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## **Primary Care Payment Structure in ACC Phase III PCMP Education Session; Quality Payments Webinar Questions and Responses**

April 9, 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 Quality Payments and associated Performance Track and Practice Transformation Tracks. The following questions and answers were shared during the webinar.

### **ACC Phase III Timeline**

**What is the due date to sign a PCMP contract with the RAEs?**

**A:** Each RAE may have different due dates for contracts. We recommend reaching out to your RAE to discuss further.

**What is the due date HCPF gave the RAEs for having their PCMP network contracted?**

**A:** The RAEs were required to submit their final affiliations to the Department on 4/7/25. Final contracts are required to be in place by 7/1/25 in order to receive attributions.

**By what date could HCPF tell PCMPs what their attribution will be July 1? Even an estimate would be helpful.**

**A:** We are estimating late May or early June for finalization of July enrollments.

**So once all of this [quality payment methodology] is finalized between HCPF and the RAEs, all of this will go into a formalized contract?**

**A:** HCPF and the RAEs have executed contracts that are posted on the [ACC Phase III website](#), which include requirements for the RAEs regarding the quality payment methodology. PCMP contracts among the RAEs may vary, but also include payment methodology information. PCMPs must contract with the RAE in which their practice is located.



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**Given that ACC 3.0 programming begins 7/1/2025, is the remaining APM1 performance year (CY2025) no longer relevant or will APM 1 performance still impact fee for service (FFS) reimbursement in 2026?**

**A:** APM 1 will continue until 12/31/2025. There will be a FFS impact until September of 2027, since Program Year 2025 FFS impact will be from 10/1/2026 through 9/30/2027.

**This is replacing APM 1, and the RAEs are currently rolling out ACC Phase III but none of this has been shared in their presentations so I am confused. Have the RAEs put this in place yet, or is this still to be relayed to them?**

**A:** Correct, this program is replacing APM 1. This is something that has been recently finalized at the Department and we have been working with the RAEs to share this methodology. The RAEs will be able to provide you with more information as we continue to finalize the quality model.

**A:** We are aiming to have one quality model that is paid through the RAEs so that there are not multiple quality programs.

**Do we know if the 16% pay increase in APM 2 will be switched over to ACC Phase III? If this is the case when will written communication be sent out to practices?**

**A:** We are still awaiting full legislative approval for the 16% in APM 2 to be switched to Access Stabilization in ACC Phase III. All existing APM 2 participants will receive notifications of any impact to their APM 2 rates and any next steps prior to the effective date. We will have more information in the coming weeks and will have a dedicated information session on April 23rd.

**When will the complete program details for ACC Phase III be released on the State's website or as a white paper?**

**A:** We do not have a date yet, but we will communicate it when it's available.

### **Quality Measures and Reporting**

**Is that 6 measures total between step 1 and 2, or 6 measures from step 2 regardless of step 1?**

**A:** 6 measures total between step 1, 2, and 3.

**So, the measures listed here are the priority if we have at least 30 in the denominator?**

**A:** The measures in Step 1 are first priority if a PCMP has a denominator of 30 or more. A PCMP could possibly have all 3 of those Step 1 priority measures if they have a denominator of 30 or more.



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**What if we do not see pediatric patients with depression screening? My practice is mostly adults.**

**A:** Your office will be assigned measures based on your Medicaid Panel. If you do not have 30+ in your denominator for depression screening, you will not be assigned that measure. If your practice has a denominator of 30 or greater for depression screening for 18+ population then it could be one of your 6 measures.

**Which measure was removed from Step 3? Contraceptive care?**

**A:** That is correct. Contraceptive care was removed as an option from the quality model all together.

**How are measures reported, are these via claims, electronic clinical quality measures (eQMs), etc.?**

**A:** Both! We will be looking at denominator size based on claims when assigning measures, but we are planning to incorporate the data from eQMs.

**What is denominator size for Chlamydia again?**

**A:** A denominator size of 30 or more applies to all measures.

**What is an example of a Quality Improvement activity, who decides?**

**A:** More information will be shared publicly from the Department soon. Practices will work with their RAE Transformation Coaches to work through the details of their QI Activities

**For the glycemic status assessment, I'm in a pediatric practice. Not sure if we meet the threshold for patients with DM 1 [Type 1 Diabetes], but they are all managed by specialists (usually at Barbara Davis Center), how would this measure potentially impact peds practices that do not routinely manage DM 1 for their patients?**

**A:** If a pediatric practice doesn't have a denominator of 30 or greater than this measure would not be assigned to that practice.

