

ACC Phase III Update and PCMP Payment Structure

Program Improvement Advisory Committee

Jan. 15, 2025

Presented by:

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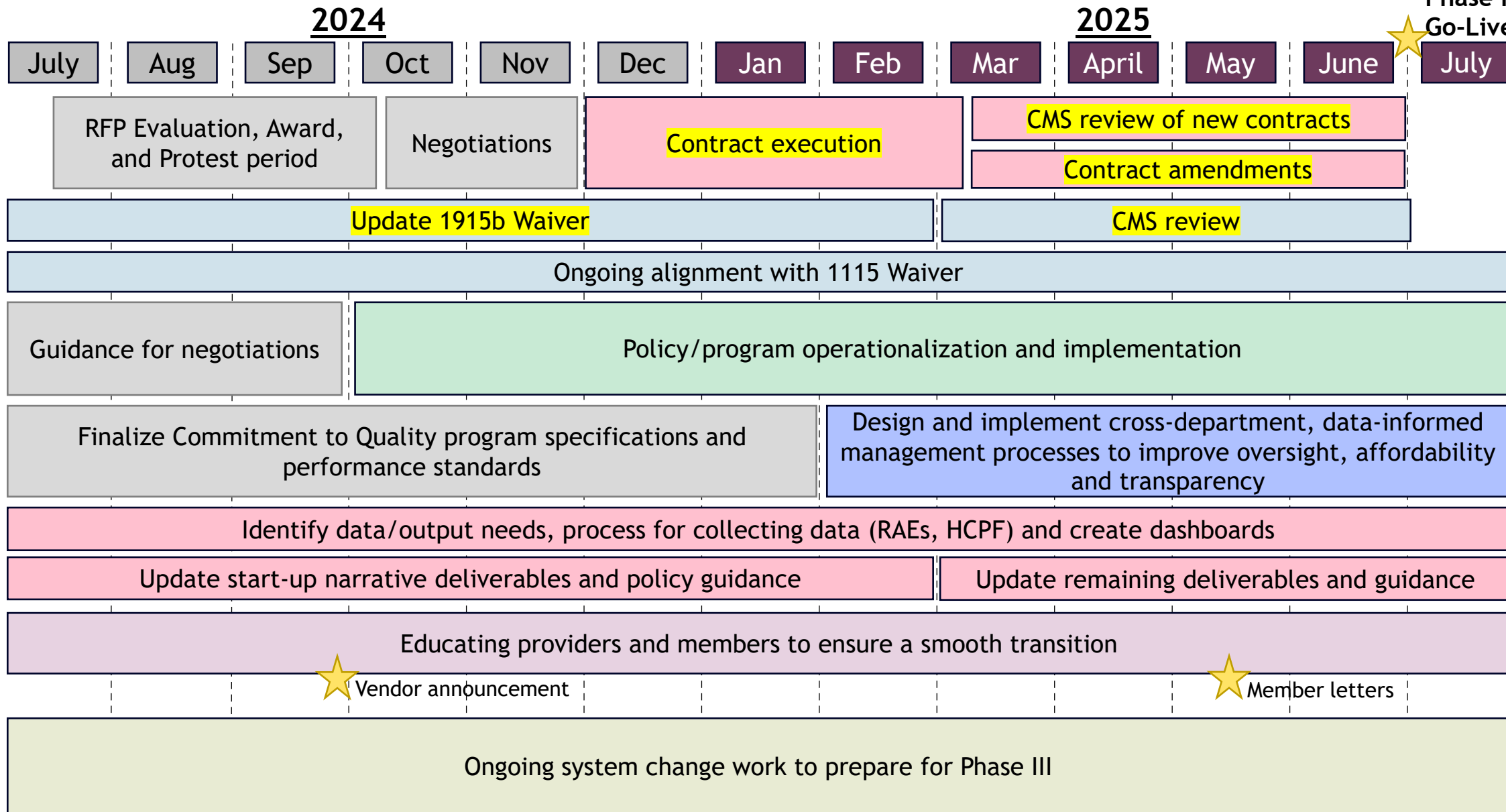


Agenda

Time	Topic
11-11:10am	ACC Phase III Update
11:10-11:30am	Review Medical Home Payment, time for discussion
11:30am-12pm	Review Quality Payment, time for discussion

