COLORADO
Department of Health Care Policy & Financing

Meeting Minutes
Behavioral Health and Integration Strategies (BHIS) Program Improvement Advisory Committee (PIAC) Subcommittee

Virtual Meeting

March 6, 2024, 9:00 AM – 10:30 AM

1. Introductions

Facilitators:

- Daniel Darting — Signal Behavioral Health Network
- Lexis Mitchell — Health Care Policy & Financing (HCPF Liaison)

Voting Members:

- Tom Keller — Statewide PIAC
- Amanda Jones — Community Reach Center
- Monique McCollum — Parent of special needs children on Medicaid
- Charles Davis — Crossroads' Turnings Points, Inc.
- Nina Marinello — SCL Health
- Elizabeth Freudenthal — Children's Hospital
- Deb Huston — Behavioral Health Administration
- Taylor Miranda Thompson — Colorado Community Health Network

Other Attendees: Andrea Bradley, Alan Girard, Andrea Alvarez, Andrea Loasby, Andrea Kedley, Angela Ukoha, Angi Wold, Ashleigh Phillips, Becky Selig, Brandon Arnold, Christine O, Christopher Anderson, Courtney Bishop, Cris Matoush, Edward Arnold, Elise Neyerlin, Emilee Kaminski, Erin Herman, Frank Cornelia, Gina Stepuncik, Jennefer, Jillian Rivera, John Laukkanen, Kara Gehring, Katie Lonigro, Kelli Gill, Kelly Kropf, Krista Anderson, Krista Cavataio, Laurel Karabatsos, Lauren Gomez, Lisa Pulver, Lori Crawford, Lori Roberts, Madhu M., Marisa Gullicksrud, Matthew Sundeen, Maureen Carney, Melissa Eddleman, Michelle Blady, Michelle Maddrell, Mika Gans,

Mona Allen, Natalie Hazemi, Nina Marinello, Raina Ali, Rosario Escobedo, Sandi Wetenkamp, Sarah Switala, Sarah Thomas, Saskia Young, Sherrie Bedonie, Stacey Samaro, Stacy Stapp, Stephanie Masilan, Suzanne Kinney, Tessa Stackow, Thomas Keller

2. Housekeeping

Daniel Darting calls the group to approve the February 2024 BHIS minutes. Daniel Darting motions to approve; Deb Hutson seconds. Committee members voted to approve the February 2024 minutes. There are no objections or abstentions. February 2024 meeting minutes are approved by voting members.

3. Accountable Care Collaborative (ACC) Phase III Draft Contract

Matt Sundeen from HCPF attended the meeting to answer questions on the ACC Phase III Draft Contract.

- The draft contract outlines the requirements that bidders must meet in order to serve as a RAE in ACC Phase III. Organizations interested in becoming RAEs will submit bids that outline their capabilities for meeting the requirements within the Draft Contract.
- For more information regarding the Draft Contract, visit the ACC Phase III website.
- Questions from the committee:
  - Will attribution in Phase 3 be based on geographic location or previous visits with primary care medical providers (PCMPs)?
    - If there is no individual claim history, family claim history will be used. If there is no family claim history, the address will be used to geographically attribute the member to the PCMP nearest to them. For Phase 3, the focus will be on assigning members to a RAE based on geography rather than a PCMP based on geography. There are some implications for PCMPs that have received geographic attribution historically. There have been questions and feedback on this approach and it is subject to change based on that feedback received.
  - Many providers rely on the PMPM payment received for members who are geographically attributed to them, and are not paid enough to bring members into care. Will PMPM decrease as a result of this change in attribution methodology?

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    - HCPF has spent a lot of time looking at attribution data and where members are located versus where they receive services, and using that to inform updated attribution methodology. We want to ensure that providers are getting paid for members they serve. Anybody who has feedback on attribution methodology is encouraged to provide it via the feedback form, as that is what the team will use to inform the RFP.

- What was the methodology that was used to estimate attribution for the RAEs in Phase 3?

