

# Prescriber Tool Alternative Payment Model Program Overview

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October 2, 2023



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## I. Program Summary

The Prescriber Tool Alternative Payment Model (APM) is an upside-risk-only program designed to incentivize increased and consistent use of the Prescriber Tool, specifically the Real-Time Benefits Inquiry (RTBI) module, and prescription of preferred medications where clinically appropriate. In the first year of the program, to be eligible for shared savings, practices are required to complete a data validation survey and training on the RTBI module. Practice preferred drug list (PDL) compliance rate for a baseline year will be analyzed to determine the amount of the shared savings payment.

100% of savings from Prescriber Tool usage will be shared with eligible practices for the first program year, which will conclude June 30, 2024.

The program is scheduled to launch statewide on October 2, 2023. At this time, a program opt-out and contact update form will be published on the Prescriber Tool APM webpage. This form will be used to update the email addresses to which practice dashboard login credentials will be distributed. Opting out of the program means that a dashboard will not be created for the practice, and they will therefore be ineligible to receive an incentive payment through the APM. Practices that opt out will have the opportunity to opt in in Spring 2024, prior to the start of the next program year.

This form will close on October 13, 2023, at 7pm MST.

Note that the proposed program design is subject to change, pending CMS approval.

## II. Key Definitions and Acronyms

### A. Definitions

Term	Meaning
Activity window	Time period in which practices must complete the data validation survey and training
APM	Alternative Payment Model
Prescriber Tool	A collection of capabilities that healthcare providers can access through their EHR systems for use with Health First Colorado members
Department of Health Care Policy & Financing (HCPF)	The Colorado state agency responsible for development, implementation, and oversight of the Prescriber Tool and its APM; also referred to as “the Department”
Electronic Health Record (EHR)	A digital record of health information, sometimes used interchangeably with electronic medical record (EMR)
Health First Colorado	The name of Colorado’s Medicaid program
Myers and Stauffer	The vendor selected by HCPF to support the practice dashboards
Non-preferred drug	Any drug that is not included on the Health First Colorado Preferred Drug List (PDL) and

	for which a prior authorization request must be submitted
Opioid misuse risk module	One of four modules within the Prescriber Tool that helps prescribers prevent the misuse and abuse of opioids, benzodiazepines, and controlled substances
Performance period	The period for which practice PDL compliance rate is determined
Prescriber Tool pre-APM phase	An interim phase of the Prescriber Tool APM designed to incentivize prescribers to work with their EHR vendors to incorporate the technology needed for participation in the APM
Prescriber Tool APM	An upside-only program through which practices can conduct a set of activities to earn eligibility to share in savings
Preferred drug	Drug that is included on the Health First Colorado Preferred Drug List (PDL or formulary)
Prescribers	Individuals accepting Health First Colorado members, who are medical professionals legally authorized to prescribe medications in accordance with the requirements and limits established in Colorado law
Qualifying medical claim	A non-pharmacy medical claim used in the methodology by which prescribers are attributed to practices, including professional claims, outpatient claims (FQHC only), dental, and behavioral health encounters
Real-Time Electronic Prescribing (eRX)	One of four modules within the Prescriber Tool that allows prescribers to send prescriptions electronically to pharmacies as well as check eligibility status for Health First Colorado members
Real Time Benefit Inquiry (RTBI)	A module within the Colorado Prescriber Tool that allows prescribers to view “preferred” Medicaid alternative medication options pulled directly from the Medicaid Preferred Drug List (PDL)
Real-Time Electronic Prior Authorization (ePA)	One of four modules within the Colorado Prescriber Tool that allows prescribers to submit outpatient pharmacy prior authorization requests (PARs) for Health First Colorado members electronically
State Fiscal Year (SFY)	The State Fiscal Year in Colorado, which begins July 1st and ends June 30th of the following year

**B. Key Acronyms**

APM - Alternative Payment Model

EHR - Electronic Health Record

ePA - Real-Time Electronic Prior Authorization

eRx - Real-Time Electronic Prescribing

HCPF - Colorado Department of Health Care Policy & Financing (Department)

PDL - Preferred Drug List

RTBI - Real-Time Benefits Inquiry

SFY - State Fiscal Year

### III. Program Context and Purpose

The Department has implemented a prescription benefit tool, known as the Prescriber Tool, to improve prescription drug transparency and affordability, improve member access, and decrease the administrative burden for practices. The Prescriber Tool includes a collection of capabilities that are presented in four modules, which include:

- Real-Time Electronic Prescribing (eRX): This module allows prescribers to view current member eligibility status and send prescriptions electronically to pharmacies for Health First Colorado members.
- Real-Time Benefits Inquiry (RTBI): This module displays preferred alternatives to a medication initially inputted in the prescribing process.
- Real-Time Electronic Prior Authorization (ePA): This module allows prescribers to submit prior authorization requests (PARs) for Medicaid members electronically.
- Opioid Misuse Risk module: This module helps prescribers prevent the misuse and abuse of opioids, benzodiazepines, and other controlled substances.

