COLORADO

Department of Health Care Policy & Financing

HEDIS® Measurement Year 2024 Aggregate Report for Health First Colorado (Colorado's Medicaid Program)

January 2026

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

HSAG HEALTH SERVICES ADVISORY GROUP

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1. Executive Summary

Introduction

Health First Colorado (Colorado's Medicaid program) is administered by the Colorado Department of Health Care Policy and Financing (HCPF). In fiscal year (FY) 2024–2025, Colorado's two managed care organizations (MCOs) included Denver Health Medical Plan (DHMP) and Rocky Mountain Health Plans Medicaid Prime (RMHP Prime).

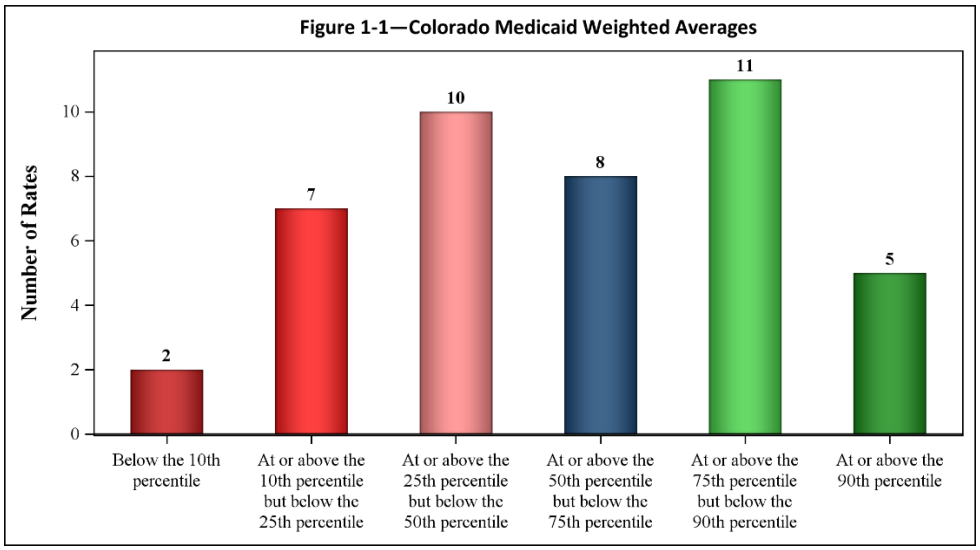
In FY 2024–2025, each MCO underwent a National Committee for Quality Assurance (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS®)[1] Compliance Audit™,[2] through a licensed organization to verify the systems and processes used to report valid HEDIS rates. The MCOs submitted final measure 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, and Behavioral Health Care. Please see Appendix C for additional information on NCQA's Information Systems (IS) standards[3] and the audit findings for both Medicaid MCOs. This report documents the results of HSAG's analysis and recommendations for improvement where appropriate.

Summary of Performance

Figure 1-1 shows the Colorado Medicaid program's performance on measurement year (MY) 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). Of note, rates for the *Plan All-Cause Readmissions—Observed Readmissions—Total* and *Expected Readmissions—Total* measure indicators were compared to NCQA's Audit Means and Percentiles national Medicaid percentiles for HEDIS MY 2024 since these indicators are not published in Quality Compass. The bars represent the number of Colorado Medicaid weighted averages that fell into each percentile range. The percentile range shows how the Colorado Medicaid weighted average ranked nationally.

1 HEDIS® is a registered trademark of the NCQA.
2 NCQA HEDIS Compliance Audit™ is a trademark of the NCQA.
3 National Committee for Quality Assurance. *HEDIS Compliance Audit Standards, Policies and Procedures, Volume 5*. Washington D.C.
4 Quality Compass® is a registered trademark of the NCQA.

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



The Colorado Medicaid weighted averages for HEDIS measures indicated low performance statewide compared to national standards, as 19 of 43 (44.19 percent) measure rates fell below the 50th percentile.

Limitations and Considerations

- RMHP Prime provides services only to adults who reside in select counties (i.e., Delta, Garfield, Gunnison, Mesa, Montrose, Ouray, Pitkin, Rio Blanco, and San Miguel counties) and qualify for Medicaid, and a small number of children who reside in these counties and qualify for Medicaid due to disability. As a result of these changes, HSAG recommends that readers exercise caution when comparing RMHP Prime's rates in this report to DHMP's rates, benchmarks, and historical rates reported for RMHP Prime.
- Since all MY 2024 measures were reported using the administrative methodology according to HCPF's direction, the MCOs that were able to obtain supplemental data or capture more complete data will generally report higher rates when using the administrative methodology. As a result, for measures with technical specifications that allow a hybrid option, the rates in this report may reflect the completeness of the data rather than the actual performance.
- In Colorado, behavioral health services provided in FY 2024–2025 were carved out (i.e., provided by the Regional Accountable Entities [RAEs], but not the RAEs' MCO capitation initiatives). Therefore, this carve-out should be considered when reviewing the MCOs' rates for behavioral health measures.

2. Reader's Guide

Introduction

In FY 2024–2025, Health First Colorado's Medicaid member enrollment was approximately 1.1 million. Approximately 943,001 thousand members (86 percent) received services via a fee-for-service (FFS) payment model with services coordinated through Health First Colorado's Accountable Care program. The remaining 14 percent of Medicaid members received services through Colorado's two MCOs. In FY 2024–2025, the MCOs were embedded within the organizational structure of two of the seven RAEs. Colorado's Accountable Care Collaborative (ACC) is the primary healthcare delivery model for Health First Colorado members. Beginning in FY 2018–2019, HCPF transitioned its ACC program to ACC Phase II. HCPF contracted with seven RAEs responsible for providing behavioral health services under a capitated payment model and providing enhanced care coordination of physical and behavioral health services.

Colorado's Medicaid benefits and services include healthcare primary and specialty care provider visits; dental services; hospitalization, emergency services, and transportation services; maternity and newborn care; mental health/behavioral health services, and substance use disorder (SUD) services; pharmacy and durable medical equipment benefits; physical, occupational, and speech therapy; laboratory services; preventive health and wellness services; and family planning services.[5]

To evaluate performance levels and to provide an objective, comparative review of Colorado's two Medicaid MCOs' quality-of-care outcomes and performance measure rates, HCPF required its MCOs to report results following the NCQA's HEDIS protocols. HCPF selected performance measures from the Centers for Medicare & Medicaid Services (CMS) Adult and Child Core Set reporting set to evaluate the MCOs' performance and for public reporting. For MY 2024, HCPF required that the MCOs report all measures using the administrative methodology. This report includes rates calculated using only administrative data. Therefore, caution should be exercised when comparing measure results for measures with a hybrid option to national benchmarks, which were established using administrative and/or medical record review data.

The reader's guide is designed to provide supplemental information to the reader that may aid in the interpretation and use of the results presented in this report.

[5] Colorado Department of Health Care Policy & Financing. *Health First Colorado Benefits & Services*. Available at: https://www.healthfirstcolorado.com/benefits-services/. Accessed on: Nov 14, 2025.

Medicaid Managed Care Organization Names

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

Table 2-1—2024 Medicaid MCO Names and Abbreviations

Medicaid MCO Name	Abbreviation
Denver Health Medical Plan	DHMP
Rocky Mountain Health Plans Medicaid Prime	RMHP Prime

Summary of MY 2024 Measures

Within this report, HSAG presents the MCOs' 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. While performance is reported primarily at the measure indicator level, grouping these measures into domains encourages the MCOs 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 MCO performance for select measures. For example, the *Total* rates for the *Child and Adolescent Well-Care Visits* measure indicators are displayed in Section 3 and Appendix D of this report to provide an overall understanding of plan and statewide performance associated with child and adolescent well-care visits. *Child and Adolescent Well-Care Visits* rates for *3–11 Years*, *12–17 Years*, and *18–21 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
Adult Immunization Status (AIS-E)
Breast Cancer Screening[1] *(BCS-AD)*
Cervical Cancer Screening (CCS-AD)
Child and Adolescent Well-Care Visits (WCV-CH)
Childhood Immunization Status—Combinations 3, 7, and 10 (CIS-CH)
Chlamydia Screening in Women[1] *(CHL-CH, CHL-AD)*
Colorectal Cancer Screening[1] *(COL-AD)*
Developmental Screening in the First Three Years of Life (DEV-CH)
Immunizations for Adolescents—Combination 1 and *Combination 2 (IMA-CH)*
Lead Screening in Children (LSC-CH)
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Body Mass Index (BMI) Percentile—Total, *Counseling for Nutrition—Total*, and *Counseling for Physical Activity—Total (WCC-CH)*
Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months of Life—Six or More Well-Child Visits and *Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits (W30-CH)*
Maternal and Perinatal Health
Contraceptive Care—All Women—Most or Moderately Effective Contraception and *Long-Acting Reversible Contraception*[1] *(CCW-CH, CCW-AD)*
Contraceptive Care—Postpartum Women—Most or Moderately Effective Contraception—3 Days and *90 Days,* and *Long Acting-Reversible Contraception—3 Days* and *90 Days* [1] *(CCP-CH, CCP-AD)*
Prenatal and Postpartum Care—Timeliness of Prenatal Care and *Postpartum Care (PPC-CH, PPC-AD)*
Prenatal Immunization Status (PRS-E)
Care of Acute and Chronic Conditions
Asthma Medication Ratio[1] *(AMR-CH, AMR-AD)*
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB-AD)
Concurrent Use of Opioids and Benzodiazepines (COB-AD)
Controlling High Blood Pressure[1] *(CBP-AD)*

Performance Measures
Glycemic Status Assessment for Patients With Diabetes [1] *(GSD-AD)*
Plan All-Cause Readmissions (PCR-AD)
PQI 01: Diabetes Short-Term Complications Admission Rate (PQI01-AD)
PQI 05: Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate (PQI05-AD)
PQI 08: Heart Failure Admission Rate (PQI08-AD)
PQI 15: Asthma in Younger Adults Admission Rate (PQI15-AD)
Use of Opioids at High Dosage in Persons (OHD-AD)
Behavioral Health Care
Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA-AD)
Antidepressant Medication Management—Effective Acute Phase Treatment and *Effective Continuation Phase Treatment*[1] *(AMM-AD)*
Diabetes Care for People With Serious Mental Illness—Hemoglobin A1c (HbA1c) Poor Control (>9.0%) (HPCMI-AD)
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD-AD)
Follow-Up After Emergency Department Visit for Mental Illness—7-Day Follow-Up and *30-Day Follow-Up*[1] *(FUM-CH, FUM-AD)*
Follow-Up After Emergency Department Visit for Substance Use—7-Day Follow-Up and *30-Day Follow-Up*[1] *(FUA-CH, FUA-AD)*
Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up and *30-Day Follow-Up*[1] *(FUH-CH, FUH-AD)*
Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication—Initiation Phase and *Continuation and Maintenance Phase (ADD-CH)*
Initiation and Engagement of Substance Use Disorder (SUD) Treatment—Initiation of SUD Treatment—Engagement of SUD Treatment[1] *(IET-AD)*
Metabolic Monitoring for Children and Adolescents on Antipsychotics—Blood Glucose Testing—Total, Cholesterol Testing—Total, and *Blood Glucose and Cholesterol Testing—Total (APM-CH)*
Postpartum Depression Screening and Follow-Up (PDS-AD)
Screening for Depression and Follow-Up Plan[1] *(CDF-CH, CDF-AD)*
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP-CH)
Use of Pharmacotherapy for Opioid Use Disorder—Total (*Rate 1), Buprenorphine (Rate 2), Oral Naltrexone (Rate 3), Long-Acting, Injectable Naltrexone (Rate 4),* and *Methadone (Rate 5) (OUD-AD)*

Performance Measures
Dental and Oral Health Services
Ambulatory Care Sensitive Emergency Department Visits for Non-Traumatic Dental Conditions in Adult (EDV-AD)
Oral Evaluation During Pregnancy (OEVP-AD)

[1] Indicates additional age stratifications were required for reporting using CMS Core Set specifications as opposed to the NCQA specifications. This symbol may also indicate measures that are part of both the CMS Adult Core Set measure list and the CMS Child Core Set measure list; therefore, multiple age stratifications are listed.

Data Collection Method

According to HCPF's guidance, all measure rates presented in this report for the MCOs are based on administrative data only. The administrative method requires that the MCOs identify the eligible population (i.e., the denominator) using administrative data, derived from claims and encounters. In addition, the numerator(s), or services provided to the members in the eligible population, are derived solely using administrative and supplemental data collected during the reporting year. Supplemental data include immunization registry data, medical record review data from the prior year, etc. Medical records collected during the current year cannot be used to retrieve information. When using the administrative method, the entire eligible population becomes the denominator, and sampling is not allowed. In contrast, the hybrid method extracts a systematic sample of members and utilizes data from the medical record, along with administrative and supplemental data. The hybrid method generally produces higher rates because the completeness of documentation in the medical record exceeds what is typically captured in administrative data; however, the medical record review component of the hybrid method is considered more labor intensive. The data collection or calculation methods (i.e., administrative, hybrid) for each measure are described in detail by CMS in the *FFY 2025 Adult Resource Manual and Technical Specifications* and *FFY 2025 Child Resource Manual and Technical Specifications*.[6,7]

Data Sources and Measure Audit Results

MCO-specific performance displayed in this report was based on data elements obtained from the custom rate reporting templates produced by HSAG. Prior to HSAG's receipt of the MCOs' custom rate reporting templates, all the MCOs were required by HCPF to have their MY 2024 results examined and verified through an NCQA HEDIS Compliance Audit.

[6] Centers for Medicare & Medicaid Services. *FFY 2025 Adult Resource Manual and Technical Specifications.* Available at: https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/adult-and-child-health-care-quality-measures/adult-core-set-reporting-resources/index.html. Accessed on: Nov 14, 2025.

[7] 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: Nov 14, 2025.

Through the audit process, each measure indicator rate reported by an MCO 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.

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

Calculation of Statewide Averages

To calculate the statewide weighted averages, HSAG collected the audited results, numerator, denominator, rate, audit designation, and eligible population data elements reported in the files submitted by the MCOs for all measures. Given that the MCOs varied in membership size and demographic configuration, the statewide rate for a measure was the average rate weighted by each MCO's eligible population for the measure. Weighting the rates by the eligible population sizes ensured that the rate for an MCO with 125,000 members, for example, had a greater impact on the overall Colorado Medicaid statewide weighted average rate than the rate for an MCO with only 10,000 members. For the MCO rates reported as *NA* due to small denominators, the numerators, denominators, and eligible populations were still included in the calculations of the statewide weighted average. However, MCO rates reported as *BR*, *NB*, *NQ*, *NR*, or *UN* were excluded from the statewide weighted average calculation.

Evaluating Measure Results

National Benchmark Comparisons

Benchmark Data

MY 2024 MCO rates and the statewide weighted average rates were compared to the corresponding national HEDIS benchmarks, where applicable. For comparative purposes, HSAG used the most recent data available from NCQA at the time of the production of this report to evaluate the MY 2024 rates: NCQA's Quality Compass national Medicaid HMO percentiles for HEDIS MY 2023.

For some measures for which lower rates indicate better performance (e.g., *Hemoglobin A1c Control for Patients With Diabetes—Poor HbA1c Control [>9.0%]*), HSAG inverted the percentiles to be consistently applied to these measures as with the other measures. For example, the 10th percentile (a lower rate) was inverted to become the 90th percentile, indicating better performance.

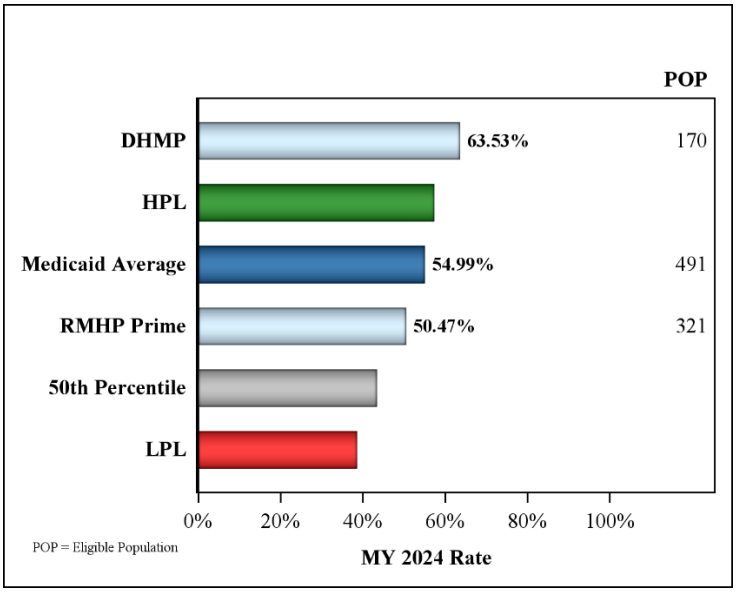
Additionally, benchmarking data (i.e., NCQA's Quality Compass) are the proprietary intellectual property of NCQA; therefore, this report does not display any actual percentile values. As a result, rate comparisons to benchmarks are illustrated within this report using proxy displays.

Figure Interpretation

For each performance measure indicator presented in this report, the horizontal bar graph figure positioned on the right side of the page presents each MCO's performance against the HEDIS MY 2023 benchmarks, Colorado Medicaid weighted average (i.e., the bar shaded darker blue) as well as the 50th percentile (i.e., the bar shaded gray), and the high (i.e., the bar shaded green) and low (i.e., the bar shaded red) performance levels.

For most performance measures, the high-performance level (HPL) corresponds to the 90th percentile and the low performance level (LPL) corresponds to the 25th percentile. For measures such as *Hemoglobin A1c Control for Patients With Diabetes—HbA1c Poor Control*, in which lower rates indicate better performance, the 10th percentile (rather than the 90th percentile) and the 75th percentile (rather than the 25th percentile) are considered the HPL and LPL, respectively. An example of the horizontal bar graph figure for one measure is shown in Figure 2-1.

Figure 2-1—Sample Horizontal Bar Graph Figure



Percentile Rankings and Star Ratings

In addition to illustrating MCO-specific and statewide performance via side-by-side comparisons to national percentiles, benchmark comparisons are denoted within this report using the percentile ranking performance levels and star ratings defined in Table 2-3.

Table 2-3—HEDIS Measures Percentile Ranking Performance Levels

Star Rating	Percentile Ranking	Performance Level
★★★★★	≥90th	At or above the 90th percentile
★★★★	75th–89th	At or above the 75th percentile but below the 90th percentile
★★★	50th–74th	At or above the 50th percentile but below the 75th percentile
★★	25th–49th	At or above the 25th percentile but below the 50th percentile
★	10th–24th	At or above the 10th percentile but below the 25th percentile
	<10th	Below the 10th percentile

Some measures in the Care of Acute and Chronic Conditions domain are designed to capture the frequency of services provided. Higher or lower rates for these measures do not necessarily indicate better or worse performance. These rates and the associated percentile rankings are provided for informational purposes only.

Of note, MCO-specific and statewide rates were rounded to the second decimal place before performance levels were determined. As HSAG assigned percentile rankings and star ratings, an em dash (—) was presented to indicate when the measure did not have an applicable benchmark; therefore, the performance level for these measures was not presented in this report.

Trend Analysis

In addition to the percentile ranking and star rating results, HSAG also compared MY 2024 Colorado Medicaid weighted averages and MCO-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 indicated as 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. Changes (regardless of whether they are

significant) could be related to the following factors independent of any effective interventions designed to improve the quality of care:

- Substantial changes in measure specifications where NCQA recommends a break in trending.
- Substantial changes in membership composition within the MCO.

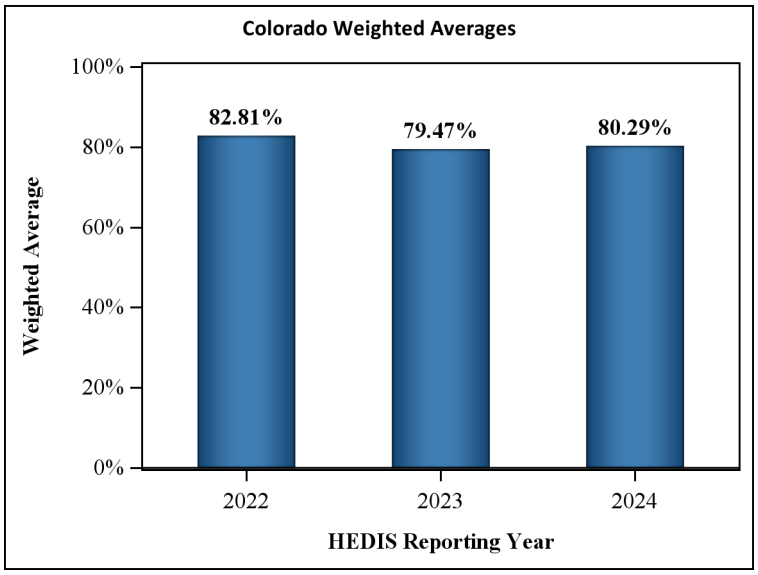
Similarly, caution should be exercised when comparing rates calculated administratively to national benchmarks that were calculated using the hybrid methodology.

Figure Interpretation

Within Appendix A and Appendix B of this report, performance measure indicator rates and results of significance testing between MY 2022 and MY 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 Medicaid weighted averages, with significance testing performed between the MY 2022 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.[8,9] 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 eight new provisional measures (voluntary for 2025 reporting):
  - AIS-AD: Adult Immunization Status
  - EDV-AD: Ambulatory Care Sensitive Emergency Department Visits for Non-Traumatic Dental
  - Conditions in Adults
  - LRCD-AD: Low-Risk Cesarean Delivery: Age 20 and Older
  - OEVP-AD: Oral Evaluation During Pregnancy: Ages 21 to 44
  - OEVP-CH: Oral Evaluation During Pregnancy: Ages 15 to 20
  - OEVP-AD: Oral Evaluation During Pregnancy: Ages 21 to 44
  - PDS-CH: Postpartum Depression Screening and Follow-Up: Under Age 21
  - PRS-CH: Prenatal Immunization Status: Under Age 21
- Added specifications for one new provisional measures (voluntary for 2025 reporting):
  - PRS-CH: Prenatal Immunization Status: Under Age 21

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

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

- 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

Adherence to Antipsychotic Medications for Individuals With Schizophrenia

- Added direct reference codes for calculating number of days covered for long-acting injections.
- Replaced Partial Hospitalization POS Value Set, Community Mental Health Center POS Value Set, and ED POS Value Set with direct reference codes.
- Clarified that laboratory claims (claims with POS code 81) should not be included when identifying beneficiaries who have a diagnosis of dementia, indications of frailty, and advanced illness (required exclusions).
- Revised the method for identifying advanced illness.
- Updated the Long-Acting Injections table.

Antidepressant Medication Management

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

Asthma in Younger Adults Admission Rate

- Removed exclusion for obstetric discharges because the numerator definition already precludes discharges with an obstetric principal diagnosis.

Asthma Medication Ratio

- 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

- 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).

Breast Cancer Screening

- Updated specification to Electronic Clinical Data Systems (ECDS) methodology. Note that the ECDS data collection method includes use of administrative data, such as claims and encounters.

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.

Colorectal Cancer Screening

- Updated specification to Electronic Clinical Data Systems (ECDS) methodology. Note that the ECDS data collection method includes use of administrative data, such as claims and encounters.

Controlling High Blood Pressure

- Clarified laboratory claims (claims with POS code 81) should not be included when identifying beneficiaries who have an encounter for palliative care, evidence of end-stage renal disease, diagnosis of pregnancy, frailty, or advanced illness (required exclusions)
- Revised the method for identifying advanced illness (required exclusion).

- Revised the numerator to clarify settings where CPT Category II code modifiers should not be used. Cervical Cancer Screening.

Chlamydia Screening in Women

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

Cervical Cancer Screening

- 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.
- Replaced references to "women" with "beneficiaries recommended for routine cervical cancer screening."
- Added criteria for "beneficiaries recommended for routine cervical cancer screening" to the eligible population.
- Clarified that laboratory claims (claims with POS code 81) should not be included when identifying beneficiaries who have cervical agenesis or acquired absence of the cervix or an encounter for palliative care (required exclusions).
- Added an exclusion for beneficiaries who were assigned male at birth.
- Clarified that "Unknown" is not considered a result/finding for medical record reporting.

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

- Removed exclusion for obstetric.

Concurrent Use of Opioids and Benzodiazepines

- Removed anchor date.

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

- Updated the measure title.
- Added glucose management indicator as an option to meet numerator criteria.
- Replaced Partial Hospitalization POS Value Set, Community Mental Health Center POS Value Set and ED POS Value Set with direct reference codes.

- Updated the event/diagnosis criteria for identifying beneficiaries with diabetes.
- Clarified that laboratory claims (claims with POS code 81) should not be included when identifying beneficiaries who have a diagnosis of diabetes and who were dispensed insulin or hypoglycemics/antihyperglycemics (event/diagnosis), beneficiaries who had an encounter for palliative care, indications of frailty, or advanced illness (required exclusions), and to identify the most recent glycemic status assessment (numerator).
- Removed the required exclusion for beneficiaries who did not have a diagnosis of diabetes.
- Revised the method for identifying advanced illness.
- Revised the numerator to clarify settings where CPT Category II code modifiers should not be used
- Clarified that "Unknown" is not considered a result/finding.

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

- Replaced Partial Hospitalization POS Value Set, Community Mental Health Center POS Value Set, and ED POS Value Set with direct reference codes.
- Updated the method for identifying beneficiaries with diabetes for the required exclusions.
- Clarified that laboratory claims (claims with POS code 81) should not be included when identifying beneficiaries who have a diagnosis of diabetes and who were dispensed insulin or hypoglycemics/antihyperglycemics (event/diagnosis) and when using the Glucose Test Result or Finding or HbA1C Test Result or Finding value sets (numerator).
- Revised the numerator to clarify where CPT Category II code modifiers should not be used.

Diabetes Short-Term Complications Admission Rate

- Removed exclusion for obstetric discharges because the numerator definition already precludes discharges with an obstetric principal diagnosis.

Follow-Up After Emergency Department Visit for Substance Use

- Replaced Partial Hospitalization POS Value Set and Community Mental 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 After Emergency Department Visit for Mental Illness

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

Follow-Up After Hospitalization for Mental Illness

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

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.

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).

Glycemic Status Assessment for Patients with Diabetes

- Updated the measure title.
- Added glucose management indicator as an option to meet numerator criteria.
- Updated the event/diagnosis criteria for identifying beneficiaries with diabetes.
- Clarified that laboratory claims (claims with POS code 81) should not be included when identifying beneficiaries who have a diagnosis of diabetes and who were dispensed insulin or hypoglycemics/antihyperglycemics (event/diagnosis), beneficiaries who had an encounter for palliative care, indications of frailty, or advanced illness (required exclusions), and to identify the most recent glycemic status assessment (numerator).
- Revised the method for identifying advanced illness.
- Removed the required exclusion for beneficiaries who did not have a diagnosis of diabetes.
- Revised the numerator to clarify settings where CPT Category II code modifiers should not be used.

- Clarified that "Unknown" is not considered a result/finding.

Heart Failure Admission Rate

- Removed exclusion for obstetric discharges because the numerator definition already precludes discharges with an obstetric principal diagnosis.

Hemoglobin A1c Control for Patients with Diabetes

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

HIV Viral Load Suppression

- Added Guidance for Reporting:
  - States can find technical assistance resources to assist in calculating the measure at https://targethiv.org/spns/medicaid_data_set.
  - - Users should convert the test results reported in logs copies/mL to copies/mL. For example, if the HIV viral load result is 103 or 3 on a logarithmic scale, it would be equal to 10 x 10 x 10 copies, or 10^3 or 1,000 copies/mL.
- Added clarification in the numerator that user will need to convert the test results reported in logs copies/mL to copies/mL.

Initiation and Engagement of Substance Use Disorder Treatment

- Replaced Partial Hospitalization POS Value Set and Community Mental Health Center POS Value Set with direct reference codes.
- Clarified that laboratory claims (claims with POS code 81) should not be included when testing for negative SUD diagnosis history (step 2).
- Added alcohol use disorder treatment medications table.

Medical Assistance with Smoling and Tobacco Use Cessation

- Added required exclusion for beneficiaries who die any time during the measurement year.

Prenatal and Postpartum Care

- 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

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

Use of Opioids at High Dosage in Persons Without Cancer

- Removed anchor date.
- Removed conversion factor language from the additional notes.

Use of Pharmacotherapy for Opioid Use Disorder

- Changed codes in the value set directory for FDA-approved medications for opioid use disorder.
- Updated the age range of beneficiaries from ages 18 to 64 to age 18 years and older.

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

- 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).

Glossary

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

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

Term	Description
ACC	Accountable Care Collaborative.
ADHD	Attention-deficit/hyperactivity disorder.
Audit Result	The HEDIS auditor's final determination, based on audit findings, of the appropriateness of the MCO to publicly report its HEDIS measure rates. Each measure indicator rate included in the HEDIS audit receives an audit result of *Reportable (R)*, *Small Denominator (NA)*, *Biased Rate (BR)*, *No Benefit (NB)*, *Not Required (NQ)*, *Not Reported (NR*), and *Unaudited (UN)*.
BMI	Body mass index.
BP	Blood pressure.
BR	Biased Rate: indicates that the MCO's reported rate was invalid; therefore, the rate was not presented.
CMS	Centers for Medicare & Medicaid Services.
COPD	Chronic obstructive pulmonary disease.
Data Completeness	The degree to which occurring services/diagnoses appear in the MCO's administrative data systems.
Denominator	The number of members who meet all criteria specified in a measure for inclusion in the eligible population. When using the administrative method, the entire eligible population becomes the denominator. When using the hybrid method, a sample of the eligible population becomes the denominator.
DTaP	Diphtheria, tetanus, and pertussis.
eCQM	Electronic clinical quality measure.
ED	Emergency department.
EHR	Electronic health record.
Electronic Data	Data that are maintained in a computer environment versus a paper environment.
Encounter Data	Billing data received from a capitated provider. (Although the MCO does not reimburse the provider for each encounter, submission of encounter data allows the MCO to collect the data for future HEDIS reporting.)
EOC	Effectiveness of care.
Exclusions	Conditions outlined in HEDIS measure specifications that describe when a member should not be included in the denominator.
FDA	U.S. Food and Drug Administration.

Term	Description
Final Audit Report	Following the MCO's completion of any corrective actions, an auditor completes the final audit report, documenting all final findings and results of the HEDIS audit. The final audit report includes a summary report, IS capabilities assessment, medical record review validation findings, measure results, and auditor's audit opinion (the final audit statement).
Flu	Influenza.
FFS	Fee-for-service.
FFY	Federal fiscal year.
FY	Fiscal year.
HbA1c	Hemoglobin A1c.
HEDIS	The Healthcare Effectiveness Data and Information Set (HEDIS), developed and maintained by NCQA, is a set of performance measures used to assess the quality of care provided by managed health care organizations.
HEDIS Repository	The data warehouse where all data used for HEDIS reporting are stored.
HepA	Hepatitis A.
HepB	Hepatitis B.
HiB	Haemophilus influenzae type B.
HIV	Human immunodeficiency virus.
HMO	Health maintenance organization.
HPL	High performance level. (For most performance measures, HCPF defined the HPL as the most recent 90th national Medicaid percentile. For measures such as *Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)*, in which lower rates indicate better performance, the 10th percentile [rather than the 90th percentile] is considered the HPL.)
HPV	Human papillomavirus.
HSAG	Health Services Advisory Group, Inc., 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).
IDSS	The Interactive Data Submission System, a tool used to submit data to NCQA.
IESD	Index Episode Start Date.
IPV	Inactivated polio virus.
IS	Information System; an automated system for collecting, processing, and transmitting data.
IS Standards	Information System (IS) standards, an NCQA-defined set of standards that measure how an organization collects, stores, analyzes, and reports medical, customer service, member, practitioner, and vendor data.[10]

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

Term	Description
LPL	Low performance level. (For most performance measures, HCPF defined the LPL as the most recent 25th national Medicaid percentile. For measures such as *Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)*, in which lower rates indicate better performance, the 75th percentile [rather than the 25th percentile] is considered the LPL.)
MCO	Managed care organization.
Medicaid Percentiles	The NCQA national percentiles for each HEDIS measure for the Medicaid product line used to compare the MCO's performance and assess the reliability of the MCO's HEDIS rates.
MMR	Measles, mumps, and rubella.
MY	Measurement year.
NA	Small Denominator; indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate, resulting in an NA designation. • For EOC and EOC-like measures, when the denominator is fewer than 30. • For utilization measures that count member months, when the denominator is fewer than 360 member months. • For all risk-adjusted utilization measures, when the denominator is fewer than 150.
NB	No Benefit; indicates that the required benefit to calculate the measure was not offered.
NCQA	The National Committee for Quality Assurance (NCQA) is a not-for-profit organization that assesses, through accreditation reviews and standardized measures, the quality of care provided by managed health care delivery systems; reports results of those assessments to employers, consumers, public purchasers, and regulators; and ultimately seeks to improve the health care provided within the managed care industry.
NR	Not Reported; indicates that the MCO chose not to report the required HEDIS measure indicator rate. This designation was assigned to rates during previous reporting years to indicate one of the following designations: the MCO chose not to report the required measure indicator rate, or the MCO's reported rate was invalid, therefore, the rate was not presented.
Numerator	The number of members in the denominator who received all the services as specified in the measure.
NQ	Not Required; indicates that the MCO was not required to report this measure.
O/E	Observed to expected.
OB/GYN	Obstetrician/Gynecologist.
OUD	Opioid use disorder.
PCP	Primary care practitioner.
PCV	Pneumococcal conjugate.
POP	Eligible population.
Provider Data	Electronic files containing information about physicians such as type of physician, specialty, reimbursement arrangement, and office location.
Quality Compass	NCQA Quality Compass benchmark.

Term	Description
R	Reportable.
RAE	Regional Accountable Entity.
RV	Rotavirus.
Software Vendor	A third party, with source code certified by NCQA, that contracts with the MCO to write source code for HEDIS measures. (For the measures to be certified, the vendor must submit programming codes associated with the measure to NCQA for automated testing of program logic, and a minimum percentage of the measures must receive a "Pass" or "Pass With Qualifications" designation.)
HCPF	The Colorado Department of Health Care Policy and Financing.
Td	Tetanus and diphtheria.
Tdap	Tetanus, diphtheria, and acellular pertussis.
UN	Unaudited; indicates that the organization chose to report a measure that is not required to be audited.
VZV	Varicella zoster virus (chicken pox).

Primary Care Access and Preventive Care

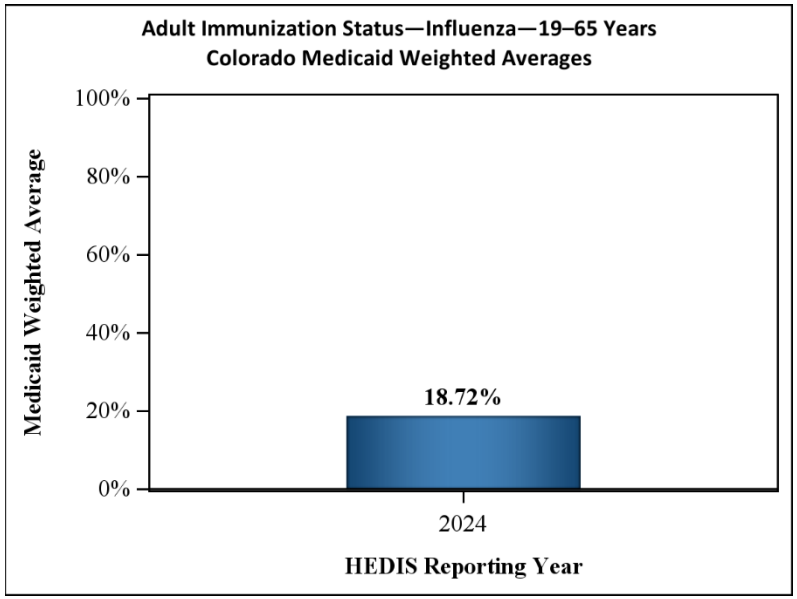
The following section provides a detailed analysis of the Colorado Medicaid MCOs' performance within the Primary Care Access and Preventive Care domain. The Primary Care Access and Preventive Care domain encompasses the following measures/indicators:

- *Adult Immunization Status—Influenza—19–64 Years* and *66 Years and Older, Pneumococcal—66 Years and Older, Tetanus and Diphtheria (Td)/Tetanus, Diphtheria, and Acellular Pertussis (Tdap)—19–65 Years* and *66 Years and Older, Zoster—50–65 Years* and *66 Years and Older*
- *Breast Cancer Screening—50–64 Years* and *65–74 Years*
- *Cervical Cancer Screening*
- *Child and Adolescent Well-Care Visits—Total*
- *Childhood Immunization Status—Combinations 3, 7, 10*
- *Chlamydia Screening in Women—16–20 Years* and *21–24 Years*
- *Colorectal Cancer Screening—46–50 Years, 51—65 Years,* and *66–75 Years*
- *Developmental Screening in the First Three Years of Life—Total*
- *Immunizations for Adolescents—Combination 1* and *Combination 2*
- *Lead Screening in Children*
- *Weight Assessment* and *Counseling for Nutrition* and *Physical Activity for Children/Adolescents—BMI Percentile—Total*, *Counseling for Nutrition—Total*, and *Counseling for Physical Activity—Total*
- *Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months of Life—Six or More Well-Child Visits* and *Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits*

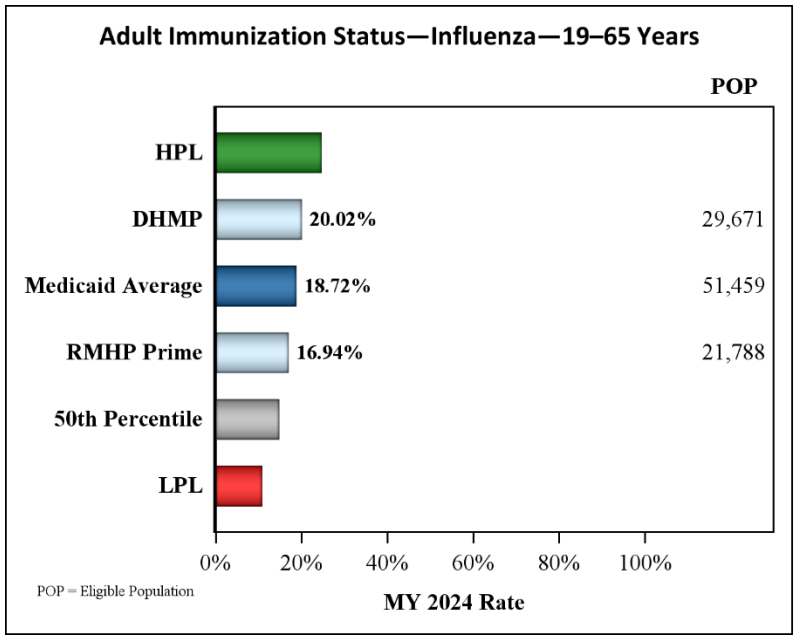
Please see the "Reader's Guide" section for guidance on interpreting the figures presented within this section. For reference, additional analyses for each measure indicator are displayed in Appendix A and Appendix B.

Adult Immunization Status—Influenza—19–65 Years

Adult Immunization Status—Influenza—19–65 Years measures the percentage of members ages 19 years and older who are up to date on recommended routine influenza vaccines.



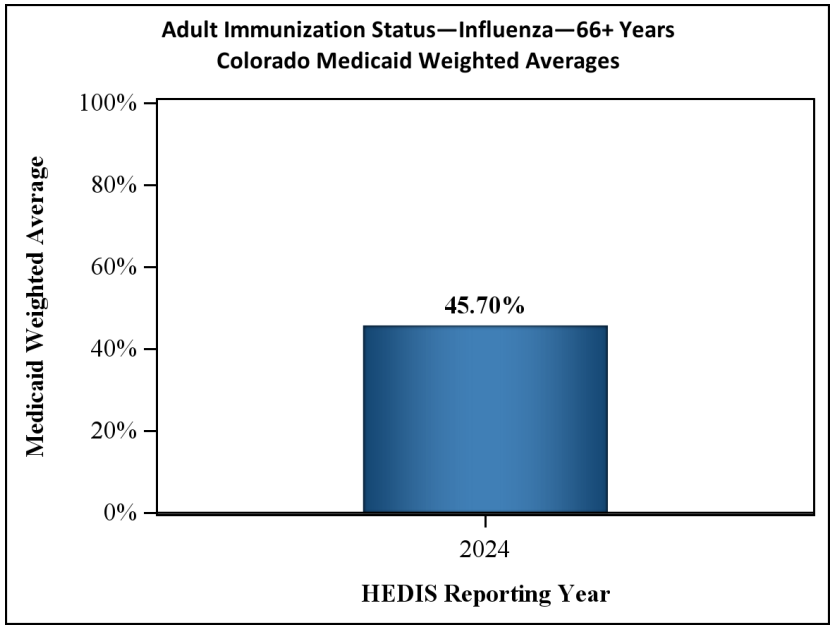
This was the first year this measure was reported, so it could not be compared to prior years.



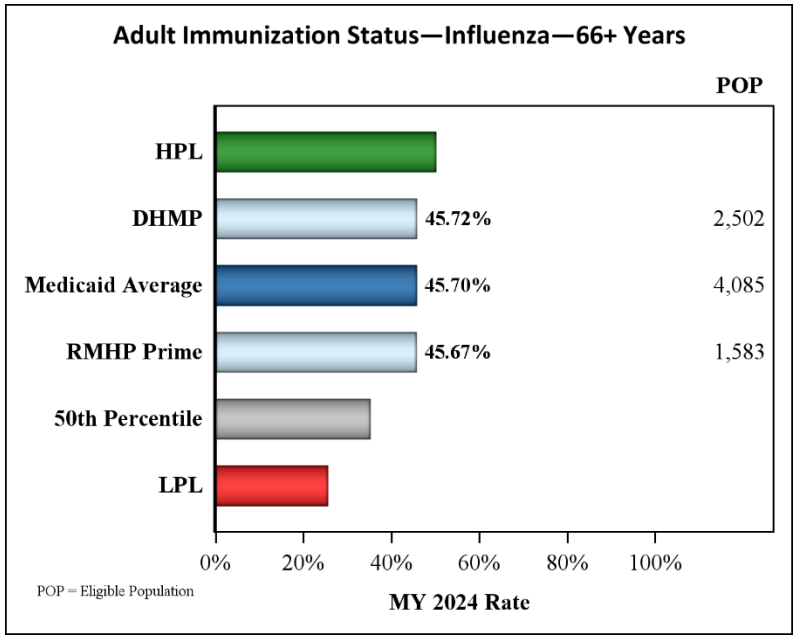
The two MCOs' rates and the Colorado Medicaid weighted average were above the 50th percentile but below the HPL. MCO performance varied by approximately 3 percentage points.

Adult Immunization Status—Influenza—66 Years and Older

Adult Immunization Status—Influenza—66 Years and Older measures the percentage of members ages 66 years and older who are up to date on recommended routine influenza vaccines.



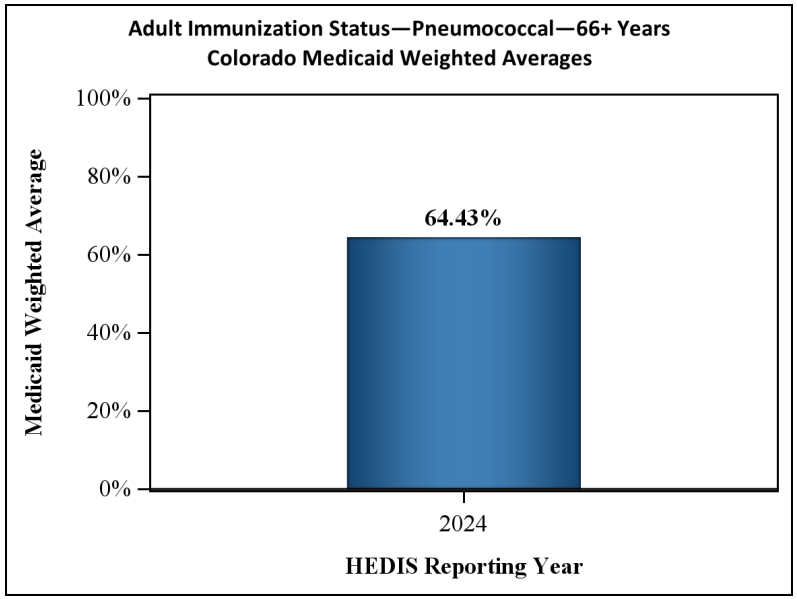
This was the first year this measure was reported, so it could not be compared to prior years.



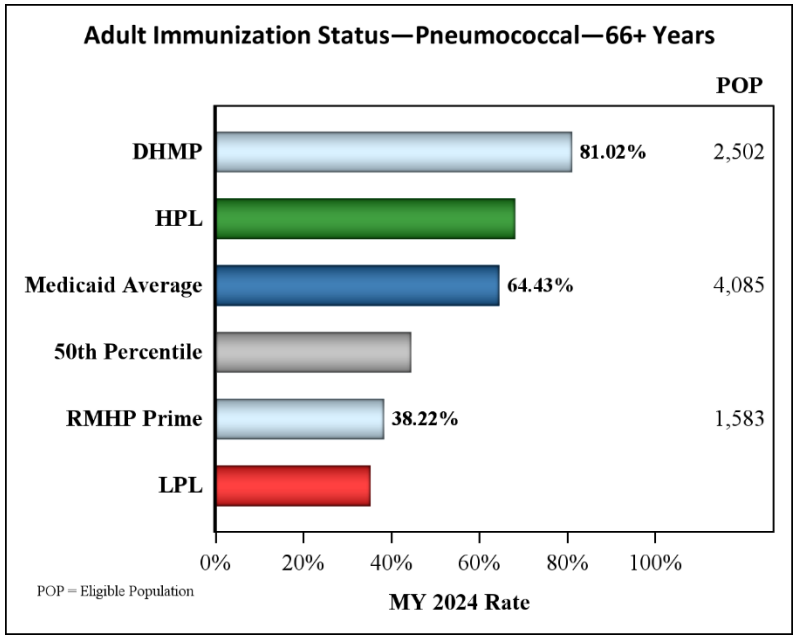
The two MCOs' rate and the Colorado Medicaid weighted average were above the 50th percentile but below the HPL. MCO performance varied by approximately less than 1 percentage point.

Adult Immunization Status—Pneumococcal—66 Years and Older

Adult Immunization Status—Pneumococcal—66 Years and Older measures the percentage of members ages 66 years and older who are up to date on recommended routine pneumococcal vaccines.



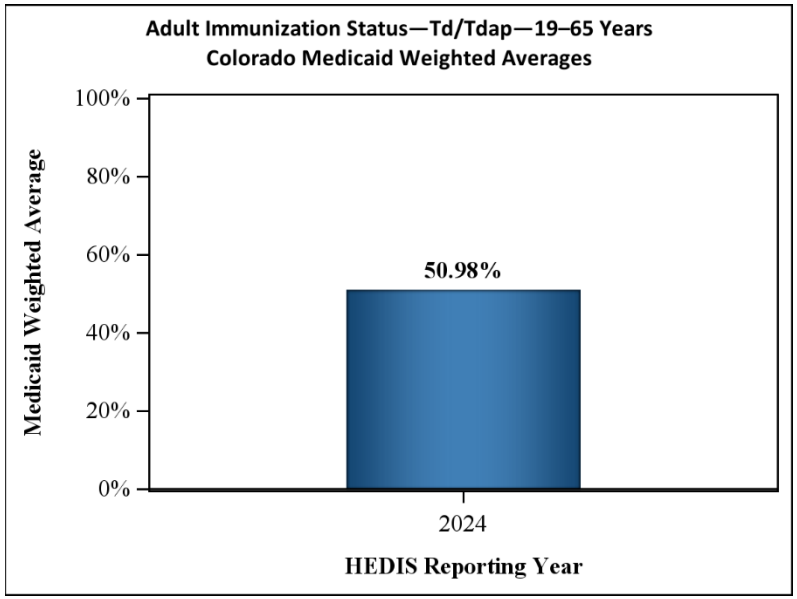
This was the first year this measure was reported, so it could not be compared to prior years.



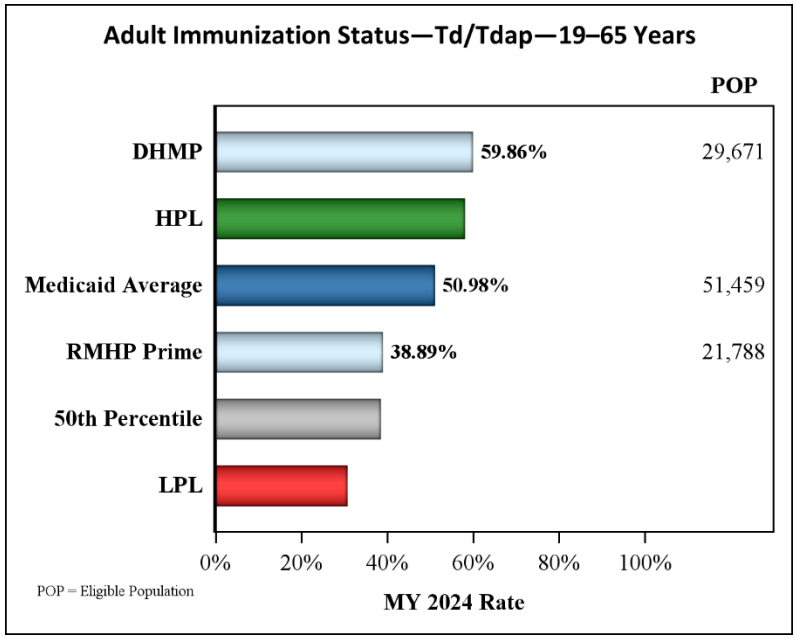
DHMP's rate exceeded the HPL. RMHP Prime's rate fell below the Colorado Medicaid weighted average and 50th percentile but above the LPL. MCO performance varied by approximately 42 percentage points.

Adult Immunization Status—Td/Tdap—19–65 Years

Adult Immunization Status—Td/Tdap—19–65 Years measures the percentage of members ages 19 to 65 years who are up to date on recommended routine Td or Tdap vaccines.



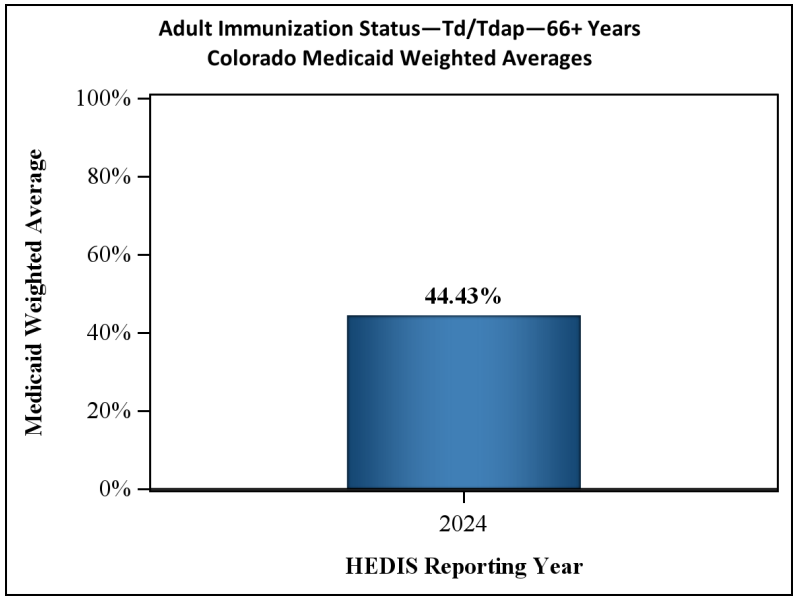
This was the first year this measure was reported, so it could not be compared to prior years.



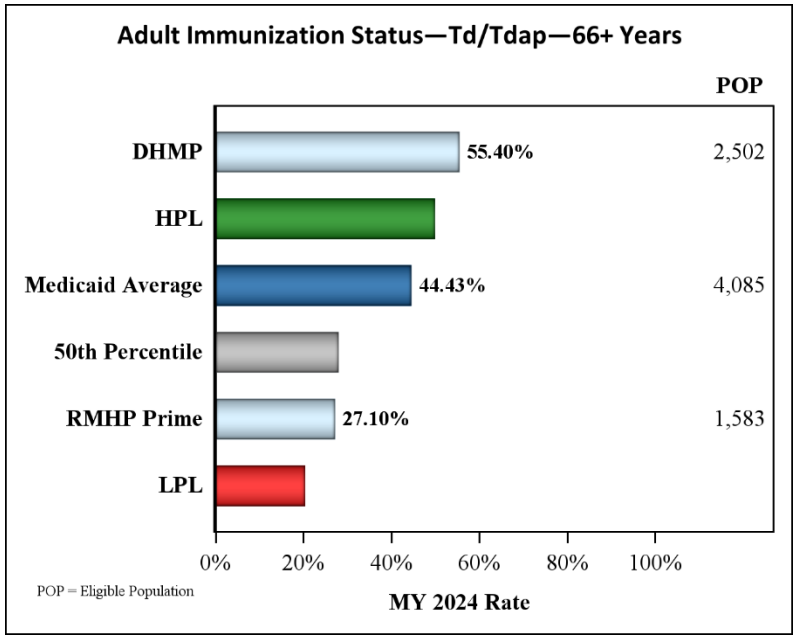
DHMP's rate exceeded the HPL. RMHP Prime's rate and the Colorado Medicaid weighted average were above the 50th percentile but below the HPL. MCO performance varied by approximately 21 percentage points.

Adult Immunization Status—Td/Tdap—66 Years and Older

Adult Immunization Status—Td/Tdap—66 Years and Older measures the percentage of members ages 66 years and older who are up to date on recommended routine Td or Tdap vaccines.



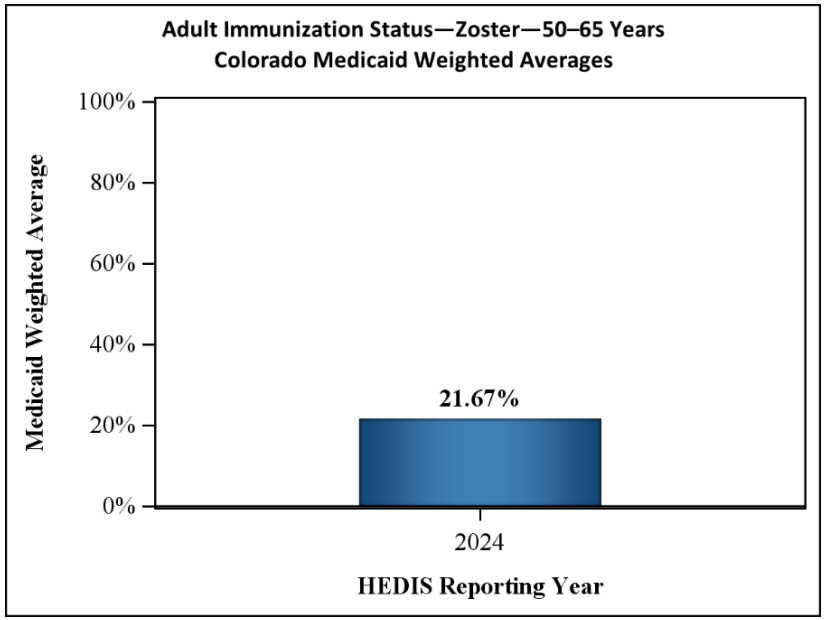
This was the first year this measure was reported, so it could not be compared to prior years.



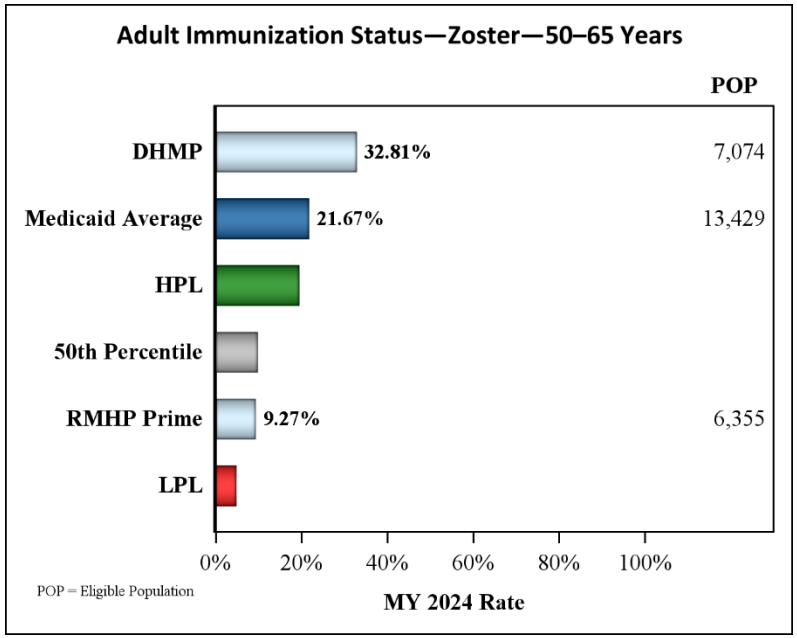
DHMP's rate exceeded the HPL. RMHP Prime's rate fell below the Colorado Medicaid weighted average and the 50th percentile but above the LPL MCO performance varied by approximately 28 percentage points.

Adult Immunization Status—Zoster—50–65 Years

Adult Immunization Status—Zoster—50–65 Years measures the percentage of members ages 50 to 65 years who are up to date on recommended routine zoster vaccines.



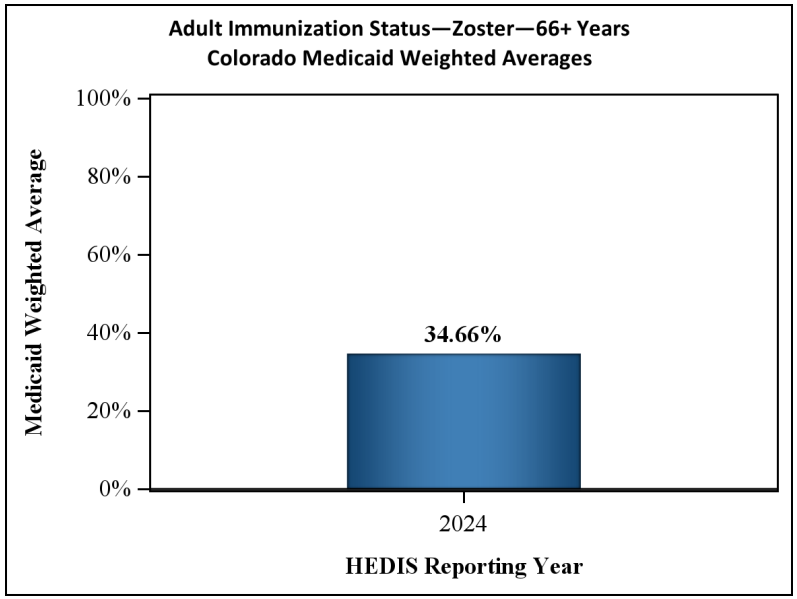
This was the first year this measure was reported, so it could not be compared to prior years.



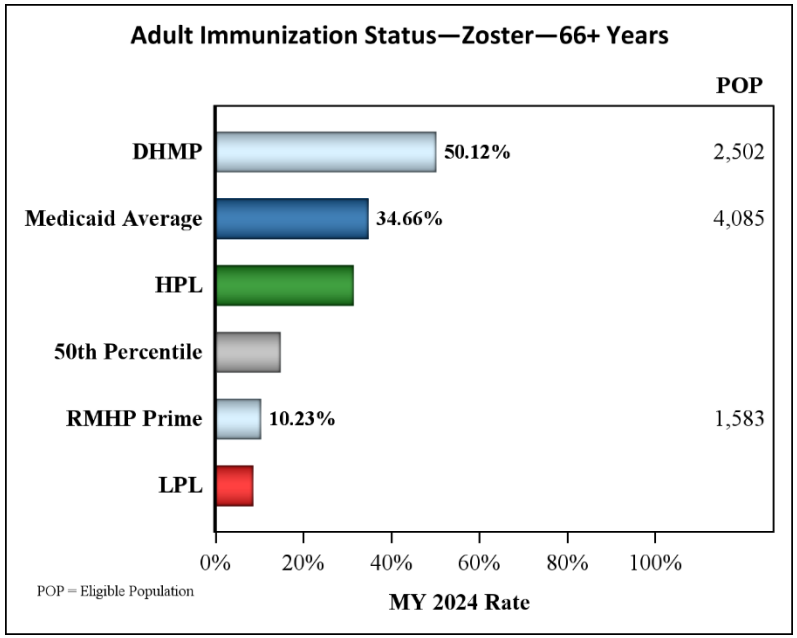
DHMP's rate and the Colorado Medicaid weighted average exceeded the HPL. RMHP Prime's rate fell below the 50th percentile but above the LPL. MCO performance varied by approximately 24 percentage points.

Adult Immunization Status—Zoster—66 Years and Older

Adult Immunization Status—Zoster—66 Years and Older measures the percentage of members ages 66 years and older who are up to date on recommended routine zoster vaccines.



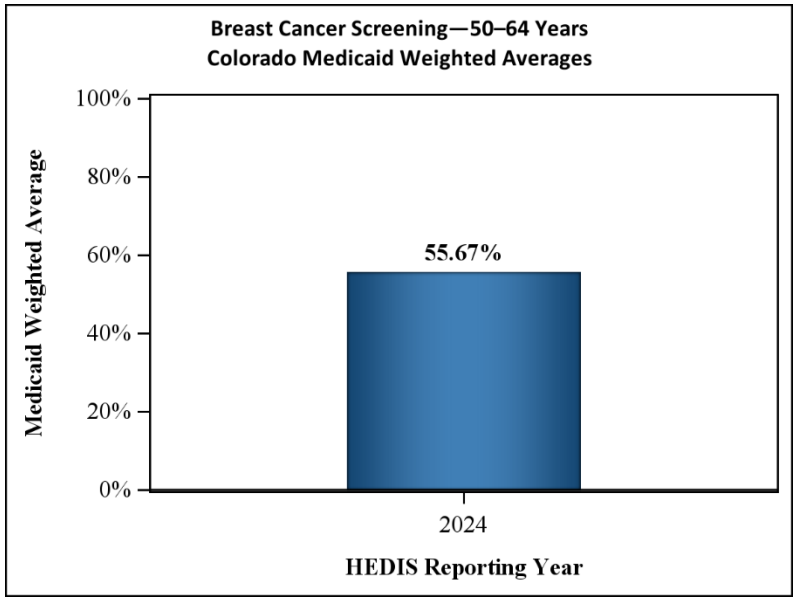
This was the first year this measure was reported, so it could not be compared to prior years.



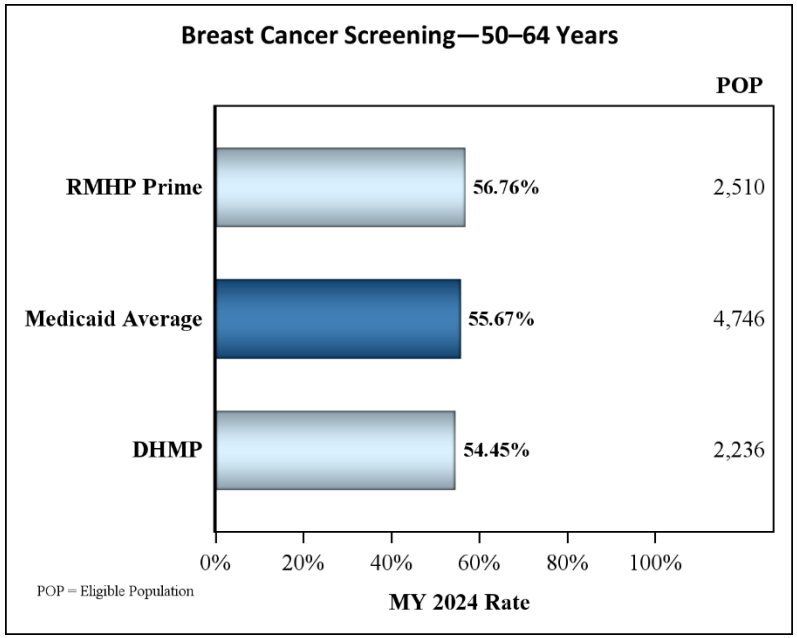
DHMP's rate and the Colorado Medicaid weighted average exceeded the HPL. RMHP Prime's rate fell below the 50th percentile but above the LPL. MCO performance varied by approximately 15 percentage points.

Breast Cancer Screening—50–64 Years

Breast Cancer Screening—50–64 Years measures the percentage of women ages 50 to 64 years who had a mammogram to screen for breast cancer.



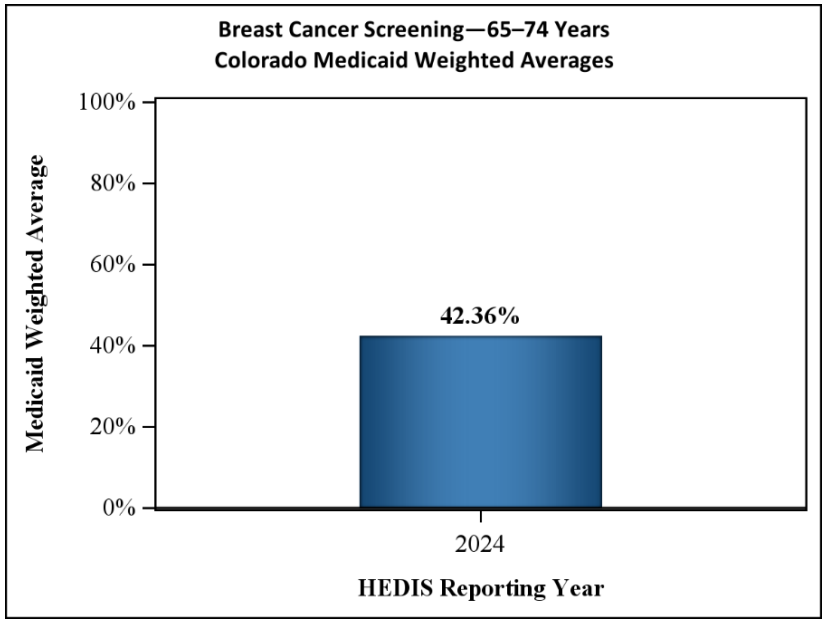
This was the first year this measure was reported, so it could not be compared to prior years.



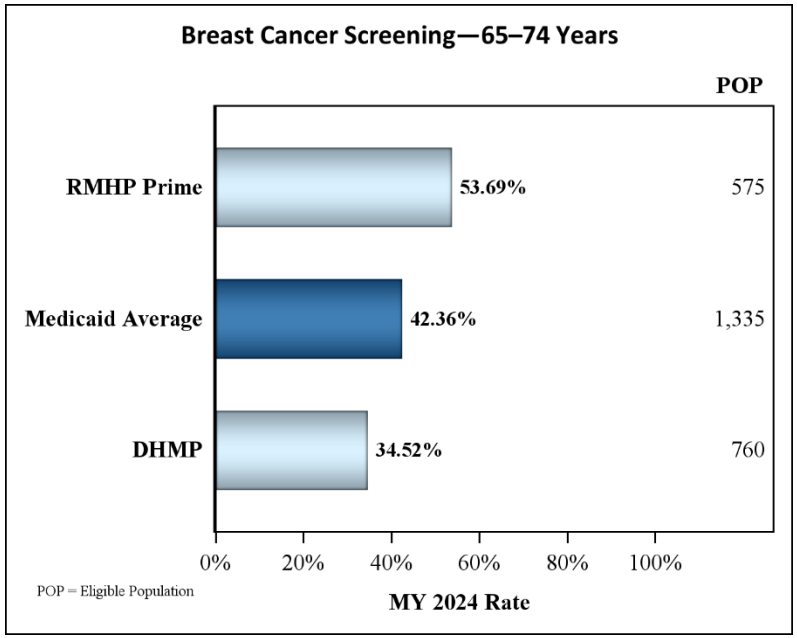
MCO performance varied by approximately 2 percentage points, and a benchmark is not available for this measure indicator.

Breast Cancer Screening—65–74 Years

Breast Cancer Screening—65–74 Years measures the percentage of women ages 65 to 74 years who had a mammogram to screen for breast cancer.



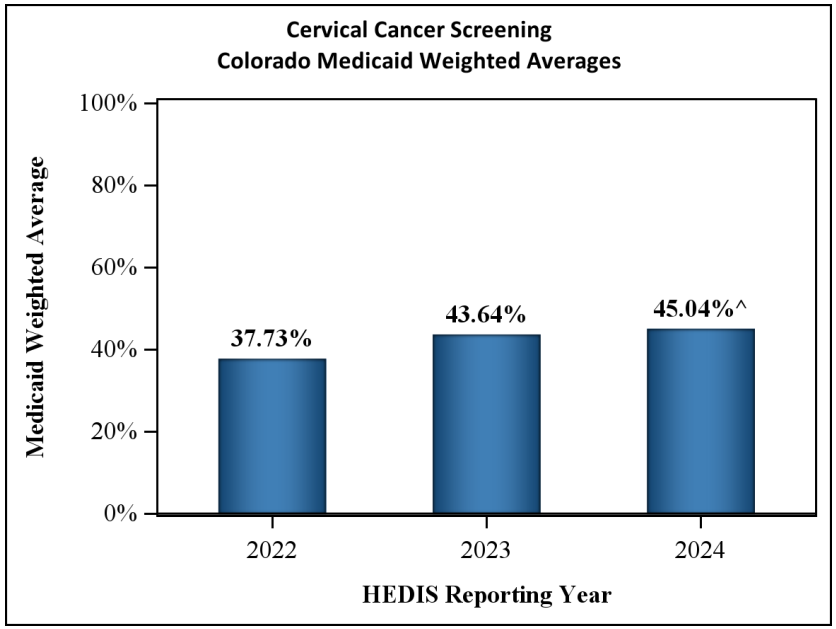
This was the first year this measure was reported, so it could not be compared to prior years.



MCO performance varied by approximately 19 percentage points, and a benchmark is not available for this measure indicator.

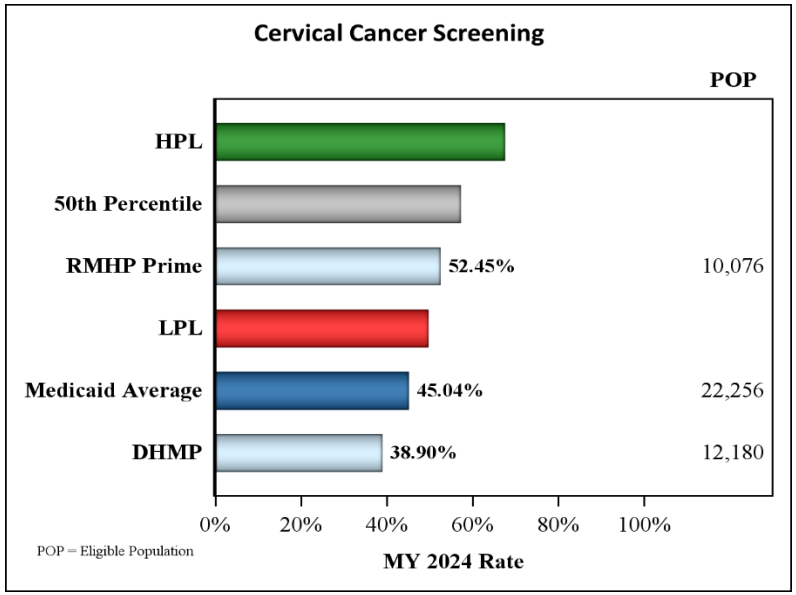
Cervical Cancer Screening

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



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

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

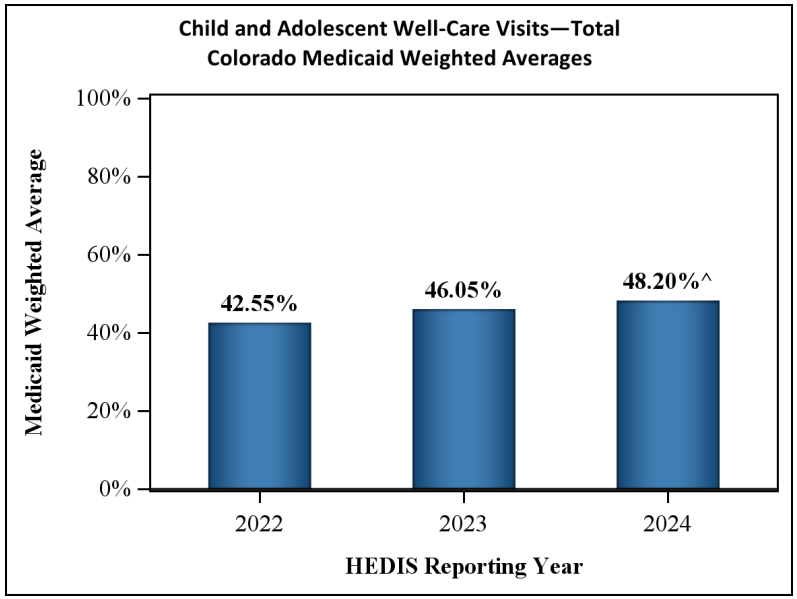


Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

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

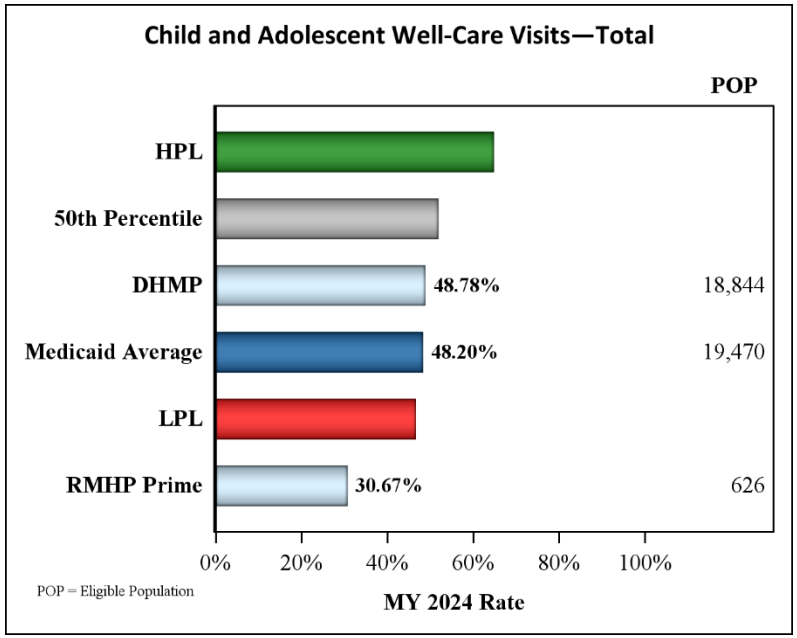
Child and Adolescent Well-Care Visits—Total

Child and Adolescent Well-Care Visits—Total measures the percentage of members ages 3 to 21 years who had at least one comprehensive well-care visit with a primary care practitioner (PCP) or an obstetrician/gynecologist (OB/GYN) during the measurement year.



