

PACK Program Design Review Team

Meeting 7

May 22, 2024

Agenda

1. Welcome and Introductions
2. Level Setting
3. Quality Target Setting and Reward Structure
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

Approval of Meeting Minutes

- Any proposed changes to minutes from [Meeting 6](#)?
- Please send any edits or modifications via e-mail by **EOD Friday, May 24th**.

2. Level Setting

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?

Today's Objectives

1. Understand how a reward structure impacts payments for the PACK program
2. Review and get feedback on Commendable Threshold and Minimum Acceptable Threshold reward structure components from DRT Session 5
3. Provide feedback on options to assess performance between the Commendable Threshold and Minimum Acceptable Threshold

Reward Structure Ultimately Impacts Incentive Payments

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)

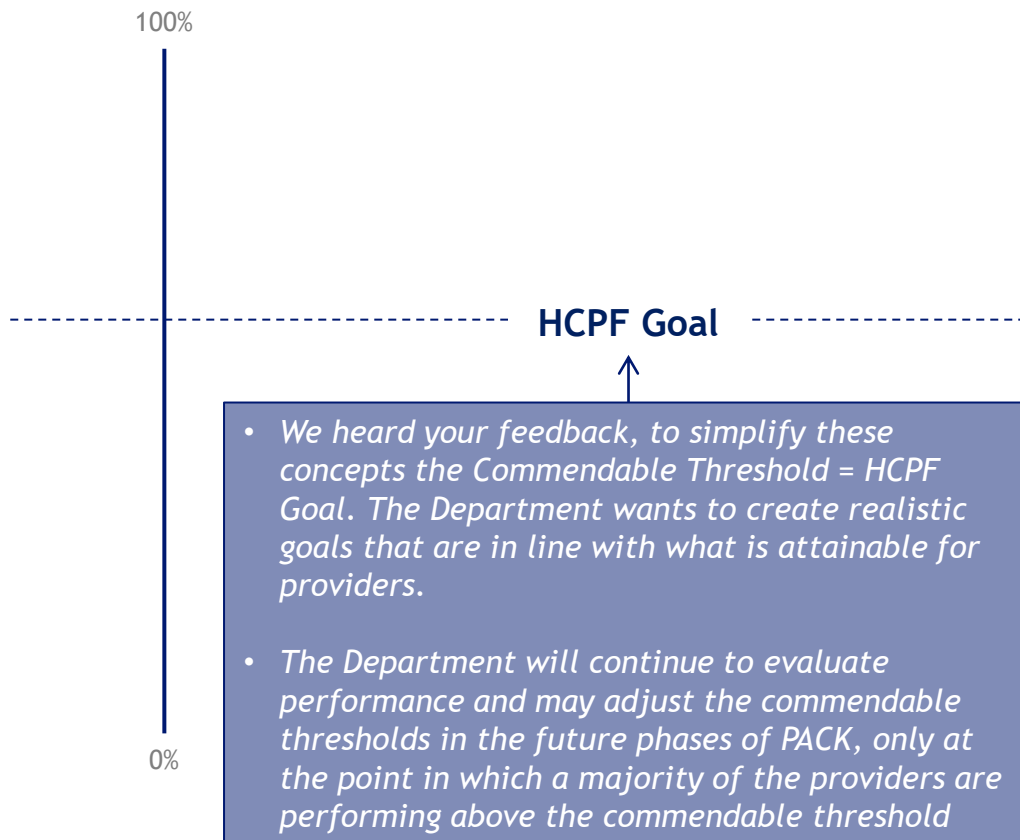
3. Quality Target Setting & Reward Structure

