



Primary Care Alternative Payment Model

Primary Care Medical Providers (PCMPs) provide incredible value to Medicaid Members and Colorado taxpayers. The goal with the APM is to:

- Provide a long-term sustainable investment strategy in primary care
- Reward performance while maintaining flexibility, transparency and accountability for both providers and the Department
- And create alignment across the delivery system and across other payment reforms.

The model is a point-based system. PCMPs will choose quality measures they want to focus on. Those measures are assigned a point value and if PCMPs achieve their goal for the measures and earn enough points, they will receive enhanced payment on a defined set of primary care codes, which are called, the APM codes.

PCMPs that participate in the APM must meet the criteria for being a Primary Care Medical Provider set out in the Accountable Care Collaborative Request for Proposals.

Not every PCMP will be able to partici-

pate in the APM.

Exclusions from this model are:

- PCMPs who have been paid less than \$30,000 by Medicaid on the APM code set
- Rural Health Centers
- Federally Qualified Health Centers (which have their own APM model)
- SIM
- CPC+

Measures:

The model includes both performance and structural measures. Achievement or improvement on these measures determines the level of enhanced reimbursement rates PCMPs can earn.

Performance measures focus on clinical processes or outcomes. For example, screening for maternal depression or controlling high blood pressure.

Structural measures are characteristics of a PCMP or processes PCMPs have in place. For example, integrating behavioral health care or providing alternative types of encounters or having quality improvement activities.

Measures: (cont'd)

The structural measures build the framework PCMPs need to be successful in other national programs such as (SIM) the State Innovation Model, (CPC+) the Comprehensive Primary Care initiative and Medicare's MACRA program. The structural measures were developed using the required elements from the NCQA (National Committee for Quality Assurance) PCMH (Patient Centered Medical Home) recognition.

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The structural measures were weighted based on resource intensity or difficulty of implementation; essentially, how much time, money or other resources are required to make the change. There are two types of performance measures - claims based data and clinical data.

HEDIS measures were chosen to avoid the burden on PCMPs and the Department of creating new measures. Measures were broken out by Adult and Pediatric, and then separated into 4 areas of focus: Behavioral Health, Chronic Care Management, Cost Containment, and Preventive Services.

eCQM (electronic clinical quality measures) were also broken out by Adult and Pediatric and then separated into 3 areas of focus: Behavioral Health, Chronic Care Management, and Preventive Services.

PCMPs will choose 10 measures but are not required to choose from all the areas of focus. They can choose whichever measures are important to them and their patients. The model rewards achievement based on PCMP performance so you're being measured against yourself, not trying to get all the way to targeted goals.

Using claims and eCQM data, the Department has set **PCMP specific** baseline goals that are informed by (HEDIS) benchmarks. For example, the Department goal is 80% and a PCMP has a baseline performance of 50%. The gap between the baseline and target is 30%, 80%-50% is 30%. If the goal is to close the gap by 10%, 10% of 30 is 3% so a PCMPs would have to show a 3%

improvement, or get to 53%, to gain the full point value on that performance measure.

Providers that achieve an APM score of 190 points in the model will be receive the highest possible enhanced rates.

The **APM score will determine the level of FFS rate enhancement** that PCMPs receive during the first payment year (FY2020-21).

PCMPs don't have to achieve the target on all chosen measures to get some enhanced payment. So a PCMP that achieved 26% of the APM score, about 49 out of a possible 190 points, would earn a 1% enhanced FFS rate. A PCMP that achieved 75% of the APM score would earn a 3% enhanced FFS rate.

PCMPs can **begin** submitting measures to the survey on December 1, 2017 and can do so **up until January 31, 2018**.

Please use the link of the live survey [here](#),* this copy will allow you to review the survey. As a reminder, all of the Department's APM resources can be found [here](#).* On the website you will find the APM model which will help PCMPs select measures.

A cautionary note, if you review the survey link on the HCPF website, you will NOT be able to access survey link again.

If you meet the criteria for being a Primary Care Medical Provider to participate in the APM model, Provider Relations will be contacting you to schedule an individualized site visit to assist in determining measures.

you need to hold down the Control button on your keyboard and click on the link at the same time to be taken to the website.

What if I Need to Dis-Enroll a Member?

You are an integral part of our network and we realize that you work hard to provide the best care for our members.

As a Medicaid provider there are circumstances when you may need to request to dis-enroll a member from your practice. Per the PCMPs HCPF contract for in the Accountable Care Collaborative Program— Section 3.1.3 Disenrollment- you may request a member to be dis-enrolled under specific circumstances including:

Abuse or intentional misconduct consisting of any of the following:

- Behavior of the Member that is disruptive or abusive to the extent that the Contractor's ability to furnish services to either the Member or other Members is impaired
- A documented, ongoing pattern of failure on the part of the Member to keep scheduled appointments or meet any other Member responsibilities
- Behavior of the Member that poses a physical threat to the Contractor, to Contractor staff or to other Members

What steps do I need to take?

The Contractor shall provide one oral warning to any Member exhibiting abusive behavior or intentional mis-

conduct, stating that continuation of the behavior or misconduct will result in a request for disenrollment.

If the Member continues the behavior or misconduct after the oral warning, the Contractor shall send a written warning that the continuation of the behavior or misconduct will result in disenrollment from the Contractor's plan.

