COLORADO
Department of Health Care Policy & Financing

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

September 17, 2025

9:30 A.M. to 12:00 P.M.

1. Welcome, Introductions and Minutes Approval

Matt Pfeifer (HCPF) welcomed members to the Program Improvement Advisory Committee (PIAC) meeting and called the meeting to order at 9:34 A.M.

The following members were in attendance: David Keller, Wendy Nading, Ty Smith, Catania Jones, Kelly Phillips-Henry, Kevin JD Wilson, Brent Pike, Steve Johnson, Mark Levine, and Daniel Darting.

A quorum of voting members was present.

Matt Pfeifer presented the August meeting minutes for approval. Mark Levine moved to approve the minutes. Catania Jones seconded. Kelly Phillips-Henry, Kevin JD Wilson, and Brent Pike abstained. The August minutes were approved.

2. Housekeeping

Matt Pfeifer provided an update on the process of filling vacant PIAC seats. Votes for new members have been gathered. Matt is in the process of outreaching those individuals. Onboarding meetings will be scheduled to provide orientations for new members.

3. State Budget and the ACC Program

Matt Pfeifer provided some detail regarding key components of the state budget relating to the ACC program. He encouraged attendees to review the FY 2025-26 HCPF Budget Reductions Fact Sheet.

He highlighted the $131,000 reduction of funding for Cover All Coloradans outreach. This will not change eligibility, but funding has been impacted.

He further highlighted the $6.1 million General Fund reduction to reinstate Medicaid prior authorization of outpatient psychotherapy for services that exceed clinical standard best practices. Additionally, Matt reviewed the $1.5 million General Fund reduction in Access Stabilization Payments to rural, small, and pediatric providers. Payments will not go out until January 2026, instead of being retroactive to July 2025.

He further reviewed the $750,000 General Fund reduction to incentive payments to Regional Accountability Entity and primary care providers in the ACC Quality Program. Matt also discussed the $3 million decrease in Behavioral Health Incentive Program payments. Reductions will apply to fiscal 2024-25 year payments which will be made in spring 2026.

Members expressed concern about both the substance of the cuts and the process for making such decisions. Wendy Nading asked whether data could be shared on the effectiveness of continuous coverage for children in reducing churn. Ty Smith urged the committee to revisit earlier analyses of high-utilizer populations, suggesting that quality-of-life measures should be incorporated into program evaluation. Kevin JD Wilson emphasized the need for meaningful stakeholder engagement, noting that rapid changes made for budgetary reasons should be followed by deliberate consultation before being made permanent. Kelly Phillips-Henry echoed this concern, adding that reductions should not undercut Colorado's broader move toward a model that improves healthcare.

Matt acknowledged these comments and concerns and stated that he will follow up with additional information and stakeholdering opportunities as they arise.

4. Posting Deliverables to the HPCF Website

Matt Pfeifer provided an overview of deliverables required from Managed Care Entities (MCEs) under the ACC Phase III contract. He explained that deliverables are narrative reports or data files related to specific contract requirements that help HCPF understand the work the MCEs have completed. They are typically monthly or quarterly, although they can be requested on an ad hoc basis as well.

Matt then reviewed how HCPF uses deliverables:

- HCPF reviews deliverable for program success, room for improvement and notable trends and anomalies in the data
- HCPF provides feedback to MCEs via meetings
- MCEs make adjustments to their programs based on the feedback and findings of data analysis

Matt stated that the purpose of this discussion was to consider which deliverables might be most appropriate for public posting on the HCPF website. He emphasized that it is not possible to share all deliverables on the website due to the quantity of deliverables HCPF receives and the administrative burden of redacting member information and reviewing them for accessibility before posting.

Committee members discussed the purpose and development of deliverables. David Keller raised the importance of including community and member perspectives in defining outcomes, referencing participatory research models where subjects help shape

measures. Ty Smith emphasized the need for trend reporting that would be accessible to community organizations such as Centers for Independent Living, noting that this could help identify emerging needs across different regions. Mark Levine suggested that deliverables be mapped to broader program purposes and linked with other data sources, creating a more coherent information framework rather than isolated reports.

Matt thanked the committee members for their feedback. Matt stated that all of the deliverables are outlined in the contracts here. The contracts directly lay out the deliverables, the expectations, and performance standards. He noted that this information isn't specifically designed with members as the audience. Rather, the deliverables are targeted to professionals working within the program. The deliverables are published to be transparent and a general resource. It is a complex, complicated system and HCPF wants members to focus on their care, needs, and how they interact with their MCE.

