



**COLORADO**  
Department of Health Care  
Policy & Financing

# PACK Program Design Review Team

## Meeting 8

### June 12, 2024

# Agenda

1. Welcome & Introductions
2. Meeting 7 Recap
3. Discussion: Pediatric outpatient primary care activities not currently reimbursed under Fee-For-Service (FFS)
4. Looking Ahead

# 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



# Activity 1: Icebreaker

*If you had to describe how you're feeling right now as an amusement park ride, what ride are you on?*



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# 2. Meeting 7 Recap

# What we heard

- DRT members preferred the proposed tiering methodology over the sliding scale methodology.
  - DRT participants emphasized that tiering seemed more predictable, less burdensome, and allowed for more buffer for lower performance than sliding scale allowed.
  - DRT participants raised concerns about practices with multiple sites, very small patient populations, and accuracy of data reporting.
- DRT members suggested preference to weight well child visits more heavily than other measures.
- DRT members emphasized that externalities beyond a provider's control could negatively impact performance on a metric, creating financial impact.



# Approval of Meeting Minutes

- Any proposed changes to minutes from [Meeting 7](#)?
- Please send any edits or modifications via e-mail by EOD Friday, June 14th.

# 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.

# 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?

# Level-Setting

- Today's discussion is **independent** of the previous discussion of reward structure for quality measures tied to payment.

## Primary Care Services

*Payment for APM 2 code set:*

- E&M - Preventative/ Well-Child Check
- E&M - Office/Other Outpatient
- Immunization Administration
- SBIRT
- Depression Screening
- Blood Draws
- OB/GYN Preventative - Pap smear, vaginal, pelvic, and breast exams/screenings



## Incentive Payments

*Payment contingent on meeting standards for 6 DOI Pediatric Measures:*

1. Well-Child Visits in the First 30 Months of Life Measure (W30)
2. Child and Adolescent Well-Care Visits: Ages 3 to 21 (WCV)
3. Childhood Immunization Status (CIS)
4. Immunizations for Adolescents (IMA)
5. Developmental Screening in the First Three Years of Life (DEV)
6. Screening for Depression and Follow-Up Plan: Ages 12 to 17 (CDF)



## Non-Reimbursed Activities

*Activities currently provided but not reimbursed under Fee-For-Service:*

1. Team-Based Care
2. Member and Family Engagement
3. Access
4. Care Coordination

- Discussions and stakeholder engagement on some of these topics are ongoing. Today's focus is on discussing **pediatric considerations** for these topics.
- Feedback may inform future iterations of PACK, and other HCPF initiatives

# Today's Objectives

1. Identify and get feedback on activities that pediatric outpatient primary care practices provide and do not receive reimbursement under Fee-For-Service (FFS)
2. Understand how these activities may vary across practices and why
3. Discuss the impacts of these activities and their variability on:
  - Member and family experience, and
  - Provider experience

# 3. Discussion: Pediatric Outpatient Primary Care Activities not Reimbursed Under FFS

# Pediatric outpatient primary care activities that are not currently reimbursed under Fee-For-Service (FFS)

## Team Based Care

- Integrated behavioral health\*
- Health coaches, care navigators, and community health workers
- Recall system for recommended services

## Member & Family Engagement

- Health related social needs screening and assistance connecting members/families to resources\*
- Health prevention education and counseling
- Member outreach and follow-up
- Gathering patient feedback and experience

## Access

- Day-time office hours triage and availability of same-day appointments with pediatric- and family-specific expertise\*
- After-hours triage with pediatric- and family-specific expertise
- Extended hours appointments
- Physical spaces and services are accessible and responsive to patient needs

## Care Coordination

- Care coordination\*
- Referral tracking and monitoring
- Extended visit time

\* These activities have a spectrum of activities and will be explored further in today's discussion.



# Discussion



# Team Based Care

- Integrated behavioral health\*
- Health coaches, care navigators, and community health workers
- Recall system for recommended services

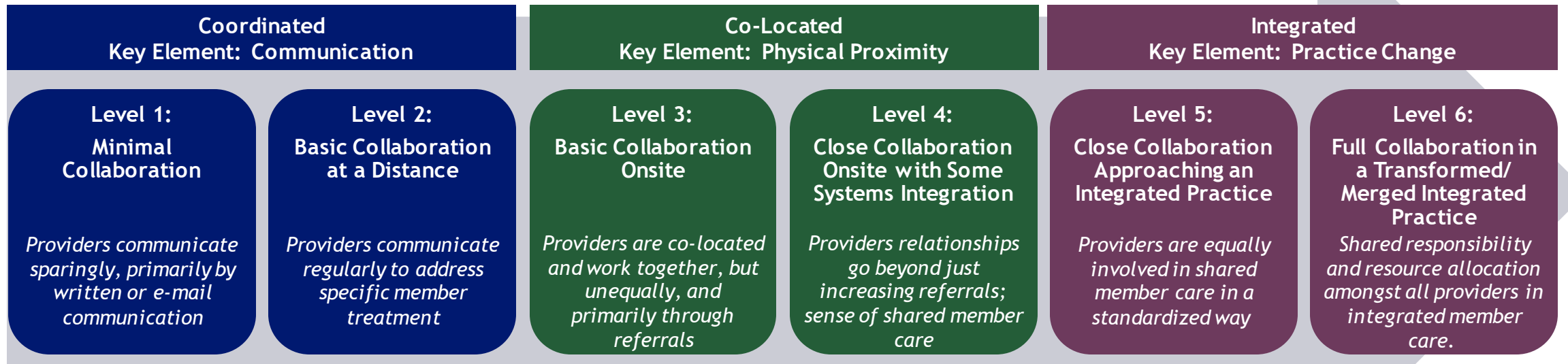
\* These activities have a spectrum of activities and will be explored further in today's discussion.

