



COLORADO

Department of Health Care
Policy & Financing

Access Stabilization Payments

PCMP Education Session

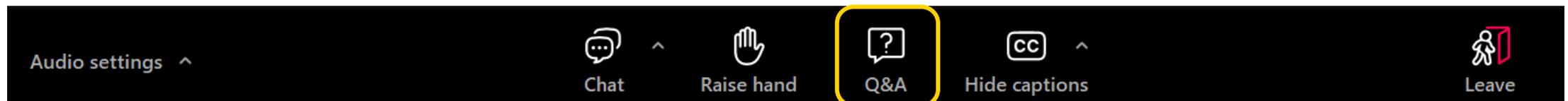
April 23, 2025



COLORADO
Department of Health Care
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Webinar Logistics

- Today's session is being recorded.
- AI notetakers are not permitted in today's session.
- A recording and materials will be posted to the [APM 2](#), [PACK](#), and [ACC](#) webpages.
- For questions: Please use the question and answer (Q&A) feature on the Zoom toolbar.
 - During the Q&A period, we will also take verbal questions and comments as time allows. Please use the raise hand function to make a verbal comment.



Agenda

1. Welcome and Payment Structure Overview
2. Primary Care Services Payment
3. Access Stabilization Payment
4. Access Stabilization: What's Next?
5. Shared Savings Payments
6. Q&A

Objectives for Today's Session

1. Provide an overview of the Primary Care Services Payment and Shared Savings Payment
2. Understand the new Access Stabilization Payment
3. Answer questions regarding Access Stabilization

