Federally Qualified Health Center Alternative Payment Model Survival Guide

Health First COLORADO
Colorado's Medicaid Program

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Introduction

The Department of Health Care Policy and Financing's mission is to improve health care access and outcomes for the people we serve while demonstrating sound stewardship of financial resources. The Medicaid program currently serves 1.33 million Coloradans, many of whom have complex health needs either because of life circumstances or disability. To meet the unique needs of those we serve, the Department has a long history of innovation to improve access, health care quality and the health of its members.

The Accountable Care Collaborative (ACC) is the core of the state's Medicaid program. It promotes improved health for members by delivering care in an increasingly seamless way. The ACC provides the framework in which other health care initiatives, such as payment reform, can thrive. This guide focuses on the Alternative Payment Model for Primary Care (APM) and is intended to help Federally Qualified Health Centers (FQHCs) and their staff successfully implement the APM in their practices.

The Department is transforming payment design across the entire delivery system with the goal of rewarding improved quality of care while containing costs. The Department is committed to aligning performance incentives across the entire delivery system so primary care providers can be successful in the APM. For example, the Department has created incentive payment programs for Behavioral Health Organizations (BHOs) to support primary care in meeting the demand for services with greater emphasis on screening and detection in the primary care setting. In addition, the Department is working with hospitals on payment models incentivizing transitions of care, data sharing, and support of integrated care, has engaged with SIM and the Multi-Payer Collaborative to expand and support primary care transitions across the state, and has engaged with commercial payers to seek alignment on APM measures.

Design of the APM

FQHCs in Colorado have two rates: a Prospective Payment System (PPS) rate, which is the federally defined minimum rate that Medicaid must pay FQHCs for one-on-one, face-to-face encounters with Medicaid patients, and the Alternative Payment Model (APM) which is are Colorado specific rates calculated annually as part of each FQHC's cost report process. The APM is a cost-based calculation and over time in most instances is higher than the PPS rate. **The Value Based APM is a modification to the APM calculation by which a portion of the FQHC's APM will be tied to quality activities and performance metrics.**

The FQHC Value Based APM is similar to a model the Department is implementing for other Primary Care Medical Providers (PCMPs) in Colorado as part of the budget request for fiscal year 2017-18 which asked for a continuation of the 1202 bump with the addition of a value proposition. **The APM and FQHC Value Based APM are that value proposition**.

Starting in the Fall of 2016, the Department engaged with six workgroups consisting of primary care physicians, primary care practice coordinators and office managers, along with Regional Care Collaborative Organizations (RCCOs) to design the APM and Colorado Community Health Network (CCHN) regarding specific differences in the FQHC model due to the different

reimbursement structure. Workgroups had input on almost every aspect of the APM including selection of measures and design of the payment structure. The Department expects to continue working with CCHN, FQHCs, and stakeholders on implementing and operationalizing the new payment model.

APM Goal

In collaboration with the workgroups, the Department created the following goals for the APM:

1. Provide long-term, sustainable investments into primary care;
2. Reward performance and introduce accountability for outcomes and access to care while granting flexibility of choice to PCMPs, and;
3. Align with other payment reforms across the delivery system.

Purpose of the Survival Guide

This Survival Guide is meant to inform and help Federally Qualified Health Centers (FQHCs) and their staff in implementing the Department of Health Care Policy and Financing's (Department) new Value Based APM.[1]

Eligibility Criteria

The Value Based APM applies to all FQHCs in Colorado.

Payment Model

Impact on Payment

The Value Based APM model is a point-based system. FQHCs are responsible for selecting the quality measures they will focus on Each measure is assigned a point value. The Department assigned point values in collaboration with the APM workgroups.

The Value Based APM model consists of a set of structural measures which are characteristics of a practice and will be determined pass or fail by the RAE at the PCMP FQHC Site annually. Performance measures are clinical processes or outcomes and will be evaluated based on claims or electronic clinical quality measure (eCQM) reporting on an annual basis.

[1] This guide will be updated regularly and should be considered an iterative document.

If FQHCs achieve their goal for their selected measures and earn enough points, they will continue to receive their full cost-based reimbursement rate. If the FQHC fails to earn enough points, their cost-based reimbursement rates for medical and behavioral health services will be reduced by up to 4%. No FQHC's rate will be reduced below their PPS rate.

The table below specifies the APM score ranges and the corresponding rate reduction:

APM Quality Score range	APM Minus:
0 - 46	3% - 4%
47 - 93	2% - < 3%
94 - 140	1% - < 2%
141 – 189	< 1%
189+	TBD

