



PRACTICE MANAGER MEETING
Thursday June 15th 2017 Noon – 1:00PM

Instructions to join the meeting remotely:

1. Open a web browser and enter URL: www.readytalk.com
Enter participant access code: 2093166
2. Phone in for the audio portion of the conference:
1-866-740-1260 - then enter the access code: 2093166

MEETING HANDOUTS:
www.cchap.org/pmmeeting

Primary Care

Alternative Payment Methodology

Delivery System Reform Team

Jun-17



COLORADO

Department of Health Care
Policy & Financing

APM Goal

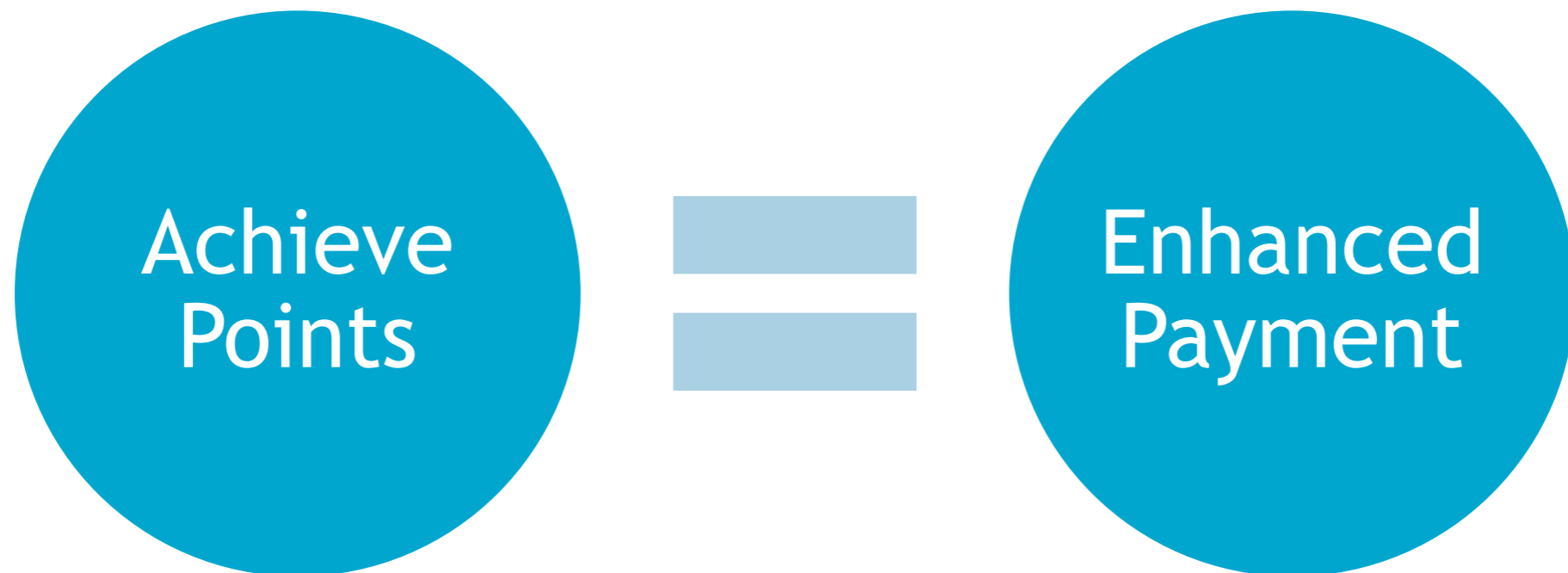
Provide sustainable, appropriate funding for primary care that rewards high value, high quality care.

- Sustainable investment that rewards performance and creates delivery system alignment



Alternative Payment Methodology

How does it work?



Who Participates?

- Primary Care Medical Practices that contract with the Accountable Care Collaborative
- Exclusions:
 - Federally Qualified Health Centers (have a different APM)
 - Rural Health Centers
 - The Department is working on defining a minimum threshold in paid practitioner claims for procedure codes in the PC APM benefit package. PCMPs below the threshold will be excluded from the APM.



