



Welcome RAE Practice Facilitators

Please put your name and the RAE you represent in the chat.

You can ask questions via the chat. We will monitor it as we go along. We will also pause for questions periodically.

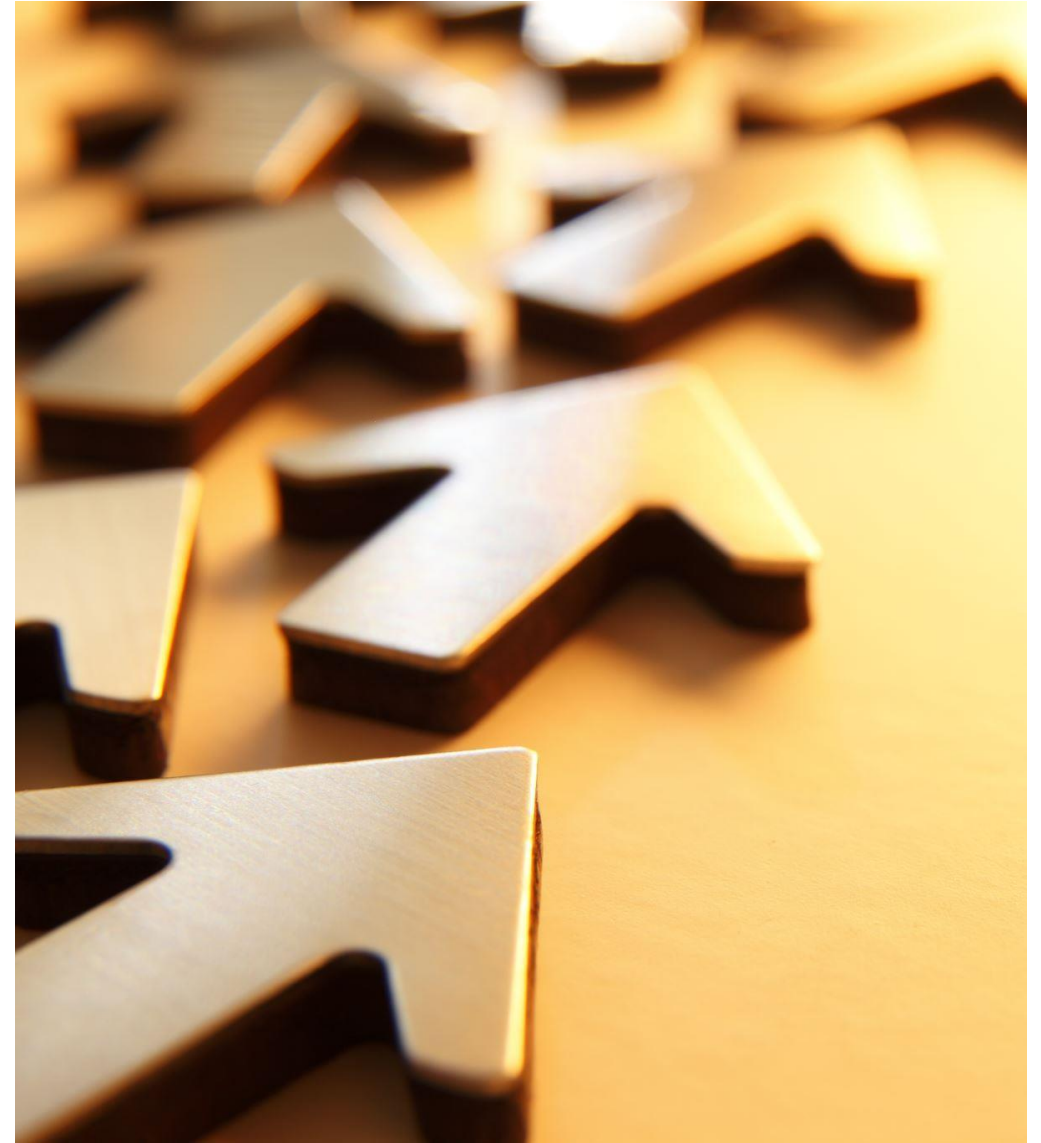
These slides will be made available on the Practice Innovation Program website:

<https://medschool.cuanschutz.edu/practice-innovation-program/current-initiatives/train-the-trainer/for-practice-facilitators>



AGENDA 9/18/2025

- Introductions
- Overview of PF LC Objectives and Upcoming Events
- Overview of Value-based Payment (VBP) Mentor Opportunities
- Shared Savings Deep Dive – What PFs need to know to successfully recruit and support practices (HCPF presenting)



Practice Innovation Program Introductions

PF Learning Community Objectives

The RAE PF Learning Community will:

1. Convene RAE PFs across the state supporting practices in ACC 3.0.
2. Support and educate PFs in learning about value-based payment and ACC 3.0.
3. Provide a space where PFs can openly share experiences, challenges, and best practices.
4. Provide an ongoing forum to ask questions and seek support.

