



COLORADO

Department of Health Care
Policy & Financing

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

October 9, 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), Andrea Loasby (Children's Hospital Colorado), 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), Jeffrey Johnson (Imagine!), and Gail Nehls (Envida)
- B. Voting Members Absent:** David Keller, MD (State PIAC Member), Kathie Snell(AUMC) and Marc Ogonosky (Member)
- C. HCPF Staff:** Lindsey Folkerth, Callie Kerr, Erin Herman, Richard Clark, Matt Pfeifer, Andi Bradley, Brooke Snyder, Erin Sears, Kara Marang, Morgan Anderson, Araceli Santisteban, Madison Frederick, 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), Colleen Daywalt (CCHA), Ian Engle (State PIAC) and Emilee Sheridan (CHCO & CU Department of Pediatrics).

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

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2. P&CE Follow-Up Items and Housekeeping

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

- **PIAC Meeting Summary:**
 - State budget impact on the ACC program
 - RAE deliverables posting to the HCPF website
 - Enrollment concerns and network management focus
 - Minimal discussion on long-term care
 - Subcommittee updates
- **P&CE Housekeeping:**
 - The subcommittee continues to seek a co-chair, please send application in if interested. Hoping to close out and select a nominee.

3. Disability-Competent Care (DCC) Initiative

Morgan Anderson, Primary Care Unit Supervisor (HCPF)

Goals:

1. Establish regular reporting on internal DCC efforts in primary care
2. Align efforts with RAISE contract performance measures.

Background:

Stakeholder outreach in 2023 identified the need for:

1. Clear DCC definitions and monitoring
2. Incentives for improvement (non-regulatory focus)

Colorado Health Institute conducted research, including literature review, 50 interviews, and legal/regulatory review, resulting in four memos with recommendations.

Guiding Principles:

- Medicaid members are entitled to accessible and quality care.
- DCC extends beyond physical accessibility.
- Proactive incentives outperform reactive measures.



A. Key Findings:

- Importance of virtual visits, provider readiness, patient-centered time, and care coordination.
- Challenges: limited awareness, bias, education gaps, and resource constraints.

B. Recommendations:

- Policy/Operations: Simplify grievance filing; strengthen coordination with disability advocacy groups.
 - **Administrative:**
 - Update best-practice policies.
 - Report DCC progress regularly.
 - Disaggregate disability data.
 - Convene health-equity officers.
 - Integrate DCC into state PIAC work groups.

C. Stakeholder Priorities:

- Collaborate with disability and provider groups to define DCC requirements.
- Integrate DCC into existing or new advisory groups.

D. Discussion Points:

- Self-nomination comfort level.
- Provider training for transition-age youth.
- Payment reform for added DCC costs.
- Dual-eligible population challenges.
- Defining disability categories.
- Care coordination across service types.
- Behavioral health inclusion.
- Avoiding prescriptive, stigmatizing protocols.

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4. Shared Savings Program Changes for 2026

Araceli Santisteban and Madison Frederick, HCPF

Program Overview:

- Transitioning the Chronic Conditions Shared Savings Program to a **Total Cost of Care (TCOC)** model in 2026.
- Reducing chronic conditions from 12 to 10 (removing Crohn's disease and ulcerative colitis).
- Expanding cost capture to include most healthcare expenditures, not just condition-specific ones.

Program Structure:

Upside-only incentive: Providers share in savings if threshold met; no penalties otherwise.

Savings Distribution:

1. Department: 50%
2. RAEs: 12.5%
3. Providers: 37.5%

Thresholds shift to regional and provider-specific data instead of statewide averages.

Provider Eligibility:

- Minimum of 1,000 chronic members per TIN.
- Variable savings rate scaled by panel size.
- Small provider pool available for low-volume providers, with RAE support.

Exclusions:

- Lifelong specialized care, active cancer, hospice/end-of-life, organ transplants.
- Service exclusions (e.g., maternity, pharmacy) carved out but not removed from cost calculations.
- Behavioral health costs excluded from TCOC; remain in RAE capitation.

Discussion Highlights:

- Inclusion of long-haul COVID.
- Cost differentiation using grouper methodology.
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- Avoiding incentives that penalize high-cost skill.
- Participants noted that the discussion extended beyond program costs, emphasizing the importance of provider capacity to effectively operate the program. It was agreed that the record should reflect that the conversation also considered the program's benefits to consumers – not solely in terms of cost savings to the state, but also in improving outcomes and overall benefits for members.
- Under the Shared Savings Program changes for 2026, the group discussed the inclusion of long-haul COVID cost differentiation using the grouper methodology and the need to avoid incentives that penalize higher-cost providers or services. Members clarified that the discussion of the grouper methodology went beyond cost differentials. Specifically, concerns were raised that the methodology does not adequately capture or correlate physicians' roles and responsibilities in managing chronic illnesses, potentially leading to inaccurate reflection of their contributions within the program.

Next Steps from HCPF:

- Finalize provider thresholds by **December 2025**.
- Communicate updates to RAEs and PCMPs.
- Monitor long-term sustainability of the model.

5. Next Steps & Adjournment

- **Next meeting: November 13, 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

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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
HTP-Hospital Transformation Program
HQIP-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

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

