Coverage Map – Questions from the First Two Meetings

This map reflects distinct questions/concerns raised across the June 4 and June 17 meetings, and where it is now addressed.

Question / concern raised	Where it's now addressed
A · Governance & decision-making (June 4)	
Voting threshold for the final report – simple majority vs. supermajority	July 6
Guaranteed minority voice / a minority report	Recommendation: minority statements published in the report.
Section-by-section recorded votes (Bridges)	Recorded per-recommendation votes + consensus labeling.
Quorum, and the minimum to meet vs. to act	July 6
Quorum balance – 2 minority + 3 majority (Taggart)	Pre-Read 1 – noted as an open option to decide July 6.
B · Scope of the commission's work (June 4)	
"What exactly is our scope?" – avoid getting bogged down	July 6
C · Scheduling & logistics (June 4)	
Cadence – how many meetings, how long	July 6
In-person vs. virtual attendance	Chair's-office agenda (logistics); in-person default.
Pair meetings with the JBC quarterly forecast	Meeting Schedule – scheduling principles (Sept. 20 week).
Legislative-email lockdown – how to reach members	Chair's-office agenda Item 1 + facilitation-guide checklist.
Set dates ~2 months out; avoid Fridays	Meeting Schedule – rolling two-month; avoid Fridays.
D · Information access & department accountability (June 4)	
A formal process for members to request information	July 6
Ensure the department complies (SB 187 "shall")	July 6
E · Federal funding & "money on the table" (June 4 + June 17)	
Are we drawing down all the federal dollars we could?	Meeting 8 (financing centerpiece).
Status/use of the approved state-directed payment	Meeting 4 & 8.
Provider-fee federal drawdown (hospitals)	Meeting 4 (H.R. 1) + Meeting 8.
NEMT drawdown and rates (the $70M bill; Kirkmeyer/Mullica)	Meeting 8; NEMT rate concern also Meeting 4/7.
Fraud, waste & abuse as a cost lever	Meetings 7–8 (program integrity, in scope).
F · Delivery system & managed care (June 4 + June 17)	
Why CO adopted managed care in the '90s then left it (lawsuits)	**Open –** '90s managed-care history brief
How to measure whether the ACC actually works (no comparison group)	Meeting 7.
ACC phasing / how it has worked (issue briefs)	**Open –** ACC phasing & history briefs; also Meeting 7.
Right administrative structure – contractors, MCOs/ACOs (Brown)	Meeting 7.

Question / concern raised	Where it's now addressed
PRIME / managed-care expansion (Taggart; HCPF)	Meeting 7 – capitation & PRIME elevated.
G · Cost structure & budget data (June 4)	
Top two cost drivers (Barron)	Meeting 5 (follow the money).
State-only vs. federal-match growth, broken out (Mullica/Barron)	**Open –** data request – separate growth graphs.
Administrative-cost breakdown and growth (Amabile)	**Open –** data request; also Meeting 5.
CHP+ origins & original benefits (Kirkmeyer)	**Open –** CHP+ origins brief.
ACC annual performance report deep-dive (offered)	**Open –** if wanted; feeds Meeting 7.
H · Priorities & framing surfaced in the interviews (June 17)	
"We don't know what we don't know" / data access	Meeting 5 diagnostic.
CES enrollment doubled 2023–25 – why? (Kirkmeyer's litmus test)	Meeting 5 (CES diagnostic).
Cost drivers + no unaffordable wish-list	Meeting 5 + fiscal lens throughout + scope framework.
Best practices from other states (Taggart)	National expert (Meeting 4) + multi-state scan, Meetings 6–8.
Process failures, not just data (Frizell)	Meeting 7; culture as a Tier-2 boundary condition.
Stakeholder engagement with guardrails; counties; rural/frontier	Meeting 9 (fiscal-framed, regional).
Late, significant recommendations still vetted (Taggart)	Meeting 11 – timed recommendation evaluation.
Fiscal sustainability can't be "last" (Taggart)	Fiscal lens every meeting; Meeting 10 fiscal read; scope.
"What does success look like?" (Mullica)	July 6
Technology & cybersecurity (Bridges)	Scope framework (Tier-2 boundary, flagged) + Meeting 7 systems.
I · HCPF director Q&A (June 17)	
C-SNP ~20% cut communicated with no runway	**Open –** Director Bates deeper briefing; also Meeting 6 (benefits).
CES/IDD 56-hour cap – are exceptions renewable?	**Open –** HCPF to confirm renewability; also Meeting 6.
Program integrity & provider revalidation	Meetings 7–8 (program integrity, in scope).
HCPF culture / transparency / rebuilding trust	Scope framework – Tier-2 boundary, flagged; info protocol.
BHA integration failure (behavioral health across 9 depts.)	Scope – BHA structure Tier-2 (flag); BH financing/delivery in scope at Meeting 7.
Are the six delivery systems still the right ones?	Meeting 7.