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Convening + Uniting + Transforming

PCC's Better Health – NOW Meeting

Tuesday, August 19, 2025

Welcome and Announcements	Larry McNeely, Ann Greiner Primary Care Collaborative
The PC Safety Net: Threats and Opportunities	Larry McNeely Kate Gilliard, AAFP
	All Participants
BHN's MPFS Comment Letter	BHN Participants

agenda

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Welcome & Announcements

Larry McNeely, Ann Greiner
Primary Care Collaborative

ICYMI: PCC Webinar & Issue Brief

On August 8, the PCC hosted a webinar, **CMS Draft Regulations: Modernizing and Improving Pay for Primary Care in Medicare**, exploring how the 2026 Medicare Physician Fee Schedule proposed rule could affect primary care. Additionally, the PCC released an issue brief: **Modernizing and Improving Pay for Primary Care in Medicare** with recommendations on where to weigh in with CMS on the proposed rule.

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The PC Safety Net: Threats and Opportunities

Larry McNeely
Kate Gillard | AAFP
All Participants



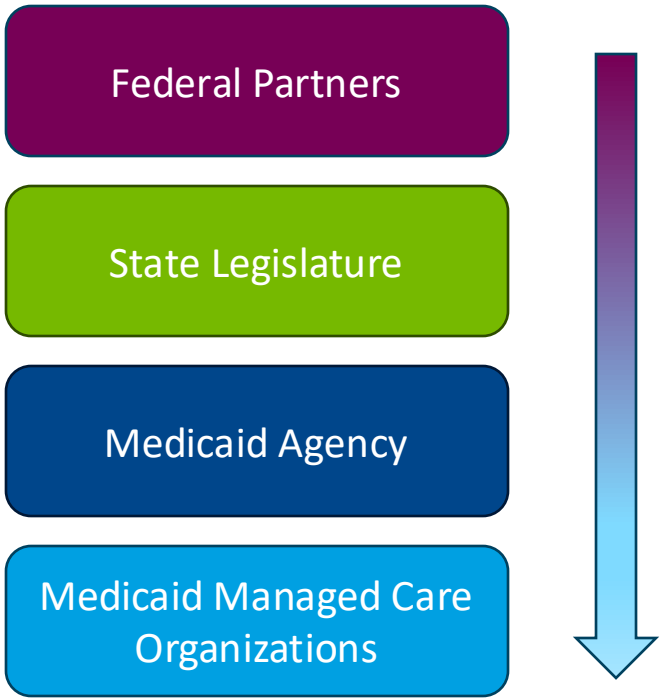
VIRGINIA CENTER FOR HEALTH INNOVATION

Lauryn Walker, PhD

Primary Care Collaborative's State Primary Care Investment Workgroup

August 8, 2025

State Levers for Medicaid Primary Care Innovation



1. CMMI Models
2. Section 1115 Waivers
3. Rate and benefit updates
4. State Directed Payments
5. State Plan Amendments
6. Children's Health Insurance Program Health Services Initiatives (HSIs)
7. Managed Care Contracts
8. Public-Private Partnerships

Federal Partnerships

Led by or Full Collaboration with Federal Partners

Priorities vary across administrations

CMMI Models
Section 1115 Waivers

Examples
Integrated Care for Kids (InCK), AHEAD (CMMI)
MassHealth Medicaid and Children's Health Insurance Program (CHIP) Section 1115 Demonstration (1115)

Guidance set by Federal Partner

Typically less variable across administrations, but subject to federal approval

State Directed Payments*
State Plan Amendments
CHIP Health Services Initiatives (HSI)

Examples
Arizona Medicaid 15% payment increase for primary care (SDP)
Health Homes (State Plan Amendment)
Oklahoma Medicaid Reach Out and Read (CHIP HSI)



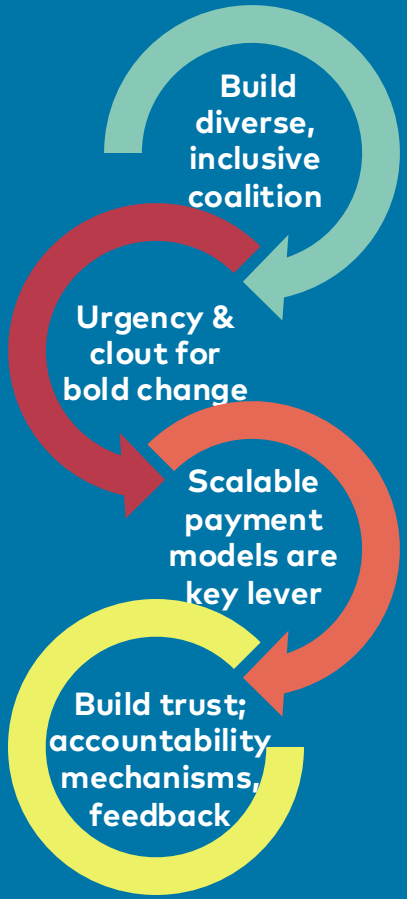
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BHN's MPFS Comment Letter

BHN Participants

PCC's Theory of Change



What Distinguishes BHN Campaign

- Meetings and consensus process limited to Concordance Reccommendation Signatories
- Focuses directly on achieving Concordance Recommendations
  - Ex. PCC Comments on Patient Centered Research Outcomes research priorities were NOT cobranded with BHN Campaign
- Seeks a higher level of buy-in
  - Ex:. BHN MPFS comments do not address proposed medically necessary dental benefit.... because we were not at consensus

How We Get to Consensus

- Monthly Campaign Meetings Discussions
  - Informed by Ad-Hoc small group discussions, discussions at Policy and Advocacy Committee Meetings
- Initial drafts circulated for Campaign Participant feedback
- Final draft circulated for consensus
- Campaign participants empowered to object



Timeline

- Wednesday, August 20 or Thursday, August 21
  - Draft Circulated for Comment
- Thursday, August 28
  - Feedback Due: COB
- Tuesday, September 2
  - Final Draft Circulated for Consensus or Objection
- Thursday, September 4
  - Objections Requested Immediately OR not later than EOD Sept. 4
- Monday, September 8
  - Final Submission of PCC & BHN Comments

PCC/BHN's Comment Letter Is…

- Supportive of
  - Efficiency Adjustment
  - Site-of-service differential, while mitigating potential PC workforce impact
  - Empiric data as a vital complement to currently employed survey-based data sources.
  - APCM add-on Behavioral Health Integration codes: billable by MPFS practitioners, FQHCs and RHCs
  - MSSP: Loosening 5000 participant requirement for new ACOs
- Opposed to
  - The deletion of SDH Screening Assessment:
    - Consider renaming if necessary

Key Points in RFI Responses

- Remove cost-sharing for the existing APCM codes AND associated add-on codes
- Promote more primary care in ACOs, with permanent hybrid options in MSSP; Exempt APCM & add-ons from MSSP benchmark calculations
- Prevention and Chronic Disease motivational interviewing, Health & Well-being Coaching, and other payment policy changes.

CMMI Recommendations

- ACO PC Flex: Reopening ACO Primary Care Flex to a new cohort
- Cross-Model Prevention: test whole person and preventive care approaches like shared medical appointments and intensive lifestyle interventions

Seeking Member Feedback on

1. Site-of-service differential: Mitigating potential negative impacts on access, workforce from
2. APCM: Incorporation of AWV, depression screening
3. Prevention: Leveraging Community Care Hubs/AAAs to address unmet social needs
4. Transition to Digital Quality Transition