

November 2, 2020

The Honorable Daneya Esgar, Chair Joint Budget Committee 200 East 14th Avenue, Third Floor Denver, CO 80203

Dear Representative Esgar:

Enclosed please find a legislative report to the Joint Budget Committee from the Department of Health Care Policy and Financing on Performance-Based Payments.

Pursuant to section 25.5-4-401.2, C.R.S., on or before November 1, 2017, and on or before November 1 each year thereafter, the Department of Health Care Policy and Financing (the Department) shall prepare a written report describing rules adopted by the state board and contract provisions approved by the Centers for Medicare and Medicaid Services in the preceding calendar year that authorize payments to providers based on performance.

Federally Qualified Health Centers (FQHC) and Primary Care Medical Providers (PCMP) Value-Based Alternative Payment Methodology (APM)

The Value-Based APM is a point-based system with a payment structure specific to participating Federally Qualified Health Centers (FQHCs) and PCMPs. The FQHCs and PCMPs are responsible for selecting quality measures to focus on with each measure having an assigned point value. The program model consists of both structural and performance measures. Structural measures are characteristics of a practice and will be determined, pass or fail, by the Regional Accountable Entity (RAE) at the FQHC and PCMP 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. The goal of the Value-Based APM is to reward improved quality of care while managing costs. The Department is committed to aligning performance incentives across the entire delivery system to ensure program participants can be successful within the APM.

The Department is currently in the process of reviewing and updating the measure set for calendar year 2021. The measure set updates include expanding choices for eCQMs, aligning with other payers in Colorado to reduce provider burden, and ensuring weighting is reflective of how difficult it is to implement and report on the measures selected. This



process involves extensive stakeholder feedback. A description of more recent changes can be found in the SB18-226 report that is currently being drafted by the Department.

Value-Based APM Specific to the FQHCs

Pursuant to a rule approved by the Medical Services Board, effective June 30, 2018, a portion of FQHCs' physical health and specialty behavioral health rates are at risk based on the FQHCs quality modifier. An FQHC's quality modifier is determined by the FQHCs performance on quality indicators in the previous calendar year and the first rate modification was effective July 1, 2020.

The Value-Based APM incentivizes FQHCs to improve data collection, analyze data to create plans to improve performance on identified measures, and modify clinical work to improve outcomes. The anticipated impact of this program includes, for example, better chronic care management, and increased screening for cancer, depression, and sexually transmitted infections. Providing claims data and feedback on progress to PCMPs help providers improve their processes and become, or maintain status as, high-achieving medical homes.

PCMP Value-Based APM

The PCMP Value-Based APM's performance measures were developed using elements from other national programs, such as the State Innovation Model (SIM), Uniform Data System (UDS), National Commission on Quality Assurances' (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS), 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.

There were no rule or contract changes for the PCMP Value-Based APM in calendar year 2019. However, in 2019, a stakeholder engagement process was conducted to make minor alterations to the measure set. The eligibility requirements to address billing issues with PCMP IDs changed and a system change request (SCR) was instituted to further address this issue.

Pay for Performance in the Accountable Care Collaborative (ACC)

In 2018, CMS approved various performance based payment programs offered through the Accountable Care Collaborative (ACC). The ACC features:

 Key Performance Indicators--A set of measures that reward the RAEs' and their provider networks for achieving progress toward building a coordinated communitybased approach to meet members' unique health needs while reducing costs.



- Behavioral Health Incentive Program--A set of measures tied to the capitated behavioral health benefit to encourage the RAEs and their provider networks to make meaningful changes within the behavioral health system.
- Payment Reform Initiatives--Under Section 215.5-5-415, C.R.S., the department has implemented two payment reform initiatives as part of the ACC: Rocky Mountain Health Plans Prime and Denver Health Medicaid Choice.

Detailed information on the ACC pay for performance programs can be found in the annual legislative reports on both the ACC and ACC Payment Reform Programs located on the Department's website (https://www.colorado.gov/hcpf/legislator-resource-center).

If you require further information or have additional questions, please contact the Department's Legislative Analyst, Jill Mullen, at <u>Jill.Mullen@state.co.us</u> or 303-866-6912.

