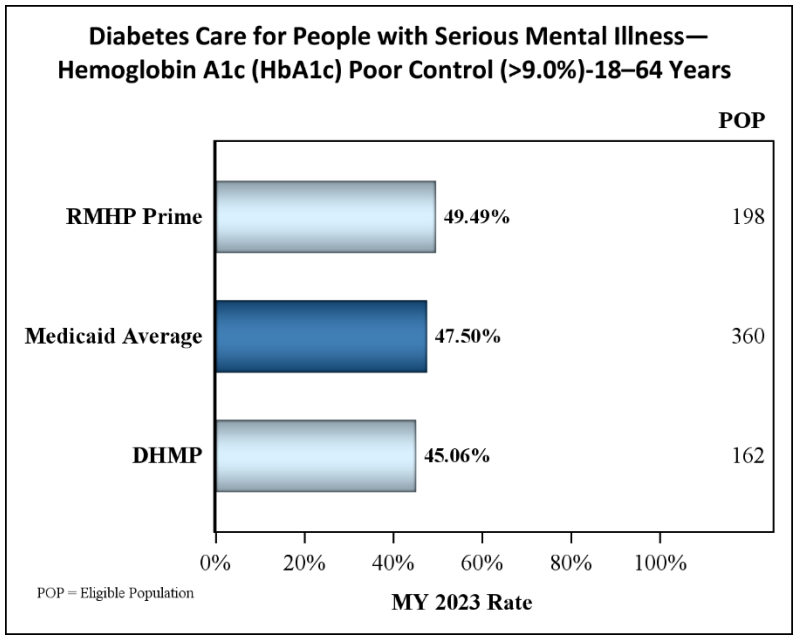
Diabetes Care for People With Serious Mental Illness—HbA1c Poor Control (>9.0%)—18 to 64 Years

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%). For this indicator, a lower rate indicates better performance.



Two carets (^^) indicate a statistically significant decline in performance from MY 2022 to MY 2023.

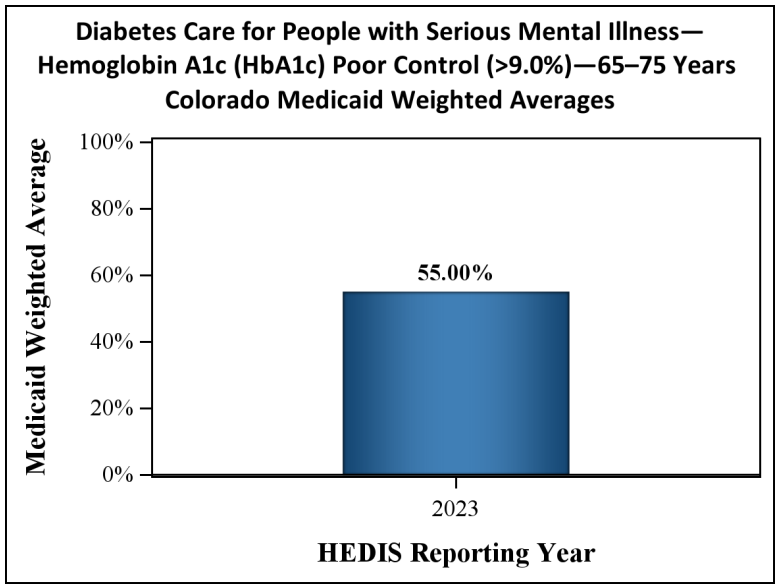
The Colorado Medicaid weighted average significantly declined from MY 2022 to MY 2023.

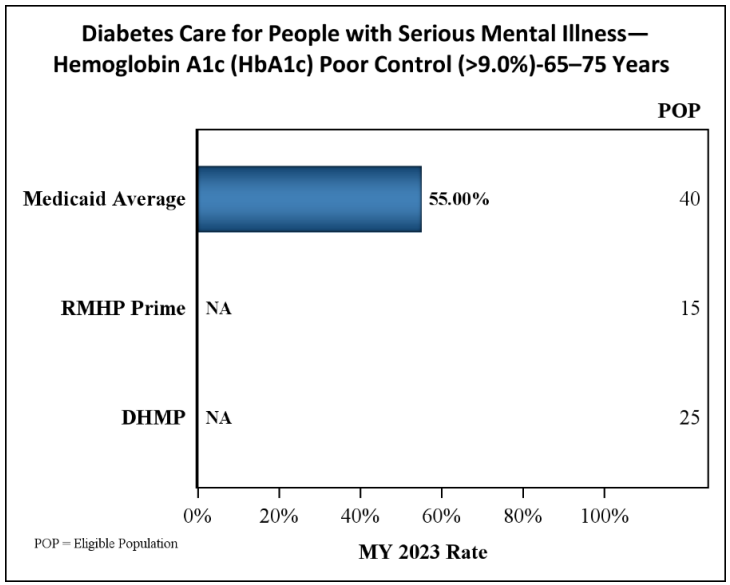


MCO performance varied by approximately 4 percentage points, and a benchmark is not available for this measure indicator.

Diabetes Care for People With Serious Mental Illness—HbA1c Poor Control (>9.0%)—65 to 75 Years

Diabetes Care for People With Serious Mental Illness—HbA1c Poor Control (>9.0%) measures the percentage of members ages 65 to 75 years with both a serious mental illness and diabetes (type 1 and type 2), who had poorly controlled hemoglobin A1c (HbA1c) levels (>9.0%). For this indicator, a lower rate indicates better performance.





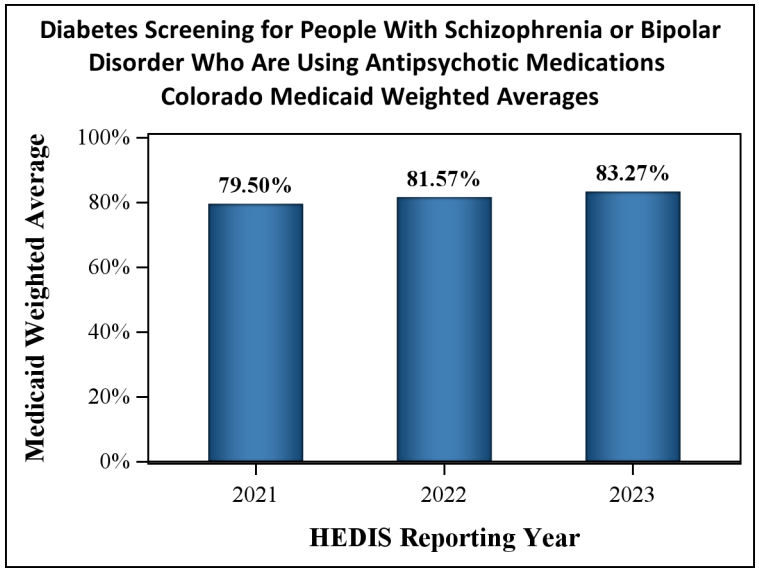
Please note that this measure could not be compared to any national benchmarks, and it is the first year being reported so it cannot be compared to prior years.

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

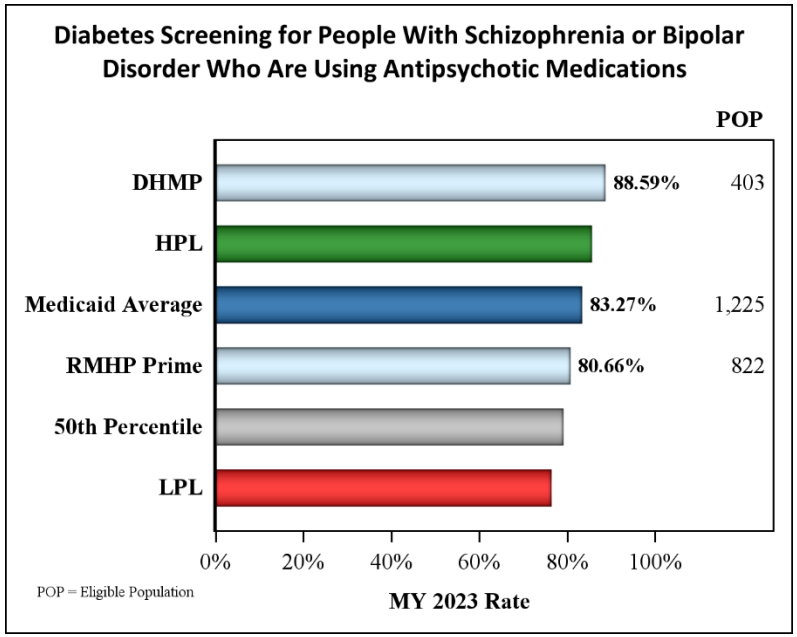
While neither of the MCOs had a reportable rate for this indicator, the Colorado Medicaid weighted average is displayed based on the combined Medicaid population being large enough to result in a reported aggregated rate.

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.



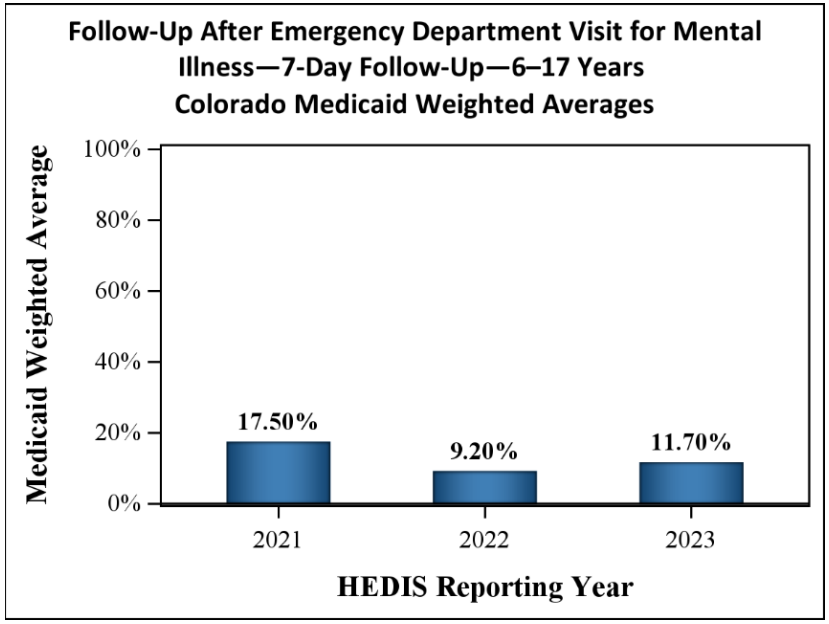
The Colorado Medicaid weighted average did not demonstrate a significant change from MY 2022 to MY 2023.



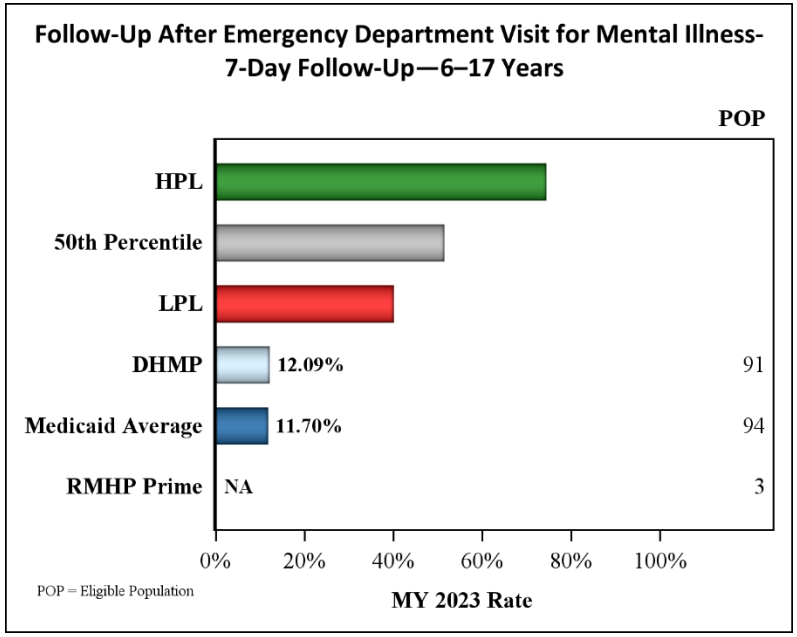
DHMP's rate exceeded the HPL. The Colorado Medicaid weighted average and RMHP Prime's rate were above the 50th percentile but below the HPL. MCO performance varied by approximately 8 percentage points.

Follow-Up After Emergency Department Visit for Mental Illness—7-Day Follow-Up—6 to 17 Years

Follow-Up After Emergency Department Visit for Mental Illness—7-Day Follow-Up—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.



The Colorado Medicaid weighted average did not demonstrate a significant change from MY 2022 to MY 2023.

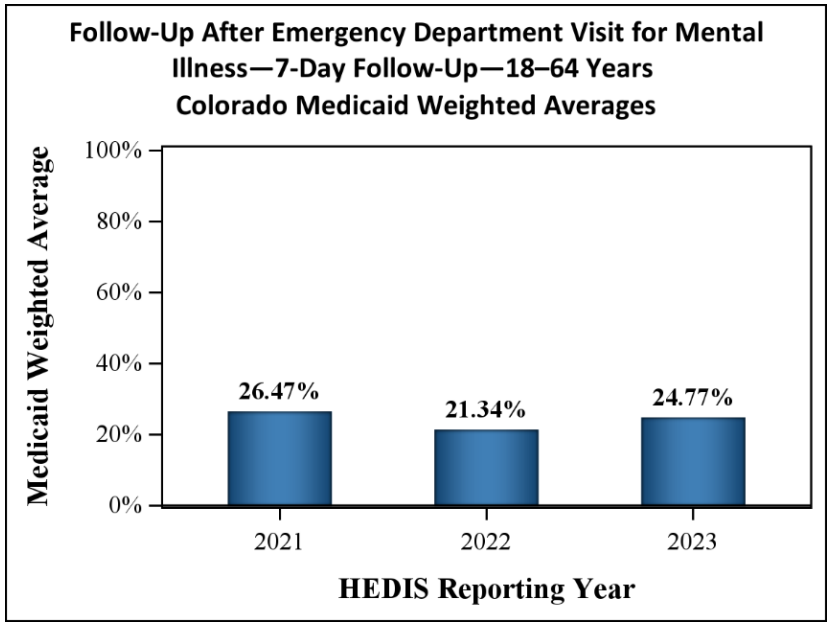


NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate.

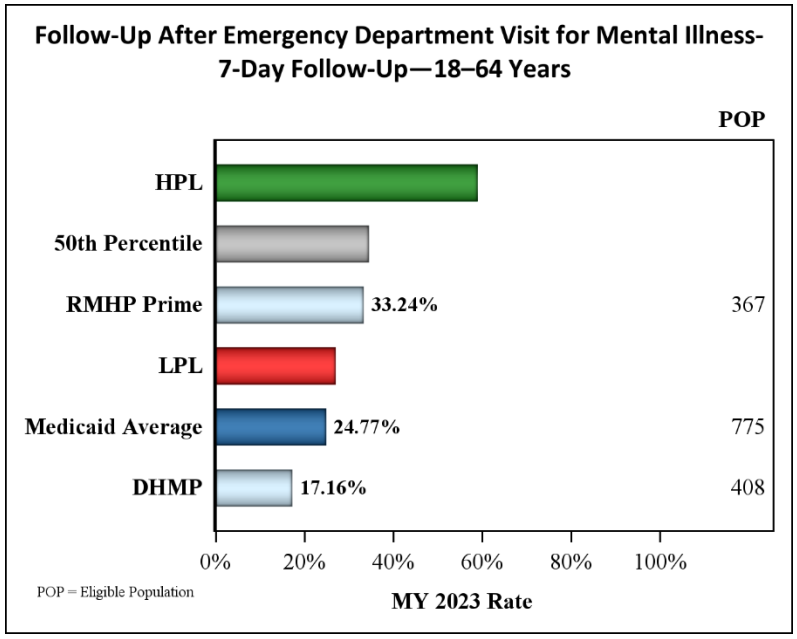
The Colorado Medicaid weighted average and DHMP's rate were below the 50th percentile and the HPL. Only DHMP had a reportable rate.

Follow-Up After Emergency Department Visit for Mental Illness—7-Day Follow-Up—18 to 64 Years

Follow-Up After Emergency Department Visit for Mental Illness—7-Day Follow-Up—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.



The Colorado Medicaid weighted average did not demonstrate a significant change from MY 2022 to MY 2023.



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 16 percentage points.

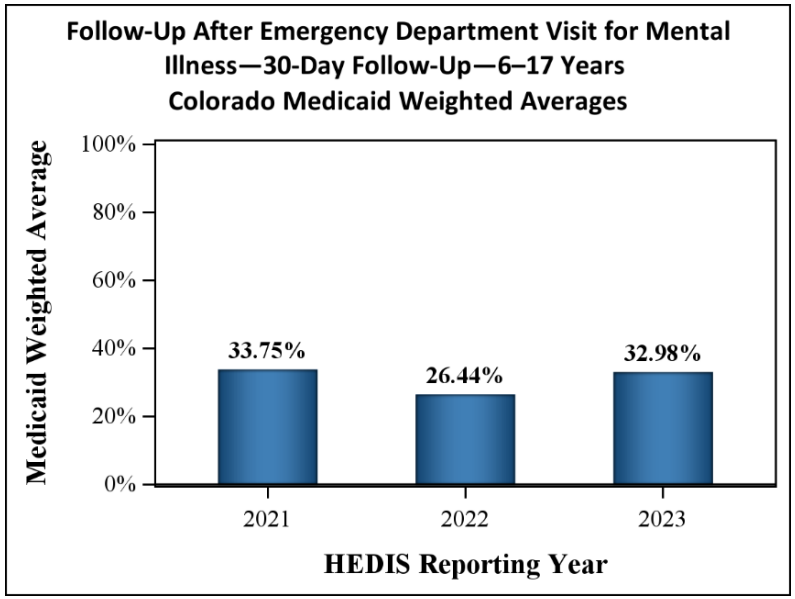
Follow-Up After Emergency Department Visit for Mental Illness—7-Day Follow-Up—65 Years and Older

Follow-Up After Emergency Department Visit for Mental Illness—7-Day Follow-Up—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.

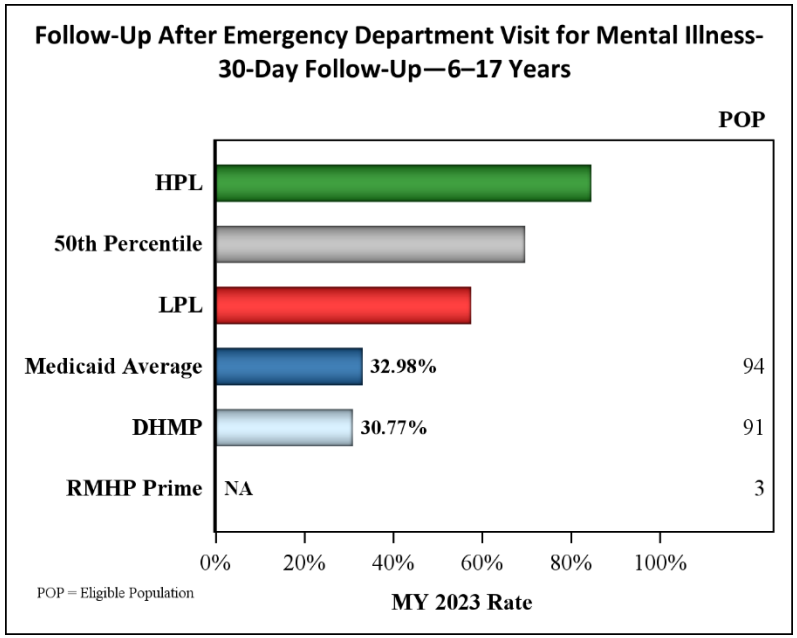
Neither DHMP nor RMHP Prime had a reportable rate for this measure indicator in MY 2023 or the previous two years.

Follow-Up After Emergency Department Visit for Mental Illness—30-Day Follow-Up—6 to 17 Years

Follow-Up After Emergency Department Visit for Mental Illness—30-Day Follow-Up—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.



The Colorado Medicaid weighted average did not demonstrate a significant change from MY 2022 to MY 2023.

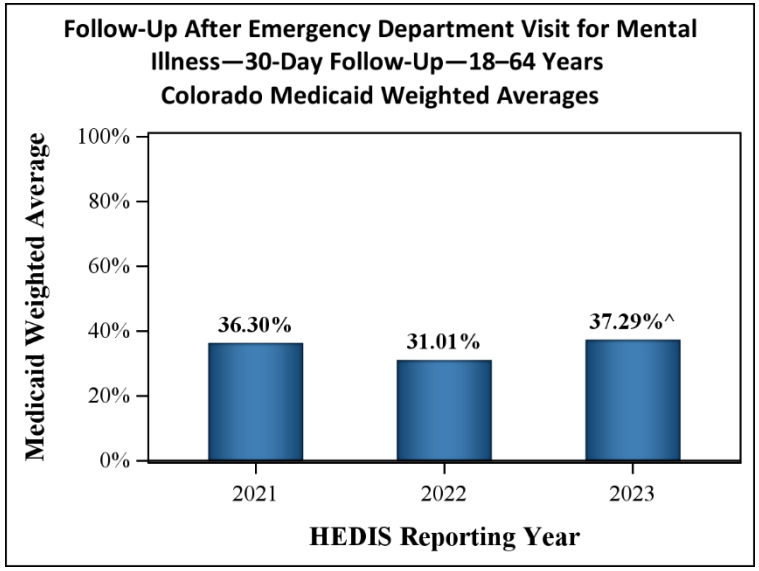


NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate.

The Colorado Medicaid weighted average and DHMP's rate were below the 50th percentile and the LPL. Only DHMP had a reportable rate.

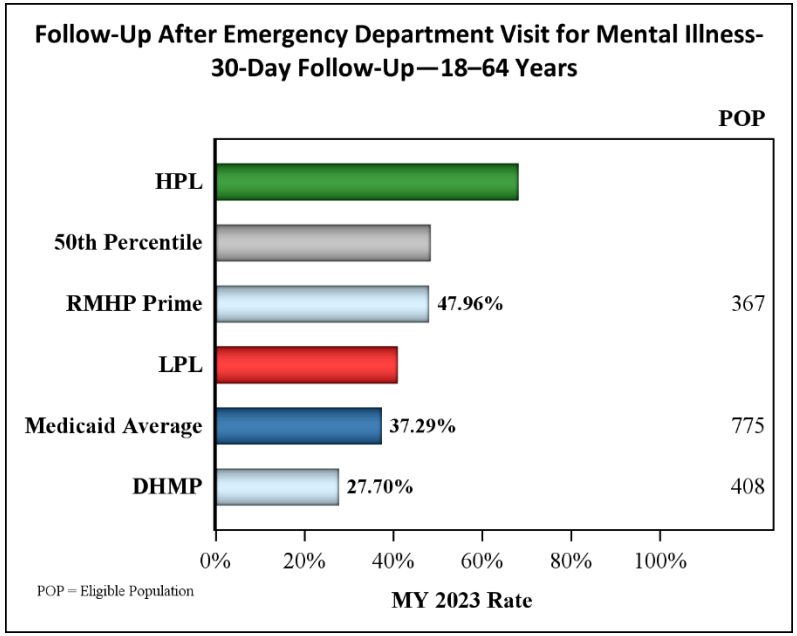
Follow-Up After Emergency Department Visit for Mental Illness—30-Day Follow-Up—18 to 64 Years

Follow-Up After Emergency Department Visit for Mental Illness—30-Day Follow-Up—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.



One caret (^) indicates a statistically significant improvement in performance from MY 2022 to MY 2023.

The Colorado Medicaid weighted average significantly improved from MY 2022 to MY 2023.



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.

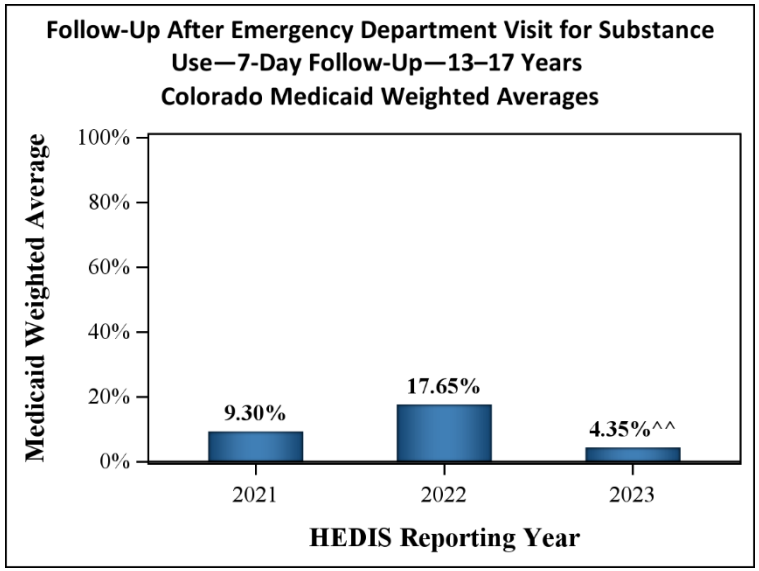
Follow-Up After Emergency Department Visit for Mental Illness—30-Day Follow-Up—65 Years and Older

Follow-Up After Emergency Department Visit for Mental Illness—30-Day Follow-Up—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 in MY 2023 or the previous two years.

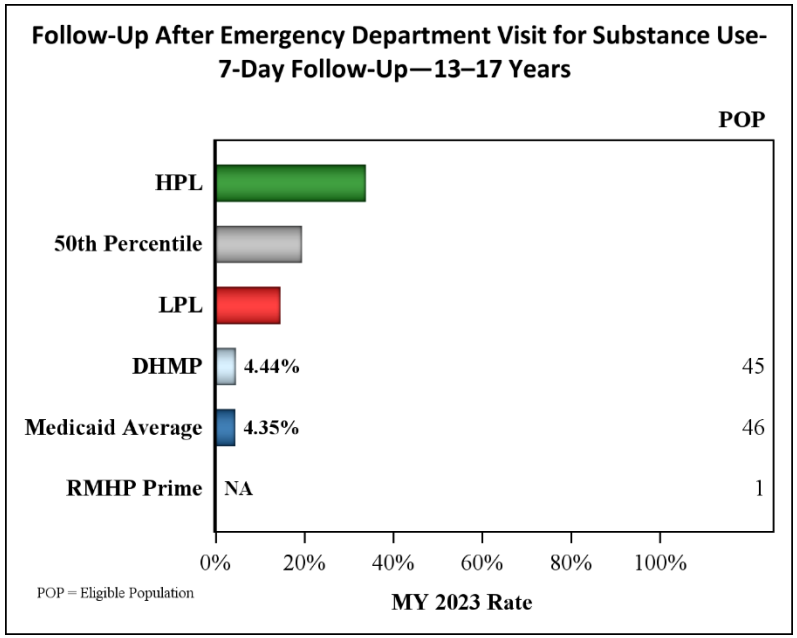
Follow-Up After Emergency Department Visit for Substance Use—7-Day Follow-Up—13 to 17 Years

Follow-Up After Emergency Department Visit for Substance Use—7-Day Follow-Up—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.



Two carets (^^) indicate a statistically significant decline in performance from MY 2022 to MY 2023.

The Colorado Medicaid weighted average significantly declined from MY 2022 to MY 2023.

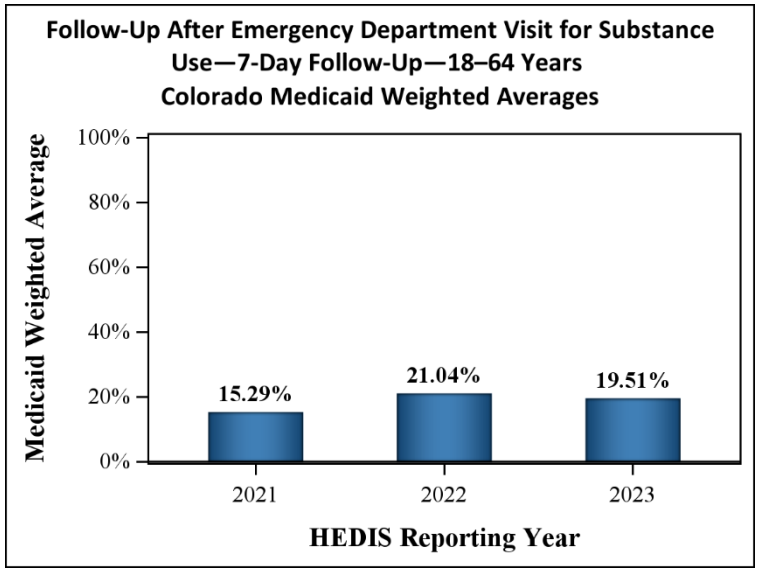


NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate.

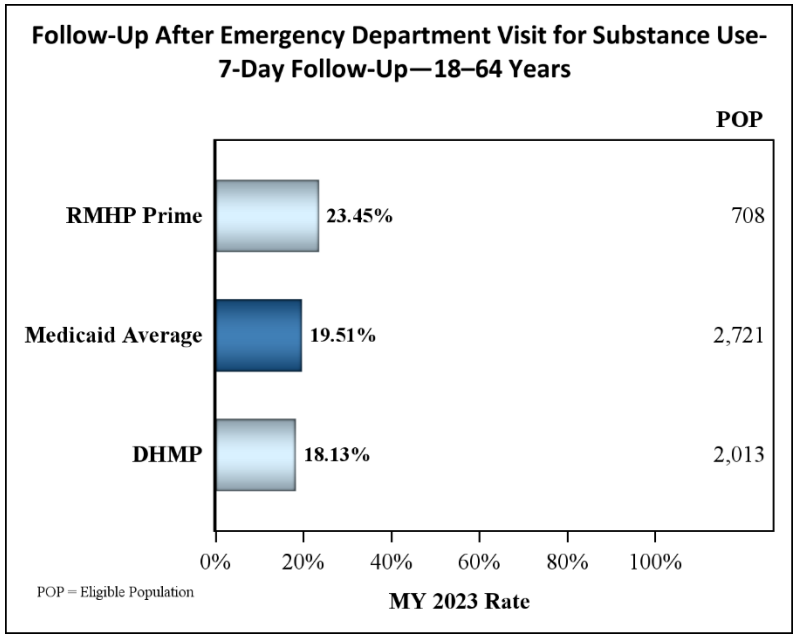
The Colorado Medicaid weighted average and DHMP's rate were below the LPL. Only DHMP had a reportable rate.

