

August 31, 2023 – ACC Phase III Concepts: Public Meeting (Primary Care Medical Providers)

Name	Comment
Kendra Neumann (CHI):	Here is the link to the Concept Paper: https://hcpf.colorado.gov/sites/hcpf/files/2023%20ACC%20Phase%20III%20Concept%20Paper%208-29-23.pdf
Suman Mathur (CHI):	Sorry for the delay, today's slides are available here!
Attendee:	Will RAE, APM 1.0 and APM 2.0 be sunset and only the new APM 3.0 be available?
Matt Pfeifer - HCPF:	We have a section specifically related to payment and alternative payment initiatives. We'll work to address that question at that section of the presentation. Don't hesitate to jump in if we aren't getting to what you are requesting.
Attendee:	Maybe redo the survey now that there was more clarification?
Suman Mathur (CHI):	Good suggestion. I will do that as we close out this session, and move to the next. Thank you!
Attendee:	Will the process stay the same for when a patient wants to change their attribution?
Suman Mathur (CHI):	Yes, HCPF will continue to use the enrollment broker or sign on to the website to make that change. Members will always be able to choose who they want as their PCP.
Kendra Neumann (CHI):	HCPF is looking at whether to incorporate PCMP choice into the application process for new members applying to Medicaid.
Attendee:	Will the family/same-household auto-attribution remain the same?
Kendra Neumann (CHI):	HCPF is looking at either changing or remove the family attribution process to simplify for providers. We would love feedback on this!
Attendee:	Claims based attribution will remain, correct?
Kendra Neumann (CHI):	Yes, claims based attribution will remain
Attendee:	What is the long answer? :)
Attendee:	RE: household attribution--we've heard from some pediatric providers that since the PHE unwind families that have been engaged with a single practice have been split up
Attendee:	Will you follow CMS 70th percentile benchmarks for eQMs?
Ashlie Brown (CHI):	Summary of live answer: HCPF is striving to achieve national average on these metrics, which will be reported publicly. Over the course of seven years, HCPF will strive to achieve a top quartile performance.
Attendee:	Will APM and RAE KPI's have aligned measure period timelines?
Ashlie Brown (CHI):	Follow-up question: Can you share more about performance improvement over time?
Mark Queirolo (HCPF):	We are still exploring how this can best work. We currently pay out most KPIs every quarter to be able to distribute funds in a more timely manner.
Attendee:	Thank you, that's very helpful!
Ashlie Brown (CHI):	The 7-year trajectory is the full duration of the ACC Phase 3 contracts. By the end of the contract period, HCPF hopes to be in the that top quartile. We are aligning with the CMS core measures and hope to stay consistent over this contract period. Of course, this is all subject to

change, based on changes by CMS and changes that may be needed to account for actual performance.

Attendee: Do we need to wait for the ACC 3.0 to receive the data needed to provide value base quality care?

Kendra Neumann (CHI): Summary of live response: Many of these ACC Phase III and in progress, and HCPF will move forward on some things before Phase III if they can. From an APM perspective, HCPF is working to get better data out to practices, and they will be moving forward with data solutions before ACC Phase III goes live.

Attendee: I think that would depend on who the RAE is and their ability to manage provider payments effectively.

Attendee: I agree. Right now, many PCMPs feel that they are doing work that RAEs, not them, are getting paid for. If RAEs pass payments through, we'd want much more clarity about roles than we have now.

Attendee: Big picture question. This APM 3.0 framework will replace the current RAE contract that expires on July 1st 2025?

Mark Queirolo (HCPF): that is correct. We will have new contracts for the RAEs starting 7/1/25.

Attendee: Does this also mean that the APM 1.0 and APM 2.0 contracts will continue to be in place?

Britta Fuglevand (HCPF): Yes, APM 1 and APM 2 are separate contracts from the ACC. We are working on an update of the APM programs, and will be asking for stakeholder feedback in the future.

Attendee: I tapped "better"; but only if all of the RAEs use a standardized method, that the methods are transparent, and that the workflow is flexible enough.

Attendee: Multiple questions (1) Are there any financial estimates for practices that compare the current ACC - RAE contract vs what this APM 3.0 will offer? (2) Since geo-assigned patients will not go to practices this means less money for practices to offer services. (3) Will the APM 3.0 have any FFS capitated payments?

Britta Fuglevand (HCPF): we have just started the redesign of the APMs so I do not at this time have a financial estimate.

Mark Queirolo (HCPF): So consistently about 30% of members do not have utilization, so practices could see a change of up to 30% reduction in attributed members. That said, we are trying to increase how funds get distributed to PCMPs based on member acuity and practice capacities.

Kendra Neumann (CHI): Here is the link to the Concept Paper:
<https://hcpf.colorado.gov/sites/hcpf/files/2023%20ACC%20Phase%20III%20Concept%20Paper%208-29-23.pdf>

Kendra Neumann (CHI): Here's the link to the Concept Paper feedback form, due by Oct 31, which will be publicly available: <https://forms.gle/S7auD9BR23rBzd8a6>

Kendra Neumann (CHI): Here's the link to the open (and anonymous) feedback form:
<https://docs.google.com/forms/d/e/1FAIpQLSep2joFjr4xaBAFRHLgzi7tbLitVOA50fLURc8GKXKUq1FfSg/viewform>

Kendra Neumann (CHI): You can see and register for upcoming public meetings here:
<https://hcpf.colorado.gov/acc-phase-iii-stakeholder-engagement>

Kendra Neumann (CHI): Here is Suman's email: mathurs@coloradohealthinstitute.org

Question

What are the plans for the mental health capitation that currently goes through Denver Health Medical Plan? The current concept paper says DHMP Medicaid Choice will stay the same for physical health but is silent for mental health. We need clarification on this, ideally it would be the same arrangement as now. Thanks.

Would the plan be to reset the attribution of those members who had been previously attributed via geographic attribution? Thanks!

Will the metrics be in place for multiple years vs changing every year?

Answer

Thank you for the question. We are identifying opportunities to improve the combined responsibility for behavioral health and physical health within the DHMP Medicaid Choice contract.

Summary of live response: We will need to re-attribute all members due to the nature of the procurement process. We'll use most current claims information to connect members, and those who did not use services Throughout the process, HCPF is trying to balance the benefits of changes and improvements, with minimizing disruptions.

All the quality measures are based on CMS core measures. The goal is to stay as nondisruptive as possible. They may change slightly, based on CMS expectations, but we will try to keep them as stable as possible.