COLORADO ACCESS

PAY-FOR-PERFORMANCE PROGRAM DOCUMENT

FY 2023-2024

REWARDING PROVIDERS FOR MEETING REGIONAL GOALS

Introduction:	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] 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. **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. **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. **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. *Colorado Access extends its gratitude to its provider partners for their commitment to improving the health of their patients and all Coloradans.*

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	Metric: 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. Calculation: Behavioral Health Engagement (%) = # Unique Members Who Received At Least One Behavioral Health Service/ # Unique Members Enrolled in the ACC Incentivized behavior: Screening, treatment and billing for behavioral health. Payment methodology: 100% provider performance (top 90% of contributors)
Key Performance Indicator 2: Oral evaluation, dental services	Metric: Percentage of Medicaid members younger than 21 who received a comprehensive or periodic oral evaluation. Calculation: Oral evaluation (%) = # Unique Members Younger Than 21 Who Received A Comprehensive Or Periodic Oral Evaluation / # Unique Members Younger Than 21 Enrolled in the ACC. Incentivized behavior: Screening, treatment and billing for dental health. Payment methodology: TBD
Key Performance Indicator 3: Child and adolescent well visits	Metric: Medicaid 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. Child and Adolescent Well Visit Part 1 (HEDIS W30): 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. Child and Adolescent Well Visit Part 2 (HEDIS WCV): Children and adolescents with one or more well visits during the performance period. Incentivized behavior: Screening, treatment and billing for preventive care to attain and/or preserve overall good health.

	Payment methodology: 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
Key Performance Indicator 4: Prenatal engagement	Metric: Percentage of deliveries where mother had at least one prenatal visit within 40 weeks prior to the delivery. Members must be Medicaid enrolled for at least 30 days prior to delivery and enrolled in the ACC as of the end of the rolling 12-month evaluation period. Members may have multiple deliveries withing the evaluation period. Calculation: Prenatal Engagement (%) = # of Deliveries with at Least One Prenatal Visit / # Deliveries. Incentivized behavior: Early and regular prenatal appointments for all pregnant members. Payment methodology: 100% provider performance (top 90% of contributors).
Key Performance Indicator 5: Emergency department visits (per thousand per year) risk adjusted	Metric: 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. Incentivized behavior: 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 execrations of diabetes and/or asthma to direct them to primary care when they encounter acute episodes. Ensure adequate walk-in or telehealth appointment availability. Payment methodology: 100% provider performance (providers performing at the *regional average or better).* 50% paid according to provider tier performance for asthma 50% paid according to provider tier performance for diabetes *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

Key Performance Indicator 6: Depression screen and follow-up plan (Effective for performance period beginning July 1, 2023)	Metric: Percentage of beneficiaries age 12 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. Calculation: TBD Incentivized behavior: Screening, follow-up planning, and billing for depression screens. Payment methodology: TBD
Key Performance Indicator 7: Prenatal and postpartum care (Effective for performance period beginning July 1, 2023)	Metric: *Timeliness of Prenatal Care:* The percentage of deliveries in which women had a prenatal care visit in the first trimester, on or before the enrollment start date or within 42 days of enrollment in the organization. *Postpartum Care:* Percentage of deliveries of live births on or between October 8 of the year prior to the measurement year and October 7 of the measurement year that had a postpartum visit on or between 7 and 84 days after delivery. Calculation: TBD Incentivized behavior: Timeliness of prenatal and postpartum care. Payment methodology: TBD

Behavioral Health Incentive Measures Paid Annually	
Behavioral Health Incentive Measure #1: **Engagement in outpatient substance use disorder (SUD) treatment**	Metric: 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. Incentivized behavior: Timely and consistent treatment of patients with newly diagnosed substance use disorder. Payment methodology: 50% behavioral health partnership, 50% provider performance (qualifying criteria-top 100 providers by claim volume).
Behavioral Health Incentive Measure #2: **Follow-up appointment within 7 days of inpatient hospital discharge for mental health (MH) condition**	Metric: 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. Incentivized behavior: Coordinated discharge planning between hospitals and outpatient providers to ensure timely follow-up. Payment methodology: 50% BH partnership, 50% provider performance (qualifying criteria - top 100 providers by claim volume).
Behavioral Health Incentive Measure #3: **Follow-up appointment within 7 days of an emergency department (ED) visit for a substance use disorder (SUD)**	Metric: 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. Incentivized behaviors: Coordinated discharge planning between hospitals and outpatient providers to ensure timely follow-up. Payment methodology: 50% BH partnership, 50% provider performance (qualifying criteria - top 100 providers by claim volume).

Behavioral Health Incentive Measure #4: Follow-up after positive depression screening	Metric: 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. **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 *increase by a 10% gap closure* between RAE performance and the department goal. Incentivized behaviors: (1) Depression screening and proper billing (G8431 orG8510) in primary care. (2) Coordination between primary care providers and behavioral health providers to ensure timely follow-up after a positive screen. Payment methodology*:* 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).
Behavioral Health Incentive Measure #5: Behavioral health screening or assessment for children in the foster care system	Metric: Increase percentage of Health First Colorado foster care children who received a behavioral health screening or assessment **on or within 30 days** of entering the foster care system/RAE enrollment. Incentivized behaviors: Timely behavioral health screening for all foster children. Payment methodology: 50% BH partnership, 50% provider performance. (All contributors)

