



# CHIP+

Child Health Plan *Plus*

## **HEDIS<sup>®</sup> Measurement Year 2023 Aggregate Report *for Child Health Plan Plus***

*December 2024*

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



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## 1. Executive Summary

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) 2023–2024 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 2023–2024, each CHP+ health plan underwent a National Committee for Quality Assurance (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS<sup>®</sup>)<sup>1</sup> Compliance Audit<sup>™</sup><sup>2</sup> 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) standards<sup>3</sup> 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) 2023 performance measure indicators that were comparable to NCQA’s Quality Compass<sup>®</sup><sup>4</sup> national Medicaid health maintenance organization (HMO) percentiles for HEDIS MY 2022 (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.

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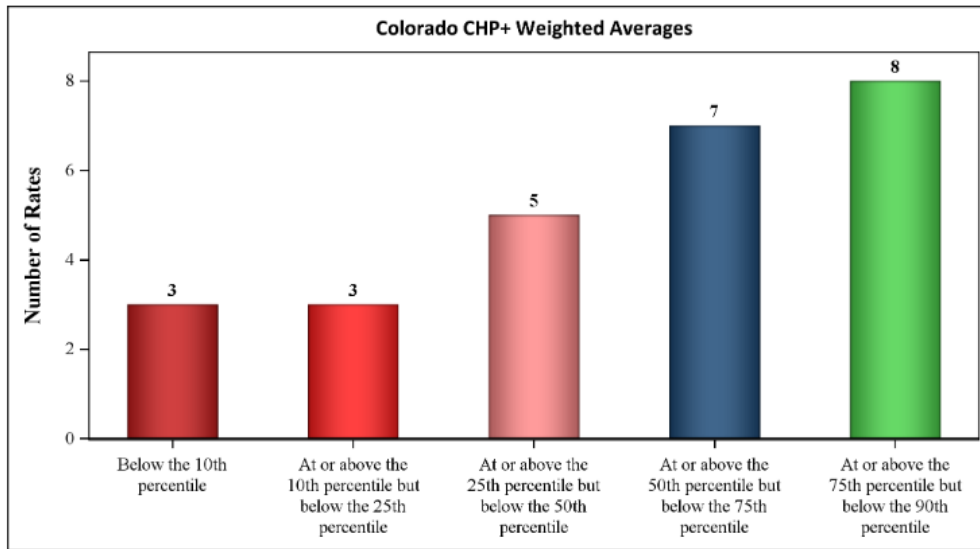
<sup>1</sup> HEDIS<sup>®</sup> is a registered trademark of the NCQA.

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

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

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

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



The Colorado CHP+ weighted averages indicated improved performance statewide compared to national standards, as 11 of 26 (42.31 percent) measure rates fell below the 50th percentile.

## Limitations and Considerations

- Since all MY 2023 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 2023–2024, Colorado’s CHP+ enrollment was 101,943 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 2023, 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—MY 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 2023 Measures

Within this report, HSAG presents the CHP+ health plans and statewide performance on CMS Core Set measures selected by the Department for MY 2023, which use the Federal Fiscal Year (FFY) 2024 CMS Core Set of Adult and Children’s Health Care Quality Measures. The measures selected by the Department were grouped into the following domains of care: Primary Care Access and Preventive Care, Maternal and Perinatal Health, Care of Acute and Chronic Conditions, Behavioral Health Care, 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 2023 measures and measure indicators that are presented within this report as well as the corresponding domains of care. Additional measure indicator rates are displayed within the appendices for more granular definitions of 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 D of this report to provide an overall understanding of plan and statewide performance associated with child and adolescent well-care visits. *Child and Adolescent Well-Care Visits* rates for *3 to 11 Years*, *12 to 17 Years*, and *18 to 21 Years* are presented along with the *Total* rates in the appendices.

**Table 2-2—MY 2023 Selected Measures**

Performance Measures
<b>Primary Care Access and Preventive Care</b>
<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—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—12 to 17 Years (CDF-CH)</i>
<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Body Mass Index (BMI) Percentile—Total, Counseling for Nutrition—Total, and Counseling for Physical Activity—Total (WCC-CH)</i>
<i>Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months of Life—Six or More Well-Child Visits and Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits (W30-CH)</i>



Performance Measures
<b>Maternal and Perinatal Health</b>
<i>Contraceptive Care—All Women—Most or Moderately Effective Contraception (MMEC)—15 to 20 Years and Long-Acting Reversible Contraception (LARC)—15 to 20 Years (CCW-CH)</i>
<i>Contraceptive Care—Postpartum Women—MMEC—15 to 20 Years—3 Days and 15 to 20 Years—90 Days, and LARC—15 to 20 Years—3 Days and 15 to 20 Years—90 Days (CCP-CH)</i>
<i>Prenatal and Postpartum Care—Timeliness of Prenatal Care—Under Age 21 and Postpartum Care—Under Age 21 (PPC-CH)</i>
<b>Care of Acute and Chronic Conditions</b>
<i>Asthma Medication Ratio—5 to 18 Years (AMR-CH)</i>
<i>Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis—3 Months to 17 Years (AAB-CH)</i>
<b>Behavioral Health Care</b>
<i>Follow-Up After Emergency Department Visit for Mental Illness—7-Day Follow-Up—6 to 17 Years and 30-Day Follow-Up—6 to 17 Years (FUM-CH)</i>
<i>Follow-Up After Emergency Department Visit for Substance Use—7-Day Follow-Up—13 to 17 Years and 30-Day Follow-Up—13 to 17 Years (FUA-CH)</i>
<i>Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up—6 to 17 Years and 30-Day Follow-Up—6 to 17 Years (FUH-CH)</i>
<i>Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (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>
<b>Use of Services</b>
<i>Ambulatory Care: Emergency Department (ED) Visits (AMB-CH)</i>
<b>Dental and Oral Health Services</b>
<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 2024 Child Resource Manual and Technical Specifications*.<sup>5</sup>

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

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

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<sup>5</sup> Centers for Medicare & Medicaid Services. *FFY 2024 Child Resource Manual and Technical Specifications*. Available at: <https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/adult-and-child-health-care-quality-measures/child-core-set-reporting-resources/index.html>. Accessed on: Oct 8, 2024.

## Calculation of Statewide Averages

To calculate the statewide weighted averages, HSAG collected the audited results, numerator, denominator, rate, audit designation, and eligible population data elements reported in the files submitted by the 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 2023 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 2023 rates: NCQA's Quality Compass national Medicaid HMO percentiles for HEDIS MY 2022.

For some measures for which lower rates indicate better performance (e.g., *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.

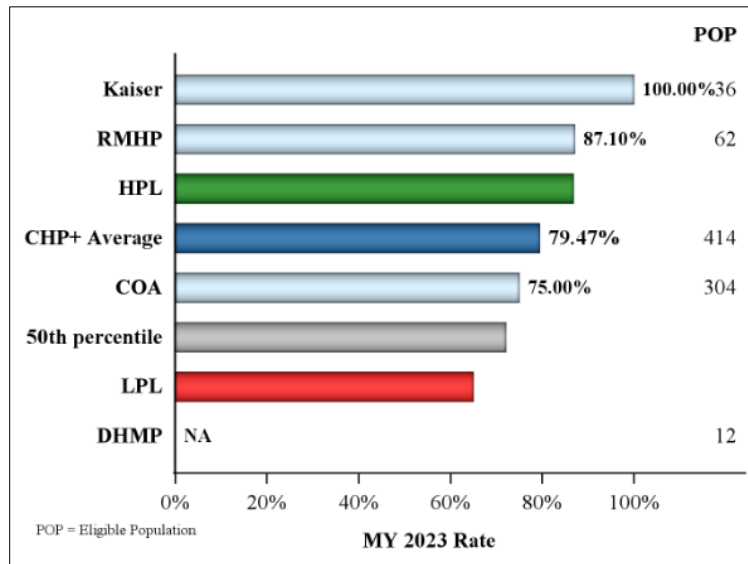
#### Figure Interpretation

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 2022 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 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 2023 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 2022 to MY 2023. 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.

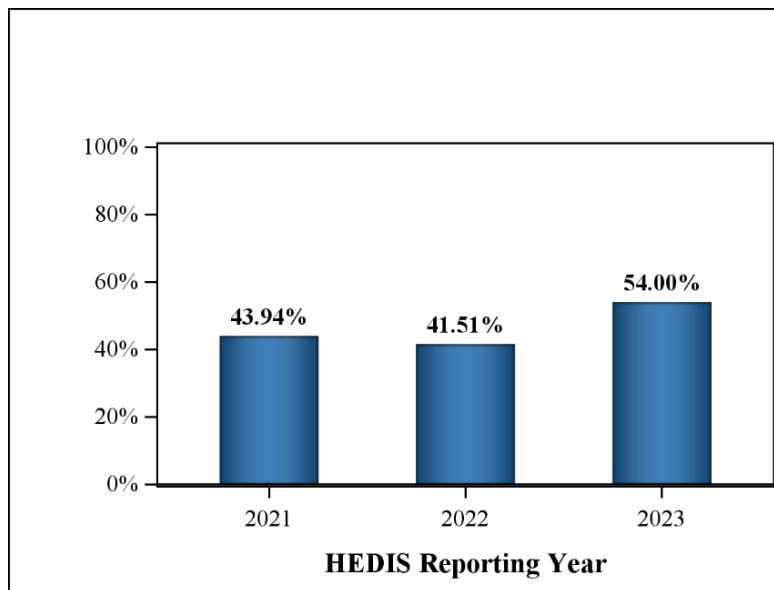
Similarly, caution should be exercised when comparing rates calculated administratively to national benchmarks that were calculated using the hybrid methodology.

### Figure Interpretation

Within Appendix A and Appendix B of this report, performance measure indicator rates and results of significance testing between MY 2022 and MY 2023 are presented in tabular format. MY 2023 rates shaded green with one caret (^) indicate a significant improvement in performance from the previous year. MY 2023 rates shaded red with two carets (^) indicate a significant decline in performance from the previous year.

For each performance measure indicator presented in this report, the vertical bar graph figure positioned on the left side of the page presents the MY 2021, MY 2022, and MY 2023 Colorado CHP+ weighted averages, with significance testing performed between the MY 2022 and MY 2023 weighted averages. Within these figures, MY 2023 rates with one caret (^) indicate a significant improvement in performance from MY 2022. MY 2023 rates with two carets (^) indicate a significant decline in performance from MY 2022. An example of the vertical bar graph figure for measure indicators reported is shown in Figure 2-2.

**Figure 2-2—Sample Vertical Bar Graph Figure**



## Measure Changes Between CMS Core Set FFY 2023 and CMS Core Set FFY 2024

The following is a list of measures with technical specification changes that CMS announced for FFY 2024.<sup>6,7</sup> These changes may have an effect on the MY 2023 rates that are presented in this report. The list of measure changes is presented verbatim, and HSAG only made minor formatting updates.

### Overall Changes

- Updated the reporting year to FFY 2024, and data collection time frame to 2023.
- Updated specifications, value set codes, copyright, and table source information to *HEDIS Measurement Year (MY) 2023 Volume 2* for all HEDIS measures.
- Updated specifications, value set codes, and copyright information to correspond to calendar year 2023 for non-HEDIS measures.
- Updated references to exclusions throughout specifications. For HEDIS measures, exclusions are now distinguished by whether supplemental and medical record data may be used to identify them; supplemental and medical record data may be used for “required exclusions” but not “exclusions.”
- Updated guidance related to mandatory reporting of the behavioral health measures in the Adult Core Set beginning in FFY 2024.
- Clarified that Child Core Set reporting is mandatory beginning with FFY 2024 reporting and states are required to adhere to technical specifications and reporting guidance issued by CMS.
- Clarified that all measure-eligible beneficiaries must be included in state reporting.
- Clarified that for each Child Core Set measure reported to CMS, states should calculate and report separate rates for the Medicaid population (inclusive of CHIP-funded Medicaid expansion) and the separate CHIP population (for states with a separate CHIP).
- Clarified that a visit results in a stay when the visit date of service occurs on the day prior to the admission date or any time during the admission (admission date through discharge date). This guidance applies to the following HEDIS measures in the Child Core Set: *AAB-CH, ADD-CH, AMB-CH, AMR-CH, CPC-CH, FUA-CH, FUH-CH, and FUM-CH*.
- Clarified that beneficiaries who died any time during the measurement year are a required exclusion. This guidance applies to the following HEDIS measures in the Child Core Set: *AAB-CH, ADD-CH, AMR-CH, APM-CH, APP-CH, CHL-CH, CIS-CH, CPC-CH, FUA-CH, FUH-CH, FUM-CH, IMA-CH, LSC-CH, PPC2-CH, SFM-CH, W30-CH, WCC-CH, and WCV-CH*.

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<sup>6</sup> Centers for Medicare & Medicaid Services. *Summary of Updates to the Adult Core Set Measures FFY 2024 Technical Specifications and Resource Manual*. February 2023.

<sup>7</sup> Centers for Medicare & Medicaid Services. *Summary of Updates to the Child Core Set Measures FFY 2024 Technical Specifications and Resource Manual*. February 2023.

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

- Clarified in Guidance for Reporting that for the purpose of Core Set reporting, states should report this measure as a rate per 1,000 beneficiary months.
- Clarified guidance in the Numerator for visits that result in an inpatient stay.

### **Asthma Medication Ratio: Ages 5 to 18**

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

### **Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis: Ages 3 Months to 17 Years**

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

### **Childhood Immunization Status**

- Added anaphylaxis as numerator compliant for the following vaccines: IPV, MMR, VZV, pneumococcal conjugate, hepatitis A, and influenza. Anaphylaxis was previously included for DTaP, HiB, and rotavirus.
- Removed seropositive test results from the numerator criteria in the hybrid specification.

### **Chlamydia Screening in Women Ages 16 to 20**

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

### **Contraceptive Care—All Women**

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



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

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

- Updated the value set directory including:
  - Codes used to identify provision of a most or moderately effective contraceptive method.
  - Codes used to identify use of a long-acting reversible contraception method.

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

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

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

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

### ***Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity (ADHD) Medication***

- Added instructions for calculating covered days.
- Added instructions for identifying same or different drugs.
- Replaced “discharge date” with “admission date” in Step 4 of the “Event/diagnosis” in both Rate 1 and Rate 2.
- Modified medication lists to make them compatible with digital measure formatting.
- Removed the bullet in the notes with guidance for beneficiaries with multiple overlapping prescriptions. This guidance is now included in the ‘covered days’ definition.

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

- Updated the hybrid specification numerator criteria for meningococcal, HPV, and Tdap.

### ***Lead Screening in Children***

- Revised the hybrid denominator to indicate that states can reduce the sample based on the prior year’s rate (in addition to the current year’s administrative rate).

## **Metabolic Monitoring for Children and Adolescents on Antipsychotics**

- In the “Event/diagnosis” section, replaced the reference to Antipsychotic Medications List, Antipsychotic Combination Medications List, Prochlorperazine Medications List with APM Antipsychotic Medications List.

## **Oral Evaluation, Dental Services**

- Added Guidance for Reporting to clarify which rates are subject mandatory reporting:
  - For FFY 2024 Child Core Set reporting, the following rate is required: Total ages <1 to 20.
- Clarified in the numerator that the oral evaluation must be “comprehensive or periodic.”
- Clarified data quality considerations.

## **Prenatal and Postpartum Care: Under Age 21**

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

## **Screening for Depression and Follow-Up Plan**

- Moved code tables (Table CDF-A through Table CDF-F) to a value set directory, which is linked in the technical specifications; updated codes in tables.
- Updated terminology to refer to “qualifying” encounters rather than “eligible” encounters.
- Added additional guidance for beneficiaries with multiple qualifying encounters.
- Updated the Follow-up Plan language with examples of follow-up provider type.

### ***Sealant Receipt on Permanent First Molars***

- Updated the “Exclusions” section to clarify that a beneficiary is excluded if they have a restorative code that includes occlusal tooth surface alone OR in combination with any other surface codes.

### ***Topical Fluoride for Children***

- Added Guidance for Reporting to clarify which rates are subject to mandatory reporting:
  - For FFY 2024 Child Core Set reporting, the following three rates are required: (1) Dental or oral health services: Total ages 1 through 20; (2) Dental services: Total ages 1 through 20; and (3) Oral health services: Total ages 1 through 20.
- Clarified data quality considerations.

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

- Revised the optional exclusion for pregnant beneficiaries to be a required exclusion.
- Replaced the reference to “female beneficiaries” with “beneficiaries” in the required exclusions.

## 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.
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. <sup>8</sup>

<sup>8</sup> 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 $\pm 5$ percent difference in the reported rate is considered materially biased. For non-rate measures, any error that causes a $\pm 10$ 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 (&lt;30) to report a valid rate, resulting in an NA designation.</p> <ul style="list-style-type: none"> <li>For EOC and EOC-like measures, when the denominator is fewer than 30.</li> <li>For utilization measures that count member months, when the denominator is fewer than 360 member months.</li> <li>For all risk-adjusted utilization measures, when the denominator is fewer than 150.</li> </ul>
NB	No Benefit; indicates that the required benefit to calculate the measure was not offered.
NCQA	The National Committee for Quality Assurance (NCQA) is a not-for-profit organization that assesses, through accreditation reviews and standardized measures, the quality of care provided by managed 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 Care

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:

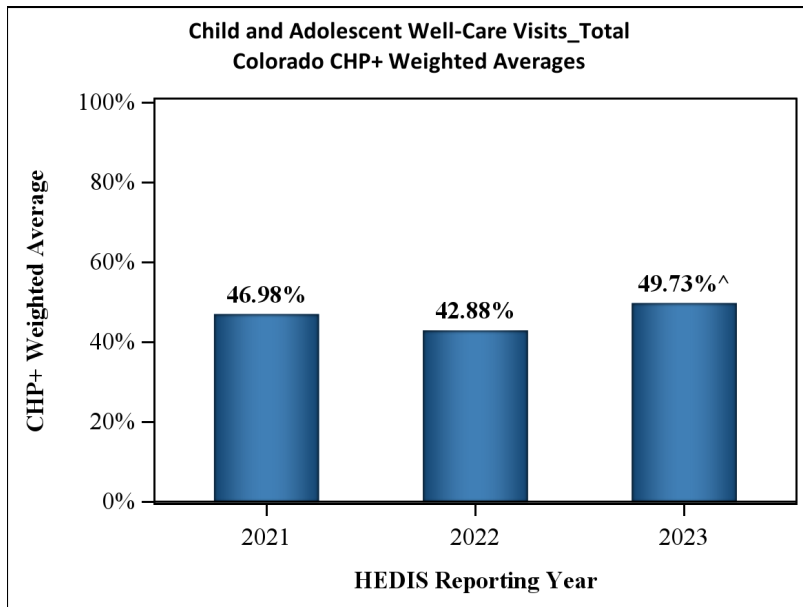
- *Child and Adolescent Well-Care Visits—Total*
- *Childhood Immunization Status—Combinations 3, 7, and 10*
- *Chlamydia Screening in Women—16 to 20 Years*
- *Developmental Screening in the First Three Years of Life—Total*
- *Immunizations for Adolescents—Combination 1 and Combination 2*
- *Lead Screening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

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



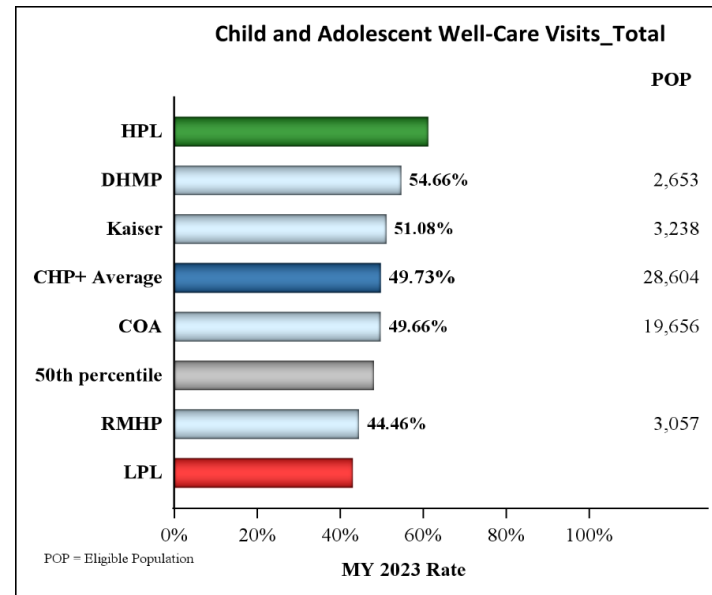
### Child and Adolescent Well-Care Visits—Total

*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.



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

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



The Colorado CHP+ weighted average and DHMP’s, Kaiser’s, and COA’s rates were above the 50th percentile but below the HPL. RMHP’s rate fell below the LPL. MCO performance varied by approximately 10 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.

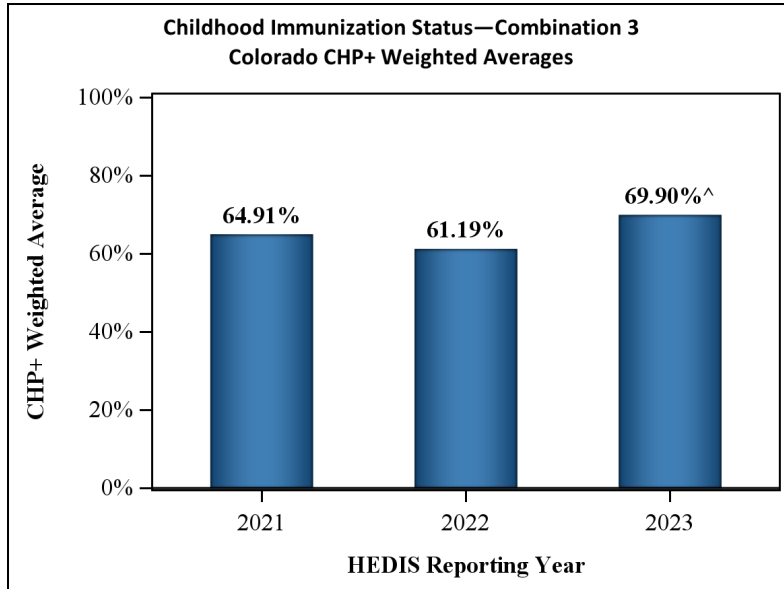
**Table 3-1—Combination Vaccinations for Childhood Immunization Status**

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)

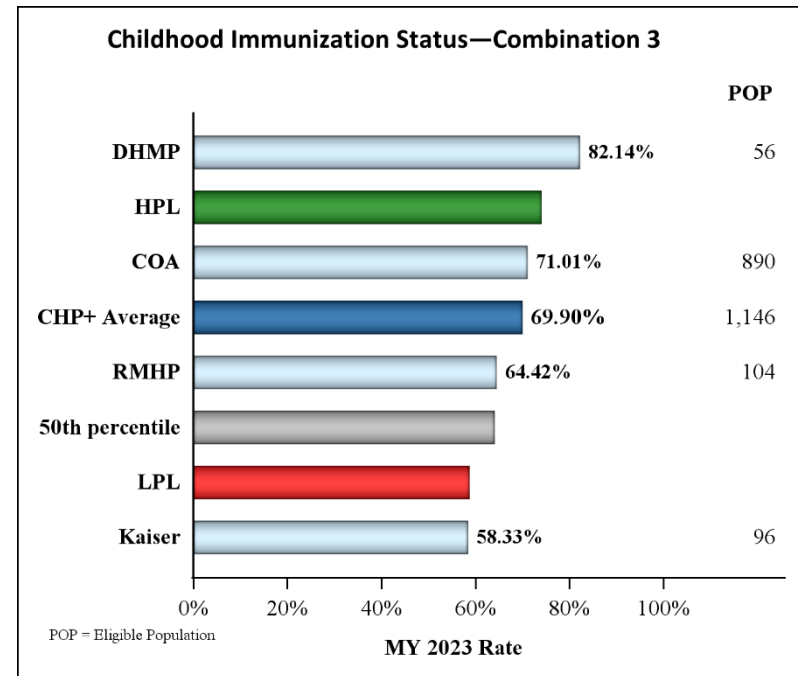
### Childhood Immunization Status—Combination 3

*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.



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

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

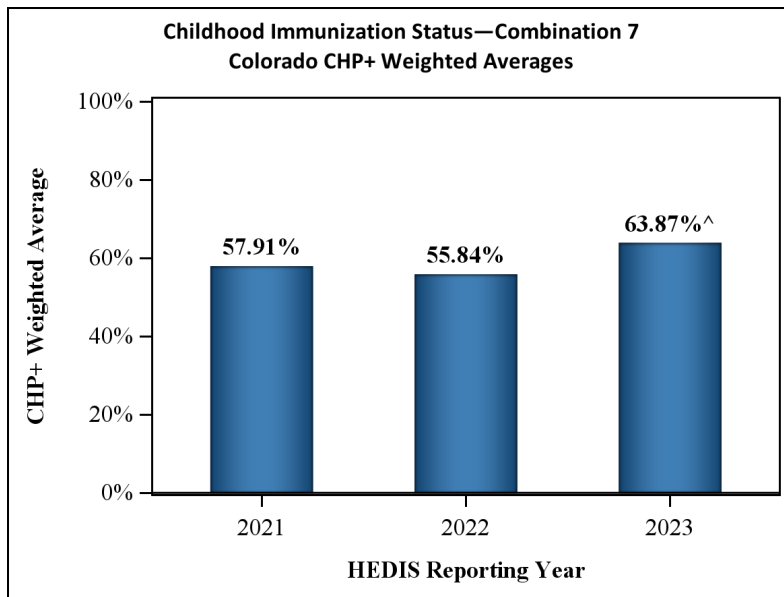


Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

DHMP’s rate exceeded the HPL. The Colorado CHP+ weighted average and COA’s and RMHP’s rates were above the 50th percentile but below HPL. Kaiser’s rate fell below the LPL. MCO performance varied by approximately 24 percentage points.

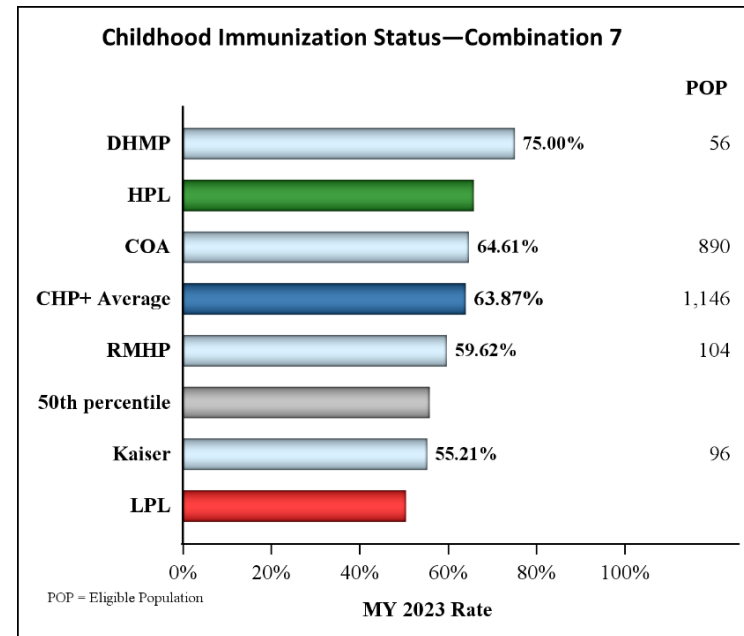
### Childhood Immunization Status—Combination 7

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 2022 to MY 2023.

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

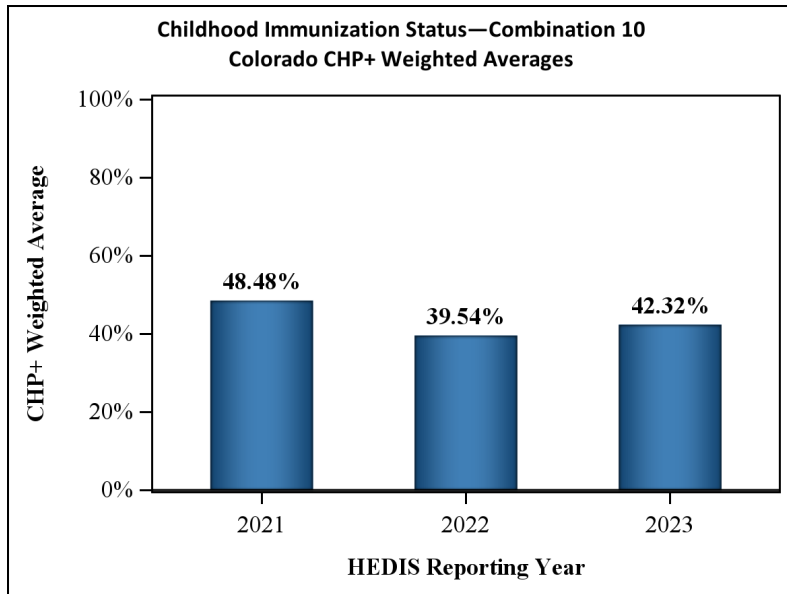


Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

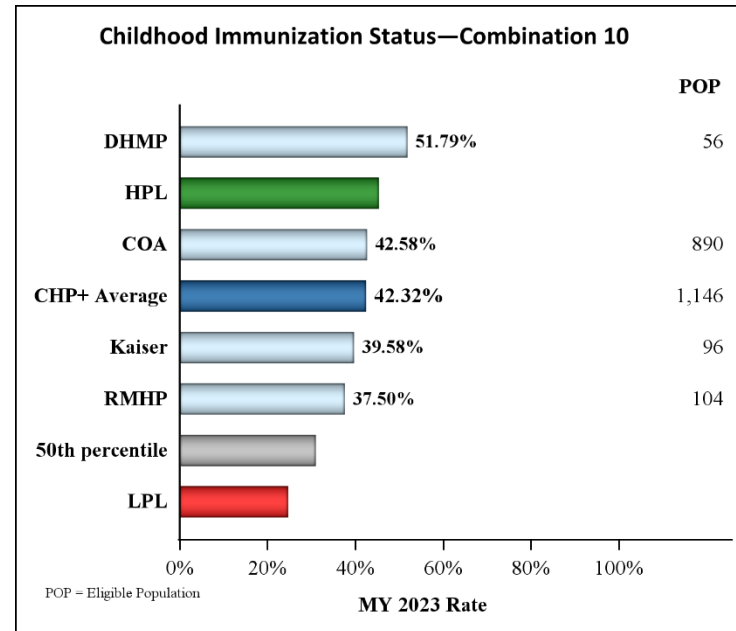
DHMP’s rate exceeded the HPL. The Colorado CHP+ weighted average and COA’s and RMHP’s rates were above the 50th percentile but below the HPL. Kaiser’s rate was above the LPL but below 50th percentile. MCO performance varied by approximately 20 percentage points.

### 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.



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

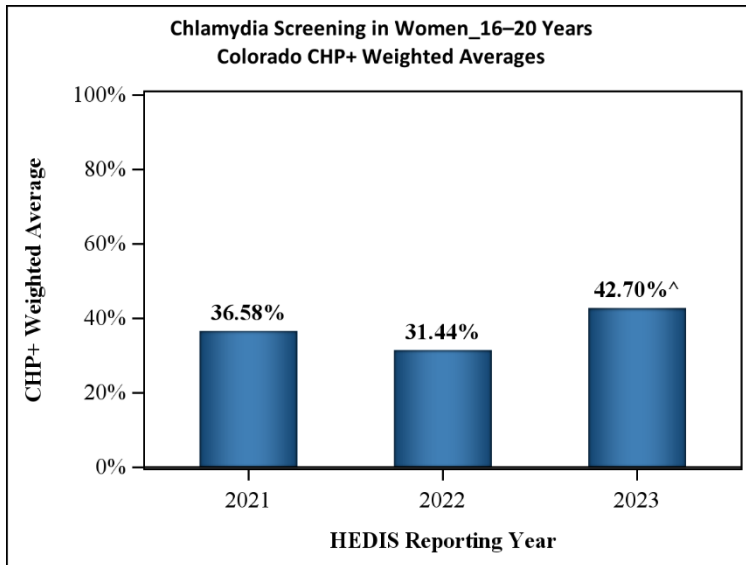


*Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.*

DHMP’s rate exceeded the HPL. The Colorado CHP+ weighted average and COA’s, Kaiser’s, and RMHP’s rates were above the 50th percentile but below the HPL. There are no rates below the LPL. MCO performance varied by approximately 14 percentage points.

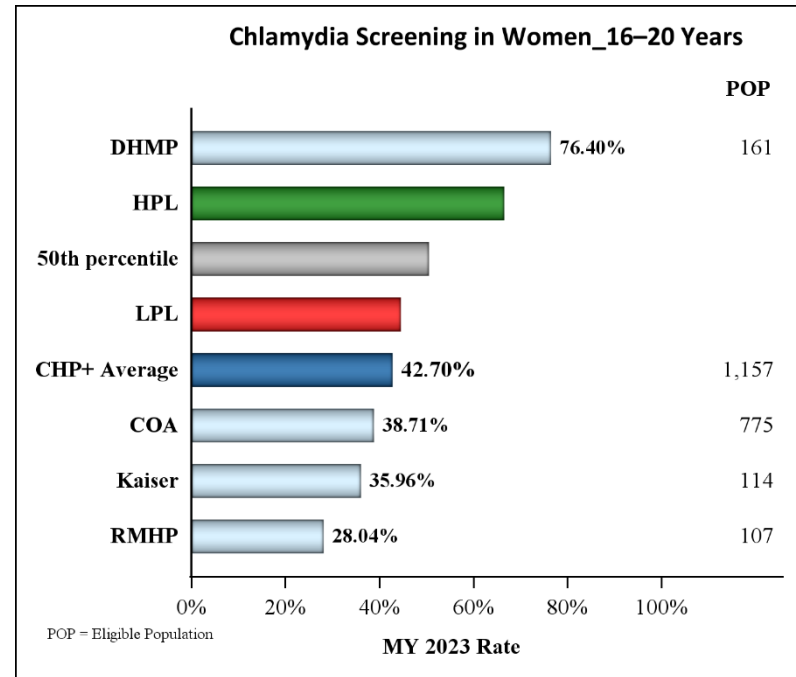
### Chlamydia Screening in Women—16 to 20 Years

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



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

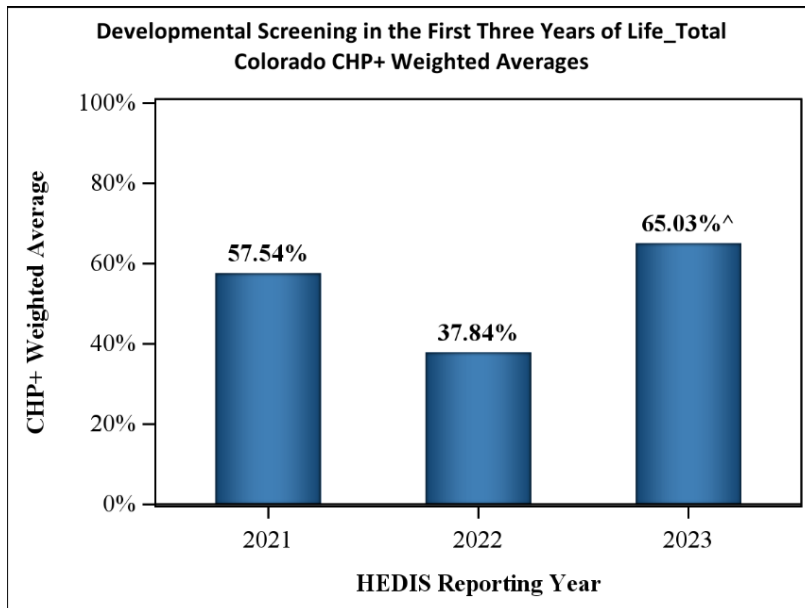
The Colorado CHP+ weighted average significantly improved from MY 2022 to MY 2023.



