



**Minutes Of The Meeting Of The  
Provider and Community Experience (P&CE) Committee**

**December 11, 2025, 8:00-9:30 AM**

**Participant Video/Audio:**

[meet.google.com/tmh-hyaa-xvd](https://meet.google.com/tmh-hyaa-xvd)

724-740-8075 PIN: 587 524 192#

**1. Welcome, Introductions and Housekeeping**

The following people were in attendance:

- A. Voting Members Present:** Mark Levine, MD (P&CE Co-Chair; State PIAC Member), Marc Ogonosky (P&CE Co-Chair, Member), Sabrina May (PASCO Home Health), Karma Wilson (Southeast Colorado District Hospital), Andrea Loasby (CU School of Medicine), Angie Goodger (CDPHE), Pat Cook (Colorado Gerontological Society), Theresa Anselmo (Director of La Plata County Public Health), David Keller, MD (State PIAC Member), Ian Engle (State PIAC Co-Chair, Member) and Jeffrey Johnson (Imagine!)
- B. Voting Members Absent:** Kathie Snell(AUMC), Gail Nehls (Envida)
- C. HCPF Staff:** Lindsey Folkerth, Callie Kerr, Erin Herman, Matt Pfeifer, Nicole Nyberg, Erin Sears, Margot Marincic, Araceli Santistevan, and Tom Franchi
- D. Others in Attendance:** Schivonne Keller (Clinica Family Health), Dennis Roy (Colorado Family Caregivers), Terri McCraney-Powell (Denver Indian Health and Family Services), Laurel Karabatsos, Joanna Martinson (NHP), Jeff Johnson, Ashleigh Phillips, ReNae Anderson (RHMP), Carolyn Quick (COA), Casey Thomas (COA), Courtney Bishop, Janet Rasmussen (Clinica Family Health) Michelle Lackore (Kaiser Permanente), Tina Gonzales (HCI), Jen DeBrito (RAE 2/4), Jessica Zaiger (CCHA), Nikole Mateyka (CCHA), Lisa Romero (Kaiser Permanente), Marissa Kaesemeyer (Colorado Access), Hannah Gall (Family & Intercultural Resource Center), Theresa Lin (SNC), George Roupas (Colorado Access), Chris Fellenz (Kaiser Permanente), Sophie Thomas (CCHA), Tina Gage (RAE 4), Saskia Young (Colorado Association of Health Plans), Nate Koller (RAE 4), Katie DeFord (CCHA), Elizabeth Freudenthal (Children's Hospital Colorado), Colleen Daywalt (CCHA), and Emilee Sheridan (CHCO & CU Department of Pediatrics).

- A quorum was established and the November minutes were approved.



## 2. ACC Phase III PCMP Alternative Payment Methodology (APM) & Quality Metrics

Araceli Santistevan (HCPF-Payment Reform Primary Care & Integrated Care Unit Supervisor), and Nicole Nyberg (HCPF-Quality Performance Unit Supervisor)

- **2.1 Background & Context**

- Colorado is consolidating multiple historic payment models (APM 1, APM 2, ACC quality payments) into a **single integrated primary care payment framework** under **ACC Phase III**.
- Goals: reduce administrative complexity, improve alignment with national measures, enhance provider clarity and consistency.

- **2.2 Three Payment Buckets**

- **Direct Department Payments** (fee-for-service or prospective primary care payment)
- **RAE Payments** (medical home payments; rural/pediatric access stabilization—pending federal approval)
- **Performance-Based Payments** (quality measures & shared savings, now unified under a single model)

- **2.3 Major Program Changes**

- Quality payments will now be based on **each PCMP's individual performance**, not just regional results.
- Quality measures tied to **CMS core measure sets**, customized per practice based on attributed panel.
- Providers with **too few members** for valid quality measurement may complete **Quality Improvement (QI) Activities** instead.
- Calendar-year performance period; payments issued annually.

