



CHP+

Child Health Plan *Plus*

HEDIS[®] Measurement Year 2022 Aggregate Report for Child Health Plan *Plus*

December 2023

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Introduction

The Child Health Plan *Plus* (CHP+) program is administered by Colorado’s Department of Health Care Policy & Financing (the Department). Colorado’s four CHP+ managed care organizations (MCOs) in fiscal year (FY) 2022–2023 included Colorado Access (COA), Denver Health Medical Plan (DHMP), Kaiser Permanente Colorado (Kaiser), and Rocky Mountain Health Plans (RMHP). DentaQuest is the Colorado dental program and provides dental benefits to pregnant woman and children enrolled in the CHP+ program.

In FY 2022–2023, each CHP+ health plan underwent a National Committee for Quality Assurance (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS®)¹⁻¹ Compliance Audit™¹⁻² through a licensed HEDIS audit organization in order to verify the processes used to report valid HEDIS rates. All CHP+ health plans 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, Use of Services, and Dental and Oral Health Services. Please see Appendix C for additional information on NCQA’s Information Systems (IS) standards¹⁻³ and the audit findings for the CHP+ health plans. This report documents the results of HSAG’s analysis and recommendations for improvement, where appropriate.

Summary of Performance

Figure 1-1 shows the Colorado CHP+ program’s performance on the measurement year (MY) 2022 performance measure indicators that were comparable to NCQA’s Quality Compass®¹⁻⁴ national Medicaid health maintenance organization (HMO) percentiles for HEDIS MY 2021 (referred to throughout this report as percentiles). The bars represent the number of CHP+ statewide weighted averages that fell into each national Medicaid percentile range. The percentile range shows how the CHP+ statewide 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.

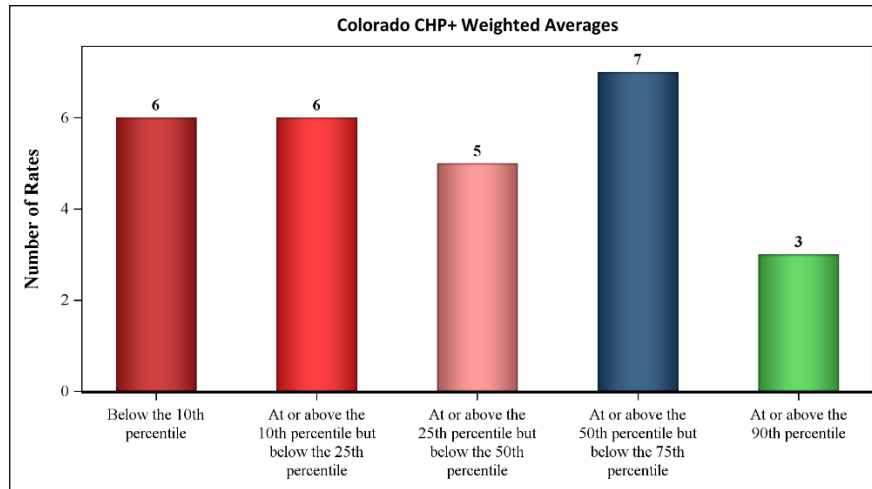
¹⁻¹ HEDIS® is a registered trademark of the NCQA.

¹⁻² NCQA HEDIS Compliance Audit™ is a trademark of the NCQA.

¹⁻³ National Committee for Quality Assurance. *HEDIS Compliance Audit Standards, Policies and Procedures, Volume 5*. Washington D.C.

¹⁻⁴ Quality Compass® is a registered trademark of the NCQA.

Figure 1-1—Colorado CHP+ Weighted Averages for HEDIS Measure Comparisons



The Colorado CHP+ weighted averages indicated low performance statewide compared to national standards, as 17 of 26 (65.38 percent) measure rates fell below the 50th percentile.

Limitations and Considerations

- Since all MY 2022 measures were reported using the administrative methodology according to the Department’s direction, the CHP+ health plans 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.
- National HEDIS percentiles are not available for the Children’s Health Insurance Program (CHIP) population; therefore, comparison of the CHP+ MCOs’ rates to Medicaid percentiles should be interpreted with caution.

Introduction

The State of Colorado offers its residents a low-cost health insurance plan for qualified children ages 18 and younger and pregnant women ages 19 and older through its CHP+ program, also known as CHIP. As of the end of FY 2022–2023, Colorado’s CHP+ enrollment was 66,209 children and pregnant women. The CHP+ services are coordinated through four MCOs and DentaQuest, a CHP+ prepaid ambulatory health plan (PAHP). Medical services covered by Colorado’s CHP+ program include primary care, emergency/urgent care, hospital services, dental care, prescriptions, immunizations, maternity care, and mental/behavioral health care.

To evaluate performance levels and to provide an objective, comparative review of the Colorado CHP+ health plans’ quality-of-care outcomes and key performance measure rates, the Department required its health plans to report results following NCQA’s HEDIS protocols. The Department selected performance measures from the Centers for Medicare & Medicaid Services (CMS) Child Core Set to evaluate the health plans’ performance and for public reporting. For MY 2022, the Department required that the health plans report all measures using the administrative methodology. This report includes rates calculated using only administrative data. Therefore, caution should be exercised when comparing 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.

CHP+ Health Plan Names

Table 2-1 presents the CHP+ health plans discussed within this report and their corresponding abbreviations.

Table 2-1—2023 CHP+ Health Plan Names and Abbreviations

CHP+ Health Plan Name	Abbreviation
Colorado Access	COA
Denver Health Medical Plan	DHMP
Kaiser Permanente Colorado	Kaiser
Rocky Mountain Health Plans	RMHP
DentaQuest	DentaQuest

Summary of MY 2022 Measures

Within this report, HSAG presents the CHP+ health plans and statewide performance on CMS Core Set measures selected by the Department for MY 2022, which use the Federal Fiscal Year (FFY) 2023 CMS Core Set of Adult and Children’s Health Care Quality Measures. The measures selected by the Department were grouped into the following domains of care: Primary Care Access and Preventive Care, Maternal and Perinatal Health, Care of Acute and Chronic Conditions, Behavioral Health Care, Use of Services, and Dental and Oral Health Services. While performance is reported primarily at the measure indicator level, grouping these measures into domains encourages the health plans and the Department to consider the measures as a whole rather than in isolation and to develop the strategic changes required to improve overall performance.

Table 2-2 shows the selected MY 2022 measures and measure indicators that are presented within this report as well as the corresponding domains of care. Additional measure indicator rates are displayed within the appendices for more granular definitions of health plan performance for select measures. For example, the *Total* rates for the *Child and Adolescent Well-Care Visits* measure indicators are displayed in Section 3 and Appendix E of this report to provide an overall understanding of plan and statewide performance associated with child and adolescent well-care visits. *Child and Adolescent Well-Care Visits* rates for *Ages 3 to 11 Years*, *Ages 12 to 17 Years*, and *Ages 18 to 21 Years* are presented along with the *Total* rates in the appendices.

Table 2-2—MY 2022 Selected Measures

Performance Measures
Primary Care Access and Preventive Care
<i>Child and Adolescent Well-Care Visits (WCV-CH)</i>
<i>Childhood Immunization Status—Combinations 3, 7, and 10 (CIS-CH)</i>
<i>Chlamydia Screening in Women—Ages 16 to 20 Years (CHL-CH)</i>
<i>Developmental Screening in the First Three Years of Life (DEV-CH)</i>
<i>Immunizations for Adolescents—Combination 1 and Combination 2 (IMA-CH)</i>
<i>Lead Screening in Children (LSC-CH)</i>
<i>Screening For Depression and Follow-Up Plan—Ages 12 to 17 Years (CDF-CH)</i>
<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile—Total, Counseling for Nutrition—Total, and Counseling for Physical Activity—Total (WCC-CH)</i>
<i>Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months—Six or More Well-Child Visits and Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits (W30-CH)</i>

Performance Measures
Maternal and Perinatal Health
<i>Contraceptive Care—All Women—MMEC—Ages 15 to 20 Years and LARC—Ages 15 to 20 Years (CCW-CH)</i>
<i>Contraceptive Care—Postpartum Women—MMEC—3 Days—Ages 15 to 20 Years and 90 Days—Ages 15 to 20 Years, and LARC—3 Days—Ages 15 to 20 Years and 90 Days—Ages 15 to 20 Years (CCP-CH)</i>
<i>Prenatal and Postpartum Care—Timeliness of Prenatal Care (PPC-CH)</i>
Care of Acute and Chronic Conditions
<i>Asthma Medication Ratio—Total (Ages 5 to 18 Years) (AMR-CH)</i>
<i>Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis—Ages 3 Months to 17 Years (AAB-CH)</i>
Behavioral Health Care
<i>Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up—Ages 6 to 17 Years and 30-Day Follow-Up—Ages 6 to 17 Years (FUH-CH)</i>
<i>Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase and Continuation and Maintenance Phase (ADD-CH)</i>
<i>Metabolic Monitoring for Children and Adolescents on Antipsychotics—Blood Glucose Testing—Total, Cholesterol Testing—Total, and Blood Glucose and Cholesterol Testing—Total (APM-CH)</i>
<i>Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics—Total (APP-CH)</i>
Use of Services
<i>Ambulatory Care: Emergency Department (ED) Visits (AMB-CH)</i>
Dental and Oral Health Services
<i>Oral Evaluation, Dental Services (OEV-CH)</i>
<i>Topical Fluoride for Children (TFL-CH)</i>
<i>Sealant Receipt on Permanent First Molars (SFM-CH)</i>

Of note, CMS Core Set technical measure descriptions are included throughout this report, which include age requirements for inclusion in the measure. In some instances, the CMS Core Set technical measure definition includes individuals who would not be eligible for the CHP+ program (i.e., some measures apply to adults who are age 18 and older; however, the CHP+ program is limited to individuals who are in the month of their 19th birthday or younger). Therefore, the measure results actually reflect a more limited age group than the CMS Core Set technical specification definition.

Data Collection Method

According to the Department's guidance, all measure rates presented in this report for the health plans are based on administrative data only. The administrative method requires that the health plans identify the eligible population (i.e., the denominator) using administrative data, derived from claims and encounters. In addition, the numerator(s), or services provided to the members in the eligible population, are derived solely using administrative and supplemental data collected during the reporting year. Supplemental data include immunization registry data, medical record review data from the prior year, etc. Medical records collected during the current year cannot be used to retrieve information. When using the administrative method, the entire eligible population becomes the denominator, and sampling is not allowed. In contrast, the hybrid method extracts a systematic sample of members and utilizes data from the medical record, along with administrative and supplemental data. The hybrid method generally produces higher rates because the completeness of documentation in the medical record exceeds what is typically captured in administrative data; however, the medical record review component of the hybrid method is considered more labor intensive. The data collection or calculation methods (i.e., administrative, hybrid) for each measure are described in detail by CMS in the *FFY 2023 Child Resource Manual and Technical Specifications*.²⁻¹

Data Sources and Measure Audit Results

Health plan-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 health plans' custom rate reporting templates, all the health plans were required by the Department to have their MY 2022 results examined and verified through an NCQA HEDIS Compliance Audit.

Through the audit process, each measure indicator rate reported by a health plan was assigned an NCQA-defined audit result. MY 2022 measure indicator rates received one of seven predefined audit results: *Reportable (R)*, *Small Denominator (NA)*, *Biased Rate (BR)*, *No Benefit (NB)*, *Not Required (NQ)*, *Not Reported (NR)*, and *Unaudited (UN)*. The audit results are defined in the Glossary section.

Please see Appendix C for additional information on NCQA's IS standards and the audit findings for the CHP+ health plans.

²⁻¹ Centers for Medicare & Medicaid Services. FFY 2023 Child Resource Manual and Technical Specifications. Available at: <https://www.medicare.gov/medicaid/quality-of-care/performance-measurement/adult-and-child-health-care-quality-measures/child-core-set-reporting-resources/index.html>. Accessed on: Oct 10, 2023.

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 four CHP+ 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 MCOs' 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 CHP+ weighted average rate than the rate for an MCO with only 10,000 members. For the MCOs with rates reported as *NA* due to small denominators, the numerators, denominators, and eligible populations were still included in the calculations of the statewide weighted average. However, MCO rates reported as *BR*, *NB*, *NQ*, *NR*, or *UN* were excluded from the statewide weighted average calculation.

Evaluating Measure Results

National Benchmark Comparisons

Benchmark Data

MY 2022 health plan rates and the statewide weighted average rates were compared to the corresponding national HEDIS benchmarks, where applicable. For comparative purposes, HSAG used the most recent data available from NCQA at the time of the production of this report to evaluate the MY 2022 rates: NCQA's Quality Compass national Medicaid HMO percentiles for HEDIS MY 2021.

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

Since national percentiles are not available specifically for the CHIP population, the CHP+ health plan rates as well as the Colorado CHP+ statewide weighted averages were compared to the national percentiles, which were composed of performance from all Medicaid plans. Therefore, comparisons of Colorado's CHP+ population measure indicator rates to the benchmarks should be interpreted with caution.

Additionally, benchmarking data (i.e., NCQA 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.

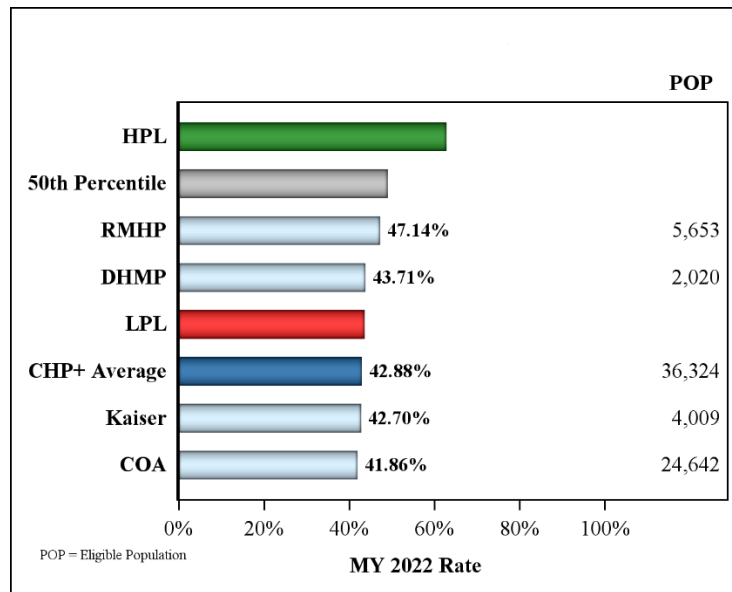
Figure Interpretation

For each performance measure indicator presented in this report, the horizontal bar graph figure positioned on the right side of the page presents each health plan's performance against the HEDIS MY 2021 Quality Compass benchmarks, Colorado CHP+ 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 *Ambulatory Care—ED Visits* in which lower rates indicate better performance, the 10th percentile (rather than the 90th percentile) and the 75th percentile (rather than the 25th percentile) are considered the HPL and LPL, respectively. An example of the horizontal bar graph figure for one measure is shown in Figure 2-1.

Figure 2-1—Sample Horizontal Bar Graph Figure



Percentile Rankings and Star Ratings

In addition to illustrating health plan-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 in this domain do not necessarily indicate better or worse performance. These rates and the associated percentile rankings are provided for information only.

Of note, health plan-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 levels for these measures were not presented in this report.

Trend Analysis

In addition to the percentile ranking and star rating results, HSAG also compared MY 2022 Colorado CHP+ weighted averages and health plan-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 considered 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 domain given that variances were not available in the custom reporting templates for HSAG to use for statistical testing.

In general, results from statistical significance testing provide information on whether a change in the rate may suggest improvement or decline in performance. Throughout the report, references to “significant” changes in performance are noted; these instances refer to statistically significant differences between performance from MY 2021 to MY 2022. At the statewide level, if the number of health plans reporting *NR* or *BR* differs vastly from year to year, the statewide performance may not represent all of the contracted health plans, and any changes observed across years may need to take this factor into consideration. Nonetheless, 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 health plan.

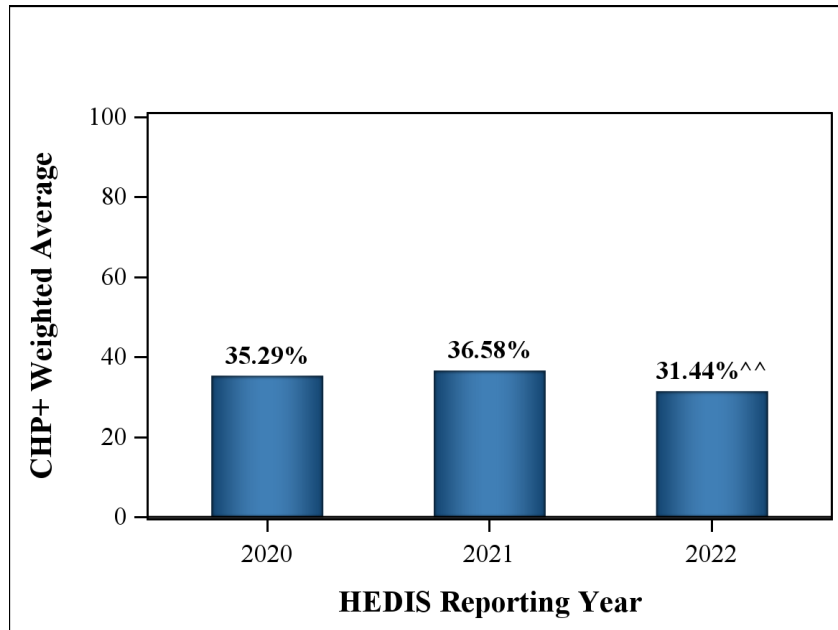
Similarly, caution should be exercised when comparing rates calculated administratively to national benchmarks that were calculated using the hybrid methodology.

Figure Interpretation

Within Appendix B and Appendix E of this report, performance measure indicator rates and results of significance testing between MY 2021 and MY 2022 are presented in tabular format. MY 2022 rates shaded green with one caret (^) indicate a significant improvement in performance from the previous year. MY 2022 rates shaded red with two carets (^) indicate a significant decline in performance from the previous year.

For each performance measure indicator presented in this report, the vertical bar graph figure positioned on the left side of the page presents the MY 2020, MY 2021, and MY 2022 Colorado CHP+ weighted averages, with significance testing performed between the MY 2021 and MY 2022 weighted averages. Within these figures, MY 2022 rates with one caret (^) indicate a significant improvement in performance from MY 2021. MY 2022 rates with two carets (^) indicate a significant decline in performance from MY 2021. An example of the vertical bar graph figure for measure indicators reported is shown in Figure 2-2.

Figure 2-2—Sample Vertical Bar Graph Figure



Measure Changes Between CMS Core Set FFY 2022 and CMS Core Set FFY 2023

The following is a list of measures with technical specification changes that CMS announced for FFY 2023.^{2-2,2-3} These changes may have an effect on the MY 2022 rates that are presented in this report.

Overall Changes

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

Ambulatory Care: Emergency Department (ED) Visits

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

Asthma Medication Ratio

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

²⁻² Centers for Medicare and Medicaid Services. *Summary of Updates to the Adult Core Set Measures FFY 2023 Technical Specifications and Resource Manual*. February 2023.

²⁻³ Centers for Medicare and Medicaid Services. *Summary of Updates to the Child Core Set Measures FFY 2023 Technical Specifications and Resource Manual*. February 2023.

Childhood Immunization Status

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

Contraceptive Care—All Women

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

Contraceptive Care—Postpartum Women

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

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

Developmental Screening in the First Three Years of Life

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

Follow-Up After Emergency Department Visit for Mental Illness

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

Follow-Up After Emergency Department Visit for Substance Use

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

Follow-Up Care for Children Prescribed ADHD Medication

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

Immunizations for Adolescents

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

Prenatal and Postpartum Care—Timeliness of Prenatal Care

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

Screening for Depression and Follow-Up Plan

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

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

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

Glossary

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

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

Term	Description
ADHD	Attention-deficit/hyperactivity disorder.
AOD	Alcohol or other drug.
Audit Result	The HEDIS auditor’s final determination, based on audit findings, of the appropriateness of the health plan to publicly report its HEDIS measure rates. Each measure indicator rate included in the HEDIS audit receives an audit result of <i>Reportable (R)</i> , <i>Small Denominator (NA)</i> , <i>Biased Rate (BR)</i> , <i>No Benefit (NB)</i> , <i>Not Required (NQ)</i> , <i>Not Reported (NR)</i> , and <i>Unaudited (UN)</i> .
BMI	Body mass index.
BR	Biased Rate: indicates that the health plan’s reported rate was invalid; therefore, the rate was not presented.
CHIP	Children’s Health Insurance Program.
CHP+	Child Health Plan <i>Plus</i> , Colorado’s program implementing the CHIP.
CMS	Centers for Medicare & Medicaid Services.
COVID-19	Coronavirus disease 2019.
Data Completeness	The degree to which occurring services/diagnoses appear in the health plan’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.
ED	Emergency department.
Electronic Data	Data that are maintained in a computer environment versus a paper environment.
Encounter Data	Billing data received from a capitated provider. (Although the health plan does not reimburse the provider for each encounter, submission of encounter data allows the health plan to collect the data for future HEDIS reporting.)
EOC	Effectiveness of care.
EQRO	External quality review organization.
Exclusions	Conditions outlined in HEDIS measure specifications that describe when a member should not be included in the denominator.

Term	Description
Final Audit Report	Following the health plan'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 the auditor's audit opinion (the final audit statement).
Flu	Influenza.
FFY	Federal fiscal year.
FY	Fiscal year.
HEDIS	The Healthcare Effectiveness Data and Information Set (HEDIS), developed and maintained by NCQA, is a set of performance measures used to assess the quality of care provided by managed healthcare organizations.
HEDIS Repository	The data warehouse where all data used for HEDIS reporting are stored.
HepA	Hepatitis A.
HepB	Hepatitis B.
HiB	Haemophilus influenza type B.
HIV	Human immunodeficiency virus.
HMO	Health maintenance organization.
HPL	High performance level. (For most performance measures, the Department defined the HPL as the most recent 90th percentile. For measures such as <i>Ambulatory Care—ED Visits</i> , in which lower rates indicate better performance, the 10th percentile [rather than the 90th percentile] is considered the HPL.)
HPV	Human papillomavirus.
HSAG	Health Services Advisory Group, Inc., the Department's external quality review organization.
Hybrid Measures	Measures that can be reported using the hybrid method (i.e., combination of claims/encounter data and medical record review data).
IDSS	The Interactive Data Submission System, a tool used to submit data to NCQA.
IPV	Inactivated polio virus.
IS	Information Systems; automated systems for collecting, processing, and transmitting data.
IS Standards	Information Systems (IS) standards; an NCQA-defined set of standards that measure how an organization collects, stores, analyzes, and reports medical, customer service, member, practitioner, and vendor data. ²⁻⁴

²⁻⁴ National Committee for Quality Assurance. HEDIS Compliance Audit Standards, Policies and Procedures, Volume 5. Washington D.C.

Term	Description
LARC	Long-acting reversible contraception.
LPL	Low performance level. (For most performance measures, the Department defined the LPL as the most recent 25th national Medicaid percentile. For measures such as <i>Ambulatory Care—ED Visits</i> , in which lower rates indicate better performance, the 75th percentile [rather than the 25th percentile] is considered the LPL.)
Material Bias	For most measures reported as a rate, any error that causes a ± 5 percent difference in the reported rate is considered materially biased. For non-rate measures, any error that causes a ± 10 percent difference in the reported rate or calculation is considered materially biased.
MCO	Managed care organization.
MMEC	Most or moderately effective contraception.
Medicaid Percentiles	The NCQA national percentiles for each HEDIS measure for the Medicaid product line used to compare the health plan's performance and assess the reliability of the health plan's HEDIS rates.
MMR	Measles, mumps, and rubella.
MY	Measurement year.
NA	<p>Small Denominator; indicates that the health plan followed the specifications, but the denominator was too small (<30) to report a valid rate, resulting in an NA designation.</p> <ul style="list-style-type: none"> For EOC and EOC-like measures, when the denominator is fewer than 30. For utilization measures that count member months, when the denominator is fewer than 360 member months. For all risk-adjusted utilization measures, when the denominator is fewer than 150.
NB	No Benefit; indicates that the required benefit to calculate the measure was not offered.
NCQA	The National Committee for Quality Assurance (NCQA) is a not-for-profit organization that assesses, through accreditation reviews and standardized measures, the quality of care provided by managed healthcare delivery systems; reports results of those assessments to employers, consumers, public purchasers, and regulators; and ultimately seeks to improve the healthcare provided within the managed care industry.
NR	Not Reported; indicates that the health plan 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 health plan chose not to report the required measure indicator rate, or the health plan's reported rate was invalid.
Numerator	The number of members in the denominator who received all the services as specified in the measure.

Term	Description
NQ	Not Required; indicates that the health plan was not required to report this measure.
OB/GYN	Obstetrician/Gynecologist.
PAHP	Prepaid ambulatory health plan.
PCP	Primary care practitioner.
PCV	Pneumococcal conjugate.
PHE	Public health emergency.
POP	Eligible population.
PID	Pelvic inflammatory disease.
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.
RV	Rotavirus.
Software Vendor	A third party, with source code certified by NCQA, that contracts with the health plan 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.)
SUD	Substance use disorder.
The Department	The Colorado Department of Health Care Policy & Financing.
Tdap	Tetanus, diphtheria, and pertussis.
UN	Unaudited; indicates that the organization chose to report a measure that is not required to be audited.
VZV	Varicella zoster virus (chicken pox).

3. Primary Care Access and Preventive Care

Primary Care Access and Preventive

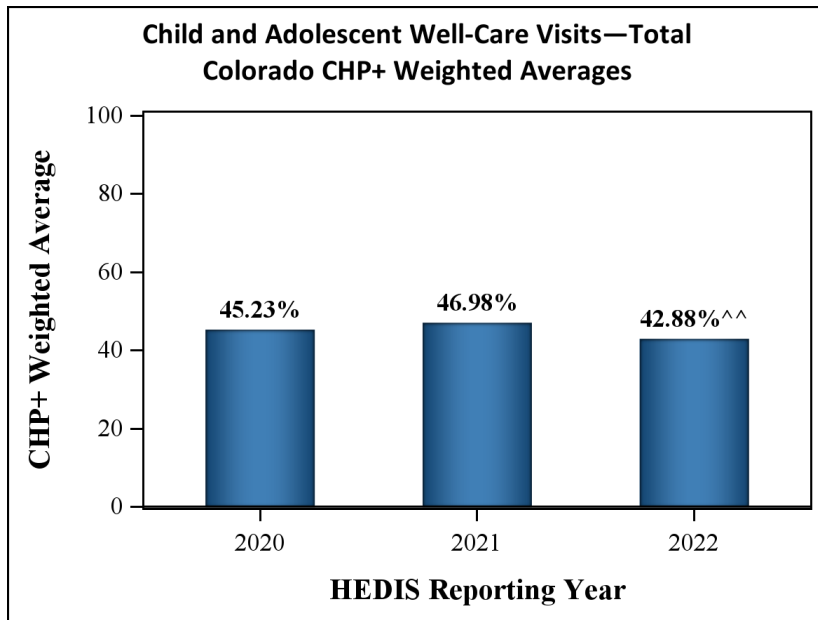
The following section provides a detailed analysis of the four Colorado CHP+ MCOs' performance within the Primary Care Access and Preventive Care domain. The Primary Care Access and Preventive Care domain encompasses the following measures/indicators:

- *Child and Adolescent Well-Care Visits—Total*
- *Childhood Immunization Status—Combinations 3, 7, and 10*
- *Chlamydia Screening in Women—Ages 16 to 20 Years*
- *Developmental Screening in the First Three Years of Life—Total*
- *Immunizations for Adolescents—Combination 1 and Combination 2*
- *Lead Screening in Children*
- *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile—Total, Counseling for Nutrition—Total, and Counseling for Physical Activity—Total*
- *Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months—Six or More Well-Child Visits and Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits*

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

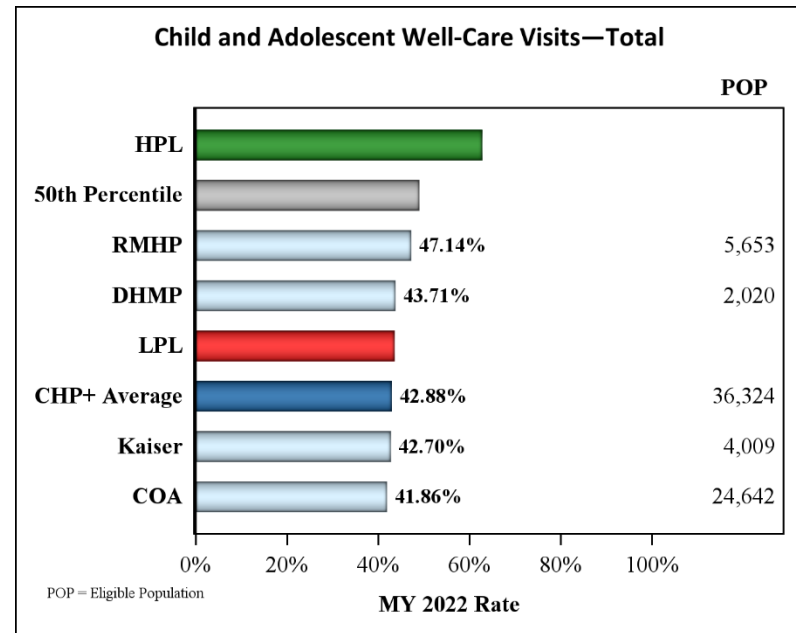
Child and Adolescent Well-Care Visits—Total

Child and Adolescent Well-Care Visits—Total measures the percentage of children 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.



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

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



Two MCOs' rates were above the LPL but below the 50th percentile. Two MCOs' rates and the Colorado CHP+ weighted average fell below the LPL. MCO performance varied by approximately 5 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.