DHMP’s rate exceeded the HPL. The Colorado CHP+ weighted average and COA’s, Kaiser’s, and RMHP’s rates fell below the LPL. MCO performance varied by approximately 48 percentage points.

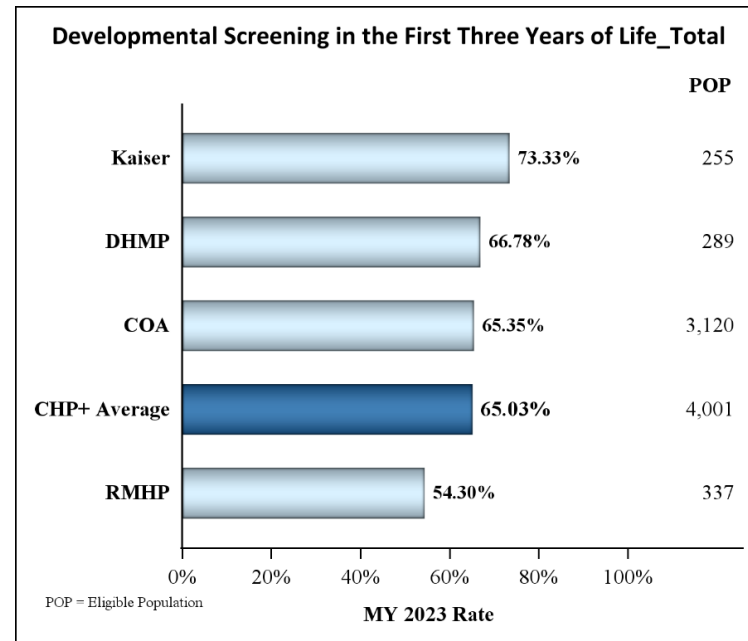
### Developmental Screening in the First Three Years of Life—Total

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



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

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

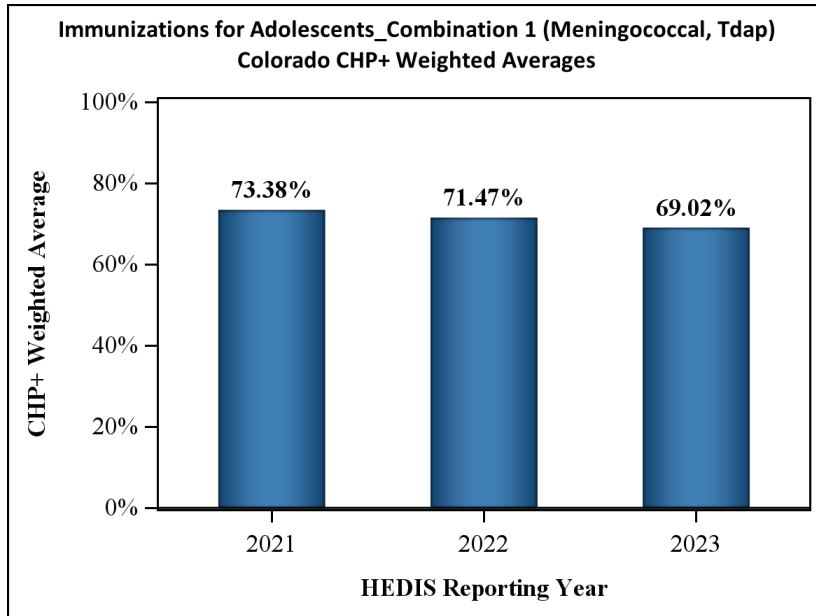


Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

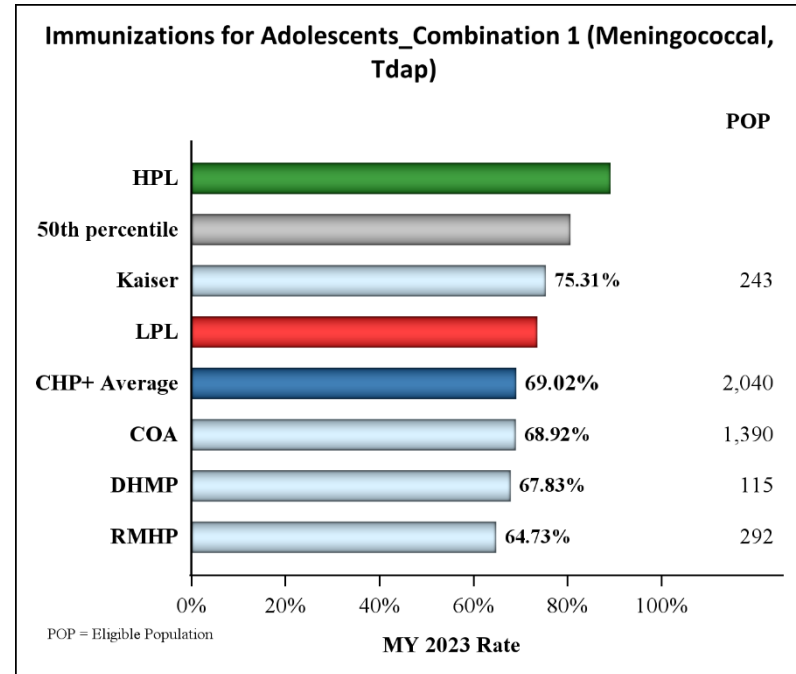
MCO performance varied by approximately 19 percentage points.

### Immunizations for Adolescents—Combination 1

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



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



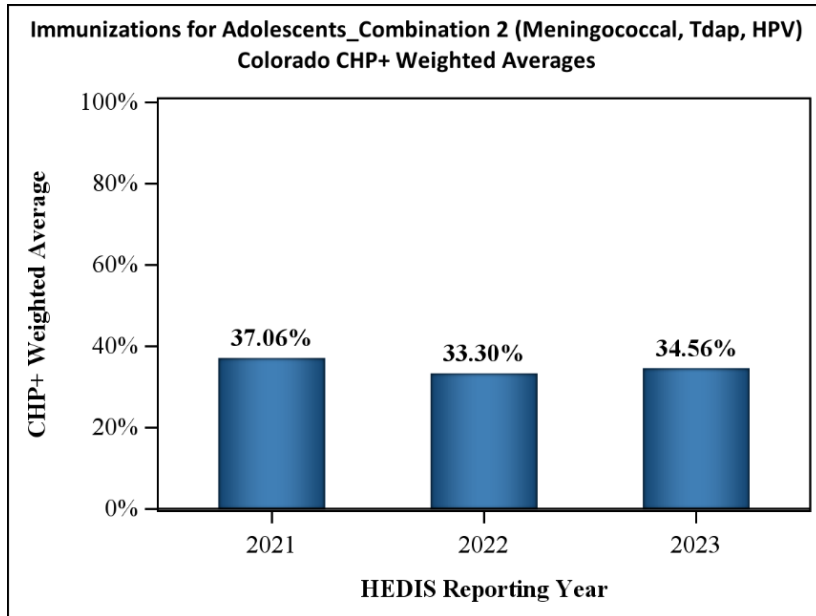
Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

Kaiser’s rate was above the LPL but below the 50th percentile. The Colorado CHP+ weighted average and COA’s, DHMP’s, and RMHP’s rates fell below the LPL. MCO performance varied by approximately 11 percentage points.

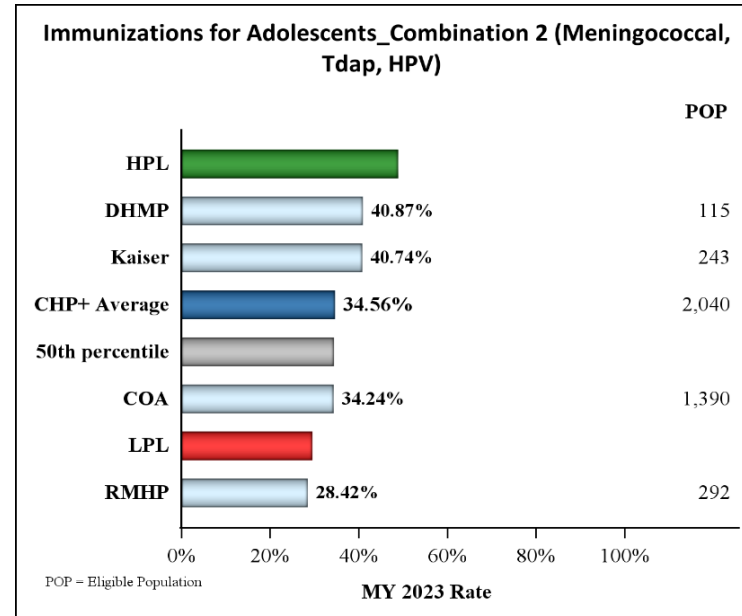


## Immunizations for Adolescents—Combination 2

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



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

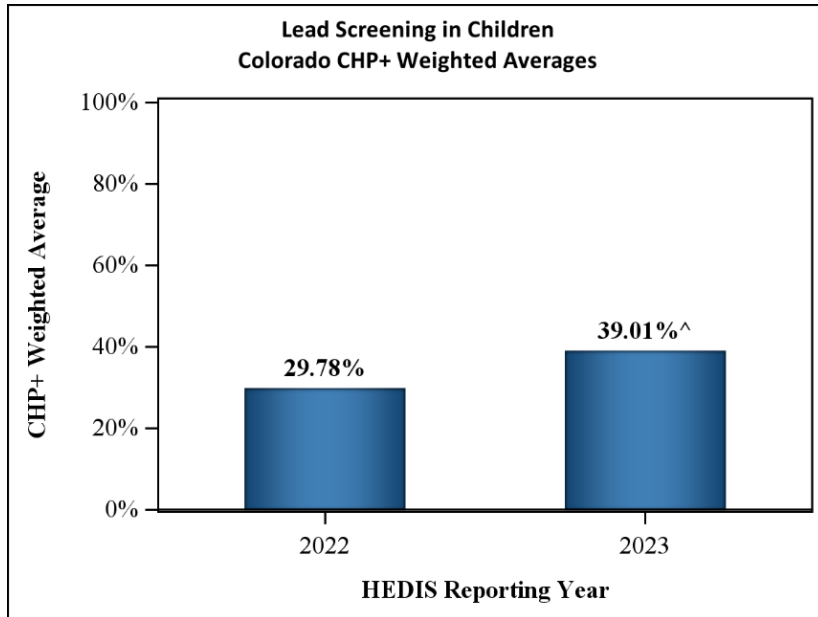


*Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.*

The Colorado CHP+ weighted average and DHMP’s and Kaiser’s rates were above the 50th percentile but below the HPL. COA’s rate was above the LPL but below the 50th percentile. RMHP’s rate fell below the LPL. MCO performance varied by approximately 12 percentage points.

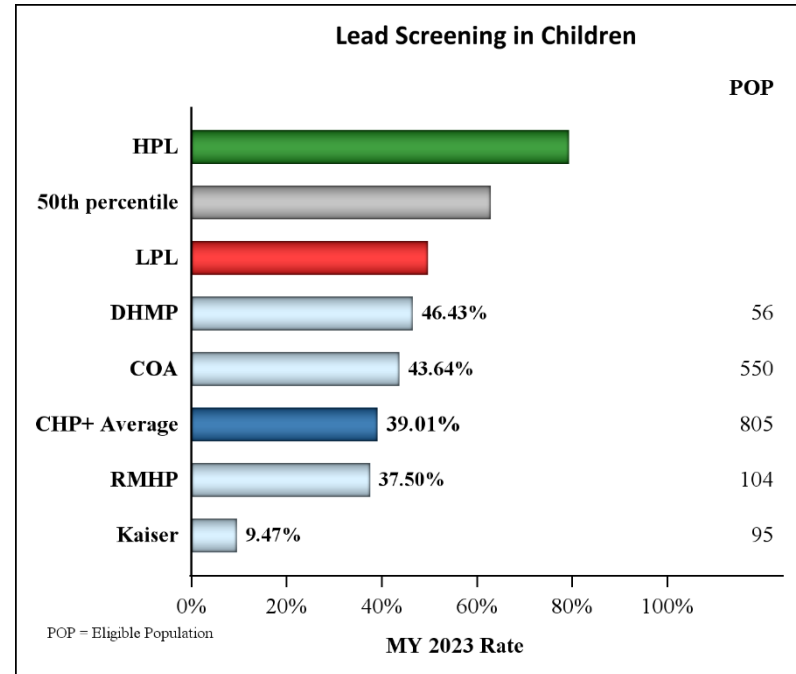
### Lead Screening in Children

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

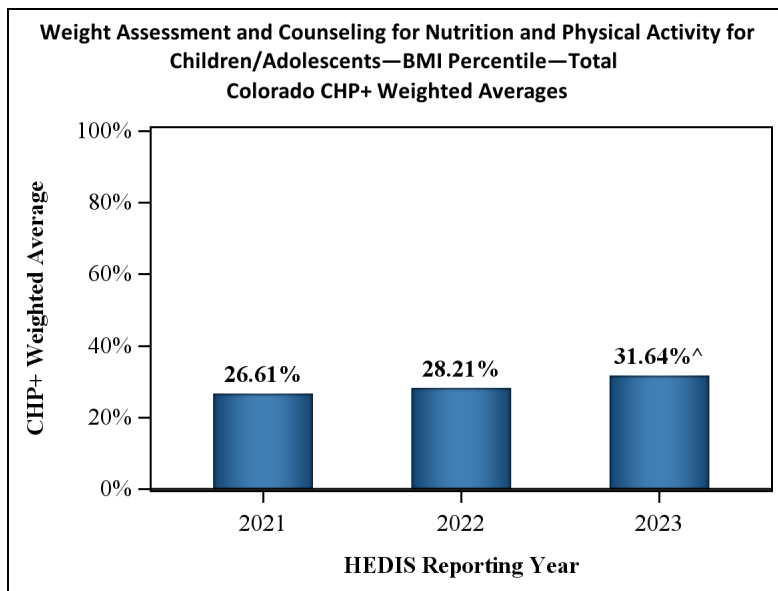
The Colorado CHP+ weighted average significantly improved from MY 2022 to MY 2023.



The Colorado CHP+ weighted average and DHMP’s, COA’s, RMHP’s, and Kaiser’s rates fell below the LPL. MCO performance varied by approximately 37 percentage points.

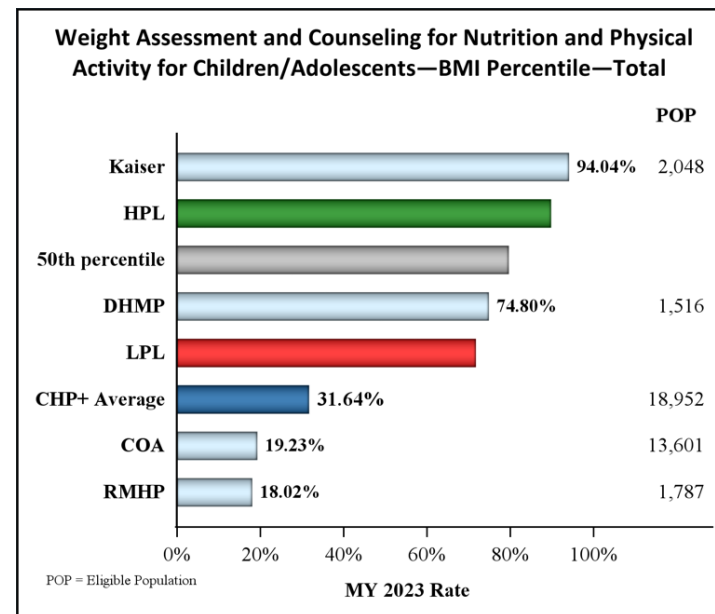
## Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile—Total

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.



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

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

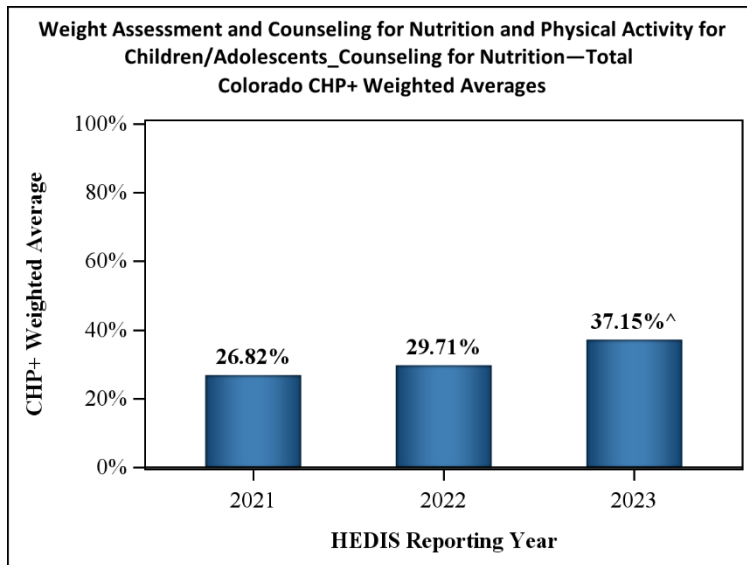


Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

Kaiser’s rate exceeded the HPL. DHMP’s rate fell below the 50th percentile but was above the LPL. The Colorado CHP+ weighted average and COA’s and RMHP’s rates fell below the LPL. MCO performance varied by approximately 76 percentage points.

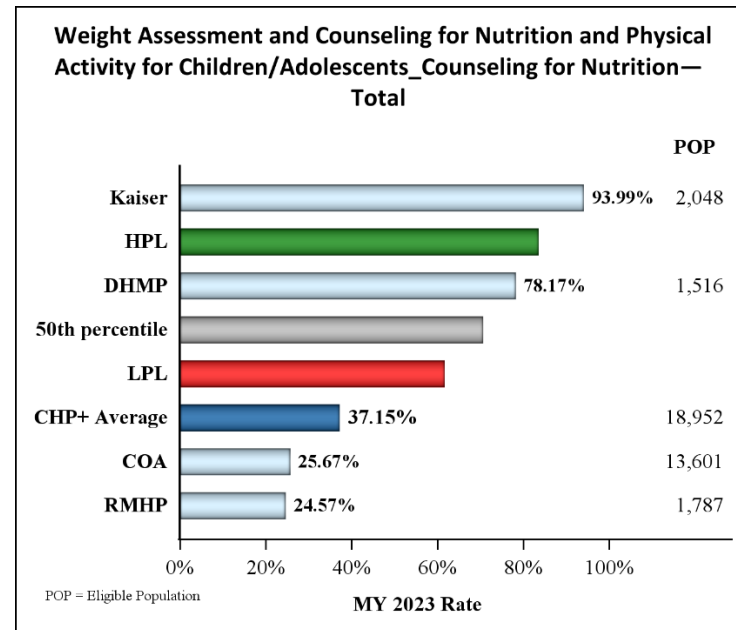
## Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents— Counseling for Nutrition—Total

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.



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

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

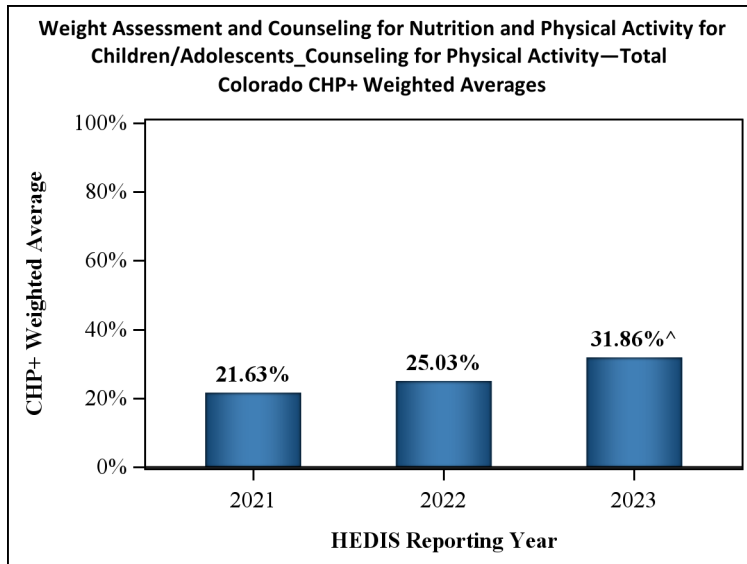


Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

Kaiser’s rate exceeded the HPL. DHMP’s rate was above the 50th percentile but below the HPL. The Colorado CHP+ weighted average and COA’s and RMHP’s rates fell below the LPL. MCO performance varied by approximately 69 percentage points.

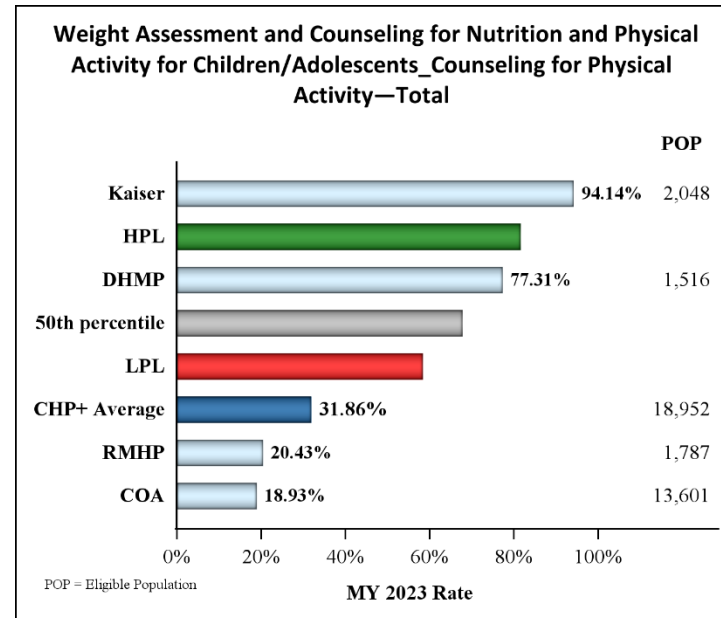
## Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents— Counseling for Physical Activity—Total

*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 2022 to MY 2023.

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

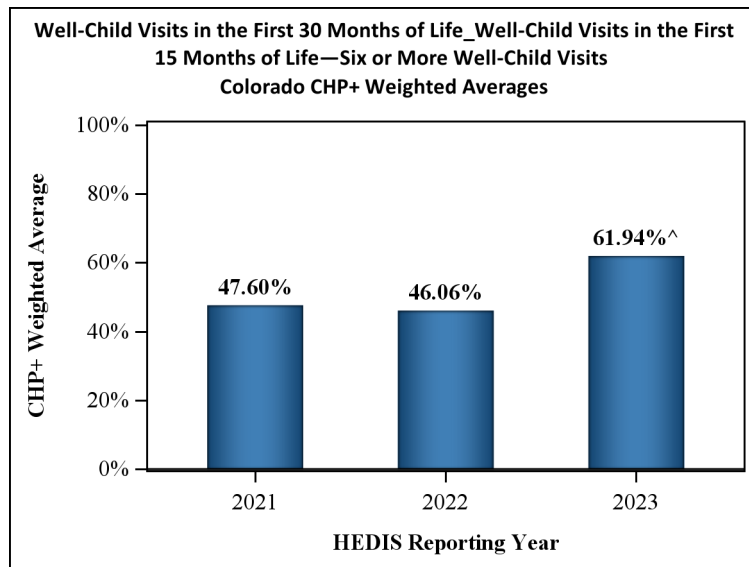


Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

Kaiser’s rate exceeded the HPL. DHMP’s rate was above the 50th percentile but below the HPL. The Colorado CHP+ weighted average and RMHP’s and COA’s rates fell below the LPL. MCO performance varied by approximately 76 percentage points.

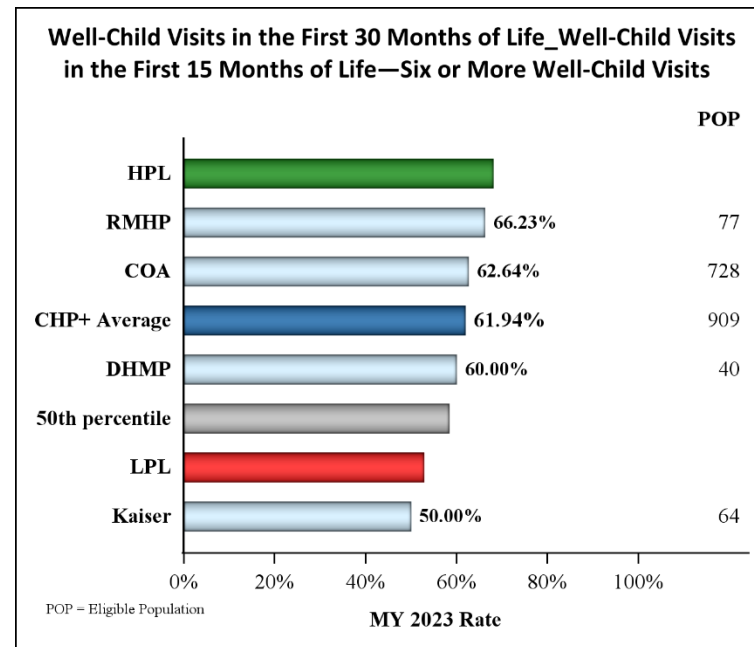
## Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months of Life—Six or More Well-Child Visits

*Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months of Life—Six or More Well-Child Visits* measures the percentage of members who turned 15 months of age during the measurement year and who received six or more well-child visits on different dates of service with a PCP upon or before turning 15 months of age.



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

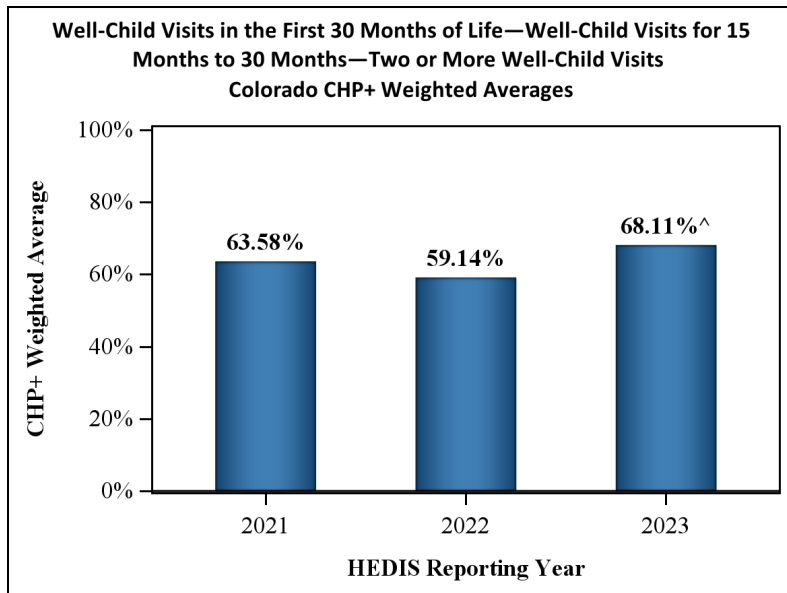
The Colorado CHP+ weighted average significantly improved from MY 2022 to MY 2023.



The Colorado CHP+ weighted average and RMHP’s, COA’s, and DHMP’s rates were above the 50th percentile but fell below the HPL. Kaiser’s rate fell below the LPL. MCO performance varied by approximately 16 percentage points.

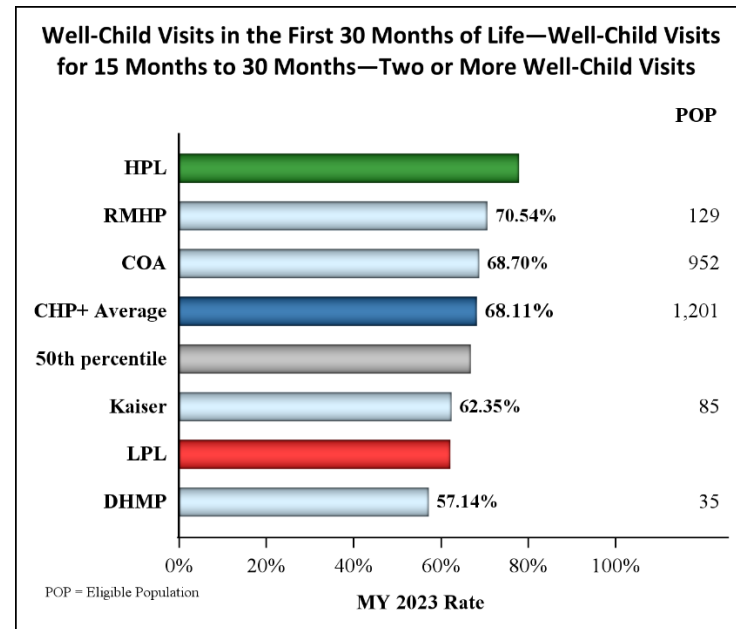
## Well-Child Visits in the First 30 Months of Life—Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits

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.



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

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



The Colorado CHP+ weighted average and RMHP’s and COA’s rates were above the 50th percentile but below the HPL. Kaiser’s rate was above the LPL but below the 50th percentile. DHMP’s rate fell below the LPL. MCO performance varied by approximately 13 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
<b>Child and Adolescent Well-Care Visits<sup>H</sup></b>				
Total	★★★★	★★	★★★★	★★★★
<b>Childhood Immunization Status<sup>H</sup></b>				
Combination 3	★★★★★	★★★★	★★★★	★
Combination 7	★★★★★	★★★★	★★★★	★★
Combination 10	★★★★★	★★★★	★★★★	★★★★
<b>Chlamydia Screening in Women<sup>H</sup></b>				
16 to 20 Years	★★★★★	★	★	★
<b>Developmental Screening in the First Three Years of Life</b>				
Total	—	—	—	—
<b>Immunizations for Adolescents<sup>H</sup></b>				
Combination 1	★	★	★	★★
Combination 2	★★★★	★	★★	★★★★
<b>Lead Screening in Children<sup>H</sup></b>				
Lead Screening in Children	★	★	★	★
<b>Screening for Depression and Follow-Up Plan</b>				
12 to 17 Years	—	—	—	—
<b>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents<sup>H</sup></b>				
BMI Percentile—Total	★★	★	★	★★★★★
Counseling for Nutrition—Total	★★★★	★	★	★★★★★
Counseling for Physical Activity—Total	★★★★	★	★	★★★★★
<b>Well-Child Visits in the First 30 Months of Life<sup>H</sup></b>				
Well-Child Visits in the First 15 Months of Life—Six or More Well-Child Visits	★★★★	★★★★	★★★★	★
Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits	★	★★★★	★★★★	★★

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

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

— indicates that a percentile ranking was not determined because the rate was not reportable or there was a break in trending. This symbol may also indicate 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	4	2	3	1	3
RMHP	0	1	4	1	7
COA	0	3	3	1	6
Kaiser	3	1	2	3	4

All four MCOs reported HEDIS measure rates below the 25th percentile for the *Lead Screening in Children* measure. Additionally, three of the four MCOs reported rates below the 25th percentile for the *Chlamydia Screening in Women—16 to 20 Years* measure. This suggests significant room for improvement in ensuring comprehensive screening occurs for this population. The MCOs and the Department should identify the factors contributing to the low rates for preventive screenings for children and adolescents (e.g., barriers to accessing care, provider billing issues, administrative data source challenges). 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.<sup>9</sup>

Of note, three of four (75 percent) MCOs reported rates at or above the 50th percentile for all three *Childhood Immunization Status* measure indicators again this year, with DHMP and COA reporting rates at or above the 75th percentile for all three measure indicators. Three of four (75 percent) MCOs reported HEDIS measure rates above the 50th percentile for the *Well-Child Visits in the First 15 Months of Life—Six or More Well-Child Visits* and *Child and Adolescent Well-Care Visits—Total* measures, which was a significant improvement from MY 2022.

<sup>9</sup> 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

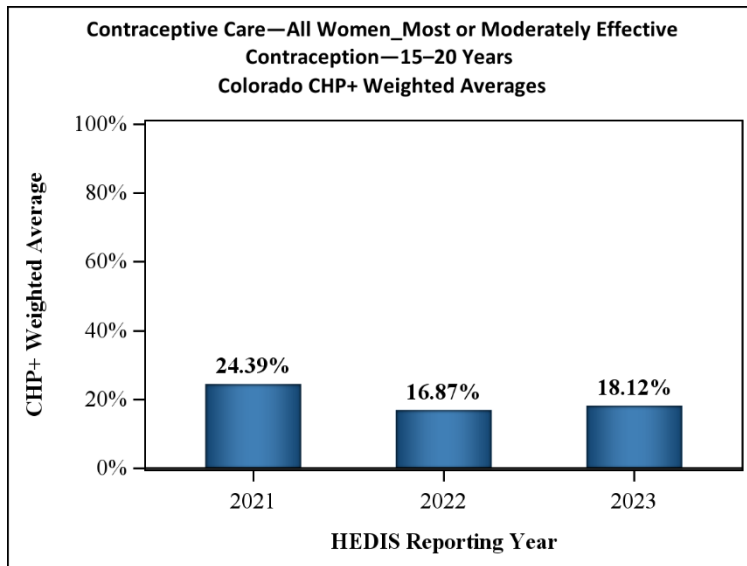
The following section provides a detailed analysis of the Colorado CHP+ MCOs' performance for the Maternal and Perinatal Health domain. The Maternal and Perinatal Health domain encompasses the following measures:

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

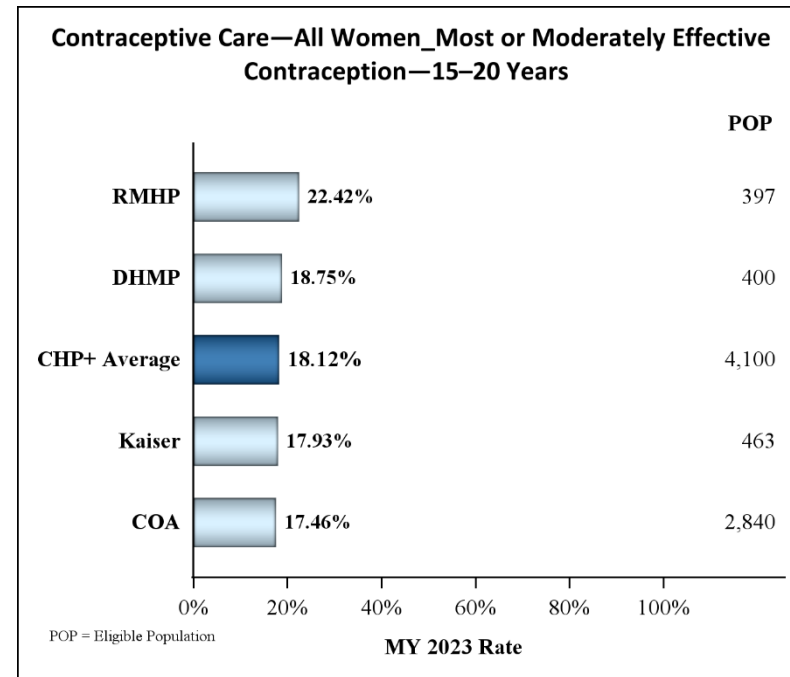
Please see the “Reader’s Guide” section for guidance on interpreting the figures presented within this section. For reference, additional analyses for each measure indicator are displayed in Appendix A and Appendix B.

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

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



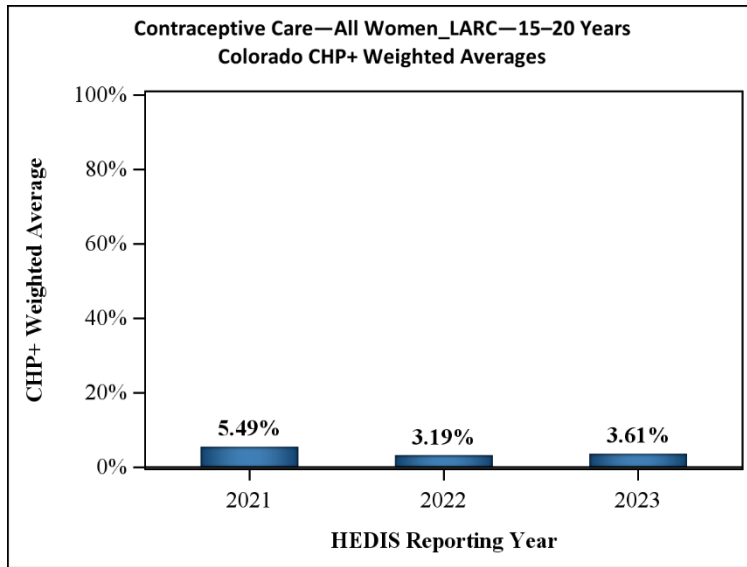
The Colorado CHP+ weighted average did not demonstrate a significant change from MY 2022 to MY 2023.



