



CHP+

Child Health Plan *Plus*

HEDIS[®] Measurement Year 2024 Aggregate Report *for Child Health Plan Plus*

January 2026

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



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1. Executive Summary

The Child Health Plan *Plus* (CHP+) program is administered by the Colorado Department of Health Care Policy and Financing (HCPF). Colorado's four CHP+ managed care organizations (MCOs) in fiscal year (FY) 2024–2025 included Colorado Access (COA), Denver Health Medical Plan (DHMP), Kaiser Permanente Colorado (Kaiser), and Rocky Mountain Health Plans (RMHP). DentaQuest is the Colorado dental prepaid ambulatory health plan (PAHP) and provides dental benefits to pregnant woman and children enrolled in the CHP+ program.

In FY 2024–2025, each CHP+ health plan underwent a National Committee for Quality Assurance (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS®)¹ Compliance Audit™² through a licensed HEDIS audit organization in order to verify the processes used to report valid HEDIS rates. All CHP+ health plans submitted final measure rates and audit results to Health Services Advisory Group, Inc. (HSAG), HCPF's external quality review organization (EQRO). HSAG examined the measures among the following domains of care: Primary Care Access and Preventive Care, Maternal and Perinatal Health, Care of Acute and Chronic Conditions, Behavioral Health Care, and Dental and Oral Health Services. Please see Appendix C for additional information on NCQA's Information Systems (IS) standards³ 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) 2024 performance measure indicators that were comparable to NCQA's Quality Compass®⁴ national Medicaid health maintenance organization (HMO) percentiles for HEDIS MY 2023 (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.

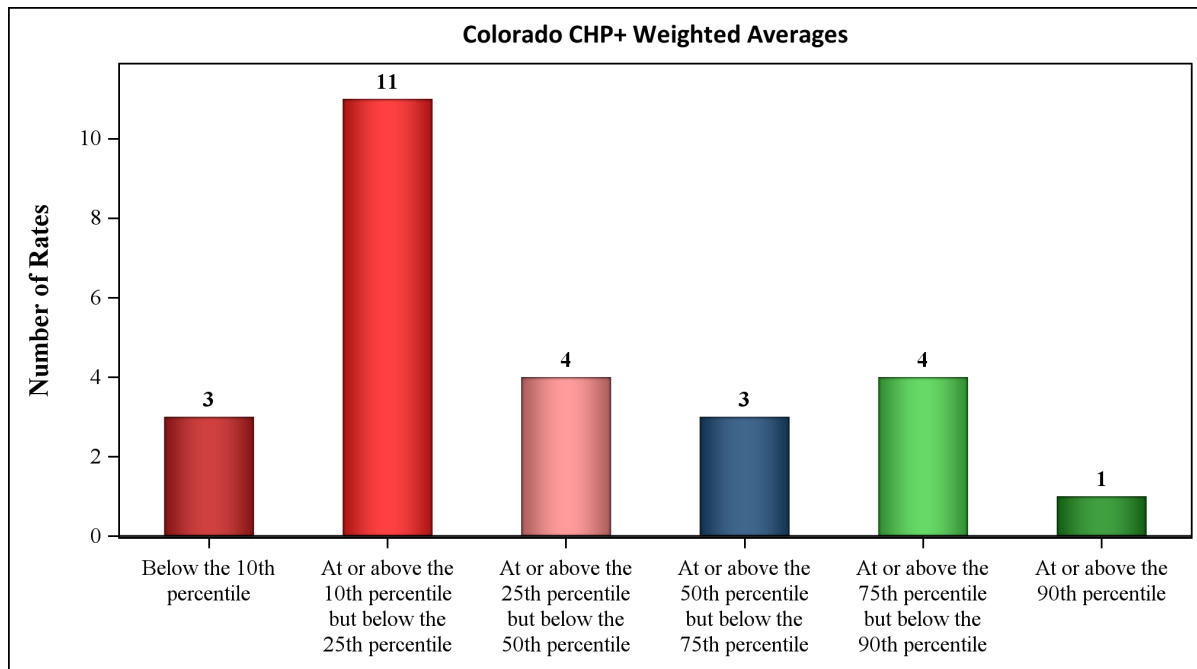
¹ HEDIS® is a registered trademark of the NCQA.

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

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

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

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



The Colorado CHP+ weighted averages indicated improved performance statewide compared to national standards, as 18 of 26 (69.23 percent) measure rates fell below the 50th percentile.

Limitations and Considerations

- Since all MY 2024 measures were reported using the administrative methodology according to HCPF’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.
- CMS Core Set provisional measures for MY 2024 were excluded from some CHP+ health plans’ reporting; therefore, those measures will not be reflected in the report.

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 2024–2025, Colorado’s CHP+ enrollment was 155,897 children and pregnant women. The CHP+ services are coordinated through four MCOs and DentaQuest, a CHP+ 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, HCPF required its health plans to report results following NCQA’s HEDIS protocols. HCPF 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 2024, HCPF 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 2024 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 2024 Measures

Within this report, HSAG presents the CHP+ health plans and statewide performance on CMS Core Set measures selected by HCPF for MY 2024, which use the Federal Fiscal Year (FFY) 2025 CMS Core Set of Adult and Children's Health Care Quality Measures. The measures selected by HCPF were grouped into the following domains of care: Primary Care Access and Preventive Care, Maternal and Perinatal Health, Care of Acute and Chronic Conditions, Behavioral Health Care, and 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 HCPF 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 2024 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 2024 Selected Measures

Performance Measures
Primary Care Access and Preventive Care
<i>Child and Adolescent Well-Care Visits (WCV-CH)</i>
<i>Childhood Immunization Status—Combinations 3, 7, and 10 (CIS-CH)</i>
<i>Chlamydia Screening in Women—16–20 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>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—Six or More Well-Child Visits and Well-Child Visits for Age 15 Months–30 Months—Two or More Well-Child Visits (W30-CH)</i>
Maternal and Perinatal Health
<i>Contraceptive Care—All Women—Most or Moderately Effective Contraception—15–20 Years and Long-Acting Reversible Contraception—15–20 Years (CCW-CH)</i>

Performance Measures
<i>Contraceptive Care—Postpartum Women—Most or Moderately Effective Contraception—3 Days and 90 Days—15–20 Years and Long-Acting Reversible Contraception—3 Days and 90 Days—15–20 Years (CCP-CH)</i>
<i>Prenatal and Postpartum Care—Timeliness of Prenatal Care—Under 21 Years and Postpartum Care—Under Age 21 (PPC-CH)</i>
Care of Acute and Chronic Conditions
<i>Asthma Medication Ratio—5–18 Years (AMR-CH)</i>
<i>Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis—3 Months—17 Years (AAB-CH)</i>
Behavioral Health Care
<i>Follow-Up After Emergency Department Visit for Mental Illness—7-Day Follow-Up—6–17 Years and 30-Day Follow-Up—6–17 Years (FUM-CH)</i>
<i>Follow-Up After Emergency Department Visit for Substance Use—7-Day Follow-Up—13–17 Years and 30-Day Follow-Up—13–17 Years (FUA-CH)</i>
<i>Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up—6–17 Years and 30-Day Follow-Up—6–17 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-E)</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-E)</i>
<i>Screening for Depression and Follow-Up Plan (CDF-CH)</i>
<i>Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics—Total (APP-CH)</i>
Dental and Oral Health Services
<i>Oral Evaluation, Dental Services (OEV-CH)</i>
<i>Sealant Receipt on Permanent First Molars (SFM-CH)</i>
<i>Topical Fluoride for Children (TFL-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 HCPF'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 2025 Child Resource Manual and Technical Specifications*.⁵

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 HCPF to have their MY 2024 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 2024 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.

⁵ Centers for Medicare & Medicaid Services. *FFY 2025 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, 2025.

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 2024 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 2024 rates: NCQA's Quality Compass national Medicaid HMO percentiles for HEDIS MY 2023.

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.

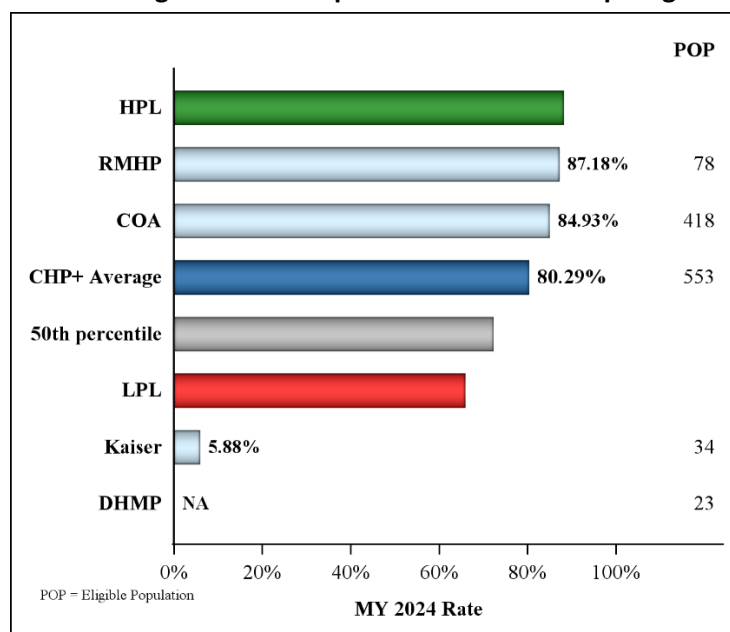
Figure Interpretation

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 2023 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

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 2024 Colorado CHP+ weighted averages and health plan-specific rates to the corresponding MY 2023 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.

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 2023 to MY 2024. 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.

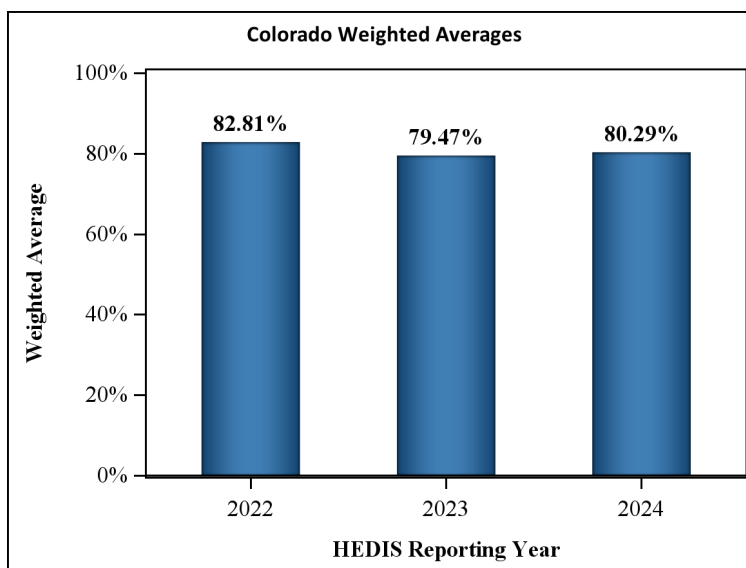
Similarly, caution should be exercised when comparing rates calculated administratively to national benchmarks that were calculated using the hybrid methodology.

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 2024 are presented in tabular format. MY 2024 rates shaded green with one caret (^) indicate a significant improvement in performance from the previous year. MY 2024 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 2022, MY 2023, and MY 2024 Colorado CHP+ weighted averages, with significance testing performed between the MY 2023 and MY 2024 weighted averages. Within these figures, MY 2024 rates with one caret (^) indicate a significant improvement in performance from MY 2023. MY 2024 rates with two carets (^) indicate a significant decline in performance from MY 2023. 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 2024 and CMS Core Set FFY 2025

The following is a list of measures with technical specification changes that CMS announced for FFY 2025.^{6,7} These changes may have an effect on the MY 2024 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 2025, and data collection time frame to 2024.
- Updated specifications, value set codes, copyright, and table source information to *HEDIS Measurement Year (MY) 2024 Volume 2* for all HEDIS measures.
- Updated specifications, value set codes, and copyright information to correspond to calendar year 2024 for non-HEDIS measures.
- Added Electronic Clinical Data Systems (ECDS) technical specifications and guidelines to Chapter IV.
- For HEDIS measures, updated all exclusions to be required exclusions. Clarified that supplemental and medical record data can be used to identify all exclusions.
- For HEDIS measures, removed the Observation Value Set (and references to observation) from measures because codes in this value set were retired and replaced with codes that combine observation and hospital inpatient care.
- Added specifications for three new provisional measures (voluntary for 2025 reporting):
 - OEVP-CH: Oral Evaluation During Pregnancy: Ages 15 to 20
 - PDS-CH: Postpartum Depression Screening and Follow-Up: Under Age 21
 - PRS-CH: Prenatal Immunization Status: Under Age 21
- Retired one measure:
 - Measure AMB-CH: Ambulatory Care: Emergency Department (ED) Visits
- Removed one appendix:
 - Appendix A: Child Core Set HEDIS Value Set Directory User Manual
 - Renumbered appendices to correspond with the order cited in the Technical Specifications and Resource Manual.

⁶ Centers for Medicare & Medicaid Services. *Summary of Updates to the Adult Core Set Measures FFY 2025 Technical Specifications and Resource Manual*. January 2025.

⁷ Centers for Medicare & Medicaid Services. *Summary of Updates to the Child Core Set Measures FFY 2025 Technical Specifications and Resource Manual*. January 2025.

Asthma Medication Ratio: Ages 5 to 18

- Clarified that laboratory claims (claims with POS code 81) should not be included when identifying beneficiaries with persistent asthma (Step 2) and when identifying beneficiaries who had a diagnosis that requires a different treatment approach than beneficiaries with asthma (required exclusion).
- Removed Telehealth Modifier Value Set and Telehealth POS Value Set references.
- Updated required exclusions to refer to ‘beneficiaries who had a diagnosis that requires a different treatment approach than beneficiaries with asthma’ rather than ‘beneficiaries who had any diagnosis from any of the following value sets.’ This change reflects consolidated value sets rather than a change to the exclusion criteria.
- Added three asthma controller medications (Long-acting beta2-adrenergic agonist [LABA], Long-acting beta2-adrenergic agonist [LABA], Long-acting muscarinic antagonists [LAMA]).

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

- Clarified that laboratory claims (claims with POS code 81) should not be included when testing for negative comorbid condition history (Step 3) and testing for negative competing diagnosis (Step 5).

Child and Adolescent Well-Care Visits

- Updated numerator criteria to include well-care visits and encounters for well-care. Clarified that that laboratory claims (claims with POS code 81) should not be included when identifying encounters for well-care.

Childhood Immunization Status

- Clarified that the measure is also now specified for the Electronic Clinical Data Systems (ECDS) methodology in addition to the Administrative and Hybrid methodologies. The ECDS specifications are included in Chapter IV. Administrative and Hybrid specifications are included in Chapter III.
- Clarified that laboratory claims (claims with POS code 81) should not be included when identifying beneficiaries with contraindications to a childhood vaccines (required exclusion) and when identifying history of illness for measles, mumps, rubella, hepatitis B, varicella zoster (chicken pox), and hepatitis A.

Chlamydia Screening in Women Ages 16 to 20

- Clarified that laboratory claims (claims with POS code 81) should not be included when identifying diagnoses of sexual activity.

Developmental Screening in the First Three Years of Life

- Clarified Guidance for Reporting about using modified 96110 claims:
 - If states have policies that clarify if modifiers are used with 96110 for other types of screening (e.g., Autism), then they should exclude claims with a modifier indicating that only a domain-specific screening occurred. Otherwise, all 96110 claims may be used.

Follow-Up After Emergency Department Visit for Mental Illness: Ages 6 to 17

- Replaced Partial Hospitalization POS Value Set, Community Mental Health Center POS Value Set, and Ambulatory Surgical Center POS Value Set with direct reference codes.

Follow-Up After Hospitalization for Mental Illness: Ages 6 to 17

- Replaced Partial Hospitalization POS Value Set, Community Mental Health Center POS Value Set, and Ambulatory Surgical Center POS Value Set with direct reference codes.

Follow-Up After Emergency Department Visit for Substance Use: Ages 13 to 17

- Replaced Partial Hospitalization POS Value Set and Community Health Center POS Value Set with direct reference codes.
- Added the Substance Abuse Counseling and Surveillance Value Set to identify substance use disorder service criteria.

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

- Updated specification from Administrative methodology to Electronic Clinical Data Systems (ECDS) methodology. Note that the ECDS data collection method includes use of administrative data, such as claims and encounters.
- Added a laboratory claim exclusion (POS 81).

Immunizations for Adolescents

- Clarified that the measure is also now specified for the Electronic Clinical Data Systems (ECDS) methodology, in addition to the Administrative and Hybrid methodologies. The ECDS specifications are included in Chapter IV. Administrative and Hybrid specifications are included in Chapter III.

Lead Screening in Children

- Clarified that “Unknown” is not considered a result/finding for medical record reporting.

Metabolic Monitoring for Children and Adolescents on Antipsychotics

- Updated specification from Administrative methodology to Electronic Clinical Data Systems (ECDS) methodology. Note that the ECDS data collection method includes use of administrative data, such as claims and encounters.
- Added a laboratory claim exclusion (POS 81).

Oral Evaluation, Dental Services

- Updated the age stratifications from 9 age stratifications and a total rate to 4 age stratifications and a total rate.
- Clarified that for 2025 Child Core Set reporting, the Total (< Age 21) stratification is required.

Prenatal and Postpartum Care: Under Age 21

- Updated the event/diagnosis criteria to clarify which delivery is counted when there are multiple deliveries.
- Revised the numerator to clarify settings where CPT Category II code modifiers should not be used.
- Added ‘encounter for postpartum care’ to the criteria for meeting the postpartum care visit numerator. Clarified that that laboratory claims (claims with POS code 81) should not be included when identifying encounters for postpartum care.

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

- Removed the exclusion for beneficiaries with a depression diagnosis. Beneficiaries with a previous diagnosis of depression are now counted in the measure.

Sealant Receipt on Permanent First Molars

- Updated the exclusions for beneficiaries that have any prosthodontic code to include an additional CDT code.

Topical Fluoride for Children

- Updated age stratifications to from 8 age stratifications and a total rate to 4 age stratifications and a total rate for each of the three rates: (1) Dental or oral health services; (2) Dental services; and (3) Oral health services.
- Clarified that for 2025 Child Core Set reporting, the Total (Ages 1 through 20) stratifications for each of the three rates are required.

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

- Clarified that that laboratory claims (claims with POS code 81) should not be included when identifying beneficiaries with a diagnosis of pregnancy (required exclusion) and when identifying BMI percentile documentation, counseling for nutrition, and counseling for physical activity (numerators).
- Updated numerator criteria for counseling for nutrition and counseling for physical activity.

Well-Child Visits in the First 30 Months of Life

- Updated numerator criteria to include well-care visits and encounters for well-care. Clarified that that laboratory claims (claims with POS code 81) should not be included when identifying encounters for well-care.

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.
HCPF	The Colorado Department of Health Care Policy and Financing.
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, HCPF defined the HPL as the most recent 90th percentile.)
HPV	Human papillomavirus.
HSAG	Health Services Advisory Group, Inc., HCPF'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).
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. ⁸
LPL	Low performance level. (For most performance measures, HCPF defined the LPL as the most recent 25th national Medicaid percentile.)

⁸ National Committee for Quality Assurance. HEDIS Compliance Audit Standards, Policies and Procedures, Volume 5. Washington D.C.

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

Term	Description
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.
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

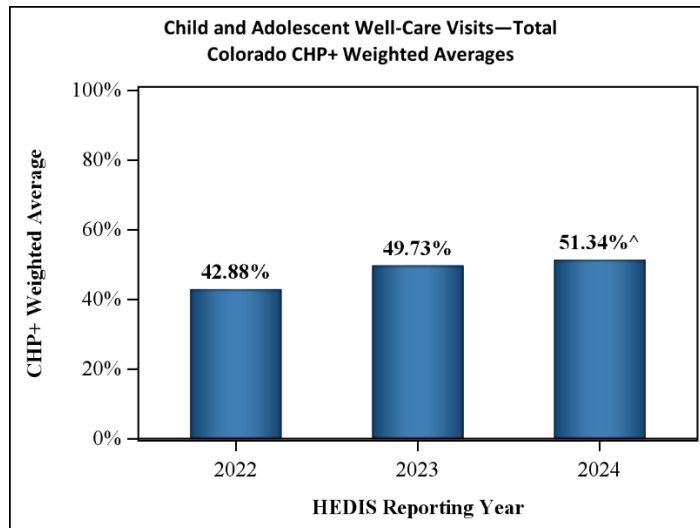
The following section provides a detailed analysis of the four Colorado CHP+ MCOs' performance within the Primary Care Access and Preventive Care domain. The Primary Care Access and Preventive Care domain encompasses the following measures/indicators:

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

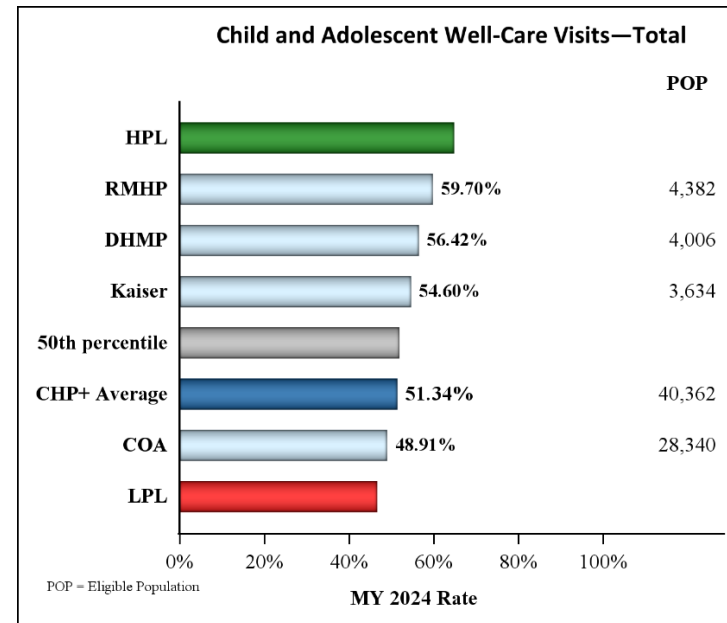
Child and Adolescent Well-Care Visits—Total

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 2023 to MY 2024.

The Colorado CHP+ weighted average significantly improved from MY 2023 to MY 2024.



The Colorado CHP+ weighted average and COA's rate fell below the 50th percentile but above the LPL. Three MCOs' rates were above the 50th percentile. 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.

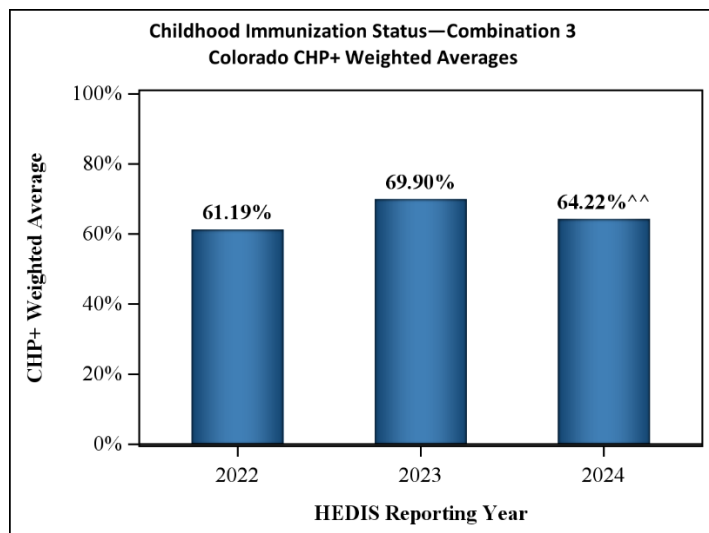
Table 3-1—Combination Vaccinations for Childhood Immunization Status

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 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)

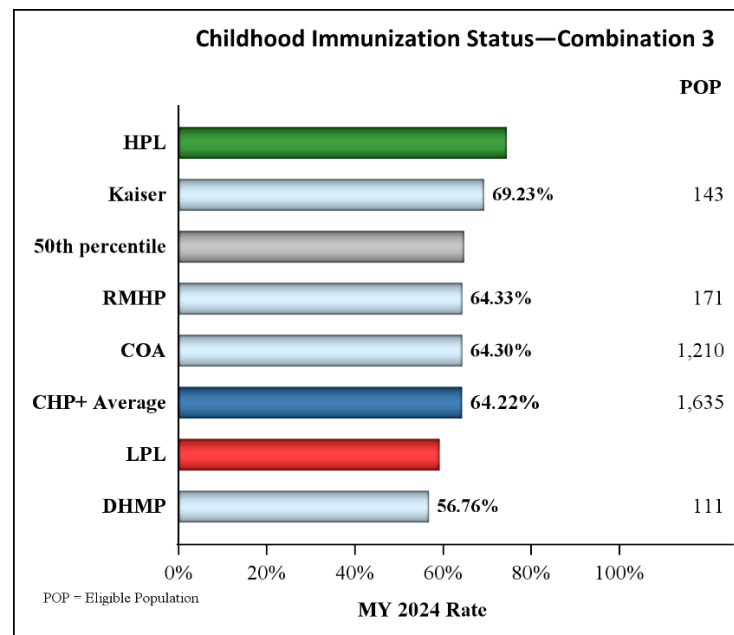
Childhood Immunization Status—Combination 3

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.



Two carets (^^) indicate a statistically significant decline in performance from MY 2023 to MY 2024.

The Colorado CHP+ weighted average significantly declined from MY 2023 to MY 2024.

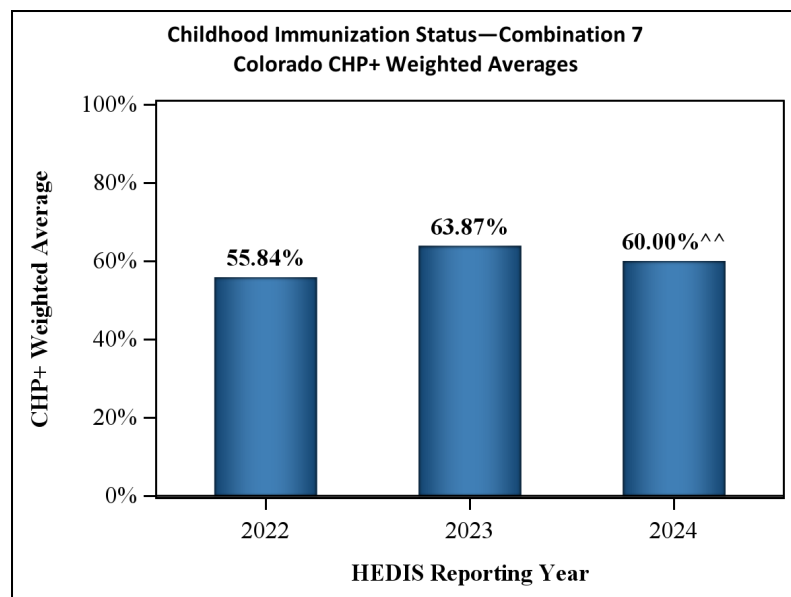


Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

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

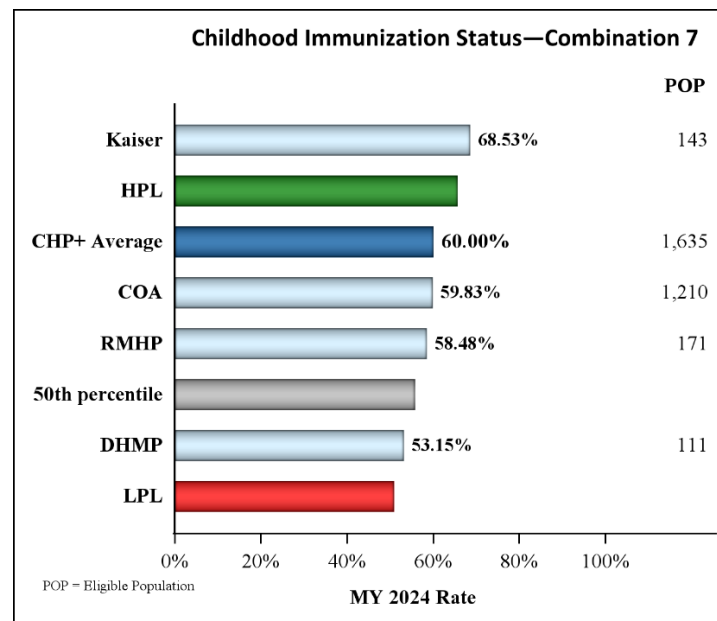
Childhood Immunization Status—Combination 7

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.



Two carets (^) indicate a statistically significant decline in performance from MY 2023 to MY 2024.

The Colorado CHP+ weighted average significantly declined from MY 2023 to MY 2024.

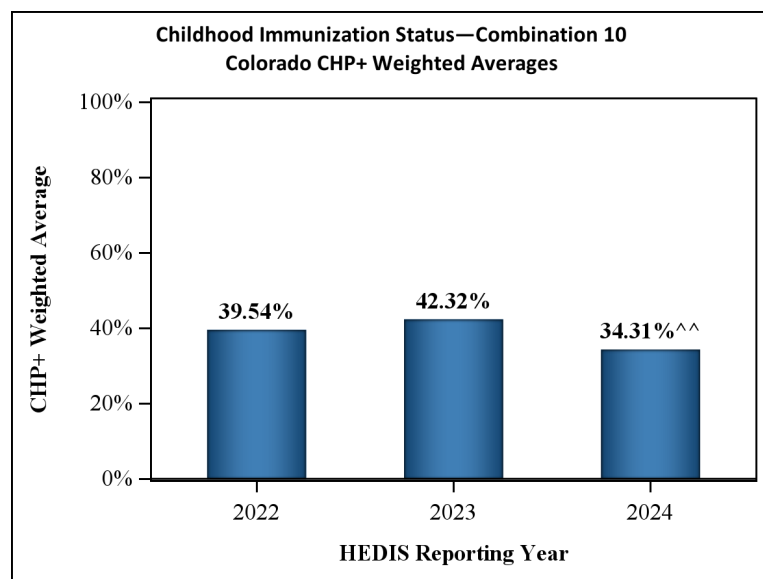


Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

Kaiser's rate exceeded the HPL. The Colorado CHP+ weighted average and COA's and RMHP's rates were above the 50th percentile but below the HPL. DHMP's rate was above the LPL but below 50th percentile. MCO performance varied by approximately 15 percentage points.

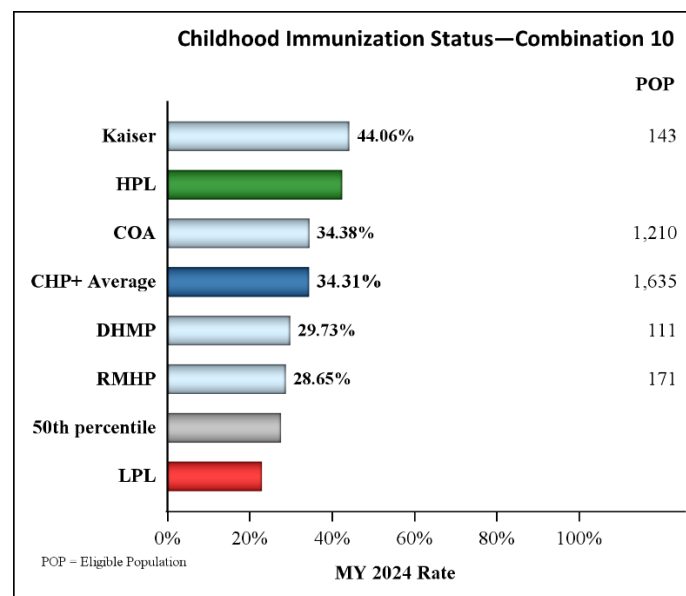
Childhood Immunization Status—Combination 10

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



Two carets (^^) indicate a statistically significant decline in performance from MY 2023 to MY 2024.

The Colorado CHP+ weighted average significantly declined from MY 2023 to MY 2024.

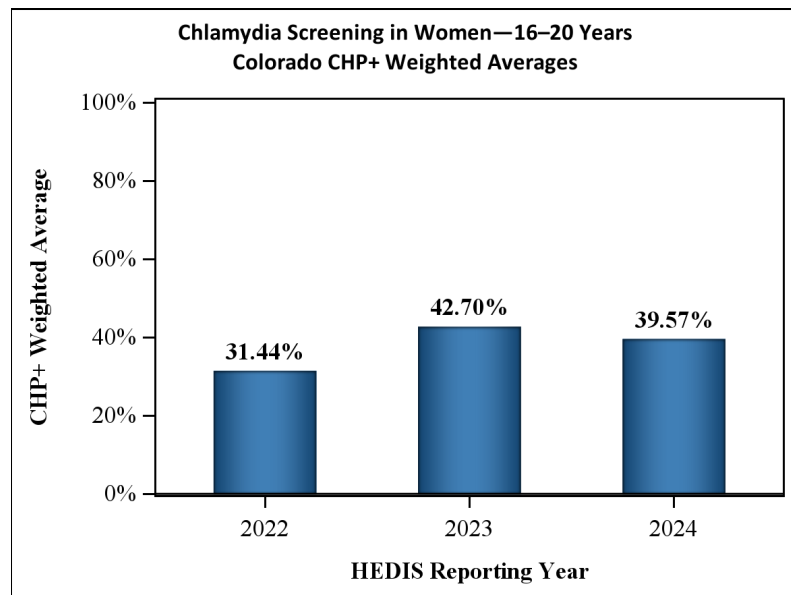


Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

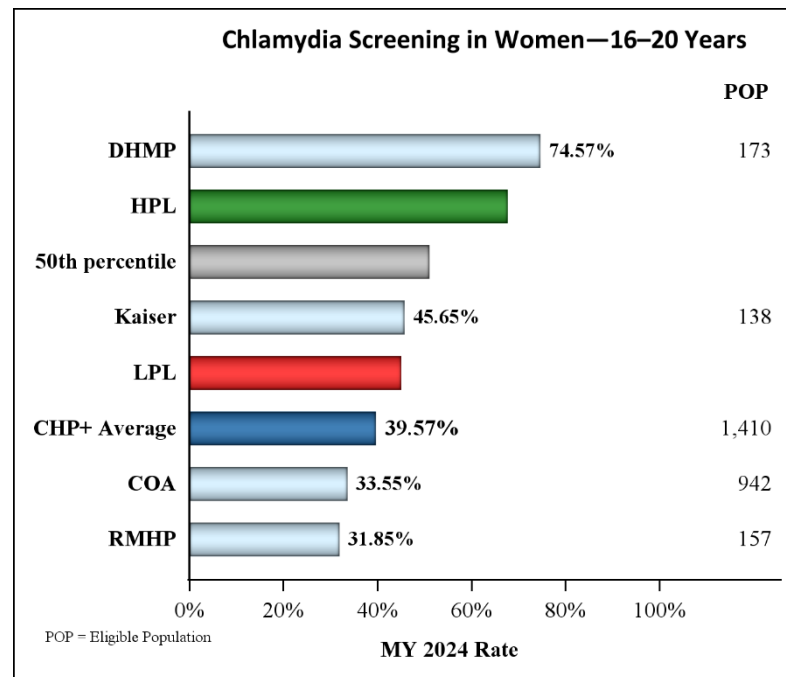
Kaiser's rate exceeded the HPL. The Colorado CHP+ weighted average and COA's, DHMP's, and RMHP's rates were above the 50th percentile but below the HPL. There are no rates below the LPL. MCO performance varied by approximately 15 percentage points.

