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 25, 2024

1. Welcome, Introductions and Housekeeping

Voting Members Present: Bethany Pray (CCLP), Brandon Ward (Jefferson Center for Mental Health), Luke Wheeland (The Arc), Bob Conkey (Health First Colorado member), Brent Pike (Health First Colorado member), Jill McFadden (Front Range Health Partners), Jennie Munthali (CDPHE), Ealasha Vaughner (Health First Colorado member), Mike Morosits (Colorado Community Health Network).

Voting Members Absent: John Miller (Health First Colorado member), Janelle Jenkins (Health First Colorado member), Daphne McCabe (Boulder County Public Health), Samuel Herbert (Wray Community District Hospital).

A quorum of voting members was present.

HCPF Staff: Erin Herman, Nancy Mace, Andi Bradley, Aaron Green, Lauren Lander-Tabares, Lexis Mitchell.

Other Participants: Elizabeth Freudenthal, David Keller, Alee LaCalamito, Andrea Loasby, Angela Nottingham, Anna Pittar-Moreno, Brandon Arnold, Brian Robertson, Camila Joao, Chantel Hawkins, Ed Arnold, Jane Reed, Jennefer Rolf, Jennifer Hale-Coulson, Kim Herek, Laura Johnson, Laura Gomez, Madhu Mallela, ReNae Anderson, Sarah Nelson, Saskia Young, Stephanie Brooks.

The March meeting minutes were reviewed and approved by committee members. Ealasha Vaughner motioned to approve; Jill McFadden seconded. There were no abstentions.

Nancy Mace provided a brief update from the April PIAC meeting.

- Additional PIAC meeting materials are located on the HCPF website.

2. Health Equity Plan Update (Aaron Green, HCPF)

Aaron Green (AG), HCPF, provided an update on HCPF's health equity plan.

In ACC Phase III the Regional Accountable Entities (RAEs) will be required to:

- Implement health equity plans to address regional disparities.
- Create an equity key personnel position
- Complete health equity trainings
- Create a regional equity taskforce
- Create a network of community-based organizations

Health equity task force update:

- 5 RAEs and MCOs, 4 Health First Colorado Members, 4 Members, 8+ Community members , 4+ HCPF staff.
- Bi-Monthly meetings since July 2022.

Changes to Medicaid Application:

- Include a more robust ability to stratify data by race/ethnicity, gender identity, sexual orientation, language, and housing status.
    - Changes include optional self-identification questions.
    - Provide capability to identify and make informed program/policy & investment decisions.
    - Improve access to quality demographic data.
- Updates:
    - Status: Hold/Pause - Need CDHS approval
    - BREAKING: CMS released guidance for state Medicaid applications to include Sexual Orientation and Gender Identity (SOGI) questions on 11/9/23
    - Shared application with CDHS requires approval for adding questions, next meeting scheduled for 12/11/23 (project delays due to various leadership transitions)
    - Presentation for Family Voice Council (CDHS) scheduled 12/12/23
    - Joint HCPF/CDHS Presentation with CHSDA County Partners TBD

Statewide health equity highlights:

- Regional Accountable Entities, Managed Care Entities and Child Health Plan Plus (CHP+) Health Equity Plans
    - 13 plans submitted to HCPF on January 2, 2024,
    - These formal plans are key levers in our collective commitment to the 1.5 million Health First Colorado and CHP+ members to meaningfully address and eliminate health disparities.
    - These plans provide robust strategies to improve quality of care in the following focus areas:
        - Maternity and Perinatal Health
        - Behavioral Health
        - Prevention

Statistical Significance Update:

- HCPF is working on a statistical significance methodology.
- RAEs had a meeting today to discuss.
- HCPF is not mandating a specific statistical methodology. We want the RAEs to develop their own.

AG shared the RAE priority populations by measure and plan for each of the measures and plans.

