



COLORADO

Department of Health Care
Policy & Financing

Quality Payments

PCMP Education Session

April 9, 2025

Agenda

1. Welcome and Payment Structure Overview
2. Quality Payment Overview
3. Performance Track
4. Practice Transformation Track
5. What's Next?
6. Q&A

Objectives for Today's Session

1. Review Quality Measures Assignment and Quality Payment Methodology
2. Understand timeline for Practice Transformation Track
3. Understand expectations for PCMPs and RAEs in Year 1
4. Answer questions regarding these new payment methodologies

1. Welcome and Payment Structure Overview

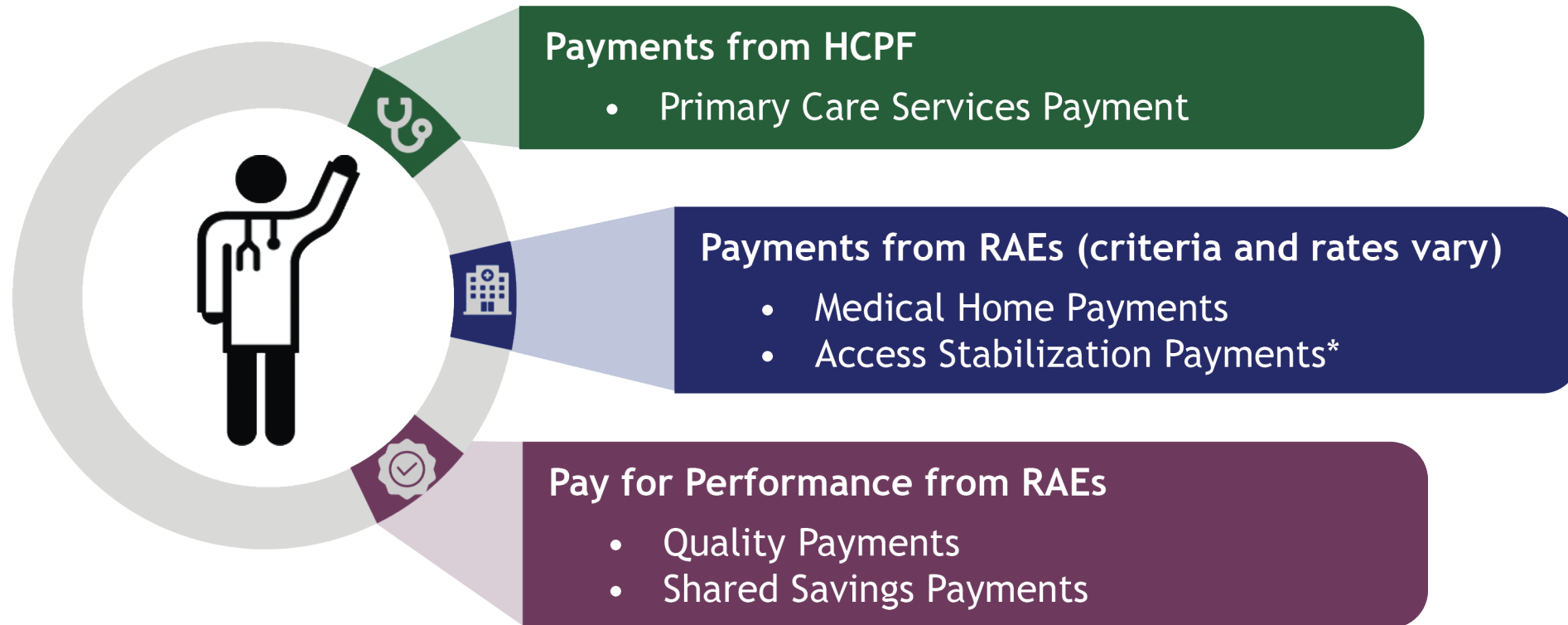
Primary Care Payment Structure



Dawson LaRance

*Primary Care Payment
Reform Analyst
Payment Reform Division*

Primary Care Payment Structure



2. Quality Payment Overview

