

Colorado Access 2021 Pay-for-Performance Program Document

REWARDING PROVIDERS FOR MEETING REGIONAL GOALS

Introduction

Pay-for-performance is a program implemented by the Colorado Department of Health Care Policy and Financing (HCPF) that rewards payers and providers for achieving or exceeding pre-established benchmarks for quality of care, health results and/or efficiency. The HCPF pay-for-performance program supports the adoption of recommended guidelines to meet treatment goals for high-acuity conditions or preventive care.¹

Providers' clinical work and focus on their population's health outcomes directly impact the regional success of these metrics. The Regional Accountable Entity (RAE) is responsible for the distribution of earned incentive dollars to the provider network. Provider payments are calculated based on methodologies developed collaboratively between Colorado Access and the RAE governing council.

Partnership payments are granted to the top 100 providers who provide the most behavioral health services, based on claim volume, in the region.

Provider performance payments are granted based on a provider's proportional contribution to meeting each metric. Performance payments follow slightly different models for different metrics.

Panel performance payments are granted based on the percentage of each provider's attributed panel that was included in the numerator for the metric (ex. percentage of members that received a dental service). Providers are then split into quartiles according to panel performance and dollars are split with higher performing practices receiving a larger share than lower performing practices.

We appreciate the ongoing efforts that providers make toward improving the health of their patients and all Coloradans.

1: <https://www.ncsl.org/research/health/performance-based-health-care-provider-payments.aspx>

2. [HCPF KPI Policy Guidance 01 19 18](#)

Key Performance Indicators

Paid Quarterly

<p>Key Performance Indicator 1: Behavioral health engagement</p>	<p><u>Metric:</u> Increase percentage of Health First Colorado (Colorado’s Medicaid Program) members who received a behavioral health service delivered either in primary care settings or under the Capitated Behavioral Health Benefit within a twelve (12) month evaluation period.</p> <p><u>Incentivized behavior:</u> Screening, treatment and billing for behavioral health.</p> <p><u>Payment methodology:</u> 100% provider performance (top 90% of contributors)</p> <p>The first payment using this methodology will be tied to the January 1, 2021- March 31, 2021 (Quarter 3 fiscal year 2020-2021) performance period. All payments associated with previous measurement periods will be made according to the previous attribution methodology (\$0.26-\$0.40 PMPM).</p>
<p>Key Performance Indicator 2: Dental visits</p>	<p><u>Metric:</u> Increase percentage of Health First Colorado members who received a dental service (medical or dental claim) within a twelve (12) month evaluation period.</p> <p><u>Incentivized behavior:</u> Screening, treatment and/or referral and billing for dental health.</p> <p><u>Payment methodology:</u> 50% provider performance; 50% panel performance*</p> <p>*First quartile shares 50%; second quartile shares 30%; third quartile shares 20%; fourth quartile is not eligible for payment.</p> <p>The first payment using this methodology will be tied to the January 1, 2021- March 31, 2021 (Quarter 3 fiscal year 2020-2021) performance period. All payments associated with previous measurement periods will be made according to the previous attribution methodology (\$0.26-\$0.40 PMPM).</p>
<p>Key Performance Indicator 3: Well visits</p>	<p><u>Metric:</u> Increase percentage of Health First Colorado members who received at least one well visit within the twelve (12) month evaluation period.</p> <p><u>Incentivized behavior:</u> Screening, treatment and billing for preventive care to attain and/or preserve overall good health.</p> <p><u>Payment methodology:</u> 100% performance (top 90% of contributors).</p>

1: <https://www.ncsl.org/research/health/performance-based-health-care-provider-payments.aspx>

2: [HCPF KPI Policy Guidance 01 19 18](#)

