

3/12/25

# Colorado Access Provider Forum

## Phase III - Key Updates: Quality Payments



# Agenda

Phase III Changes

Quality Payments

Year 1

Questions & Next Steps

# 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.

## *Accountable Care Collaborative (ACC)*

KPI/Performance Pool

RAE APM Programs

Medical Home Payments

## *HCPF*

APM 1

APM 2

PACK

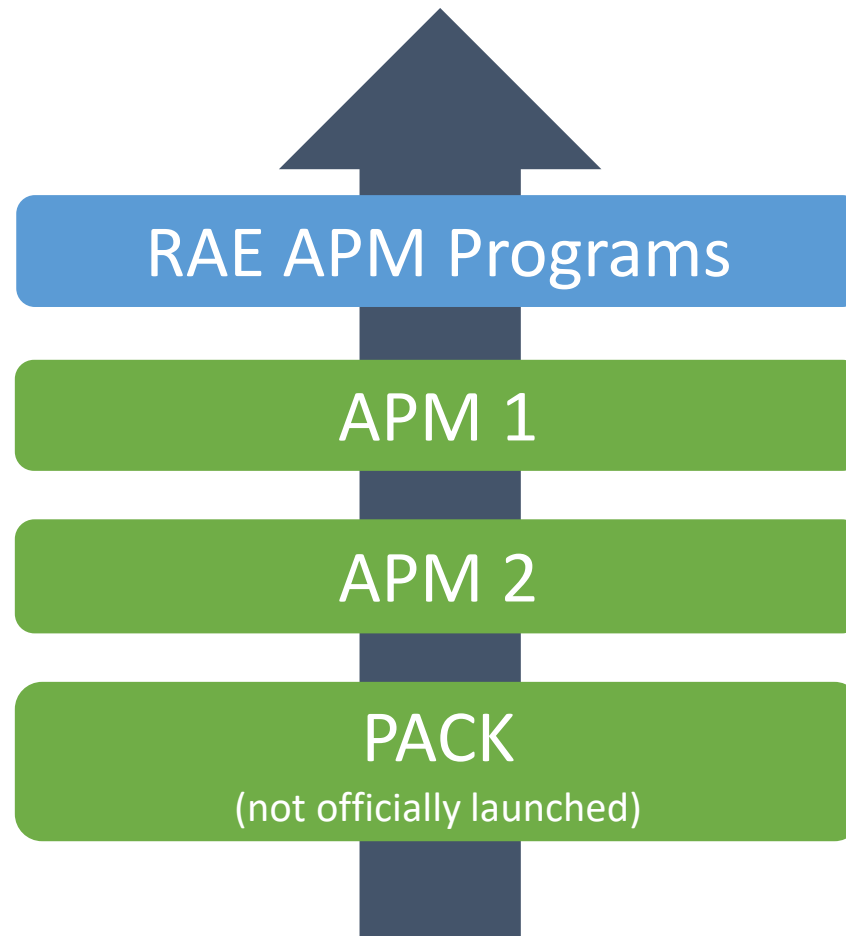
(Payment Alternatives for CO Kids)  
(not officially launched)