Quality Payment Overview



Helen Desta-Fraser

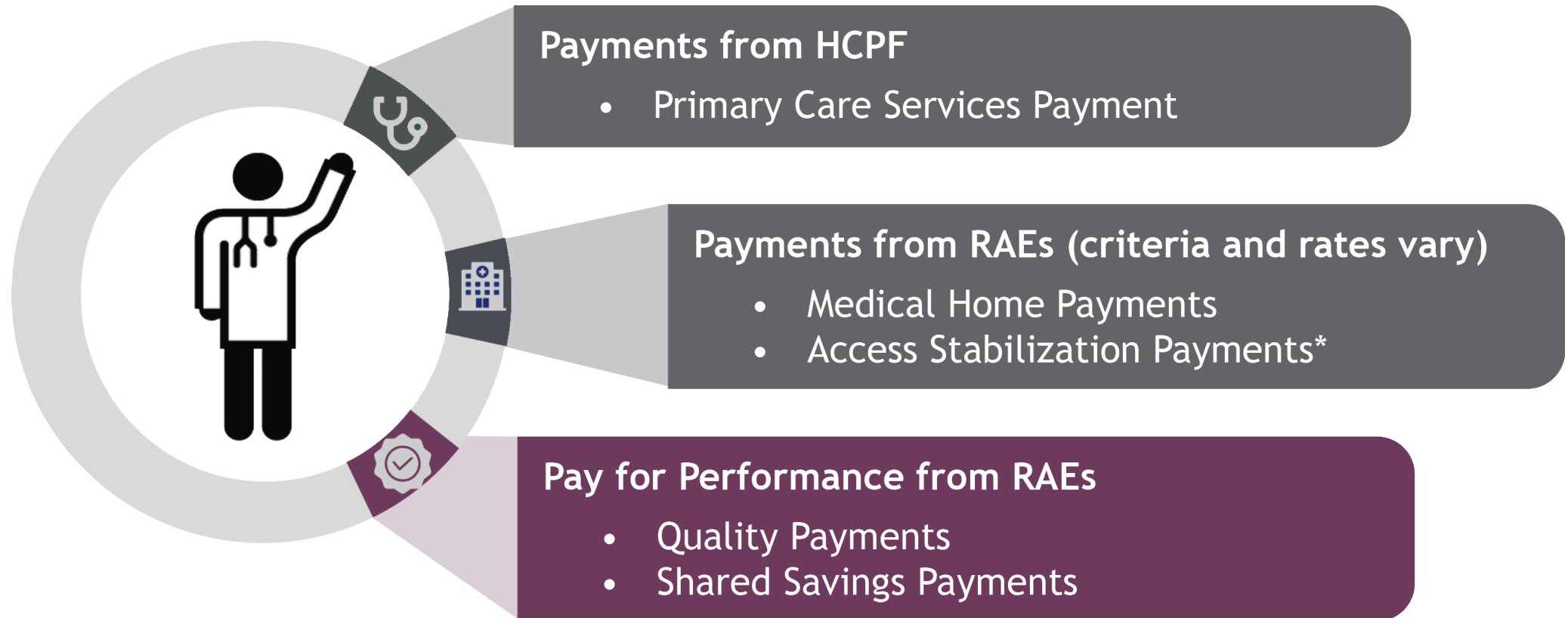
*Quality Section Manager
Cost Control and Quality
Improvement Office*



Dr. Lisa Rothgery

*Chief Medical Officer
Cost Control and Quality
Improvement Office*

PCMP Payment Structure



Key Quality Payment Changes for PCMPs in ACC Phase III

- Creating **simplicity** and **transparency** by:
 - Streamlining payments and programs so that **performance is measured once and paid once**.
 - Setting **clearer expectations** and **quality targets**.
 - Establishing a clear path to **earn additional funding**.
 - Paying for **practice-level** performance for assigned KPIs.
- This payment structure replaces former programs including Phase 2 KPI's and APM 1.

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.