Upcoming Learning Community Calls

PCMP Learning Community Meetings

**Second Thurs. of every month
12:00-1:00**

[Click Here to Register for the PCMP Learning
Call](#)

NEXT meeting: 10/9/2025, 12:00-1:00

Topic: BHI Sustainability: Health Behavior and
Intervention (HBAI) Codes and Collaborative
Care Model Coding (CoCM)

RAE PF Learning Community Meetings

**Third Thurs. of every month
11:00-12:00**

[Click Here to Register for the RAE PF Learning
Call](#)

NEXT Meeting: 10/16/2025, 11:00-12:00

Topic: Practice Facilitation to Support Practices in
using HBAI and CoCM Coding

Next PF Office Hours: 9/25/2025, 9:00-10:00

<https://ucdenver.zoom.us/j/91949072474>



Engage with Value-Based Payment Mentors: Oct 17th

- **What:** PF/VBP mentor convening
- **When:** October 17th, 10:00 – 4:00
- **Where :** In person on the Anschutz Medical Campus
- **Why:** Learn specific strategies and tactics to help practices succeed in ACC 3.0
 - Build relationships with the mentors to:
 - Invite them to join practice meetings
 - Introduce them to practice champions
 - Get advice on helping practices achieve shared savings
 - Provide a talk for your team on tactics related to VBP



Register: https://practiceinnovationco.co1.qualtrics.com/jfe/form/SV_cVhcSoxQWyl5O9E

HCPF Education Sessions

The PCMP Education Session on

Shared Savings rescheduled: now September 25th 12:00 - 1:30

If you have already registered, your registration will automatically transfer to the new date.

To register, [Zoomhttps://us02web.zoom.us/webinar/register/WN_jxR-KoWVSx-TP2nyOXgeSQ#/registration](https://us02web.zoom.us/webinar/register/WN_jxR-KoWVSx-TP2nyOXgeSQ#/registration)



For RAE teams: Oct 14th: 1:00 – 2:00

To address all the payment streams

Please submit questions on the form linked to QR code by 9/23

Opportunities for Individualized Support for PF, RAE teams, or PCMPs

[Value Based Payment \(VBP\) Mentors](#)



[Subject Matter Experts.](#)



Shared Savings Deep Dive

Madison Frederick, Dept. of Health Care Policy and Financing



COLORADO

Department of Health Care
Policy & Financing

Program Year 2026 Chronic Conditions Shared Savings Program

Madisen Frederick

Primary Care Payment Reform Analyst

9/18/25



COLORADO
Department of Health Care
Policy & Financing

Objectives for Today

1. Overview of Program Year 2026 (PY26) changes to Shared Savings
2. Review PCMP eligibility for shared savings, and payment eligibility for providers and RAEs
3. Understand RAE responsibilities to support regional & provider savings
4. Share key dates & future meeting opportunities

Note: Program Methodology and Savings Calculations (e.g., PACES, risk adjustments) will be described in greater detail in a future Shared Savings Specification Document for the RAEs in Fall 2025

