

ACC Phase III Quality Program

Performance Measurement and Member
Engagement

December 5, 2024

Presented by:

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Agenda

- ACC Phase III Quality Program
 - RAE Quality measures
 - PCMP Quality measures

Current ACC Quality Program



Key Performance Indicators

- RAEs can earn up to \$4.43 PMPM for performance
- RAEs pass through dollars to PCMPs based on regional performance
- Performance targets set using gap closure methodology



Performance Pool

- Funded through unearned KPI dollars
- Flexible program to address timely needs/priorities (e.g., COVID-19)



Behavioral Health Incentive Program

- Separate funding pool for BH specific measures

Overall Themes from Stakeholder Engagement

- Stakeholders would like metrics used for key performance indicators and Alternative Payment Models (APMs) to be **standardized** across time and align with metrics providers track for other initiatives.
- Navigating multiple payment systems can be burdensome and confusing; there is a need to create **simplification**.
- It can be hard to understand which payments providers are receiving and why; there is a need for more **transparency**.

Reflecting Feedback in Phase III

Standardization

- Statewide parameters around medical home payment (PMPM)
- Standardized practice assessment (building blocks)
- **Multi-payer alignment** on metrics (DOI) and eventually the practice assessment

Simplicity

- Streamlining payments and programs so that **performance is measured once and paid once**
- Updating attribution methodology to include **only members already seen by your practice**
- Fewer RAEs

Transparency

- **Clearer expectations and quality targets**
- **Clear path to earn additional funding**
- **Performance assessed at the practice level for all KPIs**
- **Provider performance statements**

ACC Phase III: RAE Quality Measures

RAE Key Performance Indicators

RAE-Only KPIs

- Transitions of care
- Prenatal and postpartum care
- Health equity measure: closing disparity gaps for well child visit measures

PCMP Metrics

- Glycemic status assessment
- Controlling high blood pressure
- Breast cancer screening
- Colorectal cancer screening
- Cervical cancer screening
- Screening for depression and follow-up plan
- Chlamydia screening for women

- Contraceptive care for women
- Childhood immunization status combo 10
- Immunizations for adolescents combo 2
- Well child visits in the first 30 months
- Child and adolescent well-care visits (ages 3 to 21)
- Developmental screening first three years of life

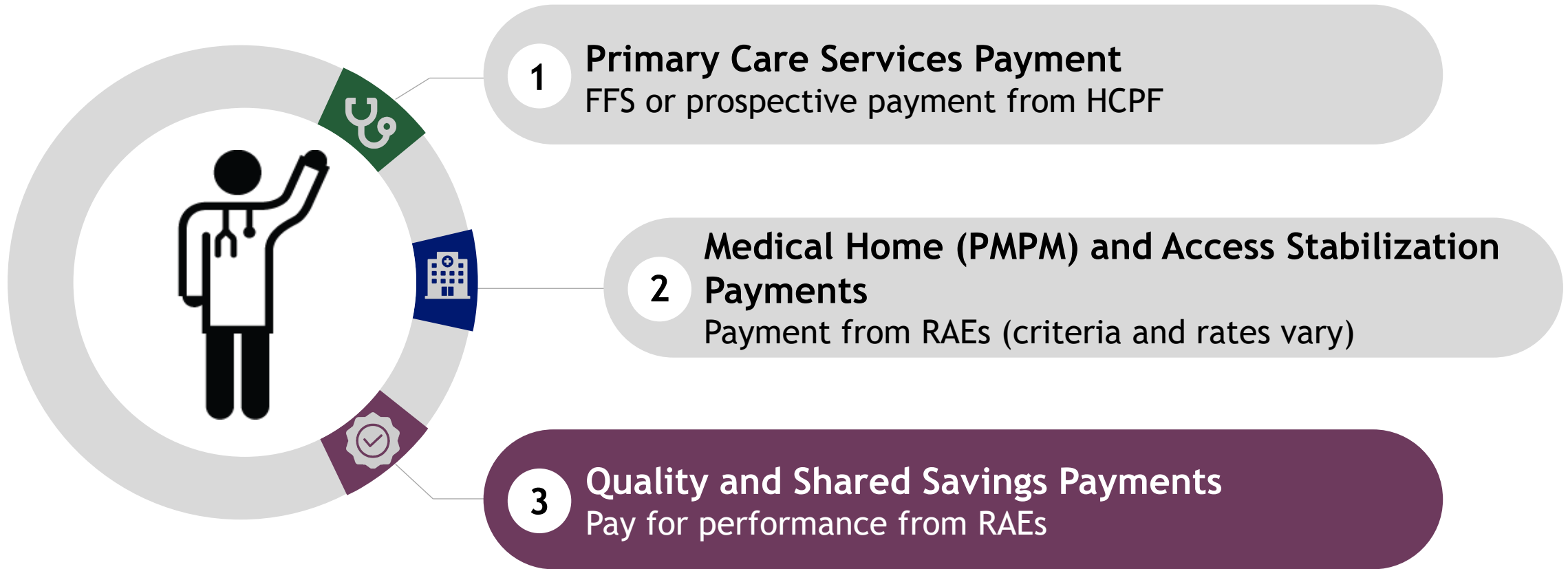


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ACC Phase III: PCMP Quality Measures

