



COLORADO

Department of Health Care
Policy & Financing

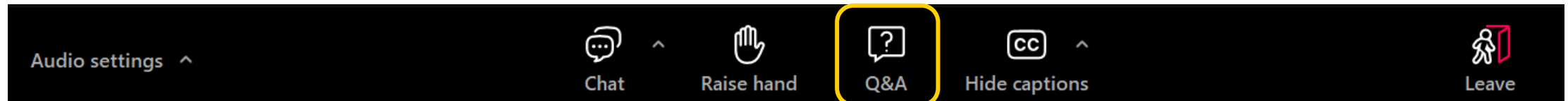
Primary Care Payment Structure in ACC Phase III

PCMP Education Session

November 19, 2024

Webinar Logistics

- Today's session is being recorded.
- 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 Opening Remarks
2. Alignment with the Accountable Care Collaborative (ACC) and Current Alternative Payment Models (APMs)
3. Primary Care Payment Structure Preview
4. What's Next?
5. Q&A

1. Welcome and Opening Remarks



Welcome and Opening Remarks



Charlotte Crist

Director

Cost Control and Quality Improvement Office



Dr. Lisa Rothgery

Chief Medical Officer

Cost Control and Quality Improvement Office



Our Mission:

Improving health care equity, access and outcomes for the people we serve while saving Coloradans money on health care and driving value for Colorado.



Objectives for Today's Session

1. Preview the new Primary Care Payment Structure
2. Provide an update on the transition for program participants in current APMs (APM 1 and APM 2)
3. Answer questions regarding the Primary Care Payment Structure



2. Alignment with the ACC and Current APMs

ACC and APM Alignment



Trevor Abeyta

*Payment Reform Division Director
Finance Office*



Matt Sundeen

*ACC Program Management Section Manager
Cost Control and Quality Improvement Office*

Definitions

Accountable Care Collaborative (ACC)

The ACC is made up of Regional Accountable Entities (RAEs) responsible for coordinating physical and behavioral health care, including contracting and supporting primary care medical providers (PCMPs).

Value-Based Payment (VBP)

Value-based payment models reward PCMPs based on achievement of **quality goals** and, in some cases, cost savings.

Current State of Primary Care Payments

PCMPs currently take part in numerous different funding streams and programs offered by multiple entities, all for rewarding the same performance.

ACC

KPI/Performance Pool

RAE APM Programs

Medical Home Payments

HCPF

APM 1

APM 2

PACK

(not officially launched)

