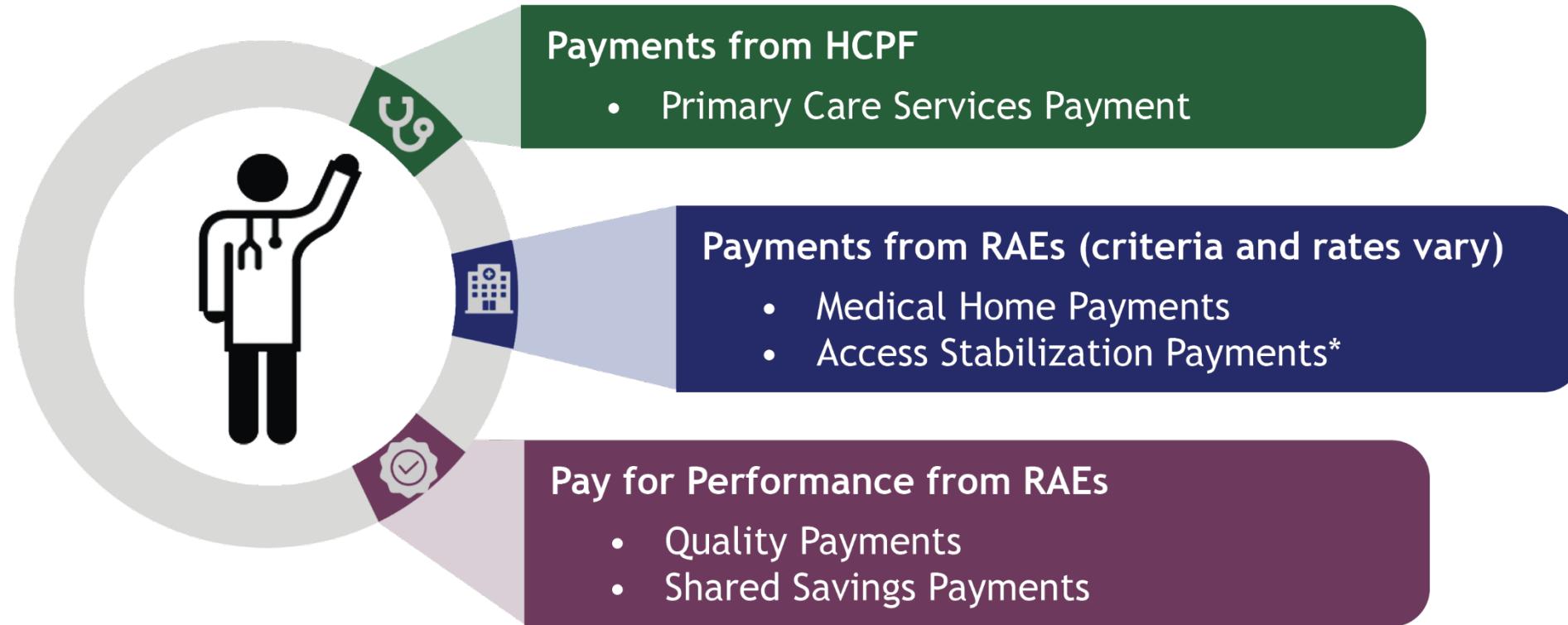


# ACC Phase III Quality Program

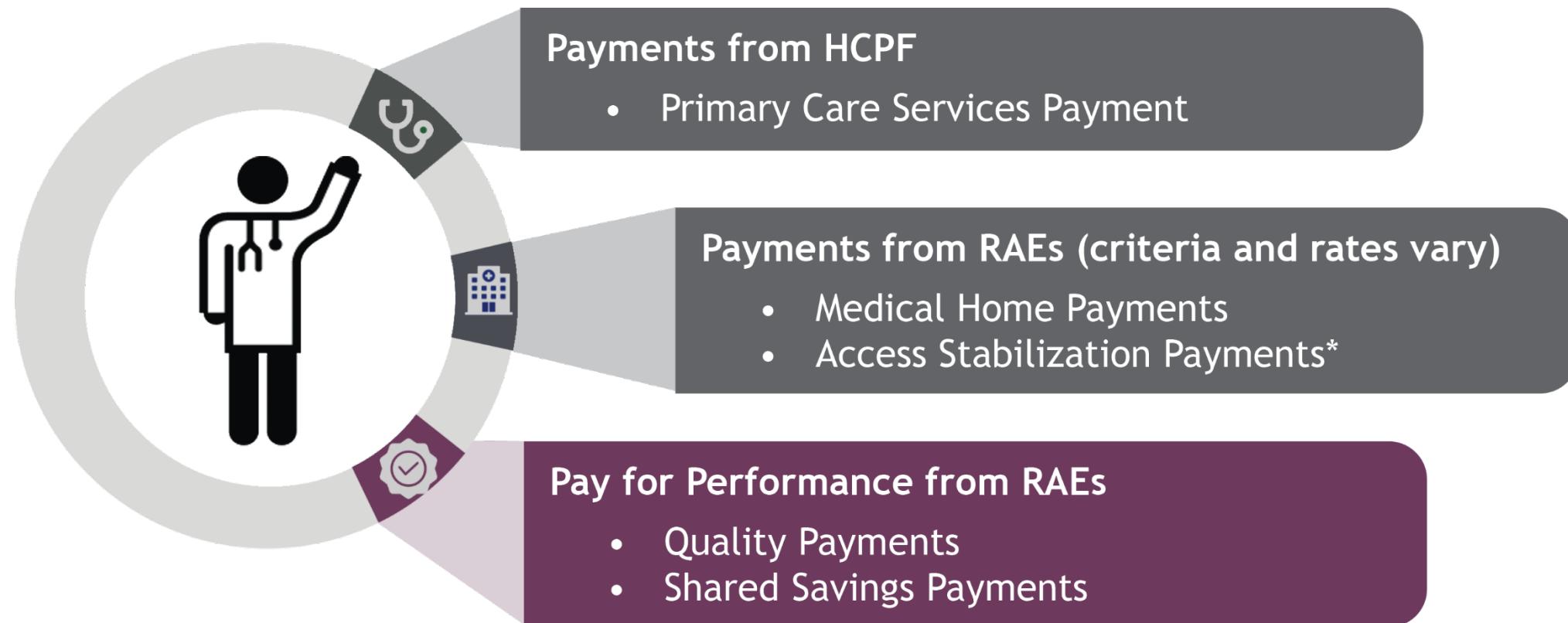
P&CE Subcommittee  
Dec. 11, 2025

Presented by:  
Araceli Santistevan, Payment Reform Primary Care and  
Integrated Care Unit Supervisor  
Nicole Nyberg, Quality Performance Unit Supervisor

# Primary Care Payment Structure



# Primary Care Payment Structure: Quality Program



# Key Changes to the Quality Program in ACC Phase III

PCMPs measured on their individual performance.

Align quality measures with national measures.

Creation of quality improvement (QI) activities.

Transition to a calendar year performance period.

Payments made annually.

Performance measured using thresholds.

# Two Tracks to Receive Quality Payments

## Performance Track (default)

PCMPs measured and paid on performance toward a set of CMS core measures.

Measure lists are customized to each practice to reflect their populations served.

## Practice Transformation Track

PCMPs are paid based on completion of quality improvement activities.

Open to PCMPs with at least 200 attributed members that do not qualify for Performance Track.



# Quality Program Transition Period

# Transition Period



## When

July 1, 2025, to December 31, 2026



## What

All PCMPs eligible to receive incentive payments for participation in quality improvement activities.



## Why

Allows us to transition to a calendar year performance period to align with HEDIS measure specifications.

# Transition Period: Requirements for PCMPS

Milestone	Requirements	Expected Payment Date
<b>Payment 1: QI Activity Identification</b>	<p>July to December 2025:</p> <ul style="list-style-type: none"><li>• PCMP has designated a provider and an administrative champion.</li><li>• No more than two QI activities identified.</li><li>• Define mid-year and annual goal.</li></ul>	Spring 2026
<b>Payment 2: Mid-Year Progress</b>	<p>January to June 2026:</p> <ul style="list-style-type: none"><li>• QI activities initiated - required gate to receive any payment.</li><li>• Champions engaged - required gate to receive any payment.</li><li>• Mid-year goals achieved.</li></ul>	Fall 2026
<b>Payment 3: QI Activity Completion</b>	<p>July to December 2026:</p> <ul style="list-style-type: none"><li>• One or two QI activities completed.</li><li>• RAE reporting that activities have been completed.</li></ul>	Spring 2027

# Transition Period: PCMP Payment Methodology

- Per attributed member, per QI activity for full attributed membership.
  - Attribution determined on last day of activity window.
- PCMPs must complete Payment 1 activities to be eligible for subsequent payments.

