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## **Primary Care Payment Structure in ACC Phase III PCMP Education Session; Medical Home Payments Webinar Questions and Responses**

March 27, 2025  
12:00 P.M. to 1:30 P.M.

In this session, the Colorado Department of Health Care Policy and Financing (HCPF) provided updates to value based payment programs for primary care medical providers (PCMPs) and Accountable Care Collaborative (ACC) Phase III quality programs. This session focused on the Medical Home Payment and associated practice assessment. The following questions and answers were shared during the webinar.

### **General Payment**

**Are PCMPs receiving payments and assignments for non-utilizers now?**

**A:** It depends on the RAE. Currently in ACC Phase II, members are geographically attributed to PCMPs. All the RAEs do is adjust the PMPM based off of member acuity, some may pay \$0 for non-utilizers but payment may increase for more complex members.

### **Practice Assessment Tool**

#### *RAE Audits*

**If a Practice Self-Assessment turns out to be a higher tier than the audited version of the Practice Assessment, is the practice expected to repay the difference between the PMPM they received based on the Practice Self-Assessment and the lower PMPM following the RAE audit?**

**A:** It is up to the RAE to determine payment amount which is a contractual arrangement between RAE and PCMP. To ensure tiering confidence, you can request an audit from your RAE.

**When will RAE audits take place on the Practice Assessment?**

**A:** Audits can take place at any time during the fiscal year (July 1 - June 30th). RAEs are expected to audit about 10% of their network, though some RAEs may choose to conduct more audits if they feel it is needed.

#### *Patient-Centered Medical Home (PCMH) Recognition*

**Is Patient-Centered Medical Home (PCMH) recognition through "The Compliance Team" accepted?**



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**A:** No. At this time, only PCMH recognition through the National Committee for Quality Assurance (NCQA) and the Accreditation Association for Ambulatory Health Care (AAAHC) are accepted.

**Can a PCMP still achieve Tier 3 on the Practice Assessment without having a PCMH accreditation?**

**A:** Yes, a PCMP without a PCMH accreditation can still meet Tier 3 by achieving 67-100 points and meet all “must pass” criteria on the Practice Assessment.

*Clarifying Questions on Tool and Process*

**Can HCPF confirm that there only three tiers a PCMP can get assigned based on the Practice Assessment?**

**A:** At this time, there are only three tiers in the Practice Assessment.

**What is the process to submit completed Practice Assessments?**

**A:** Practices will submit the assessment to their RAE directly.

**Should specialty providers be counted towards the number of Full Time Equivalents (FTEs)?**

**A:** At this time HCPF is seeking a count of how many primary care providers are located at the clinic.

**Is this Practice Assessment attestation for all of 2025? Will there be another round of the Practice Assessment after the state fiscal year ends?**

**A:** This will be an annual Practice Assessment to occur each state fiscal year. The current Practice Assessment is for state fiscal year 2025.

**If we are a practice with multiple locations, though function as a single practice, do we complete the same assessment for all locations even though we have only pursued official PCMH certification for our main location? Our patients frequent all locations as convenient to them.**

**A:** Primary Care may be delivered in unique ways to be worked through with the RAE. Each PCMP location should complete a Practice Assessment but the Department encourages PCMPs to talk to their RAE regarding specifics of their situation.

**If we complete the Practice Assessment now and then implement a new Electronic Health Record (EHR), do we need to complete the Practice Assessment again?**

**A:** A new EHR, like Nex Gen to EPIC, would qualify as a "significant event", and require a new Practice Assessment. However, simply updating your EHR may not



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necessitate a new Practice Assessment. We recommend checking with your RAE coach for clarification on what is considered a significant qualifying event.

### **Integrated Behavioral Health**

**Any updates on what the first six visits covered for Behavioral Health (BH) visits in the current system will look like in ACC Phase III?**

**A:** Short term BH visits (six visits) were previously billed to HCPF; these psychotherapy codes will now be billed to the RAE.

**Do questions on the integrated BH sheet count toward the ultimate tier score in the Practice Assessment?**

**A:** The three integrated BH questions at the end of the Practice Assessment do not count toward the overall scoring of the tier.

**Are HBAI codes billed to RAEs or to HCPF?**

**A:** HBAI and CoCM codes are two new codes available to providers in July. These will be billed to HCPF. Psychotherapy codes will now be billed to the RAEs (previously billed to HCPF).

**Can you please share a link to Current Procedural Terminology (CPT) codes encompassed under HBAI and CoCM codes?**

**A:** Details about the integrated behavioral health payment will be shared at a future date via the [HCPF website](#).

**How will the ability to bill for CoCM and HBAI codes impact existing APM 2 PMPM payments?**

**A:** The CoCM is a fee-for-service payment from HCPF. There are specific codes in the CoCM that you can bill. If your practice meets the criteria for billing those codes, then you can bill HCPF. Currently, the APM 2 code set does not include CoCM and HBAI as eligible codes. If the budget is approved, practices can receive those payments as fee for service in the next fiscal year.

**Senate Bill 23-174 says that children under 21 can receive certain behavioral health services, such as therapy, without a mental health diagnosis. Does this apply to using psychotherapy codes?**

**A:** HCPF will comply with this bill and therefore, mental health diagnosis codes will not be required for children under 21 in order for a PCMP to bill psychotherapy codes.



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## Other Topics

**Identifying acuity/complexity for pediatric patients can be very challenging to accurately capture, as so often the impact at the practice level is tied to social determinants of health. Has HCPF worked with RAE's to address this challenge?**

**A:** As part of the ACC Phase III procurement process, RAEs were required to have practice level of data, analytic tools, and risk stratification tools. They must use those tools for acuity adjustment purposes and for identifying members for different levels of care coordination.

**What are the risk stratification tools used when determining complexity for pediatric patients?**

**A:** For care coordination tier 3, which is the most complex stratification of population, we are setting the subpopulation rate at 10%. 10% of the population at any given point in time should be in that category of acuity and complexity. Each RAE has their own tool for stratifying risk using social determinants of health and behavioral health datasets.

**Will electronic clinic quality measure (eCQM) reporting remain the same? For example, if a practice currently uses Contexture, may they continue to do so?**

**A:** This question will be addressed in the 4/9/25 PCMP Education Session focused on Quality Payments.

## What's Next?

Taylor then closed out the meeting by reminding attendees of upcoming PCMP Education Sessions and thanking them for their time.



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