COLORADO
Department of Health Care Policy & Financing

APM 2 Program Design Review Team

Meeting 9

June 26, 2024

Agenda

1. Welcome and Introductions
2. Meeting 8 Recap
3. Considerations for Varying Provider and Population Types
4. Looking Ahead

1. Welcome and Introductions

Meet the APM 2 Team

Araceli Santistevan
APM 2 Lead

Dawson Larance
APM 2 Co-Lead

Taylor Kelley
Design Review Team
Lead Facilitator

Suman Mathur
Design Review Team
Supporting Facilitator

Gerardo Silva-Padron
Design Review Team
Supporting Facilitator

Andy Wilson
APM 2 Support Team

Chelsea Finfer
APM 2 Support Team

Drew Lane
APM 2 Support Team

Janet Milliman
APM 2 Support Team

2. Meeting 8 Recap

Overall Payment Design Components

Primary Care Services	Incentive Payments	

APM 2 Core Services

Payment for APM 2 code set:

- E&M – Preventative
- E&M - Office/Other Outpatient
- Immunization Administration
- E&M - SBIRT
- Depression Screening
- Blood Draws
- OB/GYN Preventative — Pap smear, vaginal, pelvic, and breast exams/ screenings
- E&M – Nursing Facility & Assisted Living
- E&M – Home Visits

Quality Payments

Payment contingent on meeting standards for 7 DOI Measures:

- Breast Cancer Screening
- Cervical Cancer Screening
- Colorectal Cancer Screening
- Screening for Depression and Follow-up Plan
- Comprehensive Diabetes Care: HbA1c poor control (>9%)
- Controlling High Blood Pressure
- Consumer Assessment of Healthcare providers and Systems (CAHPS) Adult survey OR Person-Centered Primary Care Measure (PRO-PM)

Chronic Condition Shared Savings

Payment contingent on reducing costs for chronic condition episodes:

- Arrhythmia/Heart block — Low
- Asthma
- Crohn's Disease
- Chronic Obstructive Pulmonary Disease
- Coronary Artery Disease
- Diabetes
- Heart Failure
- Hypertension
- Gastro-Esophageal Reflux Disease
- Low back pain
- Osteoarthritis
- Ulcerative Colitis

What We Heard

- Agreement that the benefit of prospective payment is revenue stability and flexibility in delivering care but concern around potential for loss of revenue and impact on PCMPs during reconciliation
- Requests for more transparency on how prospective payment rates are set, especially given concerns of pandemic changes and Medicaid unwind
- Specialty care providers and extra resources should be considered within the shared savings program

Key Topics for the Design Review Team

1. **Goals and Objectives:** What are we trying to achieve?
2. **Quality Measurement and Quality Target Setting:** How will performance be measured for payment purposes?
3. **Cost Target Setting and Payment Methodology:** How will providers get paid?
4. **Performance Improvement:** What information do you need to be successful?
5. **Program Sustainability:** What types of support will be needed to sustain this program?

Objectives

- Discuss patient and external considerations that negatively impact Medicaid providers' ability to be successful in APMs
- Determine PCMP characteristics that can be used to identify providers that should be candidates for support
- Prioritize considerations that should be accounted for in future iterations of a primary care alternative payment model

3. Considerations for Varying Provider and Population Types

Conversation Framing

- Today's focus is to acknowledge the complicating variables that may:
  - Prevent a PCMP from succeeding in a value-based payment model
  - Limit a PCMP's ability to provide high-quality care

- We want you to share your expertise in identifying these issues and their impact on provider and member experience **outside of the bounds of an Alternative Payment Model**

Considerations for Patient Complexity

Risk adjustment variables from the current Chronic Condition Shared Savings program:

Risk Factor	Definition (Categories)
Category of Aid (COA)	Various population categories that qualify for Medicaid (adults, children, disabled adults, disabled children)
Gender	Gender of attributed members (male, female, other)
Comorbidities	Members with more than one chronic condition present
Behavioral Health	Members with concurrent behavioral health conditions (bipolar disorder, schizophrenia, depression and anxiety, trauma and stressors disorders, and substance use disorder)

