COLORADO ACCESS

FY 2026-27 PROGRAM DOCUMENT

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Contents

I. Background:

Colorado Access (COA), as the Regional Accountable Entity (RAE) of Colorado Region 4, is tasked with building and managing a robust network of primary care medical providers (PCMPs) that serve as medical homes to Health First Colorado Members (Colorado's Medicaid Program). COA aims to create programming that incentivizes medical home practices to employ methods that allow Health First Colorado members to receive high-quality primary care services, grounded in best practices, which result in the best possible health outcomes.

Medical Home Payments are per-member-per-month (PMPM) payments from RAEs to support the PCMP role as a medical home for Health First Colorado members. This payment focuses on building and maintaining advanced primary care activities such as care coordination, integrated behavioral health services and population health management.

II. All-Network Provider Site Payments:

A site's overall medical home payment is determined according to performance or eligibility on the following components as set forth and standardized by Healthcare Policy and Financing (HCPF):

- PCMP Practice Assessment Payment
- Integrated Behavioral Health Payment
- Member Acuity Payment
- Care Coordination Care Plan Rate Payment

PCMP Practice Assessment: All provider site types are eligible for the PCMP Practice Assessment payment. Providers complete a points-based assessment to determine their placement on the continuum of advanced primary care.

The three tiers are designed to recognize a site's varying experience in value-based care aligning with the Center for Medicare and Medicaid Services (CMS) Making Care Primary (MCP) three-track model and Division of Insurance (DOI) House Bill 22-1325 Aligned Primary Care Alternative Payment Model Regulation. **Tier 1** practices are beginning their advanced primary care journey, while **Tier 3** practices reflect the competencies of an advanced practice. There are criteria that practices must pass in order to qualify for Tier 2 and Tier 3 PMPMs. If all "must pass" criteria are not met, then a practice will fall into Tier 1, regardless of the points received. If a practice is an accredited Patient Centered Medical Home (PCMH) recognized by the National Committee for Quality Assurance (NCQA) or Association for Ambulatory Health Care (AAAHC) and all "must

pass" criteria have been met, the practice will be considered Tier 3. For practices that are NCQA PCMH recognized or AAAHC accredited but do not meet all "must pass" criteria, the practice will be considered Tier 2. Practices will be required to complete a full assessment annually.

Practices must submit a new, updated full assessment if there are significant changes to the practice that impact its operations or quality of care. Some examples of significant changes include, but are not limited to: hiring a designated Care Coordinator, Behavioral Health Provider, or other key clinical staff, losing a Behavioral Health Provider, practice acquisition by a health system or larger organization, implementation of a new electronic health record (EHR) system, or receiving PCMH recognition. If any of these or other major changes occur, the practice will submit a full new assessment within 30 calendar days of the significant change to reflect the current structure and capabilities of the practice. A comprehensive reassessment and audit will be conducted upon receiving the updated assessment reflecting the recent changes. If the changes are found to affect payments, any adjustments will apply starting in January 2027.

Practices will be identified for an audit based on select criteria. For the audit, practices will be required to submit evidence for the criteria attested to as outlined in the practice assessment. Failure to comply in the audit process may result in modification to tiering status, corresponding payment and could impact eligibility to participate in value-based contracts.

If a PCMP declines to engage with a RAE and fails to turn in the practice assessment, practice assessment PMPM will zero.

Individual site responses and copies of the assessment tool are available from the practice support team at practice_support@coaccess.com upon request.

PCMP Practice Assessment Scoring		
Level	Assessment Points	PMPM Amount
Tier 1 - Incomplete	0	$0.00
Tier 1	1-33	$0.50
Tier 2	34-66	$0.75
Tier 3 (PCMH)	67-100	$1.50

*PCMH-recognized/accredited providers must pass all "must pass" criteria; otherwise, they are Tier 2.

Integrated Behavioral Health: Qualifying providers are identified via the completion of the PCMP Practice Assessment. These provider sites will receive additional payment for delivering highly integrated care (Level 3) if they meet all standards for integration of primary care and behavioral

health as outlined in the Practice Assessment. A practice must have an established relationship with a clinician available onsite or via telehealth to patients on site who is **readily available** to provide brief interventions for behavioral health conditions. Practice sites must utilize a **single integrated health record** to consolidate a patient's physical and behavioral health information. Lastly, the practice site must have an identified interdisciplinary **team of champions** for advancing Integrated behavioral health programming and continuous quality of care. Practices that have billed for integrated behavioral health services will receive a larger PMPM. Practices that bill are determined based on billing between July 1, 2025 and January 31, 2026. We reserve the right to recheck billing throughout the year and shift payments down if a practice is no longer billing.

Integrated Behavioral Health PMPM	
Level	**PMPM Amount**
Does not Meet IBH Criteria	$0.00
Meets IBH Criteria Not Billing	$0.40
Meets IBH Criteria Billing	$1.25

Member Acuity Payment: All providers are eligible to receive the Member Acuity PMPMs. A Member Acuity Payment is a payment that adjusts provider compensation based on the clinical and social complexity of the members they serve, rather than paying the same amount for every attributed member. Under the Medical Home Payment Model, each attributed member is assigned to an acuity tier (Tier 1, Tier 2, or Tier 3), and providers receive a PMPM payment that increases as member acuity increases.

Care Coordination Partners (CCPs) receive a higher Tier 3 Member Acuity PMPM to reflect their delegated responsibility for providing intensive, longitudinal care coordination and care management services for members with the highest acuity and most complex needs.

