COLORADO
Department of Health Care Policy & Financing

Accountable Care Collaborative
Program Improvement Advisory Committee
Meeting Minutes

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

1. Introductions

Kiara Kuenzler welcomed participants and called the meeting to order at 9:38 am. The following people were in attendance:

Voting Members: Anita Rich, Arnold Salazar, Bethany Pray, Carol Plock, David Keller, Dede de Percin, Jeff Zayach, Joanna Martinson, Julie Reiskin, Kiara Kuenzler, Ian Engle, Sara Sanderson, Shera Matthews, and Wendy Nading.

A quorum of voting members was present.

Non-Voting Members: Andrew Rose, Anne Jordan, Ben Harris, Brooke Powers, Cara Hebert, Cathy Michopoulos, Emily Berry, Gary Montrose, Greg Sharp, Jamie Haney, Jeff Appleman, Jen Hale-Coulson, Julia Craft, Kari Snelson, Kelly Marshall, Matthew Jacobs, Megan Comer, Morgan Anderson, Natasha Brockhaus, Nicole Konkoly, Randi Addington, Stephanie Brooks, and Tina McCrory.

2. Open Comment

Ben opened the floor to the public for comments regarding the December meeting and the January agenda topics.

Andrew Rose, Boulder Emotional Wellness, expressed concern about a recent decrease in reimbursement rates for independent behavioral health providers contracted with the Colorado Community Health Alliance (CCHA). Ben acknowledged Andrew's comment and stated the Department was aware of the change and was working directly with its contractor, CCHA. No additional comments were reported.

3. Minutes Approval

Kiara solicited a motion to approve the December meeting minutes. David Keller noted a misspelling but motioned to approve with revisions. Julie Reiskin seconded the motion and Bethany Pray abstained from voting. The revised and approved December Meeting Minutes can be found here.

4. PIAC Operations and Housekeeping

Ben reviewed the agenda topics outlined in the PIAC Work Plan through October 2020. He and Kiara welcomed additional topic suggestions and requested input about type of data the group would like to review on a quarterly basis during the ACC Operational and ACC Performance check-ins.

The group requested PIAC examine Medicaid enrollment and budget caseload trends on a quarterly basis. They expressed interest in learning more about the churn of Medicaid members, the cycle of members moving from Medicaid to underinsured, and how Colorado's enrollment fluctuates compared to other states. The group suggested looking at the most recent churn report, the Payment Error Rate Measurement (PERM) Report, and Colorado Center on Law & Policy's (CCLP) "Decline in Medicaid & CHIP Enrollment" report, if possible.

Ben stated Medicaid Director Johnson intended to discuss the trend in Medicaid enrollment during the March meeting. He suggested the topic was a broader health policy matter precipitated by the Affordable Care Act (ACA) but felt the topic was still relevant to the Department as it related to Colorado's Public Option proposal.

Wendy Nading questioned if the Colorado Department of Public Health and Environment (CDPHE) and the Department could provide an update on the progress of improving the statewide, provider directory that was discussed during the December 2019 meeting. Ben suggested the topic was more suited for the Provider and Community Experience (P&CE) subcommittee since the topic was related to increasing access to care, but agreed to revisit if P&CE recommended.

5. Accountable Care Collaborative (ACC) Performance Incentives

Ben reviewed the ACC Phase II Presentation which provided a high level overview the ACC performance incentive portfolio. The presentation described the portfolio changes from ACC Phase I to ACC Phase II, explained the current objectives of the Key Performance Indicators (KPIs), Behavioral Health Incentive Program (BHIP) and Performance Pool measures, and outlined the incentive revision process.

Throughout the presentation, voting members asked if the performance measures were aligned with federally sanctioned measures for national comparison, how the Department monitored performance that met national standards to prevent a decline over time, why utilization management was used to evaluate health outcomes in the BHIP, how BHIP addressed members who have not accessed care, when would the BHIP data be available, and when would BHIP payments be paid to the Regional Accountable Entities (RAEs).

Ben explained that managed care programs were still subject to federal audits to align with managed care regulations and still adhered to Healthcare Effectiveness Data and Information Set (HEDIS) measures but the Department wanted to focus on deriving change and improving care within Colorado. David added that Colorado exceeded several national benchmarks but was motivated to drive change in specific areas of the ACC. Ben explained that after collaboration with stakeholders, the Department decided to use standardized definitions to align with national standards but developed measures unique to improving care within Colorado. The Department planned to monitor all measures through the Colorado Data Analytics Portal.