Speakers



Araceli Santistevan

*APM 2 Payment Reform Analyst
Finance Office*

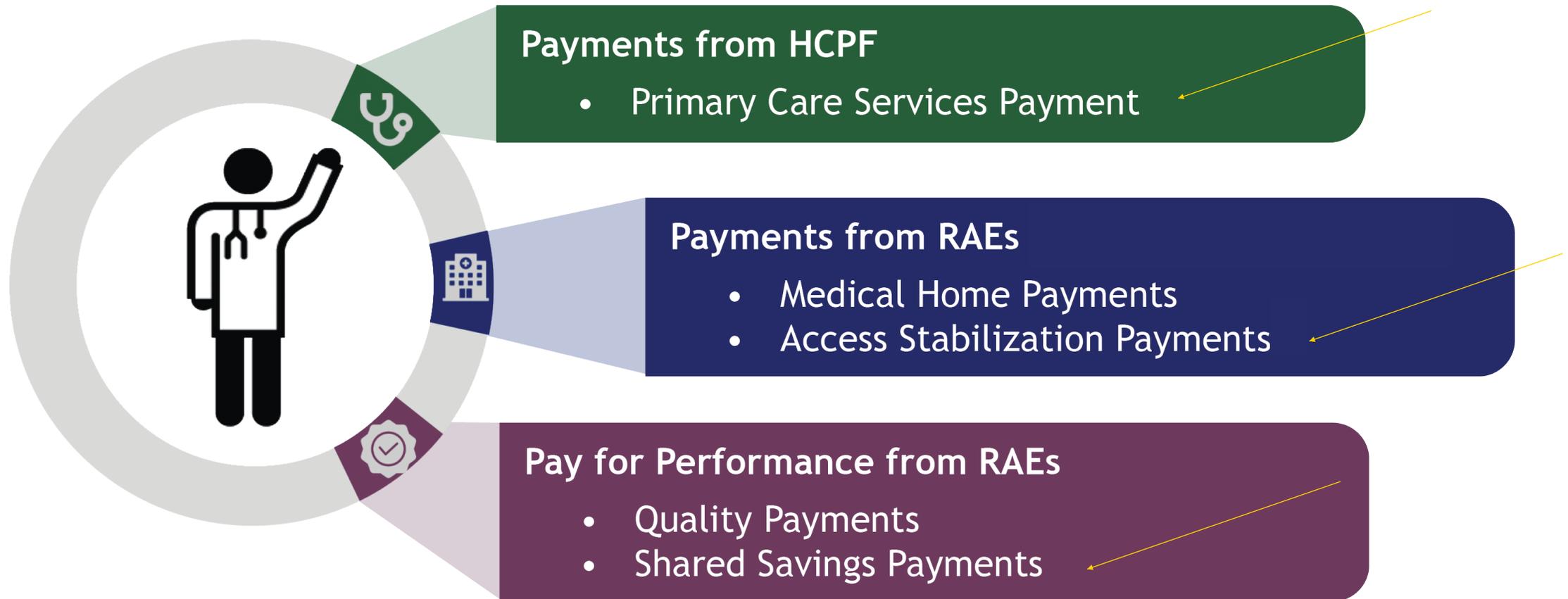


Devin Kepler

*Pediatric Payment Reform Analyst
Finance Office*

1. Primary Care Payment Structure

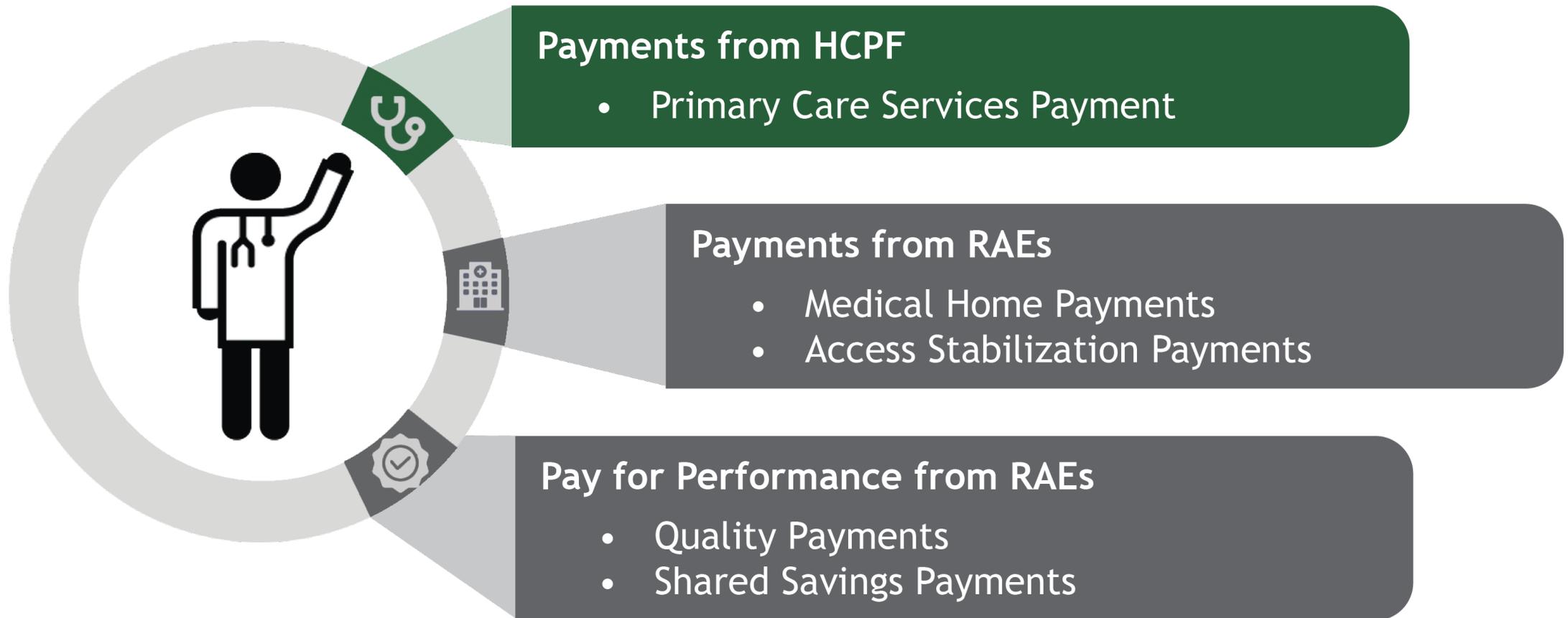
Primary Care Payment Structure



Eligibility criteria and payments vary across the three payment streams

2. Primary Care Services Payment

Primary Care Payment Structure



Primary Care Services Payment



Overview and Purpose

- Payments from HCPF for providing primary care services as outlined in the [APM 2 code set](#) found on the [APM 2](#) webpage.
- These payments provide more financial stability to PCMPs through a predictable monthly revenue to pay for primary care prospectively while ensuring full fee-for-service (FFS) reimbursement.