Matt stated that in the interest of time, the topic will be discussed further in the next PIAC meeting to identify specific deliverables to be posted on the website.

5. ACC Phase III Enrollment Update

Matt Lanphier (HCPF) provided an update on member enrollment and attribution under ACC Phase III. He explained the attribution process, which connects Health First Colorado members to primary care medical providers (PCMPs) based on either member choice or patterns of claims. A key change in Phase III is that some members may now remain unattributed if no clear PCMP relationship can be identified. Reattribution runs more frequently than in Phase II, with monthly updates for infants and unattributed members and quarterly updates for all other members.

Matt presented data showing that enrollment levels across the four RAE regions remain steady, with slight increases in recent months. The percentage of unattributed members has decreased as reattribution processes capture new utilization data, and HCPF expects these numbers to continue trending toward historical levels of 25–30 percent.

Committee members raised several issues. David Keller emphasized the importance of encouraging member choice in PCMP selection, noting that stronger patient–provider connections improve outcomes. Matt responded that HCPF is exploring mechanisms to allow members to choose a provider at the time of Medicaid application. Mark Levine asked about attribution challenges for dually eligible members, since their primary care is often billed to Medicare rather than Medicaid. He suggested using long-term care authorization data to better capture these relationships. Matt Lanphier thanked committee members for their feedback. Matt Pfeifer stated that HCPF has been intentional in structuring ACC Phase III contracts to ensure effective coordination of dual eligible members and continues to be intentional about the management of dual special needs programs.

6. Network Management in ACC Phase III

David Keller invited RAEs and Denver Health to provide an update on Network Management in ACC Phase III.

RAE 1 Rocky Mountain Health Plan sand RAE 2 Northeast Health Partners

Kim Herek and Dale Renzi presented on behalf of Rocky Mountain Health Plans (RMHP) and Northeast Health Partners (NHP).

- Reported strong provider retention, with over 97 percent of PCMPs remaining engaged through the transition to ACC Phase III.
- Approximately 74 percent of practices assessed at Tier 3, the highest designation; more than 100 demonstrated advanced behavioral health integration.
- Strategies included provider roadshows, practice transformation coaching, expansion of Integrated Community Care Teams (ICCTs), and a dedicated ACC Phase III webpage with resources and FAQs.
- Behavioral health network management streamlined through centralized credentialing, contracting, and provider support.
- Six dedicated provider relations advocates available statewide, offering assistance with claims, prior authorizations, contracting, and audits.
- Ongoing provider engagement through monthly drop-in meetings, quarterly office hours, skills webinars, newsletters, and community outreach.
- Opportunities to engage
    - Link to RAE 1&2 updates: https://lp.constantcontactpages.com/cu/xPhDaLf

      Drop in office hours survey link: https://forms.office.com/Pages/ResponsePage.aspx?id=yvoF2yrInUu5xQ9ktnVUIcwVuaw4uUNDnUWy8TfZxdJUMzhEUlQxRFcxR1Y3OUNHTDlVMTRLUkxFVS4u
    - Skills webinar: https://lp.constantcontactpages.com/cu/eYj6sWY
    - Newsletters
        - Register to receive: NHPproviders@nhpll.org

- Direct contact with Provider Relations Advocates
  RMHP: RMHPRAE_BH_PR@UHC.com
  NHP: NHPRAE_BH_PR@UHC.com

- Additional ways to reach NHP:
  Network Management Team: 800-599-4716 (toll-free)

RAE 3 Colorado Community Health Alliance

Colleen Daywold and Claire Dinger presented for Colorado Community Health Alliance (CCHA).

- No change in geographic footprint in Phase III; focus is on continuity and retention.
- Nearly all primary care providers renewed contracts (98.9 percent retention). Only one practice disenrolled from Medicaid entirely.
- Future priorities include expanding participation of independent practices and encouraging larger medical groups to open more Medicaid panels.
- High-volume practices were contracted to provide enhanced care coordination, transition-of-care follow-up, and member engagement reporting.
- Behavioral health network includes more than 9,000 contracted providers, most accepting new members, many offering after-hours care and telehealth.
- Provider supports include monthly "open mic" sessions, onboarding orientations, newsletters, and digital enrollment through Availity.
- To access Colorado Community Health Alliance primary care and behavioral health provider network resources visit: https://www.cchacares.com/for-providers/ccha-provider-support/
- Providers can contact CCHA to contract or ask questions at: https://www.cchacares.com/for-providers/provider-assistance/

RAE 4 Colorado Access

Beth Coleman and Erin Friedman presented for Colorado Access (COA).

