

PCMP VALUE BASED MODEL POLICY

Title:		Policy Number:	
PCMP Value Based Model Policy		Policy Number: 02	
Responsible Department:	Author:	Approver:	
Network Management	Alma Mejorado Director of Network Contracts	Cara Hebert Community and Provider Relations Director	
Original effective date:	Date of policy retirement:	Last revision date:	Last reviewed/ approval date:
06/01/2025	N/A	N/A	05/29/2025
Applicability			
<input checked="" type="checkbox"/> NHP Staff (including contractors) <input checked="" type="checkbox"/> NHP Providers <input checked="" type="checkbox"/> NHP State Contract Requirements (Local or Federal Requirements) <input type="checkbox"/> NHP Rocky Mountain Health Plans Contract Requirements	Policy applies to: Network Care Coordination Quality Finance Information Technology Operations		

I. PURPOSE

Northeast Health Partners (NHP) is responsible for designing and implementing a value-based payment model for all contracted Primary Care Medical Providers (PCMPs) in accordance with contract requirements.

This policy outlines the methodology of the three-tier model, the PCMP Practice Site's responsibilities and performance requirements, and NHP performance oversight.

II. POLICY

NHP designed and implemented a PCMP value base payment model in adherence to Department's three progressive tiers designed to recognize participants' varying experience in value value-based care, aligning with CMS' Making Care Primary (MCP) three-track model and DOI HB 22-1325 Aligned Primary Care APM Regulation.

NHP is committed to supporting PCMP Practice Sites through developing competencies to show value through delivery of advanced primary care.

NHP will annually audit a minimum 10% of PCMP Practice Site's Practice Assessments and, if appropriate, adjust a PCMP Practice Site's Tier.

III. DEFINITIONS

- A. Attribution – the method used to link RAE Members to their medical home, or PCMP Practice Site.
- B. Department – Colorado’s Department of Health Care Policy and Financing, which is the single state agency that administers Colorado’s Medicaid program. Also known as HCPF.
- C. Health First Colorado – the name of Colorado’s Medicaid Program.
- D. Medical Home – An approach to providing comprehensive primary care that facilitates partnerships between individual Members, their providers, and, where appropriate, the Member’s family.
- E. Member – Any individual enrolled in the Colorado Medicaid program, Colorado’s CHP+ program or the Colorado Indigent Care Program, as determined by the Department.
- F. Practice Assessment Tool (or Practice Assessment) – A standardized tool approved by the Department to assess and tier PCMP Practice Sites and establish level of care standards for serving Members with health care needs of increasing complexity. Compensation for PCMPs will be based on the practice assessment tier as well as the complexity of the Members they serve.
- G. Primary Care Medical Provider (PCMP) – A primary care provider contracted with a RAE to participate in the Accountable Care Collaborative as a Network Provider.
- H. Primary Care Medical Provider Practice Site (PCMP Practice Site) – A single “brick and mortar” physical location where services are delivered to Members under a single Medicaid billing Provider identification number.
- I. Regional Accountable Entity (RAE) – A single regional entity responsible for implementing the Accountable Care Collaborative within its region.

IV. PROCEDURE

- A. NHP will utilize a Practice Assessment Tool developed and approved by the Department to determine the initial capabilities of each PCMP Practice Site.
 - 1. PCMP Practice Sites will complete the Practices Assessment prior to the execution of a PCMP Agreement and on an annual basis thereafter.
 - 2. PCMP Practice Sites must submit a new, updated Practice Assessment if there are significant changes that impact its operations or quality of care. The PCMP must notify NHP and submit a new assessment within 30 calendar days of the significant change to reflect the current structure and capabilities of the PCMP Practice Site.
 - 3. NHP will collect and store all Practice Assessments and attestations. NHP will not require documentation at the time of submission. NHP may request supporting documentation during an audit.
- B. The Practice Assessment Tool, developed and approved by the Department, will document the capabilities of the PCMP Practice Site to meet the requirements set forth by the Department, as the first step in determining the PCMP Practice Site’s participating tier.
 - 1. Each PCMP Practice Site will perform a Practice Assessment.
 - 2. Based on the responses for each PCMP Practice Site, each will obtain a score indicating the highest tier for which they qualify.
 - 3. The Practice Assessment scoring methodology, developed and approved by the Department, is noted in the following table:

Tier Level	Practice Assessment Scoring Methodology
Tier 1	<ul style="list-style-type: none"> 0-33 points <u>or</u> 34-100 points and one or more "Must Pass" criteria were not met.
Tier 2	<ul style="list-style-type: none"> 34-66 points and all "Must Pass" criteria met <u>or</u> Practice has NCQA PCMH or AAAHC and one or more "Must Pass" criteria were not met.
Tier 3	<ul style="list-style-type: none"> 67-100 points and all "Must Pass" criteria met <u>or</u> NCQA PCMH or AAAHC and all "Must Pass" criteria met.

C. PCMP Practice Sites will choose the level of Care Coordination activities to perform. The Care Coordination activities for each tier is as follows:

Tier Level	Care Coordination Activities and Responsibilities
Tier 1	<ul style="list-style-type: none"> Meet qualifications as a PCMP set by the Department. Refer to NHP rising risk and complex and care coordination Conduct brief SDOH screenings Participate in shared care planning Support community and specialty referrals Educate members on their Medicaid benefits Connect members to health education and wellness programs
Tier 2	<ul style="list-style-type: none"> All responsibilities in Tier 1 SDOH screening and navigation Manage care transitions Specialty referrals Lead Care Coordination for members with chronic conditions and/or rising risk Support medication adherence Document missed care appts Address barriers to attending appts Provide EPSDT outreach and tracking Monitor escalating risk factors and hand off to Tier 3 if needed Document care plan compliance Use of Department tools Capability to exchange data
Tier 3	<ul style="list-style-type: none"> All responsibilities in Tier 1 and 2 Open panels accept auto assignments and new members, including COUP members Lead Care Coordination role on complex cases Respond to crisis follow up requests Conduct comprehensive assessments/screenings Establish, update, and document comprehensive care plans Regularly attend CC subcommittee and partnership meetings Monthly complex member engagement Complete and document Care Coordination interventions Align care across systems and providers Meet Care Coordination performance standards set by the Department and NHP. Submit reporting on Care Coordination activities and data in format and timeframes dictated by NHP
Tier 3+	<ul style="list-style-type: none"> All responsibilities in Tier 1-3 Document on ESSETTE for members who meet complex case criteria (required documentation may be subject to change) Delegated for Care Coordination activities.

