May 15, 2024

SFY24-25 COA Value-Based Payment Model – PCMP Administrative Payments

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Agenda

1. Save the Date! SFY25-26 Stakeholder Engagement Sessions
2. APM 2 Early Adoption Incentive
3. Administrative Payment Model Goals
4. Utilizer Payment Model Elements
5. Complex Member Definition
6. Complex Member & Care Management Payment Model Elements
7. Q&A

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Save the Date! SFY25-26 Stakeholder Engagement Sessions

- **Pediatric Focused:** Thursday August 15th and 29th

  ***Family Medicine Providers** should attend both Pediatric and Adult focused Stakeholder Engagement Sessions

- **Adult Focused:** Wednesday September 11th and Thursday September 26th
- **Reproductive Health Focused:** Tuesday October 15th and Wednesday October 30th
- Formal announcement and registration link to come.

- Example discussion topics:
  - HCPF value-based framework alignment
  - DOI Concerning Primary Care APM Parameters Reg
  - Structural and outcome measures
  - Practice Assessment future state
  - Utilizer model components
  - Complex member model components
  - Care management model components
  - Care management tiers and associated populations

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APM 2 Early Adoption Incentive

- New TINs that join HCPF's APM 2 program during SFY23-24 are eligible for a one-time incentive payment of $2,500.
- New participating TINs will be collected quarterly. Funds will be paid out by COA on the following cadence:
  - October 2024
  - January 2025
  - April 2025
  - July 2025

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Goals of our Models

1. Improve health outcomes for our shared members/patients by incentivizing services associated with
    - Prevention
    - Chronic condition control

2. Use performance results to identify and reward providers with demonstrated ability to increase member/patient uptake of these high-value services

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COA PCMP Network: 3 Types of Providers & Payments

Member Types:

1. Utilizer
2. Non-utilizer
3. Complex

Primary Care Medical Provider (PCMP)

Utilizer PMPM

Primary Care Medical Provider Plus (PCMP+)

Complex PMPM

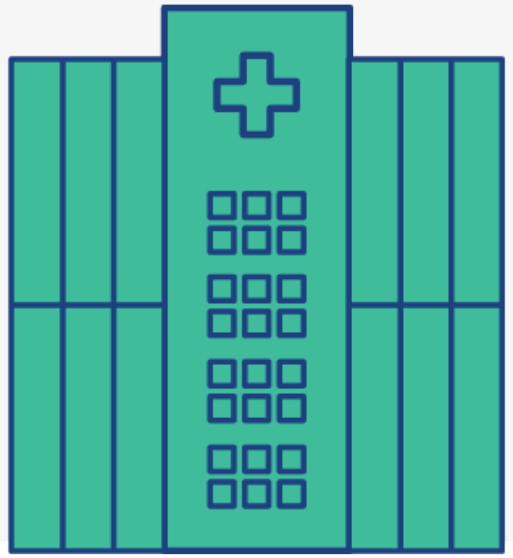
Utilizer PMPM

Enhanced Clinical Partner (ECP)

ECP PMPM

Complex PMPM

Utilizer PMPM



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Utilizer PMPM Payment Model

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Summary of Changes to the Model

- Family Medicine cohort moved to W30 from W15.
- Reproductive Health cohort moved to 90-day uptake for postpartum contraception.
- All measures underwent code updates to align with HEDIS MY2023 and CMS Core FFY2023 measure specifications and value sets

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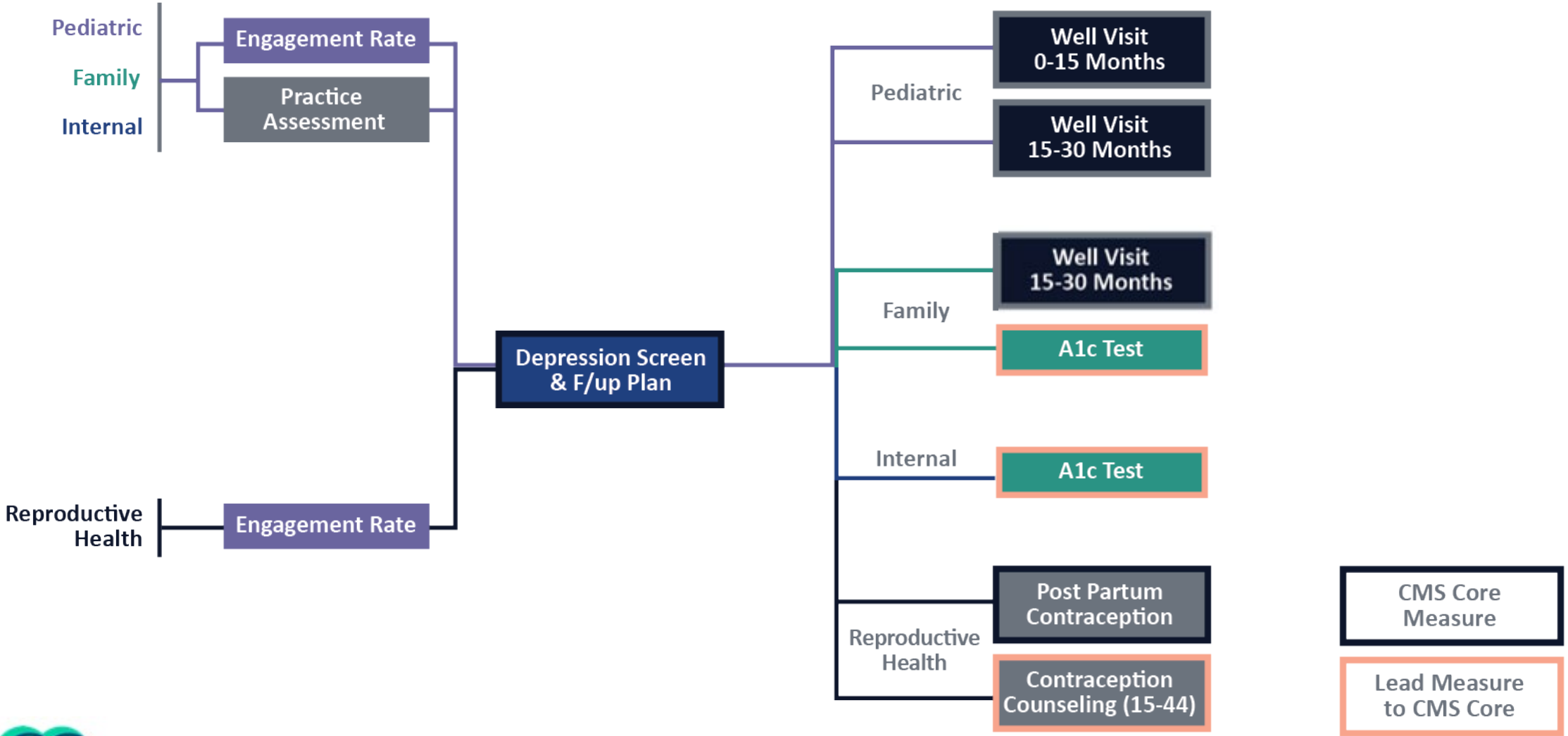
Utilizer PMPM Model: 4 Configurations



