



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

September 16, 2020 // 9:30 A.M. to 12:15 A.M.

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, Dan Casey, Daniel Darting, David Keller, Dede de Percin, Donald Moore, Ian Engle, Joanna Martinson, Julie Reskin, Kiara Kuenzler, Lila Cummings, Shera Matthews, Wendy Nading.

A quorum of voting members was present.

Non-Voting Members (webinar attendees only):

Alana Ketchel, Amy Perris, Amy Yutzy, Andrea Loasby, Anna Outzts, Ben Harris, Brooke Powers, Cara Hebert, Carolyn Green, Cathy Michopoulos, Elizabeth Freudenthal, Illya Winstien, Jeff Appleman, Jo Anne Doherty, Kari Snelson, Kathie Snell, Kellie Jackson, Kelly Bowman, Kevin Wilson, Lauren Staley, Marjorie Champenoy, Marty Janssen, Mary Browne, Matthew Sundeen, Meg Taylor, Megan Comer, Mike Davis, Mindy Klowden, Morgan Anderson, Moses Gur, Nicole Konkoly, Natasha Brockhaus, Pat Cook, Sara Leahy, Spencer Budd, Stephanie Brooks, Steven Johnson, Tina McCrory, and Vincente Cardona.

2. Open Comment

Ben Harris opened the floor to the public for comments related to the meeting's agenda. The public provided no comments.

3. Minutes Approval

Kiara Kuenzler solicited a motion to approve the August Meeting Minutes. David Keller motioned to approve, Anita Rich seconded the motion. The quorum approved the final [August Meeting Minutes](#) and Julie Reiskin abstained from voting.

4. PIAC Operations and Housekeeping

Ben Harris reviewed the [Accountable Care Collaborative \(ACC\) Work Plan](#) and [ACC Operational Dashboard](#) with the committee and solicited questions and feedback about upcoming agenda topics and the data. The group asked the Department if there was a reason for the decline in the number of providers when there was an amplified need due to the increase in enrollment and what attributed to the increase in capitation payments. Ben explained that the dashboard did not depict the entire provider network, just the network of the ACC, and that the decline could be related to the methodology for provider affiliations with clinic and/or billing IDs, but he would need to confirm with the Department's data analyst. He responded that the increase in capitation payments were not a result of any contract changes but would most likely be explained better by the Department's Rates team and that he would follow up with the group next month.

Ben reminded participants that several voting members were fulfilling term limits as voting members and the meeting would serve as their final meeting as a voting member. He sincerely thanked the members many years of service and requested they attend the October meeting and continue to participate within PIAC and its subcommittees.

Ben announced that the Department had concluded its application process and offered six, new finalists the opportunity to join the committee. He stated that once the applicants formally accepted the Department's offer, an announcement with more information about the finalists would be shared. Should all applicants accept the Department's offer, Ben highlighted that five geographical regions would be represented, five of the new members embodied underrepresented groups, four voting members were people of color, three were either Health First Colorado members or possessed a member connection, two were women, and two were members with disabilities.

5. PIAC and Racial Equity

Kiara summarized the racial equity conversation from the August meeting and solicited next steps for PIAC and the workgroup. She acknowledged the emotion the issue provoked, addressed challenges and barriers related to the large scope of work, and encouraged participants to embrace the call to action. She recognized the committee's recommendations to create a taskforce that was led by a diverse set of voices, the importance of short- and long-term goals, the necessity for stratified data to analyze health care disparities and monitor performance, and the focus to align the work with the initiatives of the Department to drive systemic change past the scope of the PIAC.

Voting members also recommended PIAC assist the taskforce in developing its scope of work and asked the Department to weigh in on where the group and its recommendations would make the largest impact. Participants suggested PIAC and its subcommittees continue to utilize strategy screens to keep racial and ethnic justice in the forefront of everyone's work. The group reiterated the significance of data stratified by race and ethnicity to identify health disparities, assess gaps in care, and to build effective action plans. Several members advocated for increased alignment of initiatives, not only the work outlined by the Department, but by aligning conversations with Regional PIACs and committees as well as other state departments. Voting members also acknowledged the need for personal change before professional and organizational change would happen and asked how the taskforce could support implementing change on a personal

Kiara thanked the group for its feedback, acknowledged the dedication it would take to implement change, and thanked the group for its commitment to address.

6. Department Update

Carol welcomed Kim Bimestefer, Executive Director of the Department, to provide a [Department Update](#) on its work related to COVID-19 and the public health emergency, Governor Polis' Wildly Important Goals (WIGs), the state budget and financial concerns, the rising uninsured rate, evolution of RAE programs to support member health and control cost, and the Department's Health Equity, Diversity, and Inclusion initiatives.

Kim explained that the Department was focused on two wildly important goals to support the Governor's efforts to save Coloradans money on health care by delivering health care coverage, service, and access support to Coloradans during the economic downturn and by responsibly managing



health care cost to achieve an annual Medicaid trend of no more than 2% by June 20, 2021. To accomplish these the goals, the Department will be measured on leading measures that monitor how the Department improving member access, operation excellence and customer service.

