

MEMORANDUM

To: Zoe Pincus, Helen Desta-Fraser, Nathan Drashner, Aaron Green, Lynn Ha, Dawson Larence, Nicole Nyberg, Araceli Santistevan, and Peter Walsh, Colorado Department of Health Care Policy and Financing

From: Kimberly Phu, Moriah Bell, and Ashlie Brown, Colorado Health Institute

Re: 2023 Alternative Payment Model 1 for Primary Care Stakeholder Engagement (for Program Year 2024)

Date: November 13, 2023

Thank you for the opportunity to support the Colorado Department of Health Care Policy and Financing (HCPF) in its annual stakeholder engagement process to review recommended changes and updates to the Alternative Payment Model 1 (APM 1) for primary care. This memorandum summarizes feedback from the 2023 stakeholder engagement process.

Overview

In partnership with the Colorado Health Institute (CHI), HCPF convened three community forums in October 2023 to review the APM 1 program and solicit feedback. Each community forum focused on a different topic:

- Meeting 1: APM 1 Look Back and Future
- Meeting 2: Deep Dive into Quality Reporting
- Meeting 3: Deep Dive into Health Equity

This memorandum provides a summary of the feedback received from over 115 stakeholders who participated in community forums across the state, as well as written comments from stakeholders (see [Appendix](#) for a breakdown of stakeholders by type). Context summarizing key discussion points presented in each meeting as well as a summary of stakeholder feedback is provided.

Meeting 1: APM 1 Look Back and Future

Context

HCPF provided stakeholders with an overview of the APM 1 program, including plans to sunset the program in the future. Program performance and accomplishments over the past few years were discussed. Key accomplishments of the program include supporting primary care medical providers (PCMPs) in building the basis for quality reporting and steady improvement on metrics that are included in the Centers for Medicare and Medicaid Services' (CMS) [Core Measures sets](#). While the APM 1 program will be ending, the quality model will serve as the foundation for future value-based payment programs. HCPF will continue to align its value-based payment programs with national stewards,

other Medicaid programs, and non-Medicaid programs. These include CMS' [Universal Foundation](#), the Colorado Division of Insurance, HCPF's Health Equity Plan, and others. As HCPF works to build upon APM 1 in future programs, stakeholders reflected on the following questions:

1. What has worked well with the APM 1 quality measure model that HCPF should consider in future programming?
2. What should change in the quality model in future programs?
3. What else did we learn from APM 1?

Feedback from Stakeholders

Support for PCMPs

A stakeholder noted appreciation for the measure selection workbook created by Myers and Stauffer saying that it is a helpful tool for providers in keeping track of goals and progress. However, stakeholders want a more streamlined process for reporting, noting that currently, validating and ensuring accuracy of data sent to health information exchanges is complicated.

Stakeholders also suggested that HCPF consider streamlining programs and incentives, for example folding the Prescriber Tool APM into APM 1 and APM 2. This would reduce administrative burden for PCMPs.

Measures

Stakeholders raised considerations for HCPF as it relates to the measure set and selection of measures. These considerations include allowing federally qualified health centers (FQHCs) to report structural measures in future program years. A stakeholder noted that this programmatic change would support new FQHCs that join the program in building a foundation for quality improvement activities.

Stakeholders encouraged HCPF to integrate patient experience into future programs as it is a key issue that can cause members, especially those who have been historically marginalized, to forgo health care services. HCPF representatives agreed with this and said they are working toward finding the right tool to measure patient satisfaction.

Finally, stakeholders would like HCPF to consider including more pediatric measures to make the program more applicable to the pediatric specialty and reflective of the needs of providers and members served.

Meeting 2: Deep Dive Into Quality Reporting

Context

In addition to an overview of the APM 1 quality model, HCPF reviewed two key components for its vision of the program beyond the next year: rewarding PCMPs that exceed requirements and transitioning to incentives based on Health First Colorado member performance.

To support this, HCPF proposed an update to the current electronic clinical quality measure (eCQM) point structure for the upcoming program year 2024 (PY2024.) Currently, PCMPs can receive 25% of the full eCQM point value if they report an eCQM with a denominator of zero. HCPF initially implemented this point structure as a glidepath to support and incentivize PCMPs in setting up the capability to report eCQMs. However, the program has now been in place for several years and if PCMPs are reporting a measure with too small a denominator, they should focus on a different measure or work with their electronic medical record vendor to improve reporting.