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Family Medicine: SFY 24-25 Performance Standards

Practice Assessment Score

None = 0-95%
Mid = 96-99%
Max = 100%

Engagement Rate

None = 0-18%
Mid = 19-55%
Max = 56-100%

Depression Screen

Min = 0-4%
Mid = 5-38%
Max = 39-100%

Well-Visits 15-30 Months of Life

Min = 0-56%
Mid = 57-78%
Max = 79-100%

Hemoglobin A1c Testing

Min = 0-66%
Mid = 67-86%
Max = 87-100%

FY24-25 Rates

Payment Level	Practice Assessment	Engagement Rate	Depression Screen	Well Visit 15-30 Mos	HbA1c Testing
None/Min	$0.00	$0.00	$0.50	$0.25	$0.25
Mid	$0.25	$0.25	$1.00	$1.00	$1.00
Max	$0.50	$0.50	$1.25	$1.50	$1.50

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Pediatric Medicine: SFY 24-25 Performance Standards

Practice Assessment Score

None = 0-95%
Mid = 96-99%
Max = 100%

Engagement Rate

None = 0-37%
Mid = 38-67%
Max = 68-100%

Depression Screen

Min = 0-40%
Mid = 41-73%
Max = 74-100%

Well-Visits 0-15 Months of Life

1 = 0-61%
2 = 62-75%
3 = 76-100%

+

Well-Visits 15-30 Months of Life

1 = 0-56%
2 = 57-78%
3 = 79-100%

Payment Level	Well-Visit Points
Min	0-2
Mid	3-4
Max	5-6

FY24-25 Rates

Payment Level	Practice Assessment	Engagement Rate	Depression Screen	Well Visit 0-30 Mos
None/Min	$0.00	$0.00	$0.50	$0.50
Mid	$0.25	$0.50	$1.25	$1.25
Max	$0.50	$0.75	$1.75	$2.00

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*SFY24-25 Performance Standard: Well-Visits for Children and Adolescents (WCV)

*If a Peds or Family Med site has fewer than 10 attributed Members eligible for the ***Well-Visits Within 0-15 (Fam Med/Peds) and/or 15-30 (Peds only) Months of Life*** measure, the practice site will be evaluated on the ***Child & Adolescent Well Care Visits*** metric.

Child & Adolescent Well-Visits Age 3-21
Family Medicine/Pediatrics

Min = 0-20%
Mid = 21-54%
Max = 55-100%

Payment Level	Peds PMPM	Fam Med PMPM
Min	$0.25	$0.25
Mid	$1.25	$1.25
Max	$2.00	$1.50

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Internal Medicine: SFY 24-25 Performance Standards

Practice Assessment Score

None = 0-95%
Mid = 96-99%
Max = 100%

Engagement Rate

None = 0-18%
Mid = 19-55%
Max = 56-100%

Depression Screen

Min = 0-4%
Mid = 5-38%
Max = 39-100%

Hemoglobin A1c Testing

Min = 0-66%
Mid = 67-86%
Max = 87-100%

FY24-25 Rates

Payment Level	Practice Assessment	Engagement Rate	Depression Screen	HbA1c Testing
None/Min	$0.00	$0.00	$0.50	$0.50
Mid	$0.25	$0.50	$1.25	$1.25
Max	$0.50	$0.75	$1.50	$2.00

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Reproductive Medicine: SFY 24-25 Performance Standards

