Primary Care Payment Reform Collaborative Meeting

October 9, 2025

Agenda

- Annual Review of Aligned APM Parameters
- Housekeeping & Announcements
- Federal & State Updates
- Potential Report Topics
- Public comment

Meeting Goals & Requested Feedback

GOALS

- Review aligned APM parameters
- Identify topics for annual recommendations report

FEEDBACK

- Successes and challenges (impact, operations)– potential changes
- What are the key topics (and subtopics) members would like to address in the report?
  - Targeted research needs for Nov meeting

* * Incorporate equity into discussion and recommendations * *

COLORADO

Review of Aligned APM Parameters

§10-16-157, C.R.S. and Regulation 4-2-96

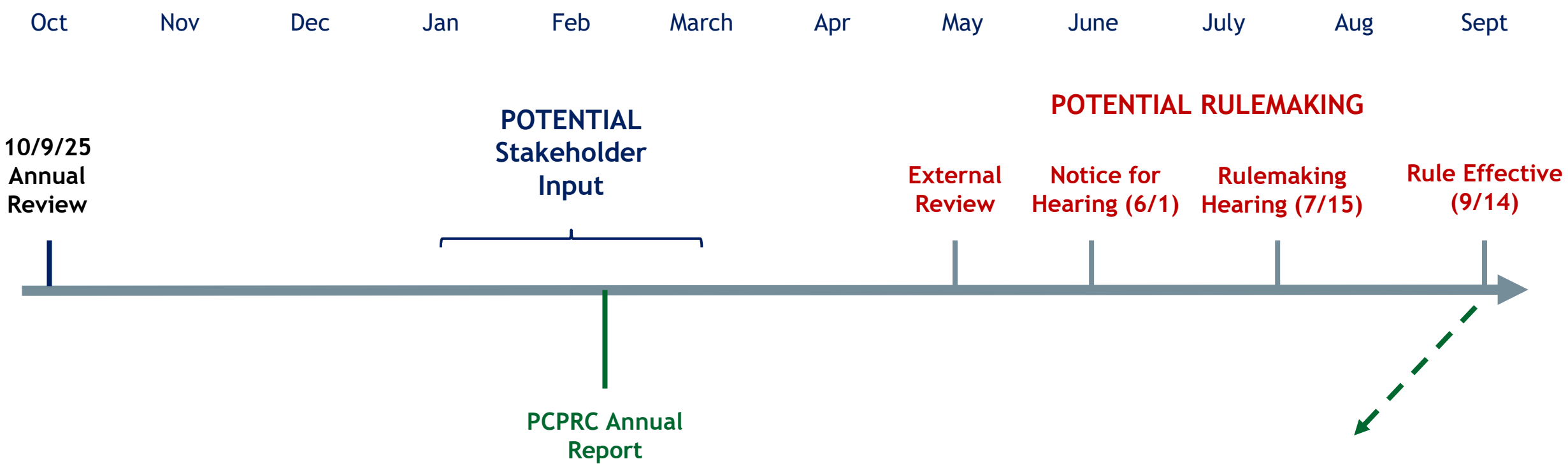
- §10-16-157(3)(a)(I), C.R.S. – The Division shall develop alternative payment model parameters by rule for primary care services offered through health benefit plans.
- Regulation 4-2-96 – Concerning Primary Care Alternative Payment Models
  - Risk adjustment
  - Patient attribution
  - Aligned core competencies
  - Aligned quality measure sets

§10-16-150, C.R.S.

- §10-16-150(1), C.R.S. – The commissioner shall convene a primary care payment reform collaborative to:
  - (j) Annually review the alternative payment models developed by the Division pursuant to section 10-16-157(3) and provide the Division with recommendations on the models.

- §10-16-150(2.5), C.R.S. – In carrying out the duties of subsection (1)(j) of this section, in addition to the members of the Collaborative described in subsection (2) of this section, the Commissioner shall include health insurers and health-care providers engaged in a range of alternative payment models.

