COLORADO
Department of Health Care Policy & Financing

MY 2023 HEDIS® Compliance Audit Report
Denver Health Medical Plan

September 2024

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

HSAG HEALTH SERVICES ADVISORY GROUP

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Executive Summary

The Colorado State Medicaid agency, the Department of Health Care Policy & Financing (the Department) contracts with Health Services Advisory Group, Inc. (HSAG), to perform the four mandatory external quality review (EQR) activities required by the Medicaid managed care regulations released May 6, 2016. Validation of the performance measures calculated and submitted by each managed care organization (MCO) is one of these mandatory activities as articulated in 42 Code of Federal Regulations (CFR) §438.358. The Department has contracted with HSAG, an external quality review organization (EQRO), to conduct the validation of performance measures for Denver Health Medical Plan (DHMP), an MCO, based on measurement year (MY) 2023 data.

The Department opted to use selected National Committee for Quality Assurance (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS®)[1] measures as the performance measures and calendar year 2023 as the measurement period for validation. Developed and maintained by NCQA, HEDIS is a set of performance measures broadly accepted in the managed care environment as an industry standard. Because DHMP is required to calculate and submit the Centers for Medicare & Medicaid Services (CMS) Core Set performance measures and undergo an NCQA HEDIS Compliance Audit™,[2] HSAG validated the results from the audits to meet the requirements articulated in the Medicaid managed care regulations. More specifically, HSAG's role in the validation of performance measures was to ensure that the validation activities were conducted as outlined in the CMS publication, *CMS External Quality Review (EQR) Protocols*, February 2023.[3]

The primary objectives of the performance measure validation process were to:

- Evaluate the accuracy of the performance measure data collected by DHMP.
- Determine the extent to which the specific performance measures calculated by DHMP (or on behalf of DHMP) followed the specifications established for each performance measure.

For the current reporting period, DHMP's information systems and processes were found adequate to meet NCQA's information systems (IS) standards and the HEDIS determination reporting requirements.

[1] HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

[2] NCQA HEDIS Compliance Audit™ is a trademark of NCQA. The purpose of conducting a HEDIS audit is to ensure that rates submitted by DHMP are reliable, valid, accurate, and can be compared to one another. For a brief overview of the NCQA HEDIS Compliance Audit, please refer to Appendix A.

[3] Department of Health and Human Services, Centers for Medicare & Medicaid Services. *External Quality Review (EQR) Protocols, February 2023*. Available at: https://www.medicaid.gov/medicaid/quality-of-care/downloads/2023-eqr-protocols.pdf. Accessed on: Aug 20, 2024.

Background

DHMP underwent an NCQA HEDIS Compliance Audit through an NCQA-licensed audit organization of its choice and submitted the audited results and audit statement to HSAG. Since the audit was conducted in compliance with NCQA's *HEDIS Measurement Year (MY) 2023 Compliance Audit: Standards, Policies, and Procedures*, *Volume 5* and the NCQA HEDIS Compliance Audit is consistent with the CMS Performance Measure Validation Protocol, the findings, and results from the NCQA HEDIS Compliance Audit can be reviewed, validated, and eventually accepted as findings for the validation of performance measures to meet the managed care requirements.

Performance Measure List

The NCQA-licensed audit organizations validated, at a minimum, a set of performance measures selected by the Department. The measures, which are listed in Table 1, are CMS Core Set measures that follow the definitions outlined in CMS' *Core Set of Adult/Child Health Care Quality Measures for Medicaid Reporting Manual,* and the reporting method required by the Department.

Table 1—Health First Colorado MY 2023 Performance Measure Reporting Set[4]

Performance Measures	Reporting Methodology
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis—Ages 3 Months to 17 Years, *Ages 18 to 64 Years*, and *Ages 65 Years and Older*	Administrative
Antidepressant Medication Management—Effective Acute Phase Treatment and *Effective Continuation Phase Treatment*	Administrative
Asthma Medication Ratio—Ages 5 to 11 Years, *Ages 12 to 18 Years*, *Ages 19 to 50 Years*, and *Ages 51 to 64 Years*	Administrative
Breast Cancer Screening—Ages 52 to 64 Years and *Ages 65 to 74 Years*	Administrative
Controlling High Blood Pressure	Administrative
Contraceptive Care—Postpartum Women—Ages 15 to 20 Years and *Ages 21 to 44 Years*	Administrative
Cervical Cancer Screening	Administrative
Contraceptive Care—All Women—Ages 15 to 20 Years and *Ages 21 to 44 Years*	Administrative
Screening for Depression and Follow-Up Plan—Ages 12 to 17 Years, *Ages 18 to 64 Years*, and *Ages 65 Years and Older*	Administrative
Chlamydia Screening in Women—Ages 16 to 20 Years and *Ages 21 to 24 Years*	Administrative

[4] In Colorado, Medicaid is known as Health First Colorado (Colorado's Medicaid Program).

