COLORADO
Department of Health Care Policy & Financing

Accountable Care Collaborative
Program Improvement Advisory Committee
Meeting Minutes

June 18, 2025
9:30 A.M. to 12:00 P.M.

1. Welcome, Introductions, & Minutes Approval

Ian Engle welcomed members to the Program Improvement Advisory Committee (PIAC) meeting.

The following members were in attendance: Ian Engle, Jodi Walker, Wendy Nading, Ty Smith, Kelly Phillips-Henry, Donald Moore, Brent Pike, Steve Johnson, Tom Keller, Mark Levine, Daniel Darting.

A quorum of voting members was present.

Ian Engle presented the May meeting minutes for approval. Steve Johnson abstained from voting. The May meeting minutes were approved.

2. PIAC Housekeeping

Matt Pfeifer, HCPF, shared that the committee voted by email to take the July meeting off for summer recess. PIAC will reconvene in August.

3. ACC Phase III: Preparing to Go Live

Andi Bradley, HCPF, provided an overview of the Phase III change management process.

- This is a comprehensive process to support the transition to Phase III including clear guidance for member transitions, collaboration with the enrollment broker and contact centers to proactively address concerns, and daily oversight to identify and address issues as they arise.

- Member Transition Process

    1. Current RAEs that cover counties that are changing in Phase III are working together.

    2. ACC Transition of Care policy outlines the service authorization and reimbursement for members who change RAEs on July 1.

3. Current RAEs must inform all members receiving active care coordination about the transition.

- Stakeholders will complete an online triage form to notify HCPF of a Phase III implementation issue. HCPF will investigate each issue and provide a resolution. Issues with broad impact will be tracked on the ACC Phase III webpage. The triage form on the ACC phase III Webpage has gone live

- PIAC members and attendees are requested to share information presented with other interested parties.

Dave Ducharme provided an overview of Go-Live risks and mitigation strategies.

- Primary Care Medical Provider (PCMP) Payment

1. Risk description: Changes to the primary care payment structure may impact PMPM payments and operational procedures for PCMPs during the transition.

2. Current Mitigation strategies:

    - With the recent increase in the care management payment to the RAEs, more resources are now available to strengthen and enhance primary care partnerships.

    - Each RAE has their own strategies (bridge funding, changes to care models, etc.) to provide short term support.

    - Other HCPF policies (integrated care, community health worker reimbursement, Access Stabilization payments) intended to open up other funding opportunities.

3. Questions

    Q: What changes do you see as having the most significant impact?

    A: There are a lot of different changes that will impact the PCMP structure. There is no longer geographic attribution so medical home payments will go down for providers with a large number of members geographically attributed. The payment structure is shifting in a number of other ways.

    Q: Will the change in geographic attribution benefit providers as far as the member experience?

A: Yes, we have been working on how to best improve our attribution methodology. Providers have been involved in these discussions and one of the main things is that attribution needs to actually reflect the members they are serving.

- Other HCPF transitions

  1. Risk description: Other system/vendor transitions (data warehouse, provider call center, etc.) and program/policy changes happening at the same time as Phase III could cause disruptions for providers or members.

  2. Current Mitigation strategies: Phase III Change Management Process, including user acceptance testing and proactive identification of system defects will help our team identify and address potential emerging issues from simultaneous system and program changes.

  3. Questions

     Q: A committee member asked why these changes are occurring?

     A: HCPF is required to publicly re-procure all state contracts on a 5 to 7-year cycle.

- BHASO Go-Live

  1. Risk description: simultaneous Go-Live of BHASOs and Phase III RAES could cause confusion for member and providers.

  2. Current mitigation strategies: Working with BHA to ensure communications are aligned; Collaboration between BHASOs and RAEs to establish workflows that support members transitioning between entities.

  3. RMHP is a RAE and a BHASO; Signal will serve as BHASOs in other regions.

- Full phase III re-attribution

  1. Risk description: Full re - attribution of all members to reflect the new regions and attribution methodology could have mistakes or may not update correctly in HCPF systems.

  2. Current mitigation strategies: The full re-attribution process began in May to allow time for quality checking and error corrections. This work is continuing to ensure accurate attribution and assignment on July 1st.

  3. Questions:

Q: A committee member asked about all the risk areas. A lot of these things impact the ability to achieve incentive payments. Will there be a handicap for the first two quarters to recognize that RAEs and PCMPs aren't fully equipped to adjust to system issues?

A: The last two quarter payments of Phase II get paid out in Phase III so those payments will go out in the fall. The RAEs will process those and push payments out as normal. Then, for the first 18 months all PCMPs will be eligible to complete quality improvement activities and HCPF will make payments on those.

- Complex member transitions

    1. Risk description: Members at - risk for hospitalization, currently admitted to inpatient treatment, or recently discharged from inpatient treatment who change RAEs may be unaware of that change or may experience challenges in getting services covered by their new RAE.

    2. Current mitigation strategies:

        - RAEs working together to support the member transition process for ACC Phase III.

        - ACC Transition of Care policy outlines the service authorization and reimbursement for members who change RAEs on July 1.

