

# Colorado Alternative Payment Models

## Engaging and Connections to Behavioral Health Integration

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Payment Reform, Health Care Policy and Financing



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# Our Mission:

Improving health care equity, access and outcomes for the people we serve while saving Coloradans money on health care and driving value for Colorado.



# Disclosures

- I have no conflicts of interest to disclose



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# Objectives

Attendees will:

- Understand the basics of HCPF and Federal APMs available in their region
- Understand advantages to participating in APMs
- Understand how APMs support sustained behavioral health integration



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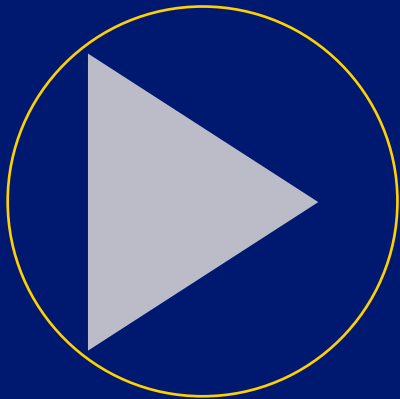
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# About Me



## Experience:

- Practice Facilitator – Colorado Pediatric Collaborative; Rocky Mountain Health Plans (CPC+, SIM)
- Director of Health Center – Northwest Colorado Health



Now: Payment Reform at Health Care Policy and Finance (HCPF)