POTENTIAL Timeline



Depending on nature of new requirements, in place either 1/1/**26** or 1/1/**27**

Risk Adjustment

Use in APMs:

- Detailed description of risk adjustment methodology(ies) to participating providers
  - Definitions of key terms
  - Data used in methodology – morbidity assumptions, services included
  - Data adjustments- historical, trends, patient mix (across providers)
- Description of how risk adjustment methodology interacts with provider payments
  - Retrospective uses of provider data
  - Reconciliation processes

Reporting:

- Attestation of compliance with risk adjustment requirements
- Current or planned approach to incorporate social risk into carrier's risk adjustment methodology(ies), including but not limited to social factors such as housing instability, behavioral health issues, disability, and neighborhood-level stressors
  - Should include a statement regarding how health equity and patients with health-related social needs, and/or severe or complex health needs are or will be considered in the design of the risk adjustment methodology and the APM

Patient Attribution

Use in APMs:

- Detailed description of patient attribution methodology(ies) to participating providers
  - Definitions of key terms
  - Process(es) to attribute adult and pediatric members
- Updated attribution lists available no less than quarterly in format easy to interpret and analyze
- Maintain and establish process for reattribution
  - Process for submitting requests
  - Review process, no less than quarterly

Reporting:

- Attestation of compliance with patient attribution requirements
- Carrier's efforts to educate members about patient attribution and/or the importance of selecting a primary care provider

Aligned Core Competencies

Use in APMs:

- Core competencies (Appendix B) must be incorporated into care delivery expectations
  - Carriers must provide simple attestation form for providers to identify Track (1,2,3)
  - Participation in certain initiatives or designations automatically qualify as Track 1
- Payments to support, incentivize, or reward provider performance of competencies must be meaningful
- Other care delivery expectations may be included at mutual agreement of carrier and provider

Reporting:

- Attestation of compliance with aligned core competency requirements
- A complete list of any additional care delivery expectation, outside of the core competencies in Appendix B, included in the carrier's APMs for primary care services

Aligned Quality Measures

Use in APMs:

- Aligned measures must be included in a quality measure set for primary care APMs
  - Impact payment in meaningful way
  - Measure specifications must be followed
  - Adult/pediatric based on practice's panel composition
- May include measures in addition to aligned measure sets
- May petition Commissioner to modify or waive certain requirements
- Aligned measures reviewed annually

Reporting:

- Included in annual APM Implementation Plan (required by Regulation 4-2-72)
  - Updated guidance forthcoming
- Complete list of measures outside of aligned measure sets included in primary care APMs
- Brief description of any requested/approved deviations or exceptions

Aligned Quality Measures

Adult Primary Care Measures

Measure	CBE
Breast Cancer Screening	2372 / NCQA
Cervical Cancer Screening	0032 / NCQA
Colorectal Cancer Screening	0034 / NCQA
Screening for Depression and Follow-up	0418 / CMS
Comprehensive Diabetes Care: HbA1c Poor Control (>9%)	0059 / NCQA
Controlling High Blood Pressure	0018 / NCQA
Consumer Assessment of Health Care Providers and Systems (CAHPS) Health Plan Adult Survey	0006 / AHRQ
Person-Centered Primary Care Measure (PRO-PM)	3568 / American Board of Family Medicine

Pediatric Primary Care Measures

Measure	CBE
Child and Adolescent Well-Care Visits	1516 / NCQA
Developmental Screening in the First Three Years of Life	1448 / OHSU
Well-Child Visits in the First 30 Months of life	1392 / NCQA
Screening for Depression and Follow-up	0418 / CMS
Childhood Immunization Status – Combo 10	0038 / NCQA
Immunizations for Adolescents – Combo 2	1407 / NCQA
Consumer Assessment of Health Care Providers and Systems (CAHPS) Health Plan Adult Survey	0006 / AHRQ
Person-Centered Primary Care Measure (PRO-PM)	3568 / American Board of Family Medicine

COMMENTS/FEEDBACK

Eugene S. Farley, Jr. Health Policy Center
UNIVERSITY OF COLORADO **ANSCHUTZ MEDICAL CAMPUS**

Medicare APCM and CO Core Competencies

Stephanie Gold, MD

Medicare Advanced Primary Care Management codes

1.Get patient consent.

2.Conduct an initiating visit (paid separately) for new patients (if not seen in last 3 years).

3.Provide 24/7 access and continuity of care, including alternatives to traditional office visits.

4.Provide comprehensive care management, including medical and psychosocial needs assessment, preventive service delivery, self-management, and medication reconciliation.