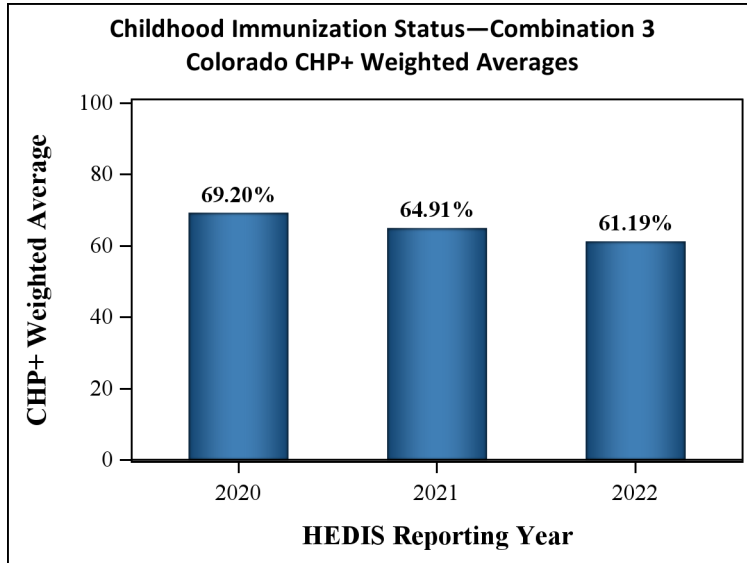
Table 3-1—Combination Vaccinations for Childhood Immunization Status

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

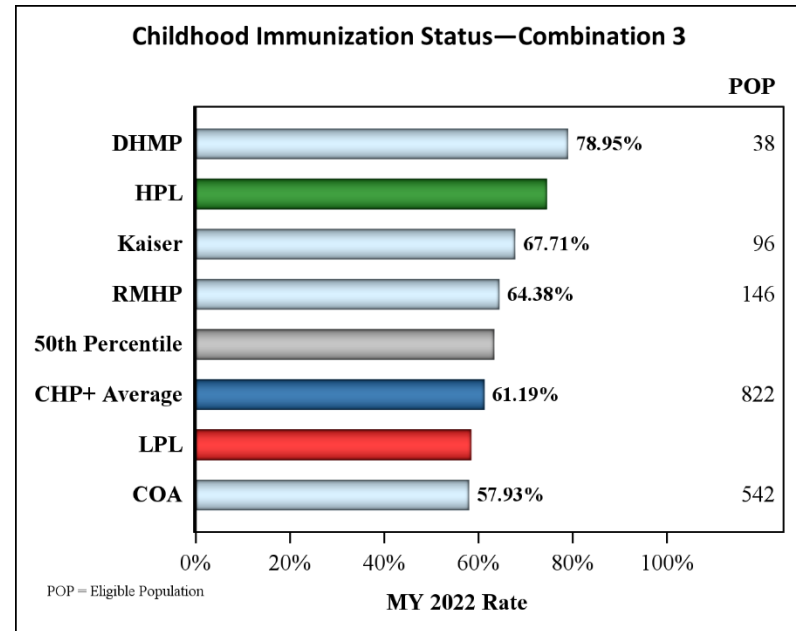
Acronyms: DTaP—diphtheria, tetanus toxoids, and acellular pertussis; flu—influenza; HepA—hepatitis A; HepB—hepatitis B; HiB—haemophilus influenza type B; IPV—inactivated polio virus; MMR—measles, mumps, and rubella; PCV—pneumococcal conjugate; RV—rotavirus; VZV—varicella zoster virus (chicken pox)

Childhood Immunization Status—Combination 3

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



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

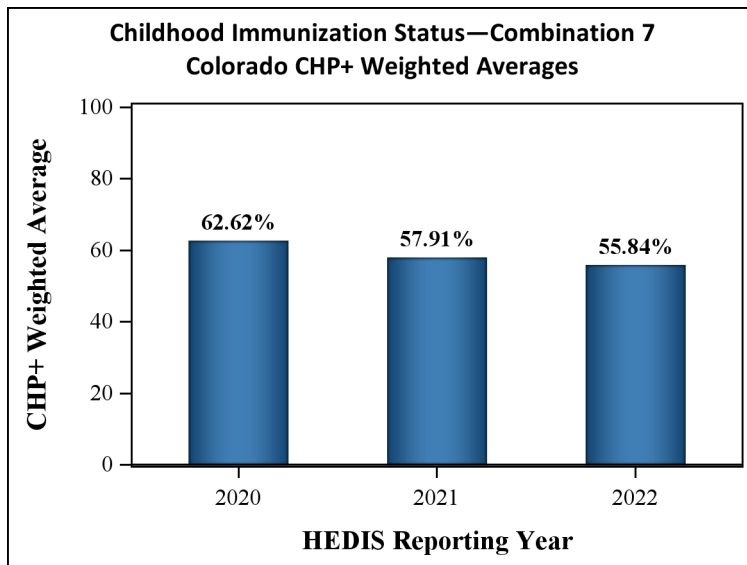


Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

One MCO's rate exceeded the HPL. Two MCOs' rates were above the 50th percentile but below the HPL. The Colorado CHP+ weighted average was above the LPL but below the 50th percentile. One MCO's rate fell below the LPL. MCO performance varied by approximately 21 percentage points.

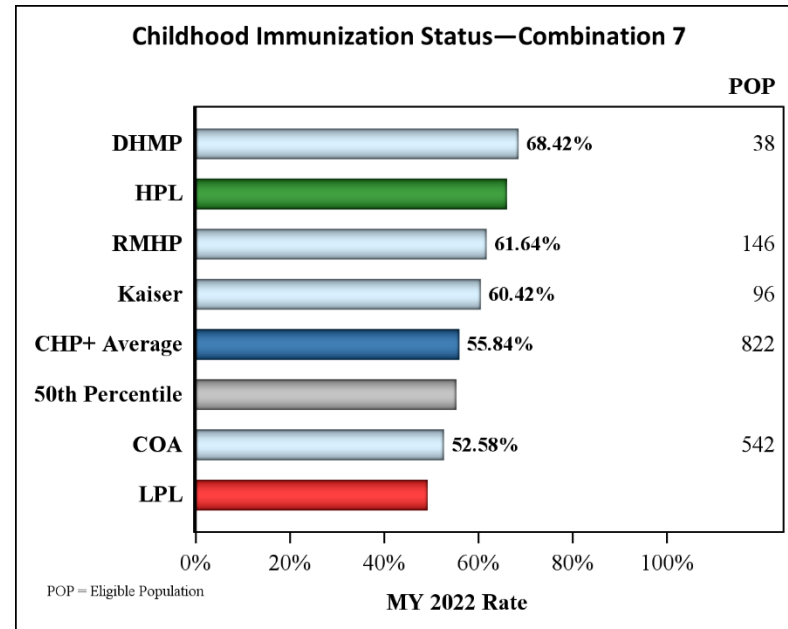
Childhood Immunization Status—Combination 7

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



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

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

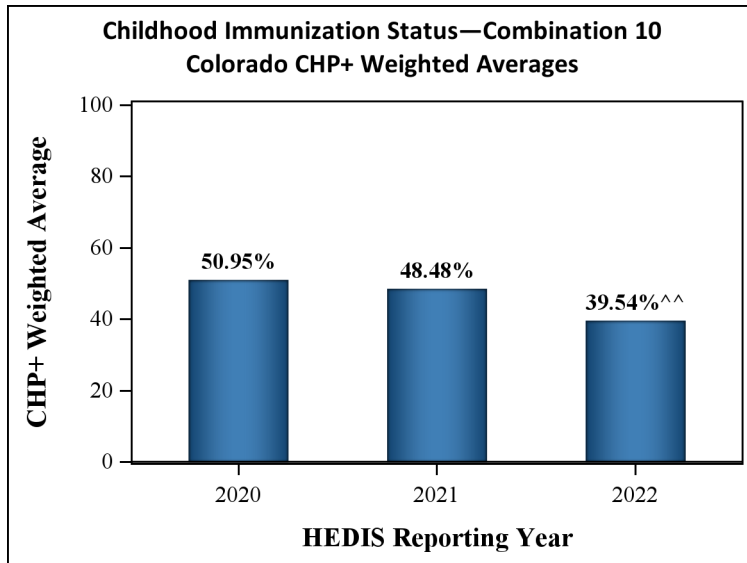


Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

One MCO’s rate exceeded the HPL. Two MCOs’ rates and the Colorado CHP+ weighted average were above the 50th percentile but below the HPL. One MCO’s rate was above the LPL but below 50th percentile. MCO performance varied by approximately 16 percentage points.

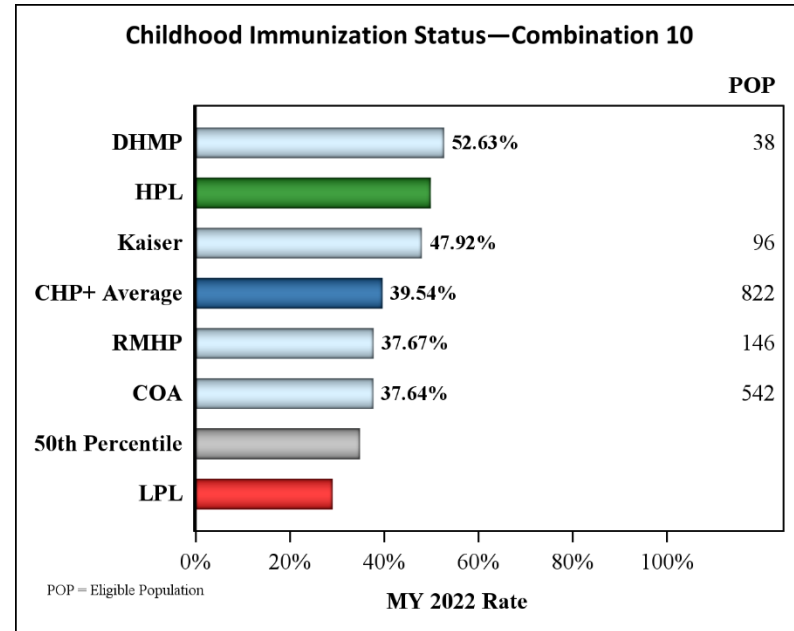
Childhood Immunization Status—Combination 10

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.



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

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

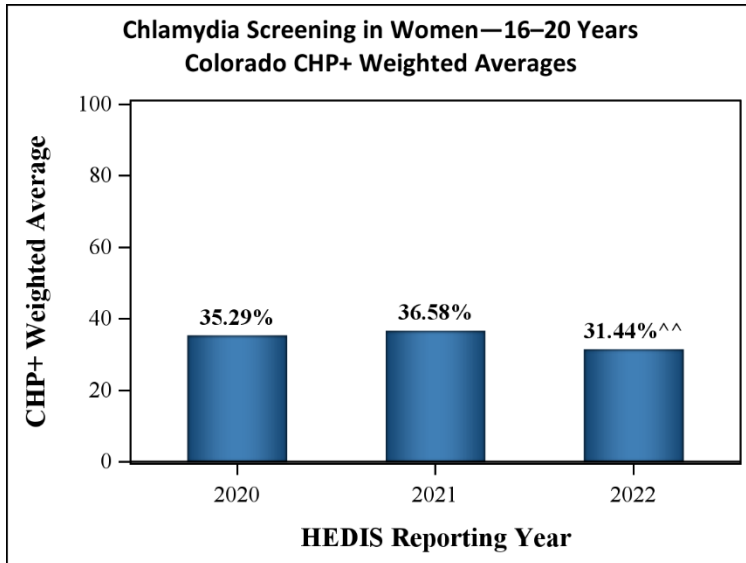


Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

One MCO's rate exceeded the HPL. Three MCOs' rates and the Colorado CHP+ weighted average were above the 50th percentile but below the HPL. MCO performance varied by approximately 15 percentage points.

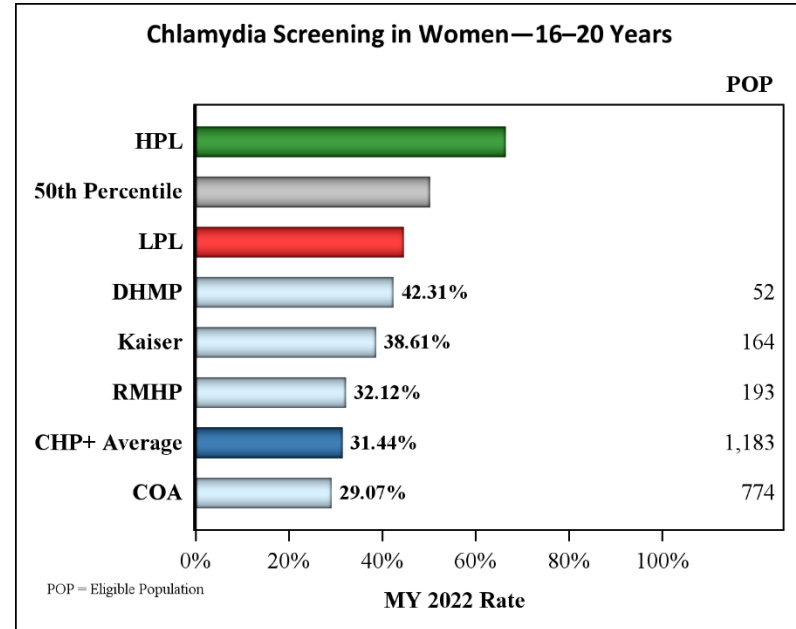
Chlamydia Screening in Women—Ages 16 to 20 Years

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



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

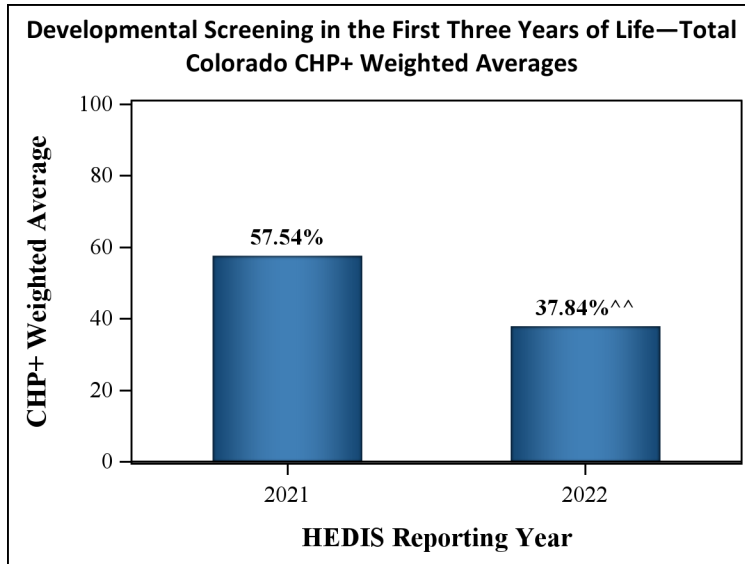
The Colorado CHP+ weighted average significantly declined from MY 2021 to MY 2022.



Four MCOs’ rates and the Colorado CHP+ weighted average fell below the LPL. MCO performance varied by approximately 13 percentage points.

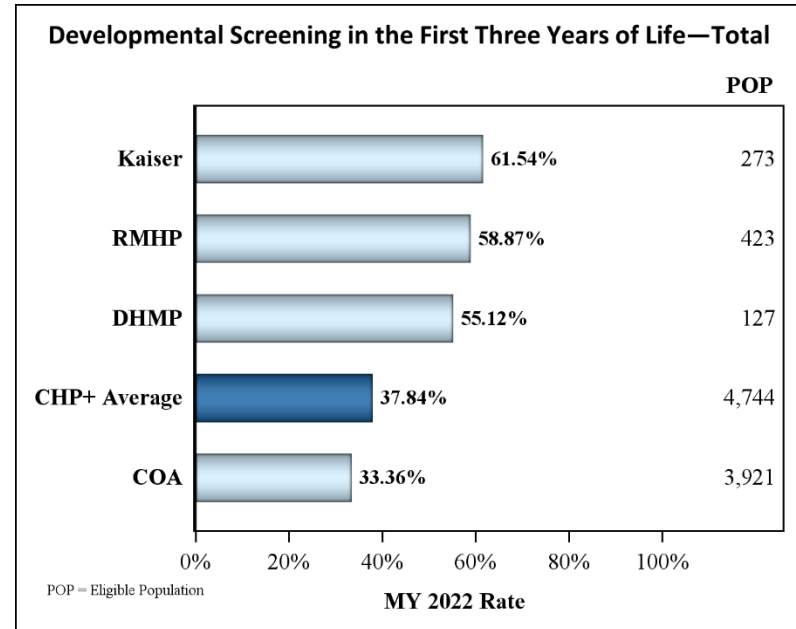
Developmental Screening in the First Three Years of Life—Total

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.



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

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

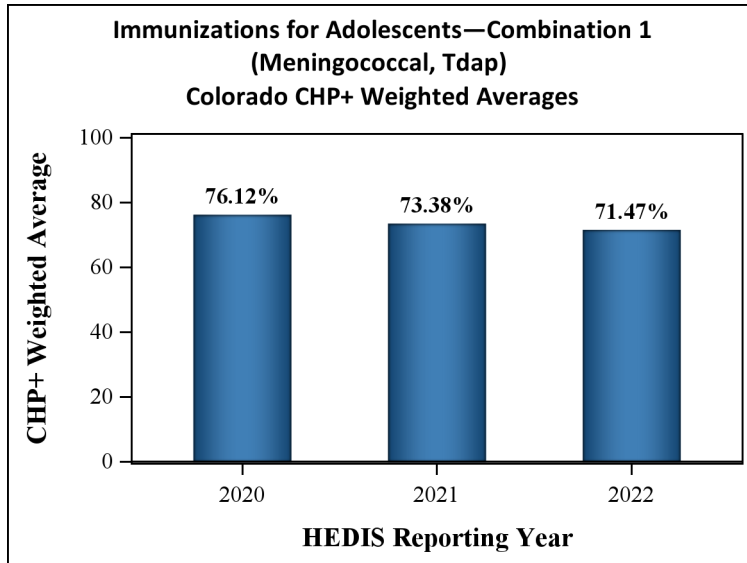


Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

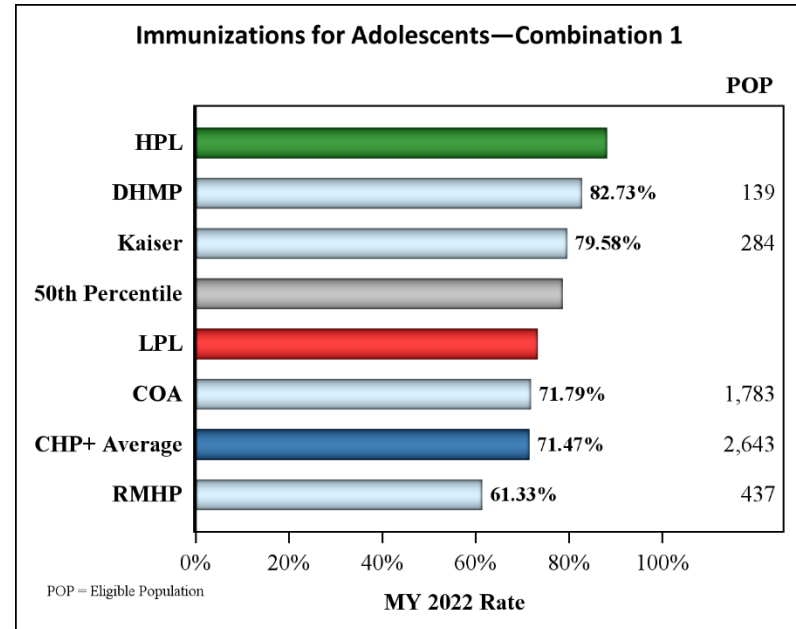
MCO performance varied by approximately 28 percentage points.

Immunizations for Adolescents—Combination 1 (Meningococcal, Tdap)

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



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

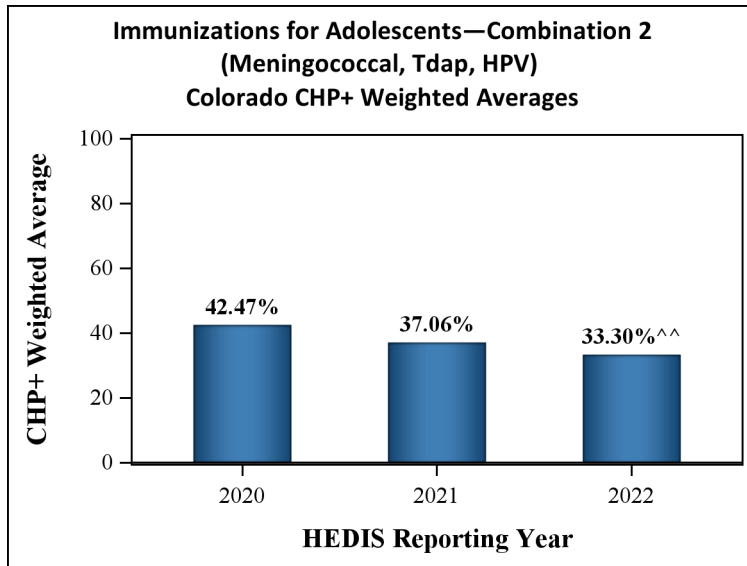


Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

Two MCOs' rates were above the 50th percentile but below the HPL. Two MCOs' rates and the Colorado CHP+ weighted average fell below the LPL. MCO performance varied by approximately 21 percentage points.

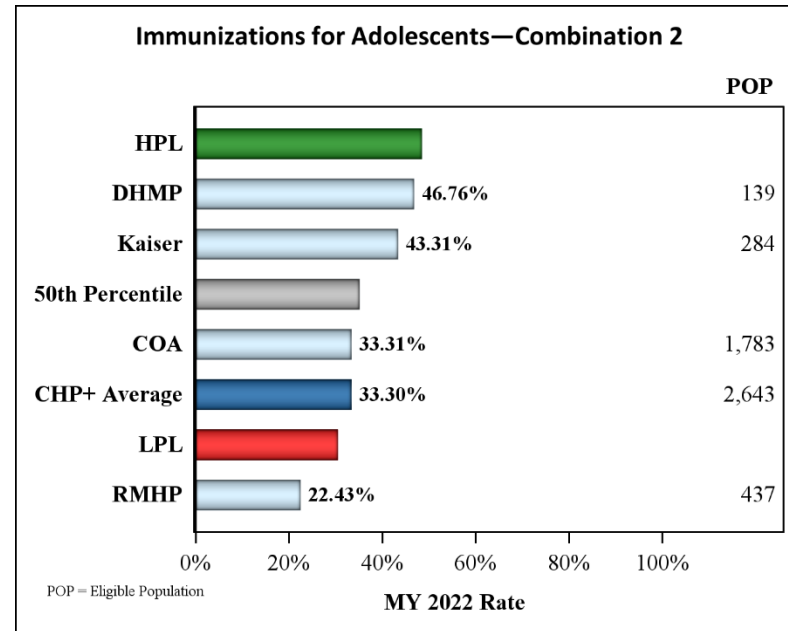
Immunizations for Adolescents—Combination 2 (Meningococcal, Tdap, HPV)

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



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

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

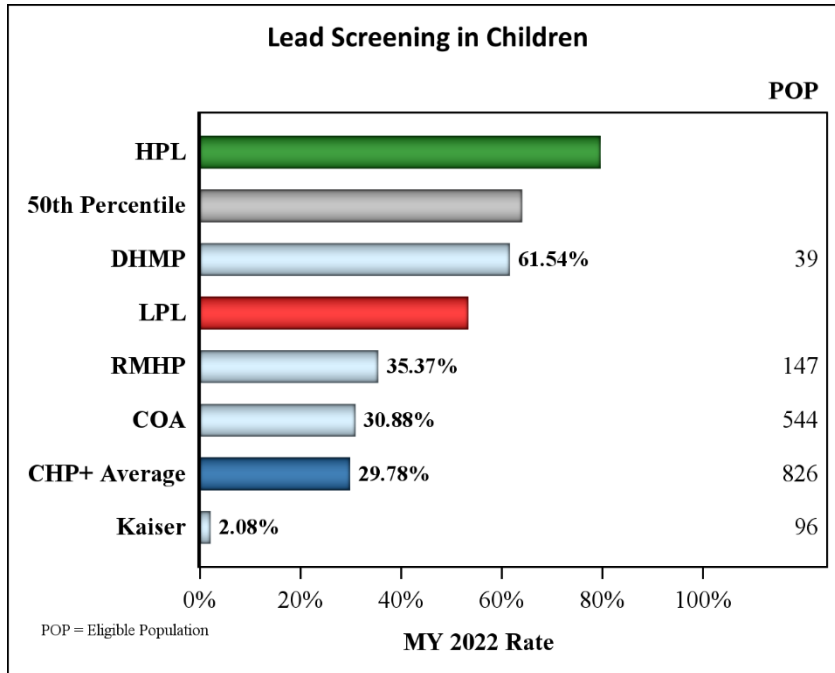


Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

Two MCOs' rates were above the 50th percentile but below the HPL. One MCO's rate and the Colorado CHP+ weighted average were above the LPL but below the 50th percentile. One MCO's rate fell below the LPL. MCO performance varied by approximately 24 percentage points.

Lead Screening in Children

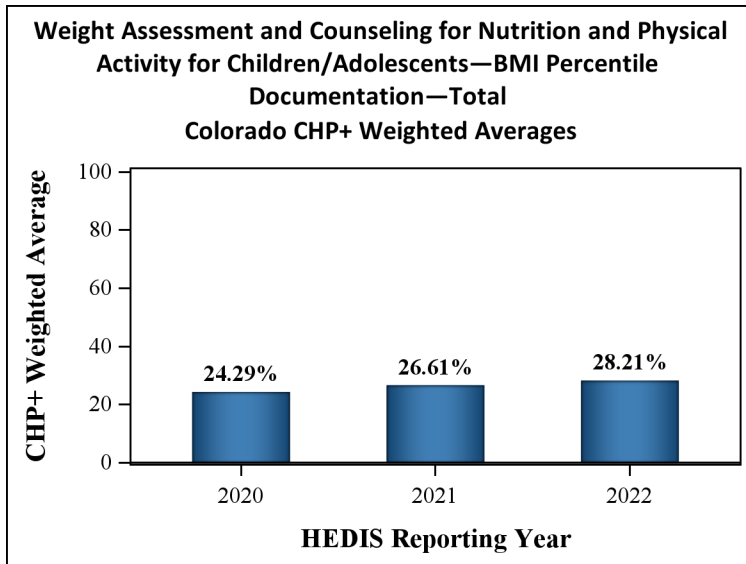
Lead Screening in Children measures the percentage of members 2 years of age who had one or more capillary or venous lead blood test for lead poisoning by their second birthday.



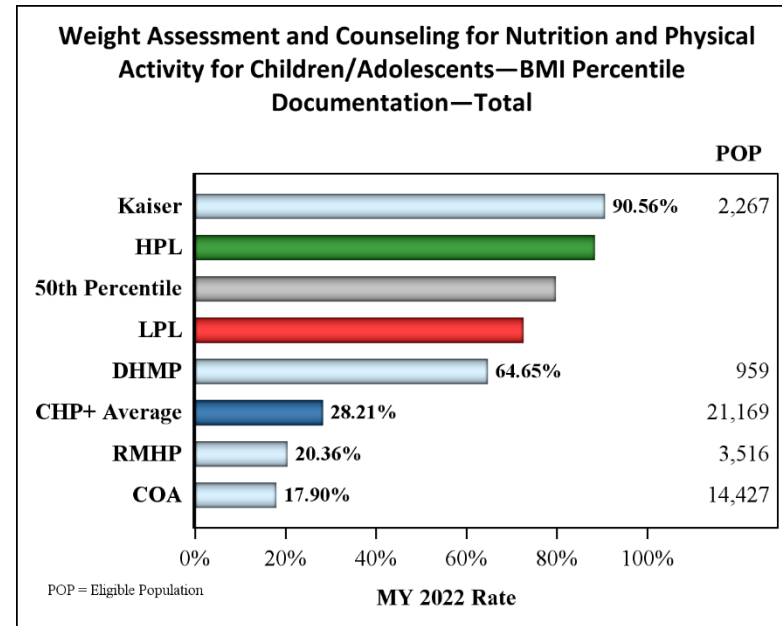
One MCO's rate was the above the LPL but below the 50th percentile. Three MCOs' rates and the Colorado CHP+ weighted average fell below the LPL. MCO performance varied by approximately 59 percentage points.

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 PCP or OB/GYN and had evidence of BMI percentile documentation during the measurement year.



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

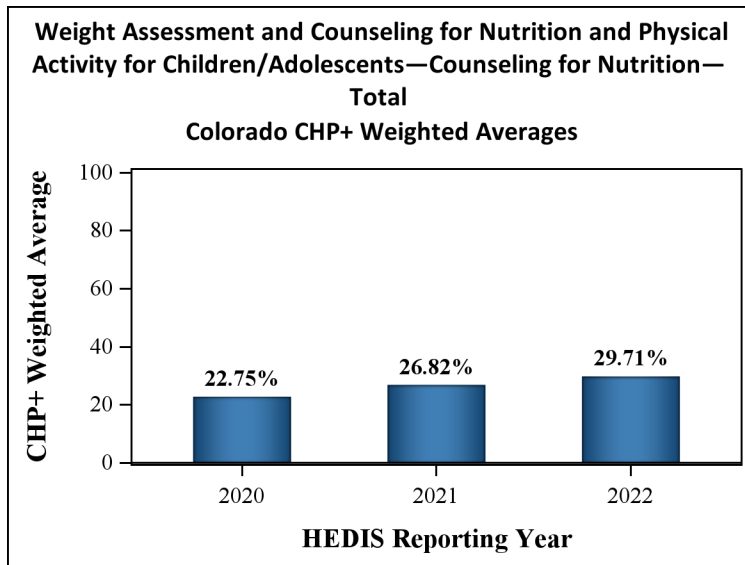


Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

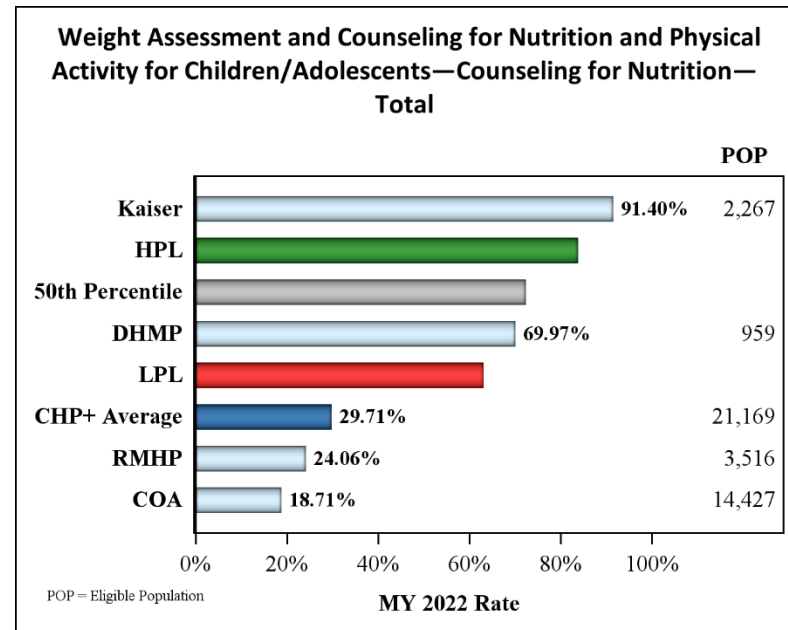
One MCO's rate exceeded the HPL. Three MCOs' rates and the Colorado CHP+ weighted average fell below the LPL. MCO performance varied by approximately 73 percentage points.

