



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

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

**1. Introductions**

Carol Plock welcomed participants to the meeting and called the meeting to order at 9:30am. The following people were in attendance:

**Voting Members:**

Anita Rich, Arnold Salazar, Bethany Pray, Carol Plock, David Keller, Dede de Percin, Donald Moore, Ian Engle, Joanna Martinson, Kiara Kuenzler, Lila Cummings, and Shera Matthews.

*A quorum of voting members was present.*

**Non-Voting Members (webinar attendees only):**

Aaron Hill, Alana Ketchel, Alyssa Rose, Amanda Jacquelin, Amanuel Melles, Amy Yutzy, Andrea Loasby, Andrew Rose, Anne Jordan, Ben Harris, Brandon Ward, Brooke Powers, Cara Herbert, Cathy Michopoulos, Deb Fitzsimmons, Gary Montrose, Gretchen McGinnis, Jeff Appleman, Jeff Bontrager, Jeremy Sax, Jen Hale-Coulson, Kari Snelson, Kate Hayes, Kris Wolf, Matthew Lanphier, Matt Sundeen, Megan Comer, Mike Davis, Mindy Klowden, Morgan Anderson, Natasha Brockhaus, Nicole Konkoly, Stephanie Brinks, Stephanie Brooks, Tammy Arnold, Tara Smith, and Tina Gage.

**2. Open Comment**

Ben Harris opened the floor to the public comments concerning March meeting minutes and the April agenda. The public provided no comments.

**3. Minutes Approval**

Kiara Kuenzler solicited feedback regarding the March meeting minutes. Daniel Darting motioned to approve, Joanna Martinson seconded the motion, and no one abstained.

**4. PIAC Operations and Housekeeping**

Kiara informed participants that Dr. Brandon Ward, Chief Innovation Officer with Jefferson Center for Mental Health, would serve as her proxy while she was on maternity leave and welcomed Brandon to the committee.

Ben reviewed the [ACC Onboarding Work Plan](#) and outlined upcoming agenda topics. He reminded the committee that it would need to onboard new voting members in October as six Department appointed voting members have served to term limits. He asked voting members review the [ACC PIAC Application Process Memo](#), consider desired qualifications for the upcoming recruitment process, and submit feedback by April 30, 2020.

Due to lack of time, Ben asked participants to review the updated [ACC Operational Dashboard](#) document offline and send any questions or comments to him via email.

Ben introduced Daniel Darting, Co-Chair of the Behavioral Health and Integration Strategies (BHIS) Subcommittee and Jeff Appleman, Program Specialist and BHIS Liaison with the Department, to provide an update on the subcommittee's work. Jeff provided an overview of the subcommittee, announced voting member vacancies, and outlined upcoming work. Additional information about the subcommittee can found in the [BHIS At a Glance](#) document.

Daniel explained the subcommittee was charged with developing a performance metric to help the Department measure care coordination and continuity of care for behavioral health services during re-entry for members released from Department of Corrections (DOC) facilities in accordance with [Senate Bill 19-222](#). He solicited feedback regarding the subcommittee's proposed metric outlined in the [SB222 Performance Measurement Requirement](#) document.

The group questioned the timeliness and accuracy of the data received from DOC, asked if members are enrolled in Medicaid during incarceration or upon release, and if the data had been validated to produce accurate results.

Daniel and Ben answered that the Department and DOC have been collaborating for years to develop an effective process to ensure continuity of care for newly released Medicaid members and are currently using the data sharing agreement advised by the Improving and Bridging Systems Subcommittee from ACC Phase I. They explained that members are enrolled for full Medicaid benefits upon release and noted there was a small lag in receiving the data. Ben encouraged BHIS to work with the Performance Measurement and Member Engagement (PMME) subcommittee to examine the data in more detail to determine if it is effectively measuring the system.

David Keller motioned to approve the metric, and Joanna seconded the motion. Ben thanked members for their feedback and explained that the Department would review and provide feedback about the metric during the August meeting.

## **5. Substance Use Disorder (SUD) Inpatient Benefit Update**

Kiara welcomed Kim McConnell, ACC Substance Use Disorder Administrator with the Department, to the meeting. Kim explained that due to the novel coronavirus disease (COVID-19) the Department decided to delay the implementation of the inpatient SUD benefit until January 2021. Kim reviewed the [ACC SUD Benefit Update](#) presentation, which explained past and current work related to the benefit, and then opened the floor for questions.

The group asked Kim about the strategies used to recruit and increase the number of SUD providers and facilities credentialed with Medicaid, how the Department intended to increase access to inpatient facilities in rural communities, and if Medication Assisted Treatment (MAT) services would be available for Medicaid members in residential care.