Chlamydia Screening in Women—16–20 Years

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



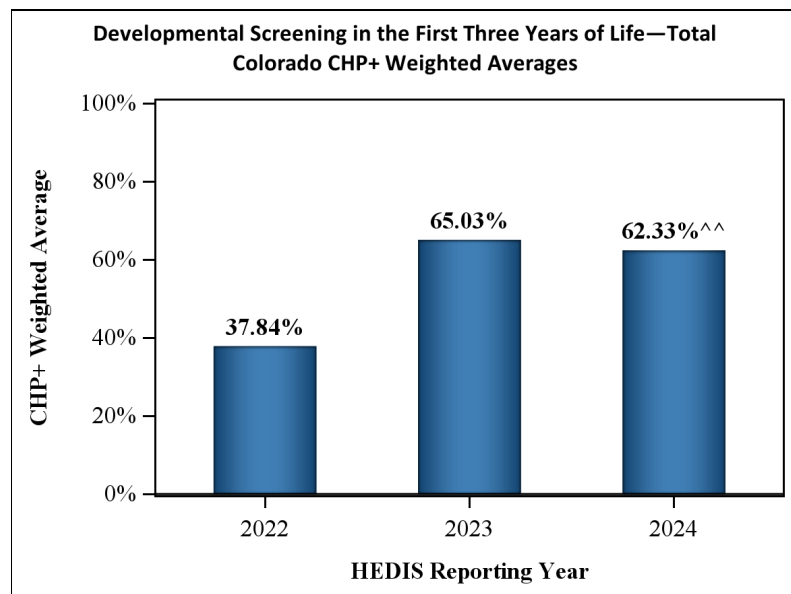
The Colorado CHP+ weighted average did not demonstrate a significant change from MY 2023 to MY 2024.



DHMP's rate exceeded the HPL. The Colorado CHP+ weighted average and COA's and RMHP's rates fell below the LPL. Kaiser's rate fell below the 50th percentile but above the LPL. MCO performance varied by approximately 42 percentage points.

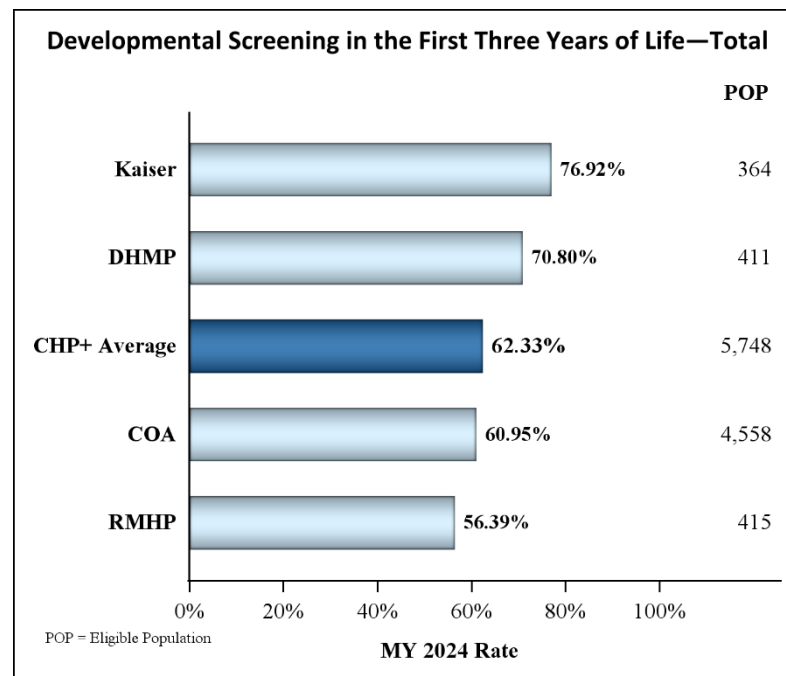
Developmental Screening in the First Three Years of Life—Total

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



Two carets (^) indicate a statistically significant decline in performance from MY 2023 to MY 2024.

The Colorado CHP+ weighted average significantly declined from MY 2023 to MY 2024.

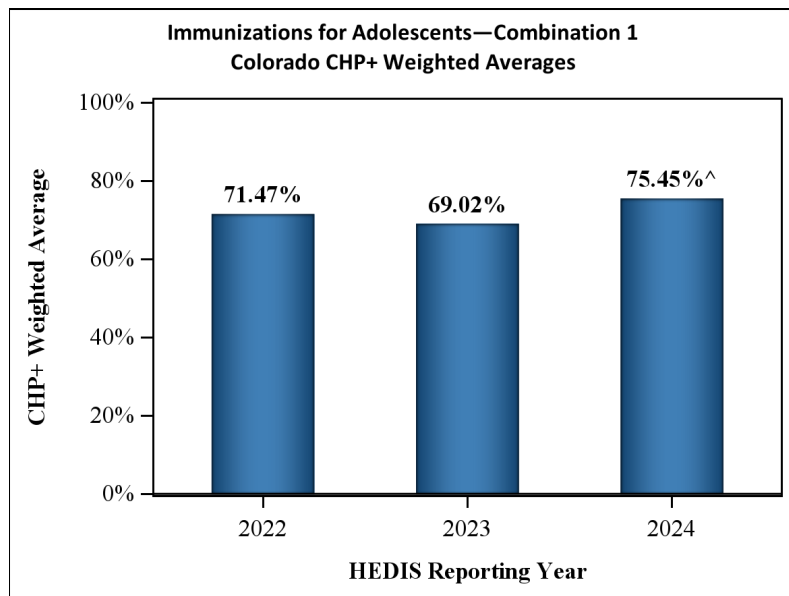


Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

MCO performance varied by approximately 20 percentage points and a benchmark is not available for this measure indicator.

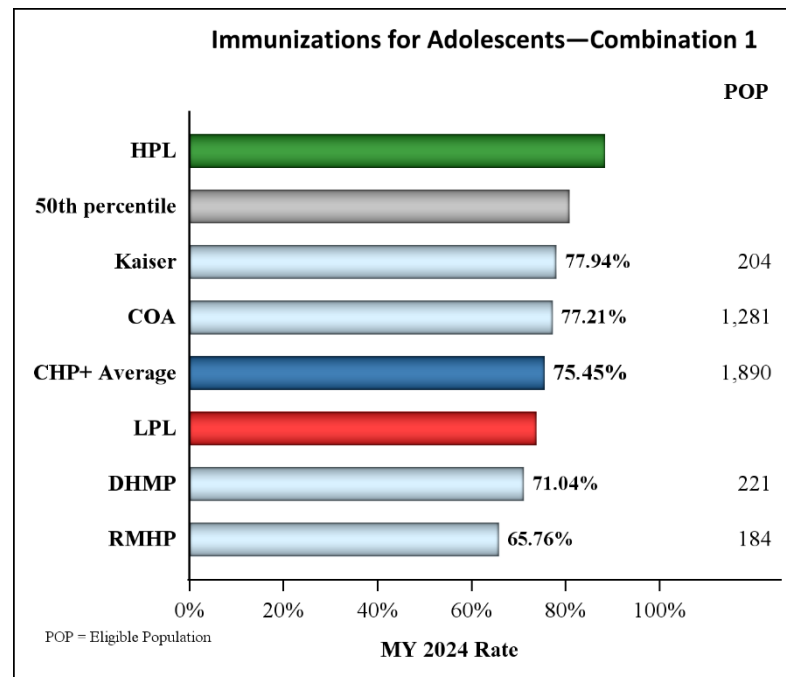
Immunizations for Adolescents—Combination 1

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



One caret (^) indicates a statistically significant improvement in performance from MY 2023 to MY 2024

The Colorado CHP+ weighted average significantly improved from MY 2023 to MY 2024

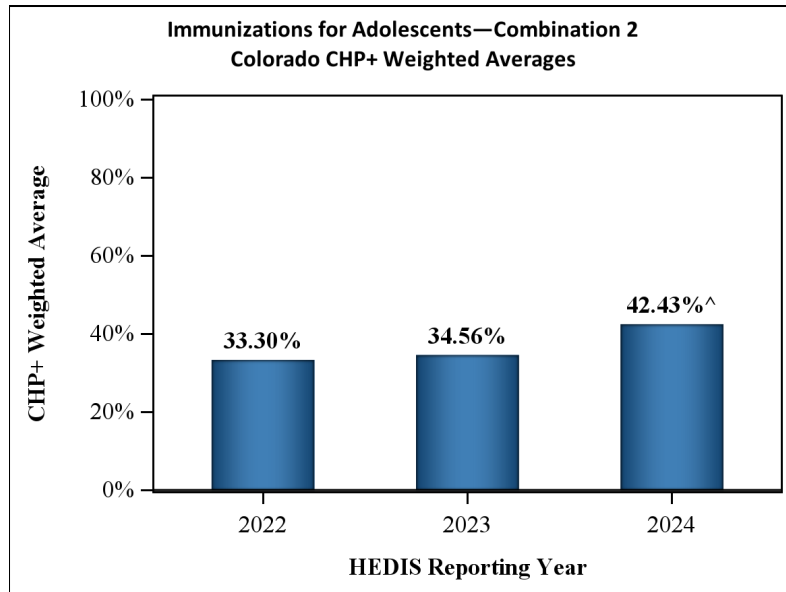


Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

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

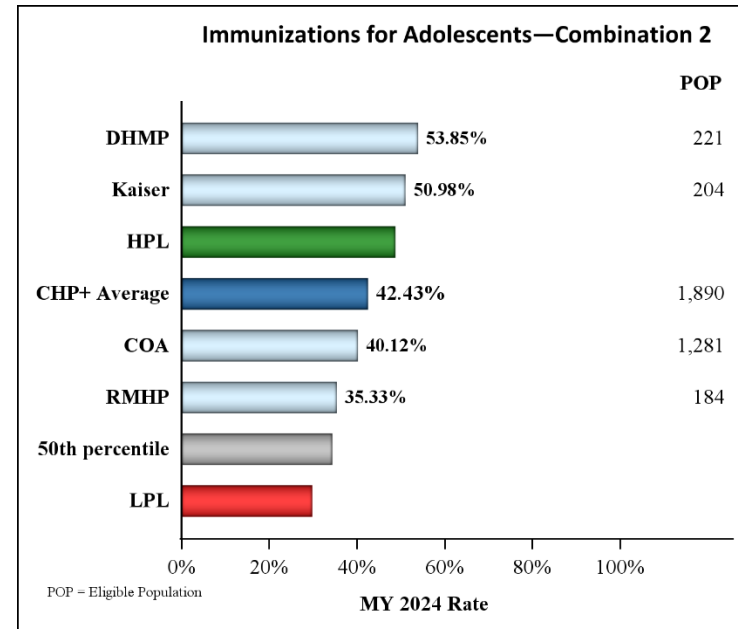
Immunizations for Adolescents—Combination 2

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.



One caret (^) indicates a statistically significant improvement in performance from MY 2023 to MY 2024.

The Colorado CHP+ weighted average significantly improved from MY 2023 to MY 2024.

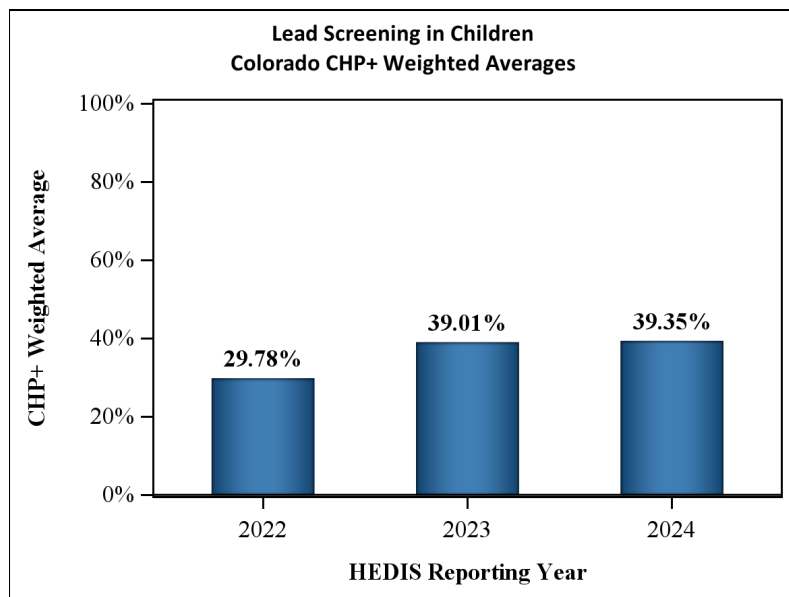


Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

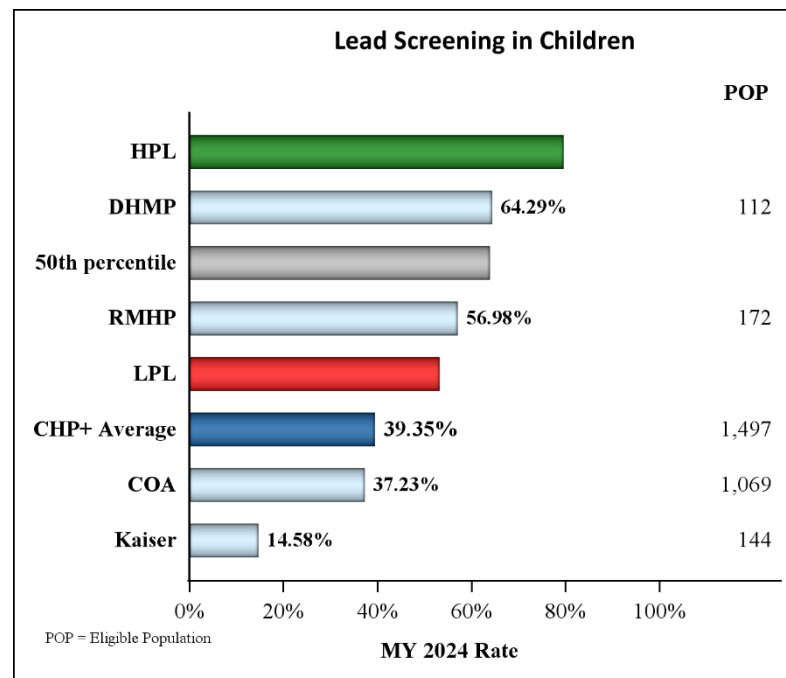
DHMP's and Kaiser's rates exceeded the HPL. The Colorado CHP+ weighted average and COA's and RMHP's rates were above the 50th percentile but fell below the HPL. MCO performance varied by approximately 19 percentage points.

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.



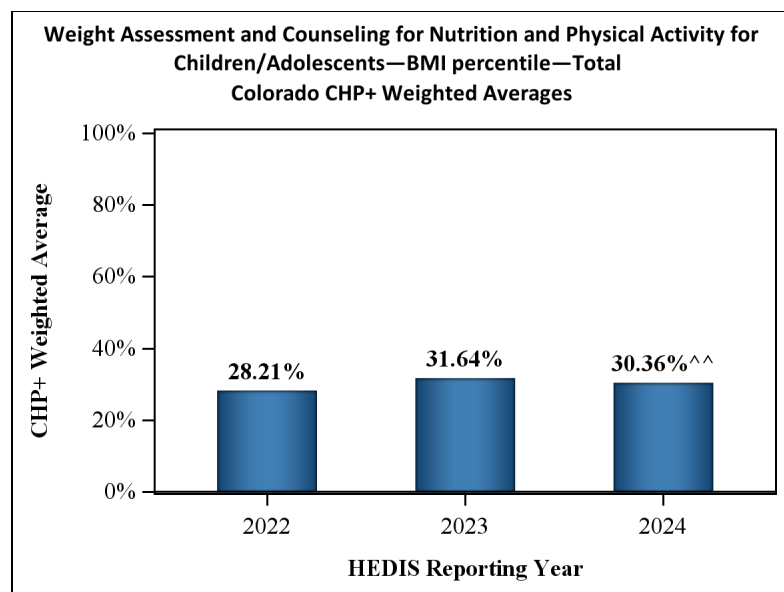
The Colorado CHP+ weighted average did not demonstrate a significant change from MY 2023 to MY 2024.



DHMP's rate fell below the HPL but above the 50th percentile. RMHP fell below the 50th percentile but above the LPL. The Colorado CHP+ weighted average and two MCOs' rates fell below the LPL. MCO performance varied by approximately 50 percentage points.

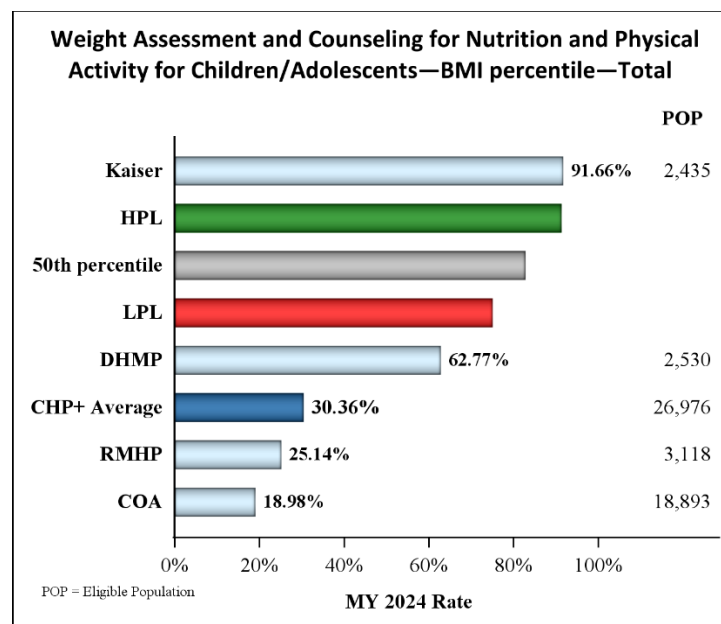
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile—Total

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.



Two carets (^) indicate a statistically significant decline in performance from MY 2023 to MY 2024.

The Colorado CHP+ weighted average significantly declined from MY 2023 to MY 2024.

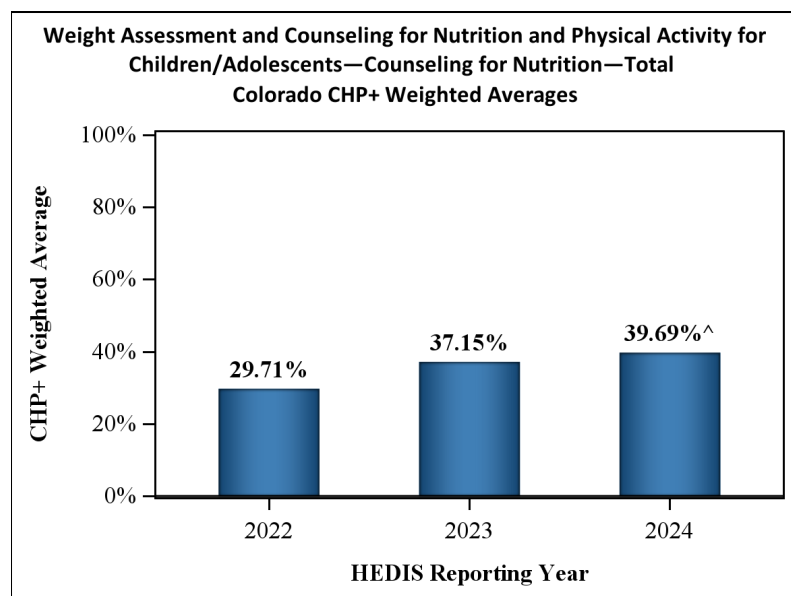


Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

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

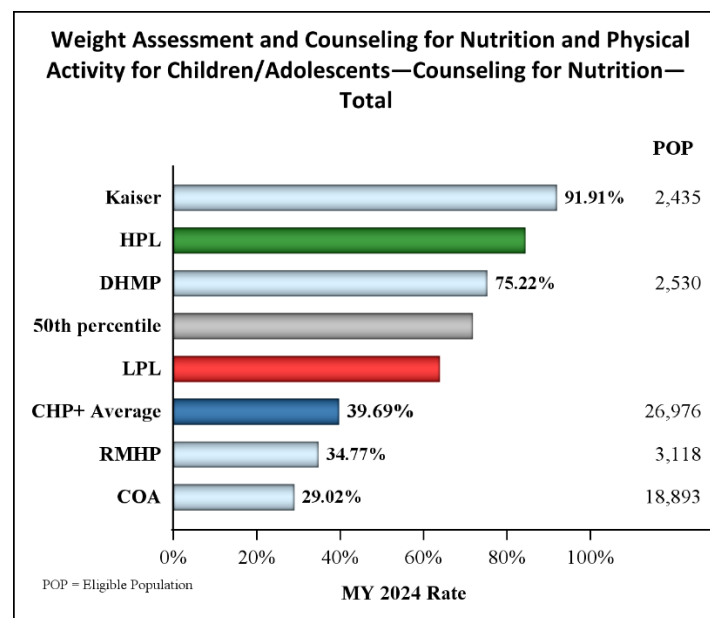
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents— Counseling for Nutrition—Total

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



One caret (^) indicates a statistically significant improvement in performance from MY 2023 to MY 2024.

The Colorado CHP+ weighted average significantly improved from MY 2023 to MY 2024.

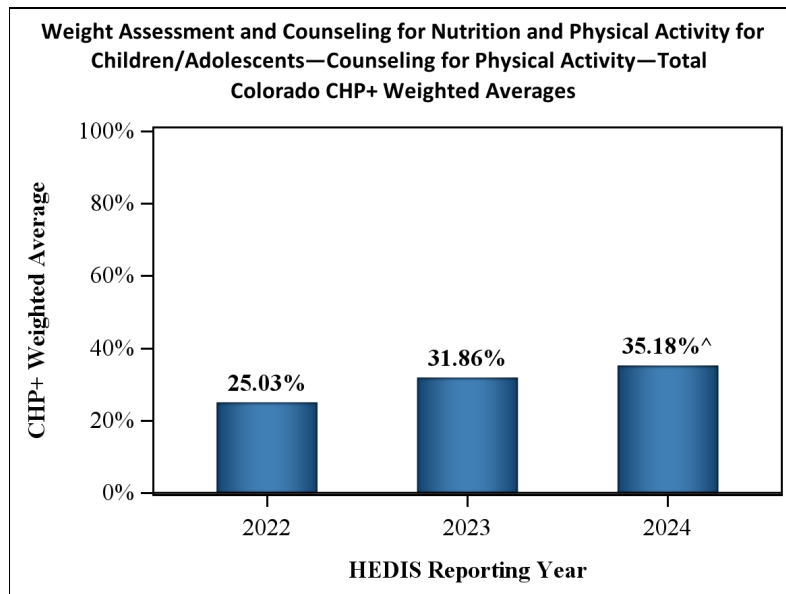


Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

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 63 percentage points.

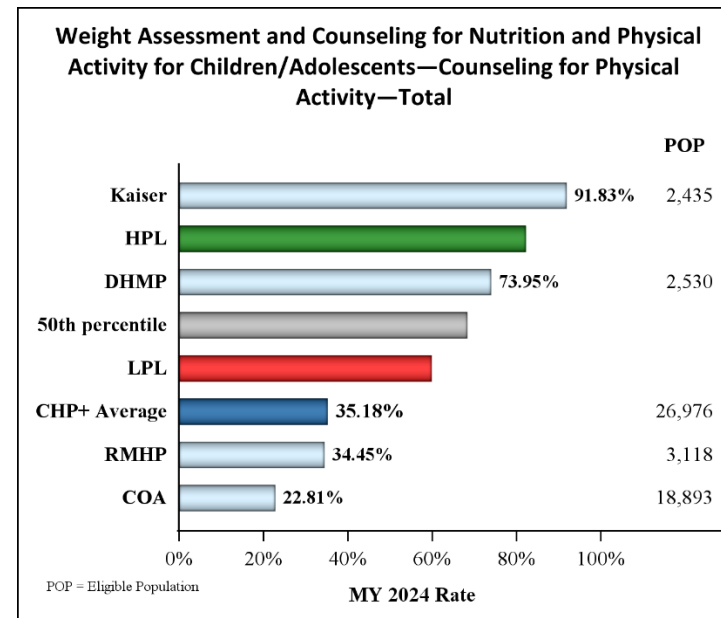
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents— Counseling for Physical Activity—Total

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 2023 to MY 2024.

The Colorado CHP+ weighted average significantly improved from MY 2023 to MY 2024.

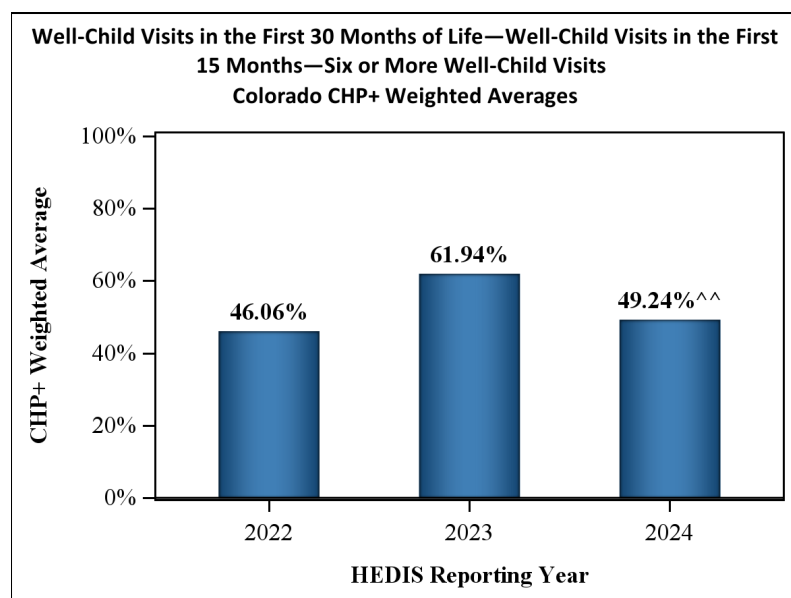


Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

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 69 percentage points.

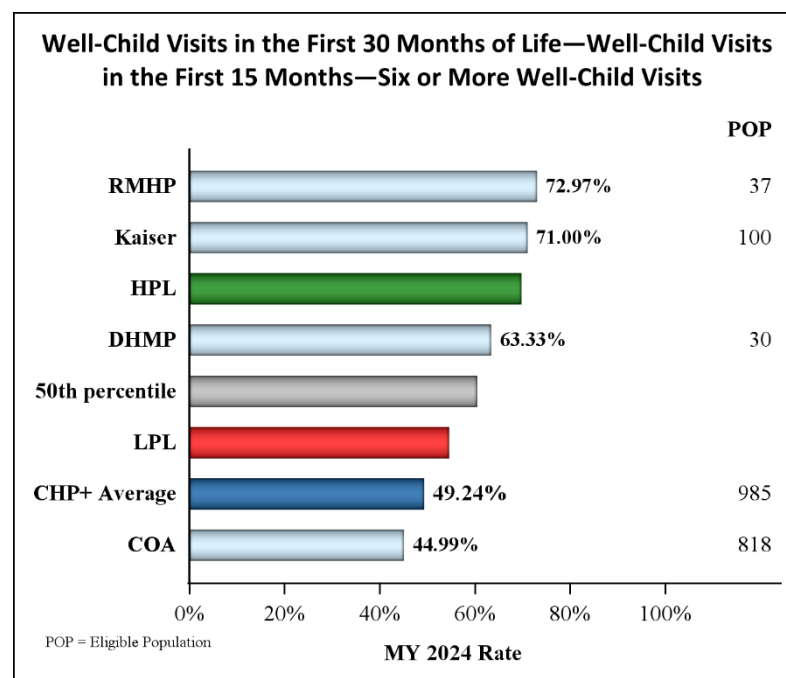
Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months—Six or More Well-Child Visits

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



Two carets (^) indicate a statistically significant decline in performance from MY 2023 to MY 2024.

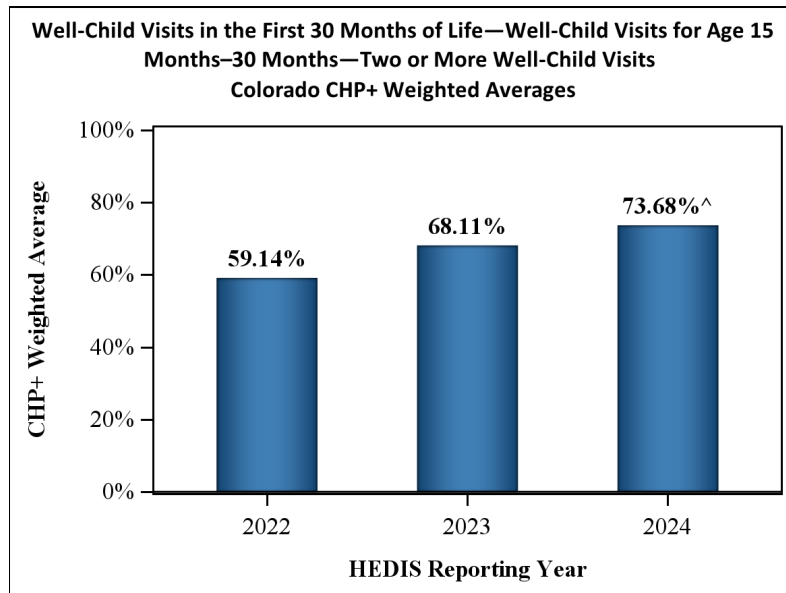
The Colorado CHP+ weighted average significantly declined from MY 2023 to MY 2024.



RMHP's and Kaiser's rates exceeded the HPL. DMHP's rate was above the 50th percentile but fell below the HPL. The CHP+ weighted average and COA's rate fell below the LPL. MCO performance varied by approximately 28 percentage points.

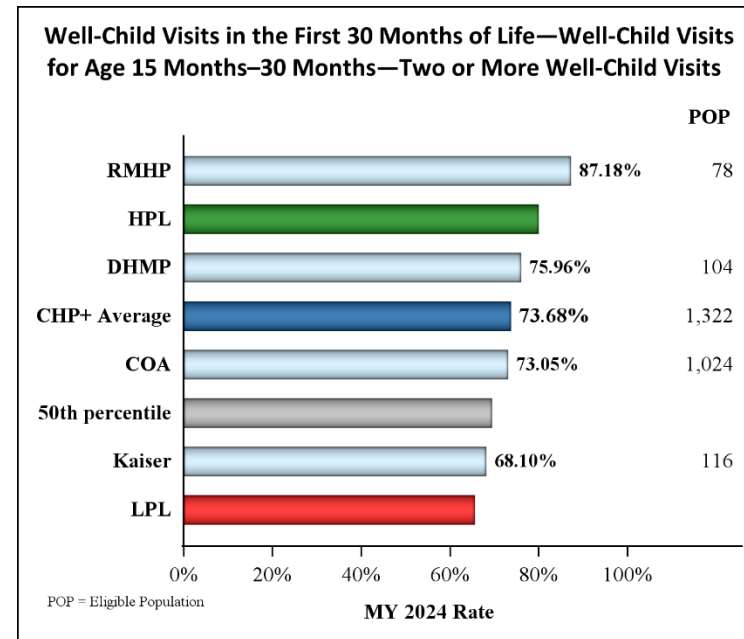
Well-Child Visits in the First 30 Months of Life—Well-Child Visits for Age 15 Months–30 Months—Two or More Well-Child Visits

Well-Child Visits in the First 30 Months of Life—Well-Child Visits for Age 15 Months–30 Months—Two or More Well-Child Visits measures the percentage of members who turned 30 months of age during the measurement year and who received two or more well-child visits on different dates of service with a PCP between the child turning 15 months of age plus one day and the child turning 30 months of age.



One caret (^) indicates a statistically significant improvement in performance from MY 2023 to MY 2024.

The Colorado CHP+ weighted average significantly improved from MY 2023 to MY 2024.



RMHP's rate exceeded the HPL. The CHP+ weighted average and DHMP's and COA's rates were above the 50th percentile. MCO performance varied by approximately 19 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
<i>Child and Adolescent Well-Care Visits^H</i>				
<i>Total</i>	★★★	★★★★★	★★	★★★
<i>Childhood Immunization Status^H</i>				
<i>Combination 3</i>	★	★★	★★	★★★★★
<i>Combination 7</i>	★★	★★★	★★★	★★★★★
<i>Combination 10</i>	★★★	★★★	★★★	★★★★★
<i>Chlamydia Screening in Women^H</i>				
<i>16–20 Years</i>	★★★★★	★	★	★★
<i>Developmental Screening in the First Three Years of Life</i>				
<i>Total</i>	—	—	—	—
<i>Immunizations for Adolescents^H</i>				
<i>Combination 1</i>	★	★	★★	★★
<i>Combination 2</i>	★★★★★	★★★	★★★	★★★★★
<i>Lead Screening in Children^H</i>				
<i>Lead Screening in Children</i>	★★★	★★	★	★
<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents^H</i>				
<i>BMI Percentile—Total</i>	★	★	★	★★★★★
<i>Counseling for Nutrition—Total</i>	★★★	★	★	★★★★★
<i>Counseling for Physical Activity—Total</i>	★★★	★	★	★★★★★
<i>Well-Child Visits in the First 30 Months of Life^H</i>				
<i>Well-Child Visits in the First 15 Months—Six or More Well-Child Visits</i>	★★★	★★★★★	★	★★★★★
<i>Well-Child Visits for Age 15 Months–30 Months—Two or More Well-Child Visits</i>	★★★★★	★★★★★	★★★	★★

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

—indicates that a percentile ranking was not determined because the rate was not reportable or there was a break in trending.
 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	2	1	6	1	3
RMHP	2	1	3	2	5
COA	0	0	4	3	6
Kaiser	7	1	1	3	1

Two of four MCOs reported HEDIS measure rates above the 25th percentile for the *Lead Screening in Children* measure, which represents an improvement from MY 2023 when all four MCOs reported rates below the 25th percentile for this measure. Additionally, two of the four MCOs reported rates above the 25th percentile for the *Chlamydia Screening in Women—16 to 20 Years* measure. These results represent an improvement from MY 2023 when three of the four plans were below the 25th percentile for this measure.

For MY 2024, only Kaiser reported rates at or above the 50th percentile for all three *Childhood Immunization Status* measure indicators, which represents a decline from MY 2023 when three of the four MCOs reported rates at or above the 50th percentile. Of note, Kaiser reported rates at or above the 75th percentile for all three measures.

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 is similar to reported results for MY 2023. Additionally, three of four (75 percent) MCOs reported measure rates above the 50th percentile for the *Well-Child Visits for Age 15 Months–30 Months—Two or More Well-Child Visits* measure as opposed to two MCOs in MY 2023.

For MY 2024, RMHP and COA reported more measures below the 25th percentile than Kaiser and DHMP for the Primary Care Access and Preventive Care domain. When compared to the prior year, Kaiser decreased the number of measures at or below the 25th percentile and increased the number of measures at or above the 90th percentile.

The MCOs and HCPF should prioritize collaborating to 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).