Performance Measures	Reporting Methodology
Concurrent Use of Opioids and Benzodiazepines	Administrative
Colorectal Cancer Screening	Administrative
Follow-Up After Emergency Department Visit for Substance Use—Ages 13 to 17 Years, *Ages 18 to 64 Years*, and *Ages 65 Years and Older*	Administrative
Follow-Up After Hospitalization for Mental Illness—Ages 6 to 17 Years, *Ages 18 to 64 Years*, and *Ages 65 Years* and *Older*	Administrative
Follow-Up After Emergency Department Visit for Mental Illness—7-Day Follow-Up and *30-Day Follow-Up—Ages 6 to 17 Years*, *Ages 18 to 64 Years*, and *Ages 65 Years and Older*	Administrative
Hemoglobin A1c Control for Patients With Diabetes	Administrative
Diabetes Care for People With Serious Mental Illness—HbA1c Poor Control (>9.0%)	Administrative
Human Immunodeficiency Virus (HIV) Viral Load Suppression	Administrative
Initiation and Engagement of Substance Use Disorder (SUD) Treatment	Administrative
Use of Opioids at High Dosage in Persons Without Cancer	Administrative
Use of Pharmacotherapy for Opioid Use Disorder	Administrative
Plan All-Cause Readmissions	Administrative
Prenatal and Postpartum Care—Timeliness of Prenatal Care and *Postpartum Care*	Administrative
Diabetes Short-Term Complications Admission Rate	Administrative
Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate	Administrative
Heart Failure Admission Rate	Administrative
Asthma in Younger Adults Admission Rate	Administrative
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	Administrative
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	Administrative
Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication—Initiation Phase and *Continuation and Maintenance Phase*	Administrative
Ambulatory Care—Emergency Department (ED) Visits	Administrative
Metabolic Monitoring for Children and Adolescents on Antipsychotics	Administrative

Performance Measures	Reporting Methodology
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	Administrative
Childhood Immunization Status—Combinations 3, *7*, and *10*	Administrative
Developmental Screening in the First Three Years of Life	Administrative
Immunizations for Adolescents—Combination 1 (Meningococcal, Tdap) and *Combination 2 (Meningococcal, Tdap, HPV)*	Administrative
Lead Screening in Children	Administrative
Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months—Six or More Well-Child Visits and *Well-Child Visits for Age 15 Months–30 Months—Two or More Well-Child Visits*	Administrative
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Body Mass Index (BMI) Percentile, *Counseling for Nutrition*, and *Counseling for Physical Activity*	Administrative
Child and Adolescent Well-Care Visits	Administrative

Technical Methods of Analysis

The CMS Performance Measure Validation Protocol identifies key types of data that should be reviewed. As part of the validation process, HSAG aggregated several sources of HEDIS-related data to determine if the licensed organizations' (LOs') audit process met CMS requirements.

This performance measure validation report uses two primary sources—NCQA's Interactive Data Submission System (IDSS) data output reports and the final audit reports (FARs)—to tabulate overall HEDIS reporting capabilities and functions for DHMP. The IDSS contained the final HEDIS rates that were verified, reviewed, and locked by the LOs. The auditor-locking mechanism in the IDSS tool ensured that no information could be changed without the consent of NCQA and the auditor. The IDSS review process allowed the LOs to assess the reasonability of the rates submitted by DHMP.

The following is a table identifying the key audit steps required by NCQA for the LO to conduct NCQA HEDIS Compliance Audits. The table also lists HSAG's approach in validating the LO's audit.