Follow-Up After Emergency Department Visit for Substance Use—7-Day Follow-Up—18 to 64 Years

Follow-Up After Emergency Department Visit for Substance Use—7-Day Follow-Up—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 age stratification, NCQA benchmarks are not available.



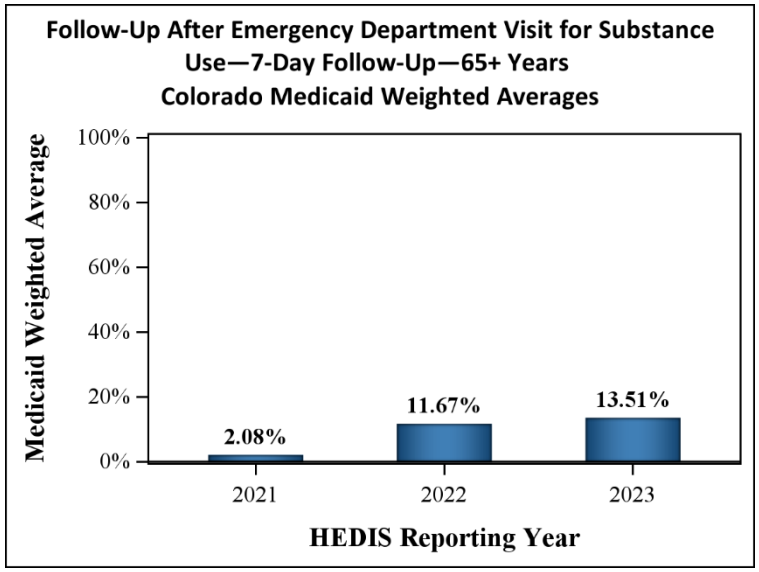
The Colorado Medicaid weighted average did not demonstrate a significant change from MY 2022 to MY 2023.



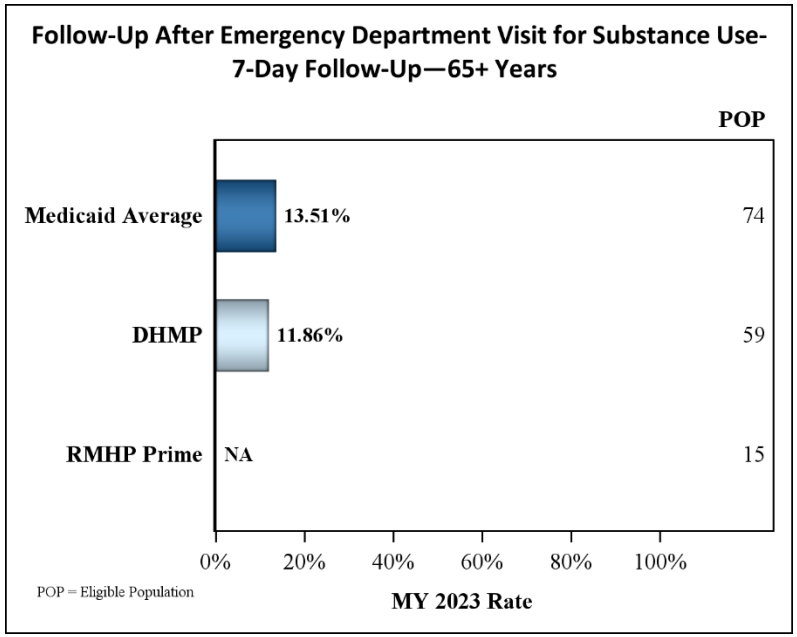
MCO performance varied by approximately 5 percentage points.

Follow-Up After Emergency Department Visit for Substance Use—7-Day Follow-Up—65 Years and Older

Follow-Up After Emergency Department Visit for Substance Use—7-Day Follow-Up—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 age stratification, NCQA benchmarks are not available.



The Colorado Medicaid weighted average did not demonstrate a significant change from MY 2022 to MY 2023.

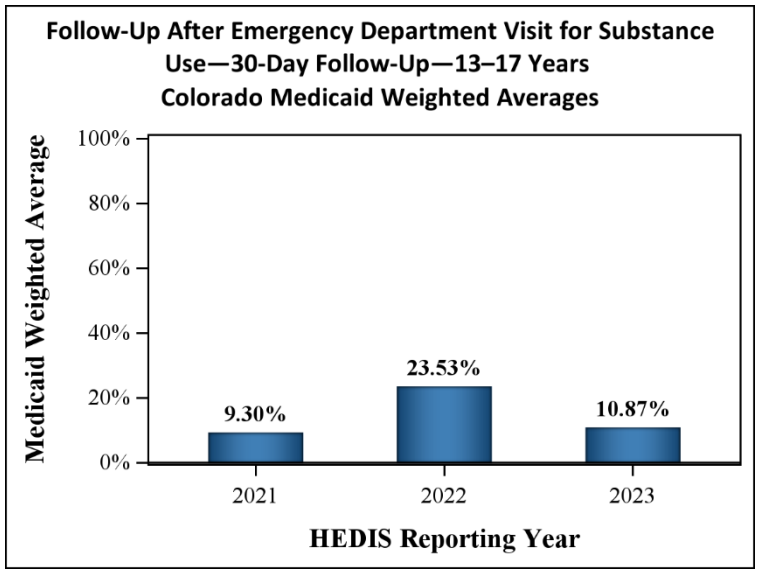


NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate.

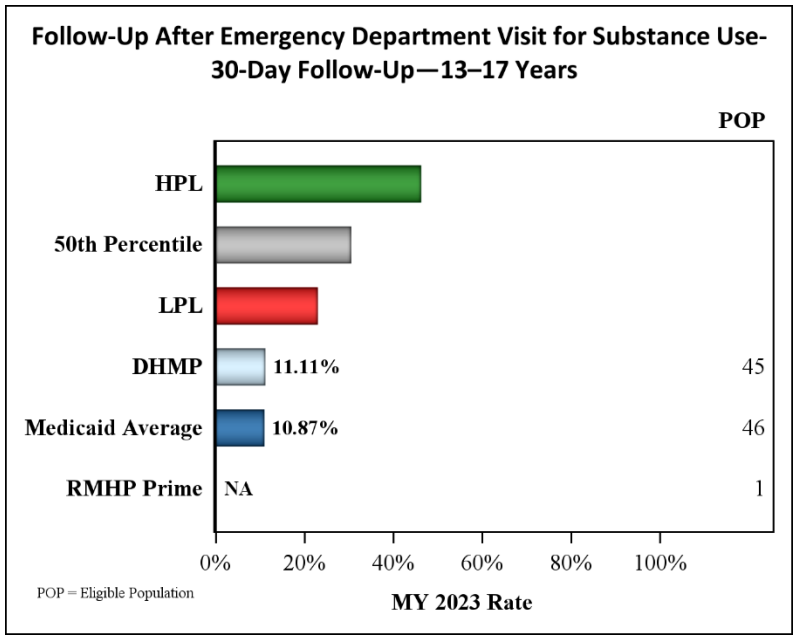
Only DHMP had a reportable rate, and a benchmark is not available for this measure indicator.

Follow-Up After Emergency Department Visit for Substance Use—30-Day Follow-Up—13 to 17 Years

Follow-Up After Emergency Department Visit for Substance Use—30-Day Follow-Up—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.



The Colorado Medicaid weighted average did not demonstrate a significant change from MY 2022 to MY 2023.

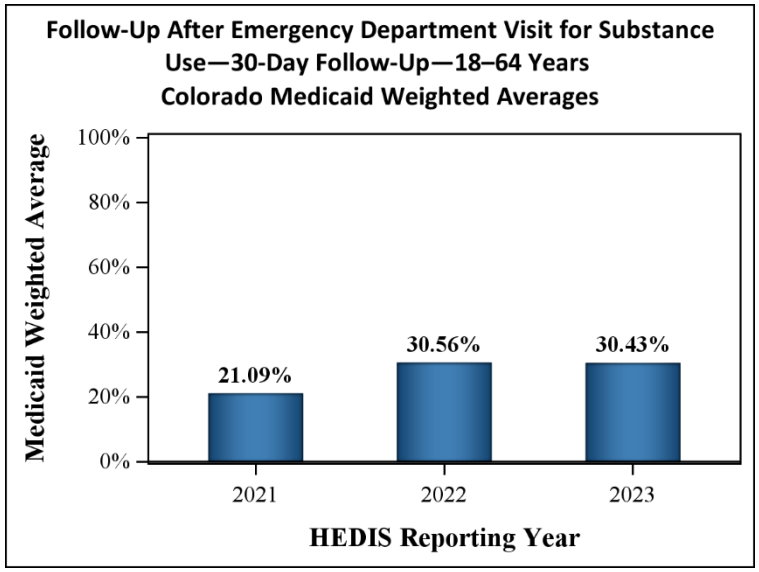


NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate.

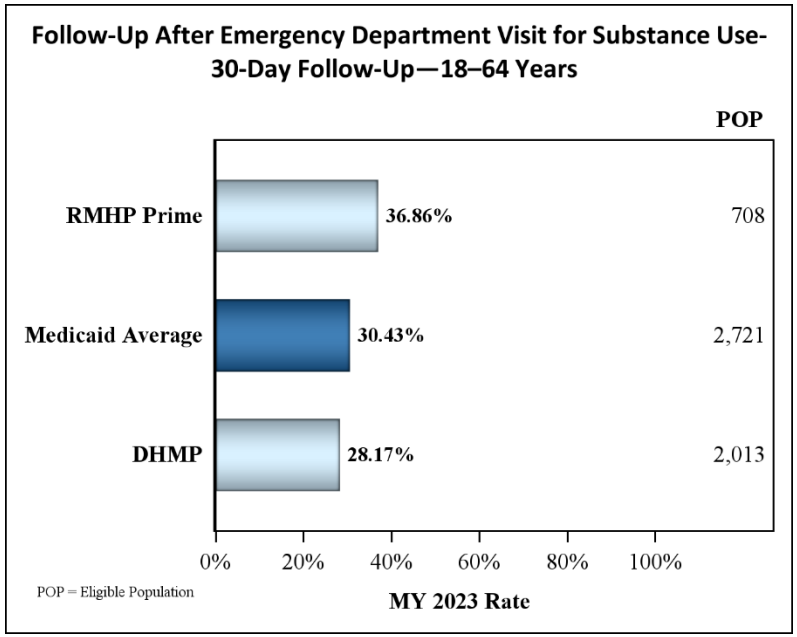
The Colorado Medicaid weighted average and DHMP's rate were below the LPL. Only DHMP had a reportable rate.

Follow-Up After Emergency Department Visit for Substance Use—30-Day Follow-Up—18 to 64 Years

Follow-Up After Emergency Department Visit for Substance Use—30-Day Follow-Up—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 age stratification, NCQA benchmarks are not available.



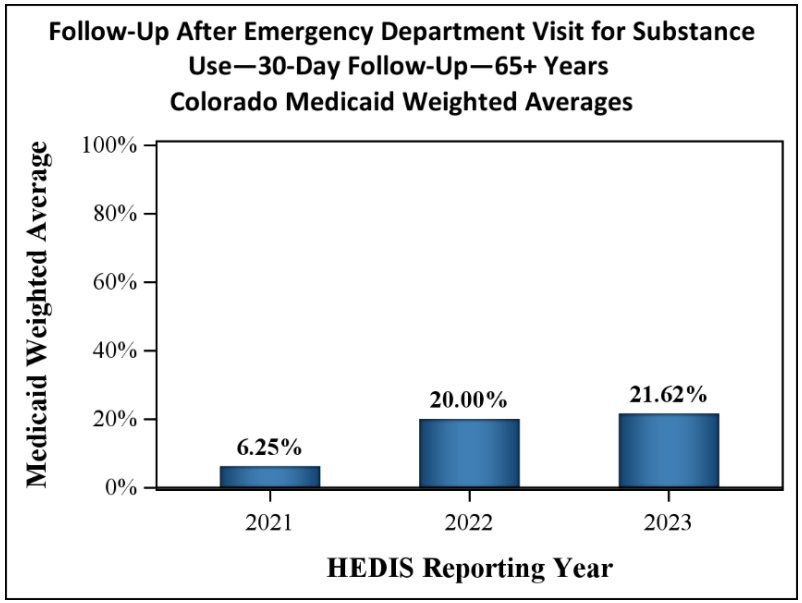
The Colorado Medicaid weighted average did not demonstrate a significant change from MY 2022 to MY 2023.



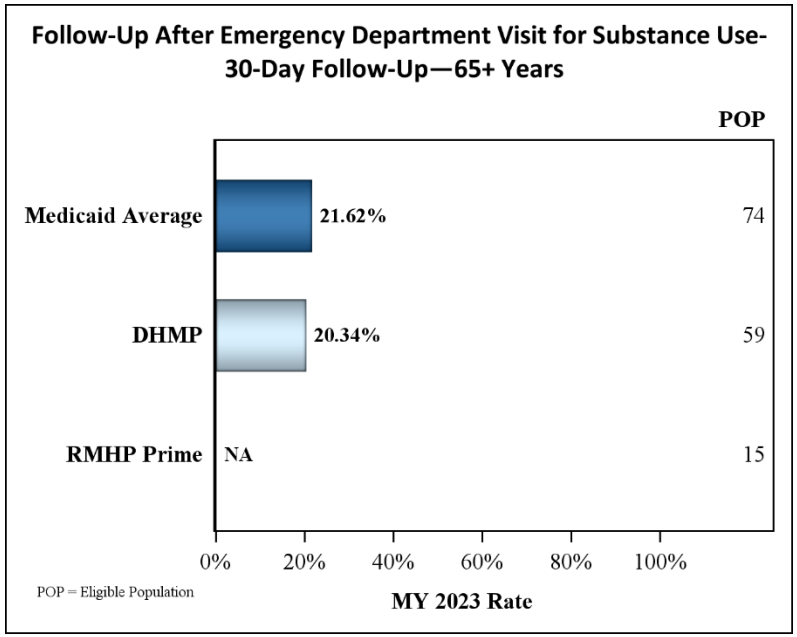
MCO performance varied by approximately 8 percentage points.

Follow-Up After Emergency Department Visit for Substance Use—30-Day Follow-Up—65 Years and Older

Follow-Up After Emergency Department Visit for Substance Use—30-Day Follow-Up—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 age stratification, NCQA benchmarks are not available.



The Colorado Medicaid weighted average did not demonstrate a significant change from MY 2022 to MY 2023.



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.

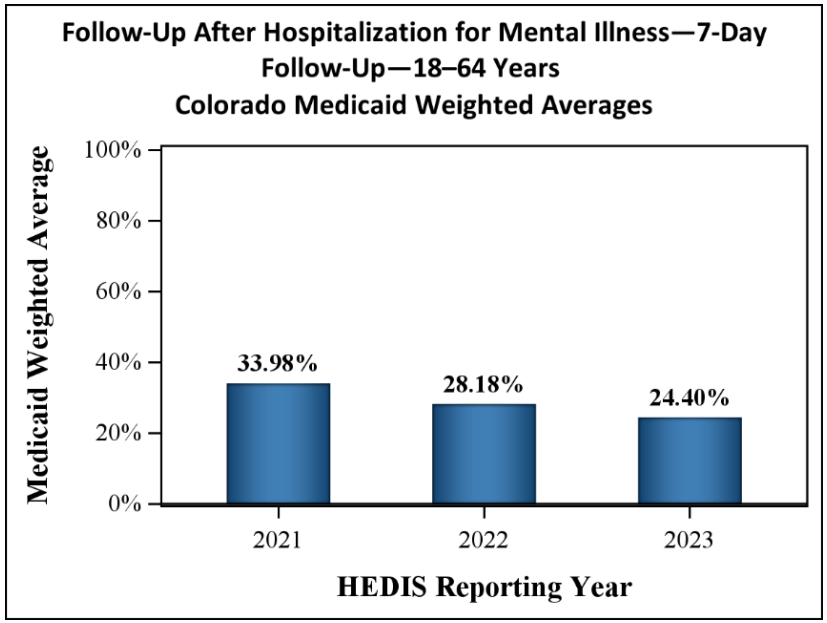
Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up—6 to 17 Years

Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up—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.

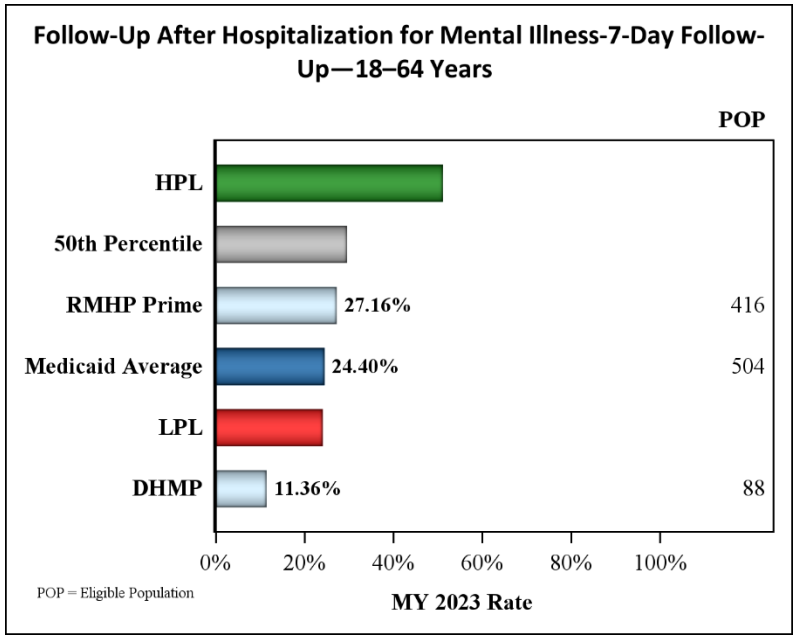
Neither DHMP nor RMHP Prime had a reportable rate for this measure indicator in MY 2023 or the previous two years.

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

Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up—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 2022 to MY 2023.



RMHP Prime's rate and the Colorado Medicaid weighted average were above the LPL but below the 50th percentile. DHMP's rate fell below the LPL. MCO performance varied by approximately 16 percentage points.

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

Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up—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 in MY 2023 or the previous two years.

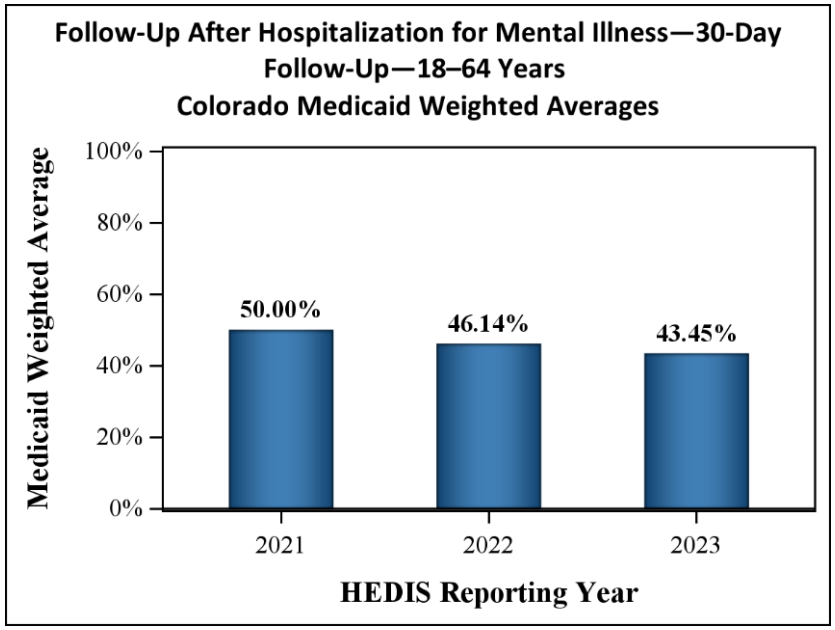
Follow-Up After Hospitalization for Mental Illness—30-Day Follow-Up—6 to 17 Years

Follow-Up After Hospitalization for Mental Illness—30-Day Follow-Up—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.

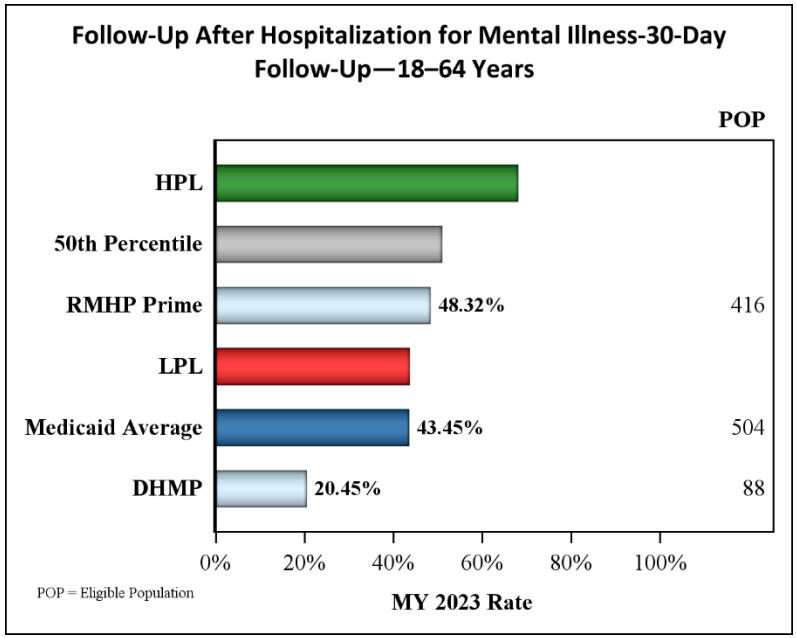
Neither DHMP nor RMHP Prime had a reportable rate for this measure indicator in MY 2023 or the previous two years.

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

Follow-Up After Hospitalization for Mental Illness—30-Day Follow-Up—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 2022 to MY 2023.



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

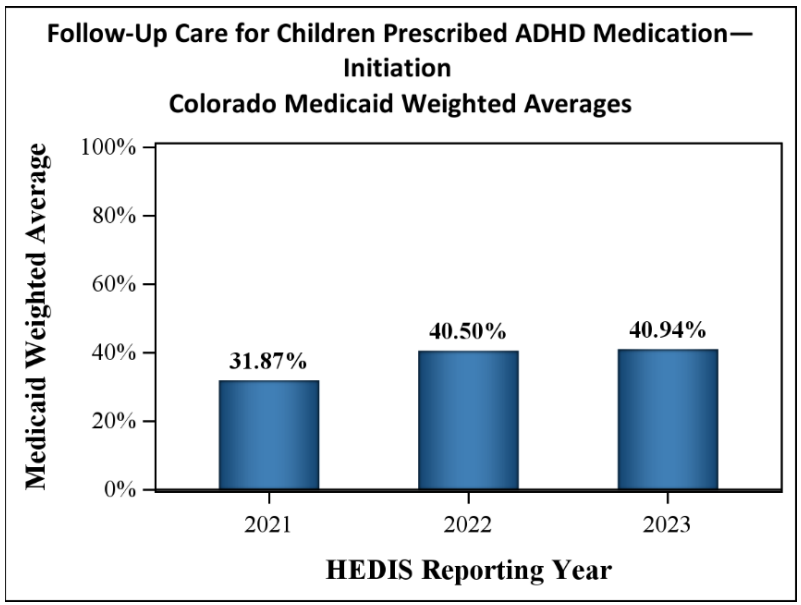
Follow-Up After Hospitalization for Mental Illness—30-Day Follow-Up—65 Years and Older

Follow-Up After Hospitalization for Mental Illness—30-Day Follow-Up—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.

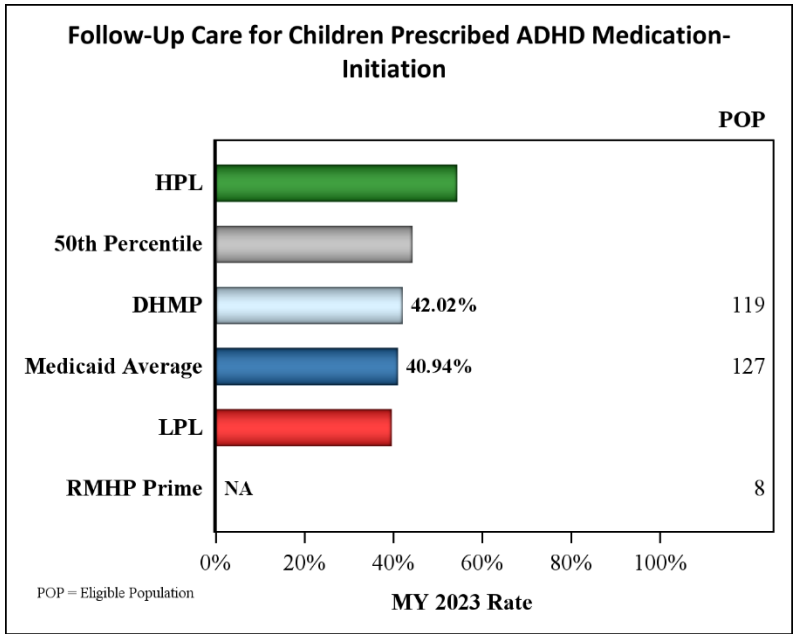
Neither DHMP nor RMHP Prime had a reportable rate for this measure indicator in MY 2023 or the previous two years.

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

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



The Colorado Medicaid weighted average did not demonstrate a significant change from MY 2022 to MY 2023.

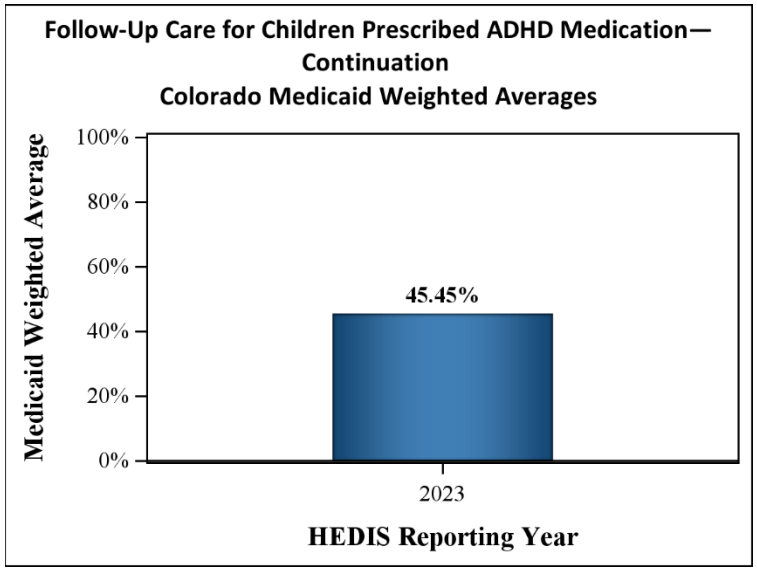


NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate.

The Colorado Medicaid weighted average and DHMP's rate were above the LPL but fell below the 50th percentile. Only DHMP had a reportable rate.

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

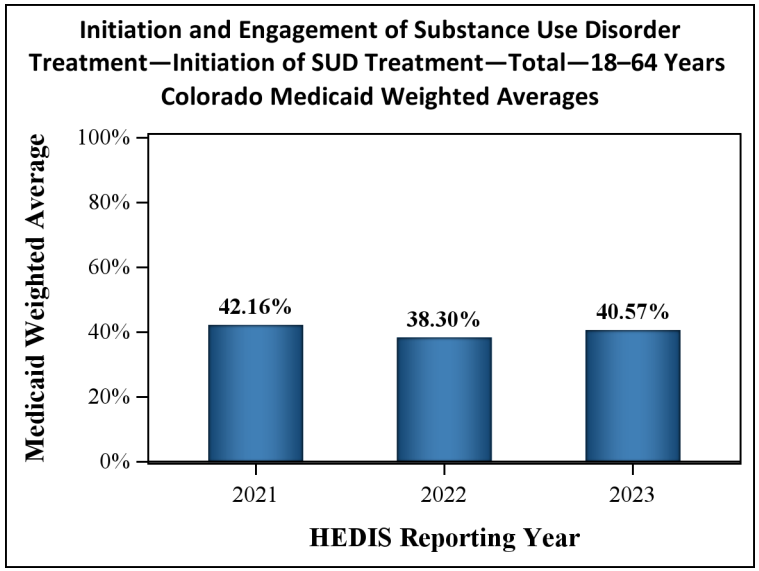
Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase measures the percentage of children ages 6 to 12 years with an ambulatory prescription dispensed for ADHD medication who remained on the medication for at least 210 days and who, in addition to the visit in the 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.



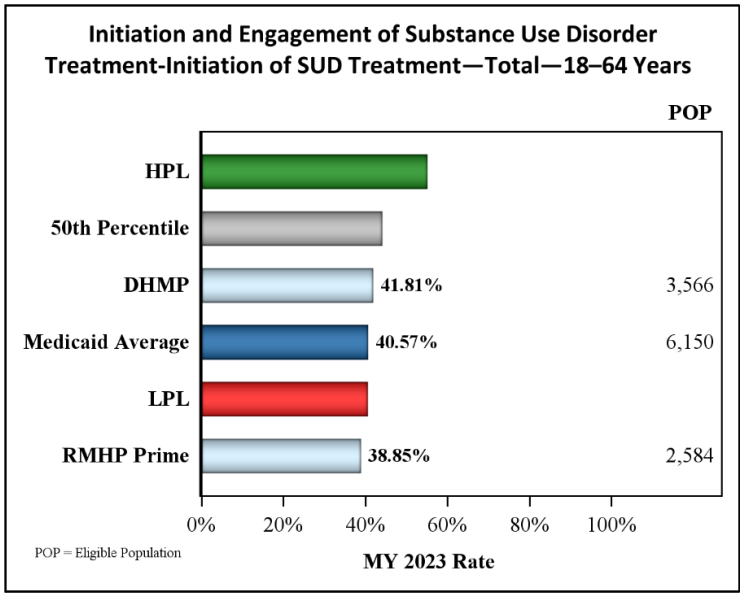
While neither of the MCOs had a reportable rate for this indicator, the Colorado Medicaid weighted average is displayed based on the combined Medicaid population being large enough to result in a reported aggregated rate.

