

Performance Measurement & Member Engagement (PMME) Subcommittee Meeting

July Meeting
7.24.2025



Colorado Department of Health Care Policy & Financing (HCPF) Mission

Improve health care equity, access and outcomes for the people we serve while saving Coloradans money on health care and driving value for Colorado.

PMME Conversation Guidelines

Reminder:

Non-voting members, please
use the chat only.

- Assume best intent.
- Be tough on issues, soft on people.
- Step forward/step backward so everyone participates.
- Avoid acronyms.
- Acknowledge what hat you're wearing.
- The answer to "but" is "yes"
- Be thoughtful and respectful.
- Mute yourself when you're not speaking and please use the chat feature when appropriate.

Agenda

3:00-3:15 Welcome, Introductions, and Housekeeping

3:15-3:30 ACC Phase III Change Management Updates

3:30-4:00 Legislative Update

4:00-4:20 ACC Phase III Attribution

4:20-4:30 Public Comment, Next Steps and Wrap Up

Committee Introductions





May Meeting Minutes



June PIAC Update



PIAC Off July

**Next PIAC meeting:
Wednesday, August 20th, 2025
9:30-am-12:00pm**

ACC Phase III Change Management Updates

Andrea Bradley, HCPF



ACC Phase III Triage Center

July 24, 2025

Performance Measurement and Member Engagement
PIAC Subcommittee

Presented by:

Andi Bradley

Program Operations Unit Supervisor



COLORADO
Department of Health Care
Policy & Financing

Total # of submissions
through 7/18:

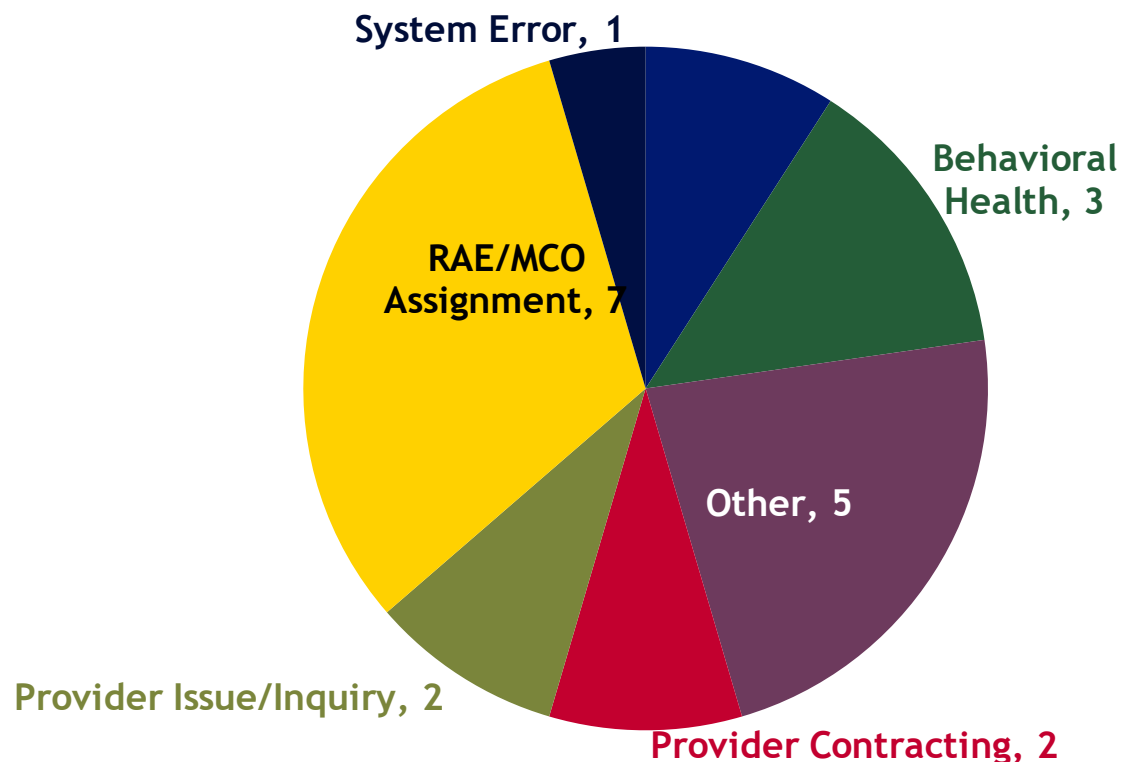
17

Triage Center Submissions

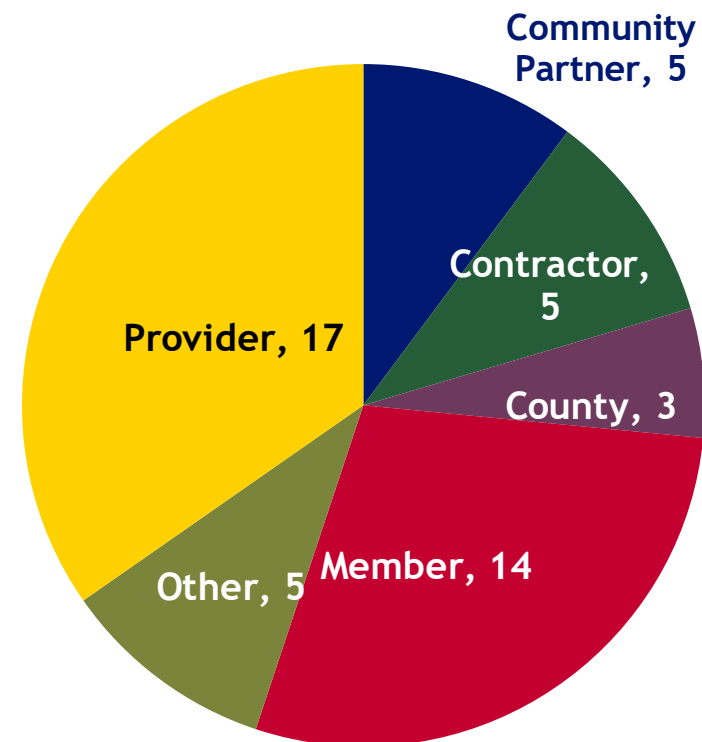
Average time to
resolution:

2 days

Submissions by Topic



Submissions by Impacted Group



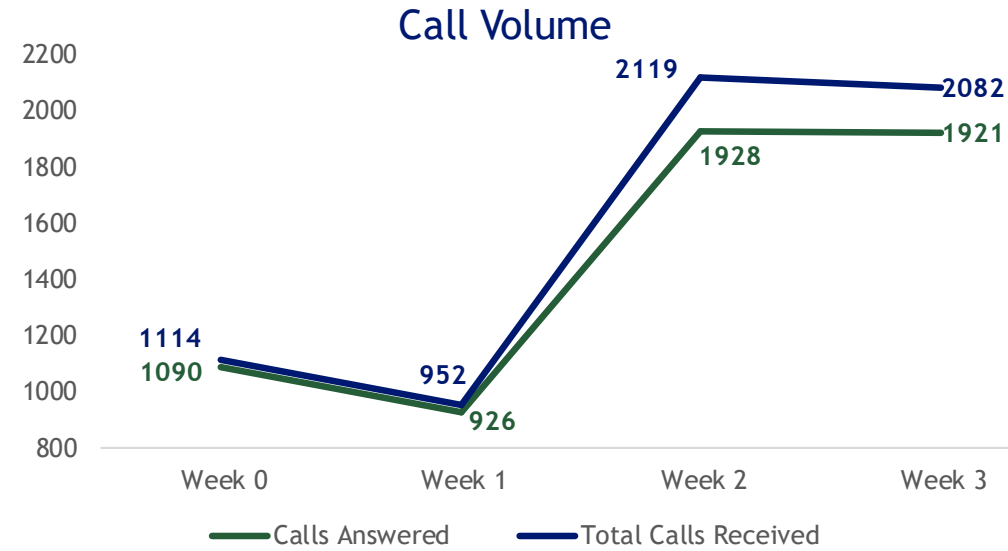
Enrollment Broker

Total Letters Sent
to date:

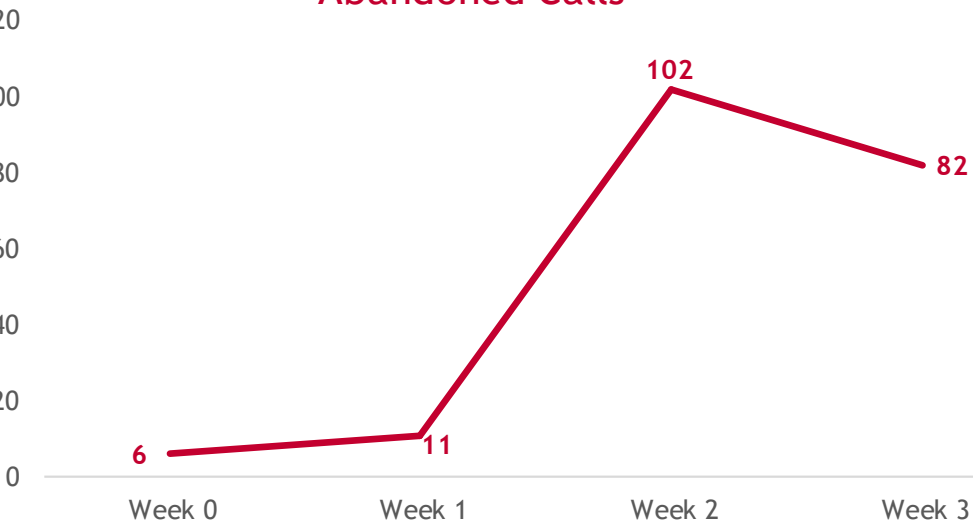
31,191

% of Total Letters Sent
to date:

7.36%

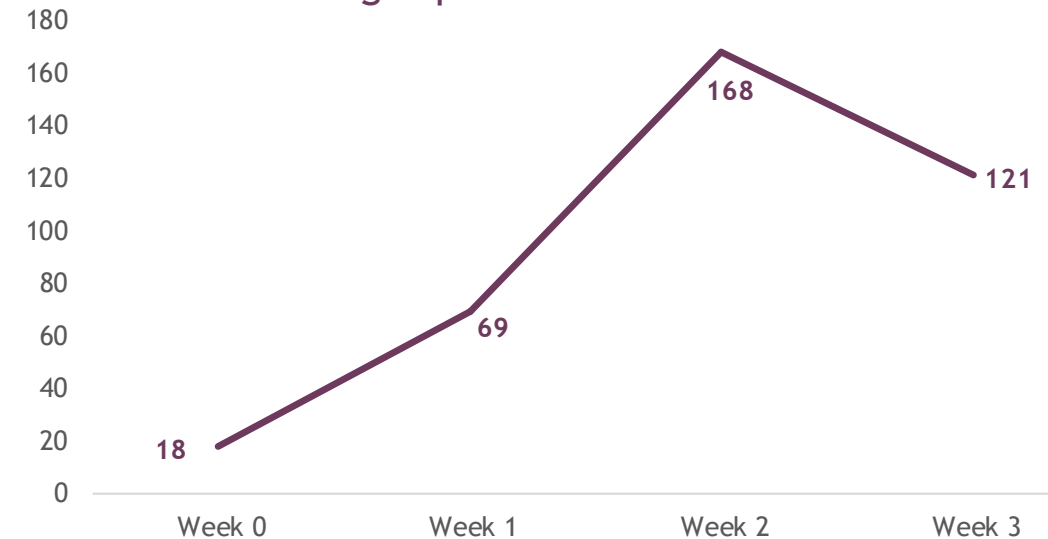


Abandoned Calls



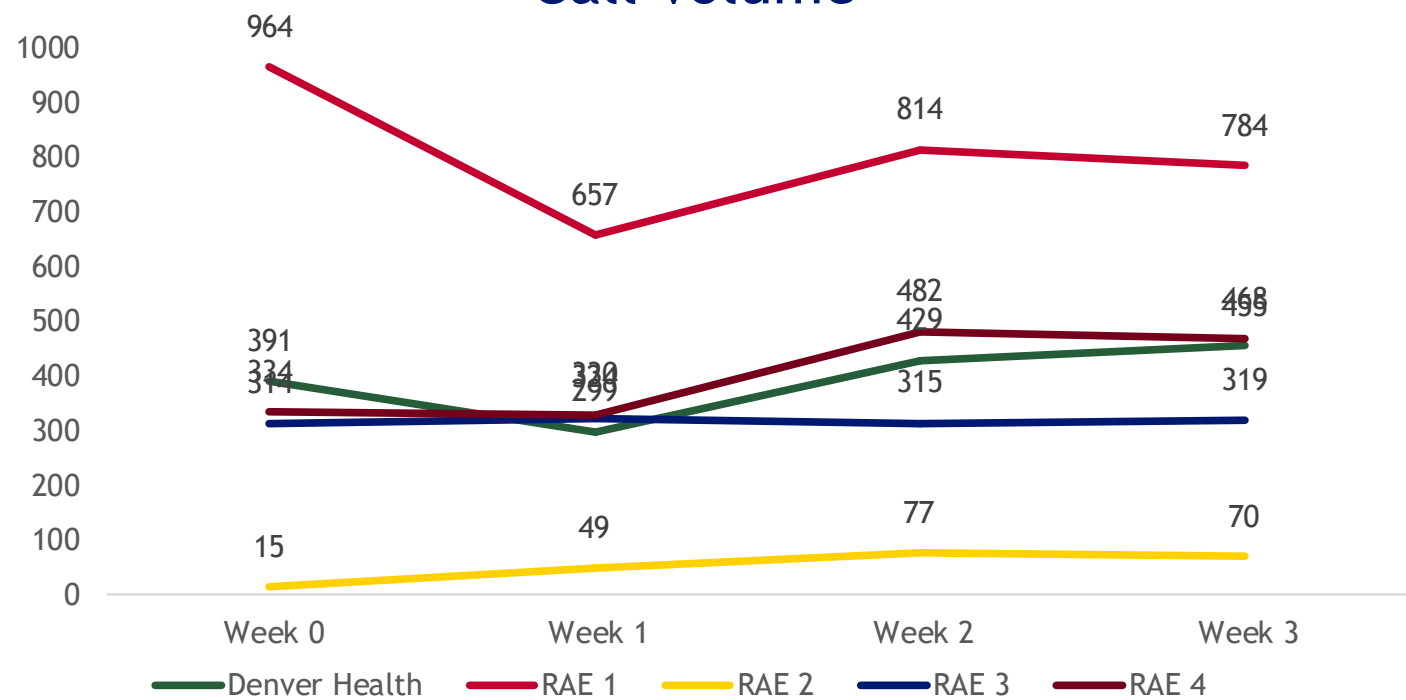
There were increases in call volume, abandoned calls, and average speed of answer from week 1 to week 2. In week 3, these began to decrease again.

