PCMP Payment Structure

Provider and Community Experience Subcommittee

Nov. 14, 2024

Presented by:

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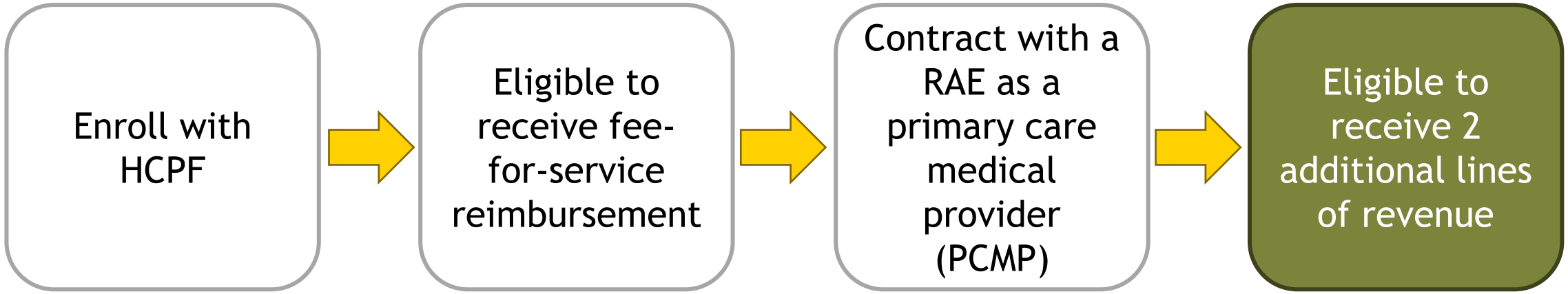
Agenda

- Review background and context for ACC Phase III PCMP Payment Structure
- High-level overview of PCMP Payment Structure
- Deep Dive into Practice Assessments and PCMP Payment

What does it mean to be a PCMP?



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

Attribution Changes

We heard: geographic attribution did not help in getting members connected to a PCMP and it was not accurately capturing the members attributed to one provider but seen by another.

- 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.**

Total Medical Home (PMPM) Payment Allocation

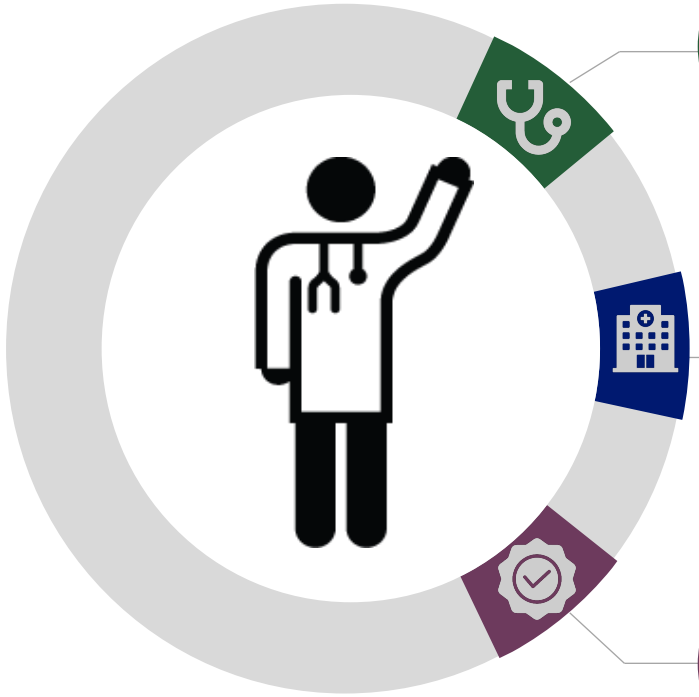
- RAEs required to pass through a percentage of admin PMPM instead of a specific dollar amount.
  - Required to pass through minimum 33%, most RAEs pass through more.
  - Overall total funding passed through not expected to change with removal of geographic attribution.

Phase II	Phase III
RAEs pass through **total $5.3M monthly** to PCMP network for **1.3M attributed members**	RAEs still pass through **total $5.3M monthly** to PCMP network but for **975,000 attributed members** (no geo-attribution).