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

Initiation and Engagement of Substance Use Disorder Treatment—Initiation of SUD Treatment—Total—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.



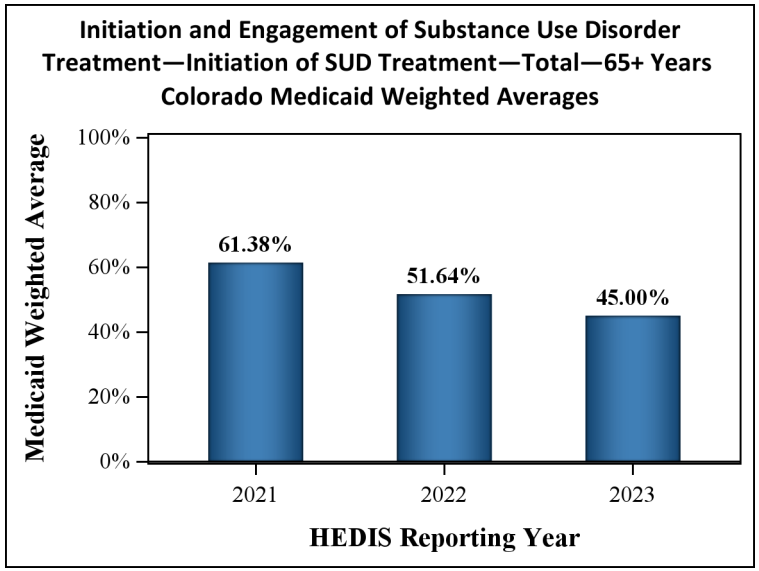
The Colorado Medicaid weighted average did not demonstrate a significant change from MY 2022 to MY 2023.



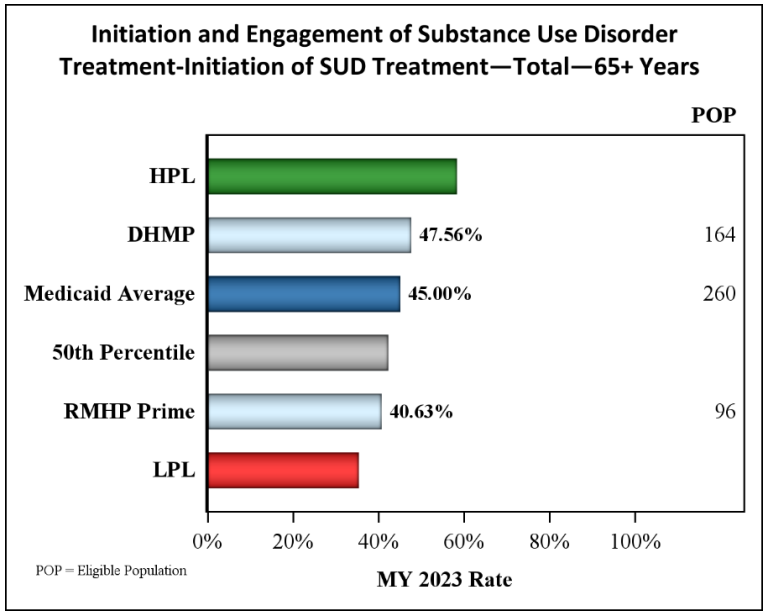
MCO performance varied by approximately 3 percentage points.

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

Initiation and Engagement of Substance Use Disorder Treatment—Initiation of SUD Treatment—Total—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.



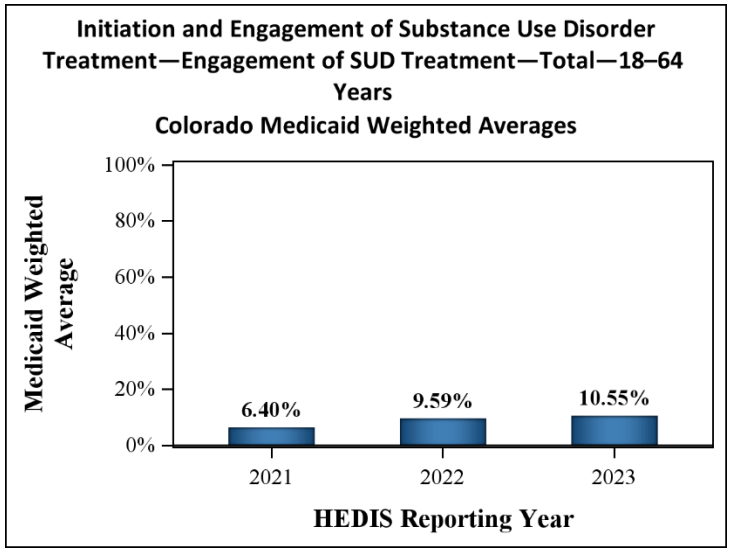
The Colorado Medicaid weighted average did not demonstrate a significant change from MY 2022 to MY 2023.



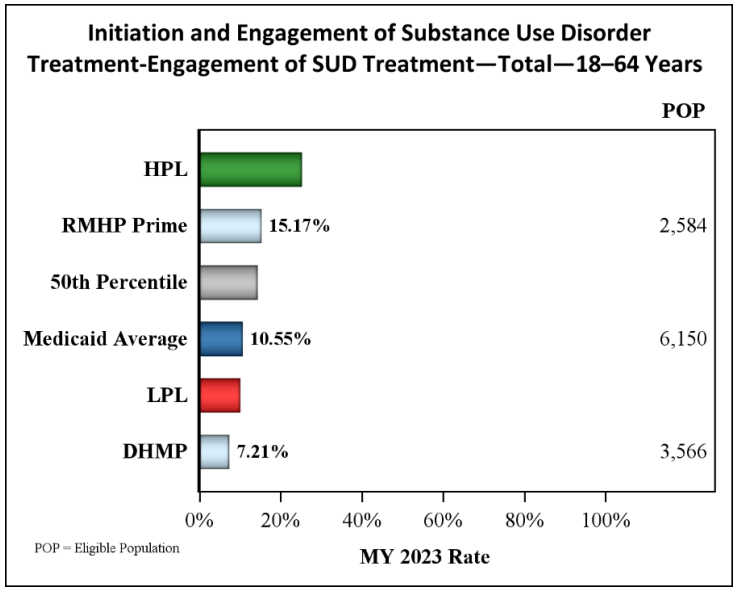
DHMP's rate and the Colorado Medicaid weighted average were above the 50th percentile but below the HPL. RMHP Prime's rate was above the LPL but below the 50th percentile. MCO performance varied by approximately 7 percentage points.

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

Initiation and Engagement of Substance Use Disorder Treatment—Engagement of SUD Treatment—Total—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.



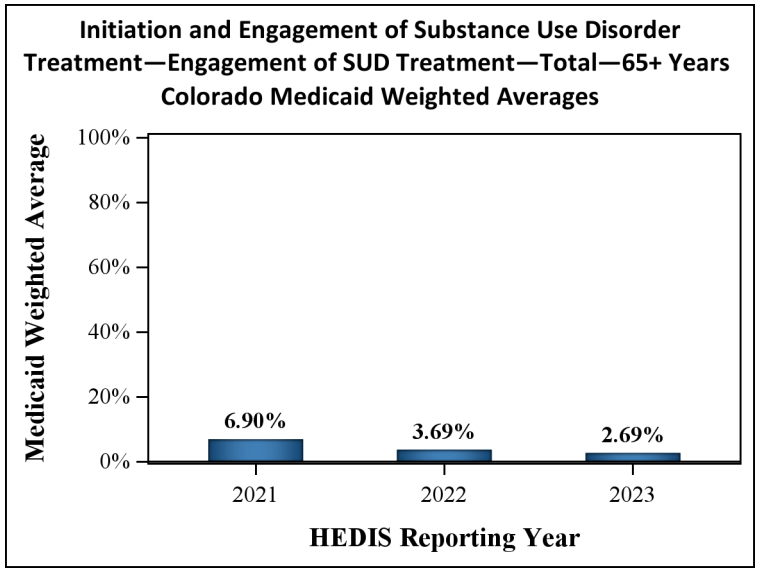
The Colorado Medicaid weighted average did not demonstrate a significant change from MY 2022 to MY 2023.



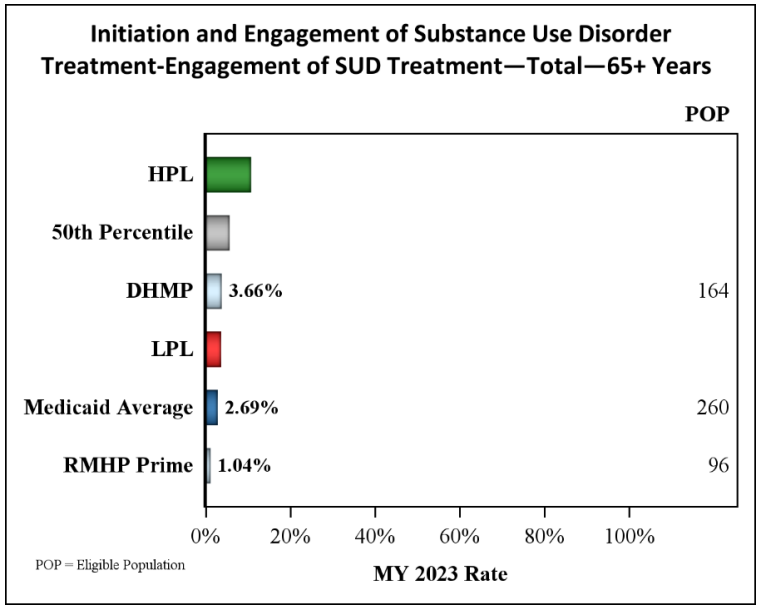
RMHP Prime's rate was above the 50th percentile but fell below the HPL. The Colorado Medicaid weighted average was above the LPL, and DHMP's rate fell below the LPL. MCO performance varied by approximately 8 percentage points.

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

Initiation and Engagement of Substance Use Disorder Treatment—Engagement of SUD Treatment—Total—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.



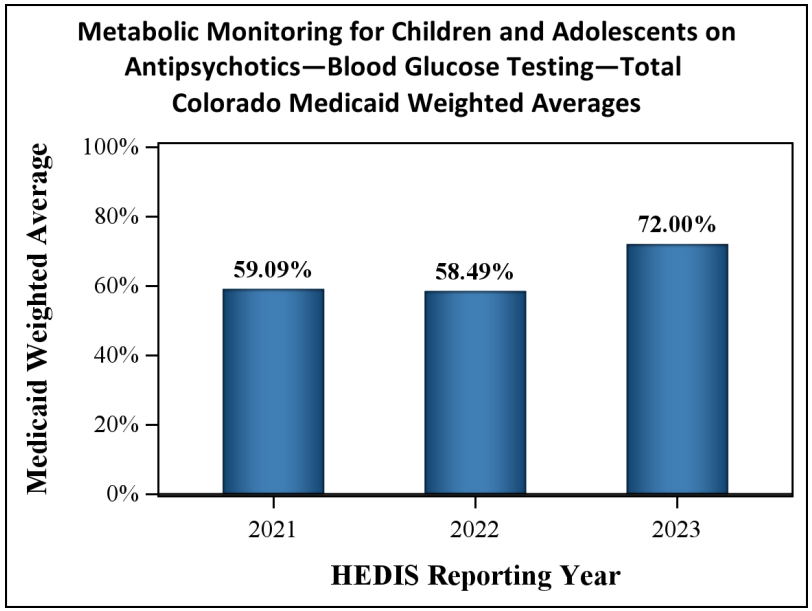
The Colorado Medicaid weighted average did not demonstrate a significant change from MY 2022 to MY 2023.



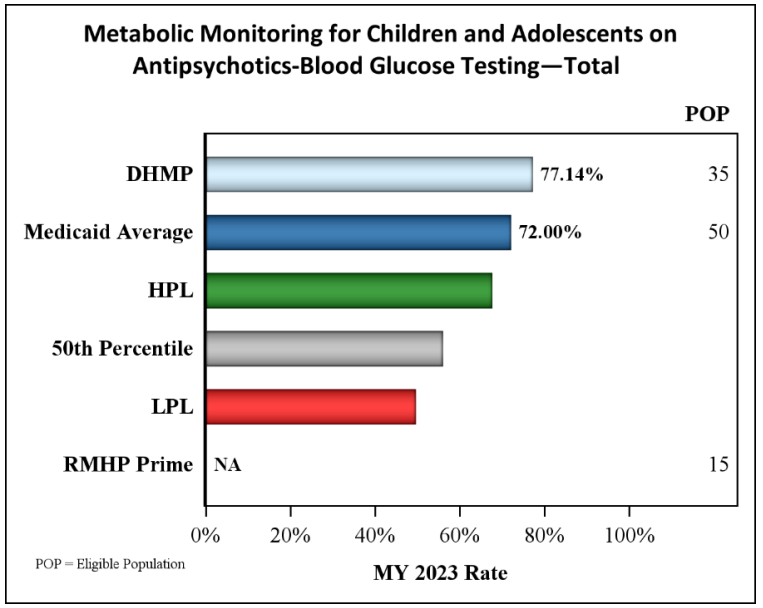
DHMP's rate was above the LPL but below the 50th percentile. The Colorado Medicaid weighted average and RMHP Prime's rate were below the LPL. MCO performance varied by approximately 2 percentage points.

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 2022 to MY 2023.

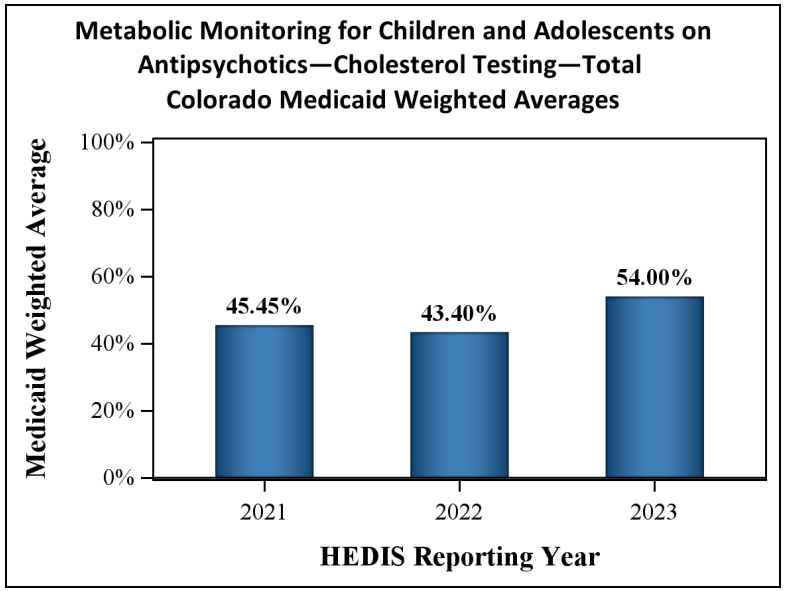


NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate.

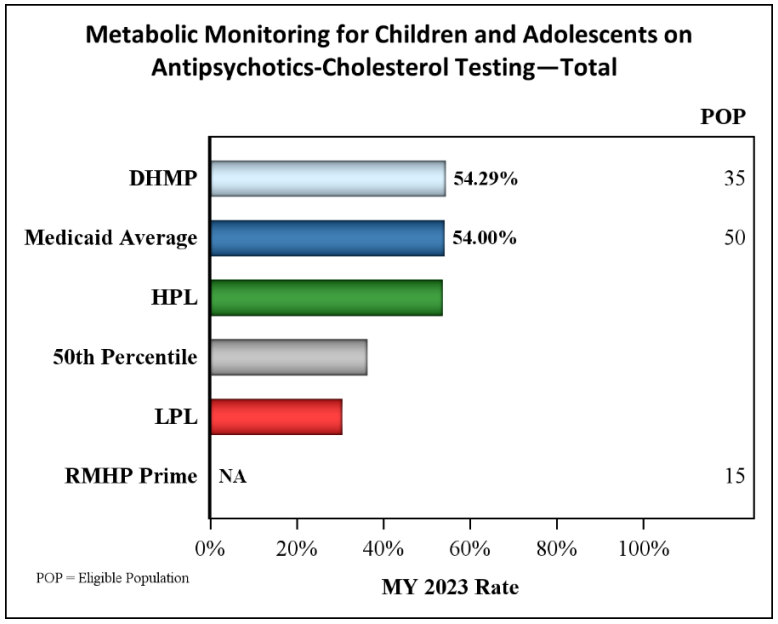
DHMP's rate and the Colorado Medicaid weighted average exceeded the HPL and the 50th percentile. Only DHMP had a reportable rate.

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 2022 to MY 2023.

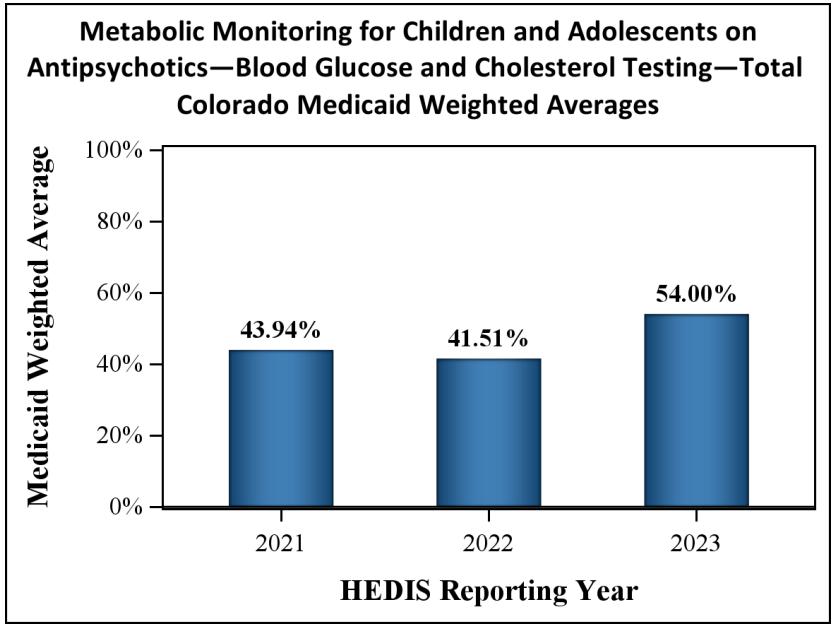


NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate.

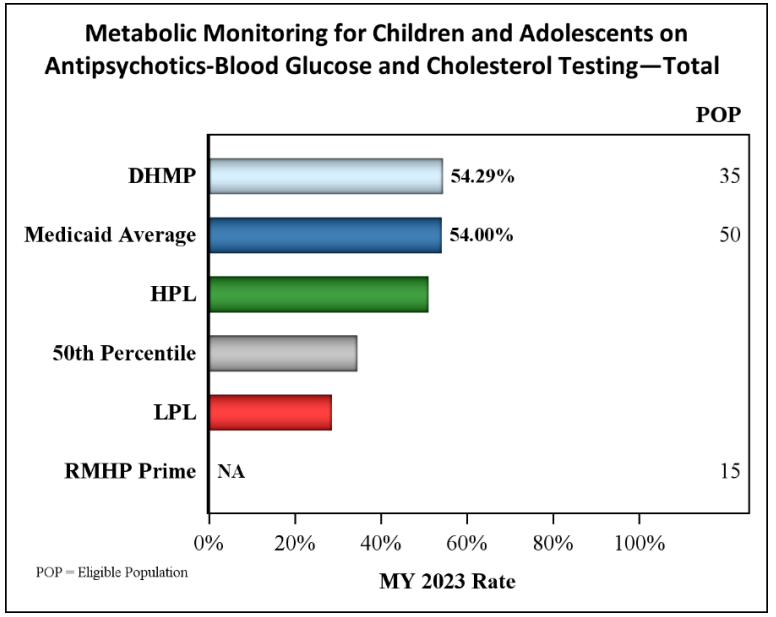
DHMP's rate and the Colorado Medicaid weighted average exceeded the HPL and the 50th percentile. Only DHMP had a reportable rate.

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 2022 to MY 2023.

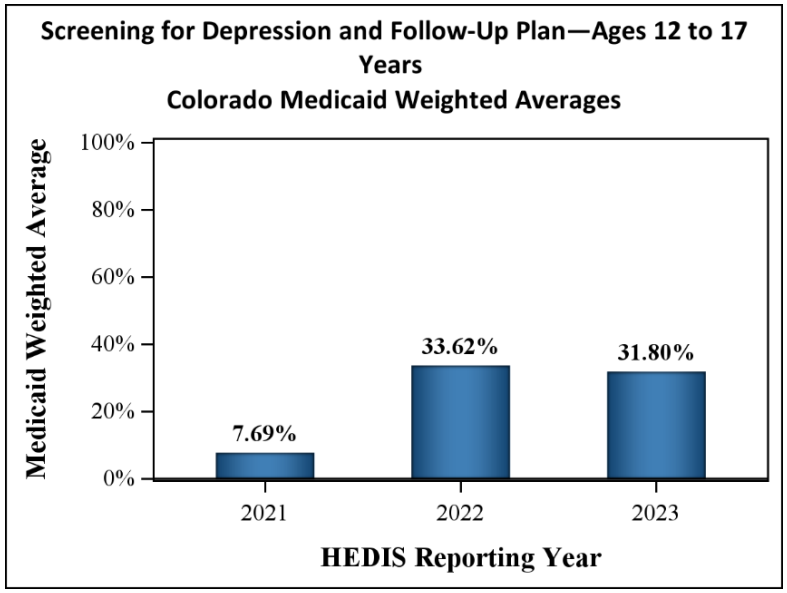


NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate.

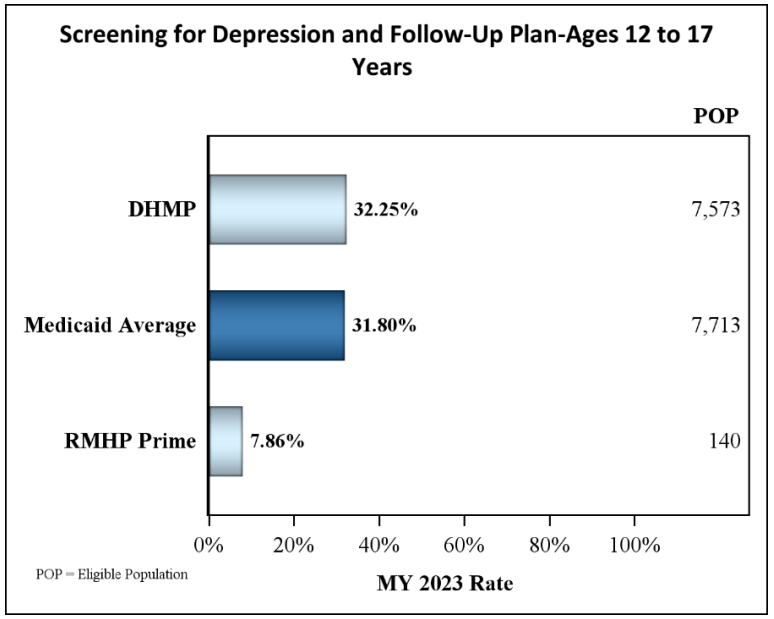
DHMP's rate and the Colorado Medicaid weighted average exceeded the HPL and the 50th percentile. Only DHMP had a reportable rate.

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

Screening for Depression and Follow-Up Plan—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.



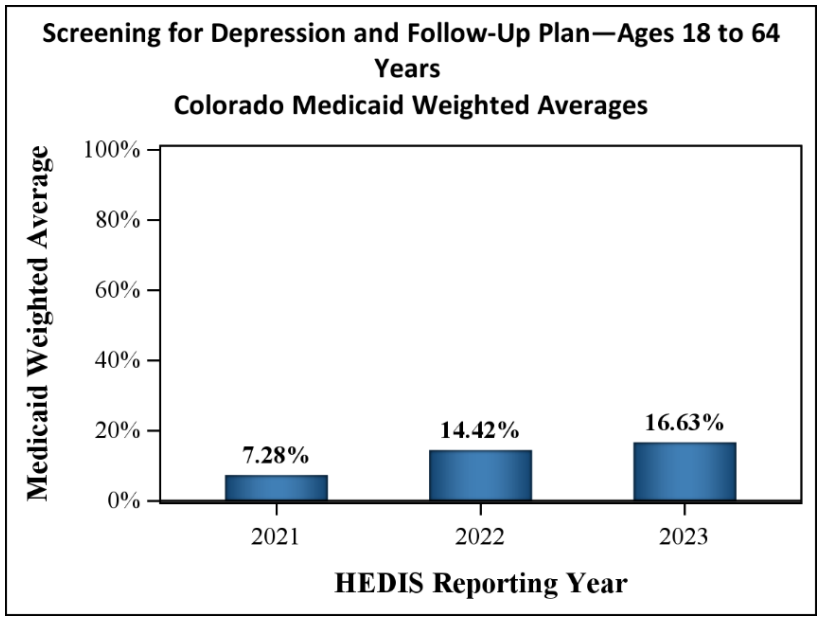
The Colorado Medicaid weighted average did not demonstrate a significant change from MY 2022 to MY 2023.



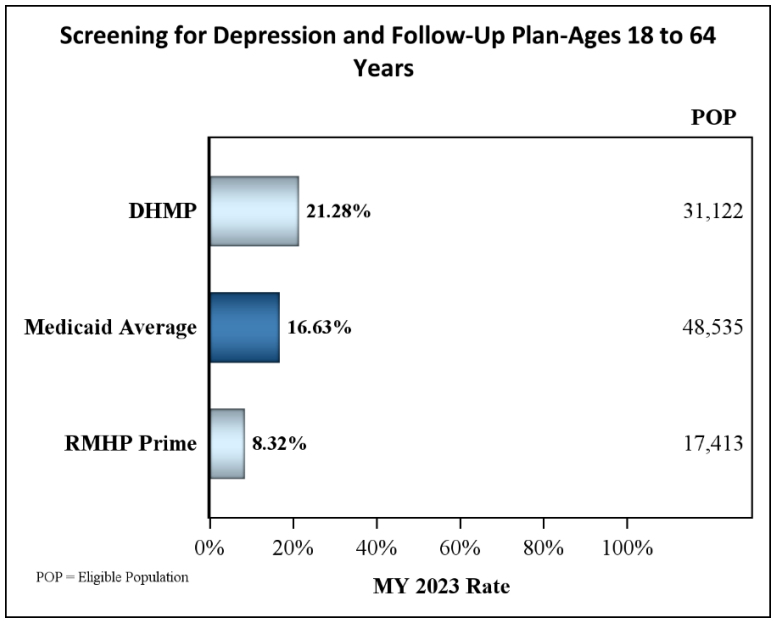
MCO performance varied by approximately 25 percentage points.

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

Screening for Depression and Follow-Up Plan—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.



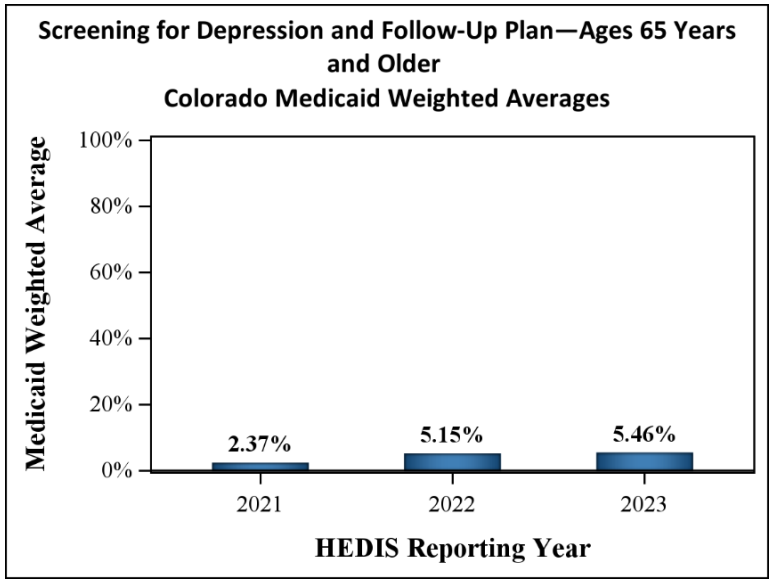
The Colorado Medicaid weighted average did not demonstrate a significant change from MY 2022 to MY 2023.



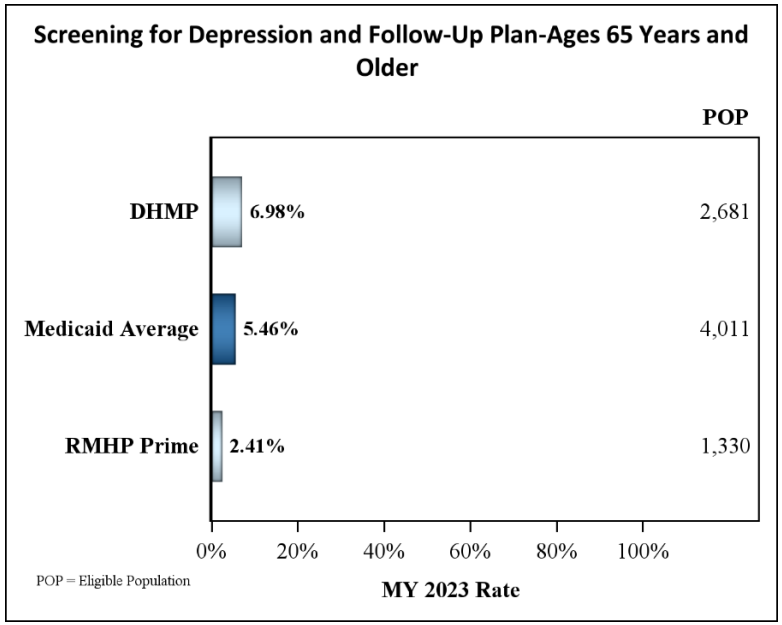
MCO performance varied by approximately 13 percentage points.

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

Screening for Depression and Follow-Up Plan—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.



The Colorado Medicaid weighted average did not demonstrate a significant change from MY 2022 to MY 2023.



MCO performance varied by approximately 4 percentage points.

