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 25, 2024

1. Welcome, Introductions and Housekeeping

Voting Members Present: Bethany Pray (CCLP), Christina Suh (Phreesia/CHCO), Bob Conkey (Health First Colorado member), Jennie Munthali (CDPHE), Daphne McCabe (Boulder County Public Health), Mike Morosits (Colorado Community Health Network), John Miller (Health First Colorado member), Jill McFadden (Front Range Health Partners), Brent Pike (Health First Colorado member), Samuel Herbert (Wray Community District Hospital).

Voting Members Absent: Brandon Ward (Jefferson Center for Mental Health), Janelle Jenkins (Health First Colorado member), Luke Wheeland (The Arc).

A quorum of voting members was present.

HCPF Staff: Erin Herman, Nicole Nyberg, Dave Ducharme, Katie Lonigro, Katie Price, Andi Bradley.

Other Participants: Suman Mathur, Ed Arnold Elise Neyerlin, Jamie Zajac, Janet Milliman, Laurel Karabatsos, Alee LaCalamito, Andrea Loasby, Anna Pittar-Moreno, Brian Hill, Brian Robertson, Britanny Goldstein, Camila Joao, Cathy Michopoulos, Chantel Hawkins, Chelsea Watkins, David Keller, M.D., Elise Neyerlin, Elizabeth Freudenthal, Jenn Ammerman, Jessica C., Jo English, John Mahalik, Jolene Reini, Katie DeFord, Kelly Shanahan, Kendra Neumann, Laura Coleman, Lauren G., Leova Villalobos, Lynn Fabian, Madhu, Megan Reilly, Michela Smyth, Mika Gans, Mona Allen, Natasha Lawless, Sarah Lambie, Sarah Wray, Tree Jakcsy.

The October and December meeting minute were reviewed and approved by committee members.

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

- Additional PIAC meeting materials are located on the HCPF website.

2. ACC Phase III Draft Contract (Dave Ducharme, HCPF and Suman Mathur, CHI)

Dave Ducharme, HCPF, and Suman Mathur, CHI provided an overview of the draft contract for ACC Phase III.

- The Draft Contract includes the contractual requirements organizations will be required to follow to serve as Regional Accountable Entities (RAEs) for ACC Phase III.
    - The Request for Proposal (RFP) will include the Contract and additional questions bidders must respond to.
    - Organizations interested in becoming RAEs will submit bids that outline their capabilities for meeting the requirements within the Draft Contract.
    - The Draft Contract is posted publicly to allow for stakeholder comment and increase transparency of this process.

RAEs will be incentivized to meet operational performance standards through new Commitment to Quality program.

- RAEs will be incentivized to meet key performance indicators, which will be aligned with Division of Insurance metrics and with CMS Core Metrics.
- RAEs must develop and report annually on plans or strategies:
    - ➢ Annual health equity plan
    - ➢ Member experience of care strategy
- RAEs and providers will have an opportunity to earn value-based payment shared savings.
- RAEs will have deliverable requirements due to HCPF.
- HCPF will update ACC Evaluation Strategy for Phase III.
- Performance standards are defined throughout contract for key areas of the program. These standards are a mix of process metrics and population health Metrics.

- RAEs will be required to reinvest a portion of their profit margin into key program areas depending on how many performance standards they met in a specific time period.

Committee members asked questions and provided feedback:

- A question was raised whether HCPF has run these performance standards by the current RAEs to see how they each would fall. It would be interesting to test some of these to see how our RAEs are doing.
    - DD clarified that this is a new aspect to the contracts and HCPF doesn't have the specifications for these yet.
- How often would the RAEs be reviewed?
    - DD stated that this will vary depending on the measure. The performance period for the cumulative would be over a given year. The profit margin to invest would be for the same 12-month period.
- The data on performance comes significantly later so it is hard to change performance. How would that work?
    - DD clarified that this is still being worked out. Claims take time to process, and some measures use claims.
- It has been a challenge for the Department to evaluate the claims. These new accountability measure would need HCPF staff to process. Is this being built in?
    - DD clarified that yes, it is.

More details on the Concept Stage Summary are on the HCPF

Register for public meetings here.

3. Key Performance Indicator Data Review (Nicole Nyberg, HCPF)

Nicole Nyberg (NN) provided an overview of the most recent key performance indicator (KPI) data for the ACC program.

- NN provided a broad update on the most recent KPI data for the ACC program and explained HCPF's process for reviewing KPI data with the RAEs.

- HCPF holds quarterly Program and Data meetings with the RAEs where they dive deeper into specific key performance indicators.
    - Starting this month, a summary of these discussions will be shared with PMME. Individuals representing the RAEs have been invited to the PMME meeting to facilitate discussion and answer questions about the dental and emergency department usage KPIs.

