



COLORADO
Department of Health Care
Policy & Financing

303 E 17th Ave
Denver, CO 80203



Alternative Payment Model 1 for Primary Care Guidebook

December 2024



COLORADO
Department of Health Care
Policy & Financing

Contents

- I. Introduction 3**
- II. Developing Alternative Payment Model 1 3**
 - A. Alignment with Other Payment Reform Programs 4
- III. Eligibility Criteria..... 6**
- IV. Payment Model..... 7**
- V. The APM 1 Measure Set 8**
 - A. Measure Point Values and APM 1 Quality Score Goal 9
 - B. Measure Selection 10
 - C. Submitting Measure Selection 13
 - D. Measure Reporting and Points Earned 14
 - E. APM 1 Quality Score Calculation 17
 - F. Impact on Payment 18
 - G. APM 1 Payment Timeline 20
- VI. Support and Resources 20**
 - A. How will PCMPs be Supported in APM 1?..... 20
 - B. Resources 21
- VII. Appendix. Annual Updates: Program Year 2025 22**

I. Introduction

The Department of Health Care Policy and Financing's (HCPF) mission is to improve health care equity, access, and outcomes for the people we serve while saving Coloradans money on health care and driving value for Colorado. Health First Colorado (Colorado's Medicaid program) currently serves over 1.6 million Coloradans, many of whom have complex health needs either because of life circumstances or disability. To meet the unique needs of those we serve, HCPF has a long history of innovation to improve access, health care quality, and the health of its members.

The Accountable Care Collaborative (ACC) is the core of Health First Colorado. It promotes improved health for members by delivering care in an increasingly seamless way. The ACC provides the framework in which other health care initiatives, such as payment reform, can thrive. This guidebook focuses on Alternative Payment Model 1 (APM 1) for Primary Care and is intended to help ACC Primary Care Medical Providers (PCMPs) and their staff successfully implement APM 1 in their practices. The ACC PCMPs include individual providers, Federally Qualified Health Centers (FQHCs), and other groups with a focus on primary care, general practice, internal medicine, pediatrics, geriatrics, or obstetrics and gynecology. APM 1 is part of HCPF's efforts to transform payment design across the entire delivery system with the goal of rewarding improved quality of care while containing costs.

NOTE: APM1 for FQHCs is part of HCPF's goal to tie all provider reimbursement to quality performance while containing costs by putting a portion of the FQHC encounter rate at risk. Importantly, APM1 is designed differently for FQHCs, which will be called out within this guide.

II. Developing Alternative Payment Model 1

Beginning in the 2017-2018 state fiscal year budget request, HCPF was authorized by the Colorado General Assembly to invest over \$50 million¹ in primary care each year under the condition that payment would be made through a value-based payment structure. **APM 1 is that value-based payment structure and the way HCPF allocates this annual investment to PCMPs.**

¹ The annual investment in primary care is generally at least \$50 million; however, the exact amount varies year-to-year based on caseloads and the Joint Budget Committee's appropriated reimbursement rates.

HCPF convened a workgroup of primary care physicians, primary care practice coordinators, office managers, and other key stakeholders to design APM 1 in the fall of 2016. This workgroup provided input on almost every aspect of APM 1, including quality measures and the payment structure.

In collaboration with stakeholders, HCPF identified the following goals for APM 1:

1. Provide long-term, sustainable investments in primary care;
2. Reward performance and introduce accountability for outcomes and access to care while granting flexibility of choice to PCMPs; and
3. Align with other payment reforms across the delivery system.

HCPF continues to conduct an annual stakeholder engagement process to inform updates to the model for each program year. This includes a series of public and workgroup meetings to solicit feedback on APM 1. Feedback is gathered about the updates to the measure set, point assignments, and goals for each measure as well as to ensure the APM 1 model continues to achieve its goals.

A summary of updates for APM 1 Program Year 2025 is provided in the Appendix. These updates were informed and vetted through the Department's APM stakeholder engagement session conducted in December 2024.

A. Alignment with Other Payment Reform Programs

As defined by APM 1 Goal #3, HCPF is committed to alignment with other payment reform programs across the delivery system. This includes aligning APM 1 and other HCPF programs with federal reporting requirements, such as the Centers for Medicare and Medicaid Services (CMS) [Child and Adult Core Sets](#) and Division of Insurance (DOI).