4. Maternal and Perinatal Health

Maternal and Perinatal Health

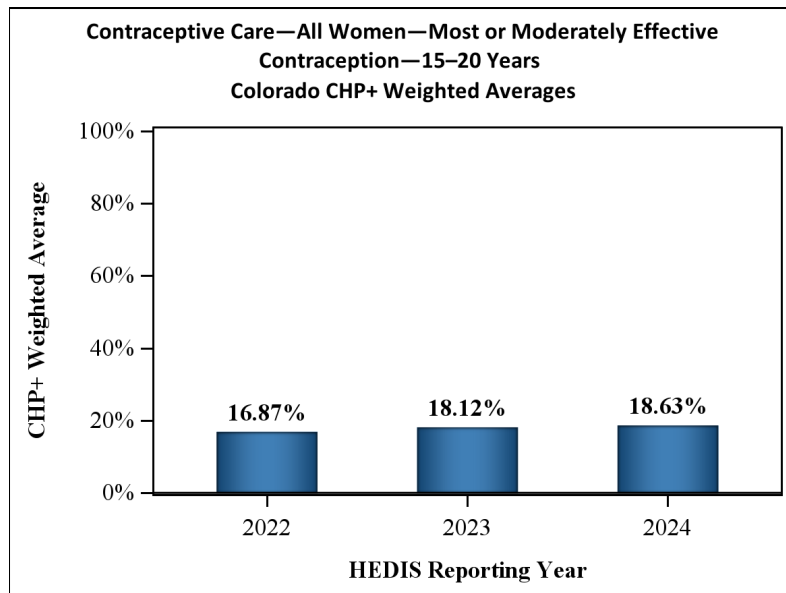
The following section provides a detailed analysis of the Colorado CHP+ MCOs' performance for the Maternal and Perinatal Health domain. The Maternal and Perinatal Health domain encompasses the following measures:

- *Contraceptive Care—All Women—Most or Moderately Effective Contraception—15–20 Years and Long-Acting Reversible Contraception—15–20 Years*
- *Contraceptive Care—Postpartum Women—Most or Moderately Effective Contraception—3 Days—15–20 Years and 90 Days—15–20 Years, and Long-Acting Reversible Contraception—3 Days—15–20 Years and 90 Days—15–20 Years*
- *Prenatal and Postpartum Care—Timeliness of Prenatal Care—Under 21 Years and Postpartum Care—Under 21 Years*

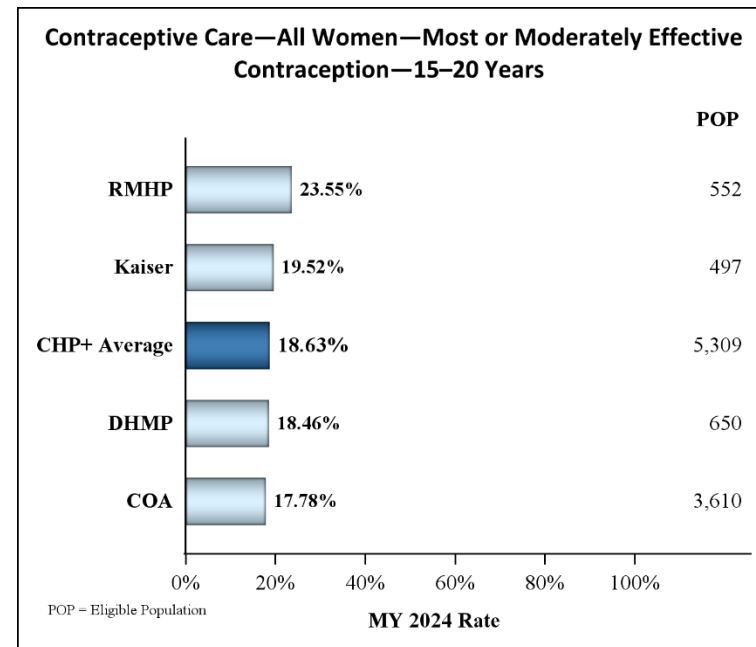
Please see the “Reader’s Guide” section for guidance on interpreting the figures presented within this section. For reference, additional analyses for each measure indicator are displayed in Appendix A and Appendix B.

Contraceptive Care—All Women—Most or Moderately Effective Contraception—15–20 Years

Contraceptive Care—All Women—Most or Moderately Effective Contraception—15–20 Years measures the percentage of women ages 15 to 20 years who were provided most or moderately effective contraception.



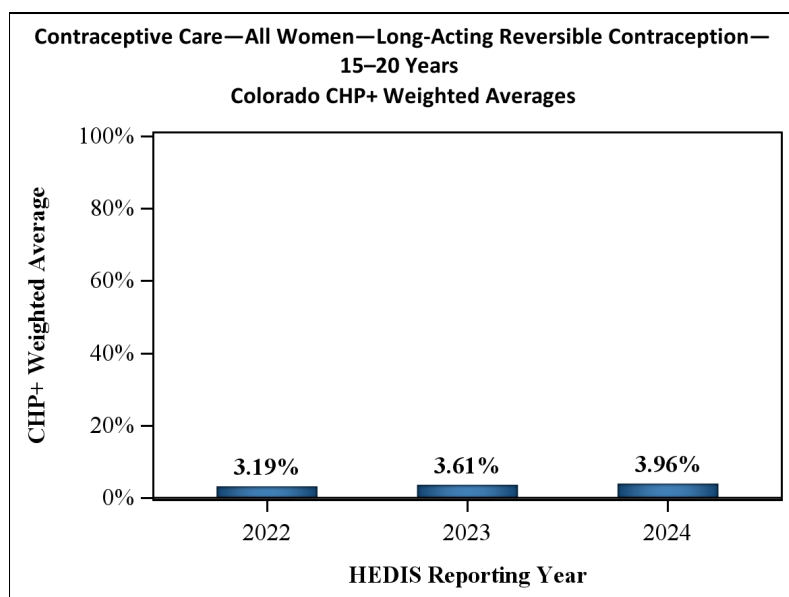
The Colorado CHP+ weighted average did not demonstrate a significant change from MY 2023 to MY 2024.



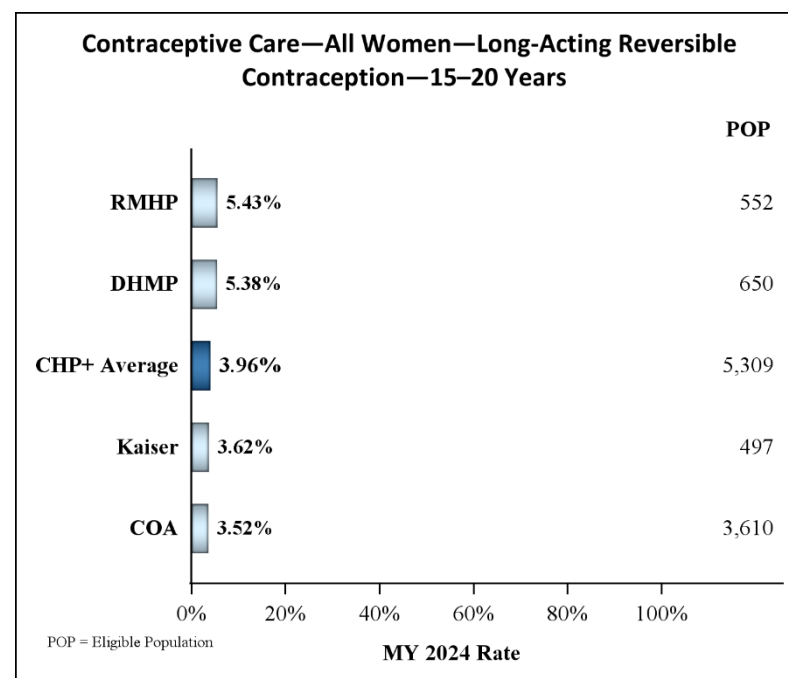
MCO performance varied by approximately 6 percentage points.

Contraceptive Care—All Women—Long-Acting Reversible Contraception—15–20 Years

Contraceptive Care—All Women—Long-Acting Reversible Contraception—15–20 Years measures the percentage of women ages 15 to 20 years who were provided long-acting reversible contraception.



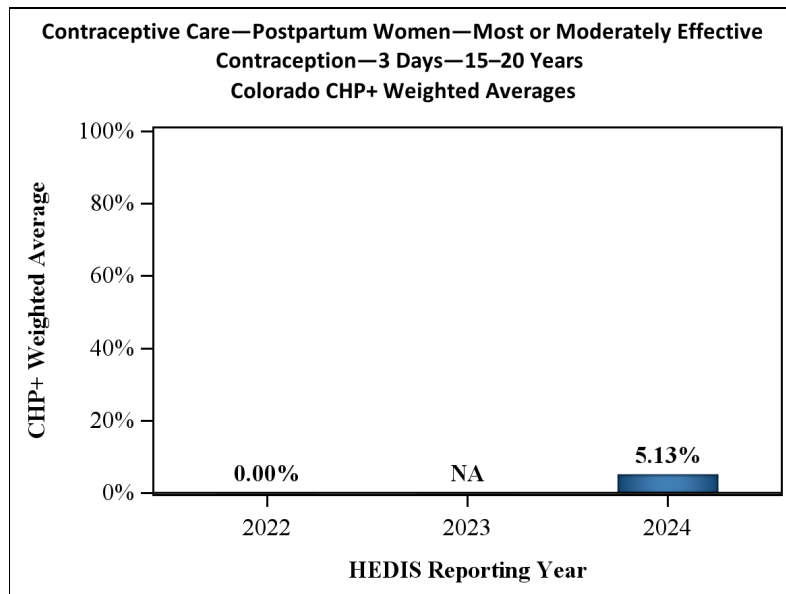
The Colorado CHP+ weighted average did not demonstrate a significant change from MY 2023 to MY 2024.



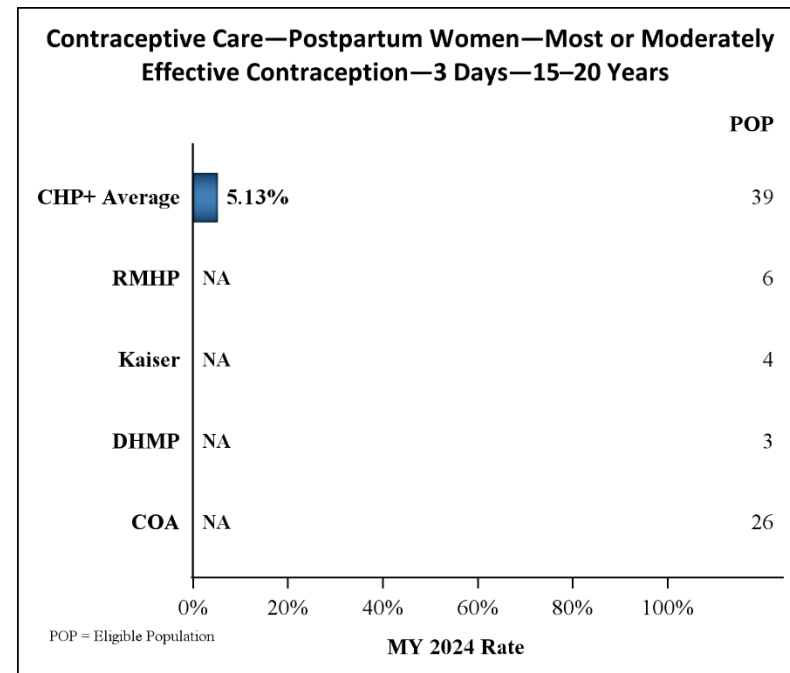
MCO performance varied by approximately 2 percentage points.

Contraceptive Care—Postpartum Women—Most or Moderately Effective Contraception—3 Days—15–20 Years

Contraceptive Care—Postpartum Women—Most or Moderately Effective Contraception—3 Days—15–20 Years measures the percentage of women ages 15 to 20 years who were provided most or moderately effective contraception within three days of delivery.



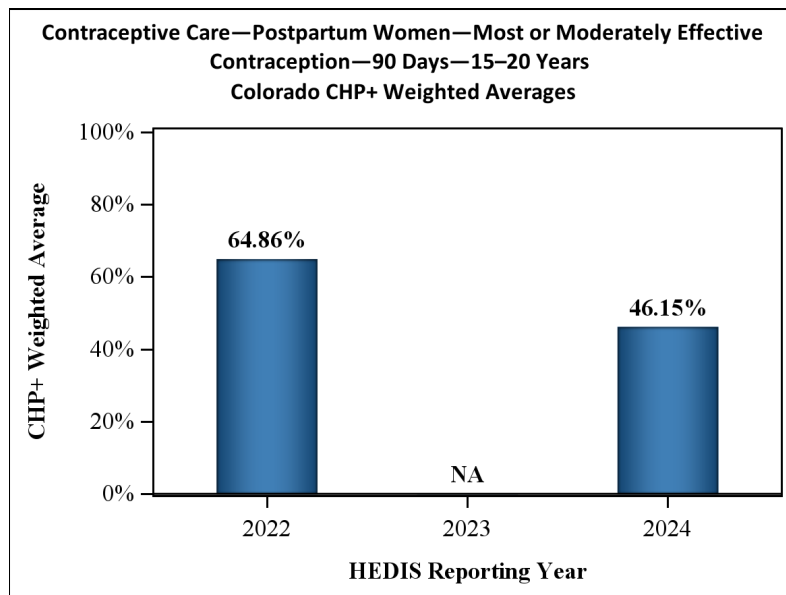
There was no MY 2023 Colorado CHP+ weighted average; therefore, there is no comparison between MY 2023 and MY 2024. However, the Colorado CHP+ weighted average improved by approximately 5 percentage points from MY 2022 to MY 2024.



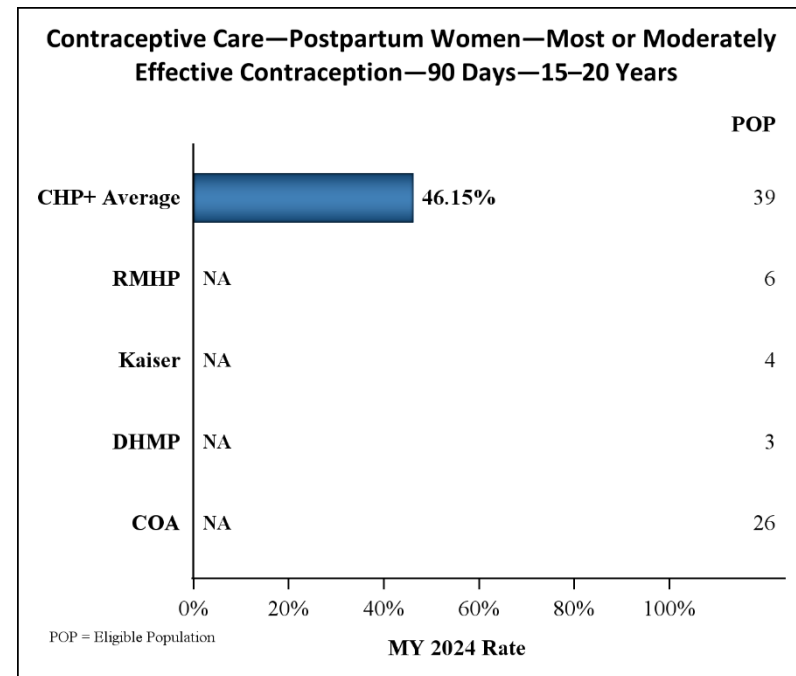
None of the MCOs had a reportable rate for this indicator due to small denominator sizes.

Contraceptive Care—Postpartum Women—Most or Moderately Effective Contraception—90 Days—15–20 Years

Contraceptive Care—Postpartum Women—Most or Moderately Effective Contraception—90 Days—15–20 Years measures the percentage of women ages 15 to 20 years who were provided most or moderately effective contraception within 90 days of delivery.



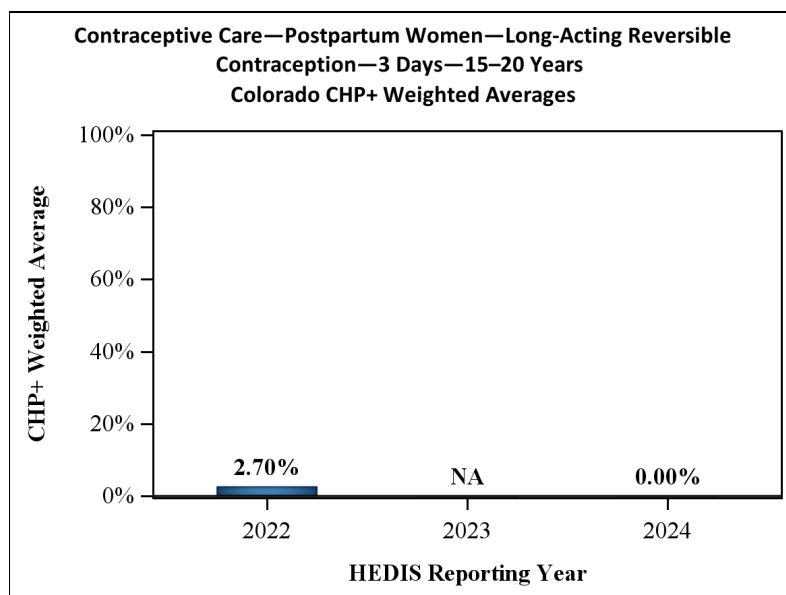
There was no MY 2023 Colorado CHP+ weighted average; therefore, there is no comparison between MY 2023 and MY 2024. However, the Colorado CHP+ weighted decreased by more than 18 percentage points from MY 2022 to MY 2024.



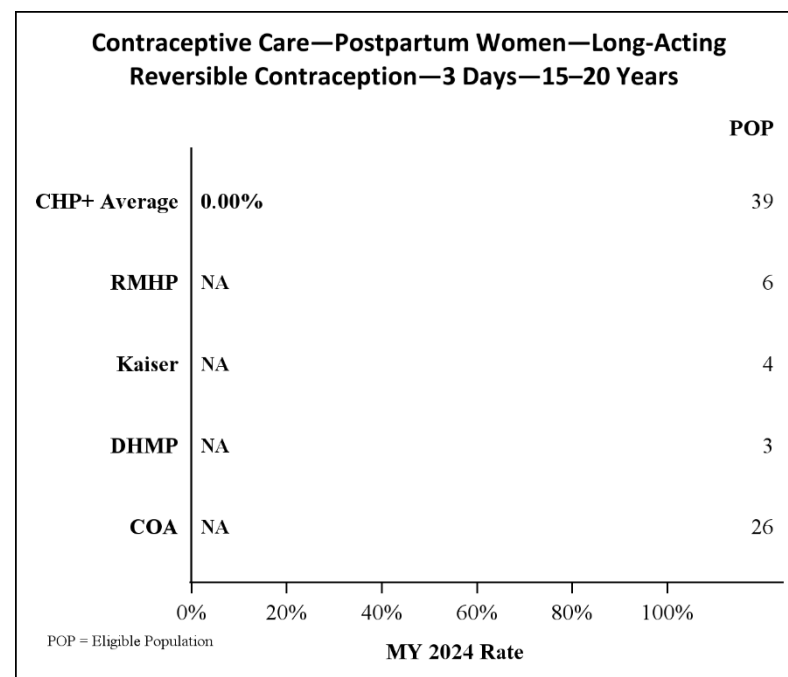
None of the MCOs had a reportable rate for this indicator due to small denominator sizes.

Contraceptive Care—Postpartum Women—Long-Acting Reversible Contraception—3 Days—15–20 Years

Contraceptive Care—Postpartum Women—Long-Acting Reversible Contraception—3 Days—15–20 Years measures the percentage of women ages 15 to 20 years who were provided long-acting reversible contraception within three days of delivery.



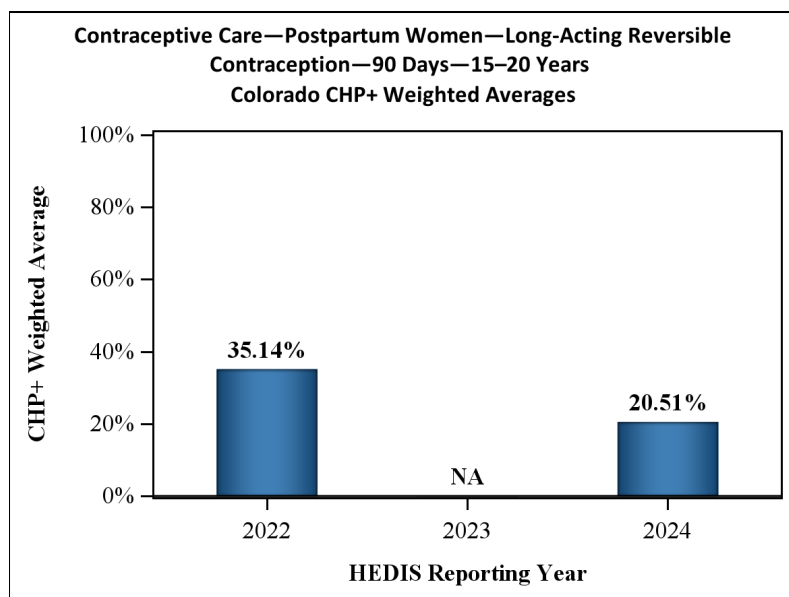
There was no MY 2023 Colorado CHP+ weighted average; therefore, there is no comparison between MY 2023 and MY 2024. However, the Colorado CHP+ weighted decreased by more than 2 percentage points from MY 2022 to MY 2024.



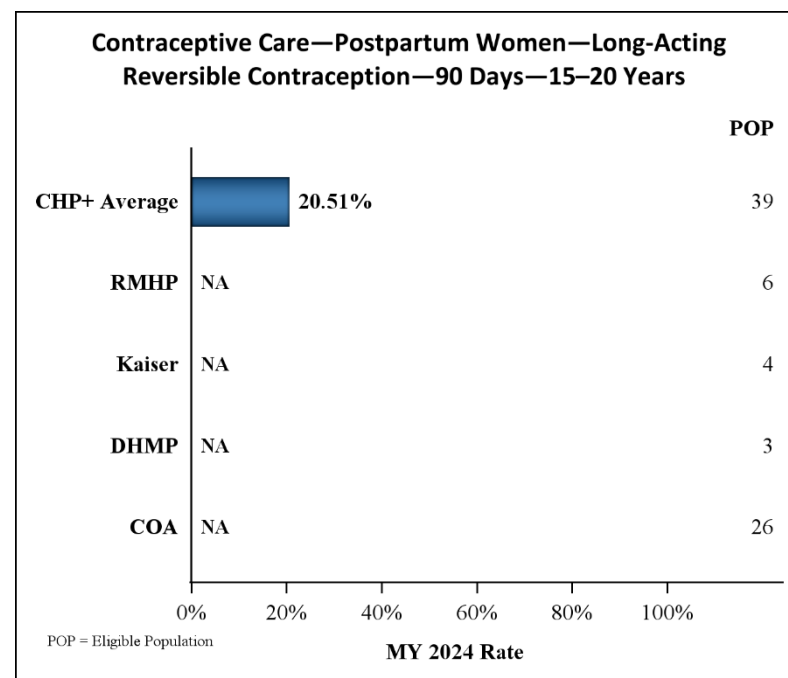
None of the MCOs had a reportable rate for this indicator due to small denominator sizes.

Contraceptive Care—Postpartum Women—Long-Acting Reversible Contraception—90 Days—15–20 Years

Contraceptive Care—Postpartum Women—Long-Acting Reversible Contraception—90 Days—15–20 Years measures the percentage of women ages 15 to 20 years who were provided long-acting reversible contraception within 90 days of delivery.



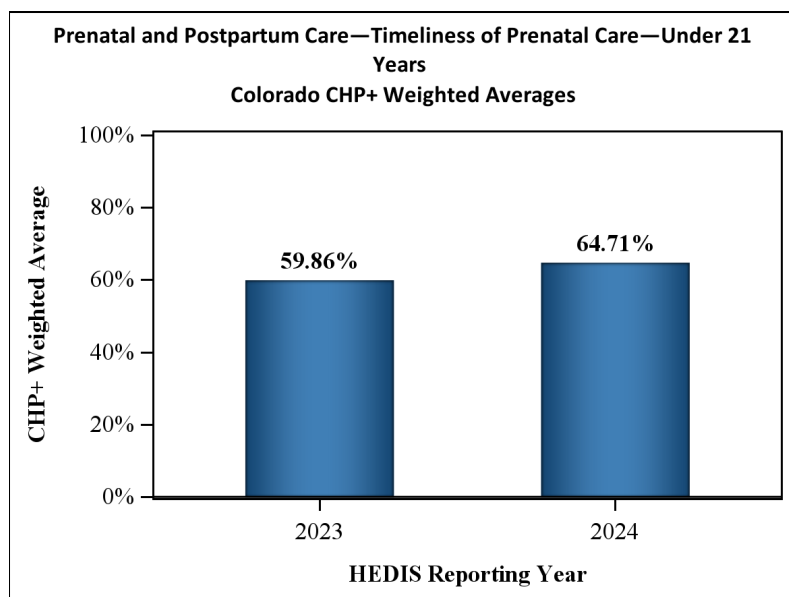
There was no MY 2023 Colorado CHP+ weighted average; therefore, there is no comparison between MY 2023 and MY 2024. However, the rate decreased by approximately 15 percentage points between MY 2022 to MY 2024.



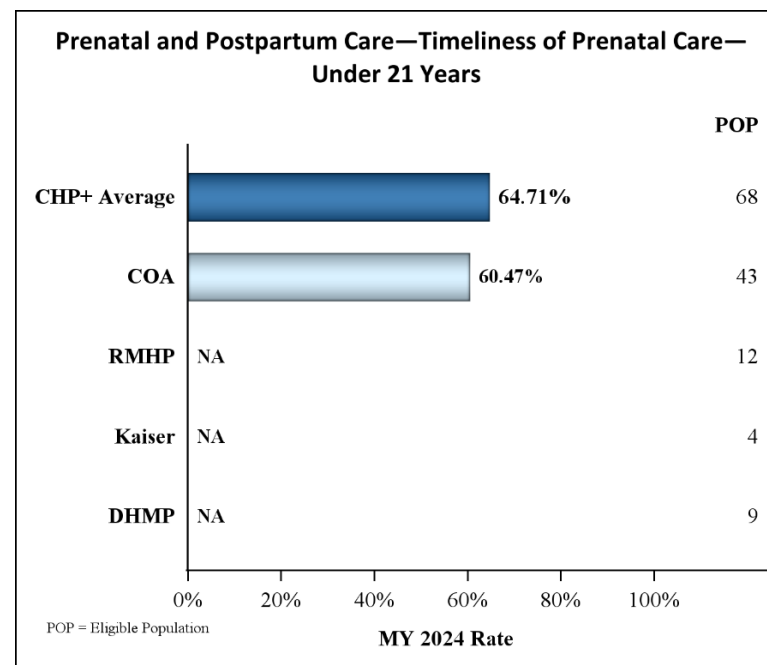
None of the MCOs had a reportable rate for this indicator due to small denominator sizes.

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

Prenatal and Postpartum Care—Timeliness of Prenatal Care—Under 21 Years 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 members under 21 years of age at the time of delivery.



The Colorado CHP+ weighted average demonstrated slight improvement from MY 2023 to MY 2024.

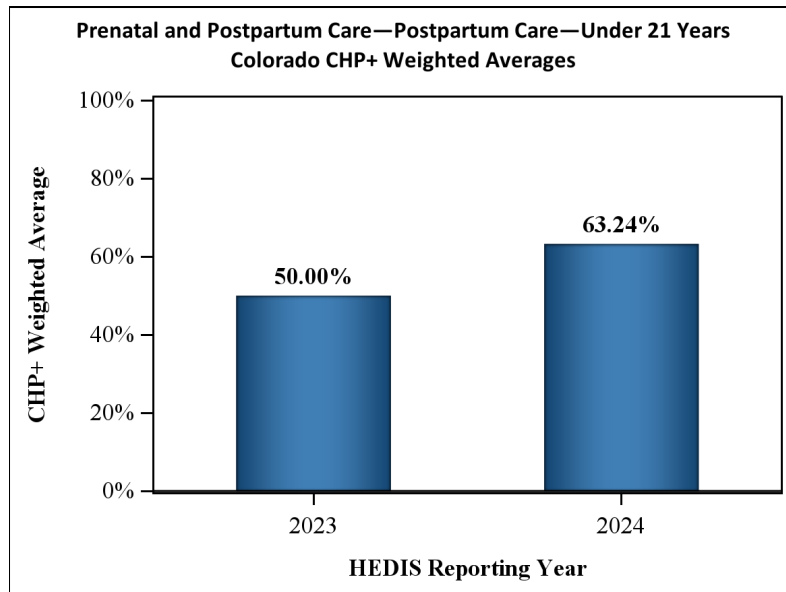


Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

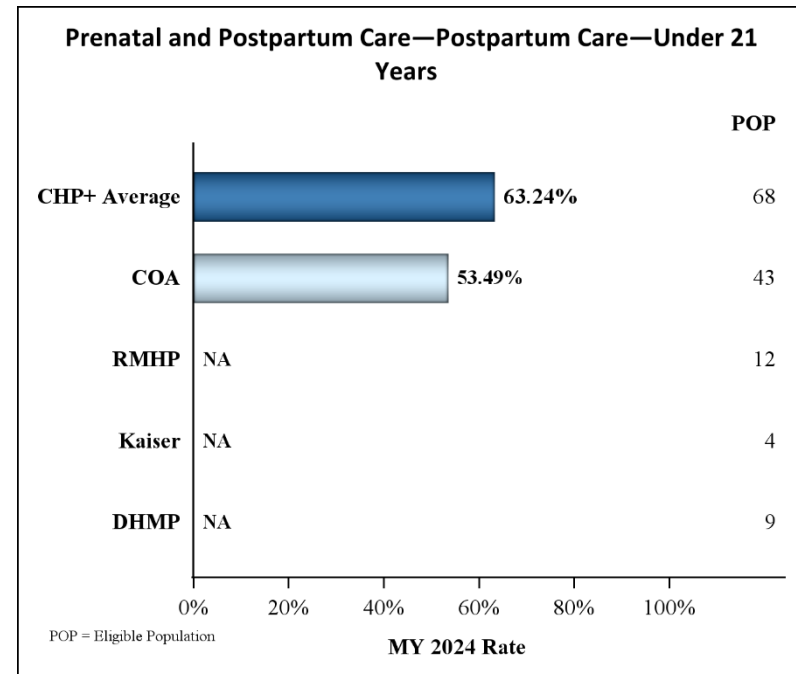
Due to small denominator sizes, only COA had a reportable rate, and the rate fell below the Colorado CHP+ weighted average.

Prenatal and Postpartum Care—Postpartum Care—Under 21 Years

Prenatal and Postpartum Care—Postpartum Care—Under 21 Years 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 members under 21 years of age at the time of delivery.



The Colorado CHP+ weighted average improved by more than 13 percentage points from MY 2023 to MY 2024.



Due to small denominator sizes, only COA had a reportable rate, and the rate fell below the Colorado CHP+ weighted average.

Summary of Findings and Recommendations

For MY 2024, Maternal and Perinatal Health measures remained unreportable due to denominators that were too small to report. As HSAG noted for MY 2023, multiple 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.⁹ 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.¹⁰ Although the populations within these measures were very small, attention to maternal and perinatal health is still important. HSAG continues to recommend that 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 continues to recommend that 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.

⁹ 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: Nov 18, 2025.

¹⁰ 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

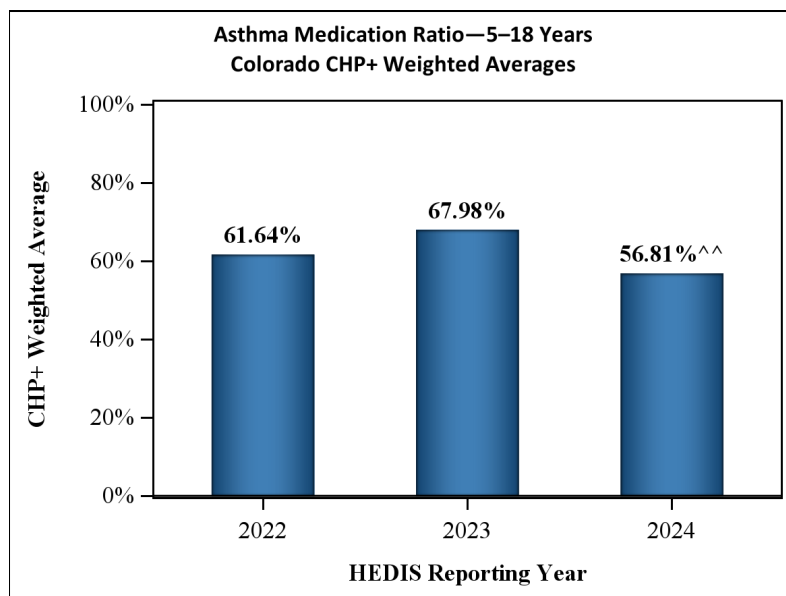
The following section provides a detailed analysis of the Colorado CHP+ MCOs' performance for the Care of Acute and Chronic Conditions domain. The Care of Acute and Chronic Conditions domain encompasses the following measures/indicators:

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

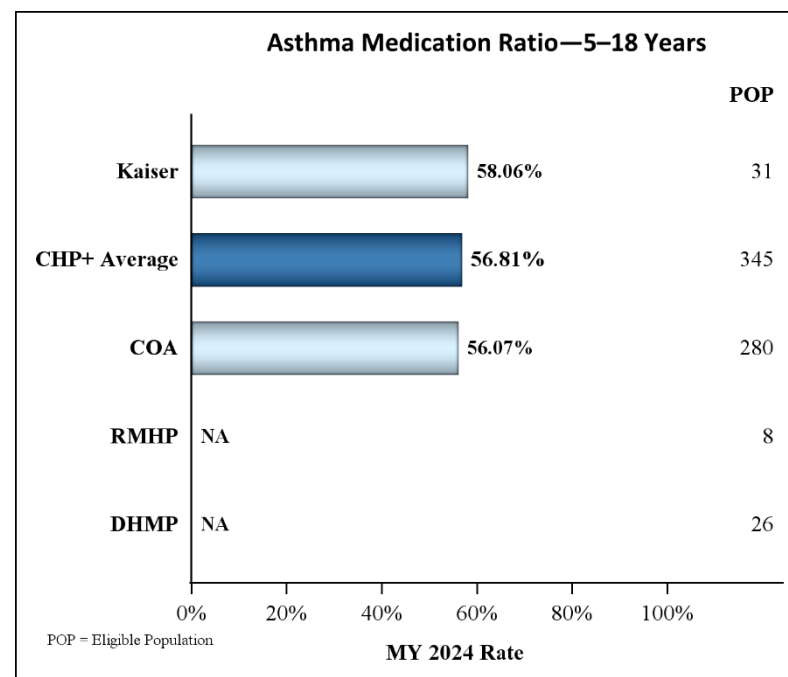
Asthma Medication Ratio—5–18 Years

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



Two carets (^^) indicate a statistically significant decline in performance from MY 2023 to MY 2024.

The Colorado CHP+ weighted average significantly declined from MY 2023 to MY 2024.

