COLORADO
Department of Health Care Policy & Financing

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

April 28, 2022

1. Introductions and Approval of Minutes

CS did a roll call of voting Committee members.

Voting Members Present: Christina Suh (Phreesia/CHCO), Brandon Ward (Jefferson Center for Mental Health), Luke Wheeland (The Arc), Bob Conkey (Health First Colorado member), Ealasha Vaughner (Health First Colorado member), Angie Goodger (CDPHE), Janelle Jenkins (Health First Colorado member), Greta Macey (Tri County Health Department), Brent Pike (Health First Colorado member).

Voting Members Absent: Bethany Pray (CCLP), Kayla Frawley (Clayton Early Learning), Kenda Pritchard (Spanish Peaks Regional Health Center), Jill Atkinson (Community Reach Center), Valerie Nielsen (CCHN).

Other Participants: Ed Arnold (Beacon), Jake Coutts (COA), Kate Hayes, Jill McFadden, Ashley Clement (NHP), Alee LaCalamito (NHP), Jane Reed (COA), Kellen Roth, Eva Ogbon, Cecile Fraley, Melissa Schuchman (RAE2/RAE4), Nikole Konkoly (RMHP), Randi Addington (HCI), Katie Mortenson (CCHA), Tina McCrory (HCI), Emilee Kaminski (CCHO and UC Dept of Pediatrics), Kate Hayes (Planned Parenthood), Cindy Mattingley.

HCPF Staff: Erin Herman, Nancy Mace, Megan Comer, Milena Guajardo, Sabine Durand, Matthew Vance.

The March meeting minutes were approved by the PMME committee members. There were no abstentions.

2. Update from State ACC PIAC (Christina Suh, PMME Co-Chair)

CS updated the Committee on the April State PIAC meeting (see presentation).

PIAC meeting notes and slides can be found here.

- The PIAC committee brainstormed topics/questions for Kim Bimestefer, HCPF Executive Director, for the May PIAC meeting
- The PIAC Subcommittees provided updates
- ACC 2.0 Discussion
- HCPF Updates
    - Provider Complaints – lots of feedback from independent providers for behavioral health
        - Started independent provider network forums
        - New website: https://hcpf.colorado.gov/behavioral-health-independent-provider-network-forum
    - ARPA funds – ramping up on projects/staffing
    - Hiring senior level behavioral health advisor
    - Left over performance pool dollars
        - Asking RAEs to send plans related to PHE unwind, COVID vaccination, childhood immunization efforts, prescriber tool, e-health/telehealth
    - PHE unwind
        - Moving forward with renewal notification plan
        - Questions about treating uninsured Coloradans for COVID – option to bill Medicaid
    - Tracy Johnson (Medicaid Director) stepping down

3. Housekeeping/Follow Up Items (Erin Herman, Sabine Durand and Michael Vance, HCPF)

EH addressed some questions that came up at the April PMME meeting regarding the Member survey on well child visits.

- The survey did not ask for the age of the respondent's children.
- The survey was sent to Members who opted in to receive email communication from HCPF.

SD and MV shared updates they made to the well child visit dashboard that the Department developed.

- The dashboard was updated to no longer include Emergency Room/Urgent Care visits as well child visits.
- The "Gender" label on the dashboard was changed to "Sex at Birth".
- Utilizer Indicator/Other services children are receiving was added for children who did not receive a well child visit.
- Filters for rural, frontier, and urban may be added to the dashboard at a future date.

The committee viewed the data with various filters that were requested by the committee.

- The well child visit compliance steadily rises until the age of 11-12 and then drops.
    - Committee members commented that may be a result of school required vaccinations in this age group.
- Dental visits are the top two categories of visits for Members who did not have a well child visit.
- A committee member asked if it is possible to tell if it is the same people getting their regular dental care that are coming in for well visits?
    - Committee members agreed that this is an interesting area to explore.

The Department clarified that RAEs have access to the Well Child Visit Key Performance Indicator data for their RAE on the DAP, but they do not have access to this dashboard.

4. Well Child Visit Learnings and Recommendations (Christina Suh, PMME Co-Chair)

CS led the committee through a discussion of potential recommendations based on the conversations and learnings of the committee over the last few months (see presentation). Committee members reviewed potential recommendations and discussed these together.

