



1/29/2025

# Colorado Access Provider Forum

Phase III - Key Updates: Attribution, Medical  
Home Payment & Access Stabilization



# Current State of Primary Care Payments (Phase II)

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

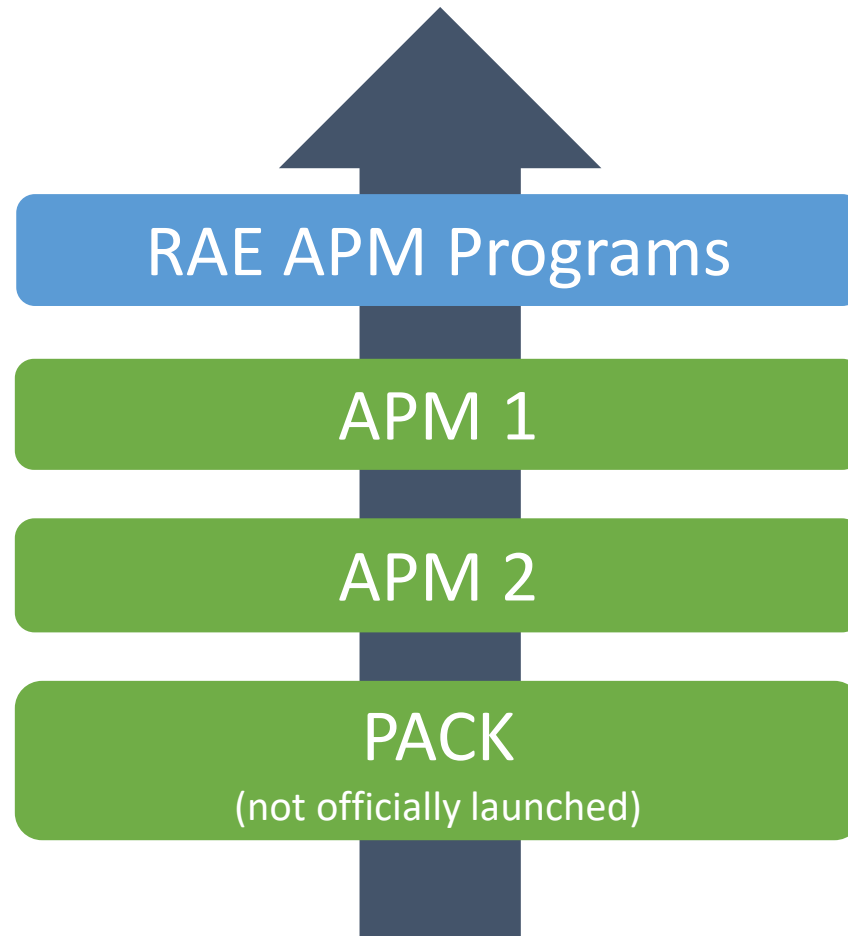
(Payment Alternatives for CO Kids)  
(not officially launched)

Primary Care Service Payments



**Note:** Details subject to change as new information becomes available.

# A Singular Comprehensive Payment Structure



# Attribution – Phase III Design

## Current State

- ~48% of members in region 4 are provider attributed

## Assignment vs. Attribution

- Members not attributed to provider will be RAE assigned
- Once provider attributed, members will remain attributed unless they start utilizing services with another PCMP and/or request a different PCMP

## Attribution Reasons

- Core of claims-based logic is not changing
  - E&M codes in previous 18 months determines attribution
- Geographic and family attribution will be removed

