



COLORADO
Department of Health Care
Policy & Financing

Regional Accountable Entity

Performance Pool Specification Document

SFY 2020-2021

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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). These measures are intended to place greater emphasis on health outcomes and cost containment.

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Indicator 1	Extended Care Coordination	RAE and HCPF	12	1/8 th of Total Pool





Indicator 2	Premature Birth Rate	HCPF	13	1/8 th of Total Pool
Indicator 3	Behavioral Health Engagement for Members Releasing from State Prisons	HCPF	14	1/8 th of Total Pool
Indicator 4	Inpatient Psychiatric Discharges	HCPF	16	1/8 th of Total Pool
Indicator 5	Risk Adjusted PMPM	HCPF	18	1/8 th of Total Pool

Medication Adherence Indicators Menu

Note: RAEs choose 3 indicators from the menu below which will constitute indicators 6 through 8. Each indicator will count for 1/8th of the total performance pool.

	Asthma Medication Ratio	HCPF	19	See note above
	Pharmacotherapy Management of COPD Exacerbation	HCPF	20	See note above
	Antidepressant Medication Management	HCPF	21	See note above
	Pharmacy Quality Alliance: Portion of Days Covered: RASA	HCPF	22	See note above
	Pharmacy Quality Alliance: Portion of Days Covered: Diabetes All Class	HCPF	23	See note above
	Contraceptive Care for Postpartum Women	HCPF	24	See note above
	Coming July 2021: Use of Pharmacotherapy for Opioid Use Disorder	HCPF	N/A	N/A





Appendix				
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Revision History		
Document Date	Version	Change Description
5/15/2020	V1	Draft
6/30/2020	V2	Added Medication Adherence Measure Definitions
12/1/2020	V3	Feedback from RAEs Finalized Baseline and Target Methodology
6/7/2021	V4	Update Includes Risk-Adjusted PMPM Measure





Acronym List

ACC – Accountable Care Collaborative
ACOG – American College of Obstetricians and Gynecologists
BH – Behavioral Health
BHO – Behavioral Health Organization
CDC – Centers for Disease Control and Prevention
CDPHE – Colorado Department of Public Health and Environment
COPD – Chronic Obstructive Pulmonary Disease
COVID-19 – coronavirus disease
DOC – Department of Corrections
HCPF – Health Care Policy and Financing
HEDIS – Health Effectiveness Data and Information Set
IMD – Institution for Mental Disease
KPI – Key Performance Indicator
NCQA – National Committee for Quality Assurance
NQF – National Quality Forum
PDC – Proportion of Days Covered
PMPM – Per Member Per Month
RAE – Regional Accountable Entity
RASA – Renin Angiotensin System Antagonists (relevant to hypertension)
SB222 – Senate Bill 19-222
SQL – Programming Code



Definitions

Baseline: Historical data that provides a starting point against which performance is measured.

Complex Members: The Department currently defines complex members as those that cost \$25,000 and higher. This definition does not currently include behavioral health utilization or costs from other systems.

Controller Medications: Medications that are intended to be taken consistently over an extended period of time to manage a health condition, as opposed to rescue medicines for more acute phases of disease.

Denominator: The population or subset of individuals being measured.

Diabetes All Class Rate – Any Diabetes Medication in the specific drug class during the measurement year

Encounters: Capitated behavioral health data.

Full-Time Equivalent Members: Total number of attributed member months for the year divided by 12.

Gap Closure: A methodology for setting performance targets. RAEs must achieve a specific percentage increase (e.g., 10%) in performance toward the goal that is calculated based on the difference between their baseline and the goal.

Goal: A national benchmark or homegrown benchmark against which performance is measured. There is a goal for each indicator that applies to all RAEs.

Indicator: A performance measure tied to incentive payment.

Numerator: The target population, subset of individuals, condition or event that is being measured.



P Code: Risk score assigned by the Department of Corrections to members being released from prison that indicates their mental health acuity level. This score does not include substance use.

Pay Out: Financial incentive dollars that are paid to RAEs when targets are reached for indicators.

Performance Period: The time period during which performance is evaluated.

Rolling 12 Months: A way of calculating an indicator that is based on the summation of data for every 12 months for each month in a state fiscal year. For example, for July 2021 the numerator and denominator include counts of members or conditions from June 2020 to July 2021. For August 2021, the period would be July 2020 to August 2021.

