



2/12/25

Colorado Access Provider Forum

Phase III - Key Updates: Integrated Care



Agenda

Phase III Changes

Integrated Care PMPM

COA Support for Integrated Care Programming

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

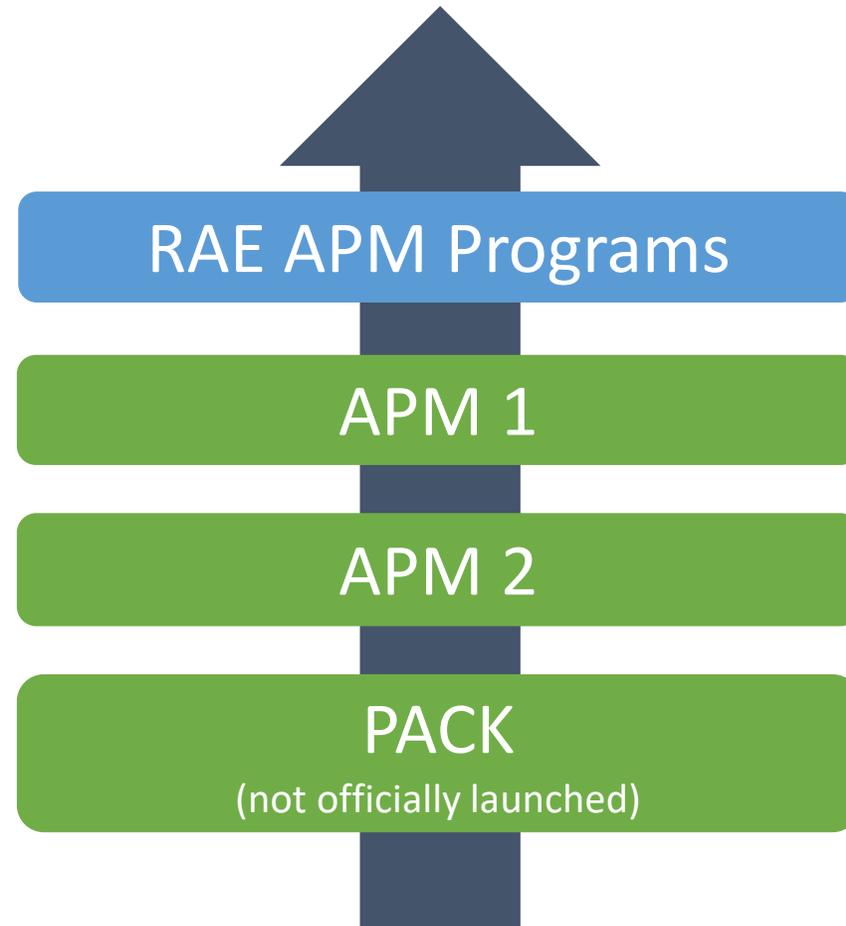
(Payment Alternatives for CO Kids)
(not officially launched)