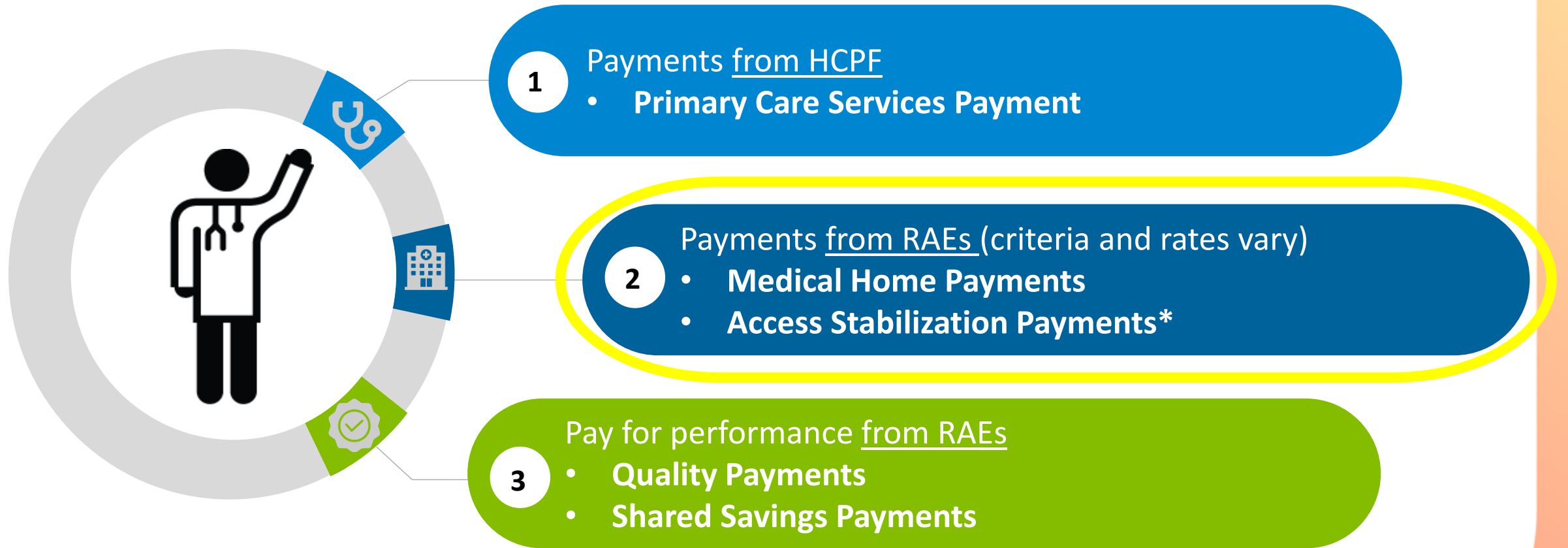
## Increasing Provider Attribution

- Increasing provider attribution will be an area of focus
- Multi-prong effort
  - Contracting
  - Enrollment
  - RAE Outreach
  - Provider Outreach

## Methodology

- HCPF methodology will prioritize a preventative visit over sick visit for children and adolescents
- Recency vs. frequency will be prioritized for adults