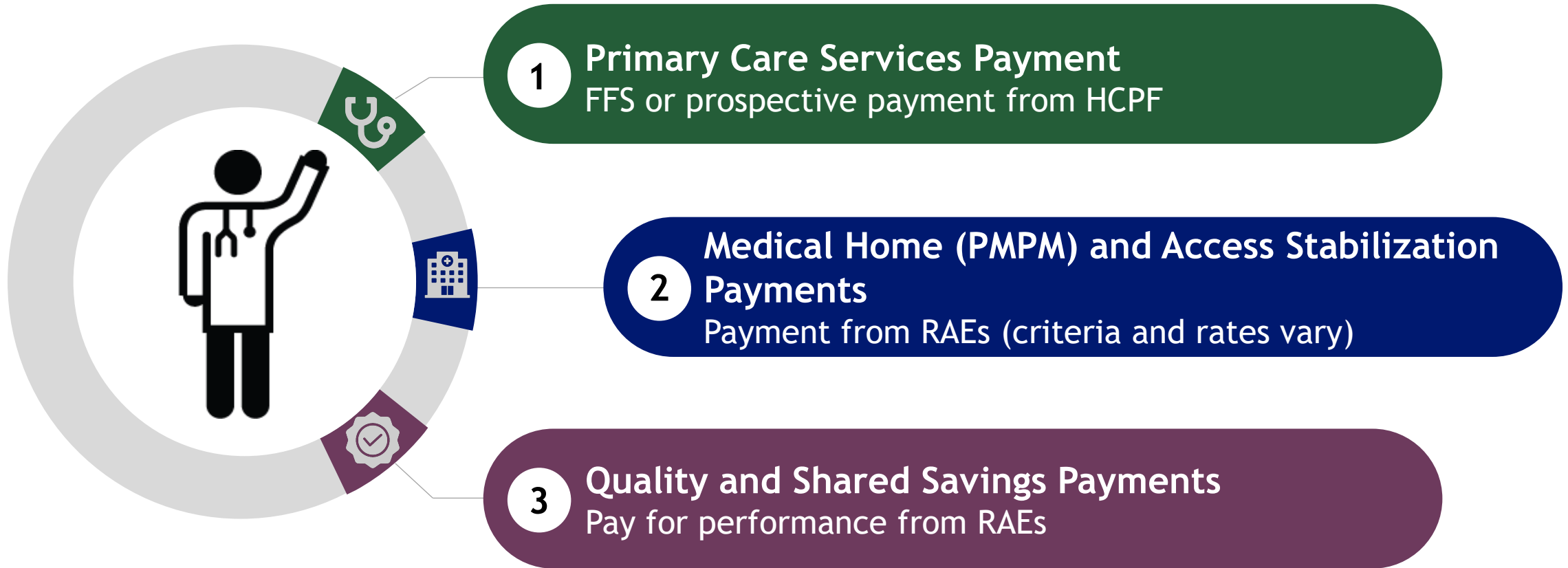
Where are we at with ACC Phase III?

Phase III
Go-Live!



PCMP Payment

Single Comprehensive Primary Care Payment Structure



Medical Home Payment Recap and Discussion

Medical Home Payment Recap

The Medical Home Payment is the administrative per-member-per-month RAEs make to PCMPs.

Staying the Same

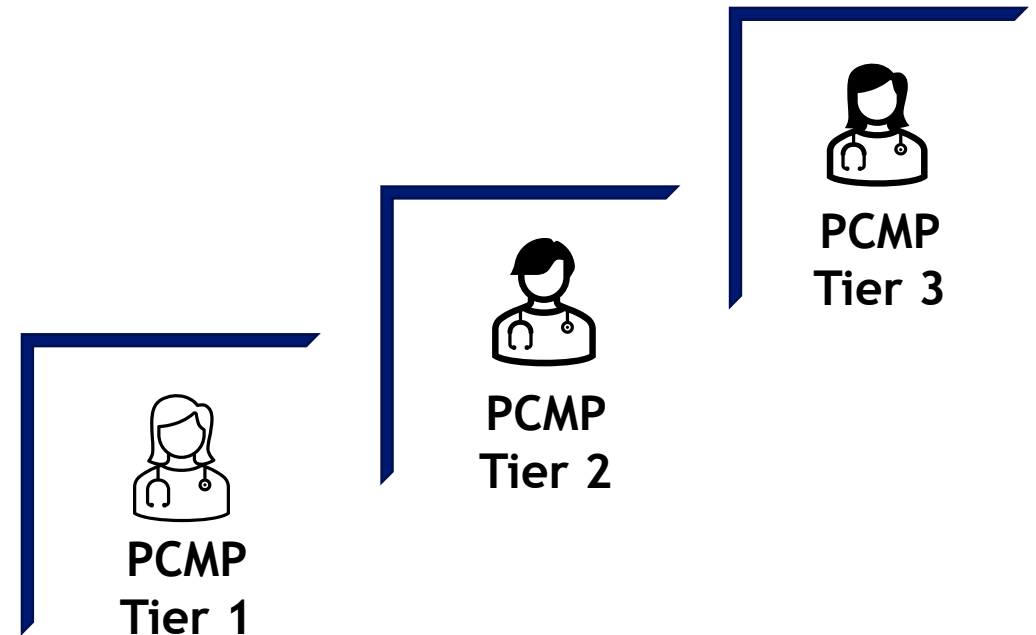
- RAEs will continue to pass-through at least 33% of their admin PMPM to PCMPs based on their attributed members.

