COLORADO
Department of Health Care Policy & Financing

1570 Grant Street

Denver, CO 80203

Primary Care Alternative Payment Model Guidebook

November 2021

COLORADO
Department of Health Care Policy & Financing

Contents

I. Introduction

The Department of Health Care Policy and Financing's (HCPF) mission is to improve health care equity, access, and outcomes for the people we serve while saving Coloradans money on health care and driving value for Colorado. Health First Colorado (Colorado's Medicaid program) currently serves over 1.5 million Coloradans, many of whom have complex health needs either because of life circumstances or disability. To meet the unique needs of those we serve, HCPF has a long history of innovation to improve access, health care quality, and the health of its members.

The Accountable Care Collaborative (ACC) is the core of Health First Colorado. It promotes improved health for members by delivering care in an increasingly seamless way. The ACC provides the framework in which other health care initiatives, such as payment reform, can thrive. This guidebook focuses on the Alternative Payment Model for Primary Care (APM) and is intended to help ACC Primary Care Medical Providers (PCMPs) and their staff successfully implement the APM in their practices. The ACC PCMPs include individual providers, Federally Qualified Health Centers (FQHCs), and other groups with a focus on primary care, general practice, internal medicine, pediatrics, geriatrics, or obstetrics and gynecology.

The APM is part of HCPF's efforts to transform payment design across the entire delivery system with the goal of rewarding improved quality of care while containing costs.

II. Developing the Alternative Payment Model

Beginning in the 2017-2018 state fiscal year budget request, HCPF was authorized by the Colorado General Assembly to invest over $50 million[1] in primary care each year on the condition that payment would be made through a value-based payment structure. **The APM is that value-based payment structure and the way HCPF allocates this annual investment to PCMPs.**

[1] The annual investment in primary care is generally at least $50 million; however, the exact amount varies year-to-year based on caseloads and the Joint Budget Committee's appropriated reimbursement rates.

HCPF convened a workgroup of primary care physicians, primary care practice coordinators, office managers, and other key stakeholders to design the APM in fall 2016. This workgroup had input on almost every aspect of the APM, including quality measures and the payment structure.

In collaboration with stakeholders, HCPF identified the following goals for the APM:

1. Provide long-term, sustainable investments in primary care;
2. Reward performance and introduce accountability for outcomes and access to care while granting flexibility of choice to PCMPs; and
3. Align with other payment reforms across the delivery system.

HCPF continues to conduct an annual stakeholder engagement process to inform updates to the model for each program year. This includes a series of public and workgroup meetings to solicit feedback on the APM such as updates to the measure set, point assignments, and goals for each measure as well as to ensure the APM model continues to achieve its goals.

A summary of updates for APM Program Year 2022 is provided in Appendix A. These updates were informed and vetted through the annual stakeholder engagement process conducted in May-September 2021.

A. Alignment with Other Payment Reform Programs

As defined by APM Goal #3, HCPF is committed to alignment with other payment reform programs across the delivery system. This includes aligning the APM and other HCPF programs with federal reporting requirements, such as the Centers for Medicare & Medicaid Services (CMS) Child and Adult Core Sets. Table 1 highlights the alignment between the CMS Child and Adult Core Set focus areas and the quality measures for several HCPF programs, including the APM, the ACC Behavioral Health Incentive Program (BHIP), the ACC Key Performance Indicators (KPI), and the Hospital Transformation Program (HTP).

Table 1. HCPF Program Alignment with the CMS Child and Adult Core Set Focus Areas

CMS Core Set Focus Area	APM	HTP	ACC KPI	ACC BHIP
Primary Care Access and Preventive Care	✓	✓	✓	
Maternal and Perinatal Health	✓	✓	✓	
Care of Acute and Chronic Conditions	✓	✓		
Dental and Oral Health Services	✓		✓	
Behavioral Health Care	✓	✓	✓	✓
Experience of Care	✓	✓	✓	✓

To align efforts across all payers serving Coloradans, HCPF has also engaged with commercial payers to seek alignment on measures and to expand and support primary care transitions across the state.

III. Eligibility Criteria

The APM applies to providers designated as a Primary Care Medical Provider (PCMP) in the ACC. For more information about PCMP designation, please visit the ACC website.

To be eligible for the APM, PCMPs must have 500 or more attributed Health First Colorado ACC enrollees.

Important notes regarding eligibility:

- PCMPS that fall below 500 enrollees will be **automatically excluded** from the APM. However, if a PCMP with fewer than 500 attributed enrollees wants to participate, they may petition HCPF to participate. HCPF will grant the petition if it judges that there is sufficient baseline data to adequately measure quality performance.
- PCMPs that have 500 or more attributed enrollees will be **automatically included** in the APM. However, a PCMP with more than 500 attributed enrollees may petition HCPF to decline participation. HCPF will grant the petition if it judges that there is insufficient baseline data to adequately measure quality performance.