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

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



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

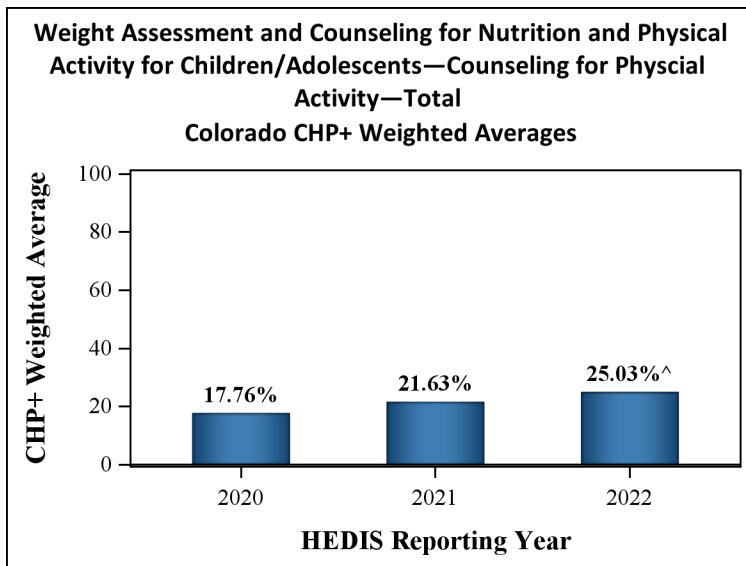


Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

One MCO's rate exceeded the HPL. One MCO's rate was above the LPL but below the 50th percentile. Two MCOs' rates and the Colorado CHP+ weighted average fell below the LPL. MCO performance varied by approximately 73 percentage points.

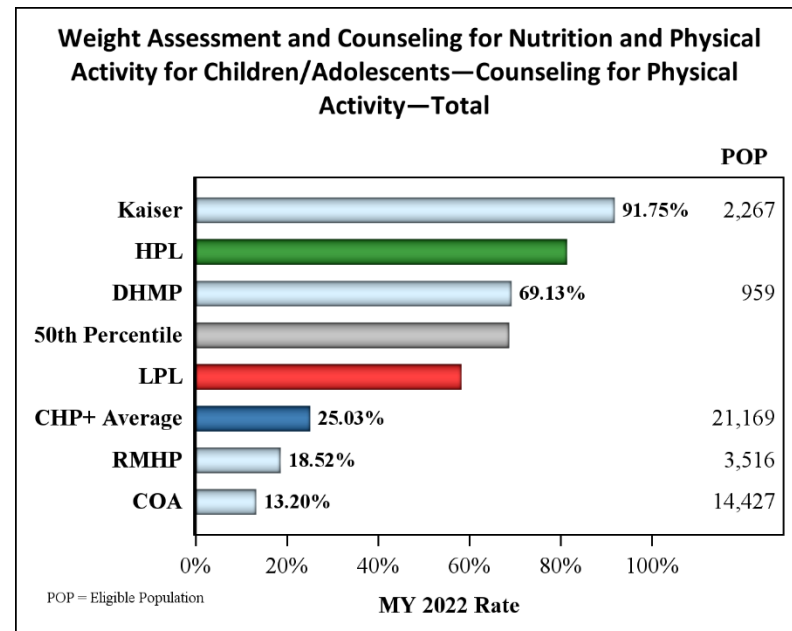
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents— Counseling for Physical Activity—Total

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



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

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

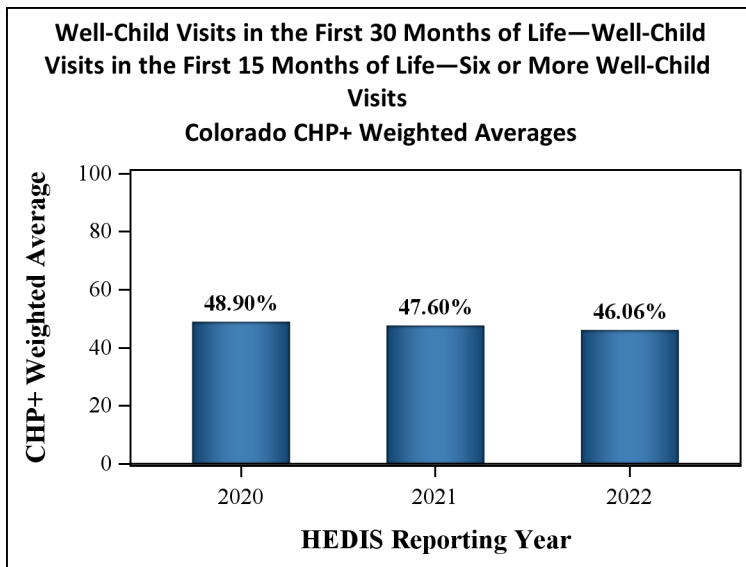


Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

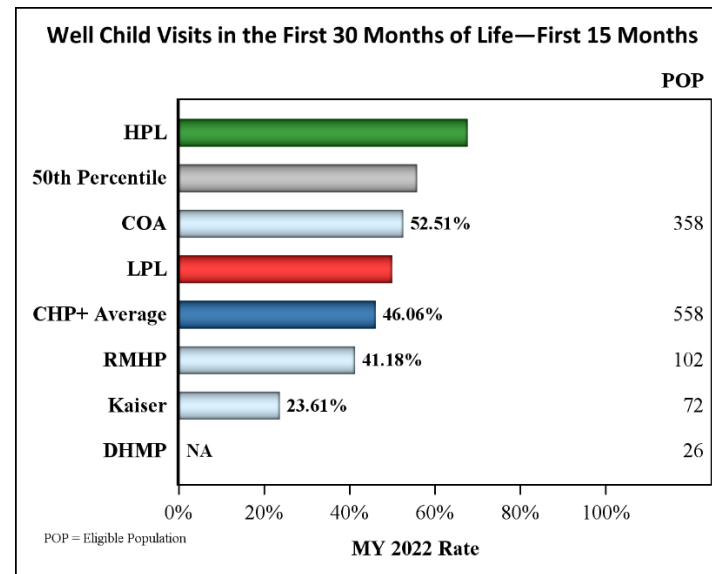
One MCO's rate exceeded the HPL. One MCO's rate was above the 50th percentile but below the HPL. Two MCOs' rates and the Colorado CHP+ weighted average fell below the LPL. MCO performance varied by approximately 79 percentage points.

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

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



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

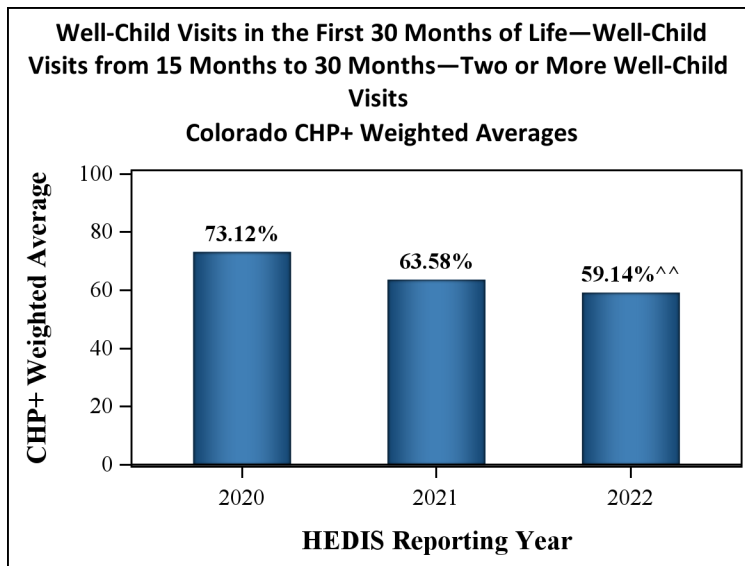


NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate.

One MCO’s rate was above the LPL but below the 50th percentile. Two MCOs’ rates and the Colorado CHP+ weighted average fell below the LPL. MCO performance varied by approximately 29 percentage points.

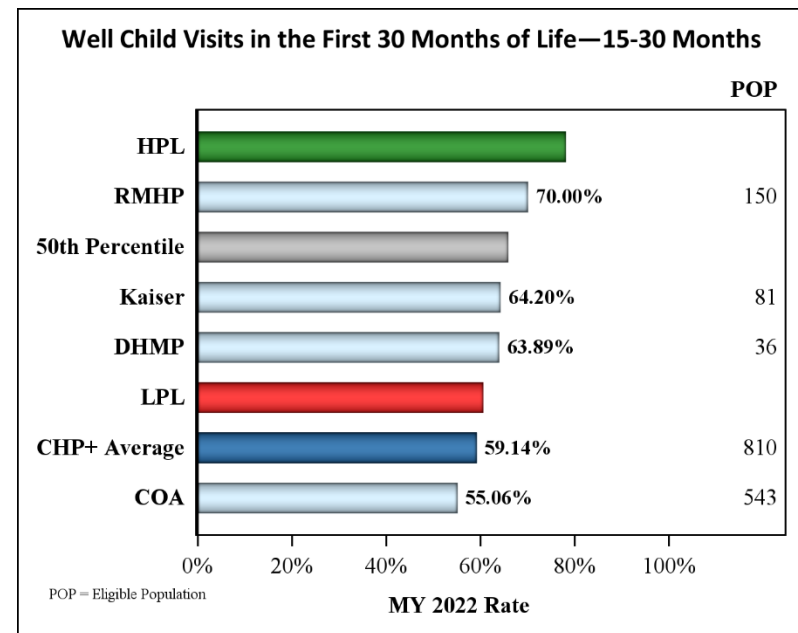
Well-Child Visits in the First 30 Months of Life—Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits

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.



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

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



One MCO's rate was above the 50th percentile but below the HPL. Two MCOs' rates were above the LPL but below the 50th percentile. One MCO's rate and the CHP+ weighted average fell below the LPL. MCO performance varied by approximately 15 percentage points.

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 (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	COA	Kaiser
Child and Adolescent Well-Care Visits^H				
Total	★★	★★	★	★
Childhood Immunization Status^H				
Combination 3	★★★★★	★★★★	★	★★★★
Combination 7	★★★★★	★★★★	★★	★★★★
Combination 10	★★★★★	★★★★	★★★★	★★★★
Chlamydia Screening in Women^H				
Ages 16 to 20 Years	★	★	★	★
Developmental Screening in the First Three Years of Life				
Total	—	—	—	—
Immunizations for Adolescents^H				
Combination 1	★★★★	★	★	★★★★
Combination 2	★★★★	★	★★	★★★★
Lead Screening in Children^H				
Lead Screening in Children	★★	★	★	★
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents^H				
BMI Percentile—Total	★	★	★	★★★★★
Counseling for Nutrition—Total	★★	★	★	★★★★★
Counseling for Physical Activity—Total	★★★★	★	★	★★★★★
Well-Child Visits in the First 30 Months of Life^H				
Well-Child Visits in the First 15 Months—Six or More Well-Child Visits	—	★	★★	★
Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits	★★	★★★★	★	★★

^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.

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 Preventative Care: MCO-Specific Count of Measures by Performance Rating

Health Plan Name	★★★★★	★★★★	★★★	★★	★
DHMP	3	1	2	4	2
RMHP	0	1	3	1	8
COA	0	0	1	3	9
Kaiser	3	3	2	1	4

Three of four (75 percent) MCOs reported a HEDIS measure rate below the 50th percentile for the *Well-Child Visits in the First 15 Months—Six or More Well-Child Visits* and *Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits* measure indicators. Additionally, all four MCOs reported a HEDIS measure rate below the 50th percentile for the *Child and Adolescent Well-Care Visits—Total* and *Chlamydia Screening in Women—Ages 16 to 20 Years* measure indicators. This demonstrates opportunities to increase the number of preventive visits for children and adolescents. The MCOs and the Department should identify the factors contributing to the low rates for well-care visits and preventive visits for children and adolescents (e.g., are the issues related to barriers to accessing care, continuing lingering effects of the COVID-19 PHE, provider billing issues, or administrative data source challenges) and ensure children and adolescents receive preventive visits. Untreated chlamydia infections can lead to serious and irreversible complications, including PID, infertility, and increased risk of becoming infected with HIV. Screening is important, as approximately 75 percent of chlamydia infections in women and 95 percent of infections in men are asymptomatic. This results in delayed medical care and treatment.³⁻¹

Of note, three of four (75 percent) MCOs with reportable HEDIS measure rates reported a rate at or above the 50th percentile for all three *Childhood Immunization Status* measure indicators, with DHMP reporting a rate at or above the 90th percentile for all three measure indicators.

³⁻¹ Meyers, D.S., H. Halvorson, S. Luckhaupt. 2007. “Screening for Chlamydial Infection: An Evidence Update for the U.S. Preventive Services Task Force.” *Ann Intern Med* 147(2):135–42.

4. Maternal and Perinatal Health

Maternal and Perinatal Health

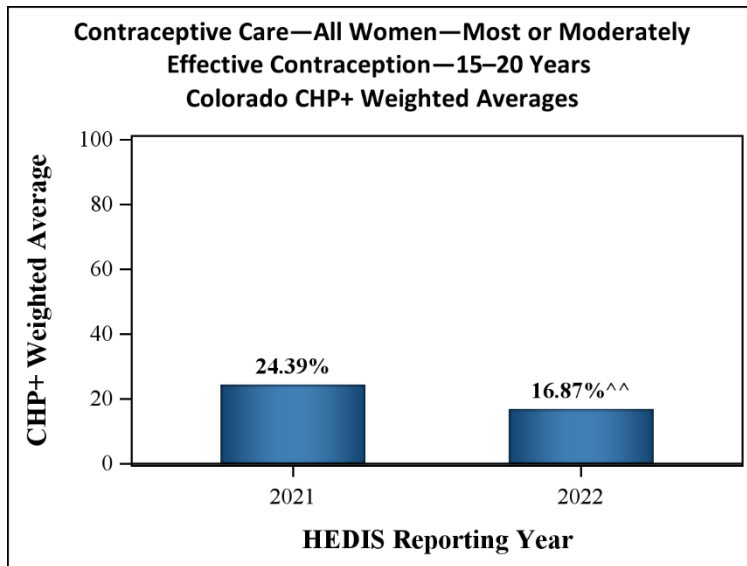
The following section provides a detailed analysis of the Colorado CHP+ MCOs' performance for the Maternal and Perinatal Health domain. The Maternal and Perinatal Health domain encompasses the following measures:

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

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

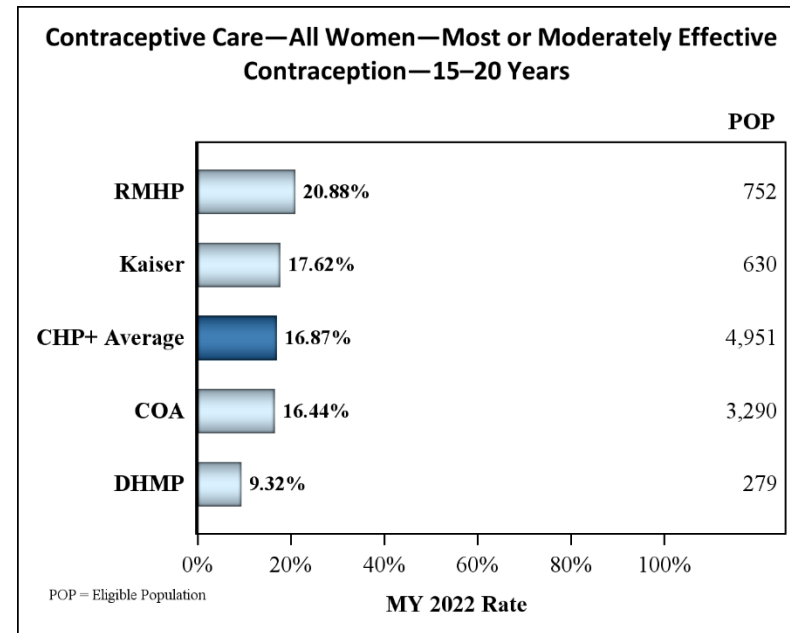
Contraceptive Care—All Women—MMEC—Ages 15 to 20 Years

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



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

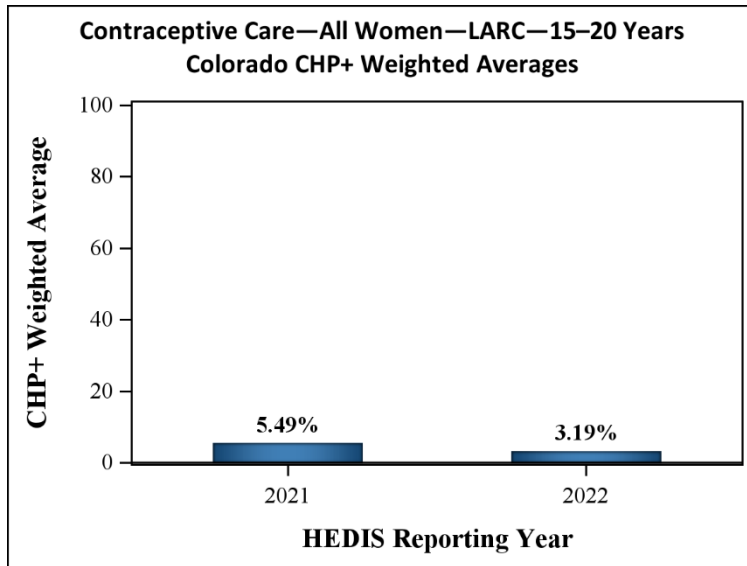
The Colorado CHP+ weighted average significantly declined from MY 2021 to MY 2022.



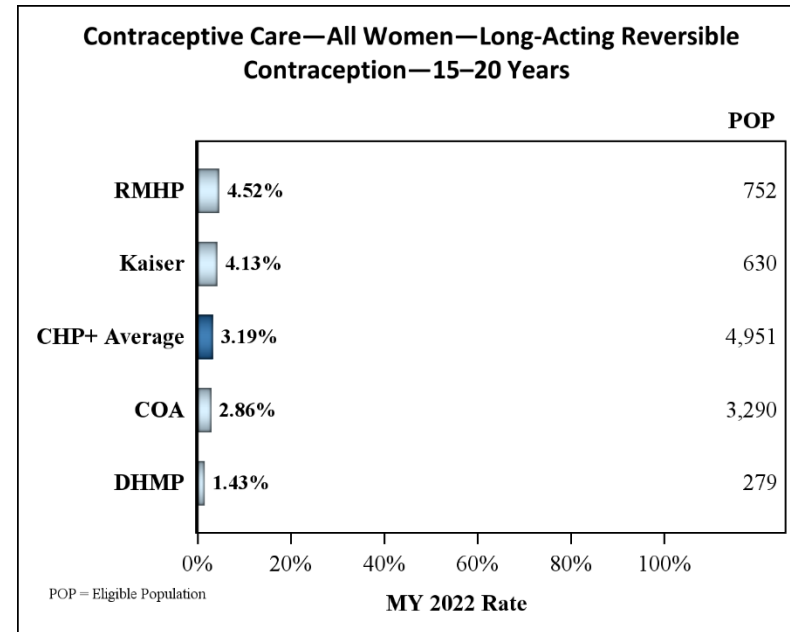
MCO performance varied by approximately 12 percentage points.

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

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



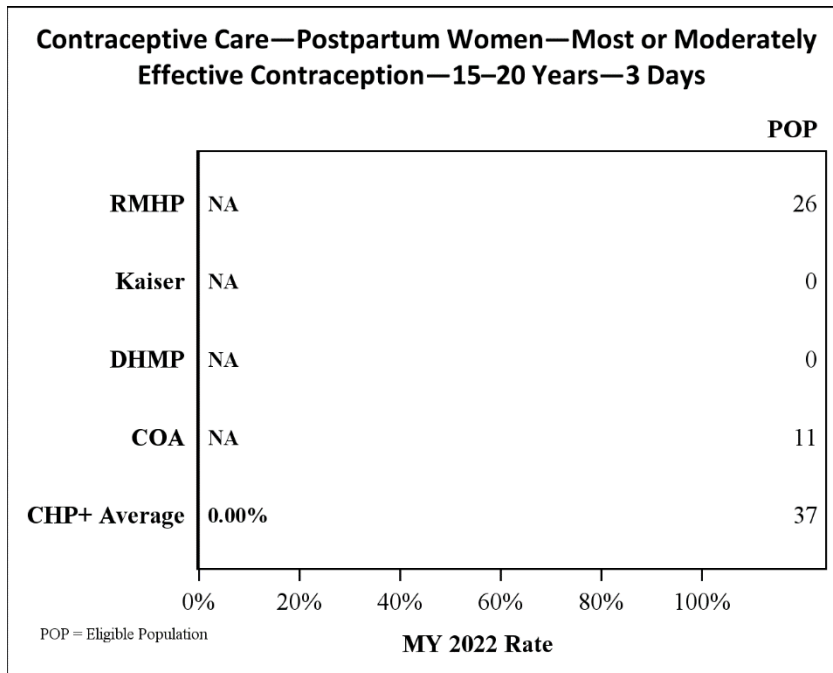
The Colorado CHP+ weighted average did not demonstrate a significant change from MY 2021 to MY 2022.



MCO performance varied by approximately 3 percentage points.

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

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

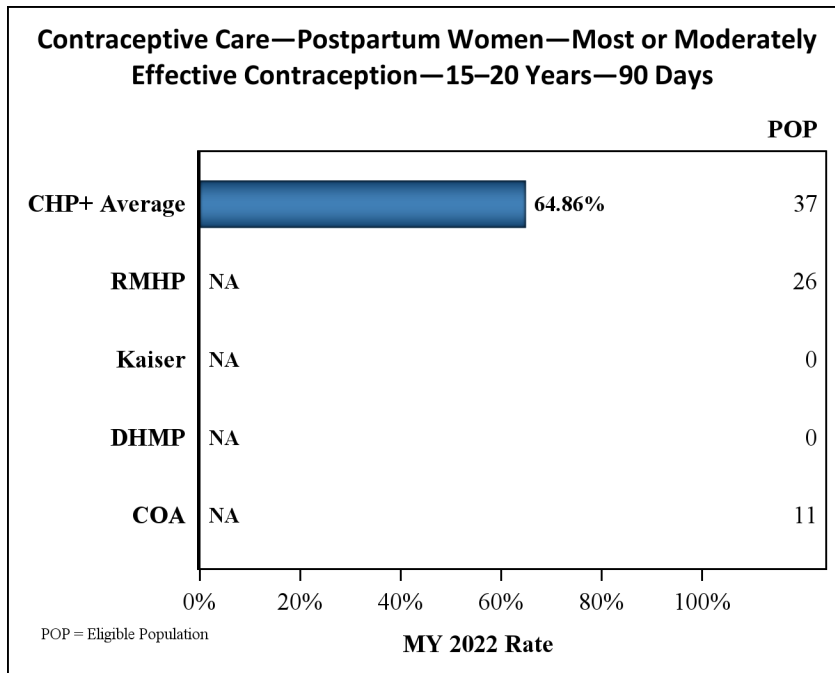


NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate.

None of the MCOs had a reportable rate for this indicator.

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

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

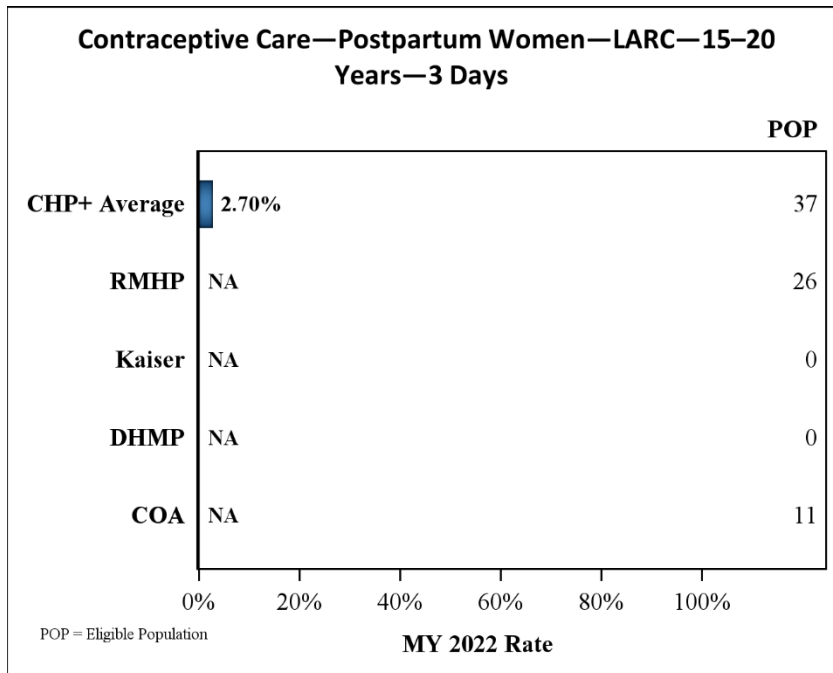


NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate.

While none of the MCOs had a reportable rate for this indicator, the Colorado CHP+ weighted average is displayed based on the combined CHP+ population being large enough to result in a reported aggregated rate.

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

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

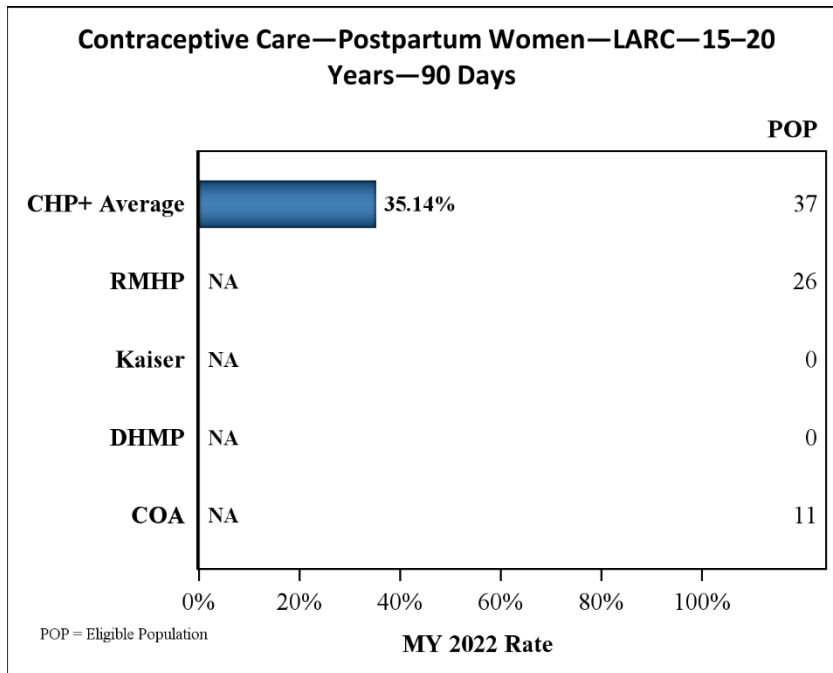


NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate.

While none of the MCOs had a reportable rate for this indicator, the Colorado CHP+ weighted average is displayed based on the combined CHP+ population being large enough to result in a reported aggregated rate.

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

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

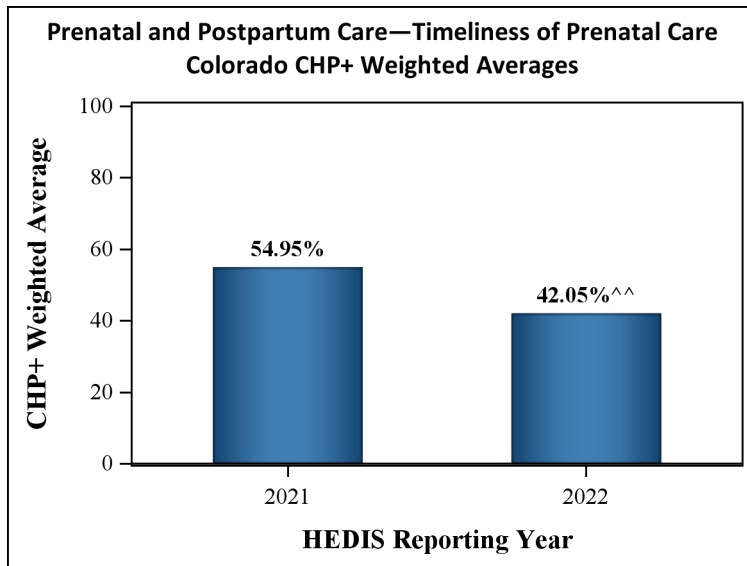


NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate.

While none of the MCOs had a reportable rate for this indicator, the Colorado CHP+ weighted average is displayed based on the combined CHP+ population being large enough to result in a reported aggregated rate.

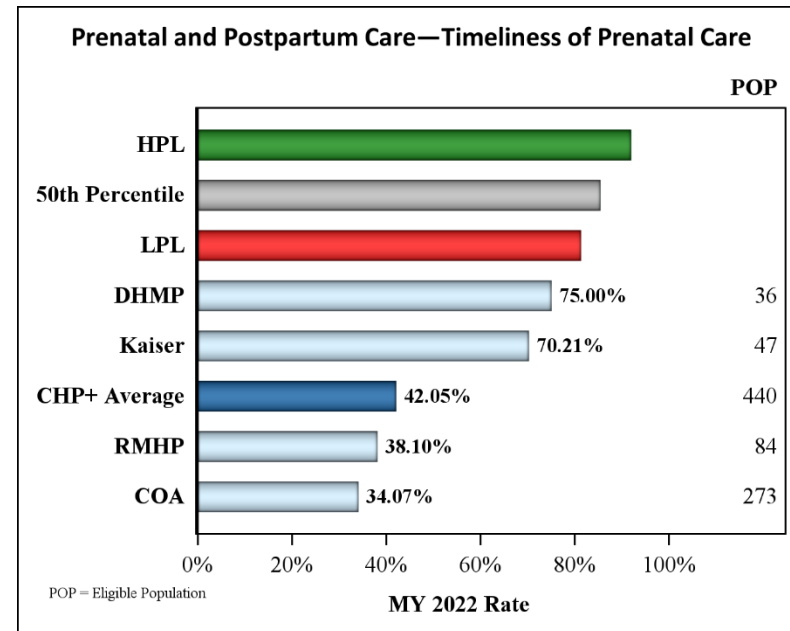
Prenatal and Postpartum Care—Timeliness of Prenatal Care

Prenatal and Postpartum Care—Timeliness of Prenatal Care measures the percentage of deliveries of live births that received a prenatal care visit in the first trimester, on the enrollment start date, or within 42 days of enrollment in the MCO.