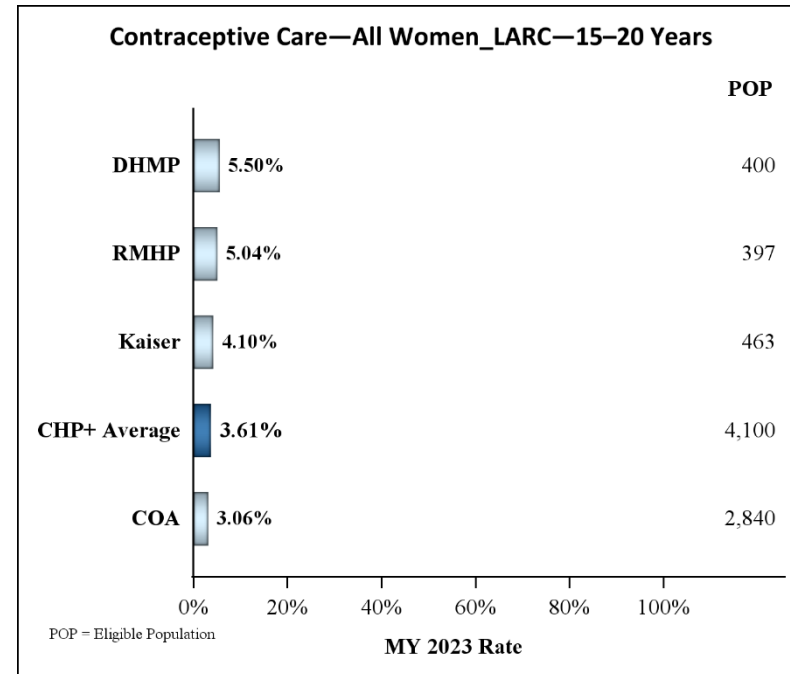
MCO performance varied by approximately 5 percentage points.

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

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



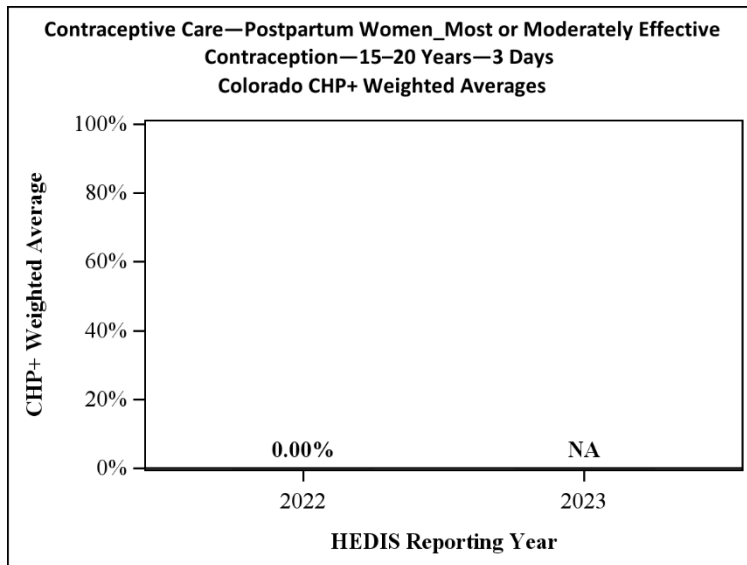
The Colorado CHP+ weighted average did not demonstrate a significant change from MY 2022 to MY 2023.



MCO performance varied by approximately 2 percentage points.

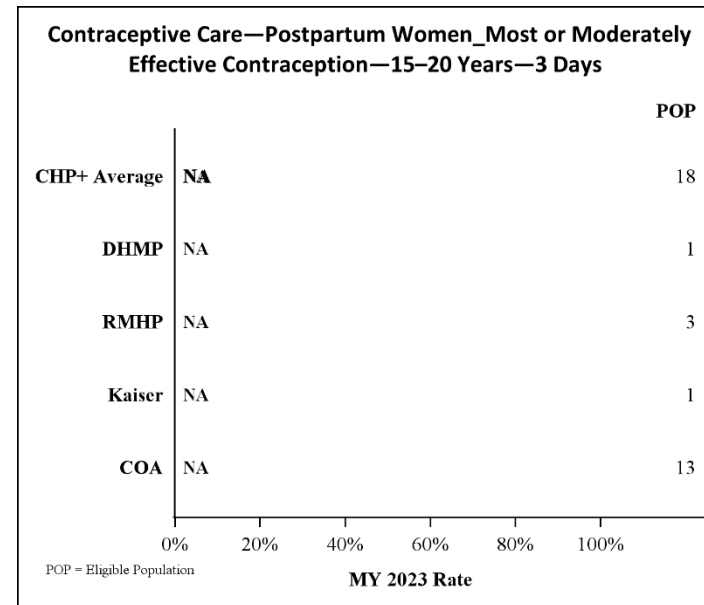
### Contraceptive Care—Postpartum Women—MMEC—15 to 20 Years—3 Days

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



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

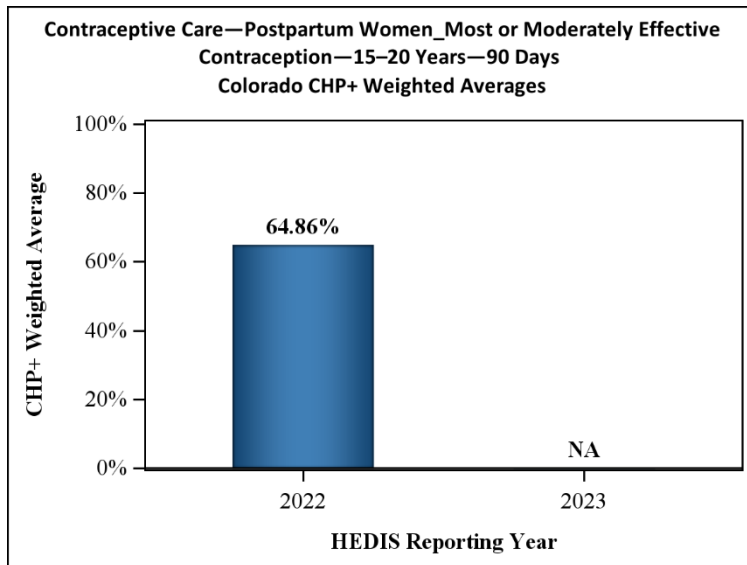
None of the MCOs had a reportable rate for this indicator.



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

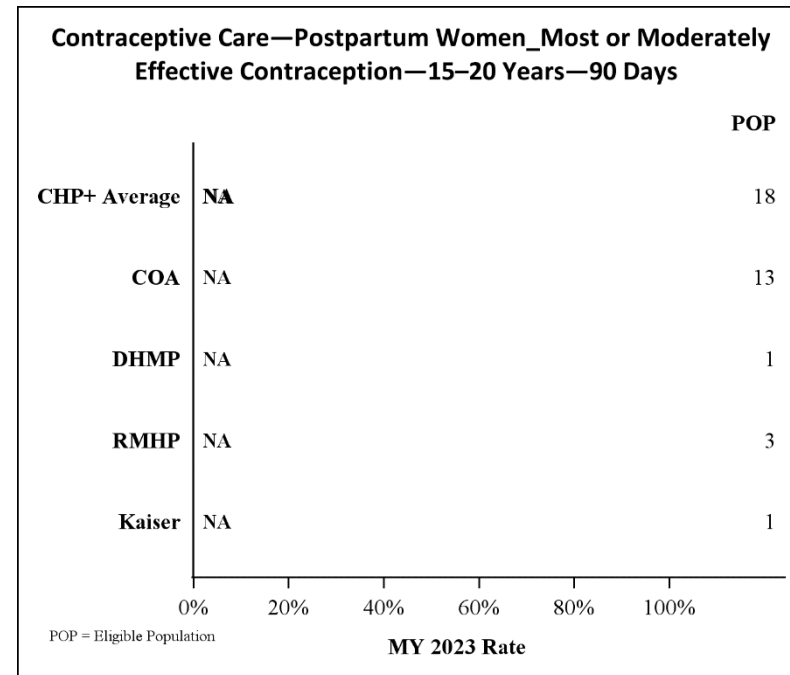
### Contraceptive Care—Postpartum Women—MMEC—15 to 20 Years—90 Days

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



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

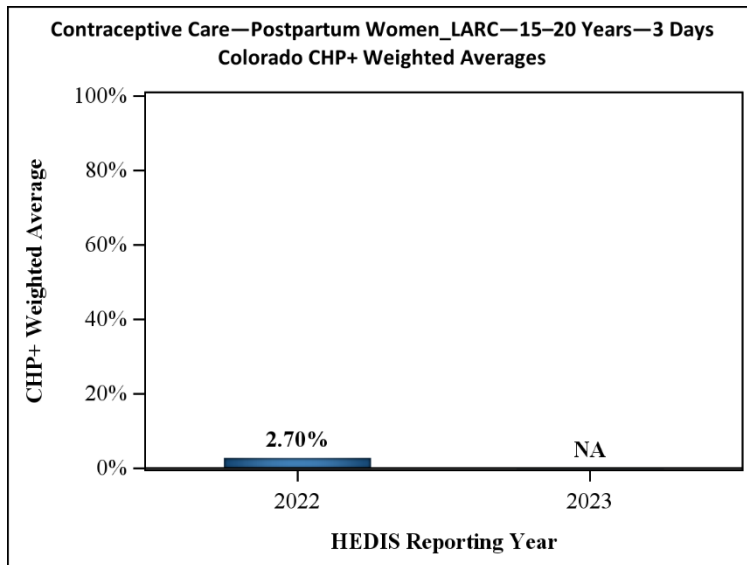
None of the MCOs had a reportable rate for this indicator.



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

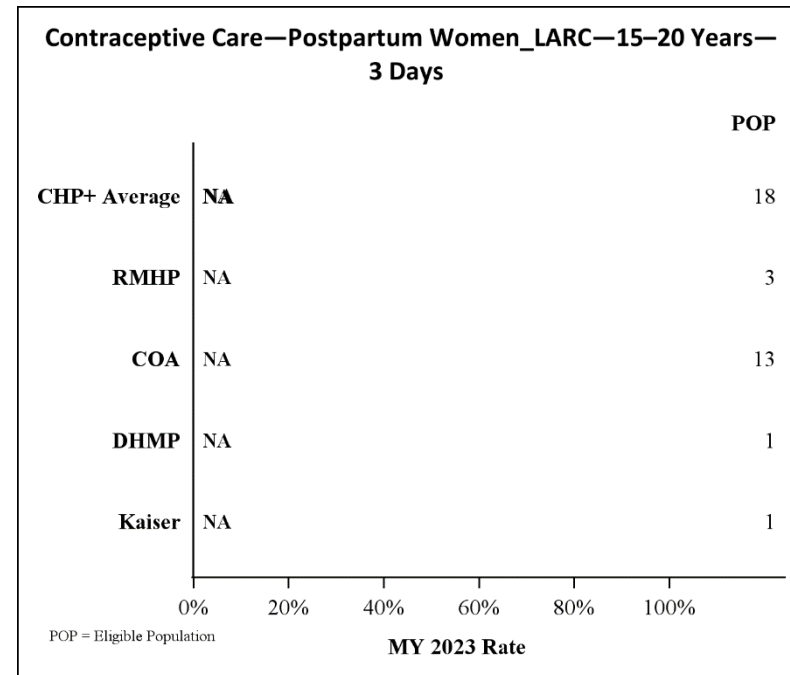
### Contraceptive Care—Postpartum Women—LARC—15 to 20 Years—3 Days

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



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

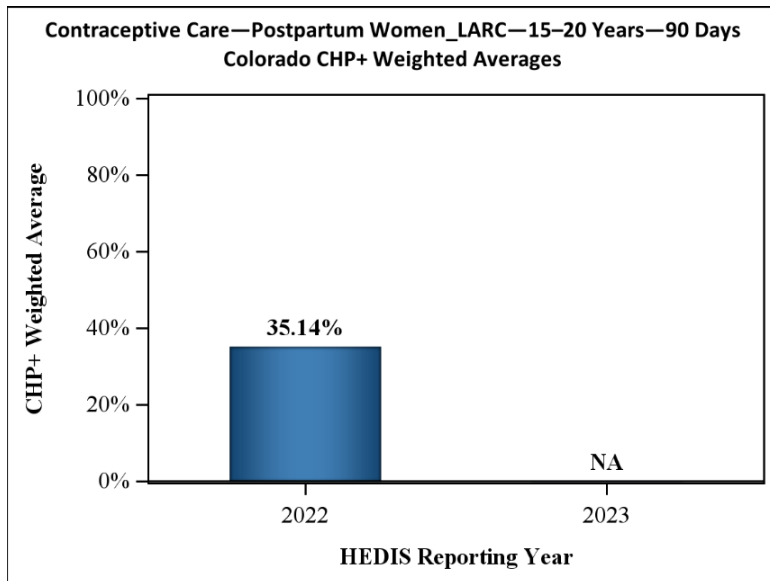
None of the MCOs had a reportable rate for this indicator.



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

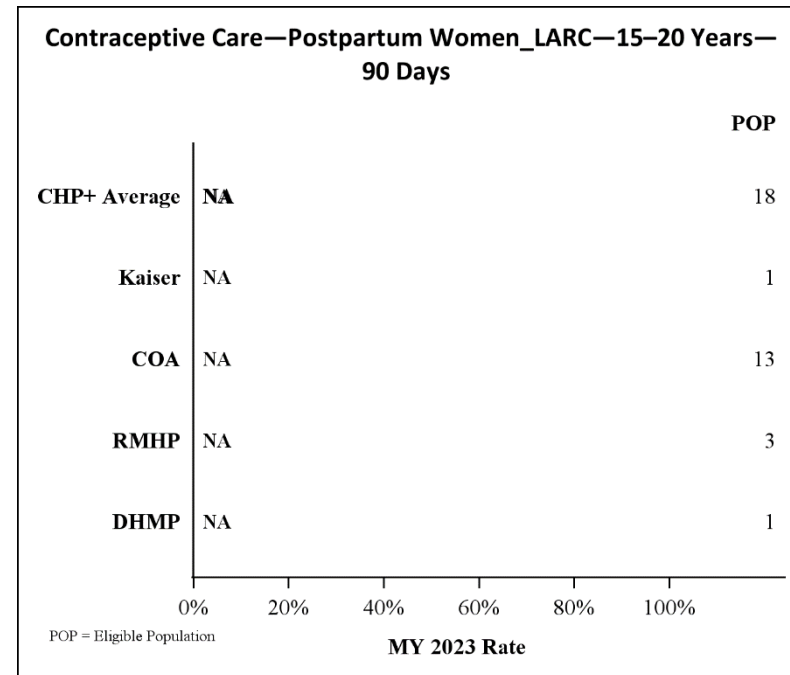
### Contraceptive Care—Postpartum Women—LARC—15 to 20 Years—90 Days

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



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

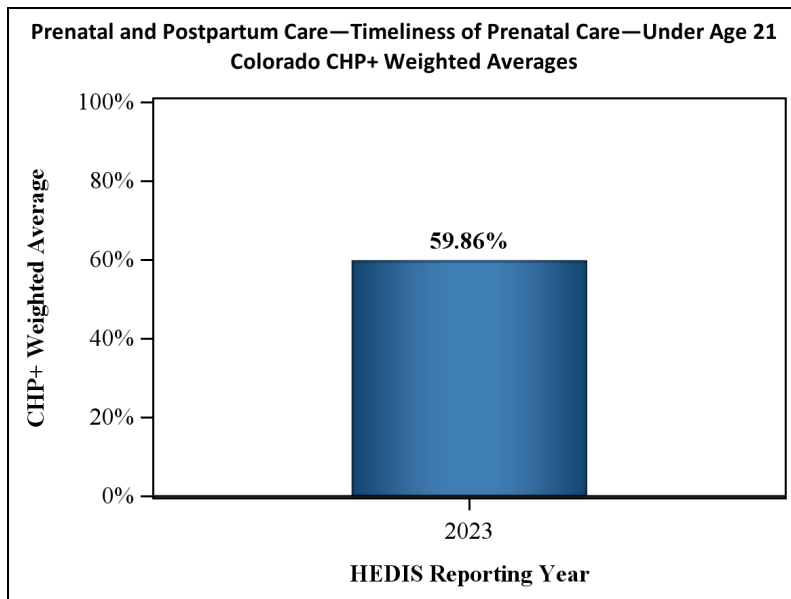


None of the MCOs had a reportable rate for this indicator

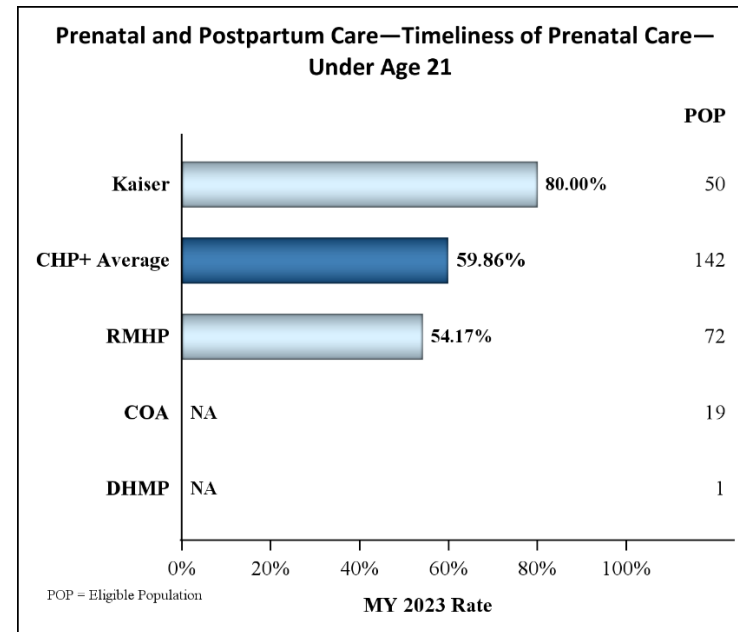


### Prenatal and Postpartum Care—Timeliness of Prenatal Care—Under Age 21

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



Please note that this measure could not be compared to national benchmarks due to a break in trending.

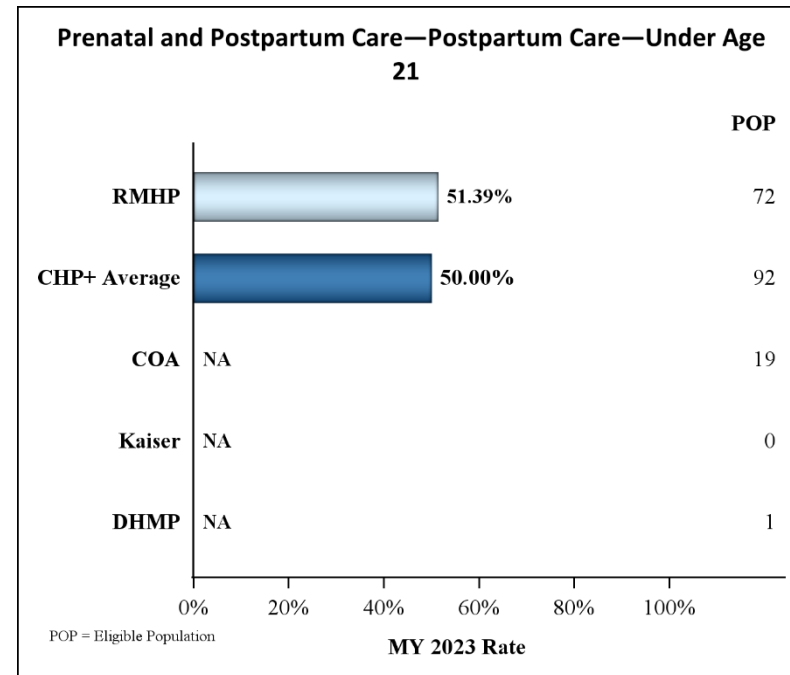
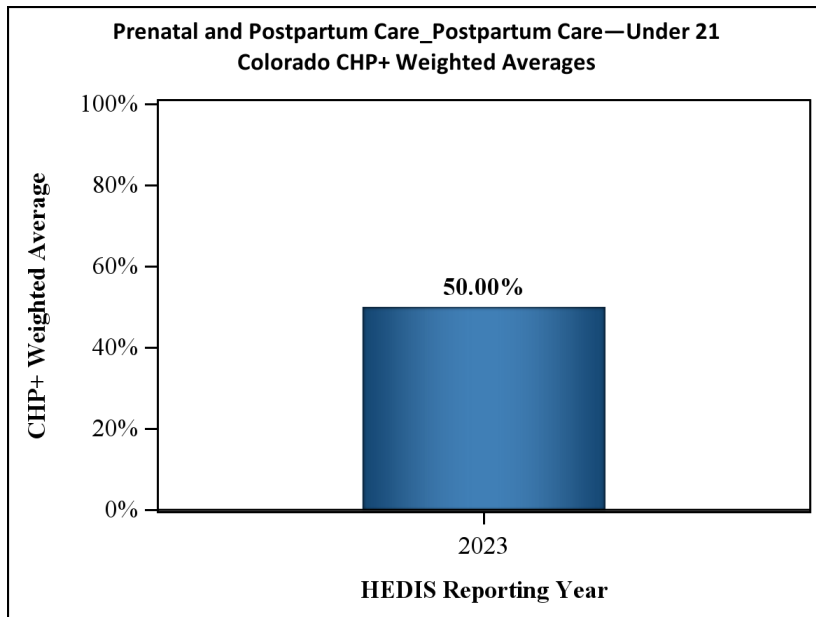


*Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.*

MCO performance varied by approximately 25 percentage points.

### Prenatal and Postpartum Care—Postpartum Care—Under Age 21

*Prenatal and Postpartum Care—Postpartum Care—Under Age 21* measures the percentage of deliveries of live births that received postpartum care visit in the first trimester, on the enrollment start date, or within 42 days of enrollment in the MCO. The measure is documented for beneficiaries under 21 years of age at the time of delivery.



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

MCO performance varied by approximately by 1 percentage point.

### 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 Rating**

Performance Measures	DHMP	RMHP	COA	Kaiser
<b>Contraceptive Care—All Women</b>				
MMEC—15 to 20 Years	—	—	—	—
LARC—15 to 20 Years	—	—	—	—
<b>Contraceptive Care—Postpartum Women<sup>SA</sup></b>				
MMEC—15 to 20 Years—3 Days	—	—	—	—
MMEC—15 to 20 Years—90 Days	—	—	—	—
LARC—15 to 20 Years—3 Days	—	—	—	—
LARC—15 to 20 Years—90 Days	—	—	—	—
<b>Prenatal and Postpartum Care<sup>H</sup></b>				
Timeliness of Prenatal Care—Under Age 21	—	—	—	—
Postpartum Care—Under Age 21	—	—	—	—

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

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

— Indicates that a percentile ranking was not determined because the rate was not reportable or there was a break in trending. This symbol may also indicate 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	0
RMHP	0	0	0	0	0
COA	0	0	0	0	0
Kaiser	0	0	0	0	0

Despite not being able to compare performance measure rates to NCQA benchmarks for applicable measures (i.e., *Prenatal and Postpartum Care—Under Age 21*) within the Maternal and Perinatal Health domain, the MCOs still have opportunities to improve access to prenatal and postpartum care visits for beneficiaries under 21 years of age. Studies indicate that as many as 60 percent of all pregnancy-related deaths could be prevented if women had better access to healthcare, received better quality of care, and made changes in their health and lifestyle habits.<sup>10</sup> Timely and adequate prenatal and postpartum care can set the stage for the long-term health and well-being of new mothers and their infants.<sup>11</sup> HSAG recommends the MCOs consider leveraging opportunities to host campaigns and/or conduct member outreach activities to engage members in the importance of timely prenatal and postpartum care. HSAG also recommends the MCOs consider exploring available community programs or providing care management support services such as appointment and transportation scheduling, pregnancy and parenting education, and pregnancy monitoring.

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<sup>10</sup> Building U.S. Capacity to Review and Prevent Maternal Deaths. (2018). Report From Nine Maternal Mortality Review Committees. Available at: <https://www.cdcfoundation.org/sites/default/files/files/ReportfromNineMMRCs.pdf>. Accessed on: Oct 11, 2024.

<sup>11</sup> American College of Obstetricians and Gynecologists (ACOG). (2018). Optimizing Postpartum Care. ACOG Committee Opinion No. 736. *Obstet Gynecol*, 131:140-150.

## 5. Care of Acute and Chronic Conditions

### Care of Acute and Chronic Conditions

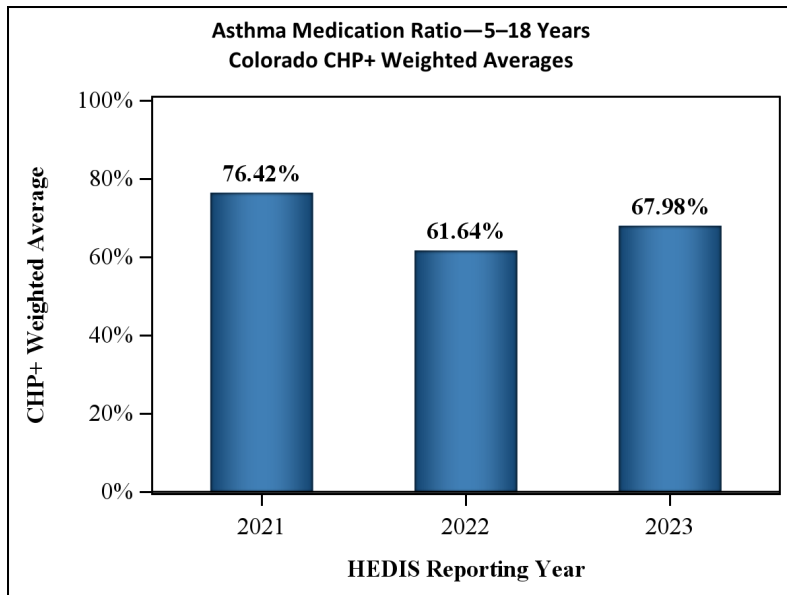
The following section provides a detailed analysis of the Colorado CHP+ MCOs' performance for the Care of Acute and Chronic Conditions domain. The Care of Acute and Chronic Conditions domain encompasses the following measures/indicators:

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

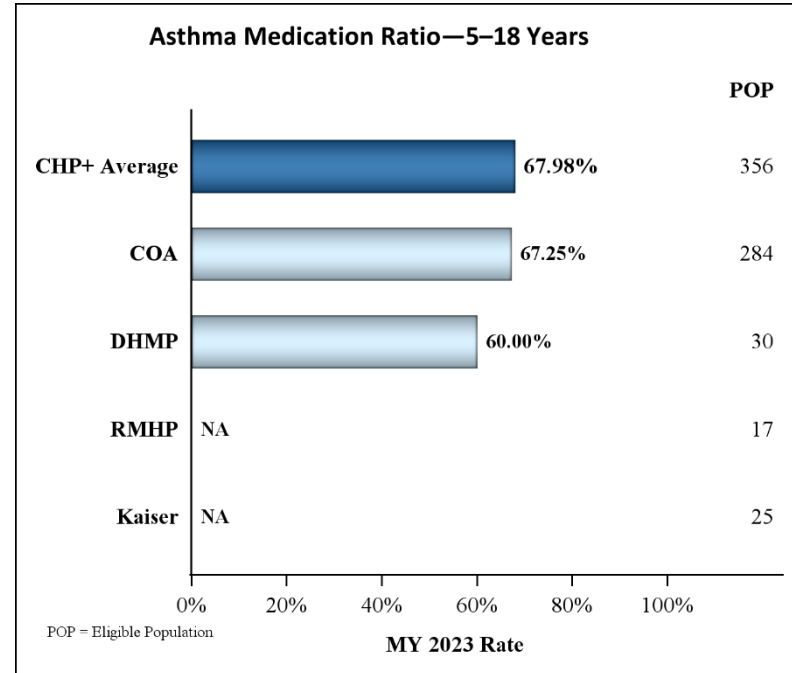
Please see the “Reader’s Guide” section for guidance on interpreting the figures presented within this section. For reference, additional analyses for each measure indicator are displayed in Appendix A and Appendix B.

### Asthma Medication Ratio—5 to 18 Years

*Asthma Medication Ratio—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.



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

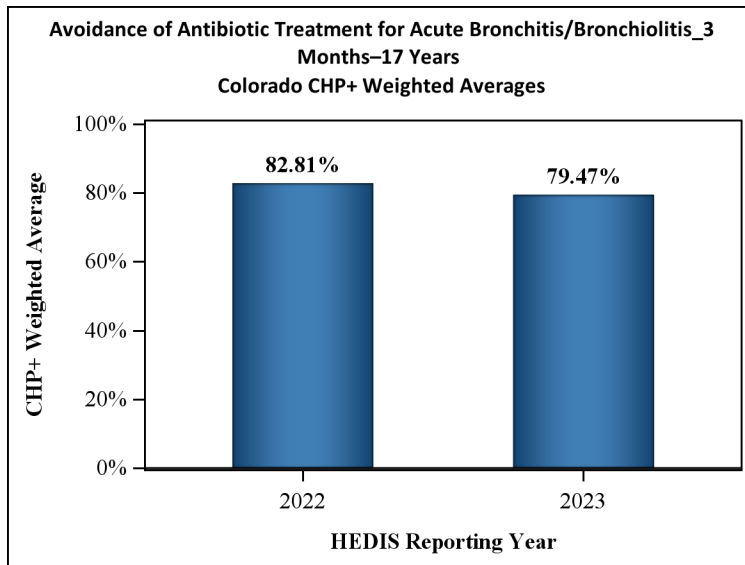


NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate.

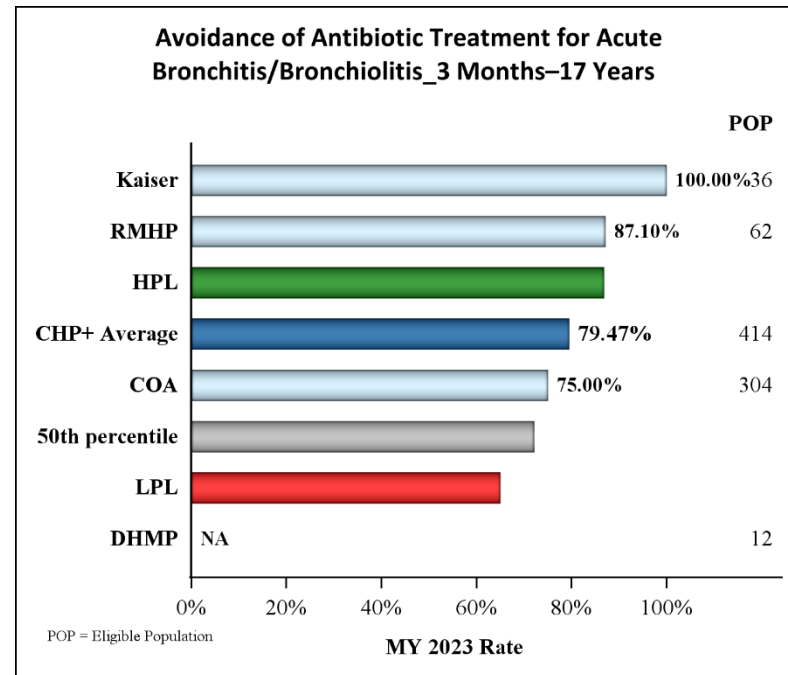
MCO performance varied by approximately 7 percentage points.

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

Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis—3 Months to 17 Years measures the 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.



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



Kaiser’s and RMHP’s rates exceeded the HPL. The Colorado CHP+ weighted average and COA’s rate were above the 50th percentile but below the HPL. DHMP did not have a reportable rate. MCO performance varied by approximately 25 percentage points.

### Summary of Findings and Recommendations

Table 4-1 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
<b><i>Asthma Medication Ratio</i></b>				
<i>5 to 18 Years</i>	—	—	—	—
<b><i>Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis</i></b>				
<i>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	1	0	0	0	0
COA	0	0	1	0	0
Kaiser	1	0	0	0	0

Three of four (75 percent) MCOs reported a HEDIS measure rate above the 50th percentile for *Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis—3 Months to 17 Years*, while two of four (50 percent) MCOs reported a rate above the 90th percentile.



### Behavioral Health Care

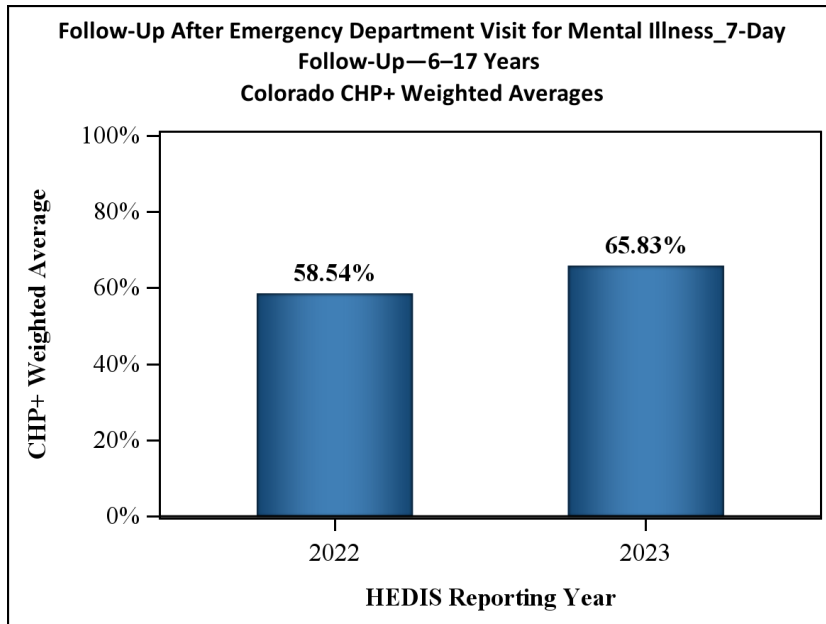
The following section provides a detailed analysis of the Colorado CHP+ MCOs' performance for the Behavioral Health Care domain. The Behavioral Health Care domain encompasses the following measures/indicators:

- *Follow-Up After Emergency Department Visit for Mental Illness—7-Day Follow-Up—6 to 17 Years and 30-Day Follow-Up—6 to 17 Years*
- *Follow-Up After Emergency Department Visit for Substance Use—7-Day Follow-Up—13 to 17 Years and 30-Day Follow-Up—13 to 17 Years*
- *Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up—6 to 17 Years and 30-Day Follow-Up—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—12 to 17 Years*
- *Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics—Total*

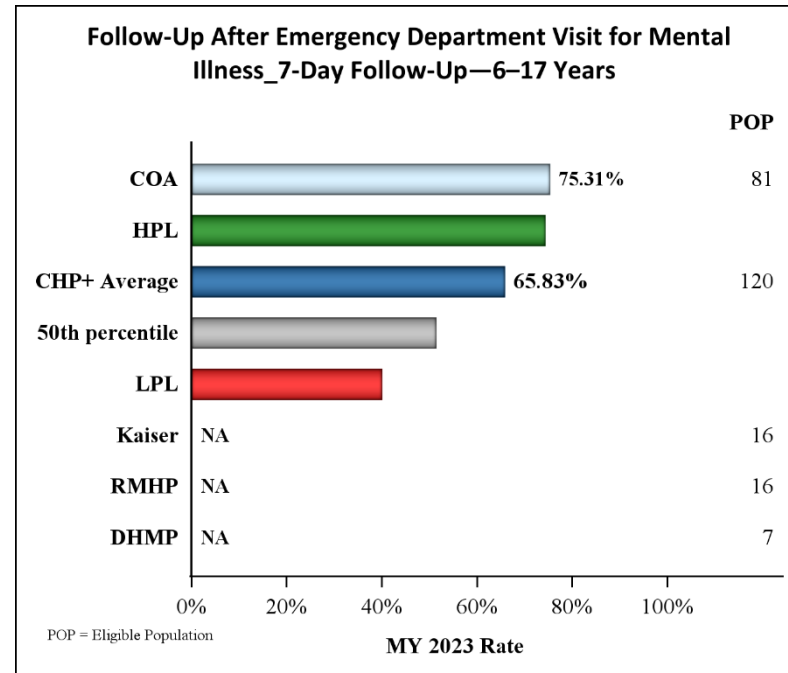
Please see the “Reader’s Guide” section for guidance on interpreting the figures presented within this section. For reference, additional analyses for each measure indicator are displayed in Appendix A and Appendix B.

