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/pmmmeeting
Primary Care

Alternative Payment Methodology

Delivery System Reform Team

Jun-17
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

[Diagram showing Payments for Volume and Payments for Value]
Alternative Payment Methodology
How does it work?

Achieve Points = Enhanced Payment
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.
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

Close Performance Gap by 10% = 3% improvement

Practice Baseline Performance—50%

GOAL: 80%

Performance Gap = 30%
## Example Calculation

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

**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:

<table>
<thead>
<tr>
<th>APM Score Range</th>
<th>% FFS Enhancement</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-25%</td>
<td>&lt; 1%</td>
</tr>
<tr>
<td>26-50%</td>
<td>1% - &lt; 2%</td>
</tr>
<tr>
<td>51-75%</td>
<td>2% - &lt; 3%</td>
</tr>
<tr>
<td>76-100%</td>
<td>3% - 4%+</td>
</tr>
</tbody>
</table>
# Primary Care Payment Changes Over Time

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

*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!
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
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.
Questions or Concerns?
Contact Information

Delivery System Reform Team
HCPF_PrimaryCarePaymentReform@hcpf.state.co.us
Thank You!