# About You



# Choose Your Own Adventure

1

HCPF APMs

2

Succeeding in APMs

3

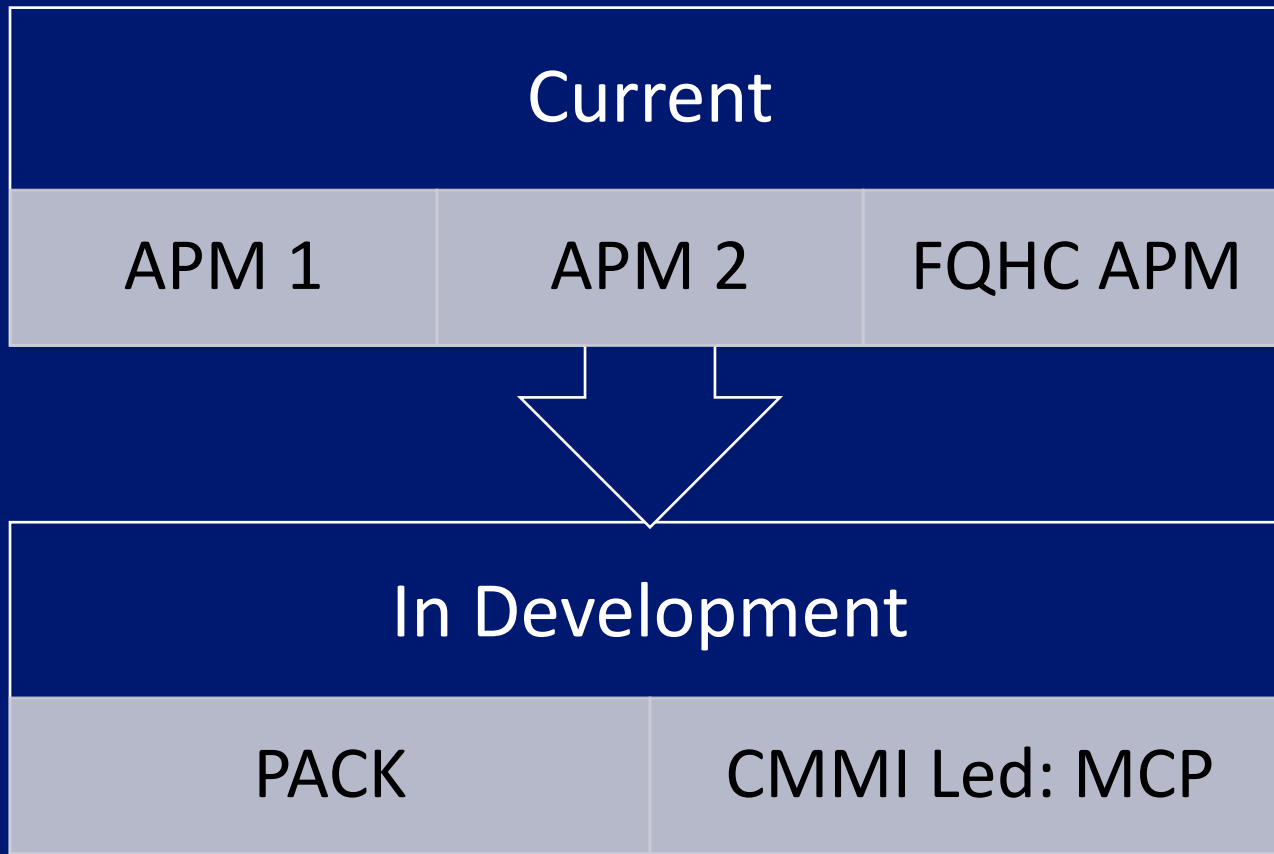
Using APMs for IBH



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# HCPF Primary Care APMs





# APM 1 Overview

## Background

APM 1 is a primary care value-based payment model developed and implemented as part of HCPF's efforts to shift from paying for volume to paying for improved quality.

## How

Providers who are enrolled in APM 1 are paid based on their performance on quality measures using a modified point system for traditional Fee-For-Service payments and a redistribution of payments from lower performers to higher performers. Providers select quality measures to be evaluated on annually.

Type of Enrollment	<ul style="list-style-type: none"><li>• Automatic with 500+ attributed members</li><li>• Non-Federally Qualified Health Center (non-FQHC) Primary Care Medical Providers (PCMPs) with less than 500 attributed members can petition to participate in the program</li></ul>
Qualifying Participants	<ul style="list-style-type: none"><li>• Non-FQHC PCMPs with more than 500 attributed Members</li><li>• All Federally Qualified Health Centers (FQHCs)</li></ul>
Quality Measures	<ul style="list-style-type: none"><li>• 10 quality measures need to be selected by each participant (3 mandatory determined by HCPF &amp; 7 selected by the PCMP)</li><li>• Types of measures: Structural, Administrative, and Electronic Clinical Quality Measures (eCQM)</li></ul>



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# APM 2 Overview

