

Primary Care Payer Action Collaborative (PAC)

Aligning on CPC+ Quality Measurement from a Medicaid Perspective



If you require technical assistance, please contact
Kristian Motta at kmotta@rippleeffect.com.

April 11, 2018
1:00 – 2:30 PM ET

Welcome and Introductions

Logistics

Two-step log in process:

1. Use the ReadyTalk link provided
2. Dial-in for audio using the number listed in the invite

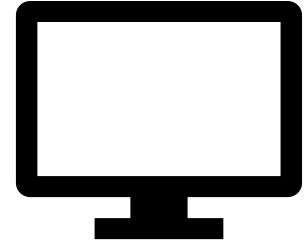
U.S. Toll: 303-248-0285

Access Code: 2712000

We encourage participants to ask questions by phone or in the chat box.

Please manage your own mute button on your phone and computer.

Lines will be left open.



Welcome



Edith Coakley Stowe
Senior Manager
Manatt Health (DC)



Susan Stuard
Independent Consultant (NY)



Dori Glanz Reyneri
Senior Manager
Manatt Health (DC)



Kaylee O'Connor
Consultant
Manatt Health (DC)

Curriculum, Topics and Calendar

5

Risk Adjustment
and Year-End
Reconciliation

February 7, 2018



Constructing
the Alternative-
to-Fee for
Service
Payment

February 28, 2018



Practice
Engagement

March 12, 2018



Medicaid Lab

Today!

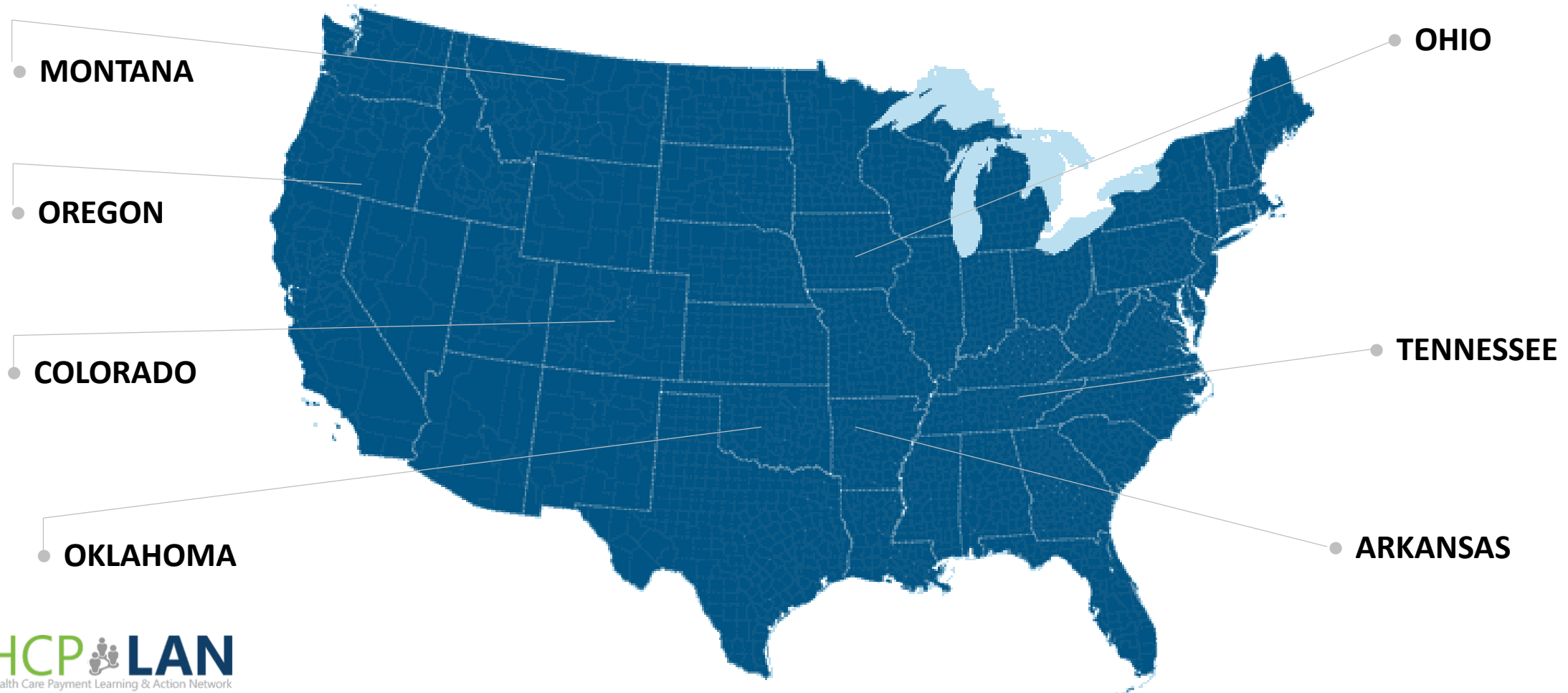


Claims
Processing
System Re-
Configuration

April 18, 2018

Medicaid Payers Participating in CPC+

CPC+ includes a mix of Medicaid FFS and Medicaid Managed Care payers spanning 11 regions; 7 Medicaid Agencies are participating in the model. And, more than half of the participating payers in CPC+ offer a Medicaid Managed Care line of business.



Today's Objective

- 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
 - How/if they are adjusting measures to address key Medicaid populations that may not be captured in Medicare measures
 - How they are collecting and handling data from practices

Today's Agenda

8

Timeframe (EST)		Topic	Facilitators/Presenters
1	1:00-1:10	Reminder of PAC, Interactive Polling, and Today's Objective	<i>Edith Stowe</i>
2	1:10-1:20	Brief Update on CPC+ Quality Requirements and Guidelines	<i>Dr. Perry Payne, CMMI</i>
3	1:20-2:25	<p>Experiences and Learning from Select Medicaid CPC+ Track 2 Participating States</p> <ul style="list-style-type: none"> • Background on CPC+ and Primary Care Reform • Medicaid CPC+ and Quality Measure Selection • Medicaid CPC+ and Quality Measure Reporting and Collection 	<p><i>Arkansas</i> <i>Oklahoma</i> <i>Colorado</i></p>
4	2:25-2:30	Interactive Polling	<i>Edith Stowe</i>

Interactive Polling

Polling Question #1a:

10

Which CPC+ Region are you from?

- a) *Arkansas*
- b) *Buffalo (2018 Start)*
- c) *Colorado*
- d) *Hawaii*
- e) *Kansas City*
- f) *Louisiana (2018 Start)*
- g) *Michigan*
- h) *Montana*
- i) *Nebraska (2018 Start)*
- j) *New Jersey*



Polling Question #1b:

11

Which CPC+ Region are you from?

- a) *North Dakota (2018 Start)*
- b) *Hudson/N Capital NY*
- c) *Ohio/N Kentucky*
- d) *Oklahoma*
- e) *Oregon*
- f) *Philadelphia*
- g) *Rhode Island*
- h) *Tennessee*
- i) *Payer in multiple regions*



Antitrust Statement

PAC Participants agree that all activities are in compliance with federal and state antitrust laws. In the course of discussion, **no financial information from payer participants will be shared with other payers or the general public.**

During meetings and other activities, including all formal and informal discussions, each payer participant will refrain from discussing or exchanging information regarding any competitively sensitive topics. Such information includes, but is not limited to:

- ✓ PMPM
- ✓ Shared savings or incentive payments
- ✓ Information about market share, profits, margins, costs, reimbursement levels or methodologies for reimbursing providers, or terms of coverage

Brief Update on CPC+ Quality Requirements and Guidelines

Today's Speakers: Dr. Perry Payne

14



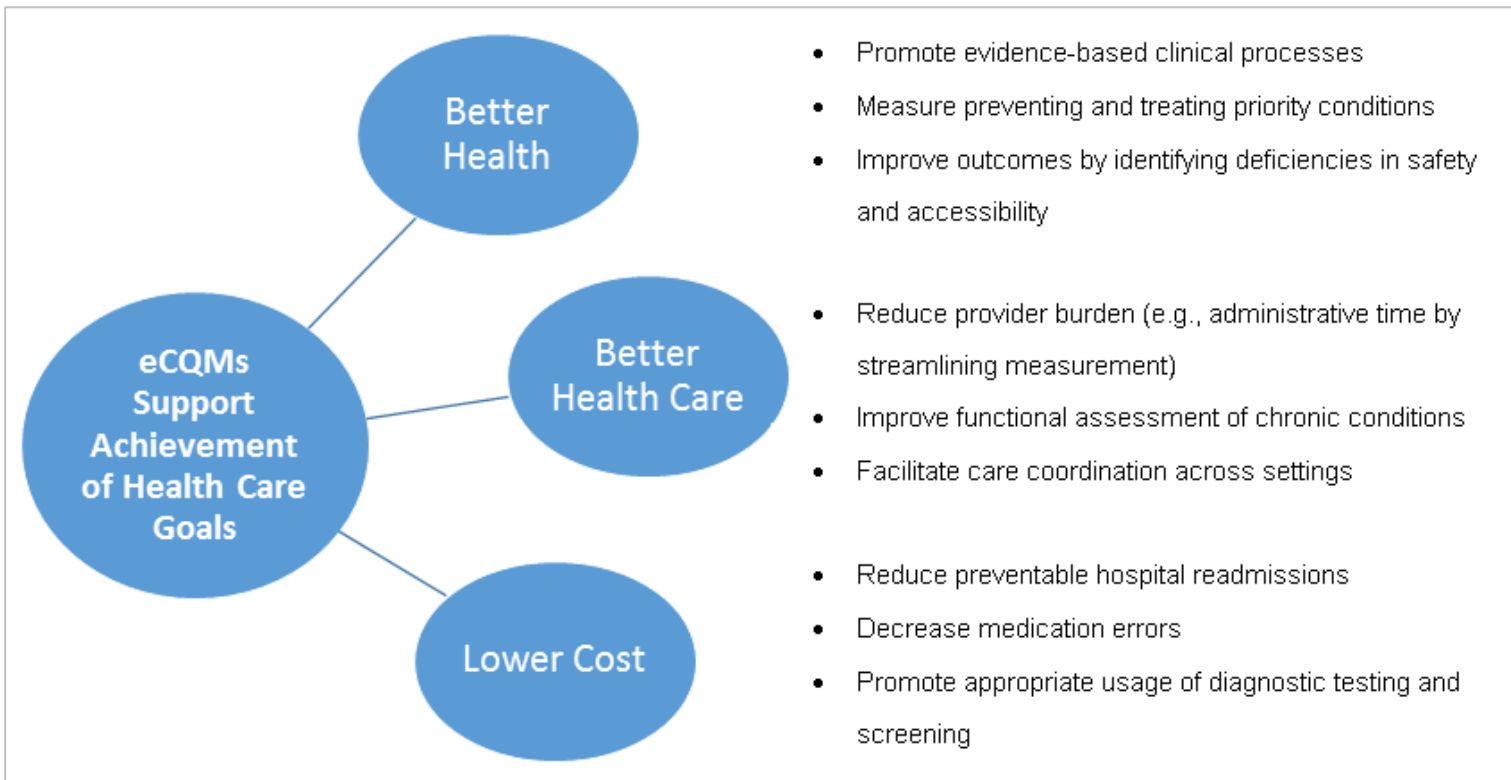
Dr. Perry Payne
CPC+ Quality Lead
Center for Medicare & Medicaid Innovation

