



COLORADO

Department of Health Care
Policy & Financing

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

Jan. 21, 2026
9:30 a.m. to 12 p.m.

1. Welcome, Introductions and Minutes Approval

The following members were in attendance: Ian Engle, Wendy Nading, Daphne McCabe, Kelly Phillips-Henry, Donald Moore, Kevin JD Wilson, Brent Pike, Mark Levine, David Keller, Deb Kinder, Alisa Spilman

A quorum of voting members was present.

David Keller (co-chair) presented the December minutes for approval. Kelly Phillips-Henry moved to approve and Deb Kinder seconded. The minutes were approved. There were no abstentions.

2. H.R. 1 Implementation Updates

Todd Jorgensen, Strategic Operations Manager from the Department of Health Care Policy and Financing (HCPF) presented an overview of H.R. 1 implementation.

Todd reviewed that H.R. 1 was signed into law on July 4, 2025, and significantly impacts Medicaid, the Children's Health Insurance Program, Affordable Care Act expansions and the Supplemental Nutrition Assistance Program. He identified key challenges, including major changes to eligibility, financing, and compliance rules; limited federal funding for state implementation; increased administrative and information technology costs; and the potential for coverage loss and cost shifting.

Todd outlined Medicaid-specific impacts, including reduced federal funding for the Medicaid expansion population, increased eligibility redeterminations from annual to every six months beginning Jan. 1, 2027, and new work requirements for most adults ages 19 to 64. He emphasized HCPF's "North Star" of mitigating coverage losses and their consequences for members, providers, and Colorado's economy.

Todd highlighted earlier provisions already in effect, as well as future milestones extending through 2028. He noted that Colorado should not expect federal waivers to delay implementation and that the Centers for Medicare and Medicaid Services (CMS) has encouraged states to pursue a minimum viable product approach for required changes, particularly related to work requirements.

Todd also provided an update on the Rural Health Transformation Program created under H.R. 1. He explained that the program establishes a five-year federal grant opportunity totaling \$50 billion nationwide, with \$10 billion available annually beginning

in federal fiscal year 2026. Todd reported that CMS announced on Dec. 29, 2025, that Colorado was awarded \$200 million annually, totaling \$1 billion over five years. He described allowable uses of the funding, including chronic disease management and prevention, strengthening the rural and frontier workforce, right-sizing rural delivery systems, and advancing value-based and alternative payment models. Todd noted that HCPF is beginning planning efforts to ensure the funding is deployed strategically and aligned with broader system transformation goals.

Todd also reviewed the high-level implementation timeline and discussed stakeholder engagement efforts, including a statewide survey with more than 740 responses. Top stakeholder concerns identified in the survey included Medicaid-covered services, state budget challenges, and provider fees, payments, and tax provisions. He concluded with planned next steps for outreach, workgroups and an upcoming informational webinar on Feb. 24.

Committee members asked questions regarding anticipated administrative burden on members and providers, particularly related to six-month renewals and work requirements, and how HCPF plans to minimize procedural coverage loss. Members also asked how rural providers and communities will be engaged in shaping the Rural Health Transformation Program and how the new funding will interact with existing ACC Phase III initiatives. Todd responded that HCPF is prioritizing clear communication, early outreach, and coordination with community-based organizations, and that stakeholder input will be critical as program design advances. He acknowledged ongoing uncertainty related to federal guidance and emphasized that HCPF will continue to update PIAC as implementation planning evolves.

[H.R. 1 Implementation Update slides](#)

3. Immunization Changes

Dr. Lisa Rothgery (HCPF), Chief Medical Officer, presented updates on childhood and adolescent vaccination trends and recent changes to federal immunization guidance.

Dr. Rothgery reported declining childhood vaccination rates and noted that CMS immunization measures moved from mandatory to voluntary reporting for 2026. Colorado will continue to report and monitor immunization measures. Under the updated guidance, the list of vaccines recommended for all children has been reduced to 11, including tetanus, diphtheria and pertussis; Haemophilus influenzae; pneumococcal; polio; measles, mumps and rubella; varicella; and human papillomavirus, which is now recommended as a single dose. She explained that six vaccines previously recommended for all children are now recommended only for high-risk populations or through shared decision-making with providers, including hepatitis A, hepatitis B, meningococcal ACWY, rotavirus, influenza, and COVID-19. Three vaccines, including RSV, dengue, and meningococcal B, remain recommended for high-risk groups or through shared decision-making.