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

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



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

Childhood Immunization Status

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

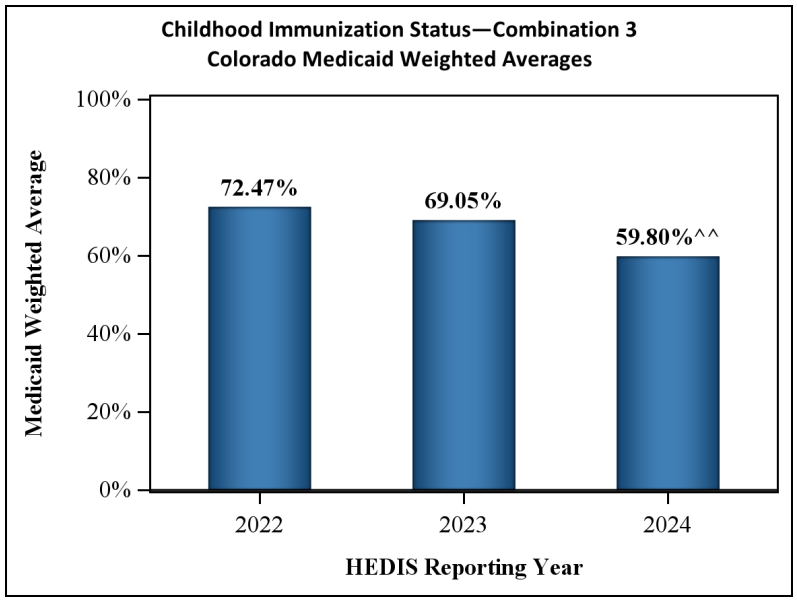
Table 3-1—Combination Vaccinations for Childhood Immunization Status

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

Acronyms: DTaP—diphtheria, tetanus, 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)

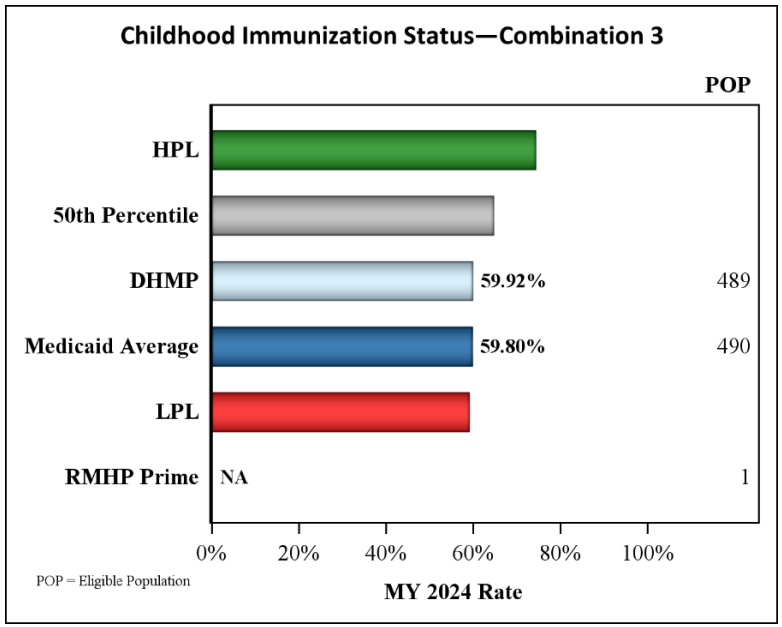
Childhood Immunization Status—Combination 3

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 Medicaid weighted average significantly declined from MY 2023 to MY 2024.

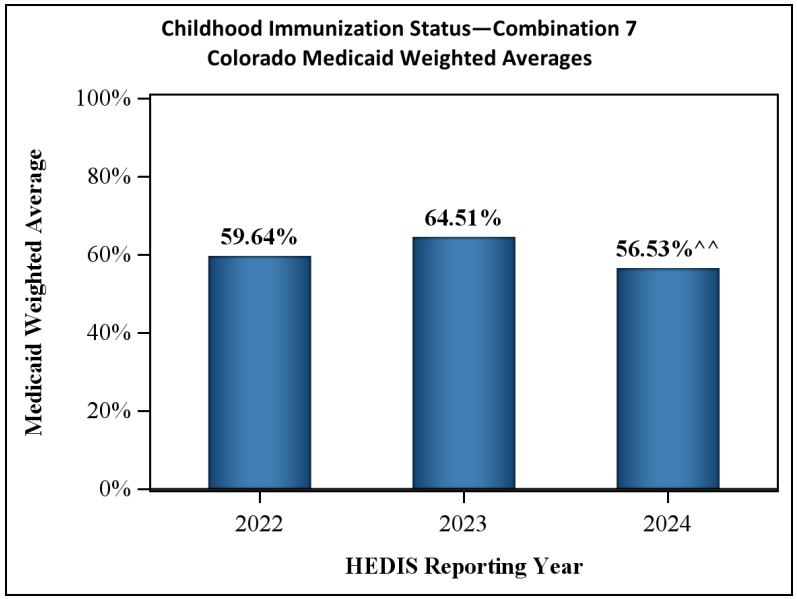


NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate. Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

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

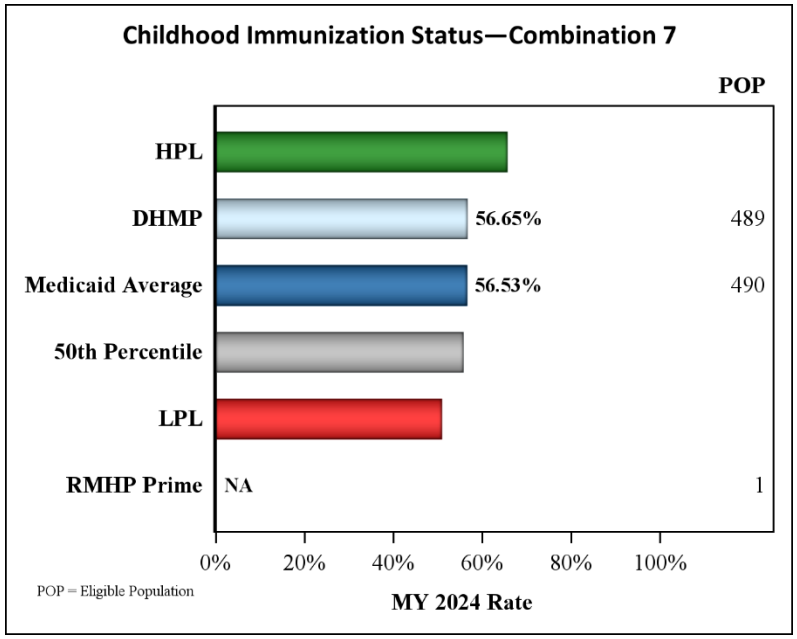
Childhood Immunization Status—Combination 7

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 Medicaid weighted average significantly declined from MY 2023 to MY 2024.

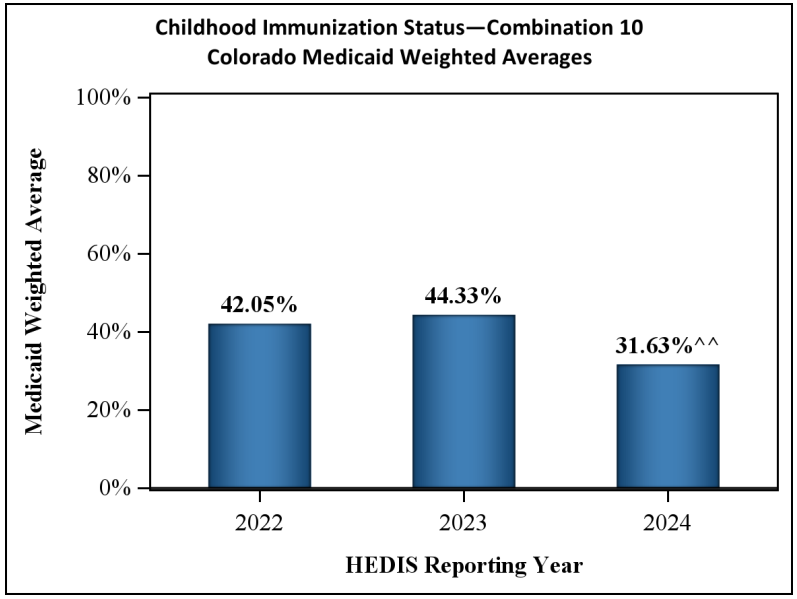


NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate. Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

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

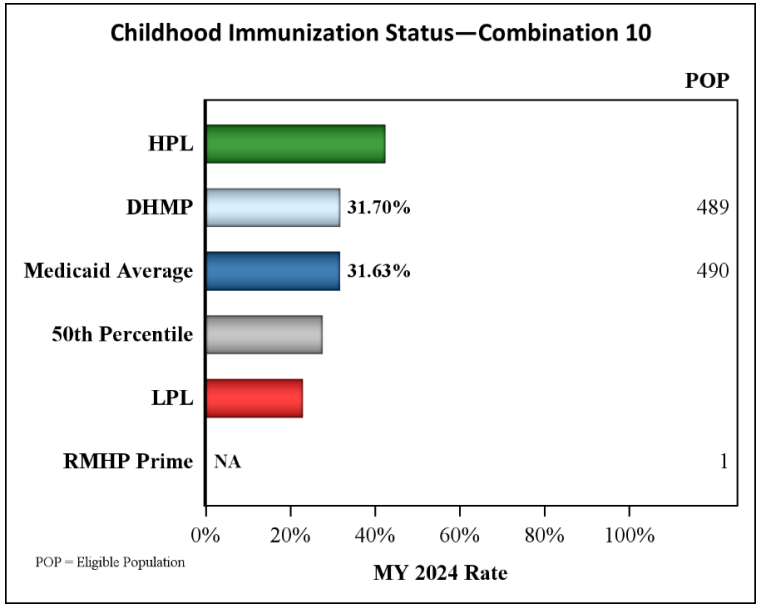
Childhood Immunization Status—Combination 10

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 Medicaid weighted average significantly declined from MY 2023 to MY 2024.

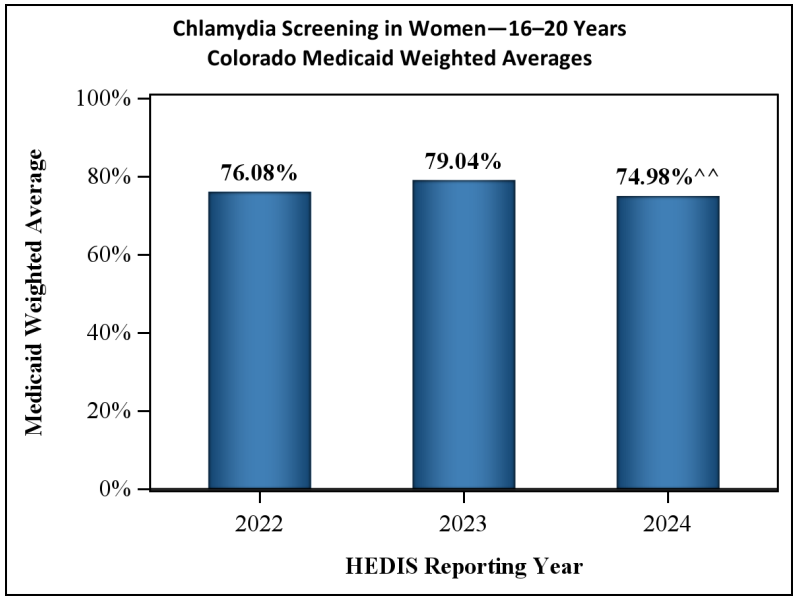


NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate. Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

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

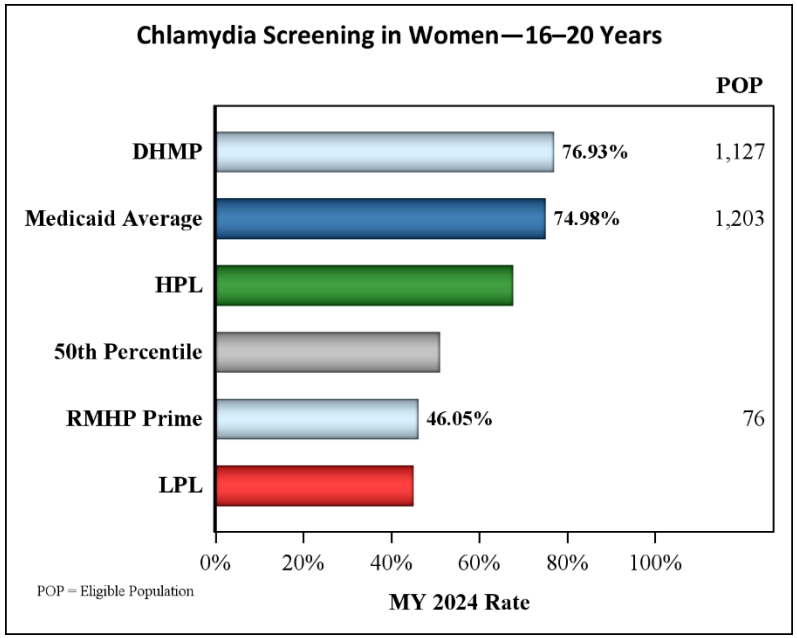
Chlamydia Screening in Women—16–20 Years

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.



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

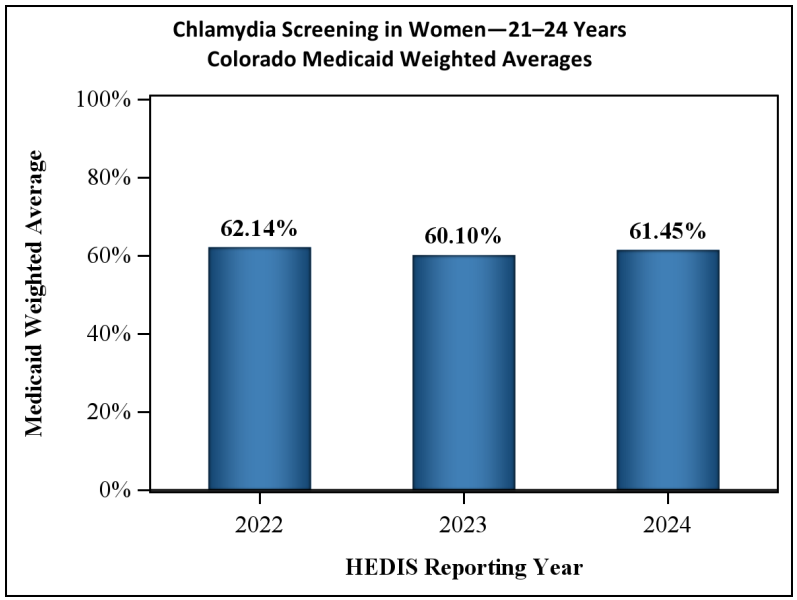
The Colorado Medicaid weighted average significantly declined from MY 2023 to MY 2024.



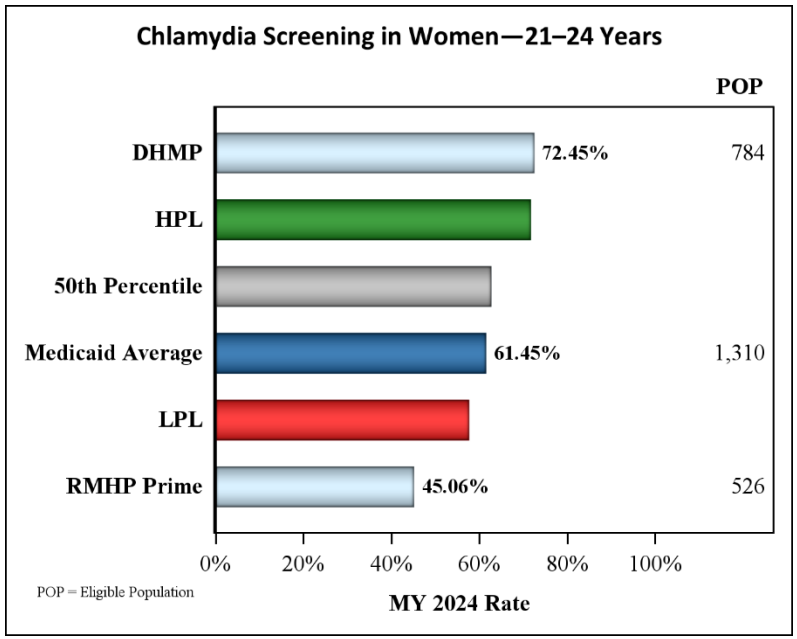
DHMP's rate and the Colorado Medicaid weighted average exceeded the HPL. RMHP Prime's rate was above the LPL. MCO performance varied by approximately 30 percentage points.

Chlamydia Screening in Women—21–24 Years

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



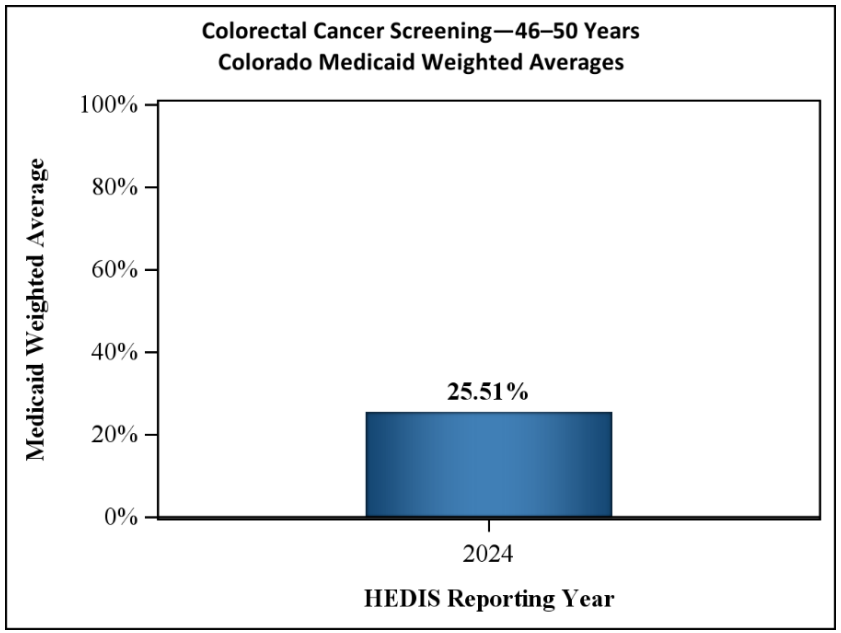
The Colorado Medicaid weighted average did not demonstrate a significant change from MY 2023 to MY 2024.



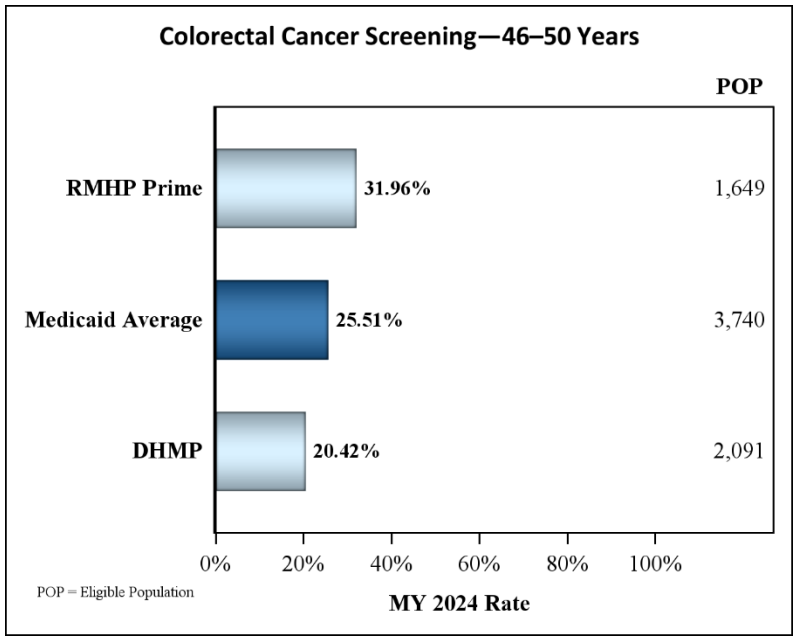
DHMP's rate exceeded the HPL. The Colorado Medicaid weighted average fell below the 50th percentile but was above the LPL. RMHP Prime's rate fell below the LPL. MCO performance varied by approximately 27 percentage points.

Colorectal Cancer Screening—46–50 Years

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



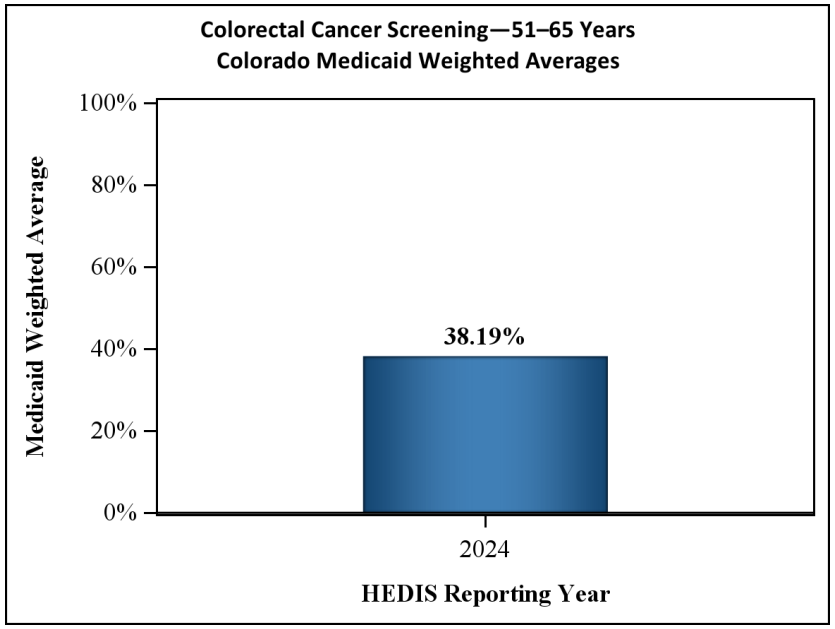
This was the first year this measure was reported, so it could not be compared to prior years.



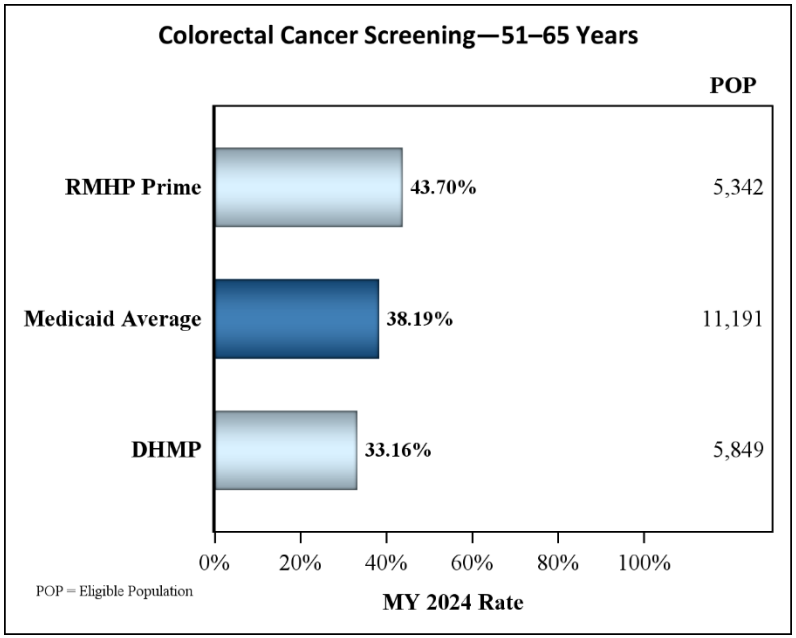
MCO performance varied by approximately 12 percentage points, and a benchmark is not available for this measure indicator.

Colorectal Cancer Screening—51–65 Years

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



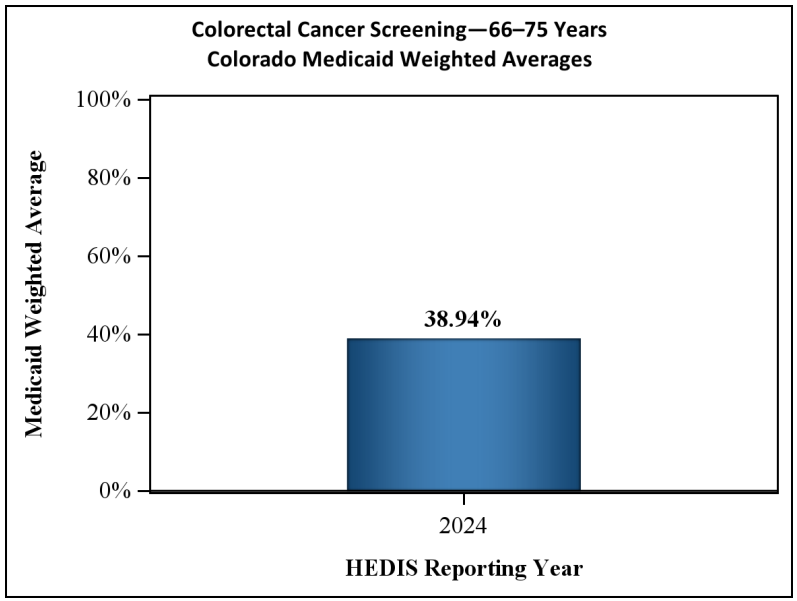
This was the first year this measure was reported, so it could not be compared to prior years.



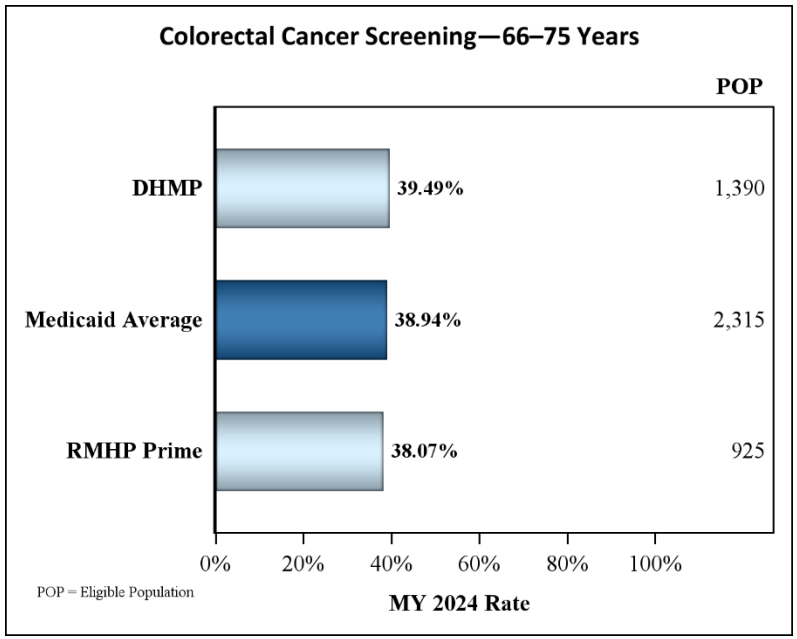
MCO performance varied by approximately 11 percentage points, and a benchmark is not available for this measure indicator.

Colorectal Cancer Screening—66–75 Years

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



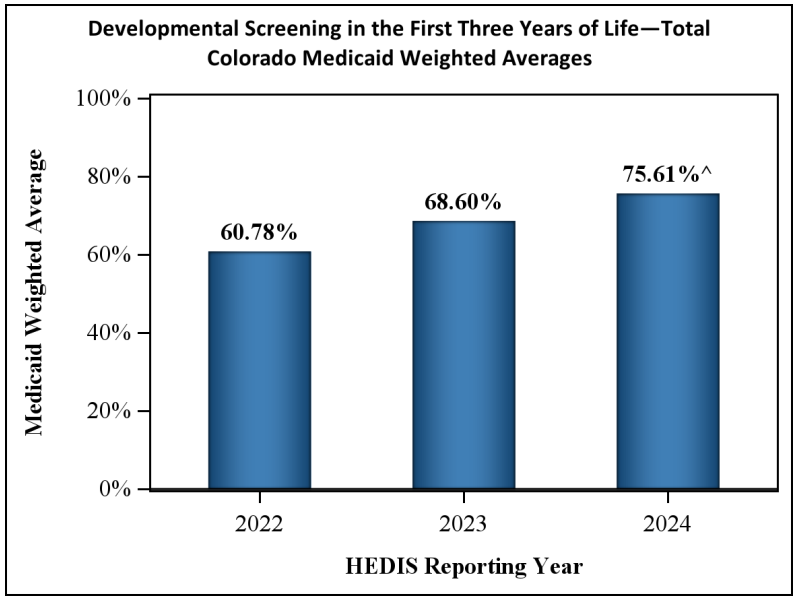
This was the first year this measure was reported, so it could not be compared to prior years.



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

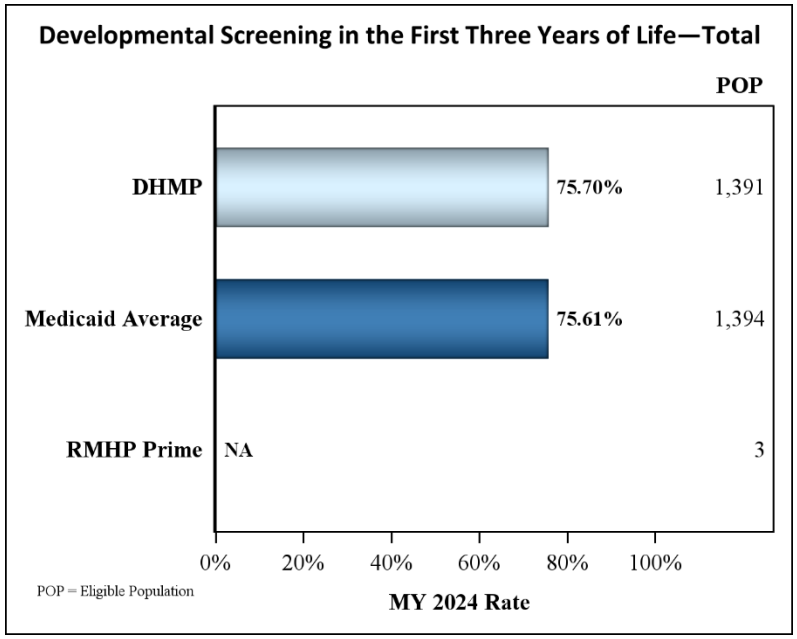
Developmental Screening in the First Three Years of Life—Total

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



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

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

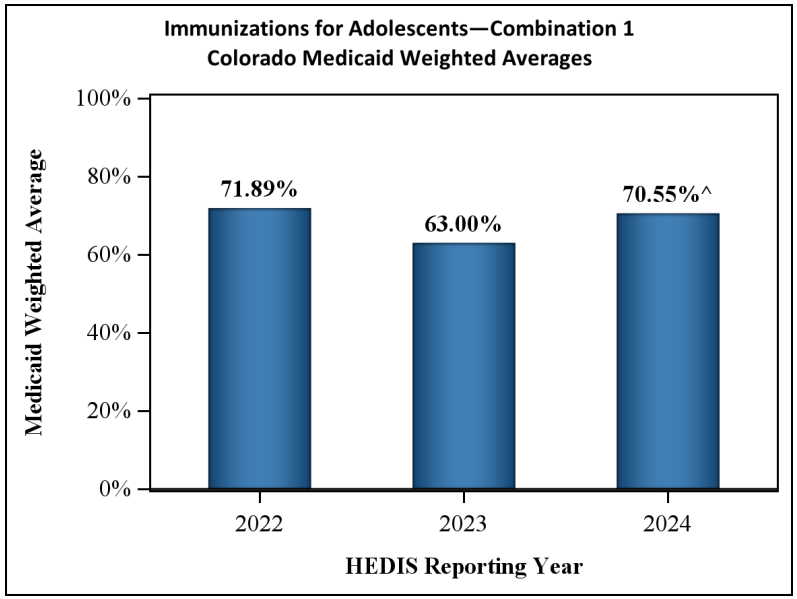


NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate. Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

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

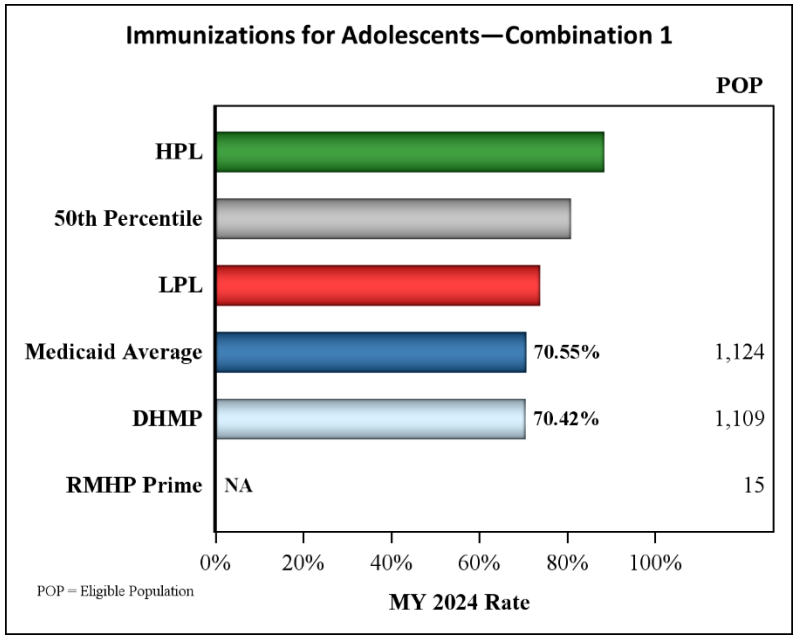
Immunizations for Adolescents—Combination 1

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



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

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

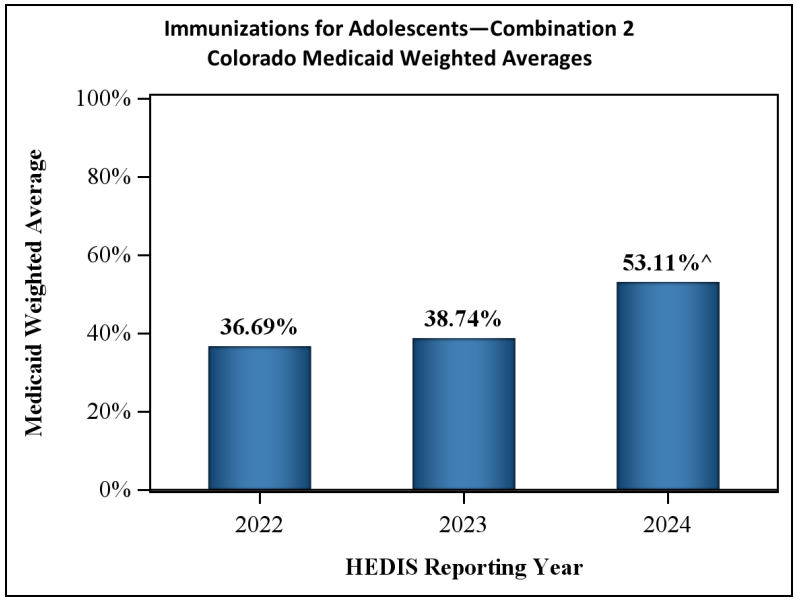


Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

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

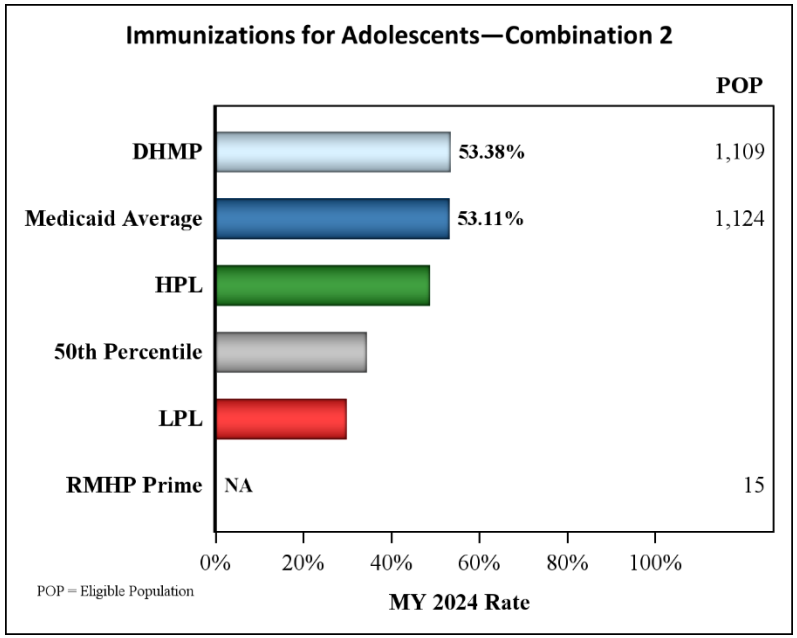
Immunizations for Adolescents—Combination 2

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 Medicaid weighted average significantly improved from MY 2023 to MY 2024.

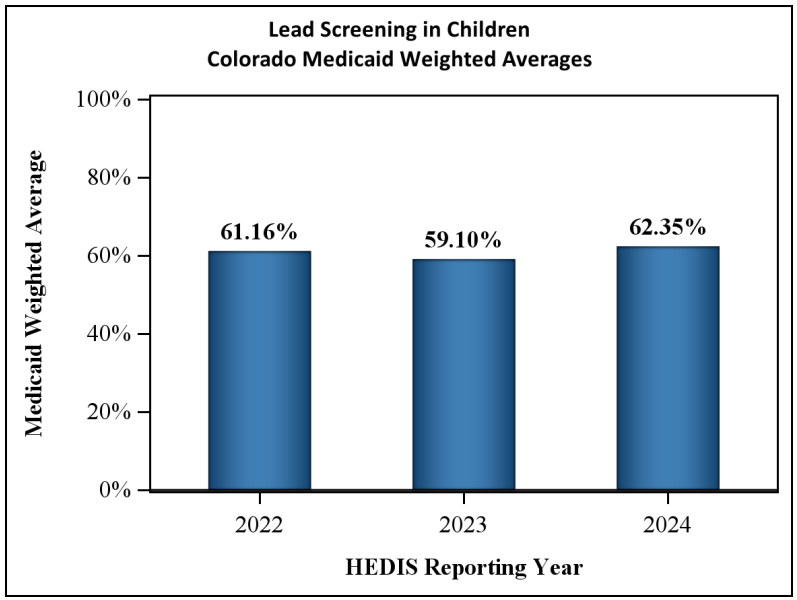


Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

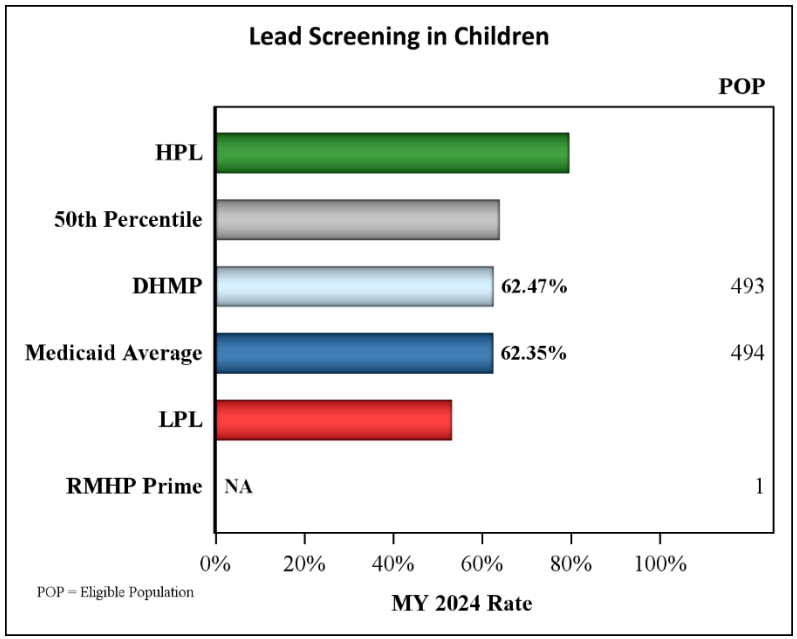
DHMP's rate and the Colorado Medicaid weighted average exceeded the HPL. Only DHMP had a reportable rate.

Lead Screening in Children

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



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

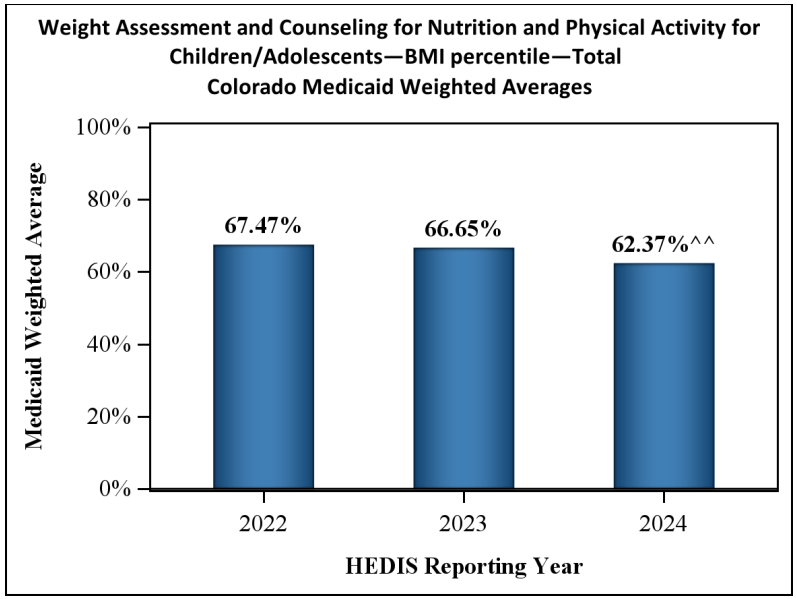


NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate. Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

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

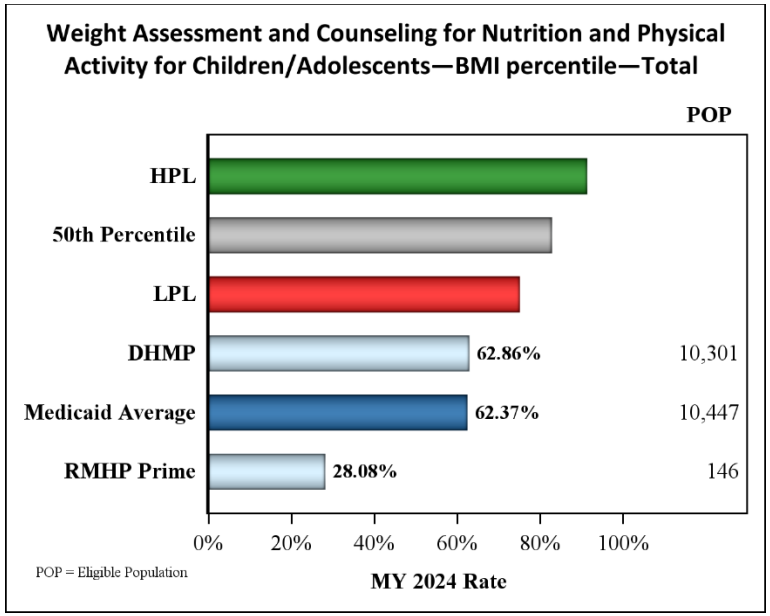
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile—Total

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



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

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

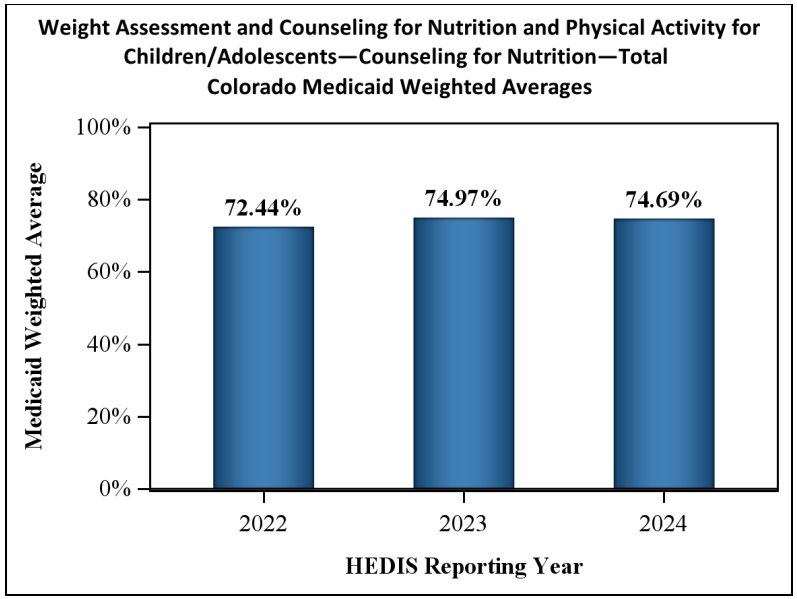


Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

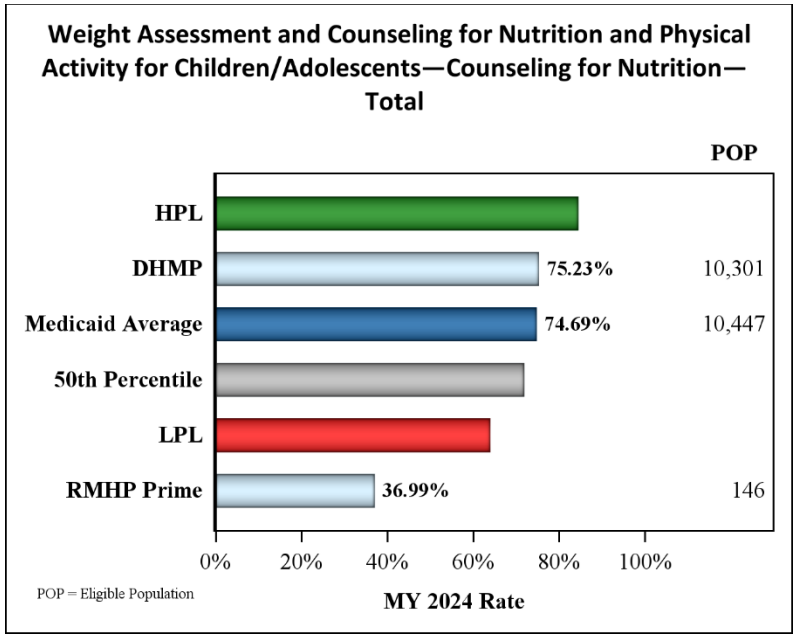
The two MCOs' rate and the Colorado Medicaid weighted average fell below the LPL. MCO performance varied by approximately 34 percentage points.

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

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



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

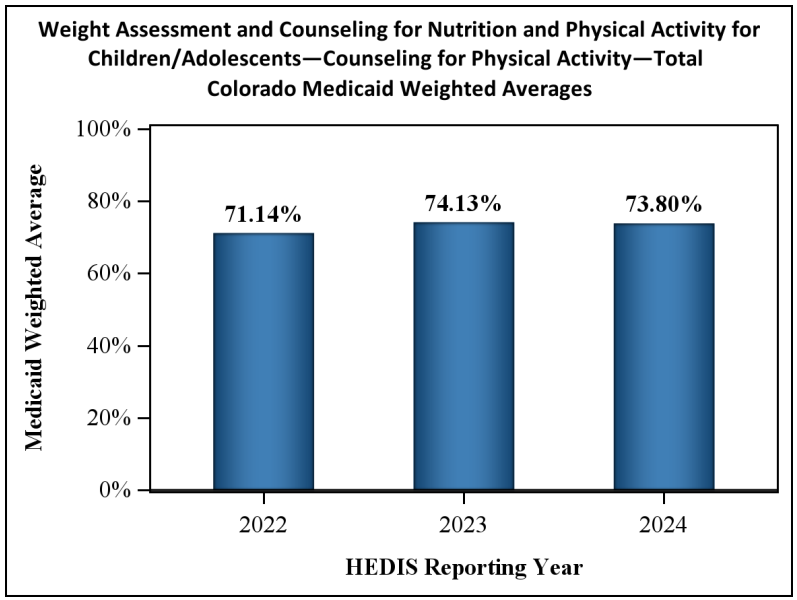


Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

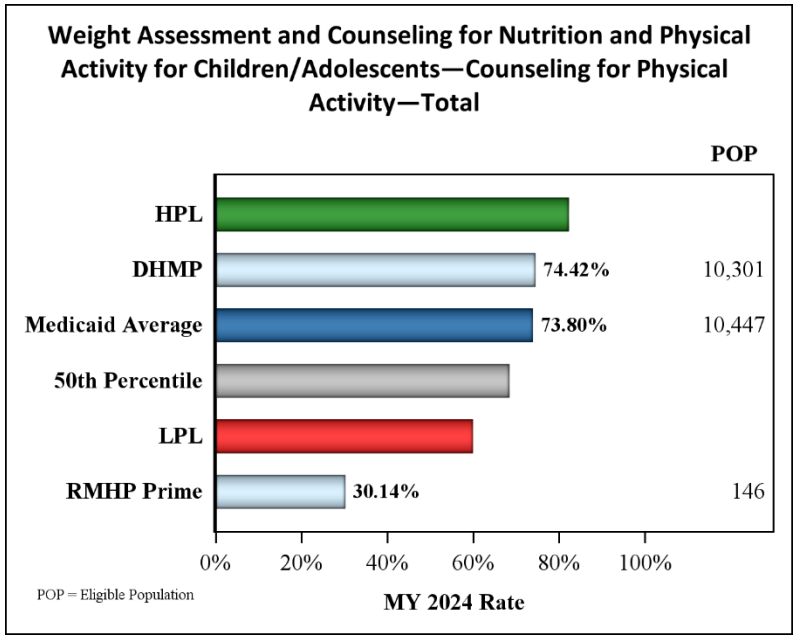
DHMP's rate and the Colorado Medicaid weighted average fell below the HPL but were above the 50th percentile. RMHP Prime's rate fell below the LPL. MCO performance varied by approximately 38 percentage points.

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

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



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

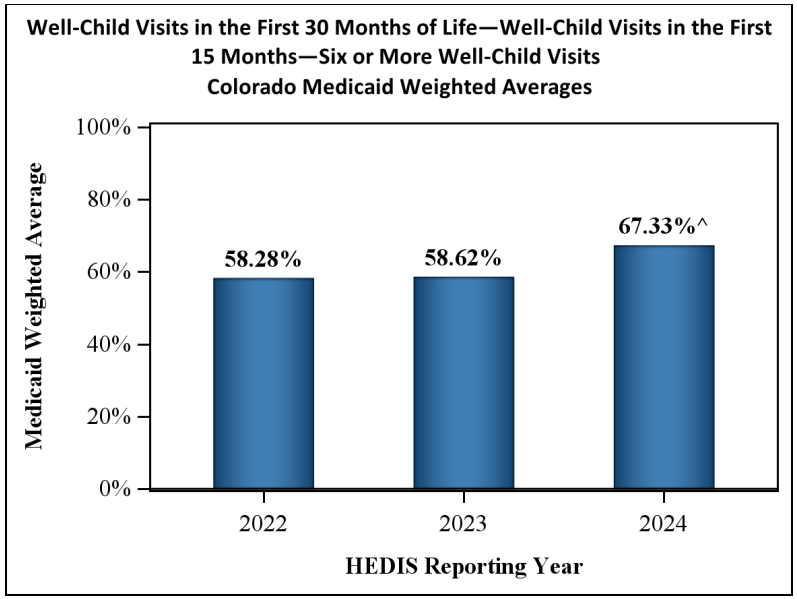


Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

DHMP's rate and the Colorado Medicaid weighted average fell below the HPL but were above the 50th percentile. RMHP Prime's rate fell below the LPL. MCO performance varied by approximately 44 percentage points.

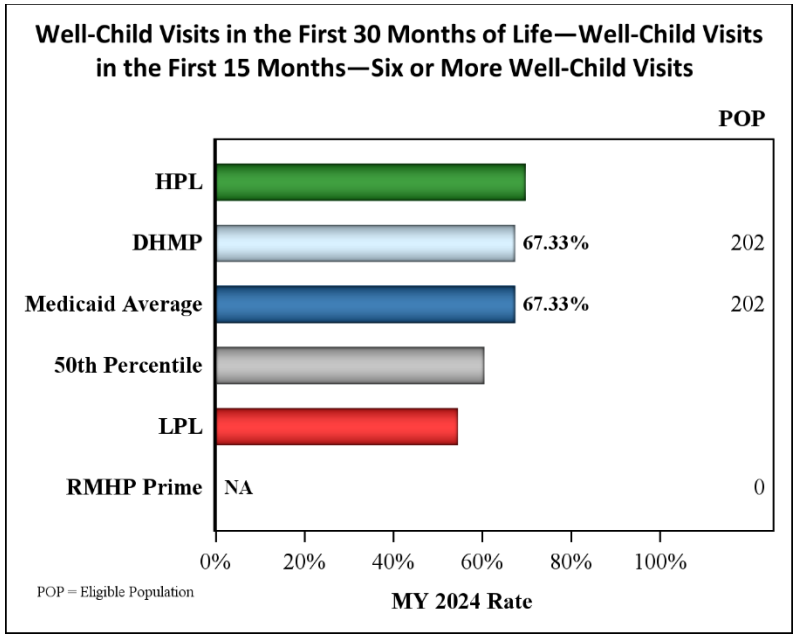
Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months of Life—Six or More Well-Child Visits

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



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

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

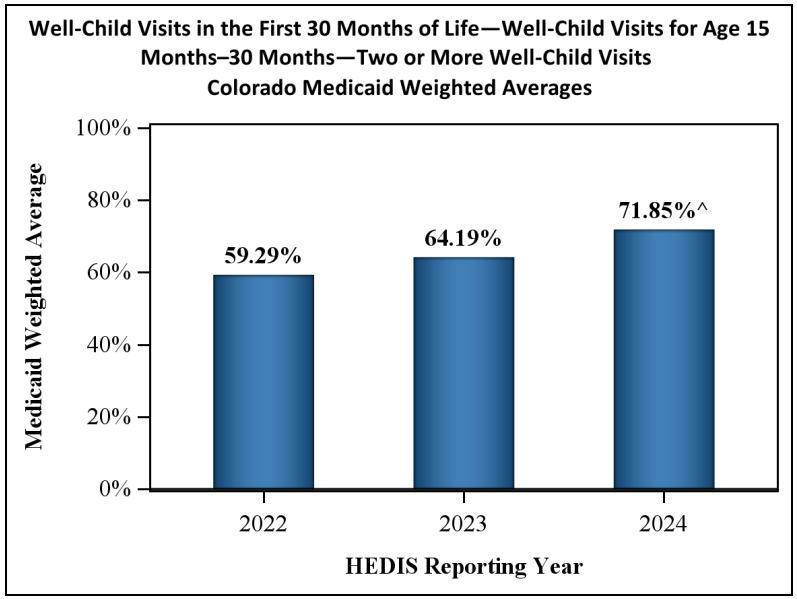


NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate. Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

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

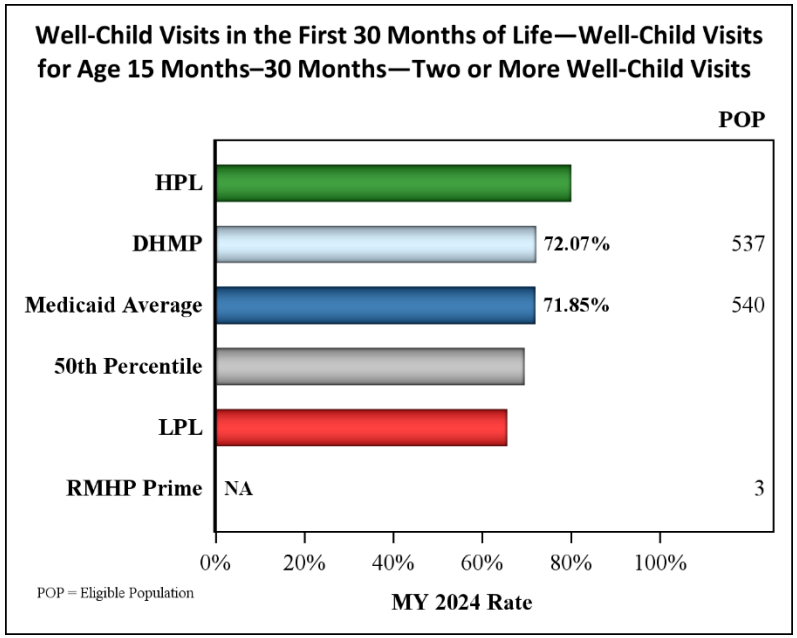
Well-Child Visits in the First 30 Months of Life—Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits

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



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

The Colorado Medicaid weighted average significantly improved 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.

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

Summary of Findings and Recommendations

Table 3-2 presents the MCOs' performance ratings for each measure in the Primary Care Access and Preventive Care domain. Performance ratings were assigned across five categories when compared to NCQA benchmarks (from ★ representing *Poor Performance* to ★★★★★ representing *Excellent Performance*).

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

Performance Measures	DHMP	RMHP Prime
Adult Immunization Status [H]		
Influenza—19–65 Years	★★★★	★★★
Influenza—66 Years and Older	★★★★	★★★★
Pneumococcal—66 Years and Older	★★★★★	★★
Td/Tdap—19–65 Years	★★★★★	★★★
Td/Tdap—66 Years and Older	★★★★★	★★
Zoster—50–65 Years	★★★★★	★★
Zoster—66 Years and Older	★★★★★	★★
Breast Cancer Screening		
50–64 Years	—	—
65–74 Years	—	—
Cervical Cancer Screening [H]		
Cervical Cancer Screening	★	★★
Child and Adolescent Well-Care Visits [I, H]		
Total	★★	★
Childhood Immunization Status [I, H]		
Combination 3	★★	—
Combination 7	★★★	—
Combination 10	★★★	—
Chlamydia Screening in Women [H]		
16–20 Years	★★★★★	★★
21–24 Years	★★★★★	★
Colorectal Cancer Screening		
46–50 Years	—	—
51–65 Years	—	—
66–75 Years	—	—
Developmental Screening in the First Three Years of Life [I]		
Total	—	—

Performance Measures	DHMP	RMHP Prime
Immunizations for Adolescents[1, H]		
Combination 1	★	—
Combination 2	★★★★★	—
Lead Screening in Children[1, H]		
Lead Screening in Children	★★	—
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents[1, H]		
BMI Percentile—Total	★	★
Counseling for Nutrition—Total	★★★	★
Counseling for Physical Activity—Total	★★★	★
Well-Child Visits in the First 30 Months of Life[1, H]		
Well-Child Visits in the First 15 Months—Six or More Well-Child Visits	★★★★	—
Well-Child Visits for Age 15 Months–30 Months—Two or More Well-Child Visits	★★★	—

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

Table 3-3 presents a summary of the MCOs' overall performance for the measures in the Primary Care Access and Preventive Care domain. The table shows the number of measures falling into each performance rating.

Table 3-3—Primary Care Access and Preventive Care: MCO-Specific Count of Measures by Performance Rating

Health Plan Name	★★★★★	★★★★	★★★	★★	★
DHMP	8	3	5	3	3
RMHP Prime	0	1	2	6	5

Performance for the MCOs in the Primary Care Access and Preventive Care domain improved compared to MY 2023. Although DHMP reported six HEDIS measure indicators below the 50th percentile as it did for MY 2023, 16 of 22 (73 percent) measure indicators reported for MY 2024 were at or above the 50th percentile. RHMP Prime improved slightly from MY 2023 when all nine (100 percent) reportable HEDIS measure indicator rates fell below the 25th percentile. For MY 2024, RHMP Prime reported nine of 14 (64 percent) HEDIS measure indicators at or above the 25th percentile.

DHMP reported a rate at or above the 75th percentile for the *Adult Immunization Status* measures. For the *Chlamydia Screening in Women* measure, DHMP demonstrated stronger performance than RHMP

Prime, reporting a rate above the 90th percentile as opposed to RHMP Prime's rate of below the 50th percentile. DHMP's reported rates for the *Childhood Immunization Status* measure declined from at or above the 75th percentile for MY 2023 to at or above the 50th percentile but below the 75th percentile for MY 2024 while RHMP Prime did not report rates for this measure.

For MY 2024, both MCOs reported rates below the 50th percentile for the *Cervical Cancer Screening* measure, although RMHP Prime improved to at or above the 25th percentile in MY 2024 compared to at or below the 25th percentile in MY 2023.

For MY 2024, RMHP Prime again reported lower measurement rates as compared to DHMP. RHMP Prime reported lower rates for 11 of the 14 (79 percent) HEDIS measures it reported that aligned with measures reported by DHMP.

HSAG continues to recommend that the MCOs and HCPF consider further analysis of key drivers using a segmentation analysis, where the noncompliant members for each measure are stratified by age, gender, race, geography, and provider. Results of this kind of analysis can help to identify key drivers that could be focal points for interventions that would be effective with a larger proportion of the non-compliant population. Additionally, HSAG continues to recommend that multidisciplinary work groups are designed to solicit and share best practices from other organizations within and/or outside of the State.

Maternal and Perinatal Health

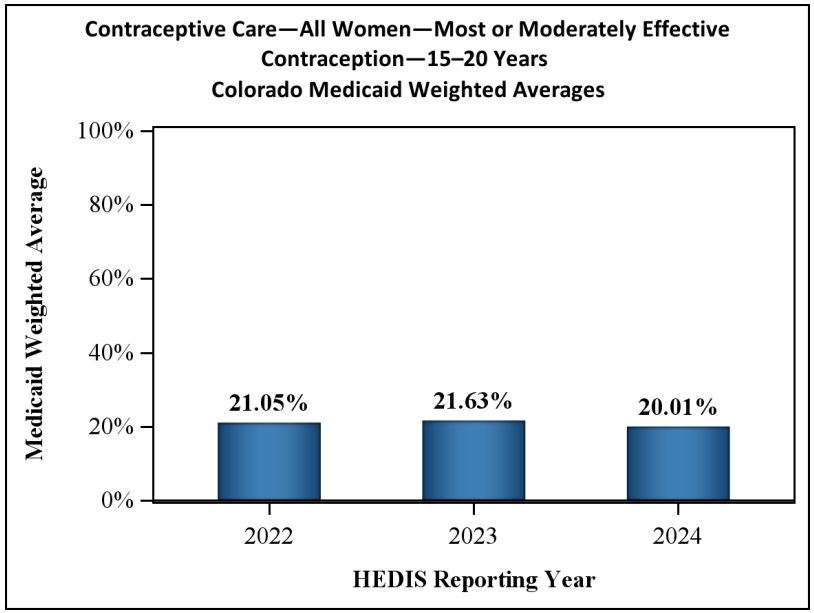
The following section provides a detailed analysis of the Colorado Medicaid MCOs' performance for the Maternal and Perinatal Health domain. The Maternal and Perinatal Health domain encompasses the following measures:

- *Contraceptive Care—All Women—Most or Moderately Effective Contraception—15–20 Years* and *21–44 Years*, and *Long-Acting Reversible Contraception—15–20 Years* and *21–44 Years*
- *Contraceptive Care—Postpartum Women—Most or Moderately Effective Contraception—3 Days* and *90 days—15–20 Years* and *21–44 Years,* and *Long-Acting Reversible Contraception—3 Days* and *90 days—15–20 Years* and *21–44 Years*
- *Prenatal and Postpartum Care—Timeliness of Prenatal Care* and *Postpartum Care*
- *Prenatal Immunization Status—Combination, Influenza,* and *Tdap*

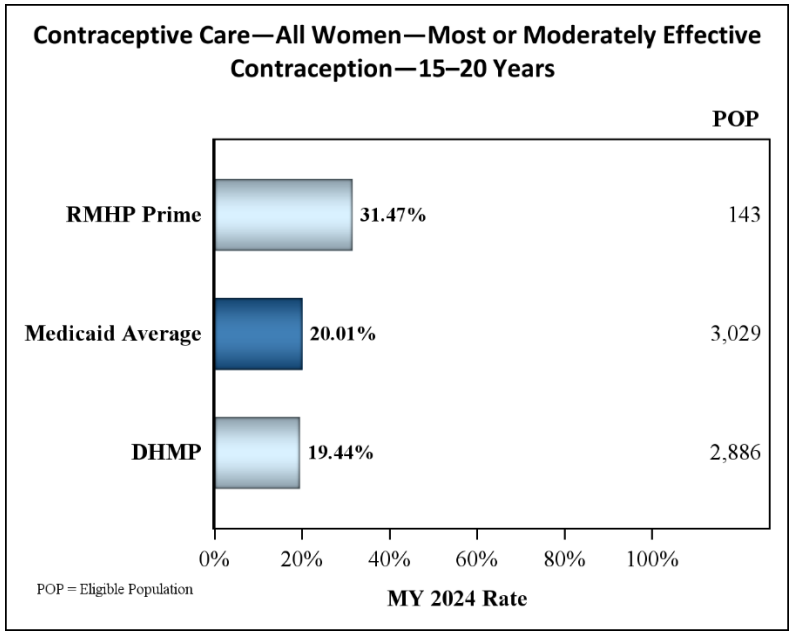
Please see the "Reader's Guide" section for guidance on interpreting the figures presented within this section. For reference, additional analyses for each measure indicator are displayed in Appendix A and Appendix B.

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.



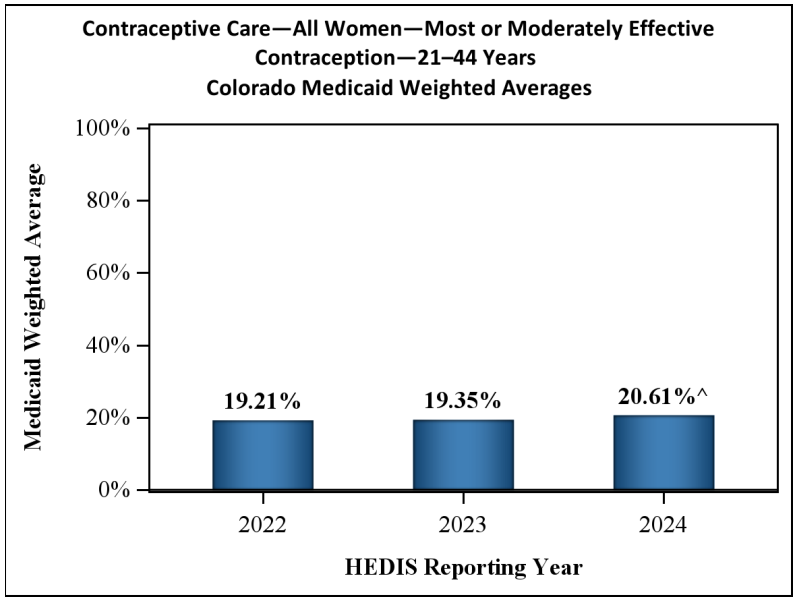
The Colorado Medicaid weighted average did not demonstrate a significant change from MY 2023 to MY 2024.



MCO performance varied by approximately 12 percentage points, and a benchmark is not available for this measure indicator.

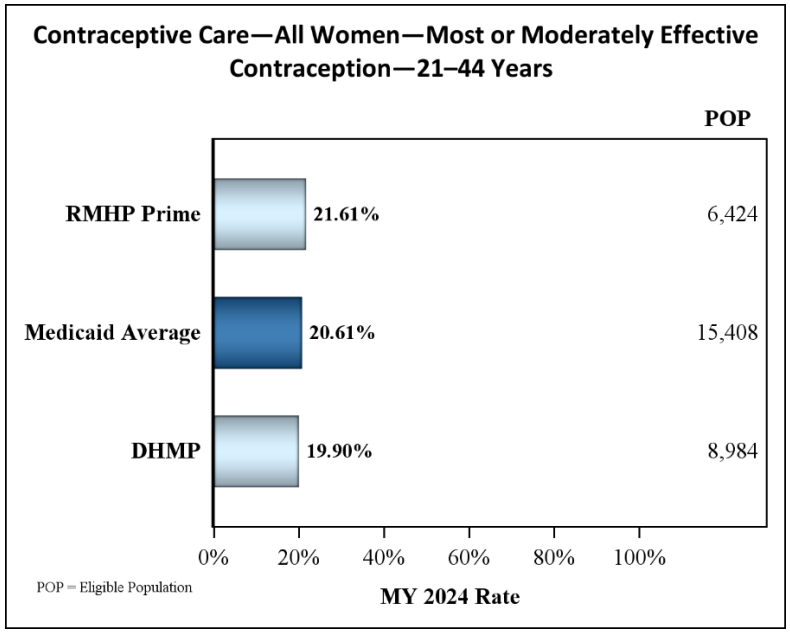
Contraceptive Care—All Women—Most or Moderately Effective Contraception—21–44 Years

Contraceptive Care—All Women—Most or Moderately Effective Contraception—21–44 Years measures the percentage of women ages 21 to 44 years who were provided most or moderately effective contraception.



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

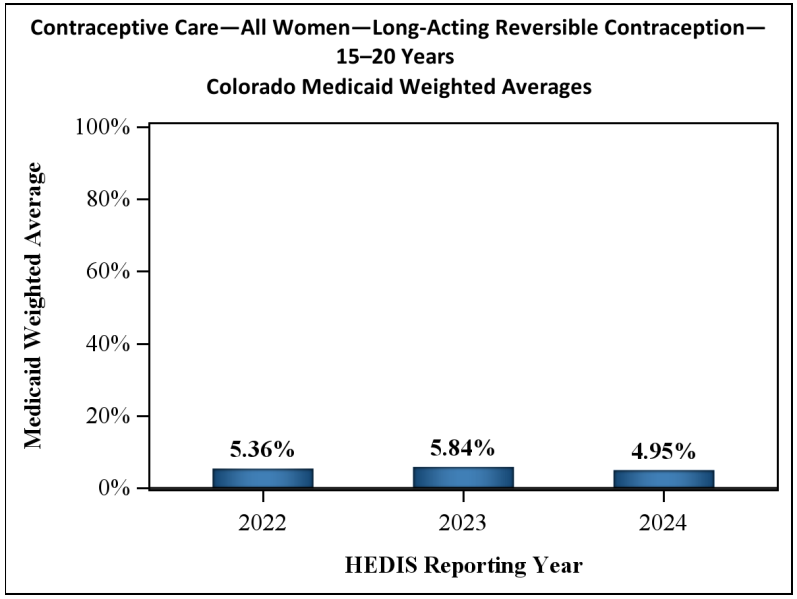
The Colorado Medicaid weighted average significantly improved from MY 2023 to MY 2024.



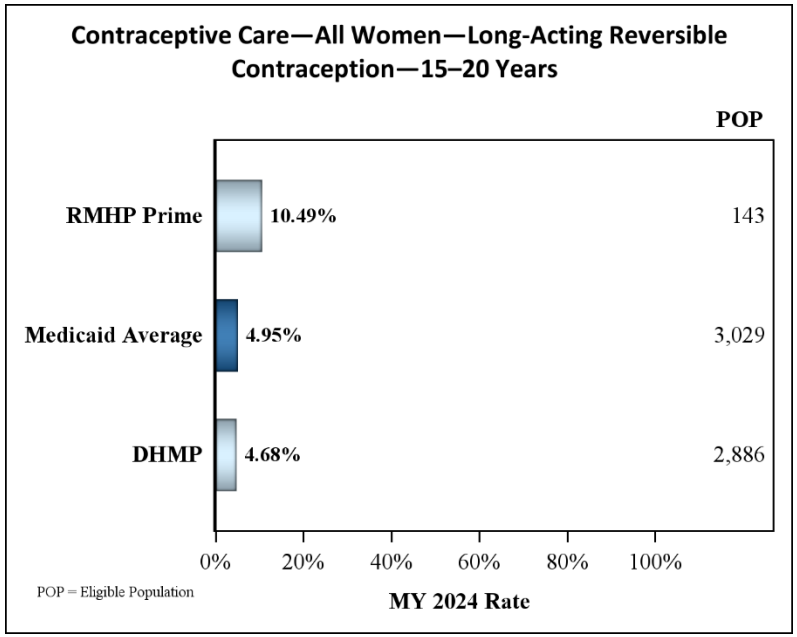
MCO performance varied by less than 2 percentage points, and a benchmark is not available for this measure indicator.

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.



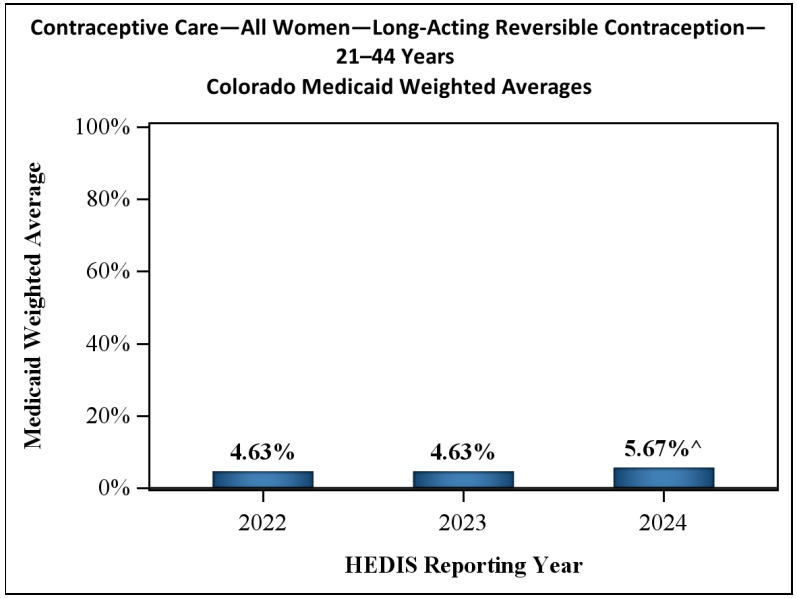
The Colorado Medicaid weighted average did not demonstrate a significant change from MY 2023 to MY 2024.



MCO performance varied by approximately 6 percentage points, and a benchmark is not available for this measure indicator.