Maintaining Regionality

- Colorado has many diverse communities with unique needs.
- Regionality is foundational to the structure of the ACC.
  - RAEs support practices with unique challenges based on their communities.
  - RAEs work with other providers and organizations within communities to weave together the health neighborhood.
- While many aspects of provider payment have been standardized statewide, RAEs will still have flexibility to address provider needs regionally.

Single Comprehensive Primary Care Payment Structure



1. **Primary Care Services Payment**
   FFS or prospective payment from HCPF
2. **Medical Home (PMPM) and Access Stabilization Payments**
   Payment from RAEs (criteria and rates vary)
3. **Quality and Shared Savings Payments**
   Pay for performance from RAEs

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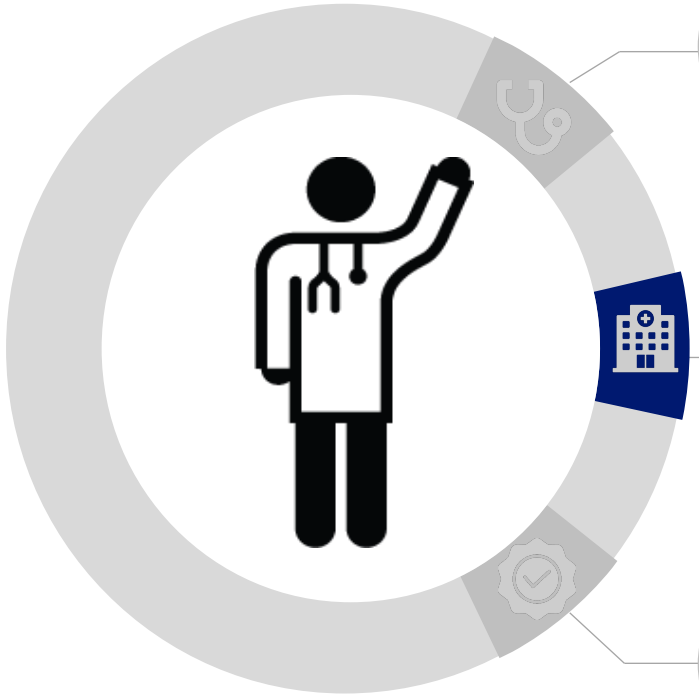

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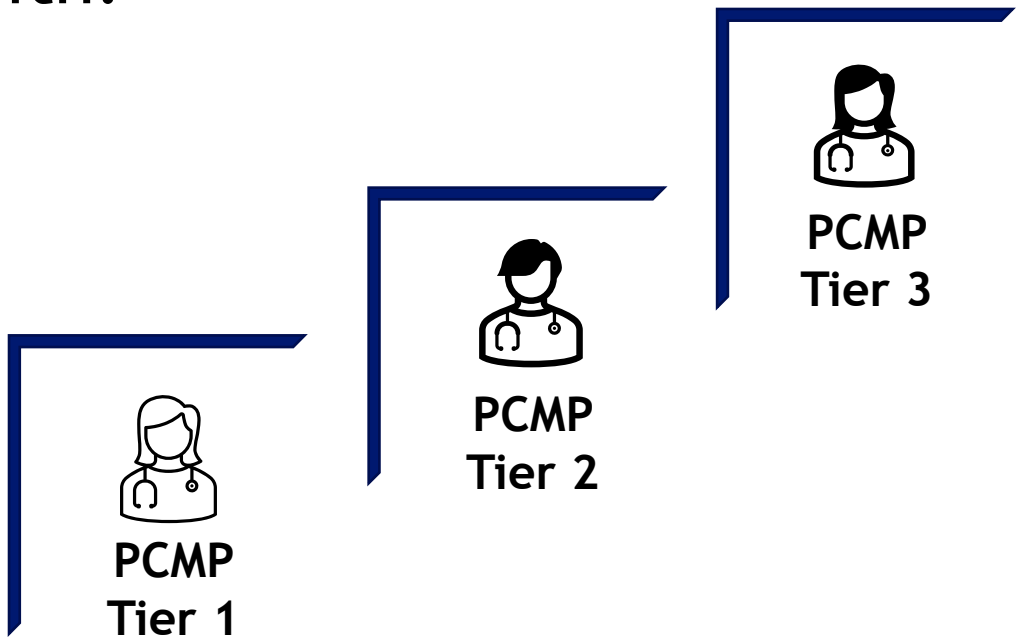
Key Changes for ACC Phase III

