



COVID Vaccination Response Specification Document

RAEs & MCOs *SFY 2020-2021* *SFY 2021-2022*

Objective: This document provides details concerning the COVID vaccination response measures for the seven Regional Accountable Entities (RAEs) and two Managed Care Organizations (MCOs) of the Accountable Care Collaborative (ACC).

Context: Additional incentive payments are available through state and federal sources for the COVID-19 vaccination response. The performance measures discussed in this specifications document are intended to facilitate outreach and reduce disparities in vaccination rates for Health First Colorado members who may be less likely to obtain a vaccine due to various obstacles.





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Revision History		
Document Date	Version	Change Description
4/9/2021	V1	Draft for RAE/MCO Feedback
4/22/2021	V2	Final Specification Document
4/30/2021	V3	Goal for Phase 1 Added
7/8/2021	V4	Goal for Phase 2 Added



Performance Targets: A Snapshot

Targets will be consistent across RAEs and MCOs, and this table will be updated with targets as specified below. Target setting is delayed to allow sufficient time to obtain CIIS vaccination data to accurately assess disparities. Phase 1 and Phase 2 align with CDPHE’s vaccine eligibility phases.

Performance Measures	Target	Performance As Of
Successful Vaccination Outreach to Potentially Homebound Members	100% Outreach	N/A
Vaccination Disparity Reduction Between Members of Color and White Members, Phase 1	Goal set 4/30/2021	ACC Disparity as of 4/30/2021: 0.7%
Vaccination Disparity Reduction Between Members of Color and White Members, Phase 2	Goal will be set 5/30/2021*	ACC Disparity as of 6/15/2021: 0.8%

Note: Due to the nature of vaccination roll out, baselines are not used to calculate targets in these performance measures. “Performance As Of” is shown only to provide context for RAE/MCO efforts to reduce disparities. Final targets and disparity percentages will be added to the specifications document once the data are available.

*Due to a delay in calculation, the goal was set based on data as of 6/15/2021

Vaccination Rates: Phase 1 Performance as of 4/30/2021

	R1	Prime	R2	R3	R4	R5	Denver Health	R6	R7	ACC
Members of Color	19.9%	21.6%	17.1%	16.8%	18.1%	21.0%	22.3%	19.4%	12.8%	18.2%
Denominator	6,737	2,255	8,566	32,891	17,127	20,926	10,208	12,352	14,946	126,008
Numerator	1,338	486	1,466	5,535	3,108	4,393	2,273	2,391	1,919	22,909
White members	21.8%	23.6%	15.9%	18.2%	16.8%	23.9%	22.9%	19.8%	14.3%	18.9%
Denominator	21,313	9,490	9,933	28,803	19,222	11,983	5,213	24,532	25,673	156,162
Numerator	4,641	2,235	1,578	5,249	3,224	2,868	1,194	4,852	3,664	29,505
Difference Between Members of Color & White Members	1.9%	2.0%	-1.2%	1.4%	-1.4%	2.9%	0.6%	0.4%	1.4%	0.7%



Vaccination Rates: Phase 2 Performance as of 6/15/2021

	R1	Prime	R2	R3	R4	R5	Denver Health	R6	R7	ACC
Members of Color	26.3%	20.1%	21.0%	26.8%	17.0%	25.5%	25.5%	30.2%	16.1%	23.9%
Denominator	13,203	5,897	12,598	52,439	19,485	25,137	28,246	20,473	27,295	204,773
Numerator	3,469	1,187	2,644	14,068	3,319	6,419	7,197	6,178	4,398	48,879
White members	27.1%	16.9%	17.1%	26.4%	15.7%	30.5%	34.7%	32.7%	17.8%	24.6%
Denominator	34,918	18,186	14,211	41,348	20,810	13,718	15,812	37,549	39,040	235,592
Numerator	9,457	3,074	2,436	10,898	3,276	4,189	5,481	12,274	6,945	58,030
Difference Between Members of Color & White Members	0.81%	-3.23%	-3.85%	-0.47%	-1.29%	5.00%	9.18%	2.51%	1.68%	0.76%

Methods Summary

There are three COVID Vaccination Response performance measures in this specifications document which prioritize two populations: potentially homebound members and members of color. The Department selected these measures to incentivize RAEs and MCOs to facilitate access to vaccinations for communities that, without additional support, would likely have disproportionately fewer opportunities to get fully vaccinated.