Table 2—Description of Data Sources Reviewed

Key Steps According to NCQA's HEDIS Compliance Audit	HSAG's Approach on Validating the LO's Audit Results
Initial Visit/Meeting—The initial conference call or meeting between the LOs and DHMP staff.	HSAG verified that key HEDIS topics such as timelines and virtual review dates were addressed by the LOs.
Roadmap Review—This review provided the LOs with background information on policies, processes, and data in preparation for virtual review validation activities. DHMP was required to complete the Roadmap to provide the audit team with the necessary information to begin review activities.	HSAG looked for evidence in the final report that the LOs conducted a thorough review of all components of the Roadmap.
Source Code Review—Source code review is used to determine compliance with the performance measure definitions, including accurate numerator and denominator identification, sampling, and algorithmic compliance (to determine if rate calculations were performed correctly, medical record and administrative data were combined appropriately, and numerator events were counted accurately). This process is not necessary if DHMP uses a vendor who participates in the NCQA Measure Certification[5] process.	If the MCO used a software vendor to produce HEDIS rates, HSAG used the FAR and measure certification letter to assess whether or not the software vendor achieved full measure certification status by NCQA for the reported HEDIS measures. HSAG ensured that the LOs reviewed the programming language for calculating the HEDIS measures if such a vendor was not used.

[5] NCQA Measure Certification[SM] is a service mark of the National Committee for Quality Assurance (NCQA).

Key Steps According to NCQA's HEDIS Compliance Audit	HSAG's Approach on Validating the LO's Audit Results
Consumer Assessment of Healthcare Providers and Systems (CAHPS®)[6] Survey Vendor and Sample Frame Validation—A certified survey vendor must be used if DHMP performed a CAHPS survey as part of HEDIS reporting.	HSAG verified that the LO performed detailed validations on the CAHPS Sample Frame if DHMP performed a CAHPS survey as part of HEDIS reporting. If DHMP used a survey vendor to perform the CAHPS surveys, HSAG verified that an NCQA-Certified survey vendor was used.
Supplemental Data Validation—If DHMP used any supplemental data for reporting, the LO was to validate the supplemental data according to NCQA's guideline.	HSAG verified whether the LO was following the NCQA-required approach while validating the supplemental databases.
Convenience Sample Validation—The auditor reviews a small number of processed medical records to uncover potential problems in the process that may require corrective action early in the medical record review (MRR) process. A convenience sample must be prepared unless the auditor determines that the MCO is exempt. NCQA allows organizations to be exempt from the convenience sample if they participated in a HEDIS audit the previous year and passed MRR validation, and if the current MRR process has not changed significantly from the previous year and the organization does not report hybrid measures that the auditor determines to be at risk of inaccurate reporting.	HSAG did not review this step since the State requires administrative rates only.
Medical Record Review Validation (MRRV)—The LOs are required to perform a more extensive validation of medical records reviewed, which is conducted late in the abstraction process. This validation ensures that the review process was executed as planned and that the results are accurate.	HSAG did not review this step since the State requires administrative rates only.
IDSS Review—DHMP is required to complete NCQA's IDSS for the submission of audited rates to NCQA. The auditor finalizes the IDSS by completing the audit review and entering an audit result. This process verifies that the auditor validated all activities that culminated in a rate by DHMP. The auditor locks the IDSS so that no information can be changed.	HSAG verified that the LOs completed the IDSS review process.

[6] CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

Validation Findings of Audit Process

Table 3 identifies the key elements used by DHMP's LO while conducting its MY 2023 NCQA HEDIS Compliance Audit. These key elements were reviewed by HSAG during validation activities. As presented in Table 3, a checkmark indicates that the LO reviewed the HEDIS activities, which confirmed that HEDIS methodology was being followed. Some activities are identified as being compliant by inserting the name of the company DHMP contracted with to perform the required tasks.

Table 3—Validation Activities for DHMP

Licensed Organization	Attest Health Care Advisors
Initial Visit Call/Meeting	✓
Roadmap Review	✓
Software Vendor	Cotiviti
Source Code/Certified Measure Review	✓
Survey Vendor	Press Ganey/SPH Analytics
CAHPS Sample Frame Validation	✓
Supplemental Data Validation	✓
Medical Record Review	✓
IDSS Review	✓

Table 3 indicates that the audit conducted for DHMP included all the listed validation activities. HSAG also determined that the data collected and reported for the Department-selected measures followed NCQA HEDIS methodology. Therefore, any rates and audit results are determined to be valid, reliable, and accurate.