Average Speed of Answer



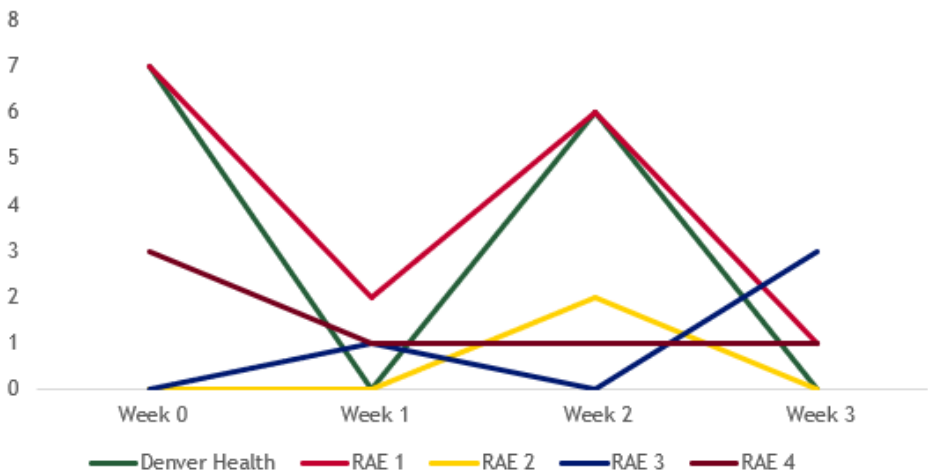
MCE Member Call Centers

Call Volume



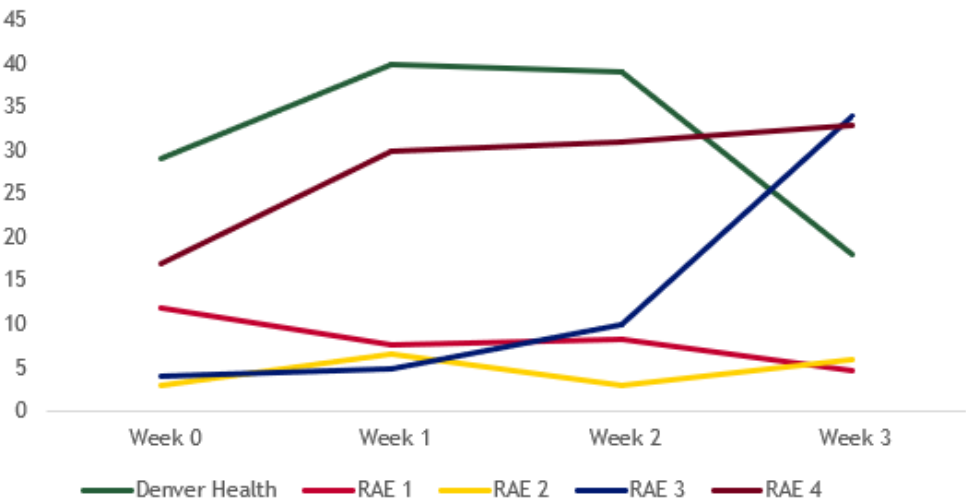
Call volume has remained consistent for the MCEs through week 3.

Abandoned Calls



No significant changes in average speed of answer through week 3. All MCEs are meeting expectations for number of abandoned calls.