Engagement Rate

None = 0-18%
Mid = 19-55%
Max = 56-100%

Depression Screen

Min = 0-4%
Mid = 5-38%
Max = 39-100%

Contraceptive Counseling Women Age 15-44

1 = 0-10%
2 = 11-32%
3 = 33-100%

+

Contraceptive Care - Postpartum

1 = 0-28%
2 = 29-32%
3 = 33-100%

Payment Level	Contraceptive Points
Min	0-2
Mid	3-5
Max	6

FY24-25 Rates

Payment Level	Engagement Rate	Depression Screen	Contraceptive Measures
None/Min	$0.00	$0.50	$0.50
Mid	$0.75	$1.25	$1.25
Max	$1.25	$1.50	$2.00

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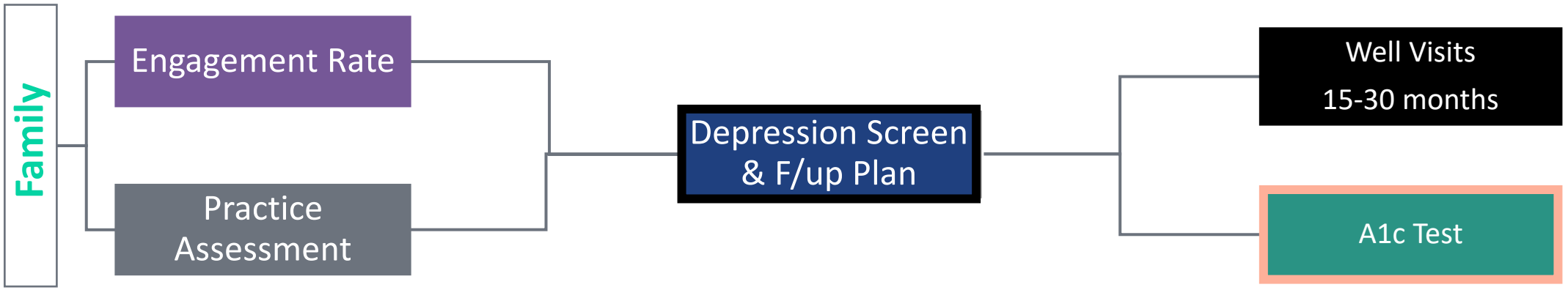
Utilizer PMPM Calculation: Family Medicine Example



Engagement Rate	Practice Assessment Score	Depression Screen Rate	Well-Visits 15-30 Months of Life	Hemoglobin A1c Testing Rate
None = 0-18% Mid = 19-55% Max = 56-100%	None = 0-95% Mid = 96-99% Max = 100%	Min = 0-4% Mid = 5-38% Max = 39-100%	Min = 0-56% Mid = 57-78% Max = 79-100%	Min = 0-66% Mid = 67-86% Max = 87-100%
None $0 / Mid $0.25 / Max $0.50	None $0 / Mid $0.25 / Max $0.50	Min $0.50 / Mid $1.00 / Max $1.25	Min $0.25 / Mid $1.25 / Max $1.50	Min $0.25 / Mid $1.00 / Max $1.50
48% = $0.25	**100% = $0.50**	**7% = $1.00**	**48% = $0.25**	**80% = $1.00**

Clinic A Utilizer Rate = $3.00 PMPM

Utilizer Payment = 680 x $3.00 = $2,040

Clinic A Monthly Utilizer Payment = $2,040

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Complex Member Definition

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Regional Adult Definition: ≥4 of 8 Chronic Conditions

- Hypertension
- Diabetes
- Cardiovascular Disease
- COPD
- Asthma
- Chronic Pain – CP Diagnosis only
- SUD – F code diagnosis captured in regional behavioral health benefit
- Anxiety or Depression

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Regional Pediatric Definition: ≥3 of 8 Chronic Conditions

- Pregnancy
- Diabetes
- Asthma
- SUD – F code diagnosis
- Anxiety or Depression
- Obesity
- Autism Spectrum Disorder (previously know as Pervasive Developmental Disorder)
- Health Related Social Needs– Z codes

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ACC Phase III – Care Coordination & Complex Members

Tier	Area of Focus	Minimum Proposed Populations by Tier *(To be determined with Contractor and finalized prior to operational start date)*		
		Adults & Children	**Adults**	**Children**

Tier 3: Complex Care Management (4-6% of Members)	Longitudinal, evidence-based, and proven programs involving multi-disciplinary care approaches to maintain or improve Member health.	• TBD # of physical and/or Behavioral Health conditions
		• Utilization (in previous TBD # of months):
		  • TBD # of hospital readmissions
		  • TBD # of days inpatient
		  • TBD # of crisis encounters
		  • TBD # of ED Visits
			• Chronic Over-Utilization Program (COUP)
			• Individuals involved in Complex Solutions Meetings
			• Deemed Incompetent to Proceed (ITP) in previous year
				• Individuals involved in Creative Solutions Meetings
				• Foster care and foster care emancipation
				• Individuals at risk of out of home placement due to Behavioral Health conditions
				• Individuals who meet IBHS criteria outlined in GA v. Bimestefer Implementation Plan (coming FY24-25)

Tier 2: Condition Management	Interventions to ensure Members with diagnosed conditions receive appropriate services to improve health outcomes and prevent disease progression.	• Diabetes • Asthma • Pregnancy (including pre- & post-natal) • Other conditions TBD	• TBD Value-based payment (APM2) identified conditions not already listed under "Both" category, such as COPD and heart disease	• Conditions TBD
Tier 1: Preventative Health Promotion	Proactive and responsive interventions that assist Members in accessing evidence-based preventive care services as well as support for health-related social needs.	• All Members not in other tiers	• All Members not in other tiers	• All Members not in other tiers