COLORADO

Department of Health Care
Policy & Financing

Performance and Structural Measures

Performance Measures - Clinical processes and outcomes

- Depression screening
- Controlling high blood pressure

Structural Measures - Practice characteristics

- Integrating behavioral health care
- Providing alternative types of clinical encounters



Performance and Structural Focus Areas

Self- Reported Structural Measures

30 choices

- Continuous Quality Improvement
- Team Based Care
- Access
- Care Management
- Care Coordination
- Providing Self-Management Support

Claims Based Clinical Performance Measures

16 adult and 13 pediatric choices

- Behavioral Health
- Chronic Care Management
- Cost Containment
- Preventive Services

eCQM Reported Clinical Performance Measures

10 adult and 4 pediatric choices

- Behavioral Health
- Chronic Care Management
- Preventive Services

Attribution

- Determining which clients practices will be measured on
- ACC Phase II methodology

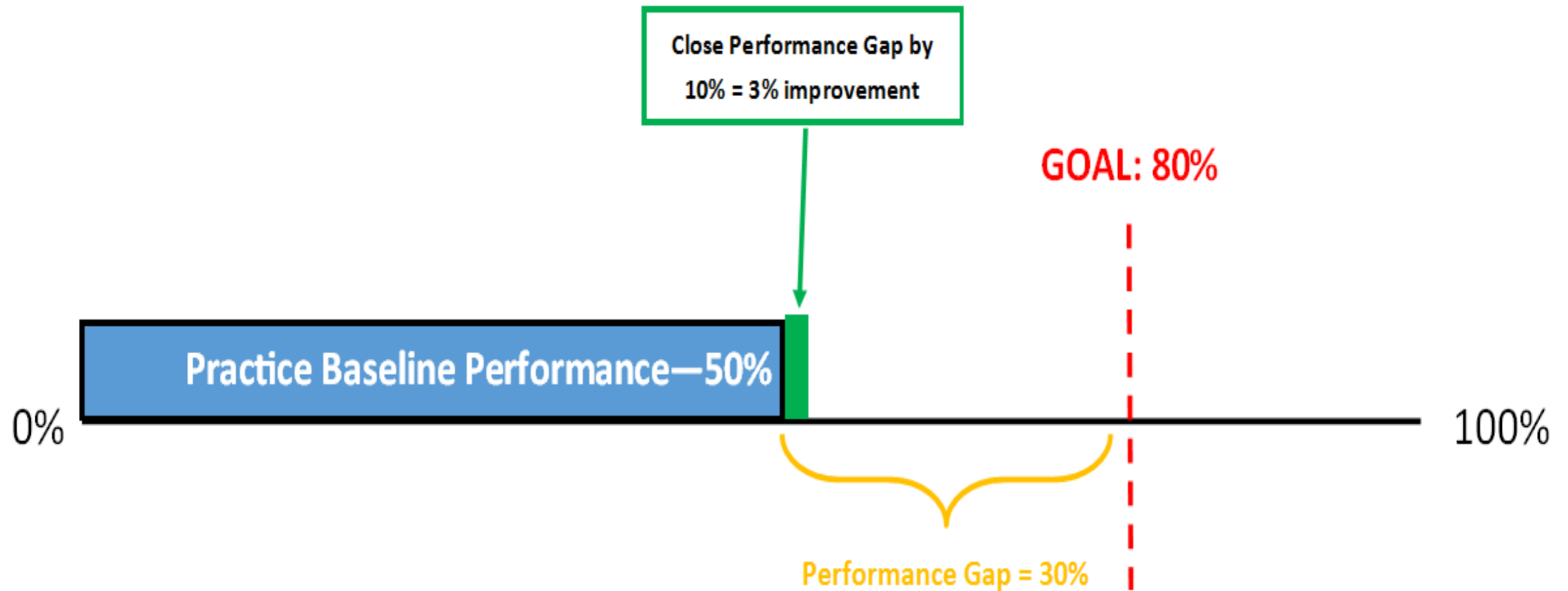


Payment Design

- Beginning July 1, 2020 the Department will tie a portion of FFS rates of certain codes to value and quality
- Each practice will select up to 10 measures from a list of 60
- Measure scores are compiled into an APM score which will determine the level of FFS rate enhancement



Close the gap



Example Calculation

Measure Type	Measure Name	Possible Points	Performance Baseline	Performance Standard	Provider's Target	Performance Actual	Pass/Fail	Earned Points
Structural	Accepting New Patients	50	-	-	-	-	Fail	0
Structural	Improving Access	35	-	-	-	-	Pass	35
Structural	ED & Hospital Follow-Up	45	-	-	-	-	Fail	0
Structural	Assess Self-Management Support Capability	25	-	-	-	-	Pass	25
Performance	Maternal Depression Screening	30	20	80	26	22	N/A	10
Performance	Diabetes: A1c Test during Msrmt Year	10	75	80	75.5	75	N/A	0
Performance	Controlling High Blood Pressure	50	45	85	49	46	N/A	12.5
Performance	Total Cost of Care	60	70	50	68	70	N/A	0
Performance	Prenatal & Post-Partum Care	40	50	75	52.5	55	N/A	40
Performance	Adult BMI	20	15	20	15.5	19	N/A	20