- D. The PCMP Practice Site tier will be determined by the Practice Assessment score and the level of Care Coordination activities the practice chooses to perform. PCMP Practice Site will be required to conduct specific activities and responsibilities based on their participating tier. NHP will provide system-wide coordination and oversight. For more specifics, please refer to the Care Coordination Policy available on the NHP Website.
- E. The PCMP Practice Site's participating tier will be documented on the Addendum to Primary Care Medical Provider Agreement. It will indicate the effective date of the participating tier.
 - 1. Should there be any changes to the participating tier, then an updated Addendum will be issued reflecting the change and effective date.
- F. PCMP Practice Sites, regardless of participating tier, will be required to:
 - 1. Engage with their assigned Practice Transformation Coach and participate in Practice Transformation activities.
 - 2. Assign a Point of Contact to respond to NHP Care Coordination Team within one business day.
 - 3. Use Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) to standardize screening tools, including behavioral health screening tools. NHP will offer training and support, as appropriate, to meet the requirements.
 - a. Ensure timely follow-up and care coordination for children with positive screenings requiring additional assessment and treatment.
 - b. Address social determinants of health (SDOH) by integrating referrals to community-based support services.
 - c. Improve access to at-risk populations (e.g., foster children, children with disabilities, and first-time Medicaid enrollees).
 - 4. Participate in the Department's incentive programs including but not limited to Alternative Payment Model (APM), Key Performance Indicators (KPI), and/or other incentive programs when eligible.
 - 5. Participate in NHP incentive programs or quality measure improvement activities.
- G. The PCMP Practice Site's participating tier will determine the Per Member Per Month (PMPM) payment of attributed members as indicated in the Addendum to Primary Care Medical Provider Agreement. PMPM payments will cover the following components:
 - 1. Practice Assessment Completion
 - 2. Care Coordination and Acuity Payments
 - 3. Other Programs
 - 4. Integrated Behavioral Health
- H. NHP will support PCMP Practice Sites to demonstrate value through the delivery of advanced primary care. NHP will offer practice transformation support, training and resources for PCMP Practice sites to advance along tier levels, demonstrate higher quality metrics, and improve clinical performance levels.
- I. NHP will conduct periodic audits for practice assessment verification and adherence to requirements based on PCMP Practice Site tier level.
 - 1. NHP will notify PCMP Practice Site of selection for audit within a reasonable timeframe for preparation.
 - 2. NHP will communicate PCMP Practice Site of audit results.
 - 3. In the event that NHP identifies areas for improvement as part of the audit results, PCMP Practice Site will be required to submit a 60-day performance improvement plan to meet the identified area and subject to NHP approval.
 - 4. NHP will monitor the progress and offer practice transformation support to achieve improvement in the area. PCMP Practice Site may be subject to a follow up audit at the end of the plan's timeframe to demonstrate meeting performance requirements.
 - a. Should the PCMP Practice Site demonstrate meeting performance requirements, then the PCMP Practice Site will retain its current participating tier.

- b. Should the PCMP Practice Site not demonstrate meeting performance requirements, then the PCMP Practice Site receives a Corrective Action Plan where they will have 30 days to meet the performance requirements.
 - i. Should the PCMP Practice Site demonstrate meeting performance requirements, then the PCMP Practice Site will retain its current participating tier.
 - ii. Should the PCMP Practice Site not demonstrate meeting performance requirements, then they will be moved to a tier level which aligns with the infrastructure and capabilities demonstrated in the audit.
 - c. For more information on performance management, please refer to the Vendor Performance Management Policy.
- J. NHP may change the PCMP Practice Site's tier level to a higher or lower level under one or more of the following situations:
 - 1. PCMP Practice Site submitted an updated assessment that demonstrated a significant change to the current structure and capabilities and met the Care Coordination minimum requirements.
 - 2. PCMP Practice Site evidence presented during an audit alters the capabilities attested on the Practice Assessment and the Care Coordination minimum requirements. As a result, the score of the PCMP Practice Site changes based on the Practice Assessment Scoring Methodology developed and approved by the Department.
 - 3. PCMP Practice Site does not meet performance requirements for the tier as set by the Department and NHP as determined by an audit.
- K. If the PCMP Practice Site believes there has been an error or oversight in the process to determine the participating tier, or if disagrees with the audit results, they may notify NHP of its dispute within thirty (30) days of the receipt of the participating tier or audit results. NHP will review the determination and may make changes based on this review within thirty (30) days of receipt of any dispute in writing from the Provider. The determination or calculation of results from NHP shall be final.
- L. In the event that a PCMP Practice Site changes participating tiers, it will be effective to the Per Member Per Month payment of the first of the month following 30 days from the notification date.
 - 1. NHP will submit an updated Administration Payment Report within 30 days prior to the new changes to payment arrangements taking effect in accordance with the contract with the Department.
 - 2. The changes of the participating tier will be documented in an updated Addendum to Primary Care Medical Provider Agreement reflecting the new participating tier and effective date.

V. ENFORCEMENT

Any Staff found to have violated this policy may be subject to disciplinary action, up to and including termination.

VI. DISTRIBUTION

This policy is to be distributed to all NHP Staff.

Policy Revision History

Version	Date	Description	Approved By
1	05/29/2025	New Policy	Cara Hebert

References:

Care Coordination Policy

Vendor Performance Management Policy