Examples We've Heard From You

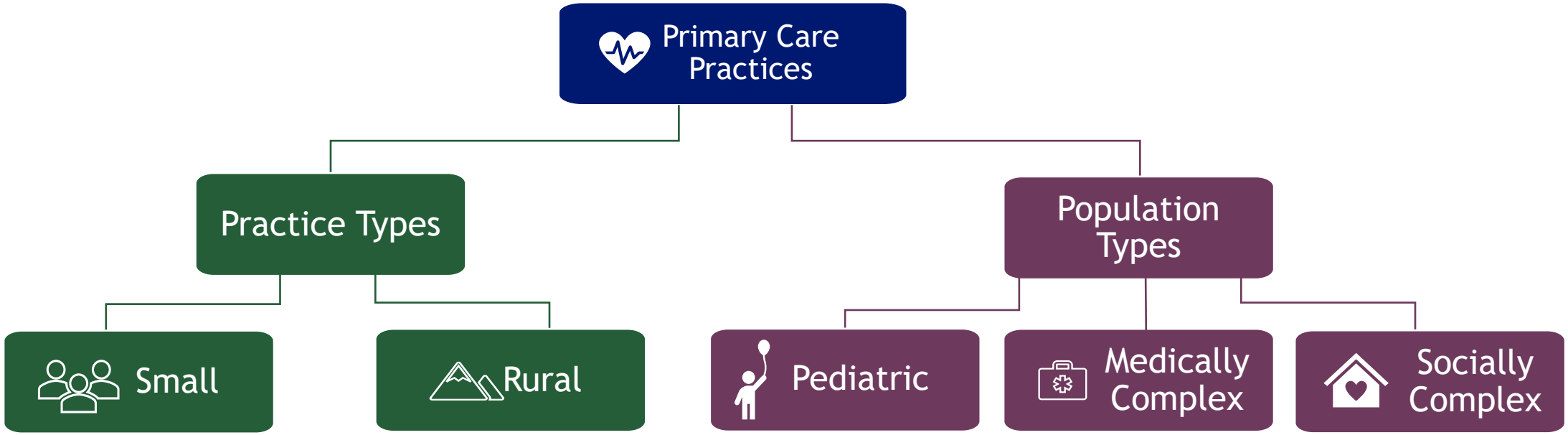
Future iterations of APM 2 should consider variables that introduce additional pressures and workload for Medicaid providers:

- Rurally located
- Small size of attributed member population
- Large pediatric mix
- High-risk and high-complexity patients
- Health Related Social Needs (housing, food, race, gender, etc.)

Overview of Practice Considerations

Our discussion will start by examining the unique considerations essential to **practices at large**, then transition to specific **practice types**, and **population types**.

These practice and population types are not mutually exclusive.



Certain PCMP types such as FQHCs, school-based health centers, and rural health clinics (RHCs) also have special reimbursement considerations.

Practice Types

Rural Practices

What are rural practices and who do they serve?

Practices that operate in areas with a total geographic population lower than 200,000 and where the population density is below 100 people per square mile[1]

What are the financial barriers?

- Financial instability due to unpredictable cash flow from variable services and sparse population
- Limited recruiting pool, potentially resulting in high staffing costs
- Underfunded due to high Medicaid payer mix (rural counties tend to have low-income levels)

How do the barriers impact PCMP experience?

- Limited ability to effectively plan and maintain staffing levels due to irregular volumes
- Disjointed workflows from staff turnover
- Provider burnout from broad spectrum of services rendered and coverage to multiple sites
- Increased administrative efforts to coordinate care

How do the barriers impact member experience?

- Delays in accessing care (especially specialty care)
- Difficulty in reaching a practice, which may result in missed appointments and discontinuity of care
- Extended wait times
- Inconsistent care due to staff turnover, potentially affecting trust

[1]Based on the Division of Insurance Amended Regulation 4-3-53 on network adequacy standards and reporting requirements for Affordable Care Act (ACA)-compliant health benefit plans. A county must meet specific population and density thresholds to qualify for each region type. For the purposes of this discussion, any populations below 'Micro' classification parameters are considered rural.

Small Practices

What are small practices and who do they serve?

Practices that operate with fewer than five providers[1]

What are the financial barriers?

- Fixed costs are high in comparison to variable costs and revenue
- High cost to maintain panel size/patient volume, which are small and inconsistent
- Inability to qualify for incentive payments, which are dependent on volume
- Limited access to capital

How do the barriers impact PCMP experience?

