Scoring for annual attestation exhibit
PY 2023

Tier 1 attestation scoring			
Attestation section	***Minimum points required**	**Maximum points available**	**Minimum point requirements to pass attestation**
Team-based care	90	100	220 points
Education/coaching	35	40	
Performance metrics	40	90	
eCQMs	32	60	
Tier 2 attestation scoring			
Attestation section	***Minimum points required**	**Maximum points available**	**Minimum point requirements to pass attestation**
Team-based care	80	100	195 points
Education/coaching	30	40	
Performance metrics	35	90	
eCQMs	28	60	
Tier 3 attestation scoring			
Attestation section	***Minimum points required**	**Maximum points available**	**Minimum point requirements to pass attestation**
Team-based care	70	100	170 points
Education/coaching	30	40	
Performance metrics	20	90	
eCQMs	20	60	

*Minimum points required **do not** add up to the total amount of points your practice will need to pass the point requirements for your tier.

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Attestation section	Performance timeframe
Team-base care	CY 2023
Education and coaching	CY 2023
CIA questions	CY 2023
eCQMs	CY 2023
Performance metrics	FY 23-24 July 1, 2023–June 30, 2024

Team based care attestation

Access – 16 points available			
Question number	**Questions**	**Response**	**Points Available**
1	Do your patients have 24/7 access to a care team practitioner with real- time access to the patient's record in the EHR?	Yes/No	5 points
2	Does your practice deliver care in at least 2 ways that is alternative to a traditional office visit?	Yes/No	0 points
2a	If yes, which methods does your practice offer alternative visits to your patients? Select all that apply.	• Alternative location visit • Cirrus MD • Group visit • Home visit • Phone visit (audio only) • Telehealth visit (video and audio) • Car/curbside visit	3 points for each method you select; max points for this question is 8 points
3	Does your practice identify and addresses equity issues which impact patient access to care?	Yes/No	3 points

Utilization – 28 points available

Question number	Questions	Response	Points available
1	Does your practice review and utilize data from the HCPF DAP Tool to inform KPIs and/or APM performance?	Yes/No	5 points
1a	If yes, how often does your practice review and utilize data from the HCPF DAP Tool?	• Monthly • Quarterly • Does not review • Need access to DAP	0 points
2	Does your practice have a documented inpatient and emergency department discharge follow up workflow?	Yes/No	5 points
3	Do patients who are discharged from an inpatient hospital stay receive a connected contact from your practice within 2 business days?	Yes/No	3 points
3a	If yes, what percentage of time does your practice contact patients within 2 business days of an inpatient hospital discharge?	• 0-25% • 26-50% • 51-75% • 76-100%	0 points
4	Is medication reconciliation completed within 30 days post inpatient hospital discharge?	Yes/No	5 points
4a	If yes, what percentage of time does your practice reconcile medications with patients within 30 days of an inpatient hospital discharge?	• 0-25% • 26-50% • 51-75% • 76-100%	0 points
5	Do patients who have an ED visit receive a documented follow-up interaction with your practice within 1 week of discharge?	Yes/No	5 points
5a	If yes, what percentage of time does your practice provide a documented follow-up with patients within 1 week of the ED discharge?	• 0-25% • 26-50% • 51-75% • 76-100%	0 points
6	Is your practice connected with your local HIE?	Yes/No	5 points

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Utilization – 28 points available (cont.)

Question number	Questions	Response	Points available
7	How does your practice receive information from hospitals after patients are discharged from the ED or hospital? Select all that apply.	• Fax/eFax • HIE • Hospital EMR • Phone • Secure email or direct message • Third party software or tool	0 points

Population health – 32 points available

Question number	Questions	Response	Points available
1	Does your practice have integrated services that support the team-based model of care?	Yes/No	0 points
1a	If yes, which integrated services are part of your practice's team-based care model. Select all that apply.	• Integrated behavioral health • Integrated dental services • Integrated pharmacist • RN care management	3 points for each method you select; max points for this question is 9 points
2	Does your practice have a risk stratification methodology in place for all empaneled patients?	Yes/No	5 points
2a	If yes, which methodologies are used in your practice's risk stratification process. Select all that apply.	• Behavioral health needs • Care team perception • Computed risk scores • Methodology from claims • Number of diagnosis • Number of medications • SDOH • Other	0 points
2b	If other, please explain:		0 points
3	Does your practice provide targeted and proactive longitudinal care management to all patients identified at increased risk based on risk stratification process, referral from care team, or change of life/health event?	Yes/No	5 points

