

# Regional Accountable Entity

## Performance Pool Specification Document

*SFY 2019-2020*

**Objective:** This document provides details concerning the Performance Pool Metrics for the seven Regional Accountable Entities (RAEs) of the Accountable Care Collaborative (ACC).

**Context:** The Performance Pool encompasses unearned money from the Key Performance Indicators (KPIs). Consistent with guidance issued in Summer 2019, the Department is using the Performance Pool to place greater emphasis on health outcomes and cost containment.

TABLE OF CONTENTS				
Heading	Description	Owner	Page #	Funding Allocation
Revision History	Version Control Details	HCPF	4	
Acronyms	List of common acronyms	HCPF	5	
Baselines and Targets	Performance Period Baselines and Targets	HCPF	6	
Target Methods		HCPF	7	
Payout Methods			8	
Indicator 1	Extended Care Coordination	HCPF	9	25%*
Indicator 2	Premature Birth Rate	HCPF	10	25%*
Indicator 3	Behavioral Health Engagement (DOC Specific)	HCPF	11	25%*
Indicator 4	Inpatient Psychiatric Admissions	HCPF	12	25%*
Indicator 5	COVID Part 1	HCPF	13	SFY1920Q1
Indicator 6	COVID Part 2	HCPF	14	SFY1920Q2

\*Indicators 1-4 will be paid out with performance pool dollars from SFY1920Q3 and Q4.

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Appendix				
Appendix A	Covered Behavioral Health Diagnosis	HCPF	15	

<b>Revision History</b>		
<b>Document Date</b>	<b>Version</b>	<b>Change Description</b>
5/15/2020	V1	Initial Draft
6/30/2020	V2	RAE Revisions

## Acronym List

**ACC** – Accountable Care Collaborative

**RAE** – Regional Accountable Entity

**KPI** – Key Performance Indicator

**HCPF** – Health Care Policy and Financing

**DOC** – Department of Corrections

**BH** – Behavioral Health

**COVID-19** – coronavirus disease

**CDPHE** – Colorado Department of Public Health and Environment

**SB222** – Senate Bill 222

**IMD** – Institute for Mental Disease

**BHO** – Behavioral Health Organization

**PMME** – Performance Measurement and Member Engagement

**PIAC** – Program Improvement and Advisory Committee

## Performance Pool Baselines and Targets

Baseline Performance (SFY2018-2019)								
Indicator	R1	R2	R3	R4	R5	R6	R7	HCPF
1*	4.94%	54.44%	20.75%	30.88%	34.53%	23.70%	39.71%	N/A
2**	9.88%	8.95%	9.94%	12.50%	10.39%	9.52%	11.17%	10.35%
3**	9.30%	9.30%	9.30%	9.30%	9.30%	9.30%	9.30%	9.30%
4***	3.15	2.20	2.04	1.90	2.31	3.01	4.11	2.67
Performance Targets (SFY2020-2021)								
Indicator	R1	R2	R3	R4	R5	R6	R7	HCPF
1	5.44%	59.89%	22.83%	33.97%	37.98%	26.08%	43.68%	N/A
2	9.71%	8.87%	9.76%	12.06%	10.16%	9.38%	10.86%	8.10%
3	10.23%	10.23%	10.23%	10.23%	10.23%	10.23%	10.23%	10.23%
4	3.00	2.15	2.01	1.88	2.25	2.88	3.87	1.71

\*Baseline Performance Period = December 2018 to June 2019

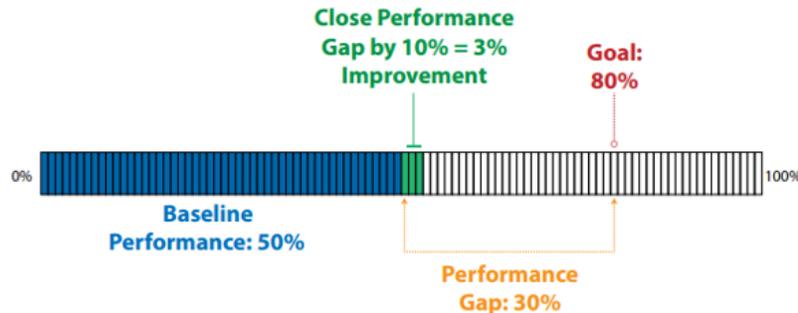
\*\*Baseline Performance Period = July 2018 to June 2019

\*\*\*Baseline Performance Period = April 2019 to June 2019

## Performance Target Methodology

Performance Targets were determined using one of the following methods:

- For Indicator 1, RAEs were required to demonstrate a 10% improvement from baseline;
- For Indicator 2, each RAE was required to close their performance gap (between SFY 18-19 performance and the identified Department Goal) by 10%;



- For Indicator 3, RAEs were measured collectively and were required to demonstrate a 10% improvement from baseline;
- For Indicator 4, a 10% reduction from the top performing RAE was used to establish the Department goal and each RAE was required to close their performance gap to the goal by 10%;
- For Indicator 5, RAEs had to submit a comprehensive COVID-19 response plan including strategies for outreaching and engaging high-risk members and supporting practices; and
- For Indicator 6, RAEs had to conduct outreach to 100% of members on the high-risk COVID-19 list, bi-directionally engage at least 25% of 10% of members on the high-risk list, and distribute 100% of performance pool funds to network PCMPs.

