



COLORADO

Department of Health Care
Policy & Financing

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

June 12, 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), Kathie Snell (P&CE Co-Chair; Aurora Mental Health & Recovery), David Keller, MD (State PIAC Member; Children's Hospital Colorado), Karma Wilson (Southeast Colorado District Hospital), Sabrina May (PASCO Home Health), Andrea Loasby (CU School of Medicine), Angie Goodger (CDPHE), Pat Cook (Colorado Gerontological Society), Theresa Anselmo (Director of La Plata County Public Health), Jeffrey Johnson (Imagine!), and Gail Nehls (Envida).
- B. **Voting Members Absent:** Marc Ogonosky (Member)
- C. **HCPF Staff:** Lindsey Folkerth, Callie Kerr, Erin Herman, Andi Bradley, Matt Pfeifer, Andi Bradley, Brooke Snyder, Erin Sears, Isabel Hinshaw, Kara Marang, Katie Price, Margot Marincic, 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) and Emilee Sheridan (CHCO & CU Department of Pediatrics).



- A quorum was established, and Mark Levine gave a motion to approve, it was seconded by Andrea Loasby and a final vote was taken, all in favor. Motion carried, May Minutes approved

2. P&CE Follow-Up Items and Housekeeping

- **PIAC Meeting Summary:** Matt Pfeifer (HCPF) gave an update on the ongoing **disability competent care discussion**. It was decided this topic will come to the Provider & Community Experience (P&CE) Subcommittee for future discussions, potentially at the August meeting.
- Katie Ligo presented on **ACC Phase 3 updates**.
- Denver Health presented on their **transition from Phase 2 to Phase 3**.
- A presentation was given on **Phase 3 attribution**, which is the method used to connect Health First Colorado members to a primary care medical provider (PCMP).
- No additional comments or questions from the group.

3. Preparing for ACC Phase 3 Go-Live

Andi Bradley, Operations Unit Supervisor at HCPF, presented on the Change Management process for ACC Phase 3, launching July 1.

- **Need for Change Management:** Urgent needs are anticipated during the transition from ACC Phase II to ACC Phase III.
- **Process Overview:**
 - RAEs (Regional Accountable Entities) will provide clear policy guidance for **member transitions** to new RAEs.
 - An **online submission form** will be available on the ACC Phase 3 website starting June 23rd for stakeholders to submit *critical* urgent questions or issues. A publicly available tracking log will show the status of submitted issues.
 - HCPF is working with RAEs to ensure new Phase 3 RAEs are aware of transitioning members, particularly those at risk for hospitalization, currently admitted, or recently discharged.
 - RAEs are required to inform all members receiving care coordination about the transition, especially those switching RAEs.
 - A **transition of care policy** outlines service authorization and reimbursement for members changing RAEs.
- **Anticipated Issues/Concerns from the Group:**
 - **Number of Transitioning Members:** Kathie Snell inquired about the number of members transitioning RAEs. Andrea Bradley stated an estimate of **385,000 members** will transition and receive a letter from the enrollment broker.



- **Attribution Changes and Volatility:** Andrea Loasby expressed concern about the drastic change in attribution methodology, recalling past volatility that caused member confusion and significant fluctuations in PMPM funding for practices, especially those with a large Medicaid patient population. She asked for additional insight for practices and a mechanism to flag significant fluctuations.
- **HCPF Monitoring:** Andrea Bradley confirmed HCPF will be monitoring weekly data on member/provider inquiries, provider panel attribution, and overall Medicaid enrollment data to spot anomalies quickly. Attribution concerns are expected through the submission form.
- **Communication of Submission Form:** Andrea Loasby asked how practices would be informed about the submission form, especially since direct practice assignment changes have not been an option. Andrea Bradley stated it will be shared through RAE provider networks, the ACC newsletter, and publicly on the website.
- **Community Health Worker (CHW) Services:** Kathie Snell inquired about the status of CHW services within the 1115 waivers. Isabel Hinshaw confirmed that while ACC Phase 3 is fully funded, the CHW Medicaid reimbursement will be **paused for six months** and will **begin January 1, 2026**, due to state budget shortfalls (Senate Bill 25-229).

4. Legislative Session Update

Isabel Hinshaw, Legislative Analyst at HCPF, provided an update on the recently concluded 2025 state legislative session:

- **HCPF Legislative Agenda:** All 11 agenda items (bills sponsored by HCPF) passed.
 - **Children with Complex Health Needs bill:** Merged the community-based services waiver and children with life-limiting illnesses waiver into a single waiver to eliminate service gaps.
 - **Continuation of Complementary and Integrated Services Waiver:** Extended services like acupuncture and massage therapy for individuals in the community living program.
 - **R16-related bills:** Several bills passed to address financing challenges in a tight budget year.
- **Other Bills impacting HCPF:**



