COLORADO
Department of Health Care Policy & Financing

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

November 1, 2019

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

Dear Senator Moreno:

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.

FQHC Value Based Alternative Payment Methodology (APM)

Pursuant to a rule approved by the Medical Services Board, effective June 30, 2018, a portion of Federally Qualified Health Centers' (FQHC) physical health and specialty behavior health rates are at-risk based on the FQHC's quality modifier. An FQHC's quality modifier is determined by the FQHC's performance on quality indicators in the previous calendar year and the first rate modification will be effective starting July 1, 2020. The Value Based Alternative Payment Methodology (APM) model is a point-based system. Primary Care Medical Providers (PCMPs) which are not FQHCs have not yet had rules approved by the Medical Services Board. However, the quality framework and timing of rate changes for non-FQHC PCMPs are similar, so the following description generally applies to both. FQHCs are responsible for selecting the quality measures they will focus on; each measure is assigned a point value.

The 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 PCMP or FQHC site annually. Certification of primary

medical home status by a national standard setting body can be used to substitute for structural measure selection. 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 containing costs. The Department is committed to aligning performance incentives across the entire delivery system to ensure primary care providers can be successful with the APM. For example, the Department has created incentive payment programs for the RAEs to support primary care in meeting the demand for services with greater emphasis placed 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. Engagement with commercial payers has taken place to seek alignment on APM measures. The Value Based APM is highly aligned with the APM for non-FQHC primary care providers. Attached to this report is a table designed by Colorado Health Institute that illustrates the APM alignment with key focus areas and shows alignment among other programs.

The performance measures were developed using elements from other national programs, such as the State Innovation Model (SIM), 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.

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

To limit the administrative burden on Providers, the Department developed the performance measures using elements from other national programs such as the Uniform Data System (UDS), State Innovation Model (SIM), Comprehensive Primary Care Plus (CPC+), the Quality Payment Program (QPP), and the NCQA's HEDIS and PCMH Programs. The Department has

worked extensively with the Colorado Community Health Network (CCHN), the body which represents the FQHCs, to gather stakeholder feedback and for assistance in explaining the model to FQHCs. The RAEs have been instrumental in providing feedback and disseminating information to both FQHC and non-FQHC providers. The Department is also working with the Colorado Community Managed Care Network (CCMCN), the Colorado Regional Health Information Organization (CORHIO), and the Quality Health Network (QHN) work with providers to acquire and analyze data from their electronic health records and also to help develop systems providers can use to report on and improve their performance.

Starting in the Fall of 2016, the Department engaged with six workgroups consisting of primary care physicians, primary care practice coordinators and office managers, Regional Care Collaborative Organizations (RCCOs), Regional Accountability Entities (to design the APM), and the Colorado Community Health Network (regarding specific difference 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 the RAEs, CCHN, PCPs, FQHCs, and other stakeholders, on implementing and operationalizing the new payment model.

The Department is currently in the process of reviewing and updating the measure set for Calendar Year 2020. The measure set updates include expanding choices for electronic Clinical Quality Measures, 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 update of the measure set includes extensive stakeholder feedback, which is still being collected. Changes to the model will not be finalized prior to the submission of this report.

Pay for Performance in the Accountable Care Collaborative

On July 1, 2018, the Department implemented Phase II of the Accountable Care Collaborative (ACC). Within the ACC, the Department contracts with seven Regional Accountable Entities (RAEs), one in each region. These contracts which were approved by the Centers for Medicare and Medicaid Services and were effective July 1, 2018. The approved contracts articulate the ACC's incentives and performance-based payments.

The ACC's Pay for Performance Program enables the RAEs to earn financial incentives for achieving performance and programmatic objectives. It consists of three components: Key Performance Indicators, Performance Pool and Behavioral Health Incentive Program. These components are described below.