Primary Care Service Payments

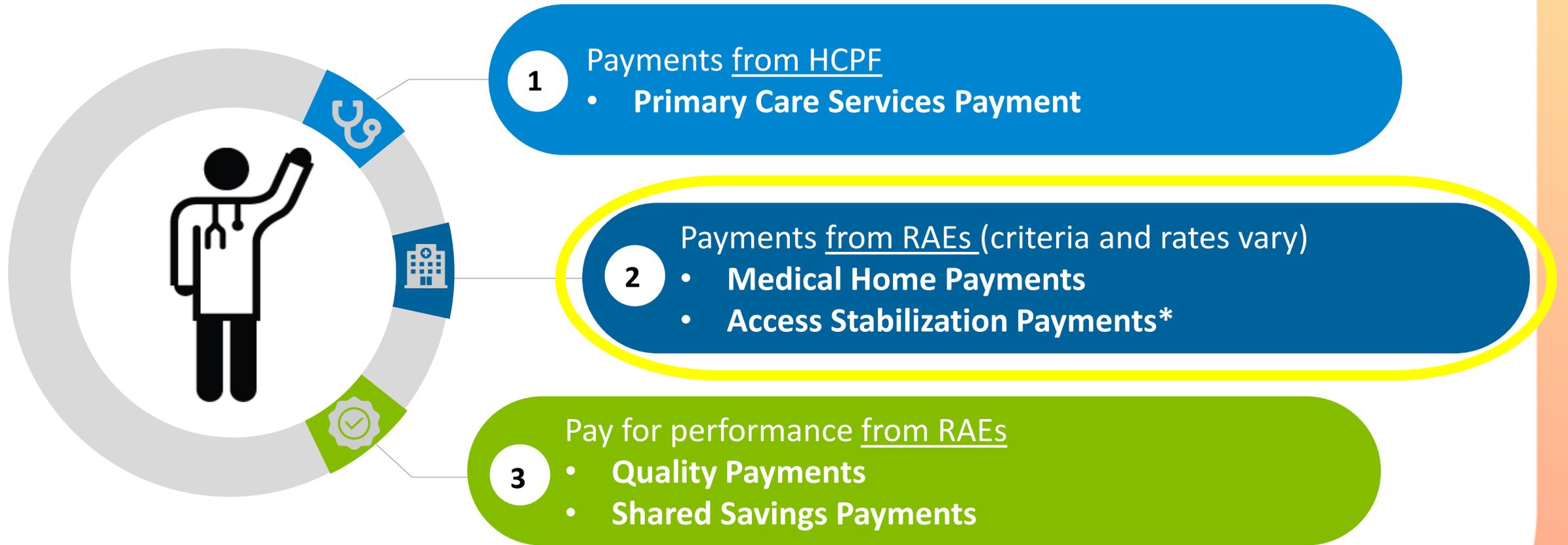


Note: Details subject to change as new information becomes available.

A Singular Comprehensive Payment Structure



Primary Care Payment Structure

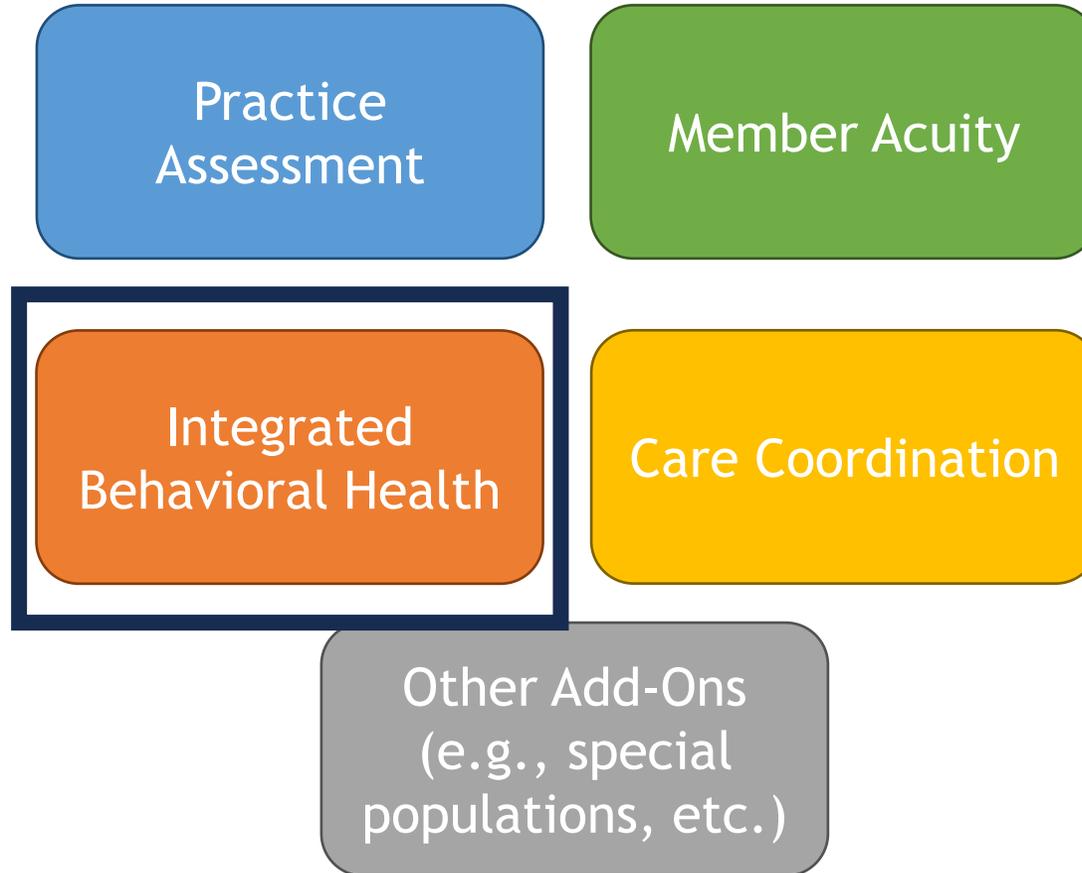


A hand in a blue suit jacket points towards a bar chart. The chart features several vertical bars of varying heights, each topped with a colorful arrow pointing upwards. The bars are supported by stacks of coins. The background is a blurred image of a person in a blue suit. The y-axis of the chart is labeled with the numbers 200, 300, 400, and 500.