Table 1 highlights the alignment between the CMS Child and Adult Core Set focus areas and the quality measures for several HCPF programs, including APM 1, the Health Equity Plan (HEP), the [ACC Key Performance Indicators \(KPI\)](#), [ACC Behavioral Health Incentive Program \(BHIP\)](#), and the ACC Performance Pool (ACC PP).

Table 2 highlights the alignment between APM 1 and national and non-Medicaid programs, including the CMS Core Measures, CMS Universal Foundations, and projected Division of Insurance (DOI) programs.

Table 1. HCPF Program Alignment with the CMS Child and Adult Core Set Focus Areas

Medicaid Core Set Focus Area	APM 1	HEP	ACC KPI	ACC BHIP	ACC PP
Primary Care Access and Preventive Care	✓	✓	✓		
Care of Acute and Chronic Conditions	✓	✓			✓
Behavioral Health Care	✓	✓	✓	✓	
Experience of Care	✓				

Table 2. APM 1 Program Alignment with National Stewards and Non-Medicaid Programs

Medicaid Core Set Focus Area	APM 1	Universal Foundations	CMS Core Measures	DOI
Primary Care Access and Preventive Care	✓	✓	✓	✓
Care of Acute and Chronic Conditions	✓	✓	✓	✓
Behavioral Health Care	✓	✓	✓	✓
Experience of Care	✓		✓	✓

III. Eligibility Criteria

APM 1 applies to providers designated as a Primary Care Medical Provider (PCMP) in the ACC and all FQHCs that elect an FQHC Alternative Payment Methodology (APM). For more information about PCMP designation, please visit the [ACC website](#).

To be eligible for APM 1, PCMPs must have 500 or more attributed Health First Colorado ACC enrollees.

Important notes regarding eligibility:

- PCMPs that have 500 or more attributed enrollees will be **automatically included** in APM 1. However, a PCMP with more than 500 attributed enrollees may petition HCPF to opt out. HCPF will grant the petition if the Department determines that there is insufficient baseline data to adequately measure quality performance.
- PCMPs that fall below 500 enrollees will be **automatically excluded** from APM 1. However, if a PCMP with fewer than 500 attributed enrollees wants to participate, they may petition HCPF to opt in to the program. HCPF will grant the petition if it judges that there is sufficient baseline data to adequately measure quality performance.
 - HCPF will notify the PCMP if the provider is currently participating in APM 2 but has fallen below the 500-enrollee threshold. HCPF will give the PCMP the option to continue with the APM 2 program or withdraw from both APM 1 and APM 2.
 - A PCMP location that is a part of a larger group that is currently participating in APM 2 but has fallen below the 500-enrollee threshold will automatically be included in the upcoming APM 1 program year unless otherwise directed by the PCMP.
- Providers that are not contracted as PCMPs in the ACC are **not able to opt-in** to the APM.

To petition HCPF to opt in or opt out of APM 1, PCMPs can email HCPF_primarycarepaymentreform@state.co.us

HCPF will review PCMP eligibility (including new providers and solo billers) in APM 1 by reviewing enrollee/member attribution annually. HCPF will notify PCMPs of eligibility for APM 1 in the prior year for the following calendar year. PCMPs that were previously excluded because of having less than 500 attributed ACC enrollees may become eligible for APM 1 in the following year if the ACC enrollee volume grows to 500 or greater.

For Federally Qualified Health Centers (FQHCs) Only

APM 1 applies to all FQHCs in Colorado. However, APM 1 Enrollment does not apply if a Health Center elects to receive the PPS Rate by choosing to opt out of APM 1.

IV. Payment Model

APM 1 is designed to provide investment, reward performance, and introduce accountability for all PCMPs, including FQHCs. APM 1 is a point-based system. PCMPs earn points by reporting on quality measures and demonstrating high performance or improvement between their own baseline performance and HCPF's statewide goal (see [Measure Reporting and Points Earned](#)). The number of points earned by each PCMP determines the impact on payment for that practice.

Most components of the program are the same for all PCMPs, but there are a few important differences for FQHCs. These differences are described throughout this Guidebook. The most important difference is how FQHCs and non-FQHC PCMPs get paid for care delivered. The difference is explained here:

For PCMPs that are not FQHCs:

PCMPs that demonstrate high performance or improvement between their own baseline performance and HCPF's statewide goal in APM 1 receive enhanced fee-for-service rates for a set of primary care services. See the [Impact on Payment](#) section for more information.