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Complex Member & Care Management Model Elements

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Complex Member Payment FY24-25 – PCMP+/ECP

Complex Claims Engagement

0 = 0-52%
1 = 53-65%
2 = 66-85%
3 = 86-100%

+

Complex Extended Care Coordination (ECC)

0 = 0-13%
2 = 14-29%
4 = 30-55%
6 = 56-100%

FY24-25 Rates

Payment Level	Points	PMPM
None	0	Utilizer Payment
Min	1-3	$5.00
Mid	4-7	$10.00
Max	8-9	$15.00

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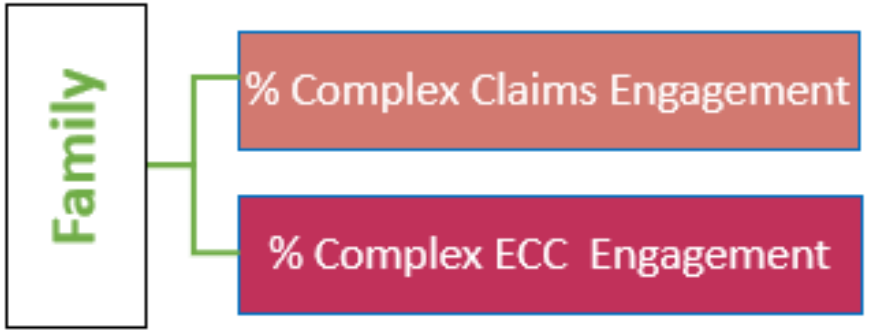
Complex Member Payment Example – PCMP+/ECP



Complex Claims Engagement

0 = 0-52%
1 = 53-65%
2 = 66-85%
3 = 86-100%

+

Complex Extended Care Coordination (ECC)

0 = 0-13%
2 = 14-29%
4 = 30-55%
6 = 56-100%

None = Util PMPM	Min = $5.00	Mid = $10.00	Max = $15.00
0 points	1-3 points	4-7 points	8-9 points

67% = 2

17% = 2

4 = Mid = $10.00 PMPM

Clinic A Complex Rate = $10.00 PMPM

Clinic A Monthly Complex Payment = 145 x $10.00 = $1,450

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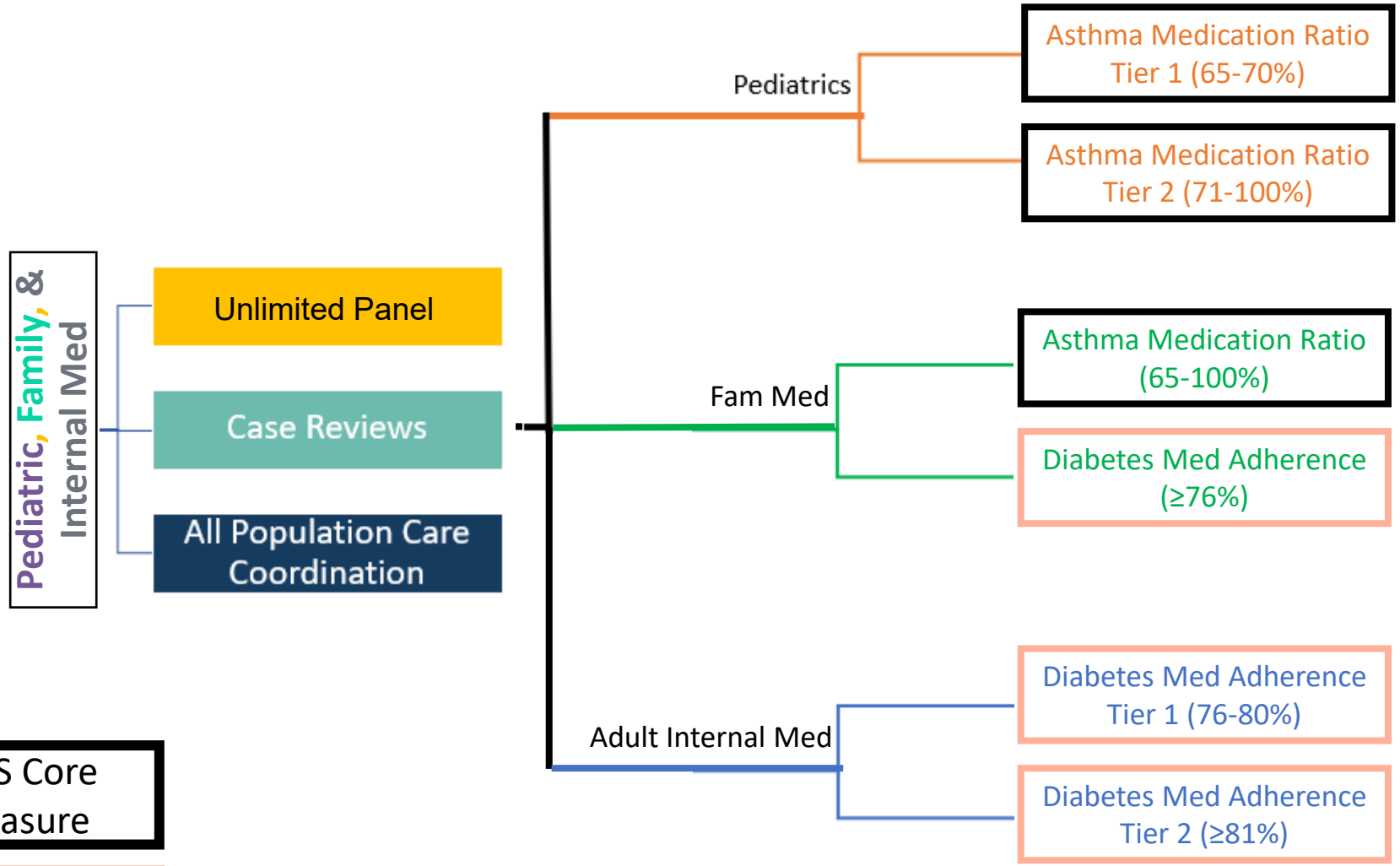
Care Management Payment Model – ECPs