Thinking outside of the Close the Gap Methodology

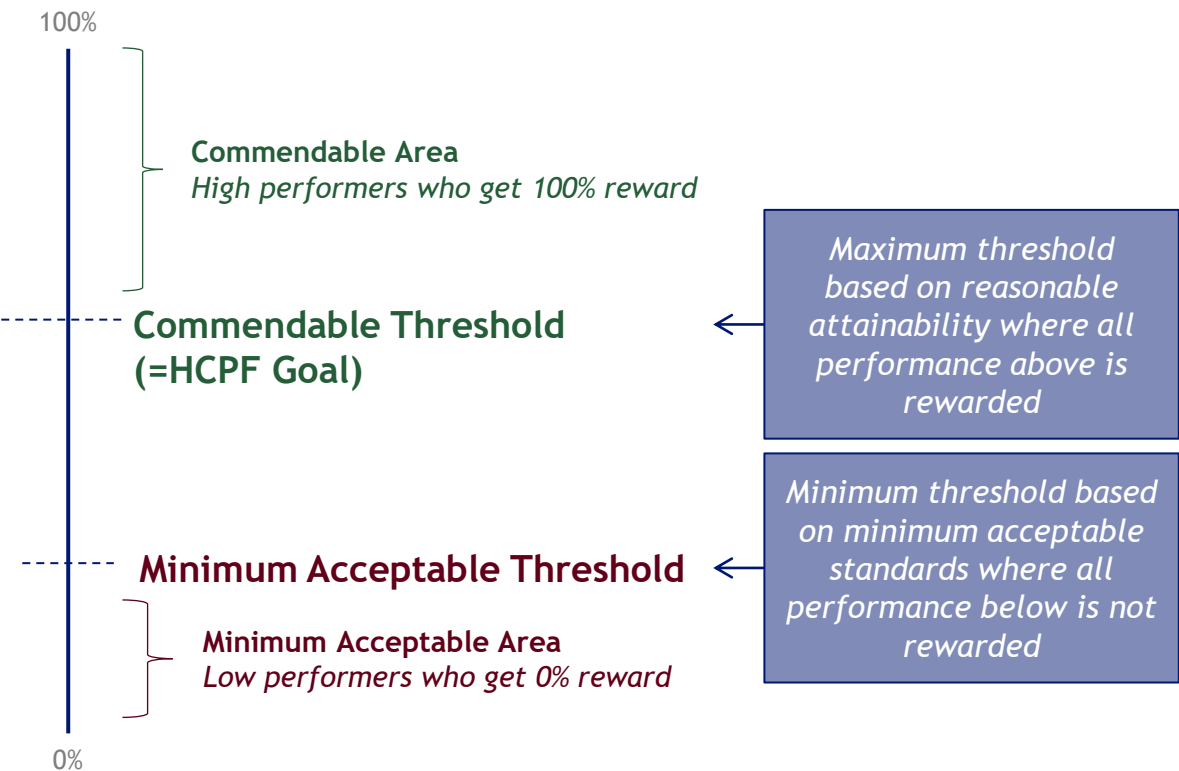
- "Close the Gap" is the current methodology for existing value based payment programs (e.g. APM 1).
- HCPF is considering other methodologies for new or re-designed value based payment programs.
- These may consider looking at absolute performance rather than improvement. The following examples consider an absolute performance NOT improvement (aka "closing the gap").

Key Components of Any Reward Structure

Quality Goals



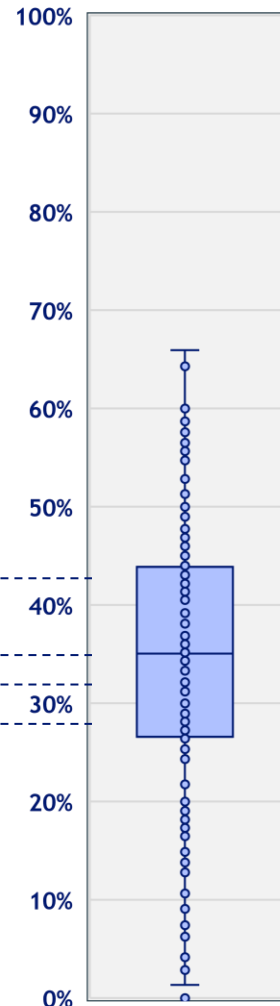
Reward Structure



Key Components of Any Reward Structure: Example

Example Measure: Childhood Immunization Status Combination 10 (CIS Combo 10)*

These thresholds are hypothetical and for example purposes only



Commendable Area = 42% and above
High performers who get 100% reward

A provider becomes eligible for the full performance reward if 42% or more of their attributed members who turned age 2 that year receive all the immunizations in Combination 10.

Commendable Threshold = 42%

Health First Colorado FFS Median Performance = 35%

Medicaid National Average Performance = 32%**

Minimum Acceptable Threshold = 29%

Minimum Acceptable Area
Low performers who get 0% reward

A provider does not qualify for any performance reward if 29% or less of their attributed members who turned age 2 that year receive all the immunizations in Combination 10.

