



PCMP Onboarding

Northeast Health Partners - RAE 2

June 11, 2025



Introductions

AGENDA



1. ACC Phase III and NHP Overview
2. Member Rights and Services
3. EPSDT
4. Access to Care Standards
5. Maintain PCMP Information
6. Care Coordination Services
7. Quality Improvement
8. Practice Transformation
9. Member Attribution
10. PMPM Payment Process
11. Resources



PCMP Manual is available on
NHP Website

www.nhprae2.org)



ACC Phase III Overview

Accountable Care Collaborative (ACC) Phase III

The Department of Health Care Policy & Financing has selected
NHP to serve as the RAE for Region 2, effective July 1, 2025



ACC Phase III Regional Entities

September 2024

Accountable Care Collaborative Phase III Announcement

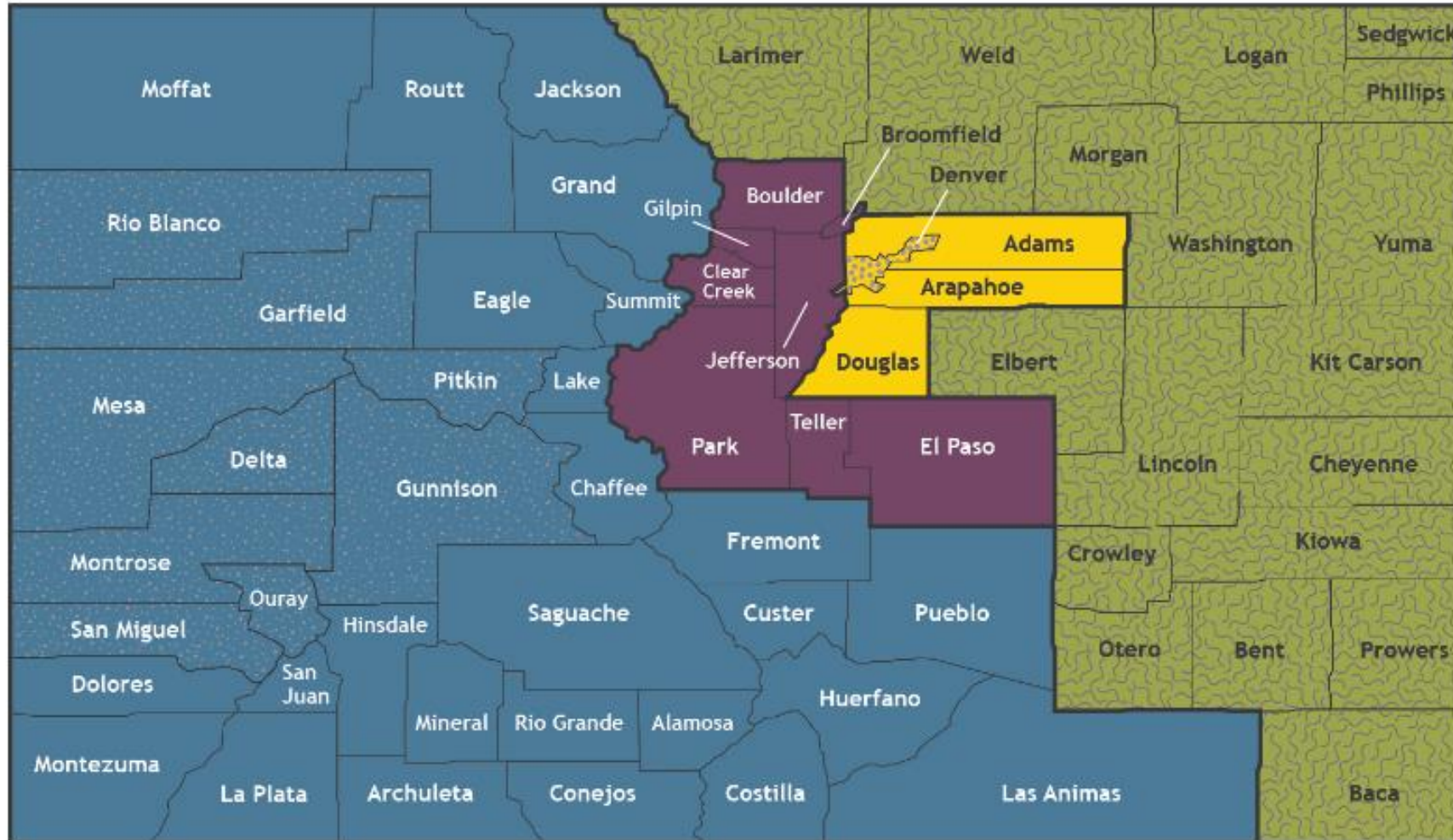


On Sept. 11, 2024, the Department of Health Care Policy and Financing (HCPF) issued the following intent to award for the four Regional Accountable Entity (RAE) contracts in Accountable Care Collaborative (ACC) Phase III:

Region	Entity
1	Rocky Mountain Health Plans Note: Rocky Mountain Health Plans will continue to operate the PRIME MCO in nine counties across Region 1.
2	Northeast Health Partners
3	Colorado Community Health Alliance
4	Colorado Access

ACC Phase III RAE Map

Accountable Care Collaborative Phase III



- Region 1**
Rocky Mountain Health Plans
Rocky Mountain Health PRIME
- Region 2**
Northeast Health Partners
- Region 3**
Colorado Community Health Alliance
- Region 4**
Colorado Access
- Denver Health Medicaid Choice (DHMC)

What Is a Regional Accountable Entity?

Every Health First Colorado member has a primary care provider and is assigned to a Regional Accountable Entity (RAE).

RAEs are Managed Care Entities who have a contract with the State of Colorado to be responsible for coordinating Health First Colorado members' care ensuring members are connected with primary and behavioral health care and developing regional strategies to serve their communities.

RAEs provide care coordination for members and build behavioral and primary care provider networks to help connect members with care. RAEs pay providers for behavioral health services through a payment called capitation.



NHP Overview

Who Is NHP?



Northeast Health Partners (NHP) is a non-profit regional organization.

We manage physical and behavioral health services for individuals who live within our 18 counties.

Mission & Vision

Mission

It is our mission to serve the members in our communities and provide a comprehensive range of physical and behavioral health services with commitment to compassionate service to meet the needs of our members.

Vision

To become the state's preeminent Medicaid health plan by connecting local communities and resources together to meet member and provider needs.

Values

Unwavering Leadership: We strive to take the lead in advocating for our members, our providers, and our community groups to streamline process and eliminate unnecessary burdens to ensure seamless access to services.

Customer Service: We are committed to maintaining high-satisfaction for the service we provide across members, providers, and community-based organizations.

Achievement: We believe in continuous improvement and constant refinement to achieve results and offer high-quality care to Coloradans.

Values

Responsiveness: We strive to be nimble and efficient in our operations and services.

Commitment: As a local organization focused on healthcare, we are committed to the community to ensure high-value services are available and accessible.

Transparency: We believe in clarity and openness to our activities for both our providers network and the public.



Member Rights and Services

Providers must be aware of and uphold Health First Colorado members' benefits, services and rights.



Physical Health Benefits

- Acute (short-term) home health therapies & services
- Allergy testing and injections
- Ambulance services for an emergency
- Transportation to your appointments and services
- Audiology
- Durable medical equipment (DME)
- Emergency room visits
- Family planning services
- Habilitative services and devices
- Rehabilitation services and devices
- Home health care
- Hospice care
- Inpatient medical and surgical care
- Lab and radiology
- Long-term home health therapies and services

- Outpatient hospital services
- Outpatient surgery
- PCP visits
- Pediatric services, including oral and vision care
- Prescription drugs
- Preventive and wellness services, such as screenings

Private duty nursing

- Skilled nursing services
- Specialist visits
- Telehealth
- Urgent care
- Vision services
- Vaccinations (shots)
- Women's health services

Transportation

Non-Emergent Medical Transportation (NEMT) is a Health First Colorado benefit for members who do not have transportation to medical appointments. Members can be referred to NHP or their Care Coordination to help schedule transportation.

Please see the following resource to help members identify their local NEMT resource: <https://www.healthfirstcolorado.com/wp-content/uploads/2021/07/NEMT-CountyMap.pdf>.

Colorado Crisis Services

Colorado Crisis Services provides free, confidential and immediate support from trained professionals and peer specialists, available 24/7/365. Colorado residents can also seek services in-person at our walk-in centers, regardless of ability to pay. If you don't know where to begin getting help with a mental health, substance use or emotional concern—for you, or for someone you know—start here.