Primary Care Service
Payments

Current State of Primary Care Payments

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ACC

KPI/Performance Pool

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APM 1

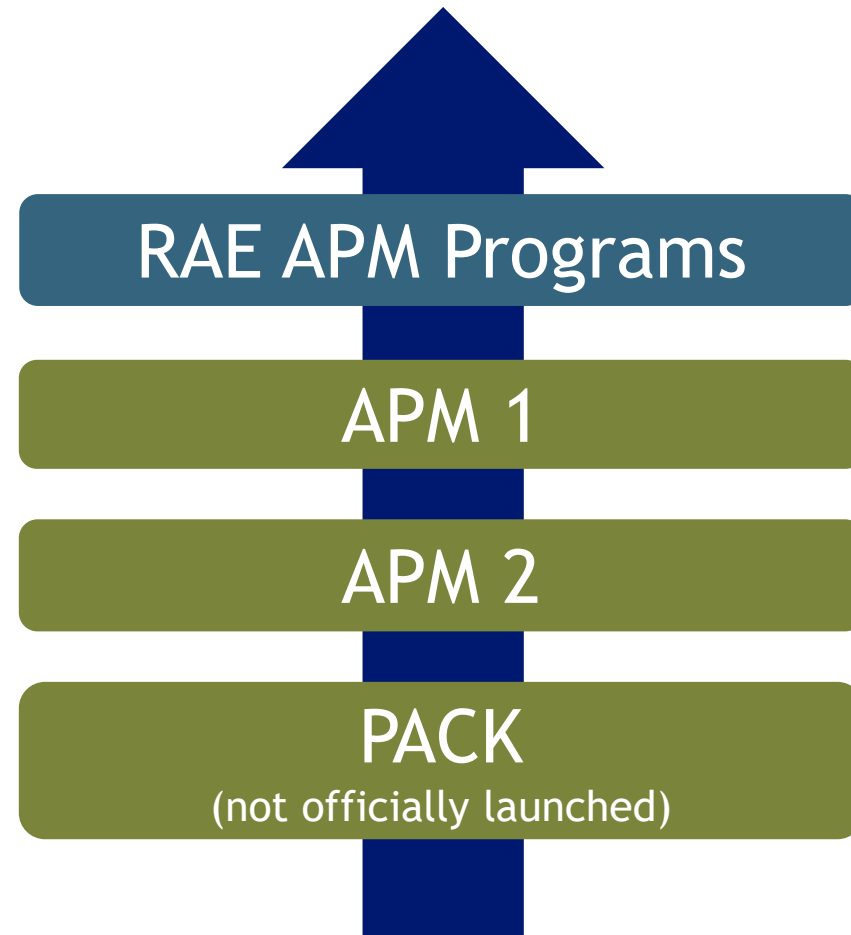
APM 2

PACK

(not officially launched)


Primary Care Service
Payments

A Singular Comprehensive Payment Structure



Future State: ACC and APM Alignment

Stakeholder Feedback:

 ACC and APM fragmentation

 Variation across RAEs and HCPF

 Model complexity

Results of Alignment:

 "Measure once, pay once"

 Standardized payments and quality goals

 Model simplicity and increased transparency

3. Primary Care Payment Structure Preview

Primary Care Payment Structure Preview



Araceli Santistevan

*APM 2 Payment Reform Analyst
Finance Office*



Devin Kepler

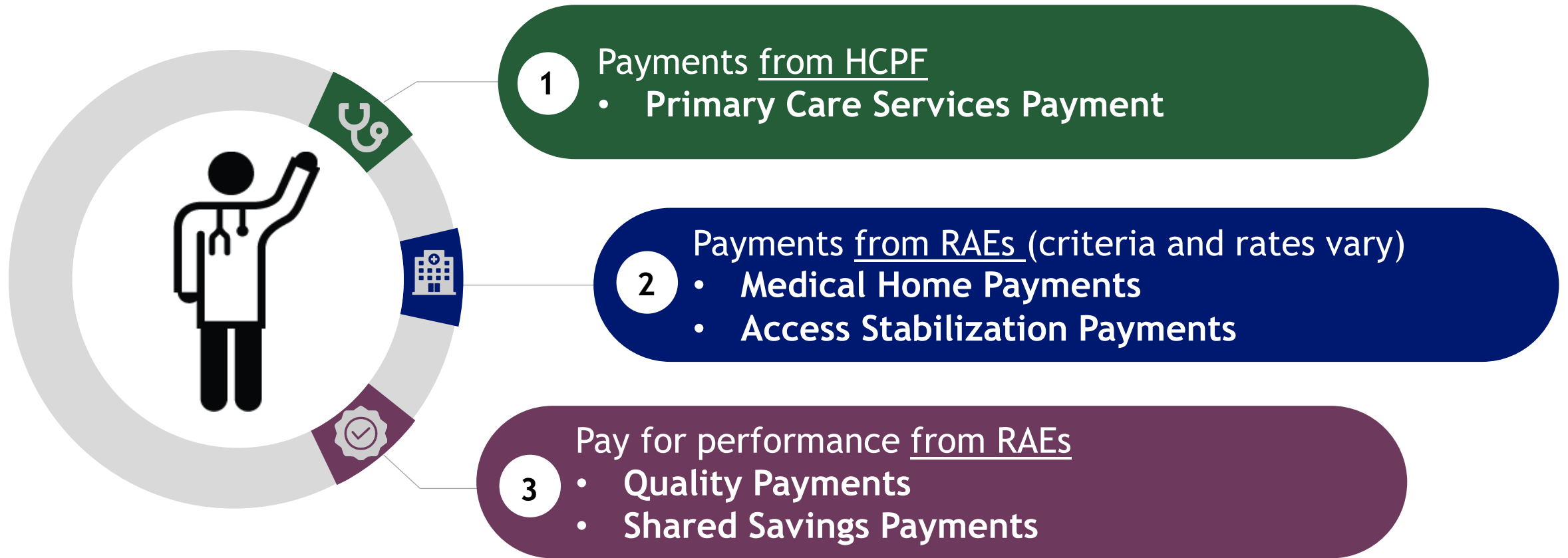
*Pediatric Payment Reform Analyst
Finance Office*



