



**Alternative Payment Model 2 (APM 2) Design Review Team (DRT)  
Meeting 11  
Meeting Minutes**

**Date:** July 24, 2024

**Time:** 11:00 AM to 1:00 PM (MT)

**Session Topic:** APM 2 Performance Improvement and Program Sustainability

**Meeting Agenda**

1. Welcome and Introductions
2. Meeting 10 Recap
3. Performance Improvement
4. Program Sustainability
5. Looking Ahead

**1. Welcome and Introductions**

Taylor Kelley called the meeting to order.

DRT participants in attendance were representatives of Members, providers, and other stakeholders from across the Health First Colorado landscape.

Other attendees included Araceli Santistevan (HCPF), Dawson LaRance (HCPF) Zoe Pincus (HCPF), Gerardo Silva-Padron (Stakeholder Engagement Team), Britta Fuglevand (HCPF), Suman Mathur (Stakeholder Engagement Team), Taylor Kelley (Stakeholder Engagement Team), Andy Wilson (Support Team), Chelsea Finfer (Support Team), Janet Milliman (Support Team) and Drew Lane (Support Team).

**2. Meeting 10 Recap**

Gerardo Silva-Padron recapped major discussion points from the previous DRT session, which focused on program sustainability considerations for practices that serve specific populations.

**3. Performance Improvement**

Janet Milliman introduced the guiding principles of performance improvement for the APM 2 program. Janet then shared that in the next iteration of the APM 2 program, HCPF is investing in new data dashboards that will support participants with actionable data. Key attributes of the dashboard include different views for providers and RAEs, secure access for specific users, and the ability to download and generate summary reports.



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Janet Milliman explained that the conversation would focus on key areas of interest for the new dashboards, including attribution, quality measurement and targets, and informational items.

### Attribution: Patient Panel

Janet Milliman started the conversation with attribution, explaining that providers would likely be using the dashboard to try to understand more about their patient panel with medical and social complexity, attributed members receiving care elsewhere, historical trends of patients, and other details about patient characteristics and patient risk factors.

#### Reactions:

- Participants suggested including when attributed patients get care outside of a provider's practice (e.g., leakage).
- Participants suggested that the dashboard should include information about patients needing preventative screenings and annual services beyond the treatment of chronic conditions. They urged for documentation of accessibility factors as well.
- Participants shared that it would be helpful to incorporate patient history from previous insurance coverage, the health information exchange (HIE) or through electronic medical records (EMRs) in the dashboard.
- Participants encouraged including member feedback and experience with providers on the dashboard.
- Participants suggested monthly updates for attribution, with the other data being updated quarterly.

### Performance on Quality Measures Tied to Payment

Janet Milliman transitioned the presentation to the topic of quality measures that are tied to payments. Janet walked the participants through information and factors that are needed to understand quality measure performance and its ties to payments.

#### Reactions:

- Participants expressed the need to be able to provide real-time feedback about issues or questions on the dashboards. Being able to do so directly through the dashboard makes sense, with some ability to store and track feedback and responses or send via email for a record.
- One participant shared that including not just who is in the numerator but also how many patients need to be added to the numerator to meet the set benchmark would be useful.
- Participants urged the need to include the technical specifications of measure definition and exact references to which national measures are used (such as CMS number or NCQA number, etc.)
- Participants requested the ability to export data in multiple formats for provider use.
- Participants thought that a bidirectional dashboard would be useful for practices to document patient refusal to the primary care measures tied to payment.



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- Participants cautioned against designing a dashboard that cannot be supported by the vendor. Participants added that RAEs may be able to coach to what is on the dashboard but will not have the ability to correct the accuracy of the data in the dashboards without engagement with the vendor.

### Informational Items

Janet introduced the topic of informational items needed to manage attributed patients, emphasizing factors beyond medical needs, such as social and environmental factors and external care. She listed necessary information items, including demographics, health-related social needs, visit rates, and pharmacy claims.

#### Reactions:

- Participants suggested a key or descriptive definition of all informational measures included in the dashboard.
- Participants discussed that housing status is one of the most challenging data points to capture and keep accurately updated. They explained that housing status is an important data point to capture and especially useful for providers and may impact attribution.
- Participants encouraged integration into these dashboards of other Medicaid programs, like the E-prescriber tool, which uses pharmacy claims and e-consults.
- Participants recommended making the dashboard iterative, starting with basic, key data elements tied to the patients and the clinical areas of importance.

### 4. Program Sustainability

Janet shared the guiding principles for program sustainability, which include predictable and stable provider earnings potential, low administrative burden, alignment with other payment models, established transparent and stable targets, and availability of technical assistance. Janet shared the diverse ways in which the APM 2 team is envisioning technical assistance for APM 2. This includes practice transformation coaching; APM 2-specific programmatic support; and technology troubleshooting and support. These support components overlap to achieve overall provider success with implementation and participation in value-based programs, including APM 2.

Next, Janet presented technical assistance supports specific to navigating the APM 2 program that will guide provider planning, management, and participation in APM 2. These categories included training, performance guidance, provider resources, data support, documentation, and disputes and grievance processes.

Finally, Janet shared components of Technology Support, which undergoes other aspects of technical assistance for APM 2. Janet presented a list of support opportunities that will empower providers to effectively utilize technological tools, which aid in the understanding and implementation of the updated APM program (training, user setup guidance, troubleshooting, etc.).



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### Reactions:

- Participants shared that providers are currently underpaid and said that if it does not, at a minimum, cover costs to deliver the services, then the program will not be sustainable.
- Participants encouraged further stakeholder engagement to work directly with the technology vendor on design and implementation.
- Participants requested more documentation and information to understand the categories that go into adjusting the PMPM rates and other associated information.
- Participants noted that balancing complexity with simplicity is always a challenge and recommended that it be as simple as possible at face value, with a way to dig in deeper within the tool via drill-down capabilities.
- One participant shared that practices want to build trust with those offering technical support for revenue cycle management and payment.

### 5. Looking Ahead

Araceli Santistevan and Dawson LaRance closed the DRT session by thanking participants for their many hours of engagement, noting the next steps for APM 2. Future stakeholder opportunities will be available to align the APM 2 program with other initiatives like ACC Phase III.



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