Alternative Payment Model 1 for Primary Care (APM 1)

APM 1 Community Forum #2

Wednesday, October 11, 2023

7:30-9:00 am

Facilitated by the Colorado Health Institute

Agenda

7:30 – 7:40	Welcome
7:40 – 7:55	Overview of APM 1 Quality Reporting Model
7:55 – 8:30	APM 1 Vision: Rewarding PCMPs and Measuring Member Performance
8:30 – 8:40	Contexture and QHN Support
8:40 – 9:00	Open Discussion and Closing

Ways to Participate

Please share your comments and questions verbally or in the chat.

- Prior to sharing, please **say your name and organization, and disclose any financial interests** if appropriate.
- If you would like to comment verbally: Please use the raise hand function in Zoom. Guests will be invited one at a time to share.

Written Feedback

Following the meeting, additional feedback can be submitted to the Colorado Health Institute at:

FocusGroups@coloradohealthinstitute.org

no later than Tuesday, October 17.

Agenda

Overview of APM 1 Quality Reporting Model

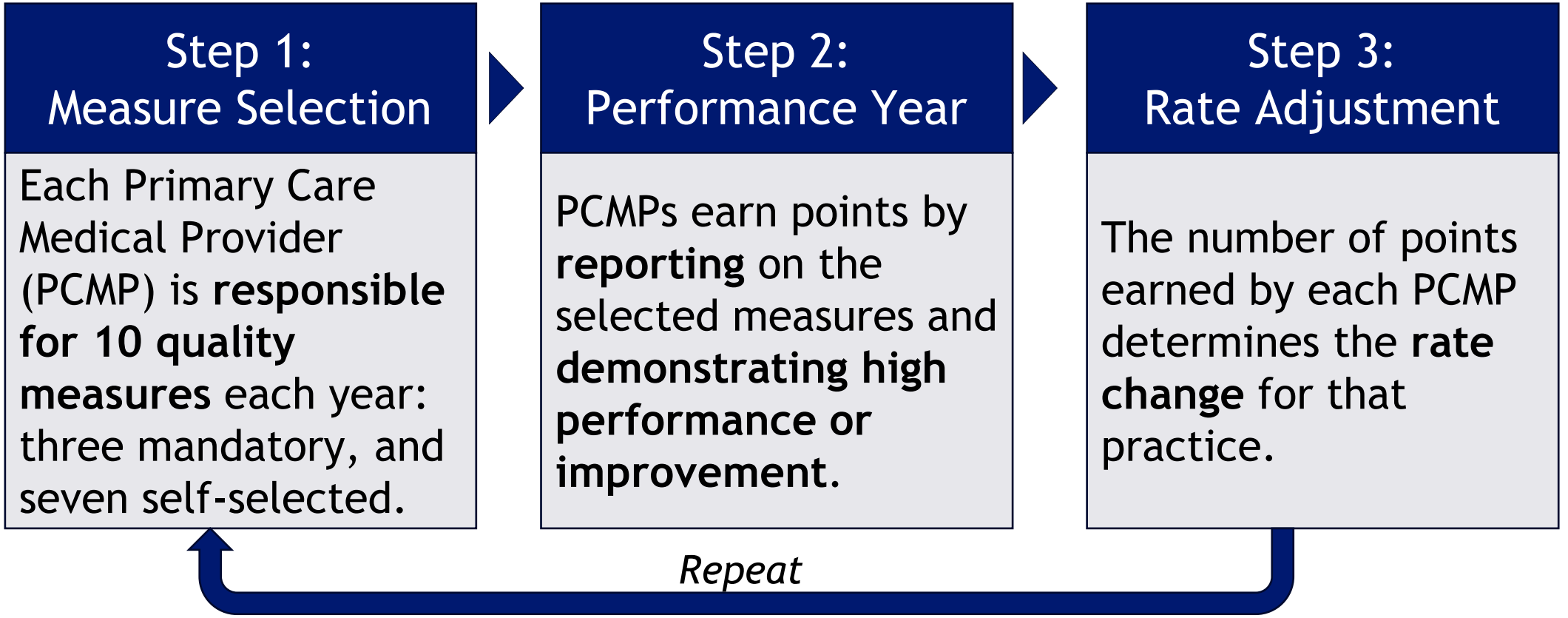
APM 1 Vision

Contexture and QHN Support

Open Discussion and Closing

APM 1 Overview

The APM 1 uses a **points-based** system to measure provider performance.



Measure Types

Structural Measures. Focus on a practice's capacity, systems, and processes to provide high-quality care.

Administrative Measures. Calculated from state agency data, such as a practice's Health First Colorado claims; indicate what a provider does to maintain or improve health, either for healthy people or for those diagnosed with a health condition.

Electronic Clinical Quality Measures (eCQMs). Calculated directly from a practice's electronic medical record (EMR); reflect the impact of the health care service or intervention on the health status of patients.

Measure Calculations

Providers earn points differently for each measure type.