5.Develop, implement, revise, and maintain an electronic patient-centered comprehensive care plan.

6.Coordinate care transitions, including referrals and follow up after ER or hospital discharge as well as timely electronic health information exchange

7.Coordinate practitioner, home-, and community-based care. Communicate psychosocial strengths, functional deficits, goals, and preferences across home and community based providers.

8.Provide enhanced communication opportunities. Must include asynchronous communication through portals or other messaging systems, ability to conduct remote evaluation of patient information, and patient-initiated digital communication like virtual check-ins or e-visits:

9.Conduct patient population-level management. Must include analyzing data to identify gaps in care and risk stratification of the population.

10.Measure and report performance, including assessment of primary care quality, total cost of care, and meaningful use of Certified EHR Technology (CEHRT). Either through MIPS primary care value pathway OR MCCP, REACH ACO, MCP, or PCF

Level 1 (G0556)	One chronic condition	$15/ mo
Level 2 (G0557)	Two or more chronic conditions	$50/ mo
Level 3 (G0558)	Two or more chronic conditions and Qualified Medicare Beneficiary status	$110 /mo

Medicare Advanced Primary Care Management codes – other things to know

- Cost sharing a big barrier
- Some potential changes coming in CY2026
    - Cost sharing
    - Behavioral health integration add-ons

Is shifting to the Medicare APCM worth pursuing?

Benefits of APCM

- Opportunity not only to shift required competencies to greater alignment but also payment
    - Moves towards hybrid payment
- Potential for greater national multipayer alignment
- There is a lot of overlap with the current Core Competencies

Benefits of CO Core Competencies

- Based on extensive past state multistakeholder work
- Alignment with current HCPF ACC 3.0
- Tiering structure
- Stronger emphasis on BHI

Questions

- **Is shifting to the Medicare APCM an idea worth considering further?**

- Would this enable greater payer participation, particularly for large national payers?
- Where are folks encountering challenges with utilizing the core competencies and how would utilizing the Medicare APCM address (or not address) these challenges?
- Is there a need to maintain a tiered structure?
- If moving in the direction of the Medicare APCM, how could we maintain the stronger focus on BHI that allows for a variety of approaches?


THANK YOU!
Eugene S. Farley, Jr. Health Policy Center
UNIVERSITY OF COLORADO ANSCHUTZ MEDICAL CAMPUS

Future Stakeholder Engagement

- Quality measures
  - Core and menu sets
  - **On deck set** – recommended, will be moved into aligned set in 2-3 years
  - **Developmental set** – defined specifications that have been validated, tested, in use in other states that should be tracked
  - **Monitoring set** – priority areas of interest, but not recommended (due to lack of data, etc.)
  - **Innovation set** – address clinical topics or outcomes using novel approach, or topics not addressed in current measures
- Core competencies
  - Alignment with Advance Primary Care Management Services

Next Steps

- Comment forms available through Oct 31, 2025
- Send feedback to Tara Smith (tara.smith@state.co.us)
- Information available on Division website at:
  - HB22-1325 - Primary Care Alternative Payment Models

Housekeeping & Announcements

Housekeeping & Announcements

- Meeting minutes – Approval of Sept meeting minutes
- Attendance and feedback at upcoming meetings
  - Nov 13
  - Dec 11 – pre & post meeting review
  - Jan 8 - pre & post meeting review
  - Feb 12 - pre & post meeting review
- Proxies allowed for meetings and voting

Federal & State Updates

Federal Updates

- Government shutdown – Oct 1 thru ? ? ?
  - Key issue: extension of enhanced premium tax credits (set to expire 12/31/25)
- Vaccines – CDC adoption of ACIP recommendations
  - On Oct 6, CDC announced updates to adult and child immunization schedules, adopting recent ACIP recommendations (from ACIP meeting on Sept 18-19)
    - **COVID-19:** For adults 65 and over & individuals 6 months to 64 years, vaccination based on individual-based decision-making
      - ***Emergency Reg 25-E-04***; ***CDPHE Public Health Order 25-01***; ***Standing Order***
    - **MMRV:** recommend young toddlers receive separate vaccinations for chickenpox and for measles, mumps, and rubella (limit ability to chose combination vaccine for all 4 illnesses for kids between 12-15 months old)
      - ***Unlocks CDC's ability to ship vaccines to Vaccines for Children program***
    - **Hepatitis B**: ACIP tabled vote, CDC statement silent