CMS Core Measure

Lead Measure to CMS Core

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Family Med: SFY 24-25 ECP Care Management Performance Standards

Unlimited Panel

0 = No
1 = Yes

+

Case Reviews

0 = 0-35
1 = 36-41
2 = 42

+

All Population Care Coordination

0 = 0-9%
1 = 10-24%
2 = 25-81%
3 = 82-100%

Diabetes Medication Adherence

None = 0-75%
Max = 76-100%

+

Asthma Medication Adherence

None = 0-65%
Max = 65-100%

FY24-25 Rates

Payment Level	Unlimited Panel	Case Reviews	All Pop Care Coord
Min (0-3 pts)	$2.50		
Mid (4-5 pts)	$3.25		
Max (6 pts)	$4.00		

Diabetes Med Adherence	Asthma Med Adherence
$0.50	$0.50

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Pediatric: FY 24-25 ECP Care Management Performance Standards

Unlimited Panel

0 = No
1 = Yes

+

Case Reviews

0 = 0-35
1 = 36-41
2 = 42

+

All Population Care Coordination

0 = 0-9%
1 = 10-24%
2 = 25-81%
3 = 82-100%

Asthma Medication Adherence

None = 0-64%
Min = 65-70%
Max = 71-100%

FY24-25 Rates

Payment Level	Unlimited Panel	Case Reviews	All Pop Care Coord
Min (0-3 pts)	$2.50		
Mid (4-5 pts)	$3.25		
Max (6 pts)	$4.00		

Asthma Med Adherence
$0.50
$1.00

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Internal Med: FY 24-25 ECP Care Management Performance Standards

Unlimited Panel

0 = No
1 = Yes

+

Case Reviews

0 = 0-35
1 = 36-41
2 = 42

+

All Population Care Coordination

0 = 0-9%
1 = 10-24%
2 = 25-81%
3 = 82-100%

Diabetes Medication Adherence

None = 0-75%
Min = 76-80%
Max = 81-100%

FY24-25 Rates

Payment Level	Unlimited Panel	Case Reviews	All Pop Care Coord
Min (0-3 pts)	$2.50		
Mid (4-5 pts)	$3.25		
Max (6 pts)	$4.00		

Diabetes Med Adherence
$0.50
$1.00

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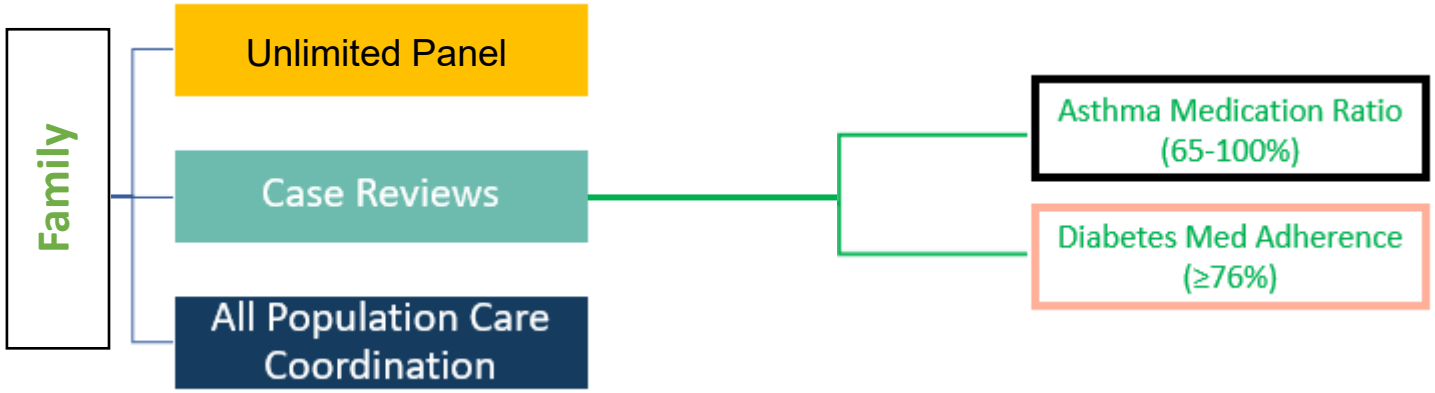
ECP Care Management PMPM Calculation: Family Med Example



