



4/17/2025

Colorado Access Provider Forum

Phase III - Medical Home Payment Model



Agenda

1. Meet the Practice Support Team
2. Attribution Under ACC Phase III
3. Monthly Payments from RAEs
 1. Review of the Model
 2. Payment Breakdowns
 3. Examples
4. Discussion
5. Next Steps and Resources
6. Appendix

Meet the Team

Physical Health Practice Support Team



Luci Hunter

Manager of Practice Supports
Practice Supports



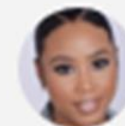
Jo English

Practice Facilitator



Denice Miller

Practice Facilitator



Tyshanae Ferguson

Practice Facilitator



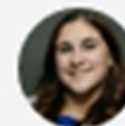
Jane Reed

Practice Facilitator



Candice Hudson

Provider Program Manager



Sara Carlton

Practice Facilitator

The Practice Facilitator team supports PCMPs in improving care operations and using data to improve health outcomes. We offer coaching, connect practices to resources, and guide overall transformation. The practice support team can be reached at Practice_Support@coaccess.com.



Attribution



Attribution – Phase III Design

Assignment vs. Attribution

- Members not attributed to provider will be assigned to the RAE.
- 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 (Evaluation and Management) codes in previous 18 months determines attribution.
 - Geographic and household attribution will be removed.

Current State

- ~60% of members in Region 4 are provider attributed.

Methodology

- HCPF methodology will prioritize a preventative visit over sick visit for children and adolescents.
- Frequency of visits is prioritized for member attribution
- Member choice will remain in effect for the first 18 months and then members will be reattributed based on the criteria above.
- Members who don't meet any of the criteria above will be assigned to their RAE.
- Reattribution will occur quarterly and monthly for children under 1

Increasing Provider Attribution

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

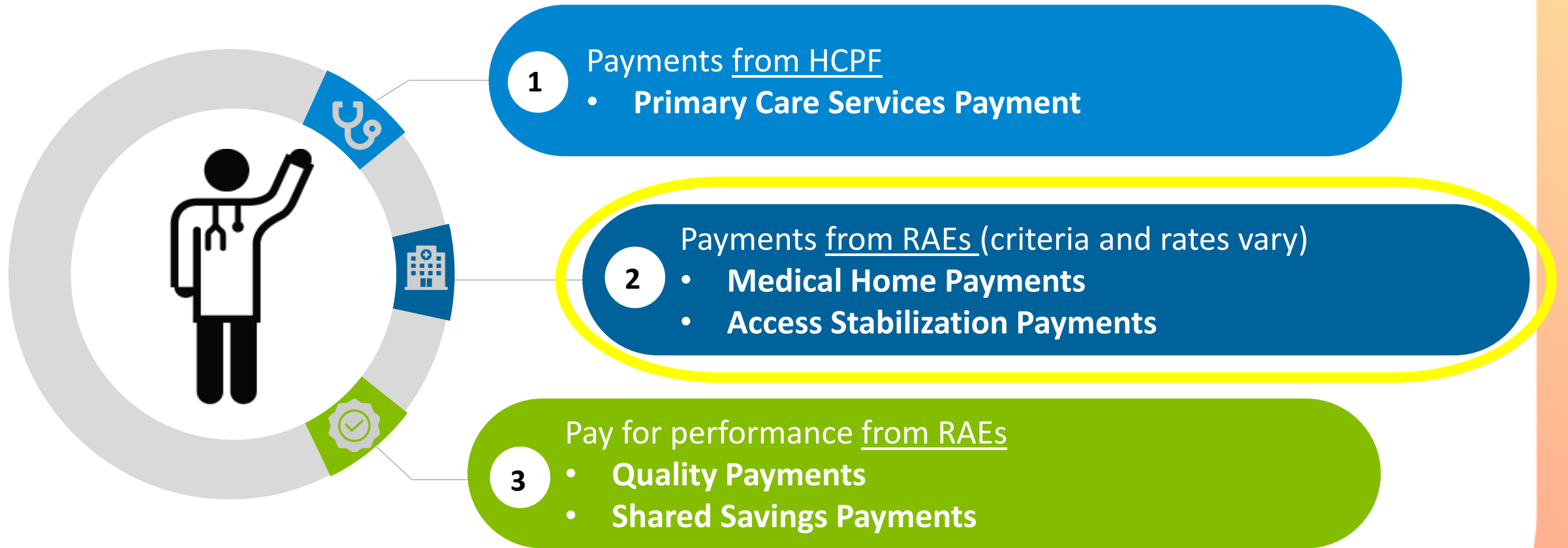


Note: Details subject to change as new information becomes available.