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

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



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

Four MCOs’ rates and the Colorado CHP+ weighted average fell below the LPL. MCO performance varied by approximately 41 percentage points.

Summary of Findings and Recommendations

Table 4-1 presents the MCOs’ performance ratings for each measure in the Maternal and Perinatal Health domain. Performance ratings were assigned across five categories (from ★ representing *Poor Performance* to ★★★★★ representing *Excellent Performance*).

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

Performance Measures	DHMP	RMHP	COA	Kaiser
Contraceptive Care—All Women				
MMEC—Ages 15 to 20 Years	—	—	—	—
LARC—Ages 15 to 20 Years	—	—	—	—
Contraceptive Care—Postpartum Women^{SA}				
MMEC—3 Days—Ages 15 to 20 Years	—	—	—	—
MMEC—90 Days—Ages 15 to 20 Years	—	—	—	—
LARC—3 Days—Ages 15 to 20 Years	—	—	—	—
LARC—90 Days—Ages 15 to 20 Years	—	—	—	—
Prenatal and Postpartum Care^H				
Timeliness of Prenatal Care	★	★	★	★

^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.

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

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

Health Plan Name	★★★★★	★★★★	★★★	★★	★
DHMP	0	0	0	0	1
RMHP	0	0	0	0	1
COA	0	0	0	0	1
Kaiser	0	0	0	0	1

With the only reportable HEDIS performance measure rate (i.e., *Prenatal and Postpartum Care—Timeliness of Prenatal Care*) within the Maternal and Perinatal Health domain falling below the 25th percentile, the MCOs have opportunities to improve access to prenatal care visits. Studies indicate that as many as 60 percent of all pregnancy-related deaths could be prevented if women had better access to healthcare, received better quality of care, and made changes in their health and lifestyle habits.⁴⁻¹ Timely and adequate prenatal and postpartum care can set the stage for the long-term health and well-being of new mothers and their infants.⁴⁻² HSAG recommends further research and potential implementation of an incentive program focused on timely prenatal visits. Additionally, HSAG recommends the MCOs consider leveraging opportunities to host campaigns and/or conduct member outreach activities to engage members in the importance of timely prenatal care. HSAG also recommends the MCOs consider exploring available programs and/or vendors that can provide additional services such as appointment and transportation scheduling, pregnancy and parenting education, and pregnancy monitoring.

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

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

5. Care of Acute and Chronic Conditions

Care of Acute and Chronic Conditions

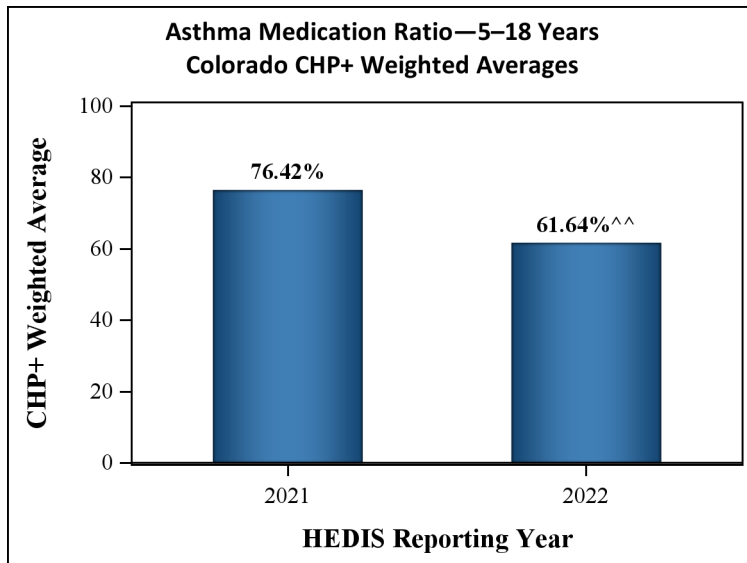
The following section provides a detailed analysis of the Colorado CHP+ MCOs' performance for the Care of Acute and Chronic Conditions domain. The Care of Acute and Chronic Conditions domain encompasses the following measures/indicators:

- *Asthma Medication Ratio—Total (Ages 5 to 18 Years)*
- *Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis—Ages 3 Months to 17 Years*

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

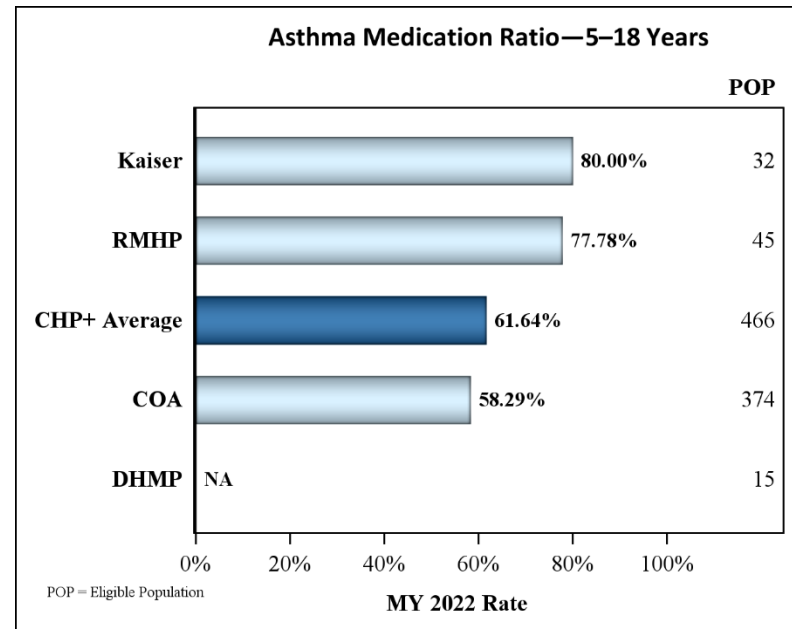
Asthma Medication Ratio—Total (Ages 5 to 18 Years)

Asthma Medication Ratio—Total (Ages 5 to 18 Years) measures the percentage of children and adolescents 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.



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

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

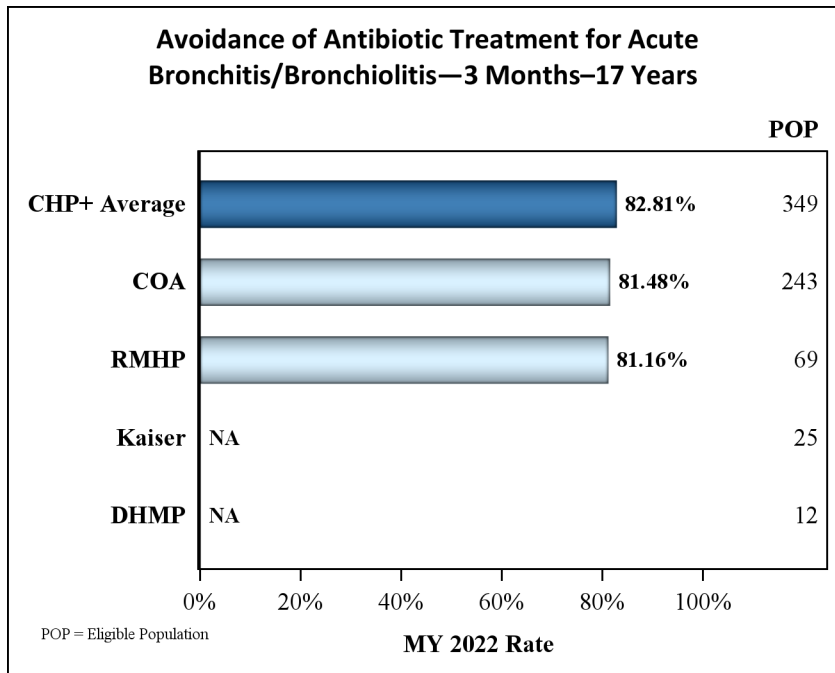


NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate.

MCO performance varied by approximately 22 percentage points.

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

Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis—Ages 3 Months to 17 Years measures the percentage of children and adolescents ages 3 months to 17 years with a diagnosis of acute bronchitis/bronchiolitis that did not result in an antibiotic dispensing event during the measurement year.



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

MCO performance varied by approximately less than 1 percentage point.

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	COA	Kaiser
<i>Asthma Medication Ratio</i>				
<i>Total (Ages 5 to 18 Years)</i>	—	—	—	—
<i>Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis</i>				
<i>Ages 3 Months to 17 Years</i>	—	—	—	—

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

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

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

Health Plan Name	★★★★★	★★★★	★★★	★★	★
DHMP	0	0	0	0	0
RMHP	0	0	0	0	0
COA	0	0	0	0	0
Kaiser	0	0	0	0	0

None of the measures in the Care of Acute and Chronic Conditions domain could be compared to NCQA Quality Compass benchmarks due to differences in the reported age stratifications.

Behavioral Health Care

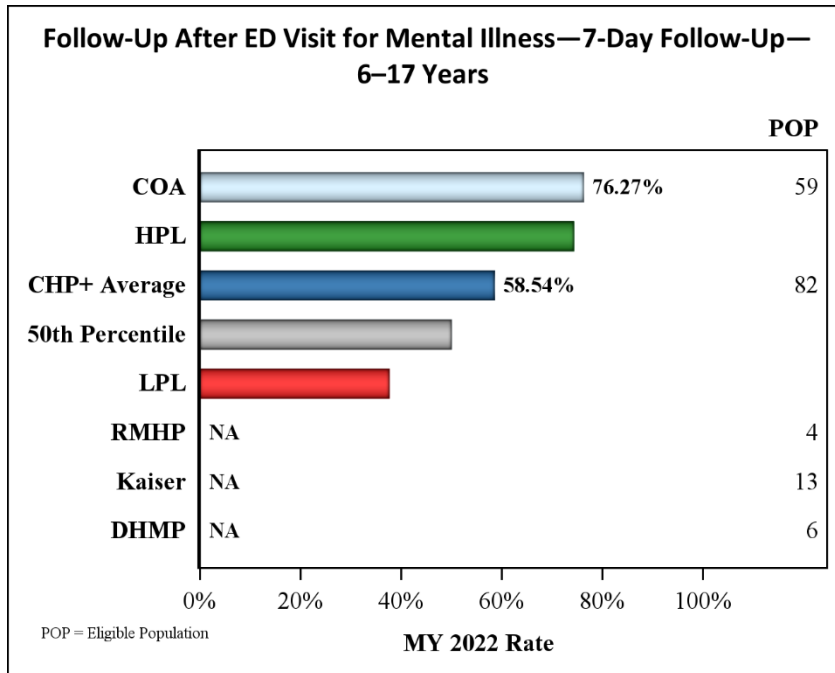
The following section provides a detailed analysis of the Colorado CHP+ MCOs' performance for the Behavioral Health Care domain. The Behavioral Health Care domain encompasses the following measures/indicators:

- *Follow-Up After Emergency Department Visit for Mental Illness—7-Day Follow-Up—Ages 6 to 17 Years and 30-Day Follow-Up—Ages 6 to 17 Years*
- *Follow-Up After Emergency Department Visit for Substance Use—7-Day Follow-Up—Ages 13 to 17 Years and 30-Day Follow-Up—Ages 13 to 17 Years*
- *Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up—Ages 6 to 17 Years and 30-Day Follow-Up—Ages 6 to 17 Years*
- *Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase and Continuation and Maintenance Phase*
- *Metabolic Monitoring for Children and Adolescents on Antipsychotics—Blood Glucose Testing—Total, Cholesterol Testing—Total, and Blood Glucose and Cholesterol Testing—Total*
- *Screening for Depression and Follow-Up Plan—Ages 12 to 17 Years*
- *Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics—Total*

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

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

Follow-Up After Emergency Department Visit for Mental Illness—7-Day Follow-Up—Ages 6 to 17 Years measures the percentage of ED visits for members ages 6 to 17 years with a principal diagnosis of mental illness or intentional self-harm and who had a follow-up visit for mental illness within seven days of the ED visit during the measurement year.

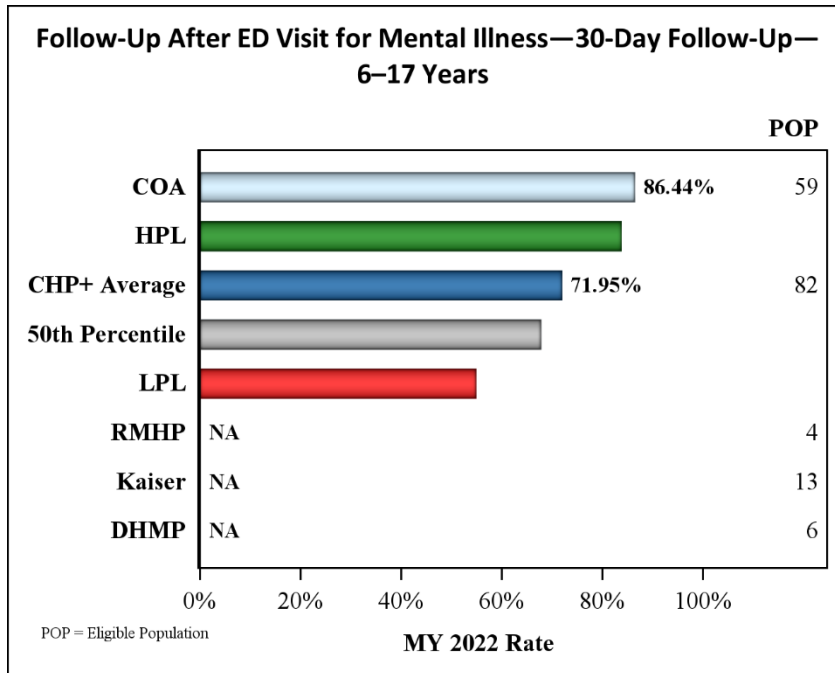


NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate.

Only one MCO had a reportable rate, and it exceeded the HPL.

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

Follow-Up After Emergency Department Visit for Mental Illness—30-Day Follow-Up—Ages 6 to 17 Years measures the percentage of ED visits for members ages 6 to 17 years with a principal diagnosis of mental illness or intentional self-harm and who had a follow-up visit for mental illness within 30 days of the ED visit during the measurement year.

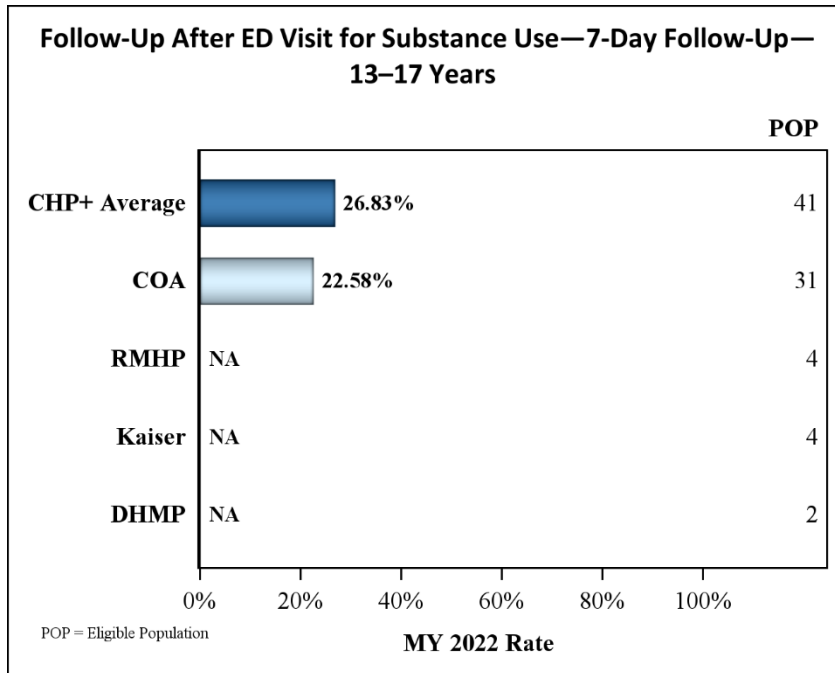


NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate.

Only one MCO had a reportable rate, and it exceeded the HPL.

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

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

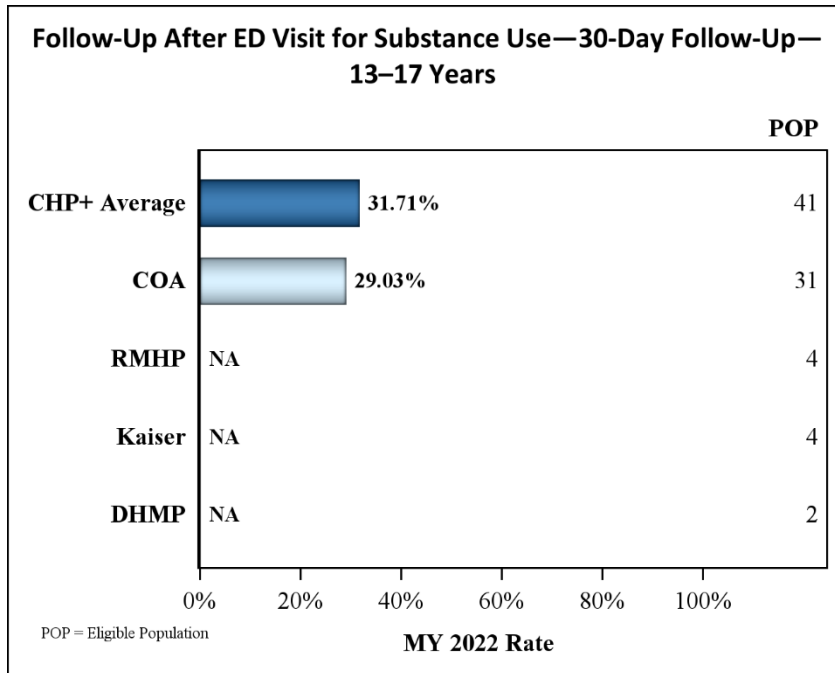


NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate.

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

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

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

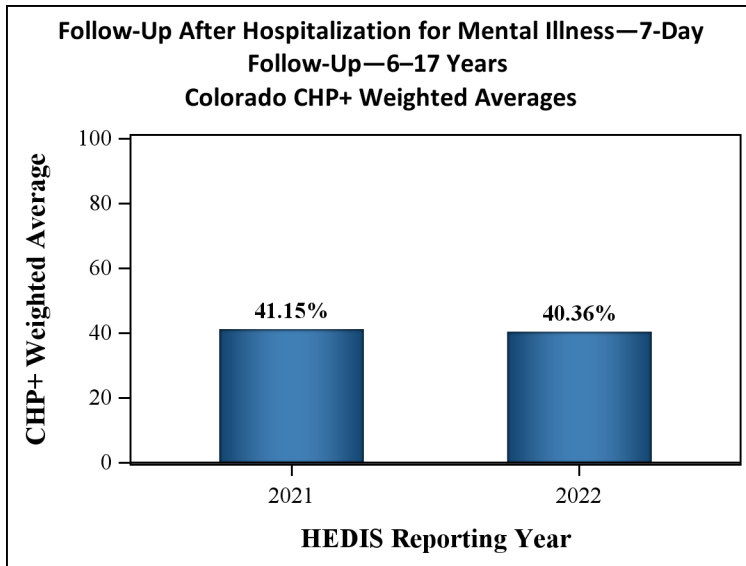


NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate.

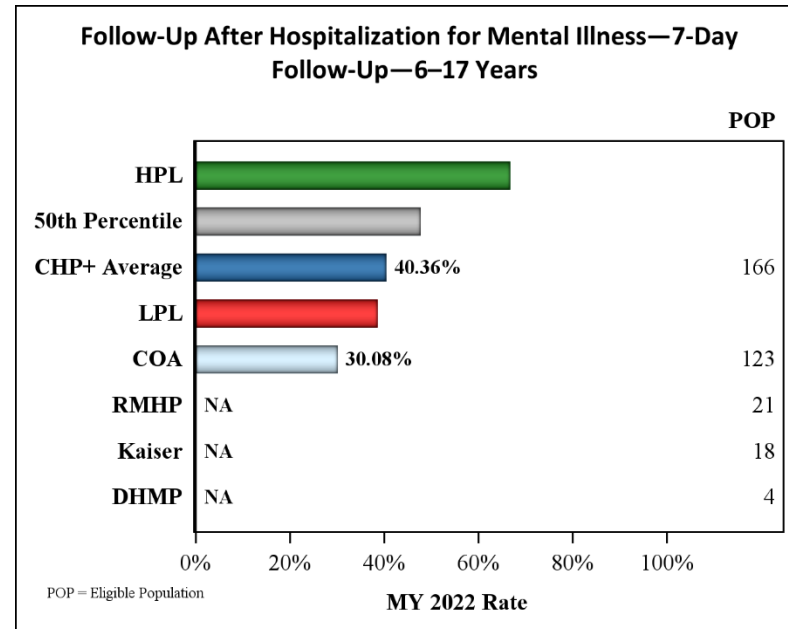
Only one MCO reported this rate, and it is not comparable to benchmarks.

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

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



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

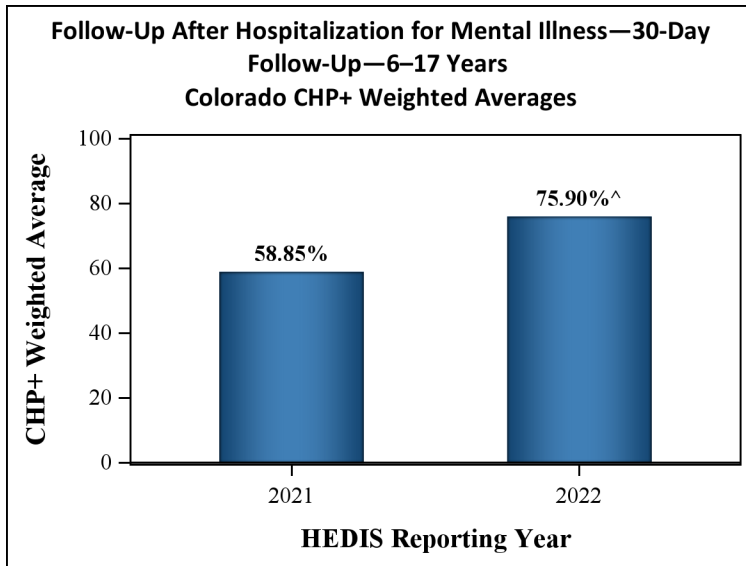


NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate.

Only one MCO had a reportable rate, and it fell below the LPL.

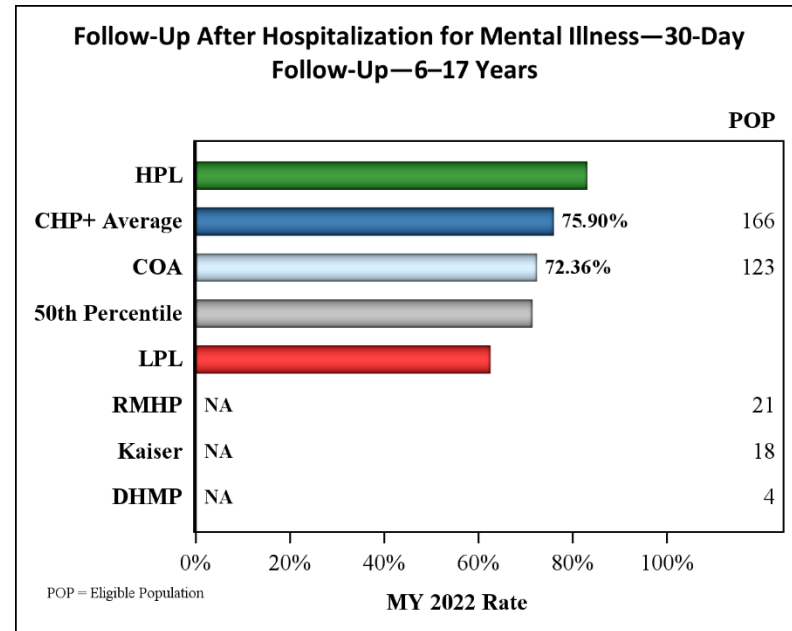
Follow-Up After Hospitalization for Mental Illness—30-Day Follow-Up—Ages 6 to 17 Years

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



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

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

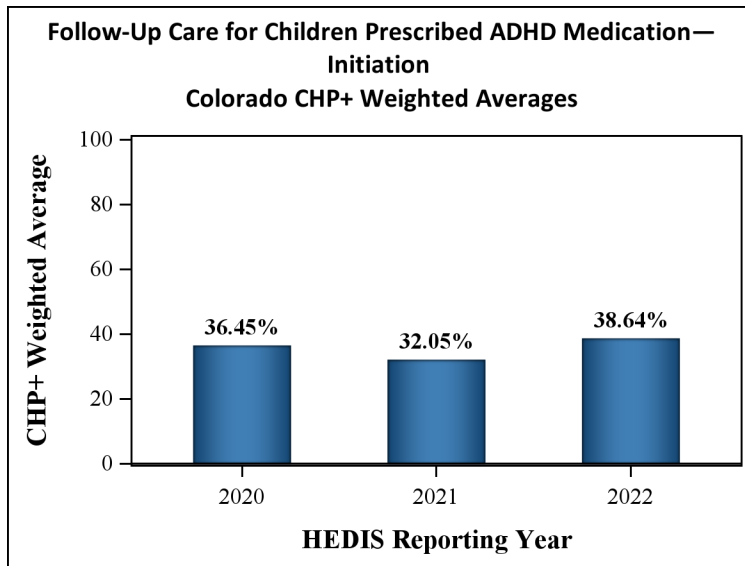


NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate.

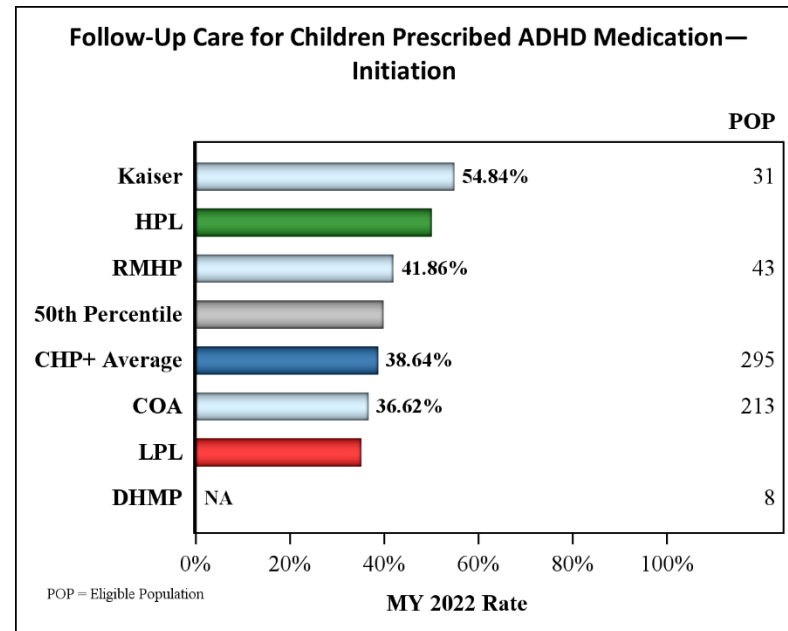
Only one MCO had a reportable rate, and it was above the 50th percentile but below the HPL.

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

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



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

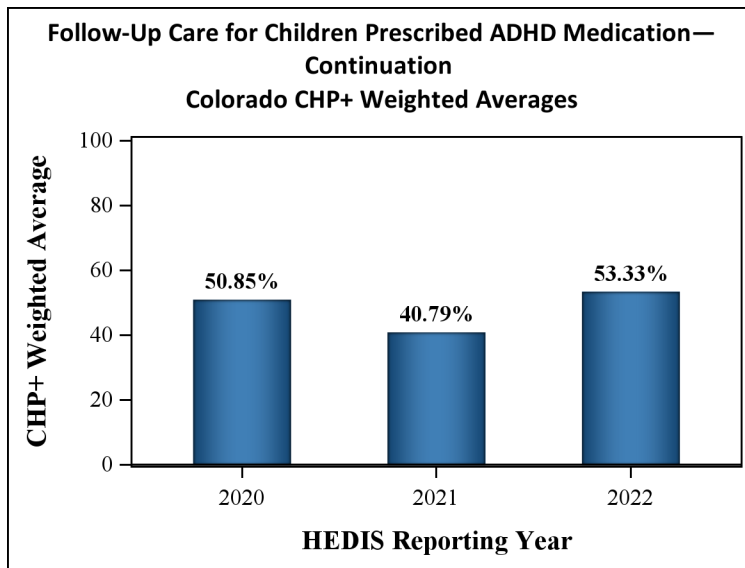


NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate.

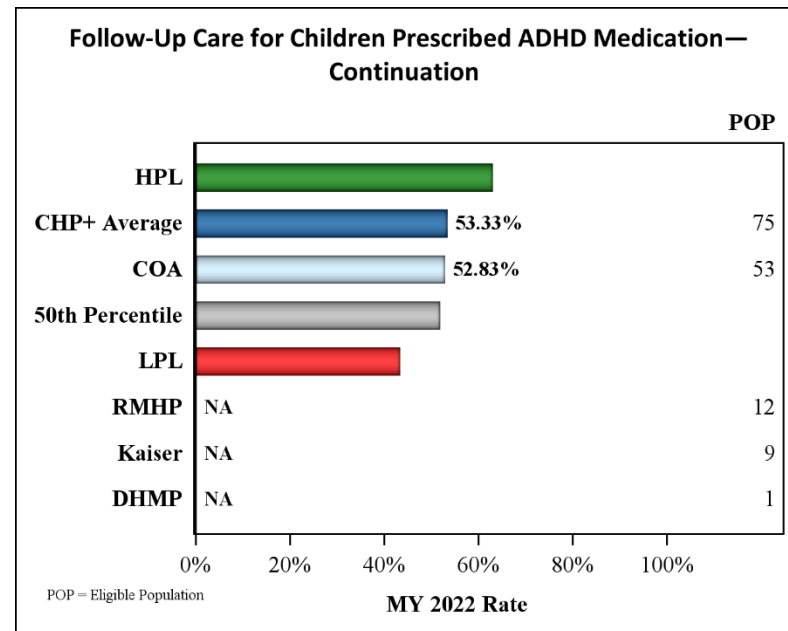
One MCO’s rate exceeded the HPL. One MCO’s rate was above the LPL but below the 50th percentile. One MCO’s rate and the Colorado CHP+ weighted average were above the LPL but below the 50th percentile. MCO performance varied by approximately 18 percentage points.

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.