Performance expectations for disparity reduction are the same across all RAEs and MCOs, but regional Medicaid vaccination percentages will be used when setting targets. Targets for members of color will be set according to the timelines mentioned in the specifications to allow for more complete CIIS data before calculating. This delayed target setting is not ideal, but it will allow for a target setting process that is accurate and fair. RAEs will have the opportunity to provide feedback, but the Department will finalize the targets. Baselines are not used in any of the performance measures because of the rapidly changing vaccination roll out and because the goal is to reduce disparities in vaccination rates between populations, not between two points in time.

RAEs/MCOs should consult the purchase order for the Department's guidance and expectations on activities to support these priority populations.



Calculations and Payout: Timeframes and Amounts

The Department will calculate final performance results as listed in each measure specification in this document. Payment amounts are outlined below. Phase 1 and 2 refer to member CDPHE member eligibility phases.

- Performance Payment 1: 100% completion of outreach to the potentially homebound population (25% of Funds)
- Performance Payment 2: Vaccination disparity reduction between members of color and white members Phase 1 (50% of Funds)
- Performance Payment 3: Vaccination disparity reduction between members of color and white members Phase 2 (25% of Funds)

Payment amounts are relative to the size of the priority population for the measure. The Purchase Order is the source of truth for all payment amounts and details.

RAEs					
	Payment for Plan*	Performance Payment 1: 25% of Performance Payments	Performance Payment 2: 50% of Performance Payments	Performance Payment 3: 25% of Performance Payments	Total Payments Possible
RAE 1	\$76,758	\$360,339	\$392,343	\$196,172	\$1,025,613
RAE 2	\$41,456	\$166,311	\$413,099	\$206,549	\$827,415
RAE 3	\$147,286	\$526,650	\$1,664,522	\$832,261	\$3,170,719
RAE 4	\$105,335	\$471,213	\$713,964	\$356,982	\$1,647,494
RAE 5	\$100,767	\$415,776	\$890,166	\$445,083	\$1,851,791
RAE 6	\$84,207	\$304,903	\$644,811	\$322,406	\$1,356,327



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RAE 7	\$121,324	\$526,650	\$824,778	\$412,389	\$1,885,141
Total	\$677,133	\$2,771,842	\$5,543,684	\$2,771,842	\$11,764,500

MCOs					
Denver Health	\$51,003	\$135,417	\$574,966	\$287,483	\$1,048,869
RMHP	\$79,104	\$211,806	\$119,481	\$59,740	\$470,131
Total	\$130,107	\$347,223	\$694,447	\$347,223	\$1,519,000



COVID Vaccination Response Measures

Measure 1: Successful Vaccination Outreach to Potentially Homebound Members

Definition	<p>Percentage of completed outreach forms among potentially homebound members. Forms designate who on the “potentially homebound” list is truly homebound and who is not truly homebound but requires additional supports. Successful outreach will be defined as a completed form or spreadsheet for a member on this list, which requires a bidirectional phone call to fill out.</p> <p>See target methodology for more details on the definition of “successful outreach.”</p>
Numerator	<p>Number of members with a completed outreach form or spreadsheet, and, if outreach is not successful, documentation that at least three attempts were made to a member. Two of these attempts must be phone calls. The two-phone call requirement cannot not include IVR calls.</p> <p>RAEs/MCOs are expected to use the most up-to-date phone numbers that are available, such as incorporating HIE contact information as feasible.</p>
Denominator	<p>Number of members identified as potentially homebound as of February 2021. These members are on a list that RAEs/MCOs received in March 2021.</p>
Baseline Period	<p>N/A</p>
Performance Period	<p>RAEs: March 17, 2021 – May 31, 2021 MCOs: March 17, 2021 – May 31, 2021</p>
HCPF Target	<p>100% successful outreach. See below for definition.</p>
Target Methodology	<p>Success is measured as completed outreach forms or spreadsheet data entry as a result of a bidirectional call, or if unsuccessful, provide documentation that at least three attempts per member were made, two of which must be phone calls (these two calls cannot be IVR). If after attempting to find updated information, there is no accurate contact information for a member, then RAEs/MCOs should document that in the monthly report. RAEs/MCOs can also document when outreach did not occur because a member was already vaccinated or</p>





