ACC Phase III: PCMP Payment Structure

Provider and Community Experience Subcommittee

Dec. 12, 2024

Presented by:

Helen Fraser, Quality Section Manager
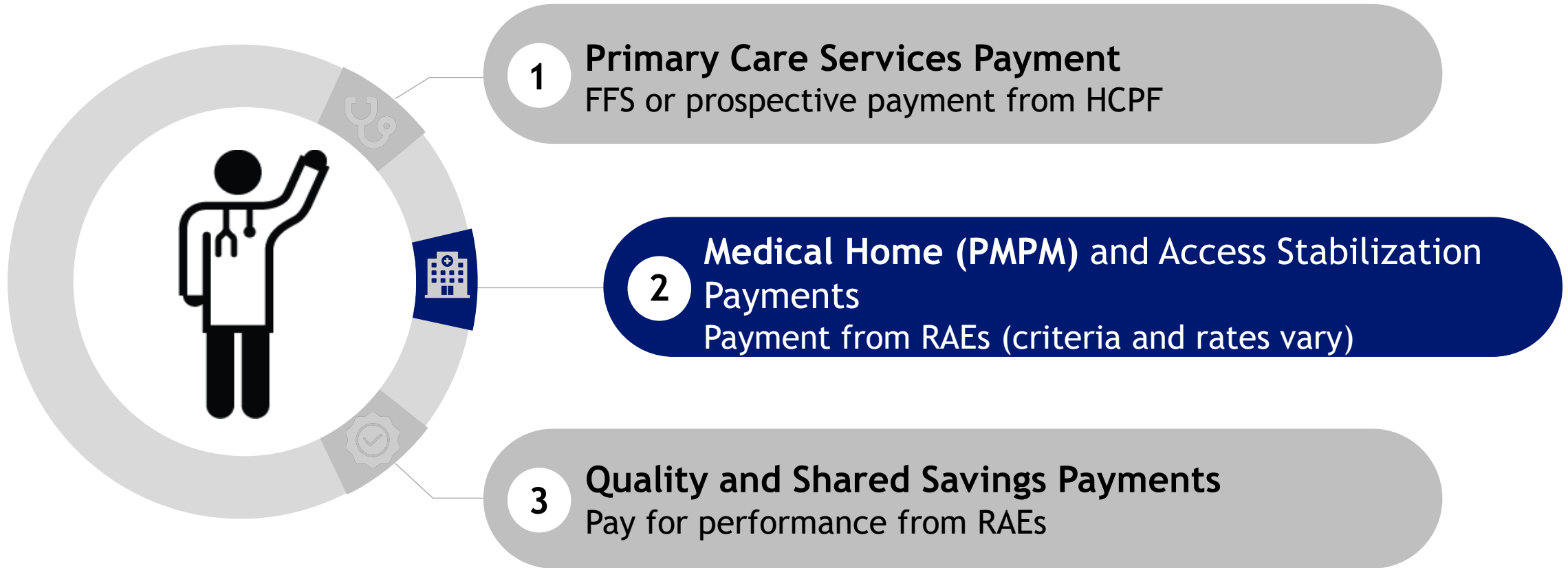
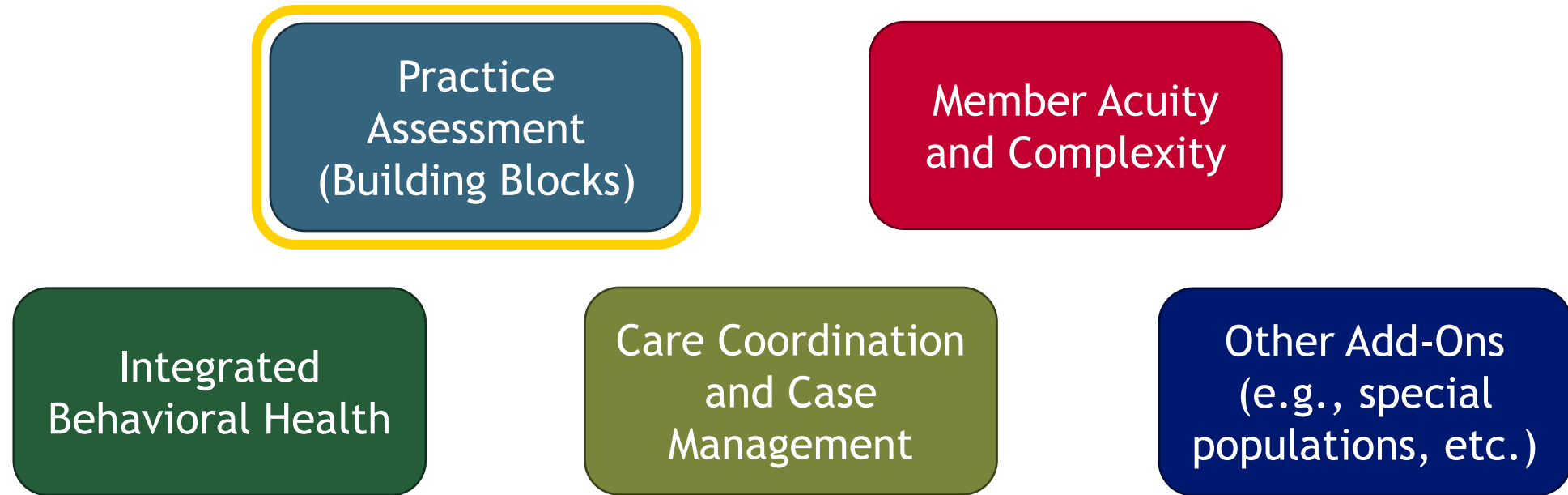Britta Fuglevand, Payment Reform Implementation Unit Supervisor