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

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



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

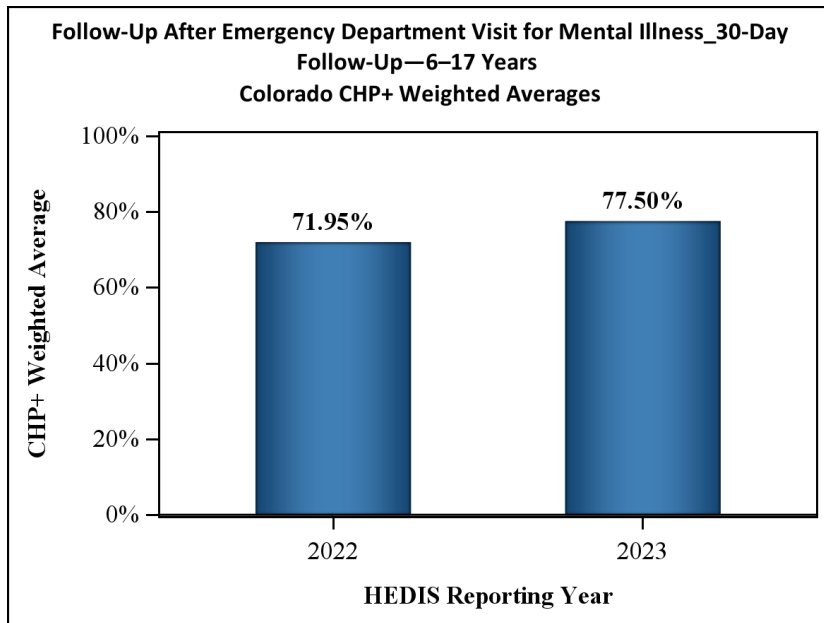


NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate.

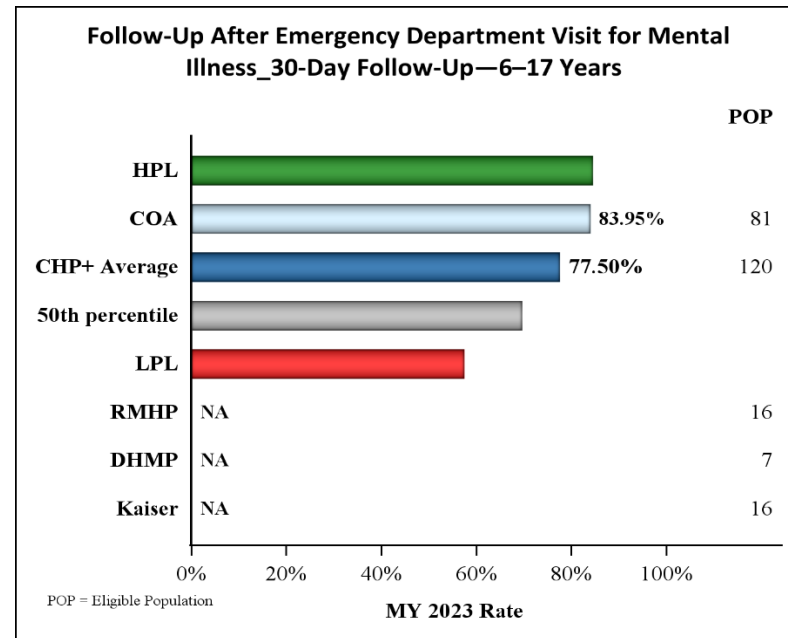
Only COA had a reportable rate, and the rate exceeded the HPL.

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

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



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

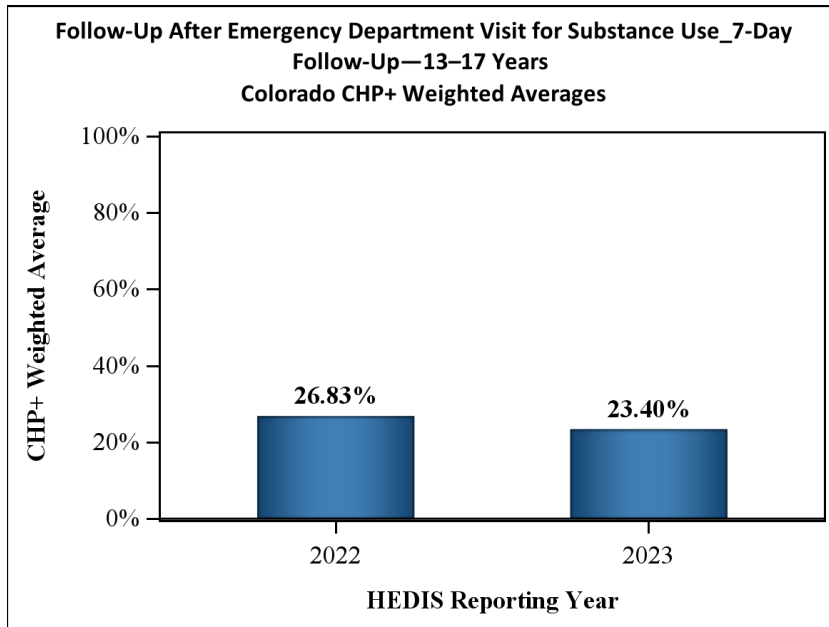


NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate.

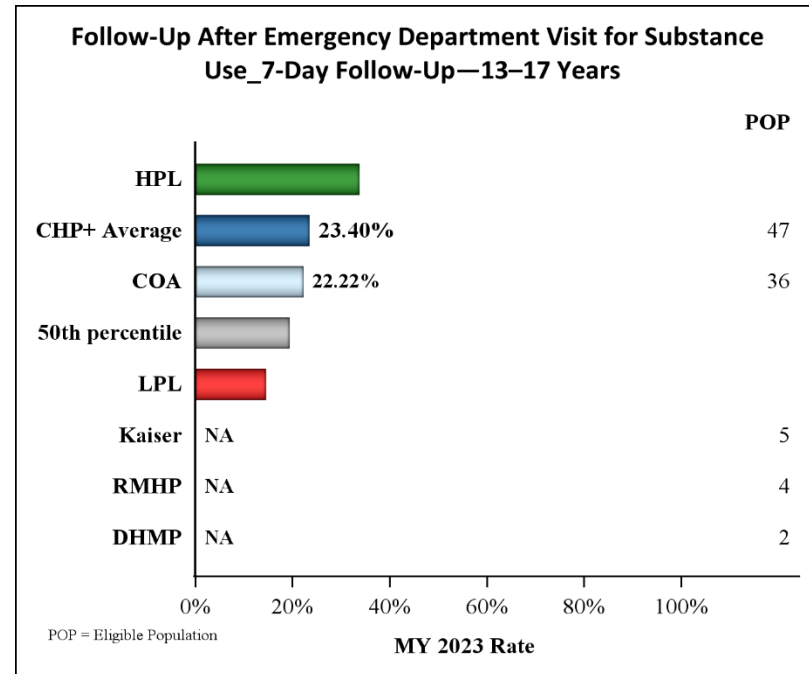
Only COA had a reportable rate, and the rate fell slightly below the HPL but above the 50th percentile.

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

Follow-Up After Emergency Department Visit for Substance Use—7-Day Follow-Up—13 to 17 Years measures the percentage of ED visits for members ages 13 to 17 years with a principal diagnosis of SUD, or any diagnosis of drug overdose, for which there was follow-up within seven days of the ED visit during the measurement year.



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

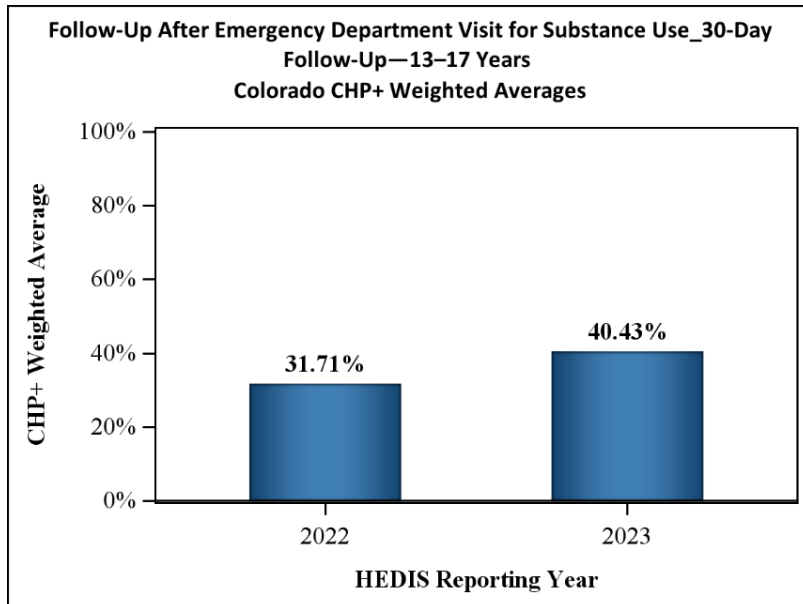


NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate.

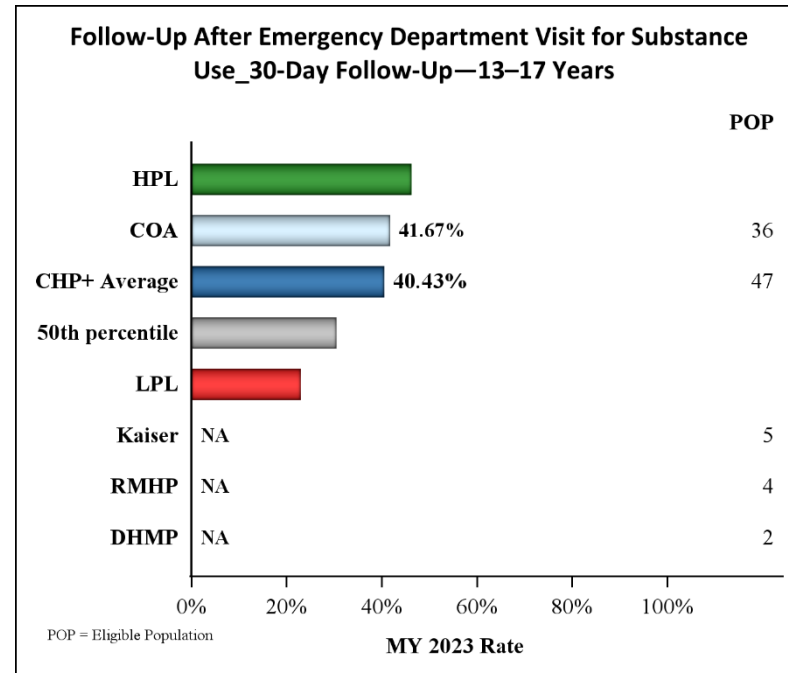
Only COA had a reportable rate, which was above the 50th percentile but below the HPL.

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

Follow-Up After Emergency Department Visit for Substance Use—30-Day Follow-Up—13 to 17 Years measures the percentage of ED visits for members ages 13 to 17 years with a principal diagnosis of SUD, or any diagnosis of drug overdose, for which there was follow-up within 30 days of the ED visit during the measurement year.



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

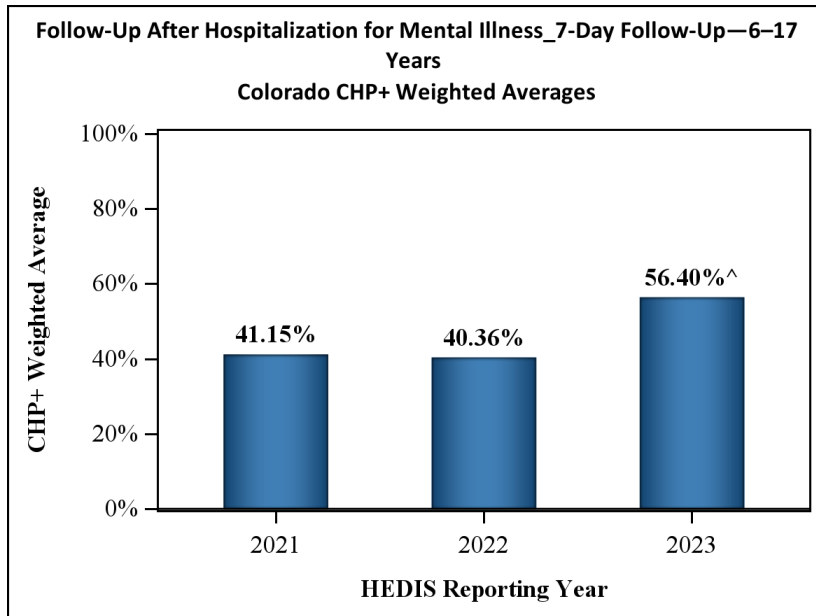


NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate.

Only COA had a reportable rate, which was above the 50th percentile and Colorado CHP+ weighted average but below the HPL.

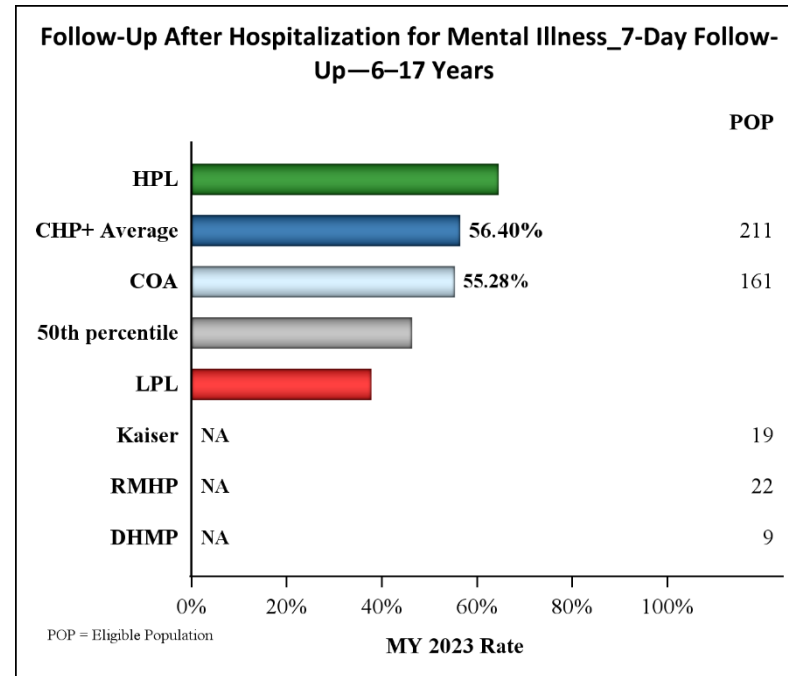
### Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up—6 to 17 Years

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



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

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

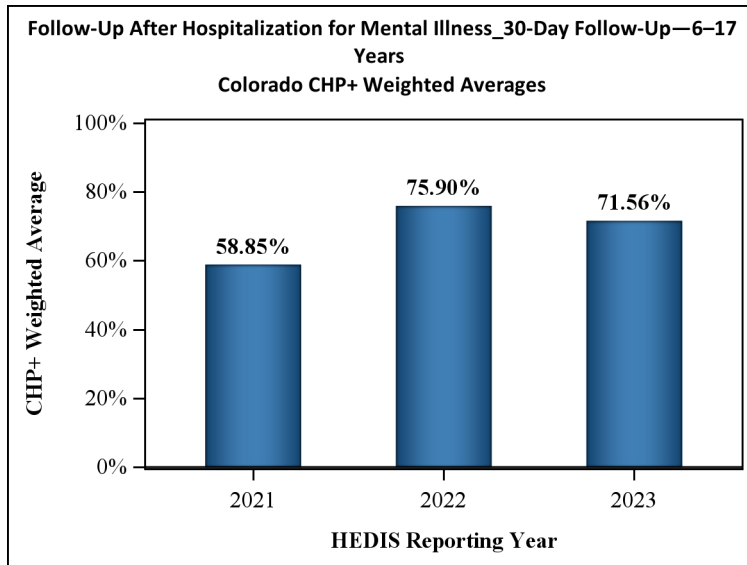


NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate.

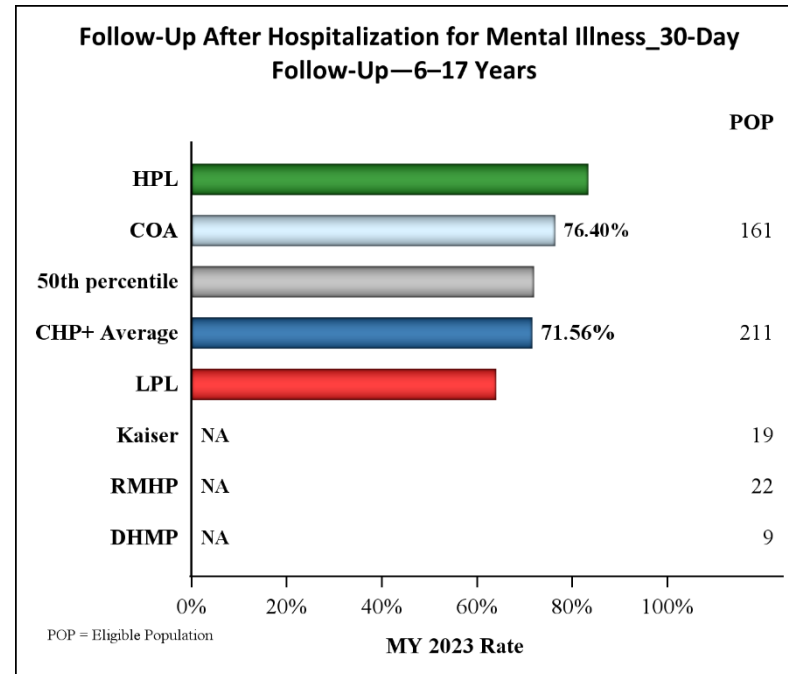
Only COA had a reportable rate, and the rate fell above the 50th percentile but below the HPL.

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

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



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

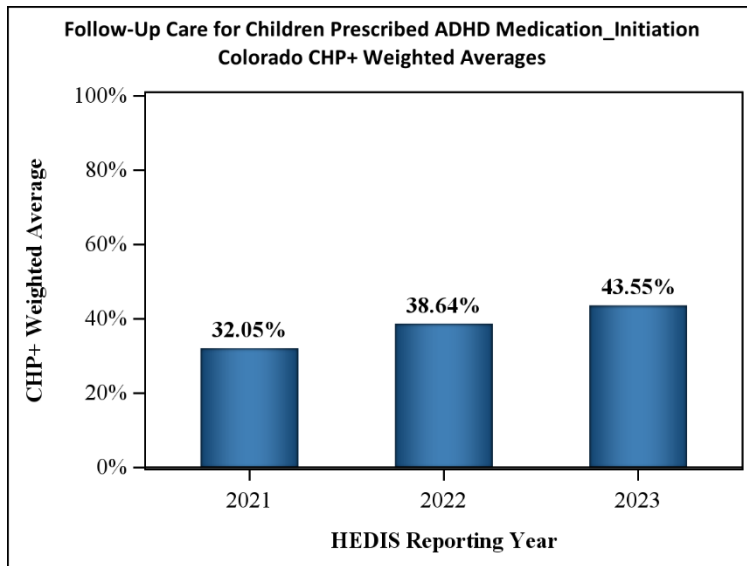


NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate.

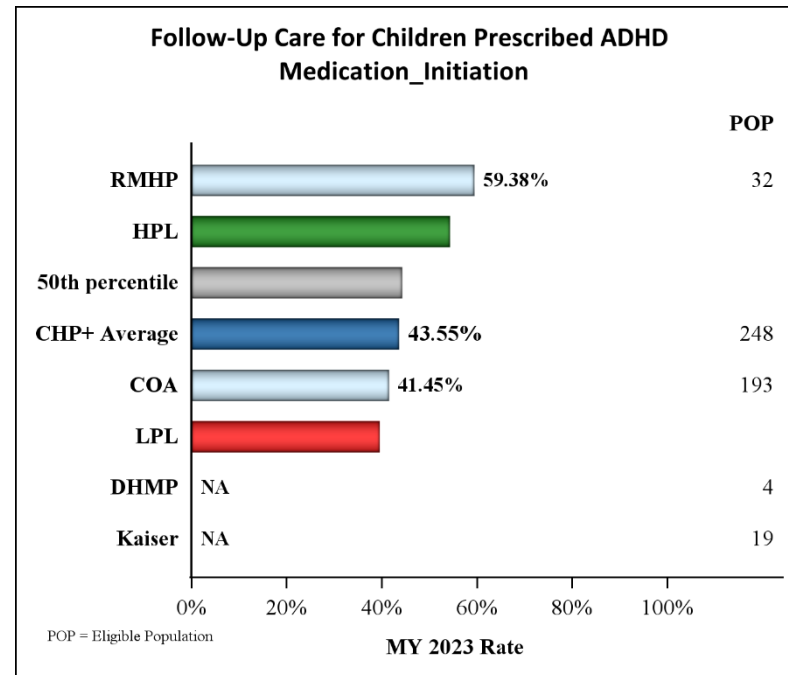
Only COA had a reportable rate, and the rate was above the 50th percentile and Colorado CHP+ weighted average but below the HPL.

### 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 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 2022 to MY 2023.



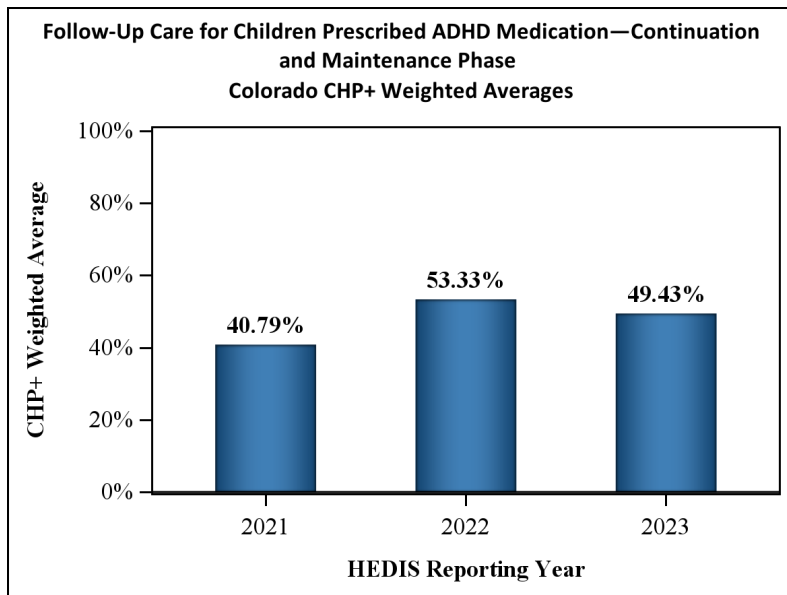
NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate.

RMHP’s rate exceeded the HPL. The Colorado CHP+ weighted average and COA’s rate were above the LPL but below the 50th percentile. DHMP and Kaiser did not have reportable rates. MCO performance varied by approximately 18 percentage points.

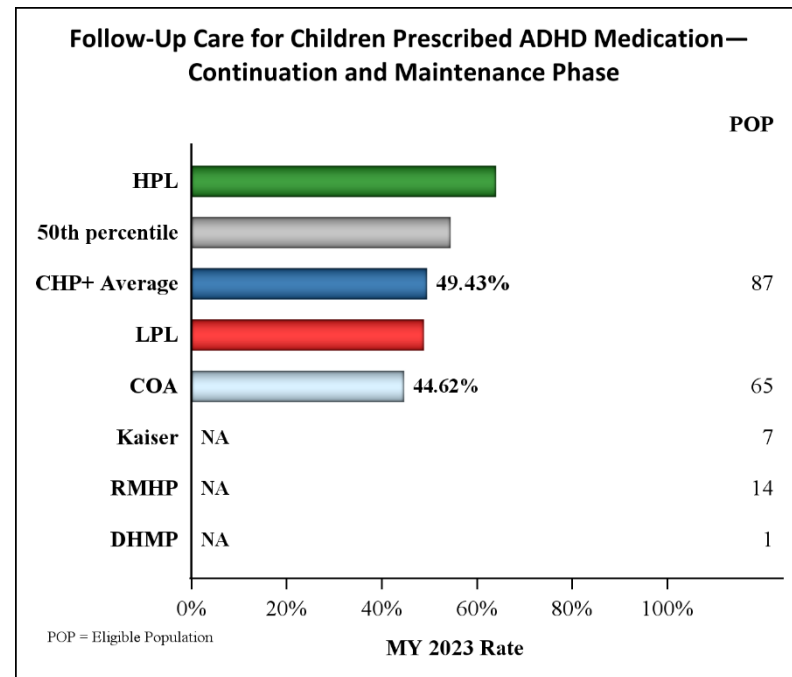


### Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase

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 2022 to MY 2023.

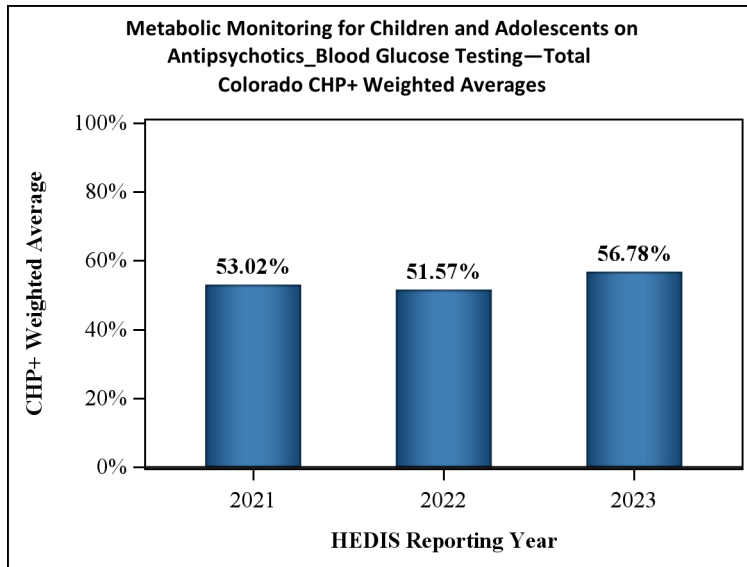


NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate.

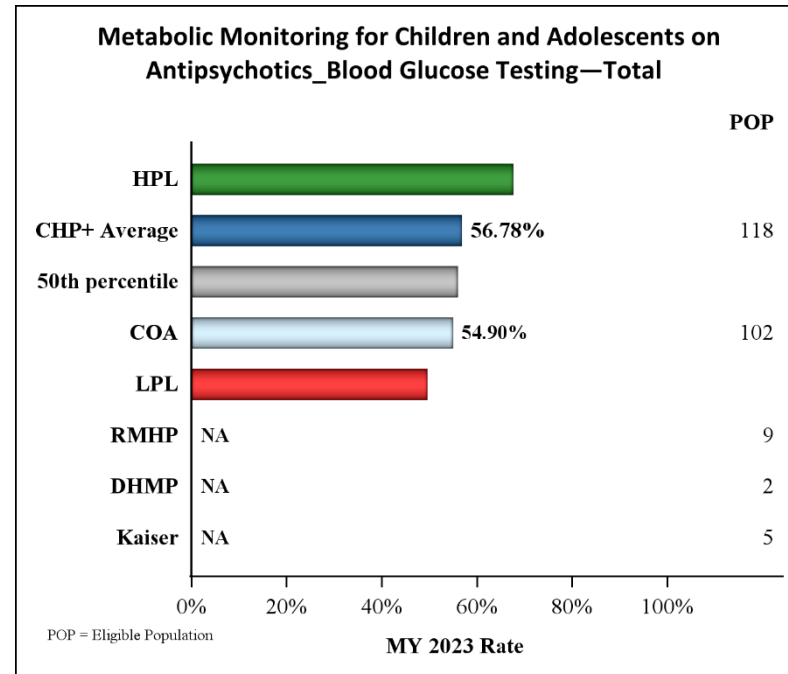
Only COA had a reportable rate, and the rate fell below the LPL.

### 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 2022 to MY 2023.

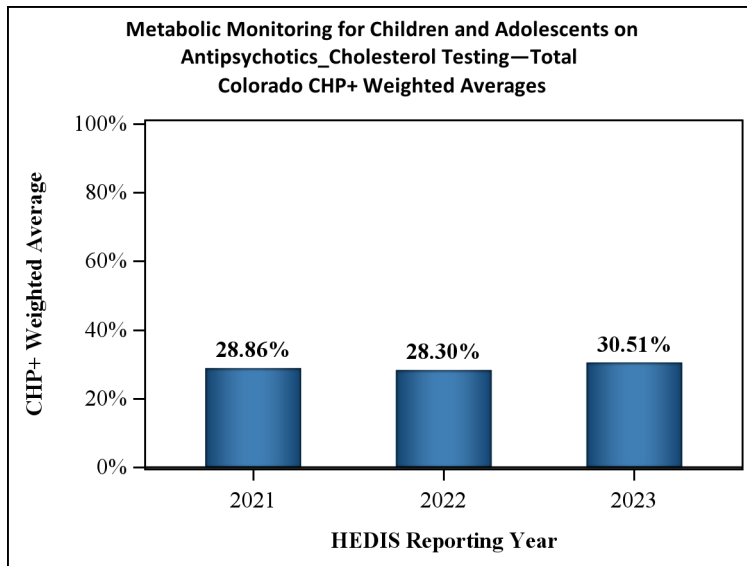


NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate.

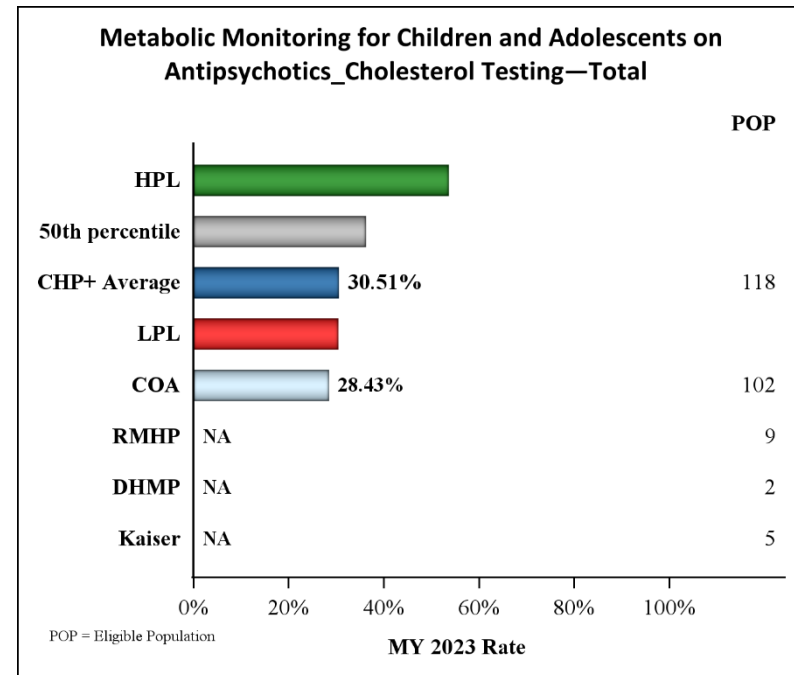
Only COA had a reportable rate, and the rate was above the LPL but below the HPL and the 50th percentile.

### Metabolic Monitoring for Children and Adolescents on Antipsychotics—Cholesterol Testing—Total

Metabolic Monitoring for Children and Adolescents on Antipsychotics—Cholesterol Testing—Total measures the percentage of children and adolescents ages 1 to 17 years who had two or more antipsychotic prescriptions and who received cholesterol testing during the measurement year.



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

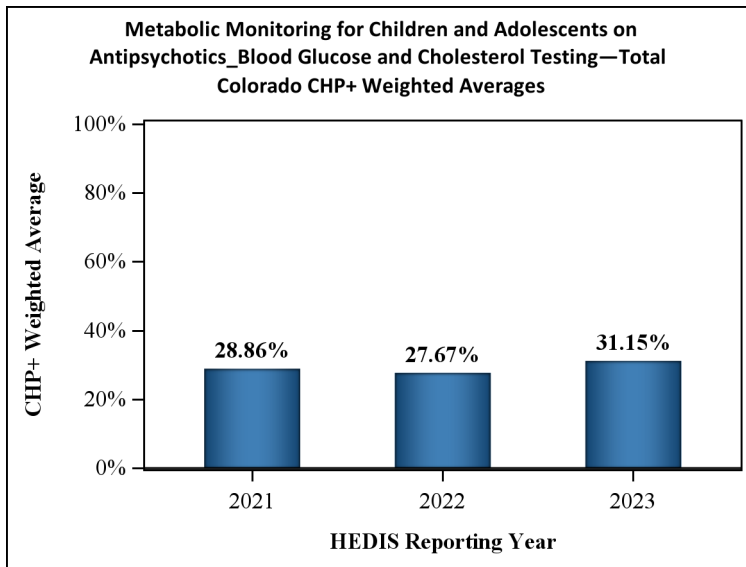


NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate.

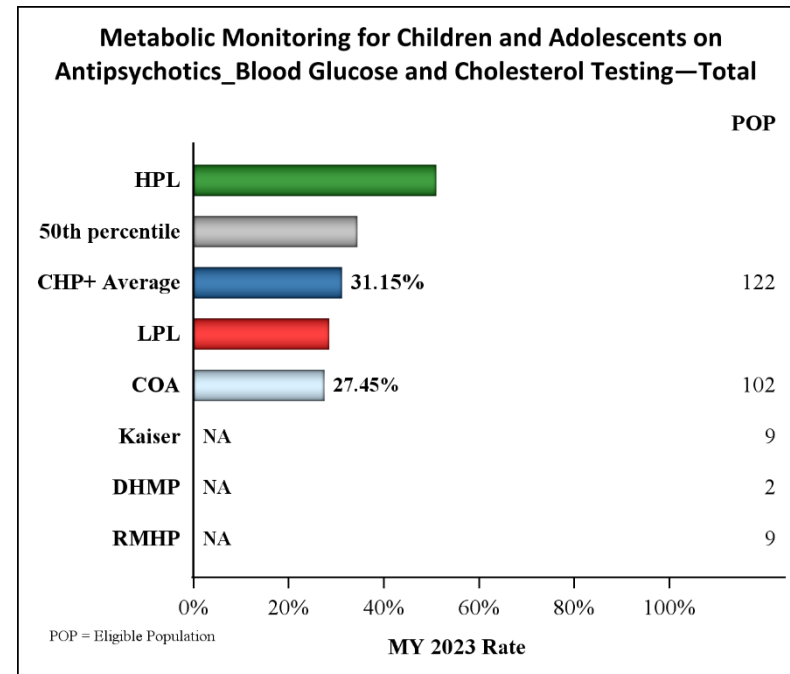
Only COA had a reportable rate, and the rate fell below the LPL.

