COLORADO
Department of Regulatory Agencies
Division of Insurance

Primary Care Payment Reform Collaborative Meeting Minutes

Thursday, January 9, 2025; 10:00 - 12:00 pm
Virtual meeting

Meeting Attendance

Attended	*Absent*
Polly Anderson	Britta Fuglevand
Josh Benn	Kate Hayes/Jack Teter
Isabel Cruz	Alex Hulst
Steve Holloway	Patrick Gordon
Lauren Hughes	John Hannigan
Rajendra Kadari	Sonja Madera
Cassie Littler	Amanda Massey
Kevin McFatridge	Gretchen Stasica
Amy Scanlan	

DOI
Tara Smith
Deb Judy

Agenda:

1. Housekeeping & Announcements
2. Federal & State Updates
3. Annual Report Recommendations
4. Public Comment

Introductions:

Tara Smith welcomed participants and briefly outlined the meeting agenda.

Housekeeping & Announcements:

The following housekeeping issues were addressed:

- **Meeting minutes** - Tara Smith requested approval of December meeting minutes.

ACTION ITEM:

- Meeting minutes for December were approved and will be posted on the PCPRC website as final.

- **Upcoming meeting in February** - Tara Smith reminded members that the next PCPRC meeting will be held on February 6, which is a change from the group's normal schedule of meeting on the second Thursday of the month. The meeting will be on 2/6 at the regularly scheduled time (from 10 am - 12 pm).

- **New member announcement** - Tara Smith announced Kevin Stansbury, the ECO of Lincoln Health, as a new provider representative. Although Kevin was not able to attend the Jan meeting, time will be set aside in February for introductions and welcome.

- **2025 PCPRC schedule finalized** - Tara Smith reminded members that the PCPRC schedule for 2025 has been finalized and posted on the PCPRC website, along with the registration link. Based on member feedback, the PCPRC will continue to meet monthly, on the second Thursday of the month, from 10-noon MT. The Collaborative will NOT meet in July, giving members a summer break.
    - Members and stakeholders can register for 2025 meetings at the following link: https://us06web.zoom.us/meeting/register/tZMkdequrT4vHtX-7DQb0V8UY2Y7pW1ljRL4

Federal & state updates

The following federal updates were provided:

- **CMS Quality Conference** - CMS will be hosting its annual Quality Conference on March 17-19 in Baltimore, MD. Registration (virtual and in-person) will open on February 3.

- **MIPS Comment Period Open - Wave 7 Measures** - CMS is currently gathering stakeholder input on candidate measure concepts to consider for Wave 7 of cost and value measure development. Comments are due by January 24, 2025; additional information is available at MMS Current Public Comment Opportunities.

- **Open Enrollment in Marketplace ends January 15** - The annual open enrollment period for ACA coverage in the individual and small group markets ends on January 15, and members are encouraged to let people in their networks that may need coverage of this upcoming deadline.

The following state updates were provided:

- **2025 Colorado General Assembly Legislative Session** - The 2025 legislative session kicked off on January 8, and will end on May 7. On the first day around 130 bills were introduced. The Division will pull together a list of bills that are relevant to the Collaborative's work, which can be tracked over the course of the session, but members are also encouraged to raise any legislation/topics that are pertinent to group discussions.

- **CCBHC Planning Grant** - The Colorado Department of Health Care Policy and Financing (HCPF) and the Behavioral Health Administration (BHA) were recently awarded a $1 million Certified Community Behavioral Health Clinic Planning Grant for the 2025 calendar year. The grant will support a state-wide, multi-agency effort to build and expand Colorado's behavioral health system of care. Over the course of this year, HCPF and BHA will explore how the CCBHC model could complement Colorado's Safety Net System, with the goal of creating a system that provides sustainably funded, integrated and accessible behavioral health care.

Annual Report Recommendations

Tara Smith briefly reviewed the timeline for the annual recommendations report (see slide 10, available HERE), and the upcoming review periods that members would have to make comments on report drafts (see slide 11, available HERE). She also outlined the process that members will follow to formally vote and approve the report recommendations at the February meeting, based on the PCPRC's current operating procedures (see slide 12, available HERE).

Tara Smith then went over the overarching structure of the report (see slide 14, available HERE), noting new areas of content. The remainder of the meeting was spent reviewing each section of the report, discussing comments and edits submitted by members following the January meeting, and obtaining final feedback from members.

Acknowledgements & Executive Summary

Tara Smith provided a brief summary of the content in the Acknowledgements & Executive Summary section of the draft report (see slide 15, available HERE). She asked members to please check their name, credentials, and organization, as listed in the acknowledgements section, and contact Tara Smith (tara.smith@state.co.us) with any corrections. She then asked for comments or feedback on the Executive Summary.