What to Expect in PY 26

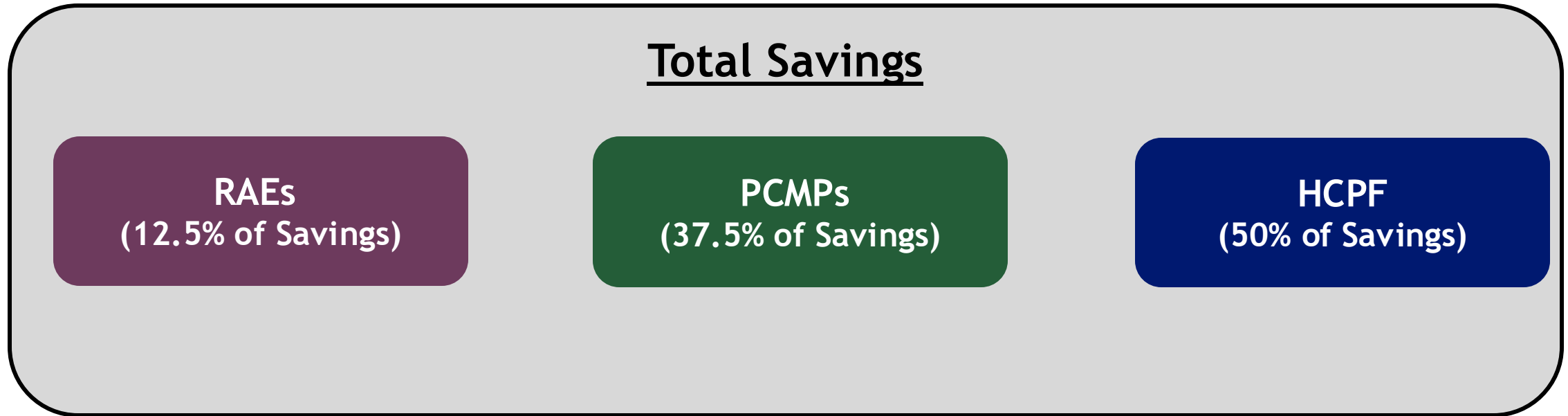


Twelve Chronic
Condition Episodes



Members with at least 1 of
10 eligible Chronic Condition
Episodes

Shared Savings Distribution Starting PY26



Qualifying Chronic Member & Episodes

- A PCMP-attributed member who has at least one of the ten qualifying conditions and does not meet a member exclusion criteria

Qualifying Chronic Conditions

- Asthma
- Coronary Artery Disease
- Hypertension
- Gastro-Esophageal Reflux Disease (GERD)
- Chronic Obstructive Pulmonary Disease (COPD)
- Lower Back Pain
- Osteoarthritis
- Diabetes
- Heart Failure
- Arrhythmia/Heart Block

Member Exclusions

Members requiring life-long specialized care (e.g. quadriplegia, ALS, coma)

Members receiving hospice/end-of-life care

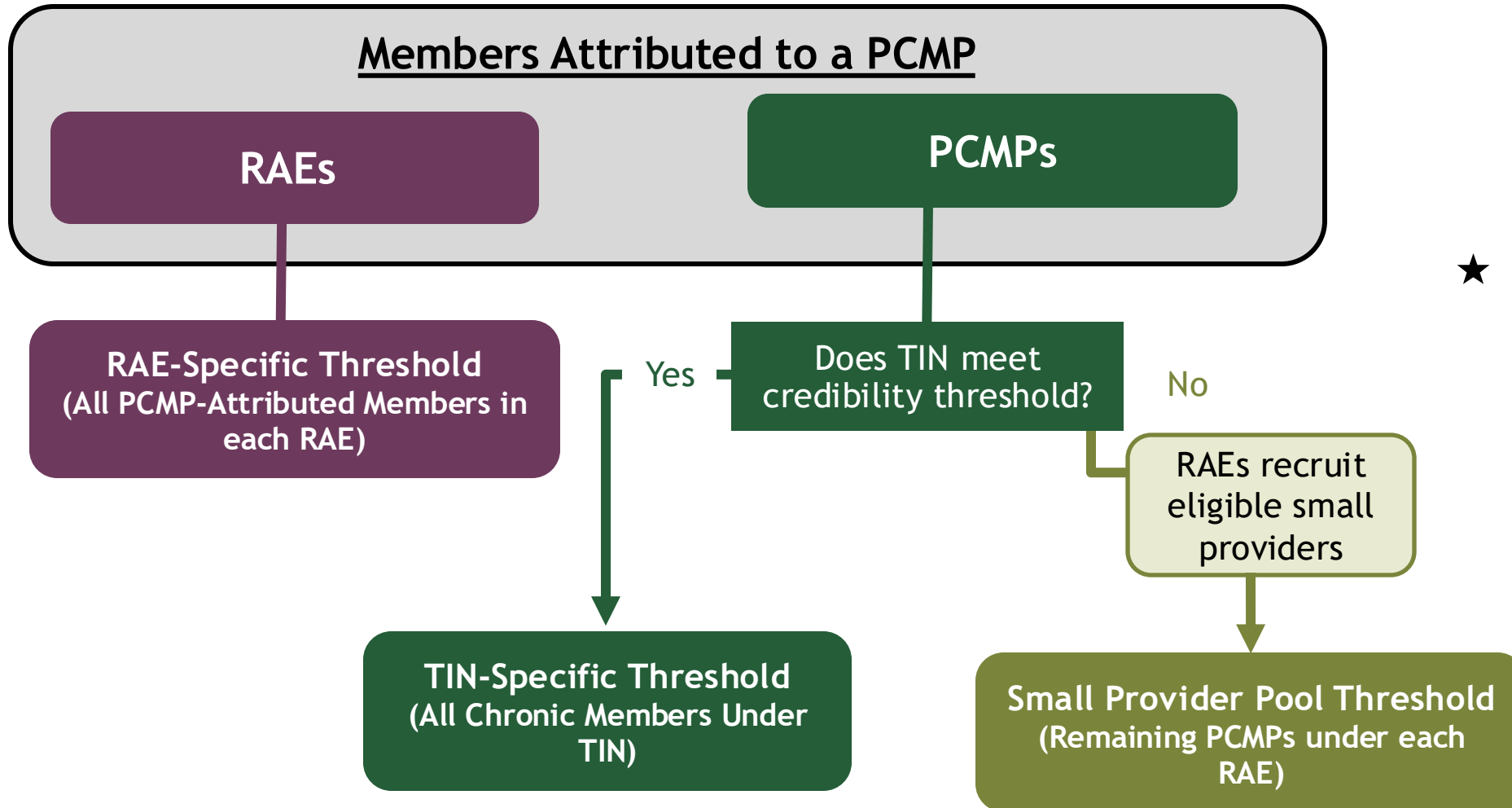
Members being actively treated for malignant and metastatic cancers