## 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 2022 to MY 2023.

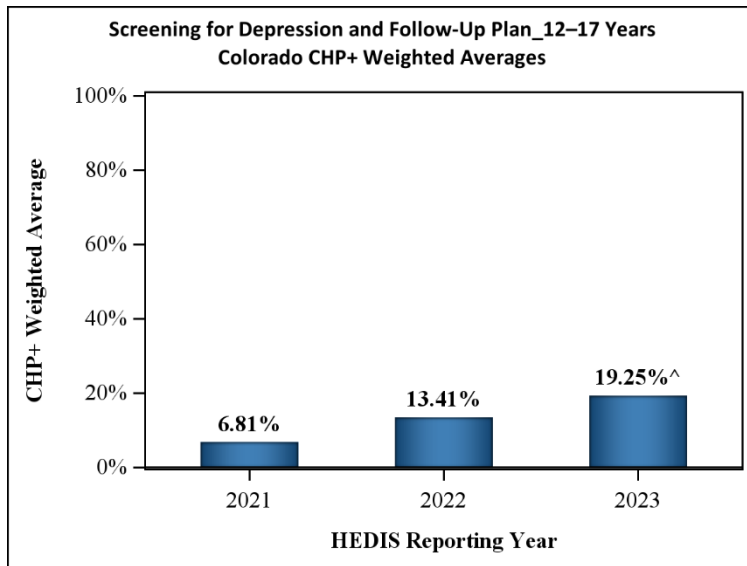


NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate.

Only COA had a reportable rate, and the rate fell below the LPL.

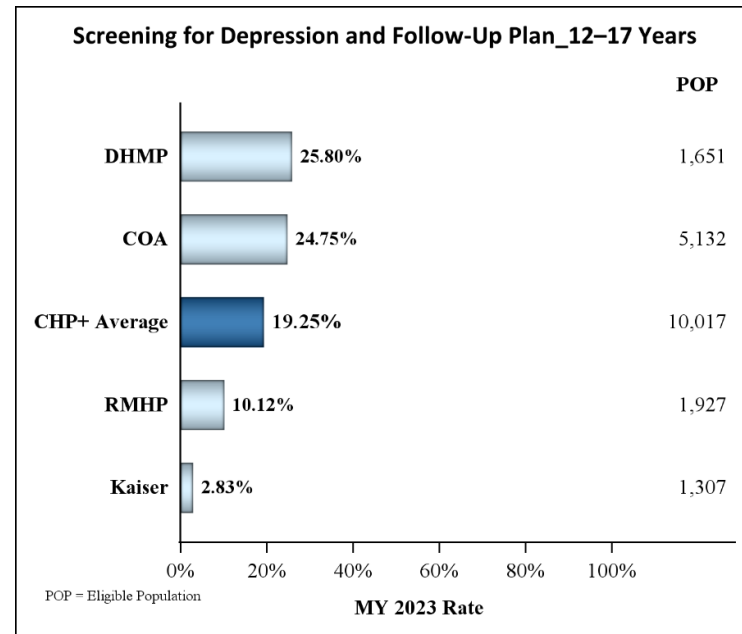
### Screening for Depression and Follow-Up Plan—12 to 17 Years

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



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

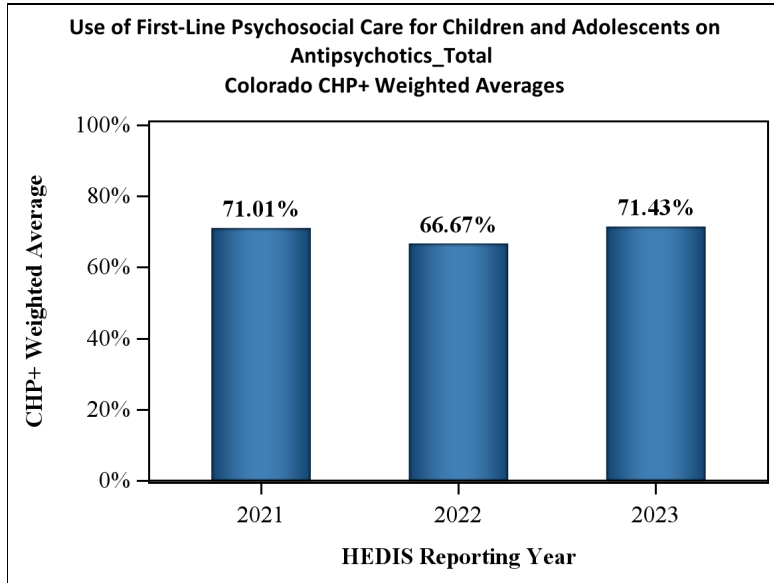
The Colorado CHP+ weighted average weighted average significantly improved from MY 2022 to MY 2023.



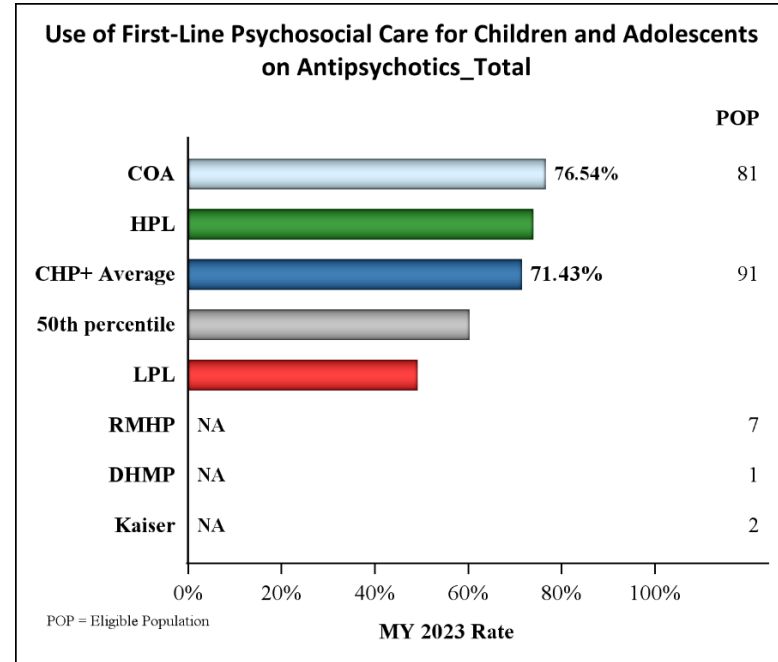
MCO performance varied by approximately 23 percentage points.

### 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 2022 to MY 2023.



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

Only COA had a reportable rate, and the rate exceeded the HPL.

### Summary of Findings and Recommendations

Table 3-1 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
<b><i>Follow-Up After Emergency Department Visit for Substance Use<sup>H</sup></i></b>				
<i>7-Day Follow-Up—13 to 17 Years</i>	—	—	★★★	—
<i>30-Day Follow-Up—13 to 17 Years</i>	—	—	★★★★★	—
<b><i>Follow-Up After Emergency Department Visit for Mental Illness<sup>H</sup></i></b>				
<i>7-Day Follow-Up—6 to 17 Years</i>	—	—	★★★★★	—
<i>30-Day Follow-Up—6 to 17 Years</i>	—	—	★★★★★	—
<b><i>Follow-Up After Hospitalization for Mental Illness<sup>H</sup></i></b>				
<i>7-Day Follow-Up—6 to 17 Years</i>	—	—	★★★★★	—
<i>30-Day Follow-Up—6 to 17 Years</i>	—	—	★★★	—
<b><i>Follow-Up Care for Children Prescribed ADHD Medication<sup>H</sup></i></b>				
<i>Initiation Phase</i>	—	★★★★★	★★	—
<i>Continuation and Maintenance Phase</i>	—	—	★	—
<b><i>Metabolic Monitoring for Children and Adolescents on Antipsychotics<sup>H</sup></i></b>				
<i>Blood Glucose Testing—Total</i>	—	—	★★	—
<i>Cholesterol Testing—Total</i>	—	—	★	—
<i>Blood Glucose and Cholesterol Testing—Total</i>	—	—	★	—
<b><i>Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics</i></b>				
<i>Total</i>	—	—	★★★★★	—

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

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

Table 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	1	0	0	0	0
COA	2	3	2	2	3
Kaiser	0	0	0	0	0

While only COA had reportable rates 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 indicators, the rates fell below the 50th percentile for one measure indicator and below the 25th percentile for two measure indicators. These rates suggest COA has room for improvement to ensure better health outcomes for children and adolescents on antipsychotics. Antipsychotic prescribing for children and adolescents has increased rapidly in recent decades.<sup>12</sup> These medications can elevate a child’s risk for developing serious metabolic health complications<sup>13</sup> associated with poor cardiometabolic outcomes in adulthood.<sup>14</sup> The MCOs and the Department should identify the key drivers contributing to the low rates (e.g., barriers to standing lab orders, provider billing issues, gaps in administrative data sources). 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 reported HEDIS rates for the *Follow-Up After Emergency Department Visit for Mental Illness—7-Day Follow-Up—6 to 17 Years* and *30-Day Follow-Up—6 to 17 Years* and *Follow-Up After Emergency Department Visit for Substance Use—7-Day Follow-Up—13 to 17 Years* and *30-Day Follow-Up—13 to 17 Years* measure indicators ranked above the 75th percentile. RMHP’s reported HEDIS measure rate was above the 90th percentile for the *Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase* measure indicator.

<sup>12</sup> 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.

<sup>13</sup> 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*.

<sup>14</sup> 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*

All MCOs were required to report this measure in MY 2023. 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

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

#### Results

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

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

Health Plan Name	ED Visits
DHMP	22.37
RMHP	16.76
COA	28.95
Kaiser	20.83
MY 2023 Medicaid Weighted Average	26.21
MY 2022 Medicaid Weighted Average	22.19
MY 2021 Medicaid Weighted Average	17.54

For the *ED Visits* measure indicator, MCO performance varied, ranging from 20.83 ED visits per 1,000 member months to 28.95 ED visits per 1,000 member months. The rates for the four MCOs vary, indicating differences in patterns of ED use.

### 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

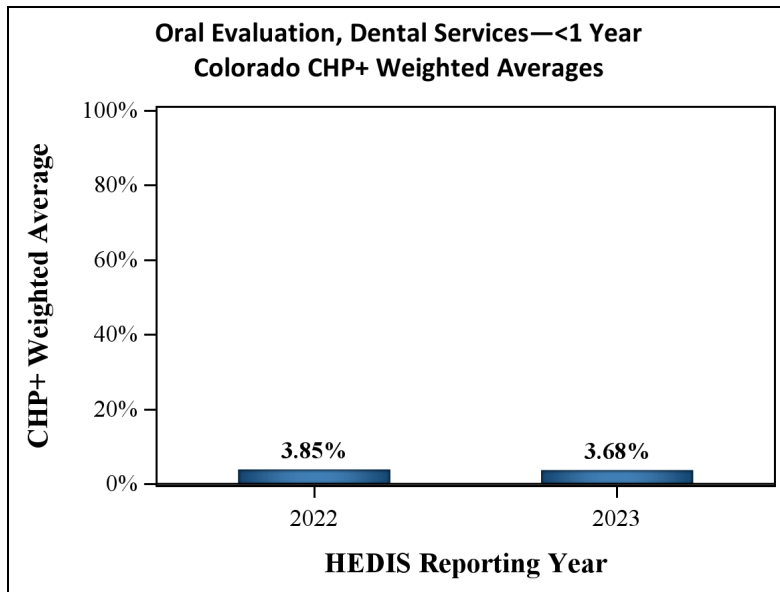
The following section provides a detailed analysis of the Colorado CHP+ dental PAHP’s performance for the Dental and Oral Health Services domain. The Dental and Oral Health Services domain encompasses the following measures/indicators:

- *Oral Evaluation, Dental Services*
- *Sealant Receipt on Permanent First Molars—At Least One Sealant and All Four Molars Sealed*
- *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—<1 Year

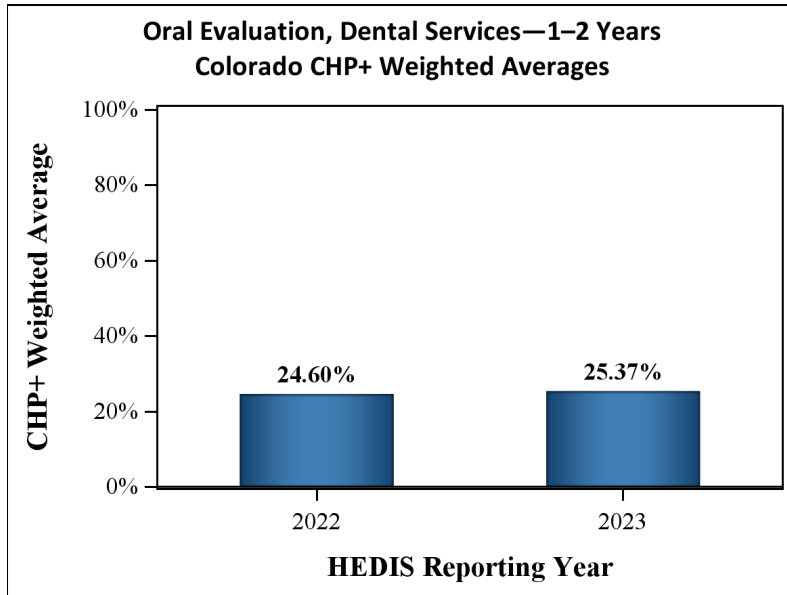
Oral Evaluation, Dental Services—<1 Year measures the percentage of children under 1 year of age who received a comprehensive or periodic oral evaluation during the measurement year. Given there are no established benchmarks, HSAG was unable to make rate comparisons to benchmarks.



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

### Oral Evaluation, Dental Services—1 to 2 Years

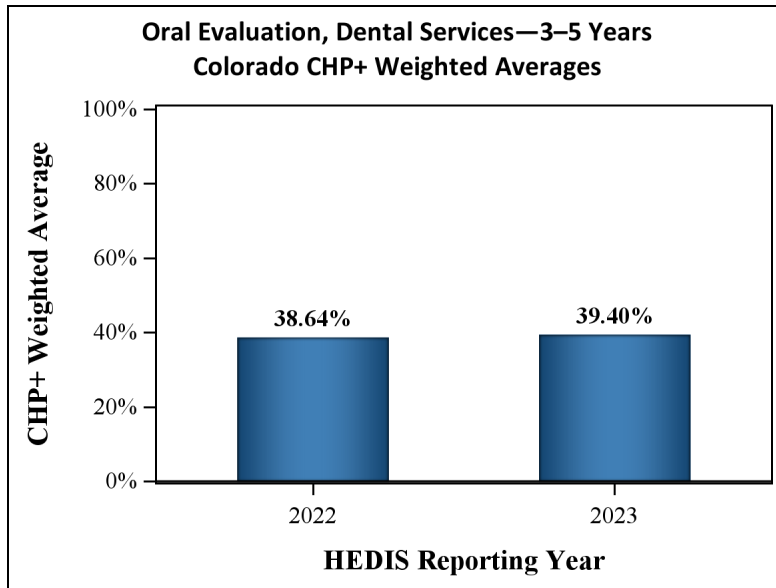
Oral Evaluation, Dental Services—1 to 2 Years measures the percentage of children ages 1 to 2 years who received a comprehensive or periodic oral evaluation during the measurement year. Given there are no established benchmarks, HSAG was unable to make rate comparisons to benchmarks.



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

### Oral Evaluation, Dental Services—3 to 5 Years

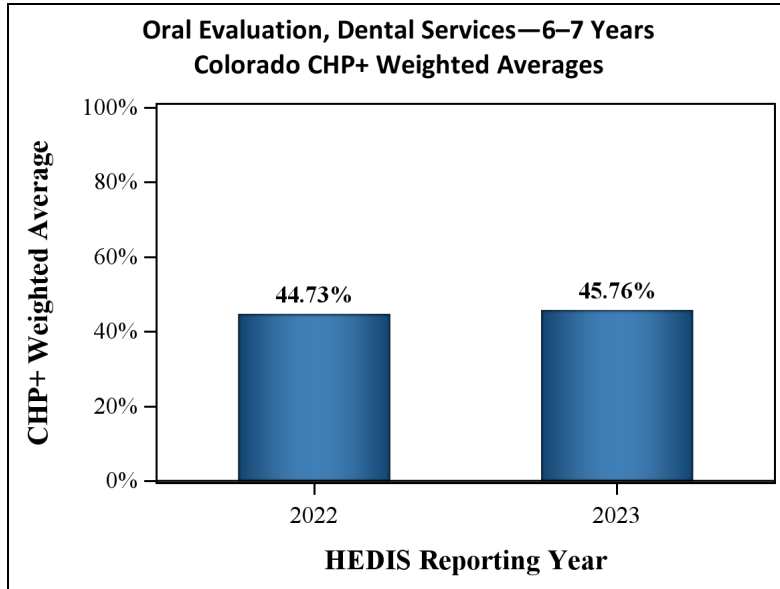
Oral Evaluation, Dental Services—3 to 5 Years measures the percentage of children ages 3 to 5 years who received a comprehensive or periodic oral evaluation during the measurement year. Given there are no established benchmarks, HSAG was unable to make rate comparisons to benchmarks.



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

### Oral Evaluation, Dental Services—6 to 7 Years

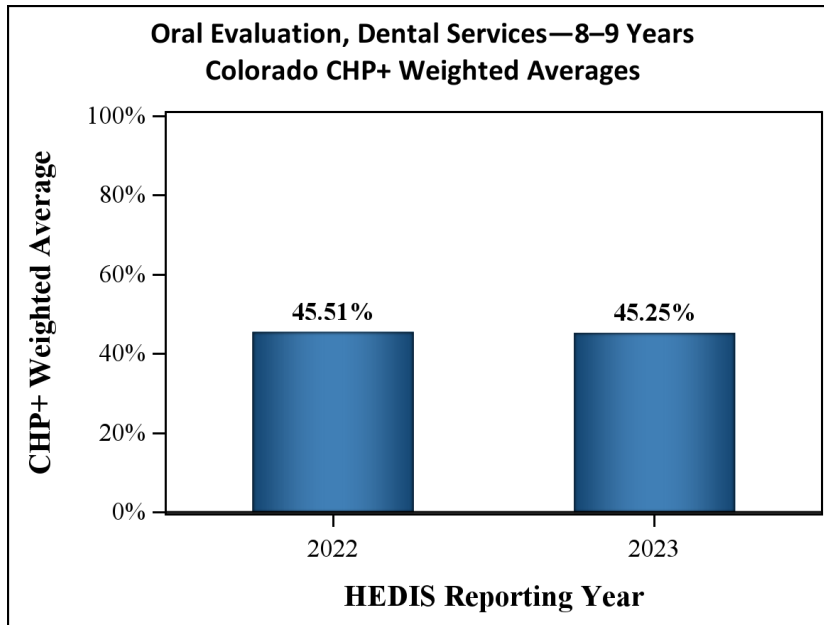
*Oral Evaluation, Dental Services—6 to 7 Years* measures the percentage of children ages 6 to 7 years who received a comprehensive or periodic oral evaluation during the measurement year. Given there are no established benchmarks, HSAG was unable to make rate comparisons to benchmarks.



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

### Oral Evaluation, Dental Services—8 to 9 Years

Oral Evaluation, Dental Services— 8 to 9 Years measures the percentage of children ages 8 to 9 years who received a comprehensive or periodic oral evaluation during the measurement year. Given there are no established benchmarks, HSAG was unable to make rate comparisons to benchmarks.

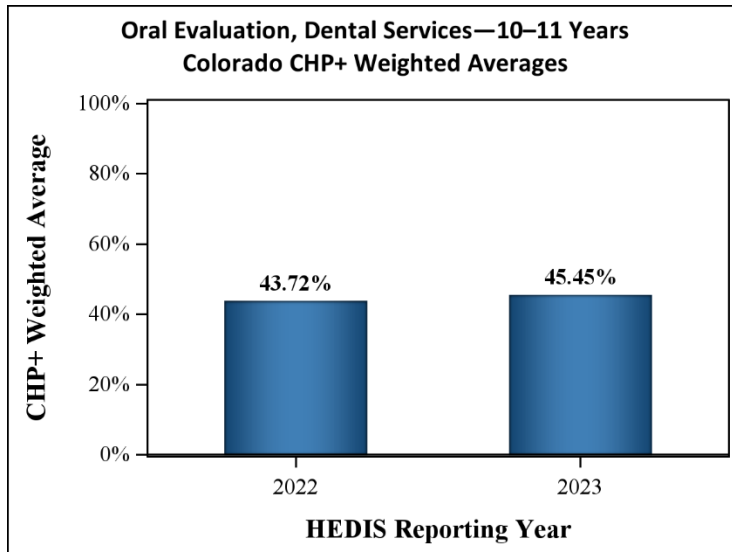


The Colorado CHP+ weighted average did not demonstrate a significant change from MY 2022 to MY 2023.



### Oral Evaluation, Dental Services—10 to 11 Years

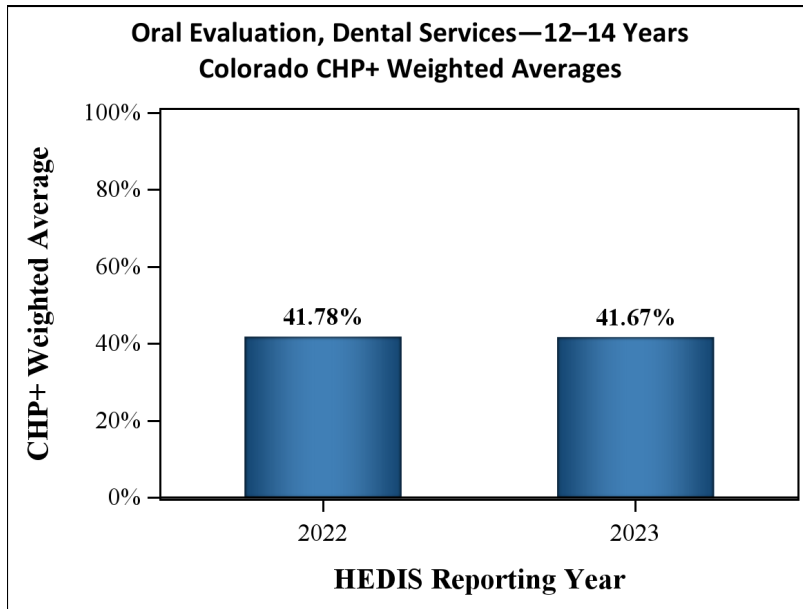
*Oral Evaluation, Dental Services—10 to 11 Years* measures the percentage of children ages 10 to 11 years who received a comprehensive or periodic oral evaluation during the measurement year. Given there are no established benchmarks, HSAG was unable to make rate comparisons to benchmarks.



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

### Oral Evaluation, Dental Services—12 to 14 Years

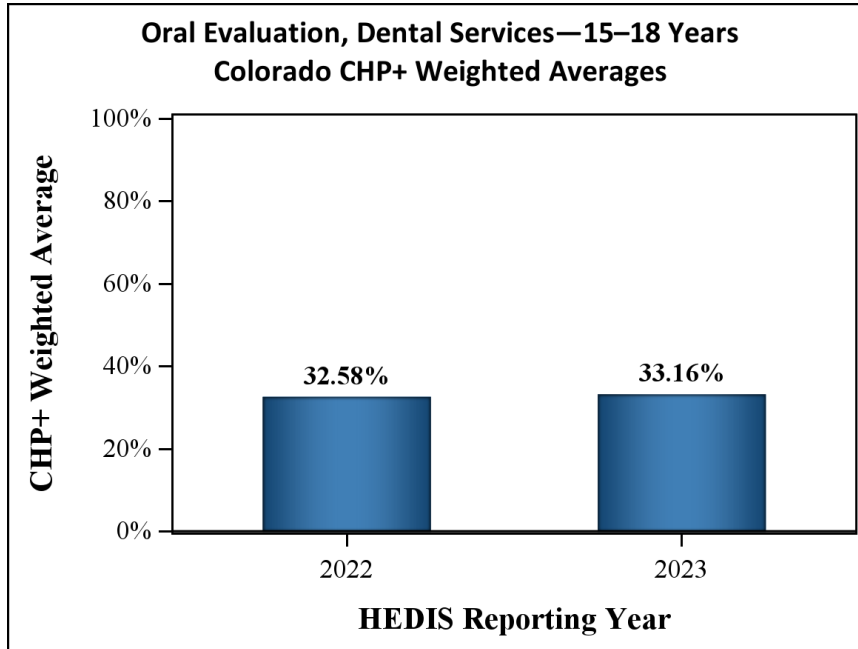
*Oral Evaluation, Dental Services—12 to 14 Years* measures the percentage of children ages 12 to 14 years who received a comprehensive or periodic oral evaluation during the measurement year. Given there are no established benchmarks, HSAG was unable to make rate comparisons to benchmarks.



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

### Oral Evaluation, Dental Services—15 to 18 Years

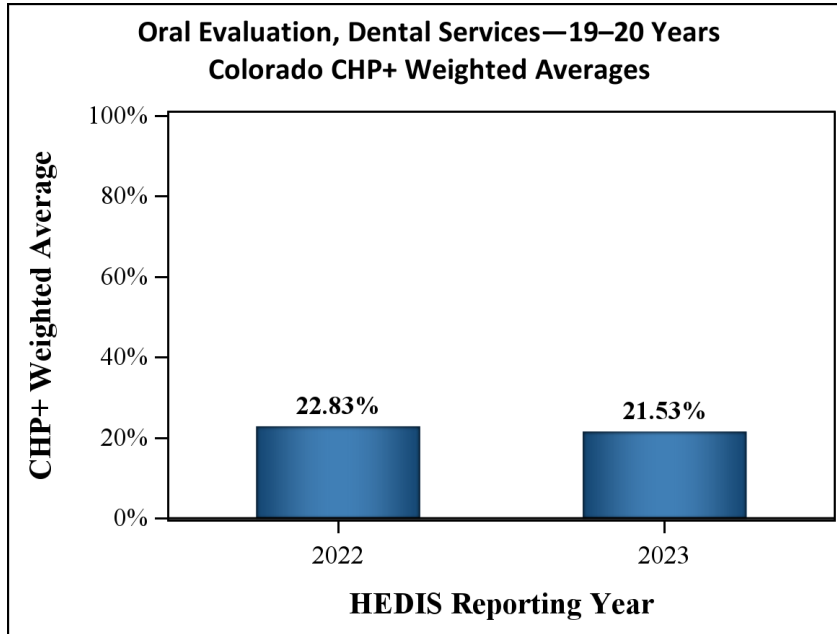
*Oral Evaluation, Dental Services—15 to 18 Years* measures the percentage of children ages 15 to 18 years who received a comprehensive or periodic oral evaluation during the measurement year. Given there are no established benchmarks, HSAG was unable to make rate comparisons to benchmarks.



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

### Oral Evaluation, Dental Services—19 to 20 Years

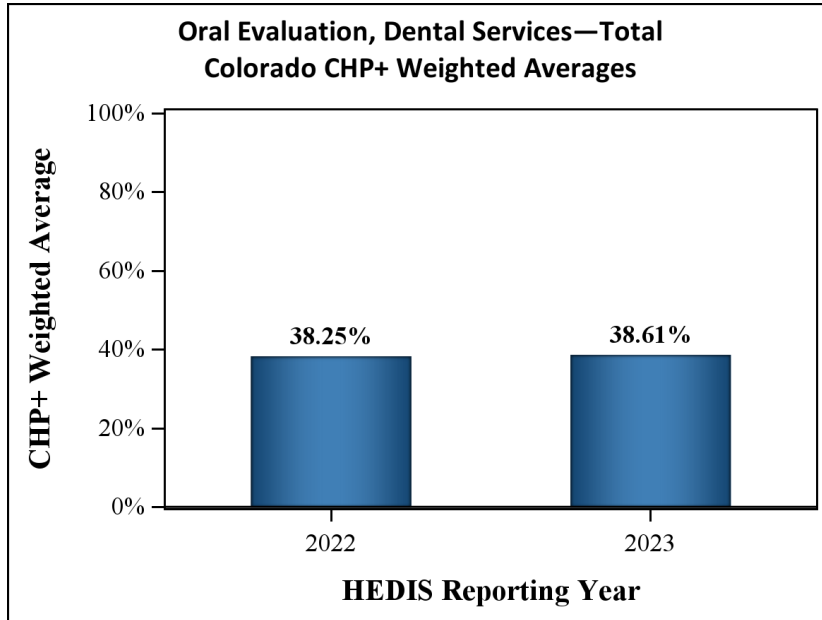
*Oral Evaluation, Dental Services—19 to 20 Years* measures the percentage of children ages 19 to 20 years who received a comprehensive or periodic oral evaluation during the measurement year. Given there are no established benchmarks, HSAG was unable to make rate comparisons to benchmarks.



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

### Oral Evaluation, Dental Services—Total

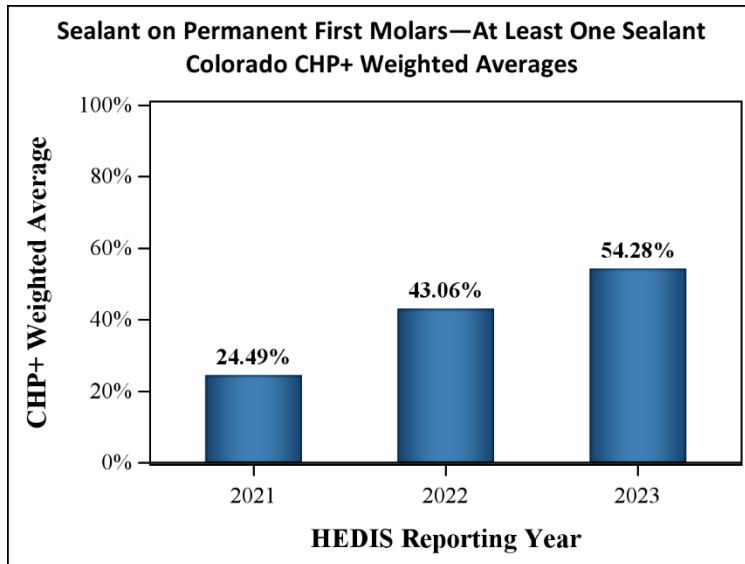
*Oral Evaluation, Dental Services—Total* measures the percentage of children under 21 years of age who received a comprehensive or periodic oral evaluation during the measurement year. Given there are no established benchmarks, HSAG was unable to make rate comparisons to benchmarks.



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

### Sealant Receipt on Permanent First Molars—At Least One Sealant

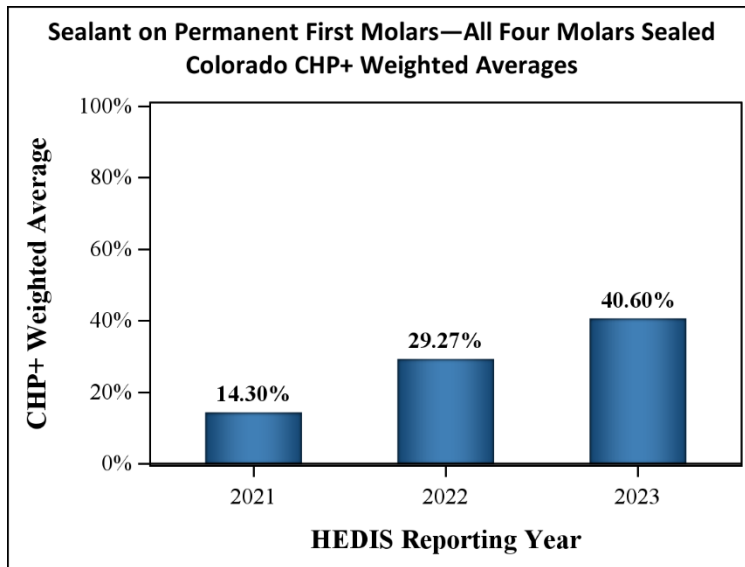
*Sealant Receipt on Permanent First Molars—At Least One Sealant* measures the percentage of enrolled children who have received at least one sealant on permanent first molars during the measurement year. Given there are no established benchmarks, HSAG was unable to make rate comparisons to benchmarks.



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

### Sealant Receipt on Permanent First Molars—All Four Molars Sealed

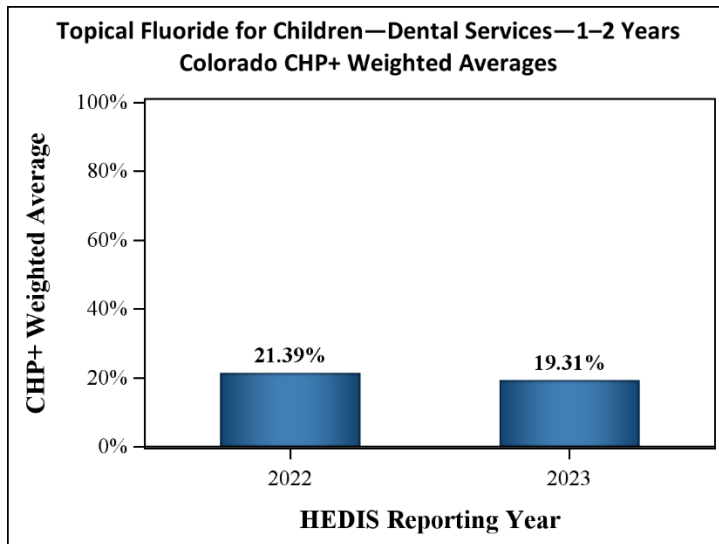
*Sealant Receipt on Permanent First Molars—All Four Molars Sealed* measures the percentage of enrolled children who have received sealants on all four permanent first molars. Given there are no established benchmarks, HSAG was unable to make rate comparisons to benchmarks.



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

### Topical Fluoride for Children—Dental Services—1 to 2 Years

*Topical Fluoride for Children—Dental Services—1 to 2 Years* measures the percentage of enrolled children ages 1 to 2 years 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, HSAG was unable to make rate comparisons to benchmarks.

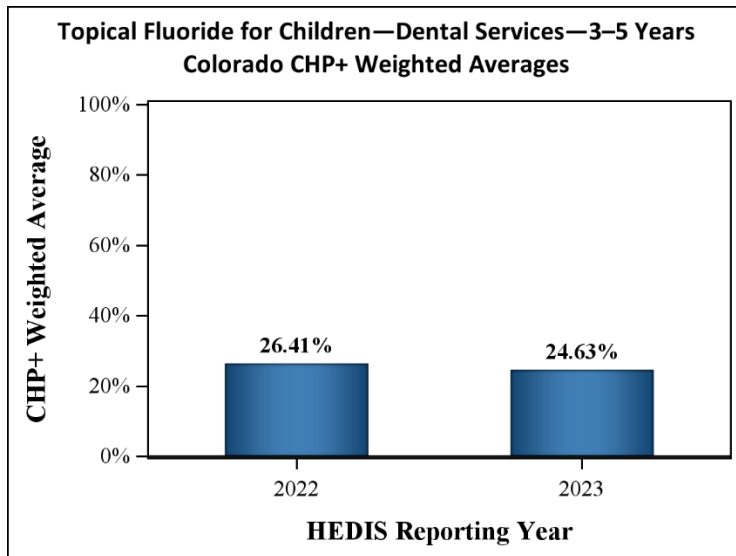


The Colorado CHP+ weighted average rate did not demonstrate a significant change from MY 2022 to MY 2023.