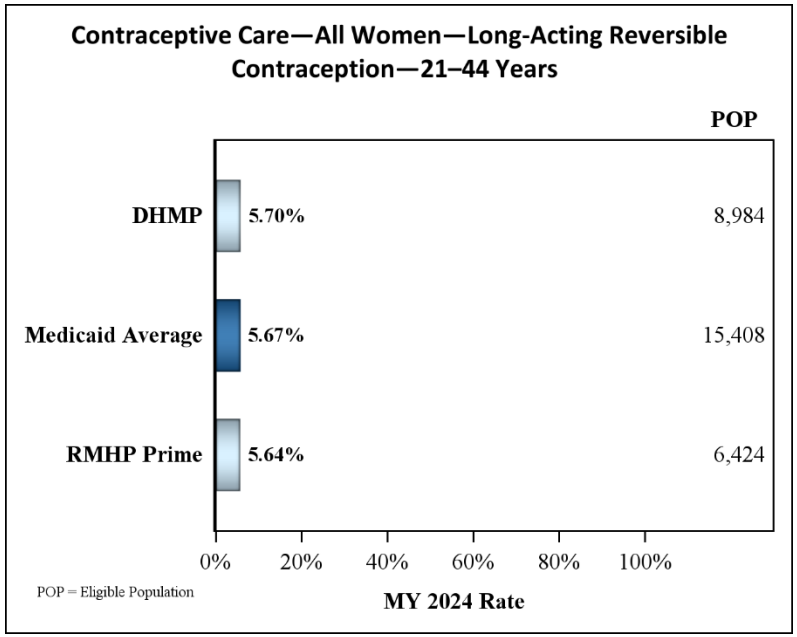
Contraceptive Care—All Women—Long-Acting Reversible Contraception—21–44 Years

Contraceptive Care—All Women—Long-Acting Reversible Contraception—21–44 Years measures the percentage of women ages 21 to 44 years who were provided long-acting reversible contraception.



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

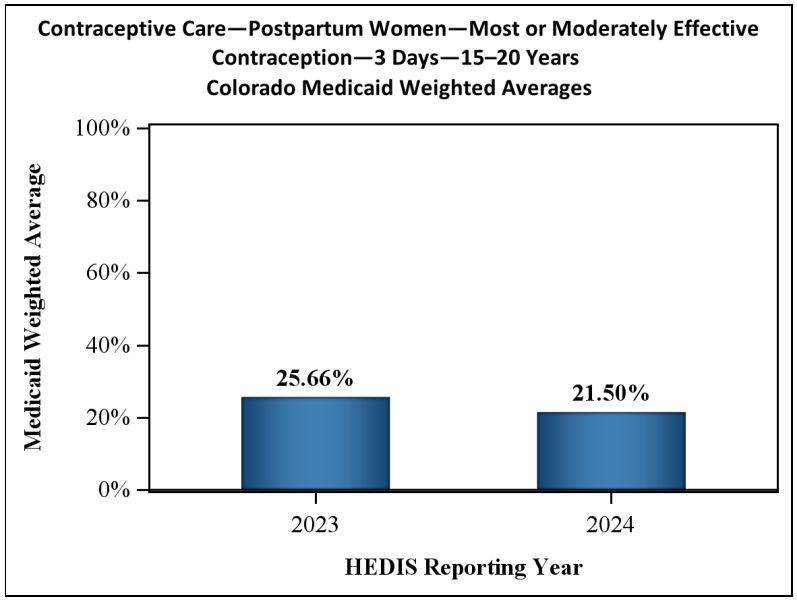
The Colorado Medicaid weighted average significantly improved from MY 2023 to MY 2024.



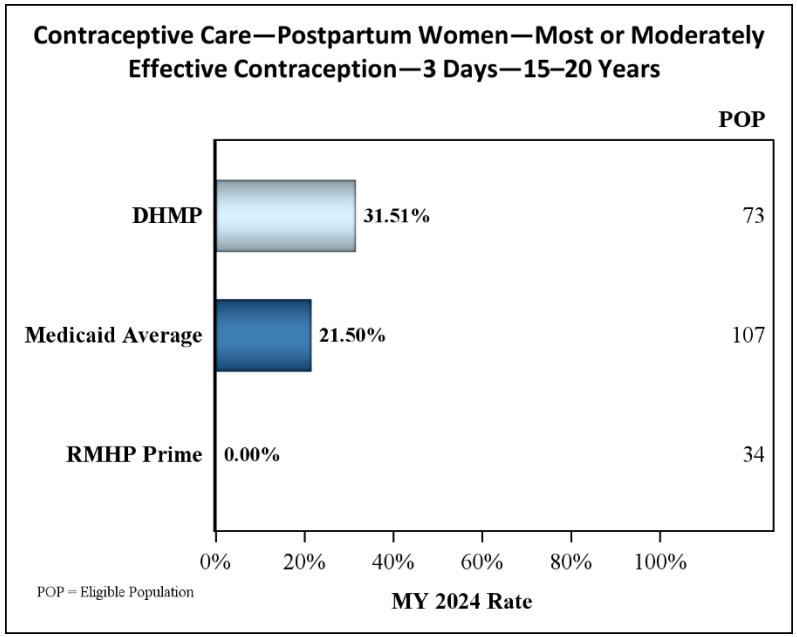
MCO performance varied by less than 1 percentage point, and a benchmark is not available for this measure indicator.

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.



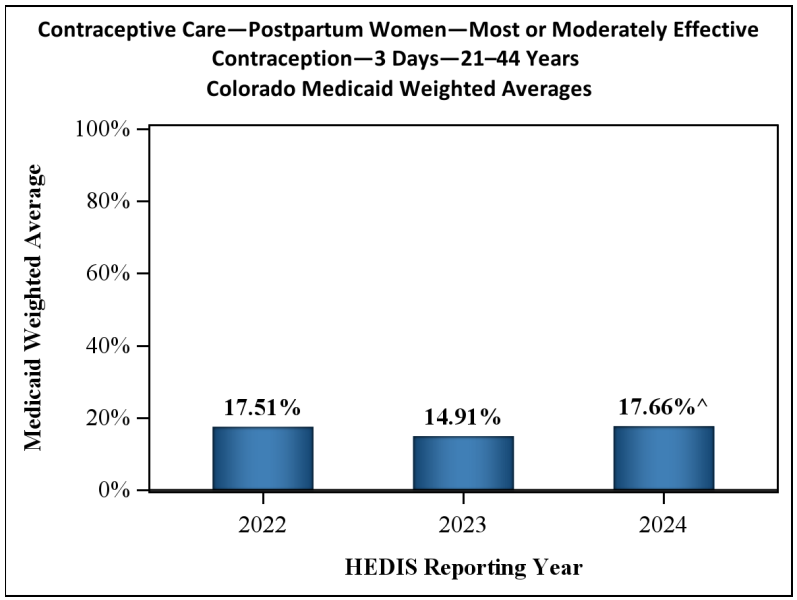
The Colorado Medicaid weighted average did not demonstrate a significant change from MY 2023 to MY 2024.



MCO performance varied by approximately 31 percentage points, and a benchmark is not available for this measure indicator.

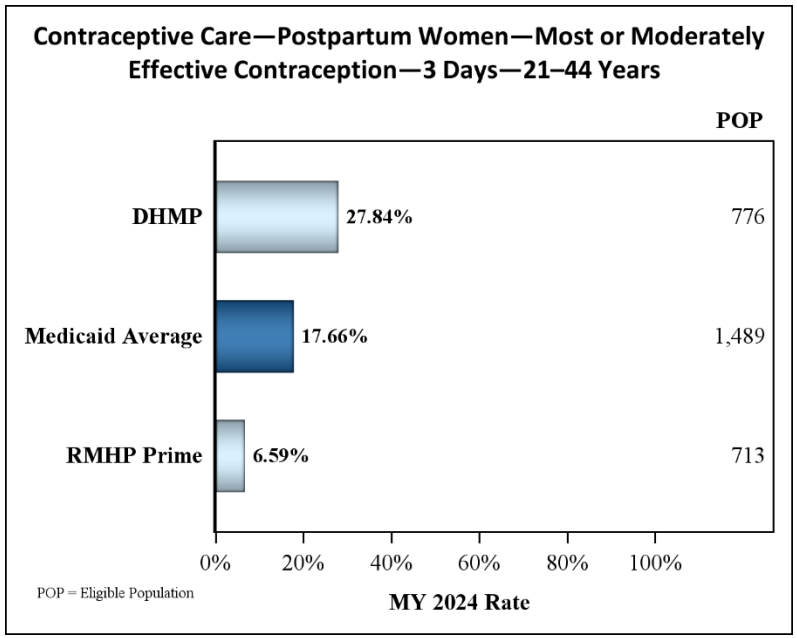
Contraceptive Care—Postpartum Women—Most or Most Effective Contraception—3 Days—21–44 Years

Contraceptive Care—Postpartum Women—Most or Moderately Effective Contraception—3 Days—21–44 Years measures the percentage of women ages 21 to 44 years who were provided most or moderately effective contraception within three days of delivery.



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

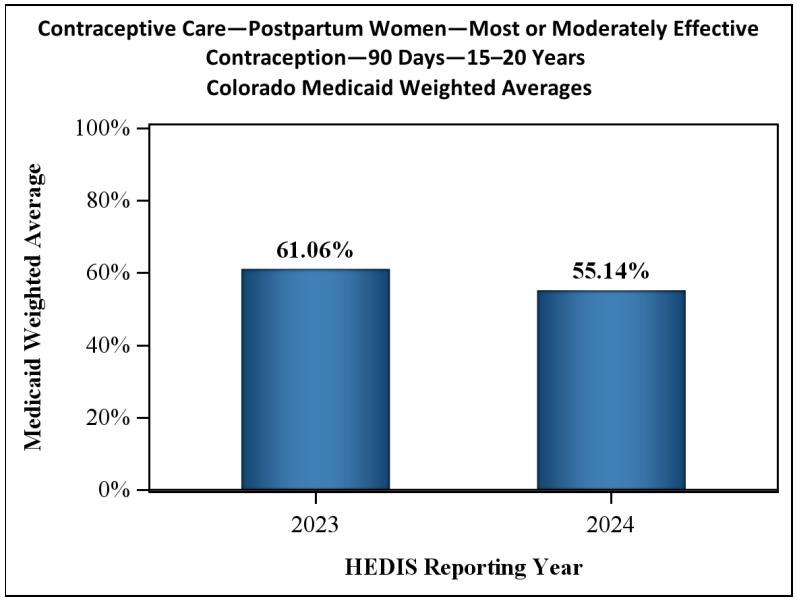
The Colorado Medicaid weighted average significantly improved from MY 2023 to MY 2024.



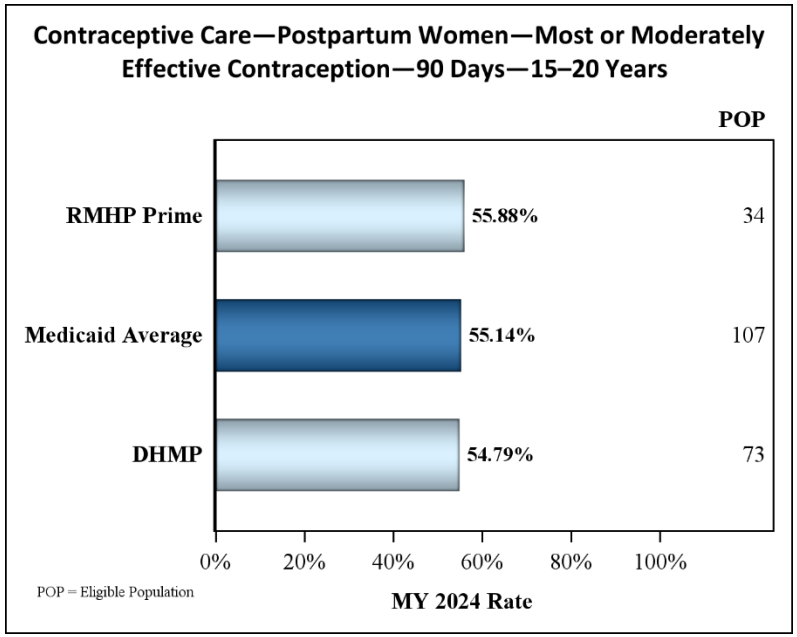
MCO performance varied by approximately 21 percentage points, and a benchmark is not available for this measure indicator.

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.



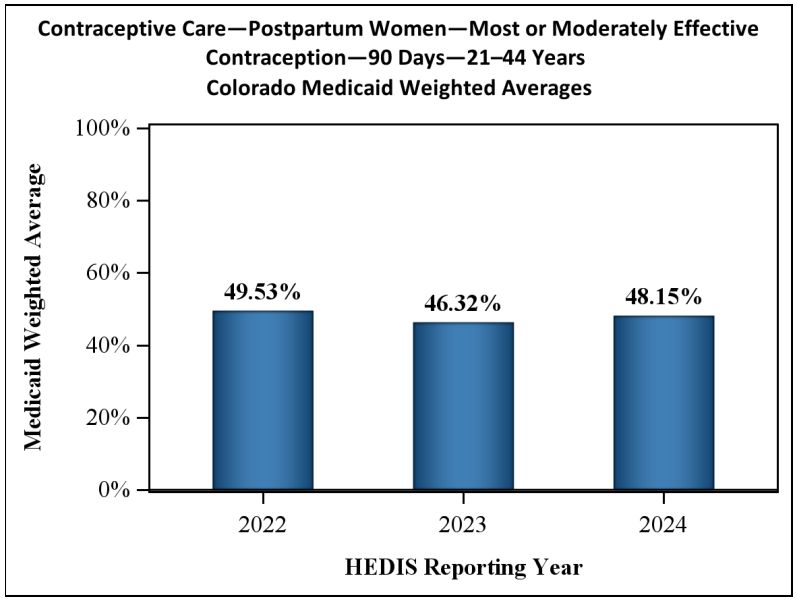
The Colorado Medicaid weighted average did not demonstrate a significant change from MY 2023 to MY 2024.



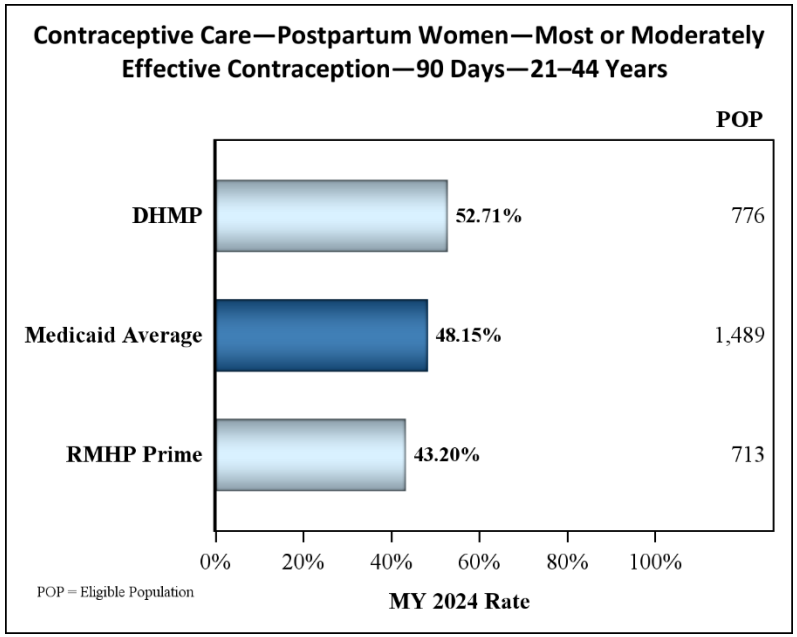
MCO performance varied by approximately 1 percentage point, and a benchmark is not available for this measure indicator.

Contraceptive Care—Postpartum Women—Most or Moderately Effective Contraception—90 Days—21–44 Years

Contraceptive Care—Postpartum Women—Most or Moderately Effective Contraception—90 Days—21–44 Years measures the percentage of women ages 21 to 44 years who were provided most or moderately effective contraception within 90 days of delivery.



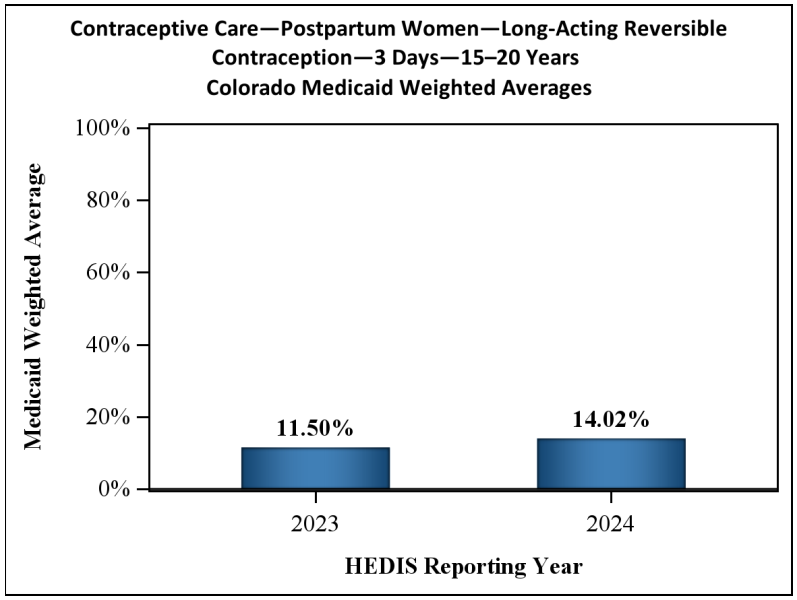
The Colorado Medicaid weighted average did not demonstrate a significant change from MY 2023 to MY 2024.



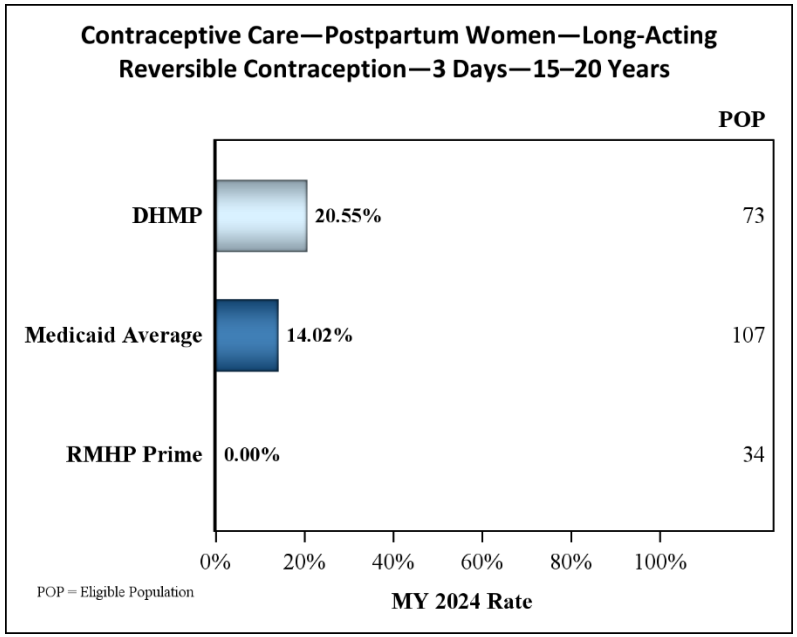
MCO performance varied by approximately 10 percentage points, and a benchmark is not available for this measure indicator.

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.



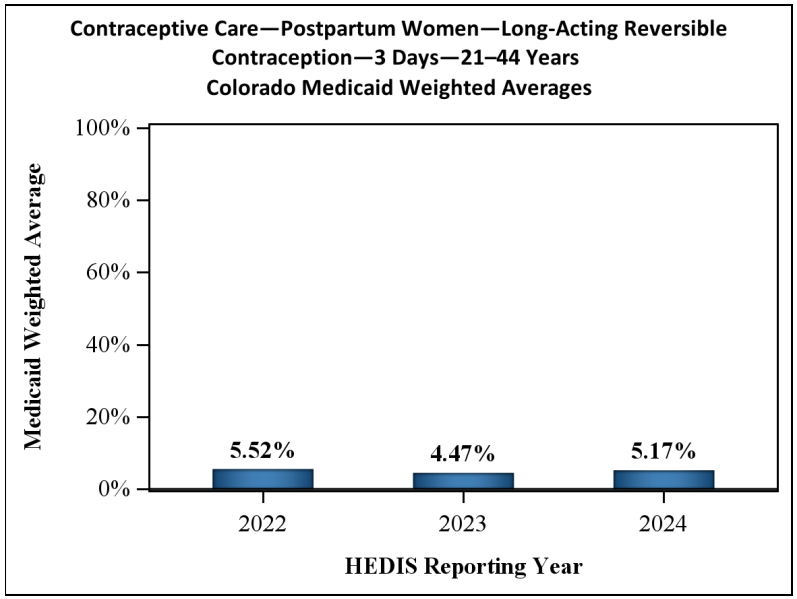
The Colorado Medicaid weighted average did not demonstrate a significant change from MY 2023 to MY 2024.



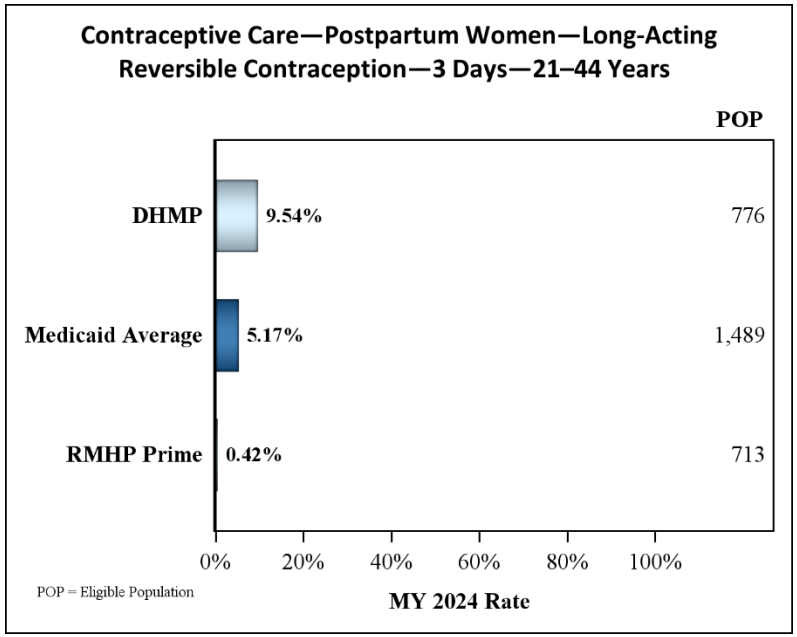
MCO performance varied by approximately 21 percentage points, and a benchmark is not available for this measure indicator.

Contraceptive Care—Postpartum Women—Long-Acting Reversible Contraception—3 Days—21–44 Years

Contraceptive Care—Postpartum Women—Long-Acting Reversible Contraception—3 Days—21–44 Years measures the percentage of women ages 21 to 44 years who were provided long-acting reversible contraception within three days of delivery.



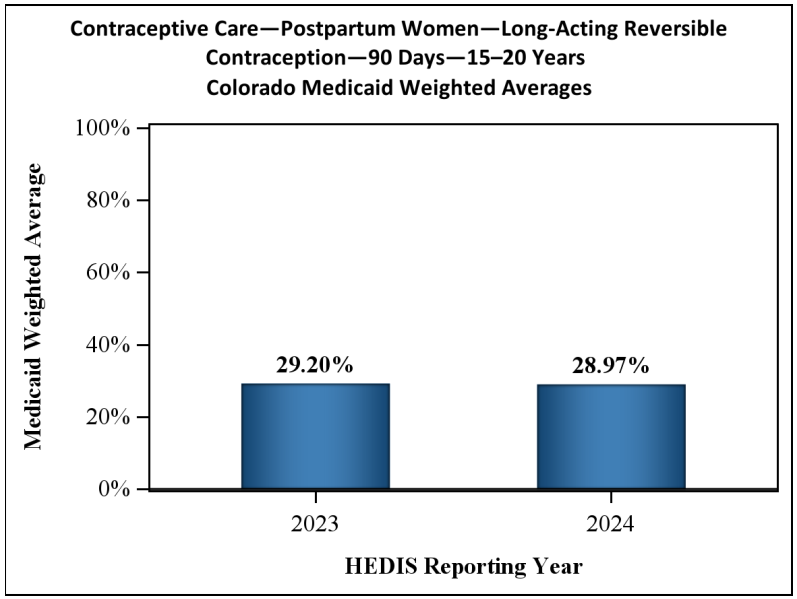
The Colorado Medicaid weighted average did not demonstrate a significant change from MY 2023 to MY 2024.



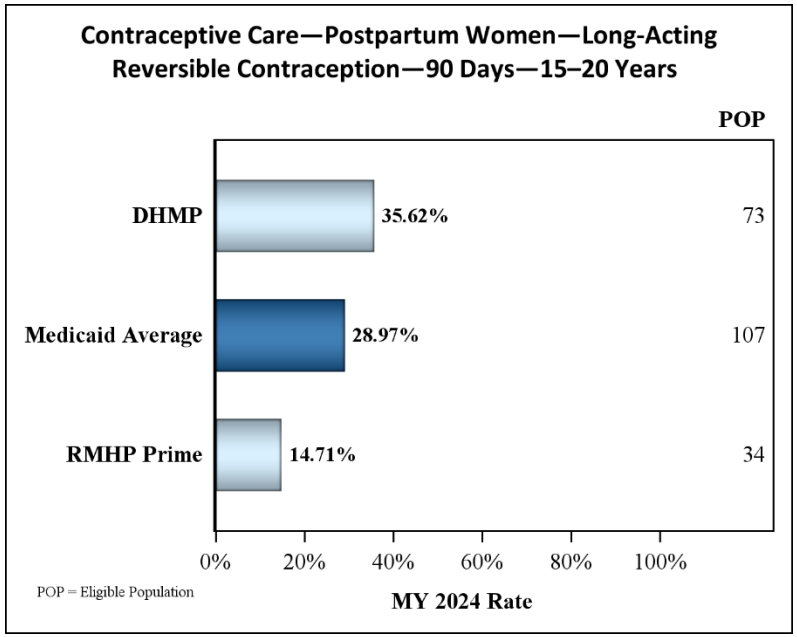
MCO performance varied by approximately 9 percentage points, and a benchmark is not available for this measure indicator.

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.



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

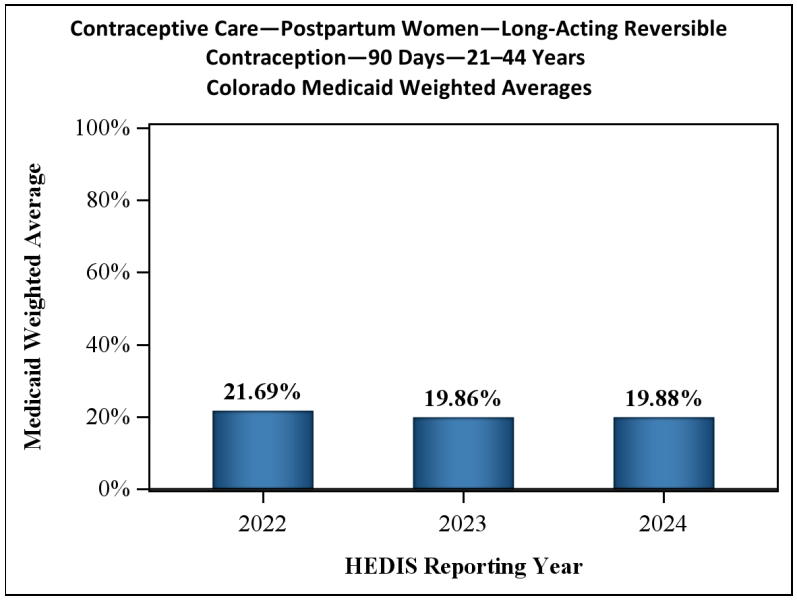


NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate.

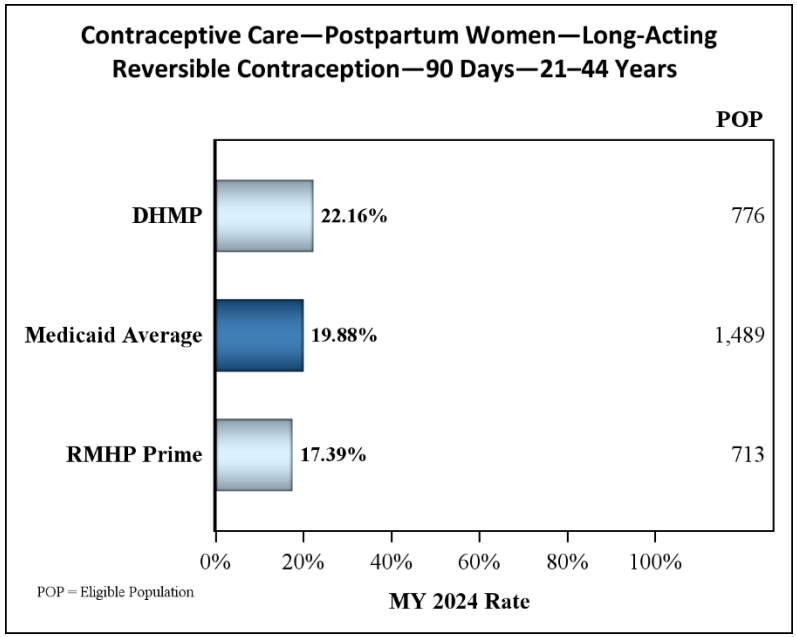
MCO performance varied by approximately 21 percentage points, and a benchmark is not available for this measure indicator.

Contraceptive Care—Postpartum Women—Long-Acting Reversible Contraception—90 Days—21–44 Years

Contraceptive Care—Postpartum Women—Long-Acting Reversible Contraception—90 Days—21–44 Years measures the percentage of women ages 21 to 44 years who were provided long-acting reversible contraception within 90 days of delivery.



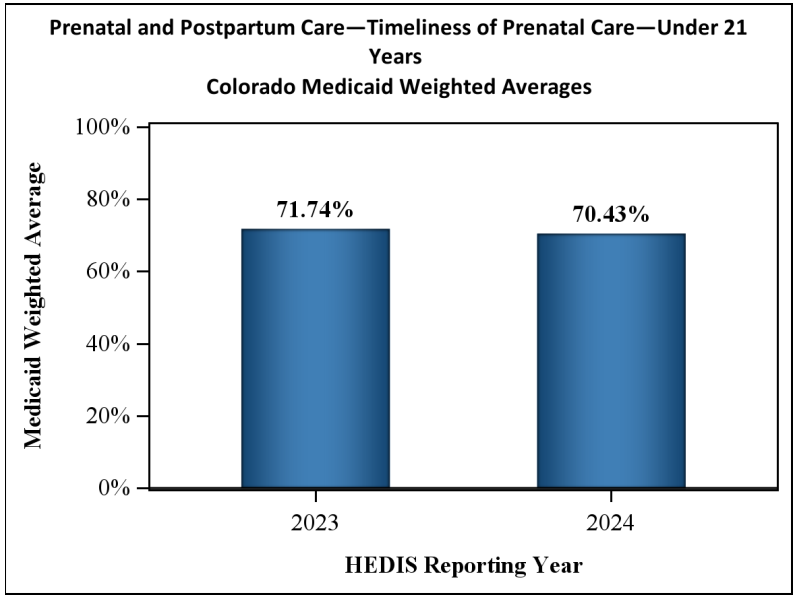
The Colorado Medicaid weighted average did not demonstrate a significant change from MY 2023 to MY 2024.



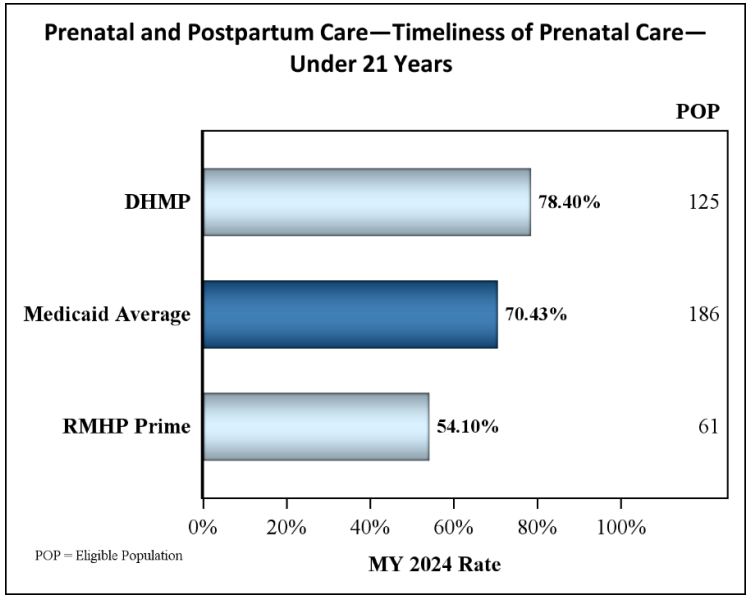
MCO performance varied by approximately 5 percentage points, and a benchmark is not available for this measure indicator.

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 for members under 21 years of age who received a prenatal care visit in the first trimester, on the enrollment start date, or within 42 days of enrollment in the MCO.



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

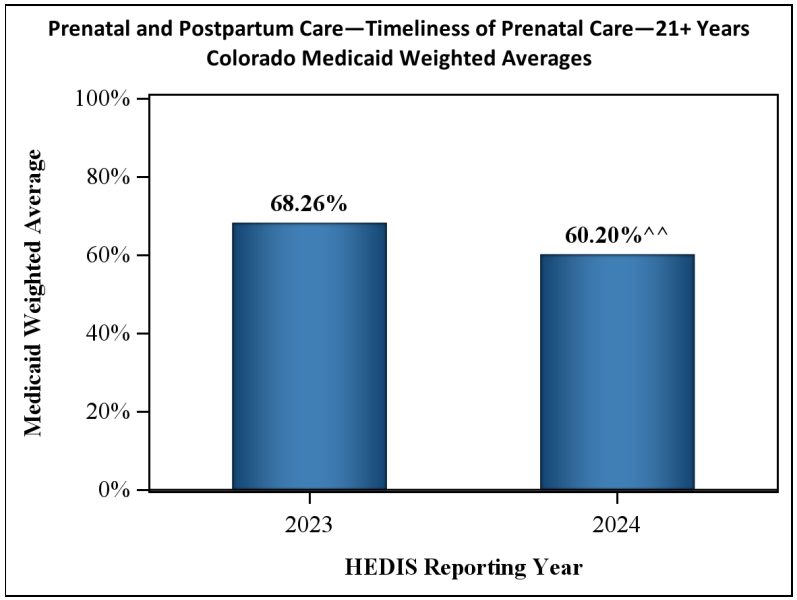


Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

MCO performance varied by approximately 24 percentage points, and a benchmark is not available for this measure indicator.

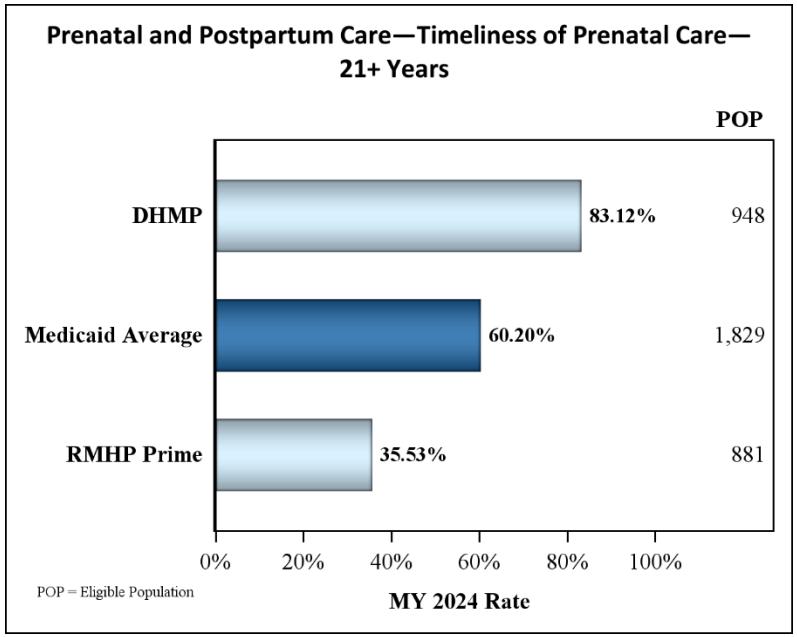
Prenatal and Postpartum Care—Timeliness of Prenatal Care—21 Years and Older

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



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

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

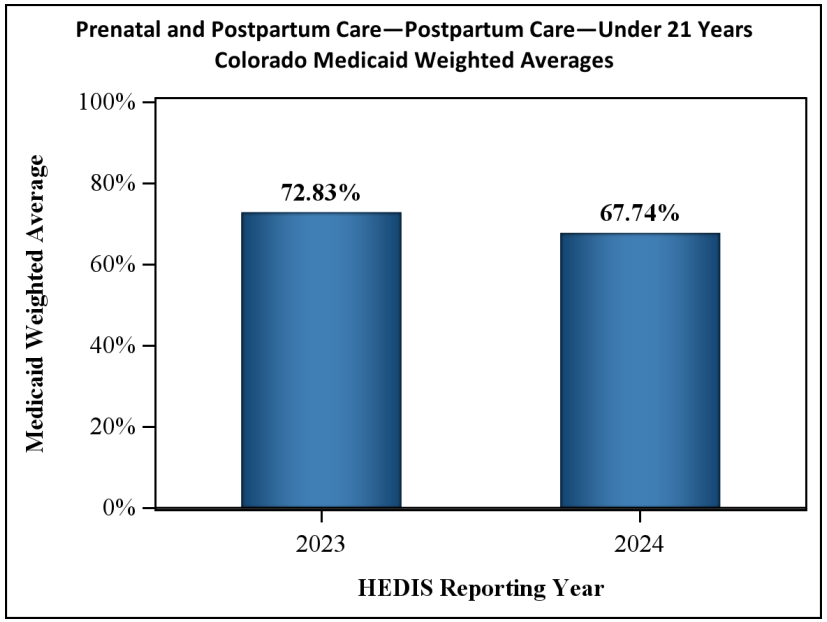


Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

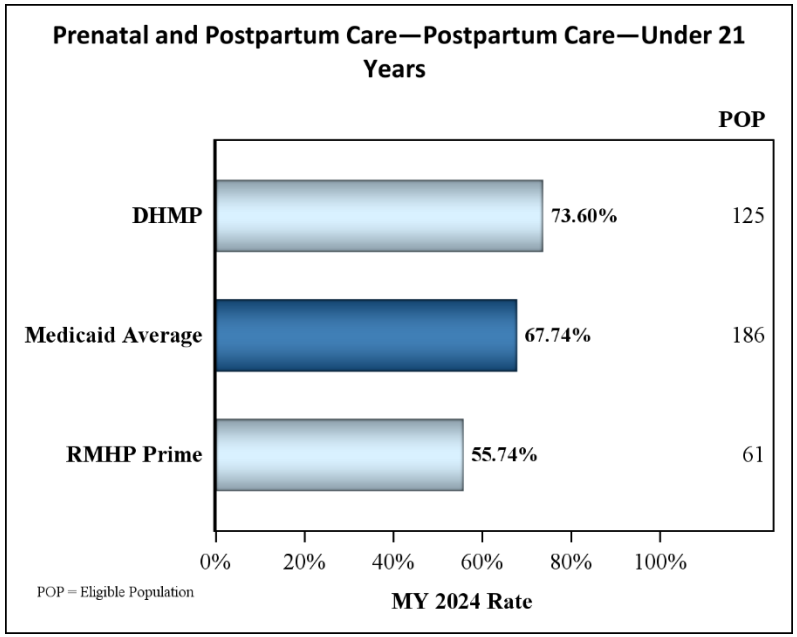
MCO performance varied by approximately 48 percentage points, and a benchmark is not available for this measure indicator.

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 for members under 21 years of age who had a postpartum visit on or between seven and 84 days after delivery.



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

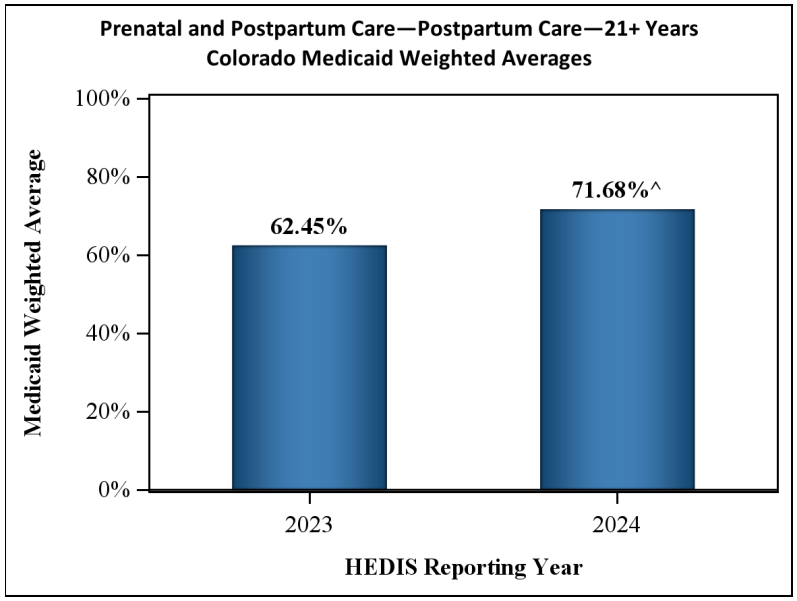


Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

MCO performance varied by approximately 18 percentage points, and a benchmark is not available for this measure indicator.

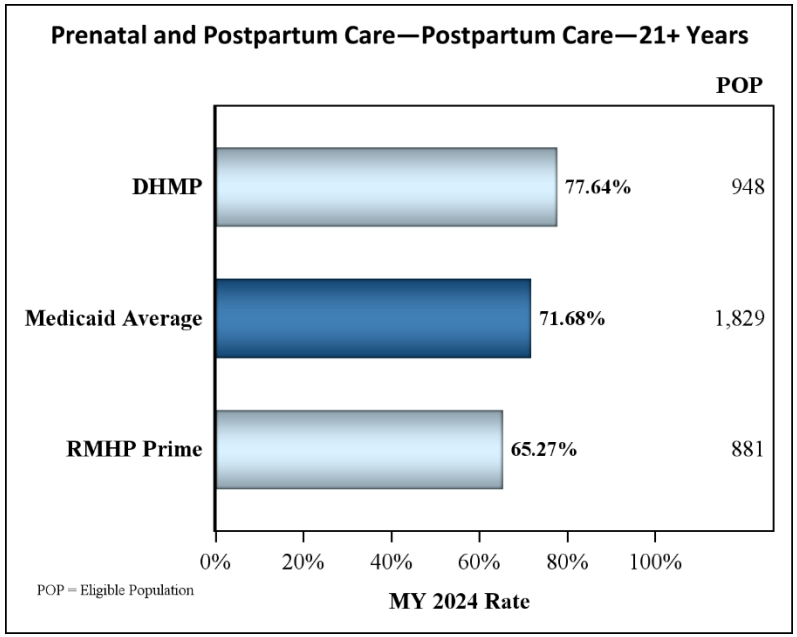
Prenatal and Postpartum Care—Postpartum Care—21 Years and Older

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



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

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

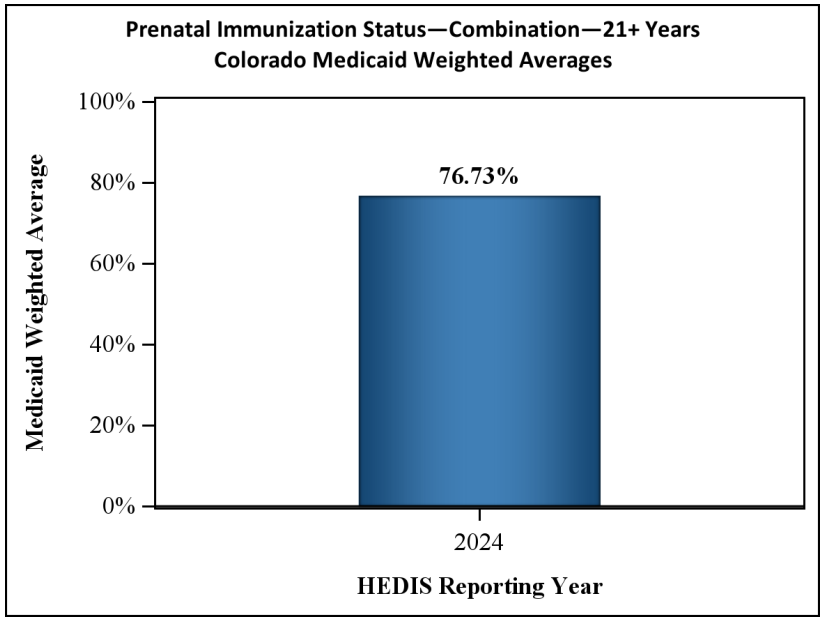


Caution should be exercised when comparing administrative-only rates to national benchmarks that were calculated using the administrative and/or hybrid methodology.

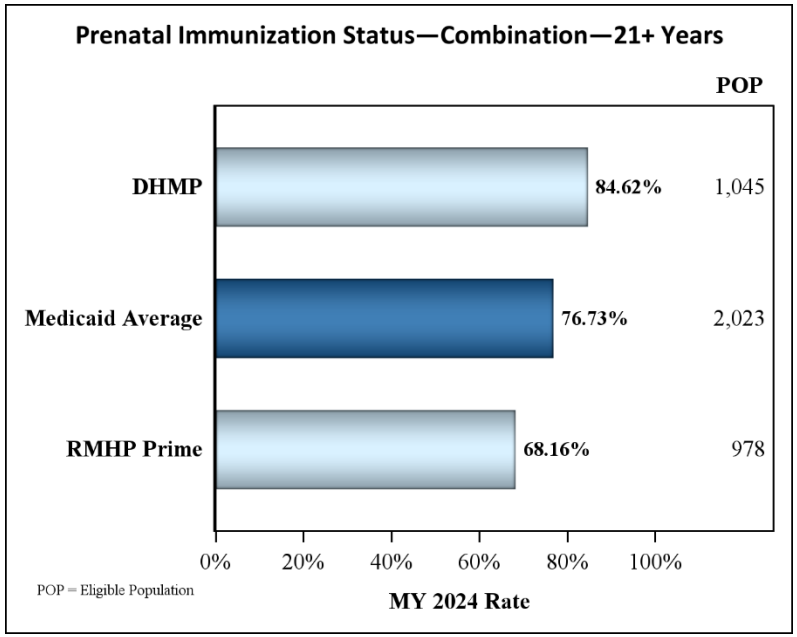
MCO performance varied by approximately 12 percentage points, and a benchmark is not available for this measure indicator.

Prenatal Immunization Status—Combination—21 Years and Older

Prenatal Immunization Status—Combination—21 Years and Older measures the percentage of deliveries in the measurement period in which members received influenza and Tdap vaccinations.



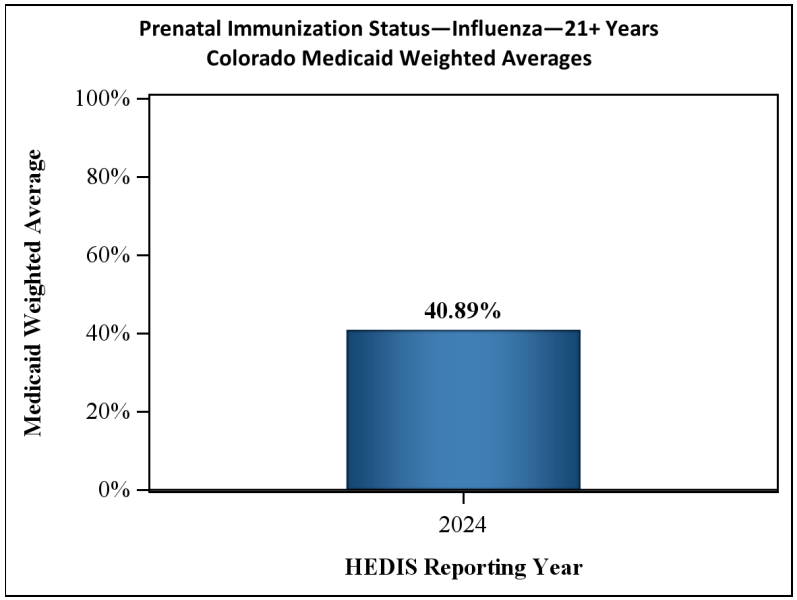
This was the first year this measure was reported, so it could not be compared to prior years.



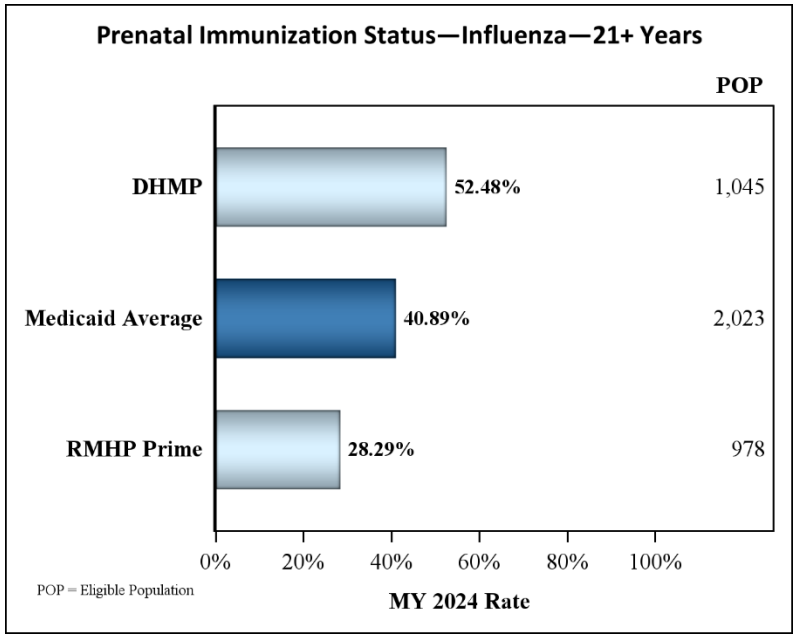
MCO performance varied by approximately 16 percentage points, and a benchmark is not available for this measure indicator.

Prenatal Immunization Status—Influenza—21 Years and Older

Prenatal Immunization Status—Influenza—21 Years and Older measures the percentage of deliveries in the measurement period in which members received influenza vaccinations.



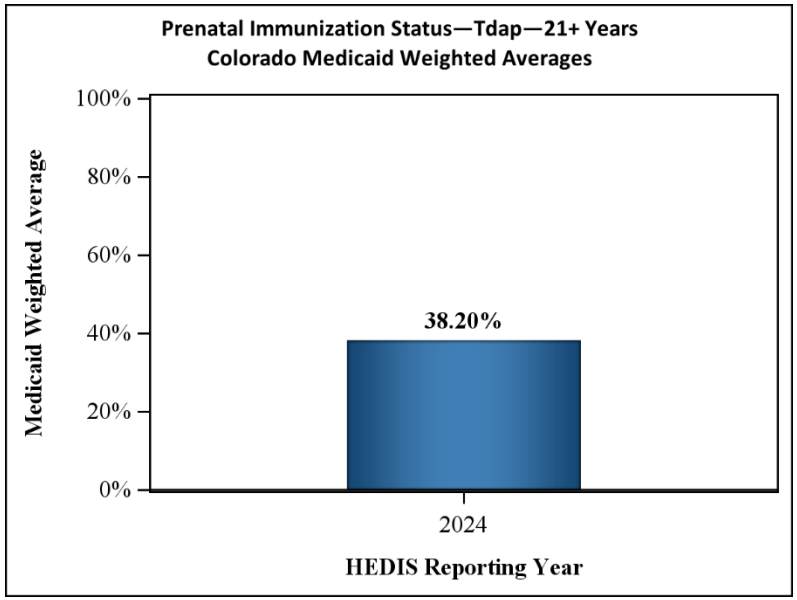
This was the first year this measure was reported, so it could not be compared to prior years.



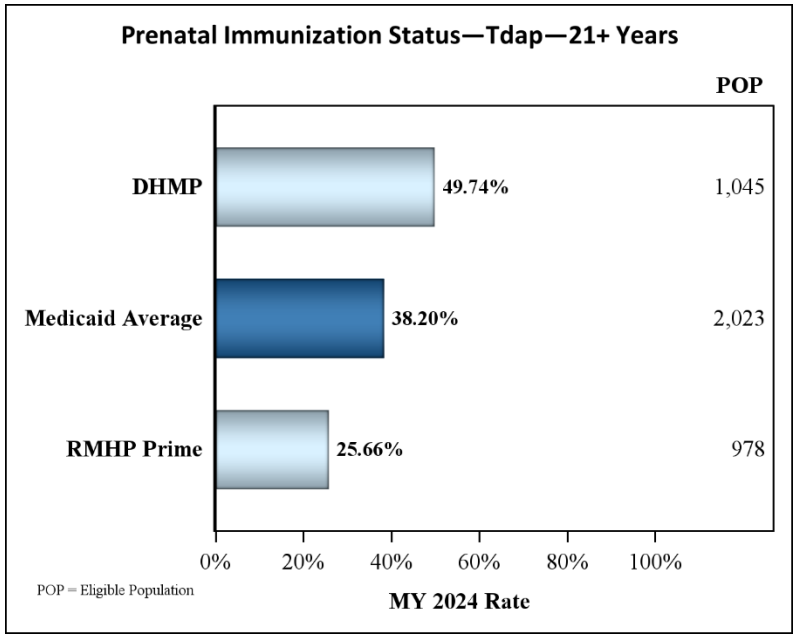
MCO performance varied by approximately 24 percentage points, and a benchmark is not available for this measure indicator.

Prenatal Immunization Status—Tdap—21 Years and Older

Prenatal Immunization Status—Tdap—21 Years and Older measures the percentage of deliveries in the measurement period in which members received Tdap vaccinations.



This was the first year this measure was reported, so it could not be compared to prior years.



MCO performance varied by approximately 24 percentage points, and a benchmark is not available for this measure indicator.

Summary of Findings and Recommendations

Table 3-1 presents the MCOs' performance ratings for each measure in the Maternal and Perinatal Health domain. Performance ratings were assigned across five categories (from ★ representing *Poor Performance* to ★★★★★ representing *Excellent Performance*).

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

Performance Measures	DHMP	RMHP Prime
Contraceptive Care—All Women		
Most or Moderately Effective Contraception—15–20 Years	—	—
Most or Moderately Effective Contraception—21–44 Years	—	—
Long-Acting Reversible Contraception—15–20 Years	—	—
Long-Acting Reversible Contraception—21–44 Years	—	—
Contraceptive Care—Postpartum Women		
Most or Moderately Effective Contraception—3 Days—15–20 Years	—	—
Most or Moderately Effective Contraception—3 Days—21–44 Years	—	—
Most or Moderately Effective Contraception—90 Days—15–20 Years	—	—
Most or Moderately Effective Contraception—90 Days—21–44 Years	—	—
Long-Acting Reversible Contraception—3 Days—15–20 Years	—	—
Long-Acting Reversible Contraception—3 Days—21–44 Years	—	—
Long-Acting Reversible Contraception—90 Days—15–20 Years	—	—
Long-Acting Reversible Contraception—90 Days—21–44 Years	—	—
Prenatal and Postpartum Care		
Timeliness of Prenatal Care—Under 21 Years	—	—
Timeliness of Prenatal Care—21 Years and Older	—	—
Postpartum Care—Under 21 Years	—	—
Postpartum Care—21 Years and Older	—	—
Prenatal Immunization Status		
Combination—21 Years and Older	—	—
Influenza—21 Years and Older	—	—
Tdap—21 Years and Older	—	—

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

For MY 2024, none of the measures in the Maternal and Perinatal Health domain could be compared to NCQA Quality Compass benchmarks since all are non-HEDIS measures and/or stratifications; therefore,

a percentile ranking was not determined. HSAG was not able to draw formal conclusions regarding performance based on MY 2024 reported results. Nonetheless, the MCO results provide additional information that may be used to assess quality improvement interventions.

Care of Acute and Chronic Conditions

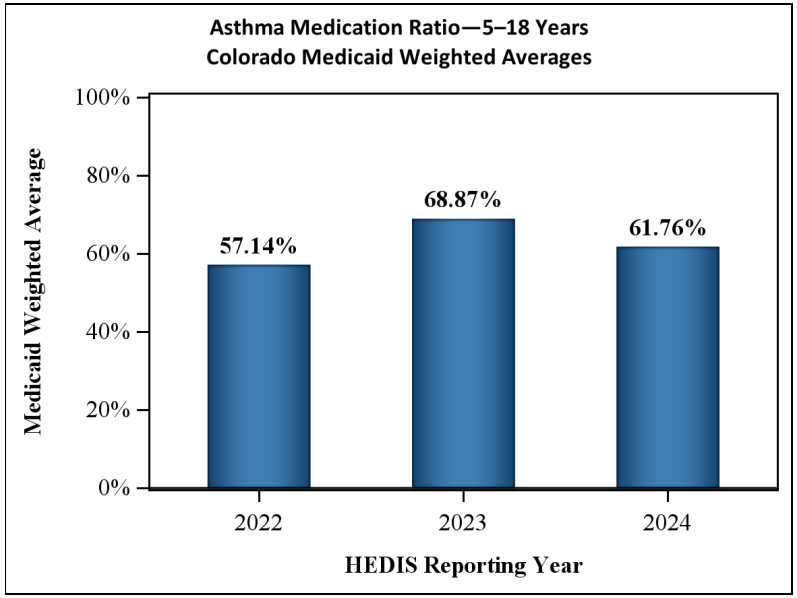
The following section provides a detailed analysis of the Colorado Medicaid MCOs' performance for the Care of Acute and Chronic Conditions domain. Rates displayed for the *PQI* and *Plan All-Cause Readmissions* measures are for informational purposes only. The rates do not indicate the quality, timeliness, or accessibility of care and services. Therefore, exercise caution in connecting these data to the efficacy of the program because many factors influence these data. HSAG recommends that MCOs review these measures results to identify whether the rate is higher or lower than expected. Additional focused analyses related to the measures may help to identify key drivers associated with the utilization patterns.

- *Asthma Medication Ratio—5–18 Years* and *19–64 Years*
- *Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis—3 Months–17 Years, 18–64 Years,* and *65 Years and Older*
- *Concurrent Use of Opioids and Benzodiazepines—18–64 Years* and *65 Years and Older*
- *Controlling High Blood Pressure—18–64 Years* and *65–85 Years*
- *Glycemic Status Assessment for Patients With Diabetes—Glycemic Status <8.0%—18–64 Years, 65–75 Years*, and *Glycemic Status >9.0%—18–64 Years*, *65–75 Years*
- *Plan All-Cause Readmissions—Observed Readmissions—18–64 Years*, *Expected Readmissions—18–64 Years*, *Observed-to-Expected (O/E) Ratio—18–64 Years,* and *Outlier Rate—18–64 Years*
- *PQI 01: Diabetes Short-Term Complications Admission Rate—18–64 Years* and *65 Years and Older*
- *PQI 05: COPD or Asthma in Older Adults Admission Rate—40–64 Years* and *65 Years and Older*
- *PQI 08: Heart Failure Admission Rate—18–64 Years* and *65 Years and Older*
- *PQI 15: Asthma in Younger Adults Admission Rate—18–39 Years*
- *Use of Opioids at High Dosage in Persons Without Cancer—18–64 Years* and *65 Years and Older*

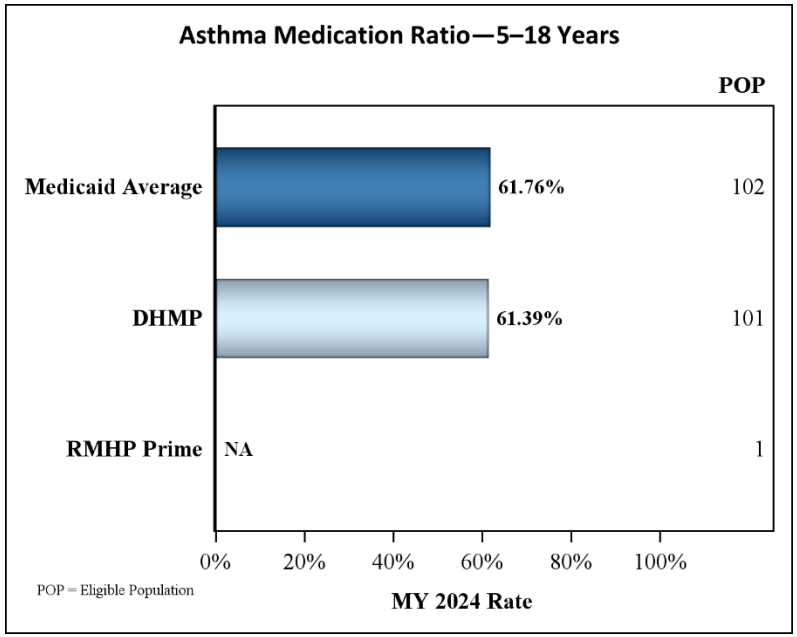
Please see the "Reader's Guide" section for guidance on interpreting the figures presented within this section. For reference, additional analyses for each measure indicator are displayed in Appendix A and Appendix B.

Asthma Medication Ratio—5–18 Years

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



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

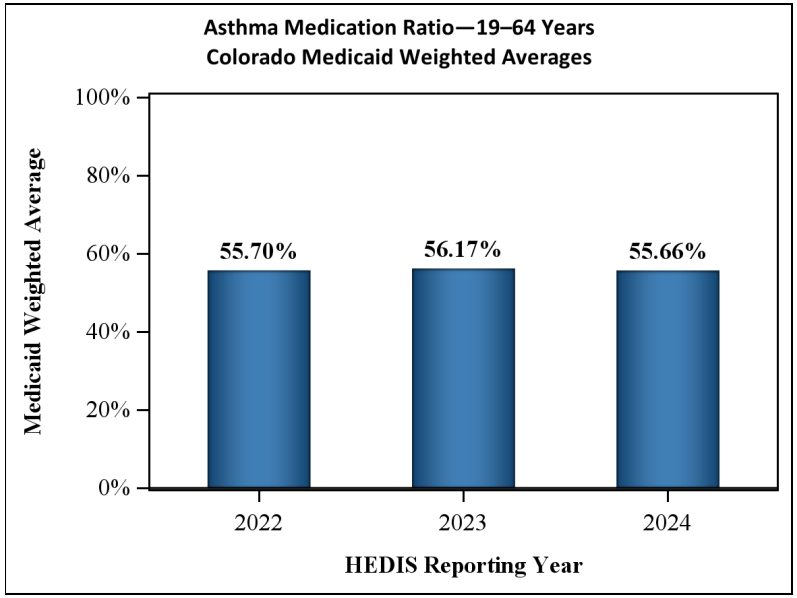


NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate.

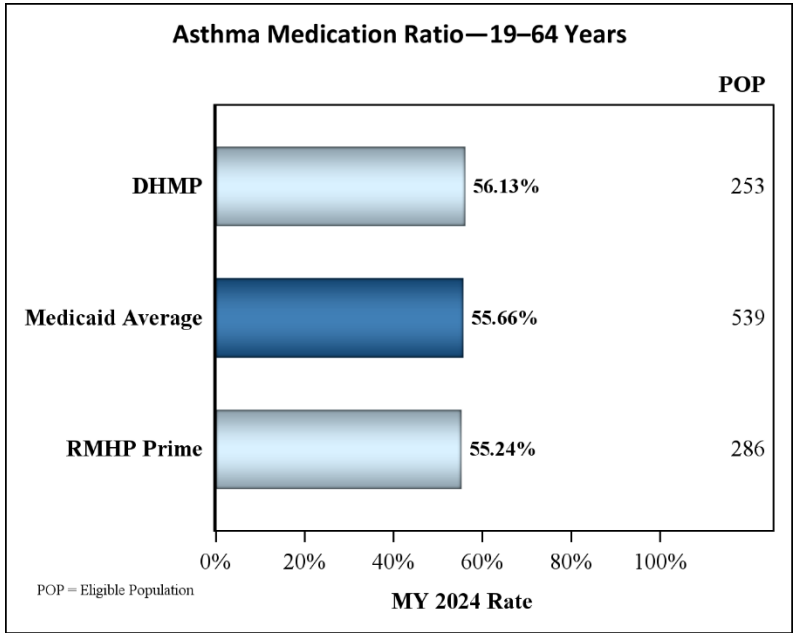
Only DHMP had a reportable rate, and a benchmark is not available for this measure indicator.

Asthma Medication Ratio—19–64 Years

Asthma Medication Ratio—19–64 Years measures the percentage of members ages 19 to 64 years who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year.



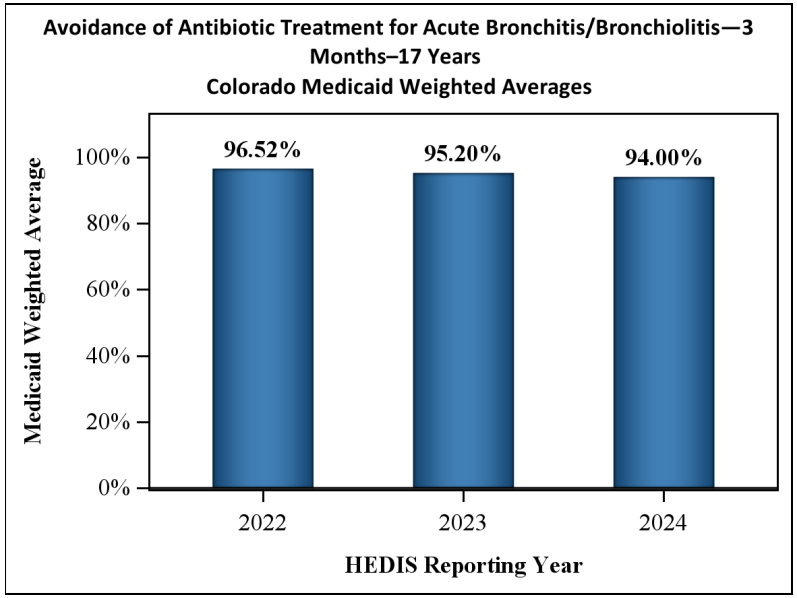
The Colorado Medicaid weighted average did not demonstrate a significant change from MY 2023 to MY 2024.



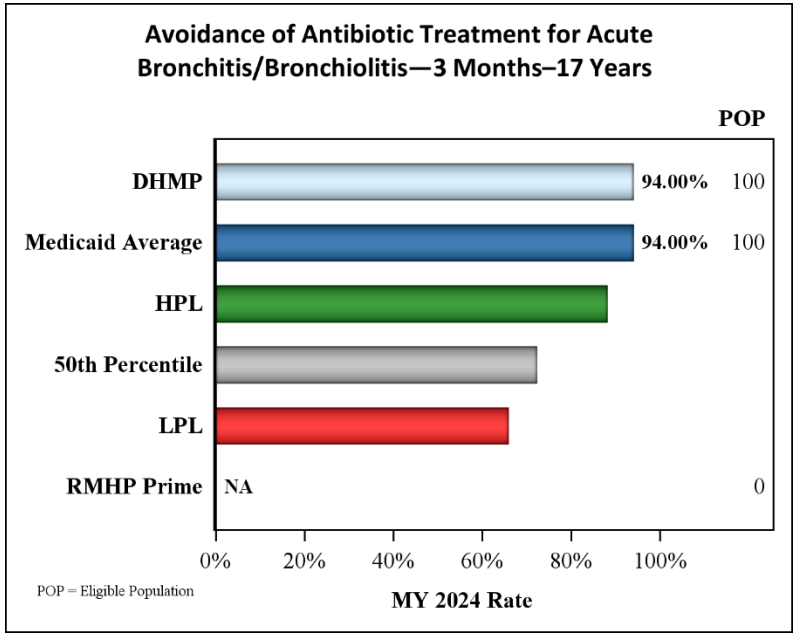
MCO performance varied by approximately 1 percentage point, and a benchmark is not available for this measure indicator.

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 proportion of cases involving individuals ages 3 months to 17 years diagnosed with acute bronchitis/bronchiolitis in which no antibiotics were prescribed. A greater percentage suggests the use of suitable treatment for bronchitis/bronchiolitis.



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

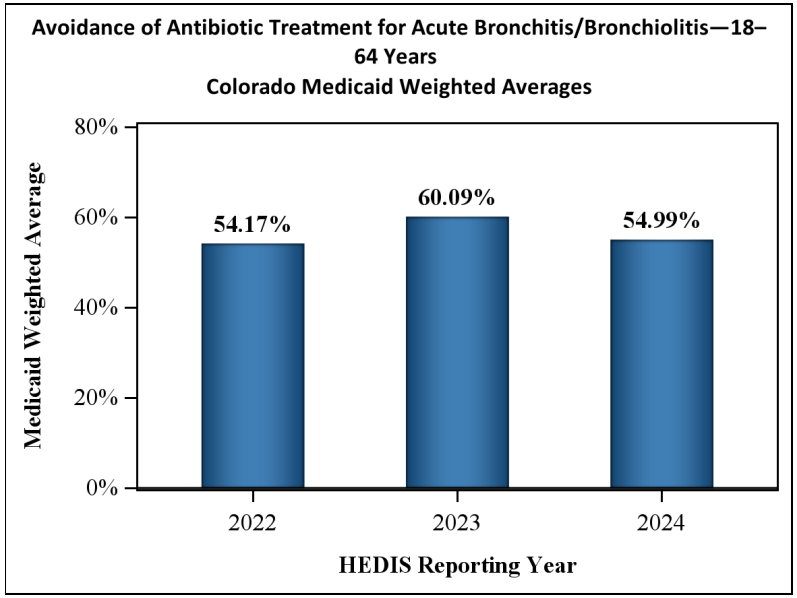


NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate.

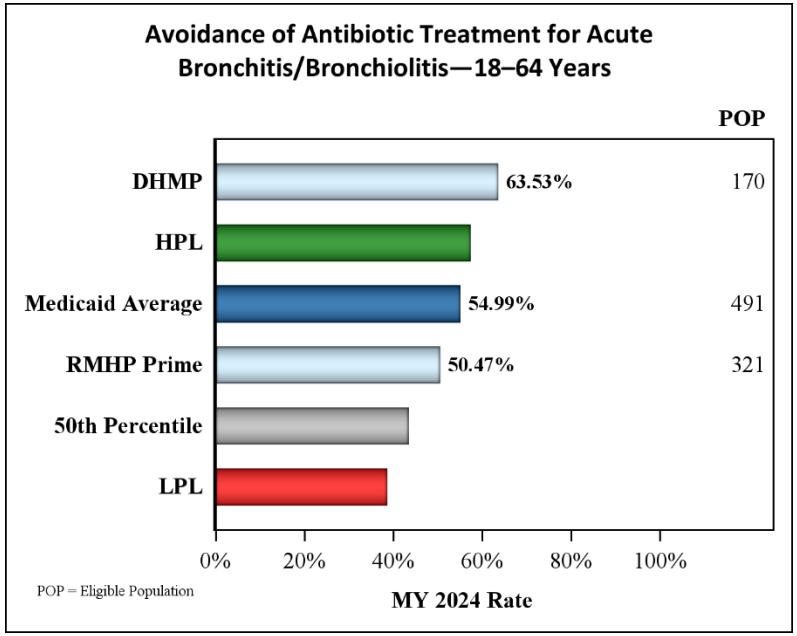
DHMP and the Colorado Medicaid average exceeded the HPL. Only DHMP had a reportable rate.

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

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



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



DHMP's rate exceeded the HPL. The Colorado Medicaid weighted average and RMHP Prime's rate were above the 50th percentile but below the HPL. MCO performance varied by approximately 15 percentage points.

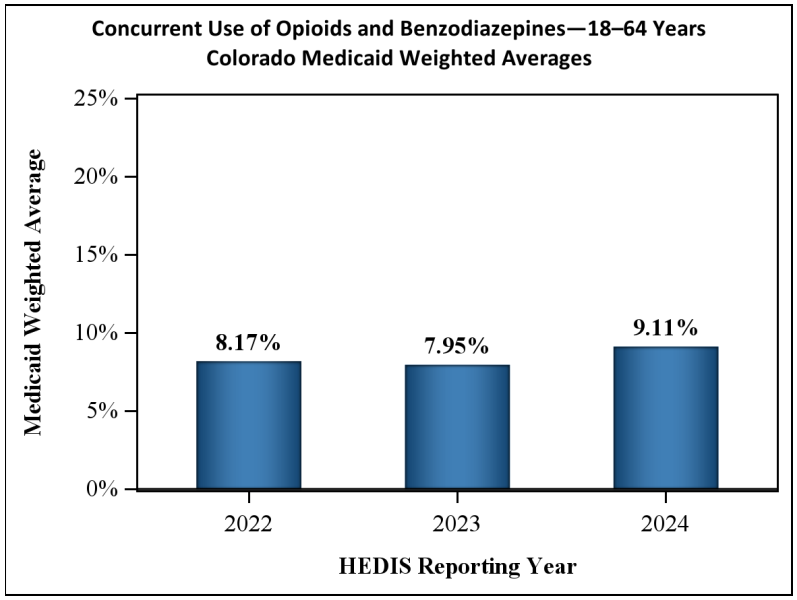
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis—65 Years and Older

Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis—65 Years and Older measures the proportion of cases involving individuals ages 65 years and older diagnosed with acute bronchitis/bronchiolitis in which no antibiotics were prescribed. A greater percentage suggests the use of suitable treatment for bronchitis/bronchiolitis.

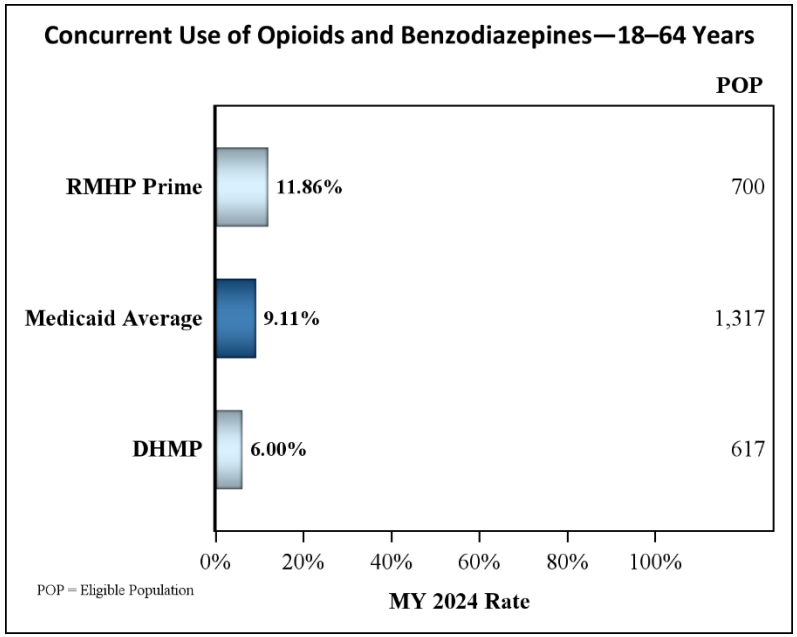
Neither DHMP nor RMHP Prime had a reportable rate for this measure's indicator in MY 2024 or the previous two years.