Single Comprehensive Primary Care Payment Structure



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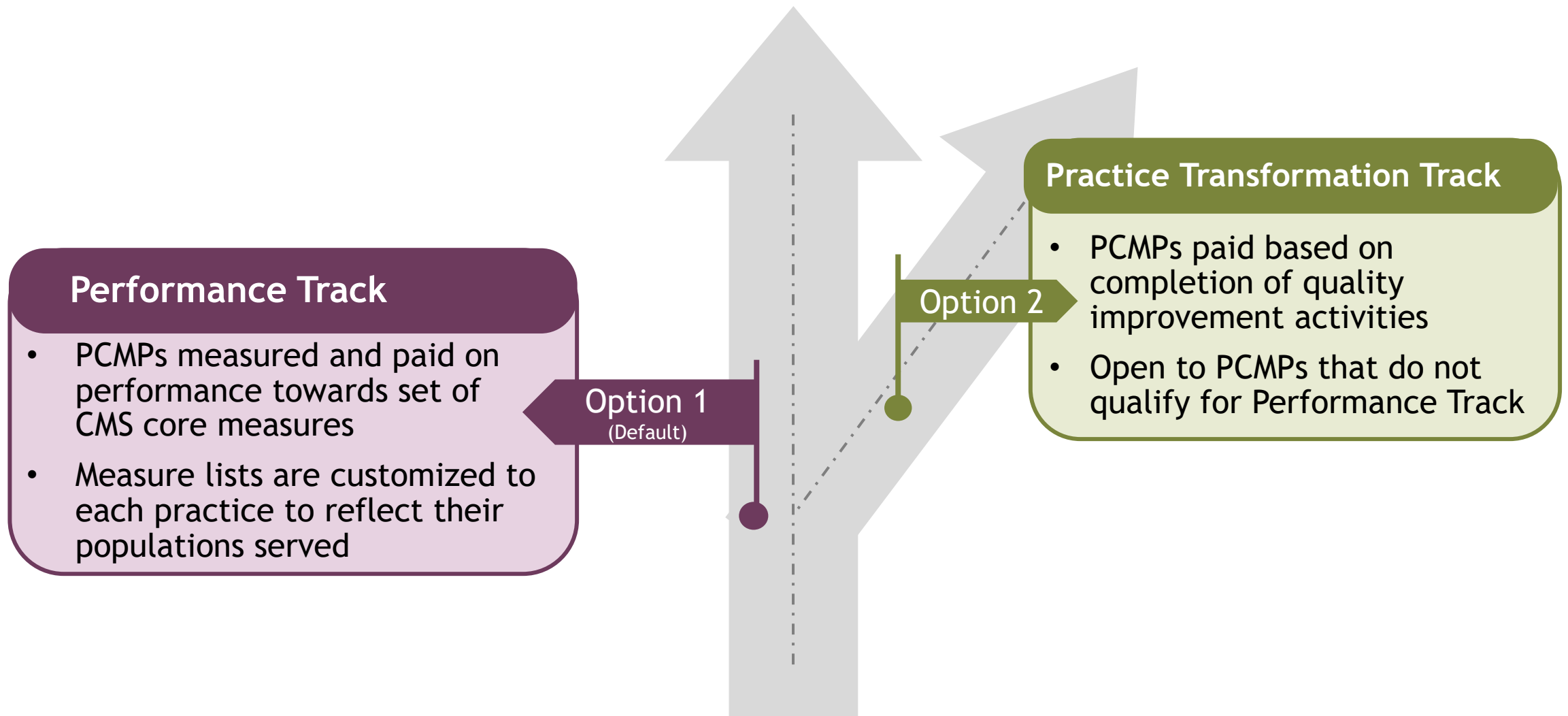
Assignment and Attribution Key Changes

Attribution: Method used to link members to a PCMP.

Assignment: Method used to connect members to a RAE.

