



COLORADO

Department of Health Care
Policy & Financing

Draft New Maternity Alternative Payment Model

Stakeholder Town Hall




May 29th, June 3rd, June 10th, 2025

Webinar Logistics

- Today's session is being recorded.
- For questions: please use the Question and Answer (Q&A) feature on the Zoom Toolbar
- To listen to the webinar in Spanish, please select the “Interpretation” pod on your Zoom toolbar (the “globe” icon) and select “Spanish”.
- During the Q&A period, we will also take verbal comments and questions as time allows. Please use the raise hand function to enter the queue.



Today's Agenda

1. Purpose of Today's Town Hall
2. Background and Key Definitions
3. Overview of the DRAFT New Maternity APM
 - a. North Star, Goals and Objectives ( **review**)
 - b. DRAFT Model Overview and Proposed Quality Metrics ( **discuss**)
 - c. Q&A ( **ask**)
4. Closing Debrief

Purpose

Today's Purpose

Purpose of Today's Session: Gather your feedback on the **DRAFT** New Maternity Alternative Payment Model (APM) to help inform the model finalization.

In Scope	Out of Scope
<ul style="list-style-type: none">• Communicate insights, experience, and expertise on the topics presented• Make suggestions or propose ideas for the design of the new Maternity APM within the context of the topics presented• Provide feedback to any consideration or option put forward for the design of the new Maternity APM• Ask questions!	<ul style="list-style-type: none">• Make final decisions on the redesign of the new Maternity APM• Provide formal recommendations (i.e., report or standard documentation)• Discuss recommendations on program elements that cannot be changed (these elements will be communicated)



Our Mission:

Improving health care equity, access and outcomes for the people we serve while saving Coloradans money on health care and driving value for Colorado.

Background and Key Definitions



The Department of Health Care Policy and Financing is in the process of creating a New Maternity Alternative Payment Model (APM) that:

- Is designed to promote quality care, better Health First Colorado member and provider experience
- Improves upon the [maternity bundled payment program](#) (MBP)
- Is informed by stakeholder feedback
- Is part of broader payment reform strategies including [Phase III of the Accountable Care Collaborative \(ACC\)](#), and other Department efforts.

What are Alternative Payment Models (APMs)?



Alternative payment models (APMs) are a reimbursement method that reward providers based on achievement of quality goals, and in some cases, cost savings.

APM's differ from traditional fee-for-service models which reimburse providers for each service provided.

Re-envisioning Colorado's Maternity Care APM



Current Maternity Bundled Payment (MBP) Program Goals

- Strengthen maternal health across Colorado through improved quality of care
- Reduce unnecessary costs associated with perinatal care

What HCPF Has Heard from Stakeholders

- Improve member experience and outcomes, prioritizing health equity
- Create measurable and actionable goals to improve performance
- Sustain the program

Tentative High-level Timeline



May 2024 - June 2025

Concept and Design

- Engage stakeholders: Design Review Team (DRT)
- Design preliminary model
- **Engagement Opportunity:** Share preliminary model design and get stakeholder feedback (today!)

July - December 2025

Build and Test

- Decide on structure, metrics, payment methodology
- Test the model to inform model design decisions
- **Engagement Opportunity:** Share testing results and get stakeholder feedback

Calendar Year 2026

System Preparation and Go-Live

- Make sure tools are ready to go live
- Provider enrollment & training
- Launch 1.1.2027 (tentative)
- **Engagement Opportunity:** Presentation on the final model, go-live date and get stakeholder feedback on implementation

Concept and Design



This is the Design Review Teams four step journey

**North Star,
Goals and
Objectives**

*What are we
trying to
achieve?*

**Quality
Measures and
Target
Setting**

*How do we
measure what
we're trying to
achieve?*

**Payment
Model**

*How should
quality
performance
be rewarded
and what
factors should
be considered?*