Regarding the question about using utilization to evaluate care within the BHIP, Ben answered that the Department has made efforts to move towards outcome based measures to improve the program. Kiara noted how the program had already advanced to include leading indicators with measures that are more specific than broad utilization measures. Several voting members suggested the program does a great job of assessing members who enter care but feared the program did not help resolve the

longstanding problem of helping members who have not accessed treatment. Ben agreed with the concern and noted that the Department has also used the managed care incentive program and performance pool program to leverage the problem and would continue to evaluate and evolve the BHIP. David noted the Alternative Payment Model (APM) helped bridge the gap because it offered performance measures designed to conduct preventative screenings and increase access to behavioral healthcare.

Ben stated the BHIP data would be available in April 2020 and that the RAEs could expect to receive incentive payments shortly after. There was concern with the lengthy processing time related to the program's payments and the group suggested it would be beneficial to the RAEs if payments were received earlier to help fund programs. Ben acknowledged the challenge and explained that the program relied on encounter data submitted by the RAEs. He noted that the alternative to collecting the data from the RAEs would be for providers to report clinical data to the Department which was very technical and challenging in itself.

Additionally, the group asked to discuss the gateway measures required of the RAEs to meet before becoming eligible for BHIP. Ben agreed it would be a valuable conversation for the group and added it to the topic list for February's meeting. He also reminded the group that the Performance Measurement and Member Experience (PM&ME) subcommittee was charged with examining performance incentives in closer detail and suggested those individuals interested in learning more attend the PM&ME meetings.

Ben concluded the presentation by explaining that the KPIs were designed to assess the overall health of the ACC and the BHIP measures were designed to reward improved performance across the behavioral health continuum. He explained that the Department had greater flexibility to design and alter measures within the Performance Pool to align ACC initiatives and encourage improved health outcomes for its members. He said the group would continue this conversation during the February meeting and transitioned in the ACC Operational Update.

6. Accountable Care Collaborative Operational Update

Ben introduced Matthew Lanphier, ACC Policy Analyst with the Department, to discuss the operational health of the ACC. Matt began the operational update by reviewing the ACC Phase II Operational Dashboard compiled for the meeting. The document captured ACC member enrollments categorized by RAEs, Primary Care Medical Provider (PCMP) member caseloads by provider groups, PCMP member breakdown by practice sites, capitation payment amounts by types of service, and listed the behavioral health networks for each RAE.

Matt pointed out that the ACC enrollment total line would not equal the Department's total line on the handout because the reports were pulled during different times of the month and from different data sources. He also noted that members attributed to Rocky Mountain Health Plan (RMHP) Prime were double counted and should have been removed from the RAE 1 total. He explained that the increase in the number of enrollments for both RMHP Prime and Denver Health Managed Care (DHMC) in early fall of 2019 were due to the a system fix implemented by the Department. Previously, Prime and DH members were erroneously excluded from being enrolled in the programs which was why the system fix resulted in an increase in enrollments last fall.

Matt highlighted an 14% increase in member enrollments despite the overall downward trend enrollment over the past year and recognized a sharp rate of decline in Federally Qualified Health Centers' (FQHCs) caseloads. He suggested the decline could be accredited to a variety of issues such as policy, billing, and attribution.

After answering several technical and clarifying questions, it became evident to the group and the Department that a glossary of terms and definitions would help increase the understanding and readability of the dashboard. The Department agreed to revise the document prior the next ACC operational update in April. The group recommend the following revisions: divide the data into adult and pediatric populations, separate ACC enrollments by RAE regions, list the components that comprised the "Other" category, add a column to compare to a previous year (ACC Phase I), and include a list of enhanced medical practices who provide care coordination. Ben agreed to revisions but noted that the list of enhanced medical practices would need to be obtained from the RAEs because RAEs set the parameters for which practices were qualified to perform delegated care coordination services and facilitated the contracting of those facilities as well. The group noted more data related to the enhanced care practices would be helpful because all PIAC subcommittees were tasked with evaluating care coordination but had a limited amount of data available.

Ben thanked Matt for joining the meeting and agreed to post the Operational Dashboard online in an Excel version per the group's request.