The Department is making all incentive payments directly to each RAE. This provides the RAEs with greater flexibility to design innovative value-based payment arrangements with their network providers and maximize performance. The contracts require that over the course of the seven-year contract period, the RAEs develop a strategy to evolve their administrative payments to network providers by tying a greater proportion of the dollars to value and aligning with other Department alternative payment methodologies.

Key Performance Indicators

The Key Performance Indicators (KPIs) were designed to assess the overall health of the ACC program and reward RAEs for improvement of the regional delivery system. The Department selected measures that highlight the RAEs' progress toward building a coordinated, community-based approach, to meet member health needs and reduce costs. The FY 2018-2019 contracts hold the RAEs accountable for performance on seven KPIs: well visits, behavioral health engagement, prenatal care, emergency department utilization, dental care utilization, potentially avoidable costs, and building a healthy neighborhood.

Many of the KPIs align with metrics of the APM program. For example, the KPI for well visits aligns with a provider focus on increasing well visits for children and adolescents. The alignment can make it easier for providers as they are not required to learn multiple code sets to capture the same services, and it ensures support from the RAEs in making improvements to performance in similar focus areas. The RAEs are required by contract to offer practice transformation support to providers in their network that are interested in improving performance as a medical home and participating in alternative payment models, including the Department's APM.

Prior to implementation of Phase II, the Department conducted an extensive stakeholder process. These activities included but were not limited to more than 60 meetings held around the state and development of a request for information prior to finalizing the Request for Proposal and subsequent contracts. Once the vendors were selected, the Department worked closely with the RAEs to finalize the performance specifications. The RAEs were given the opportunity to formally submit their feedback in writing to the Department, and the KPI specifications were updated as appropriate.

During calendar year 2018, both prior to and after implementation, the Department also solicited feedback from other stakeholders through the Health Impact on Lives sub-committee of the ACC's Program Improvement Advisory Committee.

The Department has continued to hear feedback regarding the evolution of the KPIs throughout the first year of implementation of ACC Phase II. The Department is in the preliminary stages of informal discussions with a small number of stakeholders regarding this feedback. However, changes to the KPIs, if any, would only occur after considerable formal consultation with the RAEs, PIAC, and other stakeholders, which has not occurred.

Final performance for FY 2018-19 is not yet available and will be reported by the Department through separate communications.

Performance Pool

Funds from the Key Performance Indicators that did not get distributed to the RAEs have been placed in a pool of funds available for additional performance and programmatic priorities that align with state and Department initiatives. For the first year, SFY 2018-19, the Department incentivized the RAEs to develop strategies and provide analysis on existing resources available to the Department's identified complex populations and top chronic conditions. This information is being used by the Department to establish performance-based metrics for FY 2019-20 to hold the RAEs accountable for improving costs and health outcomes for targeted members with complex health conditions.

Behavioral Health Incentive Program

An additional ACC payment innovation is the Behavioral Health Incentive Program (BHIP), approved by CMS in the same RAE contracts as discussed above.

The Department initiated the BHIP for the performance period of July 2017 – June 2018 when the Behavioral Health Organizations (BHOs) were responsible for administering the Department's capitated behavioral health benefit. The BHIP was developed out of an effort to tie additional value to the behavioral health capitated program and to encourage meaningful changes within the behavioral health system that improve health outcomes for members while containing program costs.

The BHIP was developed in collaboration with the Office of Behavioral Health (OBH) and the BHOs. With the implementation of phase two of the ACC the Department retained in the RAE contracts the BHIP with some modifications in the measures. Changes in the measures were designed to reflect with new expanded scope of responsibility for the RAEs, to promote an

integrated approach to managing members' behavioral and physical health needs, and to address lessons learned under the BHOs.

