



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>

February 27, 2025

1. Welcome, Introductions and Housekeeping

Voting Members Present: Bethany Pray (CCLP), Daphne McCabe (Boulder County Public Health), Bob Conkey (Health First Colorado member), Mike Morosits (Colorado Community Health Network), Fatima Kiass (Empowered Connections), Jennie Munthali (CDPHE), Brent Pike (Health First Colorado Member), Samantha Fields.

Voting Members Absent: Ealasha Vaughner (Health First Colorado member), John Miller (Health First Colorado member), Luke Wheeland, Janelle Jenkins (Health First Colorado member).

HCPF Staff: Erin Herman, Nancy Mace, Lexis Mitchell, Matt Pfeifer, Katie Lonigro, Tom Franchi, Andi Bradley, Lyn Ha, Lauren Landers.

Other Participants: Anna Pittar-Moreno, Bob Dyer, David Keller, M.D., Andrea Loasby, Becky Selig, Ed Arnold, Elizabeth Freudenthal, Gerardo Silva-Padron, Jeanine Draut, Katie DeFord, Kim Herek, Kristin Waldrop, Lauren Ratliff, Lora, M. Willeford, ReNae Andeson, Sara Carlton, Sarah Lambie, Stacey Samaro, Taya Kohnen, Tyannah Reed.

A quorum of voting members was present. The January meeting minutes were reviewed and approved.

2. Performance Pool Data Review (Nicole Nyberg, HCPF)

Nicole Nyberg (NN), HCPF, provided an overview of the Performance Pool program including a review of the most recent Performance Pool data for the ACC program through 2024.

Performance Pool is made up of funding set aside from the administrative per member per month amount as well as unearned money from the Key Performance Indicators (KPIs). These measures are intended to place greater emphasis on health outcomes and cost containment. The current performance pool measures

Improving health care equity, access and outcomes for the people we serve while saving Coloradans money on health care and driving value for Colorado.

www.colorado.gov/hcpf



are below. Please refer to the [specification document](#) on the HCPF website for full details.

1. Extended Care Coordination (All Years)
2. Premature Birth Rate (All Years)
3. Asthma Medication Ratio (FY21, FY22, FY23)
4. Antidepressant Medication Management (FY21, FY22, FY23)
 - Effective Acute Phase Treatment
 - Effective Continuation Phase Treatment
5. Contraceptive Care for Postpartum Women (FY21, FY22, FY23)
6. Behavioral Health (BH) Engagement for Members Releasing from State Prisons (All Years)

Committee members had the opportunity to ask questions and discuss the data.

3. Department of Corrections (DOC) Performance Pool Metric Discussion (Matt Pfeifer, HCPF)

Matt Pfeifer, HCPF, provided an update and overview on the DOC Performance Pool metric and facilitated a discussion with committee members.

- Metric: Behavioral Health Engagement for Members Releasing from State Prisons. The measure is part of the Performance Pool incentive funds.
- Definition: Percentage of members releasing from a Department of Corrections (DOC) facility with at least one billed behavioral health capitated service or short - term behavioral health visit within fourteen (14) days.
- Metric was developed with the BHIS subcommittee to comply with SB19 - 222
- Statewide metric
- Information Workflow
- Data sharing agreement between DOC and HCPF
- DOC ensures members are enrolled prior to release and sends a roster to HCPF multiple times a week



- Rosters include release date (scheduled or actual) and some clinical information
- HCPF systems identify the anticipated RAE and sends RAEs and MCOs the rosters daily

Effectiveness/Best Practice

- Metric was developed with significant stakeholder input.
- Regular reporting to the stakeholders (BHIS) that help develop the metric.
- Regular collaboration between RAEs, HCPF and DOC to improve performance on the metric.
- Specifications unchanged since it's development which helps increase its usefulness as a monitoring tool.

Metric performance:

- Calculated over the fiscal year and as a rolling 12-month rate for analysis.
- Initial rate in June 2019 was 9.02% and the current rate through September 2024 is 36.11%.
- The target for FY24-25 is 34.28%

Committee members asked questions and provided feedback.

