



COLORADO
Department of Health Care
Policy & Financing

Regional Accountable Entity

Performance Pool Specification Document

SFY 2022-2023



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 is comprised of set aside funding from the administrative per member per month amount as well as 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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Revision History		
Document Date	Version	Change Description
7/1/2022	V1	Initial Version for SFY2022-23
12/22/2022	V2	RAE Feedback and clarifications Changed ECC Numerator to specify unique members
2/3/2023	V3	Updated ECC Goals Updated goals for R4 and R6 Updated ECC Target setting description



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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
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
SB222 – Senate Bill 19-222
SQL – Programming Code

Definitions

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

Complex Members: Complex as defined by the RAE and approved by the Department. RAEs must be able to confirm that the size of the new population must be at least as large as the 4+ chronic condition population and it is recommended to be no more than 5% of the total RAE population. Exceptions can be reviewed on a case-by-case basis to each RAE's complex population size. Additionally, RAEs that use their own methodology are expected to flag their complex members in their data and be able to share it with the Department.

If the RAE does not have their own approved definition, the RAE will automatically default to the Department definition. The default definition of "complex members" is those with four or more chronic conditions. These 10 conditions are: maternity, diabetes, hypertension, chronic heart failure/cardiovascular disease, asthma, COPD, anxiety, depression, chronic pain, and SUD. Children will continue to be included based on cost only: \$25,000 or higher annually.

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 unique 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 method 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 2022 the numerator and denominator include counts of members or conditions from June 2021 to July 2022. For August 2022, the period would be July 2021 to August 2022.

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 (SFY 2020-2021)									
Indicator	Baseline	R1	R2	R3	R4	R5	R6	R7	HCPF
Extended Care Coordination	January – June 2022 + 3 months	77.87%	58.55%	19.57%	19.56%	25.87%	36.22%	38.24%	
Premature Birth Rate	SFY2020-2021	8.8%	10.0%	10.3%	10.3%	10.2%	9.4%	11.5%	10.8%
Behavioral Health Engagement for Members Releasing from State Prisons	SFY2020-2021	18.79%	18.79%	18.79%	18.79%	18.79%	18.79%	18.79%	18.79%
Rx: Asthma	SFY2020-2021	50.0%	46.4%	50.5%	41.7%	46.8%	50.2%	51.8%	48.0%



Rx: Depression (Part A)	SFY2020-2021	65.2%	66.8%	70.3%	66.3%	64.3%	71.1%	70.9%	67.0%
Rx: Depression (Part B)	SFY2020-2021	45.0%	44.8%	50.1%	44.5%	41.6%	52.7%	51.0%	46.0%
Rx: Contraceptive Care	SFY2020-2021	24.0%	23.5%	22.2%	24.5%	24.6%	22.2%	20.9%	22.4%
Performance Targets (SFY2022-2023)									
Indicator	Performance Period	R1	R2	R3	R4	R5	R6	R7	HCPF
Extended Care Coordination	SFY2022-2023	78.87%	62.70%	35.65%	35.65%	40.70%	45.77%	47.50%	100%
Premature Birth Rate	SFY2022-2023	8.47%	9.55%	9.82%	9.82%	9.73%	9.01%	10.90%	5.5%
Behavioral Health Engagement for Members Releasing from State Prisons	SFY2022-2023	22.08%	22.08%	22.08%	22.08%	22.08%	22.08%	22.08%	22.08%
Rx: Asthma	SFY2022-2023	52.20%	48.96%	52.65%	44.73%	49.32%	52.38%	53.82%	72.0%



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Rx: Depression (Part A)	SFY2022-2023	65.68%	67.12%	70%	70%	64.87%	70%	70%	70.0%
Rx: Depression (Part B)	SFY2022-2023	46.10%	45.92%	50.69%	45.65%	43.04%	53.03%	51.50%	56.0%
Rx: Contraceptive Care	SFY2022-2023	27.02%	26.56%	25.34%	27.47%	27.56%	25.34%	24.19%	53.9%

Methods Summary: Setting Targets and Baselines

For State Fiscal Year 2022-2023, the baseline year used for indicators is 2020-2021 but there are a few exceptions. Please refer to the measure specifications for more details.

The targets for indicators are based on a gap closure methodology. All indicators use a 10% gap closure methodology except for the Extended Care Coordination, which will use a variable gap closure percentage depending on the RAE's performance tier. Whenever possible, targets are set based on standard goals that RAEs should work toward over multiple years.