Health equity next steps:

- Working with R+A for 2024 Health Equity Report (published ~Dec24/Jan 25)
- Working with Quality to revise/modify health equity strategy within quality strategy.
- Ongoing Building Equity into Payment Models Workgroup
- Quarterly health equity updates and internal dashboard report outs
- Cross-office coordination
- Quarterly PAD meetings with RAEs

- Bi-monthly check-ins with HPO Stakeholder Engagement Team
- Quarterly check-ins with HPO Children and Family for Birth Equity alignment
- Annual department goals and WIG planning
- Annual Health Equity Reports due: January 3, 2025

PMME committee members provided feedback and asked questions:

- AG clarified that at least three behavioral measures crossover with HCPF incentive measures.
- A question was asked regarding financial incentives tied to achieving these goals.
    - AG clarified that there is an incentive to close the gaps but HCPF is still working on that strategy. HCPF should have more clarity December.
- AG shared that HCPF is working on the internal health equity dashboard to add more filters.
- A question was raised about local public health and if they play a role in these plans?
    - AG clarified that many RAEs employed local public health in their strategy.

More information about health equity can be found here. Committee members are encouraged to reach out to Aaron Green, Aaron.green@state.co.us, with any additional questions.

3. Overview of Care Coordination for ACC Phase III (Lauren Landers-Tabares, HCPF)

Lauren Landers-Tabares (LL), HCPF, provided an overview of care coordination in ACC Phase III.

- RAEs must create a program that supports the full continuum of care coordination for physical and behavioral health care, including:
- Implementing a 3-tier model that allows for person-centered care and consistency across RAEs.
- Creating a care coordination policy guide for children and adults

- Partnering with community-based organizations and other agencies serving members
- Establishing requirements, specifically for members with complex needs and members going through transitions of care
- RAEs will work with providers to support care coordination at the point-of-care where possible.

Three tiers of care coordination

- Tier 1: Activities at a minimum must include:
    - Brief needs screen
    - Short-term monitoring/support
    - Prevention outreach and education
- Tier 2: Activities at a minimum must include:
    - Assessment based on population/need.
    - Condition-based care plan (may pull from a provider as appropriate)
    - Minimum quarterly meeting with member and treatment team
    - Condition management.
    - Long-term monitoring/support
- Tier 3: Activities at a minimum must include:
    - Comprehensive needs assessment
    - Comprehensive care plan
    - Minimum monthly coordination with member and treatment team
    - Long-term monitoring/support

PMME Committee members commented and asked questions:

- A question was raised whether it is up to the RAE to decide if health-related social needs are part of the three-tier system or are these elsewhere?

  - LL clarified that health-related social needs are written into the contract and they are included in every tier.

- LL clarified that RAEs have the flexibility to increase the tier level of an individual.

- A question was asked regarding the impact on community health centers. If a center has a location in multiple RAEs, how will the community health center navigate the RAEs with their different policies?

  - LL clarified that HCPF anticipates that each RAE will develop a policy guide so that we can share and compare them. These will be approved by HCPF and if a significant issue is identified then HCPF can help address this.

- LL clarified that this has been developed in close collaboration with the BHA to keep things as aligned as possible.

- A question was asked if there are going to be caseload expectations for the different tiers? If so, how is compensation passed through?

  - LL clarified that RAEs can determine what caseload size should look like. This would need to be in a policy guide that HCPF will review/approve.

- Can people ask for a different tier. A member might need more and could ask?

  - LL clarified that everyone qualifies for Tier 1 and everyone, regardless of tier, should be assessed for needs. Everyone can get care coordination and this is written into contract.

- Is there an expectation for the RAEs to prioritize the tiers of who gets contacted first or are there people at each tier?

  - LL clarified that the RAES can determine how the staffing will work in their region. This would be in the policy guide.

A few questions were raised that will require additional follow up from HCPF:

  - Will this affect how they pay the delegated organization?

  - Three tier value-based pay: How are the three levels of pay and the three tiers of care coordination going to interact?

4. Open Comment (Bethany Pray, PMME Co-Chair)

BP opened the meeting to the public for comment. There were no comments.

5. Open Discussion, Next Steps, and Wrap Up (Bethany Pray, PMME Co-Chair)

- The next PMME meeting is May 23, 2024.

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