CMS CPC+ Practice Quality Reporting Requirements

- Utilization Measures (NCQA HEDIS measures)
 - Inpatient Hospitalization Utilization
 - Emergency Department Utilization
- Patient Experience of Care – Survey based on Consumer Assessment of Healthcare Providers and Systems (CAHPS) Clinician and Group Patient-Centered Medical Home Survey 3.0
- Clinical Quality – Electronic Clinical Quality Measures (eCQMs)
- Patient Reported Outcome Measure – Track 2 Only

CMS CPC+ Practice eCQM Reporting Requirements

- All participating practices must report eCQMs in the CMS CPC+ measure set
- Use of eCQMs allows a whole-practice view and aligns practice's internal quality improvement work with quality measurement by CMS



Selecting eCQMs for CPC+ 2018 Measurement Period

- For the 2018 Measurement Period, practices must select and successfully report **9 of the 19** measures from the 2018 CPC+ eCQM set
- Practices are *strongly* encouraged to obtain the technology and necessary configuration so that they have the ability to report more than the 9 required measures; however, practices are only required to report 9 measures.

2018

Practices must select:

- ✓ Both Outcome Measures from Group 1
- ✓ At Least 7 Other Measures from Group 2

2018 eCQM Set

CMS ID#	NQF#	Measurement Title	Measure Type/ Data Source	Domain
Group 1: Outcome Measures – Practices Report Both Outcome Measures				
CMS 165v6	0018	Controlling High Blood Pressure	Outcome/eCQM	Effective Clinical Care
CMS 122v6	0059	Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)	Outcome/eCQM	Effective Clinical Care
Group 2: Other Measures – Practices Report at Least 7 Other Measures				
Cancer				
CMS 125v6	2372	Breast Cancer Screening	Process/eCQM	Effective Clinical Care
CMS 130v6	0034	Colorectal Cancer Screening	Process/eCQM	Effective Clinical Care
CMS 124v6	0032	Cervical Cancer Screening	Process/eCQM	Effective Clinical Care
Diabetes				
CMS 131v6*	0055	Diabetes: Eye Exam	Process/eCQM	Effective Clinical Care
CMS 134v6	0062	Diabetes: Medical Attention for Nephropathy	Process/eCQM	Effective Clinical Care
Care Coordination				
CMS 50v6	N/A	Closing the Referral Loop: Receipt of Specialist Report	Process/eCQM	Communication and Care Coordination
Medication Management				
CMS 156v6	0022	Use of High Risk Medications in the Elderly	Process/eCQM	Patient Safety
Mental Illness/Behavioral Health				
CMS 2v7	0418	Preventive Care and Screening: Screening for Depression and Follow-Up Plan	Process/eCQM	Community/Population Health
CMS 160v6	0712	Depression Utilization of the PHQ-9 Tool	Process/eCQM	Effective Clinical Care
CMS 149v6	2872	Dementia: Cognitive Assessment	Process/eCQM	Effective Clinical Care
Substance Abuse				
CMS 138v6	0028	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	Process/eCQM	Community/Population Health
CMS 137v6	0004	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	Process/eCQM	Effective Clinical Care
Safety				
CMS 139v6	0101	Falls: Screening for Future Fall Risk	Process/eCQM	Patient Safety
Infectious Disease				
CMS 147v7	0041	Preventive Care and Screening: Influenza Immunization	Process/eCQM	Community/Population Health
CMS 127v6	N/A	Pneumococcal Vaccination Status for Older Adults	Process/eCQM	Community/Population Health
Cardiovascular Disease				
CMS 164v6	0068	Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet	Process/eCQM	Effective Clinical Care
CMS 347v1	N/A	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	Process/eCQM	Effective Clinical Care

The full CPC+ eCQM Set for the 2018 measurement period is accessible online at:
<https://innovation.cms.gov/Files/x/cpcplus-qualityrptpy2018.pdf>

Arkansas Department of Human Services



Today's Speakers: Arkansas Department of Human Services

20



Dr. William Golden
Medical Director
Arkansas Department of Human Services



Anne Santifer
PCMH Program Administrator
Arkansas Department of Human Services



AR: Overview of CPC+ & Primary Care Reform Efforts

21

Arkansas Health Care Payment Improvement Initiative (AHCPII) is a multi-payer, statewide system designed to transition Arkansas to a patient-centered health care system that embraces the triple aim.



AHCPII is led by the Arkansas Department of Human Services' Medicaid Program, ARMedicaid.



AR has a voluntary PCMH model that began in 2014. It includes 200+ practices, 950+ PCPs, and more than 85% of the eligible Medicaid population. AR has additional primary care reform models including: the Inpatient Quality Incentive (2007); Journey (2011); and Episodes of Care (2012).



AR has 182 participating practices.

77 are Track 1 practices of which 59 are ARMedicaid.

105 are Track 2 practices of which 86 are ARMedicaid.

AR has 689 primary care clinicians.

Statewide payer CPC+ participants include: AR Medicaid; AR Blue Cross Blue Shield; AR Health and Wellness Solutions; AR Superior Select; HealthSCOPE Benefits; and QualChoice.

CPC+ has focused largely on: access and continuity; care management; comprehensiveness and coordination; patient and caregiver engagement; planned care and population health; and provider reporting and health IT requirements.



AR: Overview of CPC+ & Primary Care Reform Efforts

22

Enrollment in PCMH gives providers and practices access to a great deal of support mechanisms to support their continued commitment to achieving PCMH's goals.

Practice Support

Invest in primary care to improve quality and cost of care for all beneficiaries through:

- Care coordination
- Practice transformation



Shared Savings

Reward high quality care and cost efficiency by:

- Focusing on improving quality of care
- Incentivizing practices to effectively manage growth in costs
- To **qualify**, a practice must pass 2/3 of the metrics on which they are being measured

Arkansas also provides performance reports and patient panel information to enable improvement. Plans for 2018 include efforts around: (1) Clinical data enterprise; (2) EHR data; (3) Co-location of behavioral health; and (4) medical neighborhood reports.

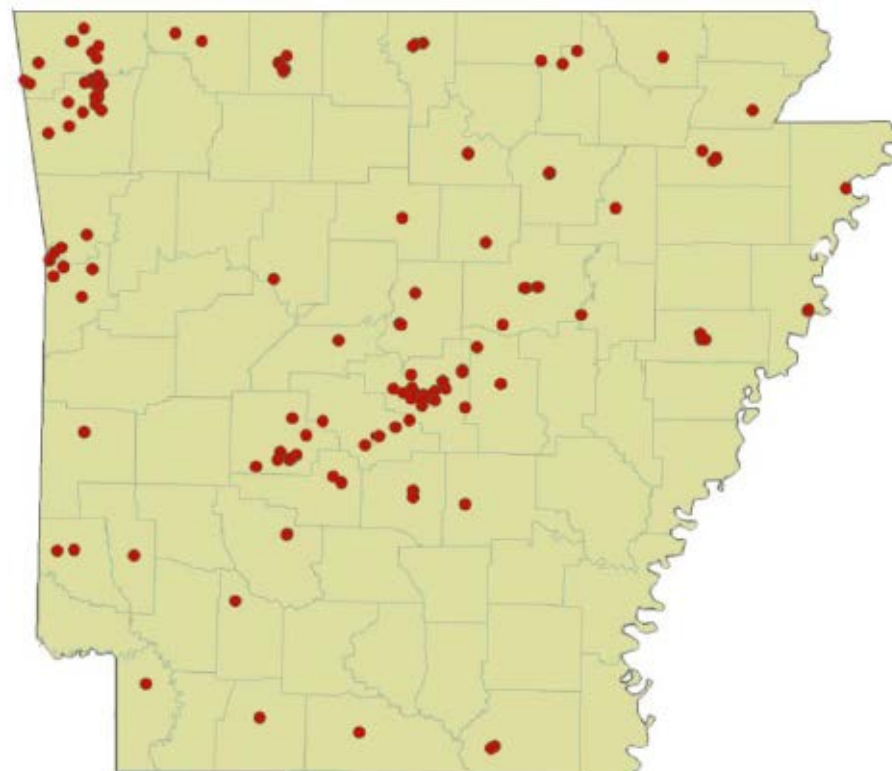


AR: Overview of CPC+ & Primary Care Reform Efforts

Of the 182 clinics enrolled in CPC+, 105 are in Track 2.

Among the 207 clinics enrolled in the State's PCMH program, 145 clinic states include CPC+ providers.

