

## An Advocate's Guide to APM2

*Helping providers understand the future of Health First Colorado's payment system*

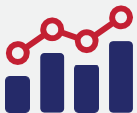
Primary Care Providers have the option of using a value-based payment model when caring for Health First Colorado members. That means the power is back in each provider's hands to make the best decisions for their patients to support quality outcomes and healthier patients. Freed from utilization as the driving factor for revenue, providers can consistently make the decisions they want for their patients, ensuring the best possible care. Effective primary care and a focus on care for chronic conditions creates the highest value outcomes for individual lives and the health care system as a whole.

All primary care medical providers participating in the Accountable Care Collaborative who have 500 or more attributed Health First Colorado members are eligible.

### Here are the key points when discussing provider enrollment in APM2:



**The quality metrics for APM2 are the same as those of APM1.** Providers who are already meeting those quality metrics can now gain greater financial stability by enrolling in APM2 without adding administrative burden.



**Providers can gain revenue stability through APM2** by receiving per member, per month payments based on their historic and future attributed member trends. In addition, providers would continue to receive fee for service payments for patients who are geographically attributed and/or dual eligible for Medicaid and Medicare.



Because providers can select the way they want to receive their payments, they have an **onramp to participation**. Providers can decide how far and how fast they join the program. Providers also have an option to change their level of participation over time.



Enrolling now in Health First Colorado's value-based payment model allows providers to **share in savings** from improved primary and chronic care outcomes.



Nearly 20% of providers and systems have already enrolled and are enjoying the revenue stability and shared cost savings. By 2025, Health First Colorado aims to have 50% of Medicaid payments tied to a value-based model and all providers will be automatically enrolled into APM2 with the option to opt-out. **Joining APM2 now will ensure you have a voice in how the system operates in the future.**

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for your free, no commitment data analysis.**

## *How can providers learn more about how APM2 would specifically benefit their practice or system?*

To begin the process, providers can request and receive their data calculated by actuaries to reflect their current practice rates. They can use this data to determine the structure of their payments and can request this data for free with no commitment to join.

**Fill out a brief survey** to get a free data analysis with no commitment to join >

### **What we're hearing and how to respond**

The Department has been successful in helping providers see the value of moving to APM2 once they are able to understand how the program applies to their own specific data. Here are some common concerns raised and answers to those issues. Ultimately, the most important first step for providers is to fill out a brief survey, where they can receive their practice data trended forward.

<b>Issue</b>	<b>Answer</b>
Concerns around additional change or change in general	A full conversion to value-based payments is the future of Health First Colorado. Enrolling now will allow providers to get greater support as they transition and have a voice in the final structure of the program.
Concerns around increased administrative burden	Providers already participating in APM1 and meeting those quality standards will find that joining APM2 involves the same standards but adds important control over payments that provide stability to their revenue stream and potential additional revenue through a share in cost savings through better management of chronic care.
Concerns that this program seems "too good to be true"	Providers can create the revenue stability they need by switching to this Medicaid reimbursement model that encourages quality outcomes and the best health possible for each Health First Colorado member.
Concerns that providers don't know what percentage is right for them to begin the program	To begin the process, providers can request and receive their data calculated by actuaries to reflect their current practice rates and trended forward in time. They can use this data to determine the structure of their payments and can request this data for free with no commitment to join.
Concerns that per member per month payments do not fit within their current billing and accounting systems	Providers have the flexibility to choose to have a portion or all of their revenue made as per member per month payments creating a reliable revenue stream that can weather tough challenges like the pandemic and more normal fluctuations as well. Incentive payments are upside only, meaning there is no risk to participation. Providers can decide how far and how fast they join the program, which is the future of Health First Colorado. Providers also have an option to change their level of participation over time.

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