- Providers that are not contracted as PCMPs in the ACC are **not able to opt-in** to the APM.

HCPF will review PCMP eligibility (including new providers and solo billers) in the APM by reviewing enrollee/member attribution annually. HCPF will notify PCMPs of eligibility for the APM in the prior year for the following calendar year. PCMPs that were previously excluded because of having less than 500 attributed ACC enrollees may become eligible for the APM in the following year if the ACC enrollee volume grows to 500 or greater.

For Federally Qualified Health Centers (FQHCs) Only
The APM applies to all FQHCs in Colorado.

IV. Payment Model

The APM is designed to provide investment, reward performance, and introduce accountability for all PCMPs, including FQHCs. The APM is a point-based system. PCMPs earn points by reporting on quality measures and demonstrating high performance or improvement. The number of points earned by each PCMP determines the impact on payment for that practice.

Most components of the program are the same for all PCMPs, but there are a few important differences for FQHCs. These differences are described throughout the Guidebook. The most important difference is how FQHCs and non-FQHC PCMPs get paid under the APM, which is explained here:

For PCMPs that are not FQHCs:

PCMPs that perform well in the APM receive enhanced fee-for-service rates for a set of primary care services. See the Impact on Payment section for more information.

For Federally Qualified Health Centers (FQHCs) Only

FQHCs are paid differently than other providers in Colorado, so payments under the APM work a little differently, too. FQHCs in Colorado have two rate methodologies:

1) A Prospective Payment System (PPS) rate methodology, which is the federally defined minimum rate that Medicaid must pay FQHCs for one-on-one, face-to-face encounters with Medicaid patients; and
2) The Alternative Payment Model (APM) rate methodology, which establishes Colorado-specific rates calculated annually as part of each FQHC's cost report process.

The original FQHC APM rates are a cost-based calculation and over time, in most instances, are higher than the PPS rate. For FQHCs, the APM described in this Guidebook (also known as the "Value-Based APM" to FQHCs) is a modification to the cost-based calculation — the Physical Health Rate — by which a portion of the FQHC's APM rate will be tied to quality activities and performance metrics.

V. The APM Measure Set

The APM Measure Set defines all quality measures used in the APM. Measures are categorized into the following types: structural measures, administrative measures, and electronic clinical quality measures (eCQMs).

- **Structural Measures** — These measures focus on a PCMP's capacity, systems, and processes to provide high-quality care. Examples of structural measures include integrating behavioral health care, providing alternative types of encounters, or implementing patient satisfaction processes.
- **Administrative Measures** — These measures are calculated from state agency data for Health First Colorado members, such as a PCMP's processed Health First Colorado claims or the Colorado Immunization Information System. Formerly referred to as claims measures, administrative measures indicate what a PCMP does to maintain or improve health, either for healthy people or for those diagnosed with a health care condition. Examples of administrative measures include child and adolescent well-care visits or screening for depression and documenting a follow-up plan.

- **Electronic Clinical Quality Measures (eCQMs)** — These measures are calculated directly from a PCMP's electronic health record (EHR) and reflect the impact of the health care service or intervention on the health status of a PCMP's patient panel. Per national measure specifications, eCQM denominators include all eligible patients — regardless of payer — that meet the measure criteria, which provides a view into how a PCMP is performing overall for all measures submitted. This includes baseline and program year measurements. Examples of eCQMs include diabetes hemoglobin A1c poor control or high blood pressure control.

Measures included in the APM Measure Set are intentionally aligned with other value-based payment programs or federal reporting requirements. Structural measures align with the National Committee for Quality Assurance (NCQA) Patient-Centered Medical Home (PCMH) recognition program. Administrative measures and eCQMs align with the CMS Child and Adult Core Sets and the Medicare Quality Payment Program (QPP). Note that if an administrative measure has a certified, matching eCQM, both measure types will be included in the measure set. However, PCMPs are limited to reporting on either the administrative measure or the matching eCQM; a practice cannot select both versions of the same measure.

The current APM Measure Set is available on the APM website.

A. Measure Point Values and APM Quality Score Goal

Each measure in the APM Measure Set is assigned a point value based on alignment with HCPF priorities for improvements in care for Health First Colorado members.

- Structural measures are valued at 10-30 points. Measures with higher point values indicate a higher priority for HCPF. Structural measure point values may also reflect the resources or effort required to implement.
- Administrative measures and eCQMs are worth 25-35 points, based on alignment with the CMS Child and Adult Core Sets or other federal reporting requirements. Aligned measures are given the highest point value at 35 points. Remaining administrative measures and eCQMs that are not aligned with a reporting requirement but are still important for member health are worth 25 points.