Primary Care Service Payments

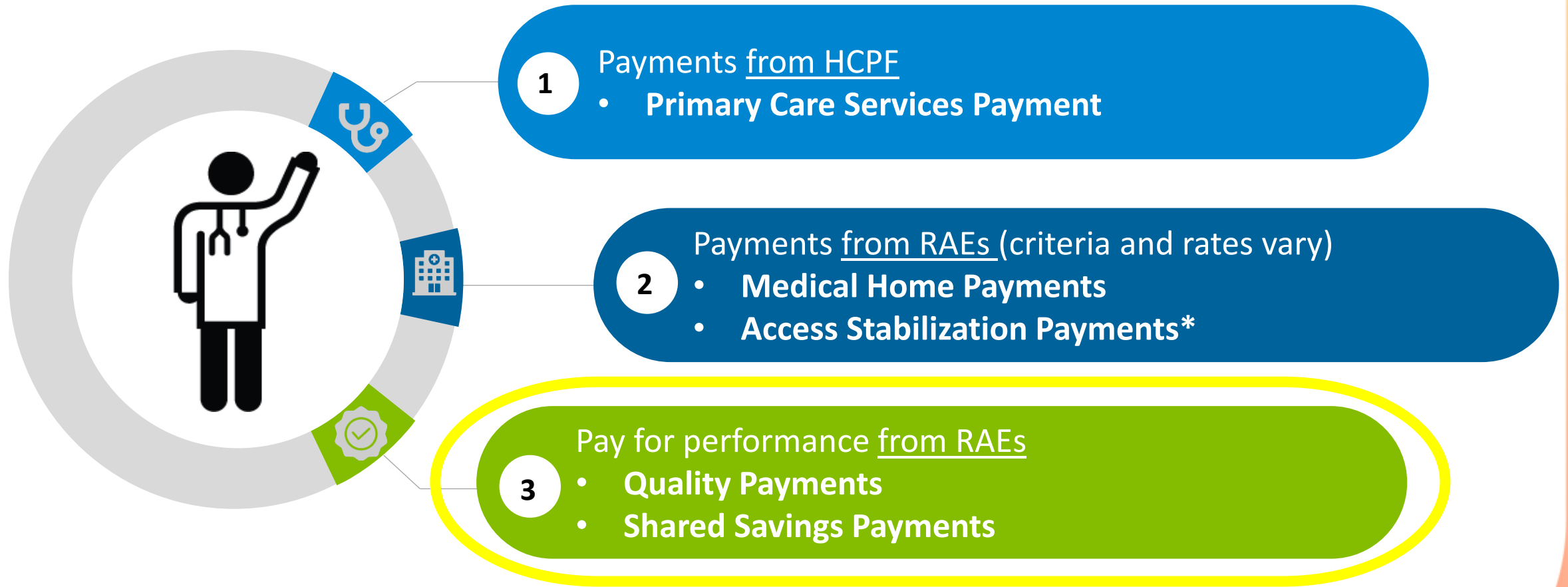


**Note:** Details subject to change as new information becomes available.

# A Singular Comprehensive Payment Structure



# Primary Care Payment Structure







# Quality Payments

(formally KPIs)



# Key Changes

- ACC/APM alignment – measure once, pay once across all programs
- Distinguish RAE incentives from PCMP incentives
- Shift PCMP incentive payment from being dependent upon regional performance to practice-level performance
- Performance calculated on members with historical utilization with PCMP
- PMPM or PMPQ payment from RAEs to practices for meeting targets
- Performance thresholds likely based on regional benchmarks agreed upon by HCPF and RAEs instead of close the gap methodology
- Use of standardized metrics – HEDIS & CMS Core

# Goals for Quality Payments

- Continuously improve or maintain performance statewide to meet or exceed averages over 7-year contract period.
- Incentivize behavior changes that leads to improved performance/quality of care.



# PCMP Measure List

Practices will be assigned 6 of the 13 measures listed below with the highest denominator:

1. \*Breast Cancer Screening
2. \*Cervical Cancer Screening
3. \*Colorectal Cancer Screening
4. \*Controlling High Blood Pressure
5. \*Glycemic Status Assessment for Patients with Diabetes (replaces HbA1c control)
6. \*Screening for Depression and Follow-up Plan
7. \*Child and Adolescent Well-Care Visits
8. \*Childhood Immunization Status Combo 10
9. \*Developmental Screening in the First Three Years of Life
10. \*Immunizations for Adolescents Combo 2
11. \*Well-Child Visits in the First 30 Months of Life (0-15 mos) and (15-30 mos)
12. Chlamydia Screening in Women
13. Contraceptive Care for All Women – Most or Moderately Effective

# Quality Payment Program\*

25% withhold - ~\$1.00

75% withhold - ~\$3.00

## RAE KPI only

Prenatal and postpartum care

Transitions of care – homegrown measure

2 health equity measures – Well Child gap closure for 2 priority populations

DOC Metric

## PCMP Metrics

- Glycemic status assessment
- Controlling high blood pressure
- Breast cancer screening
- Colorectal cancer screening
- Cervical cancer screening
- Screening for depression and follow-up plan
- Chlamydia screening for women
- Contraceptive care for women
- Childhood immunization status combo 10
- Immunizations for adolescents combo 2
- Well child visits in the first 30 months
- Child and adolescent well-care visits (ages 3 to 21)
- Developmental screening first three years of life



# Quality Payment Tracks

# Quality Payment Tracks

## Performance Track

Payment for performance on CMS core metrics

Eligibility determined by meeting denominator size for individual metrics

PCMPs must be eligible for 4-6 metrics

PCMPs eligible for only **4** measures can select up to **2** practice transformation activities (total max of 6 activities)

## Practice Transformation Track

Practice transformation focused on improving performance on individual clinical quality measures in Performance Track

Choice of completing up to 2 quality improvement activities to sub for up to 2 measures

Designed for PCMPs not eligible for Performance Track 1 (meet only 3 or fewer metrics)

