



Primary Care Payment Reform Collaborative Meeting

January 8, 2026

Agenda

- 
- Housekeeping & Announcements
 - Federal & State Updates
 - Annual Report Recommendations
 - Public comment

Meeting Goals & Requested Feedback

GOALS

- Finalize content in annual recommendations report
 - Part 1 - Payment
 - Part 2 - Comprehensive Primary Care Strategy
- Identify appendices, graphics

FEEDBACK

- What needs to be added, subtracted, or edited?
 - Final targeted research needs
- What additional elements should be included to make report more readable and/or accessible?

**** Incorporate equity into discussion and recommendations ****



Housekeeping & Announcements

Housekeeping & Announcements

- Meeting minutes - minutes for Dec will be posted and approved at Feb meeting
- Attendance and feedback at upcoming meetings
 - Proxies allowed for meetings and voting - need quorum of 6 in Feb
 - Upcoming review periods for report drafts:
 - Comments accepted through Jan 16 (next Friday)
 - Next review period: Jan 26 - Feb 3 - can't live with or without edits
- Updating Standard Operating Procedures & Rules of Order
 - Working with co-chairs on updates
 - Decision point: Update now vs wait until March
- Meeting schedule for 2026 posted

WELCOME



**Christina Mulkey, DNP, APRN,
AGNP-C**

Practice Owner/Adult Gerontology
Primary Care Nurse Practitioner
Geriatric & Family Medicine Associates



Risha Gidwani, DrPH, MA, BA

Visiting Associate Professor
Medicine-Health Care Policy Research
University of Colorado, School of
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Federal & State Updates

Federal Updates

- Rural Health Transformation Program (RHTP)
 - On Dec 29, CMS announced all 50 states will receive award under \$50 billion initiative
 - First year awards average \$200 million (range from \$147 to \$281 million)
 - First year award for CO = \$200,105,604
 - Office of Rural Health Transformation (ORHT) - established to guide states in implementation, provide TA, coordinate federal-state partnerships
- Congressional health care debate
 - House expected to pass 2-year subsidy extension today (to die in Senate)
 - Bipartisan Senate group “nearing an agreement” to revive lapsed subsidies
 - “Big three” Republican conditions:
 - Minimum premium payments, other restrictions (income caps)
 - Providing “bridge to HSAs” including expansion of health savings accounts
 - Dealing with the “Hyde issue”

Federal Updates

- Vaccine Update

- On Jan 5 HHS announced revisions to vaccines recommended for children
 - Acting Director of CDC updated agency's immunization schedule, effective immediately
- Reduces number of diseases prevented by routine shots from 11 to 17
 - Continued recommendations: measles, polio, and whooping cough
 - Recommended only for some high-risk groups or after consultation with health care provider: including hepatitis A, hepatitis B, meningococcal disease, rotavirus, influenza, and respiratory syncytial virus (RSV)
- Federal officials indicated shift will not impact insurance coverage or vaccine availability through federal Vaccines for Children program; CPDHE statement [here](#)

- HHS Gender-Affirming Care Proposed Rules

- Two proposed rules would stop Medicare and Medicaid payments to any provider offering gender-affirming care to minor
- 19 states, including Colorado, have sued HHS Secretary Kennedy to block

Federal Updates

- Long-Term Enhanced ACO Design (LEAD) Model
 - Focused on providers who have not joined ACOs, and patients with high needs (dual eligibles), those who are homebound or home limited
 - 10-year model will begin 1/1/27 (replacing REACH)
 - ACOs can apply to participate by responding to a Request for Applications, which will become available beginning in March 2026
 - Design features include:
 - Predictable window without rebasing and a pathway toward sustainable long-term benchmarks and savings
 - Flexible, capitated population-based payments to support team-based care and downstream value-based care arrangements
 - Two voluntary risk sharing options: a) Global (100% savings/liability) b) Professional (50% savings/liability)
 - Benefit Enhancements and Beneficiary Engagement Incentives that create incentives for beneficiaries to seek care from ACOs, including Part B cost sharing support and by 2029, a Part D premium buy down