For Federally Qualified Health Centers (FQHCs) Only

FQHCs are paid differently than other providers in Colorado, so payments under APM 1 work a little differently, too. FQHCs in Colorado have two rate methodologies:

- 1) A Prospective Payment System (PPS) rate methodology, which is the federally defined minimum rate that Medicaid must pay FQHCs for one-on-one, face-to-face encounters with Medicaid patients; and
- 2) The Alternative Payment Model (APM) rate methodology, which establishes Colorado-specific rates calculated annually as part of each FQHC's cost report process.

The original FQHC APM rates are a cost-based calculation and over time, in most instances, are higher than the PPS rate. For FQHCs, APM 1 described in this Guidebook (also known as the “4%” to FQHCs) is a modification to the cost-based calculation – the Physical Health Rate – by which a portion of the FQHC's APM rate will be tied to quality activities and performance metrics.

V. The APM 1 Measure Set

The APM 1 Measure Set defines all quality measures used in APM 1. Measures are categorized into the following types: structural measures, administrative measures, and electronic clinical quality measures (eCQMs).

- **Structural Measures** – These measures focus on a PCMP's capacity, systems, and processes to provide high-quality care. Examples of structural measures include integrating behavioral health care, providing alternative types of encounters, or implementing patient satisfaction processes.
- **Administrative Measures** – These measures are calculated from state agency data for Health First Colorado members, such as a PCMP's processed Health First Colorado claims or the Colorado Immunization Information System. Formerly referred to as claims measures, administrative measures indicate what a PCMP does to maintain or improve health, either for healthy people or for those diagnosed with a health care condition. Examples of administrative measures include child and adolescent well-care visits or screening for depression and follow-up plan.

- **Electronic Clinical Quality Measures (eCQMs)** – These measures are calculated directly from a PCMP’s electronic health record (EHR) and reflect the impact of the health care service or intervention on the health status of a PCMP’s patient panel. eCQM denominators include all eligible patients – regardless of payer – that meet the measure criteria, which provides a view into how a PCMP is performing overall for all measures submitted. This includes baseline and program year measurements. Examples of eCQMs include diabetes hemoglobin A1c poor control or high blood pressure control.

Important Note: HCPF requires PCMPs to report supplemental eCQM data specific to the Health First Colorado population. The 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 not earn full points on eCQM measures. PCMPs should work with their EHR vendors to ensure accurate reporting for PY2025.

Measures included in the APM 1 Measure Set are intentionally aligned with other value-based payment programs or federal reporting requirements. Structural measures align with the [National Committee for Quality Assurance \(NCQA\) Patient-Centered Medical Home \(PCMH\) recognition program](#). Administrative measures and eCQMs align with the [CMS Child and Adult Core Sets](#) and the Division of Insurance (DOI) quality measure list, which is a subset of the CMS Core Sets.

NOTE: If an administrative measure has a certified, matching eCQM, both measure types will be included in the measure set. However, PCMPs are limited to reporting on either the administrative measure or the matching eCQM; a practice cannot select both versions of the same measure.

The current APM 1 Measure Set is available on the [APM 1 website](#).

A. Measure Point Values and APM 1 Quality Score Goal

Each measure in the APM 1 Measure Set is assigned a point value based on alignment with HCPF priorities for improvements in care for Health First Colorado members.

- Structural measures are valued at 20 points.
- Administrative measures and eQMs are worth 35 points.

Structural measure points are earned entirely or not at all, while points for administrative measures and eQMs follow a **Close the Gap Calculation** based on a statewide goal set by HCPF for each measure. See the [Measure Reporting and Points Earned](#) section for more information on statewide goals and calculating points earned.

The points a PCMP earns for individual measures are summed up to calculate the APM 1 Quality Score. **Each PCMP must earn an APM 1 Quality Score of at least 200 points to receive the maximum enhanced rate.** A maximum of 100 points can be earned from structural measures. PCMPs must demonstrate performance on administrative measures and/or eQMs to earn the remaining 100 points. See the [Impact on Payment](#) section for more information.

B. Measure Selection

PCMPs report on 10 quality measures from the APM 1 Measure Set: three mandatory measures determined by HCPF, and seven measures selected by the PCMP.