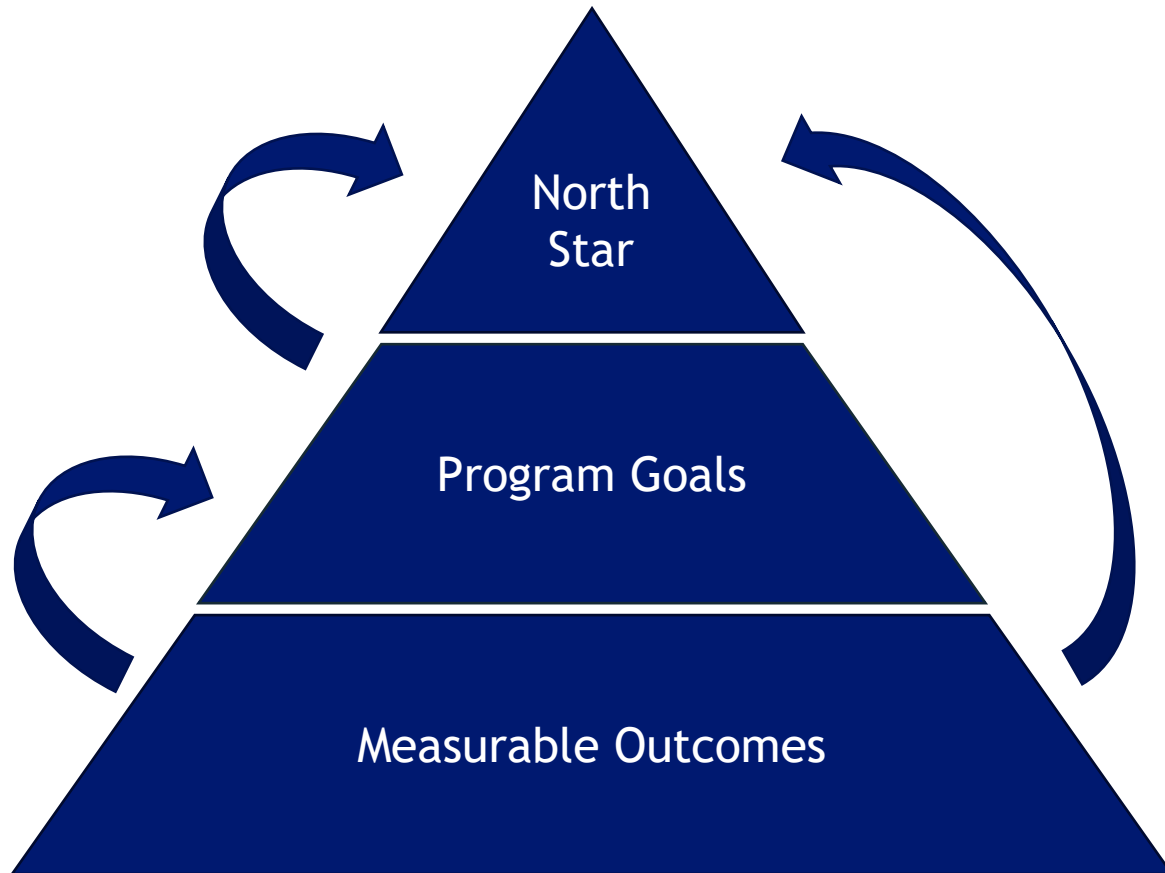
**Performance
Improvement
and Program
Sustainability**

*How do we
best support
practices in the
program?*

**Design
Preliminary
Model**

*How do we
architect a
model that is
reflective of
feedback?*

New Maternity APM Framework



- **North Star** sets the direction, which should not change.
- **Program Goals** drive toward the North Star goal. Goals are what we want the program to achieve.
- **Measurable Outcomes** will indicate progress towards the program goals and, subsequently, the North Star goal.