    1. Questions:

        Q: For people that are at high risk of hospitalization are you looking at why they are high risk? For people with behavioral health components are you looking at the reasons, are you looking at secondary information? We need to think about social determinants of health.

        A: The RAE contract is heavily focused on members with complex needs.

- RAE region re-alignment

    1. Risk description: RAEs with new regional boundaries may have challenges contracting with providers in new counties.

    2. HCI closing out as a RAE could cause issues with payment or confusion for providers.

    3. Current mitigation strategies:

- HCPF monitoring of network readiness for Regions 1 and 2; 95% of HCI - contracted behavioral providers now contracted with new RAEs. PCMP contracting ongoing in both regions, more than 2/3 contracted/finalizing contracts across both regions.

- HCPF working closely with HCI/ Carelon to clarify expectations for work that must be completed post go-live; HCI will continue as an option on the Provider Escalation Form.

- Member communications:

  1. Risk description: Members may have questions or concerns about their Medicaid coverage or ability to continue seeing certain providers with this transition.

  2. Current mitigation strategies:

     - Member communications toolkit with messaging that emphasizes there is no change to benefits or services with this transition.

     - Only members experiencing a change will receive formal notices to reduce confusion.

     - Trainings for HCPF Contact Center, Enrollment Broker, Counties, and RAEs.

  3. Questions:

     Q: Have you included member feedback in the development of the toolkit?

     A: Yes, HCPF did

4. Legislative Update

Jo Donlin, HCPF, provided an update on the 2025 legislative session. Jo highlighted 11 bills from the legislative session were signed into law.

- HB25-1003 Children with Complex Health Needs - merges waivers

- HB25-1033 Medicaid Third-Party Liability Payments - supports payer of last resort

- HB25-1213 Updates to Medicaid - includes single state agency provision for HB24-1038

- SB25-226 Continuation of the Complementary and Integrative Services Waiver
- R-16 Financing Reductions: Repeals outdated cash funds, moves to an enterprise to alleviate budget challenges
    - SB25-228 Enterprise Disability Buy-In Premiums
    - SB25-264 Cash Fund Transfers to General Fund
    - SB25-270 Enterprise Nursing Facility Provider Fees
- SB25-292 Workforce Capacity Development Center: Outlines structure and purpose of Workforce Center, includes a reporting requirement
- SB25-294 Reinstate Managed Care Carve Out for Child Welfare: Postpones move of residential treatment from the child welfare block to behavioral health capitation/the RAEs
- SB25-308 Medicaid Waiver Reinvestment Cash Fund: Creates a cash fund for dollars designated to 1115 waiver programs such as Health-Related Social Needs and Reentry services
- SB25-314 Recovery Audit Contractor Program: Aims to improve program efficiency and balance the need for accountability with a reasonable level of administrative burden

Budget agenda highlights

- SB25-206 The Long Bill
    - HCPF's FY 2025-26 budget is $18.2B Total Fund and $5.5B General Fund
    - 33% of State GF budget
- HCPF programs avoided large cuts; next year will be more challenging, as one time budget actions will not be available to JBC next year to fill budget gaps.
- Highlights included:
    - Across-the-board rate increases 1.6%
    - Funding to implement ACC Phase III (R-6)
    - Increases for County Administration and CBMS innovations (R-7)

Committee members had the opportunity to ask questions:

Q: What does buy in to enterprise mean?

A: It means it moved outside of Tabor. Should not impact members.

Q: What is the nursing facility provider fee?

A: It was a fee that nursing facilities paid. It was consolidated into the Colorado Healthcare Affordability and Sustainability Enterprise by SB25-270.

Q: Any description of the eligibility redetermination HB25-1162?

A: This allows HCPF to streamline some of the Medicaid eligibility determination processes.

5. Subcommittee Updates

Daniel Darting, the Behavioral Health Integration Strategies (BHIS) subcommittee co-chair, gave an update on the June BHIS meeting. During the meeting the committee discussed care coordination in ACC Phase III. The committee also discussed the transition of care for members from Phase II to Phase III.

Mark Levine, HCPF, gave an update on the May P&CE meeting. The committee reviewed the charter and, as a result, decided to form a workgroup focused on care coordination for disabled, older and those in long-term care. The workgroup plans to meet starting next Friday morning to begin to discuss what issues, if any, are appropriate for the workgroup to consider regarding care coordination for these special populations. If there are any individuals interested in helping the workgroup, please reach out to Mark Levine.

Erin Herman, a Performance Measurement and Member Engagement (PMME) subcommittee HCPF liaison, provided an update from the May PMME meeting. In May the committee did a brief review of the charter, had a presentation from HSAG, the external quality review organization, and discussed their audit process, and had an update on Phase III member communications.

6. Open Comment

Ian Engle opened the meeting for public comment.

- The public wanted to recognize the mindful actions from this committee and HCPF during this transition.

- Commentor also noted that, as a provider, one challenge is confusion regarding authorizations that will carry over from one RAE to another.

7. Adjournment

Ian Engle adjourned the meeting at 11:55am. The next PIAC meeting will be Wednesday, August 20, 2025, from 9:30am to 12:00pm.

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