1. Mandatory Measures

HCPF selects two sets of mandatory measures: one for pediatrics (Table 3) and one for the adult population (Table 4). PCMPs serving both populations choose one mandatory measure set and have the option of selecting measures from the other set as a part of their remaining seven measures. These PCMPs are not required to select any measures from the other set.

NOTE: For PY25, PCMPs will no longer have Roll-In measures to select in replacement of Mandatory measures. If a Primary Care Medical Provider (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:

- A) 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.

- B) 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.

Table 3. Pediatric Set

	Measure Type	Measure Description	Measure ID
Mandatory #1	eCQM/Administrative	Childhood Immunization Status (Combo 10)	CBE 0038 or CMS 117
	Administrative	Immunizations for Adolescents (Combo 2)	CBE 1407
Mandatory #2	Administrative	Child and Adolescent Well-Care Visits	CBE 1516
		Well Visits in the First 30 Months of Life	CBE 1392
Mandatory #3	eCQM/Administrative	Screening for Depression and Follow-Up Plan (Ages 12-17)	CBE 0418 or CMS 2
Quality Measure #1	Administrative	Developmental Screening in the First Three Years of Life	OHSU 1003
Quality Measure #2	Administrative	Contraceptive Care - All Women	CBE 2903/2904
Quality Measure #3	eCQM/Administrative	Chlamydia Screening in Women (Ages 15-20)	CBE 0033 or CMS 153

Note: The measure type “eCQM/Administrative” indicates PCMP choice in selecting either the eCQM or administrative measure to report. For Mandatory Measure #1 and Mandatory Measure #2: PCMPs must select one of these two mandatory measures. However, they are also permitted to select the other measure as a part of their 10 total selected measures.

Table 4. Adult Set

	Measure Type	Measure Description	Measure ID
Mandatory #1	eCQM/Administrative	Screening for Depression and Follow-Up Plan (Ages 18+)	CBE 0418 Or CMS 2
Mandatory #2	eCQM/Administrative	Glycemic Status Assessment for Patients with Diabetes	CMS122v13
Mandatory #3	eCQM Administrative	Controlling High Blood Pressure	CMS 165 or CBE 0018
Quality Measure #1	eCQM/Administrative	Breast Cancer Screening	CBE 2372 or CMS 125
Quality Measure #2	eCQM/Administrative	Cervical Cancer Screening	CBE 0032 Or CMS 124
Quality Measure #3	eCQM/Administrative	Chlamydia Screening in Women (Ages 21-24)	CBE 0033 or CMS 153
Quality Measure #4	Administrative	Contraceptive Care - All Women	CBE 2904/2903
Quality Measure #5	eCQM	Colorectal Cancer Screening	CMS 130 or CBE 0034

Note: The measure type “eCQM/Administrative” indicates PCMP choice in selecting either the eCQM or administrative measure to report.

2. Selected Measures

PCMPs choose the remaining seven measures from the APM 1 Measure Set (posted on the [APM 1 website](#)). HCPF encourages PCMPs to consider the following questions when selecting measures:

- What are the needs of the population you serve?
- What are you working on for other payers besides Medicaid?
- What are you working on for your own practice?
- What can you realistically change in your practice?

PCMPs and FQHCs should also keep in mind the following when selecting measures:

- Structural measures are pass/fail; therefore, it should be easy for a PCMP or FQHC to determine how many structural measures they can meet.
- PCMPs and FQHCs cannot earn more than 100 points from structural measures. PCMPs and FQHCs must demonstrate performance on administrative measures and/or eQMs to earn the remaining 100 points.
- Administrative measures will be run for all participants in APM 1 regardless of PCMP measure selection. Performance data on these measures are available to PCMPs through the Colorado Data Analytics Portal (CDAP).

3. Patient-Centered Medical Home Credit

PCMPs can earn half their APM 1 Quality Score goal (100 out of 200 points) through Patient-Centered Medical Home (PCMH) recognition. HCPF accepts PCMH recognition status from the following organizations:

- [National Committee for Quality Assurance \(NCQA\)](#)
- [Utilization Review Accreditation Commission \(URAC\)](#)
- [Accreditation Association for Ambulatory Health Care \(AAHC\)](#)
- [The Joint Commission](#)

PCMPs that earn PCMH credit only report six measures to earn the remaining 100 points and are **not** excluded from the mandatory measures. Therefore, PCMPs that earn PCMH credit will report on three mandatory measures and will select three additional measures to earn the remaining 100 points.