Members receiving organ transplant

Service Exclusions

- Maternity-related Services
- Long-term Home Health
- Long-term Nursing and Intermediate Care Facilities
- HCBS Waiver Services
- Non-Emergency Medical Transportation
- Behavioral Health Secure Transportation
- Dental and Vision
- Behavioral Health Services Reimbursed by RAEs
- Pharmacy Costs
- Indian Health Service Providers

PCMP and RAE Eligibility



- ★ RAEs & PCMPs earn shared savings by reducing costs relative to a Per-Member, Per-Year (PMPY) cost threshold
- ★ For PCMPs, the level of participation **varies** depending on the number of attributed chronic members at the TIN level

Provider Participation Eligibility: TIN-level



Current State

Eligibility is based on total member attribution at the PCMP level, in which chronic condition prevalence fluctuates across providers

2.0% minimum savings rate (MSR) for all providers



PY26

Eligibility Based on Chronic Member Volume: PCMPs are eligible for a TIN-level threshold if they meet the minimum credible volume threshold requirements of 1,000 chronic attributed members

Variable MSR Based on Sliding Scale:

MSR will scale incrementally (2.0%, 2.5%, 3.0%, etc.) with chronic member volume to reduce the chance of random fluctuation in savings calculations

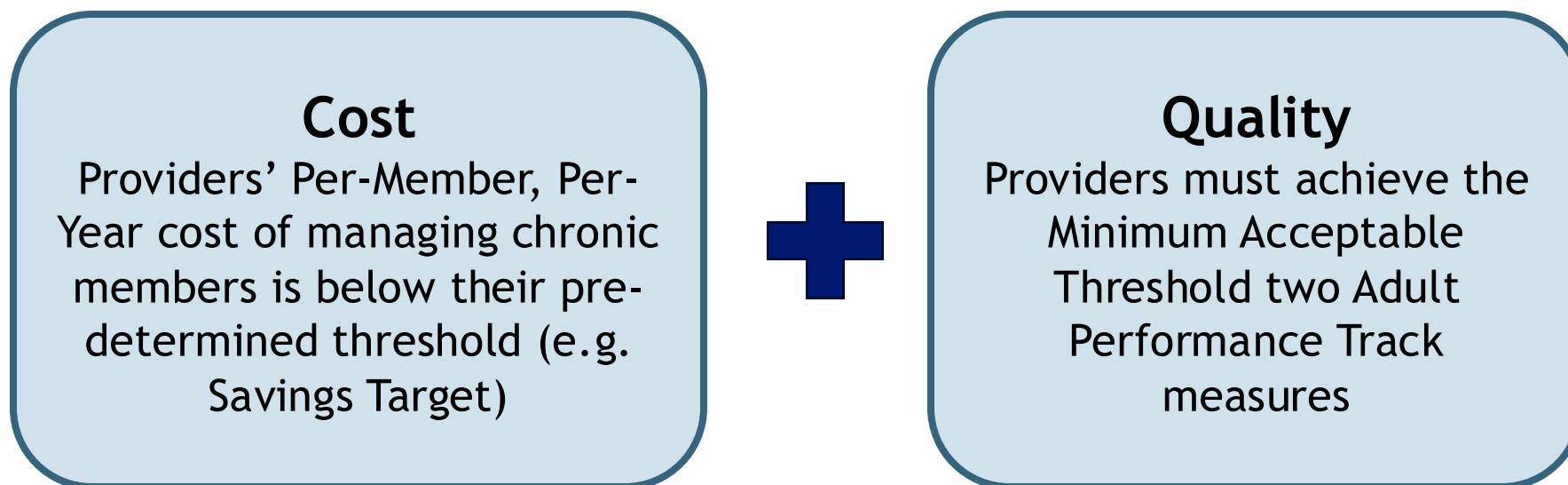
PCMPs who have 1,000 chronic attributed members or more **will receive a TIN-level threshold & be automatically enrolled**

