

Colorado Department of Health Care Policy and Financing

Accountable Care Collaborative (ACC)

PROMETHEUS Potentially Avoidable Complications
(PAC) Key Performance Indicator (KPI) Methodology

State Fiscal Year 2020-21

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Related Documents

SECTION 1: INTRODUCTION

1.1 Overview

The Accountable Care Collaborative (ACC) Key Performance Indicators (KPI) Methodology document describes the approach the Department of Health Care Policy and Financing (Department) uses for calculating the KPIs and other measures for the ACC program.

While the Department intends to have a KPI based on a PROMETHEUS performance statistic in the future, the current PROMETHEUS model best support a process measure that focuses on embedding the PROMETHEUS model within current operations of the RAEs. To earn the full KPI incentive for the PROMETHEUS measure for the third year of the ACC, RAEs must first submit a Project Plan that describes activities to be implemented by the RAE to impact initial areas of opportunity identified through PROMETHEUS. The plan must include key implementation milestones for programs and activities. The completion of these key implementation milestones will serve as the second component of the PROMETHEUS process measure. Together, these two components will help prepare RAEs for future performance years' work when the Department expects more impactful results.

1.2 Purpose

The purpose of this document is to describe the methodologies used to calculate the PROMETHEUS Potentially Avoidable Complications (PAC) KPI performance incentive payments for RAEs in State Fiscal Year (SFY) 2020-21.

1.3 Scope

This document addresses only the methodology utilized to calculate the ACC PROMETHEUS PAC KPI.

1.4 Document Maintenance

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

1.5 SUD Data Disclosure

Since the RAEs will be receiving SUD data in their PROMETHEUS dashboards the below disclosure is required by the Department to include in this document.

1. This information has been disclosed to you from records protected by federal confidentiality rules (42 CFR part 2). The federal rules prohibit you from making any further disclosure of information in this record that identifies a patient as having or having had a substance use disorder either directly, by reference to publicly available information, or through verification of such identification by another person unless further disclosure is expressly permitted by the written consent of the individual whose information is being disclosed or as otherwise permitted by 42 CFR part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose (see § 2.31). The federal rules restrict any use of the information to investigate or prosecute with regard to a crime any patient with a substance use disorder, except as provided at §§ 2.12(c)(5) and 2.65.
2. 42 CFR part 2 prohibits unauthorized disclosure of these records.

SECTION 2: DATA REQUIREMENTS

2.1 Background

ACC population: Four dollars of the per-member per-month (PMPM) payment to each RAE is withheld by the Department. RAEs are eligible to receive the four-dollar (\$4.00) withhold by achieving performance standards for the KPIs including: PROMETHEUS Potentially Avoidable Complications (PAC) rates

PROMETHEUS is an analytical tool that evaluates 'episodes of care', or clinically related sets of services, to determine if there is opportunity to reduce costs and improve quality. The tool, developed by Altarum, is capable of parsing services associated with 90+ different episodes of care (see link below for a complete list of episodes) into typical services and potentially avoidable complications.

Overview and training materials:

<http://prometheusanalytics.net/deeper-dive/concepts-and-use>

Episode Definitions:

<http://prometheusanalytics.net/deeper-dive/episode-care-definitions>

<http://prometheusanalytics.net/deeper-dive/definitions-readable>

2.2 Evaluation and Baseline Period

RAEs will be given access to PROMETHEUS PAC results that are based on fee-for-service (FFS) claims and managed care encounters that occurred between **7/1/2017 (SFY2017-18)** and **6/30/2019 (SFY2018-19)**. RAEs will use these results to determine areas of opportunity and to develop a) a project plan and b) a milestone table, both of which will be submitted by **10/09/2020** and executed by **6/30/2021**.

2.3 Baseline Population

Medicaid Enrollment:

Clients enrolled in the ACC between 7/1/2017 and 6/30/2019.

Exclusions:

The PROMETHEUS model excludes clients dually enrolled in Medicare and Medicaid, as well as clients enrolled in PACE. The model assigns fee-for-service (FFS) claims and managed care encounters to episodes of care, so any claim or encounter that did not group to an episode will not be present in the PROMETHEUS results. Clients who did not receive any care between 7/1/2017 and 6/30/2019 that could be grouped to a PROMETHEUS episode will not be present in the PROMETHEUS results.

2.4 Evaluation Population

N/A - The third performance period focuses on process – building regional infrastructure to support interventions that will reduce PAC rates in the future – rather than on measuring the changes in PAC rates in evaluation populations. The Department will continuously update the data underlying the dashboards with data from the RAEs' contract period as it becomes available and will refine measurement methodology as appropriate going forward.