## Background

APM 2 is a payment model for primary care and chronic care management for qualifying chronic conditions.

## How

This model gives more financial stability to providers by using a combination of:

- Monthly advanced Per Member Per Month payment (PMPM)
- Traditional Fee-For-Service (FFS)
- Incentive payments to share in the savings that result from improved chronic care management

PMPM participants are also compensated with any savings realized during reconciliation from shadow billing for PMPM.

Type of Enrollment	<ul style="list-style-type: none"><li>• Voluntary; Eligible participants may enroll on a quarterly basis</li></ul>
Qualifying Participants	<ul style="list-style-type: none"><li>• Non-FQHC PCMPs with more than 500 attributed Members</li><li>• Eligible Pediatric practices</li><li>• FQHCs may sign up for their own track of APM 2</li></ul>
Participant Enrollment Options	<ul style="list-style-type: none"><li>• Participants can choose to participate in chronic conditions and/or in the PMPM payment.</li><li>• Non-FQHC PMPM participants can decide how their payment is split between FFS and PMPM</li><li>• FQHC participants may only opt into the PMPM at 100%</li></ul>
Quality measures	<ul style="list-style-type: none"><li>• APM 1 Quality Scores used for reconciliations for PMPM/FFS and shared savings</li></ul>



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# Value Equations

Value Based  
Payments:

$$\frac{\text{Quality}}{\text{Cost}} = \text{Value}$$

- As quality goes up, so does value
- If cost goes down, value goes up
- Quality is a stand in to represent worth

Clinic  
Evaluation:

$$\frac{\text{Reward}}{\text{Effort}} = \text{Value}$$

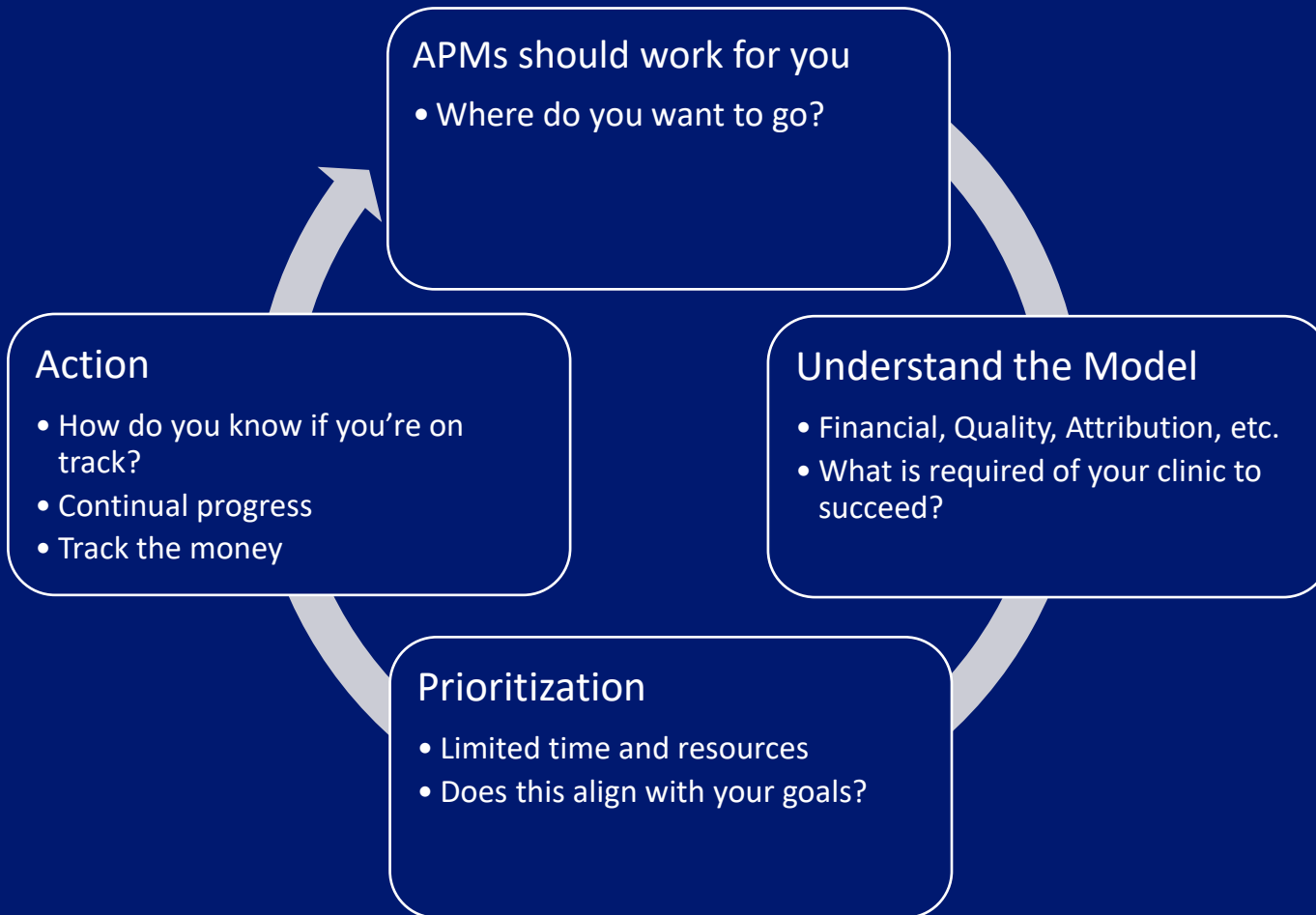
- Consider non-monetary rewards



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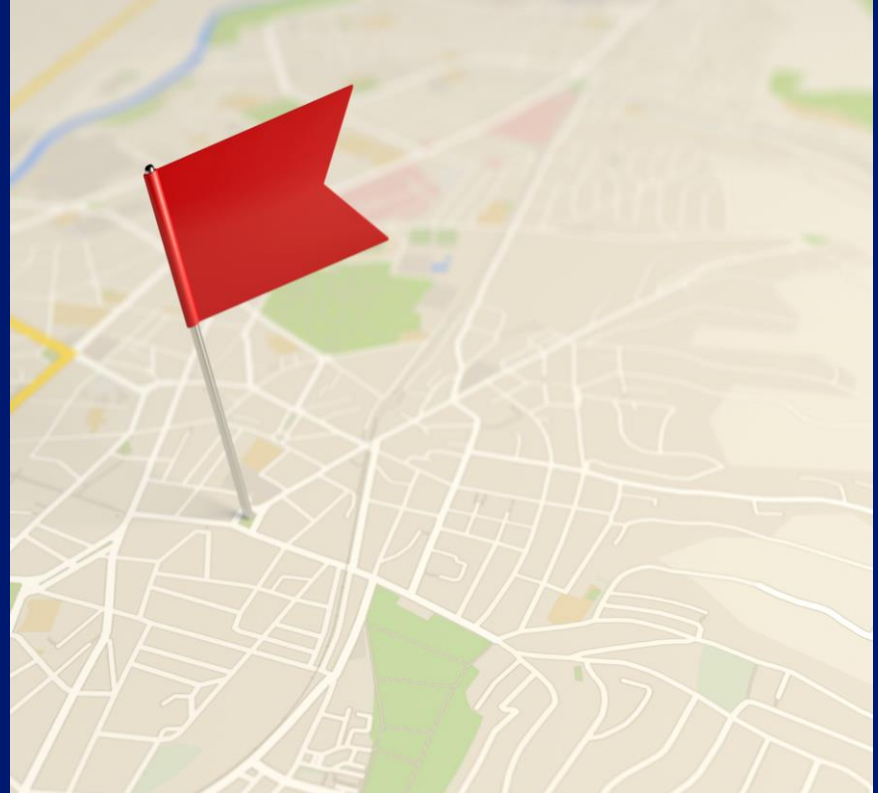
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# How to Succeed in APMs



# Goal Setting

- Where does your clinic want to be?
- Having a plan will help you navigate tough decisions