Sincerely,

Kim Bimestefer Executive Director

Health Care Policy and Financing

KB/zm

CC: Senator Dominick Moreno, Vice-chair, Joint Budget Committee
Representative Julie McCluskie, Joint Budget Committee
Representative Kim Ransom, Joint Budget Committee
Senator Bob Rankin, Joint Budget Committee
Senator Rachel Zenzinger, Joint Budget Committee
Carolyn Kampman, Staff Director, JBC
Eric Kurtz, JBC Analyst
Lauren Larson, Director, Office of State Planning and Budgeting
Edmond Toy, Budget Analyst, Office of State Planning and Budgeting
Legislative Council Library
State Library
John Bartholomew, Finance Office Director, HCPF
Tracy Johnson, Medicaid Director, HCPF
Bonnie Silva, Community Living Interim Office Director, HCPF

Anne Saumur, Cost Control Office Director, HCPF



Tom Massey, Policy, Communications, and Administration Office Director, HCPF

Parrish Steinbrecher, Health Information Office Director, HCPF Rachel Reiter, External Relations Division Director, HCPF





November 2, 2020

The Honorable Susan Lontine, Chair House Health and Insurance Committee 200 E. Colfax Avenue Denver, CO 80203

Dear Representative Lontine:

Enclosed please find a legislative report to the House Health and Insurance Committee from the Department of Health Care Policy and Financing on Performance-Based Payments.

Pursuant to section 25.5-4-401.2, C.R.S., on or before November 1, 2017, and on or before November 1 each year thereafter, the Department of Health Care Policy and Financing (the Department) shall prepare a written report describing rules adopted by the state board and contract provisions approved by the Centers for Medicare and Medicaid Services in the preceding calendar year that authorize payments to providers based on performance.

Federally Qualified Health Centers (FQHC) and Primary Care Medical Providers (PCMP) Value-Based Alternative Payment Methodology (APM)

The Value-Based APM is a point-based system with a payment structure specific to participating Federally Qualified Health Centers (FQHCs) and PCMPs. The FQHCs and PCMPs are responsible for selecting quality measures to focus on with each measure having an assigned point value. The program model consists of both structural and performance measures. Structural measures are characteristics of a practice and will be determined, pass or fail, by the Regional Accountable Entity (RAE) at the FQHC and PCMP 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. The goal of the Value-Based APM is to reward improved quality of care while managing costs. The Department is committed to aligning performance incentives across the entire delivery system to ensure program participants can be successful within the APM.

The Department is currently in the process of reviewing and updating the measure set for calendar year 2021. The measure set updates include expanding choices for eCQMs, aligning with other payers in Colorado to reduce provider burden, and ensuring weighting is reflective of how difficult it is to implement and report on the measures selected. This



process involves extensive stakeholder feedback. A description of more recent changes can be found in the SB18-226 report that is currently being drafted by the Department.

Value-Based APM Specific to the FQHCs

Pursuant to a rule approved by the Medical Services Board, effective June 30, 2018, a portion of FQHCs' physical health and specialty behavioral health rates are at risk based on the FQHCs quality modifier. An FQHC's quality modifier is determined by the FQHCs performance on quality indicators in the previous calendar year and the first rate modification was effective July 1, 2020.

The Value-Based APM incentivizes FQHCs to improve data collection, analyze data to create plans to improve performance on identified measures, and modify clinical work to improve outcomes. The anticipated impact of this program includes, for example, better chronic care management, and increased screening for cancer, depression, and sexually transmitted infections. Providing claims data and feedback on progress to PCMPs help providers improve their processes and become, or maintain status as, high-achieving medical homes.

PCMP Value-Based APM

The PCMP Value-Based APM's performance measures were developed using elements from other national programs, such as the State Innovation Model (SIM), Uniform Data System (UDS), National Commission on Quality Assurances' (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS), 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.

There were no rule or contract changes for the PCMP Value-Based APM in calendar year 2019. However, in 2019, a stakeholder engagement process was conducted to make minor alterations to the measure set. The eligibility requirements to address billing issues with PCMP IDs changed and a system change request (SCR) was instituted to further address this issue.