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

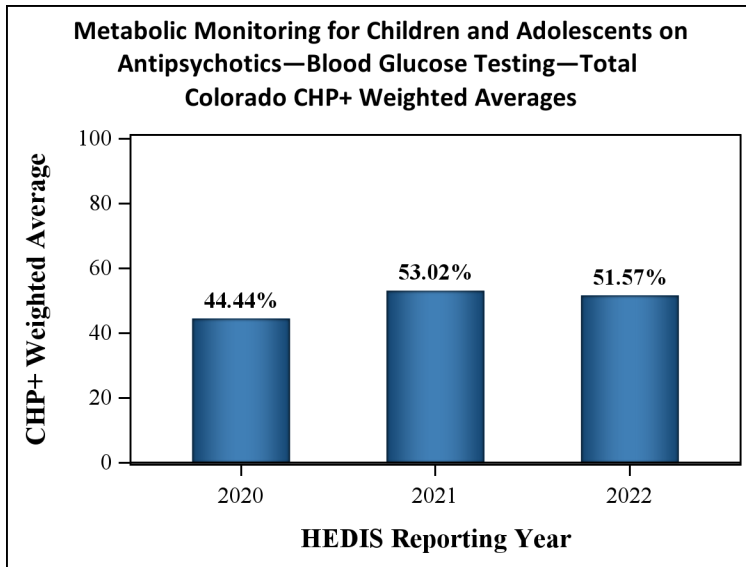


NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate.

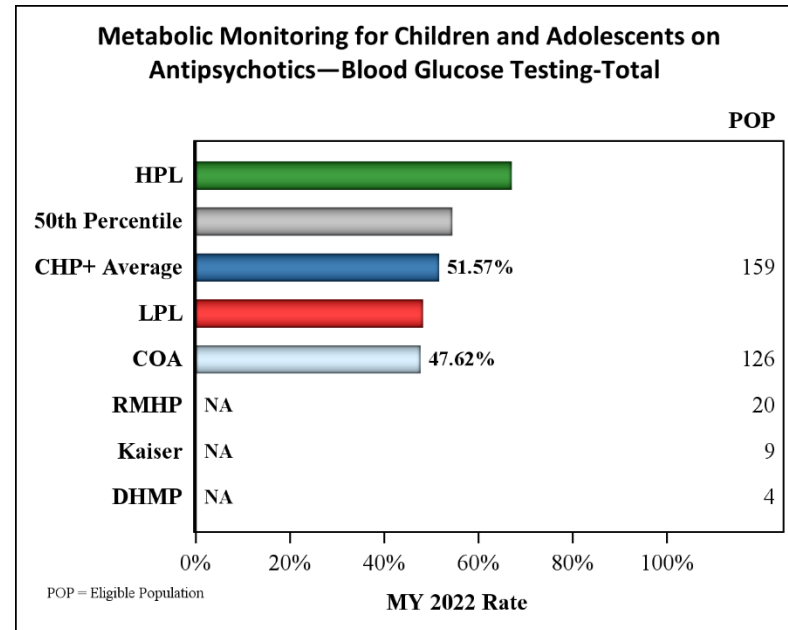
Only one MCO had a reportable rate, and it was above the 50th percentile but below the HPL.

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 CHP+ weighted average did not demonstrate a significant change from MY 2021 to MY 2022.

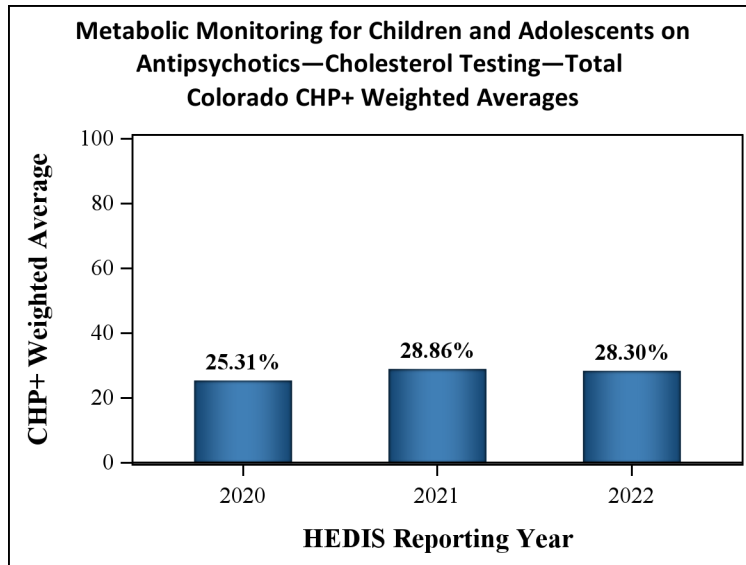


NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate.

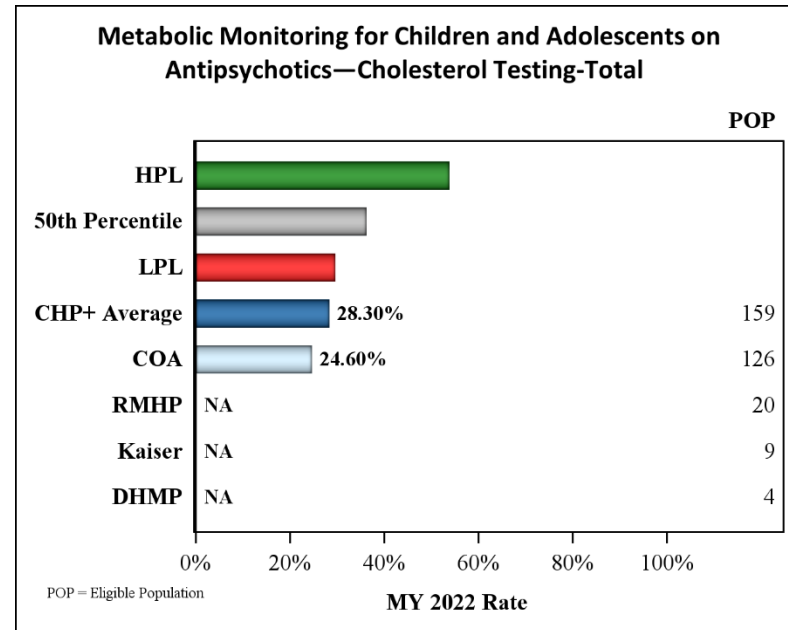
Only one MCO had a reportable rate, and it fell below the LPL.

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 CHP+ weighted average did not demonstrate a significant change from MY 2021 to MY 2022.

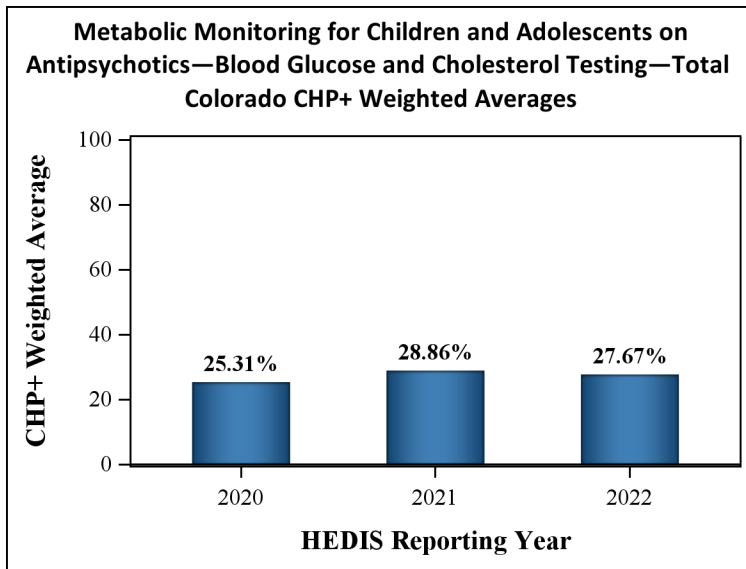


NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate.

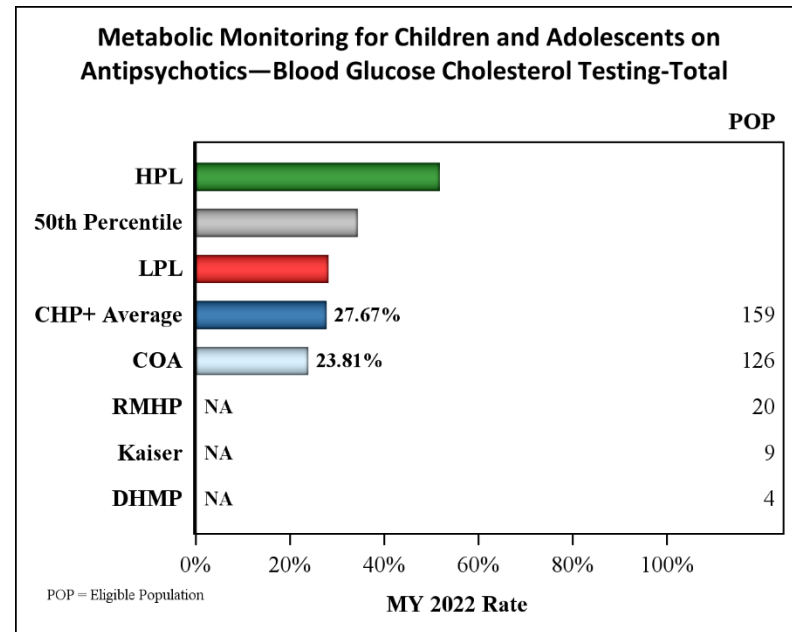
Only one MCO had a reportable rate, and it fell below the LPL.

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 CHP+ weighted average did not demonstrate a significant change from MY 2021 to MY 2022.

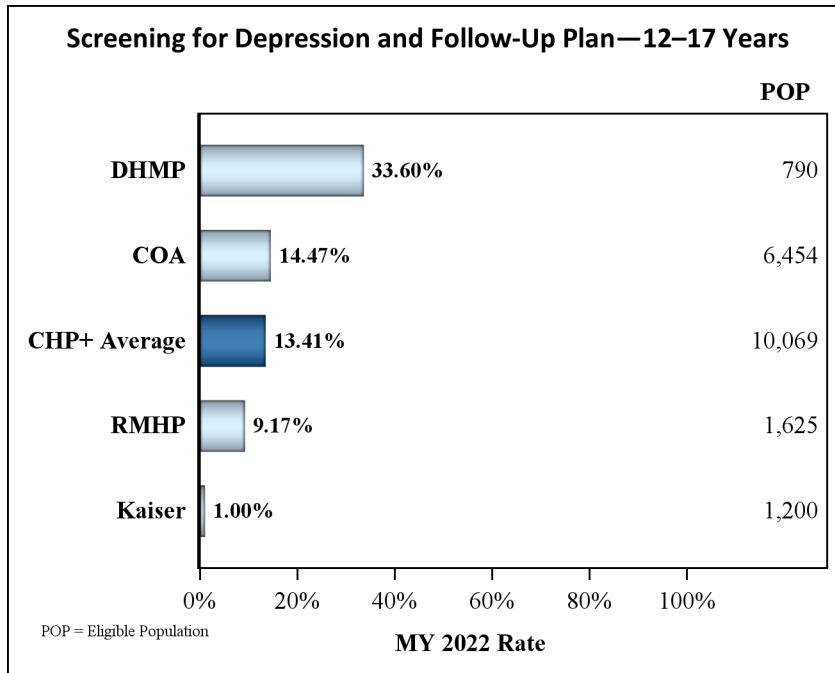


NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate.

Only one MCO had a reportable rate, and it fell below the LPL.

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

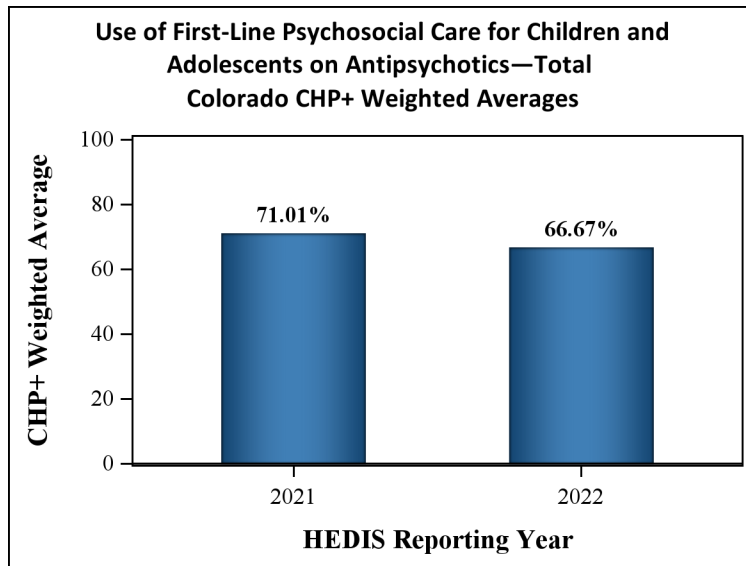
Screening for Depression and Follow-Up Plan—Ages 12 to 17 Years measures the percentage of children and adolescents ages 12 to 17 years screened for depression on the date of the encounter or 14 days prior to the date of the encounter using an age-appropriate standardized depression screening tool and,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



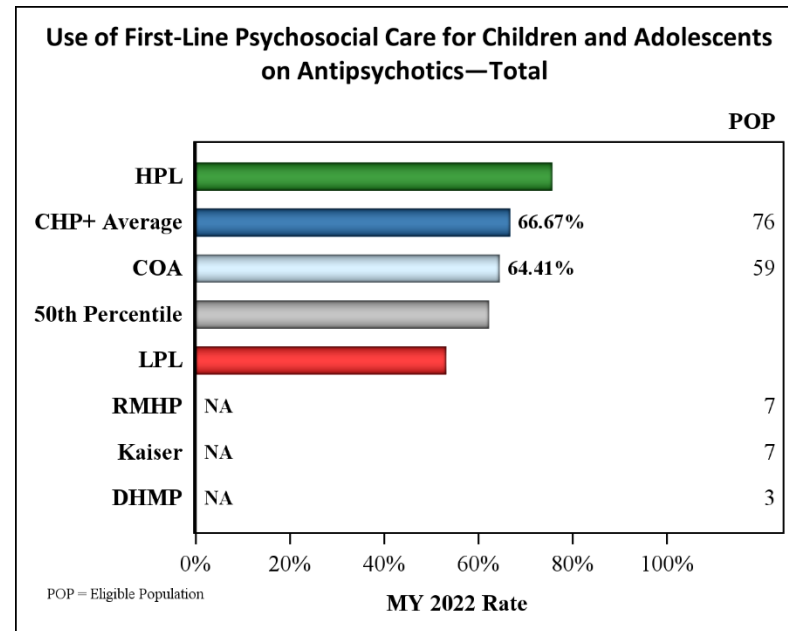
MCO performance varied by approximately 33 percentage points.

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

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



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



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

Only one MCO had a reportable rate, and it was above the 50th percentile but below the HPL.

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	COA	Kaiser
Follow-Up After Emergency Department Visit for Mental Illness^H				
7-Day Follow-Up—Ages 6 to 17 Years	—	—	★★★★★	—
30-Day Follow-Up—Ages 6 to 17 Years	—	—	★★★★★	—
Follow-Up After Emergency Department Visit for Substance Use^H				
7-Day Follow-Up—Ages 13 to 17 Years	—	—	—	—
30-Day Follow-Up—Ages 13 to 17 Years	—	—	—	—
Follow-Up After Hospitalization for Mental Illness^H				
7-Day Follow-Up—Ages 6 to 17 Years	—	—	★	—
30-Day Follow-Up—Ages 6 to 17 Years	—	—	★★★	—
Follow-Up Care for Children Prescribed ADHD Medication^H				
Initiation Phase	—	★★★	★★	★★★★★
Continuation and Maintenance Phase	—	—	★★★	—
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				
Ages 12 to 17 Years	—	—	—	—
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics				
Total	—	—	★★★	—

^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 6-2 presents a summary of the MCOs’ overall performance for measures in the Behavioral Health Care domain.

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

Health Plan Name	★★★★★	★★★★	★★★	★★	★
DHMP	0	0	0	0	0
RMHP	0	0	1	0	0
COA	4	0	3	1	4
Kaiser	1	0	0	0	0

While only one MCO had a denominator large enough to report a rate for the *Metabolic Monitoring for Children and Adolescents on Antipsychotics—Blood Glucose Testing—Total, Cholesterol Testing—Total, and Blood Glucose and Cholesterol Testing—Total* measure indicator rates, the measure indicator rates fell below the 25th percentile. Antipsychotic prescribing for children and adolescents has increased rapidly in recent decades.⁶⁻¹ These medications can elevate a child’s risk for developing serious metabolic health complications⁶⁻² associated with poor cardiometabolic outcomes in adulthood.⁶⁻³ The MCOs and the Department should identify the key drivers contributing to the low rates (e.g., barriers to standing lab orders, gaps in administrative data sources used to inform performance measure calculation). Additionally, the MCOs and the Department should consider ongoing education and/or one-on-one discussion with provider organizations on the importance of annual metabolic monitoring for patients on antipsychotics.

Of note, COA’s rate for *Follow-Up After Emergency Department Visit for Mental Illness—7-Day Follow-Up—Ages 6 to 17 Years* and *30-Day Follow-Up—Ages 6 to 17 Years* and *Follow-Up After Emergency Department Visit for Substance Use—7-Day Follow-Up—Ages 13 to 17 Years* and *30-Day Follow-Up—Ages 13 to 17 Years* ranked at or above the 90th percentile, showing strength in follow-up after ED visits.

⁶⁻¹ Patten, S.B., W. Waheed, L. Bresee. 2012. “A review of pharmacoepidemiologic studies of antipsychotic use in children and adolescents.” *Canadian Journal of Psychiatry* 57:717–21.

⁶⁻² Correll, C. U., P. Manu, V. Olshanskiy, B. Napolitano, J.M. Kane, and A.K. Malhotra. 2009. “Cardiometabolic risk of second-generation antipsychotic medications during first-time use in children and adolescents.” *Journal of the American Medical Association*.

⁶⁻³ Srinivasan, S.R., L. Myers, G.S. Berenson. January 2002. “Predictability of childhood adiposity and insulin for developing insulin resistance syndrome (syndrome X) in young adulthood: the Bogalusa Heart Study.” *Diabetes* 51(1):204–9.

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 measure:

- *Ambulatory Care: ED Visits—Total*

All MCOs were required to report this measure in MY 2022. The MCOs' member months served as an eligible population proxy and were used when calculating the Colorado CHP+ weighted average.

Rates displayed in the Use of Services domain are for informational purposes only; the rates do not indicate the quality and timeliness of, or access to, 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.

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

Ambulatory Care: ED Visits—Total

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

Results

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

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

Health Plan Name	ED Visits*
RMHP	209.36
DHMP	218.97
COA	289.07
Kaiser	228.53
MY 2022 CHP+ Weighted Average	266.30
MY 2021 CHP+ Weighted Average	216.21

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

For the *ED Visits—Total* measure indicator, MCO performance varied, ranging from 209.36 ED visits per 1,000 member months to 289.07 ED visits per 1,000 member months.

Summary of Findings and Recommendations

Reported rates for the MCOs and CHP+ weighted averages for the Use of Services domain did not consider the characteristics of the population; therefore, HSAG was not able to draw formal conclusions regarding performance based on the reported utilization results. Nonetheless, combined with other performance metrics, the utilization results provide additional information that the MCOs may use to assess barriers or patterns of utilization when evaluating potential performance improvement interventions.

8. Dental and Oral Health Services

Dental and Oral Health Services

The following section provides a detailed analysis of the Colorado CHP+ dental PAHP's performance for the Dental and Oral Health Services domain. The Dental and Oral Health Services domain encompasses the following measures/indicators:

- *Oral Evaluation, Dental Services*
- *Sealant Receipt on Permanent First Molars—At Least One Sealant and All Four Sealed by the 10th Birthdate*
- *Topical Fluoride for Children*

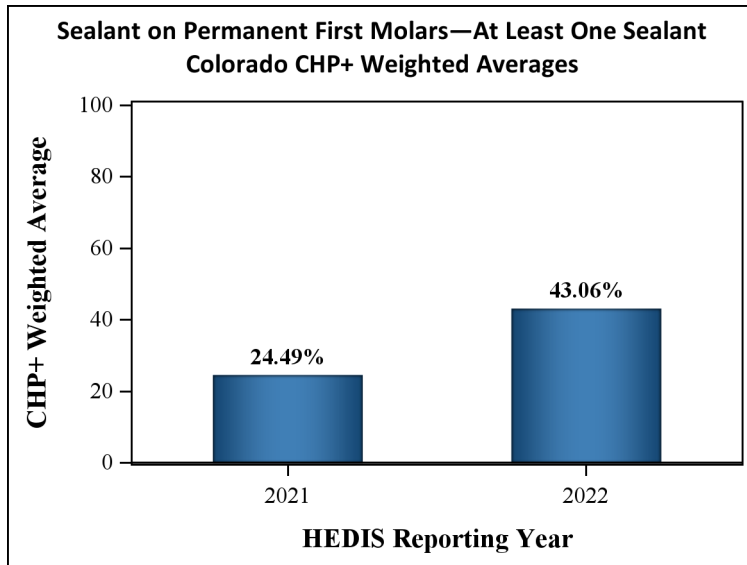
Please see the “Reader’s Guide” section for guidance on interpreting the figures presented within this section. For reference, additional analyses for each measure indicator are displayed in Appendix A and Appendix B.

Oral Evaluation, Dental Services

Oral Evaluation, Dental Services measures the percentage of children under age 21 who received a comprehensive or periodic oral evaluation during the measurement year. Given this was the first year this measure was reported, HSAG was unable to compare to the prior year's reported rates. In addition, due to no established benchmarks, HSAG was unable to compare first year performance to benchmark.

Sealant Receipt on Permanent First Molars—At Least One Sealant

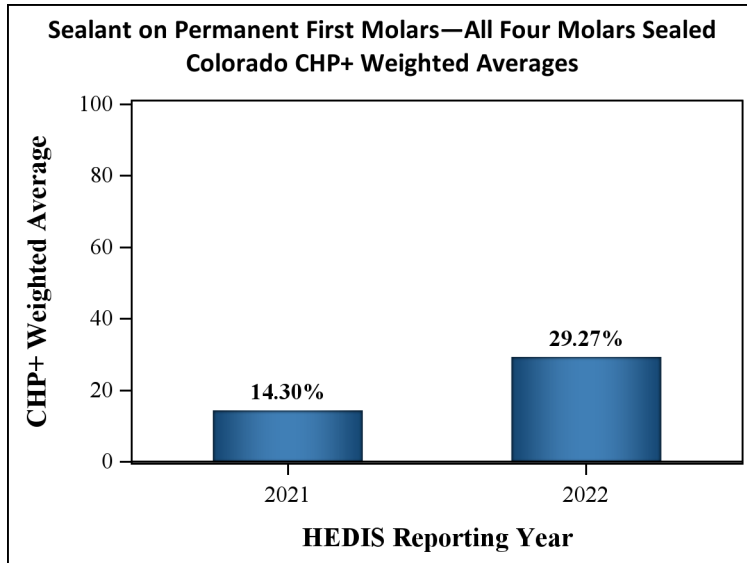
Sealant Receipt on Permanent First Molars—At Least One Sealant measures the percentage of enrolled children who have received at least one sealant on permanent first molar teeth during the measurement year.



DentaQuest’s rate did not demonstrate a significant change from MY 2021 to MY 2022 based on the methodology applied to determine significance.

Sealant Receipt on Permanent First Molars—All Four Sealed by the 10th Birthdate

Sealant Receipt on Permanent First Molars—All Four Sealed by the 10th Birthdate measures the percentage of enrolled children who have received sealants on all four permanent first molars by their 10th birthdate.



DentaQuest’s rate did not demonstrate a significant change from MY 2021 to MY 2022 because the *p*-value of the Chi-square test is greater than 0.05.

Topical Fluoride for Children

Topical Fluoride for Children measures the percentage of enrolled children ages 1 through 20 who received at least two topical fluoride applications as: (1) dental or oral health services, (2) dental services, and (3) oral health services within the measurement year. Given there are no established benchmarks and that this is the first year the measure was reported, HSAG was unable to conduct and rate comparisons to benchmarks or the prior year's reported rates.

Summary of Findings and Recommendations

Reported rates for DentaQuest could not be compared to national benchmarks due to no established benchmarks and/or this was the first-year rates were reported; therefore, HSAG was not able to draw formal conclusions regarding performance based on MY 2022 reported results. Nonetheless, combined with other performance metrics, the DentaQuest results provide additional information that may be used to assess barriers when evaluating potential performance improvement interventions.

Appendix A. Tabular Results for Measures by Health Plan

Appendix A presents tables showing results for the measures by health plan. Where applicable, the results provided for each measure include the eligible population and rate for each health plan as well as MY 2020, MY 2021, and MY 2022 Colorado CHP+ weighted averages. Yellow shading with one caret (^) indicates the MY 2022 health plan-specific rate or Colorado CHP+ weighted average ranked at or above the 50th percentile when compared to MY 2021 National Medicaid Quality Compass benchmarks. Comparisons of Colorado’s CHP+ population measure indicator rates to the national Medicaid benchmarks should be interpreted with caution, as previously discussed in the body of this report.

Primary Care Access and Preventive Care Measure Results

Table A-1—Primary Care Access and Preventive Care Measure Results—MCO-Specific Rates and Colorado CHP+ Weighted Averages

CHP+ Health Plan	Eligible Population	Rate
<i>Child and Adolescent Well-Care Visits</i>		
<i>Ages 3 to 11 Years^H</i>		
COA	12,743	46.40%
DHMP	958	46.24%
Kaiser	1,937	46.98%
RMHP	2,929	51.14%
MY 2022 Colorado CHP+ Weighted Average		47.20%
MY 2021 Colorado CHP+ Weighted Average		51.70%
MY 2020 Colorado CHP+ Weighted Average		41.50%
<i>Ages 12 to 17 Years^H</i>		
COA	10,207	39.27%
DHMP	875	44.11%
Kaiser	1,761	40.83%
RMHP	2,353	46.15%
MY 2022 Colorado CHP+ Weighted Average		40.79%
MY 2021 Colorado CHP+ Weighted Average		43.73%
MY 2020 Colorado CHP+ Weighted Average		29.64%
<i>Ages 18 to 21 Years^H</i>		
COA	1,692	23.29%
DHMP	187	28.88%^
Kaiser	311	26.69%^
RMHP	371	21.83%
MY 2022 Colorado CHP+ Weighted Average		23.90%

CHP+ Health Plan	Eligible Population	Rate
MY 2021 Colorado CHP+ Weighted Average		28.36%
MY 2020 Colorado CHP+ Weighted Average		51.62%
Total^H		
COA	24,642	41.86%
DHMP	2,020	43.71%
Kaiser	4,009	42.70%
RMHP	5,653	47.14%
MY 2022 Colorado CHP+ Weighted Average		42.88%
MY 2021 Colorado CHP+ Weighted Average		46.98%
MY 2020 Colorado CHP+ Weighted Average		45.23%
Childhood Immunization Status		
DTaP^H		
COA	542	66.42%
DHMP	38	81.58%^
Kaiser	96	71.88%^
RMHP	146	70.55%^
MY 2022 Colorado CHP+ Weighted Average		68.49%
MY 2021 Colorado CHP+ Weighted Average		68.97%
MY 2020 Colorado CHP+ Weighted Average		74.36%
IPV^H		
COA	542	80.81%
DHMP	38	86.84%^
Kaiser	96	85.42%
RMHP	146	81.51%
MY 2022 Colorado CHP+ Weighted Average		81.75%
MY 2021 Colorado CHP+ Weighted Average		81.54%
MY 2020 Colorado CHP+ Weighted Average		84.33%
MMR^H		
COA	542	80.07%
DHMP	38	84.21%^
Kaiser	96	84.38%^
RMHP	146	83.56%
MY 2022 Colorado CHP+ Weighted Average		81.39%
MY 2021 Colorado CHP+ Weighted Average		82.96%
MY 2020 Colorado CHP+ Weighted Average		86.23%
HiB^H		
COA	542	79.70%
DHMP	38	84.21%^

CHP+ Health Plan	Eligible Population	Rate
Kaiser	96	84.38%^
RMHP	146	82.19%
MY 2022 Colorado CHP+ Weighted Average		80.90%
MY 2021 Colorado CHP+ Weighted Average		82.35%
MY 2020 Colorado CHP+ Weighted Average		84.19%
<i>Hepatitis B^H</i>		
COA	542	75.28%
DHMP	38	89.47%^
Kaiser	96	88.54%^
RMHP	146	80.14%
MY 2022 Colorado CHP+ Weighted Average		78.35%
MY 2021 Colorado CHP+ Weighted Average		81.24%
MY 2020 Colorado CHP+ Weighted Average		83.92%
<i>VZV^H</i>		
COA	542	79.52%
DHMP	38	81.58%
Kaiser	96	85.42%^
RMHP	146	84.93%^
MY 2022 Colorado CHP+ Weighted Average		81.27%
MY 2021 Colorado CHP+ Weighted Average		81.95%
MY 2020 Colorado CHP+ Weighted Average		84.12%
<i>Hepatitis A^H</i>		
COA	542	78.23%
DHMP	38	81.58%^
Kaiser	96	86.46%^
RMHP	146	78.08%
MY 2022 Colorado CHP+ Weighted Average		79.32%
MY 2021 Colorado CHP+ Weighted Average		80.02%
MY 2020 Colorado CHP+ Weighted Average		82.50%
<i>Pneumococcal Conjugate^H</i>		
COA	542	70.48%
DHMP	38	81.58%^
Kaiser	96	78.13%^
RMHP	146	73.97%^
MY 2022 Colorado CHP+ Weighted Average		72.51% ^
MY 2021 Colorado CHP+ Weighted Average		74.54%
MY 2020 Colorado CHP+ Weighted Average		77.88%