Federal Updates

- **Make America Healthy Again: Enhancing Lifestyle and Evaluating Value-Based Approaches Through Evidence (MAHA ELEVATE) Model**
 - Voluntary model to fund up to 30 chronic disease prevention and health promotion pilot projects that utilize evidence-based functional or lifestyle medicine interventions (whole-person care) not currently covered by Medicare
 - CMS will release Notice of Funding Opportunity in early 2026 for first cohort, which will start on 9/1/26; second cohort will begin 1 year later
 - Participating organizations will receive approximately \$3 million over 3 years of funding to collect quality and cost data on their interventions
- **Better Approaches to Lifestyle and Nutrition for Comprehensive hEalth (BALANCE) Model**
 - Voluntary model; CMS will negotiate drug pricing with manufacturers of GLP-1 medications on behalf of state Medicaid agencies and Medicare Part D plans to enable people to improve their long-term health, potentially preventing chronic disease and disability
 - Launch in Medicaid in 2026 (state can join on rolling basis from May through Dec); will start in Medicare Part D in Jan 2027

Federal Updates

- **Guarding U.S. Medicare Against Rising Drug Costs (GUARD) Model**
 - Proposed mandatory model to assess rebates for certain drugs payable under Medicare Part D if the prices exceed those paid in economically comparable countries
 - Tested over a 5-year performance period, launching 1/1/27 and running through 12/31//31, with rebate invoicing and reconciliation continuing into 2033
 - CMS seeking public comment on GUARD model through a Notice of Public Rulemaking published on Federal Register; comments due 2/23/26
- **Global Benchmark for Efficient Drug Pricing (GLOBE) Model**
 - Proposed mandatory model to test new rebate formula for certain separately payable Medicare Part B drugs (meds typically administered by physicians in health care settings)
 - Modify Part B drug inflation rebate calculation using international drug pricing info to identify benchmark that reflects prices paid in set of economically comparable countries
 - Would operate over 5 years, beginning 10/1/26 and ending 9/30/31, with rebate invoicing and reconciliation continuing until 1/30/33
 - CMS seeking public comment on GUARD model through a Notice of Public Rulemaking published on Federal Register; comments due 2/23/26

