

CCHN CHC Alternative Payment and Care Model (APCM) Pilot: Request for Letters of Interest

Background:

CCHN is actively engaged with the Colorado Department of Health Care Policy and Financing (HCPF) to launch a CHC payment reform pilot in July 2018. Utilizing the support of the National Association of State Health Policy (NASHP) Value-Based Payment Academy, decisions regarding the payment model will be made over the coming 12 months, with frequent communication to members through the Payment Reform Committee. With less than two years until the pilot is set to launch, it is necessary to not only determine the pilot payment model, but to congruently prepare the first CHCs to go live.

With both the model decisions and CHC preparation processes happening simultaneously, identifying the pilot CHCs will begin with this APCM letter of interest process and will conclude with a final commitment to participate in January 2018. CHCs submitting a first cohort letter of interest will be expected to participate in additional meetings and work during 2017 to help finalize the model and assess organizational readiness to participate in the pilot.

2017 Commitment:

Submission of a Letter of Interest is not a commitment to participate in the pilot launching in 2018. That commitment will take place through a separate process, with final commitment in January 2018. CHCs submitting a Letter of Intent are committing to the following:

- Regular participation in the Payment Reform Committee – 10:45 a.m. to 12:15 p.m. which are currently scheduled on the following dates in 2017:
 - February 7
 - March 7
 - April 11
 - June 6
 - July 18
 - October 10
 - November 7
 - December 5
- Participation by CEO or CFO in the Rates Workgroup – currently scheduled monthly on the third Wednesday at 1:30 p.m.
- Work with CCHN staff to utilize CHC data for payment model scenarios and share findings with the Rates Workgroup and Payment Reform Committee (see attachment).
- Complete a financial analysis regarding the CHC's capacity to weather cash flow changes.
- Establish a planning team whose contact information will be provided to CCHN.
- Enable appropriate planning team members to participate in meetings regarding pilot model decisions regarding their area of expertise (i.e. fiscal/billing leadership participate in billing conversations, quality improvement staff participate in meetings regarding pilot quality metrics, IT staff participate in meetings regarding HIT).
- Host at least one site visit of CCHN and HCPF staff to discuss the CHC's APCM goals and organizational readiness.
- Build CHC Board of Directors understanding and support for payment reform with assistance from CCHN.

Tentative Timeline:

- November 1 – Request for Letters of Interest Released
- November 8 and December 1 – CCHN calls to respond to questions regarding the process
- January 6 – Letters of Interest Due
- January 13 – Introductory call for all selected CHCs

Instructions:

A total of 4 items need to be submitted to CCHN via email to Marija Weeden (marija@cchn.org) by 12:00 p.m. on January 6, 2017:

- Cover Letter explaining your CHC's interest in participating in the initial cohort of the APCM pilot
- Practice Qualifications Form (Pages 3-5)
- Planning Team Roster
- Signed agreement to participate in data analysis (Attachment A)

Questions regarding the process can be submitted to Marija Weeden via email (marija@cchn.org) phone (303-867-9515), or through two web conferences to be hosted on November 8th and 17th. Further information regarding the web conferences will be distributed via the Payment Reform Committee distribution list.

Planning Team Roster:

CHCs submitting a letter of interest are expected to establish a planning team. The planning team will play a key role both internal to the CHC's process of moving forward and in the model development process. Internal to the CHC the planning team will be responsible for conducting organization readiness assessments related to the APCM, and CCHN will utilize members of the team to help guide development of the model. CHCs submitting a Letter of Interest are expected to also include a roster of the planning team with contact information for each team member.

Each CHC can determine how large their planning team needs to be and who they want on it, but at a minimum it is expected that the following areas will be included:

- HIT (i.e. Chief Information Officer or HIT Director)
- Quality Improvement staff
- Fiscal and/or billing leadership

For each planning team member, include the following:

- Name
- Title
- Phone number
- Email

Questions:

All questions about the Letter of Interest process should be directed to Marija Weeden by email (marija@cchn.org) or phone (303-867-9515).

Practice Qualifications Form

Please complete all sections of this form and return with your cover letter and Planning Team Roster.

PCMH Recognition:

- What is your CHC's current level of PCMH recognition and the recognizing body (i.e. X of X sites are NCQA recognized)?
- What is your CHC's current plan to maintain, change, or expand that recognition to additional sites?

Integrated Behavioral Health and Care Coordination:

- What is your current level of integration according to [SAHMSA's levels of integration](#)?
- How is your behavioral health care currently structured. Please include:
 - Your staffing approach (your employees, CMHCs employees or a combination)
 - Do you currently bill the BHO for services?
- Describe your approach to care coordination?

Quality Improvement Strategy:

- Describe your CHC's Quality Improvement structure and approach. For example:
 - Does the CHC utilize Lean, PDSAs or another tool?
 - Is there a quality improvement team? If so, who is on it? Who do they report to?
 - How is quality improvement data shared with staff, CHC leadership and the Board of Directors?
 - What is your strategy to engage patients, families, providers, and care team members in quality improvement activities?

Attribution Management and Patient Access:

- Describe your process for welcoming new patients and conducting outreach to current patients. Include activities you do around identifying patients in need of particular services (e.g. well child checks, diabetic foot checks, etc.).
- What metrics do you currently track regarding patient access to care and how is that data used to improve access (for example: time to third, same day access)?

Data Collection:

- What EHR do you use?
- What stage of Meaningful Use has your CHC met?
- What data does your CHC currently collect and utilize regarding Social Determinants of Health and patient engagement? How are you currently utilizing that data?

HIT Preparedness:

- Is your HIT program managed by in-house staff or outside contractors?
- Describe how your staff currently use your HIT systems, including
- Do you currently participate in or have a plan to participate in CCMCN's data program?
- What is your current level of engagement with your regional HIE?

Attachment A: Data Analysis Agreement

CCHN has a contracted with the Department of Health Care Policy and Financing (HCPF) to share data in order to evaluate CHC coding, model payment scenarios, and develop a baseline understanding of where CHCs are prior to implementing the Alternative Payment and Care Model (APCM) pilot. CHCs submitting a Letter of Interest are expected to participate in these efforts, including utilizing and sharing their own data with CCHN and the other participating CHCs.

CHC's submitting a Letter of Interest to participate in the pilot are expected to participate fully in the following data analytics activities:

- Improving CHC claims coding:
 - Review CHC claims compared to patient chart information to identify patterns and problem areas of over or under coding.
 - Assist CCHN in developing a work plan to implement in order to improve the accuracy of coding based on the identified issue areas.
 - Work with CCHN to monitor changes to coding accuracy through the developed plan.
- Modeling Payment Scenarios
 - Review models developed in partnership with HCPF.
 - Work with CCHN's Director of Health Economics and Payment Reform to test developed models utilizing the CHC's current data.
- Dental Cost Model Payments:
 - Utilize claims data for dental services and the CHC's cost data for dental services to create new payment models (both FFS and encounter based) for TBD dental services which will not be included in the pilot payment model.
- Tracking Patient use of Primary Care:
 - Evaluate the CHC's patient usage patterns to identify patterns of inappropriate usage of Emergency Departments and specialists.
 - Develop practice improvement interventions targeted at the most common situations identified through the data analysis to encourage use of primary care.

By signing below, the CHC agrees to fully participate in the data analysis activities described above and acknowledge this will include sharing data with CCHN and other participating CHCs. Due to several tasks requiring sharing of fiscal data, both the CEO and CFO are asked to sign.

CEO

date

CFO

date