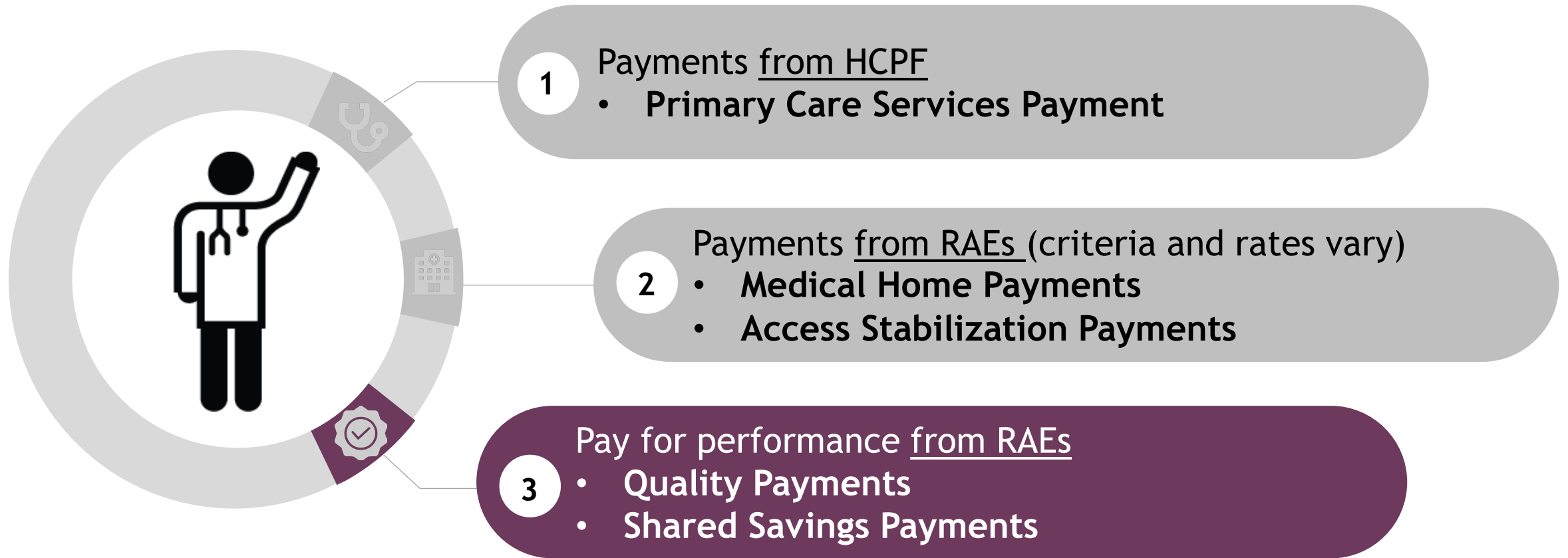
Nicole Nyberg

*Quality Performance Unit Supervisor
Cost Control and Quality
Improvement Office*

Primary Care Payment Structure



Quality Payments within the Primary Care Payment Structure



Quality Payments



Overview and Purpose

- PCMPs are incentivized to improve or maintain performance on predetermined adult and pediatric quality measures.
- RAEs will distribute quality payments to PCMPs using HCPF's directed methodology.



Payment and Eligibility

- Pay for performance calculation based on eligible measures on a per-member basis.
- Payment for PCMP performance will be scaled based on their total attributed population (age-agnostic).
- Each PCMP site will be measured individually (e.g., no denominator pooling).

Two Tracks to Receive Quality Payments

Track 1: Performance Track (Default)

Overview:

- Participating PCMPs will be paid based on performance towards 13 CMS Core Measures.

Eligibility:

- PCMPs who have at least 30 members in the denominator for at least 4 eligible quality measures.

OR

Track 2: Practice Transformation Track (Optional)

Overview:

- PCMPs not eligible for Track 1: Performance Track can complete up to 2 quality improvement activities focused on improving performance over time on 13 CMS Core Measures.

Eligibility:

- PCMPs with at least 200 members and who do not qualify for Track 1: Performance Track.