Pay for Performance in the Accountable Care Collaborative (ACC)

In 2018, CMS approved various performance based payment programs offered through the Accountable Care Collaborative (ACC). The ACC features:

 Key Performance Indicators--A set of measures that reward the RAEs' and their provider networks for achieving progress toward building a coordinated communitybased approach to meet members' unique health needs while reducing costs.



- Behavioral Health Incentive Program--A set of measures tied to the capitated behavioral health benefit to encourage the RAEs and their provider networks to make meaningful changes within the behavioral health system.
- Payment Reform Initiatives--Under Section 215.5-5-415, C.R.S., the department has implemented two payment reform initiatives as part of the ACC: Rocky Mountain Health Plans Prime and Denver Health Medicaid Choice.

Detailed information on the ACC pay for performance programs can be found in the annual legislative reports on both the ACC and ACC Payment Reform Programs located on the Department's website (https://www.colorado.gov/hcpf/legislator-resource-center).

If you require further information or have additional questions, please contact the Department's Legislative Analyst, Jill Mullen, at <u>Jill.Mullen@state.co.us</u> or 303-866-6912.

Sincerely,

Kim Bimestefer Executive Director

Health Care Policy and Financing

KB/zm

CC: Representative Yadira Caraveo, Vice Chair, Health and Insurance Committee Representative Mark Baisley, Health and Insurance Committee Representative Janet Buckner, Health and Insurance Committee Representative Richard Champion, Health and Insurance Committee Representative Dominique Jackson, Health and Insurance Committee Representative Kerry Tipper, Health and Insurance Committee Representative Kyle Mullica, Health and Insurance Committee Representative Matt Soper, Health and Insurance Committee Representative Brianna Titone, Health and Insurance Committee Representative Perry Will, Health and Insurance Committee Legislative Council Library State Library John Bartholomew, Finance Office Director, HCPF Tracy Johnson, Medicaid Director, HCPF Bonnie Silva, Community Living Interim Office Director, HCPF Tom Massey, Policy, Communications, and Administration Office Director, HCPF



Anne Saumur, Cost Control Office Director, HCPF

Parrish Steinbrecher, Health Information Office Director, HCPF Rachel Reiter, External Relations Division Director, HCPF





November 2, 2020

The Honorable Jonathan Singer, Chair House Public Health Care and Human Services Committee 200 E. Colfax Avenue Denver, CO 80203

Dear Representative Singer:

Enclosed please find a legislative report to the House Public Health Care and Human Services Committee from the Department of Health Care Policy and Financing on Performance-Based Payments.

Pursuant to section 25.5-4-401.2, C.R.S., on or before November 1, 2017, and on or before November 1 each year thereafter, the Department of Health Care Policy and Financing (the Department) shall prepare a written report describing rules adopted by the state board and contract provisions approved by the Centers for Medicare and Medicaid Services in the preceding calendar year that authorize payments to providers based on performance.

Federally Qualified Health Centers (FQHC) and Primary Care Medical Providers (PCMP) Value-Based Alternative Payment Methodology (APM)

The Value-Based APM is a point-based system with a payment structure specific to participating Federally Qualified Health Centers (FQHCs) and PCMPs. The FQHCs and PCMPs are responsible for selecting quality measures to focus on with each measure having an assigned point value. The program model consists of both structural and performance measures. Structural measures are characteristics of a practice and will be determined, pass or fail, by the Regional Accountable Entity (RAE) at the FQHC and PCMP 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. The goal of the Value-Based APM is to reward improved quality of care while managing costs. The Department is committed to aligning performance incentives across the entire delivery system to ensure program participants can be successful within the APM.

The Department is currently in the process of reviewing and updating the measure set for calendar year 2021. The measure set updates include expanding choices for eCQMs, aligning with other payers in Colorado to reduce provider burden, and ensuring weighting is



reflective of how difficult it is to implement and report on the measures selected. This process involves extensive stakeholder feedback. A description of more recent changes can be found in the SB18-226 report that is currently being drafted by the Department.

Value-Based APM Specific to the FQHCs

Pursuant to a rule approved by the Medical Services Board, effective June 30, 2018, a portion of FQHCs' physical health and specialty behavioral health rates are at risk based on the FQHCs quality modifier. An FQHC's quality modifier is determined by the FQHCs performance on quality indicators in the previous calendar year and the first rate modification was effective July 1, 2020.