CHP+ Health Plan	Eligible Population	Rate
Rotavirus^H		
COA	542	68.82%
DHMP	38	73.68%^
Kaiser	96	72.92%^
RMHP	146	73.97%^
MY 2022 Colorado CHP+ Weighted Average		70.44% ^
MY 2021 Colorado CHP+ Weighted Average		70.99%
MY 2020 Colorado CHP+ Weighted Average		74.15%
Influenza^H		
COA	542	51.48%^
DHMP	38	55.26%^
Kaiser	96	60.42%^
RMHP	146	45.89%
MY 2022 Colorado CHP+ Weighted Average		51.70% ^
MY 2021 Colorado CHP+ Weighted Average		63.29%
MY 2020 Colorado CHP+ Weighted Average		63.70%
Combination 3^H		
COA	542	57.93%
DHMP	38	78.95%^
Kaiser	96	67.71%^
RMHP	146	64.38%^
MY 2022 Colorado CHP+ Weighted Average		61.19%
MY 2021 Colorado CHP+ Weighted Average		64.91%
MY 2020 Colorado CHP+ Weighted Average		69.20%
Combination 7^H		
COA	542	52.58%
DHMP	38	68.42%^
Kaiser	96	60.42%^
RMHP	146	61.64%^
MY 2022 Colorado CHP+ Weighted Average		55.84% ^
MY 2021 Colorado CHP+ Weighted Average		57.91%
MY 2020 Colorado CHP+ Weighted Average		62.62%
Combination 10^H		
COA	542	37.64%^
DHMP	38	52.63%^
Kaiser	96	47.92%^
RMHP	146	37.67%^
MY 2022 Colorado CHP+ Weighted Average		39.54% ^

CHP+ Health Plan	Eligible Population	Rate
MY 2021 Colorado CHP+ Weighted Average		48.48%
MY 2020 Colorado CHP+ Weighted Average		50.95%
<i>Chlamydia Screening in Women</i>		
<i>Ages 16 to 20 Years^H</i>		
COA	774	29.07%
DHMP	52	42.31%
Kaiser	158	38.61%
RMHP	193	32.12%
MY 2022 Colorado CHP+ Weighted Average		31.44%
MY 2021 Colorado CHP+ Weighted Average		36.58%
MY 2020 Colorado CHP+ Weighted Average		35.29%
<i>Developmental Screening in the First Three Years of Life</i>		
<i>1 Year^{SA}</i>		
COA	866	48.04%
DHMP	27	NA
Kaiser	71	35.21%
RMHP	90	63.33%
MY 2022 Colorado CHP+ Weighted Average		48.58%
MY 2021 Colorado CHP+ Weighted Average		66.21%
MY 2020 Colorado CHP+ Weighted Average		—
<i>2 Years^{SA}</i>		
COA	1,203	38.65%
DHMP	44	75.00%
Kaiser	96	77.08%
RMHP	143	65.73%
MY 2022 Colorado CHP+ Weighted Average		44.82%
MY 2021 Colorado CHP+ Weighted Average		64.80%
MY 2020 Colorado CHP+ Weighted Average		—
<i>3 Years^{SA}</i>		
COA	1,852	23.06%
DHMP	56	41.07%
Kaiser	106	65.09%
RMHP	190	51.58%
MY 2022 Colorado CHP+ Weighted Average		27.99%
MY 2021 Colorado CHP+ Weighted Average		48.87%
MY 2020 Colorado CHP+ Weighted Average		—
<i>Total^{SA}</i>		
COA	3,921	33.36%

CHP+ Health Plan	Eligible Population	Rate
DHMP	127	55.12%
Kaiser	273	61.54%
RMHP	423	58.87%
MY 2022 Colorado CHP+ Weighted Average		37.84%
MY 2021 Colorado CHP+ Weighted Average		57.54%
MY 2020 Colorado CHP+ Weighted Average		—
<i>Immunizations for Adolescents</i>		
<i>Meningococcal^H</i>		
COA	1,783	72.57%
DHMP	139	83.45%^
Kaiser	284	80.28%
RMHP	437	62.24%
MY 2022 Colorado CHP+ Weighted Average		72.27%
MY 2021 Colorado CHP+ Weighted Average		74.26%
MY 2020 Colorado CHP+ Weighted Average		77.63%
<i>Tdap^H</i>		
COA	1,783	82.00%
DHMP	139	83.45%
Kaiser	284	85.21%^
RMHP	437	85.13%
MY 2022 Colorado CHP+ Weighted Average		82.94%
MY 2021 Colorado CHP+ Weighted Average		82.09%
MY 2020 Colorado CHP+ Weighted Average		87.12%
<i>HPV^H</i>		
COA	1,783	35.45%
DHMP	139	46.76%^
Kaiser	284	44.37%^
RMHP	437	26.54%
MY 2022 Colorado CHP+ Weighted Average		35.53%
MY 2021 Colorado CHP+ Weighted Average		39.50%
MY 2020 Colorado CHP+ Weighted Average		45.28%
<i>Combination 1^H</i>		
COA	1,783	71.79%
DHMP	139	82.73%^
Kaiser	284	79.58%^
RMHP	437	61.33%
MY 2022 Colorado CHP+ Weighted Average		71.47%
MY 2021 Colorado CHP+ Weighted Average		73.38%

CHP+ Health Plan	Eligible Population	Rate
MY 2020 Colorado CHP+ Weighted Average		76.12%
<i>Combination 2^H</i>		
COA	1,783	33.31%
DHMP	139	46.76%^
Kaiser	284	43.31%^
RMHP	437	22.43%
MY 2022 Colorado CHP+ Weighted Average		33.30%
MY 2021 Colorado CHP+ Weighted Average		37.06%
MY 2020 Colorado CHP+ Weighted Average		42.47%
<i>Lead Screening in Children</i>		
<i>Lead Screening in Children^H</i>		
COA	544	30.88%
DHMP	39	61.54%
Kaiser	96	2.08%
RMHP	147	35.37%
MY 2022 Colorado CHP+ Weighted Average		29.78%
MY 2021 Colorado CHP+ Weighted Average		—
MY 2020 Colorado CHP+ Weighted Average		—
<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</i>		
<i>BMI Percentile—Ages 3 to 11 Years^H</i>		
COA	8,266	16.27%
DHMP	502	65.34%
Kaiser	1,238	90.55%^
RMHP	1,993	19.72%
MY 2022 Colorado CHP+ Weighted Average		26.56%
MY 2021 Colorado CHP+ Weighted Average		24.90%
MY 2020 Colorado CHP+ Weighted Average		22.95%
<i>BMI Percentile—Ages 12 to 17 Years^H</i>		
COA	6,161	20.09%
DHMP	457	63.89%
Kaiser	1,029	90.57%^
RMHP	1,523	21.21%
MY 2022 Colorado CHP+ Weighted Average		30.37%
MY 2021 Colorado CHP+ Weighted Average		29.07%
MY 2020 Colorado CHP+ Weighted Average		26.36%
<i>BMI Percentile—Total^H</i>		
COA	14,427	17.90%
DHMP	959	64.65%

CHP+ Health Plan	Eligible Population	Rate
Kaiser	2,267	90.56%^
RMHP	3,516	20.36%
MY 2022 Colorado CHP+ Weighted Average		28.21%
MY 2021 Colorado CHP+ Weighted Average		26.61%
MY 2020 Colorado CHP+ Weighted Average		24.29%
<i>Counseling for Nutrition—Ages 3 to 11 Years^H</i>		
COA	8,266	19.07%
DHMP	502	72.31%
Kaiser	1,238	91.11%^
RMHP	1,993	25.84%
MY 2022 Colorado CHP+ Weighted Average		29.85%
MY 2021 Colorado CHP+ Weighted Average		26.83%
MY 2020 Colorado CHP+ Weighted Average		22.48%
<i>Counseling for Nutrition—Ages 12 to 17 Years^H</i>		
COA	6,161	18.24%
DHMP	457	67.40%
Kaiser	1,029	91.74%^
RMHP	1,523	21.73%
MY 2022 Colorado CHP+ Weighted Average		29.52%
MY 2021 Colorado CHP+ Weighted Average		26.80%
MY 2020 Colorado CHP+ Weighted Average		23.16%
<i>Counseling for Nutrition—Total^H</i>		
COA	14,427	18.71%
DHMP	959	69.97%
Kaiser	2,267	91.40%^
RMHP	3,516	24.06%
MY 2022 Colorado CHP+ Weighted Average		29.71%
MY 2021 Colorado CHP+ Weighted Average		26.82%
MY 2020 Colorado CHP+ Weighted Average		22.75%
<i>Counseling for Physical Activity—Ages 3 to 11 Years^H</i>		
COA	8,266	12.05%
DHMP	502	70.92%^
Kaiser	1,238	91.44%^
RMHP	1,993	18.01%
MY 2022 Colorado CHP+ Weighted Average		23.69%
MY 2021 Colorado CHP+ Weighted Average		20.44%
MY 2020 Colorado CHP+ Weighted Average		16.79%

CHP+ Health Plan	Eligible Population	Rate
<i>Counseling for Physical Activity—Ages 12 to 17 Years^H</i>		
COA	6,161	14.74%
DHMP	457	67.18%
Kaiser	1,029	92.13%^
RMHP	1,523	19.17%
MY 2022 Colorado CHP+ Weighted Average		26.77%
MY 2021 Colorado CHP+ Weighted Average		23.36%
MY 2020 Colorado CHP+ Weighted Average		19.28%
<i>Counseling for Physical Activity—Total^H</i>		
COA	14,427	13.20%
DHMP	959	69.13%^
Kaiser	2,267	91.75%^
RMHP	3,516	18.52%
MY 2022 Colorado CHP+ Weighted Average		25.03%
MY 2021 Colorado CHP+ Weighted Average		21.63%
MY 2020 Colorado CHP+ Weighted Average		17.76%
<i>Well-Child Visits in the First 30 Months of Life</i>		
<i>Well-Child Visits in the First 15 Months of Life—Six or More Well-Child Visits^H</i>		
COA	358	52.51%
DHMP	26	NA
Kaiser	72	23.61%
RMHP	102	41.18%
MY 2022 Colorado CHP+ Weighted Average		46.06%
MY 2021 Colorado CHP+ Weighted Average		47.60%
MY 2020 Colorado CHP+ Weighted Average		48.90%
<i>Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits^H</i>		
COA	543	55.06%
DHMP	36	63.89%
Kaiser	81	64.20%
RMHP	150	70.00%^
MY 2022 Colorado CHP+ Weighted Average		59.14%
MY 2021 Colorado CHP+ Weighted Average		63.58%
MY 2020 Colorado CHP+ Weighted Average		73.12%

^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.

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

Bold font indicates Colorado CHP+ weighted average values.

Maternal and Perinatal Health Performance Measure Results

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

CHP+ Health Plan	Eligible Population	Rate
<i>Contraceptive Care—All Women</i>		
<i>MMEC—Ages 15 to 20 Years^{SA}</i>		
COA	3,290	16.44%
DHMP	279	9.32%
Kaiser	630	17.62%
RMHP	752	20.88%
MY 2022 Colorado CHP+ Weighted Average		16.87%
MY 2021 Colorado CHP+ Weighted Average		24.39%
MY 2020 Colorado CHP+ Weighted Average		—
<i>LARC—Ages 15 to 20 Years^{SA}</i>		
COA	3,290	2.86%
DHMP	279	1.43%
Kaiser	630	4.13%
RMHP	752	4.52%
MY 2022 Colorado CHP+ Weighted Average		3.19%
MY 2021 Colorado CHP+ Weighted Average		5.49%
MY 2020 Colorado CHP+ Weighted Average		—
<i>Contraceptive Care—Postpartum Women</i>		
<i>MMEC—3 Days—Ages 15 to 20 Years^{SA}</i>		
COA	11	NA
DHMP	0	NA
Kaiser	0	NA
RMHP	26	NA
MY 2022 Colorado CHP+ Weighted Average		0.00%
MY 2021 Colorado CHP+ Weighted Average		NA
MY 2020 Colorado CHP+ Weighted Average		—
<i>MMEC—90 Days—Ages 15 to 20 Years^{SA}</i>		
COA	11	NA
DHMP	0	NA
Kaiser	0	NA
RMHP	26	NA
MY 2022 Colorado CHP+ Weighted Average		64.86%
MY 2021 Colorado CHP+ Weighted Average		NA
MY 2020 Colorado CHP+ Weighted Average		—

CHP+ Health Plan	Eligible Population	Rate
<i>LARC—3 Days —Ages 15 to 20 Years^{SA}</i>		
COA	11	NA
DHMP	0	NA
Kaiser	0	NA
RMHP	26	NA
MY 2022 Colorado CHP+ Weighted Average		2.70%
MY 2021 Colorado CHP+ Weighted Average		NA
MY 2020 Colorado CHP+ Weighted Average		—
<i>LARC—90 Days —Ages 15 to 20 Years^{SA}</i>		
COA	11	NA
DHMP	0	NA
Kaiser	0	NA
RMHP	26	NA
MY 2022 Colorado CHP+ Weighted Average		35.14%
MY 2021 Colorado CHP+ Weighted Average		NA
MY 2020 Colorado CHP+ Weighted Average		—
<i>Prenatal and Postpartum Care</i>		
<i>Timeliness of Prenatal Care^H</i>		
COA	273	34.07%
DHMP	36	75.00%
Kaiser	47	70.21%
RMHP	84	38.10%
MY 2022 Colorado CHP+ Weighted Average		42.05%
MY 2021 Colorado CHP+ Weighted Average		54.95%
MY 2020 Colorado CHP+ Weighted Average		58.45%

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

—indicates that the rate was not reported.

Bold font indicates Colorado CHP+ weighted average values.

Care of Acute and Chronic Conditions Performance Measure Results

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

CHP+ Health Plan	Eligible Population	Rate
<i>Asthma Medication Ratio</i>		
<i>Ages 5 to 11 Years^H</i>		
COA	190	65.26%
DHMP	9	NA
Kaiser	13	NA
RMHP	24	NA
MY 2022 Colorado CHP+ Weighted Average		67.95%
MY 2021 Colorado CHP+ Weighted Average		70.80%
MY 2020 Colorado CHP+ Weighted Average		—
<i>Ages 12 to 18 Years^H</i>		
COA	184	51.09%
DHMP	6	NA
Kaiser	19	NA
RMHP	21	NA
MY 2022 Colorado CHP+ Weighted Average		55.22%
MY 2021 Colorado CHP+ Weighted Average		82.33%
MY 2020 Colorado CHP+ Weighted Average		—
<i>Total (Ages 5 to 18 Years)^{SA}</i>		
COA	374	58.29%
DHMP	15	NA
Kaiser	32	80.00%
RMHP	45	77.78%
MY 2022 Colorado CHP+ Weighted Average		61.64%
MY 2021 Colorado CHP+ Weighted Average		76.42%
MY 2020 Colorado CHP+ Weighted Average		—
<i>Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis</i>		
<i>Ages 3 Months to 17 Years^H</i>		
COA	243	81.48%
DHMP	12	NA
Kaiser	25	NA

CHP+ Health Plan	Eligible Population	Rate
RMHP	69	81.16%
MY 2022 Colorado CHP+ Weighted Average		82.81%
MY 2021 Colorado CHP+ Weighted Average		—
MY 2020 Colorado CHP+ Weighted Average		72.27%

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

— indicates that the rate was not reported.

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

Bold font indicates Colorado CHP+ weighted average values.

Behavioral Health Care Performance Measure Results

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

CHP+ Health Plan	Eligible Population	Rate
<i>Follow-Up After Emergency Department Visit for Mental Illness</i>		
<i>7-Day Follow-Up—Ages 6 to 17 Years^H</i>		
COA	59	76.27%^
DHMP	6	NA
Kaiser	13	NA
RMHP	4	NA
MY 2022 Colorado CHP+ Weighted Average		58.54% ^
MY 2021 Colorado CHP+ Weighted Average		—
MY 2020 Colorado CHP+ Weighted Average		—
<i>30-Day Follow-Up—Ages 6 to 17 Years^H</i>		
COA	59	86.44%^
DHMP	6	NA
Kaiser	13	NA
RMHP	4	NA
MY 2022 Colorado CHP+ Weighted Average		71.95% ^
MY 2021 Colorado CHP+ Weighted Average		—
MY 2020 Colorado CHP+ Weighted Average		—
<i>Follow-Up After Emergency Department Visit for Substance Use</i>		
<i>7-Day Follow-Up—Ages 13 to 17 Years^H</i>		
COA	31	22.58%
DHMP	2	NA
Kaiser	4	NA
RMHP	4	NA
MY 2022 Colorado CHP+ Weighted Average		26.83%
MY 2021 Colorado CHP+ Weighted Average		—
MY 2020 Colorado CHP+ Weighted Average		—
<i>30-Day Follow-Up—Ages 13 to 17 Years^H</i>		
COA	31	29.03%
DHMP	2	NA
Kaiser	4	NA
RMHP	4	NA
MY 2022 Colorado CHP+ Weighted Average		31.71%
MY 2021 Colorado CHP+ Weighted Average		—
MY 2020 Colorado CHP+ Weighted Average		—

CHP+ Health Plan	Eligible Population	Rate
<i>Follow-Up After Hospitalization for Mental Illness</i>		
<i>7-Day Follow-Up—Ages 6 to 17 Years^H</i>		
COA	123	30.08%
DHMP	4	NA
Kaiser	18	NA
RMHP	21	NA
MY 2022 Colorado CHP+ Weighted Average		40.36%
MY 2021 Colorado CHP+ Weighted Average		41.15%
MY 2020 Colorado CHP+ Weighted Average		—
<i>30-Day Follow-Up—Ages 6 to 17 Years^H</i>		
COA	123	72.36%^
DHMP	4	NA
Kaiser	18	NA
RMHP	21	NA
MY 2022 Colorado CHP+ Weighted Average		75.90%^
MY 2021 Colorado CHP+ Weighted Average		58.85%
MY 2020 Colorado CHP+ Weighted Average		—
<i>Follow-Up Care for Children Prescribed ADHD Medication</i>		
<i>Initiation Phase^H</i>		
COA	213	36.62%
DHMP	8	NA
Kaiser	31	54.84%^
RMHP	43	41.86%^
MY 2022 Colorado CHP+ Weighted Average		38.64%
MY 2021 Colorado CHP+ Weighted Average		32.05%
MY 2020 Colorado CHP+ Weighted Average		36.45%
<i>Continuation and Maintenance Phase^H</i>		
COA	53	52.83%^
DHMP	1	NA
Kaiser	9	NA
RMHP	12	NA
MY 2022 Colorado CHP+ Weighted Average		53.33%^
MY 2021 Colorado CHP+ Weighted Average		40.79%
MY 2020 Colorado CHP+ Weighted Average		50.85%
<i>Metabolic Monitoring for Children and Adolescents on Antipsychotics</i>		
<i>Blood Glucose Testing—Ages 1 to 11 Years^H</i>		
COA	27	NA
DHMP	0	NA

CHP+ Health Plan	Eligible Population	Rate
Kaiser	1	NA
RMHP	3	NA
MY 2022 Colorado CHP+ Weighted Average		41.94%
MY 2021 Colorado CHP+ Weighted Average		NA
MY 2020 Colorado CHP+ Weighted Average		40.63%
<i>Blood Glucose Testing—Ages 12 to 17 Years^H</i>		
COA	99	48.48%
DHMP	4	NA
Kaiser	8	NA
RMHP	17	NA
MY 2022 Colorado CHP+ Weighted Average		53.91%
MY 2021 Colorado CHP+ Weighted Average		56.45%
MY 2020 Colorado CHP+ Weighted Average		45.38%
<i>Blood Glucose Testing—Total^H</i>		
COA	126	47.62%
DHMP	4	NA
Kaiser	9	NA
RMHP	20	NA
MY 2022 Colorado CHP+ Weighted Average		51.57%
MY 2021 Colorado CHP+ Weighted Average		53.02%
MY 2020 Colorado CHP+ Weighted Average		44.44%
<i>Cholesterol Testing—Ages 1 to 11 Years^H</i>		
COA	27	NA
DHMP	0	NA
Kaiser	1	NA
RMHP	3	NA
MY 2022 Colorado CHP+ Weighted Average		35.48%[^]
MY 2021 Colorado CHP+ Weighted Average		NA
MY 2020 Colorado CHP+ Weighted Average		25.00%
<i>Cholesterol Testing—Ages 12 to 17 Years^H</i>		
COA	99	21.21%
DHMP	4	NA
Kaiser	8	NA
RMHP	17	NA
MY 2022 Colorado CHP+ Weighted Average		26.56%
MY 2021 Colorado CHP+ Weighted Average		29.84%
MY 2020 Colorado CHP+ Weighted Average		25.38%

CHP+ Health Plan	Eligible Population	Rate
<i>Cholesterol Testing—Total^H</i>		
COA	126	24.60%
DHMP	4	NA
Kaiser	9	NA
RMHP	20	NA
MY 2022 Colorado CHP+ Weighted Average		28.30%
MY 2021 Colorado CHP+ Weighted Average		28.86%
MY 2020 Colorado CHP+ Weighted Average		25.31%
<i>Blood Glucose and Cholesterol Testing—Ages 1 to 11 Years^H</i>		
COA	27	NA
DHMP	0	NA
Kaiser	1	NA
RMHP	3	NA
MY 2022 Colorado CHP+ Weighted Average		35.48% ^
MY 2021 Colorado CHP+ Weighted Average		NA
MY 2020 Colorado CHP+ Weighted Average		25.00%
<i>Blood Glucose and Cholesterol Testing—Ages 12 to 17 Years^H</i>		
COA	99	20.20%
DHMP	4	NA
Kaiser	8	NA
RMHP	17	NA
MY 2022 Colorado CHP+ Weighted Average		25.78%
MY 2021 Colorado CHP+ Weighted Average		29.84%
MY 2020 Colorado CHP+ Weighted Average		25.38%
<i>Blood Glucose and Cholesterol Testing—Total^H</i>		
COA	126	23.81%
DHMP	4	NA
Kaiser	9	NA
RMHP	20	NA
MY 2022 Colorado CHP+ Weighted Average		27.67%
MY 2021 Colorado CHP+ Weighted Average		28.86%
MY 2020 Colorado CHP+ Weighted Average		25.31%
<i>Screening for Depression and Follow-Up Plan Ages 12 to 17 Years^H</i>		
COA	6,454	14.47%
DHMP	790	33.60%
Kaiser	1,200	1.00%
RMHP	1,625	9.17%

CHP+ Health Plan	Eligible Population	Rate
MY 2022 Colorado CHP+ Weighted Average		13.41%
MY 2021 Colorado CHP+ Weighted Average		6.81%
MY 2020 Colorado CHP+ Weighted Average		—
<i>Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics</i>		
<i>Ages 1 to 11 Years^H</i>		
COA	10	NA
DHMP	0	NA
Kaiser	2	NA
RMHP	1	NA
MY 2022 Colorado CHP+ Weighted Average		NA
MY 2021 Colorado CHP+ Weighted Average		NA
MY 2020 Colorado CHP+ Weighted Average		—
<i>Ages 12 to 17 Years^H</i>		
COA	49	67.35%^
DHMP	3	NA
Kaiser	5	NA
RMHP	6	NA
MY 2022 Colorado CHP+ Weighted Average		68.25%^
MY 2021 Colorado CHP+ Weighted Average		69.49%
MY 2020 Colorado CHP+ Weighted Average		—
<i>Total^H</i>		
COA	59	64.41%^
DHMP	3	NA
Kaiser	7	NA
RMHP	7	NA
MY 2022 Colorado CHP+ Weighted Average		66.67%^
MY 2021 Colorado CHP+ Weighted Average		71.01%
MY 2020 Colorado CHP+ Weighted Average		—

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

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

— indicates that the rate was not reported.

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

Bold font indicates Colorado CHP+ weighted average values.

Use of Services Measure Results

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

CHP+ Health Plan	Rate
Ambulatory Care: ED Visits	
<1 Year^{*,SA}	
COA	634.88
DHMP	726.82
Kaiser	576.00
RMHP	540.25
MY 2022 Colorado CHP+ Weighted Average	620.06
MY 2021 Colorado CHP+ Weighted Average	221.79
MY 2020 Colorado CHP+ Weighted Average	—
Ages 1 to 9 Years^{*,SA}	
COA	319.37
DHMP	301.35
Kaiser	291.92
RMHP	210.32
MY 2022 Colorado CHP+ Weighted Average	298.85
MY 2021 Colorado CHP+ Weighted Average	201.29
MY 2020 Colorado CHP+ Weighted Average	—
Ages 10 to 19 Years^{*,SA}	
COA	252.53
DHMP	139.35
Kaiser	173.79
RMHP	195.47
MY 2022 Colorado CHP+ Weighted Average	228.12
MY 2021 Colorado CHP+ Weighted Average	510.38
MY 2020 Colorado CHP+ Weighted Average	—
Total (Ages 0–19 Years)^{*,H}	
COA	289.07
DHMP	218.97
Kaiser	228.53
RMHP	209.36
MY 2022 Colorado CHP+ Weighted Average	266.30
MY 2021 Colorado CHP+ Weighted Average	216.21
MY 2020 Colorado CHP+ Weighted Average	—

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

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

— indicates that the rate was not reported.

Bold font indicates Colorado CHP+ weighted average values.

Dental and Oral Health Services Measure Results

Table A-6—Dental and Oral Health Services Measure Results—PAHP-Specific Rates

CHP+ Health Plan	Eligible Population	Rate
<i>Oral Evaluation, Dental Services</i>		
<i><1 Year</i>		
DentaQuest	467	3.85%
MY 2022 Colorado CHP+ Weighted Average		3.85%
MY 2021 Colorado CHP+ Weighted Average		—
<i>Ages 1 to 2 Years</i>		
DentaQuest	2,195	24.60%
MY 2022 Colorado CHP+ Weighted Average		24.60%
MY 2021 Colorado CHP+ Weighted Average		—
<i>Ages 3 to 5 Years</i>		
DentaQuest	5,856	38.64%
MY 2022 Colorado CHP+ Weighted Average		38.64%
MY 2021 Colorado CHP+ Weighted Average		—
<i>Ages 6 to 7 Years</i>		
DentaQuest	5,276	44.73%
MY 2022 Colorado CHP+ Weighted Average		44.73%
MY 2021 Colorado CHP+ Weighted Average		—
<i>Ages 8 to 9 Years</i>		
DentaQuest	5,432	45.51%
MY 2022 Colorado CHP+ Weighted Average		45.51%
MY 2021 Colorado CHP+ Weighted Average		—
<i>Ages 10 to 11 Years</i>		
DentaQuest	5,583	43.72%
MY 2022 Colorado CHP+ Weighted Average		43.72%
MY 2021 Colorado CHP+ Weighted Average		—
<i>Ages 12 to 14 Years</i>		
DentaQuest	8,741	41.78%
MY 2022 Colorado CHP+ Weighted Average		41.78%
MY 2021 Colorado CHP+ Weighted Average		—
<i>Ages 15 to 18 Years</i>		
DentaQuest	11,732	32.58%
MY 2022 Colorado CHP+ Weighted Average		32.58%
MY 2021 Colorado CHP+ Weighted Average		—
<i>Ages 19 to 20 Years</i>		
DentaQuest	1,612	22.83%

CHP+ Health Plan	Eligible Population	Rate
MY 2022 Colorado CHP+ Weighted Average		22.83%
MY 2021 Colorado CHP+ Weighted Average		—
Total		
DentaQuest	46,894	38.25%
MY 2022 Colorado CHP+ Weighted Average		38.25%
MY 2021 Colorado CHP+ Weighted Average		—
Sealant Receipt on Permanent First Molars		
At Least One Sealant		
DentaQuest	2,566	43.06%
MY 2022 Colorado CHP+ Weighted Average		43.06%
MY 2021 Colorado CHP+ Weighted Average		24.49%
All Four Molars Sealed by the 10th Birthdate		
DentaQuest	2,566	29.27%
MY 2022 Colorado CHP+ Weighted Average		29.27%
MY 2021 Colorado CHP+ Weighted Average		14.30%
Topical Fluoride for Children		
Dental Services—Ages 1 to 2 Years		
DentaQuest	589	21.39%
MY 2022 Colorado CHP+ Weighted Average		21.39%
MY 2021 Colorado CHP+ Weighted Average		—
Dental Services—Ages 3 to 5 Years		
DentaQuest	3,154	26.41%
MY 2022 Colorado CHP+ Weighted Average		26.41%
MY 2021 Colorado CHP+ Weighted Average		—
Dental Services—Ages 6 to 7 Years		
DentaQuest	3,370	28.90%
MY 2022 Colorado CHP+ Weighted Average		28.90%
MY 2021 Colorado CHP+ Weighted Average		—
Dental Services—Ages 8 to 9 Years		
DentaQuest	3,538	30.16%
MY 2022 Colorado CHP+ Weighted Average		30.16%
MY 2021 Colorado CHP+ Weighted Average		—
Dental Services—Ages 10 to 11 Years		
DentaQuest	3,557	28.06%
MY 2022 Colorado CHP+ Weighted Average		28.06%
MY 2021 Colorado CHP+ Weighted Average		—

CHP+ Health Plan	Eligible Population	Rate
<i>Dental Services—Ages 12 to 14 Years</i>		
DentaQuest	5,444	24.04%
MY 2022 Colorado CHP+ Weighted Average		24.04%
MY 2021 Colorado CHP+ Weighted Average		—
<i>Dental Services—Ages 15 to 18 Years</i>		
DentaQuest	6,384	17.67%
MY 2022 Colorado CHP+ Weighted Average		17.67%
MY 2021 Colorado CHP+ Weighted Average		—
<i>Dental Services—Ages 19 to 20 Years</i>		
DentaQuest	798	7.14%
MY 2022 Colorado CHP+ Weighted Average		7.14%
MY 2021 Colorado CHP+ Weighted Average		—
<i>Dental Services—Total</i>		
DentaQuest	26,834	24.19%
MY 2022 Colorado CHP+ Weighted Average		24.19%
MY 2021 Colorado CHP+ Weighted Average		—

— indicates that the rate was not reported.

Bold font indicates Colorado CHP+ weighted average values.

Appendix B. Trend Tables

Appendix B includes trend tables for the health plans and the Colorado CHP+ weighted averages. Where applicable, measure rates for MY 2020, MY 2021, and MY 2022 are presented.

MY 2021 to MY 2022 performance comparisons are based on the Chi-square test of statistical significance with a p value <0.05 . Rates shaded green with one caret (^) indicate a statistically significant improvement in performance from the previous year. Rates shaded red with two carets (^) indicate a statistically significant decline in performance from the previous year.