Clinic A (ECP) Care Management Rate = $3.25 PMPM

Total Members = 3500 Members

Clinic A (ECP) Monthly Care Management Payment = $11,375.00

Unlimited Panel	Case Reviews	All Population Care Coordination
0 = No 1 = Yes	0 = 0-35 1 = 36-41 2 = 42	0 = 0-9% 1 = 10-24% 2 = 25-81% 3 = 82-100%
No = 0 points	**42 = 2 point**	**26% = 2 points**
Min = $2.50	**Mid = $3.25**	**Max = $4.00**
0-3 points	4-5 points	6 points
Mid (4 points) = $3.25 PMPM		

+

Asthma Medication Adherence	Diabetes Medication Adherence
None = 0-64% Max = 65-100%	None = 0-75% Max = 76-100%
62% = None	**75% = None**

Payment Level	Asthma PMPM	Diabetes PMPM
None	$0.00	$0.00
Max	$0.50	$0.50

$0.00 PMPM (Asthma) + $0.00 PMPM (Diabetes)

$0 PMPM Add-On

Questions after today should go to:

- Sarrah Knause (Manager of Payment Reform)
  sarrah.knause@coaccess.com

- Your Practice Facilitator
  Practice_Support@coaccess.com

- www.coaccess.com/providers/resources/vbp
  - Administrative Payment Model Program Documents
  - Administrative Payment Model Measure Specs
  - Pay-for-Performance Incentive Sharing Program Document

Appendix

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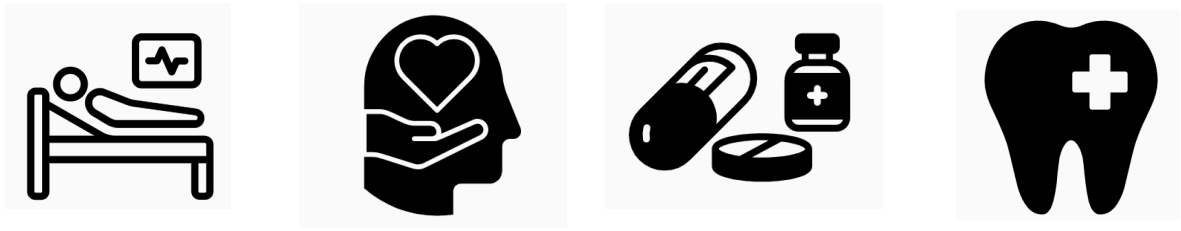
Utilizer PMPM



Attributed patients that have had at least 1 claim of any kind within the Medicaid system in the previous 18 months

Provider will receive their Utilizer PMPM for each utilizer

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Non-Utilizer

Non-utilizer

attributed patients that have not had any kind of claim within the Medicaid system in the previous 18 months

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Engagement Rate Calculation

$$\textbf{Engagement Rate} = \frac{\text{\# Engaged attributed patients}}{\text{Total \# of attributed patients}}$$

*Number of attributed patients in the last month of the calendar year

Engagement rate are calculated annually.

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PCMP Practice Assessment = Addendum 1 Compliance

Assesses for the Elements of a Patient Centered Medical Home

1) Member access – extended hours, 24/7 phone coverage
2) Referral processes – medical, behavioral, community
3) Use of standardized screening tools
4) Identification of special populations (complex needs)

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Positive Depression Screen Follow-up Plan

Follow-up Plan Requirements:
Documented follow-up for a **positive depression screening** *must* include one or more of the following:

- Referral to a practitioner for additional evaluation and assessment to formulate a follow-up plan for a positive depression screen,
- Pharmacological interventions, or
- Other interventions or follow-up for the diagnosis or treatment of depression.

Examples of qualifying follow-up plans include but are not limited to:

- Referral to a practitioner or program for further evaluation for depression, for example, referral to a psychiatrist, psychologist, social worker, mental health counselor, or other mental health service such as family or group therapy, support group, depression management program, or other service for treatment of depression.
- Other interventions designed to treat depression such as behavioral health evaluation, psychotherapy, pharmacological interventions, or additional treatment options.

The documented follow-up plan must be related to the positive depression screen.

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Additional Resources – Follow Up After a Positive Depression Screen

- **Colorado Access Behavioral Health Care Management Team:** bhcaremanagement@coaccess.com
- **Colorado Access Behavioral Health Practice Facilitators:** Bhoperations@coaccess.com
- If you are interested in becoming a **Virtual Care Collaboration and Integration (VCCI) Program** partner, please contact George Roupas at George.Roupas@coaccess.com

  Colorado Access members are eligible to receive telebehavioral health services through the VCCI program, which is offered by AccessCare services, the virtual care delivery arm of Colorado Access. AccessCare Services helps increase access to behavioral health for contracted Colorado Access primary care practices by taking referrals from practices that agree to work with them. VCCI services are offered at no cost to all Colorado Access contracted primary care practices, and can be provided with minimal setup. AccessCare Services is comprised of virtual psychiatrists and clinically licensed therapists that provide pharmacologic and therapeutic interventions over telehealth. VCCI services can be rendered in the primary care setting and/or in the patient's home.

