Commitment to Quality Performance Standards Specification Document FY 2026-27

COLORADO
Department of Health Care Policy & Financing

This document includes the details for calculations of Performance Standards for the Commitment to Quality Program.

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Section 1: Introduction

Overview

The Department of Health Care Policy and Financing (HCPF) administers Health First Colorado (Colorado's Medicaid program) and other health care programs for Coloradans who qualify. Created in 2011, the Accountable Care Collaborative (ACC) is the primary delivery system for Health First Colorado. The Commitment to Quality Program is a performance management program for the Regional Accountable Entities (RAEs) and Managed Care Organizations (MCOs), referred to collectively as Managed Care Entities (MCEs), in the ACC. The Commitment to Quality Program uses Performance Standards that are defined throughout the RAE and MCO contracts to measure contract adherence.

Purpose

The purpose of this document is to describe the ACC Phase III Commitment to Quality Program, methodologies used to calculate each Performance Standard, and the data source(s) used for each calculation.

Scope

This document addresses the following for MCEs:

- The Commitment to Quality Program description for ACC Phase III.
- The Phase III Performance Standard specifications, measurement periods, frequency of calculation, annual measure weight, reporting entity, data source(s), baselines and targets where applicable, and methodology for calculating performance.
- Profit margin reinvestment requirements.
- Reconsideration request processes for Performance Standard calculation results.

Document Maintenance

This document will be reviewed annually and published prior to the start of the new State Fiscal Year (FY) and updated as necessary. When changes occur, the following revision history log will be updated.

Document Revision History

Document Date	Version	Change Description
11/4/25	1	FY 2025-26
6/2/26	2	FY 2026-27

Definitions and Acronyms

The following acronyms and terminology are used throughout this operations guide.

Acronym/Terminology	Definition
ACC	Accountable Care Collaborative
Adult	Members 21 and older
AMP	Action Monitoring Plan
Annual Measure Weight	The total number of points available for each Performance Standard
ASAM	American Society of Addiction Medicine
Assigned/Assignment	The method used to connect Health First Colorado members to a RAE based on the location of their PCMP or their home address.
Attributed/Attribution	The process used to link Health First Colorado members to a PCMP based on the member's selection or their primary care utilization history.
BH	Behavioral Health
Business Day	Any day on which the State is open and conducting business, but shall not include Saturday, Sunday or any day on which the State observes one of the holidays listed in §24-11-101(1), C.R.S."
CAP	Corrective Action Plan
CDOI	Colorado Division of Insurance
CMS	Centers for Medicare and Medicaid Services
CPT	Current Procedural Terminology
CY	Calendar Year
DH	Denver Health
ED	Emergency Department
EPSDT	Early and Periodic Screening, Diagnostic and Treatment
EQRO	External Quality Review Organization
FY	Fiscal Year
Frequency of Calculation	The measurement period for which points will be assigned
HCPF	Colorado Department of Health Care Policy and Financing
HEDIS	Healthcare Effectiveness Data and Information Set
HSAG	Health Services Advisory Group
ICN	Internal Control Number
IP	In Patient
MCE	Managed Care Entity
MCO	Managed Care Organization
MRT	Medicaid Reporting Template
NAV	Network Adequacy Navigation

Acronym/Terminology	Definition
NCQA	National Committee for Quality Assurance
PAR	Prior Authorization Request
PCMP	Primary Care Medical Provider
Pediatric	Members younger than 21 old
RAE	Regional Accountability Entity
SCA	Single Case Agreement
SFY	State Fiscal Year
SLA	Service Level Agreement
SUD	Substance Use Disorder
UM	Utilization Management
WCV	Well Child Visit

Section 2: Program Information

The Commitment to Quality Program includes Performance Standards across the entire scope of the MCE contracts. The MCEs are expected to meet all the Performance Standards in the contracts.

The FY 2025-26 measurement year was an implementation year with financial accountability waived. The program begins operations and financial accountability in FY 2026-27.

Performance Standards are reported and calculated according to the specifications in Section 5. Each Performance Standard is assigned a point value that functions as the annual measure weight. Performance Standards are calculated quarterly, or annually. At the end of the performance period HCPF, or its designee, will determine how many points have been earned for the associated Performance Standard and a total score will be calculated for each MCE. Meeting all Performance Standards will earn the MCE a score of 100%.

Unless otherwise noted in this specification document, MCEs must achieve all components of a Performance Standard to earn the assigned points.

For Performance Standards calculated quarterly, the MCE may earn 1 point for each quarter in which the standard is met.

For Performance Standards calculated annually, the MCE may earn the full annual point value only if the standard is met at the end of the fiscal year.

All Performance Standards are all-or-nothing for their designated measurement period. An MCE cannot earn partial or prorated points (e.g., 0.5 points) if the standard is not fully met for the applicable measurement period.

FY 2026-27 RAE Performance Standards

Total Number of Performance Standards	Total Number of FY 2026-27 Exemptions	Total Annual Points
51	9 (9 points)	97

FY 2026-27 Denver Health and PRIME Performance Standards

Total Number of Performance Standards	Total Number of FY 2026-27 Exemptions	Total Annual Points
44	7 (7 points)	84

FY 2026-27 Exempt Performance Standards

Performance Standard	*Description of Exemption*
#3 (MCEs)	Contractor shall achieve a Department and MCE agreed-upon performance target regarding compliance with timely access to care standards as determined by an independent secret shopper survey. Contractor shall not be held accountable for this Performance Standard until SFY 2027-28 or later as determined by the Department.
#12 (MCEs)	Contractor shall achieve a Department and MCE agreed-upon performance target for the percentage of Members who are enrolled in PSH but are waiting to move into a permanent housing arrangement who received Care Coordination from Contractor or Contractor's delegated or Subcontracted entities during the previous quarter. Contractor shall not be held accountable for this Performance Standard until SFY 2027-28 or later as determined by the Department.
#13 (RAE Only)	Contractor shall achieve a two-percentage point annual increase in adoption of the eConsult benefit by PCMPs using any Department-approved platform. Contractor shall not be held accountable for this Performance Standard until SFY 2027-28 or later as determined by the Department.
#14 (RAE Only)	Contractor shall achieve a Department and MCE agreed-upon percent of PCMPs who submitted an eConsult within the past 12 months. Contractor shall not be held accountable for this Performance Standard until SFY 2027-28 or later as determined by the Department.

Performance Standard	*Description of Exemption*
#15 (MCEs)	Contractor shall achieve a Department and MCE agreed-upon improvement target for training and supporting Network Providers and Health Neighborhood entities in accessing and using the SHIE. Contractor shall not be held accountable for this Performance Standard until SFY 2027-28 or later as determined by the Department.
#21 (RAE Only)	Contractor shall ensure that 90% of Members who receive Mobile Crisis Response services receive timely follow-up outreach in accordance with the BHA Rule and MCR service definition. Contractor shall not be held accountable for this Performance Standard until SFY 2027-28 or later as determined by the Department.
#36 (MCE)	The Department and MCEs shall mutually agree upon a performance target and methodology for annual performance improvement for the ED Visit performance metric. Contractor shall not be held accountable for this Performance Standard until SFY 2027-28 or later as determined by the Department.
#40 *(PRIME & DH ONLY)*	Contractor shall ensure that the CMS defined eligible population receives at least one qualifying oral evaluation during the measurement year. Contractors shall meet or exceed the statewide rate for oral evaluations, as calculated by the Department.
#50 (MCE)	Contractor shall achieve a Department and MCE agreed upon performance target for reducing disparities among the Contractor's assigned region for Child and Adolescent Well Visits, CMS Core Measure, as identified in Contractor's Healthy Colorado for All Plans. Contractor shall not be held accountable for this Performance Standard prior to SFY 2027-28 or later as determined by the Department.
#51 (MCE)	Contractor shall achieve a Department and MCE agreed upon performance target for reducing disparities among the Contractor's assigned region for Child and Adolescent Well Visits, CMS Core Measure, as identified in Contractor's Healthy Colorado for All Plans. Contractor shall not be held accountable for this Performance Standard prior to SFY 2027-28 or later as determined by the Department.

Performance Standard Finalization

HCPF worked with the MCEs to finalize the program measures prior to the start of FY 2026-27. Each Performance Standard has one of the following finalization statuses:

Final: Discussed with MCEs, no additional changes anticipated.

Pending Final: In final form, may be edited based on practice calculations and/or further discussions.

Draft: Under development, HCPF anticipates future edits based on initial reporting or practice calculations.
Rewrite: Identified as requiring substantial edits or reconceptualization.
Exempt: Exempt for the fiscal year listed. Points will automatically be allocated

Performance Standard Calculations

HCPF and the MCEs will meet periodically throughout the fiscal year to review Performance Standard data. After the end of the fiscal year, HCPF will calculate MCE performance on each Performance Standard and determine the MCE's final score. MCEs will have the opportunity to review HCPF calculations, subject to the terms defined in Reconsideration Request.

HCPF uses the following terminology as it relates to reporting and calculations:

Frequency of Calculation: The measurement period for which points will be assigned.
Annual Measure Weight*:* The total number of points available for each Performance Standard.

HCPF recognizes the time constraints associated with the data sources used to calculate Performance Standards. HCPF will calculate a tentative score for each Performance Standard within one to three months following the close of the reporting period, in alignment with the standard's defined Frequency of Calculation. This preliminary score will reflect all data available at the time of calculation.

To account for data submission timelines and run-out reporting, all Performance Standard calculations will be re-run approximately six months after the end of the state fiscal year to ensure accuracy and completeness.

Example:
If the data source for a performance standard is reported monthly through the MCE Data Element Files and the standard is calculated quarterly with four points available:

- The final MCE data files are due 15 days after the end of the reporting quarter.
- HCPF will calculate a tentative score approximately 30 days after the final data submission for that quarter.
- After the close of the fiscal year, HCPF will recalculate the quarterly scores to incorporate any additional data or corrections submitted after the original deadline.

HCPF will apply standard rounding conventions when determining whether a Performance Standard is met. Values equal to or greater than 0.50 will be rounded up to the nearest whole number, and values less than 0.50 will be rounded down. Rounding will only be applied when it changes the determination of whether the Performance Standard is met.

Financial Implications

MCEs will be responsible for reinvesting the following amount of funding to the Commitment to Quality Program following HCPF's determination of the percent of the Performance Standard points an MCE has met during the previous State Fiscal Year.

FY 2026-27 MCE Profit Margin Reinvestment Requirements

Percent of Performance Standards Met	Required Profit Margin Reinvestment
90% or more	0%
85-89%	5%
80-84%	15%
Less than 80%	25%

Reinvestment calculations will occur following HCPF's acceptance of each MCE's corresponding SFY annual Medicaid Reporting Template (MRT). If an MCE does not report any profit margin on the SFY MRT, then the MCE will not be required to reinvest funds.

Contractor and HCPF shall agree on the profit margin reinvestment methodology. MCEs shall bear the responsibility of proving that financial contributions are deducted from their profit margin during the quarterly financial review meetings with HCPF.

MCEs shall not pass on the cost of profit margin reinvestment to their network providers or subcontractors. MCEs shall not absorb the cost of this reinvestment by reducing staff or resources dedicated to meeting their contract requirements, or other actions that would likely have a negative impact on members or network providers.

Profit Margin Calculation

Each MCE's financial contribution requirement for not meeting Performance Standard minimums, as defined above, shall be made from their profit margin. Profit margin is defined as the difference between total revenue earned and total expense for the annual performance period. The annual MRT will be the data source for defining MCE's profit margin.

Reconsideration Request

The percentage of Performance Standards met will be calculated by HCPF, with some Performance Standards determined by the External Quality Review Organization (EQRO). MCEs will have the opportunity to review these calculations.

In the event the MCE either does not agree with HCPF calculations or has low denominator concerns, the MCE will have the opportunity to submit a Reconsideration Request within 15 business days of receiving the final results of each individual Performance Standard. HCPF will review and issue a decision in line with agreed upon contractual requirements for each individual Reconsideration Request.

Reconsideration Request required information:

- MCE name, date, fiscal year, quarter, name/title of person submitting request, Performance Standard in dispute.
- Detailed description and supporting documentation for the reconsideration.

HCPF review and determination:

- Reconsideration Requests will either be:
    - Approved: HCPF will note whether discrepancies will be remediated or that no further action is required.
    - Denied: HCPF will provide rationale for all denials.
- HCPF shall have the final authority to determine whether Performance Standards have been met in accordance with the MCE contract.
- If discrepancies are found between this specification document and the contract, the contract will take precedent.

Section 3: Data

Data Requirements

Each of the Performance Standards in the Commitment to Quality Program has specific data requirements and data sources. MCEs are responsible for submitting documentation/data in accordance with their contract or as defined in Section 5. If discrepancies are found between this specification document and the contract, the contract will take precedent.

HCPF, or its designee, will calculate MCE performance on each Performance Standard at the frequency defined in Section 5. The frequency of data calculation is specific to each Performance Standard.

Data Sources

Sources of data for Performance Standards include:

- MCE Data Element Files
- Contract Deliverables
- Claims Data
- Utilization Management (UM) Monthly File
- HSAG compliance audit reports
- MCE Attestations
- HCPF Smartsheet Deliverable Tracking Tool
- HCPF MCE Ad Hoc Deliverable Tracking Tool
- RAE/MCO Roster Report

Data Submission

MCEs are responsible for submitting data to calculate Performance Standards in accordance with the contract, related deliverable templates or as defined in Section 5 of this specification document. Specifications for the timeline and data source requirement for individual Performance Standards are outlined in Section 5.
MCEs are not responsible for submitting data reported by HCPF, or its designee.