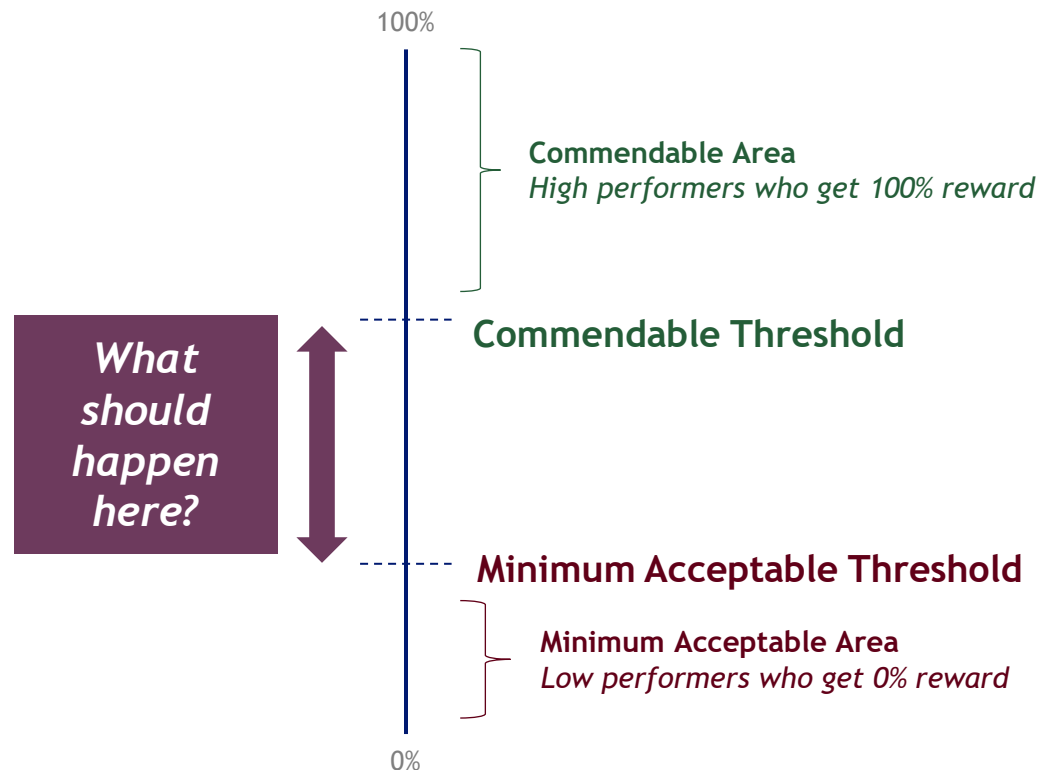
*Based on measure eligible Fee-for-Service Health First Colorado Members (e.g., excludes CHP+ and Managed Care Populations) and PCMPs with a denominator of 30+. Childhood Immunization Status Combo 10: diphtheria, tetanus and acellular pertussis (DTAP), polio (IPV), measles, mumps and rubella (MMR), haemophilus influenza type B (HIB), hepatitis B, chicken pox (VZV) and pneumococcal conjugate (PCV), rotavirus (RV), hepatitis A, and influenza

**Medicaid national average performance is based on the 2022 Healthcare Effectiveness Data and Information Set (HEDIS) mean for Medicaid Lines of Business (LOBs) publicly reported for Measure Year 2022. Retrieved from [link](#).

Discussion: Commendable and Minimum Acceptable Thresholds

- Is there a performance level that justifies providers receiving the **full (100%)** reward?
- Is there a performance level that is inadequately low where **no reward (0%)** should be given to providers?