The Department has implemented the Prescriber Tool APM, which is designed to increase use of the Prescriber Tool as well as support improvement of the RTBI module function, use, and reporting. This will promote Medicaid pharmacy benefit compliance and cost efficiency in pharmacy utilization. Prescribers can access the RTBI module through their Electronic Health Record (EHR), which displays prescription benefit information and “preferred” prescription alternatives at the point of care. This module is not a clinical decision-making tool; it is an information sharing tool that provides information about medications included on the Health First Colorado Preferred Drug List (PDL). The Prescriber Tool APM is designed to share a portion of the pharmacy savings generated from prescriber selection of preferred medications, where clinically appropriate. Savings generated from these actions will be shared among eligible participating practices.

The APM design includes practice-specific performance dashboards that present RTBI utilization and PDL compliance rates of its attributed prescribers.

The Prescriber Tool APM design and development was informed by stakeholder feedback throughout the process. Beginning August 2021, initial outreach included eleven key informant interviews, six small workgroup meetings, and several other initiatives and communications intended to gather critical feedback from providers. In January 2022, the Department initiated the pre-APM phase and engaged the Regional Accountable Entities (RAEs), Federally Qualified Health Centers (FQHCs), and hospitals to increase the uptake of the RTBI module of the Prescriber Tool as well as to gather information about EHR

distribution and RTBI functionality across the state. This initiative remains open and continues to provide a communications channel between the Department and providers. The Department collected provider feedback during the Dashboard Go-Live testing period in 2023, which ran from early March to mid-April. Provider feedback was used to revise the APM design methodology and performance dashboards prior to program launch in October 2023.

## IV. Methodology and Design

The Prescriber Tool APM goal is to incentivize increased and consistent use of the Prescriber Tool’s RTBI module and prescription of preferred medications where clinically appropriate. Program design for first year of the program will also support improvement of the RTBI module function, use, and reporting.

Practices are automatically enrolled in the Prescriber Tool APM but must use a compatible electronic health record system (EHR).

Participation and eligibility to achieve shared savings are based on two components:

- Practice completion of Department-developed data validation survey and training; and
- Practice PDL compliance rate during the performance period

Practices are expected to navigate through the dashboard to look at the RTBI rate for the given SFY quarters to complete the data validation survey. A brief training on the RTBI module will be included in the data validation survey to support provider understanding of the function of the module. Practice completion of the validation will be tracked automatically upon submission. Practice PDL compliance rate will be determined by analyzing the volume of preferred medications prescribed in the performance period as a percent of the total preferred and non-preferred medications prescribed. The performance period for the first program year will correspond to SFY 23 (July 1, 2022, to June 30, 2023) to support robust data validation.

### A. Program Eligibility

The Prescriber Tool APM is open to Health First Colorado providers receiving fee-for-service payments for their outpatient pharmaceutical claims. The APM does not have a minimum attributed member size limit. Practices are automatically enrolled in the Prescriber Tool APM but must use a compatible EHR system. Prescribers are attributed to practices according to the methodology provided in section B. The practice types to which prescribers can be attributed are included below.

Eligible Practice Types
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04 - Dentist	26 - Osteopath
05 - Physician	32 - FQHC
06 - Podiatrist	35 - CMHC
07 - Optometrist	41 - Nurse practitioner
16 - Clinic practitioner	45 - Rural health clinic
22 - Nurse midwife	47 - Clinic - dental
24 - Non-physician practitioner - individual	61 - Indian Health Services - FQHC
25 - Non-physician practitioner - group	64 - Substance use disorder - clinics

Practice types excluded from the Prescriber Tool APM program are those that are not medical practices that have associated prescribers, those delivering services in an inpatient setting (claim types A, I, and L), those billing under a managed care organization (MCO), and out-of-state providers that do not have “border state” designations. Other prescribers that are not included are those that submitted no pharmacy claims as a rendering provider and those who were not affiliated with a rendering provider.

