

Regional Accountable Entity Health Equity Plan Specification Document SFY 2024-2025



COLORADO

Department of Health Care
Policy & Financing

This document includes the details for calculations of Health Equity Plan Measures for the seven Regional Accountable Entities.

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Revision History		
Document Date	Version	Change Description
3/12/24	V1	First Draft
5/29/24	V2	Removed Indicator 1. Added additional focus area requirement to Childhood Immunization Status. Updated language in description for indicators that include both Child and Adult core set to: “all eligible members per specification”
6/27/2024	V3	Accessibility review and finalize document

Section 1: Introduction

Overview

The Health Care Policy and Financing (HCPF) Health Equity Plan (HEP) Specifications Document describes the approach the Department utilizes for calculating the designated HEP quality metrics.

Purpose

The purpose of this document is to describe the methodologies used to calculate HEP performance measures in State Fiscal Year (SFY) 24-25 for Regional Accountable Entities (RAEs).

Scope

This document addresses only the methodology utilized to calculate the HEP measures.

Document Maintenance

This document will be reviewed annually and updated as necessary. This document contains a Revision History log on the Document Information page (see above). When changes occur, the version number will be updated to the next increment as well as the revision date and change description. Unless otherwise noted, the author of the revision will be the document's author, as identified in the revision history table, which is also on the Table of contents page.

Section 2: Data Requirements

Data Requirements

The HEP Measures are calculated for Regional Accountable Entities (RAEs) and Primary Care Medical Providers (PCMPs) participating in the Accountable Care Collaborative (ACC) program based on the members' utilization of services as specified in this specification document.

Background

The Department partnered with the Governor's Office and the Colorado Department of Public Health & Environment (CDPHE) to pass Senate Bill 21-181, which creates a shared health equity strategic plan across state agencies and provides funding and staff to implement it.

The Department, in coordination and collaboration with the Health Equity Commission (HEC), led by CDPHE and the Office of Health Equity (OHE), developed a health equity strategic plan to address health outcomes that impact Coloradans. Through a rigorous six-month community stakeholder engagement, the Department launched the first-of-its-kind Health Equity Plan, with focus on closing disparity gaps and disparity indicators in the following areas:

- Maternal Health
- Prevention & Population Health
- Behavioral Health

The goal is for each Colorado region to appropriately allocate resources and support to improve clinical outcomes for our members. Providers, caregivers, and stakeholders have voiced the need to have equity-based, quality outcomes data for their region to address Colorado's health disparities. The Department also embraces the variance and robust nature of calculating statistical significance to further identify appropriate health equity strategies and solutions.

Evaluation and Baseline Period

The Department recognizes that all health care is local, and health equity is a component of that local care delivery. The improvement of health equity delivery in each region of Colorado should be based on that region's need for sustainable, meaningful change.

Evidence-based shared decision making is key to both identifying disparities and developing solutions that are meaningful to local health equity delivery. By addressing gaps identified in the evidence, quality metrics can be meaningfully developed to include health equity in quality performance measurement.

Lookback period: The baseline period will be reviewed and updated each year in alignment with the Department's overall annual review process over the course of this contract period. Each evaluation period is twelve rolling months of data based on service/eligibility dates allowing for three months of claims runout for all measures.

Priority Populations & Systems Calculations

The Department will run the measures via Care Analyzer, a HEDIS Certified Reporting tool (except for Oral Evaluation, Dental Services and the COVID-19 booster measure). After Care Analyzer has calculated the measures, the Department will send each RAE their measure member-level data file with additional demographic fields that can be used when identifying priority populations:

- Age
- County
- Disability
- Gender
- Language
- Race/Ethnicity

Note: The Department is working to include the following considerations (at minimum) into future calculations:

- Location (e.g. rural, urban, frontier)

Priority Population Determinations

Each RAE should pick their own priority populations for each measure and use the member-level file sent by the Department to calculate measure results for each of their priority populations using the additional demographic fields provided. Populations will be tracked by the Department using system filters that will be built into the Health Equity Dashboard, as it develops. Note: future baseline data/calculations will take into consideration location (e.g. rural, urban, frontier designation).