Structural measure points are earned all or nothing, while points for administrative measures and eCQMs follow a **Close the Gap Calculation** based on a statewide goal set by HCPF for each measure. See the Measure Reporting and Points Earned section for more information on statewide goals and calculating points earned.

The points a PCMP earns for individual measures are summed to calculate the APM Quality Score. **Each PCMP must earn an APM Quality Score of at least 200 points to receive the maximum enhanced rate.** A maximum of 180 points can be earned from structural measures. PCMPs must demonstrate performance on administrative measures and/or eCQMs to earn the remaining 20 points. See the Impact on Payment section for more information.

B. Measure Selection

PCMPs report on 10 quality measures from the APM Measure Set: three mandatory measures and seven measures selected by the PCMP.

1. Mandatory Measures

HCPF selects two sets of mandatory measures: one for pediatrics (Table 2) and one for the adult population (Table 3). PCMPs serving both populations choose one mandatory measure set and have the option of selecting measures from the other set as a part of their remaining seven measures. These PCMPs are not required to select any measures from the other set. If a PCMP is unable to report on one — or any — of the mandatory measures, the roll-in measures serve as back-up measures in the order listed.

Table 2. Pediatric Set

	Measure Type[1]	Measure Description	NQF Number
Mandatory	eCQM/Administrative	Childhood Immunization Status (Combo 10)	0038
		OR	
	Administrative	Immunizations for Adolescents (Combo 2)	1407
	Administrative	Child and Adolescent Well Visits	1516
		OR	
		Well Visits in the First 30 Months of Life	1392

	eCQM/Administrative	Screening for Depression and Follow-Up Plan (Ages 12-18)	0418
Roll-in #1	Administrative	Asthma Medication Ratio (Ages 5-18)	1800
Roll-in #2	eCQM/Administrative	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	0024
Roll-in #3	eCQM/Administrative	Chlamydia Screening in Women (Ages 16-20)	0033

[1] The measure type "eCQM/Administrative" indicates PCMP choice in selecting the measure type

Table 3. Adult Set

	Measure Type[1]	Measure Description	NQF Number
Mandatory	eCQM/Administrative	Screening for Depression and Follow-Up Plan	0418
	eCQM Administrative	*If practice has a certified electronic health record (EHR):* Comprehensive Diabetes Care: Hemoglobin A1c Poor Control (<9.0%) ***OTHERWISE*** Comprehensive Diabetes Care: HbA1C testing	0059
	eCQM Administrative	*If practice has a certified EHR:* Controlling High Blood Pressure ***OTHERWISE*** Asthma Medication Ratio	0018 1800
Roll-in #1	eCQM/Administrative	Antidepressant Medication Management	0105
Roll-in #2	eCQM/Administrative	Cervical Cancer Screening	0032
Roll-in #3	eCQM/Administrative	Chlamydia Screening in Women (Ages 20-24)	0033

[1] The measure type "eCQM/Administrative" indicates PCMP choice in selecting the measure type

PCMPs choose the remaining seven measures from the APM Measure Set.

HCPF suggests that PCMPs consider the following questions when selecting measures:

- What are you working on for other payers besides Medicaid?
- What are you working on for your own practice?
- What are the needs of the population you serve?
- What can you realistically change in your practice?

PCMPs should also keep in mind the following when selecting measures:

- Structural measures are pass/fail; therefore, it should be easy for a PCMP to determine how many structural measures they can meet.

- PCMPs cannot earn more than 180 points from structural measures. PCMPs must demonstrate performance on administrative measures and/or eCQMs to earn the remaining 20 points.
- Administrative measures will be run for all participants in the APM regardless of PCMP measure selection. Performance data on these measures are available to PCMPs through the Colorado Data Analytics Portal (CDAP).
- PCMPs that report eCQMs will earn at least 25% of the reported eCQM point value, even if the measure denominator is zero and/or the practice cannot demonstrate improved performance. See the Measure Reporting and Point Calculation section for more information.

2. Patient-Centered Medical Home Credit

PCMPs can earn half their APM Quality Score goal (100 out of 200 points) through Patient-Centered Medical Home (PCMH) recognition. HCPF accepts PCMH recognition status from the following organizations:

- National Committee for Quality Assurance (NCQA)
- Utilization Review Accreditation Commission (URAC)
- Accreditation Association for Ambulatory Health Care (AAAHC)
- The Joint Commission

PCMPs that earn PCMH credit only report six measures to earn the remaining 100 points and are **not** excluded from the mandatory measures. Therefore, PCMPs that earn PCMH credit will report on three mandatory measures and will select three measures to earn the remaining 100 points.