## **B. Attribution Methodology**

Because most prescribers do not receive payment directly from Medicaid, the Department has developed a methodology to attribute those prescribers to a practice for which a reimbursement process exists. The methodology applied depends on if the prescriber has qualifying medical claims in the performance period and if the prescriber NPI is different than the practice NPI.

Attribution is hierarchical. If attribution is possible in one of the below steps, the subsequent steps are ignored. The steps are as follows:

- 1) When a prescriber enrolled in Medicaid has rendered services on qualifying medical claims within the performance period:
  - a) Count paid qualifying medical claims volume within the performance period with the prescriber indicated on the claim as the rendering provider and the practice indicated as the billing provider.
  - b) Assign a percentage of the prescriber to the practice based on how much of their qualifying medical claims volume is billed from a given practice.
- 2) When a prescriber enrolled in Medicaid renders no qualifying medical claims within the performance period but is affiliated with at least one practice in the MMIS:
  - a) Identify prescriber affiliations to each practice using the enrollment file from the Department’s MMIS.
  - b) Distribute the percentages of the prescriber attributed to the practice evenly across each practice they are indicated to have enrolled under.
- 3) When a prescriber enrolled in Medicaid has no qualifying medical claims within the performance period and is not affiliated with any practices in the MMIS but does have an NPI that is also enrolled as a practice, attribution is solely to that practice.

Prescribers that are not attributed according to the above subparagraphs are excluded.

## **C. Practice Dashboards**

Beginning in November 2023, each practice will be issued user login credentials to access their dashboards, which present data on practice- and prescriber-level PDL compliance and RTBI utilization. These dashboards are scheduled to be released by Myers and Stauffer in December 2023. The dashboards are hosted on a secure webpage that is accessible only to participating practices and display data only for the practice’s NPI. Users will be directed to a Prescriber Tool APM dashboard landing page through which they can login to review the Practice Summary Dashboard. The practice dashboards will display four quarters of data that compose the performance period. Practices are encouraged to save the landing page

somewhere accessible for easy access to complete the required activities within the activity window.

There are two sections on the Practice Summary Dashboard:

- Practice Performance Summary
- Performance Detail

The APM dashboard incorporates the data obtained from provider enrollment files, pharmacy claims files and the Pharmacy Benefit Manager's Prescriber Tool reporting. This data is displayed at the practice and prescriber level, to identify each prescriber's contribution to the overall PDL compliance and RTBI utilization rates. The following data is displayed for both practice and prescriber:

- NPI
- Name
- RTBI use rate
- PDL compliance rate

The Practice Performance Summary section presents a view of data for each practice for a selected SFY quarter. It includes a practice performance summary chart that identifies the prescribers attributed to the practice as well as a comparison of practice RTBI and PDL compliance rates to the statewide average.

The Performance Detail section includes practice NPI, name, attributed prescribers, PDL compliance rate, and RTBI utilization rate. The performance detail also includes the same breakdown for each of the practice's attributed prescribers.

## **V. APM Shared Savings**

For the first program year, 100% of savings from use of the Prescriber Tool will be shared with eligible providers.

### **A. Shared Savings Eligibility**

To be eligible to receive shared savings, practices must complete the data validation survey and training for the corresponding billing NPI. This survey is accessed through the practice-facing dashboards. The shared savings payment will be determined by the practice PDL compliance rate during the performance period. The APM design incorporates an upside-only risk, whereby practice organizations that do not meet the performance threshold are not penalized.

### **B. PDL Compliance Rate Tiers**

The shared savings amount will be determined by each eligible practice's PDL compliance rate. The rates for the practices that complete the data validation survey and training will be divided into three tiers. Practices in the highest tier will receive the highest shared savings payment, but every practice that completes the data validation survey and training will be eligible for a shared savings payment.



## VI. Performance Dashboard User Training Materials

Practice organizations are encouraged to refer to the Department's Prescriber Tool Alternative Payment Model webpage, located at <https://hcpf.colorado.gov/prescriber-tool-alternative-payment-model>. The webpage includes program-related information and links to the following training and reference materials:

- This document, which provides an overview of the Prescriber Tool APM design and methodology.
- The Dashboard User Guide, which includes step-by-step instructions for accessing and navigating the performance dashboard for each practice and prescriber. Discrepancies in the attributed prescribers must be corrected through the Health First Colorado Provider Enrollment Portal.
- Dashboard Training Slides and Overview Presentation, which provides a visual guide for accessing the dashboards.