1. Increase reimbursement for well child visits (specific billing codes) and/or ensure that reimbursement for Early and Periodic Screening Diagnosis and Treatment (EPSDT) well-child visits is greater than payment for a standard sick visit or an incomplete exam.
   - The goal of this is to give incentive to providers to provide these well child visits.
     - It was suggested they would hire more staff, pay staff to stay later, or pay them to work on weekends.
     - A committee member proposed a temporary payment incentive that would only become long standing if successful.
   - A few committee members expressed concern about the additional funds:
     - Some practices may not have enough staff to be able to use the funds to increase well child visits.
     - What would the practice do with the additional funds?
     - Would the additional funds be enough to hire additional staff or to increase the number of well child visits and how much this would cost the program?
   - A committee member commented that there was a time when well child visits were reimbursed at a higher rate and it did incentivize more well visits. It would be interesting to get more information on this.

2. Improve education for clinic staff on well child billing practices for Medicaid Members.
   Examples include: Appropriate billing codes for well child visits, acceptable timing for Medicaid member well child visits- (there is not a 365-day wait requirement for well child visits), facilitate siblings getting well child visits together, transportation availability..
     - A comment was made regarding the need for clear documentation and/or rules thatallow for reimbursement for more than on well child visit during a 12-month period. This documentation can be hard to find.

3. Improve education for Members on Well Child Visits.
   Examples include: Increase education on what a well child visit is and why they are important, revise EPSDT outreach materials on well visits as needed, a child can have multiple well child visits in a year, well child visits are free, well child visit can include a sports physical needed for sports participation.
     - A committee member asked how this education would take place. This is a good recommendation but how this is implemented is important to consider.
     - A commenter mentioned that transportation is a challenge.
     - A committee member asked about a policy allowing a sibling to come along to a school-based clinic?
       - Each school based clinic has their own policy on who is

eligible for services.
- Educational materials need to have clear messaging related to the ages and recommended visits.

4. Implement a State requirement for a well child visit at particular intervals.
    - Could be in line with recommended vaccinations (partner with school district leadership.)
    - Committee members expressed some concern that making this a requirement might create more barriers and equity challenges for some families/children.
        - Don't want this requirement to impact some more than others.
        - Another committee member expressed concern about ensuring that this is done in an equitable way for children with disabilities.
        - Need to think about what happens to those who don't meet the requirement. Could inadvertently create a problem.
        - Another committee member suggested to use incentives to encourage instead of penalizing those who don't receive well child visits.
    - Concern was expressed that this recommendation seems beyond the scope of the committee.
    - Committee members preferred to remove the examples from the recommendations and leaving it broad.

5. Clinics/RAEs to expand outreach to Members to schedule well child visits. Examples include:
    - Send reminders to Members that they are due/overdue for a visit.
    - Reminder from the RAE or practice
    - Birthday cards, text, call, postcard
    - Practices to provide Child/Family incentives (e.g., gift cards, diapers, groceries)
        - A committee member said that a lot of practices are already doing this, and a lot of these efforts do not seem to be effective.
        - Another committee member shared that the Member attribution lists are a real challenge for practices, and they don't have resources to spend more time with outreach.
        - One commenter shared that this recommendation creates an opportunity for practices and RAEs to work together.
        - A committee member suggested clinics scheduling the next visit while the Member is at the physician's office.

6. Increase efforts to address transportation issues for Members coming in for their Well Child visits.

Examples include: Increase education for clinic office staff on transportation options available to Medicaid Members coming into the doctor's office; increase education for Members about transportation options available; create a standard protocol for RAEs/practices to offer, provide, and assist with arranging transportation when appointments are scheduled; require that RAEs provide EPSDT outreach staff available to follow up with arrangements after an appointment is scheduled.

- A committee member shared that the transportation options available are limited.
- A few committee members suggested thinking about mobile clinics or at home visits. We can re-think ways to get a well child visit.
- A committee member suggested that this could be an opportunity to make a major change to the transportation options. What if every well child visit had transportation included?

7. RAEs to encourage practice/clinics to increase hours offered for well child visits. Explore other creative options to expand access to care.
   Examples include: RAEs to find ways to incentivize practices to expand hours; partner with community organizations/community leaders; back to school well child clinics; weekend family events.

    - A committee member commented that most clinics do have extended hours, but they are mostly for sick visits.
    - A few committee members commented that community events for well visits seems like a good opportunity to outreach families.
        - Similar to what has been done in the community with Covid vaccinations.

5. Public Comment

CS opened the meeting to the public for comment. No comments were made.

6. Wrap Up/Next Steps (Christina Suh, PMME Co-Chair)

The committee will finish their discussion regarding potential recommendations for well child visits at the next PMME committee meeting.

The committee is currently recruiting 1-2 new voting committee members.

Future meeting discussions include:

- Review Key Performance Indicator (KPI) Data
- Explore Member attribution

The next committee meeting is scheduled for May 26, 2022, from 3:00-4:30pm.