Many of the structural measures in the APM Measure Set are considered duplicative of PCMH requirements; therefore, PCMPs that earn PCMH credit are limited to selecting from the following four structural measures: Accepting New Patients, Interdisciplinary Team, Alternative Encounters, and Behavioral Health (BH) Integration. A PCMH practice may choose any combination of administrative measures, eCQMs, or the

listed structural measures as their three selected measures. The 100-point credit for PCMH recognition counts towards the limit of 180 points earned from structural measures. PCMPs that earn PCMH credit must still demonstrate performance on administrative measures and/or eCQMs to earn the remaining 20 points.

For Federally Qualified Health Centers (FQHCs) Only

FQHCs that earn PCMH credit may not choose any structural measures. The four structural measure choices available to other PCMH recognized practices (Accepting New Patients, Interdisciplinary Team, Alternative Encounters, and BH Integration) are considered duplicative of FQHC requirements.

C. Submitting Measure Selection

PCMPs must submit their measure selections by electronic survey, which can be accessed on the APM website between November 16, 2021, and January 31, 2022. HCPF may extend the deadline for PCMPs for a "good cause" petition submitted before January 31, 2022. **Once measure selection is complete, measures cannot be changed.**

Regional Accountable Entities (RAEs) and the Colorado Community Health Network (CCHN) will support PCMPs with measure selection for APM PY2022. If PCMPs do not select measures by the deadline, HCPF will automatically assign measures to practices.

For Federally Qualified Health Centers (FQHCs) Only

Every year, the CCHN board coordinates measure selection for all FQHCs. If an individual FQHC would like to select different measures, that should be communicated to CCHN as soon as possible and no later than January 15, 2022.

D. Measure Reporting and Points Earned

1. Structural Measures

Structural measure achievement, including PCMH status, is collected by RAEs for PCMPs and by CCHN for FQHCs shortly after the end of each program year, in the first quarter of the next year. All structural

measures are pass/fail, so a PCMP will earn all or none of the possible points for that measure. HCPF supplies an electronic survey for RAEs and CCHN to consistently document each PCMP's attestation of any selected structural measure.

2. Administrative Measures

For administrative measures, HCPF automatically collects the baseline and program years data from submitted claims or other databases. Points earned for administrative measures are calculated using the **Close the Gap Calculation** described below. It is possible for a PCMP to earn any point value between zero and the maximum possible points for each measure, based on performance.

3. Electronic Clinical Quality Measures (eCQM)

Health Data Colorado (HDCo) collects eCQM data directly from each PCMP and reports aggregated numerators and denominators for the baseline and program years for each PCMP. PCMPs that do not have an EHR or cannot accurately extract electronic data from their EHR will be allowed to manually report on measures through HDCo. Performance on eCQMs is calculated using the **Close the Gap Calculation** described below. It is possible for a PCMP to earn point values between 25% and the maximum possible points for each measure, based on the following point structure:

- A PCMP will earn the full point value of an eCQM if they:
  - Report data for both the baseline (2021) and program year (2022), with at least 20 members in the denominator for both years, and demonstrate **Close the Gap** improvement of at least 10%; *or*
  - Report data for the program year (2022) with at least 20 members in the denominator and achieve HCPF's statewide goal for the measure.
- A PCMP will earn *between* 50% and the full point value of an eCQM if they:
  - Report two years of data for at least 20 members and demonstrate a **Close the Gap** improvement between 5-10%.

- A PCMP will earn 50% of the maximum possible points of an eCQM if they:
  - Report two years of data for at least 20 members, but do not demonstrate at least 5% improvement in the measure using the **Close the Gap Calculation**; *or*
  - Report one or two years of data for 1-19 members, regardless of performance.
- A PCMP will earn 25% of the maximum possible points for an eCQM if they:
  - Report data for an eCQM with a denominator size of zero.

This eCQM point structure, along with the specifications requiring all patients to be included, is intended to ensure that eCQM denominator sizes are large enough to provide meaningful data that is reportable and auditable for CMS. The point structure is designed to ensure that practices are rewarded for trying to report eCQMs, which may be more resource intensive to implement than other measure types.

