

Accountable Care Collaborative Program Improvement Advisory Committee Meeting Minutes

January 15, 2025 9:30 A.M. to 12:00 P.M.

1. Welcome, Introductions, & Minutes Approval

David Keller welcomed members to the Program Improvement Advisory Committee (PIAC) meeting and called the meeting to order at 9:34 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, Donald Moore, Kelly Phillips-Henry, Wendy Nading, Daniel Darting, Steve Johnson, and Jodi Walker.

A quorum of voting members was present.

David Keller presented the December meeting minutes for approval. There was one abstention. The <u>December meeting minutes</u> were approved.

2. Subcommittee Updates

Daniel Darting, a Behavioral Health Integration Strategies (BHIS) subcommittee cochair, gave an update that the January BHIS meeting was canceled. The February BHIS meeting will focus on the 1115 waiver.

David Keller, a Provider and Community Experience (P&CE) subcommittee member, gave an update that at their last meeting P&CE gave feedback on the ACC Phase III provider assessment tool and transportation.

Nancy Mace, the Performance Measurement and Member Engagement (PMME) subcommittee Department liaison, shared that at their last meeting PMME discussed the ACC Phase III quality programs, including Key Performance Indicators, the Primary Care Medical Provider (PCMP) payment structure, target-setting methodologies, and PCMP performance goals.



3. Network Adequacy Overview

David Keller introduced Sandi Wetenkamp, the Department's Health Network Accountability Specialist, to give an <u>overview of network adequacy</u> in the ACC. Sandi led a discussion with PIAC on network adequacy and addressed the following points:

- The provider network is monitored using qualitative and quantitative measures to ensure the Regional Accountable Entities (RAEs) are meeting standards.
- The Department is looking at ways to use claims data in ACC Phase III to inform network adequacy.
- The Department is making sure RAE provider directories are up-to-date and accurate.
- The RAE network adequacy reports are available on the <u>HCPF website</u>.
- The Department is analyzing telehealth data to see how it can best be used in locations with gaps in care.

4. Cover All Coloradans Update

David Keller introduced Brittany Goodside, the Department's Cover All Coloradans Program Manager, to give an update and share resources on <u>Cover All Coloradans</u>. More information is available <u>here</u>. PIAC gave feedback that some of the links are not user-friendly.

5. PIAC Discussion and Next Steps

David Keller reviewed next steps and action items from the meeting. Items included:

- A suggestion to consider how Long Term Services and Supports (LTSS) providers could be incorporated more into the ACC program via network adequacy and metrics.
- Encouragement to continue to leverage public health partnerships and initiatives in the ongoing development of the ACC Program.



6. ACC Phase III General Update & PCMP Payment Structure Discussion

David Keller introduced Dave Ducharme, the Department's ACC Division Director, to give an update on ACC Phase III and lead a discussion on the <u>ACC Phase III PCMP</u> <u>payment structure</u>. PIAC gave the following feedback:

- The current RAE contract execution timeline will make it difficult to execute provider contracts by July 1, 2025.
- The Department should consider allowing patient-centered medical home recognition from multiple programs for tiering placement.
- The amount of documentation needed from providers could be administratively burdensome.
- Long-term services and supports providers should be incorporated into the ACC, including in the provider payment structure and in network adequacy analyses.
- The Department should analyze process saving as a result of this program, such as fewer claim denials or improved churn rates.
- The Department should hold a workgroup after the start of ACC Phase III to evaluate the program.

7. Open Comment

David Keller opened the meeting for public comment. The public commented that messaging around Cover All Coloradans applications has not been clear, and many people believe there is a cap on how many people can apply. There also has not been any communication saying that applying for this program will not affect applications for citizenship.

The public also commented that pediatric primary care physicians have not been receiving prior authorizations for private duty nursing the last few months. In addition, there are concerns about changes occurring in ACC Phase III, including the new nurse assessor role and moving components of home health care under the behavioral health capitation.

8. Adjournment

David Keller adjourned the meeting at 12:09 P.M.



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