Call: 844-493-TALK (8255) or Text: "TALK" to 38255

For more information: <https://coloradocrisiservices.org/>

Nurse Advice Line

Nurse Advice Line provides Health First Colorado (Colorado's Medicaid program) members free medical information and advice, in both English and Spanish, 24 hours a day, every day of the year.

Call 800-283-3221

For more information:

<https://www.healthfirstcolorado.com/benefits-services/nurse-advice-line>

Learn about Member Rights and Grievances

- Member Rights:
- Review Member Rights on NHP website
- Post Member Rights in prominent place
- Member Complaints:
- Post information on how a member can file a complaint
- Members can file a complaint through member call line or emailing the member services email

For assistance: Reach out to Member Services at 800-541-6870 or email at nhpmembersupport@nhpllc.org

- Learn about Member Rights and Grievances:

Member Rights:

Review Member Rights on NHP website

Post Member Rights in prominent place

Member Complaints:

Post information on how a member can file a complaint

Members can file a complaint through member call line or emailing the member services email

For assistance: Reach out to Member Services at 800-541-6870 or email at nhpmembersupport@nhpllc.org



Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services



EPSDT is a comprehensive and preventative health care service for children and youth ages 20 and under including adults who are pregnant, who are enrolled in Health First Colorado.

EPSDT is key to ensuring that children and youth receive appropriate preventive, dental, mental health, developmental and specialty services.

Any medically necessary health care service is covered under EPSDT.

A service may be covered even if it is not a Health First Colorado benefit.

No arbitrary limitations on services are allowed.

All qualified Health First Colorado providers can offer EPSDT services.

For resources related to EPSDT, please go to the Health Care, Policy and Financing website at <https://hcpf.colorado.gov/early-and-periodic-screening-diagnostic-and-treatment-epsdt>.

Visit HCPF's EPSDT website at: <https://hcpf.colorado.gov/early-and-periodic-screening-diagnostic-and-treatment-epsdt>.



Why EPSDT Matters

EPSDT is a federally mandated benefit ensuring children and youth under 21 enrolled in Medicaid receive preventive care, early diagnosis, and necessary treatment.

As a provider, you are essential to ensuring these services are delivered consistently and effectively.

PCMPs Role in EPSDT

Engage	Engage Members in Routine Well-Child Visits: Schedule Bright Futures-aligned screenings and promote preventive care.
Screening	Screening and Documentation: Perform and document screenings per Bright Futures Guidelines.
Identify	Referral and Follow-Up: Identify concerns, make referrals, and track follow-through.
Outreach	Outreach to Non-Utilizers: Support efforts to re-engage families in care.
Participate in	Participate in Value-Based Programs: Meet EPSDT benchmarks to earn incentive payments.

NHPs Support for You



Regular training and guidance on EPSDT requirements.



Bright Futures resources and communication tools.



Performance dashboards and data sharing.



Care coordination and provider liaison assistance.



Access to Care Standards

Appointment Standards

Primary Care Services are provided to Members on a timely basis, as follows:

- **Urgent Care** – within 24 hours after the initial identification of need.
- **Outpatient Follow-up Appointments** – within seven days after discharge from a hospitalization.
- **Non-urgent, Symptomatic Care Visit** – within seven days after the request.
- **Well Care Visit** – within one month after the request; unless an appointment is required sooner to ensure the provision of screenings in accordance with Department's accepted Bright Futures schedule.



Access to Care Standards

Providers are expected to adhere to Access to Care standards for Health First Colorado members. Providers should, at a minimum, comply with the following:

Providers shall not place members on a waiting list for initial routine service requests. If a member is not able to be scheduled, they should be referred back to the RAE to identify a new provider.

Ensure the same availability to all members regardless of payer.

Support minimum hours of operation to include service coverage from 8:00 a.m.–5:00 p.m. Mountain Time, Monday through Friday.

Offer extended hours, outside the hours from 8:00 a.m.–5:00 p.m., on evenings and weekends, and/or offer alternatives for emergency room visits for after-hour urgent care to include access to clinical staff, not just an answering service or referral service staff.

Practice Hours



Hours of Operation: Providers who serve Health First Colorado members shall offer hours of operation that are no less than the hours of operation offered to commercial enrollees. Minimum hours of provider operation shall include covered service coverage from 8 a.m. to 5 p.m. Monday through Friday and emergency coverage 24 hours a day, seven (7) days a week.