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

COA Trend Table

Table B-1—COA Trend Table

Performance Measures	MY 2020 Rate	MY 2021 Rate	MY 2022 Rate	Benchmark Ranking
Primary Care Access and Preventive Care				
Child and Adolescent Well-Care Visits				
<i>Ages 3 to 11 Years^H</i>	42.81%	52.84%	46.40%^^	10th–24th
<i>Ages 12 to 17 Years^H</i>	28.16%	44.86%	39.27%^^	<10th
<i>Ages 18 to 21 Years^H</i>	53.14%	28.87%	23.29%^^	25th–49th
<i>Total^H</i>	47.69%	48.16%	41.86%^^	10th–24th
Childhood Immunization Status				
<i>DtaP^H</i>	78.26%	70.61%	66.42%	25th–49th
<i>IPV^H</i>	87.97%	84.19%	80.81%	10th–24th
<i>MMR^H</i>	88.27%	83.55%	80.07%	10th–24th
<i>HiB^H</i>	87.46%	84.03%	79.70%	10th–24th
<i>Hepatitis B^H</i>	87.06%	83.71%	75.28%^^	<10th
<i>VZV^H</i>	86.55%	82.43%	79.52%	10th–24th
<i>Hepatitis A^H</i>	82.81%	79.87%	78.23%	25th–49th
<i>Pneumococcal Conjugate^H</i>	80.89%	76.52%	70.48%^^	25th–49th
<i>Rotavirus^H</i>	77.15%	72.04%	68.82%	25th–49th
<i>Influenza^H</i>	66.73%	62.30%	51.48%^^	50th–74th
<i>Combination 3^H</i>	72.50%	65.97%	57.93%^^	10th–24th
<i>Combination 7^H</i>	65.12%	57.35%	52.58%	25th–49th
<i>Combination 10^H</i>	53.69%	46.81%	37.64%^^	50th–74th

Performance Measures	MY 2020 Rate	MY 2021 Rate	MY 2022 Rate	Benchmark Ranking
Chlamydia Screening in Women				
<i>Ages 16 to 20 Years^H</i>	33.74%	34.66%	29.07%^^	<10th
Developmental Screening in the First Three Years of Life				
<i>1 Year^{SA}</i>	—	—	48.04%	BTSA
<i>2 Years^{SA}</i>	—	—	38.65%	BTSA
<i>3 Years^{SA}</i>	—	—	23.06%	BTSA
<i>Total^{SA}</i>	—	—	33.36%	BTSA
Immunizations for Adolescents				
<i>Meningococcal^H</i>	77.81%	77.26%	72.57%^^	10th–24th
<i>Tdap^H</i>	87.87%	85.20%	82.00%^^	25th–49th
<i>HPV^H</i>	44.58%	40.39%	35.45%^^	25th–49th
<i>Combination 1 (Meningococcal, Tdap)^H</i>	76.97%	76.45%	71.79%^^	10th–24th
<i>Combination 2 (Meningococcal, Tdap, HPV)^H</i>	41.81%	37.74%	33.31%^^	25th–49th
Lead Screening in Children				
<i>Lead Screening in Children^H</i>	—	—	30.88%	<10th
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents				
<i>BMI Percentile—Ages 3 to 11 Years^H</i>	13.69%	14.74%	16.27%	<10th
<i>BMI Percentile—Ages 12 to 17 Years^H</i>	17.92%	18.65%	20.09%	<10th
<i>BMI Percentile—Total^H</i>	15.33%	16.32%	17.90%	<10th
<i>Counseling for Nutrition—Ages 3 to 11 Years^H</i>	10.14%	13.78%	19.07%^	<10th
<i>Counseling for Nutrition—Ages 12 to 17 Years^H</i>	11.49%	14.12%	18.24%^	<10th
<i>Counseling for Nutrition—Total^H</i>	10.66%	13.92%	18.71%^	<10th
<i>Counseling for Physical Activity—Ages 3 to 11 Years^H</i>	6.59%	8.44%	12.05%^	<10th
<i>Counseling for Physical Activity—Ages 12–17 Years^H</i>	9.25%	10.73%	14.74%^	<10th
<i>Counseling for Physical Activity—Total^H</i>	7.62%	9.37%	13.20%^	<10th
Well-Child Visits in the First 30 Months of Life				
<i>Well-Child Visits in the First 15 Months of Life—Six or More Well-Child Visits^H</i>	54.92%	61.19%	52.51%^^	25th–49th
<i>Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits^H</i>	75.31%	65.48%	55.06%^^	10th–24th
Behavioral Health Care				
Screening for Depression and Follow-Up Plan				
<i>Ages 12 to 17 Years^H</i>	—	—	14.47%	—
Follow-Up After Emergency Department Visit for Substance Use				
<i>7-Day Follow-Up—Ages 13 to 17 Years^H</i>	—	—	22.58%	—
<i>30-Day Follow-Up—Ages 13 to 17 Years^H</i>	—	—	29.03%	—

Performance Measures	MY 2020 Rate	MY 2021 Rate	MY 2022 Rate	Benchmark Ranking
Follow-Up After Emergency Department Visit for Mental Illness				
7-Day Follow-Up—Ages 6 to 17 Years ^H	—	—	76.27%	≥90th
30-Day Follow-Up—Ages 6 to 17 Years ^H	—	—	86.44%	≥90th
Follow-Up After Hospitalization for Mental Illness				
7-Day Follow-Up—Ages 6 to 17 Years ^H	—	36.42%	30.08%	10th–24th
30-Day Follow-Up—Ages 6 to 17 Years ^H	—	54.91%	72.36%^	50th–74th
Follow-Up Care for Children Prescribed ADHD Medication				
Initiation Phase ^H	33.78%	29.03%	36.62%	25th–49th
Continuation and Maintenance Phase ^H	46.94%	38.60%	52.83%	50th–74th
Metabolic Monitoring for Children and Adolescents on Antipsychotics				
Blood Glucose Testing—Ages 1 to 11 Years ^H	NA	NA	NA	—
Blood Glucose Testing—Ages 12 to 17 Years ^H	40.82%	53.33%	48.48%	<10th
Blood Glucose Testing—Total ^H	40.80%	50.00%	47.62%	10th–24th
Cholesterol Testing—Ages 1 to 11 Years ^H	NA	NA	NA	—
Cholesterol Testing—Ages 12 to 17 Years ^H	18.37%	27.78%	21.21%	<10th
Cholesterol Testing—Total ^H	19.20%	27.19%	24.60%	<10th
Blood Glucose and Cholesterol Testing—Ages 1 to 11 Years ^H	NA	NA	NA	—
Blood Glucose and Cholesterol Testing—Ages 12 to 17 Years ^H	18.37%	27.78%	20.20%	<10th
Blood Glucose and Cholesterol Testing—Total ^H	19.20%	27.19%	23.81%	<10th
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics				
Ages 1 to 11 Years ^H	—	NA	NA	—
Ages 12 to 17 Years ^H	—	71.43%	67.35%	50th–74th
Total ^H	—	72.00%	64.41%	50th–74th
Maternal and Perinatal Health				
Contraceptive Care—All Women				
MMEC—Ages 15 to 20 Years ^{SA}	—	—	16.44%	BTSA
LARC—Ages 15 to 20 Years ^{SA}	—	—	2.86%	BTSA
Contraceptive Care—Postpartum Women				
MMEC—3 Days—Ages 15 to 20 Years ^{SA}	—	—	NA	—
MMEC—90 Days—Ages 15 to 20 Years ^{SA}	—	—	NA	—
LARC—3 Days—Ages 15 to 20 Years ^{SA}	—	—	NA	—
LARC—90 Days—Ages 15 to 20 Years ^{SA}	—	—	NA	—

Performance Measures	MY 2020 Rate	MY 2021 Rate	MY 2022 Rate	Benchmark Ranking
Prenatal and Postpartum Care				
Timeliness of Prenatal Care ^H	—	56.92%	34.07%^^	<10th
Care of Acute and Chronic Conditions				
Asthma Medication Ratio				
Ages 5 to 11 Years ^H	—	68.97%	65.26%	<10th
Ages 12 to 18 Years ^H	—	81.98%	51.09%^^	<10th
Total (Ages 5 to 18 Years) ^{SA}	—	75.43%	58.29%^^	BTSA
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis				
Ages 3 Months to 17 Years ^H	70.30%	—	81.48%	75th–89th
Use of Services				
Ambulatory Care: ED Visits				
<1 Year ^{*,SA}	—	20.02	634.88	WTSA
Ages 1 to 9 Years ^{*,SA}	—	17.63	319.37	WTSA
Ages 10 to 19 Years ^{*,SA}	—	46.19	252.53	WTSA
Total (Ages 0 to 19 Years) ^{*,H}	—	19.23	289.07	WTSA

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

* 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 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.

DHMP Trend Table

Table B-2—DHMP Trend Table

Performance Measures	MY 2020 Rate	MY 2021 Rate	MY 2022 Rate	Benchmark Ranking
Primary Care Access and Preventive Care				
Child and Adolescent Well-Care Visits				
<i>Ages 3 to 11 Years^H</i>	42.93%	52.41%	46.24%^^	10th–24th
<i>Ages 12 to 17 Years^H</i>	35.26%	46.37%	44.11%	10th–24th
<i>Ages 18 to 21 Years^H</i>	50.12%	25.43%	28.88%	50th–74th
<i>Total^H</i>	46.11%	47.87%	43.71%^^	25th–49th
Childhood Immunization Status				
<i>DTaP^H</i>	81.94%	60.00%	81.58%^	≥90th
<i>IPV^H</i>	88.89%	68.00%	86.84%^	50th–74th
<i>MMR^H</i>	86.11%	78.00%	84.21%	50th–74th
<i>HiB^H</i>	87.50%	74.00%	84.21%	50th–74th
<i>Hepatitis B^H</i>	94.44%	58.00%	89.47%^	75th–89th
<i>VZV^H</i>	86.11%	76.00%	81.58%	25th–49th
<i>Hepatitis A^H</i>	84.72%	78.00%	81.58%	50th–74th
<i>Pneumococcal Conjugate^H</i>	83.33%	64.00%	81.58%^	≥90th
<i>Rotavirus^H</i>	80.56%	54.00%	73.68%^	75th–89th
<i>Influenza^H</i>	66.67%	60.00%	55.26%	50th–74th
<i>Combination 3^H</i>	81.94%	52.00%	78.95%^	≥90th
<i>Combination 7^H</i>	75.00%	48.00%	68.42%^	≥90th
<i>Combination 10^H</i>	63.89%	44.00%	52.63%	≥90th
Chlamydia Screening in Women				
<i>Ages 16 to 20 Years^H</i>	44.29%	38.33%	42.31%	10th–24th
Developmental Screening in the First Three Years of Life				
<i>1 Year^{SA}</i>	—	—	NA	—
<i>2 Years^{SA}</i>	—	—	75.00%	BTSA
<i>3 Years^{SA}</i>	—	—	41.07%	BTSA
<i>Total^{SA}</i>	—	—	55.12%	BTSA
Immunizations for Adolescents				
<i>Meningococcal^H</i>	91.33%	66.10%	83.45%^	50th–74th
<i>Tdap^H</i>	90.00%	66.10%	83.45%^	25th–49th
<i>HPV^H</i>	55.33%	43.50%	46.76%	75th–89th
<i>Combination 1 (Meningococcal, Tdap)^H</i>	88.00%	64.97%	82.73%^	50th–74th
<i>Combination 2 (Meningococcal, Tdap, HPV)^H</i>	54.00%	42.94%	46.76%	75th–89th

Performance Measures	MY 2020 Rate	MY 2021 Rate	MY 2022 Rate	Benchmark Ranking
Lead Screening in Children				
<i>Lead Screening in Children^H</i>	—	—	61.54%	25th–49th
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents				
<i>BMI Percentile—Ages 3 to 11 Years^H</i>	63.72%	71.28%	65.34%^^	10th–24th
<i>BMI Percentile—Ages 12 to 17 Years^H</i>	64.27%	73.94%	63.89%^^	10th–24th
<i>BMI Percentile—Total^H</i>	63.96%	72.47%	64.65%^^	10th–24th
<i>Counseling for Nutrition—Ages 3 to 11 Years^H</i>	72.30%	79.22%	72.31%^^	25th–49th
<i>Counseling for Nutrition—Ages 12 to 17 Years^H</i>	67.86%	75.89%	67.40%^^	25th–49th
<i>Counseling for Nutrition—Total^H</i>	70.36%	77.72%	69.97%^^	25th–49th
<i>Counseling for Physical Activity—Ages 3 to 11 Years^H</i>	71.64%	78.50%	70.92%^^	50th–74th
<i>Counseling for Physical Activity—Ages 12–17 Years^H</i>	67.69%	75.89%	67.18%^^	25th–49th
<i>Counseling for Physical Activity—Total^H</i>	69.92%	77.33%	69.13%^^	50th–74th
Well-Child Visits in the First 30 Months of Life				
<i>Well-Child Visits in the First 15 Months of Life—Six or More Well-Child Visits^H</i>	64.52%	50.00%	NA	—
<i>Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits^H</i>	66.18%	63.29%	63.89%	25th–49th
Behavioral Health Care				
Screening for Depression and Follow-Up Plan				
<i>Ages 12 to 17 Years^H</i>	—	—	33.60%	—
Follow-Up After Emergency Department Visit for Substance Use				
<i>7-Day Follow-Up—Ages 13 to 17 Years^H</i>	—	—	NA	—
<i>30-Day Follow-Up—Ages 13 to 17 Years^H</i>	—	—	NA	—
Follow-Up After Emergency Department Visit for Mental Illness				
<i>7-Day Follow-Up—Ages 6 to 17 Years^H</i>	—	—	NA	—
<i>30-Day Follow-Up—Ages 6 to 17 Years^H</i>	—	—	NA	—
Follow-Up After Hospitalization for Mental Illness				
<i>7-Day Follow-Up—Ages 6 to 17 Years^H</i>	—	NA	NA	—
<i>30-Day Follow-Up—Ages 6 to 17 Years^H</i>	—	NA	NA	—
Follow-Up Care for Children Prescribed ADHD Medication				
<i>Initiation Phase^H</i>	NA	NA	NA	—
<i>Continuation and Maintenance Phase^H</i>	NA	NA	NA	—

Performance Measures	MY 2020 Rate	MY 2021 Rate	MY 2022 Rate	Benchmark Ranking
Metabolic Monitoring for Children and Adolescents on Antipsychotics				
Blood Glucose Testing—Ages 1 to 11 Years ^H	NA	NA	NA	—
Blood Glucose Testing—Ages 12 to 17 Years ^H	NA	NA	NA	—
Blood Glucose Testing—Total ^H	NA	NA	NA	—
Cholesterol Testing—Ages 1 to 11 Years ^H	NA	NA	NA	—
Cholesterol Testing—Ages 12 to 17 Years ^H	NA	NA	NA	—
Cholesterol Testing—Total ^H	NA	NA	NA	—
Blood Glucose and Cholesterol Testing—Ages 1 to 11 Years ^H	NA	NA	NA	—
Blood Glucose and Cholesterol Testing—Ages 12 to 17 Years ^H	NA	NA	NA	—
Blood Glucose and Cholesterol Testing—Total ^H	NA	NA	NA	—
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics				
Ages 1 to 11 Years ^H	—	NA	NA	—
Ages 12 to 17 Years ^H	—	NA	NA	—
Total ^H	—	NA	NA	—
Maternal and Perinatal Health				
Contraceptive Care—All Women				
MMEC—Ages 15 to 20 Years ^{SA}	—	—	9.32%	BTSA
LARC—Ages 15 to 20 Years ^{SA}	—	—	1.43%	BTSA
Contraceptive Care—Postpartum Women				
MMEC—3 Days—Ages 15 to 20 Years ^{SA}	—	—	NA	—
MMEC—90 Days—Ages 15 to 20 Years ^{SA}	—	—	NA	—
LARC—3 Days—Ages 15 to 20 Years ^{SA}	—	—	NA	—
LARC—90 Days—Ages 15 to 20 Years ^{SA}	—	—	NA	—
Prenatal and Postpartum Care				
Timeliness of Prenatal Care ^H	—	NA	75.00%	10th–24th
Care of Acute and Chronic Conditions				
Asthma Medication Ratio				
Ages 5 to 11 Years ^H	—	NA	NA	—
Ages 12 to 18 Years ^H	—	NA	NA	—
Total (Ages 5 to 18 Years) ^{SA}	—	NA	NA	—
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis				
Ages 3 Months to 17 Years ^H	NA	—	NA	—

Performance Measures	MY 2020 Rate	MY 2021 Rate	MY 2022 Rate	Benchmark Ranking
Use of Services				
Ambulatory Care: ED Visits				
<1 Year ^{*,SA}	—	14.97	726.82	WTSA
Ages 1 to 9 Years ^{*,SA}	—	11.40	301.35	WTSA
Ages 10 to 19 Years ^{*,SA}	—	34.29	139.35	BTSA
Total (Ages 0 to 19 Years) ^{*,H}	—	13.31	218.97	BTSA

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

* 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 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.

Kaiser Trend Table

Table B-3—Kaiser Trend Table

Performance Measures	MY 2020 Rate	MY 2021 Rate	MY 2022 Rate	Benchmark Ranking
Primary Care Access and Preventive Care				
Child and Adolescent Well-Care Visits				
<i>Ages 3 to 11 Years^H</i>	30.45%	48.51%	46.98%	10th–24th
<i>Ages 12 to 17 Years^H</i>	30.45%	41.81%	40.83%	10th–24th
<i>Ages 18 to 21 Years^H</i>	41.16%	30.16%	26.69%	50th–74th
<i>Total^H</i>	34.60%	44.27%	42.70%	10th–24th
Childhood Immunization Status				
<i>DTaP^H</i>	71.25%	78.90%	71.88%	50th–74th
<i>IPV^H</i>	85.63%	92.66%	85.42%	25th–49th
<i>MMR^H</i>	86.25%	89.91%	84.38%	50th–74th
<i>HiB^H</i>	87.50%	91.74%	84.38%	50th–74th
<i>Hepatitis B^H</i>	85.00%	94.50%	88.54%	50th–74th
<i>VZV^H</i>	84.38%	88.99%	85.42%	50th–74th
<i>Hepatitis A^H</i>	83.75%	90.83%	86.46%	75th–89th
<i>Pneumococcal Conjugate^H</i>	80.63%	84.40%	78.13%	75th–89th
<i>Rotavirus^H</i>	78.13%	78.90%	72.92%	50th–74th
<i>Influenza^H</i>	62.50%	72.48%	60.42%	75th–89th
<i>Combination 3^H</i>	67.50%	77.06%	67.71%	50th–74th
<i>Combination 7^H</i>	63.75%	69.72%	60.42%	75th–89th
<i>Combination 10^H</i>	49.38%	56.88%	47.92%	75th–89th
Chlamydia Screening in Women				
<i>Ages 16 to 20 Years^H</i>	45.83%	47.12%	38.61%	10th–24th
Developmental Screening in the First Three Years of Life				
<i>1 Year^{SA}</i>	—	—	35.21%	BTSA
<i>2 Years^{SA}</i>	—	—	77.08%	BTSA
<i>3 Years^{SA}</i>	—	—	65.09%	BTSA
<i>Total^{SA}</i>	—	—	61.54%	BTSA
Immunizations for Adolescents				
<i>Meningococcal^H</i>	87.50%	81.02%	80.28%	25th–49th
<i>Tdap^H</i>	91.55%	87.35%	85.21%	50th–74th
<i>HPV^H</i>	61.15%	43.67%	44.37%	75th–89th
<i>Combination 1 (Meningococcal, Tdap)^H</i>	85.81%	80.12%	79.58%	50th–74th
<i>Combination 2 (Meningococcal, Tdap, HPV)^H</i>	59.46%	42.47%	43.31%	75th–89th
Lead Screening in Children				
<i>Lead Screening in Children^H</i>	—	—	2.08%	<10th

Performance Measures	MY 2020 Rate	MY 2021 Rate	MY 2022 Rate	Benchmark Ranking
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents				
<i>BMI Percentile—Ages 3 to 11 Years^H</i>	93.78%	91.40%	90.55%	≥90th
<i>BMI Percentile—Ages 12 to 17 Years^H</i>	93.14%	89.91%	90.57%	≥90th
<i>BMI Percentile—Total^H</i>	93.52%	90.75%	90.56%	≥90th
<i>Counseling for Nutrition—Ages 3 to 11 Years^H</i>	89.32%	93.60%	91.11%	≥90th
<i>Counseling for Nutrition—Ages 12 to 17 Years^H</i>	89.28%	91.70%	91.74%	≥90th
<i>Counseling for Nutrition—Total^H</i>	89.31%	92.77%	91.40%	≥90th
<i>Counseling for Physical Activity—Ages 3 to 11 Years^H</i>	89.32%	93.88%	91.44%	≥90th
<i>Counseling for Physical Activity—Ages 12–17 Years^H</i>	89.28%	92.14%	92.13%	≥90th
<i>Counseling for Physical Activity—Total^H</i>	89.31%	93.12%	91.75%	≥90th
Well-Child Visits in the First 30 Months of Life				
<i>Well-Child Visits in the First 15 Months of Life—Six or More Well-Child Visits^H</i>	51.35%	16.67%	23.61%	<10th
<i>Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits^H</i>	61.18%	47.55%	64.20%^	25th–49th
Behavioral Health Care				
Screening for Depression and Follow-Up Plan				
<i>Ages 12 to 17 Years^H</i>	—	—	1.00%	—
Follow-Up After Emergency Department Visit for Substance Use				
<i>7-Day Follow-Up—Ages 13 to 17 Years^H</i>	—	—	NA	—
<i>30-Day Follow-Up—Ages 13 to 17 Years^H</i>	—	—	NA	—
Follow-Up After Emergency Department Visit for Mental Illness				
<i>7-Day Follow-Up—Ages 6 to 17 Years^H</i>	—	—	NA	—
<i>30-Day Follow-Up—Ages 6 to 17 Years^H</i>	—	—	NA	—
Follow-Up After Hospitalization for Mental Illness				
<i>7-Day Follow-Up—Ages 6 to 17 Years^H</i>	—	NA	NA	—
<i>30-Day Follow-Up—Ages 6 to 17 Years^H</i>	—	NA	NA	—
Follow-Up Care for Children Prescribed ADHD Medication				
<i>Initiation Phase^H</i>	NA	37.14%	54.84%	≥90th
<i>Continuation and Maintenance Phase^H</i>	NA	NA	NA	—

Performance Measures	MY 2020 Rate	MY 2021 Rate	MY 2022 Rate	Benchmark Ranking
Metabolic Monitoring for Children and Adolescents on Antipsychotics				
Blood Glucose Testing—Ages 1 to 11 Years ^H	NA	NA	NA	—
Blood Glucose Testing—Ages 12 to 17 Years ^H	NA	NA	NA	—
Blood Glucose Testing—Total ^H	NA	NA	NA	—
Cholesterol Testing—Ages 1 to 11 Years ^H	NA	NA	NA	—
Cholesterol Testing—Ages 12 to 17 Years ^H	NA	NA	NA	—
Cholesterol Testing—Total ^H	NA	NA	NA	—
Blood Glucose and Cholesterol Testing—Ages 1 to 11 Years ^H	NA	NA	NA	—
Blood Glucose and Cholesterol Testing—Ages 12 to 17 Years ^H	NA	NA	NA	—
Blood Glucose and Cholesterol Testing—Total ^H	NA	NA	NA	—
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics				
Ages 1 to 11 Years ^H	—	NA	NA	—
Ages 12 to 17 Years ^H	—	NA	NA	—
Total ^H	—	NA	NA	—
Maternal and Perinatal Health				
Contraceptive Care—All Women				
MMEC—Ages 15 to 20 Years ^{SA}	—	—	17.62%	BTSA
LARC—Ages 15 to 20 Years ^{SA}	—	—	4.13%	BTSA
Contraceptive Care—Postpartum Women				
MMEC—3 Days—Ages 15 to 20 Years ^{SA}	—	—	NA	—
MMEC—90 Days—Ages 15 to 20 Years ^{SA}	—	—	NA	—
LARC—3 Days—Ages 15 to 20 Years ^{SA}	—	—	NA	—
LARC—90 Days—Ages 15 to 20 Years ^{SA}	—	—	NA	—
Prenatal and Postpartum Care				
Timeliness of Prenatal Care ^H	—	NA	70.21%	<10th
Care of Acute and Chronic Conditions				
Asthma Medication Ratio				
Ages 5 to 11 Years ^H	—	NA	NA	—
Ages 12 to 18 Years ^H	—	NA	NA	—
Total (Ages 5 to 18 Years) ^{SA}	—	91.18%	80.00%	BTSA
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis				
Ages 3 Months to 17 Years ^H	97.06%	—	NA	—

Performance Measures	MY 2020 Rate	MY 2021 Rate	MY 2022 Rate	Benchmark Ranking
Use of Services				
Ambulatory Care: ED Visits				
<1 Year ^{*,SA}	—	—	576.00	BTSA
Ages 1 to 9 Years ^{*,SA}	—	—	291.92	BTSA
Ages 10 to 19 Years ^{*,SA}	—	—	173.79	BTSA
Total (Ages 0 to 19 Years) ^{*,H}	—	—	228.53	BTSA

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

* 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 there was no benchmark for comparison.

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

RMHP Trend Table

Table B-4—RMHP Trend Table

Performance Measures	MY 2020 Rate	MY 2021 Rate	MY 2022 Rate	Benchmark Ranking
Primary Care Access and Preventive Care				
Child and Adolescent Well-Care Visits				
<i>Ages 3 to 11 Years^H</i>	45.15%	56.45%	51.14%^^	25th–49th
<i>Ages 12 to 17 Years^H</i>	32.37%	46.44%	46.15%	25th–49th
<i>Ages 18 to 21 Years^H</i>	54.59%	30.69%	21.83%^^	25th–49th
<i>Total^H</i>	45.15%	50.84%	47.14%^^	25th–49th
Childhood Immunization Status				
<i>DTaP^H</i>	64.76%	54.86%	70.55%^	50th–74th
<i>IPV^H</i>	74.89%	66.29%	81.51%^	10th–24th
<i>MMR^H</i>	80.62%	75.43%	83.56%^	25th–49th
<i>HiB^H</i>	74.89%	70.29%	82.19%^	25th–49th
<i>Hepatitis B^H</i>	75.33%	68.00%	80.14%^	10th–24th
<i>VZV^H</i>	76.21%	74.86%	84.93%^	50th–74th
<i>Hepatitis A^H</i>	81.94%	71.43%	78.08%	25th–49th
<i>Pneumococcal Conjugate^H</i>	69.16%	60.57%	73.97%^	50th–74th
<i>Rotavirus^H</i>	64.32%	62.86%	73.97%^	75th–89th
<i>Influenza^H</i>	55.07%	56.57%	45.89%	25th–49th
<i>Combination 3^H</i>	59.47%	52.00%	64.38%^	50th–74th
<i>Combination 7^H</i>	53.74%	49.14%	61.64%^	75th–89th
<i>Combination 10^H</i>	41.85%	42.86%	37.67%	50th–74th
Chlamydia Screening in Women				
<i>Ages 16 to 20 Years^H</i>	30.77%	35.05%	32.12%	<10th
Developmental Screening in the First Three Years of Life				
<i>1 Year^{SA}</i>	—	66.21%	63.33%	BTSA
<i>2 Years^{SA}</i>	—	64.80%	65.73%	BTSA
<i>3 Years^{SA}</i>	—	48.87%	51.58%	BTSA
<i>Total^{SA}</i>	—	57.54%	58.87%	BTSA
Immunizations for Adolescents				
<i>Meningococcal^H</i>	67.37%	70.02%	62.24%^^	<10th
<i>Tdap^H</i>	82.34%	82.77%	85.13%	25th–49th
<i>HPV^H</i>	33.53%	36.69%	26.54%^^	<10th
<i>Combination 1 (Meningococcal, Tdap)^H</i>	63.47%	68.90%	61.33%^^	<10th
<i>Combination 2 (Meningococcal, Tdap, HPV)^H</i>	28.44%	33.11%	22.43%^^	<10th

Performance Measures	MY 2020 Rate	MY 2021 Rate	MY 2022 Rate	Benchmark Ranking
Lead Screening in Children				
Lead Screening in Children ^H	—	—	35.37%	<10th
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents				
BMI Percentile—Ages 3 to 11 Years ^H	13.59%	17.32%	19.72%	<10th
BMI Percentile—Ages 12 to 17 Years ^H	13.68%	19.13%	21.21%	<10th
BMI Percentile—Total ^H	13.63%	18.06%	20.36%	<10th
Counseling for Nutrition—Ages 3 to 11 Years ^H	26.94%	30.42%	25.84%^^	<10th
Counseling for Nutrition—Ages 12 to 17 Years ^H	22.47%	22.68%	21.73%	<10th
Counseling for Nutrition—Total ^H	25.20%	27.26%	24.06%^^	<10th
Counseling for Physical Activity—Ages 3 to 11 Years ^H	6.51%	13.59%	18.01%^	<10th
Counseling for Physical Activity—Ages 12–17 Years ^H	6.53%	15.22%	19.17%^	<10th
Counseling for Physical Activity—Total ^H	6.52%	14.26%	18.52%^	<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	22.69%	26.79%	41.18%^	10th–24th
Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits ^H	75.24%	71.43%	70.00%	50th–74th
Behavioral Health Care				
Screening for Depression and Follow-Up Plan				
Ages 12 to 17 Years ^H	—	6.81%	9.17%	—
Follow-Up After Emergency Department Visit for Substance Use				
7-Day Follow-Up—Ages 13 to 17 Years ^H	—	—	NA	—
30-Day Follow-Up—Ages 13 to 17 Years ^H	—	—	NA	—
Follow-Up After Emergency Department Visit for Mental Illness				
7-Day Follow-Up—Ages 6 to 17 Years ^H	—	—	NA	—
30-Day Follow-Up—Ages 6 to 17 Years ^H	—	—	NA	—
Follow-Up After Hospitalization for Mental Illness				
7-Day Follow-Up—Ages 6 to 17 Years ^H	—	35.48%	NA	—
30-Day Follow-Up—Ages 6 to 17 Years ^H	—	58.06%	NA	—
Follow-Up Care for Children Prescribed ADHD Medication				
Initiation Phase ^H	51.22%	40.91%	41.86%	50th–74th
Continuation and Maintenance Phase ^H	NA	NA	NA	—

Performance Measures	MY 2020 Rate	MY 2021 Rate	MY 2022 Rate	Benchmark Ranking
Metabolic Monitoring for Children and Adolescents on Antipsychotics				
Blood Glucose Testing—Ages 1 to 11 Years ^H	NA	NA	NA	—
Blood Glucose Testing—Ages 12 to 17 Years ^H	NA	NA	NA	—
Blood Glucose Testing—Total ^H	NA	NA	NA	—
Cholesterol Testing—Ages 1 to 11 Years ^H	NA	NA	NA	—
Cholesterol Testing—Ages 12 to 17 Years ^H	NA	NA	NA	—
Cholesterol Testing—Total ^H	NA	NA	NA	—
Blood Glucose and Cholesterol Testing—Ages 1 to 11 Years ^H	NA	NA	NA	—
Blood Glucose and Cholesterol Testing—Ages 12 to 17 Years ^H	NA	NA	NA	—
Blood Glucose and Cholesterol Testing—Total ^H	NA	NA	NA	—
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics				
Ages 1 to 11 Years ^H	—	NA	NA	—
Ages 12 to 17 Years ^H	—	NA	NA	—
Total ^H	—	NA	NA	—
Maternal and Perinatal Health				
Contraceptive Care—All Women				
MMEC—Ages 15 to 20 Years ^{SA}	—	24.39%	20.88%	BTSA
LARC—Ages 15 to 20 Years ^{SA}	—	5.49%	4.52%	BTSA
Contraceptive Care—Postpartum Women				
MMEC—3 Days—Ages 15 to 20 Years ^{SA}	—	NA	NA	—
MMEC—90 Days—Ages 15 to 20 Years ^{SA}	—	NA	NA	—
LARC—3 Days—Ages 15 to 20 Years ^{SA}	—	NA	NA	—
LARC—90 Days—Ages 15 to 20 Years ^{SA}	—	NA	NA	—
Prenatal and Postpartum Care				
Timeliness of Prenatal Care ^H	—	NA	38.10%	<10th
Care of Acute and Chronic Conditions				
Asthma Medication Ratio				
Ages 5 to 11 Years ^H	—	NA	NA	—
Ages 12 to 18 Years ^H	—	NA	NA	—
Total (Ages 5 to 18 Years) ^{SA}	—	82.50%	77.78%	BTSA
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis				
Ages 3 Months to 17 Years ^H	77.00%	—	81.16%	75th–89th

Performance Measures	MY 2020 Rate	MY 2021 Rate	MY 2022 Rate	Benchmark Ranking
Use of Services				
Ambulatory Care: ED Visits				
<1 Year ^{*,SA}	—	12.73	540.25	BTSA
Ages 1 to 9 Years ^{*,SA}	—	15.10	210.32	BTSA
Ages 10 to 19 Years ^{*,SA}	—	30.63	195.47	BTSA
Total (Ages 0 to 19 Years) ^{*,H}	—	14.34	209.36	BTSA

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

* 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 there was no benchmark for comparison.