Concurrent Use of Opioids and Benzodiazepines—18–64 Years

Concurrent Use of Opioids and Benzodiazepines—18–64 Years measures the percentage of members ages 18 to 64 years with concurrent use of prescription opioids and benzodiazepines. For this indicator, a lower rate indicates better performance.



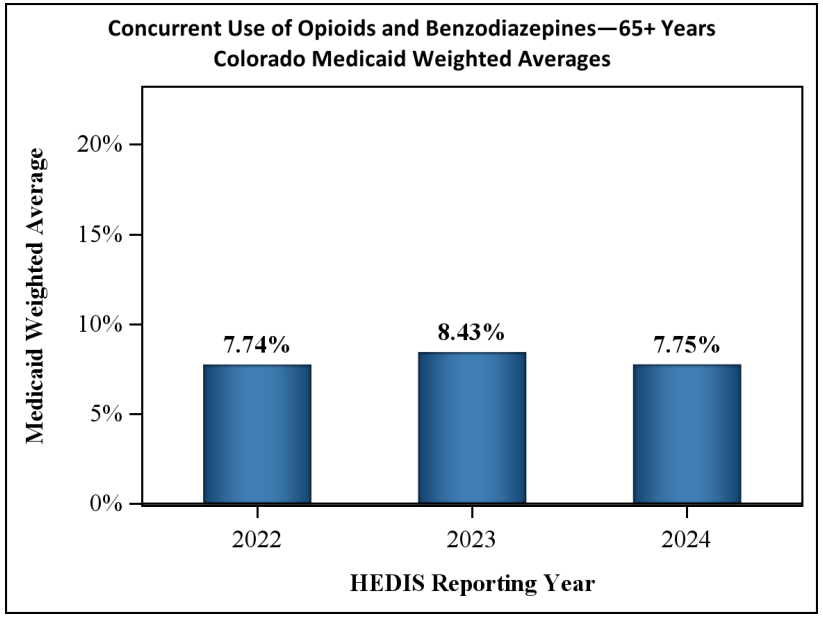
The Colorado Medicaid weighted average did not demonstrate a significant change from MY 2023 to MY 2024.



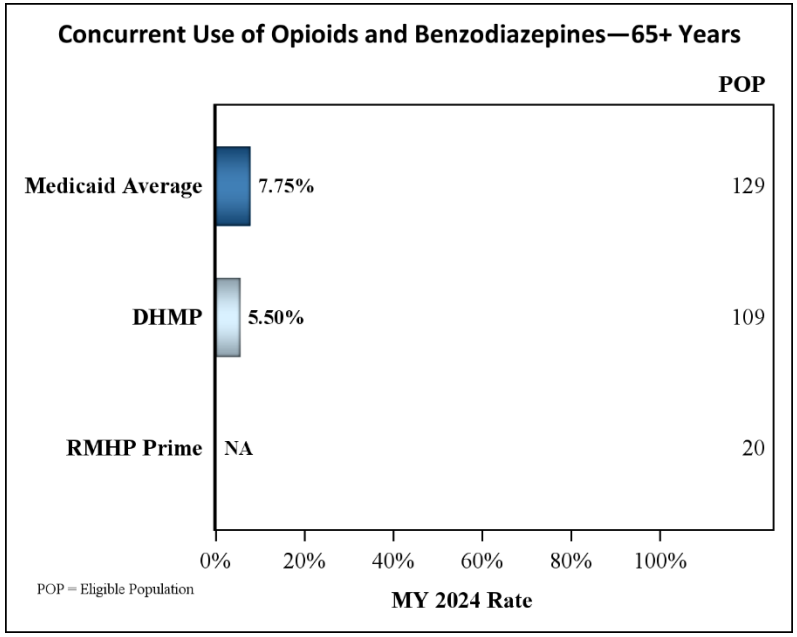
MCO performance varied by approximately 6 percentage points, and a benchmark is not available for this measure indicator.

Concurrent Use of Opioids and Benzodiazepines—65 Years and Older

Concurrent Use of Opioids and Benzodiazepines—65 Years and Older measures the percentage of members ages 65 years and older with concurrent use of prescription opioids and benzodiazepines For this indicator, a lower rate indicates better performance.



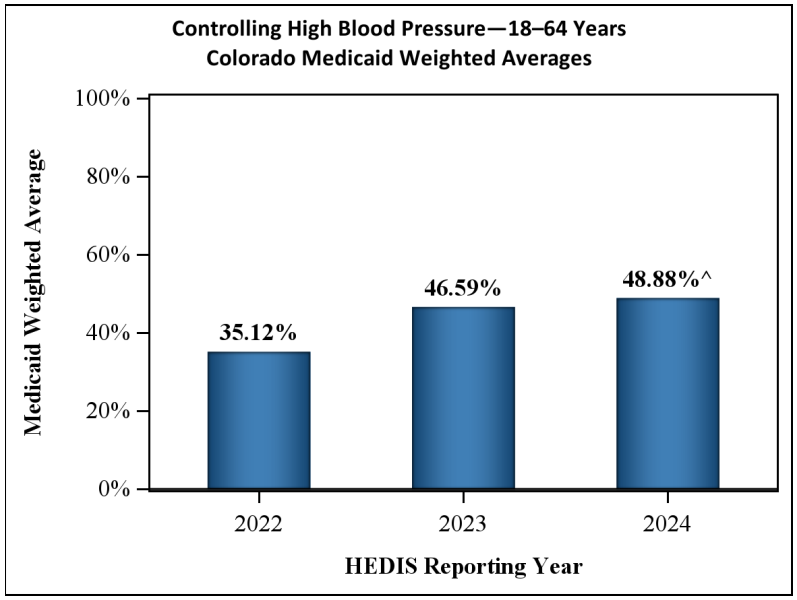
The Colorado Medicaid weighted average did not demonstrate a significant change from MY 2023 to MY 2024.



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

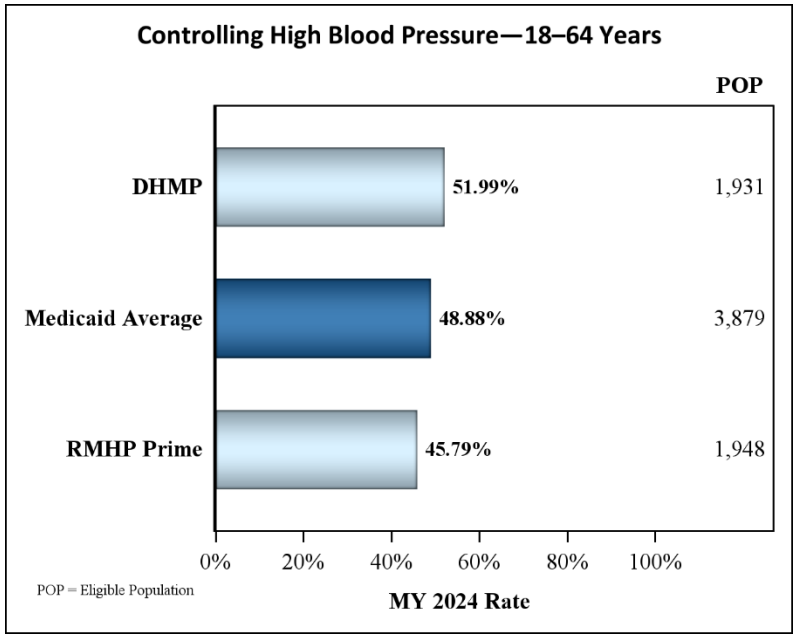
Controlling High Blood Pressure—18–64 Years

Controlling High Blood Pressure—18–64 Years measures the percentage of members ages 18 to 64 years who had a diagnosis of hypertension and whose blood pressure was adequately controlled (< 140/90 mm Hg) during the measurement year.



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

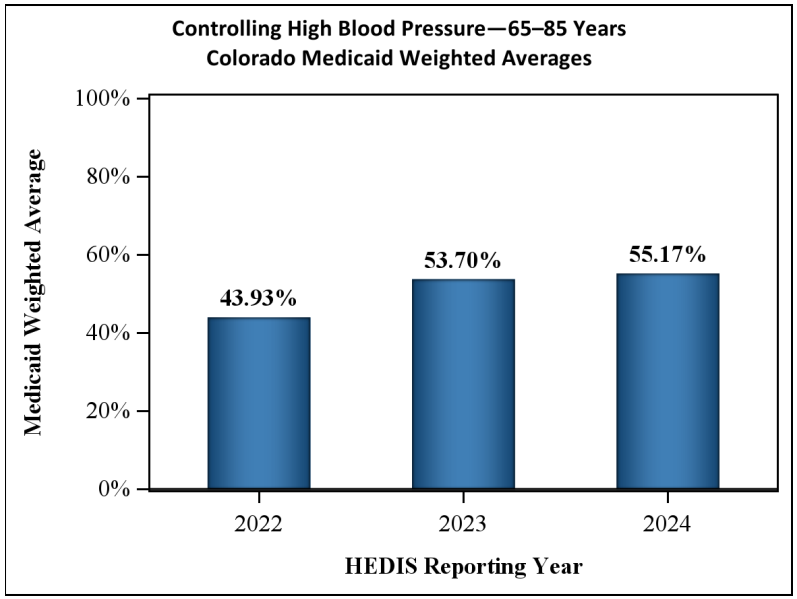
The Colorado Medicaid weighted average significantly improved from MY 2023 to MY 2024.



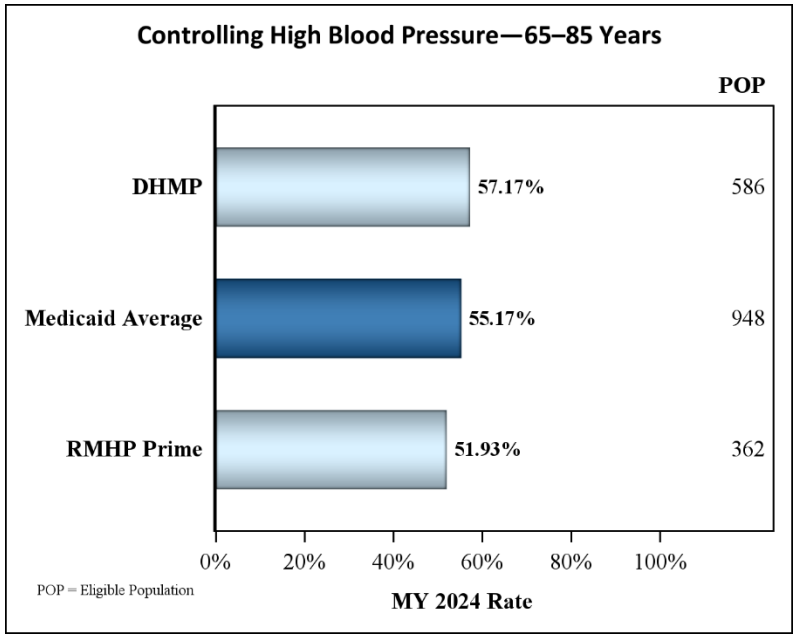
MCO performance varied by approximately 6 percentage points, and a benchmark is not available for this measure indicator.

Controlling High Blood Pressure—65–85 Years

Controlling High Blood Pressure—65–85 Years measures the percentage of members ages 65 to 85 years who had a diagnosis of hypertension and whose blood pressure was adequately controlled (< 140/90 mm Hg) during the measurement year.



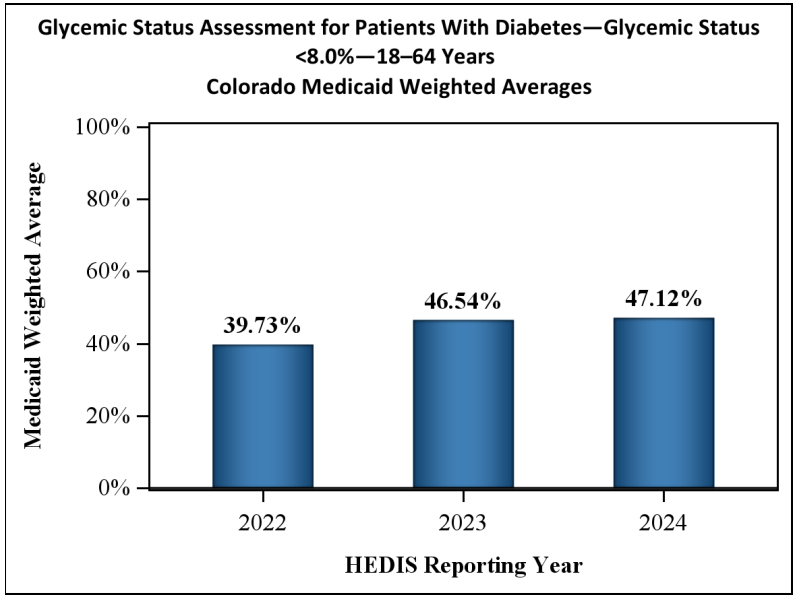
The Colorado Medicaid weighted average did not demonstrate a significant change from MY 2023 to MY 2024.



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

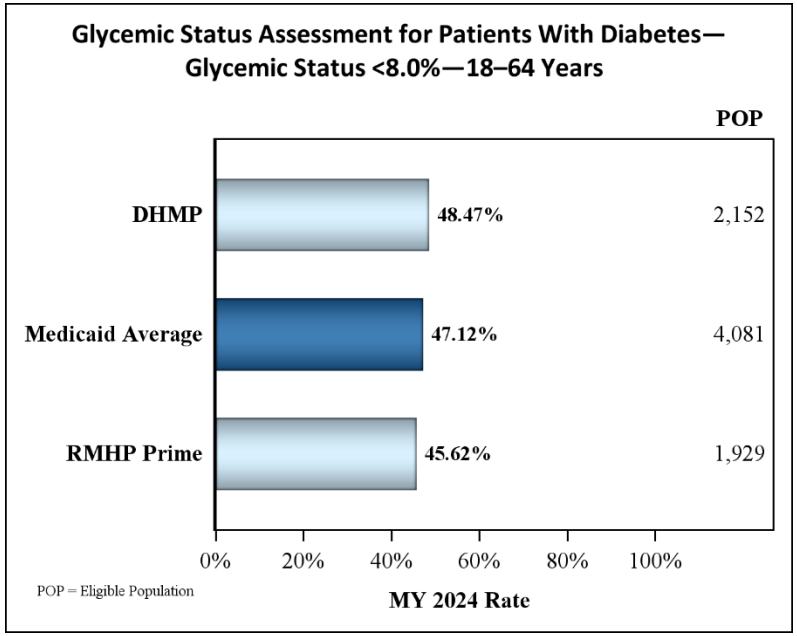
Glycemic Status Assessment for Patients With Diabetes—Glycemic Status <8.0%—18–64 Years

Glycemic Status Assessment for Patients With Diabetes—Glycemic Status <8.0%—18–64 Years measures the percentage of members ages 18 to 64 years with diabetes (type 1 and type 2) whose glycemic status or glucose management indicator was less than 8.0 measurement year. For this indicator, a lower rate indicates better performance.



Caution should be exercised when comparing to prior years due to changes in the technical specifications for this measure.

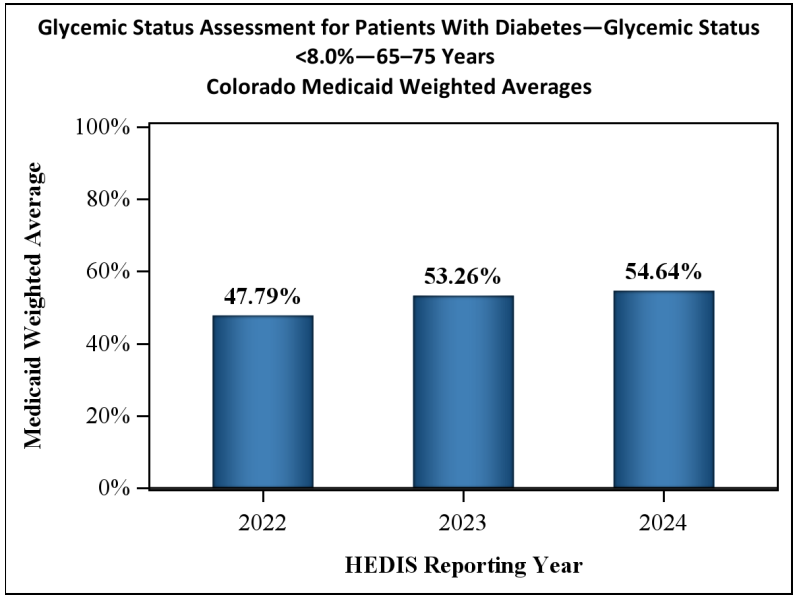
The Colorado Medicaid weighted average did not demonstrate a significant change from MY 2023 to MY 2024.



MCO performance varied by approximately 3 percentage points, and a benchmark is not available for this measure indicator.

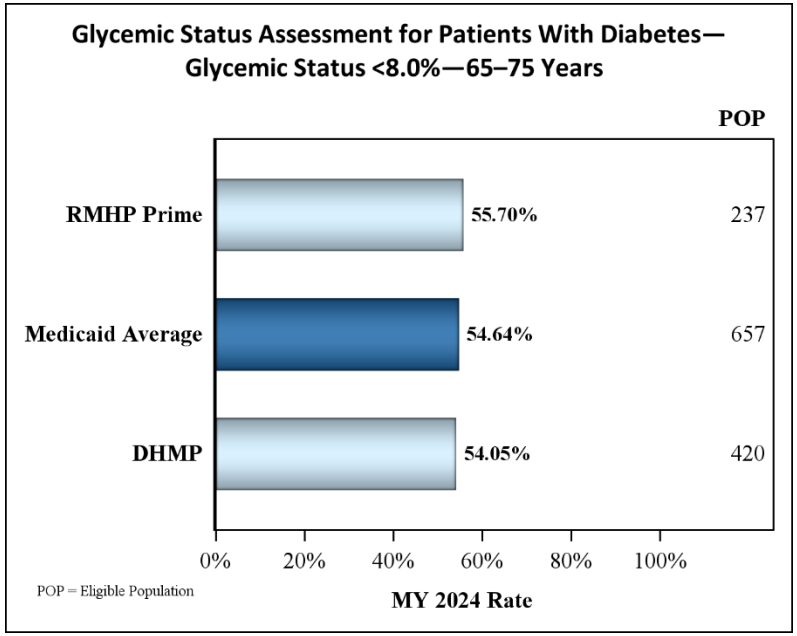
Glycemic Status Assessment for Patients With Diabetes—Glycemic Status <8.0%—65–75 Years

Glycemic Status Assessment for Patients With Diabetes—Glycemic Status <8.0%—65–75 Years measures the percentage of members ages 65 to 75 years with diabetes (type 1 and type 2) whose glycemic status or glucose management indicator was less than 8.0 percent during the measurement year. For this indicator, a lower rate indicates better performance.



Caution should be exercised when comparing to prior years due to changes in the technical specifications for this measure.

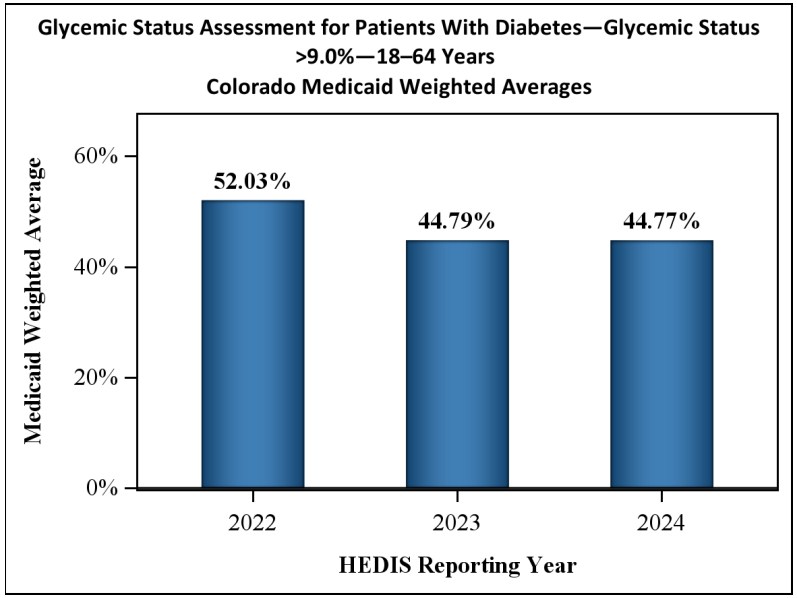
The Colorado Medicaid weighted average did not demonstrate a significant change from MY 2023 to MY 2024.



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

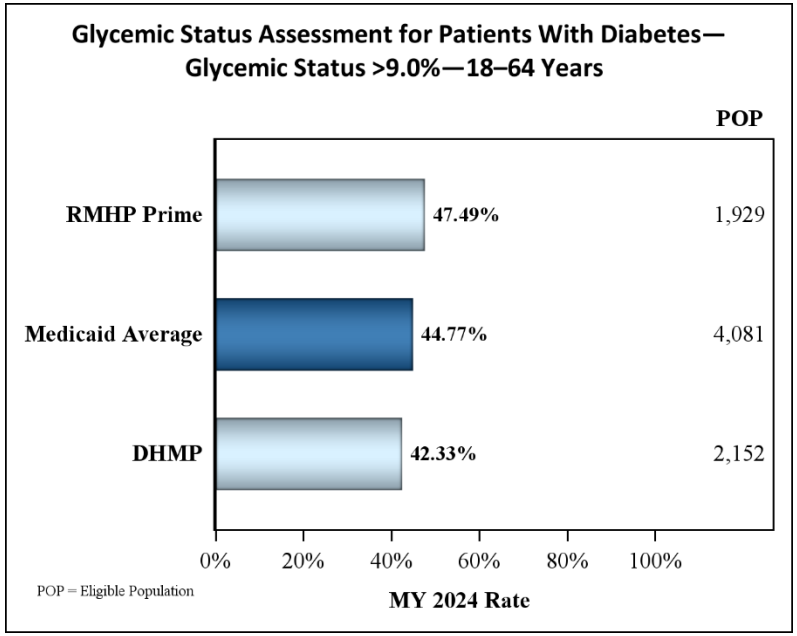
Glycemic Status Assessment for Patients With Diabetes—Glycemic Status >9.0%—19–64 Years

Glycemic Status Assessment for Patients With Diabetes—Glycemic Status >9.0%—19–64 Years measures the percentage of members ages 19 to 64 years with diabetes (type 1 and type 2) whose glycemic status or glucose management indicator was greater than 9.0 during the measurement year. For this indicator, a lower rate indicates better performance.



Caution should be exercised when comparing to prior years due to changes in the technical specifications for this measure.

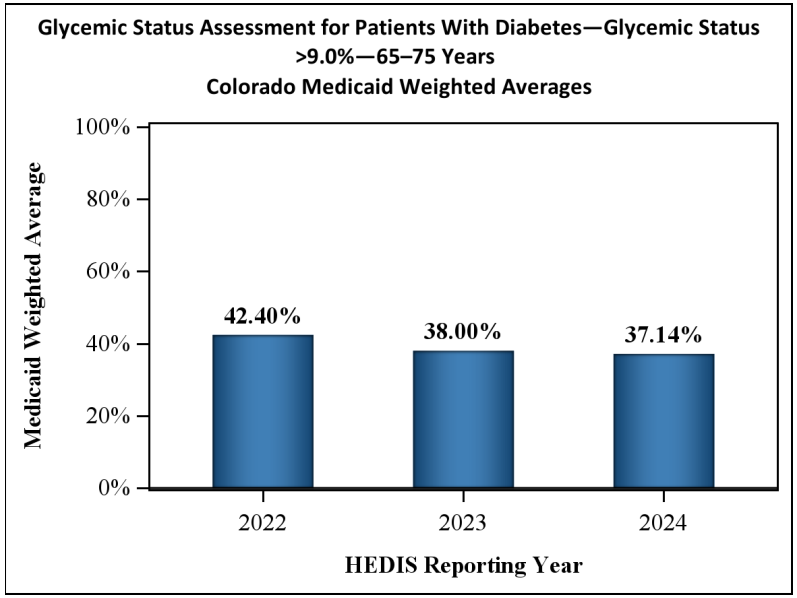
The Colorado Medicaid weighted average did not demonstrate a significant change from MY 2023 to MY 2024.



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

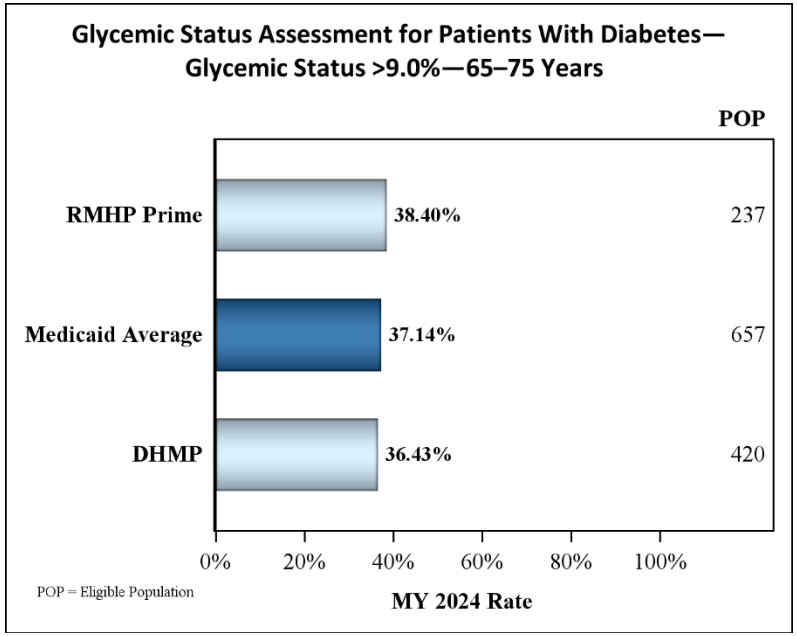
Glycemic Status Assessment for Patients With Diabetes—Glycemic Status >9.0%—65–75 Years

Glycemic Status Assessment for Patients With Diabetes—Glycemic Status >9.0%—65–75 Years measures the percentage of members ages 65 to 75 years with diabetes (type 1 and type 2) whose glycemic status or glucose management indicator was greater than 9.0 during the measurement year. For this indicator, a lower rate indicates better performance.



Caution should be exercised when comparing to prior years due to changes in the technical specifications for this measure.

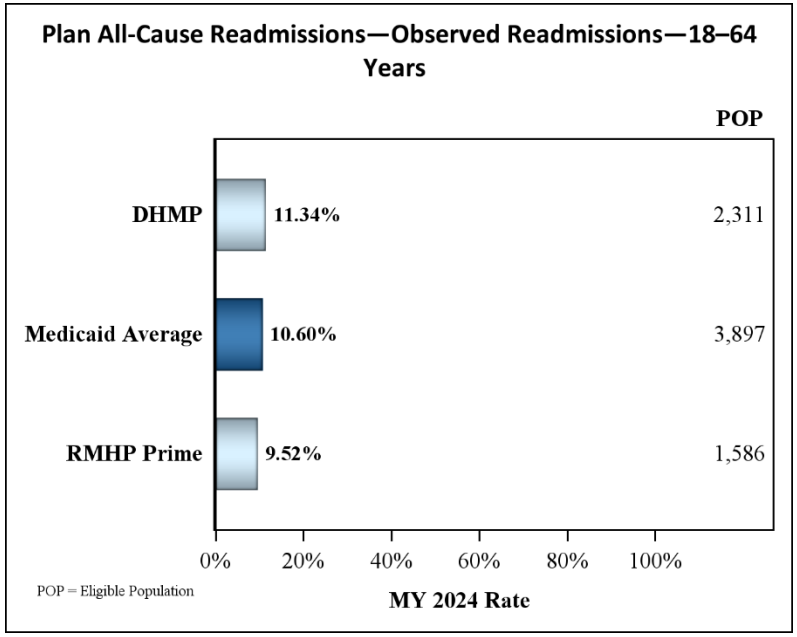
The Colorado Medicaid weighted average did not demonstrate a significant change from MY 2023 to MY 2024.



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

Plan All-Cause Readmissions—Observed Readmissions—18–64 Years

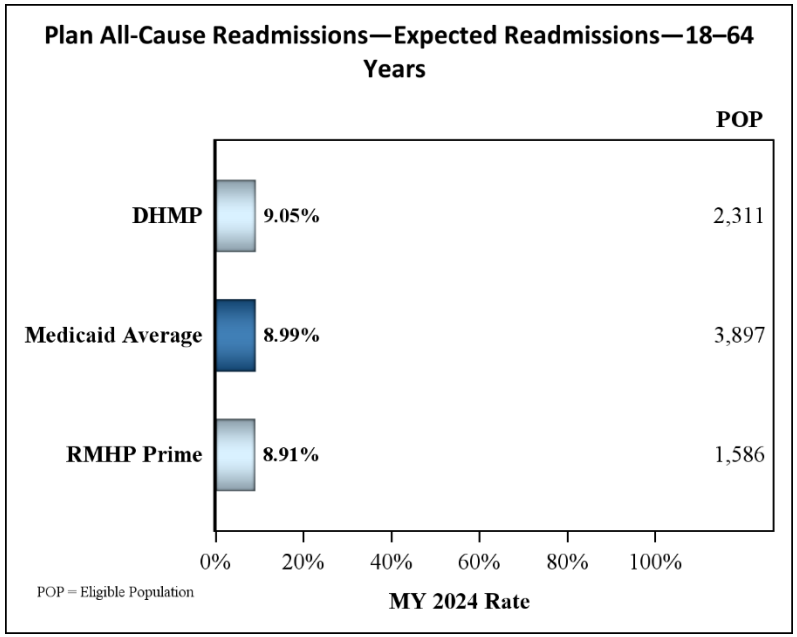
Plan All-Cause Readmissions—Observed Readmissions—18–64 Years measures the percentage of members ages 18 to 64 years, the number of acute inpatient and observation stays during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days, and the predicted probability of an acute readmission. This measure requires risk adjustment.



DHMP's observed readmission rate is slightly higher than the Colorado Medicaid weighted average and RMHP Prime's observed readmission rate. The MCOs' observed readmissions rates varied by approximately 2 percentage points. A benchmark is not available for this measure indicator.

Plan All-Cause Readmissions—Expected Readmissions—18–64 Years

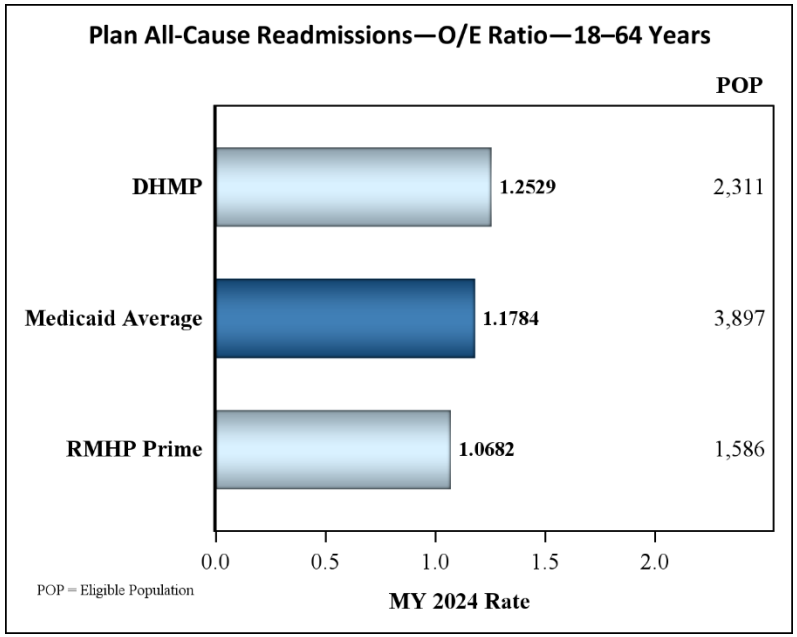
Plan All-Cause Readmissions—Expected Readmissions—18–64 Years measures the percentage of members ages 18 to 64 years, the number of acute inpatient and observation stays during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days, and the predicted probability of an acute readmission. This measure requires risk adjustment.



DHMP's expected readmission rate is slightly higher than the Colorado Medicaid weighted average and RMHP Prime's expected readmission rate. The MCO's expected readmissions rates varied by less than 1 percentage point. A benchmark is not available for this measure indicator.

Plan All-Cause Readmissions—O/E Ratio—18–64 Years

Plan All-Cause Readmissions—O/E Ratio—18–64 Years measures the percentage of members ages 18 to 64 years, the number of acute inpatient and observation stays during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days, and the predicted probability of an acute readmission. The O/E ratio is presented to show if the MCO had more (<1.0), the same as, or fewer (>1.0) readmissions than expected. This measure requires risk adjustment.

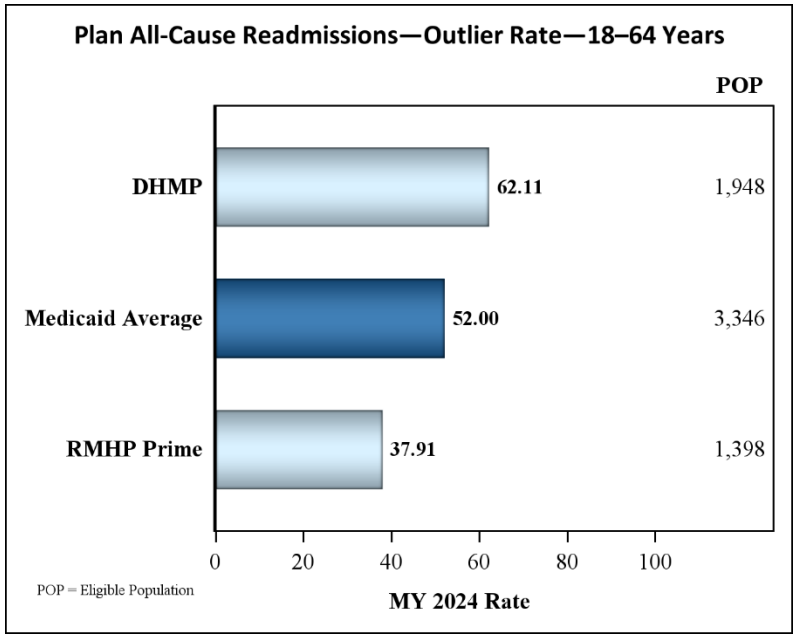


For this indicator, a lower rate indicates better performance.

Both MCOs' O/E ratios were greater than 1.0; therefore, the MCOs had more readmissions than expected. A benchmark is not available for this measure indicator.

Plan All-Cause Readmissions—Outlier Rate—18–64 Years

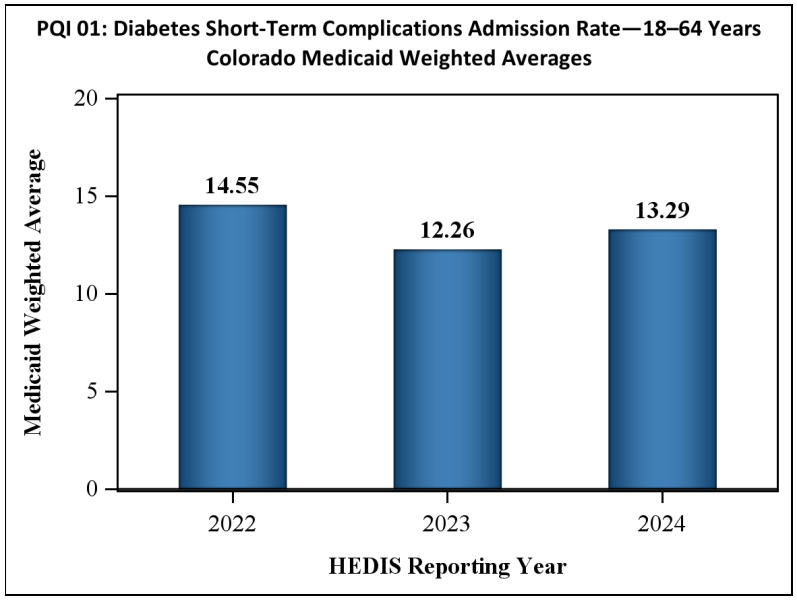
Plan All-Cause Readmissions—Outlier Rate—18–64 Years measures the number of outlier members divided by the count of members, the number of acute inpatient and observation stays during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days, and the predicted probability of an acute readmission. This measure requires risk adjustment.



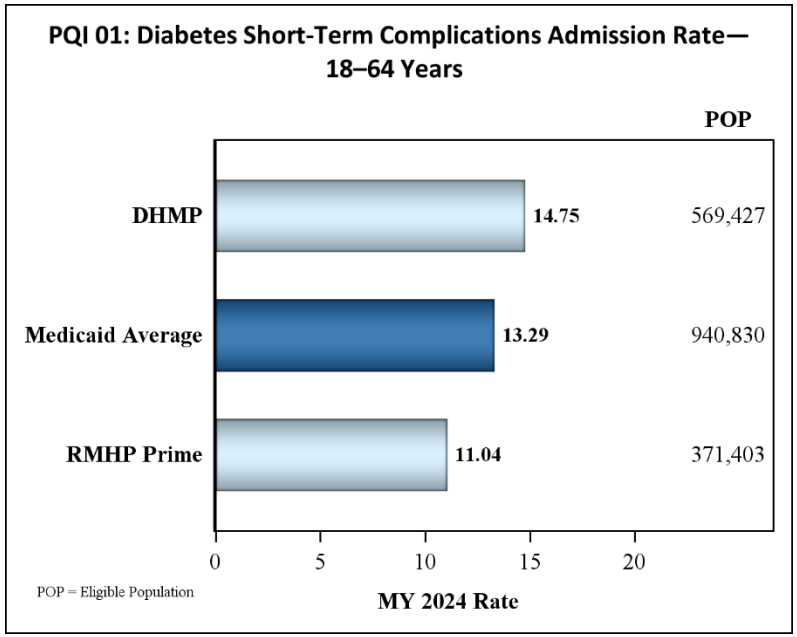
MCO outlier rates varied by approximately 24 members per 1,000. A benchmark is not available for this measure indicator.

PQI 01: Diabetes Short-Term Complications Admission Rate—18–64 Years

PQI 01: Diabetes Short Term Complications Admission Rate—18–64 Years measure focuses on hospitalizations for members ages 18 to 64 years with a primary diagnosis of diabetes with short-term complications, per 100,000 member months. For this indicator, a lower rate indicates better performance.



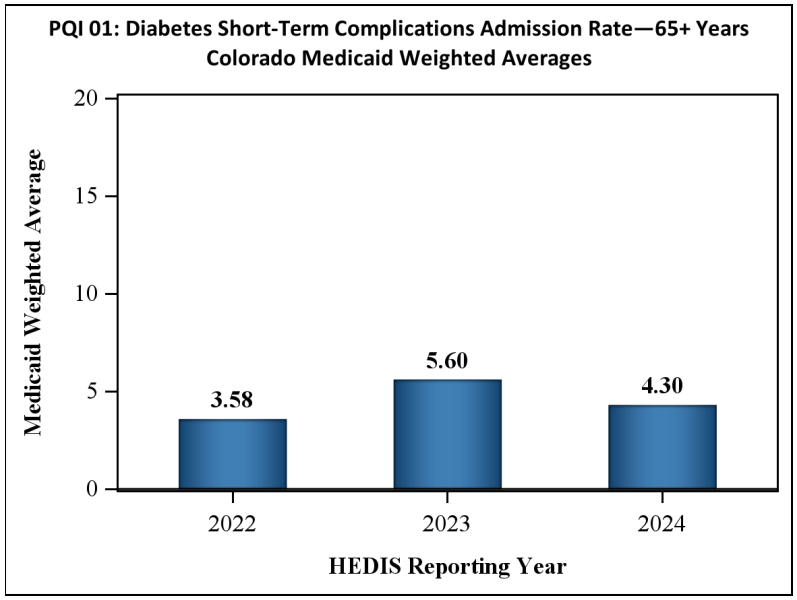
The Colorado Medicaid weighted average did not demonstrate a significant change from MY 2023 to MY 2024.



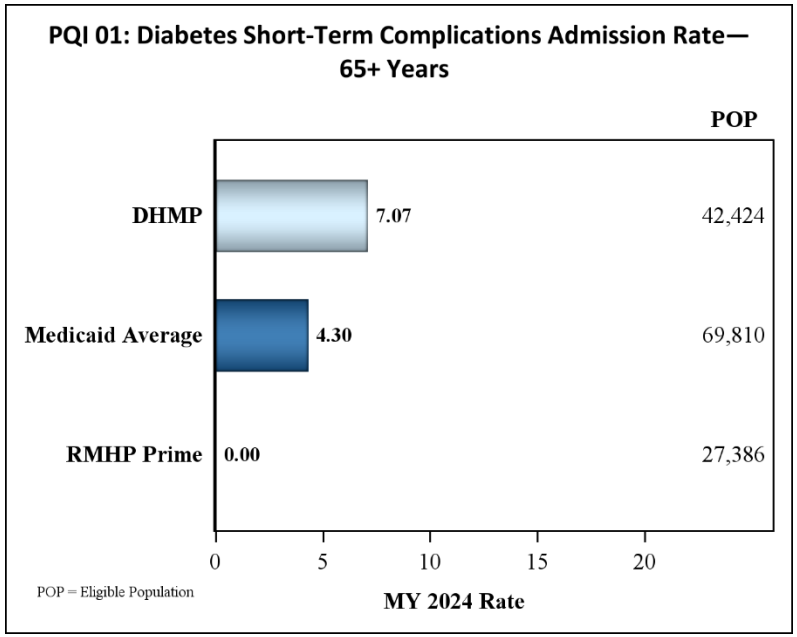
MCO performance varied as DHMP's rate was above the Colorado Medicaid weighted average and RMHP Prime's rate fell below the Colorado Medicaid weighted average. A benchmark is not available for this measure indicator.

PQI 01: Diabetes Short-Term Complications Admission Rate—65 Years and Older

PQI 01: Diabetes Short Term Complications Admission Rate—65 Years and Older measure focuses on hospitalizations for members ages 65 years and older with a primary diagnosis of diabetes with short-term complications, per 100,000 member months. For this indicator, a lower rate indicates better performance.



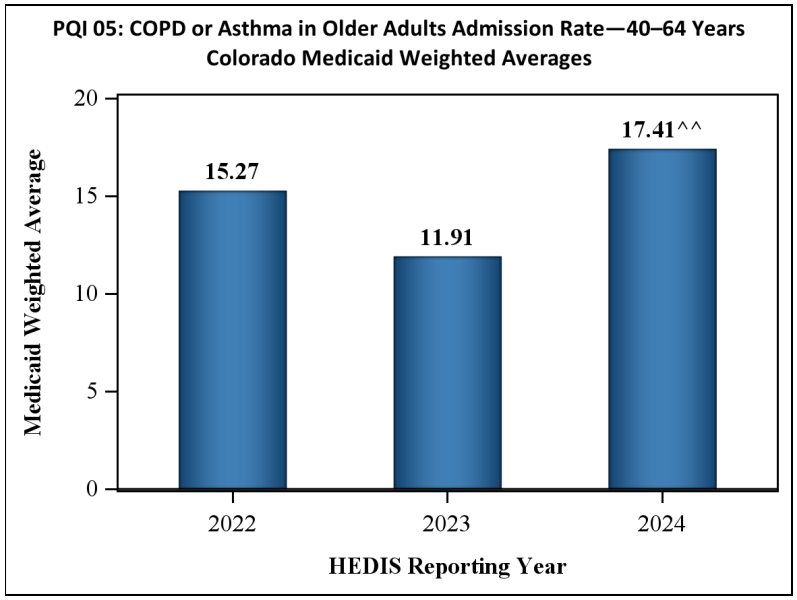
The Colorado Medicaid weighted average did not demonstrate a significant change from MY 2023 to MY 2024.



MCO performance varied as DHMP's rate was above the Colorado Medicaid weighted average and RMHP Prime's rate fell below the Colorado Medicaid weighted average. A benchmark is not available for this measure indicator.

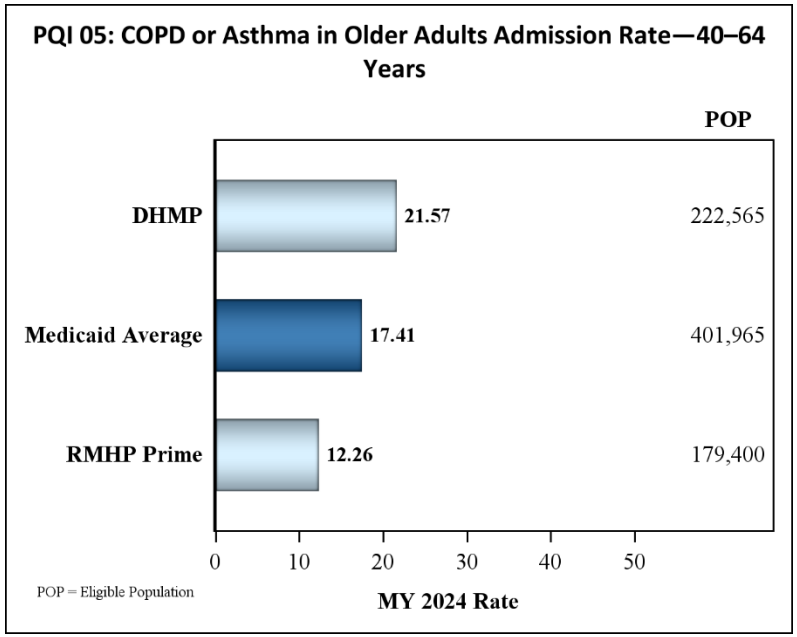
PQI 05: COPD or Asthma in Older Adults Admission Rate—40–64 Years

PQI 05: COPD or Asthma in Older Adults Admission Rate—40–64 Years measure assesses hospitalizations for members ages 40 to 64 years with a primary diagnosis of COPD or asthma, per 100,000 member months. For this indicator, a lower rate indicates better performance.



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

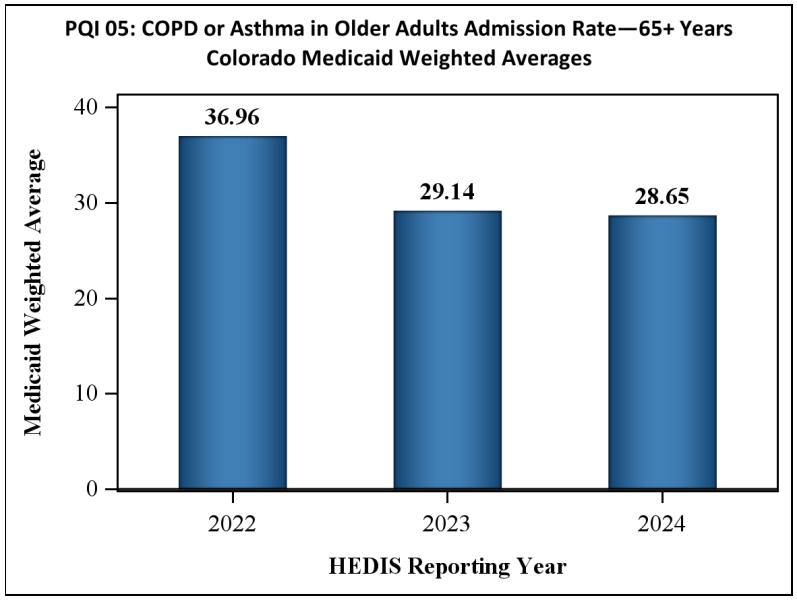
The Colorado Medicaid weighted average worsened from MY 2023 to MY 2024.



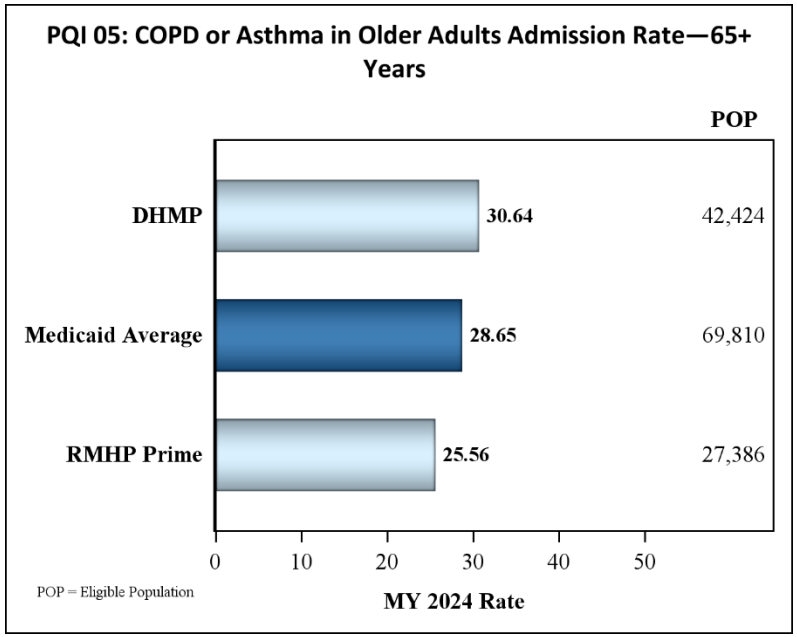
MCO performance varied as DHMP's rate was above the Colorado Medicaid weighted average, while RMHP Prime rate fell below the Colorado Medicaid weighted average. A benchmark is not available for this measure indicator.

PQI 05: COPD or Asthma in Older Adults Admission Rate—65 Years and Older

PQI 05: COPD or Asthma in Older Adults Admission Rate—65 Years and Older measure focuses on hospitalizations for members ages 65 years and older with a primary diagnosis of COPD or asthma, per 100,000 member months. For this indicator, a lower rate indicates better performance.



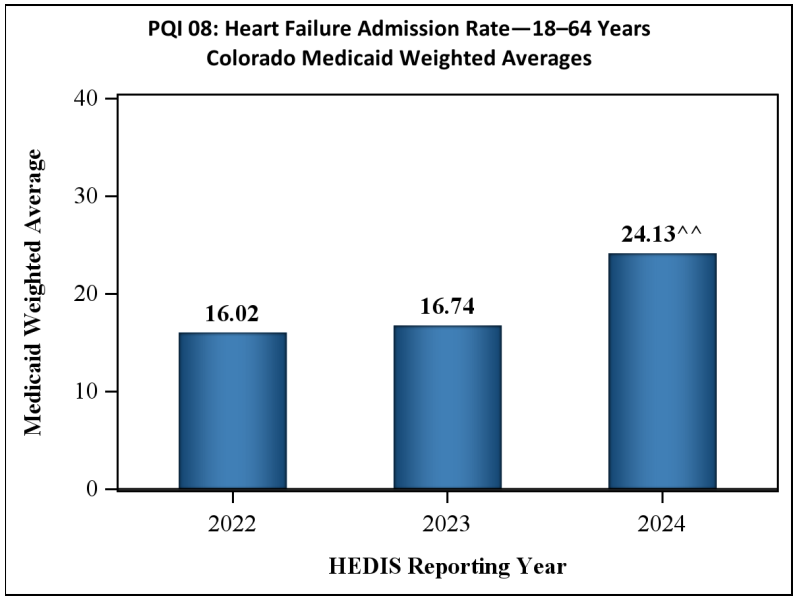
The Colorado Medicaid weighted average did not demonstrate a significant change from MY 2023 to MY 2024.



MCO performance varied as DHMP's rate was above the Colorado Medicaid weighted average, while RMHP Prime's rate fell below the Colorado Medicaid weighted average. A benchmark is not available for this measure indicator.

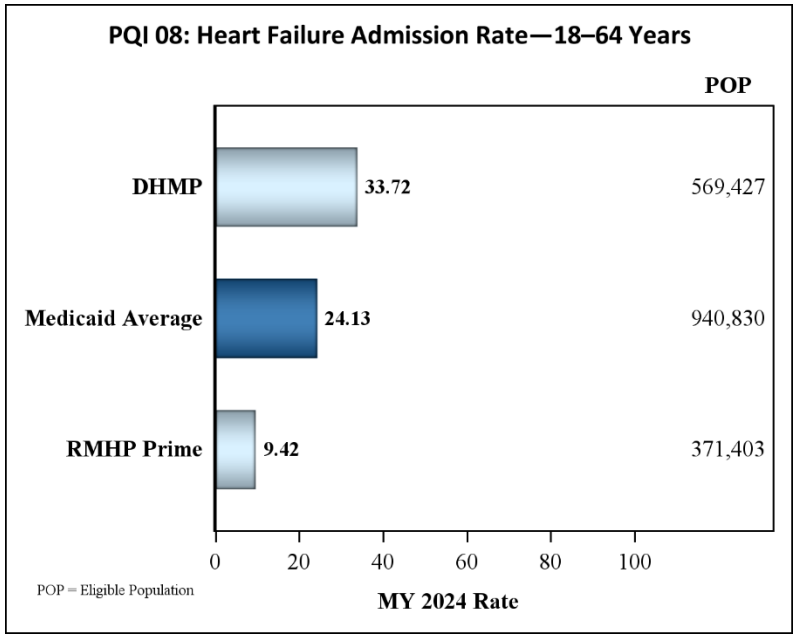
PQI 08: Heart Failure Admission Rate—18–64 Years

PQI 08: Heart Failure Admission Rate—18–64 Years measure focuses on the number of hospitalizations due to a diagnosis of heart failure per 100,000 member months for members ages 18 to 64 years in the population. For this indicator, a lower rate indicates better performance.



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

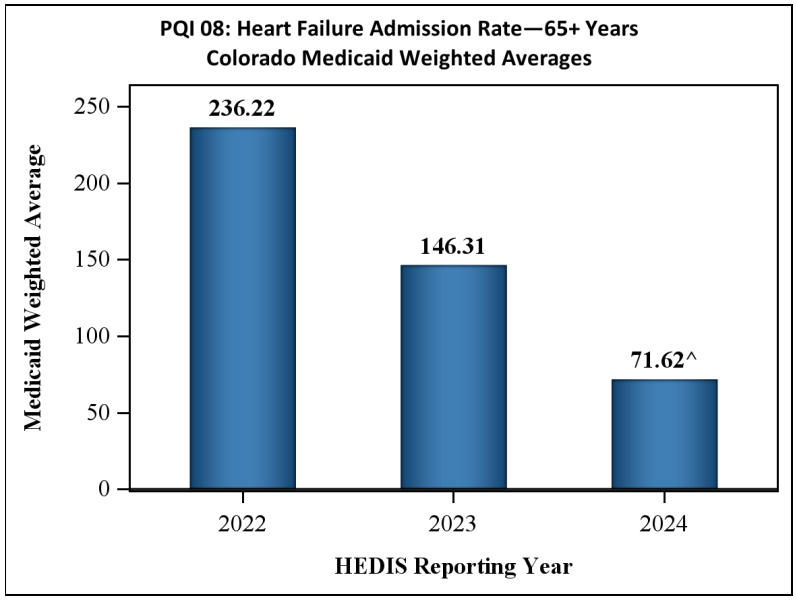
The Colorado Medicaid weighted average significantly worsened from MY 2023 to MY 2024.



MCO performance varied as DHMP's rate was above the Colorado Medicaid weighted average, while RMHP Prime's rate fell below the Colorado Medicaid average. A benchmark is not available for this measure indicator.

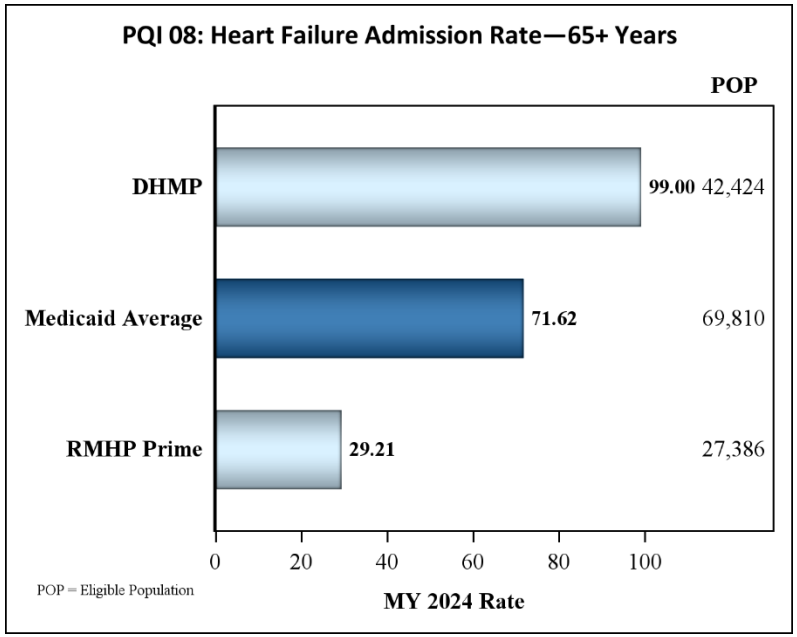
PQI 08: Heart Failure Admission Rate—65 Years and Older

PQI 08: Heart Failure Admission Rate—65 Years and Older measure focuses on the number of hospitalizations due to a diagnosis of heart failure per 100,000 member months for members ages 65 years and older in the population. For this indicator, a lower rate indicates better performance.



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

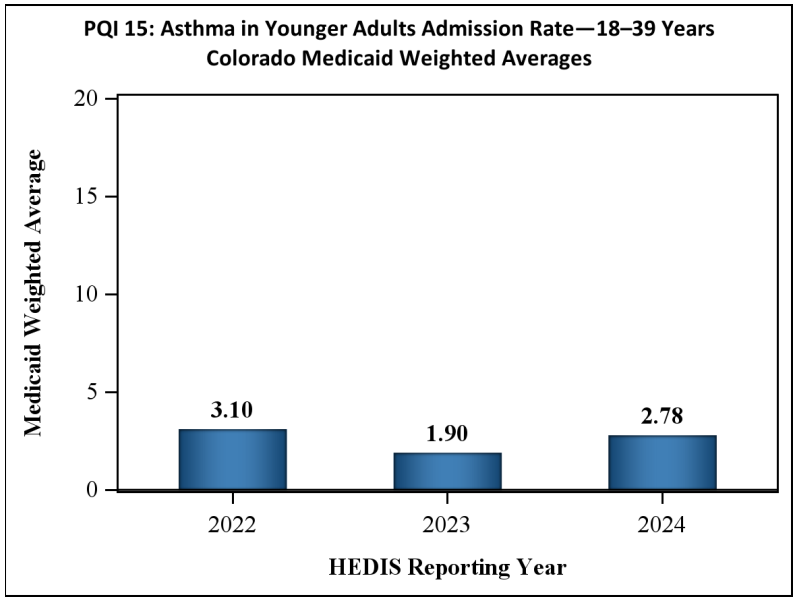
The Colorado Medicaid weighted average significantly improved from MY 2023 to MY 2024.



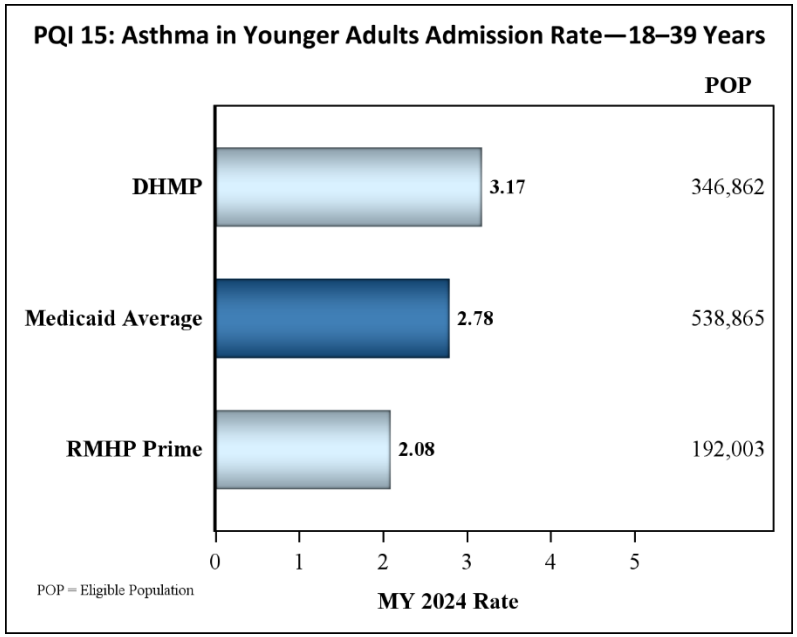
MCO performance varied as DHMP's rate was above the Colorado Medicaid average, while RMHP Prime's rate fell below the Colorado Medicaid average. A benchmark is not available for this measure indicator.

PQI 15: Asthma in Younger Adults Admission Rate

PQI 15: Asthma in Younger Adults Admission Rate measure assesses hospitalizations for members ages 18 to 39 years, with a primary diagnosis of asthma, per 100,000 member months. For this indicator, a lower rate indicates better performance.



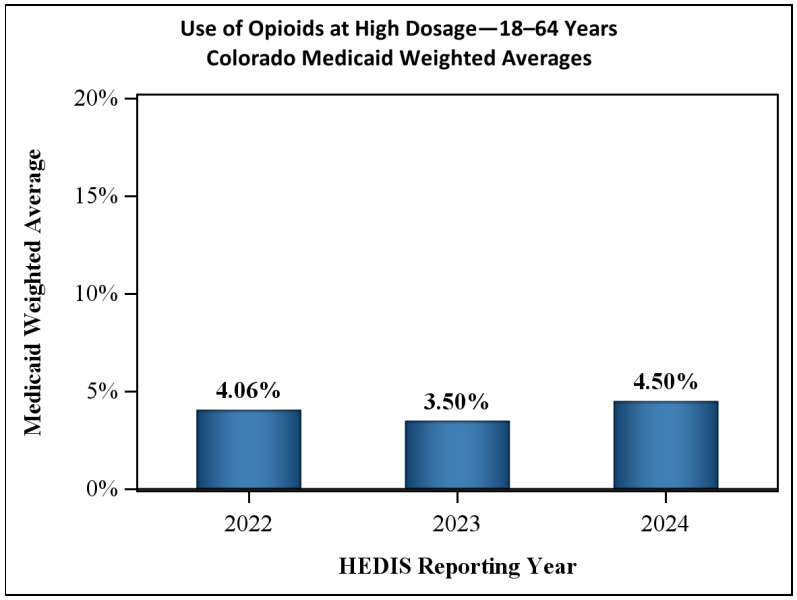
The Colorado Medicaid weighted average did not demonstrate a significant change from MY 2023 to MY 2024.



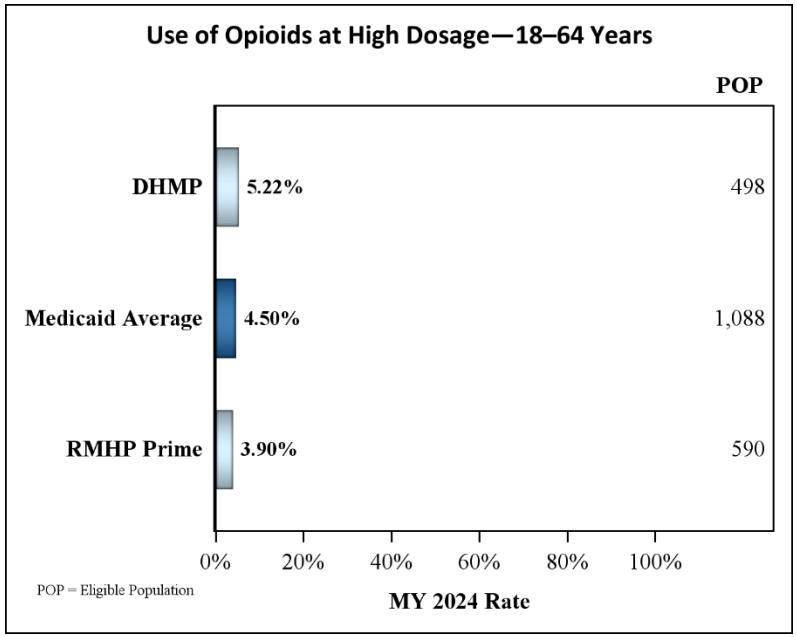
MCO performance varied as DHMP's rate was above the Colorado Medicaid weighted average, while RMHP Prime's rate fell below the Colorado Medicaid average. A benchmark is not available for this measure indicator.

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

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



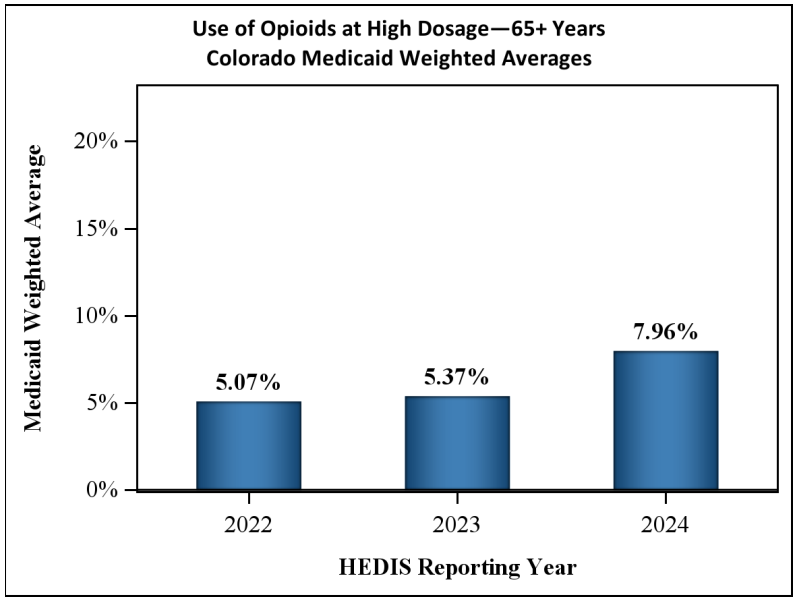
The Colorado Medicaid weighted average did not demonstrate a significant change from MY 2023 to MY 2024.



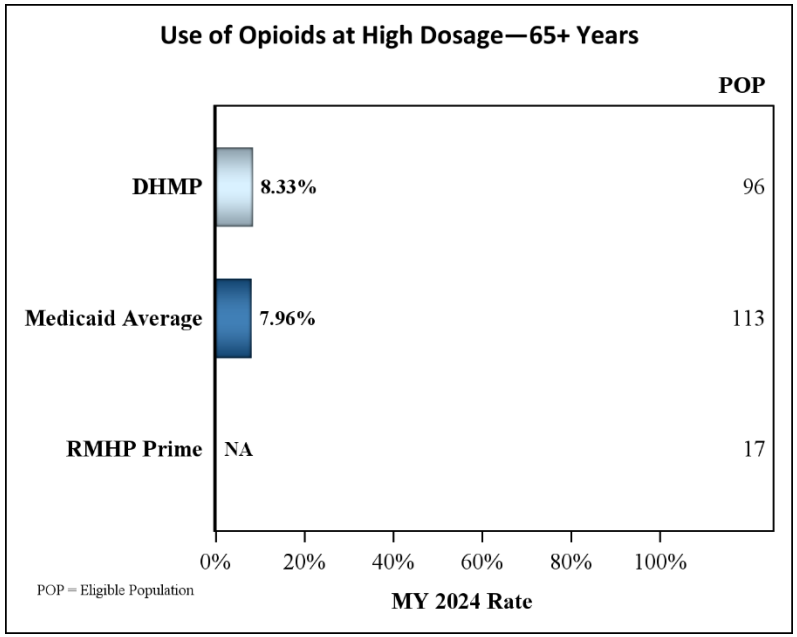
MCO performance varied by approximately 1 percentage point, and a benchmark is not available for this measure indicator.

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

Use of Opioids at High Dosage in Person Without Cancer—65 Years and Older measures the percentage of members ages 65 years and older who were prescribed opioids with an average daily dosage of 90 morphine milligram equivalents or higher for a duration of 90 days or longer during the measurement year.



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

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

Summary of Findings and Recommendations

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

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

Performance Measures	DHMP	RMHP Prime
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis [H]		
3 Months–17 Years	★★★★★	—
18–64 Years	★★★★★	★★★★
65 Years and Older	—	—
Asthma Medication Ratio		
5–18 Years	—	—
19–64 Years	—	—
Concurrent Use of Opioids and Benzodiazepines*		
18–64 Years	—	—
65 Years and Older	—	—
Controlling High Blood Pressure		
18–64 Years	—	—
65–85 Years	—	—
Glycemic Status Assessment for Patients With Diabetes*		
Glycemic Status <8.0%—18–64 Years	—	—
Glycemic Status <8.0%—65–75 Years	—	—
Glycemic Status >9.0%—18–64 Years	—	—
Glycemic Status >9.0%—65–75 Years	—	—
Use of Opioids at High Dosage*		
18–64 Years	—	—
65 Years and Older	—	—
Plan All-Cause Readmissions		
Observed Readmissions—18–64 Years	—	—
Expected Readmissions—18–64 Years	—	—
O/E Ratio—18–64 Years	—	—
Outlier Rate—18–64 Years	—	—
PQI 01: Diabetes Short-Term Complications Admission Rate*		
18–64 Years	—	—
65 Years and Older	—	—
PQI 05: COPD or Asthma in Older Adults Admission Rate*		
40–64 Years	—	—
65 Years and Older	—	—

Performance Measures	DHMP	RMHP Prime
PQI 08: Heart Failure Admission Rate*		
18–64 Years	—	—
65 Years and Older	—	—
PQI 15: Asthma in Younger Adults Admission Rate*		
18–39 Years	—	—

** For this indicator, a lower rate indicates better performance*
[H] indicates that the measure is a HEDIS measure and can be compared to NCQA benchmarks.
— 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	2	0	0	0	0
RMHP Prime	0	1	0	0	0

Performance for the MCOs in the Care of Acute and Chronic Conditions remained the same for MY 2024 with the only measure indicator for both MCOs that could be compared to benchmarks, the *Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis—18–64 Years* measure indicator, exceeding the 75th percentile for both plans. No other measures reported by the MCOs for MY 2024 in this domain could be compared to benchmarks. Therefore, HSAG was unable to draw conclusions from the other measurement rates reported in this domain.

For the *Plan All-Cause Readmissions* measure, demographic and clinical characteristics of the population were not considered; therefore, HSAG did not draw conclusions regarding performance based on the reported utilization results. Nonetheless, combined with other performance metrics, the MCOs' and Colorado Medicaid weighted average utilization results provide additional information that the MCOs may use to assess barriers or patterns of utilization when evaluating improvement interventions.

Behavioral Health Care

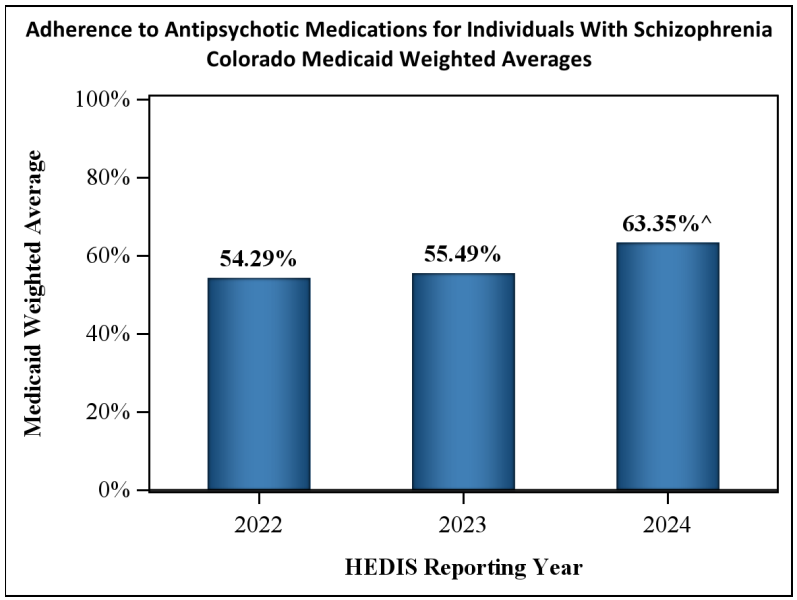
The following section provides a detailed analysis of the Colorado Medicaid MCOs' performance for the Behavioral Health Care domain. During FY 2024–2025, behavioral health services were carved out (i.e., provided by the RAEs, but not the RAEs' MCO capitation initiatives) in Colorado. Therefore, this carve out should be considered when reviewing the MCOs' rates for these behavioral health measures. The Behavioral Health Care domain encompasses the following measures/indicators:

- *Adherence to Antipsychotic Medications for Individuals With Schizophrenia*
- *Antidepressant Medication Management—Effective Acute Phase Treatment—18–64 Years* and *65 Years and Older*, and *Effective Continuation Phase Treatment—18–64 Years* and *65 Years and Older*
- *Diabetes Care for People With Serious Mental Illness—HbA1C Poor Control (>9.0%)—18–64 Years*
- *Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications*
- *Follow-Up After Emergency Department Visit for Mental Illness—7-Day Follow-Up—6–17 Years*, *18–64 Years*, and *65 Years and Older*; and *30-Day Follow-Up—6–17 Years*, *18–64 Years*, and *65 Years and Older*
- *Follow-Up After Emergency Department Visit for Substance Use—7-Day Follow-Up—13–17 Years*, *18–64 Years*, and *65 Years and Older*; and *30-Day Follow-Up—13–17 Years*, *18–64 Years*, and *65 Years and Older*
- *Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up—6–17 Years*, *18–64 Years*, and *65 Years and Older*; and *30-Day Follow-Up—6–17 Years*, *18–64 Years*, and *65 Years and Older*
- *Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase* and *Continuation and Maintenance Phase*
- *Initiation and Engagement of Substance Use Disorder Treatment—Initiation of SUD Treatment—Total—18–64 Years* and *65 Years and Older* and *Engagement of SUD Treatment—Total—18–64 Years* and *65 Years and Older*
- *Metabolic Monitoring for Children and Adolescents on Antipsychotics—Blood Glucose Testing—Total*, *Cholesterol Testing—Total*, and *Blood Glucose and Cholesterol Testing—Total*
- *Screening for Depression and Follow-Up Plan—12–17 Years*,*18–64 Years,* and *65 Years and Older*
- *Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics*
- *Use of Pharmacotherapy for Opioid Use Disorder—Total (Rate 1), Buprenorphine (Rate 2), Oral Naltrexone (Rate 3), Long-Acting, Injectable Naltrexone (Rate 4),* and *Methadone (Rate 5)*

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

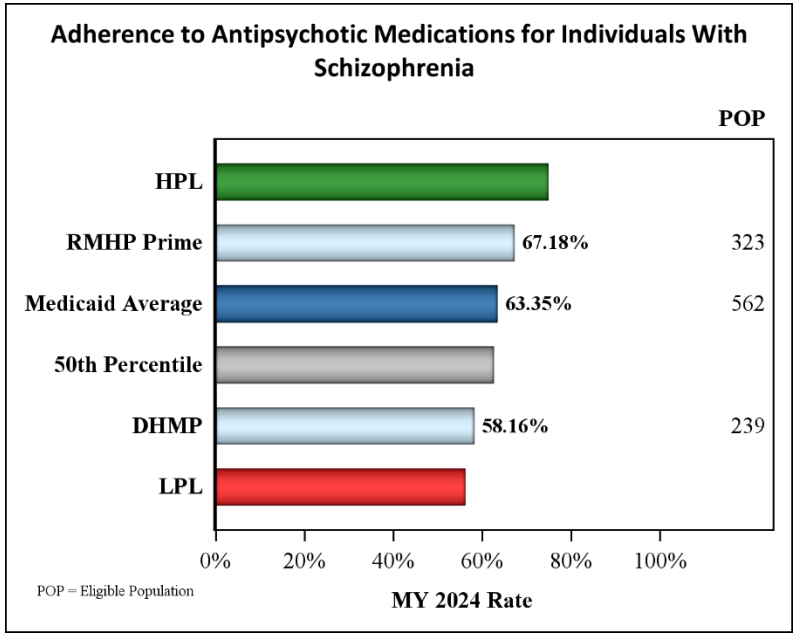
Adherence to Antipsychotic Medications for Individuals With Schizophrenia

Adherence to Antipsychotic Medications for Individuals With Schizophrenia measures the percentage of members 18 years of age and older during the measurement year with schizophrenia or schizoaffective disorder who were dispensed and remained on an antipsychotic medication for at least 80 percent of their treatment period during the measurement year.