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Population health – 32 points available (cont.)			
Question number	**Questions**	**Response**	**Points available**
4	For patients receiving longitudinal care management, does the practice complete care plans containing at least the patient's goals and needs?	Yes/No	5 points
4a	If yes, is the care plan used as a working document?	Yes/No	0 points
5	Does your practice have a process in place which routinely gathers patient demographic information? (Routinely = at least annually)	Yes/No	3 points
5a	If yes, which information is routinely gathered from patients? Select all that apply.	• Disability status • Ethnicity • Gender • Language • Race • Sexual orientation • Other	0 points
5b	If other, please explain:		0 points
6	Does your practice have a written workflow or policy and procedure that outlines your referral management process including closing the loop on open referrals in a timely manner?	Yes/No	5 points
Behavioral health and psychosocial needs – 22 points available			
Question number	**Questions**	**Response**	**Points available**
1	Does your practice have a Behavioral Health Model?	Yes/No	0 points
1a	If yes, which model best describes your model?	• Coordinated • Co-located • Fully integrated	Coordinated = 1 point Co-located = 2 points Fully integrated = 3 points

Behavioral health and psychosocial needs – 22 points available (cont.)

Question number	Questions	Response	Points available
1b	If yes, which of the following conditions are you targeting in your behavioral health strategy?	• Anxiety • Asthma • Chronic obstructive pulmonary disease • Depression • Diabetes • Hypertension • Substance use disorder • Other	1 point per condition; max points is 7
1c	If other, please explain:	If description is provided you will receive a point	1 point
2	Does your practice routinely assess patients' psychosocial needs using a validated screening tool (AHCM, Health Leads, PRAPARE, SEEK, Colorado Children's Hospital Social Needs Tool)?	Yes/No	5 points
2a	Does your practice review data collected from a standardized screening tool?	Yes/No	2 points
2b	Does your practice connect patients who screen positive for a social need with community resources?	Yes/No	2 points
2c	Does your practice ensure that care plans created for patients account for patient social constraints?	Yes/No	2 points
2d	What SDOH screening tool does your practice primarily use?	• AHCM • Health leads • PRAPARE • SEEK • Colorado Children's Hospital Social Needs Tool	0 points

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Patient experience – 24 points available

Question number	Questions	Response	Points available
1	Does your practice monitor patient experience of care?	Yes/No	0 points
1a	If yes, which areas are used to monitor patient experience of care? Select all that apply.	• Coordination of care • Effective provider-patient communication • Timely access to care • Whole person care	4 points for each method you select; max points for this question is 8 points
2	Does your practice obtain feedback from your patient population regularly to inform your ongoing QI work?	Yes/No	0 points
2a	If yes, how does your practice obtain feedback? Select all that apply.	• Focus group • PFAC • Portal message • Survey/poll • Other	1 point for each method you select; max points for this question is 4 points
2b	If other, please explain:	If description is provided you will receive a point	1 point
2c	If yes, how often does your practice obtain feedback?	• Monthly • Quarterly • Semi-annual • Annually	0 points
3	Does your practice recruit members of the PFAC that represent the diversity of the population you serve?	Yes/No	0 points
4	Does your practice identify and engage a subpopulation of patients and caregivers in advanced care planning?	Yes/No	3 points
5	Does your practice follow up with patients on their blood work, lab results, x-ray orders or other test that they have had completed?	Yes/No	8 points
5a	If yes, how does your practice follow up with patients? Select all that apply.	• Health care professional patient call • Letter • Provider portal • Scheduled office visit	0 points

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Quality improvement - 8 points available