How to Earn Enhanced Payments

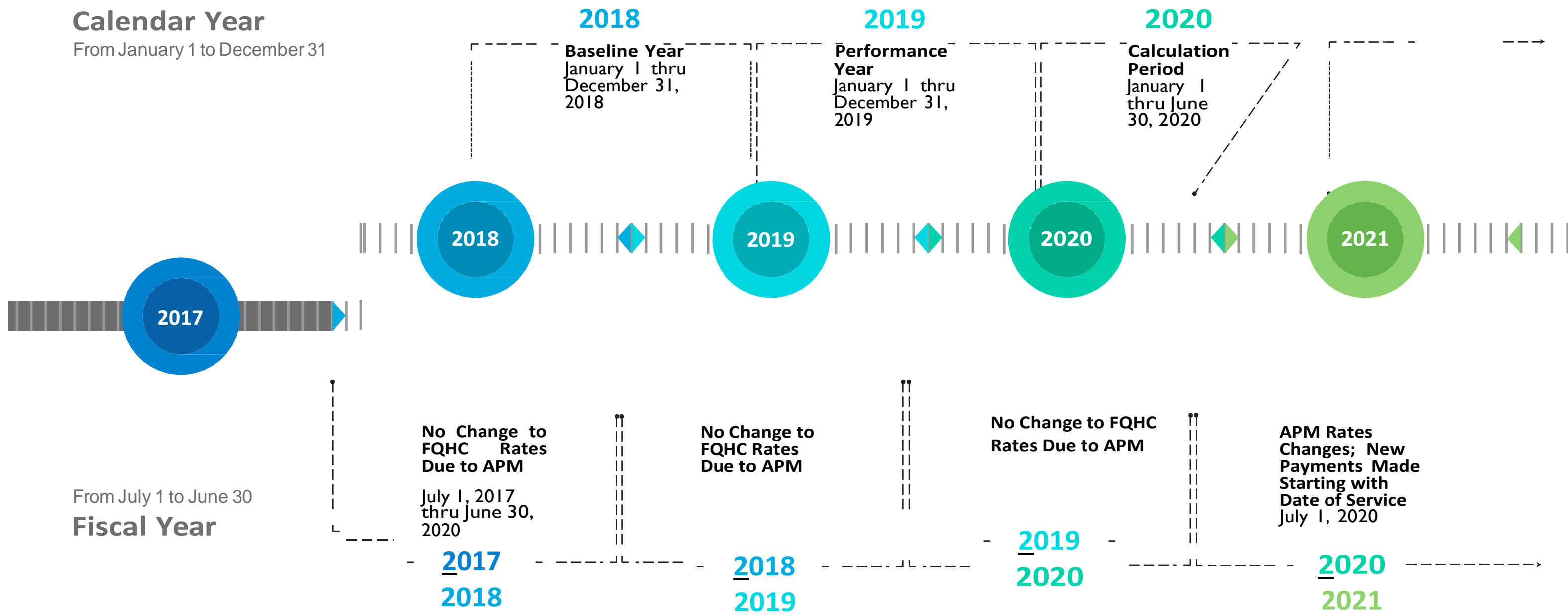
Specifications will be provided at a later date.

Timeline

Calendar year 2018 is the baseline year of the APM. The Department will use data from this year to measure PCMP performance during the performance year of 2019. During the baseline year, PCMPs should validate they selected the right measures. Measures can only be changed during the baseline year. RCCOs supported PCMPs with measure selection for the baseline year and the RAEs are be responsible for supporting PCMPs on improving measures during the performance year.

To ensure credit in the APM for performance on claims-based measures, proper coding is essential.

Payment Timeline



Structural and Performance Measures

- Performance measures focus on clinical processes and outcomes, such as screening for maternal depression or controlling high blood pressure.
- Structural focus on practice characteristics, such as integrating behavioral health care, providing alternative types of encounters or implementing quality improvement activities.

It was the Department's priority, along with CCHN and the APM workgroups, to ensure alignment with other value-based payment efforts to reduce or avoid as much administrative burden on FQHCs as possible.

The final performance measures were developed using elements from other national programs such as the Uniform Data System (UDS), State Innovation Model (SIM), Comprehensive Primary Care Plus (CPC+), and the Quality Payment Program (QPP). The structural measures were developed using the required elements from SIM, CPC+ and the NCQA's Patient Centered Medical Home (PCMH) recognition program.

Measure Selection

FQHCs must select eleven measures which are a combination of structural (5) and performance (6). Points from structural measures are limited to 50% of the points requirement for full reimbursement. Of the performance measures, at least two selected must be claims based measures. The Department suggests the following questions to consider when selecting measures:

- What are you working on for other payers?
- What are you working on for yourself?
- What are the needs of the population you serve?
- Where can you realistically make change?
- FQHCs should also keep in mind:
    - Structural measures are pass/fail and should be easy for a PCMP site to determine how many structural measures they can meet.
    - PCMH recognition can substitute for structural measures.
    - Claims measures will be run for all participants in the Value Based APM and regardless of individual FQHC measure selection.
    - eCQM performance measures are paid for reporting the first year. PCMPs will report eCQM data by March 1st, 2020 and get full credit in the model for those measures when performance is determined, and payment adjusted in July of 2020.

Submission of Measure Selection

PCMPs are expected to submit their initial measure selection by electronic survey between December 1st, 2017 and January 31st, 2018. The Department will coordinate with Colorado Community Health Network on FQHC measure selection for the initial performance period. **Measures cannot be changed during the performance year of 2019.**

FQHCs will default to CCHN Board selected measures. If an FQHC has particular reasons for utilizing different measures, they need to communicate with CCHN prior to January 15, 2018.

