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 27, 2024

1. Welcome, Introductions and Housekeeping

Voting Members Present: Daphne McCabe (Boulder County Public Health), Mike Morosits (Colorado Community Health Network), Bob Conkey (Health First Colorado member), Ealasha Vaughner (Health First Colorado member).

Voting Members Absent: Bethany Pray (CCLP), John Miller (Health First Colorado member), Janelle Jenkins (Health First Colorado member), Samuel Herbert (Wray Community District Hospital), Luke Wheeland, Brandon Ward (Jefferson Center for Mental Health), Jennie Munthali (CDPHE), Brent Pike (Health First Colorado member), Jill McFadden (Front Range Health Partners).

A quorum of voting members was not present.

HCPF Staff: Erin Herman, Nancy Mace, Lauren Revely, Tom Franchi, Erin Sears, Sandi Wettenkamp

Other Participants: Andrea Loasby, Anna Pittar-Moreno, Becky Selig, Chantel Hawkins, Ed Arnold, Elizabeth Freudenthal, Emilee Kaminski, Jane Reed, Jenn Ammerman, Jeremy White, Jeremy Sax, Katie DeFord, Katie Gaffney, Laurel Karabatsos, Lauren G, Liz Chapman, Lynne Fabian, Michaela Smyth, Sarah Lambie, David Keller.

The May meeting minutes were not reviewed and approved by committee members due to the fact that we did not have a quorum of voting committee members. The May meeting minutes will be reviewed at the next committee meeting.

2. Legislative Session Recap (Lauren Reveley, HCPF)

Laure Reveley (LR), HCPF, provided an overview of the recent legislative session.

In 2024 63 bills were tracked (705 total bills introduced):

- 11 agenda and high priority bills

- Bipartisan support throughout this year.

- 45 bills impact HCPF programs, including 8 legislative requests for information and 9 new or changed legislative reports.

HCPF Budget Agenda - Highlights

- Final details: CO.gov/HCPF/legislator-resource-center

- HB 24-1430 The Long Bill

- FY 2023-24 budget is $15.9B Total Fund and $5.0B General Fund

- ~1/3 of State budget

Highlights included:

- Across-the-board rate increases 2% (FY24-25), 3%, 2% and 2.5% last few years

- Targeted Rate Increases: Approved at or above most all HCPF requests. Surgery rate increase was slightly lower than requested. Rejected co-surgery rate increase.

- Direct care workers wage increase across the state to $17 per hour and in Denver $18.29 per hour, effective July 1, 2024.

3. Network Adequacy (Sandi Wetenkamp, HCPF)

Sandi Wetenkamp (SW), HCPF, provided an overview of healthcare provider access within the Medicaid program.

- Network adequacy refers to a health plan's ability to deliver health care services by providing reasonable access to enough in - network providers for all health care services included under the terms of the contract.

- States establish qualitative and quantitative network adequacy standards to ensure members have reasonable access to services and providers.

- CMS requires Network Adequacy validation performed by an External Quality Review Organization (EQRO). Regulations 42 CFR 438.352 & 42 CFR 438.358

- HCPF maintains compliance with CMS Network Adequacy requirements, through network analysis, evaluation and monitoring of reporting and data. Regulations

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42 CFR 438.68 and 42 CFR 438.206 which requires states to set Network Adequacy measure and metric standards, which RAEs must report on.

- The RAEs are held accountable through contractually required deliverables. Regulations 42 CFR 438.207

- Geographic analysis (Quantitative)

  - Time and distance metric results

  - Provider to member ratios results

- Narrative report (Qualitative)

  - Provider count summaries

    o Includes newly contracted and ended contract counts that occurred during the quarterly reporting period

  - Accepting new members

  - Offering after - hours appointments

  - Efforts towards establishing and maintaining a sufficient network

  - Detailed provider support activities

  - Identified network changes

  - Appointment timeliness assessments

  - Time and distance discussion

- SW provided an overview of a new provider network dashboard.

Commitee members discussed the presentation and asked questions about network adequacy:

- A question was asked regarding how HCPF can assess which providers are available to children?

  o SW clarified that this is captured in the contracting and credentialling process.

- A committee member noted that, in their experience, many of the behavioral health providers are closed to taking new members. He called

15 providers and none of them were accepting new members. It seems like the way it works looks good for reports but not great for patients. What incentive is there for providers and RAEs to take new patients?

- A committee member commented that they are seeing market consolidation due to the fiscal impact of the massive increase in uninsured patients. They are hearing from community primary care providers that they are worried about being able to stay open. Will the network adequacy methodology adjust and adapt to this landscape?

- A committee member asked if HCPF has cross walked providers to see who has actually been billing?

  - SW clarified that there are a few efforts in this area- This is part of the narrative where the RAEs can explain further about their network. In addition, if a provider is not revalidated and has not billed then they are removed as an active provider.

- A committee member commented that if a RAE finds a provider is not seeing new patients what incentive would they have to remove them from their list?

4. Open Comment (Daphne McCabe, PMME Co-Chair)

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

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

- There will be no July PMME meeting on July 25th

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