Kim informed the group that the federal government had not announced its decision to either end or extend the Public Health Emergency (PHE) past October 25, 2020. She reminded the group that while the PHE was in effect, the Department was not permitted to disenroll members from Medicaid. If, and when the PHE ends, the Department would need to re-determine eligibility for all enrolled members. She explained that the Department was committed to partnering with Deloitte to improve its member communications to ensure the language was clear and concise for members and its member contact center was prepared to handle member questions and concerns. She added that the Department asked the Centers for Medicare and Medicaid Services (CMS) for an extended 90-day timeline to re-determine the eligible members (approximately 217,000 members) to alleviate the re-determination burden placed on the counties when the time came.

Kim explained that when the PHE ends, the Federal Medical Assistance Percentages (FMAP) would also end and the Department would no longer receive the extra funding to support the increased member enrollment. In addition to the cease in supplemental federal funding, she explained that the changes to benefits determined by the Joint Budget Committee would be implemented and continuous coverage for members would also end.

To prepare for the end of continuous coverage, Kim stated that the Department had collaborated with the Colorado Department of Labor and Employment (CDLE) to administer a survey to assess the status of healthcare coverage among Coloradans. Of the 5,500 members who responded to the survey, results indicated that 23% of the members had joined Health First Colorado but an alarming 19% of members indicated they had no health insurance coverage. 46% of those individuals answered that they planned to remain to uninsured as well. Kim induced a call to action and invited participants to attend a stakeholder meeting on September 24th with several community partners to strategize potential solutions to address and manage the high uninsured rate of Coloradans.

Kim illuminated the frightening reality that the State would continue to face budget cuts over the next few years as the economy faced recession. She explained that the Department had taken multiple actions to reduce the burden, such as working with stakeholders to advocate to federal authority for a higher FMAP, by partnering with the Colorado Department of Human Services (CDHS) to improve eligibility processing to prevent federal claw backs, and by developing and refining RAE programs to provide improved and effective care to Medicaid members.

Kim emphasized the importance of consistency for member care across the RAEs. She stated that the Department required the RAEs to focus on three programmatic efforts related to maternal health, diabetes, and complex care management. To create consistency across all regions, Kim explained that the Department outlined requirements related to the program components, such as how RAE identified and stratified members and what resources and access to community programs were available to members. The Department also required the RAEs to track and monitor member experience, health improvement, and saving results as additional methods.

In addition to improving RAE programs, Kim stated that the Department intended to develop telemedicine and eConsult policy by conducting and evaluating research, assessing utilization data, and



stakeholder engagement to guide future policy decisions. To provide feedback or ask questions, please visit the [Telemedicine & eConsults Policy Development](#) webpage.

Kim opened the floor for questions. Voting members asked for an explanation of Colorado's re-determination process and members' role in that process, if children's eligibility would be re-determined or renewed during the PHE, if the federal government was resuming the Payment Error Rate Measurement (PERM) program, the how the Department intended to investigate the increase in the uninsured rate, what plans the Department developed to educate members about Medicaid (Health First Colorado), and if the CDLE survey results could be broken down into categories such as: adult and children populations and immigration status, or any information available to conduct targeted outreach.

Kim answered that Medicaid eligibility was processed by Colorado's 64 counties and acknowledged the large burden re-determination would place on the small county workforce. She added that the Department's initiative to improve the eligibility processing system was intended to provide relief to counties, improve the accuracy of eligibility determination to prevent errors, and enhance member communications. She stated member responsibility would vary per member but would require the member to respond with the information requested by the Department (such as updated income) outlined in individual member letters. She noted that children's re-determination (granted in one-year spans) was not altered due to the PHE and would proceed as normal. Tracy Johnson answered that the PERM program was placed on a temporary hold due to the PHE but resumed in July 2020. Unfortunately, Kim was not able to provide a breakdown of the survey data, but she noted that the Department shared much of demographic information the counties about the 200,000+ members who would be re-determined when the PHE ended. Lastly, she noted that the Department was conducting as much collaboration as possible to determine innovative methods for addressing the uninsured challenge as well as publicizing and providing as much information to Coloradans as possible. She, once again, encouraged everyone to attend the stakeholder meeting on September 24th to offer any insights to the uninsured challenge and asked participants to visit and share the Department's "[We're Here for You, Colorado!](#)" webpage for additional information.

Kim concluded the presentation by sharing the Department's plans to address health care disparities for its members and ensure health equity, diversity, and inclusion throughout the organization. She stated the Department established an equity, diversity, and inclusion (EDI) committee which was currently assembling its leaders and setting goals and priorities for its work. She informed everyone that the committee was designed to create awareness, drive cultural change, and address health disparities while aligning and sharing statewide goals. She also added that the Department would soon update its mission statement to address member health, include the charges from the Governor's wildly important goals, and incorporate stakeholder feedback. She invited the group to share any thoughts or comments about the upcoming changes as well.

