

PACK Program Design Review Team

Meeting 5

April 24, 2024



Agenda

1. Welcome and Introductions
2. Meeting 4 Recap
3. Quality Target Setting & Reward Structure
4. Looking Ahead
5. Questions

1. Welcome and Introductions



Meet the PACK Team



Devin Kepler
PACK Lead



Dr. Katie Price
Pediatric Consultant



Suman Mathur
Design Review Team Facilitator



Emily Leung
Design Review Team Co-Facilitator



Samantha Block
PACK Support Team



Andy Wilson
PACK Support Team



Puja Patel
PACK Support Team



Activity 1: Icebreaker

In the chat, share your estimated date of final snowfall for the 2023-2024 season for your part of Colorado.

2. Meeting 4 Recap



What we heard

- DRT participants were generally supportive of changes to attribution methodology in Phase III.
- DRT participants suggested:
 - Prioritization of wellness visits over acute care visits
 - Alignment efforts across other Alternative Payment Models
 - Development of a continuous feedback loop for amendments to attribution rosters
 - Comparable reimbursement rates to PACK rates for pediatric practices serving members ages 19 to 26
- HCPF responses to unanswered or post-meeting questions on attribution can be referenced [here](#).

Recap from 3/27 DRT Session: Attribution

Matt Lanphier (HCPF) shared updates from the Accountable Care Collaborative Phase III attribution methodology:

- Family connection and geography no longer used in Phase III
- Utilization: the two most recent claims with Primary Care Medical Provider (PCMP) prioritized
- Member choice: members have the option to change PCMP at any time and will be prioritized over utilization
- Reattribution based on the two most recent claims (*every month for 0-2 years old and every 3 months for older than 2*)



Approval of Meeting Minutes

- Any proposed changes to minutes from [Meeting 4](#)?
- Please send any edits or modifications via e-mail by **EOD Friday, April 26.**

PACK North Star

Every child and adolescent with Health First Colorado has the opportunity for a healthy childhood via equitable engagement with a primary care medical provider which is pediatric wellness-focused. This provides access to the prevention and management of illness, injury, and behavioral health services which maximizes the physical, developmental, and behavioral outcomes of every child and adolescent member.

3. Quality Target Setting & Reward Structure

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 both informational and payment purposes?
3. **Payment:** What adjustments to payment are needed to adequately support high-value care delivery? What is the mechanism of how providers will be 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?

Quality Goals vs. Reward Structure

Quality Goals

Where the Department aims for performance in the future

(e.g., 90th percentile of a national Medicaid benchmark)

Reward Structure

The way in which financial incentives are structured to support achievement of the Department's Quality Goals

Discussing options for each of the reward structure components will be the focus of our conversation today

Why Is Target Setting Important?

North Star
Each element of the PACK North Star relates to the HCPF North Star

PACK Goals
Linked back to the North Star: the "what (are you trying to achieve)"

Objectives
Supporting Objectives of PACK Goal: the "how"

Measures
How do we measure success of the PACK goals /objectives?

Our focus for today

Target Setting
How do we set targets for each measure **tied to payment** that can help measure the success of PACK goals/objectives?



Guiding Principles for Reward Structure

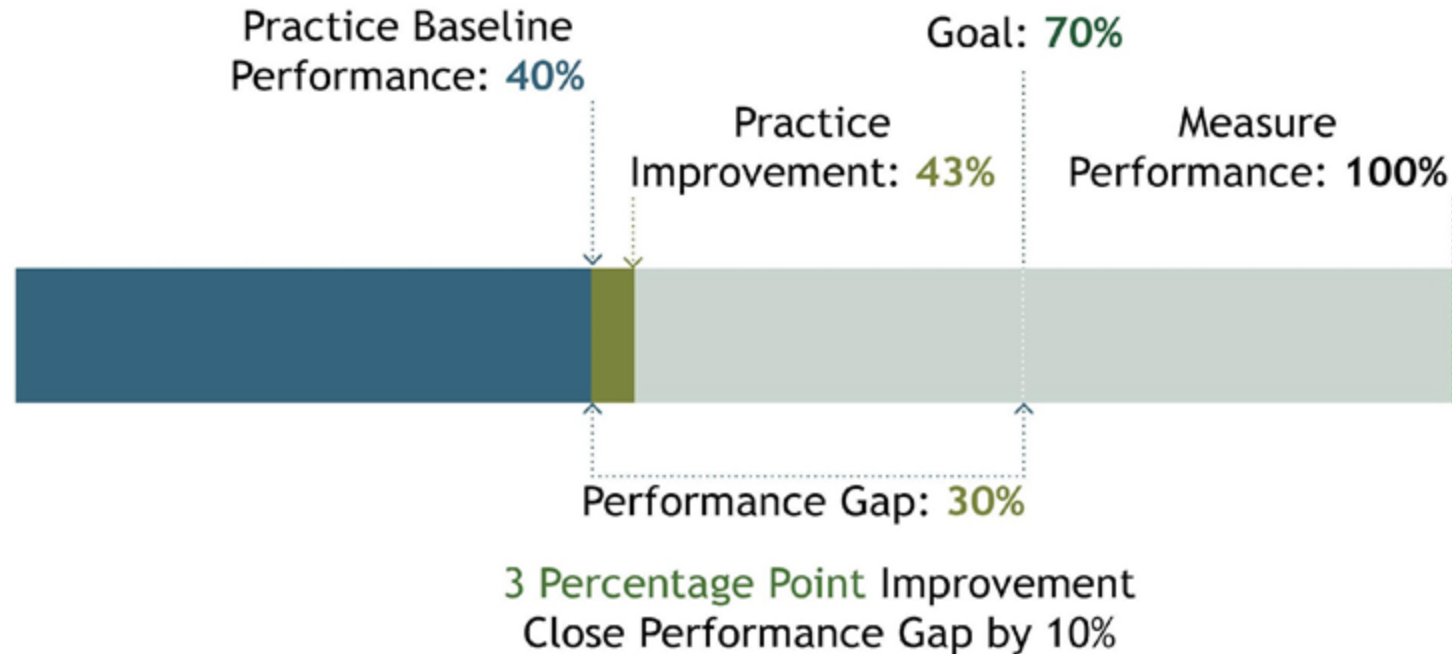
1. **Supports High Performance**: The reward approach should reward those that are already high performers to stay at that level or, if possible, to improve and encourage those that are not high performers to continuously improve.
2. **Makes Rewards Achievable**: The reward structure supports a system where participants feel that achieving rewards is within reach based on where performance currently stands.
3. **Scales the Size of the Reward to Effort**: Rewards should be reflective of the level of effort required to improve.
4. **Supports Predictability**: The level of anticipated reward needs to be predictable for a period of time.
5. **Draws from Evidence-Based Observations**: The ability to improve and get closer to targets is supported by national, state and regional benchmarks when available.