Federal Updates

- Rural Health Transformation Program – launched Sept 15
  - Deadline for state applications – Nov 5, 2025
  - CMS announcement of awardees – Dec 31, 2025
  - CO-specific info available on HCPF's Colorado Rural Health Transformation Program website

- HHS Program Integrity Rule Lawsuit Updates
  - City of Columbus v Kennedy – brought by group of cities and organizations representing health care professionals and small businesses
    - Judge issued stay preventing multiple provisions of rule from going into effect
    - ***Additional round of rate review currently being finalized by DOI***
  - California v Kennedy – brought by 20 state Attorneys General (including CO)
    - Judge denied states' motion for a preliminary injunction
    - ***Challenged provisions (enrollment, costs) in effect while litigation continues***

Federal Updates

- Medicare Advantage and Part D Plans for PY 2026
  - Medicare Advantage (MA) Plans – HHS Announcement
    - Average monthly plan premium across all MA plans (including plans with prescription drug coverage, Special Needs Plans) estimated to decrease from $16.40 in 2025 to $14.00 in 2026
    - Benefits options will remain stable, including supplemental hearing, dental, vision
    - Plans projecting decreased enrollment, from 34.9 million in 2025 to 34 million in 2026 (drop from 50% of all people enrolled in Medicare to 48%)
  - Part D Plans
    - Average stand-alone Part D plan total premium projected to decrease from $38.31 in 2025 to $34.50 in 2026
    - After MA rebates, average Part D total premium for MA plans with prescription drug coverage projected to decrease from $13.32 in 2025 to $11.50 in 2026
  - **Medicare Open Enrollment: Oct 15 - Dec 7, 2025**
    - Senior Health Care & Medicare Assistance (Colorado SHIP & SMP)
    - SHIP: 888-696-7213; SMP: 800-503-5190; dora_seniormedicarepatrol@state.co.us

State Updates

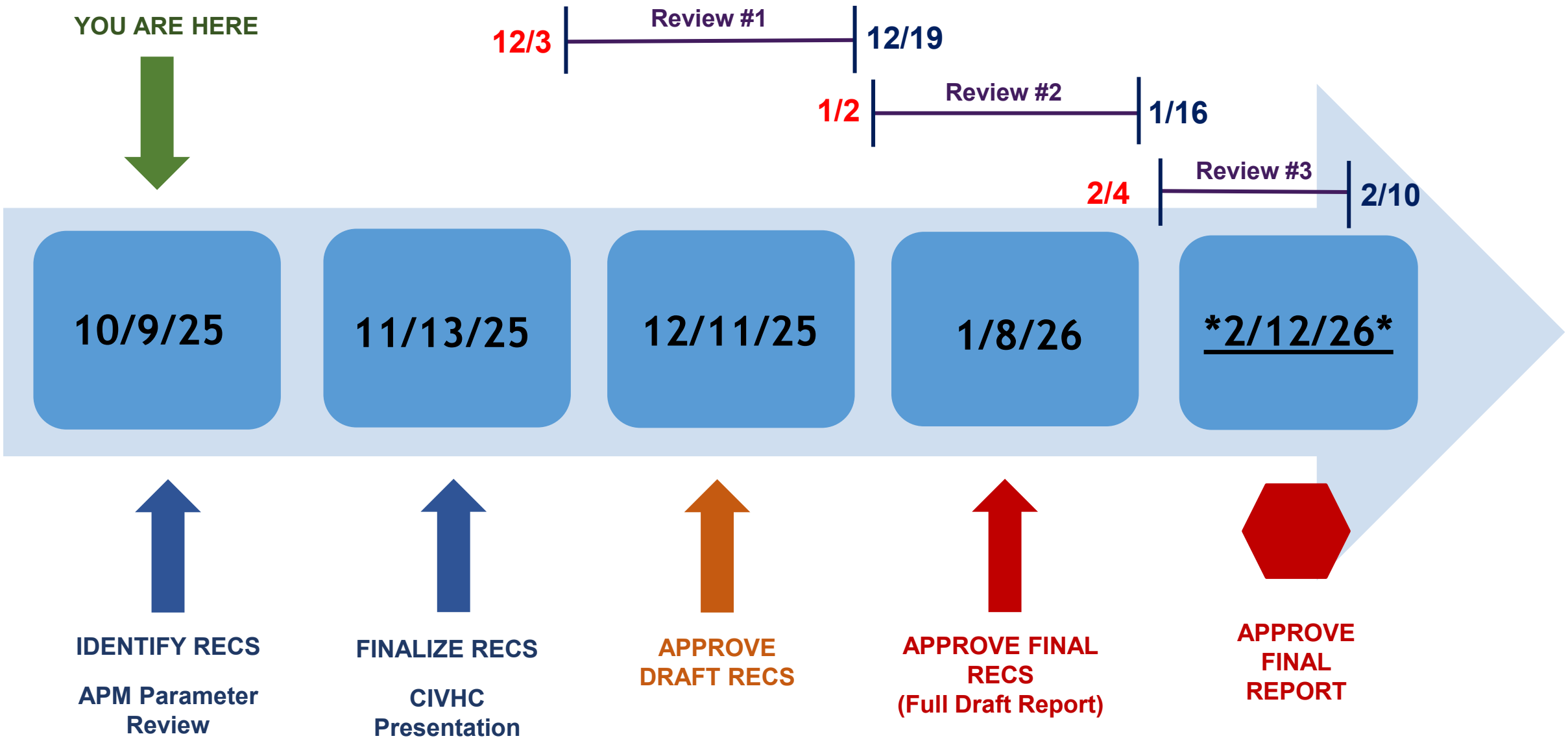
- Continued action by state officials to extend enhanced premium tax credits
  - Roundtables with leaders in Grand Junction, Colorado Springs
  - Letters to Congressional delegation
  - Open enrollment starts Nov 1