Target: For each indicator, RAEs have assigned a specific numerical end point or target to strive for. This target is based on gradual improvement toward a larger goal.



Baselines and Targets: A Snapshot

Please refer to the subsequent detailed descriptions of indicators for more information on specific methods for calculating targets and timeframes used for baselines.

Baseline Performance (2018-2019)								
Indicator	R1	R2	R3	R4	R5	R6	R7	HCPF
Extended Care Coordination*	13.93%	64.07%	39.73%	56.56%	50.59%	42.99%	61.00%	46.22%
Premature Birth Rate	9.88	8.95	9.94	12.50	10.39	9.52	11.17	10.33
Behavioral Health Engagement for Members Releasing from State Prisons	10.66%	7.37%	8.01%	14.77%	9.60%	10.36%	5.71%	9.30%
Inpatient Psychiatric Discharges	11.72	8.44	8.03	6.64	9.69	11.79	16.10	10.40
*Risk Adjusted PMPM	\$563	\$518	\$609	\$544	\$541	\$617	\$610	\$581
*Rx: Asthma	47.73%	41.92%	45.10%	38.08%	41.13%	47.60%	46.98%	44.71%
*Rx: COPD	40.71%	43.75%	45.03%	39.81%	45.04%	49.61%	45.92%	42.76%
*Rx: Depression	54.66%	53.82%	58.81%	49.34%	61.62%	62.21%	59.40%	55.76%
	62.53%	63.14%	68.93%	60.30%	61.80%	68.75%	65.86%	64.78%
	43.71%	43.79%	49.03%	41.74%	41.46%	50.80%	47.71%	45.92%



*Rx: RASA	65.88%	67.94%	67.75%	67.35%	63.83%	69.09%	67.36%	66.45%
*Rx: Diabetes	61.51%	62.14%	64.14%	60.43%	64.40%	65.51%	65.60%	63.18%
*Rx: Contraceptive Care	42.65%	42.83%	39.28%	48.95%	42.78%	36.10%	35.84%	40.62%
Performance Targets (SFY2020-2021)								
Indicator	R1	R2	R3	R4	R5	R6	R7	HCPF
Extended Care Coordination	22.41%	65.03%	44.34%	58.65%	53.57%	47.12%	62.42%	70.48%
Premature Birth Rate	9.88%	8.87%	9.76%	12.06%	10.16%	9.38%	10.86%	8.10%
Behavioral Health Engagement for Members Releasing from State Prisons	13.39%	13.39%	13.39%	13.39%	13.39%	13.39%	13.39%	13.39%
Inpatient Psychiatric Discharges	11.15	8.19	7.82	6.57	9.32	11.20	15.09	5.98
Risk Adjusted PMPM	Less than ACC average	Less than ACC average	Less than ACC average	Less than ACC average	Less than ACC average	Less than ACC average	Less than ACC average	Less than ACC average
<i>Bolded targets below indicate the RAE has selected this indicator in SFY20-21.</i>								
Rx: Asthma	50.16%	44.93%	47.79%	41.47%	44.22%	50.04%	49.48%	72%
Rx: COPD	44.35%	57.65%	48.73%	43.46%	48.74%	52.85%	49.53%	82%
	58.19%	57.44%	61.93%	53.41%	64.46%	64.95%	62.46%	90%
Rx: Depression	63.28%	63.83%	69.04%	61.27%	62.62%	68.88%	66.27%	70%
	44.94%	45.01%	49.73%	43.17%	42.91%	51.32%	48.54%	56%
Rx: Hypertension	68.59%	70.45%	70.28%	69.92%	66.75%	71.48%	69.92%	93%
Rx: Diabetes	65.06%	65.83%	67.43%	64.09%	67.66%	68.66%	68.74%	97%



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Rx: Contraceptive Care	43.77%	43.93%	40.74%	49.44%	43.88%	37.88%	37.64%	53.85%
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*The baseline timeframe for Extended Care Coordination is SFY 2019-2020. The baseline timeframe for medication adherence measures is Calendar Year 2019. The baseline timeframe for risk-adjusted PMPM is SFY 2019-2020.



