Primary Care Payment Reform Collaborative Meeting

October 10, 2024

Agenda

- Housekeeping & announcements
- Federal & state updates
- Annual report recommendations
- Public comment

Meeting Goals & Requested Feedback

GOALS

- Learn about AHRQ Notice of Funding Opportunity
- Learn about HCPF's 1115 Waiver Application
- Review annual report timeline and process
- Identify report topics, issues, themes

FEEDBACK

- Q&A with guest speakers, offer feedback/input
- Working game plan for report feedback
- Define universe of report topics

* * Incorporate equity into discussion and recommendations * *

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Housekeeping & Announcements

Housekeeping & Announcements

- Meeting minutes – approval of August & Sept meeting minutes
- New member recruitment
  - 2 recent departures
  - Ongoing
- Sunset review report – available on Oct 15
  - COPRRR website: https://coprrr.colorado.gov/archive-of-reviews

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Federal & State Updates

Federal Updates

- Advancing Equity through Accountable Care – Lunch & Learn
  - Oct 17, 11 am MT; Register HERE
  - Strategies to address equity through accountable care models and policies
- A Summit on Revitalizing Primary Care to Recenter Relationships and Enhance Health
  - Oct 17-18; Register HERE
  - National summit and expert convening on advancing primary care locally and nationally, with a focus on “increasing the spend” on primary care
- 2024 CMS Optimizing Healthcare Delivery to Improve Patient Lives Conference
  - Dec 12, 9-2 pm MT; Register HERE
  - Share ideas, lessons learned, best practices to reduce administrative burden and strengthen access to quality care

Federal Updates

- CMS – Comprehensive guidance for Medicaid and CHIP
  - Reinforces EPSDT requirements, highlights strategies and best practices
  - Increasing access through transportation and care coordination, expanding children-focused workforce, meeting child/youth behavioral health needs
- CMS – Notice of Benefit and Payment Parameters
  - Premium Payment Thresholds
  - Incentives for Plans that Enroll Underserved Consumers with High Needs
  - Essential community provider enforcement

AHRQ NOFO: State-based Healthcare Extension Cooperatives to Accelerate Implementation of Actionable Knowledge Into Practice

Allyson Gottsman, Practice Innovation Program at CU

HCPF 1115 Substance Use Disorder (SUD) Continuum of Care Waiver

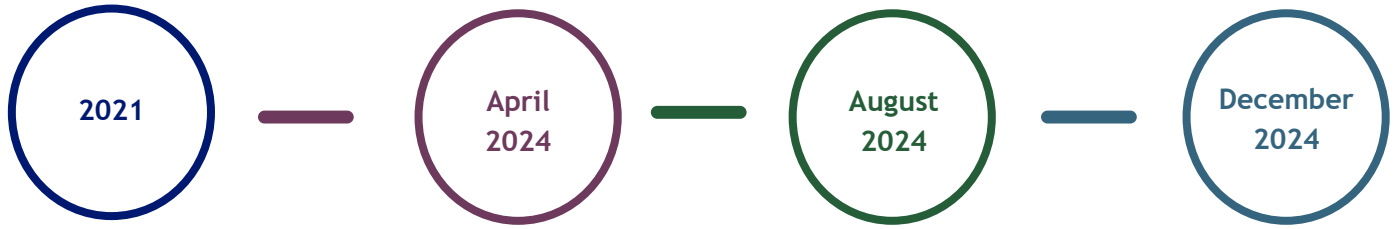
Jennifer Holcomb & Nicole Tuffield, CO Dept of Health Care Policy & Financing

Primary Care Payment Reform Collaborative

1115 SUD Waiver Overview

October 10, 2024

1115 Waiver: Demonstration Key Events



1115 SUD Waiver Approved
Demonstration Approval
Jan 1, 2021-Dec 31, 2025

Amendment #1

Re-Entry Services (DOC & DYS)
Continuous Coverage (0-3 and DOC)
SMI/SED

Amendment #2

Health Related Social Needs (HRSN)
Housing and Nutrition Supports

Renewal

Transitioning from SUD to Comprehensive
"Comprehensive Care for Colorado"
Requesting additional 5 years (2026-2030)