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Agenda

- Refresh PCMP Payment and Practice Assessments
- Review Practice Assessment tool

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

Components of the Medical Home (PMPM) Payment

Practice Assessment (Building Blocks)

Member Acuity and Complexity

Integrated Behavioral Health

Care Coordination and Case Management

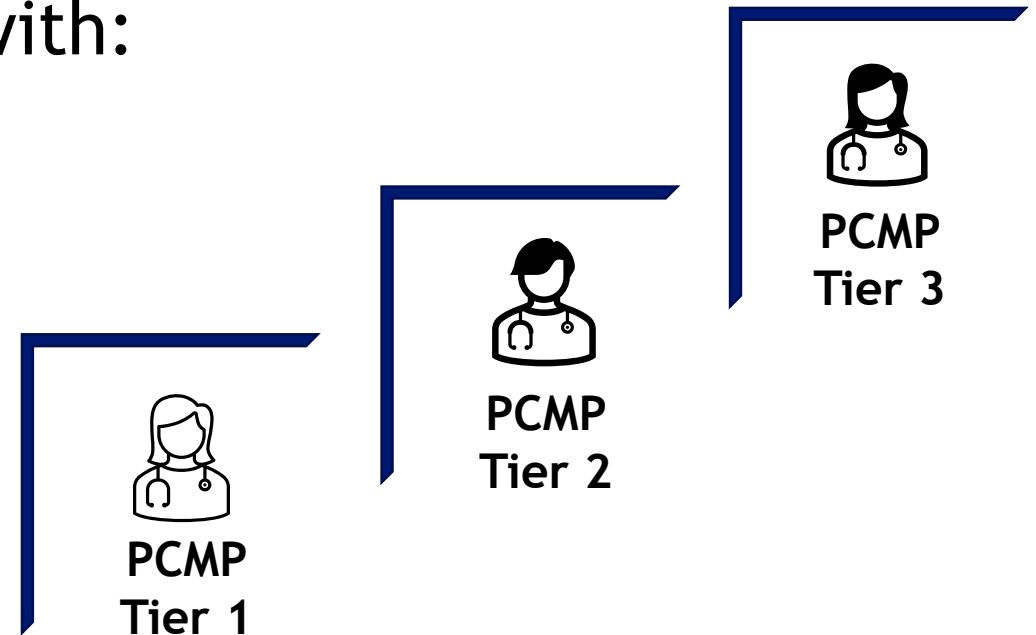Other Add-Ons (e.g., special populations, etc.)