Methods Summary: Setting Targets and Baselines

For State Fiscal Year 2020-2021, the baseline year used for indicators is 2018-2019. There is one exception to this, which is that the Extended Care Coordination indicator uses a 2019-2020 baseline year and the medication adherence measures which use a 2019 calendar year baseline.

The targets for indicators are based on a gap closure methodology. All indicators use a 10% gap closure methodology except for the Behavioral Health Engagement for Members Releasing from State Prisons, which uses a 5% gap closure, and Extended Care Coordination, which uses a 15% gap closure. When available, targets are set based on standard goals that RAEs should work toward over multiple years. When unavailable, the Department has set an internal goal based on the top performing RAE.

For all indicators except Indicators 1 (Extended Care Coordination) and 3 (Behavioral Health Engagement for Members Releasing from State Prisons), a rolling 12-month member count is used. Managed care members are included in Performance Pool measures for any length of time, with the exception of Extended Care Coordination, Premature Birth Rate, and medication adherence measures.

The Department and RAEs will review and update each measure's targets and baselines annually before the start of the subsequent state fiscal year, and on a quarterly basis, RAEs and the Department will discuss progress by reviewing available performance data.



Calculations and Payout: Timeframes and Expectations

The Department will calculate final performance for all indicators to determine payout based on the following timeframe:

- Indicator 1: Extended Care Coordination
 - Calculation Timeframe: August 2021
- Indicator 2: Premature Birth Rate
 - Calculation Timeframe: December 2021
- Indicator 3: Behavioral Health Engagement for Members Releasing from State Prisons
 - Calculation Timeframe: December 2021
- Indicator 4: Inpatient Psychiatric Admissions
 - Calculation Timeframe: December 2021
- Indicator 5: Risk Adjusted PMPM
 - Calculation Timeframe: December 2021
- Indicators 6-8: Medication Adherence
 - 2019 Final Baseline Calculation Timeframe: October 2020
 - SFY 20-21 Final Performance Calculation Timeframe: November 2021

Payout for Indicator 3 is based on whether RAEs collectively meet the performance target. One-eighth of unearned Key Performance Indicator dollars from each RAE will be set aside for this composite indicator, and if RAEs collectively hit the target, then each RAE will earn 1/8th of that total pool of money.

Once final performance is calculated, the Department will notify RAEs of their performance and their forthcoming payments in January 2022. The Department will make final payments by the end of January 2022. Final payments will come from SFY 2020 - 2021 performance pool funds.

The Department and RAEs will review data on a quarterly basis to assess whether RAEs are on track to reach performance targets for indicators. To support this review, the Department will provide RAEs performance data quarterly as a rolling 12 months for informational purposes throughout the year. Data will be uploaded to each RAE's Move It site. Please view the [performance pool data sharing calendar](#) for more details.



Performance Pool Indicators 1-5

Indicator 1: Extended Care Coordination

Definition	Percentage of members with complex needs (defined as members with costs of at least \$25,000 over a rolling 12-month period and a population category not equal to “None”) who received extended care coordination within the performance period.
Numerator	Number of members with complex needs who received extended care coordination – a care plan or face to face visit (or real-time bidirectional communication) with a care coordinator – within the performance period.
Denominator	Number of members with complex needs identified on the July 2021 list received by the RAEs that includes June data.
Baseline Period	SFY 2019 - 2020
Performance Period	SFY 2020 - 2021
HCPF Target	70.48%
Target Methodology	15% gap closure to the HCPF target. The HCPF target is 10% of the top performing RAE plus the performance of that RAE.
Initiative	Performance Pool
Rationale	This continues previous performance pool work regarding members with complex needs.
Data Sources	Department complex lists for members with complex needs (Denominator) RAE provided care coordination data (Numerator)
Technical Details	RAEs must attest to the accuracy of their data through submission of an attestation form .
Calculation Date	August 14, 2021 or within 45 days of receipt of the July 2021 list by the RAEs
Notification Date	January 2022 by the Department
Payment Date	January 2022 by the Department
Comments	RAEs will deliver an attestation form by August 14, 2021, or within 45-days of receipt of the July 2021 Complex List, that confirms the submission of accurate data per the specifications outlined in this document. HCPF will use the quarterly complex





	care coordination report that is required in the RAE contract to evaluate performance on a quarterly basis.
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Indicator 2: Premature Birth Rate