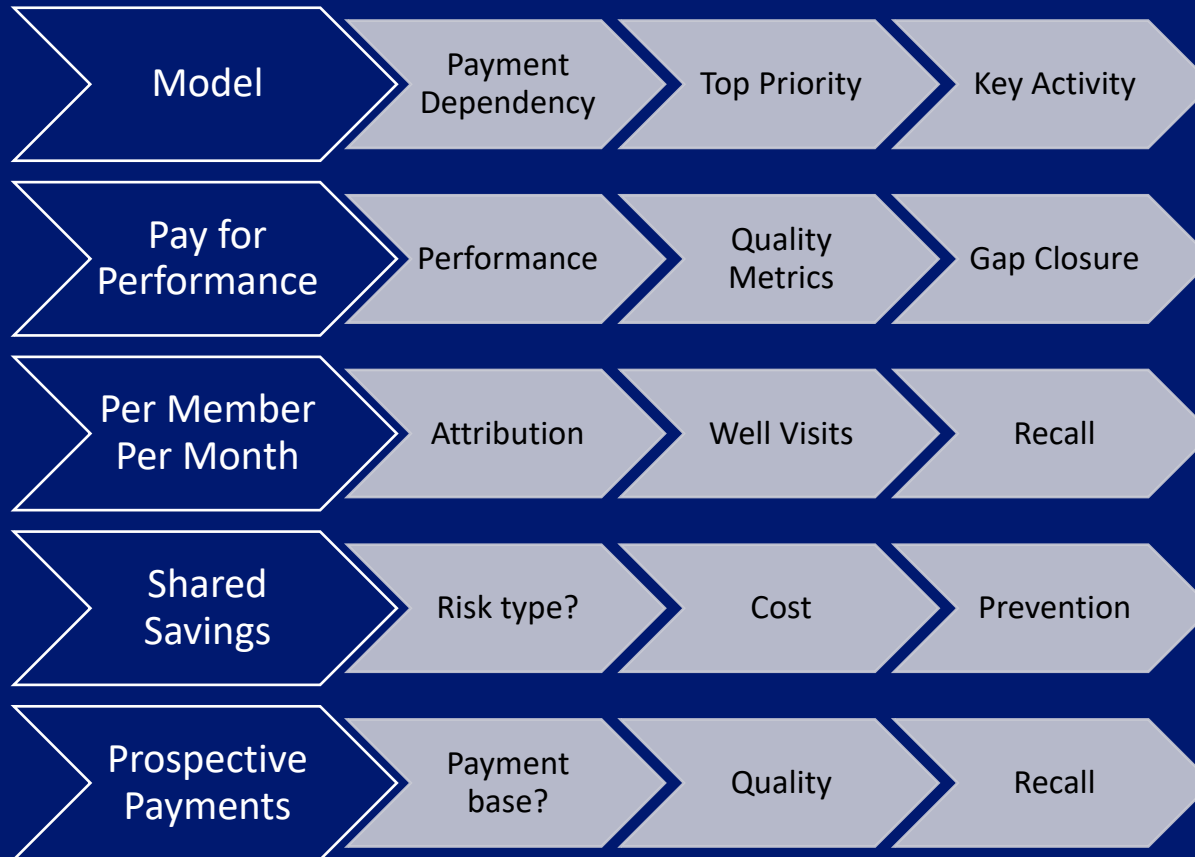


# Financial Model

- Think of it like a job
  - What will the model pay you to do? What are the requirements to keep or earn money?
  - How much can you earn?
  - Is the income guaranteed?
- The APM should be mutually beneficial
  - Patients, Clinic, and Payer
- Ask questions - understand how this benefits everyone
- What benefits are there to participation are there other than financial?



# Common APM Payment Methodologies



# Quality Model

- What is the quality model is attached to the payment?
  - Metrics
    - Which are tied to payment?
    - Which are report only?
    - How many of each?
    - Can you report on all of them?
  - Targets
    - Is there an absolute target?
    - How does it compare to your performance?
  - Future Years





# Attribution

- How will the payer determine if a patient is “yours”?
- What is your ability to change attribution?
- What is needed to change attribution?
- What kind of data do you get?
- How often is attribution run?



# Effort Needed

- Staff time
  - Quality
  - Completing clinical activities
  - Revenue Cycle Management (coding, billing, etc.)
- Reporting
  - Do you need to report to the payer?
  - What internal data do you need to know if you're on track?
- EHR Resources
  - Can your system give you the data you want? Will there be an additional cost?
- Timeline



# Evaluation

You can do anything, but not everything.

1. What is important to your clinic? Does the model align with your goals?
2. Does the reward of the model outweigh the cost? Pros and Cons
3. Evaluate different models in relation to each other and your other competing priorities
4. Make an active decision with the full team on participation and the resources committed



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# Action

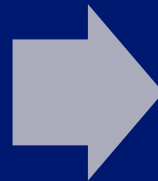
- How do you know if you're succeeding?
  - Simple visualizations can be helpful, for you and for executives
    - Reward
    - Effort
    - Timeline and Key Milestones
- Make continual progress, even if it can't be on everything
  - Use the resources you have available, including your Practice Transformation Supports!
- Communication
  - Does your executive team understand your plan and resources involved?
  - Is it clear what financial rewards are intended for?
- Track the money
  - Who on your team knows if you're getting paid? Who double checks the amount?



# Quick Side Note - Your Voice is Powerful

## We want to hear from you

- HCPF wants primary care providers to succeed
- Stakeholder feedback is critical to ensure we're on track