A rolling 12-month member count is used for most indicators except Indicators 1,2, and 4.

The Department and RAEs will review and update each measure's targets and baselines annually before the start of the subsequent state fiscal year. On a quarterly basis, RAEs and the Department may 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: December 2023
- Indicator 2: Premature Birth Rate
 - Calculation Timeframe: December 2023
- Indicator 3: Behavioral Health Engagement for Members Releasing from State Prisons
 - Calculation Timeframe: December 2023
- Indicators 4-6: Medication Adherence
 - Calculation Timeframe: December 2023

Once final performance is calculated, the Department will notify RAEs of their performance and their forthcoming payments in January 2024. The Department will make final payments by the end of January 2024. Final payments will come from SFY 2022 - 2023 Performance Pool funds. Payment Pool funds are comprised of \$1.475 of the administrative PMPM plus any unearned Key Performance Indicator dollars.

Payout for Indicator 3 is based on whether RAEs collectively meet the performance target. One-sixth of Performance Pool dollars for each RAE will be set aside for this composite indicator, and if RAEs collectively hit the target, then each RAE will earn that amount.

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 [data sharing calendar](#) for more details.



Performance Pool Indicators

Indicator 1: Extended Care Coordination

<p>Definition</p>	<p>Percentage of members with complex needs who received extended care coordination within the performance period.</p> <p>Due to varying definitions of members with complex needs by RAE, it is not advised to make performance comparisons across regions. The data are not comparable.</p>
<p>Numerator</p>	<p>Number of unique members with complex needs who received extended care coordination.</p> <p>Extended care coordination activities include the following:</p> <ul style="list-style-type: none"> • Unique 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. • Unique Members identified as complex at any time after day one of the performance period are expected to have a robust care plan developed within 90 days of the member being identified as complex. • Unique 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. <p>A robust care plan must adhere to best practices which are reflected in the RAE contract Section 11.3. Utilization of health care services cannot be counted as part of quarterly monitoring activities.</p>





	<p>The following members can be counted in the numerator of the metric, but must be reported separately:</p> <ul style="list-style-type: none"> • 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 6 months after the initial attempt is made. • Members who opt out of extended care coordination can 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 6 months after the initial attempt is made in order to be counted in the numerator. • Members who have been in extended care coordination, have met their goals, and no longer need or want support must also have an attempted outreach every 6 months to continue to be counted in the numerator. • Members can only be counted in either the opt out category or the met their goals category, not both. <p>If a member’s lead care coordinator is a case management entity or another organization, the member can still be counted in the numerator if 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.</p>
<p>Denominator</p>	<p>Number of members with complex needs identified at any time during the performance period. This includes Members who were previously identified as complex and remain in the complex population at the beginning of the performance period.</p> <p>There is no continuous enrollment requirement. The look back period will be 27 months long.</p>
<p>Baseline Period</p>	<p>July 1, 2021 – March 30, 2022 Complex members will only be counted through December 2021, but RAEs will have an additional three months (through March) to collect numerator data, due April 15.</p>
<p>Performance Period</p>	<p>July 1, 2022 – September 30, 2023 Complex members will only be counted through June 2023, but RAEs will have an additional three months (through September) to collect numerator data.</p>
<p>HCPF Target</p>	<p>100%</p>



<p>Target Methodology</p>	<p>Variable gap closure to HCPF target based on baseline performance. 0-25% performance: 20% gap closure 26-50% performance: 15% gap closure 51-75% performance: 10% gap closure 75-100% performance: 5% gap closure</p>
<p>Initiative</p>	<p>Performance Pool</p>
<p>Rationale</p>	<p>RAEs are responsible for providing access to care coordination for all members who need it. Members who have more complex needs may require more intense levels of care coordination, also referred to as extended care coordination. This is not the only intervention for complex members, but it is a core RAE function that can support members in achieving their physical health, behavioral health, and social needs.</p>
<p>Data Sources</p>	<p>Department monthly risk stratification lists for members with complex needs (Denominator) Note: The Department will flag members for both the \$25,000+ definition and the 4+ chronic condition definition. RAE complex lists for members with complex needs if the RAE has chosen to use their own definition (Denominator) RAE provided extended care coordination data (Numerator)</p>
<p>Technical Details</p>	<p>The four or more chronic conditions must be based off the Department approved list which includes the following: maternity, diabetes, hypertension, chronic heart failure/cardiovascular disease, asthma, COPD, anxiety, depression, chronic pain, and SUD. RAEs have access to definitions for each condition listed above; however, if additional information is sought, contact Department staff.</p> <p>For members in the denominator who drop off the complex list within the first three months of appearing on the complex list, RAEs can still count them in the numerator if the member has either an assessment or, at a minimum, one outreach attempt associated with them. The Department recognizes the list of complex members will fluctuate and does not want to disincentivize providing care coordination services to members who are more likely to experience churn.</p> <p>When churning members return as “complex” but had a care plan previously, the RAE should update the care plan within the first 90 days to ensure it is current and active. It is up to the discretion of the care coordinator and member if a new care plan must be created.</p> <p>The Department may initiate an audit of this measure once the performance period is complete (details forthcoming). RAEs</p>