Definition	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
Baseline Period	SFY 2018 – 2019
Performance Period	SFY 2020 – 2021
HCPF Target	8.10% This is a March of Dimes goal.
Target Methodology	Gap closure to the HCPF target. RAE targets are derived by taking the difference between the HCPF target and the baseline performance then multiplying that by 10% and adding it to the baseline performance.
Initiative	Performance Pool
Rationale	This allows the Department to continue to focus on maternity care and develop incentives for centers of excellence in maternity programs.
Data Sources	Gestational Age: CDPHE Vital Statistics - Birth Certificate Live Births: CDPHE Vital Statistics - Birth Certificate (Numerator and Denominator)
Technical Details	See Performance Pool Premature Birth Rate SQL Code.sql document on the RAE Sharepoint site
Calculation Date	December 2021 by the Department
Notification Date	January 2022 by the Department
Payment Date	January 2022 by the Department
Comments	<p>The Department will provide the most up to date dataset to the RAEs on a quarterly basis that includes member-level data.</p> <p>Managed care members are excluded from this measure.</p> <p>Premature births are determined based on birth certificate data from CDPHE. The statewide match rate of birth certificate data to Medicaid data is approximately 83% currently.</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

Definition	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.
Numerator	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.
Denominator	Number of members who were released from a DOC facility and who are eligible for Medicaid.
Baseline Period	SFY 2018 – 2019
Performance Period	SFY 2020 – 2021
HCPF Target	91% This target represents the portion of releasing individuals with a P code of 2 or higher which indicates an immediate behavioral health need. However, any individual who was released from DOC and received a behavioral health service within 14 days will be counted toward the final performance.
Target Methodology	5% gap closure to the HCPF target from a baseline of 9.30%. All RAEs will work toward the same target. If the target is met, then RAEs will earn a shared payment. If the target is not met, no RAE will receive a payment.
Initiative	Performance Pool
Rationale	This fulfills the requirements of SB222 and demonstrates inter-agency collaboration.
Data Sources	RAE Flat File for behavioral health encounters (Numerator) FFS Claims for short term behavioral health visits (Numerator) Weekly DOC Roster for all individuals being released (Denominator) Aggregate data files will be shared with the RAEs
Technical Details	See the Behavioral Health Engagement KPI . Similar to the KPI, this metric will only include paid claims.
Calculation Date	December 2021 by the Department
Notification Date	January 2022 by the Department
Payment Date	January 2022 by the Department
Comments	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. See page 10 for details on payment for this measure. Managed care members will be



included to promote a more inclusive approach to managing care for individuals releasing from state prisons.

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 criterion when they receive the respective roster from DOC.

Day 1 of 14 starts on the day after release. Members should be counted based on the month of release. RAEs will have until July 14th for follow up for individuals released on June 30th.

The Department will also exclude members who lose Medicaid eligibility within the 14-day period from the denominator.

Should a member show multiple releases in the 14-day period, the Department will use the most recent release date.



Indicator 4: Inpatient Psychiatric Discharges

Definition	Number of discharges from a non-state psychiatric hospital for treatment of a covered mental health diagnosis per 1000 full-time equivalent members
Numerator	All discharges from a non-State psychiatric hospital for treatment of a covered mental health diagnosis. Non-State psychiatric hospitals include IMDs and any hospital inpatient stays.
Denominator	Total number of attributed member months for the SFY, divided by 12 in order to obtain the number of full-time equivalent members
Baseline Period	SFY 2018 – 2019
Performance Period	SFY 2020 – 2021
HCPF Target	5.98. In the absence of a national standard, this target is 90% of the top performing RAE from the 2018-2019 baseline period.
Target Methodology	10% gap closure to the HCPF target.
Initiative	Performance Pool
Rationale	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.
Data Sources	BIDM Client snapshot file provided at the end of the month (Denominator) RAE Encounter Data Revenue Codes 100-219 or 0100-0219
Technical Details	Similar to the BH Engagement KPI, this metric will exclude denied claims. The denominator will be calculated by dividing the total number of member months by 12 to obtain the number of full-time equivalent members. Members who are assigned to a RAE for behavioral health services are still included in this measure even if they get their physical health services via managed care. The numerator will be the total number of discharges over the 12-month period. The discharge rate will be calculated by dividing the total discharges over the 12-month period (numerator) by the denominator and multiplying by 1000. Member months are calculated using the member snapshot file. See Performance Pool Inpatient Psychiatric Discharges SQL Code.sql document on the RAE Sharepoint site
Calculation Date	December 2021 by the Department



