



MINUTES OF THE MEETING OF THE Performance Measurement and Member Engagement (PMME) Committee

253-215-8782 or 346-248-7799

Meeting ID: 939 1214 7561 Passcode: 385864

<https://zoom.us/j/93912147561?pwd=eG1xR2JLMmZmeDU0VXhwU051dnZjdz09>

January 23, 2025

1. Welcome, Introductions and Housekeeping

Voting Members Present: Bethany Pray (CCLP), Daphne McCabe (Boulder County Public Health), Bob Conkey (Health First Colorado member), Mike Morosits (Colorado Community Health Network), Fatima Kiass (Empowered Connections), Jennie Munthali (CDPHE), Brent Pike (Health First Colorado Member), Samantha Fields, Janelle Jenkins (Health First Colorado member).

Voting Members Absent: Ealasha Vaughner (Health First Colorado member), John Miller (Health First Colorado member), Luke Wheeland.

HCPF Staff: Erin Herman, Nancy Mace, Lexis Mitchell, Emily Kelley, Katie Lonigro, Erin Sears, Tom Franchi, Misti Maddrell, Andi Bradley, Lauren Landers.

Other Participants: Kristin Waldrop, Alee LaCalamito, Andrea Loasby, Anna Pittar-Moreno, Ashleigh Phillips, Becky Selig, Chantel Hawkins, David Keller, M.D., Demetria Sengottaiyan, Ed Arnold, Elizabeth Freudenthal, Eric Cibak, Gerardo Silva-Padron, Holly Cherry, Jeanine Draut, Jennie Munthali, Katherine Price, Katie DeFord, Kim Herek, Kristin Waldrop, Lauren Ratliff, Lynne Fabian, Matthew Wilkins, Meredith Munoz, ReNae Andeson, Shamika Mane, Suman Mathur, Taylor Kelley, Tyannah, Violet Willet.

A quorum of voting members was present. The December meeting minutes were reviewed and approved.

2. CMS Quality Strategy (Emily Kelley, HCPF)

Emily Kelley (EK), HCPF, provided an update on HCPF's CMS Quality Strategy.

The Quality Strategy is a road map for states and their contracted health plans in assessing the quality-of-care beneficiaries receive and set measurable goals for improvement.



- The Department must review and update its QS as needed, but no less than every three years.
- The Department will finalize the 2024 CMS Quality Strategy by January 30, 2025:
 - Updates to previous Quality Strategy
 - 2024 Evaluation of Effectiveness of QS
- The Department will post the 2024 CMS QS to the Department's website for Public Comment:
 - Open January 30, 2025
 - Close March 1, 2025
- During the Open Public Comment period, stakeholders will have the opportunity to submit feedback by the following:

Email: hcpf_quality_improvement@state.co.us

Fax machine: 303-866-4411, Attn: Public Comment - 2024 CMS Quality Strategy

Mail: Colorado Department of Health Care Policy and Financing
Attn: Public Comment - 2024 CMS Quality Strategy
303 E. 17th Avenue #1100
Denver, CO 80203

- A question was raised regarding whether the feedback would be shared publicly. EK will need to look into this.

3. Care Coordination Update and Process Overview (Lauren Landers, HCPF)

Lauren Landers (LL), HCPF, provided an update on Care Coordination within the ACC program and facilitated discussion with committee members. Committee members asked questions and provided feedback.

- LL addressed a question about what data the care coordinators have access to. In general, the RAEs have access to eligibility through the eligibility files. Care coordinators have access to other platforms (e.g. ones that Case Management agencies use and the health information exchange) and there is automation that pulls that into their care coordination system.



- A committee member asked if there is a way for a family member or advocate to chime in and say someone needs to be bumped up for care? LL clarified that this depends on if the member has a release of information for this person.
- LL noted that where a member falls in the care coordination tiers is supposed to be made between the member and the care coordinator. This isn't supposed to be an automatic process so it can be member driven.
- A committee member asked about new members that have behavioral and physical health needs who may not reach out on their own- How do those people get picked up for care coordination? LL clarified that self- referrals are permitted and providers can also refer (provider can be a Community based organization).
- LL clarified that this is available at their point of care regardless of whether they are inpatient.
- A question was raised regarding the age range for the "child" care coordination. LL shared that we don't generally mandate a cutoff for adults/children when it comes to care coordination, we just have a difference between the type of focus populations. For example, asthma is a condition that would put a child in tier 2, but not an adult.
- A comment was made regarding whether HCPF had considered the payment implications if RAEs have different systems for tiering care coordination. LL confirmed that HCPF has taken this into consideration.
- LL clarified that the RAE care coordination policy guides will not be public at the start of Phase III. However, this is being discussed internally and may change.