The Department is working internally to improve reporting on a number of the measures identified in the Health Equity Plan. The Department will communicate and work with the RAEs as data issues are resolved and will continue to release additional member-level measures data via CDAP as it's available. The Department will provide at least quarterly updates on the status of the data availability by measure.

Claims Selection Criteria

The following criteria are used to select the claims to calculate the HEP measures:

- Both facility and professional claims
- Paid claims and Encounters (with three months runout)
- Only current records
- Last claim (after all adjustments have been taken)

Encounters:

- Dental Encounter Data
- Behavioral Health Encounter Data

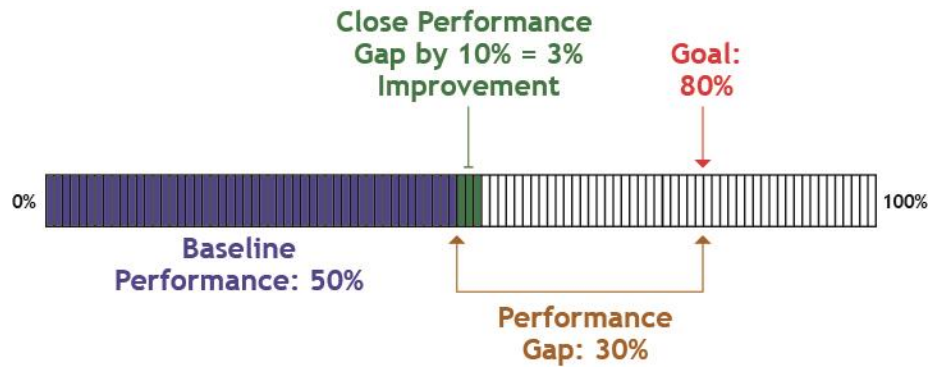
Exclude:

- Deleted records
- MCO and CHP+ Encounter Data

Section 3: Target Setting

Target Setting

Each RAE will be responsible for closing disparity gaps for specific measures during the performance year. Please see the example below.



Section 4: Health Equity Plan Indicators

Indicator 1: Glycemic Status Assessment for Patients with Diabetes

[Measure Steward - NCQA]

Measure Description

The percentage of members 18-75 years of age with diabetes (types 1 and 2) whose most recent glycemic status (hemoglobin A1c [HbA1c] or glucose management indicator [GMI]) was at the following levels during the measurement year:

- Glycemic Status <8.0%
- Glycemic Status >9.0%

Measurement Period

July 1, 2024 - June 30, 2025

Data Source

All RAE claims, Encounter systems, FFS Claims, and Pharmacy data.

Measure Calculation

This measure will be calculated by the Department.

Measure Reporting Details

Please see Appendix B for links to detailed measure information and value sets.

Indicator 2: Well-child Visits in the first 30 months of life

[Core Measure CBE 1392 - Measure Steward - NCQA]

Measure Description

Percentage of children who had the following number of well-child visits with a primary care practitioner (PCP) during the last 15 months. The following rates are reported:

- Well-Child Visits in the First 15 Months. Children who turned age 15 months during the measurement year: Six or more well-child visits.
- Well-Child Visits for Age 15 Months-30 Months. Children who turned age 30 months during the measurement year: Two or more well-child visits.

Measurement Period

July 1, 2024 - June 30, 2025

Data Source

All RAE claims, Encounter systems, FFS Claims, and Pharmacy data.

Measure Calculation

This measure will be calculated by the Department.

Measure Reporting Details

Please see Appendix B for links to detailed measure information and value sets.

