



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

July 15, 2020 // 9:30 A.M. to 12:15 A.M.

NOTE: Because July 2020 was an optional meeting, no formal vote was taken to approve these minutes as final and complete. As a result, statements made in the discussions below should not be taken as official records.

1. Introductions

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

Voting Members:

Anita Rich, Arnold Salazar, Bethany Pray, Catania Jones, Carol Plock, Dale Buterbaugh, Dan Casey, Daniel Darting, David Keller, Dede de Percin, Donald Moore, Ian Engle, Joanna Martinson, Julie Reskin, Lila Cummings, Shera Matthews, Wendy Nading.

A quorum of voting members was present.

Non-Voting Members (webinar attendees only):

Alice Steiner, Amanda Jacquelin, Amy Yutzy, Andrew Rose, Ben Harris, Brandon Ward, Brooke Powers, Carolyn Green, Catherine Morrisey, Cathy Michopoulos, Dawn Claycomb, Elizabeth Baskett, Jeff Appleman, Jeffery Eggert, Jeremy Sax, Jen Hale-Coulson, Julia Duffer, Kari Snelson, Kayla Frawley, Kevin Wilson, Leslie Patterson, Liana Major, Louisa Wren, Marjorie Greichus, Matthew Pfeifer, Matthew Sundeen, Meg Taylor, Megan Comer, Mike Davis, Mindy Klowden, Michelle Smith, Morgan Anderson, Nikina Jones, Natasha Brockhaus, Pat Cook, Randi Addington, Tammy Arnold, Tim Morton, Tina Gage, and Tina McCrory.

2. Open Comment

Ben opened the floor for comments to the public regarding the [July agenda](#).

Andrew Rose stated that reimbursement rates paid by the Regional Accountable Entities (RAEs) varied differently between Community Mental Health Centers (CMHCs) and contracted providers. He noted that the graph included in the [Budget and Legislative Session](#) presentation regarding outpatient, professional, and dental paid amounts grouped the totals together and did not differentiate the two. Ben said Director Tracy Johnson would explain more about the graph during the presentation.

The public provided no other comments.

3. PIAC Operations and Housekeeping

Ben reviewed the [ACC Work Plan](#) and outlined upcoming meeting topics.

He explained that PIAC created a Racial Equity Taskforce (Taskforce) to develop an action plan to address racial equity within the PIAC and the Accountable Care Collaborative (ACC). He informed the group that the Taskforce would present its initial recommendations on the equity framework at the August meeting and encouraged those interested in participating in the Taskforce email him directly (benjamin.harris@state.co.us).

Ben also reminded the group that the PIAC voting member application deadline was midnight only July 15, 2020 and encouraged interested parties to apply before midnight. He states that applications received later than midnight would be excluded from consideration and that the Department would begin to review applicants at the end of July.

Lastly, he reminded everyone that the [ACC Operational Dashboard](#) was available online for review and pointed out that the summary included a breakdown of metrics by adult and children populations.

Ben opened the floor for comments and feedback.

Wendy Nading added that local public health agencies who received CARES Act relief funding were required to conduct work related to the demonstration of healthy equity as it related to COVID-19. She suggested that any data and/or reports produced by local agencies would be beneficial to the work conducted by the Taskforce.

Dede de Percin requested PIAC host a discussion about how the Department, PIAC and RAEs were evolving and adapting work to respond to the pandemic. She questioned how additional initiatives were impacted, such as the Hospital Transformation Program, and noted a summary of the work completed thus far with any financial analysis, would be beneficial to the group. Ben agreed and stated that the Performance Measurement and Member Engagement (PMME) Subcommittee had been involved in with COVID-19 related work with the RAEs and suggested they share an update at the August meeting. He also invited the RAEs to join that conversation in August as well.

Ian Engle asked if the voting member applicant pool demonstrated diversity. Ben answered that the Department would produce summary statistics to evaluate the regional and Medicaid member diversity.

4. COVID-19 and Children and Families

Ben introduced Anita Rich, Provider and Community Experience (P&CE) Subcommittee Co-Chair, and David Keller, Performance Measurement and Member Engagement (PMME) Co-Chair, to review the [COVID-19 and Children and Families](#) presentation.

David and Anita discussed the disruption that COVID-19 has caused to children's normal life rhythms, the economic challenges families have faced during the pandemic, and reviewed the impact COVID-19 has had on children and family medical services. David highlighted several challenges providers and members have faced throughout the COVID pandemic, such as disparities among pregnant women, realigning maternity services, decreases in immunization rates and acute care visits, and delayed access to mental health services. Anita emphasized the importance of ensuring access to care for children and youth with special health care needs, addressing children's social determinants of health and environmental conditions, and solicited innovative solutions that address how to reopen daycares and schools safely in the fall.