Many of the structural measures in the APM 1 Measure Set are considered duplicative of PCMH requirements. Therefore, PCMPs that earn PCMH credit cannot select any structural measures. If a PCMP has PCMH accreditation at the start of the program year but loses their accreditation at any point during the program year, please notify your RAE coach. HCPF will work with the PCMP and RAE coach to select four additional quality measures.

For Federally Qualified Health Centers (FQHCs) Only

FQHCs recognized as a PCMH may not choose any structural measures.

Each participating FQHC site that does not have PCMH recognition may select structural measures and cannot earn more than 100 points from structural measures. If a participating FQHC selects structural measures, then each FQHC site must have its own measure selection survey completed.

FQHCs that earn PCMH credit only report six measures to earn the remaining 100 points of the APM 1 Quality Score Goal and are not excluded from the mandatory measures.

C. Submitting Measure Selection

PCMPs must submit their measure selections by electronic survey. The online survey can be accessed on the [APM 1 website](#) starting in January 2025. HCPF will give PCMPs approximately 4 weeks to submit their measure selections after the measure selection survey goes live. HCPF may extend the deadline for PCMPs for a “good cause” petition submitted before the established due date. **Once measure selection is complete, measures cannot be changed.**

Regional Accountable Entities (RAEs) and the Colorado Community Health Network (CCHN) will support PCMPs with measure selection for APM 1 PY2025. If PCMPs do

not select measures by the deadline, HCPF will automatically assign measures to practices.

For Federally Qualified Health Centers (FQHCs) Only

Every year, the CCHN board coordinates measure selection for all FQHCs. If an individual FQHC would like to select different measures, that should be communicated to CCHN as soon as possible and no later than January 15, 2025.

D. Measure Reporting and Points Earned

1. Structural Measures

Structural measure achievement, including PCMH recognition, is collected by RAEs for PCMPs and by CCHN for FQHCs shortly after the end of each program year, in the first quarter of the following year. All structural measures are pass/fail, so a PCMP will earn all or none of the possible points for that measure. HCPF supplies an electronic survey for RAEs and CCHN to consistently document each PCMP's attestation of any selected structural measure.

2. Administrative Measures

For administrative measures, HCPF automatically collects the baseline and program year's data from submitted claims.

Points earned for administrative measures are calculated using the **Close the Gap Calculation** described below. It is possible for a PCMP to earn any point value between zero and the maximum possible points for each measure, based on performance.

- PCMPs must have a **denominator of 30 or more** and demonstrate Close the Gap improvement of at least 10% to the statewide goal to earn full points.
- HCPF understands that denominators change throughout the program year. Please choose measures with a denominator of 30 or greater based on data available at the time of measure selection.
- If a PCMP does not have baseline data, then they must be at or above the HCPF goal to earn points for a given measure.

3. Electronic Clinical Quality Measures (eCQMs)

Health information exchange (HIE) vendors collect eCQM data directly from each PCMP and report aggregated numerators and denominators for the baseline and program years for each PCMP. PCMPs that do not have an EHR, or cannot accurately extract electronic data from their EHR, will be allowed to manually report on measures through their HIE. Performance on eCQMs is calculated using the **Close the Gap Calculation** described below. However, it is possible for a PCMP to earn point values between 50% and the maximum possible points for each measure, based on the following point structure:

- A PCMP will earn the **full point value** of an eCQM if they:
 - Report data for both the baseline (2024) and program year (2025), with at least 20 patients in the denominator for both years, and demonstrate Close the Gap improvement of at least 10%; *or*
 - Report data for the program year (2025) with at least 20 patients in the denominator and achieve HCPF's statewide goal for the measure.

- A PCMP will earn **between 50% and the full point value** of an eCQM if they:
 - Report two years of data for at least 20 patients and demonstrate a Close the Gap improvement between 5-10%.

- A PCMP will earn **50% of the maximum possible points** of an eCQM if they:
 - 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; *or*
 - Report one or two years of data for 1-19 patients, regardless of performance.

This eCQM point structure is designed to ensure practices are rewarded for trying to report eCQMs, which may be more resource intensive to implement than other measure types.

As outlined earlier in the Guidebook, PCMPs selecting an eCQM must have the capability to report data specific to the Medicaid population

in order to earn points on eQMs. While HCPF requires Medicaid-specific eQM data for internal analysis, all-payer eQM data will be used to calculate quality performance scores.