PCMP must have  $\geq 200$  attributed members

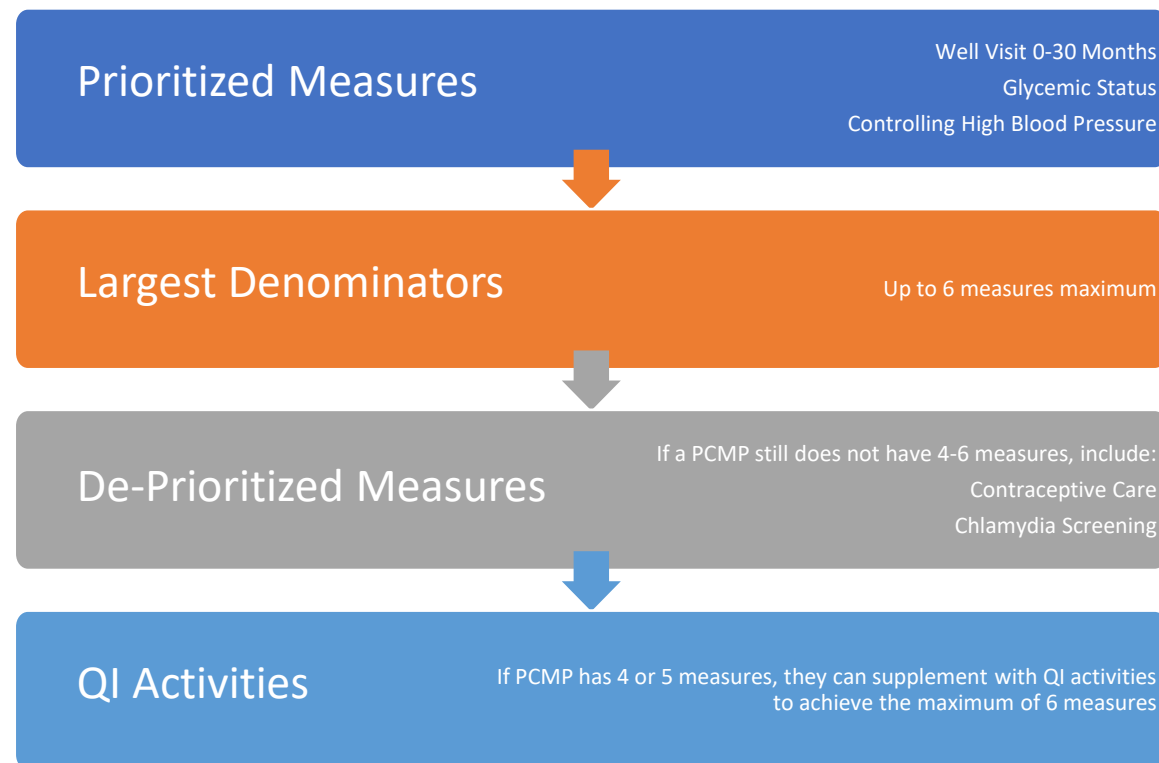
This track is optional.

# Performance Track

- Payment for performance on CMS core metrics
  - Minimum Acceptable Threshold
  - Commendable Threshold
- Eligibility determined by meeting denominator size for individual metrics
- PCMPs must be eligible for 4-6 metrics
- PCMPs eligible for only **4** measures can select up to **2** practice transformation activities (total max of 6 activities)
- PCMPs will be auto-enrolled into Performance Track
- Each PCMP will be measured individually
- Payment for PCMP performance based on total attributed population



## Measure Prioritization\*



\*Note: Eligibility for all measures is dependent on a PCMP having at least 30 Members in the denominator

# Practice Transformation Track

- Practice transformation activities that directly impact quality measure performance in performance track
- Track is optional - PCMP must have  $\geq 200$  attributed members
- Designed for PCMPs not eligible for Performance Track
- Payment based on completion of up to 2 annual QI activities
- Use of QI tools such as SMART goals, PDSA, root cause analysis, empanelment calculations to evaluate accessibility challenges, etc.







# Year 1 Overview

# Quality Payments – Year 1



## **Focus: Incentivize PCMPs to engage in practice transformation**

- All PCMPs in Practice Transformation Track
- Allows 1 year to establish 12-month performance cycle and future targets
- Incentivize RAE and PCMP engagement

### **Requirements for payment:**

- Mandatory identification of PCMP practice champions
- Minimum 2 meetings per quarter between RAE and PCMP
  - Completion of Competency Assessment qualifies
- Clinical Quality Measure Support
  - Evaluate all PCMPs' ability to report on all appropriate PCMP metrics
  - If the practice cannot provide sufficient or accurate data for metric calculation, work with Practice Transformation to be able to report
  - If practice is able to report on all quality metrics, review the Quality Dashboard quarterly and give feedback





# Questions?



# Upcoming Provider Forums : 12 – 1pm

You're invited to upcoming sessions on Wednesdays from 12:00 p.m. to 1:00 p.m. to help prepare you for Phase III 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, March 26:** Learn more about Innovaccer, a new technology platform that will power our provider reporting and support data-driven decision making, care coordination and value-based care.

**SAVE THE DATE: Thursday, April 17<sup>th</sup>:** Phase III Medical Home Payment Model Rollout

Join us for an informative session following the release of new provider contracts and rates. This forum will cover key details, answer questions, and provide clarity on what these changes mean for you. Don't miss this opportunity to connect, get the latest updates, and ensure a smooth transition. Invitation will be sent soon!



*Please note sessions will be recorded.*





# 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



# Appendix







# Incentive Payments – KPIs and Quality Payments

# Payment Details and Changes

- In Phase III, PCMP KPIs changed from quarterly measurement and payment to annual.