Primary Care Services Payment

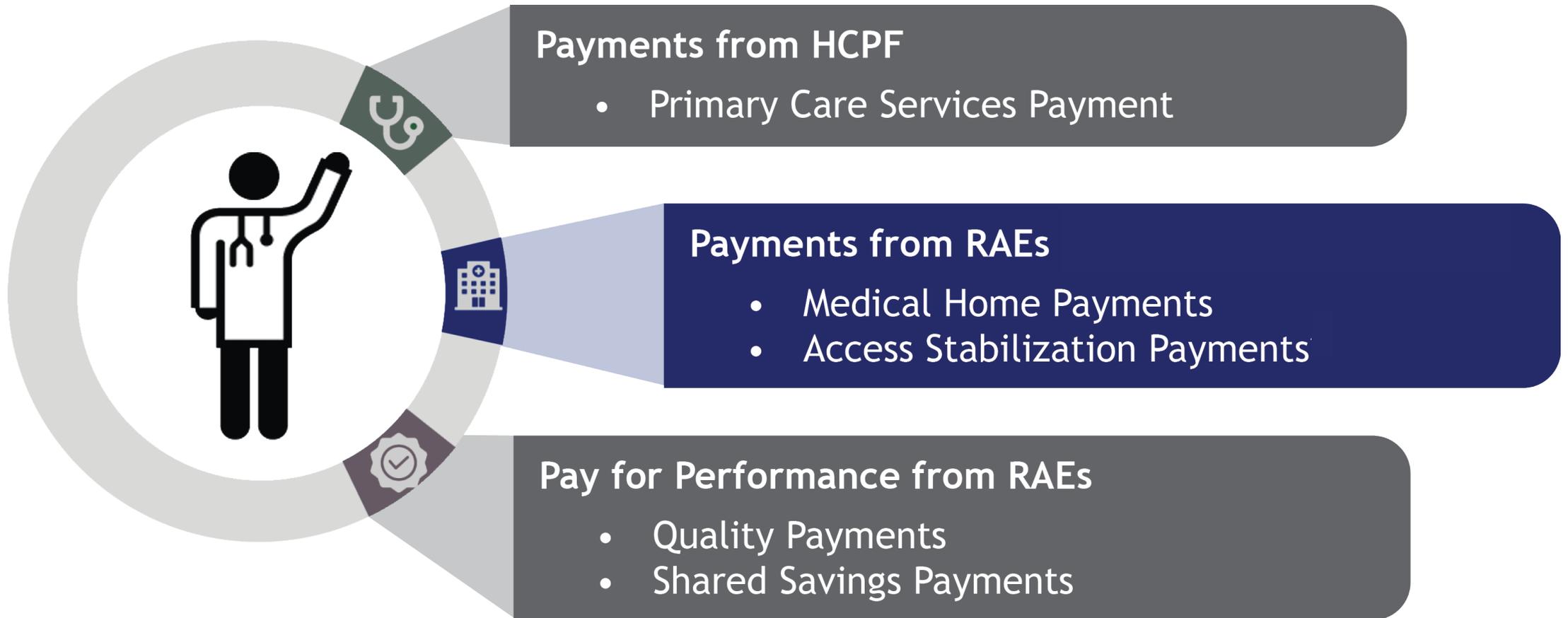


Payment and Eligibility

- Payment is administered by HCPF through a FFS payment, partial prospective payment, or full prospective payment, based on PCMP's preference.
 - FFS is paid as claims are processed.
- PCMPs may opt in to taking a partial or full prospective payment option.
 - If Access Stabilization is approved, PCMPs will not need to take prospective payments to earn the 16% funding.
 - Prospective payments would be paid monthly.
- All PCMPs will receive these payments but may choose the mechanism.

3. Access Stabilization Payment

Primary Care Payment Structure



Access Stabilization Payment



Overview and Purpose

- A dedicated pool of funds directed to specific types of PCMPs to maintain access to care for Health First Colorado members in areas where **access is under pressure**.
- Enables PCMPs to sustain access for Health First Colorado members and enable some PCMPs to open their panel to more.
- Payments will be made to eligible PCMPs monthly starting July 1, 2025.
- Funding for access stabilization is dependent on legislative approval.

