

Accountable Care Collaborative Phase III Quality Operations Guide

Effective Date: July 1, 2025



COLORADO
Department of Health Care
Policy & Financing

Contents

Section 1: Introduction	4
Overview	4
Purpose of this Guide	4
Scope	5
Document Maintenance	5
Definitions and Acronyms	6
Key Changes to the PCMP Quality Program in ACC Phase III	8
Section 2: Quality Program Transition Period	10
Overview	10
Program Eligibility	10
Process to Participate	10
Payment Methodology and Schedule - First 18 Months	10
Section 3: PCMP Performance Track	12
Overview	12
Quality Measure Assignment Methodology	12
Program Eligibility	13
Process to Participate	13
Payment Methodology	14
PCMP Quality Measure Set	15
Section 4: PCMP Practice Transformation Track	28
Overview	28
Program Eligibility	28
Process to Participate	28
Payment Methodology	28
Practice Transformation Track Expectations and Responsibilities	29
Section 5: RAE Quality Program	33
Overview	33
RAE Measures and Payment Methodology	33
RAE-Only Quality Measure Set	35
Section 6: Data Requirements	43
Overview	43



Evaluation Population	43
Data Sources	43
Section 7: Performance Baselines and Thresholds	45
Performance and Baseline Periods	45
Performance Track Threshold Setting Methodology	45
Section 8: Auditing and Dispute Process	47
Appendices	48
Appendix A: Data Sharing	48
Appendix B: CMS Core Measure Technical Specifications	49
Appendix C: PCMP Measure Thresholds	50
Appendix D: RAE-Only Measure Thresholds	51
Appendix E: Program and Payment Schedule	52
Appendix F: PCMP Practice Transformation Track First 18 Months Milestone Activity Detail	56
Appendix G: Sample Quality Improvement Activity	58
Appendix H: Additional Supplemental Data Information	59



Section 1: Introduction

Overview

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. Pay-for-Performance has been a central component to create accountability and incentivize improved quality outcomes in the ACC. Since its inception, HCPF has made incentive payments for performance on identified quality measures in alignment with program-level goals and objectives; to encourage improved performance at the primary care medical provider (PCMP) and regional level; and to reward Regional Accountable Entities (RAEs) for meeting certain levels of performance.



In our ongoing trek together, HCPF engaged extensively with stakeholders to design ACC Phase III. Throughout this process, we have heard about the administrative burden for providers managing multiple payment programs. In Phase III, design elements from alternative payment models (APMs) managed by the RAEs, APM 1 and 2 managed by HCPF and pediatric considerations

raised throughout the stakeholder engagement process have been combined to create a singular, comprehensive payment structure. Further information about this payment structure can be found in the [ACC Phase III PCMP Payment Fact Sheet](#).

As part of the updated payment structure, the quality program has been designed to assess the overall functioning of the system and is focused both on practice-level and regional performance in ACC Phase III. HCPF has prioritized the inclusion of measures that align with commercial payer efforts, as identified through the Division of Insurance (DOI) APM program, as well as those that align with the Centers for Medicare and Medicaid Services (CMS) Adult and Child Core Measures. Aligning measures across payers and systems supports our efforts towards building a coordinated, community-based approach to serve the needs of members, reduce costs and promote health and well-being across the state.

Purpose of this Guide

The purpose of this guide is to describe the ACC Phase III quality program eligibility, expectations and key processes for participating PCMPs and the RAEs in ACC Phase III.



Scope

This document addresses the following for RAEs and PCMPs:

- The modified structure of the quality program for ACC Phase III.
- The Phase III quality program measure specifications, measurement periods and methodology for calculating performance.
- The methodology for calculating and distributing payments based on participation in the quality program.
- The auditing and dispute processes for quality measure and payment calculations.

Document Maintenance

This document will be reviewed annually prior to the start of the new Calendar Year (CY) and updated as necessary. When changes occur, the version number, revision date and change description will be updated in the revision history log below.

Table 1. Document Revision History

Document Date	Version	Change Description
June 2, 2025	V1	First draft
July 9, 2025	V2	Incorporated feedback, new layouts
October 30, 2025	V3	Document approved through eClearance



Definitions and Acronyms

The following acronyms and terminology are used throughout this operations guide.

Acronym/Terminology	Definition
ACC	Accountable Care Collaborative
APM	Alternative Payment Model
Assignment	The methodology to link a member to a RAE
Attribution	The methodology to link a member to a PCMP
Basecamp Threshold	Lowest threshold to achieve minimum quality payment
BP	Blood Pressure
CCD	Continuity of Care Documents
CDPHE	Colorado Department of Public Health and the Environment
CHP+	Child Health Plan <i>Plus</i>
CIIS	Colorado Immunization Information System
CMS	Centers for Medicare and Medicaid Services
CY	Calendar Year
DOC	Department of Corrections
DOI	Colorado Division of Insurance
DTaP	Diphtheria, tetanus and acellular pertussis
EHR	Electronic Health Record
FFS	Fee-for-service
flu	Influenza
FY	Fiscal Year
GMI	Glucose Management Indicator
HbA1c	Hemoglobin A1c
HCPF	Colorado Department of Health Care Policy and Financing
Health First Colorado	Colorado's Medicaid program
HEDIS	Healthcare Effectiveness Data and Information Set
Hep A	Hepatitis A
Hep B	Hepatitis B
HiB	Haemophilus influenza type B
HIE	Health Information Exchange
HPV	Human Papillomavirus
hrHPV	High-risk Human Papillomavirus
IPV	Polio
MCO	Managed Care Organization



MMR	Measles, Mumps and Rubella
OB/GYN	Obstetrician/Gynecologist
PCMP	Primary Care Medical Provider
PCP	Primary care practitioner
PCV	Pneumococcal conjugate
PDSA	Plan, Do, Study, Act
Performance Track	PCMP quality track where quality payments are earned based on performance towards clinical quality measures.
Practice Transformation Track	PCMP quality track where quality payments are earned based on the completion of Quality Improvement activities.
QI	Quality Improvement
RAE	Regional Accountable Entity
RV	Rotavirus
Summit Threshold	Highest threshold to receive full quality payment
Tdap	Tetanus, Diphtheria, Pertussis
Tree Line Threshold	Midpoint threshold to receive additional quality payment
VZV	Chicken pox



Key Changes to the PCMP Quality Program in ACC Phase III

In designing a single, comprehensive payment structure for PCMPs, HCPF has made the following changes that impact both the PCMP and RAE quality programs:

- PCMP quality payments will now be based on individual PCMP performance towards a set of adult and pediatric quality measures tailored to their panel, instead of the previous regional calculation.
- PCMP quality measure definitions are national CMS Adult and Child Core Measures. These measures also align with commercial payer efforts identified through the Colorado DOI APM program.
- Eligible PCMPs with too few patients to be assessed fairly on quality measures will have an opportunity to earn these payments through quality improvement (QI) activities.
- RAEs will be accountable for all of the PCMP clinical quality measures as well as additional RAE-only quality measures for their regions.
- Performance periods for both PCMPs and RAEs are transitioning from the state fiscal year (July to June) to a calendar year (January to December) to align with national measurement periods.
- Quality incentive payments are transitioning from quarterly to annual.
- Performance will be measured using thresholds as opposed to the previous Close-the-Gap methodology.

With the change to measuring and rewarding individual PCMP performance, there are now two quality program tracks to ensure that PCMPs with different Health First Colorado member panel sizes can participate. Eligible PCMPs are enrolled in the Performance Track by default. If PCMPs are not eligible to participate in the Performance Track because they do not have enough eligible patients to adequately measure performance, they may have the option to participate in the Practice Transformation Track to still receive quality payments.

Performance Track Overview

PCMPs will be measured and paid on their performance towards a set of quality measures that is customized to reflect their populations served. These quality measures align with the CMS Adult and Child Core Measures, DOI APM measure set and past HCPF quality programs such as APM 1. Measure selection is reviewed on an annual basis, and HCPF will provide further details on the timing of the reevaluation at a later date. Measures are assigned to a PCMP in a stepwise progression, as detailed in [Section 3](#).