Discussion 1: Guiding Principles



- What guiding principles resonate the most with you?
- Are we missing any?
- Should any be changed?

Current Methodology: Close the Gap Calculation



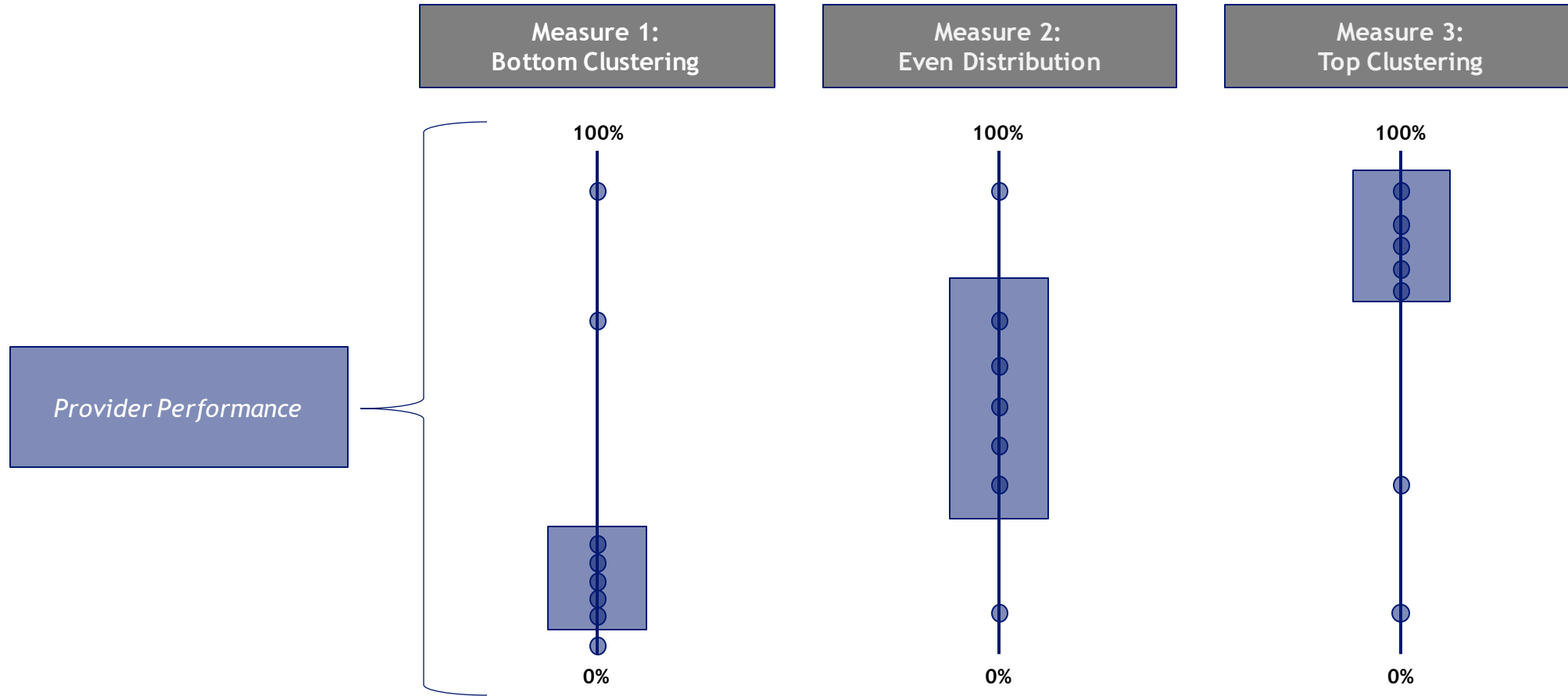
Example: HCPF sets a goal of 70%. The primary care practice begins with a baseline of 40%. This leaves a performance gap of 30 percentage points. The practice improves by 3 percentage points in the next year. That earns the practice points for closing 10% of its performance gap.

