COLORADO
Department of Health Care Policy & Financing

Primary Care Payment Structure in ACC Phase III
PCMP Education Session; Access Stabilization Payments
Webinar Questions and Responses

April 23, 2025
12:00 P.M. to 1:30 P.M.

In this session, the Colorado Department of Health Care Policy and Financing (HCPF) provided updates to value based payment programs for primary care medical providers (PCMPs) and Accountable Care Collaborative (ACC) Phase III quality programs. This session focused on Access Stabilization Payments, but included brief updates related to primary care payments and shared savings. The following questions and answers were shared during the webinar.

Access Stabilization Payment

Would you go over again which rural facilities are not eligible for the Access Stabilization payments?

A: Any PCMP site that practices in a county that is designated as rural or a County with Extreme Access Considerations (CEAC) is eligible. More information is in the DOI regulation.

Is the Access Stabilization payment still $2.51 or is the amount still in discussion?

A: The final amount is still in discussion. Your RAEs will notify you of the final amount in your Access Stabilization rate notification letter in before payments are distributed.

Are the tier requirements and PMPM the same regardless of the RAE for Access Stabilization payments?

A: The Access Stabilization payment is not tiered. It will be a flat rate across all RAE regions and eligible provider types.

Why are FQHCs and RHCs not eligible for access payment?

A: Since FQHCs and RHCs are paid at cost-based reimbursement, we are unable to include in Access Stabilization. They were not originally included in the R6 budget request for the 16% rate increase.

Random question but for the ACC 3.0 is the State requiring the Essette software to be used or is this Regional RAE specific?

A: This may be specific to Region 1 for Rocky Mountain Health Plans (RMHP).

A: The Essette tool is the care coordination platform for RMHP and is RAE region specific and not a statewide requirement. Region 2 (Northeast Health Partners) is also using Essette.

Is there any chance that HCPF might cap or limit pediatric practices that receive the Access Stabilization payment?

A: So long as a pediatric practice's Medicaid panel is at least 80% aged 0 to 18, they will qualify for an Access Stabilization payment.

Will we be attributed "new" patients in May or June if there are patients who are in the new RMHP RAE but are not currently attributed to a provider based on utilization?

A: Through June 30, attribution will continue with the current design. Starting July 1, the new methodology will begin, which includes the removal of geographic attribution. This means that members without a utilization history are no longer attributed to a provider, they will only be assigned to a RAE. New attribution and assignment to the Phase III RAEs will not go live until July 1. For more information, view the ACC Phase III Attribution fact sheet.

Shared Savings

Is the Shared Savings allocation the same across all RAEs?

A: The mechanics should be the same across all RAEs. Eligibility and distribution of funds are consistent. We are redesigning components for 2026 and will communicate updates and provide opportunities for stakeholder engagement later this year.

We have heard that the RAEs also participate in shared savings - the question was related to how the RAE portion is allocated or shared with practices.

A: Thanks for clarification. RAEs will be eligible for portion of Shared Savings Payments starting in 2026. This is an expectation that RAEs are supporting providers to achieve shared savings. Providers will receive 37.5% of savings and RAEs will receive 12.5% of achieved savings. More information on funding distributions will be shared as it becomes available.

Can you provide a link to the 12 chronic conditions associated with the Shared Savings program?

A: Information on the 12 chronic conditions associated with the current shared savings program is available in the APM 2 guidebook.

Are any of these shared savings related to pediatrics at all?

A: The Shared Savings model is geared toward adult chronic condition management so there is less of an opportunity for pediatrics because of that. Part of the reasoning for including pediatric primary care providers in the Access Stabilization payment is to balance out the fact that Shared Savings are not tailored to pediatric settings. As a reminder, pediatric primary care providers will be excluded from Shared Savings next year.

When does a practice receive their shared savings baseline and what are the thresholds for the next performance year?

A: Thresholds are sent at the end of the calendar year or very early in the start of the year. The program runs from January to December, so we always try to get thresholds out as close to the start of the performance as possible. These thresholds are risk adjusted and based on a provider's own experience so that they are specific to the participant. We will be sending out updated thresholds and any redesign considerations for 2026, later this year.

Primary Care Payment

Will the document we receive with our upcoming PMPM rates for Primary Care Prospective Payments for the next fiscal year also include our Access Stabilization rates?

A: The new PMPM letter for Primary Care Prospective Payments will not include the addition of Access Stabilization funds. They will be separate letters.

Is it possible to understand the changes in PMPM rates for Primary Care Prospective Payments in addition to seeing if we qualify for Access Stabilization so that we may have an idea what we may gain or decrease?

A: By the time you receive your updated APM 2 PMPM rates for Primary Care Prospective Payments, you should know if you are eligible for Access Stabilization. This will allow you to make an informed decision on how you may want to proceed with participation in the prospective payment model. Since this is the first time we are doing Access Stabilization, we are still working out the process to make sure we are communicating as efficiently as possible. Please do not hesitate to reach out if you need more support to help make decisions about your PMPM for Primary Care Prospective Payments.

Miscellaneous

Does this payment model impact the Vaccines for Children (VFC) program?

A: There will be no change to the VFC program.

Could you talk about to what extent the "APM2" update applies to FQHCs?

A: There will be updates coming for FQHCs regarding the redesign to the prospective payments and shared savings. We will be reaching out directly to those stakeholders and also plan to hold FQHC-specific workgroups on any related topics.

With the shift away from geo-attribution, could PCMPs get an estimate of their attribution under the new methodology? When will PCMPs have access to their updated attribution list?

A: We estimate providing updated attribution estimates in late May or early June.

If a patient from a different RAE wants to change their PCMP to our office, will they be allowed? How and when will that affect our payments?

A: Member preference is prioritized for attribution methodology. A member can change their PCMP at any time through the enrollment broker. Once that is updated, the attribution would change. This could affect medical home payments and Access Stabilization payments would be impacted in the subsequent program year.

Also, if a patient from a different RAE wants to change PCMP, will they be able to call and update their attribution?

A: At any time, members can call the enrollment broker to update their PCMP. The new RAE assignment would then be reflected.

What if that patient who now changed their RAE to us is using other services such as therapy in their original RAE?

A: RAEs contract with and manage their own statewide network of behavioral health providers. Like a health plan, members can only see behavioral health providers in their RAE's network. For members whose RAE changes, there are protections in place to ensure they have continuity of care and access to the services they need. If members or providers have questions or concerns, we recommend they contact the member's new RAE to discuss options.