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



DentaQuest Trend Table

Table B-5—DentaQuest Trend Table

Performance Measures	MY 2020 Rate	MY 2021 Rate	MY 2022 Rate	Benchmark Ranking
Dental and Oral Health Services				
Oral Evaluation, Dental Services				
<1 Year	—	—	3.85%	—
1–2 Years	—	—	24.60%	—
3–5 Years	—	—	38.64%	—
6–7 Years	—	—	44.73%	—
8–9 Years	—	—	45.51%	—
10–11 Years	—	—	43.72%	—
12–14 Years	—	—	41.78%	—
15–18 Years	—	—	32.58%	—
19–20 Years	—	—	22.83%	—
Total	—	—	38.25%	—
Sealant Receipt on Permanent First Molars				
At Least One Sealant	—	24.49%	43.06%	—
All Four Molars Sealed by the 10th Birthdate	—	14.30%	29.27%	—
Topical Fluoride for Children				
Dental Services—1–2 Years	—	—	21.39%	—
Dental Services—3–5 Years	—	—	26.41%	—
Dental Services—6–7 Years	—	—	28.90%	—
Dental Services—8–9 Years	—	—	30.16%	—
Dental Services—10–11 Years	—	—	28.06%	—
Dental Services—12–14 Years	—	—	24.04%	—
Dental Services—15–18 Years	—	—	17.67%	—
Dental Services—19–20 Years	—	—	7.14%	—
Dental Services—Total	—	—	24.19%	—

— 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 there was no benchmark for comparison.



Colorado CHP+ Weighted Averages Trend Table

Given that the health plans varied in membership size, the statewide average rate for each measure was weighted by each health plan’s eligible population for the measure. For the health plans with rates reported as *Small Denominator (NA)*, the numerators, denominators, and eligible populations were included in the calculations of the statewide rate. Health plan rates reported as *Biased Rate (BR)* or *Not Reported (NR)* were excluded from the statewide rate calculation.

Table B-6—Colorado CHP+ Weighted Average Trend Table

Performance Measures	MY 2020 Rate	MY 2021 Rate	MY 2022 Rate	Plan Rate Range
Primary Care Access and Preventive Care				
Child and Adolescent Well-Care Visits				
<i>Ages 3 to 11 Years</i>	41.50%	51.70%	47.20%^^	46.24%–51.14%
<i>Ages 12 to 17 Years</i>	29.64%	43.73%	40.79%	39.27%–46.15%
<i>Ages 18 to 21 Years</i>	51.62%	28.36%	23.90%^^	21.83%–28.88%
<i>Total</i>	45.23%	46.98%	42.88%^^	41.86%–47.14%
Childhood Immunization Status				
<i>DTaP</i>	74.36%	68.97%	68.49%	66.42%–81.58%
<i>IPV</i>	84.33%	81.54%	81.75%	80.81%–86.84%
<i>MMR</i>	86.23%	82.96%	81.39%	80.07%–84.38%
<i>HiB</i>	84.19%	82.35%	80.90%	79.70%–84.38%
<i>Hepatitis B</i>	83.92%	81.24%	78.35%	75.28%–89.47%
<i>VZV</i>	84.12%	81.95%	81.27%	79.52%–85.42%
<i>Hepatitis A</i>	82.50%	80.02%	79.32%	78.08%–86.46%
<i>Pneumococcal Conjugate</i>	77.88%	74.54%	72.51%	70.48%–81.58%
<i>Rotavirus</i>	74.15%	70.99%	70.44%	68.82%–73.97%
<i>Influenza</i>	63.70%	63.29%	51.70%^^	45.89%–60.42%
<i>Combination 3</i>	69.20%	64.91%	61.19%	57.93%–78.95%
<i>Combination 7</i>	62.62%	57.91%	55.84%	52.58%–68.42%
<i>Combination 10</i>	50.95%	48.48%	39.54%^^	37.64%–52.63%
Chlamydia Screening in Women				
<i>Ages 16 to 20 Years</i>	35.29%	36.58%	31.44%^^	29.07%–42.31%
Developmental Screening in the First Three Years of Life				
<i>1 Year</i>	—	66.21%	48.58%^^	35.21%–63.33%
<i>2 Years</i>	—	64.80%	44.82%^^	38.65%–77.08%
<i>3 Years</i>	—	48.87%	27.99%^^	23.06%–65.09%
<i>Total</i>	—	57.54%	37.84%^^	33.36%–61.54%
Immunizations for Adolescents				
<i>Meningococcal</i>	77.63%	74.26%	72.27%	53.95%–83.45%
<i>Tdap</i>	87.12%	82.09%	82.94%	59.45%–85.21%

Performance Measures	MY 2020 Rate	MY 2021 Rate	MY 2022 Rate	Plan Rate Range
HPV	45.28%	39.50%	35.53% ^^	23.11%–46.76%
Combination 1 (Meningococcal, Tdap)	76.12%	73.38%	71.47%	61.33%–82.73%
Combination 2 (Meningococcal, Tdap, HPV)	42.47%	37.06%	33.30% ^^	22.43%–46.76%
Lead Screening in Children				
Lead Screening in Children	—	—	29.78%	2.08%–61.54%
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents				
BMI Percentile—Ages 3 to 11 Years	22.95%	24.90%	26.56%	16.27%–90.55%
BMI Percentile—Ages 12 to 17 Years	26.36%	29.07%	30.37%	20.09%–90.57%
BMI Percentile—Total	24.29%	26.61%	28.21%	17.90%–90.56%
Counseling for Nutrition—Ages 3 to 11 Years	22.48%	26.83%	29.85%^	19.07%–91.11%
Counseling for Nutrition—Ages 12 to 17 Years	23.16%	26.80%	29.52%	18.24%–91.74%
Counseling for Nutrition—Total	22.75%	26.82%	29.71%	18.71%–91.40%
Counseling for Physical Activity—Ages 3 to 11 Years	16.79%	20.44%	23.69%^	12.05%–91.44%
Counseling for Physical Activity—Ages 12–17 Years	19.28%	23.36%	26.77%^	14.74%–92.13%
Counseling for Physical Activity—Total	17.76%	21.63%	25.03%^	13.20%–91.75%
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	48.90%	47.60%	46.06%	23.61%–52.51%
Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits	73.12%	63.58%	59.14% ^^	55.06%–70.00%
Behavioral Health Care				
Screening for Depression and Follow-Up Plan				
Ages 12 to 17 Years	—	6.81%	13.41%^	1.00%–33.60%
Follow-Up After Emergency Department Visit for Substance Use				
7-Day Follow-Up—Ages 13 to 17 Years	—	—	26.83%	22.58%
30-Day Follow-Up—Ages 13 to 17 Years	—	—	31.71%	29.03%
Follow-Up After Emergency Department Visit for Mental Illness				
7-Day Follow-Up—Ages 6 to 17 Years	—	—	58.54%	76.27%
30-Day Follow-Up—Ages 6 to 17 Years	—	—	71.95%	86.44%
Follow-Up After Hospitalization for Mental Illness				
7-Day Follow-Up—Ages 6 to 17 Years	—	41.15%	40.36%	30.08%
30-Day Follow-Up—Ages 6 to 17 Years	—	58.85%	75.90%^	72.36%
Follow-Up Care for Children Prescribed ADHD Medication				
Initiation Phase	36.45%	32.05%	38.64%	36.62%–54.84%
Continuation and Maintenance Phase	50.85%	40.79%	53.33%	52.83%

Performance Measures	MY 2020 Rate	MY 2021 Rate	MY 2022 Rate	Plan Rate Range
Metabolic Monitoring for Children and Adolescents on Antipsychotics				
Blood Glucose Testing—Ages 1 to 11 Years	40.63%	NA	41.94%	—
Blood Glucose Testing—Ages 12 to 17 Years	45.38%	56.45%	53.91%	48.48%
Blood Glucose Testing—Total	44.44%	53.02%	51.57%	47.62%
Cholesterol Testing—Ages 1 to 11 Years	25.00%	NA	35.48%	—
Cholesterol Testing—Ages 12 to 17 Years	25.38%	29.84%	26.56%	21.21%
Cholesterol Testing—Total	25.31%	28.86%	28.30%	24.60%
Blood Glucose and Cholesterol Testing—Ages 1 to 11 Years	25.00%	NA	35.48%	—
Blood Glucose and Cholesterol Testing—Ages 12 to 17 Years	25.38%	29.84%	25.78%	20.20%
Blood Glucose and Cholesterol Testing—Total	25.31%	28.86%	27.67%	23.81%
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics				
Ages 1 to 11 Years	—	NA	NA	—
Ages 12 to 17 Years	—	69.49%	68.25%	67.35%
Total	—	71.01%	66.67%	64.41%
Maternal and Perinatal Health				
Contraceptive Care—All Women				
MMEC—Ages 15 to 20 Years	—	24.39%	16.87%^^	9.32%–20.88%
LARC—Ages 15 to 20 Years	—	5.49%	3.19%	1.43%–4.52%
Contraceptive Care—Postpartum Women				
MMEC—3 Days—Ages 15 to 20 Years	—	NA	0.00%	—
MMEC—90 Days—Ages 15 to 20 Years	—	NA	64.86%	—
LARC—3 Days—Ages 15 to 20 Years	—	NA	2.70%	—
LARC—90 Days—Ages 15 to 20 Years	—	NA	35.14%	—
Prenatal and Postpartum Care				
Timeliness of Prenatal Care	58.45%	54.95%	42.05%^^	0.00%–95.24%
Care of Acute and Chronic Conditions				
Asthma Medication Ratio				
Ages 5 to 11 Years	—	70.80%	67.95%	65.26%
Ages 12 to 18 Years	—	82.33%	55.22%^^	51.09%
Total (Ages 5 to 18 Years)	—	76.42%	61.64%^^	58.29%–80.00%
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis				
Ages 3 Months to 17 Years	72.27%	—	82.81%	81.16%–81.48%

Performance Measures	MY 2020 Rate	MY 2021 Rate	MY 2022 Rate	Plan Rate Range
Use of Services				
Ambulatory Care: ED Visits*				
<1 Year	—	221.79	620.06	726.82–540.25
Ages 1 to 9 Years	—	201.29	298.85	319.37–210.32
Ages 10 to 19 Years	—	510.38	228.12	252.53–139.35
Total (Ages 0–19 Years)	—	216.21	266.30	289.07–209.36
Dental and Oral Health Services				
Oral Evaluation, Dental Services				
<1 Year	—	—	3.85%	3.85%
Ages 1 to 2 Years	—	—	24.60%	24.60%
Ages 3 to 5 Years	—	—	38.64%	38.64%
Ages 6 to 7 Years	—	—	44.73%	44.73%
Ages 8 to 9 Years	—	—	45.51%	45.51%
Ages 10 to 11 Years	—	—	43.72%	43.72%
Ages 12 to 14 Years	—	—	41.78%	41.78%
Ages 15 to 18 Years	—	—	32.58%	32.58%
Ages 19 to 20 Years	—	—	22.83%	22.83%
Total	—	—	38.25%	38.25%
Sealant Receipt on Permanent First Molars				
At Least One Sealant	—	24.49%	43.06%	43.06%
All Four Molars Sealed by the 10th Birthdate	—	14.30%	29.27%	29.27%
Topical Fluoride for Children				
Dental Services—Ages 1 to 2 Years	—	—	21.39%	21.39%
Dental Services—Ages 3 to 5 Years	—	—	26.41%	26.41%
Dental Services—Ages 6 to 7 Years	—	—	28.90%	28.90%
Dental Services—Ages 8 to 9 Years	—	—	30.16%	30.16%
Dental Services—Ages 10 to 11 Years	—	—	28.06%	28.06%
Dental Services—Ages 12 to 14 Years	—	—	24.04%	24.04%
Dental Services—Ages 15 to 18 Years	—	—	17.67%	17.67%
Dental Services—Ages 19 to 20 Years	—	—	7.14%	7.14%
Dental Services—Total	—	—	24.19%	24.19%

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

* 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 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 System Findings

NCQA’s IS standards are the guidelines used by NCQA-certified HEDIS compliance auditors to assess the health plans’ HEDIS reporting capabilities.^{C-1} HSAG evaluated each health plan on six IS standards. To assess the health plans’ adherence to standards, HSAG reviewed several documents for the CHP+ health plans, which included the Final Audit Reports (FARs) (generated by an NCQA-licensed audit organization [LO]), custom rate reporting templates, and audit review tables. The findings indicated that all health plans were fully compliant with all of NCQA’s IS standards. For the health plans that were compliant, no issues were identified that resulted in material bias to the HEDIS measure results reported for the CHP+ population. These health plans accurately reported all Department-required HEDIS performance measures.

All the health plans 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, all the health plans’ software vendors’ non-HEDIS measures underwent source code review by the health plans’ NCQA HEDIS Compliance Audit Licensed Organizations. The selected source codes were reviewed and approved for measure reporting.

Each Colorado CHP+ health plan contracted with a licensed HEDIS audit organization to perform the NCQA HEDIS Compliance Audit. The following table presents NCQA’s IS standards and summarizes the audit findings related to each IS standard for the CHP+ health plans.

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

Table C-1—Summary of Compliance With IS Standards

NCQA’s IS Standards	HSAG’s Findings Based on HEDIS MY 2022 FAR Review
<p>IS 1.0—Medical Service Data—Sound Coding Methods and Data Capture, Transfer, and Entry</p> <ul style="list-style-type: none"> • Industry standard codes are required and captured. • Primary and secondary diagnosis codes are identified. • Nonstandard codes (if used) are mapped to industry standard codes. • Standard submission forms are used. • Timely and accurate data entry processes and sufficient edit checks are used. • Data completeness is continually assessed, and all contracted vendors involved in medical claims processing are monitored. 	<p>All health plans were fully compliant with IS Standard 1.0 for medical services data capture and processing. No issues or concerns were noted for this standard relevant to the selected Colorado CHP+ measures.</p> <p>The health plans only accepted industry standard codes on industry standard forms.</p> <p>All data elements required for HEDIS reporting were adequately captured.</p>
<p>IS 2.0—Enrollment Data—Data Capture, Transfer, and Entry</p> <ul style="list-style-type: none"> • All HEDIS-relevant information for data entry or electronic transmissions of enrollment data is accurate and complete. • Manual entry of enrollment data is timely and accurate, and sufficient edit checks are in place. • The health plans continually assess data completeness and take steps to improve performance. • The health plans effectively monitor the quality and accuracy of electronic submissions. • The health plans have effective control processes for the transmission of enrollment data. 	<p>All health plans were fully compliant with IS Standard 2.0 for enrollment data capture and processing. No issues or concerns were noted for this standard relevant to the selected Colorado CHP+ measures.</p> <p>The health plans had policies and procedures in place for submitted electronic data. Data elements required for reporting were captured. Adequate validation processes were in place, ensuring data accuracy.</p>
<p>IS 3.0—Practitioner Data—Data Capture, Transfer, and Entry</p> <ul style="list-style-type: none"> • Provider specialties are fully documented and mapped to HEDIS provider specialties. • Effective procedures for submitting HEDIS-relevant information are in place. • Electronic transmissions of practitioner data are checked to ensure accuracy. • Processes and edit checks ensure accurate and timely entry of data into the transaction files. • Data completeness is assessed, and steps are taken to improve performance. • Vendors are regularly monitored against expected performance standards. 	<p>All health plans were fully compliant with IS Standard 3.0 for practitioner data capture and processing. No issues or concerns were noted for this standard relevant to the selected Colorado CHP+ measures.</p> <p>The health plans appropriately captured and documented practitioner data. Data validation processes were in place to verify practitioner data.</p> <p>In addition, for accuracy and completeness, all health plans reviewed all provider data received from delegated entities.</p>

NCQA’s IS Standards	HSAG’s Findings Based on HEDIS MY 2022 FAR Review
<p>IS 4.0—Medical Record Review Processes—Training, Sampling, Abstraction, and Oversight</p> <ul style="list-style-type: none"> Forms or tools used for medical record review capture all fields relevant to HEDIS reporting. Checking procedures are in place to ensure data integrity for electronic transmission of information. Retrieval and abstraction of data from medical records are accurately performed. Data entry processes, including edit checks, are timely and accurate. Data completeness is assessed, including steps to improve performance. Vendor performance is monitored against expected performance standards. 	<p>All health plans were fully compliant with IS Standard 4.0 for medical record review processes. No issues or concerns were noted for this standard relevant to the selected Colorado CHP+ measures. However, HSAG did not review this step since the State requires administrative rates only.</p> <p>The data collection tools used by the health plans were able to capture all data fields necessary for HEDIS reporting. Sufficient validation processes were in place to ensure data accuracy. However, HSAG did not review this step since the State requires administrative rates only.</p>
<p>IS 5.0—Supplemental Data—Capture, Transfer, and Entry</p> <ul style="list-style-type: none"> Nonstandard coding schemes are fully documented and mapped to industry standard codes. Effective procedures for submitting HEDIS-relevant information are in place. Electronic transmissions of supplemental data are checked to ensure accuracy. Data entry processes, including edit checks, are timely and accurate. Data completeness is assessed, including steps to improve performance. Vendor performance is monitored against expected performance standards. Data approved for electronic clinical data system (ECDS) reporting met reporting requirements. NCQA-certified eCOM (electronic clinical quality measure) data met reporting requirements. 	<p>All health plans were fully compliant with IS Standard 5.0 for supplemental data capture and processing. No issues or concerns were noted for this standard relevant to the selected Colorado CHP+ measures. Three health plans reported using only standard supplemental databases for reporting. The other three health plans reported using both standard and nonstandard supplemental databases for reporting.</p> <p>The HEDIS repository contained all data fields required for HEDIS reporting. In addition, staff members were interviewed to confirm the appropriate quality processes for the data source and to determine if primary source verification (PSV) was needed on all supplemental data that were in nonstandard form.</p>

NCQA’s IS Standards	HSAG’s Findings Based on HEDIS MY 2022 FAR Review
<p>IS 6.0 Data Preproduction Processing—Transfer, Consolidation, Control Procedures That Support Measure Reporting Integrity</p> <ul style="list-style-type: none"> • Nonstandard coding schemes are fully documented and mapped to industry standard codes. Organization-to-vendor mapping is fully documented. • Data transfers to HEDIS repository from transaction files are accurate and file consolidations, extracts, and derivations are accurate. • Repository structure and formatting is suitable for measures and enable required programming efforts. • Report production is managed effectively and operators perform appropriately. • Vendor performance is monitored against expected performance standards. 	<p>All health plans were fully compliant with IS Standard 6.0 for data preproduction processing.</p> <p>File consolidation and data extractions were performed by the health plans’ staff members. Data were verified for accuracy at each data merge point.</p>
<p>IS 7.0—Data Integration and Reporting—Accurate Reporting, Control Procedures That Support Measure Reporting Integrity</p> <ul style="list-style-type: none"> • Data transfers to the HEDIS measure vendor from the HEDIS repository are accurate. • Report production is managed effectively and operators perform appropriately. • HEDIS reporting software is managed properly. • The organization regularly monitors vendor performance against expected performance standards. 	<p>All the health plans were fully compliant with IS Standard 7.0 for data integration. No issues or concerns were noted for this standard relevant to the selected Colorado CHP+ measures.</p> <p>The health plans used an NCQA-certified measure vendor for data production and rate calculation.</p>

Appendix D. CHP+ Administrative and Hybrid Rates

Table D-1 shows DHMP’s rates for MY 2022 for measures with a hybrid option, along with the percentile ranking for each MY 2022 hybrid rate.

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

Performance Measure	Administrative Rate	Hybrid Rate	Percentile Ranking
<i>Primary Care Access and Preventive Care</i>			
<i>Childhood Immunization Status</i>			
<i>Combination 3</i>	78.95%	81.58%	≥90th
<i>Combination 7</i>	68.42%	71.05%	≥90th
<i>Combination 10</i>	52.63%	55.26%	≥90th
<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</i>			
<i>BMI Percentile—Total</i>	64.65%	92.94%	≥90th
<i>Counseling for Nutrition—Total</i>	69.97%	84.18%	≥90th
<i>Counseling for Physical Activity—Total</i>	69.13%	83.21%	≥90th
<i>Maternal and Perinatal Health</i>			
<i>Prenatal and Postpartum Care</i>			
<i>Timeliness of Prenatal Care</i>	75.00%	NA	—

— indicates that the rate was not comparable to benchmarks.

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

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

Performance Measure	Administrative Rate	Hybrid Rate	Percentile Ranking
<i>Primary Care Access and Preventive Care</i>			
<i>Childhood Immunization Status</i>			
<i>Combination 3</i>	64.38%	65.75%	50th–74th
<i>Combination 7</i>	61.64%	63.01%	75th–89th
<i>Combination 10</i>	37.67%	39.04%	50th–74th
<i>Immunizations for Adolescents</i>			
<i>Combination 1</i>	61.33%	62.04%	<25th
<i>Combination 2</i>	22.43%	23.11%	<25th
<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</i>			
<i>BMI Percentile—Total</i>	20.36%	84.72%	75th–89th



Performance Measure	Administrative Rate	Hybrid Rate	Percentile Ranking
<i>Counseling for Nutrition—Total</i>	24.06%	73.89%	50th–74th
<i>Counseling for Physical Activity—Total</i>	18.52%	74.44%	50th–74th
<i>Maternal and Perinatal Health</i>			
<i>Prenatal and Postpartum Care</i>			
<i>Timeliness of Prenatal Care</i>	38.10%	95.24%	≥90th

Appendix E. CHP+ Weighted Averages

Table E-1 shows the Colorado CHP+ weighted averages for MY 2020 through MY 2022 along with the percentile ranking for each MY 2022 rate. HEDIS rates for MY 2022 shaded green with one caret (^) indicate a statistically significant improvement in performance from the previous year. HEDIS rates for MY 2022 shaded red with two carets (^) indicate a statistically significant decline in performance from the previous year.^{E-1} For measures in the Use of Services domain, HSAG did not perform significance testing because variances were not provided in the IDSS files; therefore, differences in rates are reported here without significance testing. In addition, higher or lower rates do not necessarily indicate better or worse performance for the measures in the Use of Services domain.

Table E-1—Colorado CHP+ Weighted Averages

Performance Measures	HEDIS MY 2020 Rate	HEDIS MY 2021 Rate	HEDIS MY 2022 Rate	Percentile Ranking
<i>Primary Care Access and Preventive Care</i>				
<i>Child and Adolescent Well-Care Visits^H</i>				
<i>Total</i>	45.23%	46.98%	42.88%^^	10th–24th
<i>Childhood Immunization Status^H</i>				
<i>Combination 3</i>	69.20%	64.91%	61.19%	25th–49th
<i>Combination 7</i>	62.62%	57.91%	55.84%	50th–74th
<i>Combination 10</i>	50.95%	48.48%	39.54%^^	50th–74th
<i>Chlamydia Screening in Women^H</i>				
<i>Ages 16 to 20 Years</i>	35.29%	36.58%	31.44%^^	<10th
<i>Developmental Screening in the First Three Years of Life^{SA}</i>				
<i>Total</i>	—	57.54%	37.84%^^	—
<i>Immunizations for Adolescents^H</i>				
<i>Combination 1</i>	76.12%	73.38%	71.47%	10th–24th
<i>Combination 2</i>	42.47%	37.06%	33.30%^^	25th–49th
<i>Lead Screening in Children^H</i>				
<i>Lead Screening in Children</i>	—	—	29.78%	<10th
<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents^H</i>				
<i>BMI Percentile—Total</i>	24.29%	26.61%	28.21%	<10th
<i>Counseling for Nutrition—Total</i>	22.75%	26.82%	29.71%	<10th
<i>Counseling for Physical Activity—Total</i>	17.76%	21.63%	25.03%^	<10th

^{E-1} HEDIS measure performance comparisons are based on the Chi-square test of statistical significance with a *p* value <0.05. A change in performance is considered statistically significant in this report if there was at least a 3-percentage point difference from MY 2021 to MY 2022.

Performance Measures	HEDIS MY 2020 Rate	HEDIS MY 2021 Rate	HEDIS MY 2022 Rate	Percentile Ranking
Well-Child Visits in the First 30 Months of Life^H				
Well-Child Visits in the First 15 Months—Six or More Well-Child Visits	48.90%	47.60%	46.06%	10th–24th
Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits	73.12%	63.58%	59.14%^^	10th–24th
Maternal and Perinatal Health				
Contraceptive Care—All Women^{SA}				
MMEC—Ages 15 to 20 Years	—	24.39%	16.87%^^	—
LARC—Ages 15 to 20 Years	—	5.49%	3.19%	—
Contraceptive Care—Postpartum Women^{SA}				
MMEC—3 Days—Ages 15 to 20 Years	—	—	0.00%	—
MMEC—90 Days—Ages 15 to 20 Years	—	—	64.86%	—
LARC—3 Days—Ages 15 to 20 Years	—	—	2.70%	—
LARC—90 Days—Ages 15 to 20 Years	—	—	35.14%	—
Prenatal and Postpartum Care^H				
Timeliness of Prenatal Care	58.45%	54.95%	42.05%^^	<10th
Care of Acute and Chronic Conditions				
Asthma Medication Ratio^H				
Total (Ages 5 to 18 Years)	—	76.42%	61.64%^^	—
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis^H				
Ages 3 Months to 17 Years	72.27%	—	82.81%	—
Behavioral Health Care				
Follow-Up After Emergency Department Visit for Mental Illness^H				
7-Day Follow-Up—Ages 6 to 17 Years	—	—	58.54%	50th–74th
30-Day Follow-Up—Ages 6 to 17 Years	—	—	71.95%	50th–74th
Follow-Up After Emergency Department Visit for Substance Use^H				
7-Day Follow-Up—Ages 13 to 17 Years	—	—	—	—
30-Day Follow-Up—Ages 13 to 17 Years	—	—	—	—
Follow-Up After Hospitalization for Mental Illness^H				
7-Day Follow-Up—Ages 6 to 17 Years	—	41.15%	40.36%	25th–49th
30-Day Follow-Up—Ages 6 to 17 Years	—	58.85%	75.90%^	50th–74th
Follow-Up Care for Children Prescribed ADHD Medication^H				
Initiation Phase	36.45%	32.05%	38.64%	25th–49th
Continuation and Maintenance Phase	50.85%	40.79%	53.33%	50th–74th



Performance Measures	HEDIS MY 2020 Rate	HEDIS MY 2021 Rate	HEDIS MY 2022 Rate	Percentile Ranking
Metabolic Monitoring for Children and Adolescents on Antipsychotics^H				
Blood Glucose Testing—Total	44.44%	53.02%	51.57%	25th–49th
Cholesterol Testing—Total	25.31%	28.86%	28.30%	10th–24th
Blood Glucose and Cholesterol Testing—Total	25.31%	28.86%	27.67%	10th–24th
Screening for Depression and Follow-Up Plan^{SA}				
Ages 12 to 17 Years	—	6.81%	13.41%	—
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics^H				
Total	—	71.01%	66.67%	50th–74th
Use of Services				
Ambulatory Care: ED Visits^{SA,H}				
Total (Ages 0–19 Years)	—	216.21	266.30	—
Dental and Oral Health Services				
Oral Evaluation, Dental Services				
<1 Year	—	—	3.85%	—
Ages 1 to 2 Years	—	—	24.60%	—
Ages 3 to 5 Years	—	—	38.64%	—
Ages 6 to 7 Years	—	—	44.73%	—
Ages 8 to 9 Years	—	—	45.51%	—
Ages 10 to 11 Years	—	—	43.72%	—
Ages 12 to 14 Years	—	—	41.78%	—
Ages 15 to 18 Years	—	—	32.58%	—
Ages 19 to 20 Years	—	—	22.83%	—
Total	—	—	38.25%	—
Sealant Receipt on Permanent First Molars				
At Least One Sealant	—	24.49%	43.06%	—
All Four Molars Sealed by the 10th Birthdate	—	14.30%	29.27%	—
Topical Fluoride for Children				
Dental Services—Ages 1 to 2 Years	—	—	21.39%	—
Dental Services—Ages 3 to 5 Years	—	—	26.41%	—
Dental Services—Ages 6 to 7 Years	—	—	28.90%	—
Dental Services—Ages 8 to 9 Years	—	—	30.16%	—
Dental Services—Ages 10 to 11 Years	—	—	28.06%	—

Performance Measures	HEDIS MY 2020 Rate	HEDIS MY 2021 Rate	HEDIS MY 2022 Rate	Percentile Ranking
<i>Dental Services—Ages 12 to 14 Years</i>	—	—	24.04%	—
<i>Dental Services—Ages 15 to 18 Years</i>	—	—	17.67%	—
<i>Dental Services—Ages 19 to 20 Years</i>	—	—	7.14%	—
<i>Dental Services—Total</i>	—	—	24.19%	—

* 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 health plan 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.