

MT PCCM Redesign – Primary Care Montana (PCMT)

Key Partner Meeting

April 23, 2026 10 a.m.



DEPARTMENT OF
**PUBLIC HEALTH &
HUMAN SERVICES**

Agenda

- Reminder to Sign up for Provider TA
- Tier 3 Design Next Steps and Discussion
 - High-Risk Care Management
 - Shared Savings Overview
 - Defining a Tier 3 Qualifying Entity
 - Refining VBC Agreement Terms



Practice-Centered Technical Assistance



Readiness and current-state assessment to identify gaps in meeting requirements and determine TA needs



Individualized practice support tailored toward specific needs



Learning collaborative and peer exchange forum for shared learning, peer problem-solving, and dissemination of best practices among similar practices



Data literacy and performance improvement support to support actionable use of data to meet performance targets



Quality improvement and sustainment support to improve care, achieve goals, and advance to higher tiers

LEARN MORE

Kick Off Town Hall Recording Available

What: Town Hall session to learn more and enroll in technical assistance

Who: All interested PCMT providers



Provider TA Next Steps: Getting Started

1. Sign up to participate in Provider TA using the link or QR code below by May 15th.
2. Attend the Onboarding Webinar: **May 20, 12-1 p.m. MT**
3. Get connected to your coach

Sign-up to
Participate



<https://bit.ly/PCMTTA-Register>



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Tier 3 Next Steps

Health Management Associates

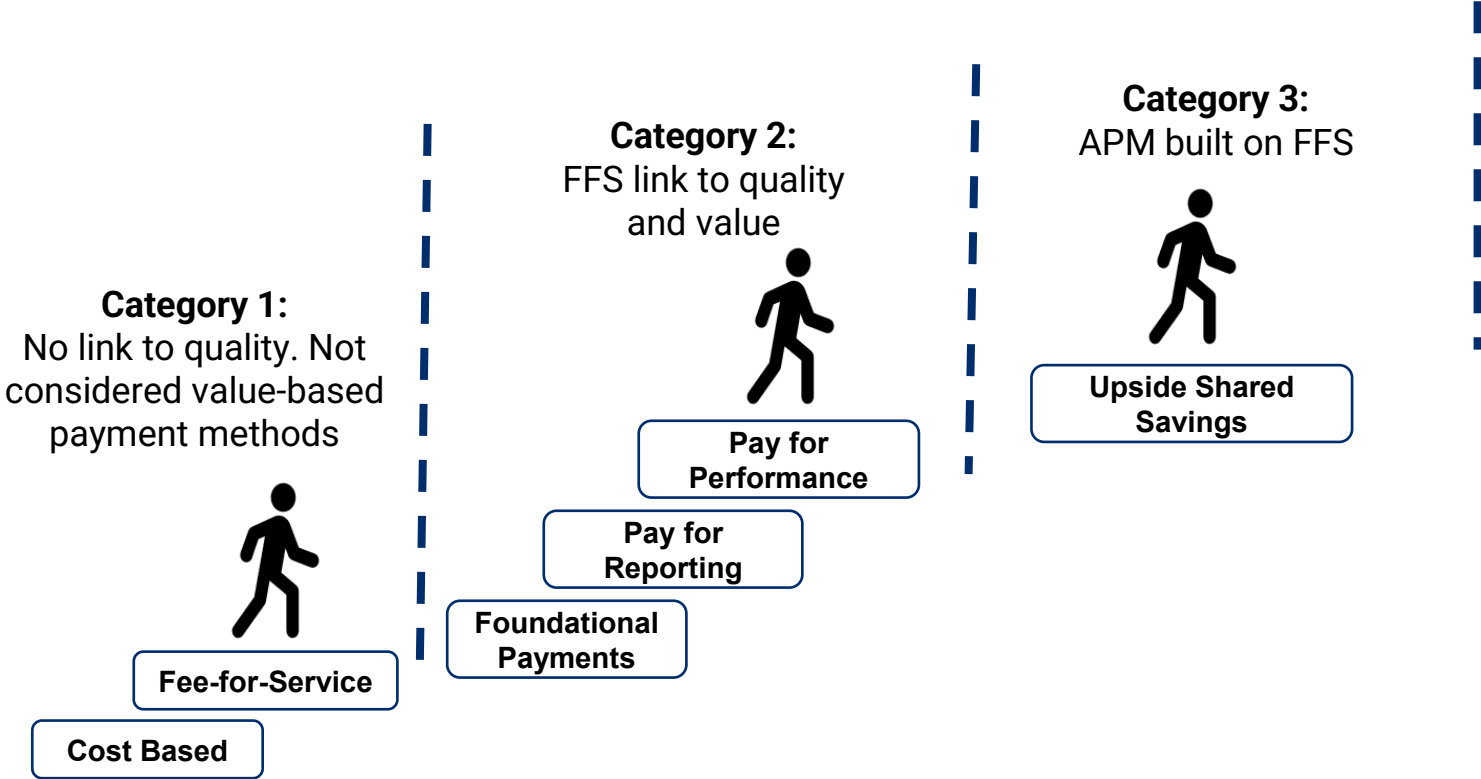


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Tier 3: Focus on High-Risk Care Management



Montana's Long-Term Value-Based Care Strategy



DPHHS will begin by implementing shared savings with a long-term goal of moving toward provider risk sharing.