The Value-Based APM incentivizes FQHCs to improve data collection, analyze data to create plans to improve performance on identified measures, and modify clinical work to improve outcomes. The anticipated impact of this program includes, for example, better chronic care management, and increased screening for cancer, depression, and sexually transmitted infections. Providing claims data and feedback on progress to PCMPs help providers improve their processes and become, or maintain status as, high-achieving medical homes.

PCMP Value-Based APM

The PCMP Value-Based APM's performance measures were developed using elements from other national programs, such as the State Innovation Model (SIM), Uniform Data System (UDS), National Commission on Quality Assurances' (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS), 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.

There were no rule or contract changes for the PCMP Value-Based APM in calendar year 2019. However, in 2019, a stakeholder engagement process was conducted to make minor alterations to the measure set. The eligibility requirements to address billing issues with PCMP IDs changed and a system change request (SCR) was instituted to further address this issue.

Pay for Performance in the Accountable Care Collaborative (ACC)

In 2018, CMS approved various performance based payment programs offered through the Accountable Care Collaborative (ACC). The ACC features:

• Key Performance Indicators--A set of measures that reward the RAEs' and their provider networks for achieving progress toward building a coordinated community-based approach to meet members' unique health needs while reducing costs.



- Behavioral Health Incentive Program--A set of measures tied to the capitated behavioral health benefit to encourage the RAEs and their provider networks to make meaningful changes within the behavioral health system.
- Payment Reform Initiatives--Under Section 215.5-5-415, C.R.S., the department has implemented two payment reform initiatives as part of the ACC: Rocky Mountain Health Plans Prime and Denver Health Medicaid Choice.

Detailed information on the ACC pay for performance programs can be found in the annual legislative reports on both the ACC and ACC Payment Reform Programs located on the Department's website (https://www.colorado.gov/hcpf/legislator-resource-center).

If you require further information or have additional questions, please contact the Department's Legislative Analyst, Jill Mullen, at <u>Jill.Mullen@state.co.us</u> or 303-866-6912.

Sincerely,

Kim Bimestefer Executive Director

Health Care Policy and Financing

KB/zm

CC: Representative Dafna Michaelson Jenet, Vice Chair, Public Health Care and Human Services Committee

Representative Yadira Caraveo, Public Health Care and Human Services Committee Representative Lisa Cutter, Public Health Care and Human Services Committee Representative Serena Gonzales-Gutierrez, Public Health Care and Human Services Committee

Representative Richard Holtorf, Public Health Care and Human Services Representative Sonya Jacquez Lewis, Public Health Care and Human Services Committee

Representative Lois Landgraf, Public Health Care and Human Services Committee Representative Colin Larson, Public Health Care and Human Services Committee Representative Larry Liston, Public Health Care and Human Services Committee Representative Kyle Mullica, Public Health Care and Human Services Committee Representative Rod Pelton, Public Health Care and Human Services Committee Representative Mary Young, Public Health Care and Human Services Committee Legislative Council Library

State Library



John Bartholomew, Finance Office Director, HCPF
Tracy Johnson, Medicaid Director, HCPF
Bonnie Silva, Community Living Interim Office Director, HCPF
Tom Massey, Policy, Communications, and Administration Office Director, HCPF
Anne Saumur, Cost Control Office Director, HCPF
Parrish Steinbrecher, Health Information Office Director, HCPF
Rachel Reiter, External Relations Division Director, HCPF





November 2, 2020

The Honorable Rhonda Fields, Chair Senate Health and Human Services Committee 200 E. Colfax Avenue Denver, CO 80203

Dear Senator Fields:

Enclosed please find a legislative report to the Senate Health and Human Services Committee from the Department of Health Care Policy and Financing on Performance-Based Payments.

Pursuant to section 25.5-4-401.2, C.R.S., on or before November 1, 2017, and on or before November 1 each year thereafter, the Department of Health Care Policy and Financing (the Department) shall prepare a written report describing rules adopted by the state board and contract provisions approved by the Centers for Medicare and Medicaid Services in the preceding calendar year that authorize payments to providers based on performance.

