Aligning on CPC+ Quality Measurement from a Medicaid Perspective

Virtual Session

Primary Care Payer Action Collaborative

April 11, 2018

1:00-2:30 pm (EST)

Session Objectives

- Explore the ways in which CPC+ participating state Medicaid agencies have implemented quality measurement approaches with CPC+ practices, including how they have approached alignment with Medicare and across payers and how/if they are adjusting measures to address key Medicaid populations that may not be captured in Medicare measures.

Speakers:

- Dr. Perry Payne, CPC+ Quality Lead, CMS Center for Medicare & Medicaid Innovation
- Dr. William Golden, Medical Director, Arkansas Department of Human Services; and Anne Santifer, PCMH Program Administrator, Arkansas Department of Human Services
- Melinda Thomason, Director of Health Care Systems Innovation, Oklahoma Health Care Authority; and Becky Pasternik-Ikard, Chief Executive Officer, Oklahoma Health Care Authority
- Dr. Judy Zerzan, Chief Medical Officer, Colorado Department of Health Care Policy and Financing; Nicole Nyberg, Quality and Health Improvement Supervisor, Colorado Department of Health Care Policy and Financing; and Morgan Anderson, Health Policy Analyst, Program Innovation Section, Colorado Department of Health Care Policy and Financing

I. CMS Recap of CPC+ Quality Requirements

- CMS measures practice performance in four buckets:
    1. Utilization Measures
    2. Patient Experience of Care Survey (CAHPS)
    3. Electronic Clinical Quality Measures (eCQMs): Highly dependent on vendors working with practices to capture necessary data to assess practices on measures.
        i. All practices have to report eCQMs to CMS, which inform the performance based incentive payment for Tracks 1 and 2 (but not for practices also participating in ACOs), and more broadly inform practice transformation.
        ii. eCQMs are unique in that they are assessed at the practice level, rather than the provider level.
        iii. For 2018, practices must report nine of 19 measures from the CPC+ eCQM set (two outcome measures and seven other measures, at minimum).
    4. Patient Reported Outcome Measure: CMMI is in the early stages of this effort, which will be specific to Track 2 practices.
- CMS is always interested in working with Medicaid agencies and other payers with quality alignment and ways to address the reporting burden.

II. Discussion of CPC+ Quality Measurement and Reporting Strategies in 3 Participating State Medicaid Programs:

Arkansas

- Arkansas has been involved in payment transformation efforts since 2011. The State's PCMH model was established in 2014 and now has 85% of the eligible Medicaid population in a

voluntary medical home. The PCMH model includes: (1) Practice support (risk adjusted PMPMs); and (2) Shared savings. Shared savings eligibility has been based on total cost of care and passing 2/3 of quality metrics, but Arkansas is considering following CMS' direction in CPC+ and using surrogate measures of utilization rather than total cost of care.

- Arkansas' CPC+ multi-payer group, including Blue Cross Blue Shield and several other payers in the State, meets regularly and has worked very intensively over several years on alignment, including aligned reports and a common portal.
- Arkansas payers are very interested in getting to all-payer eCQMs as a measurement strategy, working with the HIE, to alleviate provider burden and take a whole-population approach. Arkansas Medicaid has followed CMS and required all practices to report eCQMs; however, the data is not yet reliable – certainly not reliable enough to hang payment on eCQM scoring relative to benchmarks ("*it's more Jackson Pollock than Van Gough*").
- Arkansas Medicaid's measure set is on slide 26. Process measures are administratively least burdensome to the practices. Consumer-based measures provide good insight, but are challenging to collect and resource intensive. The PCMH program only has upside shared savings based on scoring; however, practices that do not meet the requirements for program and the transformation goals can be excluded from the program and lose the PMPM. Currently, scoring is not publicly transparent; however, the State is hoping to change this and introduce "medical report cards."

Oklahoma

- SoonerCare is the Oklahoma's Medicaid program. The State's primary Medicaid delivery system is the PCMH model, SoonerCare Choice. Additionally, three Health Access Networks (HANs) operate under Section 1115 waiver authority and provide care management/care coordination. The HANs have demonstrated a decrease in total cost of care.
- The State does not require CPC+ practices to report any Medicaid-specific quality measures for CPC+. Instead, Medicaid has worked closely with the multi-payer group in Oklahoma to select aligned measures.
- The MyHealth HIE is a multi-payer platform that allows a high degree of data sharing between practices and payers. All multi-payer measures selected by the Oklahoma group are EHR measures and many (slide 38) can be collected via MyHealth. The HIE provides an OHCA view as a payer, as well as views based on other payers. The State is still learning more about how practitioners use MyHealth. David Kendrick and his staff (MyHealth) go on-site to help practitioners with the MyHealth tool.
- Looking back, the transition to EHRs and eCQMs has been challenging for the State, but the implementation of MyHealth has been very well received. Oklahoma views MyHealth as a valuable tool to ultimately measure outcomes. However, like Arkansas, Oklahoma Medicaid does not yet hang any payment incentives on performance as measured by eCQMs and continues to rely on claims measures.
- Oklahoma is currently working on improvements to the PCMH model, including new measures to tie payment more closely to patient engagement and outcomes. The State plans to continue reliance on claims measures to reduce the burden for providers. A potential quality improvement dashboard in the works would build on the lessons learned in CPC+.
- The Oklahoma team feels optimistic about progress in CPC+. Through CPC+, states have become very engaged in multi-payer reform efforts and using data to achieve transformation. In spite of everything else practices are required to do, they are still committed. The State is seeing a change in the way care is delivered.

Colorado

- Colorado Medicaid (now rebranded as Health First Colorado) has the Accountable Care Collaborative (ACC) as its base delivery system. As part of the ACC, there are Regional Care Collaborative Organizations (RCCOs) that provide care management under a "managed fee for service" payment structure. RCCOs are soon to be called Regional Accountable Entities (RAEs) and will now be held accountable for both primary care and behavioral health care.
- Both CPC and SIM are well established in Colorado, both of which promote advanced primary care. Additionally, the Primary Care Alternative Payment Model (APM) is a new program aiming to shift incentives from volume to value.
- As in Arkansas and Oklahoma, Colorado's main effort has been to align across Colorado payers, which has been catalyzed by both CPC and SIM. Eight payers as well as Medicare and Medicaid currently make up the multi-payer collaborative in Colorado.
- Colorado's measure selection process included asking payers to provide the facilitator with all of their measures (i.e. MACRA, SIM, CPC+, Adult and Child Core Set); the facilitator then identified those with the most alignment.
- While Colorado has some eCQMs, the Medicaid program has no way to collect eCQM data from all providers at this time, despite CPC+ and SIM eCQM efforts. The other CPC+ measures are claims based, but not specific to Medicaid. SIM has created a portal collection tool; Colorado is considering expanding this tool for The Primary Care APM and CPC+, but there is a lot of variation in the data (as in Arkansas and Oklahoma).
- Colorado relies on PCMH CAHPS using a piecemeal approach whereby SIM surveys some practices and CPC+ others.
- The New Primary Care APM is the first step towards a Track 2-like payment model in Medicaid. There are 60 measures with varying amounts of points attached. The measures are aligned with CPC, SIM, and the PCMH model, and the goal is for practices to "close the gap" between their own performance and the state goal by 10%, beginning July 2020.