Indicator 3: Child and Adolescent Well-care Visits

[Core Measure CBE 1516 - Measure Steward - NCQA]

Measure Description

Percentage of children ages 3 to 21 who had at least one comprehensive well-care visit with a primary care practitioner (PCP) or an obstetrician/gynecologist (OB/GYN) during the measurement year.

Measurement Period

July 1, 2024 - June 30, 2025

Data Source

All RAE claims, Encounter systems, FFS Claims, and Pharmacy data.

Measure Description

This measure will be calculated by the Department.

Measure Reporting Details

Please see Appendix B for links to detailed measure information and value sets.

Indicator 4: Childhood Immunization Status

[Core Measure CBE 0038 - Measure Steward - NCQA]

Measure Description

Percentage of children age 2 who had:

- 4 Diphtheria, Tetanus and acellular Pertussis (DTaP);
- 3 polio (IPV);
- 1 Measles, Mumps and Rubella (MMR);
- 3 Haemophilus influenza type B (HiB);
- 3 Hepatitis B (Hep B),
- One chicken pox (VZV);
- 4 Pneumococcal Conjugate (PCV); one Hepatitis A (HepA);
- 2 or three Rotavirus (RV); and
- 2 influenza (flu) vaccines by their second birthday.

The measure calculates a rate for each vaccine and three separate combination rates.

Additional Focus Area Requirement: RAEs also need to select one vaccine within Combo 10 with the largest disparity gap and improve performance rate for that specific vaccine in the identified population.

Measurement Period

July 1, 2024 - June 30, 2025

Data Source

All RAE claims, Encounter systems, FFS Claims, and Pharmacy data.

Measure Calculation

This measure will be calculated by the Department.

Measure Reporting Details

Please see Appendix B for links to detailed measure information and value sets.

Indicator 5: Immunizations for Adolescents

[Core Measure CBE 1407 - Measure Steward - NCQA]

Measure Description

Percentage of adolescents age 13 who had one dose of meningococcal vaccine, one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine, and have completed the human papillomavirus (HPV) vaccine series by their 13th birthday. The measure calculates a rate for each vaccine and two combination rates.

Measurement Period

July 1, 2024 - June 30, 2025

Data Source

All RAE claims, Encounter systems, FFS Claims, and Pharmacy data.

Measure Calculation

This measure will be calculated by the Department.

Measure Reporting Details

Please see Appendix B for links to detailed measure information and value sets.

Indicator 6: Follow-up after Emergency Department Visit for Mental Illness

[Core Measure CBE 3489 - Measure Steward - NCQA]

Measure Description

Percentage of emergency department (ED) visits for all eligible members per specification with a principal diagnosis of mental illness or intentional self-harm and who had a follow-up visit for mental illness. Two rates are reported:

- Percentage of ED visits for mental illness for which the beneficiary received follow-up within 30 days of the ED visit (31 total days)
- Percentage of ED visits for mental illness for which the beneficiary received follow-up within 7 days of the ED visit (8 total days)

Measurement Period

July 1, 2024 - June 30, 2025

Data Source

All RAE claims, Encounter systems, FFS Claims, and Pharmacy data.

Measure Calculation

This measure will be calculated by the Department.

Measure Reporting Details

Please see Appendix B for links to detailed measure information and value sets.

Indicator 7: Follow-up after Emergency Department Visit for Substance Use

[Core Measure CBE 3488 - Measure Steward - NCQA]

Measure Description

Percentage of emergency department (ED) visits for all eligible members per specification with a principal diagnosis of substance use disorder (SUD), or any diagnosis of drug overdose, for which there was follow-up. Two rates are reported:

- Percentage of ED visits for which the beneficiary received follow-up within 30 days of the ED visit (31 total days)
- Percentage of ED visits for which the beneficiary received follow-up within 7 days of the ED visit (8 total days)

Measurement Period

July 1, 2024 - June 30, 2025

Data Source

All RAE claims, Encounter systems, FFS Claims, and Pharmacy data.

Measure Calculation

This measure will be calculated by the Department.