### Topical Fluoride for Children—Dental Services—3 to 5 Years

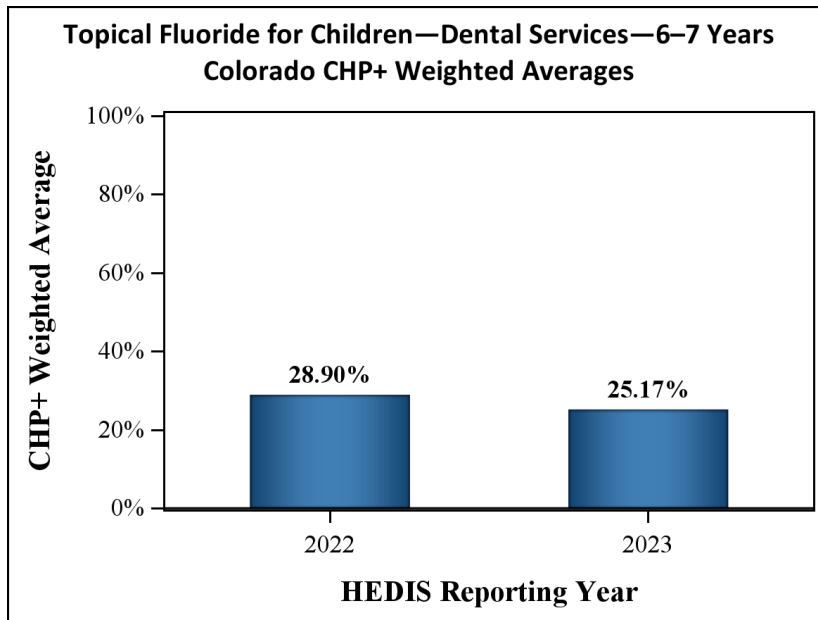
*Topical Fluoride for Children—Dental Services—3 to 5 Years* measures the percentage of enrolled children ages 3 to 5 years who received at least two topical fluoride applications as: (1) dental or oral health services, (2) dental services, and (3) oral health services within the measurement year. Given there are no established benchmarks, HSAG was unable to make rate comparisons to benchmarks.



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

### Topical Fluoride for Children—Dental Services—6 to 7 Years

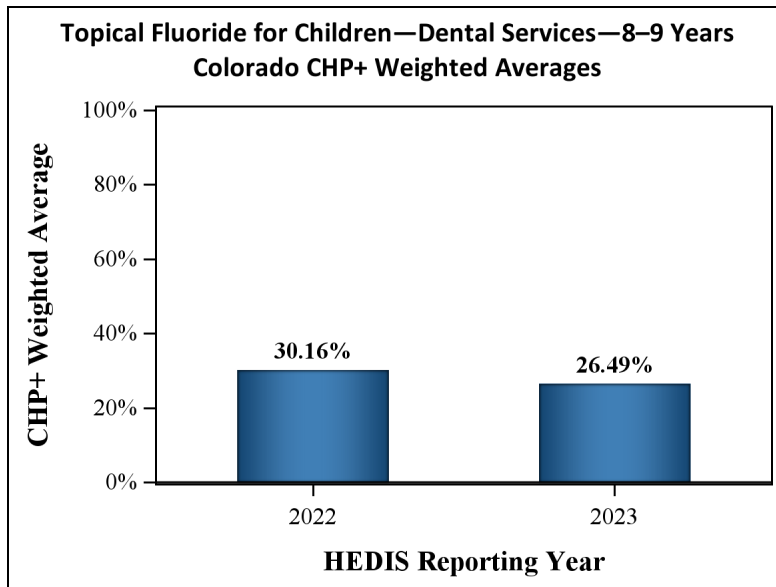
*Topical Fluoride for Children—Dental Services—6 to 7 Years* measures the percentage of enrolled children ages 6 to 7 years who received at least two topical fluoride applications as: (1) dental or oral health services, (2) dental services, and (3) oral health services within the measurement year. Given there are no established benchmarks, HSAG was unable to make rate comparisons to benchmarks.



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

### Topical Fluoride for Children—Dental Services—8 to 9 Years

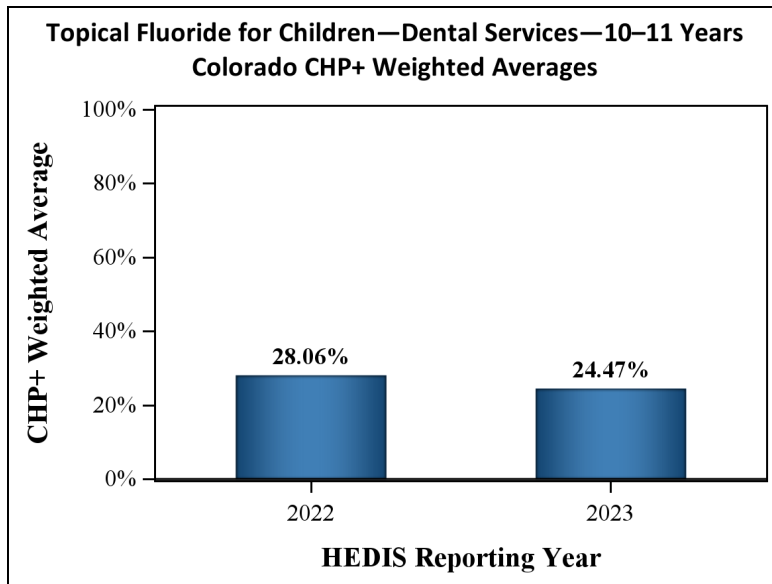
*Topical Fluoride for Children—Dental Services—8 to 9 Years* measures the percentage of enrolled children ages 8 to 9 years who received at least two topical fluoride applications as: (1) dental or oral health services, (2) dental services, and (3) oral health services within the measurement year. Given there are no established benchmarks, HSAG was unable to make rate comparisons to benchmarks.



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

### Topical Fluoride for Children—Dental Services—10 to 11 Years

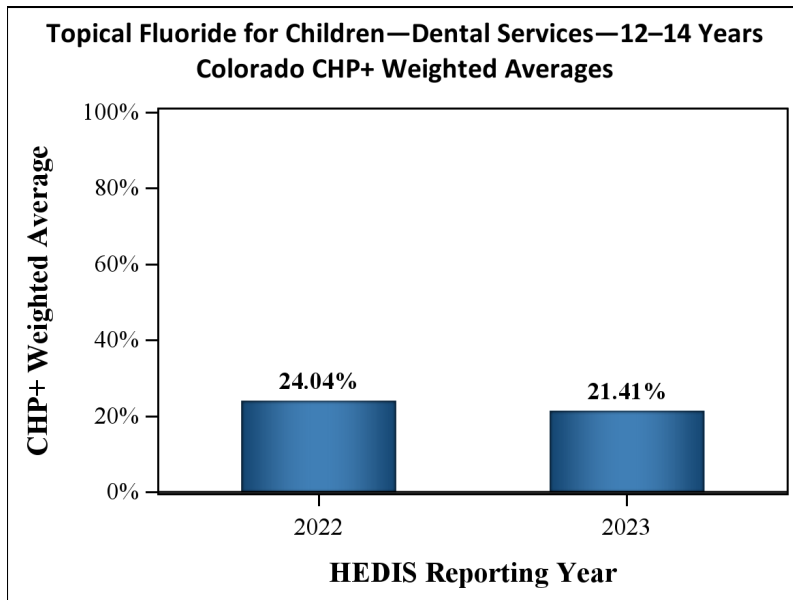
*Topical Fluoride for Children—Dental Services—10 to 11 Years* measures the percentage of enrolled children ages 10 to 11 years who received at least two topical fluoride applications as: (1) dental or oral health services, (2) dental services, and (3) oral health services within the measurement year. Given there are no established benchmarks, HSAG was unable to make rate comparisons to benchmarks.



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

### Topical Fluoride for Children—Dental Services—12 to 14 Years

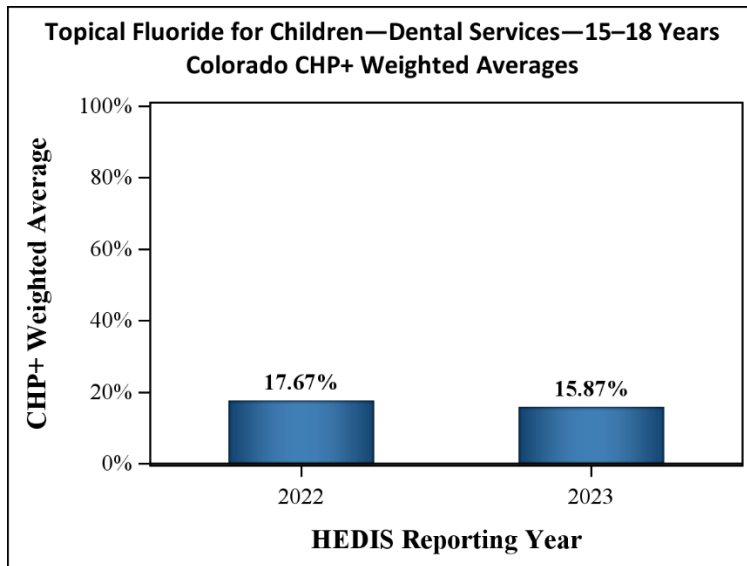
*Topical Fluoride for Children—Dental Services—12 to 14 Years* measures the percentage of enrolled children ages 12 to 14 years who received at least two topical fluoride applications as: (1) dental or oral health services, (2) dental services, and (3) oral health services within the measurement year. Given there are no established benchmarks, HSAG was unable to make rate comparisons to benchmarks.



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

### Topical Fluoride for Children—Dental Services—15 to 18 Years

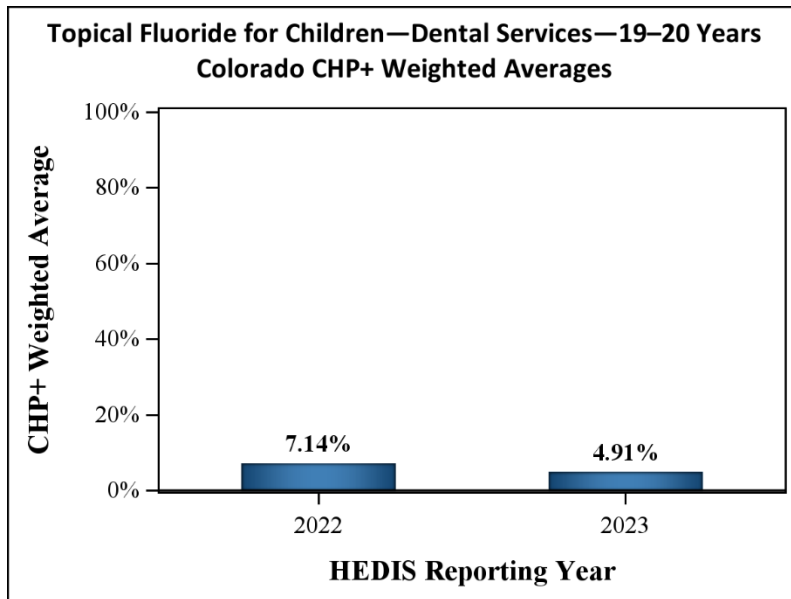
*Topical Fluoride for Children—Dental Services—15 to 18 Years* measures the percentage of enrolled children ages 15 to 18 years who received at least two topical fluoride applications as: (1) dental or oral health services, (2) dental services, and (3) oral health services within the measurement year. Given there are no established benchmarks, HSAG was unable to make rate comparisons to benchmarks.



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

### Topical Fluoride for Children—Dental Services—19 to 20 Years

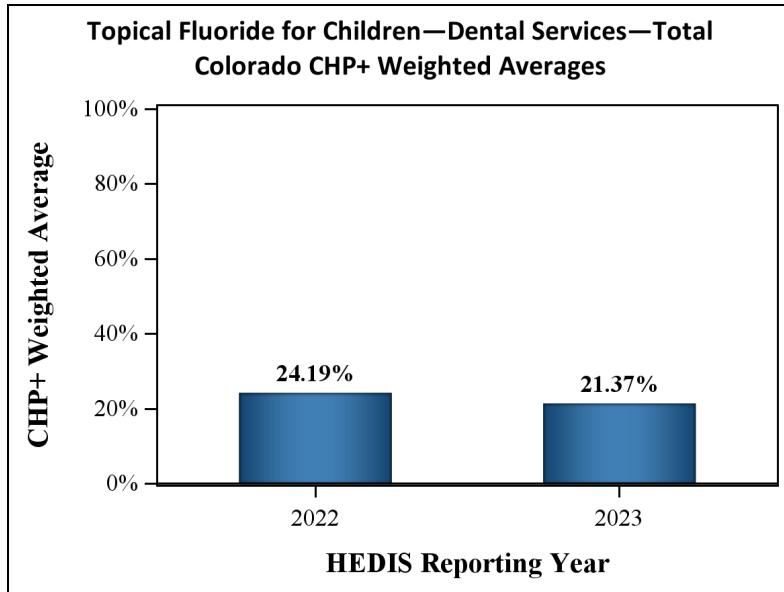
*Topical Fluoride for Children—Dental Services—19 to 20 Years* measures the percentage of enrolled children ages 19 to 20 years who received at least two topical fluoride applications as: (1) dental or oral health services, (2) dental services, and (3) oral health services within the measurement year. Given there are no established benchmarks, HSAG was unable to make rate comparisons to benchmarks.



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

### Topical Fluoride for Children—Dental Services—Total

*Topical Fluoride for Children—Dental Services—Total* measures the percentage of enrolled children ages 1 to 20 years 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, HSAG was unable to make rate comparisons to benchmarks.



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



### Summary of Findings and Recommendations

Table 8-1 presents the DentaQuest performance ratings for each measure in the Dental and Oral Health Services domain.

**Table 8-1—Dental and Oral Health Services: Measure-Specific Performance Ratings**

Performance Measures	HEDIS MY 2021 Rate	HEDIS MY 2022 Rate	HEDIS MY 2023 Rate	Percentile Ranking
<b>Dental and Oral Health Services</b>				
<b>Oral Evaluation, Dental Services</b>				
<1 Year	—	3.85%	3.68%	—
1 to 2 Years	—	24.60%	25.37%	—
3 to 5 Years	—	38.64%	39.40%	—
6 to 7 Years	—	44.73%	45.76%	—
8 to 9 Years	—	45.51%	45.25%	—
10 to 11 Years	—	43.72%	45.45%	—
12 to 14 Years	—	41.78%	41.67%	—
15 to 18 Years	—	32.58%	33.16%	—
19 to 20 Years	—	22.83%	21.53%	—
Total	—	38.25%	38.61%	—
<b>Sealant Receipt on Permanent First Molars</b>				
At Least One Sealant	24.49%	43.06%	54.28%	—
All Four Molars Sealed	14.30%	29.27%	40.60%	—
<b>Topical Fluoride for Children</b>				
Dental Services—1 to 2 Years	—	21.39%	19.31%	—
Dental Services—3 to 5 Years	—	26.41%	24.63%	—
Dental Services—6 to 7 Years	—	28.90%	25.17%	—
Dental Services—8 to 9 Years	—	30.16%	26.49%	—
Dental Services—10 to 11 Years	—	28.06%	24.47%	—
Dental Services—12 to 14 Years	—	24.04%	21.41%	—
Dental Services—15 to 18 Years	—	17.67%	15.87%	—
Dental Services—19 to 20 Years	—	7.14%	4.91%	—
Dental Services—Total	—	24.19%	21.37%	—

— indicates that a percentile ranking was not determined because there was a break in trending or there was no benchmark for comparison.

Reported rates for DentaQuest could not be compared to national benchmarks because there were no established benchmarks for comparison; therefore, HSAG was not able to draw formal conclusions regarding performance based on MY 2023 reported results. Nonetheless, the DentaQuest results provide additional information that may be used to assess quality 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 2021, MY 2022, and MY 2023 Colorado CHP+ weighted averages. Yellow shading with one caret (^) indicates the MY 2023 health plan-specific rate or Colorado CHP+ weighted average ranked at or above the 50th percentile when compared to MY 2022 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+ Plan	Eligible Population	Rate
<i>Child and Adolescent Well-Care Visits</i>		
<i>3 to 11 Years<sup>H</sup></i>		
COA	11,099	53.13%
DHMP	1,276	61.05%^
Kaiser	1,647	57.01%^
RMHP	1,550	47.61%
<b>MY 2023 Colorado CHP+ Weighted Average</b>		<b>53.64%</b>
<b>MY 2022 Colorado CHP+ Weighted Average</b>		<b>47.20%</b>
<b>MY 2021 Colorado CHP+ Weighted Average</b>		<b>51.70%</b>
<i>12 to 17 Years<sup>H</sup></i>		
COA	8,557	45.17%
DHMP	1,116	51.79%^
Kaiser	1,361	47.91%
RMHP	1,316	42.48%
<b>MY 2023 Colorado CHP+ Weighted Average</b>		<b>45.78%</b>
<b>MY 2022 Colorado CHP+ Weighted Average</b>		<b>40.79%</b>
<b>MY 2021 Colorado CHP+ Weighted Average</b>		<b>43.73%</b>
<i>18 to 21 Years<sup>H</sup></i>		
COA	NA	NA
DHMP	261	35.63%^
Kaiser	230	27.39%^
RMHP	191	32.46%^
<b>MY 2023 Colorado CHP+ Weighted Average</b>		<b>31.96%^</b>

CHP+ Plan	Eligible Population	Rate
<b>MY 2022 Colorado CHP+ Weighted Average</b>		<b>23.90%</b>
<b>MY 2021 Colorado CHP+ Weighted Average</b>		<b>28.36%<sup>^</sup></b>
<b>Total<sup>H</sup></b>		
COA	19,656	49.66% <sup>^</sup>
DHMP	2,653	54.66% <sup>^</sup>
Kaiser	3,238	51.08% <sup>^</sup>
RMHP	3,057	44.46%
<b>MY 2023 Colorado CHP+ Weighted Average</b>		<b>49.73%<sup>^</sup></b>
<b>MY 2022 Colorado CHP+ Weighted Average</b>		<b>42.88%</b>
<b>MY 2021 Colorado CHP+ Weighted Average</b>		<b>46.98%</b>
<b>Childhood Immunization Status</b>		
<b>DTaP<sup>H</sup></b>		
COA	890	76.63% <sup>^</sup>
DHMP	56	85.71% <sup>^</sup>
Kaiser	96	66.67%
RMHP	104	72.12%
<b>MY 2023 Colorado CHP+ Weighted Average</b>		<b>75.39%<sup>^</sup></b>
<b>MY 2022 Colorado CHP+ Weighted Average</b>		<b>68.49%</b>
<b>MY 2021 Colorado CHP+ Weighted Average</b>		<b>68.97%</b>
<b>IPV<sup>H</sup></b>		
COA	890	88.99% <sup>^</sup>
DHMP	56	94.64%
Kaiser	96	76.04%
RMHP	104	90.38% <sup>^</sup>
<b>MY 2023 Colorado CHP+ Weighted Average</b>		<b>86.74%<sup>^</sup></b>
<b>MY 2022 Colorado CHP+ Weighted Average</b>		<b>81.75%</b>
<b>MY 2021 Colorado CHP+ Weighted Average</b>		<b>81.54%</b>
<b>MMR<sup>H</sup></b>		
COA	890	87.08% <sup>^</sup>
DHMP	56	94.64% <sup>^</sup>
Kaiser	96	77.08%
RMHP	104	88.46% <sup>^</sup>
<b>MY 2023 Colorado CHP+ Weighted Average</b>		<b>86.47%<sup>^</sup></b>
<b>MY 2022 Colorado CHP+ Weighted Average</b>		<b>81.39%</b>
<b>MY 2021 Colorado CHP+ Weighted Average</b>		<b>82.96%</b>
<b>HiB<sup>H</sup></b>		
COA	890	87.53% <sup>^</sup>
DHMP	56	94.64%

CHP+ Plan	Eligible Population	Rate
Kaiser	96	78.13%
RMHP	104	85.58%
<b>MY 2023 Colorado CHP+ Weighted Average</b>		<b>85.69%<sup>^</sup></b>
<b>MY 2022 Colorado CHP+ Weighted Average</b>		<b>80.90%</b>
<b>MY 2021 Colorado CHP+ Weighted Average</b>		<b>82.35%</b>
<b><i>Hepatitis B<sup>H</sup></i></b>		
COA	890	88.43% <sup>^</sup>
DHMP	56	96.43%
Kaiser	96	77.08%
RMHP	104	87.50%
<b>MY 2023 Colorado CHP+ Weighted Average</b>		<b>86.56%</b>
<b>MY 2022 Colorado CHP+ Weighted Average</b>		<b>78.35%</b>
<b>MY 2021 Colorado CHP+ Weighted Average</b>		<b>81.24%</b>
<b><i>VZV<sup>H</sup></i></b>		
COA	890	87.64% <sup>^</sup>
DHMP	56	94.64% <sup>^</sup>
Kaiser	96	77.08%
RMHP	104	86.54% <sup>^</sup>
<b>MY 2023 Colorado CHP+ Weighted Average</b>		<b>86.74%<sup>^</sup></b>
<b>MY 2022 Colorado CHP+ Weighted Average</b>		<b>81.27%</b>
<b>MY 2021 Colorado CHP+ Weighted Average</b>		<b>81.95%</b>
<b><i>Hepatitis A<sup>H</sup></i></b>		
COA	890	85.51% <sup>^</sup>
DHMP	56	92.86% <sup>^</sup>
Kaiser	96	80.21%
RMHP	104	77.88%
<b>MY 2023 Colorado CHP+ Weighted Average</b>		<b>84.47%<sup>^</sup></b>
<b>MY 2022 Colorado CHP+ Weighted Average</b>		<b>79.32%</b>
<b>MY 2021 Colorado CHP+ Weighted Average</b>		<b>80.02%</b>
<b><i>Pneumococcal Conjugate<sup>H</sup></i></b>		
COA	890	79.33% <sup>^</sup>
DHMP	56	91.07%
Kaiser	96	69.79%
RMHP	104	74.04% <sup>^</sup>
<b>MY 2023 Colorado CHP+ Weighted Average</b>		<b>76.44%<sup>^</sup></b>
<b>MY 2022 Colorado CHP+ Weighted Average</b>		<b>72.51%<sup>^</sup></b>
<b>MY 2021 Colorado CHP+ Weighted Average</b>		<b>74.54%<sup>^</sup></b>

CHP+ Plan	Eligible Population	Rate
<b>Rotavirus<sup>H</sup></b>		
COA	890	76.97%^
DHMP	56	89.29%
Kaiser	96	71.88%^
RMHP	104	79.81%^
<b>MY 2023 Colorado CHP+ Weighted Average</b>		<b>74.78%^</b>
<b>MY 2022 Colorado CHP+ Weighted Average</b>		<b>70.44%^</b>
<b>MY 2021 Colorado CHP+ Weighted Average</b>		<b>70.99%^</b>
<b>Influenza<sup>H</sup></b>		
COA	890	52.25%^
DHMP	56	58.93%
Kaiser	96	55.21%^
RMHP	104	45.19%^
<b>MY 2023 Colorado CHP+ Weighted Average</b>		<b>51.13%^</b>
<b>MY 2022 Colorado CHP+ Weighted Average</b>		<b>51.70%^</b>
<b>MY 2021 Colorado CHP+ Weighted Average</b>		<b>63.29%^</b>
<b>Combination 3<sup>H</sup></b>		
COA	890	71.01%^
DHMP	56	83.93%^
Kaiser	96	58.33%
RMHP	104	65.38%^
<b>MY 2023 Colorado CHP+ Weighted Average</b>		<b>69.90%^</b>
<b>MY 2022 Colorado CHP+ Weighted Average</b>		<b>61.19%</b>
<b>MY 2021 Colorado CHP+ Weighted Average</b>		<b>64.91%^</b>
<b>Combination 7<sup>H</sup></b>		
COA	890	64.61%^
DHMP	56	76.79%^
Kaiser	96	55.21%
RMHP	104	60.58%^
<b>MY 2023 Colorado CHP+ Weighted Average</b>		<b>63.87%^</b>
<b>MY 2022 Colorado CHP+ Weighted Average</b>		<b>55.84%^</b>
<b>MY 2021 Colorado CHP+ Weighted Average</b>		<b>57.91%^</b>
<b>Combination 10<sup>H</sup></b>		
COA	890	42.58%^
DHMP	56	53.57%^
Kaiser	96	39.58%^
RMHP	104	38.46%^
<b>MY 2023 Colorado CHP+ Weighted Average</b>		<b>42.32%^</b>

CHP+ Plan	Eligible Population	Rate
<b>MY 2022 Colorado CHP+ Weighted Average</b>		<b>39.54%<sup>^</sup></b>
<b>MY 2021 Colorado CHP+ Weighted Average</b>		<b>48.48%<sup>^</sup></b>
<b><i>Chlamydia Screening in Women</i></b>		
<b><i>16 to 20 Years<sup>H</sup></i></b>		
COA	775	38.71%
DHMP	161	76.40% <sup>^</sup>
Kaiser	114	35.96%
RMHP	107	28.04%
<b>MY 2023 Colorado CHP+ Weighted Average</b>		<b>42.70%</b>
<b>MY 2022 Colorado CHP+ Weighted Average</b>		<b>31.44%</b>
<b>MY 2021 Colorado CHP+ Weighted Average</b>		<b>36.58%</b>
<b><i>Developmental Screening in the First Three Years of Life</i></b>		
<b><i>1 Year<sup>SA</sup></i></b>		
COA	831	68.95%
DHMP	87	62.07%
Kaiser	71	56.34%
RMHP	124	54.03%
<b>MY 2023 Colorado CHP+ Weighted Average</b>		<b>65.95%</b>
<b>MY 2022 Colorado CHP+ Weighted Average</b>		<b>48.58%</b>
<b>MY 2021 Colorado CHP+ Weighted Average</b>		<b>66.21%</b>
<b><i>2 Years<sup>SA</sup></i></b>		
COA	1,096	71.35%
DHMP	106	70.75%
Kaiser	96	80.21%
RMHP	104	59.62%
<b>MY 2023 Colorado CHP+ Weighted Average</b>		<b>71.04%</b>
<b>MY 2022 Colorado CHP+ Weighted Average</b>		<b>44.82%</b>
<b>MY 2021 Colorado CHP+ Weighted Average</b>		<b>64.80%</b>
<b><i>3 Years<sup>SA</sup></i></b>		
COA	1,193	57.33%
DHMP	96	66.67%
Kaiser	88	79.55%
RMHP	109	49.54%
<b>MY 2023 Colorado CHP+ Weighted Average</b>		<b>58.68%</b>
<b>MY 2022 Colorado CHP+ Weighted Average</b>		<b>27.99%</b>
<b>MY 2021 Colorado CHP+ Weighted Average</b>		<b>48.87%</b>

CHP+ Plan	Eligible Population	Rate
<b>Total<sup>SA</sup></b>		
COA	3,120	65.35%
DHMP	289	66.78%
Kaiser	255	73.33%
RMHP	337	54.30%
<b>MY 2023 Colorado CHP+ Weighted Average</b>		<b>65.03%</b>
<b>MY 2022 Colorado CHP+ Weighted Average</b>		<b>37.84%</b>
<b>MY 2021 Colorado CHP+ Weighted Average</b>		<b>57.54%</b>
<b>Immunizations for Adolescents</b>		
<b>Meningococcal<sup>H</sup></b>		
COA	1,390	69.93%
DHMP	115	78.26%
Kaiser	243	75.31%
RMHP	292	67.01%
<b>MY 2023 Colorado CHP+ Weighted Average</b>		<b>69.75%</b>
<b>MY 2022 Colorado CHP+ Weighted Average</b>		<b>72.27%</b>
<b>MY 2021 Colorado CHP+ Weighted Average</b>		<b>74.26%</b>
<b>Tdap<sup>H</sup></b>		
COA	1,390	80.22%
DHMP	115	87.83%
Kaiser	243	85.19%^
RMHP	292	81.79%
<b>MY 2023 Colorado CHP+ Weighted Average</b>		<b>80.34%</b>
<b>MY 2022 Colorado CHP+ Weighted Average</b>		<b>82.94%</b>
<b>MY 2021 Colorado CHP+ Weighted Average</b>		<b>82.09%</b>
<b>HPV<sup>H</sup></b>		
COA	1,390	36.98%^
DHMP	115	50.43%^
Kaiser	243	42.39%^
RMHP	292	32.65%
<b>MY 2023 Colorado CHP+ Weighted Average</b>		<b>37.11% ^</b>
<b>MY 2022 Colorado CHP+ Weighted Average</b>		<b>35.53% ^</b>
<b>MY 2021 Colorado CHP+ Weighted Average</b>		<b>39.50% ^</b>
<b>Combination 1<sup>H</sup></b>		
COA	1,390	68.92%
DHMP	115	78.26%
Kaiser	243	75.31%
RMHP	292	66.67%

CHP+ Plan	Eligible Population	Rate
<b>MY 2023 Colorado CHP+ Weighted Average</b>		<b>69.02%</b>
<b>MY 2022 Colorado CHP+ Weighted Average</b>		<b>71.47%</b>
<b>MY 2021 Colorado CHP+ Weighted Average</b>		<b>73.38%</b>
<b>Combination 2<sup>H</sup></b>		
COA	1,390	34.24%
DHMP	115	49.57%^
Kaiser	243	40.74%^
RMHP	292	29.90%
<b>MY 2023 Colorado CHP+ Weighted Average</b>		<b>34.56%^</b>
<b>MY 2022 Colorado CHP+ Weighted Average</b>		<b>33.30%</b>
<b>MY 2021 Colorado CHP+ Weighted Average</b>		<b>37.06%^</b>
<b>Lead Screening in Children</b>		
<b>Lead Screening in Children<sup>H</sup></b>		
COA	550	43.64%
DHMP	56	46.43%
Kaiser	95	9.47%
RMHP	104	37.50%
<b>MY 2023 Colorado CHP+ Weighted Average</b>		<b>39.01%</b>
<b>MY 2022 Colorado CHP+ Weighted Average</b>		<b>29.78%</b>
<b>MY 2021 Colorado CHP+ Weighted Average</b>		<b>—</b>
<b>Screening for Depression and Follow-Up Plan</b>		
<b>12 to 17 Years<sup>H</sup></b>		
COA	5,132	24.75%
DHMP	1,651	25.80%
Kaiser	1,307	2.83%
RMHP	1,927	10.12%
<b>MY 2023 Colorado CHP+ Weighted Average</b>		<b>19.25%</b>
<b>MY 2022 Colorado CHP+ Weighted Average</b>		<b>13.41%</b>
<b>MY 2021 Colorado CHP+ Weighted Average</b>		<b>6.81%</b>
<b>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</b>		
<b>BMI Percentile—3 to 11 Years<sup>H</sup></b>		
COA	7,919	17.40%
DHMP	835	94.64%
Kaiser	1,173	95.23%^
RMHP	986	85.97%
<b>MY 2023 Colorado CHP+ Weighted Average</b>		<b>30.16%</b>
<b>MY 2022 Colorado CHP+ Weighted Average</b>		<b>26.56%</b>
<b>MY 2021 Colorado CHP+ Weighted Average</b>		<b>24.90%</b>



CHP+ Plan	Eligible Population	Rate
<b><i>BMI Percentile—12 to 17 Years<sup>H</sup></i></b>		
COA	5,682	21.77%
DHMP	681	91.44%
Kaiser	875	92.46%^
RMHP	801	87.37%
<b>MY 2023 Colorado CHP+ Weighted Average</b>		<b>33.66%</b>
<b>MY 2022 Colorado CHP+ Weighted Average</b>		<b>30.37%</b>
<b>MY 2021 Colorado CHP+ Weighted Average</b>		<b>29.07%</b>
<b><i>BMI Percentile—Total<sup>H</sup></i></b>		
COA	13,601	19.23%
DHMP	1,516	93.19%
Kaiser	2,048	94.04%^
RMHP	1,787	86.62%
<b>MY 2023 Colorado CHP+ Weighted Average</b>		<b>31.64%</b>
<b>MY 2022 Colorado CHP+ Weighted Average</b>		<b>28.21%</b>
<b>MY 2021 Colorado CHP+ Weighted Average</b>		<b>26.61%</b>
<b><i>Counseling for Nutrition—3 to 11 Years<sup>H</sup></i></b>		
COA	7,919	27.39%
DHMP	835	87.05%^
Kaiser	1,173	95.14%^
RMHP	986	79.19%
<b>MY 2023 Colorado CHP+ Weighted Average</b>		<b>38.71%</b>
<b>MY 2022 Colorado CHP+ Weighted Average</b>		<b>29.85%</b>
<b>MY 2021 Colorado CHP+ Weighted Average</b>		<b>26.83%</b>
<b><i>Counseling for Nutrition—12 to 17 Years<sup>H</sup></i></b>		
COA	5,682	23.27%
DHMP	681	81.28%^
Kaiser	875	92.46%^
RMHP	801	75.26%
<b>MY 2023 Colorado CHP+ Weighted Average</b>		<b>35.03%</b>
<b>MY 2022 Colorado CHP+ Weighted Average</b>		<b>29.52%</b>
<b>MY 2021 Colorado CHP+ Weighted Average</b>		<b>26.80%</b>
<b><i>Counseling for Nutrition—Total<sup>H</sup></i></b>		
COA	13,601	25.67%
DHMP	1,516	84.43%^
Kaiser	2,048	93.99%^
RMHP	1,787	77.37%
<b>MY 2023 Colorado CHP+ Weighted Average</b>		<b>37.15%</b>

CHP+ Plan	Eligible Population	Rate
<b>MY 2022 Colorado CHP+ Weighted Average</b>		<b>29.71%</b>
<b>MY 2021 Colorado CHP+ Weighted Average</b>		<b>26.82%</b>
<i>Counseling for Physical Activity—3 to 11 Years<sup>H</sup></i>		
COA	7,919	19.31%
DHMP	835	84.38%^
Kaiser	1,173	95.06%^
RMHP	986	78.28%
<b>MY 2023 Colorado CHP+ Weighted Average</b>		<b>32.26%</b>
<b>MY 2022 Colorado CHP+ Weighted Average</b>		<b>23.69%</b>
<b>MY 2021 Colorado CHP+ Weighted Average</b>		<b>20.44%</b>
<i>Counseling for Physical Activity—12 to 17 Years<sup>H</sup></i>		
COA	5,682	18.39%
DHMP	681	81.28%^
Kaiser	875	92.91%^
RMHP	801	80.00%
<b>MY 2023 Colorado CHP+ Weighted Average</b>		<b>31.32%</b>
<b>MY 2022 Colorado CHP+ Weighted Average</b>		<b>26.77%</b>
<b>MY 2021 Colorado CHP+ Weighted Average</b>		<b>23.36%</b>
<i>Counseling for Physical Activity—Total<sup>H</sup></i>		
COA	13,601	18.93%
DHMP	1,516	82.97%^
Kaiser	2,048	94.14%^
RMHP	1,787	79.08%
<b>MY 2023 Colorado CHP+ Weighted Average</b>		<b>31.86%</b>
<b>MY 2022 Colorado CHP+ Weighted Average</b>		<b>25.03%</b>
<b>MY 2021 Colorado CHP+ Weighted Average</b>		<b>21.63%</b>
<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 Visits<sup>H</sup></i>		
COA	728	62.64%^
DHMP	40	60.00%^
Kaiser	64	50.00%
RMHP	77	66.23%^
<b>MY 2023 Colorado CHP+ Weighted Average</b>		<b>61.94%^</b>
<b>MY 2022 Colorado CHP+ Weighted Average</b>		<b>46.06%</b>
<b>MY 2021 Colorado CHP+ Weighted Average</b>		<b>47.60%</b>

CHP+ Plan	Eligible Population	Rate
<b>Well-Child Visits for Age 15 to 30 Months of Life—Two or More Visits<sup>H</sup></b>		
COA	952	68.70%^
DHMP	35	57.14%
Kaiser	85	62.35%
RMHP	129	70.54%^
<b>MY 2023 Colorado CHP+ Weighted Average</b>		<b>68.11%^</b>
<b>MY 2022 Colorado CHP+ Weighted Average</b>		<b>59.14%</b>
<b>MY 2021 Colorado CHP+ Weighted Average</b>		<b>63.58%</b>

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

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

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

— indicates that the rate was not reported.

