



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>

January 26, 2023

1. Welcome, Introductions and Approval of Minutes

Bethany Pray (BP) did a roll call of voting Committee members. Committee members introduced themselves.

Voting Members Present: Christina Suh (Phreesia/CHCO), Bethany Pray (CCLP), Brandon Ward (Jefferson Center for Mental Health), Brent Pike (Health First Colorado member), Janelle Jenkins (Health First Colorado member), Jill McFadden (Front Range Health Partners), Luke Wheeland (The Arc) Greta Allen (Colorado Blueprint to End Hunger).

Voting Members Absent: Ealasha Vaughner (Health First Colorado member), Daphne McCabe (Boulder County Public Health). Bob Conkey (Health First Colorado member) Samuel Herbert (Wray Community District Hospital).

HCPF Staff: Erin Herman, Nancy Mace, Nicole Nyberg, Matthew Sundeen, Megan Comer, Lexis Mitchell

Other Participants: Alee LaCalmito, Andrea Loasby, Camila Joao, Chelsea Watkins, C. Matting, Dawn Surface, Edward Arnold, Elizabeth Freudenthal, Erica Pike, Jane Reed, Jennie Munthali, Jessica (Denver Health), John Mahalik, Katie Mortenson, Kellen Roth, Kelly Biannucci, Kim Herek, Mark, Melissa Schuchman, ReNae Anderson, Sarah Lambie, Tina McCory, Tracy

The December meeting minutes were approved.

2. Well Child Visit Update (Nicole Nyberg, HCPF)

Nicole Nyberg (NN) provided the committee with an update on the Well Child Visit data (see [presentation](#)). The Department discovered that well child visits conducted by advanced practice providers were not being captured in the measure. IBM recalculated the data to include well child visits conducted by the additional provider types.



- Data presented was from 2020 but more recent data is available. NN can arrange for more current data for PMME to view.
- The committee reviewed the [CMS scorecard](#) to view Colorado's performance on the Well Child Visits in the First 15 Months of Life measure compared to other States. Colorado's performance prior to the recalculation was 41.2% and is now 51% after being corrected. The National median is 65.6%.
- Comparing Colorado to states with different system models could give us insight into what we want to change.
- A committee member commented that it would be interesting to see why some RAEs have more change compared to others when the measure was recalculated.

3. RAE and Provider Data Sharing (Matt Sundeen, HCPF)

Matt Sundeen (MS) led the committee in a discussion regarding data collection including an overview of current RAE contractual requirements (see [presentation](#)).

RAEs contact with a network of primary care providers (PCMP) and there are several contractual requirements to be a PCMP. Current (ACC Phase II) PCMP Contractual Requirements:

Section 9.2 PCMP Network

9.2.1 RAE shall only enter into written contracts with primary care providers that meet the following criteria:

9.2.1.6 Provides Care Coordination

9.2.1.7 Provides 24/7 phone coverage

9.2.1.8. Uses universal screening tools

9.2.1.9 Tracks referral status

9.2.1.10 Availability of appointments outside of workday hours

9.2.1.11 Identifies high need populations using data

9.2.1.12 Collaborates to develop an individual care plan

9.2.1.13 Uses an EHR or shares data with the Contractor



- The committee discussed the definition of care coordination. There are different definitions that are used in different areas. A few committee members agreed that the RAEs should use the same definition.
- A committee member suggested to look at the requirement of providers attaining Patient Centered Medical Home ([PCMH certification](#)) through NCQA? This could signal to patients that the provider provides a higher quality of care. Another positive of PCMH certification is that it is moving practices to value-based care.
 - A comment was made that this could result in losing some providers and in some regions, we have challenges getting sufficient providers.

Current (ACC Phase II) Contractual Requirements for support the RAEs provide to providers:

Section 12. Provider Support and Practice Transformation

- General Information and Administrative Support: Communication strategies for resources, tools, program information
 - Provider Trainings: i.e., benefits, access to care standards, EPSDT, cultural responsiveness, QI initiatives, member rights, etc.
 - Data Systems and Technology Support: implementing and utilizing health information technology systems and data
 - Practice Transformation: Improving performance as a medical home, participating in alternative payment models, implementing programming to advance the RAE's Population Management Strategic Plan
 - Financial Support: administrative/performance payments to support the provision of Medical Home level of care and to incentivize improved outcomes
- MS clarified that there are methods to hold RAEs accountable for care coordination including performance metrics and contractual requirements for care coordination.

The PMME committee discussed current contractual requirements, data collection, and future opportunities.

- A committee member questioned whether trainings could be provided in other avenues other than through the RAEs.

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- A committee member asked if the Department has considered doing a survey of providers asking for their perspective on practice transformation.
- A committee member suggested the Regional Health Connector (RHC) program as a valuable resource to help fill in some of the gaps in care coordination in tandem with the RAEs. Not all practices leverage their RHCs and not all practices are enrolled in the program that give access to an RHC.
- A committee member suggested there may be opportunities to look at enrollment across food programs with Medicaid Members. The Medicaid program has high enrollment and has more contact with Members so it would be great to leverage the programs together. This could also remove some of the burden on the providers to connect Members with food programs.
- A committee member asked if there is a way to use other State systems to assist the RAEs with identifying Members that are out there that are not utilizing the healthcare system. RAEs may not know about Members with complex conditions, those who have problems accessing care, and those who are absent from the system.
- A committee member asked how we can learn more about the Members transferring out from Medicaid. It is possible they have been frustrated with their health care, so they moved to another provider in the network. It would be helpful to understand why Members are leaving.
- A committee member suggested it would be helpful to understand what data is being collected from providers/RAEs now to determine if we should be collecting more/different data.

4. Public Comment

BP opened the meeting to the public for comment. No comments were made.

5. Wrap Up/Next Steps (Bethany Pray, PMME Co-Chair)

- Continue ACC Phase III discussions.
- The next PMME Meeting is on February 23, 2023.