Colorado's 1115 Demonstration Waiver

- Federal rules set minimum standards related to Medicaid and CHP+ eligibility and required benefits.
- States may WAIVE some federal rules to have more flexibility, offer coverage to more people and cover more services under an 1115 Demonstration.
  - Waivers are a Five-Year Agreement with an option for renewal
  - States can amend existing 1115 waivers to cover additional services.
- The federal Centers for Medicare & Medicaid Services (CMS) required additional reporting and evaluation to demonstrate waiver effectiveness.
- HCPF received approval for a demonstration to cover Substance Use Disorder (SUD) services in Institutions for Mental Disease (IMDs) and other settings for the period of January 1, 2021 - December 31, 2025

Amendment #1- April 2024

Continuous Eligibility Coverage for Children 0-3 Years

Will extend continuous eligibility coverage for children >3 years of age. Includes eligible children who face barriers due to immigration status.

Implementation Date
Jan 2026

Continuous Eligibility Coverage for Adults Released from Colorado Department of Corrections Facilities

Will extend eligibility coverage for 12 months to adults released from a Colorado Department of Corrections facility.

Implementation Date
Jan 2026

Criminal Justice Reentry Services

Coverage will include case management services and medication-assisted treatment (MAT) for SUD 90 days prior to release,and a 30-day supply of medications upon release from Department of Corrections and Division of Youth Services facilities.

Implementation Date
July 2025

Serious Mental Illness and Serious Emotional Disturbance (SMI & SED) Inpatient Care

Will allow HCPF to pay for up to 60 days while maintaining an average length of stay of 30 days for each member staying in an Institute of Mental Disease (IMD) regardless of the number of days in each episode of care.

Implementation Date
July 2025

CMS review will occur between Jan-Mar 2025, HCPF will request an effective date of July 1, 2025

Amendment #2- August 2024

- Pre-tenancy and housing transition navigation services
- Rent/temporary housing up to 6 months, including utility costs
- One-time transition and moving costs
- Tenancy sustaining services

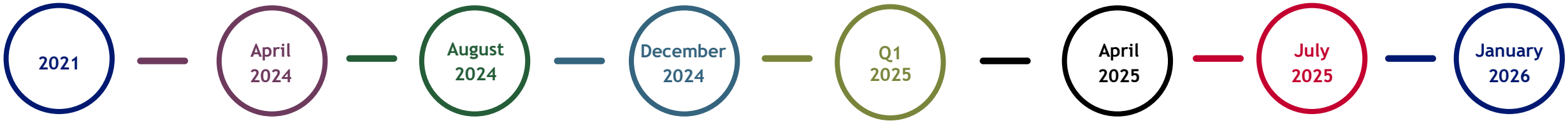
- Nutrition counseling and instruction
- Medically tailored meals
- Home-delivered meals or pantry stocking

Submitted 8/12 > Fed review, comment period, cooling off to 10/15 > CMS Review TBD (goal align w/ Amendment 1) > HCPF target Effective date 7/1/25

1115 “Comprehensive Care for Colorado” Waiver

- **Renewal- Due to CMS December 31, 2024**
  - Transitioning from the 1115 SUD waiver to a Comprehensive 1115 waiver- “Comprehensive Care for Colorado”
  - No change to the Substance Use Disorder (SUD) waiver authority
  - Presumptive Eligibility for long term services and supports
  - Including both Amendments detailed below
- **Amendment #1- Submitted April 1, 2024**
  - Re-entry services for adults and youth transitioning from correctional facilities
  - Reimbursement for acute inpatient and residential stays in institutions for mental disease for individuals diagnosed with a serious mental illness (SMI) or serious emotional disturbance (SED)
  - Continuous eligibility for children 0-3 years and 12 months of continuous coverage for individuals leaving incarceration
- **Amendment #2- Submitted August 12, 2024**
  - Health Related Social Needs (HRSN), housing and nutrition supports

1115 Waiver: Demonstration Key Events



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Approval of Amendment #1 and #2

Anticipating CY2025 Q1 Approval from CMS

Update and Submit to CMS

Standard Terms and Conditions (STCs)
Evaluation Design
Implementation Plans
Monitoring Protocol
CMS Revised Budget Neutrality template

Go Live!

Amendment #1 and #2

Renewal Go Live!