Measure Reporting Details

Please see Appendix B for links to detailed measure information and value sets.

Indicator 8: Follow-Up after Hospitalization for Mental Illness

[Core Measure CBE 0576 - Measure Steward - NCQA]

Measure Description

Percentage of discharges for all eligible members per specification who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had a follow-up visit with a mental health provider. Two rates are reported:

- Percentage of discharges for which the beneficiary received follow-up within 30 days after discharge
- Percentage of discharges for which the beneficiary received follow-up within 7 days after discharge

Measurement Period

July 1, 2024 - June 30, 2025

Data Source

All RAE claims, Encounter systems, FFS Claims, and Pharmacy data.

Measure Calculation

This measure will be calculated by the Department.

Measure Reporting Details

Please see Appendix B for links to detailed measure information and value sets.

Indicator 9: Depression Screening and Follow-up Plan

[Core Measure CBE 0418 - Measure Steward - NCQA]

Measure Description

Percentage of all eligible members per specification screened for depression on the date of the encounter or 14 days prior to the date of the encounter using an age-appropriate standardized depression screening tool, and if positive, a follow-up plan is documented on the date of the eligible encounter.

The denominator for this measure includes beneficiaries ages 18 and older with an outpatient visit during the measurement year. The numerator for this measure includes the following two groups:

- Those beneficiaries with a positive screen for depression during an outpatient visit using a standardized tool with a follow-up plan documented.
- Those beneficiaries with a negative screen for depression during an outpatient visit using a standardized tool.

Measurement Period

July 1, 2024 - June 30, 2025

Data Source

All RAE claims, Encounter systems, FFS Claims, and Pharmacy data.

Measure Calculation

This measure will be calculated by the Department.

Measure Reporting Details

Please see Appendix B for links to detailed measure information and value sets.

Indicator 10: Prenatal and Post-Partum Care

[Core Measure CBE 1517 - Measure Steward - NCQA]

Measure Description

Percentage of deliveries of live births on or between October 8 of the year prior to the measurement year and October 7 of the measurement year. For these beneficiaries, the measure assesses the following facets of prenatal and postpartum care.

Two Rates are Reported:

Timeliness of Prenatal Care: The percentage of deliveries in which women had a prenatal care visit in the first trimester, on or before the enrollment start date or within 42 days of enrollment in the organization.

Postpartum Care: Percentage of deliveries of live births on or between October 8 of the year prior to the measurement year and October 7 of the measurement year that had a postpartum visit on or between 7 and 84 days after delivery.

Measurement Period

July 1, 2024 - June 30, 2025

Data Source

All RAE claims, Encounter systems, FFS Claims, and Pharmacy data.

Measure Calculation

This measure will be calculated by the Department.

Measure Reporting Details

Please see Appendix B for links to detailed measure information and value sets.

Indicator 11: Oral Evaluation, Dental Services

[Core Measure CBE 2517 - Measure Steward - DQA]

Measure Description

Percentage of enrolled children under age 21 who received a comprehensive or periodic oral evaluation within the measurement year.

Measurement Period

July 1, 2024 - June 30, 2025

Data Source

All RAE claims, Encounter systems, FFS Claims, and Pharmacy data.

Measure Calculation

This measure will be calculated by the Department.

Measure Reporting Details

Please see Appendix B for links to detailed measure information and value sets.

Indicator 12: Controlling High Blood Pressure

[Core Measure CBE 0018 - Measure Steward - NCQA]

Measure Description

Percentage of beneficiaries ages 18-85 who had a diagnosis of hypertension and whose blood pressure (BP) was adequately controlled (<140/90 mm Hg) during the measurement year.

Measurement Period

July 1, 2024 - June 30, 2025

Data Source

All RAE claims, Encounter systems, FFS Claims, and Pharmacy data.

Measure Calculation

This measure will be calculated by the Department.

Measure Reporting Details

Please see Appendix B for links to detailed measure information and value sets.