2.5 Claims Selection Criteria

The following criteria was used to select the 7/1/2017 – 6/30/2019 claims and encounters:

- Include:
 - Both facility and professional claims
 - Pharmacy claims
 - Paid claims
 - Last claim (after all adjustments have been taken)
 - Encounters:
 - Dental encounters through ASO
 - BHO encounters from each SFY's flat file
- Exclude:
 - Deleted records

2.6 Payment Schedule

Payments are calculated on a quarterly basis but will be paid out annually in December of the next fiscal year. The RAEs will get paid for FY20-21 work in December of 2021 unless told otherwise.

FY21 Time Period	Payment Based On	Payment Amount
Quarter 1 (7/1/20 – 9/30/20)	Project plan rough drafts (with ROI Calcs & Milestone Table)	\$0.571 PMPM x Quarterly Caseload
Quarter 2 (10/1/20 – 12/31/20)	Approval of Final Project Plan & timely submission of Q2's milestone deliverables	Payment Tier PMPM x Quarterly Caseload
Quarter 3 (1/1/21 – 3/31/21)	Timely submission of Q3's milestone deliverables	Payment Tier PMPM x Quarterly Caseload
Quarter 4 (4/1/21 – 6/30/21)	Timely submission of Q4's milestone deliverables	Payment Tier PMPM x Quarterly Caseload
Final Payout December 2021	FY20-21	Payment Tier PMPM x Cumulative Quarterly Caseload

KPI Payment Tiers	
Tier 1	\$0.428 PMPM
Tier 2	\$0.571 PMPM

Milestone Payment Tiers	
% of Quarterly Points Earned	Payment %
90+%	100%
80-89%	75%
0-80%	0%

Example – RAE 9

- Per RAE 9's Milestone Table, their Quarter 2 deliverables together are worth 25 points, their Quarter 3 deliverables are worth 45 points, and their Quarter 4 deliverables are worth 30 points (for a grand total of 100 points across all interventions).
- RAE 9 submitted their FY21 Project Plan on time and thus received a full (Tier 2) payment rate for Quarter 1. There were 100 members months attributed to RAE 9 for all Q1, so the RAE earned a quarterly KPI payment of \$57.10. There were 100 members months attributed to RAE 9 for all Q2 and they earned all of their available points, so the RAE earned another quarterly KPI payment of \$57.10.
- In Quarter 3, the RAE missed a deadline for one of their milestone deliverable deadlines, and thus scored 40 out of 45 possible points (88%). Per the **Milestone Payment Tiers** table, the RAE earned a Tier 1 payment rate of \$0.428 PMPM. Again, 100 member-months were attributed to the RAE in Q3, resulting in a KPI payment of \$42.80.
- In Quarter 4, the RAE missed several milestone deliverable deadlines, scoring 19 out of 30 possible points (76%). Per the **Milestone Payment Tiers** table, the RAE earned no payment rate and will be paid \$0.00 for the quarter.

FY21 Time Period	Attribution Caseload	Available Milestone Points	Earned Milestone Points	% of Available Points Earned	Payment Tier	Payment Amount (Caseload * Payment Tier \$)
Quarter 1 (7/1/20 – 9/30/20)	100 member-months	N/A	N/A	N/A	N/A	\$57.10
Quarter 2 (10/1/20 – 12/31/20)	100 member-months	25	25	100%	100% (\$0.571 PMPM)	\$57.10
Quarter 3 (1/1/21 – 3/31/21)	100 member-months	45	40	88%	75% (\$0.428 PMPM)	\$42.80
Quarter 4 (4/1/21 – 6/30/21)	100 member-months	30	19	76%	0% (\$0.00 PMPM)	\$0.00

2.6.1 PROMETHEUS Project Plan

RAE project plan describing intervention milestones to be executed by the RAE in FY2020-21 (and beyond as applicable) to reduce Potentially Avoidable Complications identified by PROMETHEUS.

KPI Incentive Funding Tied to Component: 25 available for PROMETHEUS measure is tied to the timely submission of Project Plans and associated Milestone Tables and ROI Calculations. Payment for this component will be calculated for SFY Quarter 1 (7/1/2020 - 9/30/2020) and will be based upon the RAE's attributed population during that quarter.

Rough Draft Project Plan Due Date: 8/21/2020

Revised Draft Project Plan Due Date: 9/18/2020

Final Project Plan Due Date: 10/09/2020

The 7-day grace period referred to in section 3.2.1 below is not applicable to the submission of Project Plan drafts; all submissions are expected on the dates listed above.