Member Acuity PMPM	
Level	**PMPM Amount**
Tier 1 Members	$0.50
Tier 2 Members	$2.40
Tier 3 Members (PCMP)	$2.40
Tier 3 Members (CCP)	$4.80

Care Coordination Care Plan Rate Payment*:* The Care Coordination Care Plan Rate is an additional PMPM payment available only to designated Care Coordination Partner (CCP) practices under the Medical Home Payment Model. Its purpose is to support delegated, longitudinal care coordination and care management activities, particularly for members with

higher acuity and complex needs. The Care Plan Rate will be paid based on the percentage of care plans created for members eligible for Tier 3 Care Management.

Only practices that are formally contracted as Care Coordination Partners (CCPs) are eligible for the Care Plan Rate. Eligibility is contingent on all of the following:

- Being contracted with Colorado Access to provide delegated care coordination services
- Demonstrating the capacity to care manage their attributed membership, aligned with NCQA care coordination and complex case management standards
- Quarterly reporting of care coordination and care plan activities to the RAE in a required format
- Ongoing compliance with program requirements, which are reviewed annually

Eligibility for Care Plan Rate Payments will be reviewed annually. Starting in January 2027 a gate measure may be instituted. The gate will be based on performance standards 33 and 34. The gate will be determined and disseminated to practices before the start of the fiscal year.

Care Plan Rate PMPM	
Level	**PMPM Amount**
0% Care Plan Rate	$2.50
1% - 100% Care Plan Rate	$5.00

Medical Home Payment Example:

Provider X is a Family Medicine provider with a total attributed membership of 1,900 at the end of December 2025.

Provider X completed the practice assessment and is placed in **Tier 3 (PCMH)**, meaning the site is an advanced practice and qualifies for the Tier 3/PCMH base PMPM. Provider X also meets the qualifications for an integrated behavioral health provider according to the practice assessment and is billing for IBH services.

For this example, Provider X's 1,900 attributed members are assumed to be distributed across acuity tiers as follows: 1,200 Tier 1 members, 500 Tier 2 members, and 200 Tier 3 members (PCMP).

Payment Category	PMPM Rate	Applicable Members	Total Monthly Payment
Base Tier 3 Payment	$1.50	1,900	$2,850.00
Integrated Behavioral Health (IBH) Payment (Meets Criteria Billing)	$1.25	1,900	$2,375.00
Member Acuity Payment Tier 1 Members	$0.50	1,200	$600.00

Member Acuity Payment Tier 2 Members	$2.40	500	$1,200.00
Member Acuity Payment Tier 3 Members (PCMP)	$2.40	200	$480.00
Total Monthly Payment			**$6,685.00**

III. Glossary

ACC Phase 3 Attribution. As applicable to the RAE, those members attributed to the provider by the State under a benefit program or otherwise provided for under the RAE and based on claims history. The number of members attributed to a provider is subject to periodic adjustment by HCPF.

Care Management/Care Coordination. The deliberate organization of Member care activities between two or more participants (including the Member and/or family members/caregivers) to facilitate the appropriate delivery of physical health, Behavioral Health, functional Long Term Services and Supports (LTSS) supports, oral health, specialty care, and other services. Care Coordination may range from deliberate Provider interventions to coordinate with other aspects of the health system to interventions over an extended period of time by an individual designated to coordinate a Member's health and social needs.

Health First Colorado. Colorado's Medicaid program. It was re-named July 1, 2016.

Medical Home. An approach to providing comprehensive primary care that facilitates partnerships between individual members, their providers, and where appropriate, the member's family.

Patient Centered Medical Home (PCMH). If recognized by an official entity, PCMPs shall provide copies of certification or accreditation as a patient-centered medical home (PCMH). Recognition, certification, or accreditation as a PCMH may be granted by any of the following entities:

- National Committee for Quality Assurance (NCQA)
- Accreditation Association for Ambulatory Healthcare (AAAHC)

Per Member Per Month (PMPM). A fixed reimbursement methodology for a provider, for attributed members, paid monthly.

PCMP Practice Assessment Score. The score that resulted from each practice site's most recent PCMP Practice Assessment evaluation in accordance with CMS's Making Care Primary (MCP) three-track model and DOI HB 22-1325 Aligned Primary Care APM Regulation.

Primary Care Medical Provider (PCMP). A physician who is a participating provider and who is responsible for coordinating and managing the delivery of covered services to members. In

addition, PCMPs are defined by the following services provided: health promotion, disease prevention, health maintenance, counseling, patient education, diagnosis, and treatment of acute and chronic illnesses in a variety of health care settings (e.g., office, inpatient, critical care, long-term care, home care, day care, etc.). PCMPs are PCPs who provide additional services to members. As applicable to the RAE, a PCMP is contracted with a RAE to participate in the Accountable Care Collaborative (ACC) as a network provider and may be an M.D., D.O., or a N.P., and is a specialist in one of the following: family medicine, internal medicine, pediatrics, geriatrics, obstetrics and gynecology, community mental health center, HIV/infectious disease. PCMPs must provide definitive care to the undifferentiated patient at the point of first contact and take continuing responsibility for providing the patient's comprehensive care, with the majority of patient concerns and needs being cared for in the primary care practice itself.

RAE Assigned Member. Under ACC Phase III members without a claim history to a PCMP will be attributed to the RAE.

Reattribution. The process of attributing a Member to a new PCMP based upon new information (e.g., claims information). Reattribution will occur quarterly.