



COLORADO

Department of Health Care
Policy & Financing

303 E. 17th Ave. Suite 1100
Denver, CO 80203

Planning for Your Primary Care Practice in ACC Phase III

Accountable Care Collaborative Phase III | July 2025

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.

HCPF is grateful for our essential network of primary care medical providers (PCMPs) that is critical to helping us achieve our [goals for ACC Phase III](#). This fact sheet explains some of the changes you as a PCMP can expect during ACC Phase III, as well as new funding opportunities.

Key Changes for PCMPs in ACC Phase III

With the transition to ACC Phase III, HCPF has made the following changes to the [attribution methodology](#) and [PCMP payment structure](#):

Change	Reason for Change
Removing Geographic Attribution	<ul style="list-style-type: none">• Ultimately, geographic attribution was not successful in connecting members to a PCMP. Over the course of ACC Phase II, only 3% of members that were geographically attributed actually saw that provider.• Feedback throughout Phase II showed that geographic attribution caused confusion for providers and members and was particularly problematic for practices that serve certain populations, such as pediatric practices.• PCMPs will have greater ability to improve their quality measure performance because value-based payments will only be made based on the members that providers actually see.
Increasing Re-Attribution to Every Three Months for All Members and Monthly for Unattributed Members	<ul style="list-style-type: none">• Providers stressed the importance of ensuring that attribution is updated more frequently to account for changes in members' utilization, especially with the removal of geographic attribution.
Standardizing the PCMP Practice Assessment to Inform Monthly Medical Home Payments	<ul style="list-style-type: none">• Providers shared that navigating the different payment structures across RAEs and other programs/payers made it challenging to understand each payment model.

How Changes May Impact PCMPs

We recognize that some PCMPs may experience financial impacts with these changes.

- **Removing geographic attribution** may mean fewer members are attributed to you and you may receive a lower medical home payment from your RAE.
- **Increasing re-attribution** means that members may be added or removed from your attribution lists more frequently depending on member utilization changes. This means your monthly medical home payment may increase or decrease with these updates.
- More providers than expected attested to placement in the highest tier of the **standardized PCMP Practice Assessment**. This means the funding allocated for that level will correspondingly be spread thinner, although it will still be higher than the lower tiers.

Given that each provider has individual contracts with their RAE, the exact impact of these changes will vary. While the PCMP Practice Assessment placement makes up a portion of the medical home payment, it also includes other factors such as the acuity of the member population a PCMP serves, the amount of care coordination provided at the practice and whether the practice offers integrated behavioral health care.

Additional Financial Opportunities for PCMPs in ACC Phase III

Although some providers may see a lower monthly medical home payment, HCPF has also made a number of other program improvements to provide additional financial opportunities for PCMPs.

- **More resources and funding to strengthen and enhance primary care partnerships** are available thanks to the state legislature's recent passing of the increase to the RAEs' care management payment. RAEs are required to pass through, at minimum, 33% of this payment to their PCMP networks. This means that in total, RAEs are paying \$5 million to their provider networks each month, which is \$750,000 more than in Phase II.
- **Access Stabilization Payments** are a dedicated pool of funds aimed at preserving member access to care for specific types of PCMPs that do not receive cost-based reimbursement. You do not need to take any action if you qualify, your RAE will notify you of your eligibility (see the [ACC Phase III PCMP Payment fact sheet](#) for eligibility details). Payments are expected to begin Fall 2025.
- The [Integrated Care Sustainability Policy](#) was developed to better support practices providing integrated physical and behavioral health care for their members. In addition to opening up new codes for providers, HCPF also standardized expectations for a practice to be considered "Highly Integrated" and therefore eligible for an additional per-member-per-month payment from their RAE. This designation is determined through the PCMP Practice Assessment.
- Beginning January 2026, you can receive **reimbursement for Community Health Worker services**, which includes resource navigation and coordination, health promotion and coaching, and health education.

- **Quality Payments** are incentive payments from RAEs to providers to recognize quality care. In ACC Phase III, 75% of these funds are allocated for PCMPs' performance and will be paid out based on each individual PCMP's performance.
 - HCPF has designated the first 18 months of Phase III as a transition period to set PCMPs up for success with the updated program. PCMPs will be eligible to receive quality incentive payments approximately every six months for achieving milestones in quality improvement activities. You will work with your RAE to participate in this program.
- **Shared Savings** payments are upside-only, meaning that practices can earn additional payments for improving chronic condition care management for their attributed members who have at least one of the identified chronic conditions. RAEs are contracted to support the administrative activities to help both PCMPs and RAEs achieve cost savings. More information about Shared Savings will be posted on the [Alternative Payment Model webpage](#).

For Questions or Additional Support

If you are concerned about how changes in ACC Phase III may affect your practice, we recommend that you get in touch with your RAE. Each RAE is working to ensure that PCMPs have the resources they need to care for Health First Colorado members.

RAE Contact Information for Providers

Organization	Contact Information
Region 1: Rocky Mountain Health Plans (RMHP)	Email: raesupport@uhc.com Phone: 800-421-6204
Region 2: Northeast Health Partners (NHP)	Email: nhpproviders@nhpllc.org Address: 710 11th Ave Suite L75 Greeley CO 80631
Region 3: Colorado Community Health Alliance (CCHA)	Phone: 303-256-1717 / 719-598-1540 (local) or 855-627-4685 (toll free) Contact Us
Region 4: Colorado Access (CoA)	Phone: 720-744-5667 Email: ProviderNetworkServices@coaccess.com

Additional information available at:

[ACC Phase III Attribution fact sheet](#)
[ACC Phase III PCMP Payment fact sheet](#)
[ACC Phase III webpage](#)
[Alternative Payment Model webpage](#)
[Integrated Care Sustainability Policy webpage](#)