Denver Health Medical Plan's Compliance With IS Standards

In addition to ensuring that data were captured, reported, and presented in a uniform manner, HSAG evaluated DHMP's IS capabilities for accurate HEDIS reporting. HSAG reviewed DHMP's FAR for its LO's assessments of IS capabilities, specifically focused on those aspects of DHMP's systems that could have impacted the HEDIS Medicaid reporting set.

For the purpose of HEDIS compliance auditing, the terms "information system" and "IS" are used broadly to include the computer and software environment, data collection procedures, and abstraction of medical records for hybrid measures. The IS evaluation includes a review of any manual processes that may have been used for HEDIS reporting as well. The LO determined if DHMP had the automated systems, information management practices, processing environment, and control procedures to capture, access, translate, analyze, and report each HEDIS measure.

In accordance with NCQA's *HEDIS MY 2023 Compliance Audit: Standards, Policies, and Procedures, Volume 5*, the LO evaluated IS compliance with NCQA's IS standards. These standards detail the minimum requirements DHMP's IS systems should meet, as well as criteria that any manual processes used to report HEDIS information must meet. For circumstances in which a particular IS standard was not met, the LO rated the impact on HEDIS reporting capabilities and, particularly, any measure that could be impacted. DHMP may not be fully compliant with many of the IS standards but may still be able to report the selected measures.

For the current reporting period, DHMP's information systems and processes were found adequate to meet NCQA's IS standards and the HEDIS determination reporting requirements. The section that follows provides a summary of DHMP's key findings for each IS standard as noted in its FAR. A more in-depth explanation of NCQA's IS standards is provided in Appendix A of this report.

Table 4—Summary of DHMP's Compliance With IS Standards

NCQA's IS Standards	IS Standards Compliance Findings Based on HSAG's Review of the HEDIS MY 2023 FAR
IS A—Administrative Data • Data conform with industry standards and measure requirements. • Data are complete and accurate. • Membership information system enables measurement.	The auditor determined that DHMP was compliant with IS Standard A for administrative data. The auditor determined that DHMP only accepted industry standard codes on industry standard forms. The auditor determined that DHMP 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.

NCQA's IS Standards	IS Standards Compliance Findings Based on HSAG's Review of the HEDIS MY 2023 FAR
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 is 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.	DHMP was compliant with IS Standard M for MRR processes. The auditor determined that the data collection tool used by the MCO was 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.	DHMP was 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 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.
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 is 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.	DHMP was compliant with IS Standard R for data management and reporting. File consolidation and data extractions were performed by DHMP's staff members. Data were verified for accuracy at each data merge point. The auditor indicated that the MCO used an NCQA-certified measure vendor for data production and rate calculation.

Appendix A. Information Systems Standards

Overview of the NCQA HEDIS Compliance Audit

Developed and maintained by NCQA, HEDIS is a set of performance data broadly accepted in the managed care environment as an industry standard. Organizations seeking NCQA accreditation or wishing to publicly report their HEDIS performance results undergo an NCQA HEDIS Compliance Audit through an NCQA-licensed audit organization. The audits are conducted in compliance with NCQA's *HEDIS MY 2023 Compliance Audit: Standards, Policies, and Procedures, Volume 5*. The purpose of conducting a HEDIS audit is to ensure that rates submitted by the organizations are reliable, valid, accurate, and can be compared to one another.

During the HEDIS audit, data management processes were reviewed using findings from the NCQA HEDIS Record of Administration, Data Management, and Processes (Roadmap) review; interviews with key staff members; and a review of queries and output files. Data extractions from systems used to house production files and generate reports were reviewed, including a review of data included in the samples for the selected measures. Based on validation findings, the LOs produced an initial written report identifying any perceived issues of noncompliance, problematic measures, and recommended opportunities for improvement. The LOs also produced a final report with updated text and findings based on comments on the initial report.

The FAR included information on the organization's IS capabilities; each measure's reportable results; MRRV results; the results of any corrected programming logic, including corrections made to numerators, denominators, or sampling used for final measure calculation; and opportunities and recommendations for improvement of data completeness, data integrity, and health outcomes.

Information Systems Standards

Listed below are the Information Systems Standards published in NCQA's *HEDIS MY 2023 Compliance Audit: Standards, Policies, and Procedures, Volume 5*.