Structural Measures:

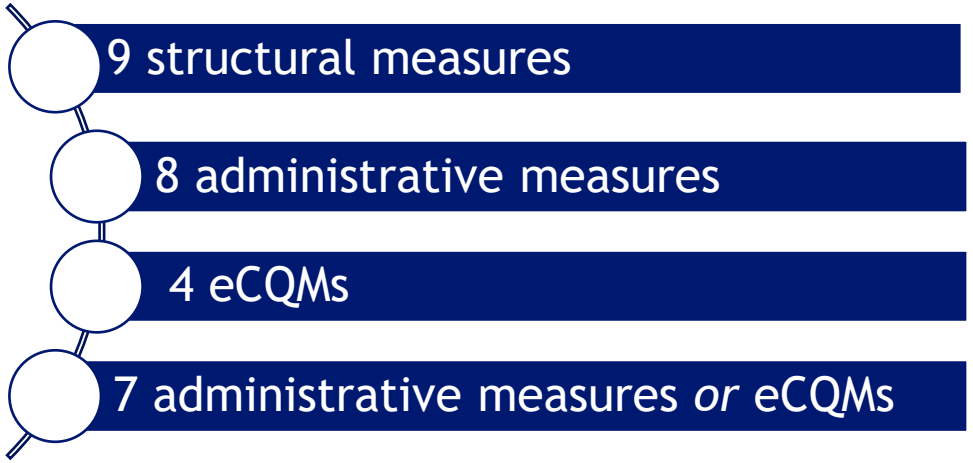
- Pass/fail: Practices earn all or none of the measure's points based on documentation.

Administrative Measures and eCQMs:

- Earn points based on **Close the Gap** calculation demonstrating improvement between a practice's baseline performance and HCPF's target goal for the measure;
  or,
- Earn full points if the target goal for the measure is achieved.

PY2023 Measure Set

28 measures total



- **Measure choice:** Some measures are available as either administrative or eCQM; PCMPs can choose which type works best for the practice.
- **Structural point limit:** Non-FQHC PCMPs cannot earn more than 100 points from structural measures.

Close the Gap Calculation

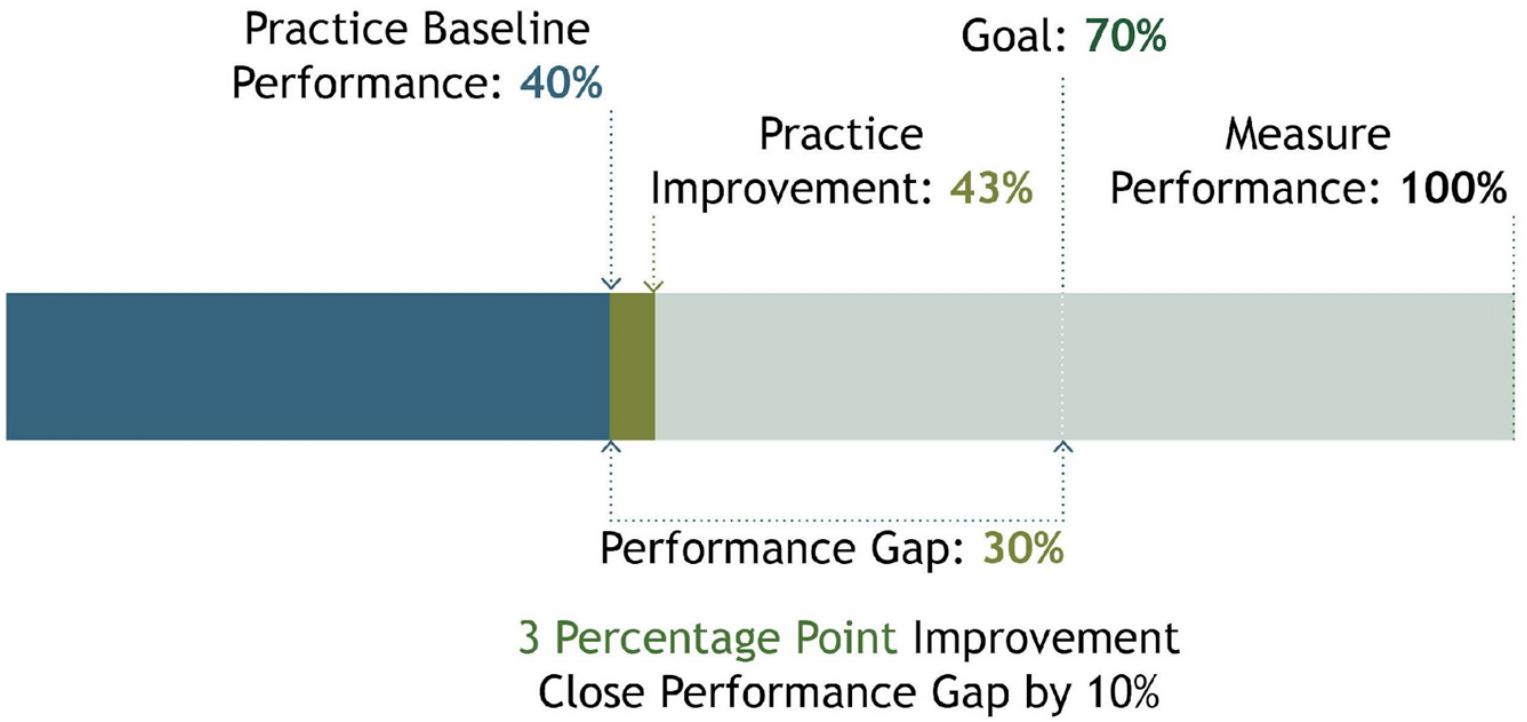


Image description: HCPF sets a goal of 70%. The primary care practice begins with a baseline of 40%. This leaves a performance gap of 30 percentage points. The practice improves by 3 percentage points in the next year. That earns the practice points for closing 10% of its performance gap.