Payment 1: QI Activity Identification	Payment 2: Mid-Year Progress	Payment 3: Activity Completion
\$2.79	\$10.125	\$10.125

# Transition Period: How RAEs Will Support PCMPs

## 1. PROVIDER PERFORMANCE STATEMENTS

- ✓ Provide updates to PCMPs about performance and payments distributed
- ✓ Identify actionable next steps for PCMPs to improve performance and increase payments

## 2. COACHING

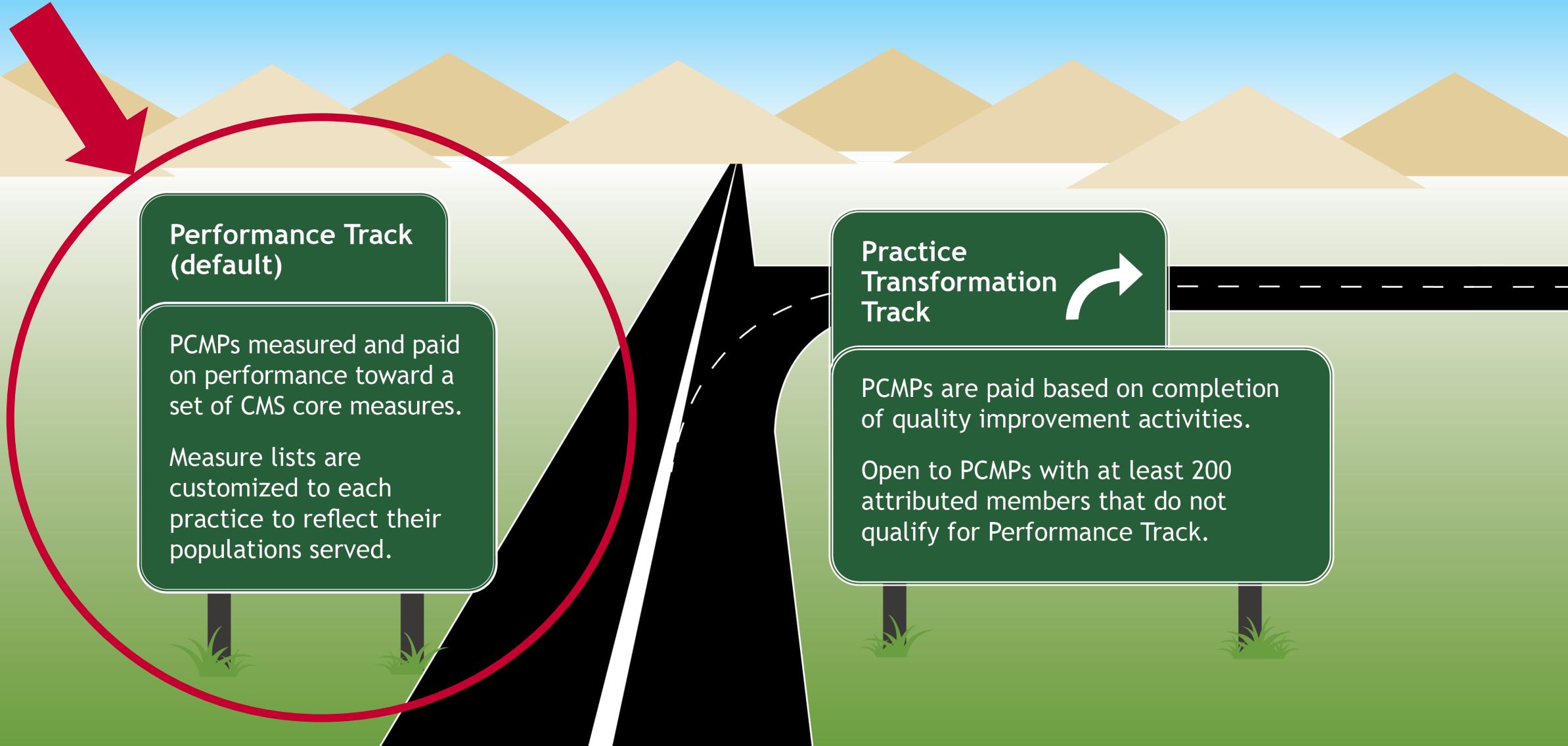
- ✓ Help identify and improve workflows that focus on PCMP metrics
- ✓ Improve PCMP coding
- ✓ Use data and analytics
- ✓ Identify and achieve cost goals (Shared Savings)
- ✓ Approve practice transformation project and determine if activities were completed
- ✓ Approve QI tools (e.g., PDSA, root cause analysis)
- ✓ Facilitate QI meetings
- ✓ Collaborate on implementation
- ✓ Provide resources
- ✓ Build a peer network

