COLORADO
Department of Health Care Policy & Financing

Accountable Care Collaborative
Program Improvement Advisory Committee
Meeting Minutes

December 18, 2024
9:30 A.M. to 12:00 P.M.

1. Welcome, Introductions, & Minutes Approval

Kiara Kuenzler welcomed members to the Program Improvement Advisory Committee (PIAC) meeting and called the meeting to order at 9:32 A.M.

The following members were in attendance: Kiara Kuenzler, Ian Engle, Kevin JD Wilson, Tom Keller, Mark Levine, David Keller, Daphne McCabe, Brent Pike, Ty Smith, Donald Moore, Kelly Phillips-Henry, Catania Jones, Wendy Nading, Daniel Darting, and Jodi Walker.

A quorum of voting members was present.

Jodi Walker was introduced as the new representative for Region 2.

Kiara Kuenzler presented the October meeting minutes for approval. There were no abstentions. The October meeting minutes were approved.

2. Subcommittee Updates

David Keller, a Provider and Community Experience (P&CE) subcommittee co-chair, gave an update that P&CE discussed outcomes of the November PIAC retreat and reviewed the ACC Phase III provider assessment tool at their last meeting. P&CE has an open voting member position. Applications can be submitted here.

Daniel Darting, a Behavioral Health Integration Strategies (BHIS) subcommittee co-chair, gave an update that at their last meeting, BHIS heard presentations on the Behavioral Health Administrative Service Organizations (BHASOs) and the ACC Phase III care coordination tiers. BHIS discussed how care coordination from the BHASOs and in the ACC can align in ACC Phase III.

Daphne McCabe, a Performance Measurement and Member Engagement (PMME) subcommittee co-chair, shared that at their most recent meeting PMME discussed what they would like to discuss and address during the coming year, including ACC

Phase III metrics, data, and deliverables. PMME also heard a presentation on the ACC Phase III PCMP payment structure.

3. PIAC Retreat Debrief

Ian Engle gave an overview of the discussion and outcomes from the November PIAC retreat. Attachment A includes a full summary of the retreat. The main topics discussed included:

- How PIAC can be more effective in advising the ACC
- How PIAC can provide and track recommendations more efficiently
- Representative types that can be added to the PIAC membership
- How to improve collaboration between PIAC and the subcommittees

4. ACC Phase III PCMP Payment Structure

Kiara Kuenzler introduced David Ducharme, the Department's ACC Division Director, to give an overview of the ACC Phase III Primary Care Medical Provider (PCMP) payment structure, including medical home payments and quality incentive payments. PIAC gave the following feedback:

- Small practices need support to meet the goals of this payment structure.
- National standards should not be used for immunization metrics.
- Updating provider directories with information on case management and other enhanced services would be helpful in finding an appropriate provider for members with specific needs.

5. Open Comment

Audrey Keenan opened the meeting for public comment. There were no comments from the public.

6. PIAC Discussion and Next Steps

Kiara Kuenzler reviewed next steps and action items from the meeting:

- PIAC members and the public are encouraged to attend PIAC subcommittee meetings.
- The Department will update the PIAC membership list on the PIAC website.

- The Department and PIAC will develop an action item tracker to use at future meetings.

7. Adjournment

Kiara Kuenzler adjourned the meeting at 11:57 A.M.

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Attachment A: November PIAC Retreat Summary

1. PIAC Membership

- There was consensus that we have room to fill the seats that are currently vacant and perhaps add a seat or two, but that the PIAC should not be too much more than about 20 members.

- There was consensus from PIAC members that we should continue to seek Medicaid Member representation in all (sub)committees and cultivate their voice.

- There was consensus about having two representatives per RAE region to reflect the transition to 4 regions in ACC Phase III.

- There was consensus that all existing PIAC members representing a region that is changing for Phase III are encouraged to complete their term.

- There was consensus that the Denver Health Managed Care Organization (MCO) should be able to nominate a PIAC member. There was some discussion about having RAE 1/Rocky Mountain Health Plan Prime have a representative.

- The Department recommends that Rocky/RAE 1 the ability to nominate two members one of which could be a designated Prime representative, but that they should not nominate three members (i.e. two RAE and one Prime).

- There was consensus to keep the requirement that PIAC members continue to also serve on a PIAC subcommittee or regional PIAC.

- Suggestions for who/what representation to seek/recruit for open PIAC seats included peers, advocacy groups, essential safety net providers, youth/child representatives, elderly representatives, IDD representatives, BHASO representations, BHASO representation, and representation from indigenous, and immigrant/limited English proficiency communities. This representation could come from either designated seats and/or general recruitment.

2. Subcommittees

- The ACC program is expansive enough to have a dozen subcommittees, but 3 subcommittees seems to be the limit based on Department and PIAC bandwidth.

- There was some discussion about modifying subcommittees but no real consensus emerged. Keeping the existing subcommittees seems like the most appropriate approach for the moment.

- There was some consensus that we should work to improve the connection and effectiveness of the PIAC - Subcommittee relationship. Two strategies emerged that we will pursue:

    - A combined planning meeting that includes PIAC and subcommittee co-chairs and HCPF liaisons. We are working to schedule the first meeting and will determine the recurring schedule.

    - We will resume the use of an updated/formatted PIAC tracker. We'll incorporate subcommittees into the tracker and use it as a tool at the combined planning meeting to monitor progress, "assign" topics to the appropriate (sub)committees, and set agendas.

3. **Regional PIACs**

    - There is a desire for more awareness and connection between the statewide PIAC and regional RAE PIACs. We will work to have regular regional PIAC updates at the statewide PIAC.

4. **Logistics**

    - There was a renewed commitment to prepare/prompt committee members about the purpose of agenda items and particularly what feedback is being sought. Ideally this prompt would happen prior to the meeting (like in these emails for example). If that's not possible, at least early in the presentation/agenda item.

    - There was some discussion about having subcommittee updates be in written format. It seems like there are some trade-offs here between efficiency and thorough engagement that warrant ongoing discussion.

5. **PIAC Charter and By-Laws**

    - Please continue to review the charter and by-laws for necessary updates that reflect strategic and ACC Phase III changes.

6. **Recommendations and Effectiveness**

    - One of the most important and extensively discussed topics during the retreat was how PIAC makes formal recommendations and how to ensure the committee is as effective as possible. There was some consensus among PIAC members that more formal recommendations are desirable. We

discussed the trade-offs between more comprehensive recommendations that take more time to develop and less formal feedback/recommendations which can be created more nimbly. We hope that the issue tracker will help with this, but ongoing work related to effectiveness and recommendations is needed.