- Members attributed to PCMP either **by choice or a claims-based methodology**
- Members without a claims history will **no longer be attributed to a PCMP based on home address** (geographic attribution)
- Unattributed members will be **assigned to a RAE based on their home address**
- Quality metrics will be calculated based off of 12 months continuous Medicaid enrollment, in alignment with HEDIS methodology
- Shift PMPM up to achieve 33% admin pass through, reflecting lower attribution

QUALITY PAYMENTS



Performance Track: Step 1

Step 1: Prioritized Measures



Step 2: Largest Denominators



Step 3: Secondary Focus Measures



Step 4: Quality Improvement Activities

Measures will automatically be included if a PCMP has at least 30 members in the denominator for any of the following:

1. Well-Child Visits in the First 30 Months of Life
2. Glycemic Status Assessment for Patients with Diabetes
3. Controlling High Blood Pressure



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Scenarios after Step 1

Step 1: Prioritized Measures



Practice A: Large adult practice

- Well-Child Visits in the First 30 Months of Life (20)
- Glycemic Status Assessment for Patients with Diabetes (300)
- Controlling High Blood Pressure (250)

Total Measures: 2



Practice B: Large pediatric practice

- Well-Child Visits in the First 30 Months of Life (100)
- Glycemic Status Assessment for Patients with Diabetes (25)
- Controlling High Blood Pressure (25)

Total Measures: 1



Practice C: Small, rural clinic

- Well-Child Visits in the First 30 Months of Life (5)
- Glycemic Status Assessment for Patients with Diabetes (28)
- Controlling High Blood Pressure (35)

Total Measures: 1

Performance Track: Step 2

Step 1: Prioritized Measures



Step 2: Largest Denominators



Step 3: Secondary Focus Measures



Step 4: Quality Improvement Activities

Measures with the largest denominators will be included if a PCMP has at least 30 members in the denominator for any of the following:

1. Breast Cancer Screening
2. Cervical Cancer Screening
3. Colorectal Cancer Screening
4. Screening for Depression and Follow-Up Plan
5. Child and Adolescent Well-Care Visits
6. Developmental Screening in the First Three Years of Life
7. Childhood Immunization Status Combination 10
8. Immunizations for Adolescents Combination 2

Scenarios after Step 2

Step 2: Largest Denominators



Practice A: Large adult practice

- ✓ Glycemic Status Assessment for Patients with Diabetes
- ✓ Controlling High Blood Pressure

- ✓ **Breast Cancer Screening (300)**
- ✓ **Cervical Cancer Screening (250)**
- ✓ **Colorectal Cancer Screening (100)**
- ✓ **Screening for Depression and Follow-Up Plan (300)**
- Child and Adolescent Well-Care Visits (50)
- Developmental Screening in the First Three Years of Life (50)
- Childhood Immunization Status Combination 10 (50)
- Immunizations for Adolescents Combination 2 (50)

Total Measures: 6



Practice B: Large pediatric practice

- ✓ Well-Child Visits in the First 30 Months of Life

- Breast Cancer Screening (25)
- Cervical Cancer Screening (25)
- Colorectal Cancer Screening (25)
- Screening for Depression and Follow-Up Plan (25)
- ✓ **Child and Adolescent Well-Care Visits (350)**
- ✓ **Developmental Screening in the First Three Years of Life (250)**
- ✓ **Childhood Immunization Status Combination 10 (300)**
- ✓ **Immunizations for Adolescents Combination 2 (300)**

Total Measures: 5



Practice C: Small, rural clinic

- ✓ Controlling High Blood Pressure

- Breast Cancer Screening (25)
- Cervical Cancer Screening (25)
- ✓ **Colorectal Cancer Screening (35)**
- ✓ **Screening for Depression and Follow-Up Plan (45)**
- Child and Adolescent Well-Care Visits (20)
- Developmental Screening in the First Three Years of Life (20)
- Childhood Immunization Status Combination 10 (25)
- Immunizations for Adolescents Combination 2 (25)

Total Measures: 3

Performance Track: Step 3

Step 1: Prioritized Measures



Step 2: Largest Denominators



Step 3: Secondary Focus Measures



Step 4: Quality Improvement Activities

If a PCMP has 2-5 measures after Steps 1 and 2, these measures will be included if the PCMP has at least 30 members in the denominator for any of the following :

1. Contraceptive Care - All Women
2. Chlamydia Screening in Women



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Scenarios after Step 3

Step 3: Secondary Focus Measures



Practice A: Large adult practice

- ✓ Glycemic Status Assessment for Patients with Diabetes
- ✓ Controlling High Blood Pressure
- ✓ Breast Cancer Screening
- ✓ Cervical Cancer Screening
- ✓ Colorectal Cancer Screening
- ✓ Screening for Depression and Follow-Up Plan

-
- ~~Contraceptive Care - All Women (300)~~
 - ~~Chlamydia Screening in Women (250)~~

Not eligible since already at 6 measures.