Additional 5 years of demonstration begins

Additional Information & Resources

HRSN
Website: https://hcpf.colorado.gov/HRSN
Email: hcpf_hrsn@state.co.us

1115
Website: https://hcpf.colorado.gov/1115sudwaiver
Email: hcpf_1115waiver@state.co.us

CMS Deeper Dive Resources: https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/index.html

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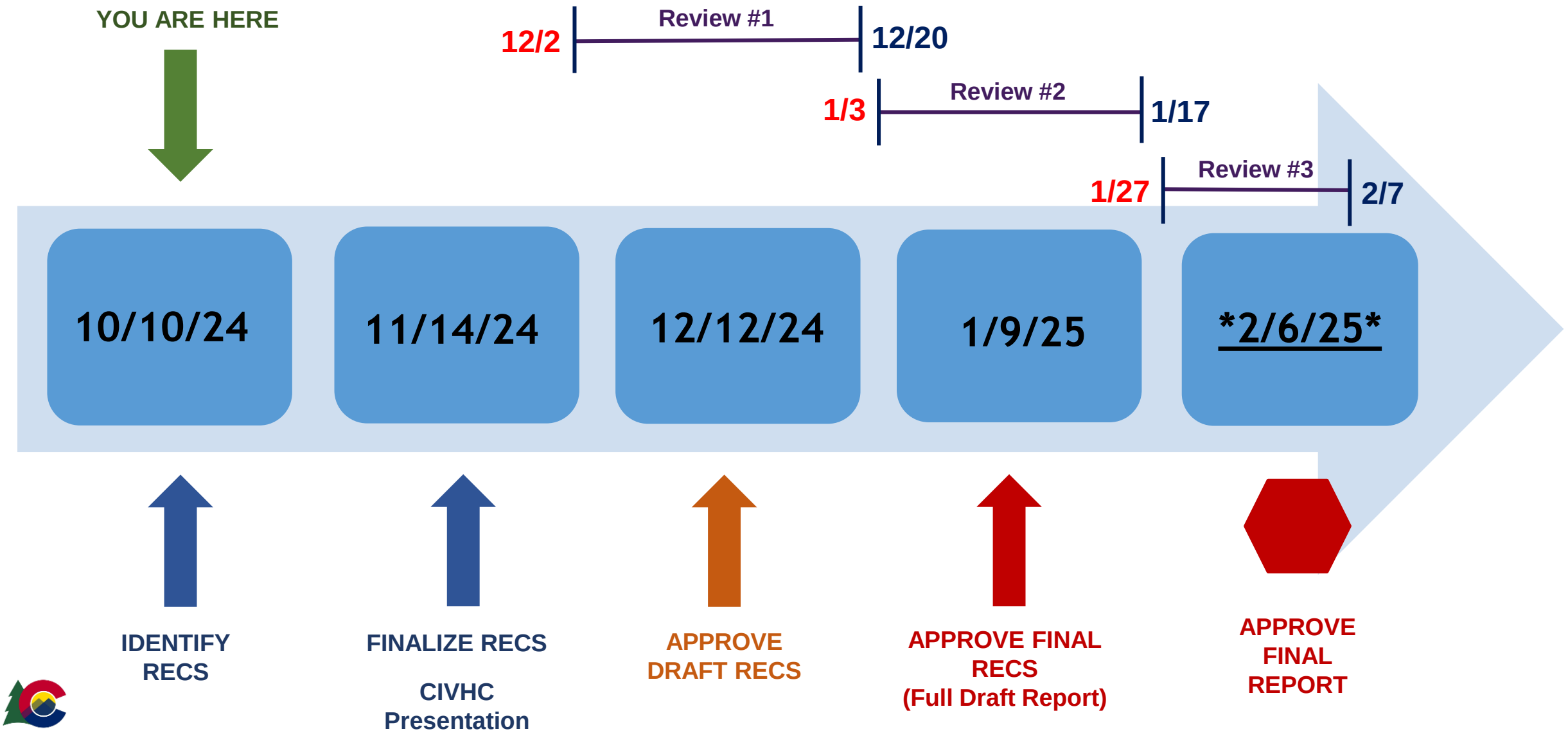
Annual Report Timeline & Process