	when a member has since left Medicaid. This is possible with a comparison of the March potentially homebound list with the weekly CIIS data. If a RAE/MCO has no accurate phone number but can send mail, for instance, they are encouraged to do so and can record this in the monthly report. Outreach will be successful for this measure as long as these criteria are met for each potentially homebound member.
Initiative	COVID Vaccination Response
Rationale	Members who are truly homebound could benefit from having the vaccination delivered directly to them. Members who are not truly homebound may still face barriers to becoming vaccinated and benefit from additional support. This measure will facilitate outreach and vaccination support to these members.
Data Sources	Department provided lists of potentially homebound members as of February 2021 (received March 2021)
Technical Details	RAEs/MCOs are required to complete outreach forms or spreadsheets for all members on the member lists they received, regardless of whether someone is truly homebound or not. The Department will review completed outreach forms on at least a weekly basis. RAEs/MCOs that are not using the Google form are required to submit their Excel spreadsheet on outreach each Friday to Movelt.
Calculation Date	June 30, 2021
Notification Date	Within 10 days of the calculation date
Comments	RAEs/MCOs are expected to document their outreach attempts and results in the monthly reporting workbook in Appendix A. For the small number of members for whom a phone number does not exist or is incorrect -- even after attempts to obtain updated contact information -- RAEs should try other methods for reaching them if that is an option and if it is not, RAEs should convey this information in the monthly report so that these attempts receive credit.

Measure 2: Vaccination Disparity Reduction Between Members of Color and White Members, Phase 1

Definition	Disparity reduction in vaccination rates between members of color and White members by the end of the performance period. The disparity must be equal to or less than 3 percentage points (see below for more details on target setting).
Numerator	Number of members in the denominator who have received the complete series of an FDA-approved vaccination.



Denominator	Number of attributed members who fall in the region/MCO non-white group. Only members of color should be considered. A member is considered to be a member of color if they select any of the following race/ethnicity categories or a combination of these categories: American Indian/Alaska Native, Asian, Black/African American, Hispanic/Latino, Native Hawaiian/Other Pacific Islander. If a member selects “White” but also another race/ethnicity category listed above, they should also be considered in the denominator. Members must be or have been eligible for the vaccine in Phase 1 from January 1, 2021 – April 1, 2021 and based on medical condition and/or age.
Comparison Group	White racial/ethnic group for Health First Colorado members. These are members who <u>only</u> selected White, non-Hispanic for race and ethnicity. The vaccination rate for this comparison group will be calculated with the same methodology as detailed above for the Members of Color group.
Exclusions	Members who have not been continuously enrolled during the performance period will be removed from the denominator. If a member selects “Other/Unknown” or if they select “Other/Unknown” and “White,” then they are also excluded from the denominator. “Not provided” will also be excluded. Children under age 18 will be excluded. Members in facilities including nursing facilities, alternative care facilities, intermediate care facilities, regional center residents, and supported living program members will be excluded. If a member changes RAEs during the performance period, they will be removed from the denominator.
Baseline Period	N/A This measure does not evaluate final performance against a benchmark.
Performance Period	January 1, 2021 – June 30, 2021
HCPF Target	Disparity between members of color and White members is less than or equal to 3 percentage points.
Target Methodology	The target (3 percentage points) will be determined by April 30, 2021, once the Department has more complete Phase 1 vaccination data to set a fair target. RAEs will have the opportunity to weigh in on the target, but the Department will make the final decision.
Initiative	COVID Vaccination Response
Rationale	Vaccination against COVID-19 is necessary to reduce negative health outcomes associated with the pandemic. Evidence points to higher rates of contracting the virus and higher rates of serious illness and death among communities of color compared to White communities. Additionally, some members of color may be hesitant to get vaccination, may experience challenges in obtaining vaccination appointments, or may experience barriers



	to getting the vaccine (e.g., language, transportation). By focusing on members of color, RAEs/MCOs can help ensure that any potential disparities in vaccination rates and health outcomes are minimized or eliminated.
Data Sources	CBMS data will be used for the race/ethnicity groups. CIIS data and BIDM claims data will be used to determine which members have been vaccinated.
Technical Details	<p>Only Health First Colorado members who were eligible for vaccination in Phase 1 (CDPHE’s definition of Phase 1) but limited to age and medical condition will be included. For MCOs, only age will be considered since the Department does not provide data on medical conditions.</p> <p>The two dose series needs to be on different service dates and the Department will not look for consistency with the manufacturer. Unknown vaccines will be treated like a Moderna or Pfizer vaccine (two doses). Fields used are MEMBERID, SERVICEDATE, SERVICEDESCRIPTION from the CIIS data and MCAID_ID, LNE_FRST_SVC_DT, and PROC_CD from the claims data.</p> <p>Phase 1 criteria is age 50+ and members age 18+ who had a “Vacc Phase Conditions Count” great than or equal to 1 as of the February risk stratification file that was sent in March. Age will be based on a 1/1/2021 date and will use the date of birth field in the risk stratification files.</p>
Calculation Date	July 30, 2021
Notification Date	Within 10 days of the calculation date
Comments	<p>RAEs/MCOs must submit monthly vaccination response reports per the instructions in Appendix A.</p> <p>The Department will monitor the percentage difference between members of color and white members through the end of the performance period. If disparities significantly widen after the goal is set, it will be at the Department’s discretion to amend the goal. Vaccination response plans and activities will be taken into consideration along with other factors.</p>