Track 1: Performance Track



Track 1 Eligibility

- Measure selection is dependent on meeting the following measure denominator specifications, in order of criteria outlined in the Steps 1-4 below.
- PCMPs must have a total of 4-6 measures to assess performance.
- PCMPs are auto-assigned to Track 1 if they meet these eligibility requirements.

Step 1: Prioritized Measures



Step 2: Largest Denominators



Step 3: Secondary Focus Measures



Step 4: Quality Improvement Activities

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

Track 1: Performance Track



Track 1 Eligibility

- Measure selection is dependent on meeting the following measure denominator specifications, in order of criteria outlined in the Steps 1-4 below.
- PCMPs must have a total of 4-6 measures to assess performance.
- PCMPs are auto-assigned to Track 1 if they meet these eligibility requirements.

Step 1: Prioritized Measures



Step 2: Largest Denominators



Step 3: Secondary Focus Measures



Step 4: Quality Improvement Activities

Measures with the largest denominators will be included if a PCMP has at least 30 members in the denominator for any of the following:

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

Track 1: Performance Track



Track 1 Eligibility

- Measure selection is dependent on meeting the following measure denominator specifications, in order of criteria outlined in the Steps 1-4 below.
- PCMPs must have a total of 4-6 measures to assess performance.
- PCMPs are auto-assigned to Track 1 if they meet these eligibility requirements.

Step 1: Prioritized Measures



Step 2: Largest Denominators



Step 3: Secondary Focus Measures



Step 4: Quality Improvement Activities

If a PCMP has 2-5 measures after Steps 1 and 2, these measures will be included if the PCMP has at least 30 members in the denominator for any of the following :

1. Contraceptive Care - All Women
2. Chlamydia Screening in Women

Track 1: Performance Track



Track 1 Eligibility

- Measure selection is dependent on meeting the following measure denominator specifications, in order of criteria outlined in the Steps 1-4 below.
- PCMPs must have a total of 4-6 measures to assess performance.
- PCMPs are auto-assigned to Track 1 if they meet these eligibility requirements.

Step 1: Prioritized Measures



Step 2: Largest Denominators



Step 3: Secondary Focus Measures



Step 4: Quality Improvement Activities

- If a PCMP has only 4 or 5 measures after Steps 1-3: PCMPs can choose to participate in quality improvement (QI) activities to receive payments for up to 6 total performance measures (e.g., a PCMP with 4 measures would do 2 QI activities for a total of 6 performance measures).
- If a PCMP does not have at least 4 measures after Steps 1-3: PCMPs can choose to participate in Track 2.

Track 2: Practice Transformation Track



Track 2 Eligibility

- PCMPs with 200 minimum attributed members and who do not qualify for Track 1 because they do not have a denominator of 30 for at least 4 of the following 13 CMS Core measures:

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

➤ These PCMPs have the **OPTION** to participate in Track 2 and still earn Quality Payments.

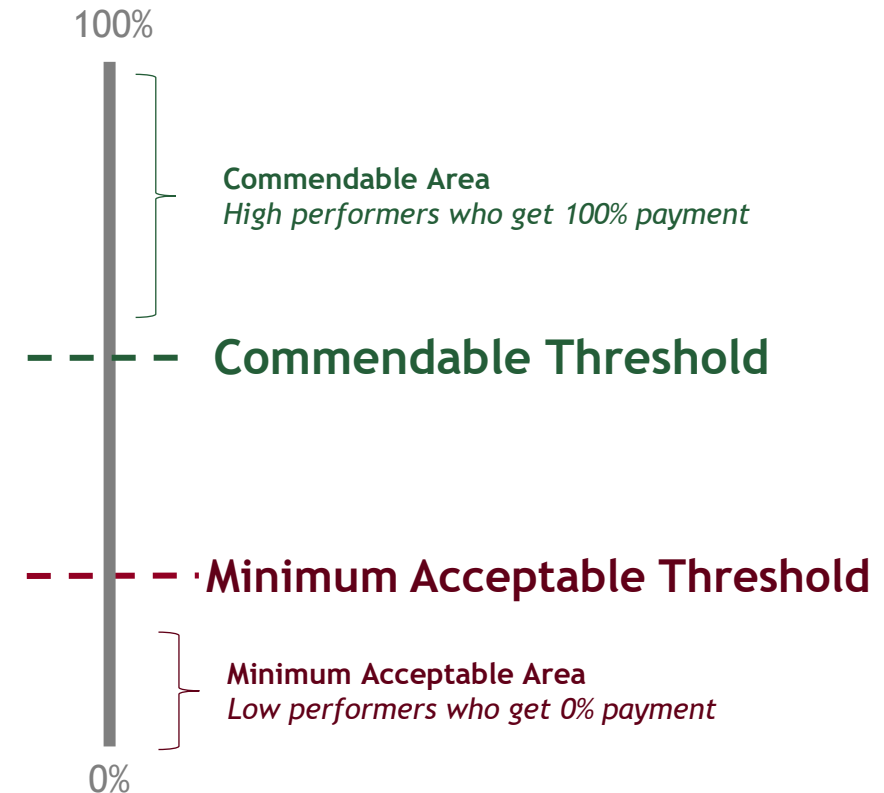
- Track 2 PCMPs earn quality payments by participating in 1 or 2 Quality Improvement activities.