Reward Between Commendable and Acceptable Thresholds

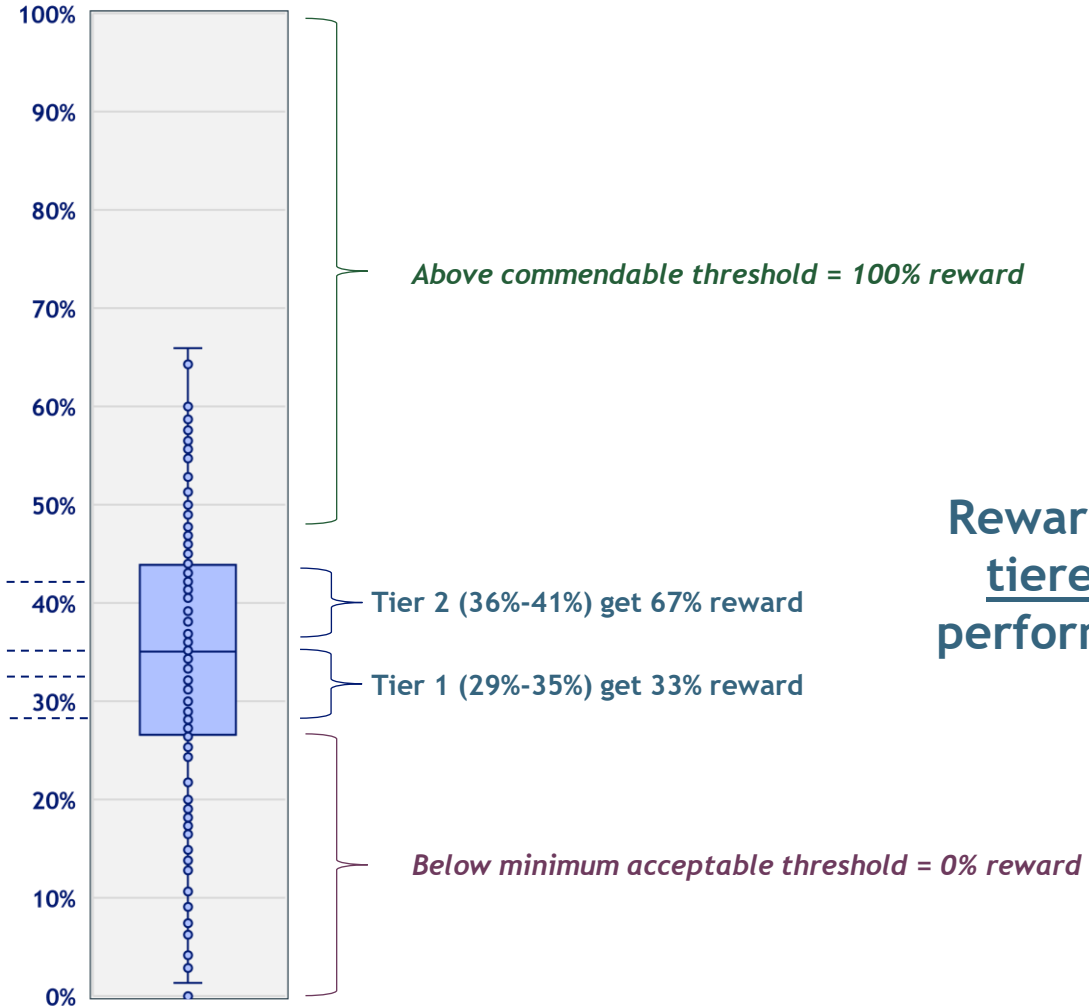


- We are going to present **two potential options** on how to scale rewards between the minimum and commendable threshold:
 - **Option 1: Tiering**
 - **Option 2: Sliding Scale**
- To simplify, the goal is to use a **consistent reward methodology** across all measures

Option 1: Tiering

Example Measure: Childhood Immunization Status Combination 10 (CIS Combo 10)*

These thresholds are hypothetical and for example purposes only



Commendable Threshold = 42%

Health First Colorado FFS Median Performance = 35%
Medicaid National Average Performance = 32%**

Minimum Acceptable Threshold = 29%

Reward earned are tiered based on performance levels.

*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+. Childhood Immunization Status Combo 10: 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), rotavirus (RV), hepatitis A, and influenza

**Medicaid national average performance is based on the 2022 Healthcare Effectiveness Data and Information Set (HEDIS) mean for Medicaid Lines of Business (LOBs) publicly reported for Measure Year 2022. Retrieved from [link](#).

Calculating Performance Example: Tiering

Example CIS Combo 10 Measure Parameters

	Minimum Acceptable Threshold	Tier 1	Tier 2	Commendable Threshold
Performance Rate	<29%	29%-35%	36%-41%	42+%
Weight	0%	33%	67%	100%
Points Earned	0 pts	33 pts	67 pts	100 pts

Example Provider Performance Calculations for CIS Combo 10

	Performance Rate	Threshold/Tier Met (From Measure Parameter Table above)	Points Awarded (From 'Points Earned' in Table above)
Practice A	20%	Below Minimum Acceptable Threshold (29%)	0 points
Practice B	30%	Tier 1	33 points
Practice C	34%	Tier 1	33 points
Practice D	40%	Tier 2	67 points
Practice E	50%	Above Commendable Threshold (42%)	100 points

Tiering Reward: Potential Benefits and Drawbacks

Potential Benefits:

- **Simplicity:** Straightforward categories clear goals for providers
- **Motivation:** Clear goals for providers to aim for at the next highest tier

Potential Drawbacks:

- **Inflexibility:** Variances in provider performance within the same tier are not reflected in payment
- **Rounding:** Providers near a tier cutoff could experience payout fluctuations year to year

Questions for consideration - Tiering:

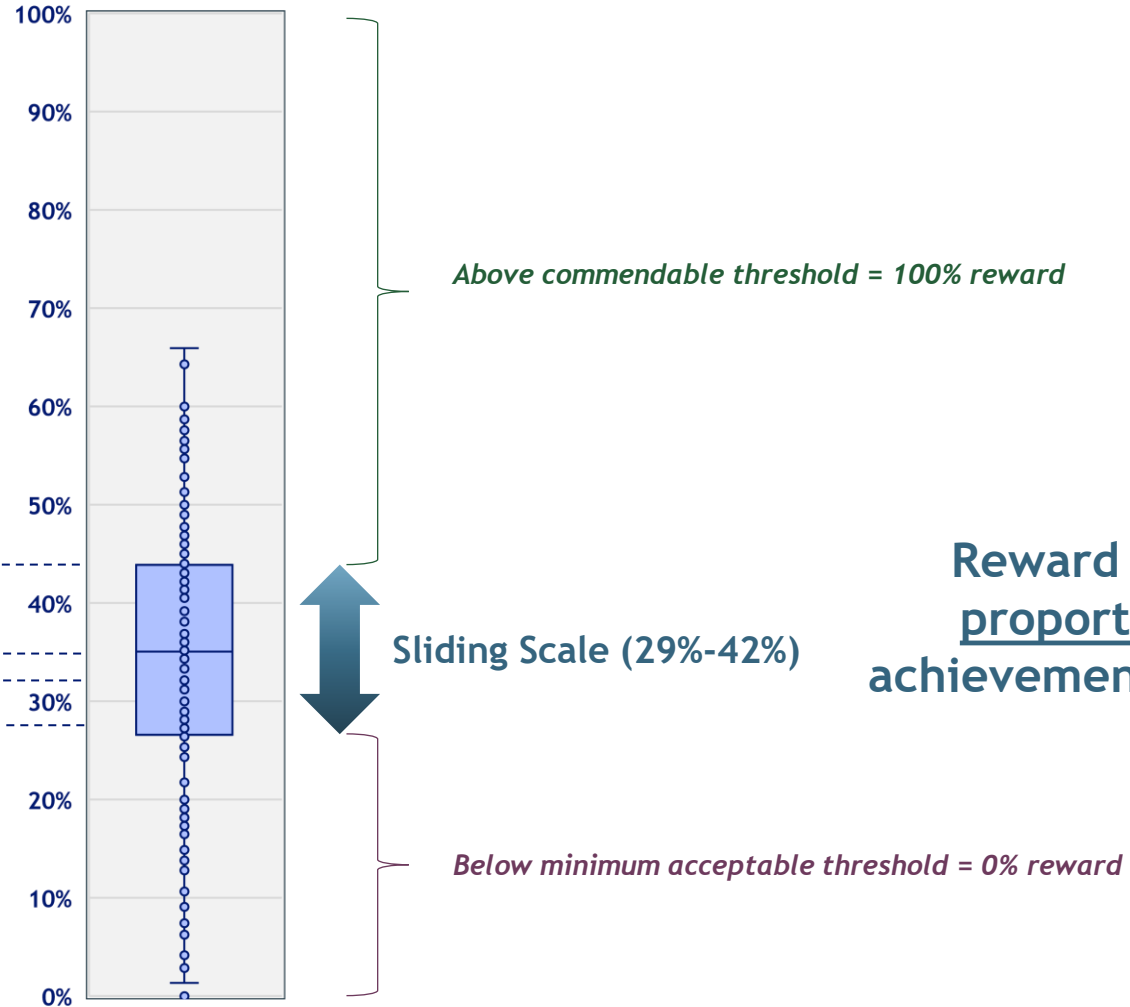
- Are there other potential benefits or drawbacks that should be included?
- Are there any unintended consequences?
- Should there be a buffer that prevents year to year backsliding to a lower tier?
 - If so, how much should that buffer account for?