Dr. Rothgery described the response from the health care community, noting that the American Academy of Pediatrics (AAP), the American Academy of Family Physicians (AAFP), and the American Medical Association (AMA) have all opposed the revised federal guidance. She stated that the Colorado Department of Public Health and Environment (CDPHE) has advised providers to continue following the American Academy of Pediatrics schedule, which closely aligns with the prior Centers for Disease Control and Prevention (CDC) recommendations. Dr. Rothgery confirmed that HCPF has notified providers that vaccines delivered through shared decision-making will continue to be covered and emphasized that the Vaccines for Children program will continue to supply vaccines consistent with the AAP schedule.

Committee members asked questions about the implications of the federal guidance changes on vaccine uptake, herd immunity, and outbreak risk, particularly related to measles. Dr. Rothgery responded that measles remains on the list of vaccines recommended for all children but acknowledged concern that the broader cultural environment surrounding vaccine policy may contribute to declining vaccination rates overall. She emphasized the importance of continued education and outreach to providers and members to address vaccine hesitancy and prevent future outbreaks.

Members also asked how changes to CMS reporting requirements would affect ACC Phase III quality metrics and provider incentives. Dr. Rothgery explained that while current pediatric immunization measures are no longer mandatory for federal reporting, Colorado will continue to track performance at the state level. She noted that HCPF is exploring adjustments to ACC Phase III pediatric immunization metrics to avoid penalizing providers for factors outside their control while still prioritizing vaccination. She stated that HCPF plans to engage PIAC subcommittees, including the Performance Measures and Member Engagement Subcommittee, in reviewing metric options and providing input before final decisions are made.

David Keller (co-chair) asked for clarification regarding RSV immunization recommendations. Dr. Rothgery clarified that RSV recommendations for high-risk infants have not substantively changed, and that infants whose mothers were not immunized during pregnancy are considered high risk. Committee members also discussed the role of statewide and community-based efforts, including Colorado Chooses Vaccines, in supporting education and monitoring county-level vaccination risk.

Dr. Rothgery concluded by outlining next steps, including continued collaboration with the Colorado Department of Public Health and Environment, Regional Accountable Entities (RAEs), managed care organizations (MCOs), and community partners to promote vaccination, encourage use of the AAP schedule, and monitor trends under the evolving federal landscape.

[Immunization Changes slides](#)

4. ACC Phase III Transition Update

Matt Sundeen (HCPF), ACC Program Management Section Manager, provided an update on the transition to ACC Phase III.

Matt reviewed the purpose of the discussion, noting that the committee last discussed the transition in August and that the program is now more than six months into Phase III.

Matt reviewed reported issues collected through a formal escalation process that was in place during the early months of the transition. He summarized reported issues during the transition, noting 46 submissions by the end of October with an average resolution time of approximately two days. Matt stated that the formal reporting tool has since been discontinued as the volume of systemic issues declined, though issues continue to be addressed through existing communication channels.

Matt outlined key phases of work since January 2025. Early efforts focused on finalizing and executing new contracts with Phase III RAEs, followed by transition preparation activities such as establishing new regions, building provider networks, aligning with the Behavioral Health Administrative Service Organizations (BHASOs), and preparing data systems. Since the July 2025 launch, HCPF has focused on stabilizing, troubleshooting, and implementing new program elements, including enhanced care coordination requirements, new deliverables, and strengthened monitoring and oversight processes.

He highlighted areas that have worked well, such as a relatively smooth transition for members and providers, as well as minimal systems issues. While some isolated provider contracting and billing issues occurred, he stated that these were not systemic. He also reported no significant disruptions related to the simultaneous implementation of the BHASOs and emphasized ongoing collaboration across HCPF, RAEs, MCOs, and behavioral health partners.

Matt discussed key challenges encountered during the transition. One primary issue involved waiver members who were reattributed to Denver Health or Rocky Mountain Health Plans PRIME, the two MCOs, due to attribution methodologies based on primary care utilization. He explained that these members often have different patterns of care, relying more heavily on specialty and long-term services. HCPF worked closely with both MCOs to ensure continuity of care, honor pharmacy claims, and support member requests to return to RAE assignment when appropriate. Matt stated that the majority of affected members have been successfully transitioned back and that ongoing monitoring continues.