IS A—Administrative Data

IS A1 Data conform with industry standards and measure requirements.

IS A2 Data are complete and accurate.

IS A3 Membership information system enables measurement.

Rationale

The organization must capture all clinical information pertinent to the delivery of services to provide a basis for calculating measures. The audit process ensures that the organization consistently captures

sufficient clinical information. Principal among these practices and critical for computing clinical measures is consistent use of standardized codes to describe medical events, including nationally recognized schemes to capture diagnosis, procedure, Diagnosis Related Group (DRG), and Diagnostic and Statistical Manual of Mental Disorders (DSM) codes. Standardized coding improves the comparability of measures through common definition of identical clinical events. The organization must cross-reference nonstandard coding schemes at the specific diagnosis and service level to attain equivalent meaning. The integrity of measures requires using standard forms, controlling receipt processes, editing and verifying data entry, and implementing other control procedures that promote completeness and accuracy in receiving and recording medical information. The transfer of information from medical charts to the organization's databases should be subject to the same standards for accuracy and completeness.

IS M—Medical Record Review Processes

IS M1 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).

IS M2 Retrieval and abstraction of data from medical records is reliably and accurately performed.

IS M3 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.

IS M4 The organization continually assesses data completeness and takes steps to improve performance.

IS M5 The organization regularly monitors vendor performance against expected performance standards.

Rationale

MRRV ensures that record abstraction performed by or on behalf of the entity meets standards for sound processes and that abstracted data are accurate. Validation includes not only an over-read of abstracted medical records, but also a review of MRR tools, policies, and procedures related to data entry and transfer, and training materials developed by or on behalf of the entity.

IS C—Clinical and Care Delivery Data

IS C1 Data capture is complete.

IS C2 Data conform with industry standards.

IS C3 Transaction file data are accurate.

IS C4 Organization confirms ingested data meet expectations for data quality.

Rationale

Organizations may use a supplemental database to collect and store data, which is then used to augment rates. These databases must be scrutinized closely since they can be standard, nonstandard, or member reported. The auditor must determine whether sufficient control processes are in place related to data collection, validation of data entry into the database, and use of these data. Mapping documents and file layouts may be reviewed as well, to determine compliance with this standard. Beginning with HEDIS 2014, NCQA provided new validation requirements for auditing supplemental data to ensure that all data included for reporting are complete and have required supporting documentation. Specific member information includes age, gender, benefits, product line (commercial, Medicaid, and Medicare), and the dates that define periods of membership so gaps in enrollment can be determined.

IS R—Data Management and Reporting

IS R1 The organization's data management enables measurement.

IS R2 Data extraction and loads are complete and accurate.

IS R3 Data transformation and integration is accurate and valid.

IS R4 Data quality and governance are components of the organization's data management.

IS R5 Oversight and controls ensure correct implementation of measure reporting software.

Rationale

Prior to data integration and reporting, it is essential that data transfer, consolidation, and control procedures support the integrity of the measure reporting. The organization's quality assurance practices and backup procedures serve as an organizational infrastructure supporting all information systems. The practices and procedures promote accurate and timely information processing and data protection in the event of a disaster. Calculating rates requires data from multiple sources. The systems used to assemble the data and to make the required calculations should be carefully constructed and tested. Data needed to calculate measures are produced by the organization's information systems and may be directly or indirectly affected by IS practices and procedures.

Appendix B. Audit Results and Rates

This appendix presents the audited rates in the IDSS and Custom Reporting Template as submitted by DHMP. According to the Department's required data collection methodology, the rates displayed in Table B-2 reflect administrative data-only rates and for some of the measures were not the final, reported, hybrid rates in DHMP's IDSS. In addition, for measures with multiple indicators (e.g., *Well-Child Visits in the First 30 Months of Life),* more than one rate is required for reporting. It is possible that DHMP may have received an "*NA*" designation for an indicator due to a small denominator within the measure but still have received an "*R*" designation for the total population.