Kim thanked the voting member transitioning out of the committee for their time and guidance over their many years of service and welcomed the new voting members who will join the committee in October.

7. Behavioral Health and Integration Strategies (BHIS) Sub-committee Update

Kiara invited Daniel Darting, Co-Chair of the BHIS subcommittee, Sue Williamson, Co-Chair of the BHIS subcommittee, and Jeff Appleman, BHIS subcommittee Department liaison, to provide an update on the subcommittee's work around the crisis service system and its recommendations to the Department.



Daniel began the [BHIS Subcommittee Presentation](#) by reminding PIAC that BHIS was charged with developing recommendations related to the implementation of the crisis services system and collaboration with the RAEs. He noted the subcommittee hosted several conversations designed to provide an overview of the state-wide system from the RAE, Department, and Office of Behavioral Health (OBH) perspective. BHIS learned what services were available to members, identified gaps in access to care, and outlined areas for potential collaboration, such as care coordination, performance alignment, and communication and educational opportunities.

The subcommittee planned to develop recommendations in several areas, such as how to align performance metrics of the Department and OBH what that meant for the RAEs downstream. They recognized a need for improved member communications and guidance on how to refer to crisis services across the state. They planned to assess the data to determine if the right data was being collected and if there were any ways to enhance the available data. The group also planned to identify areas for improved collaboration between the RAEs and the Administrative Service Organizations (ASOs).

Daniel opened the floor for questions. The group asked how the state was measuring adequacy of the behavioral health interventions available to members and if utilization data existed to help identify members who frequented the crisis service system. Daniel answered that BHIS has discussed the challenge of how to assess if the appropriate level of behavioral health services and interventions existed and noted the group would continue to examine. He stated that utilization data was monitored but the subcommittee was more focused on how to improve and provide efficient follow up for members who sought care through the crisis service system. He and Sue emphasized the importance of follow up for these members and noted it has been challenging and confusing for members when multiple agencies were involved. BHIS planned to examine methods for streamlining and improving the process with a strong member lens and would engage member feedback to inform the work.

Daniel transition to discussing the subcommittee's work related to the Department of Corrections and the requirements related SB-222 for the Department. Jeff reminded the group that the BHIS provided a [formal recommendation to the Department](#) in April of 2020 regarding how the Department would measure behavioral health utilization for members released from state prisons. He explained that the Department would examine the percentage of members released from state prisons that have had a behavioral health service within fourteen (14) calendar days after release and explained the Department developed a Performance Pool metric to reward the RAEs for improved engagement rates. He reviewed the data available from the Department for the 14 day follow up rates and RAE performance and was also able to provide several demographical breakdowns of the data.

Ben explained that the Department reviewed BHIS' recommendation, accepted the recommendation, and proposed additional suggestions to the subcommittee in the Department's response: [SB222 Performance Measurement Memo](#). Ben reminded the group that when the PIAC reconvened in October 2018, one of the committee's requests was for an improved feedback loop regarding recommendations made by PIAC and its subcommittees and how the Department responded to those recommendations. In an effort to initiate that process, Ben solicited PIAC's feedback about the BHIS recommendation and the Department's response.

The group asked if the DOC data was broken down by region per the RAEs, if the Department provided the data to the RAEs, and if it the data was being used to outline and share best practices. Ben



answered yes, the RAEs have been receiving DOC data from the Department for almost two years and some of the data was owned by the RAEs from encounters including race and ethnicity information.

Multiple members were curious about the RAE strategies for this work and recommended building up the capacity for the peer support model as a culturally sensitive way to engage members and reduce the stigma associated with receiving behavioral health care as one potential strategy.

Several members agreed that the DOC work completed so far (including the performance measure developed by BHIS) was a great place to start but advocated for higher performance targets to derive effective change within the justice involved population over the next few years. Ben agreed and noted the Department would continue to collaborate with DOC, promised to remain engaged in this space and agreed to push for performance.

Kiara thanked Daniel, Sue, and Jeff for their leadership and guidance on this body of work.

8. Open Comment

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

Mindy Klowden, Colorado Behavioral Healthcare Council, stated that the behavioral health capitation program comprised the largest portion of funding within the ACC program. She encouraged PIAC and the Department to consider best practices on how to manage member care and cost savings with the quadruple aim perspective.

9. Next Steps

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

1. Revisit the racial equity and inclusion conversation with the Racial Equity Task Force.
 - a. Consider feedback received during the meeting.
 - b. Develop short- and long-term goals.
 - c. Align work with the Department initiative and Regional PIACs.
2. Review the ACC Operational Dashboard for September 2020.
3. Provide any feedback to Ben and Natasha regarding the Department's mission statement.
4. Reach out to Jeff Appleman and Ben if interested in becoming a BHIS voting member or need more information about the application process.

The Department was assigned the following action items:

1. Share the September 24th, 2020 stakeholder meeting invite information.
2. Follow up on the ACC Operational Dashboard questions.
3. Send new voting member announcement.

The meeting was adjourned at 12:13pm.