## Discussion:

1. For **providers**: Are there additional pediatric outpatient primary care activities that practices currently perform, which are not reimbursed under FFS and fall under team based care?
2. For **parents/guardians/other stakeholders**: Under team based care, what are the types of things your pediatrician office does that positively impacts your child's care?
3. Are there specific pediatric considerations for these activities?
4. How feasible is it for pediatric practices to implement these activities? Is there variability in how these activities are offered or look like across practices?
5. For **providers**: How well are the RAE payments you're currently receiving for these activities serving your needs?

# Deep Dive: Integrated Behavioral Health (BH)

Example derived from [Integrated Practice Assessment Tool](#)



## Discussion:

1. Does this model resonate for integrated behavioral health for **pediatric** primary care practices?
2. How feasible is it for pediatric practices to implement these activities and progress across levels? How does feasibility of progression vary among pediatric practices in Colorado?

# Member & Family Engagement

- Health related social needs screening and assistance connecting members/families to resources\*
- Health prevention education and counseling
- Member outreach and follow-up
- Gathering patient feedback and experience

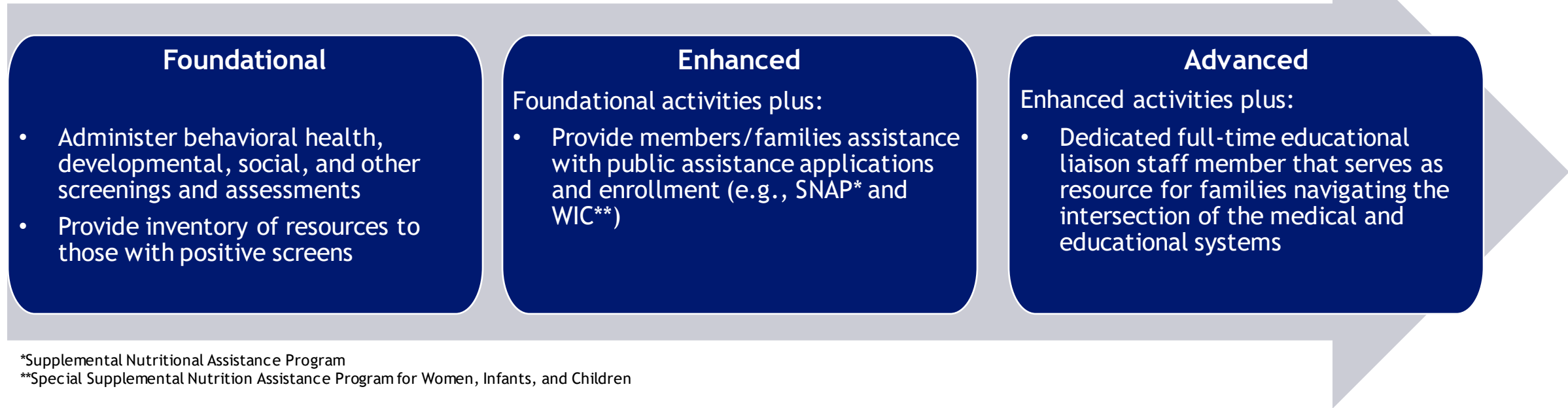
\* These activities have a spectrum of activities and will be explored further in today's discussion.

## Discussion:

1. For **providers**: Are there additional pediatric outpatient primary care activities that practices currently perform, which are not reimbursed under FFS and fall under member or family engagement?
2. For **parents/guardians/other stakeholders**: Under member and family engagement, what are the types of things your pediatrician office does that positively impacts your child's care?
3. Are there specific pediatric considerations for these activities?
4. How feasible is it for pediatric practices to implement these activities? Is there variability in how these activities are offered or look like across practices?
5. For **providers**: How well are the RAE payments you're currently receiving for these activities serving your needs?

# Deep Dive: Health Related Social Needs (HRSN) Screening and Assistance

Example derived from [Massachusetts Primary Care Sub-Capitation Program](#)



## Discussion:

1. Does this model resonate for health-related social needs screening and assistance for **pediatric** primary care practices?
2. How feasible is it for pediatric practices to implement these activities and progress across levels? How does feasibility of progression vary among pediatric providers in Colorado?

