



COLORADO

Department of Health Care
Policy & Financing

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

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)

Improving health care equity, access and outcomes for the people we serve while saving Coloradans money on health care and driving value for Colorado.
www.colorado.gov/hcpf



- **\$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

Improving health care equity, access and outcomes for the people we serve while
saving Coloradans money on health care and driving value for Colorado.
www.colorado.gov/hcpf



- 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
HQulP-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

Improving health care equity, access and outcomes for the people we serve while
saving Coloradans money on health care and driving value for Colorado.
www.colorado.gov/hcpf



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 or the 504/ADA Coordinator hcpf504ada@state.co.us at least one week prior to the meeting to make arrangements.