2.6. 2 PROMETHEUS Project Plan Milestone Table

Complete "Project Plan Milestone Table" template with appropriate documentation.

KPI Incentive Funding Tied to Component: Payment for this component will be calculated for SFY Quarters 2-4 (10/1/2020 - 6/30/2021) and will be based upon the RAE's attributed population during each quarter.

SECTION 3: KEY PERFORMANCE INDICATOR MEASUREMENT

3.1 PROMETHEUS Project Plan

Successful completion of this component will require collaboration with the Department leading up to the deadline. Department staff will be available to provide technical assistance upon request of the RAE.

Initial Plan		
Project Plan Draft	Submission Deadline	HCPF Response Deadline
Rough draft	8/21/20	9/04/20
Revised draft	9/18/20	10/02/20
Final draft	10/09/20	10/23/20

An approvable plan will have the following characteristics:

1. An assessment of the region's five (5) episodes with the highest split OR unsplit PAC costs, (at the RAE's discretion to choose which, but the same cost type must be used and reported consistently throughout the project plan and exhibits), that focus on Maternity, Complex newborns, Diabetes, Hypertension, COPD, Anxiety/ Depression, Asthma, or SUD services, that demonstrates an in-depth understanding of the region's PROMETHEUS results and includes:
 - a) Number of members with specified episode
 - b) Top 3 categories of service (COS)
 - c) Comorbidities
 - d) Other pertinent data and clinical or community insights

2. Episodes with high PAC costs that do not focus on Maternity, Complex newborns, Diabetes, Hypertension, COPD, Anxiety/ Depression, Asthma, or SUD services are not likely to be considered highly actionable by the Department and can thus be excluded. Please use the PROMETHEUS definitions of corresponding episodes for definitions of Maternity, Complex newborns, Diabetes, Hypertension, COPD, Anxiety/ Depression, or SUD services. RAEs are asked to summarize the top 5 episodes but select only 3 episodes for intervention to provide more flexibility in which episodes RAEs select for intervention. If there's a top 3 episode that the RAE doesn't think is suitable for intervention at this time, the RAE can provide an explanation about why and then select the fourth- or fifth-ranked episode instead.
 - a) Descriptions of RAE interventions that address at least **three (3) top episodes** identified in the region's dashboard. The descriptions must include the following:
 1. Description of the intervention
 2. Target populations, providers, or geographies
 3. Estimated return on investment (ROI), including supporting evidence (*see Exhibit A – FY21 ROI Calculations*)
 4. A high-level project plan that outlines key milestones and associated weights (*see Exhibit B – FY21 Project Plan Milestone Table*)
 5. Project plan milestone overview
 6. Potential barriers to implementation for the proposed intervention and the RAE's plan to address them

7. Stakeholder input from key parties (providers, local public health agencies, schools, members, etc.) that will be impacted by the proposed intervention
 8. Examples from historical claims level data that illustrate how the proposed interventions would have an impact and establish an unambiguous connection between the proposed activities and programs and the areas of opportunity highlighted by the tool – examples provided in the PAC Plan template
 9. Restatement of the Department’s unresolved questions/concerns raised asked when reviewing the previous draft and the RAE’s responses
- b) Return on investment (ROI) estimates that evaluate the cost of the proposed activities and programs and compares the costs to the likely ROI achieved through reduction in potentially avoidable complications and provides evidence supporting the above ROI estimates. To the extent evidence is not available, compelling rationale defending the inclusion of the activity and program plan must be provided. (See **Exhibit A**)
 - c) The Department will discuss and evaluate both the logic behind and the accuracy of ROI calculations with the RAEs to help ensure that the RAE is focusing on areas and interventions with maximum opportunity. Payment for the KPI will not be explicitly tied to the accuracy of ROI estimates, but Project Plans that do not meet the Department’s ROI expectations will not be approved.
 - d) Project Plan Milestone Table as described below for each proposed intervention. Key milestones are called out for tracking for Process Measure Component 2 (described below). (See **Exhibit B**)

3.2 PROMETHEUS Milestone Table

Description and Parameters: As part of the Project Plan, RAEs will identify key milestones for each intervention. Key milestones will be documented in a “Milestone Weight Table” for each proposed intervention (see example below). Each milestone will be assigned a weight by the RAE to indicate the relative importance and resource intensity. **The sum of the weights across all interventions and all milestones must total 100.** There should be a minimum of 3 and maximum of 8 milestones for each intervention.