- **2.4 Transition Period (July 2025-Dec 2026)**

- First 18 months used to **reset baselines**, provide data access, and support provider readiness.
- All PCMPs eligible for QI activity payments (200-member minimum temporarily waived).
- Three sequential 6-month phases for submitting, progressing, and completing QI activities.
- QI activity payment amounts:
  - **\$2.79 PMPM** (phase 1)



- \$10.13 PMPM (phases 2 & 3)
- **2.5 Performance Track (starting CY 2026)**
  - Practices will receive **6 total measures**, assigned through a 4-step prioritization methodology.
  - Priority measures include:
    - Child visits 0-30 months
    - Diabetes glycemic assessment
    - Controlling high blood pressure
  - Tiered performance thresholds:
    - **Base Camp (1/3 payment)** - ≤50th percentile nationally
    - **Tree Line (2/3 payment)**
    - **Summit (full payment)** - ≤75th percentile nationally
  - PMPM payment levels range from **\$2.23 to \$6.75**, depending on performance tier.

## 2.6 Data Sources

- Colorado is moving toward **administrative-based measure reporting**, incorporating:
  - Claims & encounters
  - Lab feeds (Quest, LabCorp)
  - CIIS immunization registry data
  - EHR data via Contexture & CORHIO/Karina
- Providers with non-participating labs may need EHR connectivity for complete data feeds.
- **2.7 Q&A Highlights**
  - **Immunization Measures:** HCPF monitors national changes (incl. Hepatitis B schedule revisions) and may adjust combo measures if needed.
  - **Payment Flow:** Payments will remain consistent across RAEs; RAEs will pass them through to PCMPs.
  - **Data Access:** Initial data feeds expected by end of December; goal is quarterly reporting, with potential for more frequent future updates.
  - **Rural Concerns:** Smaller clinics may struggle with technology costs for data integration; HCPF has programs to offset some HIE expenses.



### 3. eConsult Update

Dana Chang (HCPF-Evaluation Specialist) and Andi Bradley (HCPF-Program Operations Unit Supervisor)

- **3.1 Program Overview**

- Launched February 2024; built in partnership with **Safety Net Connect (SNC)**.
- Free, web-based platform allowing PCMPs and specialists to receive asynchronous specialty consults.

- **3.2 Utilization**

- **1,149 total eConsults** submitted as of November 2025.
  - ~75% adult, 25% pediatric.
- Highest-use RAEs: **RAE 3** (major urban region).
- Top adult specialties: **Endocrinology, Rheumatology, Neurology**.
- Top pediatric specialties: **Dermatology, Psychiatry, Neurology**.

- **3.3 Outcomes**

- **68%** - In-practice management (no specialist visit needed)
- **22%** - Additional workup needed
- **9%** - Face-to-face recommended
- **1%** - Specialty change

- **3.4 Policy Updates**

- **Specialty-to-specialty eConsults** (as of July 2025) now permitted.
- **Staff submitter roles** added (draft-only or draft+submit), reducing provider administrative burden.

- **3.5 Q&A**

- Providers raised questions about billing challenges on third-party platforms; HCPF is working on better claims visibility.
- Some discrepancies exist between provider-reported consult volume and claims-reported volume.

### 4. Transitional Care Management codes

Dr. Lisa Rothgery (HCPF-Chief Medical Officer)



- **4.1 New Codes Opening January 1, 2026**
  - **99495** (14-day follow-up; moderate complexity)
  - **99496** (7-day follow-up; high complexity)
- **4.2 Purpose**
  - Align Medicaid billing with Medicare & commercial plans.
  - Encourage post-discharge follow-up to improve outcomes and reduce avoidable readmissions.
  - Support ACC Phase III transition-of-care metrics and possible shared savings opportunities.
- **4.3 Requirements**
  - Two contact attempts within 2 business days.
  - Follow-up visit within required timeframe (7 or 14 calendar days).
  - Medication reconciliation completed by visit.
  - First provider to bill receives payment.
- **4.4 Feedback**
  - Broad support from subcommittee members; no major concerns raised.

## 5. P&CE Follow-Up Items and Housekeeping

Mark Levine (P&CE Co-Chair; State PIAC Member)

- **November 19, 2025 PIAC Meeting Summary:**

### Cover All Colorado Program Changes

- Enrollment freeze expected next summer due to federal policy changes.
- Annual dental cap introduced.
- Members will no longer be attributed to RAEs—will receive BH & other services via fee-for-service.
- Practices concerned about losing RAE-funded care coordination supports.

