



# Primary Care Payment Reform Collaborative Meeting

March 14, 2024



# Agenda

- Housekeeping & announcements
- Federal & state updates
- Planning for 2024
- Public comment



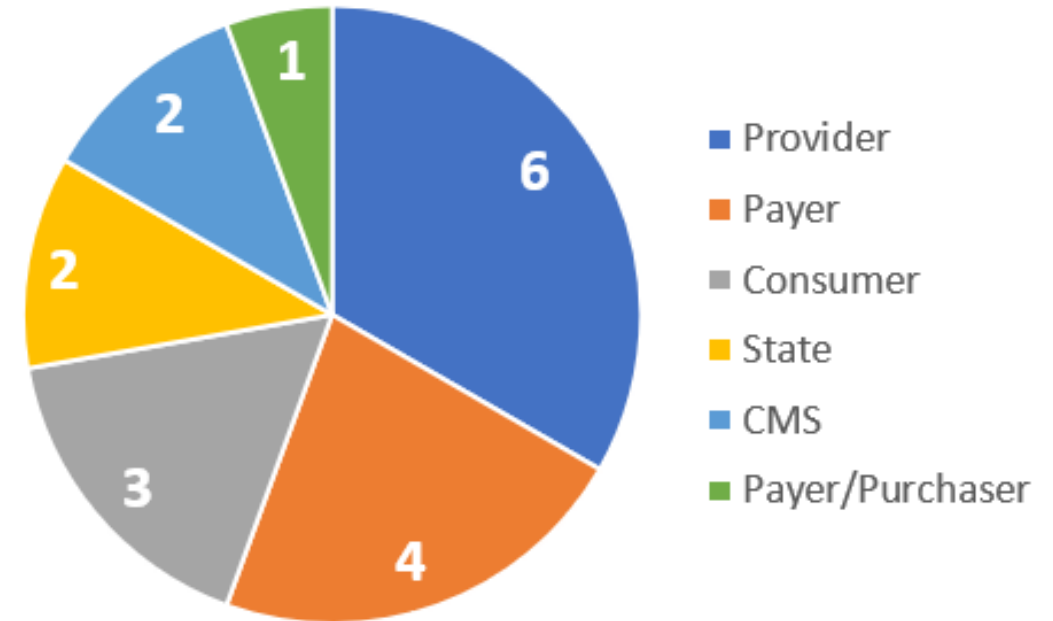


# Housekeeping & Announcements

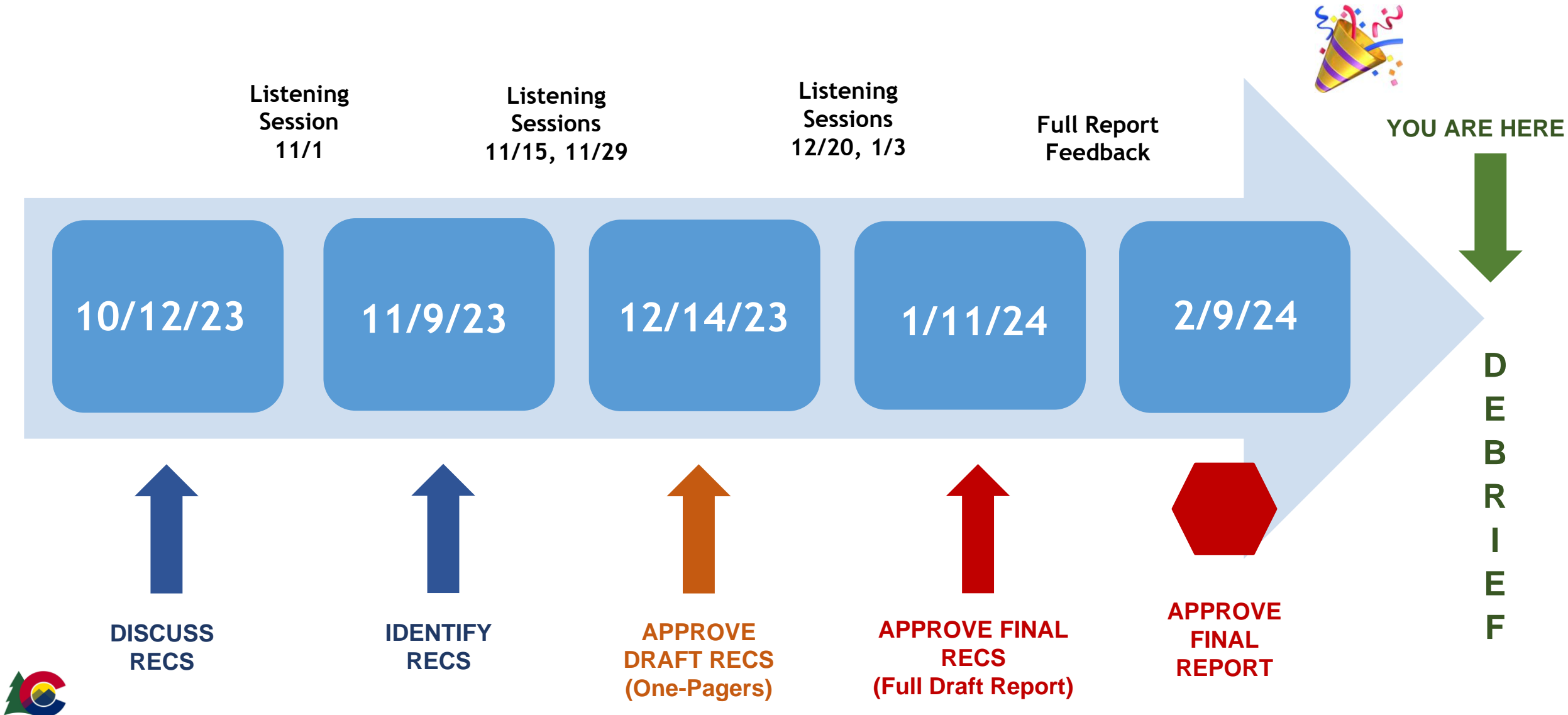


# Housekeeping & Announcements

- Meeting minutes - approve Feb meeting minutes in April
- Membership update
  - 2 recent vacancies
  - Application on PCPRC website
  - Balanced representation
  - Diversity in initiative governance
- Fifth Annual Recommendations Report
  - Final vote: 12 approvals



# Recommendations Report



# Fifth Annual Report Debrief

- What worked well?
- What could be improved?