Practice Transformation Track Overview

PCMPs with at least 200 attributed members that are not eligible for the Performance Track have the option to participate in the Practice Transformation Track to earn quality payments. Practice Transformation Track participants must complete one or



two QI activities in order to receive payment. These QI activities will be determined in collaboration with the RAE. PCMPs that meet the criteria for the Performance Track cannot opt into the Practice Transformation Track instead. However, some PCMPs in the Performance Track may still engage or participate in QI activities if they do not qualify for the maximum six measures, as detailed in [Section 4](#).

Quality Program Transition Period

To support the implementation of this updated quality program, the first 18 months are designated as a transition period:

- From July 1, 2025, to December 31, 2026, **all PCMPs, regardless of the attributed panel size, may participate in the Practice Transformation Track** and will receive payments for the completion of QI activities.
- For CY 2026, HCPF will assign quality measures to PCMPs eligible for the Performance Track. PCMPs will have the full calendar year to meet the quality thresholds while they continue to complete QI activities, as noted above, through December 31, 2026. Performance in CY 2026 will be paid out in 2027.
- Beginning in CY 2027, all PCMPs will be assigned to a track based on the standard program eligibility requirements.

Aligning ACC Phase III, APM 1 and APM 2

The final program year for APM 1 is CY 2025. APM 1 officially sunsets on December 31, 2025, and will be fully replaced by the ACC Phase III quality program. At this time, the ACC Phase III quality program will serve as the new quality measurement model for the 2026 Prospective Payment and Shared Savings Incentive Payment Model, currently known as APM 2.

For Program Year 2025, APM 1 will continue to operate under its current structure, including maintaining the existing quality measurement model used to evaluate PCMPs participating in APM 1. Importantly, APM 1 also serves as the quality model for APM 2 in 2025. While the launch of ACC Phase III occurs mid-APM program year, both APM 1 and APM 2 will continue normal operations through December 31, 2025. This continuity ensures consistent quality measurement and payment accountability across both models during the transition. See the [2025 APM 1 Guidebook](#) for more details.

It is important to highlight that quality measurement plays a critical role in determining APM 2 Prospective Per-Member-Per-Month Reconciliation and Shared Savings Incentive payments and HCPF is committed to a smooth transition from APM 1 to the Phase III quality program. By maintaining APM 1 as the quality performance tie to APM 2 in Program Year 2025, we aim to provide stability and predictability for providers during this transition. HCPF is actively working on additional guidance to be shared prior to the start of Program Year 2026.



Section 2: Quality Program Transition Period

Overview

All PCMPs will participate in the Practice Transformation Track from July 1, 2025, through December 31, 2026, as part of the transition period for the quality program. To receive quality incentive payments while participating in this track, PCMPs may complete one to two QI activities. Payment will be calculated as follows:

- Complete one QI activity to be eligible for 50% quality incentive dollars.
- Complete two QI activities to be eligible for 100% quality incentive dollars.

Program Eligibility

In order to participate in the transition period, PCMPs must:

- Be contracted as a PCMP with their RAE by December 31, 2025, to participate.
- Complete the HCPF Practice Assessment Tool annually (PCMPs are assessed at a site-level).

Process to Participate

Practices should contact their RAE to discuss eligibility and participation.

Payment Methodology and Schedule - First 18 Months

The payment methodology for the Practice Transformation Track will be modified in the first 18 months of ACC Phase III:

- PCMPs are eligible to receive quality incentive payments per attributed member, per QI activity, based on their total attributed membership, for achieving each of three milestones.
- Attribution will be determined based on the total number of attributed members as of the last day of the activity window based on Table 2.
- Payments will be made approximately every six months for a total of three payments.
- PCMPs who do not identify any QI activities during the QI Activity Identification Phase will not be eligible to participate in later milestone activities to receive Payments 2 or 3. PCMPs who only identify one QI activity during the QI Activity Identification Phase will not be able to add a QI activity during later milestone activities.
- RAEs will determine their contracted PCMPs' achievement of milestones for each of the QI activities. HCPF may request documentation at any time to verify the completion of these activities.

Table 2. PCMP Payment Schedule for the First 18 Months of Program (July 1, 2025, to December 31, 2026)

Milestone	Requirements	Expected Payment Date	Payment Amount
Payment 1: QI Activity Identification	July to December 2025: • PCMP has designated a provider and an administrative champion. • No more than two QI activities identified. • Define mid-year and annual goal.	Spring 2026	\$2.79 per attributed member, per QI activity
Payment 2: Mid-Year Progress	January to June 2026: • QI activities initiated - required gate to receive any payment. • Champions engaged - required gate to receive any payment. • Mid-year goals achieved.	Fall 2026	\$10.125 per attributed member, per QI activity
Payment 3: QI Activity Completion	July to December 2026: • One or two QI activities completed. • RAE reporting that activities have been completed.	Spring 2027	\$10.125 per attributed member, per QI activity

Note: Payment timeframes are subject to change. Additional detail about activity requirements can be found in [Appendix F](#).

Example: Practice A did not complete the milestone activities for Payment 1. They will not receive a quality incentive payment, and they are not eligible to participate in the rest of the first 18-month activities.

Practice B completed their QI activity identification and planning for both activities; in March 2026 they receive \$5.58 per attributed member. Practice B then completed their mid-year goal for the first QI activity but not the second one; in September 2026 they receive \$10.125 per attributed member. Finally, Practice B met their final goals for both QI activities; in March 2027 they receive \$20.25 per attributed member.

Section 3: PCMP Performance Track

Overview

Eligible PCMPs can earn quality incentive payments based on their performance towards a set of clinical quality measures. Measure lists are customized to each practice based on denominator size using the assignment methodology outlined below, to reflect their unique attributed member panels.

Note: The initial performance period for the Performance Track is generally based on performance during CY 2026. See Measure Technical Specifications in Section 3 and Appendix B for detailed information about each measure, including the exact dates.

Quality Measure Assignment Methodology

Clinical quality measures are assigned to PCMPs in the Performance Track in the following stepwise progression. Measures are to be reviewed and reassigned annually. PCMPs will be notified of their assigned measures and the updated thresholds prior to the start of the performance period each year.

Step 1	Prioritized Measures: Measures will automatically be included if a PCMP has at least 30 members in the denominator for any of the following: 1. Well-Child Visits in the First 30 Months of Life 2. Glycemic Status Assessment for Patients with Diabetes 3. Controlling High Blood Pressure → All PCMPs proceed to Step 2.
Step 2	Largest Denominators: Measures with the largest denominators will be included if a PCMP has at least 30 members in the denominator for any measure, for a maximum of six total measures: 1. Breast Cancer Screening 2. Cervical Cancer Screening 3. Colorectal Cancer Screening 4. Screening for Depression and Follow-Up Plan 5. Child and Adolescent Well-Care Visits 6. Developmental Screening in the First Three Years of Life 7. Childhood Immunization Status Combination 10 8. Immunizations for Adolescents Combination 2 → If a PCMP still has five or fewer measures, proceed to Step 3.

Step 3	Secondary Focus Measure: If a PCMP has at least 30 members in the denominator, the following measure will be added: 1. Chlamydia Screening in Women → If a PCMP has four or five measures, proceed to Step 4. If a PCMP has three or fewer measures total, they can opt to participate in the Practice Transformation Track instead.
Step 4	Quality Improvement Activities: Beginning in CY 2027, PCMPs with only four or five assigned measures can opt to complete QI activities to receive full quality payment. • If a PCMP has four measures, they can choose to participate in up to two QI activities to receive payments for up to six total performance measures. • If a PCMP has five measures, they can choose to participate in one QI activity to receive payment for six total performance measures. Note: As part of the Quality Transition Period, providers will already be completing QI activities in CY 2026. Providers who have four or five clinical quality measures will not be eligible to add additional QI activities to supplement their measure assignments until CY 2027.

Program Eligibility

In order to participate in the Performance Track, PCMPs must:

- Be contracted as a PCMP with their RAE prior to the start of the performance period to participate.
- Complete the HCPF Practice Assessment Tool annually (PCMPs are assessed at a site-level).
- Have a minimum of 30 attributed members as of December 15, 2024, in each measure denominator for a minimum of four clinical quality measures.

Beginning in CY 2027, PCMPs who have fewer than 30 attributed members for a minimum of four clinical quality measures may participate in the Practice Transformation Track if they meet eligibility requirements. PCMPs that meet eligibility requirements for the Performance Track **may not** opt for the Practice Transformation Track instead. Program eligibility will be re-determined annually.

