



**10.7.20**

## PCMP Administrative Payment Model & Provider Scorecard

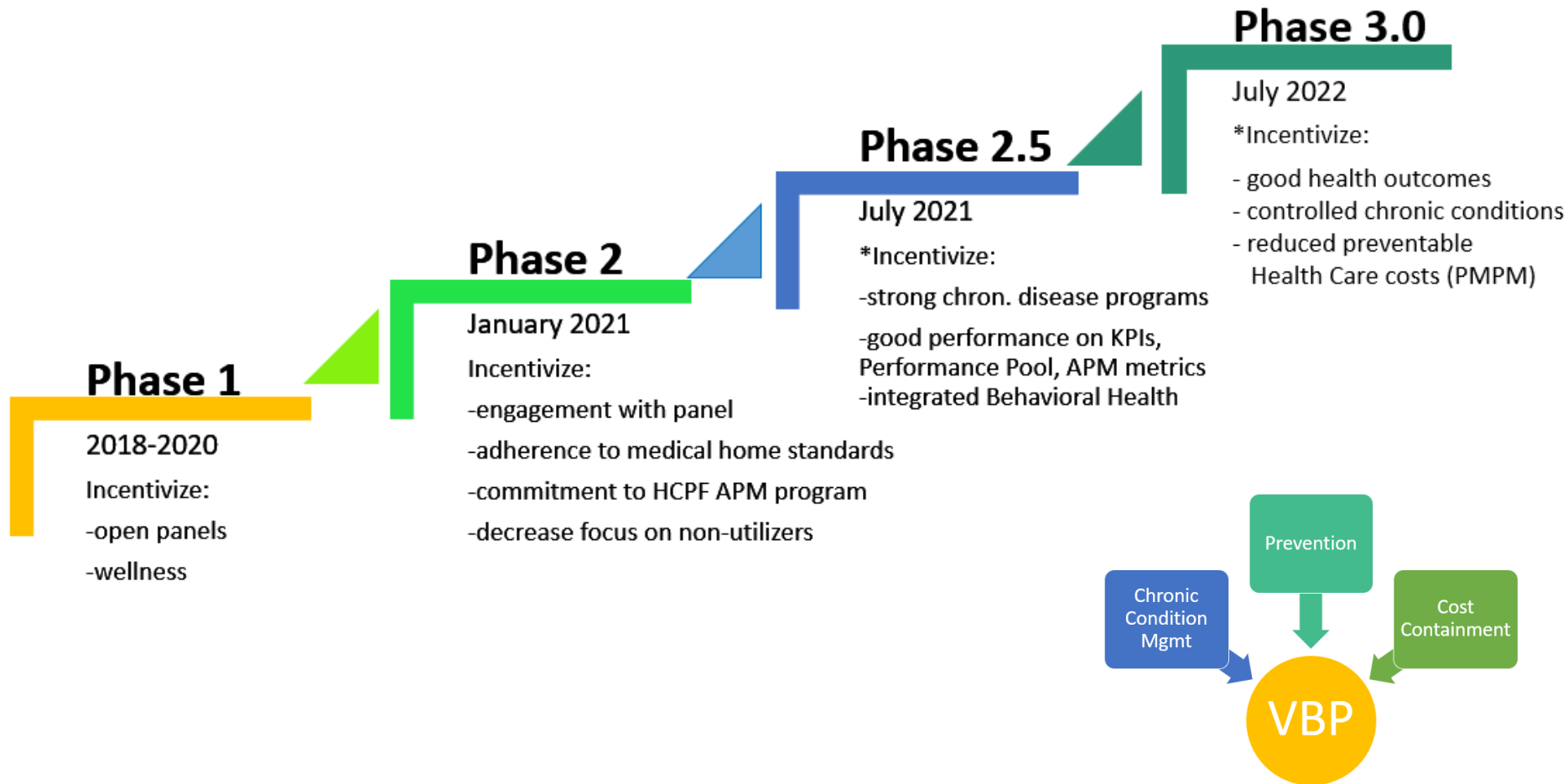


# Agenda

1. Introduce COA value based payment strategy
2. Explain new administrative payment model
3. Review provider score card
4. Answer questions

**Goal: Leave with common understanding of the model**

# Evolving the Administrative Payment



\*Phase 2.5 and 3 components are tentative and subject to change



A photograph of a diverse family of four. A woman with long dark hair is smiling and looking down at a young girl. The girl is also smiling and looking at a baby who is sitting on the woman's lap. A man with a beard is sitting next to the woman, looking down at the baby. The family is dressed in casual clothing. A green banner with white text is overlaid on the middle of the image.