- CIVHC – New Data Intake & Processing Vendor - OnPoint
  - Oct 21, 9-10 AM MT: Meeting Registration – Zoom

- HCPF Resources
  - Understanding the Impact of Federal Changes to Medicaid

Report Recommendation Topics

Recommendations Report



Potential Topics for Feb 2026 Report

Potential Report Topics

- Payment
  - Flow of dollars
  - Market “disruptors”
  - Physician Fee Schedule
  - Aligned APM parameters
- Data
  - Assets
  - Gaps
  - Uses
- Comprehensive primary care strategy
  - Measure, track state of primary care, impact of increased investment & alignment efforts;
  - Ongoing cross-agency, multi-stakeholder collaboration

Payment Issues/Themes

FORM

- Shift from FFS to value-based
- Hybrid payments as pathway

LEVEL

- Chronic underinvestment in primary care in U.S.
- Need for increased payment for primary care

FLOW

- Are dollars for primary care reaching front line providers?
- How are we ensuring payments are supporting team-based care delivery?

Previous Recommendations – Form, Level, Flow

FIRST ANNUAL REPORT

- Primary care investment target
  - All commercial payers should be required to increase percentage of total medical expenditures (excluding pharmacy) allocated to primary care by one percentage point annually (for 2 years)
- Investing in advanced primary care models
  - Increased investment should support adoption of models that build core competencies for whole person care
- Investing in infrastructure and through alternative payment models (APMs)
  - Increased investment should be offered primarily through infrastructure investment and APMs that offer prospective funding and incentives that improve quality

THIRD ANNUAL REPORT

- Guiding increased investment in primary care
  - Investments should be offered primarily through value-based payments and infrastructure investments, include prospective funding and incentives for improving quality, improve accessibility and affordability
- Integrating behavioral health care within the primary care setting
  - A variety of effective models for the integration and coordination of behavioral health and primary care should be encouraged and supported through APMs and other strategies

Previous Recommendations – Form, Level, Flow

FIFTH ANNUAL REPORT

- Payment for behavioral health integration
  - Behavioral health should be intentionally supported as a key component of increased investment in primary care
- Workforce for behavioral health integration
  - Payers should support and incentivize clinician and non-clinician providers working as part of the care delivery team to holistically address whole-person and whole-family health needs
- Health-related social needs screening
  - Payers should support and incentivize clinical and non-clinician providers working on integrated care teams to conduct health-related social needs screening, referrals, and successful connections to needed services
- Medication-assisted treatment
  - Payers should support primary care providers and members of integrated care teams in offering medication-assisted treatment services through adequate payment that reflects the additional time and training needed to address complex patient needs

Payment Priorities

- North star goal:
  - Strengthening Colorado's primary care infrastructure and care delivery system through increased investment and the adoption of value-based payment models, also known as alternative payment models (APMs), that drive value, not volume, and improve health outcomes
- Additional considerations/priorities?

