Adult-Focused Member Advisory Council (MAC) Minutes - APPROVED

Date: May 20, 2026
Time: 2:00 p.m. – 3:30 p.m.
Location: Virtual
Facilitator and recorder: Cristina Bejarano

Shared Resources for Meeting

- Slides
- Charter, Minutes, Action Item Tracker)
- Feedback Form

Meeting purpose:

- Receive an Overview of Population Health and Care Coordination Program and provide consultation.
- MAC Business: Co-create meeting structure, update charter, address questions/comments relevant to Action Item Tracker.

Attendees: MAC Members, Colorado Access Staff: Rebecca Thorsness, Jamie Zajac, Kelly Shanahan, Cristina Bejarano.

Next meeting: July 15, 2026

Recap

The Adult Member Advisory Committee (MAC) meeting focused on presentations from Colorado Access's Population Health and Care Coordination departments, followed by MAC business updates. Rebecca Thorsness provided an overview of the Population health assessment, highlighting key findings about member health conditions, social needs, and disparities in healthcare access, while Jamie Zajac explained Care Coordination services and processes. Several members shared feedback about their experiences with care coordination, raising concerns about response times, staff availability, and communication challenges. The meeting also addressed MAC business items including charter updates regarding meeting attendance requirements and member engagement, the introduction of a new registry to involve more members in surveys and focus groups, and updates on the Carrie Hart Award which had been delayed due to staff changes.

Action Items

Item	Owner	Status	CLEF	Due Date
Distribute draft minutes, meeting follow-up, and presenters' contact information.	Cristina Bejarano	In progress	No	5/28/2026
Members reported inconsistent care coordination experiences during the meeting and in the post-meeting survey. Follow up is needed to gather more detailed feedback, address specific concerns, and identify opportunities for improvement. In addition, respond to misinformation identified at the county level and internally by strengthening education about available care coordination services.	Jamie Zajac	In progress	Yes	6/30/2026

Update the charter to reflect changes approved during the meeting.	Cristina Bejarano	Done	No	5/20/2026
Carrie Hart Award: Provide a timeline and plan to relaunch the award program, including strategies to improve outreach and promotion.	Kelly Shanahan, Cristina Bejarano	In progress	No	By 7/15/2026
Recruitment update: Share recruitment information in the follow-up, along with a poll to vote on the name of the registry that will be used to invite members to participate in surveys, focus groups, and committees.	Cristina Bejarano	Done	No	5/20/2026
Recruitment efforts- recruitment information will be shared with follow up along with a poll to vote for the name of the Registry that will be used to invite members' engagement in surveys, focus groups and committees.	Cristina Bejarano	Done	No	5/28/2026
MAC members were asked to provide feedback on population health questions. At the time of the meeting MAC members had system level questions that were not addressed during the allotted time. Rebecca offered another meeting to dive deeper into systems change efforts.	MAC members	In progress	Yes	6/15/2026
MAC members were asked to complete the post-meeting survey.	MAC members	7 members completed	No	5/28/2026
MAC members: Consider and suggest new member candidates, especially to address missing perspectives (e.g., children/youth, disability) and replace inactive or departing members.	MAC members	Ongoing	No	Ongoing

Agenda and Notes

Activity/Discussion Item	Participation Spectrum and Purpose of Agenda Item
Connection and Agenda Setting	*Connect and Inform* Attendees had an opportunity to share about what brings them peace.
Population Health Overview by Rebecca Thorsness, Manager of Population Health Analytics	*Inform and Consult* Rebecca grounded the conversation on the purpose of Population Health efforts. They have three main goals: to understand the health care and social health needs of Colorado Access Members, to develop and support programs that meet the needs of our members, and to lead health equity efforts to ensure all members are as healthy as they can be. She explained the methodology, key findings, and actions based on the 2025 assessment, including plans for the 2026 assessment and initiatives like Healthy Colorado for All. She explained that the population health assessment is one of the tools that are used to understand the needs of Colorado Access members. Learnings from the health assessment helped them develop clinical priorities, identify subpopulations who may need more support, track improvement over time, and share/get feedback from key partners. The two clinical priorities developed after that learning: transitions of care and co-occurring conditions support supporting the desire to provide holistic care. Their work connects with Colorado Access programs, and it's connected to