4. Statewide Measure Goals

HCPF sets statewide goals for each administrative measure and eQMs. These goals are used to calculate points earned according to the **Close the Gap Calculation** described below. **For PY25, PCMPs must demonstrate Close the Gap improvement of at least 10% to the statewide goal set at the 75th percentile on APM 1 Quality Measures.** Statewide goals for eQMs are set using federal program goals, such as the eQM Decile 7 from the Merit-based Incentive Payment System (MIPS). PCMPs do not need to achieve the statewide goal to earn full points for the measure.

5. Close the Gap Calculation

To receive full points for a measure, PCMPs are expected to demonstrate improvement by “closing the gap” between their own baseline performance and HCPF’s statewide goal by 10%. Therefore, PCMPs are measured against their own historical baseline, rather than against other PCMPs during the same period. If a PCMP’s performance is at or above the statewide goal, the practice will receive full points for that measure.

Figure 1. Example of a Close the Gap Calculation

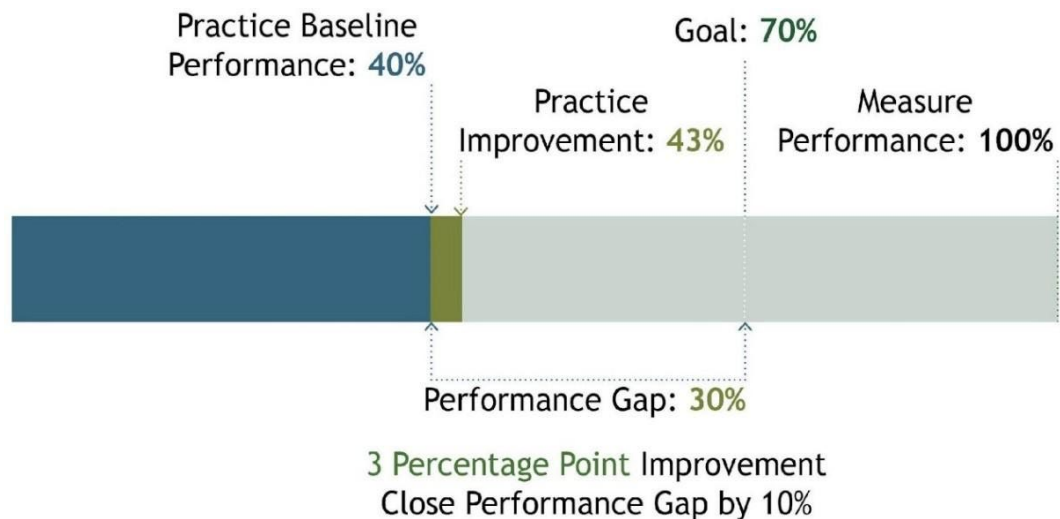


Image description: HCPF sets a goal of 70%. The primary care practice begins with a baseline of 40%. This leaves a performance gap of 30 percentage points. The practice improves by 3 percentage points in the next year. That earns the practice points for closing 10% of its performance gap.

If a PCMP does not close the gap by the full 10% but does demonstrate some improvement, the PCMP will earn partial points for the measure. Partial points are calculated linearly based on the improvement demonstrated. For example, a practice that closes the gap by 5% would earn 50% of the full points for that measure. (Workbooks to help PCMPs model their performance are available on the [APM 1 website](#).)

E. APM 1 Quality Score Calculation

The APM 1 Quality Score is the sum of all points a practice has earned through individual quality measures. Each practice must earn an APM 1 Quality Score of at least 200 points to receive the maximum payment rate available.










Figure 2 shows an example of a hypothetical PCMP's APM 1 Quality Score calculation. The PCMP in this example reported on the three mandatory measures in the adult set (two eQMs and one administrative measure) and selected one eQM, three administrative measures, and three structural measures.

The PCMP received full points for one eQM, either by meeting the statewide

measure goal or by closing the gap by at least 10%. For the remaining six eQMs and administrative measures, the PCMP demonstrated improvement. However, the PCMP was not able to close the performance gap by at least 10% and therefore received partial credit. Finally, the PCMP completed the requirements for two structural measures, but failed to produce the required documentation for the third structural measure.

Summing up the points earned from all 10 measures, the practice achieved an APM Quality Score of 208 points and will earn the maximum enhanced rate.

