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

8/23/17
Provide sustainable, appropriate funding for primary care that rewards high value, high quality care.

APM Goal
Alternative Payment Methodology
How does it work?

Achieve Points = Enhanced Payment
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!
Who Participates?

Primary Care Medical Practices that contract with the Accountable Care Collaborative
Excluded

Rural Health Centers

Federally Qualified Health Centers (have a different APM)

PCMPs below the defined minimum threshold
Does This Impact Me?

How will I know?
Determining which client’s practices will be measured

Accountable Care Collaborative

Phase II Methodology
Performance and Structural Measures

- **Self-Reported Structural Measures**: 30 choices
- **Claims-Based Clinical Performance Measures**: 16 adult & 13 pediatric choices
- **eCQM-Reported Clinical Performance Measures**: 10 adult & 4 pediatric choices
Close the Gap

Practice Baseline Performance—50%

Close Performance Gap by 10% = 3% improvement

GOAL: 80%

Performance Gap = 30%
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>
Alternative Payment Methodology
Calendar Year and Fiscal Year Timelines

Calendar Year
From January 1 to December 31

2017
From July 1 to June 30
Fiscal Year

2017
2018
2019
2020
2021

2018
Baseline Year
January 1 thru December 31, 2018

2019
Performance Year
January 1 thru December 31, 2019

2020
Calculation Period
January 1 thru June 30, 2020

2021
2nd Performance Year
January 1 thru December 31, 2021

2018
1202 Code Set
Stays in Place
July 1, 2017 thru June 30, 2018

2019
1202 Code Set
Changes to APM Code Set
July 1, 2018

2020
APM Rate Changes; New Payments Made
July 1, 2020

2021
Tools, Resources, and Practice Supports

Download the Primary Care Alternative Payment Model Survival Guide

Resources are available at Primary Care Payment Reform
### Structural Measure Example

**Possible Points** | **Measure Name** | **Measure Description** | **Documentation Requirements** | **SIM/CPC+/PCMH**
--- | --- | --- | --- | ---
10 | Improvement Activities | The practice identifies, sets goals, analyses data and acts to improve performance on at least one performance measure. | • Project plan that includes: o identified goals, o analysis of related data, AND o actions to improve performance on at least one identified performance measure | X
20 | Quality Improvement | The practice identifies, sets goals, analyses data and acts to improve performance on 3 or more performance measures, including at least one behavioral health measure. | • Project plan for each identified measure that includes: o identified goals, o analysis of related data, AND o actions to improve performance on at least one identified performance measure | X X
30 | QI Strategy & QI Plan | Develop QI Strategy & Agency QI Plan. This includes a QI Team and regularly scheduled QI meetings. The QI team should include representation from all areas of the practice. | • QI Meeting schedule, AND • Documented Quality Improvement Strategy, AND • Documented Quality Improvement Plan | X
40 | Use Data Effectively | The practice demonstrates that it collects clinical quality performance data on at least three performance measures and assesses the results to inform strategies to improve population health management. This should be done at least quarterly on the practice-level and provider-level. | • One example of a clinical quality performance data report for each performance measure, AND • Copy of meeting minutes where reports are reviewed and assessed on the practice-level and provider-level, AND • Documented actions taken from data review | X X X
50 | Patient Satisfaction | The practice involves patients/families in quality improvement activities or on the patient-family advisory council (PFAC), with a specific focus on improving patient satisfaction when patients/families are in attendance and can provide feedback. | • Written process for involving patients/families on the QI Team or PFAC, AND • Copy of QI Team or PFAC minutes that includes the patients/families in attendance and, patient satisfaction AND • Process for reviewing patient recommendations for | X X X
**Performance Measure Example**

**Breast Cancer Screening**

**Definition:**
The percentage of women 60–74 years of age who had a mammogram to screen for breast cancer.

**Numerator:**
One or more mammograms any time on or between October 1 two years prior to the measurement year through December 31 of the measurement year.

**Numerator Codes:**
- CPT: 77050, 77592, 77667
- HCPCS: G0002, G0004, G0006
- UHCPCS: B1739, B1741
- UCD: 4043, 4040

**Numerator Exclusions:**
None

**Denominator:**
Women 52–74 years as of December 31 of the measurement year.

**Denominator Exclusions:**
Patients who had a bilateral mastectomy and for whom electronic data do not indicate that a mammogram was performed. Look for evidence of a bilateral mastectomy as far back as possible in the patient's history, using electronic data or medical record review.