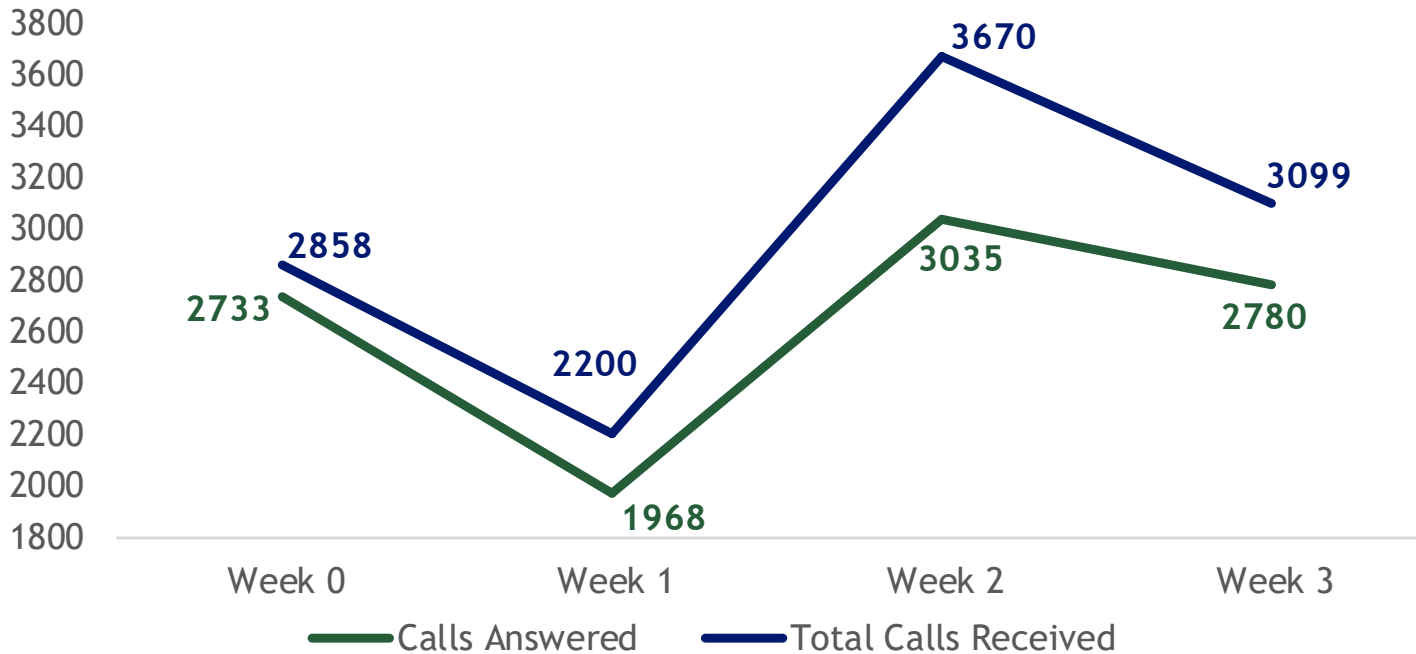
Average Speed of Answer



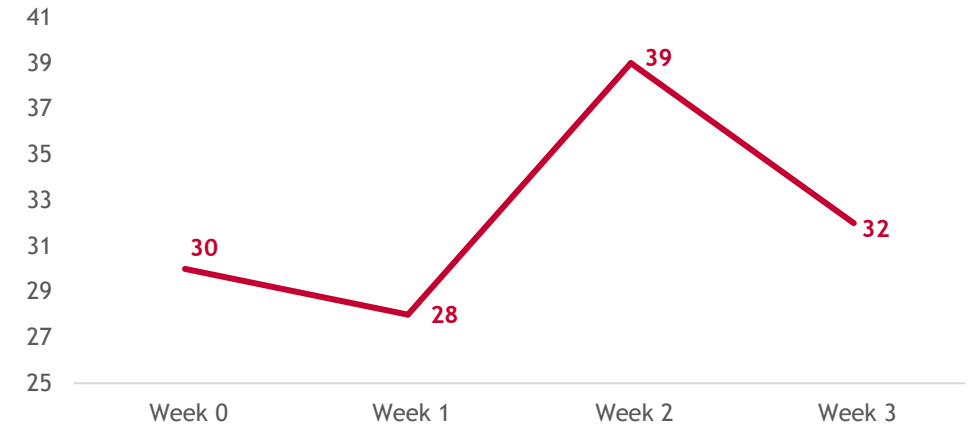
No significant changes in average speed of answer through week 3. All MCEs are meeting expectations for ASA.