Maternity APM Program Goals & Objectives



North Star: Every pregnant and postpartum person with Health First Colorado receives care that respects their preferences, identity, and autonomy. An individual's social, behavioral, community, family, and physical needs are considered as essential parts of their pregnancy and postpartum journey to promote positive experiences and outcomes and to reduce inequity for the pregnant or postpartum person and the newborn, where applicable.

Reduce Disparities

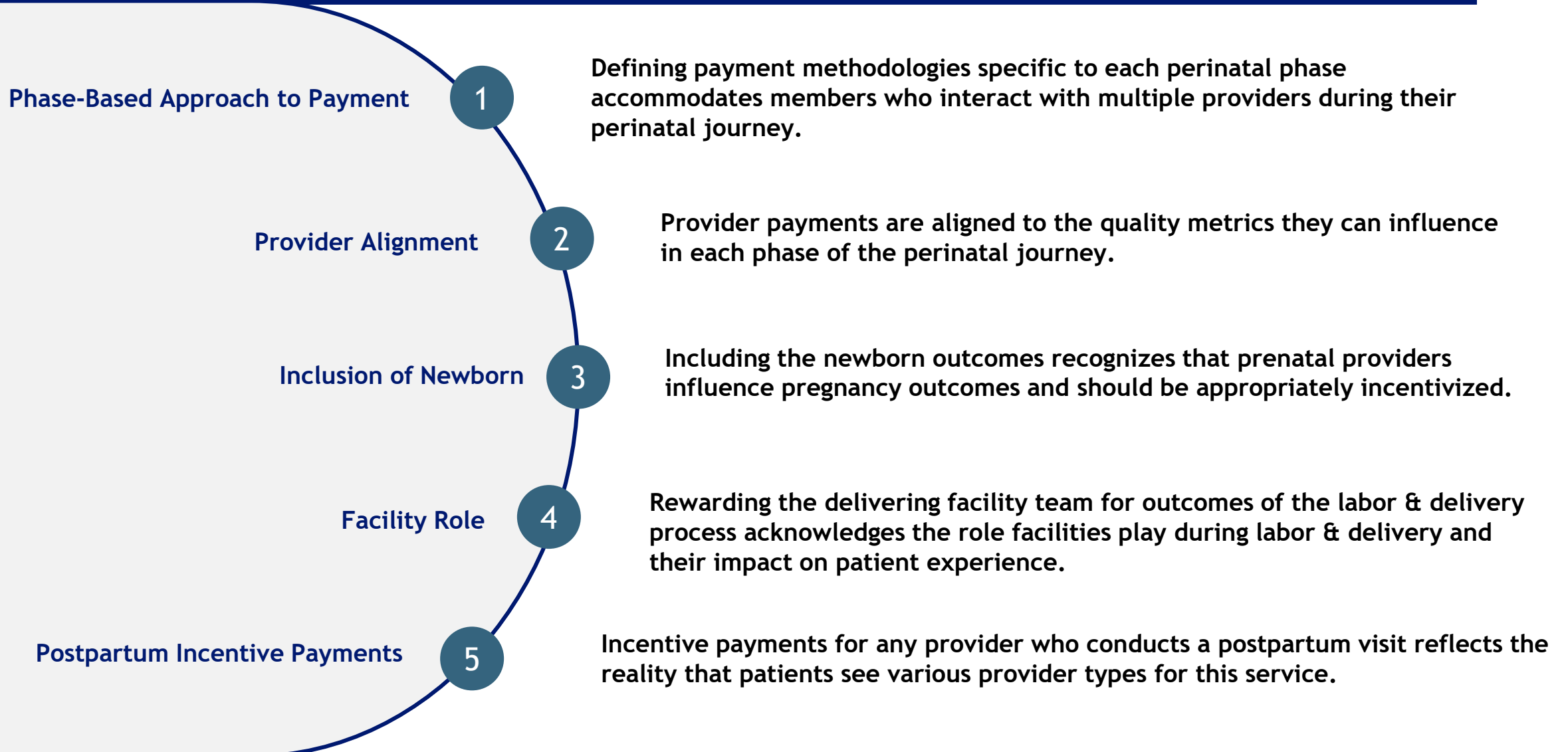
Improve the medical and behavioral health outcomes of every pregnant/postpartum person and newborn if applicable.