- Creating **standardization** in Phase III by:
  - Establishing **statewide parameters** around medical home payment.
  - Standardize tiering by shifting from regional approach to **statewide practice assessment tool**.
  - Building **multi-payer alignment** on metrics (DOI) and eventually practice assessments.

Components of the Medical Home (PMPM) Payment

Practice Assessment

- Three-tier assessment to incentivize progress along the continuum of advanced primary care.
- Assessment designed in alignment with:
  - CMS Make Care Primary model.
  - DOI Primary Care APM Regulation.
  - Bodenheimer building blocks.
- PCMH recognition will be counted towards tiering placement.



Practice Assessment: RAE Roles and Responsibilities

Facilitation
Schedule and execute timely assessment process via PCMP attestations, audits and calculation of results.

Support & Training
Offer resources and practice consults to support PCMP with completion of Practice Assessment.

Communication
Provide clarity around PCMP expectations and practice-level Practice Assessment results.

Practice Transformation
Coach PCMPs in implementation of PCMH best practices and assist them with implementation of activities to get to the next tier.

Payment
Determine the payment allocations for PCMPs within each of the tiers.

Practice Assessment: Care Delivery Domains

Leadership

Drives practice-wide quality improvement and change management with engaged practice leaders.

Data Driven Quality Improvement

Utilizes data and methodologies to drive measurable quality improvement.

Empanelment

Assigns patients to primary care providers and teams.

Team Based Care

Aligns staff/teams with practice and patient needs, taking into consideration staff/team experience.

Patient and Family Engagement

Incorporates patient/family goals, preferences, and needs into practice activities and the care provided.

Practice Assessment: Care Delivery Domains (cont.)

Population Management

Utilizes population-level information to identify patient populations with specific needs and care gaps to act on.

Continuity of Care

Promotes empaneled patients seeing their assigned clinician while preserving access.

Access

Provides ways for patients to receive care in a prompt manner and in alignment with needs/preferences.

Comprehensiveness and Care Coordination

Allows patients to receive the primary care they need in a coordinated manner.