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HRSN ICD-10 Code Definition

ICD Code	Description
Z550	ILLITERACY AND LOW-LEVEL LITERACY
Z551	SCHOOLING UNAVAILABLE AND UNATTAINABLE
Z552	FAILED SCHOOL EXAMINATIONS
Z553	UNDERACHIEVEMENT IN SCHOOL
Z554	EDUCATIONAL MALADJUSTMENT AND DISCORD WITH TEACHERS AND CLASSMATES
Z555	LESS THAN A HIGH SCHOOL DIPLOMA
Z558	OTHER PROBLEMS RELATED TO EDUCATION AND LITERACY
Z559	PROBLEMS RELATED TO EDUCATION AND LITERACY, UNSPECIFIED
Z560	UNEMPLOYMENT, UNSPECIFIED
Z561	CHANGE OF JOB
Z562	THREAT OF JOB LOSS
Z563	STRESSFUL WORK SCHEDULE
Z564	DISCORD WITH BOSS AND WORKMATES
Z565	UNCONGENIAL WORK ENVIRONMENT
Z566	OTHER PHYSICAL AND MENTAL STRAIN RELATED TO WORK
Z568	OTHER PROBLEMS RELATED TO EMPLOYMENT
Z569	UNSPECIFIED PROBLEMS RELATED TO EMPLOYMENT
Z570	OCCUPATIONAL EXPOSURE TO NOISE
Z571	OCCUPATIONAL EXPOSURE TO RADIATION
Z572	OCCUPATIONAL EXPOSURE TO DUST
Z573	OCCUPATIONAL EXPOSURE TO OTHER AIR CONTAMINANTS
Z574	OCCUPATIONAL EXPOSURE TO TOXIC AGENTS IN AGRICULTURE
Z575	OCCUPATIONAL EXPOSURE TO TOXIC AGENTS IN OTHER INDUSTRIES
Z576	OCCUPATIONAL EXPOSURE TO EXTREME TEMPERATURE
Z577	OCCUPATIONAL EXPOSURE TO VIBRATION
Z578	OCCUPATIONAL EXPOSURE TO OTHER RISK FACTORS
Z579	OCCUPATIONAL EXPOSURE TO UNSPECIFIED RISK FACTOR
Z586	INADEQUATE DRINKING-WATER SUPPLY
Z590	HOMELESSNESS
Z591	INADEQUATE HOUSING
Z592	DISCORD WITH NEIGHBORS, LODGERS AND LANDLORD
Z593	PROBLEMS RELATED TO LIVING IN RESIDENTIAL INSTITUTION
Z594	LACK OF ADEQUATE FOOD
Z595	EXTREME POVERTY
Z596	LOW INCOME
Z597	INSUFFICIENT SOCIAL INSURANCE AND WELFARE SUPPORT
Z598	OTHER PROBLEMS RELATED TO HOUSING AND ECONOMIC CIRCUMSTANCES
Z599	PROBLEM RELATED TO HOUSING AND ECONOMIC CIRCUMSTANCES, UNSPECIFIED
Z600	PROBLEMS OF ADJUSTMENT TO LIFE-CYCLE TRANSITIONS
Z602	PROBLEMS RELATED TO LIVING ALONE
Z603	ACCULTURATION DIFFICULTY
Z604	SOCIAL EXCLUSION AND REJECTION
Z605	TARGET OF (PERCEIVED) ADVERSE DISCRIMINATION AND PERSECUTION
Z608	OTHER PROBLEMS RELATED TO SOCIAL ENVIRONMENT
Z609	PROBLEM RELATED TO SOCIAL ENVIRONMENT, UNSPECIFIED
Z620	INADEQUATE PARENTAL SUPERVISION AND CONTROL
Z621	PARENTAL OVERPROTECTION
Z622	UPBRINGING AWAY FROM PARENTS
Z6222	CHILD IN FOSTER CARE
Z623	HOSTILITY TOWARDS AND SCAPEGOATING OF CHILD
Z626	INAPPROPRIATE (EXCESSIVE) PARENTAL PRESSURE
Z628	OTHER SPECIFIED PROBLEMS RELATED TO UPBRINGING
Z629	PROBLEM RELATED TO UPBRINGING, UNSPECIFIED
Z630	PROBLEMS IN RELATIONSHIP WITH SPOUSE OR PARTNER
Z631	PROBLEMS IN RELATIONSHIP WITH IN-LAWS
Z633	ABSENCE OF FAMILY MEMBER
Z634	DISAPPEARANCE AND DEATH OF FAMILY MEMBER
Z635	DISRUPTION OF FAMILY BY SEPARATION AND DIVORCE
Z636	DEPENDENT RELATIVE NEEDING CARE AT HOME
Z637	OTHER STRESSFUL LIFE EVENTS AFFECTING FAMILY AND HOUSEHOLD
Z638	OTHER SPECIFIED PROBLEMS RELATED TO PRIMARY SUPPORT GROUP
Z639	PROBLEM RELATED TO PRIMARY SUPPORT GROUP, UNSPECIFIED
Z640	PROBLEMS RELATED TO UNWANTED PREGNANCY
Z641	PROBLEMS RELATED TO MULTIPARITY
Z644	DISCORD WITH COUNSELORS
Z650	CONVICTION IN CIVIL AND CRIMINAL PROCEEDINGS WITHOUT IMPRISONMENT
Z651	IMPRISONMENT AND OTHER INCARCERATION
Z652	PROBLEMS RELATED TO RELEASE FROM PRISON
Z653	PROBLEMS RELATED TO OTHER LEGAL CIRCUMSTANCES
Z654	VICTIM OF CRIME AND TERRORISM
Z655	EXPOSURE TO DISASTER, WAR AND OTHER HOSTILITIES
Z658	OTHER SPECIFIED PROBLEMS RELATED TO PSYCHOSOCIAL CIRCUMSTANCES
Z659	PROBLEM RELATED TO UNSPECIFIED PSYCHOSOCIAL CIRCUMSTANCES