Option 2: Sliding Scale

Example Measure: Childhood Immunization Status Combination 10 (CIS Combo 10)*

These thresholds are hypothetical and for example purposes only

Commendable Threshold = 42%
 Health First Colorado FFS Median Performance = 35%
 Medicaid National Average Performance** = 32%
 Minimum Acceptable Threshold = 29%



Reward earned is proportionate to achievement percentage

*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+. Childhood Immunization Status Combo 10: 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), rotavirus (RV), hepatitis A, and influenza
 **Medicaid national average performance is based on the 2022 Healthcare Effectiveness Data and Information Set (HEDIS) mean for Medicaid Lines of Business (LOBs) publicly reported for Measure Year 2022. Retrieved from [link](#).

Calculating Performance Example: Sliding Scale

Example CIS Combo 10 Measure Parameters

Minimum Acceptable Threshold	Commendable Threshold	Difference	Measure Points (total possible)
29%	42%	13%	100

Example Provider Performance Calculations for CIS Combo 10

	Performance Rate	Normalized Score* = (Performance Rate - Minimum Acceptable Threshold)/Difference <small>*Converts performance rate to a number between 0 and 1</small>	Points Awarded = Normalized Score * Total Points
Practice A	20%	Below Minimum Acceptable Threshold (29%)	0 points
Practice B	30%	$(0.30 - 0.29) / 0.13 = 0.08$	$0.08 * 100 = 8$ points
Practice C	34%	$(0.34 - 0.29) / 0.13 = 0.38$	$0.38 * 100 = 38$ points
Practice D	40%	$(0.40 - 0.29) / 0.13 = 0.85$	$0.85 * 100 = 85$ points
Practice E	50%	Above Commendable Threshold (42%)	100 points

Sliding Scale Reward: Potential Benefits and Drawbacks

Potential Benefits:

- **Flexibility:** Variances in provider performance are directly reflected in payment
- **Encouragement:** Minor improvements in performance can result in a higher payout year to year

Potential Drawbacks:

- **Complexity:** It may be more challenging to calculate each provider individually
- **Uncertainty:** Potential payouts are less predictable
- **Potential Backsliding:** Small declines in performance will be reflected in payment