Increase access, community, and social support for pregnant/postpartum persons.

Enhance member experience for pregnant/postpartum persons.

Develop a program that enhances provider participation, experience, and value

Five Proposed Design Improvements



Payment Types









Reimbursement for care can come in five ways. Some combination of these types of payment will be utilized in each phase of the model.

- **Fee-for-Service:** Separate payment for each service delivered by the provider.
- **Shared Savings:** Provider earns part or all of the savings they generated.
- **Incentive Payment:** Additional compensation for completing a service.
- **Per Member Per Month:** A fixed payment each month for each enrolled patient, regardless of how much care that patient uses during the month.
- **Encounter Payment:** A flat rate payment for each patient visit or "encounter," regardless of the number or type of services provided during that visit.

Quality Measure Selection Considerations



-  Link back to the New Maternity APM program goals
-  Statistically reliable and valid
-  Alignment with industry standards/national benchmarks
-  Data availability
-  Responsible party can impact the outcome
-  Role in performance improvement

Overview of the Draft New Maternity Alternative Payment Model (APM)



DRAFT New Maternity APM Design: Prenatal



Qualifying Provider

Provider who renders prenatal care.



Value-Based Payment Methodology

- Encounter Rate payment or a Per Member Per Month (PMPM) payment for core prenatal services
- and shared savings tied to newborn outcomes



Impact

Timely and increased quality for prenatal care leading to improved outcomes, including improved member experience

What's changing from the existing maternity bundled program? *A proposed prospective payment in addition to the existing fee for service structure.*

DRAFT Tentative Prenatal Care Payment Options



Payment Options	Prospective Per Member Per Month (PMPM)	Encounter Billing & Payment
Advantages	<ul style="list-style-type: none">▪ Payment is independent from billing▪ Predictable, stable revenue (& cost) for providers encouraging high performance and program participation	<ul style="list-style-type: none">▪ Encourages prenatal visits▪ Provide timely data on number of visits and when each visit occurs
Drawbacks	<ul style="list-style-type: none">▪ PMPM rate setting methodology is more complex (individual rates & historical data)▪ Requires review on a regular basis to prevent over/under payment	<ul style="list-style-type: none">▪ Could penalize providers in certain frontier regions▪ May encourage unnecessary prenatal visits lead to higher cost▪ Require a new code and set a new FFS fee

➡ Discussion: What advantages or drawbacks are we missing?



DRAFT Quality Metrics: Prenatal



Tentative Metrics* include:	Description (Steward)	Desired Change
Timeliness of prenatal care	Percentage of deliveries that received a prenatal care visit in the first trimester, on or before the enrollment start date or within 42 days of enrollment. (Measure Source: NCQA PNC , CMS)	+
Prenatal immunization status	Percentage of deliveries where pregnant women received the influenza and tetanus, diphtheria toxoids, and acellular pertussis (Tdap) vaccinations. (Measure Source: NCQA PRS-E , CMS)	+
Prenatal depression screening and follow-up	Percentage of deliveries in which members were screened for clinical depression while pregnant and, if screened positive, received follow-up care. Two rates are reported. (Measure Source: NCQA PND-E)	+
Billing compliance - notification of pregnancy	Notification of Pregnancy: To be determined. (No national standard)	+
Health First Colorado member experience	<u>Year 1</u> : defining member experience and identifying a tool to capture / evaluate member experience. <u>Subsequent years</u> : publishing the tool and understand the current state of member experience. (No national standard)	+
Preterm birth rate	According to the March of Dimes (2024), Preterm is less than 37 weeks gestation; Late preterm is 34 - 36 weeks gestation; Very preterm is less than 32 weeks gestation. (No national standard)	-
Low birthweight	Percentage of live births that weighed less than 2,500 grams at birth during the measurement year. (Measure Source: CMIT ID 413 , CMS)	-

**Some measures may be reported for tracking only and not tied to payment unless specific targets are met, pending internal Department review.*



DRAFT New Maternity APM Design: Labor and Delivery



Facility Team

The hospital-based team participating in the delivery at a facility.



