



**Accountable Care Collaborative
Program Improvement Advisory Committee**

By-Laws

1. Purpose and Scope

- 1.1. The state Program Improvement Advisory Committee (PIAC) will leverage the experience and expertise of the broader PIAC Community to improve member health care equity, access and outcomes with the ACC by providing actionable and strategic feedback to the Department regarding ACC implementation and operations.
- 1.2. The PIAC Community is comprised of the following elements (see Figure 1 for the PIAC Community framework):
 - 1.2.1. State PIAC;
 - 1.2.2. State PIAC subcommittees and
 - 1.2.3. Regional PIACs and Member Advisory and Experience Committees (MEACs).
- 1.3. Below are by-laws that outline relevant governing practices of the state PIAC.
 - 1.3.1. Changes to by-laws require discussion, with advance notice, by a quorum of all PIAC members and an approval vote of at least two-thirds (2/3) of all PIAC members.
 - 1.3.1.1. A quorum shall be defined as more than fifty percent (50%) of PIAC members, including virtual attendees.

2. Logistics

- 2.1. The PIAC shall meet, at a bare minimum, on a quarterly basis, with more frequent meetings as needed.
 - 2.1.1. Department staff shall provide meeting support.
- 2.2. Meeting dates and times shall be posted on the PIAC website no later than thirty (30) days prior to the date of the meeting.
- 2.3. Meeting agendas shall be developed by the Department and the PIAC Co-Chairs.
 - 2.3.1. PIAC members shall request agenda items by emailing the Co-Chairs and the respective Department staff no less than ten (10) business days prior to each meeting.
- 2.4. Meeting agendas and materials shall be distributed to the PIAC and the broader public no less than three (3) business days prior to each meeting.
- 2.5. The PIAC shall maintain and publish meeting summary documents.
 - 2.5.1. Draft meeting summary documents shall be approved by the PIAC at the following PIAC meeting.
 - 2.5.2. Final summary documents shall be posted on the website within ten (10) business days of final approval at an in-person PIAC meeting.
- 2.6. PIAC meetings shall be open to the public.
 - 2.6.1. Non-PIAC members may only participate during designated public comment periods.
 - 2.6.1.1. PIAC Co-Chairs may solicit ad hoc public comment periods prior to a substantive vote by the PIAC.



2.6.2. The PIAC may elect to hold closed meetings to conduct operational elements of PIAC, such as, but not limited to, electing Co-Chairs, developing strategic goals and priority areas and formulating new subcommittees.

3. Leadership

- 3.1. The PIAC shall elect two (2) Co-Chairs for two-year terms that are staggered in order to ensure continuity within the PIAC.
- 3.2. The Co-Chairs shall serve for no more than two (2) consecutive terms.

4. Membership Composition

- 4.1. The Department shall establish a PIAC up to nineteen (19) voting members, with additional non-voting members as necessary.
- 4.2. The PIAC may include membership from the following groups:
 - 4.2.1. One (1) Regional Accountable Entity (RAE)-appointed representative from each region who is not a RAE or Department staff
 - 4.2.1.1. RAEs shall use a selection process that aligns with regional performance improvement structures and strategies
 - 4.2.2. One (1) representative appointed from the following professional societies:
 - 4.2.2.1. Colorado Behavioral Health Council
 - 4.2.2.2. Colorado Community Health Network
 - 4.2.2.3. Colorado Hospital Association
 - 4.2.3. Nine (9) Department-appointed stakeholders from the following groups:
 - 4.2.3.1. Health First Colorado members and advocates, able to represent various member experiences and perspectives
 - 4.2.3.2. Appropriate representatives from primary care, behavioral health, hospital, and specialty care providers other than those represented by the aforementioned professional societies
 - 4.2.3.3. Representatives of oral health
 - 4.2.3.4. Representatives of long-term services and supports
 - 4.2.3.5. Representatives of Medicare-Medicaid eligible members
 - 4.2.3.6. Representatives of other state agencies such as Department of Public Health and Environment or Department of Human Services, Office of Behavioral Health
 - 4.2.3.7. PIAC Co-Chairs and Subcommittee Chairs.
 - 4.2.4. The PIAC and the Department shall work together to appoint any number of non-voting, ex-officio members as necessary.
- 4.3. The Department shall strive to have equal representation of groups, so no one group is over or underrepresented.
 - 4.3.1. They shall promote demographic diversity by welcoming members of all races, ethnicities, gender identities, sexual orientations, languages, religions, ages and abilities.
 - 4.3.2. They shall recognize that individuals are multifaceted and often bring more than one perspective to the table, which adds to the diversity of PIAC.