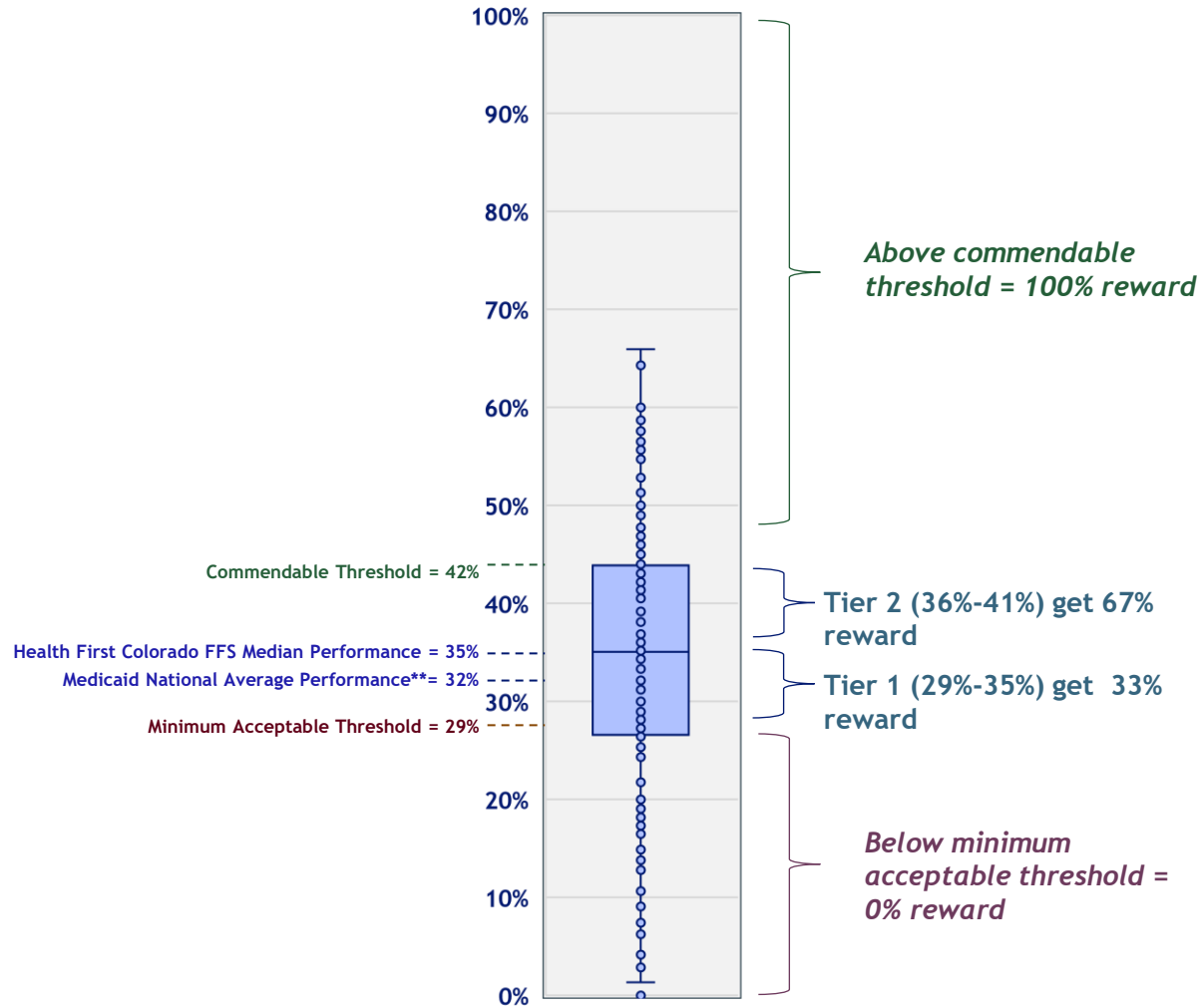
Questions for consideration - Sliding Scale:

- Are there other potential benefits or drawbacks that should be included?
- Are there any unintended consequences?
- Should there be a buffer that limits the amount that a provider can backslide?
 - If so, how much should that buffer account for?

