![Colorado Department of Health Care Policy & Financing logo]

MINUTES OF THE MEETING OF THE
Performance Measurement and Member Engagement (PMME)
Committee

Meeting Link:
https://us02web.zoom.us/j/88287385917?pwd=aOXKDgBaYlPSqdb9r7jehfuUE6mYj8.1

Zoom Meeting
Dial In: 1 720 928 9299
Zoom Meeting ID: 882 8738 5917
Passcode: 951193

October 23, 2025

1. Welcome, Introductions and Housekeeping

Voting Members Present: Bethany Pray (CCLP), Bob Conkey (Health First Colorado member), Brent Pike (Health First Colorado Member), Mike Morosits (Colorado Community Health Network), Fatima Kiass (Empowered Connections).

Voting Members Absent: Daphne McCabe (Boulder County Public Health), Janelle Jenkins (Health First Colorado member), Ealasha Vaughner (Health First Colorado member), Samantha Fields (Health First Colorado member), Jennie Munthali (CDPHE).

Bethany Pray, PMME Co-Chair, opened the meeting by welcoming participants and reviewing housekeeping items and confirming attendance. A quorum of committee members was not present so the September meeting minutes will be reviewed at the next PMME meeting.

Erin Sears, HCPF, provided a summary of the September Program Improvement Advisory Committee (PIAC) meeting. The meeting included continued discussion of ACC deliverables, what information is most valuable to publish on the Department's website, key changes in ACC Phase III, and topics for future PIAC meetings.

2. ACC Phase III Data File Overview (Audrey Keenan, HCPF)

Audrey Keenan provided an overview of the new standardized data files being collected as part of ACC Phase III to support data-informed program management. The Department has created 12 topic-specific data files (e.g., appeals, call center statistics, care coordination, fraud/waste/abuse, health neighborhood

relationships, member complaints, member incentives, member outreach, member roster, provider complaints, and provider support/practice transformation). These files are designed to standardize data collection across Regional Organizations (RAEs) and managed care organizations (MCOs) and to support the updated logic model and Commitment to Quality program.

Audrey reviewed an example of the member incentive file, which includes member ID, RAE/MCO ID, type of incentive program, whether a member received an incentive in the month, and the incentive amount. Audrey explained that this data can be used at both the member and aggregate levels to understand participation and incentives provided.

Committee members asked whether the Department captures information about why a member is enrolled in a particular incentive program and whether these files will support understanding the member experience (e.g., appeal timeliness and complaints). Staff explained that the data files can be linked by member ID and used alongside narrative deliverables to provide a more complete picture of member experience, and that definitions and guidance to RAEs and MCOs are being refined based on early submissions.

Staff reported that three monthly submissions have been received from all RAEs and MCOs. The Department is currently focused on data quality checks and clarifying guidance, with no major issues identified. Future plans include developing an executive dashboard, a care coordination dashboard, and using the files to calculate performance standards for the Commitment to Quality program and to support broader program monitoring and evaluation.

3. ACC Phase III Performance Improvement Projects (PIPs) (Russell Kennedy, HCPF)

Russell Kennedy provided an overview of federally required Performance Improvement Projects (PIPs). Certain plans, including behavioral health managed care plans and MCOs, are required to conduct two PIPs: one clinical and one non-clinical. For ACC, the PIP requirement applies to the behavioral health (PIHP) portion of the contract.

The current PIP cycle, which is concluding with the transition into ACC Phase III, includes a non-clinical PIP on increasing social determinants of health (SDOH) screening and clinical PIPs focused on follow-up after mental health or substance use disorder (SUD) hospitalization. Plans are submitting final data, which will be validated by the Department's External Quality Review Organization (EQRO).

The next PIP cycle will move to a calendar-year schedule beginning January 2026. For ACC plans, the clinical PIP topic will be follow-up after hospitalization for SUD. Non-clinical PIP topics will be proposed by the plans, focusing on operational or

systems-level improvements, and will be reviewed and approved by the Department. MCO and CHP+ clinical PIP options will include measures such as well-child visits or adolescent vaccinations.

Committee members asked how the Department balances plan-selected topics with Department-identified priorities, whether demographic data could be incorporated to better identify disparities, and what happens when a PIP does not show improvement. Staff explained that the Department reviews proposals and may decline topics that are not appropriate or do not demonstrate sufficient opportunity for improvement. While there is no direct penalty if improvement does not occur, plans are rated on their projects, and lessons learned are used to inform ongoing quality efforts.

4. Health First Colorado and ACC Program Information (Katie Lonigro, HCPF)

Katie Lonigro provided an overview of current information and educational materials about the ACC program, including content on the Department's website (hcpf.colorado.gov) and on the Health First Colorado member-facing website (HealthFirstColorado.com). Staff noted that during the transition to ACC Phase III communications were often focused on tight timelines. Now there is an opportunity to strengthen organization, clarity, and plain-language content.

Katie asked committee members for feedback on where they look for information about ACC and Regional Accountable Entities (RAEs), how easy it is to navigate to that information, and what they wish had been available when they first joined PMME or as Health First Colorado members or caregivers.

Committee members shared that they often rely on internet search (e.g., searching for "Health First Colorado Regional Organizations") rather than navigating from the home page and that it is not intuitive for members to find information about Regional Organizations/RAEs. Members recommended clearer landing pages that guide users based on whether they are members, providers, or other stakeholders; more consistent terminology; fewer clicks to reach key information; and improved mobile usability, especially on low-cost Android devices commonly used by members.

Committee members also highlighted challenges with PEAK navigation, including difficulty finding notices and understanding terminology related to renewals, redeterminations, and recertifications. Staff acknowledged these concerns and indicated that improvements to navigation, language, and accessibility are ongoing and that feedback from PMME is critical to informing this work.

5. Public Comment/Open Discussion

During public comment and open discussion, committee members raised concerns about delays and confusion associated with changes in address and Regional Organization attribution under ACC Phase III. One member described updating their address promptly but experiencing a prolonged delay before being assigned to the correct Regional Organization, which affected their ability to obtain care from local providers. Members also noted anxiety caused by discrepancies between mailed renewal notices and PEAK renewal dates.

6. Next Steps and Wrap Up (Bethany Pray, PMME Co-Chair)

Due to state holidays, the next regularly scheduled PMME meetings fall on Thanksgiving Day and Christmas Day. The committee agreed to cancel the November meeting and to move the December meeting to an earlier date in December (targeting December 11 or December 18, 2025). Department staff will follow up with committee members by email to confirm the adjusted December meeting date.

Post Meeting Note: The next PMME Subcommittee meeting will be held on December 18, 2025.

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