	the 7-year Healthy Colorado for All plan and aims to address the members' needs. They are currently working on their 2026 Population Health Assessment and invited members to share their feedback on the information presented, share how they like to receive information, and share other information they would want to hear about. We are investing in tracking tools, looking at additional health conditions, and data sources. Members raised questions about data accuracy and the use of predictive analytics. Data limitations due to healthcare provider documentation and interpretation, the process to enhance data insights while ensuring data privacy are being considered. **Rebecca asked the following questions:** •**What subpopulations should we be sure to focus on?** •**What health outcomes are most important to you?** •**How do you like to receive information and support for your health?** •**What community organizations, support groups or focus groups should Colorado Access connect with to better understand the needs of different member communities?** Rebecca's email: Rebecca.Thorsness@coaccess.com
Care Coordination Overview by Jamie Zajac, Senior Director of Care Coordination	*Inform and Consult* Members were asked to complete a survey about their experiences with care coordination services. Participants shared mixed feedback, with a member reporting poor experience due to unresponsive coordinators, while another member expressed concerns about the coordination process and suggested there might be discrepancies between reported services and actual delivery. Jamie, representing care coordination, thanked participants for their feedback and offered to follow up with individuals who had negative experiences to discuss improvements. Jamie presented an overview of the organization's care coordination services. She explained that Colorado Access operates two types of care coordination models: an internal health plan-led team with 62 frontline staff across seven teams, and 15 care coordination partner entities across 88 sites in the Denver metro area. Jamie outlined how members are identified for care coordination through various methods including clinical registries, hospital data feeds, and referrals from community partners, with outreach typically occurring within two business days of receiving a referral.

	She detailed the scope of care coordination services, emphasizing assessment of member needs, development of care plans, connection to resources and additional support, and coordinating with care team. The timeliness of the care coordination services is based on member needs as frequency varies depending on urgency, goals, and the member's situation. In summary, they provide support for clinical, medical, administrative, housing, financial, provider, and program needs. After the presentation, a member shared unresponsiveness for two days, and excellent service on the third day. He advised for additional triage for emergencies. An additional member identified conflicting messages from County representatives about care coordination services and from internal staff. Opportunities for increased education for internal staff (in particular in regard to Medicare coordination) and external partnerships were identified. Another challenge was being provided with a list of providers that are no longer taking Medicaid. Jamie's email: Jamie.zajac@coaccess.com, Phone number for Care Coordination: 866-833-5717
MAC Business	*Collaborate* Co-create the meeting structure, update the charter, and address questions or comments related to the Action Item Tracker. The group agreed to update the MAC charter to change the meeting time and include attendance requirements. Members were informed about a member resigning from the MAC and PIAC due to prior commitments and current capacity. They were also told that another member who has not attended since the beginning of the year will be withdrawn from the MAC. Members received the QR code to help recruit new members and increase engagement. A third member was thanked for her contribution to registry design, and a member of the Child-Youth MAC was credited with suggesting the QR code to recruit and inform more members. A fourth member has begun recruiting new members in her community. An additional member committed to recruiting new members for both MACs. And a sixth member signed up for the registry. This member also shared information about public housing. Kelly announced that the Carrie Hart Award program would be delayed until mid-to-late summer due to earlier communication issues. The discussion ended with a request for members to suggest new MAC participants help fill gaps in representation.
Session Reflection	*Collaborate* Seven responses were submitted in the post-meeting poll. All but one member said the information shared during the meeting was easy to understand, that the meeting was worth their time, and that they were looking forward to the next meeting. One member somewhat agreed and

	shared detailed feedback about the care coordination presentation, noting that they appreciated hearing about it. Key takeaways from the feedback included: - Recommended creating more specific feedback questions to identify inconsistent services. Surveys should be sent to members immediately after they receive care coordination services. This would provide supervisors with real-time feedback to better understand service gaps. - Systems-level change: Database managers could email providers quarterly to confirm whether they are accepting new patients and have that information update automatically in the database and the Colorado Access Find a Provider tool, which is separate from HCPF's Find a Provider tool. MAC Business: - Meeting in person periodically creates more opportunities for informal connections. Members also felt it was appropriate to have an equal or greater number of Colorado Access staff present, since each staff member often brings relevant expertise. - Several members liked the idea of reserving at least one-third of the meeting for discussion and MAC business. A new idea was introduced: "As we look to add more members, I encourage inviting new people to attend a meeting before formally asking them to join. This gives both the group and the individual a chance to see whether it is a good fit."