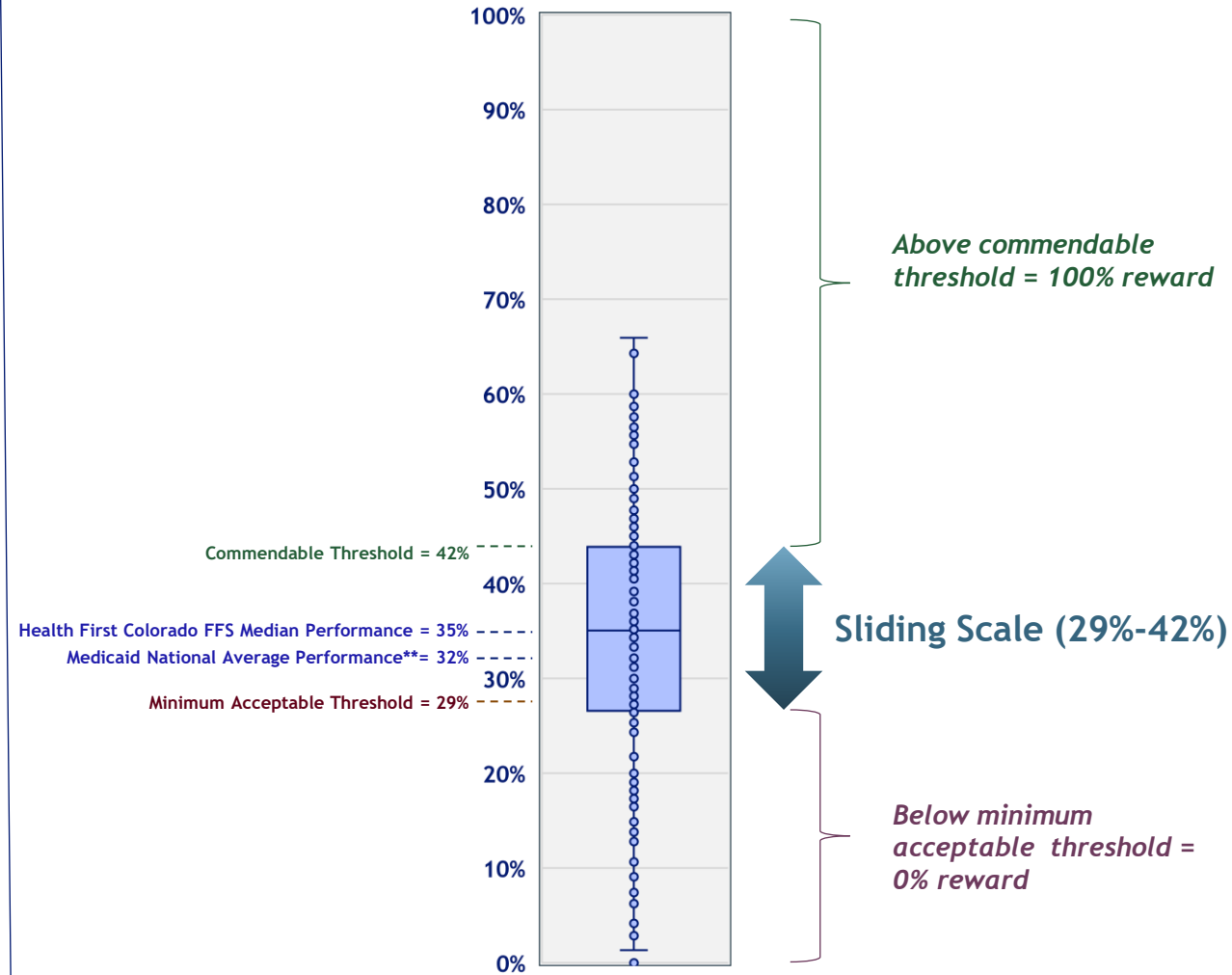
Discussion: Tiering and Sliding Scale

- Using Menti, do you prefer a Tiering or Sliding Scale reward method?
 - For those that answered Tiering, why?
 - For those that answered Sliding Scale, why?

Tiering



Sliding Scale



Points Awarded Determines Payment

Example Scorecard for Quality Payment

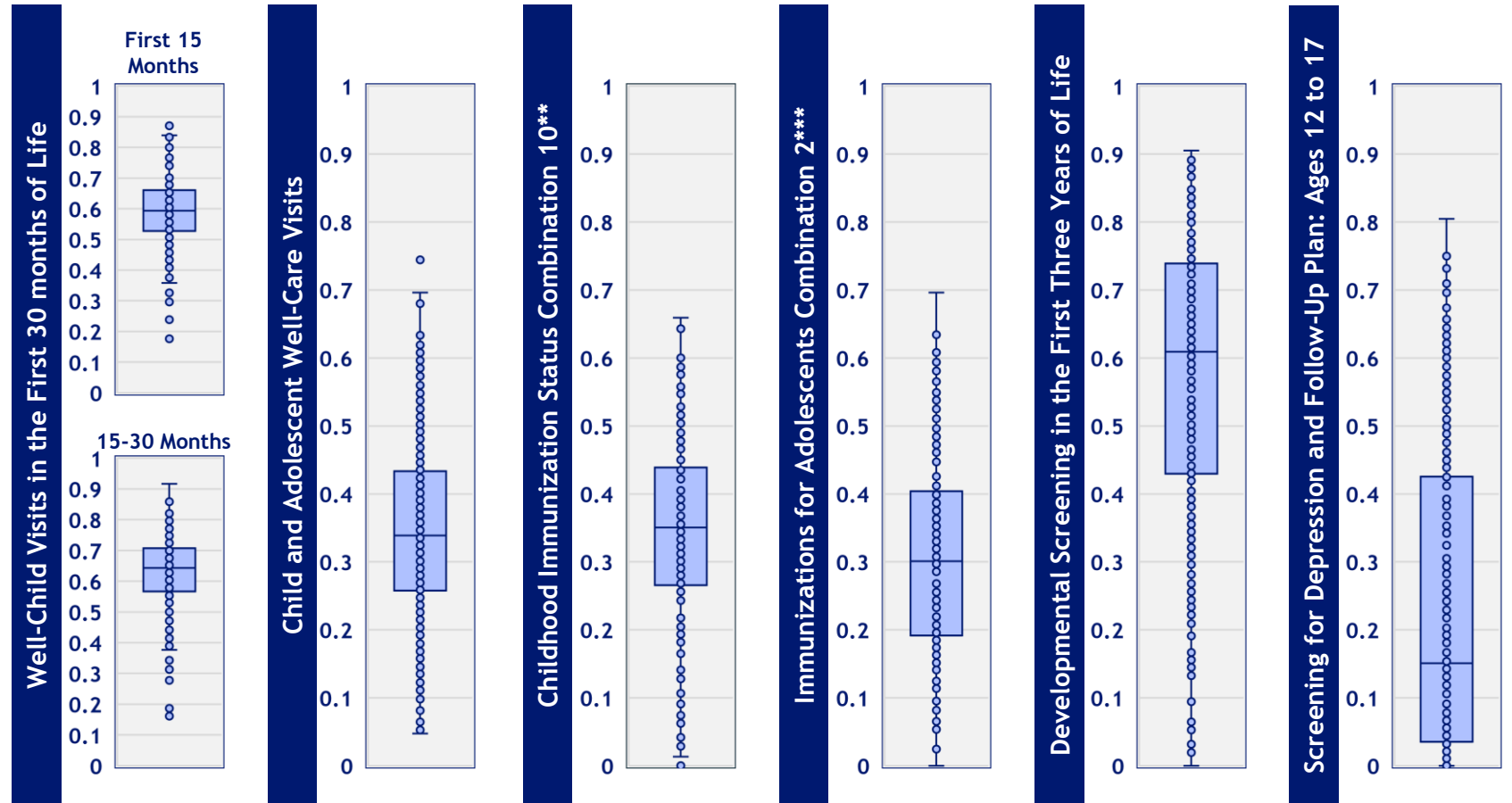
Measure	Points Awarded	Maximum Points
CIS Combo 10	33	100
Well Child Visits in first 30 months	67	100
Total Points:	100	200

