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)

Dori Glanz Reyneri  
Senior Manager  
Manatt Health (DC)

Susan Stuard  
Independent Consultant (NY)

Kaylee O'Connor  
Consultant  
Manatt Health (DC)
Curriculum, Topics and Calendar

- 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:
  
  o How they have approached alignment with Medicare and across payers
  
  o How/if they are adjusting measures to address key Medicaid populations that may not be captured in Medicare measures
  
  o How they are collecting and handling data from practices
## Today’s Agenda

<table>
<thead>
<tr>
<th>Timeframe (EST)</th>
<th>Topic</th>
<th>Facilitators/Presenters</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 1:00-1:10</td>
<td>Reminder of PAC, Interactive Polling, and Today’s Objective</td>
<td>Edith Stowe</td>
</tr>
<tr>
<td>2 1:10-1:20</td>
<td>Brief Update on CPC+ Quality Requirements and Guidelines</td>
<td>Dr. Perry Payne, CMMI</td>
</tr>
<tr>
<td>3 1:20-2:25</td>
<td>Experiences and Learning from Select Medicaid CPC+ Track 2 Participating States</td>
<td>Arkansas, Oklahoma, Colorado</td>
</tr>
<tr>
<td></td>
<td>• Background on CPC+ and Primary Care Reform</td>
<td></td>
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<tr>
<td></td>
<td>• Medicaid CPC+ and Quality Measure Selection</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Medicaid CPC+ and Quality Measure Reporting and Collection</td>
<td></td>
</tr>
<tr>
<td>4 2:25-2:30</td>
<td>Interactive Polling</td>
<td>Edith Stowe</td>
</tr>
</tbody>
</table>
Interactive Polling
Polling Question #1a:

Which CPC+ Region are you from?

<table>
<thead>
<tr>
<th>Option</th>
<th>Region</th>
</tr>
</thead>
<tbody>
<tr>
<td>a)</td>
<td>Arkansas</td>
</tr>
<tr>
<td>b)</td>
<td>Buffalo (2018 Start)</td>
</tr>
<tr>
<td>c)</td>
<td>Colorado</td>
</tr>
<tr>
<td>d)</td>
<td>Hawaii</td>
</tr>
<tr>
<td>e)</td>
<td>Kansas City</td>
</tr>
<tr>
<td>f)</td>
<td>Louisiana (2018 Start)</td>
</tr>
<tr>
<td>g)</td>
<td>Michigan</td>
</tr>
<tr>
<td>h)</td>
<td>Montana</td>
</tr>
<tr>
<td>i)</td>
<td>Nebraska (2018 Start)</td>
</tr>
<tr>
<td>j)</td>
<td>New Jersey</td>
</tr>
</tbody>
</table>
Polling Question #1b:

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

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
- 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.

<table>
<thead>
<tr>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Practices must select:</td>
</tr>
<tr>
<td>✓ Both Outcome Measures from Group 1</td>
</tr>
<tr>
<td>✓ At Least 7 Other Measures from Group 2</td>
</tr>
</tbody>
</table>
## 2018 eCQM Set

The full CPC+ eCQM Set for the 2018 measurement period is accessible online at: [https://innovation.cms.gov/Files/x/cpcplus-qualrptpy2018.pdf](https://innovation.cms.gov/Files/x/cpcplus-qualrptpy2018.pdf)
Arkansas Department of Human Services
Today’s Speakers: Arkansas Department of Human Services

Dr. William Golden
Medical Director
Arkansas Department of Human Services

Anne Santifer
PCMH Program Administrator
Arkansas Department of Human Services
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.
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.
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.
AR: Overview of CPC+ & Primary Care Reform Efforts

