

ACC Phase III Transition Update

Program Improvement Advisory Committee

Jan. 21, 2026

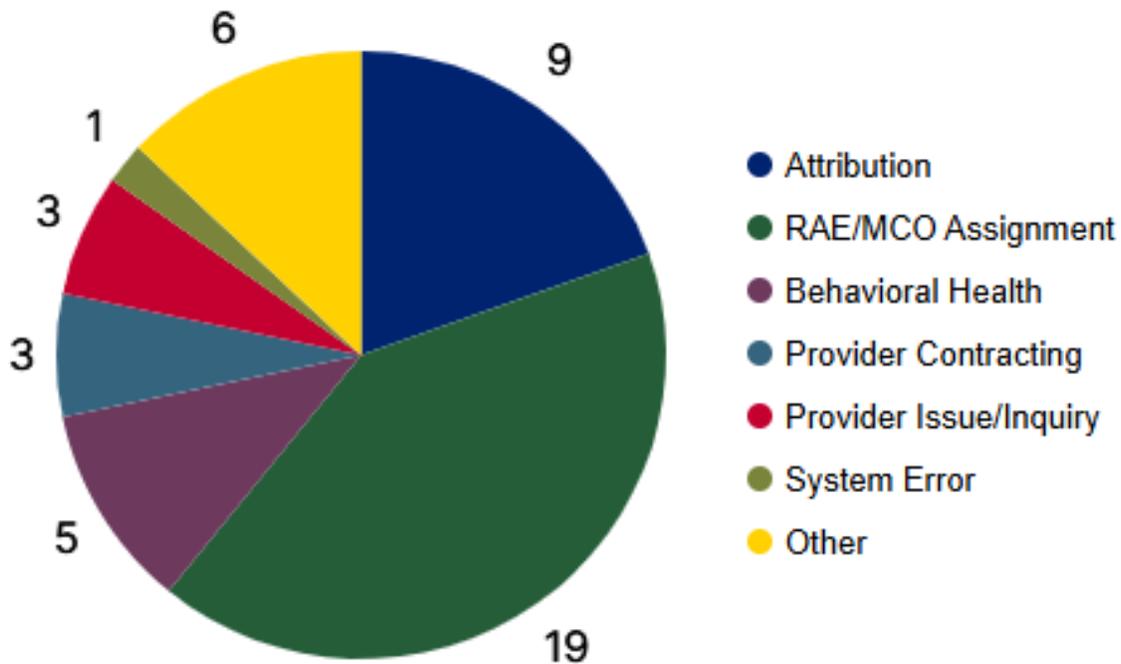
Presented by:

Matt Sundeen, ACC Program Management Section Manager

Purpose of Discussion

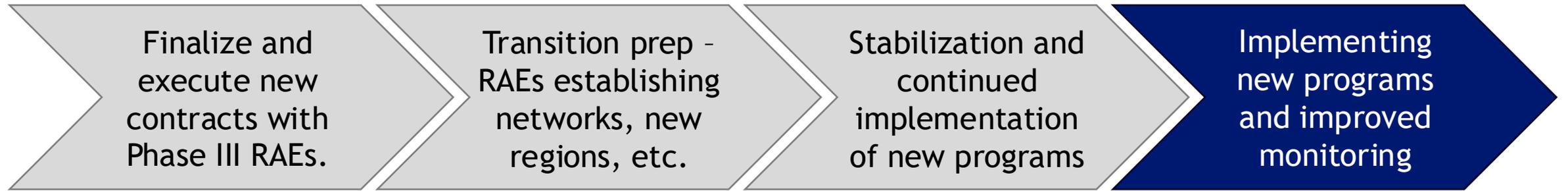
- Last talked about the transition in August.
- Transitioning vendors and implementing new program requirements can be a lengthy process.
- Checking back in today on the status of the transition now that we are 6+ months into ACC Phase III.

Reported Issues Update



- By end of Oct. (when we discontinued the form)
 - 46 submissions
 - Average ~2 days to resolve
- In Aug. (last update to PIAC)
 - 33 submissions
 - Average ~2 days to resolve

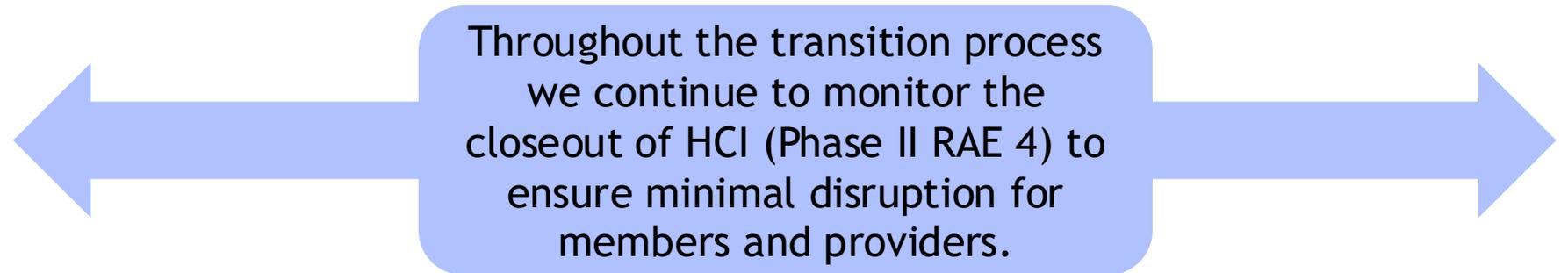
What We've Been Working On



January 2025

July 2025

January 2026



What Has Worked Well

- Relatively smooth transition for members and providers to new RAE regions.
 - Some isolated contracting/billing issues for providers, but not systemic.
 - Some attribution-related issues for members.
- No reported disruptions from the simultaneous implementation of the BHASOs.
- No major systems issues at the time of transition.

Challenges

- Issues for waiver members moved to Denver Health or PRIME as part of Phase III reattribution.
- State budget constraints and changing federal priorities have delayed or changed some proposed programs (e.g., access stabilization payments, centralized credentialing).

Continued Priorities for ACC Phase III

- Continue our work towards the five ACC Phase III goals, including:
 - Supporting Medicaid sustainability efforts.
 - Enhancing monitoring and oversight to continue to improve program transparency and accountability.
 - Continuing overall ACC Evaluation.



Pulse Check

- From your perspective, what worked well throughout this transition?
- Do you have concerns or have you heard of concerns from others about disruptions from the transition?



Questions?

