



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

253-215-8782 or 346-248-7799

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

April 27, 2023

1. Welcome, Introductions and Housekeeping

Christina Suh (CS) did a roll call of voting Committee members.

Voting Members Present: Christina Suh (Phreesia/CHCO), Bethany Pray (CCLP), Jill McFadden (Front Range Health Partners), Daphne McCabe (Boulder County Public Health), Jennie Munthali (CDPHE), Bob Conkey (Health First Colorado member), Samuel Herbert (Wray Community District Hospital), Janelle Jenkins (Health First Colorado member).

Voting Members Absent: Ealasha Vaughner (Health First Colorado member), Greta Allen (Colorado Blueprint to End Hunger), Luke Wheeland (The Arc), Brent Pike (Health First Colorado member), Brandon Ward (Jefferson Center for Mental Health).

HCPF Staff: Erin Herman, Nancy Mace, Lauren Landers-Tabares, Katie LoNigro, Megan Comer, Andrew Alfonso, Marius Nielsen, Amy Luu.

Other Participants: Anna Pittar-Moreno, Alee LaCalamito (NHP), Allie Morgan (CHI), Alyssa Rose (RMHP), Andrea Loasby, Becky Fowler, Cathy Michopoulos, Dawn Surface, Emilee Kaminski, Heather Hankins, Jane Reed, John Mahalik, Katie Mortenson, Kellen Roth, Lynne Fabian, Melissa Schuchmann, ReNae Anderson (RMHP), Samantha Fields, Sarah Hamilton, Sophie Thomas.

A quorum of voting members was present.

The March meeting minutes were approved. There were no abstentions.

Daphne McCabe provided an update from the April PIAC meeting.

- Additional PIAC [meeting materials](#) are located on the HCPF website.

The committee reviewed a draft of PMME's charter that was updated to include a link to the Department's definition of [health equity](#).

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- The committee discussed health equity disparity reduction. They agreed they would like to explore this topic in more depth in the future.

2. RAE and BHASO Alignment (Suman Mather and Allie Morgan, CHI)

Suman Mather (SM) and Allie Morgan (AM), CHI led a discussion with the committee regarding alignment of the [Regional Accountable Entities \(RAEs\) and Behavioral Health Administrative Service Organizations \(BHASOs\)](#).

- Factors Considered: Geography/number of counties, population demographics, behavioral health needs, continuum of behavioral health services, Medicaid utilization patterns, provider networks, and stakeholder feedback
- Stakeholders expressed concern about building two entirely separate systems and emphasized that alignment through procedures and geography was important.
- The Department of Health Care Policy & Financing and the Behavioral Health Administration are committed to being thoughtful about how the RAEs and BHASOs might align.
- The current timeline for the Phase III RAEs is July 1, 2025 and the current timeline for the BHASOs is July 2024 but there is currently a proposed bill that would change the timeline to July 2025.
 - Further information regarding the amended [HB23-123](#) bill.
- Goal is to simplify systems and incentivize better outcomes
- SM and AM noted that the final map has not yet been decided.
- More information about ACC Phase III planning and timelines can be found on the [ACC III webpage](#).
- Past ACC Phase III meeting [presentation materials](#) are available and will be updated with any upcoming meeting information.

SM and AM posed the following two questions for the group to discuss. Voting committee members and all meeting attendees were encouraged to participate in the discussion.

1. *Are there any data points or key considerations that we've missed that should be examined in the process of determining these regions?*



- A committee member noted that for the Boulder County region we need to consider transportation routes.

2. *Should any of the regions be further subdivided to have multiple RAE regions?*

- A committee member asked about reasons for the switch to three regions versus the previous seven regions.
- A committee member asked if one of the goals is to make sure that case management regions are also aligned?
- Are there other ways the Dept hopes to achieve “regionality” with move to larger regions?
- Will case management agencies be aligned with these regions?
- How will dollars get split between RAEs if population sizes vary greatly?
- Committee members shared some questions and comments regarding Boulder county placement/Region 1:
 - Population centers: Is Boulder in this region to balance population?
 - Concern about split of Boulder and Broomfield counties.
 - Data isn’t representative of the highest risk individuals, such as people experiencing homelessness whose service patterns look different.
 - A request was made to run service utilization data for 300% Federal Poverty Level and the BHASO geographic utilization charts for the top 20% of high utilizers.

Please feel free to email [Suman Mathur](#) with additional comments or questions.

- All are encouraged to utilize the Phase III [feedback form](#)

3. Health Needs Survey (Nancy Mace, HCPF)

Nancy Mace provided an [update](#) to the committee regarding the Health Needs survey including CMS requirements and research into what other states are doing.

- CMS requirements regarding the survey were discussed.
 - §42 C.F.R. §438.208 Coordination and Continuity of Care specifies

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that the MCO, PIHP, or PAHP make a “best effort” to conduct an initial screening for all enrollees within 90 days of enrollment.

- In some states the Medicaid agency administers the survey, in other states the managed care organization administers the survey, and in some states, this is a share responsibility.
- Sometimes an incentive is offered to Members to complete the survey.
- Terminology used to describe the survey varies including health needs survey, health needs assessment, and health risk assessment.
- The committee looked at sample surveys for different states and then discussed the health needs survey and the information presented:
 - Survey data was discussed and whether this should be kept at the provider level or shared more broadly with the RAE.
 - A committee member suggested making the Health Needs survey a key performance indicator for providers. This would encourage providers to administer the survey.
 - There are CPT codes identify a new patient.
 - A few committee members commented on whether the Health Needs survey could be a requirement for Members.
 - BP clarified that the state can’t require Members to complete the survey but that administering the survey could be a requirement for the provider or MCO.
 - It was noted that if the survey is not required, it is hard to enforce completion of the survey. What is the consequence of not completing it?
- A committee member commented that if Member participation in completing the Health Needs survey is low it would be beneficial to reevaluate how we approach the survey. Need to focus on the Member.

4. Public Comment

CS opened the meeting to the public for comment.

- There were no comments.

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

- Continue discussing the Member Health Needs Survey and ACC Phase III discussions.
- The next PMME Meeting is on May 25, 2023.

