



COLORADO

Department of Health Care
Policy & Financing

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

Nov. 19, 2025
9:30 a.m. to 12 p.m.

1. Welcome, Introductions and Minutes Approval

The following members were in attendance: Wendy Nading, Jodi Walker, Ty Smith, Daphne McCabe, Catania Jones, Donald Moore, Kevin JD Wilson, Brent Pike, Steve Johnson, Mark Levine, David Keller, Daniel Darting, Deb Kinder, Kelly Phillips-Henry, Kim Collins, Herberta Silas, Ian Engle.

A quorum of voting members was present.

David Keller (Co-Chair) presented the October meeting minutes for approval. Donald Moore moved to approve and Kevin JD seconded. The minutes were approved. Daphne McCabe, Steve Johnson, and Kim Collins abstained.

2. Cover All Coloradans (CAC) Update

Susanna Snyder from the Department of Health Care policy and Financing (HCPF) presented an overview of the significant changes being proposed for the Cover All Coloradans program in response to statewide budget reductions and directives issued under the Executive Order from Oct. 31, 2025. She summarized the program's purpose and history, noting that it provides Health First Colorado (Colorado's Medicaid program) or Child Health Plan *Plus* (CHP+) equivalent coverage to children under 19 and to pregnant and postpartum individuals regardless of immigration status. Enrollment has grown to approximately 30,000 members; about 22,000 are children.

Susanna explained that several changes are being proposed to ensure the program's sustainability. First, enrollment into Home and Community-Based Services (HCBS) waivers will be frozen for this population once HCPF completes required system changes, expected next summer. Current HCBS participants will not lose benefits, but new enrollment would no longer be permitted. Second, the program will implement a \$750 annual dental cap. Although this introduces a limitation not found in the Medicaid Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit, Susanna shared that most members currently use preventive dental services, and utilization has not exceeded this threshold. Finally, and most significantly, the program's members will no longer be attributed to the ACC or assigned to a Regional Accountable Entity (RAE). They



will instead receive behavioral health and other services through fee-for-service benefits. She noted that this transition will reduce costs by eliminating RAE capitation payments and care coordination monthly payments, but members will continue to have access to behavioral health services through alternative pathways.

Committee members raised several questions, including concerns about the operational impact on primary care practices that would continue to provide care coordination, but would no longer receive related payments for this population. Members also emphasized the importance of sensitive and accurate language when referring to the affected population, noting that some terms historically used in policy discussions can be harmful or stigmatizing. Additional discussion focused on the need to understand how the removal of these members from ACC attribution might affect practices that serve large numbers of Cover All Coloradans enrollees, as well as the statutory and federal constraints that are driving these changes. Susanna acknowledged the difficulty of the decisions being made within a challenging budget environment.

3. Posting Deliverables to the HCPF Website

Matt Pfeifer (HCPF) introduced a discussion on ACC Phase III deliverables and HCPF's ongoing work to make selected deliverables publicly available. He reviewed the purpose of deliverables; these are regular reports submitted by the RAEs and Managed Care Organizations (MCOs) that allow HCPF to monitor compliance, performance, and operations. More than one hundred deliverables exist across varying reporting schedules, and posting all of them publicly is not feasible due to volume, data redaction, and accessibility requirements.

Committee members discussed which deliverables would be most valuable to share publicly. Several members emphasized that strategic documents, such as the Network Management Strategy and Population Management Strategy, would provide meaningful context and allow stakeholders to understand RAE priorities and approaches. Members also discussed the Health Neighborhood Report, noting that the current format offers limited insight without pairing it with related strategic documents. Others highlighted the importance of transparent reporting on primary care provider payments, including administrative payment reports, which have not been updated on the HCPF website recently.

The conversation expanded to broader considerations of Medicaid cost trends. Members expressed interest in exploring per-capita spending across regions, not as a performance measure but as a tool for understanding statewide cost pressures and opportunities for system improvement. Matt agreed that these discussions were important but noted they may fall outside the scope of the current discussion regarding deliverable transparency. Matt stated that he plans to post a few strategic plans, which should have enough context to be useful. He stated that this topic could be revisited at future meetings to reassess the usefulness of the deliverables selected for posting.