Process to Participate

During the last quarter of each calendar year, HCPF will notify the RAEs of which contracted PCMPs are eligible for the Performance Track, including their assigned clinical quality measures, for the following year. RAEs will notify PCMPs of which track they are participating in.

Payment Methodology

- PCMPs are eligible to earn quality incentive payments per attributed member, per measure, based on their full attributed membership and the performance threshold they achieve for each assigned measure. Payments for clinical quality measures will be made annually after sufficient claims run out and processing time. Performance thresholds for incentive payments are established by HCPF, as outlined in [Section 7](#).
- PCMPs that are eligible to add on QI activities beginning in CY 2027 will receive a quality incentive payment per attributed member, per QI activity, based on their full attributed membership. PCMPs may receive up to two payments for QI activities: The first for achieving their mid-year goal and the second for achieving their final project goal. These payments are made semi-annually.
- PCMPs can earn one-third of available incentive funds for achieving each threshold. HCPF or its designee will determine quality measure performance towards each threshold.
- The first performance period is CY 2026. The first payments will be made in CY 2027.

Table 3. Performance Track Per-Attributed-Member Payment Amounts for Clinical Quality Measures

Measure	Basecamp	Tree Line	Summit
Clinical Quality Measures	\$2.23	\$4.52	\$6.75

Note: Payment amounts have been rounded.

Example: Practice D has six assigned clinical quality measures. At the end of the year, they achieved Basecamp for two measures, Tree Line for two measures and Summit for two measures. Their annual payment amount would be \$27 per attributed member.

Table 4. Performance Track Per-Attributed-Member Payment Amounts for Optional QI Activities

Measure	Mid-Year Goal	Final Project Goal
Optional QI Activity	\$3.375	\$3.375

Example: Practice E has five assigned clinical quality measures and has opted to completed one QI activity. They achieve both their mid-year and final project goals, so they receive an initial payment of \$3.375 per attributed member halfway through the year and a final payment of \$3.375 after the end of the year. They then achieve Tree Line for three of their measures and Summit for two of their measures. At the annual clinical quality measure payment period, they receive \$27.06 per attributed member.

PCMP Quality Measure Set

In an effort to reduce reporting burden on providers, HCPF has chosen to align the PCMP quality measure set with [Colorado DOI's Primary Care APM Measure Set](#).

Indicator 1: Screening for Depression and Follow-Up Plan

[CMS Core Measure]

Responsible Entity

PCMP

RAE

Measure Description

Goals for both age breakouts of this measure must be met in order to achieve payment.

Percentage of beneficiaries ages 12 to 17 and 18 and older screened for depression on the date of the encounter or 14 days prior to the date of the encounter using an age-appropriate standardized depression screening tool, and if positive, a follow-up plan is documented on the date of the eligible encounter.

The denominator for this measure includes beneficiaries ages 12 to 17 and 18 and older with an outpatient visit during the measurement year. The numerator for this measure includes the following two groups:

- Those beneficiaries with a positive screen for depression during an outpatient visit using a standardized tool with a follow-up plan documented.
- Those beneficiaries with a negative screen for depression during an outpatient visit using a standardized tool.

Measurement Period

Calendar Year 2026

Data Source

All RAE claims, encounter systems, fee-for-service (FFS) claims, clinical data feeds, and pharmacy data.

Measure Calculation

This measure will be calculated by HCPF.

Measure Reporting Additional Details

Please see [Appendix B](#) for links to detailed measure information and value sets.

Indicator 2: Controlling High Blood Pressure

[CMS Core Measure]

Responsible Entity

PCMP

RAE

Measure Description

Percentage of beneficiaries ages 18 to 85 who had a diagnosis of hypertension and whose blood pressure (BP) was adequately controlled (<140/90 mm Hg) during the measurement year.

Measurement Period

Calendar Year 2026

Data Source

All RAE claims, encounter systems, FFS claims, clinical data feeds, and pharmacy data.

Measure Calculation

This measure will be calculated by HCPF.

Measure Reporting Details

Please see [Appendix B](#) for links to detailed measure information and value sets.

Indicator 3: Glycemic Status Assessment for Patients with Diabetes

[CMS Core Measure]

Responsible Entity

PCMP

RAE

Measure Description

Both parts of this measure must be met in order to achieve payment.

Percentage of beneficiaries ages 18 to 75 with diabetes (type 1 and type 2) whose most recent glycemic status (hemoglobin A1c [HbA1c] or glucose management indicator [GMI]) was at the following levels during the measurement year:

- Glycemic Status <8.0%.
- Glycemic Status >9.0%.

Measurement Period

Calendar Year 2026

Data Source

All RAE claims, encounter systems, FFS claims, clinical data feeds, and pharmacy data.

Measure Calculation

This measure will be calculated by HCPF.

Measure Reporting Details

Please see [Appendix B](#) for links to detailed measure information and value sets.

Indicator 4: Breast Cancer Screening

[CMS Core Measure]

Responsible Entity

PCMP

RAE

Measure Description

The percentage of beneficiaries ages 50 to 74 who were recommended for routine breast cancer screening and had a mammogram to screen for breast cancer.

Measurement Period

Calendar Year 2026

Data Source

All RAE claims, encounter systems, FFS claims, clinical data feeds, and pharmacy data.

Measure Calculation

This measure will be calculated by HCPF.

Measure Reporting Details

Please see [Appendix B](#) for links to detailed measure information and value sets.

Indicator 5: Colorectal Cancer Screening

[CMS Core Measure]

Responsible Entity

PCMP

RAE

Measure Description

The percentage of beneficiaries ages 45 to 75 years who had appropriate screening for colorectal cancer.

Measure will be reported using the following age breakouts:

- Ages 45 to 50
- Ages 51 to 65
- Ages 66 to 75
- Total

Please note: Payment will be associated with the total rate for this measure.

Measurement Period

Calendar Year 2026

Data Source

All RAE claims, encounter systems, FFS claims, clinical data feeds and pharmacy data.

Measure Calculation

This measure will be calculated by HCPF.

Measure Reporting Details

Please see [Appendix B](#) for links to detailed measure information and value sets.

Indicator 6: Cervical Cancer Screening

[CMS Core Measure]

Responsible Entity

PCMP

RAE

Measure Description

The percentage of beneficiaries ages 21 to 64 who were recommended for routine cervical cancer screening and were screened for cervical cancer using any of the following criteria:

- Beneficiaries ages 21 to 64 who were recommended for routine cervical cancer screening and had cervical cytology performed within the last three years.
- Beneficiaries ages 30 to 64 who were recommended for routine cervical cancer screening and had cervical high-risk human papillomavirus (hrHPV) testing performed within the last five years.
- Beneficiaries ages 30 to 64 who were recommended for routine cervical cancer screening and had cervical cytology/hrHPV co-testing within the last five years.

Measurement Period

Calendar Year 2026

Data Source

All RAE claims, encounter systems, FFS claims, clinical data feeds, and pharmacy data.

Measure Calculation

This measure will be calculated by HCPF.

Measure Reporting Details

Please see [Appendix B](#) for links to detailed measure information and value sets.



Indicator 7: Chlamydia Screening

[CMS Core Measure]

Responsible Entity

PCMP

RAE

Measure Description

Percentage of women ages 16 to 24 who were identified as sexually active and who had at least one test for chlamydia during the measurement year.

Measurement Period

Calendar Year 2026

Data Source

All RAE claims, encounter systems, FFS claims, clinical data feeds, and pharmacy data.

Measure Calculation

This measure will be calculated by HCPF.

Measure Reporting Details

Please see [Appendix B](#) for links to detailed measure information and value sets.

Indicator 8: Well Visits in the First 30 Months

[CMS Core Measure]

Responsible Entity

PCMP

RAE

Measure Description

Both parts of this measure must be met in order to achieve payment.

Percentage of children who had the following number of well-child visits with a primary care practitioner (PCP) during the last 15 months. The following rates are reported:

- Well-Child Visits in the First 15 Months. Children who turned 15 months during the measurement year: Six or more well-child visits.
- Well-Child Visits for Age 15 to 30 Months. Children who turned 30 months during the measurement year: Two or more well-child visits.