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HEDIS/COA Performance Percentiles 2024

Engagement Rate

Percentile Levels:	Model(s)	5%	10%	25%	33%	50%	66%	75%	90%	95%
COA percentiles:	Fam Med/Int Med/Rep	6.70%	11.00%	22.00%	27.42%	40.00%	49.00%	55.00%	66.60%	71.00%
COA percentiles:	Peds	20.75%	30.50%	45.75%	51.50%	57.50%	61.00%	67.00%	71.50%	73.50%

Well-Visits in the First 15 Months of Life

Percentile Levels:	Model(s)	5%	10%	25%	33%	50%	66%	75%	90%	95%
COA percentiles:	Peds/Fam Med	46.80%	52.40%	62.00%	64.54%	70.00%	74.00%	78.00%	83.00%	85.20%
HEDIS percentiles:	Peds/Fam Med	35.09%	44.02%	52.84%	55.21%	58.38%	61.64%	63.34%	68.09%	73.41%

Well-Visits 15-30 Months of Life

Percentile Levels:	Model(s)	5%	10%	25%	33%	50%	66%	75%	90%	95%
COA percentiles:	Peds/Fam Med	41.00%	50.00%	59.00%	62.00%	67.00%	71.00%	73.00%	77.00%	83.00%
HEDIS percentiles:	Peds/Fam Med	53.49%	57.27%	62.07%	63.73%	66.76%	69.39%	71.35%	77.78%	80.57%

Child & Adolescent Well-Visits (Age 3-21)

Percentile Levels:	Model(s)	5%	10%	25%	33%	50%	66%	75%	90%	95%
COA percentiles:	Fam Med/Peds	17.00%	20.20%	26.00%	30.00%	37.00%	42.00%	45.00%	51.00%	54.40%
HEDIS percentiles:	Peds	32.32%	38.61%	42.99%	44.55%	48.07%	51.78%	55.08%	61.15%	66.23%

Depression Screening

Percentile Levels:	Model(s)	5%	10%	25%	33%	50%	66%	75%	90%	95%
COA percentiles:	Fam Med/Int Med/Repro	0.00%	0.00%	1.00%	2.00%	5.00%	15.00%	30.00%	58.20%	67.60%
COA percentiles:	Peds	24.75%	32.50%	46.00%	48.75%	55.50%	63.00%	67.25%	75.00%	80.75%

Hemoglobin A1c Testing

Percentile Levels:	Model(s)	5%	10%	25%	33%	50%	66%	75%	90%	95%
COA percentiles:	Fam Med/Internal Med	60.00%	65.00%	73.00%	74.00%	77.00%	80.00%	83.00%	90.00%	93.80%
HEDIS percentiles:	Fam Med/Internal Med	77.37%	79.44%	82.73%	84.18%	85.89%	87.55%	88.32%	90.51%	91.73%

HEDIS/COA Performance Percentiles 2022

Contraceptive Counseling (Women Age 15-44)

Percentile Levels:	Model(s)	5%	10%	25%	33%	50%	66%	75%	90%	95%
COA percentiles:	Repro	5.70%	8.40%	12.25%	12.97%	13.50%	14.94%	22.50%	29.10%	29.55%

Contraceptive Care – Postpartum Women Age 15-44

Percentile Levels:	Model(s)	5%	10%	25%	33%	50%	66%	75%	90%	95%
COA percentiles:	Repro	17.90%	18.80%	22.75%	24.91%	32.50%	37.70%	38.75%	47.90%	51.95%

Complex Member Claims Engagement

Percentile Levels:	Model(s)	5%	10%	25%	33%	50%	66%	75%	90%	95%
COA percentiles:	Complex Member	0.00%	33.00%	49.50%	55.50%	69.00%	80.00%	83.00%	97.50%	100.00%

Complex Member Extended Care Coordination

Percentile Levels:	Model(s)	5%	10%	25%	33%	50%	66%	75%	90%	95%
COA percentiles:	Complex Member	0.00%	0.00%	17.50%	28.00%	39.50%	60.00%	68.50%	86.50%	100.00%

All Population Care Coordination

Percentile Levels:	Model(s)	5%	10%	25%	33%	50%	66%	75%	90%	95%
COA percentiles:	ECP Care Management	9.00%	11.00%	23.00%	27.00%	34.00%	62.52%	68.00%	77.60%	81.00%

Asthma Medication Adherence

Percentile Levels:	Model(s)	5%	10%	25%	33%	50%	66%	75%	90%	95%
COA percentiles:	ECP Care Management: Fam Med/Peds	33.55%	36.70%	41.00%	42.21%	45.50%	48.00%	48.75%	56.00%	57.15%
HEDIS percentiles:	ECP Care Management: Fam Med/Peds	52.61%	55.09%	58.94%	61.81%	65.61%	69.41%	70.82%	75.92%	79.92%

Diabetes Medication Adherence

Percentile Levels:	Model(s)	5%	10%	25%	33%	50%	66%	75%	90%	95%
COA percentiles:	ECP Care Management: Fam Med/Int Med	50.40%	57.20%	66.00%	68.00%	70.00%	73.48%	76.00%	79.80%	83.00%