Question number	Questions	Response	Points available
1	Does your practice have a multidisciplinary team that meets at least monthly to complete ongoing QI work?	Yes/No	5 points
2	Does your practice consider patient demographics and health equity in quality improvement efforts?	Yes/No	3 points

Spread & sustainability – 14 points available

Question number	Questions	Response	Points available
1	Does your practice have a communication plan that informs staff of ongoing QI work?	Yes/No	3 points
2	Does your practice have a communication plan that informs patients of ongoing QI work?	Yes/No	3 points
3	Does your practice use a sustainability plan to review workflows and processes that support continuous quality improvement?	Yes/No	8 points

Condition management – 0 points available

Question number	Questions	Response	Points available
1	Does your practice provide innovative best practice programs to address any of the following conditions (i.e., diabetes group visits, group prenatal classes, clinical pharmacists consultations, etc.)?	• Anxiety • Asthma • Cardiovascular disease • Chronic pain • Complex care • Chronic obstructive pulmonary disease (COPD) • Depression • Diabetes • Hypertension • Maternity • Substance use disorder (SUD)	0 points

Education and coaching

Education & coaching – 209 points possible			
Question number	**Questions**	**Response**	**Points available**
1	Has your practice attended and participated in live and/or recorded educational opportunities by the RMHP Clinical Quality Improvement (CQI) Team?	Yes/No	0 points
1a	If yes, how many of the 2-point opportunities, listed below, has your practice attended? • Annual Wellness Webinar with Terry Fletcher • Basics of an Effective Integrated Behavioral Health Clinician as a Partner in the Medical Home • Care Management Training: Transitional Care Management • Care Management Training: Into the Maze: Care Management for Complex Cases • Care Management Training: Resource Navigation • Care Management Training: Chronic Care Management • Chameleon Course: Annual Wellness Course • Chameleon Course: EPSDT Course • CQI Newsroom – January 2023 • CQI Newsroom – February 2023 • CQI Newsroom – March 2023 • CQI Newsroom – April 2023 • CQI Newsroom – May 2023 • CQI Newsroom – June 2023 • CQI Newsroom – July 2023 • CQI Newsroom – August 2023 • CQI Newsroom – September 2023 • CQI Newsroom – October 2023 • Diabetes Coding, HCC and Physician Query – Terry Fletcher • Kitchen Sink of Common Issues in a Joint Visit with Medical and Behavioral Health Providers – 2 points	Numerical response (0-26)	2 points per response (Max of 52 points)

Education & coaching – 209 points possible (cont.)

Question number	Questions	Response	Points available
1a	• Pediatric Preventative Medicine – Terry Fletcher • Practical Pearls in Managing Pediatric Anxiety in Primary Care • Practical Pearls in Managing Pediatric Depression and Suicidality in Primary Care • Practical Pearls in Managing Pediatric ADHD in Primary Care • Practical Pearls in Managing Pediatric Aggression in Primary Care • Psychological Informed Pain Management		2 points per response (max of 52 points)
1b	If yes, how many of the 10-point opportunities, listed below, has your practice attended? • Behavioral Health Skills Training • Health Equity Training • RMHP-hosted Coding and Billing Networking Groups (must participate in 3 opportunities)	Numerical response (0-3)	10 points each (max of 30 points)
1c	If no, are you interested in attending an opportunity?	Yes/No	0 points
2	Has your practice utilized the RMHP Key Performance Indicators (KPIs) 1 pagers/toolkits for metric improvement in your practice?	Yes/No	10 points
3	During the program year, were you an active participant in the RMHP Clinical Quality Improvement Diabetes Management Program?	Yes/No	20 points
4	Has your practice completed Consultative Services with the RMHP CQI team in relation to improving a RMHP metrics?	Yes/No	10 points
5	During the program year, was your practice an active participant in the RMHP Clinical Quality Improvement ED Utilization Program?	Yes/No	20 points