- Bilateral mastectomy code.
- Unilateral mastectomy with a bilateral modifier. Codes must be on the same claim.
- Two unilateral mastectomy codes with service dates 14 days or more apart. For example, if the service date for the first unilateral mastectomy was February 1 of the measurement year, the service date for the second unilateral mastectomy must be on or after February 16.
- History of bilateral mastectomy.
- Any combination of codes that indicate a mastectomy on both the left and right sides on the same or different date of service.

**Exclusion Codes:**

<table>
<thead>
<tr>
<th>Condition</th>
<th>ICD-10</th>
<th>CPT Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast cancer</td>
<td>220.13</td>
<td></td>
</tr>
<tr>
<td>Breast cancer, malignant</td>
<td>174.1</td>
<td></td>
</tr>
<tr>
<td>Mastectomy, left</td>
<td>B1739</td>
<td></td>
</tr>
<tr>
<td>Mastectomy, right</td>
<td>B1741</td>
<td></td>
</tr>
<tr>
<td>Mastectomy, bilateral</td>
<td>B1742</td>
<td></td>
</tr>
<tr>
<td>Mastectomy, left-sided</td>
<td>B1736</td>
<td></td>
</tr>
<tr>
<td>Mastectomy, right-sided</td>
<td>B1737</td>
<td></td>
</tr>
<tr>
<td>Mastectomy, left-sided bilateral</td>
<td>B1740</td>
<td></td>
</tr>
<tr>
<td>Mastectomy, right-sided bilateral</td>
<td>B1738</td>
<td></td>
</tr>
<tr>
<td>Mastectomy, bilateral left</td>
<td>B1739</td>
<td></td>
</tr>
<tr>
<td>Mastectomy, bilateral right</td>
<td>B1741</td>
<td></td>
</tr>
<tr>
<td>Surgery, breast cancer</td>
<td>174.1</td>
<td></td>
</tr>
</tbody>
</table>

**Measure Steward:**
NCCDA
<table>
<thead>
<tr>
<th>CMS Measure ID</th>
<th>Version</th>
<th>NQF Number</th>
<th>Measure Description</th>
<th>Initial Patient Population</th>
<th>Denominator Statement</th>
<th>Denominator Exclusions</th>
<th>Numerator Statement</th>
<th>Numerator Exclusions</th>
<th>Measure Steward</th>
<th>Domain</th>
<th>Previous Version</th>
<th>Improvement Notation</th>
<th>Guidance</th>
</tr>
</thead>
<tbody>
<tr>
<td>CMS105v6</td>
<td>6</td>
<td>0018</td>
<td>Controlling High Blood Pressure</td>
<td>Patients 18-85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (&lt;140/90 mm Hg) during the measurement period</td>
<td>Denominator Exclusions: Patients with evidence of end stage renal disease (ESRD), dialysis or renal transplant before or during the measurement period. Also, exclude patients with a diagnosis of pregnancy during the measurement period.</td>
<td>Patients whose blood pressure at the most recent visit is consistently controlled systolic blood pressure &lt; 140 mmHg and diastolic blood pressure &lt; 90 mmHg during the measurement period.</td>
<td>Not Applicable</td>
<td>None</td>
<td>National Committee for Quality Assurance</td>
<td>Effective Clinical Care</td>
<td>Controlling High Blood Pressure</td>
<td>Higher score indicates better quality</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Guidance:**
- In reference to the numerator element, only blood pressure readings performed by a clinician in the provider office are acceptable for numerator compliance with this measure. Blood pressure readings from the patient’s home (including readings directly from monitoring devices) are not acceptable.
- If no blood pressure is recorded during the measurement period, the patient’s blood pressure is assumed not controlled.
- If there are multiple blood pressure readings on the same day, use the lowest systolic and the lowest diastolic reading as the most recent blood pressure reading.
## Goals

