



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>

December 7, 2023

1. Welcome, Introductions and Housekeeping

The committee welcomed two new voting committee members: Mike Morosits (Colorado Community Health Network) and John Miller (Health First Colorado member).

Voting Members Present: Bethany Pray (CCLP), Christina Suh (Phreesia/CHCO), Bob Conkey (Health First Colorado member), Jennie Munthali (CDPHE), Luke Wheeland (The Arc), Daphne McCabe (Boulder County Public Health), Mike Morosits (Colorado Community Health Network), John Miller (Health First Colorado member).

Voting Members Absent: Brandon Ward (Jefferson Center for Mental Health), Janelle Jenkins (Health First Colorado member), Ealasha Vaughner (Health First Colorado member), Brent Pike (Health First Colorado member), Samuel Herbert (Wray Community District Hospital), Jill McFadden (Front Range Health Partners).

HCPF Staff: Erin Herman, Russ Kennedy

Other Participants: Chelsea Watkins, Brandon Arnold, Laurel Karabatsos, Saskia Young, Amanda Lytle, Katie DeFord, Sarah Thomas, Lynne Fabian, Sarah Lambie, Emilee Kaminski, Lauren Ratliff, Kimberly Phu, Destiny Meyer, Andrea Loasby, Camila Joao, Tracy Copeland.

The October meeting minutes will be reviewed at the January meeting.

Daphne McCabe provided a brief update from the November PIAC meeting.

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



2. CAHPS Survey Results (Russ Kennedy, HCPF)

Russ Kennedy (RK), HCPF, provided an overview of the most recent Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey data for the ACC program.

- CAHPS survey results are posted on the [HCPF website](#).
- The RAEs provided the sample frames this year. Returned mail rates went down significantly this year.
- In general, Medicaid scores are better than commercial.
- RK shared that HCPF is oversampling by 20% for next year. May actually over sample by even more since CMS has determined that HCPF must include the children with chronic conditions survey.
- This CAHPS survey is a core measure so it will continue.
- The CAHPS survey process runs from early December to May.
 - The surveys are initially sent out by paper via mail.
 - Two weeks later a reminder letter goes out.
 - Shortly thereafter another reminder with survey
 - Shortly thereafter they get another reminder
 - Lastly, there is an automated phone call. The computer makes call with a person who joins the call if the phone is picked up.
- Most people complete the CAHPS survey by phone. There is also a link to do the survey online and the response rate for this has been increasing.

Committee members asked questions and discussed the presentation

- A committee member asked about Health equity and if there has there been any analysis to break data down by race/ethnicity and other demographics.
 - RK clarified that HCPF does get the member's self-identifying data.
- A committee member questioned if a member knows what they are rating if they aren't clear what a RAE is.



- RK clarified that there is a letter comes with the survey that provides additional details.
- A committee member questioned how the survey phone call shows up on a member's phone.
- A committee member asked if members can choose to opt in to receive this call and could that be a way to increase response rates?
 - RK cautioned that could lead to bias. HCPF follows the NCQA guidelines for survey administration.
- A committee member asked if the results from the CAHPS survey could be used to help select the next set of RAEs?

RK isn't aware of that. There is discussion of how to incentivize RAEs to improve CAHPS response rates.

- A comment was made about value-based payments- do the CAHPS survey results flow into any funds and, if so, how are they used?
 - RK shared that they do not currently. There are some States that have figured out ways to incentivize the plans to improve.
- Some committee members commented that member incentives might increase response rates.
 - RK shared that HCPF has discussed incentives for members but if we do that we potentially take away from the confidentiality of the survey.
 - Member may worry if they complain, their healthcare may suffer?
 - A committee member shared that they have done numerous surveys that are paid through a third party (e.g. through grants and donations).
 - The payment is a way to compensate for someone's time.
 - Digital gift cards are the norm. It's basically like a virtual visa card. They are very hard to trace back and easy to use. It's just connected to the email account that the survey connected to.
- A committee member asked if there is a way for members to find out the results of the survey- If they complete the survey do they get notified?

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- RK shared that they are only notified if they do it online.

3. RAE CAHPS Results -Improving Member Experience (Chelsea Watkins, Rocky Mountain Health Plans and Lauren Ratliff and Sarah Thomas, Colorado Access)

Chelsea Watkins, Rocky Mountain Health Plans provided an overview of the CAHPS data for their region and how CAHPS survey data is used in RAE1.

- The sample size of CAHPS data doesn't represent their members
- RAE supplements the CAHPS data with other sources of data. For example, grievance and appeals data.
 - A committee member noted a concern about connecting CAHPS and grievance data is an example of what might make members nervous.
 - RAE clarified that the grievance and appeals data is an aggregate report and isn't member-specific.
 - CAHPS scores are tied into their tier payments to providers. So, if the entire region scores well, everyone gets points.
- Examples of primary care medical providers strategies:
 - Education: Health equity training, behavioral health skills, care management training, monthly webinars, newsletters with resources, Practice Transformation support .
 - Tools: eConsult Platform, ePrescriber Tool, CirrusMD for RMHP
 - Value Based Contract: Components of RAE Tier 1-3 contracts and continuous investment in integrated Behavioral Health
- Examples of community strategies:
 - Recently started a Spanish speaking Member Experience Advisory Council (MEAC).
 - RAE staff visiting different regions to learn
 - Making efforts to meet needs of underserved communities
 - Food bank reinvestment, housing investments through scholarships, and transportation assistance.



- 2024 strategies to improve the member experience of care:
 - Continue to listen to our Members and their communities then take their ideas and perspectives to implement meaningful programs.
 - Hiring from various communities to serve their communities.
 - Increase the utilization of eConsults in primary care
 - Offer additional communication modalities (e.g., email/texting)
 - Additional education to PCMPs on caring for refugee populations and continuing to focus on culturally informed care.
 - Offer SDoH incentives to network providers.
 - Continue to expand modernized Member program offerings for specific populations like maternity, cardiovascular health, and behavioral health.
 - Tracking on NPS scores & opportunities with UHC Member Services Teams
 - Additional Practice Transformation Team Efforts
 - House Bill 1302 - Behavioral Health Grant Support
 - CDPHE Programs - Cardiovascular/Diabetes

Lauren Ratliff and Sarah Thomas, Colorado Access provided an overview of the CAHPS data for their region and how CAHPS survey data is used in RAE3 and RAE5.

- Response rates are always a limitation. Many individuals won't complete a survey unless its incentivized.
- RAE has noted a difference between RAE3 and RAE5 and they are exploring this.
- Areas of Strength
 - Response Rates improved for the RAE regions
 - Specific categories from last year showed continued improvement
 - How well doctors communicate
- Areas of Opportunity

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- Region 3 versus Region 5 Discrepancies
- Overall workforce shortage
- Survey Response Rates
- Colorado Access has their own internal member survey where they collect supplemental data
 - Brief survey administered twice a year to get additional feedback through a customer service.
 - The goal is to get 500 responses.
 - Survey questions come from Member Advisory Council Feedback, CAHPS survey results, and internal focus groups.

4. Open Comment (Christina Suh, PMME Co-Chair)

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

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

- The next PMME meeting is January 25, 2024.
- Future meeting topics include:
 - Continue ACC Phase III discussions

Reasonable accommodations will be provided upon request for persons with disabilities. Please notify Erin Herman Erin.Herman@state.co.us or the 504/ADA Coordinator hcpf504ada@state.co.us at least one week prior to the meeting to make arrangements.