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Education & coaching – 209 points possible (cont.)			
Question number	**Questions**	**Response**	**Points available**
6	Did your practice complete a RMHP CQI Program for program year (Foundations, Masters 1 or 2)?	Yes/No	15 points
7	How many Gaps in Care Program(s) did your practice participate in during the program year? • Annual Wellness Visits – IFP • Breast Cancer Screening – DSNP/MA • Diabetes A1C – DSNP/MA	Numerical response (0-3)	5 points for each program (max 15 points)
8	Are you actively utilizing the Healthcare Policy and Financing (HCPF) E- Prescriber Tool?	Yes/No	8 points
9	Did your practice meet with your Clinical Program Manager (CPM) semi-annually this performance period (CY 2023)?	Yes/No	14 points
10	Did your practice present in CQI Newsroom on best practices/workflows?	Yes/No	5 points
11	Did your practice participate in the RMHP Provider Cross Collaboration Committee?	Yes/No	10 points

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Performance metrics
SFY 23-24 (7/1/2023 – 6/30/2024)

	KPI metrics – 100 points possible You are only eligible to earn points per KPI by either meeting the target or submitting workflow documentation.				
	KPI points				
Question number	**Questions**	**Tier 1 target = 5 points**	**Tier 2 target = 10 points**	**Workflow submissions**	**Points available**
1	KPI: Dental visits	N/A	52.36%	Yes/No	Tier 1 = 5 points Tier 2 = 10 points OR Workflow submissions = 10 points You can **ONLY** receive points for meeting the target **OR** for submitting a workflow
2	KPI: Prenatal and post-partum care: timeliness of prenatal care	N/A	55.12%	Yes/No	
3	KPI: Prenatal and post-partum care: post-partum care		44.45%	Yes/No	
4	KPI: Emergency department visits (PKPY) risk adjusted	504.28	483.90	Yes/No	
5	KPI: Well-child visits in the first 30 months of life (0-14 months)	N/A	63.67%	Yes/No	
6	KPI: Well-child visits in the first 30 months of life (15-30 months)	N/A	66.44%	Yes/No	
7	KPI: Child and adolescent well-care visits	N/A	42.82%	Yes/No	
8	KPI: Depression screening and follow-up	N/A	25.21%	Yes/No	

*Documentation for process improvement must be submitted by March 31 of each year and included your clinical and/or data workflows of your planned intervention (i.e., Policies, procedures, process maps, etc.). Planned interventions must demonstrate how your practice is working to improve the specific KPI **AND MUST** include how your practice addresses health disparities inclusive of rural populations, Spanish speaking communities, black, indigenous and other people of color for the specific KPI.

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CAHPS performance

Question number	Questions	Response	Points available	
1	Did RAE 1 meet or exceed the Composite Measure Colorado Aggregated RAE CAHPS STAR Rating for adults during the program year?	RAE 1 STAR Rating average/Colorado STAR Rating average	Yes = 10 points	No = 0 points
2	Did RAE 1 meet or exceed the Composite Measure Colorado Aggregated RAE CAHPS STAR Rating for children during the program year?	RAE 1 STAR Rating average/Colorado STAR Rating average	Yes = 10 points	No = 0 points

eCOMs Suite for 2024

2024 RMHP clinical quality measures

NQF	CMS	Core	Population	Measure	RMHP benchmark	Attestation points
		W30-CHa	Pediatric	Well-child visits in the first 30 months of life (0-14 months)	63.67%	6
		W30-CHb	Pediatric	Well-child visits in the first 30 months of life (15-30 months)	66.44%	6
		WCV-CH	Pediatric	Child and adolescent well-care visits	42.82%	12
		PPC- (CH/AD)a	Pediatric/ adult	Prenatal and post-partum care (timeliness of prenatal care)	55.12%	6
		PPC- (CH/AD)b	Pediatric/ adult	Prenatal and post-partum care (postpartum care)	44.45%	6
NQF-0576a			Adult/ pediatric	Follow-up after hospitalization for mental illness (within 7 days of discharge)	29.89%	6*
NQF-0576b			Adult/ pediatric	Follow-up after hospitalization for mental illness (within 30 days of discharge)	29.89%	6*