Figure 2. APM 1 Quality Score Calculation Example

Measure Type	Measure Description	Possible Points	Progress Toward Goal	Earned
Mandatory Measure (eQCM)	Glycemic Status Assessment for Patients with Diabetes	35	 54%	19
Mandatory Measure (eQCM)	Controlling High Blood Pressure	35	 89%	31
Mandatory Measure (Administrative)	Preventive Care and Screening: Screening for Depression and Follow-Up Plan	35	 51%	18
eQCM	Breast Cancer Screening	35	 100%	35
Administrative	Colorectal Cancer Screening	35	 63%	22
Administrative	Cervical Cancer Screening	35	 86%	30
Administrative	Contraceptive Care: All Women	35	 37%	13
Structural	Patient Satisfaction	20	 100%	20
Structural	Availability of Appointments	20	0%	0
Structural	Alternative Encounters	20	 100%	20

Total Points Possible 305 Earned 208

See the [Measure Reporting and Points Earned](#) section of this Guidebook for more details on how individual measures are scored.

F. Impact on Payment

Non-FQs: PCMPs that achieve an APM 1 Quality Score of at least 200 points will receive the maximum enhanced payment rates available. PCMPs that achieve an APM 1 Quality Score of fewer than 200 points are subject to a rate decrease not exceeding 4%.

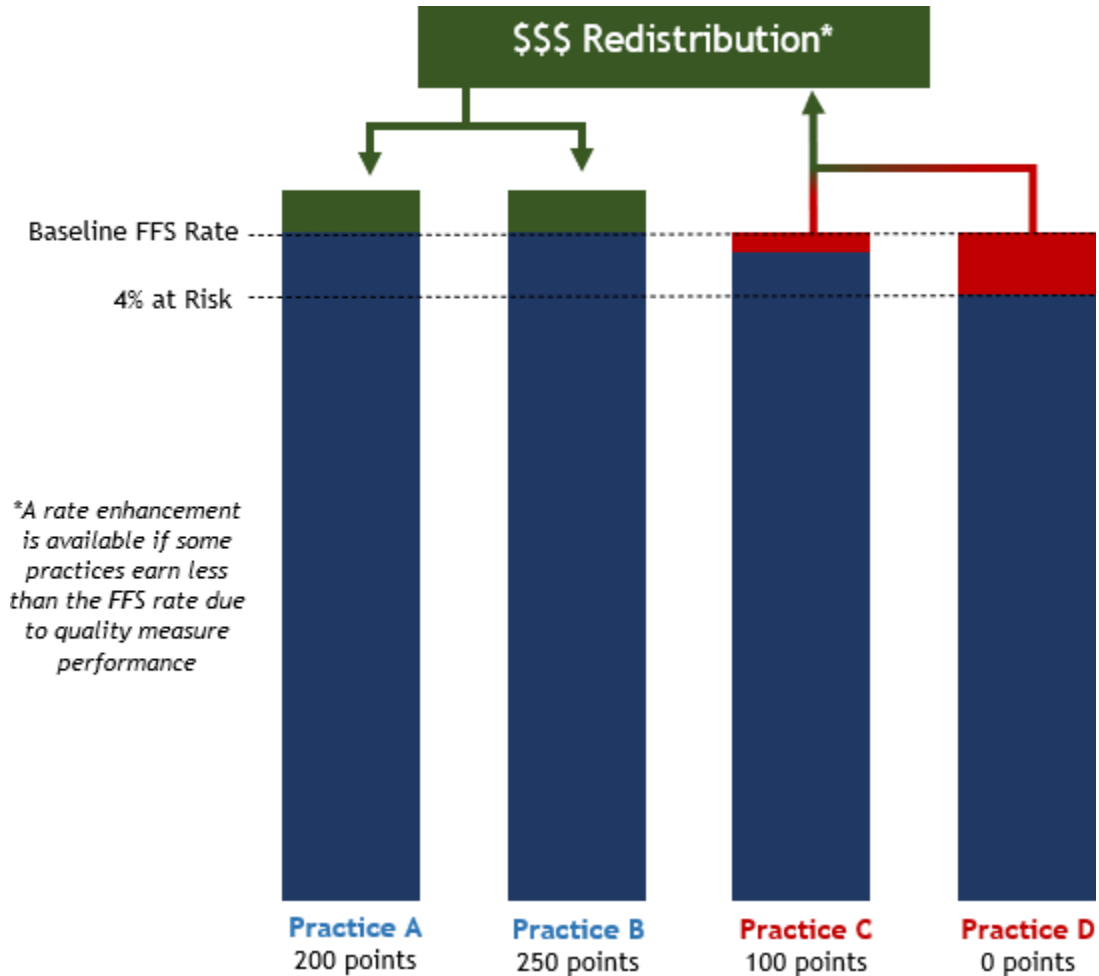
The percentage is calculated linearly based on the number of points earned for the APM 1 Quality Score. For PCMPs that are not FQHCs, the enhanced rate is applied to reimbursement rates for codes defined in the [APM 1 Code Set](#).