Table B-1—HEDIS Audit Results

Audit Finding	Description	Audit Result
For Measures		
The rate or numeric result for a HEDIS measure is reportable. The measure was fully or substantially compliant with HEDIS specifications or had only minor deviations that did not significantly bias the reported rate.	Reportable	***R***
HEDIS specifications were followed but the denominator was too small to report a valid rate.	Denominator <30	***NA***
The MCO did not offer the health benefits required by the measure.	No Benefit (Benefit Not Offered)	***NB***
The MCO chose not to report the measure.	Not Reported	***NR***
The MCO was not required to report the measure.	Not Required	***NQ***
The rate calculated by the MCO was materially biased.	Biased Rate	***BR***
The MCO chose to report a measure that is not required to be audited. This result applies only to a limited set of measures (e.g., measures collected using electronic clinical data systems).	Unaudited	***UN***

Table B-2—DHMP's Rates and Audit Results

Measure	MY 2023 Rate	Audit Result
Measures		
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis		
Ages 3 Months to 17 Years	95.16%	***R***
Ages 18 to 64 Years	72.69%	***R***
Ages 65 Years and Older	***NA***	***R***
Antidepressant Medication Management		
Effective Acute Phase Treatment—Ages 18 to 64	66.19%	***R***
Effective Acute Phase Treatment—Ages 65 Years and Older	81.08%	***R***
Effective Continuation Phase Treatment—Ages 18 to 64	42.60%	***R***
Effective Continuation Phase Treatment—Ages 65 Years and Older	48.65%	***R***
Asthma Medication Ratio		
Ages 5 to 11 Years	76.25%	***R***
Ages 12 to 18 Years	58.82%	***R***
Ages 19 to 50 Years	55.47%	***R***
Ages 51 to 64 Years	49.55%	***R***
Breast Cancer Screening		
Ages 52 to 64 Years	52.05%	***R***
Ages 65 to 74 Years	40.18%	***R***
Controlling High Blood Pressure		
Ages 18 to 64 Years	51.61%	***R***
Ages 65 to 85 Years	58.19%	***R***
Contraceptive Care—Postpartum Women		
Ages 15 to 20 Years—Most or Moderately Effective Contraception—3 Days	29.79%	***R***
Ages 15 to 20 Years—Most or Moderately Effective Contraception—90 Days	65.96%	***R***
Ages 15 to 20 Years—Long-Acting Reversible Contraception—3 Days	13.83%	***R***
Ages 15 to 20 Years—Long-Acting Reversible Contraception—90 Days	34.04%	***R***
Ages 21 to 44 Years—Most or Moderately Effective Contraception—3 Days	25.94%	***R***
Ages 21 to 44 Years—Most or Moderately Effective Contraception—90 Days	54.23%	***R***
Ages 21 to 44 Years—Long-Acting Reversible Contraception—3 Days	8.74%	***R***
Ages 21 to 44 Years—Long-Acting Reversible Contraception—90 Days	25.52%	***R***
Cervical Cancer Screening	40.81%	***R***
Contraceptive Care—All Women		
Ages 15 to 20 Years—Most or Moderately Effective Contraception	21.30%	***R***
Ages 15 to 20 Years—Long-Acting Reversible Contraception	5.81%	***R***

Measure	MY 2023 Rate	Audit Result
Ages 21 to 44 Years—Most or Moderately Effective Contraception	19.29%	***R***
Ages 21 to 44 Years—Long-Acting Reversible Contraception	4.93%	***R***
Screening for Depression and Follow-Up Plan		
Ages 12 to 17 Years	32.25%	***R***
Ages 18 to 64 Years	21.28%	***R***
Ages 65 Years and Older	6.98%	***R***
Chlamydia Screening in Women		
Ages 16 to 20 Years	80.86%	***R***
Ages 21 to 24 Years	70.89%	***R***
Concurrent Use of Opioids and Benzodiazepines		
Ages 18 to 64 Years	5.46%	***R***
Ages 65 Years and Older	5.88%	***R***
Colorectal Cancer Screening		
Ages 46 to 50 Years	16.99%	***R***
Ages 51 to 65 Years	29.30%	***R***
Ages 66 Years and Older	33.45%	***R***
Follow-Up After Emergency Department Visit for Substance Use		
Ages 13 to 17 Years—7-Day Follow-Up	4.44%	***R***
Ages 13 to 17 Years—30-Day Follow-Up	11.11%	***R***
Ages 18 to 64 Years—7-Day Follow-Up	18.13%	***R***
Ages 18 to 64 Years—30-Day Follow-Up	28.17%	***R***
Ages 65 Years and Older—7-Day Follow-Up	11.86%	***R***
Ages 65 Years and Older—30-Day Follow-Up	20.34%	***R***
Follow-Up After Hospitalization for Mental Illness		
Ages 6 to 17 Years—7-Day Follow-Up	***NA***	***R***
Ages 6 to 17 Years—30-Day Follow-Up	***NA***	***R***
Ages 18 to 64 Years—7-Day Follow-Up	11.36%	***R***
Ages 18 to 64 Years—30-Day Follow-Up	20.45%	***R***
Ages 65 Years and Older—7-Day Follow-Up	***NA***	***R***
Ages 65 Years and Older—30-Day Follow-Up	***NA***	***R***
Follow-Up After Emergency Department Visit for Mental Illness		
Ages 6 to 17 Years—7-Day Follow-Up	12.09%	***R***
Ages 6 to 17 Years—30-Day Follow-Up	30.77%	***R***
Ages 18 to 64 Years—7-Day Follow-Up	17.16%	***R***
Ages 18 to 64 Years—30-Day Follow-Up	27.70%	***R***
Ages 65 Years and Older—7-Day Follow-Up	***NA***	***R***
Ages 65 Years and Older—30-Day Follow-Up	***NA***	***R***