- This measure is for anyone who is released from the DOC but most youth are not incarcerated in the DOC.
- A few committee members commented on the impressive success with this measure and were curious if there is an opportunity to develop more measures like this in a collaborative way.
 - Commentor elaborated that the collaboration could be more focused on outcomes.
- A committee member noted that regular access to the data may help facilitate collaboration. Often data can take a long time to run (e.g. due to claims run out).
 - This data has a 6-month claims runout and we run it quarterly.



- Nicole cautioned that when we build a homegrown measure, we cannot compare Colorado data to other states to see how we are doing since we don't have national benchmarks.
- A comment was made regarding the hope that other states will implement similar measures.
- A commentor noted another factor in this metric's success is that it involves a single, centralized provider of half the effort--there's only one CO Dept of Corrections.
- It was noted that at some point we will reach a maximum rate of improvement.

4. ACC Phase III Member FAQ (Katie Lonigro, HCPF)

Katie Lonigro, HCPF, led a discussion with committee members regarding Member FAQ for ACC Phase III. Committee members provided feedback and suggestions.

What questions about care coordination should be addressed in a member FAQ?

- A committee member noted that they never knew care coordination could apply to them.
- A FAQ about the RAEs, what they do, who they are.
- Who is eligible for care coordination.
- What is care coordination, why would a member want it, what does it do? This is a valuable resource that can help a member get through the system.
 - Another member reiterated lack of awareness of what a care coordinator can do. Shared experience of struggling to find a provider. If he had known that the care coordinator could help out, that would have been helpful.
- A committee member noted that care coordination feels associated with brokers so it can be intimidating.
- A care coordinator is part of the care team. It needs to be a part of a team trying to help you out.
- Tell people it is part of their benefit, not something that will cost them more.
- Need to explain what care coordination can do for members and why members would want to call them.



- May be helpful to have specific guidance to members who are dual enrolled.
- Helpful to distinguish care coordinators versus case management.

What would be helpful for general member FAQ?

- Basic explanation of the role of providing behavioral health services.
- Let people know that HCPF has a member handbook and the RAEs have a handbook for additional information. May be helpful to include the link to the member handbooks in the FAQ.
- Letting people know about RAE's role in accessing housing, food etc.
- A comment was made that we don't use "RAE" in much of our messaging- it's "regional organization"- is this a term people need to know? Should we use RAE, regional organization, or has anyone have had success with one term versus another.
- Committee members shared suggestions about RAE terminology:
 - I think a managed care entity is the most accurate.
 - A suggestion was made to call it "Medicaid RAE".
 - RAE is the health plan within Medicaid.
 - Your RAE is your Medicaid region.

Next Steps

- Material/messaging review at MEAC and some regional MACs/PIACs in March.
- Continuing to share updates and materials with PIAC to identify additional resources needs.
- PMME committee members expressed interest in having KL return to PMME to share updates and materials.

Committee members are encouraged to send additional suggestions to Katie Lonigro by email: Katie.Lonigro@state.co.us.

5. 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.

Improving health care equity, access and outcomes for the people we serve while saving Coloradans money on health care and driving value for Colorado.

www.colorado.gov/hcpf



- Committee members requested an update on the Federal landscape.
- The next PMME meeting is March 27, 2025.

Auxiliary aids and services for individuals with disabilities and language services for individuals whose first language is not English may be provided upon request. Please notify Erin Herman at erin.herman@state.co.us or the Civil Rights Officer at hcpf504ada@state.co.us at least one week prior to the meeting to make arrangements.

Las ayudas y servicios auxiliares para individuos con discapacidades y servicios de idiomas para individuos cuyo idioma materno no sea inglés pueden estar disponibles por solicitud. Comuníquese con Erin Heman a erin.herman@state.co.us o con el oficial de derechos civiles a hcpf504ada@state.co.us al menos una semana antes de la reunión para hacer los arreglos necesarios.

