Denver Health Medicaid Choice

Medical Loss Ratio Specification Document

SFY 2020-2021

Objective: This document provides details concerning the Medical Loss Ratio (MLR) metrics for the managed care organization, Denver Health Medicaid Choice (Denver Health), that operates within Region 5 of the Accountable Care Collaborative (ACC).

Context: The MLR is a financial and policy tool that ensures at least 85% of managed care capitations are spent on medical care. To ensure that these expenditures support high quality care, four percent (4%) of the MLR is placed at risk for four (4) quality metrics. Denver Health may earn 1% back as they achieve respective quality metrics. Metrics have been developed to reflect the populations and the benefits for which Denver Health is responsible and to align with broader programmatic and Department goals are improved health outcomes and cost containment.

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Revision History		
Document Date	**Version**	**Change Description**
6/30/2020	V1	
10/01/2020	V2	Clarifying revisions
10/15/2020	V3	Appendix addition
5/18/2021	V4	Well Child Care Clarification

Acronym List

ACC – Accountable Care Collaborative
DHMC – Denver Health Medicaid Choice
eCQM – Electronic Clinical Quality Measure
MCO – Managed Care Organization
MLR – Medical Loss Ratio
SUD – Substance Use Disorder

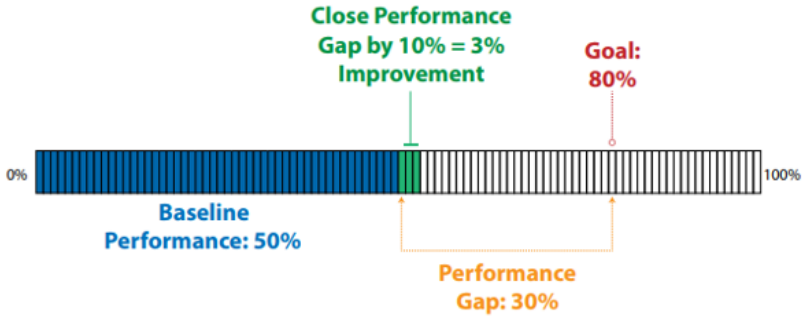
Performance Pool Baselines and Targets

Metric	Baseline Performance	Performance Target
1: WCC	38.0%	41.4%
2: Prenatal Care	75.6%	77.1%
3: SUD Tx	50.6% 22.8% 41.9% 7.1%	53.2% 23.9% 44.0% 7.4%
4: Housing and Health	Quarterly Report and Meetings	Quarterly Report and Meetings

Performance Target Methodology

Performance Targets were determined using one of the following methods:

- For Metric 1, Denver Health is required to close their performance gap to the federal target and Department goal of 80% by 8%;
- For Metric 2, Denver Health is required to close their performance gap to the national 90th percentile of 91.0% by 10%;



- For Metric 3, Denver Health is required to demonstrate a 5% improvement for each sub-metric;
- For Metric 4, Denver Health is required to submit four (4) quarterly reports and participate in four (4) quarterly forums with the Departments and its partners.

The Department and RAEs will review and update each metric's goals annually during the Spring in advance of the coming fiscal and contract year.

Calculation Timeframes and Payout Methodology

The Department and Denver Health will calculate performance for indicators on the following timeframe:

- Metric 1: Well Child Care
    - Calculation Timeframe: October 2022
- Metric 2: Timeliness of Prenatal Care
    - Calculation Timeframe: June 2022
- Metric 3: Initiation and Engagement of Alcohol and Other Drug Dependence Treatment
    - Calculation Timeframe: October 2022
- Metric 4: Housing and Health
    - Calculation Timeframe: November 2021

Denver Health's MLR will begin at 89%, 4% above the national standard of 85%. The Department determine the percentage points earned for Denver Health's MLR once the performance for each metric is calculated. The final MLR will be determined and assessed by November 2022.