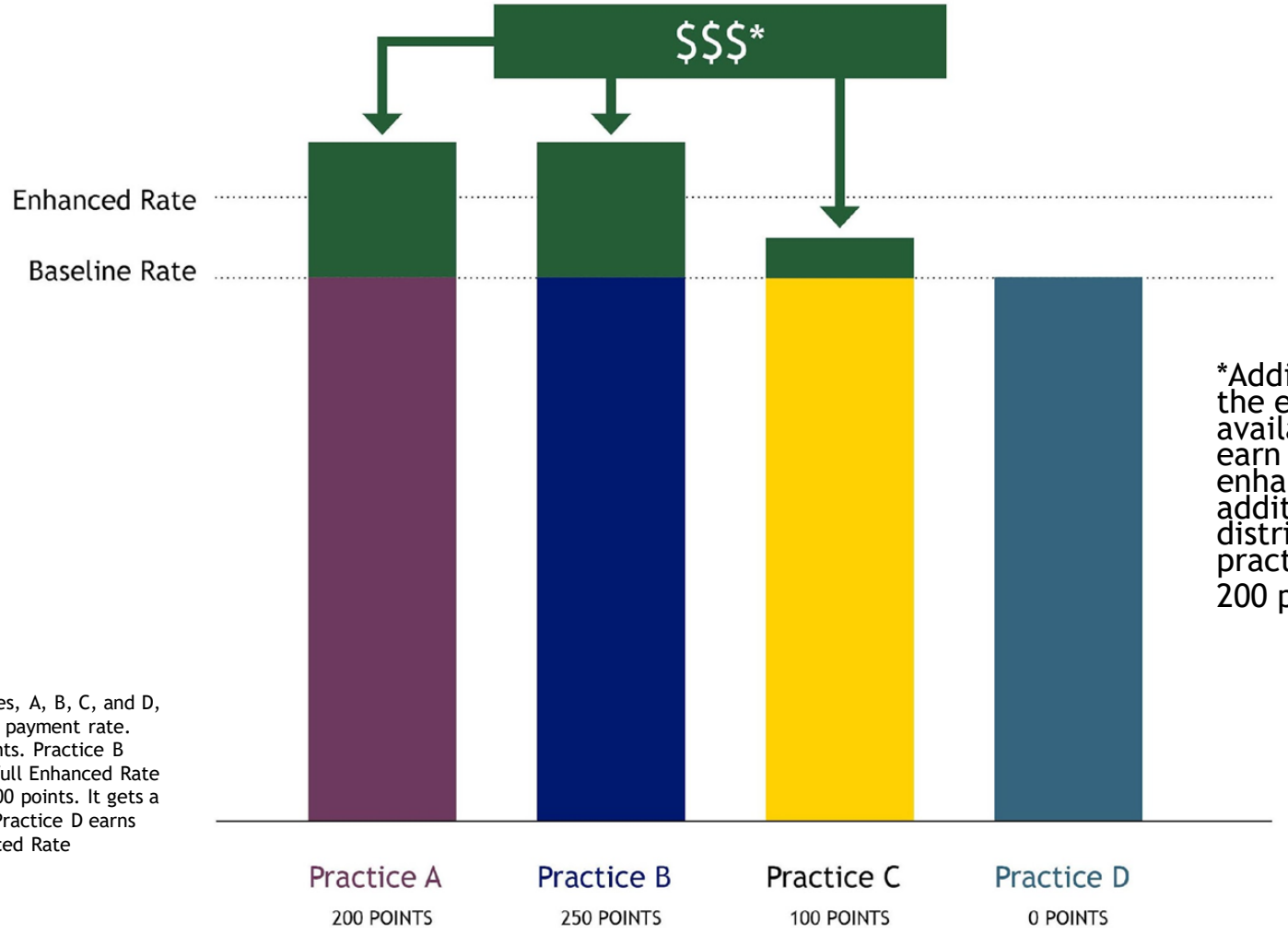
Payment Model: Rates

Beginning October 2022, enhanced rates were tied to APM quality scores.

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 who 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.

Payment Model: Distribution



*Additional funding above the enhanced rate may be available if some practices earn less than the current enhanced rate. This additional funding will be distributed evenly across all practices earning at least 200 points.

Image description: Four practices, A, B, C, and D, all start with the same baseline payment rate. Practice A earns 200 APM 1 points. Practice B earns 250 points. Both get the full Enhanced Rate from APM 1. Practice C earns 100 points. It gets a portion of the Enhanced Rate. Practice D earns no points, and it gets no Enhanced Rate payments.

Agenda

Overview of APM 1 Quality Reporting Model

APM 1 Vision

Contexture and QHN Support

Open Discussion and Closing

APM 1 PY2023 Vision and Beyond

Two key components from last year's stakeholder engagement discussions:

Rewarding PCMPs that go above and beyond.

Transitioning to incentives based on Health First Colorado member performance.

Rewarding PCMPs that go above and beyond

Current eCQM Point Structure

Point Value	Requirement
Full point value	• Report data for the baseline and program year, with at least 20 patients in the denominator for both years, and demonstrate Close the Gap improvement of at least 10%; or • Report data for the program year with at least 20 patients in the denominator and achieve HCPF's statewide goal for the measure
Between 50% and the full point value	• Report two years of data for at least 20 patients and demonstrate a Close the Gap improvement between 5-10%
50% of the full point value	• Report two years of data for at least 20 patients, 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 patients, regardless of performance.
25% of the full point value	• Report data for an eCQM with a denominator size of zero

Rewarding PCMPs that go above and beyond

Updating the eCQM Point Structure

Proposed Update: Update the eCQM point structure to remove awarding 25% of the full eCQM point value when the reported denominator size is zero.