Total Measures: 6



Practice B: Large pediatric practice

- ✓ Well-Child Visits in the First 30 Months of Life-
- ✓ Child and Adolescent Well-Care Visits
- ✓ Developmental Screening in the First Three Years of Life
- ✓ Childhood Immunization Status Combination 10
- ✓ Immunizations for Adolescents Combination 2

-
- Contraceptive Care - All Women (28)
 - Chlamydia Screening in Women (20)

Total Measures: 5



Practice C: Small, rural clinic

- ✓ Controlling High Blood Pressure
- ✓ Colorectal Cancer Screening
- ✓ Screening for Depression and Follow-Up Plan

-
- Contraceptive Care - All Women (25)
 - Chlamydia Screening in Women (25)

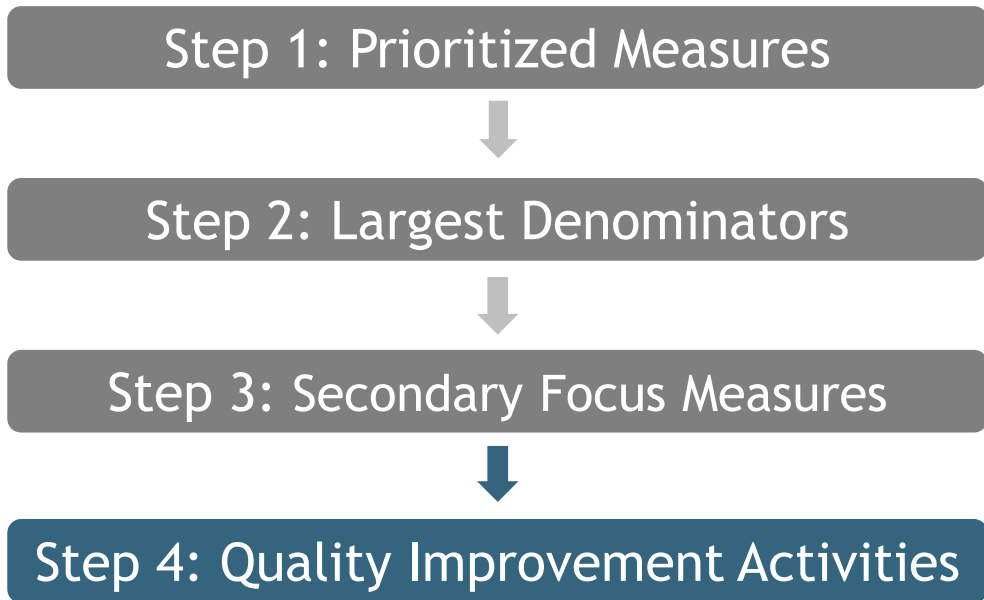
Total Measures: 3



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Performance Track: Step 4



- If a PCMP has only 4 or 5 measures after Steps 1-3: PCMPs can choose to participate in quality improvement (QI) activities to receive payments for up to 6 total performance measures (e.g., a PCMP with 4 measures would do 2 QI activities for a total of 6 performance measures).
- If a PCMP does not have at least 4 measures after Steps 1-3: PCMPs can choose to participate in the Practice Transformation Track.

Scenarios after Step 4

Step 4: Quality Improvement Activities



Practice A: Large adult practice

- ✓ Glycemic Status Assessment for Patients with Diabetes
- ✓ Controlling High Blood Pressure
- ✓ Breast Cancer Screening
- ✓ Cervical Cancer Screening
- ✓ Colorectal Cancer Screening
- ✓ Screening for Depression and Follow-Up Plan

Total Measures: 6

No option to include
QI activities



Practice B: Large pediatric practice

- ✓ Well-Child Visits in the First 30 Months of Life-
- ✓ Child and Adolescent Well-Care Visits
- ✓ Developmental Screening in the First Three Years of Life
- ✓ Childhood Immunization Status Combination 10
- ✓ Immunizations for Adolescents Combination 2

Total Measures: 5

Has option to
supplement with 1 QI
activity



Practice C: Small, rural clinic

- ✓ Controlling High Blood Pressure
- ✓ Colorectal Cancer Screening
- ✓ Screening for Depression and Follow-Up Plan

Total Measures: 3

Not eligible for Track 1,
has option to proceed
with Track 2 (Practice
Transformation Track)