# Primary Care Payment Structure



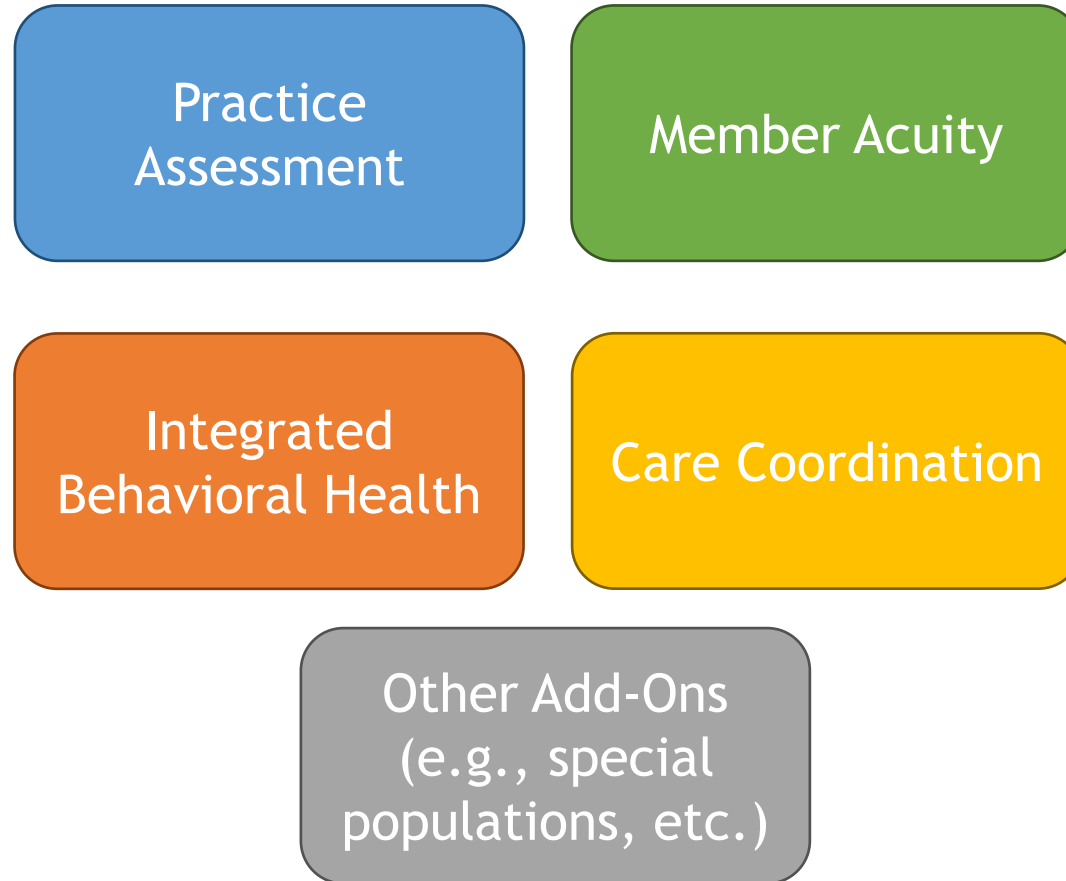


The background image features a blurred figure of a person in a light blue lab coat. In the foreground, a hand is shown holding a coin, poised to drop it into a slot. Below the slot is a bar chart with several bars of varying heights. Each bar is topped with a large, colorful arrow pointing upwards. The arrows are in shades of red, white, green, blue, orange, and yellow. A faint line graph is also visible in the background, showing an overall upward trend. The scene is set against a light blue background.

# Medical Home Payment

# Medical Home Payment

Funds PCMP expectations to provide advanced primary care with increased accountability



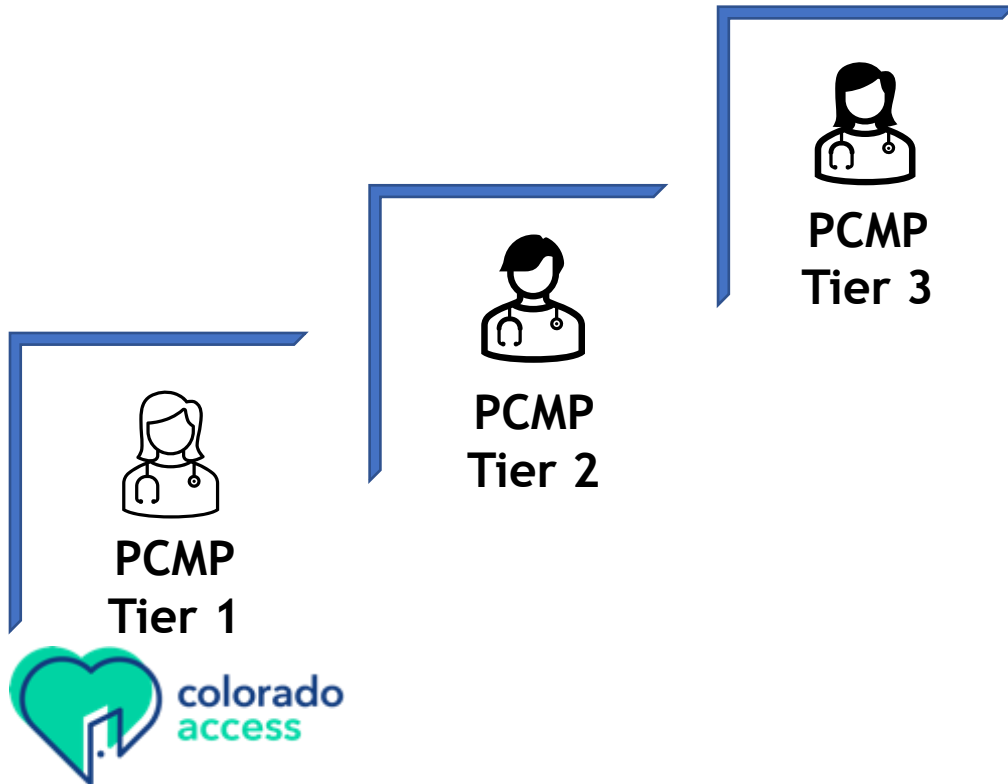
**(formerly value based model and/or administrative PMPM)**