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

## Maternal and Perinatal Health Performance Measure Results

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

CHP+ Plan	Eligible Population	Rate
<i>Contraceptive Care—All Women</i>		
<i>MMEC—15 to 20 Years<sup>SA</sup></i>		
COA	2,840	17.46%
DHMP	400	18.75%
Kaiser	463	17.93%
RMHP	397	22.42%
<b>MY 2023 Colorado CHP+ Weighted Average</b>		<b>18.12%</b>
<b>MY 2022 Colorado CHP+ Weighted Average</b>		<b>16.87%</b>
<b>MY 2021 Colorado CHP+ Weighted Average</b>		<b>24.39%</b>
<i>LARC—15 to 20 Years<sup>SA</sup></i>		
COA	2,840	3.06%
DHMP	400	5.50%
Kaiser	463	4.10%
RMHP	397	5.04%
<b>MY 2023 Colorado CHP+ Weighted Average</b>		<b>3.61%</b>
<b>MY 2022 Colorado CHP+ Weighted Average</b>		<b>3.19%</b>
<b>MY 2021 Colorado CHP+ Weighted Average</b>		<b>5.49%</b>
<i>Contraceptive Care—Postpartum Women</i>		
<i>MMEC—15 to 20 Years—3 Days<sup>SA</sup></i>		
COA	13	NA
DHMP	1	NA
Kaiser	1	NA
RMHP	3	NA
<b>MY 2023 Colorado CHP+ Weighted Average</b>		<b>NA</b>
<b>MY 2022 Colorado CHP+ Weighted Average</b>		<b>0.00%</b>
<b>MY 2021 Colorado CHP+ Weighted Average</b>		<b>NA</b>
<i>MMEC—15 to 20 Years—90 Days<sup>SA</sup></i>		
COA	13	NA
DHMP	1	NA
Kaiser	1	NA
RMHP	3	NA
<b>MY 2023 Colorado CHP+ Weighted Average</b>		<b>NA</b>
<b>MY 2022 Colorado CHP+ Weighted Average</b>		<b>64.86%</b>
<b>MY 2021 Colorado CHP+ Weighted Average</b>		<b>NA</b>

CHP+ Plan	Eligible Population	Rate
<b>LARC—15 to 20 Years—3 Days<sup>SA</sup></b>		
COA	13	NA
DHMP	1	NA
Kaiser	1	NA
RMHP	3	NA
<b>MY 2023 Colorado CHP+ Weighted Average</b>		<b>NA</b>
<b>MY 2022 Colorado CHP+ Weighted Average</b>		<b>2.70%</b>
<b>MY 2021 Colorado CHP+ Weighted Average</b>		<b>NA</b>
<b>LARC—15 to 20 Years—90 Days<sup>SA</sup></b>		
COA	13	NA
DHMP	1	NA
Kaiser	1	NA
RMHP	3	NA
<b>MY 2023 Colorado CHP+ Weighted Average</b>		<b>NA</b>
<b>MY 2022 Colorado CHP+ Weighted Average</b>		<b>35.14%</b>
<b>MY 2021 Colorado CHP+ Weighted Average</b>		<b>NA</b>
<b>Prenatal and Postpartum Care</b>		
<b>Timeliness of Prenatal Care—Under Age 21<sup>H</sup></b>		
COA	19	NA
DHMP	1	NA
Kaiser	50	80.00%
RMHP	72	94.44%
<b>MY 2023 Colorado CHP+ Weighted Average</b>		<b>59.86%</b>
<b>MY 2022 Colorado CHP+ Weighted Average</b>		<b>NA</b>
<b>MY 2021 Colorado CHP+ Weighted Average</b>		<b>NA</b>
<b>Postpartum Care—Under Age 21<sup>H</sup></b>		
COA	19	NA
DHMP	1	NA
Kaiser	NA	NA
RMHP	72	87.50%
<b>MY 2023 Colorado CHP+ Weighted Average</b>		<b>50.00%</b>
<b>MY 2022 Colorado CHP+ Weighted Average</b>		<b>NA</b>
<b>MY 2021 Colorado CHP+ Weighted Average</b>		<b>NA</b>

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

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

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

—indicates that the rate was not reported.

## Care of Acute and Chronic Conditions Performance Measure Results

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

CHP+ Plan	Eligible Population	Rate
<i>Asthma Medication Ratio</i>		
<i>5 to 11 Years<sup>H</sup></i>		
COA	156	73.72%
DHMP	19	NA
Kaiser	14	NA
RMHP	7	NA
<b>MY 2023 Colorado CHP+ Weighted Average</b>		<b>75.00%</b>
<b>MY 2022 Colorado CHP+ Weighted Average</b>		<b>67.95%</b>
<b>MY 2021 Colorado CHP+ Weighted Average</b>		<b>70.80%<sup>^</sup></b>
<i>12 to 18 Years<sup>H</sup></i>		
COA	128	59.38%
DHMP	11	NA
Kaiser	11	NA
RMHP	10	NA
<b>MY 2023 Colorado CHP+ Weighted Average</b>		<b>59.38%</b>
<b>MY 2022 Colorado CHP+ Weighted Average</b>		<b>55.22%</b>
<b>MY 2021 Colorado CHP+ Weighted Average</b>		<b>82.33%<sup>^</sup></b>
<i>5 to 18 Years<sup>SA</sup></i>		
COA	284	67.25%
DHMP	30	60.00%
Kaiser	25	NA
RMHP	17	NA
<b>MY 2023 Colorado CHP+ Weighted Average</b>		<b>67.98%</b>
<b>MY 2022 Colorado CHP+ Weighted Average</b>		<b>61.64%</b>
<b>MY 2021 Colorado CHP+ Weighted Average</b>		<b>76.42%</b>
<i>Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis</i>		
<i>3 Months to 17 Years<sup>H</sup></i>		
COA	304	75.00% <sup>^</sup>
DHMP	12	NA
Kaiser	36	100.00% <sup>^</sup>
RMHP	62	87.10% <sup>^</sup>

CHP+ Plan	Eligible Population	Rate
<b>MY 2023 Colorado CHP+ Weighted Average</b>		<b>79.47%<sup>^</sup></b>
<b>MY 2022 Colorado CHP+ Weighted Average</b>		<b>82.81%<sup>^</sup></b>
<b>MY 2021 Colorado CHP+ Weighted Average</b>		—

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

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

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

*— indicates that the rate was not reported.*

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

## Behavioral Health Care Performance Measure Results

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

CHP+ Health Plan	Eligible Population	Rate
<b><i>Follow-Up After Emergency Department Visit for Mental Illness</i></b>		
<b><i>7-Day Follow-Up—6 to 17 Years</i></b>		
COA	81	75.31%^
DHMP	7	NA
Kaiser	16	NA
RMHP	16	NA
<b>MY 2023 Colorado CHP+ Weighted Average</b>		<b>65.83%^</b>
<b>MY 2022 Colorado CHP+ Weighted Average</b>		<b>58.54%^</b>
<b>MY 2021 Colorado CHP+ Weighted Average</b>		<b>—</b>
<b><i>30-Day Follow-Up—6 to 17 Years</i></b>		
COA	81	83.95%^
DHMP	7	NA
Kaiser	16	NA
RMHP	16	NA
<b>MY 2023 Colorado CHP+ Weighted Average</b>		<b>77.50%^</b>
<b>MY 2022 Colorado CHP+ Weighted Average</b>		<b>71.95%^</b>
<b>MY 2021 Colorado CHP+ Weighted Average</b>		<b>—</b>
<b><i>Follow-Up After Emergency Department Visit for Substance Use Disorder</i></b>		
<b><i>7-Day Follow-Up—13 to 17 Years</i></b>		
COA	36	22.22%^
DHMP	2	NA
Kaiser	5	NA
RMHP	4	NA
<b>MY 2023 Colorado CHP+ Weighted Average</b>		<b>23.40%^</b>
<b>MY 2022 Colorado CHP+ Weighted Average</b>		<b>26.83%^</b>
<b>MY 2021 Colorado CHP+ Weighted Average</b>		<b>—</b>
<b><i>30-Day Follow-Up—13 to 17 Years</i></b>		
COA	36	41.67%^
DHMP	2	NA
Kaiser	5	NA
RMHP	4	NA
<b>MY 2023 Colorado CHP+ Weighted Average</b>		<b>40.43%^</b>
<b>MY 2022 Colorado CHP+ Weighted Average</b>		<b>31.71%</b>
<b>MY 2021 Colorado CHP+ Weighted Average</b>		<b>—</b>



CHP+ Health Plan	Eligible Population	Rate
<b><i>Follow-Up After Hospitalization for Mental Illness</i></b>		
<b><i>7-Day Follow-Up—6 to 17 Years<sup>H</sup></i></b>		
COA	161	55.28%^
DHMP	9	NA
Kaiser	19	NA
RMHP	22	NA
<b>MY 2023 Colorado CHP+ Weighted Average</b>		<b>56.40%^</b>
<b>MY 2022 Colorado CHP+ Weighted Average</b>		<b>40.36%</b>
<b>MY 2021 Colorado CHP+ Weighted Average</b>		<b>41.15%</b>
<b><i>30-Day Follow-Up—6 to 17 Years<sup>H</sup></i></b>		
COA	161	76.40%^
DHMP	9	NA
Kaiser	19	NA
RMHP	22	NA
<b>MY 2023 Colorado CHP+ Weighted Average</b>		<b>71.56%</b>
<b>MY 2022 Colorado CHP+ Weighted Average</b>		<b>75.90%^</b>
<b>MY 2021 Colorado CHP+ Weighted Average</b>		<b>58.85%</b>
<b><i>Follow-Up Care for Children Prescribed ADHD Medication</i></b>		
<b><i>Initiation Phase<sup>H</sup></i></b>		
COA	193	41.45%
DHMP	4	NA
Kaiser	19	NA
RMHP	32	59.38%^
<b>MY 2023 Colorado CHP+ Weighted Average</b>		<b>43.55%</b>
<b>MY 2022 Colorado CHP+ Weighted Average</b>		<b>38.64%</b>
<b>MY 2021 Colorado CHP+ Weighted Average</b>		<b>32.05%</b>
<b><i>Continuation and Maintenance Phase<sup>H</sup></i></b>		
COA	65	44.62%
DHMP	1	NA
Kaiser	7	NA
RMHP	14	NA
<b>MY 2023 Colorado CHP+ Weighted Average</b>		<b>49.43%</b>
<b>MY 2022 Colorado CHP+ Weighted Average</b>		<b>53.33%</b>
<b>MY 2021 Colorado CHP+ Weighted Average</b>		<b>40.79%</b>
<b><i>Metabolic Monitoring for Children and Adolescents on Antipsychotics</i></b>		
<b><i>Blood Glucose Testing—1 to 11 Years<sup>H</sup></i></b>		
COA	16	NA
DHMP	1	NA

CHP+ Health Plan	Eligible Population	Rate
Kaiser	1	NA
RMHP	2	NA
<b>MY 2023 Colorado CHP+ Weighted Average</b>		<b>NA</b>
<b>MY 2022 Colorado CHP+ Weighted Average</b>		<b>41.94%</b>
<b>MY 2021 Colorado CHP+ Weighted Average</b>		<b>NA</b>
<b><i>Blood Glucose Testing—12 to 17 Year<sup>H</sup></i></b>		
COA	86	58.14%
DHMP	1	NA
Kaiser	4	NA
RMHP	7	NA
<b>MY 2023 Colorado CHP+ Weighted Average</b>		<b>61.22%<sup>^</sup></b>
<b>MY 2022 Colorado CHP+ Weighted Average</b>		<b>53.91%</b>
<b>MY 2021 Colorado CHP+ Weighted Average</b>		<b>56.45%</b>
<b><i>Blood Glucose Testing—Total<sup>H</sup></i></b>		
COA	102	54.90%
DHMP	2	NA
Kaiser	5	NA
RMHP	9	NA
<b>MY 2023 Colorado CHP+ Weighted Average</b>		<b>56.78%<sup>^</sup></b>
<b>MY 2022 Colorado CHP+ Weighted Average</b>		<b>51.57%</b>
<b>MY 2021 Colorado CHP+ Weighted Average</b>		<b>53.02%</b>
<b><i>Cholesterol Testing—1 to 11 Years<sup>H</sup></i></b>		
COA	16	NA
DHMP	1	NA
Kaiser	1	NA
RMHP	2	NA
<b>MY 2023 Colorado CHP+ Weighted Average</b>		<b>NA</b>
<b>MY 2022 Colorado CHP+ Weighted Average</b>		<b>35.48%</b>
<b>MY 2021 Colorado CHP+ Weighted Average</b>		<b>NA</b>
<b><i>Cholesterol Testing—12 to 17 Years<sup>H</sup></i></b>		
COA	86	27.91%
DHMP	1	NA
Kaiser	4	NA
RMHP	7	NA
<b>MY 2023 Colorado CHP+ Weighted Average</b>		<b>31.63%</b>
<b>MY 2022 Colorado CHP+ Weighted Average</b>		<b>26.56%</b>
<b>MY 2021 Colorado CHP+ Weighted Average</b>		<b>29.84%</b>

CHP+ Health Plan	Eligible Population	Rate
<b><i>Cholesterol Testing—Total<sup>H</sup></i></b>		
COA	102	28.43%
DHMP	2	NA
Kaiser	5	NA
RMHP	9	NA
<b>MY 2023 Colorado CHP+ Weighted Average</b>		<b>30.51%</b>
<b>MY 2022 Colorado CHP+ Weighted Average</b>		<b>28.30%</b>
<b>MY 2021 Colorado CHP+ Weighted Average</b>		<b>28.86%</b>
<b><i>Blood Glucose and Cholesterol Testing—1 to 11 Years<sup>H</sup></i></b>		
COA	16	NA
DHMP	1	NA
Kaiser	4	NA
RMHP	2	NA
<b>MY 2023 Colorado CHP+ Weighted Average</b>		<b>NA</b>
<b>MY 2022 Colorado CHP+ Weighted Average</b>		<b>35.48%<sup>^</sup></b>
<b>MY 2021 Colorado CHP+ Weighted Average</b>		<b>NA</b>
<b><i>Blood Glucose and Cholesterol Testing—12 to 17 Years<sup>H</sup></i></b>		
COA	86	26.74%
DHMP	1	NA
Kaiser	5	NA
RMHP	7	NA
<b>MY 2023 Colorado CHP+ Weighted Average</b>		<b>30.30%</b>
<b>MY 2022 Colorado CHP+ Weighted Average</b>		<b>25.78%</b>
<b>MY 2021 Colorado CHP+ Weighted Average</b>		<b>29.84%</b>
<b><i>Blood Glucose and Cholesterol Testing—Total<sup>H</sup></i></b>		
COA	102	27.45%
DHMP	2	NA
Kaiser	9	NA
RMHP	9	NA
<b>MY 2023 Colorado CHP+ Weighted Average</b>		<b>31.15%</b>
<b>MY 2022 Colorado CHP+ Weighted Average</b>		<b>27.67%</b>
<b>MY 2021 Colorado CHP+ Weighted Average</b>		<b>28.86%</b>
<b><i>Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics</i></b>		
<b><i>1 to 11 Years</i></b>		
COA	14	NA
DHMP	0	NA
Kaiser	0	NA
RMHP	2	NA

CHP+ Health Plan	Eligible Population	Rate
<b>MY 2023 Colorado CHP+ Weighted Average</b>		NA
<b>MY 2022 Colorado CHP+ Weighted Average</b>		NA
<b>MY 2021 Colorado CHP+ Weighted Average</b>		NA
<b>12 to 17 Years<sup>H</sup></b>		
COA	67	76.12%^
DHMP	1	NA
Kaiser	2	NA
RMHP	5	NA
<b>MY 2023 Colorado CHP+ Weighted Average</b>		<b>72.00%^</b>
<b>MY 2022 Colorado CHP+ Weighted Average</b>		<b>68.25%^</b>
<b>MY 2021 Colorado CHP+ Weighted Average</b>		<b>69.49%^</b>
<b>Total<sup>H</sup></b>		
COA	81	76.54%^
DHMP	1	NA
Kaiser	2	NA
RMHP	7	NA
<b>MY 2023 Colorado CHP+ Weighted Average</b>		<b>71.43%^</b>
<b>MY 2022 Colorado CHP+ Weighted Average</b>		<b>66.67%^</b>
<b>MY 2021 Colorado CHP+ Weighted Average</b>		<b>71.01%^</b>

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

<sup>H</sup> 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.

## Use of Services Measure Results

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

CHP+ Plan	Eligible Population	Rate
<b>Ambulatory Care: ED Visits</b>		
<b>&lt;1 Year<sup>S4</sup></b>		
COA	11,428	59.42%
DHMP	1,189	56.35%
Kaiser	1,596	50.75%
RMHP	1,918	26.07%
<b>MY 2023 Colorado CHP+ Weighted Average</b>		<b>54.37%</b>
<b>MY 2022 Colorado CHP+ Weighted Average</b>		<b>51.67%</b>
<b>MY 2021 Colorado CHP+ Weighted Average</b>		<b>40.98%</b>
<b>1 to 9 Years<sup>S4</sup></b>		
COA	212,838	33.45%
DHMP	18,180	28.77%
Kaiser	27,122	26.77%
RMHP	35,919	17.32%
<b>MY 2023 Colorado CHP+ Weighted Average</b>		<b>30.57%</b>
<b>MY 2022 Colorado CHP+ Weighted Average</b>		<b>24.90%</b>
<b>MY 2021 Colorado CHP+ Weighted Average</b>		<b>18.12%</b>
<b>10 to 19 Years<sup>S4</sup></b>		
COA	254,083	23.82%
DHMP	24,895	16.07%
Kaiser	36,613	15.13%
RMHP	46,108	15.94%
<b>MY 2023 Colorado CHP+ Weighted Average</b>		<b>21.40</b>
<b>MY 2022 Colorado CHP+ Weighted Average</b>		<b>19.01</b>
<b>MY 2021 Colorado CHP+ Weighted Average</b>		<b>16.24</b>
<b>0 to 19 Years<sup>H</sup></b>		
COA	478,349	28.95%
DHMP	44,264	22.37%
Kaiser	65,331	20.83%
RMHP	83,945	16.76%
<b>MY 2023 Colorado CHP+ Weighted Average</b>		<b>26.21</b>
<b>MY 2022 Colorado CHP+ Weighted Average</b>		<b>22.19</b>
<b>MY 2021 Colorado CHP+ Weighted Average</b>		<b>17.54</b>

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

<sup>S4</sup> indicates that the measure could only be compared to the statewide average.

## 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 2021, MY 2022, and MY 2023 are presented.

MY 2022 to MY 2023 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	HEDIS MY 2021 Rate	HEDIS MY 2022 Rate	HEDIS MY 2023 Rate	Percentile Ranking
<b>Primary Care Access and Preventive Care</b>				
<i>Child and Adolescent Well-Care Visits</i>				
3 to 11 Years <sup>H</sup>	52.84%	46.40%	53.13%^	25th–49th
12 to 17 Years <sup>H</sup>	44.86%	39.27%	45.17%^	25th–49th
18 to 21 Years <sup>H</sup>	28.87%	23.29%	NA	—
Total <sup>H</sup>	48.16%	41.86%	49.66%^	50th–74th
<i>Childhood Immunization Status</i>				
DTaP <sup>H</sup>	70.61%	66.42%	76.63%^	75th–89th
IPV <sup>H</sup>	84.19%	80.81%	88.99%^	50th–74th
MMR <sup>H</sup>	83.55%	80.07%	87.08%^	50th–74th
HiB <sup>H</sup>	84.03%	79.70%	87.53%^	75th–89th
Hepatitis B <sup>H</sup>	83.71%	75.28%	88.43%^	50th–74th
VZV <sup>H</sup>	82.43%	79.52%	87.64%^	75th–89th
Hepatitis A <sup>H</sup>	79.87%	78.23%	85.51%^	75th–89th
Pneumococcal Conjugate <sup>H</sup>	76.52%	70.48%	79.33%^	75th–89th
Rotavirus <sup>H</sup>	72.04%	68.82%	76.97%^	75th–89th
Influenza <sup>H</sup>	62.30%	51.48%	52.25%	75th–89th
Combination 3 <sup>H</sup>	65.97%	57.93%	71.01%^	75th–89th
Combination 7 <sup>H</sup>	57.35%	52.58%	64.61%^	75th–89th

Performance Measures	HEDIS MY 2021 Rate	HEDIS MY 2022 Rate	HEDIS MY 2023 Rate	Percentile Ranking
<i>Combination 10<sup>H</sup></i>	46.81%	37.64%	42.58%	75th–89th
<b>Chlamydia Screening in Women</b>				
<i>16 to 20 Years<sup>H</sup></i>	34.66%	29.07%	38.71%^	10th–24th
<b>Developmental Screening in the First Three Years of Life</b>				
<i>1 Year<sup>SA</sup></i>	—	48.04%	68.95%^	BTSA
<i>2 Years<sup>SA</sup></i>	—	38.65%	71.35%^	BTSA
<i>3 Years<sup>SA</sup></i>	—	23.06%	57.33%^	WTSA
<i>Total<sup>SA</sup></i>	—	33.36%	65.35%^	BTSA
<b>Immunizations for Adolescents</b>				
<i>Meningococcal<sup>H</sup></i>	77.26%	72.57%	69.93%	10th–24th
<i>Tdap<sup>H</sup></i>	85.20%	82.00%	80.22%	10th–24th
<i>HPV<sup>H</sup></i>	40.39%	35.45%	36.98%	50th–74th
<i>Combination 1<sup>H</sup></i>	76.45%	71.79%	68.92%	10th–24th
<i>Combination 2<sup>H</sup></i>	37.74%	33.31%	34.24%	25th–49th
<b>Lead Screening in Children</b>				
<i>Lead Screening in Children<sup>H</sup></i>	—	30.88%	43.64%^	10th–24th
<b>Screening for Depression and Follow-Up Plan</b>				
<i>12 to 17 Years<sup>H</sup></i>	—	14.47%	24.75%^	BTSA
<b>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</b>				
<i>BMI Percentile—3 to 11 Years<sup>H</sup></i>	14.74%	16.27%	17.40%	<10th
<i>BMI Percentile—12 to 17 Years<sup>H</sup></i>	18.65%	20.09%	21.77%	<10th
<i>BMI Percentile—Total<sup>H</sup></i>	16.32%	17.90%	19.23%	<10th
<i>Counseling for Nutrition—3 to 11 Years<sup>H</sup></i>	13.78%	19.07%	27.39%^	<10th
<i>Counseling for Nutrition—12 to 17 Years<sup>H</sup></i>	14.12%	18.24%	23.27%^	<10th
<i>Counseling for Nutrition—Total<sup>H</sup></i>	13.92%	18.71%	25.67%^	<10th
<i>Counseling for Physical Activity—3 to 11 Years<sup>H</sup></i>	8.44%	12.05%	19.31%^	<10th
<i>Counseling for Physical Activity—12 to 17 Years<sup>H</sup></i>	10.73%	14.74%	18.39%^	<10th
<i>Counseling for Physical Activity—Total<sup>H</sup></i>	9.37%	13.20%	18.93%^	<10th
<b>Well-Child Visits in the First 30 Months of Life</b>				
<i>Well-Child Visits in the First 15 Months of Life—Six or More Well-Child Visits<sup>H</sup></i>	61.19%	52.51%	62.64%^	50th–74th
<i>Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits<sup>H</sup></i>	65.48%	55.06%	68.70%^	50th–74th
<b>Maternal and Perinatal Health</b>				
<b>Contraceptive Care—All Women</b>				
<i>MMEC—15 to 20 Years<sup>SA</sup></i>	—	16.44%	17.46%	WTSA
<i>LARC—15 to 20 Years<sup>SA</sup></i>	—	2.86%	3.06%	WTSA

Performance Measures	HEDIS MY 2021 Rate	HEDIS MY 2022 Rate	HEDIS MY 2023 Rate	Percentile Ranking
<b>Contraceptive Care—Postpartum Women</b>				
MMEC—15 to 20 Years—3 Days <sup>SA</sup>	—	NA	NA	—
MMEC—15 to 20 Years—90 Days <sup>SA</sup>	—	NA	NA	—
LARC—15 to 20 Years—3 Days <sup>SA</sup>	—	NA	NA	—
LARC—15 to 20 Years—90 Days <sup>SA</sup>	—	NA	NA	—
<b>Prenatal and Postpartum Care</b>				
Timeliness of Prenatal Care—Under Age 21 <sup>H</sup>	—	—	NA	—
Postpartum Care—Under Age 21 <sup>H</sup>	—	—	NA	—
<b>Care of Acute and Chronic Conditions</b>				
<b>Asthma Medication Ratio</b>				
5 to 11 Years <sup>H</sup>	81.98%	65.26%	73.72%	25th–49th
12 to 18 Years <sup>H</sup>	68.97%	51.09%	59.38%	10th–24th
5 to 18 Years <sup>SA</sup>	75.29%	58.29%	67.25%^	WTSA
<b>Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis</b>				
3 Months to 17 Years <sup>H</sup>	—	81.48%	75.00%	50th–74th
<b>Behavioral Health Care</b>				
<b>Follow-Up After Emergency Department Visit for Mental Illness</b>				
7-Day Follow-Up—6 to 17 Years <sup>H</sup>	—	76.27%	75.31%	≥90th
30-Day Follow-Up—6 to 17 Years <sup>H</sup>	—	86.44%	83.95%	75th–89th
<b>Follow-Up After Emergency Department Visit for Substance Use</b>				
7-Day Follow-Up—13 to 17 Years <sup>H</sup>	—	22.58%	22.22%	50th–74th
30-Day Follow-Up—13 to 17 Years <sup>H</sup>	—	29.03%	41.67%	75th–89th
<b>Follow-Up After Hospitalization for Mental Illness</b>				
7-Day Follow-Up—6 to 17 Years <sup>H</sup>	36.42%	30.08%	55.28%^	75th–89th
30-Day Follow-Up—6 to 17 Years <sup>H</sup>	54.91%	72.36%	76.40%	50th–74th
<b>Follow-Up Care for Children Prescribed ADHD Medication</b>				
Initiation Phase <sup>H</sup>	29.03%	36.62%	41.45%	25th–49th
Continuation and Maintenance Phase <sup>H</sup>	38.60%	52.83%	44.62%	10th–24th
<b>Metabolic Monitoring for Children and Adolescents on Antipsychotics</b>				
Blood Glucose Testing—1 to 11 Years <sup>H</sup>	NA	NA	NA	—
Blood Glucose Testing—12 to 17 Years <sup>H</sup>	53.33%	48.48%	58.14%	25th–49th
Blood Glucose Testing—Total <sup>H</sup>	50.00%	47.62%	54.90%	25th–49th
Cholesterol Testing—1 to 11 Years <sup>H</sup>	NA	NA	NA	—
Cholesterol Testing—12 to 17 Years <sup>H</sup>	27.78%	21.21%	27.91%	10th–24th
Cholesterol Testing—Total <sup>H</sup>	27.19%	24.60%	28.43%	10th–24th
Blood Glucose and Cholesterol Testing—1 to 11 Years <sup>H</sup>	—	NA	NA	—
Blood Glucose and Cholesterol Testing—12 to 17 Years <sup>H</sup>	—	20.20%	26.74%	<10th



Performance Measures	HEDIS MY 2021 Rate	HEDIS MY 2022 Rate	HEDIS MY 2023 Rate	Percentile Ranking
<i>Blood Glucose and Cholesterol Testing—Total<sup>H</sup></i>	27.19%	23.81%	27.45%	10th–24th
<b>Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics</b>				
<i>1 to 11 Years<sup>H</sup></i>	NA	NA	NA	—
<i>12 to 17 Years<sup>H</sup></i>	71.43%	67.35%	76.12%	≥90th
<i>Total<sup>H</sup></i>	72.00%	64.41%	76.54%	≥90th
<b>Use of Services</b>				
<b>Ambulatory Care: ED Visits</b>				
<i>&lt;1 Year<sup>SA</sup></i>	46.19	52.91	59.42	—
<i>1 to 9 Years<sup>SA</sup></i>	20.02	26.61	33.45	—
<i>10 to 19 Years<sup>SA</sup></i>	17.63	21.04	23.82	—
<i>0 to 19 Years<sup>H</sup></i>	19.23	24.09	28.95	—

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

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

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

— 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.

B TSA indicates the reported rate was better than the statewide average.

W TSA indicates the reported rate was worse than the statewide average.

Rates shaded green with one caret (^) indicate a statistically significant improvement in performance from the previous year.

## DHMP Trend Table

Table B-2—DHMP Trend Table

Performance Measures	HEDIS MY 2021 Rate	HEDIS MY 2022 Rate	HEDIS MY 2023 Rate	Percentile Ranking
<b>Primary Care Access and Preventive Care</b>				
<b>Child and Adolescent Well-Care Visits</b>				
3 to 11 Years <sup>H</sup>	52.41%	46.24%	61.05%^	50th–74th
12 to 17 Years <sup>H</sup>	46.37%	44.11%	51.79%^	50th–74th
18 to 21 Years <sup>H</sup>	25.43%	28.88%	35.63%	75th–89th
Total <sup>H</sup>	47.87%	43.71%	54.66%^	50th–74th
<b>Childhood Immunization Status</b>				
DTaP <sup>H</sup>	60.00%	81.58%	80.36%	≥90th
IPV <sup>H</sup>	68.00%	86.84%	67.86%^	<10th
MMR <sup>H</sup>	78.00%	84.21%	91.07%	≥90th
HiB <sup>H</sup>	74.00%	84.21%	73.21%	<10th
Hepatitis B <sup>H</sup>	58.00%	89.47%	76.79%	10th–24th
VZV <sup>H</sup>	76.00%	81.58%	91.07%	≥90th
Hepatitis A <sup>H</sup>	78.00%	81.58%	89.29%	≥90th
Pneumococcal Conjugate <sup>H</sup>	64.00%	81.58%	48.21%^	<10th
Rotavirus <sup>H</sup>	54.00%	73.68%	42.86%^	<10th
Influenza <sup>H</sup>	60.00%	55.26%	37.50%	25th–49th
Combination 3 <sup>H</sup>	52.00%	78.95%	82.14%	≥90th
Combination 7 <sup>H</sup>	48.00%	68.42%	75.00%	≥90th
Combination 10 <sup>H</sup>	44.00%	52.63%	51.79%	≥90th
<b>Chlamydia Screening in Women</b>				
16 to 20 Years <sup>H</sup>	38.33%	42.31%	76.40%^	≥90th
<b>Developmental Screening in the First Three Years of Life</b>				
1 Year <sup>SA</sup>	—	NA	62.07%	WTSA
2 Years <sup>SA</sup>	—	75.00%	70.75%	WTSA
3 Years <sup>SA</sup>	—	41.07%	66.67%^	BTSA
Total <sup>SA</sup>	—	55.12%	66.78%^	BTSA
<b>Immunizations for Adolescents</b>				
Meningococcal <sup>H</sup>	66.10%	83.45%	66.96%^	<10th
Tdap <sup>H</sup>	66.10%	83.45%	72.17%^	<10th
HPV <sup>H</sup>	43.50%	46.76%	41.74%	50th–74th
Combination 1 <sup>H</sup>	64.97%	82.73%	67.83%^	10th–24th
Combination 2 <sup>H</sup>	42.94%	46.76%	40.87%	50th–74th
<b>Lead Screening in Children</b>				
Lead Screening in Children <sup>H</sup>	—	61.54%	46.43%	10th–24th

Performance Measures	HEDIS MY 2021 Rate	HEDIS MY 2022 Rate	HEDIS MY 2023 Rate	Percentile Ranking
<b>Screening for Depression and Follow-Up Plan</b>				
12 to 17 Years <sup>H</sup>	—	33.60%	25.80%^^^	BTSA
<b>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</b>				
BMI Percentile—3 to 11 Years <sup>H</sup>	71.28%	65.34%	75.81%^	25th–49th
BMI Percentile—12 to 17 Years <sup>H</sup>	73.94%	63.89%	73.57%^	25th–49th
BMI Percentile—Total <sup>H</sup>	72.47%	64.65%	74.80%^	25th–49th
Counseling for Nutrition—3 to 11 Years <sup>H</sup>	79.22%	72.31%	81.68%^	75th–89th
Counseling for Nutrition—12 to 17 Years <sup>H</sup>	75.89%	67.40%	73.86%^	50th–74th
Counseling for Nutrition—Total <sup>H</sup>	77.72%	69.97%	78.17%^	75th–89th
Counseling for Physical Activity—3 to 11 Years <sup>H</sup>	78.50%	70.92%	80.60%^	75th–89th
Counseling for Physical Activity—12 to 17 Years <sup>H</sup>	75.89%	67.18%	73.27%^	50th–74th
Counseling for Physical Activity—Total <sup>H</sup>	77.33%	69.13%	77.31%^	75th–89th
<b>Well-Child Visits in the First 30 Months of Life</b>				
Well-Child Visits in the First 15 Months of Life—Six or More Well-Child Visits <sup>H</sup>	50.00%	NA	60.00%	50th–74th
Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits <sup>H</sup>	63.29%	63.89%	57.14%	<10th
<b>Maternal and Perinatal Health</b>				
<b>Contraceptive Care—All Women</b>				
MMEC—15 to 20 Years <sup>SA</sup>	—	9.32%	18.75%^	BTSA
LARC—15 to 20 Years <sup>SA</sup>	—	1.43%	5.50%^	BTSA
<b>Contraceptive Care—Postpartum Women</b>				
MMEC—15 to 20 Years—3 Days <sup>SA</sup>	—	NA	NA	—
MMEC—15 to 20 Years—90 Days <sup>SA</sup>	—	NA	NA	—
LARC—15 to 20 Years—3 Days <sup>SA</sup>	—	NA	NA	—
LARC—15 to 20 Years—90 Days <sup>SA</sup>	—	NA	NA	—
<b>Prenatal and Postpartum Care</b>				
Timeliness of Prenatal Care—Under Age 21 <sup>H</sup>	—	—	NA	—
Postpartum Care—Under Age 21 <sup>H</sup>	—	—	NA	—
<b>Care of Acute and Chronic Conditions</b>				
<b>Asthma Medication Ratio</b>				
5 to 11 Years <sup>H</sup>	NA	NA	NA	—
12 to 18 Years <sup>H</sup>	NA	NA	NA	—
5 to 18 Years <sup>SA</sup>	NA	NA	60.00%	WTSA
<b>Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis</b>				
3 Months to 17 Years <sup>H</sup>	—	NA	NA	—
<b>Behavioral Health Care</b>				
<b>Follow-Up After Emergency Department Visit for Mental Illness</b>				
7-Day Follow-Up—6 to 17 Years <sup>H</sup>	—	NA	NA	—

Performance Measures	HEDIS MY 2021 Rate	HEDIS MY 2022 Rate	HEDIS MY 2023 Rate	Percentile Ranking
30-Day Follow-Up—6 to 17 Years <sup>H</sup>	—	NA	NA	—
<b>Follow-Up After Emergency Department Visit for Substance Use</b>				
7-Day Follow-Up—13 to 17 Years <sup>H</sup>	—	NA	NA	—
30-Day Follow-Up—13 to 17 Years <sup>H</sup>	—	NA	NA	—
<b>Follow-Up After Hospitalization for Mental Illness</b>				
7-Day Follow-Up—6 to 17 Years <sup>H</sup>	NA	NA	NA	—
30-Day Follow-Up—6 to 17 Years <sup>H</sup>	NA	NA	NA	—
<b>Follow-Up Care for Children Prescribed ADHD Medication</b>				
Initiation Phase <sup>H</sup>	NA	NA	NA	—
Continuation and Maintenance Phase <sup>H</sup>	NA	NA	NA	—
<b>Metabolic Monitoring for Children and Adolescents on Antipsychotics</b>				
Blood Glucose Testing—1 to 11 Years <sup>H</sup>	—	NA	NA	—
Blood Glucose Testing—12 to 17 Years <sup>H</sup>	NA	NA	NA	—
Blood Glucose Testing—Total <sup>H</sup>	NA	NA	NA	—
Cholesterol Testing—1 to 11 Years <sup>H</sup>	—	NA	NA	—
Cholesterol Testing—12 to 17 Years <sup>H</sup>	NA	NA	NA	—
Cholesterol Testing—Total <sup>H</sup>	NA	NA	NA	—
Blood Glucose and Cholesterol Testing—1 to 11 Years <sup>H</sup>	—	NA	NA	—
Blood Glucose and Cholesterol Testing—12 to 17 Years <sup>H</sup>	—	NA	NA	—
Blood Glucose and Cholesterol Testing—Total <sup>H</sup>	NA	NA	NA	—
<b>Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics</b>				
1 to 11 Years <sup>H</sup>	—	NA	NA	—
12 to 17 Years <sup>H</sup>	—	NA	NA	—
Total <sup>H</sup>	—	NA	NA	—
<b>Use of Services</b>				
<b>Ambulatory Care: ED Visits</b>				
<1 Year <sup>SA</sup>	34.29	60.57	56.35	—
1 to 9 Years <sup>SA</sup>	14.97	25.11	28.77	—
10 to 19 Years <sup>SA</sup>	11.40	11.61	16.07	—
0 to 19 Years <sup>H</sup>	13.31	18.25	22.37	—

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

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

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

— 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.