- Lack of administrative infrastructure for billing and reporting
- Limited technology and access to sophisticated EHRs
- Inability to qualify for quality payments
- Increased workload on existing staff leading to burnout

How do the barriers impact member experience?

- Less access to provider infrastructure tools like online portals
- Decreased flexibility and availability in scheduling and hours of operation
- Less capacity for services like care coordination

[1]As defined by NIH: Solo and Small Practices: A Vital, Diverse Part of Primary Care.

Population Types

Providers Who Serve Pediatric Populations

Who are pediatric populations and how are they served?

Health First Colorado members aged 0-18 treated by PCMPs with a large pediatric patient mix, typically either family medicine or dedicated pediatric practices

What are the financial barriers?

- 50% of children are covered by Medicaid, leading to high Medicaid payer mix, which is historically underfunded
- High cost and small panel size due to high frequency of preventative and sick visits
- Historical underpayment; uncompensated time spent on patient and family engagement and management

How do the barriers impact PCMP experience?

- Limited ability to hire support staff to conduct member outreach and coordinate care
- More financial risk and potential instability for providers accepting Medicaid

How do the barriers impact member experience?

- Limited access to care and reduced provider choices due to fewer providers accepting Medicaid
- Limited access to patient-focused activities such as family and member education, counseling, and care coordination

Practices that Serve Members with Complex Medical Needs

What are these practices and who do they serve?

Practices with high-cost patients, patients with rare or multiple conditions, or those that specialize in caring for a medically complex population

What are the financial barriers?

- Billing does not account for extra time needed for patients with complex needs
- Additional infrastructure needs to make facility accessible
- Costs of training to address needs for medically complex patients
- Higher recruitment and salaries for staff with the experience to support higher complexity patients

How do the barriers impact PCMP experience?

- More time is needed per patient
- Staff may not always have appropriate training or background to fully support complex needs of members
- Coordination with other specialists is needed

How do the barriers impact member experience?

- Fewer patients can be seen per day, or visits may have to be cut short
- Less access to providers who take Medicaid for patients with medical complexity
- Members may not always feel their needs are being adequately met

Practices that Serve Members with Complex Social Needs

What are complex social needs?

Food insecurity, housing insecurity, multi-system involvement, limited transportation access, gender identity, etc.

What are the financial barriers?

- Non-reimbursed time spent on health-related social needs coordination (e.g. transport), multi-system case management
- Language interpretation services may be needed, with no additional reimbursement for these services
- Patient leakage

How do the barriers impact PCMP experience?

- Fewer patients seen per day as a result of longer appointment times
- Appointment cancellations and no-shows
- High reliance on care coordination
- Increased need for behavioral health support for Members with serious mental illness and substance use disorder
- Limited patient access to technology decreases ability to use telehealth services, phone consults, or appointment scheduling

How do the barriers impact member experience?

- Long waits for appointments with highly experienced providers
- Patient-centered care may be limited if staff are under-resourced or have limited capacity to address complex social needs
- Limited access to telehealth or online platforms

4. Looking Ahead

What's Next

- **Next DRT Session:** Wednesday, July 10 from 11:00am – 1:00pm
- **Resources** available for your review:
  - Team Charter
  - APM 2 Program Resources
  - APM 101 Videos
    - APM 1
    - APM 2
- **Questions?** Please email us at HCPF_VBPStakeholderEngagement@state.co.us

Upcoming DRT Meeting Topics

Date	DRT Session	APM Framework Component	APM 2 DRT Session Topic (Subcomponent)
Feb 6	1	DRT Overview	Sessions, expectations, background
Feb 28	2	Goals and Objectives	Feedback on goals
Mar 13	3	Quality Measurement and Quality Target Setting	Feedback on quality measures and targets as well as operationalization
Mar 27	4	Payment	Feedback and proposed considerations for attribution method
Apr 24	5	Quality Measurement and Quality Target Setting	Feedback on quality target setting methodology
May 8	6	Office Hour	Questions and feedback
May 22	7	Quality Target Setting	Feedback on quality target setting methodology
June 12	8	Payment	Feedback on prospective payment and reconciliation process
June 26 – Today!	9	Program Sustainability	Considerations for varying provider types and populations
July 10	10	Payment	Joint accountability and care coordination
July 24	11	Performance Improvement and Program Sustainability	Actionable insights and needed supports, resources, and data

Questions?