Rationale

- Structure was initially created to support PCMPs in setting up the ability to report eCQMs.
- PCMPs reporting a measure with too small of a denominator should focus on a different measure or work with their EMR vendor to get the workflow corrected.

Zoom Poll

Updating the eCQM Point Structure

Do you have concerns with updating the eCQM point structure to remove awarding 25% of the full eCQM point value when the reported denominator size is zero?

Health First Colorado Member Performance

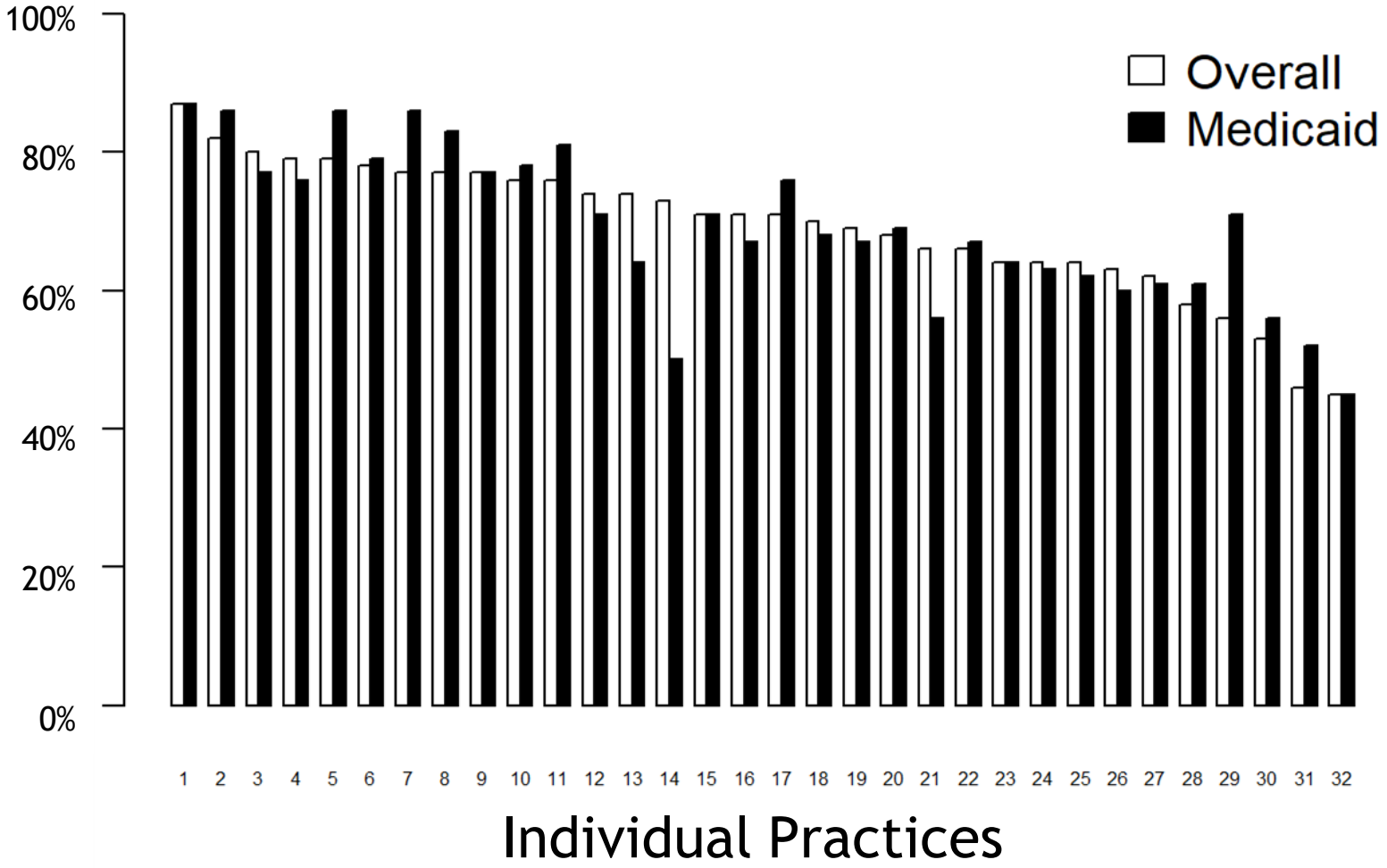
Medicaid-Only eCQM Reporting

- Effective PY2023, HCPF required PCMPs to report supplemental eCQM data specific to the Health First Colorado population.
- HCPF will continue to pilot Medicaid-only eCQM reporting for the upcoming program year (PY 2024).

This data will be used to determine the **ability and viability** for PCMPs to report eCQMs versus administrative measures in future program years.