The Department and RAEs will review and update each measure's goals annually during the winter.

## Payout Methodology

The Department will calculate performance for indicators on the following timeframe:

- Indicator 1: Extended Care Coordination
  - Calculation Timeframe: August 2020
- Indicator 2: Premature Birth Rate
  - Calculation Timeframe: December 2020
- Indicator 3: Behavioral Health Engagement (DOC Specific)
  - Calculation Timeframe: December 2020
- Indicator 4: Inpatient Psychiatric Admissions
  - Calculation Timeframe: December 2020

Once performance is calculated, the Department will notify RAEs of their final performance and their forthcoming payments in January 2021. The Department will make final payments by the end of January 2021. Final payments will stem from SFY1920Q3 and Q4 money. The Department may adjust its approach in collaboration with the RAEs as the COVID-19 pandemic unfolds.

COVID-19 Pandemic: In light of the COVID-19 pandemic, the Department and the RAEs collaborated to create incentives aimed at outreaching and coordinating care for members who were most vulnerable to COVID-19 and providing immediate financial relief to network providers. The Department will calculate performance for these incentives on the following timeframe:

- Indicator 5: COVID Part 1
  - Calculation Timeframe: May 2020
- Indicator 6: COVID Part 2
  - Calculation Timeframe: July 2020

Once performance is calculated, the Department will notify RAEs of their final performance and their forthcoming payments within the calculation month. The Department will make final payments on the following timeframes:

- Indicator 5: COVID Part 1
  - Payment Timeframe: June 2020
- Indicator 6: COVID Part 2
  - Payment Timeframe: July 2020

Final payments will stem from SFY1920Q1 and Q2 monies, respectively.

**Indicator 1: Extended Care Coordination**

<b>Definition</b>	Percentage of members with complex needs who received extended care coordination within the performance period.
<b>Numerator</b>	Number of members with complex needs who received extended care coordination – a care plan or face to face visit with a care coordinator – within the performance period.
<b>Denominator</b>	Number of members with complex needs identified on the July 2020 list received by the RAEs that includes June data.
<b>Baseline Period</b>	December 2018 to June 2019  Due to a lack of complete datasets from all RAEs, the Department opted to use this baseline period which was established during SFY 2018 – 2019 Performance Pool.
<b>Performance Period</b>	SFY 2019 - 2020
<b>Initiative</b>	Performance Pool
<b>Rationale</b>	This continues previous performance pool work regarding members with complex needs.
<b>Data Sources</b>	Complex Lists for members with complex needs RAE provided care coordination data
<b>Technical Details</b>	Final attestation form forthcoming.
<b>Calculation Date</b>	August 14, 2020 or within 45 days of receipt of the July 2020 list by the RAEs
<b>Notification Date</b>	January 2021 by the Department
<b>Payment Date</b>	January 2021 by the Department
<b>Comments</b>	RAEs will deliver an ad hoc report by August 14 that analyzes the members with complex needs identified on the July 2020 list received by the RAEs that includes June data and determines the percent enrolled in extended care coordination over the previous 12 months.

**Indicator 2: Premature Birth Rate**

<b>Definition</b>	Number of premature births (< 37 weeks) per total live births within the measurement period
<b>Numerator</b>	Number of premature births (< 37 weeks) within the measurement period
<b>Denominator</b>	Number of total live births within the measurement period
<b>Baseline Period</b>	July 2018 – June 2019
<b>Performance Period</b>	SFY 2019 – 2020
<b>Initiative</b>	Performance Pool
<b>Rationale</b>	This allows the Department to continue to focus on maternity care and develop incentives for centers of excellence in maternity programs.
<b>Data Sources</b>	Gestational Age: CDPHE Vital Statistics - Birth Certificate Live Births: CDPHE Vital Statistics - Birth Certificate
<b>Technical Details</b>	 KPI Performance Pool Premature Birth Rate.
<b>Calculation Date</b>	December 2020 by the Department
<b>Notification Date</b>	January 2021 by the Department
<b>Payment Date</b>	January 2021 by the Department
<b>Comments</b>	<p>The Department will provide the most up to date dataset to the RAEs on a quarterly basis.</p> <p>There is an approximately 5-month lag time. Data may not be fully complete for up to a year.</p>