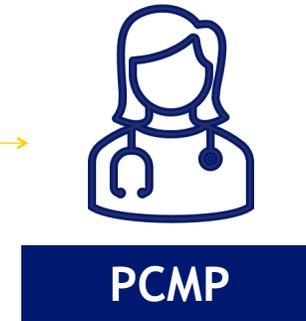
Access Stabilization Payment Pathway



Payment rates will be calculated annually by HCPF.

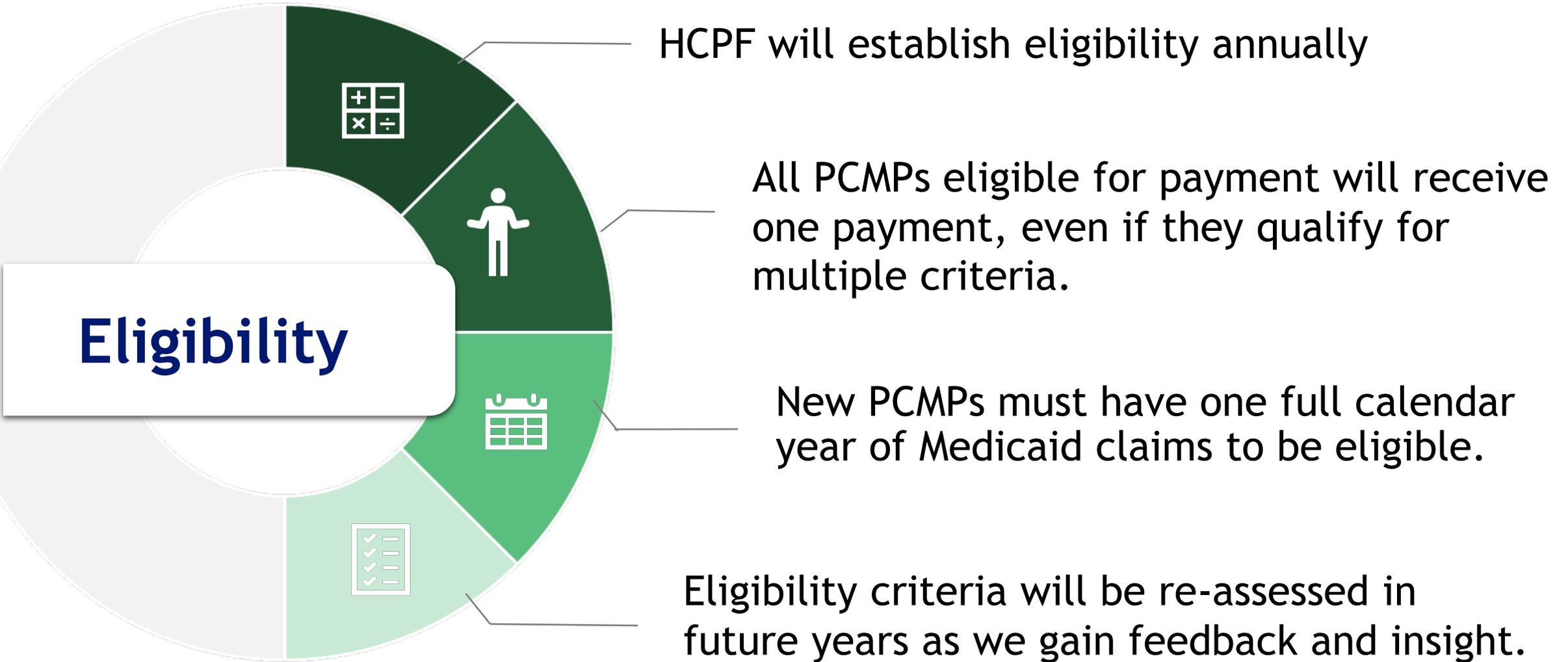


RAEs will distribute funds to PCMPs.



PCMPs eligible for payment will receive one payment, even if they qualify for multiple criteria.

Eligibility Details



Access Stabilization Payment: Eligibility Criteria



Pediatric PCMPs

PCMPs where **at least 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 people per square mile



Small PCMPs

Independent PCMPs who are operating **with one to five providers**.

Federally Qualified Health Center (FQHC), Rural Health Center (RHC), and Indian Health Service (IHS) PCMPs are not eligible for Access Stabilization payments.



Pediatric PCMPs

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



Criteria Rationale

- Aligns with [Division of Insurance definition](#) that is also used in ACC Phase III contracts.