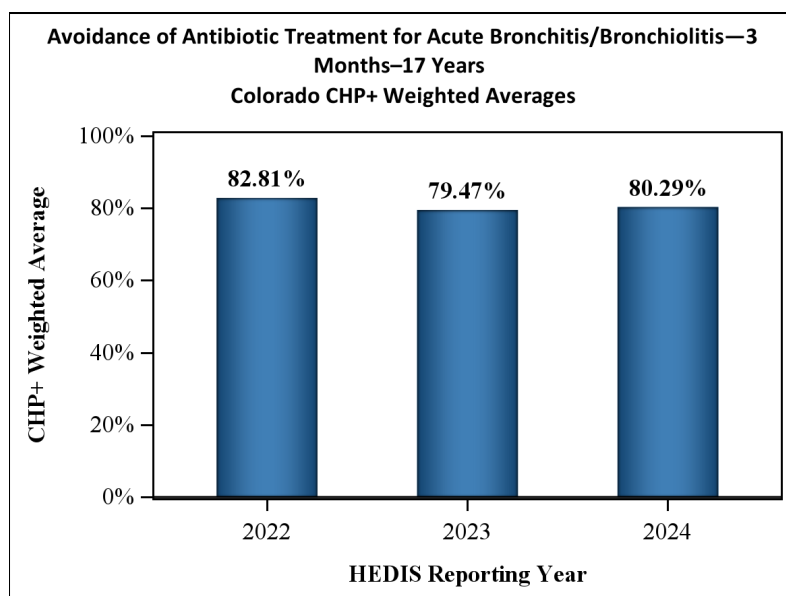


NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate.

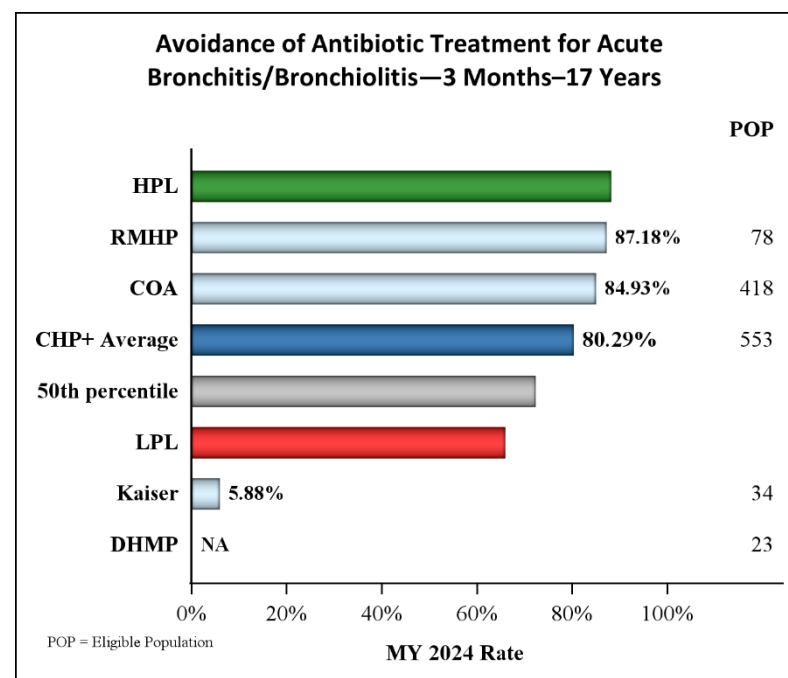
MCO performance varied by approximately 2 percentage points. A benchmark is not available for this measure indicator.

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

Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis—3 Months–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 2023 to MY 2024.



The Colorado CHP+ weighted average and RMHP's and COA's rates were above the 50th percentile but below the HPL. Kaiser's rate fell below the LPL. DHMP did not have a reportable rate. MCO performance varied by approximately 81 percentage points.

Summary of Findings and Recommendations

Table 5-1 presents the MCOs' performance ratings for each measure in the Care of Acute and Chronic Conditions domain. Performance ratings were assigned across five categories (from ★ representing *Poor Performance* to ★★★★★ representing *Excellent Performance*).

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

Performance Measures	DHMP	RMHP	COA	Kaiser
<i>Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis</i>				
<i>3 Months–17 Years</i>	—	★★★★	★★★★	★
<i>Asthma Medication Ratio</i>				
<i>5–18 Years</i>	—	—	—	—

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

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

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

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

Two of four (50 percent) MCOs reported a HEDIS measure rate above the 75th percentile for *Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis—3 Months–17 Years*, while one of four (25 percent) MCOs reported a rate below the 25th percentile. Of note, for MY 2024, Kaiser declined from at or above the 90th percentile to at or below the 25th percentile, while COA improved from at or above the 50th percentile to at or above the 75th percentile. HSAG recommends that Kaiser investigate the reason for the significant decrease for this measure in MY 2024 and consider targeting educational campaigns to providers and members regarding antibiotic stewardship.

6. Behavioral Health Care

Behavioral Health Care

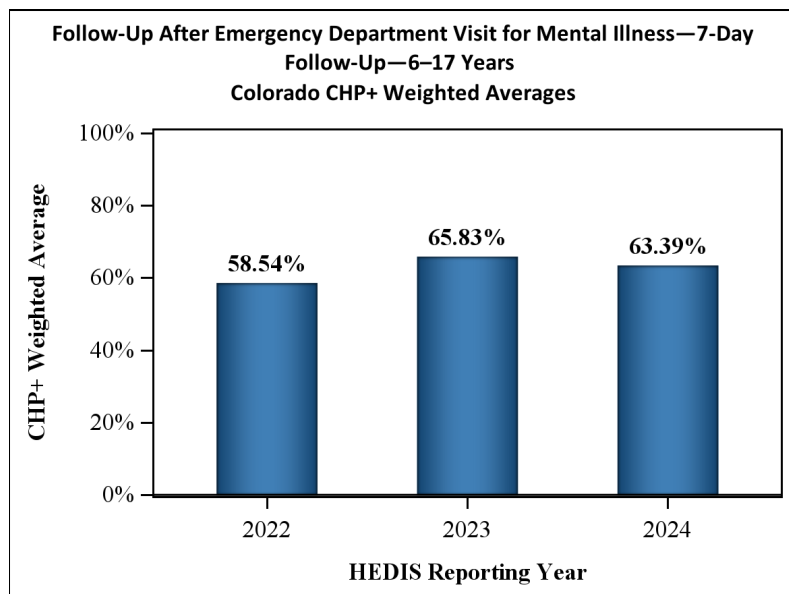
The following section provides a detailed analysis of the Colorado CHP+ MCOs' performance for the Behavioral Health Care domain. The Behavioral Health Care domain encompasses the following measures/indicators:

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

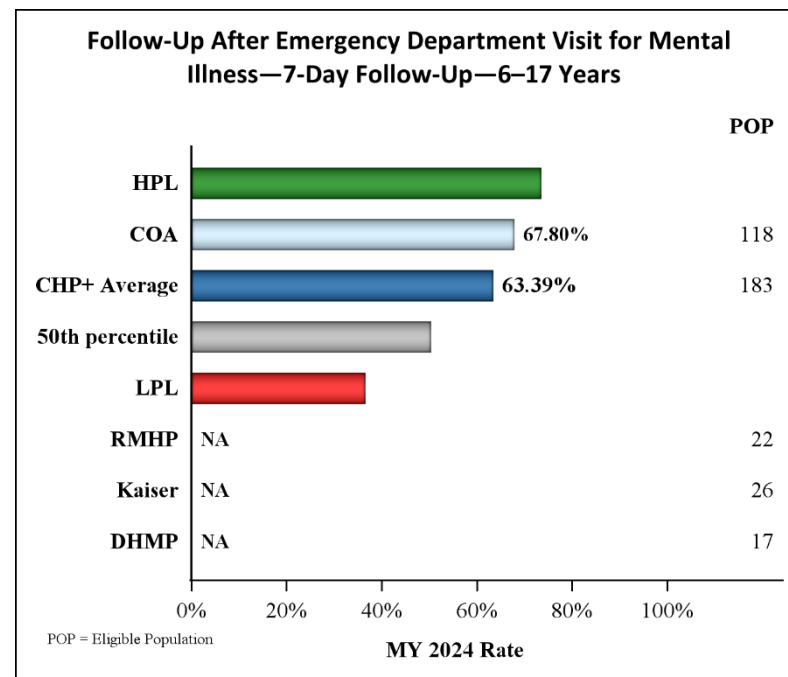
Please see the “Reader’s Guide” section for guidance on interpreting the figures presented within this section. For reference, additional analyses for each measure indicator are displayed in Appendix A and Appendix B.

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

Follow-Up After Emergency Department Visit for Mental Illness—7-Day Follow-Up—6–17 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 2023 to MY 2024.

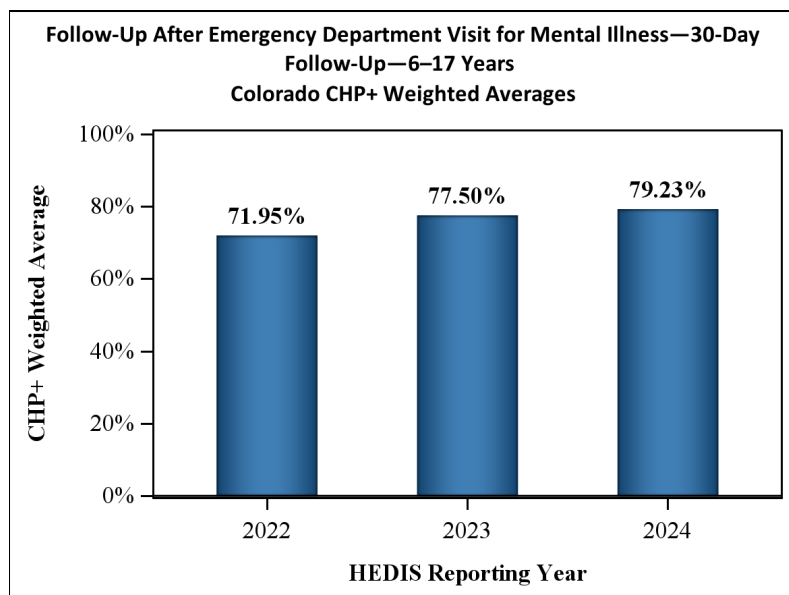


NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate.

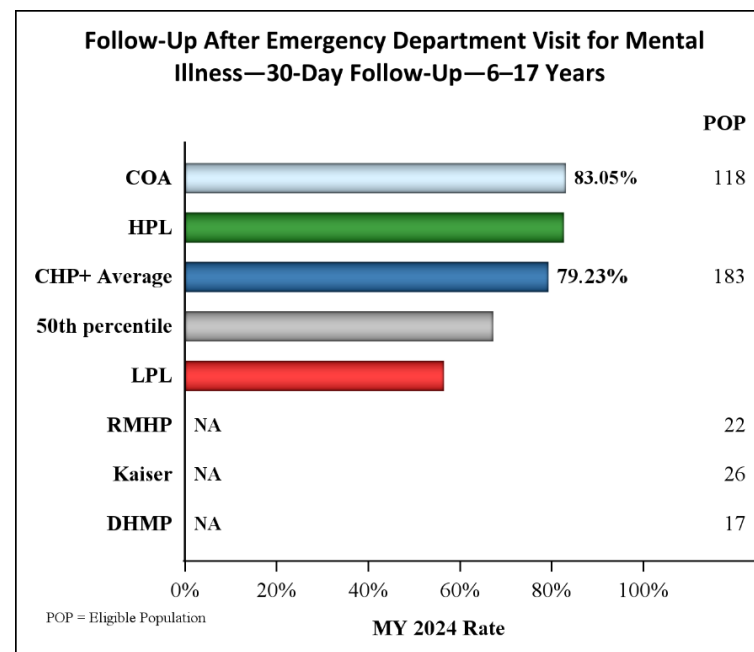
The CHP+ Colorado weighted average and COA's rate fell below the HPL but were above the 50th percentile. Only COA had a reportable rate.

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

Follow-Up After Emergency Department Visit for Mental Illness—30-Day Follow-Up—6–17 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 2023 to MY 2024.

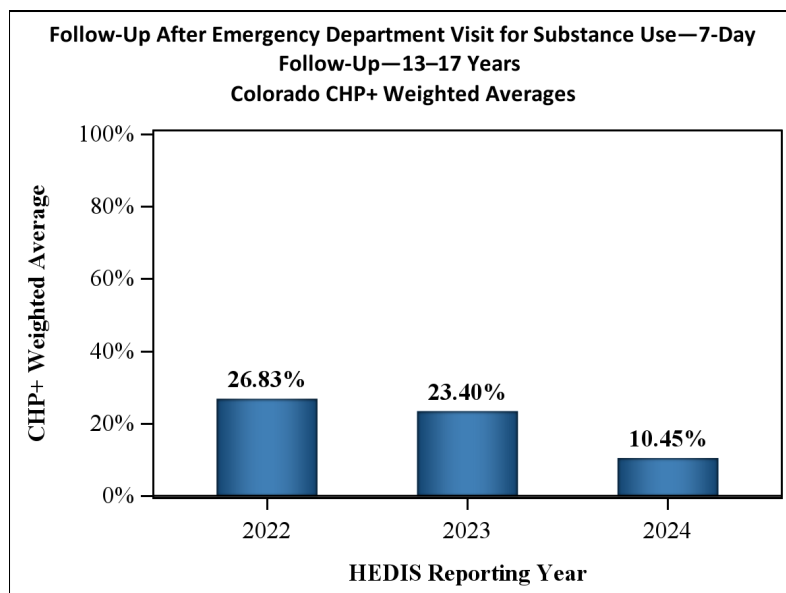


NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate.

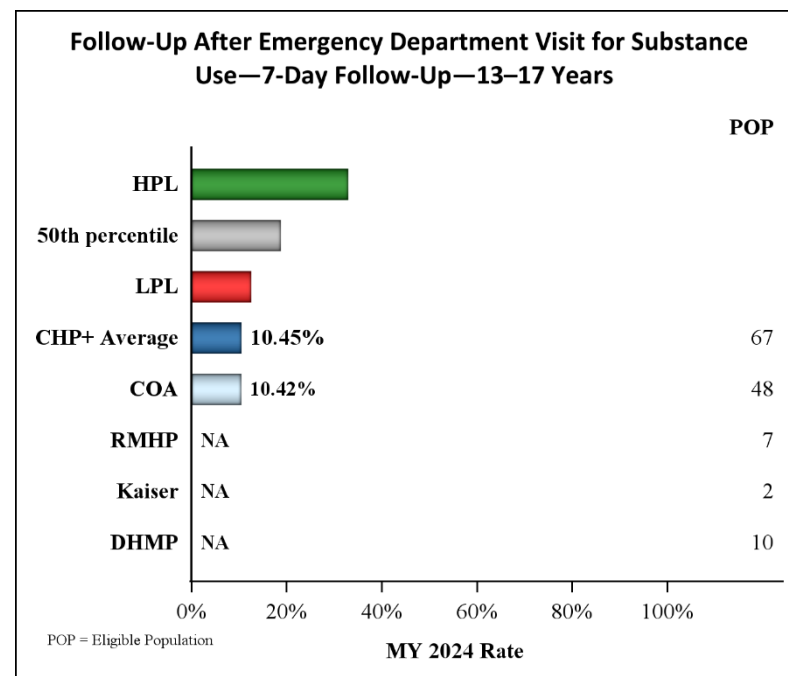
COA's rate exceeded the HPL. The CHP+ weighted average fell above the 50th percentile. Only COA had a reportable rate.

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

Follow-Up After Emergency Department Visit for Substance Use—7-Day Follow-Up—13–17 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 decreased by almost 13 percentage points from MY 2023 to MY 2024.

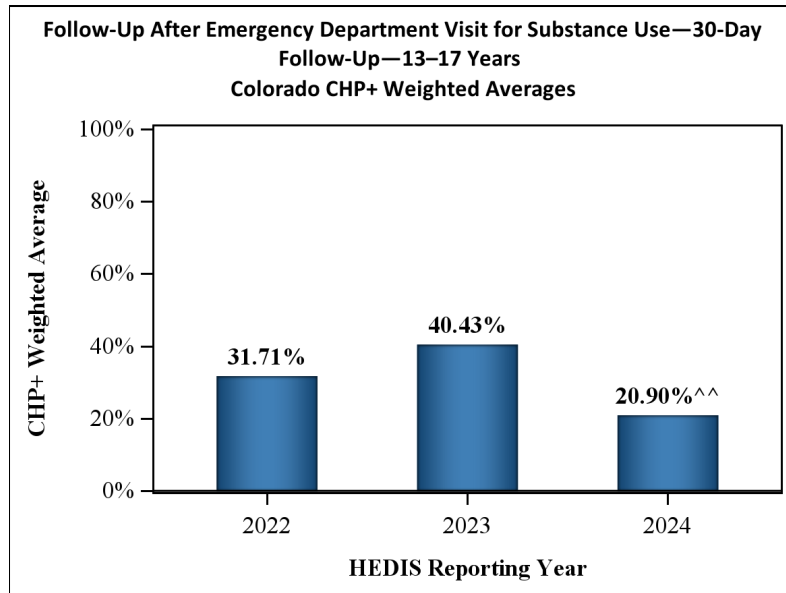


NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate.

The Colorado CHP+ weighted average and COA's rate fell below the LPL. Only COA had a reportable rate.

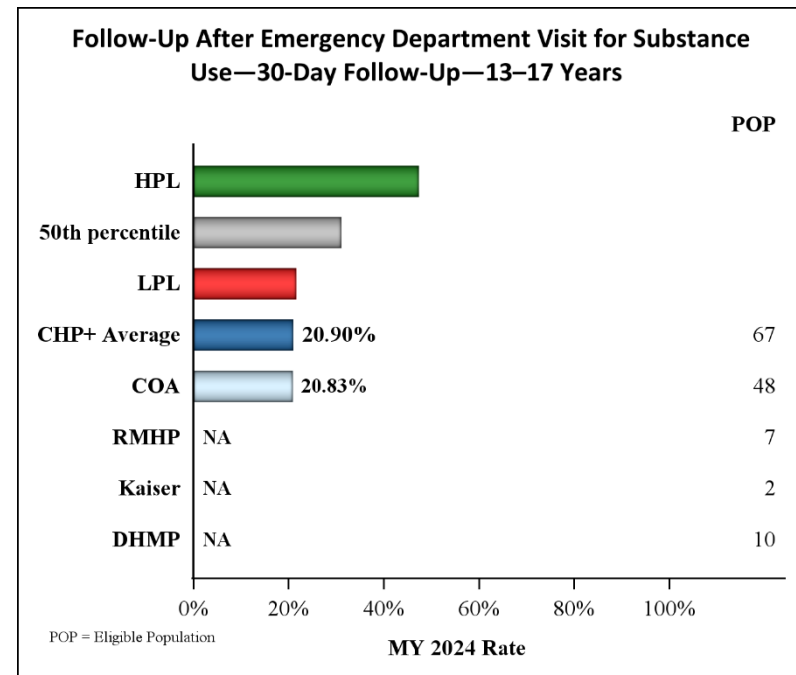
Follow-Up After Emergency Department Visit for Substance Use—30-Day Follow-Up—13–17 Years

Follow-Up After Emergency Department Visit for Substance Use—30-Day Follow-Up—13–17 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.



Two carets (^) indicate a statistically significant decline in performance from MY 2023 to MY 2024.

The Colorado CHP+ weighted average significantly declined from MY 2023 to MY 2024.

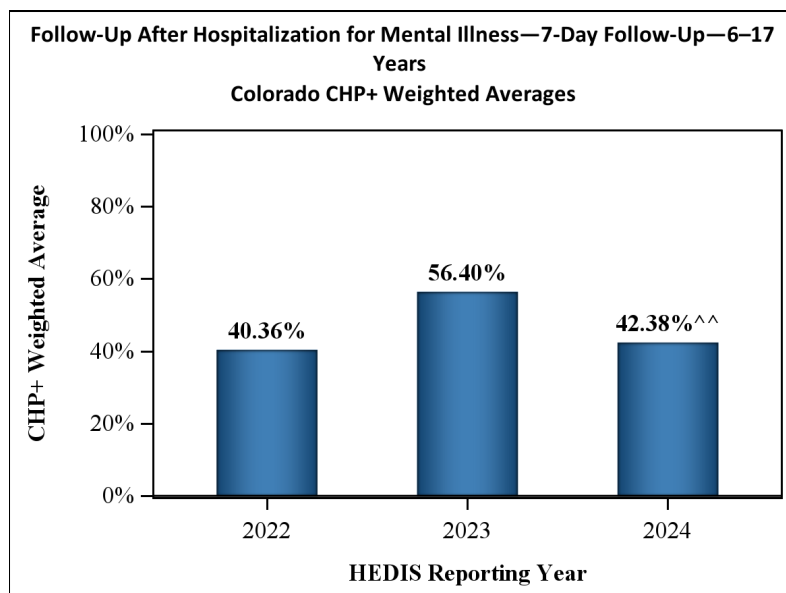


NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate.

The Colorado CHP+ weighted average and COA's rate fell below the LPL. Only COA had a reportable rate.

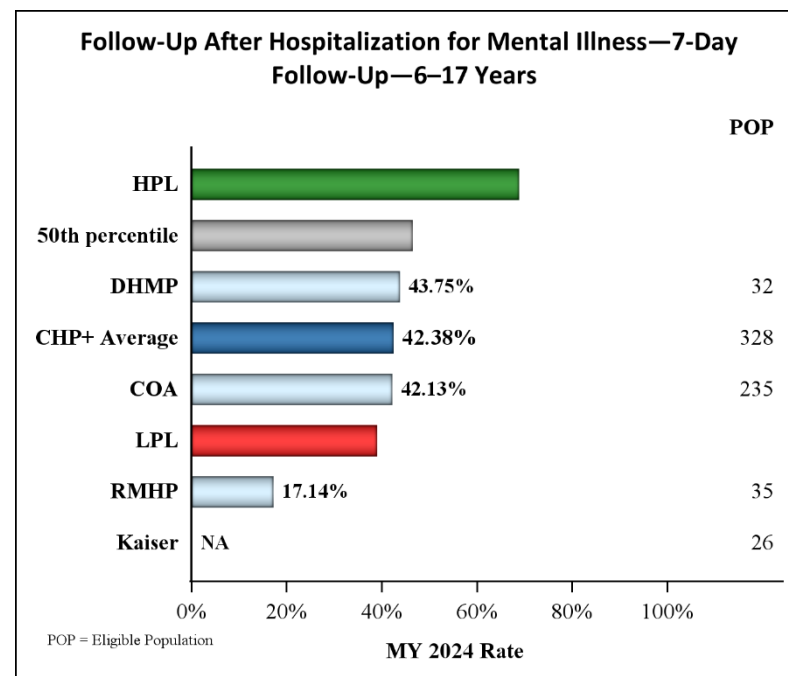
Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up—6–17 Years

Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up—6–17 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.



Two carets (^^) indicate a statistically significant declined in performance from MY 2023 to MY 2024.

The Colorado CHP+ weighted average declined by more than 14 percentage points from MY 2023 to MY 2024.

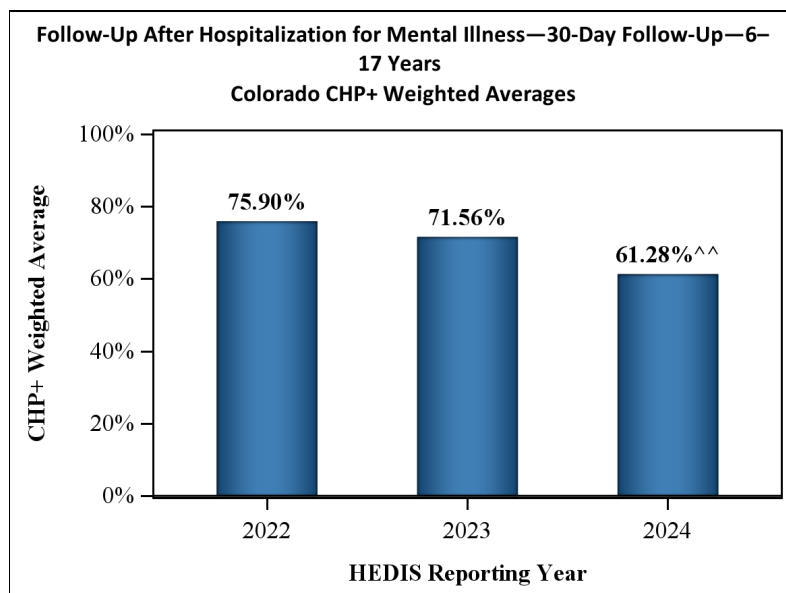


NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate.

The Colorado CHP+ weighted average and two MCOs' rates were below the 50th percentile but above the LPL. RMHP's rate fell below the LPL. Kaiser did not have a reportable rate. MCO performance varied by approximately 27 percentage points.

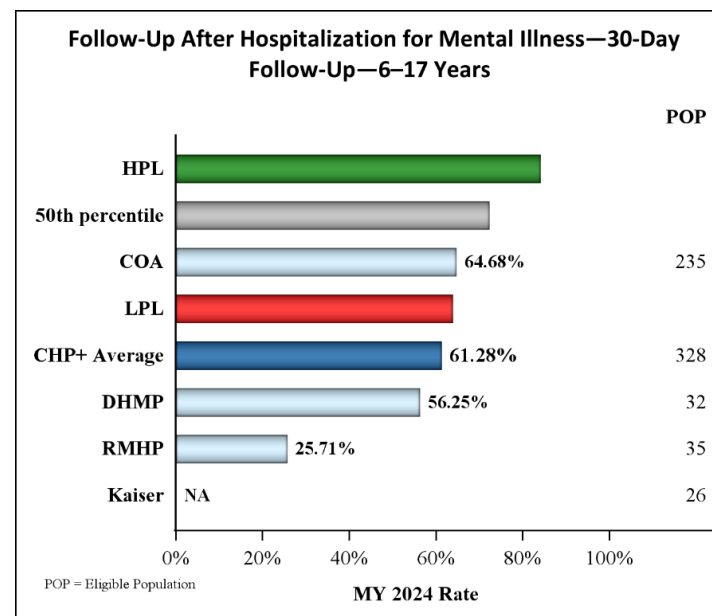
Follow-Up After Hospitalization for Mental Illness—30-Day Follow-Up—6–17 Years

Follow-Up After Hospitalization for Mental Illness—30-Day Follow-Up—6–17 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.



Two carets (^^) indicate a statistically significant decline in performance from MY 2023 to MY 2024.

The Colorado CHP+ weighted average declined by more than 10 percentage points from MY 2023 to MY 2024.

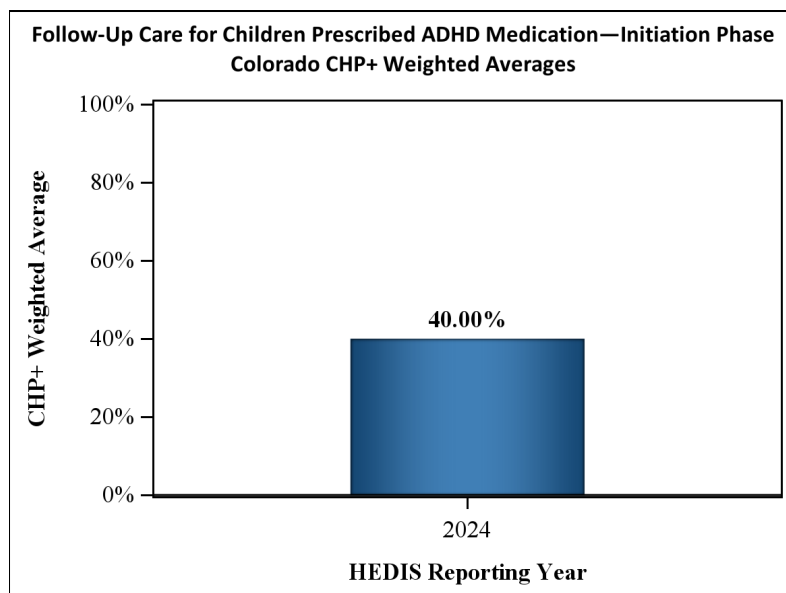


NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate.

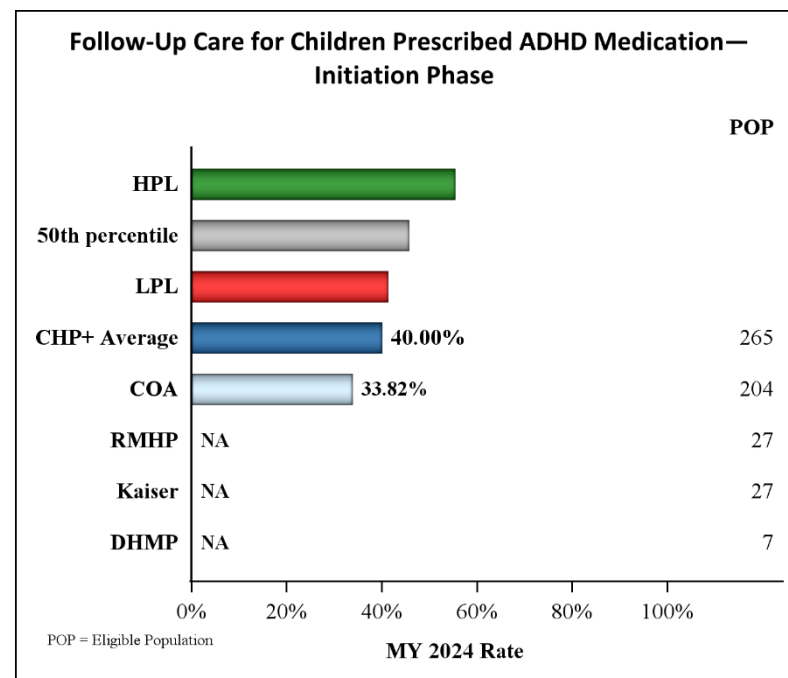
COA's rate was below the 50th percentile but above the LPL. The Colorado CHP+ weighted average and DHMP's and RMHP's rates fell below the LPL. Kaiser did not have a reportable rate. MCO performance varied by approximately 39 percentage points.

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.



This measure could not be compared to prior year performance due to a break in trending.

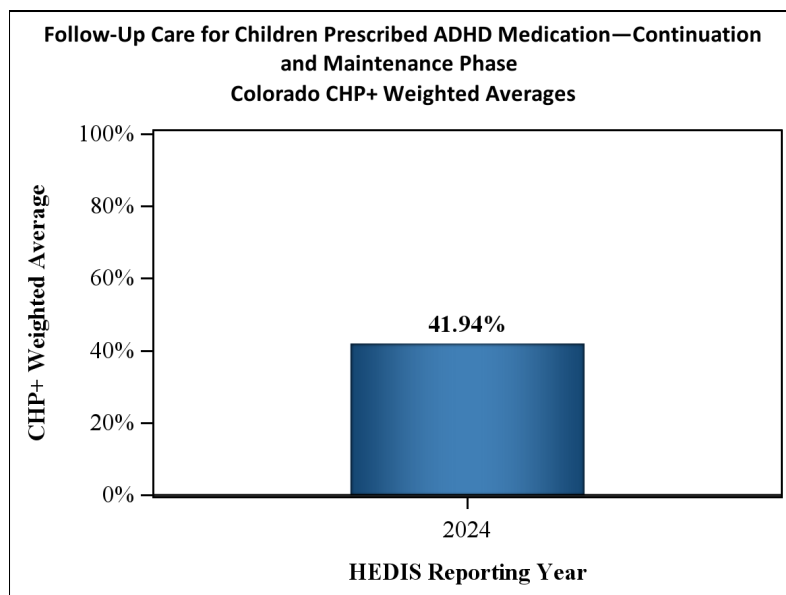


NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate.

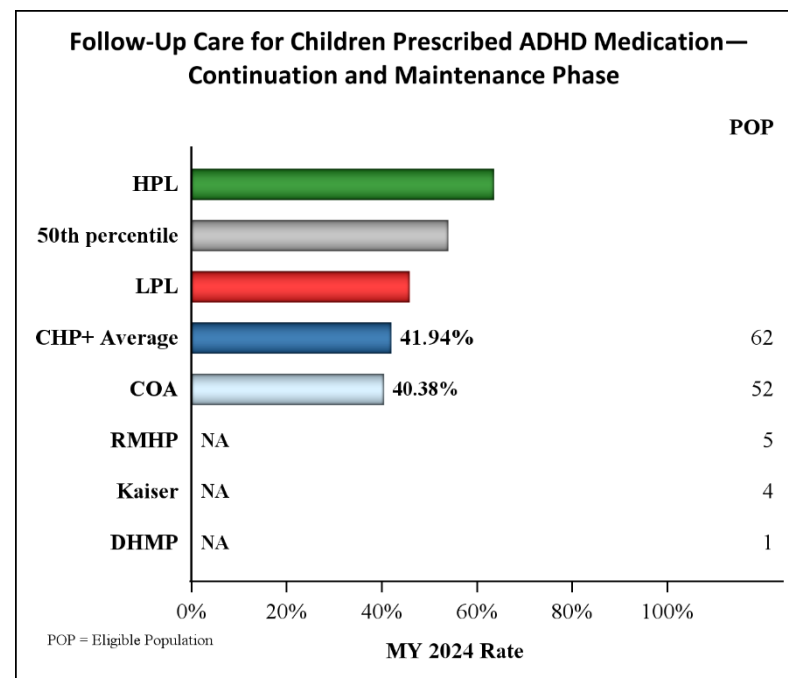
The Colorado CHP+ weighted average and COA's rate fell below the LPL. Only COA had a reportable rate.

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

Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase measures the percentage of children ages 6 to 12 years with an ambulatory prescription dispensed for ADHD medication who remained on the medication for at least 210 days and who, in addition to the visit in the initiation phase, had at least two follow-up visits with a practitioner within 270 days (nine months) after the initiation phase during the measurement year.



This measure could not be compared to prior year performance due to a break in trending.

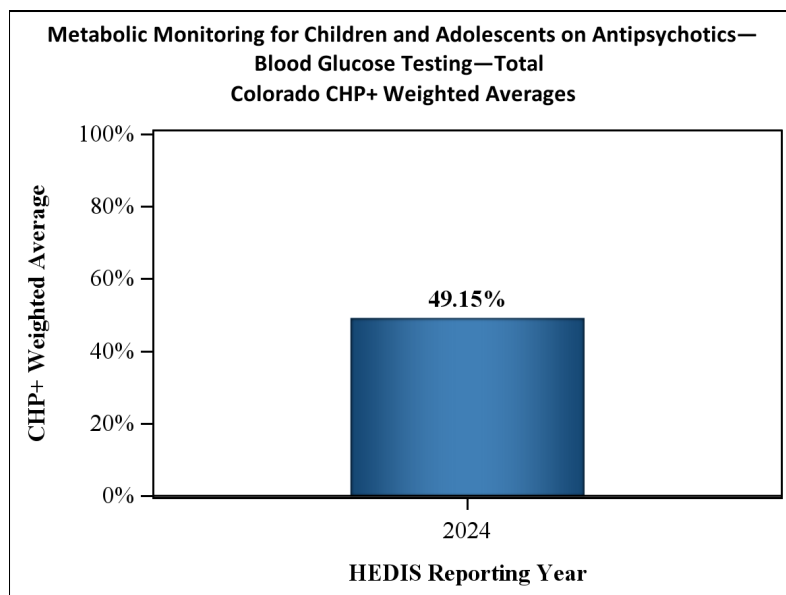


NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate.

