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MEMORANDUM

To: Zoe Marchand Pincus, Charlotte Crist, Nicole Nyberg, Peter Walsh, and Jed Ziegenhagen, Colorado Department of Health Care Policy & Financing

From: Kimberly Phu, Nina Bastian, and Ashlie Brown, Colorado Health Institute

Re: 2022 Alternative Payment Model 1 for Primary Care Stakeholder Engagement (for Program Year 2023)

Date: November 4, 2022

Thank you for the opportunity to support the Colorado Department of Health Care Policy & Financing (HCPF) in its annual stakeholder engagement process to review recommended changes and updates to the Alternative Payment Model 1 (APM 1) for primary care. This memorandum summarizes feedback from the 2022 stakeholder engagement process.

Overview

In partnership with the Colorado Health Institute (CHI), HCPF convened three community forums between August and October 2022 to solicit feedback on proposed changes to the APM 1 in preparation for program year 2023 (PY2023). This memorandum summarizes feedback from over 200 stakeholders statewide who participated in these community forums as well as written comments from stakeholders (see Appendix for a breakdown of stakeholders by type). Feedback on HCPF's proposed updates to the APM 1, including restructuring the APM 1 beyond PY2023, eligibility for participation, and changes in the measure set are included.

Stakeholder Feedback

Proposed updates from HCPF have been categorized into three sections: APM 1 vision for PY2023-2025, eligibility for participation in APM 1, and measure updates. Each section reviews the context and background information related to the proposed update, the proposal from HCPF, and a summary of stakeholder feedback on the proposal.

I. APM 1 Vision for PY2023-2025

Context

Beginning in the 2017-2018 state fiscal year budget request, the Colorado General Assembly authorized HCPF to invest approximately $50 million in primary care each year on the condition it would be paid through a value-based payment structure. The APM 1 is that value-based payment structure. The goals of APM 1 are to:

- Provide long-term, sustainable investments into primary care;

- Reward performance and introduce accountability for outcomes and access to care while still granting flexibility of choice to primary care medical providers (PCMPs); and
- Align with other payment reforms across the delivery system.

From 2018 to 2021, all participating PCMPs received equal distribution of this investment in the form of an enhanced rate due to a program implementation period and then impacts of the COVID-19 pandemic. The maximum enhanced rate is approximately 4%, meaning PCMPs receive 104% of base fee-for-service rates for a distinct set of services.

HCPF is implementing performance-based rate changes for the first time in 2022. These changes are based on performance in PY2021. Performance data show that most PCMPs participating in the program have achieved the 200-point threshold necessary to continue receiving the 4% maximum enhanced rate.

Performance data also show that almost 60% of participating PCMPs in PY2022 reported five or more structural measures. That is, of the 10 total measures that a PCMP was required to report, at least half were structural measures — non-clinical, documentation-based measures focusing on a PCMP's capacity, systems, and processes that would enable them to provide high-quality care.

Over the years, stakeholders have expressed concerns with the structure of the program, noting that:

- The APM 1 is too broad and does not drive focused improvements on priority health outcomes for Health First Colorado members;
- There are too many measures in the APM 1 measure set, which inhibits alignment across PCMPs, program years, and other state and federal quality improvement initiatives;
- There is too much variation in the Accepting New Patients structural measure and how it is documented by Regional Accountable Entities (RAEs). There is also concern about whether it improves patient access; and
- The APM 1 can create administrative burden on PCMPs.

Proposal

To better meet the APM 1's goals while also balancing stakeholder feedback, HCPF proposed the following changes to streamline the program:

Part 1: Measure selection

To ease the administrative burden on PCMPs and shift toward improving focused health outcomes, HCPF proposed the following changes to measure selection:

- PCMPs would report a total of eight measures, three of which are mandatory. Up to three of the remaining five selected measures may be structural measures. At least two of the five selected measures must be electronic clinical quality measures (eCQMs) or administrative measures.
- PCMPs who are federally qualified health centers (FQHCs) or those with Patient-Centered Medical Home (PCMH) recognition would report a total of six measures, three of which are mandatory. The remaining three selected measures must be eCQMs or administrative; no structural measures are permitted.

See Table 1 for a summary of the proposed measure selection changes for PY2023 compared to PY2022.