Colorado Insurance Regulation 4-2-96: Aligned Quality Measure Set (Pediatric Measure Set)

Domain	Measure	CBE ID/Steward
Preventive Care	Child and Adolescent Well-Care Visits	1516 / NCQA
Preventive Care	Developmental Screening in the First Three Years of Life	1448 / OHSU
Preventive Care	Well-Child Visits in the First 30 months of Life	1392 / NCQA
Preventive Care	Screening for Depression and Follow-Up Plan	0418 / CMS
Preventive Care	Childhood Immunization Status	0038 / NCQA
Preventive Care	Immunizations for Adolescents	1407 / NCQA
Patient Experience	Consumer Assessment of Healthcare Providers and Systems (CAHPS) Health Plan Health Plan Survey 5.1H - Child Version Including Medicaid and Children with Chronic Conditions Supplemental Items (CPC) - OR - Person-Centered Primary Care Measure (PRO-PM)	0006 / AHRQ 3568 - American Board of Family Medicine

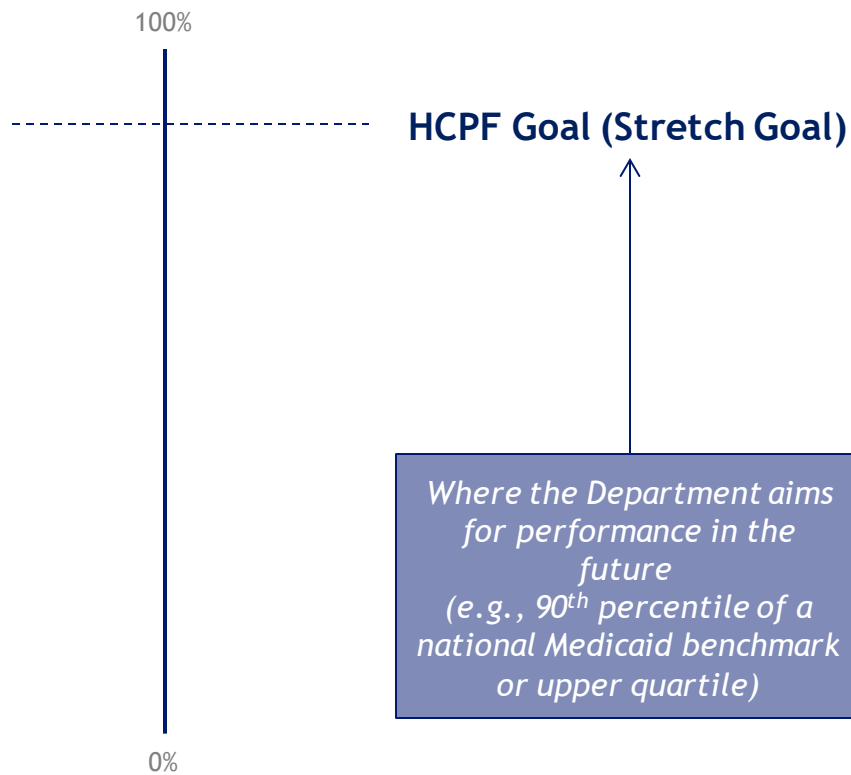
Source: [Colorado Insurance Regulation: Appendix 3 CCR 702-4-2-96-C Aligned Quality Measure Sets](#)

In our discussions, consider the following three potential measure scenarios:

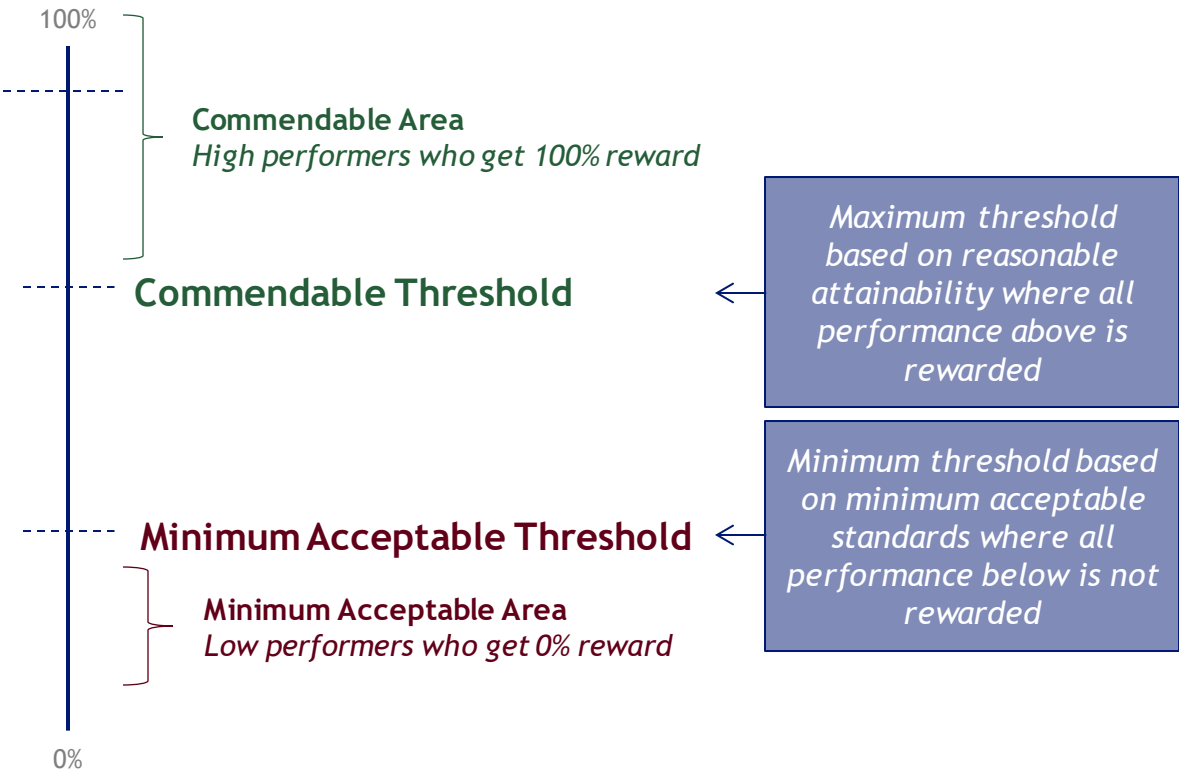


Key Components of Any Reward Structure

Quality Goals

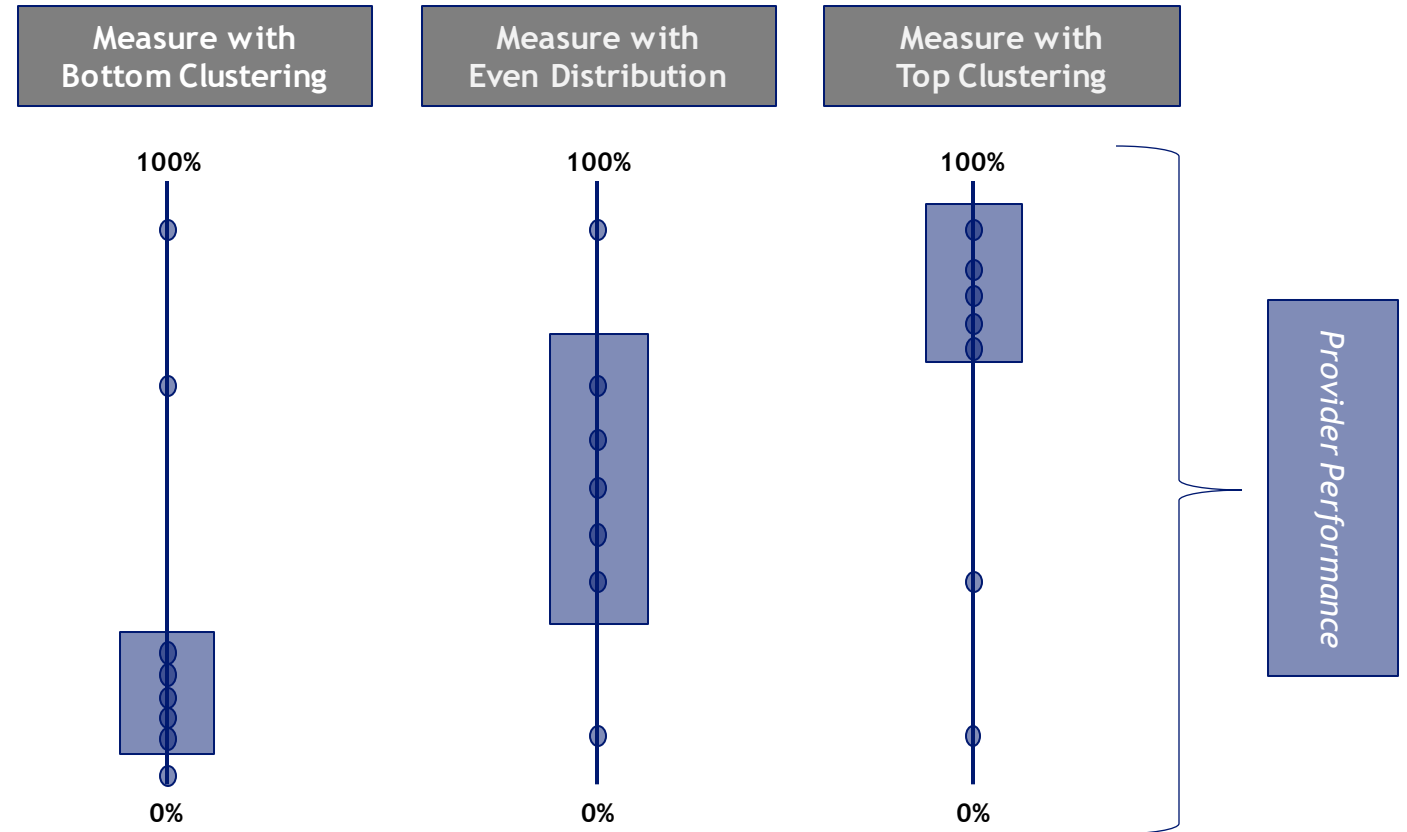


Reward Structure



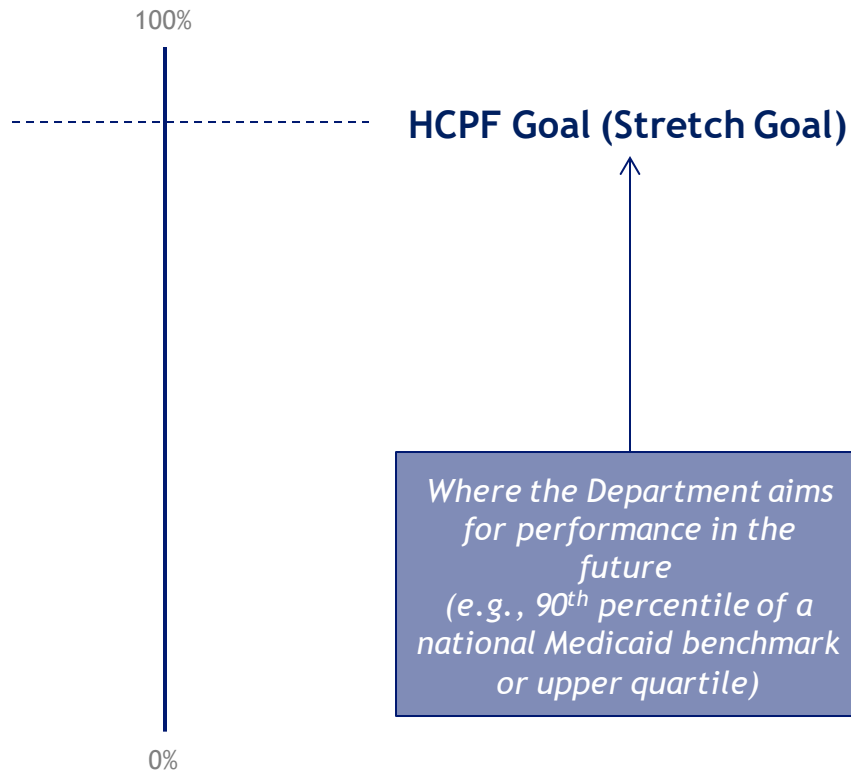
Discussion 2: Commendable Threshold

- For each example measure, is there a performance level that is so good that providers should receive 100% of reward?
- Is that below or at the HCPF stretch goal?