David and Anita asked the group to consider what the ACC could do to related to the following topics:

- 1) Methods to support maternity and post-partum care during COVID;
- 2) Ways to augment activities to address social needs;
- 3) Ideas to prepare the system to support school and daycare re-openings; and
- 4) Techniques to assure access and home care for children and youth with special health care needs.

The group advocated for increased and consistent screenings for socioeconomic barriers to health, suggested expanding the telehealth benefit to reimburse for additional time during telehealth appointments to allow for adequate screenings for social determinant of health needs and to provide referrals, recommended developing comprehensive and educational materials, communications, and resources to share with the community, and to consider providing benefits counseling to members to assist with benefit and eligibility management.

David and Anita thanked the group for their recommendations and reminded the group to continue to think about the unique challenges children and families face and how to address those social health challenges in a holistic manner.

5. COVID-19 and Behavioral Health

Ben introduced Lila Cummings, Public Policy Manager at the Colorado Hospital Association, and Brandon Ward, Chief Innovation Officer at Jefferson Center for Mental Health, to discuss how COVID-19 has impacted behavioral health in communities across the state through the [COVID-19 and Behavioral Health](#) presentation.

Lila led a discussion about the phases of disaster and how to support communities through a prolonged, unpredicted, medical disaster. The group emphasized the need to reconstruct and adapt the mental health response to withstand duration of the pandemic and to utilize claims data when available to evaluate programmatic changes and member health outcomes.

Brandon reviewed preliminary behavioral health trends of RAE, CMHC, and hospital providers with the group. He stated that most providers were able to alter delivery methods from in-person services to telehealth services while some services were still offered in person at clinics. He explained that most providers experienced a decrease in utilization and noted the largest decrease in utilization was with children due to the closure of school-based health clinics. He acknowledged an increase in the severity of emergency room visits as a result of the decrease in utilization, noting a decrease in both on site crisis services and outpatient admissions. Lila added that the Colorado Hospital Association has devoted efforts to the analysis of the severity linked to increased emergency department visits and invited RAEs and providers to share any similar data analysis for comparison.

Brandon and Lila asked the group to consider the following questions as PIAC continues to evaluate the effects of COVID on the behavioral health care system:

1. How behavioral health care has changed in delivery, utilization, and severity and how might it continue to change?
2. What particular populations (demographics, health conditions, service modalities, etc.) and services need additional attention?
3. What data should the RAEs and the Department track moving forward?



4. What additional flexibilities do providers need?

Due to lack of time, the discussion was limited but the group advocated to focus on members located in assisted living facilities and congregate settings due to isolation and lack of resources for telehealth services. They also suggested this was an opportunity to create a hybrid model for telehealth behavioral health services and expressed interest in the upcoming telemedicine stakeholder workgroup.

Ben added that during August's meeting, PMME and the RAEs would present a summary of COVID-19 efforts and the four behavioral health questions posed by Lila and Brandon would help facilitate that conversation.

6. Department Update re: 2020-2021 Budget and Legislative Session

Carol introduced Tracy Johnson, Medicaid Director with the Department, and Nina Schwartz, Legislative Liaison with the Department, to review the [Budget and Legislative Session](#) presentation.

Tracy began the presentation by reviewing Colorado's unemployment rate, stating that May 2020 was the highest unemployment rate the state of Colorado has recorded since 1976. She explained that due to Coloradans losing their jobs and the special provisioning within the CARES act around maintenance of effort (keeping members enrolled in Medicaid throughout the State of Emergency), Medicaid enrollment increased since March as well. However, Tracy noted that the increase was more gradual and occurred at a slower rate than the Department originally predicted and welcomed any feedback about how or why that may have happened.

Nina informed the group that COVID-19 also affected the Legislative Session for FY20-21, causing members of the Legislature to recess halfway through the session, resulting in a shortened working session. She explained that as a result of the disruption, several bills presented were not moved forward due to lack of time. She continued to explain that due to the 3.2-billion-dollar shortfall in the state budget (loss of tax revenue), the Joint Budget Committee and the General Assembly were forced to make difficult decisions about where to make reductions in the State's budget. She highlighted several reductions in the Long Bill that impacted the Department directly, such as the reduction in community provider rates by 1%, delayed implementation of the Substance Use Disorder (SUD) benefit, and the decision to increase member copay amounts to the maximum amount permitted under federal law. She also recapped the statutory changes required in multiple House Bills and the bills that were passed during the shortened session. She stated that most of the bills that were passed during session for fiscal year 2020-2021 were related to the response of COVID-19, such as the SB20-212, which made changes to the Department's telemedicine policy. For additional information, Nina encouraged the group to review the [FY20-21 Long Bill Overview](#) and [2020 Legislative Session Wrap Up](#) documents available online.