Violet Willet (VW), RMHP, provided an overview of how RAE1 manages Care Coordination in their region.

- Care Coordination Teams
 - The RMHP care coordination model includes internal care coordination staff, and a network of Integrated Community Care Teams (ICCT) based in locations throughout the region (e.g., CBO, FQHC, PCMP, Public Health) and provide a community and Member-centered approach to care coordination for our population.
 - Specialty and general care coordination activities with multiple populations of focus including behavioral health/substance use, disease



management, maternity, children and youth, housing, foster care, and transitions of care management.

- Care coordinators document assessments, care plans and Member interactions in Essette, RMHP’s clinical care coordination (CM, CMA, UM) platform. Documentation is regularly reviewed and used for state reporting and continuity of care coordination.
- Organization Partners: Health Neighborhood
 - RMHP supports a comprehensive health neighborhood that includes providers, hospitals, public health agencies, community organizations and other partners who promote access to high-quality, whole-person care for all Members.
 - Care Coordination and Case Management: Integrated Community Care Teams (ICCT) and Community Integration Agreements, Case Management Agency, Transitions of Care, Department of Corrections, Creative Solutions.
 - Health Related Social Needs: Community Based Organizations, Community Paramedics, Renewal (Partnerships with multiple application assistance sites to support Members at risk of losing Medicaid benefits and assist with redetermination or connect Members with other health coverage options).
 - Physical Health, Provider Network, Hospitals, Colorado Specialty CareConnect (CSCC) (RMHP’s eConsult platform).
 - Behavioral Health: ASO & MSO, Provider Network, Access to care (Innovative programs that promote access to behavioral health services throughout the region), Community Safety Net Provider (CSNP) (Weekly meeting and collaboration with each CSNP in the region).
 - Other Programs: Colorado Cross Disability Coalition (CCDC), Child Welfare, Member Advisory Councils (MAC), Nurse Family Partnership, The Western Slope Native American Resource Center (WSNARC), Health Information Exchange.
- Care Coordination Primary Components
 - Member stratification: Stratification of Members into categories utilizing RMHP’s model for population stratification that considers both the National Committee for Quality Assurance (NCQA)

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stratification model and Health Care Policy and Finance's (HCPF) stratification model.

- Clinical event management: Support Members during Admissions/Discharges/Transfers from facilities, emergency department (ED) visits, and crisis calls.
- Special population management: Identify Members of special populations with similar needs to assess for needs and to coordinate care.
- Referral processing: Receive referrals and follow-up in a timely manner; coordinate with outside resources and partners as needed.
- Communication integration: Integrate with Community Mental Health Centers, Independent Provider Network (IPN) providers, Primary Care Practices and other community entities to establish a repository of resources for the communities served.

4. Member Communication Strategies and Resources (Katie Lonigro, HCPF and Suman Mathur, CHI)

Katie Lonigro, HCPF, and Suman Mathur, CHI, led a discussion with committee members regarding communications for ACC Phase III. Committee members provided feedback in response to discussion questions.

What kind of information is most important for members to know prior to July 1?

How do we best communicate that coverage won't be lost but you may have a different RAE?

- The biggest thing is accuracy.
- If you want to communicate to members that their coverage won't be lost but they will have a different RAE, you need to communicate what that means. Communication should specify what the RAE does and it needs to explain what will/won't change. You can't assume members know what their RAE can do. In particular, communication should focus on those people who are changing RAEs. But, if a member's RAE won't change, they need to know this too.
 - Another committee member stressed that the RAE's function needs to be explained in communications.



- Information needs to be sent out starting sooner rather than later- March, April, May.
- Committee members made a few suggestions regarding sources of communication: Train the pharmacists, use of a QR Code, food banks, Case management agencies, care coordinator outreach out to individuals.

Who would members go to for answers?

- Committee members made the following suggestions: fellow members, neighbors, Promotoros, churches, health fairs, and Facebook groups.
- Whoever has been in contact with a member already is who should be used to communicate with the member (e.g. long-term care, care aides). You should not rely just on the RAEs.

What has been effective for agencies?

- Use community advocates and community forums. For example, go present at Family Voice Council and they connected to other organizations/individuals.

Committee members are encouraged to send additional suggestions to Suman Mahur by email: MathurS@coloradohealthinstitute.org

5. Open Comment, Next Steps, and Wrap Up (Daphne McCabe, PMME Co-Chair)

- DM opened the meeting to the public for comment. There were no comments.
- The next PMME meeting is February 27, 2025.

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