Discussion:

- Members generally approved of these sections as written, and did not offer any immediate comments or feedback.

PCPRC Background

Tara Smith provided a brief summary of the content in the PCPRC Background section of the draft report (see slide 16, available HERE), highlighting the following changes that had been made since the previous version: the addition of a figure highlighting the Collaborative's achievements, which was added as a way to summarize previous recommendations); designing this section to be a stand-alone "2 pager" that should be shared with legislators and other stakeholders, and the addition of language around the COPRRR report. She then asked members for comments or feedback.

Discussion:

- Members liked the addition of the figure, and the design of this section as a 2-pager. No additional comments or edits were offered.

Introduction and Key Context:

Tara Smith provided a brief summary of the content in the Introduction and Key Context section of the draft report (see slide 17, available HERE), highlighting the following changes that had been made since the previous version: the addition of language describing PCPRC meetings and the process for approving the report (moved from the PCPRC background section), and the addition of a breakout box about the Public Health Emergency unwind. She then asked members for comments or feedback, asking specifically about how and where members would like to distinguish the impact of market trends (including consolidation and private equity) at the national level versus in Colorado.

Discussion:

- Members supported the idea of clarifying that the comments related to market dynamics in the introduction section were national, and adding additional data about Colorado-specific impacts in the Market Dynamics section of the report, under the heading "Colorado Landscape."

- Members did not have any additional comments or edits on this section of the report.

CIVHC Data

Tara Smith provided a brief summary of the content in the section of the draft report that discusses CIVHC data (see slide 17, available HERE), noting the addition of language around self-funded plans, and asked for comments or feedback.

Discussion:

- A meeting participant expressed surprise and concern that the report showed the percentage of CHP+ spending going down, noting that this was an anomaly from most national reporting, which shows CHP having a much higher percentage of spend than

almost every other plan, because so much of pediatric care is preventive; the participant also questioned the next steps for the Collaborative, noting that the data shows that spending on primary care has not increased by the 1% target set in regulation- should we start exploring what to do when that happens, as the Collaborative doesn't currently have a mechanism, other than to look at what happens;

- A member agreed with these comments, and supported following up with CIVHC to get additional details about the trends in the report, including the decline in the CHP+ spending;

- Another member asked whether the group, in addition to looking at the percentage of spend on primary care, should we also be asking questions about where people are getting their primary care; thinking about some of the disruptors in primary care (Amazon, HIM and HERS, and telehealth)- as we start to see the market shift, and "pick off" some of the primary care, do we need to ask those questions and start looking at those issues?
    - Multiple members agreed with this comment, and expressed interest in looking at these questions;
    - One member from CDPHE noted they had just finished an analysis on 2021 claims data; this starts to peel the onion on that question, and CDPHE is actively working on a new data request with CIVHC that will allow us to get a little deeper on that; if the PCPRC would help form a couple of strong hypothesis statements, we could get answers to some of these questions to include in the next report;
    - A member questioned if and how the high number of lives in self-funded plans are accounted for in existing data sources?
        - It depends; some of the ERISA covered plans are not part of the CIVHC database, but believe the APCD has in excess of 90% of all paid claims in Colorado
        - To that point, some of these disruptors, we probably don't have claims for, as they may not be billing insurance;
        - Starting to see employers contracting with Omada, a telehealth organization that deals with diabetic care, and so some of their care would be through Omada, and billed to the employer- it raises questions about what we are missing, and how we might be able to get that information?
        - At the time the ACPD was being set up, some of these issues were discussed; one proposal involved trying to set up a system of "dummy claims", so that claims that are not actually submitted could still be recorded in ACPD for those who are uninsured or self-pay, to try to

capture the range of primary care interactions that don't reveal themselves in claims; these conversations were 10 years ago, and at that time it wasn't practical, but it is potentially a conversation that this group could resurface and explore;

- Based on this discussion, members supported adding additional details about the PCPRC's interest in exploring these questions in both the CIVHC and future work sections of the report.

Marketplace Dynamics

Tara Smith provided a brief summary of the content in the Marketplace Dynamics section of the draft report, including the wording of the overarching recommendation (see slides 19-20, available HERE) and asked for comments or feedback.