Performance Pool	
Performance Pool Indicator #1: Extended care coordination	Metric: Percentage of members with complex needs who received extended care coordination within the performance period Numerator: Members identified as complex on day one of the performance period under a new definition are expected to have a robust care plan developed within the first 120 days. • Members identified as complex at any time after day one of the performance period are expected to a robust care plan developed within 90 days of the member being identified as complex. • Members who were identified as complex under the old definition, and remain in the complex population under the new definition, who have an active care plan DO NOT require development of a new care plan. These members are expected to have bi-directional contact with the care coordinator in the 90 days prior to day one of the new definition. • All members engaged in extended care coordination are expected to have, at minimum, quarterly bidirectional contact with the member by the care coordinator. The following members can be counted in the numerator of the metric, but must be reported separately: • Members who are "**unreachable**" can be counted in the numerator, as long as they received at least three outreach attempts with two different modalities based on what is deemed by the care coordination team to be most effective for successful engagement and keeping in mind any limits to the availability of contact information. Members who are unreachable must have an attempted outreach every six months after the initial attempt is made. • Additionally, members who **opt-out** of extended care coordination can also be counted in the numerator. RAEs must have in place a documented opt-out process for members. Members who opt-out must have an attempted outreach every six months after the initial attempt is made.

	• The opt-out process can include members who have been in extended care coordination but **met their goals** and no longer need or want support. If a member's lead care coordinator is a case management entity or another organization, the member can still be counted in the numerator, as long as the RAE care coordinator has an up-to-date care plan on file and meets the quarterly bidirectional contact requirement by the RAE care coordinator. Denominator: Number of members with complex needs, identified at any time during the performance period. There is no continuous enrollment requirement. The look-back period will be 24 months long plus three additional months of claims run-out. Incentivized behavior: Members with complex conditions may require more intense levels of care coordination, or they may need more frequent care management contacts to properly address their condition. Payment methodology: TBD
Performance Pool Indicator #2: Premature birth rate	Metric: Number of premature births (< 37 weeks) per total live births within the performance period Numerator: Number of premature births (<37 weeks) within the performance period. Denominator: Number of total live births within the performance period. Incentivized behavior: Incentivize preventable preterm births. Payment methodology: TBD
Performance Pool Indicator #3: Behavioral health engagement for members releasing from state prisons	Metric: Percentage of members releasing from a Department of Corrections (DOC) facility with at least one billed behavioral health capitated service or short-term behavioral health visit within fourteen days. Numerator: Number of members who had at least one billed behavioral health capitated service or short-term behavioral health visit within fourteen days of being released from a DOC facility. Denominator: Number of members who were released from a DOC facility and who are eligible for Medicaid. Incentivized behavior: Incentivizes behavioral health providers to

	engage with Medicaid recipients releasing from state prisons with behavioral health disorders. Payment methodology: TBD
Performance Pool Indicator #4: Asthma medication ratio	Metric: Members ages 5 to 64 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 period. Numerator**:** The number of members with persistent asthma who have a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement period. Denominator: All members ages 5 to 64 who have persistent asthma by meeting at least one of the following criteria during both the measurement period and the year prior to the measurement period: • At least one emergency department visit with asthma as the principal diagnosis. • At least one acute inpatient encounter or discharge with asthma as the principal diagnosis. • At least four outpatient visits, observation visits, telephone visits, or online assessments on different dates of service, with any diagnosis of asthma AND at least two asthma medication dispensing events for any controller or reliever medication. Visit type need not be the same for the four visits. • At least four asthma medication dispensing events for any controller medication or reliever medication. Members will be counted in the denominator if they are enrolled in the ACC on the last day of the measurement period. Incentivized behavior: Medication adherence aligns with Colorado Access and the Department's focus on chronic condition management and support for members. Payment methodology: TBD
Performance Pool Indicator #5: Antidepressant medication management	Metric: Percentage of members age 18 and older who were treated with antidepressant medication, had a diagnosis of major depression, and who remained on an antidepressant medication treatment. Two rates are reported: Effective *Acute* Phase Treatment: Percentage of beneficiaries who remained on an antidepressant medication for at least 84 days (12 weeks). Effective *Continuation* Phase Treatment: Percentage of beneficiaries who remained on an antidepressant medication for at least 180 days (6 months).

	Numerator (Effective Acute Phase Treatment): Members who had at least 84 days (12 weeks) of treatment with antidepressant medication beginning on the index prescription start date through 114 days after. Denominator (Effective Acute Phase Treatment): Members 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression and who remained on an antidepressant medication treatment. Numerator (Effective Continuation Phase Treatment): Members who had at least 180 days (6 months) of treatment with antidepressant medication beginning on the index prescription start date through 231 days after. Denominator (Effective Continuation Phase Treatment): Members 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression and who remained on an antidepressant medication treatment. Incentivized behavior: Medication adherence aligns with Colorado Access and the Department's focus on chronic condition management and support for members. Payment methodology: TBD
Performance Pool Indicator #6: Contraceptive care for postpartum women	Metric: Among women ages 15 through 44 who had a live birth, the percentage that is provided: 1) A most effective (i.e., sterilization, implants, intrauterine devices or systems (IUD/IUS)) or moderately (i.e., injectables, oral pills, patch, ring, or diaphragm) effective method of contraception within three and 90 days of delivery. 2) A long-acting reversible method of contraception (LARC) within three and 90 days of delivery. Numerator (most/moderate effective contraception): The eligible population that was provided a most or moderately effective method of contraception. Denominator (most/moderate effective contraception): The eligible population includes women ages 15 to 44 who had a live birth in the measurement period. Members will be counted in the denominator if they are enrolled in the ACC on the last day of the measurement period. Numerator (LARC): The eligible population that was provided a LARC method.

	Denominator (LARC): The eligible population includes women ages 15 to 44 who had a live birth in the measurement period. Members will be counted in the denominator if they are enrolled in the ACC on the last day of the measurement period. Incentivized behavior: Reduction of rapid repeat births Payment methodology: TBD