



**COLORADO**

Department of Health Care  
Policy & Financing

## **Accountable Care Collaborative Program Improvement Advisory Committee Meeting Minutes**

May 21, 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: Ian Engle, Jodi Walker, Wendy Nading, Ty Smith, Daphne McCabe, Kelly Phillips-Henry, Donald Moore, Kevin JD Wilson, Brent Pike, Tom Keller, David Keller, Daniel Darting.

A quorum of voting members was present.

David Keller presented the April meeting minutes for approval. There were no abstentions. The April meeting minutes were approved.

### **2. PIAC Housekeeping**

Matt Pfeifer, HCPF, provided an update on the ongoing disability competent care discussions.

- It has been decided that this will go to P&CE for future discussions.

Matt Pfeifer shared that some of the current PIAC agenda topics are more focused on updates due to the nature of the work HCPF is currently doing preparing for ACC Phase III.

- Feedback is still welcome from PIAC members.
  - A committee member requested that it still be feasible to take action.
  - Committee members discussed the value of continued feedback and patience as HCPF works through the transition to ACC Phase III. A little more time may just be needed for action and adjustments.



A link for legislative updates: <https://hcpf.colorado.gov/legislator>

Katie Lonigro, HCPF, shared a few updates on the transition to ACC Phase II to ACC Phase III.

- In the next week or two HCPF will be sharing an email regarding information for members, including a [communication toolkit](#), regarding the transition from ACC Phase II to ACC Phase III.
- At the June PIAC meeting HCPF will go over the process for people to share feedback on challenges people are experiencing with the transition from ACC Phase II to ACC Phase III.

A few committee members suggested saving agenda time in future PIAC meetings for a new model of care and delivery of services in potentially drastic budgetary reductions.

Committee members discussed the possibility of taking a PIAC summer recess for the July or August meeting. HCPF will poll committee members to determine their preference for summer recess.

### 3. RAE Updates for ACC Phase III

Denver Health provided an update on the transition to ACC Phase III.

- Jeremy Sax, Denver Health, provided an overview of the plans and updates for Denver Health including a high-level overview of the differences between Denver Health and the RAEs.
  - A committee member commented on the newborn assignment to Denver Health and that many new moms don't know they have been assigned to Denver health. Is there any way to facilitate that people can go to wherever they want?
    - Jeremy Sax shared that Denver Health has developed a few policies to handle that including information on their website.
    - A committee member requested a desk aid for new mothers and providers to navigate the complicated system.
      - Jeremy shared that there is something in the Member handbook.
  - A question was raised regarding Denver Health's representation in PIAC.
    - Matt clarified that Denver Health has not traditionally had a representation in the PIAC membership. For Phase III it was decided that DH should be able to nominate someone for PIAC.



- Matt Pfeifer opened up the discussion to questions for all RAEs/MCOs regarding the transition from ACC phase II to ACC Phase III.
  - No further comments were noted.

#### 4. ACC Phase III Attribution Review

Matt Lanphier, HCPF, provided an overview of the attribution for ACC Phase III.

- Attribution is the method used to connect Health First Colorado members to a Primary Care Medical Provider.
- Assignment is the process used to connect Health First Colorado members to a RAE.
- Attribution and Assignment
  - Helps connect members to a PCMP to serve as their focal point of care, and it helps assign members to a RAE to serve as their point of contact for additional support.
  - Ensures that providers know which patients they are responsible for as it relates to value-based payments and performance measures.
  - Provides the basis for RAEs to pay PCMPs per-member-per-month payments based on the Health First Colorado members for whom they provide care.
  - Standard attribution in ACC Phase III
    - Member Choice: Members may select their PCMP through the enrollment broker. Otherwise, we use their utilization as another way to gauge their choice.
    - Utilization: Attribution determined via predominance of claims, in the following order: (this methodology will begin Fall 2025 with reattribution)
    - Unattributed: Members without a chosen PCMP or claims history remain unattributed.
  - Re-Attribution in ACC Phase III
    - Re-attribution: Process for regularly updating attribution to reflect new utilization patterns.
    - Occurs monthly for members ages 0 to 1 and unattributed members
      - Improving health care equity, access and outcomes for the people we serve while saving Coloradans money on health care and driving value for Colorado.
      - [www.colorado.gov/hcpf](http://www.colorado.gov/hcpf)



- Occurs quarterly for all members.
- Phase III attribution fact sheet can be found [here](#).

Committee members and participants had the opportunity to share feedback and ask questions about attribution:

- Matt Lanphier clarified that HCPF attributes at the site level.
- A committee member shared that he really does care who their RAE is. How is consumer choice considered if they have a provider they want to see but that provider is outside their RAE?
  - Members are always allowed to select their PCMP regardless of methodology. Members can always also change their PCMP.
  - Members can see any PCMP at any time.
- A committee member asked about a situation where an individual is seeing a different doctor each day. How does attribution work? If consumer choice is there, but a member is bouncing around, how would that work?
  - HCPF only attributes to PCMPs. So, bouncing around from different institutions wouldn't come into play with attribution.
- Practices on the border of the RAEs would need to be attributed to both RAEs?
  - No. The RAE is still determined by the location of your PCMP unless the member is not
- Matt clarified that HCPF should have preliminary attribution lists to the RAEs by the first or second week of June.
- Matt shared that HCPF anticipates the unattributed percentage to be about 40% statewide.
  - Matt shared that historically our number of geographically attributed (members without claims history) is between 25-30%. All of those members will be unattributed going forward. Additionally, since we are reassessing almost all members as new enrollees for Phase III, any currently attributed members who do not have claims history within the previous 18 months will also be unattributed.