**Does this include PRIME patients in the total denominator?**

**A:** Only RAE members will be included in the total denominator, so PRIME members will not be included.

**Are we automatically assigned measures in Step 1 with a denominator greater than 30 even if we have measures in step 2 with even larger denominators?**

**A:** Yes, if the denominator is 30 or higher, the measure is assigned in Step 1, even if there are measures with larger denominators in Step 2.



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**Are quality measures and denominator sizes all claims based?**

**A:** Administrative claims and supplemental clinical data will be included (for example, claims for immunization data).

**We have less than 30 RAE members, does this mean we will not be included in this?**

**A:** If you only have 30 attributed members you most likely will not have sufficient denominators to participate in the quality measure piece.

**When you say the “Colorado average of a measure” is that just Medicaid data? Or All Payer Claims Data?**

**A:** This will be using Medicaid Data only.

**Given the lack of support for vaccinations from CMS national Senior Leadership, is there a possibility of additional measure options for pediatrics?**

**A:** We are actively watching the national impacts and will make adjustments to targets and/or metrics as needed.

**We have 8 different locations, could each site potentially have different measures assigned?**

**A:** Yes. Measures will be assigned at the site level not the group level.

**How do you get blood pressure control data?**

**A:** HCPF follows the measure specification per CMS, along with supplemental clinical data feed to acquire data.

**Does "supplemental data feeds" include the manually reported eCQM method that many organizations do now?**

**A:** This includes the supplemental data that the practices send to the Health Information Exchanges (HIEs), some of these processes are manually reported. This is not the aggregate level manual eCQM reporting, this is member level data for Medicaid members.

**Sorry but now I'm more confused about eQMs. Are we reporting them or not?**

**A:** Practices should continue to work with their HIE for collecting and reporting their clinical data to the Department, which includes eCQM data. The Department continues to review if and how eCQM reporting can be used in future programming.



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**Can you help further clarify Margo's question (above) about eCQM reporting? Many of us directly report this data to the RAE, not through our HIE. Will that still be acceptable or do we need to ensure our data crossover to HIE only?**

**A:** The Department will work with the RAEs to ensure we understand the submission of the data they receive directly from practices, and whether that data is coming into the Department from an HIE data feed.

**Also, am I understanding correctly that quality payments are measured at the practice-level, so if we have 2 locations the data will be pooled as a whole practice, not by location as it currently is split up under KPIs and APM1?**

**A:** These measures will be at the PCMP level, which is brick and mortar. If there are 2 locations with 2 PCMP IDs, they would be reported as 2 separate practices.

**How will the data be quantified and reported out in the performance statement we will receive? How are these metrics being measured?**

**A:** The performance statement is intended to help provide you a broad overview of how you are performing and where there may be potential to earn additional incentive payment. Performance data comes through Medicaid claims data that you submit directly to HCPF.

**Where is the data coming from and how are you compiling it? How does this work with diabetes since there are a thousand different codes?**

**A:** HCPF receives multiple data feeds to help report on quality measures including through HIEs. HCPF is not asking any of the providers to run their own data to identify quality measure performance. We encourage you to check out the program guidance document that will be released and to reach out to your RAE. HCPF can work through this with you as needed, as well.

**A:** One thing to highlight is that HCPF will be using a new technology tool that will have updated dashboards reflecting provider performance. More information about this tool is forthcoming.

**What is the name of the new tool being used?**

**A:** It is called Perform Plus. More detail will be coming later in 2025.

**Will PCMPs have access to the data tool or will access be at the RAE level?**

**A:** PCMPs and RAEs will all have access to the data tool.



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**How delayed will data be when provided before January 2026? Currently, KPI data is not actionable and timely.**

**A:** Administrative data will need to allow for a 90-day claims runout period (per the measure steward) and time for the reporting to be processed and posted to the provider portal as soon as possible after the report is available. Data are typically available ~4 months after the end of the reporting period. Unfortunately, this is not a real-time process.

**Will performance data be readily available to be actionable, or will there still be a 6-month lag?**

**A:** Administrative data will need to allow for a 90-day claims runout period (per the measure steward) and time for the reporting to be processed and posted to the provider portal as soon as possible after the report is available. Data are typically available ~4 months after the end of the reporting period. Unfortunately, this is not a real-time process.