Measurement Period

Calendar Year 2026

Data Source

All RAE claims, encounter systems, FFS claims, and pharmacy data.

Measure Calculation

This measure will be calculated by HCPF.

Measure Reporting Details

Please see [Appendix B](#) for links to detailed measure information and value sets.

Indicator 9: Child and Adolescent Well Visits

[CMS Core Measure]

Responsible Entity

PCMP

RAE

Measure Description

Percentage of children ages 3 to 21 who had at least one comprehensive well-care visit with a PCP or an obstetrician/gynecologist (OB/GYN) during the measurement year.

Measurement Period

Calendar Year 2026

Data Source

All RAE claims, encounter systems, FFS claims, and pharmacy data.

Measure Calculation

This measure will be calculated by HCPF.

Measure Reporting Details

Please see [Appendix B](#) for links to detailed measure information and value sets.

Indicator 10: Childhood Immunization Status - Combo 10

[CMS Core Measure]

Responsible Entity

PCMP

RAE

Measure Description

Percentage of children age 2 who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three haemophilus influenza type B (HiB); three hepatitis B (Hep B), one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (Hep A); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday.

The measure calculates a rate for each vaccine and three combination rates.

Please note: Payment will be associated with the Combo 10 rate for this measure.

Measurement Period

Calendar Year 2026

Data Source

All RAE claims, encounter systems, FFS claims, Colorado Immunization Information System (CIIS) Registry data and pharmacy data.

Measure Calculation

This measure will be calculated by HCPF.

Measure Reporting Details

Please see [Appendix B](#) for links to detailed measure information and value sets.

Indicator 11: Immunizations for Adolescents - Combo 2

[CMS Core Measure]

Responsible Entity

PCMP

RAE

Measure Description

The percentage of adolescents age 13 who had one dose of meningococcal vaccine, one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine, and have completed the human papillomavirus (HPV) vaccine series by their 13th birthday.

The measure calculates a rate for each vaccine and two combination rates.

Please note: Payment will be associated with the Combo 2 rate for this measure.

Measurement Period

Calendar Year 2026

Data Source

All RAE claims, encounter systems, FFS claims, CIIS Registry data and pharmacy data.

Measure Calculation

This measure will be calculated by HCPF.

Measure Reporting Details

Please see [Appendix B](#) for links to detailed measure information and value sets.

Indicator 12: Developmental Screening

[CMS Core Measure]

Responsible Entity

PCMP

RAE

Measure Description

Percentage of children screened for risk of developmental, behavioral and social delays using a standardized screening tool in the 12 months preceding or on their first, second or third birthday.

Please note: Payment will be associated with the total rate for this measure.

Measurement Period

Calendar Year 2026

Data Source

All RAE claims, encounter systems, FFS claims, and pharmacy data.

Measure Calculation

This measure will be calculated by HCPF.

Measure Reporting Details

Please see [Appendix B](#) for links to detailed measure information and value sets.

Section 4: PCMP Practice Transformation Track

Overview

Eligible PCMPs may opt to participate in the Practice Transformation Track. To receive quality incentive payments while participating in this track, PCMPs may complete one to two QI activities. Payment will be calculated as follows:

- Complete one QI activity to be eligible for 50% quality incentive dollars.
- Complete two QI activities to be eligible for 100% quality incentive dollars.

Program Eligibility

In order to participate in the Practice Transformation Track, PCMPs must:

- Be contracted as a PCMP with their RAE prior to participation.
- Complete the HCPF Practice Assessment Tool annually (PCMPs are assessed at a site-level).
- **Not be eligible to participate in the Performance Track.**
- Have at least 200 attributed members as determined by HCPF prior to the start of the performance period.

PCMPs who do not meet the denominator requirements for the Performance Track or who have fewer than 200 attributed members are not eligible to participate in the quality program. Program eligibility will be re-determined annually.

Process to Participate

During the last quarter of each calendar year, HCPF will notify the RAEs of which contracted PCMPs are eligible for the Practice Transformation Track for the following year. RAEs will notify PCMPs of which track they are participating in.

Payment Methodology

- PCMPs are eligible to receive quality incentive payments per attributed member, per QI activity, based on their full attributed membership, for achieving each of two milestones.
- Attribution will be determined based on the total number of attributed members as of the last day of the activity window.
- Payments will be made twice annually.
- RAEs will determine their contracted PCMPs' achievement of milestones for each of the QI activities. HCPF may request documentation at any time to verify the completion of these activities.

Table 5. Per-Attributed-Member-Per-QI-Activity Payment Amounts for the Practice Transformation Track

Measure	Mid-Year Goal	Final Project Goal
Quality Improvement Activity	\$10.125	\$10.125

Example: Practice C achieved their mid-year goal for QI Activity 1, but not for QI Activity 2. On the first payment date, they would receive \$10.125 per attributed member for QI Activity 1 only. Practice C then achieved their final project goal for both QI activities. On the second payment date, they would receive \$20.25 per attributed member for completion of both QI activities

Practice Transformation Track Expectations and Responsibilities

PCMP Expectations

PCMPs participating in the Practice Transformation Track must:

- Set both mid-year and annual goals.
- Utilize the HCPF Practice Assessment Tool.
- Take measurable action toward clinical improvement.
- Complete one to two QI activities.
- Review this operational guide to support understanding of expectations and alignment with quality measures.

RAE Expectations

RAEs will serve as an essential resource to educate PCMPs and support their participation in the Phase III quality program. RAEs will serve as the primary point of contact to explain the program, performance measurement and payment methodologies, as well as the following:

- Ensuring all QI activities are directly aligned with HCPF priorities, ultimately impacting clinical quality measure performance.
- Collaborating with practices and utilizing the completed HCPF Practice Assessment Tool from PCMPs to support the identification of practice specific QI activities.
- Developing and setting mid-year and annual goals with PCMPs based on each PCMP's selected QI activities.
- Ensuring participating PCMPs review this operational guide to support understanding of expectations and alignment with quality measures.

QI Activity Requirements

QI activities identified by PCMPs and RAEs must be:

- New and not previously completed by the PCMP in past QI efforts.

- Designed to span approximately one year, allowing time to establish baselines, implement interventions, monitor progress and evaluate results.
- Directly aligned with HCPF priorities, ultimately impacting clinical quality measure performance.
- Appropriate in scope and scale, such that meaningful change can be tracked and reported on throughout the year.

PCMP and RAE Shared Responsibilities

1. **PCMP Leadership Commitment and Engagement**
 - Objective: Drive transformation through strong leadership involvement at both RAE and PCMP levels.
 - PCMP required activities:
 - Establish a dedicated QI team.
 - Identify and engage one administrative and one provider practice champion.
 - Administrative champion must attend a minimum of two QI meetings per quarter with the RAE, with at least one per quarter attended by the provider champion.
 - Completion of the annual HCPF Practice Assessment Tool.
2. **PCMP Data-Driven Quality Improvement**
 - Objective: Use data to identify improvement opportunities, measure progress and drive decision-making.
 - Key activities:
 - Regularly collect and analyze data on processes, outcomes and efficiency.
 - Identify workflow gaps impacting PCMP clinical quality measures, support improvements and better billing and coding accuracy.
 - Use population-level data to target interventions for patients with care gaps.
 - Apply QI methodologies such as Plan-Do-Study-Act (PDSA) cycles, root cause analyses or process mapping.
 - Monitor performance measures through available data.
 - Required activities:
 - QI activities must be directly aligned with HCPF priorities, ultimately impacting clinical quality measures in the Performance Track.
 - Set and achieve mid-year and annual goals based on performance data.
3. **Innovation and Technology Integration**
 - Objective: Leverage electronic health records (EHRs) and health information exchange (HIE) technology to improve care delivery and reporting capabilities.

- Key activities:
 - Implement tools that enhance patient engagement, care delivery or data collection (e.g., patient portals, telehealth, EHR, HIE).
 - Assess and enhance HIE connectivity and explore supplemental data feeds for quality measure reporting.
- Key activities for manual reporters or those not connected to an HIE:
 - Provide clinical data via Continuity of Care Documents (CCD) or other data connection to support supplemental clinical data feed into HIE systems.