Small Provider Pool: Eligibility & RAE Provider Recruitment

PCMPs who **do not** meet the minimum volume threshold of 1,000 chronic attributed members at TIN-level have the option to participate in their RAE's small provider pool

- 9/16: RAEs received list of eligible PCMPs with chronic member count
 - **RAEs have 1 month to recruit eligible PCMPs for small provider pool (List due to HCPF by 10/15)**
- Each RAE's Small Provider Pool needs to collectively represent a large enough pool of chronic attributed members (> 1,000 members)
 - If the pool is too small, then HCPF will need to re-evaluate eligibility on a case-by-case basis

Provider Payment Eligibility



- ★ PCMPs who **do not** qualify for the Performance Track and **are not** affiliated with a large enough TIN are not eligible to participate in Shared Savings. This also includes Pediatric providers as the program address adult chronic conditions

Provider Thresholds

- TIN-level provider receive their own provider-specific threshold
 - All providers under the same Small Provider Pool will have the same threshold
- Thresholds account for a minimum savings rate (MSR) which is determined by size of each TIN or small provider pool's attributed chronic member population (i.e. volume)
- HCPF will communicate thresholds to PCMPs & RAEs by December 2025
 - RAEs are responsible for communicating with providers participating in small provider pool

Shared Savings Funds Flow

- **TIN-level** payments will be made by the Department directly to the provider
- **Small provider pool** payments will always be made by RAE to the provider
 - RAEs will distribute payments proportionate to the number of chronic attributed members per provider

RAE Payment Eligibility & Responsibilities

Cost

RAE's Per-Member, Per-Year cost of managing chronic members is below their predetermined threshold (e.g. Savings Target)



Quality

RAEs must achieve the Minimum Acceptable Threshold for two Adult Performance Track measures AND the Transitions of Care Measure

- RAEs must outline & demonstrate their regional savings strategies to HCPF, annually
 - Includes PCMP-specific support strategies/interventions
 - Describes regional activities/interventions to support PCMP savings
 - Encourage PCMPs to work with their RAEs as needed

Key Dates & Upcoming Meetings

- **9/16 - Small Provider Pool Recruitment Began**
 - Eligible PCMP list sent to RAEs; 1 month to solicit PCMP participation
 - Deadline: 10/15
 - HCPF to support with guidance & questions
- **9/25 - [PCMP Education Session](#) (Shared Savings) (12-1:30 pm)**
 - Focused on program updates; link will be shared for PFs to distribute to networks
- **10/14 - RAE Training #2: Quality + More (1-2 pm)**
 - Repurposed HCPF APM2 office hours; PFs and RAEs invited. A [survey link](#) is available for the PFs & RAEs to help shape the agenda and responses are due by 9/23 to HCPF.
- **11/7 - Looking Ahead**
 - RAE Shared Savings Strategy Plan & Report due to HCPF.
 - *October CU-PIP PF meeting will focus on strategic planning discussions*

APPENDIX

MSR is Determined by Attribution Size

Larger populations have a lower MSR because cost averages are more stable and statistically credible.

Smaller populations have a higher MSR because cost data is more volatile.

Minimum Chronic Members Attributed	Minimum Savings Rate (MSR)
6,300	2.0%
4,000	2.5%
2,800	3.0%
2,000	3.5%
1,500	4.0%
1,200	4.5%
1,000	5.0%

Example: A practice with 3,500 Chronic members at the TIN-level has an MSR of 2.5%

Scan to complete evaluation



https://practiceinnovationco.co1.qualtrics.com/jfe/form/SV_1FjolUm5P7y5SGG





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THANK YOU!