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.

## Kaiser Trend Table

Table B-3—Kaiser Trend Table

Performance Measures	HEDIS MY 2021 Rate	HEDIS MY 2022 Rate	HEDIS MY 2023 Rate	Percentile Ranking
<b>Primary Care Access and Preventive Care</b>				
<i>Child and Adolescent Well-Care Visits</i>				
3 to 11 Years <sup>H</sup>	48.51%	46.98%	57.01% <sup>^</sup>	50th–74th
12 to 17 Years <sup>H</sup>	41.81%	40.83%	47.91% <sup>^</sup>	25th–49th
18 to 21 Years <sup>H</sup>	30.16%	26.69%	27.39%	50th–74th
Total <sup>H</sup>	44.27%	42.70%	51.08% <sup>^</sup>	50th–74th
<i>Childhood Immunization Status</i>				
DTaP <sup>H</sup>	78.90%	71.88%	66.67%	25th–49th
IPV <sup>H</sup>	92.66%	85.42%	76.04%	<10th
MMR <sup>H</sup>	89.91%	84.38%	77.08%	<10th
HiB <sup>H</sup>	91.74%	84.38%	78.13%	10th–24th
Hepatitis B <sup>H</sup>	94.50%	88.54%	77.08% <sup>^^</sup>	10th–24th
VZV <sup>H</sup>	88.99%	85.42%	77.08%	<10th
Hepatitis A <sup>H</sup>	90.83%	86.46%	80.21%	25th–49th
Pneumococcal Conjugate <sup>H</sup>	84.40%	78.13%	69.79%	25th–49th
Rotavirus <sup>H</sup>	78.90%	72.92%	71.88%	50th–74th
Influenza <sup>H</sup>	72.48%	60.42%	55.21%	≥90th
Combination 3 <sup>H</sup>	77.06%	67.71%	58.33%	10th–24th
Combination 7 <sup>H</sup>	69.72%	60.42%	55.21%	25th–49th
Combination 10 <sup>H</sup>	56.88%	47.92%	39.58%	75th–89th
<i>Chlamydia Screening in Women</i>				
16 to 20 Years <sup>H</sup>	47.12%	38.61%	35.96%	<10th
<i>Developmental Screening in the First Three Years of Life</i>				
1 Year <sup>SA</sup>	—	35.21%	56.34% <sup>^</sup>	WTSA
2 Years <sup>SA</sup>	—	77.08%	80.21%	BTSA
3 Years <sup>SA</sup>	—	65.09%	79.55% <sup>^</sup>	BTSA
Total <sup>SA</sup>	—	61.54%	73.33% <sup>^</sup>	BTSA
<i>Immunizations for Adolescents</i>				
Meningococcal <sup>H</sup>	81.02%	80.28%	75.31%	25th–49th
Tdap <sup>H</sup>	87.35%	85.21%	85.19%	50th–74th
HPV <sup>H</sup>	43.67%	44.37%	42.39%	75th–89th

Performance Measures	HEDIS MY 2021 Rate	HEDIS MY 2022 Rate	HEDIS MY 2023 Rate	Percentile Ranking
<i>Combination 1<sup>H</sup></i>	80.12%	79.58%	75.31%	25th–49th
<i>Combination 2<sup>H</sup></i>	42.47%	43.31%	40.74%	50th–74th
<b>Lead Screening in Children</b>				
<i>Lead Screening in Children<sup>H</sup></i>	—	2.08%	9.47%^	<10th
<b>Screening for Depression and Follow-Up Plan</b>				
<i>12 to 17 Years<sup>H</sup></i>	—	1.00%	2.83%	WTSA
<b>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</b>				
<i>BMI Percentile—3 to 11 Years<sup>H</sup></i>	91.40%	90.55%	95.23%^	≥90th
<i>BMI Percentile—12 to 17 Years<sup>H</sup></i>	89.91%	90.57%	92.46%	≥90th
<i>BMI Percentile—Total<sup>H</sup></i>	90.75%	90.56%	94.04%^	≥90th
<i>Counseling for Nutrition—3 to 11 Years<sup>H</sup></i>	93.60%	91.11%	95.14%^	≥90th
<i>Counseling for Nutrition—12 to 17 Years<sup>H</sup></i>	91.70%	91.74%	92.46%	≥90th
<i>Counseling for Nutrition—Total<sup>H</sup></i>	92.77%	91.40%	93.99%	≥90th
<i>Counseling for Physical Activity—3 to 11 Years<sup>H</sup></i>	93.88%	91.44%	95.06%^	≥90th
<i>Counseling for Physical Activity—12 to 17 Years<sup>H</sup></i>	92.14%	92.13%	92.91%	≥90th
<i>Counseling for Physical Activity—Total<sup>H</sup></i>	93.12%	91.75%	94.14%	≥90th
<b>Well-Child Visits in the First 30 Months of Life</b>				
<i>Well-Child Visits in the First 15 Months of Life—Six or More Well-Child Visits<sup>H</sup></i>	16.67%	23.61%	50.00%^	10th–24th
<i>Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits<sup>H</sup></i>	47.55%	64.20%	62.35%	25th–49th
<b>Maternal and Perinatal Health</b>				
<b>Contraceptive Care—All Women</b>				
<i>MMEC—15 to 20 Years<sup>SA</sup></i>	—	17.62%	17.93%	WTSA
<i>LARC—15 to 20 Years<sup>SA</sup></i>	—	4.13%	4.10%	BTSA
<b>Contraceptive Care—Postpartum Women</b>				
<i>MMEC—15 to 20 Years—3 Days<sup>SA</sup></i>	—	NA	NA	—
<i>MMEC—15 to 20 Years—90 Days<sup>SA</sup></i>	—	NA	NA	—
<i>LARC—15 to 20 Years—3 Days<sup>SA</sup></i>	—	NA	NA	—
<i>LARC—15 to 20 Years—90 Days<sup>SA</sup></i>	—	NA	NA	—
<b>Prenatal and Postpartum Care</b>				
<i>Timeliness of Prenatal Care—Under Age 21<sup>H</sup></i>	—	—	80.00%	BTSA
<i>Postpartum Care—Under Age 21<sup>H</sup></i>	—	—	NA	—

Performance Measures	HEDIS MY 2021 Rate	HEDIS MY 2022 Rate	HEDIS MY 2023 Rate	Percentile Ranking
<b>Care of Acute and Chronic Conditions</b>				
<b>Asthma Medication Ratio</b>				
5 to 11 Years <sup>H</sup>	NA	NA	NA	—
12 to 18 Years <sup>H</sup>	NA	NA	NA	—
5 to 18 Years <sup>SA</sup>	91.18%	80.00%	NA	—
<b>Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis</b>				
3 Months to 17 Years <sup>H</sup>	—	NA	100.00%	≥90th
<b>Behavioral Health Care</b>				
<b>Follow-Up After Emergency Department Visit for Mental Illness</b>				
7-Day Follow-Up—6 to 17 Years <sup>H</sup>	—	NA	NA	—
30-Day Follow-Up—6 to 17 Years <sup>H</sup>	—	NA	NA	—
<b>Follow-Up After Emergency Department Visit for Substance Use</b>				
7-Day Follow-Up—13 to 17 Years <sup>H</sup>	—	NA	NA	—
30-Day Follow-Up—13 to 17 Years <sup>H</sup>	—	NA	NA	—
<b>Follow-Up After Hospitalization for Mental Illness</b>				
7-Day Follow-Up—6 to 17 Years <sup>H</sup>	NA	NA	NA	—
30-Day Follow-Up—6 to 17 Years <sup>H</sup>	NA	NA	NA	—
<b>Follow-Up Care for Children Prescribed ADHD Medication</b>				
Initiation Phase <sup>H</sup>	37.14%	54.84%	NA	—
Continuation and Maintenance Phase <sup>H</sup>	NA	NA	NA	—
<b>Metabolic Monitoring for Children and Adolescents on Antipsychotics</b>				
Blood Glucose Testing—1 to 11 Years <sup>H</sup>	—	NA	NA	—
Blood Glucose Testing—12 to 17 Years <sup>H</sup>	NA	NA	NA	—
Blood Glucose Testing—Total <sup>H</sup>	NA	NA	NA	—
Cholesterol Testing—1 to 11 Years <sup>H</sup>	—	NA	NA	—
Cholesterol Testing—12 to 17 Years <sup>H</sup>	NA	NA	NA	—
Cholesterol Testing—Total <sup>H</sup>	NA	NA	NA	—
Blood Glucose and Cholesterol Testing—1 to 11 Years <sup>H</sup>	—	NA	NA	—
Blood Glucose and Cholesterol Testing—12 to 17 Years <sup>H</sup>	—	NA	NA	—
Blood Glucose and Cholesterol Testing—Total <sup>H</sup>	NA	NA	NA	—
<b>Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics</b>				
1 to 11 Years <sup>H</sup>	—	NA	NA	—
12 to 17 Years <sup>H</sup>	NA	NA	NA	—
Total <sup>H</sup>	NA	NA	NA	—

Performance Measures	HEDIS MY 2021 Rate	HEDIS MY 2022 Rate	HEDIS MY 2023 Rate	Percentile Ranking
<b>Use of Services</b>				
<b>Ambulatory Care: ED Visits</b>				
<1 Year <sup>SA</sup>	28.53	48.00	50.75	—
1 to 9 Years <sup>SA</sup>	14.96	24.33	26.77	—
10 to 19 Years <sup>SA</sup>	12.32	14.48	15.13	—
0 to 19 Years <sup>H</sup>	13.70	19.04	20.83	—

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

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

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

— 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.

Rates shaded green with one caret (^) indicate a statistically significant improvement in performance from the previous year.

Rates shaded red with two carets (^) indicate a statistically significant decline in performance from the previous year.



## RMHP Trend Table

Table B-4—RMHP Trend Table

Performance Measures	HEDIS MY 2021 Rate	HEDIS MY 2022 Rate	HEDIS MY 2023 Rate	Percentile Ranking
<b>Primary Care Access and Preventive Care</b>				
<i>Child and Adolescent Well-Care Visits</i>				
3 to 11 Years <sup>H</sup>	56.45%	51.14%	47.61%^^	10th–24th
12 to 17 Years <sup>H</sup>	46.44%	46.15%	42.48%^^	10th–24th
18 to 21 Years <sup>H</sup>	30.69%	21.83%	32.46%^	75th–89th
Total <sup>H</sup>	50.84%	47.14%	44.46%	25th–49th
<i>Childhood Immunization Status</i>				
DTaP <sup>H</sup>	54.86%	70.55%	70.19%	25th–49th
IPV <sup>H</sup>	66.29%	81.51%	87.50%	50th–74th
MMR <sup>H</sup>	75.43%	83.56%	87.50%	75th–89th
HiB <sup>H</sup>	70.29%	82.19%	83.65%	25th–49th
Hepatitis B <sup>H</sup>	68.00%	80.14%	84.62%	25th–49th
VZV <sup>H</sup>	74.86%	84.93%	85.58%	50th–74th
Hepatitis A <sup>H</sup>	71.43%	78.08%	76.92%	10th–24th
Pneumococcal Conjugate <sup>H</sup>	60.57%	73.97%	73.08%	50th–74th
Rotavirus <sup>H</sup>	62.86%	73.97%	75.96%	75th–89th
Influenza <sup>H</sup>	56.57%	45.89%	45.19%	50th–74th
Combination 3 <sup>H</sup>	52.00%	64.38%	64.42%	50th–74th
Combination 7 <sup>H</sup>	49.14%	61.64%	59.62%	50th–74th
Combination 10 <sup>H</sup>	42.86%	37.67%	37.50%	50th–74th
<i>Chlamydia Screening in Women</i>				
16 to 20 Years <sup>H</sup>	35.05%	32.12%	28.04%	<10th
<i>Developmental Screening in the First Three Years of Life</i>				
1 Year <sup>SA</sup>	66.21%	63.33%	54.03%	WTSA
2 Years <sup>SA</sup>	64.80%	65.73%	59.62%	WTSA
3 Years <sup>SA</sup>	48.87%	51.58%	49.54%	WTSA
Total <sup>SA</sup>	57.54%	58.87%	54.30%	WTSA
<i>Immunizations for Adolescents</i>				
Meningococcal <sup>H</sup>	70.02%	62.24%	65.41%	<10th
Tdap <sup>H</sup>	82.77%	85.13%	80.14%	10th–24th
HPV <sup>H</sup>	36.69%	26.54%	31.51%	25th–49th
Combination 1 <sup>H</sup>	68.90%	61.33%	64.73%	<10th
Combination 2 <sup>H</sup>	33.11%	22.43%	28.42%	10th–24th
<i>Lead Screening in Children</i>				
Lead Screening in Children <sup>H</sup>	—	35.37%	37.50%	10th–24th

Performance Measures	HEDIS MY 2021 Rate	HEDIS MY 2022 Rate	HEDIS MY 2023 Rate	Percentile Ranking
<b>Screening for Depression and Follow-Up Plan</b>				
12 to 17 Years <sup>H</sup>	6.81%	9.17%	10.12%	WTSA
<b>Weight Assessment and Counseling for Nutrition and Physical Activity for Child</b>				
BMI Percentile—3 to 11 Years <sup>H</sup>	17.32%	19.72%	16.53%^^	<10th
BMI Percentile—12 to 17 Years <sup>H</sup>	19.13%	21.21%	19.85%	<10th
BMI Percentile—Total <sup>H</sup>	18.06%	20.36%	18.02%	<10th
Counseling for Nutrition—3 to 11 Years <sup>H</sup>	30.42%	25.84%	26.06%	<10th
Counseling for Nutrition—12 to 17 Years <sup>H</sup>	22.68%	21.73%	22.72%	<10th
Counseling for Nutrition—Total <sup>H</sup>	27.26%	24.06%	24.57%	<10th
Counseling for Physical Activity—3 to 11 Years <sup>H</sup>	13.59%	18.01%	20.69%	<10th
Counseling for Physical Activity—12 to 17 Years <sup>H</sup>	15.22%	19.17%	20.10%	<10th
Counseling for Physical Activity—Total <sup>H</sup>	14.26%	18.52%	20.43%	<10th
<b>Well-Child Visits in the First 30 Months of Life</b>				
Well-Child Visits in the First 15 Months of Life—Six or More Well-Child Visits <sup>H</sup>	26.79%	41.18%	66.23%^	75th–89th
Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits <sup>H</sup>	71.43%	70.00%	70.54%	50th–74th
<b>Maternal and Perinatal Health</b>				
<b>Contraceptive Care—All Women</b>				
MMEC—15 to 20 Years <sup>SA</sup>	24.39%	20.88%	22.42%	BTSA
LARC—15 to 20 Years <sup>SA</sup>	5.49%	4.52%	5.04%	BTSA
<b>Contraceptive Care—Postpartum Women</b>				
MMEC—15 to 20 Years—3 Days <sup>SA</sup>	—	NA	NA	—
MMEC—15 to 20 Years—90 Days <sup>SA</sup>	—	NA	NA	—
LARC—15 to 20 Years—3 Days <sup>SA</sup>	—	NA	NA	—
LARC—15 to 20 Years—90 Days <sup>SA</sup>	—	NA	NA	—
<b>Prenatal and Postpartum Care</b>				
Timeliness of Prenatal Care—Under Age 21 <sup>H</sup>	—	—	54.17%	WTSA
Postpartum Care—Under Age 21 <sup>H</sup>	—	—	51.39%	BTSA
<b>Care of Acute and Chronic Conditions</b>				
<b>Asthma Medication Ratio</b>				
5 to 11 Years <sup>H</sup>	NA	NA	NA	—
12 to 18 Years <sup>H</sup>	NA	NA	NA	—
5 to 18 Years <sup>SA</sup>	82.50%	77.78%	NA	—
<b>Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis</b>				
3 Months to 17 Years <sup>H</sup>	—	81.16%	87.10%	≥90th
<b>Behavioral Health Care</b>				
<b>Follow-Up After Emergency Department Visit for Mental Illness</b>				
7-Day Follow-Up—6 to 17 Years <sup>H</sup>	—	NA	NA	—

Performance Measures	HEDIS MY 2021 Rate	HEDIS MY 2022 Rate	HEDIS MY 2023 Rate	Percentile Ranking
30-Day Follow-Up—6 to 17 Years <sup>H</sup>	—	NA	NA	—
<b>Follow-Up After Emergency Department Visit for Substance Use</b>				
7-Day Follow-Up—13 to 17 Years <sup>H</sup>	—	NA	NA	—
30-Day Follow-Up—13 to 17 Years <sup>H</sup>	—	NA	NA	—
<b>Follow-Up After Hospitalization for Mental Illness</b>				
7-Day Follow-Up—6 to 17 Years <sup>H</sup>	35.48%	NA	NA	—
30-Day Follow-Up—6 to 17 Years <sup>H</sup>	58.06%	NA	NA	—
<b>Follow-Up Care for Children Prescribed ADHD Medication</b>				
Initiation Phase <sup>H</sup>	40.91%	41.86%	59.38%	≥90th
Continuation and Maintenance Phase <sup>H</sup>	NA	NA	NA	—
<b>Metabolic Monitoring for Children and Adolescents on Antipsychotics</b>				
Blood Glucose Testing—1 to 11 Years <sup>H</sup>	NA	NA	NA	—
Blood Glucose Testing—12 to 17 Years <sup>H</sup>	NA	NA	NA	—
Blood Glucose Testing—Total <sup>H</sup>	NA	NA	NA	—
Cholesterol Testing—1 to 11 Years <sup>H</sup>	NA	NA	NA	—
Cholesterol Testing—12 to 17 Years <sup>H</sup>	NA	NA	NA	—
Cholesterol Testing—Total <sup>H</sup>	NA	NA	NA	—
Blood Glucose and Cholesterol Testing—1 to 11 Years <sup>H</sup>	—	NA	NA	—
Blood Glucose and Cholesterol Testing—12 to 17 Years <sup>H</sup>	—	NA	NA	—
Blood Glucose and Cholesterol Testing—Total <sup>H</sup>	NA	NA	NA	—
<b>Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics</b>				
1 to 11 Years <sup>H</sup>	NA	NA	NA	—
12 to 17 Years <sup>H</sup>	NA	NA	NA	—
Total <sup>H</sup>	NA	NA	NA	—
<b>Use of Services</b>				
<b>Ambulatory Care: ED Visits<sup>*,SA</sup></b>				
<1 Year <sup>SA</sup>	2.55	45.02	26.07	—
1 to 9 Years <sup>SA</sup>	1.06	17.53	17.32	—
10 to 19 Years <sup>SA</sup>	1.26	16.29	15.94	—
0 to 19 Years <sup>H</sup>	1.20	17.45	16.76	—

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

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

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

— 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.

B TSA indicates the reported rate was better than the statewide average.

W TSA indicates the reported rate was worse than the statewide average.

Rates shaded green with one caret (^) indicate a statistically significant improvement in performance from the previous year.

Rates shaded red with two carets (^) indicate a statistically significant decline in performance from the previous year.

## DentaQuest Trend Table

Table B-5—DentaQuest Trend Table

Performance Measures	HEDIS MY 2021 Rate	HEDIS MY 2022 Rate	HEDIS MY 2023 Rate	Percentile Ranking
<b>Dental and Oral Health Services</b>				
<b>Oral Evaluation, Dental Services</b>				
<1 Year	—	3.85%	3.68%	—
1 to 2 Years	—	24.60%	25.37%	—
3 to 5 Years	—	38.64%	39.40%	—
6 to 7 Years	—	44.73%	45.76%	—
8 to 9 Years	—	45.51%	45.25%	—
10 to 11 Years	—	43.72%	45.45%	—
12 to 14 Years	—	41.78%	41.67%	—
15 to 18 Years	—	32.58%	33.16%	—
19 to 20 Years	—	22.83%	21.53%	—
Total	—	38.25%	38.61%	—
<b>Sealant Receipt on Permanent First Molars</b>				
At Least One Sealant	24.49%	43.06%	54.28%	—
All Four Molars Sealed	14.30%	29.27%	40.60%	—
<b>Topical Fluoride for Children</b>				
Dental Services—1 to 2 Years	—	21.39%	19.31%	—
Dental Services—3 to 5 Years	—	26.41%	24.63%	—
Dental Services—6 to 7 Years	—	28.90%	25.17%	—
Dental Services—8 to 9 Years	—	30.16%	26.49%	—
Dental Services—10 to 11 Years	—	28.06%	24.47%	—
Dental Services—12 to 14 Years	—	24.04%	21.41%	—
Dental Services—15 to 18 Years	—	17.67%	15.87%	—
Dental Services—19 to 20 Years	—	7.14%	4.91%	—
Dental Services—Total	—	24.19%	21.37%	—

— 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 2021 Rate	MY 2022 Rate	MY 2023 Rate	MY 2023 Percentile Ranking
<b>Primary Care Access and Preventive Care</b>				
<i>Child and Adolescent Well-Care Visits</i>				
<i>Total</i>	46.98%	42.88%	49.73%^	50th–74th
<i>Childhood Immunization Status</i>				
<i>Combination 3</i>	64.91%	61.19%	69.90%^	75th–89th
<i>Combination 7</i>	57.91%	55.84%	63.87%^	75th–89th
<i>Combination 10</i>	48.48%	39.54%	42.32%	75th–89th
<i>Chlamydia Screening in Women</i>				
<i>16 to 20 Years</i>	36.58%	31.44%	42.70%^	10th–24th
<i>Developmental Screening in the First Three Years of Life</i>				
<i>Total</i>	57.54%	37.84%	65.03%^	—
<i>Immunizations for Adolescents</i>				
<i>Combination 1</i>	73.38%	71.47%	69.02%	10th–24th
<i>Combination 2</i>	37.06%	33.30%	34.56%	50th–74th
<i>Lead Screening in Children</i>				
<i>Lead Screening in Children</i>	—	29.78%	39.01%^	10th–24th
<i>Screening for Depression and Follow-Up Plan</i>				
<i>12 to 17 Years</i>	6.81%	13.41%	19.25%^	—
<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children</i>				
<i>BMI Percentile—Total</i>	26.61%	28.21%	31.64%^	<10th
<i>Counseling for Nutrition—Total</i>	26.82%	29.71%	37.15%^	<10th
<i>Counseling for Physical Activity—Total</i>	21.63%	25.03%	31.86%^	<10th
<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</i>	47.60%	46.06%	61.94%^	50th–74th
<i>Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits</i>	63.58%	59.14%	68.11%^	50th–74th

Performance Measures	MY 2021 Rate	MY 2022 Rate	MY 2023 Rate	MY 2023 Percentile Ranking
<b>Maternal and Perinatal Health</b>				
<b>Contraceptive Care—All Women</b>				
MMEC—15 to 20 Years	24.39%	16.87%	18.12%	—
LARC—15 to 20 Years	5.49%	3.19%	3.61%	—
<b>Contraceptive Care—Postpartum Women</b>				
MMEC—15 to 20 Years—3 Days	—	0.00%	NA	—
MMEC—15 to 20 Years—90 Days	—	64.86%	NA	—
LARC—15 to 20 Years—3 Days	—	2.70%	NA	—
LARC—15 to 20 Years—90 Days	—	35.14%	NA	—
<b>Prenatal and Postpartum Care</b>				
Timeliness of Prenatal Care—Under Age 21	—	—	59.86%	—
Postpartum Care—Under Age 21	—	—	50.00%	—
<b>Care of Acute and Chronic Conditions</b>				
<b>Asthma Medication Ratio</b>				
5 to 18 Years	76.42%	61.64%	67.98%	—
<b>Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis</b>				
3 Months to 17 Years	—	82.81%	79.47%	50th–74th
<b>Behavioral Health Care</b>				
<b>Follow-Up After Emergency Department Visit for Mental Illness</b>				
7-Day Follow-Up—6 to 17 Years	—	58.54%	65.83%	75th–89th
30-Day Follow-Up—6 to 17 Years	—	71.95%	77.50%	75th–89th
<b>Follow-Up After Emergency Department Visit for Substance Use</b>				
7-Day Follow-Up—13 to 17 Years	—	26.83%	23.40%	50th–74th
30-Day Follow-Up—13 to 17 Years	—	31.71%	40.43%	75th–89th
<b>Follow-Up After Hospitalization for Mental Illness</b>				
7-Day Follow-Up—6 to 17 Years	41.15%	40.36%	56.40%^	75th–89th
30-Day Follow-Up—6 to 17 Years	58.85%	75.90%	71.56%	25th–49th
<b>Follow-Up Care for Children Prescribed ADHD Medication</b>				
Initiation Phase	32.05%	38.64%	43.55%	25th–49th
Continuation and Maintenance Phase	40.79%	53.33%	49.43%	25th–49th
<b>Metabolic Monitoring for Children and Adolescents on Antipsychotics</b>				
Blood Glucose Testing—Total	53.02%	51.57%	56.78%	50th–74th
Cholesterol Testing—Total	28.86%	28.30%	30.51%	25th–49th
Blood Glucose and Cholesterol Testing—Total	28.86%	27.67%	31.15%	25th–49th
<b>Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics</b>				
Total	71.01%	66.67%	71.43%	75th–89th

Performance Measures	MY 2021 Rate	MY 2022 Rate	MY 2023 Rate	MY 2023 Percentile Ranking
<b>Use of Service</b>				
<b>Ambulatory Care: ED Visits</b>				
0 to 19 Years	17.5	22.1	26.2	—

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

— 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.

### Information Systems Findings

NCQA's IS standards are the guidelines used by NCQA-certified HEDIS compliance auditors to assess the health plans' HEDIS reporting capabilities.<sup>15</sup> 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.

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<sup>15</sup> National Committee for Quality Assurance. *HEDIS Compliance Audit Standards, Policies and Procedures, Volume 5*. Washington D.C.



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

NCQA’s IS Standards	HSAG’s Findings Based on HEDIS MY 2023 FAR Review
<p><b>IS A—Administrative Data</b></p> <ul style="list-style-type: none"> <li>• Data conform with industry standards and measure requirements.</li> <li>• Data are complete and accurate.</li> <li>• Membership information system enables measurement.</li> </ul>	<p>All health plans were fully compliant with IS Standard A for administrative data. 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><b>IS M—Medical Record Review Processes</b></p> <ul style="list-style-type: none"> <li>• Forms capture all fields relevant to measure reporting. Electronic transmission procedures conform to industry standards and have necessary checking procedures to ensure data accuracy (logs, counts, receipts, hand-off, and sign-off).</li> <li>• Retrieval and abstraction of data from medical records are reliably and accurately performed.</li> <li>• Data entry processes are timely and accurate and include sufficient edit checks to ensure accurate entry of submitted data in the files for measure reporting.</li> <li>• The organization continually assesses data completeness and takes steps to improve performance.</li> <li>• The organization regularly monitors vendor performance against expected performance standards.</li> </ul>	<p>All health plans were fully compliant with IS Standard M for medical record review processes. No issues or concerns were noted for this standard relevant to the selected Colorado CHP+ measures.</p> <p>The health plans’ data collection tools were able to capture all data fields necessary for HEDIS reporting. Sufficient validation processes were in place to ensure data accuracy. However, HSAG did not review this step since the State requires administrative rates only.</p>
<p><b>IS C—Clinical and Care Delivery Data</b></p> <ul style="list-style-type: none"> <li>• Data capture is complete.</li> <li>• Data conform with industry standards.</li> <li>• Transaction file data are accurate.</li> <li>• Organization confirms ingested data meet expectations for data quality.</li> </ul>	<p>All health plans were fully compliant with IS Standard C for clinical and care delivery data. No issues or concerns were noted for this standard relevant to the selected Colorado CHP+ measures.</p> <p>The health plans appropriately captured data and met expectations for data quality for HEDIS reporting.</p>

NCQA’s IS Standards	HSAG’s Findings Based on HEDIS MY 2023 FAR Review
<p><b>IS R—Data Management and Reporting</b></p> <ul style="list-style-type: none"> <li>• The organization’s data management enables measurement.</li> <li>• Data extraction and loads are complete and accurate.</li> <li>• Data transformation and integration are accurate and valid.</li> <li>• Data quality and governance are components of the organization’s data management.</li> <li>• Oversight and controls ensure correct implementation of measure reporting software.</li> </ul>	<p>All health plans were fully compliant with IS Standard R for data management and reporting. No issues or concerns were noted for this standard relevant to the selected Colorado CHP+ measures.</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 file consolidation performed by staff members. Data were verified for accuracy at each data merge point. The health plans used an NCQA-certified measure vendor for data production and rate calculation.</p>

## Appendix D. CHP+ Weighted Averages

Table D-1 shows the Colorado CHP+ weighted averages for MY 2021 through MY 2023 along with the percentile ranking for each MY 2023 rate. HEDIS rates for MY 2023 shaded green with one caret (^) indicate a statistically significant improvement in performance from the previous year. HEDIS rates for MY 2023 shaded red with two carets (^) indicate a statistically significant decline in performance from the previous year.<sup>16</sup> For measures in the Use of Services domain, HSAG did not perform significance testing; 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 D-1—Colorado CHP+ Weighted Averages**

Performance Measures	MY 2021 Rate	MY 2022 Rate	MY 2023 Rate	MY 2023 Percentile Ranking
<b>Primary Care Access and Preventive Care</b>				
<b><i>Child and Adolescent Well-Care Visits<sup>H</sup></i></b>				
<i>Total</i>	46.98%	42.88%	49.73%^	50th–74th
<b><i>Childhood Immunization Status<sup>H</sup></i></b>				
<i>Combination 3</i>	64.91%	61.19%	69.90%^	75th–89th
<i>Combination 7</i>	57.91%	55.84%	63.87%^	75th–89th
<i>Combination 10</i>	48.48%	39.54%	42.32%	75th–89th
<b><i>Chlamydia Screening in Women<sup>H</sup></i></b>				
<i>16 to 20 Years</i>	36.58%	31.44%	42.70%^	10th–24th
<b><i>Developmental Screening in the First Three Years of Life</i></b>				
<i>Total</i>	57.54%	37.84%	65.03%^	—
<b><i>Immunizations for Adolescents<sup>H</sup></i></b>				
<i>Combination 1</i>	73.38%	71.47%	69.02%	10th–24th
<i>Combination 2</i>	37.06%	33.30%	34.56%	50th–74th
<b><i>Lead Screening in Children<sup>H</sup></i></b>				
<i>Lead Screening in Children</i>	—	29.78%	39.01%^	10th–24th
<b><i>Screening for Depression and Follow-Up Plan</i></b>				
<i>12 to 17 Years</i>	6.81%	13.41%	19.25%^	—
<b><i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents<sup>H</sup></i></b>				
<i>BMI Percentile—Total</i>	26.61%	28.21%	31.64%^	<10th
<i>Counseling for Nutrition—Total</i>	26.82%	29.71%	37.15%^	<10th

<sup>16</sup> HEDIS measure performance comparisons are based on the Chi-square test of statistical significance with a *p* value <0.05. A change in performance is considered statistically significant in this report if there was at least a 3-percentage point difference from MY 2022 to MY 2023.

Performance Measures	MY 2021 Rate	MY 2022 Rate	MY 2023 Rate	MY 2023 Percentile Ranking
<i>Counseling for Physical Activity—Total</i>	21.63%	25.03%	31.86%^	<10th
<b>Well-Child Visits in the First 30 Months of Life<sup>H</sup></b>				
<i>Well-Child Visits in the First 15 Months of Life—Six or More Well-Child Visits</i>	47.60%	46.06%	61.94%^	50th–74th
<i>Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits</i>	63.58%	59.14%	68.11%^	50th–74th
<b>Maternal and Perinatal Health</b>				
<b>Contraceptive Care—All Women</b>				
<i>MMEC—15 to 20 Years</i>	24.39%	16.87%	18.12%	—
<i>LARC—15 to 20 Years</i>	5.49%	3.19%	3.61%	—
<b>Contraceptive Care—Postpartum Women</b>				
<i>MMEC—15 to 20 Years—3 Days</i>	—	0.00%	NA	—
<i>MMEC—15 to 20 Years—90 Days</i>	—	64.86%	NA	—
<i>LARC—15 to 20 Years—3 Days</i>	—	2.70%	NA	—
<i>LARC—15 to 20 Years—90 Days</i>	—	35.14%	NA	—
<b>Prenatal and Postpartum Care</b>				
<i>Timeliness of Prenatal Care—Under Age 21</i>	—	—	59.86%	—
<i>Postpartum Care—Under Age 21</i>	—	—	50.00%	—
<b>Care of Acute and Chronic Conditions</b>				
<b>Asthma Medication Ratio</b>				
<i>5 to 18 Years</i>	76.42%	61.64%	67.98%	—
<b>Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis<sup>H</sup></b>				
<i>3 Months to 17 Years</i>	—	82.81%	79.47%	50th–74th
<b>Behavioral Health Care</b>				
<b>Follow-Up After Emergency Department Visit for Mental Illness<sup>H</sup></b>				
<i>7-Day Follow-Up—6 to 17 Years</i>	—	58.54%	65.83%	75th–89th
<i>30-Day Follow-Up—6 to 17 Years</i>	—	71.95%	77.50%	75th–89th
<b>Follow-Up After Emergency Department Visit for Substance Use<sup>H</sup></b>				
<i>7-Day Follow-Up—13 to 17 Years</i>	—	26.83%	23.40%	50th–74th
<i>30-Day Follow-Up—13 to 17 Years</i>	—	31.71%	40.43%	75th–89th
<b>Follow-Up After Hospitalization for Mental Illness<sup>H</sup></b>				
<i>7-Day Follow-Up—6 to 17 Years</i>	41.15%	40.36%	56.40%^	75th–89th
<i>30-Day Follow-Up—6 to 17 Years</i>	58.85%	75.90%	71.56%	25th–49th
<b>Follow-Up Care for Children Prescribed ADHD Medication<sup>H</sup></b>				
<i>Initiation Phase</i>	32.05%	38.64%	43.55%	25th–49th
<i>Continuation and Maintenance Phase</i>	40.79%	53.33%	49.43%	25th–49th
<b>Metabolic Monitoring for Children and Adolescents on Antipsychotics<sup>H</sup></b>				
<i>Blood Glucose Testing—Total</i>	53.02%	51.57%	56.78%	50th–74th



Performance Measures	MY 2021 Rate	MY 2022 Rate	MY 2023 Rate	MY 2023 Percentile Ranking
<i>Cholesterol Testing—Total</i>	28.86%	28.30%	30.51%	25th–49th
<i>Blood Glucose and Cholesterol Testing—Total</i>	28.86%	27.67%	31.15%	25th–49th
<b><i>Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics<sup>H</sup></i></b>				
<i>Total</i>	71.01%	66.67%	71.43%	75th–89th
<b>Use of Services</b>				
<b><i>Ambulatory Care: ED Visits</i></b>				
<i>0 to 19 Years</i>	17.5	22.1	26.2	—

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

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

— indicates that a percentile ranking was not determined because the rate was not reportable or there was a break in trending. This symbol may also indicate 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.