



**Accountable Care Collaborative
Program Improvement Advisory Committee
Meeting Minutes**

**303 East 17th Avenue 11th Floor Conference Room A-B
Denver, CO 80203
February 19, 2020 // 9:30 A.M. to 12:15 P.M.**

1. Introductions

Kiara Kuenzler welcomed participants and called the meeting to order at 9:32 am. The following people were in attendance:

Voting Members: Anita Rich, Arnold Salazar, Bethany Pray, Carol Plock, Dale Buterbaugh, David Keller, Dede de Percin, Donald Moore, Ian Engle, Joanna Martinson, Julie Reiskin, Kiara Kuenzler, Lila Cummings, Shera Matthews, and Wendy Nading.

A quorum of voting members was present.

Non-Voting Members: Anastasia Ratcliff, Anne Jordan, Anna Messinger, Ben Harris, Brooke Powers, Cara Hebert, Cathy Michopoulos, Derek Martin, Gary Montrose, Gretchen McGinnis, Jamie Haney, Jason Chippeaux, Jeff Appleman, Jessica Fucito, Jeremy Sax, JoAnne Doherty, Kari Snelson, Kelly Marshall, Marty Janssen, Megan Comer, Mindy Klowder, Morgan Anderson, Moses Gur, Natasha Brockhaus, Nicole Konkoly, Randi Addington, Stephanie Brooks, Tammy Arnold, and Tina McCrory.

2. Open Comment

Ben opened the floor to the public for comments regarding the January meeting and agenda topics. The public provided no comments.

3. Minutes Approval

Carol Plock noted she participated in the January meeting via telephone and requested her attendance be reflected in the January meeting minutes. She solicited additional comments about the minutes but the group provided none. Shera Matthews motioned to approve the minutes with revisions, David Keller seconded the motion, and Lila Cummings abstained from voting. The final minutes can be found [here](#).

4. PIAC Operations and Housekeeping

Ben welcomed Matt Sundeen, ACC Program Management Section Manager with the Department of Health Care Policy and Financing (Department). Matt introduced himself to the group as the new unit supervisor with the Department and informed everyone he planned to attend PIAC moving forward.

Ben reviewed the agenda topics outlined in the [PIAC Work Plan](#). He noted Director Tracy Johnson had a conflict with the March meeting date and would present the ACC Hot Topics Check In agenda topic

during the February meeting instead. As a result, the ACC Performance Check In was pushed to the March 18, 2020 meeting.

Ben lobbied voting members for additional agenda topics. The group suggested the following: an update on the implementation of the Hospital Transformation Program (HTP), potential changes to the federal requirements for the Access Monitoring and Review Plan (AMRP), analysis of the performance metrics selected for the Alternative Payment Model (APM), the impact of the Medicaid Fiscal Accountability Rule, and a deeper dive in the performance metrics portfolio to better understand how the many programs relate. He thanked the group for the suggestions and reminded everyone that PIAC will not meet in July.

Due to lack of time, Ben requested the group to review the [At a Glance](#) document prepared by the Provider and Community Experience (PCE) subcommittee offline. He requested feedback be provided via email to [Anita Rich](#) or [Brooke Powers](#). Anita reminded everyone that PCE met on the second Thursday of the month and the next meeting would be held on February 13, 2020. She announced that the subcommittee was actively recruiting voting members as well.

Ben informed the group that PIAC also had a vacancy in its voting membership and announced that Sara Sanderson, who was appointed by Region 7, was unfortunately no longer able to participate in the committee. He explained that Region 7 outreached the Department to determine if PIAC had any preference on what type of subject matter expert they selected to fill the vacancy. After reviewing the Charter and By-Laws with Carol and Kiara, Ben noted PIAC was diversity staffed but welcomed any feedback. The group provided no suggestions.

5. Behavioral Health Task Force Update

Kiara introduced Summer Gathercole, Senior Advisor for Behavioral Health Transformation with the Colorado Department of Human Services (CDHS), to provide an overview of the Behavioral Health Task Force (BHTF) and its work. Summer explained that the BHTF was developed at the executive order of Governor Polis in April 2019 and was tasked with deriving a roadmap to improve Colorado's behavioral health system.