**Indicator 3: Behavioral Health Engagement for Members Releasing from State Prisons**

<b>Definition</b>	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 (14) days.
<b>Numerator</b>	Number of members who had at least one billed behavioral health capitated service or short-term behavioral health visit within fourteen (14) days of being released from a DOC facility.
<b>Denominator</b>	Number of members who were released from a DOC facility and who are eligible for Medicaid.
<b>Baseline Period</b>	July 2018 – June 2019
<b>Performance Period</b>	SFY 2019 – 2020
<b>Initiative</b>	Performance Pool
<b>Rationale</b>	This fulfills the requirements of SB222 and demonstrates inter-agency collaboration.
<b>Data Sources</b>	RAE Flat File for behavioral health encounters FFS Claims for short term behavioral health visits DOC Roster for eligible members
<b>Technical Details</b>	See the <a href="#">Behavioral Health Engagement KPI</a> . Similar to the KPI, this metric will only include paid claims.
<b>Calculation Date</b>	December 2020 by the Department
<b>Notification Date</b>	January 2021 by the Department
<b>Payment Date</b>	January 2021 by the Department
<b>Comments</b>	<p>Given challenges with the DOC Roster, RAEs will be measured as a collective group and earn incentive money only if the collective group meets its target.</p> <p>The Department will exclude members who return to DOC within the 14-day period from the denominator. The Department will supply a list of those members who meet this criteria when they receive the respective roster from DOC.</p> <p>The Department will also exclude members who lose Medicaid eligibility within the 14-day period from the denominator.</p> <p>Should a member show multiple releases in the 14 day period, the Department will use the most recent release date.</p>

#### Indicator 4: Inpatient Psychiatric Admissions

<b>Definition</b>	Number of admissions to a non-state psychiatric hospital for treatment of a covered mental health diagnosis per 1000 members within the measurement period
<b>Numerator</b>	All admissions to a non-State psychiatric hospital for treatment of a covered mental health diagnosis
<b>Denominator</b>	Total number of members within the measurement period
<b>Baseline Period</b>	April 2019 to June 2019  Due to delays in measurement development, the Department resorted to a truncated baseline and performance period.
<b>Performance Period</b>	April 2020 to June 2020
<b>Initiative</b>	Performance Pool
<b>Rationale</b>	This continues previous performance pool work regarding collaboration with Institutes for Mental Disease (IMDs) as well as allows for comparison to the previous Behavioral Health Organization (BHO) program.
<b>Data Sources</b>	BIDM Client snapshot file RAE Encounter Data Revenue Codes 100-219 or 0100-0219
<b>Technical Details</b>	 Inpatient utilization measure text version.t  Similar to the BH Engagement KPI, this metric will only include paid claims. The metric also uses discharge date.
<b>Calculation Date</b>	December 2020 by the Department
<b>Notification Date</b>	January 2021 by the Department
<b>Payment Date</b>	January 2021 by the Department
<b>Comments</b>	State Hospital visits are excluded from this measure.  The Department will work with the RAEs to report on this measure by the following HEDIS age groups: <1, 1-9, 10-19, 20-44, 45-64, 65-74, 75-84, 85+, and Unknown  See Appendix 1 for the Mental Health Covered Diagnosis Codes.

**Indicator 5: COVID Part 1**

<b>Definition</b>	A prospective plan that outlines 1) how RAEs are outreaching and engaging with members identified on the Department's COVID member list, and 2) how RAEs are supporting network providers financially and through practice support
<b>Numerator</b>	
<b>Denominator</b>	
<b>Baseline Period</b>	
<b>Performance Period</b>	March 25, 2020 to June 30, 2020
<b>Initiative</b>	Performance Pool
<b>Rationale</b>	This is in response to the COVID-19 pandemic.
<b>Data Sources</b>	
<b>Technical Details</b>	
<b>Calculation Date</b>	May 2020 by the Department
<b>Notification Date</b>	May 2020 by the Department
<b>Payment Date</b>	June 2020 by the Department
<b>Comments</b>	<p>This is in response to the COVID-19 pandemic. Performance Pool monies stem from SFY1920Q1.</p> <p>The Performance Measurement and Member Engagement (PMME) Program Improvement Advisory Committee (PIAC) Subcommittee gave feedback during the development process.</p>

**Indicator 6: COVID Part 2**

<b>Definition</b>	A report demonstrating 1) bidirectional engagement of 25% of 10% of members on the COVID high-risk list; 2) outreach to 100% of members on the COVID high-risk list; and 3) support of network providers through the deployment of all projected performance pool dollars for operational and financial support
<b>Numerator</b>	
<b>Denominator</b>	
<b>Baseline Period</b>	
<b>Performance Period</b>	March 25, 2020 to June 30, 2020
<b>Initiative</b>	Performance Pool
<b>Rationale</b>	This is in response to the COVID-19 pandemic.
<b>Data Sources</b>	
<b>Technical Details</b>	
<b>Calculation Date</b>	July 2020 by the Department
<b>Notification Date</b>	July 2020 by the Department
<b>Payment Date</b>	July 2020 by the Department
<b>Comments</b>	<p>This is in response to the COVID-19 pandemic. Performance Pool monies stem from SFY1920Q2.</p> <p>The Performance Measurement and Member Engagement (PMME) Program Improvement Advisory Committee (PIAC) Subcommittee gave feedback during the development process.</p>

**Appendix 1: Mental Health Covered Diagnosis Codes**

<b>Mental Health Covered ICD-10 Diagnosis Codes</b>	
<b>Start Value</b>	<b>End Value</b>
F20.0	F42.3
F42.8	F48.1
F48.9	F51.03
F51.09	F51.12
F51.19	F51.9
F60.0	F63.9
F68.10	F69
F90.0	F99
R45.1	R45.2
R45.5	R45.82