Key Components of Any Reward Structure

Quality Goals

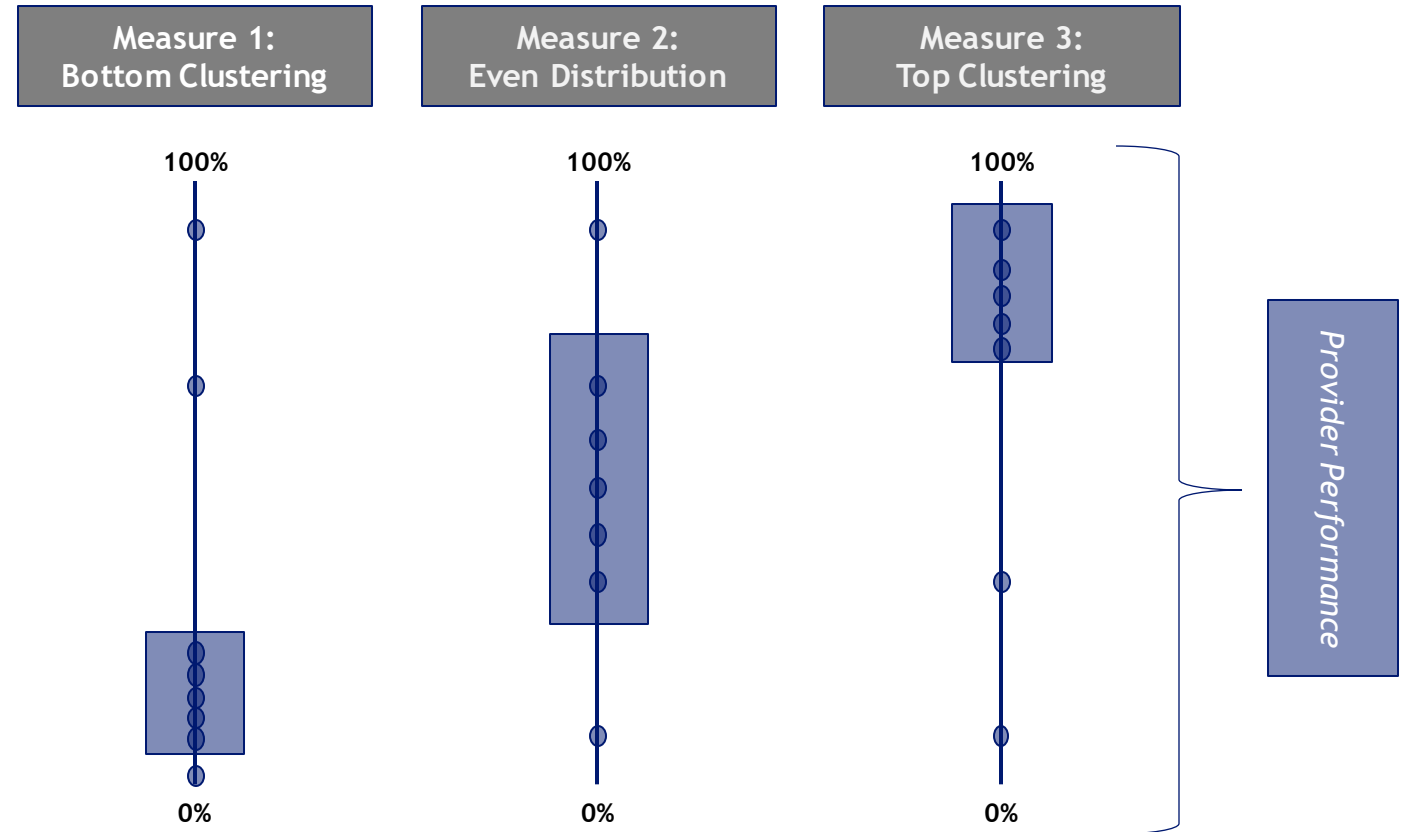


Reward Structure



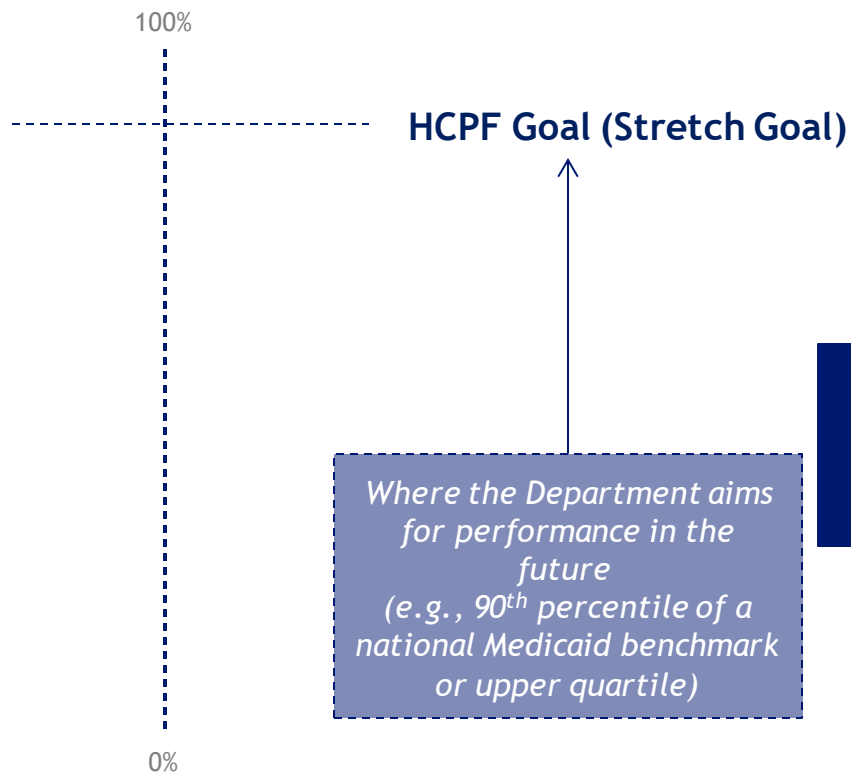
Discussion 3: Minimum Acceptable Threshold

- For each example measure, is there a performance level that is too poor below which no reward should be given?

