

COLORADO ACCESS

PAY-FOR-PERFORMANCE PROGRAM DOCUMENT

REWARDING PROVIDERS FOR MEETING
REGIONAL GOALS

<p>Introduction:</p>	<p>Pay-for-performance is a program implemented by the Colorado Department of Health Care Policy and Financing (HCPF) that rewards payers and providers for achieving or exceeding pre-established benchmarks for quality of care, health results and/or efficiency. The HCPF pay-for-performance program supports the adoption of recommended guidelines to meet treatment goals for high-acuity conditions or preventive care.¹</p> <p>Providers’ clinical work and focus on their population’s health outcomes directly impact the regional success of these metrics. The Regional Accountable Entity (RAE) is responsible for the distribution of earned incentive dollars to the provider network. Provider payments are calculated based on methodologies developed collaboratively between Colorado Access and the RAE governing council.</p> <p>Behavioral health partnership payments are granted to the top 100 providers who provide the most behavioral health services in the region, based on claim volume.</p> <p>Provider performance payments are granted based on a provider’s proportional contribution to a region meeting each metric. Performance payments follow slightly different models for different metrics.</p> <p>Physical Health (PH) Panel performance payments are granted based on the percentage of each primary care medical provider’s (PCMP) attributed panel that was included in the numerator for the metric (example: percentage of members that received a dental service). Providers are then split into quartiles according to panel performance and dollars are split with higher performing practices receiving a larger share than lower performing practices.</p> <p><i>Colorado Access extends its gratitude to its provider partners for their commitment to improving the health of their patients and all Coloradans.</i></p>
-----------------------------	--

1: ncsl.org/research/health/performance-based-health-care-provider-payments.aspx

2: [Accountable Care Collaborative \(ACC\) Key Performance Indicators \(KPI\) Methodology SFY 2021-2022](#)

3: [Accountable Care Collaborative \(ACC\) Behavioral Health Incentive Specification Document SFY 2021-2022](#)

Key Performance Indicators Paid Quarterly	
Key Performance Indicator 1: Behavioral health engagement	<p><u>Metric:</u> Increase percentage of Health First Colorado (Colorado's Medicaid Program) members who received a behavioral health service delivered either in primary care settings or under the Capitated Behavioral Health Benefit within a 12-month evaluation period.</p> <p><u>Incentivized behavior:</u> Screening, treatment and billing for behavioral health.</p> <p><u>Payment methodology:</u> 100% provider performance (top 90% of contributors)</p>
Key Performance Indicator 2: Dental visits	<p><u>Metric:</u> Increase percentage of Health First Colorado members who received a dental service (medical or dental claim) within a 12-month evaluation period.</p> <p><u>Incentivized behavior:</u> Screening, treatment and/or referral and billing for dental health.</p> <p><u>Payment methodology:</u> 50% provider performance; 50% PH panel performance*</p> <p>*Equal dollar amounts distributed to each tax ID within each tier Tier 1 = 50% Tier 2 = 30% Tier 3 = 20% Tier 4 = Not eligible for payment</p>
Key Performance Indicator 3: Child and adolescent well visits	<p><u>Metric:</u> Increase percentage of Health First Colorado members who received the appropriate minimum number of well visits based on their age and according to HEDIS standards within a 12-month evaluation period. This is a composite measure comprised of two HEDIS measures.</p> <p><u>Child and Adolescent Well Visit Part 1 (HEDIS W30):</u> 1a. Children who had six or more well visits with a primary care provider on or before their 15-month birthday 1b. Children who had two or more visits between the child's 15-month birthday and 30-month birthday.</p> <p><u>Child and Adolescent Well Visit Part 2 (HEDIS WCV):</u> Children and adolescents with one or more well visits during the performance period.</p>

