



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

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May 23, 2024

1. Welcome, Introductions and Housekeeping

Voting Members Present: Bethany Pray (CCLP), Daphne McCabe (Boulder County Public Health), Brandon Ward (Jefferson Center for Mental Health), Bob Conkey (Health First Colorado member), Brent Pike (Health First Colorado member), Jill McFadden (Front Range Health Partners), Jennie Munthali (CDPHE), Ealasha Vaughner (Health First Colorado member), Mike Morosits (Colorado Community Health Network).

Voting Members Absent: John Miller (Health First Colorado member), Janelle Jenkins (Health First Colorado member), Samuel Herbert (Wray Community District Hospital), Luke Wheeland.

A quorum of voting members was present.

HCPF Staff: Erin Herman, Nancy Mace, Erin Sears, Mike West, Matt Pfeifer, Melissa Peshkov, Zoe Pincus, Misti Maddrell, Nicole Nyberg, Emily Kelley, Lynn Ha, Lexis Mitchell.

Other Participants: Allison Valentine, Ed Arnold, Andrea Loasby, Anna Pittar-Moreno, Becky Selig, Camila Joao, Chantel Hawkins, Elise Neyerlin, Elizabeth Freudenthal, Emilee Kaminski, Emma Hayden, Jane Reed, Katie DeFord, Laurel Karabatsos, Lauren Gomez, Michaela Smyth, ReNae Anderson, Sarah Lambie

The April meeting minutes were reviewed and approved by committee members. Ealasha Vaughner motioned to approve; Brandon Ward seconded. There were no abstentions.

Erin Herman, HCPF, provided a brief update from the May PIAC meeting.

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



2. PEAK Update (Mike West and Aidan Baret, HCPF)

Mike West (MW) and Aidan Barrett (AB), HCPF, provided an update on HCPF's PEAK Application.

- Each month there are 230,000 visits on PEAK.
- Approximately 60% of uses access PEAK through a mobile device.
- HCPF has a new survey tool which is a pilot:
 - Currently have 24,000 surveys which represent a 14% participation rate.
- The State is implementing a mandatory training to help county workers understand how to use the system.
- The PEAK application has a chatbot with the most common questions and answers.
 - Currently tracking chats about renewals and we can see that there is a downtrend in renewal chats. Chat is only available in Spanish and English. Have a new vendor that will look into plain language Spanish.
- HCPF is trying to figure out how to add other languages. We currently have dedicated vendors that translate content.
- MW provided an update on upcoming changes to the PEAK application.
 - Vendor makes 6 released updates a year.
 - In June 2024 working on more closely aligning to the paper application to ensure all changes are across the board.

Committee members asked questions and provided feedback:

- *Does the system track if there are differences in questions in English versus Spanish.*

We can but it's complicated. That is why we are looking into other options.

- *Will the status tracker show the status of a person with disabilities? (The status of their LOC assessment or disability determination?)*



Currently PEAK users can see the status of all applications they submitted on PEAK. It unfortunately does not go into that level of detail when it comes to LOC assessments, but we'd like to add that to our future status tracker.

- *Will the update on user communication preferences include any information for members on why they might want/need to opt in to receiving texts/calls?*

We are currently working to track every way that users may receive communications from the state about their benefits.

- A few committee members commented on the confusion regarding the behavioral health option in PEAK. As it is currently, it is very confusing for members to know if they have full benefits or just the Family Medical coverage from the PEAK portal.
 - It would be really helpful to have the Medicaid benefit category identified, so people can confirm if they have MAGI Medicaid or MSP or a specific waiver.
 - MW clarified that HCPF is working on this. The BHA is working on a project to make this clearer. HCPF is also working with BHAS CMHCs to make sure they know how to use PEAK as well so they can get those benefits.
- A committee member commented that many people have technical challenges, and they get stuck, and they don't complete application.
- MW clarified that applicants don't get a notification when they don't complete their application. HCPF is working on the appropriate use of text and thinking this process through.
- AB shared that once HCPF finishes mapping all of the texts the State sends to PEAK users, HCPF will update the communications preference page letting them know exactly what that means including differentiating HCPF texts from texts from RAEs.
- A committee member stressed that some people need humans to help them complete the application.
- A committee member commented that a focus group or something like that might help solicit user-enhancements.
- MW clarified that HCPF does not use secret shoppers yet.