She reviewed the [Colorado Behavioral Health Task Force](#) presentation which outlined the composition of the task force, the goals and objectives of its subcommittees, processes used to collect data, methods used to inform the work, and the draft blueprint for a safety net program. She highlighted a few of the behavioral health system challenges collected from public and stakeholder feedback on slide #9 of the presentation. Kiara acknowledged that many of the examples provided, such as access to care and workforce deficiencies, aligned with past conversations and concerns of the PIAC.

The group emphasized concerns related to the inadequate workforce, noted it was national problem, but the rural and frontier regions of Colorado have suffered greatly from the lack of qualified providers and discussed how regulations and credentialing limited the number of Medicaid providers available throughout the state. In addition to lack of providers, lack of services offered and gaps in care was also a concern; several voting members agreed that the prescribed programs did not always fit the need of the member. Some agreed that a statewide workforce development strategy would be extremely beneficial for building provider networks to ensure continuity of care.



The group asked if the BHTF identified gaps in care and any potential solutions to address those gaps, if the data collected during outreach was stratified by payor types (public, provider, or employer), if peer mentorship programs were being built, how workforce issues were being addressed, and if any financial analyses have been conducted to assess the relationship between access and provider compensation. Summer answered that the committee had not examined gaps in care, the data was not stratified by payor types, no analysis about provider rates and compensation had been conducted yet and that the Department of Labor and Employment was examining ways to build up peer counseling programs. She encouraged participants to visit the [Behavioral Health Task Force](#) webpage to review public testimonies, read community reports and newsletters, listen to meeting recordings, and to find additional information in general.

Summer acknowledged the confusion surrounding the behavioral health system and explained that the BHTF focused on best practices for raising awareness, how to improve navigation of the system, how to improve prevention strategies, and how to enhance community supports when developing the [BHTF Draft Blueprint](#). She explained that the proposed model would designate a newly formulated, single state authority to which all public programs (non-Medicaid) would report and reallocate funding sources. The model would include state and local stakeholder advisory groups as well as an Administrative Service Organization (ASO) to administer a variety of functions. She outlined both the roles responsibilities of the major state agencies as well as the ASO.

A few members of the group expressed concern with the use of an ASO within the model and feared it would pull funding from provider rates and services. Others felt the blueprint didn't fully integrate behavioral health care or create a holistic system because the model was designed for non-Medicaid public programs and didn't include Medicaid. Several members advocated for a safety net system that integrated all payor populations and for a single-entry point for anyone seeking services. Additionally, the group asked about the role of the Regional Accountable Entities (RAEs) and how the ACC program fit into the model.

Summer thanked the group for the feedback and acknowledged that several of the questions asked throughout the discussion were all points that the BHTF was still working to address. She welcomed additional feedback from the group as the BHFT continued to revise the blueprint.

Kiara thanked Summer for joining the meeting and suggested PIAC revisit this topic in the fall once the final blueprint was submitted to Governor Polis.

6. ACC Hot Topics Discussion

Carol welcomed Tracy Johnson, Medicaid Director with the Department, to discuss the hot topic of member eligibility and the trending decline in Medicaid enrollment. Tracy acknowledged both the internal and external concerns related to the decline in Medicaid enrollment and attributed federal policy (the public charge rule and increased scrutiny of federal audits) and Colorado's improved economy as potential factors. She explained that the Department speculates that the recent public charge rule may have had a negative impact on Medicaid members, resulting in member disenrollments. She assured the group that the Department and the Governor's Office were monitoring the issue closely. She also explained that an increase in federal scrutiny in the form of audits has helped the Department identify eligibility system errors that would unfortunately result in a decline in membership as well. For example, she explained that the Department recently discovered its eligibility system (Colorado Benefits Management System, CBMS) identified 35,000 Medicaid members who were



no longer eligible for Medicaid were still enrolled with the claims system (interChange) and the Department was inaccurately paying claims associated with those members. Additional information can be found in her [PIAC Memo](#).

The group asked Tracy if the Department knew how many of the 35,000 members were eligible to reenroll. She answered that it was difficult to determine the exact number of members but that 80% of the members who were identified did not have a claims history in the past 18 months. She continued to explain that the Department was collaborating with the RAEs and Community Center Boards (CCBs) to outreach members to resolve the problem but stated there would be a decline of members at the end of March when the eligibility system fix was implemented, regardless.