4. Statewide Measure Goals

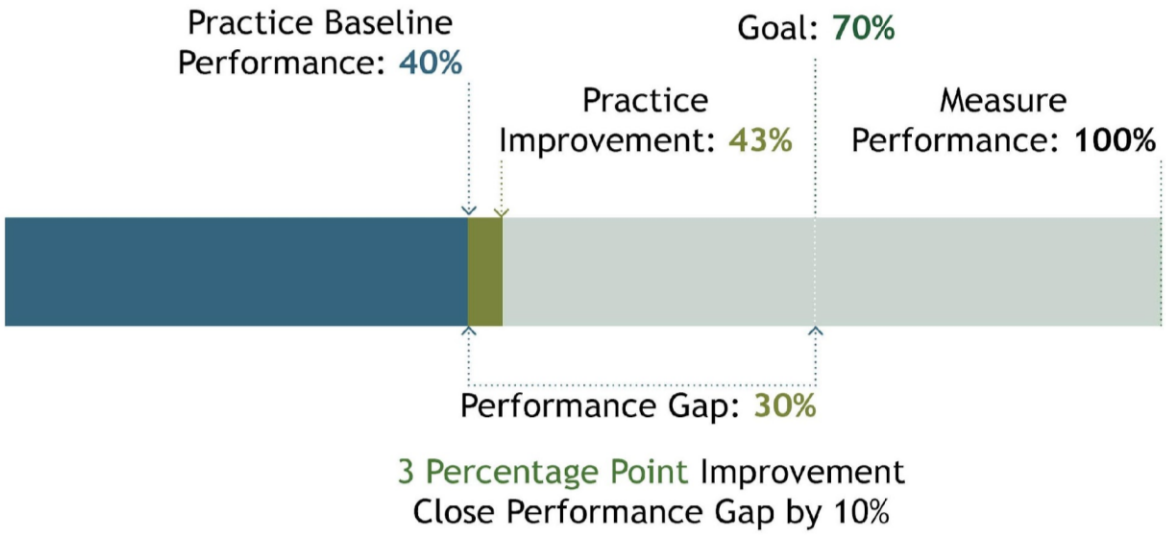
HCPF sets statewide goals for each administrative measure and eCQM. These goals are used to calculate points earned according to the **Close the Gap Calculation** described below. The statewide goals for administrative measures are typically set near the 90th percentile of the NCQA standard for the measure. Statewide goals for eCQMs are set using federal program goals, such as the eCQM Decile 10 from the Merit-based Incentive Payment System (MIPS). PCMPs do not need to achieve the statewide goal to earn full points for the measure.

5. Close the Gap Calculation

To receive full points for a measure, PCMPs are expected to demonstrate improvement by "closing the gap" between their own baseline performance and HCPF's statewide goal by 10%. Thus, PCMPs are measured against their own historical baseline, rather than against other PCMPs during the same period. If a PCMP's performance is at or above

the statewide goal, the practice will receive full points for that measure.

Figure 1. Example of a Close the Gap Calculation



If a PCMP does not close the gap by the full 10% but does demonstrate some improvement, the PCMP will earn partial points for the measure. Partial points are calculated linearly based on the demonstrated improvement. For example, a practice that closes the gap by 5% would earn 50% of the full points for that measure.

Workbooks to help PCMPs model their performance are available on the APM website.

E. APM Quality Score Calculation

The APM Quality Score is the sum of all points a practice has earned through individual quality measures. Each practice must earn an APM Quality Score of at least 200 points to receive the maximum payment rate available.

Figure 2 shows an example of a hypothetical PCMP's APM Quality Score calculation. The PCMP in this example reported on the three mandatory measures in the adult set (all eCQMs) and selected four administrative measures and three structural measures.

The PCMP received full points for one eCQM and one administrative measure, either by meeting the statewide measure goals for each or by closing the gap by at least 10%. For the remaining five eCQM and administrative measures, the PCMP demonstrated improvement, but was not able to close the performance gap by at least 10% and therefore received partial credit. Finally, the PCMP completed the requirements for two structural measures, but failed to produce the required documentation for the third structural measure.

Summing the points earned from all 10 measures, the practice achieved an APM Quality Score of 210 points and will earn the maximum enhanced rate.

Figure 2. APM Quality Score Calculation Example

Measure Type	Measure Description	Possible Points	Progress Toward Goal	Points Earned
eCQM	Screening for Depression, Follow-Up Plan	35	65%	23
eCQM	Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)	35	100%	35
eCQM	Controlling High Blood Pressure	35	75%	26
Administrative	Antidepressant Medication Management	35	55%	19
Administrative	Asthma Medication Ratio	35	40%	14
Administrative	Breast Cancer Screening	35	100%	35
Administrative	Chlamydia Screening	35	80%	28
Structural	Availability of Appointments	10	100%	10
Structural	Accepting New Patients	30	0%	0
Structural	ED and Hospital Follow-Up	20	100%	20
	TOTAL POINTS POSSIBLE	305	TOTAL POINTS EARNED	210

MAXIMUM ENHANCED RATE EARNED

For more details on how individual measures are scored, please see the Measure Reporting and Points Earned section.

F. Impact on Payment

PCMPs that achieve an APM Quality Score of at least 200 points will receive the maximum enhanced payment rates available. PCMPs that achieve an APM Quality Score of fewer than 200 points will receive between 0% and the maximum

enhanced payment rate, which is typically at 4%. The percentage is calculated linearly based on the number of points earned for the APM Quality Score. For PCMPs that are not FQHCs, the enhanced rate is applied to reimbursement rates for codes defined in the APM Code Set. Table 4 provides several APM Quality Score ranges and the corresponding enhanced rates.