## Share your perspective

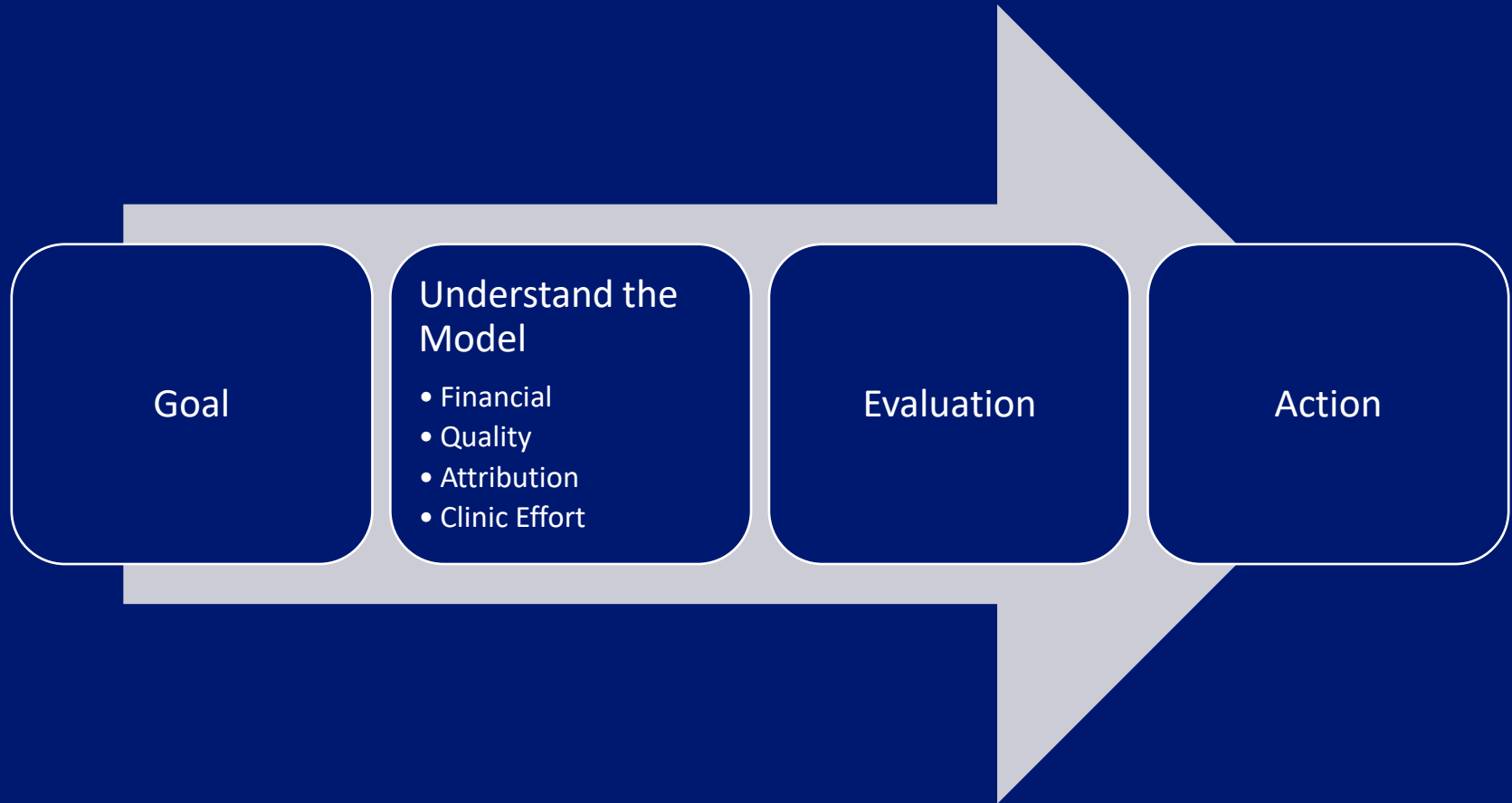
- Share the results of your evaluation with us
- What do you need? What would improve the model?



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# Practice Time - APM 2



# Goal

- What is your goal for Integrated Behavioral Health?
  - Specific
  - Measurable
  - Actionable
  - Realistic
  - Time-bound



# APM 2 Model

- Financial: 2 components
  - Prospective Payment delivered as PMPM with 16% Rate Increase
  - Chronic Condition Shared Savings
- Quality:
  - APM 1 Quality Set
  - 10 measures - 3 mandatory, 7 selected by clinic
- Attribution:
  - Same as ACC, excludes geo attribution, dual Medicare/Medicaid enrollees, and PACE
- Reporting - eCQM, administrative, structural





# APM 2 for FQHCs Model

- Financial: Can choose one or both components
  - Prospective Payment delivered as PMPM
  - Chronic Condition Shared Savings
- Quality:
  - APM 1 Quality Set
  - 10 measures - 3 mandatory, 7 selected by clinic
- Attribution:
  - Same as ACC, excludes geo attribution, dual Medicare/Medicaid enrollees, and PACE
- Reporting
  - Reported through CCMCN for eCQM



# Next Steps

## Evaluation

- Where do the priorities of the model align with your clinic's priorities and IBH?
- Does the value outweigh the effort?

## Action

- What is your priority for action?
- Communication

# Key Takeaways

- Be thoughtful. How does this program align with your priorities?
- Understand what you need to do to succeed
- Speak up on what's important to you
- You aren't alone! Speak with your Practice Transformation support



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# Additional Opportunities

- Participate in Stakeholder Feedback for Primary Care APMs or PACK (Sign up sheet)
- Go to our website:  
<https://hcpf.colorado.gov/value-based-payments>
- Learn more about Making Care Primary:  
<https://www.cms.gov/priorities/innovation/innovation-models/making-care-primary>





# Questions?



# Contact Info

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# Thank you!