Clinics Participating in CPC+





AR: Overview of CPC+ & Primary Care Reform Efforts

24

What is Arkansas' primary care quality strategy?

- Structure, Process, Outcome ... Improvement?
- Consumer vs. Facility vs. Provider
- Accountability vs. Improvement
- Financial Rewards vs. Penalties
- Reporting vs. Performance
- Thresholds vs. Improvement
- Administrative vs. Clinical Data
- Feasible? Actionable? Reliable?

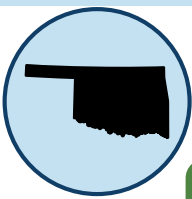


AR: Quality Measure Selection

25

How did Arkansas select Medicaid quality measures for CPC+?

- Payers agreed to a single common set of payer measures
 - Most measures align with the private payers
 - 4 measures are eCQM All Payer
 - 13 measures are Medicaid specific
 - The majority of measures are claims based
- Participants include Medicaid, private payers, and some self insured employers
- Medicaid has been meeting with payers several times a month for several years
- Payers share data (not databases) and common metrics



AR: Quality Measure Selection

What are the Arkansas CPC+ Quality Measures?

Measures

PCP Visits

Infant
Wellness

Child Wellness

Adolescent
Wellness

Eye Exam

Asthma

ADHD

URI

HbA1c

ODA

Diabetes on
Statin

Xanax

Medication
Therapy

Controlling BP

BMI

HbA1c Poor
Control

Tobacco Use

Measure	Medicaid Specific?	Type
PCP Visits	Yes	Claims-based
Infant Wellness	Yes	Claims-based
Child Wellness	Yes	Claims-based
Adolescent Wellness	Yes	Claims-based
Eye Exam	Yes	Claims-based
Asthma	Yes	Claims-based
ADHD	Yes	Claims-based
URI	Yes	Claims-based
HbA1c	Yes	Claims-based
ODA	Yes	Claims-based
Diabetes on Statin	Yes	Claims-based
Xanax	Yes	Claims-based
Medication Therapy	Yes	Claims-based
Controlling BP	All payer	eCQM
BMI	All payer	eCQM
HbA1c Poor Control	All payer	eCQM
Tobacco Use	All payer	eCQM



AR: Quality Measure Reporting and Collection

27

How does Arkansas collect and report Medicaid quality measures for CPC+?

- Overview of existing reporting infrastructure and how it is working
- Medicaid's use of the BCBS data portal
- Plans for moving towards use of eCQMs this year (depending on ONC/federal action)
 - Measures will be “informational” in the first year and would not be tied to a payment
- Overview of challenges that Arkansas has faced



AR: Provider Portal



Health Care Payment Improvement Initiative

Building a Healthier Future for all Arkansans

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Provider Portal

Hospitals, Physician practices, mental health professionals and other providers can enter quality data and access their quality reports. Here you will find more information and links to the portal.

[Learn More >](#)

Want more details on changing Medicaid regulations? Click here.



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A H I N

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Questions

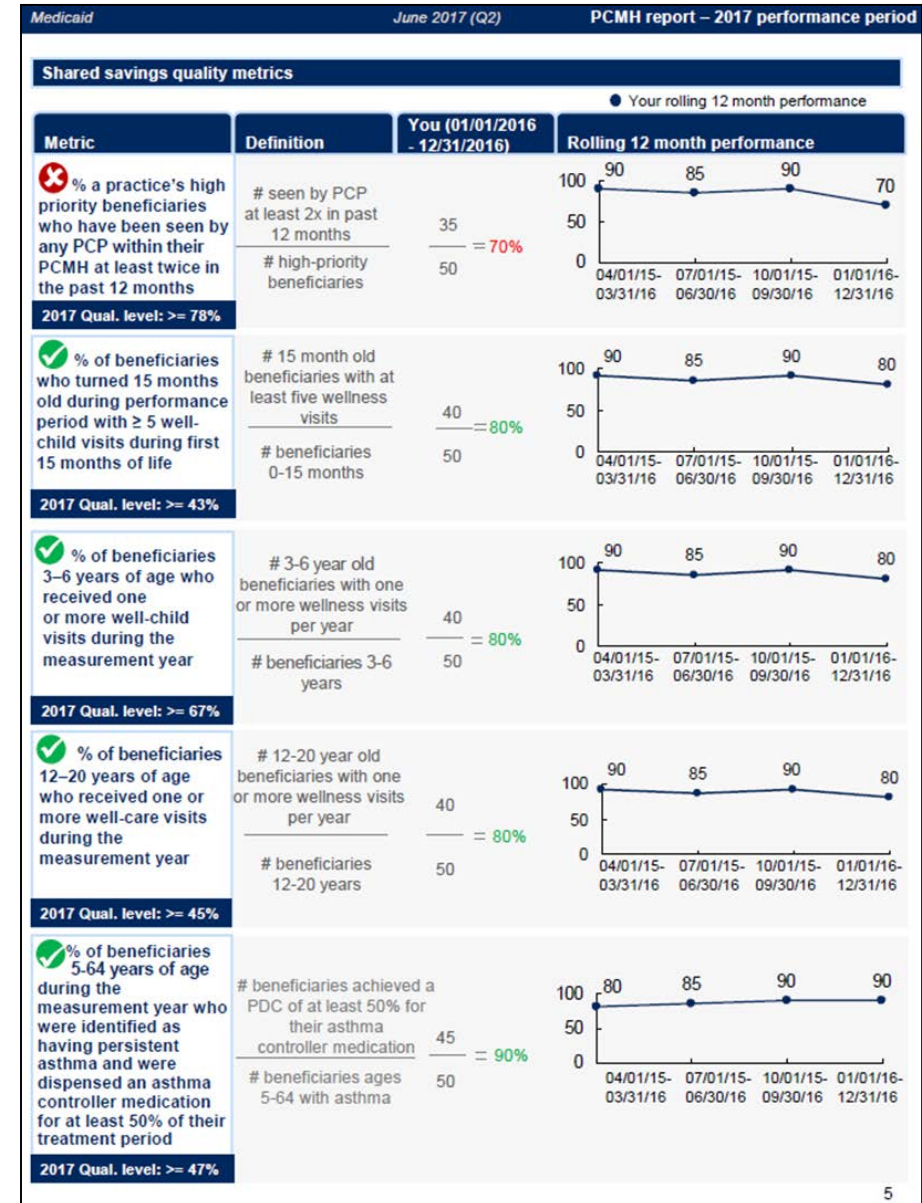
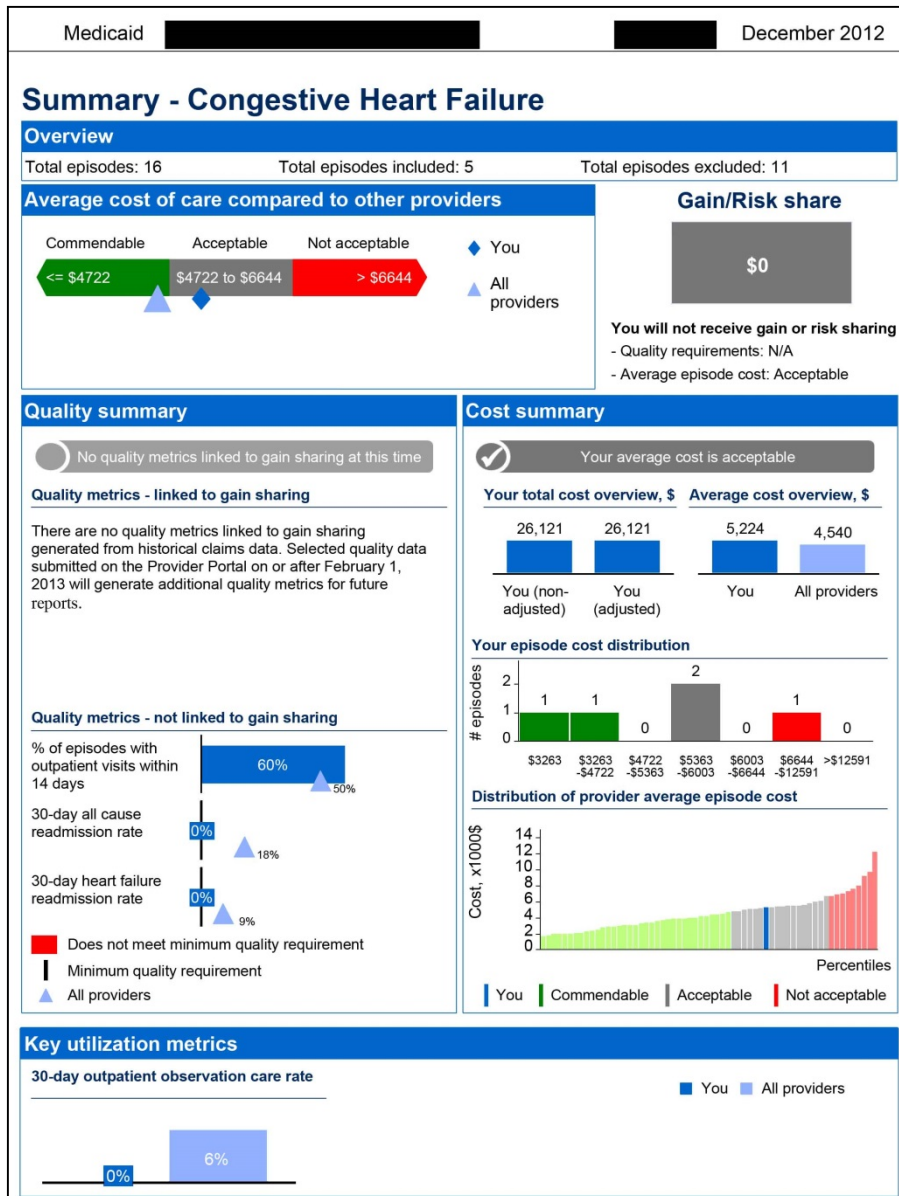
[How do I enroll my facility/clinic to use AHIN?](#)

[How do I select AHIN as my clearinghouse?](#)

Arkansas Payment Improvement Initiative

[Click here to enroll for APII access if not a current AHIN user](#)

AR: Sample Report





AR: Multi-payer Future Plans

30

Arkansas' multi-payer plans for the future include a focus on common philosophy, reporting, metrics, and education.