Indicator 13: Colorectal Cancer Screening

[Core Measure CBE 0034 - Measure Steward - NCQA]

Measure Description

Percentage of beneficiaries ages 45 to 75 who had appropriate screening for colorectal cancer.

Measurement Period

July 1, 2024 - June 30, 2025

Data Source

All RAE claims, Encounter systems, FFS Claims, and Pharmacy data.

Measure Calculation

This measure will be calculated by the Department.

Measure Reporting Details

Please see Appendix B for links to detailed measure information and value sets.

Indicator 14: Cervical Cancer Screening

[Core Measure CBE 0032 - Measure Steward - NCQA]

Measure Description

Percentage of women ages 21 to 64 who were screened for cervical cancer using any of the following criteria:

- Women ages 21 to 64 who had cervical cytology performed within the last 3 years.
- Women ages 30 to 64 who had cervical high-risk human papillomavirus (hrHPV) testing performed within the last 5 years.
- Women ages 30 to 64 who had cervical cytology/high-risk human papillomavirus (hrHPV) cotesting within the last 5 years.

Measurement Period

July 1, 2024 - June 30, 2025

Data Source

All RAE claims, Encounter systems, FFS Claims, and Pharmacy data.

Measure Calculation

This measure will be calculated by the Department.

Measure Reporting Details

Please see Appendix B for links to detailed measure information and value sets.

Indicator 15: Chlamydia Screening in Women

[Core Measure CBE 0033- Measure Steward - NCQA]

Measure Description

Percentage of all eligible members per specification who were identified as sexually active and who had at least one test for chlamydia during the measurement year.

Measurement Period

July 1, 2024 - June 30, 2025

Data Source

All RAE claims, Encounter systems, FFS Claims, and Pharmacy data.

Measure Calculation

This measure will be calculated by the Department.

Measure Reporting Details

Please see Appendix B for links to detailed measure information and value sets.

Indicator 16: Developmental Screening in the First Three Years of Life

[Core Measure CBE 1448 - Measure Steward - NCQA]

Measure Description

Percentage of children screened for risk of developmental, behavioral, and social delays using a standardized screening tool in the 12 months preceding or on their first, second, or third birthday.

Measurement Period

July 1, 2024 - June 30, 2025

Data Source

All RAE claims, Encounter systems, FFS Claims, and Pharmacy data.

Measure Calculation

This measure will be calculated by the Department.

Measure Reporting Details

Please see Appendix B for links to detailed measure information and value sets.

Appendices

Appendix A

Schedule for Sharing Quarterly Data

Timeframes for metrics run by HCPF through Care Analyzer:			
Performance Period*	90 Day Runout Period Ends	HCPF Detailed Data Availability	RAE Detailed Data Availability
Jan 1 - Dec 31	30-Mar	30-Apr	15-May
Apr 1 - Mar 31	30-Jun	31-Jul	15-Aug
Jul 1 - Jun 30	30-Sep	31-Oct	15-Nov
Oct 1 - Sept 30	31-Dec	31-Jan	15-Feb
*Most recent 12 months of available data. This is updated every 3 months.			

Appendix B

Important information regarding Indicator 2:

The former Hemoglobin A1c (HbA1c) Control for Patients with Diabetes (HBD) measure was revised to Glycemic Status Assessment for Patients with Diabetes (GSD). This measure has been updated by the measure steward NCQA for Measure Year 2024 (MY2024). You can find the reporting resources at the link below for this measure. The CMS Core Measure Set is scheduled to be updated in the 2025 Core Set.

[HEDIS MY 2024 Measures and Technical Resources](#)

Important information regarding Indicators 3-17:

The following measures are defined using the 2024 CMS Core Measure Set Technical Specifications and Value Set Directories. You can find the Reporting Resources at the links below for each of the following measures.

[2024 CMS Adult Core Measure Set Reporting Resources](#)

[2024 CMS Child Core Measure Set Reporting Resources](#)