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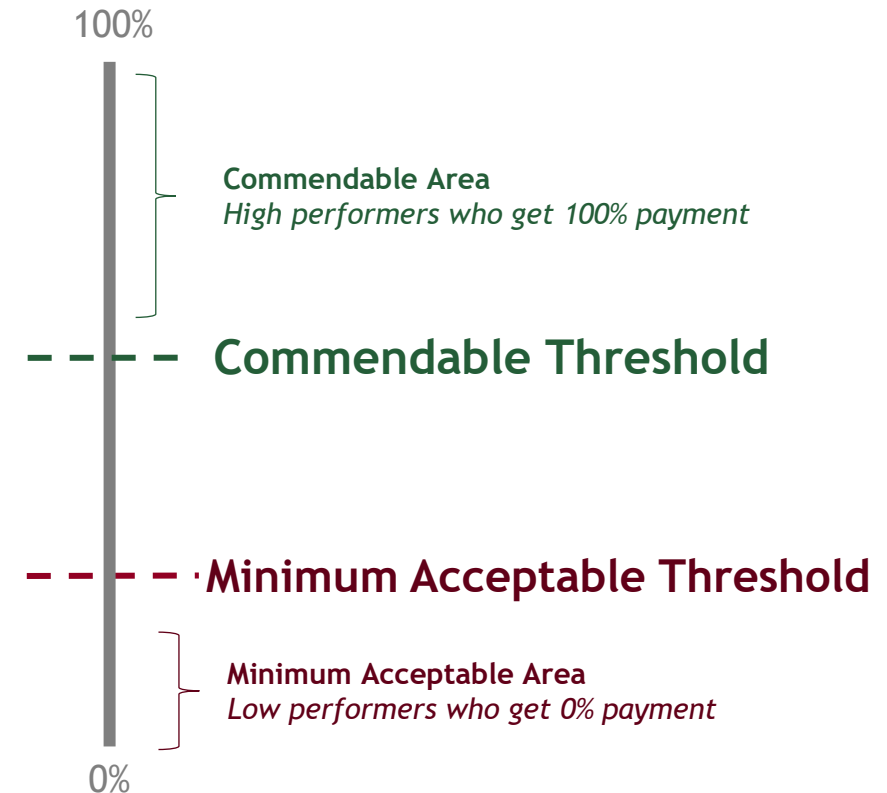
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Performance Track: Quality Target Setting Methodology



Methodology

- Evaluated using thresholds that are not dependent on prior year performance.
 - This is a change from current "close the gap" methodology.
- Thresholds are determined by metric and set both on national performance and scaled relative to Colorado statewide average performance.
- Reward will be measured on the following thresholds:
 - Below a Minimum Acceptable Threshold (0% payment achieved)
 - Between Minimum Acceptable and Commendable Thresholds (Payment will be tiered)
 - Above a Commendable Threshold (100% payment achieved)



Practice Transformation Track (Option 2)



Practice Transformation Track Participation

- PCMPs with 200 minimum attributed members and who do not qualify for Performance Track have the **OPTION** to participate in Track 2 and still earn Quality Payments.
- Participating PCMPs earn quality payments by participating in up to 2 Quality Improvement (QI) activities that directly impact KPI measure performance.
- Examples of QI activities include, but are not limited to:
 - PDSA
 - Root cause analysis
 - Empanelment calculations to evaluate accessibility challenges



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Building Up in Year 1

YEAR 1 FOCUS: Pay for Engagement

- All PCMPs enrolled in Practice Transformation Track (Track 2)
- Payment for completion of QI activities

1

JULY - DECEMBER 2025:
(First 6 months of ACC Phase III)

- ❑ RAEs work with PCMPs to identify and plan QI activities

2

JANUARY 2026:

- ❑ **All PCMPs start QI activities**
 - Allows one year to establish 12-month performance cycle
 - Incentivizes RAE and PCMP engagement
 - Payment to PCMPs based on QI activities

How RAEs Will Support PCMPs

1 Provider performance statements

2 Coaching

- Help identify and improve workflows that focus on PCMP metrics
- Improve PCMP billing
- Use data and analytics
- Identify and achieve cost goals (Shared Savings)

3 Practice transformation activities

- Approve practice transformation project and determine if activities were completed
- Approve QI tools (e.g., PDSA, root cause analysis)
- Facilitate QI meetings
- Collaborate on implementation
- Provide resources
- Build a peer network

Discussion Questions

- Should changes be made to the Performance Track (Track 1) or Practice Transformation Track (Track 2?)
 - How would you advise us to modify this proposal?
- What is most promising about this proposal?
- Are there any unforeseen consequences to the changes in this proposal?

Thank you!