

HCPF/CCHN Shared Intent for FQHC APM

Approved by the Payment Reform Committee on November 1, 2016

Approved by Board of Directors on December 7, 2016

CCHN staff recommend the adoption of the below statement to help guide the development of a new Medicaid APM rate with the state Medicaid agency. This statement:

- Was reviewed by the Rates Workgroup in September.
 - Was approved by the Payment Reform Committee in November after changes made to reflect discussion in October.
 - Has been okayed in the below form by the state Medicaid agency.
-

The Colorado Department of Health Care Policy and Financing (HCPF) and Colorado Community Health Network (CCHN), representing Colorado's 20 Community Health Centers (CHC), share a commitment to high-quality care which results in improved patient and population health outcomes, improved patient and provider experience, and reduced total cost of care (e.g. the Quadruple Aim).

Based on this shared commitment, the intent of changing CHC Medicaid reimbursement away from volume and towards value is to provide CHCs with the flexibility they need to transform care to achieve the Quadruple Aim.

HCPF and CCHN recognize that these changes will alter the way care is delivered and change the mix of traditional encounters and other engagement services historically not billed to Medicaid. It is anticipated that overall engagement with patients will increase, though per patient number of traditional encounters may decrease. HCPF, CCHN and participating CHCs are committed to tracking success of the model based on agreed upon outcome metrics and increased access which is not strictly defined as traditional encounters.

In developing and implementing a pilot Alternative Payment and Care Model (APCM), we hold ourselves accountable to:

- **A data driven process** in which CHCs are responsible for reporting on access, quality and patient experience, supported by HCPF, CCHN, and CCMCN through data analytics to help drive innovation, collaborative learning and improvement.
- **Fiscal balance** which recognizes that the APCM cannot cost the state more than it would have otherwise, CHCs cannot be expected to transform care and increase services with reduced funding, and some savings in total cost of care should be reinvested in the responsible system to expand access.
- **Flexibility** to quickly recognize and address implementation issues through mutually acceptable solutions.
- **Transparency** regarding metrics and the impact the APCM is having on participating FQHC patient health outcomes and total Medicaid per-patient cost of care.