RAE1 SLV PIAC Meeting Notes July 2026

7/10/2026

9:00am – 11:00am

Mesa County Workforce Center

Attendees:
Internal: Kim Herek

External: Ted Anderson*, Lea Chavez, Shawn Davis, Wes DeVaul, Tom Franchi, Antonio Gurule*, Jody Kern*, Judy McNeill-Smith*, Diamond Mobblley, Andrea Pacheco, Cassidy Pacheco*, Julie Reiskin, Jennifer Silva

*Indicates voting member

Organizations: Alamosa Public Health, Attainment Network, Boys and Girls Club of San Luis Valley, Colorado Cross Disability Coalition, HCPF, La Puente, PDF Consulting, Rio Grande Hospital, San Luis Valley Behavioral Health Group, San Luis Valley Regional Medical Center, Spanish Peaks Regional Health Center

Organizational Updates and Communication Initiatives – Kim Herek (RMHP)

Updates on behalf of ReNae, including future PIAC meeting plans for organizational sharing, Rocky leadership updates, and the state's HR1 communications toolkit rollout, with emphasis on consistent messaging and upcoming webinars.

- Future PIAC Meeting Structure: Future PIAC meetings will include a segment where participants share information about their organizations and community work, as agreed upon by voting members to increase awareness of available resources and support options.

2. Rocky Leadership and ACC 3 Update – Kim Herek (RMHP)

Second year of ACC 3, which began July 1st, and highlighted ongoing collaboration with the state on HR1 communications and information dissemination to members.

- HR1 Communications Toolkit: The state's development of communication toolkits for providers and stakeholders to ensure aligned messaging, mentioning the release

schedule for toolkit updates and the availability of related webinars, including one focused on medical frailty.

- Primary Care Tiering and Tier 3 Plus Designation: Implementation of the primary care tiering structure for ACC 3, the high proportion of practices scoring at Tier 3, and the development of a new Tier 3 Plus designation to further differentiate high-performing practices, with changes expected in 2027.
    - Current Tiering Model and Challenges: Over 80% of the network is currently scoring at Tier 3, which has reduced flexibility in differentiating enhanced pay for primary care practices and diluted the effectiveness of the tiering model.
    - Development of Tier 3 Plus: To address the concentration at Tier 3, Rocky is finalizing criteria for a Tier 3 Plus designation, with feedback being gathered and messaging to practices planned in the coming month; the new designation will impact pay starting in 2027.

NEMT Broker Transition and Rural Transportation Concerns – Kim Herek (RMHP)

Updated the group on the state's transition to MediDrive as the NEMT broker, the phased rollout, and specific changes for the San Luis Valley, while Judy raised concerns about rural transportation challenges and the need for rural perspectives in implementation.

- MediDrive Rollout Details: Explained that MediDrive is the new statewide NEMT broker, currently focused on a nine-county Denver Metro region, with plans to expand statewide between fall and January; the main change for San Luis Valley is the mileage reimbursement form now goes to MediDrive.
- App and Scheduling Features: MediDrive offers both a website and an app for scheduling and reimbursement, which are reported to be user-friendly and highlight preferred providers, with encouragement for online scheduling.
- Rural Transportation Issues: Judy shared feedback from consumers about MedRide no longer offering rides to Medicaid members and described a case where a rural member missed a specialist appointment due to address issues, emphasizing the need to consider rural challenges such as distance, time, and technology access.
- Support and Contact: Kim reminded participants to contact ReNae for NEMT issues, as ReNae remains the primary point of contact and is involved in collaborative efforts on transportation services.

Wins and Challenges Sharing Initiative

Kim introduced a new agenda item for PIAC meetings to discuss general successes and challenges in the community related to Medicaid and ACC 3 implementation, inviting high-level feedback from participants.

- Purpose and Scope: The new segment is intended for sharing general trends and issues, rather than individual cases, to inform the group about what is working well and what could be improved in the community.

Quality Measure Performance Review and KPIs– Kim Herek (RMHP)

Update on ACC 3 quality program performance, including engagement rates, incentive fund retention, and current progress on well-child and adolescent well-care visit measures, with explanations of measure criteria and incentive structures.

- 2025 Transition Measures and Incentive Payments: Kimberly reported a 92% engagement rate for primary care practices identifying quality improvement activities, meeting the summit threshold and resulting in full retention and distribution of incentive funds to practices.
- 2026 Well-Child and Adolescent Measures: For 2026, the focus is on three well-care visit measures for children and adolescents, with performance thresholds (base camp, tree line, summit) determining the proportion of incentive funding passed through to practices.
- Current Performance and Data Validation: Based on first quarter data from the prior fiscal year, the group is meeting tree line or summit thresholds on all measures, with ongoing efforts to validate more current internal data.
- Measure Criteria and Workflow Adjustments: Detailed the criteria for each measure, including age ranges, visit requirements, and exclusions, and described workflow adjustments for practices to ensure visits are scheduled appropriately, especially for infants where visits within 14 days only count once.

Population Management Strategic Plan Overview – Kim Herek (RMHP)

Overview of Rocky's updated Population Management Strategic Plan, covering strategies for condition management, care coordination, member engagement, hospital transitions, and creative solutions, and invited feedback from the group.

- Condition Management Strategy: The plan targets high-priority conditions such as hypertension, asthma, COPD, cardiovascular disease, diabetes, and maternity, using data

analytics, care coordination, provider support, community collaboration, and member engagement to identify and support at-risk members.

- Care Coordination Model: Rocky employs integrated community care teams and centralized care coordinators, all using a shared platform connected to the health information exchange for real-time notifications and coordinated support, with a workforce including RNs, behavioral health clinicians, social workers, and more.
- Member Incentive Programs: Several incentive programs are offered, including Baby Scripts (maternity), Taylor Member Rewards (general care gaps), Food is Medicine (nutrition support for diabetes/obesity), and Baby and Me Tobacco Free (tobacco cessation during pregnancy), with changes to program delivery and card reloading mechanisms for 2026-2027.
- Hospital Transitions and Creative Solutions: The plan includes strategies for inpatient hospital transitions, starting care coordination at admission and collaborating with hospitals, as well as creative solutions meetings to coordinate complex cases, reduce duplication, and pool resources, with regular meetings involving various stakeholders.
- Collaboration Opportunities: Antonio Gurule inquired about expanding the Food as Medicine program in alignment with the Rural Health Transformation Program, and Kim agreed to connect offline to explore collaboration and avoid duplication, involving relevant program leads from both organizations.

Follow Up Tasks

Food as Medicine Program Collaboration: Connect with Antonio Gurule and include Amber Beye and Audrey Rich to discuss potential collaboration and alignment between Rocky's Food as Medicine program and the San Luis Valley coalition's efforts, ensuring no duplication and exploring sponsorship opportunities. (Kimberly, Antonio Gurule)