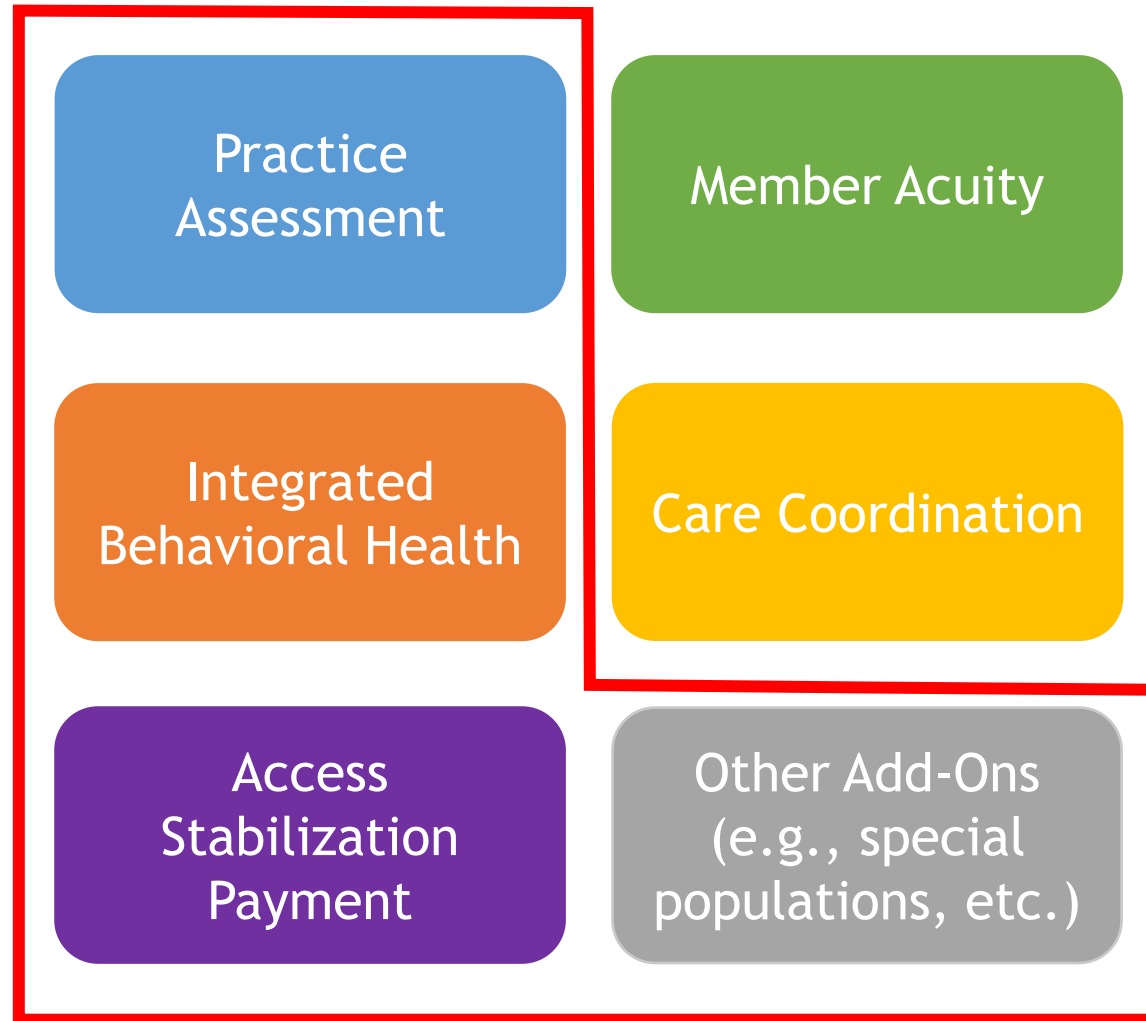


Primary Care Payments from RAEs

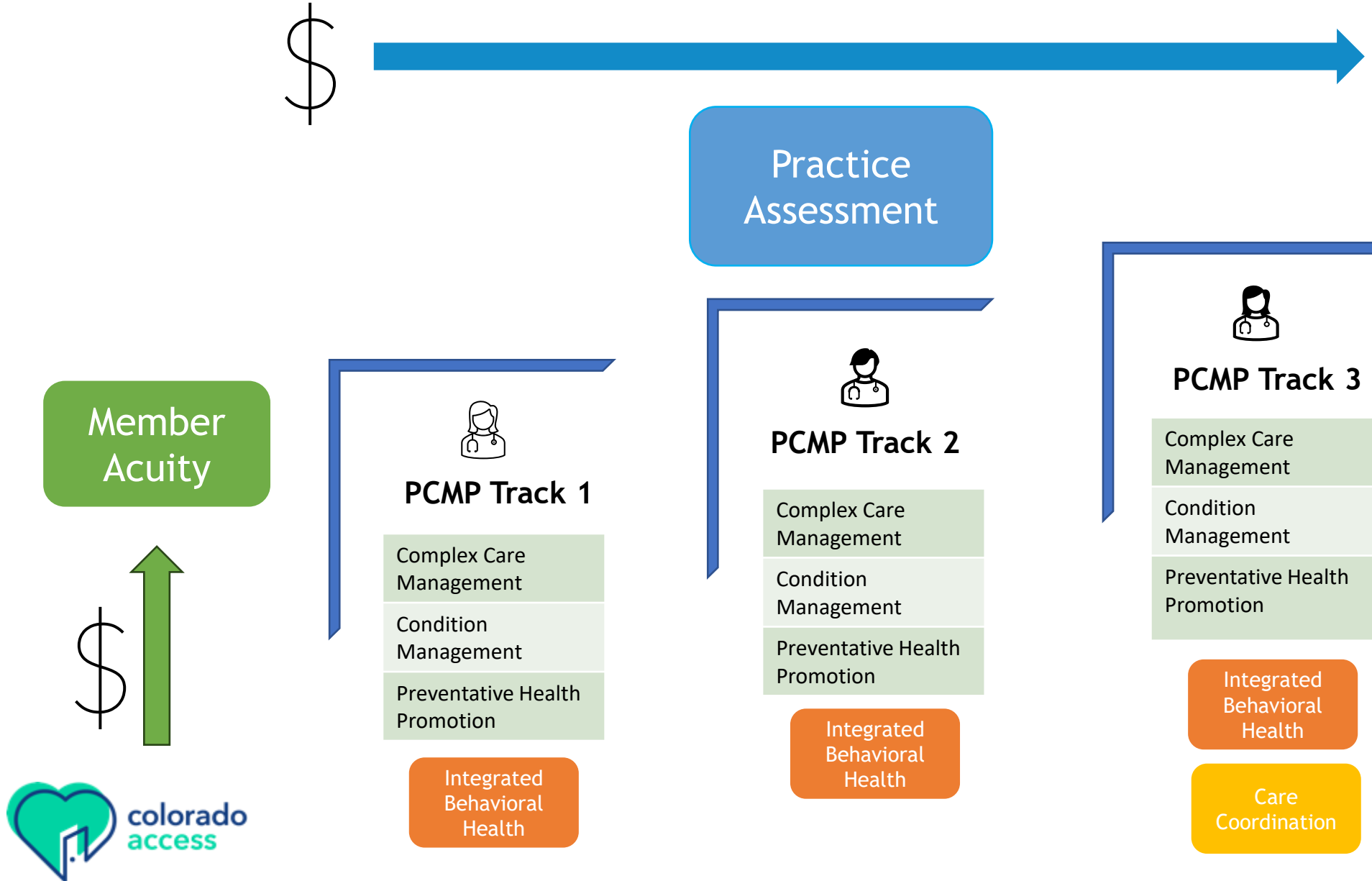
Primary Care Payment Structure



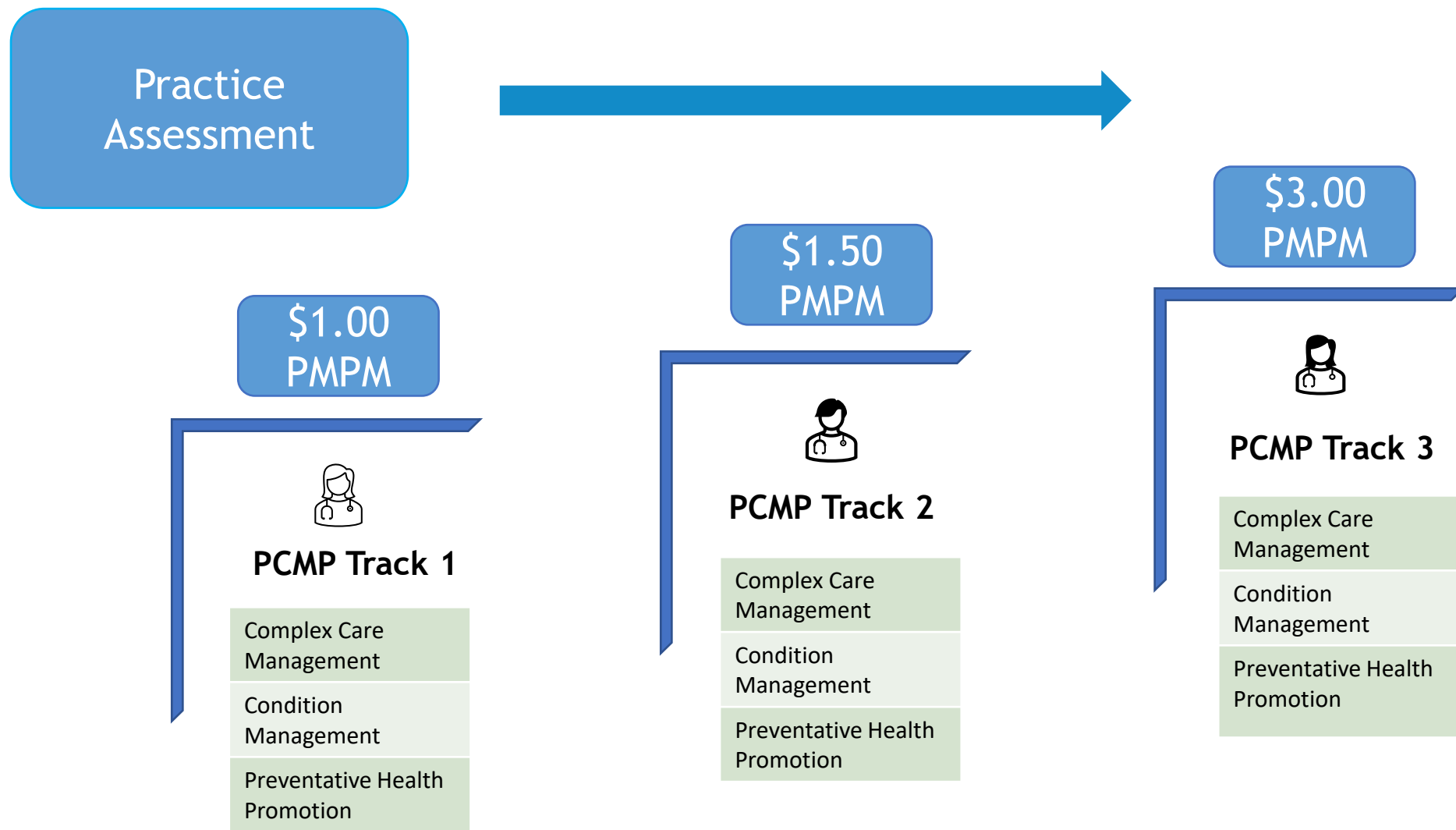
Payments from RAEs (Colorado Access)



Medical Home Payment Model



Medical Home Payment: Practice Assessment



Medical Home Payment: Integrated Behavioral Health



The practice:

- Has an established relationship with an integrated **behavioral health provider via telehealth or onsite who is available to deliver brief interventions** for patients with behavioral health conditions or those needing assistance with behavior change.
- Has an identified **interdisciplinary team of champions** for advancing Integrated Behavioral Health programming and continuous quality of care.
- Utilizes a **single integrated health record** to consolidate a patient's physical and behavioral health information.