For Federally Qualified Health Centers (FQHCs) Only

For FQHCs, the enhanced rate is applied to the cost-based reimbursement rate for physical health services.

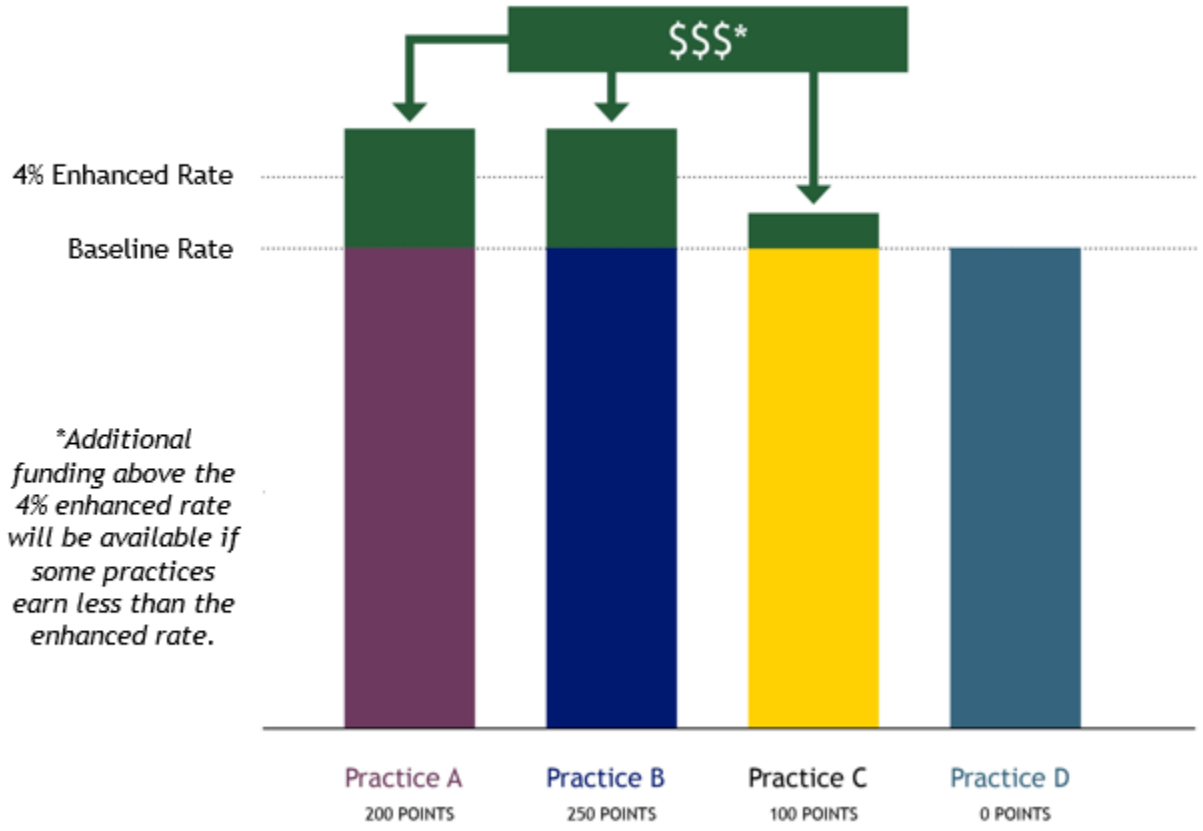
Table 4. APM Quality Score Range and Corresponding Enhanced Rate Earned

APM Quality Score Range	Enhanced Rate
151 to 200	>3% to 4% (+)
101 to 150	>2% to 3%
51 to 100	>1% to 2%
0 to 50	0 to 1%

(+) Practices that achieve an APM Quality Score of at least 200 points may receive a rate increase of more than 4% in years when additional funding is available.

PCMPs that achieve an APM Quality Score of 200 points or greater may receive an enhanced rate greater than 4% through the APM. The APM must be budget neutral, which means that increased payments are only possible if some PCMPs earn less than the maximum available payment rate by earning fewer than 200 points. Funds that are made available through unearned payments will be redistributed evenly across all PCMPs that achieve an APM Quality Score of 200 points or greater. An example of how this might work across four hypothetical practices is shown in Figure 3. Note that funding is separate between FQHCs and non-FQHCs. FQHCs will receive increased payments as a result of unearned payments made available only by other FQHCs. Non-FQHCs will receive increased payments as a result of unearned payments made available by other non-FQHCs.