Value-based Payment Methodology

Proposed shared savings to reward improved outcomes for the birthing person.



Impact

Coordinated care leading to a reduction in newborn and obstetric complications, and an improved member experience.

What's changing from the existing maternity bundled program? *The facility team is not accounted for in the current model, only the provider who delivers the newborn.*



DRAFT Quality Metrics: Labor and Delivery



Tentative Metrics* include:	Description	Desired Change
Vaginal Birth After Cesarean (V-BAC)	Vaginal births per 1,000 deliveries by patients with previous Cesarean deliveries. Excludes deliveries with complications (abnormal presentation, preterm delivery, fetal death, multiple gestations, breech presentation). (Measure Source: AHRQ - Inpatient Quality Indicator 22)	+
Cesarean Birth	The proportion of live babies born in the vertex position at or beyond 37 weeks gestation to persons in their first pregnancy, via cesarean birth. (Measure Source: The Joint Commission PC-02)	-
Unexpected Complications in Term Newborns	Unexpected complications among full term newborns with no pre-existing conditions. (Measure Source: The Joint Commission PC-06)	-
Severe Maternal Morbidity (SMM)	Unexpected outcomes of labor and delivery that result in significant short- or long-term consequences to a woman's health, such as blood transfusions, hysterectomy, ventilation, or temporary tracheostomy. (Measure Source: CDC and AIM)	-

**Some measures may be reported for tracking only and not tied to payment unless specific targets are met, pending internal Department review.*



DRAFT New Maternity APM Design: Postpartum



Qualifying Provider

Provider who renders a comprehensive postpartum visit.



Value-based Payment Methodology

Incentive payments are awarded to encourage quality postpartum care.



Impact

Timely and increased quality for postpartum care, including an improved member experience.

What's changing from the existing maternity bundled program *A proposed incentive payment will be offered.*



DRAFT Quality Metrics: Postpartum



Tentative Metrics* include:	Description	Desired Change
Timeliness of Postpartum Care	Percentage of deliveries that had a postpartum visit on or between 7 and 84 days after delivery. (Measure Source: NCQA-PPC (Technical Specifications: CMS))	+
Postpartum Depression Screening and Follow-up	Percentage of deliveries in which members were screened for clinical depression during the postpartum period, and if screened positive, received follow-up care. Two rates are reported; a rate for the screening and a rate for follow-up on positive screens. (Measure Source: NCQA-PDS-E)	+

**Some measures may be reported for tracking only and not tied to payment unless specific targets are met, pending internal Department review.*

Linking Back to the New Maternity APM Goals



Reduce Disparities

- Improve the medical and behavioral health outcomes of every pregnant/postpartum person and newborn if applicable.
- Increase access, community, and social support for pregnant/ postpartum persons.
- Enhance member experience for pregnant/ postpartum persons.
- Develop a program that enhances provider participation, experience, and value.

Group Poll:

Does the draft New Maternity APM meet each of the intended goals?

Why or why not?



What questions do you
have about the New
Maternity APM?

Closing Debrief

Next Steps



1. Your feedback from today will be used to inform model decisions.
2. If you have additional questions, you are welcome to attend office hours with the HCPF team
 - June 12th: 8:00am - 9:00am
3. You will receive a follow up email with the slides and instructions on how to register for office hours.
4. We will reach out to you when we schedule the next round of stakeholder feedback sessions (slated for the Fall 2025).
5. Visit the [Department's New Maternity APM webpage](#) for additional information.

Thank you for Participating!

Please email Kathleen Le at
Kathleen.Le@state.co.us for more
information about the program.