The measures selected as part of the current BHIP are, in part, based on previously existing performance measures that had been monitored by the Department, the BHOs, and the External Quality Review Organization. Four of the five BHIP incentive measures for the RAEs were included in some form as part of the FY 2017-18 BHIP for the BHOs. Measures align with Healthcare Effectiveness Data and Information Set (HEDIS) with some modifications made to correctly capture the unique nature of the ACC and state billing practices. In this way, the Department has sought to limit the administrative burden on providers. The specific measures included in the 2018-19 contract are:

- Engagement in Outpatient Substance Use Disorder (SUD) Treatment;
- Follow-up within 7 days after an Inpatient Hospital Discharge for a Mental Health Condition;
- Follow-up within 7 days after an Emergency Department Visit for a SUD;
- Follow-up after a Positive Depression Screen;
- Behavioral Health Screening for Assessment for Foster Care Children;

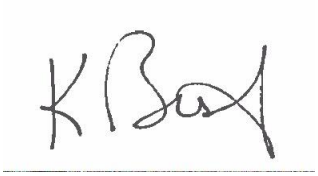
The Department has worked closely with the RAEs, and the BHOs previously, to determine the final measure specifications to ensure they accurately reflect state practice and policies. The Department documents all the specifications annually in the Behavioral Incentive Specification Document for each performance year, which also tracks any modifications made to the measures during the performance year. Based on feedback from the RAEs, the Department has recalculated baselines and revised the BHIP measure specification document.

Performance data on these measures is not available as annual performance is calculated between October and December following the end of the performance year period, which is the state fiscal year, to allow for submission of all claims. The Department's External Quality Review Organization validates the Department's measures in January each year.

Please find enclosed with this report a table that illustrates the APM measure alignment.

If you require further information or have additional questions, please contact the Department's Legislative Liaison, Nina Schwartz, at Nina.Schwartz@state.co.us or 303-866-6912.

Sincerely,



Kim Bimestefer
Executive Director

KB/zm

Enclosure(s): 2020 Proposed APM Measure Alignment Table

CC: Representative Daneya Esgar, Vice-chair, Joint Budget Committee
Representative Chris Hansen, 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
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State Library
John Bartholomew, Finance Office Director, HCPF
Tracy Johnson, Medicaid Director, HCPF
Bonnie Silva, Community Living Office Director, HCPF
Tom Massey, Policy, Communications, and Administration Office Director, HCPF
Stephanie Ziegler, Cost Control Office Director, HCPF
Parrish Steinbrecher, Health Information Office Director, HCPF
Rachel Reiter, External Relations Division Director, HCPF
Nina Schwartz, Legislative Liaison, HCPF

2020 Proposed APM Measure Alignment

Focus Area	APM	HTP	ACC KPI	ACC BHIP
Maternity	✓	✓	✓	
Chronic Care Management	✓	✓		
Dental Care	✓		✓	
Substance Use	✓	✓		✓
Mental Health	✓	✓	✓	✓
Wellness	✓	✓	✓	
Hospital Utilization	✓	✓	✓	✓
Specialty Care	✓	✓	✓	

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Department of Health Care Policy & Financing

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1570 Grant Street
Denver, CO 80203

November 1, 2019

The Honorable Jonathan Singer, Chair
House Public Health Care and Human Services Committee
200 East 14th Avenue, Third Floor
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.

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contracts the BHIP with some modifications in the measures. Changes in the measures were designed to reflect with new expanded scope of responsibility for the RAEs, to promote an integrated approach to managing members' behavioral and physical health needs, and to address lessons learned under the BHOs.

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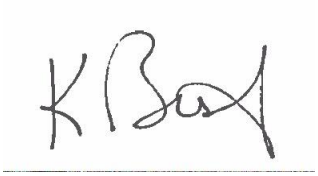
Performance data on these measures is not available as annual performance is calculated between October and December following the end of the performance year period, which is the state fiscal year, to allow for submission of all claims. The Department's External Quality Review Organization validates the Department's measures in January each year.

Please find enclosed with this report a table that illustrates the APM measure alignment.

If you require further information or have additional questions, please contact the Department's Legislative Liaison, Nina Schwartz, at Nina.Schwartz@state.co.us or 303-866-6912.

