

## VII. Appendix. Annual Updates: Program Year 2025

Updates to the Alternative Payment Model 1 for Primary Care (APM) are reviewed through an annual stakeholder engagement process. This Appendix highlights changes to the APM 1, effective for Program Year 2025 (PY2025).

- **eCQM Point Structure** –Continuing our approach from PY2024, PY2025 APM 1 PCMPs will **not** earn 25% credit for reporting electronic clinical quality measures (eCQMs) with a denominator size of zero. This point structure is reflected in the following table.

Points Earned	PY2024	PY2025
Full eCQM point value	<ul style="list-style-type: none"> <li>● Report data for the baseline and program year, with at least 20 patients in the denominator for both ears, and demonstrate Close the Gap improvement of at least 10%; <i>or</i></li> <li>● Report data for the program year with at least 20 patients in the denominator and achieve HCPF’s statewide goal for the measure</li> </ul>	NO CHANGE
<i>Between 50% and the full eCQM point value</i>	<ul style="list-style-type: none"> <li>● Report two years of data for at least 20 patients and demonstrate a Close the Gap improvement between 5-10%</li> </ul>	NO CHANGE
50% of the full eCQM point value	<ul style="list-style-type: none"> <li>● Report two years of data for at least 20 patients, but do not demonstrate at least 5% improvement in the measure using the Close the Gap Calculation; <i>or</i></li> <li>● Report one or two years of data for 1-19 patients, regardless of performance.</li> </ul>	NO CHANGE
25% of the full eCQM point value	<ul style="list-style-type: none"> <li>● Report data for an eCQM with a denominator size of zero</li> </ul>	REMOVED

- **Mandatory Measure Update:** –There have been two updates to the mandatory measures for PY25. The first update is an addition of the new Glycemic Status Assessment for Patients with Diabetes measure, which is new to the CMS core measure list for 2025 reporting and is an update on the previously used diabetes measure. This measure is offered as either Administrative or an eCQM. The second update is that Controlling High Blood Pressure will now be both an Administrative measure and an eCQM.
- **Roll-in Measures:** There will be no Roll-in measures in PY25 to select in replacement of Mandatory measures. If a PCMP is unable to report on one or

more Mandatory measures due to an insufficient denominator or reporting capability limitations, the following options are available:

- Selecting an Alternative Mandatory Measure: PCMPs may choose an alternative Mandatory measure from the opposite measure set. For example, if your practice selected the adult measure set but cannot report on one of the adult mandatory measures, you may replace it with a measure from the pediatric mandatory measure list, provided there is a sufficient denominator for reporting.
- Notifying Your RAE Coach and HCPF: If a PCMP cannot report on one or more of the mandatory measures from either the adult and pediatric measure sets due to an insufficient denominator or reporting capability issues, please notify your RAE Coach and HCPF to discuss alternative options.
- **PY25 Measure List Update**: The APM 1 program will align with the clinical quality measures that will be used in ACC Phase 3. The following measures have been added or removed:
  - Added: Developmental Screening in the First Three Years, Contraceptive Care: All Women, and Glycemic Status Assessment for Patients with Diabetes.
  - Removed: Asthma Medication Ratio, Lead Screening, Antidepressant Medication Management, Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up, Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents, Follow-up after Emergency Department Visit for Alcohol and other Drug Abuse or Dependence (7 days), and Follow-up after Hospitalization for Mental Illness (7 days).
- **Administrative Measure Denominator Requirement**: A PCMP must have a denominator of 30 or greater for administrative measures to be eligible to earn full points. HCPF acknowledges that denominator sizes change throughout a program year, especially if the Department's member attribution criteria changes, so please choose measures with a denominator of 30 or greater based on most current data available during the measure selection process. Please contact the Department for your concerns around measure denominator sizes and how this may impact your APM 1 participation.
- **FFS Rate Changes for PY24 and PY25 performance**:
  - PY24: Rate Changes will occur based on 2024 Performance and the Department will utilize the 10% Close the Gap to the 75th Percentile.
  - PY25: Rate Changes will occur based on 2025 Performance and the

Department will utilize the 10% Close the Gap to the 75th Percentile.

- **Medicaid-Only eCQM Reporting** – HCPF will continue to pilot Medicaid-only eCQM reporting for PY2025. **PCMPs must submit accurate, supplemental eCQM data specific to the Health First Colorado population.** This data will be used to determine the ability and viability for PCMPs to report eCQMs versus administrative measures in future program years. PCMPs that are not able to report accurate eCQM data in PY2025 will be restricted from choosing those measures in the future.

Email [HCPF\\_primarycarepaymentreform@state.co.us](mailto:HCPF_primarycarepaymentreform@state.co.us) for questions about these updates.