4. Evaluation and Reporting

- Objective: Assess the impact of QI efforts and use findings to continuously refine strategies.
- Key activities:
 - Provide regular QI progress reports outlining successes, challenges and planned adjustments.
 - Document and share lessons learned and next-step recommendations.
 - RAEs must provide and PCMPs must review Quarterly Provider Performance Statements, which must include:
 - Results of clinical quality measures (calculated by HCPF or RAEs).
 - Relevant utilization data affecting performance or payment.
 - Identification of payments earned based on specific measure performance and advanced primary care tier.
 - Member-level data to support targeted interventions.
 - Recommendations from RAE on how PCMP can improve clinical quality measure performance.
 - RAE must report to HCPF on Practice Transformation Track activities, including:
 - Confirmation that key activities have been completed.
 - Payment determination for the Practice Transformation track.

HCPF recognizes that large health systems may have standardized or non-standardized workflows across their PCMP sites. RAE responsibilities are different for supporting and interacting with these different types of PCMP sites.

1. Health systems with standardized workflows across PCMP sites are defined as having a system-level approval structure in place to monitor and enforce consistency by the RAE.

- RAE and system leadership should:
 - Meet with system leadership, including the approved champions per PCMP site, at least twice per quarter.
 - Clearly outline QI expectations for all PCMP sites.

- Confirm that each site is meeting QI milestones, even under a shared workflow.
 - Performance data must be disaggregated by individual PCMP site to track site-level progress and payment eligibility.
 - RAEs remain responsible for:
 - Reporting to HCPF on QI activity progress and completion by PCMP site.
 - Maintaining documentation of meetings, mid-year and annual goal setting, and QI activity progress.
 - Continuing to support site-specific implementation of QI activities using the HCPF Practice Assessment Tool as a foundation.
2. Health systems with non-standardized workflows across PCMP sites are defined as having PCMP sites within a system that operate under different workflows.
- RAEs are expected to:
 - Meet with the provider champion at least once per quarter and the administrative champion at least twice per quarter.
 - Document meetings, goal setting, QI activity progress and site-specific strategies.
 - Support each site's unique implementation plan, using the completed HCPF Practice Assessment Tool as a foundation.

Reporting Requirements for PCMPs

PCMPs are expected to work with their RAE to report their achievement on the QI activity milestones outlined in the payment schedule. This may include documentation of successes, challenges, lessons learned and strategies for further improvement.

Reporting Requirements for RAEs

- RAEs will report all required activities have been completed by PCMPs in alignment with HCPF's guidelines. HCPF reserves the right to request documentation at any time to verify the completion of these activities.
- RAEs will provide a Quarterly Provider Performance Statement for all PCMPs, which may include:
 - Results of clinical quality measures.
 - Relevant utilization data affecting performance or payment.
 - Identification of payments earned based on specific measure performance and advanced primary care tier.
 - Member-level data to support targeted interventions.
 - Recommendations from RAE on how they can support performance improvement.
- RAEs will report to HCPF on Practice Transformation Track activities, including:

- Attestations on behalf of the PCMPs to confirm that key activities have been completed.
- Support payment determination based on activity completion.

Section 5: RAE Quality Program

Overview

RAEs have the opportunity to earn quality incentive payments based on their performance towards key performance indicators and other HCPF-identified measures tied to their contract requirements.

RAE Measures and Payment Methodology

- RAEs are eligible for an annual payment based on the performance threshold they achieve for each assigned measure. Performance thresholds for incentive payments are established by HCPF, as outlined in [Section 7](#).
- RAEs' quality incentive payments are paid per assigned member, per measure, based on the total assigned members in their region.
- Payments will be made once annually after sufficient claims run out and processing time, unless otherwise specified.
- RAEs can earn an additional third of available funds for achieving each threshold. HCPF or its designee will determine quality measure performance towards each threshold.
- For the first 18 months of ACC Phase III, RAEs can receive quality incentive payments based on the percentage of their contracted PCMPs that have engaged in this new program. This measure has been selected to encourage RAEs to adequately support their PCMPs with this transition. The measure is broken into three parts based on the PCMP milestones described in [Section 2](#).

Table 6. RAE-Only Quality Measures for PCMP Engagement in QI Activities

Measure	Performance Period	Basecamp	Tree Line	Summit	Expected Payment Date
Percent of PCMPs that Identified At Least One QI Activity	July 1 to December 31, 2025	\$4.07	\$8.26	\$12.32	Spring 2026
Percent of PCMPs that Achieved the Mid-Year Goal for At Least One QI Activity	January 1 to June 30, 2026	\$0.89	\$1.81	\$2.70	Fall 2026
Percent of PCMPs that Achieved their Final Goal for At Least One QI Activity	July 1 to December 31, 2026	\$0.89	\$1.81	\$2.70	Spring 2027

Table 7. RAE-Only Quality Measures for FY 2025-26 (July 1, 2025, to June 30, 2026)

Measures	Basecamp	Tree Line	Summit	Expected Payment Date
Transitions of Care	\$1.78	\$3.62	\$5.40	December 2026
Behavioral Health Assessment in Members Released from State Prisons	N/A	N/A	\$2.70	December 2026

Table 8. RAE-Only Quality Measures Beginning CY 2026 (January 1 to December 31, 2026)

Measures	Basecamp	Tree Line	Summit	Expected Payment Date
PCMP Performance on Clinical Measures (40% of available funds)	\$1.78	\$3.62	\$5.40	Summer 2027
Transitions of Care (20% of available funds)	\$0.89	\$1.81	\$2.70	Summer 2027
Behavioral Health Assessment in Members Released from State Prisons (20% of available funds)	N/A	N/A	\$2.70	Summer 2027
Prenatal and Postpartum Care* (20% of available funds)	\$0.89	\$1.81	\$2.70	Summer 2027

*All parts of this measure must meet the performance threshold to qualify for payment.

RAE-Only Quality Measure Set

Indicator 1: PCMP Engagement in QI Activities

[HCPF]

Responsible Entity

RAE

Measure Description

Total percentage of PCMPs that meet the milestone for at least one QI activity in the measurement period.

Measure Numerator

Number of PCMPs that meet the milestone for at least one QI activity (as identified in measurement period section).

Measure Denominator

Total number of PCMPs in region.

Measurement Period

Identification of at least one QI activity per PCMP: July 1 to December 31, 2025.

Mid-Year goal met for at least one QI activity per PCMP: January 1 to June 30, 2026.

Completion of at least one QI activity per PCMP: July 1 to December 31, 2026.

Data Source

RAE Reported

Measure Calculation

This measure will be calculated by HCPF.

Measure Reporting Additional Details

N/A

CY 26 Indicator 1: Transitions of care

[HCPF]

Responsible Entity

RAE

Measure Description

For inpatient hospital discharges, number of patient engagement claims seven, 14, and 30 days after discharge.

Measure Numerator

RAEs must meet goal for seven-day follow-up to achieve payment.

Number of patient engagement claims seven, 14, and 30 days after discharge. Include summary variables: RAE, Age (under 18, 18 and over).

Patient Engagement date between Discharge Date + 1 and Discharge Date + [7, 14, or 30]

Measure Denominator

Inpatient hospital discharges

Measure Exclusions

- Inpatient stays with primary diagnoses of mental illness or substance use disorder
- Hospice within 30 days after discharge
- Date of death within 30 days of discharge
- Loss of enrollment within 30 days of discharge

Measurement Period

Calendar Year 2026

Data Source

Enterprise Data Warehouse Data, which includes all RAE claims and FFS claims as well as encounters submitted through interchange.

Note: Behavioral health flat file data will not be included in the measure calculation.

Measure Calculation

This measure will be calculated by HCPF.

