

July 26, 2023 Meeting Chat and Questions/Answers – SE Colorado

Meeting Chat

Suman Mathur (she/her) - CHI:	Slides for today are available here, in both English and Spanish:
Suman Mathur (she/her) - CHI:	Health First Colorado Member, please complete this form to sign-up to receive compensation for your participation today - https://forms.gle/kuNsMiAhL4tTrmZv9
Ashlie Brown:	Please use this chat for comments and use the Q&A feature to ask questions, if possible.
Ashlie Brown:	We are looking forward to a robust discussion this morning! Submitting questions in the Q&A will help us to ensure that your question doesn't get lost in comments in the chat.
Ashlie Brown:	If the Q&A feature isn't working for you, that's ok! You can submit your questions here in the chat.
Suman Mathur (she/her) - CHI:	The ACC Phase III webpage, which includes a high-level timeline of the RFP process, is available at this link - https://hcpf.colorado.gov/accphase3
Suman Mathur (she/her) - CHI:	An image of this proposed map is available at this link - https://hcpf.colorado.gov/sites/hcpf/files/ACC%20Phase%20III%20RAE%20Four%20Region%20Map%20Proposal.pdf
Attendee:	Good morning. I appreciate the reduction in regions. I do have concerns about moving the far SE region north. Looking at claims data, it is clear that when people need additional resources they go west, toward the front range. This makes sense for ease of care coordination within the RAE, rather than across RAE regions. Keeping the SE region aligned with Las Animas, Huerfano, and Pueblo would be much more efficient. Also, there is already 25 years of experience and relationships established regarding efficient referrals and the necessary care coordination to our west. Thank you.
Ashlie Brown:	Thank you for this feedback, [Attendee]!
Attendee:	Thanks for sharing it. I know care coordination will continue to be important in the future, and as I indicated our care coordination efforts are 99% west, not north.
Ashlie Brown:	Recap: Why were Pueblo, Las Animas, and other SE counties grouped with the western slope? Population size is not the only consideration in proposing regions; however, it was a factor in trying to keep the region sizes more similar between regions. We also looked at existing relationships and current utilization patterns to draw these proposed regions.
Attendee:	Ashlie - can you elaborate on that response? What existing relationships and utilizations patterns specifically drove the thinking on this map proposal?

Ashlie Brown:	Recap: Sharing a concern that Kiowa, Crowley, and other SE counties currently seek care in Pueblo or El Paso counties. The current region doesn't reflect current utilization for those SE corner counties.
Attendee:	I think this brings up the idea that has been said at the San Luis Valley Stakeholder meeting, where there is a Southern region that keeps the San Luis Valley and the Southeast region together as their worries and concerns are a lot more similar. As well as the what Sara said the patients in those regions utilize Pueblo highly, due to the rurality.
Ashlie Brown:	Thanks, [Attendee]. We will ask Matt to elaborate on this response live.
Ashlie Brown:	Thanks for this feedback, [Attendee]. We are capturing all comments and feedback to help inform the final decision on regions.
Attendee:	The Northern feedback to which I was referring was in response to the 3-region map, not the 7-region map.
Attendee:	While patients have always had the ability to access care in other RAE regions, care coordination across RAE regions is much more difficult than within their region.
Ashlie Brown:	Recap: HCPF has looked at claims data for FFS and encounter data from RAEs. Also held conversations with each current RAE about utilization patterns. We tried to get a better understanding of where members currently seek care and where providers are located. This utilization analysis was one component that we considered in this regional proposal.
Ashlie Brown:	Thanks for this clarification, [Attendee]
Ashlie Brown:	Thanks for this feedback, [Attendee].
Attendee:	What is the timeframe for a finalized map?
Attendee:	Thank you for the specialty care response. If we have large rural regions, whatever the shape, these regions may need additional support for specialty care, i.e., virtual consults or outreach clinics provided by regions where specialists are concentrated. Perhaps this could be explored as a requirement of the R2 and R3 RAEs (to help R1 and R4)?
Attendee:	Through my questions, it is clear I do not believe this separation of the SE counties is advantageous to our members when reviewing the criteria you have evaluated. I hope that it simply isn't because we need to get an additional 17,500 members to the NE for better balancing the proposed RAE region numbers.
Ashlie Brown:	Thanks for this feedback, [Attendee]. We have captured this idea for consideration!
Attendee:	Agree, [Attendee] - and it has been documented over and over again that when our SE region is supposed to be served by a provider with a large area, and frankly more populous areas, our rural & frontier individuals suffer and do not get good service.

Ashlie Brown:	Recap of live answer: The draft RFP will have a map. This will still be a draft and there is more opportunity for feedback at that point. We also have one additional meeting to discuss regions tomorrow. At some point, we will have to make a final decision. We appreciate the feedback and this is very helpful to HCPF in make this crucial decision.
Ashlie Brown:	Thanks for this feedback, [Attendee].
Ashlie Brown:	Thanks for this feedback, [Attendee]
Suman Mathur (she/her) - CHI:	If you would like to share your thoughts on this map, please complete this survey by July 31 - https://www.surveymonkey.com/r/RAERegions_July23
	Si desea compartir sus opiniones sobre este mapa, llene esta encuesta antes del 31 de julio de 2023: https://es.surveymonkey.com/r/RAERegions_July23_Esp
Suman Mathur (she/her) - CHI:	The survey link, a summary fact sheet, past meeting materials, and information on upcoming meetings is available on the Department's ACC III webpage - https://hcpf.colorado.gov/acc-phase-iii-stakeholder-engagement
Attendee:	Thank you
Attendee:	Thank you to everyone for joining us today!
Peter Manetta - CALPHO:	Thank you!

Q & A

Question	Answer
The draft RFP seems to be an important document to reference in order to provide input on the Regions map. Will the map be finalized before the draft FRP is released? What is the draft RFP release date?	The draft RFP will be released later this Fall. A full timeline of the stakeholder engagement and RFP process is available on the ACC Phase 3 webpage - https://hcpf.colorado.gov/accphase3
How will care coordination requirements and expectations change, if at all, in 3.0? Could the CC centralized at the RAE versus at the PCMP level impact the map design?	Recap of live answer: Each RAE currently uses a different approach to care coordination. HCPF has not been prescriptive about the model, but instead has focused on the contractual requirements for the RAEs. We have not decided which requirements may change in the draft RFP for Phase III; this is currently under consideration and will be discussed in more depth in future stakeholder meetings this fall.

<p>Was specialty care access part of the map analysis and drafting? This is becoming a very challenging issue in SoCo.</p>	<p>Recap of live answer: Specialty providers in many areas of our state are very limited. HCPF recognizes that redrawing the maps will not solve the shortage of specialty care. Members will be able to seek specialist care in any region. We did consider specialty utilization in the regional proposal.</p>
<p>What are the benefits of having regional ACO's versus one statewide ACO?</p>	<p>There are benefits to regionality - frontier and rural counties have different challenges, access needs, etc than Denver Metro or the Front Range. Desire to create a system of care that addresses challenges in a more regionally appropriate manner. Some level of regionality was viewed as a success from Phase II.</p>
<p>Thanks Matt, but why couldn't a single admin entity have internal divisions for regional/local supports?</p>	<p>Recap of live answer: HCPF is trying to balance between something that is too small and something that is too big. Stakeholder feedback has indicated that the current 7 regions are too small, while one region would be too large.</p>
<p>Is there an opportunity to see a comparison of the current RAEs performance (KPIs, BHIPs, etc) throughout the contract? It would be interesting to see how performance might associate with size of the region historically.</p>	
<p>I would also be very interested in RAE performance over ACC II</p>	