



COLORADO

Department of Health Care
Policy & Financing

Accountable Care Collaborative Program Improvement Advisory Committee Meeting Minutes

March 19, 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.

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

A quorum of voting members was present.

David Keller presented the February meeting minutes for approval. There was one abstention. The February meeting minutes were approved.

2. Update from the Executive Director

Kim Bimestefer, HCPF, provided updates regarding the federal and state circumstances that could impact HCPF and the ACC program.

Director Bimestefer covered the tight state budget and difficult decisions being made by the legislature. Medicaid cost trends are growing 7-8% annually, exceeding available revenues. This is happening across the country, not just in Colorado. HCPF has increased budget requests in accordance with these trends. In order to keep pace with these trends, HCPF is having to cut some services to balance the budget. HCPF is working with stakeholders to identify budget reductions. [Link to letter OSPB drafted.](#)

Director Bimestefer reviewed the Medicaid Sustainability Framework:

1. Address Drivers of Trend
2. Maximize Federal Funding
3. Invest in Coloradans
4. Make Reasonable Medicaid Cuts or Adjustments
5. Reassess New Policies
6. Exercise Caution in Crafting Increases



Medicaid falls under the Energy and Commerce Committee, which needs to cut \$880 billion over 10 years. The House and Senate must agree on cuts. Factsheets for use are available in the Federal Resources box on our [Legislator Resource Center](#). These tools will continue to be updated as needed, and everyone is encouraged to use them to educate themselves and others, as well as understand the impact of changes at the federal level.

Nationally as of October 2024, there were over 79 million people enrolled in Medicaid/CHIP. In Colorado as of January 2025, 1.31 million people are covered by Medicaid and CHIP, which is approximately 22% of Coloradans.

The committee had a discussion and the opportunity to ask questions.

- There was a question about what unemployment rates are being used, and if we are looking at individuals with disabilities, as the rates tend to be much higher.
- The statistic of 40% of Medicaid expenditures going to individuals with disabilities is impressive. Is there an opportunity to apply some of our VB purchasing and care coordination to long-term services and supports (LTSS)?
 - In phase III, we tried to recognize dual-eligible individuals and memorialize mandates for RAEs to collaborate better with CMAs and vice versa. This will be taken back to the Office of Community Living and identify opportunities for PIAC to be more engaged in LTSS.
- In January, there was a significant increase in unhoused individuals in comparison to previous years. How is HCPF thinking about investing in social drivers of health to better support individuals, especially given the budget reductions we are facing?
 - HCPF is investing in behavioral health because we recognize the benefits of behavioral health treatment, especially given the impact it can have on overall health. It is a concern that the federal administration's views do not align with our views on this.
- Has HCPF looked at and tried to quantify what kinds of unnecessary costs could show up in increased ER and hospital utilization as a result of Medicaid cuts?
 - Yes, we have looked at this. When Medicaid coverage is removed, people suffer. So many can't afford commercial insurance, and many will go without until they need hospitalization or ER visits. We are encouraging Congress to look at the unintended consequences across the board, to see what the impact would be across the nation to stop some of these cuts.



There was a request from the committee to have Director Bimestefer return in April to continue this discussion and provide additional updates on legislative decisions and the budget.

3. ACC Phase III Update

Katie Lonigro, HCPF, provided updates regarding the implementation of ACC Phase III, including a review of significant changes between the request for proposals and the final contract.

All the ACC Phase III contracts have been signed and executed.

The small and less significant changes that were made from the RFP were standardizing terminology, consolidating and breaking out clauses as necessary for clarity, and updating deliverable descriptions and due dates. More significant changes included:

- Adding some new deliverables (e.g. member correspondence templates, data element files)
- Modifying performance standard language for the Commitment to Quality program (updating values, adding language stating the RAEs and HCPF will agree upon a standard, waiving some standards for the first year to set appropriate baselines, adding/removing or rewriting performance standards)
- Rewriting or significantly editing the following sections:
 - Care Coordination
 - Children and Youth (separate sections for EPSDT and Medicaid System of Care)
 - PCMP Payment

Updated contracts should be posted publicly within the next few weeks.

There was a question about the changes in EPSDT requirements and if the changes that were made will help the RAEs better understand administration of this benefit.

- There are a lot of federal requirements for EPSDT around outreach. We also added contract requirements around implementing the EPSDT benefit and developing a statewide EPSDT accountability strategy for all the RAEs. This work will be underway soon and HCPF anticipates engaging some PIAC members in this work.

The committee asked about posting the signed contracts and if it will include the full list of KPIs, BHIP measures, performance standards, etc.?

- Yes, the performance standards are listed in the contracts. There is an exhibit to the contract that lists BHIP measures. KPIs are not in the



contract, but are included in the data specifications document that will be forthcoming within the next few months.