## Identifying topics, recommendations

- Overall timeline
- Identifying topics
- Identifying themes

## Opportunities for feedback

- Too few
- Too many
- Timing

## Workload/time commitment

- Contractor support
- Listening sessions
- Reviewing drafts





# Federal & State Updates





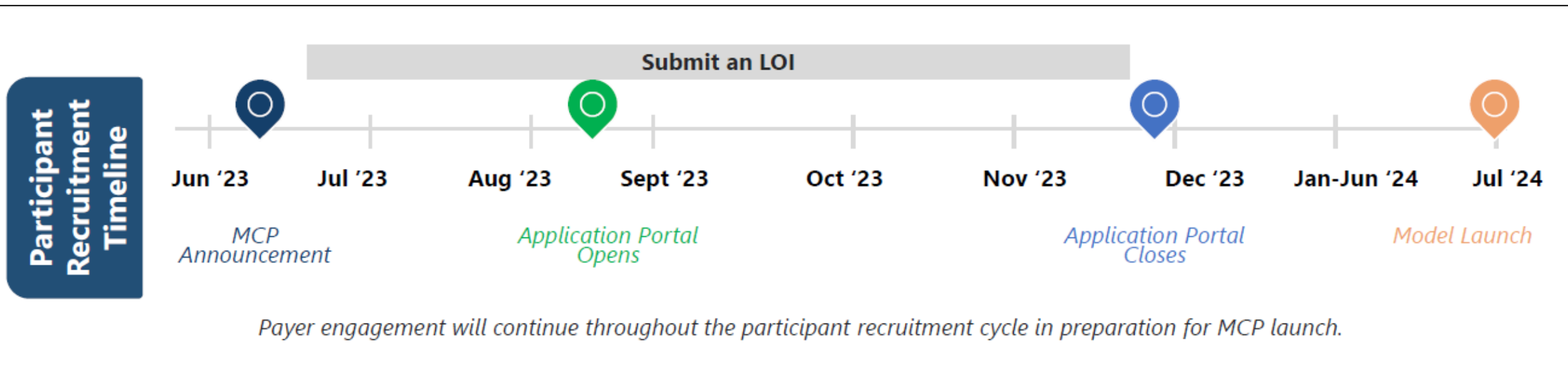
# Federal Updates



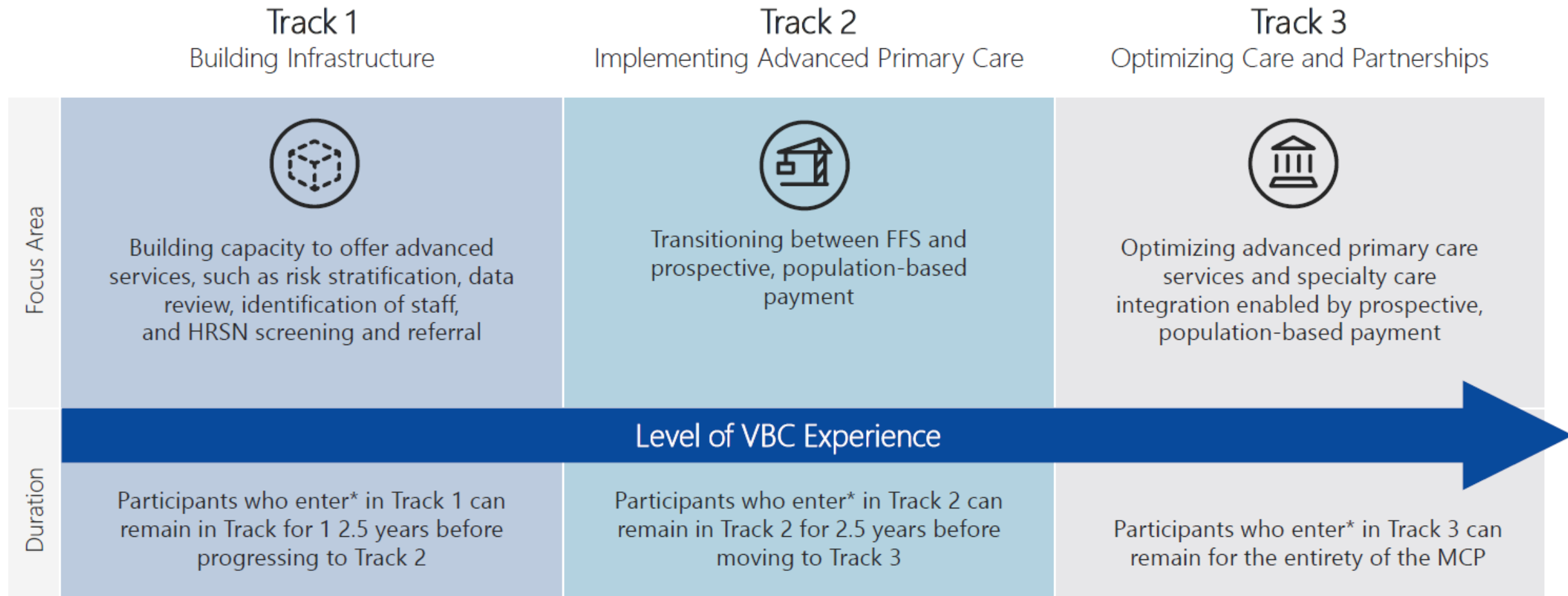


# Making Care Primary - Provider Updates

- Provider timeline & current status
  - Accepted applicants have received participation agreements
  - When signed, will have better idea of CO participants