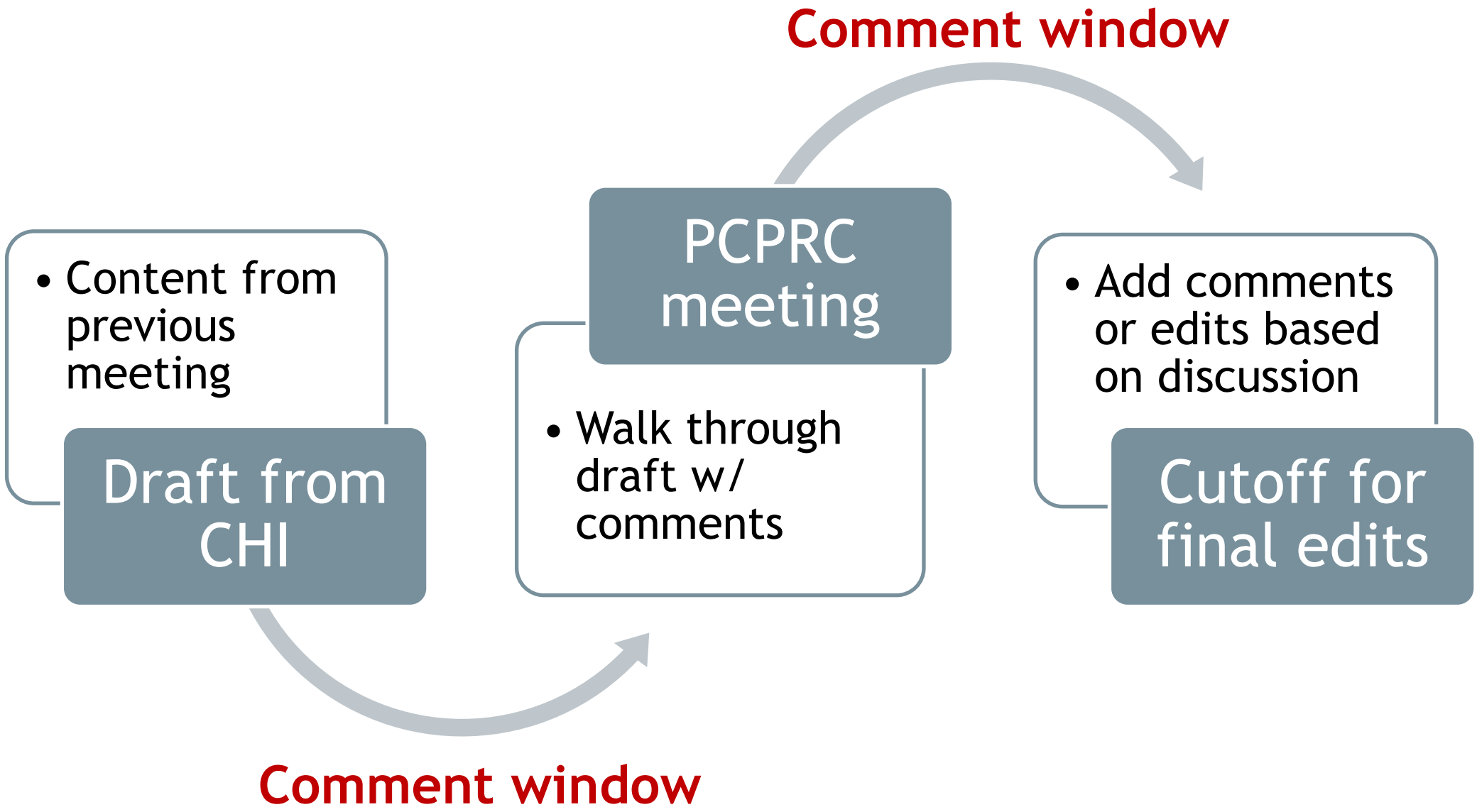
Feedback from last year's process

- Listening sessions
  - Shorter, more frequent sessions would be easier to attend
  - Hard to schedule around conflicts, even in advance
- Clear guidance on sections that need close review helpful
- Timelines for feedback helpful
- Helpful to have comments attributed to author
  - Commenter's name listed unless they request otherwise

Recommendations Report



Review Period



Report Recommendation Topics

Discussions to Date

Marketplace Dynamics

- Private equity
- Consolidation

Artificial Intelligence

- Care delivery
- Payment
- Ethics

Health Equity

- Accountability
- Infrastructure
- Cultural responsiveness
- Data

OTHER - ? ? ?

Marketplace Dynamics –TO DATE

PRIVATE EQUITY

- Negative impact of PE on patients, providers, and payers
  - Increased rates of complications, readmissions; contribution to “financialization”
  - Long-term financial impact on practices – extraction of wealth/resources
  - Rising costs for payers due to market consolidation
- Workforce implications
  - Loss of autonomy, burn out
  - Future of primary care workforce
- Impact on (reflection of) flow of payments
  - PE a symptom, not a cause
  - Connection to work of PCPRC

Marketplace Dynamics – TO DEVELOP ?