Measure Reporting Details

Output:

RAE	Age Category	Patient Engagement Timeframe	Discharges with Patient Engagement	Discharges without Patient Engagement	Complex Member	Total Discharges	Percent Discharges with Patient Engagement	Percent Discharges without Patient Engagement
	1. Under 18	1. 7 Days	A	B	C	A+B	A/(A+B)	B/(A+B)
	2. 18 and Over	2. 14 Days						
		3. 30 Days						

Data Elements, Code Systems, Code Lists, Value Sets:

Experience Period:

- 13 months through -1 from current month

Inpatient Discharges:

- Claim Type Code = A, I
- Billing Provider Type Code= 01
- Patient Status Code = 01, 06, 07, 81, 86
- Claim Status Code = P
- Encounter Indicator = N
- Most Recent Claim Indicator = Y
- Current Record Indicator = Y
- Source Record Delete Indicator = N
- Last service date within experience period
- Paid date within desired date range

Patient Eligibility:

- Eligible on date of discharge
- Eligible on 30 days after date of discharge (discharge + 30)
- Not in Hospice within 30 days after discharge

Patient Engagement:

- Service Identification (or condition)
 - Procedure code
 - Outpatient Visit: '99201','99202','99203','99204','99205','99211','99212','99213','99214','99215','99241','99242','99243','99244','99245','99341','99342','99343','99344','99345','99347','99348','99349','99350','99381','99382','99383','99384','99385','99386','99387','99391','99392','99393','99394','99395','99396','99397','99401','99402','99403','99404','99411','99412','99429','99455','99456','99483','G0402','G0438','G0439','G0463','T1015'
 - Telephonic Visit: '98966','98967','98968','99441','99442','99443'

- Transitional Case Management: '99495','99496'
- Online Assessment:
'G0071','G2010','G2012','G2061','G2062','G2063','G2250','G2251','G2252','98969','98970','98971','98972','99421','99422','99423','99444','99457','99458'
- Revenue Code
 - Outpatient Visit:
'0510','0511','0512','0513','0514','0515','0516','0517','0519','0520','0521','0522','0523','0526','0527','0528','0529','0982','0983'
- Claim Line Status Code = P
- Claim Status Code = P
- Encounter Indicator = N
- Current Record Indicator = Y
- Source Record Delete Indicator = N
- Recent Claim Indicator = Y

CY 26 Indicator 2: Behavioral Health Engagement for Members releasing from State Prison

[HCPF]

Responsible Entity

RAE

Measure Description

Percentage of members releasing from a Department of Corrections (DOC) facility with at least one billed behavioral health capitated service within 14 days.

Measure Numerator

Number of members who had at least one billed behavioral health capitated service within 14 days of being released from a DOC facility.

Measure Denominator

Number of members who were released from a DOC facility and who are eligible for Medicaid.

HCPF Goal: 89.9%

This goal represents the portion of releasing individuals with a P code of 2 or higher, which indicates a behavioral health need. However, any individual who was released from DOC that received a behavioral health service within 14 days will be counted toward the final performance.

RAE Target Methodology

5% Gap Closure to HCPF Goal

Measurement Period

Calendar Year 2026

Rolling 12 Months Reported Quarterly

Data Source

All RAE claims, RAE flat files, encounter systems, FFS claims, daily DOC roster.

Measure Calculation

This measure will be calculated by HCPF.

Measure Reporting Additional Details

This fulfills the requirements of [Senate Bill 19-22](#) and demonstrates inter-agency collaboration.

Given challenges with the DOC Roster, RAEs will be measured as a collective group and earn incentive money only if the collective group meets its target. If the target is met, then RAEs will earn a shared payment. If the target is not met, no RAE will receive payment. This target was developed to align with HCPF's Wildly Important Goal for justice-involved members.

Managed care members will be included to promote a more inclusive approach to managing care for individuals released from state prisons.

HCPF will exclude members who return to DOC within the 14-day period from the denominator.

Day 1 of 14 starts on the day after release. Members should be counted based on the month of release. RAEs will have until July 14 for follow-up for individuals released on June 30.

HCPF will also exclude members who lose Medicaid eligibility within the 14-day period from the denominator.

Should a member show multiple releases in the 14-day period, HCPF will use the most recent release date.

CY 26 Indicator 3: Prenatal and Postpartum Care

[CMS Core Measure]

Responsible Entity

RAE

Measure Description

Both Parts of this measure must be met in order to achieve payment:

- **Timeliness of Prenatal Care.** The percentage of deliveries in which women had a prenatal care visit in the first trimester, on or before the enrollment start date or within 42 days of enrollment in the organization.
- **Postpartum Care.** The percentage of deliveries in which women had a postpartum visit on or between seven and 84 days after delivery.

Measurement Period

Calendar Year 2026

Data Source

All RAE claims, encounter systems, FFS claims, and pharmacy data.

Measure Calculation

This measure will be calculated by HCPF.

Measure Reporting Details

Please see [Appendix B](#) for links to detailed measure information and value sets.

Placeholder: CY 26 Indicator 4: PCMP Performance on Clinical Measures

Note: This specification is included as a placeholder. Updated information will be included in later versions of this guide.

[HCPF Measure]

Responsible Entity

RAE

Measure Description

Percentage of providers meeting each threshold.

Measurement Period

Calendar Year 2026

Data Source

PCMP metric performance to thresholds.

Measure Calculation

This measure will be calculated by HCPF.

Section 6: Data Requirements

Overview

The ACC Phase III quality program measures are calculated administratively for RAEs and PCMPs using CMS Adult and Child Core Measure Technical Specifications.

Evaluation Population

The Phase III quality program evaluation populations are as follows:

- **PCMP Evaluation Population:** PCMP measures are evaluated based on members enrolled in the ACC, assigned to a RAE and attributed to the PCMP on the last day of the performance period.
- **RAE Evaluation Population:** RAE measures are evaluated based on members enrolled in the ACC and assigned to the RAE on the last day of the performance period. This population will include both attributed and unattributed members.
 - **ACC enrollment** is defined as all members enrolled in the ACC at the end of the evaluation period according to the ACC Snapshot.
- **Exclusions:** HCPF will exclude the Cover All Coloradans population from quality measures until enough data is received and reviewed for that population to confidently report on their performance.

Data Sources

HCPF will report all clinical quality measures using the administrative method beginning in Phase III. Administrative measures use a combination of data sources that include claims data, supplemental data from EHRs and various registries and data feeds to contribute to the numerator. For this reason, HCPF is committed to continuing to improve data collection through various methods to ensure the most up-to-date information is included in measure calculations whenever available.

To improve the data sources that support administrative reporting, HCPF is working with other state agencies to collect relevant data and is supporting practices in connecting to HIEs to report relevant clinical data. These data, in addition to others outlined below, are used to calculate clinical quality measures and support federally required reporting of CMS Adult and Child Core Set Measures. The use of these data can improve the information used to calculate scores, allowing practices to not only have a better picture of their performance on clinical measures, but to have more accurate scoring for them.

Claims Selection Criteria

The following criteria are used to select the claims to calculate the measures:

- Both facility and professional claims
- Paid and denied claims and encounters (with three months runoff)

- Only current records in the Data Warehouse
- Last claim (after all adjustments have been taken) to meet each part of the measure (may be met with more than one claim per the measure specifications)

Encounters:

- Behavioral health encounter data
- Managed Care Organization (MCO) and CHP+ encounter data

Exclude:

- Deleted records

Supplemental Data

The following data may be incorporated into measures data where available and appropriate:

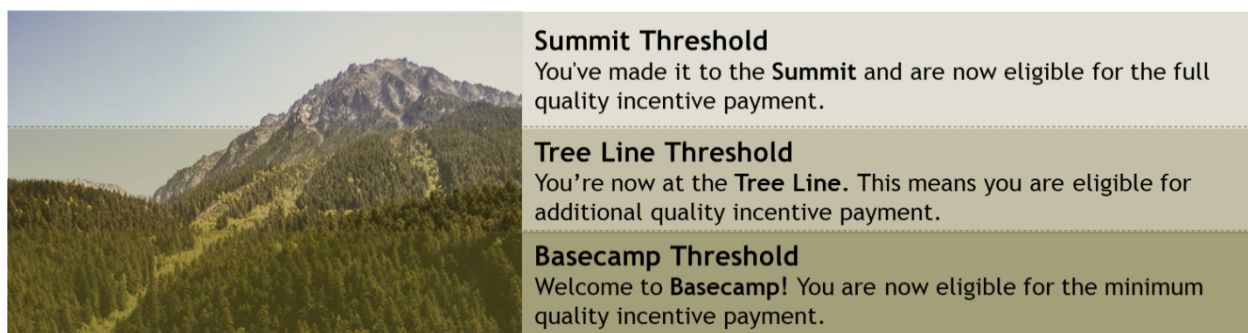
- CIIS Registry data
- Clinical/ EHR data
- Laboratory data
- Vital Records data from the Colorado Department of Public Health and the Environment (CDPHE)
- DOC data files

Section 7: Performance Baselines and Thresholds

In ACC Phase III, we are climbing to new heights in our clinical quality measure performance. PCMPs in the Performance Track are responsible for performing at or above one of three different performance thresholds, each of which is tied to a different level of payment for the Phase III clinical quality measures during the performance period, as detailed in [Section 3](#).