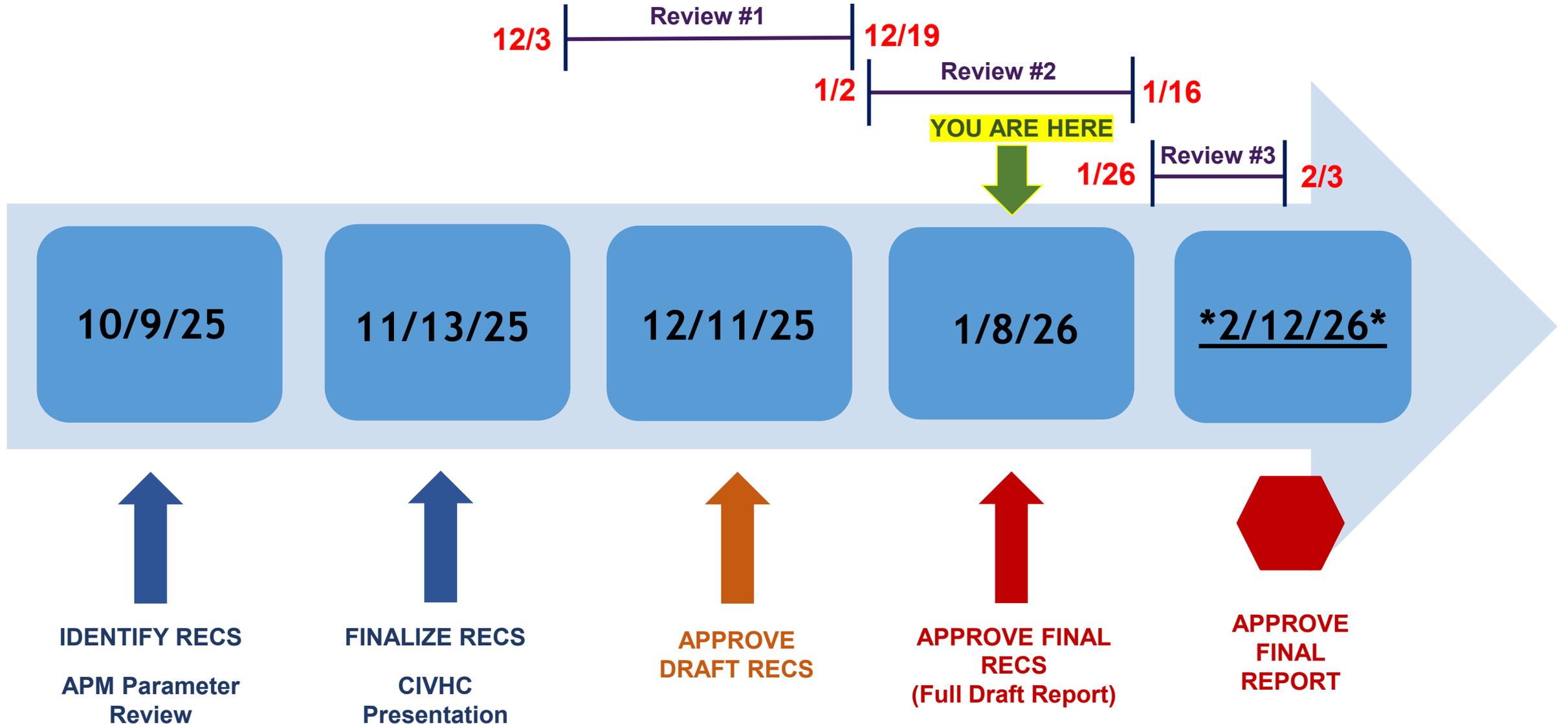
State Updates

- Open enrollment - now through Jan 15
 - As of Jan 2, statewide marketplace enrollment in CO rose by about 0.14% (~400 participants), totaling around 256,422 Coloradans, compared to last year
 - Colorado Premium Assistance (CPA) available for households between 100-400% FPL - new state premium assistance program
 - 65% of Connect for Health customers will qualify for financial help
- 2026 Legislative Session
 - Starts on Jan 14, 2026



Report Recommendation Topics

Recommendations Report



Organizational Structure

Executive Summary

- Summary and recommendations

PCPRC Background

- Statutory charge
- Operations (report process/voting, membership)

Introduction

- Key themes

Part 1 & Part 2

- Discussion of key issues
- Data needs & recommendations

Conclusions

- Summation
- Next steps

Acknowledgements, Exec Summary, PCPRC

- Acknowledgements
 - Please check your name, credentials, organization
 - Pronouns
- Executive Summary
 - TBD
- PCPRC Background
 - Standard Operating Procedures and Rules of Order