In the updates to the contract, is HCPF prescribing how PCMP payments get made in terms of methodology, or do the RAEs have latitude to pay PCMPs as they see fit?

- RAEs have flexibility to determine what payments look like, but HCPF is outlining overall structure of what payments should take into account, and building in more transparency as to what the PCMPs are being paid for and how that money was earned related to performance and other components as determined by the RAEs.

4. PIAC Feedback Process Discussion

Ian Engle, Katie LoNigro, and Matt Pfeifer led a discussion on voting on smaller recommendations to provide timely feedback in a more formal manner. The purpose of this discussion is to ensure that the feedback provided by the committee is utilized appropriately and informs program implementation. The committee also wants to ensure that items brought forth for consideration are followed up on with the committee as expected by committee members.

The Department requested guidance from the committee on how to follow up when recommendations are made by the committee. One of the recommendations is conducting a formal vote on recommendations put forth by the committee.

Feedback was provided by the committee members:

- Committee members thought this approach has more substance and represents the feedback provided by the committee in a more substantive way.
- Committee members thought it would be challenging to take various feedback, especially feedback that is contradictory, and create one recommendation from that feedback. Increased discussion always helps create more alignment, and if there's no alignment, then possibly there isn't a formal recommendation that can be made by the committee.
- If the committee is going to formally vote on recommendations, a suggestion was made to not spend a lot of time wordsmithing the language. It is recommended that a smaller group (1-2 people) craft the language in recommendations so the committee doesn't get hung up on phrasing.

A motion was made to have the co-chairs work with Matt and other HCPF staff to put forth a ballot on this issue at the next PIAC meeting. The motion was seconded. The motion passed.



5. Subcommittee Updates

Daniel Darting, the Behavioral Health Integration Strategies (BHIS) subcommittee co-chair, gave an update on the March BHIS meeting. The March BHIS meeting focused on the Medicaid System of Care (MSOC) and the ACC Phase III evaluation. The MSOC discussion was robust given the diversity of the group and the complexity of the MSOC. The ACC Phase III evaluation discussion was focused on some of the proposed behavioral health components of the evaluation. This discussion with the subcommittee will continue at the April BHIS meeting.

Mark Levine, a Provider and Community Experience (P&CE) subcommittee co-chair, gave an update from the committee's March meeting. At the March meeting, the committee received an update on HCPF's eConsult platform and the specialty-to-specialty feature that will go live on July 1, 2025. The committee also discussed provider communication and how provider communications should be addressed in ACC Phase III. P&CE also received an update on the ACC Phase III evaluation topics of behavioral health, care coordination, and primary care but the committee did not have any specific feedback to offer. P&CE will also review their charter to ensure alignment at upcoming meetings.

Daphne McCabe, a Performance Measurement and Member Engagement (PMME) subcommittee co-chair, shared that at their last meeting PMME discussed performance pool data, the Department of Corrections metric, and member communication FAQs to help members manage the transition to ACC Phase III. There was also a presentation on Care Coordination changes occurring in ACC Phase III.

6. Disability Competent Care Follow Up

Morgan Anderson and Greta Moser, HCPF, led a discussion to determine which PIAC subcommittee will host ongoing disability competent care discussions and HCPF reporting. Co-chairs of both P&CE and PMME subcommittees volunteered to take this topic to their subcommittees to inform future work in this area and receive regular updates.

- Committee members expressed that the provider perspective may be particularly valuable in relation to this topic, to loop providers into the conversation and being able to move the needle in the right direction.
- There was a recommendation to hold these discussions at P&CE moving forward. Committee members supported this recommendation.
- At the local level, there is a program called ABCD focused on supporting children and families with children with intellectual or developmental disabilities. This program has a toolkit with resources that could contribute

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to these efforts to improve care and conversations, and this might be something the Department could look into to further help support these efforts.

- A recommendation was made to create a task force that could blend expertise from across the community to inform and support this work. Committee members were mixed about this recommendation, as some preferred to utilize the existing structure in place (the PIAC subcommittees). One of the benefits of a task force would be a group dedicated to this work so that it doesn't dictate the agendas and focus of a PIAC subcommittee. A task force would be a time-limited group that would focus solely on disability competency care and report back to the PIAC with their findings.

No formal recommendation was made regarding where disability competency care would be handled by the PIAC.

7. Open Comment

David Keller opened the meeting for public comment. There was no public comment.

8. Adjournment

The committee discussed having Director Bimestefer return in April to continue the discussion with her. The committee will also continue the discussion on Disability Competent Care to arrive at a decision.

David Keller adjourned the meeting. The next PIAC meeting will be Wednesday, April 16, 2025 from 9:30am to 12:00pm.

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