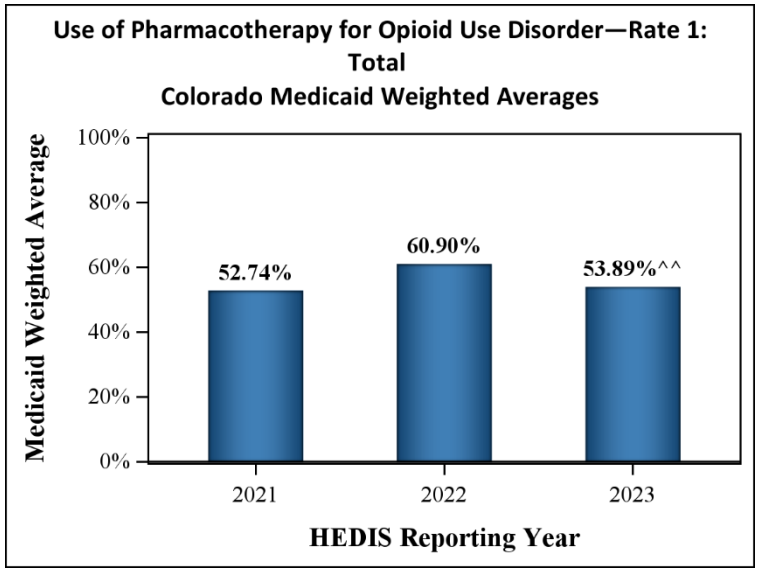
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics

Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics 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 in MY 2023 or the previous two years.

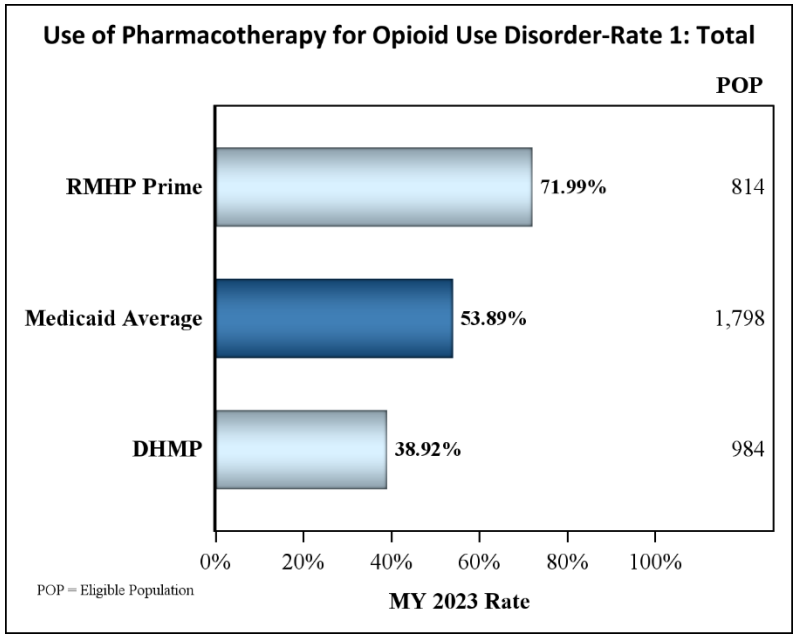
Use of Pharmacotherapy for Opioid Use Disorder—Rate 1: Total

Use of Pharmacotherapy for Opioid Use Disorder—Rate 1: Total 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. A comparison to benchmarks was either not appropriate or the measure did not have an applicable benchmark.



Two carets (^^) indicate a statistically significant decline in performance from MY 2022 to MY 2023.

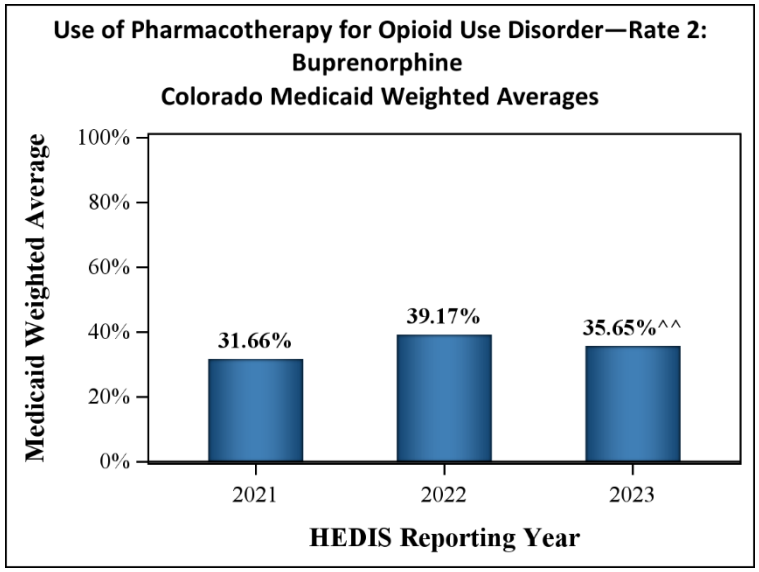
The Colorado Medicaid weighted average significantly declined from MY 2022 to MY 2023.



MCO performance varied by approximately 33 percentage points.

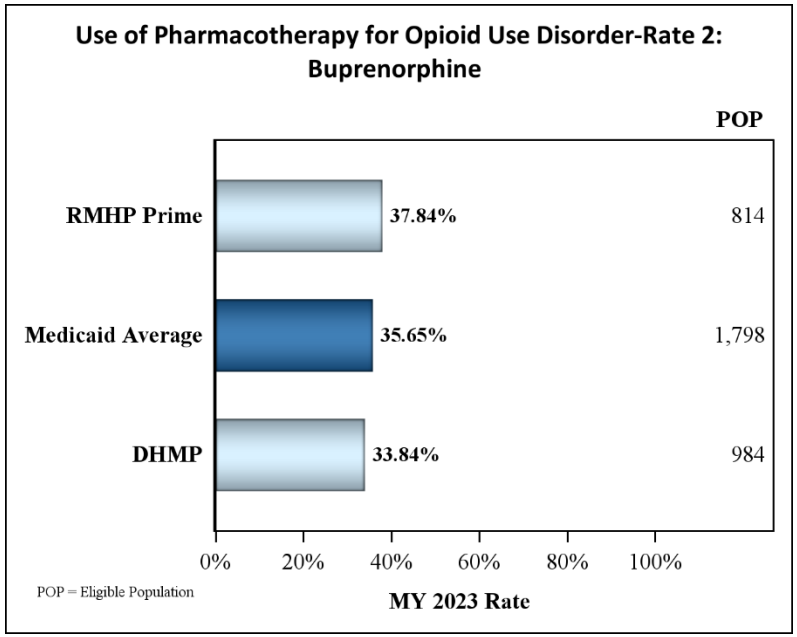
Use of Pharmacotherapy for Opioid Use Disorder—Rate 2: Buprenorphine

Use of Pharmacotherapy for Opioid Use Disorder—Rate 2: Buprenorphine measures the percentage of Medicaid beneficiaries ages 18 to 64 with an OUD who filled a prescription for or were administered or dispensed an FDA-approved medication for the disorder during the measurement period. A comparison to benchmarks was either not appropriate or the measure did not have an applicable benchmark.



Two carets (^^) indicate a statistically significant decline in performance from MY 2022 to MY 2023.

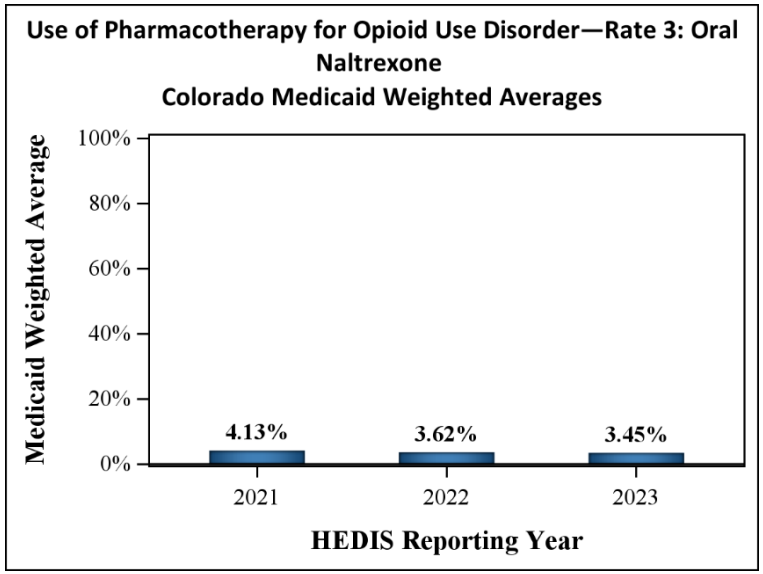
The Colorado Medicaid weighted average significantly declined from MY 2022 to MY 2023.



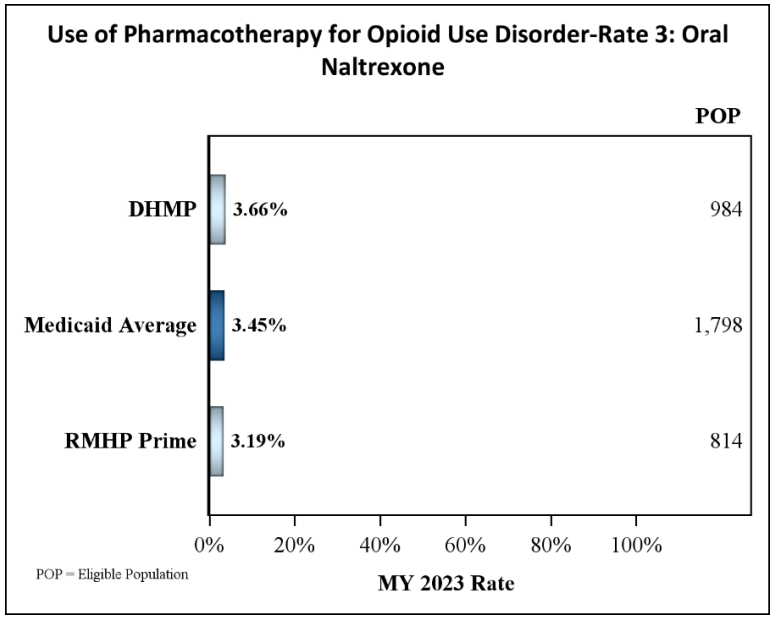
MCO performance varied by approximately 4 percentage points.

Use of Pharmacotherapy for Opioid Use Disorder—Rate 3: Oral Naltrexone

Use of Pharmacotherapy for Opioid Use Disorder—Rate 3: Oral Naltrexone measures the percentage of Medicaid beneficiaries ages 18 to 64 with an OUD who filled a prescription for or were administered or dispensed an FDA-approved medication for the disorder during the measurement period. A comparison to benchmarks was either not appropriate or the measure did not have an applicable benchmark.



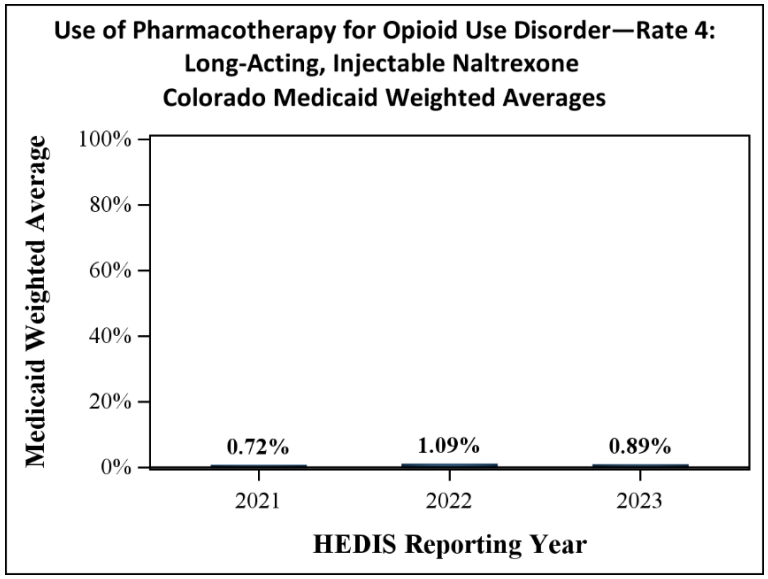
The Colorado Medicaid weighted average did not demonstrate a significant change from MY 2022 to MY 2023.



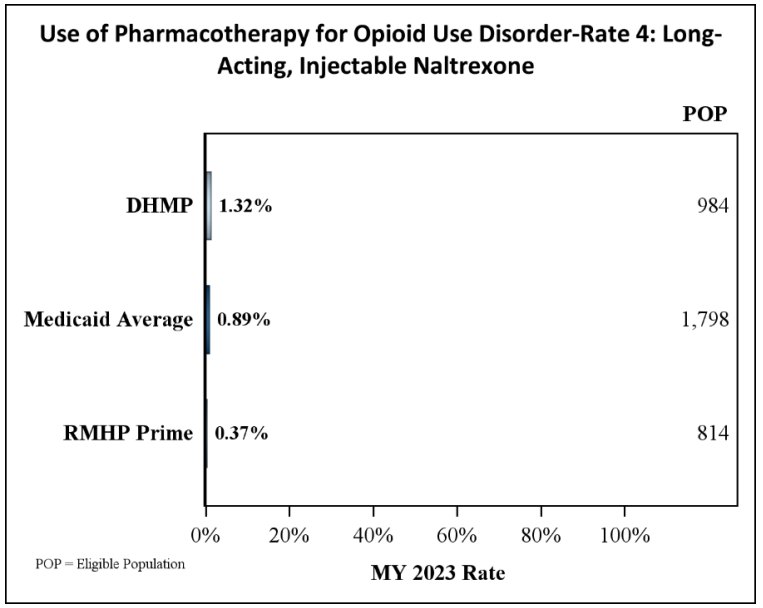
MCO performance varied by less than 1 percentage point.

Use of Pharmacotherapy for Opioid Use Disorder—Rate 4: Long-Acting, Injectable Naltrexone

Use of Pharmacotherapy for Opioid Use Disorder—Rate 4: Long-Acting, Injectable Naltrexone measures the percentage of Medicaid beneficiaries ages 18 to 64 with an OUD who filled a prescription for or were administered or dispensed an FDA-approved medication for the disorder during the measurement period. A comparison to benchmarks was either not appropriate or the measure did not have an applicable benchmark.



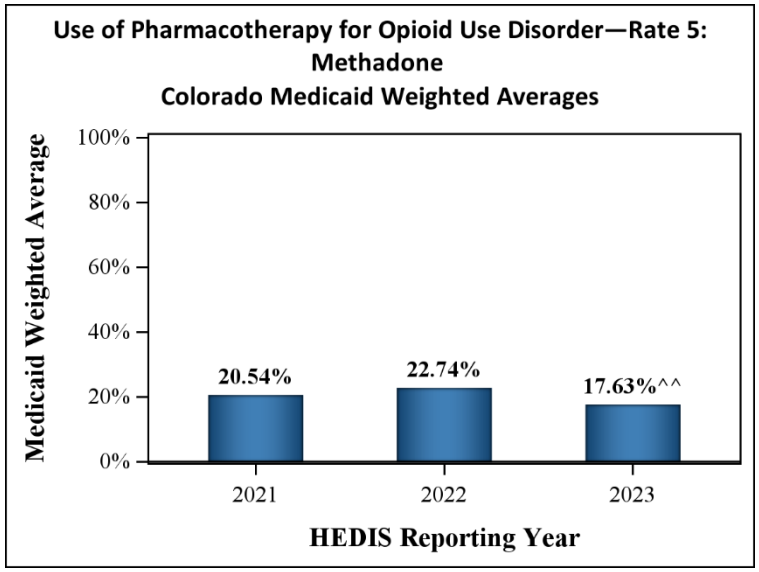
The Colorado Medicaid weighted average did not demonstrate a significant change from MY 2022 to MY 2023.



MCO performance varied by approximately 1 percentage point.

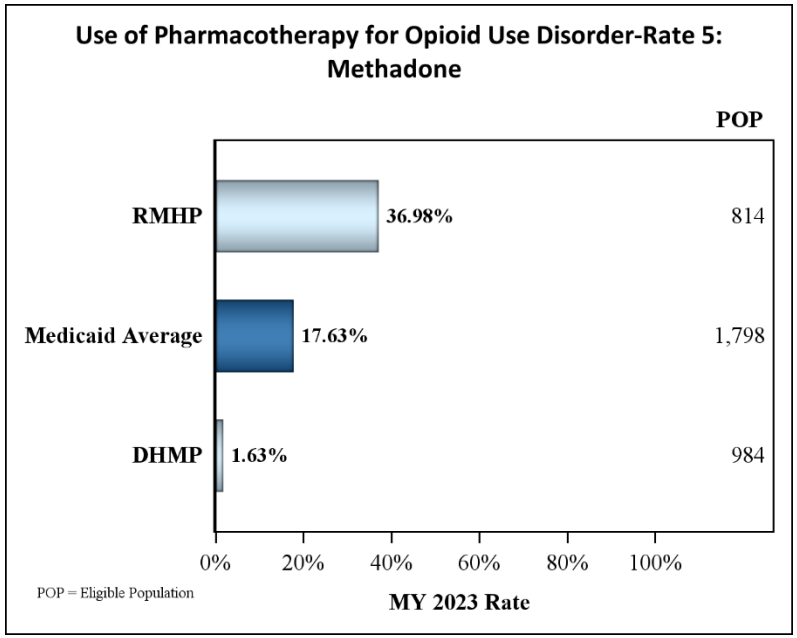
Use of Pharmacotherapy for Opioid Use Disorder—Rate 5: Methadone

Use of Pharmacotherapy for Opioid Use Disorder—Rate 4: Methadone measures the percentage of Medicaid beneficiaries ages 18 to 64 with an OUD who filled a prescription for or were administered or dispensed an FDA-approved medication for the disorder during the measurement period. A comparison to benchmarks was either not appropriate or the measure did not have an applicable benchmark.



Two carets (^^) indicate a statistically significant decline in performance from MY 2022 to MY 2023.

The Colorado Medicaid weighted average significantly declined from MY 2022 to MY 2023.



MCO performance varied by approximately 35 percentage points.

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
Adherence to Antipsychotic Medications for Individuals With Schizophrenia[H]		
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	★	★★
Antidepressant Medication Management		
Effective Acute Phase Treatment—18 to 64 Years	—	—
Effective Acute Phase Treatment—65 Years and Older	—	—
Effective Continuation Phase Treatment—18 to 64 Years	—	—
Effective Continuation Phase Treatment—65 Years and Older	—	—
Diabetes Care for People With Serious Mental Illness—HbA1c Poor Control (>9.0%)		
18 to 64 Years	—	—
65 to 75 Years	—	—
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications[*,H]		
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	★★★★★	★★★
Follow-Up After Emergency Department Visit for Mental Illness[H]		
7-Day Follow-Up—6 to 17 Years[1]	★	—
7-Day Follow-Up—18 to 64 Years	★	★★
7-Day Follow-Up—65 Years and Older	—	—
30-Day Follow-Up—6 to 17 Years[1]	★	—
30-Day Follow-Up—18 to 64 Years	★	★★
30-Day Follow-Up—65 Years and Older	—	—
Follow-Up After Emergency Department Visit for Substance Use		
7-Day Follow-Up—13 to 17 Years	★	—
7-Day Follow-Up—18 to 64 Years	—	—
7-Day Follow-Up—65 Years and Older	—	—
30-Day Follow-Up—13 to 17 Years	★	—
30-Day Follow-Up—18 to 64 Years	—	—
30-Day Follow-Up—65 Years and Older	—	—
Follow-Up After Hospitalization for Mental Illness[H]		
7-Day Follow-Up—6 to 17 Years	—	—
7-Day Follow-Up—18 to 64 Years	★	★★
7-Day Follow-Up—65 Years and Older	—	—

Performance Measures	DHMP	RMHP Prime
30-Day Follow-Up—6 to 17 Years	—	—
30-Day Follow-Up—18 to 64 Years	★	★★
30-Day Follow-Up—65 Years and Older	—	—
Follow-Up Care for Children Prescribed ADHD Medication[H]		
Initiation Phase	★★	—
Continuation and Maintenance Phase	—	—
Initiation and Engagement of Substance Use Disorder Treatment[H]		
Initiation of SUD Treatment—Total—18 to 64 Years	★★	★
Initiation of SUD Treatment—Total—65 Years and Older	★★★★	★★
Engagement of SUD Treatment—Total—18 to 64 Years	★	★★★
Engagement of SUD Treatment—Total—65 Years and Older	★★	★
Metabolic Monitoring for Children and Adolescents on Antipsychotics[H]		
Blood Glucose Testing—Total	★★★★★	—
Cholesterol Testing—Total	★★★★★	—
Blood Glucose and Cholesterol Testing—Total	★★★★★	—
Screening for Depression and Follow-Up Plan		
12 to 17 Years	—	—
18 to 64 Years	—	—
65 Years and Older	—	—
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics[H]		
Total	—	—
Use of Pharmacotherapy for Opioid Use Disorder		
Rate 1: Total	—	—
Rate 2: Buprenorphine	—	—
Rate 3: Oral Naltrexone	—	—
Rate 4: Long-Acting, Injectable Naltrexone	—	—
Rate 5: Methadone	—	—

** For this indicator, a lower rate indicates better performance.*
[H] indicates that the measure is a HEDIS measure and can be compared to NCQA benchmarks.
[1]Due to differences in member eligibility for children in RMHP Prime, rates may not be comparable to DHMP's rates.
— indicates that a percentile ranking was not determined because the rate was not reportable or there was a break in trending. This symbol may also indicate that the denominator was too small to report the rate or there was no benchmark for comparison.

Table 3-1 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	4	1	0	3	10
RMHP Prime	0	0	2	6	2

Performance for the MCOs in the Behavioral Health Care domain demonstrated opportunities for improvement with 13 of 18 (72 percent) measure indicator rates for DHMP falling below the 50th percentile and eight of 10 (80 percent) 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.[11] 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.[12] 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., barriers to standing lab orders, provider billing issues, gaps in administrative data sources) since this is a measure in which both DHMP and RMHP Prime continue to show significant need for improvement. Additionally, the MCOs and the Department should consider ongoing education and/or one-on-one discussion with ambulatory provider organizations on the importance of providing timely follow-up visits following hospitalizations and ED visits. Finally, the MCOs and the Department should consider assessing care management services available to members with behavioral health conditions to ensure proper coordination of care during transitions of care.

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

[11] American Psychiatric Association. Schizophrenia Fact Sheet. Available at: https://www.psychiatry.org/patients-families/schizophrenia/what-is-schizophrenia. Accessed on: Oct 10, 2024.

[12] 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*
- *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*

The MCOs were required to report these measures in MY 2023. 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

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

Results

Table 7-1 shows ED visits per 1,000 member months for ambulatory care for all ages.

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

Health Plan Name	ED Visits[1]
DHMP	25.89
RMHP Prime	40.95
MY2023 Medicaid Weighted Average	26.12
MY2022 Medicaid Weighted Average	26.64
MY2021 Medicaid Weighted Average	22.66

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

For the *ED Visits* measure indicator, MCO performance varied, ranging from 40.95 ED visits per 1,000 member months for RMHP Prime to 25.89 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

Health Plan Name	18 to 64 Years*	65 Years and Older*
DHMP	15.48	5.57
RMHP Prime	7.62	5.66
MY2023 Medicaid Weighted Average	12.26	5.60
MY2022 Medicaid Weighted Average	14.55	3.58
MY2021 Medicaid Weighted Average	27.29	18.41

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

For the *Diabetes Short-Term Complications Admission Rate* measure indicator, MCO performance varied for ages 18 to 64 years as DHMP had a rate of 15.48, while RMHP Prime reported a lower rate of 7.62. For the 65 years and older age group, both MCOs had rates either slightly above or lower than the MY 2023 Medicaid Weighted Average.

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 Name	40 to 64 Years*	65 Years and Older*
DHMP	17.43	38.97
RMHP Prime	5.47	14.15
MY2023 Medicaid Weighted Average	11.91	29.14
MY2022 Medicaid Weighted Average	15.27	36.96
MY2021 Medicaid Weighted Average	258.84	1,210.72

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

For the *COPD or Asthma in Older Adults Admission Rate* measure indicator, MCO performance varied for ages 40 to 64 years as DHMP had a rate of 17.48 hospitalizations per 100,000 individuals, while RMHP Prime reported a lower rate of 5.47 hospitalizations per 100,000 individuals. For the 65 years and older age group, DHMP's reported rate was 38.97 and RMHP Prime's rate was 14.15.

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

Plan	18 to 64 Years*	65 Years and Older*
DHMP	25.61	952.38
RMHP Prime	5.81	16.98
MY2023 Medicaid Weighted Average	16.74	146.31
MY2022 Medicaid Weighted Average	16.02	236.22
MY2021 Medicaid Weighted Average	76.05	1,033.38

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

For the *Heart Failure Admission Rate* measure indicators, MCO performance varied, ranging from 25.61 hospitalizations per 100,000 individuals for DHMP to 5.81 hospitalizations per 100,000 individuals for RMHP Prime for the 18 to 64 years age group. According to Table 7-4, RMHP Prime showed a relatively low admission rate for both age groups.

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 Name	18 to 39 Years*
DHMP	2.82
RMHP Prime	0.34
MY2023 Medicaid Weighted Average	1.90
MY2022 Medicaid Weighted Average	3.10
MY2021 Medicaid Weighted Average	6.65

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

For the *Asthma in Younger Adults Admission Rate* measure, MCO performance was similar, ranging from 2.82 hospitalizations per 100,000 individuals for DHMP to 0.34 hospitalizations per 100,000 individuals for RMHP Prime.

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.

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	10.24%	9.69%	1.06
RMHP Prime	8.98%	10.20%	0.88
MY2023 Medicaid Weighted Average	9.79%	9.87%	0.99
MY2022 Medicaid Weighted Average	8.92%	9.64%	0.92
MY2021 Medicaid Weighted Average	8.85%	9.71%	0.91

DHMP's observed readmission rate is slightly higher than the expected rate, with an O/E ratio of 1.06. RMHP Prime's observed readmission rate is lower than the expected rate, resulting in an O/E ratio of 0.88.

Summary of Findings and Recommendations

DHMP reported significantly higher admission rates than RMHP Prime on the *PQI 01: Diabetes Short-Term Complications Admission Rate* (18 to 64 years), *PQI 05: COPD or Asthma in Older Adults Admission Rate* (both age stratifications), and *PQI 08: Heart Failure Admission Rate* (both age stratifications) measures. The DHMP admission rates were also above the MY 2023 Colorado Medicaid Weighted Averages for all three measures. HSAG recommends that DHMP review its calculations for these measures to ensure the rate is being reported as a rate per 100,000 beneficiary months and not a rate per 100,000 beneficiaries. Additionally, HSAG recommends that DHMP and the Department consider a segmentation analysis, where the numerator-compliant members for each measure are stratified by age, gender, race, geography, and provider. Results of this kind of analysis can help to identify key drivers that could be focal points for interventions that would be effective with a larger proportion of the numerator-compliant population.

For the utilization measures in the Use of Services domain (*Ambulatory Care: ED Visits* and *Plan All-Cause Readmissions*), 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 2021, MY 2022, and MY 2023 Colorado Medicaid weighted averages. Where applicable, yellow shading with one caret (^) indicates the MY 2023 MCO-specific or Colorado Medicaid weighted average rate was at or above the MY 2022 50th percentile ranking for the measure.