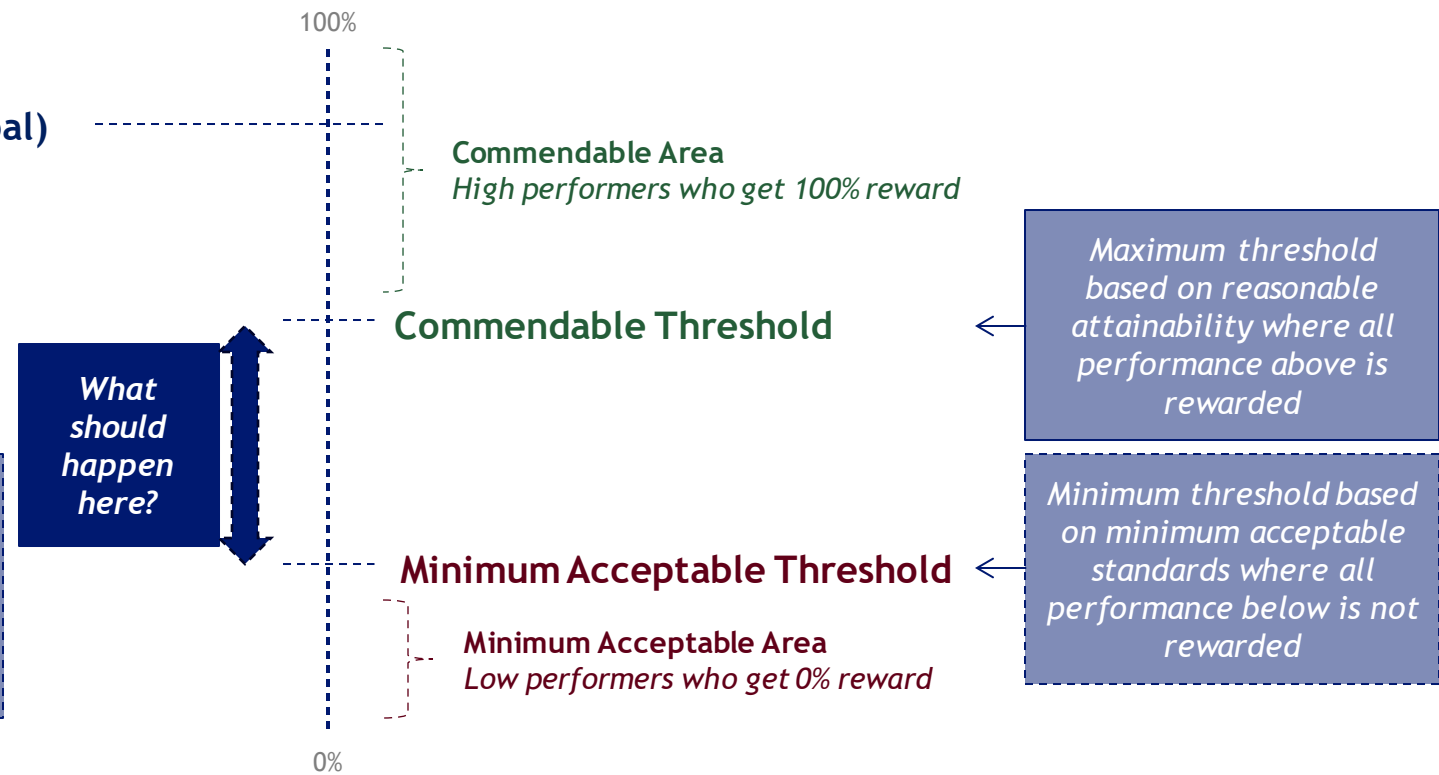


Key Components of Any Reward Structure

Quality Goals



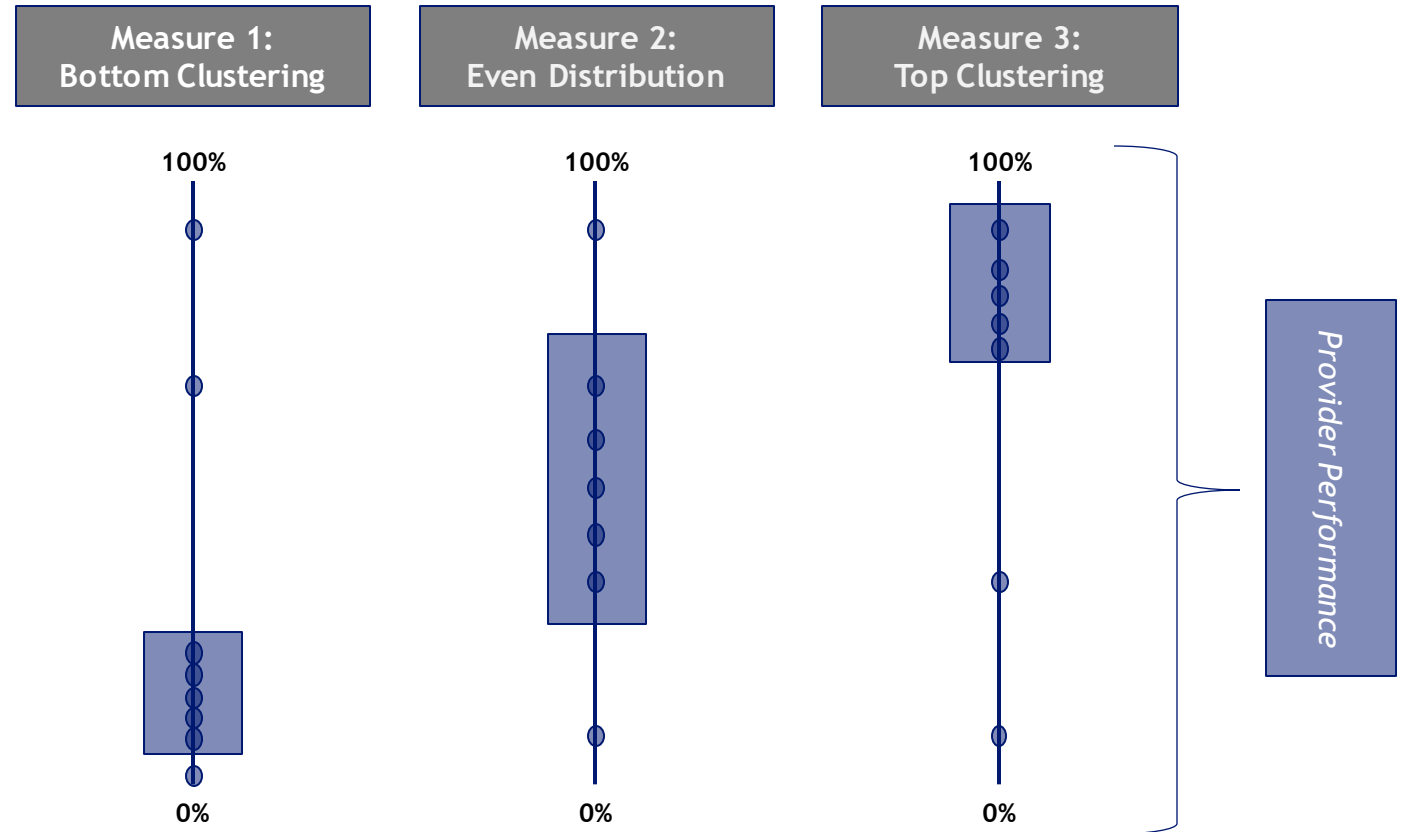
Reward Structure



Discussion 4: Rewarding Between Commendable & Minimum Acceptable Thresholds

- For each example measure, should each improvement step count the same?