KPI payments will be earned based on the percentage of points earned, as calculated in the Project Plan Milestone Tables. **If a milestone was completed on time, points equal to the milestone’s weight are earned. If a milestone wasn’t completed on time, no points are earned for that milestone.**

At the end of each quarter (except Quarter 1), the Department can calculate the percentage of available points earned for milestones occurring that quarter. If a RAE earns 90% of the possible points, 100% of the remaining KPI funds will be awarded. If the RAE earns 80-89% of the points possible, 75% of the remaining KPI funds will be awarded. If less than 80% of the possible points are earned, no KPI payment will be awarded. See the table below.

Milestone Payment Tiers	
% of Quarterly Points Earned	Payment %
90+%	100%
80-89%	75%
0-80%	0%

Sample Milestone Weight Table								
#	PROMETHEUS Episode Addressed	Intervention	Milestone Description	Deliverable(s)	Weight	Due Date	Completion Date	Score
1	Hypertension	Telehealth outreach program	Obtain approval from		10	6/30/2021	3/31/2021	10

		with primary care providers	members to participate					
2	Hypertension	Telehealth outreach program with primary care providers	Determine how to measure participation		5	6/30/2021	4/30/2021	5
3	Hypertension	Telehealth outreach program with primary care providers	Establish a follow-up protocol for members who aren't participating		5	6/30/2021	5/31/2021	5
4	Hypertension	Telehealth outreach program with primary care providers	Survey results from survey administered to participants about the program		5	6/30/2021	4/30/2021	5
5	Hypertension	Telehealth outreach program with primary care providers	Next steps for members who successfully complete program		10	6/30/2021	7/8/2021	0
		Total			35			25

3.2.1 Submission of Milestone Deliverables

Milestone deliverables must be submitted within 7 calendar days of the due date specified in the final Project Plan Milestone Table. Each deliverable should be named with the episode being addressed and milestone number (e.g., "Hypertension_1 Obtain Approval for Participation") The RAE contact listed on the Project Plan will receive an emailed Deliverable Response Letter confirming acceptance of the deliverable within 14 days of submission.

3.3 Reporting Requirements Between 10/9/20 and 6/30/21

After Project Plans have been finalized, the Department will not require any routine status reporting from RAEs. Reporting will be limited to identification and resolution of obstacles preventing timely implementation.

In the event that a RAE misses a deadline, within two weeks of the missed deadline, the Department should receive a 1-2-page report specifying why the deadline was missed and what steps they'll take to ensure any downstream milestones are not impacted.

If the RAE believes they're encountering a systemic or fundamental issue (e.g., a supply shortage) that will prevent them from implementing future steps on time, they'll need to submit a 2-3-page report describing the issue they're encountering

and proposing revised timelines. The Department should be notified (in writing) of the potential issue as soon as possible – before a deadline is missed – if feasible. After notifying the Department, the RAE should submit its revised plan to the Department within 3 weeks; the Department should approve or modify and then approve the plan within 2 weeks.

SECTION 4: RISK ADJUSTMENT

4.1 Overview

The PROMETHEUS model normalizes risk but does not explicitly adjust for it. The Department is currently exploring non-endogenous risk adjustment methodology options.

Please note that outside of hospital stays for chronic conditions that the model considers to be 100% PAC, pharmacy services will always be labeled as 0% PAC.

SECTION 5: PAYMENT TIERS

Targets for Tier 1 and Tier 2 incentive payments are established by the Department. Targets are based on an improvement percentage as compared to regional RAE performance during a baseline period. Two different targets are set for each KPI: Tier 1 Target and Tier 2 Target, which equate to different incentive payment amounts if a tier is met during the evaluation period.

5.1 Incentive Payment Amounts PMPM

The \$4 PMPM withhold will be evenly distributed among each of the KPI measures identified for the year.

For the second year of the program, payment for the PROMETHEUS PAC KPI will be established as follows:

KPI	Tier 1 Payment	Tier 2 Payment
Potentially Avoidable Complications	\$0.428 PMPM	\$0.571 PMPM

GLOSSARY

Acronym	Definition
ACC	Accountable Care Collaborative
PAC	Potentially Avoidable Complications
BIDM	Business Intelligence and Data Management System and Services
CMS	Centers for Medicare and Medicaid Services
Colorado BIDM SharePoint site	The SharePoint site that is hosted by Truven Health for the BIDM project.
HCPF	Health Care Policy and Financing
KPI	Key Performance Indicator
RAE	Regional Accountable Entity