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
Breast Cancer Screening		
52 to 64 Years[SA]		
DHMP	3,143	52.05%
RMHP Prime	2,984	50.87%
HEDIS MY 2023 Colorado Medicaid Weighted Average		**51.48%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**45.65%**
HEDIS MY 2021 Colorado Medicaid Weighted Average		**41.29%**
65 to 74 Years[SA]		
DHMP	988	40.18%
RMHP Prime	554	51.08%
HEDIS MY 2023 Colorado Medicaid Weighted Average		**44.10%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**37.87%**
HEDIS MY 2021 Colorado Medicaid Weighted Average		**34.32%**
Cervical Cancer Screening[H]		
DHMP	17,598	40.81%
RMHP Prime	14,963	46.96%
HEDIS MY 2023 Colorado Medicaid Weighted Average		**43.64%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**37.73%**
HEDIS MY 2021 Colorado Medicaid Weighted Average		**40.67%**
Child and Adolescent Well-Care Visits		
3 to 11 Years[H]		
DHMP	11,536	57.59%^
RMHP Prime	81	55.56%
HEDIS MY 2023 Colorado Medicaid Weighted Average		**57.58%^**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**52.96%**
HEDIS MY 2021 Colorado Medicaid Weighted Average		**51.66%**

Medicaid Plan	Eligible Population	Rate
12 to 17 Years[H]		
DHMP	9,030	46.82%
RMHP Prime	150	42.00%
HEDIS MY 2023 Colorado Medicaid Weighted Average		**46.74%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**45.79%**
HEDIS MY 2021 Colorado Medicaid Weighted Average		**43.77%**
18 to 21 Years[H]		
DHMP	4,598	18.36%
RMHP Prime	514	20.62%
HEDIS MY 2023 Colorado Medicaid Weighted Average		**18.58%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**15.60%**
HEDIS MY 2021 Colorado Medicaid Weighted Average		**15.37%**
Total[H]		
DHMP	25,164	46.56%
RMHP Prime	745	28.72%
HEDIS MY 2023 Colorado Medicaid Weighted Average		**46.05%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**42.55%**
HEDIS MY 2021 Colorado Medicaid Weighted Average		**41.16%**
Childhood Immunization Status		
DTaP[H,1]		
DHMP	882	76.64%^
RMHP Prime	0	NA
HEDIS MY 2023 Colorado Medicaid Weighted Average		**76.64%^**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**75.25%^**
HEDIS MY 2021 Colorado Medicaid Weighted Average		**65.95%**
IPV[H,1]		
DHMP	882	83.67%
RMHP Prime	0	NA
HEDIS MY 2023 Colorado Medicaid Weighted Average		**83.67%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**85.59%^**
HEDIS MY 2021 Colorado Medicaid Weighted Average		**75.73%**
MMR[H,1]		
DHMP	882	87.07%^
RMHP Prime	0	NA
HEDIS MY 2023 Colorado Medicaid Weighted Average		**87.07%^**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**85.69%^**
HEDIS MY 2021 Colorado Medicaid Weighted Average		**76.88%**

Medicaid Plan	Eligible Population	Rate
HiB [H,1]		
DHMP	882	85.83%^
RMHP Prime	0	NA
HEDIS MY 2023 Colorado Medicaid Weighted Average		**85.83%^**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**84.69%^**
HEDIS MY 2021 Colorado Medicaid Weighted Average		**77.21%**
Hepatitis B [H,1]		
DHMP	882	85.15%
RMHP Prime	0	NA
HEDIS MY 2023 Colorado Medicaid Weighted Average		**85.15%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**88.77%^**
HEDIS MY 2021 Colorado Medicaid Weighted Average		**74.41%**
VZV [H,1]		
DHMP	882	87.07%^
RMHP Prime	0	NA
HEDIS MY 2023 Colorado Medicaid Weighted Average		**87.07%^**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**85.39%^**
HEDIS MY 2021 Colorado Medicaid Weighted Average		**76.94%**
Hepatitis A [H,1]		
DHMP	882	85.83%^
RMHP Prime	0	NA
HEDIS MY 2023 Colorado Medicaid Weighted Average		**85.83%^**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**85.29%^**
HEDIS MY 2021 Colorado Medicaid Weighted Average		**77.27%**
Pneumococcal Conjugate [H,1]		
DHMP	882	72.00%^
RMHP Prime	0	NA
HEDIS MY 2023 Colorado Medicaid Weighted Average		**72.00%^**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**77.04%^**
HEDIS MY 2021 Colorado Medicaid Weighted Average		**68.15%**
Rotavirus [H,1]		
DHMP	882	71.66%^
RMHP Prime	0	NA
HEDIS MY 2023 Colorado Medicaid Weighted Average		**71.66%^**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**64.71%**
HEDIS MY 2021 Colorado Medicaid Weighted Average		**60.24%**
Influenza [H,1]		
DHMP	882	51.13%^

Medicaid Plan	Eligible Population	Rate
RMHP Prime	0	NA
HEDIS MY 2023 Colorado Medicaid Weighted Average		**51.13%^**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**53.78%^**
HEDIS MY 2021 Colorado Medicaid Weighted Average		**52.11%^**
Combination 3 [H,1]		
DHMP	882	69.05%^
RMHP Prime	0	NA
HEDIS MY 2023 Colorado Medicaid Weighted Average		**69.05%^**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**72.47%^**
HEDIS MY 2021 Colorado Medicaid Weighted Average		**61.94%**
Combination 7 [H,1]		
DHMP	882	64.51%^
RMHP Prime	0	NA
HEDIS MY 2023 Colorado Medicaid Weighted Average		**64.51%^**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**59.64%^**
HEDIS MY 2021 Colorado Medicaid Weighted Average		**53.10%**
Combination 10 [H,1]		
DHMP	882	44.33%^
RMHP Prime	0	NA
HEDIS MY 2023 Colorado Medicaid Weighted Average		**44.33%^**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**42.05%^**
HEDIS MY 2021 Colorado Medicaid Weighted Average		**40.25%^**
Chlamydia Screening in Women		
16 to 20 Years [H]		
DHMP	1,693	80.86%^
RMHP Prime	77	38.96%
HEDIS MY 2023 Colorado Medicaid Weighted Average		**79.04%^**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**76.08%^**
HEDIS MY 2021 Colorado Medicaid Weighted Average		**75.11%^**
21 to 24 Years [H]		
DHMP	1,137	70.89%^
RMHP Prime	823	45.20%
HEDIS MY 2023 Colorado Medicaid Weighted Average		**60.10%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**62.14%^**
HEDIS MY 2021 Colorado Medicaid Weighted Average		**57.93%**
Colorectal Cancer Screening		
46 to 50 Years [SA]		
DHMP	3,284	16.99%

Medicaid Plan	Eligible Population	Rate
RMHP Prime	2,219	22.53%
HEDIS MY 2023 Colorado Medicaid Weighted Average		**19.23%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**15.09%**
51 to 65 Years [SA]		
DHMP	8,433	29.30%
RMHP Prime	6,453	41.17%
HEDIS MY 2023 Colorado Medicaid Weighted Average		**34.45%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**31.24%**
66 Years to 75 Years [SA]		
DHMP	1,731	33.45%
RMHP Prime	832	37.74%
HEDIS MY 2023 Colorado Medicaid Weighted Average		**34.84%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**34.20%**
Developmental Screening in the First Three Years of Life		
Total [SA,1]		
DHMP	2,461	68.63%
RMHP Prime	1	NA
HEDIS MY 2023 Colorado Medicaid Weighted Average		**68.60%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**60.78%**
HEDIS MY 2021 Colorado Medicaid Weighted Average		**NA**
1 Year [SA,1]		
DHMP	630	63.49%
RMHP Prime	0	NA
HEDIS MY 2023 Colorado Medicaid Weighted Average		**63.49%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**48.58%**
HEDIS MY 2021 Colorado Medicaid Weighted Average		**NA**
2 Years [SA,1]		
DHMP	906	78.92%
RMHP Prime	0	NA
HEDIS MY 2023 Colorado Medicaid Weighted Average		**78.92%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**75.84%**
HEDIS MY 2021 Colorado Medicaid Weighted Average		**NA**
3 Years [SA,1]		
DHMP	925	62.05%
RMHP Prime	1	NA
HEDIS MY 2023 Colorado Medicaid Weighted Average		**61.99%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**58.86%**
HEDIS MY 2021 Colorado Medicaid Weighted Average		**NA**

Medicaid Plan	Eligible Population	Rate
Immunizations for Adolescents		
Meningococcal[H]		
DHMP	1,809	63.35%
RMHP Prime	34	58.82%
HEDIS MY 2023 Colorado Medicaid Weighted Average		**63.27%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**72.34%**
HEDIS MY 2021 Colorado Medicaid Weighted Average		**66.55%**
Tdap[H]		
DHMP	1,809	70.48%
RMHP Prime	34	85.29%^
HEDIS MY 2023 Colorado Medicaid Weighted Average		**70.75%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**74.65%**
HEDIS MY 2021 Colorado Medicaid Weighted Average		**66.95%**
HPV[H]		
DHMP	1,809	40.63%^
RMHP Prime	34	41.18%^
HEDIS MY 2023 Colorado Medicaid Weighted Average		**40.64%^**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**37.03%^**
HEDIS MY 2021 Colorado Medicaid Weighted Average		**36.62%^**
Combination 1[H]		
DHMP	1,809	63.07%
RMHP Prime	34	58.82%
HEDIS MY 2023 Colorado Medicaid Weighted Average		**63.00%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**71.89%**
HEDIS MY 2021 Colorado Medicaid Weighted Average		**64.92%**
Combination 2[H]		
DHMP	1,809	38.97%^
RMHP Prime	34	26.47%
HEDIS MY 2023 Colorado Medicaid Weighted Average		**38.74%^**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**36.69%^**
HEDIS MY 2021 Colorado Medicaid Weighted Average		**35.48%^**
Lead Screening in Children [H,1]		
DHMP	885	59.10%
RMHP Prime	0	NA
HEDIS MY 2023 Colorado Medicaid Weighted Average		**59.10%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**61.16%**
HEDIS MY 2021 Colorado Medicaid Weighted Average		—

Medicaid Plan	Eligible Population	Rate
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents		
BMI Percentile—3 to 11 Years [H]		
DHMP	7,309	68.61%
RMHP Prime	62	24.19%
HEDIS MY 2023 Colorado Medicaid Weighted Average		**68.24%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**67.56%**
HEDIS MY 2021 Colorado Medicaid Weighted Average		**70.47%**
BMI Percentile—12 to 17 Years [H]		
DHMP	5,143	65.39%
RMHP Prime	107	17.76%
HEDIS MY 2023 Colorado Medicaid Weighted Average		**64.42%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**67.33%**
HEDIS MY 2021 Colorado Medicaid Weighted Average		**67.74%**
BMI Percentile—Total [H]		
DHMP	12,452	67.28%
RMHP Prime	169	20.12%
HEDIS MY 2023 Colorado Medicaid Weighted Average		**66.65%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**67.47%**
HEDIS MY 2021 Colorado Medicaid Weighted Average		**69.35%**
Counseling for Nutrition—3 to 11 Years [H]		
DHMP	7,309	79.12%^
RMHP Prime	62	38.71%
HEDIS MY 2023 Colorado Medicaid Weighted Average		**78.78%^**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**74.55%^**
HEDIS MY 2021 Colorado Medicaid Weighted Average		**76.44%^**
Counseling for Nutrition—12 to 17 Years [H]		
DHMP	5,143	70.46%^
RMHP Prime	107	28.97%
HEDIS MY 2023 Colorado Medicaid Weighted Average		**69.62%^**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**69.46%^**
HEDIS MY 2021 Colorado Medicaid Weighted Average		**69.23%^**
Counseling for Nutrition—Total [H]		
DHMP	12,452	75.55%^
RMHP Prime	169	32.54%
HEDIS MY 2023 Colorado Medicaid Weighted Average		**74.97%^**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**72.44%^**
HEDIS MY 2021 Colorado Medicaid Weighted Average		**73.46%^**

Medicaid Plan	Eligible Population	Rate
Counseling for Physical Activity—3 to 11 Years[H]		
DHMP	7,309	78.12%^
RMHP Prime	62	30.65%
HEDIS MY 2023 Colorado Medicaid Weighted Average		**77.72%^**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**73.21%^**
HEDIS MY 2021 Colorado Medicaid Weighted Average		**75.47%^**
Counseling for Physical Activity—12 to 17 Years[H]		
DHMP	5,143	70.06%^
RMHP Prime	107	22.43%
HEDIS MY 2023 Colorado Medicaid Weighted Average		**69.09%^**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**68.22%**
HEDIS MY 2021 Colorado Medicaid Weighted Average		**68.37%**
Counseling for Physical Activity—Total[H]		
DHMP	12,452	74.79%^
RMHP Prime	169	25.44%
HEDIS MY 2023 Colorado Medicaid Weighted Average		**74.13%^**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**71.14%^**
HEDIS MY 2021 Colorado Medicaid Weighted Average		**72.54%^**
Well-Child Visits in the First 30 Months of Life		
Well-Child Visits in the First 15 Months of Life—Six or More Well-Child Visits [H,1]		
DHMP	609	58.62%^
RMHP Prime	0	NA
HEDIS MY 2023 Colorado Medicaid Weighted Average		**58.62%^**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**58.28%**
HEDIS MY 2021 Colorado Medicaid Weighted Average		**54.34%**
Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits [H,1]		
DHMP	994	64.19%
RMHP Prime	0	NA
HEDIS MY 2023 Colorado Medicaid Weighted Average		**64.19%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**59.29%**
HEDIS MY 2021 Colorado Medicaid Weighted Average		**54.39%**

[1] Due to differences in member eligibility for children in RMHP Prime, rates may not be comparable to DHMP's rate.
[H] indicates that the measure is a HEDIS measure and can be compared to NCQA benchmarks.
[SA] 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.

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
Contraceptive Care—All Women		
MMEC—15 to 20 Years[SA]		
DHMP	3,755	21.30%
RMHP Prime	133	30.83%
HEDIS MY 2023 Colorado Medicaid Weighted Average		**21.63%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**21.05%**
HEDIS MY 2021 Colorado Medicaid Weighted Average		—
MMEC—21 to 44 Years[SA]		
DHMP	11,426	19.29%
RMHP Prime	9,896	19.41%
HEDIS MY 2023 Colorado Medicaid Weighted Average		**19.35%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**19.21%**
HEDIS MY 2021 Colorado Medicaid Weighted Average		—
LARC—15 to 20 Years[SA]		
DHMP	3,755	5.81%
RMHP Prime	133	6.77%
HEDIS MY 2023 Colorado Medicaid Weighted Average		**5.84%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**5.36%**
HEDIS MY 2021 Colorado Medicaid Weighted Average		—
LARC—21 to 44 Years[SA]		
DHMP	11,426	4.93%
RMHP Prime	9,896	4.28%
HEDIS MY 2023 Colorado Medicaid Weighted Average		**4.63%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**4.63%**
HEDIS MY 2021 Colorado Medicaid Weighted Average		—
Contraceptive Care—Postpartum Women		
MMEC—15 to 20 Years—3 Days[SA,1]		
DHMP	94	29.79%
RMHP Prime	19	NA
HEDIS MY 2023 Colorado Medicaid Weighted Average		**25.66%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**23.46%**
HEDIS MY 2021 Colorado Medicaid Weighted Average		—
MMEC—21 to 44 Years—3 Days[SA]		
DHMP	721	25.94%

Medicaid Plan	Eligible Population	Rate
RMHP Prime	734	4.09%
HEDIS MY 2023 Colorado Medicaid Weighted Average		**14.91%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**17.51%**
HEDIS MY 2021 Colorado Medicaid Weighted Average		—
MMEC—15 to 20 Years—90 Days[SA,1]		
DHMP	94	65.96%
RMHP Prime	19	NA
HEDIS MY 2023 Colorado Medicaid Weighted Average		**61.06%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**60.49%**
HEDIS MY 2021 Colorado Medicaid Weighted Average		—
MMEC—21 to 44 Years—90 Days[SA]		
DHMP	721	54.23%
RMHP Prime	734	38.56%
HEDIS MY 2023 Colorado Medicaid Weighted Average		**46.32%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**49.53%**
HEDIS MY 2021 Colorado Medicaid Weighted Average		—
LARC—15 to 20 Years—3 Days[SA]		
DHMP	94	13.83%
RMHP Prime	19	NA
HEDIS MY 2023 Colorado Medicaid Weighted Average		**11.50%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**6.17%**
HEDIS MY 2021 Colorado Medicaid Weighted Average		—
LARC—21 to 44 Years—3 Days[SA]		
DHMP	721	8.74%
RMHP Prime	734	0.27%
HEDIS MY 2023 Colorado Medicaid Weighted Average		**4.47%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**5.52%**
HEDIS MY 2021 Colorado Medicaid Weighted Average		—
LARC—15 to 20 Years—90 Days[SA]		
DHMP	94	34.04%
RMHP Prime	19	NA
HEDIS MY 2023 Colorado Medicaid Weighted Average		**29.20%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**28.40%**
HEDIS MY 2021 Colorado Medicaid Weighted Average		—
LARC—21 to 44 Years—90 Days[SA]		
DHMP	721	25.52%
RMHP Prime	734	14.31%
HEDIS MY 2023 Colorado Medicaid Weighted Average		**19.86%**

Medicaid Plan	Eligible Population	Rate
HEDIS MY 2022 Colorado Medicaid Weighted Average		**21.69%**
HEDIS MY 2021 Colorado Medicaid Weighted Average		**16.56%**
Prenatal and Postpartum Care		
Timeliness of Prenatal Care—21 Years and Older[H]		
DHMP	917	83.86%
RMHP Prime	926	52.81%
HEDIS MY 2023 Colorado Medicaid Weighted Average		**68.26%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		—
HEDIS MY 2021 Colorado Medicaid Weighted Average		—
Timeliness of Prenatal Care—Under 21 Years[H,1]		
DHMP	148	80.41%
RMHP Prime	36	NA
HEDIS MY 2023 Colorado Medicaid Weighted Average		**71.74%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		—
HEDIS MY 2021 Colorado Medicaid Weighted Average		—
HEDIS MY 2023 Colorado Medicaid Weighted Average		**71.74%**
Postpartum Care—21 Years and Older[H]		
DHMP	917	78.52%
RMHP Prime	926	46.54%
HEDIS MY 2023 Colorado Medicaid Weighted Average		**62.45%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		—
HEDIS MY 2021 Colorado Medicaid Weighted Average		—
Postpartum Care—Under 21 Years[H,1]		
DHMP	148	79.05%
RMHP Prime	36	NA
HEDIS MY 2023 Colorado Medicaid Weighted Average		**72.83%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		—
HEDIS MY 2021 Colorado Medicaid Weighted Average		—

[1] Due to differences in member eligibility for children in RMHP Prime, rates may not be comparable to DHMP's rates.
[H] indicates that the measure is a HEDIS measure and can be compared to NCQA benchmarks.
[SA] indicates that the measure could only be compared to the statewide average.
— indicates that the rate was not reported.

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
Asthma Medication Ratio		
5 to 11 Years[H,1]		
DHMP	80	76.25%^
RMHP Prime	1	NA
HEDIS MY 2023 Colorado Medicaid Weighted Average		**76.54%^**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**61.29%**
HEDIS MY 2021 Colorado Medicaid Weighted Average		**64.10%**
12 to 18 Years[H,1]		
DHMP	68	58.82%
RMHP Prime	2	NA
HEDIS MY 2023 Colorado Medicaid Weighted Average		**60.00%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**52.81%**
HEDIS MY 2021 Colorado Medicaid Weighted Average		**56.48%**
5 to 18 Years[SA,1]		
DHMP	148	68.24%
RMHP Prime	3	NA
HEDIS MY 2023 Colorado Medicaid Weighted Average		**68.87%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**57.14%**
HEDIS MY 2021 Colorado Medicaid Weighted Average		**59.68%**
19 to 50 Years[H]		
DHMP	256	55.47%
RMHP Prime	279	53.05%
HEDIS MY 2023 Colorado Medicaid Weighted Average		**54.21%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**54.99%**
HEDIS MY 2021 Colorado Medicaid Weighted Average		**51.58%**
51 to 64 Years[H]		
DHMP	111	49.55%
RMHP Prime	100	74.00%^
HEDIS MY 2023 Colorado Medicaid Weighted Average		**61.14%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**57.75%**
HEDIS MY 2021 Colorado Medicaid Weighted Average		**53.33%**
19 to 64 Years[SA]		
DHMP	367	53.68%
RMHP Prime	379	58.58%

Medicaid Plan	Eligible Population	Rate
HEDIS MY 2023 Colorado Medicaid Weighted Average		**56.17%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**55.70%**
HEDIS MY 2021 Colorado Medicaid Weighted Average		**52.00%**
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis		
3 Months to 17 Years [H,1]		
DHMP	248	95.16%^
RMHP Prime	2	NA
HEDIS MY 2023 Colorado Medicaid Weighted Average		**95.20%^**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**96.52%^**
HEDIS MY 2021 Colorado Medicaid Weighted Average		—
18 to 64 Years [H]		
DHMP	216	72.69%^
RMHP Prime	478	54.39%^
HEDIS MY 2023 Colorado Medicaid Weighted Average		**60.09%^**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**54.17%^**
HEDIS MY 2021 Colorado Medicaid Weighted Average		—
65 Years and Older [H]		
DHMP	10	NA
RMHP Prime	16	NA
HEDIS MY 2023 Colorado Medicaid Weighted Average		**NA**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**NA**
HEDIS MY 2021 Colorado Medicaid Weighted Average		—
Concurrent Use of Opioids and Benzodiazepines		
18 to 64 Years* [SA]		
DHMP	714	5.46%
RMHP Prime	909	9.90%
HEDIS MY 2023 Colorado Medicaid Weighted Average		**7.95%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**8.17%**
HEDIS MY 2021 Colorado Medicaid Weighted Average		**14.93%**
65 Years and Older* [SA]		
DHMP	136	5.88%
RMHP Prime	30	20.00%
HEDIS MY 2023 Colorado Medicaid Weighted Average		**8.43%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**7.74%**
HEDIS MY 2021 Colorado Medicaid Weighted Average		**19.29%**
Controlling High Blood Pressure		
18 to 64 Years [SA]		
DHMP	2,304	51.61%

Medicaid Plan	Eligible Population	Rate
RMHP Prime	2,459	41.89%
HEDIS MY 2023 Colorado Medicaid Weighted Average		**46.59%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**35.12%**
HEDIS MY 2021 Colorado Medicaid Weighted Average		**36.77%**
65 to 85 Years[SA]		
DHMP	708	58.19%
RMHP Prime	413	46.00%
HEDIS MY 2023 Colorado Medicaid Weighted Average		**53.70%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**43.93%**
HEDIS MY 2021 Colorado Medicaid Weighted Average		**42.45%**
Hemoglobin A1c Control for Patients With Diabetes		
HbA1c Control (<8.0%)—18 to 64 Years[SA]		
DHMP	2,691	48.64%
RMHP Prime	2,335	44.11%
HEDIS MY 2023 Colorado Medicaid Weighted Average		**46.54%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**39.73%**
HbA1c Control (<8.0%)—65 to 75 Years[SA]		
DHMP	581	54.73%
RMHP Prime	277	50.18%
HEDIS MY 2023 Colorado Medicaid Weighted Average		**53.26%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**47.79%**
Poor HbA1c Control (>9.0%)—18 to 64 Years*[,SA]		
DHMP	2,691	41.99%
RMHP Prime	2,335	48.01%
HEDIS MY 2023 Colorado Medicaid Weighted Average		**44.79%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**52.03%**
HEDIS MY 2021 Colorado Medicaid Weighted Average		—
Poor HbA1c Control (>9.0%)—65 to 75 Years*[,SA]		
DHMP	581	36.66%
RMHP Prime	277	40.79%
HEDIS MY 2023 Colorado Medicaid Weighted Average		**38.00%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**42.40%**
HEDIS MY 2021 Colorado Medicaid Weighted Average		—
HIV Viral Load Suppression		
18 to 64 Years[SA]		
DHMP	371	68.19%
RMHP Prime	113	0.00%
HEDIS MY 2023 Colorado Medicaid Weighted Average		**52.27%**

Medicaid Plan	Eligible Population	Rate
HEDIS MY 2022 Colorado Medicaid Weighted Average		**0.00%**
HEDIS MY 2021 Colorado Medicaid Weighted Average		**0.00%**
65 Years and Older [SA,1]		
DHMP	40	80.00%
RMHP Prime	7	NA
HEDIS MY 2023 Colorado Medicaid Weighted Average		**68.09%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**NA**
HEDIS MY 2021 Colorado Medicaid Weighted Average		**NA**
Use of Opioids at High Dosage in Persons Without Cancer		
18 to 64 Years [*,SA]		
DHMP	604	4.64%
RMHP Prime	939	2.77%
HEDIS MY 2023 Colorado Medicaid Weighted Average		**3.50%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**4.06%**
HEDIS MY 2021 Colorado Medicaid Weighted Average		**4.11%**
65 Years and Older [*,SA]		
DHMP	120	5.83%
RMHP Prime	29	NA
HEDIS MY 2023 Colorado Medicaid Weighted Average		**5.37%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**5.07%**
HEDIS MY 2021 Colorado Medicaid Weighted Average		**2.48%**

[1] Due to differences in member eligibility for children in RMHP Prime, rates may not be comparable to DHMP's rates.
** For this indicator, a lower rate indicates better performance.*
[H] indicates that the measure is a HEDIS measure and can be compared to NCQA benchmarks.
[SA] 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.

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
Adherence to Antipsychotic Medications for Individuals With Schizophrenia		
DHMP	236	52.97%
RMHP Prime	310	57.42%
HEDIS MY 2023 Colorado Medicaid Weighted Average		**55.49%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**54.29%**
HEDIS MY 2021 Colorado Medicaid Weighted Average		**53.83%**
Antidepressant Medication Management		
Effective Acute Phase Treatment—18 to 64 Years[SA]		
DHMP	763	66.19%
RMHP Prime	1,320	67.42%
HEDIS MY 2023 Colorado Medicaid Weighted Average		**66.97%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**64.50%**
HEDIS MY 2021 Colorado Medicaid Weighted Average		**60.87%**
Effective Acute Phase Treatment—65 Years and Older[SA]		
DHMP	37	81.08%
RMHP Prime	16	NA
HEDIS MY 2023 Colorado Medicaid Weighted Average		**81.13%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**77.65%**
HEDIS MY 2021 Colorado Medicaid Weighted Average		**74.36%**
Effective Continuation Phase Treatment—18 to 64 Years[SA]		
DHMP	763	42.60%
RMHP Prime	1,320	48.41%
HEDIS MY 2023 Colorado Medicaid Weighted Average		**46.28%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**45.06%**
HEDIS MY 2021 Colorado Medicaid Weighted Average		**41.07%**
Effective Continuation Phase Treatment—65 Years and Older[SA]		
DHMP	37	48.65%
RMHP Prime	16	NA
HEDIS MY 2023 Colorado Medicaid Weighted Average		**45.28%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**49.41%**
HEDIS MY 2021 Colorado Medicaid Weighted Average		**64.10%**
Diabetes Care for People With Serious Mental Illness—HbA1c Poor Control (>9.0%)		
18 to 64 Years*[SA]		
DHMP	162	45.06%

Medicaid Plan	Eligible Population	Rate
RMHP Prime	198	49.49%
HEDIS MY 2023 Colorado Medicaid Weighted Average		**47.50%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**55.26%**
HEDIS MY 2021 Colorado Medicaid Weighted Average		**58.37%**
***65 to 75 Years**[*,SA]*		
DHMP	25	NA
RMHP Prime	15	NA
HEDIS MY 2023 Colorado Medicaid Weighted Average		**55.00%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**NA**
HEDIS MY 2021 Colorado Medicaid Weighted Average		**NA**
***Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications**[H]*		
DHMP	403	88.59%^
RMHP Prime	822	80.66%^
HEDIS MY 2023 Colorado Medicaid Weighted Average		**83.27%^**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**81.57%^**
HEDIS MY 2021 Colorado Medicaid Weighted Average		**79.50%^**
Follow-Up After Emergency Department Visit for Mental Illness		
***7-Day Follow-Up—6 to 17 Years**[H,1]*		
DHMP	91	12.09%
RMHP Prime	3	NA
HEDIS MY 2023 Colorado Medicaid Weighted Average		**11.70%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**9.20%**
HEDIS MY 2021 Colorado Medicaid Weighted Average		**—**
***7-Day Follow-Up—18 to 64 Years**[H]*		
DHMP	408	17.16%
RMHP Prime	367	33.24%
HEDIS MY 2023 Colorado Medicaid Weighted Average		**24.77%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**21.34%**
HEDIS MY 2021 Colorado Medicaid Weighted Average		**26.47%**
***7-Day Follow-Up—65 Years and Older**[H]*		
DHMP	10	NA
RMHP Prime	4	NA
HEDIS MY 2023 Colorado Medicaid Weighted Average		**NA**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**NA**
HEDIS MY 2021 Colorado Medicaid Weighted Average		**NA**
***30-Day Follow-Up—6 to 17 Years**[H,1]*		
DHMP	91	30.77%
RMHP Prime	3	NA

Medicaid Plan	Eligible Population	Rate
HEDIS MY 2023 Colorado Medicaid Weighted Average		**32.98%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**26.44%**
HEDIS MY 2021 Colorado Medicaid Weighted Average		—
30-Day Follow-Up—18 to 64 Years [H]		
DHMP	408	27.70%
RMHP Prime	367	47.96%
HEDIS MY 2023 Colorado Medicaid Weighted Average		**37.29%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**31.01%**
HEDIS MY 2021 Colorado Medicaid Weighted Average		**36.30%**
30-Day Follow-Up—65 Years and Older [H]		
DHMP	10	NA
RMHP Prime	4	NA
HEDIS MY 2023 Colorado Medicaid Weighted Average		**NA**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**NA**
HEDIS MY 2021 Colorado Medicaid Weighted Average		**NA**
Follow-Up After Emergency Department Visit for Substance Use		
7-Day Follow-Up—13 to 17 Years [H,1]		
DHMP	45	4.44%
RMHP Prime	1	NA
HEDIS MY 2023 Colorado Medicaid Weighted Average		**4.35%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**17.65%**
HEDIS MY 2021 Colorado Medicaid Weighted Average		—
7-Day Follow-Up—18 to 64 Years [SA]		
DHMP	2,013	18.13%
RMHP Prime	708	23.45%
HEDIS MY 2023 Colorado Medicaid Weighted Average		**19.51%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**21.04%**
HEDIS MY 2021 Colorado Medicaid Weighted Average		—
7-Day Follow-Up—65 Years and Older [SA]		
DHMP	59	11.86%
RMHP Prime	15	NA
HEDIS MY 2023 Colorado Medicaid Weighted Average		**13.51%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**11.67%**
HEDIS MY 2021 Colorado Medicaid Weighted Average		—
30-Day Follow-Up—13 to 17 Years [H,1]		
DHMP	45	11.11%
RMHP Prime	1	NA
HEDIS MY 2023 Colorado Medicaid Weighted Average		**10.87%**

Medicaid Plan	Eligible Population	Rate
HEDIS MY 2022 Colorado Medicaid Weighted Average		**23.53%**
HEDIS MY 2021 Colorado Medicaid Weighted Average		—
30-Day Follow-Up—18 to 64 Years[SA]		
DHMP	2,013	28.17%
RMHP Prime	708	36.86%
HEDIS MY 2023 Colorado Medicaid Weighted Average		**30.43%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**30.56%**
HEDIS MY 2021 Colorado Medicaid Weighted Average		—
30-Day Follow-Up—65 Years and Older[SA]		
DHMP	59	20.34%
RMHP Prime	15	NA
HEDIS MY 2023 Colorado Medicaid Weighted Average		**21.62%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**20.00%**
HEDIS MY 2021 Colorado Medicaid Weighted Average		—
Follow-Up After Hospitalization for Mental Illness		
7-Day Follow-Up—6 to 17 Years[H]		
DHMP	12	NA
RMHP Prime	3	NA
HEDIS MY 2023 Colorado Medicaid Weighted Average		**NA**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**NA**
HEDIS MY 2021 Colorado Medicaid Weighted Average		**NA**
7-Day Follow-Up—18 to 64 Years[H]		
DHMP	88	11.36%
RMHP Prime	416	27.16%
HEDIS MY 2023 Colorado Medicaid Weighted Average		**24.40%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**28.18%**
HEDIS MY 2021 Colorado Medicaid Weighted Average		**33.98%^**
7-Day Follow-Up—65 Years and Older[H]		
DHMP	6	NA
RMHP Prime	11	NA
HEDIS MY 2023 Colorado Medicaid Weighted Average		**NA**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**NA**
HEDIS MY 2021 Colorado Medicaid Weighted Average		**NA**
30-Day Follow-Up—6 to 17 Years[H]		
DHMP	12	NA
RMHP Prime	3	NA
HEDIS MY 2023 Colorado Medicaid Weighted Average		**NA**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**NA**