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

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?**

<table>
<thead>
<tr>
<th>Measures</th>
<th>Medicaid Specific?</th>
<th>Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>PCP Visits</td>
<td>Yes</td>
<td>Claims-based</td>
</tr>
<tr>
<td>Infant Wellness</td>
<td>Yes</td>
<td>Claims-based</td>
</tr>
<tr>
<td>Child Wellness</td>
<td>Yes</td>
<td>Claims-based</td>
</tr>
<tr>
<td>Adolescent Wellness</td>
<td>Yes</td>
<td>Claims-based</td>
</tr>
<tr>
<td>Eye Exam</td>
<td>Yes</td>
<td>Claims-based</td>
</tr>
<tr>
<td>Asthma</td>
<td>Yes</td>
<td>Claims-based</td>
</tr>
<tr>
<td>ADHD</td>
<td>Yes</td>
<td>Claims-based</td>
</tr>
<tr>
<td>URI</td>
<td>Yes</td>
<td>Claims-based</td>
</tr>
<tr>
<td>HbA1c</td>
<td>Yes</td>
<td>Claims-based</td>
</tr>
<tr>
<td>ODA</td>
<td>Yes</td>
<td>Claims-based</td>
</tr>
<tr>
<td>Tobacco Use</td>
<td>No</td>
<td>All payer eCQM</td>
</tr>
<tr>
<td>Medication Therapy</td>
<td>Yes</td>
<td>Claims-based</td>
</tr>
<tr>
<td>Controlling BP</td>
<td>Yes</td>
<td>Claims-based</td>
</tr>
<tr>
<td>BMI</td>
<td>Yes</td>
<td>All payer eCQM</td>
</tr>
<tr>
<td>Diabetes on Statin</td>
<td>Yes</td>
<td>Claims-based</td>
</tr>
<tr>
<td>Xanax</td>
<td>Yes</td>
<td>Claims-based</td>
</tr>
<tr>
<td>HbA1c Poor Control</td>
<td>Yes</td>
<td>All payer eCQM</td>
</tr>
<tr>
<td>Tobacco Use</td>
<td>No</td>
<td>All payer eCQM</td>
</tr>
</tbody>
</table>
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
Overview of CPC+ & Primary Care Reform Efforts

Quality Measure Selection

Quality Measure Reporting and Collection

AR: Sample Report

Summary - Congestive Heart Failure

Overview

Total episodes: 16
Total episodes included: 5
Total episodes excluded: 11

Average cost of care compared to other providers

<table>
<thead>
<tr>
<th>Commentable</th>
<th>Acceptable</th>
<th>Not acceptable</th>
</tr>
</thead>
<tbody>
<tr>
<td>$4,722</td>
<td>$4,722</td>
<td>$9044</td>
</tr>
</tbody>
</table>

Gain/Risk share

<table>
<thead>
<tr>
<th>You</th>
<th>All providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0</td>
<td></td>
</tr>
</tbody>
</table>

You will not receive gain or risk sharing
- Quality requirements: N/A
- Average episode cost: Acceptable

AR: Sample Report

Shared savings quality metrics

<table>
<thead>
<tr>
<th>Metric</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of beneficiaries who turned 15 months old during performance period with ≥ 5 well-child visits during first 15 months of life</td>
<td></td>
</tr>
<tr>
<td>% of beneficiaries who received one or more well-child visits during the measurement year</td>
<td></td>
</tr>
<tr>
<td>% of beneficiaries aged 5-6 years who were identified as having persistent asthma and were dispensed an asthma controller medication for at least 50% of their treatment period</td>
<td></td>
</tr>
</tbody>
</table>

Quality measures linked to gain sharing

There are no quality measures linked to gain sharing generated from historical claims data. Selected quality data submitted on the Prior Portal on or after February 1, 2013 will generate additional quality metrics for future reports.

Cost summary

Your average cost is acceptable

Your total cost overview, $ | Average cost overview, $
26,121 | 26,121 | 26,121 | 5,224 | 4,540

You (non-adjusted) | Adjusted | All providers |
1 | 1 | 2 | 0 | 0 | 1 | 1 |

Distribution of provider average episode costs

| Percentiles |
|            |
| 0%          | 10%        | 25%        |
| 30%         | 50%        | 75%        |
| 90%         | 95%        | 100%       |

Key utilization metrics

30-day outpatient observation care rate
ARKANSAS’ multi-payer plans for the future include a focus on common philosophy, reporting, metrics, and education.