Figure 3. Potential Payment Redistribution Across Four Hypothetical Practices



G. APM Payment Timeline

Payment will be adjusted nine months after the conclusion of the program year (rate change takes effect October 1). This allows HCPF nine months to calculate payment adjustments and review with PCMPs. The next planned rate adjustment as a result of PY2021 performance will take place October 1, 2022.

VI. Support and Resources

A. How will PCMPs be Supported in the APM?

RAEs are responsible for helping PCMPs in the following ways:

- Assist PCMPs in implementing practice transformation and process improvement efforts.

- Designate and communicate a single point of contact for questions and support with the APM.
- Help PCMPs select appropriate measures for participating in the APM. This decision should account for the PCMP's client panel and/or community, as well as leverage efficiencies by aligning with other initiatives the PCMP is working on.
- Provide ongoing education and support to PCMPs to help ensure successful participation in the APM.
- Attest to the PCMP's achievement of structural measures and PCMH recognition.

For Federally Qualified Health Centers (FQHCs) Only

CCHN will also support FQHCs with the activities listed above. For questions about support available, contact CCHN.

B. Resources

- The APM Measure Set, measure specifications, and workbooks to help PCMPs model performance can be found on the HCPF Alternative Payment Model for Primary Care Website
- PCMH recognition resources:
  - National Committee for Quality Assurance Patient-Centered Medical Home Recognition
  - Utilization Review Accreditation Commission Patient-Centered Medical Home Certification Process
  - Accreditation Association for Ambulatory Health Care Patient-Centered Medical Home Recognition Initiative
  - The Joint Commission Primary Care Medical Home Certification

For additional questions, please email:
HCPF_primarycarepaymentreform@state.co.us

VII. Appendix A: Annual Updates: Program Year 2022

Updates to the Alternative Payment Model for Primary Care (APM) are reviewed through an annual stakeholder engagement process. This Appendix highlights changes to the APM Program Year 2022 (PY2022) compared with APM PY2021.

A. General Updates

- **Baseline Data** — HCPF has determined that data from the 2020 performance year will serve as baseline for the 2021 performance year. This provides primary care medical providers (PCMPs) most impacted by the COVID-19 pandemic the opportunity to reap the greatest benefits by coming back strong and takes into consideration that COVID-19 is still impacting PCMPs.
- **Comprehensive Primary Care Plus (CPC+) Credit** — Beginning in PY2022, PCMPs will no longer be able to earn full credit for participating in CPC+ because the program ends on December 31, 2021. HCPF will continue to evaluate state and federal payment reform programs and determine if APM credit should be given.

B. Aligning with the Centers for Medicare & Medicaid Services (CMS) Core Sets

Beginning in PY2022, PCMPs will be required to report on mandatory measures that align with the CMS Child and Adult Core Sets.

CMS seeks to provide access to high-quality care and improved health for individuals covered by these programs. CMS uses the Child and Adult Core Sets to promote these objectives by supporting federal and state efforts to collect, report, and use a standardized set of measures to drive improvement in the quality of care provided to Medicaid and Children's Health Insurance Program (CHIP) beneficiaries.

To better align with the CMS Child and Adult Core Sets, the following changes are being implemented for APM PY2022:

Mandatory Measures — Three of the 10 quality measures PCMPs report are mandated by HCPF. These measures are in alignment with CMS Child and Adult Core Sets and are specific to provider type. If a PCMP cannot report on one — or all — of the mandatory measures, roll-in measures will serve as backup in the order listed.

Pediatric Mandatory Measure Set

	Measure Type	Measure Description	NQF Number
Mandatory	eCQM/Administrative Administrative	Childhood Immunization Status (Combo 10) ***OR*** Immunizations for Adolescents (Combo 2)	0038 1407
	Administrative	Child and Adolescent Well Visits ***OR*** Well Visits in the First 30 Months of Life	1516 1392
	eCQM/Administrative	Screening for Depression and Follow-Up Plan (Ages 12-18)	0418
Roll-in #1	Administrative	Asthma Medication Ratio (Ages 5-18)	1800
Roll-in #2	eCQM/Administrative	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	0024
Roll-in #3	eCQM/Administrative	Chlamydia Screening in Women (Ages 16-20)	0033

Adult Mandatory Measure Set

	Measure Type	Measure Description	NQF Number
Mandatory	eCQM/Administrative	Screening for Depression and Follow-Up Plan	0418
	eCQM Administrative	*If practice has a certified electronic health record (EHR):* Comprehensive Diabetes Care: Hemoglobin A1c Poor Control (<9.0%) ***OTHERWISE*** Comprehensive Diabetes Care: HbA1C testing	0059
	eCQM Administrative	*If practice has a certified EHR:* Controlling High Blood Pressure ***OTHERWISE*** Asthma Medication Ratio	0018 1800
Roll-in #1	eCQM/Administrative	Antidepressant Medication Management	0105
Roll-in #2	eCQM/Administrative	Cervical Cancer Screening	0032
Roll-in #3	eCQM/Administrative	Chlamydia Screening in Women (Ages 20-24)	0033