Extended Hours of Operation: Extended Hours of Operation and covered service coverage must be provided for at least two (2) days per week at clinic treatment sites, which should include a combination of additional morning, evening, or weekend hours, to accommodate members who are unable to attend appointments during standard business hours.



Evening and/or Weekend Support Services: Members and families should have access to clinical staff over evenings and weekends, not just an answering service or referral service staff.



Maintain PCMP Practice Information

PCMP Practice Sites are required to notify NHP of any changes to the practice within 30 days.



Changes that Require NHP Notification

ORGANIZATION

- Owner/Parent Company
- Tax ID Number
- Mailing Address
- Contact Person(s)

PRACTICE SITE

- Address
- NPI
- Medicaid ID
- ADA Compliance
- Phone Number
- Panel Configuration Changes
- Changes in Hours of Operation
- Contact Person(s)

PRACTITIONER

- Practitioner Added
- Practitioner Removed
- Practitioner is on Leave
- Practitioner NPI or Medicaid ID
- Changes in Population served (age, gender, specialty)

PCMP Panel Configuration

- PCMPs may limit / adjust their panel size at any time.
- Once a panel limit is reached, no further attributions will be made.
- PCMPs may turn auto-assignment (geographically based attributions) on or off at any time by contacting their RAE Network Representative.
- All Tier 3 practice sites must accept geographic-proximity auto attributions, also known as auto-assignment, for all months in which they intend to operate as a Tier 3. If geographic auto-assignment exceeds a panel limit set by the practice, the practice must adjust it in the Department's PCMP system appropriately to receive additional member assignments — no later than the first day of the next calendar quarter. The practice should consult in advance with NHP if it expects a panel limit to affect auto-assignment and tier status.
- PCMPs can configure their RAE Member attribution panel in the following ways:
 - ✧ Auto-Assignment
 - ✧ Panel Limit
 - ✧ Population Parameters

PCMP Panel Configuration

PCMPs can configure their RAE Member attribution panel in the following ways:

- ✓ Auto-Assignment
- ✓ Panel Limit
- ✓ Population Parameters

Complete PCMP Information Form (PIF)

PCMP Information Form has 3 tabs.

- ✓ GENERAL - Make sure to complete the tab and include the best contacts.
- ✓ PRACTICE SITES - all Medicaid Enrolled within the Region 2 counties.
- ✓ PRACTITIONERS - medical care providers within the Practice Sites.

You can find the template on NHP Website here:

Submit the updated PIF to Contracting@nhpllc.org

You can use the same email should you have questions on the form.



Care Coordination Referral Process

Best Practices



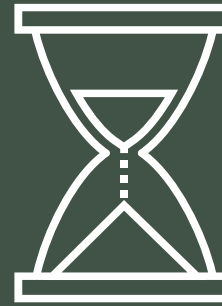
PERSON CENTERED

Adapting outreach strategies and support service to the needs of the individuals- culture, religion, disabilities, health, literacy & financial.



COLLABORATION

Defining roles and responsibilities, flexibility, training, communication channels, sharing information, data sharing, action plans – who, what, when, where, and being aligned.



EFFICIENCY

Data sharing agreements, standardized meetings, policy and procedures.



TRAINING

Comprehensive training programs regarding waivers, behavioral health, State plan benefits, creative solutions, tools & technology.

Services for Children & Youth

- New RAE requirements to improve screening of EPSDT eligible populations and support with referrals, including:
 - Training and outreach
 - Promote early identification of children across places of service
 - Processes to track positive screens and referrals

Care Coordination

NHP supports the full continuum of care coordination, including:

- A 3-tier model for person-centered care
- Care coordination policy guide for children and adults
- Partnerships with community organizations and agencies
- Requirements for members with complex needs and transitions of care
- Targeted outreach for preventive care
- Proactive outreach for members with diagnosed conditions
- Complex case management and collaboration with multi-provider teams

Care Coordination

Transitions of Care

- Phase III emphasizes transitions of care (e.g., inpatient hospital, emergency department, mental health facilities, crisis systems, Creative/Complex Solutions).
- NHP has developed workflows and will collaborate with practices to quickly schedule members, ensuring timely compliance with transition of care requirements.
- Performance standards:
 - 30-day follow-up for physical health inpatient stay (target: national average)
 - 7-day follow-up for behavioral health inpatient discharge (target: national average)

NHP Care Coordination: Engaging Members



CONNECTING

Connecting members with services and providers



LINKING

Linking members to resources such as transportation, food assistance, housing and other social services



ASSISTING

Assisting members with understanding their medical conditions



SUPPORTING

Supporting members in managing physical and behavioral benefits

Facilitating the appropriate delivery and coordination of physical, behavioral health and social services & providing members with care management/care coordination

Care Coordination Referrals

- <https://www.nhprae2.org/>

Click on Care Coordination Tab
Complete Care Coordination Tab

To do:

Give information that will assist the Care Coordinator
in making successful contact and engagement.