Average Possible Points	31.72
Points Required for 100% FS Rate	190.00
Percent Enhancement Available	4.00%
PC APM Total Points	143.00
Earned FS Percentage	3.01%



Score to FFS Enhancements

Scores will translate into the following FFS rate enhancements:

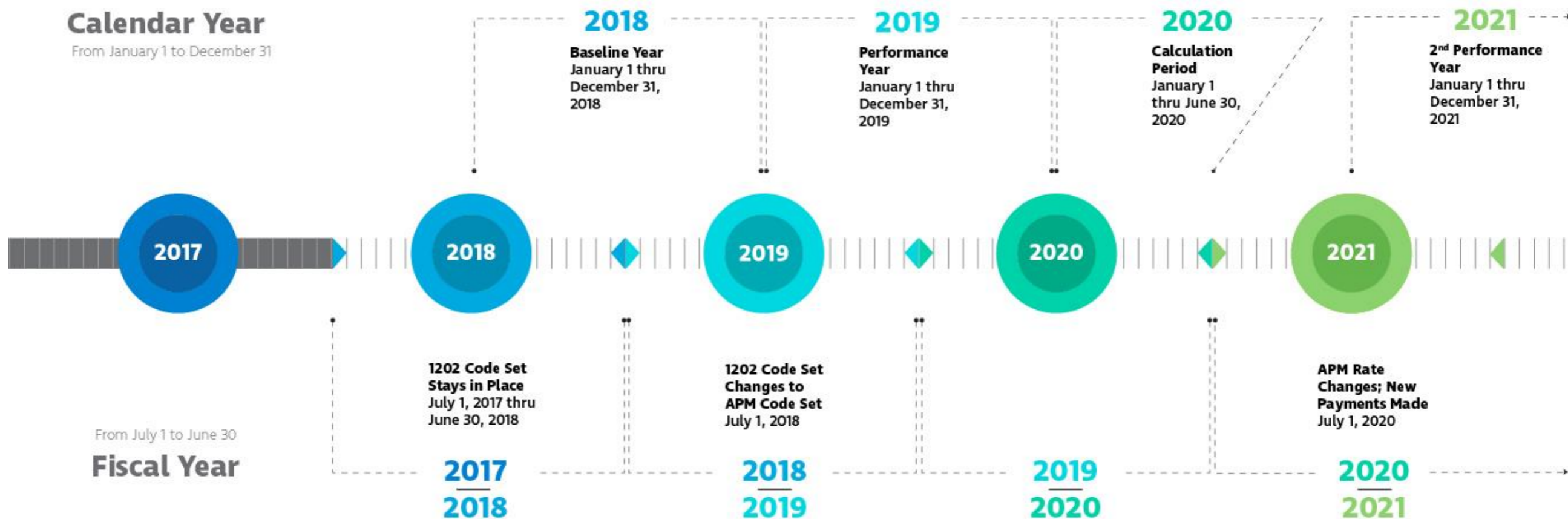
APM Score Range	% FFS Enhancement
0-25%	< 1%
26-50%	1% - < 2%
51-75%	2% - < 3%
76-100%	3% - 4%+





Alternative Payment Methodology

Calendar Year and Fiscal Year Timelines



Primary Care Payment Changes Over Time

Primary Care Payment Changes				
Fiscal Year	Event	High Performing Practices	If You Do Nothing	Excluded Practices (Low Volume)
FY 2016-17	Current Year	100.00%	100.00%	100.00%
FY 2017-18	No Change	100.00%	100.00%	100.00%
FY 2018-19	Redistribution of 1202 Funds to APM codeset	101.10%	101.10%	101.10%
FY 2019-20	No Change - Performance Measurement Year	101.10%	101.10%	101.10%
FY 2020-21	Payment Adjustment - 4.0% at risk	102.60%*	97.10%	101.10%
FY 2021-22	Payment Adjustment - 5.5% at risk	104.60%*	95.60%	101.10%
FY 2022-23	Payment Adjustment - 7.0% at risk	104.60%+*	94.10%	101.10%
FY 2023-24	Payment Adjustment - 8.5% at risk	104.60%+*	92.60%	101.10%
FY 2024-25	Payment Adjustment - 10.0% at risk	104.60%+*	91.10%	101.10%

*The amount of additional funding for high performing practices will depend on how much funding is available to reallocate from poor performing practices.