# Making Care Primary - Provider Expectations



*\*Organizations that start in Track 1, 2, or 3 will have an additional 6 months (or half of a year) in that track, given the mid-year start date for the model. A participant's length of time in a track depends on which track they started in.*

# Making Care Primary - Provider Supports



## Nationwide Support

**Technical assistance** to help MCP participants understand model requirements, rules of participation, payment, attribution, measurement, and waivers

**Virtual platform** for collaboration and coordination within and across regions to support learning and continuous improvement

**Data feedback** with actionable data on cost and utilization for the Medicare beneficiaries served by the participant.

**Reporting platform** enabling participants to share the tactics, strategies, and care delivery methods they are using to improve health outcomes and advance health equity for their patients with peer comparisons.

## State-Based Support

**Collaboration** opportunities for MCP participants and with the specialty practices and community-based organizations that need to be partners in care for their patients.

**Practice facilitation** and coaching resources for those who need help building capacity and who desire support in making the changes in workflow and organization of care they need to succeed in the model and to advance health outcomes and health equity.

**Data aggregation and health information exchange** resources necessary to give participants a full view of the care their patients receive and to enable comprehensive and coordinated care across primary care, acute and sub-acute care, specialty care, and community-based services.

# Making Care Primary - Payer Updates

- Payer timeline & current status
  - 3 CO payers submitted LOI - Anthem BCBS (Elevance), Cigna, Denver Health
  - Ongoing conversations with all interested payers in coming weeks, months

**Q3/Q4 2023:** CMS discusses potential partnership with payers based on [MCP Payers Guide to Alignment](#).

**February 2024:** Deadline for payers to sign Letter of Interest (LOI) to become MCP Payer Partner.

**March 2024:** Accepted provider applicants sign Participation Agreements to join MCP.





**July 2024:** MCP begins for participating provider organizations.

**August 2024:** Payer Partners provide CMS with Payer Plan, detailing their alternative payment model for primary care and how it aligns with MCP.

**February 2025 – December 2025:** Payer Partners sign non-binding Memorandum of Understanding (MOU) with CMS to advance partnership efforts.



# Making Care Primary - Payer Expectations

	 <b>Performance Measurement &amp; Reporting</b>	 <b>Aligned Payment Approach</b>	 <b>Timely and Consistent Data Sharing</b>	 <b>Learning Supports &amp; Technical Assistance</b>
Alignment will result in:	<p><i>Shared goals for quality improvement across participants, reduced participant burden, and shared priorities across quality programs</i></p>	<p><i>Shared commitment to shift away from fee-for-service (FFS) while supporting flexible payer alignment</i></p>	<p><i>Shared commitment to provide data essential to improving care, reducing costs and burden, and providing accurate payment</i></p>	<p><i>Shared strategy with state and payer partners to support local implementation and participant success</i></p>
MCP Payer Partners will:	<ul style="list-style-type: none"> <li>Align measure specifications to the MCP measure set collected by CMS, where applicable.</li> <li>Include additional measures as desired to support local and regional patient populations.</li> <li>Collect demographic data and support stratification of performance data.</li> </ul>	<ul style="list-style-type: none"> <li>Choose what type of non-FFS incentives and payment structures to implement.</li> <li>Payers are invited to select a payment approach that is directionally consistent with MCP.</li> </ul>	<ul style="list-style-type: none"> <li>Participate in, and contribute resources (e.g., data/staffing/funding) to, multi-payer collaboration on data sharing and the use of regional data infrastructure.</li> </ul>	<ul style="list-style-type: none"> <li>Make available supports needed including TA, peer-to-peer learning, and practice facilitation and coaching (especially for small, independent, and safety net organizations).</li> </ul>