Resource: [ACC Deliverable webpage](#)

4. ACC and HCPF Updates

Katie LoNigro (HCPF) provided a brief overview of current ACC and HCPF updates. She shared that primary care providers are encouraged to participate in the statewide eConsult survey, regardless of whether they currently use eConsult. The eConsult survey closes on Nov. 26, 2025. She also requested feedback on the ACC newsletter via an open survey. That survey is open until the end of the month. Katie highlighted several newly posted resources on the ACC webpage, including updated claims processing guidance, a quality program operations guide for primary care medical providers (PCMPs), and a fact sheet for behavioral health providers.

Katie also emphasized the importance of the H.R. 1 implementation webpage, she suggested that members bookmark that page for their reference. HCPF's annual budget materials, legislative resource center, and new 1115 waiver updates are also available online. She concluded by reminding members to review the documents linked in the related slide deck and encouraged them to share the survey links widely.

Resources: [ACC Provider and Stakeholder Resource Center](#); [HCPF Legislator Resource Center](#); [ACC Newsletter](#)

5. ACC Phase III Evaluation Plan Review

Tamara Keeney (HCPF) and Liana Major (HCPF) presented an update on the ACC Phase III evaluation plan. They briefly reviewed the core logic model governing ACC Phase III evaluation work, which includes a combination of inputs, activities, outputs, and intended outcomes designed to assess access to care, quality of care, health disparities, member and provider experience, as well as managing care costs to protect member coverage, benefits, and provider reimbursements. They emphasized that the evaluation plan is built around three central domains: primary care, care coordination, and behavioral health.

Tamara explained that seven evaluation sub-projects have now begun, each designed to answer a cluster of research questions discussed during prior PIAC consultation. In primary care, HCPF is developing an internal dashboard to map the PCMP network and describe key characteristics such as practice tier and language capacity. HCPF is also evaluating the impact of ACC Phase III attribution changes on both members and providers. A third project will examine the relationship between PCMPs and RAEs, including the types of support RAEs offer.

In the care coordination area, HCPF is analyzing newly submitted monthly RAE data to understand who is receiving care coordination and the nature of those engagements. Another project focuses specifically on transitions of care from hospitals, matching hospital discharge data with RAE outreach and engagement files to identify patterns and opportunities for improvement.

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Behavioral health evaluation efforts include developing a visual representation of the Medicaid behavioral health continuum and conducting a detailed analysis of members who access emergency or inpatient behavioral health care. These analyses include six-month look-back and look-forward periods to understand members' overall treatment patterns.

Committee members offered feedback on provider type distinctions, the incorporation of expansion populations into all analyses, and the need to consider impacts of upcoming changes in prior authorization. Several members expressed strong interest in being involved early in the evaluation process rather than only responding to completed analyses. Tamara welcomed this participation and noted that early consultation with PIAC subcommittees is a core goal.

6. Subcommittee Updates

Behavioral Health and Integration Strategies (BHIS)

Daniel Darting (BHIS co-chair) reported that the BHIS subcommittee received a detailed update on the new Colorado System of Care for children and youth, including wraparound and intensive home-based services. The subcommittee also discussed re-entry services for individuals leaving justice system settings and reviewed progress on the statewide quality measure related to connections to care during transitions out of criminal justice settings.

Provider & Community Experience Subcommittee (P&CE)

Mark Levine (P&CE co-chair) shared that the subcommittee welcomed its new co-chair, Mark Ogonowski, and received a presentation on long-term services and supports and the role of case management agencies following statewide system changes. The subcommittee is continuing to assess how long-term care coordination intersects with RAE responsibilities and the ACC program overall.

Performance Measurement and Member Engagement (PMME)

Daphne McCabe (PMME co-chair) summarized the committee's October discussion, which focused on new standardized ACC data files, upcoming performance improvement project requirements, and member-facing communication improvements. Members provided extensive feedback on navigation challenges in PEAK, terminology confusion in notices, and the need for mobile-friendly design. The next PMME meeting will be on Dec. 18, 2025.



7. Open Comment

Members raised the importance of clear guidance for behavioral health providers who will need to bill fee-for-service for individuals no longer assigned to a RAE under Cover All Coloradans. Participants also stressed the value of peer involvement, consistent and respectful language, and recognition of community-based supports as essential to reducing high-cost utilization

8. Adjournment

Ian Engle adjourned the meeting at 12 p.m. The next PIAC meeting will be Dec. 17, 2025, from 9:30 a.m. to 12 p.m.

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