Quality Target Setting Methodology

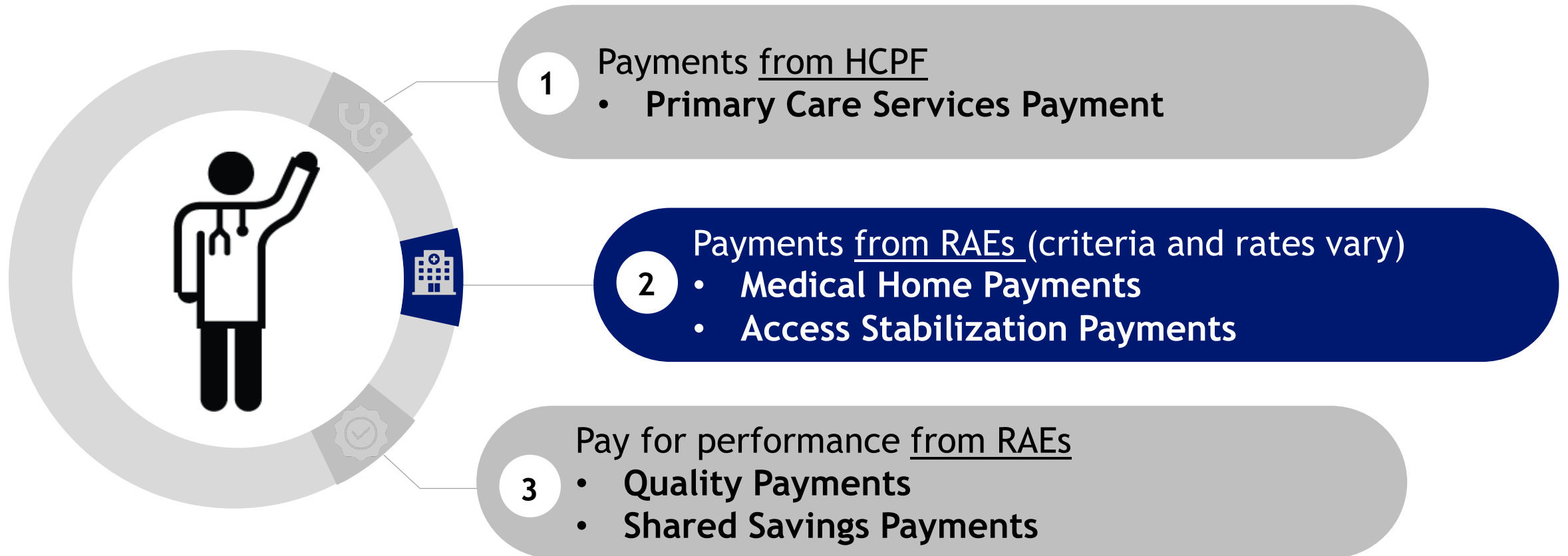


Methodology

- 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)



Access Stabilization Payments within the Primary Care Payment Structure



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.