Key Changes

- RAEs will use a standardized Practice Assessment (currently all RAEs have their own) to help determine PMPM rates.
- HCPF is standardizing the structure of medical home payments across RAEs to help support transparency and simplicity for providers.

Practice Assessment

- Three-tier assessment to incentivize progress along the continuum of advanced primary care.
- Assessment designed in alignment with:
 - CMS Make Care Primary model.
 - DOI Primary Care APM Regulation.
 - Bodenheimer building blocks.
 - Current RAE assessments.
- PCMH recognition will be counted towards tiering placement.
- Engaged with P&CE to update the draft tool.



Access Stabilization Payments



Overview and Purpose

- A dedicated pool of funds directed to specific types of PCMPs, who do not receive cost-based reimbursement, to maintain access to care for Health First Colorado members in areas where **access is under pressure**.
- Helps maintain stable access for PCMPs located in geographies or who serve populations that do not always drive consistent, stable revenue.
- Allows for **new services** or for **more Health First Colorado members** to be served.
- PCMPs who are excluded in the FY22–23 R6 funding request or receive cost-based funding to cover overhead costs will not be eligible for Access Stabilization payments.
- Funding for access stabilization is dependent on JBC approval on repurposing the FY22–23 R6 funding.



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Access Stabilization Payments: Eligibility Criteria



Pediatric PCMPs

PCMPs where **more than 80%** of the Health First Colorado members served are **0-18 years** old.



Rural PCMPs

PCMPs that operate in counties classified as **Rural or Counties with Extreme Access Considerations (CEAC)**.

Parameters:

- Total population is <50,000
- Population density <50 individuals per square mile



Small PCMPs

Independent PCMPs who are operating **with 1 to 5 providers**.

PCMPs that fall into more than one of these categories will only receive one access stabilization payment. Federally Qualified Health Center (FQHC), Rural Health Center (RHC), and Indian Health Service (IHS) PCMPs are not eligible for Access Stabilization payments.