Kim explained the Department created a SUD capacity workgroup, which includes Regional Accountable Entities (RAEs), to develop and identify the various mechanisms which could be used to expand provider capacity. She stated that provider capacity and recruitment would largely be driven by provider rates and regional contracting. She noted that RAEs would need to contract with providers statewide and rely on extensive care coordination to provide access to inpatient services within rural communities where inpatient facilities do not exist. Lastly, she explained that as a requirement of the federal 1115 waiver, MAT services would be provided to members within inpatient care.



Kim invited the group to share additional feedback to the [hcpf\\_sudbenefits@state.co.us](mailto:hcpf_sudbenefits@state.co.us) email address and encouraged everyone to visit the [SUD Benefits webpage](#) for more information.

## 6. Department Response to COVID-19

Carol welcomed Kim Bimestefer, Executive Director, Dr. Lisa Latts, Chief Medical Officer, and Tracy Johnson, Medicaid Director, with the Department to provide [Department Updates](#) related to the novel coronavirus disease (COVID-19).

Kim thanked members of the committee for their participation and collaboration. She reviewed how the Department was prioritizing and addressing COVID-19 related issues such as the increase in eligibility, benefit coverage, access to care, provider recruitment, federal compliance, and financial impacts.

Dr. Latts reviewed COVID-19 statistics specific to Colorado, announced that the Department created a task force to address prevention within facilities, mentioned current research and clinical trials that were being conducted within Colorado, and informed the group that the Governor's office has developed a task force devoted to outsourcing personal protective equipment (PPE) for Colorado.

Tracy addressed questions related to eligibility, member redeterminations, billing, access to care, and compliance. She also outlined temporary changes to Appendix K and telemedicine policies and reminded the group that additional information, including formal guidance from the Department and [emergency waiver](#) information, could be found on the [Department's COVID-19 webpage](#).

The group asked Kim if the Department produced any projections for the expected increase in member eligibility, how the Department planned to handle the increase in membership with decreased funding, and if the Department intended to expand Medicaid to provide treatment to the uninsured and undocumented populations.

Kim explained that the Department used projection models to predict an increase of 50,000-350,000 members but stated it was still too early to determine an accurate number. Regarding budget cuts for this fiscal year, Kim stated the downturn in claims utilization would save a large sum of the total and said she advocated strongly to avoid cutting administration at a time when it was needed the most. Finally, she indicated that the Department did not receive federal approval to treat the uninsured population other than to pay for COVID-19 testing. Tracy added that the Department was actively working to expand emergency Medicaid services as well.

The group also inquired about the Department's plan to ensure continuity of care for members being discharged from COVID-19 treatment, if the Department intended to expand or continue telemedicine policies permanently, and how the Department was addressing racial and ethnic disparities within COVID-19.

Tracy explained that ensuring a continuum of care for members recently discharged from hospitalization was a state collaboration but highlighted that the Department was considering a package to provide wrap around services for recently discharged members, physical spaces for members to safely shelter and isolate, and transportation benefits. She noted that expansion of telemedicine has increased provider capacity but explained that federal authority to administer telemedicine would eventually expire. She stated that the Department was engaged in active conversations regarding telemedicine and invited stakeholders to share feedback with the Department.



Lastly, she explained that the RAEs have been actively outreaching members who the Department identified as high-risk members to help educate and identify any potential barriers to care.

Tracy added that the Department was engaged in several ongoing RAE related conversations focused on attribution policies, contractual obligations, and incentive programs. She stated the Department share information as it became available.

Additional questions proposed by the group can be found in the [COVID Q&A Tracker](#).

## 7. Open Comment

Ben opened the floor for public comments.

Participants asked if there were any efforts to help members gain access to technology to ensure they received the same access to care as members who may already have access to technology, such as cell phones. Tracy stated there were several community and RAE efforts happening to help eliminate barriers such as the lack of technology and housing, as examples. She noted that the Department was working to align policy with ongoing, local efforts.

The group also asked Tracy if the Department had any guidance on how to financially or creatively support behavioral health providers due to reduced encounters and loss of revenue. Tracy answered that the Department was aware of the concern and has been exploring the federal flexibilities around this topic but still faced several state level challenges.

Additional questions proposed by the public can be found in the [COVID Q&A Tracker](#).

## 8. Next Steps

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

1. Review the ACC PIAC Application Memo and send comments by the end of April 27, 2020
2. Review the ACC Operational Dashboard
3. Continuing telemedicine policies feedback to the Department

The Department was assigned the following action items:

1. Email updated COVID-19 slide deck
2. Email information regarding the COVID stakeholder calls
3. Email COVID-19 website with waiver information
4. Formal response to BHIS in August
5. Follow up on the Department's attribution policies related to COVID

The meeting was adjourned at 12:15pm.