Consumer Engagement and Patient Literacy

Common Care Plan Expectations

All Payer eCQMs for all Programs

Data Infrastructure For Reliable Registries

Essential Elements Include:

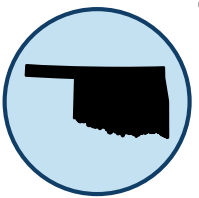
1. Learning System
 - Fairness, Trust, Responsiveness
2. Big Data
 - Analytics Essential – BUT a Demanding Garden
 - Real Time vs Claims Data
 - System Data vs Patient Journey
3. Trust But Verify



AR: Key Takeaways

	Question	Arkansas Takeaways
1	As a Medicaid agency, how are you thinking about quality measures for CPC+ practices?	<ul style="list-style-type: none">▪ Today, Medicaid calculates performance using claims▪ There are 13 Medicaid-specific measures in addition to measures aligned across AR payers
2	How did your state select CPC+ measures?	<ul style="list-style-type: none">▪ Multi-payer effort
3	How do you collect and report measures from practices?	<ul style="list-style-type: none">▪ HIE▪ BCBS data portal▪ Standardized reports▪ Future plans for moving towards eCQMs

Oklahoma Health Care Authority



Today's Speakers: Oklahoma Health Care Authority

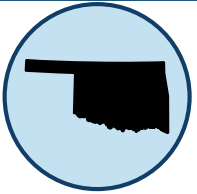
33



Melinda Thomason
Director of Health Care Systems Innovation
Oklahoma Health Care Authority



Becky Pasternik-Ikard
Chief Executive Officer
Oklahoma Health Care Authority



OK: Overview of CPC+ & Primary Care Reform Efforts

34



SoonerCare is Oklahoma's Medicaid program and the largest public purchaser of health care in the State. Quality priorities continue to be increasing EPSDT screening rates, Breast and Cervical Cancer Screenings, and Behavioral Health Screenings in the primary care setting.



OK has 78 Track 1 practices of which 35 are SoonerCare.

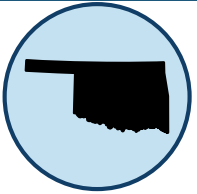
OK has 96 Track 2 practices of which 51 are SoonerCare. Statewide payer CPC+ participants include: Medicare, SoonerCare, Community Care, Community Care's Medicare Advantage Plan, BCBS of OK United HealthCare, HealthScope Benefits.

CPC+ has focused largely on telehealth, including remote patient monitoring, to promote care management, especially in rural areas.



OK has 2 additional primary care reform models: PCMH and HAN.

Integrated within these models are SoonerCare's Health Management Program, Pain Management Program, screening social determinants of health in the ABD population and additional case management through the Chronic Care Unit.



OK: Overview of CPC+ & Primary Care Reform Efforts

35

Oklahoma is currently re-designing the SoonerCare Choice PCMH model; in 2018, a new quality improvement program will tie payment more closely to patient engagement and quality outcomes.



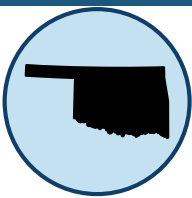
Health Access Networks (HANs)

- HANS are non-profit, administrative entities that contract with PCMHs for case management for high risk patients
- 3 HANs include: OU; OSU; Central Communities
- 712 participating primary care providers representing 124 locations
- Operate under Section 1115 waiver authority
- Provide case management to over 11,000 members
- Costs are lower by \$28 PMPM for members in the model
- Staff focus on developing trust/personal service is key



The SoonerCare Choice PCMH Model

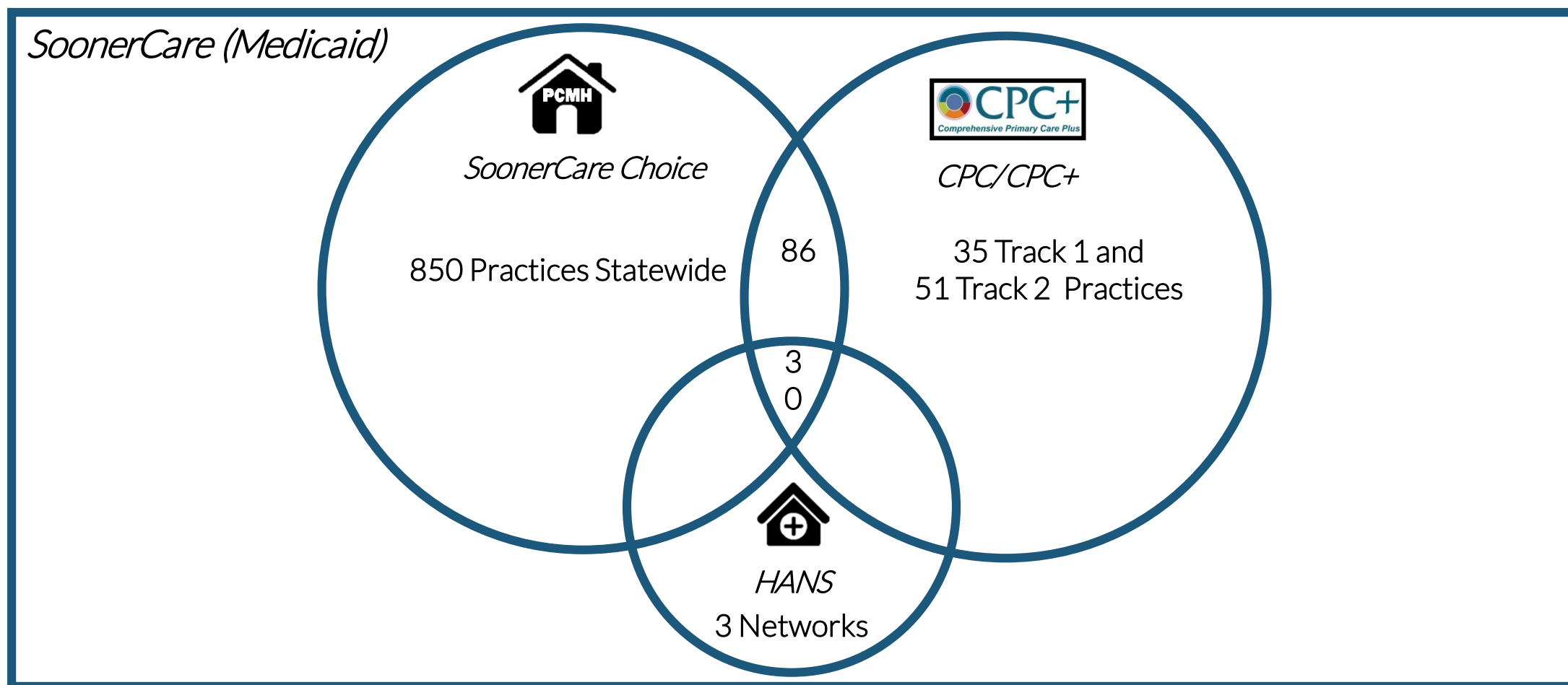
- The PCMH model is the same for CPC and non-CPC+ practices
- 850 locations representing over 2,400 individual providers
- There are three levels of practice participation: Entry, Advanced and Optimal
- PMPMs range from \$3.36 to \$8.17 depending on both the practice participation level and the population being treated (adults, children, or both)

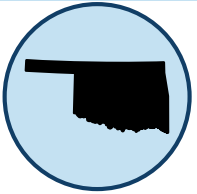


OK: Overview of CPC+ & Primary Care Reform Efforts

36

Oklahoma has significant overlap between practices participating in its primary care reform efforts.



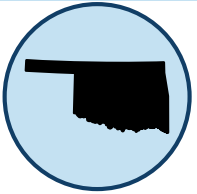


OK: Quality Measure Selection

37

How did Oklahoma select Medicaid quality measures for CPC+?

- The 3 payers in CPCi (Classic) met monthly after the Greater Tulsa Region was selected to select quality measures that fit both public and private payers' current initiatives
- After success in CPC classic, OK followed the same process for CPC+, and continued to hold monthly meetings
- Payers agreed to a single common set of payer measures based on the quality measures the payers submitted with the CPC+ application
- The collaboration resulted in bi-monthly meetings with the plans' medical directors and chief medical officers to discuss plan issues in coverage and utilization



OK: Quality Measure Selection

What are the Oklahoma CPC+ Quality Measures?

Measures

Hemoglobin A1c

Breast Cancer Screening

Diabetic Eye Exam

**Preventive Care and Screening/
Tobacco Use**

Controlling High Blood Pressure

High Risk Medications in the Elderly

Dementia Cognitive Assessment

Engagement of Alcohol and Drug Treatment

Cervical Cancer Screening

Use of Imaging for Low Back Pain

Screening for Future Falls

Depression Readmissions

Closing the Referral Loop

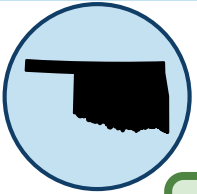
COPD Readmissions

Heart Failure Readmissions

30 Day Readmissions

Measure	Type		
	EHR	MyHealth	Claims
Hemoglobin A1C	✓	✓	
Breast Cancer Screening	✓	✓	✓
Diabetic Eye Exams	✓	✓	✓
Preventive Care Screening/ Tobacco Cessation	✓	✓	✓
Controlling High Blood Pressure	✓	✓	✓
High Risk Medications in the Elderly	✓		✓
Dementia Cognitive Assessment	✓		✓
Alcohol and Drug Treatment	✓		✓
Cervical Cancer Screening	✓		✓
Imaging for Low Back Pain	✓		✓
Screening for Future Falls	✓		
Depression Readmission	✓		✓
Closing the Referral Loop	✓		✓
COPD Readmissions	✓	✓	✓
Heart Failure Readmissions	✓	✓	✓
30 Day Readmissions	✓	✓	✓

Note: Oklahoma does not use any Medicaid-specific measures in CPC+

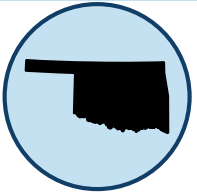


OK: Quality Measure Selection

39

How do measures for other Medicaid primary care programs relate to the CPC+ measures?