He also addressed broader challenges related to state budget constraints and shifting federal priorities. He noted that some anticipated initiatives, such as access stabilization payments and centralized credentialing, have been delayed, modified, or tabled due to fiscal limitations and federal approval timelines. He acknowledged the impact of these delays on providers and emphasized that HCPF continues to explore alternative approaches where possible.

Finally, Matt reviewed continued priorities for ACC Phase III moving forward, including advancing the program's five core goals: improving quality of care, addressing unmet health needs and promoting a Healthy Colorado for All, improving care access, enhancing member and provider experience, and managing costs to protect coverage and benefits. He emphasized ongoing Medicaid sustainability discussions, increased use of real-time data through new monthly reporting, strengthened contract oversight, and a commitment to a robust long-term evaluation of ACC Phase III outcomes.

Committee members provided feedback on attribution accuracy, care coordination documentation requirements, access challenges experienced by members and providers, and the need for more timely performance data. Matt thanked members for their candid input, acknowledged areas for improvement, and encouraged continued feedback as implementation progresses.

[ACC Phase III Transition Update slides](#)

5. Subcommittee Updates

David Keller (co-chair) invited updates from subcommittees.

Behavioral Health Integration Strategies (BHIS)

Lexis Mitchell, HCPF liaison to BHIS, provided an update on behalf of BHIS co-chair Daniel Darting. The January meeting focused on justice-involved care coordination, with RAE presentations on supporting members transitioning from incarceration. Ongoing concerns included Medicaid reactivation delays, pharmacy access, limited providers for court-ordered treatment, and housing shortages. The subcommittee's next meeting is scheduled for Feb. 4.

Provider and Community Experience Subcommittee (P&CE)

Mark Levine (P&CE co-chair) reported that the subcommittee did not meet in January due to scheduling challenges. Planned future topics include dual-eligible member coordination, immunization updates, network adequacy, non-emergency medical transportation, and disability-competent care.

Performance Measures and Member Engagement Subcommittee

Daphne McCabe (PMME co-chair) reported that the December meeting included presentations on Medicaid e-consults and program and data (PAD) meetings with RAEs and MCOs. Members discussed the value of incentives, qualitative data, trauma-informed language, and incorporating member perspectives. The next meeting is scheduled for Jan. 22.

6. Open Comment

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

Meg Fossinger asked how providers and advocates should escalate situations in which members are being referred back and forth between RAEs, counties, and the state, particularly in cases where members appear not to be assigned to a RAE. She noted that this lack of clarity places additional burden on members, who are often told they must personally contact multiple entities to resolve issues.

Matt Pfeifer (HCPF) responded that members enrolled in Medicaid should generally be assigned to a RAE, with limited exceptions such as presumptive eligibility or enrollment in the Program of All-Inclusive Care for the Elderly. He advised that the RAE should be the first point of contact, as RAEs can investigate discrepancies and escalate issues to HCPF when system anomalies are identified. Matt emphasized that situations in which an active member lacks a RAE assignment likely indicate a system error that warrants further review.

Committee members, including David Keller (co-chair), acknowledged challenges with existing member services pathways, noting that providers are often unable to resolve issues directly due to privacy restrictions that require member-initiated contact. Matt reiterated that RAEs are best positioned to work with HCPF to troubleshoot these cases and stated that HCPF welcomes direct outreach when recurring issues are identified.

Additional discussion highlighted the importance of reducing administrative burden on members and improving clarity around roles and responsibilities across the state, counties and RAEs. HCPF staff encouraged continued reporting of these issues to support identification of patterns and inform system improvements.

7. Adjournment

Ian Engle (co-chair) adjourned the meeting at 11:54 a.m. The next PIAC meeting will be Feb. 18, 2026, from 9:30 a.m. to 12 p.m.

Auxiliary aids and services for individuals with disabilities and language services for individuals whose first language is not English may be provided upon request. Please notify Kara Marang at kara.marang@state.co.us or the Civil Rights Officer at hcpf504ada@state.co.us at least one week prior to the meeting to make arrangements.

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