Metric 1: Well Child Care

Definition	Percentage of children (0-20 years old) receiving at least one periodic screening under the early, periodic, screening, diagnostic and treatment (EPSDT) benefit % = Cell C38 / Cell C35 of the 416 Report
Numerator	Number of children (0-20 years old) receiving at least one periodic screening under the early, periodic, screening, diagnostic and treatment (EPSDT) benefit Cell C38 of the 416 Report
Denominator	Number of children (0-20 years old) eligible for the early, periodic, screening, diagnostic and treatment (EPSDT) benefit Cell C35 of the 416 Report
Baseline Performance	38.0%
Baseline Period	Calendar Year 2019
Performance Target	41.4%
Performance Period	Calendar Year 2021
Department Goal	80.0%
MLR Weight	1%
Rationale	This metric aligns with the scope of the DHMC's population given that roughly 36% of DHMC's population are children.
Data Sources	DHMC Encounters; CMS 416 report
Technical Details	416 Instructions
Comments	Due to the COVID-19 pandemic, DHMC saw a reduction in pediatric well visit utilization. In anticipation of a second wave of the pandemic, the Department lowered the performance improvement expectation to 8% as opposed to 10% gap closure. For SFY2021 performance, the Department will use the 416 Report submitted by Denver Health. For SFY2122 forward, the Department will use the 416 Report created by the Department's data analysts.

Metric 2: Timeliness of Prenatal Care

Definition	Percent of members who received a prenatal visit during pregnancy
Numerator	Number of deliveries where the member had at least one prenatal visit prior to delivery
Denominator	Number of female members enrolled in DHMC and who delivered within the performance period
Baseline Performance	75.6%
Baseline Period	Calendar Year 2019
Performance Target	77.1%
Performance Period	Calendar Year 2021
Department Goal	91.0%
MLR Weight	1%
Rationale	This metric aligns with the delivery volume of DHMC and Denver Health, overall. It also aligns with the ACC key performance indicator (KPI) and reaffirms the Department's emphasis on maternal programming.
Data Sources	DHMC encounter files
Technical Details	ACC KPI Spec Document
Comments	As part of its contractual expectations to replicate the ACC's KPI, DHMC will calculate the metric with its own encounters.

Metric 3: Initiation and Engagement of Alcohol and Other Drug Dependence Treatment

Definition	Percentage of patients 13 years of age and older with a new episode of alcohol or other drug abuse or (AOD) dependence who had two or more additional services with an AOD diagnosis within 30 days of the initiation visit
Numerator	Patients who initiated treatment and who had two or more additional services with an alcohol, opioid, or other drug abuse or dependence diagnosis within 30 days of the initiation visit
Denominator	Patients age 13 years of age and older who were diagnosed with a new episode of alcohol, opioid, or other drug abuse or dependency during a visit between January 1 and November 15 of the measurement period
Baseline Performance	Initiation (13-17): 50.6% Engagement (13-17): 22.8% Initiation (18+): 41.9% Engagement (18+): 7.1%
Baseline Period	Calendar Year 2019
Performance Target	Initiation (13-17): 53.2% Engagement (13-17): 23.9% Initiation (18+): 44.0% Engagement (18+): 7.4%
Performance Period	Calendar Year 2021
Department Goal	5% improvement
MLR Weight	1%
Rationale	This metric fosters integration across behavioral and physical health benefits and supports the expansion of eCQM data infrastructure.
Data Sources	HEDIS data In an effort to advance the use of clinical quality data, available clinical data will be submitted via Google form on a quarterly basis 45 days after the quarterly reporting period ends
Technical Details	eCQM Google Form CMS Measure Specification
Comments	This measure was proposed in the Alternative Payment Model (APM) measure set but due to system difficulties was not selected. This measure allows the Department to better understand and develop systems strategies to improve performance. Data will be collected on a quarterly basis for performance monitoring purposes. The final submission will be used to evaluate the performance period.

Metric 4: Housing and Health

Definition	A quarterly deliverable describing the implementation and outcomes of a housing program and its strategies for Medicaid members enrolled in Denver Health. Additionally, Denver Health will participate in quarterly meetings with the Department and its partners collaborate on housing and health issues on a strategic level.
Numerator	N/A
Denominator	N/A
Baseline Performance	N/A
Baseline Period	N/A
Performance Target	Four (4) quarterly deliverables submitted forty-five (45) days after the end of the quarter and attendance at four (4) quarterly check in meetings hosted by the Department
Performance Period	SFY2020-2021
Department Goal	N/A
MLR Weight	1%
Rationale	To understand how housing and healthcare services can collaborate improve health and cost outcomes for members with complex needs.
Data Sources	Denver Health will submit quarterly deliverables in a format determined by the Department that describes the implementation of the initiatives, including outcomes, stakeholder participation, and interventions.
Technical Details	Deliverable Template
Comments	The Department will facilitate workgroups with Rocky Prime, DHMC, their partners, and the Division of Housing under the Department of Local Affairs to discuss and understand the implementation of housing initiatives. Discussions will also address new opportunities to partner and scale solutions for members. The Department intends to leverage a data sharing agreement with Department of Local Affairs and its Division of Housing to move this metric from a process measure to a health outcome metric. The Department will also use lessons learned from this metric to guide its approach for members with complex needs and its development of a population management dashboard for members experiencing housing instability.