Medicaid Plan	Eligible Population	Rate
HEDIS MY 2021 Colorado Medicaid Weighted Average		**NA**
30-Day Follow-Up—18 to 64 Years[H]		
DHMP	88	20.45%
RMHP Prime	416	48.32%
HEDIS MY 2023 Colorado Medicaid Weighted Average		**43.45%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**46.14%**
HEDIS MY 2021 Colorado Medicaid Weighted Average		**50.00%**
30-Day Follow-Up—65 Years and Older[H]		
DHMP	6	NA
RMHP Prime	11	NA
HEDIS MY 2023 Colorado Medicaid Weighted Average		**NA**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**NA**
HEDIS MY 2021 Colorado Medicaid Weighted Average		**NA**
Follow-Up Care for Children Prescribed ADHD Medication		
Initiation Phase[H]		
DHMP	119	42.02%
RMHP Prime	8	NA
HEDIS MY 2023 Colorado Medicaid Weighted Average		**40.94%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**40.50%**
HEDIS MY 2021 Colorado Medicaid Weighted Average		**31.87%**
Continuation and Maintenance Phase[H]		
DHMP	29	NA
RMHP Prime	4	NA
HEDIS MY 2023 Colorado Medicaid Weighted Average		**45.45%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**NA**
HEDIS MY 2021 Colorado Medicaid Weighted Average		**NA**
Initiation and Engagement of Substance Use Disorder Treatment		
Initiation of SUD Treatment—Alcohol—18 to 64 Years[H]		
DHMP	1,637	39.28%
RMHP Prime	1,195	37.41%
HEDIS MY 2023 Colorado Medicaid Weighted Average		**38.49%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**38.29%**
HEDIS MY 2021 Colorado Medicaid Weighted Average		—
Initiation of SUD Treatment—Alcohol—65 Years and Older[H]		
DHMP	87	40.23%
RMHP Prime	48	43.75%
HEDIS MY 2023 Colorado Medicaid Weighted Average		**41.48%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**52.08%^**

Medicaid Plan	Eligible Population	Rate
HEDIS MY 2021 Colorado Medicaid Weighted Average		—
Initiation of SUD Treatment—Opioid—18 to 64 Years[H]		
DHMP	556	53.60%
RMHP Prime	302	58.94%
HEDIS MY 2023 Colorado Medicaid Weighted Average		**55.48%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**46.59%**
HEDIS MY 2021 Colorado Medicaid Weighted Average		—
Initiation of SUD Treatment—Opioid—65 Year and Older[H]		
DHMP	24	NA
RMHP Prime	15	NA
HEDIS MY 2023 Colorado Medicaid Weighted Average		**58.97%^**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**57.45%^**
HEDIS MY 2021 Colorado Medicaid Weighted Average		—
Initiation of SUD Treatment—Other Drug—18 to 64 Years[H]		
DHMP	1,373	40.06%
RMHP Prime	1,087	34.87%
HEDIS MY 2023 Colorado Medicaid Weighted Average		**37.76%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**35.73%**
HEDIS MY 2021 Colorado Medicaid Weighted Average		—
Initiation of SUD Treatment—Other Drug—65 Years and Older[H]		
DHMP	53	52.83%^
RMHP Prime	33	30.30%
HEDIS MY 2023 Colorado Medicaid Weighted Average		**44.19%^**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**45.28%^**
HEDIS MY 2021 Colorado Medicaid Weighted Average		—
Initiation of SUD Treatment—Total—18 to 64 Years[H]		
DHMP	3,566	41.81%
RMHP Prime	2,584	38.85%
HEDIS MY 2023 Colorado Medicaid Weighted Average		**40.57%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**38.30%**
HEDIS MY 2021 Colorado Medicaid Weighted Average		—
Initiation of SUD Treatment—Total—65 Years and Older[H]		
DHMP	164	47.56%^
RMHP Prime	96	40.63%
HEDIS MY 2023 Colorado Medicaid Weighted Average		**45.00%^**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**51.64%^**
HEDIS MY 2021 Colorado Medicaid Weighted Average		—

Medicaid Plan	Eligible Population	Rate
Engagement of SUD Treatment—Alcohol—18 to 64 Years[H]		
DHMP	1,637	5.38%
RMHP Prime	1,195	13.56%^
HEDIS MY 2023 Colorado Medicaid Weighted Average		**8.83%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**8.92%**
HEDIS MY 2021 Colorado Medicaid Weighted Average		—
Engagement of SUD Treatment—Alcohol—65 Years and Older[H]		
DHMP	87	2.30%
RMHP Prime	48	2.08%
HEDIS MY 2023 Colorado Medicaid Weighted Average		**2.22%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**3.47%**
HEDIS MY 2021 Colorado Medicaid Weighted Average		—
Engagement of SUD Treatment—Opioid—18 to 64 Years[H]		
DHMP	556	17.63%
RMHP Prime	302	34.44%^
HEDIS MY 2023 Colorado Medicaid Weighted Average		**23.54%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**18.00%**
HEDIS MY 2021 Colorado Medicaid Weighted Average		—
Engagement of SUD Treatment—Opioid—65 Years and Older[H]		
DHMP	24	NA
RMHP Prime	15	NA
HEDIS MY 2023 Colorado Medicaid Weighted Average		**5.13%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**8.51%^**
HEDIS MY 2021 Colorado Medicaid Weighted Average		—
Engagement of SUD Treatment—Other Drug—18 to 64 Years[H]		
DHMP	1,373	5.17%
RMHP Prime	1,087	11.59%^
HEDIS MY 2023 Colorado Medicaid Weighted Average		**8.01%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**7.74%**
HEDIS MY 2021 Colorado Medicaid Weighted Average		—
Engagement of SUD Treatment—Other Drug—65 Years and Older[H]		
DHMP	53	3.77%
RMHP Prime	33	0.00%
HEDIS MY 2023 Colorado Medicaid Weighted Average		**2.33%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**0.00%**
HEDIS MY 2021 Colorado Medicaid Weighted Average		—
Engagement of SUD Treatment—Total—18 to 64 Years[H]		
DHMP	3,566	7.21%

Medicaid Plan	Eligible Population	Rate
RMHP Prime	2,584	15.17%^
HEDIS MY 2023 Colorado Medicaid Weighted Average		**10.55%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**9.59%**
HEDIS MY 2021 Colorado Medicaid Weighted Average		—
Engagement of SUD Treatment—Total—65 Years and Older[H]		
DHMP	164	3.66%
RMHP Prime	96	1.04%
HEDIS MY 2023 Colorado Medicaid Weighted Average		**2.69%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**3.69%**
HEDIS MY 2021 Colorado Medicaid Weighted Average		—
Metabolic Monitoring for Children and Adolescents on Antipsychotics		
Blood Glucose Testing—1 to 11 Years[H]		
DHMP	3	NA
RMHP Prime	2	NA
HEDIS MY 2023 Colorado Medicaid Weighted Average		**NA**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**NA**
HEDIS MY 2021 Colorado Medicaid Weighted Average		**NA**
Blood Glucose Testing—12 to 17 Years[H]		
DHMP	32	84.38%^
RMHP Prime	13	NA
HEDIS MY 2023 Colorado Medicaid Weighted Average		**75.56%^**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**57.78%**
HEDIS MY 2021 Colorado Medicaid Weighted Average		**59.65%**
Blood Glucose Testing—Total[H]		
DHMP	35	77.14%^
RMHP Prime	15	NA
HEDIS MY 2023 Colorado Medicaid Weighted Average		**72.00%^**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**58.49%^**
HEDIS MY 2021 Colorado Medicaid Weighted Average		**59.09%^**
Cholesterol Testing—1 to 11 Years[H]		
DHMP	3	NA
RMHP Prime	2	NA
HEDIS MY 2023 Colorado Medicaid Weighted Average		**NA**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**NA**
HEDIS MY 2021 Colorado Medicaid Weighted Average		**NA**
Cholesterol Testing—12 to 17 Years[H]		
DHMP	32	59.38%^
RMHP Prime	13	NA

Medicaid Plan	Eligible Population	Rate
HEDIS MY 2023 Colorado Medicaid Weighted Average		**55.56%^**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**42.22%^**
HEDIS MY 2021 Colorado Medicaid Weighted Average		**47.37%^**
Cholesterol Testing—Total[H]		
DHMP	35	54.29%^
RMHP Prime	15	NA
HEDIS MY 2023 Colorado Medicaid Weighted Average		**54.00%^**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**43.40%^**
HEDIS MY 2021 Colorado Medicaid Weighted Average		**45.45%^**
Blood Glucose and Cholesterol Testing—1 to 11 Years[H]		
DHMP	3	NA
RMHP Prime	2	NA
HEDIS MY 2023 Colorado Medicaid Weighted Average		**NA**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**NA**
HEDIS MY 2021 Colorado Medicaid Weighted Average		**NA**
Blood Glucose and Cholesterol Testing—12 to 17 Years[H]		
DHMP	32	59.38%^
RMHP Prime	13	NA
HEDIS MY 2023 Colorado Medicaid Weighted Average		**55.56%^**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**40.00%^**
HEDIS MY 2021 Colorado Medicaid Weighted Average		**45.61%^**
Blood Glucose and Cholesterol Testing—Total[H]		
DHMP	35	54.29%^
RMHP Prime	15	NA
HEDIS MY 2023 Colorado Medicaid Weighted Average		**54.00%^**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**41.51%^**
HEDIS MY 2021 Colorado Medicaid Weighted Average		**43.94%^**
Screening for Depression and Follow-Up Plan		
12 to 17 Years[SA]		
DHMP	7,573	32.25%
RMHP Prime	140	7.86%
HEDIS MY 2023 Colorado Medicaid Weighted Average		**31.80%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**33.62%**
HEDIS MY 2021 Colorado Medicaid Weighted Average		**7.69%**
18 to 64 Years[SA]		
DHMP	31,122	21.28%
RMHP Prime	17,413	8.32%
HEDIS MY 2023 Colorado Medicaid Weighted Average		**16.63%**

Medicaid Plan	Eligible Population	Rate
HEDIS MY 2022 Colorado Medicaid Weighted Average		**14.42%**
HEDIS MY 2021 Colorado Medicaid Weighted Average		**7.28%**
65 Years and Older [SA]		
DHMP	2,681	6.98%
RMHP Prime	1,330	2.41%
HEDIS MY 2023 Colorado Medicaid Weighted Average		**5.46%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**5.15%**
HEDIS MY 2021 Colorado Medicaid Weighted Average		**2.37%**
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics		
1 to 11 Years [H,1]		
DHMP	1	NA
RMHP Prime	0	NA
HEDIS MY 2023 Colorado Medicaid Weighted Average		**NA**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**NA**
HEDIS MY 2021 Colorado Medicaid Weighted Average		**NA**
12 to 17 Years [H]		
DHMP	21	NA
RMHP Prime	1	NA
HEDIS MY 2023 Colorado Medicaid Weighted Average		**NA**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**NA**
HEDIS MY 2021 Colorado Medicaid Weighted Average		**NA**
Total [H]		
DHMP	22	NA
RMHP Prime	1	NA
HEDIS MY 2023 Colorado Medicaid Weighted Average		**NA**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**NA**
HEDIS MY 2021 Colorado Medicaid Weighted Average		**NA**
Use of Pharmacotherapy for Opioid Use Disorder		
Rate 1: Total [SA]		
DHMP	984	38.92%
RMHP Prime	814	71.99%
HEDIS MY 2023 Colorado Medicaid Weighted Average		**53.89%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**60.90%**
HEDIS MY 2021 Colorado Medicaid Weighted Average		**52.74%**
Rate 2: Buprenorphine [SA]		
DHMP	984	33.84%
RMHP Prime	814	37.84%

Medicaid Plan	Eligible Population	Rate
HEDIS MY 2023 Colorado Medicaid Weighted Average		**35.65%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**39.17%**
HEDIS MY 2021 Colorado Medicaid Weighted Average		**31.66%**
Rate 3: Oral Naltrexone [SA]		
DHMP	984	3.66%
RMHP Prime	814	3.19%
HEDIS MY 2023 Colorado Medicaid Weighted Average		**3.45%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**3.62%**
HEDIS MY 2021 Colorado Medicaid Weighted Average		**4.13%**
Rate 4: Long-Acting, Injectable Naltrexone [SA]		
DHMP	984	1.32%
RMHP Prime	814	0.37%
HEDIS MY 2023 Colorado Medicaid Weighted Average		**0.89%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**1.09%**
HEDIS MY 2021 Colorado Medicaid Weighted Average		**0.72%**
Rate 5: Methadone [SA]		
DHMP	984	1.63%
RMHP Prime	814	36.98%
HEDIS MY 2023 Colorado Medicaid Weighted Average		**17.63%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**22.74%**
HEDIS MY 2021 Colorado Medicaid Weighted Average		**20.54%**

[1]Due to differences in member eligibility for children in RMHP Prime, rates may not be comparable to DHMP's rates.
** For this indicator, a lower rate indicates better performance.*
[H] indicates that the measure is a HEDIS measure and can be compared to NCQA benchmarks.
[SA] 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.

Use of Services Measure Results

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

Medicaid Plan	Rate
Ambulatory Care: ED Visits	
<1 Year**[SA,1]	
DHMP	60.34
RMHP Prime	NA
HEDIS MY 2023 Colorado Medicaid Weighted Average	**60.34**
HEDIS MY 2022 Colorado Medicaid Weighted Average	**64.47**
HEDIS MY 2021 Colorado Medicaid Weighted Average	**54.09**
1 to 9 Years**[SA]	
DHMP	28.92
RMHP Prime	32.39
HEDIS MY 2023 Colorado Medicaid Weighted Average	**28.94**
HEDIS MY 2022 Colorado Medicaid Weighted Average	**31.36**
HEDIS MY 2021 Colorado Medicaid Weighted Average	**24.00**
10 to 19 Years**[SA]	
DHMP	22.83
RMHP Prime	42.52
HEDIS MY 2023 Colorado Medicaid Weighted Average	**23.28**
HEDIS MY 2022 Colorado Medicaid Weighted Average	**21.58**
HEDIS MY 2021 Colorado Medicaid Weighted Average	**19.99**
0 to 19 Years**[H]	
DHMP	25.89
RMHP Prime	40.95
HEDIS MY 2023 Colorado Medicaid Weighted Average	**26.12**
HEDIS MY 2022 Colorado Medicaid Weighted Average	**26.64**
HEDIS MY 2021 Colorado Medicaid Weighted Average	**22.66**
PQI 01: Diabetes Short-Term Complications Admission Rate	
18 to 64 Years**[SA]	
DHMP	15.48
RMHP Prime	7.62
HEDIS MY 2023 Colorado Medicaid Weighted Average	**12.26**
HEDIS MY 2022 Colorado Medicaid Weighted Average	**14.55**
HEDIS MY 2021 Colorado Medicaid Weighted Average	**27.29**
65 Years and Older**[SA]	
DHMP	5.57
RMHP Prime	5.66

Medicaid Plan	Rate
HEDIS MY 2023 Colorado Medicaid Weighted Average	**5.60**
HEDIS MY 2022 Colorado Medicaid Weighted Average	**3.58**
HEDIS MY 2021 Colorado Medicaid Weighted Average	**18.41**
PQI 05: COPD or Asthma in Older Adults Admission Rate	
40 to 64 Years**[SA]	
DHMP	17.43
RMHP Prime	5.47
HEDIS MY 2023 Colorado Medicaid Weighted Average	**11.91**
HEDIS MY 2022 Colorado Medicaid Weighted Average	**15.27**
HEDIS MY 2021 Colorado Medicaid Weighted Average	**258.84**
65 Years and Older**[SA]	
DHMP	38.97
RMHP Prime	14.15
HEDIS MY 2023 Colorado Medicaid Weighted Average	**29.14**
HEDIS MY 2022 Colorado Medicaid Weighted Average	**36.96**
HEDIS MY 2021 Colorado Medicaid Weighted Average	**1,210.72**
PQI 08: Heart Failure Admission Rate	
18 to 64 Years**[SA]	
DHMP	25.61
RMHP Prime	5.81
HEDIS MY 2023 Colorado Medicaid Weighted Average	**16.74**
HEDIS MY 2022 Colorado Medicaid Weighted Average	**16.02**
HEDIS MY 2021 Colorado Medicaid Weighted Average	**76.05**
65 Years and Older**[SA]	
DHMP	952.38
RMHP Prime	16.98
HEDIS MY 2023 Colorado Medicaid Weighted Average	**146.31**
HEDIS MY 2022 Colorado Medicaid Weighted Average	**236.22**
HEDIS MY 2021 Colorado Medicaid Weighted Average	**1,033.38**
PQI 15: Asthma in Younger Adults Admission Rate	
18 to 39 Years**[SA]	
DHMP	2.82
RMHP Prime	0.34
HEDIS MY 2023 Colorado Medicaid Weighted Average	**1.90**
HEDIS MY 2022 Colorado Medicaid Weighted Average	**3.10**
HEDIS MY 2021 Colorado Medicaid Weighted Average	**6.65**
Plan All-Cause Readmissions	
Observed Readmissions**[H]	
DHMP	10.24%

Medicaid Plan	Rate
RMHP Prime	8.98%
HEDIS MY 2023 Colorado Medicaid Weighted Average	**9.79%**
HEDIS MY 2022 Colorado Medicaid Weighted Average	**8.92%**
HEDIS MY 2021 Colorado Medicaid Weighted Average	**8.85%**
***Expected Readmissions*[H]**	
DHMP	9.69%
RMHP Prime	10.20%
HEDIS MY 2023 Colorado Medicaid Weighted Average	**9.87%**
HEDIS MY 2022 Colorado Medicaid Weighted Average	**9.64%**
HEDIS MY 2021 Colorado Medicaid Weighted Average	**9.71%**
***O/E Ratio**[,H]**	
DHMP	1.0567
RMHP Prime	0.8809^
HEDIS MY 2023 Colorado Medicaid Weighted Average	**0.9916**
HEDIS MY 2022 Colorado Medicaid Weighted Average	**0.9247**
HEDIS MY 2021 Colorado Medicaid Weighted Average	**0.9107**

[1]Due to differences in member eligibility for children in RMHP Prime, rates may not be comparable to DHMP's rates.
[H] indicates that the measure is a HEDIS measure and can be compared to NCQA benchmarks.
[SA] indicates that the measure could only be compared to the statewide average.
** For this indicator, a lower rate indicates better performance.*
Yellow shading with one caret (^) indicates the rate was at or above the 50th percentile.

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 2021, MY 2022, and MY 2023 are presented.

MY 2022 to MY 2023 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 utilization 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 on the utilization measures. 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 2021 Rate	HEDIS MY 2022 Rate	HEDIS MY 2023 Rate	Percentile Ranking
Primary Care Access and Preventive Care				
Breast Cancer Screening				
52 to 64 Years[H]	41.70%	46.91%	52.05%^	BTSA
65 to 74 Years[H]	30.96%	35.82%	40.18%^	WTSA
Cervical Cancer Screening				
Cervical Cancer Screening[H]	39.36%	34.24%	40.81%^	<10th
Child and Adolescent Well-Care Visits				
3 to 11 Years[H]	51.55%	52.97%	57.59%^	50th–74th
12 to 17 Years[H]	43.56%	45.59%	46.82%	25th–49th
18 to 21 Years[H]	15.70%	15.57%	18.36%	10th–24th
Total	41.93%	42.90%	46.56%^	25th–49th
Childhood Immunization Status				
DTaP[H]	65.93%	75.25%	76.64%	75th–89th
IPV[H]	75.71%	85.59%	83.67%	25th–49th
MMR[H]	76.87%	85.69%	87.07%	50th–74th
HiB[H]	77.20%	84.69%	85.83%	50th–74th
Hepatitis B[H]	74.40%	88.77%	**85.15%^^**	25th–49th
VZV[H]	76.92%	85.39%	87.07%	75th–89th
Hepatitis A[H]	77.25%	85.29%	85.83%	75th–89th

Performance Measures	HEDIS MY 2021 Rate	HEDIS MY 2022 Rate	HEDIS MY 2023 Rate	Percentile Ranking
Pneumococcal Conjugate[H]	68.13%	77.04%	**72.00%^^**	50th–74th
Rotavirus[H]	60.22%	64.71%	71.66%^	50th–74th
Influenza[H]	52.09%	53.78%	51.13%	75th–89th
Combination 3[H]	61.92%	72.47%	69.05%	75th–89th
Combination 7[H]	53.08%	59.64%	64.51%^	75th–89th
Combination 10[H]	40.22%	42.05%	44.33%	75th–89th
Chlamydia Screening in Women				
16 to 20 Years[H]	76.77%	77.04%	80.86%^	≥90th
21 to 24 Years[H]	68.54%	70.33%	70.89%	≥90th
Colorectal Cancer Screening				
46 to 50 Years[H]	—	14.01%	16.99%	WTSA
51 to 65 Years[H]	—	27.05%	29.30%	WTSA
66 to 75 Years[H]	—	32.99%	33.45%	WTSA
Developmental Screening in the First Three Years of Life				
1 Year[SA]	—	48.58%	63.49%^	BTSA
2 Years[SA]	—	75.82%	78.92%	BTSA
3 Years[SA]	—	58.92%	62.05%	BTSA
Total[SA]	—	60.80%	68.63%^	BTSA
Immunizations for Adolescents				
Meningococcal[H]	66.58%	72.22%	**63.35%^^**	<10th
Tdap[H]	66.73%	74.52%	**70.48%^^**	<10th
HPV[H]	37.04%	37.19%	40.63%^	50th–74th
Combination 1[H]	64.92%	71.77%	**63.07%^^**	<10th
Combination 2[H]	35.93%	36.84%	38.97%	50th–74th
Lead Screening in Children				
Lead Screening in Children[H]	—	61.16%	59.10%	25th–49th
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents				
BMI Percentile—3 to 11 Years[H]	71.29%	68.01%	68.61%	10th–24th
BMI Percentile—12 to 17 Years[H]	68.96%	68.21%	65.39%	10th–24th
BMI Percentile—Total[H]	70.33%	68.09%	67.28%	10th–24th
Counseling for Nutrition—3 to 11 Years[H]	77.17%	74.96%	79.12%^	75th–89th
Counseling for Nutrition—12 to 17 Years[H]	70.31%	70.43%	70.46%	50th–74th
Counseling for Nutrition—Total[H]	74.36%	73.10%	75.55%	50th–74th
Counseling for Physical Activity—3 to 11 Years[H]	76.45%	73.78%	78.12%^	75th–89th
Counseling for Physical Activity—12 to 17 Years[H]	69.87%	69.36%	70.06%	50th–74th
Counseling for Physical Activity—Total[H]	73.75%	71.96%	74.79%	50th–74th

Performance Measures	HEDIS MY 2021 Rate	HEDIS MY 2022 Rate	HEDIS MY 2023 Rate	Percentile Ranking
Well-Child Visits in the First 30 Months of Life				
Well-Child Visits in the First 15 Months of Life—Six or More Well-Child Visits[H]	54.34%	58.28%	58.62%	50th–74th
Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits[H]	54.42%	59.29%	64.19%^	25th–49th
Maternal and Perinatal Health				
Contraceptive Care—All Women				
MMEC—15 to 20 Years[SA]	—	20.68%	21.30%	WTSA
MMEC—21 to 44 Years[SA]	—	18.89%	19.29%	WTSA
LARC—15 to 20 Years[SA]	—	5.30%	5.81%	WTSA
LARC—21 to 44 Years[SA]	—	4.95%	4.93%	BTSA
Contraceptive Care—Postpartum Women				
MMEC—15 to 20 Years—3 Days[SA]	—	25.68%	29.79%	BTSA
MMEC—21 to 44 Years—3 Days[SA]	—	27.59%	25.94%	BTSA
MMEC—15 to 20 Years—90 Days[SA]	—	59.46%	65.96%	BTSA
MMEC—21 to 44 Years—90 Days[SA]	—	56.40%	54.23%	BTSA
LARC—15 to 20 Years—3 Days[SA]	—	6.76%	13.83%	BTSA
LARC—21 to 44 Years—3 Days[SA]	—	10.21%	8.74%	BTSA
LARC—15 to 20 Years—90 Days[SA]	—	27.03%	34.04%	BTSA
LARC—21 to 44 Years—90 Days[SA]	—	25.91%	25.52%	BTSA
Prenatal and Postpartum Care				
Timeliness of Prenatal Care—21 Years and Older[SA]	—	—	83.86%	BTSA
Timeliness of Prenatal Care—Under 21 Years[SA]	—	—	80.41%	BTSA
Postpartum Care—21 Years and Older[SA]	—	—	78.52%	BTSA
Postpartum Care—Under 21 Years[SA]	—	—	79.05%	BTSA
Care of Acute and Chronic Conditions				
Asthma Medication Ratio				
5 to 11 Years[H]	64.38%	62.50%	76.25%	50th–74th
12 to 18 Years[H]	56.73%	53.49%	58.82%	10th–24th
5 to 18 Years[H]	59.89%	58.05%	68.24%	WTSA
19 to 50 Years[H]	47.01%	51.71%	55.47%	25th–49th
51 to 64 Years[H]	48.57%	52.50%	49.55%	<10th
19 to 64 Years[H]	47.38%	51.91%	53.68%	WTSA
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis				
3 Months to 17 Years[H]	—	96.52%	95.16%	≥90th
18 to 64 Years[H]	—	68.26%	72.69%	≥90th
65 Years and Older[H]	—	NA	NA	—

Performance Measures	HEDIS MY 2021 Rate	HEDIS MY 2022 Rate	HEDIS MY 2023 Rate	Percentile Ranking
Concurrent Use of Opioids and Benzodiazepines				
18 to 64 Years[*,SA]	—	5.74%	5.46%	BTSA
65 Years and Older[*,SA]	—	6.52%	5.88%	BTSA
Controlling High Blood Pressure				
18 to 64 Years[H]	48.54%	47.93%	51.61%^	BTSA
65 to 85 Years[H]	55.92%	56.64%	58.19%	BTSA
Hemoglobin A1c Control for Patients With Diabetes				
HbA1c Control (<8.0%)—18 to 64 Years[H]	—	44.94%	48.64%^	BTSA
HbA1c Control (<8.0%)—65 to 75 Years[H]	—	51.44%	54.73%	BTSA
Poor HbA1c Control (>9.0%)—18 to 64 Years[*,H]	—	45.15%	41.99%^	BTSA
Poor HbA1c Control (>9.0%)—65 to 75 Years[*,H]	—	37.77%	36.66%	BTSA
HIV Viral Load Suppression				
18 to 64 Years[SA]	—	NA	68.19%	BTSA
65 Years and Older[SA]	—	NA	80.00%	BTSA
Use of Opioids at High Dosage in Persons Without Cancer				
18 to 64 Years[*,SA]	—	5.04%	4.64%	WTSA
65 Years and Older[*,SA]	—	4.88%	5.83%	WTSA
Behavioral Health Care				
Adherence to Antipsychotic Medications for Individuals With Schizophrenia				
Adherence to Antipsychotic Medications for Individuals With Schizophrenia[H]	47.54%	47.15%	52.97%	10th–24th
Antidepressant Medication Management				
Effective Acute Phase Treatment—18 to 64 Years[H]	64.50%	66.37%	66.19%	WTSA
Effective Acute Phase Treatment—65 Years and Older[H]	78.00%	76.92%	81.08%	WTSA
Effective Continuation Phase Treatment—18 to 64 Years[H]	42.55%	46.53%	42.60%	WTSA
Effective Continuation Phase Treatment—65 Years and Older[H]	72.00%	53.85%	48.65%	BTSA
Diabetes Care for People With Serious Mental Illness—HbA1c Poor Control (>9.0%)				
18 to 64 Years[*,H]	—	53.93%	45.06%	BTSA
65 to 75 Years[*,H]	—	NA	NA	—
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[H]	86.68%	85.52%	88.59%	≥90th
Follow-Up After Emergency Department Visit for Mental Illness				
7-Day Follow-Up—6 to 17 Years[H]	—	9.30%	12.09%	<10th
7-Day Follow-Up—18 to 64 Years[H]	21.44%	16.74%	17.16%	<10th

Performance Measures	HEDIS MY 2021 Rate	HEDIS MY 2022 Rate	HEDIS MY 2023 Rate	Percentile Ranking
7-Day Follow-Up—65 Years and Older[H]	NA	NA	NA	—
30-Day Follow-Up—6 to 17 Years[H]	—	25.58%	30.77%	<10th
30-Day Follow-Up—18 to 64 Years[H]	29.02%	24.17%	27.70%	<10th
30-Day Follow-Up—65 Years and Older[H]	NA	NA	NA	—
Follow-Up After Emergency Department Visit for Substance Use				
7-Day Follow-Up—13 to 17 Years[H]	—	17.65%	**4.44%^^**	<10th
7-Day Follow-Up—18 to 64 Years[H]	—	20.78%	18.13%	WTSA
7-Day Follow-Up—65 Years and Older[H]	—	14.89%	11.86%	WTSA
30-Day Follow-Up—13 to 17 Years[H]	—	23.53%	11.11%	<10th
30-Day Follow-Up—18 to 64 Years[H]	—	28.33%	28.17%	WTSA
30-Day Follow-Up—65 Years and Older[H]	—	21.28%	20.34%	WTSA
Follow-Up After Hospitalization for Mental Illness				
7-Day Follow-Up—6 to 17 Years[H]	NA	NA	NA	—
7-Day Follow-Up—18 to 64 Years[H]	8.54%	2.47%	11.36%^	<10th
7-Day Follow-Up—65 Years and Older[H]	NA	NA	NA	—
30-Day Follow-Up—6 to 17 Years[H]	NA	NA	NA	—
30-Day Follow-Up—18 to 64 Years[H]	15.85%	17.28%	20.45%	<10th
30-Day Follow-Up—65 Years and Older[H]	NA	NA	NA	—
Follow-Up Care for Children Prescribed ADHD Medication				
Initiation Phase[H]	30.95%	38.89%	42.02%	25th–49th
Continuation and Maintenance Phase[H]	NA	NA	NA	—
Initiation and Engagement of Substance Use Disorder Treatment				
Initiation of SUD Treatment—Alcohol—18 to 64 Years[H]	—	40.11%	39.28%	25th–49th
Initiation of SUD Treatment—Alcohol—65 Years and Older[H]	—	56.76%	**40.23%^^**	25th–49th
Initiation of SUD Treatment—Opioid—18 to 64 Years[H]	—	50.81%	53.60%	25th–49th
Initiation of SUD Treatment—Opioid—65 Year and Older[H]	—	60.00%	NA	—
Initiation of SUD Treatment—Other Drug—18 to 64 Years[H]	—	40.10%	40.06%	25th–49th
Initiation of SUD Treatment—Other Drug—65 Years and Older[H]	—	NA	52.83%	≥90th
Initiation of SUD Treatment—Total—18 to 64 Years[H]	—	41.59%	41.81%	25th–49th
Initiation of SUD Treatment—Total—65 Years and Older[H]	—	58.24%	47.56%	75th–89th
Engagement of SUD Treatment—Alcohol—18 to 64 Years[H]	—	6.63%	5.38%	<10th
Engagement of SUD Treatment—Alcohol—65 Years and Older[H]	—	3.60%	2.30%	10th–24th
Engagement of SUD Treatment—Opioid—18 to 64 Years[H]	—	15.50%	17.63%	10th–24th
Engagement of SUD Treatment—Opioid—65 Years and Older[H]	—	13.33%	NA	—