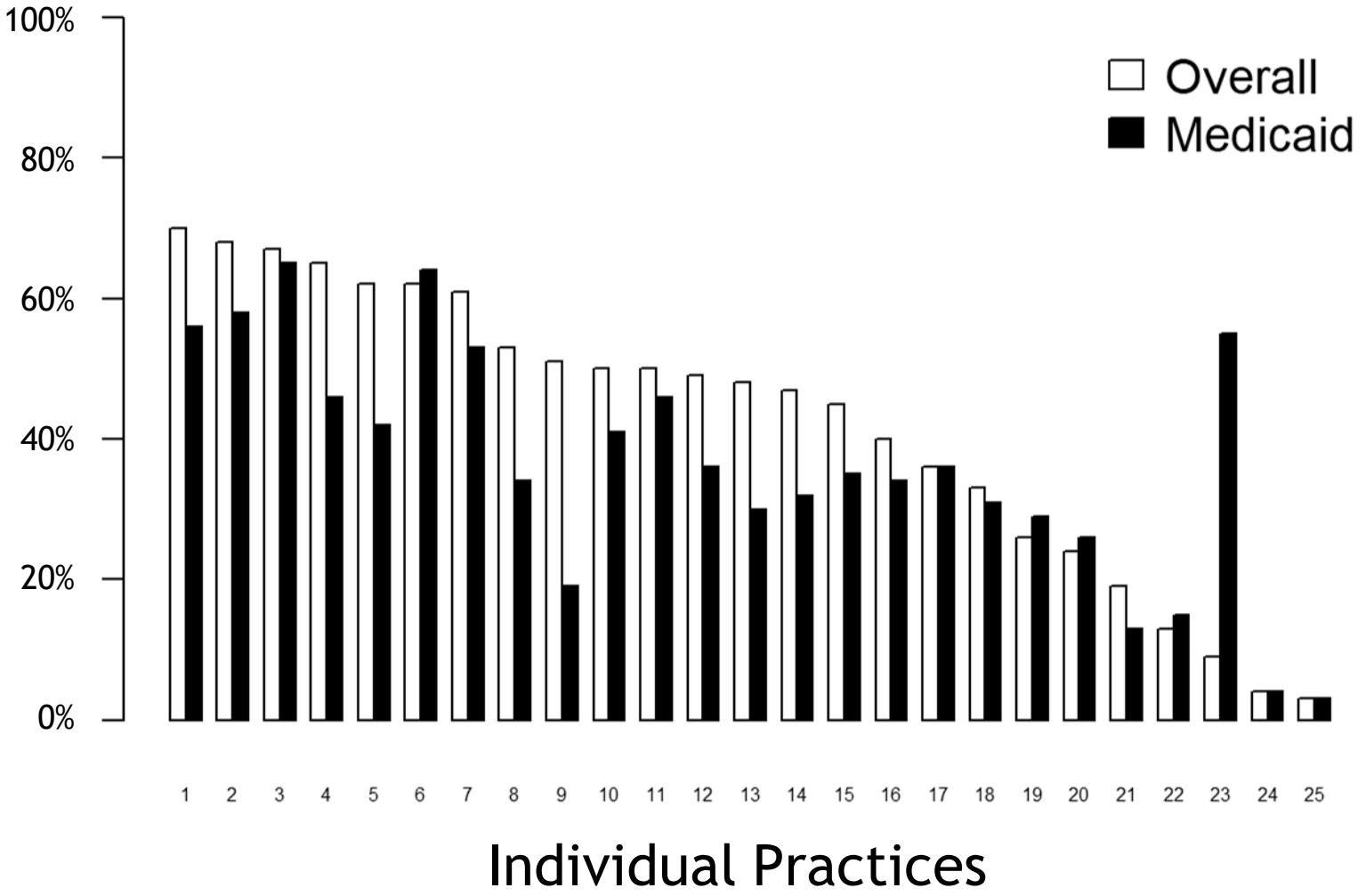
Current Performance on Mandatory Measures