MCE Data Sources

Data	Due Date	Submission Method
MCE Data Element Files	According to the MCE Monthly Data Specifications	MOVEit
Contract Deliverables	In line with contract deliverable due date	MOVEit
UM Monthly File	According to the UM Monthly Data Specifications	According to the UM Monthly Data Specs
MCE Attestations	Oct. 1, unless otherwise specified	MOVEit

Section 4: Baselines and Targets

Evaluation and Baseline Periods

The evaluation and performance period for the Commitment to Quality Program is the State Fiscal Year (July 1 through June 30).

Baselines, where applicable, are specific to each Performance Standard.

Target Setting Methodology

Each Performance Standard has its own target and performance measurement methodology.

HCPF and MCEs will work to establish performance targets for specified Performance Standards. HCPF reserves the right to set a performance target based on historical data submitted by the MCEs if the MCEs and HCPF cannot establish a mutually agree-upon performance target.

Section 5: Performance Standards

Performance Standard #1: (MCE) *Network adequacy, at least two network providers per provider type*

Contract Reference

- RAE: 5.5.8.1.1
- PRIME: 5.5.8.1.1
- DH: 5.5.8.1.1

Performance Standard

At least 90% of Members have a choice of at least two Network Providers per Provider Type listed in Table A within the maximum time or the maximum distance for the Member's county classification.

Measure Note

Reference contract section 5.5.7 for Table A

Measure Numerator

For each of the network provider types specified below and identified in contract, HCPF will use NAV results reported by the EQRO to determine whether an MCE has met the 90% member threshold for members assigned to the MCE who reside within the MCE's regional boundaries and who have access to at least two network providers within the maximum time or distance standard defined in contract.

Numerator Additional Details

There will be eight separate provider type (Table A in contract section 5.5.7.) calculations for the RAEs. RAEs will earn 0.5 points for each provider type listed below for which HCPF determines the RAE has met the Performance Standard.

1. Primary Care - Adult
2. Primary Care - Pediatric
3. Outpatient Clinical Mental Health - Adult
4. Outpatient Clinical Mental Health - Pediatric
5. General Pediatric Psychiatrists and Other Psychiatric Prescribers
6. General Adult Psychiatrists and Other Psychiatric Prescribers
7. Substance Use Disorder (SUD) Treatment Practitioners -Adult
8. SUD Treatment Practitioners -Pediatric

There will be eight separate provider type (selected from Table A of each contract) calculations for the MCOs. MCOs will earn 0.5 points for each provider type listed below for which HCPF determines the MCO has "met" the Performance Standard.

1. Pharmacies
2. Gynecology
3. Primary Care - Adult
4. Primary Care - Pediatric

5. Cardiology - Adult
6. Cardiology - Pediatric
7. Surgery - Adult
8. Surgery - Pediatric

Measure Denominator
The eight provider types listed above for RAEs and MCOs respectively.

Finalization Status
Final

Frequency of Calculation
Annual

Annual Measure Weight
4

Reporting Entity
MCE with HSAG validation

Data Source
Quarter 3 HCPF_MCE_COMPARE_Results Report extracted from the NAV Tableau Dashboard

Measure Calculation
HCPF will calculate this metric using data from the Quarter 3 HCPF_MCE_COMPARE_Results Report extracted from the NAV Tableau Dashboard.

- HCPF will determine whether or not an MCE has met the requirement of 90% based on the EQRO's NAV processes and findings for the third quarter of the state fiscal year as reported in the HCPF_MCE_COMPARE_Results Report extracted from the NAV Tableau Dashboard. Documentation for the EQRO Network Adequacy Validation process can be found in the FY 2026-27 NAV Protocol.
- The MCEs will report and the EQRO will validate the total number of adult and pediatric members residing within each contracted county type separately.
    - Adult: Total sum of members 21 years and older residing within time and distance standards for all contracted counties.
    - Pediatric: Total sum of members younger than 21 years residing within time and distance standards for all contracted counties.
    - County Types: Large Metro, Metro, Micro, Rural, and Counties with Extreme Access Considerations (CEAC).
- The MCEs will report and the EQRO will validate the number of adult and pediatric members who meet the contract requirements within each contracted county type. HCPF will aggregate each category for performance standard calculation.

- The total sum of adult and pediatric members who have access within the contracted time and distance standards will then be divided by the total number of adult and pediatric members assigned to the MCE to get to a percentage of compliance.
    - HCPF will provide a report to each individual MCE with the MCE's reporting, the EQRO's validation results, and HCPF's determination of whether the MCE met the 90% threshold or not.
- In the cases where MCE's own reporting identifies the MCE meets the member threshold for network access standards, but the EQRO reports that the MCE did not meet the standard, HCPF shall make a final determination of whether or not the MCE meets the member threshold for the network access standards.
    - HCPF will compare the MCE's reported total percent of members with access to the HSAG reported total percent of members with access.
        - If the difference is less than 5% (after rounding to a whole number), HCPF will accept the MCE's result and award .5 point for that provider type.
        - If the difference is 5% or greater, HCPF will rely on the EQRO's result and award 0 points for that provider type.
    - HCPF's decision is final.
- If an MCE's results often differ from the EQRO's findings, HCPF and the EQRO may provide technical assistance to help improve the accuracy of future reporting.
- Members excluded from all calculations:
    - Members who reside in counties that have HCPF-approved exemptions.
    - Members assigned to an MCE who reside outside of the MCE's contracted counties.

Performance Standard #2: (MCE) *Network adequacy, at least one network provider per provider type*

Contract Reference:

- RAE: 5.5.8.1.2
- PRIME: 5.5.8.1.2
- DH: 5.5.8.1.2

Performance Standard

At least 95% of Members have at least one Network Provider per Provider Type listed in Table A within the maximum time or the maximum distance for the Member's County classification.

Measure Note

Reference contract section 5.5.7 for Table A

Measure Numerator

For each of the network provider types specified below and identified in contract, HCPF will use NAV results reported by the EQRO to determine whether an MCE has met the 95% member threshold for members assigned to the MCE who reside within the MCE's regional boundaries and who have access to at least one Network Provider within the maximum time or distance standard defined in contract.

Numerator Additional Details

There will be eight separate provider type (Table A in contract section 5.5.7.) calculations for the RAEs. RAEs will earn 0.5 points for each provider type listed below for which HCPF determines the RAE has met the Performance Standard.

1. Primary Care - Adult
2. Primary Care - Pediatric
3. Outpatient Clinical Mental Health - Adult
4. Outpatient Clinical Mental Health - Pediatric
5. General Pediatric Psychiatrists and Other Psychiatric Prescribers
6. General Adult Psychiatrists and Other Psychiatric Prescribers
7. SUD Treatment Practitioners - Adult
8. SUD Treatment Practitioners - Pediatric

There will be eight separate provider type (selected from Table A in each contract) calculations for the MCOs. MCOs will earn 0.5 point for each provider type listed below for which HCPF determines the MCO has met the Performance Standard.

1. Pharmacies
2. Gynecology
3. Primary Care - Adult
4. Primary Care - Pediatric
5. Cardiology - Adult
6. Cardiology - Pediatric

7. Surgery - Adult
8. Surgery - Pediatric

Measure Denominator
The 8 Provider Types listed above for RAEs and MCOs respectively.

Finalization Status
Final

Frequency of Calculation
Annual

Annual Measure Weight
4

Reporting Entity
MCE with HSAG Validation

Data Source
Quarter 3 HCPF_MCE_COMPARE_Results Report extracted from the NAV Tableau Dashboard

Measure Calculation
HCPF will calculate this metric using data from the Quarter 3 HCPF_MCE_COMPARE_Results Report extracted from the NAV Tableau Dashboard.

- HCPF will determine whether or not an MCE has met the requirement of 95% based on the EQRO's NAV processes and findings for the third quarter of the state fiscal year as reported in the HCPF_MCE_COMPARE_Results Report extracted from the NAV Tableau Dashboard. Documentation for the EQRO process can be found in the FY 2026-27 NAV Protocol.
- The MCEs will report and the EQRO validate the total number of adults and pediatric members residing within each contracted county type separately.
    - Adult: Total sum of members 21 years and older residing within time and distance standards for all contracted counties.
    - Pediatric: Total sum of members younger than 21 years residing within time and distance standards for all contracted counties.
    - County Types: Large Metro, Metro, Micro, Rural, and Counties with Extreme Access Considerations (CEAC).
- The MCEs will report and the EQRO will validate the number of adult and pediatric members who meet the contract requirements within each contracted county type. HCPF will aggregate each category for performance standard calculation. The total sum of adult and pediatric members who have access within the contracted time and distance standards will then be divided

by the total number of adult and pediatric members residing in the contracted regions to get to a percentage of compliance.
    - HCPF will provide a report to each individual MCE with the MCE's reporting, the EQRO's validation results, and HCPF's determination of whether the MCE met the 90% threshold or not.
- In the cases where MCE's own reporting identifies the MCE meets the member threshold for network access standards, but the EQRO reports that the MCE did not meet the standard, HCPF shall make a final determination of whether or not the MCE meets the member threshold for the network access standards.
    - HCPF will compare the MCE's reported total percent of members with access to the EQRO reported total percent of members with access.
        - If the difference is less than 5% (after rounding to a whole number), HCPF will accept the MCE's result and award .5 points for that provider type.
        - If the difference is 5% or greater, HCPF will rely on the EQRO's result and award 0 points for that provider type.
    - HCPF's decision is final.
- If an MCE's results often differ from the EQRO's findings, HCPF and the EQRO may provide technical assistance to help improve the accuracy of future reporting.
- Members excluded from all calculations:
    - Members who reside in counties that have HCPF-approved exemptions.
    - Members who reside in counties outside the MCE's contracted counties.

Performance Standard #3: FY 2026-27 Exemption (MCE) *Network adequacy, timely access to care, secret shopper survey*

Contract Reference

- RAE: 5.5.10.1
- PRIME: 5.5.10.6.1.
- DH: 5.5.9.10.

Performance Standard

Contractor shall achieve a Department and MCE agreed-upon performance target regarding compliance with timely access to care standards as determined by an independent secret shopper survey. Contractor shall not be held accountable for this Performance Standard until SFY 2027-28 or later as determined by the Department.

Finalization Status

Exempt FY 2026-27

Measure Notes

- This Performance Standard is exempt from measurement in FY 2026-27.
    - All MCEs will receive 1 point for FY 2026-27 for this performance standard.

Performance Standard #4: (MCE) *Cultural and disability competency training*

Contract Reference

- RAE: 3.3.3.3
- Prime: 3.3.3.3
- DH: 3.3.3.3

Performance Standard
90% of all Contractor staff shall have completed training in cultural and disability competence annually.

Measure Numerator
Number of Contractor staff employed for at least 60 days during the performance period who completed cultural and disability competence training.

Numerator Additional Details

- If an individual is counted in the numerator, they should also be counted in the denominator.
- Numerator includes any MCE-employed staff who completed the training even if they are no longer employed by the MCE.

Measure Denominator
Total number of MCE staff employed for at least 60 days at any time during the fiscal year.

Denominator Additional Details

- If an individual is counted in the numerator, they should also be counted in the denominator.
- Contractor staff includes all MCE-employed staff (full-time and part-time).

Finalization Status
Final

Frequency of Calculation
Annual, attestation due Oct. 1

Annual Measure Weight
1

Reporting Entity
MCE

Data Source
MCE attestation

Measure Calculation

MCE to submit an attestation (Appendix A) documenting their compliance with this Performance Standard. Attestation should be submitted through MOVEit.

Performance Standard #5: (MCE) *Network providers offer cultural and disability competency training*

Contract Reference:

- RAE: 3.3.3.4
- MCO: 3.3.3.4.

Performance Standard
Contractor shall ensure that 90% of Network Providers offer cultural and disability competency training for staff annually or that Network Providers and their staff have the opportunity to participate in Contractor-offered cultural and disability competency training on an annual basis.

Measure Numerator
Number of network providers who offered staff the opportunity to participate in cultural and disability competency training provided by either the Network Provider or MCE.

Numerator Additional Details

- MCE may offer training in cultural and disability competency in-person or by offering network providers access to video-based training.

Measure Denominator
Total number of network providers during the fiscal year.

Denominator Additional Details

- Network providers are defined at the site level.

Finalization Status
Final

Frequency of Calculation
Annual, attestation due Oct. 1

Annual Measure Weight
1

Reporting Entity
MCE

Data Source
MCE attestation

Measure Calculation

MCE to submit an attestation (Appendix B) documenting their compliance with this Performance Standard. Attestation should be submitted through MOVEit.

Performance Standard #6: (MCE) *Single case agreements*

Contract Reference
- RAE: 5.4.8.1.3.1
- PRIME: 5.4.1.3.1
- DH: 5.4.1.1.3.1.

Performance Standard
90% of Single Case Agreements shall be executed within 14 Calendar Days of a Member's or Provider's submission of a written request for a Single Case Agreement with an identified, Medicaid-enrolled Provider.

Measure Numerator
Total number of Single Case Agreements (SCA) executed within 14 calendar days of a member's or provider's written request.

Numerator Additional Details
- Equation: SCA Execution Date - SCA Request Date <= 14 calendar days
- Definitions:
    - SCA Execution Date = Date the agreement is completed with all necessary fields and signatures from all parties involved.