## 3. PRACTICE TRANSFORMATION ACTIVITIES



# Performance Track

# Performance Track



# Performance Track: Key Things to Know



- **Measure assignment begins CY 2026 for eligible PCMPs.**
- Performance for CY 2026 is paid out in 2027.
- Step 4 of the measure assignment methodology will begin in CY 2027.

# Performance Track: Measure Assignment Methodology

STEP 1	Prioritized Measures
STEP 2	Largest Denominators
STEP 3	Secondary Focus Measure
STEP 4	Quality Improvement Activities <b>(begins CY 2027)</b>

# Performance Track: Step 1

## STEP 1

### Prioritized Measures

Measures will automatically be assigned 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

►► All PCMPs proceed to Step 2

# Performance Track: Step 2

## STEP 2

### Largest Denominators

Measures with the largest denominators will be included if a PCMP has at least 30 members in the denominator for any measure, for a maximum of six total measures:

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



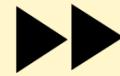
If a PCMP still has five or fewer measures, proceed to Step 3.

# Performance Track: Step 3

## STEP 3

### Secondary Focus Measure

If a PCMP has at least 30 members in the denominator, the Chlamydia Screening in Women measure will be added.



If a PCMP still has four or five measures, proceed to Step 4.

# Performance Track: Step 4

## STEP 4

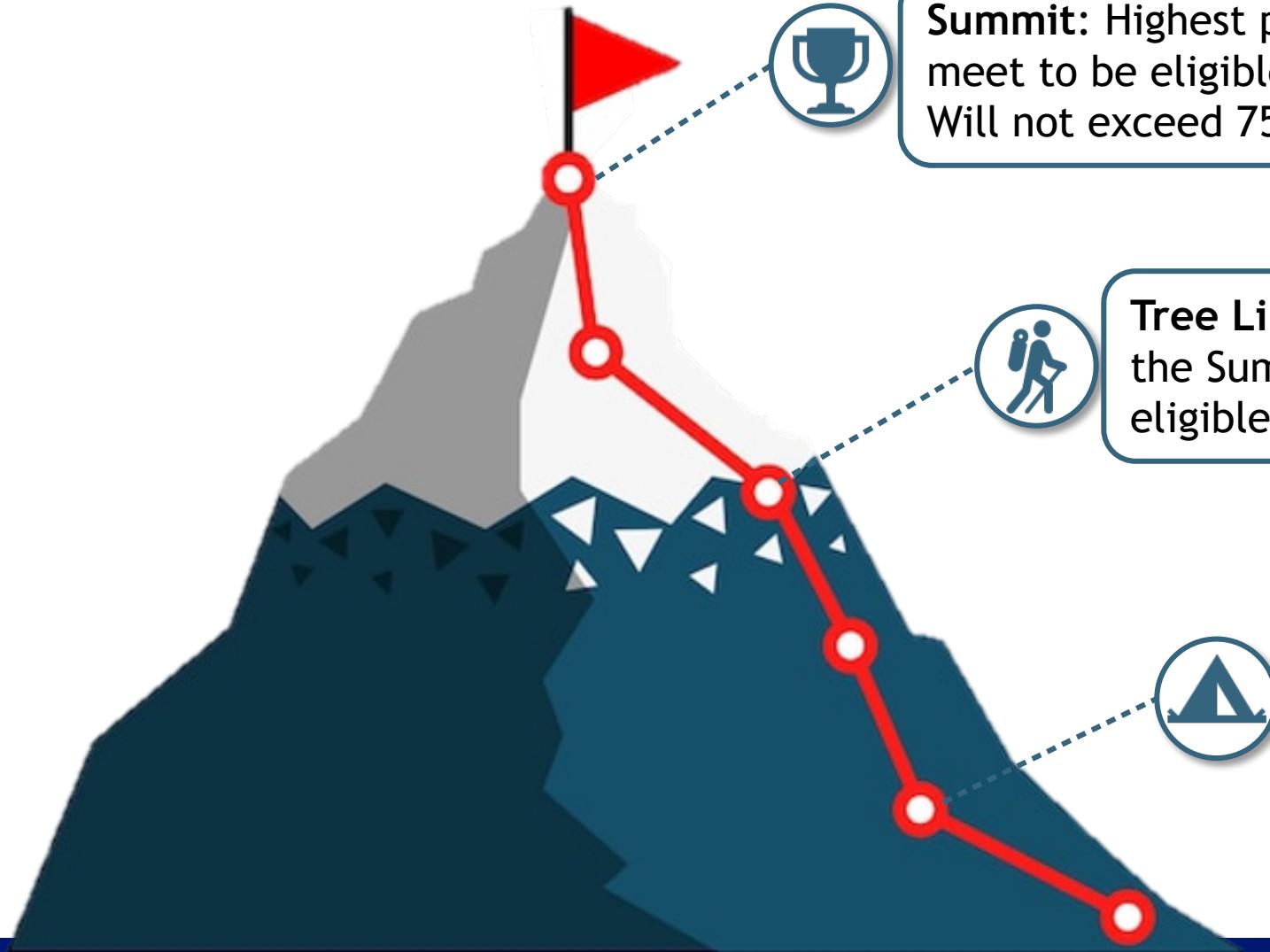
### Quality Improvement (QI) Activities

**Begins CY 2027**

- If a PCMP has four measures, it can choose to participate in up to two QI activities to receive payments for up to six total performance measures.
- If a PCMP has five measures, it can choose to participate in one QI activity to receive payment for six total performance measures.

PCMPs with three or fewer assigned measures and **at least 200 attributed members** can opt to participate in the Practice Transformation Track instead.

# Performance Track: Thresholds



**Summit:** Highest performance threshold PCMPs/RAEs must meet to be eligible for the **full** quality incentive payment. Will not exceed 75th percentile of national benchmarks.

**Tree Line:** Halfway point between Basecamp and the Summit. PCMPs/RAEs that meet threshold are eligible for **additional** quality incentive payment.

**Basecamp:** Minimum performance threshold PCMPs/RAEs must meet for **minimum** quality incentive payment. Threshold will not exceed 50th percentile of national benchmarks.

# Performance Track: Measure Payment Methodology

- Per attributed member, per measure for full attributed membership.
  - Attribution determined on last day of activity window.
- Payments made annually.