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	<p>must participate in the audit by providing necessary extended care coordination documentation for complex members. Payment of this measure is contingent on complete participation in this audit. However, payment is not contingent on audit performance.</p>
Calculation Date	December 2023 by the Department
Notification Date	January 2024 by the Department
Payment Date	January 2024 by the Department
Comments	<p>RAEs will deliver an attestation form and data workbook by November 15, 2023 that confirms the submission of accurate data per the specifications outlined in this document.</p> <p>HCPF will use the quarterly complex care coordination report that is required in the RAE contract to evaluate performance on a quarterly basis. The Department recognizes that there will not be precise alignment between this report and the ECC measure.</p>



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 2020 – 2021
Performance Period	SFY 2022 – 2023
HCPF Target	5.5% 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 2023 by the Department
Notification Date	January 2024 by the Department
Payment Date	January 2024 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. This includes member-level birth certificate data from CDPHE.</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 are 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 2020 - 2021
Performance Period	SFY 2022 – 2023
HCPF Target	84.61% 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 HCPF Target
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) Daily 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 2023 by the Department
Notification Date	January 2024 by the Department
Payment Date	January 2024 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 “Calculations and Payout” for details on payment for this measure. If the target is met, then RAEs will earn a shared payment. If the target is not met, no RAE will receive a payment. This target was developed to align



with the Department's Wildly Important Goal for justice-involved members.

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.

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.

Medication Adherence Indicators

The detailed specifications for all medication adherence measures can be found in NCQA’s HEDIS Manual. The measures that follow align with the HEDIS specifications and will be run in Care Analyzer, a HEDIS Certified Reporting tool used by The Department.

Indicator 4: 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	SFY 2020-2021
Performance Period	SFY 2022 – 2023
NQF Number	1800
HCPF Target	72%
Target Methodology	10% gap closure to target
Initiative	Performance Pool
Rationale	Medication adherence aligns with the Department’s focus on chronic condition management and support for Health First Colorado members.
Data Sources	Claims, Pharmacy Claims
Technical Details	See HEDIS measure specifications
Calculation Date	November 2023 by the Department
Notification Date	January 2024 by the Department
Payment Date	January 2024 by the Department
Comments	



Indicator 5: Antidepressant Medication Management

Definition	<p>The percentage of 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. 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	SFY 2020-2021
Performance Period	SFY 2022 – 2023
Target	Acute target: 70% Continue target: 56%
Target Methodology	10% gap closure to target
Initiative	Performance Pool
Rationale	Medication adherence aligns with the Department’s focus on chronic condition management and support for Health First Colorado members.
NQF Number	0105
Data Sources	Claims, Pharmacy Claims
Technical Details	See HEDIS measure specifications
Calculation Date	November 2023 by the Department
Notification Date	January 2024 by the Department
Payment Date	January 2024 by the Department
Comments	RAEs must achieve both targets to receive payment.



Indicator 6: 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	SFY 2020-2021
Performance Period	SFY 2022 – 2023
Target	53.9%
Target Methodology	10% gap closure to target
Initiative	Performance Pool
Rationale	Medication adherence aligns with the Department’s focus on chronic condition management and support for Health First Colorado members.
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 2023 by the Department
Notification Date	January 2024 by the Department
Payment Date	January 2024 by the Department
Comments	Payment to be based on Most/Moderately effective form of contraception within 60 days, total.



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	<p>https://www.hhs.gov/opa/sites/default/files/2018-Measure-Specifications-CCP-for-OPA-Website.pdf</p>
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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