- Strategic priorities include targeted provider recruitment, maternal and child health expansion, and partnerships with community-based organizations.
- Ongoing effort to strengthen the Region 4 Health Neighborhood and coordinate care for non-connected members.

- The Virtual Care and Integration (VICCI) Program offers telehealth psychiatry consultations, direct member care, and coordination with PCMPs.
- Expansion of bilingual behavioral health workforce supported through a 10 percent reimbursement incentive for services delivered in languages other than English.
- Partnerships with higher education institutions and BIPOC providers to address workforce diversity and cultural responsiveness.
- Access to Care program monitors timeliness standards, conducts member satisfaction surveys, and supports providers with training and outreach.

Denver Health Medical Plan Elevate Medicaid Choice

Jeremy Sax (Denver Health) presented on behalf of Denver Health Medical Plan.

- Operates as a closed-network, full-risk managed care organization, structurally distinct from the RAEs but aligned with ACC goals.
- Most services delivered through Denver Health's system: 15 family clinics and 18 school-based health centers.
- Additional contracts with federally qualified health centers and specialty providers (e.g., UC Health, Children's Hospital) to expand access.
- Behavioral health and substance use disorder services managed through Colorado Access under the RAE 4 structure.
- Network Management Committee reviews potential gaps, single-case agreements, and timeliness of services; contracts with providers as needed.
- Member resources include detailed provider manuals, billing guides, and tip sheets available online to clarify service responsibilities across Denver Health, Colorado Access, and HCPF.
- ACC Phase II Network Management
    - https://www.denverhealthmedicalplan.org/for-providers
    - 303-602-2100
    - Managedcare.provdierrelations@dhha.org

7. Subcommittee Updates

Behavioral Health Integration Strategies Subcommittee
Daniel Darting, BHIS co-chair, reported that the subcommittee met recently and focused on the upcoming adoption of the American Society of Addiction Medicine (ASAM) Fourth Edition standards. Colorado has developed an implementation timeline for Medicaid substance use disorder services, with draft rules expected from the Behavioral Health Administration later this month. The subcommittee also reviewed HCPF's ongoing work regarding supervision requirements for clinically delivered services and discussed strategies for sustaining behavioral health services amid anticipated budget reductions. Matt Pfeifer provided a presentation on ACC Phase III accountability structures, which helped ground the subcommittee in understanding the program's reporting framework and evaluation methods.

Provider and Community Experience (P&CE) Subcommittee
Mark Levine, P&CE co-chair, shared that the subcommittee held a constructive discussion with HCPF's Long-Term Services and Supports (LTSS) staff, focused on clarifying how care plans and responsibilities are coordinated for members in long-term care. The group anticipates continuing this discussion in future meetings. Looking ahead, the subcommittee plans to examine opportunities to strengthen disability-competent care across the program. Levine also noted that the subcommittee is seeking a new co-chair, as the current co-chair has stepped down due to time constraints but will remain an active member.

Performance Measures and Member Engagement (PMME) Subcommittee
Nancy Mace, HCPF subcommittee liaison, provided the update on behalf of the subcommittee. The meeting included a presentation from HCPF's communications director, who outlined outreach strategies related to HR1 implementation and its impact on eligibility and budget. Katie Lonigro presented updates on the transition from ACC Phase II to Phase III, noting thirty-three critical issues identified to date, with an average resolution time of two days. Nicole Nyberg from the Quality Performance Unit also joined to discuss the new quality program, including RAE-level measures, PCMP performance expectations, and the dual tracks of performance and practice transformation. The subcommittee's next meeting will be held on September 25 at 3:00 p.m.

8. Open Comment

Before adjourning, Matt Pfeifer invited comments from non-voting members and members of the public. No further comments were made. Committee members requested timely access to the slide decks presented during the meeting. Matt confirmed that HCPF will post the materials on the PIAC webpage once they complete the required accessibility review, as mandated by state statute.

9. Adjournment

David Keller adjourned the meeting at 12:01 P.M. The next PIAC meeting will be October 15, 2025 from 9:30 A.M to 12:00 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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