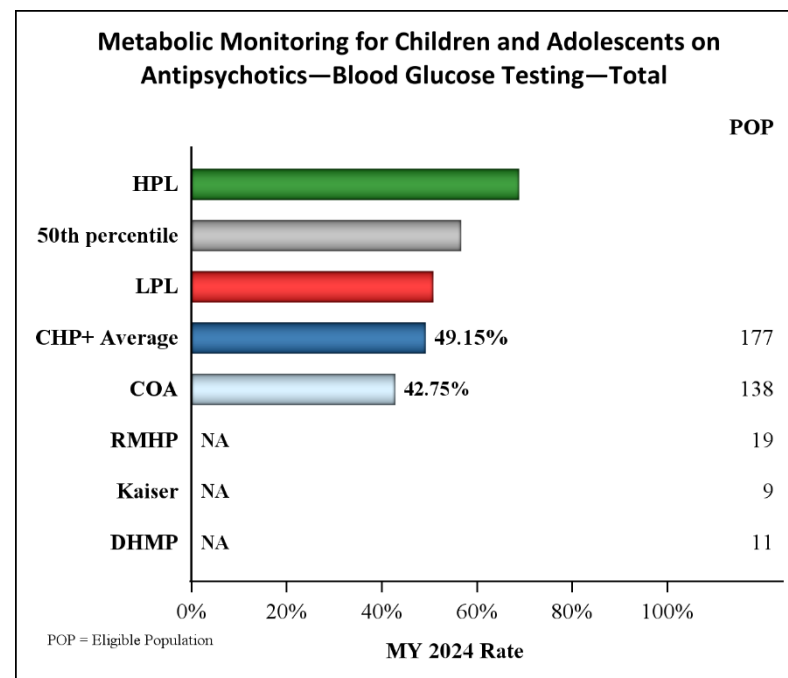
The Colorado CHP+ weighted average and COA's rate fell below the LPL. Only COA had a reportable rate.

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.



This measure could not be compared to prior year performance due to a break in trending.

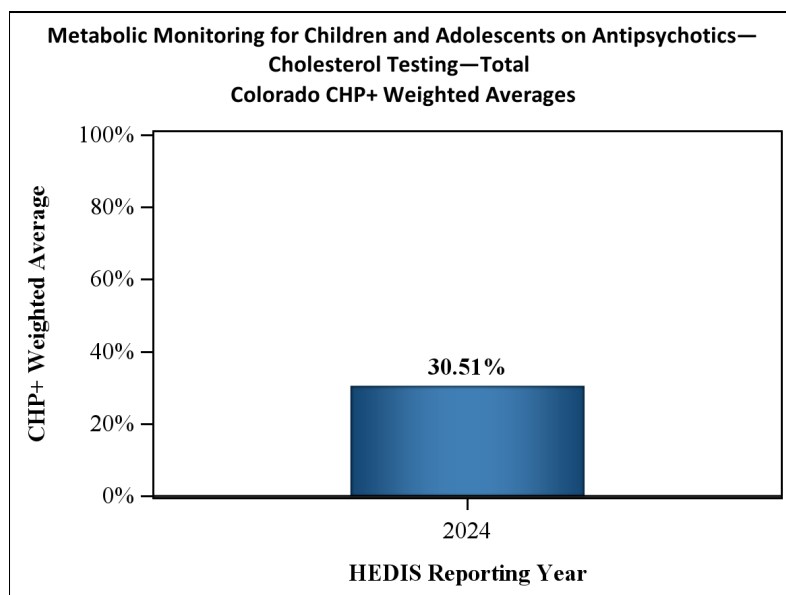


NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate.

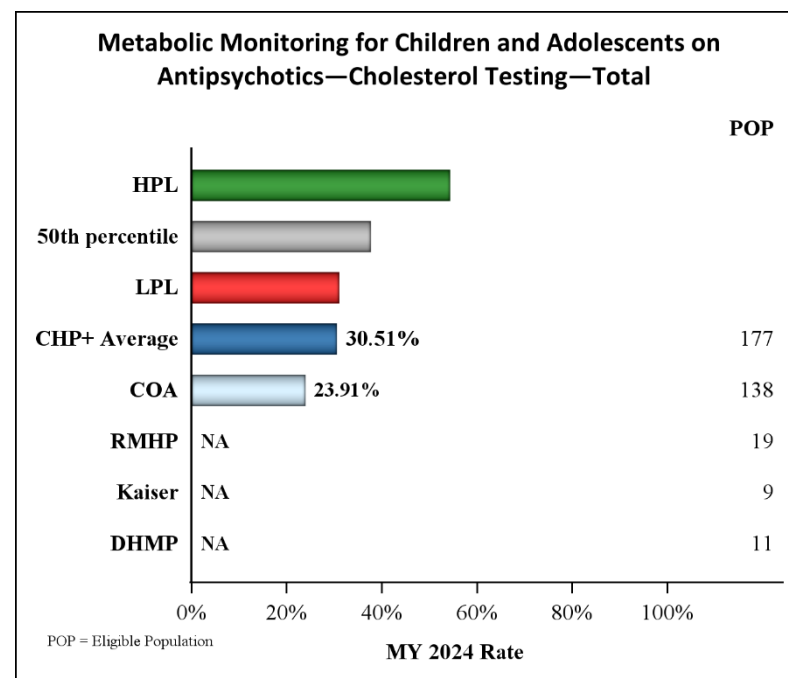
The Colorado CHP+ weighted average and COA's rate fell below the LPL. Only COA had a reportable rate.

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

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



This measure could not be compared to prior year performance due to a break in trending.

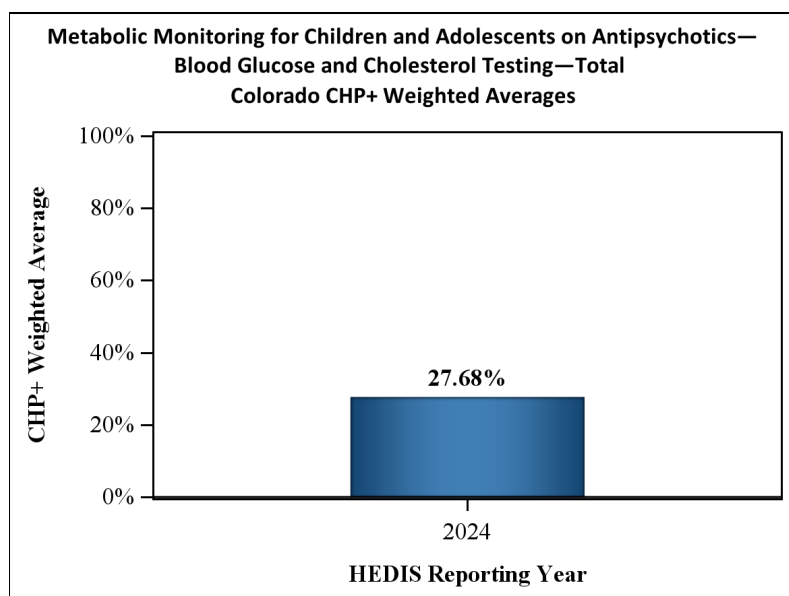


NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate.

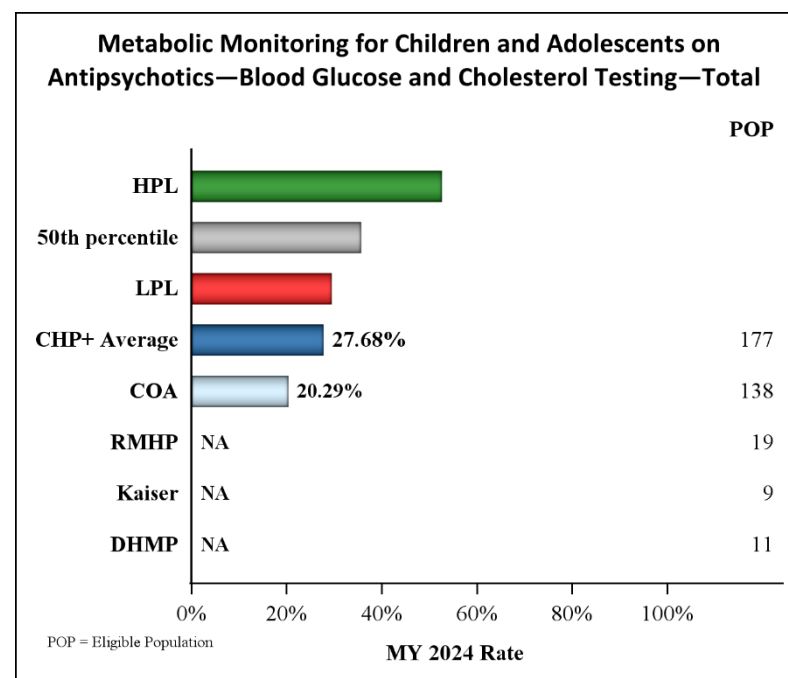
The Colorado CHP+ weighted average and COA's rate fell below the LPL. Only COA had a reportable rate.

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

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



This measure could not be compared to prior year performance due to a break in trending.

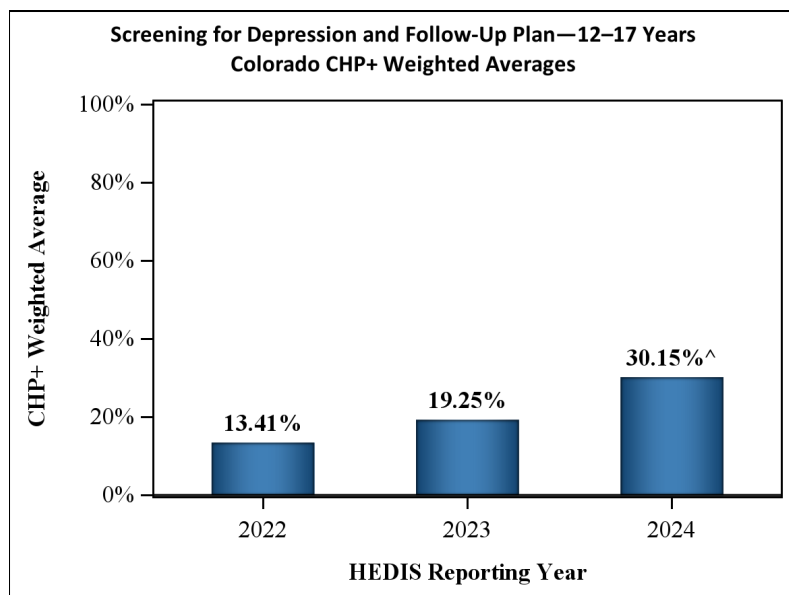


NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate.

The Colorado CHP+ weighted average and COA's rate fell below the LPL. Only COA had a reportable rate.

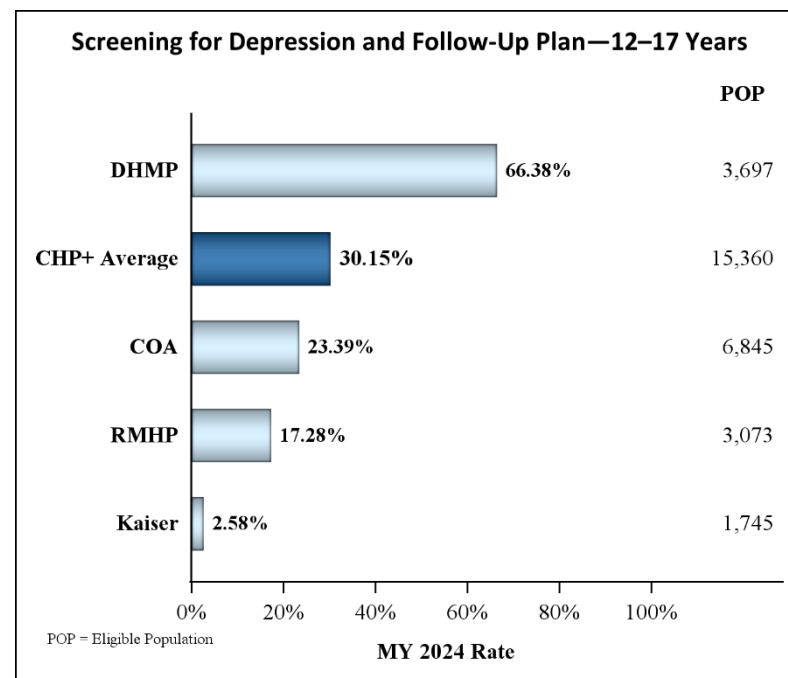
Screening for Depression and Follow-Up Plan—12–17 Years

Screening for Depression and Follow-Up Plan—12–17 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 2023 to MY 2024.

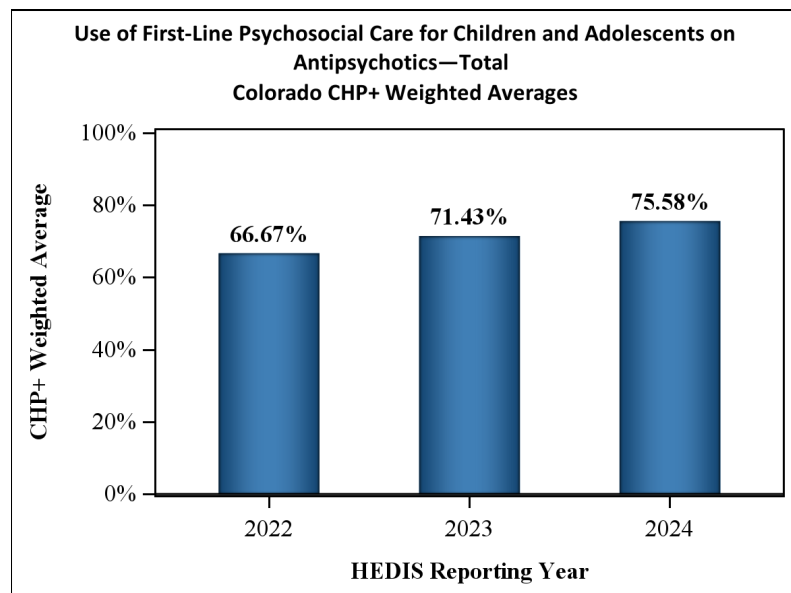
The Colorado CHP+ weighted average significantly improved by more than 10 percentage points from MY 2023 to MY 2024.



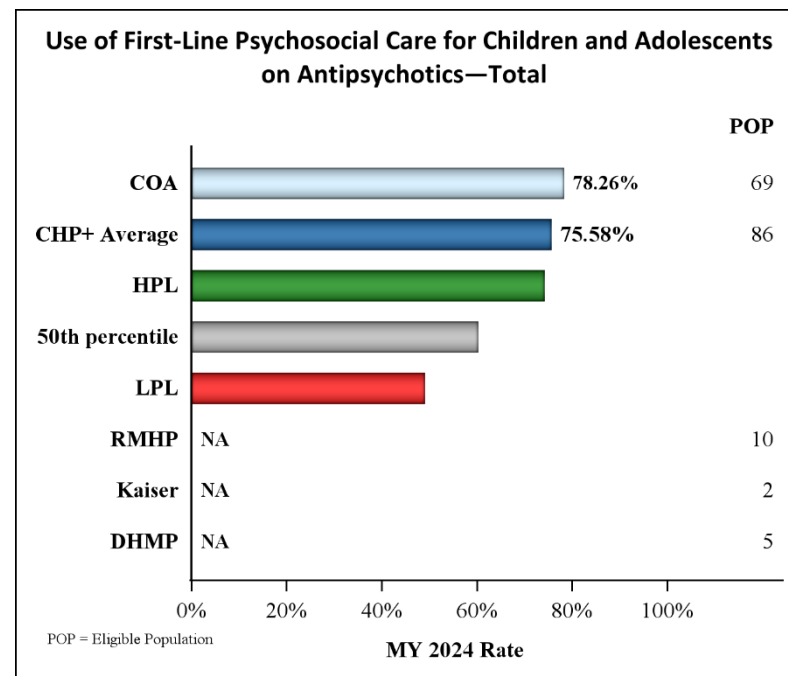
MCO performance varied by approximately 64 percentage points, and a benchmark is not available for this measure indicator.

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 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 demonstrated a small increase from MY 2023 to MY 2024.



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

The Colorado CHP+ weighted average and COA's rate exceeded the HPL. Only COA had a reportable rate.

Summary of Findings and Recommendations

Table 6-1 presents the MCOs' performance ratings for each measure in the Behavioral Health Care domain. Performance ratings were assigned across five categories (from ★ representing *Poor Performance* to ★★★★★ representing *Excellent Performance*).

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

Performance Measures	DHMP	RMHP	COA	Kaiser
<i>Follow-Up After Emergency Department Visit for Mental Illness^H</i>				
<i>7-Day Follow-Up—6–17 Years</i>	—	—	★★★★	—
<i>30-Day Follow-Up—6–17 Years</i>	—	—	★★★★★	—
<i>Follow-Up After Emergency Department Visit for Substance Use^H</i>				
<i>7-Day Follow-Up—13–17 Years</i>	—	—	★	—
<i>30-Day Follow-Up—13–17 Years</i>	—	—	★	—
<i>Follow-Up After Hospitalization for Mental Illness^H</i>				
<i>7-Day Follow-Up—6–17 Years</i>	★★	★	★★	—
<i>30-Day Follow-Up—6–17 Years</i>	★	★	★★	—
<i>Follow-Up Care for Children Prescribed ADHD Medication^H</i>				
<i>Initiation Phase</i>	—	—	★	—
<i>Continuation and Maintenance Phase</i>	—	—	★	—
<i>Metabolic Monitoring for Children and Adolescents on Antipsychotics^H</i>				
<i>Blood Glucose Testing—Total</i>	—	—	★	—
<i>Cholesterol Testing—Total</i>	—	—	★	—
<i>Blood Glucose and Cholesterol Testing—Total</i>	—	—	★	—
<i>Screening for Depression and Follow-Up Plan</i>				
<i>12–17 Years</i>	—	—	—	—
<i>Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics^H</i>				
<i>Total</i>	—	—	★★★★★	—

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

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

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

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

Health Plan Name	★★★★★	★★★★	★★★	★★	★
DHMP	0	0	0	1	1
RMHP	0	0	0	0	2
COA	2	1	0	2	7
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.¹¹ These medications can elevate a child’s risk for developing serious metabolic health complications¹² associated with poor cardiometabolic outcomes in adulthood.¹³ The MCOs and HCFP 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 HCFP 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.

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- ¹¹ 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.
- ¹² 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*.
- ¹³ 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.

7. Dental and Oral Health Services

Dental and Oral Health Services

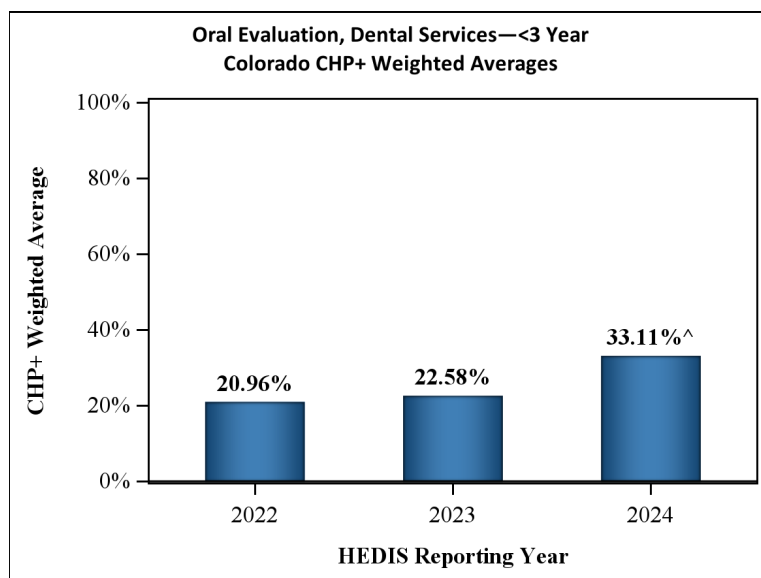
The following section provides a detailed analysis of the Colorado CHP+ dental PAHP's performance for the Dental and Oral Health Services domain. The Dental and Oral Health Services domain encompasses the following measures/indicators:

- *Oral Evaluation, Dental Services—Under 3 Years, 3–5 Years, 6–14 Years, 15–20 Years, and Total*
- *Sealant Receipt on Permanent First Molars—At Least One Sealant and All Four Molars Sealed*
- *Topical Fluoride for Children—Dental or Oral Health Services, Dental Services, and Oral Health Services*

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—<3 Year

Oral Evaluation, Dental Services—<3 Year measures the percentage of children under 3 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.

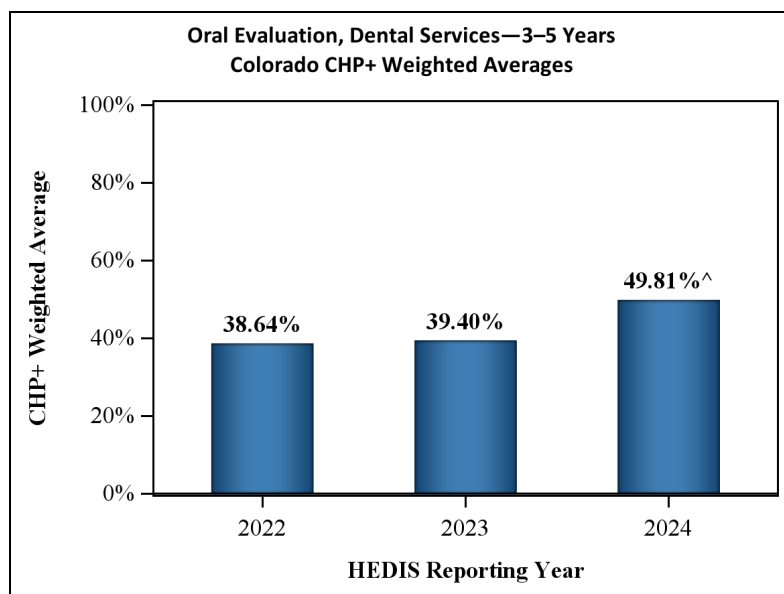


One caret (^) indicates a statistically significant improvement in performance from MY 2023 to MY 2024.

The Colorado CHP+ weighted average improved by more than 10 percentage points from MY 2023 to MY 2024.

Oral Evaluation, Dental Services—3–5 Years

Oral Evaluation, Dental Services—3–5 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.

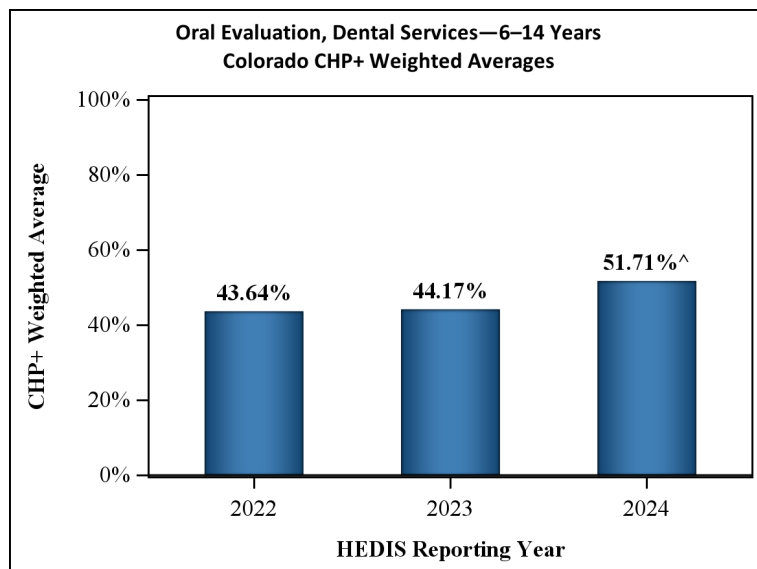


One caret (^) indicates a statistically significant improvement in performance from MY 2023 to MY 2024.

The Colorado CHP+ weighted average improved by more than 10 percentage points from MY 2023 to MY 2024.

Oral Evaluation, Dental Services—6–14 Years

Oral Evaluation, Dental Services—6–14 Years measures the percentage of children ages 6 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.

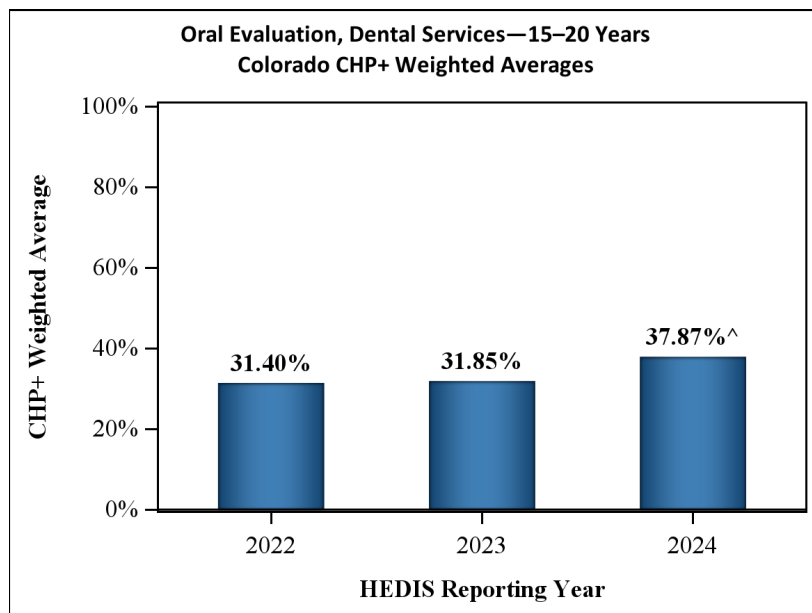


One caret (^) indicates a statistically significant improvement in performance from MY 2023 to MY 2024.

The Colorado CHP+ weighted average improved by more than 7 percentage points from MY 2023 to MY 2024.

Oral Evaluation, Dental Services—15–20 Years

Oral Evaluation, Dental Services—15–20 Years measures the percentage of children ages 15 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.

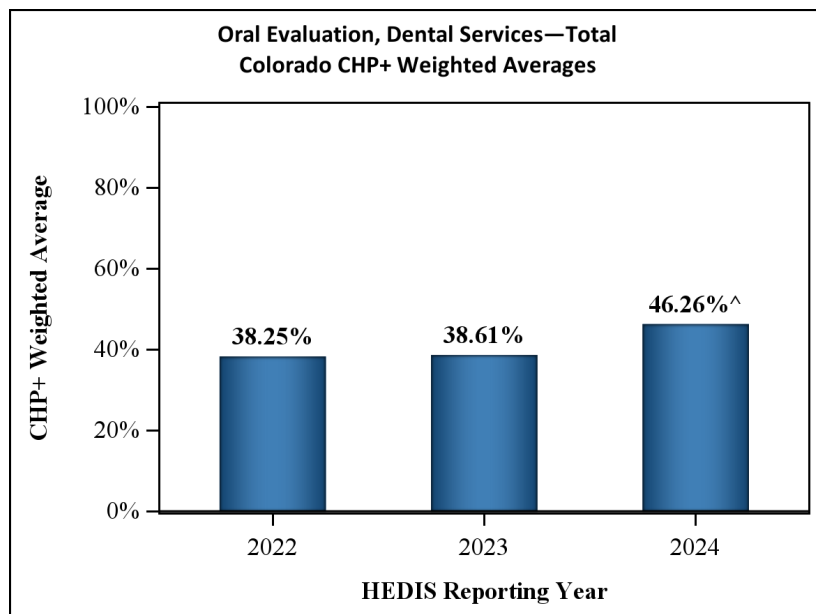


One caret (^) indicates a statistically significant improvement in performance from MY 2023 to MY 2024.

The Colorado CHP+ weighted average improved by approximately 6 percentage points from MY 2023 to MY 2024.

Oral Evaluation, Dental Services—Total

Oral Evaluation, Dental Services—Total measures the percentage of enrolled 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.

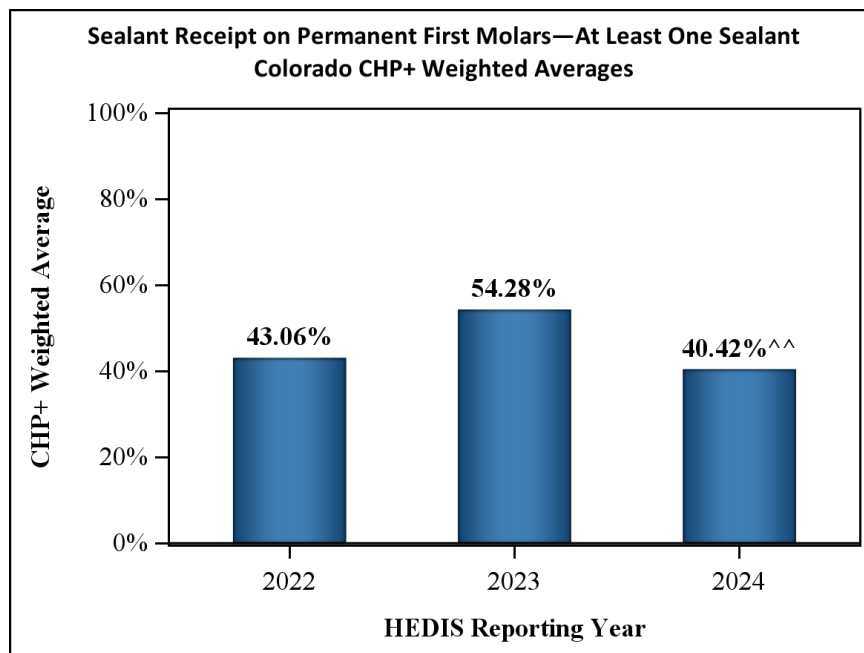


One caret (^) indicates a statistically significant improvement in performance from MY 2023 to MY 2024.

The Colorado CHP+ weighted average improved by more than 7 percentage points from MY 2023 to MY 2024.

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 sealants on permanent first molar teeth by 10th birthdate: (1) at least one sealant and (2) all four molars sealed during the measurement year. Given there are no established benchmarks, HSAG was unable to make rate comparisons to benchmarks.

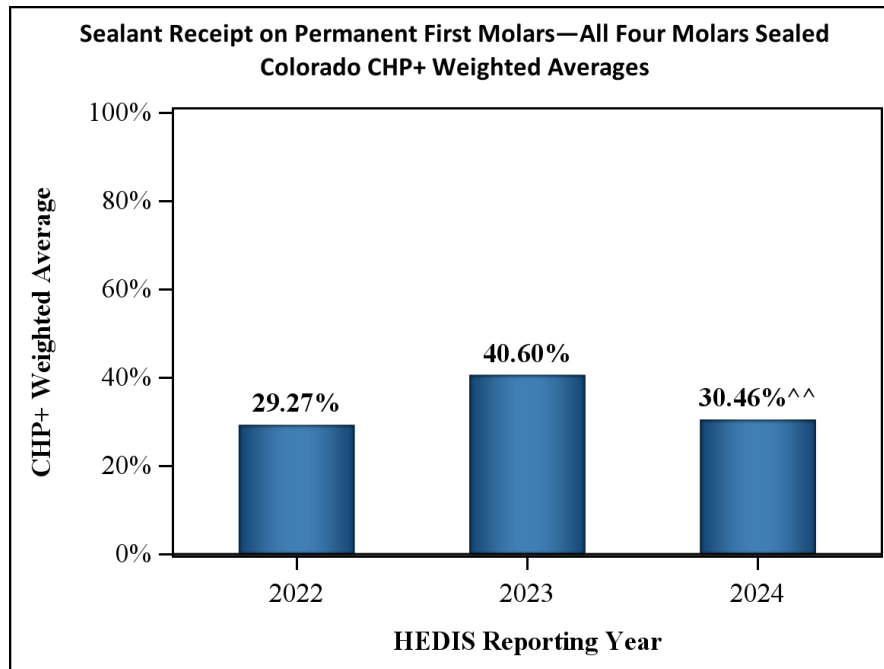


Two carets (^) indicate a statistically significant decline in performance from MY 2023 to MY 2024.

The Colorado CHP+ weighted average declined by nearly 14 percentage points from MY 2023 to MY 2024.

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 permanent first molar teeth by 10th birthdate: (1) at least one sealant and (2) all four molars sealed during the measurement year. Given there are no established benchmarks, HSAG was unable to make rate comparisons to benchmarks.

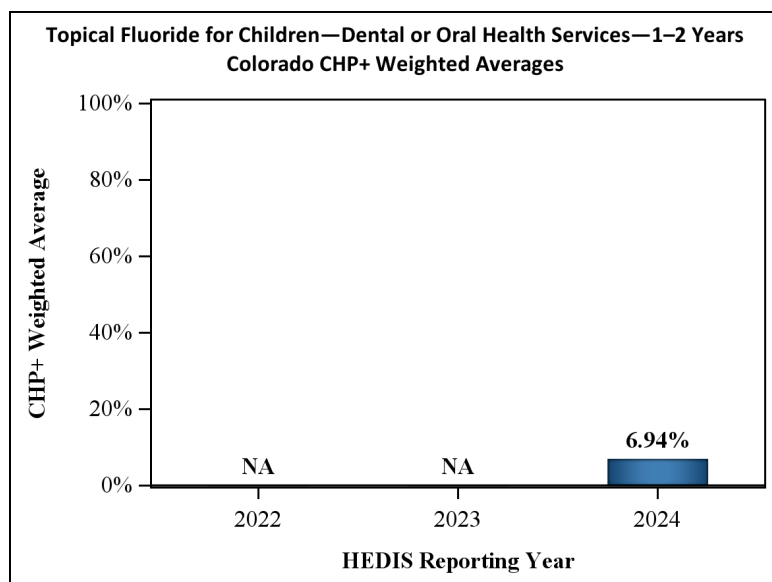


Two carets (^) indicate a statistically significant decline in performance from MY 2023 to MY 2024.

The Colorado CHP+ weighted average declined by more than 10 percentage points from MY 2023 to MY 2024.