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- MW stressed that the user experience is the focus of updates and very important.

3. Overview of Behavioral Health Incentive (BHIP) (Emily Kelley, Nicole Nyberg, HCPF)

Emily Kelley and Nicole Nyberg provided an overview of the most recent BHIP data for the Accountable Care Collaborative (ACC).

Indicator 1: Engagement in Outpatient Substance Use Disorder (SUD) Treatment

- All RAEs met their goal for this indicator (3rd year in a row).
- Trends/Best practices:
 - Connection into Practice Transformation and Performance Improvement Cycles in SUD activities and Hospital Transformation.
 - Educating Practices on Engagement.
 - Educating about what the measure actually is, how to hit numerators and denominators and how to follow coding by reviewing the specification document.
 - Payout funding Rural and Frontier areas. First point of contact is through ED for SUD. Working on education and eliminating the stigma of SUD in ED. Colorado Rural Opioid and Addiction treatment system.
- A committee member commented that if everyone has met the goal for three years, does that mean the goal posts need to be moved?
 - NN clarified that a new goal is set every year.

Indicator 2: Follow-Up within 7 Days of an Inpatient Hospital Discharge for a Mental Health (MH) Condition

- Trends/Best practices:
 - Increased # of BH providers.
 - Partnerships with CMHCs for warm handoffs for post - hospital and ED follow - up.



- RAE Care Coordination Relationships.

Indicator 3: Follow-Up within 7 Days of an Emergency Department (ED) Visit for SUD

- Only 2 RAEs met this indicator.
- Trends/Best Practices:
 - Big push to educate partners
 - High level of collaboration with partners
 - Increased access via telehealth platform

Indicator 4: Follow-Up after a Positive Depression Screening

- Three RAEs met this measure.
- RAEs shared the following tactics:
 - Practice Transformation Coaching
 - Intensive work with primary care practices to increase depression screening rates and follow - up.
 - Implemented secondary interventions that focused on “value - based contracting with primary care practices.
 - Evaluation of intervention effectiveness.
 - Peer Workgroups.
- A comment was made about the importance of the regular flow of data and the operational requirements. The delay of data is a big thing and the specificity of how the organization contributes to the measure. The organization doesn't know what they did to impact the measure, so they don't know how to replicate it. Or the organization doesn't know what they did wrong. It sometime feels pointless to be engaged in a metric with the late data. Has HCPF looked at other states to learn what they are doing. Are they learning lessons you are hoping to employ?
- A comment was made about the peer-to-peer workgroups to facilitate addressing members issues in a timelier way. Maybe lack of screenings is



due to lack of trust with the system and maybe a peer-to-peer group/ambassador would be helpful.

- A committee member asked if the RAEs can be incentivized to build systems that allow for faster data analysis and, therefore, get around the claims reporting challenge.

Indicator 5: Behavioral Health Screening or Assessment for Children in the Foster Care System

- One RAE met their goal. The majority of RAEs saw a decrease from the prior year.
- Trends/best practices:
 - Challenge is the delay in data from multiple entities to HCPF to RAE.
 - Connecting with DHS to get that data sooner. Need a better understanding of how aid code 70 and how that will impact this measure.

Nicole Nyberg provided an update on the ACC incentive program for SFY24-25

- The majority of measures and programs will stay the same.
- BHIP: Depression Screening Gate Change
 - NUM = # of screenings
 - DEN = # of eligible members (no longer attached to well visit)
- Five Health Equity Plan measures are being added for FY24-25.
- All of the RAE Incentive Program specification documents are posted on the [HCPF website](#).

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

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



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

- The next PMME meeting is June 27th, 2024.
- The committee members agreed to take a summer recess in July. There will be no July PMME meeting on July 25th

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