Measure Denominator
Total number of SCA requests from members or providers during the reporting period.

Denominator Additional Details
- Data Element: SCA Request Date
- Only SCAs received in writing are included.
- SCA requests must have all required information included and be with an identified, Medicaid-enrolled provider.

Finalization Status
Final

Frequency of Calculation
Annual

Annual Measure Weight
1

Reporting Entity
MCE

Data Source
MCE Data Element Files

- RAE Provider ID (RAE ID)
- Provider ID (Provider ID)
- SCA Indicator (Y/N) (Y/N indicator whether the contract is for a single case agreement)
- SCA Request Date (date the single case agreement is requested)
- SCA Execution Date (date the provider contract is signed by both parties)

Measure Calculation
This measure will be calculated by HCPF.

Performance Standard #7: (MCE) *Network provider complaints resolution*

Contract Reference

- RAE: 9.2.5.2.2
- MCO: 9.2.5.2.2

Performance Standard

80% of Network Provider complaints submitted to the Department and Contractor shall be resolved by Contractor, within 30 calendar days after Contractor's receipt of Provider complaint.

Definitions and Information Regarding the Performance Standard

- Complaint is defined as any communication of dissatisfaction by a provider. Complaints are limited to those that are actionable and are:
    - Received by HCPF through the Managed Care Provider Escalation Request Form and forwarded to the MCE
    - Received by HCPF staff through other methods, including verbal and written complaints, and forwarded to the MCE
    - Received by the MCE through its official provider call line
    - Received by MCE through formal mechanisms the MCE publicizes to its providers including, but not limited to, web-based forms and email addresses.
- Provider complaints do not include provider inquiries. Provider inquiries are a request for information that does not include an expression of dissatisfaction.
- Emails and voicemails received directly by staff outside of the provider call center or other formal mechanisms may be excluded from the Performance Standard calculations unless the MCE chooses and has mechanisms to track these along with other provider complaints.
- For a complaint to be determined Resolved the MCE must have either:
    - Provided a response which appears to have been accepted by the provider (for example, a response by the MCE that does not generate further complaints or communication of dissatisfaction by the provider with the proposed resolution), or
    - Made a good faith effort to rectify the complaint to the best of the MCE's ability. The MCE should be prepared to share information regarding its attempts to come to a resolution upon HCPF's request.
    - Provided a response that explains why a particular complaint may not be resolved based on federal requirements, state requirements, contract requirements, national best practices, or other generally recognized standards of clinical care and health plan operations.
- More complex complaints requiring extended time may be determined resolved if the MCE and provider have agreed upon a Resolution Plan Implemented,

and/or the MCE has clearly communicated its processes and timeline for resolving the identified problem.

Measure Numerator
Number of complaints resolved within 30 calendar days during the reporting period.

Numerator Additional Details
- Equation: Provider Complaint Resolution Date - Provider Complaint Received Date <= to 30 calendar days

Measure Denominator
Total number of network provider complaints received by the MCE during the reporting period.

Denominator Additional Details
- Data Element: Provider Complaint Received Date
- Data Element: Provider Complaint submitted to = Department or MCE
- Clarification: This includes network provider complaints submitted to HCPF or the MCE as long as complaints received by HCPF have been communicated to the MCE.

Finalization Status
Final

Frequency of Calculation
Quarterly

Annual Measure Weight
4

Reporting Entity
MCE

Data Source
MCE Data Element Files
- RAE Provider ID (Region ID)
- Provider Complaint ID (the provider complaint tracking number from HCPF's tracker). This should be left blank if complaint is from another source.
- Provider Complaint Received Date (date the MCE receives the complaint)
- Provider Complaint Resolution Date (date the complaint is resolved by the MCE)

Measure Calculation
This measure will be calculated by HCPF.

Performance Standard #8: (MCE) *90% of Provider complaints are outreached within two business days*

Contract Reference
- RAE: 9.2.4.1.1
- MCO: 9.2.4.1.1

Performance Standard
90% of Providers who expressed a complaint to the Department are outreached by the Contractor within two Business Days of the Department informing Contractor of the complaint.

Measure Numerator
Number of complaints reported to the MCE from HCPF that received outreach within 2 business days of MCE receiving the complaint.

Numerator Additional Details
- Equation: Provider Complaint Response Date – Provider Complaint Received Date <=2 Business days

Measure Denominator
Total number of network provider complaints expressed to HCPF that were received by the MCE during the reporting period.

Denominator Additional Details
- Data Element: Provider Complaint Received Date
- Data Element: Provider Complaint Submitted to = Department
- This includes all provider complaints expressed to HCPF and sent to the MCE's Program Officer and/or Contract Manager including, but not limited to, complaints that are received through the Managed Care Provider Escalation Request form and assigned a Ticket Number (TN).

Finalization Status
Final

Frequency of Calculation
Annual

Annual Measure Weight
1

Reporting Entity
MCE

Data Source

MCE Data Element Files

- RAE Provider ID (Region ID)
- Provider Complaint ID (the provider complaint tracking number from HCPF's tracker)
- Provider Complaint Submitted To (indicator for whether the complaint was submitted to HCPF or the MCE) = Department
- Provider Complaint Received Date (date the MCE receives the complaint from HCPF)
- Provider Complaint Response Date (date and time the MCE initially responded to the complaint, which may include first outreach attempt, first discussion of the complaint, conversation to gather additional information, providing a response, or other communication necessary to move toward a resolution.)

Measure Calculation

This measure will be calculated by HCPF.

Performance Standard #9: (MCE) *98% of Provider complaints are outreached within five business days*

Contract Reference
- RAE: 9.2.4.1.2
- MCO: 9.2.4.1.2

Performance Standard
98% of Providers who expressed a complaint to the Department are outreached by the Contractor within five Business Days of the Department informing Contractor of the complaint.

Measure Numerator
Number of complaints reported to the MCE from HCPF that received outreach within 5 business days of MCE receiving the complaint.

Numerator Additional Details
- Equation: Provider Complaint Response Date – Provider Complaint Received Date <=5 Business days

Measure Denominator
Total number of network provider complaints expressed to HCPF that were received by the MCE during the reporting period.

Denominator Additional Details
- Data Element: Provider Complaint Received Date
- Data Element: Provider Complaint Submitted to = Department
- This includes all provider complaints expressed to HCPF and sent to the MCE's Program Officer and/or Contract Manager including, but not limited to, complaints that are received through the Managed Care Provider Escalation Request form and assigned a Ticket Number (TN).

Finalization Status
Final

Frequency of Calculation
Annual

Annual Measure Weight
1

Reporting Entity
MCE

Data Source

MCE Data Element Files

- RAE Provider ID (Region ID)
- Provider Complaint ID (the provider complaint tracking number from HCPF's tracker)
- Provider Complaint Submitted To (indicator for whether the complaint was submitted to HCPF or the MCE) = Department
- Provider Complaint Received Date (date the MCE receives the complaint)
- Provider Complaint Response Date (date and time the MCE responds to the complaint)

Measure Calculation

This measure will be calculated by HCPF.

Performance Standard #10: (MCE) *Provider call line compliance*

Contract Reference
- RAE: 9.2.3.4.1
- PRIME: 9.2.3.4.1
- DH: 9.2.3.4.1

Performance Standard
97% compliance with Provider call line contract management requirements.

Measure Notes
This performance standard includes four call line contract management requirements.
- **Call Line Contract Management Requirement 1**: Contractor shall ensure that no more than 5% of calls are abandoned in any calendar month. A call shall be considered abandoned if the caller hangs up after that caller has waited in the call queue for 180 seconds or longer.
- **Call Line Contract Management Requirement 2**: In any calendar month, Contractor shall ensure that the average length of time callers are waiting in the call queue before the call is answered is 2 minutes or less.
- **Call Line Contract Management Requirement 3**: Contractor shall have no more than five phone calls with a maximum of a 10-minute delay or longer during any five consecutive Business Days.
- **Call Line Contract Management Requirement 4:** Contractor shall have no calls with a maximum delay of 20 minutes or longer.

Measure Numerator
Total number of points earned by the MCE in accordance with the Measure Calculation specifications below.

Measure Denominator
128 total points

Finalization Status
Final

Frequency of Calculation
Annual

Annual Measure Weight
1

Reporting Entity
MCE

Data Source

Contracting and Provider Responsiveness Report Deliverable

Measure Calculation
This Performance Standard will be calculated by HCPF at the end of the fiscal year using data reported by the MCEs in the Contracting and Provider Responsiveness Report Deliverable. There is a total of 128 points corresponding to 128 calculations over the course of the year.

Call Line Contract Management Requirement 1:
- This contract management requirement is considered met if: percent of abandoned calls <= 5%
- Calculation: Calculate for each month during the fiscal year (12 calculations)

Call Line Contract Management Requirement 2:
- This contract management requirement is considered met if: Average length of time callers are waiting <= 120 seconds
- Calculation: Calculate for each month during the fiscal year (12 calculations)

Call Line Contract Management Requirement 3:
- This contract management requirement is considered met if: number of calls with maximum delay of 10 mins or longer <= 5
- Calculation: Calculate for each week during the fiscal year (52 calculations)

Call Line Contract management requirement 4:
- This contract management requirement is considered met if: number of calls with maximum delay of 20 mins or longer <= 0
- Calculation: Calculate for each week during the fiscal year (52 calculations)

128 Total Points= 100%
127 Points= 99%
126 Points= 98%
125 Points= 98%
124 Points= 97%

Measure Reporting Additional Details
- MCEs will report data monthly in the Contracting and Provider Responsiveness Report.
- The ACC team will review deliverables to assess compliance with all call line contract management requirements outlined in the contract.
- At the end of the fiscal year, the ACC team will count all discrepancies over the course of the fiscal year.

Performance Standard #11: (RAE) *Primary Care Medical Provider (PCMP) network's completion of the Practice Assessment Tool*

Contract Reference
- RAE: 9.7.6.3
- PRIME: N/A
- DH: N/A

Performance Standard
Contractor shall ensure that 90% of PCMPs complete the Practice Assessment Tool.

Measure Numerator
Total number of PCMP sites who have completed the practice assessment tool for the current fiscal year.

Measure Numerator Details
- Data Element: Practice Assessment Tool Completion
    - MCEs to report Practice Assessment Tool completion that corresponds with the current State Fiscal Year, regardless of when the assessment was completed.

Measure Denominator
Total number of PCMPs contracted with MCE

Finalization Status
Final

Frequency of Calculation
Annual

Annual Measure Weight
1

Reporting Entity
MCE

Data Source
MCE Data Element Files
- RAE Provider ID
- Provider ID
- Practice Assessment Tool Completion (Y/N Indicator)

Measure Calculation
This measure will be calculated by HCPF.

Performance Standard #12: FY 2026-27 Exemption (MCE) *Members enrolled in Permanent Supportive Housing (PSH) waiting to move into permanent housing*

Contract Reference

- RAE: 6.3.9.3.2.2.1
- PRIME: 6.3.9.2.2.2.1.2
- DH: 6.3.9.2.2.2.1.1.1

Performance Standard

Contractor shall achieve a Department and MCE agreed-upon performance target for the percentage of Members who are enrolled in PSH but are waiting to move into a permanent housing arrangement who received Care Coordination from Contractor or Contractor's delegated or Subcontracted entities during the previous quarter. Contractor shall not be held accountable for this Performance Standard until SFY 2027-28 or later as determined by the Department.

Finalization status

Exempt FY 2026-27

Measure Notes

- This Performance Standard is exempt from being measured for FY 2026-27.
    - All MCEs will receive 1 point for FY 2026-27 for this Performance Standard.

Performance Standard #13: FY 2026-27 Exemption (RAE) *Annual increase in adoption of the eConsult benefit by PCMP*

Contract Reference

- RAE: 9.6.6.3.5
- PRIME: N/A
- DH: N/A

Performance Standard

Contractor shall achieve a two-percentage point annual increase in adoption of the eConsult benefit by PCMPs using any Department-approved platform. Contractor shall not be held accountable for this Performance Standard until SFY 2027-28 or later as determined by the Department.

Finalization Status

Exempt FY 2026-27

Measure Notes

- This Performance Standard is exempt from being measured for FY 2026-27.
    - All RAEs will receive 1 point for FY 2026-27 for this Performance Standard.

Performance Standard #14: FY 2026-27 Exemption (RAE) *Percent of PCMPs who submitted an eConsult*

Contract Reference

- RAE: 9.6.6.3.6
- PRIME: N/A
- DH: N/A

Performance Standard

Contractor shall achieve a Department and MCE agreed-upon percent of PCMPs who submitted an eConsult within the past 12 months. Contractor shall not be held accountable for this Performance Standard until SFY 2027-28 or later as determined by the Department.

Finalization Status

Exempt FY 2026-27

Measure Notes

- This Performance Standard is exempt from being measured for FY 2026-27.
    - All RAEs will receive 1 point for FY 2026-27 for this performance standard.

Performance Standard #15: FY 2026-27 Exemption (MCE)
Training and supporting network providers in using the Social Health Information Exchange (SHIE)

Contract Reference

- RAE : 9.6.6.4.4
- MCO: 9.6.6.4.4

Performance Standard

Contractor shall achieve a Department and MCE agreed-upon improvement target for training and supporting Network Providers and Health Neighborhood entities in accessing and using the SHIE. Contractor shall not be held accountable for this Performance Standard until SFY 2027-28 or later as determined by the Department.