Topical Fluoride for Children—Dental or Oral Health Services—1–2 Years

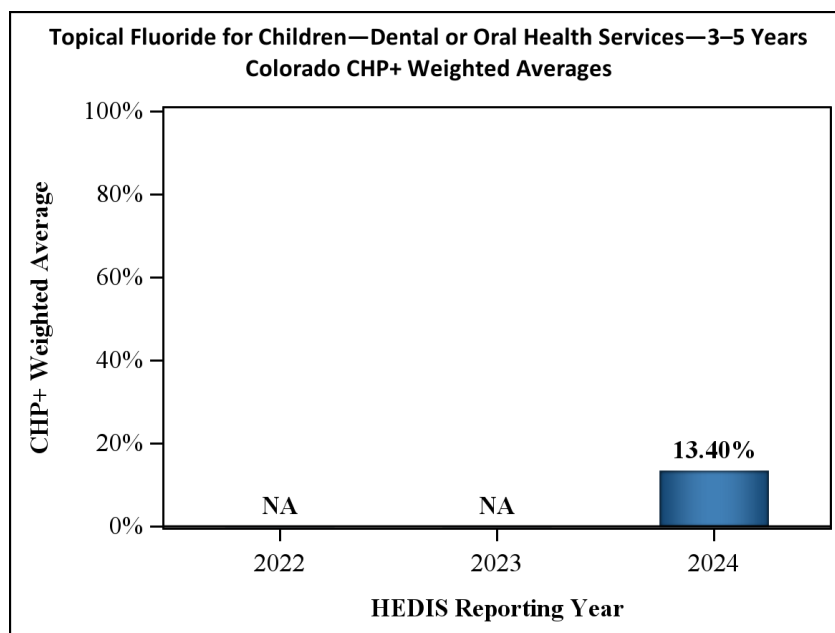
Topical Fluoride for Children—Dental or Health Services—1–2 Years measures the percentage of enrolled children ages 1 to 2 years who received at least two topical fluoride applications as: (1) dental or oral health services, (2) dental services, and (3) oral health services during the measurement year.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



The Colorado CHP+ weighted average could not be compared to prior years because the prior year denominators were too small to report valid rates.

Topical Fluoride for Children—Dental or Oral Health Services—3–5 Years

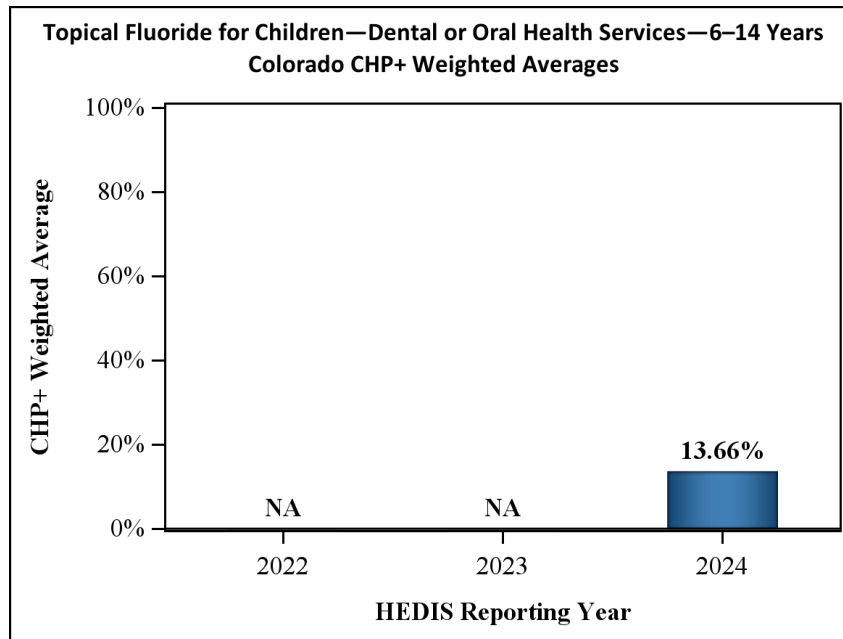
Topical Fluoride for Children—Dental or Oral Health Services—3–5 Years measures the percentage of enrolled children ages 3 to 5 years who received at least two topical fluoride applications as: (1) dental or oral health services, (2) dental services, and (3) oral health services during the measurement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



The Colorado CHP+ weighted average could not be compared to prior years because the prior year denominators were too small to report valid rates.

Topical Fluoride for Children—Dental or Oral Health Services—6–14 Years

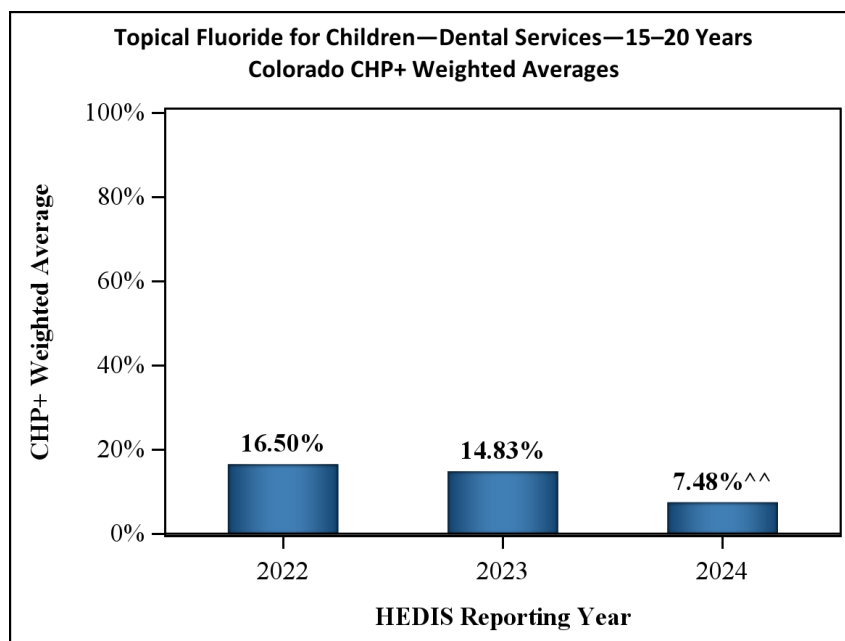
Topical Fluoride for Children—Dental or Oral Health Services—6–14 Years measures the percentage of enrolled children ages 6 to 14 years who received at least two topical fluoride applications as: (1) dental or oral health services, (2) dental services, and (3) oral health services during the measurement year. Given there are no established benchmarks, HSAG was unable to make rate comparisons to benchmarks.



The Colorado CHP+ weighted average could not be compared to prior years because the prior year denominators were too small to report valid rates.

Topical Fluoride for Children—Dental or Oral Health Services—15–20 Years

Topical Fluoride for Children—Dental or Oral Health Services—15–20 Years measures the percentage of enrolled children ages 15 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 during the measurement year. Given there are no established benchmarks, HSAG was unable to make rate comparisons to benchmarks.

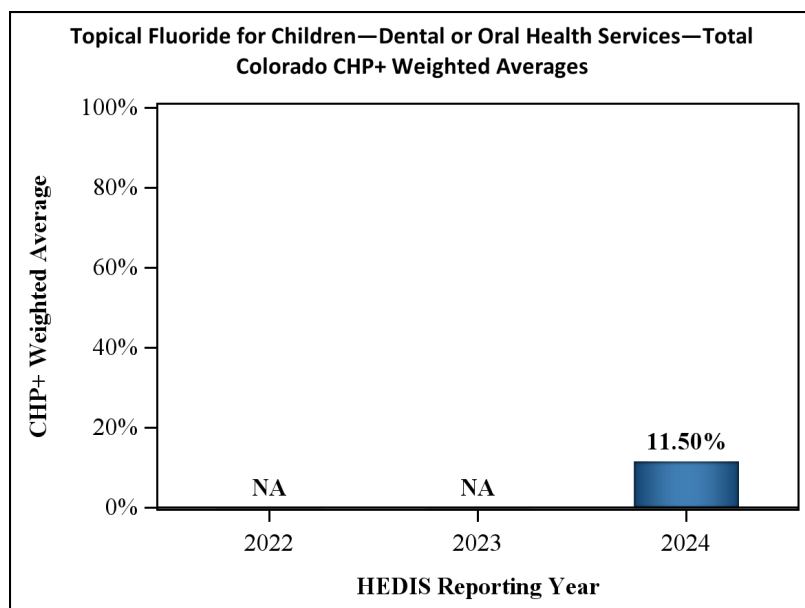


Two carets (^^) indicate a statistically significant decline in performance from MY 2023 to MY 2024.

The Colorado CHP+ weighted average declined by more than 7 percentage points from MY 2023 to MY 2024.

Topical Fluoride for Children—Dental or Oral Services—Total

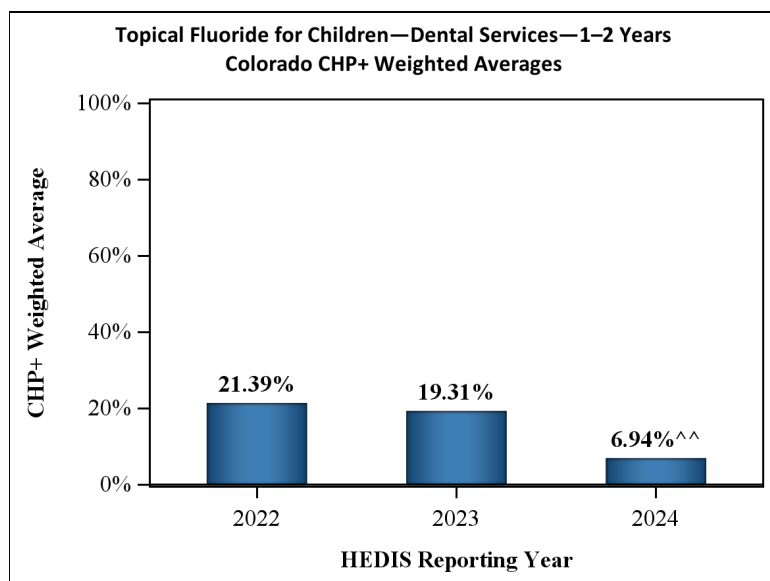
Topical Fluoride for Children—Dental or Oral Health Services—Total measures the percentage of enrolled children ages 1 to 20 years who received at least two topical fluoride applications as: (1) dental or oral health services, (2) dental services, and (3) oral health services during the measurement year.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



The Colorado CHP+ weighted average could not be compared to prior years because the prior year denominators were too small to report valid rates.

Topical Fluoride for Children—Dental Services—1–2 Years

Topical Fluoride for Children—Dental Services—1–2 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 during the measurement year. Given there are no established benchmarks, HSAG was unable to make rate comparisons to benchmarks.

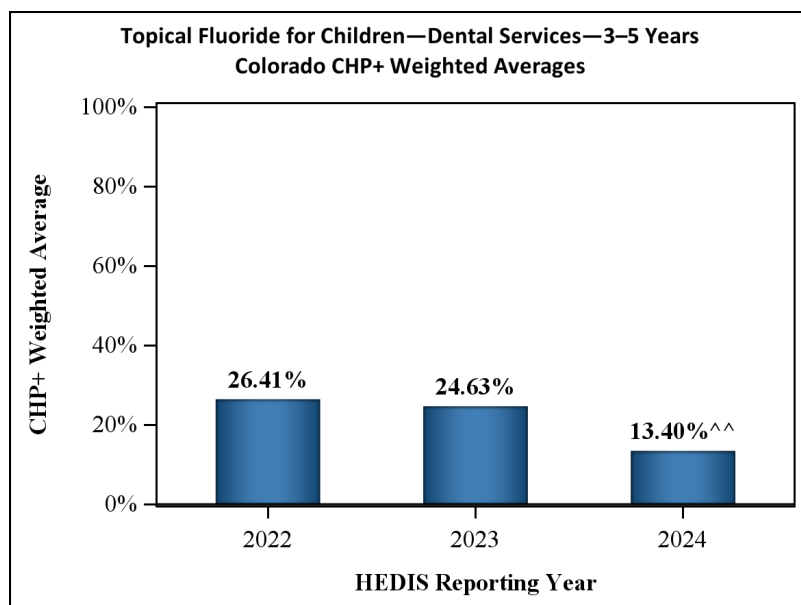


Two carets (^^) indicate a statistically significant decline in performance from MY 2023 to MY 2024.

The Colorado CHP+ weighted average declined by more than 12 percentage points from MY 2023 to MY 2024.

Topical Fluoride for Children—Dental Services—3–5 Years

Topical Fluoride for Children—Dental Services—3–5 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 during the measurement year. Given there are no established benchmarks, HSAG was unable to make rate comparisons to benchmarks.

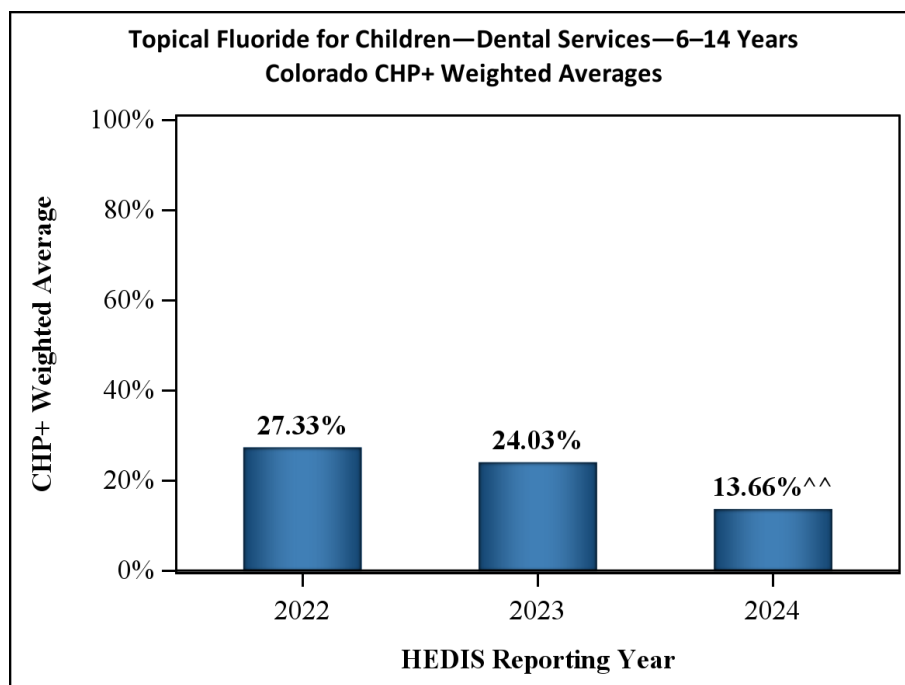


Two carets (^) indicate a statistically significant decline in performance from MY 2023 to MY 2024.

The Colorado CHP+ weighted average declined by more than 11 percentage points from MY 2023 to MY 2024.

Topical Fluoride for Children—Dental Services—6–14 Years

Topical Fluoride for Children—Dental Services—6–14 Years measures the percentage of enrolled children ages 6 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 during the measurement year. Given there are no established benchmarks, HSAG was unable to make rate comparisons to benchmarks.

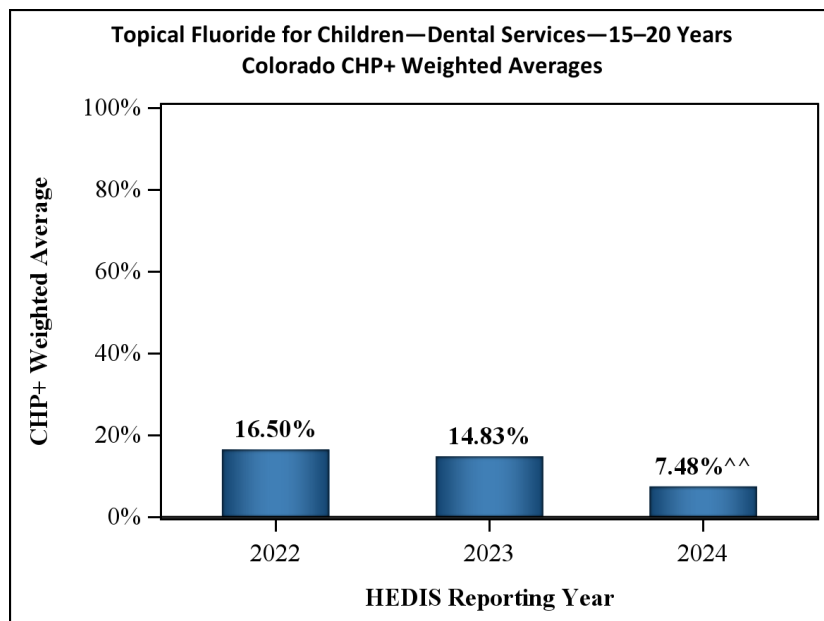


Two carets (^^) indicate a statistically significant decline in performance from MY 2023 to MY 2024.

The Colorado CHP+ weighted average declined by more than 10 percentage points from MY 2023 to MY 2024.

Topical Fluoride for Children—Dental Services—15–20 Years

Topical Fluoride for Children—Dental Services—15–20 Years measures the percentage of enrolled children ages 15 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 during the measurement year. Given there are no established benchmarks, HSAG was unable to make rate comparisons to benchmarks.

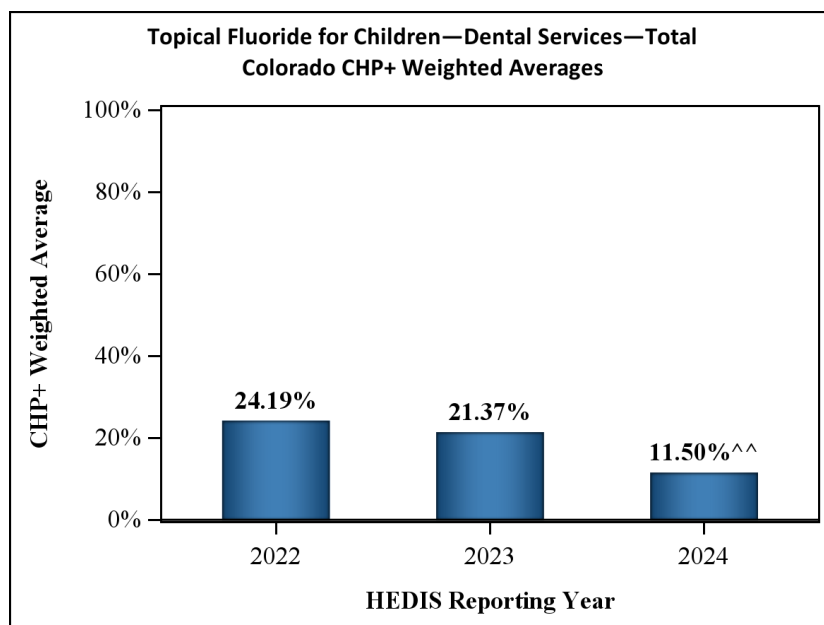


Two carets (^^) indicate a statistically significant decline in performance from MY 2023 to MY 2024.

The Colorado CHP+ weighted average declined by more than 7 percentage points from MY 2023 to MY 2024.

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 during the measurement year. Given there are no established benchmarks, HSAG was unable to make rate comparisons to benchmarks.



Two carets (^^) indicate a statistically significant decline in performance from MY 2023 to MY 2024.

The Colorado CHP+ weighted average declined by nearly 10 percentage points from MY 2023 to MY 2024.

Topical Fluoride for Children—Oral Health Services—1–2 Years

Topical Fluoride for Children—Oral Health Services—1–2 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 during the measurement year. Given there are no established benchmarks, HSAG was unable to make rate comparisons to benchmarks.

The Colorado CHP+ weighted average could not be compared to prior years because the prior year denominators were too small to report valid rates.

Topical Fluoride for Children—Oral Health Services—3–5 Years

Topical Fluoride for Children—Oral Health Services—3–5 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 during the measurement year. Given there are no established benchmarks, HSAG was unable to make rate comparisons to benchmarks.

The Colorado CHP+ weighted average could not be compared to prior years because the prior year denominators were too small to report valid rates.

Topical Fluoride for Children—Oral Health Services—6–14 Years

Topical Fluoride for Children—Oral Health Services—6–14 Years measures the percentage of enrolled children ages 6 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 during the measurement year. Given there are no established benchmarks, HSAG was unable to make rate comparisons to benchmarks.

The Colorado CHP+ weighted average could not be compared to prior years because the prior year denominators were too small to report valid rates.

Topical Fluoride for Children—Oral Health Services—15–20 Years

Topical Fluoride for Children—Oral Health Services—15–20 Years measures the percentage of enrolled children ages 15 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 during the measurement year. Given there are no established benchmarks, HSAG was unable to make rate comparisons to benchmarks.

The Colorado CHP+ weighted average could not be compared to prior years because the prior year denominators were too small to report valid rates.

Topical Fluoride for Children—Oral Health Services—Total

Topical Fluoride for Children—Oral Health 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 during the measurement year. Given there are no established benchmarks, HSAG was unable to make rate comparisons to benchmarks.

The Colorado CHP+ weighted average could not be compared to prior years because the prior year denominators were too small to report valid rates.

Summary of Findings and Recommendations

Reported rates for DentaQuest could not be compared to HEDIS MY 2024 national benchmarks because there were no established benchmarks for comparison; therefore, HSAG was not able to draw formal conclusions regarding performance based on MY 2024 reported results. Additionally, DentaQuest did not have large enough denominators to display reportable rates for MY 2024; therefore, DentaQuest's overall performance for measures in the Dental and Oral Health Services domain could not be assessed.

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 2022, MY 2023, and MY 2024 Colorado CHP+ weighted averages. Yellow shading with one caret (^) indicates the MY 2024 health plan-specific rate or Colorado CHP+ weighted average ranked at or above the 50th percentile when compared to MY 2023 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>Total^H</i>		
COA	28,340	48.91%
DHMP	4,006	56.42%^
Kaiser	3,634	54.60%^
RMHP	4,382	59.70%^
MY 2024 Colorado CHP+ Weighted Average	—	51.34%
MY 2023 Colorado CHP+ Weighted Average	—	49.73%^
MY 2022 Colorado CHP+ Weighted Average	—	42.88%
<i>3–11 Years^H</i>		
COA	15,525	54.15%
DHMP	1,930	64.61%^
Kaiser	1,905	59.53%^
RMHP	2,375	65.98%^
MY 2024 Colorado CHP+ Weighted Average	—	56.84%
MY 2023 Colorado CHP+ Weighted Average	—	53.64%
MY 2022 Colorado CHP+ Weighted Average	—	47.20%
<i>12–17 Years^H</i>		
COA	11,028	45.07%
DHMP	1,736	51.27%
Kaiser	1,460	52.19%
RMHP	1,724	55.16%^
MY 2024 Colorado CHP+ Weighted Average	—	47.49%

CHP+ Plan	Eligible Population	Rate
MY 2023 Colorado CHP+ Weighted Average	—	45.78%
MY 2022 Colorado CHP+ Weighted Average	—	40.79%
18–21 Years^H		
COA	1,787	27.08%
DHMP	340	36.18%^
Kaiser	269	32.71%^
RMHP	283	34.63%^
MY 2024 Colorado CHP+ Weighted Average	—	29.60% ^
MY 2023 Colorado CHP+ Weighted Average	—	31.96% ^
MY 2022 Colorado CHP+ Weighted Average	—	23.90%
Childhood Immunization Status		
Combination 3^H		
COA	1,210	64.30%
DHMP	111	56.76%
Kaiser	143	69.23%^
RMHP	171	64.33%
MY 2024 Colorado CHP+ Weighted Average	—	64.22%
MY 2023 Colorado CHP+ Weighted Average	—	69.90% ^
MY 2022 Colorado CHP+ Weighted Average	—	61.19%
Combination 7^H		
COA	1,210	59.83%^
DHMP	111	53.15%
Kaiser	143	68.53%^
RMHP	171	58.48%^
MY 2024 Colorado CHP+ Weighted Average	—	60.00% ^
MY 2023 Colorado CHP+ Weighted Average	—	63.87% ^
MY 2022 Colorado CHP+ Weighted Average	—	55.84% ^
Combination 10^H		
COA	1,210	34.38%^
DHMP	111	29.73%^
Kaiser	143	44.06%^
RMHP	171	28.65%^
MY 2024 Colorado CHP+ Weighted Average	—	34.31% ^
MY 2023 Colorado CHP+ Weighted Average	—	42.32% ^
MY 2022 Colorado CHP+ Weighted Average	—	39.54% ^
DTaP^H		
COA	1,210	74.38%^
DHMP	111	64.86%

CHP+ Plan	Eligible Population	Rate
Kaiser	143	74.83%^
RMHP	171	70.76%^
MY 2024 Colorado CHP+ Weighted Average	—	73.39%^
MY 2023 Colorado CHP+ Weighted Average	—	75.39%^
MY 2022 Colorado CHP+ Weighted Average	—	68.49%
<i>Hepatitis A^H</i>		
COA	1,210	84.21%^
DHMP	111	82.88%^
Kaiser	143	86.01%^
RMHP	171	78.36%
MY 2024 Colorado CHP+ Weighted Average	—	83.67%^
MY 2023 Colorado CHP+ Weighted Average	—	84.47%^
MY 2022 Colorado CHP+ Weighted Average	—	79.32%
<i>Hepatitis B^H</i>		
COA	1,210	87.85%^
DHMP	111	72.97%
Kaiser	143	91.61%^
RMHP	171	81.29%
MY 2024 Colorado CHP+ Weighted Average	—	86.48%^
MY 2023 Colorado CHP+ Weighted Average	—	86.56%
MY 2022 Colorado CHP+ Weighted Average	—	78.35%
<i>HiB^H</i>		
COA	1,210	86.45%^
DHMP	111	81.08%
Kaiser	143	88.11%^
RMHP	171	81.29%
MY 2024 Colorado CHP+ Weighted Average	—	85.69%^
MY 2023 Colorado CHP+ Weighted Average	—	85.69%^
MY 2022 Colorado CHP+ Weighted Average	—	80.90%
<i>Influenza^H</i>		
COA	1,210	45.62%^
DHMP	111	38.74%^
Kaiser	143	52.45%^
RMHP	171	36.26%
MY 2024 Colorado CHP+ Weighted Average	—	44.77%^
MY 2023 Colorado CHP+ Weighted Average	—	51.13%^
MY 2022 Colorado CHP+ Weighted Average	—	51.70%^

CHP+ Plan	Eligible Population	Rate
IPV^H		
COA	1,210	87.19%^
DHMP	111	78.38%
Kaiser	143	88.81%^
RMHP	171	81.87%
MY 2024 Colorado CHP+ Weighted Average	—	86.18%^
MY 2023 Colorado CHP+ Weighted Average	—	86.74%^
MY 2022 Colorado CHP+ Weighted Average	—	81.75%
MMR^H		
COA	1,210	80.25%
DHMP	111	85.59%^
Kaiser	143	83.92%
RMHP	171	83.04%
MY 2024 Colorado CHP+ Weighted Average	—	81.22%
MY 2023 Colorado CHP+ Weighted Average	—	86.47%^
MY 2022 Colorado CHP+ Weighted Average	—	81.39%
Pneumococcal Conjugate^H		
COA	1,210	75.79%^
DHMP	111	59.46%
Kaiser	143	79.72%^
RMHP	171	71.93%^
MY 2024 Colorado CHP+ Weighted Average	—	74.62%^
MY 2023 Colorado CHP+ Weighted Average	—	76.44%^
MY 2022 Colorado CHP+ Weighted Average	—	72.51%^
Rotavirus^H		
COA	1,210	77.60%^
DHMP	111	58.56%
Kaiser	143	87.41%^
RMHP	171	70.76%^
MY 2024 Colorado CHP+ Weighted Average	—	76.45%^
MY 2023 Colorado CHP+ Weighted Average	—	74.78%^
MY 2022 Colorado CHP+ Weighted Average	—	70.44%^
VZV^H		
COA	1,210	85.37%^
DHMP	111	84.68%^
Kaiser	143	85.31%^
RMHP	171	79.53%
MY 2024 Colorado CHP+ Weighted Average	—	84.71%^

CHP+ Plan	Eligible Population	Rate
MY 2023 Colorado CHP+ Weighted Average	—	86.74%^
MY 2022 Colorado CHP+ Weighted Average	—	81.27%
<i>Chlamydia Screening in Women</i>		
<i>16–20 Years^H</i>		
COA	942	33.55%
DHMP	173	74.57%^
Kaiser	138	45.65%
RMHP	157	31.85%
MY 2024 Colorado CHP+ Weighted Average	—	39.57%
MY 2023 Colorado CHP+ Weighted Average	—	42.70%
MY 2022 Colorado CHP+ Weighted Average	—	31.44%
<i>Developmental Screening in the First Three Years of Life</i>		
<i>Total^{SA}</i>		
COA	4,558	60.95%
DHMP	411	70.80%
Kaiser	364	76.92%
RMHP	415	56.39%
MY 2024 Colorado CHP+ Weighted Average	—	62.33%
MY 2023 Colorado CHP+ Weighted Average	—	65.03%
MY 2022 Colorado CHP+ Weighted Average	—	37.84%
<i>1 Year^{SA}</i>		
COA	587	53.49%
DHMP	65	80.00%
Kaiser	81	77.78%
RMHP	100	49.00%
MY 2024 Colorado CHP+ Weighted Average	—	57.38%
MY 2023 Colorado CHP+ Weighted Average	—	65.95%
MY 2022 Colorado CHP+ Weighted Average	—	48.58%
<i>2 Years^{SA}</i>		
COA	1,926	68.54%
DHMP	157	74.52%
Kaiser	144	85.42%
RMHP	171	64.91%
MY 2024 Colorado CHP+ Weighted Average	—	69.68%
MY 2023 Colorado CHP+ Weighted Average	—	71.04%
MY 2022 Colorado CHP+ Weighted Average	—	44.82%
<i>3 Years^{SA}</i>		
COA	2,045	55.94%

CHP+ Plan	Eligible Population	Rate
DHMP	189	64.55%
Kaiser	139	67.63%
RMHP	144	51.39%
MY 2024 Colorado CHP+ Weighted Average	—	56.97%
MY 2023 Colorado CHP+ Weighted Average	—	58.68%
MY 2022 Colorado CHP+ Weighted Average	—	27.99%
<i>Immunizations for Adolescents</i>		
<i>Combination 1^H</i>		
COA	1,281	77.21%
DHMP	221	71.04%
Kaiser	204	77.94%
RMHP	184	65.76%
MY 2024 Colorado CHP+ Weighted Average	—	75.45%
MY 2023 Colorado CHP+ Weighted Average	—	69.02%
MY 2022 Colorado CHP+ Weighted Average	—	71.47%
<i>Combination 2^H</i>		
COA	1,281	40.12%^
DHMP	221	53.85%^
Kaiser	204	50.98%^
RMHP	184	35.33%^
MY 2024 Colorado CHP+ Weighted Average	—	42.43% ^
MY 2023 Colorado CHP+ Weighted Average	—	34.56% ^
MY 2022 Colorado CHP+ Weighted Average	—	33.30%
<i>HPV^H</i>		
COA	1,281	42.54%^
DHMP	221	56.11%^
Kaiser	204	51.47%^
RMHP	184	39.13%^
MY 2024 Colorado CHP+ Weighted Average	—	44.76% ^
MY 2023 Colorado CHP+ Weighted Average	—	37.11% ^
MY 2022 Colorado CHP+ Weighted Average	—	35.53%
<i>Meningococcal^H</i>		
COA	1,281	78.22%
DHMP	221	72.85%
Kaiser	204	77.94%
RMHP	184	65.76%
MY 2024 Colorado CHP+ Weighted Average	—	76.35%
MY 2023 Colorado CHP+ Weighted Average	—	69.75%

CHP+ Plan	Eligible Population	Rate
MY 2022 Colorado CHP+ Weighted Average	—	72.27%
<i>Tdap^H</i>		
COA	1,281	87.51%^
DHMP	221	74.21%
Kaiser	204	87.75%^
RMHP	184	81.52%
MY 2024 Colorado CHP+ Weighted Average	—	85.40%^
MY 2023 Colorado CHP+ Weighted Average	—	80.34%
MY 2022 Colorado CHP+ Weighted Average	—	82.94%
<i>Lead Screening in Children</i>		
<i>Lead Screening in Children^H</i>		
COA	1,069	37.23%
DHMP	112	64.29%^
Kaiser	144	14.58%
RMHP	172	56.98%
MY 2024 Colorado CHP+ Weighted Average	—	39.35%
MY 2023 Colorado CHP+ Weighted Average	—	39.01%
MY 2022 Colorado CHP+ Weighted Average	—	29.78%
<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</i>		
<i>BMI Percentile—Total^H</i>		
COA	18,893	18.98%
DHMP	2,530	62.77%
Kaiser	2,435	91.66%^
RMHP	296	25.14%
MY 2024 Colorado CHP+ Weighted Average	—	30.36%
MY 2023 Colorado CHP+ Weighted Average	—	31.64%
MY 2022 Colorado CHP+ Weighted Average	—	28.21%
<i>BMI Percentile—3–11 Years^H</i>		
COA	11,353	18.45%
DHMP	1,425	63.44%
Kaiser	1,424	91.78%^
RMHP	175	24.35%
MY 2024 Colorado CHP+ Weighted Average	—	29.62%
MY 2023 Colorado CHP+ Weighted Average	—	30.16%
MY 2022 Colorado CHP+ Weighted Average	—	26.56%
<i>BMI Percentile—12–17 Years^H</i>		
COA	7,540	19.77%
DHMP	1,105	61.90%

CHP+ Plan	Eligible Population	Rate
Kaiser	1,011	91.49%^
RMHP	121	26.36%
MY 2024 Colorado CHP+ Weighted Average	—	31.45%
MY 2023 Colorado CHP+ Weighted Average	—	33.66%
MY 2022 Colorado CHP+ Weighted Average	—	30.37%
<i>Counseling for Nutrition—Total^H</i>		
COA	18,893	29.02%
DHMP	2,530	75.22%^
Kaiser	2,435	91.91%^
RMHP	296	34.77%
MY 2024 Colorado CHP+ Weighted Average	—	39.69%
MY 2023 Colorado CHP+ Weighted Average	—	37.15%
MY 2022 Colorado CHP+ Weighted Average	—	29.71%
<i>Counseling for Nutrition—3–11 Years^H</i>		
COA	11,353	31.31%
DHMP	1,425	77.26%^
Kaiser	1,424	91.50%^
RMHP	175	37.35%
MY 2024 Colorado CHP+ Weighted Average	—	41.42%
MY 2023 Colorado CHP+ Weighted Average	—	38.71%
MY 2022 Colorado CHP+ Weighted Average	—	29.85%
<i>Counseling for Nutrition—12–17 Years^H</i>		
COA	7,540	25.56%
DHMP	1,105	72.58%^
Kaiser	1,011	92.48%^
RMHP	121	30.82%
MY 2024 Colorado CHP+ Weighted Average	—	37.14%
MY 2023 Colorado CHP+ Weighted Average	—	35.03%
MY 2022 Colorado CHP+ Weighted Average	—	29.52%
<i>Counseling for Physical Activity—Total^H</i>		
COA	18,893	22.81%
DHMP	2,530	73.95%^
Kaiser	2,435	91.83%^
RMHP	296	34.45%
MY 2024 Colorado CHP+ Weighted Average	—	35.18%
MY 2023 Colorado CHP+ Weighted Average	—	31.86%
MY 2022 Colorado CHP+ Weighted Average	—	25.03%

CHP+ Plan	Eligible Population	Rate
<i>Counseling for Physical Activity—3–11 Years^H</i>		
COA	11,353	24.12%
DHMP	1,425	75.72%^
Kaiser	1,424	91.29%^
RMHP	175	35.38%
MY 2024 Colorado CHP+ Weighted Average	—	35.95%
MY 2023 Colorado CHP+ Weighted Average	—	32.26%
MY 2022 Colorado CHP+ Weighted Average	—	23.69%
<i>Counseling for Physical Activity—12–17 Years^H</i>		
COA	7,540	20.84%
DHMP	1,105	71.67%^
Kaiser	1,011	92.58%^
RMHP	121	33.01%
MY 2024 Colorado CHP+ Weighted Average	—	34.03%
MY 2023 Colorado CHP+ Weighted Average	—	31.32%
MY 2022 Colorado CHP+ Weighted Average	—	26.77%
<i>Well-Child Visits in the First 30 Months of Life</i>		
<i>Well-Child Visits in the First 15 Months—Six or More Well-Child Visits^H</i>		
COA	818	44.99%
DHMP	30	63.33%^
Kaiser	100	71.00%^
RMHP	37	72.97%^
MY 2024 Colorado CHP+ Weighted Average	—	49.24%
MY 2023 Colorado CHP+ Weighted Average	—	61.94%^
MY 2022 Colorado CHP+ Weighted Average	—	46.06%
<i>Well-Child Visits for Age 15 Months–30 Months—Two or More Well-Child Visits^H</i>		
COA	1,024	73.05%^
DHMP	104	75.96%^
Kaiser	116	68.10%
RMHP	78	87.18%^
MY 2024 Colorado CHP+ Weighted Average	—	73.68%^
MY 2023 Colorado CHP+ Weighted Average	—	68.11%^
MY 2022 Colorado CHP+ Weighted Average	—	59.14%

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

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

—indicates that the rate was not reported.

