Adult Program Improvement Advisory Committee (PIAC) MEETING MINUTES

DATE: February 10, 2026 **LOCATION:** Virtual
TIME: 4:00PM – 6:00PM

Name	Organization	Present
Amy Albrecht	Intermountain Health	
Annie Bacci	TGTHR	
Ashleigh Phillips	CommonSpirit Health	v
Carolyn Hall	Heartland Mental Health, CO Mental Wellness Network	v
Cassie Williams	Denver Department of Public Health & Environment	v
Chantal Holt	Health First Colorado Caregiver	v
Denise Hosier	WellPower	v
Hiba Muhtar	Health First Colorado Member	
Jamie Rodriguez	Adams County Public Health	
Judy Shlay	Public Health Institute at Denver Health	
Laura Brayer-Don	Arapahoe County Public Health	v
Laura Ciancone	Douglas County - DHS	v
Lyssa Towl	Vivent Health	v
Mary Henneck	Health First Colorado Caregiver	v
Michael Chism	Mile High Psychiatry	
Miriam Garcia	Para ti Mujer	
Rachel Henderson	Health First Colorado Member	v
Robert Conkey	Health First Colorado Member	v
Ross Miller	SafeSide Recovery	
Sarah Holt	Health First Colorado Member	v

COA Staff Present
Dave Aragon
Carrie Jones
Dr. Lauren Brassfield
Elise Cooper
Tyannah Reed
Alina Naismith
Shelley Cooper
Other Guests

(x) - In Person attendee; (v) – Virtual attendee

Agenda Items	
Welcome, Intros	
Member Attribution Overview and Discussion	Presenter: Elise Cooper, Colorado Access Key Points • Attribution determines which primary care provider a member is matched with based on where members actually receive care. • As of July 1 (Phase Three implementation), attribution reflects real utilization rather than assigned home clinics. • 72% of members currently have a medical home, matching Medicaid industry averages. • Youth attribution prioritizes well visits over sick visits.

	• Member choice always overrides system-driven attribution.
	
	State Reattribution Process
	• Occurs every 90 days; first round took place in November, next in February.
	• Claims from primary care (not ER/urgent care) drive attribution.
	• Unattributed members (≈28%) are monitored by care management teams.
	
	Group Discussion Points
	• Barriers to Staying Connected to Primary Care
	  ○ Participants identified barriers from both member and provider perspectives:
	  ▪ Loss of telehealth options reducing accessibility.
	  ▪ High provider caseloads and scheduling limitations.
	  ▪ Long wait times for specialty care.
	  ▪ Health, mobility, childcare, or transportation challenges.
	  ▪ InteliiRide unreliability causing late/no-show pickups.
	• Trust-Building in Care
	  ○ What builds trust:
	  ▪ Providers reviewing charts beforehand
	  ▪ Warm handoffs and clear next steps
	  ▪ Validation and active listening
	  ▪ Follow-through on stated actions
	  ▪ Transparent communication
	  ○ What breaks trust:
	  ▪ Rushed appointments
	  ▪ Provider turnover
	  ▪ Pushing interventions patients cannot realistically complete
	  ▪ Repeated screenings without meaningful follow-up
	  ▪ Providers appearing unfamiliar with patient history

Pay-for-Performance Metrics Review and Feedback	Presenters: Tyannah Reed, Colorado Access; Alina Naismith, Colorado Access; Stacy Stapp, Colorado Access Overview • Pay for Performance (P4P) rewards improvement in preventive care, behavioral health engagement, maternal care, and care transitions. • Metrics include diabetes control, hypertension, cancer screenings, depression screening, immunizations, well care visits, and developmental screenings. Interventions Used • Reminder calls/texts • Community partnerships • Scheduling support • Culturally-tailored outreach (e.g., targeted well care postcards) Member Feedback on P4P • Desire for member incentives, similar to Kaiser's model (e.g., $120 for completing screenings). • Need for transparency around why certain measures are prioritized. • Depression screening concerns: overused, inconsistent, not always followed by adequate behavioral health access. • Administrative burden on providers limits meaningful engagement.

Policy and Emerging Issues Update	Presenter: Carrie Jones, Colorado Access; Jeanine Draut, Colorado Access Federal HR1 (Obamacare Accountability Act) Changes Effective late 2026–2027: 1. Medicaid Eligibility Changes (Oct 1, 2026): a. Certain lawfully present immigrants lose Medicaid eligibility (refugees, asylees, trafficking survivors, etc.) 2. Work Requirements for expansion adults: a. ~$580/month earnings or 80 hrs work/volunteering/school 3. Renewal Cycle Change: a. Medicaid renewal every 6 months (starting 2027) 4. Reduced Retroactive Coverage: a. 1 month for expansion population b. 2 months for others State & Colorado Access Preparation • ~$100M needed over 3 years for staff, software, communications • Phased automation; 40% of members (≈150,000) will need to self-attest to exemptions • Advocacy ongoing—especially from disability community • Colorado Access' "Stay Connected, Stay Covered" campaign reached 5,600+ members Questions: 1. How will medically frail exemptions be determined? a. Pending state definition. b. Process for documenting exemptions is still unclear. 2. Can providers verify work-requirement compliance? a. No. Federal law prohibits health plans and providers from validating compliance. Only state and county agencies may do so. Group Discussion Points 1. Administrative Burden Concerns a. Significant worries about the strain on members with disabilities and caregivers. b. Likelihood of increased churn due to 6-month renewal and complex work requirement tracking. Need for Accessible Communication • Participants recommended: ○ Email blasts, webinars, town halls ○ Materials accessible to those with limited tech literacy or physical dexterity ○ Coordination with community-based organizations for outreach
Action Items	

Meeting Adjourned at 6:00 pm
Next PIAC Meeting: May 12, 2026, hybrid