



COLORADO

**Department of Health Care
Policy & Financing**

Department of Health Care Policy & Financing
1570 Grant Street
Denver, CO 80203

RE: Primary Care Workgroups

Date: October 18, 2016

Meeting 1- Overview October 19th

During the overview we will talk about the state and federal landscape of payment reform and specifically what that means for Colorado primary care. We will talk about shared goals between the State and primary care providers, and how we can work together to create value-based purchasing models that 1) provide for a long-term sustainable investment strategy in primary care, 2) reward performance, 3) create revenue streams to primary care providers that do not rely on volume and allow for greater flexibility in providing care to clients, and 4) align with MACRA which will allow primary care providers to more easily hit value-based purchasing participation targets which will not just translate into more Medicaid dollars, but more Medicare dollars as well.

As we work together to flesh out the value-based purchasing models, there are several areas where we will need to partner with different types of experts in the community to flesh out operational and policy detail to ensure the models we implement make sense from the ground level up. Participation will be drawn from groups other than the PCA as applicable such as PIAC or practices participating in SIM. All workgroup activity will be shared publicly, but will not be the exclusive forums for development and vetting of value-based purchasing models for primary care.

Criteria- Work sessions to start in mid-November

This workgroup will provide input/feedback regarding the criteria and practice characteristics that would make a practice eligible to participate in a value-based purchasing models and criteria that would be used to evaluate performance. Primary care value-based purchasing models will aim to create alignment across state and federal initiatives and across payers where possible. This strategy will reduce reform fatigue and will allow providers to focus on a limited set of prioritized quality improvement areas. Consequently, the workgroup will not be creating the criteria from scratch, but will instead be providing feedback and boots-on-the-ground perspective regarding how the Department proposes to incorporate the criteria from these other initiatives and reward quality improvement, cost effectiveness, and integrated care.

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PIAC Stakeholders

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- Expertise emphasis: practice staff familiar with SIM and integrated care implementation strategies, operations staff, practices participating in CPCi or other initiatives that promote comprehensive primary care, staff with expertise in practice level quality improvement strategies
- Estimated time commitment: Three work sessions over three months

Designation- Work session to take place during the third meeting of the Criteria work group (likely mid-January)

This workgroup will provide input/feedback on the practice designation process, which is the process by which practices are deemed eligible for participation in value-based purchasing models, or earning financial incentives. This is the mechanism by which performance is communicated to the Department for the purposes of payment.

- Expertise emphasis: practices that have participated in the EPCMP incentive program under the ACC, RCCO operations and leadership staff
- Estimated time commitment: One work session

Measurement – Work sessions to overlap with Criteria workgroup, but will continue after that workgroup completes its work

This workgroup will provide input/feedback regarding how the performance criteria and practice characteristics will be quantitatively and qualitatively measured.

- Expertise emphasis: HER/systems staff, Quality improvement staff
- Estimated time commitment: Five work sessions over five months

Payment Design – Work sessions to start in mid-January or early February

This workgroup will provide input/feedback regarding proposed payment design - how the Department will propose attaching funding to achievement of quality and performance goals. Again, please note that this will not be the only forum where these discussions will take place. Through this workgroup the Department is seeking practice level perspective regarding how the payment reforms will allow for and promote innovate and practice transformation while maintaining accountability and transparency.

- Expertise emphasis: practices that have participated in CPCi, the EPCMP program under the ACC, SIM, primary care capitation pilots under the ACC, or other practice transformation initiatives
- Estimated time commitment: Two working sessions over two months



Attribution – Work sessions to start in mid-January or early February

This workgroup will provide input/feedback regarding the client attribution process. Client attribution determines which clients a primary care provider would both be measured on in terms of performance, but would also receive a capitation for under the most advanced value-based purchasing payment models.

- Expertise emphasis: billing and finance staff, and staff with operational expertise in client panel management
- Estimated time commitment: One work session

Track 2 – Work sessions to start in mid-January or early February (overlapping with Attribution workgroup)

This workgroup will work through operation detail needed to implement primary care capitation models similar to those proposed by Medicare in the CPC+ initiative under the payment Track 2.

- Expertise emphasis: Providers applying for CPC+ with an interest in Medicare's proposed Track 2 payment methodology
- Estimated time commitment: Three work sessions over three months

