



## RAE and PCMP Question and Answer Session

### Meeting Information

- Topic: Program Year (PY) 2026 Chronic Conditions Shared Savings Program: RAE and PCMP Question and Answer Session
- Facilitator: Suman Mathur
- Date and Time: 1/22/2026, 12:00 p.m. - 1:00 p.m.
- Scribe: Taylor Kelley
- Purpose and Goals:
  - The purpose of this meeting is to discuss updates to the Shared Savings program and answer any questions RAEs or PCMPs may have.

### Agenda

1. Welcome and Introductions (Suman Mathur, Stakeholder Engagement (SE) Team)
2. Overview of Chronic Condition Shared Savings (Madisen Frederick, HCPF)
3. Threshold Workbooks (Madisen Frederick, HCPF)
4. Member Lists (Madisen Frederick, HCPF)
5. Q&A (Madisen Frederick, HCPF)

### Attendance

- Sarrah Knause
- Tom Keller
- Katie DeFord
- Schivonne Keller
- Kelly Snyder
- Gabriela Walters
- Kim Rowe
- Andrea Cortez
- Lisa Kirsch
- Kristi Hall
- Mike Marosits
- Audra Wimer
- Luci Hunter
- Tasha Rosenberg
- Elizabeth Freudenthal
- Audrey Reich Loy
- Jenn Nimmo



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- Diane Land
- Rachel Everhart
- Christina Lima
- Lara Muzydla
- Clara Cabanis
- Torrey Anderson
- Luci Hunter
- Merceydes Moffat
- Mike Marosits
- Sara Jordan
- Tracy Copeland
- Jane Reed
- Andrea Cortez
- Kristi Hall
- Brenna Ozment
- Jessica Johnson-Simmons

#### Other Attendees

- Araceli Santistevan, HCPF
- Madisen Frederick, HCPF
- Suman Mathur, Primary Care SE Team
- Chrissy Esposito, Primary Care SE Team
- Puja Patel, Primary Care Support Team
- Samantha Block, Primary Care Support Team
- Drew Lane, Primary Care Support Team

#### Meeting Minutes:

##### **1. Welcome and Introductions**

Suman Mathur welcomed the group and shared that the objective of the meeting was to provide an overview of the shared savings program and what it means for providers and RAEs and respond to any questions from participants.

##### **2. Overview of Chronic Condition Shared Savings**

Madisen Frederick introduced herself and shared that the call would focus on an overview of the Shared Savings program for PY2026. Historically, the program has acted as an incentive payment for management of 12 chronic condition episodes of care and costs associated with managing those conditions. For PY2026, HCPF is expanding what is covered under Shared Savings, moving closer toward a total cost of care (TCOC) model.



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Madisen reminded the group that the program is for members with at least 1 of 10 eligible chronic condition episodes with some service and member exclusions. These member exclusions are carved out of the threshold and savings calculations because they tend to be high-cost members with special care needs. As such, costs for these members will not be included.

Madisen shared that RAEs and Primary Care Medical Providers (PCMPs) are accountable for the TCOC for members with an eligible condition. RAEs and PCMPs can earn shared savings by reducing costs relative to a baseline period while also meeting certain quality targets.

Madisen explained that certain services are carved out from the shared savings payment. For member exclusions, exclusions include members with life-long health care needs (e.g. quadriplegia, ALS, coma), members receiving hospice/end-of-life care, receiving an organ transplant, or being treated for malignant and metastatic cancers. She shared that members must also be attributed to a PCMP for at least six months during the threshold or performance period and must also be aged 19 years or older. More information can be found in the [Primary Care Payment Structure Provider Guide](#).

RAEs and TIN-level providers are automatically enrolled as long as they have at least 1,000 chronic members. Other providers who are eligible for the ACC Phase III Quality Performance Track are able to opt into the Shared Savings Small PCMP Pool under their RAE. PCMPs are eligible for 37.5% of savings generated, while RAEs are eligible for 12.5%. PCMPs should work with their RAE prior to the start of the program year to develop tailored strategies and implementation plans.

Madisen recapped that payment eligibility has a cost and quality component. Cost looks at a per member, per year cost to manage members with eligible chronic conditions before the start of the year, for which HCPF has already provided baseline cost targets for this performance year. Providers must also achieve the minimum acceptable threshold for two adult Performance Track measures as part of the ACC Phase III Quality program to be eligible for payment.

Madisen shared an overview of the data that PCMPs and RAEs will receive. Prior to the start of the program year, participants received a threshold workbook with their CY2024 member list for those with qualifying chronic conditions. In June, participants will receive detailed member data reports associated with program year experience. The reports will include a payment summary to understand the estimated per member per month TCOC, claims level performance, and member level details.

### 3. Threshold Workbooks

Threshold Workbooks include the actual base year threshold and a walkthrough of an example payment calculation. Minimum Savings Rates are initially determined by looking at CY2024 data and then re-evaluated after the performance year member counts are determined.



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#### 4. Member Lists

Madisen explained that the member lists are sent in addition to the threshold workbooks and include CY2024 member claims paid through June 30, 2025. Member lists allow participants to understand the mix and prevalence of chronic conditions among their attributed member panel. Madisen recommended that PCMPs reach out to their RAEs for support with any questions or guidance.

#### 5. Q&A

##### Questions Submitted in Advance of the Session

**Q:** How many TINs have been enrolled?

**HCPF:** There are approximately 500 practice sites across 110 TINs participating in the program this year.

**Q:** How does HCPF anticipate we [providers] use the member list?

**HCPF:** The member list is to give providers a sense of the mix of chronic conditions experienced by your membership panel, like prevalence or trends of certain groups or conditions. This serves as baseline data that goes into the threshold calculation HCPF has sent to providers.

**Q:** Is member churn accounted for in calculating shared savings?

**HCPF:** The methodology does account for churn to ensure participants are fairly held accountable for their members. A member must be attributed to that PCMP for at least 6 months during either the baseline thresholds year (which is accounted for in the threshold workbooks sent to providers) or during the performance year.

**Q:** Are pediatric providers able to participate?

**HCPF:** Because this program focuses on chronic conditions for adults, only pediatric providers who serve a large enough number of members age 19 or older can participate. It would not be fair to hold all pediatric providers accountable for savings that are less realistic within the pediatric population.

##### Questions Asked During the Session

**Q:** How will the June 2026 data reports be distributed?

**HCPF:** All participants will be provided with a login for a Secure File Transfer Portal (SFTP) folder. HCPF is currently in the process of rolling this out for PCMPs and will be ready for when these reports become available. This will serve as a single portal to access multiple



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reports in one spot. HCPF will continue to communicate with providers during the provisioning and launch of this portal.

**Q:** It is great to hear that claims level detail will be shared. It is very helpful to receive that in the future.

**HCPF:** We are always open to feedback about the reports regarding how they can be improved in the future.

**Q:** How is the risk score calculated? Is pharmacy and behavioral health considered?

**HCPF:** HCPF is now using the Chronic Illness and Disability Payment System (CDPS), which assigns cost-predictive weights to each member based on their prior year utilization (diagnosis codes) and demographic information (age, sex, disability status). There are specific behavioral health diagnosis categories in CDPS, but pharmacy is excluded and utilization is only based on medical claims.

Suman closed the meeting and reminded attendees they can submit feedback or questions regarding the program using [a SmartSheet form](#) developed by HCPF.



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