Discussion:

- Members appreciated the addition of a paragraph addressing venture capital;
- In terms of the section looking at trends in Colorado, Tara Smith asked members about specific data points that members would like to include; options included data on the high percentage of mental health outpatient and residential facilities owned by private equity; the number of hospitals that are owned by private equity; the actions that Colorado has taken (Attorney General suit against U.S. Anesthesia Partners; and/or the acquisition of Village MD;
    - A member commented that the map showing mental health outpatient ownership was particularly impactful;
    - Another member commented that the Village MD example is also impactful, because it is specific in the primary care realm; framing that there is a lot of interest in health care in general, but also in the primary care space;
        - A member agreed with this comment, noting that the acquisition of Village MD has had a large impact on Ft Collins area; they also noted that there are other organizations in Colorado that are buying practices (e.g., Optum's purchase of New West Physicians), so it is important to call out at least one example;
- In regard to the paragraph addressing the use of noncompetes, Tara Smith noted that the Division and CHI would be adding additional context around current Colorado statute in this area, but wanted to stop short of providing a legal analysis, and rather focus this section on expression members concerns, based on their knowledge/experience;
    - A member commented that there will be a legislative proposal this year addressing this issue, and noted they have heard that outside of questions as to

whether they are enforceable, it is expensive and hard and a lot of people don't want to challenge them, even if they are in the contract and not enforceable, so even for places where there should be protections, it is still hard to leverage;
- A meeting participant agreed with these comments, and noted that additional issues arise in cases where entities are acquiring physician-owned practices and assets. In their experience, greater restrictions were written into legal documents around physician-owned assets, which allowed for non-competes that would not have been allowed if the physicians had not owned the assets;
- Another member agreed that even when physicians do fight back, that requires money and time, and often against parties who have more money.

Artificial Intelligence:

Tara Smith provided a brief summary of the content in the Artificial Intelligence section of the draft report, including the wording of the overarching recommendation (see slides 21-22, available HERE) and asked for comments or feedback.

Discussion:

- Members generally agree with using definitions developed by the National Institute of Standards and Technology (NIST);

- Tara Smith noted that one of the comments submitted feedback raised some concerns about the discussion of the role of AI in social risk adjustment, and asked members for feedback on how this paragraph might be amended;
  - One member commented that for pediatrics, there is currently a lack of good risk adjustment models, in terms of physical health; social drivers of health and whole-family health are the highest risk, and AI might be useful in this, but it will be complex, because in pediatrics you need to look at the whole family, not just the pediatric patient;
  - Another member noted, in thinking about all of the various data points that are used to determine risk, and in the value-based case world we use HCT codes, and I hear a lot from clinicians that garbage in is garbage out, so do wonder if there is an opportunity to call out something around AI companies being very clear about what is driving their risk adjustment models- a risk adjustment model is only as good as the data that is incorporated in it.

Health Equity:

Tara Smith provided a brief summary of the content in the Health Equity section of the draft report, including the wording of the overarching recommendation (see slides 23-24, available HERE) and asked for comments or feedback.

Discussion:

- Tara Smith noted that a member had commented that the recommendation should not just stop at tracking the extent to which payment models are successful in addressing disparities and directing quality improvements, but should include taking actions and making adjustment based on what that tracking might reveal;
    - Members agreed with making this change; one member asked whether the national and state examples cited in the report included instances of making adjustments based on data, noting it would be good to highlight this and trace the thread through this section;

- No additional comments or edits were offered on this section.

Future Work and Additional/Miscellaneous Topics:

Tara Smith briefly reviewed potential areas for future work, and additional miscellaneous topics, which had been discussed at previous meetings (see slides 25-26, available HERE). She noted that at the December meeting, PCPRC members had agreed that these were interesting and important topics, but noted it was equally if not more important to highlight the broader goal that they all point to- namely, the importance of improving patient outcomes, and ensuring individuals and families have access to high-quality primary care. Based on this conversation, the Division and CHI added language in the future work section, and were interested in comments or feedback on this section.

Discussion:

- A member commented that the language around headwinds reasoned with them, as it contemplates a large number of challenges and issues, without a commitment to explore certain issues over others. The sentence around "developing strategies to ensure investment results in accessible, affordable, and equitable care for all" is also important to include. They also expressed concern that adding in a list of additional topics at the end wouldn't allow time or space for adequate discussion.
    - A member agreed with this comment, noting that while you want to leave readers asking for more, including a list without discussion or additional context didn't seem appropriate.

Graphics Check-In:

Tara Smith briefly outlined the current list of suggested graphics for this year's report (see slide 27, available HERE), and asked members for comments or feedback.

Discussion:

- Tara Smith suggested potentially setting off the Village MD acquisition as a call out box in the market dynamics section; members liked this idea.
- In regard to a graphic or figure that illustrates the primary care landscape in Colorado, including the multiple CMMI models, and other payment models and initiatives, health systems, etc., Tara Smith asked members about next steps, and whether this was feasible in this year's report;
    - A member commented that they had compiled their own visual that tried to keep track of what is happening, which could be used as a basis for a larger graphic;
    - Multiple members expressed interest in trying to pull this information together, but noted this could be an ongoing project, and something to aim for in next year's report.

ACTION ITEM:

- Tara Smith will follow-up with the member, to see if the existing visual is something that could be built on for this year's report, and will be in touch with members prior to the next meeting if this seems like a feasible option.

Public comment:

- No public comments were offered.