HCPF Access Stabilization Payment



The practice is a(n):

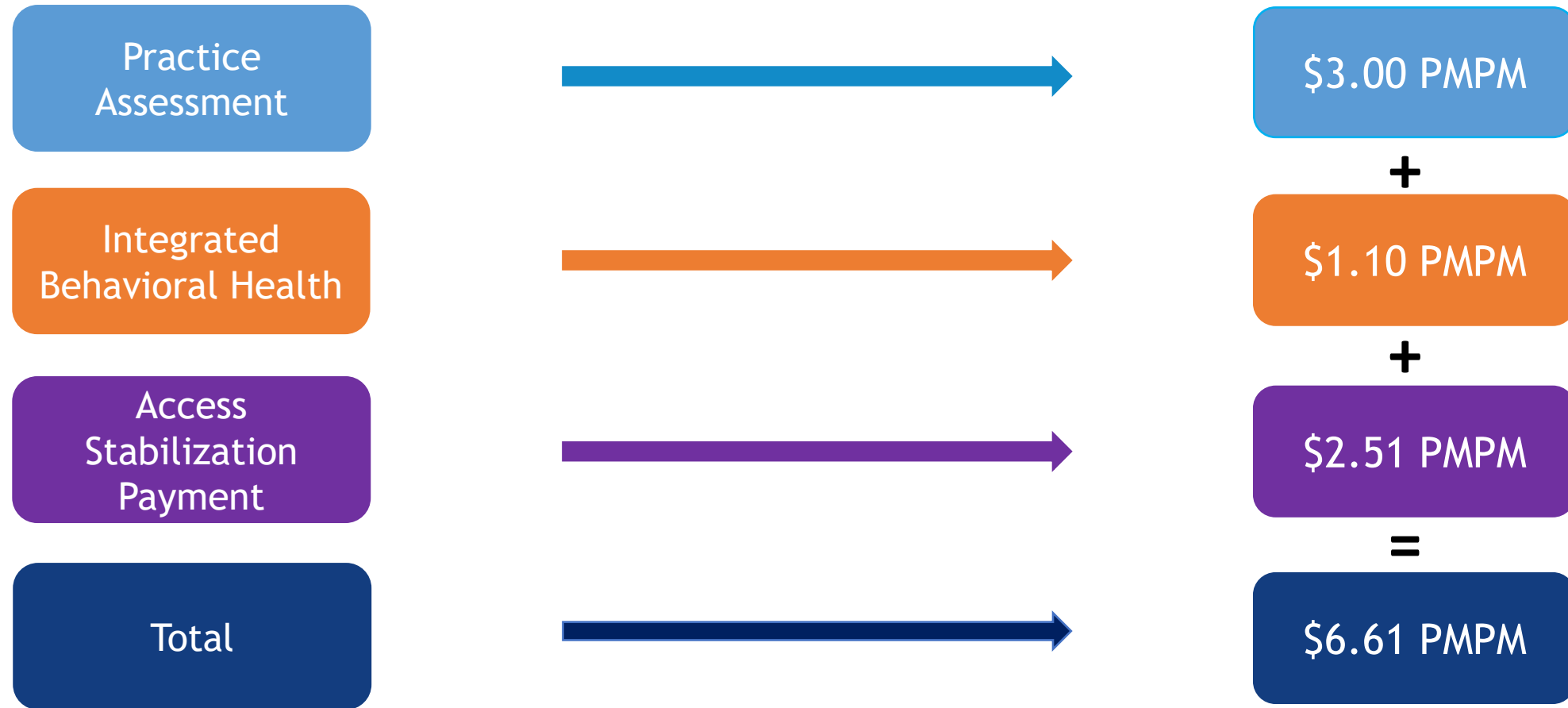
- PCMP where **more than 80%** of the Health First Colorado members served are **0-18 years** old.
- PCMP that operates in counties classified as **Rural or Counties with Extreme Access Considerations (CEAC)**.
- Independent PCMP who is operating **with one (1) to five (5) providers**.



