

PCMP Learning Community

ACC Phase III Overview : QI Activity Focus

SEPTEMBER 11, 2025

PCMP Learning Community

Funded by HCPF to Support RAEs and PCMP in succeeding in ACC Phase III

Opportunity to learn and share with other PCMPs across the state

Collaborative planning with RAEs to complement but not duplicate efforts to support PCMPs

2nd Thursday of the month 12:00 PM to 1 PM

Slides and recordings will be available at [CU PIP Website](#). by Tuesday of the following week

Learning objectives:



Update on Shared Savings Program



Understand Key elements of ACC Phase III

What's different in Phase III



Prepare for Practice Transformation Phase (July 1, 2025 – December 31, 2026)

QI project considerations
QI project examples
Discuss QI projects with other PCMPs

Thank You for Being Here!

- ★ Learning Communities: A partnership between PCMPs, RAEs, HCPF, & CU-PIP to support readiness and success for ACC Phase III
 - **Your input and experiences matter:** Together, they shape Practice Facilitator Learning Communities to ensure PFs have the best information & tools to support you all & your provider networks
- ★ Acknowledging today's challenges: Navigating State budget cuts & Federal changes
- ★ PY26 Shared Savings Updates & Meeting Opportunities for PCMPs

PY26 Chronic Conditions Shared Savings

What's coming up:

- **RAEs Role for the Small Provider Pool Recruitment**
 - Eligible PCMP Small Provider Pool list will be sent to RAEs; 1 month to solicit participation
 - Expect RAE outreach soon or feel free to contact your RAE directly today!
- **9/23 - PCMP Education Session: PY26 Shared Savings Final Program Updates (12-1:30 pm)**
 - Focused on program updates; meeting link will be shared with this group

ACC Phase III compared to ACC PHASE II

David Keller— Pediatrician

PHASE II

4-part attribution process including geographic attribution

Medical Home payment based on RAE assessment

Quality measured separately for APM and ACC

Practice selected their measures

Payment for quality based on meeting benchmarks or “close the gap”

Payment based on regional performance, and methodology varied by RAE

PHASE III

Attribution: Patients seen by the practice over time

Medical Home Payment based on statewide Practice Assessment Tool, confirmed by RAE

Quality measures assigned by HCPF based on attributed population

One set of quality measures, linked to CMS CORE set

Payment for quality based on achieving clinical quality measure benchmarks

Payment based on individual (practice) PCMP performance

ACC Phase III Incentive Opportunities

- Medical Home payments
 - PMPM based on Practice Assessment Tool
 - July 1, 2025 - On going
 - All PCMPs eligible
- Practice Transformation: QI Activities
 - July 1, 2025 – December 31, 2026
 - All PCMPs are eligible
- Performance Track
 - Jan 1, 2026 – December 31, 2026
 - Reach clinical quality benchmarks
 - "Basecamp, Treeline, Summit"
 - Only eligible PCMPs with a minimum of 30 patients in the denominator
- Either: Performance or Practice Transformation
 - January 1, 2027 – on going
- Chronic Conditions shared savings: Upside only
 - January 1, 2026

Performance Track Measure Selection Steps

STEP

1

Prioritized Measures

Measures will automatically be included if a PCMP has at least 30 members in the denominator for any of the following:

1. Well-Child Visits in the First 30 Months of Life
2. Glycemic Status Assessment for Patients with Diabetes
3. Controlling High Blood Pressure

► All PCMPs proceed to Step 2

STEP

2

Largest Denominators

Measures with the largest denominators will be included if a PCMP has at least 30 measures in the denominator for any measure, for a maximum of six total measures:

1. Breast Cancer Screening
2. Cervical Cancer Screening
3. Colorectal Cancer Screening
4. Screening for Depression and Follow-Up Plan
5. Child and Adolescent Well-Care Visits
6. Developmental Screening in the First Three Years of Life
7. Childhood Immunization Status Combination 10
8. Immunizations for Adolescents Combination 2