Payment Landscape

- Systems
  - Accountable Care Organizations (ACOs)
  - Clinically integrated networks (CINs)
  - Independent Physician Associations (IPAs)
- Disruptors
  - Direct Primary Care
  - One Medical
  - HIMS/HERS
- Consolidation
  - Private equity
  - Vertical and horizontal mergers
  - Insurer-owned

DATA – national vs state, partial mapping ?

Payment Questions & Data Needs

- Where are patients getting primary care? What is driving them?
- How many providers in CO aree independent vs “system”?
- How much money in systems actually gets to primary care?
- What is current level of system stability/instability- how much breathing room do PCPs have?
- How much is administrative burden adding to cost of running a practice?

Additional Topics

- Alignment
  - Medicare APCM (and proposed fee schedule)
  - HCPF ACC 3.0, Integrated Behavioral Health
- Employer engagement
- Practices that are thriving?
- Other - ? ? ?

Comprehensive Primary Care Strategy

- North star goal:
  - Measure, track state of primary care, impact of increased investment & alignment efforts
  - Ongoing cross-agency, multi-stakeholder collaboration
  - Aligning payment, workforce, access, data, accountability to strengthen PC as system's front door and improve cost, quality, and equity
  - Defining primary care as a common good – where are the gaps in community, and how do we structure payment systems to support those gaps in a better way
    - Designing payment structures, expectations, data requirements thoughtfully to support current and future workforce – where are the gaps in
- Intended goals/uses?
- Partners?

Potential Partners

STATE

- HCPF
- DOI
- CDPHE
- BHA
- ➢ Early childhood - ?

HIT/DATA

- Office of eHealth Innovation (OeHI)
- Contexture
- CO Community Managed Care Network (CCMCN)
- ➢ CIVHC

PROVIDERS

- CO Academy of Family Physicians
- CO Medical Society (CMS)
- CO Academy of Pediatrics
- Colorado Hospital Association
- Valley Wide Health
- CO Community Health Network

PAYERS

- Rocky Mountain Health Plans
- Denver Health
- Colorado Access
- Purchaser Business Group on Health (PBGH)

OTHER

- Trailhead Institute
- CO Rural Health Center
- CO Health Areas Education Center
- CO Cooperative Extension
- Pediatric Mental Health Institute
- ➢ Consumers

State Primary Care Scorecards

NEW YORK

- **Goal(s):**
  - Report on current state of primary care in New York State to support policy, programmatic and budgetary decision-making, serve as a baseline for future measurement
- **Domains:**
  - Workforce
  - Access
  - Performance
  - Health Outcomes

VIRGINIA

- **Goal(s):**
  - Provide an annual tracking tool to monitor the health and well-being of primary care in Virginia through an interactive exploration of data
- **Domains:**
  - Spend
  - Workforce
  - Use
  - Outcomes

MASSACHUSETTS

- **Goal(s):**
  - Inform targeted policy solutions & investments, and to monitor the impact of such reforms. Provides a fact base to Primary Care Access, Delivery, and Payment Task Force
- **Domains:**
  - Finance
  - Access
  - Care
  - Capacity
  - Equity

New York State Primary Care Scorecard

WORKFORCE

- Primary Care Providers per 100k
- Pediatricians per 100k
- Geriatricians per 100k
- OB/GYN Providers per 100k
- Behavioral Health Providers per 100k
- Primary Care Providers Physicians over 60
- Primary Care Providers Accepting Medicaid

ACCESS

- Avoided Care Due to Cost
- Usual Source of Care
- Preventable Hospitalization Rate
- Pediatric Preventable Hospitalization Rate
- Preventable Emergency Department Visits

PERFORMANCE

- Adequate Prenatal Care
- Core Preventative Services, Adults 65+
- Early Childhood Vaccinations
- Hypertension Control

HEALTH OUTCOMES

- Avoidable Premature Mortality
- Low Birthweight
- Maternal Mortality
- Uncontrolled diabetes