Notification Date	January 2022 by the Department
Payment Date	January 2022 by the Department
Comments	<p>State Hospital visits are excluded from this measure.</p> <p>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 as time allows. The RAEs will be paid based on overall performance for this indicator for SFY20-21, not based on how specific age groups results.</p> <p>See Appendix 1 for the Mental Health Covered Diagnosis Codes.</p>



Indicator 5: Risk Adjusted PMPM

Definition	The risk-adjusted per member per month (PMPM) cost is less than the ACC average risk-adjusted PMPM during the performance period or there is a reduction in the risk adjusted PMPM in the performance period over the baseline period.
Numerator	Risk adjusted cost of all member attributed months in the denominator over the performance period
Denominator	Total months of members attributed to the RAE during the performance period
Baseline Period	SFY 2019-2020
Performance Period	SFY 2020-2021
HCPF Target	Less than the ACC average risk-adjusted PMPM during the performance period for 100% payment Improvement (decline in risk adjusted PMPM over baseline) from baseline by any amount for 50% payment
Target Methodology	The target will be set based on whether a RAE is above or below the ACC annual average risk-adjusted PMPM for the performance period. Partial credit will be awarded if the RAE reduces risk adjusted PMPM by any amount during the performance period relative to the baseline period.
Initiative	Performance Pool
Rationale	One of the key objectives of the Accountable Care Collaborative is to pay for high value health care services. RAEs are required to ensure members receive quality care while managing costs through cost containment and cost reduction where possible and appropriate.
Data Sources	Claims, capitation and enrollment data from the Colorado BIDM.
Technical Details	Includes members enrolled for physical health coordination and included in the RAE roster report. Members who have behavioral coverage only are not included.
Calculation Date	December 2021 by the Department
Notification Date	January 2022 by the Department
Payment Date	January 2022 by the Department
Comments	This measure uses the Diagnostic Cost Groups (DCG) for risk adjustment.



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Medication Adherence Indicators

The detailed specifications for all medication adherence measures can be found on the National Quality Forum (NQF) [website](#). The measures that follow align with the NQF specifications.

Asthma Medication Ratio

Definition	The percentage of patients 5–64 years of age 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 performance year.
NCQA HEDIS Definition	Yes
Baseline Period	Calendar Year 2019
Performance Period	July 1, 2020 to June 30, 2021
NQF Number	1800
Data Sources	Claims, Pharmacy Claims
Technical Details	
Calculation Date	November 2021 by the Department
Notification Date	January 2022 by the Department
Payment Date	January 2022 by the Department
Comments	



Pharmacotherapy Management for COPD Exacerbation

<p>Definition</p>	<p>This measure assesses the percentage of COPD exacerbations for patients 40 years of age and older who had an acute inpatient discharge or ED visit on or between July 1–June 30 of the performance year and who were dispensed appropriate medications.</p> <p>Two rates are reported.</p> <ol style="list-style-type: none"> 1. Dispensed a systemic corticosteroid (or there was evidence of an active prescription) within 14 days of the event 2. Dispensed a bronchodilator (or there was evidence of an active prescription) within 30 days of the event <p>Note: The eligible population for this measure is based on acute inpatient discharges and ED visits, not on patients. It is possible for the denominator to include multiple events for the same individual.</p>
<p>Baseline Period</p>	<p>Calendar Year 2019</p>
<p>Performance Period</p>	<p>July 1, 2020 to June 30, 2021</p>
<p>NQF Number</p>	<p>2856</p>
<p>Data Sources</p>	<p>Claims, Pharmacy Claims</p>
<p>Technical Details</p>	
<p>Calculation Date</p>	<p>November 2021 by the Department</p>
<p>Notification Date</p>	<p>January 2022 by the Department</p>
<p>Payment Date</p>	<p>January 2022 by the Department</p>
<p>Comments</p>	<p>RAEs must achieve both targets to receive payment.</p>