Consider warm hand-off and invite to a visit.

Provide your expectations of what you want to
happen.

Ask for updates and give feed-back .

Care Coordination

Care coordinators can help you find community resources, connect you with a counselor, or help with immediate needs like food, transportation, housing and more.

What is Care Coordination?



What is Long Term Services & Supports (LTSS) Medicaid?



What are Home and Community Based Services (HCBS) Waivers?



How To Refer To Care Coordination

1. Please fill out Care Coordination Referral Form

 Care Coordination Referral Form

2. Call toll free 888-502-4190



Quality Improvement: Performance Measures

Overview of Incentive Programs: Phase II and III

Phase II Performance Measures

- 3 Programs
 - Key Performance Indicators (KPI)
 - Behavioral Health Incentive Program (BHIP)
 - Performance Pool
 - Filter of unmet KPI Funds
- 25% pulled off of Admin PMPM from HCPF to fund KPI
 - 2/3 to KPI
 - 1/3 to Performance Pool + unearned KPI funds

Phase III Performance Measures

- 3 Programs
 - Key Performance Indicators (KPI)
 - Behavioral Health Incentive Program (BHIP)
 - Investment Pool
 - This is not yet described in detail
- \$4.50 pulled from Admin PMPM from HCPF
 - Distribution across KPI / PP is unknown
- Performance Pool / Investment Pool is unknown

Overview of Incentive Programs: BHIP

Phase II BHIP

- SUD Engagement
- 7-Day Follow-Up After Hospitalization for Mental Illness
- 7-Day Follow-Up After ED Visit for SUD
- 30-Day Follow-Up After Positive Depression Screen
 - Gate Measure: Depression Screening Rates in PCMP Offices
- Behavioral Health Screening for Foster Care

Phase III Performance Measures

- Initiation & Engagement of Substance Use Disorder Treatment
 - 2 rates: Initiation & Engagement
- Follow-Up After Hospitalization for Mental Illness
 - 2 rates: 7 Days & 30 Days
- Follow-Up After ED Visit for SUD
 - 2 rates: 7 Days & 30 Days
- Follow-Up After ED Visit for Mental Illness
 - 2 rates: 7 Days & 30 Days
- Screening for Social Drivers of Health (SDOH)
 - Food Insecurity
 - Housing Instability
 - Transportation Needs
 - Utility Difficulties
 - Interpersonal Safety

Overview of Phase III Differences: KPIs

Phase II Performance Measures

- 7 Measures – no choice in what you want to be measured on
- Mix of HEDIS, CMS, and Colorado-created
- Fiscal year measures
- Regional Thresholds for earned incentives
- NHP retained 15% overhead

Phase III Performance Measures

- 6 Measures – some choice in what you want to be measured on
- Primarily HEDIS / CMS Core Measures
- Shifting to calendar year
- Clinic-based goals and incentives
- 100% pass-through (no overhead). Impacts:
 - Community Investment Grants
 - Safety Net Payments

Phase III Performance Overview: KPIs

PCMP Measure List

Practices will be assigned 6 of the 13 measures listed below with the highest denominator:

- | | |
|--|--|
| 1. *Breast Cancer Screening | 8. *Childhood Immunization Status Combo 10 |
| 2. *Cervical Cancer Screening | 9. *Developmental Screening in the First Three Years of Life |
| 3. *Colorectal Cancer Screening | 10. *Immunizations for Adolescents Combo 2 |
| 4. *Controlling High Blood Pressure | 11. *Well-Child Visits in the First 30 Months of Life (0-15 mos) and (15-30 mos) |
| 5. *Glycemic Status Assessment for Patients with Diabetes (replaces HbA1c control) | 12. Chlamydia Screening in Women |
| 6. *Screening for Depression and Follow-up Plan | 13. Contraceptive Care for All Women - Most or Moderately Effective |
| 7. *Child and Adolescent Well-Care Visits | |