# Making Care Primary - Payer Benefits

## PARTNERSHIP WITH CMS

*CMS views MCP as an ongoing partnership with payers. Payers commit to align in key areas and collaborate with CMS and other participants to adapt to local priorities.*

*Reference the [MCP Payers Guide to Alignment](#) for details.*

## COLLABORATION FOR TRANSFORMATION

*CMS will partner with payers to share data and support learning, equipping participants for success. These efforts will be built into existing state infrastructure to drive efficiency and support broader system transformation goals.*

## REDUCED BURDEN

*MCP will decrease provider burden by aligning Medicare FFS with other payers in key areas such as: quality measures, data exchange, reporting requirements, and payment incentives.*

## COST SAVINGS

*MCP will improve care delivery and shift payment away from fee-for-service (FFS). This will reduce costs and/or improve quality as it improves patient experience, increases patient retention, reduces health disparities, and improves outcomes.*



# State Transformation Collaborative

## GOALS

- Explore shared goals and approaches across state initiatives to identify opportunities for cross-state alignment and build a foundation for national alignment
- Foster and test approaches to multi-payer alignment that have potential for regional or national application

## ACHIEVEMENTS:

- “Multi-Payer Alignment Blueprint” released July 2023
- HB22-1325 stakeholder engagement facilitation
- **Implementing aligned quality measures**



# Additional Federal Updates

- President Biden Fiscal Year 2025 Budget
  - Closing gaps to access in primary care
    - Pathway to double federal investment in community health center program
    - Expanding health center street medicine services to ensure people experiencing homelessness have access to primary care
    - Expanding coverage and investing in behavioral health services
- New CMMI model - Innovation in Behavioral Health (IBH)
  - Goal: improve quality of care and health outcomes for people with moderate to severe behavioral health conditions, including mental health conditions and/or substance use disorders
  - Model design: value-based payment approach to enable community-based behavioral health practices to integrate behavioral health care with physical health needs and health-related social needs







# State Updates



# State Updates

- 2024 Legislative Session - ~555 bills introduced
  - HB24-1005 - Health Insurers Contract with Qualified Providers
  - SB24-093 - Continuity of care
  - SB24-080 - Transparency in Coverage
  - HB24-1040 - Gender-affirming health care study
  - SB24-059 - Children's Behavioral Health Statewide System of Care
  - SB24-175 - Improving Perinatal Outcomes
  - HB24-1149 - Prior Authorization Requirements Alternatives
  - Benefit related
    - Obesity & diabetes; infertility; substance use disorders; biomarker testing
  - Prescription drugs



# State Updates

- 1325 Implementation - Regulation 4-2-96 (and 4-2-72)

## Risk Adjustment

### Providers:

- Methodology
- Interaction with payment

### DOI:

- Approach to social risk adjustment

## Patient Attribution

### Providers:

- Methodology
- Reattribution process

### DOI:

- Member education around PCP selection

## Core Competencies

### Care delivery expectations:

- 3 progressive tracks

### DOI:

- Additional care delivery expectations

## Quality Measures

### Adult & peds:

- Standard specifications

### DOI:

- Additional measures and/or deviations



# State Updates

- HCPF Initiatives

- Expanding Health Related Social Needs Services in Colorado
  - Stakeholder kickoff on March 11
- HB22-1302
  - Grant program, legislative report
- Accountable Care Collaborative (ACC) Phase III
  - Draft contract released
  - For updates and to provide feedback:
- Value-based program design
  - APM 2
  - Payment Alternatives for Colorado Kids (PACK)





# PCPRC Sunset Review

Jennifer Lockwood, Policy Analyst  
Colorado Office of Policy, Research, and Regulatory Reform





# 2024 Goals & Priorities



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# HB19-1233

- 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





# Looking Ahead

- What would you like to see the Collaborative accomplish this year? Through 2025?
  - What are your goals for this work?
  - What will “success” look like in 2025?
- What/how would you like to contribute?
  - What led you to apply?
  - How have you contributed so far?
  - How would you like to contribute in the future?