Introduction and Key Context

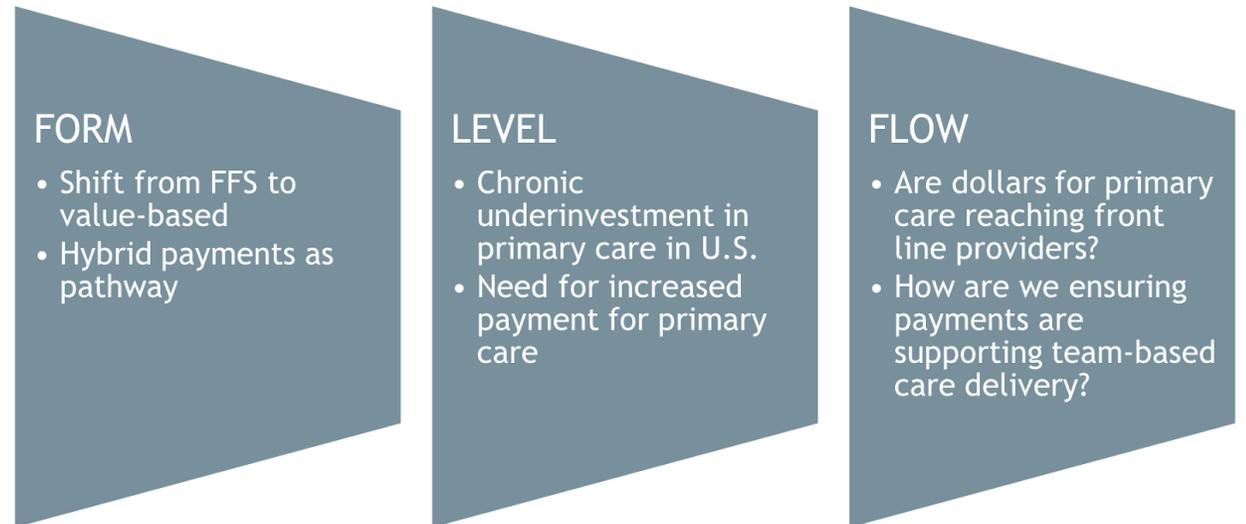
- Added access issues
 - Direct primary care (DPC) provisions
 - Preventive services & reproductive care (Planned Parenthood provisions)
- Added workforce issues
 - H-1B visas
 - Medical school loan caps
- Added data issues
 - Websites pulled offline in wake of Jan 2025 Executive Orders
 - Current and future integrity of data sources - vaccines, autism

CIVHC Data

- Total PC spending
 - Graph by line of business
- Value-based payment model spending
 - % of total medical and primary care expenditures
- Prospective spending
 - % of total medical and primary care expenditures
- Improving data quality
 - Challenging in looking at trends over time
 - Move to Common Data Layout
- Future priorities
 - Age bands
 - Self-insured lives

Payment

- **First Annual Report:**
 - Infrastructure and APM models that offer prospective funding
 - Support providers' adoption of advance primary care models
- **Investment =**
 - Payments to providers (payers)
 - Infrastructure investments (systemic)
- **This year focused on:**
 - 3 facets of payments: form, level, flow
 - Groups facing unique challenges: rural, pediatric, safety net



Payment

FORM

- Prospective payments
 - Build competencies for advance PC delivery
 - Succeed in value-based payments
- Payer alignment
 - Medicare APCM
 - Medicaid
 - Self-funded
- Rural providers
- Pediatric providers
- Safety net providers

LEVEL

- National reporting
 - NASEM
 - Milbank
- Colorado reporting
 - ACPD
 - Concern with trends in CO data
 - Best practices & lessons from other states

FLOW

- Consolidation trends
 - Hospital
 - Corporate
 - Insurer
- Direct primary care
- Soft consolidation & clinically integrated networks

State Updates

- Initiative 9: Design and Pilot Rural Value-Based Care Model(s)
 - Research, design, pilot, and ultimately scale value-based care model(s) tailored for rural providers and hospitals
 - Assess feasibility of shared savings, bundled payments, and other approaches that reward prevention, care coordination, and improved health outcomes
 - HCPF will collaborate with rural health clinics, hospitals, and RAEs to implement scalable, value-based frameworks that are aligned with Colorado's ACO and Clinically Integrated Networks (CINs)
 - Measurable outcomes:
 - Number of new APMs or value-based care models launched
 - Number of facilities in ACO-like collaborative networks
 - Number of facilities engaged in quality improvement under the Hospital Transformation Program
 - Number of new rural payment arrangements or shared savings programs

Comprehensive Primary Care Strategy

- Vision and goals
 - Primary care as a common good, instrumental in creating health communities
 - Strategy should create clear, shared understanding of current state of PC and support collective movement towards advanced primary care
 - Related to payment, should meaningfully involve all payers and support accountability to multi-payer alignment
 - Establish key goals regarding status state's PC system, and metrics to assess progress towards goals
- Potential Partners
- State Primary Care Scorecard
 - Data sources
 - Potential domains

Appendices

- Standard Operating Procedures and Rules of Order
- Previous Report Recommendations
- Comments on Colorado's Aligned Primary Care APM Parameters
- Potential Metrics for a State Primary Care Scorecard



Public Comment



Thank you!!