- A committee member commented that it sounds like pediatric providers may have some unique challenges with the formula of attribution. Is there a way for HCPF to track the "Delta" of billings in the ACC 2.0 vs ACC 3.0 changes, to see if there are some drastic swings?

## 5. ACC Phase III Care Coordination Update

Charlotte Crist and Lauren Landers, HCPF, provided an update on care coordination in ACC Phase III.

- ACC Phase III Care coordination philosophy:
  - Addresses the full range of members' physical health, behavioral health, oral health and health-related social needs.
  - Occurs at the point of care whenever possible, with RAEs providing wraparound support as necessary.
  - Available to all Health First Colorado members.

Landed on a launch model: focusing on key care coordination activities, respective individual member experiences, and leveraging advanced RAE tools.

- Phase III Care Coordination Tiers
  - Tier 1: All members not in other tiers
  - Tier 2: Members with rising risk,
  - Tier 3: Members with complex needs,
- In all tiers there are specific contractual requirements for specific populations

Operation considerations:

- Administrative burden: burden on providers by creating more details requirements and burden of collecting more care coordination data
- Value: do the more detailed requirements achieve our program goals and how will the care coordination data be used in a way that supports program goals.

PIAC Committee members had the opportunity to ask questions.



- What are the value sets for governing care coordination?
  - The overall goals for ACC Phase III are foundational to our Care Coordination Values: Improve quality care for members; Close health disparities and promote health equity for members; Improve care access for members; Improve the member and provider service experience; Manage costs to protect member coverage, benefits, and provider reimbursements.
- What is the participation of care coordinators like? Is that pulling everyone in? I feel like advocates and supports need to be determined by the individual but sometimes we also need to draw the line for what the provider wants the individual to do.
  - These are often underserved, under resourced. We have agreements with our RAE partners. The contract defines that the member is engaged with the RAE care coordination system. But, HCPF is not necessarily tracking every detail across the community. RAE contracts do have specific details that there has to be a lead care coordinator and the roles need to be detailed for other and requirements for engaging with other entities.
- What are the cost efficiencies and how are we doing this?
  - HCPF is planning to collect more data about care coordination, use this data to evaluate programs, determine, and make decisions t. At the end we want to be able to who how impactful these programs are.
- A committee member shared that some of the best places to make people aware of care coordination would be the emergency rooms (ERs), mental health centers, and other sites where members who would be likeliest to benefit from care coordination would be. Some of the ERs have peer support services active within their facilities. Several of the mental health centers have similar staffing, including community resource navigators, who could deliver that information. The homeless shelter staff and substance use treatment centers would be others who would likely use that information.
- A committee member noted they would like to see training for RAEs to utilize support such as advocates, CILs, friends and family. Part of that would also be promoting awareness in communities.



## 6. Subcommittee Updates

Daniel Darting, the Behavioral Health Integration Strategies (BHIS) subcommittee co-chair, gave an update on the May BHIS meeting. During the meeting each of the Phase III RAEs came and presented on their plans for ACC phase III. This included a discussion regarding the system of care changes for children and youth. The presentations demonstrated a significant effort from each of the RAEs to make this transition. The committee also reviewed the most recent Department of Corrections metric data.

Matt Pfeifer, HCPF, gave an update on the May P&CE meeting. The committee took a little time to do introductions and share backgrounds. The committee discussed involving long term care in the committee and using a strategic plan for engaging the ACC program in that space. Committee members shared and collected some ideas from members about what is appropriate and of interest for P&CE.

Daphne McCabe, a Performance Measurement and Member Engagement (PMME) subcommittee co-chair, provided an update from the April PMME meeting. In April the committee reviewed the most recent CAHPS survey data and discussed the challenges with getting participation in the survey. In addition, the committee had a presentation regarding the new doula and lactation benefits and saw some preliminary data.

## 7. Open Comment

David Keller opened the meeting for public comment.

- The public commented that one of the things they are seeing in the portal is that private insurance is popping back up.
- The public followed up on a discussion regarding community organizing and noted it would be interesting to get some bite size pieces of information to share with the community.
- The public shared that in the Spanish speaking community, many agencies are saying that when people are talking about Medicaid, they are being told they are doing this at their own risk. This can be very concerning.

## 8. Adjournment

David Keller adjourned the meeting at 12:01pm. The next PIAC meeting will be Wednesday, June 18, 2025 from 9:30am to 12:00pm.



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Las ayudas y servicios auxiliares para individuos con discapacidades y servicios de idiomas para individuos cuyo idioma materno no sea inglés pueden estar disponibles por solicitud. Comuníquese con Erin Herman a [erin.herman@state.co.us](mailto:erin.herman@state.co.us) o con el oficial de derechos civiles a [hcpf504ada@state.co.us](mailto:hcpf504ada@state.co.us) al menos una semana antes de la reunión para hacer los arreglos necesarios.