Finalization status

Exempt FY 2026-27

Measure Notes

- This Performance Standard is exempt from being measured for FY 2026-27.
    - All MCEs will receive 1 point for FY 2026-27 for this Performance Standard.

Performance Standard #16a: (RAE) *Authorization requests not associated with Special Connections*

Contract Reference

- RAE: 10.4.2.3.3
- PRIME: N/A
- DH: N/A

Performance Standard

95% of authorization requests for inpatient and residential services not associated with the Special Connections program determined within 72 hours following Contractor's receipt of the request for service.

Measure Numerator

Total number of authorizations requests for mental health and/or substance use disorder inpatient and residential services determined within 72 hours during the reporting period.

Numerator Additional Details

- Equation: DECISION_TMSTMP - ACTION_TMSTMP <= 72 hours
- Includes initial authorizations only
- Exclusions:
    - Authorization requests for services associated with Special Connections.
    - Authorizations with approved extensions are not included
        - Data element specifications will be updated upon implementation of the extension flag in UM Monthly File.

Measure Denominator

Total number of authorization requests received for initiation of inpatient and residential mental health and/or substance use disorder services during the reporting period, excluding request for services associated with Special Connections.

Denominator Additional Details

Data Elements:

- ACTION_TMSTMP
- SERVICE_REQUESTED_CD=
    - IPP = Inpatient Psych
    - ATL = Adult MH Transitional Living
    - OBS = ED Observation
    - ATU = Acute Treatment Unit
    - CSU = Crisis Stabilization Unit
    - A37 = ASAM 3.7
    - A35 = ASAM 3.5
    - A33 = ASAM 3.3

    - A31 = ASAM 3.1
- REQU_TYPE_CD=IA (initial)
- AGENCY_MCAID_ID (Medicaid ID of the facility, agency, or group providing care. Must be an identifier that is unique to the organization).
- Exclusion: Authorization requests for services associated with Special Connections program
    - MCEs to note "Special Connections" in the DECISION_NOTES section of the UM file to designate if the request is Special Connections.
- Authorizations with approved extensions are not include in this performance standard.
    - Data elment specifications will be updated upon implementation of the extension flag in the UM Monthly File.

Finalization Status
Final

Frequency of Calculation
Quarterly

Annual Measure Weight
4

Reporting Entity
MCE

Data Source
UM Monthly File

Data Source
UM Monthly File

- MCE#_NBR (submitter's Managed Care Entity Number 1-8)
- AUTH_ID (Unique Authorization ID generated by the MCE that ties to the Decision ID. Multiple decision IDs may fall under the same Authorization ID)
- REQU_TYPE_CD (Request Type Code: initial (IA), continued / concurrent (CA), or historical (RE))
- SVC_SETTING_CD (code indicating the Service Setting requested)
- ACTION_TMSTMP (Date/Time of Request for Action (Auth, Appeal)
- AGENCY_MCAID_ID (Medicaid ID of the facility, agency, or group providing care. Must be an identifier that is unique to the organization)
- MEMBER_MCAID_ID (Member Medicaid ID)
- SERVICE_REQUESTED_CD
- DECISION_NOTES (special connections indicator)
- DECISION_TMSTMP (Date/Time of Decision)
- DECISION_STATUS_CD (The code indicating the status of the Decision)

Measure Calculation

This measure will be calculated by HCPF using data submitted through the UM Monthly file.

- Each quarter will be calculated on all authorization requests for mental health and/or substance use disorder inpatient and residential treatment received on any date during the quarter.
- MCE may earn 1 point for each performance quarter in which the MCE meets or exceeds the performance threshold.

Performance Standard #16b: (MCO) *Expedited authorization decisions within 72 hours*

Contract Reference
- RAE: N/A
- PRIME: 10.7.2.2.1.
- DH: 10.7.1.3.1.

Performance Standard
95% of expedited authorization decisions were determined within 72 hours following Contractor's receipt of the request for service.

Measure Notes
- This measure will exclude pharmacy authorizations
- This measure will exclude authorizations with approved extensions
- This measure will exclude authorizations completed by delegated entities
- Authorizations will be included as their final decisioned priority category

Measure Numerator
Total number of expedited authorizations requests for MCO covered services determined within 72 hours after MCO's receipt of the request for service during the reporting period.

Numerator Additional Details
- MCOs will attest to the total number of expedited authorizations completed within 72 hours of receipt
- Authorizations received at the end of the reporting period will count toward the quarter they were received
- Includes initial authorizations only

Measure Denominator
Total number of expedited service authorization requests received for initiation of MCO covered services during the reporting period.

Denominator Additional Details
- MCOs will attest to the total number of expedited authorizations received within the quarter

Finalization Status
Final

Frequency of Calculation
Quarterly, attestations are due 45 days after the end of the quarter

Annual Measure Weight
4

Reporting Entity
MCO

Data Source
MCO Attestation

Measure Calculation
MCO to submit an Attestation (Appendix H) documenting their compliance with this Performance Standard.

MCOs may be required to provide line-item records upon request from HCPF.

- Attestation should be submitted through MOVEit.

Performance Standard #17: (RAE) *Authorization requests for the Special Connections program*

Contract Reference

- RAE: 10.4.2.4.1
- PRIME: N/A
- DH: N/A

Performance Standard

95% of authorization requests for the Special Connections program determined within 24 hours following Contractor's receipt of the request for service.

Measure Numerator

Total number of authorizations requests for initial Special Connections determined within 24 hours during the reporting period.

Numerator Additional Details

- Equation: DECISION_TMSTMP - ACTION_TMSTMP <= 24 hours
- Includes initial authorizations only

Measure Denominator

Total number of authorization requests for the initiation of Special Connections program during the reporting period.

Denominator Additional Details

Data Elements:

- ACTION_TMSTMP
- REQU_TYPE_CD (Request Type Code: initial (IA)
- SERVICE_REQUESTED_CD=
    - A37 = ASAM 3.7
    - A35 = ASAM 3.5
    - A33 = ASAM 3.3
    - A31 = ASAM 3.1
- AGENCY_MCAID_ID (Medicaid ID of the facility, agency, or group providing care. Must be an identifier that is unique to the organization) Only include Special Connections
    - RAEs to note "Special Connections" in the DECISION_NOTES section of the UM file to designate if the request is Special Connections.
- Authorizations with approved extensions are not included in this performance standard.
    - Data element specifications will be updated upon implementation of the extension flag in UM Monthly File.

Finalization Status
Final

Frequency of Calculation
Quarterly

Annual Measure Weight
4

Reporting Entity
MCE

Data Source
UM Monthly File

- MCE#_NBR (Submitter's Managed Care Entity Number 1-8)
- AUTH_ID (Unique Authorization ID generated by the MCE that ties to the Decision ID. Multiple decision IDs may fall under the same Authorization ID)
- REQU_TYPE_CD (Request Type Code: initial (IA), continued / concurrent (CA), or historical (RE))
- ACTION_TMSTMP (Date/Time of Request for Action (Auth, Appeal)
- AGENCY_MCAID_ID (Medicaid ID of the facility, agency, or group providing care. Must be an identifier that is unique to the organization). Only include Special Connections
- MEMBER_MCAID_ID (Member Medicaid ID)
- SERVICE_REQUESTED_CD
- DECISION_NOTES (Special Connections indicator)
- DECISION_TMSTMP (Date/Time of Decision)
- DECISION_STATUS_CD (the code indicating the status of the Decision)

Measure Calculation
This measure will be calculated by HCPF

- Each quarter will be calculated on all authorization requests for the initiation of Special Connections program during the reporting period.
- RAE may earn 1 point for each performance quarter in which the RAE meets or exceeds the performance threshold.

Performance Standard #18a: (RAE) *Standard prior authorization requests determined within 7 calendar days*

Contract Reference

- RAE: 10.4.2.2
- PRIME: N/A
- DH: N/A

Performance Standard

95% of standard prior authorization requests will be determined within 7 calendar days following Contractor's receipt of the request for service.

Measure Numerator

Number of standard authorizations determined within 7 calendar days

Numerator Additional Details

- Equation: DECISION_TMSTMP - ACTION_TMSTMP <=7 days
- Authorizations with approved extensions are not included in this performance standard.
    - Data element specifications will be updated upon implementation of the extension flag in UM Monthly File.

Measure Denominator

Total number of standard authorization requests received during the reporting period.

Denominator Additional Details

Data Elements

- ACTION_TMSTMP
- REQU_TYPE_CD (Request Type Code: initial (IA), continued / concurrent (CA)
- SERVICE_REQUESTED_CD=
    - A25 = ASAM 2.5 Partial Hospitalization
    - A21 = ASAM 2.1 Intensive Outpatient SUD
    - IOP = Intensive Outpatient MH
    - PHP = Partial Hospitalization MH
    - ACT = Assertive Community Treatment
    - BHD = BH Day Treatment
    - PSR = Psychosocial Rehab
    - ECT = Electroconvulsive Therapy
    - NPT = Neuro/Psychological Testing
    - MST = Multisystemic Therapy
    - FFT = Functional Family Therapy
    - OOP = Other Outpatient Service
- Authorizations with approved extensions are not included in this performance standard.

- Data element specifications will be updated upon implementation of the extension flag in UM Monthly File.

Finalization Status
Final

Frequency of Calculation
Quarterly

Annual Measure Weight
4

Reporting Entity
MCE

Data Source
UM Monthly File

- MCE#_NBR (Submitter's Managed Care Entity Number 1-8)
- AUTH_ID (Unique Authorization ID generated by the MCE that ties to the Decision ID. Multiple decision IDs may fall under the same Authorization ID)
- ACTION_TMSTMP (Date/Time of Request for Action (Auth, Appeal)
- AGENCY_MCAID_ID (Medicaid ID of the facility, agency, or group providing care. Must be an identifier that is unique to the organization)
- MEMBER_MCAID_ID (Member Medicaid ID)
- SERVICE_REQUESTED_CD
- DECISION_NOTES (Special Connections indicator)
- DECISION_TMSTMP
- REQU_TYPE_CD

Measure Calculation
This measure will be calculated by HCPF.

- Each quarter will be calculated on all authorization requests for mental health and/or substance use disorder inpatient and residential treatment received on any date during the quarter.
- RAE may earn 1 point for each performance quarter in which the RAE meets or exceeds the performance threshold.

Performance Standard #18b: (MCO) *Standard authorization requests determined within 7 calendar days*

Contract Reference

- RAE: N/A
- PRIME: 10.7.2.1.3
- DH: 10.7.1.2

Performance Standard

95% of standard authorization requests will be determined within 7 calendar days following Contractor's receipt of the request for service.

Measure Notes

- This measure will exclude pharmacy authorizations
- This measure will exclude authorizations with approved extensions
- This measure will exclude authorizations completed by delegated entities
- Authorizations will be included as their final decisioned priority category

Measure Numerator

Number of standard authorizations for MCO covered services determined within 7 calendar days

Numerator Additional Details

- MCOs will attest to the total number of standard authorizations completed within 7 calendar days
- Authorizations received at the end of the reporting period will count toward the quarter they were received

Measure Denominator

Total number of standard service authorization requests received for initiation of MCO covered services during the reporting period.

Denominator Additional Details

- MCOs will attest to the total number of standard authorizations received within the quarter.

Finalization Status

Final

Frequency of Calculation

Quarterly, attestations are due 45 days after the end of the quarter

Annual Measure Weight

4

Reporting Entity
MCE

Data Source
MCO Attestation

Measure Calculation
MCO to submit an Attestation (Appendix H) documenting their compliance with this Performance Standard.

- MCOs may be required to provide line-item records upon request from HCPF.
- Attestation should be submitted through MOVEit.

Performance Standard #19: (RAE) *UM personnel completion of the American Society for Addiction Medicine (ASAM) Criteria UM course*

Contract Reference
- RAE: 10.4.5.1.1
- PRIME: N/A
- DH: N/A

Performance Standard
100% of Contractor Utilization Management personnel making Utilization Management decisions regarding SUD Covered Services must have completed the ASAM Criteria Utilization Management Course.

Measure Numerator
Number of UM personnel making decisions regarding SUD covered services who took ASAM Criteria Utilization Management training course

Measure Denominator
Total number of UM personnel making utilization Management decisions regarding SUD covered services

Finalization Status
Final

Frequency of Calculation
Annual, Attestation due Oct. 1

Annual Measure Weight
1

Reporting Entity
MCE

Data Source
RAE attestation

Measure Calculation
RAE to submit an Attestation (Appendix C) documenting their compliance with this Performance Standard.
- Attestation should be submitted through MOVEit.

Performance Standard #20: (RAE) *Members discharged from an Institution for Mental Disease (IMD) outreached within three days*

Contract Reference

- RAE: 8.4.11.4.6.1
- PRIME: N/A
- DH: N/A

Performance Standard

Contractor shall ensure that 85% of Members discharged from Colorado Mental Health Hospitals, Freestanding Psychiatric Hospitals, or other facility identified as an IMD have been outreached within 3 calendar days after the Member's discharge.

Measure Numerator

Number of members outreached within 3 calendar days of discharge from Colorado Mental Health Hospitals, Freestanding Psychiatric Hospitals, or other facility identified as an IMD within the reporting period.

Numerator Additional Details

- Equation: Outreach Date or Engagement Date - Discharge Date <= 3 calendar days
- Data Elements: Outreach Date, Engagement Date
- Outreach or Engagement on the same date and one day prior to IMD Discharge Date is included.