Controlling High Blood Pressure



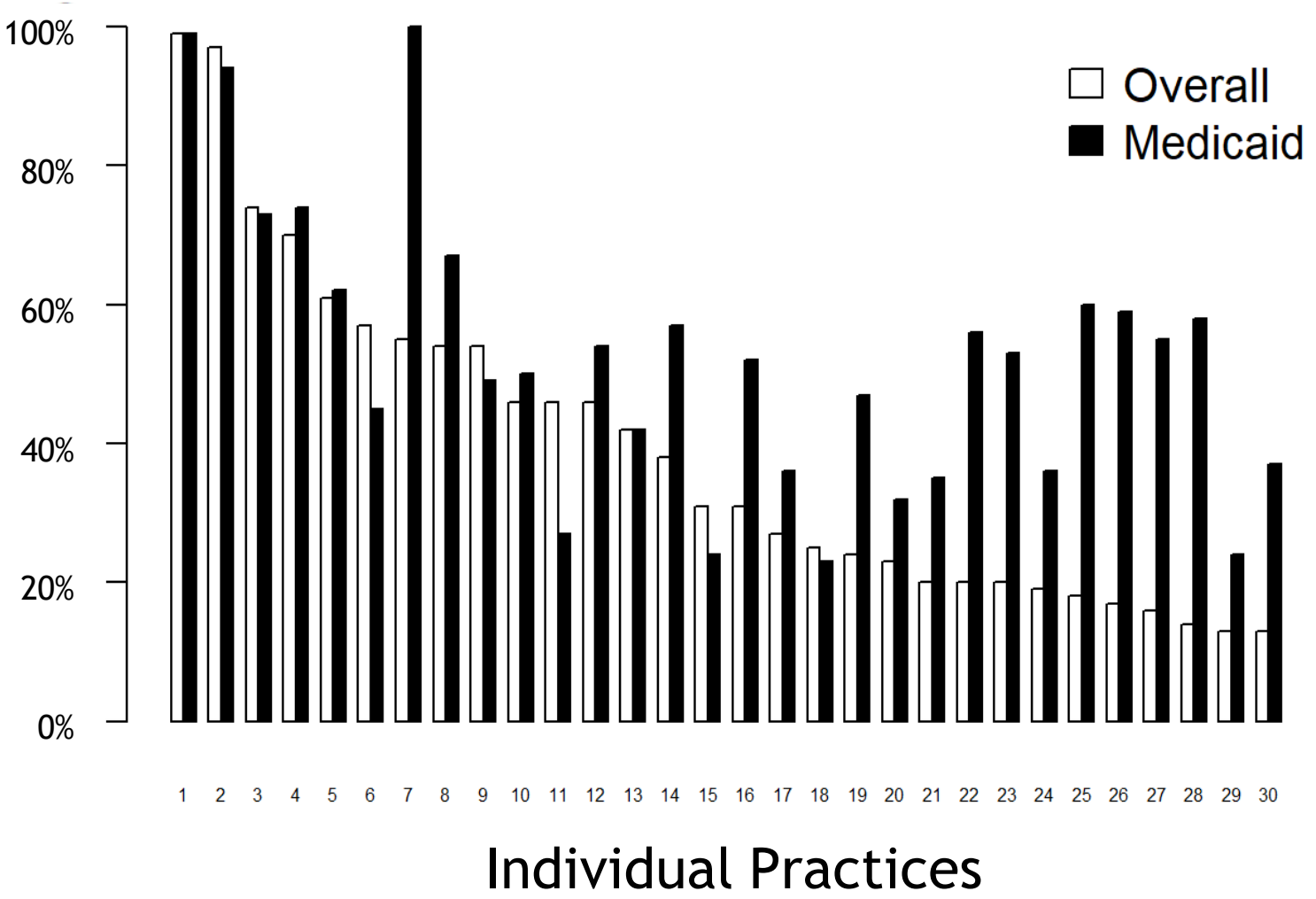
Current Performance on Mandatory Measures

Childhood Immunization Status



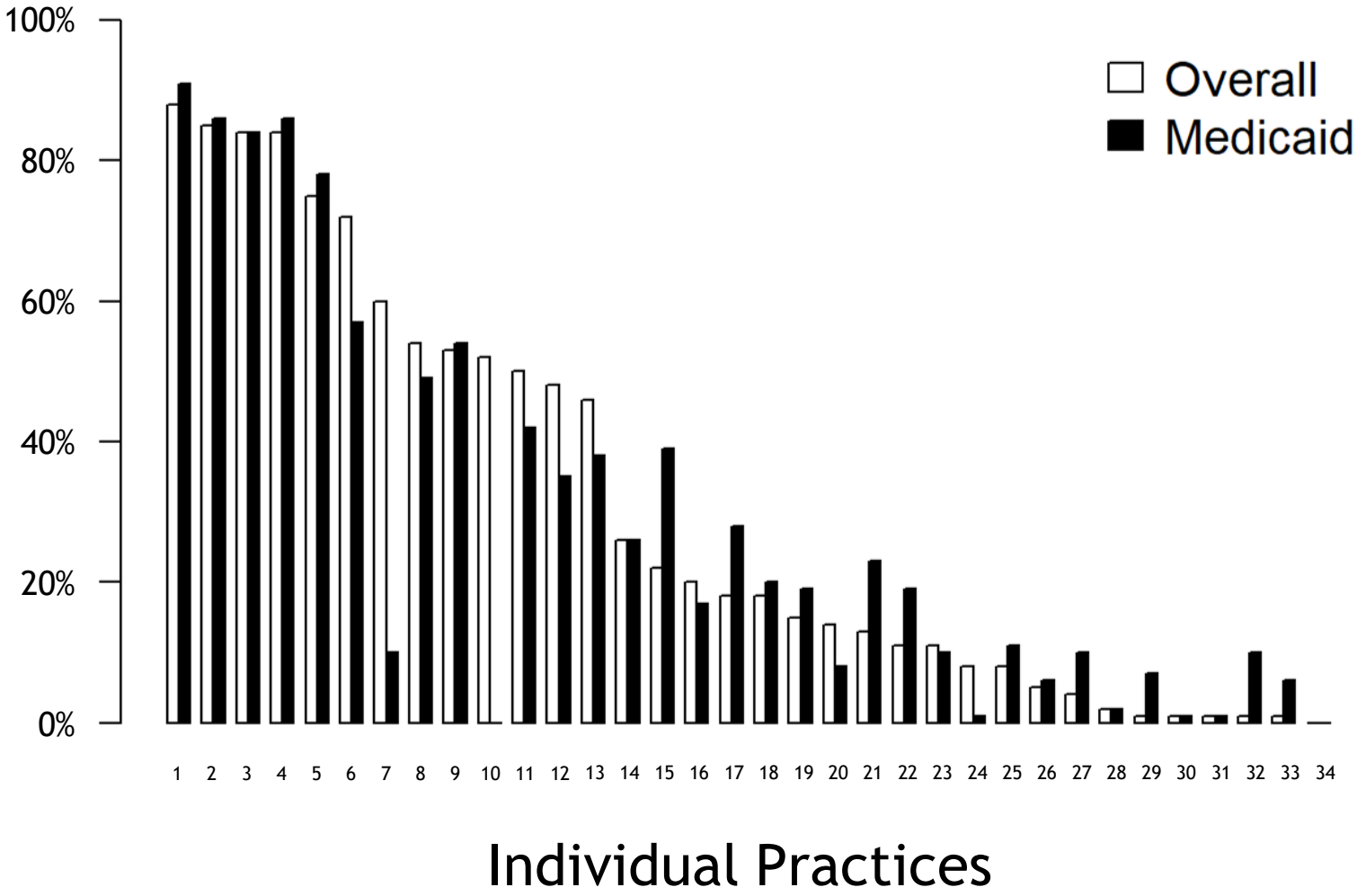
Current Performance on Mandatory Measures