Part 2: Measure points and PCMH credit

HCPF proposed the following changes to measure points to promote consistency within the measure set, simplify how PCMPs can earn points, and shift the focus of the program toward health outcomes:

- All mandatory measures would be worth 40 points.
- All remaining eCQMs and administrative measures not in the mandatory set would be worth 35 points.
- All structural measures would be worth 20 points.
- PCMPs could earn a maximum of 60 points from structural measures.
- PCMH credit would be reduced from 100 points to 80 points.

See Table 1 for a summary of the proposed measure point changes for PY2023 compared to PY2022.

Table 1. Proposed PY2023 Measure Selection and Measure Point Changes Compared to PY2022

Program Element	PY2022		PY2023	
	PCMPs (Non-FQHCs)	FQHCs and PCMH-recognized PCMPs	PCMPs (Non-FQHCs)	FQHCs and PCMH-recognized PCMPs
Number of measures reported	10, with 3 mandatory	6, with 3 mandatory	8, with 3 mandatory	6, with 3 mandatory *(No change)*
Structural measure cap	180 points	PCMH-recognized PCMPs can select 3 structural measures; FQHCs cannot report any structural measures	60 points	No structural measures can be reported
PCMH credit	N/A	100 points	N/A	80 points
Mandatory measure point values	35 points each		40 points each	
eCQM and administrative measure point values	25-35 points each		35 points each	
Structural measure point values	10-30 points each		20 points each	N/A
Total points needed to achieve maximum enhanced rate	200 points		200 points *(No change)*	

Part 3: Structural measure set changes

To continue shifting the focus of the program toward health outcomes and away from non-clinical, process, and documentation-based measures, HCPF would remove four structural measures from the APM 1 measure set. See Table 2 for the list of four measures and rationale for removal presented to stakeholders.

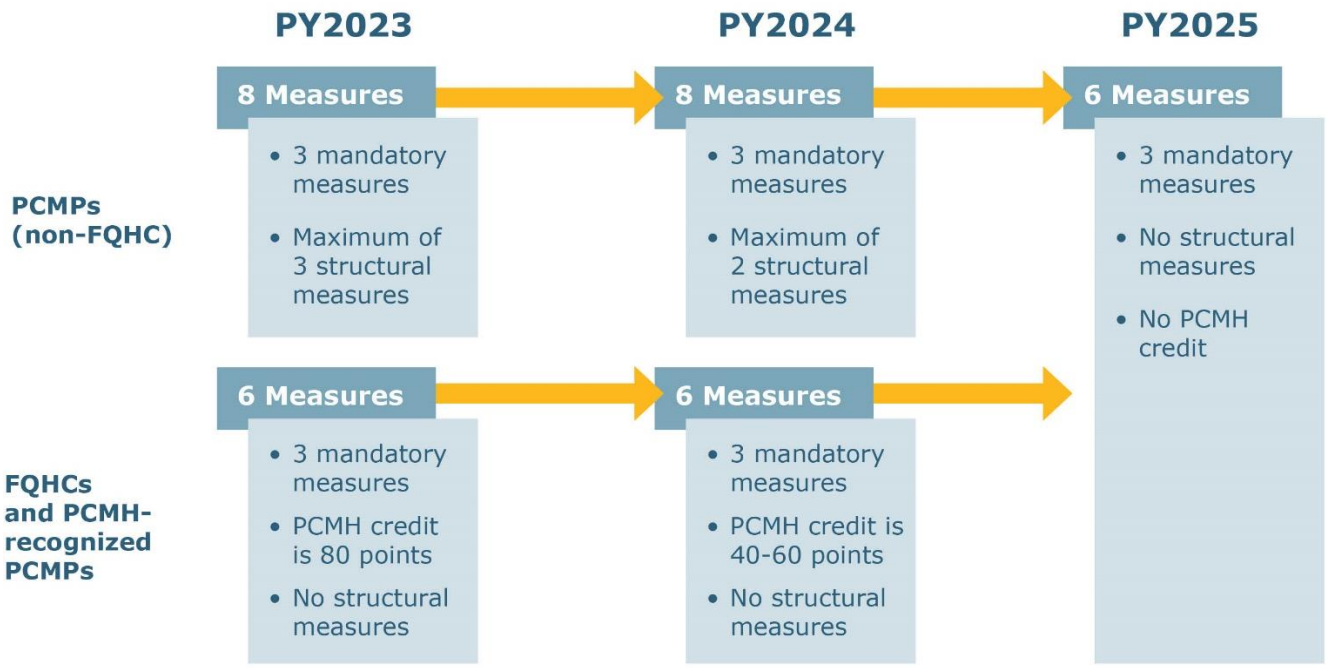
Table 2. Proposed Structural Measures to be Removed