Measure Denominator

Total number of members discharged from Colorado Mental Health Hospitals, Freestanding Psychiatric Hospitals, or other facility identified as an IMD within the reporting period.

Denominator Additional Details

- Data Elements: RAE Provider ID, Member ID, Discharge Date, Discharge type=IMD
- Reference State Medicaid Manual, Section 4390 and HCPF's website for guidance on determining IMD facilities.
- MCEs will exclude reporting discharges with subsequent readmissions or transfers to inpatient settings within 72 hours in their discharge data element file

Finalization Status

Final

Frequency of Calculation

Quarterly

Annual Measure Weight
4

Reporting Entity
MCE

Data Source
MCE Data Element Files

- RAE Provider ID
- Member ID
- Discharge Date
- Discharge Type=IMD
- Outreach Date
- Engagement Date/Time

Measure Calculation
This measure will be calculated by HCPF.

Performance Standard #21: FY 2026-27 Exemption (RAE) *Mobile crisis response*

Contract Reference

- RAE: 8.4.12.3.1
- PRIME: N/A
- DH: N/A

Performance Standard

Contractor shall ensure that 90% of Members who receive Mobile Crisis Response (MCR) services receive timely follow-up outreach in accordance with the BHA Rule and MCR service definition. Contractor shall not be held accountable for this Performance Standard until SFY 2027-28 or later as determined by the Department.

Finalization Status

Exempt FY 2026-27

Measure Notes

- This Performance Standard is exempt from being measured for FY 2026-27.
    - All RAEs will receive 1 point for FY 2026-27 for this performance standard.

Performance Standard #22: (MCE) *Notices of Adverse Benefit Determinations*

Contract Reference
- RAE: 4.3.1.14
- PRIME: 4.3.1.14
- DH: 4.3.2.12

Performance Standard
95% of Notices of Adverse Benefit Determinations sent to Members correctly use the template provided by the Department.

Measure Notes
Reference the Adverse Benefit Determination (NoABD) Audit Guide for complete audit criteria details.

Measure Numerator
MCEs points earned on NoABD letter audit

Measure Denominator
100 audit points

Denominator Additional Details
- HCPF will review 20 NoABD letters for each MCE.
    - Each audited letter will be checked for 5 potential points
- Equation: 20 NoABD letters X 5 points=100 points

Finalization Status
Final

Frequency of Calculation
Annual

Annual Measure Weight
1

Reporting Entity
MCE

Data Source
Notices of Adverse Benefit Determination letters submitted to HCPF

Measure Calculation
This measure will be calculated by HCPF

Performance Standard #23: (MCE) *Appeals resolution*

Contract Reference
- RAE: 4.4.15.1.2
- PRIME 4.4.15.1.2
- DH: 4.5.3.1.2

Performance Standard
95% of Appeals shall be resolved within 10 business days after the day the Appeal was received.

Measure Numerator
Total number of standard appeals resolved less than or equal to 10 business days after the day the appeal was received during the reporting period.

Numerator Additional Details
- Equation: Appeal Resolution Date/Time - Appeal Received Date/Time <= 10 business days
- Exclusion:
    - Appeals with approved extensions are not included.

Measure Denominator
Total number of appeals received during the reporting period.

Denominator Additional Details
- Exclusion:
    - Appeals with approved extensions are not included.
        - Appeal Extension=Y

Finalization Status
Final

Frequency of Calculation
Annual

Annual Measure Weight
1

Reporting Entity
MCE

Data Source
Data Element File
- RAE Provider ID

- Provider ID
- Member ID
- Appeal Received Date/Time
- Appeal Resolution Date/Time
- Exclusion: Appeal Extension=Y

Measure Calculation
This measure will be calculated by HCPF.

Performance Standard #24:(MCE) *QOCGs resolution*

Contract Reference
- RAE: 4.2.7.9.1
- MCO: 4.2.7.9.1.

Performance Standard
Contractor shall resolve 90% of QOCGs within 90 calendar days from the date the Member files the QOCG.

Measure Numerator
Total number of QOCGs resolved within 90 calendar days during the reporting period

Numerator Additional Details
- Field: Number of calendar days to resolution <= 90 days

Measure Denominator
Total number of QOCGs filed during the reporting period.

Denominator Additional Details
- QOCGs that have been granted extensions will be excluded from this measure

Finalization Status
Final

Frequency of Calculation
Annual

Annual Measure Weight
1

Reporting Entity
MCE

Data Source
Monthly QOCG Summary Report

Measure Calculation
This measure will be calculated by HCPF using the MCE's final QOCG Summary Report submitted for the fiscal year.

Performance Standard #25a: (RAE) *State Behavioral Health Services Billing Manual updates*

Contract Reference

- RAE:12.3.8.2.1.1
- PRIME: N/A
- DH: N/A

Performance Standard

Contractor's claims processing system shall comply with quarterly updates to the State Behavioral Health Services Billing Manual within 30 calendar days from the start of the quarter in which the Billing Manual update is effective or 60 calendar days from when final changes are made available to the Contractor, whichever is later.

Measure Numerator

Total number of unique billing codes updated by HCPF that the Contractor's claims processing system was able to accurately adjudicate in accordance with the most recent quarterly update to the State Behavioral Health Services Billing Manual as of:

- July 30, October 30, January 30, and April 30, for modified billing codes communicated in writing to the Contractor at least 30 days prior to the effective date of the updated quarterly State Behavioral Health Services Billing Manual
- September 1, December 1, March 1, and June 1, for modified billing codes that were not communicated in writing to the Contractor at least 30 days prior to the effective date of the updated quarterly State Behavioral Health Services Billing Manual.

Numerator Additional Details

Number of updated billing codes Contractor's claims processing system was able to accurately adjudicate that were communicated in writing at least 30 days prior to the effective date according to timelines above by due dates above

+

Number of updated billing codes Contractor's claims processing system was able to accurately adjudicate in accordance that were not communicated in writing at least 30 days prior to the effective date according to timelines above by due dates above

Measure Denominator

Total number of updates made to the State Behavioral Health Services Billing Manual that have gone into effect during the reporting period.

Denominator Additional Details

- HCPF will give 60 days' notice prior to any significant changes to the Billing Manual and send the draft Billing Manual out at least 30 days before it is effective for review/notification.
- Significant change=Updates that require a change to the Contractor's claims processing system logic to adjudicate claims in compliance with the State Behavioral Health Services Billing Manual.

Finalization Status
Final

Frequency of Calculation
Annual, Attestation due Oct. 1

Annual Measure Weight
1

Reporting Entity
MCE

Data Source
RAE attestation

Measure Calculation
This measure will be calculated by MCEs and reported to HCPF through an attestation (Appendix D).

- Attestation should be submitted through Moveit.

Performance Standard #25b: (MCO) *State Billing Manual updates*

Contract Reference

- RAE: N/A
- PRIME: 11.3.8.2.1.1
- DH: 11.3.8.2.1.1

Performance Standard

Contractor's claims processing system shall comply with quarterly updates to the State Billing Manual within 30 calendar days from the start of the quarter, in which the Billing Manual update is effective or 60 calendar days from when final changes are made available to the Contractor, whichever is later.

Measure Numerator

Total number of unique billing codes updated by HCPF that the Contractor's claims processing system was able to accurately adjudicate in accordance with the most recent quarterly update to the State Billing Manual as of:

- July 30, October 30, January 30, and April 30, for modified billing codes communicated in writing to the Contractor at least 30 days prior to the effective date of the updated quarterly State Billing Manual

Numerator Additional Details

- Number of updated billing codes Contractor's claims processing system was able to accurately adjudicate in accordance with the most recent quarterly update to the State Billing Manual that were communicated in writing at least 30 days prior to the effective date according to timelines above by due dates above

Measure Denominator

Total number of updates made to the State Billing Manual that have gone into effect during the reporting quarter.

Denominator Additional Details

- Number of updated billing codes in accordance with the most recent quarterly update to the State Billing Manual that were communicated in writing at least 30 days prior to the effective date according to timelines above by due dates above
- Significant change=Updates that require a change to the Contractor's claims processing system logic to adjudicate claims in compliance with the State Billing Manual.

Finalization Status

Final

Frequency of Calculation
Annual, Attestation due Oct. 1

Annual Measure Weight
1

Reporting Entity
MCE

Data Source
MCO attestation

Measure Calculation
This measure will be calculated by MCEs and reported to HCPF through an attestation (Appendix E).

- Attestation should be submitted through Moveit.

Performance Standard #26: (MCE) *Claims processing system errors*

Contract Reference
- RAE: 12.3.8.2.1.2
- MCO: 11.3.8.2.1.2

Performance Standard
95% of claims processing system errors identified by Contractor, Department, or Network Provider are remediated within 30 calendar days of Contractor identifying or being informed of the claims processing system error, with an additional 15 calendar days for claims reprocessing.

Measure Numerator
Number of claims processing errors remediated and reprocessed within 45 days of identification by Contractor, Department, or Network Provider.

Numerator Additional Details
- Equation: Date claims reprocessed - Date error identified <=45 days

Measure Denominator
Total number of claims processing system errors identified during reporting period.

Denominator Additional Details
- Denominator to include:
    - Number of claims processing system errors identified by Contractor
    - Number of claims processing system errors identified by Department
    - Number of claims processing system errors identified by Network Provider

Finalization Status
Final

Frequency of Calculation
Annual, due Oct. 1

Annual Measure Weight
1

Reporting Entity
MCE

Data Source
MCE attestation

Measure Calculation

This measure will be calculated by MCEs and reported to HCPF through an attestation (Appendix F).

- Attestation should be submitted through Moveit.

Performance Standard #27: (MCE) *Clean claims payment within 20 days*

Contract Reference
- RAE: 10.12.7.1.1
- PRIME: 10.15.8.1.1.
- DH: 10.16.2.3

Performance Standard
90% of all clean claims from practitioners, who are in individual or group practice or who practice in shared health facilities were paid by Contractor within 20 days after the date of Contractor's receipt of the request for reimbursement.

Measure Numerator
Number of clean claims paid within 20 days after the date of request for reimbursement in reporting period

Numerator Additional Details
- Data Element: Total number clean claims paid within 20 days
- Days = calendar days

Measure Denominator
Total number of clean claims paid in reporting period

Denominator Additional Details
- Data Element: Total number clean claims paid

Finalization Status
Final

Frequency of Calculation
Annual

Annual Measure Weight
1

Reporting Entity
HCPF

Data Source
Timely Clean Claims Payment Report Deliverable
- Total number Clean Claims Paid
- Total number Clean Claims Paid within 20 days

Measure Calculation
This measure will be calculated by HCPF.

Measure Reporting Additional Details

- Contractor shall meet the requirements of FFS timely payment, per 42 CFR § 447.46

Performance Standard #28: (MCE) *Clean claims payment within 45 days*

Contract Reference
- RAE: 10.12.7.1.2
- PRIME: 10.15.8.1.2
- DH: 10.16.2.4

Performance Standard
98% of all clean claims from practitioners, who are in individual or group practice or who practice in shared health facilities were paid by Contractor within 45 days after the date of Contractor's receipt of the request for reimbursement.

Measure Numerator
Number of clean claims paid within 45 days after the date of request for reimbursement

Numerator Additional Details
- Data Element: Total number Clean Claims Paid within 45 days
- Days = calendar days

Measure Denominator
Total number of clean claims paid in reporting period

Denominator Additional Details
- Data Element: Total number clean claims paid

Finalization Status
Final

Frequency of Calculation
Quarterly

Annual Measure Weight
4

Reporting Entity
HCPF

Data Source
Timely Clean Claims Payment Report Deliverable
- Total number Clean Claims Paid
- Total number Clean Claims Paid within 45 days

Measure Calculation
This measure will be calculated by HCPF.

Measure Reporting Additional Details

- Contractor shall meet the requirements of FFS timely payment, per 42 CFR § 447.46

Performance Standard #29: (MCE) *Clean claims submission 30 days*

Contract Reference

- RAE:12.3.8.3.3.1
- PRIME: 11.3.8.3.3.1
- DH: 11.3.8.3.2.5

Performance Standard

95% of all clean encounter claims were submitted no later than 30 days following the month claim was paid or denied.

Measure Numerator

Number of original distinct encounter claims having days between submission date and the last day of the MCE paid date month less than or equal to 30.

Numerator Additional Details

- Equation: SBMT_DT – last day(MC_ENC_PD_DT) + 1 <= 30

Measure Denominator

Number of original distinct encounter claims submitted during reporting by the MCE. This will be achieved using distinct count of ICN numbers for the MCE having a submit date within the measurement period.

Denominator Additional Details

Exclusions:

- Duplicate encounters
- Resubmitted encounters
- Pharmacy encounters

Finalization Status

Final

Frequency of Calculation

Quarterly

Annual Measure Weight

4

Reporting Entity

MCE

Data Source

Enterprise Data Warehouse

Measure Calculation
This measure will be calculated by HCPF.

Measure Reporting Additional Details
Full measure specifications are contained in the Encounter Service Level Agreement (SLA) Guidance Document.

Performance Standard #30: (MCE) *Clean claims submission 120 days*

Contract Reference

- RAE: 12.3.8.3.3.2
- PRIME: 11.3.8.3.3.2
- DH: 11.3.8.3.2.6

Performance Standard

98% of all clean encounter claims were submitted no later than 120 days following the month claim was paid or denied.

Measure Numerator

Number of original distinct encounter claims having days between submission date and the last day of the MCE paid date month less than or equal to 120.