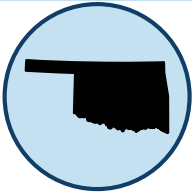
- A number of quality measures included in PCMH, HAN, HMP and Healthy Oklahoma 2020 overlap with CPC+, including:
 - All Cause Readmissions
 - Cervical Cancer Screening
 - Breast Cancer Screenings
 - Tobacco Cessation
 - Depression Readmissions, Alcohol and Drug Treatment
 - Colorectal screenings
 - HbA1c Control



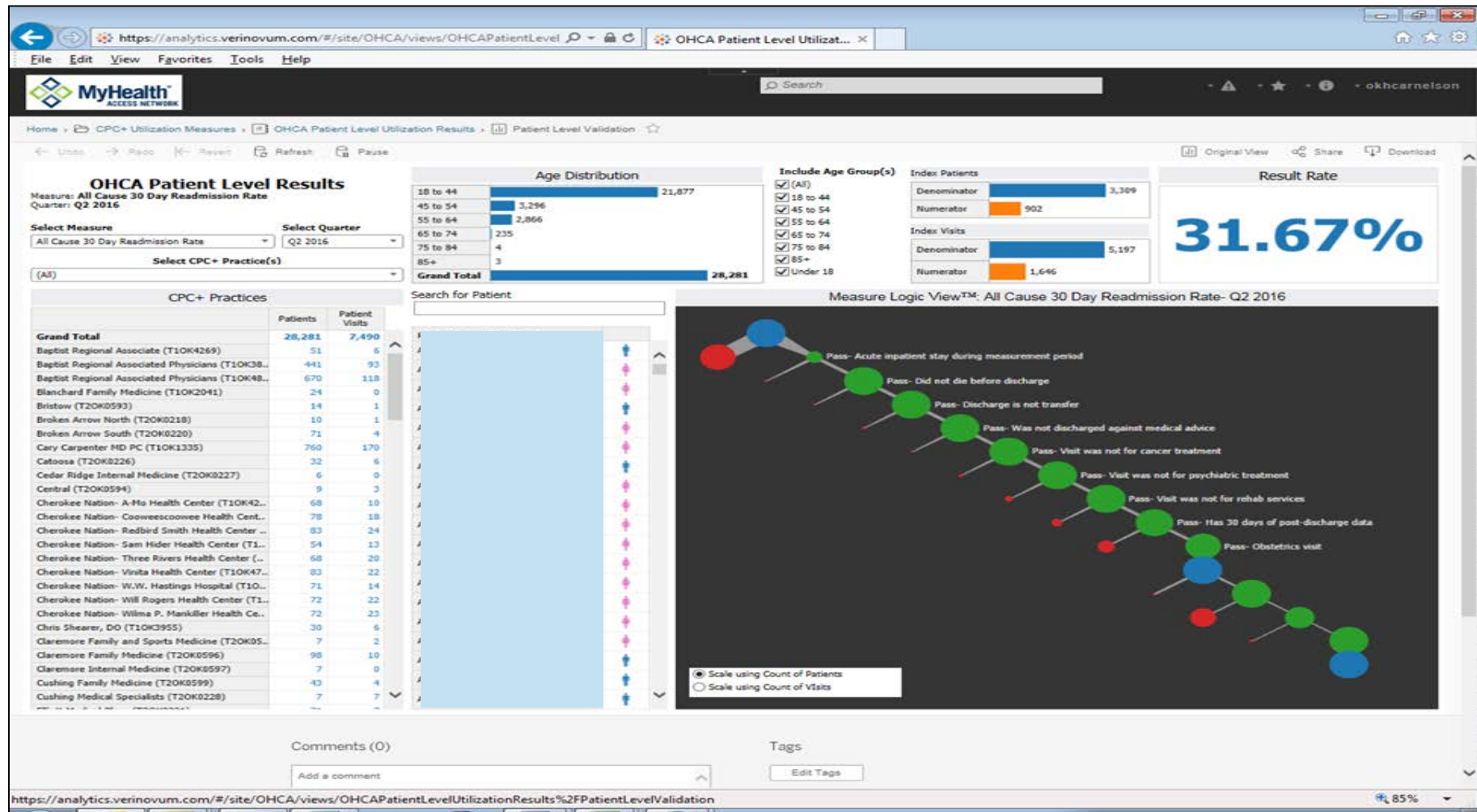
OK: Quality Measure Reporting and Collection

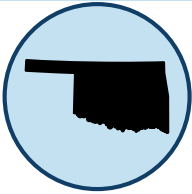
How does Oklahoma collect and report Medicaid quality measures for CPC+?

- OK uses MyHealth to track quality reporting for CPC+ payers
- MyHealth is a 501-c 3 organization, established in 2012 as a Beacon community
- MyHealth allows data sharing between community partners and providers
- OK used MyHealth to collect claims data for all SoonerCare members (specifically to share specific reports on providers that are part of CPC+)
 - Population care management staff have access to the clinical records for members under case management
 - OK pays MyHealth for access to the clinical data for case management
 - Providers engaged with CPC classic and CPC+ have given positive feedback, noting the information from MyHealth is a valuable tool in practice transformation

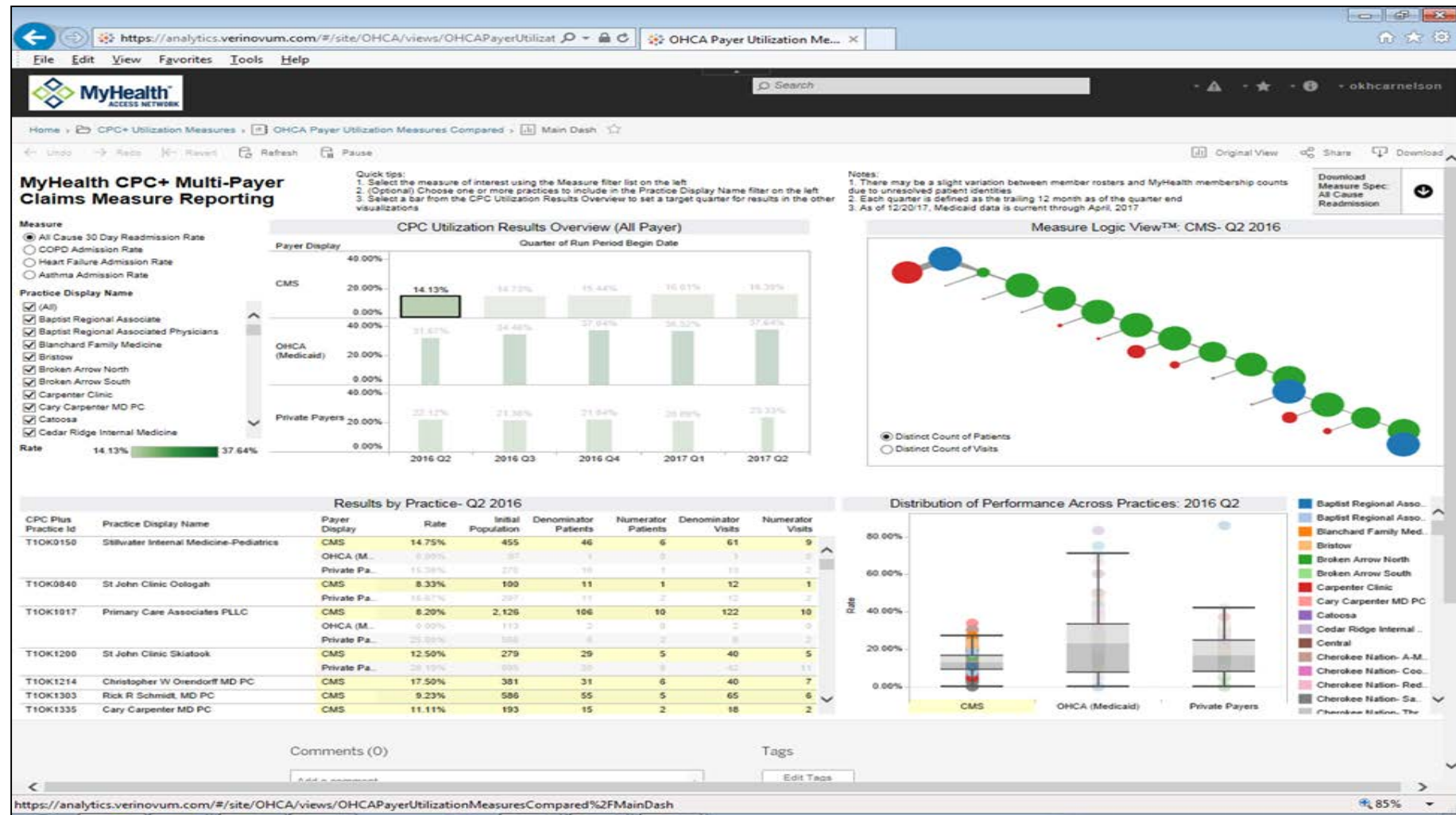


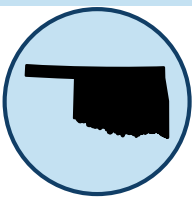
OK: MyHealth Sample





OK: MyHealth Sample





OK: New Quality Improvement Program

43

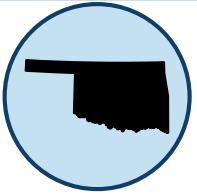
In 2018, Oklahoma's re-designed SoonerCare Choice PCMH model will include new measures and tie payment more closely to patient engagement and quality outcomes.