Milestone	Requirements	Payment Released
Payment 1: QI activity identification	<p>July 2025 to December 2025</p> <ul style="list-style-type: none"> • PCMP has designated a provider and an administrative champion • Two QI activities identified • Sets the stage for mid-year and annual goal payment opportunities 	~March 2026
Payment 2: Mid-Year Progress	<p>January to June 2026</p> <ul style="list-style-type: none"> • QI activities initiated • Champions engaged <ul style="list-style-type: none"> Administrator 2 QI Mtgs /quarter Provider 1 QI mtg/Quarter • Mid-year goal achieved 	~September 2026
Payment 3: QI Completion	<p>July to December 2026</p> <ul style="list-style-type: none"> • QI activity completed/goal achieved • Administrator: 2 QI Mtgs /quarter Provider: 1 QI mtg/Quarter • RAE reporting that activities have been completed 	~March 2027

Things to consider when selecting a QI Project: Rocky Mtn Health Plan



What initiatives are currently in progress?

Are there existing projects or goals that this activity could align with?



Are there opportunities for alignment?

Could this activity complement CMS Core Measures, eQMs, or metrics tied to value-based contracts?



Are there gaps in your practice?

What areas have you or your team identified as needing improvement?



What small changes could lead to big results?

Consider simple interventions that could have a meaningful impact on quality, efficiency, or patient care.



What is your team passionate about improving?

Focus on areas where there is energy, interest, or commitment from your team.



What data or infrastructure is already in place?

Do you have systems or tools that can support tracking and measuring progress?



Will this activity improve patient outcomes, experience, or access?

Prioritize efforts that directly benefit patients and enhance the quality of care.

Example of Good QI Activity: Colorado Access

QI activity: Controlling High Blood Pressure: Improve clinical workflow & CPT II coding integration

Goal: Increase percentage of adult patients (ages 18 to 85) diagnosed with hypertension who have controlled BP from x to x by December 31, 2026.

QI activities to consider: Focus on one or two

- **Establishing champions and champion continuity**
- **Baseline data review:**
 - Established opportunities based on HCPF Practice Assessment Tool results
- **Workflow optimization:** Determine the appropriate QI tool to support practice (PDSA, root cause analysis, etc.).
 - May include standardized BP re-check for elevated BP in office readings,
 - Alerts in EHR for Uncontrolled BP
- **Staff education and training:** Training for clinical and billing staff for the appropriate use of CPT II codes for BP control.
- **Monitoring:** review trends in data , review coding capture
- **Patient engagement:** Outreach patients with uncontrolled BP for follow up care or care management.

Mid-Year goal may include:

CPT II workflow implementation to ensure CPT II codes are used

Item	Description
New QI Activity	Not previously completed by the practice
1-Year Duration	Covers the full reporting period (July–Dec 2025 and ideally into 2026)
HCPF-Aligned Focus	Impacts clinical quality measures (e.g., chlamydia screening, well visits, immunizations)
Mid-Year & Annual Goals	Clearly stated, measurable targets
QI Team Identified	Includes named admin and provider champions
Champions Attend Meetings	Admin (2x/quarter) and provider (1x/quarter)
QI Method Used	e.g., PDSA cycle, root cause analysis, process mapping
Baseline Metrics	Current data established for target measures
Data Monitoring Plan	Includes process and outcome measures
Use of HCPF Practice Assessment Tool	Completed and used to guide activity selection
Patient Identification Strategy	Uses population data to target patients with care gaps
Practice Engagement with RAE	Ongoing communication, quarterly meetings, performance review
Technology Integration	EHR, HIE, or other tools used to support interventions
Evaluation Plan	Strategy to assess impact, capture lessons learned, and plan next steps
Documentation for RAE Reporting	Logs of meetings, interventions, progress toward goals

Practice Transformation QI Plan Checklist

Resources:

[Attribution fact sheet](#)

[Payment Fact Sheet](#)

[ACC Phase III](#)

[Access to VBP mentors](#)

[FY 2025-26 HCPF Budget Reductions Fact Sheet](#)

[Practice Innovation Website](#)

Sample QI Activities: [Adult](#) and [Pediatric](#)

Announcements:

- Next PCMP Learning Community:
October 9, 2025 12:00PM – 1:00 PM
 - Using the new Medicaid codes for Behavioral Health Integration
- Opportunity for VBP Mentors to engage with your practice
- Please complete the evaluation in the chat

Move to Breakout rooms by RAE Region