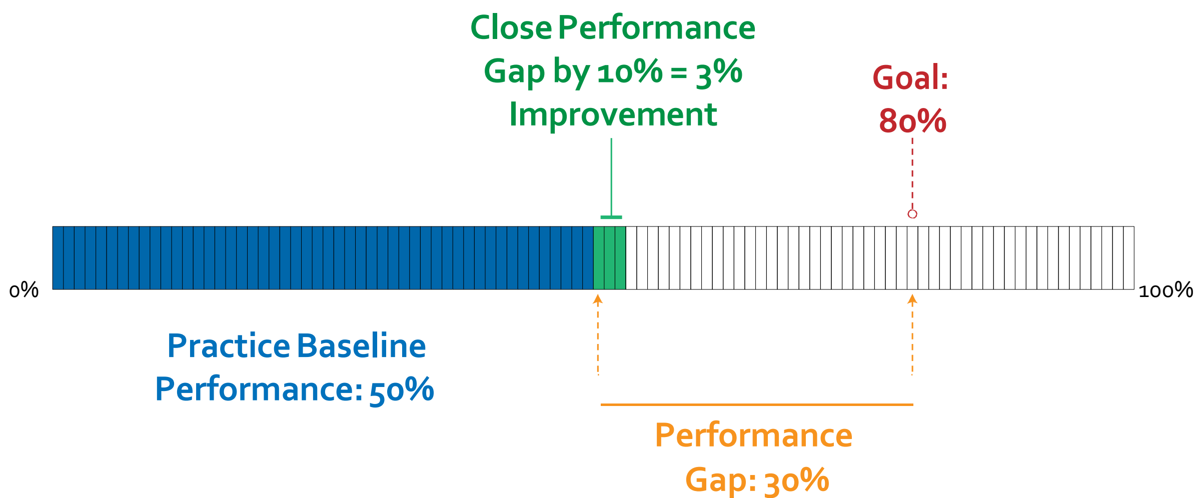
Point Values

In collaboration with our workgroups, the Department assessed the potential value gained by improvement on each measure along with the resource intensity and difficulty of achieving improvement. Measures requiring greater resource intensity and are more difficult to implement or achieve improvement on are given a higher point value.

Close the Gap Concept

Performance measures are awarded achievement based on a FQHC's demonstration of improvement. Using national HEDIS data, the Department has developed statewide goals for each performance measure. FQHCs are expected to demonstrate improvement by "closing the gap" between their own baseline performance and the Department's statewide goal by 10% each reporting year. Thus, FQHCs are measured against their own historical baseline, rather than against other PCMPs or FQHCs during the same period.

For example:



Maintenance of Goals

If an FQHC's baseline for a performance measure is at or above the statewide goal, the FQHC will receive full points for that measure.

Once a FQHC has achieved a structural measure they will receive points for that measure, for one to two years. Structural measures remaining in the APM may evolve to include more rigorous requirements and the maximum amount of points allowable through structural measures may be decreased.

PCMH Recognition from NQCA, AAAHC, or Joint Commission may be substituted for structural measures.

Current PCMP Performance

Structural Measures

PCMPs should be able to keep track of their own progress on selected structural measures based on the definition and documentation requirements outlined. If the practice has any questions about whether they are meeting a Structural measure, they should contact their RAE representative to review.

Claims-based Performance Measures

The Department will measure all claims-based performance measures and **provide feedback to all FQHCs beginning in mid-to-late summer of 2018**.

To ensure credit in the APM for performance on claims-based measures, proper coding is essential. PCMPs should always refer to the claims performance measure specification sheets for proper coding information.

eCQM

Practices who have Certified EHR Technology (CEHRT) reporting capabilities should be able to check their own progress on eCQM measures on an ongoing basis. To verify frequency of data refreshing, they should contact their EHR vendor or support company. The Department will work with SIM, CPC+, CCHN and Colorado Community Managed Care Network (CCMCN) to gather eCQM data for FQHCs participating in those initiatives.

How will the PCMPs be Supported in APM?

The RAE is responsible for supporting PCMPs, including FQHCs, by:

- Designating a single point of contact for practices for questions and support with the APM. The RAE will communicate this contact information to practices.

- Tracking which measures were selected by each participating PCMP.
- Ongoing education and support to PCMPs to help ensure successful participation in the APM.
- Confirming and reporting SIM/CPC+ participation & good standing.
- Confirming and reporting PCMH recognition/certification/accreditation from one of the following entities:
  - ☐ National Council for Quality Assurance
  - ☐ Joint Commission
  - ☐ Utilization Review Accreditation Commission
  - ☐ Accreditation Association for Ambulatory Health Care, Inc

Additional Support:

CCHN, the FQHC membership organization, will also provide FQHC model specific technical assistance and practice transformation support. For questions about CCHN's available support and assistance, please email APM@cchn.org.

Contact

Email questions to: HCPF_primarycarepaymentreform@hcpf.state.co.us

Resources

Primary Care Payment Reform Website

eCQI Resource Center (eligible professional/eligible clinician eCQMs)

Colorado State Innovation Model

Centers for Medicare and Medicaid Quality Payment Program