5. Membership Selection

- 5.1. At least three (3) months before the completion of a Department-appointed member's term, the Department shall announce an application process to fill the vacant seat.

- 5.1.1. Potential members shall complete the [PIAC Application](#) to be considered for the PIAC.
- 5.1.2. The Department shall review applicants and select final candidates.
- 5.1.3. Final membership shall be discussed with the PIAC and by formally approved by the Department.
- 5.2. Upon a resignation of the current Department-appointed member mid-term, the Department and the PIAC Co-Chairs shall work to determine an appropriate selection and approval process for a new member.
 - 5.2.1. The new member shall serve the remainder of the departing member's term.
- 5.3. RAE and professional group-appointed members shall be replaced through a process defined by the RAE or professional group.
- 5.4. New members shall receive onboarding training from their appointing authority and be connected to a mentor if requested.
 - 5.4.1. Experienced Committee members shall serve as mentors others as they are able.

6. Membership Terms

- 6.1. Members shall serve terms lasting four (4) years.
 - 6.1.1. Members shall be eligible for up to two (2) terms if selected by the respective appointing body.
- 6.2. Terms shall be staggered to ensure continuity on the PIAC.
 - 6.2.1. Staggered terms shall be implemented as follows:
 - 6.2.1.1. Roughly half of the Department-appointed members shall begin a two (2) year term on October 18, 2018.
 - 6.2.1.2. The remaining half of the members shall begin a standard four (4) year term on October 18, 2018.
 - 6.2.1.3. Thereafter, all members shall serve standard four (4) year terms.

7. Membership Expectations

- 7.1. Committee members and participants shall consider the well-being of Health First Colorado members, applicable state and federal regulations, and fiscal responsibility in all recommendations.
- 7.2. In addition, members shall adhere to the following:
 - 7.2.1. Members shall attend at least seventy-five percent (75%) of meetings held during the year.
 - 7.2.1.1. Attendance shall occur in-person or virtually through conference call or webinar.
 - 7.2.1.2. If a member knows he or she has a conflict, the member must give notification to the Department liaison and at least one of the PIAC Co-Chairs as soon as possible.
 - 7.2.2. If a member does not meet the attendance expectations, the PIAC may request the appointing body to reconsider the member's appointment.
 - 7.2.3. Members shall participate on at least one (1) PIAC subcommittee or regional PIAC of their choosing.
 - 7.2.3.1. At least, three (3) members shall serve as chairs of each PIAC subcommittee.

7.2.4. Members shall monitor PIAC Community focus areas and topics relevant to their areas expertise and participate in PIAC Community venues accordingly.

8. Process

8.1. The PIAC shall develop and submit actionable and strategic feedback to the Department regarding ACC operations and performance.

8.2. The PIAC shall develop feedback by engaging, at a bare minimum, the following discussions:

8.2.1. Reviewing ACC operations and performance, including but not limited to:

8.2.1.1. Enrollment and attribution;

8.2.1.2. Performance outcomes; and

8.2.1.3. Regional developments, including:

8.2.1.3.1. Regional improvement strategies;

8.2.1.3.2. Regional PIAC and MEAC updates; and

8.2.1.3.3. Regional issues that affect the health or health care of members.

8.2.2. Considering and advising on the relevance of other Department initiatives to the ACC, and

8.2.3. Developing and monitoring performance improvement strategies for defined focus areas of the ACC.

8.3. For discussions regarding ACC operations and performance, the PIAC shall monitor baseline trends of the ACC and delegate any outstanding items to relevant subcommittees or ad hoc work groups for further work.