<table>
<thead>
<tr>
<th>Measure Name</th>
<th>Measure Type</th>
<th>HCPF Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adolescent Immunization Combo 1</td>
<td>Claims</td>
<td>83.00%</td>
</tr>
<tr>
<td>Adolescent Well Visit</td>
<td>Claims</td>
<td>80.00%</td>
</tr>
<tr>
<td>Adult BMI Assessment</td>
<td>Claims, eCQM</td>
<td>90.00%</td>
</tr>
<tr>
<td>Appropriate Testing for Children with Pharyngitis</td>
<td>Claims</td>
<td>82.00%</td>
</tr>
<tr>
<td>Breast Cancer/Screening</td>
<td>Claims</td>
<td>95.00%</td>
</tr>
<tr>
<td>Childhood Immunizations Combo 7</td>
<td>Claims</td>
<td>62.00%</td>
</tr>
<tr>
<td>Chlamydia Screening</td>
<td>Claims</td>
<td>64.00%</td>
</tr>
<tr>
<td>ColonCaN Cancer Screening</td>
<td>Claims</td>
<td>90.00%</td>
</tr>
<tr>
<td>Controlling High Blood Pressure</td>
<td>Claims, eCQM</td>
<td>70.00%</td>
</tr>
<tr>
<td>Depression Resolution at 12 months</td>
<td>eCQM Report*</td>
<td></td>
</tr>
<tr>
<td>Diabetes: A1C Test During Measurement Per Year</td>
<td>Claims</td>
<td>93.00%</td>
</tr>
<tr>
<td>Diabetes: Eye Exam</td>
<td>Claims</td>
<td>62.00%</td>
</tr>
<tr>
<td>Diabetes: Foot Exam</td>
<td>Claims</td>
<td>62.00%</td>
</tr>
<tr>
<td>Diabetes: HbA1c &gt;9 (Poor Control) (INVERTED)</td>
<td>claims, eCQM</td>
<td>36.00%</td>
</tr>
<tr>
<td>Diabetes: Nephropathy Screening</td>
<td>Claims</td>
<td>93.00%</td>
</tr>
<tr>
<td>ED Utilization Per 1000</td>
<td>Claims</td>
<td>43.00%</td>
</tr>
<tr>
<td>Initiation and Engagement of Alcohol and Other Drug Dependence Treatment</td>
<td>claims, eCQM</td>
<td>43.00%</td>
</tr>
<tr>
<td>Maternal Depression Screening</td>
<td>claims, eCQM</td>
<td>50.00%</td>
</tr>
<tr>
<td>Medication Management for People with Persistent Asthma</td>
<td>claims, eCQM</td>
<td>50.00%</td>
</tr>
<tr>
<td>Prevental and Post Partum Care</td>
<td>Claims</td>
<td>88.00%</td>
</tr>
<tr>
<td>Readmissions</td>
<td>Claims</td>
<td>88.00%</td>
</tr>
<tr>
<td>Screening for Clinical Depression &amp; Follow-up Plan</td>
<td>eCQM Report*</td>
<td></td>
</tr>
<tr>
<td>Suicide Risk Assessment for SDSP</td>
<td>Claims</td>
<td>80.00%</td>
</tr>
<tr>
<td>Tobacco Use: Screening and Cessation Intervention</td>
<td>eCQM Report*</td>
<td></td>
</tr>
<tr>
<td>Total Cost of Care</td>
<td>Claims</td>
<td>88.00%</td>
</tr>
<tr>
<td>Use of Imaging Studies for Low Back Pain</td>
<td>Claims</td>
<td>82.00%</td>
</tr>
<tr>
<td>Well Child Visits 15 months (6 visits)</td>
<td>Claims</td>
<td>80.00%</td>
</tr>
<tr>
<td>Well Child Visits 3-5 years</td>
<td>Claims</td>
<td>80.00%</td>
</tr>
<tr>
<td>Weight Assessment</td>
<td>claims, eCQM</td>
<td>78.00%</td>
</tr>
<tr>
<td>Counseling for Nutrition &amp; Physical Activity for children/adolescents</td>
<td>claims, eCQM</td>
<td>64.00%</td>
</tr>
</tbody>
</table>
Model Demonstration
Measure Selection

What are you working on for other payers?  
What are you working on for yourself?  
What are the needs of the population you serve?  
Where can you realistically make change?
How Am I Doing?

Feedback
Baseline Period and Performance Measure Period

- **2018**: Baseline Year
  - January 1st thru December 31, 2018

- **2019**: Performance Year
  - January 1st thru December 31, 2019

- **2020**:
What to Do and When?

1. Submission of measure selection begins December 1, 2017

2. Department guidance coming in late summer/early fall

3. Check CO.gov/HCPF for information
Where to get Information?

APM Website
Questions or Concerns?
Contact Information

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