**How do you resolve discrepancies between CCD data from the HIEs, and claims data - for instance breast cancer screening? Which data source is prioritized?**

**A:** The data will look at the most recent service for the measure. For example, with breast cancer screenings, it will look at the most recent mammogram or most recent exclusion criteria. Whichever is the most recent will be applied to the measure.

**For small clinics who do not have HIEs, data is reported manually once per year. How does that work for a live dashboard?**

**A:** For practices manually submitting data, we will work with them to make sure it is still being loaded into the new Perform+ Tool. We understand that some practices may not have the EHR capabilities to establish direct feeds so we will continue to offer that option of manual reporting.

**My organization currently submits the aggregate data to Colorado Community Managed Care Network (CCMCN) (who conveys it to HCPF and the RAEs, I assume). So, this will no longer be a thing going forward, is that correct?**

**A:** CCMCN will still be an option to submit Quality Data to HCPF.

**When will the new Health First Colorado Data Analytics Portal (DAP) be available for data since this is going away in June?**

**A:** The new platform will be available January 2026. The DAP will not be going away but will be updated once calendar year 2024 data is available and then will not be updated again.



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**KPI measures currently have gone off verified or attributed patients, is this carried forward into ACC Phase III or is it just attributed lives?**

**A:** Geographically attributed members will be attributed to the RAE instead of a PCMP so payment will be based on a PCMPs attributed members (members that have a claims history or selected the PCMP through the enrollment broker).

**Just to clarify when you say "members that have a claims history" do you mean specifically that they have a claim associated with the PCMP? Meaning...if we are listed as their PCP when they enroll or if we see them for a visit and submit a claim then they are attributed to us, so essentially, we are only being measured based on patients we actually see?**

**A:** Yes, for the most part. Removing geographically attributed members will get you a lot closer to the patient panel that is engaged with the PCMP.

### **Performance Track and Practice Transformation Track**

**Can you clarify that if a PCMP qualifies for the performance track, they will still be required to complete QI activities?**

**A:** The QI activities are optional if a PCMP would like to receive full quality payment. For the performance track, this would be the option for the PCMP if they are only eligible for 4 or 5 measures.

**At which point would a PCMP know if we would be on the performance track or the practice transformation track?**

**A:** A PCMP would know before the start of 2027.

**Our RAE panel is less than 200, am I correct that we will just receive fee for service as before and just not qualify for additional incentives?**

**A:** Less than 200 attributed members will not qualify for quality payments. You may qualify for other components outside of the quality payment stream.

**To clarify, we are following our measures during the calendar year of 2026, but there will be no quality payments until 2027. Is that correct?**

**A:** There will be quality payments during the Pay for Engagement period, but it will not be directly tied to your clinical quality measure performance.



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**During the 18-month period where we are doing quality improvement, will we be given our current standing measures on the Performance Track so that we can build our quality improvement activities around improving certain measures?**

**A:** Yes, your measure assignment and associated thresholds will be communicated to you by January 2026. We will be able to share where your current performance is for at least calendar year 2024.

**Is the pay for engagement period still based on the Tier placement outcome based on the survey we completed?**

**A:** Your tier placement from the Practice Assessment (discussed during the PCMP Education Session on 3/27) does not impact the Pay for Engagement period. However, the Practice Assessment can help inform improvement opportunities which can be used to determine and inform QI activities during the Pay for Engagement period.

**Will there be any feedback during the year on what the administrative data is showing related to their performance?**

**A:** Data will be shared through the provider portal on a quarterly, rolling 12-month basis as it is now.

**Also, is the PCMP+ program impacted by this or will that continue as is? The PCMP+ program is a Colorado Community Health Alliance (CCHA) Tiered Payment Model.**

**A:** RAEs could also have their own payment mechanisms/programs independent of this program.

**Can you please review again how thresholds are determined and how payment amounts are determined?**

**A:** Payment will be determined on where a PCMP falls on the tiers. The minimum acceptable threshold is set based on Colorado 40th percentile and commendable is set either on the national 50th or 75th percentile. The middle tier is the midpoint between the minimum acceptable and commendable thresholds.

**What is a threshold? Benchmark?**

**A:** The threshold is the point where payment will be granted. Performance at the minimum acceptable threshold, but below the mid-point threshold would generate the minimum payment; performance at or above the commendable threshold would generate 100% of payment.



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