Creating Standardization for Providers in ACC Phase III

- Standardize tiering by shifting from regional approach to **statewide practice assessment tool**.
  - ➢ All payers, including RAEs, use some form of assessment to determine provider payments.
  - ➢ Through a comprehensive review of literature, current RAE assessments and past programs (SIM building blocks), created a standardized tool.

Practice Assessment

- Three-tier assessment to determine practice capabilities along the continuum of advanced primary care and compensate them fairly.

- Assessment designed in alignment with:
  - ➢ CMS Make Care Primary model.
  - ➢ DOI Primary Care APM Regulation.
  - ➢ Bodenheimer building blocks.
  - ➢ Current RAE assessments.

- PCMH recognition will be counted towards tiering placement.

PCMP
Tier 3

PCMP
Tier 2

PCMP
Tier 1

RAE Roles and Responsibilities

RAE Roles & 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 PCMPs 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

Care Delivery Domain	Care Delivery Domain Description
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 & Family Engagement	Incorporates patient/family goals, preferences, and needs into practice activities and the care provided
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 & 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

*Distinction in Behavioral Health Integration is a way for practices to highlight where they excel beyond the standard Care Delivery Domains.

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

Point-based system will determine tier placement for practices.

Note: PCMPs that decline to engage with their RAE will not receive the practice assessment portion of the PMPM.

Frequency

Practices complete assessment attestation annually. Practices may be asked to provide supporting documentation to validate answers.

Practices can request RAE assistance in completing assessment.

Timeline

Nov - Dec 2024
Stakeholder Engagement

Feb - Jun 2025
-Practice Assessment Go-Live

-Attestation Collection & Scoring

Oct - Nov 2024
Contract Negotiation

Jan 2025
-Continue Stakeholder Engagement

-Provider Education

July 2025
Provider Practice Assessment Payment Go-Live

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Practice Assessment Tool

Four Components of Assessment Tool

Instructions Worksheet: This worksheet offers an overview of information that practices need to be aware of when completing the Practice Assessment Tool.

Questionnaire & Attestation Worksheet: This worksheet features a practice questionnaire and an attestation to confirm the accuracy of submitted information.

Scoring Summary Worksheet: This worksheet provides a detailed overview of the scores a practice has achieved across all criteria.

Care Delivery Domain Worksheets: These worksheets include detailed information about the criteria and require practices to indicate whether they have met each criteria or not.

Instructions Worksheet

Instructions Worksheet: This worksheet offers an overview of information that practices need to be aware of when completing the Provider Competency Assessment Tool

Worksheet Sections

Introduction: A high-level overview of the Tool and its role in determining payments

Timeline: Key milestones for the Provider Competency Assessment, including submission and audit deadlines

Definitions: Key terms and definitions used throughout the Tool

Directions: Step-by-step instructions on how practices complete the Tool

Submission: Guidance on how practices submit the completed Tool

Audit Process: An overview of the audit process, including details on how practices are selected for audit