PCMPs that achieve an APM 1 Quality Score of 200 points or greater may receive an enhanced rate if some practices earn less than the fee-for-service baseline due to not meeting quality measures. The APM must be budget neutral, which means that increased payments are only possible if some PCMPs earn less than the maximum available payment rate by earning fewer than 200 points. Funds that are made available through unearned payments will be redistributed evenly across all PCMPs that achieve an APM 1 Quality Score of 200 points or greater. (An example of how this might work across four hypothetical practices is shown in Figure 3.) Note that funding is separate between FQHCs and non-FQHCs. FQHCs will receive increased payments as a result of unearned payments made available only by other FQHCs. Non-FQHCs will receive increased payments as a result of unearned payments made available by other non-FQHCs.

For Federally Qualified Health Centers (FQHCs) Only

For FQHCs, the enhanced rate is applied to the cost-based reimbursement rate for physical health services. FQHCs that do not earn all the points needed will have their physical health cost-based rate reduced by 1-4%. For example, if an FQHC earns only 50% of the needed points, their rate will be reduced by 2%. If a CHC earn 75% of the points, their rate will be reduced by 1%.

Figure 3. Potential Payment Redistribution Across Four Hypothetical Practices



G. APM 1 Payment Timeline

Payment will be adjusted nine months after the conclusion of the program year (rate change takes effect October 1). This allows HCPF nine months to calculate payment adjustments and review with PCMPs. The next planned rate adjustment as a result of PY2024 performance will take place on October 1, 2025.

VI. Support and Resources

A. How will PCMPs be Supported in APM 1?

RAEs are responsible for helping PCMPs in the following ways:

- Assist PCMPs in implementing practice transformation and process improvement efforts.
- Designate and communicate a single point of contact for questions and support with APM 1.
- Help PCMPs select measures for participating in APM 1. This decision should account for the PCMP's client panel and/or community, as well as leverage efficiencies by aligning with other initiatives the PCMP works on.
- Provide ongoing education and support to PCMPs to help ensure successful participation in APM 1.
- Attest to the PCMP's achievement of structural measures and PCMH recognition.

For Federally Qualified Health Centers (FQHCs) Only

CCHN will support FQHCs with the activities listed above. Contact CCHN for questions about available support.

B. Resources

- The APM 1 Measure Set, measure specifications, and workbooks to help PCMPs model performance can be found on HCPF's [Alternative Payment Model for Primary Care Website](#)
- PCMH recognition resources:
 - [National Committee for Quality Assurance Patient-Centered Medical Home Recognition](#)
 - [Utilization Review Accreditation Commission Patient-Centered Medical Home Certification Process](#)
 - [Accreditation Association for Ambulatory Health Care Patient-Centered Medical Home Recognition Initiative](#)
 - [The Joint Commission Primary Care Medical Home Certification](#)

Email HCPF_primarycarepaymentreform@state.co.us for additional questions.

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"> ● 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> ● Report data for the program year with at least 20 patients in the denominator and achieve HCPF’s statewide goal for the measure 	NO CHANGE
<i>Between 50% and the full eCQM point value</i>	<ul style="list-style-type: none"> ● Report two years of data for at least 20 patients and demonstrate a Close the Gap improvement between 5-10% 	NO CHANGE
50% of the full eCQM point value	<ul style="list-style-type: none"> ● 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> ● Report one or two years of data for 1-19 patients, regardless of performance. 	NO CHANGE
25% of the full eCQM point value	<ul style="list-style-type: none"> ● Report data for an eCQM with a denominator size of zero 	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 eQMs 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 for questions about these updates.