### Posting ACC Deliverables



- Requests for clearer, more interpretable documents (e.g., network strategy, population strategy, health neighborhood reports).

### Cost Trends Interest

- Members want per-capita regional spending data—not for performance scores, but for understanding statewide cost pressures.

### ACC Phase III Evaluation Plan

- Focus on primary care, care coordination, and behavioral health domains.
- Interest in aligning evaluation with subcommittee topics such as disability-competent care.

## 6. Next Steps & Adjournment

Next meeting: January 8, 2026, 8:00-9:30am

### Acronym Key:

ACC-Accountable Care Collaborative  
ARPA- American Rescue Plan Act  
BHA-Behavioral Health Administration  
BH-Behavioral Health  
BHASO-Behavioral Health Administrative Service Organization  
BHE-Behavioral Health Entities  
BIPOC-Black, Indigenous, and People of Color  
BUS-Binary Unit System  
CANS-Child and Adolescent Needs and Strengths (assessment)  
CBO-Community Based Organizations  
CCHA-Colorado Community Health Alliance  
CC-Care Coordination  
CDHS-Colorado Department of Human Services  
CDPHE-Colorado Department of Public Health & Environment  
CFC- Community First Choice  
CHCO-Children's Hospital of Colorado  
CHI-Colorado Health Institute  
CHRP-Children's Habilitation Residential Program  
CJ-Criminal Justice  
CJJC- Criminal and Juvenile Justice Collaborative  
CMA-Case Management Agency



CMHC-Community Mental Health Center  
CMS- Centers for Medicare & Medicaid Services  
COA-Colorado Access  
CSA- Community Service Agencies  
CYCHCN-Children and Youth with Special Health Care Needs  
DCC-Disability Competent Care  
DHMP-Denver Health Medical Plan  
D-SNP-Dual Eligible Special Needs Program  
DM-ID-2: Diagnostic Manual-Intellectual Disability 2  
DOC-Department of Corrections  
DOI-Division of Insurance  
DYS-Department of Youth Services  
FFS-Fee-For-Service  
FQHC-Federally Qualified Health Centers  
HCBS-Home and Community Based Services  
HCPF- Department of Health Care Policy and Finance  
HIEs- Health Information Exchanges  
HNR-Health Neighborhood Report  
HTP-Hospital Transformation Program  
HQuIP-Healthcare Quality Improvement Platform  
IDD- Intellectual/Developmental Disability  
ICB-Integrated Care Benefit  
IPN-Independent Provider Network  
LTSS-Long Term Supported Services  
KPI-Key Performance Indicators  
MAT-Medication Assisted Treatment  
MCE-Managed Care Entity  
MCO-Managed Care Organization  
MIEP- Medicaid Inmate Exclusive Policy  
MPH-master's in public health  
NEMT-Non-Emergency Medical Transportation  
NHP-Northeast Health Partners  
OCL-Office of Community Living  
OeHI-Office of eHealth Innovation  
OOS-Out of State  
P&CE-Provider and Community Experience Subcommittee  
PCP-Primary Care Physician  
PCMP-Patient Centered Medical Home  
PMME-Performance Measurement and Membership Engagement Subcommittee  
PMPM-Per Member Per Month  
PHE-Public Health Emergency  
PH-Physical Health  
PHQ-9-Patient Health Questionnaire  
PIAC-Program Improvement Advisory Committee



PRTF- Psych Residential Treatment Facility,  
QRTP-Qualified Residential Treatment Program

RAE-Regional Accountable Entity

RFP-Request For Proposal

RMHP-Rocky Mountain Health Plans

SNC-Safety Net Connect, eConsult.

SDoH-Social Determinants of Health

SHIE- Social Health Information Exchange

SIM- State Innovation Model

STBH-Short-Term Behavioral Health benefit

SUD-Substance Use Disorder

TCOC-Total Cost of Care

Reasonable accommodations will be provided upon request for persons with disabilities.  
Please notify Callie Kerr [callie.kerr@state.co.us](mailto:callie.kerr@state.co.us) or the 504/ADA Coordinator  
[hcpf504ada@state.co.us](mailto:hcpf504ada@state.co.us) at least one week prior to the meeting to make arrangements.