Measure 3: Vaccination Disparity Reduction Between Members of Color and White Members, Phase 2

Definition	Disparity reduction in vaccination rates between members of color and White members by the end of the performance period. The disparity must be equal to or less than 3 percentage points
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	for 100% payment with a tiering structure (see below for more details on target setting)
Numerator	Number of members in the denominator who have received the complete series of an FDA-approved vaccination.
Denominator	Number of attributed members who fall in the region/MCO non-white group. Only members of color should be considered. A member is considered to be a member of color if they select any of the following race/ethnicity categories or a combination of these categories: American Indian/ Alaska Native, Asian, Black/ African American, Hispanic/ Latino, Native Hawaiian/Other Pacific Islander. If a member selects “White” but also another race/ethnicity category listed above, they should also be considered in the denominator. Phase 2 aligns with CDPHE’s Phase 2 eligibility criteria and for the purpose of this specification, does not include anyone who was eligible in Phase 1.
Comparison Group	White racial/ethnic group for Health First Colorado members. These are members who <u>only</u> selected White, non-Hispanic for race and ethnicity. The vaccination rate for this comparison group will be calculated with the same methodology as detailed above for the Members of Color group.
Exclusions	Members who have not been continuously enrolled during the performance period will be removed from the denominator. If a member selects “Other/Unknown” or if they select “Other/Unknown” and “White,” then they are also excluded from the denominator. “Not provided” will also be excluded. Children under age 18 will be excluded because they are not eligible for all vaccines. Members in facilities including nursing facilities, alternative care facilities, intermediate care facilities, regional center residents, and supported living program members will be excluded. If a member changes RAEs during the performance period, they will be removed from the denominator.
Baseline Period	N/A This measure does not evaluate final performance against a benchmark.
Performance Period	January 1, 2021 – September 30, 2021
HCPF Target	Disparity between members of color and White members is less than or equal to 3 percentage points for 100% payment with a tiering structure.
Target Methodology	The target will be determined by June 15, 2021, once the Department has more complete Phase 2 vaccination data to set a fair target. RAEs will have the opportunity to weigh in on the target, but the Department will make the final decision. RAEs/MCOs that achieve a 3 percentage points or less disparity will earn 100% of payment. The full tiering structure is below:



	Performance	Payment
	< = 3%	100%
	< = 5%	95%
	< = 7%	90%
	< = 9%	85%
	< = 11%	80%
	< = 13%	75%
	< = 15%	70%
	>15%	0%
Initiative	COVID Vaccination Response	
Rationale	Vaccination against COVID-19 is necessary to reduce negative health outcomes associated with the pandemic. Evidence points to higher rates of contracting the virus and higher rates of serious illness and death among communities of color compared to White communities. Additionally, some members of color may be hesitant to get vaccination, may experience challenges in obtaining vaccination appointments, or may experience barriers to getting the vaccine (e.g., language, transportation). By focusing on members of color, RAEs/MCOs can help ensure that any potential disparities in vaccination rates and health outcomes are minimized or eliminated.	
Data Sources	CBMS data will be used for the race/ethnicity groups. CIIS data and BIDM claims data will be used to determine which members have been vaccinated.	
Technical Details	<p>Only Health First Colorado members who were eligible for the vaccine in Phase 2 (CDPHE’s definition of Phase 2) will be included. Phase 2 will not include members who were eligible in Phase 1.</p> <p>The two dose series needs to be on different service dates and the Department will not look for consistency with the manufacturer. Unknown vaccines will be treated like a Moderna or Pfizer vaccine (two doses). Fields used are MEMBERID, SERVICEDATE, SERVICEDESCRIPTION from the CIIS data and MCAID_ID, LNE_FRST_SVC_DT, and PROC_CD from the claims data.</p> <p>Age will be based on a 1/1/2021 date and will use the date of birth field in the risk stratification files.</p>	
Calculation Date	October 29, 2021	
Notification Date	Within 10 days of the calculation date	
Comments	RAEs/MCOs must submit monthly vaccination response reports per the instructions in Appendix A.	