Questions: Contact information for HCPF or the RAE for any inquiries

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Instructions - Example

	A	B	C
1	**Colorado Department of Health Care Policy and Finance**		
2	**Practice Assessment Tool**		
3	**Instructions for Providers**		
4	SFY2025		
5			
6	**Introduction**		
7	The Provider Competency Assessment Tool (this Excel file) serves as the mechanism for practices to attest to meeting select criteria that are aligned to core primary care competencies. Based on providers' responses, practices obtain a score, dictating which tier they fall under (Tier 1, 2, or 3). Tier 1 practices are beginning their transformation journey, while Tier 3 practices reflect the competencies of a more advanced practice. This practice competency tier, as well as the complexity of members served, will impact compensation received by each practice.		
8			
9	**Timeline**		
10	- Annual attestation released: [insert date]		
11	- Annual attestation due: [insert date]		
12	- Notification of selection in audit: [insert date]		
13	- Audit documentation due: [insert date]		
14	- Notification of audit results: [insert date]		
16	**Directions**		
17	1) Read the Instructions tab (this tab) in detail.		
18	2) Navigate to the Information & Attestation tab. Fill out Section 1 (Practice Information) in full. Please note, if your practice is National Committee for Quality Assurance (NCQA) Patient Centered Medical Home (PCMH) or Behavioral Health Integration Distinction Certified, skip step 3 below.		
19	3) Navigate to each Care Delivery Domain tab (tabs labeled 1 to 10) and read through the information. Fill out the Response column (column F) by selecting Yes or No from the drop-down for each criteria. Please do **not** fill out any other columns in the Care Delivery Domain tabs, as the Points Received will automatically calculate based on the Yes/No response in column F.		
	4) Navigate to the Scoring Summary tab. Please do **not** fill out anything in this tab, as the total points will		

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Questionnaire & Attestation Worksheet

Questionnaire & Attestation Worksheet: This worksheet features a practice questionnaire and an attestation to **confirm the accuracy** of submitted information

Worksheet Sections

Practice Information: Captures key information that the HCPF would want to know about the practice, including the questions regarding:
- **Demographics:** Ensure RAE and HCPF records are up to date
- **NCQA Certifications**, Helps determine if a practice automatically qualifies for at least Tier 2.
- **Integrated Care Model(s) Offered**: Inform Integrated Care PMPM

Attestation: Area for practices to certify the accuracy and completeness of their responses and acknowledge possible audits and the need for supporting documentation

Questionnaire and Attestation - Example

6	**Section I: Practice Questionnaire**
7	PCMP ID:
8	Practice Name:
9	Practice Street Address:
10	Practice City:
11	Practice Zip Code:
12	Practice County:
13	Practice Tax ID:
14	Name of Authorized Practice Representative:
15	Practice Representative Phone Number:
16	Practice Representative Email:
17	
18	The practice National Committee of Quality Assurance (NCQA) Patient Center Medical Home (PCMH) recognition:
19	☐ Yes
20	☐ No
21	
22	The practice an NCQA Behavioral Health Integration Distinction Certified:
23	☐ Yes
24	☐ No
25	
26	**Section II: Practice Attestation**
	On behalf of my practice, I have reviewed the submitted the information and certify that it is true, accurate, and complete. Our practice has an internal validation review process which has been completed.

Scoring Summary

Scoring Summary Worksheet: This worksheet provides a detailed overview of the scores a practice has achieved across all criteria

Worksheet Sections

Automatic Point Transfer: The points in this spreadsheet are directly sourced from the Care Delivery Domain worksheets. To modify the points, it can be done within the Care Delivery Domain worksheets.

Tier Adjustment: The tier will automatically calculate based on the points achieved throughout the Assessment, the scoring of the Must Pass Elements, and NCQA Certification

Must-Pass Criteria: If a practice does not meet all must-pass criteria, the current formula automatically assigns the practice to appropriate tier.

Scoring Complexity: Criteria will be scored with 1, 2, or 3 points, where 1 point represents the entry level capabilities and 3 points represent the most advanced capabilities.

NCQA: If the practices has NCQA Certification, the scoring will automatically update the practice to the appropriate tier.