Measure	MY 2023 Rate	Audit Result
Hemoglobin A1c Control for Patients With Diabetes		
Ages 18 to 64 Years—HbA1c Control (<8.0%)	48.64%	***R***
Ages 65 to 75 Years—HbA1c Control (<8.0%)	54.73%	***R***
Diabetes Care for People With Serious Mental Illness—HbA1c Poor Control (>9.0%)		
Ages 18 to 64 Years	45.06%	***R***
Ages 65 to 75 Years	***NA***	***R***
HIV Viral Load Suppression		
Ages 18 to 64 Years	68.19%	***R***
Ages 65 Years and Older	80.00%	***R***
Initiation and Engagement of Substance Use Disorder Treatment		
Initiation of SUD Treatment—Ages 18 to 64 Years—Alcohol Use Disorder	39.28%	***R***
Initiation of SUD Treatment—Ages 18 to 64 Years—Opioid Use Disorder	53.60%	***R***
Initiation of SUD Treatment—Ages 18 to 64 Years—Other Substance Use Disorder	40.06%	***R***
Initiation of SUD Treatment—Ages 18 to 64 Years—Total SUD Treatment	41.81%	***R***
Engagement of SUD Treatment—Ages 18 to 64 Years—Alcohol Use Disorder	5.38%	***R***
Engagement of SUD Treatment—Ages 18 to 64 Years—Opioid Use Disorder	17.63%	***R***
Engagement of SUD Treatment—Ages 18 to 64 Years—Other Substance Use Disorder	5.17%	***R***
Engagement of SUD Treatment—Ages 18 to 64 Years—Total SUD Treatment	7.21%	***R***
Initiation of SUD Treatment—Ages 65 Years and Older—Alcohol Use Disorder	40.23%	***R***
Initiation of SUD Treatment—Ages 65 Years and Older—Opioid Use Disorder	***NA***	***R***
Initiation of SUD Treatment—Ages 65 Years and Older—Other Substance Use Disorder	52.83%	***R***
Initiation of SUD Treatment—Ages 65 Years and Older—Total SUD Treatment	47.56%	***R***
Engagement of SUD Treatment—Ages 65 Years and Older—Alcohol Use Disorder	2.30%	***R***
Engagement of SUD Treatment—Ages 65 Years and Older—Opioid Use Disorder	***NA***	***R***
Engagement of SUD Treatment—Ages 65 Years and Older—Other Substance Use Disorder	3.77%	***R***