Several members of the group inquired about federal clawbacks as a result of the increased federal scrutiny within the audits. Tracy explained the process of federal clawbacks and noted that if the Department was unable to prove its case then the federal government would be permitted to recoup the federal dollars used to inaccurately pay claims.

Others asked if the Department believed any of the eligibility issues were related to the Department of Human Services or county agencies who processed member applications. Tracy answered that the Department has shifted towards automating the process to eliminate human error and increase the timeliness of application processing but didn't attribute the recent issue to local agencies. Ben added that the Department had collaborated with the counties to develop incentive problems related to application processing and agreed to follow up on the effectiveness of the program.

Several members of the group asked if the Department had considered revising policy to alleviate the administrative burden on the member when applications were not processed in a timely manner or when redetermination was not granted in a timely manner. Tracy indicated that she would follow up with the eligibility team to provide a more accurate answer.

Kiara noted that behavioral health rates were determined by the number of members enrolled and the amount of care provided and asked if the Department intended to adjust provider rates. Tracy noted the Department was actively discussing the complicated matter and would follow up when she had more information to provide.

Tracy reviewed the [Preliminary Medicaid Churn Analysis](#) with the group and explained the four different ways in which members involved in the two year analysis were stratified. She stated the analysis was only a part of the conversation and noted that the Department would continue to examine the issue in more detail but opened the floor for feedback.

The group recommended the Department attempt to identify if members were cycling on and off Medicaid for reasons related to member needs or because of reasons associated with systems and eligibility processing. They also recommended the Department analyze the reasons members were eligible for Medicaid, such as the difference in the number of members qualifying for financial reasons versus the number of members qualifying for medical reasons. Several members suggested it would also be helpful to identify the reasons members were denied eligibly as well. Regarding the data, they suggested the Department continue to deep dive sort the data by diagnoses, age, race, ethnicity, foster children, members with disabilities, pregnant women, members on emergency Medicaid, and members transitioning to a Medicare Savings Plan. Several members of the group encouraged the



Department to collaborate on ways to eliminate barriers for members and ways to improve navigation of the system.

Tracy thanked the voting members for their feedback and noted that some of their suggestions were already underway. She stated the Department intended to share the final policy memo with PIAC once completed and noted the Department planned to develop a dashboard that would be available to the public as well. She encouraged the group to review the Department's recently published [2018-2019 Annual Report](#) and the [Colorado Hospital Cost Shift Report](#) as well.

Carol thanked Tracy for joining the meeting and requested the group provide any additional feedback to Ben or Natasha to pass along to Tracy. She and Ben reminded the group that this was the first attempt to discuss the topic and the process would continue to evolve over time. Ben encouraged members to email him questions ahead of time to help prepare Tracy in advance.

7. Open Comment

Ben opened the floor for public comments about the meeting. Mindy Klowder, Colorado Behavioral Healthcare Council, acknowledged a [Milliman Research Report](#) from November 2019 that addressed the disparities in network use and provider rates and recommended that those interested in learning more about provider rates affecting workforce issues read the report.

Lila Cummings announced psychiatric advance directives (PAD) training opportunities and indicated additional information about the webinar could be found on the Colorado Hospital Association's [webpage](#).

8. Next Steps

Kiara summarized the meeting and noted the following action items for PIAC:

1. Review the PCE At a Glance document and provide feedback to Brooke or Anita.
2. Visit the BHTF webpage and provide any feedback to Ben or Natasha.
3. Email Ben any remaining questions about the Medicaid enrollment discussion and/or feedback about how to tailor the discussion next quarter.

The Department was assigned the following action items:

1. Amend the Work Plan to include suggested topics.
2. Post the BHTF presentation, draft blueprint and BHTF webpage online.
3. Follow up on the county incentive program.
4. Follow up on the eligibility system issue and timeline associated with redeterminations.
5. Send a follow up email to include:
 - a. Preliminary Medicaid Churn Analysis
 - b. Colorado Hospital Shift Report
 - c. Department's 2018-2019 Annual Report
 - d. Milliman Report
6. Update the PIAC calendar invite to conclude at 12:15pm

The meeting was adjourned at 12:13pm.