Sincerely,



Kim Bimestefer
Executive Director

KB/zm

Enclosure(s): 2020 Proposed APM Measure Alignment Table

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 Cathy Kipp, 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 Emily Sirota, Public Health Care and Human Services Committee
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Tracy Johnson, Medicaid Director, HCPF
Bonnie Silva, Community Living Office Director, HCPF
Tom Massey, Policy, Communications, and Administration Office Director, HCPF
Stephanie Ziegler, Cost Control Office Director, HCPF
Parrish Steinbrecher, Health Information Office Director, HCPF
Rachel Reiter, External Relations Division Director, HCPF
Nina Schwartz, Legislative Liaison, HCPF

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Chronic Care Management	✓	✓		
Dental Care	✓		✓	
Substance Use	✓	✓		✓
Mental Health	✓	✓	✓	✓
Wellness	✓	✓	✓	
Hospital Utilization	✓	✓	✓	✓
Specialty Care	✓	✓	✓	

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Department of Health Care Policy & Financing

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1570 Grant Street
Denver, CO 80203

November 1, 2019

The Honorable Susan Lontine, Chair
House Health and Insurance Committee
200 East 14th Avenue, Third Floor
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.

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The Department is currently in the process of reviewing and updating the measure set for Calendar Year 2020. The measure set updates include expanding choices for electronic Clinical Quality Measures, 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 update of the measure set includes extensive stakeholder feedback, which is still being collected. Changes to the model will not be finalized prior to the submission of this report.

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Key Performance Indicators

The Key Performance Indicators (KPIs) were designed to assess the overall health of the ACC program and reward RAEs for improvement of the regional delivery system. The Department selected measures that highlight the RAEs' progress toward building a coordinated, community-based approach, to meet member health needs and reduce costs. The FY 2018-2019 contracts hold the RAEs accountable for performance on seven KPIs: well visits, behavioral health engagement, prenatal care, emergency department utilization, dental care utilization, potentially avoidable costs, and building a healthy neighborhood.

Many of the KPIs align with metrics of the APM program. For example, the KPI for well visits aligns with a provider focus on increasing well visits for children and adolescents. The alignment can make it easier for providers as they are not required to learn multiple code sets to capture the same services, and it ensures support from the RAEs in making improvements to performance in similar focus areas. The RAEs are required by contract to offer practice transformation support to providers in their network that are interested in improving performance as a medical home and participating in alternative payment models, including the Department's APM.

Prior to implementation of Phase II, the Department conducted an extensive stakeholder process. These activities included but were not limited to more than 60 meetings held around the state and development of a request for information prior to finalizing the Request for Proposal and subsequent contracts. Once the vendors were selected, the Department worked closely with the RAEs to finalize the performance specifications. The RAEs were given the opportunity to formally submit their feedback in writing to the Department, and the KPI specifications were updated as appropriate.

During calendar year 2018, both prior to and after implementation, the Department also solicited feedback from other stakeholders through the Health Impact on Lives sub-committee of the ACC's Program Improvement Advisory Committee.

The Department has continued to hear feedback regarding the evolution of the KPIs throughout the first year of implementation of ACC Phase II. The Department is in the preliminary stages of informal discussions with a small number of stakeholders regarding this feedback. However, changes to the KPIs, if any, would only occur after considerable formal consultation with the RAEs, PIAC, and other stakeholders, which has not occurred.

Final performance for FY 2018-19 is not yet available and will be reported by the Department through separate communications.

Performance Pool

Funds from the Key Performance Indicators that did not get distributed to the RAEs have been placed in a pool of funds available for additional performance and programmatic priorities that align with state and Department initiatives. For the first year, SFY 2018-19, the Department incentivized the RAEs to develop strategies and provide analysis on existing resources available to the Department's identified complex populations and top chronic conditions. This information is being used by the Department to establish performance-based metrics for FY 2019-20 to hold the RAEs accountable for improving costs and health outcomes for targeted members with complex health conditions.

