COLORADO
Department of Health Care Policy & Financing

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ACC Phase III Quality Program Frequently Asked Questions

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The Department of Health Care Policy and Financing (HCPF) administers Health First Colorado (Colorado's Medicaid program), Child Health Plan *Plus* (CHP+) and other health care programs for Coloradans who qualify. Created in 2011, the Accountable Care Collaborative (ACC) is the primary delivery system for Health First Colorado.

As part of the transition to ACC Phase III on July 1, 2025, HCPF made several changes to the quality program for Regional Accountable Entities (RAEs) and Primary Care Medical Providers (PCMPs). This document includes frequently asked questions about the following topics:

Attribution

Q: Are geographically attributed members included in the measure calculation, since that was part of attribution at the time of the baseline measure calculation in Calendar Year (CY) 2024?
A: Generally, measure calculations prior to July 1, 2025, followed the attribution methodology in place at the time of the performance period. However, geographically attributed members, those that were attributed to a PCMP by location as opposed to choice or utilization, were removed from the denominator. This was done to get a better sense of baseline performance given geographic attribution was removed for ACC Phase III.

Q: I am a practice with multiple sites, whose providers see patients at multiple locations. How are members attributed to the site if they see their provider at multiple locations?
A: Generally, members are attributed to the provider where their two most recent visits occurred, or to the provider with the most Evaluation and Management (E/M) claims in the

previous 18 months. More information can be found in the ACC Phase III Attribution Fact Sheet.

Q: How is performance measured if a member was attributed to another provider/assigned to another RAE for the first half of the calendar year, but they were attributed to a different provider/assigned to a different RAE for the second half of the calendar year?
A: A provider's total attributed membership or a RAE's total assigned membership is determined based on the total number of members attributed to that provider or assigned to that RAE as of the end of the activity window. Services rendered by other providers that count towards the measure numerator will be included regardless of where the member is attributed or assigned at the end of the period. More information can be found in the ACC Phase III Quality Operations Guide.

General Program Information

Q: Is Program Year (PY) the same as Calendar Year (CY)?
A: Yes, PY is the same as CY in the ACC Phase III Quality Program.

Q: I received a letter talking about completing quality improvement (QI) activities to earn quality incentive payments. What does that mean?
A: While HCPF transitions to a calendar year measurement period for clinical quality measure performance, PCMPs have the opportunity to complete quality improvement activities to earn quality incentive payments. We recommend reaching out to your RAE for more information and to get started on your QI activities.

Q: A PCMP I know received a letter from their RAE that says they will be measured on their clinical quality measure performance starting in calendar year 2026, but the letter I received doesn't say that. Why?
A: As part of the transition to ACC Phase III, PCMPs can now earn quality incentive payments based on their individual performance instead of the performance of all the PCMPs in their region. To ensure that PCMPs with different attributed member panel sizes can participate in this program, HCPF has created two tracks for participation. In the Performance Track, PCMPs receive quality incentive payments based on their performance towards assigned clinical quality measures. In the Practice Transformation Track, PCMPs receive quality incentive payments for completing quality improvement activities.

If your letter does not mention that you have quality measures assigned beginning in 2026, that means that you didn't have enough attributed members in the denominator for these measures. Instead, you can receive quality incentive payments for completing quality improvement activities. More information about the quality measure assignment methodology can be found in the ACC Phase III Quality Operations Guide. We recommend contacting your RAE if you have additional questions.

Q: The member attribution and 2024 performance data in my letter is wrong. Who do I contact to fix this?
A: Please contact your RAE to discuss your quality measure assignment and performance data.

Q: Now that the Colorado Data Analytics Portal (CDAP) is no longer available, where can I see my performance data?
A: Your RAE is able to provide your performance data. Please contact them for more information.

PCMP Payment

Q: How do I earn payment for measures with multiple parts?
A: The following measures have multiple parts and PCMPs are expected to meet all measure parts to earn the associated quality incentive payment. Performance for measures with multiple parts is determined by the lowest threshold met across all parts.