Maximum Eligible Incentives	\$50,000
Practice's Total Points	100
Maximum Possible Points	200
% of Total	$100/200 = 50\%$
Reward Payout to Practice	$(\\$50,000 \times 50\%) = \\$25,000$

Discussion: Clinical Quality Measures

Example Measure Performance*

- Should all measures have the same amount of points available?
 - If not, why should some measures be weighted differently than others?



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 10: 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), rotavirus (RV), hepatitis A, and influenza

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

What's Next

- **Next DRT Session:** Wednesday, June 12, 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	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 - Today!	7	Quality Target Setting and Reward Structure	Feedback on quality target setting methodology
June 12	8	Payment	Overall process of reconciliation and risk adjustment methodology considerations
June 26	9	Performance Improvement	Actionable insights, provide must-haves, nice-to-haves
July 10	10	Program Sustainability	Prioritize types of support



Questions?



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Department of Health Care
Policy & Financing

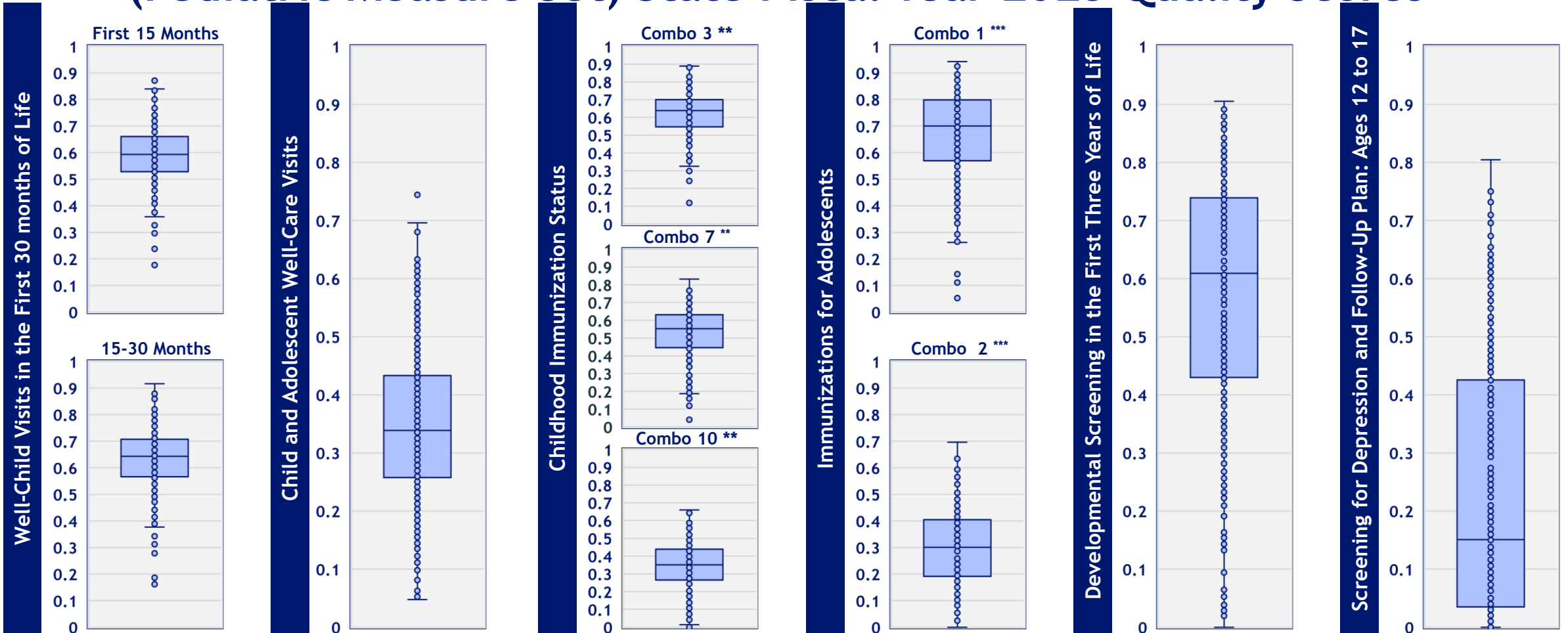
Appendix



COLORADO

Department of Health Care
Policy & Financing

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 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