Behavioral Health Incentive Program

An additional ACC payment innovation is the Behavioral Health Incentive Program (BHIP), approved by CMS in the same RAE contracts as discussed above.

The Department initiated the BHIP for the performance period of July 2017 – June 2018 when the Behavioral Health Organizations (BHOs) were responsible for administering the Department's capitated behavioral health benefit. The BHIP was developed out of an effort to tie additional value to the behavioral health capitated program and to encourage meaningful changes within the behavioral health system that improve health outcomes for members while containing program costs.

The BHIP was developed in collaboration with the Office of Behavioral Health (OBH) and the BHOs. With the implementation of phase two of the ACC the Department retained in the RAE contracts the BHIP with some modifications in the measures. Changes in the measures were designed to reflect with new expanded scope of responsibility for the RAEs, to promote an

integrated approach to managing members' behavioral and physical health needs, and to address lessons learned under the BHOs.

The measures selected as part of the current BHIP are, in part, based on previously existing performance measures that had been monitored by the Department, the BHOs, and the External Quality Review Organization. Four of the five BHIP incentive measures for the RAEs were included in some form as part of the FY 2017-18 BHIP for the BHOs. Measures align with Healthcare Effectiveness Data and Information Set (HEDIS) with some modifications made to correctly capture the unique nature of the ACC and state billing practices. In this way, the Department has sought to limit the administrative burden on providers. The specific measures included in the 2018-19 contract are:

- Engagement in Outpatient Substance Use Disorder (SUD) Treatment;
- Follow-up within 7 days after an Inpatient Hospital Discharge for a Mental Health Condition;
- Follow-up within 7 days after an Emergency Department Visit for a SUD;
- Follow-up after a Positive Depression Screen;
- Behavioral Health Screening for Assessment for Foster Care Children;

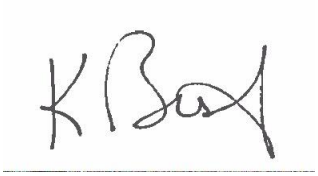
The Department has worked closely with the RAEs, and the BHOs previously, to determine the final measure specifications to ensure they accurately reflect state practice and policies. The Department documents all the specifications annually in the Behavioral Incentive Specification Document for each performance year, which also tracks any modifications made to the measures during the performance year. Based on feedback from the RAEs, the Department has recalculated baselines and revised the BHIP measure specification document.

Performance data on these measures is not available as annual performance is calculated between October and December following the end of the performance year period, which is the state fiscal year, to allow for submission of all claims. The Department's External Quality Review Organization validates the Department's measures in January each year.

Please find enclosed with this report a table that illustrates the APM measure alignment.

If you require further information or have additional questions, please contact the Department's Legislative Liaison, Nina Schwartz, at Nina.Schwartz@state.co.us or 303-866-6912.

Sincerely,



Kim Bimestefer
Executive Director

KB/zm

Enclosure(s): 2020 Proposed APM Measure Alignment Table

CC: Representative Yadira Caraveo, Vice Chair, Health and Insurance Committee
Representative Mark Baisley, Health and Insurance Committee
Representative Susan Beckman, Health and Insurance Committee
Representative Janet Buckner, Health and Insurance Committee
Representative Dominique Jackson, Health and Insurance Committee
Representative Sonya Jaquez Lewis, 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
Representative Mary Young, Health and Insurance Committee
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Tracy Johnson, Medicaid Director, HCPF
Bonnie Silva, Community Living Office Director, HCPF
Tom Massey, Policy, Communications, and Administration Office Director, HCPF
Stephanie Ziegler, Cost Control Office Director, HCPF
Parrish Steinbrecher, Health Information Office Director, HCPF
Rachel Reiter, External Relations Division Director, HCPF
Nina Schwartz, Legislative Liaison, HCPF