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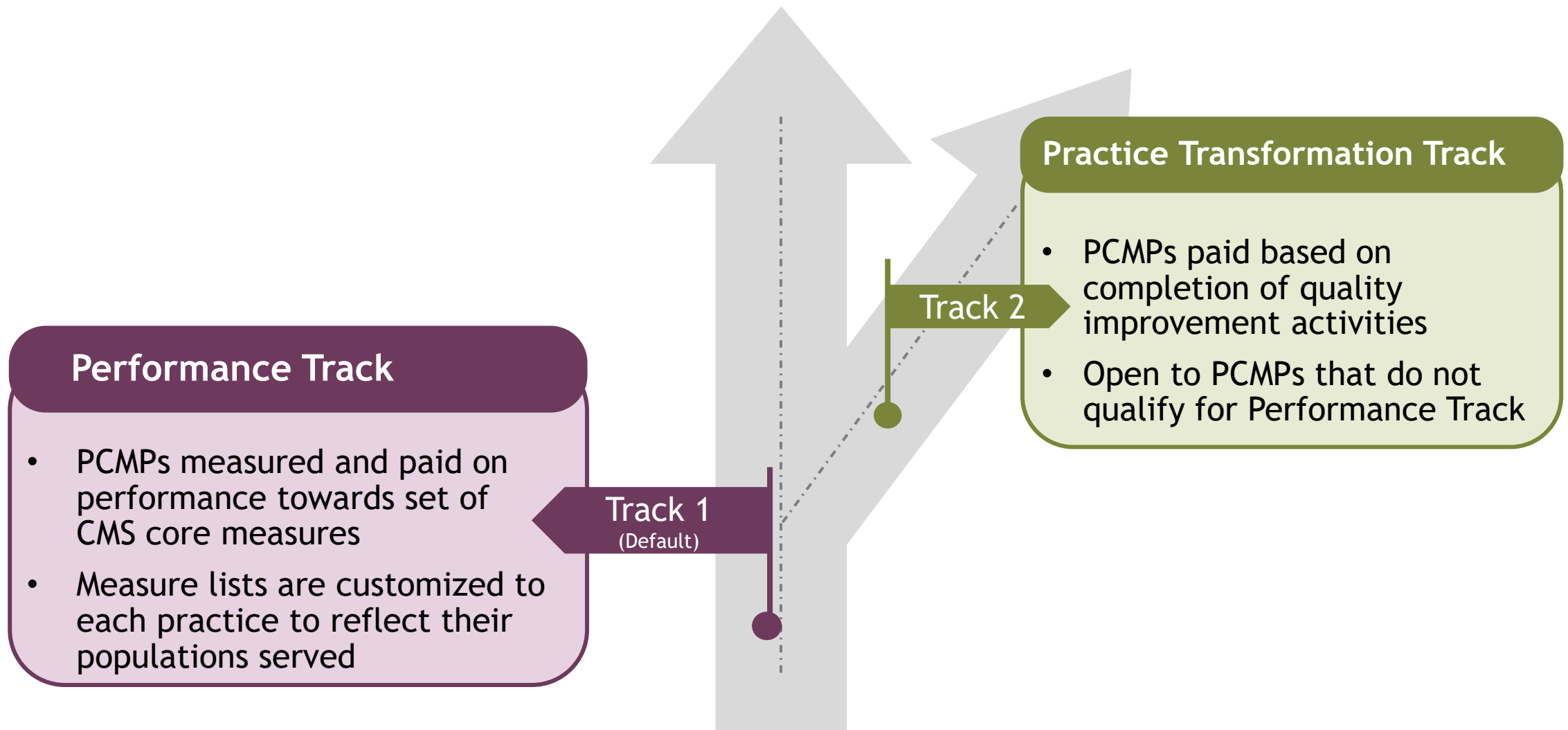
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Discussion Questions

- What are your thoughts about this framework?
- What concerns do you have?
- What ways would the assessment change how your practice operates?
- In what ways can this be improved?

Quality Payment Recap and Discussion

QUALITY PAYMENTS



Quality Payment Methodology

- Four-step process to determine eligibility for each track.
- If eligible for Performance Track, PCMPs assigned up to six metrics based on their panel size and composition out of:
 1. Well-Child Visits in the First 30 Months of Life
 2. Glycemic Status Assessment for Patients with Diabetes
 3. Controlling High Blood Pressure
 4. Breast Cancer Screening
 5. Cervical Cancer Screening
 6. Colorectal Cancer Screening
 7. Screening for Depression and Follow-Up Plan
 8. Child and Adolescent Well-Care Visits
 9. Developmental Screening in the First Three Years of Life
 10. Childhood Immunization Status Combination 10
 11. Immunizations for Adolescents Combination 2
 12. Contraceptive Care - All Women
 13. Chlamydia Screening in Women

Performance Track: Example



Practice A: Large adult practice

STEP 1:

- ✓ Glycemic Status Assessment for Patients with Diabetes
- ✓ Controlling High Blood Pressure

STEP 2:

- ✓ Breast Cancer Screening
- ✓ Cervical Cancer Screening
- ✓ Colorectal Cancer Screening
- ✓ Screening for Depression and Follow-Up Plan

STEP 3:

N/A - 6 measures already added

STEP 4:

N/A - 6 measures already added

Total Measures: 6



Practice B: Large pediatric practice

STEP 1:

- ✓ Well-Child Visits in the First 30 Months of Life

STEP 2:

- ✓ Child and Adolescent Well-Care Visits
- ✓ Developmental Screening in the First Three Years of Life
- ✓ Childhood Immunization Status Combination 10
- ✓ Immunizations for Adolescents Combination 2

STEP 3:

Not eligible b/c denominators are too small

STEP 4:

Option to supplement with 1 QI activity

Total Measures: 5
+ 1 Quality Improvement Activity



Practice C: Small, rural clinic

STEP 1:

- ✓ Controlling High Blood Pressure

STEP 2:

- ✓ Colorectal Cancer Screening
- ✓ Screening for Depression and Follow-Up Plan

STEP 3:

Not eligible b/c denominators are too small

STEP 4:

Option for Track 2

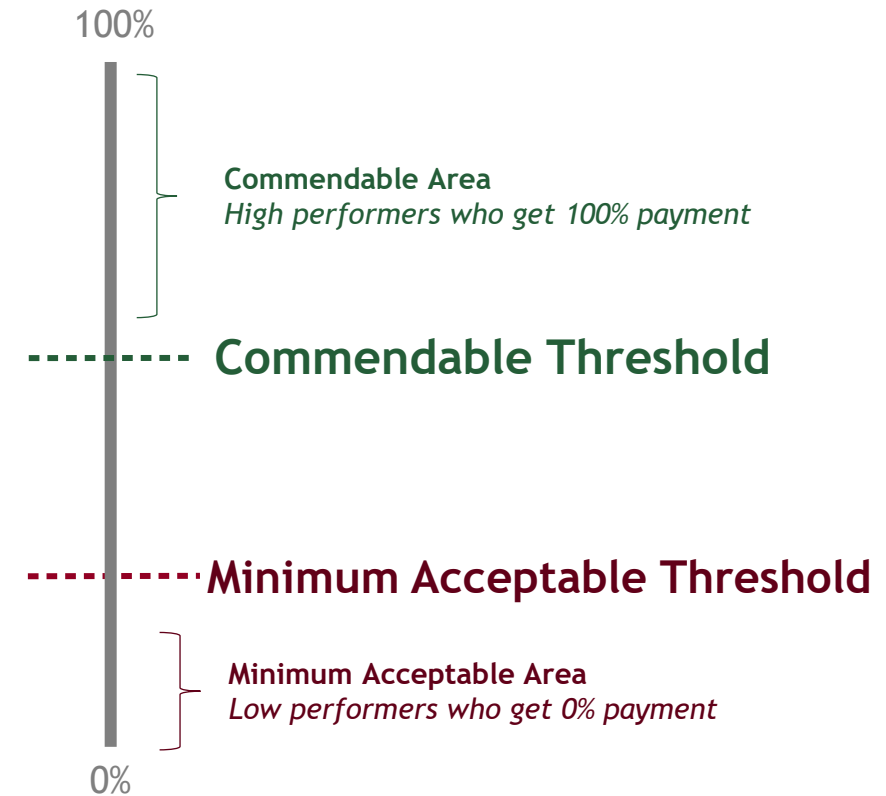
Total Measures: 3
Not eligible for Track 1, option for Track 2

Performance Track: Quality Target Setting Methodology



Methodology

- Evaluated using thresholds that are not dependent on prior year performance.
 - This is a change from current "close the gap" methodology.
- Thresholds are determined by metric and set both on national performance and scaled relative to Colorado statewide average performance.
- Reward will be measured on the following thresholds:
 - Below a Minimum Acceptable Threshold (0% payment achieved)
 - Between Minimum Acceptable and Commendable Thresholds (Payment will be tiered)
 - Above a Commendable Threshold (100% payment achieved)



Practice Transformation Track (Option 2)



Practice Transformation Track Participation

- PCMPs with 200 minimum attributed members and who do not qualify for Performance Track have the **OPTION** to participate in Track 2 and still earn Quality Payments.
- Participating PCMPs earn quality payments by participating in up to 2 Quality Improvement (QI) activities that directly impact KPI measure performance.
- Examples of QI activities include, but are not limited to:
 - PDSA
 - Root cause analysis
 - Empanelment calculations to evaluate accessibility challenges



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Building Up in Year 1

YEAR 1 FOCUS: Pay for Engagement

- All PCMPs enrolled in Practice Transformation Track (Track 2)
- Payment for completion of QI activities

1

JULY - DECEMBER 2025:
(First 6 months of ACC Phase III)

- ❑ RAEs work with PCMPs to identify and plan QI activities

2

JANUARY 2026:

- ❑ All PCMPs start QI activities
 - Allows one year to establish 12-month performance cycle
 - Incentivizes RAE and PCMP engagement
 - Payment to PCMPs based on QI activities

How RAEs Will Support PCMPs

1 Provider performance statements

2 Coaching

- Help identify and improve workflows that focus on PCMP metrics
- Improve PCMP billing
- Use data and analytics
- Identify and achieve cost goals (Shared Savings)

3 Practice transformation activities

- Approve practice transformation project and determine if activities were completed
- Approve QI tools (e.g., PDSA, root cause analysis)
- Facilitate QI meetings
- Collaborate on implementation
- Provide resources
- Build a peer network

Discussion Questions

- Should changes be made to the Performance Track (Track 1) or Practice Transformation Track (Track 2?)
 - How would you advise us to modify this proposal?
- What is most promising about this proposal?
- Are there any unforeseen consequences to the changes in this proposal?

Thank you!