# 1/1/21 Administrative Payment Model



## Non-utilizer

attributed members that have not had any kind of claim within the Medicaid system in the previous 18 months

Providers will receive  
\$0.50 PMPM for each non-utilizer



**Attributed members that have had at least 1 claim of any kind within the Medicaid system in the previous 18 months**

**Provider will receive their Utilizer PMPM for each utilizer**





# Utilizer PMPM

**Engagement  
Rate**

**Practice  
Assessment  
Score**

**APM  
Participation**



**Attributed members with at least one claim submitted **from your clinic(s)** in the previous 12 months.**

**Engaged members are determined by claims submitted and paid under your TIN.**



# Engagement Rate Calculation


$$\text{Engagement Rate} = \frac{\text{\# engaged members}}{\text{Total \# of attributed members}^*}$$

\*Number of attributed members in the last month of the calendar year

Engagement rate will be calculated annually.



# Practice Assessment = Contract Compliance

- 
- 1) Member access – extended hours, 24/7 phone coverage
  - 2) Referral processes – medical, behavioral, community
  - 3) Care coordination
    - a) Transitions of care
    - b) Individual care plans
  - 4) Use of standardized screening tools
  - 5) Identification of special populations (complex needs)

# HCPF Alternative Payment Model for Primary Care

## To be eligible a PCMP must:

- Have at least 200 attributed members
- Have at least \$30,000 in historical annual paid claims

For more information:

<https://www.colorado.gov/pacific/hcpf/primary-care-payment-reform-3>

# Utilizer PMPM

Utilizers = Utilizer PMPM

Non-utilizers = \$0.50PMPM

## Engagement Rate

0-20% = 0  
21-33% = 1  
34-46% = 2  
47-58% = 3  
59-68% = 4  
69-100% = 5

## Practice Assessment Score

0-70% = 0  
71-82% = 1  
83-92% = 2  
93-100% = 3

## APM Participation

No  
Yes

Score Determines Payment

0-3 = \$1.00 PMPM

4-6 = \$2.75 PMPM

7-8 = \$3.25 PMPM

Yes = \$0.50 PMPM

radio  
ESS



# PCMP Example

## Provider Payment Model Metrics by Site

Site Name	Medicaid ID	Eng. Rate	Eng. Score	Practice Assess	Practice Assess Score	Base Payment Score	Base Payment PMPM Level
PCMP X	12345678	38%	2	100%	3	5	Mid PMPM \$

## PMPM Payments by Category and Site

Site Name	Medicaid ID	Base PMPM	APM \$PMPM	Total Utilizer PMPM	Non-Utilizer PMPM	Attributed Members Avg	Utilizers	Non-Utilizers
PCMP X	12345678	\$2.75	\$0.50	\$3.25	\$0.50	2,476	2,267	209

### PCMP Example:

PCMP X has earned a base rate of \$2.75 PMPM and participates in the HCPF APM program, therefore PCMP X has a utilizer PMPM of \$3.25 and a non-utilizer PMPM of \$0.50. PCMP X has an average of 2476 attributed members per month: 2267 utilizers and 209 non-utilizers.

Utilizer payment  $2267 \times \$3.25 = \$7,367.75$

Non-utilizer payment  $209 \times \$0.50 = \$104.50$

**Average monthly payment = \$7,472.25**



Example:

## 3 similar providers that perform differently

	Engagement Rate	Points	Prov Assessment Score	Points	Total Pts	Initial Base PMPM		APM	Total Utilizer PMPM	Non-Utilizer PMPM
PCMP X	2%	0	92%	2	2	Min PMPM \$	\$ 1.00	\$ 0.50	\$ 1.50	\$ 0.50
PCMP Y	46%	2	83%	2	4	Mid PMPM \$	\$ 2.75	\$ 0.50	\$ 3.25	\$ 0.50
PCMP Z	70%	5	92%	2	7	Max PMPM \$	\$ 3.25	\$ 0.50	\$ 3.75	\$ 0.50

Each provider has 1000 attributed members

Each provider has approximately 87% utilizers

$(\text{New PMPM} \times 870) + (\$0.50 \times 130) = \text{Avg Monthly Payment}$

	Mbrs Served	New Avg Monthly payment
PCMP X	20	\$ 1,370.00
PCMP Y	460	\$ 2,892.50
PCMP Z	700	\$ 3,327.50