Domain and Criteria Specific Scoring: The worksheet details out the Practice's performance on each Care Domain and Criteria for quick reference

Scoring Summary Example

8	**Practice Designated Tier Based on Points Received:**		**Tier 1**	
9				
10	**Physical Health Care Delivery Domain**	**Number of Criteria Passed**		**Number of Criteria**
11	TOTAL NUMBER OF MUST PASS CRITERIA:	-		6
12	**Physical Health Care Delivery Domain**	**Points Received**		**Points Available**
13	TOTAL POINTS:	TBD		TBD
14				
15	**NCQA PCMH Certified**	TBD		TBD
17	**1. Leadership (1 Criteria)**			
18	**Attribute: Practice Leadership for Quality Improvement Initiatives**			
19	1.1.1 Deploys a quality improvement champion	-		Must Pass
20	**2. Data Driven Quality Improvement (4 Criteria)**			
21	**2.1 Quality Measure Tracking and Assessment**			
22	2.1.1 Tracks performance on quality metrics	-		Must Pass
23	**2.2 Quality Improvement Implementation**			
24	2.2.1 Improves quality using data	-		TBD
25	2.2.2 Has a quality improvement team	-		TBD
26	**2.3 Data Collection**			
27	2.3.1 Connects to Health Information Exchange	-		TBD
28	**3. Empanelment (2 Criteria)**			
29	**3.1 Personal Clinician Assignment: Assigns patients to a clinician that is accountable for patient's care.**			
30	3.1.1 Process to assign patients to clinician	-		TBD

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Care Delivery Domains

Care Delivery Domain Worksheets: These worksheets include detailed information about the criteria and require practices to indicate whether they have met each criteria or not

Worksheet Sections

Criteria: The high-level Care Delivery function that HCPF is determining whether a Practice completes or not. For example, "Personal Clinician Assignment: Assigns patients to a clinician that is accountable for patient's care."

- The Care Delivery Function has further subsets of criteria (e.g., criteria might read, "Does the practice have a process to assign patients to a specific clinician, prioritizing patient preference when applicable?"

Evidence: Describes the proof required to demonstrate performance against each criteria. Practices selected for verification must share this evidence for each criterion marked with a "Yes" response

- Evidence is NOT required to be submitted with Practice Attestation

Shared or Site-Specific: Indicates whether criteria and can be met at organization level or must be met at site-specific level

Response (Yes/No): A column for practices to a indicate whether they have met each criteria

Points Received: This column automatically populates based on a practice's response and points available

Points Available: A column indicating how many points are available for each criteria or whether the criteria is Must Pass

Care Delivery Domain - Example

3. Empanelment: Assigns patients to primary care providers and teams.

ID	Criteria	Evidence	Shared or Site-Specific
3.1 Personal Clinician Assignment: Assigns patients to a clinician that is accountable for patient's care.			
3.1.1	Does the practice have a process to assign patients to a specific clinician, prioritizing patient preference when applicable?	- Documented policy, procedure, or workflow	Site-Specific
3.1.2	Is more than 75% of the practice panel assigned to a specific clinician or care team[1]?	- Report or demonstration	Site-Specific

Note (1): Care teams are collaborative groups of healthcare professionals and support staff who work together to provide comp teams should be approved by the RAE.

Response (Yes/No)	Points Received	Points Available
	-	TBD
	-	TBD

rehensive, patient-centered care. If the practice assigns larger care teams, these

Assessment Specific Questions

- What information do you need more clarification on?
- What do you think of the combination of Must Pass and Points Scoring?
- What kind of format would be easiest for your practice to use to complete this assessment (e.g., Survey Monkey, PDF, Excel, DocuSign etc.)?
- What resources will your practice need to complete the assessment?

Follow Up Discussion Questions

- What are your thoughts about this framework?

- What concerns do you have?

- What ways would the assessment change how your practice operates?

- In what ways can this be improved?

Next Steps

Feedback on the Practice Assessment Tool

- We will email the draft Practice Assessment tool (currently in Excel) to P&CE voting members
  - Please review the tool and provide feedback **by 12/31**
  - Email your feedback to HCPF_ACC@state.co.us
  - We plan to discuss feedback received at the 1/9 meeting

- Email Feedback Questions:
  - How long would it take your practice to complete this assessment?
  - What do you think is missing from this assessment tool?
  - What questions or issues did you have after testing this tool?
  - Any additional feedback on discussion questions, after consulting with SMEs in your clinic.

Thank you!

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