<p>Key Performance Indicator 4: Prenatal engagement</p>	<p><u>Metric:</u> Increase percentage of deliveries where mother had at least one prenatal visit within 40 weeks prior to the delivery.</p> <p><u>Incentivized behavior:</u> Early and regular prenatal appointments for all pregnant members.</p> <p><u>Payment methodology:</u> Attribution-based payment, \$0.26-\$0.40 PMPM.</p>
<p>Key Performance Indicator 5: Emergency department visits (PKPY) risk adjusted</p>	<p><u>Metric:</u> Reduction of emergency department (ED) visits (per thousand per year). Exclusion – ED visits that result in an inpatient admission</p> <p><u>Incentivized behavior:</u> Work with members that have chronic ambulatory-care sensitive conditions (ACSC) to manage and control chronic illness in order to avoid acute episodes. Work with members that visited the ED with acute ACSCs to direct them to primary care when they encounter acute ACSC episodes. Ensure adequate walk-in appointment availability.</p> <p><u>Payment methodology:</u> Attribution-based payment, \$0.26-\$0.40 PMPM.</p>
<p>Key Performance Indicator 6: Health neighborhood</p>	<p><u>Metric:</u> Part 1 – Increase percentage of the RAEs primary care medical provider’s (PCMPs) with Colorado Medical Society’s Primary Care-Specialty Care Compacts in effect with specialty care providers.</p> <p>Part 2 – Increase percentage of members that had an outpatient visit with a specialist that also saw a PCMP within 60 days prior to the specialist visit and included a referring PCMP on the claim.</p> <p><u>Incentivized behavior:</u> Part 1 – Execute Primary Care-Specialty Care Compacts with specialty providers. Part 2 – Collaborate with specialist and member to ensure timely follow-up and clearly defined next steps for all parties.</p> <p><u>Payment methodology:</u> Attribution-based payment, \$0.26-\$0.40 PMPM.</p>

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Behavioral Health Incentive Measures

Paid Annually

<p>Behavioral Health Incentive Measure #1: Engagement in outpatient substance use disorder (SUD) treatment</p>	<p><u>Metric:</u> Increase percentage of Health First Colorado members that had two or more outpatient services for a primary substance use disorder diagnosis on or within 30 days of their first episode of substance use disorder (SUD) treatment.</p> <p><u>Incentivized behavior:</u> Timely and consistent treatment of patients with newly diagnosed substance use disorder.</p> <p><u>Payment methodology:</u> 50% partnership, 50% provider performance. (Qualifying criteria-top 100 providers by claim volume).</p>
<p>Behavioral Health Incentive Measure #2: Follow-up appointment within 7 days of inpatient hospital discharge for mental health (MH) Condition</p>	<p><u>Metric:</u> Increase percentage of Health First Colorado members discharged from an inpatient hospital episode for treatment of a primary covered mental health diagnosis to the community or a non-24-hour monitored facility, who were seen in an outpatient capacity by a mental health provider within seven days of discharge.</p> <p><u>Incentivized behavior:</u> Coordinated discharge planning between hospitals and outpatient providers to ensure timely follow-up.</p> <p><u>Payment methodology:</u> 50% partnership, 50% provider performance. (Qualifying criteria-top 100 providers by claim volume).</p>
<p>Behavioral Health Incentive Measure #3: Follow-up appointment within 7 days of an emergency department (ED) visit for a substance use disorder (SUD)</p>	<p><u>Metric:</u> Increase the percentage of member discharges from an emergency department episode for treatment of a covered SUD to the community or a non-24-hour treatment facility who were seen on an outpatient basis by a behavioral health provider on or within seven days of discharge.</p> <p><u>Incentivized behaviors:</u> Coordinated discharge planning between hospitals and outpatient providers to ensure timely follow-up.</p> <p><u>Payment methodology:</u> 50% partnership, 50% provider performance. (Qualifying criteria-top 100 providers by claim volume).</p>
<p>Behavioral Health Incentive Measure #4: Follow-up after positive depression screening</p>	<p><u>Metric:</u> Increase percentage of Health First Colorado members engaged in a mental health service on or within 30 days of screening positive for depression within a primary care setting.</p> <p>**This measure includes a qualifying gate measure prior to being eligible for incentive dollars. The gate measure for this incentive requires each region to conduct depression screens on a minimum percentage of patients. Depression screening rates must increase by a 10% gap closure between RAE performance and the department goal.</p>

	<p><u>Incentivized behaviors:</u> (1) Depression screening and proper billing (G8431 or G8510) in primary care. (2) Coordination between primary care providers and behavioral health providers to ensure timely follow-up after a positive screen.</p> <p><u>Payment methodology:</u> 60% provider performance for depression screens, 40% provider performance for timely follow-up visits. (Qualifying criteria-minimum 0.50% contribution to region meeting the metric).</p>
<p>Behavioral Health Incentive Measure #5: Behavioral health screening or assessment for children in the foster care system</p>	<p><u>Metric:</u> Increase percentage of Health First Colorado foster care children who received a behavioral health screening or assessment on or within 30 days of entering the foster care system/RAE enrollment.</p> <p><u>Incentivized behaviors:</u> Behavioral health screening for all foster children in a timely manner.</p> <p><u>Payment methodology:</u> 50% partnership, 50% provider performance. (All contributors)</p>

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