## Addendum 3: KPI Payments

- KPI payments are being transitioned to performance based payments.
- The models are being designed and implemented incrementally with provider feedback
- They will be presented in the **COA Pay For Performance Program** document that will be posted by 12/31/20

<https://www.coaccess.com/providers/resources/>

*This document will replace Addendum 3*



# Provider Scorecard





# PCMP Scorecard: Name

## Practice(s) Overall Score(s)

XX%	YY%	ZZ%	AA%
Loc 1	Loc 2	Loc 3	RAE 3

## RAE PCMP Contract Compliance:

XX%	YY%	ZZ%	AA%
XX/12	XX/12	XX/12	XX/12
Loc 1	Loc 2	Loc 3	RAE 3

[More on PCMP Contract Compliance](#)

## Member Engagement Rate:

XX%	XX%	XX%	XX%
Loc 1	Loc 2	Loc 3	RAE 3

[More on Member Engagement](#)

## ACC APM 2020 Participation:

XX	XX	XX	XX%
Loc 1	Loc 2	Loc 3	RAE 3

[More on ACC APM 2020 Participation](#)

## ACC KPI Performance:

Dental:

XX%	YY%	ZZ%	AA%
Loc 1	Loc 2	Loc 3	RAE 3

Wellness:

XX%	YY%	ZZ%	AA%
Loc 1	Loc 2	Loc 3	RAE 3

[More on ACC Physical Health KPIs](#)

# PCMP Scorecard: Name

## Loc 3

County(ies)

Population(s)

### Practice(s) Overall Score(s)

**92%**

Loc 3

**73%**

RAE 3

### RAE PCMP Contract Compliance

RAE PCMP Overall Scores

**100%**

Loc 3

**91%**

RAE 3

[More on PCMP Contract Compliance](#)

RAE PCMP Contract Item Credit

**12/12**

Loc 3

### Member Engagement Rate:

**54%**

Loc 3

**45%**

RAE 3

[More on Member Engagement](#)

### ACC APM 2020 Participation:

**Yes**

Loc 3

**48%**

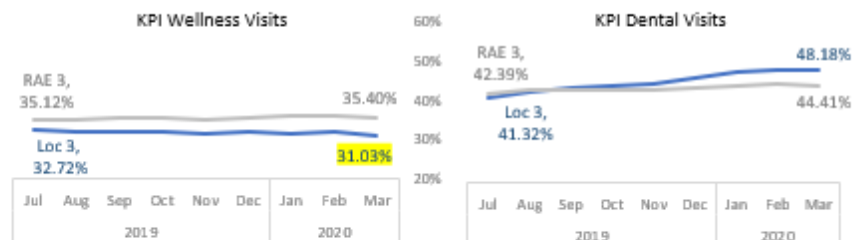
RAE 3

[More on ACC APM 2020 Participation](#)

### ACC KPI Performance Trends:

[More on ACC Physical Health KPIs](#)

Your location has reached Tier 2 for Dental Visits and is below Tier 1 for Wellness Visits KPIs.



# PCMP Scorecard: Name

County(ies)

Population(s)

## Appendix A: RAE PCMP Contract Compliance

Colorado Access issues an annual survey to all PCMPs in both RAE 3 and RAE 5 as a measure of RAE contract compliance. More details are available in your copy of your survey response(s) and scoring for 2020.

Survey Contract Item	Loc 1 Location	Loc 2 Location	Loc 3 Location	RAE 3 Sites with Credit
Medicaid MP Referral Processes	Yes	Yes	Yes	96%
Medicaid BHP Referral Processes	Yes	Yes	Yes	76%
Coordinate Care with MPs	Yes	Yes	Yes	98%
Coordinate Care with Non-MPs	Yes	Yes	Yes	94%
Engage Members in Care Coordination	Yes	Yes	Yes	86%
Develop Indiv Care Plans for MCNs	Yes	Yes	Yes	82%
Standard Health Screenings and Protocols	Yes	Yes	Yes	94%
BH Screening	Yes	Yes	Yes	96%
ID and Address Special Pops	Yes	Yes	Yes	85%
24/7 Phone Coverage	Yes	Yes	Yes	91%
Extended Hours	Yes	Yes	Yes	56%
Advanced Directive Access	Yes	Yes	Yes	80%

# PCMP Scorecard: Name

County(ies)

Population(s)



## Appendix B: Member Engagement Rates

Colorado Access continues to encourage our providers to outreach all of our members proactively to help ensure access to care. As a measure of our PCMPs' ability to engage members, we have defined Member Engagement.