Measure	MY 2023 Rate	Audit Result
Engagement of SUD Treatment—Ages 65 Years and Older—Total SUD Treatment	3.66%	***R***
Use of Opioids at High Dosage in Persons Without Cancer		
*Ages 18 to 64 Years**	4.64%	***R***
*Ages 65 Years and Older**	5.83%	***R***
Use of Pharmacotherapy for Opioid Use Disorder		
Rate 1: Total	38.92%	***R***
Rate 2: Buprenorphine	33.84%	***R***
Rate 3: Oral Naltrexone	3.66%	***R***
Rate 4: Long-Acting, Injectable Naltrexone	1.32%	***R***
Rate 5: Methadone	1.63%	***R***
Plan All-Cause Readmissions		
Observed/Expected Ratio	1.06	***R***
Observed Rate	10.24%	***R***
Expected Rate	9.69%	***R***
Outlier Rate	54.70	***R***
Prenatal and Postpartum Care		
Timeliness of Prenatal Care	83.86%	***R***
Postpartum Care	78.52%	***R***
Diabetes Short-Term Complications Admission Rate		
Ages 18 to 64 Years	15.48	***R***
Ages 65 Years and Older	0.00	***R***
COPD or Asthma in Older Adults Admission Rate		
Ages 40 to 64 Years	17.43	***R***
Ages 65 Years and Older	0.00	***R***
Heart Failure Admission Rate		
Ages 18 to 64 Years	25.61	***R***
Ages 65 Years and Older	0.01	***R***
Asthma in Younger Adults Admission Rate		
Ages 18 to 39 Years	2.82	***R***
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	52.97%	***R***
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	88.59%	***R***
Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication		
Initiation Phase	42.02%	***R***
Continuation and Maintenance Phase	***NA***	***R***

Measure	MY 2023 Rate	Audit Result
Ambulatory Care—Emergency Department (ED) Visits (Per 1,000 Member Months)		
Less than Age 1 Year	60.34	***R***
Ages 1 to 9 Years	28.92	***R***
Ages 10 to 19 Years	22.83	***R***
Ages 0 to 19 Years	25.89	***R***
Metabolic Monitoring for Children and Adolescents on Antipsychotics		
Ages 1 to 11 Years—Blood Glucose Testing	***NA***	***R***
Ages 1 to 11 Years—Cholesterol Testing	***NA***	***R***
Ages 1 to 11 Years—Blood Glucose and Cholesterol Testing	***NA***	***R***
Ages 12 to 17 Years—Blood Glucose Testing	84.38%	***R***
Ages 12 to 17 Years—Cholesterol Testing	59.38%	***R***
Ages 12 to 17 Years—Blood Glucose and Cholesterol Testing	59.38%	***R***
Ages 1 to 17 Years—Blood Glucose Testing	77.14%	***R***
Ages 1 to 17 Years—Cholesterol Testing	54.29%	***R***
Ages 1 to 17 Years—Blood Glucose and Cholesterol Testing	54.29%	***R***
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics		
Ages 1 to 11 Years	***NA***	***R***
Ages 12 to 17 Years	***NA***	***R***
Ages 1 to 17 Years	***NA***	***R***
Childhood Immunization Status		
Combination 3	69.05%	***R***
Combination 7	64.51%	***R***
Combination 10	44.33%	***R***
Developmental Screening in the First Three Years of Life		
Age 1	63.49%	***R***
Age 2	78.92%	***R***
Age 3	62.05%	***R***
Total Ages 1 to 3 Years	68.63%	***R***
Immunizations for Adolescents		
Combination 1 (Meningococcal, Tdap)	63.07%	***R***
Combination 2 (Meningococcal, Tdap, HPV)	38.97%	***R***
Lead Screening in Children	59.10%	***R***
Well-Child Visits in the First 30 Months of Life		
Well-Child Visits in the First 15 Months—Six or More Well-Child Visits	58.62%	***R***
Well-Child Visits for Age 15 Months–30 Months—Two or More Well-Child Visits	64.19%	***R***

Measure	MY 2023 Rate	Audit Result
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents		
BMI Percentile—Ages 3 to 11 Years	68.61%	***R***
BMI Percentile—Ages 12 to 17 Years	65.39%	***R***
BMI Percentile—Ages 3 to 17 Years	67.28%	***R***
Counseling for Nutrition—Ages 3 to 11 Years	79.12%	***R***
Counseling for Nutrition—Ages 12 to 17 Years	70.46%	***R***
Counseling for Nutrition—Ages 3 to 17 Years	75.55%	***R***
Counseling for Physical Activity—Ages 3 to 11 Years	78.12%	***R***
Counseling for Physical Activity—Ages 12 to 17 Years	70.06%	***R***
Counseling for Physical Activity—Ages 3 to 17 Years	74.79%	***R***
Child and Adolescent Well-Care Visits		
Ages 3 to 11 Years	57.59%	***R***
Ages 12 to 17 Years	46.82%	***R***
Ages 18 to 21 Years	18.36%	***R***
Ages 3 to 21 Years	46.56%	***R***

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