# Access

- Day-time office hours triage and availability of same-day appointments with pediatric- and family-specific expertise\*
- After-hours triage with pediatric- and family-specific expertise
- Extended hours appointments
- Physical spaces and services are accessible and responsive to patient needs

\* These activities have a spectrum of activities and will be explored further in today's discussion.

## Discussion:

1. For **providers**: Are there additional pediatric outpatient primary care activities that practices currently perform, which are not reimbursed under FFS and fall under access?
2. For **parents/guardians/other stakeholders**: Under access, what are the types of things your pediatrician office does that positively impacts your child's care?
3. Are there specific pediatric considerations for these activities?
4. How feasible is it for pediatric practices to implement these activities? Is there variability in how these activities are offered or look like across practices?
5. What is the role of telemedicine or portal messaging in pediatric outpatient primary care?
6. For **providers**: How well are the RAE payments you're currently receiving for these activities serving your needs?

# Deep Dive: Day-Time Office Hours Triage and Same Day Appointment Availability

Example derived from "Pediatric Telephone Protocols" by Barton Schmitt, MD

## Foundational

- Limited same day/urgent/walk-in appointments
- Clinical phone triage

## Enhanced

- *Seasonally* adjusted same day/urgent/walk-in appointments
- Dedicated clinical phone triage that is pediatric- and family-specific

## Advanced

- Seasonally adjusted to *meet demand* same day/urgent/walk-in appointments
- Dedicated clinical phone triage that is *timely* and pediatric- and family-specific

## Discussion:

1. Does this model resonate for day-time office hours triage and availability of same-day appointments with pediatric- and family-specific expertise?
2. How feasible is it for pediatric practices to implement these activities and progress across levels? How does feasibility of progression vary among pediatric providers in Colorado?

# Care Coordination

- Care coordination\*
- Referral tracking and monitoring
- Transitions of care

\* These activities have a spectrum of activities and will be explored further in today's discussion.

## Discussion:

1. For **providers**: Are there additional pediatric outpatient primary care activities that practices currently perform, which are not reimbursed under FFS and fall under care coordination?
2. For **parents/guardians/other stakeholders**: Under care coordination, what are the types of things your pediatrician office does that positively impacts your child's care?
3. Are there specific pediatric considerations for these activities?
4. How feasible is it for pediatric practices to implement these activities? Is there variability in how these activities are offered or look like across practices?
5. For **providers**: How well are the RAE payments you're currently receiving for these activities serving your needs?

# Deep Dive: Care Coordination

Example derived from [Colorado State Innovation Model](#)

## Foundational

- Employs a care coordinator to facilitate communication among care providers and families
- Provides educational tools for families to manage child's health conditions at home

## Enhanced

- Performs proactive outreach and facilitates bi-directional communication with other practices to support *medical specialty care*
- Establishes a system to track referral and intake for specialty services and for follow-up on appointments
- Supports transition of care (e.g., emergency department, inpatient hospital)

## Advanced

- Performs proactive outreach and facilitates bi-directional communication with other practices and community organizations to support *whole-person care* (e.g., child welfare, schools, juvenile justice)

## Discussion:

1. Does this model resonate for care coordination for **pediatric** primary care practices?
2. How feasible is it for pediatric practices to implement these activities and progress across levels? How does feasibility of progression vary among pediatric providers in Colorado?



# 4. Looking Ahead



# What's Next

- **Next DRT Session:** Wednesday, June 26, 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](mailto: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	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	Quality Target Setting and Reward Structure	Feedback on quality target setting methodology
June 12 - Today!	8	Payment	Considerations of non-reimbursed pediatric outpatient primary care activities under Fee-For-Service
June 26	9	Payment	Considerations for special provider types
July 10	10	Performance Improvement & Program Sustainability	Actionable insights on types of practice transformation resources, data, and coaching supports needed by pediatric providers.



# Questions?



# Appendix

# Aligning on PACK Scope

PACK is a value-based payment model for **Primary Care Medical Providers (PCMPs)** for the **primary care services** provided to all child and adolescent members (0-18 years of age) in the primary care setting.

In Scope	Members:	Participating Providers:	Services:
Out of Scope	All pediatric-aged Health First Colorado members	All <u>PCMPs</u> with attributed pediatric-aged members	All primary care services that include <u>CPT codes</u> defined under the APM 2 program
	<ul style="list-style-type: none"> <li>• Denver Health Medicaid Choice</li> <li>• Rocky Mountain Health PRIME</li> <li>• Child Health Plan Plus (CHP+)</li> <li>• <u>Incarcerated Benefited Plan</u></li> <li>• <u>Emergency Medicaid</u></li> <li>• <u>Family Planning</u></li> </ul>	<ul style="list-style-type: none"> <li>• Non-PCMPs who provide services to pediatric-aged members</li> <li>• PCMPs who do not have attributed pediatric-aged members</li> </ul>	<ul style="list-style-type: none"> <li>• Any procedures outside of <u>APM 2 CPT codes</u></li> </ul>

The focus of PACK is on preventative primary care services and includes all child and adolescent members, including medically, socially, and behaviorally complex child and adolescent members.