Federally Qualified Health Centers (FQHC) and Primary Care Medical Providers (PCMP) Value-Based Alternative Payment Methodology (APM)

The Value-Based APM is a point-based system with a payment structure specific to participating Federally Qualified Health Centers (FQHCs) and PCMPs. The FQHCs and PCMPs are responsible for selecting quality measures to focus on with each measure having an assigned point value. The program model consists of both structural and performance measures. Structural measures are characteristics of a practice and will be determined, pass or fail, by the Regional Accountable Entity (RAE) at the FQHC and PCMP 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. The goal of the Value-Based APM is to reward improved quality of care while managing costs. The Department is committed to aligning performance incentives across the entire delivery system to ensure program participants can be successful within the APM.

The Department is currently in the process of reviewing and updating the measure set for calendar year 2021. The measure set updates include expanding choices for eCQMs, aligning with other payers in Colorado to reduce provider burden, and ensuring weighting is



reflective of how difficult it is to implement and report on the measures selected. This process involves extensive stakeholder feedback. A description of more recent changes can be found in the SB18-226 report that is currently being drafted by the Department.

Value-Based APM Specific to the FQHCs

Pursuant to a rule approved by the Medical Services Board, effective June 30, 2018, a portion of FQHCs' physical health and specialty behavioral health rates are at risk based on the FQHCs quality modifier. An FQHC's quality modifier is determined by the FQHCs performance on quality indicators in the previous calendar year and the first rate modification was effective July 1, 2020.

The Value-Based APM incentivizes FQHCs to improve data collection, analyze data to create plans to improve performance on identified measures, and modify clinical work to improve outcomes. The anticipated impact of this program includes, for example, better chronic care management, and increased screening for cancer, depression, and sexually transmitted infections. Providing claims data and feedback on progress to PCMPs help providers improve their processes and become, or maintain status as, high-achieving medical homes.

PCMP Value-Based APM

The PCMP Value-Based APM's performance measures were developed using elements from other national programs, such as the State Innovation Model (SIM), Uniform Data System (UDS), National Commission on Quality Assurances' (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS), 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.

There were no rule or contract changes for the PCMP Value-Based APM in calendar year 2019. However, in 2019, a stakeholder engagement process was conducted to make minor alterations to the measure set. The eligibility requirements to address billing issues with PCMP IDs changed and a system change request (SCR) was instituted to further address this issue.

Pay for Performance in the Accountable Care Collaborative (ACC)

In 2018, CMS approved various performance based payment programs offered through the Accountable Care Collaborative (ACC). The ACC features:

 Key Performance Indicators--A set of measures that reward the RAEs' and their provider networks for achieving progress toward building a coordinated communitybased approach to meet members' unique health needs while reducing costs.



- Behavioral Health Incentive Program--A set of measures tied to the capitated behavioral health benefit to encourage the RAEs and their provider networks to make meaningful changes within the behavioral health system.
- Payment Reform Initiatives--Under Section 215.5-5-415, C.R.S., the department has implemented two payment reform initiatives as part of the ACC: Rocky Mountain Health Plans Prime and Denver Health Medicaid Choice.

Detailed information on the ACC pay for performance programs can be found in the annual legislative reports on both the ACC and ACC Payment Reform Programs located on the Department's website (https://www.colorado.gov/hcpf/legislator-resource-center).

If you require further information or have additional questions, please contact the Department's Legislative Analyst, Jill Mullen, at <u>Jill.Mullen@state.co.us</u> or 303-866-6912.

Sincerely,

Kim Bimestefer Executive Director

Health Care Policy and Financing

KB/zm

CC: Senator Faith Winter, Vice Chair, Health and Human Services Committee Senator Larry Crowder, Health and Human Services Committee Senator Jim Smallwood, Health and Human Services Committee Senator Joann Ginal, Health and Human Services Committee Legislative Council Library State Library

John Bartholomew, Finance Office Director, HCPF
Tracy Johnson, Medicaid Director, HCPF
Bonnie Silva, Community Living Interim Office Director, HCPF
Tom Massey, Policy, Communications, and Administration Office Director, HCPF
Anne Saumur, Cost Control Office Director, HCPF
Parrish Steinbrecher, Health Information Office Director, HCPF
Rachel Reiter, External Relations Division Director, HCPF