RAEs are responsible for the performance of their PCMP network on the PCMP clinical quality measure set, as well as for performing at or above one of three different thresholds for designated RAE-only quality measures, as detailed in [Section 5](#).

Figure 1. ACC Phase III Performance Threshold Overview



Performance and Baseline Periods

Each performance period is based on a calendar year (12 months of data), as defined by the Measure Steward. Each of the measure reporting periods allow for three months of claims run out as defined by the National Measure Steward.

- **Performance Period:** CY 2026
- **Baseline Period:** CY 2024

Performance Track Threshold Setting Methodology

The three thresholds are set using the following methodology:

1. **Basecamp:** This is the minimum performance threshold that PCMPs or RAEs must meet to be eligible for a **minimum** quality incentive payment. This threshold will not exceed the 50th percentile of national benchmarks.
 - **PCMP clinical quality measures:** Set at the 40th percentile of Colorado performance of attributed members.
 - Exceptions:
 - Developmental Screening in the first Three Years of Life: Performance exceeded the Healthcare Effectiveness Data and Information Set (HEDIS) performance, so thresholds are set using [CMS Scorecard](#) numbers.

- Controlling High Blood Pressure: Due to artificially low numbers on administrative reporting, benchmarks are set using national benchmark data.
 - **RAE-only quality measures:** Set at the next highest percentile from current statewide performance.
 - First, will be set using Colorado performance against HEDIS. If not available, then will be set using CMS Core Measures performance. If CMS is unavailable, use HCPF-defined methodology.
2. **Tree Line:** This threshold is the halfway point between Basecamp and the Summit. PCMPs or RAEs that meet this threshold are eligible for an **additional** quality incentive payment.
 3. **Summit:** This is the highest performance threshold that PCMPs or RAEs must meet to be eligible for the **full** quality incentive payment. This threshold will not exceed the 75th percentile of national benchmarks.
 - Based on Colorado performance, this threshold is set at either the 50th or 75th percentile of national performance.
 - If statewide average performance is below the 50th percentile, the Summit threshold is set at the national 50th percentile.
 - If statewide average performance is above the 50th percentile, the Summit threshold is set at the national 75th percentile.
 - First, review Colorado performance against HEDIS. If not available, use CMS. If CMS is unavailable, use HCPF-defined methodology.

For measures with multiple age breakouts where we do not have different benchmark data available for each age group, HCPF will use the total benchmark available for all age breakouts until the additional benchmarking data are available.

Section 8: Auditing and Dispute Process

HCPF reserves the right to request documentation at any time to verify the completion of activities by PCMPs or RAEs in the quality program.

PCMP Dispute Process

A PCMP dispute process will be established prior to the distribution of the first quality incentive payments. This process will allow PCMPs to request a review if they believe there is an error in their quality measure results or incentive payment calculations.

RAE Dispute Process

RAEs may submit disputes with measurement calculations and/or payment amounts to HCPF in writing.

Appendices

Appendix A: Data Sharing

Table 9. Data Sharing Timeframes for Measures Run By HCPF

Performance Period*	90 Day Runout Period Ends	HCPF Detailed Data Availability	RAE Detailed Data Availability
January 1 to December 31	March 31	April 30	May 31
February 1 to January 31	April 30	May 31	June 30
March 1 to February 28	May 30	June 30	July 31
April 1 to March 31	June 30	July 31	August 31
May 1 to April 30	July 31	August 31	September 30
June 1 to May 31	August 31	September 30	October 31
July 1 to June 30	September 30	October 31	November 30
August 1 to July 31	October 31	November 30	December 31
September 1 to August 31	November 30	December 31	January 31
October 1 to September 30	December 31	January 31	February 28
November 1 to October 31	January 31	February 28	March 31
December 1 to November 30	February 28	March 31	April 30

*Based on most recent 12 months of available data. This is a draft and may be subject to change.

Appendix B: CMS Core Measure Technical Specifications

Important information regarding quality program measures.

The following measures are defined using the 2025 CMS Core Measure Set Technical Specifications and Value Set Directories. You can find the Reporting Resources at the links below for each of the following measures:

- [2025 CMS Adult Core Measure Set Reporting Resources](#)
- [2025 CMS Child Core Measure Set Reporting Resources](#)

Appendix C: PCMP Measure Thresholds

Table 10. Thresholds for Measures in the PCMP Performance Track

Measure	Basecamp (33% payment)	Tree Line (67% payment)	Summit (100% payment)
Screening for Depression and Follow-Up Plan (Age 12 to 17)	11%	24%	38%
Screening for Depression and Follow-Up Plan (Age 18+)	28%	44%	60%
Controlling High Blood Pressure	10%	39%	68%
Glycemic Status for Patients with Diabetes (<8)	23%	42%	61%
Glycemic Status for Patients with Diabetes (>9)	73%	52%	30%
Breast Cancer Screening	38%	47%	56%
Colorectal Cancer Screening	32%	37%	41%
Cervical Cancer Screening	47%	50%	52%
Chlamydia Screening	45%	50%	56%
Well Visits in the First 30 Months of Life (0 to 15 months)	64%	66%	67%
Well Visits in the First 30 Months of Life (15 to 30 months)	72%	75%	78%
Child and Adolescent Well Visits	41%	48%	55%
Childhood Immunization Status Combo 10	27%	28%	29%
Immunizations for Adolescents Combo 2	31%	36%	40%
Developmental Screening in the First Three Years of Life	37%	45%	52%

Appendix D: RAE-Only Measure Thresholds

Table 11. PCMP Engagement in QI Activities Measure Thresholds (July 1, 2025, to December 31, 2026)

Measure	Basecamp (33% payment)	Tree Line (67% Payment)	Summit (100% Payment)
PCMP Engagement in QI Activities	50%	75%	90%

Table 12. CY 2026 and Ongoing Program Measures

Measure	Basecamp (33% payment)	Tree Line (67% Payment)	Summit (100% Payment)
Transitions of Care	TBD*	TBD	TBD
Behavioral Health Engagement for Members Releasing from State Prison	N/A	N/A	37.1%
Prenatal and Postpartum Care - Prenatal	69%	71%	80%
Prenatal and Postpartum Care - Postpartum	62%	71%	80%
Regional Performance in PCMP Measures	TBD	TBD	TBD

*Placeholders will be updated when national benchmarking data are available.

Appendix E: Program and Payment Schedule

Timelines depicted below are a draft and subject to change.

Figure 2. ACC Phase III Quality Program Timeline Through CY 2028 - Visual

Program	Activity	2025					2026					2027					2028														
		J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D
PCMP First 18 Months Practice Transformation Track Period (all PCMPs)	PCMP Planning, Preparation and Identify Two QI Activities																														
	PCMP Report Two QI Activities																														
	PCMP Two QI Activities Identified Payment (50% for each of two)																														
	PCMP Mid-Year Progress																														
	PCMP Report of Two Mid-Year Goals Achieved																														
	PCMP QI Activity Mid-Year Goals Met Payment (50% for each of two)																														
	PCMP Two QI Activity Completion																														
	PCMP Two QI Activity Completion Reporting																														
	PCMP QI Activities Completed Payment (50% for each of two)																														
PCMP Practice Transformation Track	PCMP QI Activity Period																														
	PCMP QI Mid-Year Reporting																														
	PCMP QI Activity reporting																														
	PCMP Practice Transformation Track Payment																														
PCMP Performance Track	PCMP Measure Performance Period																														
	Performance Data Availability																														
	PCMP Performance Payment																														
RAE Only Measures	RAE PCMP Planning, Preparation and Identify QI Activities																														
	RAE PCMP QI Activities Identified Payment																														
	RAE PCMP Report of Mid-Year Goals Achieved																														
	RAE PCMP Mid-Year Goals Achieved Payment																														
	RAE PCMP QI Activity Completion																														
	RAE PCMP QI Activity Payment																														
	DOC Metric FY25-26 Performance Period																														
	DOC Metric FY25-26 Payment																														
	DOC Metric Calendar Year Performance Period (starting 2026)																														
	DOC Metric Calendar Year Payment																														
	TOC Metric FY25-26 Performance Period																														
	TOC Metric FY25-26 Payment																														
	TOC Metric Calendar Year Performance Period (starting 2026)																														
	TOC Metric Calendar Year Payment																														
	Prenatal and Postpartum Care																														
	Prenatal and Postpartum Care Payment																														
	RAE Composite PCMP Measure																														
RAE Composite PCMP Measure Performance Payment																															