Numerator Additional Details

- Equation: SBMT_DT – last day(MC_ENC_PD_DT) + 1 <= 120

Measure Denominator

Number of original distinct encounter claims submitted during the reporting period by MCE. This will be achieved using distinct count of ICN numbers for the MCE having a submit date within the measurement period.

Denominator Additional Details

Exclusions:

- Duplicate encounters
- Resubmitted encounters
- Pharmacy encounters

Finalization Status

Final

Frequency of Calculation

Quarterly

Annual Measure Weight

4

Reporting Entity

MCE

Data Source

Enterprise Data Warehouse

Measure Calculation
This measure will be calculated by HCPF.

Measure Reporting Additional Details
Full measure specifications are contained in the Encounter Service Level Agreement (SLA) Guidance Document

Performance Standard #31: (MCE) *Clean encounter claims accepted*

Contract Reference

- RAE:12.3.8.3.5.1
- PRIME: 11.3.8.3.5.1
- DH: 11.3.8.3.4.1

Performance Standard

98% of Contractor's submitted encounter claims are accepted for the measurement quarter.

Measure Numerator

Number of original, unique encounter claims submitted by the MCE during the measurement quarter that are accepted into MMIS and assigned an ICN.

Numerator Additional Details

Accepted means the encounter claim passed the Department's front-end submission and compliance checks and was accepted into MMIS for further processing.

Measure Denominator

Number of original, unique encounter claims submitted by the MCE to the Department during the measurement quarter across applicable 837 encounter transactions.

Finalization Status

Final

Frequency of Calculation

Annual

Annual Measure Weight

1

Reporting Entity

MCE

Data Source

interChange

Measure Calculation

This measure will be calculated by HCPF.

Measure Reporting Additional Details
Full measure specifications are contained in the Encounter Service Level Agreement (SLA) Guidance Document

Performance Standard #32: (MCE) *Submitted encounters accurately adjudicated*

Contract Reference

- RAE: 12.3.8.3.5.2
- PRIME: 11.3.8.3.5.2
- DH: 11.3.8.3.4.2

Performance Standard

Contractor shall achieve a Department and MCE agreed-upon performance target for the percent of submitted encounters that are determined by the Department's system to be accurately adjudicated.

Measure Notes

- Performance Target for FY 2026-27: 90%
- Performance Target for FY 2027-28: 98%

Measure Numerator

Number of original, unique encounter claims/lines in the denominator with an accepted/aligned status.

Numerator Additional Details

- Accepted/Aligned Status Criteria (claim must meet one of the three following categories):
    1. The Health Plan processes the service as paid in their own system, and the interChange processes to paid status for the service as well.
    2. The Health Plan pays for the service in their own system, and the interChange processes to a pay status. If an informational edit posts on the claim header or service line, this is not considered a rejection by HCPF. An informational edit is an edit that is set to a disposition of pay and report, this will occur for some non-critical edits.
    3. The Health Plan Denies the service in their own system, and the interChange denies the service.

Measure Denominator

Number of original, unique line level services or claims submitted during reporting period by the MCE with a paid date in the measurement period.

Denominator Additional Details

- Resubmitted encounters will be included in both the numerator and denominator.
- The measurement will use, within a given quarter, only the most recent submission for an encounter.

- Encounters denied for duplication edits are excluded from the metric.
- The Health Plan will submit the Claim Adjustment Group Code 'PI' on the 837 encounter transaction to identify claims lines that were denied by the Health Plan.
- Inpatient encounters are calculated at the claim level, all other encounters are calculated at the line level.
- Exclusions:
    - Duplicate encounters
    - Pharmacy encounters

Finalization Status
Final

Frequency of Calculation
Annual

Annual Measure Weight
1

Reporting Entity
MCE

Data Source
Enterprise Data Warehouse

Measure Calculation
This measure will be calculated by HCPF.

Measure Reporting Additional Details
Full measure specifications are contained in the Encounter Service Level Agreement (SLA) Guidance Document.

Performance Standard #33: (MCE) *Tier 3 care plans*

Contract Reference
- RAE: 8.2.3.1.4.3.2
- PRIME: 8.2.3.1.4.3.2
- DH: 8.2.3.1.5.3.2

Performance Standard
Contractor shall achieve an MCE-specific percentage target of members stratified into Tier 3 that have an active care plan.

Measure Notes
FY 2026-27 Targets:
- MCO Target = 15%
- RAE Target = 5%

Measure Numerator
Number of unique member IDs stratified into tier 3 who had an active care plan at any time in the measurement period.

Numerator Additional Details
- Data Elements: Care Coordination Tier=3, Comprehensive Care Plan=Y
- Include members stratified into Tier 3 (Tier 3 Stratification) who had an active care plan on file (Comprehensive Care Plan) according to specifications in Contract Section 8.2.3.4 for at least one month of the performance quarter.
- Care plan can be created by any health care entity actively engaged in the member's care but must be documented with the MCE.
- A care plan is considered active if it has been created or updated in the previous 6 months.

Measure Denominator
Number of unique member IDs stratified into Tier 3 during the reporting period

Denominator Additional Details
- Data Elements: Member ID, Care Coordination Tier=3

Data Source
MCE Data Element Files

Finalization Status
Final

Frequency of Calculation
Quarterly

Annual Measure Weight
4

Reporting Entity
MCE

Data Source
MCE Data Element Files

- RAE Provider ID (RAE ID)
- Member ID (Member ID)
- Care Coordination Tier (1,2 or 3) (Indicator 3 = Tier 3 Care Management)
- Comprehensive Care Plan (Y/N) (Y/N indicator whether the member has an active care plan on file)

Measure Calculation
This measure will be calculated by HCPF.

Performance Standard #34: (MCE) *Care coordination engagement*

Contract Reference
- RAE: 8.2.3.1.5.3
- PRIME: 8.2.3.1.5.3
- DH: 8.2.3.1.6.3

Performance Standard
Contractor shall ensure that an MCE- specific average number of engagement activities are completed per tier 3 member per quarter

Measure Notes
For FY 2026-27 MCE-specific target will be set based on 10% improvement from previous fiscal year's score

Measure Numerator
Number of engagement activities completed for Tier 3 members during the reporting period.

Numerator Additional Details
- Data Elements: Member ID, Engagement Date/Time, Care Coordination Tier=3
- Engagement (activity) is defined as a bi-directional communication with the member and/or the member's care team.
    - The communication modality may be in-person, virtual, telephonic, email, text, or a combination.

Measure Denominator
Number of unique member IDs stratified into Tier 3 during the reporting period

Denominator Additional Details
- Data Elements: Member ID, Care Coordination Tier= 3

Finalization Status
Final

Frequency of Calculation
Quarterly

Annual Measure Weight
4

Reporting Entity
MCE

Data Source
MCE Data Element Files

- RAE Provider ID (RAE ID)
- Member ID (Member ID)
- Care Coordination Tier (1,2 or 3) (Indicator 3 = Tier 3 Care Management)
- Engagement Date/Time

Measure Calculation
This measure will be calculated by HCPF.

Performance Standard #35: (MCE) All-Cause Readmission

Contract Reference

- RAE: 8.8.1.2.1
- PRIME 8.8.1.2.1
- DH: 8.8.1.2.1

Performance Standard
Contractor shall reduce the rate of All-Cause Readmissions for the performance year. The performance target is improvement from previous calendar year performance as baseline **OR** an Observed-to Expected (O/E ratio) of less than 1.0 for the performance year.

Measure Notes

- For FY 2026-27 performance period. CY26 data will be used to assess performance
- FY 2026-27 will use CY25 to establish baseline target if available, if delayed will use CY24 HEDIS Benchmark to set target
- The methodology for setting goals may be reassessed in future years.
- MCE will submit CY25 performance attestation by 07/01/2026 with and without continuous enrollment
    - HCPF will determine which methodology will be utilized for baseline target setting
    - MCE will select baseline or O/E <1 as target
- MCE will submit CY26 performance attestation by 07/01/2027 to determine if performance target was met

Measure Numerator and Denominator
Please reference current HEDIS NCQA specifications.

Finalization Status
Final

Frequency of Calculation
Annual, attestation due July 1

Annual Measure Weight
1

Reporting Entity
MCE

Data Source
MCE Attestation

Measure Calculation

MCE to submit an Attestation (Appendix G) documenting their compliance with this Performance Standard.

- Attestation should be submitted through Moveit.

Performance Standard #36: FY 2026-27 Exemption (MCE) *ED visit annual improvement*

Contract Reference

- RAE: 8.8.1.5.1
- PRIME: 8.8.1.5.1
- DH: 8.8.1.4.1

Performance Standard

The Department and MCEs shall mutually agree upon a performance target and methodology for annual performance improvement for the ED Visit performance metric. Contractor shall not be held accountable for this Performance Standard until SFY 2027-28 or later as determined by the Department.

Finalization Status

Exempt FY 2026-27

Measure Notes

- This Performance Standard is exempt from being measured for FY 2026-27.
    - All MCEs will receive 1 point for FY 2026-27 for this Performance Standard.

Performance Standard #37: (MCE) *Outreach after IP admission*

Contract Reference

- RAE and MCO: 8.8.1.3.1

Performance Standard

Contractor shall ensure that an MCE-specific percentage of Members discharged from a hospital have been outreached within 3 calendar days after the Member's discharge.

Measure Notes

FY 2026-27 Target:

MCE Target= 15% outreach rate

Measure Numerator

Number of members outreached within 3 calendar days after discharge from a hospital

Numerator Additional Details

- Equation: Outreach Date or Engagement Date/Time - Discharge Date <= 3 calendar days
- Data Elements: Outreach Date, Engagement Date/Time
- Outreach on the same date as Discharge Date is included.

Measure Denominator

Total number of members discharged from the hospital

Denominator Additional Details

- Data Element: Discharge Type= Hospital
- Hospital discharges include all non-IMD discharges from bedded facilities regardless of diagnosis
- MCEs will exclude reporting discharges with subsequent readmissions or transfers to inpatient settings within 72 hours in their discharge Data Element File

Finalization Status

Final

Frequency of Calculation

Annual

Annual Measure Weight

1

Reporting Entity

MCE

Data Source
MCE Data Element Files

- RAE Provider ID
- Member ID
- Outreach Date
- Engagement Date/Time
- Discharge Date
- Discharge Type=Hospital

Performance Standard #38: (MCE) *EPSDT* N*ewly eligible*

Contract Reference
- RAE: 3.5.1.16.3
- PRIME 3.5.1.16.3
- DH: 3.5.1.16.3.

Performance Standard
95% of Members eligible for EPSDT have been outreached about the EPSDT program within 60 calendar days after the Member's Medicaid eligibility determination.

Measure Notes
- The outreach must clearly include EPSDT information relevant to each eligible individual.

Measure Numerator
Total number of EPSDT eligible members who have received an outreach within 60 calendar days of Medicaid eligibility determination during the measurement quarter.

Numerator Additional Details
- Date of eligibility determination to date of outreach shall not exceed 60 calendar days.
- A single outreach can be sent to a household and count for multiple eligible children and/or pregnant members.

Measure Denominator
Total number of newly eligible EPSDT members due for outreach during the measurement quarter.

Denominator Additional Details
- Each EPSDT eligible child/youth and/or pregnant member must be counted individually.
    - Each member counts only once per eligibility determination
    - In cases of retrospective eligibility changes, the initial eligibility date will be utilized as the denominator indicator
    - If eligibility determination falls within one quarter and the outreach requirement within 60 calendar days falls within the following quarter, the member will be included in the denominator of the quarter they were outreached.
- If outreach does not occur, the members will be counted in the denominator for where their 60 days land.

Finalization Status
Final

Frequency of Calculation
Quarterly

Annual Measure Weight
4

Reporting Entity
MCE

Data Source
EPSDT Outreach Report Deliverable

Measure Calculation
This measure will be calculated by HCPF quarterly. HCPF will use the MCE self-reported outreach from the EPSDT Outreach Report Workbook Deliverable using MCE enrollment data and their own calculation methodology.

Performance Standard #39: (MCE) *EPSDT Non-utilizers*

Contract Reference

- RAE: 3.5.1.16.4
- PRIME 3.5.1.16.4
- DH: 3.5.1.16.4

Performance Standard

95% of EPSDT-eligible children and youth who have not utilized EPSDT services in the previous 12 months have been outreached about engagement in preventive care in accordance with American Association of Pediatrics "AAP Bright Futures Guidelines" and "Recommendations for Preventative Pediatric Health Care".

Measure Numerator

EPSDT eligible children and youth in the denominator who received an EPSDT non-utilizer outreach within 60 calendar days of becoming due for annual required outreach.

Numerator Additional Details

- Only EPSDT non-utilizer outreach (not other outreach types) counts toward the numerator.
- Following qualifying outreach, the 12-month outreach cycle resets from the date of outreach if no EPSDT service is received.
- If an EPSDT service is received, the 12-month cycle resets from the date of service.
- Outreach conducted up to 60 days after the reporting period can be included in the numerator
- If non-utilizer due date falls within one quarter and the outreach requirement within 60 calendar days falls within the following quarter, the member will be included in the denominator of the quarter they were outreached.
- If outreach does not occur, the member will be counted in the denominator for where their 60 days land.

Measure Denominator

EPSDT eligible children and youth who have not received an EPSDT service in the previous 12 months and are due for annual required EPSDT non-utilizer outreach during the reporting period.