HCPF Member Call Center

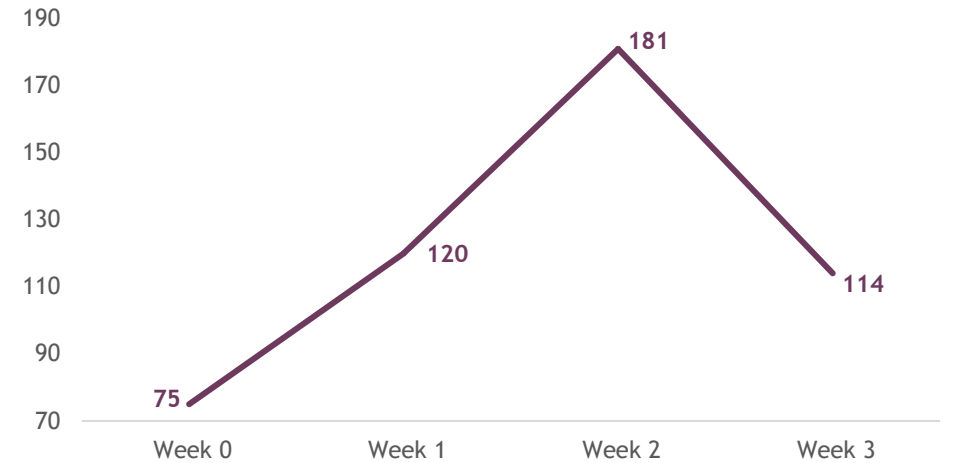
Call Volume



Abandoned Calls

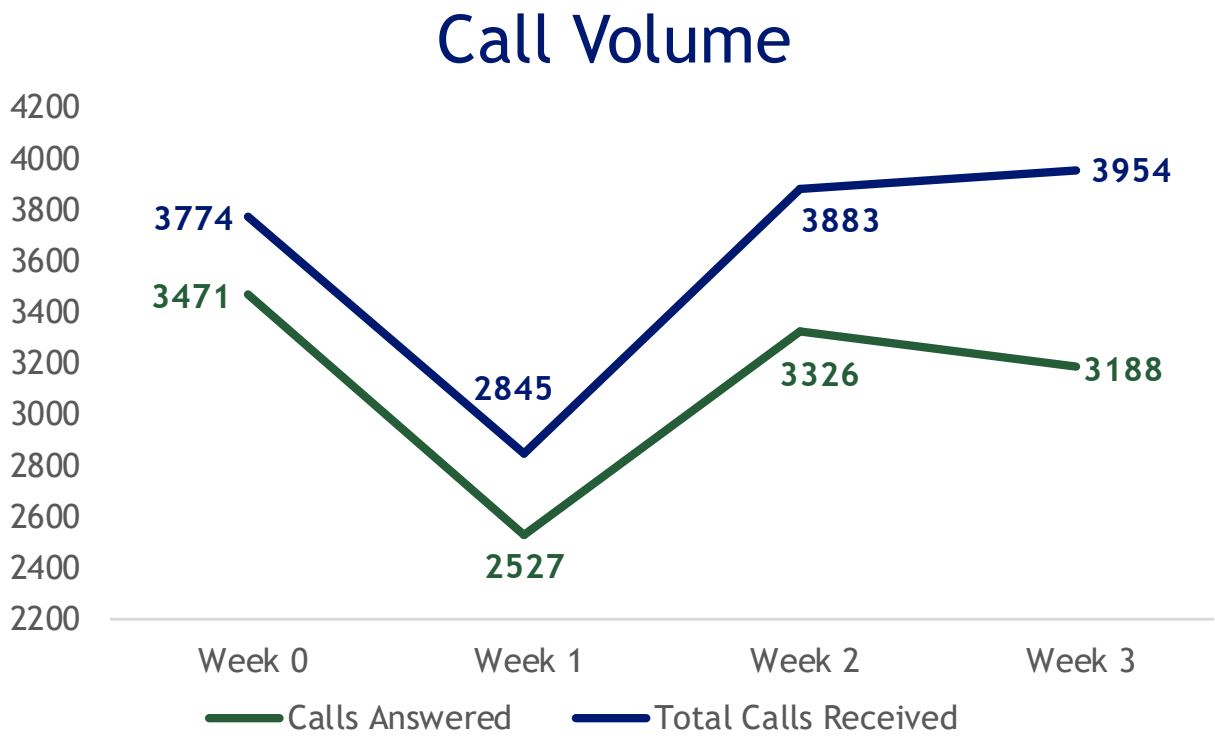


Average Speed of Answer

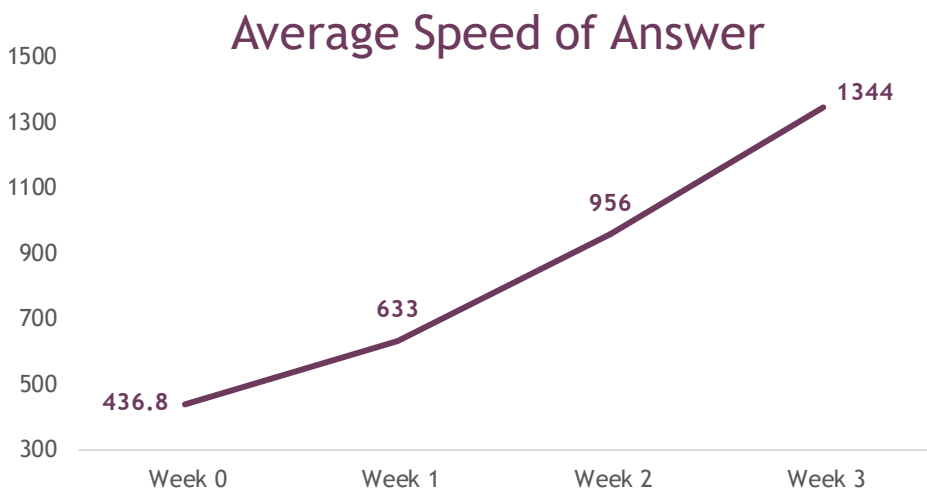
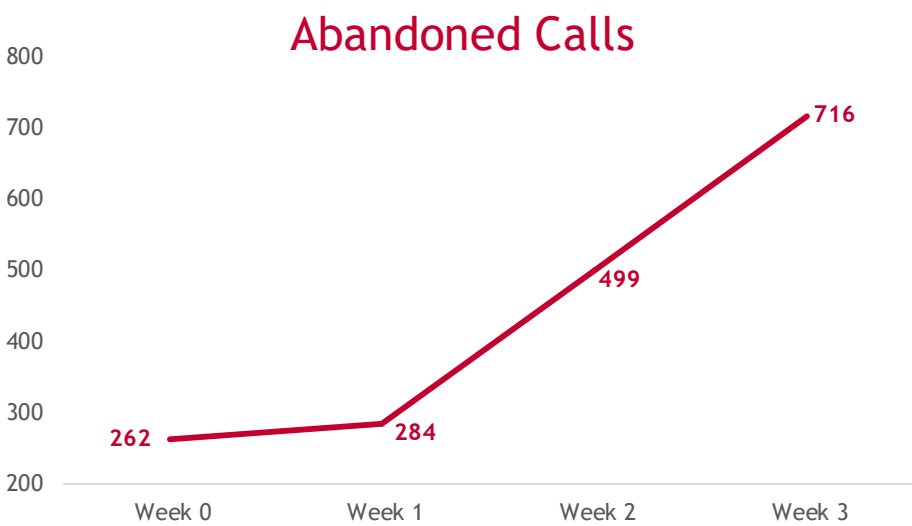


There were increases in call volume, abandoned calls, and average speed of answer from week 1 to week 2. In week 3, these began to decrease again.

HCPF Provider Call Center



There was an increase in call volume from week 1 to week 2, returning to numbers similar to ACC Phase II. Call volume remained stable in week 3.



The number of abandoned calls and average speed of answer continued to increase through week 3.

Member Enrollment Data

| | | June 1, 2025 | July 1 - July 4 | July 7 - July 11* | July 14 - July 18 | Weekly Change | July 21 - July 25 | Weekly Change |
|-----------------------|-----------------|--------------|------------------|-------------------|-------------------|---------------|-------------------|---------------|
| RMHP RAE 1 | Attributed | | 103,105 | — | 104,058 | 0.92% | 104,242 | 0.18% |
| | Unattributed | | 59,460 | — | 61,160 | 2.86% | 61,613 | 0.74% |
| | RMHP Prime | 35,296 | 40,253 | — | 40,769 | 1.28% | 40,930 | 0.39% |
| | Subtotal | | 202,818 | — | 205,987 | 1.56% | 206,785 | 0.39% |
| NHP RAE 2 | Attributed | | 85,546 | — | 86,567 | 1.19% | 86,785 | 0.25% |
| | Unattributed | | 69,551 | — | 70,193 | 0.92% | 70,779 | 0.83% |
| | Subtotal | | 155,097 | — | 156,760 | 1.07% | 157,564 | 0.51% |
| CCHA RAE 3 | Attributed | | 168,815 | — | 170,923 | 1.25% | 171,261 | 0.20% |
| | Unattributed | | 114,588 | — | 115,717 | 0.99% | 116,717 | 0.86% |
| | Subtotal | | 283,403 | — | 286,640 | 1.14% | 287,978 | 0.47% |
| COA RAE 4 | Attributed | | 247,909 | — | 251,140 | 1.30% | 251,606 | 0.19% |
| | Unattributed | | 123,839 | — | 125,071 | 0.99% | 126,168 | 0.88% |
| | Subtotal | | 371,748 | — | 376,211 | 1.20% | 377,774 | 0.42% |
| DH | Attributed | 79,056 | 99,897 | — | 101,419 | 1.52% | 101,958 | 0.53% |
| Total | | | 1,112,963 | — | 1,127,017 | 1.26% | 1,132,059 | 0.45% |
| Total MCO Enrolled | | | 140,150 | — | 142,188 | 1.45% | 142,888 | 0.49% |
| Total RAE Enrolled | | | 972,813 | — | 984,829 | 1.24% | 989,171 | 0.44% |
| Total PCMP Attributed | | | 605,375 | — | 612,688 | 1.21% | 613,894 | 0.20% |
| Total Unattributed | | | 367,438 | — | 372,141 | 1.28% | 375,277 | 0.84% |
| % Unattributed | | | 37.77% | — | 37.79% | 0.04% | 37.94% | 0.40% |

*No data available for July 7 - July 11.