*indicates DOI set



18

Measure Prioritization*

Prioritized Measures

Well Visit 0-30 Months
Glycemic Status
Controlling High Blood Pressure



Largest Denominators

Up to 6 measures maximum



De-Prioritized Measures

If a PCMP still does not have 4-6 measures, include:
Contraceptive Care
Chlamydia Screening



QI Activities

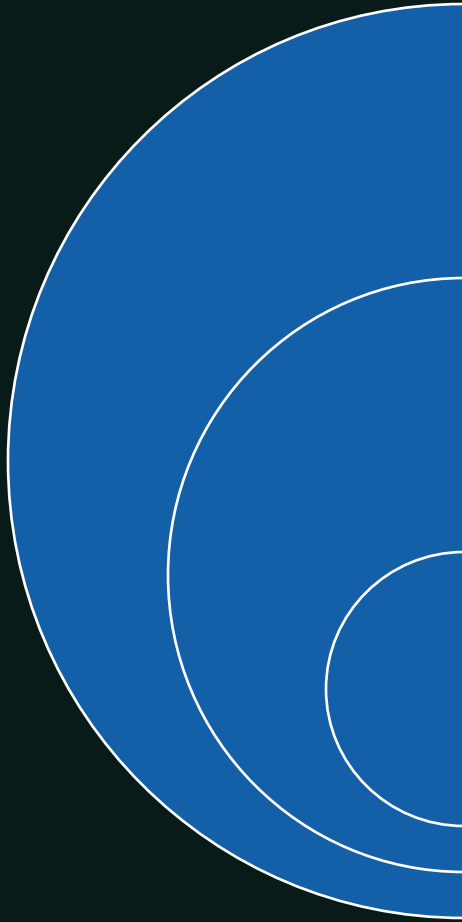
If PCMP has 4 or 5 measures, they can supplement with QI activities to achieve the maximum of 6 measures

Note *: Eligibility for all measures is dependent on a PCMP having at least 30 Members in the denominator

- Performance measures are not the same in Phase III
- 13 measures to choose from; some are prioritized
- 4-6 measures max

- Most are aligned to APM Measures
- Most are Aligned to CMS Core Measures
- Practices are measured individually, not regionally

Phase III Performance Overview: KPIs



Year 1	<ul style="list-style-type: none">• No KPIs• All Practices will engage in Practice Transformation• Performance measurement will be PI activities around improving baseline performance on future KPIs
Year 2+	<ul style="list-style-type: none">• KPIs Begin• Practices are broken into either a Practice Transformation Track or a Performance Measures Track – depending on membership size<ul style="list-style-type: none">• Practice Transformation Track will continue PI activities• Performance Track will work on KPIs similar to Phase II
Incentive Payments	<ul style="list-style-type: none">• Because the state is moving to a calendar year, the first payments may not be received until 18 months (or more) after the start of the new contract.• Time to close the calendar year – starting in January of 2026• Plus time to calculate measures



Practice Transformation

What is Practice Transformation?



An overarching strategy encompassing activities that are focused on improving care delivery at PCMP Practice Sites. These activities include:

- Supporting practices to refine workflows & improve processes
- Developing projects to improve performance measure rates
- Integrating behavioral & physical health care
- Incorporating community health workers into the delivery system
- Implementing Value-Based Payment models to achieve Department quality and cost savings targets.

Practice Transformation Coaches

Every PCMP Practice Site will be assigned an PT Coach.

PT Coaches engage with PCMPs and tailor support based on the National Committee for Quality Assurance (NCQA) Patient Centered Medical Home (PCMH) framework to address their unique needs based on patient population, geography, and practice goals.

To connect with your PT Coach call 888-599-4716 or email at NHPproviders@nhpllc.org



Member Attribution

Member Attribution Process for ACC Phase 3

Process	RAE Fast Facts
Mandatory Enrollment	Enrollment is mandatory. No opt-out. All Health First Colorado Members must enroll.
Enrollment Effective Date	Enrollment begins upon Member's Health First Colorado eligibility determination.
Member Enrollment Region	Member enrollment in the RAE is based on the physical location of the Member's attributed PCMP site, or the Member's residence if there is no prior claim or patient choice history.
Member Attribution	RAE Members are immediately attributed to RAE upon being determined eligible for Health First Colorado benefits. RAE Members are attributed to PCMP only when there is prior claim or patient choice history.