- **Workforce Capacity Development Center:** Created a center to increase the healthcare workforce to support the developing system of care.
- **Reinstate Managed Care Carve-out for Child Welfare:** Extended the transition to a capitated rate for children receiving residential treatment in the child welfare system to ensure a smooth transition.
- **Medicaid Waiver Reinvestment Cash Fund:** Established a cash fund to appropriately spend federal funds received for 1115 waiver services (housing, nutrition, SUD treatment).
- **Budget:**
 - The total HCPF budget for this fiscal year is **\$12 billion**, including **\$5.5 billion in general state funds** (one-third of the state budget).
 - No major service cuts were seen, and a **1.6% increase in provider rates** across the board was achieved.
 - **Full funding for ACC Phase 3** was secured.
 - Increases in county administration and Colorado Benefit Management System innovations were approved.
- **Other Noteworthy Bills (not HCPF-sponsored):**
 - **Lowering administrative burden** (SB 1213, SB 1162).
 - **Updates to Medicaid 1213:** Ensured federal compliance for the system of care bill.
 - **Supports for hospitals and providers:** Broadened hospitals qualified for non-collaborative agreements, supported safety net providers and federally qualified health centers.
 - **Direct workforce stabilization board recommendations implemented:** Provided more services (e.g., educational) to direct care workers.
 - **Increased access to benefits:**
 - **Pregnancy-related services:** In response to ballot initiative 79, created a state-funded benefit for abortion services for Medicaid members.



- **Medicaid access to parental nutrition:** Directed HCPF to apply for a special rate for pediatric parenteral nutrition due to only one provider in the state, aiming to increase rates and encourage more providers. Studies will track services.
- **Questions:**
 - **1115 Waivers and Health-Related Social Needs (HRSN):** Kathie Snell confirmed that the 1115 waivers for housing and nutritional services are moving forward. Colorado's 1115 SUD waiver has been amended to include HRSN services (housing and nutrition supports) for certain populations, with an anticipated implementation date of July 2025.
 - **Nurse Assessor Redesign Delay:** Sabrina May inquired about a delay announcement regarding the nurse assessor redesign related to the merging of life-limiting illness waivers. Isabel Hinshaw did not have immediate insight but offered to follow up with the Office of Community Living.

5. Health Neighborhood Discussion & Future Focus of the Group

The group discussed the future focus based on feedback from previous meetings, particularly concerning "health neighborhood" in the new contracts.

- **Initial Review of Contract:** Lindsey Folkerth presented a high-level overview of the contract.
- **Key Discussion Points & Proposed Areas for Focus:**
 - **Gaps in Rural Areas:** Pat Cook highlighted ongoing struggles with service gaps in rural (and some metro) areas.
 - **Action Item: Improve PEAK System Visibility:** A critical need is to have information on PEAK (the state portal for Medicaid benefits) regarding which RAE, Single Entry Point, and Primary Care Provider a member is assigned to. This would significantly reduce anxiety and frustration for members and community workers trying to navigate care, as current issues include members being turned away by providers because they are not on their assigned list. This recommendation has been brought up for three years without resolution.
 - **Consideration:** Explore why Colorado is not part of a national consortium of states working on "braiding" (integrating) services for easier member navigation.
 - **Interface between Primary Care and Long-Term Care (LTC):** Mark Levine noted the lack of engagement by Patient-Centered Medical Providers (PCMPs) for members in LTC facilities. PCMPs are often not

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the primary care providers within LTC, leading to issues with care coordination during transitions (hospital admission/discharge, ER visits) and a lack of support for primary care physicians in facilities compared to outpatient settings.

- **Action Item:** Explore this interface and identify areas for improvement, potentially forming a **working group**. Jennifer Nimmo, with experience in LTC and practice transformation, volunteered to collaborate on this. Pat Cook also offered to contribute from the ALR/ACF (Assisted Living Residence/Adult Foster Care) modeling perspective, focusing on outliers in the system.
- **Health Neighborhood Reporting and Data Utilization:** Andrea Loasby suggested using the committee to gather feedback from providers and the community on health neighborhood pain points and to review the **biannual Health Neighborhood Report** and annual **Health Equity Plan**.
 - **Action Item:** Seek presentations/conversations from RAEs on their definition of "health neighborhood" and their "lessons learned" from implementing these plans, focusing on real-world challenges rather than just successes.
 - **Action Item:** Explore how data from social determinants of health (SDOH) screenings (e.g., Z-codes for food insecurity, housing challenges, transportation) is used. If practices are billing these codes, can this data be aggregated (globally or geographically) to inform targeted efforts and recommendations, bridging the gap between reported data and on-the-ground needs?

6. Next Steps & Adjournment

- The July meeting is cancelled.
- The next meeting will be in August.
- Members interested in joining a working group on the RAE's interface with long-term care are encouraged to contact Lindsey, Kathie, or Mark. The aim is to conduct informal work and discussion and report back to the committee at the August meeting, taking a broad and long-range look towards ACC Phase 4.
- Members who have not yet reviewed the ACC Phase 3 contract are encouraged to do so and bring additional thoughts and considerations to future meetings via email or discussion.



- Next meeting: August 14, 2025 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
 CHCO-Children's Hospital of Colorado
 CHI-Colorado Health Institute
 CHRP-Children's Habilitation Residential Program
 CJ-Criminal Justice
 CJJ- 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
 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
 HTP-Hospital Transformation Program
 HQuIP-Healthcare Quality Improvement Platform
 IDD- Intellectual/Developmental Disability

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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

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.