# Accomplish in 2024, and beyond

What would you like to see the Collaborative accomplish this year?  
Through 2025?

Seek guidance for new analysis models for primary care

Feel more confident to verbalize questions, opinions and feedback during the meetings.

For us to examine policy levers we have to strengthen primary care infrastructure at the state level (financing); to explore the use of a Colorado primary care scorecard for communication and accountability purposes; and to consider how we can create a comprehensive primary care strategy for the state of CO.



# Looking Ahead

What/how would you like to contribute?

Contribute good data and analysis

Not sure. I think the chair does an excellent job engaging the committee.

Looking forward to continued participation in discussion and strategic thinking, reviewing documents / drafts, helping with writing, etc.



# Goals & Priorities

DOI ideas:

Primary  
Care/APM  
reporting  
methodology

Collaboration  
with BHA, state  
initiatives

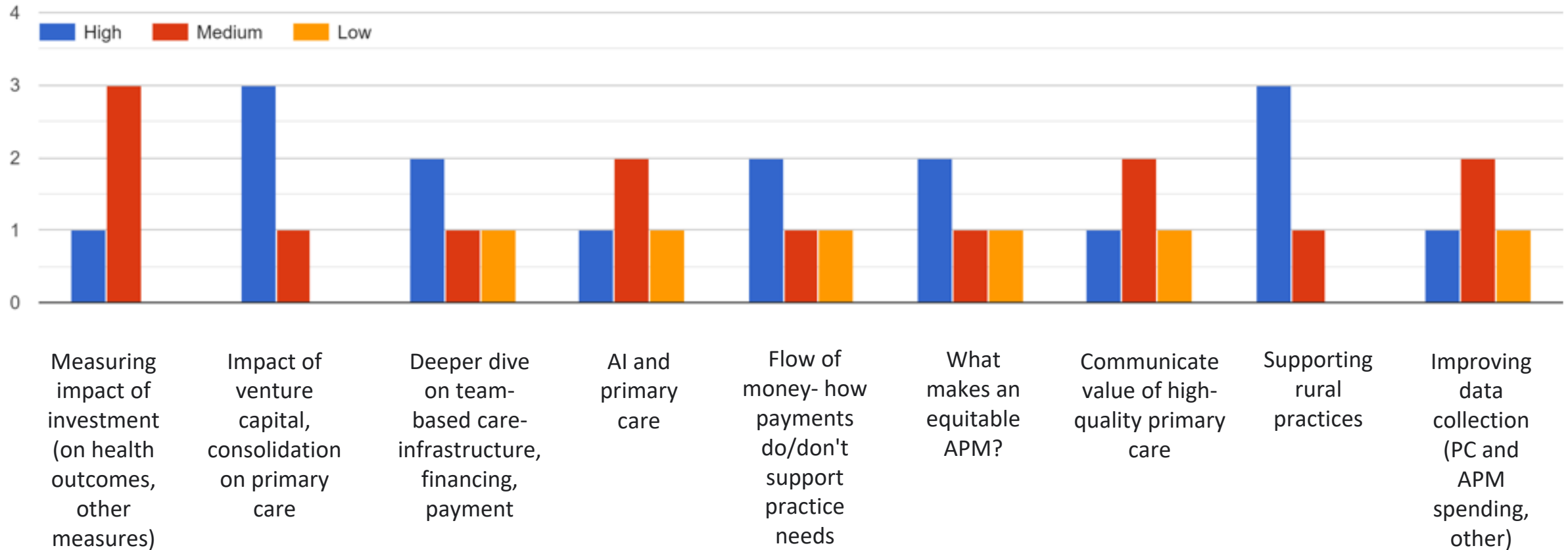
Connecting with  
state/national  
primary care  
initiatives