7. Complex Care Coordination

Kiara introduced Stephanie Ziegler, Cost Control and Quality Improvement Office Director with the Department, to discuss the evolution the Department's population management and coordination strategies throughout the first year of ACC Phase II. Stephanie reviewed the ACC Phase II HCPF Population & Program Focus Presentation.

Stephanie explained how the Department developed a clinical stratification tool to help the RAEs better manage the various populations throughout their regions to replace the risk stratification tool that was used during the first year of ACC Phase II. She reviewed how the populations were stratified, how the tool helped the Department and RAEs develop focused programs to improve health outcomes, and how performance measures would help track key outcomes moving forward.

Stephanie and Ben explained that the RAE contract deliverables have been revised to better align with the population management framework and the Department intended to publish several of those deliverables publicly. He encouraged PIAC and its subcommittees to review those deliverables to learn more about how the RAEs were managing interventions and developing programs to prevent cost through improved quality of care.

The group asked if the clinical stratification tool could be used to bridge care coordination services across multiple systems of care within Medicaid to ensure continuity and to prevent crisis and if the tool addressed social determinants of health. Stephanie said the Department was utilizing additional resources, such as a member health score, to help address social determinants of health but the Department was focused on member trajectories and preventing transitions of care by properly managing members at different strata through focused programs and improved care coordination services.

Participants asked how the Department could help standardize the expectations of care management and care coordination services statewide to ensure members received the same level of support throughout different regions, how the Department translated the work of care coordinators, what type of qualitative assessments have been conducted to include the provider and member experience, how hospitals could be more involved, if the Department intended to reduce the per member per month (PMPM) administrative payment, and if the Department could help improve and target health disparities.

Ben and Stephanie answered that the Department receives qualitative feedback through surveys, PIAC and its subcommittees, regional PIACs, Member Experience Advisory Committees (MEACs), and from the RAEs, members, providers, and advocates directly.

Stephanie stated the Department did not intend to reduce the PMPM payment and explained that RAEs have different care coordination techniques, some may delegate care coordination services to other entities and/or primary care providers. She noted the Department planned to examine the outcomes from delegated care coordination services to determine if the delegated model was working efficiently and if the PMPM payments were sufficient.

Stephanie stated the Hospital Transformation Program (HTP) would help bridge the gap with ACC initiatives and would hopefully foster RAE collaboration, improve accountability, and increase transparency.

Stephanie concluded the presentation by noting the Department utilized KPIs and performance pool measures to reflect on program goals and track health outcomes. She noted the Department was working to refine data input and methodologies to improve the metrics and move toward a place of better validity. Ben noted that the Department would continue to work with the PM&ME subcommittee on any revisions to methodology.

Kiara thanked Stephanie for joining the meeting and stated the committee looked forward to future conversations.

8. Open Comment

Ben opened the floor for public comments.

Stephanie Brooks, Policy Director with the Colorado Community Health Network, noted she was interested in learning more about the enrollment decline in the FQHCs. She thanked the Department for starting the conversation and asked how she could acquire more data from the Department to continue to look into the subject. Ben offered to talk to Stephanie after the meeting to determine how the Department could assist in her request.

The public provided no additional comments but Dede de Percin suggested a definition of complex care or set of criteria used to identify complex care members would be helpful to the group. She also noted that the Colorado Coalition for the Homeless included unstable housing in its definition of homelessness. Ian Engle suggested the members residing in nursing facilities should fall under that category as well.

9. Next Steps

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

1. Email Ben any outstanding Medicaid enrollment topics to discuss at the March meeting with Director Johnson.
2. Email Ben any outstanding performance incentive questions to discuss at the February meeting.
3. Email Ben any additional recommendations to the ACC Operational Dashboard.

The Department was assigned the following action items:

1. Amend the December Minutes and post online.
2. Post the Complex Care presentation online.
3. Post the current Operational Dashboard in an Excel version online.
4. Consider the following revisions to the Operational Dashboard spreadsheet:
    a. Add prior year data for better comparison.
    b. Breakdown the PCMP caseloads by RAEs.
    c. Breakout ACC enrollments by children and adult populations.
    d. Create a glossary of terms and/or add definitions to increase understanding.
5. Follow up on the timeline for BHIP data and payments.

The meeting was adjourned at 12:15pm.