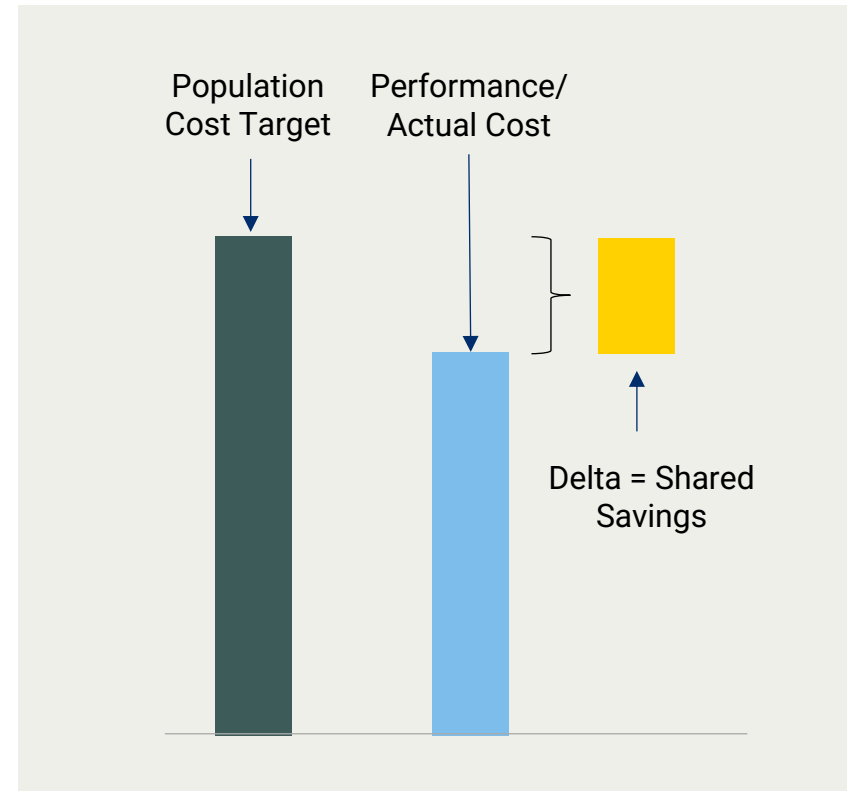
Shared Savings Overview



Objective: Reduce low-value utilization of the health care system as demonstrated by reducing risk-adjusted and trended total cost of care below a benchmark determined by historical experience while improving quality metric outcomes.



Method: Offer a shared savings program to qualified primary care provider entities.



Definition of a Tier 3 Qualifying Entity

Discussion: What minimum beneficiary attribution level do providers need to consider for participation in Tier 3? For example, Medicare Shared Savings Program (MSSP) utilizes 5,000 while Medicaid managed care programs typically require 2,000 to encourage participation. Are there other questions or concerns on proposed requirements?

Primary Care Provider

Family Practice, General Practice, Pediatrics or Internal Medicine MDs, APRNs, PAs

Tier 1 & 2 Participant

All Provider Entity PCPs must meet Tier 1 & 2 participation criteria.

Provider Entity Possibilities

PCP practice, RHC, CHC, health system employed PCPs, or CIN

Minimum Tier 3 Beneficiary Attribution

TBD



Proposed Value-Based Care (VBC) Agreement Terms

Discussion: Do any of these proposed general terms of participation cause concern or introduce barriers to participation?

1. **Term:** One-year terms with automatic renewal if not terminated by either party
2. **Termination for Cause:** Termination with at least 90-day notice for failure to meet Tier 1, 2, or 3 expectations
3. **Annual Updates:** Evaluate and, if necessary, revise the VBC agreement annually at least 90 days prior to beginning of new performance year
4. **Mid-Year Changes:** Amend the contract mid-performance year only to comply with regulatory requirements or by mutual consent
5. **Mid-Year Terminations:** Reserve the ability to terminate a shared savings/risk arrangement mid-performance year but avoid doing so



Next Steps: Future Tier 3 Discussions



Key Partner Questions and Discussion



Contact Information

- Questions and/or concerns?
 - MTPrimaryCarePrograms@mt.gov
- Next Key Partner Meeting:
 - May 28, 2026, 11:30 a.m. – 1 p.m.
- PCMT Website
 - PCMT Website:
<https://dphhs.mt.gov/MontanaHealthcarePrograms/pcmt>

