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

October 26, 2023

1. Welcome, Introductions and Housekeeping

- A quorum of voting members was present.

Voting Members Present: Bethany Pray (CCLP), Christina Suh (Phreesia/CHCO), Jill McFadden (Front Range Health Partners), Brent Pike (Health First Colorado member), Samuel Herbert (Wray Community District Hospital), Bob Conkey (Health First Colorado member), Ealasha Vaughner (Health First Colorado member), Jennie Munthali (CDPHE), Luke Wheeland (The Arc).

Voting Members Absent: Daphne McCabe (Boulder County Public Health), Brandon Ward (Jefferson Center for Mental Health), Janelle Jenkins (Health First Colorado member).

HCPF Staff: Erin Herman, Nancy Mace, Nicole Nyberg, Katie Lonigro, Sheila Gamueda, Audrey Keenan

Other Participants: Alee LaCalmito, Amy Ferris, Amy Yutzy, Anna Pittar- Moreno, Brandon Arnold, Brian Robertson, Camila Joao, Cara Hebert, David Keller, Ed Arnold, Emilee Kaminski, Holly Kingsbury, Jason Casey, Jennefer Rolf, Jeremiah Fluke, Jessica C., Katie DeFord, Kim Herek, Lauren Showers, Lynne Fabian, Meredith Munoz, Michaela Smyth, Michelle Blady, Natasha Lawless, Tom Keller, Suman Mathur.

The September meeting minutes were approved. Eelasha Vaughner motioned to approve; Samuel Herbert seconded.

- There were not abstentions

Samuel Herbert provided a brief update from the October PIAC meeting.

Additional PIAC meeting materials are located on the HCPF website.

2. Behavioral Health Incentive Program (BHIP) Data Review and Discussion (Nicole Nyberg, HCPF)

Nicole Nyberg (NN) provided a brief overview of the Behavioral Health Incentive Program (BHIP) program and the RAE data (Nicole Nyberg, HCPF) and led a discussion with the committee. Committee members provided feedback.

What barriers do members have to receiving care (including those related to SDOH)?

NN asked the committee how the RAEs and/or HCPF can support providers?

- Committee members discussed the obstacles for members making the follow-up appointment after discharge. It can be both social determinants of health and provider capacity. Also, some service codes could potentially be impacted by telehealth if the follow up visit cannot be telehealth. NN will follow upon this to confirm which services codes can be used through telehealth visit.

- Large providers versus smaller providers. The small providers won't get much.

- A committee member commented that is nice that the RAEs have an ability to incentivize providers and the flexibility to do it the way that works for their region.

How can the RAEs support members through BHIP?

- COA rolled out a new member giving program where members can apply for social determinants of health (SDOH) funding for member SDOH needs. Members can apply through the COA website.

- CCHA has some technology platforms that provide supports members (e.g., a chat box to assess loneliness). Starting next year, they are starting a member incentive program.

- A committee member shared a pilot program, Denver Basic Income Project (DBIP), that is giving away cash to people experiencing homelessness with no strings attached. There is some preliminary data that is looking promising so far. Can we look at creative options?

    - There is a similar project in Boulder called Guaranteed Income Pilot Project

- A commentor from a RAE noted that a barrier they have experiences is that the RAE cannot give member funds because they would have to count that as income or make them ineligible for benefits.
- A committee member noted that members may not be over the income where reporting is required, so please don't assume they will. We should give the member the opportunity to decline. We shouldn't use that as an excuse.
- A commentor shared that the adoption of the local government making the payments should help avoid the eligibility issues. Could some of these programs not be a disqualifying activity.
- Maybe there could there be a legislative fix to allow this?
- A link was shared in the chat, Protecting Benefits in Guaranteed Income Pilots: Lessons Learned from the Abundant Birth Project .
    - "There may be one possible pathway to exempting guaranteed income payments for SSI recipients. Under what the Social Security Administration calls "Assistance Based on Need" (ABON), payments can be excluded from counting as income for purposes of SSI if they are "provided under a program which uses income as a factor of eligibility" (not just to determine the amount of payments), and the program is "funded wholly by a State . . . a political subdivision of a State, or a combination of such jurisdictions" (which includes cities and counties). This may be a narrow exception, given that most pilots have been funded at least in part by private donations, but could also be an important lifeline for programs funded entirely by local or state government."