Health & Satisfaction Measure Set

Goal	Measure
Improve quality of care and outcomes for SoonerCare Choice (SCC) members (all)	Emergency Department Utilization (HEDIS Ambulatory Care Measure)
Improve quality of care and outcomes for SCC children and adolescents	Lead Screening in Children Ages 0 – 2 (HEDIS Measure)
Improve quality of care and outcomes for SCC pregnant women	Timeliness of Prenatal Care, Inclusive of Global Billing Codes (HEDIS Measure)
Improve quality of care and outcomes for SCC adults	Adult Access to Preventive/ Ambulatory Health Services (HEDIS Measure)
Improve quality of care and outcomes for SoonerCare members with behavioral health needs	Use of Opioids at High Dosage (HEDIS Measure)
Improve quality of care and outcomes for Sooner Care Members ages 65+	Note: consideration of Long Term Care Measure for inclusion
Improve quality of care and outcomes for SCC members with chronic conditions (all ages)	Note: Measures included would be further segmented by condition

Administrative Measure Set

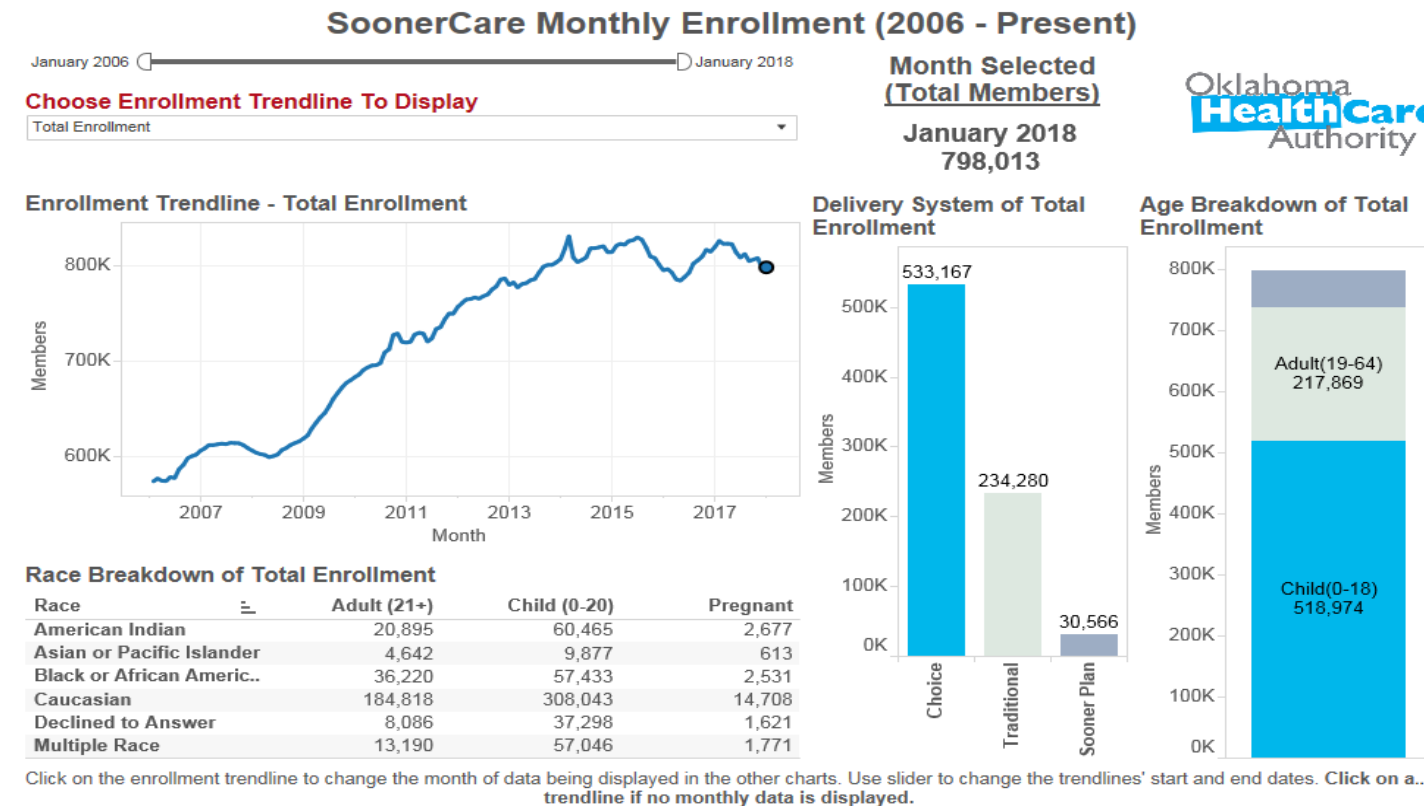
Goal	Measure
Demonstrate efficiency of service in management of the SoonerCare program	First Call Resolution to SoonerCare Helpline
Demonstrate innovation in management of the SoonerCare program	Percent of PCMH Providers in Full Compliance with Tier Requirements

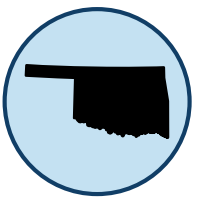


OK: Draft Quality Improvement Dashboard

The re-designed SoonerCare Choice PCMH model will include a quality improvement dashboard, accessible to providers in the model.

SoonerCare Monthly Enrollment 2006 to Present - SoonerCare enrollment breakdowns and member demographics by month

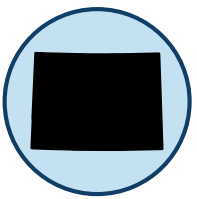




OK: Key Takeaways

	Question	Oklahoma Takeaways
1	As a Medicaid agency, how are you thinking about quality measures for CPC+ practices?	<ul style="list-style-type: none">▪ All Medicaid PCMH practices (whether CPC+ or not) are measured on the same set of claims based measures▪ Significant overlap between CPC+ measure set and PCMH measures▪ Medicaid is working on a new quality improvement program that will tie payment to measures for CPC+ practices that are also PCMHs
2	How did your state select CPC+ measures?	<ul style="list-style-type: none">▪ Multi-payer effort: MyHealth
3	How do you collect and report measures from practices?	<ol style="list-style-type: none">1) Medicaid uses claims to calculate measure performance2) MyHealth collects and aggregates data for SoonerCare members

Colorado Department of Health Care Policy and Financing



Today's Speakers: Colorado Department of Health Care Policy and Financing



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



Morgan Anderson
Health Policy Analyst, Program Innovation
Section
Colorado Department of Health Care
Policy and Financing

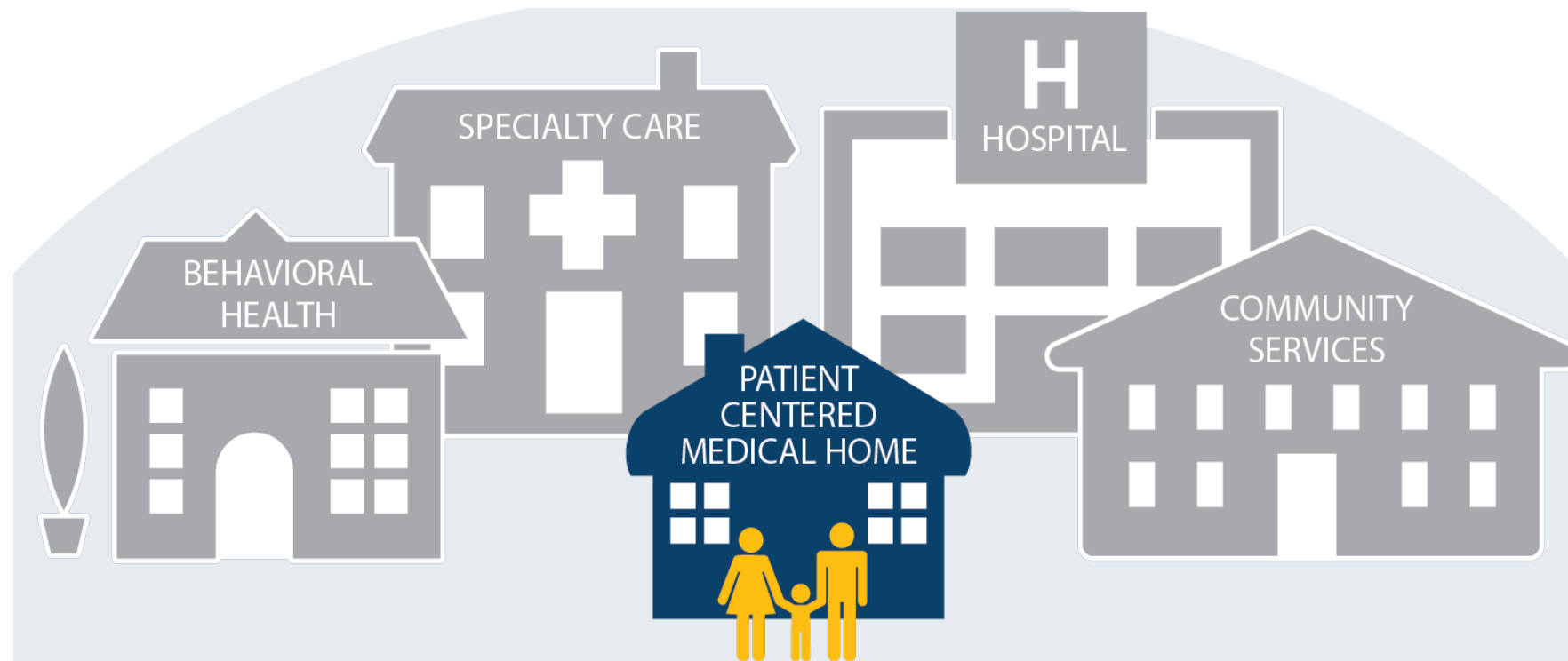
CO: Overview of CPC+ & Primary Care Reform Efforts

Program	Description
Health First Colorado	Health First is Colorado's Medicaid program. To be supported by Medicaid, a practice has to be contracted as a Primary Care Medical Provider with Medicaid
Regional Care Collaborative Organizations (RCCOs)	7 RCCOs connect Health First Colorado members to providers and helps members find community and social services in their area
CPC+	140 CPC+ practices are supported by Medicaid in Colorado 60 Track 1 practices; 80 Track 2 practices 43% of Medicaid-supported practices are in both CPC+ and SIM
State Innovation Model (SIM)	The goal is to increase access to integrated and comprehensive behavioral and primary care services in 400 practices across the State
Accountable Care Collaborative (ACC)	The next phase will join physical and behavioral health under one administrative entity per region
The Primary Care Alternative Payment Model	Shifts payment from volume to value based on improved performance in Clinical Quality Measures

CO: Overview of CPC+ & Primary Care Reform Efforts

The objectives of ACC Phase II bring together reform efforts from CPC+, SIM, PCMH and the APM to:

- Integrate physical and behavioral health
- Strengthen coordination of services by advancing Team-based Care and Health Neighborhoods
- Promote Member choice and engagement
- Pay providers for the increased value they deliver
- Ensure greater accountability and transparency





CO: Overview of CPC+ & Primary Care Reform Efforts

How do the funds flow between Medicaid, intermediate entities, and practices?