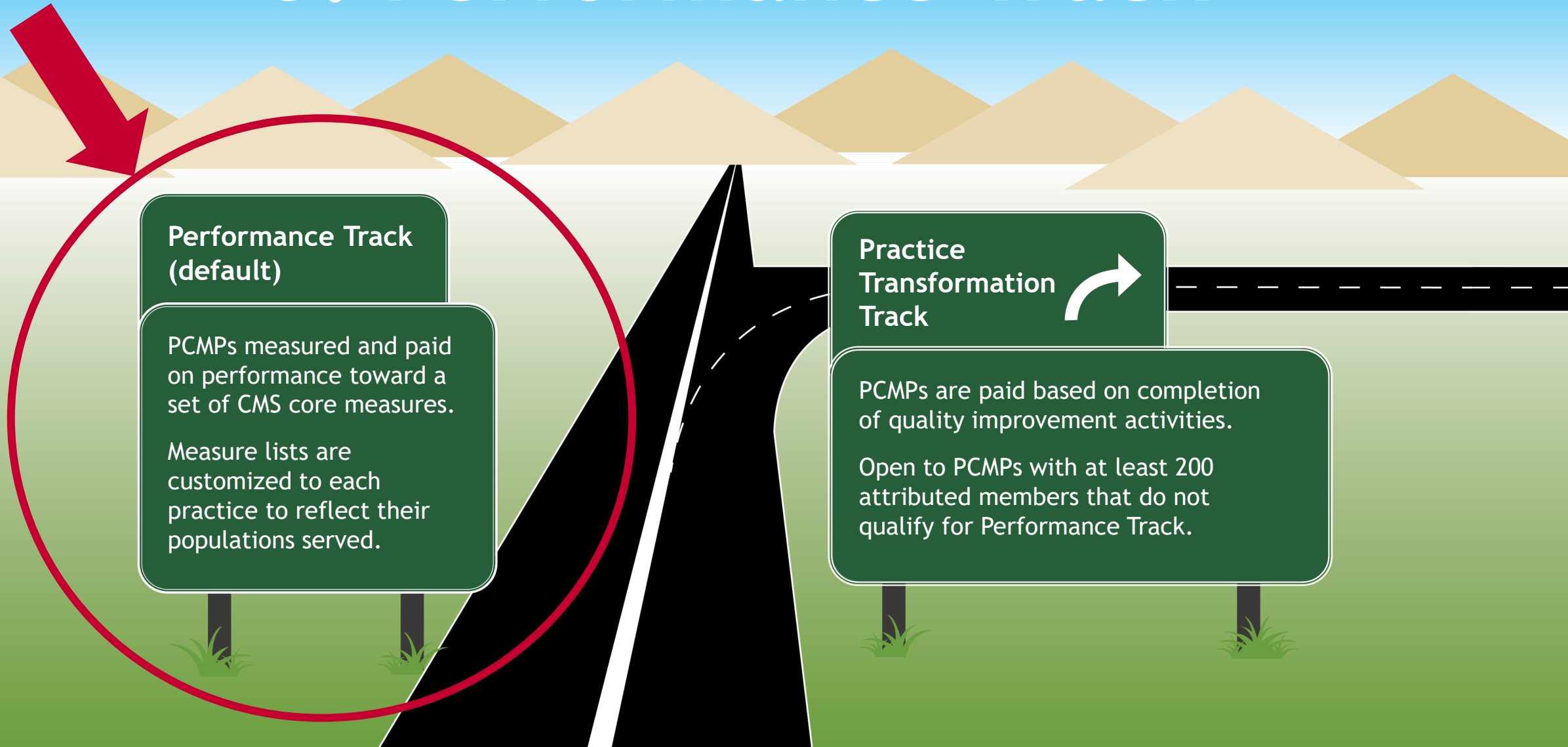
Practice Transformation Track



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.

3. Performance Track



Performance Track

STEP

1

Prioritized Measures

STEP

2

Largest Denominators

STEP

3

Secondary Focus Measure

STEP

4

Quality Improvement Activities

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

- ▶▶ 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.

*If a PCMP has three or fewer measures total, PCMPs with **at least 200 attributed members** can opt to participate in the Practice Transformation Track instead.*

Performance Track Example:



Practice A:
Family practice

STEP 1	Prioritized Measures <ul style="list-style-type: none">✓ Glycemic Status Assessment for Patients with Diabetes✓ Controlling High Blood Pressure
STEP 2	Largest Denominators <ul style="list-style-type: none">✓ Breast Cancer Screening✓ Child and Adolescent Well-Care Visits✓ Screening for Depression and Follow-Up Plan
STEP 3	Secondary Focus Measure <ul style="list-style-type: none">✓ Chlamydia Screening in Women
STEP 4	Quality Improvement Activities <p>N/A - Already at 6 measures.</p>

Total Measures: 6

Performance Track Example:



Practice B:
Pediatric practice

STEP 1	Prioritized Measures <ul style="list-style-type: none">✓ Well-Child Visits in the First 30 Months of Life
STEP 2	Largest Denominators <ul style="list-style-type: none">✓ Child and Adolescent Well-Care Visits✓ Developmental Screening in the First Three Years of Life✓ Childhood Immunization Status Combination 10✓ Screening for Depression and Follow-Up Plan
STEP 3	Secondary Focus Measure <p>Not eligible because denominators are too small</p>
STEP 4	Quality Improvement Activities <p>Option to supplement with one QI activity</p>

Total Measures: 5
+ 1 Quality Improvement Activity

Performance Track Example:



Practice C:

Large adult practice

STEP 1	Prioritized Measures <ul style="list-style-type: none">✓ Glycemic Status Assessment for Patients with Diabetes✓ Controlling High Blood Pressure
STEP 2	Largest Denominators <ul style="list-style-type: none">✓ Breast Cancer Screening✓ Cervical Cancer Screening✓ Colorectal Cancer Screening✓ Screening for Depression and Follow-Up Plan
STEP 3	Secondary Focus Measure <p>N/A - 6 measures already added</p>
STEP 4	Quality Improvement Activities <p>N/A - 6 measures already added</p>

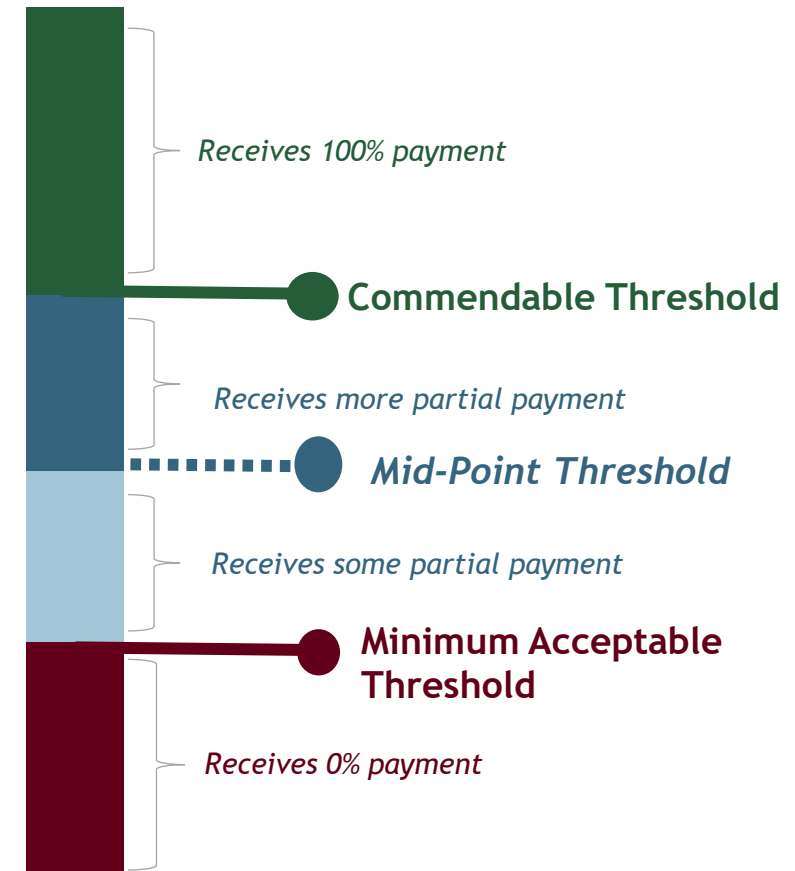
Total Measures: 6

Performance Track: Quality Target Setting

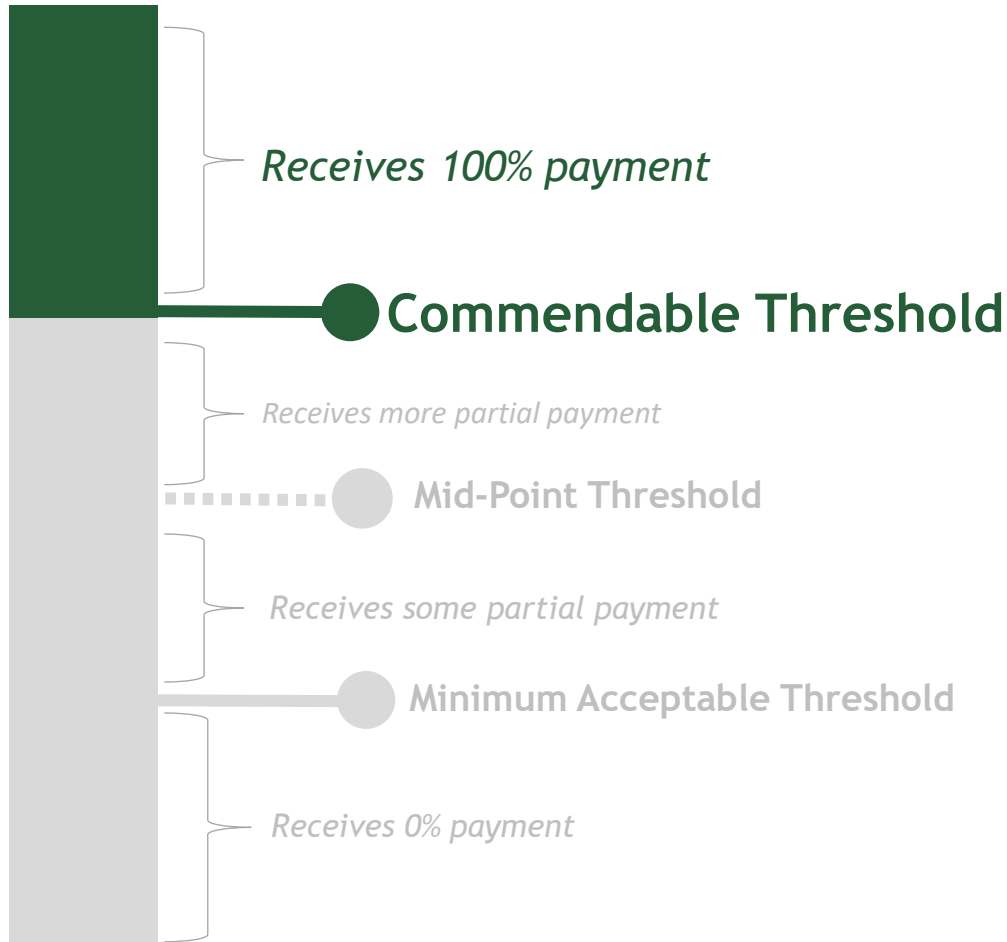


Methodology

- Thresholds are determined by metric.
- Thresholds will be reviewed annually and potentially reset based on provider performance.
- Payment tiers are based on the following thresholds:
 - At or above a **Commendable Threshold** (100% payment achieved)
 - **Mid-Point Threshold** (Partial payment below and above)
 - Below a **Minimum Acceptable Threshold** (0% payment achieved)



Commendable Threshold



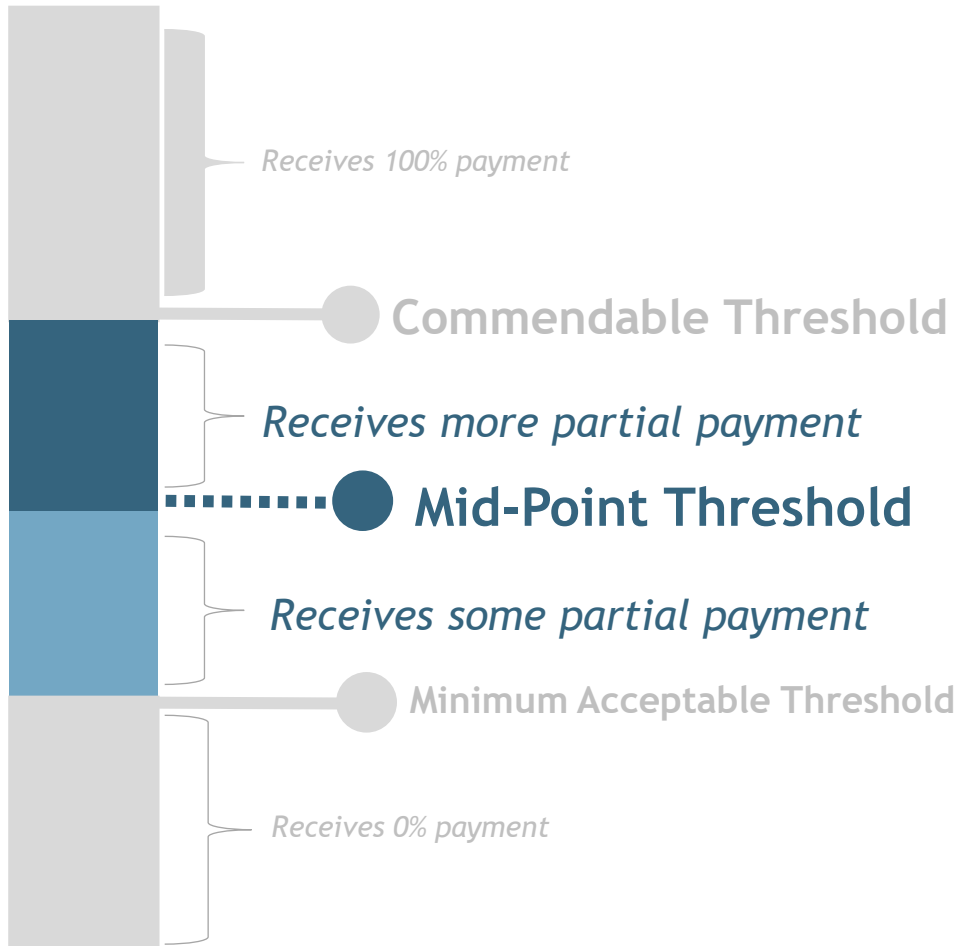
The **Commendable Threshold** is set using National benchmarks:

- If CO statewide performance is **below** the National 50th percentile, the Commendable Threshold will be set at the **National 50th percentile**.
- If CO statewide performance is **above** the National 50th percentile, the Commendable Threshold will be set at the **National 75th percentile**.

Performance at or above the Commendable Threshold results in **100% payment**.

Note: If a National benchmark is not available, CO statewide performance (50th or 75th percentile) will be used.

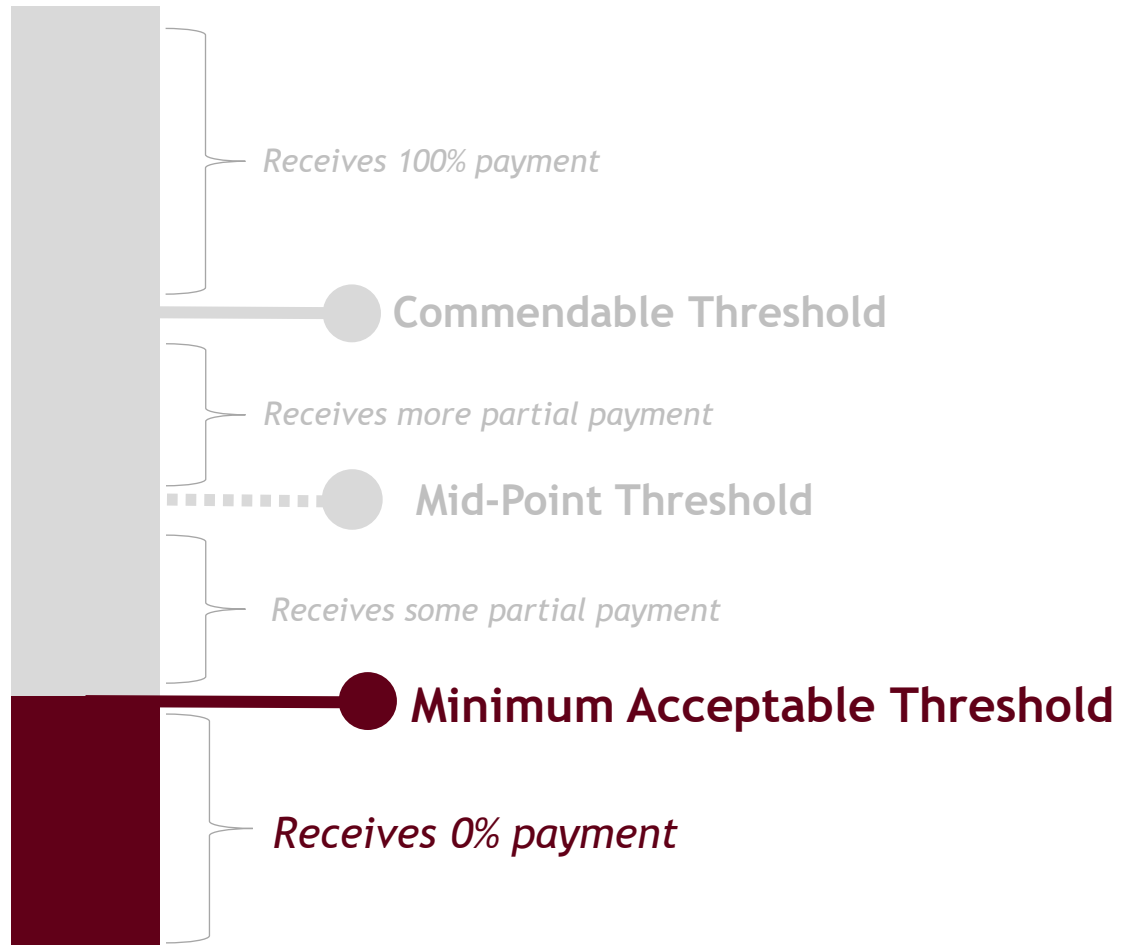
Mid-Point Threshold



Performance between the Minimum Acceptable and Commendable Threshold is eligible for partial payment.

- There are two different partial payment tiers.

Minimum Acceptable Threshold



The **Minimum Acceptable Threshold** is set at the Colorado PCMP 40th percentile.

Performance below the Minimum Acceptable Threshold is not eligible for payment.

4. Practice Transformation Track

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.

Practice Transformation Track



Practice Transformation Track Participation

- PCMPs with 200 minimum attributed members and who do not qualify for Performance Track have the **OPTION** to participate in Practice Transformation Track and still earn Quality Payments.
- Participating PCMPs earn quality payments by participating in up to 2 Quality Improvement (QI) activities that directly impact KPI measure performance.
- Examples of QI activities include, but are not limited to:
 - Plan-Do-Study-Act
 - Root cause analysis
 - Empanelment calculations to evaluate accessibility challenges

5. What's Next?

Building Up in Year 1

YEAR 1 FOCUS: Pay for Engagement

All eligible PCMPs enrolled in Practice Transformation Track

Payment for completion of QI activities

1

JULY - DECEMBER 2025:
(First 6 months of ACC Phase III)

- ❑ RAEs work with PCMPs to identify and plan two 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

PCMP Expectations in Year 1

- PCMPs must first contract with their RAE to begin participation in this program.