Table 13. ACC Phase III Quality Program Timeline Through CY 2028 - Descriptions

Program	Activity	Timeline Description
PCMP First 18 Months Practice Transformation Track Period (all PCMPs)	PCMP Planning, Preparation and Identify Two QI Activities	Activity takes place from July to December 2025.
	PCMP Report Two QI Activities	Activity takes place from January to February 2026.
	PCMP Two QI Activities Identified Payment (50% for each of two)	Activity takes place March 2026.
	PCMP Mid-Year Progress	Activity takes place from January to June 2026.
	PCMP Report of Two Mid-Year Goals Achieved	Activity takes place from July to August 2026.
	PCMP QI Activity Mid-Year Goals Met Payment (50% for each of two)	Activity takes place September 2026.
	PCMP Two QI Activity Completion	Activity takes place from July to December 2026.
	PCMP Two QI Activity Completion Reporting	Activity takes place from January to February 2027.
	PCMP QI Activities Completed Payment (50% for each of two)	Activity takes place March 2027.
PCMP Practice Transformation Track	PCMP QI Activity Period	The first half of this activity period runs from January to June every calendar year. The second half of this activity period runs from July to December every calendar year.
	PCMP QI Mid-Year Reporting	Reporting for the first half of the activity period takes place in July every calendar year. Reporting for the second half of the activity period takes place in January of the following calendar year.
	PCMP QI Activity reporting	Reporting for the first half of the activity period takes place in August every calendar year. Reporting for the second half of the activity period takes place in February of the following calendar year.
	PCMP Practice Transformation Track Payment	Half of the funds are available to be earned in September every calendar year for the first half of the activity period. The other half of funds are available to be earned in March of the following calendar year for the second half of the activity period.

Program	Activity	Timeline Description
PCMP Performance Track	PCMP Measure Performance Period	Activity takes place from January to December every calendar year.
	Performance Data Availability	Activity takes place in May of the following calendar year from the performance period.
	PCMP Performance Payment	Activity takes place in July of the following calendar year from the performance period.
RAE Only Measures	RAE PCMP Planning, Preparation and Identify QI Activities	Activity takes place from July to December 2025.
	RAE PCMP QI Activities Identified Payment	Activity takes place March 2026.
	RAE PCMP Report of Mid-Year Goals Achieved	Activity takes place from January to June 2026.
	RAE PCMP Mid-Year Goals Achieved Payment	Activity takes place September 2026.
	RAE PCMP QI Activity Completion	Activity takes place from July to December 2026.
	RAE PCMP QI Activity Payment	Activity takes place March 2027.
	DOC Measure FY25-26 Performance Period	Activity takes place from July 2025 to June 2026.
	DOC Measure FY25-26 Payment	Activity takes place December 2026.
	DOC Measure Calendar Year Performance Period (starting 2026)	Activity takes place from January to December every calendar year.
	DOC Measure Calendar Year Payment	Activity takes place in July of the following calendar year from the performance period.
	TOC Measure FY25-26 Performance Period	Activity takes place from July 2025 to June 2026.
	TOC Measure FY25-26 Payment	Activity takes place December 2026.
	TOC Measure Calendar Year Performance Period (starting 2026)	Activity takes place from January to December every calendar year.

Program	Activity	Timeline Description
	TOC Measure Calendar Year Payment	Activity takes place in July of the following calendar year from the performance period.
	Prenatal and Postpartum Care (starting 2026)	Activity takes place from January to December every calendar year.
	Prenatal and Postpartum Care Payment	Activity takes place in July of the following calendar year from the performance period.
	RAE Composite PCMP Measure (starting 2026)	Activity takes place from January to December every calendar year.
	RAE Composite PCMP Measure Performance Payment	Activity takes place in July of the following calendar year from the performance period.

Appendix F: PCMP Practice Transformation Track First 18 Months Milestone Activity Detail

The following milestones will be used to determine payment during the first 18 months of the program:

1. Planning Identification Phase:

- Timeline: July to December 2025
- Purpose: Planning and preparation for QI implementation.
- RAE and PCMP key activities:
 - Identify areas of opportunity based on HCPF Practice Assessment Tool results.
 - Review CY 2024 (or most up-to-date) performance on clinical quality measures.
 - Provide an overview of the ACC to ensure understanding from the PCMPs.
 - Determine meeting cadence.
 - Identify QI team.

2. Payment 1: QI Activity Identification

- Timeline: July to December 2025. Payment distributed by Spring 2026.
- Purpose: During this time, QI activities are identified, mid-year goals and completion targets have been set. QI activities must be aligned with HCPF priorities, ultimately impacting clinical quality measure performance.
- Requirements for payment:
 - RAEs must determine that each participating PCMP has:
 - i. Identified both a provider champion and an administrative champion.
 - ii. Selected two QI activities based on the completed HCPF Practice Assessment Tool and performance opportunity areas.

3. Payment 2: Mid-Year Progress

- Timeline: January to June 2026. Payment distributed by Fall 2026.
- Purpose: Ensure progress on implementation and mid-year goal achievement. Mid-year goals should be aligned with HCPF priorities, ultimately impacting clinical quality measure performance and documented as part of the transformation effort. Provider and administrative champions continue to be actively engaged.
- Requirements for payment:
 - RAEs must determine that both mid-year goals set with the PCMP have been met.
 - If only one of the mid-year goals has been met, the PCMP will be eligible for partial payment.

4. Payment 3: Completion of QI Activities

- Timeline: July to December 2026. Payment distributed by Spring 2027.
- Purpose: Recognize full execution and completion of QI activity work. PCMP has participated in required evaluation and reporting efforts. Quarterly Provider Performance Statement reviews have occurred throughout the year.
- Requirements for payment:
 - RAEs must determine that the PCMP has completed both QI activities identified during the planning phase.
 - If only one QI activity is completed, the PCMP will be eligible for partial payment.

Appendix G: Sample Quality Improvement Activity

QI activity: Controlling High Blood Pressure: Improve clinical workflow and CPT II coding integration.

Goal: Increase percentage of adult patients (ages 18 to 85) diagnosed with hypertension who have controlled BP from x to x by December 31, 2026.

QI activities may include:

- Establishing champions and champion continuity.
- **Baseline data review:** CY 2024 will be provided prior to January 2026.
Established opportunities based on HCPF Practice Assessment Tool results
- **Workflow optimization:** Determine the appropriate QI tool to support practice (PDSA, root cause analysis, etc.).
 - May include standardized BP re-check for elevated BP in office readings, alerts for uncontrolled BP in the EHR, coding reference guide for clinical staff and providers that align with HEDIS reporting requirements (which includes relevant CPT II codes).
 - HIE connection to provider EHRs to supplement claims data received with additional clinical data to help more accurately support quality measures reporting.
- **Staff education and training:** Training for clinical and billing staff for the appropriate use of CPT II codes for BP control.
- **Monitoring:** review trends, CPT coding rates, identify missed coding opportunities in QI meetings.
- **Patient engagement:** Outreach patients with uncontrolled BP for follow up care or care management.

Mid-year goal may include:

CPT II workflow implementation in which a standardized workflow has been developed and implemented to ensure CPT II codes are used to capture BP control at point of care or that there are now alerts in the EHR, and charting guidance to support clinical staff.

Appendix H: Additional Supplemental Data Information

Clinical Data Feed: Practices can work with their HIEs to set up a direct clinical feed to HCPF to supplement claims data to support clinical measures reporting. HCPF will use this data to report back to practices on their measure performance, as well as to support scoring for required federal reporting to CMS.

Manual Reporters: Practices can manually report data to their HIE if a clinical data feed cannot be set up. HIEs can use this manually reported data to send to HCPF to supplement clinical measures data.

Additional information to be provided.