Appendix A: Monthly Vaccination Response Report Template

RAE/MCO Name	
RAE Region #	
Date Submitted	
Contact	

Purpose: The Department anticipates that the RAE/MCO strategy and activities will evolve over time as they work toward vaccination outcomes for members of color and members who are potentially homebound. Monthly performance reports will allow the Department to understand the activities that contribute to vaccination and outreach outcomes, facilitate shared learning between RAEs and the Department, and provide necessary documentation for payment.

Definitions:

Please refer to the specification document for definitions of measures and performance periods mentioned in this report template.

Submission: Please complete the following report each month and submit it through Movelt. To allow adequate time to complete this template and incorporate knowledge from the CIIS database, the report will always be due the last business day of the month following the month that the RAE/MCO is reporting on. The first report will be due May 28, 2021 for the April time period. Similarly, the second report will be due June 30, 2021 for the May time period. The last report will be due the final business day of January 2022.

Staff Time and Resources to Support Vaccination Response

1. Please report staff time that is dedicated to activities contained in the Vaccination Response Plan. Only include hours and activities for this specific reporting period (i.e., month). The first column should include groups (e.g., call center staff) or if it is one individual, their position (e.g., Chief Medical Officer). Please do not include names of staff.

Staff Group or Title	Number of Staff and Designation (FTE, PT)	Activity Type	Hours



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Results for Priority Populations

2. Please complete the table below on outreach to potentially homebound members. The data submitted should be based on the total number of people on the February 2021 list that RAEs and MCOs received in March 2021. Numbers and percentages should be cumulative to demonstrate progress in outreaching members over time.

Potentially Homebound Members	Total Number of Potentially Homebound Members (March List) <i>This number will remain constant each month.</i>	Number of Members with 3 or more outreach attempts (2 of which must be phone calls)	Number of members not outreached because they were already vaccinated	Number of members who were not outreached per Column 3 due to a lack of accurate contact information or because they were disenrolled*	Percentage Successful Outreach**
March					
April					
May					

**This number can include members without an accurate phone number but who were outreached by mail. It can also include anyone who has disenrolled under the current definition of the Public Health Emergency.*

***This percentage should include data from columns 3-5 per the measure specifications for what counts as successful outreach. By May, it should total 100% if outreach was successful.*

3. Please describe strategies used by the RAE/MCO for identifying and supporting members who are not truly homebound but who require assistance with scheduling a vaccination appointment and/or transportation to obtain a vaccine.

4. Please report progress made toward reducing vaccination disparities for members of color in the table below. This data will only be used to communicate progress each month. The Department will calculate the interim payments separately and will share results with the RAEs/MCOs. *Please report cumulative vaccination rates over time. Phases 1 and 2 refer to vaccine eligibility phases per CDPHE guidance. See the measure specifications for more details.*



Vaccinations by Race/Ethnicity	Phase 1		Phase 2	
	Percent of Eligible White Members with a Complete Vaccine Series	Percent of Eligible Members of Color with a Complete Vaccine Series	Percent of Eligible White Members with a Complete Vaccine Series	Percent of Eligible Members of Color with a Complete Vaccine Series
April				
May				
June				
July				
August				
September				

Community Partnerships

4. Please update the list of community partnerships to date (meaning ongoing) where the RAE/MCO is providing support, including financially. Please be specific when describing the RAE/MCO role.

Organization, Coalition or Individual	Geographic Location(s)	Communities Served	Specific Goal of Partnership	RAE/MCO Role	Month(s) Active

Vaccination Sites and Support

5. Please update the list of efforts to support vaccination clinics that have occurred to date. Please include mobile clinics and provide specific information about the role the RAE plays, such as “Providing direct financial support for injection supplies” (any funding source) or “support identifying and signing up priority population Medicaid members for the clinic.”



Vaccination Site (Name and Location)	Geographic Location(s)	Communities Served	RAE Specific Role	Month(s) Active	Volume of People Served

Insights, Funding, and Department Support

6. Please describe how the RAE/MCO has passed the required 75% of funding through to community organizations and providers for vaccination efforts.

7. Please share key insights learned about barriers and opportunities for facilitating vaccinations for members. Briefly explain how the RAE/MCO strategy has evolved since the previous deliverable/report for both priority populations, which should include members assigned to CMAs for outreach.

8. Are there challenges that the Department should be aware of that could potentially be resolved?