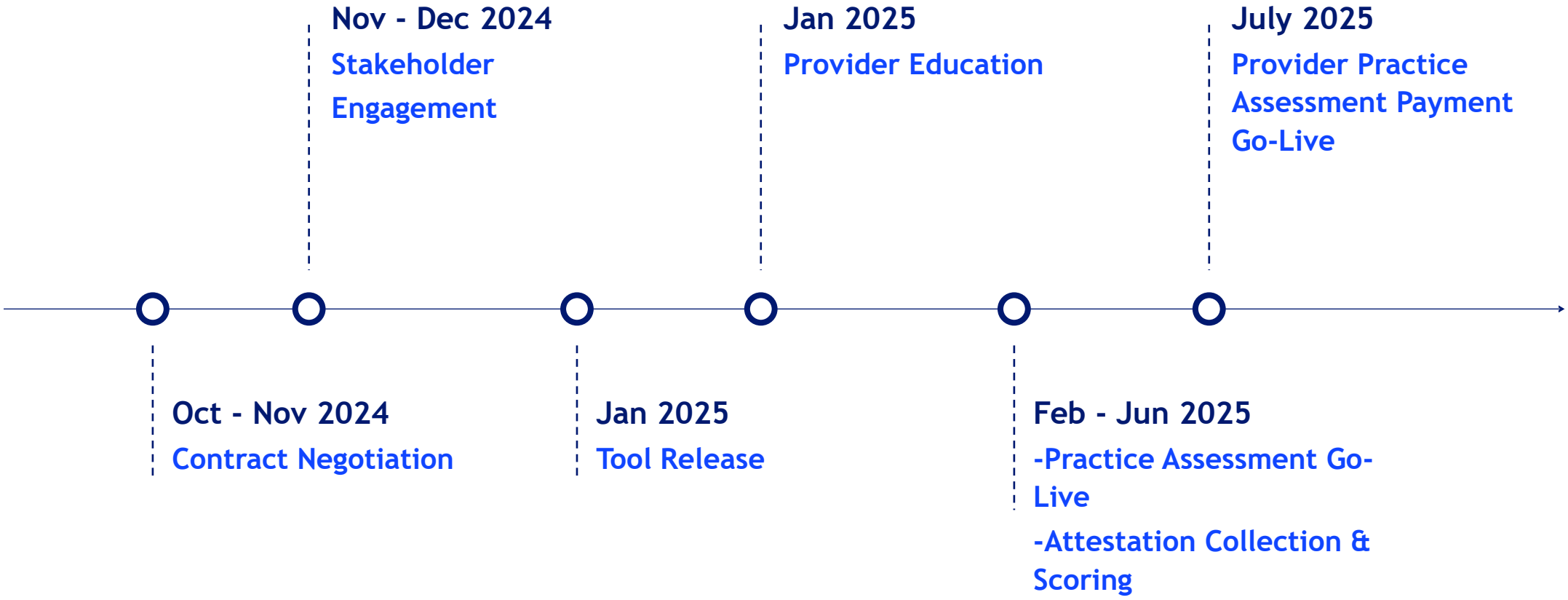
Integrated Behavioral Health

Offers an approach to make it easier for primary care patients to receive behavioral health care as needed.

Practice Assessment: Scoring and Calculation

- Scoring methodology:
  - To achieve Recognition, practices must meet **all core criteria for the tier** and **earn at least a specific point threshold to achieve Tier 2 or Tier 3**.
- Calculation:
  - Points-based system to determine tier placement for practices
  - If a PCMP declines to engage with a RAE, they won't receive the competency portion of the medical home payment.
- Assessment will take place annually:
  - Practices complete assessment attestation.
  - No documentation required at time of attestation, but may be required for validation by the RAE.
  - Practices may request RAE support in completing assessment.

Practice Assessment: Timeline



Access Stabilization Payment

- Stakeholders shared that there is a need for **simplicity** in our system, and **better support** for those who have been left behind by value-based payments (VBP).
- **Simplify** and modify current APM 2 PMPM structure.
  - Current model adds complexity & has left certain clinic types behind.
  - Shifting focus of 16% incentive to provide additional support to adopt VBP.
  - Subject to legislative approval.
- New **support for practices** providing access to critical primary care services.
  - A dedicated pool of funds targeted to specific types of providers (small clinics, rural, and pediatric PCMPs) who need additional support to succeed.

Access Stabilization Payment: Eligibility

Rural PCMPs

- Practices that operate counties classified as CEAC or Rural:
  - Total population lower than 50,000.
  - Population density is below 50 individuals per square mile.
- 115 rural PCMPs (14% of total PCMPs) representing 7% total members.

Small PCMPs

- Independent practices who are operating with one to five providers.
- 175 small PCMPs (23% of total PCMPs) representing 15% of total members.

Pediatric PCMPs

- Practices where **more than 80%** of the Health First Colorado members served are 0-18 years old.
- 130 pediatric PCMPs (15% of total PCMPs) representing 38% of pediatric members.

Note: providers that fall into more than one of these categories will only receive one access stabilization payment.

Discussion Questions

- What are your thoughts about this framework?
- What concerns do you have?
- What ways would the assessment change the ways your practice operates?
- In what ways do you think this will affect outcomes for Health First Colorado members?
- In what ways can this be improved?

Next Steps

Continued Engagement

- Future P&CE meeting:
  - Review draft Practice Assessment tool

- Continuing these conversations at other PIAC meetings:
  - PMME (Dec.): this conversation will focus on the **Quality Payments**
  - PIAC (Dec.): this conversation will cover the full PCMP Payment Structure

- We will continue to share engagement opportunities on our website and in our newsletter.

Thank you!