



COLORADO

Department of Health Care
Policy & Financing

MINUTES Accountable Care Collaborative Provider and Community Experience (P&CE) Subcommittee

November 12, 2020, 8:00-9:30 A.M.

1. Introductions & Approval of October Minutes (handout)

Kathie Snell, P&CE Co-Chair, called the meeting to order. The following people were in attendance:

Voting members: Kathie Snell (P&CE Co-Chair), Joanna Martinson (P&CE Co-Chair), Anita Rich (retired social worker), Michelle Hoy (Mindsprings Health), Jamie Haney (Developmental Disabilities Resource Center), Andrea Loasby (Department of Pediatrics), Carolyn Green, MD (retired pediatric neurologist), Lila Cummings (Colorado Hospital Association), Pat Cook (Colorado Gerontological Society), Gail Nehls (Envida), Shera Matthews (Doctors Care). **A quorum was established.**

Non-Voting Members: Brooke Powers, Liana Major, Mary Beckner, Beth Cole, Anna Messinger, Kirstin Le Grice, Julia Duffer, Melinda Klowden, Jessica Zaiger, Angela Goodger, Jo English, Louisa Wren, Marjorie Champenoy, Stephanie Brooks, Alissa Scharpen, Suprena Crawford, Dede de Percin, Elizabeth Baskett, Vicente Cardona

Kathie Snell asked for a motion to approve the October Meeting Minutes. The meeting minutes were approved without revisions or abstentions.

2. P&CE Follow-up Items & Housekeeping

- Voting member updates. Two total voting member openings available. Cathryn Griffith recently resigned voting member seat. Brooke reiterated the importance of participating in the subcommittee prior to requesting becoming a voting member. Encouraging more involvement from public health and Medicaid Members or family members of Medicaid Members.

3. [State Accountable Care Collaborative \(ACC\) Program Improvement Advisory Committee \(PIAC\) Update](#)

- Dede de Percin (PIAC Voting Member) provides updates.
 - Changes in a total of eight PIAC members. Excited for the changes and conducting a coffee hour prior to the PIAC meetings along with retreats in order to integrate the new members.
 - Equity, Diversity, and Inclusion (EDI) work on hold until integrating new members.



- Discussion around Alternate Payment Model 2.0 and the complexities from COVID-19.
- P&CE presented on its work over the last quarter and presented a Care Coordination recommendation to the PIAC for consideration.
- Discussion of the likelihood in a public health emergency extension beyond January 2021.
- Joanna Martinson (P&CE Co-Chair) provides updates on the P&CE Regional Accountable Entity (RAE)-to-RAE Transition Process Recommendation Approved
 - Recommendations included a RAE-to-RAE transitions of care process and the care coordination referral form.
 - Joanna shared the executive summary of the recommendations.
 - PIAC approved the recommendation which will then be reviewed internally at the Dept. and then further discussed with the RAEs.

4. Workgroup Updates & Discussion

Joanna Martinson, P&CE Co-Chair, 20 minutes (8:20-8:40)

- Access to Specialty Care Workgroup - Lila Cummings & Vicente Cardona, Co-Chairs
 - Update from last meeting. Discussion of provider recruitment with Scott Linbloom from Healthcare Policy and Finance (HCPF). HCPF is looking to recruit over 10,000 new providers by June 2021. Discussion around overcoming payment and reimbursement stigmas for providers accepting Medicaid members. Also discussed the data of specialty care providers available to Medicaid members and how this informs recruitment efforts. Next meeting to explore action plans.
 - Brooke shared how this effort is aligned with one of the Governor's Wildly Important Goals (WIGs).
 - Shera Matthews recommended focusing on larger practices to accept Medicaid members.
 - Working group representation is currently adequate.
 - Discussion of the importance of eConsults. Andrea Loasby shares that she is happy collaborate because of her knowledge in this area.
- Care Coordination Workgroup - Joanna Martinson