Tracy added that the Department would continue to receive the enhanced federal funding through the end of the calendar year 2020 and explained that while that funding was very important to fiscal year 2020-2021, budget cuts made in fiscal year 2021-2022 would be much more difficult if Colorado's economy did not improve and/or if the state did not receive any additional federal funding for fiscal year 2021-2022. The group acknowledged the dire need to secure enhanced federal dollars and encouraged participants to advocate to the General Assembly when possible.



Tracy emphasized the importance of developing telemedicine practices, reducing low value and unnecessary care, and aligning alternative payment models to drive value and to derive improved care models for Medicaid members. She announced that the Department developed a Telemedicine Stakeholder Workgroup to share information about the Department's approach to policy development and hear stakeholder feedback, ensure provider understanding and compliance with telemedicine through high level training opportunities, aggregate and collect equitable input from a broad range of voices throughout policy development, and to build trust with RAEs, community providers, advocates, and Medicaid members. Additional information can be found on the Department's [Telemedicine & eConsults Policy Development](#) webpage.

Tracy welcomed questions and comments regarding the presentation. The group acknowledged many challenges related application and enrollment processing, noting that limited access to in person application assistance at local and county agencies has created a barrier for members to properly apply and enroll in Medicaid. Several voting members advocated for alternative supports, outside of the Department's online portal PEAK (Program Eligibility and Application Kit), to better assist members who need additional assistance. In addition, the group recommended increasing public communications and campaigns to help educate Coloradans about Medicaid eligibility and enrollment options.

Voting members asked Tracy if the Department has examined the decrease in emergency department visits or understood why there was a decrease in frequency since the COVID-19 pandemic. Tracy answered that the Department engaged its academic partners to investigate reasons for the decrease in utilization and welcomed any additional information and analysis members of committee could share with the Department.

Lastly, stakeholders questioned the Department's ability to collect COVID-19 related data in the future and to share any billing and coding guidance. Tracy explained the Department's Telemedicine Stakeholder Workgroup was working to develop RAE and provider trainings to explain telemedicine policies, provide technical assistance and to help educate billing protocols. With the addition of telemedicine modifiers and proper billing, Tracy stated that the data should prove more valuable over time.

7. Open Comment

Ben opened the floor to the public for comments related to the meeting.

Andrew Rose inquired about provider availability and contracting, questioning how the Department monitors provider networks, provider access, and provider to RAE contracting. Ben explained that the Department utilized several network adequacy reports required in the RAE contracts to monitor member access and provider networks. He added that the Department has been focused on how to address access for the new membership related to COVID-19 and would continue to track that over the next few months.

Mindy Klowden stated that due to school closures, CMHCs weren't outreaching children and families as effectively as before. She shared that funding was available through [HB20-1411](#) to offer child focused mental health first aid training and classes to educators. She also acknowledged the tremendous amount of stress placed on the healthcare workforce and noted it was important to remember caregivers were also suffering from the pandemic as well.



Kayla Frawley suggested de-segregated data would address quality of care concerns and hold providers accountable for addressing health and racial disparities. She also acknowledged the increase in substance use among postpartum women due to COVID-19 and questioned if there was any correlation between lack of treatment due to fear of the child welfare system.

Erin Miller shared the Department of Public Health and Environment's [Guidance on Labor and Delivery and Breastfeeding](#) with the group.

Wendy shared the State of Emergency Operations Center's [outbreak data](#) webpage.

8. Next Steps

Ben and Carol summarized the meeting and noted the following action items for PIAC:

1. Assist the Department with new voting member recruitment by sharing the [application link](#) with those interested and apply before midnight.
2. Future discussion topics:
 - a. Provide feedback and share resources related to the August COVID-19 discussion.
 - b. Provide feedback and share resources related to the August health equity conversation.
3. Email Ben if interested in participating in the Racial Equity Workgroup.
4. Review the ACC Operational Dashboard for July 2020.

The Department was assigned the following action items:

1. Begin processing voting member applications
 - a. Include statistical summaries
2. Future discussion topics:
 - a. Summarize greatest concerns related to children and families and COVID-19.
 - b. Summarize greatest concerns related to behavioral health and COVID-19.
3. Follow-Up email to include:
 - a. [COVID-19 and Behavioral Health](#) slide deck.
 - b. [2020 Legislative Wrap Up Memo](#)
 - c. [FY20-21 Long Bill Overview](#)
 - d. [Legislator Resource Center](#)

The meeting was adjourned at 12:15pm.