Eligibility Assessment

- Assessed based on average proportion of pediatric members over past fiscal year.

Rural PCMPs

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



Criteria Rationale

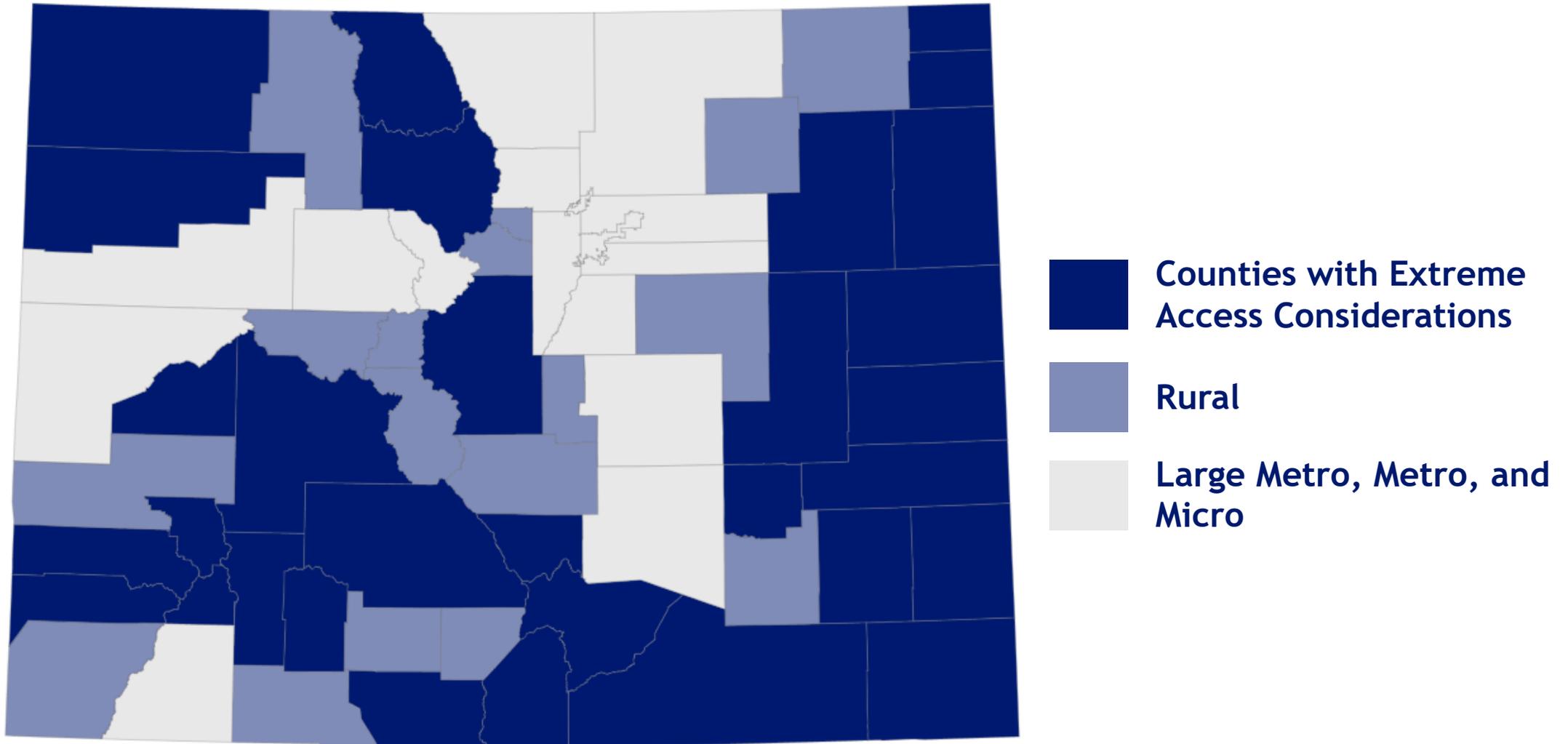
Aligns with [CMS /Division of Insurance definition](#) that is also being used to inform ACC Phase III network adequacy requirements.



Eligibility Assessment

Based on the most recent location(s) reported to your RAE at the time of the annual eligibility assessment.

Rural County Designations



Small PCMPs

PCMP sites who are operating with one to five providers at the TIN level.