Making Care  
Primary

**OTHER ? ? ?**

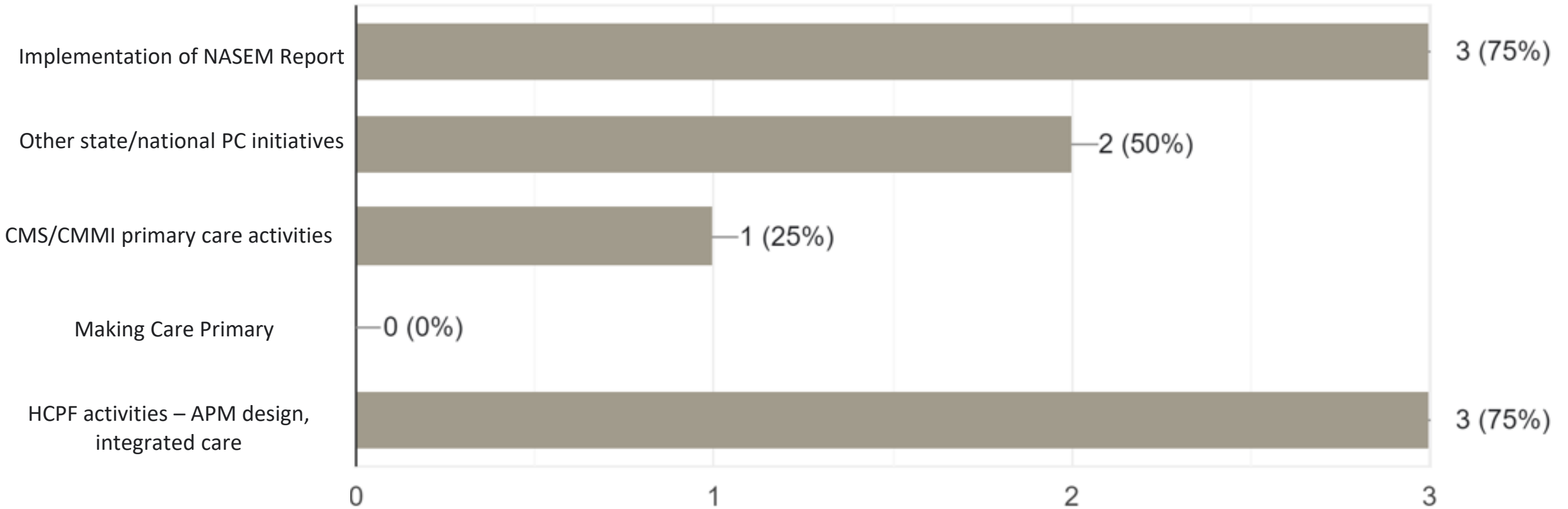


# Potential Topics



Integration with behavioral Health

# Reports & Resources



Standing Committee on Primary Care (NASEM)

Social Health Information Exchange (S-HIE)



# Annual review of aligned APM parameters

## Mechanisms to facilitate PCPRC review

I think additional meetings will be required. Opportunities for written feedback, as well as open discussion, would both be welcome.

Start with open discussion followed by ability to provide written comments.

## Considerations for aligned APM parameters (short, medium, and long term)

How do the APM parameters contribute to reductions in health care disparities and improve quality in the medium and long term? Short term- immediate impacts of the APM parameters on providers.

none come to mind



# Other thoughts, ideas, aspirations

I am so impressed by the organization, efficiency and quality of the work. I feel honored to be part of the collaborative.

looking forward to the conversation





# Health of US Primary Care - 2024 Scorecard

- 5 reasons why access to primary care is getting worse
  1. The primary care workforce is not growing fast enough to meet population needs.
  2. The number of trainees who enter and stay on the professional pathway to primary care practice is too low, and too few primary care residents have community-based training.
  3. The US continues to underinvest in primary care.
  4. Technology has become a burden to primary care.
  5. Primary care research to identify, implement, and track novel care delivery and payment solutions is lacking.





# Public Comment





Thank you!!