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

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>Most or Moderately Effective Contraception—Total^{SA}</i>		
COA	3,610	17.78%
DHMP	650	18.46%
Kaiser	497	19.52%
RMHP	552	23.55%
MY 2024 Colorado CHP+ Weighted Average	—	18.63%
MY 2023 Colorado CHP+ Weighted Average	—	18.12%
MY 2022 Colorado CHP+ Weighted Average	—	16.87%
<i>Long-Acting Reversible Contraception—15–20 Years^{SA}</i>		
COA	3,610	3.52%
DHMP	650	5.38%
Kaiser	497	3.62%
RMHP	552	5.43%
MY 2024 Colorado CHP+ Weighted Average	—	3.96%
MY 2023 Colorado CHP+ Weighted Average	—	3.61%
MY 2022 Colorado CHP+ Weighted Average	—	3.19%
<i>Contraceptive Care—Postpartum Women</i>		
<i>Most or Moderately Effective Contraception—3 Days—15–20 Years^{SA}</i>		
COA	26	NA
DHMP	3	NA
Kaiser	4	NA
RMHP	6	NA
MY 2024 Colorado CHP+ Weighted Average	—	5.13%
MY 2023 Colorado CHP+ Weighted Average	—	NA
MY 2022 Colorado CHP+ Weighted Average	—	0.00%
<i>Most or Moderately Effective Contraception—90 Days—15–20 Years^{SA}</i>		
COA	26	NA
DHMP	3	NA
Kaiser	4	NA
RMHP	6	NA
MY 2024 Colorado CHP+ Weighted Average	—	46.15%
MY 2023 Colorado CHP+ Weighted Average	—	NA
MY 2022 Colorado CHP+ Weighted Average	—	64.86%

CHP+ Plan	Eligible Population	Rate
Long-Acting Reversible Contraception—3 Days—15–20 Years^{SA}		
COA	26	NA
DHMP	3	NA
Kaiser	4	NA
RMHP	6	NA
MY 2024 Colorado CHP+ Weighted Average	—	0.00%
MY 2023 Colorado CHP+ Weighted Average	—	NA
MY 2022 Colorado CHP+ Weighted Average	—	2.70%
Long-Acting Reversible Contraception—90 Days—15–20 Years^{SA}		
COA	26	NA
DHMP	3	NA
Kaiser	4	NA
RMHP	6	NA
MY 2024 Colorado CHP+ Weighted Average	—	20.51%
MY 2023 Colorado CHP+ Weighted Average	—	NA
MY 2022 Colorado CHP+ Weighted Average	—	35.14%
Prenatal and Postpartum Care		
Timeliness of Prenatal Care—Under 21 Years^{SA}		
COA	43	60.47%
DHMP	9	NA
Kaiser	4	NA
RMHP	12	NA
MY 2024 Colorado CHP+ Weighted Average	—	64.71%
MY 2023 Colorado CHP+ Weighted Average	—	59.86%
Postpartum Care—Under 21 Years^{SA}		
COA	43	53.49%
DHMP	9	NA
Kaiser	4	NA
RMHP	12	NA
MY 2024 Colorado CHP+ Weighted Average	—	63.24%
MY 2023 Colorado CHP+ Weighted Average	—	50.00%

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

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

—indicates that the rate was not reported.

Care of Acute and Chronic Conditions Performance Measure Results

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

CHP+ Plan	Eligible Population	Rate
<i>Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis</i>		
<i>3 Months–17 Years^H</i>		
COA	418	84.93%^
DHMP	23	NA
Kaiser	34	5.88%
RMHP	78	87.18%^
MY 2024 Colorado CHP+ Weighted Average	—	80.29%^
MY 2023 Colorado CHP+ Weighted Average	—	79.47%^
MY 2022 Colorado CHP+ Weighted Average	—	82.81%^
<i>Asthma Medication Ratio</i>		
<i>5–18 Years^{SA}</i>		
COA	280	56.07%
DHMP	26	NA
Kaiser	31	58.06%
RMHP	8	NA
MY 2024 Colorado CHP+ Weighted Average	—	56.81%
MY 2023 Colorado CHP+ Weighted Average	—	67.98%
MY 2022 Colorado CHP+ Weighted Average	—	61.64%
<i>5–11 Years^H</i>		
COA	145	48.97%
DHMP	14	NA
Kaiser	18	NA
RMHP	3	NA
MY 2024 Colorado CHP+ Weighted Average	—	52.78%
MY 2023 Colorado CHP+ Weighted Average	—	75.00%
MY 2022 Colorado CHP+ Weighted Average	—	67.95%
<i>12–18 Years^H</i>		
COA	135	63.70%
DHMP	12	NA
Kaiser	13	NA
RMHP	5	NA

CHP+ Plan	Eligible Population	Rate
MY 2024 Colorado CHP+ Weighted Average	—	61.21%
MY 2023 Colorado CHP+ Weighted Average	—	59.38%
MY 2022 Colorado CHP+ Weighted Average	—	55.22%

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

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

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

— indicates that the rate was not reported.

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

Behavioral Health Care Performance Measure Results

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

CHP+ Plan	Eligible Population	Rate
<i>Follow-Up After Emergency Department Visit for Mental Illness</i>		
<i>7-Day Follow-Up—6–17 Years^H</i>		
COA	118	67.80%^
DHMP	17	NA
Kaiser	26	NA
RMHP	22	NA
MY 2024 Colorado CHP+ Weighted Average	—	63.39%^
MY 2023 Colorado CHP+ Weighted Average	—	65.83%^
MY 2022 Colorado CHP+ Weighted Average	—	58.54%^
<i>30-Day Follow-Up—6–17 Years^H</i>		
COA	118	83.05%^
DHMP	17	NA
Kaiser	26	NA
RMHP	22	NA
MY 2024 Colorado CHP+ Weighted Average	—	79.23%^
MY 2023 Colorado CHP+ Weighted Average	—	77.50%^
MY 2022 Colorado CHP+ Weighted Average	—	71.95%^
<i>Follow-Up After Emergency Department Visit for Substance Use</i>		
<i>7-Day Follow-Up—13–17 Years^H</i>		
COA	48	10.42%
DHMP	10	NA
Kaiser	2	NA
RMHP	7	NA
MY 2024 Colorado CHP+ Weighted Average	—	10.45%
MY 2023 Colorado CHP+ Weighted Average	—	23.40%^
MY 2022 Colorado CHP+ Weighted Average	—	26.83%^
<i>30-Day Follow-Up—13–17 Years^H</i>		
COA	48	20.83%
DHMP	10	NA
Kaiser	2	NA
RMHP	7	NA
MY 2024 Colorado CHP+ Weighted Average	—	20.90%
MY 2023 Colorado CHP+ Weighted Average	—	40.43%^
MY 2022 Colorado CHP+ Weighted Average	—	31.71%^

CHP+ Plan	Eligible Population	Rate
<i>Follow-Up After Hospitalization for Mental Illness</i>		
<i>7-Day Follow-Up—6–17 Years^H</i>		
COA	235	42.13%
DHMP	32	43.75%
Kaiser	26	NA
RMHP	35	17.14%
MY 2024 Colorado CHP+ Weighted Average	—	42.38%
MY 2023 Colorado CHP+ Weighted Average	—	56.40% ^
MY 2022 Colorado CHP+ Weighted Average	—	40.36%
<i>30-Day Follow-Up—6–17 Years^H</i>		
COA	235	64.68%
DHMP	32	56.25%
Kaiser	26	NA
RMHP	35	25.71%
MY 2024 Colorado CHP+ Weighted Average	—	61.28%
MY 2023 Colorado CHP+ Weighted Average	—	71.56%
MY 2022 Colorado CHP+ Weighted Average	—	75.90% ^
<i>Follow-Up Care for Children Prescribed ADHD Medication</i>		
<i>Initiation Phase^H</i>		
COA	204	33.82%
DHMP	7	NA
Kaiser	27	NA
RMHP	27	NA
MY 2024 Colorado CHP+ Weighted Average	—	40.00%
<i>Continuation and Maintenance Phase^H</i>		
COA	52	40.38%
DHMP	1	NA
Kaiser	4	NA
RMHP	5	NA
MY 2024 Colorado CHP+ Weighted Average	—	41.94%
<i>Metabolic Monitoring for Children and Adolescents on Antipsychotics</i>		
<i>Blood Glucose Testing—Total^H</i>		
COA	138	42.75%
DHMP	11	NA
Kaiser	9	NA
RMHP	19	NA
MY 2024 Colorado CHP+ Weighted Average	—	49.15%

CHP+ Plan	Eligible Population	Rate
<i>Cholesterol Testing—Total^H</i>		
COA	138	23.91%
DHMP	11	NA
Kaiser	9	NA
RMHP	19	NA
MY 2024 Colorado CHP+ Weighted Average	—	30.51%
<i>Blood Glucose and Cholesterol Testing—Total^H</i>		
COA	138	20.29%
DHMP	11	NA
Kaiser	9	NA
RMHP	19	NA
MY 2024 Colorado CHP+ Weighted Average	—	27.68%
<i>Blood Glucose Testing—1–11 Years^H</i>		
COA	25	NA
DHMP	1	NA
Kaiser	2	NA
RMHP	2	NA
MY 2024 Colorado CHP+ Weighted Average	—	40.00%
<i>Blood Glucose Testing—12–17 Years^H</i>		
COA	113	44.25%
DHMP	10	NA
Kaiser	7	NA
RMHP	17	NA
MY 2024 Colorado CHP+ Weighted Average	—	51.02%
<i>Cholesterol Testing—1–11 Years^H</i>		
COA	25	NA
DHMP	1	NA
Kaiser	2	NA
RMHP	2	NA
MY 2024 Colorado CHP+ Weighted Average	—	23.33%
<i>Cholesterol Testing—12–17 Years^H</i>		
COA	113	25.66%
DHMP	10	NA
Kaiser	7	NA
RMHP	17	NA
MY 2024 Colorado CHP+ Weighted Average	—	31.97%

CHP+ Plan	Eligible Population	Rate
<i>Blood Glucose and Cholesterol Testing—1–11 Years^H</i>		
COA	25	NA
DHMP	1	NA
Kaiser	2	NA
RMHP	2	NA
MY 2024 Colorado CHP+ Weighted Average	—	20.00%
<i>Blood Glucose and Cholesterol Testing—12–17 Years^H</i>		
COA	113	22.12%
DHMP	10	NA
Kaiser	7	NA
RMHP	17	NA
MY 2024 Colorado CHP+ Weighted Average	—	29.25%
<i>Screening for Depression and Follow-Up Plan</i>		
<i>12–17 Years^{SA}</i>		
COA	6,845	23.39%
DHMP	3,697	66.38%
Kaiser	1,745	2.58%
RMHP	3,073	17.28%
MY 2024 Colorado CHP+ Weighted Average	—	30.15%
MY 2023 Colorado CHP+ Weighted Average	—	19.25%
MY 2022 Colorado CHP+ Weighted Average	—	13.41%
<i>Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics</i>		
<i>12–17 Years^H</i>		
COA	59	81.36%^
DHMP	5	NA
Kaiser	1	NA
RMHP	9	NA
MY 2024 Colorado CHP+ Weighted Average	—	77.03%^
MY 2023 Colorado CHP+ Weighted Average	—	72.00%^
MY 2022 Colorado CHP+ Weighted Average	—	68.25%^
<i>Total^H</i>		
COA	69	78.26%^
DHMP	5	NA
Kaiser	2	NA
RMHP	10	NA
MY 2024 Colorado CHP+ Weighted Average	—	75.58%^
MY 2023 Colorado CHP+ Weighted Average	—	71.43%^
MY 2022 Colorado CHP+ Weighted Average	—	66.67%^

CHP+ Plan	Eligible Population	Rate
<i>1–11 Years^H</i>		
COA	10	NA
DHMP	0	NA
Kaiser	1	NA
RMHP	1	NA
MY 2024 Colorado CHP+ Weighted Average	—	NA
MY 2023 Colorado CHP+ Weighted Average	—	NA
MY 2022 Colorado CHP+ Weighted Average	—	NA

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

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

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

— indicates that the rate was not reported.

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

Dental and Oral Services Measure Results

Table A-5—Dental and Oral Health Services Measure Results

Performance Measures	Eligible Population	Rate
<i>Oral Evaluation, Dental Services</i>		
<3 Year	6,786	33.11%
3–5 Years	12,611	49.81%
6–14 Years	41,363	51.71%
15–20 Years	21,530	37.87%
Total	82,290	46.26%
<i>Sealant Receipt on Permanent First Molars</i>		
All Four Molars Sealed	1,185	30.46%
At Least One Sealant	1,185	40.42%
<i>Topical Fluoride for Children</i>		
Dental or Oral Health Services—1–2 Years	7,259	6.94%
Dental or Oral Health Services—3–5 Years	13,585	13.40%
Dental or Oral Health Services—6–14 Years	47,011	13.66%
Dental or Oral Health Services—15–20 Years	23,365	7.48%
Dental or Oral Health Services—Total	91,220	11.50%
Dental Services—1–2 Years	7,259	6.94%
Dental Services—3–5 Years	13,585	13.40%
Dental Services—6–14 Years	47,011	13.66%
Dental Services—15–20 Years	23,365	7.48%
Dental Services—Total	91,220	11.50%
Oral Health Services—1–2 Years	7,259	0.00%
Oral Health Services—3–5 Years	13,585	0.00%
Oral Health Services—6–14 Years	47,011	0.00%
Oral Health Services—15–20 Years	23,365	0.00%
Oral Health Services—Total	91,220	0.00%

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 2022, MY 2023, and MY 2024 are presented.

MY 2022 to MY 2024 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.

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 2022 Rate	HEDIS MY 2023 Rate	HEDIS MY 2024 Rate	Percentile Ranking
Primary Care Access and Preventive Care				
<i>Child and Adolescent Well-Care Visits</i>				
<i>Total^H</i>	41.86%	49.66%	48.91%	25th–49th
<i>3–11 Years^H</i>	46.40%	53.13%	54.15%	25th–49th
<i>12–17 Years^H</i>	39.27%	45.17%	45.07%	10th–24th
<i>18–21 Years^H</i>	23.29%	NA	27.08%	25th–49th
<i>Childhood Immunization Status</i>				
<i>Combination 3^H</i>	57.93%	71.01%	64.30% ^^	25th–49th
<i>Combination 7^H</i>	52.58%	64.61%	59.83% ^^	50th–74th
<i>Combination 10^H</i>	37.64%	42.58%	34.38% ^^	50th–74th
<i>DTaP^H</i>	66.42%	76.63%	74.38%	50th–74th
<i>Hepatitis A^H</i>	78.23%	85.51%	84.21%	50th–74th
<i>Hepatitis B^H</i>	75.28%	88.43%	87.85%	50th–74th
<i>HiB^H</i>	79.70%	87.53%	86.45%	50th–74th
<i>Influenza^H</i>	51.48%	52.25%	45.62% ^^	75th–89th
<i>IPV^H</i>	80.81%	88.99%	87.19%	50th–74th
<i>MMR^H</i>	80.07%	87.08%	80.25% ^^	10th–24th
<i>Pneumococcal Conjugate^H</i>	70.48%	79.33%	75.79%	75th–89th
<i>Rotavirus^H</i>	68.82%	76.97%	77.60%	≥90th
<i>VZV^H</i>	79.52%	87.64%	85.37%	50th–74th

Performance Measures	HEDIS MY 2022 Rate	HEDIS MY 2023 Rate	HEDIS MY 2024 Rate	Percentile Ranking
Chlamydia Screening in Women				
16–20 Years ^H	29.07%	38.71%	33.55%^^	<10th
Developmental Screening in the First Three Years of Life				
Total ^{SA}	33.36%	65.35%	60.95%^^	—
1 Year ^{SA}	48.04%	68.95%	53.49%^^	—
2 Years ^{SA}	38.65%	71.35%	68.54%	—
3 Years ^{SA}	23.06%	57.33%	55.94%	—
Immunizations for Adolescents				
Combination 1 ^H	71.79%	68.92%	77.21%^	25th–49th
Combination 2 ^H	33.31%	34.24%	40.12%^	50th–74th
HPV ^H	35.45%	36.98%	42.54%^	75th–89th
Meningococcal ^H	72.57%	69.93%	78.22%^	25th–49th
Tdap ^H	82.00%	80.22%	87.51%^	50th–74th
Lead Screening in Children				
Lead Screening in Children ^H	30.88%	43.64%	37.23%^^	10th–24th
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents				
BMI Percentile—Total ^H	17.90%	19.23%	18.98%	<10th
BMI Percentile—3–11 Years ^H	16.27%	17.40%	18.45%	<10th
BMI Percentile—12–17 Years ^H	20.09%	21.77%	19.77%^^	<10th
Counseling for Nutrition—Total ^H	18.71%	25.67%	29.02%^	<10th
Counseling for Nutrition—3–11 Years ^H	19.07%	27.39%	31.31%^	<10th
Counseling for Nutrition—12–17 Years ^H	18.24%	23.27%	25.56%^	<10th
Counseling for Physical Activity—Total ^H	13.20%	18.93%	22.81%^	<10th
Counseling for Physical Activity—3–11 Years ^H	12.05%	19.31%	24.12%^	<10th
Counseling for Physical Activity—12–17 Years ^H	14.74%	18.39%	20.84%^	<10th
Well-Child Visits in the First 30 Months of Life				
Well-Child Visits in the First 15 Months—Six or More Well-Child Visits ^H	52.51%	62.64%	44.99%^^	<10th
Well-Child Visits for Age 15 Months–30 Months—Two or More Well-Child Visits ^H	55.06%	68.70%	73.05%^	50th–74th
Maternal and Perinatal Health				
Contraceptive Care—All Women				
Most or Moderately Effective Contraception—15–20 Years ^{SA}	16.44%	17.46%	17.78%	—
Long-Acting Reversible Contraception—15–20 Years ^{SA}	2.86%	3.06%	3.52%	—
Contraceptive Care—Postpartum Women				
Most or Moderately Effective Contraception—3 Days—15–20 Years ^{SA}	NA	NA	NA	—

Performance Measures	HEDIS MY 2022 Rate	HEDIS MY 2023 Rate	HEDIS MY 2024 Rate	Percentile Ranking
<i>Most or Moderately Effective Contraception—90 Days—15–20 Years^{SA}</i>	NA	NA	NA	—
<i>Long-Acting Reversible Contraception—3 Days—15–20 Years^{SA}</i>	NA	NA	NA	—
<i>Long-Acting Reversible Contraception—90 Days—15–20 Years^{SA}</i>	NA	NA	NA	—
Prenatal and Postpartum Care				
<i>Timeliness of Prenatal Care—Under 21 Years^{SA}</i>	—	NA	60.47%	—
<i>Postpartum Care—Under 21 Years^{SA}</i>	—	NA	53.49%	—
Care of Acute and Chronic Conditions				
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis				
<i>3 Months—17 Years^H</i>	81.48%	75.00%	84.93%^	75th–89th
Asthma Medication Ratio				
<i>5–18 Years^{SA}</i>	58.29%	67.25%	56.07%^^	—
<i>5–11 Years^H</i>	65.26%	73.72%	48.97%^^	<10th
<i>12–18 Years^H</i>	51.09%	59.38%	63.70%	25th–49th
Behavioral Health Care				
Follow-Up After Emergency Department Visit for Mental Illness				
<i>7-Day Follow-Up—6–17 Years^H</i>	76.27%	75.31%	67.80%	75th–89th
<i>30-Day Follow-Up—6–17 Years^H</i>	86.44%	83.95%	83.05%	≥90th
Follow-Up After Emergency Department Visit for Substance Use				
<i>7-Day Follow-Up—13–17 Years^H</i>	22.58%	22.22%	10.42%	10th–24th
<i>30-Day Follow-Up—13–17 Years^H</i>	29.03%	41.67%	20.83%^^	10th–24th
Follow-Up After Hospitalization for Mental Illness				
<i>7-Day Follow-Up—6–17 Years^H</i>	30.08%	55.28%	42.13%^^	25th–49th
<i>30-Day Follow-Up—6–17 Years^H</i>	72.36%	76.40%	64.68%^^	25th–49th
Follow-Up Care for Children Prescribed ADHD Medication				
<i>Initiation Phase^H</i>	—	—	33.82%	<10th
<i>Continuation and Maintenance Phase^H</i>	—	—	40.38%	10th–24th
Metabolic Monitoring for Children and Adolescents on Antipsychotics				
<i>Blood Glucose Testing—Total^H</i>	—	—	42.75%	<10th
<i>Cholesterol Testing—Total^H</i>	—	—	23.91%	<10th
<i>Blood Glucose and Cholesterol Testing—Total^H</i>	—	—	20.29%	<10th
<i>Blood Glucose Testing—1–11 Years^H</i>	—	—	NA	—
<i>Blood Glucose Testing—12–17 Years^H</i>	—	—	44.25%	<10th
<i>Cholesterol Testing—1–11 Years^H</i>	—	—	NA	—
<i>Cholesterol Testing—12–17 Years^H</i>	—	—	25.66%	<10th
<i>Blood Glucose and Cholesterol Testing—1–11 Years^H</i>	—	—	NA	—
<i>Blood Glucose and Cholesterol Testing—12–17 Years^H</i>	—	—	22.12%	<10th

Performance Measures	HEDIS MY 2022 Rate	HEDIS MY 2023 Rate	HEDIS MY 2024 Rate	Percentile Ranking
Screening for Depression and Follow-Up Plan				
12–17 Years ^{SA}	14.47%	24.75%	23.39%	—
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics				
Total ^H	64.41%	76.54%	78.26%	≥90th
1–11 Years ^H	NA	NA	NA	—
12–17 Years ^H	67.35%	76.12%	81.36%	≥90th

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

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

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

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

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

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

DHMP Trend Table

Table B-2—DHMP Trend Table

Performance Measures	HEDIS MY 2022 Rate	HEDIS MY 2023 Rate	HEDIS MY 2024 Rate	Percentile Ranking
Primary Care Access and Preventive Care				
Child and Adolescent Well-Care Visits				
Total ^H	43.71%	54.66%	56.42%	50th–74th
3–11 Years ^H	46.24%	61.05%	64.61%^	50th–74th
12–17 Years ^H	44.11%	51.79%	51.27%	25th–49th
18–21 Years ^H	28.88%	35.63%	36.18%	75th–89th
Childhood Immunization Status				
Combination 3 ^H	78.95%	82.14%	56.76%^	10th–24th
Combination 7 ^H	68.42%	75.00%	53.15%^	25th–49th
Combination 10 ^H	52.63%	51.79%	29.73%^	50th–74th
DTaP ^H	81.58%	80.36%	64.86%^	10th–24th
Hepatitis A ^H	81.58%	89.29%	82.88%	50th–74th
Hepatitis B ^H	89.47%	76.79%	72.97%	<10th
HiB ^H	84.21%	73.21%	81.08%	25th–49th
Influenza ^H	55.26%	37.50%	38.74%	50th–74th
IPV ^H	86.84%	67.86%	78.38%	<10th
MMR ^H	84.21%	91.07%	85.59%	50th–74th
Pneumococcal Conjugate ^H	81.58%	48.21%	59.46%	<10th
Rotavirus ^H	73.68%	42.86%	58.56%	<10th
VZV ^H	81.58%	91.07%	84.68%	50th–74th
Chlamydia Screening in Women				
16–20 Years ^H	42.31%	76.40%	74.57%	≥90th
Developmental Screening in the First Three Years of Life				
Total ^{SA}	55.12%	66.78%	70.80%	—
1 Year ^{SA}	NA	62.07%	80.00%^	—
2 Years ^{SA}	75.00%	70.75%	74.52%	—
3 Years ^{SA}	41.07%	66.67%	64.55%	—
Immunizations for Adolescents				
Combination 1 ^H	82.73%	67.83%	71.04%	10th–24th
Combination 2 ^H	46.76%	40.87%	53.85%^	≥90th
HPV ^H	46.76%	41.74%	56.11%^	≥90th
Meningococcal ^H	83.45%	66.96%	72.85%	10th–24th
Tdap ^H	83.45%	72.17%	74.21%	<10th
Lead Screening in Children				
Lead Screening in Children ^H	61.54%	46.43%	64.29%^	50th–74th

Performance Measures	HEDIS MY 2022 Rate	HEDIS MY 2023 Rate	HEDIS MY 2024 Rate	Percentile Ranking
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents				
BMI Percentile—Total ^H	64.65%	74.80%	62.77%^^	<10th
BMI Percentile—3–11 Years ^H	65.34%	75.81%	63.44%^^	<10th
BMI Percentile—12–17 Years ^H	63.89%	73.57%	61.90%^^	<10th
Counseling for Nutrition—Total ^H	69.97%	78.17%	75.22%^^	50th–74th
Counseling for Nutrition—3–11 Years ^H	72.31%	81.68%	77.26%^^	50th–74th
Counseling for Nutrition—12–17 Years ^H	67.40%	73.86%	72.58%	50th–74th
Counseling for Physical Activity—Total ^H	69.13%	77.31%	73.95%^^	50th–74th
Counseling for Physical Activity—3–11 Years ^H	70.92%	80.60%	75.72%^^	50th–74th
Counseling for Physical Activity—12–17 Years ^H	67.18%	73.27%	71.67%	50th–74th
Well-Child Visits in the First 30 Months of Life				
Well-Child Visits in the First 15 Months—Six or More Well-Child Visits ^H	NA	60.00%	63.33%	50th–74th
Well-Child Visits for Age 15 Months–30 Months—Two or More Well-Child Visits ^H	63.89%	57.14%	75.96%^	75th–89th
Maternal and Perinatal Health				
Contraceptive Care—All Women				
Most or Moderately Effective Contraception—15–20 Years ^{SA}	9.32%	18.75%	18.46%	—
Long-Acting Reversible Contraception—15–20 Years ^{SA}	1.43%	5.50%	5.38%	—
Contraceptive Care—Postpartum Women				
Most or Moderately Effective Contraception—3 Days—15–20 Years ^{SA}	NA	NA	NA	—
Most or Moderately Effective Contraception—90 Days—15–20 Years ^{SA}	NA	NA	NA	—
Long-Acting Reversible Contraception—3 Days—15–20 Years ^{SA}	NA	NA	NA	—
Long-Acting Reversible Contraception—90 Days—15–20 Years ^{SA}	NA	NA	NA	—
Prenatal and Postpartum Care				
Timeliness of Prenatal Care—Under 21 Years ^{SA}	—	NA	NA	—
Postpartum Care—Under 21 Years ^{SA}	—	NA	NA	—
Care of Acute and Chronic Conditions				
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis				
3 Months–17 Years ^H	NA	NA	NA	—
Asthma Medication Ratio				
5–18 Years ^{SA}	NA	60.00%	NA	—
5–11 Years ^H	NA	NA	NA	—
12–18 Years ^H	NA	NA	NA	—

Performance Measures	HEDIS MY 2022 Rate	HEDIS MY 2023 Rate	HEDIS MY 2024 Rate	Percentile Ranking
Behavioral Health Care				
Follow-Up After Emergency Department Visit for Mental Illness				
7-Day Follow-Up—6–17 Years ^H	NA	NA	NA	—
30-Day Follow-Up—6–17 Years ^H	NA	NA	NA	—
Follow-Up After Emergency Department Visit for Substance Use				
7-Day Follow-Up—13–17 Years ^H	NA	NA	NA	—
30-Day Follow-Up—13–17 Years ^H	NA	NA	NA	—
Follow-Up After Hospitalization for Mental Illness				
7-Day Follow-Up—6–17 Years ^H	NA	NA	43.75%	25th–49th
30-Day Follow-Up—6–17 Years ^H	NA	NA	56.25%	10th–24th
Follow-Up Care for Children Prescribed ADHD Medication				
Initiation Phase ^H	—	—	NA	—
Continuation and Maintenance Phase ^H	—	—	NA	—
Metabolic Monitoring for Children and Adolescents on Antipsychotics				
Blood Glucose Testing—Total ^H	—	—	NA	—
Cholesterol Testing—Total ^H	—	—	NA	—
Blood Glucose and Cholesterol Testing—Total ^H	—	—	NA	—
Blood Glucose Testing—1–11 Years ^H	—	—	NA	—
Blood Glucose Testing—12–17 Years ^H	—	—	NA	—
Cholesterol Testing—1–11 Years ^H	—	—	NA	—
Cholesterol Testing—12–17 Years ^H	—	—	NA	—
Blood Glucose and Cholesterol Testing—1–11 Years ^H	—	—	NA	—
Blood Glucose and Cholesterol Testing—12–17 Years ^H	—	—	NA	—
Screening for Depression and Follow-Up Plan				
12–17 Years ^{SA}	33.60%	25.80%	66.38%^	—
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics				
Total ^H	NA	NA	NA	—
1–11 Years ^H	NA	NA	NA	—
12–17 Years ^H	NA	NA	NA	—

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

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

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

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

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

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

Kaiser Trend Table

Table B-3—Kaiser Trend Table

Performance Measures	HEDIS MY 2022 Rate	HEDIS MY 2023 Rate	HEDIS MY 2024 Rate	Percentile Ranking
Primary Care Access and Preventive Care				
Child and Adolescent Well-Care Visits				
Total ^H	42.70%	51.08%	54.60%^	50th–74th
3–11 Years ^H	46.98%	57.01%	59.53%	50th–74th
12–17 Years ^H	40.83%	47.91%	52.19%^	25th–49th
18–21 Years ^H	26.69%	27.39%	32.71%	50th–74th
Childhood Immunization Status				
Combination 3 ^H	67.71%	58.33%	69.23%	75th–89th
Combination 7 ^H	60.42%	55.21%	68.53%^	≥90th
Combination 10 ^H	47.92%	39.58%	44.06%	≥90th
DTaP ^H	71.88%	66.67%	74.83%	50th–74th
Hepatitis A ^H	86.46%	80.21%	86.01%	75th–89th
Hepatitis B ^H	88.54%	77.08%	91.61%^	75th–89th
HiB ^H	84.38%	78.13%	88.11%^	75th–89th
Influenza ^H	60.42%	55.21%	52.45%	75th–89th
IPV ^H	85.42%	76.04%	88.81%^	75th–89th
MMR ^H	84.38%	77.08%	83.92%	25th–49th
Pneumococcal Conjugate ^H	78.13%	69.79%	79.72%	≥90th
Rotavirus ^H	72.92%	71.88%	87.41%^	≥90th
VZV ^H	85.42%	77.08%	85.31%	50th–74th
Chlamydia Screening in Women				
16–20 Years ^H	38.61%	35.96%	45.65%	25th–49th
Developmental Screening in the First Three Years of Life				
Total ^{SA}	61.54%	73.33%	76.92%	—
1 Year ^{SA}	35.21%	56.34%	77.78%^	—
2 Years ^{SA}	77.08%	80.21%	85.42%	—
3 Years ^{SA}	65.09%	79.55%	67.63%	—
Immunizations for Adolescents				
Combination 1 ^H	79.58%	75.31%	77.94%	25th–49th
Combination 2 ^H	43.31%	40.74%	50.98%^	≥90th
HPV ^H	44.37%	42.39%	51.47%	≥90th
Meningococcal ^H	80.28%	75.31%	77.94%	25th–49th
Tdap ^H	85.21%	85.19%	87.75%	50th–74th
Lead Screening in Children				
Lead Screening in Children ^H	2.08%	9.47%	14.58%	<10th

Performance Measures	HEDIS MY 2022 Rate	HEDIS MY 2023 Rate	HEDIS MY 2024 Rate	Percentile Ranking
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents				
BMI Percentile—Total ^H	90.56%	94.04%	91.66%^^	≥90th
BMI Percentile—3–11 Years ^H	90.55%	95.23%	91.78%^^	≥90th
BMI Percentile—12–17 Years ^H	90.57%	92.46%	91.49%	≥90th
Counseling for Nutrition—Total ^H	91.40%	93.99%	91.91%^^	≥90th
Counseling for Nutrition—3–11 Years ^H	91.11%	95.14%	91.50%^^	≥90th
Counseling for Nutrition—12–17 Years ^H	91.74%	92.46%	92.48%	≥90th
Counseling for Physical Activity—Total ^H	91.75%	94.14%	91.83%^^	≥90th
Counseling for Physical Activity—3–11 Years ^H	91.44%	95.06%	91.29%^^	≥90th
Counseling for Physical Activity—12–17 Years ^H	92.13%	92.91%	92.58%	≥90th
Well-Child Visits in the First 30 Months of Life				
Well-Child Visits in the First 15 Months—Six or More Well-Child Visits ^H	23.61%	50.00%	71.00%^	≥90th
Well-Child Visits for Age 15 Months–30 Months—Two or More Well-Child Visits ^H	64.20%	62.35%	68.10%	25th–49th
Maternal and Perinatal Health				
Contraceptive Care—All Women				
Most or Moderately Effective Contraception—15–20 Years ^{SA}	17.62%	17.93%	19.52%	—
Long-Acting Reversible Contraception—15–20 Years ^{SA}	4.13%	4.10%	3.62%	—
Contraceptive Care—Postpartum Women				
Most or Moderately Effective Contraception—3 Days—15–20 Years ^{SA}	NA	NA	NA	—
Most or Moderately Effective Contraception—90 Days—15–20 Years ^{SA}	NA	NA	NA	—
Long-Acting Reversible Contraception—3 Days—15–20 Years ^{SA}	NA	NA	NA	—
Long-Acting Reversible Contraception—90 Days—15–20 Years ^{SA}	NA	NA	NA	—
Prenatal and Postpartum Care				
Timeliness of Prenatal Care—Under 21 Years ^{SA}	—	80.00%	NA	—
Postpartum Care—Under 21 Years ^{SA}	—	NA	NA	—
Care of Acute and Chronic Conditions				
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis				
3 Months–17 Years ^H	NA	100.00%	5.88%^^	<10th
Asthma Medication Ratio				
5–18 Years ^{SA}	80.00%	NA	58.06%	—
5–11 Years ^H	NA	NA	NA	—
12–18 Years ^H	NA	NA	NA	—

