



**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>

August 24, 2023

### 1. Welcome, Introductions and Housekeeping

- A quorum of voting members was present.

**Voting Members Present:** Bethany Pray (CCLP), Christina Suh (Phreesia/CHCO), Daphne McCabe (Boulder County Public Health), Jill McFadden (Front Range Health Partners). Brent Pike (Health First Colorado member), Janelle Jenkins (Health First Colorado member), Brandon Ward (Jefferson Center for Mental Health), Samuel Herbert (Wray Community District Hospital), Bob Conkey (Health First Colorado member).

**Voting Members Absent:** Ealasha Vaughner (Health First Colorado member), Jennie Munthali (CDPHE), Luke Wheeland (The Arc).

**HCPF Staff:** Erin Herman, Mark Queirolo, Katie Lonigro, Amy Luu, Audrey Keenan, Blue Parish, Jordan Larson.

**Other Participants:** Amy Ferris, Alee LaCalamito, Angie Goodger, Anna Pittar-Moreno, Brian Robertson, Claire Ginger, Clara Cabanis, Elizabeth Freudenthal, Emilee Kaminski, Gina Stepuncik, Jane Reed, Jennefer Rolf, Jeremiah Fluke, Katie DeFord, KM Roth, Laurel Karabatsos, Lauren Gomez, Natasha Lawless, Rosario Morales, Sarah Staron, Sophie Thomas, Tree Jakcsy, Warren Kolber.

The June meeting minutes were approved.

- Jill McFadden abstained from voting.

Daphne McCabe provided a brief [update](#) from the August PIAC meeting.

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



## 2. Accountable Care Collaborative (ACC) Phase III: Proposed Concepts Overview (Mark Queirolo, HCPF)

Mark Queirolo (MQ) provided an [overview](#) of ACC Phase III proposed concepts and led a discussion with the committee.

### Performance Measures

- HCPF is trying to only use standardized core measures.
- Currently looking at 7-9 performance measures, though this is still to be finalized.

Committee members asked questions and provided feedback:

- A committee member asked how will the Phase III program will improve the follow-up/ engagement metrics than we've seen in the last several years?

MQ: We are trying to standardize care coordination expectations. Transitions of care is getting incorporated into our standard RAE contracts. We are starting now with the current program and will be building on that in Phase III.

- A committee member asked about the Member experience related to this-how will this feel?
- A committee member commented that it is confusing on PEAK when you submit a Medicaid application. If it frustrating that few, if any, professionals driving the ACC 3.0 realize that the application process on PEAK is divisive and conflicting. Behavioral health (mental health and substance abuse treatment) is presented on the PEAK application as an optional program separate from Health First CO (Medicaid).
- A committee member commented on oral evaluation and dental services: In rural areas we see a lot of deserts in areas that accept Medicaid. It is hard for providers to provide service. What is the State doing to measure this?

MQ: We are really focused on how we can leverage the RAEs much more effectively to support Members to access services. HCPF is committed to identifying deserts and how to get more providers, but it is difficult. RAEs will be required to partner with Dentaquest.

In ACC Phase II the key performance indicators are looked at on a regional level which has created a challenge for providers. HCPF is



currently exploring how we can reimburse providers for performance in ACC Phase III.

- A committee member asked if HCPF has looked at using a community day to reach Members.

MQ: HCPF can encourage those type of activities. But there is a balance between how prescriptive to be and to think about what will work in specific communities.

- A question was posed: I'm curious about whether you can design the fiscal goals in partnership with Members and providers. Specifically, how most cost-savings programs are effective only in adult care settings. Another example, you don't get short term savings by improving the quality of pediatric primary care.

#### Standardized Children's' Benefits

- A committee member noted that kids move around a lot with regards to acuity. Is there something that can be built into the model so a child can move around quickly?

MC: We do want it to be relatively swift and adjust as needs change. Trying to figure out how to best utilize community organizations.

#### Closing Health Disparities

- RAEs are currently creating health equity plans. These will continue for Phase III.
- Programs to better support social needs for Members
- Equity requirements for the RAEs- Key personnel position for the RAEs will be required, pilot housing project will hopefully become permanent.
- A committee member commented on the importance of including programs specific to the first year of life timeframe.
- A committee member asked how much cooperation are you expecting from human services and Department of Corrections? Do we run the risk of duplicating programs? And, if we are going to get into all these areas, are you expecting more money to come in from the State or Federal government?

MQ: This is in collaboration with other state agencies. We are working very closely with the Department of Housing. We do not want to improve health care equity, access and outcomes for the people we serve while saving Coloradans money on health care and driving value for Colorado.

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duplicate. We want to complement the work of other agencies. The reason we are exploring some of these is because the Federal government is making more funding available.

- A committee member commented in the chat: Other than the birth-related measures, which are hugely important, what equity-focused metrics are being considered? If those aren't set, consulting with members would be an important first step regarding the measures that matter most. It could be through focus groups or a Member engagement advisory committee (there are state and regional ones). Those findings should be made public so that others can review and provide additional feedback.

#### Improve Care Access for members

- Clarifying care coordination roles and responsibilities.
- Tiered care coordination.
- ARPA project currently evaluating best practices.

#### Improve the Member and Provider Experience

- Member attribution process - connecting a member to primary care medical provider which then connects them with their RAE
- Increase visibility of and clarify role of RAE
- Expand provider types that can serve as PCMPs.
- Members don't know who to call, too many phone #s. Would it be beneficial to drive everyone to the HCPF call center and then they triage. HCPF is working with Members to get their feedback on this.
- A committee member commented: What if a Member doesn't want a PCMP but they want to be in a RAE- does the money just go to the RAE?

MQ: We currently pay the RAEs for all Members who are attributed to a RAE. In Phase III this process would continue. A Member will still have the choice to utilize services. HCPF wants to continue to promote that Members find a focal point of care.

#### RAE Region map

- MQ showed the updated RAE region map for Phase III that has four regions



- Goal is to reduce administrative burden and for the RAEs to be able to have a significant population and have the infrastructure to provide resources to Members.
- HCPF is still going through stakeholder feedback and collaborating with the BHA regarding the four RAE regions. Hoping this map is getting close to final.

Manage Costs to protect Member coverage, benefits, and provider reimbursement.

- Improve administration of behavioral health capitation payment
- Improve alignment between ACC and Alternative Payment Models
- Implement new Alternative Payment Models

The [ACC Phase III concept paper](#) is available on the HCPF website.

There are multiple ways to learn more and provide feedback on the [ACC Phase III](#) concepts discussed today.

- ACC phase III public meeting schedule and materials from past presentations can be found [here](#).
- All are encouraged to [share feedback](#) on any of the ACC Phase III topics presented.

Upcoming public feedback meetings:

- **All providers welcome (including specialists, hospitals, etc.):** Tuesday, September 26 from 8:00 a.m. to 9:30 a.m. | [Registration Link](#)
- **Health First Colorado Members ONLY:** Thursday, September 28 from 5:00 to 6:30 p.m. | [Registration Link](#)

### 3. Public Comment

DM opened the meeting to the public for comment.

- There were no comments.

### 4. Open Discussion, Next Steps, and Wrap Up (Daphne McCabe, PMME Co-Chair)

- The next PMME meeting is September 28, 2023