Measure	Rationale for Removal
Accepting New Patients	Stakeholders, including RAEs and PCMPs, have voiced concerns with inconsistency in capturing and reporting this measure.
Emergency Department (ED) and Hospital Follow-up	The measure set includes administrative measures that track outcomes of this process.
Lab and Imaging Tracking	Selection rates over the last 2 years suggest that PCMPs have these processes in place.
Referral Tracking	Selection rates over the last 2 years suggest that PCMPs have this process in place.

Part 4: Glide path for APM 1 beyond PY2023

HCPF has proposed a glide path into future program years to better prepare stakeholders for programmatic changes that would continue shifting the focus of the APM 1 toward outcomes and rewarding PCMPs that go above and beyond. To increase the incentive for high-performing practices, the glide path includes avenues to creating performance differentiations between PCMPs. This includes efforts to phase out structural measures and credit for PCMH recognition over time and reduces the number of measures PCMPs report. By setting up the glide path, HCPF would anticipate stabilizing the program framework beginning in PY2025 and would also explore transitioning incentives based on Health First Colorado member performance only. See Figure 1 for the proposed glide path and proposed changes to measure selection and points.

Figure 1. HCPF Vision for APM PY2023 and Beyond



Stakeholder Feedback for Consideration

Part 1: Measure selection

Several stakeholders supported a reduction in the number of measures PCMPs would have to report, citing the administrative burden of reporting on 10 measures. Other stakeholders raised concerns that a reduction in the number of measures PCMPs report could lead to fewer opportunities for PCMPs to reach the 200 points needed to achieve the maximum enhanced rate. Some said this may unintentionally reduce focus on measures that are important for certain populations, thereby creating greater disparities.

Part 2: Measure points and PCMH credit

Some stakeholders raised concerns that point changes are disruptive to practices and increasing points for some measures will dilute the value of other measures that are equally important in terms of health outcomes. PCMPs may therefore be incentivized to work on measures that will help them meet the point threshold to succeed in the APM 1 rather than what is needed for their patient population.

Part 3: Structural measure set changes

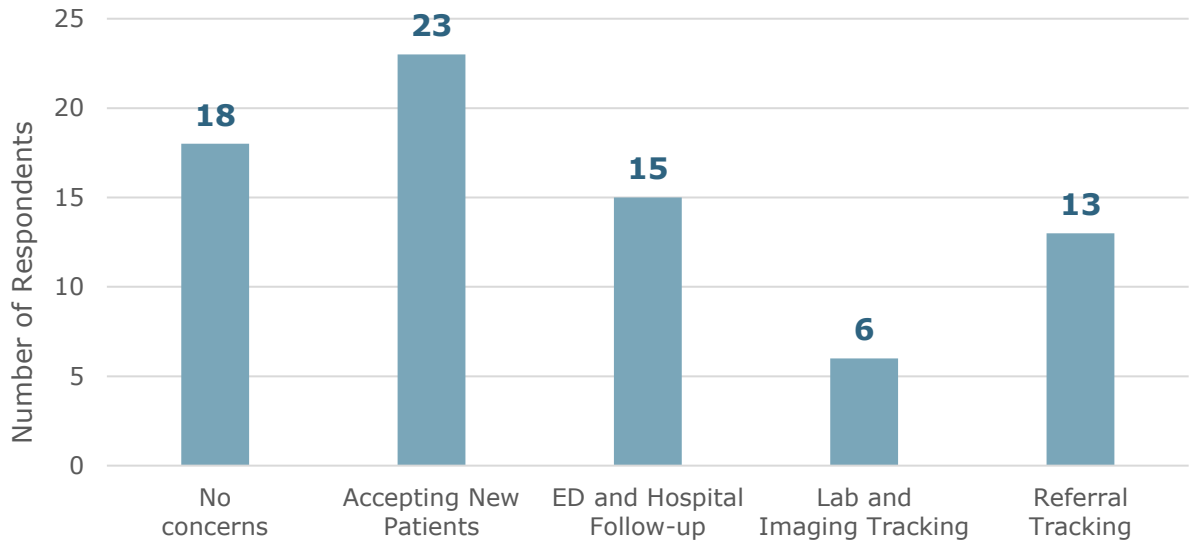
Several stakeholders voiced concerns with removing structural measures. Many stakeholders noted that each of the proposed measures is valuable and said continuing to reward documented processes is necessary given the high turnover experienced in clinics.