Performance Measures	HEDIS MY 2022 Rate	HEDIS MY 2023 Rate	HEDIS MY 2024 Rate	Percentile Ranking
Behavioral Health Care				
Follow-Up After Emergency Department Visit for Mental Illness				
7-Day Follow-Up—6–17 Years ^H	NA	NA	NA	—
30-Day Follow-Up—6–17 Years ^H	NA	NA	NA	—
Follow-Up After Emergency Department Visit for Substance Use				
7-Day Follow-Up—13–17 Years ^H	NA	NA	NA	—
30-Day Follow-Up—13–17 Years ^H	NA	NA	NA	—
Follow-Up After Hospitalization for Mental Illness				
7-Day Follow-Up—6–17 Years ^H	NA	NA	NA	—
30-Day Follow-Up—6–17 Years ^H	NA	NA	NA	—
Follow-Up Care for Children Prescribed ADHD Medication				
Initiation Phase ^H	—	—	NA	—
Continuation and Maintenance Phase ^H	—	—	NA	—
Metabolic Monitoring for Children and Adolescents on Antipsychotics				
Blood Glucose Testing—Total ^H	—	—	NA	—
Cholesterol Testing—Total ^H	—	—	NA	—
Blood Glucose and Cholesterol Testing—Total ^H	—	—	NA	—
Blood Glucose Testing—1–11 Years ^H	—	—	NA	—
Blood Glucose Testing—12–17 Years ^H	—	—	NA	—
Cholesterol Testing—1–11 Years ^H	—	—	NA	—
Cholesterol Testing—12–17 Years ^H	—	—	NA	—
Blood Glucose and Cholesterol Testing—1–11 Years ^H	—	—	NA	—
Blood Glucose and Cholesterol Testing—12–17 Years ^H	—	—	NA	—
Screening for Depression and Follow-Up Plan				
12–17 Years ^{SA}	1.00%	2.83%	2.58%	—
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics				
Total ^H	NA	NA	NA	—
1–11 Years ^H	NA	NA	NA	—
12–17 Years ^H	NA	NA	NA	—

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

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

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

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

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

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

RMHP Trend Table

Table B-4—RMHP Trend Table

Performance Measures	HEDIS MY 2022 Rate	HEDIS MY 2023 Rate	HEDIS MY 2024 Rate	Percentile Ranking
Primary Care Access and Preventive Care				
Child and Adolescent Well-Care Visits				
Total ^H	47.14%	44.46%	59.70%^	75th–89th
3–11 Years ^H	51.14%	47.61%	65.98%^	75th–89th
12–17 Years ^H	46.15%	42.48%	55.16%^	50th–74th
18–21 Years ^H	21.83%	32.46%	34.63%	75th–89th
Childhood Immunization Status				
Combination 3 ^H	64.38%	64.42%	64.33%	25th–49th
Combination 7 ^H	61.64%	59.62%	58.48%	50th–74th
Combination 10 ^H	37.67%	37.50%	28.65%	50th–74th
DTaP ^H	70.55%	70.19%	70.76%	50th–74th
Hepatitis A ^H	78.08%	76.92%	78.36%	25th–49th
Hepatitis B ^H	80.14%	84.62%	81.29%	10th–24th
HiB ^H	82.19%	83.65%	81.29%	25th–49th
Influenza ^H	45.89%	45.19%	36.26%	25th–49th
IPV ^H	81.51%	87.50%	81.87%	10th–24th
MMR ^H	83.56%	87.50%	83.04%	25th–49th
Pneumococcal Conjugate ^H	73.97%	73.08%	71.93%	50th–74th
Rotavirus ^H	73.97%	75.96%	70.76%	50th–74th
VZV ^H	84.93%	85.58%	79.53%	10th–24th
Chlamydia Screening in Women				
16–20 Years ^H	32.12%	28.04%	31.85%	<10th
Developmental Screening in the First Three Years of Life				
Total ^{SA}	58.87%	54.30%	56.39%	—
1 Year ^{SA}	63.33%	54.03%	49.00%	—
2 Years ^{SA}	65.73%	59.62%	64.91%	—
3 Years ^{SA}	51.58%	49.54%	51.39%	—
Immunizations for Adolescents				
Combination 1 ^H	61.33%	64.73%	65.76%	<10th
Combination 2 ^H	22.43%	28.42%	35.33%	50th–74th
HPV ^H	26.54%	31.51%	39.13%	50th–74th
Meningococcal ^H	62.24%	65.41%	65.76%	<10th
Tdap ^H	85.13%	80.14%	81.52%	25th–49th
Lead Screening in Children				
Lead Screening in Children ^H	35.37%	37.50%	56.98%^	25th–49th

Performance Measures	HEDIS MY 2022 Rate	HEDIS MY 2023 Rate	HEDIS MY 2024 Rate	Percentile Ranking
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents				
BMI Percentile—Total ^H	20.36%	18.02%	25.14%^	<10th
BMI Percentile—3–11 Years ^H	19.72%	16.53%	24.35%^	<10th
BMI Percentile—12–17 Years ^H	21.21%	19.85%	26.36%^	<10th
Counseling for Nutrition—Total ^H	24.06%	24.57%	34.77%^	<10th
Counseling for Nutrition—3–11 Years ^H	25.84%	26.06%	37.35%^	<10th
Counseling for Nutrition—12–17 Years ^H	21.73%	22.72%	30.82%^	<10th
Counseling for Physical Activity—Total ^H	18.52%	20.43%	34.45%^	<10th
Counseling for Physical Activity—3–11 Years ^H	18.01%	20.69%	35.38%^	<10th
Counseling for Physical Activity—12–17 Years ^H	19.17%	20.10%	33.01%^	<10th
Well-Child Visits in the First 30 Months of Life				
Well-Child Visits in the First 15 Months—Six or More Well-Child Visits ^H	41.18%	66.23%	72.97%	≥90th
Well-Child Visits for Age 15 Months–30 Months—Two or More Well-Child Visits ^H	70.00%	70.54%	87.18%^	≥90th
Maternal and Perinatal Health				
Contraceptive Care—All Women				
Most or Moderately Effective Contraception—15–20 Years ^{SA}	20.88%	22.42%	23.55%	—
Long-Acting Reversible Contraception—15–20 Years ^{SA}	4.52%	5.04%	5.43%	—
Contraceptive Care—Postpartum Women				
Most or Moderately Effective Contraception—3 Days—15–20 Years ^{SA}	NA	NA	NA	—
Most or Moderately Effective Contraception—90 Days—15–20 Years ^{SA}	NA	NA	NA	—
Long-Acting Reversible Contraception—3 Days—15–20 Years ^{SA}	NA	NA	NA	—
Long-Acting Reversible Contraception—90 Days—15–20 Years ^{SA}	NA	NA	NA	—
Prenatal and Postpartum Care				
Timeliness of Prenatal Care—Under 21 Years ^{SA}	—	54.17%	NA	—
Postpartum Care—Under 21 Years ^{SA}	—	51.39%	NA	—
Care of Acute and Chronic Conditions				
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis				
3 Months–17 Years ^H	81.16%	87.10%	87.18%	75th–89th
Asthma Medication Ratio				
5–18 Years ^{SA}	77.78%	NA	NA	—
5–11 Years ^H	NA	NA	NA	—
12–18 Years ^H	NA	NA	NA	—

Performance Measures	HEDIS MY 2022 Rate	HEDIS MY 2023 Rate	HEDIS MY 2024 Rate	Percentile Ranking
Behavioral Health Care				
Follow-Up After Emergency Department Visit for Mental Illness				
7-Day Follow-Up—6–17 Years ^H	NA	NA	NA	—
30-Day Follow-Up—6–17 Years ^H	NA	NA	NA	—
Follow-Up After Emergency Department Visit for Substance Use				
7-Day Follow-Up—13–17 Years ^H	NA	NA	NA	—
30-Day Follow-Up—13–17 Years ^H	NA	NA	NA	—
Follow-Up After Hospitalization for Mental Illness				
7-Day Follow-Up—6–17 Years ^H	NA	NA	17.14%	<10th
30-Day Follow-Up—6–17 Years ^H	NA	NA	25.71%	<10th
Follow-Up Care for Children Prescribed ADHD Medication				
Initiation Phase ^H	—	—	NA	—
Continuation and Maintenance Phase ^H	—	—	NA	—
Metabolic Monitoring for Children and Adolescents on Antipsychotics				
Blood Glucose Testing—Total ^H	—	—	NA	—
Cholesterol Testing—Total ^H	—	—	NA	—
Blood Glucose and Cholesterol Testing—Total ^H	—	—	NA	—
Blood Glucose Testing—1–11 Years ^H	—	—	NA	—
Blood Glucose Testing—12–17 Years ^H	—	—	NA	—
Cholesterol Testing—1–11 Years ^H	—	—	NA	—
Cholesterol Testing—12–17 Years ^H	—	—	NA	—
Blood Glucose and Cholesterol Testing—1–11 Years ^H	—	—	NA	—
Blood Glucose and Cholesterol Testing—12–17 Years ^H	—	—	NA	—
Screening for Depression and Follow-Up Plan				
12–17 Years ^{SA}	9.17%	10.12%	17.28%^	—
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics				
Total ^H	NA	NA	NA	—
1–11 Years ^H	NA	NA	NA	—
12–17 Years ^H	NA	NA	NA	—

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

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

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

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

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

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

DentaQuest Trend Table

Table B-5—DentaQuest Trend Table

Performance Measures	HEDIS MY 2022 Rate	HEDIS MY 2023 Rate	HEDIS MY 2024 Rate	Percentile Ranking
Dental and Oral Health Services				
Oral Evaluation, Dental Services				
<3 Year ^{SA}	20.96%	22.58%	33.11%^	—
3–5 Years ^{SA}	38.64%	39.40%	49.81%^	—
6–14 Years ^{SA}	43.64%	44.17%	51.71%^	—
15–20 Years ^{SA}	31.40%	31.85%	37.87%^	—
Total ^{SA}	38.25%	38.61%	46.26%^	—
Sealant Receipt on Permanent First Molars				
All Four Molars Sealed ^{SA}	29.27%	40.60%	30.46%^^	—
At Least One Sealant ^{SA}	43.06%	54.28%	40.42%^^	—
Topical Fluoride for Children				
Dental or Oral Health Services—1–2 Years ^{SA}	NA	NA	6.94%	—
Dental or Oral Health Services—3–5 Years ^{SA}	NA	NA	13.40%	—
Dental or Oral Health Services—6–14 Years ^{SA}	NA	NA	13.66%	—
Dental or Oral Health Services—15–20 Years ^{SA}	NA	NA	7.48%	—
Dental or Oral Health Services—Total ^{SA}	NA	NA	11.50%	—
Dental Services—1–2 Years ^{SA}	21.39%	19.31%	6.94%^^	—
Dental Services—3–5 Years ^{SA}	26.41%	24.63%	13.40%^^	—
Dental Services—6–14 Years ^{SA}	27.33%	24.03%	13.66%^^	—
Dental Services—15–20 Years ^{SA}	16.50%	14.83%	7.48%^^	—
Dental Services—Total ^{SA}	24.19%	21.37%	11.50%^^	—
Oral Health Services—1–2 Years ^{SA}	NA	NA	0.00%	—
Oral Health Services—3–5 Years ^{SA}	NA	NA	0.00%	—
Oral Health Services—6–14 Years ^{SA}	NA	NA	0.00%	—
Oral Health Services—15–20 Years ^{SA}	NA	NA	0.00%	—
Oral Health Services—Total ^{SA}	NA	NA	0.00%	—

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

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

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

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

Colorado 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	HEDIS MY 2022 Rate	HEDIS MY 2023 Rate	HEDIS MY 2024 Rate	Plan Ranking
Primary Care Access and Preventive Care				
Child and Adolescent Well-Care Visits				
<i>Total</i> ^H	42.88%	49.73%	51.34% [^]	48.91%–59.70%
<i>3–11 Years</i> ^H	47.20%	53.64%	56.84% [^]	54.15%–65.98%
<i>12–17 Years</i> ^H	40.79%	45.78%	47.49% [^]	45.07%–55.16%
<i>18–21 Years</i> ^H	23.90%	31.96%	29.60%	27.08%–36.18%
Childhood Immunization Status				
<i>Combination 3</i> ^H	61.19%	69.90%	64.22% ^{^^}	56.76%–69.23%
<i>Combination 7</i> ^H	55.84%	63.87%	60.00% ^{^^}	53.15%–68.53%
<i>Combination 10</i> ^H	39.54%	42.32%	34.31% ^{^^}	28.65%–44.06%
<i>DTaP</i> ^H	68.49%	75.39%	73.39%	64.86%–74.83%
<i>Hepatitis A</i> ^H	79.32%	84.47%	83.67%	78.36%–86.01%
<i>Hepatitis B</i> ^H	78.35%	86.56%	86.48%	72.97%–91.61%
<i>HiB</i> ^H	80.90%	85.69%	85.69%	81.08%–88.11%
<i>Influenza</i> ^H	51.70%	51.13%	44.77% ^{^^}	36.26%–52.45%
<i>IPV</i> ^H	81.75%	86.74%	86.18%	78.38%–88.81%
<i>MMR</i> ^H	81.39%	86.47%	81.22% ^{^^}	80.25%–85.59%
<i>Pneumococcal Conjugate</i> ^H	72.51%	76.44%	74.62%	59.46%–79.72%
<i>Rotavirus</i> ^H	70.44%	74.78%	76.45%	58.56%–87.41%
<i>VZV</i> ^H	81.27%	86.74%	84.71%	79.53%–85.37%
Chlamydia Screening in Women				
<i>16–20 Years</i> ^H	31.44%	42.70%	39.57%	31.85%–74.57%
Developmental Screening in the First Three Years of Life				
<i>Total</i> ^{SA}	37.84%	65.03%	62.33% ^{^^}	56.39%–76.92%
<i>1 Year</i> ^{SA}	48.58%	65.95%	57.38% ^{^^}	49.00%–80.00%
<i>2 Years</i> ^{SA}	44.82%	71.04%	69.68%	64.91%–85.42%
<i>3 Years</i> ^{SA}	27.99%	58.68%	56.97%	51.39%–67.63%
Immunizations for Adolescents				
<i>Combination 1</i> ^H	71.47%	69.02%	75.45% [^]	65.76%–77.94%

Performance Measures	HEDIS MY 2022 Rate	HEDIS MY 2023 Rate	HEDIS MY 2024 Rate	Plan Ranking
<i>Combination 2^H</i>	33.30%	34.56%	42.43%^	35.33%–53.85%
<i>HPV^H</i>	35.53%	37.11%	44.76%^	39.13%–56.11%
<i>Meningococcal^H</i>	72.27%	69.75%	76.35%^	65.76%–78.22%
<i>Tdap^H</i>	82.94%	80.34%	85.40%^	74.21%–87.75%
Lead Screening in Children				
<i>Lead Screening in Children^H</i>	29.78%	39.01%	39.35%	14.58%–64.29%
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents				
<i>BMI Percentile—Total^H</i>	28.21%	31.64%	30.36%^	18.98%–91.66%
<i>BMI Percentile—3–11 Years^H</i>	26.56%	30.16%	29.62%	18.45%–91.78%
<i>BMI Percentile—12–17 Years^H</i>	30.37%	33.66%	31.45%^	19.77%–91.49%
<i>Counseling for Nutrition—Total^H</i>	29.71%	37.15%	39.69%^	29.02%–91.91%
<i>Counseling for Nutrition—3–11 Years^H</i>	29.85%	38.71%	41.42%^	31.31%–91.50%
<i>Counseling for Nutrition—12–17 Years^H</i>	29.52%	35.03%	37.14%^	25.56%–92.48%
<i>Counseling for Physical Activity—Total^H</i>	25.03%	31.86%	35.18%^	22.81%–91.83%
<i>Counseling for Physical Activity—3–11 Years^H</i>	23.69%	32.26%	35.95%^	24.12%–91.29%
<i>Counseling for Physical Activity—12–17 Years^H</i>	26.77%	31.32%	34.03%^	20.84%–92.58%
Well-Child Visits in the First 30 Months of Life				
<i>Well-Child Visits in the First 15 Months—Six or More Well-Child Visits^H</i>	46.06%	61.94%	49.24%^	44.99%–72.97%
<i>Well-Child Visits for Age 15 Months–30 Months—Two or More Well-Child Visits^H</i>	59.14%	68.11%	73.68%^	68.10%–87.18%
Maternal and Perinatal Health				
Contraceptive Care—All Women				
<i>Most or Moderately Effective Contraception—15–20 Years^{SA}</i>	16.87%	18.12%	18.63%	17.78%–23.55%
<i>Long-Acting Reversible Contraception—15–20 Years^{SA}</i>	3.19%	3.61%	3.96%	3.52%–5.43%
Contraceptive Care—Postpartum Women				
<i>Most or Moderately Effective Contraception—3 Days—15–20 Years^{SA}</i>	0.00%	NA	5.13%	5.13%
<i>Most or Moderately Effective Contraception—90 Days—15–20 Years^{SA}</i>	64.86%	NA	46.15%	46.15%
<i>Long-Acting Reversible Contraception—3 Days—15–20 Years^{SA}</i>	2.70%	NA	0.00%	0.00%
<i>Long-Acting Reversible Contraception—90 Days—15–20 Years^{SA}</i>	35.14%	NA	20.51%	20.51%
Prenatal and Postpartum Care				
<i>Timeliness of Prenatal Care—Under 21 Years^{SA}</i>	—	59.86%	64.71%	60.47%

Performance Measures	HEDIS MY 2022 Rate	HEDIS MY 2023 Rate	HEDIS MY 2024 Rate	Plan Ranking
<i>Postpartum Care—Under 21 Years^{SA}</i>	—	50.00%	63.24%	53.49%
Care of Acute and Chronic Conditions				
<i>Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis</i>				
<i>3 Months—17 Years^H</i>	82.81%	79.47%	80.29%	5.88%–87.18%
<i>Asthma Medication Ratio</i>				
<i>5–18 Years^{SA}</i>	61.64%	67.98%	56.81%^^	56.07%–58.06%
<i>5–11 Years^H</i>	67.95%	75.00%	52.78%^^	48.97%
<i>12–18 Years^H</i>	55.22%	59.38%	61.21%	63.70%
Behavioral Health Care				
<i>Follow-Up After Emergency Department Visit for Mental Illness</i>				
<i>7-Day Follow-Up—6–17 Years^H</i>	58.54%	65.83%	63.39%	67.80%
<i>30-Day Follow-Up—6–17 Years^H</i>	71.95%	77.50%	79.23%	83.05%
<i>Follow-Up After Emergency Department Visit for Substance Use</i>				
<i>7-Day Follow-Up—13–17 Years^H</i>	26.83%	23.40%	10.45%	10.42%
<i>30-Day Follow-Up—13–17 Years^H</i>	31.71%	40.43%	20.90%^^	20.83%
<i>Follow-Up After Hospitalization for Mental Illness</i>				
<i>7-Day Follow-Up—6–17 Years^H</i>	40.36%	56.40%	42.38%^^	17.14%–43.75%
<i>30-Day Follow-Up—6–17 Years^H</i>	75.90%	71.56%	61.28%^^	25.71%–64.68%
<i>Follow-Up Care for Children Prescribed ADHD Medication</i>				
<i>Initiation Phase^H</i>	—	—	40.00%	33.82%
<i>Continuation and Maintenance Phase^H</i>	—	—	41.94%	40.38%
<i>Metabolic Monitoring for Children and Adolescents on Antipsychotics</i>				
<i>Blood Glucose Testing—Total^H</i>	—	—	49.15%	42.75%
<i>Cholesterol Testing—Total^H</i>	—	—	30.51%	23.91%
<i>Blood Glucose and Cholesterol Testing—Total^H</i>	—	—	27.68%	20.29%
<i>Blood Glucose Testing—1–11 Years^H</i>	—	—	40.00%	40.00%
<i>Blood Glucose Testing—12–17 Years^H</i>	—	—	51.02%	44.25%
<i>Cholesterol Testing—1–11 Years^H</i>	—	—	23.33%	23.33%
<i>Cholesterol Testing—12–17 Years^H</i>	—	—	31.97%	25.66%
<i>Blood Glucose and Cholesterol Testing—1–11 Years^H</i>	—	—	20.00%	20.00%
<i>Blood Glucose and Cholesterol Testing—12–17 Years^H</i>	—	—	29.25%	22.12%
<i>Screening for Depression and Follow-Up Plan</i>				
<i>12–17 Years^{SA}</i>	13.41%	19.25%	30.15%^	2.58%–66.38%

Performance Measures	HEDIS MY 2022 Rate	HEDIS MY 2023 Rate	HEDIS MY 2024 Rate	Plan Ranking
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics				
Total ^H	66.67%	71.43%	75.58%	78.26%
1–11 Years ^H	NA	NA	NA	—
12–17 Years ^H	68.25%	72.00%	77.03%	81.36%
Dental and Oral Health Services				
Oral Evaluation, Dental Services				
<3 Year ^{SA}	20.96%	22.58%	33.11%^	33.11%
3–5 Years ^{SA}	38.64%	39.40%	49.81%^	49.81%
6–14 Years ^{SA}	43.64%	44.17%	51.71%^	51.71%
15–20 Years ^{SA}	31.40%	31.85%	37.87%^	37.87%
Total ^{SA}	38.25%	38.61%	46.26%^	46.26%
Sealant Receipt on Permanent First Molars				
All Four Molars Sealed ^{SA}	29.27%	40.60%	30.46%^^	30.46%
At Least One Sealant ^{SA}	43.06%	54.28%	40.42%^^	40.42%
Topical Fluoride for Children				
Dental or Oral Health Services—1–2 Years ^{SA}	NA	NA	6.94%	6.94%
Dental or Oral Health Services—3–5 Years ^{SA}	NA	NA	13.40%	13.40%
Dental or Oral Health Services—6–14 Years ^{SA}	NA	NA	13.66%	13.66%
Dental or Oral Health Services—15–20 Years ^{SA}	NA	NA	7.48%	7.48%
Dental or Oral Health Services—Total ^{SA}	NA	NA	11.50%	11.50%
Dental Services—1–2 Years ^{SA}	21.39%	19.31%	6.94%^^	6.94%
Dental Services—3–5 Years ^{SA}	26.41%	24.63%	13.40%^^	13.40%
Dental Services—6–14 Years ^{SA}	27.33%	24.03%	13.66%^^	13.66%
Dental Services—15–20 Years ^{SA}	16.50%	14.83%	7.48%^^	7.48%
Dental Services—Total ^{SA}	24.19%	21.37%	11.50%^^	11.50%
Oral Health Services—1–2 Years ^{SA}	NA	NA	0.00%	0.00%
Oral Health Services—3–5 Years ^{SA}	NA	NA	0.00%	0.00%
Oral Health Services—6–14 Years ^{SA}	NA	NA	0.00%	0.00%
Oral Health Services—15–20 Years ^{SA}	NA	NA	0.00%	0.00%
Oral Health Services—Total ^{SA}	NA	NA	0.00%	0.00%

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.

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

Appendix C. Information Systems Findings

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.¹⁴ 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.

¹⁴ 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 2024 FAR Review
IS A—Administrative Data <ul style="list-style-type: none"> Data conform with industry standards and measure requirements. Data are complete and accurate. Membership information system enables measurement. 	<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>
IS M—Medical Record Review Processes <ul style="list-style-type: none"> Forms capture all fields relevant to measure reporting. Electronic transmission procedures conform to industry standards and have necessary checking procedures to ensure data accuracy (logs, counts, receipts, hand-off, and sign-off). Retrieval and abstraction of data from medical records are reliably and accurately performed. Data entry processes are timely and accurate and include sufficient edit checks to ensure accurate entry of submitted data in the files for measure reporting. The organization continually assesses data completeness and takes steps to improve performance. The organization regularly monitors vendor performance against expected performance standards. 	<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>
IS C—Clinical and Care Delivery Data <ul style="list-style-type: none"> Data capture is complete. Data conform with industry standards. Transaction file data are accurate. Organization confirms ingested data meet expectations for data quality. 	<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 2024 FAR Review
<p>IS R—Data Management and Reporting</p> <ul style="list-style-type: none"> • The organization's data management enables measurement. • Data extraction and loads are complete and accurate. • Data transformation and integration are accurate and valid. • Data quality and governance are components of the organization's data management. • Oversight and controls ensure correct implementation of measure reporting software. 	<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 2022 through MY 2024, along with the percentile ranking for each MY 2024 rate. HEDIS rates for MY 2024 shaded green with one caret (^) indicate a statistically significant improvement in performance from the previous year. HEDIS rates for MY 2024 shaded red with two carets (^) indicate a statistically significant decline in performance from the previous year.¹⁵

Table D-1—Colorado CHP+ Weighted Averages

Performance Measures	HEDIS MY 2022 Rate	HEDIS MY 2023 Rate	HEDIS MY 2024 Rate	Percentile Ranking
Primary Care Access and Preventive Care				
<i>Child and Adolescent Well-Care Visits</i>				
<i>Total^H</i>	42.88%	49.73%	51.34%^	25th–49th
<i>3–11 Years^H</i>	47.20%	53.64%	56.84%^	25th–49th
<i>12–17 Years^H</i>	40.79%	45.78%	47.49%^	25th–49th
<i>18–21 Years^H</i>	23.90%	31.96%	29.60%	50th–74th
<i>Childhood Immunization Status</i>				
<i>Combination 3^H</i>	61.19%	69.90%	64.22%^	25th–49th
<i>Combination 7^H</i>	55.84%	63.87%	60.00%^	50th–74th
<i>Combination 10^H</i>	39.54%	42.32%	34.31%^	50th–74th
<i>DTaP^H</i>	68.49%	75.39%	73.39%	50th–74th
<i>Hepatitis A^H</i>	79.32%	84.47%	83.67%	50th–74th
<i>Hepatitis B^H</i>	78.35%	86.56%	86.48%	50th–74th
<i>HiB^H</i>	80.90%	85.69%	85.69%	50th–74th
<i>Influenza^H</i>	51.70%	51.13%	44.77%^	75th–89th
<i>IPV^H</i>	81.75%	86.74%	86.18%	50th–74th
<i>MMR^H</i>	81.39%	86.47%	81.22%^	10th–24th
<i>Pneumococcal Conjugate^H</i>	72.51%	76.44%	74.62%	50th–74th
<i>Rotavirus^H</i>	70.44%	74.78%	76.45%	75th–89th
<i>VZV^H</i>	81.27%	86.74%	84.71%	50th–74th
<i>Chlamydia Screening in Women</i>				
<i>16–20 Years^H</i>	31.44%	42.70%	39.57%	10th–24th

¹⁵ 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 2023 to MY 2024.

Performance Measures	HEDIS MY 2022 Rate	HEDIS MY 2023 Rate	HEDIS MY 2024 Rate	Percentile Ranking
Developmental Screening in the First Three Years of Life				
Total ^{SA}	37.84%	65.03%	62.33%^^	—
1 Year ^{SA}	48.58%	65.95%	57.38%^^	—
2 Years ^{SA}	44.82%	71.04%	69.68%	—
3 Years ^{SA}	27.99%	58.68%	56.97%	—
Immunizations for Adolescents				
Combination 1 ^H	71.47%	69.02%	75.45%^	25th–49th
Combination 2 ^H	33.30%	34.56%	42.43%^	75th–89th
HPV ^H	35.53%	37.11%	44.76%^	75th–89th
Meningococcal ^H	72.27%	69.75%	76.35%^	25th–49th
Tdap ^H	82.94%	80.34%	85.40%^	50th–74th
Lead Screening in Children				
Lead Screening in Children ^H	29.78%	39.01%	39.35%	10th–24th
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents				
BMI Percentile—Total ^H	28.21%	31.64%	30.36%^^	<10th
BMI Percentile—3–11 Years ^H	26.56%	30.16%	29.62%	<10th
BMI Percentile—12–17 Years ^H	30.37%	33.66%	31.45%^^	<10th
Counseling for Nutrition—Total ^H	29.71%	37.15%	39.69%^	<10th
Counseling for Nutrition—3–11 Years ^H	29.85%	38.71%	41.42%^	<10th
Counseling for Nutrition—12–17 Years ^H	29.52%	35.03%	37.14%^	<10th
Counseling for Physical Activity—Total ^H	25.03%	31.86%	35.18%^	<10th
Counseling for Physical Activity—3–11 Years ^H	23.69%	32.26%	35.95%^	<10th
Counseling for Physical Activity—12–17 Years ^H	26.77%	31.32%	34.03%^	<10th
Well-Child Visits in the First 30 Months of Life				
Well-Child Visits in the First 15 Months—Six or More Well-Child Visits ^H	46.06%	61.94%	49.24%^^	10th–24th
Well-Child Visits for Age 15 Months–30 Months—Two or More Well-Child Visits ^H	59.14%	68.11%	73.68%^	75th–89th
Maternal and Perinatal Health				
Contraceptive Care—All Women				
Most or Moderately Effective Contraception—15–20 Years ^{SA}	16.87%	18.12%	18.63%	—
Long-Acting Reversible Contraception—15–20 Years ^{SA}	3.19%	3.61%	3.96%	—

Performance Measures	HEDIS MY 2022 Rate	HEDIS MY 2023 Rate	HEDIS MY 2024 Rate	Percentile Ranking
Contraceptive Care—Postpartum Women				
<i>Most or Moderately Effective Contraception—3 Days—15–20 Years^{SA}</i>	0.00%	NA	5.13%	—
<i>Most or Moderately Effective Contraception—90 Days—15–20 Years^{SA}</i>	64.86%	NA	46.15%	—
<i>Long-Acting Reversible Contraception—3 Days—15–20 Years^{SA}</i>	2.70%	NA	0.00%	—
<i>Long-Acting Reversible Contraception—90 Days—15–20 Years^{SA}</i>	35.14%	NA	20.51%	—
Prenatal and Postpartum Care				
<i>Timeliness of Prenatal Care—Under 21 Years^{SA}</i>	—	59.86%	64.71%	—
<i>Postpartum Care—Under 21 Years^{SA}</i>	—	50.00%	63.24%	—
Care of Acute and Chronic Conditions				
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis				
<i>3 Months—17 Years^H</i>	82.81%	79.47%	80.29%	50th–74th
Asthma Medication Ratio				
<i>5–18 Years^{SA}</i>	61.64%	67.98%	56.81%^^	—
<i>5–11 Years^H</i>	67.95%	75.00%	52.78%^^	<10th
<i>12–18 Years^H</i>	55.22%	59.38%	61.21%	10th–24th
Behavioral Health Care				
Follow-Up After Emergency Department Visit for Mental Illness				
<i>7-Day Follow-Up—6–17 Years^H</i>	58.54%	65.83%	63.39%	75th–89th
<i>30-Day Follow-Up—6–17 Years^H</i>	71.95%	77.50%	79.23%	75th–89th
Follow-Up After Emergency Department Visit for Substance Use				
<i>7-Day Follow-Up—13–17 Years^H</i>	26.83%	23.40%	10.45%	10th–24th
<i>30-Day Follow-Up—13–17 Years^H</i>	31.71%	40.43%	20.90%^^	10th–24th
Follow-Up After Hospitalization for Mental Illness				
<i>7-Day Follow-Up—6–17 Years^H</i>	40.36%	56.40%	42.38%^^	25th–49th
<i>30-Day Follow-Up—6–17 Years^H</i>	75.90%	71.56%	61.28%^^	10th–24th
Follow-Up Care for Children Prescribed ADHD Medication				
<i>Initiation Phase^H</i>	—	—	40.00%	10th–24th
<i>Continuation and Maintenance Phase^H</i>	—	—	41.94%	10th–24th

Performance Measures	HEDIS MY 2022 Rate	HEDIS MY 2023 Rate	HEDIS MY 2024 Rate	Percentile Ranking
Metabolic Monitoring for Children and Adolescents on Antipsychotics				
Blood Glucose Testing—Total ^H	—	—	49.15%	10th–24th
Cholesterol Testing—Total ^H	—	—	30.51%	10th–24th
Blood Glucose and Cholesterol Testing—Total ^H	—	—	27.68%	10th–24th
Blood Glucose Testing—1–11 Years ^H	—	—	40.00%	25th–49th
Blood Glucose Testing—12–17 Years ^H	—	—	51.02%	<10th
Cholesterol Testing—1–11 Years ^H	—	—	23.33%	10th–24th
Cholesterol Testing—12–17 Years ^H	—	—	31.97%	10th–24th
Blood Glucose and Cholesterol Testing—1–11 Years ^H	—	—	20.00%	<10th
Blood Glucose and Cholesterol Testing—12–17 Years ^H	—	—	29.25%	10th–24th
Screening for Depression and Follow-Up Plan				
12–17 Years ^{SA}	13.41%	19.25%	30.15%^	—
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics^H				
Total ^H	66.67%	71.43%	75.58%	≥90th
1–11 Years ^H	NA	NA	NA	—
12–17 Years ^H	68.25%	72.00%	77.03%	≥90th
Dental and Oral Health Services				
Oral Evaluation, Dental Services				
<3 Year ^{SA}	20.96%	22.58%	33.11%^	—
3–5 Years ^{SA}	38.64%	39.40%	49.81%^	—
6–14 Years ^{SA}	43.64%	44.17%	51.71%^	—
15–20 Years ^{SA}	31.40%	31.85%	37.87%^	—
Total ^{SA}	38.25%	38.61%	46.26%^	—
Sealant Receipt on Permanent First Molars				
All Four Molars Sealed ^{SA}	29.27%	40.60%	30.46%^	—
At Least One Sealant ^{SA}	43.06%	54.28%	40.42%^	—
Topical Fluoride for Children				
Dental or Oral Health Services—1–2 Years ^{SA}	NA	NA	6.94%	—
Dental or Oral Health Services—3–5 Years ^{SA}	NA	NA	13.40%	—
Dental or Oral Health Services—6–14 Years ^{SA}	NA	NA	13.66%	—
Dental or Oral Health Services—15–20 Years ^{SA}	NA	NA	7.48%	—
Dental or Oral Health Services—Total ^{SA}	NA	NA	11.50%	—
Dental Services—1–2 Years ^{SA}	21.39%	19.31%	6.94%^	—

Performance Measures	HEDIS MY 2022 Rate	HEDIS MY 2023 Rate	HEDIS MY 2024 Rate	Percentile Ranking
<i>Dental Services—3–5 Years^{SA}</i>	26.41%	24.63%	13.40%^ ^	—
<i>Dental Services—6–14 Years^{SA}</i>	27.33%	24.03%	13.66%^ ^	—
<i>Dental Services—15–20 Years^{SA}</i>	16.50%	14.83%	7.48%^ ^	—
<i>Dental Services—Total^{SA}</i>	24.19%	21.37%	11.50%^ ^	—
<i>Oral Health Services—1–2 Years^{SA}</i>	NA	NA	0.00%	—
<i>Oral Health Services—3–5 Years^{SA}</i>	NA	NA	0.00%	—
<i>Oral Health Services—6–14 Years^{SA}</i>	NA	NA	0.00%	—
<i>Oral Health Services—15–20 Years^{SA}</i>	NA	NA	0.00%	—
<i>Oral Health Services—Total^{SA}</i>	NA	NA	0.00%	—

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

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

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

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

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

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