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

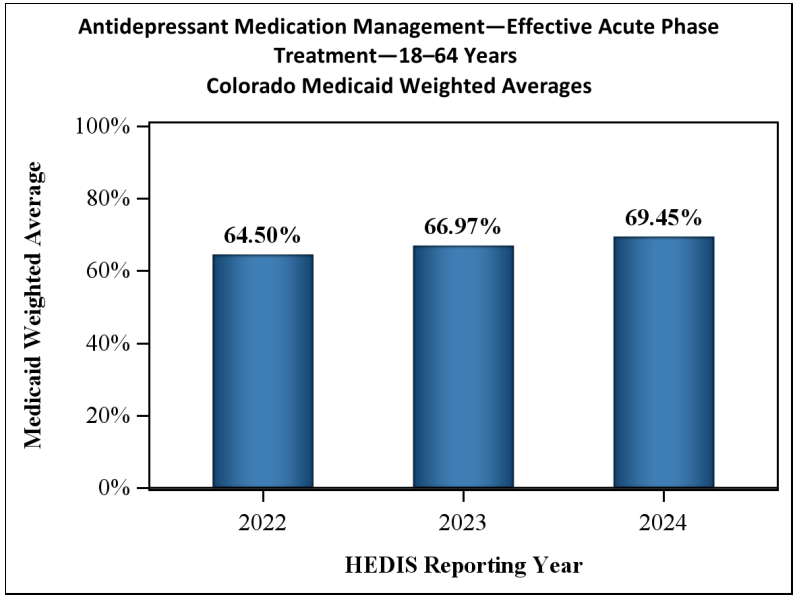
The Colorado Medicaid weighted average significantly improved from MY 2023 to MY 2024.



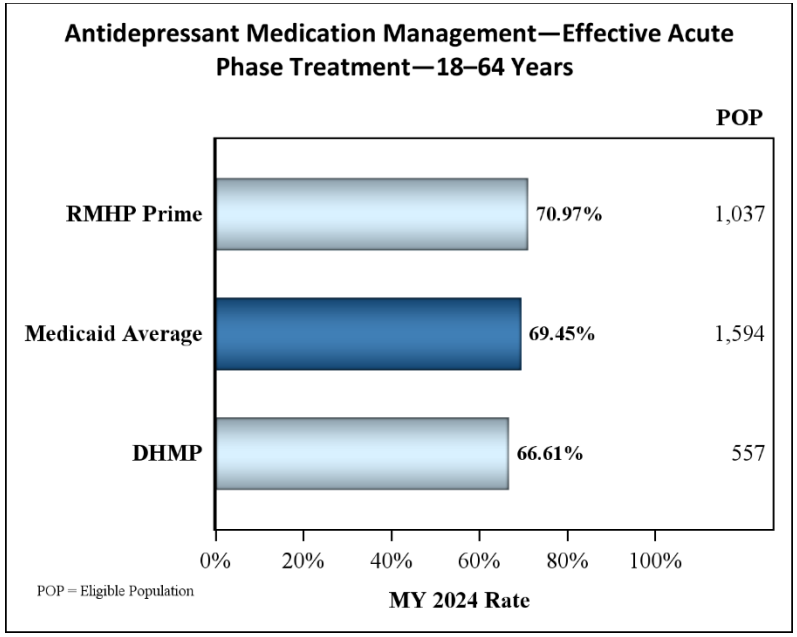
RMHP Prime's rate and the Colorado Medicaid weighted average were above 50th percentile but below the HPL. DHMP's rate was above the LPL but below the 50th percentile. MCO performance varied by approximately 5 percentage points.

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

Antidepressant Medication Management—Effective Acute Phase Treatment—18–64 Years measures the percentage of members ages 18 to 64 years who were treated with antidepressant medication, had a diagnosis of major depression, and who remained on an antidepressant medication treatment for at least 84 days (12 weeks) during the measurement year.



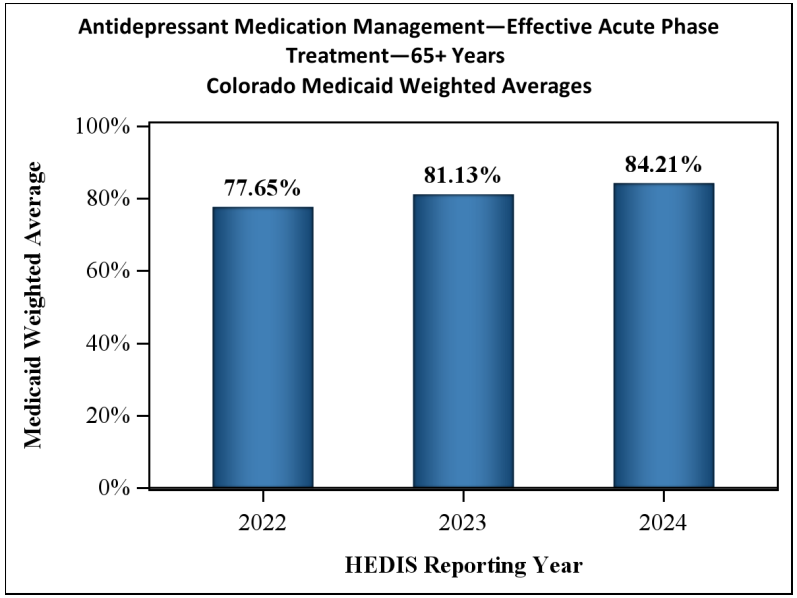
The Colorado Medicaid weighted average did not demonstrate a significant change from MY 2023 to MY 2024.



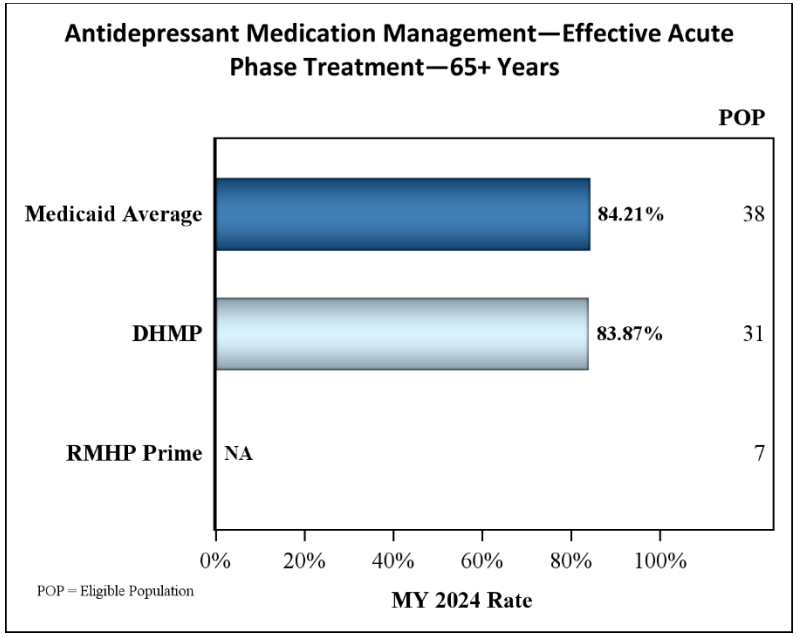
MCO performance varied by approximately 4 percentage points, and a benchmark is not available for this measure indicator.

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

Antidepressant Medication Management—Effective Acute Phase Treatment—65 Years and Older measures the percentage of members ages 65 years and older who were treated with antidepressant medication, had a diagnosis of major depression, and who remained on an antidepressant medication treatment for at least 84 days (12 weeks) during the measurement year.



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

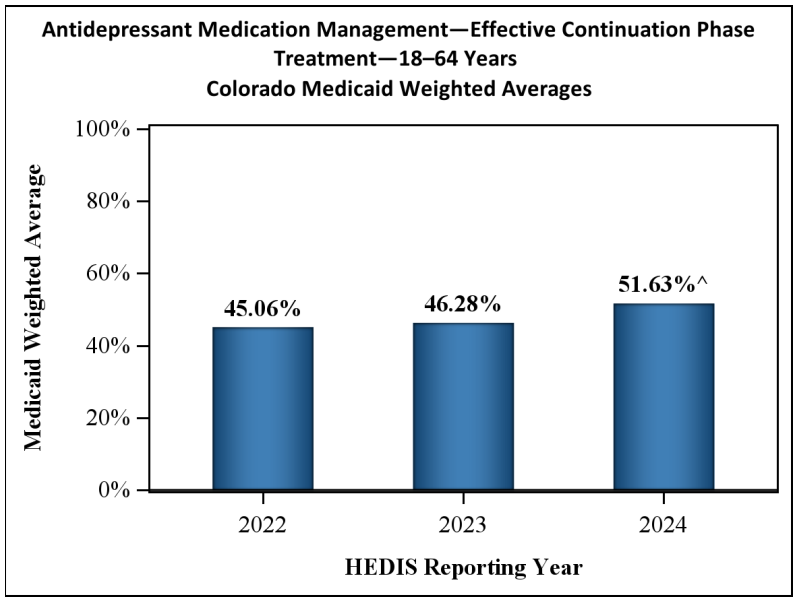


NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate.

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

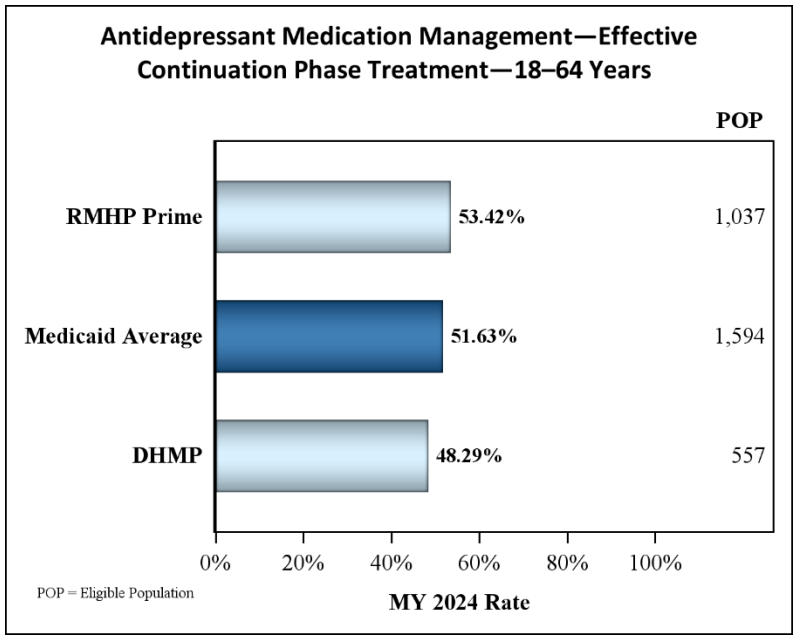
Antidepressant Medication Management—Effective Continuation Phase Treatment—18–64 Years

Antidepressant Medication Management—Effective Continuation Phase Treatment—18–64 Years measures the percentage of members ages 18 to 64 years who were treated with antidepressant medication, had a diagnosis of major depression, and who remained on an antidepressant medication treatment for at least 180 days (six months) during the measurement year.



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

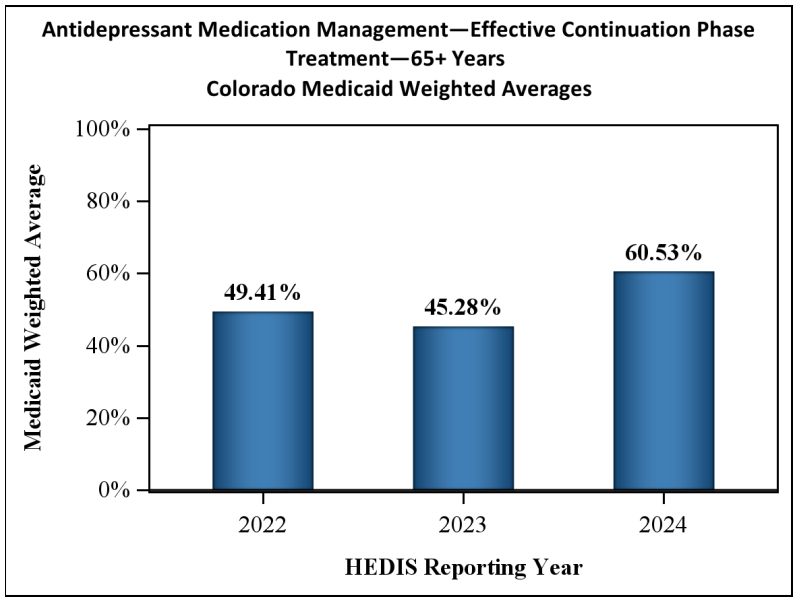
The Colorado Medicaid weighted average significantly improved from MY 2023 to MY 2024.



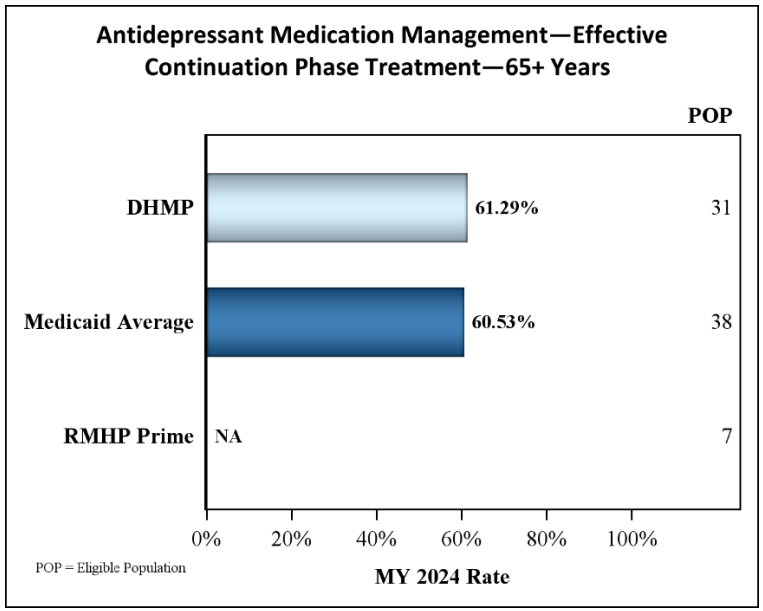
MCO performance varied by approximately 5 percentage points, and a benchmark is not available for this measure indicator.

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

Antidepressant Medication Management—Effective Continuation Phase Treatment—65 Years and Older measures the percentage of members ages 65 years and older who were treated with antidepressant medication, had a diagnosis of major depression, and who remained on an antidepressant medication treatment for at least 180 days (six months) during the measurement year.



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

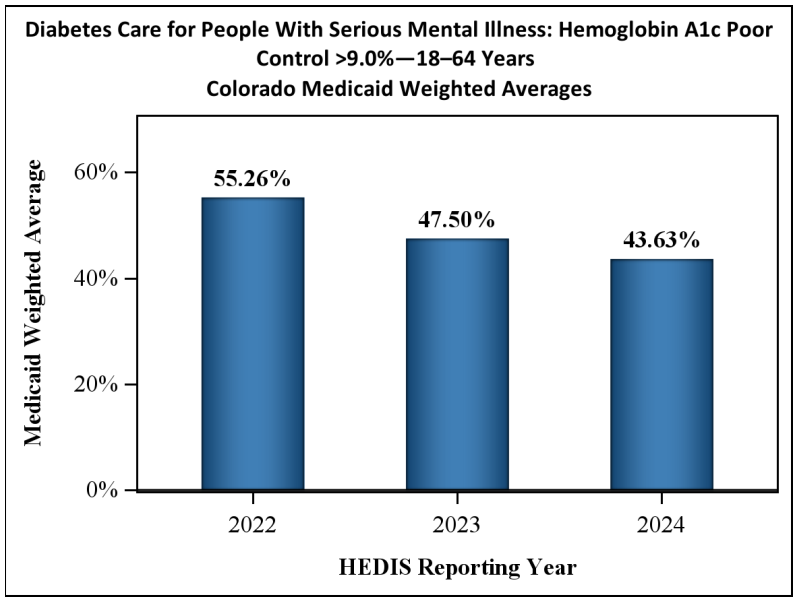


NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate.

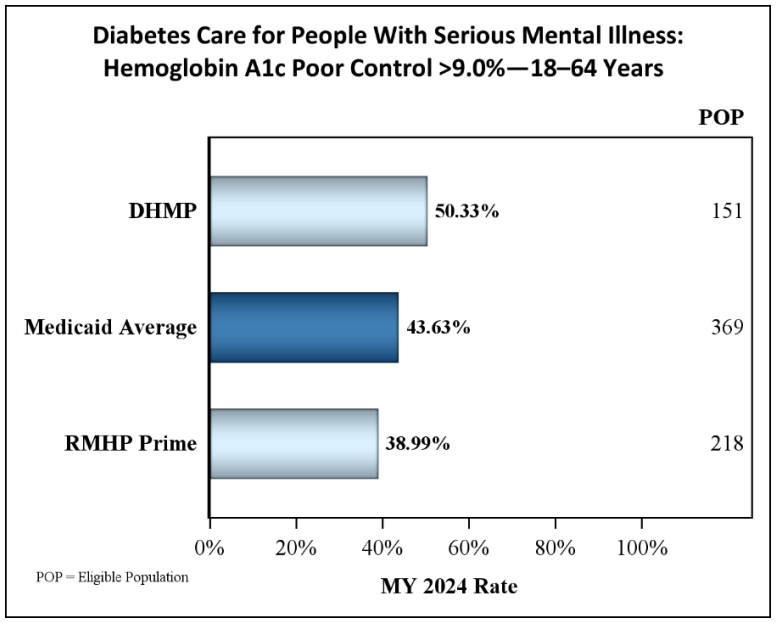
Only DHMP had a reportable rate, and a benchmark is not available for this measure indicator.

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

Diabetes Care for People With Serious Mental Illness—HbA1c Poor Control (>9.0%)—18–64 Years measures the percentage of members ages 18 to 64 years with both a serious mental illness and diabetes (type 1 and type 2), who had poorly controlled HbA1c levels (>9.0%). For this indicator, a lower rate indicates better performance.



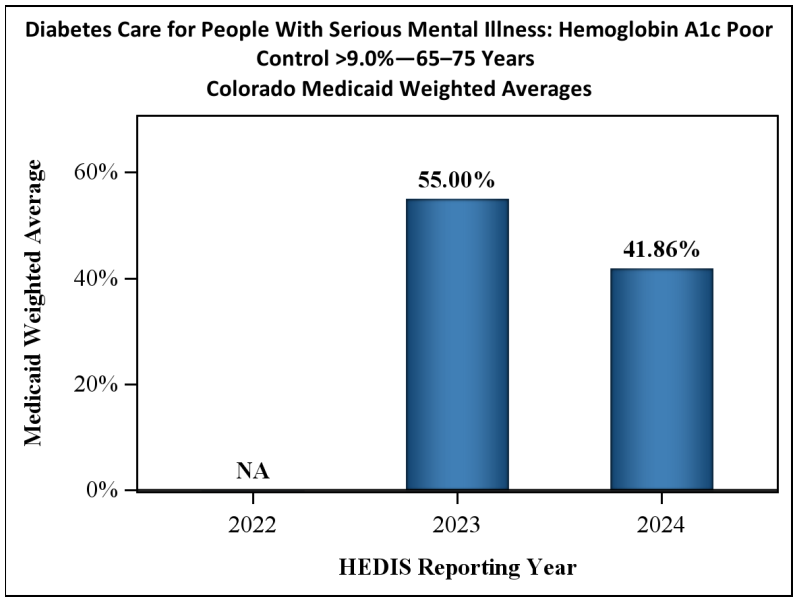
The Colorado Medicaid weighted average did not demonstrate a significant change from MY 2023 to MY 2024.



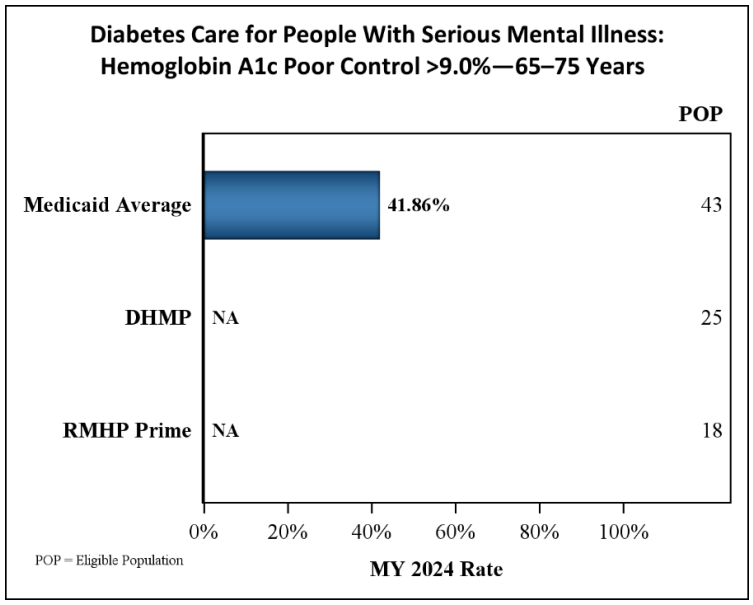
MCO performance varied by approximately 11 percentage points, and a benchmark is not available for this measure indicator.

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

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



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

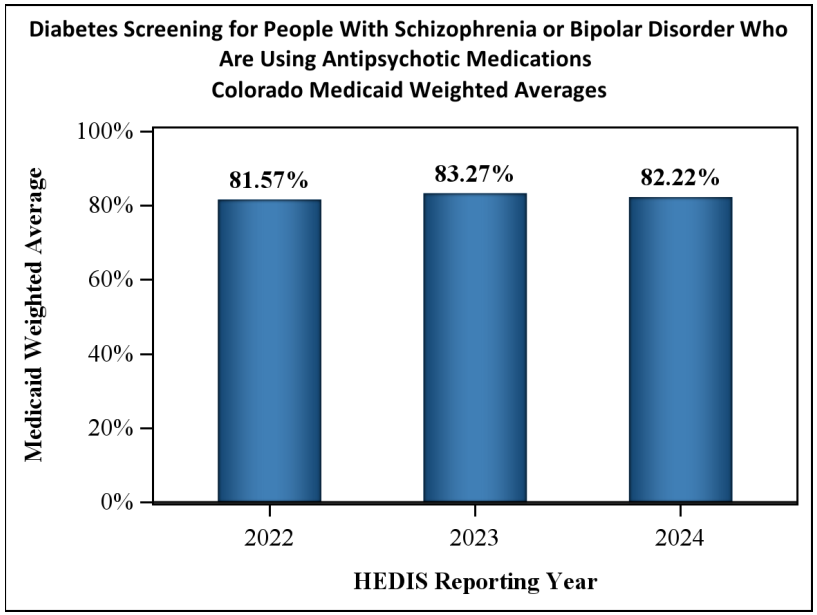


NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate.

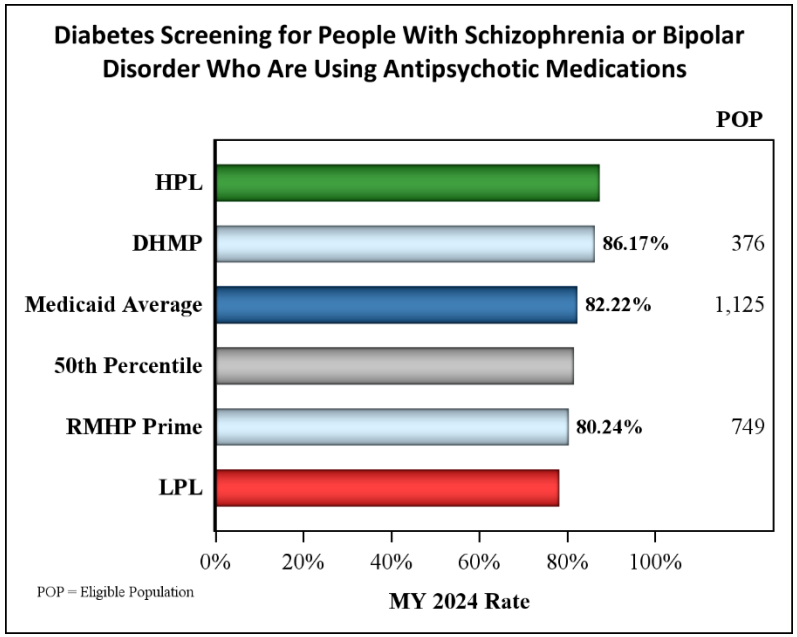
While neither of the MCOs had a reportable rate for this indicator due to the small denominators, the Colorado Medicaid weighted average is displayed based on the combined Medicaid population being large enough to result in a reported aggregated rate.

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

Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications measures the percentage of members ages 18 to 64 years with schizophrenia, schizoaffective disorder, or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year.



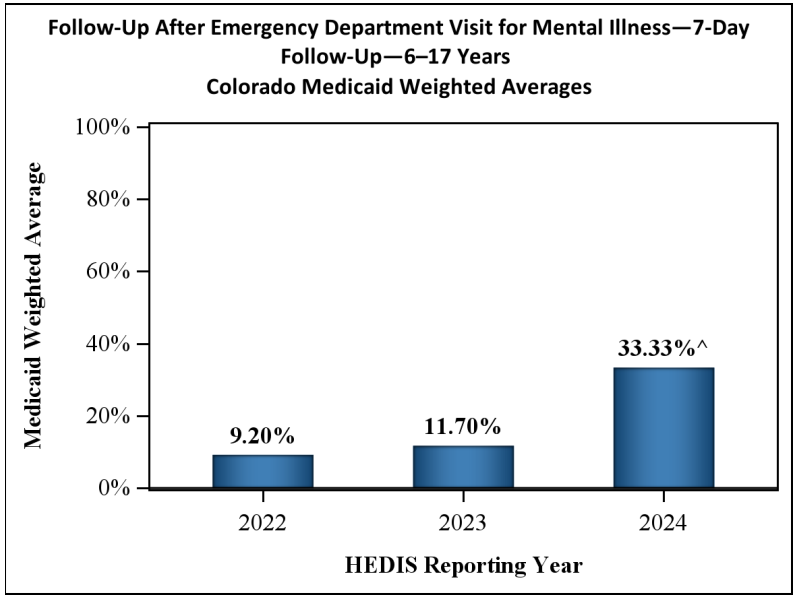
The Colorado Medicaid weighted average did not demonstrate a significant change from MY 2023 to MY 2024.



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

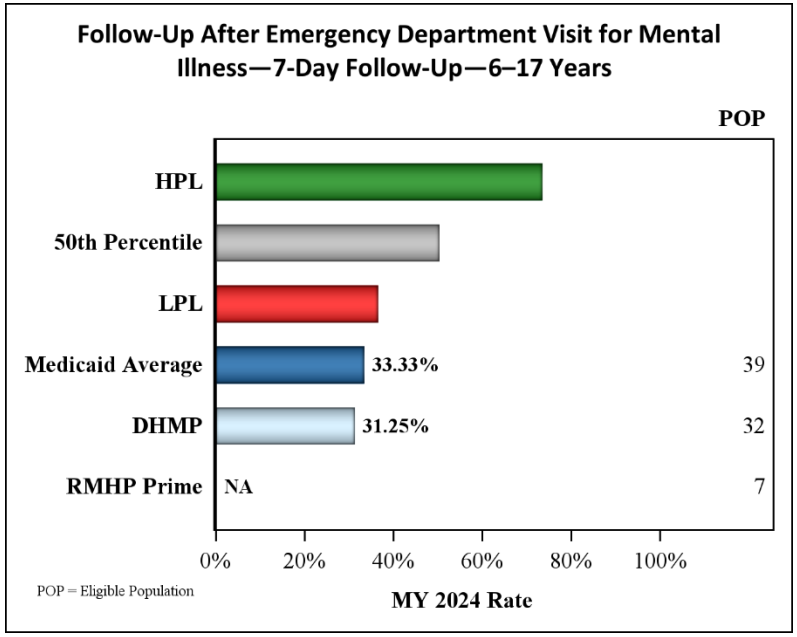
Follow-Up After Emergency Department Visit for Mental Illness—7-Day Follow-Up—6–17 Years

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.



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

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

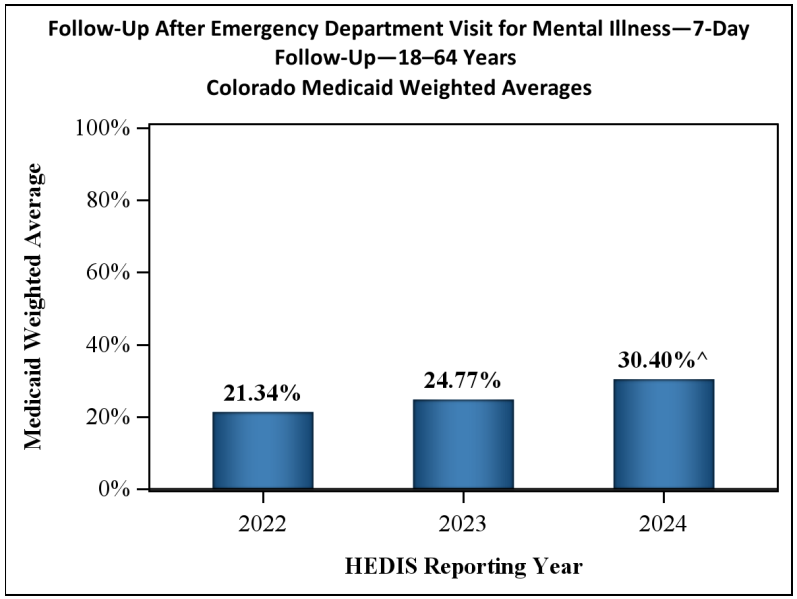


NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate.

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

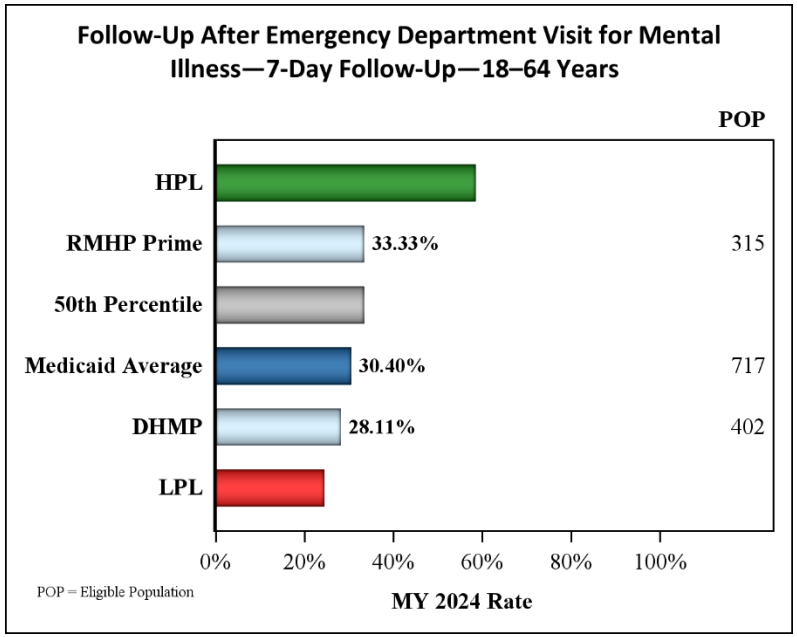
Follow-Up After Emergency Department Visit for Mental Illness—7-Day Follow-Up—18–64 Years

Follow-Up After Emergency Department Visit for Mental Illness—7-Day Follow-Up—18–64 Years measures the percentage of ED visits for members ages 18 to 64 years with a principal diagnosis of mental illness or intentional self-harm and who had a follow-up visit for mental illness within seven days of the ED visit during the measurement year.



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

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



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

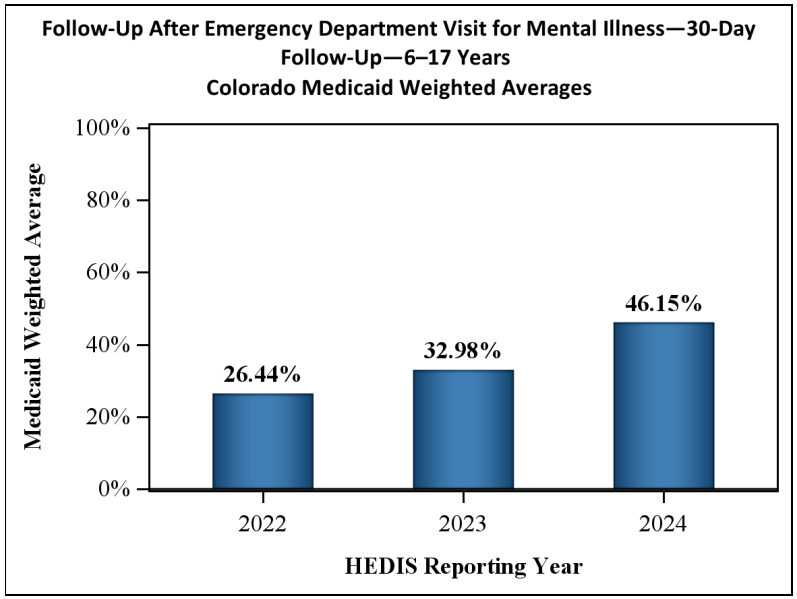
Follow-Up After Emergency Department Visit for Mental Illness—7-Day Follow-Up—65 Years and Older

Follow-Up After Emergency Department Visit for Mental Illness—7-Day Follow-Up—65 Years and Older measures the percentage of ED visits for members ages 65 years and older with a principal diagnosis of mental illness or intentional self-harm and who had a follow-up visit for mental illness within seven days of the ED visit during the measurement year.

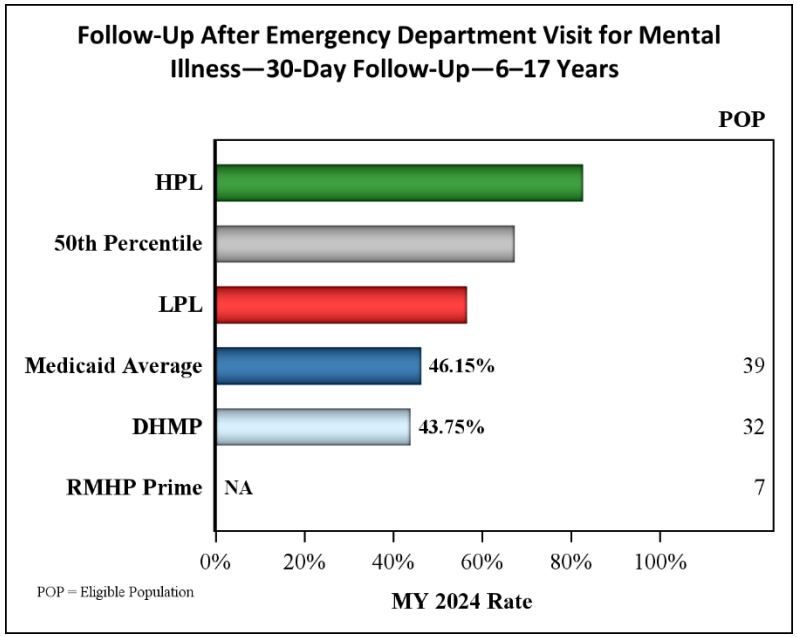
Neither DHMP nor RMHP Prime had a reportable rate for this measure indicator in MY 2024 due to the MCOs having denominators that were too small to display a rate.

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 Medicaid weighted average did not demonstrate a significant change from MY 2023 to MY 2024.

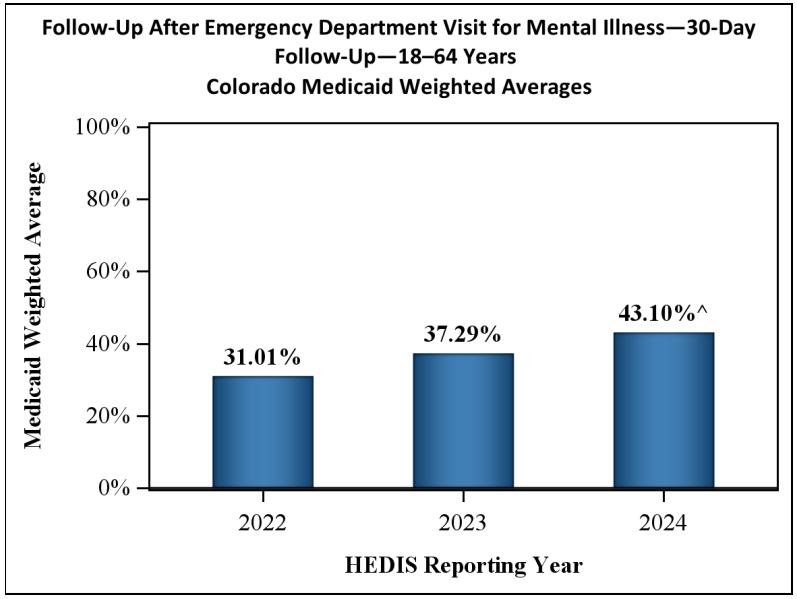


NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate.

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

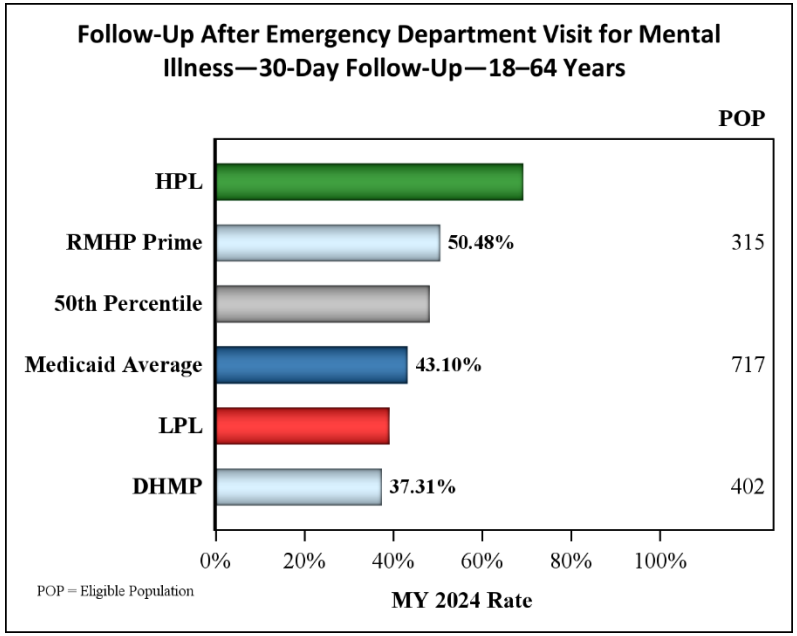
Follow-Up After Emergency Department Visit for Mental Illness—30-Day Follow-Up—18–64 Years

Follow-Up After Emergency Department Visit for Mental Illness—30-Day Follow-Up—18–64 Years measures the percentage of ED visits for members ages 18 to 64 years with a principal diagnosis of mental illness or intentional self-harm and who had a follow-up visit for mental illness within 30 days of the ED visit during the measurement year.



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

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



RMHP Prime's rate was below the HPL but above the 50th percentile. The Colorado Medicaid weighted average fell below the 50th percentile but above the LPL. DHMP's rate fell below the LPL. MCO performance varied by approximately 13 percentage points.

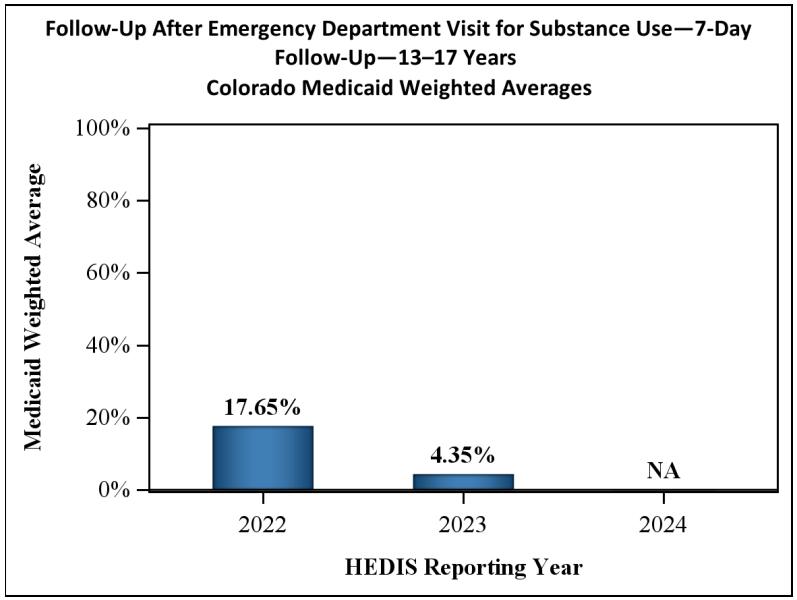
Follow-Up After Emergency Department Visit for Mental Illness—30-Day Follow-Up—65 Years and Older

Follow-Up After Emergency Department Visit for Mental Illness—30-Day Follow-Up—65 Years and Older measures the percentage of ED visits for members ages 65 years and older with a principal diagnosis of mental illness or intentional self-harm and who had a follow-up visit for mental illness within 30 days of the ED visit during the measurement year.

Neither DHMP nor RMHP Prime had a reportable rate for this measure indicator in MY 2024 or the previous two years due to the MCOs having denominators that were too small to display a 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.

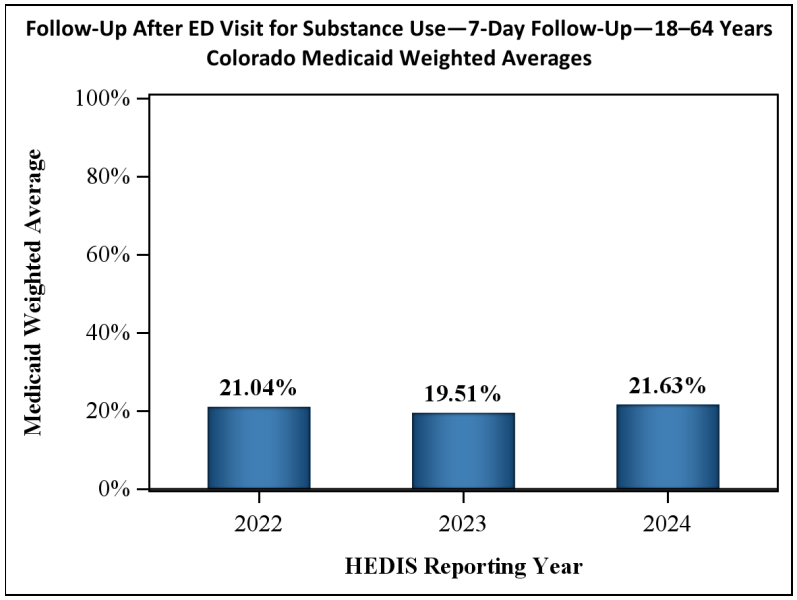


NA (Small Denominator) indicates that the MCOs followed the specifications, but the denominator was too small (<30) to report a valid rate.

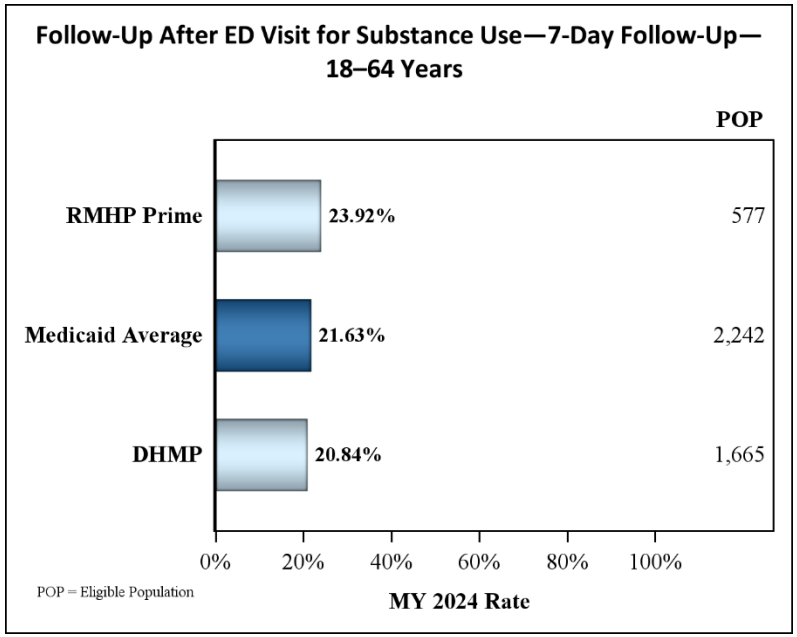
The MY 2024 Colorado Medicaid weighted average and the MCOs' rates for this indicator could not be compared to prior years due to the MCOs having denominators that were too small to display a rate.

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

Follow-Up After Emergency Department Visit for Substance Use—7-Day Follow-Up—18–64 Years measures the percentage of ED visits for members ages 18 to 64 years with a principal diagnosis of SUD, or any diagnosis of drug overdose, for which there was follow-up within seven days of the ED visit during the measurement year. For this age stratification, NCQA benchmarks are not available.



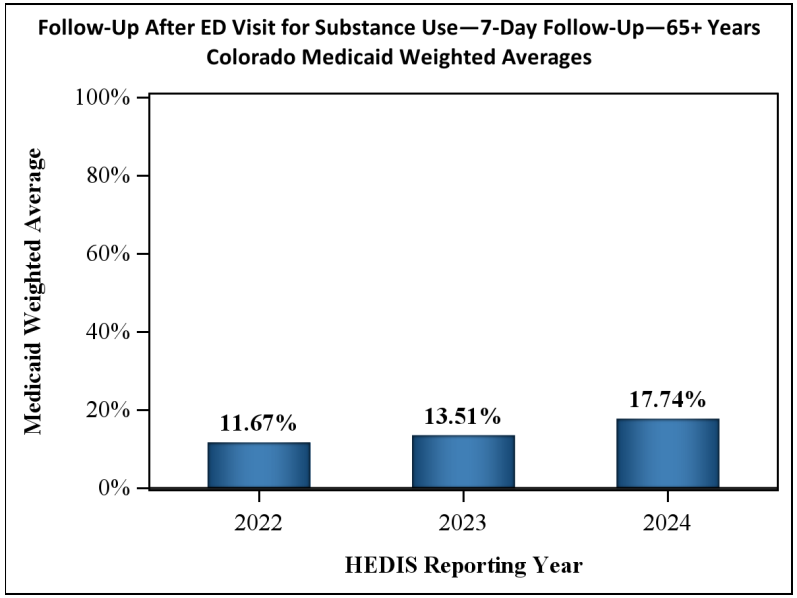
The Colorado Medicaid weighted average did not demonstrate a significant change from MY 2023 to MY 2024.



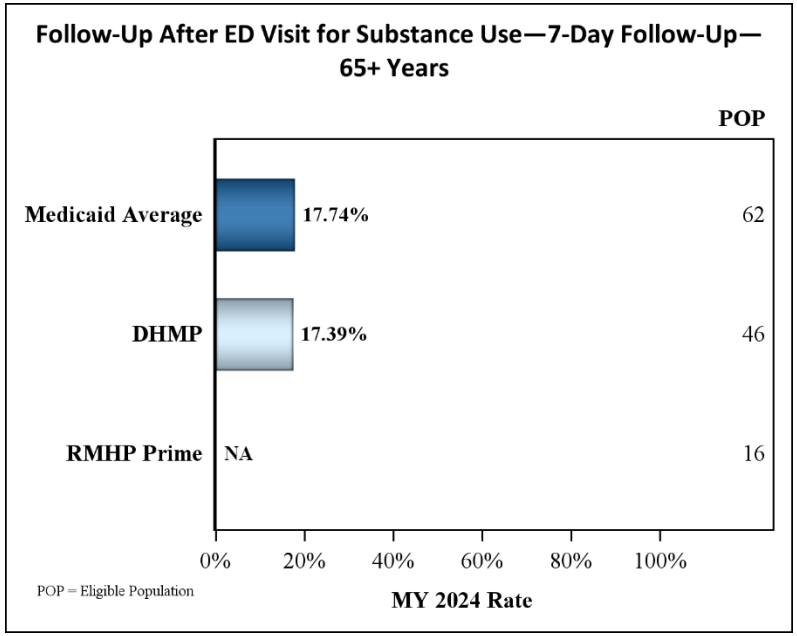
MCO performance varied by approximately 3 percentage points, and a benchmark is not available for this measure indicator.

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

Follow-Up After Emergency Department Visit for Substance Use—7-Day Follow-Up—65 Years and Older measures the percentage of ED visits for members ages 65 years and older with a principal diagnosis of SUD, or any diagnosis of drug overdose, for which there was follow-up within seven days of the ED visit during the measurement year. For this age stratification, NCQA benchmarks are not available.



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

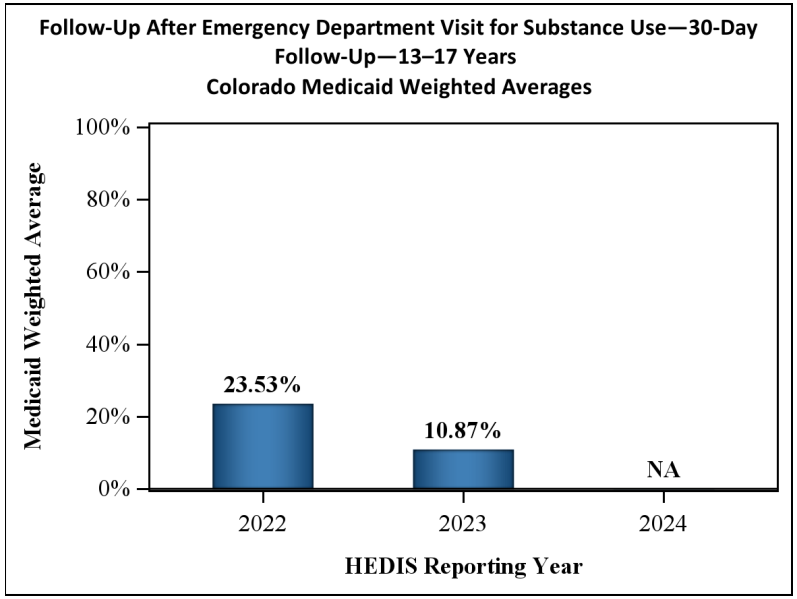


NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate.

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

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

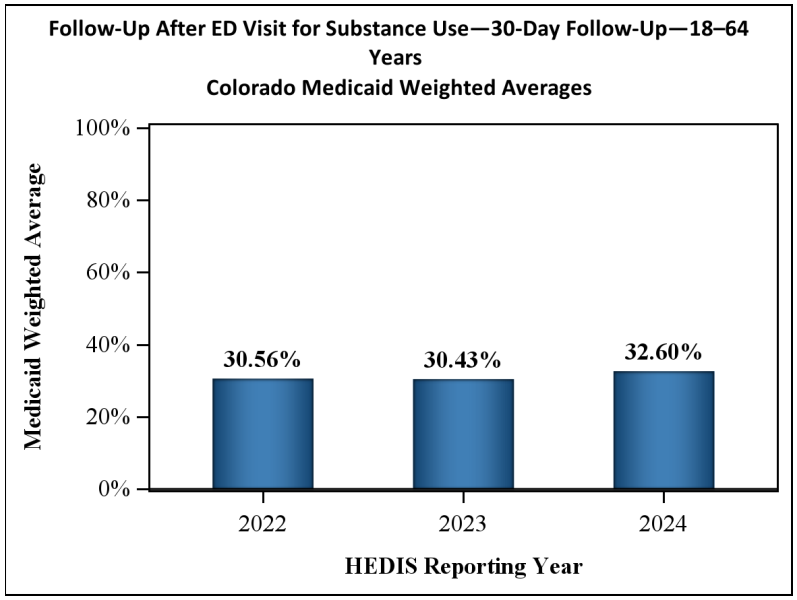


NA (Small Denominator) indicates that the MCOs followed the specifications, but the denominator was too small (<30) to report a valid rate.

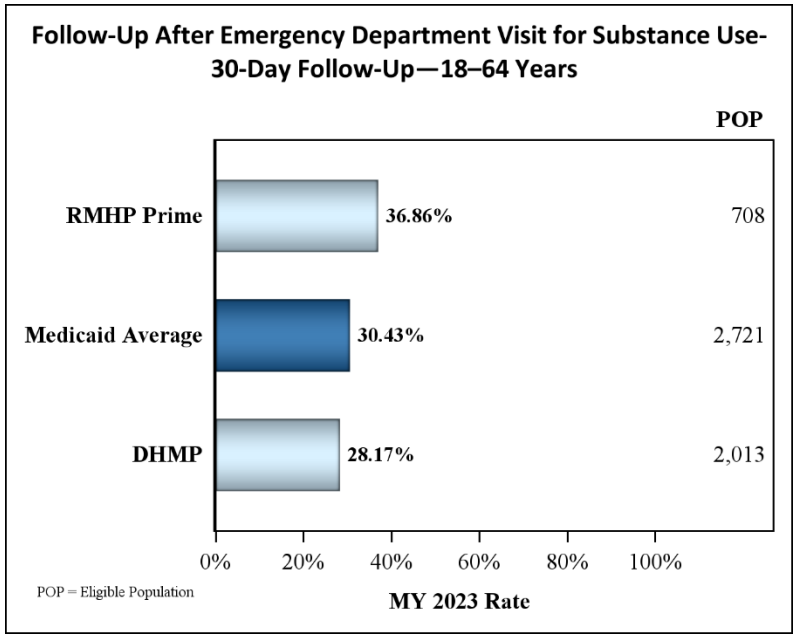
The MY 2024 Colorado Medicaid weighted average and MCOs' rates for this indicator could not compared to the prior years due to the MCOs having too small of denominators to display a rate.

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

Follow-Up After Emergency Department Visit for Substance Use—30-Day Follow-Up—18–64 Years measures the percentage of ED visits for members ages 18 to 64 years with a principal diagnosis of SUD, or any diagnosis of drug overdose, for which there was follow-up within 30 days of the ED visit during the measurement year. For this age stratification, NCQA benchmarks are not available.



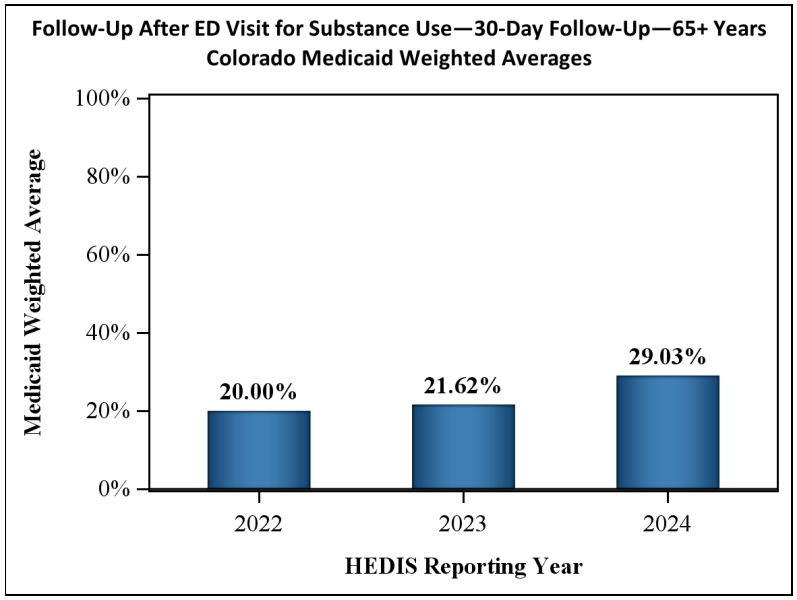
The Colorado Medicaid weighted average did not demonstrate a significant change from MY 2023 to MY 2024.



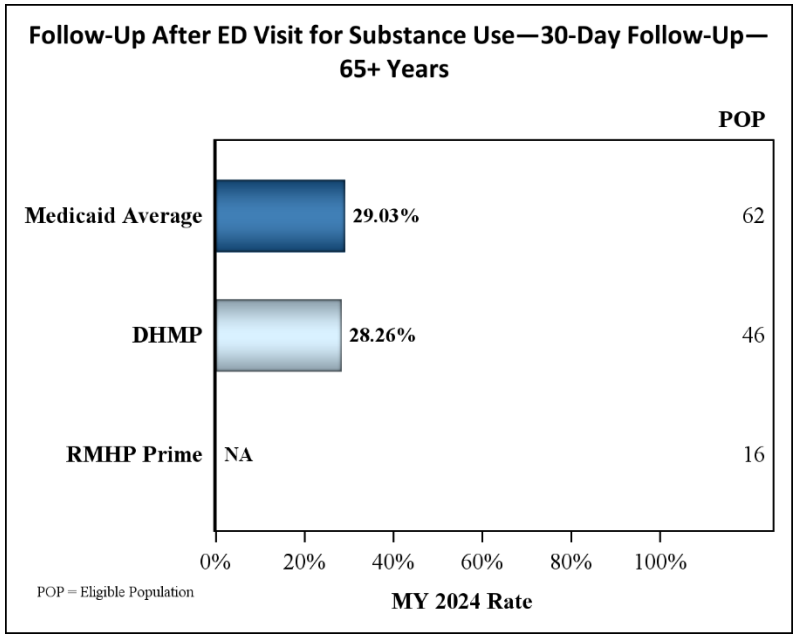
MCO performance varied by approximately 9 percentage points, and a benchmark is not available for this measure indicator.

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

Follow-Up After Emergency Department Visit for Substance Use—30-Day Follow-Up—65 Years and Older measures the percentage of ED visits for members ages 65 years and older with a principal diagnosis of SUD, or any diagnosis of drug overdose, for which there was follow-up within 30 days of the ED visit during the measurement year. For this age stratification, NCQA benchmarks are not available.



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

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

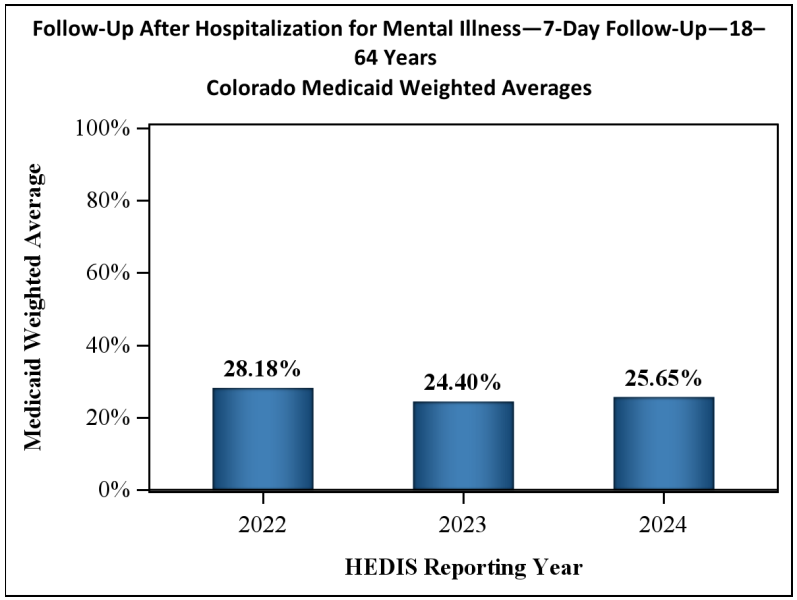
Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up—6–17 Years

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.

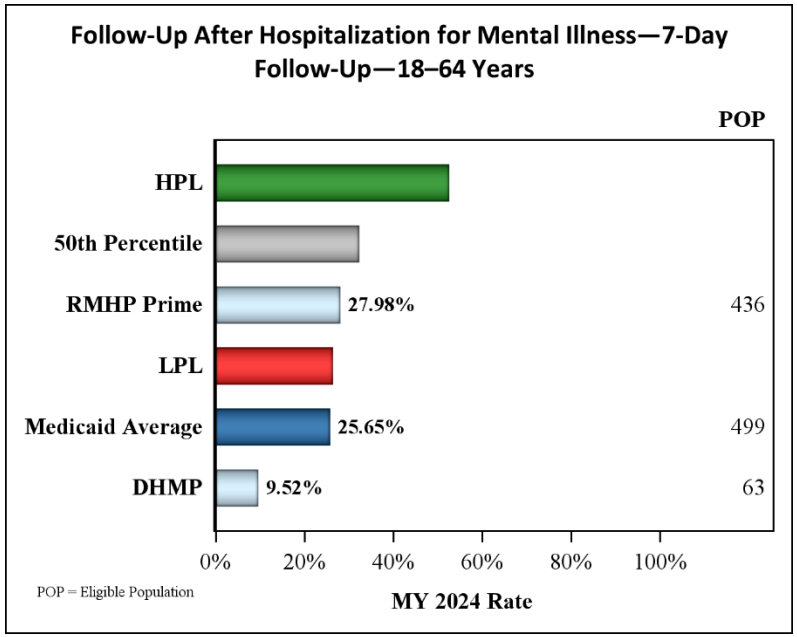
Neither DHMP nor RMHP Prime had a reportable rate for this measure indicator in MY 2024 due to the MCOs having denominators that were too small to display a rate.

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

Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up—18–64 Years measures the percentage of discharges for members ages 18 to 64 years who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had a follow-up visit with a mental health provider within seven days after discharge during the measurement year.



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



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

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

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

Neither DHMP nor RMHP Prime had a reportable rate for this measure indicator in MY 2024 due to the MCOs having denominators that were too small to display a rate.

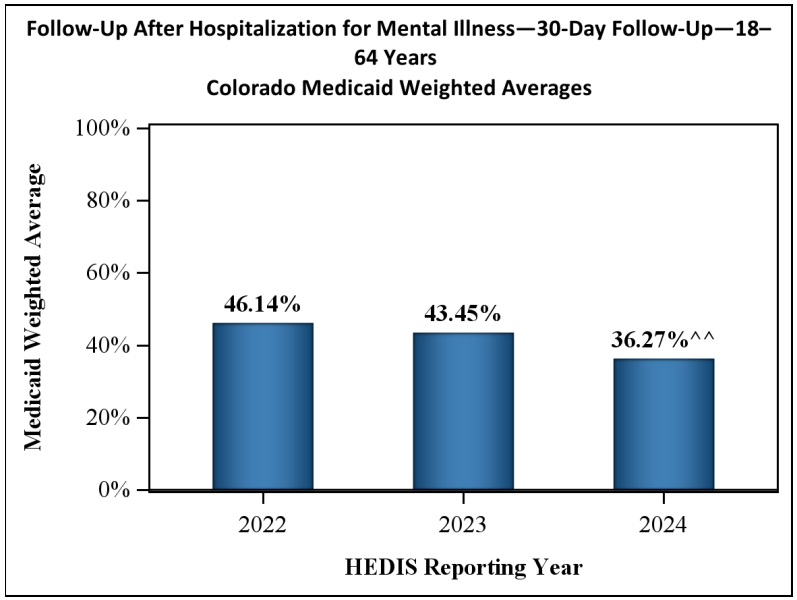
Follow-Up After Hospitalization for Mental Illness—30-Day Follow-Up—6–17 Years

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.

Neither DHMP nor RMHP Prime had a reportable rate for this measure indicator in MY 2024 due to the MCOs having denominators that were too small to display a rate.

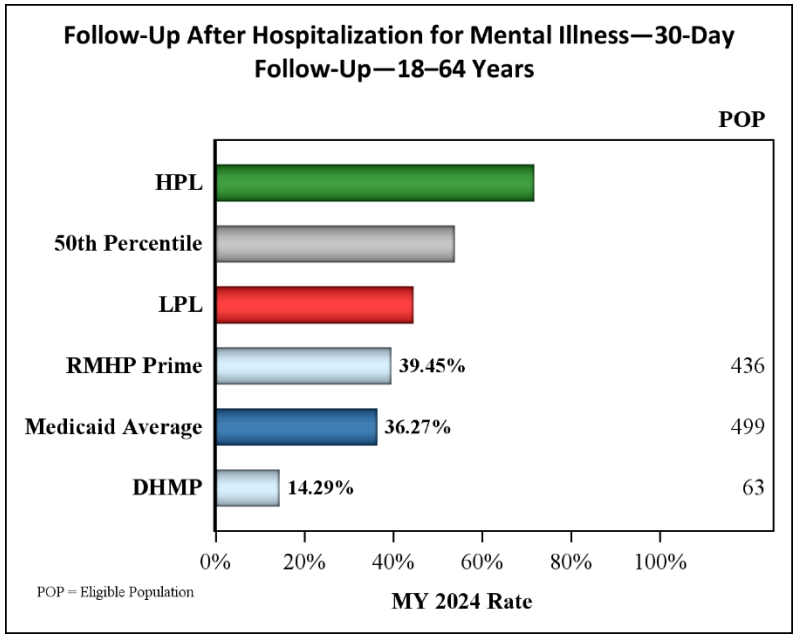
Follow-Up After Hospitalization for Mental Illness—30-Day Follow-Up—18–64 Years

Follow-Up After Hospitalization for Mental Illness—30-Day Follow-Up—18–64 Years measures the percentage of discharges for members ages 18 to 64 years who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had a follow-up visit with a mental health provider within 30 days after discharge during the measurement year.



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

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



The two MCOs' rates and the Colorado Medicaid weighted average fell below the LPL. MCO performance varied by approximately 25 percentage points.

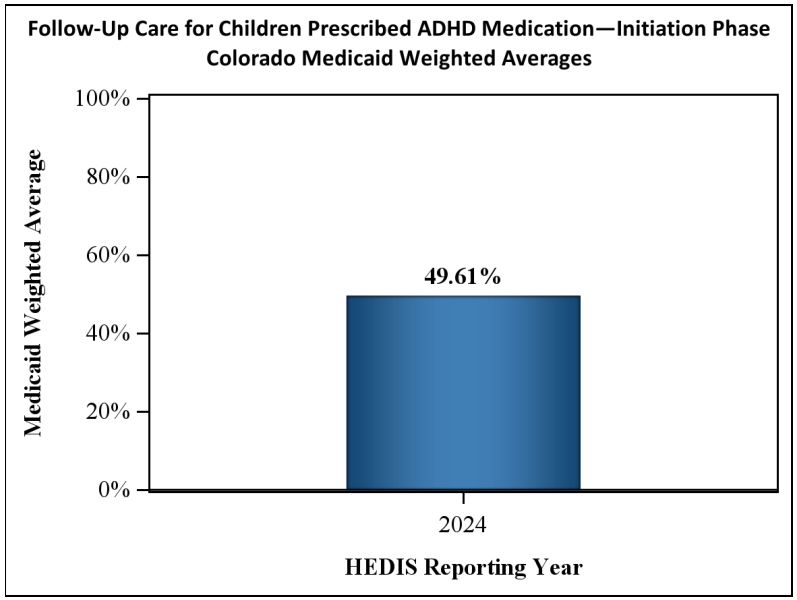
Follow-Up After Hospitalization for Mental Illness—30-Day Follow-Up—65 Years and Older

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

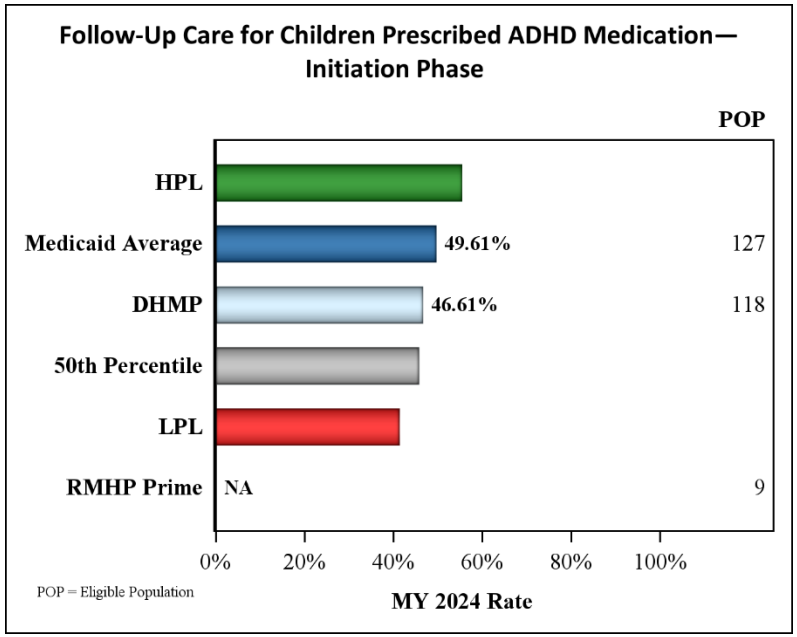
Neither DHMP nor RMHP Prime had a reportable rate for this measure indicator in MY 2024 due to the MCOs having denominators that were too small to display a rate.

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 was the first year this measure was reported, so it could not be compared to prior years.

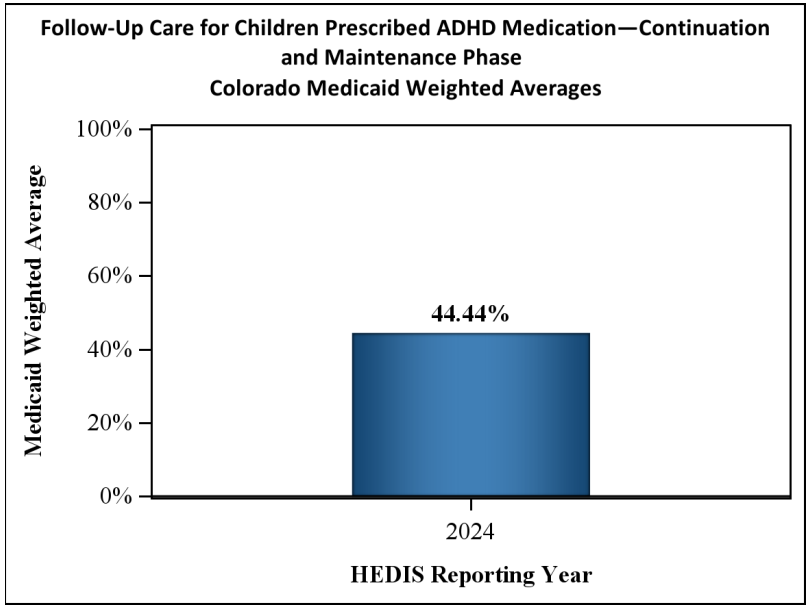


NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate.

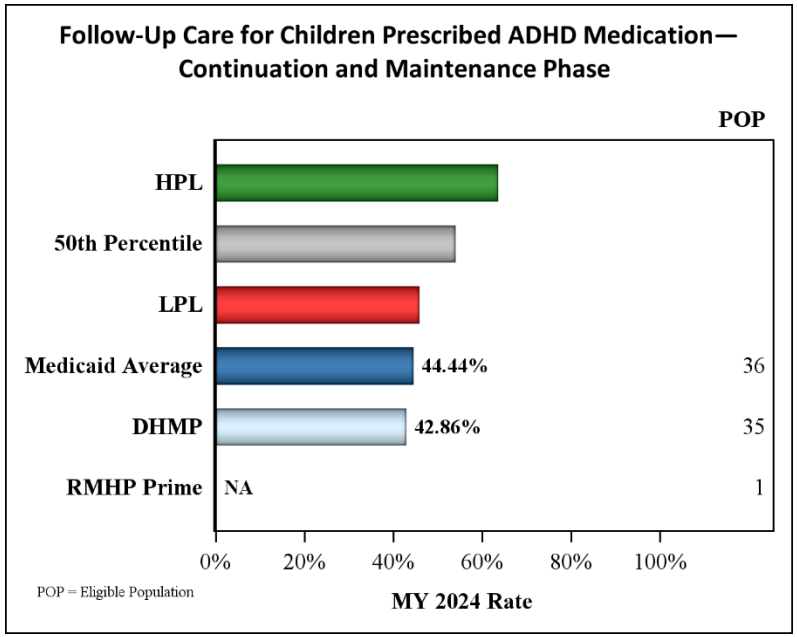
The Colorado Medicaid weighted average and DHMP's rate fell below the HPL but were above the 50th percentile. Only DHMP had a reportable rate.

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

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



This was the first year this measure was reported, so it could not be compared to prior years.

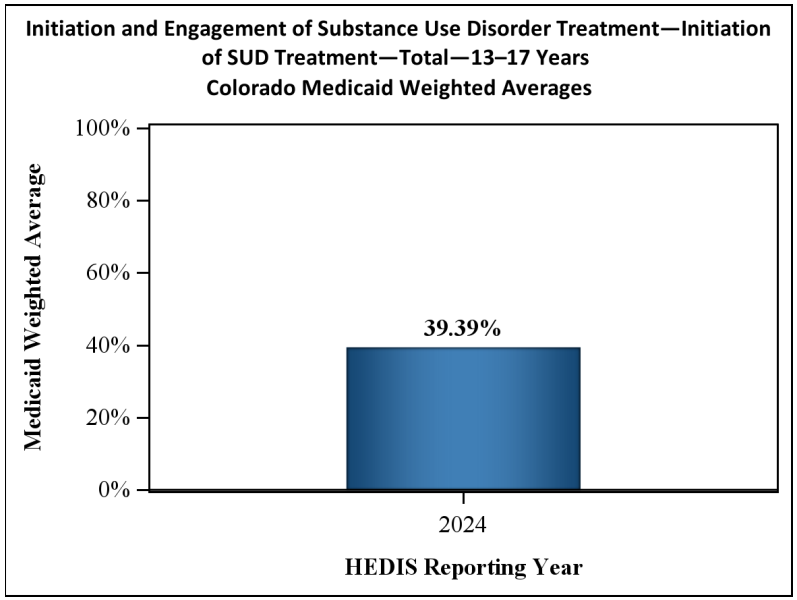


NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate.