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.

Integrated Care PMPM Updates

Does the practice have an established relationship with an integrated behavioral health provider available via telehealth to patients and caregivers on site who is readily available to provide brief interventions for patients with behavioral health conditions or those requiring support for behavior change **OR** Does the practice have an onsite integrated behavioral health provider who is available to deliver brief interventions for patients with behavioral health conditions or those needing assistance with behavior change?



Does the practice have an identified interdisciplinary team of champions for advancing Integrated Behavioral Health programming and continuous quality of care?



Does the practice utilize a single integrated health record to consolidate a patient's physical and behavioral health information, **OR** Implement a protocol for effective information integration between these domains that allows timely, collaborative care?*



HIGHLY INTEGRATED CARE



Examples may include:
Brief interventions from BHP, medication-assisted treatment (MAT), early childhood development and prevention program, etc



Practice Assessment

Member Acuity


PCMP Track 1

- Complex Care Management
- Condition Management
- Preventative Health Promotion


PCMP Track 2

- Complex Care Management
- Condition Management
- Preventative Health Promotion


PCMP Track 3

- Complex Care Management
- Condition Management
- Preventative Health Promotion



Integrated Behavioral Health

Integrated Behavioral Health

Integrated Behavioral Health

Care Coordination



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

Integrated Care Requirements for Payment

What we know

All eligibility criteria for “highly integrated care” must be met to receive PMPM for integrated care as part of the medical home payment

Integrated care criteria standardized across all RAEs

Pending JBC approval, short term BH benefit ends 6/30/25 and Integrated Care Benefit begins

What we don't know

PMPM allocation for integrated care





Integrated Behavioral Health

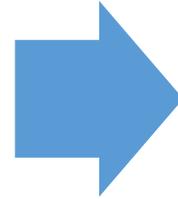
Emily DeFrancia, Manager of BH, LCSW

Beckie Lagerborg, BH Program Manager, LPC/LAC



What is Changing

HCPF is sunsetting the first 6 short-term behavioral health benefit.



HCPF is considering opening the below codes:*

- Health and Behavior Assessment and Intervention (HBAI)
- Collaborative Care Model (CoCM) Services

*Pending State Joint Budget Committee approval

Options going forward

Bill Behavioral Health Codes

Contract with & bill COA

(BH diagnosis & Medicaid enrolled COA contracted provider needed)

HBAI Codes

Bill HCPF FFS

(starting July 1, 2025) (awaiting approval)

CoCM Codes

Bill HCPF FFS

(starting July 1, 2025) (awaiting approval)