How can we improve equity in expectation and payment for performance measures when a low performing RAE meets their target and are paid for performance and a high performing RAE misses their target and does not get their financial incentive?

NN clarified that unearned funds from BHIP do not go to performance pool unlike unearned Key performance Indicator (KPI) funds which do to go to performance pool.

- A comment was made that there is some level at which the changes you see are due to random variation, in general that falls between 70-90%, and setting targets above that doesn't serve a purpose.

- A comment was made regarding distribution of funds. One option is to reward the people who contributed the most and another option is to treat it as investment into programming, etc. Most RAEs probably do both. It might be good to be able to have more insight into what the RAEs are doing with those funds.

- A committee member commented that pushing up targets toward 100% may not benefit systems, but it benefits the individual patients.

- A committee member commented that leaving the bar where it's at is much easier, it takes away the incentive to improve.

- A committee member suggested that maybe if there is a high performer, even if they don't reach their target, they could still get paid out.

- NN clarified that with homegrown metrics, as have been used previously in BHIP, we don't have national benchmarks so we can't compare our performance to other states. Moving to national standardized measures will change this.

- A few committee members asked if the State would ever consider prioritizing a specific measure as a part of a priority for the state. This is done in other quality programs. CMS gives higher points to certain measures. If there is a crisis, could one incentive be prioritized.

- NN clarified that BHIP has no tiering so the RAE either makes it or not and there is no partial credit. All BHIP measures are equally weighted.

3. ACC Phase III Member Engagement Strategy (Suman Mathur, Colorado Health Institute, Katie Lonigro, HCPF)

Suman Mathur (SM) and Katie Lonigro (KL) provided an overview of the ACC Phase III Member engagement strategy.

- ACC Phase III concept paper.

- ACC Phase III Concept Paper survey closes October 31, 2023

- Open feedback form will remain open through the spring.

- Regular public meetings and member engagements will continue through Spring.

- Member engagement strategy Fiscal Year 2022-2023
    - Prioritized consistent engagement and trust building with member councils (MEACs/MACs) through both standing forums and informal conversations
    - Used member-centered framing in discussions
    - Updated facilitation approaches based on member feedback
    - Offered monetary compensation whenever appropriate
- Member engagement strategy 2023-2024
    - Increased member compensation rate
    - More transparent feedback tools
    - Additional accessibility training and considerations
    - Member-only town halls, including but not limited to conversations about disability competent care and the Phase III Concept Paper (8 of 36 total sessions)
    - Ongoing participation in regional and statewide member councils
- Learnings so far regarding interactions with RAEs.
    - Need more clarity on role of RAE, the type of services they offer for members, and clear instructions on who to contact
    - Confusion around who their RAE is
    - Different contractor names add to this confusion
    - Recommend providing more information about RAEs at the point of enrollment, and through doctor's offices.
- Learnings so far regarding information sharing:
    - Interest in centralized call center, but worry that if not properly staffed, could be more hassle than worth
    - Interested in improved technology (the PEAK website, an all - in - one app, etc.) to get and update info.
    - Website/app should clearly state who their RAE is

  - Website/app should clearly state who their PCMP is with an option to update
  - Emphasis on CONSISTENCY: Branding (logo, name, etc.) from HCPF, Health First Colorado, and RAEs; Messaging

- Learnings so far regarding care coordination:
  - Preference for clinical coordination at the provider level with someone who understands clinical needs
  - RAEs could serve as a "super coordinator"
  - Some concern this would add a level of bureaucracy
  - Interest in coordination of health - related social needs, but want to assure capacity and expertise

- Learnings so far regarding RAE supports for providers
  - RAEs can provide/coordinate trainings related to equity, cultural validation, and disability competent care to providers
  - RAEs can keep providers accountable for completing and implementing best practices from these trainings

- A committee member asked if there is a way to get feedback from members on care coordination? The Department is looking into a forum or that.

- A committee member commented member engagement is not just customer service. What a lot of members want to see is that they are being heard. Want to get the information out there, for example on websites, to make the member voice louder. How can we make the RAEs accountable to this?

- A question was raised regarding families of children with both medical complexity and behavioral complexity and if they were involved in the focus groups? SM confirmed that they were.

4. Open Comment (Christina Suh, PMME Co-Chair)

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

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

- The committee voted to cancel the November PMME due to the Thanksgiving holiday.
- The committee voted to move the December PMME meeting to December 7th.
- Future meeting topics include:
    - CAHPS survey results
    - 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.