Questions

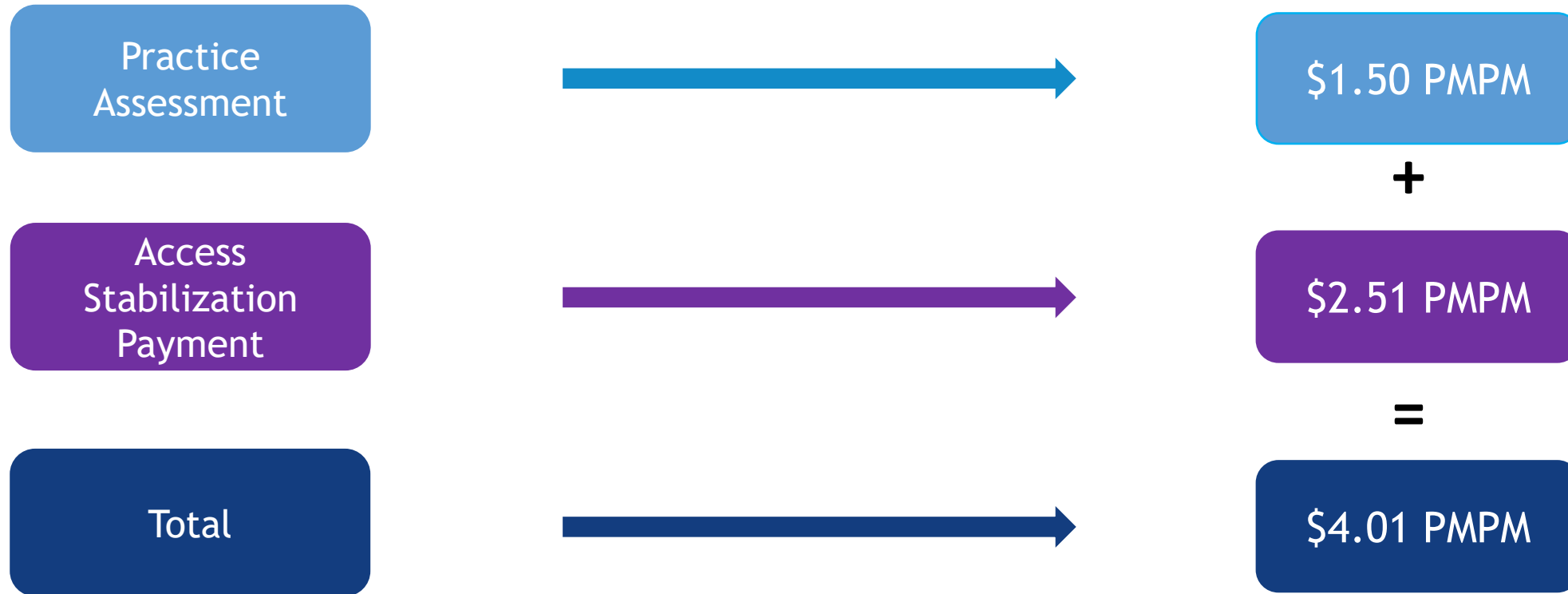


Example: Track 3 Pediatric Practice with Integrated BH



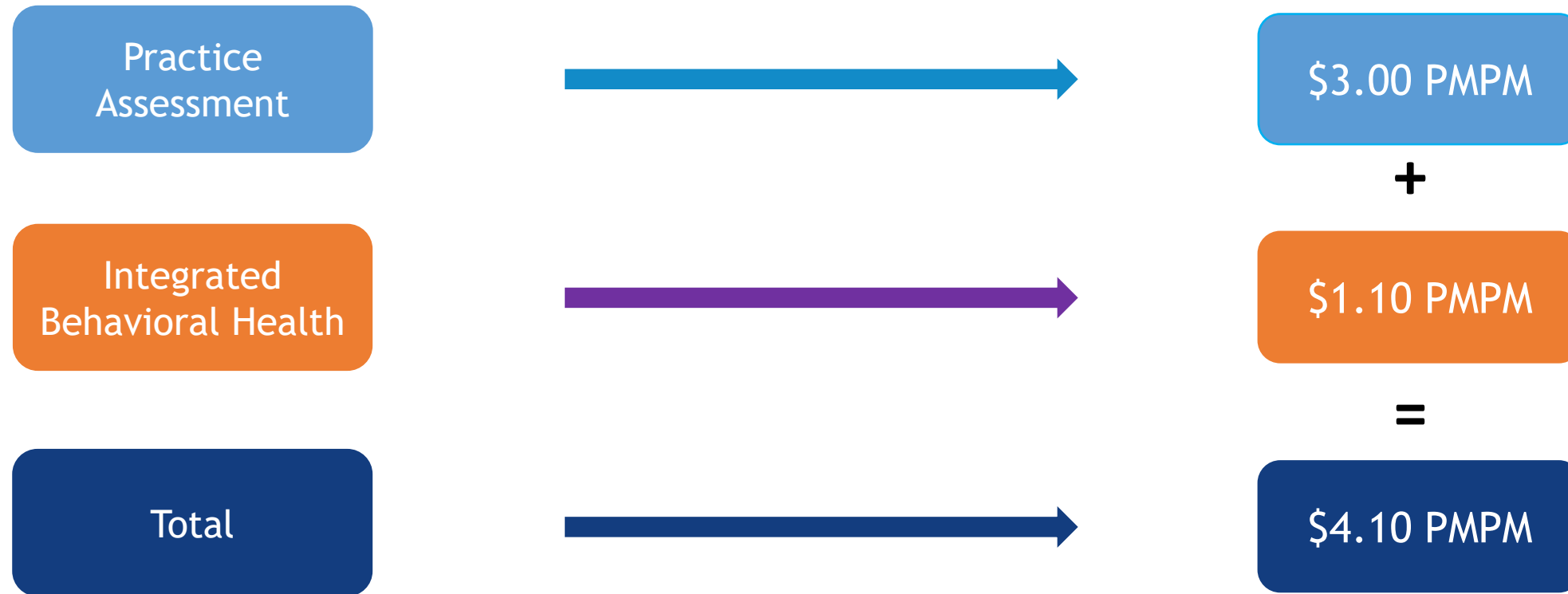
642 members x \$6.61 =
\$4,243.62 monthly payment

Example: Track 2 Small Practice



1,300 members x \$4.01 =
\$5,213 monthly payment

Example: Track 3 Large Practice with Integrated BH



2,283 members x \$4.10 =
\$9,360.30 monthly payment

Colorado Access Phase III Transition Support Payment



- Cover a percentage of revenue loss after access stabilization is applied
- Created as a bridge funding source
- First year payment only
- Separate from the HCPF stabilization payment
- Details will be finalized upon receipt of access stabilization data from HCPF – likely early May



Discussion



Next Steps and Resources

- Practice Facilitators are available to review this information with practices including those not on a regular meeting cadence with their assigned facilitator.
- Reach out to Practice_Support@coaccess.com if you are not familiar with your assigned practice facilitator.
- Review recorded session and slides from our previous ACC Phase III forums, available on the COA *[Learning Management System](#) and the [COA ACC Phase III webpage](#).
- Attend the upcoming HCPF virtual education sessions on the new Primary Care Payment Structure.
 - Pre-registration is required - you may register for one or multiple sessions at a time through [Zoom](#):
 - Session 3: Shared Savings – Wednesday, April 23, 12:00 – 1:30pm
 - Session 4: Primary Care Services Payments – Wednesday, May 7, 12:00 – 1:30pm

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 a salad with green leafy vegetables, red tomatoes, and a generous topping of golden-brown tortilla chips. In the background, a glass of water with a lemon slice is visible. The overall scene is set on a dark, textured 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