- State and federal policy levers related to PE
  - CA law - vetoed by Governor; mandatory approval process for acquisitions
  - OR law - died during session (likely reintroduced); practices majority owned by physicians, limit ability of MSOs to make hiring/termination decisions
- Non-compete agreements
  - CO has strong protections; FTC rule blocked in federal court
  - Fate of HB24-1005
- How existing systems (CO & National) impact flow of payments
  - ACOs – benchmarking, attribution, HRSN, pediatrics
  - Independent primary care – additional payments, upfront capital for "low-revenue" physician led ACOs, reduce threshold of minimum covered beneficiaries
  - Multiple CMMI models

Artificial Intelligence – TO DATE

- Care delivery – administrative tools
  - Potential to reduce administrative burden
  - Potential to support population health activities – care coordination, continuity
  - Potential to compound expectations, workload
  - Legal implications – errors, liability
- Payment
  - Cautionary tale- role for value-based payments in supporting provider adoption/use, but don't yet know what should be incentivizing
- Equity considerations
  - Providers – may create haves and have nots; workforce implications
  - Patients - double-edged sword; may reveal and reinforce/perpetuate bias

Artificial Intelligence – TO DEVELOP ?

- Patient implications
  - Disclosure
  - Financial impacts
- Other - ? ? ?
  - Colorado AI initiatives – SB21-169, SB24-205

Health Equity – TO DATE

- Accountability and infrastructure
  - Ensure meaningful action
  - Past and current evaluations
- Culturally responsive care & cultural concordance
  - Activities related to training
  - Role of payment in supporting a culturally responsive workforce: types of providers included; how team-based care can reduce workforce entry barriers
  - How payment models can reflect training and learning goals
- Data
  - Collection and sharing – who is collecting, what is being collected

Health Equity – TO DEVELOP ?

- Infrastructure support
  - BCBS Michigan – Collaborative Quality Initiatives (hospitals & physician groups), health equity dashboards, quality improvement goals
  - BCBS Massachusetts – Alternative Quality Contract; pay-for-equity incentives
  - Aetna – Multicultural Care Management; nurse care managers, CHW, health educators
- Elevating voice of individuals and families
  - Meeting people where they are
  - Opportunities for engagement
  - Communication

Additional Topics

- Communicating importance of high-quality primary care
  - NASEM report – continuing the drumbeat
  - Messaging around APMs – patients/consumers, legislators
- Measuring investments & impact on outcomes
  - Are payments going to the right places – care transformation measures
  - Dashboards, score cards – NASEM, Milbank; other states
  - Investment vs spend on primary care
- Infrastructure
  - HRSN
  - Connections to public health

Future Work

- Consult with DPA, HCPF, and CIVHC
- Advise in development of affordability standards and **targets for investment in primary care**
- In coordination with CIVHC, **analyze the % of medical expenses allocated to primary care**
- Develop a **recommendation on the definition** of primary care
- Report on current insurer practices and methods of reimbursement that direct greater resources and investments toward innovation and care improvement in primary care
- **Identify barriers to the adoption of APMs** by health insurers and providers, and develop **recommendations to address**

- Develop recommendations to increase the use of APMs that are not paid on FFS basis to:
  - Increase investment in advanced primary care delivered by practices that are PCMHs (state or national criteria) or have demonstrated ability to provide high-quality primary care
  - **Align primary care reimbursement** by all consumers of primary care
  - Direct investment toward higher value primary care services with an **aim toward reducing health disparities**
- Consider how to increase investment in advanced primary care without increasing costs to consumers or total costs of care
- Develop and share best practices and technical assistance to insurers and consumers
  - **Aligning quality metrics** as developed in SIM
  - Facilitating **behavioral and physical care integration**
  - **Practice transformation**
  - The delivery of advanced primary care that facilitates appropriate utilization of services in the appropriate setting

Public Comment

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Thank you!!

Step-by-Step Approach to Centering Equity

Building a Foundation

- Participants recognize disparities, develop shared understanding, and begin to work together

Focusing on Equity

- Participants coordinate targeted actions to reduce disparities and improve health equity

Advancing Equity

- Participants collaborate through shared plans to eliminated disparities and achieve health equity