2020 Proposed APM Measure Alignment

Focus Area	APM	HTP	ACC KPI	ACC BHIP
Maternity	✓	✓	✓	
Chronic Care Management	✓	✓		
Dental Care	✓		✓	
Substance Use	✓	✓		✓
Mental Health	✓	✓	✓	✓
Wellness	✓	✓	✓	
Hospital Utilization	✓	✓	✓	✓
Specialty Care	✓	✓	✓	

COLORADO
Department of Health Care Policy & Financing

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

November 1, 2019

The Honorable Rhonda Fields, Chair
Senate Health and Human Services Committee
200 East 14th Avenue, Third Floor
Denver, CO 80203

Dear Senator Fields:

Enclosed please find a legislative report to the Senate Health and Human Services 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.

FQHC Value Based Alternative Payment Methodology (APM)

Pursuant to a rule approved by the Medical Services Board, effective June 30, 2018, a portion of Federally Qualified Health Centers' (FQHC) physical health and specialty behavior health rates are at-risk based on the FQHC's quality modifier. An FQHC's quality modifier is determined by the FQHC's performance on quality indicators in the previous calendar year and the first rate modification will be effective starting July 1, 2020. The Value Based Alternative Payment Methodology (APM) model is a point-based system. Primary Care Medical Providers (PCMPs) which are not FQHCs have not yet had rules approved by the Medical Services Board. However, the quality framework and timing of rate changes for non-FQHC PCMPs are similar, so the following description generally applies to both. FQHCs are responsible for selecting the quality measures they will focus on; each measure is assigned a point value.

The 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 PCMP or FQHC site annually. Certification of primary

medical home status by a national standard setting body can be used to substitute for structural measure selection. 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 containing costs. The Department is committed to aligning performance incentives across the entire delivery system to ensure primary care providers can be successful with the APM. For example, the Department has created incentive payment programs for the RAEs to support primary care in meeting the demand for services with greater emphasis placed 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. Engagement with commercial payers has taken place to seek alignment on APM measures. The Value Based APM is highly aligned with the APM for non-FQHC primary care providers. Attached to this report is a table designed by Colorado Health Institute that illustrates the APM alignment with key focus areas and shows alignment among other programs.

The performance measures were developed using elements from other national programs, such as the State Innovation Model (SIM), 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.

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

To limit the administrative burden on Providers, the Department developed the performance measures using elements from other national programs such as the Uniform Data System (UDS), State Innovation Model (SIM), Comprehensive Primary Care Plus (CPC+), the Quality Payment Program (QPP), and the NCQA's HEDIS and PCMH Programs. The Department has

worked extensively with the Colorado Community Health Network (CCHN), the body which represents the FQHCs, to gather stakeholder feedback and for assistance in explaining the model to FQHCs. The RAEs have been instrumental in providing feedback and disseminating information to both FQHC and non-FQHC providers. The Department is also working with the Colorado Community Managed Care Network (CCMCN), the Colorado Regional Health Information Organization (CORHIO), and the Quality Health Network (QHN) work with providers to acquire and analyze data from their electronic health records and also to help develop systems providers can use to report on and improve their performance.

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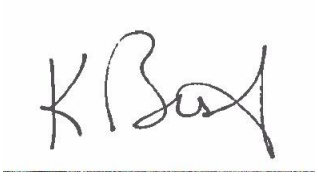

Kim Bimestefer
Executive Director

KB/zm

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CC: Senator Brittany Pettersen, Vice Chair, Health and Human Services Committee
Senator Larry Crowder, Health and Human Services Committee
Senator Jim Smallwood, Health and Human Services Committee
Senator Faith Winter, 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 Office Director, HCPF
Tom Massey, Policy, Communications, and Administration Office Director, HCPF
Stephanie Ziegler, Cost Control Office Director, HCPF
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Mental Health	✓	✓	✓	✓
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Hospital Utilization	✓	✓	✓	✓
Specialty Care	✓	✓	✓