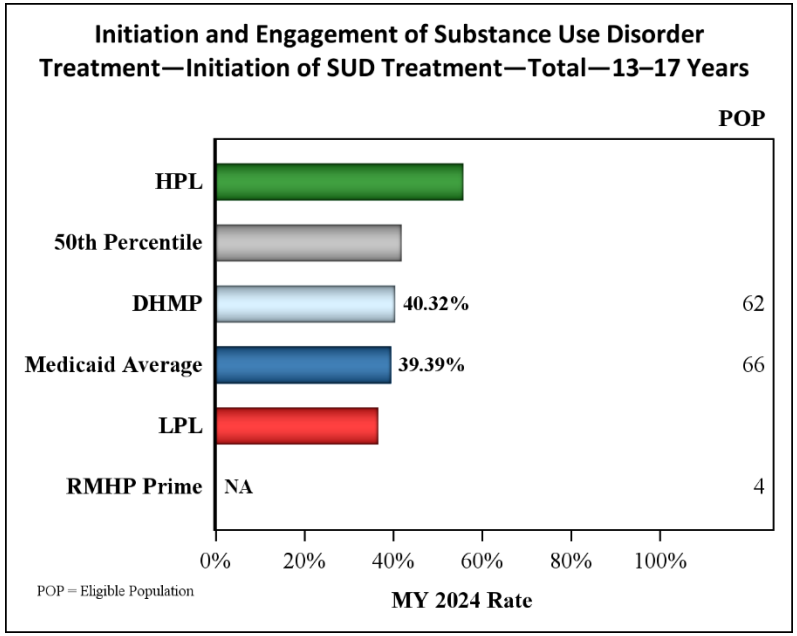
The Colorado Medicaid weighted average and DHMP's rate were below the LPL. Only DHMP had a reportable rate.

Initiation and Engagement of Substance Use Disorder Treatment—Initiation of SUD Treatment—Total—13–17 Years

Initiation and Engagement of Substance Use Disorder Treatment—Initiation of SUD Treatment—Total—13–17 Years measures the percentage of members ages 13 to 17 years who initiated treatment through an inpatient SUD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth, or medication treatment within 14 days of the diagnosis during the measurement year.



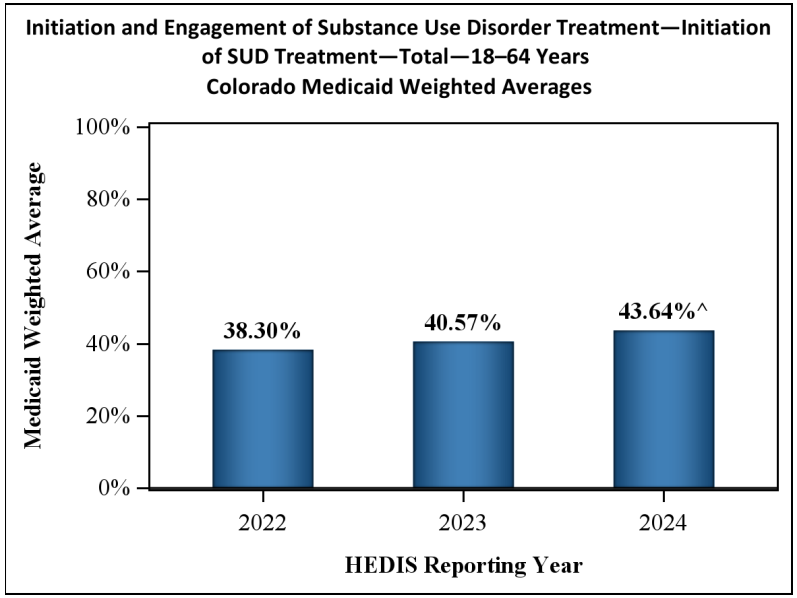
This was the first year this measure was reported, so it could not be compared to prior years.



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

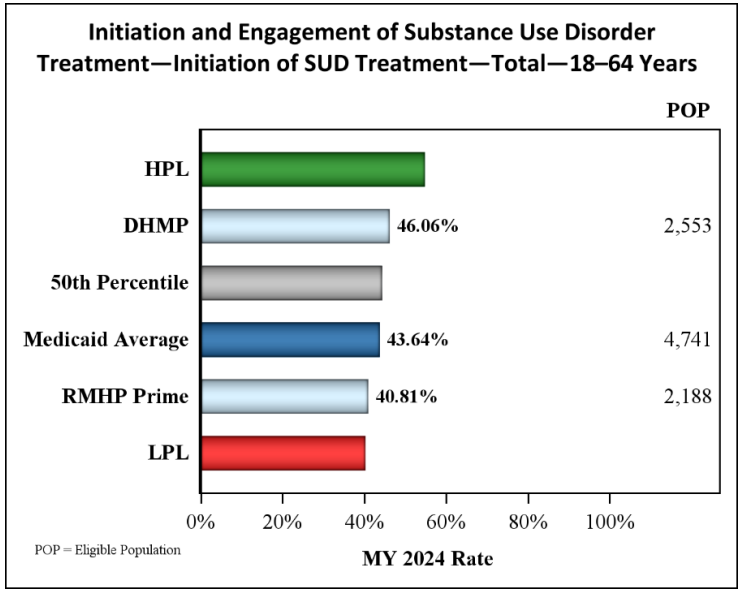
Initiation and Engagement of Substance Use Disorder Treatment—Initiation of SUD Treatment—Total—18–64 Years

Initiation and Engagement of Substance Use Disorder Treatment—Initiation of SUD Treatment—Total—18–64 Years measures the percentage of members ages 18 to 64 years who initiated treatment through an inpatient SUD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth, or medication treatment within 14 days of the diagnosis during the measurement year.



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

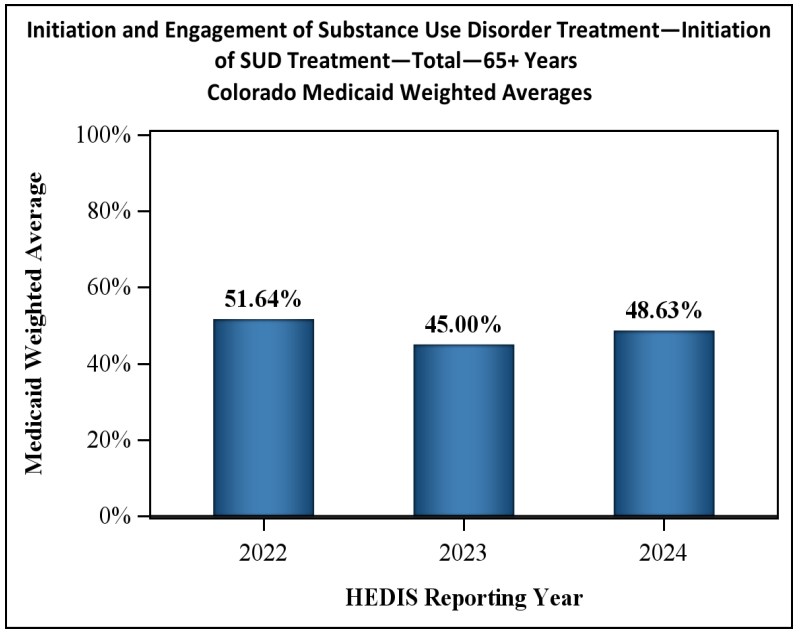
The Colorado Medicaid weighted average significantly improved from MY 2023 to MY 2024.



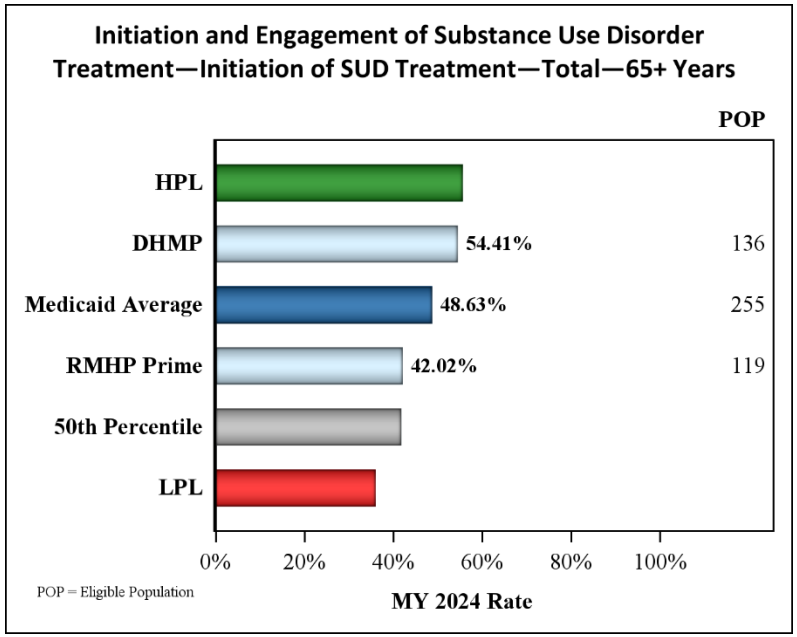
DHMP's rate fell below the HPL but was above the 50th percentile. The Colorado Medicaid weighted average and RMHP Prime's rate fell below the 50th percentile but were above the LPL. MCO performance varied by approximately 5 percentage points.

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

Initiation and Engagement of Substance Use Disorder Treatment—Initiation of SUD Treatment—Total—65 Years and Older measures the percentage of members ages 65 years and older who initiated treatment through an inpatient SUD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth, or medication treatment within 14 days of the diagnosis during the measurement year.



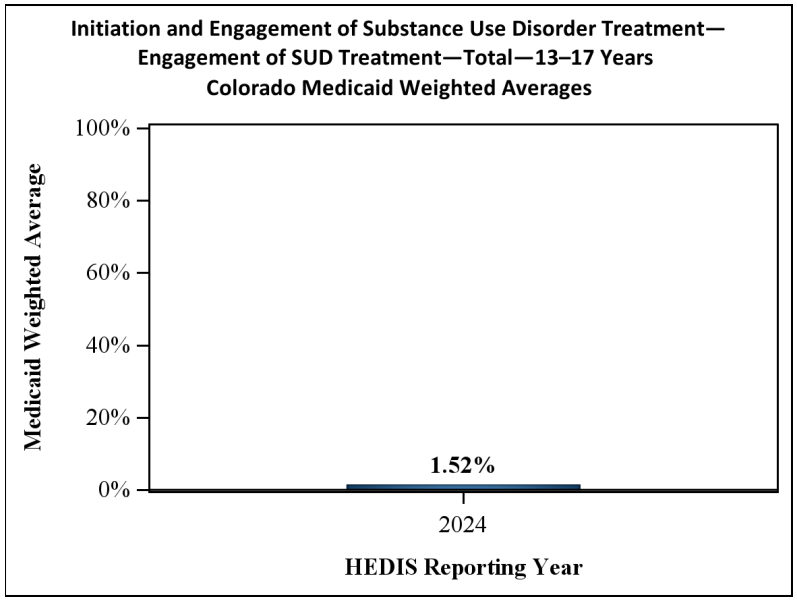
The Colorado Medicaid weighted average did not demonstrate a significant change from MY 2023 to MY 2024.



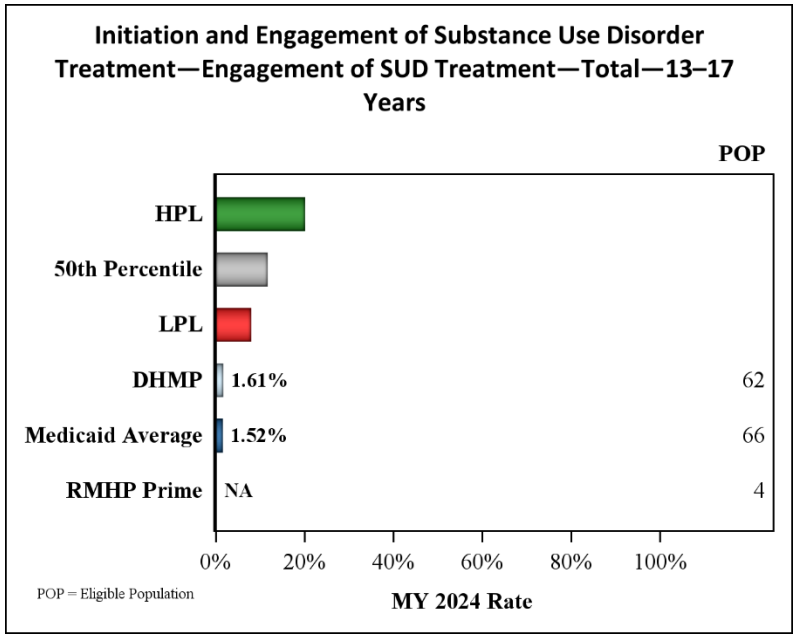
The two MCOs' rates and the Colorado Medicaid weighted average fell below the HPL but were above the 50th percentile. MCO performance varied by approximately 12 percentage points.

Initiation and Engagement of Substance Use Disorder Treatment—Engagement of SUD Treatment—Total—13–17 Years

Initiation and Engagement of Substance Use Disorder Treatment—Engagement of SUD Treatment—Total—13–17 Years measures the percentage of members ages 13 to 17 years who initiated treatment through an inpatient SUD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth, or medication treatment within 14 days of the diagnosis during the measurement year.



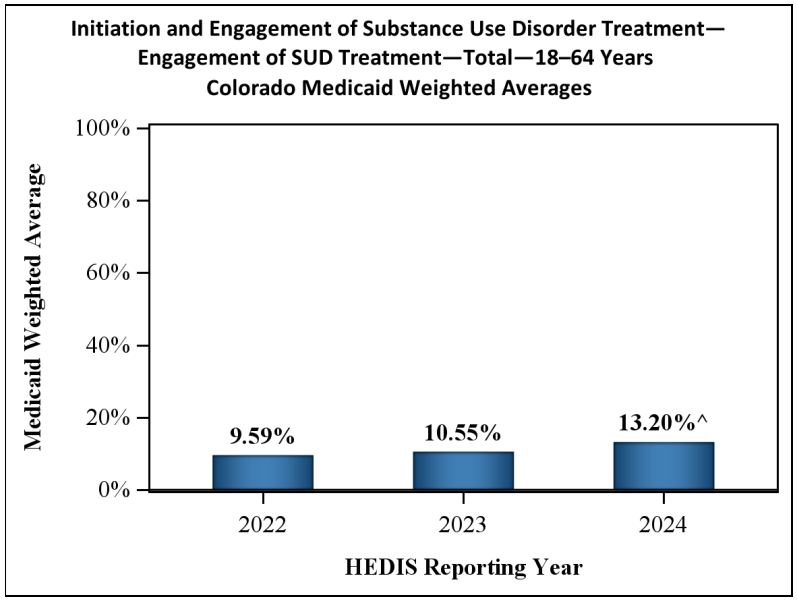
This was the first year this measure was reported, so it could not be compared to prior years.



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

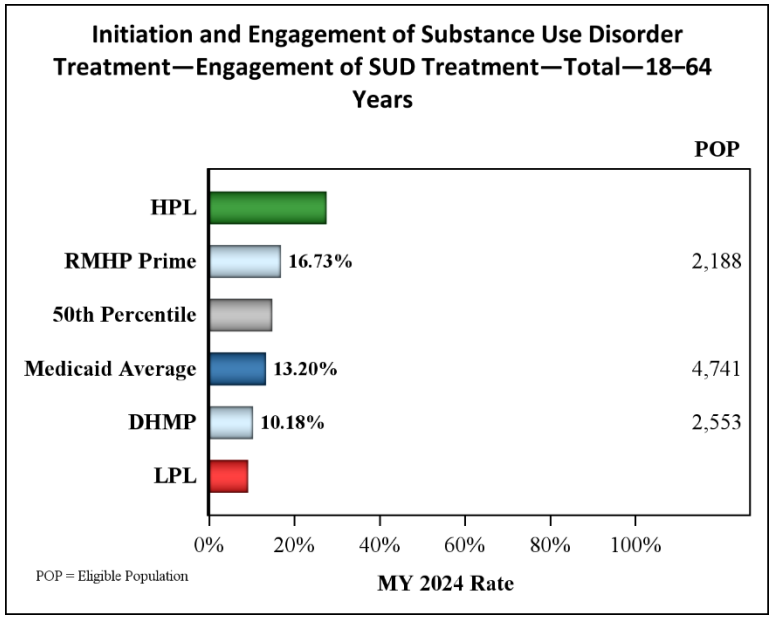
Initiation and Engagement of Substance Use Disorder Treatment—Engagement of SUD Treatment—Total—18–64 Years

Initiation and Engagement of Substance Use Disorder Treatment—Engagement of SUD Treatment—Total—18–64 Years measures the percentage of members ages 18 to 64 years who initiated treatment through an inpatient SUD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth, or medication treatment within 14 days of the diagnosis during the measurement year.



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

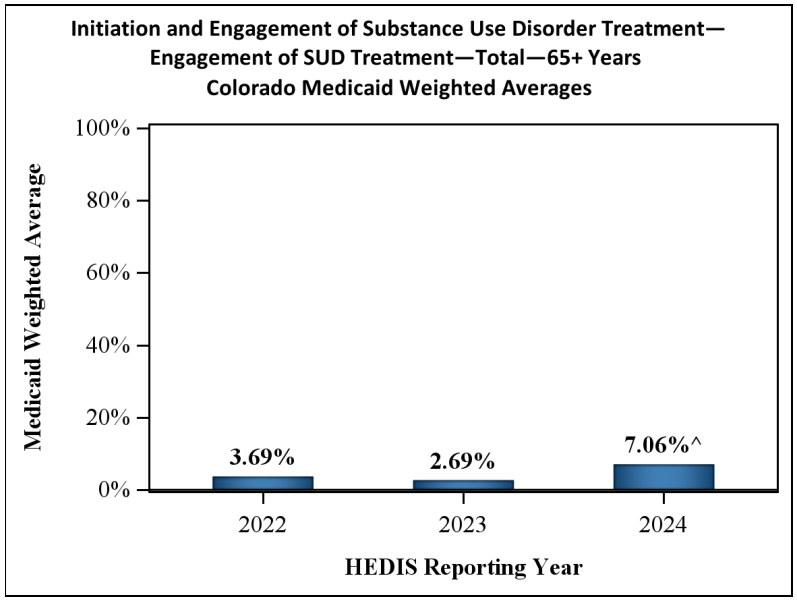
The Colorado Medicaid weighted average significantly improved from MY 2023 to MY 2024.



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

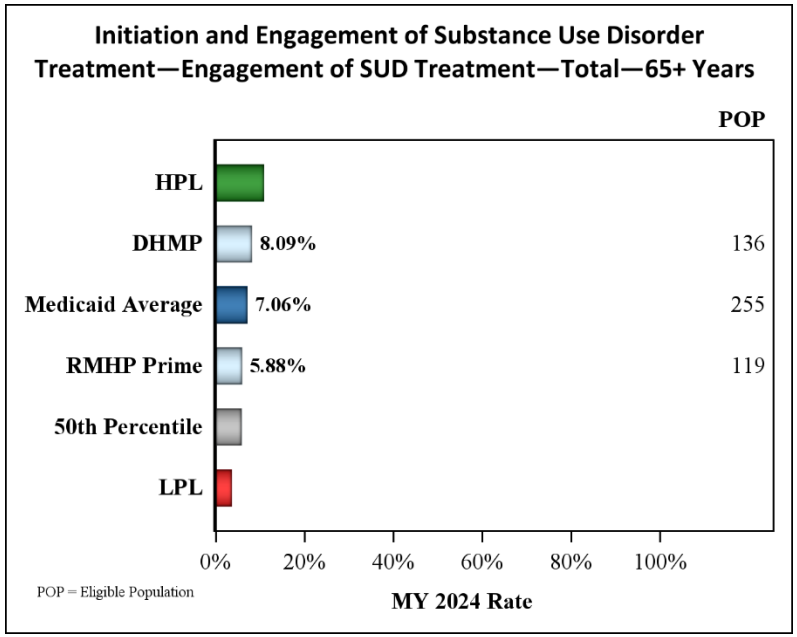
Initiation and Engagement of Substance Use Disorder Treatment—Engagement of SUD Treatment—Total—65 Years and Older

Initiation and Engagement of Substance Use Disorder Treatment—Engagement of SUD Treatment—Total—65 Years and Older measures the percentage of members ages 65 years and older who initiated treatment through an inpatient SUD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth, or medication treatment within 14 days of the diagnosis during the measurement year.



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

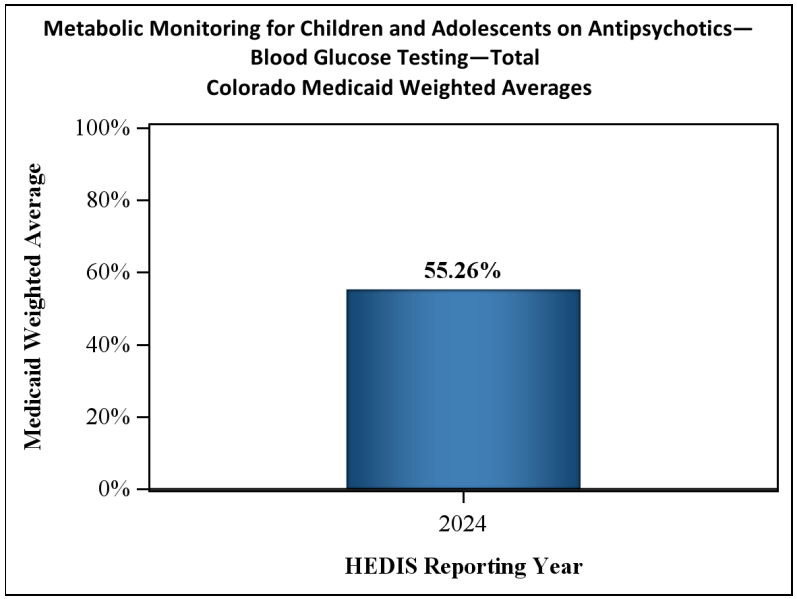
The Colorado Medicaid weighted average significantly improved from MY 2023 to MY 2024.



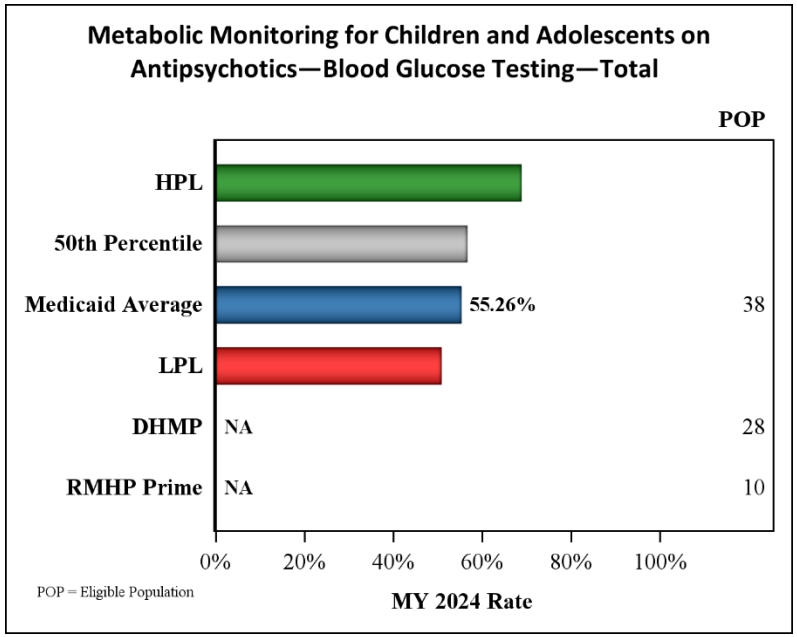
The two MCO's rate and the Colorado Medicaid weighted average were above the 50th percentile but below the HPL. MCO performance varied by approximately 2 percentage points.

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

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



This was the first year this measure was reported, so it could not be compared to prior years.

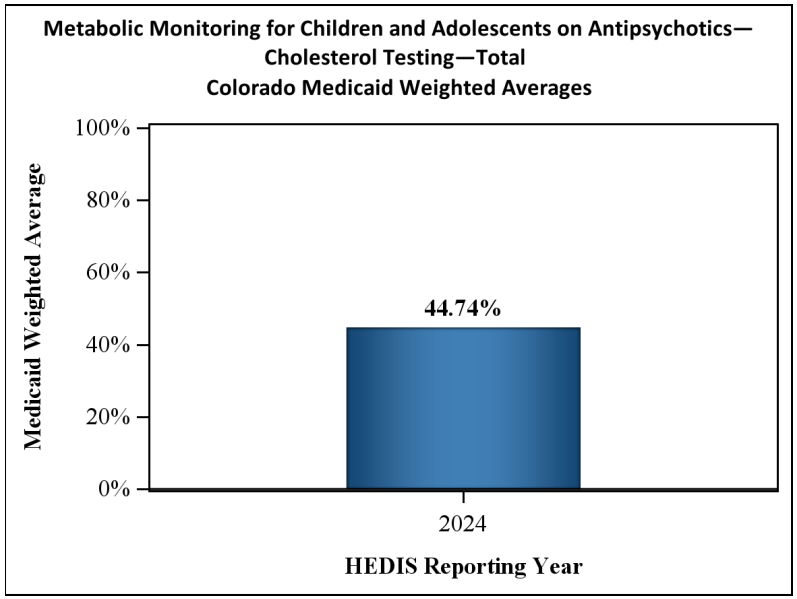


NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate.

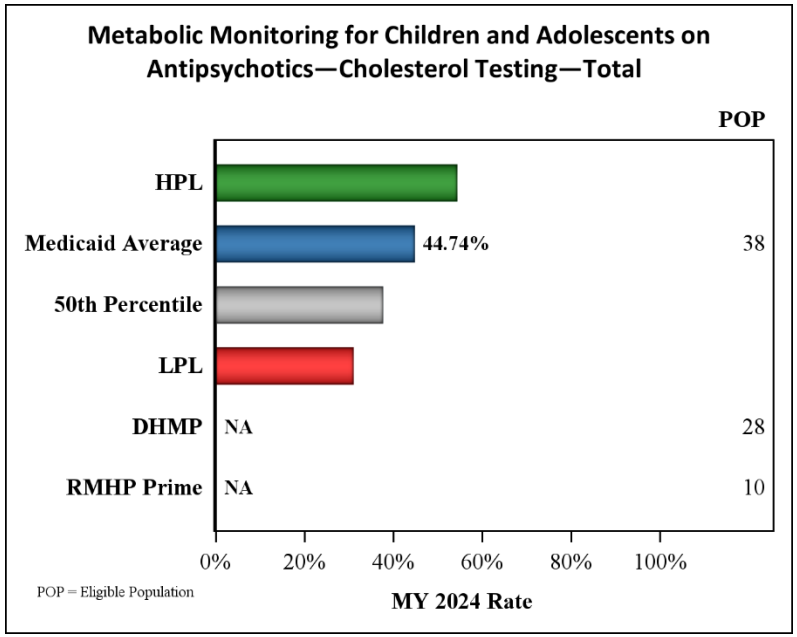
The Colorado Medicaid weighted average was above the LPL but below the 50th percentile. Neither of the MCOs had a reportable rate.

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 was the first year this measure was reported, so it could not be compared to prior years.

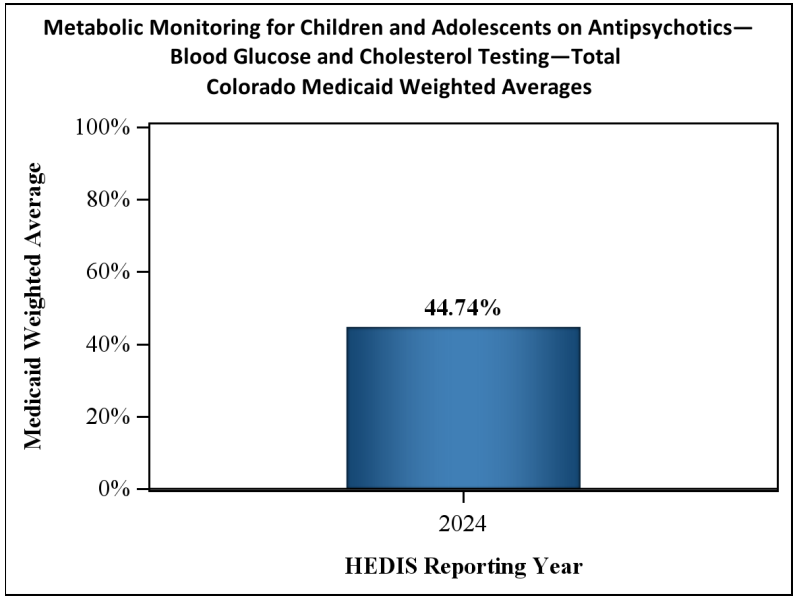


NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate.

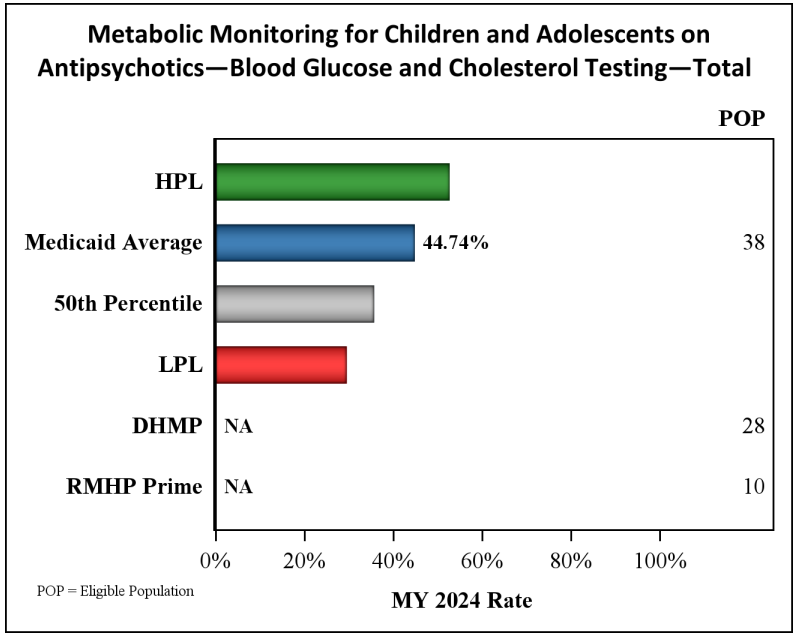
The Colorado Medicaid weighted average fell below the HPL but was above the 50th percentile. Neither of the MCOs had a reportable rate.

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 was the first year this measure was reported, so it could not be compared to prior years

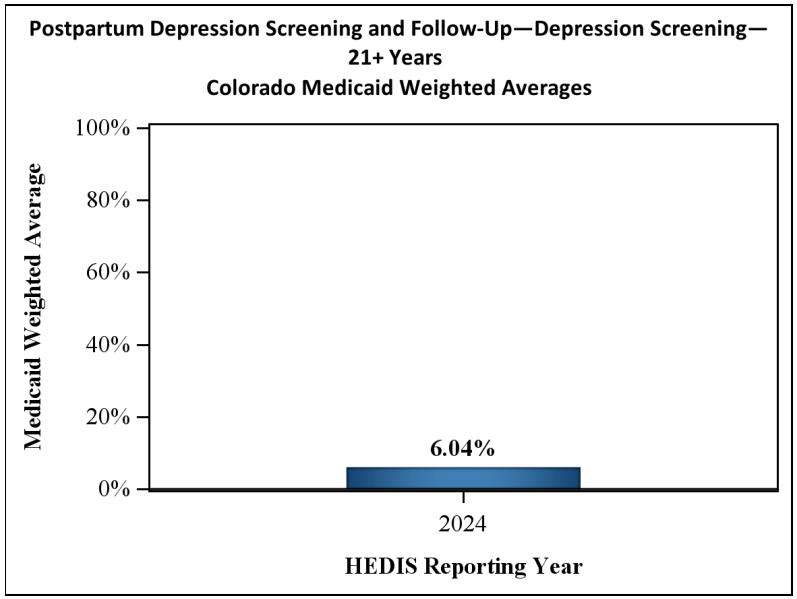


NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate.

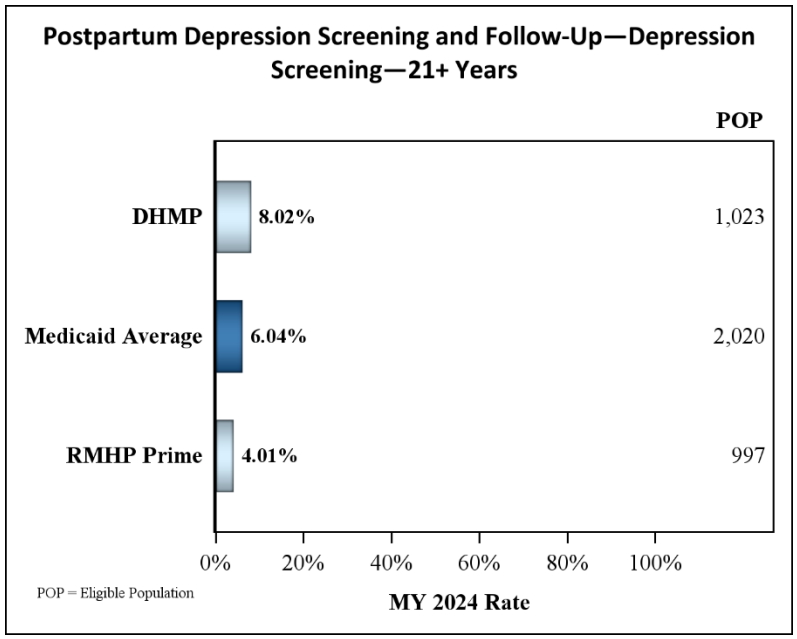
The Colorado Medicaid weighted average fell below the HPL but above the 50th percentile. Neither of the MCOs had a reportable rate.

Postpartum Depression Screening and Follow-Up—Depression Screening—21 Years and Older

Postpartum Depression Screening and Follow-Up—Depression Screening—21 Years and Older measures the percentage of deliveries in which members were screened for clinical depression during the postpartum period, and if screened positive, received follow-up care.



This was the first year this measure was reported, so it could not be compared to prior years.



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

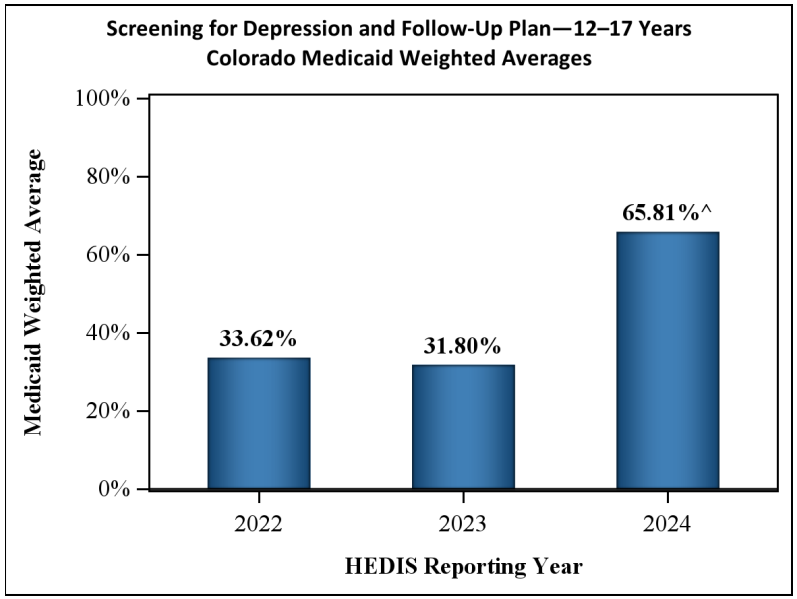
Postpartum Depression Screening and Follow-Up—Follow-Up on Positive Screen—21 Years and Older

Postpartum Depression Screening and Follow-Up—Depression Screening—21 Years and Older measures the percentage of deliveries in which members were screened for clinical depression during the postpartum period, and if screened positive, received follow-up care.

Neither DHMP nor RMHP Prime had a reportable rate for this measure indicator in MY 2024 due to the MCOs having denominators that were too small to display a rate.

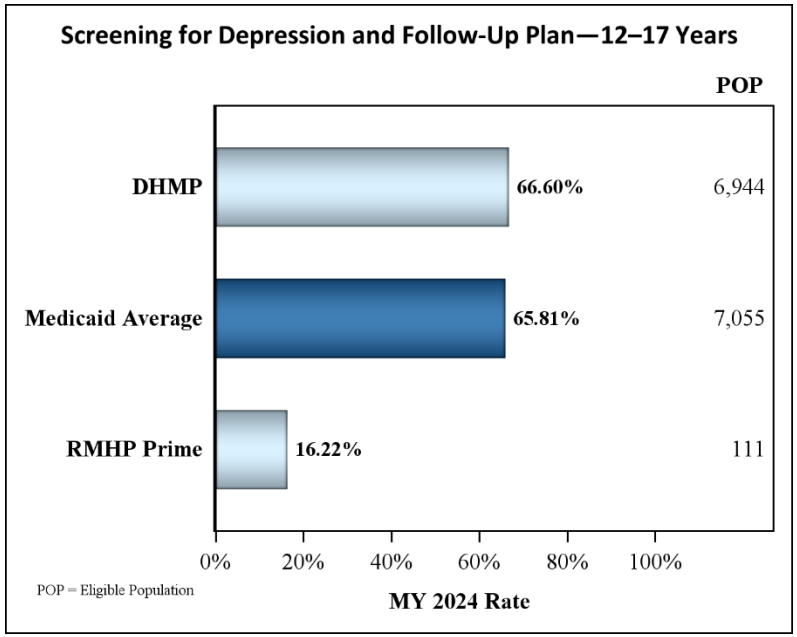
Screening for Depression and Follow-Up Plan—12–17 Years

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, a follow-up plan is 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.

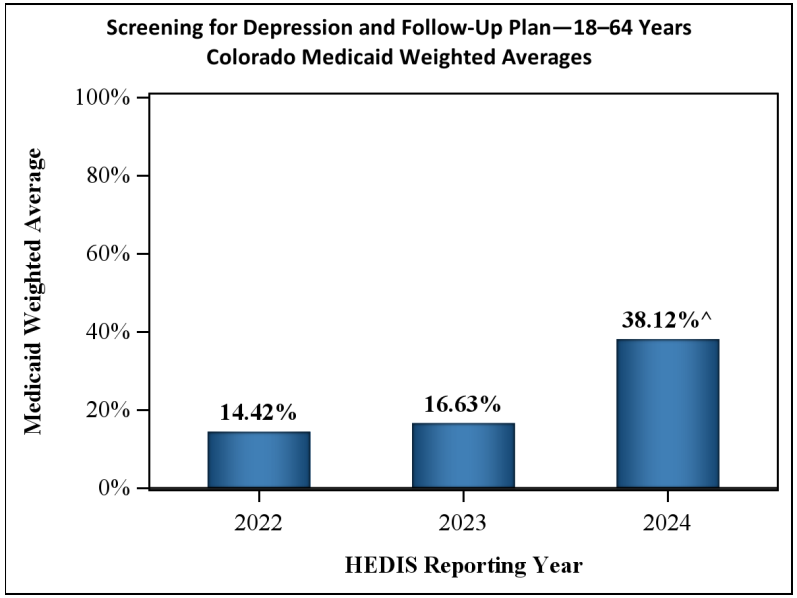
The Colorado Medicaid weighted average significantly improved from MY 2023 to MY 2024.



MCO performance varied by approximately 50 percentage points, and a benchmark is not available for this measure indicator.

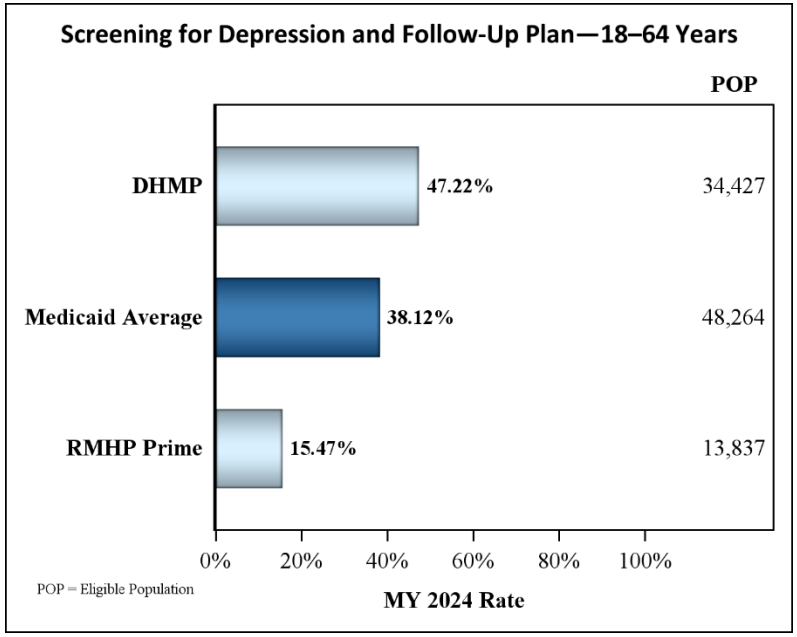
Screening for Depression and Follow-Up Plan—18–64 Years

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



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

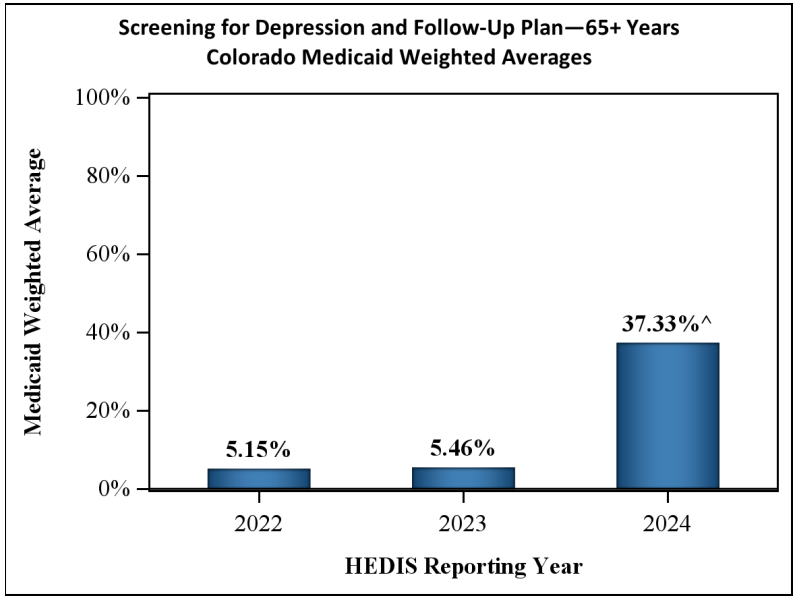
The Colorado Medicaid weighted average significantly improved from MY 2023 to MY 2024.



MCO performance varied by approximately 32 percentage points, and a benchmark is not available for this measure indicator.

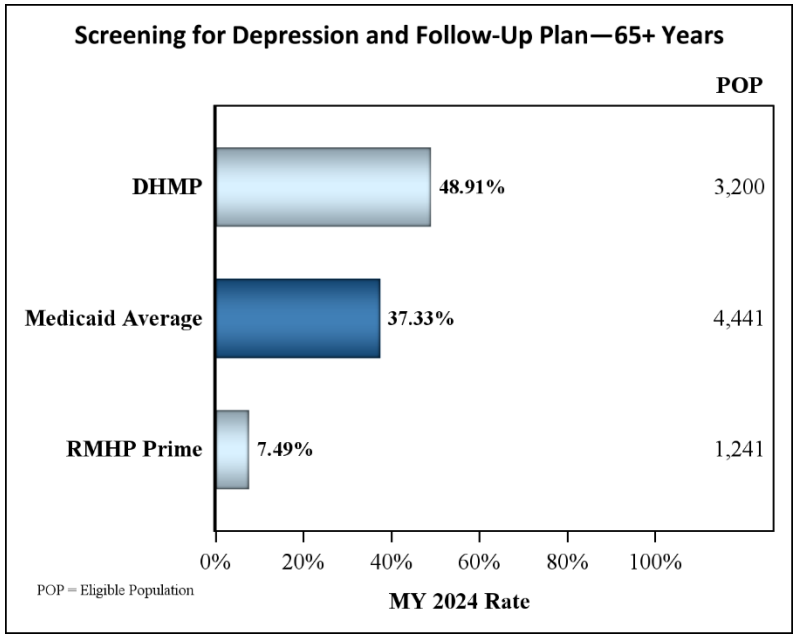
Screening for Depression and Follow-Up Plan—65 Years and Older

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



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

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



MCO performance varied by approximately 41 percentage points, and a benchmark is not available for this measure indicator.

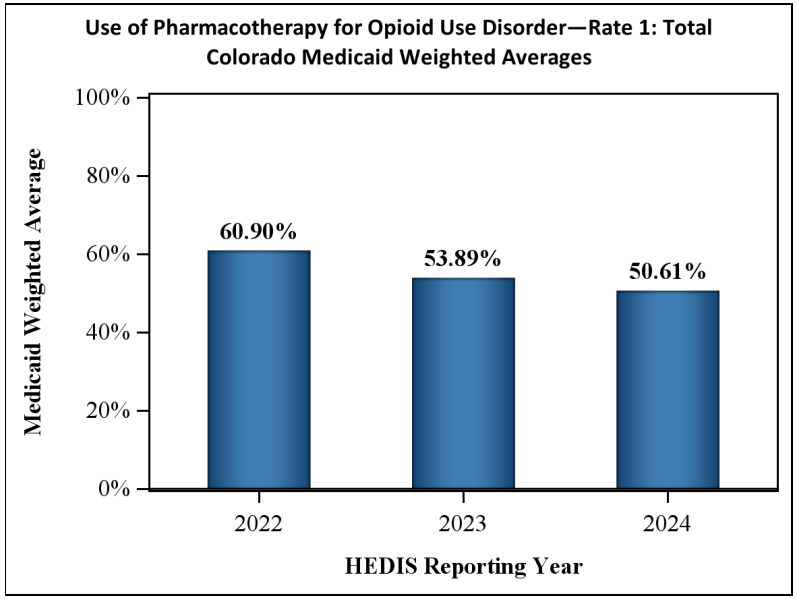
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics

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

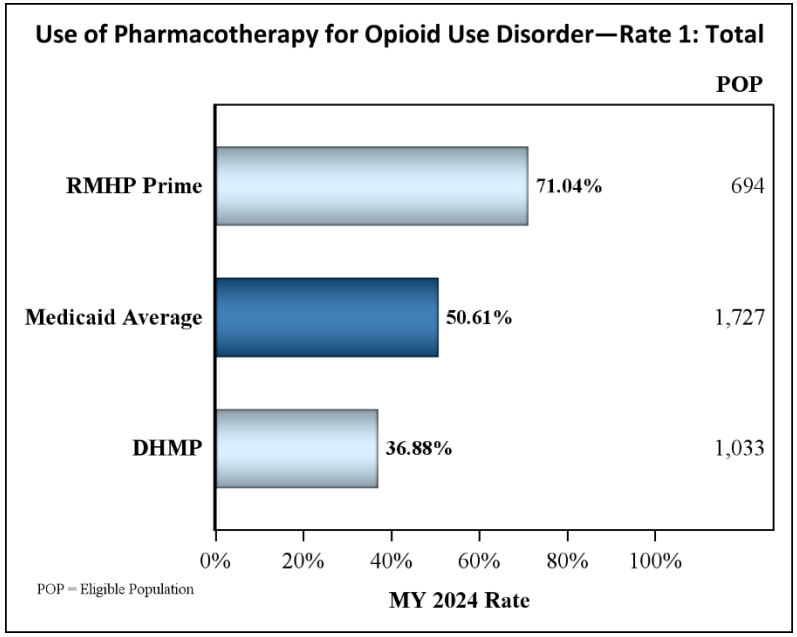
Neither DHMP nor RMHP Prime had a reportable rate for this measure indicator in MY 2024 due to the MCOs having denominators that were too small to display a rate.

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

Use of Pharmacotherapy for Opioid Use Disorder—Rate 1: Total measures the percentage of Medicaid members ages 18 to 64 with an opioid use disorder (OUD) who filled a prescription for or were administered or dispensed a U.S. Food and Drug Administration (FDA)-approved medication for the disorder during the measurement period. A comparison to benchmarks was either not appropriate or the measure did not have an applicable benchmark.



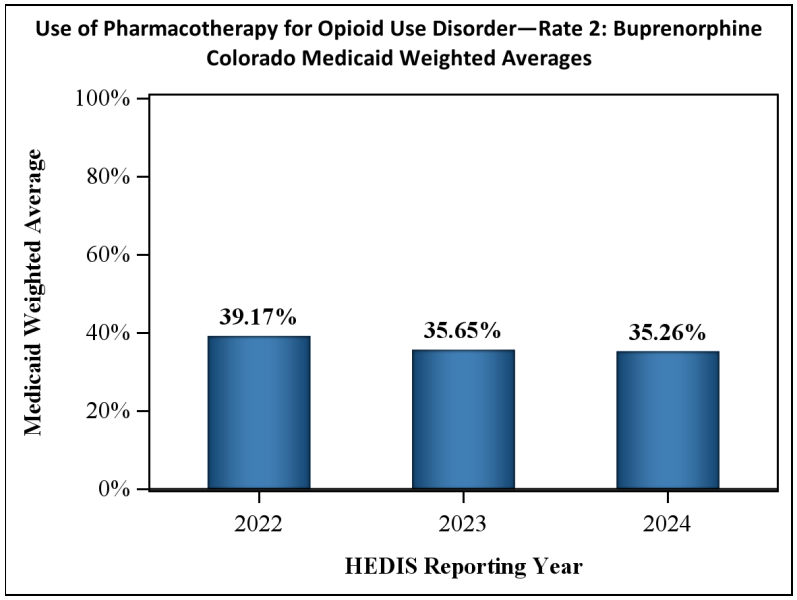
The Colorado Medicaid weighted average did not demonstrate a significant change from MY 2023 to MY 2024.



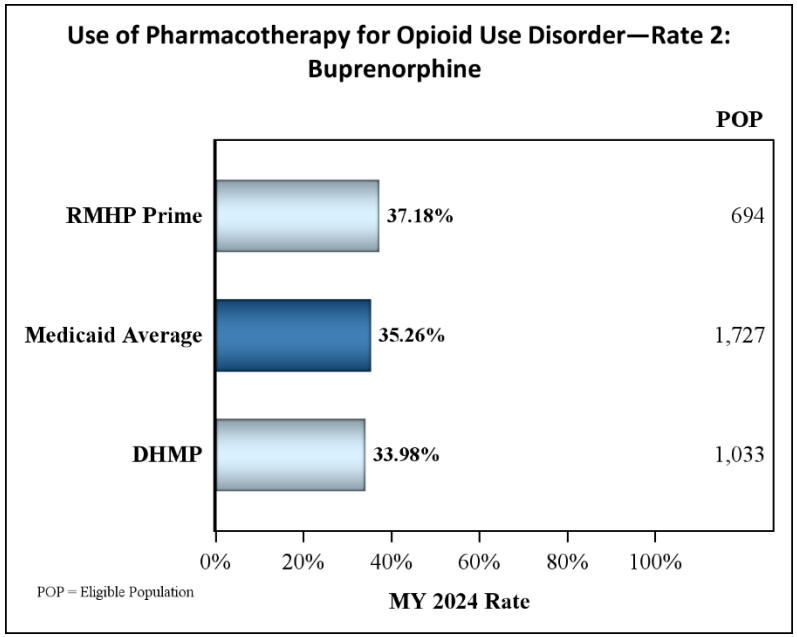
MCO performance varied by approximately 34 percentage points.

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

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



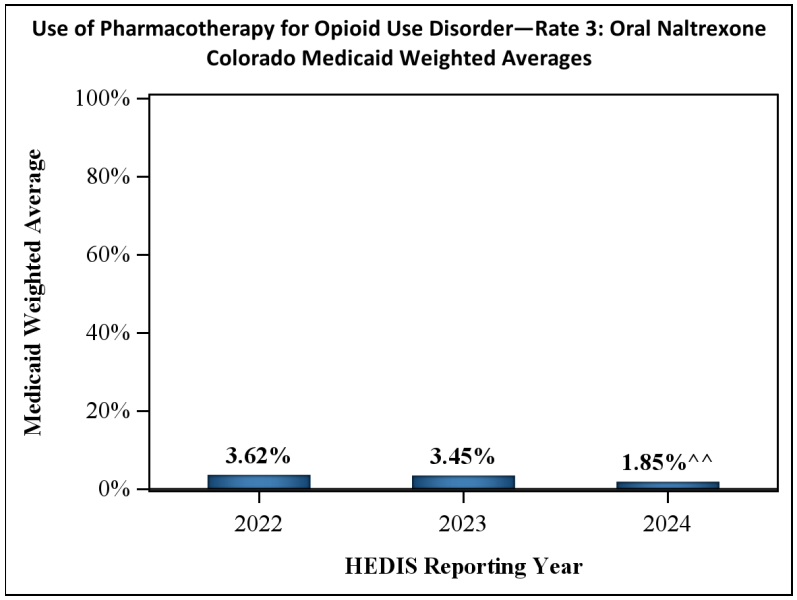
The Colorado Medicaid weighted average did not demonstrate a significant change from MY 2023 to MY 2024.



MCO performance varied by approximately 3 percentage points.

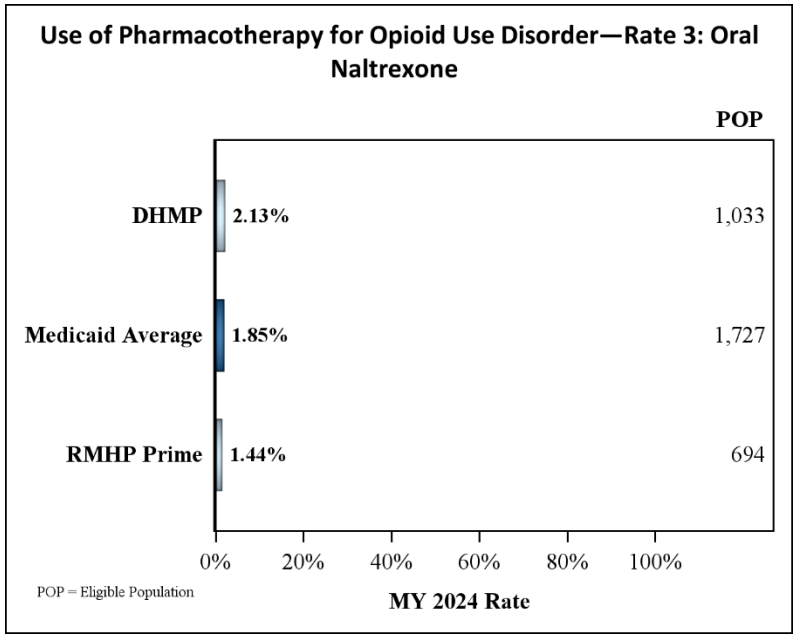
Use of Pharmacotherapy for Opioid Use Disorder—Rate 3: Oral Naltrexone

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



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

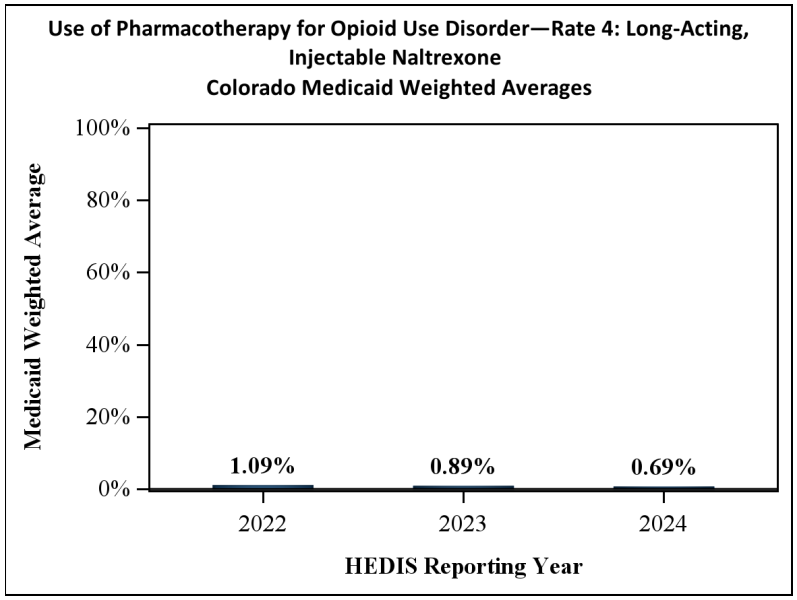
The Colorado Medicaid weighted average significantly declined from MY 2023 to MY 2024.



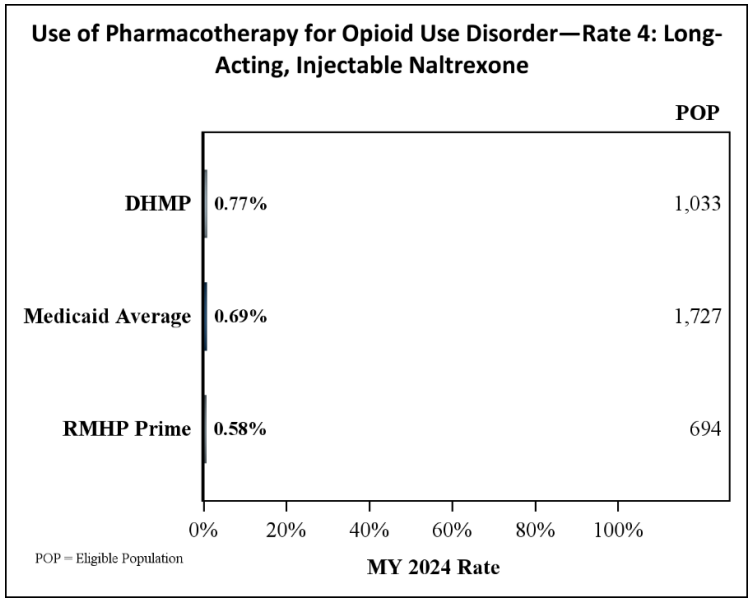
MCO performance varied by less than 1 percentage point.

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

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



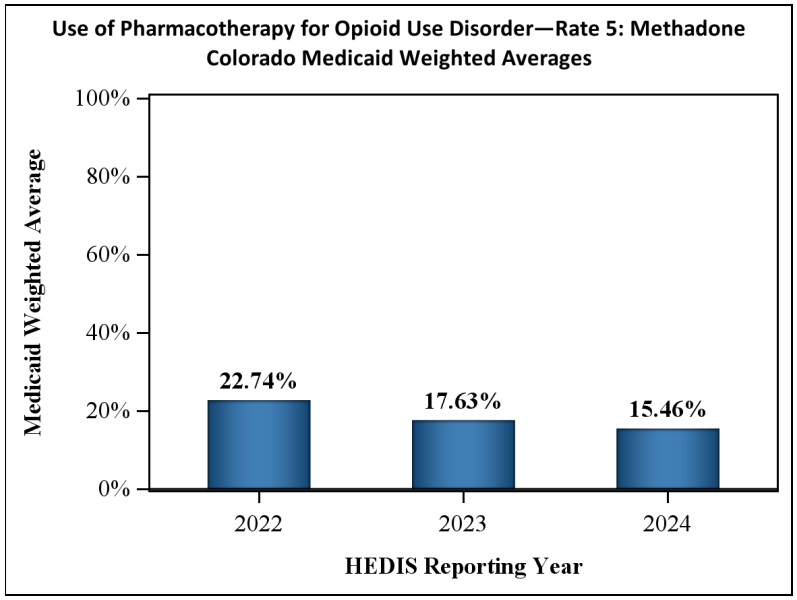
The Colorado Medicaid weighted average did not demonstrate a significant change from MY 2023 to MY 2024.



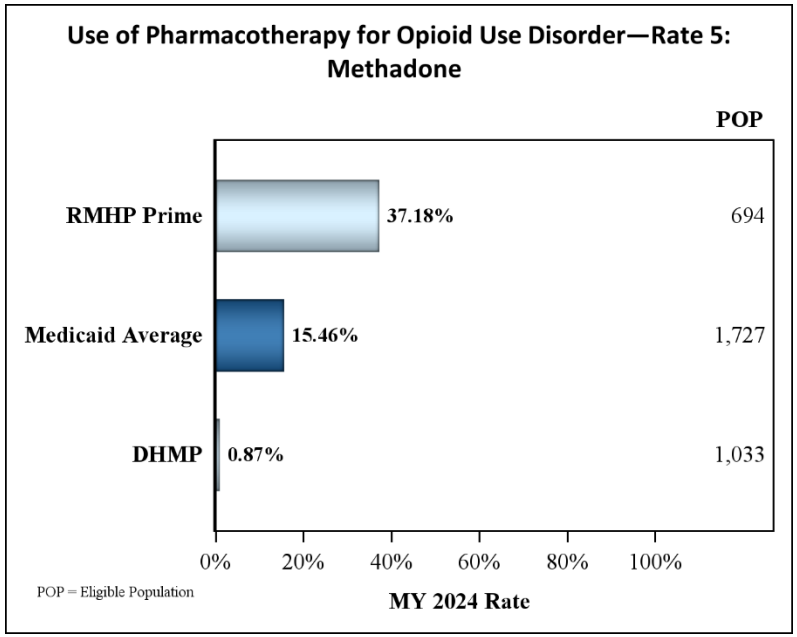
MCO performance varied by approximately less than 1 percentage point.

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

Use of Pharmacotherapy for Opioid Use Disorder—Rate 5: Methadone measures the percentage of Medicaid members ages 18 to 64 with an OUD who filled a prescription for or were administered or dispensed an FDA-approved medication for the disorder during the measurement period. A comparison to benchmarks was either not appropriate or the measure did not have an applicable benchmark.



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



MCO performance varied by approximately 37 percentage points.

Summary of Findings and Recommendations

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

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

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

Performance Measures	DHMP	RMHP Prime
7-Day Follow-Up—65 Years and Older	—	—
30-Day Follow-Up—6–17 Years	—	—
30-Day Follow-Up—18–64 Years	★	★
30-Day Follow-Up—65 Years and Older	—	—
Follow-Up Care for Children Prescribed ADHD Medication[H]		
Initiation Phase	★★★	—
Continuation and Maintenance Phase	★	—
Initiation and Engagement of Substance Use Disorder Treatment[H]		
Initiation of SUD Treatment—Total—13–17 Years	★★	—
Initiation of SUD Treatment—Total—18–64 Years	★★★	★★
Initiation of SUD Treatment—Total—65 Years and Older	★★★★	★★★
Engagement of SUD Treatment—Total—13–17 Years	★	—
Engagement of SUD Treatment—Total—18–64 Years	★★	★★★
Engagement of SUD Treatment—Total—65 Years and Older	★★★	★★★
Metabolic Monitoring for Children and Adolescents on Antipsychotics[H]		
Blood Glucose Testing—Total	—	—
Cholesterol Testing—Total	—	—
Blood Glucose and Cholesterol Testing—Total	—	—
Postpartum Depression Screening and Follow-Up		
Depression Screening—21 Years and Older	—	—
Follow-Up on Positive Screen—21 Years and Older	—	—
Screening for Depression and Follow-Up Plan		
12–17 Years	—	—
18–64 Years	—	—
65 Years and Older	—	—
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics[1, H]		
Total	—	—
Use of Pharmacotherapy for Opioid Use Disorder		
Rate 1: Total	—	—
Rate 2: Buprenorphine	—	—
Rate 3: Oral Naltrexone	—	—
Rate 4: Long-Acting, Injectable Naltrexone	—	—
Rate 5: Methadone	—	—

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

Table 6-2 presents a summary of the MCOs' overall performance for measures in the Behavioral Health Care domain, with the number of measures falling into each performance rating.

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

Health Plan Name	★★★★★	★★★★	★★★	★★	★
DHMP	0	2	3	4	7
RMHP Prime	0	0	6	3	1

For MY 2024, the MCOs again reported low rates for the Behavioral Health Care domain with DHMP reporting 11 of 16 (69 percent) measurement rates below the 50th percentile and RMHP Prime reporting 4 of 10 (40 percent) measurement rates below the 50th percentile. Although the total number of rates reported below the 50th percentile improved as compared to MY 2023, it is important to note that the total number of measures reported declined from 18 to 16 for DHMP. Additionally, for MY 2024, DHMP reported no rates at or above the 90th percentile as compared to four in MY 2023. RMHP Prime demonstrated improvement for MY 2024 in which six measures were reported at or above the 50th percentile as compared to two in MY 2023. RHMP Prime also reduced the number of measures at or below the 50th percentile from eight measures in MY 2023 to four measures in MY 2024.

As HSAG noted in MY 2023, schizophrenia is a chronic and disabling psychiatric disorder that requires ongoing treatment and monitoring.[11] Medication non-adherence is common and a major concern in the treatment of schizophrenia. Using antipsychotic medications as prescribed reduces the risk of relapse or hospitalization.[12] For MY 2024, both MCOs reported improvement for the *Adherence to Antipsychotic Medications for Individuals With Schizophrenia* measure, with DHMP reporting rates at or above the 25th percentile as opposed to at or below the 25th percentile for MY 2023, and RMHP Prime reporting rates at or above the 50th percentile for MY 2024 as compared to rates at or below the 50th percentile for MY 2023. While improvement was reported for this measure, HSAG continues to recommend that the MCOs and HCPF identify key drivers contributing to the low rates for *Adherence to Antipsychotic Medications for Individuals With Schizophrenia* (e.g., barriers to standing lab orders, provider billing issues, gaps in administrative data sources) since this is a measure in which both DHMP and RMHP Prime continue to show significant need for improvement.

For MY 2024, both MCOs demonstrated improvement for the *Initiation and Engagement of Substance Use Disorder Treatment* measure for individuals 65 years and older. For individuals 18 to 64 years, DHMP reported improved rates, while RMHP Prime's rates remained the same.

For MY 2024, rates reported by both MCOs for the *Follow-Up After Emergency Department Visit for Mental Illness* and *Follow-Up After Hospitalization for Mental Illness* measures remained low with 8 of 10 (80 percent) measurement rates reported at or below the 50th percentile. Similar to last year, HSAG recommends that the MCOs and HCPF consider ongoing education and/or one-on-one discussion with

[11] American Psychiatric Association. Schizophrenia Fact Sheet. Available at: https://www.psychiatry.org/patients-families/schizophrenia/what-is-schizophrenia. Accessed on: Dec 3, 2025.

[12] Busch, A. B., Lehman, A. F., Goldman, H., & Frank, R. G. (2009). Changes over time and disparities in schizophrenia treatment quality. Med Care, 47(2), 199-207.

ambulatory provider organizations on the importance of providing timely follow-up visits following hospitalizations and ED visits. Finally, the MCOs and HCPF should consider assessing care management services available to members with behavioral health conditions to ensure proper coordination of care during transitions of care.

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

Dental and Oral Health Services

The following section provides a detailed analysis of the Colorado Medicaid MCOs' performance within the Dental and Oral Health Services domain. The Dental and Oral Health Services domain encompasses the following measures/indicators:

- *Ambulatory Care Sensitive Emergency Department Visits for Non-Traumatic Dental Conditions in Adult—18–64* and *65 Years and Older*
- *Oral Evaluation During Pregnancy—21–44 Years*

For reference, additional analyses for each measure indicator are displayed in Appendix A and Appendix B.

Ambulatory Care Sensitive Emergency Department Visits for Non-Traumatic Dental Conditions in Adult—18–64 Years

Ambulatory Care Sensitive Emergency Department Visits for Non-Traumatic Dental Conditions in Adult—18–64 Years measures the number of ED visits for ambulatory care sensitive non-traumatic dental conditions per 100,000 member months for adults ages 18 to 64 years. For this indicator, a lower rate indicates better performance.

This was the first year this measure was requested for MCO reporting; however, there are no MCO data to display as none of the MCOs reported a rate for MY 2024.

Ambulatory Care Sensitive Emergency Department Visits for Non-Traumatic Dental Conditions in Adult—65 Years and Older

Ambulatory Care Sensitive Emergency Department Visits for Non-Traumatic Dental Conditions in Adult—65 Years and Older measures the number of ED visits for ambulatory care sensitive non-traumatic dental conditions per 100,000 member months for adults ages 65 years and older. For this indicator, a lower rate indicates better performance.

This was the first year this measure was requested for MCO reporting; however, there are no MCO data to display as none of the MCOs reported a rate for MY 2024.

Oral Evaluation During Pregnancy—21–44 Years

Oral Evaluation During Pregnancy—21–44 Years measures the percentage of enrolled persons ages 21 to 44 with live-birth deliveries in the measurement year who received a comprehensive or periodic oral evaluation during pregnancy.

This was the first year this measure was requested for MCO reporting; however, there are no MCO data to display as none of the MCOs reported a rate for MY 2024.

Summary of Findings and Recommendations

Table 7-1 presents the MCOs' performance ratings for each measure in the Dental and Oral Health Services domain. Performance ratings were assigned across five categories (from ★ representing *Poor Performance* to ★★★★★ representing *Excellent Performance*).

Table 7-1—Dental and Oral Health Services: Measure-Specific Performance Rating

Performance Measures	DHMP	RMHP Prime
Ambulatory Care Sensitive ED Visits for Non-Traumatic Dental Conditions in Adults*		
18–64 Years	—	—
65 Years and Older	—	—
Oral Evaluation During Pregnancy		
21–44 Years	—	—

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

For MY 2024, none of the measures in the Dental and Oral Health Services domain could be compared to NCQA Quality Compass benchmarks; therefore, a percentile ranking was not determined. HSAG is unable to draw formal conclusions regarding performance based on MY 2024 reported results.

Appendix A. Tabular Results for Measures by MCO

Appendix A presents tables showing results for the measures by MCO. Where applicable, the results provided for each measure include the eligible population and rate for each MCO as well as the MY 2022, MY 2023, and MY 2024 Colorado Medicaid weighted averages. Where applicable, yellow shading with one caret (^) indicates the MY 2024 MCO-specific or Colorado Medicaid weighted average rate was at or above the MY 2023 50th percentile ranking for the measure.