**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

<table>
<thead>
<tr>
<th>Question</th>
<th>Arkansas Takeaways</th>
</tr>
</thead>
</table>
| **1** As a Medicaid agency, how are you thinking about quality measures for CPC+ practices? | ▪ 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?                           | ▪ Multi-payer effort                                                              |
| **3** How do you collect and report measures from practices?             | ▪ HIE  
▪ BCBS data portal  
▪ Standardized reports  
▪ Future plans for moving towards eCQMs |
Today’s Speakers: Oklahoma Health Care Authority

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

Becky Pasternik-Ikard
Chief Executive Officer
Oklahoma Health Care Authority
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.
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

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

SoonerCare (Medicaid)

- SoonerCare Choice
  - 850 Practices Statewide
- CPC/CPC+
  - 35 Track 1 and 51 Track 2 Practices
- HANS
  - 3 Networks

86
30
3
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

<table>
<thead>
<tr>
<th>Measure</th>
<th>EHR</th>
<th>MyHealth</th>
<th>Claims</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hemoglobin A1C</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Breast Cancer Screening</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Diabetic Eye Exam</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Preventive Care and Screening/Tobacco Use</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Controlling High Blood Pressure</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>High Risk Medications in the Elderly</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Dementia Cognitive Assessment</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Engagement of Alcohol and Drug Treatment</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Cervical Cancer Screening</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Use of Imaging for Low Back Pain</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Screening for Future Falls</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Depression Readmissions</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>COPD Readmissions</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Heart Failure Readmissions</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>30 Day Readmissions</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>

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

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

### Administrative Measure Set

<table>
<thead>
<tr>
<th>Goal</th>
<th>Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demonstrate efficiency of service in management of the SoonerCare program</td>
<td>First Call Resolution to SoonerCare Helpline</td>
</tr>
<tr>
<td>Demonstrate innovation in management of the SoonerCare program</td>
<td>Percent of PCMH Providers in Full Compliance with Tier Requirements</td>
</tr>
</tbody>
</table>
The re-designed SoonerCare Choice PCMH model will include a quality improvement dashboard, accessible to providers in the model.
## OK: Key Takeaways

<table>
<thead>
<tr>
<th>Question</th>
<th>Oklahoma Takeaways</th>
</tr>
</thead>
</table>
| 1 As a Medicaid agency, how are you thinking about quality measures for CPC+ practices? | ▪ 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?                               | ▪ Multi-payer effort: MyHealth                                                                                                                                 |
| 3 How do you collect and report measures from practices?                 | 1) Medicaid uses claims to calculate measure performance  
2) 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
**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.
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+?