Performance Measures	HEDIS MY 2021 Rate	HEDIS MY 2022 Rate	HEDIS MY 2023 Rate	Percentile Ranking
Engagement of SUD Treatment—Other Drug—18 to 64 Years[H]	—	4.57%	5.17%	10th–24th
Engagement of SUD Treatment—Other Drug—65 Years and Older[H]	—	NA	3.77%	25th–49th
Engagement of SUD Treatment—Total—18 to 64 Years[H]	—	7.07%	7.21%	10th–24th
Engagement of SUD Treatment—Total—65 Years and Older[H]	—	4.71%	3.66%	25th–49th
Metabolic Monitoring for Children and Adolescents on Antipsychotics				
Blood Glucose Testing—1 to 11 Years[H]	NA	NA	NA	—
Blood Glucose Testing—12 to 17 Years[H]	NA	NA	84.38%	≥90th
Blood Glucose Testing—Total[H]	NA	NA	77.14%	≥90th
Cholesterol Testing—1 to 11 Years[H]	NA	NA	NA	—
Cholesterol Testing—12 to 17 Years[H]	NA	NA	59.38%	≥90th
Cholesterol Testing—Total[H]	NA	NA	54.29%	≥90th
Blood Glucose and Cholesterol Testing—1 to 11 Years[H]	—	NA	NA	—
Blood Glucose and Cholesterol Testing—12 to 17 Years[H]	—	NA	59.38%	≥90th
Blood Glucose and Cholesterol Testing—Total[H]	NA	NA	54.29%	≥90th
Screening for Depression and Follow-Up Plan				
12 to 17 Years[SA]	—	34.14%	32.25%	BTSA
18 to 64 Years[SA]	—	18.40%	21.28%	BTSA
65 Years and Older[SA]	—	6.26%	6.98%	BTSA
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics				
1 to 11 Years[H]	NA	NA	NA	—
12 to 17 Years[H]	NA	NA	NA	—
Total[H]	NA	NA	NA	—
Use of Pharmacotherapy for Opioid Use Disorder				
Rate 1: Total[SA]	—	51.62%	**38.92%^^**	WTSA
Rate 2: Buprenorphine[SA]	—	48.70%	**33.84%^^**	WTSA
Rate 3: Oral Naltrexone[SA]	—	1.95%	3.66%	BTSA
Rate 4: Long-Acting, Injectable Naltrexone[SA]	—	1.62%	1.32%	BTSA
Rate 5: Methadone[SA]	—	0.32%	1.63%	WTSA
Use of Services				
Ambulatory Care: ED Visits				
<1 Year[SA]	54.09	64.47	60.34	—
1 to 9 Years[SA]	23.94	31.34	28.92	—
10 to 19 Years[SA]	19.62	21.13	22.83	—
0 to 19 Years[SA]	22.47	26.43	25.89	—

Performance Measures	HEDIS MY 2021 Rate	HEDIS MY 2022 Rate	HEDIS MY 2023 Rate	Percentile Ranking
PQI 01: Diabetes Short-Term Complications Admission Rate				
18 to 64 Years[*,SA]	—	16.69	15.48	—
65 Years and Older[*,SA]	—	0.00	5.57	—
PQI 05: COPD or Asthma in Older Adults Admission Rate				
40 to 64 Years[*,SA]	—	20.13	17.43	—
65 Years and Older[*,SA]	—	43.95	38.97	—
PQI 08: Heart Failure Admission Rate				
18 to 64 Years[*,SA]	—	24.10	25.61	—
65 Years and Older[*,SA]	—	1,385.48	952.38	—
PQI 15: Asthma in Younger Adults Admission Rate				
18 to 39 Years[*,SA]	—	3.50	2.82	—
Plan All-Cause Readmissions				
Observed Readmissions[H]	9.51%	9.54%	10.24%	—
Expected Readmissions[H]	9.63%	9.49%	9.69%	—
O/E Ratio[H]	0.9876	1.0051	1.0567	25th–49th

** For this indicator, a lower rate indicates better performance*
[H] indicates that the measure is a HEDIS measure and can be compared to NCQA benchmarks.
[SA] indicates that the measure could only be compared to the statewide average.
— indicates that a percentile ranking was not determined because the rate was not reportable or there was a break in trending. This symbol may also indicate 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.
Rates shaded green with one caret (^) indicate a statistically significant improvement in performance from the previous year.
Rates shaded red with two carets (^^) indicate a statistically significant decline in performance from the previous year.

RMHP Prime Trend Table

Table B-2—RMHP Prime Trend Table

Performance Measures	HEDIS MY 2021 Rate	HEDIS MY 2022 Rate	HEDIS MY 2023 Rate	Percentile Ranking
Primary Care Access and Preventive Care				
Breast Cancer Screening				
52 to 64 Years[H]	40.89%	44.34%	50.87%^	WTSA
65 to 74 Years[H]	39.03%	41.15%	51.08%^	BTSA
Cervical Cancer Screening				
Cervical Cancer Screening[H]	42.34%	42.38%	46.96%^	10th–24th
Child and Adolescent Well-Care Visits				
3 to 11 Years[H]	62.99%	51.35%	55.56%	25th–49th
12 to 17 Years[H]	56.63%	59.12%	**42.00%^^**	10th–24th
18 to 21 Years[H]	13.53%	15.95%	20.62%^	25th–49th
Total[H]	23.86%	28.73%	28.72%	<10th
Childhood Immunization Status				
DTaP[H]	NA	NA	NA	—
IPV[H]	NA	NA	NA	—
MMR[H]	NA	NA	NA	—
HiB[H]	NA	NA	NA	—
Hepatitis B[H]	NA	NA	NA	—
VZV[H]	NA	NA	NA	—
Hepatitis A[H]	NA	NA	NA	—
Pneumococcal Conjugate[H]	NA	NA	NA	—
Rotavirus[H]	NA	NA	NA	—
Influenza[H]	NA	NA	NA	—
Combination 3[H]	NA	NA	NA	—
Combination 7[H]	NA	NA	NA	—
Combination 10[H]	NA	NA	NA	—
Chlamydia Screening in Women				
16 to 20 Years[H]	41.67%	39.34%	38.96%	10th–24th
21 to 24 Years[H]	45.10%	49.60%	45.20%	<10th
Colorectal Cancer Screening				
46 to 50 Years[H]	—	16.69%	22.53%^	BTSA
51 to 65 Years[H]	—	36.63%	41.17%^	BTSA
66 to 75 Years[H]	—	36.43%	37.74%	BTSA
Developmental Screening in the First Three Years of Life				
1 Year[SA]	NA	NA	NA	—

Performance Measures	HEDIS MY 2021 Rate	HEDIS MY 2022 Rate	HEDIS MY 2023 Rate	Percentile Ranking
2 Years[SA]	NA	NA	NA	—
3 Years[SA]	NA	NA	NA	—
Total[SA]	NA	NA	NA	—
Immunizations for Adolescents				
Meningococcal[H]	64.71%	80.00%	58.82%	<10th
Tdap[H]	79.41%	83.33%	85.29%	50th–74th
HPV[H]	11.76%	26.67%	41.18%	50th–74th
Combination 1[H]	64.71%	80.00%	58.82%	<10th
Combination 2[H]	8.82%	26.67%	26.47%	10th–24th
Lead Screening in Children				
Lead Screening in Children[H]	—	NA	NA	—
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents				
BMI Percentile—3 to 11 Years[H]	10.61%	20.65%	24.19%	<10th
BMI Percentile—12 to 17 Years[H]	13.82%	25.17%	17.76%	<10th
BMI Percentile—Total[H]	12.32%	23.40%	20.12%	<10th
Counseling for Nutrition—3 to 11 Years[H]	22.73%	30.43%	38.71%	<10th
Counseling for Nutrition—12 to 17 Years[H]	21.05%	23.08%	28.97%	<10th
Counseling for Nutrition—Total[H]	21.83%	25.96%	32.54%	<10th
Counseling for Physical Activity—3 to 11 Years[H]	3.79%	13.04%	30.65%^	<10th
Counseling for Physical Activity—12 to 17 Years[H]	1.97%	13.29%	22.43%	<10th
Counseling for Physical Activity—Total[H]	2.82%	13.19%	25.44%^	<10th
Well-Child Visits in the First 30 Months of Life				
Well-Child Visits in the First 15 Months of Life—Six or More Well-Child Visits[H]	—	NA	NA	—
Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits[H]	NA	NA	NA	—
Maternal and Perinatal Health				
Contraceptive Care—All Women				
MMEC—15 to 20 Years[SA]	33.58%	30.09%	30.83%	BTSA
MMEC—21 to 44 Years[SA]	20.17%	19.57%	19.41%	BTSA
LARC—15 to 20 Years[SA]	6.51%	6.94%	6.77%	BTSA
LARC—21 to 44 Years[SA]	4.87%	4.27%	4.28%	WTSA
Contraceptive Care—Postpartum Women				
MMEC—15 to 20 Years—3 Days[SA]	0.00%	NA	NA	—
MMEC—21 to 44 Years—3 Days[SA]	5.77%	6.70%	4.09%	WTSA
MMEC—15 to 20 Years—90 Days[SA]	34.78%	NA	NA	—
MMEC—21 to 44 Years—90 Days[SA]	40.74%	42.16%	38.56%	WTSA
LARC—15 to 20 Years—3 Days[SA]	0.00%	NA	NA	—

Performance Measures	HEDIS MY 2021 Rate	HEDIS MY 2022 Rate	HEDIS MY 2023 Rate	Percentile Ranking
LARC—21 to 44 Years—3 Days[SA]	0.00%	0.49%	0.27%	WTSA
LARC—15 to 20 Years—90 Days[SA]	19.57%	NA	NA	—
LARC—21 to 44 Years—90 Days[SA]	16.56%	17.16%	14.31%	WTSA
Prenatal and Postpartum Care				
Timeliness of Prenatal Care—21 Years and Older[SA]	—	—	52.81%	WTSA
Timeliness of Prenatal Care—Under 21 Years[SA]	—	—	36.11%	WTSA
Postpartum Care—21 Years and Older[SA]	—	—	46.54%	WTSA
Postpartum Care—Under 21 Years[SA]	—	—	47.22%	WTSA
Care of Acute and Chronic Conditions				
Asthma Medication Ratio				
5 to 11 Years[H]	NA	NA	NA	—
12 to 18 Years[H]	NA	NA	NA	—
5 to 18 Years[H]	NA	NA	NA	—
19 to 50 Years[H]	56.71%	57.91%	53.05%	10th–24th
51 to 64 Years[H]	58.89%	62.32%	74.00%	≥90th
19 to 64 Years[H]	57.22%	59.06%	58.58%	BTSA
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis				
3 Months–17 Years[H]	—	NA	NA	—
18 to 64 Years[H]	—	48.05%	54.39%	75th–89th
65 Years and Older[H]	—	NA	NA	—
Concurrent Use of Opioids and Benzodiazepines				
18 to 64 Years[*,SA]	14.93%	10.26%	9.90%	WTSA
65 Years and Older[*,SA]	19.29%	NA	20.00%	WTSA
Controlling High Blood Pressure				
18 to 64 Years[H]	25.22%	22.00%	41.89%^	WTSA
65 to 85 Years[H]	25.37%	23.06%	46.00%^	WTSA
Hemoglobin A1c Control for Patients With Diabetes				
HbA1c Control (<8.0%)—18 to 64 Years[H]	—	32.65%	44.11%^	WTSA
HbA1c Control (<8.0%)—65 to 75 Years[H]	—	40.00%	50.18%^	WTSA
Poor HbA1c Control (>9.0%)—18 to 64 Years[*,H]	69.74%	61.39%	48.01%^	WTSA
Poor HbA1c Control (>9.0%)—65 to 75 Years[*,H]	66.67%	52.31%	40.79%^	WTSA
HIV Viral Load Suppression				
18 to 64 Years[SA]	0.00%	0.00%	0.00%	WTSA
65 Years and Older[SA]	NA	NA	NA	—
Use of Opioids at High Dosage in Persons Without Cancer				
18 to 64 Years[*,SA]	4.11%	3.36%	2.77%	BTSA
65 Years and Older[*,SA]	2.48%	NA	NA	—

Performance Measures	HEDIS MY 2021 Rate	HEDIS MY 2022 Rate	HEDIS MY 2023 Rate	Percentile Ranking
Behavioral Health Care				
Adherence to Antipsychotic Medications for Individuals With Schizophrenia				
Adherence to Antipsychotic Medications for Individuals With Schizophrenia[H]	59.11%	60.57%	57.42%	25th–49th
Antidepressant Medication Management				
Effective Acute Phase Treatment—18 to 64 Years[H]	57.44%	62.96%	67.42%^	BTSA
Effective Acute Phase Treatment—65 Years and Older[H]	NA	78.79%	NA	—
Effective Continuation Phase Treatment—18 to 64 Years[H]	39.67%	43.84%	48.41%^	BTSA
Effective Continuation Phase Treatment—65 Years and Older[H]	NA	42.42%	NA	—
Diabetes Care for People With Serious Mental Illness—HbA1c Poor Control (>9.0%)				
18 to 64 Years[*,H]	58.37%	56.28%	49.49%	WTSA
65 to 75 Years[*,H]	NA	NA	NA	—
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[H]	75.52%	79.22%	80.66%	50th–74th
Follow-Up After Emergency Department Visit for Mental Illness				
7-Day Follow-Up—6 to 17 Years[H]	—	NA	NA	—
7-Day Follow-Up—18 to 64 Years[H]	38.74%	31.51%	33.24%	25th–49th
7-Day Follow-Up—65 Years and Older[H]	NA	NA	NA	—
30-Day Follow-Up—6 to 17 Years[H]	—	NA	NA	—
30-Day Follow-Up—18 to 64 Years[H]	54.05%	46.12%	47.96%	25th–49th
30-Day Follow-Up—65 Years and Older[H]	NA	NA	NA	—
Follow-Up After Emergency Department Visit for Substance Use				
7-Day Follow-Up—13 to 17 Years[H]	—	NA	NA	—
7-Day Follow-Up—18 to 64 Years[H]	—	21.69%	23.45%	BTSA
7-Day Follow-Up—65 Years and Older[H]	—	NA	NA	—
30-Day Follow-Up—13 to 17 Years[H]	—	NA	NA	—
30-Day Follow-Up—18 to 64 Years[H]	—	36.11%	36.86%	BTSA
30-Day Follow-Up—65 Years and Older[H]	—	NA	NA	—
Follow-Up After Hospitalization for Mental Illness				
7-Day Follow-Up—6 to 17 Years[H]	NA	NA	NA	—
7-Day Follow-Up—18 to 64 Years[H]	38.84%	33.98%	**27.16%^^**	25th–49th
7-Day Follow-Up—65 Years and Older[H]	NA	NA	NA	—
30-Day Follow-Up—6 to 17 Years[H]	NA	NA	NA	—
30-Day Follow-Up—18 to 64 Years[H]	56.51%	52.65%	48.32%	25th–49th
30-Day Follow-Up—65 Years and Older[H]	NA	NA	NA	—

Performance Measures	HEDIS MY 2021 Rate	HEDIS MY 2022 Rate	HEDIS MY 2023 Rate	Percentile Ranking
Follow-Up Care for Children Prescribed ADHD Medication				
Initiation Phase[H]	NA	NA	NA	—
Continuation and Maintenance Phase[H]	NA	NA	NA	—
Initiation and Engagement of Substance Use Disorder Treatment				
Initiation of SUD Treatment—Alcohol—18 to 64 Years[H]	—	35.16%	37.41%	10th–24th
Initiation of SUD Treatment—Alcohol—65 Years and Older[H]	—	36.36%	43.75%	25th–49th
Initiation of SUD Treatment—Opioid—18 to 64 Years[H]	—	37.83%	58.94%^	25th–49th
Initiation of SUD Treatment—Opioid—65 Year and Older[H]	—	NA	NA	—
Initiation of SUD Treatment—Other Drug—18 to 64 Years[H]	—	29.65%	34.87%^	10th–24th
Initiation of SUD Treatment—Other Drug—65 Years and Older[H]	—	NA	30.30%	10th–24th
Initiation of SUD Treatment—Total—18 to 64 Years[H]	—	33.01%	38.85%^	10th–24th
Initiation of SUD Treatment—Total—65 Years and Older[H]	—	36.49%	40.63%	25th–49th
Engagement of SUD Treatment—Alcohol—18 to 64 Years[H]	—	12.84%	13.56%	50th–74th
Engagement of SUD Treatment—Alcohol—65 Years and Older[H]	—	3.03%	2.08%	10th–24th
Engagement of SUD Treatment—Opioid—18 to 64 Years[H]	—	23.22%	34.44%^	50th–74th
Engagement of SUD Treatment—Opioid—65 Years and Older[H]	—	NA	NA	—
Engagement of SUD Treatment—Other Drug—18 to 64 Years[H]	—	12.15%	11.59%	50th–74th
Engagement of SUD Treatment—Other Drug—65 Years and Older[H]	—	NA	0.00%	<10th
Engagement of SUD Treatment—Total—18 to 64 Years[H]	—	13.65%	15.17%	50th–74th
Engagement of SUD Treatment—Total—65 Years and Older[H]	—	1.35%	1.04%	<10th
Metabolic Monitoring for Children and Adolescents on Antipsychotics				
Blood Glucose Testing—1 to 11 Years[H]	NA	NA	NA	—
Blood Glucose Testing—12 to 17 Years[H]	46.88%	NA	NA	—
Blood Glucose Testing—Total[H]	47.37%	NA	NA	—
Cholesterol Testing—1 to 11 Years[H]	NA	NA	NA	—
Cholesterol Testing—12 to 17 Years[H]	40.63%	NA	NA	—
Cholesterol Testing—Total[H]	36.84%	NA	NA	—
Blood Glucose and Cholesterol Testing—1 to 11 Years[H]	—	NA	NA	—
Blood Glucose and Cholesterol Testing—12 to 17 Years[H]	—	NA	NA	—
Blood Glucose and Cholesterol Testing—Total[H]	34.21%	NA	NA	—
Screening for Depression and Follow-Up Plan				
12 to 17 Years[SA]	7.69%	8.23%	7.86%	WTSA
18 to 64 Years[SA]	7.28%	7.69%	8.32%	WTSA
65 Years and Older[SA]	2.37%	2.89%	2.41%	WTSA

Performance Measures	HEDIS MY 2021 Rate	HEDIS MY 2022 Rate	HEDIS MY 2023 Rate	Percentile Ranking
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics				
1 to 11 Years[H]	NA	NA	NA	—
12 to 17 Years[H]	NA	NA	NA	—
Total[H]	NA	NA	NA	—
Use of Pharmacotherapy for Opioid Use Disorder				
Rate 1: Total[SA]	52.74%	63.56%	71.99%^	BTSA
Rate 2: Buprenorphine[SA]	31.66%	36.44%	37.84%	BTSA
Rate 3: Oral Naltrexone[SA]	4.13%	4.10%	3.19%	WTSA
Rate 4: Long-Acting, Injectable Naltrexone[SA]	0.72%	0.93%	0.37%	WTSA
Rate 5: Methadone[SA]	20.54%	29.17%	36.98%^	BTSA
Use of Services				
Ambulatory Care: ED Visits				
<1 Year[SA]	NA	NA	NA	—
1 to 9 Years[SA]	32.76	35.06	32.39	—
10 to 19 Years[SA]	35.46	43.40	42.52	—
0 to 19 Years[SA]	34.94	41.91	40.95	—
PQI 01: Diabetes Short-Term Complications Admission Rate				
18 to 64 Years[*,SA]	27.29	11.13	7.62	—
65 Years and Older[*,SA]	18.41	9.51	5.66	—
PQI 05: COPD or Asthma in Older Adults Admission Rate				
40 to 64 Years[*,SA]	258.84	9.03	5.47	—
65 Years and Older[*,SA]	1,210.72	25.36	14.15	—
PQI 08: Heart Failure Admission Rate				
18 to 64 Years[*,SA]	76.05	5.20	5.81	—
65 Years and Older[*,SA]	1,033.38	28.53	16.98	—
PQI 15: Asthma in Younger Adults Admission Rate				
18 to 39 Years[*,SA]	6.65	2.37	0.34	—
Plan All-Cause Readmissions				
Observed Readmissions[H]	7.92%	7.96%	8.98%	—
Expected Readmissions[H]	9.83%	9.88%	10.20%	—
O/E Ratio[H]	0.8063	0.8054	0.8809	75th–89th

** For this indicator, a lower rate indicates better performance.*
[H] indicates that the measure is a HEDIS measure and can be compared to NCQA benchmarks.
[SA] indicates that the measure could only be compared to the statewide average.
— indicates that a percentile ranking was not determined because the rate was not reportable or there was a break in trending. This symbol may also indicate 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.
Rates shaded green with one caret (^) indicate a statistically significant improvement in performance from the previous year.
Rates shaded red with two carets (^^) indicate a statistically significant decline in performance from the previous year.

Colorado Medicaid Weighted Average Trend Table

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

Table B-3—Colorado Medicaid Statewide Trend Table

Performance Measures	HEDIS MY 2021 Rate	HEDIS MY 2022 Rate	HEDIS MY 2023 Rate	Plan Ranking
Primary Care Access and Preventive Care				
Breast Cancer Screening				
52 to 64 Years[H]	41.29%	45.65%	51.48%^	50.87%–52.05%
65 to 74 Years[H]	34.32%	37.87%	44.10%^	40.18%–51.08%
Cervical Cancer Screening				
Cervical Cancer Screening[H]	40.67%	37.73%	43.64%^	40.81%–46.96%
Child and Adolescent Well-Care Visits				
3 to 11 Years[H]	51.66%	52.96%	57.58%^	55.56%–57.59%
12 to 17 Years[H]	43.77%	45.79%	46.74%	42.00%–46.82%
18 to 21 Years[H]	15.37%	15.60%	18.58%	18.36%–20.62%
Total	41.16%	42.55%	46.05%^	28.72%–46.56%
Childhood Immunization Status				
DTaP[H]	65.95%	75.25%	76.64%	76.64%
IPV[H]	75.73%	85.59%	83.67%	83.67%
MMR[H]	76.88%	85.69%	87.07%	87.07%
HiB[H]	77.21%	84.69%	85.83%	85.83%
Hepatitis B[H]	74.41%	88.77%	**85.15%^^**	85.15%
VZV[H]	76.94%	85.39%	87.07%	87.07%
Hepatitis A[H]	77.27%	85.29%	85.83%	85.83%
Pneumococcal Conjugate[H]	68.15%	77.04%	**72.00%^^**	72.00%
Rotavirus[H]	60.24%	64.71%	71.66%^	71.66%
Influenza[H]	52.11%	53.78%	51.13%	51.13%
Combination 3[H]	61.94%	72.47%	69.05%	69.05%
Combination 7[H]	53.10%	59.64%	64.51%^	64.51%
Combination 10[H]	40.25%	42.05%	44.33%	44.33%
Chlamydia Screening in Women				
16 to 20 Years[H]	75.11%	76.08%	79.04%	38.96%–80.86%
21 to 24 Years[H]	57.93%	62.14%	60.10%	45.20%–70.89%

Performance Measures	HEDIS MY 2021 Rate	HEDIS MY 2022 Rate	HEDIS MY 2023 Rate	Plan Ranking
Colorectal Cancer Screening				
46 to 50 Years[H]	—	15.09%	19.23%^	16.99%–22.53%
51 to 65 Years[H]	—	31.24%	34.45%^	29.30%–41.17%
66 to 75 Years[H]	—	34.20%	34.84%	33.45%–37.74%
Developmental Screening in the First Three Years of Life				
1 Year[SA]	NA	48.58%	63.49%^	63.49%
2 Years[SA]	NA	75.84%	78.92%	78.92%
3 Years[SA]	NA	58.86%	61.99%	62.05%
Total[SA]	NA	60.78%	68.60%^	68.63%
Immunizations for Adolescents				
Meningococcal[H]	66.55%	72.34%	**63.27%^^**	58.82%–63.35%
Tdap[H]	66.95%	74.65%	**70.75%^^**	70.48%–85.29%
HPV[H]	36.62%	37.03%	40.64%^	40.63%–41.18%
Combination 1[H]	64.92%	71.89%	**63.00%^^**	58.82%–63.07%
Combination 2[H]	35.48%	36.69%	38.74%	26.47%–38.97%
Lead Screening in Children				
Lead Screening in Children[H]	—	61.16%	59.10%	59.10%
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents				
BMI Percentile—3 to 11 Years[H]	70.47%	67.56%	68.24%	24.19%–68.61%
BMI Percentile—12 to 17 Years[H]	67.74%	67.33%	64.42%	17.76%–65.39%
BMI Percentile—Total[H]	69.35%	67.47%	66.65%	20.12%–67.28%
Counseling for Nutrition—3 to 11 Years[H]	76.44%	74.55%	78.78%^	38.71%–79.12%
Counseling for Nutrition—12 to 17 Years[H]	69.23%	69.46%	69.62%	28.97%–70.46%
Counseling for Nutrition—Total[H]	73.46%	72.44%	74.97%	32.54%–75.55%
Counseling for Physical Activity—3 to 11 Years[H]	75.47%	73.21%	77.72%^	30.65%–78.12%
Counseling for Physical Activity—12 to 17 Years[H]	68.37%	68.22%	69.09%	22.43%–70.06%
Counseling for Physical Activity—Total[H]	72.54%	71.14%	74.13%	25.44%–74.79%
Well-Child Visits in the First 30 Months of Life				
Well-Child Visits in the First 15 Months of Life—Six or More Well-Child Visits[H]	54.34%	58.28%	58.62%	58.62%
Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits[H]	54.39%	59.29%	64.19%^	64.19%
Maternal and Perinatal Health				
Contraceptive Care—All Women				
MMEC—15 to 20 Years[SA]	—	21.05%	21.63%	21.30%–30.83%
MMEC—21 to 44 Years[SA]	—	19.21%	19.35%	19.29%–19.41%
LARC—15 to 20 Years[SA]	—	5.36%	5.84%	5.81%–6.77%
LARC—21 to 44 Years[SA]	—	4.63%	4.63%	4.28%–4.93%

Performance Measures	HEDIS MY 2021 Rate	HEDIS MY 2022 Rate	HEDIS MY 2023 Rate	Plan Ranking
Contraceptive Care—Postpartum Women				
MMEC—15 to 20 Years—3 Days[SA]	—	23.46%	25.66%	29.79%
MMEC—21 to 44 Years—3 Days[SA]	—	17.51%	14.91%	4.09%–25.94%
MMEC—15 to 20 Years—90 Days[SA]	—	60.49%	61.06%	65.96%
MMEC—21 to 44 Years—90 Days[SA]	—	49.53%	46.32%	38.56%–54.23%
LARC—15 to 20 Years—3 Days[SA]	—	6.17%	11.50%	13.83%
LARC—21 to 44 Years—3 Days[SA]	—	5.52%	4.47%	0.27%–8.74%
LARC—15 to 20 Years—90 Days[SA]	—	28.40%	29.20%	34.04%
LARC—21 to 44 Years—90 Days[SA]	—	21.69%	19.86%	14.31%–25.52%
Prenatal and Postpartum Care				
Timeliness of Prenatal Care—21 Years and Older[SA]	—	—	68.26%	52.81%–83.86%
Timeliness of Prenatal Care—Under 21 Years[SA]	—	—	62.45%	46.54%–78.52%
Postpartum Care—21 Years and Older[SA]	—	—	71.74%	36.11%–80.41%
Postpartum Care—Under 21 Years[SA]	—	—	72.83%	47.22%–79.05%
Care of Acute and Chronic Conditions				
Asthma Medication Ratio				
5 to 11 Years[H]	64.10%	61.29%	76.54%	76.25%
12 to 18 Years[H]	56.48%	52.81%	60.00%	58.82%
5 to 18 Years[H]	59.68%	57.14%	68.87%^	68.24%
19 to 50 Years[H]	51.58%	54.99%	54.21%	53.05%–55.47%
51 to 64 Years[H]	53.33%	57.75%	61.14%	49.55%–74.00%
19 to 64 Years[H]	52.00%	55.70%	56.17%	53.68%–58.58%
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis				
3 Months to 17 Years[H]	—	96.52%	95.20%	95.16%
18 to 64 Years[H]	—	54.17%	60.09%^	54.39%–72.69%
65 Years and Older[H]	—	NA	NA	—
Concurrent Use of Opioids and Benzodiazepines				
18 to 64 Years[*,SA]	14.93%	8.17%	7.95%	9.90%–5.46%
65 Years and Older[*,SA]	19.29%	7.74%	8.43%	20.00%–5.88%
Controlling High Blood Pressure				
18 to 64 Years[H]	36.77%	35.12%	46.59%^	41.89%–51.61%
65 to 85 Years[H]	42.45%	43.93%	53.70%^	46.00%–58.19%
Hemoglobin A1c Control for Patients With Diabetes				
HbA1c Control (<8.0%)—18 to 64 Years[H]	—	39.73%	46.54%^	44.11%–48.64%
HbA1c Control (<8.0%)—65 to 75 Years[H]	—	47.79%	53.26%^	50.18%–54.73%
Poor HbA1c Control (>9.0%)—18 to 64 Years[*,H]	—	52.03%	44.79%^	48.01%–41.99%
Poor HbA1c Control (>9.0%)—65 to 75 Years[*,H]	—	42.40%	38.00%	40.79%–36.66%