Virginia Primary Care Scorecard

SPEND

- Primary Care as a Percentage of Total Healthcare Spend
- Primary Care Spend Per Insured Person Per Month
- Primary Care as a Percentage of Total Healthcare Spend Trend
- Primary Care Spend Per Insured Person Per Month Trend
- Range of Primary Care Spend by Payer

WORKFORCE

- Primary Care Provider Workforce
- Primary Care Provider Shortages
- Workforce Practicing Primary Care
- Primary Care Workforce Supply and Demand Projections
- Primary Care Physicians in Areas Above the Median Social Deprivation Index (SDI)

USE

- Percentage of Residents Using Primary Care*
- Primary Care Use Trend
- Range of Primary Care Use by Payer
- Access to Behavioral Health Providers

OUTCOMES

- Quality of Life*
- Life Expectancy
- Preventable Hospitalizations
- Diabetes Prevalence
- Multiple Chronic Conditions

Massachusetts Primary Care Dashboard

FINANCE

- Primary Care Spending
- Managed Member Months Under an APM

EQUITY

- Difficulty Obtaining Necessary Healthcare by Race/Ethnicity
- Usual Source of Care by Race/Ethnicity
- Residents Who Have a Primary Care Provider by Race/Ethnicity
- Avoidable Emergency Department (ED) Use by Race/Ethnicity

ACCESS

- Difficulty Obtaining Necessary Healthcare
- Primary Care Access (Adult & child, Commercial & MassHealth)
- Residents Who Have a Primary Care Provider
- Usual Source of Care
- Usual Source of Care by Setting Type
- Preventative Care Visit
- FQHC Patients Served

CAPACITY

- % of PCPs
- % of PCPs Aged 65 or Older
- % of PCPs Leaving Primary Care
- PCPs per Population
- PCP Assistants per Population
- Primary Care Nurse Practitioners
- Percentage of Massachusetts Medical School Graduates Entering Primary Care
- Primary Care Physician Salary

CARE

- Colorectal Cancer Screening
- Breast Cancer Screening
- Cervical Cancer Screening
- Well-Child Visits in First 30 Months of Life: 0 – 15 mos.
- Childhood Immunization Status (Combo 10)
- Adult Influenza Vaccinations
- Patient-Provider Communication (Adult & child, Commercial & Mass Health)
- Controlling High Blood Pressure
- Hemoglobin A1c Control for Patients with Diabetes: HbA1c Poor Control (>9.0%)
- Behavioral Health Screening (Adult, Commercial & MassHealth)

Potential CO Dashboard Metrics & Data Sources

WORKFORCE/CAPACITY

- Number, geographic, and age distribution of PCPs
- Number, geographic, and age distribution of other clinicians (NPs, PAs)
- ➢ Health systems directory

ACCESS

- Avoided Care Due to Cost
- Usual Source of Care
- Preventable ED Visits
- ➢ Colorado Health Access Survey

PERFORMANCE

- Core Preventative Services, Adults 65+
- Early Childhood Vaccinations
- ➢ BRFSS
- ➢ CDPHE -?

HEALTH OUTCOMES

- Avoidable Premature Mortality
- Preventable hospitalizations
- Diabetes prevalence
- ➢ Public sources - ?

FINANCE/SPEND

- Primary care as percentage of total spend
- Primary care spend PMPM
- ➢ PC/AMP Annual Report

CARE

- Cancer screenings
- Adult influenza
- ➢ BRFSS

EQUITY

- Health disparities data
- ➢ Colorado Health Access Survey

Primary Care Scorecard – Discussion Questions

- Interest in developing a primary care scorecard?
- Intended goals/uses?
- Partners?
- Other data sources?
- How to address in report?

Draft Schedule

APRIL

Updates & Priorities

MAY

Accountable Care Organizations

JUNE

Patient perspectives on primary care;
Engaging with employers;
Coordination with practice transformation initiatives

JULY

SUMMER BREAK

AUG

Data – sources, gaps;
CDPHE presentation;
Guest speaker(s) from VA, WA

SEPT

Comprehensive Primary Care Discussion

OCT

APM Parameter Review
Payment, Comprehensive PC Strate

NOV

CIVHC Report/ Report Recommendations

DEC

Draft Recommendations

*** * * DRAFT Proposal * * ***

Public Comment

Thank you!!