Diabetes Hemoglobin A1c Poor Control (>9%)



Current Performance on Mandatory Measures

Screening for Depression and Follow-up Plan



Medicaid-Only eCQM Reporting

- Use PY2024 to work with Contexture and QHN to set up reporting
- PCMPs **must** submit supplemental Medicaid-only eCQM data in PY2024

This data will be used to determine the **ability and viability** for PCMPs to report eCQMs versus administrative measures in future program years.

Agenda

Overview of APM 1 Quality Reporting Model

APM 1 Vision

Contexture and QHN Support

Open Discussion and Closing

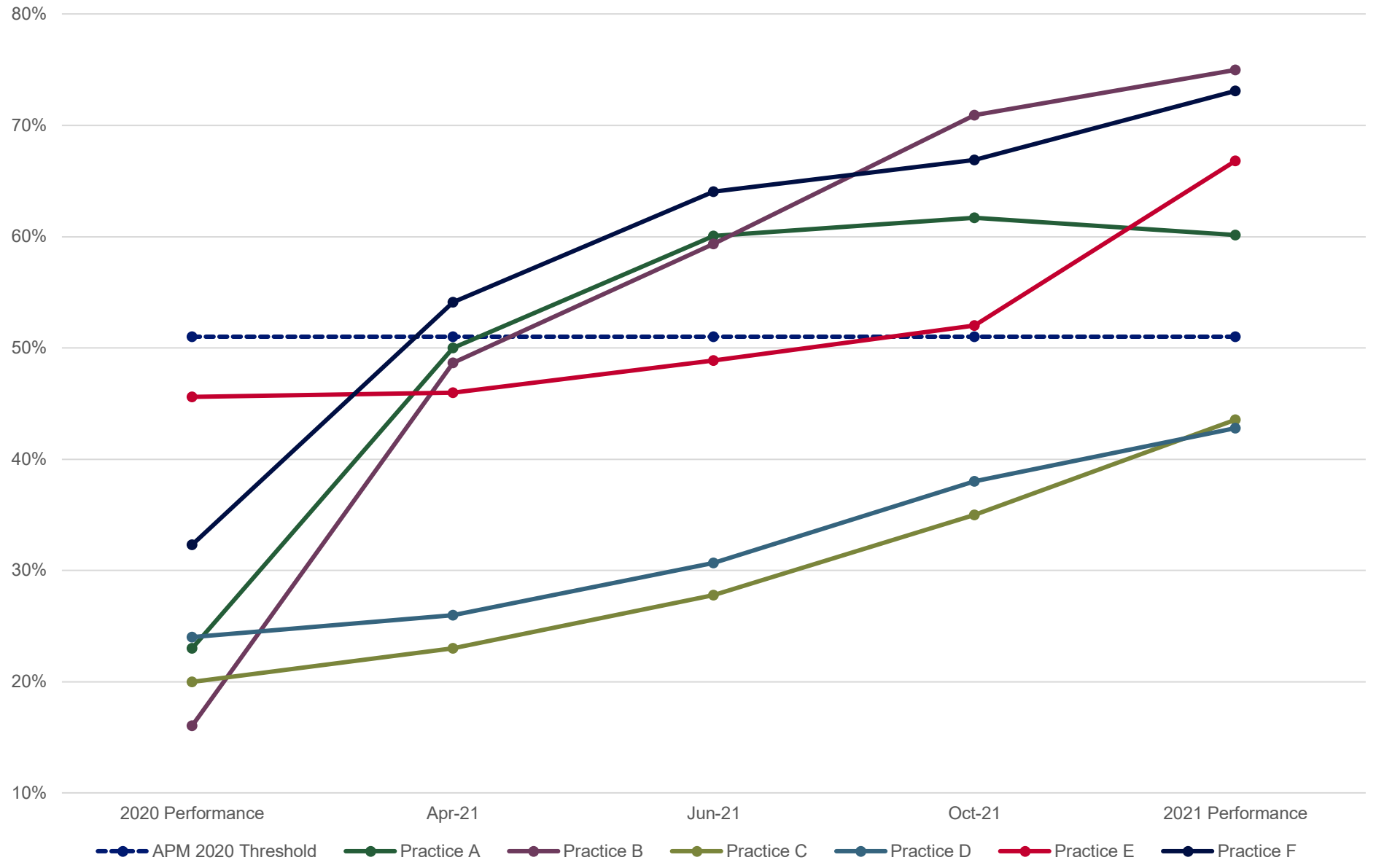
Technical Assistance

- PCMPs should use this APM 1 program year to ensure they establish bi-directional data sharing and they can report Medicaid-only files.
- HCPF provides technical assistance support for eCQM reporting through Contexture and QHN.