The Contractor shall send a copy of the written warning and a written report of its investigation into the behavior to the Contractor's RCCO, as the Department's delegate, no less than thirty (30) days prior to disenrollment.

If a Member's behavior or misconduct poses an imminent threat to the Contractor, to other Members, the Contractor may request and expedited disenrollment after it has provided the Member exhibiting the behavior or misconduct an oral warning.

ICHIP encourages practices to have a policy in place to ensure that State and Federal Guidelines are being followed.

**Remember,
member dis-enrollment
should be a measure of last
resort.**

UPDATES AND INFORMATION

We have had a lot of providers call and ask us about the Accountable Care Collaborative Phase II changes in 2018.

The official information can be found at this website: <https://www.colorado.gov/hcpf/accphase2> .

Please make sure you are subscribing to the updates that will be sent out by the Department of Health Care Policy & Financing to keep abreast of the on-going changes.

Co- Payment Policy Updates

Service	Dates of service on and prior to December 31, 2017	Dates of service on and after January 1, 2018
Outpatient hospital visit	\$3	\$4
Outpatient hospital non-emergent emergency	\$3	\$6
Generic drug*	\$1	\$3
Brand name	\$3	\$3

Co-payment Increase for Health First Colorado Members Effective January 1, 2018

In accordance with SB17-267 and as stated in the Department's Provider Bulletin, the Department plans to change the following co-payment policies **effective January 1, 2018** for Health First Colorado members.



These changes have been previously reflected in the Department of Health Care Policy and Financing Provider Bulletin. This Special Provider Bulletin reiterates the policy updates. The Department has also recorded a webinar for pharmacies and providers that discusses the updates to Health First Colorado co-payment policies

* changes apply to all new and refill prescriptions

Practice Management Quarterly Meeting



Practice Management Quarterly Meeting

ICHP's Provider Relations Team will host this meeting to inform you about important changes and happenings in Medicaid that affect you.

For this session, we will have presenters on: Cultural Competency, C-PACK, Alternative Payment Method (APM) & Disability Competent Care.

January 18, 2018 at 11am – 1pm

You can join us either in-person at the ICHP Offices or via webinar please [click here](#) to register for the webinar.

(you will need to hold down the Control button on your keyboard and [click here](#) above at the same time)

ICHP Address: 503 N Main Street, Suite 202 Pueblo, CO 81003

Please email us to RSVP or questions at COProviderRelations@beaconhealthoptions.com

Please meet the members of the ICHP Team!

Provider Relations Director
Alma Mejorado



Alma Mejorado, Director of Provider Relations, has a Master's Degree in Social Work with over 10 years experience in the healthcare industry, specifically with the indigent and Medicaid population. She brings extensive knowledge developing strong partnerships with physical and behavioral health providers to improve timely and quality access to care. Currently, Ms. Mejorado is engaged in educating providers about the Alternative Payment Method (APM), and support medical practices in the ICHP region.

Provider Relations Manager
Robert Harasimowicz



Robert Harasimowicz is a Provider Relations Manager I. He serves as a Representative to the Provider community in the assigned markets/regions. As a Provider Relations Manager, he directly supports medical practices to include operational issue resolution, training, network access, and provider event planning and participation.

Actively involved in research and education, Rob has given many Disability awareness lectures as well as Cultural Training workshops. He also serves as an Ambassador to the Colorado/Wyoming National Multiple Sclerosis Society. Happily married to his wife Mary, they have 2 boys, Michael and Jack. With their support, Rob also retired from the US Air Force after 20 years of Active Duty Service, and has extensive experience in combat casualty care from his multiple deployments where he served in combat zones. .

Please meet the members of the ICHP Team!

Director, Care Coordination
Jen Hale-Coulson, MA, LPC



I am a Master's educated healthcare management professional with extensive experience providing leadership and guidance to drive the achievement of organization healthcare-related goals and objectives. I combine my healthcare management expertise with case management best practices, creating solutions that bring wide-ranging positive results. I have 15+ years' experience in direct-client services with a focus on behavior health and older adults and 14 years' experience with OBRA/PASRR. More recently, I have been part of the MMP collaborative and participant with the ACC 2.0 initiatives. I am a strong proponent of joining physical and behavioral health, strengthening the coordination of services to Members, promoting Member voice and choice, paying providers for the increased value they deliver, and ensuring greater accountability and transparency. I bring proven strength maintaining strong, long-term relationships with both internal and external stakeholders through effective solutions created to draw alignment with key healthcare initiatives.

Provider Relations Manager
Isabel Moody



Isabel Moody is a Provider Relations Manager. She has over 8 years of experience working with behavioral health organizations. She is excited to join the ICHP team to strengthen the care coordination between the Medical and the Behavioral Health groups.

Contact Us

Integrated Community Health Partners

503 North Main Street, Suite 202
Pueblo, CO 81003

Provider Relations Director: Alma Mejorado

Accessibility Coordinator: Robert Harasimowicz

Provider Relations Manager: Isabel Moody

Provider Relations: 1-800-804-5040 ext. 3670007

Member Services: 855-959-7340

Visit our website at
www.ichpcolorado.com



***Our mission is to integrate health care resources and services
in partnership with patients, providers, and communities.***