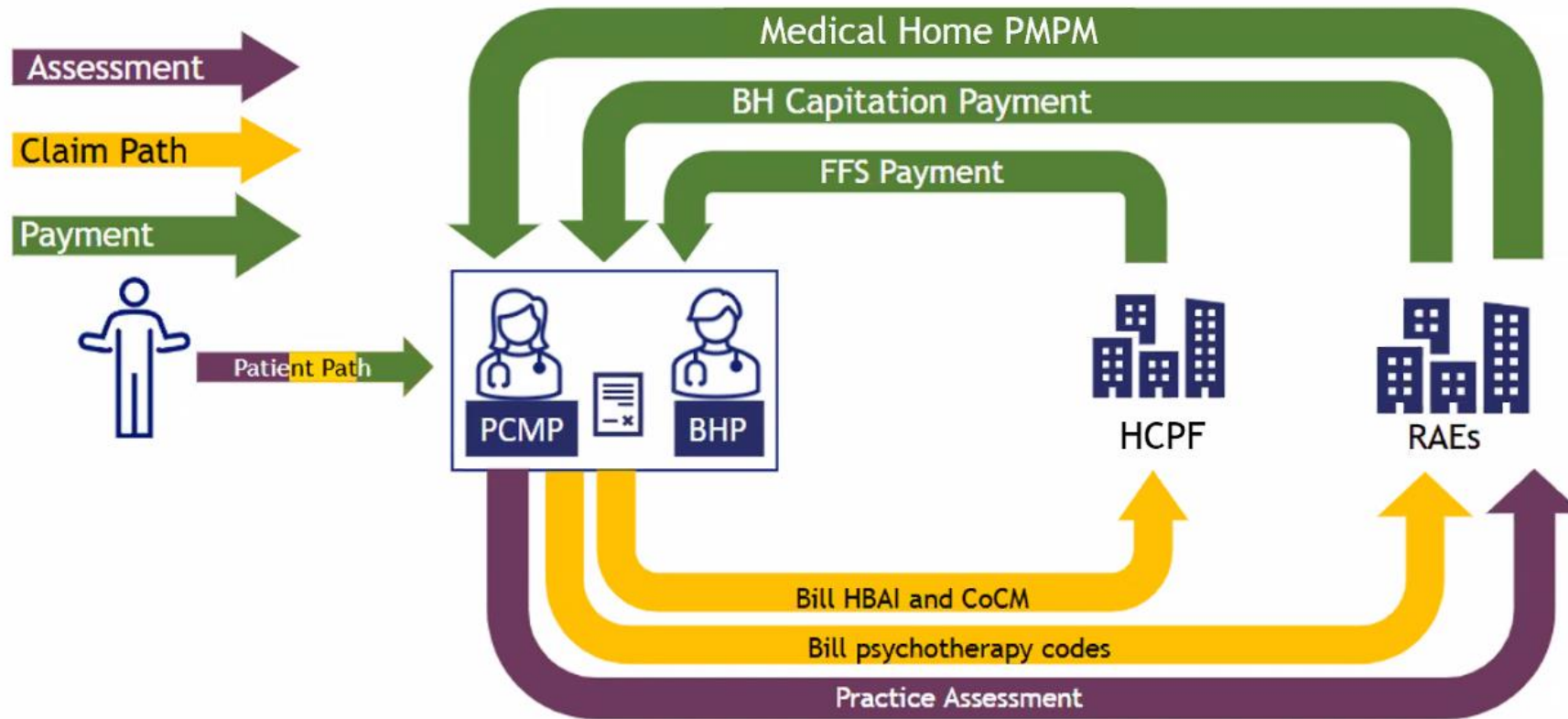


Appendix



Integrated Behavioral Health Pathway

Integrated Care Payment Pathways



Access Stabilization Payment



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.

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.

**Legislative approved 3/21?*

Chronic Illness and Disability Payment System (CDPS) Overview

What is CDPS?

A widely used risk adjustment model for Medicaid health plans.

Specifically designed for Medicaid populations.

Accounts for higher prevalence of chronic conditions and disabilities in Medicaid membership

How do risk scores work?

Diagnosis-driven: CDPS assigns risk scores based on diagnoses coded in claims (not procedures or costs).

Hierarchical structure: Within each major category (e.g., cardiovascular, diabetes), only the most severe diagnosis counts, but conditions add up across categories (e.g., a patient with both heart disease and diabetes will have a higher score).

Why CDPS?

Supports budgeting and resource allocation and helps predict costs and invest in high-risk populations effectively.

Encourages comprehensive care management by identifying members with complex needs for targeted programs and interventions.

Improves population health insights and analysis of risk trends to advocate for policy changes based on data.

Quality Payments

Payment*	Performance Period
June 2025	Q1 SFY24-25
September 2025	Q2 SFY 24-25
December 2025	Q3 SFY 24-25
March 2026	Q4 SFY 24-25
April 2026	July 2025 – March 2026 - First half Practice Transformation Track Incentives
January 2027	April 2026 – Dec 2026 - Second half Practice Transformation Track Incentives
July 2027	CY 2026 Quality Measures
July 2028	CY 2027 Quality Measures

*Estimated payment dates 2025-2028, annual thereafter



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