***Note:** Details subject to change as new information becomes available.*

# PCMP Tiers based on Practice Assessment

Practice  
Assessment



- Three-tier assessment to incentivize progress along the continuum of advanced primary care.
- Assessment designed in alignment with:
  - CMS Make Care Primary model.
  - DOI Primary Care APM Regulation.
  - Bodenheimer building blocks.
- PCMH recognition will be counted towards tiering placement.

*Note: Details subject to change as new information becomes available.*






Competency  
Assessment


Member  
Acuity



  
**PCMP Track 1**


Complex Care Management
Condition Management
Preventative Health Promotion

Integrated  
Behavioral Health

  
**PCMP Track 2**

Complex Care Management
Condition Management
Preventative Health Promotion

Integrated  
Behavioral Health

  
**PCMP Track 3**

Complex Care Management
Condition Management
Preventative Health Promotion

Integrated  
Behavioral Health

Care  
Coordination

*Note: Details subject to change as new information becomes available.*

# Medical Home Payment – Known & Unknown

## What we know

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PMPM payment will increase from track to track & based on member acuity

Medical home payment **will not be** dependent on any quality measures or performance targets

PCMH certified practices will automatically be placed in tier 2 and need to demonstrate must pass elements to reach tier 3

## What we don't know

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Minimum standards required for each component in the medical home criteria