Primary Care Access and Preventive Care Measure Results

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

Medicaid Plan	Eligible Population	Rate
Adult Immunization Status		
Influenza—19–65 Years[H, 1]		
DHMP	29,671	20.02%^
RMHP Prime	21,788	16.94%^
HEDIS MY 2024 Colorado Medicaid Weighted Average		**18.72%^**
Influenza—66 Years and Older[H, 1]		
DHMP	2,502	45.72%^
RMHP Prime	1,583	45.67%^
HEDIS MY 2024 Colorado Medicaid Weighted Average		**45.70%^**
Pneumococcal—66 Years and Older[H, 1]		
DHMP	2,502	81.02%^
RMHP Prime	1,583	38.22%
HEDIS MY 2024 Colorado Medicaid Weighted Average		**64.43%^**
Td/Tdap—19–65 Years[H, 1]		
DHMP	29,671	59.86%^
RMHP Prime	21,788	38.89%^
HEDIS MY 2024 Colorado Medicaid Weighted Average		**50.98%^**
Td/Tdap—66 Years and Older[H, 1]		
DHMP	2,502	55.40%^
RMHP Prime	1,583	27.10%
HEDIS MY 2024 Colorado Medicaid Weighted Average		**44.43%^**
Zoster—50–65 Years[H, 1]		
DHMP	7,074	32.81%^
RMHP Prime	6,355	9.27%
HEDIS MY 2024 Colorado Medicaid Weighted Average		**21.67%^**

Medicaid Plan	Eligible Population	Rate
Zoster—66 Years and Older[H, 1]		
DHMP	2,502	50.12%^
RMHP Prime	1,583	10.23%
HEDIS MY 2024 Colorado Medicaid Weighted Average		**34.66%^**
Breast Cancer Screening		
50–64 Years[SA, 1]		
DHMP	2,236	54.45%
RMHP Prime	2,510	56.76%
HEDIS MY 2024 Colorado Medicaid Weighted Average		**55.67%**
65–74 Years[SA, 1]		
DHMP	760	34.52%
RMHP Prime	575	53.69%
HEDIS MY 2024 Colorado Medicaid Weighted Average		**42.36%**
Cervical Cancer Screening		
Cervical Cancer Screening[H]		
DHMP	12,180	38.90%
RMHP Prime	10,076	52.45%
HEDIS MY 2024 Colorado Medicaid Weighted Average		**45.04%**
HEDIS MY 2023 Colorado Medicaid Weighted Average		**43.64%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**37.73%**
Child and Adolescent Well-Care Visits		
Total[H]		
DHMP	18,844	48.78%
RMHP Prime	626	30.67%
HEDIS MY 2024 Colorado Medicaid Weighted Average		**48.20%**
HEDIS MY 2023 Colorado Medicaid Weighted Average		**46.05%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**42.55%**
3–11 Years[H]		
DHMP	8,987	58.60%
RMHP Prime	73	60.27%^
HEDIS MY 2024 Colorado Medicaid Weighted Average		**58.61%**
HEDIS MY 2023 Colorado Medicaid Weighted Average		**57.58%^**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**52.96%**
12–17 Years[H]		
DHMP	6,799	48.51%
RMHP Prime	112	58.93%^
HEDIS MY 2024 Colorado Medicaid Weighted Average		**48.68%**
HEDIS MY 2023 Colorado Medicaid Weighted Average		**46.74%**

Medicaid Plan	Eligible Population	Rate
HEDIS MY 2022 Colorado Medicaid Weighted Average		**45.79%**
18–21 Years[H]		
DHMP	3,058	20.54%
RMHP Prime	441	18.59%
HEDIS MY 2024 Colorado Medicaid Weighted Average		**20.29%**
HEDIS MY 2023 Colorado Medicaid Weighted Average		**18.58%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**15.60%**
Childhood Immunization Status		
Combination 3[H, 2]		
DHMP	489	59.92%
RMHP Prime	1	NA
HEDIS MY 2024 Colorado Medicaid Weighted Average		**59.80%**
HEDIS MY 2023 Colorado Medicaid Weighted Average		**69.05%^**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**72.47%^**
Combination 7[H, 2]		
DHMP	489	56.65%^
RMHP Prime	1	NA
HEDIS MY 2024 Colorado Medicaid Weighted Average		**56.53%^**
HEDIS MY 2023 Colorado Medicaid Weighted Average		**64.51%^**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**59.64%^**
Combination 10[H, 2]		
DHMP	489	31.70%^
RMHP Prime	1	NA
HEDIS MY 2024 Colorado Medicaid Weighted Average		**31.63%^**
HEDIS MY 2023 Colorado Medicaid Weighted Average		**44.33%^**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**42.05%^**
DTaP[H, 2]		
DHMP	489	67.69%
RMHP Prime	1	NA
HEDIS MY 2024 Colorado Medicaid Weighted Average		**67.55%**
HEDIS MY 2023 Colorado Medicaid Weighted Average		**76.64%^**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**75.25%^**
Hepatitis A[H, 2]		
DHMP	489	88.14%^
RMHP Prime	1	NA
HEDIS MY 2024 Colorado Medicaid Weighted Average		**88.16%^**
HEDIS MY 2023 Colorado Medicaid Weighted Average		**85.83%^**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**85.29%^**

Medicaid Plan	Eligible Population	Rate
Hepatitis B [H, 2]		
DHMP	489	80.16%
RMHP Prime	1	NA
HEDIS MY 2024 Colorado Medicaid Weighted Average		**80.20%**
HEDIS MY 2023 Colorado Medicaid Weighted Average		**85.15%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**88.77%^**
HiB [H, 2]		
DHMP	489	84.46%^
RMHP Prime	1	NA
HEDIS MY 2024 Colorado Medicaid Weighted Average		**84.29%^**
HEDIS MY 2023 Colorado Medicaid Weighted Average		**85.83%^**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**84.69%^**
Influenza [H, 2]		
DHMP	489	41.92%^
RMHP Prime	1	NA
HEDIS MY 2024 Colorado Medicaid Weighted Average		**42.04%^**
HEDIS MY 2023 Colorado Medicaid Weighted Average		**51.13%^**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**53.78%^**
IPV [H, 2]		
DHMP	489	80.16%
RMHP Prime	1	NA
HEDIS MY 2024 Colorado Medicaid Weighted Average		**80.20%**
HEDIS MY 2023 Colorado Medicaid Weighted Average		**83.67%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**85.59%**
MMR [H, 2]		
DHMP	489	88.75%^
RMHP Prime	1	NA
HEDIS MY 2024 Colorado Medicaid Weighted Average		**88.78%^**
HEDIS MY 2023 Colorado Medicaid Weighted Average		**87.07%^**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**85.69%^**
Pneumococcal Conjugate [H, 2]		
DHMP	489	66.67%
RMHP Prime	1	NA
HEDIS MY 2024 Colorado Medicaid Weighted Average		**66.53%**
HEDIS MY 2023 Colorado Medicaid Weighted Average		**72.00%^**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**77.04%^**
Rotavirus [H, 2]		
DHMP	489	65.44%

Medicaid Plan	Eligible Population	Rate
RMHP Prime	1	NA
HEDIS MY 2024 Colorado Medicaid Weighted Average		**65.51%**
HEDIS MY 2023 Colorado Medicaid Weighted Average		**71.66%^**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**64.71%**
VZV[H, 2]		
DHMP	489	88.96%^
RMHP Prime	1	NA
HEDIS MY 2024 Colorado Medicaid Weighted Average		**88.98%^**
HEDIS MY 2023 Colorado Medicaid Weighted Average		**87.07%^**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**85.39%^**
Chlamydia Screening in Women		
Total[H]		
DHMP	1,911	75.09%^
RMHP Prime	602	45.18%
HEDIS MY 2024 Colorado Medicaid Weighted Average		**67.93%^**
HEDIS MY 2023 Colorado Medicaid Weighted Average		**69.09%^**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**68.51%^**
16–20 Years[H]		
DHMP	1,127	76.93%^
RMHP Prime	76	46.05%
HEDIS MY 2024 Colorado Medicaid Weighted Average		**74.98%^**
HEDIS MY 2023 Colorado Medicaid Weighted Average		**79.04%^**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**76.08%^**
21–24 Years[H]		
DHMP	784	72.45%^
RMHP Prime	526	45.06%
HEDIS MY 2024 Colorado Medicaid Weighted Average		**61.45%**
HEDIS MY 2023 Colorado Medicaid Weighted Average		**60.10%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**62.14%^**
Colorectal Cancer Screening		
46–50 Years[H, 1]		
DHMP	2,091	20.42%
RMHP Prime	1,649	31.96%
HEDIS MY 2024 Colorado Medicaid Weighted Average		**25.51%**
51–65 Years[SA, 1]		
DHMP	5,849	33.16%
RMHP Prime	5,342	43.70%
HEDIS MY 2024 Colorado Medicaid Weighted Average		**38.19%**

Medicaid Plan	Eligible Population	Rate
66–75 Years[SA, 1]		
DHMP	1,390	39.49%
RMHP Prime	925	38.07%
HEDIS MY 2024 Colorado Medicaid Weighted Average		**38.94%**
Developmental Screening in the First Three Years of Life		
Total[SA]		
DHMP	1,391	75.70%
RMHP Prime	3	NA
HEDIS MY 2024 Colorado Medicaid Weighted Average		**75.61%**
HEDIS MY 2023 Colorado Medicaid Weighted Average		**68.60%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**60.78%**
1 Year[SA]		
DHMP	162	83.95%
RMHP Prime	0	NA
HEDIS MY 2024 Colorado Medicaid Weighted Average		**83.95%**
HEDIS MY 2023 Colorado Medicaid Weighted Average		**63.49%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**48.58%**
2 Years[SA]		
DHMP	520	81.92%
RMHP Prime	1	NA
HEDIS MY 2024 Colorado Medicaid Weighted Average		**81.96%**
HEDIS MY 2023 Colorado Medicaid Weighted Average		**78.92%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**75.84%**
3 Years[SA]		
DHMP	709	69.25%
RMHP Prime	2	NA
HEDIS MY 2024 Colorado Medicaid Weighted Average		**69.06%**
HEDIS MY 2023 Colorado Medicaid Weighted Average		**61.99%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**58.86%**
Immunizations for Adolescents		
Combination 1[H]		
DHMP	1,109	70.42%
RMHP Prime	15	NA
HEDIS MY 2024 Colorado Medicaid Weighted Average		**70.55%**
HEDIS MY 2023 Colorado Medicaid Weighted Average		**63.00%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**71.89%**
Combination 2[H]		
DHMP	1,109	53.38%^

Medicaid Plan	Eligible Population	Rate
RMHP Prime	15	NA
HEDIS MY 2024 Colorado Medicaid Weighted Average		**53.11%^**
HEDIS MY 2023 Colorado Medicaid Weighted Average		**38.74%^**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**36.69%^**
HPV[H]		
DHMP	1,109	54.28%^
RMHP Prime	15	NA
HEDIS MY 2024 Colorado Medicaid Weighted Average		**54.18%^**
HEDIS MY 2023 Colorado Medicaid Weighted Average		**40.64%^**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**37.03%^**
Meningococcal[H]		
DHMP	1,109	70.87%
RMHP Prime	15	NA
HEDIS MY 2024 Colorado Medicaid Weighted Average		**71.00%**
HEDIS MY 2023 Colorado Medicaid Weighted Average		**63.27%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**72.34%**
Tdap[H]		
DHMP	1,109	72.86%
RMHP Prime	15	NA
HEDIS MY 2024 Colorado Medicaid Weighted Average		**73.22%**
HEDIS MY 2023 Colorado Medicaid Weighted Average		**70.75%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**74.65%**
Lead Screening in Children		
Lead Screening in Children[H]		
DHMP	493	62.47%
RMHP Prime	1	NA
HEDIS MY 2024 Colorado Medicaid Weighted Average		**62.35%**
HEDIS MY 2023 Colorado Medicaid Weighted Average		**59.10%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**61.16%**
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents		
BMI Percentile—Total[H]		
DHMP	10,301	62.86%
RMHP Prime	146	28.08%
HEDIS MY 2024 Colorado Medicaid Weighted Average		**62.37%**
HEDIS MY 2023 Colorado Medicaid Weighted Average		**66.65%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**67.47%**
BMI Percentile—3–11 Years[H]		
DHMP	6,141	63.20%

Medicaid Plan	Eligible Population	Rate
RMHP Prime	59	30.51%
HEDIS MY 2024 Colorado Medicaid Weighted Average		**62.89%**
HEDIS MY 2023 Colorado Medicaid Weighted Average		**68.24%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**67.56%**
BMI Percentile—12–17 Years[H]		
DHMP	4,160	62.36%
RMHP Prime	87	26.44%
HEDIS MY 2024 Colorado Medicaid Weighted Average		**61.62%**
HEDIS MY 2023 Colorado Medicaid Weighted Average		**64.42%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**67.33%**
Counseling for Nutrition—Total[H]		
DHMP	10,301	75.23%^
RMHP Prime	146	36.99%
HEDIS MY 2024 Colorado Medicaid Weighted Average		**74.69%^**
HEDIS MY 2023 Colorado Medicaid Weighted Average		**74.97%^**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**72.44%^**
Counseling for Nutrition—3–11 Years[H]		
DHMP	6,141	77.09%^
RMHP Prime	59	44.07%
HEDIS MY 2024 Colorado Medicaid Weighted Average		**76.77%^**
HEDIS MY 2023 Colorado Medicaid Weighted Average		**78.78%^**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**74.55%^**
Counseling for Nutrition—12–17 Years[H]		
DHMP	4,160	72.48%^
RMHP Prime	87	32.18%
HEDIS MY 2024 Colorado Medicaid Weighted Average		**71.65%^**
HEDIS MY 2023 Colorado Medicaid Weighted Average		**69.62%^**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**69.46%**
Counseling for Physical Activity—Total[H]		
DHMP	10,301	74.42%^
RMHP Prime	146	30.14%
HEDIS MY 2024 Colorado Medicaid Weighted Average		**73.80%^**
HEDIS MY 2023 Colorado Medicaid Weighted Average		**74.13%^**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**71.14%^**
Counseling for Physical Activity—3–11 Years[H]		
DHMP	6,141	76.26%^
RMHP Prime	59	32.20%
HEDIS MY 2024 Colorado Medicaid Weighted Average		**75.84%^**

Medicaid Plan	Eligible Population	Rate
HEDIS MY 2023 Colorado Medicaid Weighted Average		**77.72%^**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**73.21%^**
Counseling for Physical Activity—12–17 Years[H]		
DHMP	4,160	71.71%^
RMHP Prime	87	28.74%
HEDIS MY 2024 Colorado Medicaid Weighted Average		**70.83%^**
HEDIS MY 2023 Colorado Medicaid Weighted Average		**69.09%^**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**68.22%**
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]		
DHMP	202	67.33%^
RMHP Prime	0	NA
HEDIS MY 2024 Colorado Medicaid Weighted Average		**67.33%^**
HEDIS MY 2023 Colorado Medicaid Weighted Average		**58.62%^**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**58.28%^**
Well-Child Visits for Age 15 Months–30 Months—Two or More Well-Child Visits[H]		
DHMP	537	72.07%^
RMHP Prime	3	NA
HEDIS MY 2024 Colorado Medicaid Weighted Average		**71.85%^**
HEDIS MY 2023 Colorado Medicaid Weighted Average		**64.19%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**59.29%**

[1] Due to measure specification changes, there is a break in trending or this was the first year the measure was reported.
[2] Due to differences in member eligibility for children in RMHP Prime, rates may not be comparable to DHMP's rate.
[H] indicates that the measure is a HEDIS measure and can be compared to NCQA benchmarks.
[SA] indicates that the measure could only be compared to the statewide average.
Yellow shading with one caret (^) indicates the rate was at or above the 50th percentile.

Maternal and Perinatal Health Performance Measure Results

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

Medicaid Plan	Eligible Population	Rate
Contraceptive Care—All Women		
Most or Moderately Effective Contraception—Total[SA]		
DHMP	11,870	19.79%
RMHP Prime	6,567	21.82%
HEDIS MY 2024 Colorado Medicaid Weighted Average		**20.51%**
HEDIS MY 2023 Colorado Medicaid Weighted Average		**19.70%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**19.48%**
Most or Moderately Effective Contraception—15–20 Years[SA]		
DHMP	2,886	19.44%
RMHP Prime	143	31.47%
HEDIS MY 2024 Colorado Medicaid Weighted Average		**20.01%**
HEDIS MY 2023 Colorado Medicaid Weighted Average		**21.63%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**21.05%**
Most or Moderately Effective Contraception—21–44 Years[SA]		
DHMP	8,984	19.90%
RMHP Prime	6,424	21.61%
HEDIS MY 2024 Colorado Medicaid Weighted Average		**20.61%**
HEDIS MY 2023 Colorado Medicaid Weighted Average		**19.35%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**19.21%**
Long-Acting Reversible Contraception—Total[SA]		
DHMP	11,870	5.45%
RMHP Prime	6,567	5.74%
HEDIS MY 2024 Colorado Medicaid Weighted Average		**5.55%**
HEDIS MY 2023 Colorado Medicaid Weighted Average		**4.82%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**4.74%**
Long-Acting Reversible Contraception—15–20 Years[SA]		
DHMP	2,886	4.68%
RMHP Prime	143	10.49%
HEDIS MY 2024 Colorado Medicaid Weighted Average		**4.95%**
HEDIS MY 2023 Colorado Medicaid Weighted Average		**5.84%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**5.36%**
Long-Acting Reversible Contraception—21–44 Years[SA]		
DHMP	8,984	5.70%
RMHP Prime	6,424	5.64%

Medicaid Plan	Eligible Population	Rate
HEDIS MY 2024 Colorado Medicaid Weighted Average		**5.67%**
HEDIS MY 2023 Colorado Medicaid Weighted Average		**4.63%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**4.63%**
Contraceptive Care—Postpartum Women		
Most or Moderately Effective Contraception—3 Days—Total[SA]		
DHMP	849	28.15%
RMHP Prime	747	6.29%
HEDIS MY 2024 Colorado Medicaid Weighted Average		**17.92%**
HEDIS MY 2023 Colorado Medicaid Weighted Average		**15.69%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**17.87%**
Most or Moderately Effective Contraception—3 Days—15–20 Years[SA]		
DHMP	73	31.51%
RMHP Prime	34	0.00%
HEDIS MY 2024 Colorado Medicaid Weighted Average		**21.50%**
HEDIS MY 2023 Colorado Medicaid Weighted Average		**25.66%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**23.46%**
Most or Moderately Effective Contraception—3 Days—21–44 Years[SA]		
DHMP	776	27.84%
RMHP Prime	713	6.59%
HEDIS MY 2024 Colorado Medicaid Weighted Average		**17.66%**
HEDIS MY 2023 Colorado Medicaid Weighted Average		**14.91%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**17.51%**
Most or Moderately Effective Contraception—90 Days—Total[SA]		
DHMP	849	52.89%
RMHP Prime	747	43.78%
HEDIS MY 2024 Colorado Medicaid Weighted Average		**48.62%**
HEDIS MY 2023 Colorado Medicaid Weighted Average		**47.39%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**50.19%**
Most or Moderately Effective Contraception—90 Days—15–20 Years[SA]		
DHMP	73	54.79%
RMHP Prime	34	55.88%
HEDIS MY 2024 Colorado Medicaid Weighted Average		**55.14%**
HEDIS MY 2023 Colorado Medicaid Weighted Average		**61.06%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**60.49%**
Most or Moderately Effective Contraception—90 Days—21–44 Years[SA]		
DHMP	776	52.71%
RMHP Prime	713	43.20%
HEDIS MY 2024 Colorado Medicaid Weighted Average		**48.15%**

Medicaid Plan	Eligible Population	Rate
HEDIS MY 2023 Colorado Medicaid Weighted Average		**46.32%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**49.53%**
Long-Acting Reversible Contraception—3 Days—Total[SA]		
DHMP	849	10.48%
RMHP Prime	747	0.40%
HEDIS MY 2024 Colorado Medicaid Weighted Average		**5.76%**
HEDIS MY 2023 Colorado Medicaid Weighted Average		**4.97%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**5.56%**
Long-Acting Reversible Contraception—3 Days—15–20 Years[SA]		
DHMP	73	20.55%
RMHP Prime	34	0.00%
HEDIS MY 2024 Colorado Medicaid Weighted Average		**14.02%**
HEDIS MY 2023 Colorado Medicaid Weighted Average		**11.50%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**6.17%**
Long-Acting Reversible Contraception—3 Days—21–44 Years[SA]		
DHMP	776	9.54%
RMHP Prime	713	0.42%
HEDIS MY 2024 Colorado Medicaid Weighted Average		**5.17%**
HEDIS MY 2023 Colorado Medicaid Weighted Average		**4.47%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**5.52%**
Long-Acting Reversible Contraception—90 Days—Total[SA]		
DHMP	849	23.32%
RMHP Prime	747	17.27%
HEDIS MY 2024 Colorado Medicaid Weighted Average		**20.49%**
HEDIS MY 2023 Colorado Medicaid Weighted Average		**20.54%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**22.09%**
Long-Acting Reversible Contraception—90 Days—15–20 Years[SA]		
DHMP	73	35.62%
RMHP Prime	34	14.71%
HEDIS MY 2024 Colorado Medicaid Weighted Average		**28.97%**
HEDIS MY 2023 Colorado Medicaid Weighted Average		**29.20%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**28.40%**
Long-Acting Reversible Contraception—90 Days—21–44 Years[SA]		
DHMP	776	22.16%
RMHP Prime	713	17.39%
HEDIS MY 2024 Colorado Medicaid Weighted Average		**19.88%**
HEDIS MY 2023 Colorado Medicaid Weighted Average		**19.86%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**21.69%**

Medicaid Plan	Eligible Population	Rate
Prenatal and Postpartum Care		
Timeliness of Prenatal Care—Under 21 Years[SA]		
DHMP	125	78.40%
RMHP Prime	61	54.10%
HEDIS MY 2024 Colorado Medicaid Weighted Average		**70.43%**
HEDIS MY 2023 Colorado Medicaid Weighted Average		**71.74%**
Timeliness of Prenatal Care—21 Years and Older[SA]		
DHMP	948	83.12%
RMHP Prime	881	35.53%
HEDIS MY 2024 Colorado Medicaid Weighted Average		**60.20%**
HEDIS MY 2023 Colorado Medicaid Weighted Average		**68.26%**
Postpartum Care—Under 21 Years[SA]		
DHMP	125	73.60%
RMHP Prime	61	55.74%
HEDIS MY 2024 Colorado Medicaid Weighted Average		**67.74%**
HEDIS MY 2023 Colorado Medicaid Weighted Average		**72.83%**
Postpartum Care—21 Years and Older[SA]		
DHMP	948	77.64%
RMHP Prime	881	65.27%
HEDIS MY 2024 Colorado Medicaid Weighted Average		**71.68%**
HEDIS MY 2023 Colorado Medicaid Weighted Average		**62.45%**
Prenatal Immunization Status		
Combination—21 Years and Older[SA, 1]		
DHMP	1,045	84.62%
RMHP Prime	978	68.16%
HEDIS MY 2024 Colorado Medicaid Weighted Average		**76.73%**
Influenza—21 Years and Older[SA, 1]		
DHMP	1,045	52.48%
RMHP Prime	978	28.29%
HEDIS MY 2024 Colorado Medicaid Weighted Average		**40.89%**
Tdap—21 Years and Older[SA, 1]		
DHMP	1,045	49.74%
RMHP Prime	978	25.66%
HEDIS MY 2024 Colorado Medicaid Weighted Average		**38.20%**

[1] Due to measure specification changes, there is a break in trending or this was the first year the measure was reported.

[SA] indicates that the measure could only be compared to the statewide average.

Care of Acute and Chronic Conditions Performance Measure Results

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

Medicaid Plan	Eligible Population	Rate
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis		
3 Months–17 Years[H]		
DHMP	100	94.00%^
RMHP Prime	0	NA
HEDIS MY 2024 Colorado Medicaid Weighted Average		**94.00%^**
HEDIS MY 2023 Colorado Medicaid Weighted Average		**95.20%^**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**96.52%^**
18–64 Years[H]		
DHMP	170	63.53%^
RMHP Prime	321	50.47%^
HEDIS MY 2024 Colorado Medicaid Weighted Average		**54.99%^**
HEDIS MY 2023 Colorado Medicaid Weighted Average		**60.09%^**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**54.17%^**
65 Years and Older[H]		
DHMP	7	NA
RMHP Prime	11	NA
HEDIS MY 2024 Colorado Medicaid Weighted Average		**NA**
HEDIS MY 2023 Colorado Medicaid Weighted Average		**NA**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**NA**
Asthma Medication Ratio		
5–18 Years[SA]		
DHMP	101	61.39%
RMHP Prime	1	NA
HEDIS MY 2024 Colorado Medicaid Weighted Average		**61.76%**
HEDIS MY 2023 Colorado Medicaid Weighted Average		**68.87%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**57.14%**
5–11 Years[H]		
DHMP	64	67.19%
RMHP Prime	0	NA
HEDIS MY 2024 Colorado Medicaid Weighted Average		**67.19%**
HEDIS MY 2023 Colorado Medicaid Weighted Average		**76.54%^**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**61.29%**
12–18 Years[H]		
DHMP	37	51.35%

Medicaid Plan	Eligible Population	Rate
RMHP Prime	1	NA
HEDIS MY 2024 Colorado Medicaid Weighted Average		**52.63%**
HEDIS MY 2023 Colorado Medicaid Weighted Average		**60.00%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**52.81%**
19–50 Years[H]		
DHMP	170	58.82%
RMHP Prime	203	48.28%
HEDIS MY 2024 Colorado Medicaid Weighted Average		**53.08%**
HEDIS MY 2023 Colorado Medicaid Weighted Average		**54.21%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**54.99%**
19–64 Years[SA]		
DHMP	253	56.13%
RMHP Prime	286	55.24%
HEDIS MY 2024 Colorado Medicaid Weighted Average		**55.66%**
HEDIS MY 2023 Colorado Medicaid Weighted Average		**56.17%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**55.70%**
51–64 Years[H]		
DHMP	83	50.60%
RMHP Prime	83	72.29%^
HEDIS MY 2024 Colorado Medicaid Weighted Average		**61.45%**
HEDIS MY 2023 Colorado Medicaid Weighted Average		**61.14%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**57.75%**
Concurrent Use of Opioids and Benzodiazepines		
18–64 Years[*, SA]		
DHMP	617	6.00%
RMHP Prime	700	11.86%
HEDIS MY 2024 Colorado Medicaid Weighted Average		**9.11%**
HEDIS MY 2023 Colorado Medicaid Weighted Average		**7.95%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**8.17%**
65 Years and Older[*, SA]		
DHMP	109	5.50%
RMHP Prime	20	NA
HEDIS MY 2024 Colorado Medicaid Weighted Average		**7.75%**
HEDIS MY 2023 Colorado Medicaid Weighted Average		**8.43%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**7.74%**
Controlling High Blood Pressure		
18–64 Years[SA]		
DHMP	1,931	51.99%

Medicaid Plan	Eligible Population	Rate
RMHP Prime	1,948	45.79%
HEDIS MY 2024 Colorado Medicaid Weighted Average		**48.88%**
HEDIS MY 2023 Colorado Medicaid Weighted Average		**46.59%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**35.12%**
65–85 Years[SA]		
DHMP	586	57.17%
RMHP Prime	362	51.93%
HEDIS MY 2024 Colorado Medicaid Weighted Average		**55.17%**
HEDIS MY 2023 Colorado Medicaid Weighted Average		**53.70%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**43.93%**
Glycemic Status Assessment for Patients With Diabetes		
Glycemic Status <8.0%—18–64 Years*[, SA]		
DHMP	2,152	48.47%
RMHP Prime	1,929	45.62%
HEDIS MY 2024 Colorado Medicaid Weighted Average		**47.12%**
HEDIS MY 2023 Colorado Medicaid Weighted Average		**46.54%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**39.73%**
Glycemic Status <8.0%—65–75 Years*[, SA]		
DHMP	420	54.05%
RMHP Prime	237	55.70%
HEDIS MY 2024 Colorado Medicaid Weighted Average		**54.64%**
HEDIS MY 2023 Colorado Medicaid Weighted Average		**53.26%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**47.79%**
Glycemic Status >9.0%—18–64 Years*[, SA]		
DHMP	2,152	42.33%
RMHP Prime	1,929	47.49%
HEDIS MY 2024 Colorado Medicaid Weighted Average		**44.77%**
HEDIS MY 2023 Colorado Medicaid Weighted Average		**44.79%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**52.03%**
Glycemic Status >9.0%—65–75 Years*[, SA]		
DHMP	420	36.43%
RMHP Prime	237	38.40%
HEDIS MY 2024 Colorado Medicaid Weighted Average		**37.14%**
HEDIS MY 2023 Colorado Medicaid Weighted Average		**38.00%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**42.40%**
Use of Opioids at High Dosage		
18–64 Years*[, SA]		
DHMP	498	5.22%

Medicaid Plan	Eligible Population	Rate
RMHP Prime	590	3.90%
HEDIS MY 2024 Colorado Medicaid Weighted Average		**4.50%**
HEDIS MY 2023 Colorado Medicaid Weighted Average		**3.50%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**4.06%**
***65 Years and Older**[*, SA]*		
DHMP	96	8.33%
RMHP Prime	17	NA
HEDIS MY 2024 Colorado Medicaid Weighted Average		**7.96%**
HEDIS MY 2023 Colorado Medicaid Weighted Average		**5.37%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**5.07%**
Plan All-Cause Readmissions		
***Observed Readmissions—18–64 Years**[*, H, 1]*		
DHMP	2,311	11.34%
RMHP Prime	1,586	9.52%
HEDIS MY 2024 Colorado Medicaid Weighted Average		**10.60%**
***Expected Readmissions—18–64 Years**[*, H, 1]*		
DHMP	2,311	9.05%
RMHP Prime	1,586	8.91%
HEDIS MY 2024 Colorado Medicaid Weighted Average		**8.99%**
***O/E Ratio—18–64 Years**[*, H, 1]*		
DHMP	2,311	1.2529
RMHP Prime	1,586	1.0682
HEDIS MY 2024 Colorado Medicaid Weighted Average		**1.1784**
***Outlier Rate—18–64 Years**[*, H]*		
DHMP	1,948	62.11
RMHP Prime	1,398	37.91
HEDIS MY 2024 Colorado Medicaid Weighted Average		**52.00**
PQI 01: Diabetes Short-Term Complications Admission Rate		
***18–64 Years**[*, SA]*		
DHMP	569,427	14.75
RMHP Prime	371,403	11.04
HEDIS MY 2024 Colorado Medicaid Weighted Average		**13.29**
HEDIS MY 2023 Colorado Medicaid Weighted Average		**12.26**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**14.55**
***65 Years and Older**[*, SA]*		
DHMP	42,424	7.07
RMHP Prime	27,386	0.00
HEDIS MY 2024 Colorado Medicaid Weighted Average		**4.30**

Medicaid Plan	Eligible Population	Rate
HEDIS MY 2023 Colorado Medicaid Weighted Average		**5.60**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**3.58**
PQI 05: COPD or Asthma in Older Adults Admission Rate		
***40–64 Years**, SA*		
DHMP	222,565	21.57
RMHP Prime	179,400	12.26
HEDIS MY 2024 Colorado Medicaid Weighted Average		**17.41**
HEDIS MY 2023 Colorado Medicaid Weighted Average		**11.91**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**15.27**
***65 Years and Older**, SA*		
DHMP	42,424	30.64
RMHP Prime	27,386	25.56
HEDIS MY 2024 Colorado Medicaid Weighted Average		**28.65**
HEDIS MY 2023 Colorado Medicaid Weighted Average		**29.14**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**36.96**
PQI 08: Heart Failure Admission Rate		
***18–64 Years**, SA*		
DHMP	569,427	33.72
RMHP Prime	371,403	9.42
HEDIS MY 2024 Colorado Medicaid Weighted Average		**24.13**
HEDIS MY 2023 Colorado Medicaid Weighted Average		**16.74**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**16.02**
***65 Years and Older**, SA*		
DHMP	42,424	99.00
RMHP Prime	27,386	29.21
HEDIS MY 2024 Colorado Medicaid Weighted Average		**71.62**
HEDIS MY 2023 Colorado Medicaid Weighted Average		**146.31**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**236.22**
PQI 15: Asthma in Younger Adults Admission Rate		
***18–39 Years**, SA*		
DHMP	346,862	3.17
RMHP Prime	192,003	2.08
HEDIS MY 2024 Colorado Medicaid Weighted Average		**2.78**
HEDIS MY 2023 Colorado Medicaid Weighted Average		**1.90**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**3.10**

[1] Due to measure specification changes, there is a break in trending or this was the first year the measure was reported.
** For this indicator, a lower rate indicates better performance.*
[H] indicates that the measure is a HEDIS measure and can be compared to NCQA benchmarks.
[SA] indicates that the measure could only be compared to the statewide average.
Yellow shading with one caret (^) indicates the rate was at or above the 50th percentile.

Behavioral Health Care Performance Measure Results

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

Medicaid Plan	Eligible Population	Rate
Adherence to Antipsychotic Medications for Individuals With Schizophrenia		
Adherence to Antipsychotic Medications for Individuals With Schizophrenia[H]		
DHMP	239	58.16%
RMHP Prime	323	67.18%^
HEDIS MY 2024 Colorado Medicaid Weighted Average		**63.35%^**
HEDIS MY 2023 Colorado Medicaid Weighted Average		**55.49%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**54.29%**
Antidepressant Medication Management		
Effective Acute Phase Treatment—18–64 Years[SA]		
DHMP	557	66.61%
RMHP Prime	1,037	70.97%
HEDIS MY 2024 Colorado Medicaid Weighted Average		**69.45%**
HEDIS MY 2023 Colorado Medicaid Weighted Average		**66.97%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**64.50%**
Effective Acute Phase Treatment—65 Years and Older[SA]		
DHMP	31	83.87%
RMHP Prime	7	NA
HEDIS MY 2024 Colorado Medicaid Weighted Average		**84.21%**
HEDIS MY 2023 Colorado Medicaid Weighted Average		**81.13%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**77.65%**
Effective Continuation Phase Treatment—18–64 Years[SA]		
DHMP	557	48.29%
RMHP Prime	1,037	53.42%
HEDIS MY 2024 Colorado Medicaid Weighted Average		**51.63%**
HEDIS MY 2023 Colorado Medicaid Weighted Average		**46.28%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**45.06%**
Effective Continuation Phase Treatment—65 Years and Older[SA]		
DHMP	31	61.29%
RMHP Prime	7	NA
HEDIS MY 2024 Colorado Medicaid Weighted Average		**60.53%**
HEDIS MY 2023 Colorado Medicaid Weighted Average		**45.28%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**49.41%**

Medicaid Plan	Eligible Population	Rate
Diabetes Care for People With Serious Mental Illness: HbA1c Poor Control >9.0%		
18–64 Years[SA]		
DHMP	151	50.33%
RMHP Prime	218	38.99%
HEDIS MY 2024 Colorado Medicaid Weighted Average		**43.63%**
HEDIS MY 2023 Colorado Medicaid Weighted Average		**47.50%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**55.26%**
65–75 Years[SA]		
DHMP	25	NA
RMHP Prime	18	NA
HEDIS MY 2024 Colorado Medicaid Weighted Average		**41.86%**
HEDIS MY 2023 Colorado Medicaid Weighted Average		**55.00%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**NA**
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications		
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications[H]		
DHMP	376	86.17%^
RMHP Prime	749	80.24%
HEDIS MY 2024 Colorado Medicaid Weighted Average		**82.22%^**
HEDIS MY 2023 Colorado Medicaid Weighted Average		**83.27%^**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**81.57%^**
Follow-Up After Emergency Department Visit for Substance Use		
7-Day Follow-Up—Total[H]		
DHMP	1,730	20.75%
RMHP Prime	593	23.78%
HEDIS MY 2024 Colorado Medicaid Weighted Average		**21.52%**
HEDIS MY 2023 Colorado Medicaid Weighted Average		**19.11%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**20.80%^**
7-Day Follow-Up—13–17 Years[H]		
DHMP	19	NA
RMHP Prime	1	NA
HEDIS MY 2024 Colorado Medicaid Weighted Average		**NA**
HEDIS MY 2023 Colorado Medicaid Weighted Average		**4.35%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**17.65%^**
7-Day Follow-Up—18–64 Years[SA]		
DHMP	1,665	20.84%
RMHP Prime	577	23.92%
HEDIS MY 2024 Colorado Medicaid Weighted Average		**21.63%**

Medicaid Plan	Eligible Population	Rate
HEDIS MY 2023 Colorado Medicaid Weighted Average		**19.51%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**21.04%**
7-Day Follow-Up—65 Years and Older[SA]		
DHMP	46	17.39%
RMHP Prime	16	NA
HEDIS MY 2024 Colorado Medicaid Weighted Average		**17.74%**
HEDIS MY 2023 Colorado Medicaid Weighted Average		**13.51%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**11.67%**
30-Day Follow-Up—Total[H]		
DHMP	1,730	30.87%
RMHP Prime	593	36.93%^
HEDIS MY 2024 Colorado Medicaid Weighted Average		**32.41%**
HEDIS MY 2023 Colorado Medicaid Weighted Average		**29.88%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**30.23%^**
30-Day Follow-Up—13–17 Years[H]		
DHMP	19	NA
RMHP Prime	1	NA
HEDIS MY 2024 Colorado Medicaid Weighted Average		**NA**
HEDIS MY 2023 Colorado Medicaid Weighted Average		**10.87%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**23.53%^**
30-Day Follow-Up—18–64 Years[SA]		
DHMP	1,665	31.05%
RMHP Prime	577	37.09%
HEDIS MY 2024 Colorado Medicaid Weighted Average		**32.60%**
HEDIS MY 2023 Colorado Medicaid Weighted Average		**30.43%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**30.56%**
30-Day Follow-Up—65 Years and Older[SA]		
DHMP	46	28.26%
RMHP Prime	16	NA
HEDIS MY 2024 Colorado Medicaid Weighted Average		**29.03%**
HEDIS MY 2023 Colorado Medicaid Weighted Average		**21.62%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**20.00%**
Follow-Up After Emergency Department Visit for Mental Illness		
7-Day Follow-Up—Total[H]		
DHMP	444	27.93%
RMHP Prime	327	33.94%
HEDIS MY 2024 Colorado Medicaid Weighted Average		**30.48%**
HEDIS MY 2023 Colorado Medicaid Weighted Average		**23.33%**

Medicaid Plan	Eligible Population	Rate
HEDIS MY 2022 Colorado Medicaid Weighted Average		**19.98%**
7-Day Follow-Up—6–17 Years[H]		
DHMP	32	31.25%
RMHP Prime	7	NA
HEDIS MY 2024 Colorado Medicaid Weighted Average		**33.33%**
HEDIS MY 2023 Colorado Medicaid Weighted Average		**11.70%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**9.20%**
7-Day Follow-Up—18–64 Years[H]		
DHMP	402	28.11%
RMHP Prime	315	33.33%^
HEDIS MY 2024 Colorado Medicaid Weighted Average		**30.40%**
HEDIS MY 2023 Colorado Medicaid Weighted Average		**24.77%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**21.34%**
7-Day Follow-Up—65 Years and Older[H]		
DHMP	10	NA
RMHP Prime	5	NA
HEDIS MY 2024 Colorado Medicaid Weighted Average		**NA**
HEDIS MY 2023 Colorado Medicaid Weighted Average		**NA**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**NA**
30-Day Follow-Up—Total[H]		
DHMP	444	37.16%
RMHP Prime	327	51.07%
HEDIS MY 2024 Colorado Medicaid Weighted Average		**43.06%**
HEDIS MY 2023 Colorado Medicaid Weighted Average		**36.58%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**30.46%**
30-Day Follow-Up—6–17 Years[H]		
DHMP	32	43.75%
RMHP Prime	7	NA
HEDIS MY 2024 Colorado Medicaid Weighted Average		**46.15%**
HEDIS MY 2023 Colorado Medicaid Weighted Average		**32.98%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**26.44%**
30-Day Follow-Up—18–64 Years[H]		
DHMP	402	37.31%
RMHP Prime	315	50.48%^
HEDIS MY 2024 Colorado Medicaid Weighted Average		**43.10%**
HEDIS MY 2023 Colorado Medicaid Weighted Average		**37.29%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**31.01%**

Medicaid Plan	Eligible Population	Rate
30-Day Follow-Up—65 Years and Older[H]		
DHMP	10	NA
RMHP Prime	5	NA
HEDIS MY 2024 Colorado Medicaid Weighted Average		**NA**
HEDIS MY 2023 Colorado Medicaid Weighted Average		**NA**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**NA**
Follow-Up After Hospitalization for Mental Illness		
7-Day Follow-Up—Total[H]		
DHMP	82	9.76%
RMHP Prime	443	27.77%
HEDIS MY 2024 Colorado Medicaid Weighted Average		**24.95%**
HEDIS MY 2023 Colorado Medicaid Weighted Average		**23.69%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**27.51%**
7-Day Follow-Up—6–17 Years[H]		
DHMP	16	NA
RMHP Prime	2	NA
HEDIS MY 2024 Colorado Medicaid Weighted Average		**NA**
HEDIS MY 2023 Colorado Medicaid Weighted Average		**NA**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**NA**
7-Day Follow-Up—18–64 Years[H]		
DHMP	63	9.52%
RMHP Prime	436	27.98%
HEDIS MY 2024 Colorado Medicaid Weighted Average		**25.65%**
HEDIS MY 2023 Colorado Medicaid Weighted Average		**24.40%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**28.18%**
7-Day Follow-Up—65 Years and Older[H]		
DHMP	3	NA
RMHP Prime	5	NA
HEDIS MY 2024 Colorado Medicaid Weighted Average		**NA**
HEDIS MY 2023 Colorado Medicaid Weighted Average		**NA**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**NA**
30-Day Follow-Up—Total[H]		
DHMP	82	15.85%
RMHP Prime	443	39.28%
HEDIS MY 2024 Colorado Medicaid Weighted Average		**35.62%**
HEDIS MY 2023 Colorado Medicaid Weighted Average		**42.91%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**45.84%**

Medicaid Plan	Eligible Population	Rate
30-Day Follow-Up—6–17 Years[H]		
DHMP	16	NA
RMHP Prime	2	NA
HEDIS MY 2024 Colorado Medicaid Weighted Average		**NA**
HEDIS MY 2023 Colorado Medicaid Weighted Average		**NA**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**NA**
30-Day Follow-Up—18–64 Years[H]		
DHMP	63	14.29%
RMHP Prime	436	39.45%
HEDIS MY 2024 Colorado Medicaid Weighted Average		**36.27%**
HEDIS MY 2023 Colorado Medicaid Weighted Average		**43.45%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**46.14%**
30-Day Follow-Up—65 Years and Older[H]		
DHMP	3	NA
RMHP Prime	5	NA
HEDIS MY 2024 Colorado Medicaid Weighted Average		**NA**
HEDIS MY 2023 Colorado Medicaid Weighted Average		**NA**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**NA**
Follow-Up Care for Children Prescribed ADHD Medication		
Initiation Phase[H, 1]		
DHMP	118	46.61%^
RMHP Prime	9	NA
HEDIS MY 2024 Colorado Medicaid Weighted Average		**49.61%^**
Continuation and Maintenance Phase[H, 1]		
DHMP	35	42.86%
RMHP Prime	1	NA
HEDIS MY 2024 Colorado Medicaid Weighted Average		**44.44%**
Initiation and Engagement of Substance Use Disorder Treatment		
Initiation of SUD Treatment—Total—Total[H, 1]		
DHMP	2,751	46.35%^
RMHP Prime	2,311	40.85%
HEDIS MY 2024 Colorado Medicaid Weighted Average		**43.84%**
Initiation of SUD Treatment—Total—13–17 Years[H, 1]		
DHMP	62	40.32%
RMHP Prime	4	NA
HEDIS MY 2024 Colorado Medicaid Weighted Average		**39.39%**
Initiation of SUD Treatment—Total—18–64 Years[H]		
DHMP	2,553	46.06%^

Medicaid Plan	Eligible Population	Rate
RMHP Prime	2,188	40.81%
HEDIS MY 2024 Colorado Medicaid Weighted Average		**43.64%**
HEDIS MY 2023 Colorado Medicaid Weighted Average		**40.57%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**38.30%**
Initiation of SUD Treatment—Total—65 Years and Older[H]		
DHMP	136	54.41%^
RMHP Prime	119	42.02%^
HEDIS MY 2024 Colorado Medicaid Weighted Average		**48.63%^**
HEDIS MY 2023 Colorado Medicaid Weighted Average		**45.00%^**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**51.64%**
Engagement of SUD Treatment—Total—Total[H, 1]		
DHMP	2,751	9.89%
RMHP Prime	2,311	16.14%^
HEDIS MY 2024 Colorado Medicaid Weighted Average		**12.74%**
Engagement of SUD Treatment—Total—13–17 Years[H, 1]		
DHMP	62	1.61%
RMHP Prime	4	NA
HEDIS MY 2024 Colorado Medicaid Weighted Average		**1.52%**
Engagement of SUD Treatment—Total—18–64 Years[H]		
DHMP	2,553	10.18%
RMHP Prime	2,188	16.73%^
HEDIS MY 2024 Colorado Medicaid Weighted Average		**13.20%**
HEDIS MY 2023 Colorado Medicaid Weighted Average		**10.55%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**9.59%**
Engagement of SUD Treatment—Total—65 Years and Older[H]		
DHMP	136	8.09%^
RMHP Prime	119	5.88%^
HEDIS MY 2024 Colorado Medicaid Weighted Average		**7.06%^**
HEDIS MY 2023 Colorado Medicaid Weighted Average		**2.69%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**3.69%**
Initiation of SUD Treatment—Alcohol Use Disorder—Total[H, 1]		
DHMP	1,077	43.27%^
RMHP Prime	1,042	38.77%
HEDIS MY 2024 Colorado Medicaid Weighted Average		**41.06%**
Initiation of SUD Treatment—Alcohol Use Disorder—13–17 Years[H, 1]		
DHMP	25	NA
RMHP Prime	1	NA
HEDIS MY 2024 Colorado Medicaid Weighted Average		**NA**

Medicaid Plan	Eligible Population	Rate
Initiation of SUD Treatment—Alcohol Use Disorder—18–64 Years[H]		
DHMP	978	43.25%^
RMHP Prime	985	38.58%
HEDIS MY 2024 Colorado Medicaid Weighted Average		**40.91%**
HEDIS MY 2023 Colorado Medicaid Weighted Average		**38.49%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**38.29%**
Initiation of SUD Treatment—Alcohol Use Disorder—65 Years and Older[H]		
DHMP	74	47.30%^
RMHP Prime	56	42.86%
HEDIS MY 2024 Colorado Medicaid Weighted Average		**45.38%^**
HEDIS MY 2023 Colorado Medicaid Weighted Average		**41.48%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**52.08%**
Initiation of SUD Treatment—Opioid Use Disorder—Total[H, 1]		
DHMP	581	55.42%
RMHP Prime	264	58.33%
HEDIS MY 2024 Colorado Medicaid Weighted Average		**56.33%**
Initiation of SUD Treatment—Opioid Use Disorder—13–17 Years[H, 1]		
DHMP	1	NA
RMHP Prime	0	NA
HEDIS MY 2024 Colorado Medicaid Weighted Average		**NA**
Initiation of SUD Treatment—Opioid Use Disorder—18–64 Years[H]		
DHMP	558	55.20%
RMHP Prime	239	59.00%
HEDIS MY 2024 Colorado Medicaid Weighted Average		**56.34%**
HEDIS MY 2023 Colorado Medicaid Weighted Average		**55.48%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**46.59%**
Initiation of SUD Treatment—Opioid Use Disorder—65 Years and Older[H]		
DHMP	22	NA
RMHP Prime	25	NA
HEDIS MY 2024 Colorado Medicaid Weighted Average		**57.45%^**
HEDIS MY 2023 Colorado Medicaid Weighted Average		**58.97%^**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**57.45%**
Initiation of SUD Treatment—Other Drug Use Disorder—Total[H, 1]		
DHMP	1,093	44.56%^
RMHP Prime	1,005	38.41%
HEDIS MY 2024 Colorado Medicaid Weighted Average		**41.61%**
Initiation of SUD Treatment—Other Drug Use Disorder—13–17 Years[H, 1]		
DHMP	36	47.22%^

Medicaid Plan	Eligible Population	Rate
RMHP Prime	3	NA
HEDIS MY 2024 Colorado Medicaid Weighted Average		**46.15%^**
Initiation of SUD Treatment—Other Drug Use Disorder—18–64 Years[H]		
DHMP	1,017	43.76%^
RMHP Prime	964	38.59%
HEDIS MY 2024 Colorado Medicaid Weighted Average		**41.24%**
HEDIS MY 2023 Colorado Medicaid Weighted Average		**37.76%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**35.73%**
Initiation of SUD Treatment—Other Drug Use Disorder—65 Years and Older[H]		
DHMP	40	62.50%^
RMHP Prime	38	34.21%
HEDIS MY 2024 Colorado Medicaid Weighted Average		**48.72%^**
HEDIS MY 2023 Colorado Medicaid Weighted Average		**44.19%^**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**45.28%**
Engagement of SUD Treatment—Alcohol Use Disorder—Total[H, 1]		
DHMP	1,077	6.78%
RMHP Prime	1,042	12.96%^
HEDIS MY 2024 Colorado Medicaid Weighted Average		**9.82%**
Engagement of SUD Treatment—Alcohol Use Disorder—13–17 Years[H, 1]		
DHMP	25	NA
RMHP Prime	1	NA
HEDIS MY 2024 Colorado Medicaid Weighted Average		**NA**
Engagement of SUD Treatment—Alcohol Use Disorder—18–64 Years[H]		
DHMP	978	6.95%
RMHP Prime	985	13.30%^
HEDIS MY 2024 Colorado Medicaid Weighted Average		**10.14%**
HEDIS MY 2023 Colorado Medicaid Weighted Average		**8.83%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**8.92%**
Engagement of SUD Treatment—Alcohol Use Disorder—65 Years and Older[H]		
DHMP	74	5.41%^
RMHP Prime	56	7.14%^
HEDIS MY 2024 Colorado Medicaid Weighted Average		**6.15%^**
HEDIS MY 2023 Colorado Medicaid Weighted Average		**2.22%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**3.47%**
Engagement of SUD Treatment—Opioid Use Disorder—Total[H, 1]		
DHMP	581	22.89%
RMHP Prime	264	34.09%^
HEDIS MY 2024 Colorado Medicaid Weighted Average		**26.39%**

Medicaid Plan	Eligible Population	Rate
Engagement of SUD Treatment—Opioid Use Disorder—13–17 Years[H, 1]		
DHMP	1	NA
RMHP Prime	0	NA
HEDIS MY 2024 Colorado Medicaid Weighted Average		**NA**
Engagement of SUD Treatment—Opioid Use Disorder—18–64 Years[H]		
DHMP	558	23.48%
RMHP Prime	239	36.82%^
HEDIS MY 2024 Colorado Medicaid Weighted Average		**27.48%**
HEDIS MY 2023 Colorado Medicaid Weighted Average		**23.54%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**18.00%**
Engagement of SUD Treatment—Opioid Use Disorder—65 Years and Older[H]		
DHMP	22	NA
RMHP Prime	25	NA
HEDIS MY 2024 Colorado Medicaid Weighted Average		**8.51%^**
HEDIS MY 2023 Colorado Medicaid Weighted Average		**5.13%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**8.51%**
Engagement of SUD Treatment—Other Drug Use Disorder—Total[H, 1]		
DHMP	1,093	6.04%
RMHP Prime	1,005	14.73%^
HEDIS MY 2024 Colorado Medicaid Weighted Average		**10.20%**
Engagement of SUD Treatment—Other Drug Use Disorder—13–17 Years[H, 1]		
DHMP	36	0.00%
RMHP Prime	3	NA
HEDIS MY 2024 Colorado Medicaid Weighted Average		**0.00%**
Engagement of SUD Treatment—Other Drug Use Disorder—18–64 Years[H]		
DHMP	1,017	6.00%
RMHP Prime	964	15.25%^
HEDIS MY 2024 Colorado Medicaid Weighted Average		**10.50%**
HEDIS MY 2023 Colorado Medicaid Weighted Average		**8.01%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**7.74%**
Engagement of SUD Treatment—Other Drug Use Disorder—65 Years and Older[H]		
DHMP	40	12.50%^
RMHP Prime	38	2.63%
HEDIS MY 2024 Colorado Medicaid Weighted Average		**7.69%^**
HEDIS MY 2023 Colorado Medicaid Weighted Average		**2.33%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**0.00%**

Medicaid Plan	Eligible Population	Rate
Metabolic Monitoring for Children and Adolescents on Antipsychotics		
Blood Glucose Testing—Total[H, 1]		
DHMP	28	NA
RMHP Prime	10	NA
HEDIS MY 2024 Colorado Medicaid Weighted Average		**55.26%**
Cholesterol Testing—Total[H, 1]		
DHMP	28	NA
RMHP Prime	10	NA
HEDIS MY 2024 Colorado Medicaid Weighted Average		**44.74%^**
Blood Glucose and Cholesterol Testing—Total[H, 1]		
DHMP	28	NA
RMHP Prime	10	NA
HEDIS MY 2024 Colorado Medicaid Weighted Average		**44.74%^**
Blood Glucose Testing—1–11 Years[H, 1]		
DHMP	3	NA
RMHP Prime	3	NA
HEDIS MY 2024 Colorado Medicaid Weighted Average		**NA**
Blood Glucose Testing—12–17 Years[H, 1]		
DHMP	25	NA
RMHP Prime	7	NA
HEDIS MY 2024 Colorado Medicaid Weighted Average		**62.50%^**
Cholesterol Testing—1–11 Years[H, 1]		
DHMP	3	NA
RMHP Prime	3	NA
HEDIS MY 2024 Colorado Medicaid Weighted Average		**NA**
Cholesterol Testing—12–17 Years[H]		
DHMP	25	NA
RMHP Prime	7	NA
HEDIS MY 2024 Colorado Medicaid Weighted Average		**53.13%^**
Blood Glucose and Cholesterol Testing—1–11 Years[H, 1]		
DHMP	3	NA
RMHP Prime	3	NA
HEDIS MY 2024 Colorado Medicaid Weighted Average		**NA**
Blood Glucose and Cholesterol Testing—12–17 Years[H, 1]		
DHMP	25	NA
RMHP Prime	7	NA
HEDIS MY 2024 Colorado Medicaid Weighted Average		**53.13%^**

Medicaid Plan	Eligible Population	Rate
Postpartum Depression Screening and Follow-Up		
Depression Screening—21 Years and Older[SA, 1]		
DHMP	1,023	8.02%
RMHP Prime	997	4.01%
HEDIS MY 2024 Colorado Medicaid Weighted Average		**6.04%**
Follow-Up on Positive Screen—21 Years and Older[SA, 1]		
DHMP	1,023	NA
RMHP Prime	997	NA
HEDIS MY 2024 Colorado Medicaid Weighted Average		**NA**
Screening for Depression and Follow-Up Plan		
Total[SA]		
DHMP	44,571	50.36%
RMHP Prime	15,189	14.83%
HEDIS MY 2024 Colorado Medicaid Weighted Average		**41.33%**
HEDIS MY 2023 Colorado Medicaid Weighted Average		**17.83%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**16.38%**
12–17 Years[SA]		
DHMP	6,944	66.60%
RMHP Prime	111	16.22%
HEDIS MY 2024 Colorado Medicaid Weighted Average		**65.81%**
HEDIS MY 2023 Colorado Medicaid Weighted Average		**31.80%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**33.62%**
18–64 Years[SA]		
DHMP	34,427	47.22%
RMHP Prime	13,837	15.47%
HEDIS MY 2024 Colorado Medicaid Weighted Average		**38.12%**
HEDIS MY 2023 Colorado Medicaid Weighted Average		**16.63%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**14.42%**
65 Years and Older[SA]		
DHMP	3,200	48.91%
RMHP Prime	1,241	7.49%
HEDIS MY 2024 Colorado Medicaid Weighted Average		**37.33%**
HEDIS MY 2023 Colorado Medicaid Weighted Average		**5.46%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**5.15%**
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics		
1–11 Years[H, 2]		
DHMP	2	NA
RMHP Prime	0	NA

Medicaid Plan	Eligible Population	Rate
HEDIS MY 2024 Colorado Medicaid Weighted Average		**NA**
HEDIS MY 2023 Colorado Medicaid Weighted Average		**NA**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**NA**
12–17 Years[H]		
DHMP	15	NA
RMHP Prime	2	NA
HEDIS MY 2024 Colorado Medicaid Weighted Average		**NA**
HEDIS MY 2023 Colorado Medicaid Weighted Average		**NA**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**NA**
Total[H]		
DHMP	17	NA
RMHP Prime	2	NA
HEDIS MY 2024 Colorado Medicaid Weighted Average		**NA**
HEDIS MY 2023 Colorado Medicaid Weighted Average		**NA**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**NA**
Use of Pharmacotherapy for Opioid Use Disorder		
Rate 1: Total[SA]		
DHMP	1,033	36.88%
RMHP Prime	694	71.04%
HEDIS MY 2024 Colorado Medicaid Weighted Average		**50.61%**
HEDIS MY 2023 Colorado Medicaid Weighted Average		**53.89%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**60.90%**
Rate 2: Buprenorphine[SA]		
DHMP	1,033	33.98%
RMHP Prime	694	37.18%
HEDIS MY 2024 Colorado Medicaid Weighted Average		**35.26%**
HEDIS MY 2023 Colorado Medicaid Weighted Average		**35.65%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**39.17%**
Rate 3: Oral Naltrexone[SA]		
DHMP	1,033	2.13%
RMHP Prime	694	1.44%
HEDIS MY 2024 Colorado Medicaid Weighted Average		**1.85%**
HEDIS MY 2023 Colorado Medicaid Weighted Average		**3.45%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**3.62%**
Rate 4: Long-Acting, Injectable Naltrexone[SA]		
DHMP	1,033	0.77%
RMHP Prime	694	0.58%
HEDIS MY 2024 Colorado Medicaid Weighted Average		**0.69%**

Medicaid Plan	Eligible Population	Rate
HEDIS MY 2023 Colorado Medicaid Weighted Average		**0.89%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**1.09%**
Rate 5: Methadone ^{SA}		
DHMP	1,033	0.87%
RMHP Prime	694	37.18%
HEDIS MY 2024 Colorado Medicaid Weighted Average		**15.46%**
HEDIS MY 2023 Colorado Medicaid Weighted Average		**17.63%**
HEDIS MY 2022 Colorado Medicaid Weighted Average		**22.74%**

[1] Due to measure specification changes, there is a break in trending or this was the first year the measure was reported.
[2] Due to differences in member eligibility for children in RMHP Prime, rates may not be comparable to DHMP's rates.
[H] indicates that the measure is a HEDIS measure and can be compared to NCQA benchmarks.
[SA] indicates that the measure could only be compared to the statewide average.
Yellow shading with one caret (^) indicates the rate was at or above the 50th percentile.

Dental and Oral Health Services

Table A-5—Dental and Oral Health Services—MCO-Specific Rates and Colorado Medicaid Weighted Averages

Medicaid Plan	Eligible Population	Rate
Ambulatory Care Sensitive ED Visits for Non-Traumatic Dental Conditions in Adults		
18–64 Years**, SA, 1		
DHMP	NQ	NQ
RMHP Prime	0	NA
HEDIS MY 2024 Colorado Medicaid Weighted Average		**NA**
***65 Years and Older**SA, 1*		
DHMP	NQ	NQ
RMHP Prime	0	NA
HEDIS MY 2024 Colorado Medicaid Weighted Average		**NA**
Oral Evaluation During Pregnancy		
***21–44 Years**SA, 1*		
DHMP	NQ	NQ
RMHP Prime	0	NA
HEDIS MY 2024 Colorado Medicaid Weighted Average		**NA**

[1]Due to measure specification changes, there is a break in trending or this was the first year the measure was reported.
** For this indicator, a lower rate indicates better performance.*
[SA] indicates that the measure could only be compared to the statewide average.
NA indicates that the rate was not reported.
NQ indicates that the rate was not required

Appendix B. Trend Tables

Appendix B includes trend tables for each of the MCOs and the Colorado Medicaid weighted averages. Where applicable, measure rates for MY 2022, MY 2023, and MY 2024 are presented.

MY 2022 to MY 2024 HEDIS measure performance comparisons are based on the Chi-square test of statistical significance with a *p* value <0.05. Rates shaded green with one caret (^) indicate a statistically significant improvement in performance from the previous year. Rates shaded red with two carets (^^) indicate a statistically significant decline in performance from the previous year.

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

DHMP Trend Table

Table B-1—DHMP Trend Table

Performance Measures	HEDIS MY 2022 Rate	HEDIS MY 2023 Rate	HEDIS MY 2024 Rate	Percentile Ranking
Primary Care Access and Preventive Care				
Adult Immunization Status				
Influenza—19–65 Years[H]	—	—	20.02%	75th–89th
Influenza—66 Years and Older[H]	—	—	45.72%	75th–89th
Pneumococcal—66 Years and Older[H]	—	—	81.02%	≥90th
Td/Tdap—19–65 Years[H]	—	—	59.86%	≥90th
Td/Tdap—66 Years and Older[H]	—	—	55.40%	≥90th
Zoster—50–65 Years[H]	—	—	32.81%	≥90th
Zoster—66 Years and Older[H]	—	—	50.12%	≥90th
Breast Cancer Screening				
50–64 Years[SA]	—	—	54.45%	—
65–74 Years[SA]	—	—	34.52%	—
Cervical Cancer Screening				
Cervical Cancer Screening[H]	34.24%	40.81%	**38.90%^^**	<10th
Child and Adolescent Well-Care Visits				
Total[H]	42.90%	46.56%	48.78%^	25th–49th
3–11 Years[H]	52.97%	57.59%	58.60%	25th–49th
12–17 Years[H]	45.59%	46.82%	48.51%^	25th–49th

Performance Measures	HEDIS MY 2022 Rate	HEDIS MY 2023 Rate	HEDIS MY 2024 Rate	Percentile Ranking
18–21 Years[H]	15.57%	18.36%	20.54%^	10th–24th
Childhood Immunization Status				
Combination 3[H]	72.47%	69.05%	**59.92%^^**	25th–49th
Combination 7[H]	59.64%	64.51%	**56.65%^^**	50th–74th
Combination 10[H]	42.05%	44.33%	**31.70%^^**	50th–74th
DTaP[H]	75.25%	76.64%	**67.69%^^**	25th–49th
Hepatitis A[H]	85.29%	85.83%	88.14%	≥90th
Hepatitis B[H]	88.77%	85.15%	**80.16%^^**	10th–24th
HiB[H]	84.69%	85.83%	84.46%	50th–74th
Influenza[H]	53.78%	51.13%	**41.92%^^**	50th–74th
IPV[H]	85.59%	83.67%	80.16%	10th–24th
MMR[H]	85.69%	87.07%	88.75%	75th–89th
Pneumococcal Conjugate[H]	77.04%	72.00%	**66.67%^^**	10th–24th
Rotavirus[H]	64.71%	71.66%	**65.44%^^**	25th–49th
VZV[H]	85.39%	87.07%	88.96%	75th–89th
Chlamydia Screening in Women				
Total[H]	74.19%	76.86%	75.09%	≥90th
16–20 Years[H]	77.04%	80.86%	**76.93%^^**	≥90th
21–24 Years[H]	70.33%	70.89%	72.45%	≥90th
Colorectal Cancer Screening				
46–50 Years[H]	—	—	20.42%	—
51–65 Years[H]	—	—	33.16%	—
66–75 Years[H]	—	—	39.49%	—
Developmental Screening in the First Three Years of Life				
Total[SA]	60.80%	68.63%	75.70%^	—
1 Year[SA]	48.58%	63.49%	83.95%^	—
2 Years[SA]	75.82%	78.92%	81.92%	—
3 Years[SA]	58.92%	62.05%	69.25%^	—
Immunizations for Adolescents				
Combination 1[H]	71.77%	63.07%	70.42%^	10th–24th
Combination 2[H]	36.84%	38.97%	53.38%^	≥90th
HPV[H]	37.19%	40.63%	54.28%^	≥90th
Meningococcal[H]	72.22%	63.35%	70.87%^	10th–24th
Tdap[H]	74.52%	70.48%	72.86%	<10th
Lead Screening in Children				
Lead Screening in Children[H]	61.16%	59.10%	62.47%	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]	68.09%	67.28%	**62.86%^^**	<10th
BMI Percentile—3–11 Years[H]	68.01%	68.61%	**63.20%^^**	<10th
BMI Percentile—12–17 Years[H]	68.21%	65.39%	**62.36%^^**	<10th
Counseling for Nutrition—Total[H]	73.10%	75.55%	75.23%	50th–74th
Counseling for Nutrition—3–11 Years[H]	74.96%	79.12%	**77.09%^^**	50th–74th
Counseling for Nutrition—12–17 Years[H]	70.43%	70.46%	72.48%^	50th–74th
Counseling for Physical Activity—Total[H]	71.96%	74.79%	74.42%	50th–74th
Counseling for Physical Activity—3–11 Years[H]	73.78%	78.12%	**76.26%^^**	50th–74th
Counseling for Physical Activity—12–17 Years[H]	69.36%	70.06%	71.71%	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]	58.28%	58.62%	67.33%^	75th–89th
Well-Child Visits for Age 15 Months–30 Months—Two or More Well-Child Visits[H]	59.29%	64.19%	72.07%^	50th–74th
Maternal and Perinatal Health				
Contraceptive Care—All Women				
Most or Moderately Effective Contraception—Total[SA]	19.32%	19.79%	19.79%	—
Most or Moderately Effective Contraception—15–20 Years[SA]	20.68%	21.30%	19.44%	—
Most or Moderately Effective Contraception—21–44 Years[SA]	18.89%	19.29%	19.90%	—
Long-Acting Reversible Contraception—Total[SA]	5.04%	5.14%	5.45%	—
Long-Acting Reversible Contraception—15–20 Years[SA]	5.30%	5.81%	**4.68%^^**	—
Long-Acting Reversible Contraception—21–44 Years[SA]	4.95%	4.93%	5.70%^	—
Contraceptive Care—Postpartum Women				
Most or Moderately Effective Contraception—3 Days—Total[SA]	27.40%	26.38%	28.15%	—
Most or Moderately Effective Contraception—3 Days—15–20 Years[SA]	25.68%	29.79%	31.51%	—
Most or Moderately Effective Contraception—3 Days—21–44 Years[SA]	27.59%	25.94%	27.84%	—
Most or Moderately Effective Contraception—90 Days—Total[SA]	56.71%	55.58%	52.89%	—
Most or Moderately Effective Contraception—90 Days—15–20 Years[SA]	59.46%	65.96%	54.79%	—
Most or Moderately Effective Contraception—90 Days—21–44 Years[SA]	56.40%	54.23%	52.71%	—
Long-Acting Reversible Contraception—3 Days—Total[SA]	9.86%	9.33%	10.48%	—
Long-Acting Reversible Contraception—3 Days—15–20 Years[SA]	6.76%	13.83%	20.55%	—
Long-Acting Reversible Contraception—3 Days—21–44 Years[SA]	10.21%	8.74%	9.54%	—
Long-Acting Reversible Contraception—90 Days—Total[SA]	26.03%	26.50%	23.32%	—
Long-Acting Reversible Contraception—90 Days—15–20 Years[SA]	27.03%	34.04%	35.62%	—
Long-Acting Reversible Contraception—90 Days—21–44 Years[SA]	25.91%	25.52%	22.16%	—

Performance Measures	HEDIS MY 2022 Rate	HEDIS MY 2023 Rate	HEDIS MY 2024 Rate	Percentile Ranking
Prenatal and Postpartum Care				
Timeliness of Prenatal Care—Under 21 Years[SA]	—	80.41%	78.40%	—
Timeliness of Prenatal Care—21 Years and Older[SA]	—	83.86%	83.12%	—
Postpartum Care—Under 21 Years[SA]	—	79.05%	73.60%	—
Postpartum Care—21 Years and Older[SA]	—	78.52%	77.64%	—
Prenatal Immunization Status				
Combination—21 Years and Older[SA]	—	—	84.62%	—
Influenza—21 Years and Older[SA]	—	—	52.48%	—
Tdap—21 Years and Older[SA]	—	—	49.74%	—
Care of Acute and Chronic Conditions				
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis				
3 Months–17 Years[H]	96.52%	95.16%	94.00%	≥90th
18–64 Years[H]	68.26%	72.69%	63.53%	≥90th
65 Years and Older[H]	NA	NA	NA	—
Asthma Medication Ratio				
5–18 Years[SA]	58.05%	68.24%	61.39%	—
5–11 Years[H]	62.50%	76.25%	67.19%	25th–49th
12–18 Years[H]	53.49%	58.82%	51.35%	<10th
19–50 Years[H]	51.71%	55.47%	58.82%	25th–49th
19–64 Years[SA]	51.91%	53.68%	56.13%	—
51–64 Years[H]	52.50%	49.55%	50.60%	<10th
Concurrent Use of Opioids and Benzodiazepines				
*18–64 Years**[, SA]	5.74%	5.46%	6.00%	—
*65 Years and Older**[, SA]	6.52%	5.88%	5.50%	—
Controlling High Blood Pressure				
18–64 Years[H]	47.93%	51.61%	51.99%	—
65–85 Years[H]	56.64%	58.19%	57.17%	—
Glycemic Status Assessment for Patients With Diabetes				
*Glycemic Status <8.0%—18–64 Years**[, SA]	44.94%	48.64%	48.47%	—
*Glycemic Status <8.0%—65–75 Years**[, SA]	51.44%	54.73%	54.05%	—
*Glycemic Status >9.0%—18–64 Years**[, SA]	45.15%	41.99%	42.33%	—
*Glycemic Status >9.0%—65–75 Years**[, SA]	37.77%	36.66%	36.43%	—
Use of Opioids at High Dosage				
*18–64 Years**[, SA]	5.04%	4.64%	5.22%	—
*65 Years and Older**[, SA]	4.88%	5.83%	8.33%	—
Plan All-Cause Readmissions				
*Observed Readmissions—18–64 Years**[, H]	—	—	11.34%	—

Performance Measures	HEDIS MY 2022 Rate	HEDIS MY 2023 Rate	HEDIS MY 2024 Rate	Percentile Ranking
Expected Readmissions—18–64 Years, H*	—	—	9.05%	—
O/E Ratio—18–64 Years, H*	—	—	1.2529	—
Outlier Rate—18–64 Years, H*	—	—	62.11	—
PQI 01: Diabetes Short-Term Complications Admission Rate				
18–64 Years, SA*	16.69	15.48	14.75	—
65 Years and Older, SA*	0.00	5.57	7.07	—
PQI 05: COPD or Asthma in Older Adults Admission Rate				
40–64 Years, SA*	20.13	17.43	21.57	—
65 Years and Older, SA*	43.95	38.97	30.64	—
PQI 08: Heart Failure Admission Rate				
18–64 Years, SA*	24.10	25.61	33.72^^	—
65 Years and Older, SA*	1,385.48	952.38	99.00^	—
PQI 15: Asthma in Younger Adults Admission Rate				
18–39 Years, SA*	3.50	2.82	3.17	—
Behavioral Health Care				
Adherence to Antipsychotic Medications for Individuals With Schizophrenia				
Adherence to Antipsychotic Medications for Individuals With Schizophrenia[H]	47.15%	52.97%	58.16%	25th–49th
Antidepressant Medication Management				
Effective Acute Phase Treatment—18–64 Years[SA]	66.37%	66.19%	66.61%	—
Effective Acute Phase Treatment—65 Years and Older[SA]	76.92%	81.08%	83.87%	—
Effective Continuation Phase Treatment—18–64 Years[SA]	46.53%	42.60%	48.29%^	—
Effective Continuation Phase Treatment—65 Years and Older[SA]	53.85%	48.65%	61.29%	—
Diabetes Care for People With Serious Mental Illness: HbA1c Poor Control >9.0%				
18–64 Years[SA]	53.93%	45.06%	50.33%	—
65–75 Years[SA]	NA	NA	NA	—
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications				
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications[H]	85.52%	88.59%	86.17%	75th–89th
Follow-Up After Emergency Department Visit for Substance Use				
7-Day Follow-Up—Total[H]	20.58%	17.67%	20.75%^	25th–49th
7-Day Follow-Up—13–17 Years[H]	17.65%	4.44%	NA	—
7-Day Follow-Up—18–64 Years[SA]	20.78%	18.13%	20.84%^	—
7-Day Follow-Up—65 Years and Older[SA]	14.89%	11.86%	17.39%	—
30-Day Follow-Up—Total[H]	28.07%	27.59%	30.87%^	25th–49th

Performance Measures	HEDIS MY 2022 Rate	HEDIS MY 2023 Rate	HEDIS MY 2024 Rate	Percentile Ranking
30-Day Follow-Up—13–17 Years[H]	23.53%	11.11%	NA	—
30-Day Follow-Up—18–64 Years[H]	28.33%	28.17%	31.05%	—
30-Day Follow-Up—65 Years and Older[SA]	21.28%	20.34%	28.26%	—
Follow-Up After Emergency Department Visit for Mental Illness				
7-Day Follow-Up—Total[H]	15.54%	16.31%	27.93%^	10th–24th
7-Day Follow-Up—6–17 Years[H]	9.30%	12.09%	31.25%^	10th–24th
7-Day Follow-Up—18–64 Years[H]	16.74%	17.16%	28.11%^	25th–49th
7-Day Follow-Up—65 Years and Older[H]	NA	NA	NA	—
30-Day Follow-Up—Total[H]	24.35%	28.09%	37.16%^	10th–24th
30-Day Follow-Up—6–17 Years[H]	25.58%	30.77%	43.75%	<10th
30-Day Follow-Up—18–64 Years[H]	24.17%	27.70%	37.31%^	10th–24th
30-Day Follow-Up—65 Years and Older[H]	NA	NA	NA	—
Follow-Up After Hospitalization for Mental Illness				
7-Day Follow-Up—Total[H]	3.96%	10.38%	9.76%	<10th
7-Day Follow-Up—6–17 Years[H]	NA	NA	NA	—
7-Day Follow-Up—18–64 Years[H]	2.47%	11.36%	9.52%	<10th
7-Day Follow-Up—65 Years and Older[H]	NA	NA	NA	—
30-Day Follow-Up—Total[H]	18.81%	22.64%	15.85%	<10th
30-Day Follow-Up—6–17 Years[H]	NA	NA	NA	—
30-Day Follow-Up—18–64 Years[H]	17.28%	20.45%	14.29%	<10th
30-Day Follow-Up—65 Years and Older[H]	NA	NA	NA	—
Follow-Up Care for Children Prescribed ADHD Medication				
Initiation Phase[H]	—	—	46.61%	50th–74th
Continuation and Maintenance Phase[H]	—	—	42.86%	10th–24th
Initiation and Engagement of Substance Use Disorder Treatment				
Initiation of SUD Treatment—Total—Total[H]	—	—	46.35%	50th–74th
Initiation of SUD Treatment—Total—13–17 Years[H]	—	—	40.32%	25th–49th
Initiation of SUD Treatment—Total—18–64 Years[H]	41.59%	41.81%	46.06%^	50th–74th
Initiation of SUD Treatment—Total—65 Years and Older[H]	58.24%	47.56%	54.41%	75th–89th
Engagement of SUD Treatment—Total—Total[H]	—	—	9.89%	25th–49th
Engagement of SUD Treatment—Total—13–17 Years[H]	—	—	1.61%	<10th
Engagement of SUD Treatment—Total—18–64 Years[H]	7.07%	7.21%	10.18%^	25th–49th
Engagement of SUD Treatment—Total—65 Years and Older[H]	4.71%	3.66%	8.09%	50th–74th
Initiation of SUD Treatment—Alcohol Use Disorder—Total[H]	—	—	43.27%	50th–74th
Initiation of SUD Treatment—Alcohol Use Disorder—13–17 Years[H]	—	—	NA	—
Initiation of SUD Treatment—Alcohol Use Disorder—18–64 Years[H]	40.11%	39.28%	43.25%^	50th–74th
Initiation of SUD Treatment—Alcohol Use Disorder—65 Years and Older[H]	56.76%	40.23%	47.30%	50th–74th

Performance Measures	HEDIS MY 2022 Rate	HEDIS MY 2023 Rate	HEDIS MY 2024 Rate	Percentile Ranking
Initiation of SUD Treatment—Opioid Use Disorder—Total[H]	—	—	55.42%	25th–49th
Initiation of SUD Treatment—Opioid Use Disorder—13–17 Years[H]	—	—	NA	—
Initiation of SUD Treatment—Opioid Use Disorder—18–64 Years[H]	50.81%	53.60%	55.20%	25th–49th
Initiation of SUD Treatment—Opioid Use Disorder—65 Years and Older[H]	60.00%	NA	NA	—
Initiation of SUD Treatment—Other Drug Use Disorder—Total[H]	—	—	44.56%	50th–74th
Initiation of SUD Treatment—Other Drug Use Disorder—13–17 Years[H]	—	—	47.22%	50th–74th
Initiation of SUD Treatment—Other Drug Use Disorder—18–64 Years[H]	40.10%	40.06%	43.76%	50th–74th
Initiation of SUD Treatment—Other Drug Use Disorder—65 Years and Older[H]	NA	52.83%	62.50%	≥90th
Engagement of SUD Treatment—Alcohol Use Disorder—Total[H]	—	—	6.78%	10th–24th
Engagement of SUD Treatment—Alcohol Use Disorder—13–17 Years[H]	—	—	NA	—
Engagement of SUD Treatment—Alcohol Use Disorder—18–64 Years[H]	6.63%	5.38%	6.95%	10th–24th
Engagement of SUD Treatment—Alcohol Use Disorder—65 Years and Older[H]	3.60%	2.30%	5.41%	50th–74th
Engagement of SUD Treatment—Opioid Use Disorder—Total[H]	—	—	22.89%	25th–49th
Engagement of SUD Treatment—Opioid Use Disorder—13–17 Years[H]	—	—	NA	—
Engagement of SUD Treatment—Opioid Use Disorder—18–64 Years[H]	15.50%	17.63%	23.48%^	25th–49th
Engagement of SUD Treatment—Opioid Use Disorder—65 Years and Older[H]	13.33%	NA	NA	—
Engagement of SUD Treatment—Other Drug Use Disorder—Total[H]	—	—	6.04%	10th–24th
Engagement of SUD Treatment—Other Drug Use Disorder—13–17 Years[H]	—	—	0.00%	<10th
Engagement of SUD Treatment—Other Drug Use Disorder—18–64 Years[H]	4.57%	5.17%	6.00%	10th–24th
Engagement of SUD Treatment—Other Drug Use Disorder—65 Years and Older[H]	NA	3.77%	12.50%	≥90th
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	—
Postpartum Depression Screening and Follow-Up				
Depression Screening—21 Years and Older[SA]	—	—	8.02%	—