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

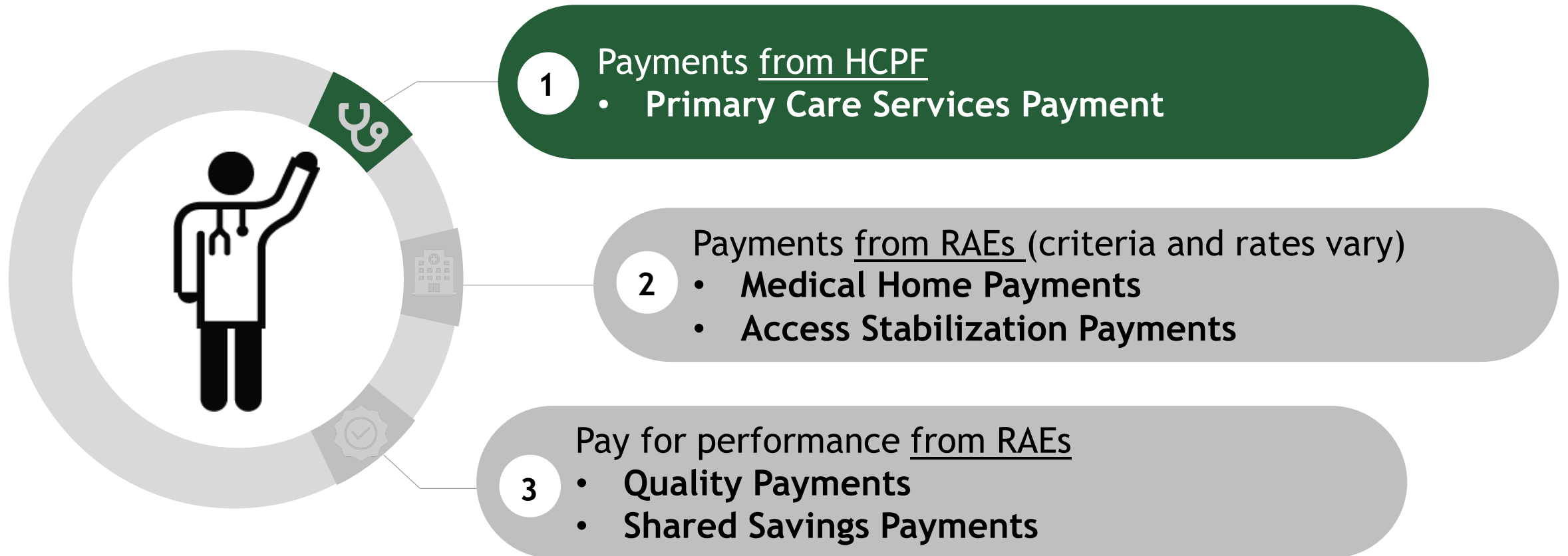


Small PCMPs

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

Primary Care Services Payments within the 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 the JBC budget request is approved, PCMPs will not need to take prospective payments to earn the 16% R6 funding.
 - Prospective payments would be paid monthly.
- All PCMPs will receive these payments but may choose the mechanism.

4. What's Next?

For Current APM 1 Participants:

All APM 1 PCMPs are rewarded for Performance Year (PY)24 as previously communicated.

APM 1 Overview for PY2025:

- Eligibility will remain unchanged from PY24.
- APM 1 clinical measure selection will be limited to the 11 clinical measures that overlap with new Primary Care Payment Structure under ACC Phase III.
 - *Administrative clinical measures are required to have a denominator of 30.*
- Structural measures will remain unchanged from PY24.
- For PY25 the Department will continue to use close the gap methodology to determine performance.
- Questions? Join Office Hours on **December 17, 2024** from 3-4:30 by emailing HCPF_primarycarepaymentreform@state.co.us

For Current APM 2 Participants:

- Program Year 2025 (PY25) rates effective January 1, 2025 will be sent out to current & interested providers this month.
- Current APM 2 participants will be notified of any changes to their current APM 2 PMPM as soon as possible.
 - Participants may then reassess participation prior to the new effective date.

For Everyone

- HCPF recently awarded RAE contracts. RAEs will be reaching out to PCMPs with additional information.
- HCPF will hold additional informational meetings and materials will be shared in the coming months.
- HCPF will be seeking opportunities for additional feedback and refinement in the first year of the program.
- ACC Phase III goes into effect July 1, 2025.

Building Up in Year 1

YEAR 1 FOCUS

Pay for Engagement:

Payment for completion of QI activities

(Track 2: Performance Track)

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



5. Questions?



A group of five chickens of various breeds (including white, black, and speckled) are standing in a grassy field. The text "Thank You!" is overlaid in large white font across the center of the image.

Thank You!

HCPF_VBPStakeholderEngagement@state.co.us