	<p><u>Incentivized behavior:</u> Screening, treatment and billing for preventive care to attain and/or preserve overall good health.</p> <p><u>Payment methodology:</u> 100% provider performance (top 90% of contributors). 50% paid according to provider performance on Well Visit Part 1 50% paid according to provider performance on Well Visit Part 2</p> <p>The first payment using this methodology will be tied to the July 1, 2021-September 30, 2021 (Quarter 1 fiscal year 2021-2022) performance period.</p>
Key Performance Indicator 4: Prenatal engagement	<p><u>Metric:</u> Increase percentage of deliveries where mother had at least one prenatal visit within 40 weeks prior to the delivery.</p> <p><u>Incentivized behavior:</u> Early and regular prenatal appointments for all pregnant members.</p> <p><u>Payment methodology:</u> 100% provider performance (top 90% of contributors).</p>
Key Performance Indicator 5: Emergency department visits (per thousand per year) risk adjusted	<p><u>Metric:</u> Reduction of emergency department (ED) visits (per thousand per year). Lower rates are indicative of better performance. Inclusion – Practice sites must have 20 attributed diabetic and/or 20 attributed asthmatic members. Exclusion – ED visits that result in an inpatient admission.</p> <p><u>Incentivized behavior:</u> Work with members who have diabetes and asthma to manage and control chronic illness to avoid ED visits for acute episodes. Work with members who visited the ED with acute exacerbations of diabetes and/or asthma to direct them to primary care when they encounter acute episodes. Ensure adequate walk-in or telehealth appointment availability.</p> <p><u>Payment methodology:</u> 100% provider performance (providers performing at the <i>regional average or better</i>). 50% paid according to provider tier performance for asthma 50% paid according to provider tier performance for diabetes</p> <p>*Equal dollar amounts distributed to each tax ID within each tier Tier 1 = 50% Tier 2 = 30% Tier 3 = 20% Tier 4 = Not eligible for payment</p>

Behavioral Health Incentive Measures

Paid Annually

<p>Behavioral Health Incentive Measure #1: Engagement in outpatient substance use disorder (SUD) treatment</p>	<p><u>Metric:</u> Increase percentage of Health First Colorado members that had two or more outpatient services for a primary substance use disorder diagnosis on or within 30 days of their first episode of substance use disorder (SUD) treatment.</p> <p><u>Incentivized behavior:</u> Timely and consistent treatment of patients with newly diagnosed substance use disorder.</p> <p><u>Payment methodology:</u> 50% behavioral health partnership, 50% provider performance (qualifying criteria-top 100 providers by claim volume).</p>
<p>Behavioral Health Incentive Measure #2: Follow-up appointment within 7 days of inpatient hospital discharge for mental health (MH) Condition</p>	<p><u>Metric:</u> Increase percentage of Health First Colorado members seen in an outpatient capacity by a mental health provider within seven days of discharge from an inpatient hospital episode (to the community or a non-24- hour monitored facility) for treatment of a primary covered mental health diagnosis.</p> <p><u>Incentivized behavior:</u> Coordinated discharge planning between hospitals and outpatient providers to ensure timely follow-up.</p> <p><u>Payment methodology:</u> 50% BH partnership, 50% provider performance (qualifying criteria - top 100 providers by claim volume).</p>
<p>Behavioral Health Incentive Measure #3: Follow-up appointment within 7 days of an emergency department (ED) visit for a substance use disorder (SUD)</p>	<p><u>Metric:</u> Increase the percentage of members who were seen in an outpatient capacity by a behavioral health provider on or within seven days of discharge from an emergency department episode (to the community or a non-24-hour treatment facility) for treatment of a covered SUD.</p> <p><u>Incentivized behaviors:</u> Coordinated discharge planning between hospitals and outpatient providers to ensure timely follow-up.</p> <p><u>Payment methodology:</u> 50% BH partnership, 50% provider performance (qualifying criteria - top 100 providers by claim volume).</p>

<p>Behavioral Health Incentive Measure #4: Follow-up after positive depression screening</p>	<p><u>Metric:</u> Increase percentage of Health First Colorado members engaged in a mental health service on or within 30 days of screening positive for depression within a primary care setting.</p> <p>**This measure includes a qualifying gate measure prior to achieving eligibility for incentive dollars. The gate measure requires each region to conduct depression screens on a minimum percentage of patients. Depression screening rates must <i>increase by a 10% gap closure</i> between RAE performance and the department goal.</p> <p><u>Incentivized behaviors:</u> (1) Depression screening and proper billing (G8431 or G8510) in primary care. (2) Coordination between primary care providers and behavioral health providers to ensure timely follow-up after a positive screen.</p> <p><u>Payment methodology:</u> 60% provider performance for depression screens, 40% provider performance for timely follow-up visits. (Qualifying criteria - minimum 0.50% contribution to region meeting the metric).</p>
---	---