- PCMPs must identify an administrative and provider practice champion to engage in quality improvement initiatives.
- PCMPs and RAE must meet at least twice per quarter.
 - Provider champion must meet once per quarter.
- PCMPs must work with their RAEs to identify and plan 2 QI activities for the Pay-for-Engagement period.

Reminder: APM 1 will sunset after 2025.

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)

3. PRACTICE TRANSFORMATION ACTIVITIES

- ✓ 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



6. Questions?

Upcoming Education Sessions

Session 1: Medical Home Payments	Thursday, March 27th 12:00pm - 1:30pm
Session 2: Quality Payments	Today
Session 3: Access Stabilization Payment	Wednesday, April 23 rd 12:00pm - 1:30pm
Session 4: Primary Care & Shared Savings Payment	Wednesday, May 7 th 12:00pm - 1:30pm

Questions? email: HCPF_VBPStakeholderEngagement@state.co.us



Thank You!

HCPF_VBPStakeholderEngagement@state.co.us

Appendix



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Measure Details

STEP 1

1. Well-Child Visits in the First 30 Months of Life
2. Glycemic Status Assessment for Patients with Diabetes
3. Controlling High Blood Pressure

1. In alignment with CMS methodology, the Well-Child Visits in the First 30 Months of Life measure is calculated by meeting requirements for both the Well-Child Visits in the First 15 Months and Well-Child Visits for Age 15 Months-30 Months. Retrieved from [link](#). PCMPs must have 30 members in the denominator for both the Well-Child Visits in the First 15 Months and Well-Child Visits for Age 15 Months-30 Months for the Well-Child Visits in the First 30 Months of Life measure to be included as a quality measure.
2. Glycemic Status Assessment for Patients with Diabetes is split into two parts: Glycemic Status Good Control (<8.0%) and Glycemic Status Poor Control (>9.0%). PCMPs must meet 30 members in the denominator for both parts in order for Glycemic Status Assessment for Patients with Diabetes to be included as a quality measure.