Distribution of members within each of the three tiers of member acuity

Average PMPM for PCMPs and weighting of medical home payment criteria



**Note:** Details subject to change as new information becomes available.



# Discussion







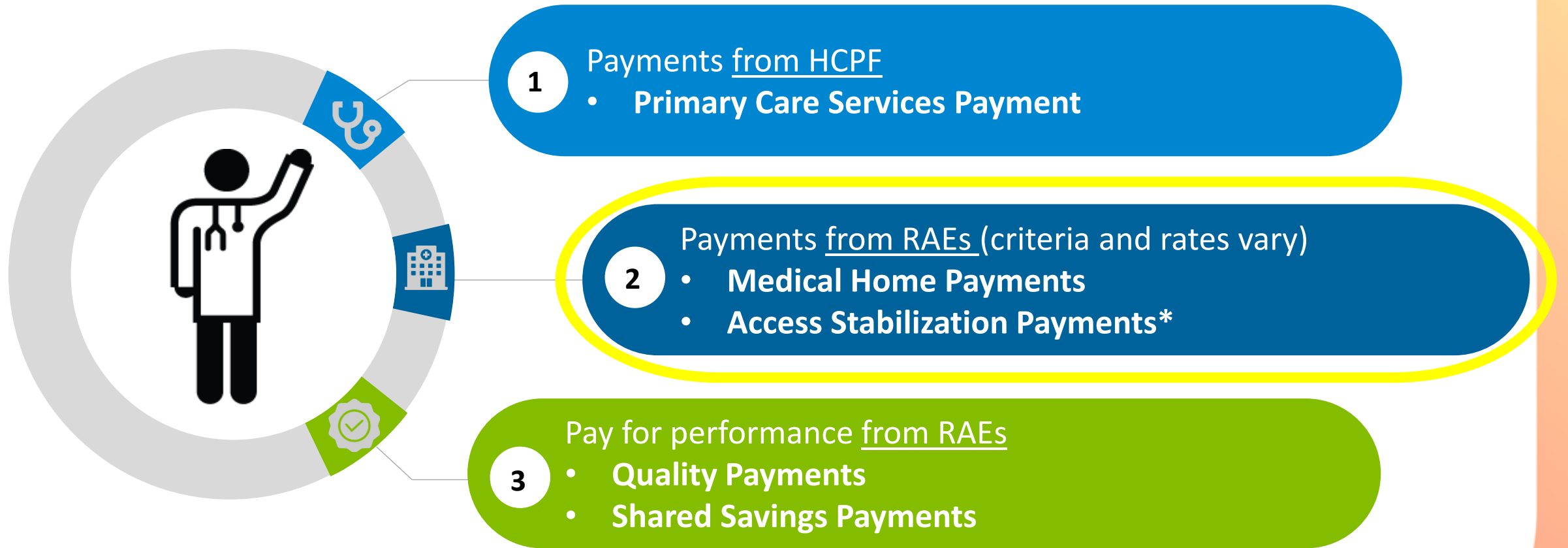
# Access Stabilization Payments\*

Transformation payment to fund rural, small and pediatric practices' ability to participate in VBP



*\*Pending legislative approval.*

# Primary Care Payment Structure





# Overview - Repurposing APM 2 Allocated Funding\*

- Reallocating 16% increase added to APM 2 PMPMs
- Part of broader strategy to align APM and ACC
  - As separate programs, there has been complexity and confusion for providers navigating each one.
  - Finetuning the methodology to support providers' success with the new aligned payment model.
  - Repurposing funds intended to support APM readiness activities at small, rural, and pediatric PCMPs.



*Note: Details subject to change as new information becomes available.*

*\*Pending legislative approval*

# 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.



*Note: Details subject to change as new information becomes available.*

*\*Pending legislative approval*

# 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 (1) to five (5) 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.



*Note: Details subject to change as new information becomes available.*

*\*Pending legislative approval*

# Access Stabilization Payments\*

- RAEs required to pay providers in accordance with payment file from HCPF
  - Payments will be per month
  - Separate from 33% pass-through
- Total estimated funding: \$8,298,127
  - Estimated PMPM for eligible PCMPs: \$2.51



***Note:** Details subject to change as new information becomes available.*

***\*Pending legislative approval***



# Discussion







# Next Steps



# Next Steps

- Practice facilitators can support you in understanding impact based on attribution methodology
- Practice assessment follow up and details will be shared in 1-2 weeks – awaiting finalized HCPF tool
- Practice facilitators can support strategies regarding outreach and member engagement to increase provider attribution between now and June

# Upcoming Provider Forums : 12 – 1pm

You're invited to three sessions on Wednesdays from 12:00 p.m. to 1:00 p.m. to help prepare you for these upcoming changes. At each session, you will receive key updates and have an opportunity to ask questions. Topics may change as more information from the Department of Health Care Policy and Financing (HCPF) is available.

- **Wednesday, February 12:** Learn more about changes to payments based on integrated behavioral health (IBH) and member acuity.
- **Wednesday, February 26** (For enhanced clinical partners (ECPs) only): Learn more about care coordination expectations in ACC Phase III.
- **Wednesday, March 12:** Learn more about Quality Payments and Quality measures in Phase III.



*Please note sessions will be recorded.*



A close-up photograph of a person's hand holding a fork, lifting a portion of food from a white bowl. The food consists of corn, red beans, green herbs (cilantro), and golden-brown tortilla chips. In the background, there is a glass of water with a lemon slice and another bowl of food. The scene is set on a dark table.

# Thank you!



*Before you go, we'd love 30 seconds of your thoughts to make future sessions even better. Just scan this QR code!*

Provider Forum Feedback