    - There were several sources of data used: the geographic size of each region, members living in particular counties, PHE unwind data and data from prior to the PHE was used to estimate the estimated number of members per region. Minimal levels of members are needed per region to ensure that there's adequate funding for the RAEs to provide all necessary services and meet HCPF expectations. By reducing the overall number of regions, we're expecting to have higher levels of members and therefore more consistency and services across all four regions.

- Positive feedback was offered regarding incentive pay in the draft contract. Many stakeholders are happy with this change, especially in addition to value-based payment programming and alternative payment models to incentivize providers directly.

- There was a question about how the contract member guide gets to members who do not participate in PIAC or its subcommittees.

    - The guide was created in partnership with Colorado Health Institute (CHI), who worked with a Community-Based Organization to test the language and ensure the correct information was included. The guide was sent out to everyone who registered and attended the public member session. The guide was also posted on the website.

    - Feedback was offered that this guide could be used for members to inform them of available services that they can access. Additionally, it would be great to offer continued member public sessions to increase awareness of offerings and available services.

    - There needs to be more in the contract to hold RAEs accountable for member outreach and ensuring that members have access to all services and are aware of the services available to them.

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- Will incentives be provided to members who support PIAC and its subcommittees, or MEACs? If so, how are we ensuring that any incentive going to member do not cross a line of the anti-kickback Federal legislation?
    - Member incentives as written in the contract are around encouraging specific health behaviors. There has been feedback received around compensating members for their time participating in PIAC, subcommittees, and other similar efforts and this is something HCPF is exploring.
- In the draft contract, there are three tiers of practice capacity to provide different levels of payment and support. The proposed tiers in the contract look great, but the tiers described in one of Mark Quierolo's presentations were completely different from what is described in the contract.
    - If there is feedback on the tiers, submit that feedback to the feedback form so that HCPF can review all feedback and make changes accordingly. As of right now, what is proposed in the draft contract has not been modified, but it may be pending the feedback received.

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4. Public Health Emergency (PHE) Unwind and Enrollment Challenges Discussion

Daniel Darting, Monique McCollum, and Lexis Mitchell facilitated a discussion on the impacts of the PHE Unwind.

- Some of the bigger issues that have come up with the PHE unwind is that individuals can't get their psychiatric medications, and some have even ended up in the hospital due to lack of access to their medications. It would be very helpful to know about any lower cost access to medications that these individuals could be referred to.
- It has been a huge challenge to find other coverage or methods of paying for medications or treatment for individuals who have lost Medicaid coverage and are no longer eligible.
- RAEs have been working with members who may have lost coverage to refer them to Connect for Health Colorado and other resources. However, this is a department-level issue, not just an ACC-level issue, so there are many people involved in this unprecedented event for which we are learning to navigate.
- Many members who have lost coverage are still eligible, and even when they

submit all necessary paperwork, their coverage still is not reinstated. Calls are unsuccessful with being able to connect with someone who can help, and when members are able to get status updates on their application, they are hearing that there is a backlog of applications back to November that are still being processed. It is unclear if, when applications are approved, coverage will be retroactive back to the date of the application.

  - There is a time limit on retroactive coverage, so if it takes too long to process applications, even if they are approved, coverage may not go back to cover all care since the date of the application.

- Providers are impacted by disenrollment as well, as they are receiving fewer PMPM dollars. Are there pools of unused PMPM dollars from these individuals that have been disenrolled? Perhaps this money could be used to incentivize providers to provide treatment to individuals who are Medicaid eligible but are not currently enrolled.

- Is there a possibility to focus on individuals who enrolled in Medicaid during the pandemic and prioritize their applications and eligibility status? There are individuals who had Medicaid coverage prior to the pandemic and have provided documentation to prove eligibility for many years, and this is not the group of members who should be prioritized for redetermining their eligibility, as they are likely eligible.

5. Wrap Up and Next Steps

Next meeting will be April 3, 2024.

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