Example: for a high performer improving x percentage versus a lower performer improving x percentage



4. Looking Ahead



What's Next

- **Next DRT Session:** Wednesday, May 8 from 5:00 - 7:00pm
- **Resources** available for your review:
 - [Team Charter](#)
 - [PACK Google Drive](#)
 - [PACK Webpage](#)

Questions? Please email us

at HCPF_VBPStakeholderEngagement@state.co.us



Upcoming DRT Meeting Topics

Date	DRT Session	APM Framework Component	PACK 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 - Today!	5	Quality Measurement and Quality Target Setting	Feedback on quality target setting methodology
May 8	6	Payment	Overall process of payment and target setting
May 22	7	Payment	Feedback, pros and cons for risk adjustment methodology considerations
June 12	8	Payment	Overall process of reconciliation
June 26	9	Performance Improvement	Actionable insights, provide must-haves, nice-to-haves
July 10	10	Program Sustainability	Prioritize types of support

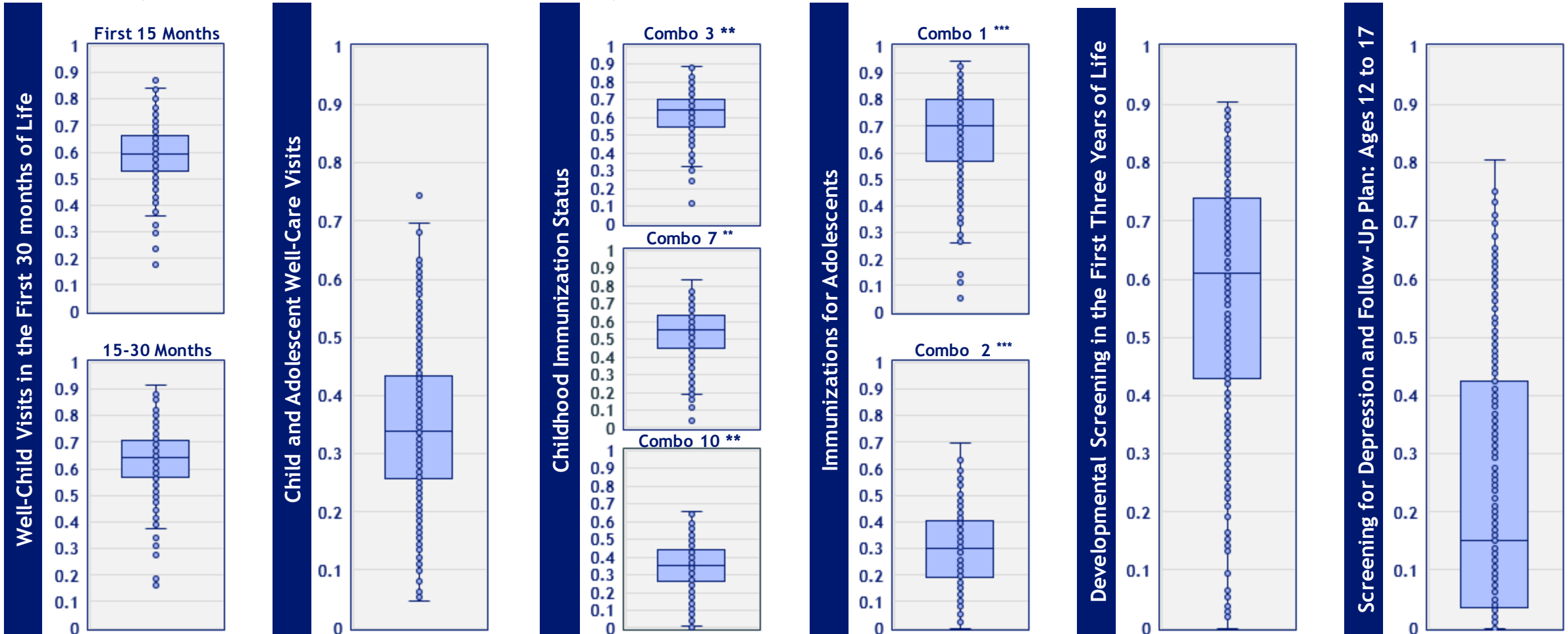


Questions?

Appendix



Colorado Insurance Regulation 4-2-96: Aligned Quality Measure Set (Pediatric Measure Set) State Fiscal Year 2023 Quality Scores *



Note *: Based on measure eligible Fee-for-Service Health First Colorado Members (e.g., excludes CHP+ and Managed Care Populations) and PCMPs with a denominator of 30+.

Note **: Childhood Immunization Status Combo 3: diphtheria, tetanus and acellular pertussis (DTaP), polio (IPV), measles, mumps and rubella (MMR), haemophilus influenza type B (HIB), hepatitis B, chicken pox (VZV) and pneumococcal conjugate (PCV); Childhood Immunization Status Combo 7: DTaP, IPV, MMR, HiB, hepatitis B, VZV, PCV, hepatitis A, and rotavirus (RV); Childhood Immunization Status Combo 10: DTaP, IPV, MMR, HIB, hepatitis B, VZV, PCV, hepatitis A, RV, and influenza

Note ***: Immunization for Adolescents Combo 1: Tetanus, Diphtheria, Acellular Pertussis (Tdap) and meningococcal; Immunization for Adolescents Combo 2: Tdap, human papillomavirus, and meningococcal

CMS Core Measures

Technical Specifications to the CMS Child Core Measures can be found [here](#).
Note: This document reviews all CMS Core Measures, but as a reminder only the Pediatric Measure Set (Slide 18) will be potentially tied to payment.

Measure	Page Number
Child and Adolescent Well-Care Visits	133
Developmental Screening in the First Three Years of Life	71
Well-Child Visits in the First 30 months of Life	125
Screening for Depression and Follow-Up Plan	54
Childhood Immunization Status	61
Immunizations for Adolescents	92
Consumer Assessment of Healthcare Providers and Systems (CAHPS) Health Plan Health Plan Survey 5.1H - Child Version Including Medicaid and Children with Chronic Conditions Supplemental Items (CPC)	68