Member Attribution Process for ACC Phase 3

Process	RAE Fast Facts
Member Re-Attribution	<p>The Department will run a re-attribution process to attribute RAE Members/PCMPs based on claims during the most recent 18 months.</p> <ul style="list-style-type: none">• This process occurs monthly for members ages 0 to 1 and unattributed members.• This process occurs quarterly for all members. <p>If the Member's new attributed PCMP is in a different region, the Member's RAE enrollment will change to the PCMP's region. Members will receive a letter from Health First Colorado Enrollment informing them of the change with the PCMP and/or RAE information.</p>



Payment Process

PMPM Maximum Payment Structure

	Tier 1	Tier 2	Tier 3	Tier 3+
PMPM Max (up to)	\$2.00	\$4.50	\$7.00	\$10.00
<i>Practice Assessment (7%)</i>	<i>\$0.14 (7% of \$2.00)</i>	<i>\$0.32 (7% of \$4.50)</i>	<i>\$0.49 (7% of \$7.00)</i>	<i>\$0.70 (7% of \$10.00)</i>
<i>CC and Acuity (70%)</i>	<i>\$1.40 (70% of \$2.00)</i>	<i>\$3.15 (70% of \$4.50)</i>	<i>\$4.90 (70% of \$7.00)</i>	<i>\$7.00 (70% of \$10.00)</i>
<i>Integrated BH (7%)</i>	<i>\$0.14 (7% of \$2.00)</i>	<i>\$0.32 (7% of \$4.50)</i>	<i>\$0.49 (7% of \$7.00)</i>	<i>\$0.70 (7% of \$10.00)</i>
<i>Special Programs (16%)</i>	<i>\$0.32 (16% of \$2.00)</i>	<i>\$0.72 (16% of \$4.50)</i>	<i>\$1.12 (16% of \$7.00)</i>	<i>\$1.60 (16% of \$10.00)</i>

Payment Timeframes and Method



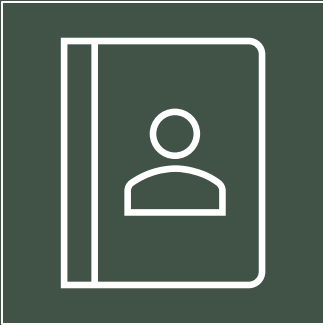
- NHP pays a monthly PMPM to PCMPs for RAE Members based upon the PCMP Practice Site's participating tier.
- Providers receive PMPM payments within 30 days of the end of the month for which payment is being made.
- PMPM Payments start in the first full month in which the Provider is enrolled with the Department as a PCMP, contracted with NHP, and the Provider has attributed Members.

Providers may set up direct deposit for PMPM payment by completing form available on NHP Website.



Resources

Resources



PCMP Manual

A comprehensive guide to policies, procedures, referrals, covered services, and contact info.



NHP Website

All resources and most up to date information, forms, tools and resources for both members and providers.



Updates & Newsletters

Where to sign up for updates and communications



Training Opportunities

Webinars, onboarding sessions, and required trainings.

Provider Trainings

NHP will be hosting trainings throughout the year. Stay tuned to it on NHP Website.

- nhprae2.org

Violet – free online training for NHP providers

- Use this link:
<https://www.joinviolet.com/partner/northeast-health-partners>





Provider Quarterly Newsletter

Upcoming to Stay
Informed!

Contact Information

NETWORK MANAGEMENT

- Contractual Questions
- Attribution Questions
- Provider Orientation and Training
- Panel Configuration questions
- Eligibility Questions
- Practice Transformation Coach

Call: 800-599-4716

Email: NHPproviders@nhpllc.org

CARE COORDINATION

To request care coordination assistance:

Call 888-502-4190

Email:

nhpccreferrals@nhpllc.org

Care Coordination Referral Form: Provider Page of the NHP Website (www.nhprae2.org).

MEMBER SERVICES AND COMMUNITY

- Members with complaints and behavioral health appeals
- Release of Information Forms
- Educate members on advisory councils
- Member Services Call Center
- Finding a provider or specialist
- Issue member handbook or provider directory

Call: 800-541-6870

Email: nhpmembersupport@nhpllc.org



Open Forum

Congratulations!

