



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>

June 22, 2023

1. Welcome, Introductions and Housekeeping

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

- A quorum of voting members was present.

Voting Members Present: Bethany Pray (CCLP), Christina Suh (Phreesia/CHCO), Daphne McCabe (Boulder County Public Health), Jennie Munthali (CDPHE), Bob Conkey (Health First Colorado member), Samuel Herbert (Wray Community District Hospital), Janelle Jenkins (Health First Colorado member), Luke Wheeland (The Arc), Brent Pike (Health First Colorado member).

Voting Members Absent: Ealasha Vaughner (Health First Colorado member), Brandon Ward (Jefferson Center for Mental Health), Jill McFadden (Front Range Health Partners).

HCPF Staff: Erin Herman, Nancy Mace, John Laukkanen, Allison Caleb Pykkonen, Katie Lonigro, Lexis Mitchell, Marius Nielsen.

Other Participants: Schivonne Keller, Clara Cabanis, Crystal Brown, Warren Kolber, Elise Neyerlin, Sherrie Bedone, Anna Pittar-Moreno, Laural Karabastos, Alyssa Rose, Alee LaCalmito, Brian Robertson, KM Roth, Joran Larson Saphia Elfituri, Mike Marosits Phuong Dinh, John Mahalik, Jessica Cabral, Melissa Schuchmann, Sarah Lambie.

The May meeting minutes were approved.

- Bethany Pray abstained.

Daphne McCabe provided a brief [update](#) from the June PIAC meeting.

- Alison Ledden from HCPF gave a presentation and updates on the end of the PHE-outreach, update address campaign and assisting those in need of accessing alternative health coverage.

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- A summary of the legislative session was given by Jo Donlin and Iris Hentze, HCPF, highlighting the success of budgetary support and bills that impact the ACC.
- Matthew Sundeen presented the Department response to the PIAC (PMME) recommendations to improve well child visits. The official response document will be forthcoming.
- Behavioral Health Incentive Program (BHIP) data was shared. It was discussed to bring this data to PMME for a greater understanding of the metrics and processes.
- The Regional Accountable Entities (RAEs) presented on their High Intensity Outpatient projects. Slides from each presentation will be made available.
- Dave Ducharme, HCPF, shared the proposed Phase III region map with a promise of more discussions and information to follow at PIAC subcommittees after summer recess.

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

2. Health Equity Plan Dashboard (Allison Betley and Aaron Green, HCPF)

Aaron Green (AG) and Allison Betley (AB) provided an overview of the HCPF Health Equity Dashboard and walked the committee through various screens of data.

- The health equity dashboard allows users to view data by RAE and breakout measure results and compare results to NCQA HEDIS measures.
- Dashboard has twelve indicators (increased in booster vaccines, hemoglobin A1C, well child visits, childhood immunizations, follow up after ED for mental illness, follow for ED for substance use, depression screen, prenatal and postpartum care, and dental care).
- Data is for calendar year 2022, which is the most recent data available.
- Dashboard has filters for the various focus areas in the HCPF Health equity plan.
- The health equity dashboard is not currently publicly available. There is no current timeline for this but there will be a notification when it is available.
 - A request was made to view the data in graph format until the dashboard is available.
- The Medicaid application is being revised and changes are proposed to remove the option for Members to be able to select “other” for race/ethnicity.
 - A committee member commented that, in this case, would the dashboard be expanded to accommodate the larger number of

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- response categories?
 - This will depend on how the data comes into the system.
 - Colorado is looking at other states such as Oregon to see how to modify the application.
 - AG clarified that changes to the application will take time since it requires approval.
- A committee member asked if HCPF would consider adding the EPSDT requirement to this dashboard?
 - AG clarified that this dashboard is a living document and is continuously being updated. This is something that can be considered.
- Currently it is only possible to see one RAE at a time but HCPF is exploring options to include DH and all the RAEs at one time.
- Committee members shared their interest in the dashboard and the ability to dig deeper in the data, eventually hoping to have access to the dashboard.

Please reach out to [Aaron Green](#) with additional questions or feedback.

3. Accountable Care Collaborative (ACC) Phase III: Integrated Behavioral Health Care Benefit Proposal (John Laukkanen, HCPF)

John Laukkanen provided an [overview](#) of the proposed behavioral health integrated care benefit proposal for ACC Phase III.

- HCPF is looking to design a distinct Integrated Care Benefit (ICB) that considers the current reimbursement structures of key physical and behavioral health providers (i.e. FQHCs, CMHCs, PCPs, etc.).
 - This new benefit will fold in the current Short-Term Behavioral Health (STBH) benefit.
- The ICB will start with a mechanism to identify PH settings who are operating as IC providers
 - 1) Behavioral Health Entities (BHEs) would stand up a PH clinic onsite/embedded in their practice (as done in SIM).
 - Address the specific care needs of the SUD/SMI populations where BHE is the primary provider connected to members.
 - Consider the scope of BH services on member attribution here, which would give us the outcome of a health home.
 - We could design distinct metrics/outcomes for PMPM or incentives related to members with high-acuity BH conditions
 - 2) There are multiple models of integration when adding behavioral health services to medical settings. Distinct BH services would be added/billed in this setting and require a licensed BH practitioner



who is enrolled with Medicaid be employed or contracted by the IC location.

- The ICB is intended for early intervention, pre-diagnosis, lower acuity, and maintenance level encounters.
- There would be no limit to contacts per year. The number of contacts with a member would be determined by the member, the Integrated Practitioner, the condition being treated, and the business model of the IC setting.
- The Integrated Practitioner (medical staff or BH staff) would only see patients established at the host agency (i.e. PH clinic/setting or BHE).
- MAT services should be encouraged and incentivized in practices where it is appropriate.

The committee provided feedback on the proposal.

- A committee member asked whether this proposal would potentially remove member choice.
 - JL clarified that there is nothing that would preclude a member from choosing their providers.
- A comment was made regarding the new integrated care codes. These would be useful on the behavioral health entity side too. This gives the behavioral health entity more flexibility to do early intervention, pre-diagnosis work and support their integrated care efforts that might not be billable right now.
- A comment was made regarding reimbursement under a capitated model: Don't you want to integrate social determinants along with behavioral and primary care so providers can coordinate and manage care to a whole person model?
- A comment was made suggesting a way of tracking how integrated practices connect people to higher levels of care (intensive community-based services or specialists) when they need it.

Please email [John Laukkanen](mailto:John.Laukkanen@colorado.gov) with additional feedback or questions.

4. Public Comment

BP opened the meeting to the public for comment.

- There were no comments.

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

- The July 27, 2023, PMME meeting is cancelled for a summer recess.
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- The next PMME meeting is August 24, 2023