<table>
<thead>
<tr>
<th>Measure Name &amp; Description</th>
<th>CO Primary Care APM</th>
<th>CPC+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast Cancer Screening</td>
<td>claims</td>
<td>NQF 2372</td>
</tr>
<tr>
<td></td>
<td></td>
<td>CMS 125v5</td>
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<tr>
<td>Cervical Cancer Screening</td>
<td></td>
<td>NQF 0032</td>
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<tr>
<td></td>
<td></td>
<td>CMS 124v5</td>
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<tr>
<td>Colorectal Cancer Screening</td>
<td></td>
<td>NQF 0034</td>
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<tr>
<td></td>
<td></td>
<td>CMS 130v5</td>
</tr>
<tr>
<td>Controlling High Blood Pressure</td>
<td></td>
<td>NQF 0018</td>
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<tr>
<td></td>
<td></td>
<td>CMS 165v5</td>
</tr>
<tr>
<td>Dementia: Cognitive Assessment</td>
<td></td>
<td>CMS 149v5</td>
</tr>
<tr>
<td>Depression Remission at 12 months</td>
<td>eCQM</td>
<td>NQF 0710</td>
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<tr>
<td></td>
<td></td>
<td>CMS 159v5</td>
</tr>
<tr>
<td>Diabetes Eye Exam</td>
<td>claims</td>
<td>NQF 0055</td>
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<tr>
<td></td>
<td></td>
<td>CMS 131v5</td>
</tr>
<tr>
<td>Diabetes Poor A1c Control (&lt;9%)</td>
<td>eCQM</td>
<td>NQF 0059</td>
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<td></td>
<td></td>
<td>CMS 122v5</td>
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<tr>
<td>Falls: Screening for Future Fall Risk</td>
<td></td>
<td>NQF 0101</td>
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<tr>
<td></td>
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<td>CMS 139v5</td>
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<tr>
<td>Initiation and Engagement of Alcohol and Other Drug Dependencies</td>
<td>eCQM</td>
<td>NQF 0004</td>
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<tr>
<td></td>
<td></td>
<td>CMS 137v5</td>
</tr>
<tr>
<td>Tobacco Use Screening and Cessation Intervention</td>
<td>eCQM</td>
<td>NQF 0028</td>
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<td></td>
<td></td>
<td>CMS 138v5</td>
</tr>
<tr>
<td>Use of High-Risk Medications in the Elderly</td>
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<td>NQF 0022</td>
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<tr>
<td></td>
<td></td>
<td>CMS 156v5</td>
</tr>
<tr>
<td>Use of Imaging Studies in Low Back Pain</td>
<td>claims</td>
<td>NQF 0052</td>
</tr>
<tr>
<td></td>
<td></td>
<td>CMS 166v6</td>
</tr>
</tbody>
</table>
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

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
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 eCQMs.
- 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.
Overview of CPC+ & Primary Care Reform Efforts

Quality Measure Selection

Quality Measure Reporting and Collection

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

**CO: New Alternative Primary Care Payment Model**

- **SIM Cohort 1, 2, 3**
  - Performance Year 1 (CY 2019): Good Standing Full Credit: 190 points of the 190 points required for Max reimbursement
  - Performance Year 2 (CY 2020): All SIM Cohorts must select measures by 12/2019 and receive no credit for SIM Participation
  - Performance Year 3 (CY 2021): All SIM Cohorts must select measures by 12/2020

- **PCMH**
  - Performance Year 2 (CY 2020): All PCMH Accredited Practices must select measures by 12/2019 and receive no credit for PCMH recognition
  - Performance Year 3 (CY 2021): All PCMH Practices must select measures by 12/2020

- **CPC+**
  - Performance Year 1 (CY 2019): Good Standing Full Credit: 190 points of the 190 points required for Max reimbursement
  - Performance Year 2 (CY 2020): Good Standing Full Credit: 190 points of the 190 points required for Max reimbursement
  - Performance Year 3 (CY 2021): All CPC+ Practices must select measures by 12/2020

APM Rate Changes:
- 7/1/2022
- 7/1/2021
<table>
<thead>
<tr>
<th></th>
<th>Question</th>
<th>Colorado Takeaways</th>
</tr>
</thead>
</table>
| 1 | As a Medicaid agency, how are you thinking about quality measures for CPC+ practices? | - Measures aligned across CO payers, but no Medicaid-specific measures  
- Performance is calculated using claims and eQCM  
- There are no practice-reported measures  
- CO collects and reports HEDIS and KPIs but not at the provider level |
| 2 | How did your state select CPC+ measures?                                | - Multi-payer effort  
- CPC+ 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?                 | - SIM eCQM effort  
- ACC Portal  
- Practices may participate in HIEs but do not report quality through them |
Discussion
Wrap-Up
Next Time

- 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
  - April 11, 2018

- Claims Processing System Re-Configuration
  - 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:

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:

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:

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:

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!