Denominator Additional Details

- EPSDT eligible children and youth are considered a non-utilizer after 12 months without an EPSDT service.
- EPSDT eligible children and youth are considered due for outreach when 12 months have elapsed since:
    a) the member's last EPSDT service, or

b) the member's last EPSDT non-utilizer outreach.

- EPSDT eligible children and youth remain in the denominator until outreach is completed or an EPSDT service is received.
- EPSDT eligible children and youth are included in the denominator once per reporting period, based on when they become due for outreach.
- Only EPSDT non-utilizer outreach (not other outreach types) satisfies the requirement.
- EPSDT service for this measure is considered preventive care in accordance with American Association of Pediatrics (AAP) "Bright Futures Guidelines" and "Recommendations for Preventive Pediatric Health Care".

Finalization Status
Final

Frequency of Calculation
Quarterly

Annual Measure Weight
4

Reporting Entity
MCE

Data Source
EPSDT Outreach Report Deliverable

Measure Calculation
This measure will be calculated by HCPF quarterly. HCPF will use the MCE self-reported outreach from the EPSDT Outreach Report Workbook Deliverable using MCE enrollment data and their own calculation methodology.

Performance Standard #40: (MCE) *Oral Evaluations*

Contract Reference

- RAE: 8.2.3.1.1.2.1
- PRIME: 8.2.3.1.1.2.1
- DH: 8.2.3.1.3

Performance Standard

Contractor shall ensure that the CMS defined eligible population receives at least one qualifying oral evaluation during the measurement year. Contractors shall meet or exceed the statewide rate for oral evaluations, as calculated by the Department.

Measure Notes

RAEs

- FY 2026-27 RAE Target= 46.86%
    - FY 2026-27 target is set based on CY24 Statewide rate.
    - FY 2026-27 performance period will utilize CY26 data to assess performance.
        - MCE performance is calculated by the Department and rounded to two decimal places using standard rounding conventions.
        - The statewide rate and MCE performance are evaluated using the same rounding methodology.
    - The performance target and/or measurement methodology may be updated in future measurement years.

PRIME and DH

- This Performance Standard is exempt from being measured for PRIME and DH for FY 2026-27
    - PRIME and DH will receive 1 point for FY 2026-27 for this Performance Standard.

Measure Numerator

Total number of members in the CMS-defined eligible population who received at least one qualifying oral evaluation during the measurement year.

Measure Denominator

Total number of CMS-defined eligible members during the measurement year.

Finalization Status

RAEs-Final
PRIME and DH- Exempt FY 2026-27

Frequency of Calculation

Annual

Annual Measure Weight
1

Reporting Entity
MCE

Data Source
Claims data utilizing the CMS Core Measure: OEV-CH: Oral Evaluation, Dental Services (child core set) HEDIS methodology

Measure Calculation
This measure will be calculated by HCPF at the end of the fiscal year for RAEs.

Performance Standard #41: (MCE) *Network directory accuracy*

Contract Reference

- RAE: 3.4.9.2.4.1
- PRIME 3.4.9.2.3.1
- DH: 3.4.9.2.3.1.

Performance Standard

Contractor shall achieve a Network Directory accuracy score as agreed upon by the Department and MCEs on the Department's annual audit of the Network Directory or the annual independent Secret Shopper Survey.

Measure Notes

- For FY 2026-27 MCEs will receive one point for documenting their outcomes and plans to improve the accuracy of their Network Directory in the Annual Contracted Network Management Strategic Plan deliverable.
    - In place of an audit, acceptance of the Annual Contracted Network Management Strategic Plan deliverable will count as meeting the performance standard.

- Per CMS 42 CFR 438.10 Provider Directory entries must include an example of each of the following, where applicable:
  (i) The provider's name as well as any group affiliation.
  (ii) Street address(es).
  (iii) Telephone number(s).
  (iv) Web site URL, as appropriate.
  (v) Specialty, as appropriate.
  (vi) Whether the provider will accept new enrollees.
  (vii) The provider's cultural and linguistic capabilities, including languages (including American Sign Language) offered by the provider or a skilled medical interpreter at the provider's office.
  (viii) Whether the provider's office/facility has accommodations for people with physical disabilities, including offices, exam room(s) and equipment.
  (ix) Whether the provider offers covered services via telehealth.
- This measure will not have a numerator and denominator

Finalization Status

Final

Frequency of Calculation

Annual

Annual Measure Weight

1

Reporting Entity
MCE

Data Source
Annual Contracted Network Management Strategic Plan Deliverable

Measure Calculation
This measure will be calculated by HCPF. Acceptance of the Annual Contracted Network Management Strategic Plan deliverable will count as meeting the performance standard.

Performance Standard #42: (MCE) *Member call line compliance*

Contract Reference
- RAE: 3.4.3.4.4
- PRIME: 3.4.3.4.5
- DH: 3.4.3.4.3.3.

Performance Standard
97% compliance with Member call line contract management requirements.

Measure Notes
- **Call Line Contract Management Requirement 1**: Contractor shall ensure that no more than 5% of calls are abandoned in any calendar month. A call shall be considered abandoned if the caller hangs up after that caller has waited in the call queue for 180 seconds or longer.
- **Call Line Contract Management Requirement 2**: In any calendar month, Contractor shall ensure that the average length of time callers are waiting in the call queue before the call is answered is 2 minutes or less.
- **Call Line Contract Management Requirement 3**: Contractor shall have no more than five phone calls with a maximum of a 10-minute delay or longer during any five consecutive Business Days each Business Week.
- **Call Line Contract Management Requirement 4:** Contractor shall have no calls with a maximum delay of 20 minutes or longer.

Measure Numerator
Number of points earned in accordance with the measure calculation process listed below.

Measure Denominator
128 total points

Finalization Status
Final

Frequency of Calculation
Annual

Annual Measure Weight
1

Reporting Entity
MCE

Data Source

Member Assistance Statistics Report Deliverable

Measure Calculation
This measure will be calculated by HCPF at the end of the fiscal year. A total of 128 total points corresponding to 128 calculations over the course of the year.

Call Line Contract Management Requirement 1:

- This contract management requirement is considered met if: % of abandoned calls <= 5%
- Calculation: Calculate for each month during the fiscal year (12 calculations)

Call Line Contract Management Requirement 2:

- This contract management requirement is considered met if: Average length of time callers are waiting <= 120 seconds
- Calculation: Calculate for each month during the fiscal year (12 calculations)

Call Line Contract Management Requirement 3*:*

- This contract management requirement is considered met if: number of calls with maximum delay of 10 mins or longer <= 5
- Calculation*:* Calculate for each week during the fiscal year (52 calculations)

Call Line Contract management requirement 4:

- This contract management requirement is considered met if: number of calls with maximum delay of 20 mins or longer <= 0
- Calculation*:* Calculate for each week during the fiscal year (52 calculations)

128 Total Points= 100%
127 Points= 99%
126 Points= 98%
125 Points= 98%
124 Points= 97%

Measure Reporting Additional Details
MCEs will report data on a monthly basis in the Member Assistance Statistics Report.

- The ACC team will review deliverables to assess compliance with all call line contract management requirements outlined in the Contract.
- At the end of the fiscal year the ACC team will count all discrepancies over the course of the fiscal year.

Performance Standard #43: (MCE) *EQRO annual audit*

Contract Reference
- RAE: 13.7.4.1
- MCO: 12.7.4.1.

Performance Standard
Contractor shall receive an aggregate score of 90% or greater on the annual compliance audit conducted by the external quality review organization.

Measure Numerator
The total number of met elements in the external quality review organization (EQRO), HSAG, Compliance Monitoring Tool for the fiscal year.

Numerator Additional Details
- Any partially met element is considered not met

Measure Denominator
Total number of applicable elements from the standards in the Compliance Monitoring Tool.

Denominator Additional Details
- Elements are the defined requirements used to determine compliance with Standards being audited for given fiscal year.

Finalization Status
Final

Frequency of Calculation
Annual

Annual Measure Weight
1

Reporting Entity
HSAG

Data Source
HSAG Annual Compliance Audit

Measure Calculation
This measure will be calculated by the EQRO, HSAG.

Measure Reporting Additional Details

- There are 11 standards that are part of the HSAG compliance audit that are audited over a three-year period. Each year a number of these 11 standards are selected for audit. During the kickoff meeting for the fiscal year HSAG and HCPF will set the standards being audited for the year.
- Complete audit measurement details can be found in the HSAG Compliance Audit Technical Specifications document.

Performance Standard #44: (MCE) *Deliverables submitted by deadlines*

Contract Reference

- RAE/PRIME: Exhibit E 1.7.1.1.6.
- DH: Exhibit E 1.7.1.1.6.

Performance Standard

95% of Deliverables specified in the Contract, by written request, or by formal transmittal process shall be submitted by the deadlines established by the Department.

Measure Numerator

Number of Deliverables submitted on time over the course of the fiscal year.

Numerator Additional Details

- If MCE has evidence of timely submission but, due to technological issues, it is not received by HCPF, the deliverable will be considered on time.
- Deliverables are due by 11:59pm.
- The deadline for a Deliverable will be determined by the latest communication from HCPF regarding the due date.
- Only the first submission of a Deliverable is counted in the numerator.
- Inclusions:
    - Deliverables with an approved extension submitted by the extension date if they meet the following criteria:
        - Deliverable extension requests must be submitted two business days in advance of the contractual due date.
        - Approved extensions must be documented with written approval from HCPF.
    - Exclusions:
        - An incomplete Deliverable does not count.

Measure Denominator

Total number of Deliverables due over the course of the fiscal year.

Denominator Additional Details

- Deliverables listed in the contract are all Deliverables listed in the Deliverable Timetable.
- Deliverables made by written request or formal Transmittal are all Deliverables listed in the HCPF MCE Ad Hoc Deliverable Tracking Tool.
- Only the first submission of a Deliverable is counted in the denominator.
- Exclusions:
    - Deliverables designated as “initiating event” deliverables in the contract.

- Deliverables requested regarding the weekly tracking of CO-SOC provider contracting and member eligibility will not count in the numerator or denominator.
- Startup deliverables are excluded.
- Weekly Hospital Discharge Status Report deliverables are excluded
- Quarterly Financial Report deliverables are excluded.
- Monthly Utilization Management file deliverables are excluded.

Finalization Status
Final

Frequency of Calculation
Annual

Annual Measure Weight
1

Reporting Entity
HCPF

Data Source
1. HCPF Smartsheet Deliverable Tracking Tool (HCPF Internal ONLY)
2. HCPF MCE Ad Hoc Deliverable Tracking Tool (HCPF MCE Shared)

Measure Calculation
This measure will be calculated by HCPF.
- At the end of the fiscal year the ACC team will count all Deliverables due over the course of the fiscal year.
- The ACC team will count all Deliverables in the HCPF Smartsheet Deliverable Tracking Tool and all the Deliverables in the HCPF MCE Ad Hoc Smartsheet Deliverable Tracking Tool.
    - The ACC team will count all Deliverables submitted on time using the HCPF Smartsheet Deliverable Tracking Tool.

Measure Reporting Additional Details
- HCPF MCE Ad Hoc Deliverable Tracking Tool (HCPF MCE Shared) is posted on External SharePoint.

Performance Standard #45: (MCE) *Deliverables accepted by second submission*

Contract Reference
- RAE/PRIME: Exhibit E 1.7.3.1
- DH: Exhibit E 1.7.3.1

Performance Standard
95% of Deliverables specified in the Contract, by written request, or by formal transmittal process shall be determined accepted or accepted with changes by the Department following Contractor's initial submission or accepted following Contractor's second submission of the Deliverable.

Measure Numerator
Total number of Deliverables accepted by HCPF by the first or second submission.

Numerator Additional Details
- Exclusions:
    - Any Deliverable that is rejected on their second submission is not included.
    - Deliverables that were submitted but not yet reviewed by HCPF at the time of the calculation will not count in the numerator or denominator.

Measure Denominator
Total number of deliverables due over the fiscal year that have been reviewed by HCPF.

Denominator Additional Details
- Deliverables listed in the contract are all Deliverables listed in the Deliverable Timetable.
- Deliverables made by written request or formal Transmittal are all Deliverables listed in the HCPF MCE Ad Hoc Deliverable Tracking Tool.
- Exclusions:
    - Deliverables that were due but not reviewed by HCPF will not count in the numerator or denominator.
    - Deliverables that do not receive a response from HCPF will not be counted.
    - Deliverables designated as "initiating event" deliverables in the contract.
    - Deliverables requested in SFY 2025-26 regarding tracking of CO-SOC provider contracting and member eligibility will not count in the numerator or denominator.
    - Startup deliverables are excluded.
    - Weekly Hospital Discharge Status Report deliverables are excluded
    - Quarterly Financial Report deliverables are excluded.
    - Monthly Utilization Management file deliverables are excluded.

Finalization Status
Final

Frequency of Calculation

Annual

Annual Measure Weight
1

Reporting Entity
HCPF

Data Source
1. HCPF Smartsheet Deliverable Tracking Tool (HCPF Internal ONLY)
2. HCPF MCE Ad Hoc Deliverable Tracking Tool (HCPF MCE Shared)

Measure Calculation
This measure will be calculated by HCPF.

- At the end of the fiscal year the ACC team will count all Deliverables due over the course of the fiscal year.
    - The ACC team will count all Deliverables in the HCPF Smartsheet Deliverable Tracking Tool and all the Deliverables in the HCPF MCE Ad Hoc Smartsheet Deliverable Tracking Tool that were due during the fiscal year and have been reviewed by HCPF at the time of calculation.
    - The ACC team will count all Deliverables accepted by HCPF by the first or second submission.