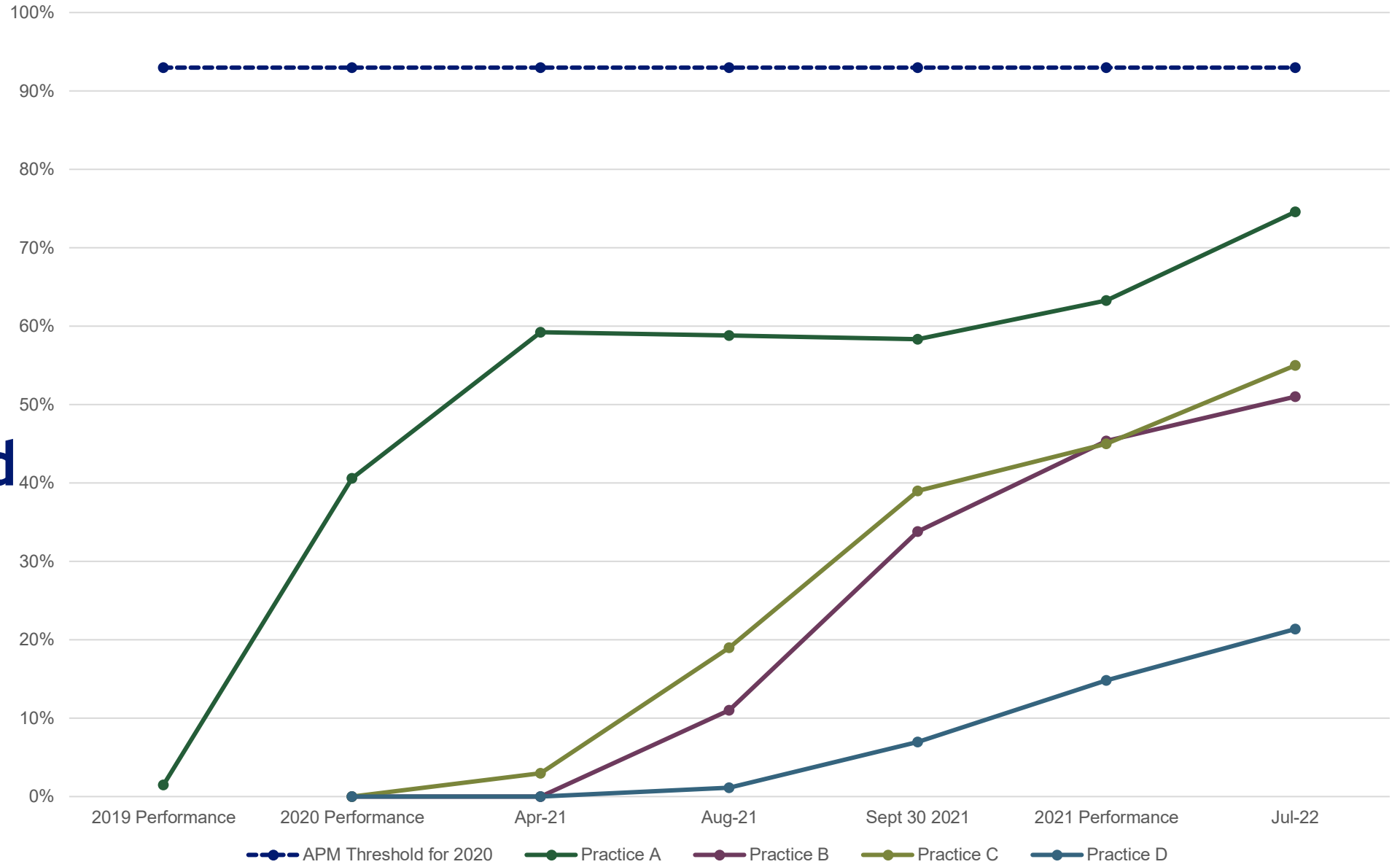
Support from Contexture and QHN

- **Electronic reporting solution**
  - Send CCDs to Contexture/QHN
  - Contexture/QHN utilizes CCDs to extract eCQM data
  - Contexture/QHN validates data for accuracy to meet measure specifications
  - Contexture/QHN works with EHR vendors and practice to improve accuracy
- **Technical Assistance**
  - Support in working with EHR vendors on data issues
  - Guidance in improving data entry
  - Assistance with mapping of data to ensure proper value set codes
  - Evaluate practice workflows
  - Review eCQM definitions
  - Data validation
  - Gaps in Care reports and education on how to use Gaps in Care reports
  - Run Charts to monitor performance
  - Audit support

Childhood Immunization Status



Depression Screening and Follow-up



Agenda

Overview of APM 1 Quality Reporting Model

APM 1 Vision

Contexture and QHN Support

Open Discussion and Closing

Discussion

What are the potential challenges for PCMPs in reporting Medicaid-only eCQM data?

How can HCPF and its partners support PCMPs in addressing these barriers?

Up Next

Community Forum #3:

Thursday, October 19 at 7:30 – 9:00 am

- Topic: Deep dive into health equity
- Registration

Contact Info

Please submit any written feedback on this meeting no later than Tuesday, October 17 to:

Zoe Pincus, HCPF
Quality Health Improvement Specialist
Zoe.Pincus@state.co.us

Moriah Bell, CHI
Program Manager
FocusGroups@coloradohealthinstitute.org

Join the Mailing List

Sign up to learn from CHI about future HCPF programs, click here:
https://lp.constantcontactpages.com/su/povy2DM

Thank you!