Stakeholders also felt that structural measures can support newer PCMPs in the APM 1. Further, removing these measures limits options for PCMPs, especially those who serve pediatric populations and already have fewer measures available to them compared to those who serve adult populations.

Stakeholders also stated that removing the Accepting New Patients measure could discourage PCMPs from taking new patients, thereby decreasing access to care. Some noted that ongoing issues with reimbursement, engagement, and attribution have already created mixed feelings for providers about accepting new Health First Colorado patients.

CHI conducted an in-meeting poll to gauge concerns with removing each of these four structural measures. Results are shown in Figure 2.

Figure 2. Stakeholders Concerned with Removing Structural Measures



Stakeholders were polled via Zoom during the final community forum and were asked whether they had any concerns with removing these structural measures. Of the 130 attendees, 50 responded to the poll (respondents could select multiple options).

Part 4: Glide path for APM 1 beyond PY2023

Stakeholders stated that overall, the year-after-year changes to the APM 1, especially in points and available measures, continue to be an administrative burden. Stakeholders would like HCPF to explore restructuring the program so that it is more incentivizing. Stakeholders are also interested in learning more about APM models in other states.

In the August community forum, participants were asked to select which method they thought would be most effective to better reward PCMPs and improve accountability. These options included increasing the point threshold for earning the maximum enhanced

rate, increasing the enhanced rate, or decreasing the structural measure cap. Most stakeholders said they needed more information to support any of these changes. Specifically, stakeholders wanted better access to timely and accurate data, including performance data to make informed decisions on how accountability can be improved. Stakeholders also raised concerns related to accurate attribution, noting that PCMPs cannot be reimbursed fairly or meaningfully if attribution is inaccurate.

II. Eligibility for Participation in APM 1

Context

To be eligible to participate in APM 1, a PCMP must serve at least 500 attributed Accountable Care Collaborative (ACC) enrollees. HCPF recognizes that PCMPs above this 500-member threshold may still struggle to succeed in APM 1, while those below the threshold who are excluded from the program may be able to succeed if included.

Proposal

HCPF will maintain the threshold for participation in APM 1 at 500 attributed enrollees, with the ability for PCMPs near the 500-member threshold to opt in or opt out of the program. To opt in or out of the APM 1, PCMPs must email a request to HCPF. HCPF staff will conduct a data review and notify the PCMP on their final determination of the PCMP's participation.

Stakeholder Feedback for Consideration

While no specific feedback was received about the member threshold itself, stakeholders asked that HCPF explore ways to better support small or rural PCMPs with electronic medical record (EMR) system improvements, training, or administrative supports. A few stakeholders recommended having conversations with rural clinics and Health First Colorado members to understand quality issues affecting their care. Stakeholders also suggested that the process to opt in or opt out must not be burdensome to PCMPs.

III. Measure Updates

Awarding Points for Pediatric Well-Visit Measures

Context

Due to a data issue, well-child visits with non-MD providers are not being counted for two administrative measures — Well-Visits in the First 30 Months of Life and Child and Adolescent Well-Visits. While HCPF is working with IBM to address this issue for PY2023, performance calculations for PY2021 and PY2022 are impacted as a result.

Proposal

HCPF will award full points to PCMPs who selected these measures in PY2021 and PY2022.

Stakeholder Feedback for Consideration

Stakeholders agreed with the proposal and raised no concerns.

Replacing the Depression Screening Measure

Context

The Centers for Medicare & Medicaid Services (CMS) is reviewing a new measure which requires a member to have a follow-up visit within 30 days of a positive depression screen finding. This measure would replace the Depression Screening and Follow-up Plan measure that is currently in the CMS Adult and Child Core Measure Sets and APM 1 measure set (National Quality Forum (NQF) Number 0418 and CMS 2). A brief description of the new measure under consideration is presented in Table 3. More information on the proposed measure can be found on the National Committee for Quality Assurance's (NCQA) website.