Performance Standard #46: (MCE) *Action Monitoring Plan placement*

Contract Reference
- RAE/PRIME: Exhibit E 1.14.7.3.
- DH: Exhibit E 1.14.7.3.

Performance Standard
If Contractor is placed on an Action Monitoring Plan during the performance year, this performance standard shall be considered not met.

Finalization Status
Final

Frequency of Calculation
Annual

Annual Measure Weight
2

Reporting Entity
HCPF

Data Source
Action Monitoring Plan Documents (AMP)

Measure Calculation
This measure will be calculated by HCPF.
- HCPF will determine if the MCE has been placed on any AMP by ACC staff during the fiscal year.
    - AMPs that are open but were put in place prior to the current fiscal year will not be included.
- MCE will not earn 2 points for this performance standard if they have been placed on any AMPs during the fiscal year.

Measure Reporting Additional Details
- Only AMPs that are documented and approved through the HCPF eClearance process and communicated to the MCE are included.
- Only AMPs issued by HCPF are included.
- AMPs issued by HSAG are not included.

Performance Standard #47: (MCE) *Action Monitoring Plan resolution dates*

Contract Reference
- RAE/PRIME: Exhibit E 1.14.7.4
- DH: Exhibit E 1.14.7.4.

Performance Standard
If Contractor is placed on an Action Monitoring Plan, a resolution date will be negotiated between the Department and Contractor. The negotiated resolution date must be met 100% of the time, unless an approved extension is put in place.

Measure Numerator
Number of AMP resolution date deadlines met during the reporting period.

Measure Denominator
Total number of AMP resolution dates during the reporting period.

Finalization Status
Final

Frequency of Calculation
Annual

Annual Measure Weight
1

Reporting Entity
HCPF

Data Source
Action Monitoring Plan Documents

Measure Calculation
This measure will be calculated by HCPF.
- At the end of the fiscal year the ACC team staff will review all AMPs that are currently open or completed at any time during the fiscal year.
    - If the MCE has resolved all AMPs by the negotiated resolution date(s) the MCE will be awarded 1 point for this performance standard.
    - The ACC team will determine if the MCE has met the negotiated resolution date(s).
    - Only AMP resolution date(s) that fall in the reporting fiscal year will be counted.

        - If the MCE is placed on an AMP in the current fiscal year and the resolution date falls in the following fiscal year, that AMP will be counted for this Performance Standard in the fiscal year that aligns with the negotiated resolution date.
- If the MCE does not have any AMP resolution dates at any time during the fiscal year being measured, the MCE will be awarded 1 point for this performance standard.

Measure Reporting Additional Details

- Only AMPs that are documented and approved through the HCPF eClearance process and communicated to the MCE are included.
- Only AMPs issued by HCPF are included.
- AMPs issued by HSAG are not included.

Performance Standard #48: (MCE) *Corrective Action Plan placement*

Contract Reference
- RAE/PRIME: Exhibit E 1.14.7.5
- DH: Exhibit E 1.14.7.5.

Performance Standard
If Contractor is placed on a Corrective Action Plan during the performance year, this performance standard shall be considered not met.

Finalization Status
Final

Frequency of Calculation
Annual

Annual Measure Weight
4

Reporting Entity
HCPF

Data Source
Corrective Action Plan Documents (CAP)

Measure Calculation
This measure will be calculated by HCPF.
- HCPF will determine if the MCE has been placed on any CAPs during the fiscal year.
    - CAPs that are open but were put in place prior to the current fiscal year will not be included.
- MCE will not earn the 4 points for this performance standard if they have been placed on any CAPs during the fiscal year.

Measure Reporting Additional Details
- Only CAPs that are documented and approved through the HCPF eClearance process and communicated to the MCE are included.
- Only CAPs issued by HCPF are included.
- CAPs issued by HSAG are not included.

Performance Standard #49: (MCE) *Corrective Action Plan resolution dates*

Contract Reference
- RAE/PRIME: Exhibit E 1.14.7.6.
- DH: Exhibit E 1.14.7.6.

Performance Standard
If Contractor is placed on a Corrective Action Plan, a resolution date will be negotiated between the Department and Contractor. The negotiated resolution date must be met 100% of the time, unless an approved extension is put in place.

Measure Numerator
Number of CAP resolution date deadlines met during the reporting period.

Measure Denominator
Total number of CAP resolution dates during the reporting period.

Finalization Status
Final

Frequency of Calculation
Annual

Annual Measure Weight
1

Reporting Entity
HCPF

Data Source
Corrective Action Plans Documents

Measure Calculation
This measure will be calculated by HCPF.
- At the end of the fiscal year the ACC team staff will review all CAPs that are currently open or completed at any time during the fiscal year.
    - If the MCE has resolved all CAPs by the negotiated resolution date(s) the MCE will be awarded 1 point for this performance standard.
    - The ACC team will determine if the MCE has met the negotiated resolution date(s).
    - Only CAP resolution date(s) that occurred during the current fiscal year will be counted. If MCE is placed on a CAP and the resolution date falls

in the following fiscal year, that CAP will be counted in future fiscal year.

- If the MCE does not have any CAP resolution dates at any time during the fiscal year being measured, the MCE will be awarded 1 point for this performance standard.

Measure Reporting Additional Details

- Only CAPs that are documented and approved through the HCPF eClearance process and communicated to the MCE are included.
- Only CAPs issued by HCPF are included.
- CAPs issued by HSAG are not included.
- If the MCE has not been placed on a CAP at any time during the fiscal year being measured, the MCE will be awarded 1 point for this performance standard.

Performance Standard #50: FY 2026-27 Exemption (MCE) *Healthy Colorado for All Child and Adolescent Well-Care Visits*

Contract Reference

- RAE: 13.4.12.3.4.
- MCO: 5.5.10.6.1.

Performance Standard

Contractor shall achieve a Department and MCE agreed upon performance target for reducing disparities among the Contractor's assigned region for Child and Adolescent Well Visits (CMS Core Measure) as identified in Contractor's Healthy Colorado for All Plans. Contractor shall not be held accountable for this Performance Standard prior to SFY 2027-28 or later as determined by the Department.

Finalization Status

Exempt FY 2026-27

Measure Notes

- This Performance Standard is exempt from being measured for FY 2026-27.
    - All MCEs will receive 1 point for FY 2026-27 for this performance standard.
    - MCEs are responsible for submitting their Healthy Colorado for All Plan deliverable.

Performance Standard #51: FY 2026-27 Exemption (MCE) *Healthy Colorado for All* Well-Child Visits in the First 30 Months of Life

Contract Reference

- RAE: 13.4.12.3.5.
- MCO: 5.5.10.6.1.

Performance Standard

Contractor shall achieve a Department and MCE agreed upon performance target for reducing disparities among the Contractor's population for Well Visits in the First 30 Months (CMS Core Measure) as identified in their Healthy Colorado for All Plans. Contractor shall not be held accountable for this Performance Standard prior to SFY 2027-28 or later as determined by the Department.

Finalization Status

Exempt FY 2026-27

Measure Notes

- This Performance Standard is exempt from being measured for FY 2026-27.
    - All MCEs will receive 1 point for FY 2026-27 for this performance standard.
    - MCEs are responsible for submitting their Healthy Colorado for All Plan deliverable.

Appendices

Appendix A: Performance Standard #4

Attestation of Annual Cultural and Disability Competence Training
FY 2026-27

I, [printed name], attest that [N]% of Contractor Staff employed for at least 60 days at [organization name] have completed annual training in cultural and disability competence.

Total number of Contractor Staff: _____

Total number of Contractor Staff Completed Training: _____

% of Contractor Staff Completed Training: _____

_____ _____
Authorized Party Signature Title

_____ _____
Printed Name of Signatory Date

Appendix B: Performance Standard #5

Attestation of Annual Network Provider Cultural and Disability Competency Training FY 2026-27

I, [printed name], attest that [N]% of number of Network Providers who offered staff the opportunity to participate in cultural and disability competency training.

Total number of Network Providers: _____

Total number of Network Providers who had the opportunity to participate in cultural and disability competency training: _____

% of Network Providers Network Providers who had the opportunity to participate in cultural and disability competency training:

_____

_____ _____

Authorized Party Signature Title

_____ _____

Printed Name of Signatory Date

Appendix C: Performance Standard #19

Attestation of Utilization Management Personnel

ASAM Criteria Utilization Management Course Completion

FY 2026-27

Performance Standard #19

I, [printed name], attest that [N]% of [organization name]'s Contractor Utilization Management personnel making Utilization Management decisions regarding SUD Covered Services must have completed the ASAM Criteria Utilization Management Course.

Total number of Contractor Utilization Management personnel making Utilization Management decisions regarding SUD Covered Services: _____

Total number of Contractor Utilization Management personnel making Utilization Management decisions regarding SUD Covered Services completed the ASAM Criteria Utilization Management Course: _____

_____ _____

Authorized Party Signature Title

_____ _____

Printed Name of Signatory Date

Appendix D: Performance Standard # 25a

Attestation of Claims Processing System Compliance
FY 2026-27

Performance Standard # 25a

I, [printed name], attest that [organization name]'s claims processing system complied with quarterly updates to the State Behavioral Health Services Billing Manual.

Total numberof unique billing codes updated by HCPF that the Contractor's claims processing system was able to accurately adjudicate in accordance with the most recent quarterly update to the State Behavioral Health Services Billing Manual as of:

- July 30, October 30, January 30, and April 30, for modified billing codes communicated in writing to the Contractor at least 30 days prior to the effective date of the updated quarterly State Behavioral Health Services Billing Manual _____

- September 1, December 1, March 1, and June 1, for modified billing codes that were not communicated in writing to the Contractor at least 30 days prior to the effective date of the updated quarterly State Behavioral Health Services Billing Manual. _____

Total number of updates made to the State Behavioral Health Services Billing Manual that have gone into effect during the fiscal year: _____

_____ _____

Authorized Party Signature Title

_____ _____

Printed Name of Signatory Date

Appendix E: Performance Standard # 25b

Attestation of Claims Processing System Compliance
FY 2026-27

I, [printed name], attest that [organization name]'s claims processing system complied with quarterly updates to the State Billing Manual.

Total numberof unique billing codes updated by HCPF that the Contractor's claims processing system was able to accurately adjudicate in accordance with the most recent quarterly update to the State Billing Manual as of:

- July 30, October 30, January 30, and April 30, for modified billing codes communicated in writing to the Contractor at least 30 days prior to the effective date of the updated quarterly State Billing Manual _____

Total number of updates made to the State Billing Manual that have gone into effect during the fiscal year: _____

_____ _____
Authorized Party Signature Title

_____ _____
Printed Name of Signatory Date

Appendix F: Performance Standard #26

Attestation of Claims Processing System Errors
FY 2026-27

I, [printed name], attest that [N]% of [organization name]'s claims processing system errors identified by Contractor, Department, or Network Provider were fixed and reprocessed within 45 days of Contractor identifying or being informed of the claims processing system error.

Total number of claims processing errors that were fixed and reprocessed within 45 days of the date error was identified:	_____
Total number of claims processing system errors identified:	_____

_____ _____
Authorized Party Signature Title

_____ _____
Printed Name of Signatory Date

Appendix G: Performance Standard #35

Attestation of All-Cause Readmissions
FY 2026-27

Attestation 1: Target Selection (FY 2026–27)

I, [printed name], attest that for the FY 2026–27 performance period, [organization name] has selected the following performance target:

☐ Improvement from Previous Calendar Year (CY25), using Continuous Enrollment (CE) Methodology:

Reported Baseline Rate: _____

OR

☐ Observed-to-Expected (O/E) Ratio Target
Target: O/E Ratio < 1.0

_____ _____
Authorized Party Signature Title

_____ _____
Printed Name of Signatory Date

Attestation of All-Cause Readmissions
FY 2026-27

Attestation 2: Year-End Performance (FY 2026–27)

I, [printed name], attest that for the FY 2026–27 performance period, [organization name] has evaluated performance using CY26 data.

Selected Target:

☐ Improvement from CY Baseline

OR

☐ O/E Ratio < 1.0

Final CY26 O/E Readmission Rate: _____

Baseline Year: _____

Baseline Rate: _____

Performance Outcome: ☐ Target Met ☐ Target Not Met

_____ _____
Authorized Party Signature Title

_____ _____
Printed Name of Signatory Date

Appendix H: Performance Standard #16b and 18b

MCO Quarterly Attestation of Authorization Decision Determinations

Reporting Period: _____

Performance Standard #16b

I, [printed name], attest that [N]% of [organization name]'s expedited authorization decisions were determined within 72 hours following Contractor's receipt of the request for service.

Total number of expedited authorization decisions determined within 72 hours following Contractor's receipt of the request for service during the reporting quarter: _____

Total number of expedited authorization decisions determined during the reporting quarter: _____

Performance Standard #18b

I, [printed name], attest that [N]% of [organization name]'s standard authorization requests were determined within 7 calendar days following Contractor's receipt of the request for service.

Total number of standard authorization requests determined within 7 calendar days following Contractor's receipt of the request for service during the reporting quarter: _____

Total number of standard authorization requests determined during the reporting quarter: _____

_____ _____

Authorized Party Signature Title

_____ _____

Printed Name of Signatory Date