Department

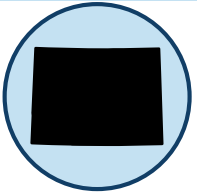
- The Department calculates payments based on each participating PCMP's number of enrolled clients relative to the ACC caseload (client attribution)
- The Department sends CPC+ payments on a 6 month basis to RCCOs

RCCOs

- RCCOs receive CPC+ payments as well as a list of client attribution at each CPC+ practice location
- RCCOs disperse funds to CPC+ practices according to client attribution

CPC+ Practices

- CPC+ practices receive funds



CO: Quality Measure Selection

How did Colorado select Medicaid quality measures for CPC+?

- Quality measures were initially set up by CPC Classic payers, and have continued with payers in SIM and CPC+
 - CO is currently working to build off the CPC Classic measures and identify gaps
 - SIM and CPC+ subject matter group aim to align measures and discuss them in the same way
 - Aiming to add hospital quality and pediatric measures
- Measures were selected for the Primary Care APM by reviewing measures aligned with other quality programs such as CPC+, SIM and QPP. Once measures were identified, they were presented to stakeholder groups including representatives from Adult and Pediatric clinics and RCCOs



CO: Quality Measure Selection

What are Colorado's current quality measures for CPC+?

Measure Name & Description	CO Primary Care APM	CPC+
Breast Cancer Screening	claims	NQF 2372 CMS 125v5
Cervical Cancer Screening		NQF0032 CMS124v5
Colorectal Cancer Screening	claims	NQF 0034 CMS 130v5
Controlling High Blood Pressure	eCQM	NQF0018 CMS165v5
Dementia: Cognitive Assessment		CMS149v5
Depression Remission at 12 months	eCQM	NQF0710 CMS159v5
Diabetes Eye Exam	claims	NQF0055 CMS131v5
Diabetes Poor A1c Control (<9%)	eCQM	NQF0059 CMS122v5
Falls: Screening for Future Fall Risk		NQF 0101 CMS139v5
Initiation and Engagement of Alcohol and Other Drug Dependencies	eCQM	NQF 0004 CMS 137v5
Tobacco Use Screening and Cessation Intervention	eCQM	NQF 0028 CMS 138v5
Use of High-Risk Medications in the Elderly		NQF0022 CMS156v5
Use of Imaging Studies in Low Back Pain	claims	NQF0052 CMS166v6

CO: Quality Measure Reporting and Collection

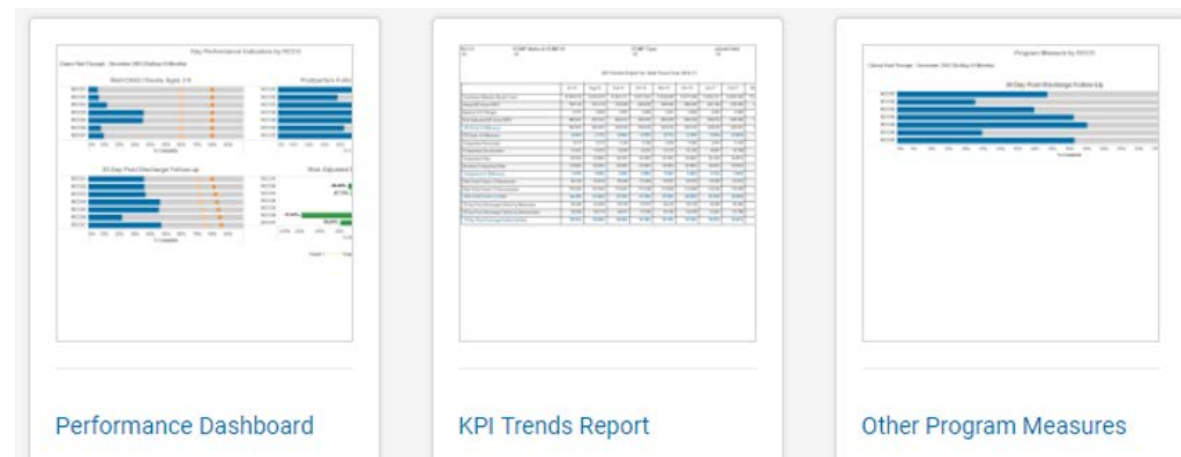
How does Colorado collect and report Medicaid quality measures for CPC+?

Current State

- The State currently reports high level information around HEDIS Measures and KPIs, however most of the information reported at this time does not drill down to a provider level.
- Practices are not currently reporting on any quality measures, but may use health information exchanges (HIEs). The state also collects state and RCCO Level HEDIS measures
- SIM is focused on building infrastructure for eCQMs
- The State collects everything through claims, but there is currently no way to collect eCQMs
- RCCOs can see some measures through the web portal; they also moved to a new claims system last year

New APM Payment Model: Future State

- The State is exploring ways to collect provider level data and building a reporting infrastructure for the various types of measures
- Reporting will not take place until Q4 2019/Q1 2020



CO: New Alternative Primary Care Payment Model

54

Colorado's new model aims to provide sustainable, appropriate funding for primary care that rewards high value, high quality care.

APM Goal

Payment for
Volume



Payments for
Value

Payment Methodology

Achieve Points

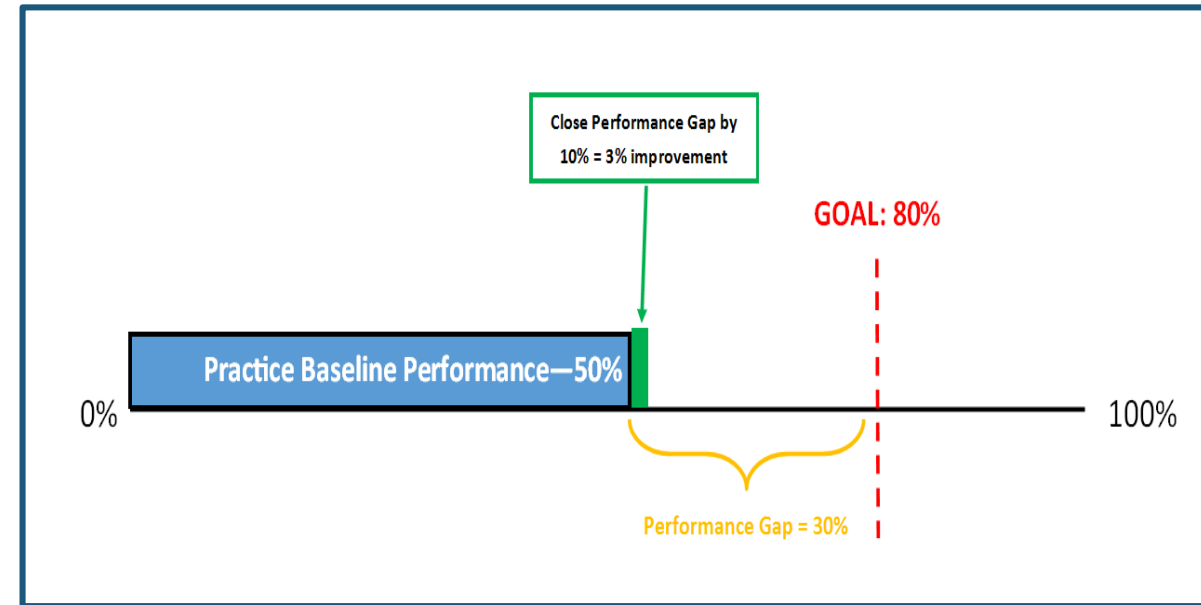


Enhanced
Payment

CO: New Alternative Primary Care Payment Model

Colorado plans to launch a new alternative primary care payment model January 1, 2019.

- Practices select up to 10 out of 60 measures tied to points
- This model applies to practices with \$30,000 or more in paid Medicaid claims
- Selected measures align with CPC, SIM, QPP, & PCMH
- Measures include process, claims, total cost of care and eQMs
- Practices may earn additional reimbursements if they close the gap between their baseline performance and state specified goals by 10%
- 2018 is the baseline year, with 2019 being the first performance year
- Change in payment is effective July 1, 2020
- 200 practices have selected measures; 42 of which are SIM or CPC practices





CO: New Alternative Primary Care Payment Model

What are the new quality measure focus areas?