8.4. For discussions regarding other Department initiatives, the PIAC shall consider how the initiative impacts the ACC and, to that extent, delegate any outstanding items to relevant subcommittees or ad hoc work groups for further work.

8.5. For discussions regarding performance improvement strategies, the PIAC shall develop in collaboration with the Department focus areas for performance improvement and create subcommittees for each focus area.

8.5.1. The PIAC shall review and revise the relevancy of these focus areas as needed.

8.5.2. The PIAC shall monitor the progress of each subcommittee on these focus areas on a quarterly basis.

8.6. The PIAC shall conduct a vote to approve finalized work products from any aforementioned discussions and any formal PIAC meeting summary documents.

8.6.1. A quorum shall be required for any PIAC vote.

8.6.1.1. A quorum shall be defined as more than fifty percent (50%) of PIAC members, including virtual attendees.

8.6.2. Approval shall require a majority vote.

8.6.2.1. A majority shall be defined as more than fifty percent (50%) of PIAC members in attendance, including virtual attendees.

8.7. Approved work products will be submitted to the Department.

8.7.1. The Department shall provide a formal response to the approved work products within three (3) months of their submission.

9. Subcommittees

9.1. The PIAC shall create subcommittees to be the primary working bodies to develop work products that help improve the performance of the ACC within each focus area.

- 9.1.1. The PIAC shall provide charges regarding the focus areas to its respective subcommittees.
- 9.2. Subcommittee meetings shall be open to the public.
- 9.3. Each subcommittee shall have a written charter which shall include:
 - 9.3.1. Purpose;
 - 9.3.2. Objectives;
 - 9.3.3. Process; and
 - 9.3.4. Products.
 - 9.3.5. Charters shall also include appendices outlining membership and membership processes.
 - 9.3.6. Charters and any subsequent changes shall be approved by the PIAC.
- 9.4. Each subcommittee shall have a Chair chosen by the PIAC and the Department.
 - 9.4.1. The Chair shall also serve on the PIAC.
- 9.5. Each subcommittee may elect a Co-Chair.
 - 9.5.1. The Co-Chair may be another PIAC member or a subcommittee member.
- 9.6. Each subcommittee shall develop a voting membership of nine (9) to thirteen (13) members chosen by the subcommittee Chair and, if applicable, Co-Chair in consultation with the Department.
- 9.7. Standing subcommittees shall meet at least nine (9) times a year.
- 9.8. Subcommittees shall maintain regular meeting minutes.
 - 9.8.1. A Department staff shall be responsible for taking and posting meeting minutes on the subcommittee's page on the Department's website.
 - 9.8.2. Draft meeting minutes shall be approved by the membership at the following month's meeting.
- 9.9. Subcommittees shall create and execute a collaborative and inclusive process to develop work products that improve the performance of the ACC relative its charge.
 - 9.9.1. The work products shall include, at a minimum, guidance to help improve outcomes related to access, cost, health, and member and provider experience in the ACC.
 - 9.9.2. The work products shall also include details regarding monitoring and evaluating of the recommendations.
 - 9.9.3. Subcommittee members and participants shall consider applicable strategy screens in the development of all work products.
 - 9.9.4. Subcommittees may appoint ad-hoc work groups as necessary for further work.
 - 9.9.4.1. Ad-hoc work groups shall follow the same rules as the subcommittees for the duration of their existence with the following exceptions:
 - 9.9.4.1.1. Ad hoc work groups shall not be required to have charters and member appointment processes but shall have a defined task to be completed within a specific timeframe.
 - 9.9.4.1.2. The Department shall not be required to provide additional support.
 - 9.9.5. Final work products shall be approved through a majority vote by subcommittee voting members and shall be brought to the full PIAC for approval and submission to the Department.

- 9.9.5.1. A majority shall be defined as more than fifty percent (50%) of subcommittee members, including virtual attendees.
- 9.10. Subcommittees shall keep the PIAC apprised on their official business on a quarterly basis.

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Figure 1. State PIAC Community Framework: Below is a visual of the State PIAC Community and the relationships between its internal components. Each component will adhere to the vision, mission, purpose, and guiding principles of the PIAC Community and will reflect the respective communities that it serves. Components may change in response to the evolution of the ACC.