Criteria Rationale

- Definition is commonly used in literature
- Not dependent on attributed number of patients
- Informed by stakeholder feedback



Eligibility Assessment

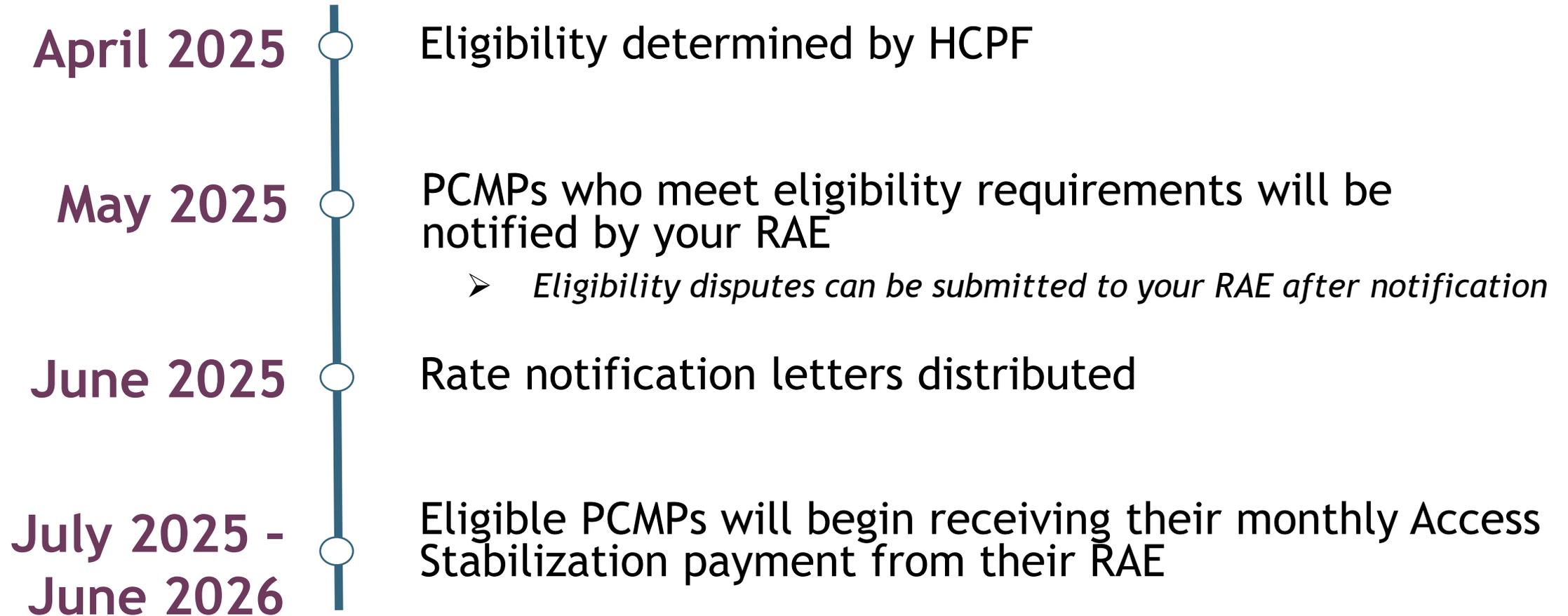
- Based on FY 23/24 primary care claims history over 12 months
- A rendering provider must be a primary care provider and have a minimum number of 10 paid primary care visits to be counted as a rendering NPI at the TIN level.

Eligibility Dispute Process

- Upon receipt of notification, PCMPs may contest eligibility through a written dispute to their RAE.
- PCMPs must provide documentation for why they believe they meet current eligibility criteria.
- Disputes will be reviewed by HCPF and decisions will be communicated to PCMPs.