*Member Engagement Rate is defined*

*Attributed Members (Provider Medicaid ID-level) with Claim with PCMP (Tax ID-level) in Past 12 Mo.*  
*Total Members Attributed to PCMP (Provider Medicaid ID-level) in Past 12 Mo.*

More information about Member Engagement Rates, as well as other Member definitions such as High Cost Utilizers will be made available in Fall 2020.



# PCMP Scorecard: Name

County(ies)

Population(s)



## Appendix C: ACC APM 2020 Participation

Colorado Access acknowledges that many PCMPs within our network are eligible and actively participating in Colorado's Alternative Payment Model for Primary Care. Moving forward, we are tracking the locations who continue to participate, as a means for recognizing these additional efforts for clinical practice excellence. In future iterations of the PCMP Scorecard, we may provide additional data to better track progress around specific measures selected by our APM-participating locations.

From Colorado's Department of Health Care Policy and Financing:

*The APM applies to practices that are designated as [Primary Care Medical Providers \(PCMPs\)](#) under the [ACC](#), including Federally Qualified Health Centers (FQHC).*

*To be eligible to participate in the APM, a PCMP must also:*

- *Serve at least 200 ACC enrollees, or*
- *Receive at least \$30,000 in historical annual paid claims associated with the [APM Code Set](#)*

*All FQHCs in Colorado are eligible to participate in the APM.*

Full information about Colorado's APM program can be found [here](#).

# PCMP Scorecard: Name

County(ies)

Population(s)

## Appendix D: Practice(s) ACC KPI Performance Trends



Below are the KPI Tier 1 and Tier 2 goals for the Well and Dental KPIs as well as your practice location and respective RAE performances on both as of March 2020.

Both Loc 2 and Loc 3 are below Tier 1 for Wellness visits

### Wellness RAE 3:

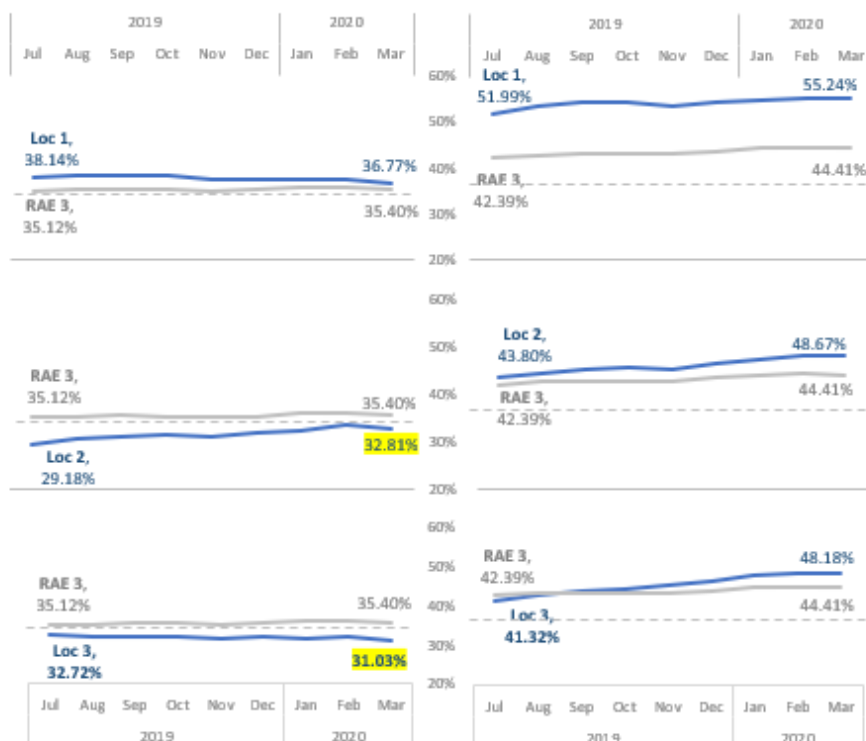
Tier 1 (---) 34.71%

Tier 2 36.08%

### Dental RAE 3:

Tier 1 (---) 37.99%

Tier 2 39.49%



Colorado Access continues to prioritize the performance on these two (2) physical health (PH) key performance indicators (KPIs) as identified by Colorado's Department of Health Care Policy and Financing. For full current information on how these KPIs are defined and measured, refer to the current specifications and methodology document, made publicly available [here](#) (last updated May 2019).





Q & A