Measure	Basecamp	Tree Line	Summit
Clinical Quality Measures	\$2.23	\$4.52	\$6.75

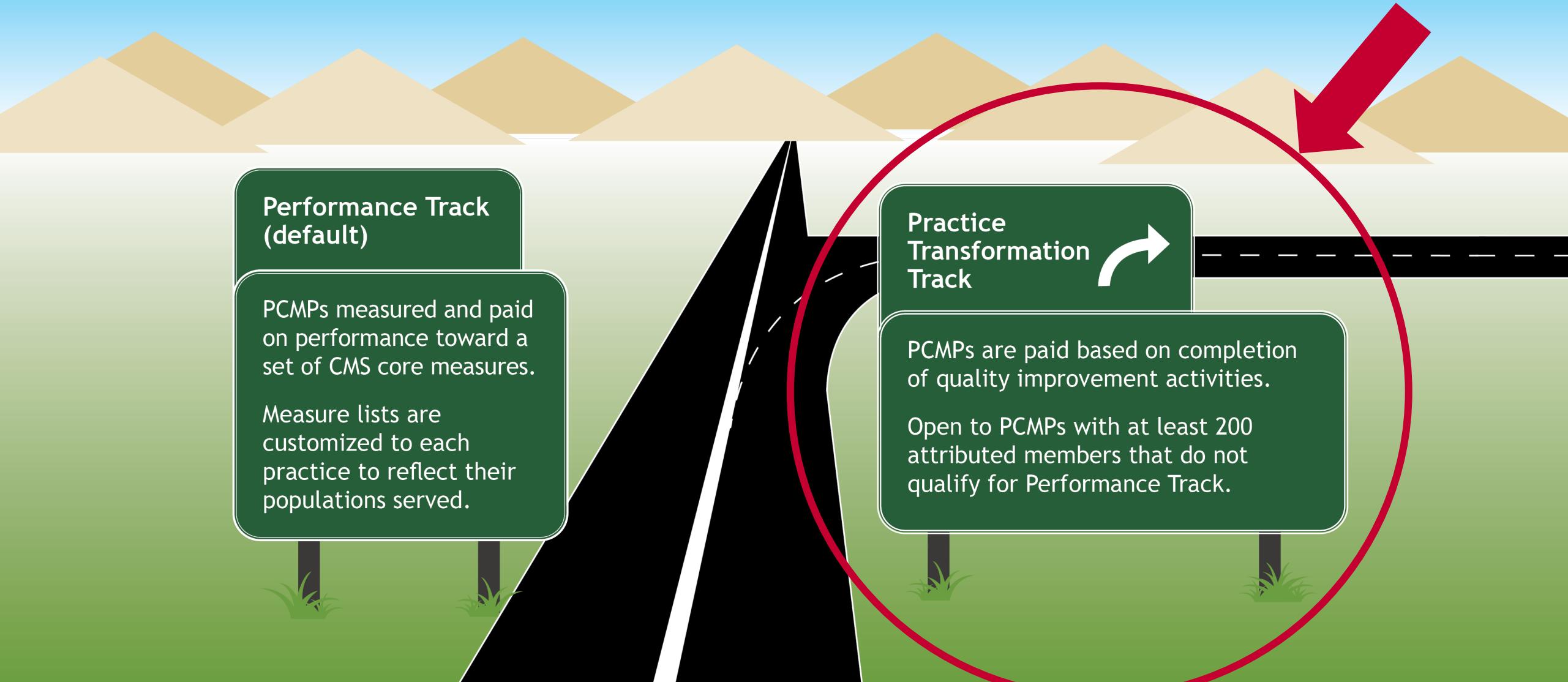
# Performance Track: QI Activity Payment Methodology

- **Begins CY 2027.**
- Per attributed member, per QI activity for full attributed membership.
  - Attribution determined on last day of activity window.
- Payments made semi-annually.

Measure	Mid-Year Goal	Final Project Goal
Optional QI activity	\$3.375	\$3.375

# Practice Transformation Track

# Practice Transformation Track



# Practice Transformation Track: Key Things to Know



- For the Transition Period, the 200 member minimum is waived.
- The standard eligibility requirements and assignment into this track will **begin CY 2027**.

# Practice Transformation Track Payment Methodology

- Per attributed member, per QI activity for full attributed membership.
  - Attribution determined on last day of activity window.
- Payments made semi-annually.

Measure	Mid-Year Goal	Final Project Goal
Optional QI activity	\$10.125	\$10.125

# Administrative Clinical Quality Measure Data Sources

# Data Used for the Performance Track



- Data currently used by HCPF in measure calculation
  - interChange
    - Claims
    - Encounter Data
  - Quest/LabCorp
  - CDPHE CIIS
  - EHR (HIE+CCMCN)
- HIE connection
  - HCPF can help cover the cost of connection

# Clinical Quality Measure Types

Allowable Data Source	Claims	Administrative	ECQM	ECDS	Hybrid
Measurement tool		Perform+	PCMP EHR	Perform+	Manual Review
Claims	X	X		X	X
Encounter Data		X		X	
Clinical EHR Data (Contexture, QHN, CCMCN)		X	X	X	
CIIS Registry Data		X		X	
Magellan (Lab) Data		X		X	
Chart Review					X
Medicare Data		X		X	



# Questions?



**COLORADO**  
Department of Health Care  
Policy & Financing