Possible New Coding Opportunities

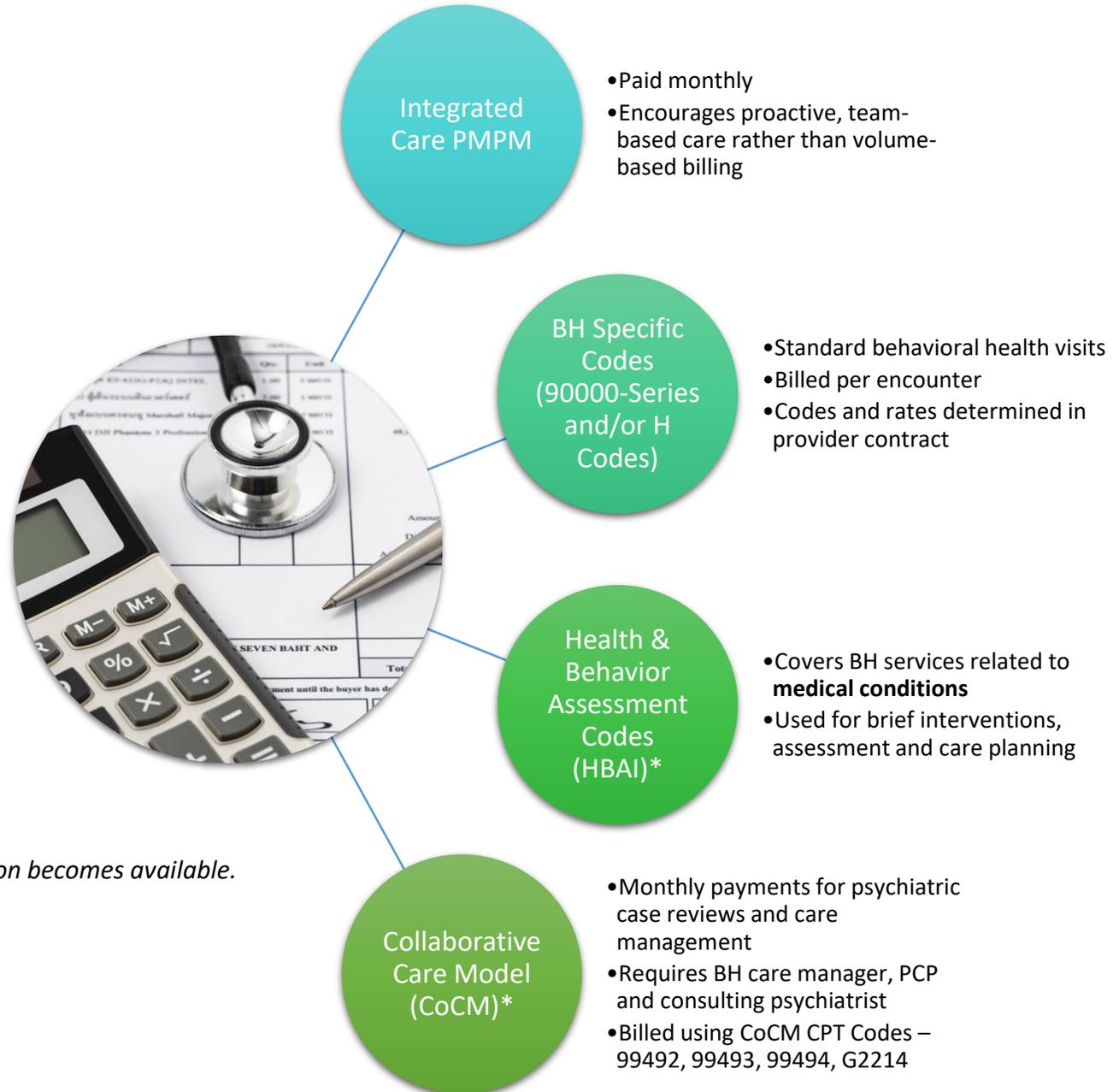
Health and Behavior Assessment and Intervention (HBAI)

- BH interventions to support a patient's chronic conditions
- Can be provided in person or through telehealth
- Provided by a behavioral health provider in collaboration with a medical provider
- Likely will not require a behavioral health diagnosis

Collaborative Care Model (CoCM) Services

- Focuses on providing psychiatric care to an individual in a primary care setting
- A team-based model of care that allows PCPs to connect with psychiatric providers and a behavioral health care manager
- Includes development of a collaborative treatment plan and shared documentation system
- An evidence-based model, which will be validated by the RAE
- Likely will not require a behavioral health diagnosis

Integrated Care Revenue Streams



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

**Pending legislative approval*

COA Support and Outreach Plan



COA Support and Outreach Plan

Monitor: 6 short-term visits & CoCM/HBAI code approval

Update providers on how these changes will impact them

Resources

Recruiting

ProviderRecruitment@coaccess.com



Contracting

Provider.Contracting@coaccess.com



Training & Onboarding

ProviderNetworkServices@coaccess.com



Claims Support or Questions

claimsresearch@coaccess.com

We need your help!

Goal: To create a helpful revenue stream crosswalk, detailing how the most common BH activities are billed now and could be billed in the future

Instructions: Please share your most common clinical activities related to integrated health and the associated billing codes you typically use

This will help know what support will be needed

Deadline: end of day February 21st

[FORM LINK](#)



What else?



Questions?



What else would
be helpful?



Next Steps



Next Steps

- Practice assessment need to be completed by 2/28
- Practice facilitators can support strategies regarding integrated care transitions



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 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.