Performance Measures	HEDIS MY 2021 Rate	HEDIS MY 2022 Rate	HEDIS MY 2023 Rate	Plan Ranking
HIV Viral Load Suppression				
18 to 64 Years[SA]	0.00%	0.00%	52.27%^	0.00%–68.19%
65 Years and Older[*,SA]	NA	NA	68.09%	80.00%
Use of Opioids at High Dosage in Persons Without Cancer				
18 to 64 Years[*,SA]	4.11%	4.06%	3.50%	4.64%–2.77%
65 Years and Older[*,SA]	2.48%	5.07%	5.37%	5.83%
Behavioral Health Care				
Adherence to Antipsychotic Medications for Individuals With Schizophrenia				
Adherence to Antipsychotic Medications for Individuals With Schizophrenia[H]	53.83%	54.29%	55.49%	52.97%–57.42%
Antidepressant Medication Management				
Effective Acute Phase Treatment—18 to 64 Years[H]	60.87%	64.50%	66.97%	66.19%–67.42%
Effective Acute Phase Treatment—65 Years and Older[H]	74.36%	77.65%	81.13%	81.08%
Effective Continuation Phase Treatment—18 to 64 Years[H]	41.07%	45.06%	46.28%	42.60%–48.41%
Effective Continuation Phase Treatment—65 Years and Older[H]	64.10%	49.41%	45.28%	48.65%
Diabetes Care for People With Serious Mental Illness—HbA1c Poor Control (>9.0%)				
18 to 64 Years[*,H]	58.37%	55.26%	47.50%^	0.49–0.45
65 to 75 Years[*,H]	NA	NA	55.00%	—
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[H]	79.50%	81.57%	83.27%	80.66%–88.59%
Follow-Up After Emergency Department Visit for Mental Illness				
7-Day Follow-Up—6 to 17 Years[H]	—	9.20%	11.70%	12.09%
7-Day Follow-Up—18 to 64 Years[H]	26.47%	21.34%	24.77%	17.16%–33.24%
7-Day Follow-Up—65 Years and Older[H]	NA	NA	NA	—
30-Day Follow-Up—6 to 17 Years[H]	—	26.44%	32.98%	30.77%
30-Day Follow-Up—18 to 64 Years[H]	36.30%	31.01%	37.29%^	27.70%–47.96%
30-Day Follow-Up—65 Years and Older[H]	NA	NA	NA	—
Follow-Up After Emergency Department Visit for Substance Use				
7-Day Follow-Up—13 to 17 Years[H]	—	17.65%	**4.35%^^**	4.44%
7-Day Follow-Up—18 to 64 Years[H]	—	21.04%	19.51%	18.13%–23.45%
7-Day Follow-Up—65 Years and Older[H]	—	11.67%	13.51%	11.86%
30-Day Follow-Up—13 to 17 Years[H]	—	23.53%	10.87%	11.11%
30-Day Follow-Up—18 to 64 Years[H]	—	30.56%	30.43%	28.17%–36.86%
30-Day Follow-Up—65 Years and Older[H]	—	20.00%	21.62%	20.34%
Follow-Up After Hospitalization for Mental Illness				
7-Day Follow-Up—6 to 17 Years[H]	NA	NA	NA	—

Performance Measures	HEDIS MY 2021 Rate	HEDIS MY 2022 Rate	HEDIS MY 2023 Rate	Plan Ranking
7-Day Follow-Up—18 to 64 Years[H]	33.98%	28.18%	24.40%	11.36%–27.16%
7-Day Follow-Up—65 Years and Older[H]	NA	NA	NA	—
30-Day Follow-Up—6 to 17 Years[H]	NA	NA	NA	—
30-Day Follow-Up—18 to 64 Years[H]	50.00%	46.14%	43.45%	20.45%–48.32%
30-Day Follow-Up—65 Years and Older[H]	NA	NA	NA	—
Follow-Up Care for Children Prescribed ADHD Medication				
Initiation Phase[H]	31.87%	40.50%	40.94%	42.02%
Continuation and Maintenance Phase[H]	NA	NA	45.45%	—
Initiation and Engagement of Substance Use Disorder Treatment				
Initiation of SUD Treatment—Alcohol—18 to 64 Years[H]	—	38.29%	38.49%	37.41%–39.28%
Initiation of SUD Treatment—Alcohol—65 Years and Older[H]	—	52.08%	41.48%	40.23%–43.75%
Initiation of SUD Treatment—Opioid—18 to 64 Years[H]	—	46.59%	55.48%^	53.60%–58.94%
Initiation of SUD Treatment—Opioid—65 Year and Older[H]	—	57.45%	58.97%	—
Initiation of SUD Treatment—Other Drug—18 to 64 Years[H]	—	35.73%	37.76%	34.87%–40.06%
Initiation of SUD Treatment—Other Drug—65 Years and Older[H]	—	45.28%	44.19%	30.30%–52.83%
Initiation of SUD Treatment—Total—18 to 64 Years[H]	—	38.30%	40.57%	38.85%–41.81%
Initiation of SUD Treatment—Total—65 Years and Older[H]	—	51.64%	45.00%	40.63%–47.56%
Engagement of SUD Treatment—Alcohol—18 to 64 Years[H]	—	8.92%	8.83%	5.38%–13.56%
Engagement of SUD Treatment—Alcohol—65 Years and Older[H]	—	3.47%	2.22%	2.08%–2.30%
Engagement of SUD Treatment—Opioid—18 to 64 Years[H]	—	18.00%	23.54%^	17.63%–34.44%
Engagement of SUD Treatment—Opioid—65 Years and Older[H]	—	8.51%	5.13%	—
Engagement of SUD Treatment—Other Drug—18 to 64 Years[H]	—	7.74%	8.01%	5.17%–11.59%
Engagement of SUD Treatment—Other Drug—65 Years and Older[H]	—	0.00%	2.33%	0.00%–3.77%
Engagement of SUD Treatment—Total—18 to 64 Years[H]	—	9.59%	10.55%	7.21%–15.17%
Engagement of SUD Treatment—Total—65 Years and Older[H]	—	3.69%	2.69%	1.04%–3.66%
Metabolic Monitoring for Children and Adolescents on Antipsychotics				
Blood Glucose Testing—1 to 11 Years[H]	NA	NA	NA	—
Blood Glucose Testing—12 to 17 Years[H]	59.65%	57.78%	75.56%	84.38%
Blood Glucose Testing—Total[H]	59.09%	58.49%	72.00%	77.14%
Cholesterol Testing—1 to 11 Years[H]	NA	NA	NA	—
Cholesterol Testing—12 to 17 Years[H]	47.37%	42.22%	55.56%	59.38%
Cholesterol Testing—Total[H]	45.45%	43.40%	54.00%	54.29%

Performance Measures	HEDIS MY 2021 Rate	HEDIS MY 2022 Rate	HEDIS MY 2023 Rate	Plan Ranking
Blood Glucose and Cholesterol Testing—1 to 11 Years[H]	NA	NA	NA	—
Blood Glucose and Cholesterol Testing—12 to 17 Years[H]	45.61%	40.00%	55.56%	59.38%
Blood Glucose and Cholesterol Testing—Total[H]	43.94%	41.51%	54.00%	54.29%
Screening for Depression and Follow-Up Plan				
12 to 17 Years[SA]	7.69%	33.62%	31.80%	7.86%–32.25%
18 to 64 Years[SA]	7.28%	14.42%	16.63%	8.32%–21.28%
65 Years and Older[SA]	2.37%	5.15%	5.46%	2.41%–6.98%
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics				
1 to 11 Years[H]	NA	NA	NA	—
12 to 17 Years[H]	NA	NA	NA	—
Total[H]	NA	NA	NA	—
Use of Pharmacotherapy for Opioid Use Disorder				
Rate 1: Total[SA]	52.74%	60.90%	**53.89%^^**	38.92%–71.99%
Rate 2: Buprenorphine[SA]	31.66%	39.17%	**35.65%^^**	33.84%–37.84%
Rate 3: Oral Naltrexone[SA]	4.13%	3.62%	3.45%	3.19%–3.66%
Rate 4: Long-Acting, Injectable Naltrexone[SA]	0.72%	1.09%	0.89%	0.37%–1.32%
Rate 5: Methadone[SA]	20.54%	22.74%	**17.63%^^**	1.63%–36.98%
Use of Services				
Ambulatory Care: ED Visits				
<1 Year[SA]	54.09	64.47	60.34	60.34
1 to 9 Years[SA]	24.00	31.36	28.94	32.39–28.92
10 to 19 Years[SA]	19.99	21.58	23.28	42.52–22.83
0 to 19 Years[SA]	22.66	26.64	26.12	40.95–25.89
PQI 01: Diabetes Short-Term Complications Admission Rate				
18 to 64 Years[*,SA]	27.29	14.55	12.26	7.62–15.48
65 Years and Older[*,SA]	18.41	3.58	5.60	5.57–5.66
PQI 05: COPD or Asthma in Older Adults Admission Rate				
40 to 64 Years[*,SA]	258.84	15.27	11.91	5.47–17.43
65 Years and Older[*,SA]	1,210.72	36.96	29.14	14.15–38.97
PQI 08: Heart Failure Admission Rate				
18 to 64 Years[*,SA]	76.05	16.02	16.74	5.81–25.61
65 Years and Older[*,SA]	1,033.38	236.22	146.31	16.98–952.38
PQI 15: Asthma in Younger Adults Admission Rate				
18 to 39 Years[*,SA]	6.65	3.10	1.90	0.34–2.82

Performance Measures	HEDIS MY 2021 Rate	HEDIS MY 2022 Rate	HEDIS MY 2023 Rate	Plan Ranking
Plan All-Cause Readmissions				
Observed Readmissions[H]	8.85%	8.92%	9.79%	10.24%–8.98%
Expected Readmissions[H]	9.71%	9.64%	9.87%	10.20%–9.69%
O/E Ratio[H]	0.9107	0.9247	0.9916	1.0567–0.8809

** For this indicator, a lower rate indicates better performance.*
[H] indicates that the measure is a HEDIS measure and can be compared to NCQA benchmarks.
[SA] indicates that the measure could only be compared to the statewide average.
— indicates that a percentile ranking was not determined because the rate was not reportable or there was a break in trending. This symbol may also indicate there was no benchmark for comparison.
Rates shaded green with one caret (^) indicate a statistically significant improvement in performance from the previous year.
Rates shaded red with two carets (^^) indicate a statistically significant decline in performance from the previous year.

Information Systems Findings

NCQA's IS standards are the guidelines used by NCQA-certified HEDIS compliance auditors to assess the MCOs' HEDIS reporting capabilities.[13] HSAG evaluated each MCO on 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.

The 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.

[13] 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 2023 FAR Review
IS A—Administrative Data • Data conform with industry standards and measure requirements. • Data are complete and accurate. • Membership information system enables measurement.	The two MCOs were compliant with IS Standard A for administrative data. The auditor determined that the two MCOs only accepted industry standard codes on industry standard forms. The auditor determined that both MCOs had policies and procedures in place for submitted enrollment and provider data. Data elements required for reporting were captured. Adequate validation processes were in place, ensuring data accuracy. All data elements required for HEDIS reporting were adequately captured.
IS M—Medical Record Review Processes • Forms capture all fields relevant to measure reporting. Electronic transmission procedures conform to industry standards and have necessary checking procedures to ensure data accuracy (logs, counts, receipts, hand-off, and sign-off). • Retrieval and abstraction of data from medical records are reliably and accurately performed. • Data entry processes are timely and accurate and include sufficient edit checks to ensure accurate entry of submitted data in the files for measure reporting. • The organization continually assesses data completeness and takes steps to improve performance. • The organization regularly monitors vendor performance against expected performance standards.	The two MCOs were compliant with IS Standard M for medical record review processes. The auditor determined that the data collection tools used by the two MCOs were able to capture all data fields necessary for HEDIS reporting. Sufficient validation processes were in place to ensure data accuracy. However, HSAG did not review this step since the State requires administrative rates only.
IS C—Clinical and Care Delivery Data • Data capture is complete. • Data conform with industry standards. • Transaction file data are accurate. • Organization confirms ingested data meet expectations for data quality.	The two MCOs were compliant with IS Standard C for clinical and care delivery data. The auditor reviewed the transaction file for the HEDIS repository and observed that it contained all data fields required for HEDIS reporting. In addition, the auditor interviewed staff members to confirm appropriate quality processes for the data source and to determine if primary source verification was needed on all supplemental data that were in nonstandard form.

NCQA's IS Standards	HSAG's Findings Based on MY 2023 FAR Review
IS R—Data Management and Reporting • The organization's data management enables measurement. • Data extraction and loads are complete and accurate. • Data transformation and integration are accurate and valid. • Data quality and governance are components of the organization's data management. • Oversight and controls ensure correct implementation of measure reporting software.	The two MCOs were compliant with IS Standard R for data management and reporting. File consolidation and data extractions were performed by RMHP Prime's and DHMP's staff members. Data were verified for accuracy at each data merge point. The auditor indicated that the MCOs used an NCQA-certified measure vendor for data production and rate calculation.

Appendix D. Colorado Medicaid Weighted Averages

Table D-1 shows the Colorado Medicaid weighted averages for MY 2021 through MY 2023 along with the percentile ranking for each MY 2023 rate. Rates for MY 2023 shaded green with one caret (^) indicate a statistically significant improvement in performance from the previous year. Rates for MY 2023 shaded red with two carets (^^) indicate a statistically significant decline in performance from the previous year.[14] For utilization 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 utilization measures in the Use of Services domain.

Table D-1—Colorado Medicaid Weighted Averages

Performance Measures	HEDIS MY 2021 Rate	HEDIS MY 2022 Rate	HEDIS MY 2023 Rate	MY 2023 Percentile Ranking
Primary Care Access and Preventive Care				
Breast Cancer Screening				
52 to 64 Years[H]	41.29%	45.65%	51.48%^	—
65 to 74 Years[H]	34.32%	37.87%	44.10%^	—
Cervical Cancer Screening				
Cervical Cancer Screening[H]	40.67%	37.73%	43.64%^	10th–24th
Child and Adolescent Well-Care Visits[H]				
Total	41.16%	42.55%	46.05%^	25th–49th
Childhood Immunization Status				
Combination 3[H]	61.94%	72.47%	69.05%	75th–89th
Combination 7[H]	53.10%	59.64%	64.51%^	75th–89th
Combination 10[H]	40.25%	42.05%	44.33%	75th–89th
Chlamydia Screening in Women				
16 to 20 Years[H]	75.11%	76.08%	79.04%	≥90th
21 to 24 Years[H]	57.93%	62.14%	60.10%	25th–49th
Colorectal Cancer Screening				
46 to 50 Years[H]	—	15.09%	19.23%^	—
51 to 65 Years[H]	—	31.24%	34.45%^	—
66 to 75 Years[H]	—	34.20%	34.84%	—
Developmental Screening in the First Three Years of Life				
Totall[SA]	NA	60.78%	68.60%^	—

[14] 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 2022 to MY 2023.

Performance Measures	HEDIS MY 2021 Rate	HEDIS MY 2022 Rate	HEDIS MY 2023 Rate	MY 2023 Percentile Ranking
Immunizations for Adolescents				
Combination 1[H]	64.92%	71.89%	**63.00%^^**	<10th
Combination 2[H]	35.48%	36.69%	38.74%	50th–74th
Lead Screening in Children				
Lead Screening in Children[H]	—	61.16%	59.10%	25th–49th
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents				
BMI Percentile—Total[H]	69.35%	67.47%	66.65%	10th–24th
Counseling for Nutrition—Total[H]	73.46%	72.44%	74.97%	50th–74th
Counseling for Physical Activity—Total[H]	72.54%	71.14%	74.13%	50th–74th
Well-Child Visits in the First 30 Months of Life				
Well-Child Visits in the First 15 Months of Life—Six or More Well-Child Visits[H]	54.34%	58.28%	58.62%	50th–74th
Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits[H]	54.39%	59.29%	64.19%^	25th–49th
Screening for Depression and Follow-Up Plan				
12 to 17 Years[SA]	7.69%	33.62%	31.80%	—
18 to 64 Years[SA]	7.28%	14.42%	16.63%	—
65 Years and Older[SA]	2.37%	5.15%	5.46%	—
Maternal and Perinatal Health				
Contraceptive Care—All Women				
MMEC—15 to 20 Years[SA]	33.58%	21.05%	21.63%	—
MMEC—21 to 44 Years[SA]	20.17%	19.21%	19.35%	—
LARC—15 to 20 Years[SA]	6.51%	5.36%	5.84%	—
LARC—21 to 44 Years[SA]	4.87%	4.63%	4.63%	—
Contraceptive Care—Postpartum Women				
MMEC—15 to 20 Years—3 Days[SA]	0.00%	23.46%	25.66%	—
MMEC—21 to 44 Years—3 Days[SA]	5.77%	17.51%	14.91%	—
MMEC—15 to 20 Years—90 Days[SA]	34.78%	60.49%	61.06%	—
MMEC—21 to 44 Years—90 Days[SA]	40.74%	49.53%	46.32%	—
LARC—15 to 20 Years—3 Days[SA]	0.00%	6.17%	11.50%	—
LARC—21 to 44 Years—3 Days[SA]	0.00%	5.52%	4.47%	—
LARC—15 to 20 Years—90 Days[SA]	19.57%	28.40%	29.20%	—
LARC—21 to 44 Years—90 Days[SA]	16.56%	21.69%	19.86%	—
Prenatal and Postpartum Care				
Timeliness of Prenatal Care—21 Years and Older[SA]	—	—	68.26%	—
Timeliness of Prenatal Care—Under 21 Years[SA]	—	—	71.74%	—
Postpartum Care—21 Years and Older[SA]	—	—	62.45%	—
Postpartum Care—Under 21 Years[SA]	—	—	72.83%	—

Performance Measures	HEDIS MY 2021 Rate	HEDIS MY 2022 Rate	HEDIS MY 2023 Rate	MY 2023 Percentile Ranking
Care of Acute and Chronic Conditions				
Asthma Medication Ratio				
5 to 18 Years[H]	59.68%	57.14%	68.87%^	—
19 to 64 Years[H]	52.00%	55.70%	56.17%	—
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis				
3 Months to 17 Years[H]	—	96.52%	95.20%	≥90th
18 to 64 Years[H]	—	54.17%	**60.09%^^**	≥90th
65 Years and Older[H]	—	NA	NA	—
Concurrent Use of Opioids and Benzodiazepines[*]				
18 to 64 Years[,SA]*	14.93%	8.17%	7.95%	—
65 Years and Older[,SA]*	19.29%	7.74%	8.43%	—
Controlling High Blood Pressure				
18 to 64 Years[H]	36.77%	35.12%	46.59%^	—
65 to 85 Years[H]	42.45%	43.93%	53.70%^	—
Hemoglobin A1c Control for Patients With Diabetes				
HbA1c Control (<8.0%)—18 to 64 Years[H]	—	39.73%	46.54%^	—
HbA1c Control (<8.0%)—65 to 75 Years[H]	—	47.79%	53.26%^	—
Poor HbA1c Control (>9.0%)—18 to 64 Years[,H]*	57.64%	52.03%	44.79%^	—
Poor HbA1c Control (>9.0%)—65 to 75 Years[,H]*	46.53%	42.40%	38.00%	—
HIV Viral Load Suppression				
18 to 64 Years[SA]	—	0.00%	52.27%^	—
65 Years and Older[SA]	NA	NA	68.09%	—
Use of Opioids at High Dosage in Persons Without Cancer[*]				
18 to 64 Years[,SA]*	4.11%	4.06%	3.50%	—
65 Years and Older[,SA]*	2.48%	5.07%	5.37%	—
Behavioral Health Care				
Adherence to Antipsychotic Medications for Individuals With Schizophrenia				
Adherence to Antipsychotic Medications for Individuals With Schizophrenia[H]	53.83%	54.29%	55.49%	25th–49th
Antidepressant Medication Management				
Effective Acute Phase Treatment—18 to 64 Years[H]	60.87%	64.50%	66.97%	—
Effective Acute Phase Treatment—65 Years and Older[H]	74.36%	77.65%	81.13%	—
Effective Continuation Phase Treatment—18 to 64 Years[H]	41.07%	45.06%	46.28%	—
Effective Continuation Phase Treatment—65 Years and Older[H]	64.10%	49.41%	45.28%	—
Diabetes Care for People With Serious Mental Illness—HbA1c Poor Control (>9.0%)[*]				
18 to 64 Years[,H]*	58.37%	55.26%	**47.50%^^**	—
65 to 75 Years[,H]*	NA	NA	55.00%	—

Performance Measures	HEDIS MY 2021 Rate	HEDIS MY 2022 Rate	HEDIS MY 2023 Rate	MY 2023 Percentile Ranking
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[H]	79.50%	81.57%	83.27%	75th–89th
Follow-Up After Emergency Department Visit for Mental Illness				
7-Day Follow-Up—6 to 17 Years[H]	—	9.20%	11.70%	<10th
7-Day Follow-Up—18 to 64 Years[H]	26.47%	21.34%	24.77%	10th–24th
7-Day Follow-Up—65 Years and Older[H]	NA	NA	NA	—
30-Day Follow-Up—6 to 17 Years[H]	—	26.44%	32.98%	<10th
30-Day Follow-Up—18 to 64 Years[H]	36.30%	31.01%	37.29%^	10th–24th
30-Day Follow-Up—65 Years and Older[H]	NA	NA	NA	—
Follow-Up After Emergency Department Visit for Substance Use				
7-Day Follow-Up—13 to 17 Years[H]	—	17.65%	**4.35%^^**	<10th
7-Day Follow-Up—18 to 64 Years[H]	—	21.04%	19.51%	—
7-Day Follow-Up—65 Years and Older[H]	—	11.67%	13.51%	—
30-Day Follow-Up—13 to 17 Years[H]	—	23.53%	10.87%	<10th
30-Day Follow-Up—18 to 64 Years[H]	—	30.56%	30.43%	—
30-Day Follow-Up—65 Years and Older[H]	—	20.00%	21.62%	—
Follow-Up After Hospitalization for Mental Illness				
7-Day Follow-Up—6 to 17 Years[H]	NA	NA	NA	—
7-Day Follow-Up—18 to 64 Years[H]	33.98%	28.18%	24.40%	25th–49th
7-Day Follow-Up—65 Years and Older[H]	NA	NA	NA	—
30-Day Follow-Up—6 to 17 Years[H]	NA	NA	NA	—
30-Day Follow-Up—18 to 64 Years[H]	50.00%	46.14%	43.45%	10th–24th
30-Day Follow-Up—65 Years and Older[H]	NA	NA	NA	—
Follow-Up Care for Children Prescribed ADHD Medication				
Initiation Phase[H]	31.87%	40.50%	40.94%	25th–49th
Continuation and Maintenance Phase[H]	NA	NA	45.45%	10th–24th
Initiation and Engagement of Substance Use Disorder Treatment				
Initiation of SUD Treatment—Total—18 to 64 Years[H]	—	38.30%	40.57%	25th–49th
Initiation of SUD Treatment—Total—65 Years and Older[H]	—	51.64%	45.00%	50th–74th
Engagement of SUD Treatment—Total—18 to 64 Years[H]	—	9.59%	10.55%	25th–49th
Engagement of SUD Treatment—Total—65 Years and Older[H]	—	3.69%	2.69%	10th–24th
Metabolic Monitoring for Children and Adolescents on Antipsychotics				
Blood Glucose Testing—Total[H]	59.09%	58.49%	72.00%	≥90th
Cholesterol Testing—Total[H]	45.45%	43.40%	54.00%	≥90th
Blood Glucose and Cholesterol Testing—Total[H]	43.94%	41.51%	54.00%	≥90th

Performance Measures	HEDIS MY 2021 Rate	HEDIS MY 2022 Rate	HEDIS MY 2023 Rate	MY 2023 Percentile Ranking
Screening for Depression and Follow-Up Plan				
12 to 17 Years[SA]	7.69%	33.62%	31.80%	—
18 to 64 Years[SA]	7.28%	14.42%	16.63%	—
65 Years and Older[SA]	2.37%	5.15%	5.46%	—
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics				
Total	NA	NA	NA	—
Use of Pharmacotherapy for Opioid Use Disorder				
Rate 1: Total[SA]	52.74%	60.90%	**53.89%^^**	—
Rate 2: Buprenorphine[SA]	31.66%	39.17%	**35.65%^^**	—
Rate 3: Oral Naltrexone[SA]	4.13%	3.62%	3.45%	—
Rate 4: Long-Acting, Injectable Naltrexone[SA]	0.72%	1.09%	0.89%	—
Rate 5: Methadone[SA]	20.54%	22.74%	**17.63%^^**	—
Use of Services				
Ambulatory Care: ED Visits				
0 to 19 Years[SA]	22.66	26.64	26.12	—
Plan All-Cause Readmissions				
Observed Rate[H]	8.85%	8.92%	9.79%	—
Expected Rate[H]	9.71%	9.64%	9.87%	—
O/E Ratio[H]	0.9107	0.9246	0.9916	25th–49th
Outlier Rate[H]	—	43.25	45.09	—
PQI 01: Diabetes Short-Term Complications Admission Rate*				
18 to 64 Years[*,SA]	27.29	14.55	12.26	—
65 Years and Older[*,SA]	18.41	3.58	5.60	—
PQI 05: COPD or Asthma in Older Adults Admission Rate*				
40 to 64 Years[*,SA]	258.84	15.27	11.91	—
65 Years and Older[*,SA]	1,210.72	36.96	29.14	—
PQI 08: Heart Failure Admission Rate*				
18 to 64 Years[*,SA]	76.05	16.02	16.74	—
65 Years and Older[*,SA]	1,033.38	236.22	146.31	—
PQI 15: Asthma in Younger Adults Admission Rate*				
18 to 39 Years[*,SA]	6.65	3.10	1.90	—

** For this indicator, a lower rate indicates better performance.*
[H] indicates that the measure is a HEDIS measure and can be compared to NCQA benchmarks.
[SA] indicates that the measure could only be compared to the statewide average.
— indicates that a percentile ranking was not determined because the rate was not reportable or there was a break in trending. This symbol may also indicate that the denominator was too small to report the rate 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.

Appendix E. MCO Capitation Initiative Administrative and Hybrid Rates

Table E-1 shows DHMP's rates for MY 2023 for measures with a hybrid option, along with the percentile ranking for each MY 2023 hybrid rate.

Table E-1—MY 2023 Administrative and Hybrid Performance Measure Results for DHMP

Performance Measures	Administrative Rate	Hybrid Rate	Percentile Ranking
Primary Care Access and Preventive Care			
Cervical Cancer Screening			
Cervical Cancer Screening	40.81%	47.20%	10th–24th
Childhood Immunization Status			
Combination 3	69.05%	77.86%	≥90th
Combination 7	64.51%	72.51%	≥90th
Combination 10	44.33%	50.85%	≥90th
Immunizations for Adolescents			
Combination 1	63.07%	77.13%	25th–49th
Combination 2	38.97%	43.07%	75th–89th
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents			
BMI Percentile—Total	67.28%	92.94%	≥90th
Counseling for Nutrition—Total	75.55%	81.27%	75th–89th
Counseling for Physical Activity—Total	74.79%	79.56%	75th–89th
Maternal and Perinatal Health			
Prenatal and Postpartum Care			
Timeliness of Prenatal Care	83.38%	—	—
Postpartum Care	78.59%	—	—
Care of Acute and Chronic Conditions			
Controlling High Blood Pressure			
18 to 64 Years	51.61%	57.32%	—
65 to 85 Years	58.19%	65.06%	—
Hemoglobin A1c Control for Patients with Diabetes			
HbA1c Control (<8.0%)—18 to 64 Years	48.64%	—	—
HbA1c Control (<8.0%)—65 to 75 Years	54.73%	—	—
*Poor HbA1c Control (>9.0%)—18 to 64 Years**	41.99%	—	—
*Poor HbA1c Control (>9.0%)—65 to 75 Years**	36.66%	—	—

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

— indicates that the rate was not comparable to benchmarks.

Table E-2 shows RMHP Prime's rates for MY 2023 for measures with a hybrid option, along with the percentile ranking for each MY 2023 hybrid rate.

Table E-2—MY 2023 Administrative and Hybrid Performance Measure Results for RMHP Prime

Performance Measures	Administrative Rate	Hybrid Rate	Percentile Ranking
Primary Care Access and Preventive Care			
Cervical Cancer Screening			
Cervical Cancer Screening	46.96%	51.85%	25th–49th
Childhood Immunization Status			
Combination 3	NA	NA	—
Combination 7	NA	NA	—
Combination 10	NA	NA	—
Immunizations for Adolescents			
Combination 1	58.82%	—	<10th
Combination 2	26.47%	—	10th–24th
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents			
BMI Percentile—Total	20.12%	83.43%	50th–74th
Counseling for Nutrition—Total	32.54%	82.25%	75th–89th
Counseling for Physical Activity—Total	25.44%	78.11%	75th–89th
Maternal and Perinatal Health			
Prenatal and Postpartum Care			
Timeliness of Prenatal Care	52.18%	90.83%	—
Postpartum Care	46.57%	90.39%	—
Care of Acute and Chronic Conditions			
Controlling High Blood Pressure			
18 to 64 Years	41.89%	73.87%	—
65 to 85 Years	46.00%	68.00%	—
Hemoglobin A1c Control for Patients with Diabetes			
HbA1c Control (<8.0%)—18 to 64 Years	44.11%	63.59%	—
HbA1c Control (<8.0%)—65 to 75 Years	50.18%	81.48%	—
*Poor HbA1c Control (>9.0%)—18 to 64 Years**	48.01%	26.05%	—
*Poor HbA1c Control (>9.0%)—65 to 75 Years**	40.79%	9.26%	—

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

— indicates that the rate was not comparable to benchmarks.