2024 RMHP clinical quality measures (cont.)

NQF	CMS	Core	Population	Measure	RMHP benchmark	Attestation points
NQF-1799a			Adult/pediatric	Medication management for people with asthma (medication adherence 50%)	50.59%	4*
NQF-1799b			Adult/pediatric	Medication management for people with asthma (medication adherence 75%)	50.59%	4*
NQF-0418	CMS-002v13	CDF- (CH/AD)	Adult/pediatric	Preventive care and screening: screening for depression and follow-up plan	67.84%	12
	CMS-074v13		Pediatric	Primary caries prevention intervention as offered by dentists	52.36%	6
NQF-0038	CMS-117v12	CIS-CH		Childhood immunization status	49.76%	6
NQF-0059	CMS-122v12	HBD-AD	Adult	Diabetes: hemoglobin A1C (hbA1c) poor control (>9%)	21.50%	12
NQF-0032	CMS-124v12	CCS-AD	Adult	Cervical cancer screening	66.88%	4
NQF-2372	CMS-125v12	BCS-AD	Adult	Breast cancer screening	80.22%	6
	CMS-128av12	AMM-ADa	Adult	Anti-depressant medication management (acute)	68.61%	3
	CMS-128bv12	AMM-ADb	Adult	Anti-depressant medication management (continuation)	47.23%	3
NQF-0034	CMS-130v12	COL-AD	Adult	Colorectal cancer screening	81.85%	6
NQF-0055	CMS-131v12		Adult	Diabetes: eye exam	83.33%	6
NQF-0108a	CMS-136av13	ADD-CHa	Pediatric	Follow-up care for children prescribed ADHD medication (initiation)	56.48%	4*

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2024 RMHP clinical quality measures (cont.)

NQF	CMS	Core	Population	Measure	RMHP benchmark	Attestation points
NQF-0108b	CMS-136bv13	ADD-CHb	Pediatric	Follow-up care for children prescribed ADHD medication (continuation)	56.48%	4*
NQF-0004a	CMS-137av12	IET- (CH/AD)a	Adult/pediatric	Initiation and engagement of substance use disorder treatment (initiation)	55.69%	6
NQF-0004b	CMS-137bv12	IET- (CH/AD)b	Adult/pediatric	Initiation and engagement of substance use disorder treatment (engagement)	12.00%	6
NQF-0101	CMS-139v12		Adult	Falls: screening for future fall risk	60.00%	6
NQF-0002	CMS-146v12		Pediatric	Appropriate testing for pharyngitis	79.40%	4
NQF-0033	CMS-153v12	CHL- (CH/AD)	Pediatric	Chlamydia screening in women	67.84%	4
NQF-0069	CMS-154v12		Pediatric	Appropriate treatment for upper respiratory infection	96.23%	4
NQF-0024a	CMS-155av12	WCC-CHa	Pediatric	Weight assessment and counseling for nutrition and physical activity for children/adolescents	88.31%	6*
NQF-0024b	CMS-155bv12	WCC-CHb	Pediatric	Weight assessment and counseling for nutrition and physical activity for children/adolescents	88.31%	6*
NQF-0024c	CMS-155cv12	WCC-CHc	Pediatric	Weight assessment and counseling for nutrition and physical activity for children/adolescents	88.31%	6*
NQF-0018	CMS-165v12	CBP-AD	Adult	Controlling high blood pressure	81.82%	6
	CMS-347av6		Adult		90.59%	6*
	CMS-347bv6		Adult	Statin therapy for the prevention and treatment of cardiovascular disease (LDL >= 190 mg/dL)	90.59%	6*

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NQF	CMS	Core	Population	Measure	RMHP benchmark	Attestation points
	CMS-347cv6		Adult	Statin therapy for the prevention and treatment of cardiovascular disease (diabetes diagnosis)	90.59%	6*
	CMS-951v2		Adult	Kidney health evaluation	63.64%	6

*Points displayed in multi-part measures are the total points available if all parts of the measure are submitted and the benchmark is met. Multi-part measures **DO NOT** receive points for each individual part of the measure. (Example: CMS136a shows 4 points and CMS136b shows 4 points. The entire measure is worth 4 points, not 8 points.)