APM Measure Set Additions and Removals — Several measures have been added and removed from the APM Measure Set to promote alignment with CMS Child and Adult Core Sets and to shift the focus of the APM to health outcomes. These changes are listed in the table below:

APM Measure Set Changes

Measure Type	Measure Description	Population Served	Status
eCQM/ Administrative	Cervical Cancer Screening	Women	Added
Administrative	Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Testing	Adults	Added
Administrative	Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (7 days)	Adults	Added
Administrative	Follow-Up After Hospitalization for Mental Illness (7 days)	All	Added
eCQM	Primary Caries Prevention Intervention as Offered by Primary Care Providers, Including Dentists	Peds	Removed
eCQM	Maternal Depression Screening	Women/Peds	Removed
eCQM	Diabetes: Eye Exam	Adults	Removed
eCQM	Prevention Care and Screening: Tobacco Use: Screening and Cessation Intervention	Adults	Removed
eCQM	Adult Major Depressive Disorder (MDD): Suicide Risk Assessment	Adults	Removed
eCQM	Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment	Peds	Removed
Administrative	Diabetes: Medical Attention to Nephropathy	Adults	Removed
Administrative	Flu Shots	All	Removed
Administrative	Follow-Up After Emergency Department Visit for People with Multiple High-Risk Chronic Conditions	Adults	Removed
Administrative	Pharmacotherapy Management of COPD Exacerbation	Adults	Removed
Administrative	Spirometry Testing for COPD	Adults	Removed
Administrative	Use of Imaging in Low Back Pain	Adults	Removed
Structural	Quality Improvement	N/A	Removed
Structural	Improvement Activities	N/A	Removed
Structural	Quality Improvement (QI) Strategy & QI Plan	N/A	Removed
Structural	Use Data Effectively	N/A	Removed
Structural	Empanelment	N/A	Removed
Structural	Define Team	N/A	Removed
Structural	Team Training	N/A	Removed
Structural	Team Meetings	N/A	Removed
Structural	Follow-up for Missed Appointments	N/A	Removed
Structural	Standing Orders	N/A	Removed

Structural	Screening and Follow-Up	N/A	Removed
Structural	Gaps in Care	N/A	Removed
Structural	Risk Stratification	N/A	Removed
Structural	Clinical Question & Data Sharing	N/A	Removed
Structural	Care Compacts	N/A	Removed
Structural	Shared Decision-Making Tools	N/A	Removed
Structural	Assess Self-Management Support Capability	N/A	Removed
Structural	Self-Management Tools	N/A	Removed
Structural	Implement Self-Management Support	N/A	Removed
Structural	Potentially Avoidable Costs/Complications	N/A	Removed

Updated Measure Points — Measure points will be updated for PY2022 to reduce the difference in point values between measures and to establish a cohesive point assignment structure. This structure is as follows: eCQMs or administrative measures that are part of the CMS Child and Adult Core Sets or another federal requirement will be **35 points**. All other eCQMs and administrative measures will be **25 points**. Structural measures will be **10-30 points** to encourage PCMPs to focus on clinical outcomes, with higher measure points awarded for measures that align with HCPF priorities.

C. Focusing on Outcomes

To promote improved quality of care, strengthen the reliability of data, and to ensure high-performing PCMPs are rewarded for their work, the following changes are being implemented:

- **Establishing a Minimum eCQM Denominator** — To strengthen eCQM data while still providing incentives for eCQM adoption, the following point structure has been implemented based on eCQM denominator size and performance. Consult the APM Guidebook for more details.

Updated eCQM Point Structure

eCQM Denominator Size	Performance (Close the Gap)	Percent of Points Earned for Measure
0	Reporting Only	25%
1-19	Reporting Only	50%
20+	<5%	50%
	Between 5-10%	50-100%

- **Limiting Selection of the Same Measure** — If a measure exists in the APM Measure Set as both an eCQM and an administrative measure, PCMPs are limited to selecting the measure once.
- **Reporting on All Patients for eCQMs** — The APM Guidebook has been updated to clarify that all eligible patients who meet a measure denominator must be reported to align with national measures specifications.

All updates were reviewed and discussed with the APM Refresh Team stakeholder group during the annual stakeholder engagement process conducted in May-September 2021. The APM Refresh Team included Health First Colorado members and representatives from PCMPs, FQHCs, RAEs, and community-based organizations. Each PY2022 update was supported by at least two thirds of the APM Refresh Team. For more information, please see the PY2022 Final Recommendations Memorandum on the APM website.

For questions on these updates, please email HCPF_primarycarepaymentreform@state.co.us.