Performance Measures	HEDIS MY 2022 Rate	HEDIS MY 2023 Rate	HEDIS MY 2024 Rate	Percentile Ranking
Follow-Up on Positive Screen—21 Years and Older[SA]	—	—	NA	—
Screening for Depression and Follow-Up Plan				
Total[SA]	20.66%	22.36%	50.36%^	—
12–17 Years[SA]	34.14%	32.25%	66.60%^	—
18–64 Years[SA]	18.40%	21.28%	47.22%^	—
65 Years and Older[SA]	6.26%	6.98%	48.91%^	—
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	—
Use of Pharmacotherapy for Opioid Use Disorder				
Rate 1: Total[SA]	51.62%	38.92%	36.88%	—
Rate 2: Buprenorphine[SA]	48.70%	33.84%	33.98%	—
Rate 3: Oral Naltrexone[SA]	1.95%	3.66%	**2.13%^^**	—
Rate 4: Long-Acting, Injectable Naltrexone[SA]	1.62%	1.32%	0.77%	—
Rate 5: Methadone[SA]	0.32%	1.63%	0.87%	—
Dental and Oral Health Services				
Ambulatory Care Sensitive ED Visits for Non-Traumatic Dental Conditions in Adults				
*18–64 Years**[, SA]	—	—	NQ	—
*65 Years and Older**[, SA]	—	—	NQ	—
Oral Evaluation During Pregnancy				
21–44 Years[SA]	—	—	NQ	—

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

RMHP Prime Trend Table

Table B-2—RMHP Prime Trend Table

Performance Measures	HEDIS MY 2022 Rate	HEDIS MY 2023 Rate	HEDIS MY 2024 Rate	Percentile Ranking
Primary Care Access and Preventive Care				
Adult Immunization Status				
Influenza—19–65 Years[H]	—	—	16.94%	50th–74th
Influenza—66 Years and Older[H]	—	—	45.67%	75th–89th
Pneumococcal—66 Years and Older[H]	—	—	38.22%	25th–49th
Td/Tdap—19–65 Years[H]	—	—	38.89%	50th–74th
Td/Tdap—66 Years and Older[H]	—	—	27.10%	25th–49th
Zoster—50–65 Years[H]	—	—	9.27%	25th–49th
Zoster—66 Years and Older[H]	—	—	10.23%	25th–49th
Breast Cancer Screening				
50–64 Years[SA]	—	—	56.76%	—
65–74 Years[SA]	—	—	53.69%	—
Cervical Cancer Screening				
Cervical Cancer Screening[H]	42.38%	46.96%	52.45%^	25th–49th
Child and Adolescent Well-Care Visits				
Total[H]	28.73%	28.72%	30.67%	<10th
3–11 Years[H]	51.35%	55.56%	60.27%	50th–74th
12–17 Years[H]	59.12%	42.00%	58.93%^	75th–89th
18–21 Years[H]	15.95%	20.62%	18.59%	<10th
Childhood Immunization Status				
Combination 3[H]	NA	NA	NA	—
Combination 7[H]	NA	NA	NA	—
Combination 10[H]	NA	NA	NA	—
DTaP[H]	NA	NA	NA	—
Hepatitis A[H]	NA	NA	NA	—
Hepatitis B[H]	NA	NA	NA	—
HiB[H]	NA	NA	NA	—
Influenza[H]	NA	NA	NA	—
IPV[H]	NA	NA	NA	—
MMR[H]	NA	NA	NA	—
Pneumococcal Conjugate[H]	NA	NA	NA	—
Rotavirus[H]	NA	NA	NA	—
VZV[H]	NA	NA	NA	—

Performance Measures	HEDIS MY 2022 Rate	HEDIS MY 2023 Rate	HEDIS MY 2024 Rate	Percentile Ranking
Chlamydia Screening in Women				
Total[H]	49.07%	44.67%	45.18%	10th–24th
16–20 Years[H]	39.34%	38.96%	46.05%	25th–49th
21–24 Years[H]	49.60%	45.20%	45.06%	<10th
Colorectal Cancer Screening				
46–50 Years[H]	—	—	31.96%	—
51–65 Years[H]	—	—	43.70%	—
66–75 Years[H]	—	—	38.07%	—
Developmental Screening in the First Three Years of Life				
Total[SA]	NA	NA	NA	—
1 Year[SA]	NA	NA	NA	—
2 Years[SA]	NA	NA	NA	—
3 Years[SA]	NA	NA	NA	—
Immunizations for Adolescents				
Combination 1[H]	80.00%	58.82%	NA	—
Combination 2[H]	26.67%	26.47%	NA	—
HPV[H]	26.67%	41.18%	NA	—
Meningococcal[H]	80.00%	58.82%	NA	—
Tdap[H]	83.33%	85.29%	NA	—
Lead Screening in Children				
Lead Screening in Children[H]	NA	NA	NA	—
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents				
BMI Percentile—Total[H]	23.40%	20.12%	28.08%	<10th
BMI Percentile—3–11 Years[H]	20.65%	24.19%	30.51%	<10th
BMI Percentile—12–17 Years[H]	25.17%	17.76%	26.44%	<10th
Counseling for Nutrition—Total[H]	25.96%	32.54%	36.99%	<10th
Counseling for Nutrition—3–11 Years[H]	30.43%	38.71%	44.07%	<10th
Counseling for Nutrition—12–17 Years[H]	23.08%	28.97%	32.18%	<10th
Counseling for Physical Activity—Total[H]	13.19%	25.44%	30.14%	<10th
Counseling for Physical Activity—3–11 Years[H]	13.04%	30.65%	32.20%	<10th
Counseling for Physical Activity—12–17 Years[H]	13.29%	22.43%	28.74%	<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]	NA	NA	NA	—
Well-Child Visits for Age 15 Months–30 Months—Two or More Well-Child Visits[H]	NA	NA	NA	—

Performance Measures	HEDIS MY 2022 Rate	HEDIS MY 2023 Rate	HEDIS MY 2024 Rate	Percentile Ranking
Maternal and Perinatal Health				
Contraceptive Care—All Women				
Most or Moderately Effective Contraception—Total[SA]	19.72%	19.56%	21.82%^	—
Most or Moderately Effective Contraception—15–20 Years[SA]	30.09%	30.83%	31.47%	—
Most or Moderately Effective Contraception—21–44 Years[SA]	19.57%	19.41%	21.61%^	—
Long-Acting Reversible Contraception—Total[SA]	4.31%	4.32%	5.74%^	—
Long-Acting Reversible Contraception—15–20 Years[SA]	6.94%	6.77%	10.49%	—
Long-Acting Reversible Contraception—21–44 Years[SA]	4.27%	4.28%	5.64%^	—
Contraceptive Care—Postpartum Women				
Most or Moderately Effective Contraception—3 Days—Total[SA]	6.62%	4.12%	6.29%	—
Most or Moderately Effective Contraception—3 Days—15–20 Years[SA]	NA	NA	0.00%	—
Most or Moderately Effective Contraception—3 Days—21–44 Years[SA]	6.70%	4.09%	6.59%^	—
Most or Moderately Effective Contraception—90 Days—Total[SA]	42.49%	38.51%	43.78%^	—
Most or Moderately Effective Contraception—90 Days—15–20 Years[SA]	NA	NA	55.88%	—
Most or Moderately Effective Contraception—90 Days—21–44 Years[SA]	42.16%	38.56%	43.20%	—
Long-Acting Reversible Contraception—3 Days—Total[SA]	0.48%	0.27%	0.40%	—
Long-Acting Reversible Contraception—3 Days—15–20 Years[SA]	NA	NA	0.00%	—
Long-Acting Reversible Contraception—3 Days—21–44 Years[SA]	0.49%	0.27%	0.42%	—
Long-Acting Reversible Contraception—90 Days—Total[SA]	17.45%	14.08%	17.27%	—
Long-Acting Reversible Contraception—90 Days—15–20 Years[SA]	NA	NA	14.71%	—
Long-Acting Reversible Contraception—90 Days—21–44 Years[SA]	17.16%	14.31%	17.39%	—
Prenatal and Postpartum Care				
Timeliness of Prenatal Care—Under 21 Years[SA]	—	36.11%	54.10%	—
Timeliness of Prenatal Care—21 Years and Older[SA]	—	52.81%	**35.53%^^**	—
Postpartum Care—Under 21 Years[SA]	—	47.22%	55.74%	—
Postpartum Care—21 Years and Older[SA]	—	46.54%	65.27%^	—
Prenatal Immunization Status				
Combination—21 Years and Older[SA]	—	—	68.16%	—
Influenza—21 Years and Older[SA]	—	—	28.29%	—
Tdap—21 Years and Older[SA]	—	—	25.66%	—
Care of Acute and Chronic Conditions				
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis				
3 Months–17 Years[H]	NA	NA	NA	—
18–64 Years[H]	48.05%	54.39%	50.47%	75th–89th
65 Years and Older[H]	NA	NA	NA	—
Asthma Medication Ratio				
5–18 Years[SA]	NA	NA	NA	—
5–11 Years[H]	NA	NA	NA	—

Performance Measures	HEDIS MY 2022 Rate	HEDIS MY 2023 Rate	HEDIS MY 2024 Rate	Percentile Ranking
12–18 Years[H]	NA	NA	NA	—
19–50 Years[H]	57.91%	53.05%	48.28%	<10th
19–64 Years[SA]	59.06%	58.58%	55.24%	—
51–64 Years[H]	62.32%	74.00%	72.29%	75th–89th
Concurrent Use of Opioids and Benzodiazepines				
*18–64 Years**, [SA]	10.26%	9.90%	11.86%	—
*65 Years and Older**, [SA]	NA	20.00%	NA	—
Controlling High Blood Pressure				
18–64 Years[H]	22.00%	41.89%	45.79%^	—
65–85 Years[H]	23.06%	46.00%	51.93%	—
Glycemic Status Assessment for Patients With Diabetes				
*Glycemic Status <8.0%—18–64 Years**, [SA]	32.65%	44.11%	45.62%	—
*Glycemic Status <8.0%—65–75 Years**, [SA]	40.00%	50.18%	55.70%	—
*Glycemic Status >9.0%—18–64 Years**, [SA]	61.39%	48.01%	47.49%	—
*Glycemic Status >9.0%—65–75 Years**, [SA]	52.31%	40.79%	38.40%	—
Use of Opioids at High Dosage				
*18–64 Years**, [SA]	3.36%	2.77%	3.90%	—
*65 Years and Older**, [SA]	NA	NA	NA	—
Plan All-Cause Readmissions				
*Observed Readmissions—18–64 Years**, [H]	—	—	9.52%	—
*Expected Readmissions—18–64 Years**, [H]	—	—	8.91%	—
*O/E Ratio—18–64 Years**, [H]	—	—	1.0682	—
*Outlier Rate—18–64 Years**, [H]	—	—	37.91	—
PQI 01: Diabetes Short-Term Complications Admission Rate				
*18–64 Years**, [SA]	11.13	7.62	11.04	—
*65 Years and Older**, [SA]	9.51	5.66	0.00	—
PQI 05: COPD or Asthma in Older Adults Admission Rate				
*40–64 Years**, [SA]	9.03	5.47	**12.26^^**	—
*65 Years and Older**, [SA]	25.36	14.15	25.56	—
PQI 08: Heart Failure Admission Rate				
*18–64 Years**, [SA]	5.20	5.81	**9.42^^**	—
*65 Years and Older**, [SA]	28.53	16.98	29.21	—
PQI 15: Asthma in Younger Adults Admission Rate				
*18–39 Years**, [SA]	2.37	0.34	2.08	—

Performance Measures	HEDIS MY 2022 Rate	HEDIS MY 2023 Rate	HEDIS MY 2024 Rate	Percentile Ranking
Behavioral Health Care				
Adherence to Antipsychotic Medications for Individuals With Schizophrenia				
Adherence to Antipsychotic Medications for Individuals With Schizophrenia[H]	60.57%	57.42%	67.18%^	50th–74th
Antidepressant Medication Management				
Effective Acute Phase Treatment—18–64 Years[SA]	62.96%	67.42%	70.97%	—
Effective Acute Phase Treatment—65 Years and Older[SA]	78.79%	NA	NA	—
Effective Continuation Phase Treatment—18–64 Years[SA]	43.84%	48.41%	53.42%^	—
Effective Continuation Phase Treatment—65 Years and Older[SA]	42.42%	NA	NA	—
Diabetes Care for People With Serious Mental Illness: HbA1c Poor Control >9.0%				
18–64 Years[SA]	56.28%	49.49%	38.99%^	—
65–75 Years[SA]	NA	NA	NA	—
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications				
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications[H]	79.22%	80.66%	80.24%	25th–49th
Follow-Up After Emergency Department Visit for Substance Use				
7-Day Follow-Up—Total[H]	21.36%	23.34%	23.78%	25th–49th
7-Day Follow-Up—13–17 Years[H]	NA	NA	NA	—
7-Day Follow-Up—18–64 Years[H]	21.69%	23.45%	23.92%	—
7-Day Follow-Up—65 Years and Older[H]	NA	NA	NA	—
30-Day Follow-Up—Total[H]	35.80%	36.60%	36.93%	50th–74th
30-Day Follow-Up—13–17 Years[H]	NA	NA	NA	—
30-Day Follow-Up—18–64 Years[H]	36.11%	36.86%	37.09%	—
30-Day Follow-Up—65 Years and Older[H]	NA	NA	NA	—
Follow-Up After Emergency Department Visit for Mental Illness				
7-Day Follow-Up—Total[H]	31.03%	32.89%	33.94%	25th–49th
7-Day Follow-Up—6–17 Years[H]	NA	NA	NA	—
7-Day Follow-Up—18–64 Years[H]	31.51%	33.24%	33.33%	50th–74th
7-Day Follow-Up—65 Years and Older[H]	NA	NA	NA	—
30-Day Follow-Up—Total[H]	45.69%	48.13%	51.07%	25th–49th
30-Day Follow-Up—6–17 Years[H]	NA	NA	NA	—
30-Day Follow-Up—18–64 Years[H]	46.12%	47.96%	50.48%	50th–74th
30-Day Follow-Up—65 Years and Older[H]	NA	NA	NA	—
Follow-Up After Hospitalization for Mental Illness				
7-Day Follow-Up—Total[H]	33.97%	26.98%	27.77%	10th–24th

Performance Measures	HEDIS MY 2022 Rate	HEDIS MY 2023 Rate	HEDIS MY 2024 Rate	Percentile Ranking
7-Day Follow-Up—6–17 Years[H]	NA	NA	NA	—
7-Day Follow-Up—18–64 Years[H]	33.98%	27.16%	27.98%	25th–49th
7-Day Follow-Up—65 Years and Older[H]	NA	NA	NA	—
30-Day Follow-Up—Total[H]	53.26%	47.91%	**39.28%^^**	<10th
30-Day Follow-Up—6–17 Years[H]	NA	NA	NA	—
30-Day Follow-Up—18–64 Years[H]	52.65%	48.32%	**39.45%^^**	10th–24th
30-Day Follow-Up—65 Years and Older[H]	NA	NA	NA	—
Follow-Up Care for Children Prescribed ADHD Medication				
Initiation Phase[H]	—	—	NA	—
Continuation and Maintenance Phase[H]	—	—	NA	—
Initiation and Engagement of Substance Use Disorder Treatment				
Initiation of SUD Treatment—Total—Total[H]	—	—	40.85%	25th–49th
Initiation of SUD Treatment—Total—13–17 Years[H]	—	—	NA	—
Initiation of SUD Treatment—Total—18–64 Years[H]	33.01%	38.85%	40.81%	25th–49th
Initiation of SUD Treatment—Total—65 Years and Older[H]	36.49%	40.63%	42.02%	50th–74th
Engagement of SUD Treatment—Total—Total[H]	—	—	16.14%	50th–74th
Engagement of SUD Treatment—Total—13–17 Years[H]	—	—	NA	—
Engagement of SUD Treatment—Total—18–64 Years[H]	13.65%	15.17%	16.73%	50th–74th
Engagement of SUD Treatment—Total—65 Years and Older[H]	1.35%	1.04%	5.88%	50th–74th
Initiation of SUD Treatment—Alcohol Use Disorder—Total[H]	—	—	38.77%	25th–49th
Initiation of SUD Treatment—Alcohol Use Disorder—13–17 Years[H]	—	—	NA	—
Initiation of SUD Treatment—Alcohol Use Disorder—18–64 Years[H]	35.16%	37.41%	38.58%	25th–49th
Initiation of SUD Treatment—Alcohol Use Disorder—65 Years and Older[H]	36.36%	43.75%	42.86%	25th–49th
Initiation of SUD Treatment—Opioid Use Disorder—Total[H]	—	—	58.33%	25th–49th
Initiation of SUD Treatment—Opioid Use Disorder—13–17 Years[H]	—	—	NA	—
Initiation of SUD Treatment—Opioid Use Disorder—18–64 Years[H]	37.83%	58.94%	59.00%	25th–49th
Initiation of SUD Treatment—Opioid Use Disorder—65 Years and Older[H]	NA	NA	NA	—
Initiation of SUD Treatment—Other Drug Use Disorder—Total[H]	—	—	38.41%	25th–49th
Initiation of SUD Treatment—Other Drug Use Disorder—13–17 Years[H]	—	—	NA	—
Initiation of SUD Treatment—Other Drug Use Disorder—18–64 Years[H]	29.65%	34.87%	38.59%	25th–49th
Initiation of SUD Treatment—Other Drug Use Disorder—65 Years and Older[H]	NA	30.30%	34.21%	25th–49th
Engagement of SUD Treatment—Alcohol Use Disorder—Total[H]	—	—	12.96%	50th–74th
Engagement of SUD Treatment—Alcohol Use Disorder—13–17 Years[H]	—	—	NA	—
Engagement of SUD Treatment—Alcohol Use Disorder—18–64 Years[H]	12.84%	13.56%	13.30%	50th–74th

Performance Measures	HEDIS MY 2022 Rate	HEDIS MY 2023 Rate	HEDIS MY 2024 Rate	Percentile Ranking
Engagement of SUD Treatment—Alcohol Use Disorder—65 Years and Older[H]	3.03%	2.08%	7.14%	50th–74th
Engagement of SUD Treatment—Opioid Use Disorder—Total[H]	—	—	34.09%	50th–74th
Engagement of SUD Treatment—Opioid Use Disorder—13–17 Years[H]	—	—	NA	—
Engagement of SUD Treatment—Opioid Use Disorder—18–64 Years[H]	23.22%	34.44%	36.82%	50th–74th
Engagement of SUD Treatment—Opioid Use Disorder—65 Years and Older[H]	NA	NA	NA	—
Engagement of SUD Treatment—Other Drug Use Disorder—Total[H]	—	—	14.73%	50th–74th
Engagement of SUD Treatment—Other Drug Use Disorder—13–17 Years[H]	—	—	NA	—
Engagement of SUD Treatment—Other Drug Use Disorder—18–64 Years[H]	12.15%	11.59%	15.25%^	50th–74th
Engagement of SUD Treatment—Other Drug Use Disorder—65 Years and Older[H]	NA	0.00%	2.63%	10th–24th
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	—
Postpartum Depression Screening and Follow-Up				
Depression Screening—21 Years and Older[SA]	—	—	4.01%	—
Follow-Up on Positive Screen—21 Years and Older[SA]	—	—	NA	—
Screening for Depression and Follow-Up Plan				
Total[SA]	7.39%	7.90%	14.83%^	—
12–17 Years[SA]	8.23%	7.86%	16.22%^	—
18–64 Years[SA]	7.69%	8.32%	15.47%^	—
65 Years and Older[SA]	2.89%	2.41%	7.49%^	—
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	—

Performance Measures	HEDIS MY 2022 Rate	HEDIS MY 2023 Rate	HEDIS MY 2024 Rate	Percentile Ranking
Use of Pharmacotherapy for Opioid Use Disorder				
Rate 1: Total[SA]	63.56%	71.99%	71.04%	—
Rate 2: Buprenorphine[SA]	36.44%	37.84%	37.18%	—
Rate 3: Oral Naltrexone[SA]	4.10%	3.19%	**1.44%^^**	—
Rate 4: Long-Acting, Injectable Naltrexone[SA]	0.93%	0.37%	0.58%	—
Rate 5: Methadone[SA]	29.17%	36.98%	37.18%	—
Dental and Oral Health Services				
Ambulatory Care Sensitive ED Visits for Non-Traumatic Dental Conditions in Adults				
*18–64 Years**[, SA]	—	—	NR	—
*65 Years and Older**[, SA]	—	—	NR	—
Oral Evaluation During Pregnancy				
21–44 Years[SA]	—	—	NR	—

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

Colorado Medicaid Weighted Average Trend Table

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

Table B-3—Colorado Medicaid Statewide Trend Table

Performance Measures	HEDIS MY 2022 Rate	HEDIS MY 2023 Rate	HEDIS MY 2024 Rate	Plan Ranking
Primary Care Access and Preventive Care				
Adult Immunization Status				
Influenza—19–65 Years[H]	—	—	18.72%	16.94%-20.02%
Influenza—66 Years and Older[H]	—	—	45.70%	45.67%-45.72%
Pneumococcal—66 Years and Older[H]	—	—	64.43%	38.22%-81.02%
Td/Tdap—19–65 Years[H]	—	—	50.98%	38.89%-59.86%
Td/Tdap—66 Years and Older[H]	—	—	44.43%	27.10%-55.40%
Zoster—50–65 Years[H]	—	—	21.67%	9.27%-32.81%
Zoster—66 Years and Older[H]	—	—	34.66%	10.23%-50.12%
Breast Cancer Screening				
50–64 Years[SA]	—	—	55.67%	54.45%-56.76%
65–74 Years[SA]	—	—	42.36%	34.52%-53.69%
Cervical Cancer Screening				
Cervical Cancer Screening[H]	37.73%	43.64%	45.04%^	38.90%-52.45%
Child and Adolescent Well-Care Visits				
Total[H]	42.55%	46.05%	48.20%^	30.67%-48.78%
3–11 Years[H]	52.96%	57.58%	58.61%	58.60%-60.27%
12–17 Years[H]	45.79%	46.74%	48.68%^	48.51%-58.93%
18–21 Years[H]	15.60%	18.58%	20.29%^	18.59%-20.54%
Childhood Immunization Status				
Combination 3[H]	72.47%	69.05%	**59.80%^^**	59.92%
Combination 7[H]	59.64%	64.51%	**56.53%^^**	56.65%
Combination 10[H]	42.05%	44.33%	**31.63%^^**	31.70%
DTaP[H]	75.25%	76.64%	**67.55%^^**	67.69%
Hepatitis A[H]	85.29%	85.83%	88.16%	88.14%
Hepatitis B[H]	88.77%	85.15%	**80.20%^^**	80.16%
HiB[H]	84.69%	85.83%	84.29%	84.46%
Influenza[H]	53.78%	51.13%	**42.04%^^**	41.92%
IPV[H]	85.59%	83.67%	80.20%	80.16%

Performance Measures	HEDIS MY 2022 Rate	HEDIS MY 2023 Rate	HEDIS MY 2024 Rate	Plan Ranking
MMR[H]	85.69%	87.07%	88.78%	88.75%
Pneumococcal Conjugate[H]	77.04%	72.00%	**66.53%^^**	66.67%
Rotavirus[H]	64.71%	71.66%	**65.51%^^**	65.44%
VZV[H]	85.39%	87.07%	88.98%	88.96%
Chlamydia Screening in Women				
Total[H]	68.51%	69.09%	67.93%	45.18%-75.09%
16–20 Years[H]	76.08%	79.04%	**74.98%^^**	46.05%-76.93%
21–24 Years[H]	62.14%	60.10%	61.45%	45.06%-72.45%
Colorectal Cancer Screening				
46–50 Years[H]	—	—	25.51%	20.42%-31.96%
51–65 Years[H]	—	—	38.19%	33.16%-43.70%
66–75 Years[H]	—	—	38.94%	38.07%-39.49%
Developmental Screening in the First Three Years of Life				
Total[SA]	60.78%	68.60%	75.61%^	75.70%
1 Year[SA]	48.58%	63.49%	83.95%^	83.95%
2 Years[SA]	75.84%	78.92%	81.96%	81.92%
3 Years[SA]	58.86%	61.99%	69.06%^	69.25%
Immunizations for Adolescents				
Combination 1[H]	71.89%	63.00%	70.55%^	70.42%
Combination 2[H]	36.69%	38.74%	53.11%^	53.38%
HPV[H]	37.03%	40.64%	54.18%^	54.28%
Meningococcal[H]	72.34%	63.27%	71.00%^	70.87%
Tdap[H]	74.65%	70.75%	73.22%	72.86%
Lead Screening in Children				
Lead Screening in Children[H]	61.16%	59.10%	62.35%	62.47%
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents				
BMI Percentile—Total[H]	67.47%	66.65%	**62.37%^^**	28.08%-62.86%
BMI Percentile—3–11 Years[H]	67.56%	68.24%	**62.89%^^**	30.51%-63.20%
BMI Percentile—12–17 Years[H]	67.33%	64.42%	**61.62%^^**	26.44%-62.36%
Counseling for Nutrition—Total[H]	72.44%	74.97%	74.69%	36.99%-75.23%
Counseling for Nutrition—3–11 Years[H]	74.55%	78.78%	**76.77%^^**	44.07%-77.09%
Counseling for Nutrition—12–17 Years[H]	69.46%	69.62%	71.65%^	32.18%-72.48%
Counseling for Physical Activity—Total[H]	71.14%	74.13%	73.80%	30.14%-74.42%
Counseling for Physical Activity—3–11 Years[H]	73.21%	77.72%	**75.84%^^**	32.20%-76.26%
Counseling for Physical Activity—12–17 Years[H]	68.22%	69.09%	70.83%	28.74%-71.71%

Performance Measures	HEDIS MY 2022 Rate	HEDIS MY 2023 Rate	HEDIS MY 2024 Rate	Plan Ranking
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]	58.28%	58.62%	67.33%^	67.33%
Well-Child Visits for Age 15 Months–30 Months—Two or More Well-Child Visits[H]	59.29%	64.19%	71.85%^	72.07%
Maternal and Perinatal Health				
Contraceptive Care—All Women				
Most or Moderately Effective Contraception—Total[SA]	19.48%	19.70%	20.51%^	19.79%-21.82%
Most or Moderately Effective Contraception—15–20 Years[SA]	21.05%	21.63%	20.01%	19.44%-31.47%
Most or Moderately Effective Contraception—21–44 Years[SA]	19.21%	19.35%	20.61%^	19.90%-21.61%
Long-Acting Reversible Contraception—Total[SA]	4.74%	4.82%	5.55%^	5.45%-5.74%
Long-Acting Reversible Contraception—15–20 Years[SA]	5.36%	5.84%	4.95%	4.68%-10.49%
Long-Acting Reversible Contraception—21–44 Years[SA]	4.63%	4.63%	5.67%^	5.64%-5.70%
Contraceptive Care—Postpartum Women				
Most or Moderately Effective Contraception—3 Days—Total[SA]	17.87%	15.69%	17.92%	6.29%-28.15%
Most or Moderately Effective Contraception—3 Days—15–20 Years[SA]	23.46%	25.66%	21.50%	0.00%-31.51%
Most or Moderately Effective Contraception—3 Days—21–44 Years[SA]	17.51%	14.91%	17.66%^	6.59%-27.84%
Most or Moderately Effective Contraception—90 Days—Total[SA]	50.19%	47.39%	48.62%	43.78%-52.89%
Most or Moderately Effective Contraception—90 Days—15–20 Years[SA]	60.49%	61.06%	55.14%	54.79%-55.88%
Most or Moderately Effective Contraception—90 Days—21–44 Years[SA]	49.53%	46.32%	48.15%	43.20%-52.71%
Long-Acting Reversible Contraception—3 Days—Total[SA]	5.56%	4.97%	5.76%	0.40%-10.48%
Long-Acting Reversible Contraception—3 Days—15–20 Years[SA]	6.17%	11.50%	14.02%	0.00%-20.55%
Long-Acting Reversible Contraception—3 Days—21–44 Years[SA]	5.52%	4.47%	5.17%	0.42%-9.54%
Long-Acting Reversible Contraception—90 Days—Total[SA]	22.09%	20.54%	20.49%	17.27%-23.32%
Long-Acting Reversible Contraception—90 Days—15–20 Years[SA]	28.40%	29.20%	28.97%	14.71%-35.62%
Long-Acting Reversible Contraception—90 Days—21–44 Years[SA]	21.69%	19.86%	19.88%	17.39%-22.16%
Prenatal and Postpartum Care				
Timeliness of Prenatal Care—Under 21 Years[SA]	—	71.74%	70.43%	54.10%-78.40%
Timeliness of Prenatal Care—21 Years and Older[SA]	—	68.26%	**60.20%^^**	35.53%-83.12%
Postpartum Care—Under 21 Years[SA]	—	72.83%	67.74%	55.74%-73.60%

Performance Measures	HEDIS MY 2022 Rate	HEDIS MY 2023 Rate	HEDIS MY 2024 Rate	Plan Ranking
Postpartum Care—21 Years and Older[SA]	—	62.45%	71.68%^	65.27%-77.64%
Prenatal Immunization Status				
Combination—21 Years and Older[SA]	—	—	76.73%	68.16%-84.62%
Influenza—21 Years and Older[SA]	—	—	40.89%	28.29%-52.48%
Tdap—21 Years and Older[SA]	—	—	38.20%	25.66%-49.74%
Care of Acute and Chronic Conditions				
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis				
3 Months–17 Years[H]	96.52%	95.20%	94.00%	94.00%
18–64 Years[H]	54.17%	60.09%	54.99%	50.47%-63.53%
65 Years and Older[H]	NA	NA	NA	—
Asthma Medication Ratio				
5–18 Years[SA]	57.14%	68.87%	61.76%	61.39%
5–11 Years[H]	61.29%	76.54%	67.19%	67.19%
12–18 Years[H]	52.81%	60.00%	52.63%	51.35%
19–50 Years[H]	54.99%	54.21%	53.08%	48.28%-58.82%
19–64 Years[SA]	55.70%	56.17%	55.66%	55.24%-56.13%
51–64 Years[H]	57.75%	61.14%	61.45%	50.60%-72.29%
Concurrent Use of Opioids and Benzodiazepines				
*18–64 Years**[, SA]	8.17%	7.95%	9.11%	11.86%-6.00%
*65 Years and Older**[, SA]	7.74%	8.43%	7.75%	5.50%
Controlling High Blood Pressure				
*18–64 Years**[, SA]	35.12%	46.59%	48.88%^	45.79%-51.99%
*65–85 Years**[, SA]	43.93%	53.70%	55.17%	51.93%-57.17%
Glycemic Status Assessment for Patients With Diabetes				
*Glycemic Status <8.0%—18–64 Years**[, SA]	39.73%	46.54%	47.12%	45.62%-48.47%
*Glycemic Status <8.0%—65–75 Years**[, SA]	47.79%	53.26%	54.64%	54.05%-55.70%
*Glycemic Status >9.0%—18–64 Years**[, SA]	52.03%	44.79%	44.77%	47.49%-42.33%
*Glycemic Status >9.0%—65–75 Years**[, SA]	42.40%	38.00%	37.14%	38.40%-36.43%
Use of Opioids at High Dosage				
*18–64 Years**[, SA]	4.06%	3.50%	4.50%	5.22%-3.90%
*65 Years and Older**[, SA]	5.07%	5.37%	7.96%	8.33%
Plan All-Cause Readmissions				
*Observed Readmissions—18–64 Years**[, H]	—	—	10.60%	11.34%-9.52%
*Expected Readmissions—18–64 Years**[, H]	—	—	8.99%	9.05%-8.91%
*O/E Ratio—18–64 Years**[, H]	—	—	1.1784	1.25-1.07
*Outlier Rate—18–64 Years**[, H]	—	—	52.00	37.91-62.11

Performance Measures	HEDIS MY 2022 Rate	HEDIS MY 2023 Rate	HEDIS MY 2024 Rate	Plan Ranking
PQI 01: Diabetes Short-Term Complications Admission Rate				
18–64 Years, SA*	14.55	12.26	13.29	14.75-11.04
65 Years and Older, SA*	3.58	5.60	4.30	7.07-0.00
PQI 05: COPD or Asthma in Older Adults Admission Rate				
40–64 Years, SA*	15.27	11.91	**17.41^^**	21.57-12.26
65 Years and Older, SA*	36.96	29.14	28.65	30.64-25.56
PQI 08: Heart Failure Admission Rate				
18–64 Years, SA*	16.02	16.74	**24.13^^**	33.72-9.42
65 Years and Older, SA*	236.22	146.31	71.62^	99.00-29.21
PQI 15: Asthma in Younger Adults Admission Rate				
18–39 Years, SA*	3.10	1.90	2.78	3.17-2.08
Behavioral Health Care				
Adherence to Antipsychotic Medications for Individuals With Schizophrenia				
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	54.29%	55.49%	63.35%^	58.16%-67.18%
Antidepressant Medication Management				
Effective Acute Phase Treatment—18–64 Years	64.50%	66.97%	69.45%	66.61%-70.97%
Effective Acute Phase Treatment—65 Years and Older	77.65%	81.13%	84.21%	83.87%
Effective Continuation Phase Treatment—18–64 Years	45.06%	46.28%	51.63%^	48.29%-53.42%
Effective Continuation Phase Treatment—65 Years and Older	49.41%	45.28%	60.53%	61.29%
Diabetes Care for People With Serious Mental Illness: HbA1c Poor Control >9.0%				
*18–64 Years**	55.26%	47.50%	43.63%	50.33%-38.99%
*65–75 Years**	NA	55.00%	41.86%	—
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications				
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications[H]	81.57%	83.27%	82.22%	80.24%-86.17%
Follow-Up After Emergency Department Visit for Substance Use				
7-Day Follow-Up—Total[H]	20.80%	19.11%	21.52%^	20.75%-23.78%
7-Day Follow-Up—13–17 Years[H]	17.65%	4.35%	NA	—
7-Day Follow-Up—18–64 Years[H]	21.04%	19.51%	21.63%	20.84%-23.92%
7-Day Follow-Up—65 Years and Older[H]	11.67%	13.51%	17.74%	17.39%
30-Day Follow-Up—Total[H]	30.23%	29.88%	32.41%	30.87%-36.93%
30-Day Follow-Up—13–17 Years[H]	23.53%	10.87%	NA	—

Performance Measures	HEDIS MY 2022 Rate	HEDIS MY 2023 Rate	HEDIS MY 2024 Rate	Plan Ranking
30-Day Follow-Up—18–64 Years[H]	30.56%	30.43%	32.60%	31.05%-37.09%
30-Day Follow-Up—65 Years and Older[H]	20.00%	21.62%	29.03%	28.26%
Follow-Up After Emergency Department Visit for Mental Illness				
7-Day Follow-Up—Total[H]	19.98%	23.33%	30.48%^	27.93%-33.94%
7-Day Follow-Up—6–17 Years[H]	9.20%	11.70%	33.33%^	31.25%
7-Day Follow-Up—18–64 Years[H]	21.34%	24.77%	30.40%^	28.11%-33.33%
7-Day Follow-Up—65 Years and Older[H]	NA	NA	NA	—
30-Day Follow-Up—Total[H]	30.46%	36.58%	43.06%^	37.16%-51.07%
30-Day Follow-Up—6–17 Years[H]	26.44%	32.98%	46.15%	43.75%
30-Day Follow-Up—18–64 Years[H]	31.01%	37.29%	43.10%^	37.31%-50.48%
30-Day Follow-Up—65 Years and Older[H]	NA	NA	NA	—
Follow-Up After Hospitalization for Mental Illness				
7-Day Follow-Up—Total[H]	27.51%	23.69%	24.95%	9.76%-27.77%
7-Day Follow-Up—6–17 Years[H]	NA	NA	NA	—
7-Day Follow-Up—18–64 Years[H]	28.18%	24.40%	25.65%	9.52%-27.98%
7-Day Follow-Up—65 Years and Older[H]	NA	NA	NA	—
30-Day Follow-Up—Total[H]	45.84%	42.91%	**35.62%^^**	15.85%-39.28%
30-Day Follow-Up—6–17 Years[H]	NA	NA	NA	—
30-Day Follow-Up—18–64 Years[H]	46.14%	43.45%	**36.27%^^**	14.29%-39.45%
30-Day Follow-Up—65 Years and Older[H]	NA	NA	NA	—
Follow-Up Care for Children Prescribed ADHD Medication				
Initiation Phase[H]	—	—	49.61%	46.61%
Continuation and Maintenance Phase[H]	—	—	44.44%	42.86%
Initiation and Engagement of Substance Use Disorder Treatment				
Initiation of SUD Treatment—Total—Total[H]	—	—	43.84%	40.85%-46.35%
Initiation of SUD Treatment—Total—13–17 Years[H]	—	—	39.39%	40.32%
Initiation of SUD Treatment—Total—18–64 Years[H]	38.30%	40.57%	43.64%^	40.81%-46.06%
Initiation of SUD Treatment—Total—65 Years and Older[H]	51.64%	45.00%	48.63%	42.02%-54.41%
Engagement of SUD Treatment—Total—Total[H]	—	—	12.74%	9.89%-16.14%
Engagement of SUD Treatment—Total—13–17 Years[H]	—	—	1.52%	1.61%
Engagement of SUD Treatment—Total—18–64 Years[H]	9.59%	10.55%	13.20%^	10.18%-16.73%
Engagement of SUD Treatment—Total—65 Years and Older[H]	3.69%	2.69%	7.06%^	5.88%-8.09%
Initiation of SUD Treatment—Alcohol Use Disorder—Total[H]	—	—	41.06%	38.77%-43.27%

Performance Measures	HEDIS MY 2022 Rate	HEDIS MY 2023 Rate	HEDIS MY 2024 Rate	Plan Ranking
Initiation of SUD Treatment—Alcohol Use Disorder—13–17 Years[H]	—	—	NA	—
Initiation of SUD Treatment—Alcohol Use Disorder—18–64 Years[H]	38.29%	38.49%	40.91%	38.58%-43.25%
Initiation of SUD Treatment—Alcohol Use Disorder—65 Years and Older[H]	52.08%	41.48%	45.38%	42.86%-47.30%
Initiation of SUD Treatment—Opioid Use Disorder—Total[H]	—	—	56.33%	55.42%-58.33%
Initiation of SUD Treatment—Opioid Use Disorder—13–17 Years[H]	—	—	NA	—
Initiation of SUD Treatment—Opioid Use Disorder—18–64 Years[H]	46.59%	55.48%	56.34%	55.20%-59.00%
Initiation of SUD Treatment—Opioid Use Disorder—65 Years and Older[H]	57.45%	58.97%	57.45%	57.45%
Initiation of SUD Treatment—Other Drug Use Disorder—Total[H]	—	—	41.61%	38.41%-44.56%
Initiation of SUD Treatment—Other Drug Use Disorder—13–17 Years[H]	—	—	46.15%	47.22%
Initiation of SUD Treatment—Other Drug Use Disorder—18–64 Years[H]	35.73%	37.76%	41.24%^	38.59%-43.76%
Initiation of SUD Treatment—Other Drug Use Disorder—65 Years and Older[H]	45.28%	44.19%	48.72%	34.21%-62.50%
Engagement of SUD Treatment—Alcohol Use Disorder—Total[H]	—	—	9.82%	6.78%-12.96%
Engagement of SUD Treatment—Alcohol Use Disorder—13–17 Years[H]	—	—	NA	—
Engagement of SUD Treatment—Alcohol Use Disorder—18–64 Years[H]	8.92%	8.83%	10.14%	6.95%-13.30%
Engagement of SUD Treatment—Alcohol Use Disorder—65 Years and Older[H]	3.47%	2.22%	6.15%	5.41%-7.14%
Engagement of SUD Treatment—Opioid Use Disorder—Total[H]	—	—	26.39%	22.89%-34.09%
Engagement of SUD Treatment—Opioid Use Disorder—13–17 Years[H]	—	—	NA	—
Engagement of SUD Treatment—Opioid Use Disorder—18–64 Years[H]	18.00%	23.54%	27.48%	23.48%-36.82%
Engagement of SUD Treatment—Opioid Use Disorder—65 Years and Older[H]	8.51%	5.13%	8.51%	8.51%
Engagement of SUD Treatment—Other Drug Use Disorder—Total[H]	—	—	10.20%	6.04%-14.73%

Performance Measures	HEDIS MY 2022 Rate	HEDIS MY 2023 Rate	HEDIS MY 2024 Rate	Plan Ranking
Engagement of SUD Treatment—Other Drug Use Disorder—13–17 Years[H]	—	—	0.00%	0.00%
Engagement of SUD Treatment—Other Drug Use Disorder—18–64 Years[H]	7.74%	8.01%	10.50%^	6.00%-15.25%
Engagement of SUD Treatment—Other Drug Use Disorder—65 Years and Older[H]	0.00%	2.33%	7.69%	2.63%-12.50%
Metabolic Monitoring for Children and Adolescents on Antipsychotics				
Blood Glucose Testing—Total[H]	—	—	55.26%	55.26%
Cholesterol Testing—Total[H]	—	—	44.74%	44.74%
Blood Glucose and Cholesterol Testing—Total[H]	—	—	44.74%	44.74%
Blood Glucose Testing—1–11 Years[H]	—	—	NA	—
Blood Glucose Testing—12–17 Years[H]	—	—	62.50%	62.50%
Cholesterol Testing—1–11 Years[H]	—	—	NA	—
Cholesterol Testing—12–17 Years[H]	—	—	53.13%	53.13%
Blood Glucose and Cholesterol Testing—1–11 Years[H]	—	—	NA	—
Blood Glucose and Cholesterol Testing—12–17 Years[H]	—	—	53.13%	53.13%
Postpartum Depression Screening and Follow-Up				
Depression Screening—21 Years and Older[SA]	—	—	6.04%	4.01%-8.02%
Follow-Up on Positive Screen—21 Years and Older[SA]	—	—	NA	—
Screening for Depression and Follow-Up Plan				
Total[SA]	16.38%	17.83%	41.33%^	14.83%-50.36%
12–17 Years[SA]	33.62%	31.80%	65.81%^	16.22%-66.60%
18–64 Years[SA]	14.42%	16.63%	38.12%^	15.47%-47.22%
65 Years and Older[SA]	5.15%	5.46%	37.33%^	7.49%-48.91%
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	—
Use of Pharmacotherapy for Opioid Use Disorder				
Rate 1: Total[SA]	60.90%	53.89%	50.61%	36.88%-71.04%
Rate 2: Buprenorphine[SA]	39.17%	35.65%	35.26%	33.98%-37.18%
Rate 3: Oral Naltrexone[SA]	3.62%	3.45%	**1.85%^^**	1.44%-2.13%
Rate 4: Long-Acting, Injectable Naltrexone[SA]	1.09%	0.89%	0.69%	0.58%-0.77%
Rate 5: Methadone[SA]	22.74%	17.63%	15.46%	0.87%-37.18%

Performance Measures	HEDIS MY 2022 Rate	HEDIS MY 2023 Rate	HEDIS MY 2024 Rate	Plan Ranking
Dental and Oral Health Services				
Ambulatory Care Sensitive ED Visits for Non-Traumatic Dental Conditions in Adults				
18–64 Years[SA]*	—	—	NA	—
65 Years and Older[SA]*	—	—	NA	—
Oral Evaluation During Pregnancy				
21–44 Years[SA]	—	—	NA	—

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

Information Systems Findings

NCQA's IS standards are the guidelines used by NCQA-certified HEDIS compliance auditors to assess the MCOs' HEDIS reporting capabilities.[13] HSAG evaluated each MCO on IS standards. To assess the MCOs' adherence to standards, HSAG reviewed several documents for DHMP and RMHP Prime, which included the Final Audit Reports (FARs) (generated by an NCQA-licensed audit organization [LO]), IDSS files, and audit review tables. The findings indicated that, overall, the MCOs were compliant with all of NCQA's IS standards. Both MCOs were able to accurately report most Department-required HEDIS performance measures. For a few measures, the MCOs could not report valid rates because too few eligible cases existed (>30) for the measures.

The MCOs contracted with a software vendor to produce the measure rates. The vendors submitted programming code developed for each HEDIS measure to NCQA for the measure certification process. Through certification, NCQA tested that the source code developed for the measures within the software produced valid results and the rate calculations met the technical specifications for the measures. Additionally, both MCOs' software vendors' non-HEDIS measures underwent source code review by the MCOs' NCQA HEDIS Compliance Audit Licensed Organizations. The selected source codes were reviewed and approved for measure reporting.

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

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

Table C-1—Summary of Compliance With IS Standards

NCQA's IS Standards	HSAG's Findings Based on MY 2024 FAR Review
IS A—Administrative Data • Data conform with industry standards and measure requirements. • Data are complete and accurate. • Membership information system enables measurement.	The two MCOs were compliant with IS Standard A for administrative data. The auditor determined that the two MCOs only accepted industry standard codes on industry standard forms. The auditor determined that both MCOs had policies and procedures in place for submitted enrollment and provider data. Data elements required for reporting were captured. Adequate validation processes were in place, ensuring data accuracy. All data elements required for HEDIS reporting were adequately captured.
IS M—Medical Record Review Processes • Forms capture all fields relevant to measure reporting. Electronic transmission procedures conform to industry standards and have necessary checking procedures to ensure data accuracy (logs, counts, receipts, hand-off, and sign-off). • Retrieval and abstraction of data from medical records are reliably and accurately performed. • Data entry processes are timely and accurate and include sufficient edit checks to ensure accurate entry of submitted data in the files for measure reporting. • The organization continually assesses data completeness and takes steps to improve performance. • The organization regularly monitors vendor performance against expected performance standards.	The two MCOs were compliant with IS Standard M for medical record review processes. The auditor determined that the data collection tools used by the two MCOs were able to capture all data fields necessary for HEDIS reporting. Sufficient validation processes were in place to ensure data accuracy. However, HSAG did not review this step since the State requires administrative rates only.
IS C—Clinical and Care Delivery Data • Data capture is complete. • Data conform with industry standards. • Transaction file data are accurate. • Organization confirms ingested data meet expectations for data quality.	The two MCOs were compliant with IS Standard C for clinical and care delivery data. The auditor reviewed the transaction file for the HEDIS repository and observed that it contained all data fields required for HEDIS reporting. In addition, the auditor interviewed staff members to confirm appropriate quality processes for the data source and to determine if primary source verification was needed on all supplemental data that were in nonstandard form.

NCQA's IS Standards	HSAG's Findings Based on MY 2024 FAR Review
IS R—Data Management and Reporting • The organization's data management enables measurement. • Data extraction and loads are complete and accurate. • Data transformation and integration are accurate and valid. • Data quality and governance are components of the organization's data management. • Oversight and controls ensure correct implementation of measure reporting software.	The two MCOs were compliant with IS Standard R for data management and reporting. File consolidation and data extractions were performed by RMHP Prime's and DHMP's staff members. Data were verified for accuracy at each data merge point. The auditor indicated that the MCOs used an NCQA-certified measure vendor for data production and rate calculation.

Appendix D. Colorado Medicaid Weighted Averages

Table D-1 shows the Colorado Medicaid weighted averages for MY 2022 through MY 2024 along with the percentile ranking for each MY 2024 rate. Rates for MY 2024 shaded green with one caret (^) indicate a statistically significant improvement in performance from the previous year. Rates for MY 2024 shaded red with two carets (^^) indicate a statistically significant decline in performance from the previous year.[14] For utilization measures in the Care of Acute and Chronic Conditions domain, HSAG reported performance rates compared to the prior year without the application of significance testing. In addition, higher or lower rates do not necessarily indicate better or worse performance for the utilization measures.

Table D-1—Colorado Medicaid Weighted Averages

Performance Measures	HEDIS MY 2022 Rate	HEDIS MY 2023 Rate	HEDIS MY 2024 Rate	Percentile Ranking
Primary Care Access and Preventive Care				
Adult Immunization Status				
Influenza—19–65 Years[H]	—	—	18.72%	75th–89th
Influenza—66 Years and Older[H]	—	—	45.70%	75th–89th
Pneumococcal—66 Years and Older[H]	—	—	64.43%	75th–89th
Td/Tdap—19–65 Years[H]	—	—	50.98%	75th–89th
Td/Tdap—66 Years and Older[H]	—	—	44.43%	75th–89th
Zoster—50–65 Years[H]	—	—	21.67%	≥90th
Zoster—66 Years and Older[H]	—	—	34.66%	≥90th
Breast Cancer Screening				
50–64 Years[SA]	—	—	55.67%	—
65–74 Years[SA]	—	—	42.36%	—
Cervical Cancer Screening				
Cervical Cancer Screening[H]	37.73%	43.64%	45.04%^	10th–24th
Child and Adolescent Well-Care Visits				
Total[H]	42.55%	46.05%	48.20%^	25th–49th
3–11 Years[H]	52.96%	57.58%	58.61%	25th–49th
12–17 Years[H]	45.79%	46.74%	48.68%^	25th–49th
18–21 Years[H]	15.60%	18.58%	20.29%^	10th–24th
Childhood Immunization Status				
Combination 3[H]	72.47%	69.05%	**59.80%^^**	25th–49th
Combination 7[H]	59.64%	64.51%	**56.53%^^**	50th–74th

[14] HEDIS measure performance comparisons are based on the Chi-square test of statistical significance with a *p* value <0.05. A change in performance is considered statistically significant in this report if there was at least a 3-percentage point difference from MY 2022 to MY 2024.

Performance Measures	HEDIS MY 2022 Rate	HEDIS MY 2023 Rate	HEDIS MY 2024 Rate	Percentile Ranking
Combination 10[H]	42.05%	44.33%	**31.63%^^**	50th–74th
DTaP[H]	75.25%	76.64%	**67.55%^^**	25th–49th
Hepatitis A[H]	85.29%	85.83%	88.16%	≥90th
Hepatitis B[H]	88.77%	85.15%	**80.20%^^**	10th–24th
HiB[H]	84.69%	85.83%	84.29%	50th–74th
Influenza[H]	53.78%	51.13%	**42.04%^^**	50th–74th
IPV[H]	85.59%	83.67%	80.20%	10th–24th
MMR[H]	85.69%	87.07%	88.78%	75th–89th
Pneumococcal Conjugate[H]	77.04%	72.00%	**66.53%^^**	10th–24th
Rotavirus[H]	64.71%	71.66%	**65.51%^^**	25th–49th
VZV[H]	85.39%	87.07%	88.98%	75th–89th
Chlamydia Screening in Women				
Total[H]	68.51%	69.09%	67.93%	75th–89th
16–20 Years[H]	76.08%	79.04%	**74.98%^^**	≥90th
21–24 Years[H]	62.14%	60.10%	61.45%	25th–49th
Colorectal Cancer Screening				
46–50 Years[H]	—	—	25.51%	—
51–65 Years[H]	—	—	38.19%	—
66–75 Years[H]	—	—	38.94%	—
Developmental Screening in the First Three Years of Life				
Total[SA]	60.78%	68.60%	75.61%^	—
1 Year[SA]	48.58%	63.49%	83.95%^	—
2 Years[SA]	75.84%	78.92%	81.96%	—
3 Years[SA]	58.86%	61.99%	69.06%^	—
Immunizations for Adolescents				
Combination 1[H]	71.89%	63.00%	70.55%^	10th–24th
Combination 2[H]	36.69%	38.74%	53.11%^	≥90th
HPV[H]	37.03%	40.64%	54.18%^	≥90th
Meningococcal[H]	72.34%	63.27%	71.00%^	10th–24th
Tdap[H]	74.65%	70.75%	73.22%	<10th
Lead Screening in Children				
Lead Screening in Children[H]	61.16%	59.10%	62.35%	25th–49th
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents				
BMI Percentile—Total[H]	67.47%	66.65%	**62.37%^^**	<10th
BMI Percentile—3–11 Years[H]	67.56%	68.24%	**62.89%^^**	<10th
BMI Percentile—12–17 Years[H]	67.33%	64.42%	**61.62%^^**	<10th
Counseling for Nutrition—Total[H]	72.44%	74.97%	74.69%	50th–74th

Performance Measures	HEDIS MY 2022 Rate	HEDIS MY 2023 Rate	HEDIS MY 2024 Rate	Percentile Ranking
Counseling for Nutrition—3–11 Years[H]	74.55%	78.78%	**76.77%^^**	50th–74th
Counseling for Nutrition—12–17 Years[H]	69.46%	69.62%	71.65%^	50th–74th
Counseling for Physical Activity—Total[H]	71.14%	74.13%	73.80%	50th–74th
Counseling for Physical Activity—3–11 Years[H]	73.21%	77.72%	**75.84%^^**	50th–74th
Counseling for Physical Activity—12–17 Years[H]	68.22%	69.09%	70.83%	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]	58.28%	58.62%	67.33%^	75th–89th
Well-Child Visits for Age 15 Months–30 Months—Two or More Well-Child Visits[H]	59.29%	64.19%	71.85%^	50th–74th
Maternal and Perinatal Health				
Contraceptive Care—All Women				
Most or Moderately Effective Contraception—Total[SA]	19.48%	19.70%	20.51%^	—
Most or Moderately Effective Contraception—15–20 Years[SA]	21.05%	21.63%	20.01%	—
Most or Moderately Effective Contraception—21–44 Years[SA]	19.21%	19.35%	20.61%^	—
Long-Acting Reversible Contraception—Total[SA]	4.74%	4.82%	5.55%^	—
Long-Acting Reversible Contraception—15–20 Years[SA]	5.36%	5.84%	4.95%	—
Long-Acting Reversible Contraception—21–44 Years[SA]	4.63%	4.63%	5.67%^	—
Contraceptive Care—Postpartum Women				
Most or Moderately Effective Contraception—3 Days—Total[SA]	17.87%	15.69%	17.92%	—
Most or Moderately Effective Contraception—3 Days—15–20 Years[SA]	23.46%	25.66%	21.50%	—
Most or Moderately Effective Contraception—3 Days—21–44 Years[SA]	17.51%	14.91%	17.66%^	—
Most or Moderately Effective Contraception—90 Days—Total[SA]	50.19%	47.39%	48.62%	—
Most or Moderately Effective Contraception—90 Days—15–20 Years[SA]	60.49%	61.06%	55.14%	—
Most or Moderately Effective Contraception—90 Days—21–44 Years[SA]	49.53%	46.32%	48.15%	—
Long-Acting Reversible Contraception—3 Days—Total[SA]	5.56%	4.97%	5.76%	—
Long-Acting Reversible Contraception—3 Days—15–20 Years[SA]	6.17%	11.50%	14.02%	—
Long-Acting Reversible Contraception—3 Days—21–44 Years[SA]	5.52%	4.47%	5.17%	—
Long-Acting Reversible Contraception—90 Days—Total[SA]	22.09%	20.54%	20.49%	—
Long-Acting Reversible Contraception—90 Days—15–20 Years[SA]	28.40%	29.20%	28.97%	—
Long-Acting Reversible Contraception—90 Days—21–44 Years[SA]	21.69%	19.86%	19.88%	—
Prenatal and Postpartum Care				
Timeliness of Prenatal Care—Under 21 Years[SA]	—	71.74%	70.43%	—
Timeliness of Prenatal Care—21 Years and Older[SA]	—	68.26%	**60.20%^^**	—
Postpartum Care—Under 21 Years[SA]	—	72.83%	67.74%	—
Postpartum Care—21 Years and Older[SA]	—	62.45%	71.68%^	—
Prenatal Immunization Status				
Combination—21 Years and Older[SA]	—	—	76.73%	—

Performance Measures	HEDIS MY 2022 Rate	HEDIS MY 2023 Rate	HEDIS MY 2024 Rate	Percentile Ranking
Influenza—21 Years and Older[SA]	—	—	40.89%	—
Tdap—21 Years and Older[SA]	—	—	38.20%	—
Care of Acute and Chronic Conditions				
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis				
3 Months–17 Years[H]	96.52%	95.20%	94.00%	≥90th
18–64 Years[H]	54.17%	60.09%	54.99%	75th–89th
65 Years and Older[H]	NA	NA	NA	—
Asthma Medication Ratio				
5–18 Years[SA]	57.14%	68.87%	61.76%	—
5–11 Years[H]	61.29%	76.54%	67.19%	25th–49th
12–18 Years[H]	52.81%	60.00%	52.63%	<10th
19–50 Years[H]	54.99%	54.21%	53.08%	10th–24th
19–64 Years[SA]	55.70%	56.17%	55.66%	—
51–64 Years[H]	57.75%	61.14%	61.45%	25th–49th
Concurrent Use of Opioids and Benzodiazepines				
*18–64 Years**, [SA]	8.17%	7.95%	9.11%	—
*65 Years and Older**, [SA]	7.74%	8.43%	7.75%	—
Controlling High Blood Pressure				
18–64 Years[H]	35.12%	46.59%	48.88%^	—
65–85 Years[H]	43.93%	53.70%	55.17%	—
Glycemic Status Assessment for Patients With Diabetes				
*Glycemic Status <8.0%—18–64 Years**, [SA]	39.73%	46.54%	47.12%	—
*Glycemic Status <8.0%—65–75 Years**, [SA]	47.79%	53.26%	54.64%	—
*Glycemic Status >9.0%—18–64 Years**, [SA]	52.03%	44.79%	44.77%	—
*Glycemic Status >9.0%—65–75 Years**, [SA]	42.40%	38.00%	37.14%	—
Use of Opioids at High Dosage				
*18–64 Years**, [SA]	4.06%	3.50%	4.50%	—
*65 Years and Older**, [SA]	5.07%	5.37%	7.96%	—
Plan All-Cause Readmissions				
*Observed Readmissions—18–64 Years**, [H]	—	—	10.60%	—
*Expected Readmissions—18–64 Years**, [H]	—	—	8.99%	—
*O/E Ratio—18–64 Years**, [H]	—	—	1.1784	—
*Outlier Rate—18–64 Years**, [H]	—	—	52.00	—
PQI 01: Diabetes Short-Term Complications Admission Rate				
*18–64 Years**, [SA]	14.55	12.26	13.29	—
*65 Years and Older**, [SA]	3.58	5.60	4.30	—

Performance Measures	HEDIS MY 2022 Rate	HEDIS MY 2023 Rate	HEDIS MY 2024 Rate	Percentile Ranking
PQI 05: COPD or Asthma in Older Adults Admission Rate				
40–64 Years, SA*	15.27	11.91	**17.41^^**	—
65 Years and Older, SA*	36.96	29.14	28.65	—
PQI 08: Heart Failure Admission Rate				
18–64 Years, SA*	16.02	16.74	**24.13^^**	—
65 Years and Older, SA*	236.22	146.31	71.62^	—
PQI 15: Asthma in Younger Adults Admission Rate				
18–39 Years, SA*	3.10	1.90	2.78	—
Behavioral Health Care				
Adherence to Antipsychotic Medications for Individuals With Schizophrenia				
Adherence to Antipsychotic Medications for Individuals With Schizophrenia[H]	54.29%	55.49%	63.35%^	50th–74th
Antidepressant Medication Management				
Effective Acute Phase Treatment—18–64 Years[SA]	64.50%	66.97%	69.45%	—
Effective Acute Phase Treatment—65 Years and Older[SA]	77.65%	81.13%	84.21%	—
Effective Continuation Phase Treatment—18–64 Years[SA]	45.06%	46.28%	51.63%^	—
Effective Continuation Phase Treatment—65 Years and Older[SA]	49.41%	45.28%	60.53%	—
Diabetes Care for People With Serious Mental Illness: HbA1cPoor Control >9.0%				
18–64 Years[SA]	55.26%	47.50%	43.63%	—
65–75 Years[SA]	NA	55.00%	41.86%	—
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications				
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications[H]	81.57%	83.27%	82.22%	50th–74th
Follow-Up After Emergency Department Visit for Substance Use				
7-Day Follow-Up—Total[H]	20.80%	19.11%	21.52%^	25th–49th
7-Day Follow-Up—13–17 Years[H]	17.65%	4.35%	NA	—
7-Day Follow-Up—18–64 Years[H]	21.04%	19.51%	21.63%	—
7-Day Follow-Up—65 Years and Older[H]	11.67%	13.51%	17.74%	—
30-Day Follow-Up—Total[H]	30.23%	29.88%	32.41%	25th–49th
30-Day Follow-Up—13–17 Years[H]	23.53%	10.87%	NA	—
30-Day Follow-Up—18–64 Years[H]	30.56%	30.43%	32.60%	—
30-Day Follow-Up—65 Years and Older[H]	20.00%	21.62%	29.03%	—
Follow-Up After Emergency Department Visit for Mental Illness				
7-Day Follow-Up—Total[H]	19.98%	23.33%	30.48%^	25th–49th
7-Day Follow-Up—6–17 Years[H]	9.20%	11.70%	33.33%^	10th–24th

Performance Measures	HEDIS MY 2022 Rate	HEDIS MY 2023 Rate	HEDIS MY 2024 Rate	Percentile Ranking
7-Day Follow-Up—18–64 Years[H]	21.34%	24.77%	30.40%^	25th–49th
7-Day Follow-Up—65 Years and Older[H]	NA	NA	NA	—
30-Day Follow-Up—Total[H]	30.46%	36.58%	43.06%^	10th–24th
30-Day Follow-Up—6–17 Years[H]	26.44%	32.98%	46.15%	10th–24th
30-Day Follow-Up—18–64 Years[H]	31.01%	37.29%	43.10%^	25th–49th
30-Day Follow-Up—65 Years and Older[H]	NA	NA	NA	—
Follow-Up After Hospitalization for Mental Illness				
7-Day Follow-Up—Total[H]	27.51%	23.69%	24.95%	10th–24th
7-Day Follow-Up—6–17 Years[H]	NA	NA	NA	—
7-Day Follow-Up—18–64 Years[H]	28.18%	24.40%	25.65%	10th–24th
7-Day Follow-Up—65 Years and Older[H]	NA	NA	NA	—
30-Day Follow-Up—Total[H]	45.84%	42.91%	**35.62%^^**	<10th
30-Day Follow-Up—6–17 Years[H]	NA	NA	NA	—
30-Day Follow-Up—18–64 Years[H]	46.14%	43.45%	**36.27%^^**	10th–24th
30-Day Follow-Up—65 Years and Older[H]	NA	NA	NA	—
Follow-Up Care for Children Prescribed ADHD Medication				
Initiation Phase[H]	—	—	49.61%	75th–89th
Continuation and Maintenance Phase[H]	—	—	44.44%	10th–24th
Initiation and Engagement of Substance Use Disorder Treatment				
Initiation of SUD Treatment—Total—Total[H]	—	—	43.84%	25th–49th
Initiation of SUD Treatment—Total—13–17 Years[H]	—	—	39.39%	25th–49th
Initiation of SUD Treatment—Total—18–64 Years[H]	38.30%	40.57%	43.64%^	25th–49th
Initiation of SUD Treatment—Total—65 Years and Older[H]	51.64%	45.00%	48.63%	75th–89th
Engagement of SUD Treatment—Total—Total[H]	—	—	12.74%	25th–49th
Engagement of SUD Treatment—Total—13–17 Years[H]	—	—	1.52%	<10th
Engagement of SUD Treatment—Total—18–64 Years[H]	9.59%	10.55%	13.20%^	25th–49th
Engagement of SUD Treatment—Total—65 Years and Older[H]	3.69%	2.69%	7.06%^	50th–74th
Initiation of SUD Treatment—Alcohol Use Disorder—Total[H]	—	—	41.06%	25th–49th
Initiation of SUD Treatment—Alcohol Use Disorder—13–17 Years[H]	—	—	NA	—
Initiation of SUD Treatment—Alcohol Use Disorder—18–64 Years[H]	38.29%	38.49%	40.91%	25th–49th
Initiation of SUD Treatment—Alcohol Use Disorder—65 Years and Older[H]	52.08%	41.48%	45.38%	50th–74th
Initiation of SUD Treatment—Opioid Use Disorder—Total[H]	—	—	56.33%	25th–49th
Initiation of SUD Treatment—Opioid Use Disorder—13–17 Years[H]	—	—	NA	—
Initiation of SUD Treatment—Opioid Use Disorder—18–64 Years[H]	46.59%	55.48%	56.34%	25th–49th
Initiation of SUD Treatment—Opioid Use Disorder—65 Years and Older[H]	57.45%	58.97%	57.45%	75th–89th
Initiation of SUD Treatment—Other Drug Use Disorder—Total[H]	—	—	41.61%	25th–49th

Performance Measures	HEDIS MY 2022 Rate	HEDIS MY 2023 Rate	HEDIS MY 2024 Rate	Percentile Ranking
Initiation of SUD Treatment—Other Drug Use Disorder—13–17 Years[H]	—	—	46.15%	50th–74th
Initiation of SUD Treatment—Other Drug Use Disorder—18–64 Years[H]	35.73%	37.76%	41.24%^	25th–49th
Initiation of SUD Treatment—Other Drug Use Disorder—65 Years and Older[H]	45.28%	44.19%	48.72%	75th–89th
Engagement of SUD Treatment—Alcohol Use Disorder—Total[H]	—	—	9.82%	25th–49th
Engagement of SUD Treatment—Alcohol Use Disorder—13–17 Years[H]	—	—	NA	—
Engagement of SUD Treatment—Alcohol Use Disorder—18–64 Years[H]	8.92%	8.83%	10.14%	25th–49th
Engagement of SUD Treatment—Alcohol Use Disorder—65 Years and Older[H]	3.47%	2.22%	6.15%	50th–74th
Engagement of SUD Treatment—Opioid Use Disorder—Total[H]	—	—	26.39%	25th–49th
Engagement of SUD Treatment—Opioid Use Disorder—13–17 Years[H]	—	—	NA	—
Engagement of SUD Treatment—Opioid Use Disorder—18–64 Years[H]	18.00%	23.54%	27.48%	25th–49th
Engagement of SUD Treatment—Opioid Use Disorder—65 Years and Older[H]	8.51%	5.13%	8.51%	50th–74th
Engagement of SUD Treatment—Other Drug Use Disorder—Total[H]	—	—	10.20%	25th–49th
Engagement of SUD Treatment—Other Drug Use Disorder—13–17 Years[H]	—	—	0.00%	<10th
Engagement of SUD Treatment—Other Drug Use Disorder—18–64 Years[H]	7.74%	8.01%	10.50%^	25th–49th
Engagement of SUD Treatment—Other Drug Use Disorder—65 Years and Older[H]	0.00%	2.33%	7.69%	50th–74th
Metabolic Monitoring for Children and Adolescents on Antipsychotics				
Blood Glucose Testing—Total[H]	—	—	55.26%	25th–49th
Cholesterol Testing—Total[H]	—	—	44.74%	75th–89th
Blood Glucose and Cholesterol Testing—Total[H]	—	—	44.74%	75th–89th
Blood Glucose Testing—1–11 Years[H]	—	—	NA	—
Blood Glucose Testing—12–17 Years[H]	—	—	62.50%	50th–74th
Cholesterol Testing—1–11 Years[H]	—	—	NA	—
Cholesterol Testing—12–17 Years[H]	—	—	53.13%	75th–89th
Blood Glucose and Cholesterol Testing—1–11 Years[H]	—	—	NA	—
Blood Glucose and Cholesterol Testing—12–17 Years[H]	—	—	53.13%	75th–89th
Postpartum Depression Screening and Follow-Up				
Depression Screening—21 Years and Older[SA]	—	—	6.04%	—
Follow-Up on Positive Screen—21 Years and Older[SA]	—	—	NA	—
Screening for Depression and Follow-Up Plan				
Total[SA]	16.38%	17.83%	41.33%^	—
12–17 Years[SA]	33.62%	31.80%	65.81%^	—
18–64 Years[SA]	14.42%	16.63%	38.12%^	—

Performance Measures	HEDIS MY 2022 Rate	HEDIS MY 2023 Rate	HEDIS MY 2024 Rate	Percentile Ranking
65 Years and Older[SA]	5.15%	5.46%	37.33%^	—
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	—
Use of Pharmacotherapy for Opioid Use Disorder				
Rate 1: Total[SA]	60.90%	53.89%	50.61%	—
Rate 2: Buprenorphine[SA]	39.17%	35.65%	35.26%	—
Rate 3: Oral Naltrexone[SA]	3.62%	3.45%	**1.85%^^**	—
Rate 4: Long-Acting, Injectable Naltrexone[SA]	1.09%	0.89%	0.69%	—
Rate 5: Methadone[SA]	22.74%	17.63%	15.46%	—
Dental and Oral Health Services				
Ambulatory Care Sensitive ED Visits for Non-Traumatic Dental Conditions in Adults				
*18–64 Years**[SA]	—	—	NA	—
*65 Years and Older**[SA]	—	—	NA	—
Oral Evaluation During Pregnancy				
21–44 Years[SA]	—	—	NA	—

** For this indicator, a lower rate indicates better performance.*
[H] indicates that the measure is a HEDIS measure and can be compared to NCQA benchmarks.
[SA] indicates that the measure could only be compared to the statewide average.
— indicates that a percentile ranking was not determined because the rate was not reportable or there was a break in trending. This symbol may also indicate that the denominator was too small to report the rate or there was no benchmark for comparison.
NA (Small Denominator) indicates that the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate.
Rates shaded green with one caret (^) indicate a statistically significant improvement in performance from the previous year.
Rates shaded red with two carets (^^) indicate a statistically significant decline in performance from the previous year.

Appendix E. Administrative and Hybrid Rates

Table E-1 shows DHMP's rates for MY 2024 for measures with a hybrid option, along with the administrative rate and percentile ranking for each MY 2024 hybrid rate.

Table E-1—MY 2024 Administrative and Hybrid Performance Measure Results for DHMP

Performance Measures	Administrative Rate	Hybrid Rate	Percentile Ranking
Primary Care Access and Preventive Care			
Cervical Cancer Screening			
Cervical Cancer Screening	38.90%	46.96%	10th–24th
Childhood Immunization Status			
Combination 3	59.92%	67.64%	50th–74th
Combination 7	56.65%	63.50%	75th–89th
Combination 10	31.70%	36.50%	75th–89th
DTaP	67.69%	72.51%	50th–74th
Hepatitis A	88.14%	88.32%	≥90th
Hepatitis B	80.16%	90.02%	75th–89th
HiB	84.46%	85.64%	50th–74th
Influenza	41.92%	46.72%	75th–89th
IPV	80.16%	87.59%	50th–74th
MMR	88.75%	89.29%	75th–89th
Pneumococcal Conjugate	66.67%	75.18%	50th–74th
Rotavirus	65.44%	75.91%	75th–89th
VZV	88.96%	89.29%	75th–89th
Immunizations for Adolescents			
Combination 1	70.42%	75.67%	25th–49th
Combination 2	53.38%	56.20%	≥90th
HPV	54.28%	56.93%	≥90th
Meningococcal	70.87%	75.67%	25th–49th
Tdap	72.86%	78.83%	10th–24th
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents			
BMI Percentile—Total	62.86%	—	—
BMI Percentile—3–11 Years	63.20%	—	—
BMI Percentile—12–17 Years	62.36%	—	—
Counseling for Nutrition—Total	75.23%	—	—
Counseling for Nutrition—3–11 Years	77.09%	—	—
Counseling for Nutrition—12–17 Years	72.48%	—	—
Counseling for Physical Activity—Total	74.42%	—	—

Performance Measures	Administrative Rate	Hybrid Rate	Percentile Ranking
Counseling for Physical Activity—3–11 Years	76.26%	—	—
Counseling for Physical Activity—12–17 Years	71.71%	—	—
Maternal and Perinatal Health			
Prenatal and Postpartum Care			
Timeliness of Prenatal Care—Under 21 Years	78.40%	—	—
Timeliness of Prenatal Care—21 Years and Older	83.12%	—	—
Postpartum Care—Under 21 Years	73.60%	—	—
Postpartum Care—21 Years and Older	77.64%	—	—
Care of Acute and Chronic Conditions			
Controlling High Blood Pressure			
18–64 Years	51.99%	—	—
65–85 Years	57.17%	—	—
Glycemic Status Assessment for Patients With Diabetes			
*Glycemic Status <8.0%—18–64 Years**	48.47%	—	—
*Glycemic Status <8.0%—65–75 Years**	54.05%	—	—
*Glycemic Status >9.0%—18–64 Years**	42.33%	—	—
*Glycemic Status >9.0%—65–75 Years**	36.43%	—	—

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

Table E-2 shows RMHP Prime's rates for MY 2024 for measures with a hybrid option, along with the administrative rate and percentile ranking for each MY 2024 hybrid rate.

Table E-2—MY 2024 Administrative and Hybrid Performance Measure Results for RMHP Prime

Performance Measures	Administrative Rate	Hybrid Rate	Percentile Ranking
Primary Care Access and Preventive Care			
Cervical Cancer Screening			
Cervical Cancer Screening	52.45%	56.69%	25th–49th
Childhood Immunization Status			
Combination 3	NA	NA	—
Combination 7	NA	NA	—
Combination 10	NA	NA	—
DTaP	NA	NA	—
Hepatitis A	NA	NA	—
Hepatitis B	NA	NA	—
HiB	NA	NA	—
Influenza	NA	NA	—
IPV	NA	NA	—
MMR	NA	NA	—
Pneumococcal Conjugate	NA	NA	—
Rotavirus	NA	NA	—
VZV	NA	NA	—
Immunizations for Adolescents			
Combination 1	NA	NA	—
Combination 2	NA	NA	—
HPV	NA	NA	—
Meningococcal	NA	NA	—
Tdap	NA	NA	—
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents			
BMI Percentile—Total	28.08%	88.36%	75th–89th
BMI Percentile—3–11 Years	30.51%	89.83%	75th–89th
BMI Percentile—12–17 Years	26.44%	87.36%	50th–74th
Counseling for Nutrition—Total	36.99%	89.04%	≥90th
Counseling for Nutrition—3–11 Years	44.07%	89.83%	≥90th
Counseling for Nutrition—12–17 Years	32.18%	88.51%	≥90th
Counseling for Physical Activity—Total	30.14%	89.73%	≥90th
Counseling for Physical Activity—3–11 Years	32.20%	91.53%	≥90th
Counseling for Physical Activity—12–17 Years	28.74%	88.51%	≥90th

Performance Measures	Administrative Rate	Hybrid Rate	Percentile Ranking
Maternal and Perinatal Health			
Prenatal and Postpartum Care			
Timeliness of Prenatal Care—Under 21 Years	54.10%	NA	—
Timeliness of Prenatal Care—21 Years and Older	35.53%	95.24%	—
Postpartum Care—Under 21 Years	55.74%	NA	—
Postpartum Care—21 Years and Older	65.27%	89.80%	—
Care of Acute and Chronic Conditions			
Controlling High Blood Pressure			
18–64 Years	45.79%	71.28%	—
65–85 Years	51.93%	71.74%	—
Glycemic Status Assessment for Patients With Diabetes			
*Glycemic Status <8.0%—18–64 Years**	45.62%	65.08%	—
*Glycemic Status <8.0%—65–75 Years**	55.70%	65.96%	—
*Glycemic Status >9.0%—18–64 Years**	47.49%	24.58%	—
*Glycemic Status >9.0%—65–75 Years**	38.40%	21.28%	—

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