- Updates from last meeting. Looking for a Co-Chair since Joanna has become a P&CE Subcommittee co-chair.
- Also working to recruit diverse provider and other entity representation to the work group.
- Looking to change the workgroup date to encourage more participation.
- Awaiting more direction from this meeting prior to moving forward with next steps.
- [Care Coordination within the ACC Population Management Framework](#) - Liana Major & Brooke Powers, HCPF
 - Liana provides an overview of how HCPF has refined the ACC focus to include: 1. member health improvement, 2. Medicaid cost control goals, and 3. RAE development of population management strategic plans. These efforts also align with the Governor's goals.
 - Overview of the statewide approach to addressing member health. 3 tier pyramid:
 - Top Tier - Complex Care Management - top 5% and most complex
 - Middle Tier - Condition Management - 15% chronic and potential emerging complex
 - Bottom Tier - Prevention Support and Resources - 80% and includes preventive and functional care, and community and social support
 - RAEs submit deliverables to HCPF that report on their work with these populations and care coordination.
 - HCPF has selected 10 higher cost conditions for focus: maternity, diabetes, hypertension, cardiovascular disease, asthma, Chronic Obstructive Pulmonary Disease (COPD), anxiety, depression, chronic pain, and Substance Use Disorder (SUD).
 - HCPF in collaboration with the RAEs are working to define care coordination for members with multiple chronic conditions.
 - Majority of members fall in the bottom tier (Prevention Support and Resources) which is lower intensity of services.

- Anita shared concerns about the bottom tier (80% of the population) not getting forgotten due to not having specific diagnoses or being in the top two tiers, especially considering we are in the middle of a pandemic.
- Liana acknowledges how this presentation may not capture the nuances of other important support services occurring at the bottom tier. Additionally, this model may have limitations and may change/evolve over the next 12 months.
- Complex Care is currently defined as a member costing \$25,000 or more a year. However, this definition may evolve.
- Discussion over equity concerns, health disparities, and interventions for disadvantages populations which may not account for a large percentage of the RAEs performance metrics. These discussions and new data around specific health disparities are currently being conducted with HCPF and the RAEs.
- Overview of Care Coordination Definitions.
 - **Deliberate Care Coordination** - A range of deliberate activities to organize and facilitate the appropriate delivery of health and social services that support member health and well-being.
 - **Extended Care Coordination (ECC)** - Activities targeted to specific members who require more intense and extended assistance and includes appropriate interventions. Care plan or face to face interaction.
- Discussion around the plan when social services are not available and how does complex care and coronavirus disease of 2019 (COVID-19) interact.
- RAEs shared some of their efforts and interventions to include movement across different tiers with supports and addressing emerging conditions.
- Overview of ECC performance data across the RAEs, the use of this data in the RAEs Performance Pool Metric, and the importance of refining the definition of ECC. There is currently a variation across the RAEs in how they define ECC. For example, what is counted as a care plan?
- Liana requests feedback regarding the following questions:
 - How does care coordination align with the population health framework?
 - What activities should count for extended care coordination?

- What revisions to these definitions should be considered for next year?
- Anita shared concerns with needing more clarity on the outcome goal of ECC and building out the definition and metrics from there.
- Members with Complex Care Needs - Sabine Durand, HCPF
 - Sabine provides an overview of HCPF's Risk Stratification Dashboard.
 - Andrea Loasby asks if practices could have access from the RAEs to avoid duplicate work. She shares that practices do receive complex member data but not able to manipulate.

5. Provider Interim Payment Program

Amanda Jacquecin, HCPF

- Overview of program, partnerships, model, and timeline.
 - Interim Payments for providers adversely impacted by the COVID-19 Pandemic, that provide Primary Care integrated with either Behavioral Health or Dental Services.
 - First payment (\$50,000) occurred in October 2020.
- Overview of Primary Care Medical Providers (PCMPs) selected - open to 115 practices with the following criteria:
 - Capitated payments are not included.
 - Small PCMPs providing integrated care (behavioral health and/or dental).
 - Billed less than \$70 in Quarter 4 (Q4) of Calendar Year 2019.
- 14 small Health First Colorado - enrolled practices applied.
- Overview of the previous eligibility process and requested feedback to better understand why more providers did not apply.
 - Discussion of the application process and practice internal resources that assisted in the application process. Recommendation to share how experienced practices navigated the application process with other potential applicants.

- Discussion on the concerns with the following eligibility criteria while battling COVID-19 and uncertainty with the future of Medicaid from election results: *Attests that the clinic site is not filing for bankruptcy, will not lay off staff or change wages during the interim payment period, and will repay the federal share by August 31, 2022.* This, however, is a federal requirement.
 - Medicaid percentage requirements were high for some providers, and as a result, prevented practices from applying.
 - Some providers did not apply due to fear of not being able to pay back.
- Overview of the timeline for Round 2 of the program.

Next meeting: December 10, 2020, 8:00-9:30 A.M.

Reasonable accommodations will be provided upon request for persons with disabilities. Please notify Brooke Powers at 303-866-2184 or brooke.powers@state.co.us or the 504/Americans with Disabilities Act (ADA) Coordinator hcpf504ada@state.co.us at least one week prior to the meeting to make arrangements.