Self- Reported Structural Measures

30 choices

- Continuous Quality Improvement
- Team Based Care
- Access
- Care Management
- Care Coordination
- Providing Self- Management Support

Claims Based Clinical Performance Measures

16 adult and 13 pediatric choices

- Behavioral Health
- Chronic Care Management
- Cost Containment
- Preventive Services

eCQM Reported Clinical Performance Measures

10 adult and 4 pediatric choices

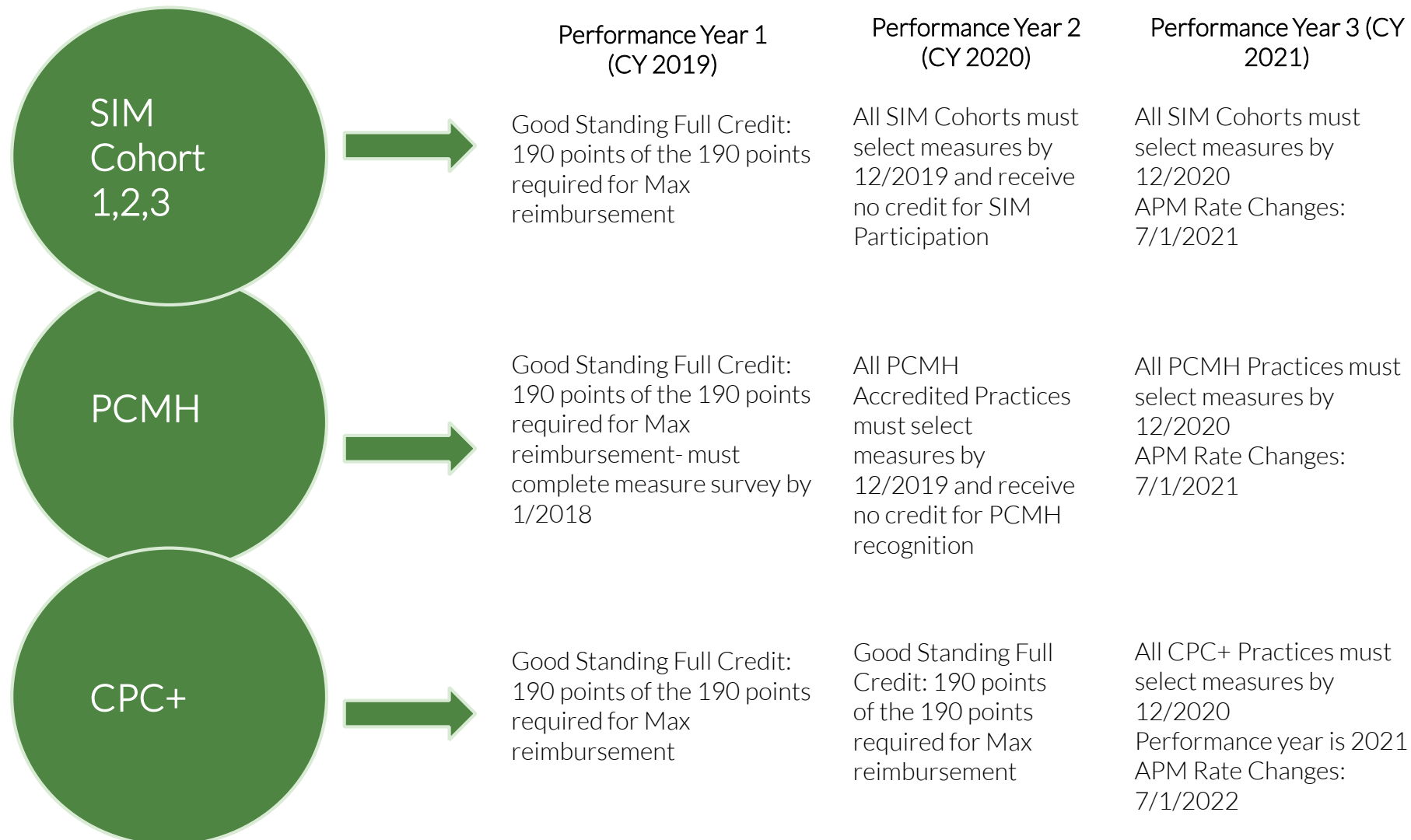
- Behavioral Health
- Chronic Care Management
- Preventive Services

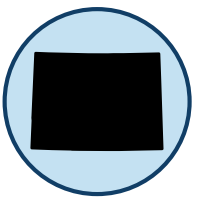
APM Measures Included in CPC+:

13 overlapping measures

CO: New Alternative Primary Care Payment Model

How will Colorado evaluate performance on these measures and tie them to payment?





CO: Key Takeaways

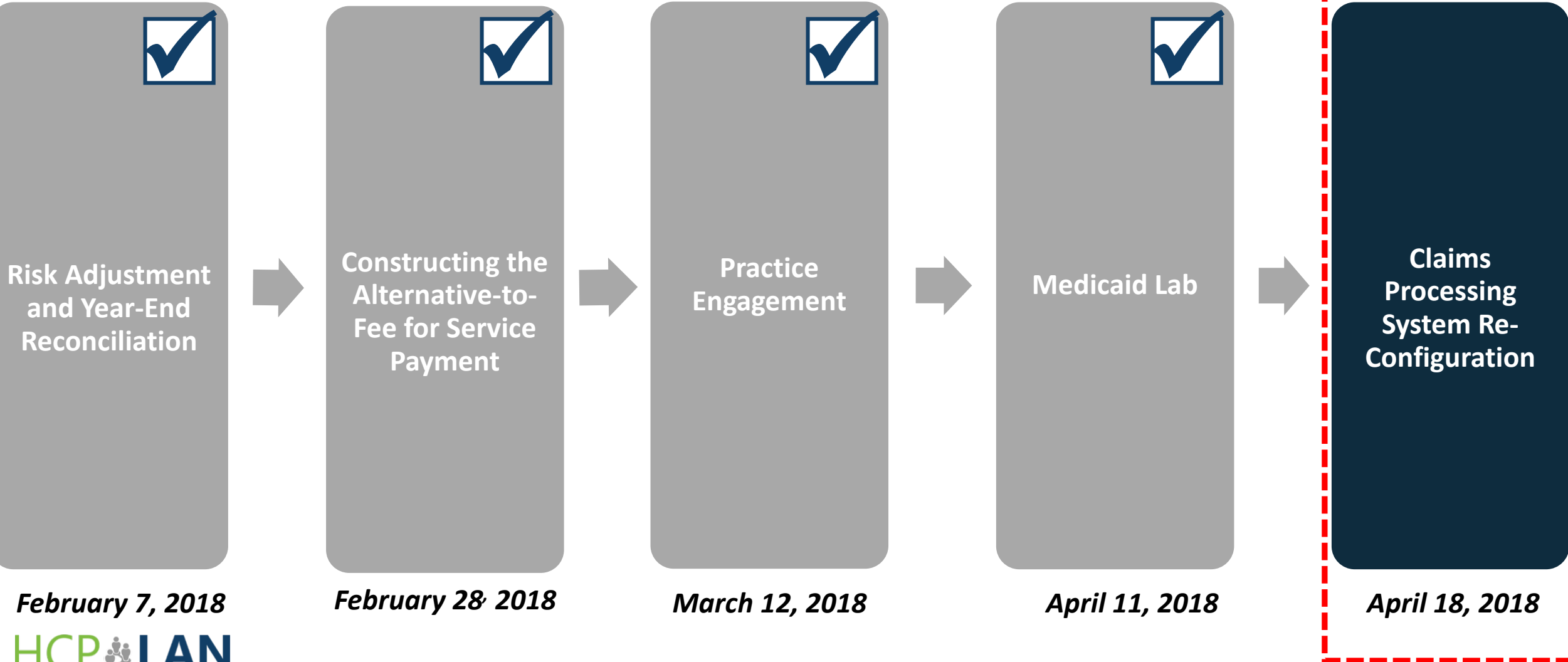
	Question	Colorado Takeaways
1	As a Medicaid agency, how are you thinking about quality measures for CPC+ practices?	<ul style="list-style-type: none">Measures aligned across CO payers, but no Medicaid-specific measuresPerformance is calculated using claims and eQCMThere are no practice-reported measuresCO collects and reports HEDIS and KPIs but not at the provider level
2	How did your state select CPC+ measures?	<ul style="list-style-type: none">Multi-payer effortCPC+ and SIM have been incorporated into broader Medicaid primary care reform efforts (ACC) in Colorado
3	How do you collect and report measures from practices?	<ul style="list-style-type: none">SIM eCQM effortACC PortalPractices may participate in HIEs but do not report quality through them

Discussion

Wrap-Up

Next Time

61



February 7, 2018

February 28, 2018

March 12, 2018

April 11, 2018

April 18, 2018

Upcoming Events

Mark Your Calendars



PAC In-Person Meeting

Monday, May 7

1:00 – 4:00 pm ET

Baltimore Convention Center

Baltimore, Maryland

Register here: <https://hcp-lan.org/pac-spring-meeting-rsvp/>

This meeting will correspond with the Annual CPC+ Meeting on May 8.

Interactive Polling

Polling Question #2:

64

Please rate your overall satisfaction with this event.

- a. *Very satisfied*
- b. *Somewhat satisfied*
- c. *Somewhat dissatisfied*
- d. *Very dissatisfied*

*Please type additional thoughts in the chat,
especially any suggestions for improvement*



Polling Question #3:

65

Today's Lab enhanced my knowledge of the subject area.

- a. *Strongly Agree*
- b. *Agree*
- c. *Disagree*
- d. *Strongly Disagree*

*Please type additional thoughts in the chat,
especially any suggestions for improvement*



Polling Question #4:

66

I will take action or work with others in my organization to take action based on today's lab.

- a. *Strongly Agree*
- b. *Agree*
- c. *Disagree*
- d. *Strongly Disagree*

*Please use the chat to tell us what you will act on,
or why the information was not actionable*



Polling Question #5:

67

The PAC is helping my organization make progress towards its goals in CPC+.

- a. *Strongly Agree*
- b. *Agree*
- c. *Disagree*
- d. *Strongly Disagree*

*Please type any additional thoughts in the chat,
especially any suggestions for improvement.*



Thank You!