



Accountable Care Collaborative (ACC) Program Improvement Advisory Committee (PIAC)

Dec. 17, 2025
9:30 a.m. to 12 p.m.

1. Welcome, Introductions and Minutes Approval

David Keller (co-chair) welcomed members to the Program Improvement Advisory Committee (PIAC) meeting and called the meeting to order at 9:35 a.m.

The following members were in attendance: Ian Engle (co-chair), Wendy Nading, Ty Smith, Daphne McCabe, Kelly Phillips-Henry, Donald Moore, Kevin JD Wilson, Brent Pike, Steve Johnson, Mark Levine, David Keller, Deb Kinder, Alisa Spilman, Kim Collins, Jodi Walker.

A quorum of voting members was present.

David Keller (co-chair) presented the November meeting minutes for approval. Kelly Phillips-Henry moved to approve, and Kevin JD Wilson seconded. The minutes were approved unanimously.

2. PIAC Housekeeping

Katie LoNigro from the Department of Health Care Policy and Financing (HCPF) provided housekeeping updates on behalf of Matt Pfeifer, who was out.

Katie reviewed the outcome of the deliverable discussions over the past several months.

She thanked the committee for several months of feedback and stated HCPF will begin by publicly posting three deliverables from each Regional Accountable Entity (RAE) and, where applicable, each Managed Care Organization (MCO):

- Annual Behavioral Health Management Strategic Plan
- Population Management Strategic Plan
- Annual Contracted Network Management Strategic Plan

Updates to the webpage will take approximately one to two months. HCPF will notify PIAC by email when the materials are posted.



Committee members encouraged HCPF to track webpage traffic and return to PIAC with findings to determine whether additional deliverables should be added. Katie agreed and noted that this evaluation will occur over the next six to 12 months.

Deliverable Discussion Conclusion Slides

3. ACC Phase III Quality Program

Nicole Nyberg (HCPF) reviewed the quality payment portion of the Primary Care Payment Structure.

- Quality measurement will occur at the primary care medical provider (PCMP) level, rather than regionwide.
- Measures are aligned with national standards, such as the Centers for Medicare and Medicaid Services (CMS) Core Set and the Healthcare Effectiveness Data and Information Set (HEDIS).
- Introduction of quality improvement (QI) activities that can be credited toward incentive payments.
- Transition to a calendar-year measurement period with annual payments.
- Replacement of “close the gap” methodology with fixed performance thresholds (base camp, tree line, summit).

Nicole also reviewed the two participation tracks:

- **Performance Track**
 - Default for all providers.
 - Payments tied to meeting clinical quality measure thresholds.
 - Providers are assigned up to six measures using a methodology based on attributed member denominator size.
- **Practice Transformation Track**
 - Available to providers with fewer than four measures and at least 200 attributed members (200-member minimum waived during the transition period).
 - Payments tied to approved QI activities, made semiannually beginning in 2027.

Nicole reviewed three milestone-based payment opportunities for July 2025 to December 2026. Payments are contingent on selecting QI activities, engaging providers and administrative champions, and meeting mid-year and year-end goals.



Members raised questions about:

- **Communication and support from RAEs** during the transition.
- **Budget implications** for quality payments, which were tabled for later discussion in the budget segment.
- **Member satisfaction data**, including the limitations of member response rates and the challenge of tying payments to unvalidated or non-standardized sources such as Google reviews.
- **Opportunities to improve real-time member feedback**, including peer-led approaches.

Nicole and David Keller (co-chair) acknowledged the long-standing difficulty of incorporating member experience into incentive programs while maintaining validity. Ian Engle (co-chair) encouraged members to continue this conversation within the Performance Measurement and Member Engagement (PMME) subcommittee.

[ACC Phase III Quality Program Slides](#)

4. Proposed Budget and ACC Impacts

Dave Ducharme (HCPF) presented an overview of the legislative budget-setting process and its implications for ACC operations. Dave explained that passage of H.R. 1 created a substantial revenue shortfall for Colorado, leading the governor to issue executive orders requiring immediate reductions.

Dave outlined four areas affecting the ACC:

1. ACC Phase III Quality Program Funding
 - A one-time 25% reduction to funds budgeted for the first transition-period payment.
 - Payments for the remaining transition milestones are budgeted for the next fiscal year and remain unchanged for now.
2. Centralized Credentialing Program
 - The initiative had not yet been implemented, and procurement constraints would have required new budget requests; therefore, it was placed on the reduction list.
3. Behavioral Health Incentive Program (BHIP) Payments
 - A 25% reduction to upcoming spring 2026 payments.



4. Access Stabilization Payments

- Implementation delayed from July 2025 to January 2026, pending federal approval.

Members expressed concerns about:

- Long-term impact on provider participation and the ability to move performance metrics with reduced incentives.
- The need for transparency regarding federal approval timelines.
- The importance of maintaining the vision of ACC Phase III even under constrained budgets.

Dave emphasized that HCPF attempted to minimize harm to members and providers and that reductions were targeted to initiatives not yet implemented or to components where short-term impact would be least severe.

Ian Engle (co-chair) encouraged the group to view the moment as an opportunity for collective problem solving. Daphne McCabe emphasized the importance of balancing metric-level detail with whole-person, prevention-oriented goals. Dave noted that HCPF is developing broader performance dashboards for future PIAC review.

[Budget Discussion Slides](#)

5. Subcommittee Updates

Ian Engle (co-chair) invited updates from the PIAC subcommittees.

Behavioral Health and Integration Systems (BHIS)

Lexis Mitchell (HCPF subcommittee liaison) reported in place of Daniel Darting (BHIS co-chair), noting that the December meeting was canceled and will reconvene Jan. 7 with RAE presentations.

Provider and Community Experience (P&CE)

Mark Levine (P&CE co-chair) shared that the subcommittee reviewed the eConsult program, which has completed nearly 1,200 consults to date, and discussed new Transitions of Care (TOC) billing codes. Much of the meeting focused on ACC payment methodologies, which was also part of the PIAC agenda today.

Performance Measurement and Member Engagement (PMME)

Daphne McCabe (PMME co-chair) noted the subcommittee did not meet in November but will meet Dec. 18, 2025. She highlighted a recent local public health study on vaccine hesitancy



illustrating the value of integrating community data into program planning. She encouraged members to bring similar data resources to PMME.

6. Open Comment

David Keller (co-chair) invited comments from non-voting members and members of the public.

Jodi Walker shared that Region 4's Youth Council meeting drew 12 engaged youth participants who asked strong and thoughtful questions.

7. Adjournment

David Keller (co-chair) and Ian Engle (co-chair) adjourned the meeting at 11:09 a.m. The next PIAC meeting will be Jan. 21, 2026, from 9:30 a.m. to 12 p.m.

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