ACC Phase III PCMP Contracting Progress

| June 2025 | | July 2025 | | Change |
|------------------------|------------|-----------|------------|---------------|
| RAE 1 | 138 | RAE 1 | 218 | -3.11% |
| RAE 4 | 87 | | | |
| Subtotal | 225 | | | |
| RAE 1 | 45 | RAE 2 | 122 | -1.61% |
| RAE 2 | 59 | | | |
| RAE 3 | 0 | | | |
| RAE 4 | 20 | | | |
| Subtotal | 124 | | | |
| RAE 6 | 138 | RAE 3 | 248 | 0.81% |
| RAE 7 | 108 | | | |
| Subtotal | 246 | | | |
| RAE 3 | 165 | RAE 4 | 257 | -0.39% |
| RAE 5 | 93 | | | |
| Subtotal | 258 | | | |
| Statewide Total | 853 | | 845 | -0.94% |

Key Takeaways

- We have received 17 triage center submissions during the first three weeks of ACC Phase III.
 - Most submissions are related to RAE/MCO assignment.
- There were large increases in call volumes from week 1 to week 2 across all call centers (RAE Member & Provider, HCPF Member & Provider, and the Enrollment Broker). Call volumes continue to remain stable through week 3.
 - We are likely to see additional increases in call volumes over the next several weeks related to letters sent by the Enrollment Broker.
- There were also increases in abandoned calls and average speed of answer across all call centers. This is to be expected given the increases in call volume but should continue to be monitored.
- The changes in attribution from the start of ACC Phase III through week 3 are in line with what was expected.
- There were significant changes in PCMP caseloads with the transition to ACC Phase III. This was expected but is something HCPF needs to monitor closely.
- ACC Phase III RAEs have successfully contracted with the majority of their PCMP networks.



Questions?



2025 Legislative Session Wrap Up

Jo Donlin, Legislative Liaison

HCPF Legislative Agenda - 11 Bill Highlights

CO.gov/HCPF/legislator-resource-center

- [HB25-1003 Children with Complex Health Needs](#) - merges waivers (**Signed!**)
- [HB25-1033 Medicaid Third-Party Liability Payments](#) - supports payer of last resort (**Signed!**)
- [HB25-1213 Updates to Medicaid](#) - includes single state agency provision for HB24-1038 (**Signed!**)
- [SB25-226 Continuation of the Complementary and Integrative Services Waiver](#) (**Signed!**)
- **R-16 Financing Reductions:** Repeals outdated cash funds, moves to an enterprise to alleviate budget challenges
 - [SB25-228 Enterprise Disability Buy-In Premiums](#) (**Signed!**)
 - [SB25-264 Cash Fund Transfers to General Fund](#) (**Signed!**)
 - [SB25-270 Enterprise Nursing Facility Provider Fees](#) (**Signed!**)

HCPF Legislative Agenda - Highlights

Final details available soon: CO.gov/HCPF/legislator-resource-center

- **SB25-292 Workforce Capacity Development Center**: Outlines structure and purpose of Workforce Center, includes a reporting requirement. (**Signed!**)
- **SB25-294 Reinstate Managed Care Carve Out for Child Welfare**: Postpones move of residential treatment from the child welfare block to behavioral health capitation/the RAEs (**Signed!**)
- **SB25-308 Medicaid Waiver Reinvestment Cash Fund**: Creates a cash fund for dollars designated to 1115 waiver programs such as Health Related Social Needs and Reentry services. (**Signed!**)
- **SB25-314 Recovery Audit Contractor Program**: Aims to improve program efficiency and balance the need for accountability with a reasonable level of administrative burden (**Signed!**)

HCPF Budget Agenda - Highlights

Final details available soon: CO.gov/HCPF/legislator-resource-center

- **SB25-206** The Long Bill
 - HCPF's FY 2025-26 budget is \$18.2B Total Fund and \$5.5B General Fund
 - 33% of State GF budget
- In tough budget year, HCPF programs avoided large cuts; next year will be more challenging, as one time budget actions will not be available to JBC next year to fill budget gaps.
 - Highlights included:
 - Across-the-board rate increases 1.6%
 - Funding to implement ACC Phase III (R-6)
 - Increases for County Administration and CBMS innovations (R-7)

Bills Impacting HCPF

- **Lowered administrative burden**
 - HB25-1213: Updates to Medicaid
 - HB25-1162: Eligibility Redetermination for Medicaid Members
- **Supported hospitals and providers**
 - SB25-078: Nonprofit Hospital Collaborative Agreements
 - SB25-290: Stabilization Payments for Safety Net Providers
 - HB25-1288: Support for Federally Qualified Health Centers
 - HB25-1328: Implement Recommendations Direct Care Worker Stabilization Board
- **Improved access to benefits**
 - SB25-183: Coverage of Pregnancy Related Services
 - SB25-084: Medicaid Access to Parenteral Nutrition



ACC Phase III Attribution

Matt Lanphier, HCPF

ACC Phase II Attribution Review

Performance Measurement and Member Engagement
Subcommittee
July 24, 2025

Presented by:

Matt Lanphier, ACC Program Operations
Section Manager



Agenda

1. Attribution 101
2. Key Changes in ACC Phase III

Attribution 101



Attribution

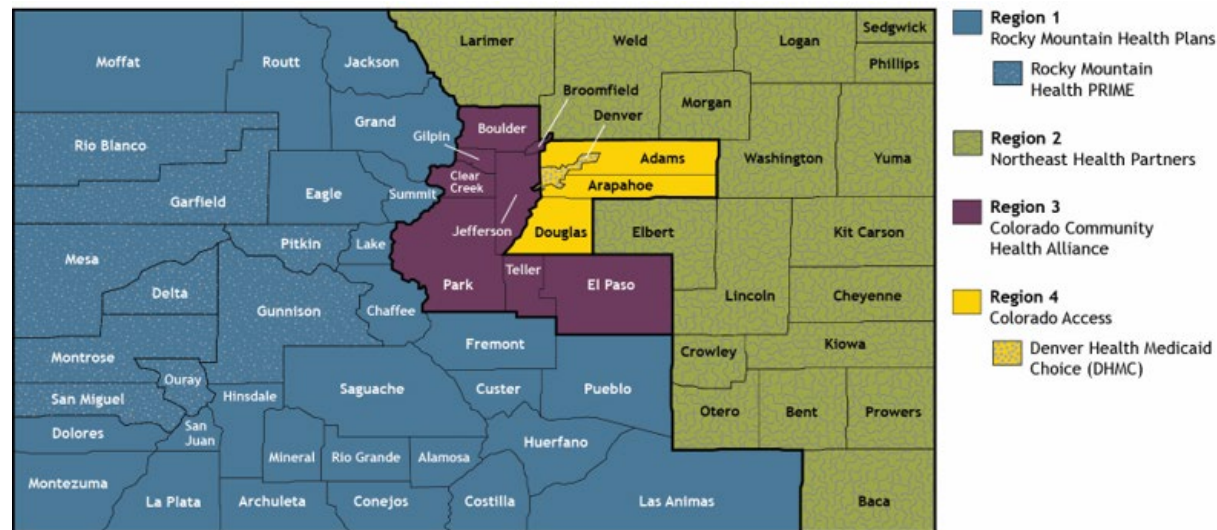
The method used to connect Health First Colorado members to a Primary Care Medical Provider.






Note: **Primary care medical providers (PCMPs)** are providers enrolled with Health First Colorado that meet certain licensing requirements and contract with the RAE covering the region in which their practice is located. PCMPs serve as the focal point of care for members attributed to them and partner with their RAE to coordinate the health needs of their members.

Assignment

The process used to connect Health First Colorado members to a RAE.



Why We Use Attribution and Assignment for the ACC

-  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.

Key Changes for ACC Phase III



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Standard Attribution in ACC Phase III

1.Member choice: members may select their PCMP through the enrollment broker. Otherwise, we use their utilization as another way to gauge their choice.

2.Utilization: attribution determined via predominance of claims, in the following order: (this methodology will begin Fall 2025 with reattribution)

1. Two most recent primary care visits
2. Preventive service visits (ages 0 to 19)
3. All E&M claims
4. All other claims

Key change: prioritize recency of visits. Note: this change will go-live fall 2025 with re-attribution.

3.Unattributed: members without a chosen PCMP or claims history remain unattributed.

Key change: no geographic or family attribution

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.
 - Occurs quarterly for all members.

Key change: runs more frequently for all members.

MCO Attribution in ACC Phase III

- Members in certain counties may be passively enrolled in a comprehensive physical health managed care organization (MCO) if they are eligible.
 - Members are not be attributed to a PCMP, but would still be enrolled with the RAE covering their geographic region.
 - Members may disenroll initially and during an annual open enrollment period.

Key change: members enrolled in Denver Health are assigned to RAE 4.

| MCO | Counties | Eligibility Criteria |
|---|--|--|
| Elevate (Denver Health) Medicaid Choice | Adams, Arapahoe, Denver and Jefferson | In Denver County, adults and children are passively enrolled until enrollment cap is reached. Adult and child members in Adams, Arapahoe and Jefferson counties may opt-in. |
| Rocky Mountain Health Plans PRIME | Delta, Garfield, Gunnison, Mesa, Montrose, Ouray, Pitkin, Rio Blanco, San Miguel | Children with disabilities and adults are passively enrolled until the enrollment cap is reached. |

Additional Attribution Details

- **Foster Care Assignment:** Child and youth members in foster care are assigned to a RAE based on the county where their case was initiated.
 - Parents/legal guardians can select/change PCMP (could update the member's RAE assignment).
 - Exempt from the claims-based attribution process.
- **Losing and Regaining Medicaid Eligibility:** Members that lose and regain eligibility within 60 days will be reattributed to the same PCMP and assigned to the same RAE.
 - Members who lose eligibility for 60 days or more will be attributed as a newly enrolled member.
- **Member Notifications:** Newly enrolled members receive a letter with their PCMP and RAE. Members may call Health First Colorado Enrollment at any time to select a different PCMP.
 - Members enrolled in MCOs will receive instructions in their new enrollment letter about their ability to disenroll from an MCO within a certain timeframe, if they wish.
- **CHP+ Encounters:** CHP+ encounters with contracted PCMPs may also be used for attribution purposes and will be treated as any other claim.



Questions?



Open Comment

Next Steps and Wrap Up

Upcoming PMME Meeting:

- August 28th