To support transitioning incentives based on Health First Colorado member performance, HCPF will continue to pilot and require PCMPs to submit supplemental Medicaid-only eCQM files in PY2024. HCPF will use this data to determine the ability and viability for PCMPs to select and report eCQMs versus administrative measures in future program years. Ultimately, transitioning incentives based on Health First Colorado member performance will support improved care for members. PCMPs should use PY2024 to ensure they have established bi-directional data sharing and can report Medicaid-only eCQMs. HCPF provides technical assistance support for eCQM reporting through Contexture and Quality Health Network (QHN).

CHI asked stakeholders the following questions:

1. 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?
2. What are the potential challenges for PCMPs in reporting Medicaid-only eCQM data?
3. How can HCPF and its partners support PCMPs in addressing these barriers?

Feedback from Stakeholders

Removing Partial Points for eCQMs With a Zero Denominator

CHI asked stakeholders to complete a Zoom poll to indicate whether they had concerns about eliminating the practice of awarding 25% of the full eCQM point structure when the reported denominator size is zero. The results of this poll are in Table 1.

Table 1. Concerns With Removing Partial Points for eQMs With a Zero Denominator

Response Option	Percent of Respondents (n=50)
No concerns	60%
Minor concerns	30%
Significant concerns	10%

Stakeholders asked whether HCPF sees zero denominators reported with specific measures and if this change would negatively impact FQHCs. HCPF representatives noted that overall, only 16 PCMPs reported a zero denominator in the past program year, and that the depression screening and diabetes measures tended to be most impacted. Stakeholders did not voice any additional concerns.

Barriers With Medicaid-Only eQm Reporting and Opportunities to Address Barriers

Stakeholders expressed that some electronic medical record vendors have more laborious processes for receiving credit for a measure compared to others. Therefore, this may create an equity issue for PCMPs that cannot afford more sophisticated systems. A representative from Contexture said that there may be additional resources or tools to support connecting these vendors, but that HCPF should continue conversations with them to improve reporting processes. This includes ensuring vendors are in alignment with HCPF’s vision for quality reporting.

CHI received written feedback from a stakeholder stating that national reporting standards require providers to report all payer eQm data rather than Medicaid-only and that HCPF should align with this standard. Further, if HCPF chooses to move to Medicaid-only reporting, it would be more difficult for PCMPs to monitor and adjust to performance as administrative data is not available in real-time.

Stakeholders said that to help implement Medicaid-only eQm reporting in the future, HCPF can consider providing technical assistance and webinars to PCMPs, for example on coding for those who will have to report administrative measures because of this change.

Meeting 3: Deep Dive Into Health Equity

Context

Aaron Green, HCPF’s Health Disparities and Equity, Diversity and Inclusion Officer, joined the third meeting to share the work HCPF has done to advance health equity. This included an overview of HCPF’s [Health Equity Plan](#) and progress to date, how HCPF

incorporates health equity into value-based payment models, and efforts to monitor and track health equity progress and engage the community. Stakeholders shared feedback and questions related to health equity initiatives.

Feedback from Stakeholders

Improving Data Collection

A stakeholder suggested that HCPF explore incorporating race and ethnicity data from PCMP's electronic health records to HCPF's systems. Oftentimes, PCMPs have established a line of trust with those they serve and therefore members may be more willing to provide accurate and complete demographic information to a provider as opposed to on their Medicaid application. HCPF staff noted that they are exploring this option, among others to collect additional data from members, however there are technical and governance issues to work through.

The Role of Providers in Advancing Health Equity

A stakeholder asked how HCPF could support providers and regional accountable entities in improving health equity and rewarding PCMPs that are already supporting special populations. HCPF noted that existing workgroups are focused on this and that they will aim to elevate what is working well into statewide practices.

Conclusion

While APM 1 has supported PCMPs in building a basis for quality reporting, stakeholders shared several reflections for HCPF to consider as it builds and designs future programs. These include refining the measure set, focusing on patient experience and equity, and continuing to find ways to reduce administrative burden for PCMPs. As HCPF designs future programs and considers changes to the quality model, such as by transitioning to Medicaid-only incentives, it should continue to incorporate the voices of providers, members, community-based organizations, and others in this planning.

Appendix: Community Forum Attendees

The following table describes the types of stakeholders who attended the APM 1 community forums on October 4, 11, and 19, 2023. Note that this represents de-duplicated unique counts of attendees.

Stakeholder Type	Count of Attendees
Clinical provider or staff	25
Community member	3
Community-based organization	23
Government agency	14
Regional Accountable Entity (RAE)	23
Research organization	2
Other	28
Total	118