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

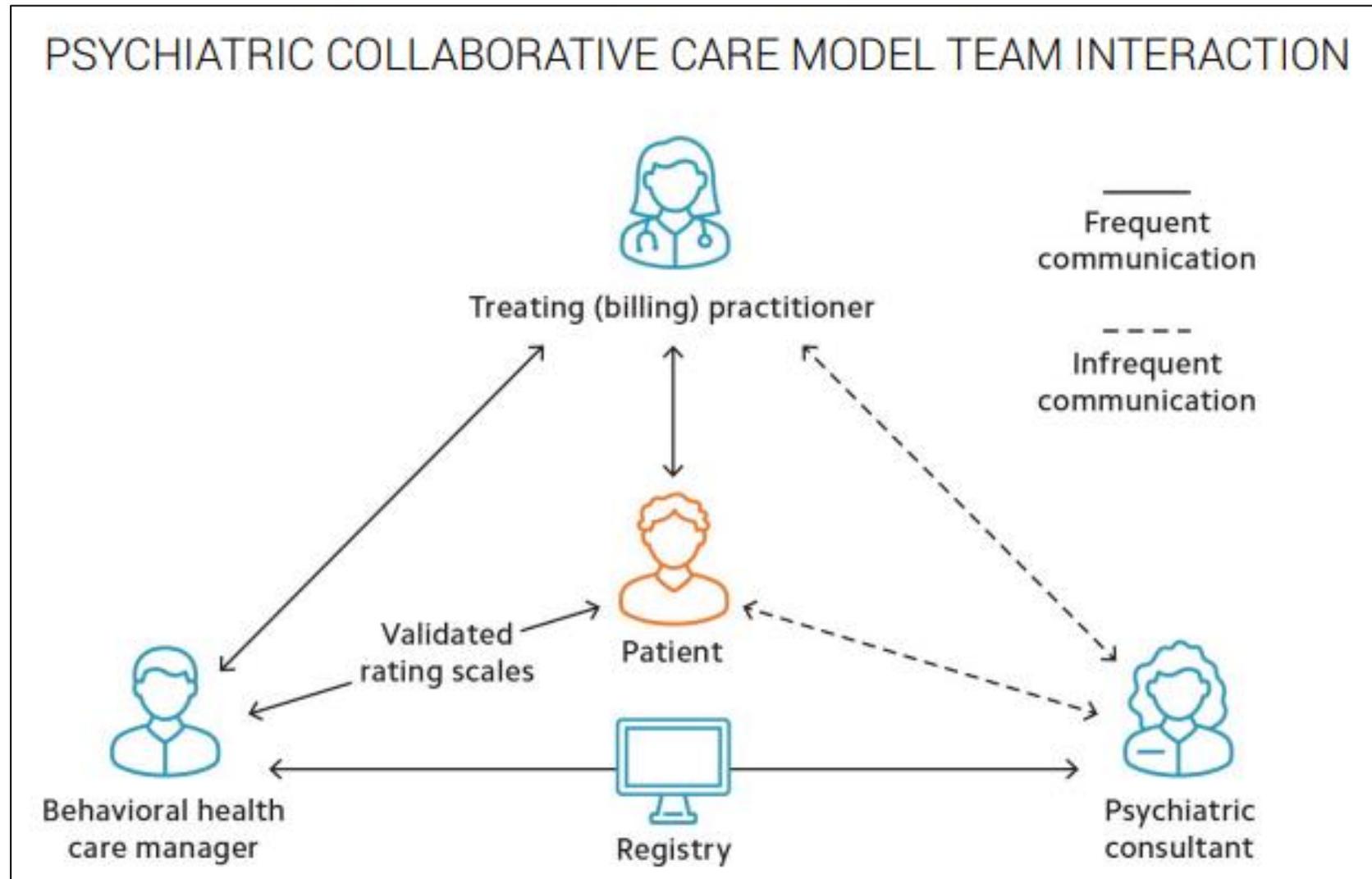




Appendix



Example



Example

CoCM Care Team Members



- **Treating (Billing) Practitioner** – A physician or non-physician practitioner (physician assistant or nurse practitioner); typically primary care, but may be of another specialty (for example, cardiology, oncology)
- **Behavioral Health Care Manager** – A designated provider with formal education or specialized training in behavioral health (including social work, nursing, or psychology), working under the oversight and direction of the billing practitioner
- **Psychiatric Consultant** – A medical provider trained in psychiatry and qualified to prescribe the full range of medications
- **Patient** – The patient is a member of the care team