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 5, 2024

1. Welcome, Introductions and Housekeeping

Voting Members Present: Bethany Pray (CCLP), Daphne McCabe (Boulder County Public Health), Bob Conkey (Health First Colorado member), Fatima Kiass (Empowered Connections), Ealasha Vaughner (Health First Colorado member), Jennie Munthali (CDPHE), Brent Pike (Health First Colorado Member), Janelle Jenkins (Health First Colorado member).

Voting Members Absent: Mike Morosits (Colorado Community Health Network), John Miller (Health First Colorado member), Luke Wheeland.

A quorum of voting members was present.

HCPF Staff: Erin Herman, Nancy Mace, Lexis Mitchell, Nicole Nyberg, Dave Ducharme, Katie Lonigro, Erin Sears, Tom Franchi, Andi Bradley.

Other Participants: Lara Muzydla, Arjanea Williams, Camla Joao, Elizabeth Freudenthal, Emilee Sheridan, Katie DeFord, Kim Herek, Heather Schenkel, Laura Johnson, Laurel Karabatsos, Lynne Fabian, Margo Pipkorn, Nancy Greene, Nathan Koller, Pam Boehm, Rachel Artz-Steinberg, Raina Ali, ReNae Anderson, Rochelle Galey, Sarah Lambie, Suman Mathur, Taylor Kelley

A quorum of voting members was present. The October meeting minutes were reviewed and approved. Brent Pike abstained from voting.

Committee members shared areas of interest for potential discussion topics at PMME in 2025. Suggestions included:

- Discussion regarding the transition to the new performance measures for the RAEs-would be great to see how that is working from the RAE and provider perspective.
- See more metrics that that help us track the high-level goals of improving quality and reducing costs.

- Create a report to hand out to providers with the work that PMME does.
- A few committee members would like to discuss the EPSDT audit.
- Maintain consistent goal to enhance access to services for vulnerable populations.
- A few committee members suggested discussion of all the new metrics and deliverables from the ACC contract and how they will be collected and presented.

2. ACC Phase III Quality Program (David Ducharme, HCPF)

Dave Ducharme (DD), HCPF, provided an overview of the ACC Phase III quality program.

- Member assignment and attribution key changes:
  - Members attributed to PCMP either by choice or a claims-based methodology
  - Members without a claims history will no longer be attributed to a PCMP based on home address (geographic attribution)
  - Unattributed members will be assigned to a RAE based on their home address
  - Quality metrics will be calculated based off of 12 months continuous Medicaid enrollment, in alignment with HEDIS methodology
  - Shift PMPM up to achieve 33% admin pass through, reflecting lower attribution.

Attribution: Method used to link members to a PCMP.

Assignment: Method used to connect members to a RAE.

- A committee member asked about 12-month continuous enrollment and if a member doesn't do their renewal in time. Would the person not be calculated for the next 12 months- would an administrative error make them ineligible to be counted for a whole 12-month period?
  - Nicole Nyberg (NN) clarified there are allowable gaps in the HEDIS measure, and each measure has a different gap. It does mean that it's possible that they wouldn't be counted in the denominator for 12 months on Medicaid.

RAE Only Key Performance Indicators

- Transitions of care
- Prenatal and postpartum care
- Health equity measure: closing disparity gaps for well child visit measures
- DD clarified that the dental KPI went away but it is now a performance standard and is also being measured in the dental services contract.

Primary Care Medical Provider (PCMP) Metrics

- Two PCMP tracks: Performance Track and Practice Transformation Track
- Performance Track (Default)
    - PCMPs measured and paid on performance towards set of CMS core measures
    - Measure lists are customized to each practice to reflect their populations served
- Practice Transformation Track
    - PCMPs paid based on completion of quality improvement activities
    - Open to PCMPs that do not qualify for Performance Track

A committee member asked about the location of the Colorado practices that would qualify for these categories- would people in the most rural areas not be as reflected in the data?

- A: DD shared that HCPF has done some modeling. The data wasn't available to share during meeting, but its possible that it could be shared if the committee is interested. HCPF has included a RAE KPI on this so that the RAEs will be working on the unattributed population

A committee member asked why HCPF changed the target methodology for providers?

- A: DD clarified that we will be setting targets for both RAE and providers. Targets will be updated annually, based on calendar year performance.

A committee member asked if the design is based upon feedback from providers.

- A Yes.

A committee member asked if all practices will be planning their Quality improvements or is it only those who plan to be on track 2?

- A: This is for all providers. For the first year this is the only option.
- Year 1: All PCMPs will be participating in the transformation track.
- After Year 1: Move into the Track 1 and Track 2 design.

How will RAEs Support PCMPS:

- Provider performance statements
- Coaching
- Practice transformation activities
    - Approve practice transformation project and determine if activities were completed
    - Approve QI tools (e.g., PDSA, root cause analysis)
    - Facilitate QI meetings
    - Collaborate on implementation
    - Provide resources
    - Build a peer network

Committee members and stakeholders provided additional feedback and had the opportunity to ask questions:

- A committee member commented that they appreciate HCPF being frank about improvement not being as substantial as we would like. Look at how are we improving things over time and coming up with a new idea of how to do this.
- Have you already run the data on practices to see how the 4 steps play out for the performance track?

  - DD clarified that yes this has been done, and this is something that could be shared with PMME.

- Will PCMPs have access to more real-time data? The CDAP patient-level data lags so far behind.
  - NN clarified that the standardized measures have a 90-day runout that we have to take into account. Then, it's about six weeks before we can get the data out. These timelines are a part of the required process.

- Practices will likely have fewer patients attributed to them. Has HCPF forecasted how that will affect provider payment?
  - A: Yes. We are not changing the RAE requirement to pass through 33% of their PMPM to providers so in aggregate the same amount will be paid out. And, across the board, all RAEs have surpassed the 33% requirement of how much funding is passed on and that is expected to continue. HCPF is working with the RAEs to normalize and stabilize the payments so providers can adequately plan and budget.

- A comment was made that it would be nice to have DD come back and provide an update in a year to see how the transition has gone.

- A question was raised whether preliminary data be reported to PCMPs prior to claims run out? Commenter noted that it is so hard to do effective quality improvement with data that is so old.
  - DD shared that he is not sure if the tool has that capability but will discuss internally to see if that is possible.
  - DD shared that we are moving to a new vendor so the content on the new technology solution is significant.
  - A lot of electronic health records have the standard metric set built into them so some practices could use them. This could be a quality improvement activity that the RAEs assist with.

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

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

- The next PMME meeting scheduled for December 26th will be cancelled. The next PMME meeting is January 23, 2025.

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