4. Access Stabilization: What's Next?

Anticipated Payment Timeline

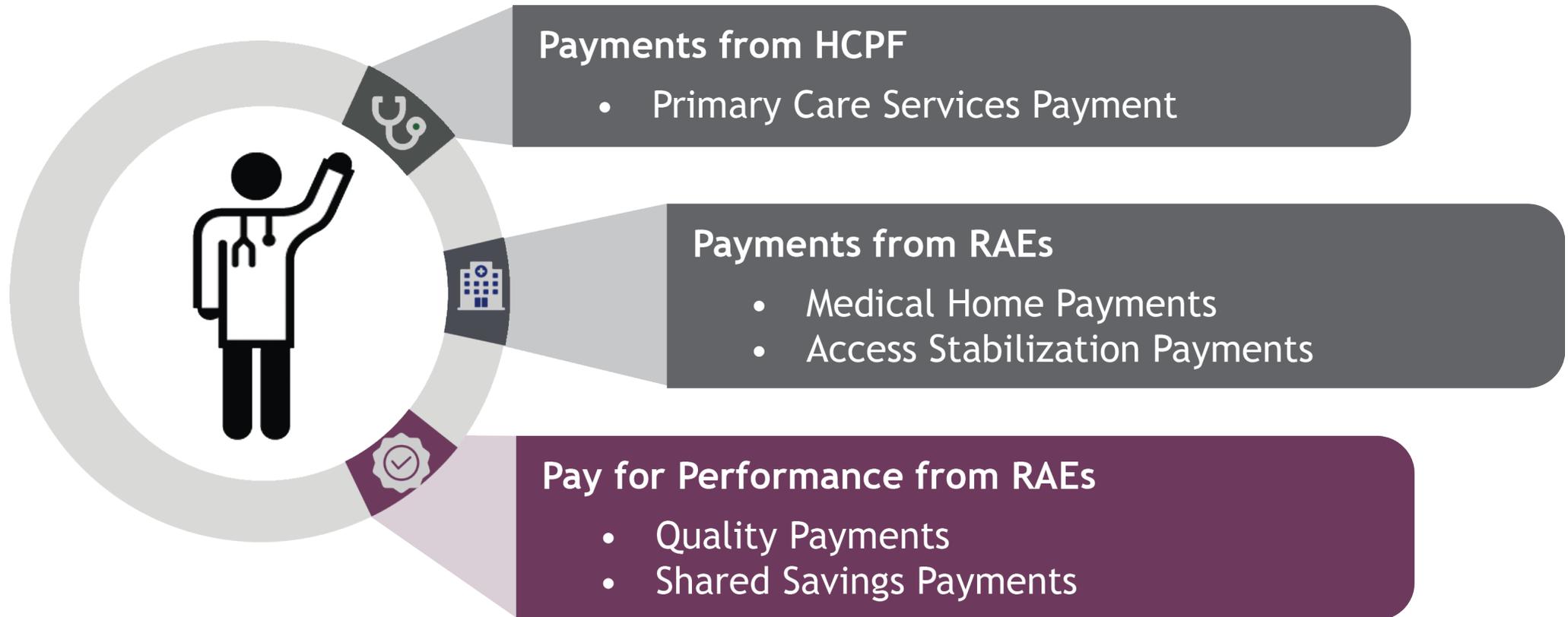


Impact to APM 2 Rates

- PCMPs who participate in APM 2 and receive prospective payments will see a reduction in their PMPM, up to 16%, effective 7/1/25
 - Exact rate adjustment is dependent on current PMPM election
- New rate letters that reflect updated PMPM rates will be disseminated in late May or early June of 2025
- PCMPs currently receiving prospective payments can either:
 - Continue to receive a prospective PMPM OR
 - Withdraw from prospective PMPM election
- HCPF is currently re-designing its PMPM program with rollout in 2026.

5. Shared Savings Payments

Primary Care Payment Structure



Shared Savings Payments



Overview

- APM 2 Shared Savings will continue as is in its current form through calendar year 2025.
- Incentivizes practices to improve the management of adult chronic conditions while maintaining quality of care.
- Rewards practices with 50% of the savings achieved across costs associated with 12 chronic conditions
- HCPF is currently re-designing its Shared Savings program with rollout in 2026.



6. Questions?



Upcoming Stakeholder Opportunities: Workgroup Sessions

Topics include prospective payment and shared savings

Session 1	Thursday, June 5, 12pm - 1pm
Session 2	Wednesday, June 11, 12pm - 1pm
Session 3	Wednesday, June 18, 12pm - 1pm
Session 4	Wednesday, June 25, 12pm - 1pm

Interested? Email follow-up to come from HCPF_VBPStakeholderEngagement@state.co.us

A close-up photograph of several slices of kiwi fruit, showing the green flesh and black seeds. The slices are arranged in a circular pattern, creating a textured, organic background.

Thank You!

HCPF_VBPStakeholderEngagement@state.co.us