Antidepressant Medication Management

Definition	<p>The percentage of members 18 years of age and older who were treated antidepressant medication, had a diagnosis of major depression, and who remained on an antidepressant medication treatment. Two rates are reported.</p> <p>a) Effective Acute Phase Treatment. The percentage of patients who remained on an antidepressant medication for at least 84 days (12 weeks).</p> <p>b) Effective Continuation Phase Treatment. The percentage of patients who remained on an antidepressant medication for at least 180 days (6 months).</p>
NCQA HEDIS	Yes
Baseline Period	Calendar Year 2019
Performance Period	July 1, 2020 to June 30, 2021
NQF Number	0105
Data Sources	Claims, Pharmacy Claims
Technical Details	
Calculation Date	November 2021 by the Department
Notification Date	January 2022 by the Department
Payment Date	January 2022 by the Department
Comments	RAEs must achieve both targets to receive payment.



Pharmacy Quality Alliance: Portion of Days Covered: RASA

Definition	<p>The percentage of individuals 18 years and older who met the Proportion of Days Covered (PDC) threshold of 80 percent during the performance year.</p> <p>Report a rate for each of the following:</p> <ul style="list-style-type: none"> • Renin Angiotensin System Antagonists (PDC-RASA) <p>–</p> <p>A higher rate indicates better performance.</p>
NCQA HEDIS	No
Baseline Period	Calendar Year 2019
Performance Period	July 1, 2020 to June 30, 2021
NQF Number	0541
Data Sources	Claims, Pharmacy Claims
Technical Details	
Calculation Date	November 2021 by the Department
Notification Date	January 2022 by the Department
Payment Date	January 2022 by the Department
Comments	



Pharmacy Quality Alliance: Portion of Days Covered: Diabetes All Class

Definition	<p>The percentage of individuals 18 years and older who met the Proportion of Days Covered (PDC) threshold of 80 percent during the performance year.</p> <p>Report a rate for each of the following:</p> <ul style="list-style-type: none"> • Diabetes All Class (PDC-DR) <ul style="list-style-type: none"> – Biguanides – SFUs – TZDs – DPP-IV Inhibitors – Incretin Mimetics – Meglitinides – SGLT2 Inhibitors <p>A higher rate indicates better performance.</p> <p>Exclusions:</p> <ul style="list-style-type: none"> – Insulins
NCQA HEDIS	No
Baseline Period	Calendar Year 2019
Performance Period	July 1, 2020 to June 30, 2021
NQF Number	0541
Data Sources	Claims, Pharmacy Claims
Technical Details	
Calculation Date	November 2021 by the Department
Notification Date	January 2022 by the Department
Payment Date	January 2022 by the Department
Comments	



Contraceptive Care for Postpartum Women

Definition	<p>Among women ages 15 through 44 who had a live birth, the percentage that is provided:</p> <p>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 3 and 60 days of delivery.</p> <p>2) A long-acting reversible method of contraception (LARC) within 3 and 60 days of delivery.</p> <p><i>Two time periods are proposed (i.e., within 3 and within 60 days of delivery) because each reflects important clinical recommendations from the U.S. Centers for Disease Control and Prevention (CDC) and the American College of Obstetricians and Gynecologists (ACOG). The 60-day period reflects ACOG recommendations that women should receive contraceptive care at the 6-week postpartum visit. The 3-day period reflects CDC and ACOG recommendations that the immediate postpartum period (i.e., at delivery, while the woman is in the hospital) is a safe time to provide contraception, which may offer greater convenience to the client and avoid missed opportunities to provide contraceptive care.</i></p>
NCQA HEDIS	No
Baseline Period	Calendar Year 2019
Performance Period	July 1, 2020 to June 30, 2021
NQF Number	2902
Data Sources	Claims, Pharmacy Claims
Technical Details	https://www.hhs.gov/opa/performance-measures/claims-data-sas-program-instructions/index.html
Calculation Date	November 2021 by the Department
Notification Date	January 2022 by the Department
Payment Date	January 2022 by the Department
Comments	<p>Payment to be based on Most/Moderately effective form of contraception within 60 days, total.</p> <p>https://www.hhs.gov/opa/sites/default/files/2018-Measure-Specifications-CCP-for-OPA-Website.pdf</p>



Appendix 1: Mental Health Covered Diagnosis Codes

Mental Health Covered ICD-10 Diagnosis Codes	
Start Value	End Value
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