APM Code Set

Identified common primary care codes from a variety of sources

Delphi panel from the University of Colorado Hospital reviewed and modified code set to represent primary care

Procedure Codes

99201 - new patient office or other outpatient visit, 10 minutes

99202 - new patient office or other outpatient visit, 15 minutes

99203 - new patient office or other outpatient visit, 25 minutes

.....and more!



COLORADO

Department of Health Care
Policy & Financing

What to do and when?

- Choose measures by December 1st, 2017
- Department guidance on process to report measures coming in late summer/early fall
- Information posted on Department [website](#)



COLORADO

Department of Health Care
Policy & Financing

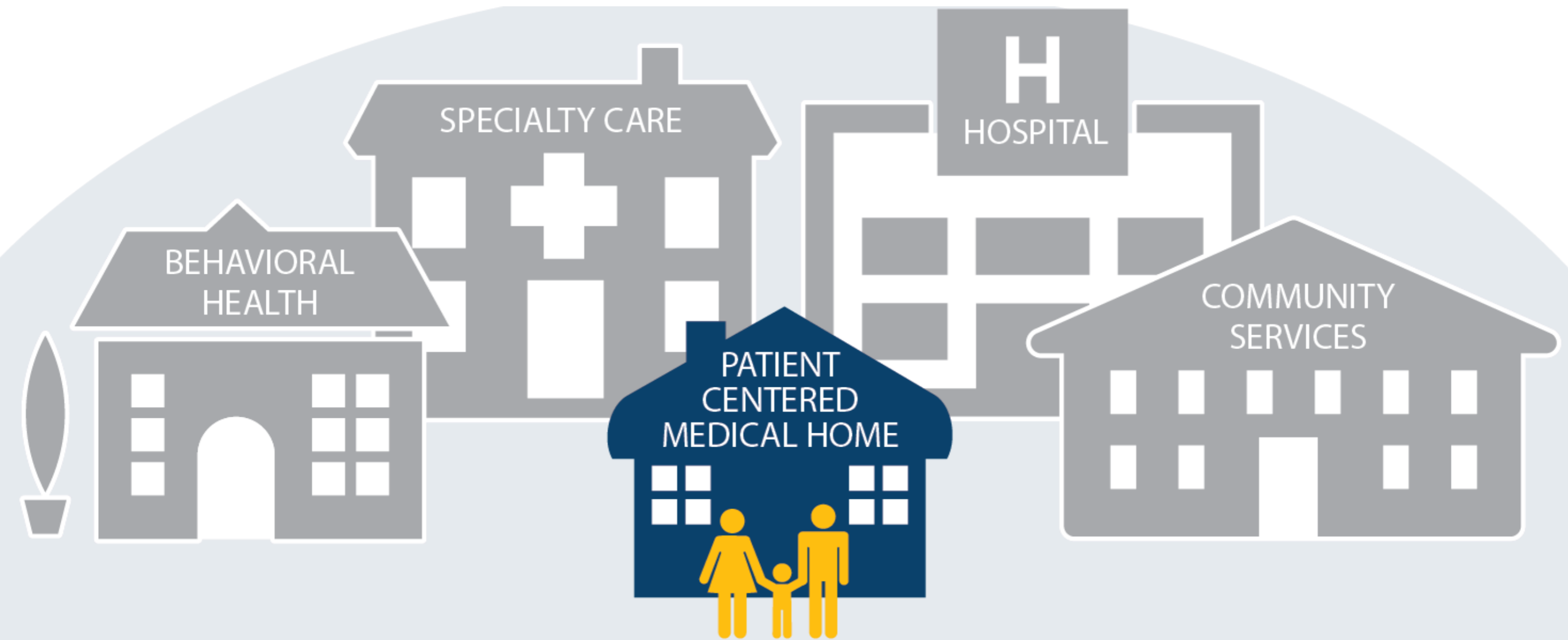
Tools, Resources and Practice Supports

RAE support

- PMPM
- Practice transformation assistance
- Data to measure improvement



Health System Changes to Support Primary Care



Where to get information

- All information will be posted on the Department's website [here](#)
- Check the website for new information and updates.



COLORADO

Department of Health Care
Policy & Financing

Questions or Concerns?



Contact Information

Delivery System Reform Team

HCPF_PrimaryCarePaymentReform@hcpf.state.co.us



COLORADO

Department of Health Care
Policy & Financing

Thank You!



COLORADO

Department of Health Care
Policy & Financing