- Glycemic Status Assessment for Patients with Diabetes (<8% and >9%)
- Well Visits in the First 30 Months (Well-Child Visits during the First 15 Months and Well-Child Visits for Age 15 to 30 Months): For example, if a PCMP achieves the Basecamp threshold for Well-Child Visits during the First 15 Months of Life and the Summit threshold for Well-Child Visits During 15 and 30 Months of Life, the overall performance level for Well-Child Visits in the First 30 Months will be set at the Basecamp level. This is because the Basecamp threshold represents the lower of the two achieved thresholds.
- Screening for Depression and Follow-Up (CDF) - Child (CH) and Adult (AD):
    - If a PCMP has at least 30 attributed members for only one applicable age group (either CDF-CH or CDF-AD) and meets a threshold for that age group, they qualify for a quality incentive payment specific to that group. For example, a PCMP with 30 members in CDF-CH but not CDF-AD, who meets the Summit threshold for CDF-CH, will receive payment at the Summit level for CDF.
    - If a PCMP meets the threshold for only one group while having the required number of attributed members for both groups, they do not qualify for the measure's performance payment. Both age groups must meet their respective thresholds. For example, a PCMP with 30 members in both CDF-CH and CDF-AD, who meets the Summit threshold for CDF-CH but does not meet the Basecamp threshold for CDF-AD, does not qualify for a payment for CDF.

Quality Measures

Q: Why does it show that I am assigned to more than six measures?
A: Some measures have multiple parts and are represented on their own lines in the measure assignment letter. Measures with multiple parts count as one measure in the quality program, however they may have more than one performance rate that needs to be met in

order to qualify for payment for the measure. The following measures have multiple parts and require PCMPs to have a denominator of at least 30 for each part:

- Glycemic Status Assessment for Patients with Diabetes (<8% and >9%)
- Well-Child Visits during the First 15 Months and Well-Child Visits for Age 15 and 30 Months
- For Screening for Depression and Follow-Up, a PCMP can qualify with a denominator of 30 for either the adult measure (CDF-AD), the child measure (CDF-CH) or both to be eligible for payment.

Q: What data is included to calculate my performance rate?
A: Claims; encounter data, if submitted through the Medicaid Management Information System (MMIS); Magellan lab data (Quest and LabCorp); clinical data from Contexture and Carina; and Colorado Immunization Information System (CIIS) registry data.

Q: What is the claims runout period for quality measure calculation?
A: The quality measures will incorporate a 90-day runout period, reflecting historical data from July 1, 2024, to June 30, 2025.

Q: How are members included in the measure denominator?
A: Each nationally recognized measure has continuous eligibility requirements that a member must meet to be included in the denominator. Then, members are placed in the denominator for a specific provider based on their attribution.

Q: Why don't the administrative rates provided by HCPF match my electronic clinical quality measure (eCQM) report?
A: Administrative measure specifications differ from eCQM measure specifications. The members eligible in each measure type are different and there is access to different types of data for each report.

Quality Performance Report

Q: How frequently will reports be updated? Which time period will the reports include?
A: Initially, reports will be updated quarterly. HCPF intends to move to monthly updates. Please reference the Data Schedule in Appendix A, Table 9 of the ACC Phase III Quality Program Operations Guide.

Q: What is the claims runout period for the report?
A: The initial report will incorporate a 90-day runout period, reflecting historical data from July 1, 2024, to June 30, 2025. To ensure timely performance data, quarterly reports provided in CY 2026 may not include a 90-day runout period.

Q: Who do I contact if I find a problem with the data in my report?
A: Contact your RAE Practice Transformation Coach.

RAE Payment

Q: How will I be measured and paid for measures that have two overlapping performance periods? (e.g., the Transitions of Care measure is included for fiscal year (FY) 2025-26 and CY 26).
A: Performance for Transitions of Care and Behavioral Health for People Releasing from State Prisons will be measured on a rolling 12-month period, with payment connected to two performance periods: July 1, 2025, to June 30, 2026; and January 1, 2026, to December 31, 2026.

Thresholds

Q: How frequently will the thresholds be updated?
A: Thresholds for each measure will be reviewed on an annual basis using national benchmarks from the National Committee for Quality Assurance (NCQA) and the Centers for Medicare and Medicaid Services (CMS) when available and updated as appropriate each year. Thresholds will not be updated more often than annually.

Q: How are thresholds set?
A: Please see Section 7 of the ACC Phase III Quality Operations Guide for a detailed description of how thresholds are set.

Additional Resources

ACC Phase III Attribution fact sheet
ACC Phase III Quality Program Operations Guide
ACC Phase III Quality Operations Guide Summary

Additional materials will continue to be posted on the ACC Provider and Stakeholder Resource Center webpage.