710 11th Ave, Suite L75
Greeley, CO 80631

July 8, 2026

Continuity of Care Payment for Complex Members (Revised July 8, 2026)

The goal of Care Coordination (CC) is to engage **complex members** (people with multiple medical, behavioral health, or social needs) to improve overall health and quality of life while reducing preventable complications and healthcare utilization. Key objectives include:

- **Understanding the member's needs and goals** — identifying medical conditions, behavioral health concerns, social determinants of health, and personal priorities.
- **Creating a coordinated care plan** — ensuring providers, caregivers, and community resources work together effectively.
- **Improving health outcomes** — helping members manage chronic conditions, adhere to treatment plans, and access preventive care.
- **Reducing avoidable healthcare use** — decreasing unnecessary emergency department visits, hospital admissions, and readmissions.
- **Addressing barriers to care** — such as transportation, housing instability, food insecurity, medication access, or health literacy challenges.
- **Promoting self-management and engagement** — empowering members to participate actively in their care decisions.
- **Enhancing member experience and satisfaction** — ensuring care is person-centered, accessible, and responsive.

To achieve this end, NHP is offering providers with PCMP Practice Sites in participating tier 3 the ability to earn additional funds in State Fiscal Year 2027 to support continuity of care for complex members. These payments are separate from the monthly PMPM amounts issued for attributed members.

Qualifying Providers
Providers with at least one PCMP Practice Site participating at a Tier 3 level are eligible for the continuity of care payments to support members with complex conditions.

Qualifying Members
Members with multiple conditions, complex health and social needs, and high utilization. Providers shall oversee that members receive appropriate longitudinal evidence-based and proven programs that involve multi-disciplinary care approaches to maintain or improve member health.

710 11th Ave, Suite L75
Greeley, CO 80631

Payment Requirements
Providers interested in receiving these payments must document their activities to support members with complex conditions. To qualify for Continuity of Care payments, providers must submit required care coordination documentation through an NHP-approved reporting tool (either Essette or an Excel file workbook) detailing care coordination activities for complex members.

Documentation Requirements
To receive payments, providers must submit documentation monthly to NHP detailing care coordination activities as outlined below. Additional details can be found in the NHP Care Coordination Policy.

Tier 3: Complex Care Coordination and Management		
Population	Members with complex medical, behavioral, or social needs requiring intensive support.	
Goal	Deliver longitudinal, multidisciplinary care coordination that improves member stability, transitions of care, access to services, and health outcomes.	
Performance Standard	**Target**	**Measurement Methodology**
Tier 3 Care Plans Completed	≥25 care plans per 1,000 assigned Tier 3 Members	Calculated monthly using current Tier 3 attributed membership using CC documentation in Essette and/or NHPs workbook.
Tier 3 Engagement Activity (SFY 2026–27 forward)	Department and MCE agreed-upon target	Measures members eligible for Tier 3 Care Management receiving qualifying care coordination engagement activity or care team visit per 1,000 assigned Members per year.
Contractual Operational Requirements		
Requirement	*Contract Standard*	
Care Plan Maintenance	Care plans must be updated at least twice per year if the Member remains actively engaged in Tier 3 Care Management.	
Care Plan Content	Must include member goals, involved entities, lead care coordinator, engagement frequency & discharge criteria	

Coordination with External Lead Coordinators	When an agency other than NHP serves as lead CC entity, the Tier3 CC must follow/complement the external care plan.
Monthly Engagement	Members actively engaged in Tier 3 CC must have regular engagement with CC and/or care team at a minimum once monthly.

Payment Details
Providers will receive a per complex member per month payment for members with an active care plan after required documentation has been submitted. To qualify for the continuity of care payment, providers must maintain the minimum threshold of 25 care plans per 1,000 complex members. Members who are offered care coordination but decline participation may be documented as having **opted out** in accordance with NHP documentation requirements. Documented opt out members will be counted toward performance requirements, consistent with the payment methodology. Outreach or engagement activities that do not result in an active care plan are expected as part of the care coordination process but are **not separately reimbursed** and do not count toward the minimum care plan threshold.

Documentation Submission	Complex PMPM Payment
Essette	$4
Excel Worksheets	$2

Payment Eligibility
Continuity of Care payments are intended to support active delivery of Tier 3/Complex Member Care Coordination services. Receipt of payment is contingent upon:

- Monthly submission of required documentation (by the 5th business day each month)
- Demonstration of qualifying care coordination activities (complex members with care plans)

NHP will review the timeliness of the submission and completeness of the data. Any rejected data will be reported to the Provider for resubmission. Monthly performance will be calculated based on the approved data.

Payment Frequency
Payments will be determined quarterly based on documentation submitted and validated during the measurement period. NHP reserves the right to withhold payment when required documentation is incomplete, missing, or does not support completion of required Tier 3 Care Coordination activities.

710 11th Ave, Suite L75
Greeley, CO 80631

Contact Information
Additional questions please email NHPproviders@nhpllc.org.

Payment Examples

Example 1: Tier 3 Rural Practice with 1,000 members. Minimum care plans by worksheet.

	Rate / Count	Monthly Total
Monthly Tier 3 PMPM Rate	$11 x 1,000 Members	$11,000
Rural Access Stabilization Add-On	$2	$2,000
Monthly Attribution PMPM		$13,000
Complex Members (approx. 10%)	100 Members	
Minimum Care Plans Required (25 / 1,000)	0.025 x 100 = 2.5	
Care Plans Submitted	3	
Monthly Care Plan Rate (per month)	$2 x 3 Care Plans	$6
Quarterly Continuity of Care Add-On	x 3 months	$18

Example 2: Tier 3 Rural Practice with 1,000 members. Maximum care plans by Essette.

	Rate / Count	Monthly Total
Monthly Tier 3 PMPM Rate	$11 x 1,000 Members	$11,000
Rural Access Stabilization Add-On	$2	$2,000
Monthly Attribution PMPM		$13,000
Complex Members (approx. 10%)	100 Members	
Minimum Care Plans Required (25 / 1,000)	0.025 x 100 = 2.5	
Care Plans Submitted	100	
Monthly Care Plan Rate (per month)	$4 x 100 Care Plans	$400
Quarterly Continuity of Care Add-On	X 3 months	$1,200

Example 3: Tier 3 Urban Practice with 1,000 members. Minimum care plans by worksheet.

	Rate / Count	Monthly Total
Monthly Tier 3 PMPM Rate	$11 x 1,000 Members	$11,000
Rural Access Stabilization Add-On	$0	$0
Monthly Attribution PMPM		$11,000
Complex Members (approx. 10%)	100 Members	
Minimum Care Plans Required (25 / 1,000)	0.025 x 100 = 2.5	
Care Plans Submitted	3	
Monthly Care Plan Rate (per month)	$2 x 3 Care Plans	$6
Quarterly Continuity of Care Add-On	x 3 months	$18