Appendix 1. Housing and Health Deliverable Template

MCO Name	
Reporting Period	[SFYXX-XX QX MM/DD/YYYY – QX MM/DD/YYYY]
Date Submitted	
MCO Contact	

The objective for this deliverable is to build collaboration across housing and health stakeholders at community and state levels for the purposes of:

1. Developing relations and working across agencies within the Continuum of Care to address the needs and improve the health of Medicaid members.
2. Building data capacity to identify which Medicaid members are housing insecure.
3. Evaluating and improving housing programs across the state of Colorado.

RMHP Prime and Denver Health Medicaid Plan are expected **to report on the progress of existing housing and health strategies and initiatives.** However, this template includes space for additional **reporting on collaborative efforts among stakeholders throughout the year to address a more comprehensive vision of housing and health for Medicaid members.**

RMHP Prime and Denver Health are expected to report on as much information and data as they have available each quarter. For sections that require cross-agency collaboration and where collective progress was not made, please state "not yet available" and state the reason why.

Housing and Healthcare Initiatives

(1) Please provide a description for your housing program including objectives, target population, program requirements, and length of services. Please also include a description of the role of your MCO. (If there is a logic model or guiding framework, attach in an appendix.)
Click or tap here to enter text.

(2) Please describe your MCO's role in this initiative. Include how your MCO more broadly sees its role in supporting the connections between housing and health.
Click or tap here to enter text.

(3) Please list any requirements for program participation (i.e. income, housing status, etc.).
Click or tap here to enter text.

Metrics	Data
Total individuals currently being served	
Number of individuals served by subpopulation 1 (e.g., people with SUD)	

Number of individuals served by subpopulation 2 (e.g., people with disabilities)	
Add lines as needed	

(4) **What are the services** – medical, behavioral, housing, and supportive – available to participants as part of the initiative? *Please place an "X" next to the type of service (medical, housing, or supportive service) and describe the funding source, such as Medicaid, housing authority, etc.*

Service Description	Medical	Behavioral	Housing	Supportive	Funding Source
Tenant orientation/move-in assistance					
Tenant's rights education/tenants council					
Case management					
Coordination of all resident services					
Psychosocial assessment					
Individualized service planning					
Individual counseling and support					
Referrals to other services and programs					
Crisis intervention					
Peer mentoring					
Recreational/socialization opportunities					
Support groups (list below)					
Legal assistance					
Transportation					
Meals					
Other nutritional services					
Emergency financial assistance (specify)					
Furnishings					

(5) Please list the partners involved in this PSH initiative and their roles.

Partner	Role

(6) Please describe the current phase of your program implementation.
Click or tap here to enter text.

(7) What have been the challenges of implementation so far? Please include broader challenges of the initiative as well as challenges that the MCO is experiencing.
Click or tap here to enter text.

(8) How has your MCO supported partners in explaining Medicaid covered benefits and expanding opportunities for services?
Click or tap here to enter text.

(9) What are the strengths of this housing initiative, and what opportunities exist for improving access to and quality of care for members?
Click or tap here to enter text.

Care and Utilization Outcomes	**Medicaid Participants**
Total Cost of Care (population & per capita)	
ER Rate	
Hospitalization Rate	
Care Coordination Engagement Rate	
BH Engagement Rate	
SUD Engagement Rate	
Acute Care Rate	
Wellness Care Rate	
Other (Fill in / Add rows	

Programmatic Outcomes	**Medicaid Participants**
Program Retention Rate	
Program Dropout Rate	

Justice Involvement Rate	
Recidivism Rate	
Employment Rate	
Health Condition Profile (below)	
Diabetes Prevalence	
Hypertension Prevalence	
HIV Prevalence	
SUD Prevalence	
Depression Prevalence	
Disability Prevalence	

*****Outcomes and health metrics can be changed to reflect metrics that are captured by existing MCO evaluations. These metrics are suggestions.

(10) Please share one or two anecdotes that exemplify early success in the initiative, either from a member's perspective or from the community perspective.