Table 3. Overview of the Depression Screening Measure Under Review by CMS

Measure Type	Population Served	Brief Measure Description	NQF Number
Administrative (Electronic Clinical Data Systems)	All	The percentage of members 12 years of age and older who were screened for clinical depression using a standardized instrument and, if screened positive, received follow-up care. • Depression Screening: The percentage of members who were screened for clinical depression using a standardized instrument. • Follow-Up on Positive Screen: The percentage of members who received follow-up care within 30 days of a positive depression screen finding.	N/A

Proposal

If CMS adopts this Depression Screening and Follow-up measure as a core measure, HCPF will be required to report data on it to CMS. The updated measure would be included in the APM 1 mandatory measure set to ensure quality data for CMS reporting and continued focus on improving behavioral health for Health First Colorado members. HCPF will closely

monitor the status of this measure and, if adopted, carefully consider PCMP performance on the measure throughout PY2023.

Stakeholder Feedback for Consideration

Many stakeholders said they were concerned with the inclusion of this measure in APM 1, citing factors outside of a PCMP's control that would impact success with the follow-up care requirements. These factors include an ongoing behavioral health workforce shortage, referral of a patient to an outside behavioral health provider, and challenges with patient follow-through, including if a patient declines follow-up care. *Note: The proposed measure specifications include qualifying follow-up activities that are under the purview of a PCMP.*

Stakeholders also noted that there is currently no historical performance data available for this proposed measure. This makes it difficult to gauge current performance and could result in a HCPF goal that makes closing the gap too difficult and lead to widespread penalties, especially if the measure were to be mandatory. Stakeholders suggested that HCPF consider piloting this measure for PY2023 and not tie points to it. Doing so would give PCMPs time to adapt data collection processes, workflows, and funding that would be necessary to meet and report on the specifications of the measure.

Adding Adult Immunization Status Measure

Context

CMS is currently reviewing an Adult Immunization Status measure for inclusion in the CMS Adult Core Measure Set. A brief description of the measure is presented in Table 4. More information on the measure can be found on the NCQA website.

Table 4. Overview of Adult Immunization Status Measure Under Review by CMS

Measure Type	Population Served	Brief Measure Description	NQF Number
Administrative (Electronic Clinical Data Systems)	Adults	The percentage of members 19 years of age and older who are up-to-date on recommended routine vaccines for influenza; tetanus and diphtheria (Td) or tetanus, diphtheria, and acellular pertussis (Tdap); zoster; and pneumococcal.	3620

Proposal

If CMS approves the Adult Immunization Status measure for inclusion in the CMS Adult Core Measure Set, HCPF will include it into the APM 1 measure set to align with federal reporting programs. This measure would be an optional selection for PCMPs in PY2023.

Stakeholder Feedback for Consideration

Stakeholders had initial concerns with the ability to accurately collect data for this measure and that EMR systems may have difficulty calculating the measure's multipart denominator. However, HCPF said this measure would be administrative (not drawing on EMR data).

There were also concerns about the difficulty of tracking or managing vaccinations for members who receive vaccinations at locations other than the PCMP. However, PCMPs will be able to see immunizations for their members at all locations through the Colorado Immunization Information System (CIIS) data feed in the Colorado Data Analytics Portal.

Other concerns include patient compliance with immunization efforts and needing to ensure that appropriate goals are set.

Conclusion

Overall, stakeholders provided the most feedback on the Depression Screening and Follow-up measure and the longer-term APM 1 vision. One common theme throughout all three sessions was concern that any changes to the program's structure are disruptive and create an administrative burden on PCMPs. Significant changes require PCMPs to restructure data collection processes and workflows, which takes time and funding.

HCPF should ensure that constant and timely communications are relayed to PCMPs so that there is appropriate time and funding to adjust to programmatic changes. HCPF should also consider creating a more in-depth year-to-year plan for PY2024 and beyond. Vetting and refining this plan with stakeholders through continuous and regular engagement could address stakeholder fatigue with year-over-year changes, particularly regarding the APM 1 measure set and points.

Appendix: Community Forum Attendees

The following table describes the types of stakeholders who attended the APM 1 community forums from August through October 2022. Note that this represents de-duplicated unique counts of attendees.

Stakeholder Type	Count of Attendees
Clinical provider or staff	101
Community member	12
Community-based organization	27
Government Agency	25
Regional Accountable Entity (RAE)	31
Research organization	7
Total	**203**