NN shared the most recent ACC program data for Indicator 2: Oral Evaluation, Dental Services (Core Measure CBE 2517)

- Measure Description: Percentage of enrolled children under age 21 who received a comprehensive or periodic oral evaluation within the measurement year.
- Data Source: All RAE claims, Encounter systems, FFS Claims, and Pharmacy data.
- NN shared some of the efforts RAEs are making to make improvements on this KPI. RAE staff were invited to provide additional clarity and details during the meeting:
    - RAEs are working to contract with more dental providers and working with Dentaquest.
    - One region is looking into mobile dental service.
    - A region is doing coaching with providers who have integrated practices.
    - CCHA shared that they have a pediatric provider in the same building as pediatric dental provider. They are working together to do same day scheduling with well child visit. This started last March and from March to October they saw an increase in the well child visits and dental visits. In addition, this is more convenient for members.
    - RMHP has integrated the dental KPI in their value-based payment.
    - COA noted that the specifications for the dental KPI changed which has made it harder for them to reach their targets. They used to not be limited by provider the type able to perform this visit. Now, services at a primary care practice no longer count toward the measure.
        - NN clarified that when HCPF changed to the national standardized measure they lost the ability to do this. This is a

national measure so HCPF can't remove or add these provider types.

    - NHP shared that in region 2 they have dental desserts across most of their counties. Not being able to get dental care in a primary care setting is making it very difficult to achieve their KPI.

- Committee members discussed the KPI findings and asked questions:
    - A commenter asked if there is a way to make it more exciting to make dentists want to perform in these measures? The reimbursement is low, so it is not feasible for them all.
        - NN clarified that HCPF is working with the dental team to see how we can better align with the dental team.
    - A few committee members commented on the RAEs not meeting their goals, and asked how close are the RAEs to meeting their targets? What are the standards and are they a reasonable ask?
        - HCPF develops the goal methodology. Each RAE is compared against their baseline. HCPF develops a Department goal and each RAE is supposed to close the gap- 10% gap closure over the year. A RAE can improve but still not meet their goal.
    - For other KPIs, the RAEs can control their network, but the state needs to increase their network or increase reimbursement.

Action Item: Erin Herman, HCPF, to send committee members link to the KPI specification documents link via email.

Action Item: Nicole Nyberg, HCPF, to add the RAE goal to the quarterly performance graphs.

NN shared the most recent ACC program data for KPI Indicator 5: Emergency Department (ED) Visits

- Measure Description: Number of emergency department visits per-thousand members per-year (PKPY) risk adjusted

- Denominator: Members will be counted in the denominator if they are enrolled in the ACC any month in the rolling 12-month evaluation period. (Denominator Units: Count of ACC member months)

- Numerator: Number of emergency department visits

- There was a massive dip due to COVID and some normalizing.

- NN shared some of the efforts RAEs are making to make improvements on this KPI. RAE staff were invited to provide additional clarity and details during the meeting:

    - Developing educational materials for members and providers.

    - Coordinating with hospitals for better care coordination.

    - Evaluation of top diagnosis codes.

    - Looking at Network adequacy and primary care provider capacity and generally improving relationships with hospitals.

    - RMHP shared a few pilot programs in their region: Primary care providers (PCMPs) have a goal of reducing ED use and they get an incentive for this work; PCMPS are working with hospitals; St. Mary's is looking at ED utilizers with high utilization and numerous comorbidities and has shown reduced ED utilization for 14/17 patents. Working on a pilot and then expanding to rest the region.

    - ADT rosters are available. Allows them to see how many of these follow-ups, outreaches and contacts are being made to maintain accountability after an ED visit. (Clinical and care coordination leadership.)

    - COA is looking at which ED visits are avoidable. Focus on medication adherence for preventable chronic conditions.

    - CCHA shared that they did an ED evaluation which changed their focus to chronic users of ED (used to focus on members with chronic conditions) 3 or more times. Connect them back with their PCMPS. Also focusing on outliers, members who have 12 or more visits. Piloted that in Region 7 and expanding that to Region 6. There is always some seasonality with this. (Respiratory season.)

- A committee member asked about nurse advice line data. NN clarified that this is something that could be looked into and potentially shared with the committee the next time ED visits are reviewed in depth with PMME.

  - BP shared that the 2022 report on Emergency Department visits had some info on the nurse advice line. 1/3 callers had their inquiry downgraded and the person was redirected from the Emergency Department

4. Open Comment (Bethany Pray, PMME Co-Chair)

BP opened the meeting to the public for comment.

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

- The next PMME meeting is February 22, 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.