

**Notice re: Primary Care and Alternative Payment Model Implementation Plan**  
**Submissions - June 28, 2021**

To whom it may concern:

This notice is regarding the confidentiality of the information contained in the Primary Care and Alternative Payment Model (APM) Implementation Plans carriers are required to submit by Colorado Regulation 4-2-72. The Division is currently finalizing guidance to carriers on the next set of Implementation Plans (IPs), which will be due by July 31, 2021 (for the 2022 plan year), and annually thereafter.

The Division, in promulgating the primary care investment requirements and APM expenditure targets in Regulation 4-2-72, considered the recommendations of the Primary Care Payment Reform Collaborative (the Collaborative), in accordance with HB19-1233. We anticipate that as additional data on primary care and APM expenditures are collected, through annual carrier reporting to the APCD, the Collaborative and the Division will continue to review and evaluate existing recommendations around both the level and type of payments that will be most effective in enhancing health insurance affordability. The Primary Care and APM IPs, which provide additional context around carriers' planned primary care and APM expenditures, will be valuable in informing the Collaborative's ongoing work. Therefore, starting with the July 2021 submissions, the Division plans to share the Primary Care and APM Implementation Plans submitted by carriers with members of the Collaborative.

The Division recognizes carriers may consider certain information in the initial Primary Care and APM IPs submitted in March 2021 confidential and will not release these documents to the Collaborative. Moving forward, the Division will allow carriers to submit an abbreviated "public" version of the Primary Care or APM IP, with confidential information redacted, as part of their required submission. The public version of the documents, which will be shared with Collaborative members, must be submitted IN ADDITION TO, not in lieu of, the carrier's more detailed filing with the Division. Submitting a second, public version of the documents is optional, not required.

The public version of the Primary Care and/or APM IPs must contain at least the following information:

**Primary Care Implementation Plan:**

**Section 1**

- The written narrative submitted for Section 1 of Appendix B must contain a description of the carrier's strategies for each of the required elements in subsections a, b, and c. Programs or initiatives should be described in sufficient detail to provide a clear

understanding of the components and/or anticipated impacts. Participation or enrollment numbers, for providers or members, and/or specific contractual arrangements with providers may be redacted from the public version.

### Section 2

- Carriers may provide an overall percentage of the amount of primary care expenditures made through Fee-for-Services payments and the percentage of primary care expenditures may through Non-Claims Based Payments or APMs;
- For carriers that choose to report percentage amounts, the following modifications will be allowed on the public version of the Primary Care Expenditures Budget Template:
  - “Number of Primary Care Visits” - this line item may be redacted;
  - “Fee-for-Service Payments”- the percentage of expenditures made through FFS payments may be included on the TOTAL line item, in lieu of a dollar amount; the line items for “Increase in E&M codes” and/or “Other” may be redacted;
  - “Other Expenditures” - the percentage of expenditures made through non-claims-based expenditures or APMs may be included on the TOTAL line item, in lieu of a dollar figure; carriers must still indicate the categories or types of activities that are currently or will be supported through non-claims-based payments or APMs, which can be expressed as a percentage.

### APM Implementation Plan:

#### Section 1

- The written narrative submitted for Section 1 of Appendix C must contain a description of the carrier’s strategies for each of the required elements in subsections A through F. Programs or initiatives should be described in sufficient detail to provide a clear understanding of the components and/or anticipated impacts. Participation or enrollment numbers, for providers or members, and/or contractual arrangements with specific providers may be redacted from the public version.

#### Section 2

- Carriers may provide the percentage of annual total spending that is expected to occur in each category of spending for the APM framework only; dollar figures may be redacted from the public version.