



MINUTES OF THE MEETING OF THE Performance Measurement and Member Engagement (PMME) Committee

253-215-8782 or 346-248-7799

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October 24, 2024

1. Welcome, Introductions and Housekeeping

Voting Members Present: Bethany Pray (CCLP), Daphne McCabe (Boulder County Public Health), Bob Conkey (Health First Colorado member), Fatima Kiass (Empowered Connections), Janelle Jenkins (Health First Colorado member), Ealasha Vaughner (Health First Colorado member).

Voting Members Absent: Mike Morosits (Colorado Community Health Network), Jennie Munthali (CDPHE), Brent Pike (Health First Colorado Member), John Miller (Health First Colorado member), Luke Wheeland.

A quorum of voting members was present.

HCPF Staff: Erin Herman, Erin Sears, John Laukkanen, Katie Lonigro, Nicole Nyberg, Dave Ducharme, Zoe Pincus.

Other Participants: Laurel Karabatsos, Katie DeFord, Alee LaCalamito, Angie Goodger, Ann Pittar-Moreno, Becky Selig, Camila Joao, Chantel Hawkins, Dana Stevens, Emilee Sheridan, Jane Reed, Jenn Ammerman, Jennefer Rolf, Jeremy White, Kristin Waldrop, Lauren Ratliff, Lora Roberts, Lynne Fabian, Milena Tayah, ReNae Anderson, Sarah Lambie.

The September meeting minutes were reviewed and approved.

Daphne McCabe gave an update from the October PIAC Meeting.

2. Behavioral Health Quality Metrics (John Laukkanen and Nicole Nyberg, HCPF)

John Laukkanen and Nicole Nyberg, HCPF, provided an overview of the proposed behavioral health performance metrics for ACC Phase III.

Behavioral health incentive program background:



- HCPF can pay up to 5% over RAE capitations as an administrative payment to incentivize quality. Since the capitations are ~\$1B per year, the pool is ~\$50M.
- 5 measures, each worth 1%.
- The dollars are matched at 50% from federal government.
- HCPF chooses measures to focus on areas where improvement is needed.

Five proposed behavioral health performance measures for ACC Phase III:

1. Initiation and Engagement of Substance Use Disorder Treatment
2. Follow-Up after Hospitalization for Mental Illness
3. Follow-Up after Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence
4. Follow-Up after Emergency Department Visit for Mental Illness
5. Screening for Social Drivers of Health (SDOH)

New measures for ACC Phase III:

- Follow-Up after Emergency Department Visit for Mental Illness:

Percentage of emergency department (ED) visits for beneficiaries aged 6 and older with a principal diagnosis of mental illness or intentional self-harm and who had a follow-up visit for mental illness. Two rates are reported:

- Percentage of ED visits for which the beneficiary received follow-up within 30 days of the ED visit (31 total days).
 - Percentage of ED visits for which the beneficiary received follow-up within 7 days of the ED visit (8 total days).
- Screening for Social Drivers of Health (SDOH):

The Social Drivers of Health measure calculates the Percentage of members 18 years and older screened for the following:

- Food insecurity
- Housing instability



- Transportation needs
- Utility difficulties
- Interpersonal safety

Committee members provided feedback and asked questions.

- A question was asked regarding how telehealth plays into the Certified Community Behavioral Health Clinics (CCBHS)?

A: Every measure is different. Not familiar with the details of all the CCBHS metrics. For other metrics if telehealth is appropriate

- Would the money the RAEs get trickle down to providers?

A: All of the RAEs have their own quality incentive structure so that money would get down to providers.

- A committee member asked about the number of visits required to count as engagement.

A: HCPF would need to look at this. This is a CMS Core measure.

- NN clarified that there will not be a distinction between court ordered and voluntary engagement after bh/sud/mental health incident.
- A few committee members discussed the tool being used for the SDOH screening tool. Suggestions were made regarding specific tools and a question was raised whether HCPF has a workgroup of providers to discuss the tools being used. A request was made that HCPF create a study group on this.

A: NN clarified that HCPF has not picked a tool. We need to look at the metric itself and how we would know that a screening has been completed. At this time, we are not sure we would mandate a specific tool.

NN clarified that there has been a lot of research on the different tools and the health information exchange so we can tap into work already being done by providers. Sometimes the measures themselves define the tools so we wouldn't want to use a different tool.

HCPF is looking to use as many standardized tools as possible. NN will share that PMME might be interested in providing feedback.



- A committee member noted that the foster care measure was dropped and asked why.

A: This wasn't a good measure to show if kids' needs were being met. This was a homegrown measure, and the data source was not very reliable or effective to measure. In addition, as part of our health equity work, we can look at all our measures stratified by the foster care population. HCPF continues to work to find better tools.

CCBHC Quality Measure Specifications can be found here:

<https://www.samhsa.gov/sites/default/files/ccbhc-quality-measures-technical-specifications-manual.pdf>

CMS Core Measure Definitions can be found here:

<https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/adult-and-child-health-care-quality-measures/index.html>

3. ACC Phase III Commitment to Quality Program (Dave Ducharme, HCPF)

Dave Ducharme (DD), HCPF, provided an overview of the ACC Phase III Commitment to Quality program.

- Performance standards are defined throughout the contract for key areas across the program to measure contract adherence.
- They are categorized by key program area: Network Management, Behavioral Health Benefit, Member Support, and Contract Monitoring.
- RAEs will be required to reinvest a portion of their profit margin into key program areas depending on how many performance standards they meet in a specific timeframe.

Commitment to Quality Process overview

- HCPF will collect data and calculate metrics throughout the year for each standard.
- HCPF will meet quarterly with the RAEs to review performance standard data.
- HCPF will work with each RAE to calculate the profit margin based on financial reporting submitted to HCPF and determine the funding amount to be reinvested (if any).

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- Once the final funding amount is calculated, RAEs and HCPF will agree on how the funding will be reinvested into key program areas.
- All of these performance measures are brand new. They are specific to the contract requirements. In the past we relied on qualitative deliverables but it's difficult to consolidate that information.
- DD shared some examples of performance standards.
- We didn't create many that would be 100% so the standard is a reasonable standard.

Committee members asked questions and provided feedback.

- A question was asked regarding if there is a backstop in the case the system shifts. We measure to one set of measures, then you have shifts, and people fall through the cracks. Do you have another system in place to manage the RAEs?
 - DD clarified that yes, we have always managed the performance of the RAEs. We have numerous modes of doing this. There is a managed care ombudsman.

Ombudsman contact:

Health First Colorado Managed Care Ombudsman

Phone: **877-435-7123** or TTY **888-876-8864** or State Relay: 711.

Email: help123@maximus.com

- A committee member noted that some states have Performance standards with reach goals and minimums.

DD clarified that this is not an incentive program.

- A committee member commented on the provider directory performance standard. Some systems have a requirement tied to correction of directory errors identified by members within the month. That might be an alternative for the directory requirement.
- A committee member asked if HCPF has sufficient staff to process all this data? Another committee member suggested that maybe greater collaboration with counties would help.

DD clarified that there is some staff reorganization to help.



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

- DM opened the meeting to the public for comment. There were no comments.
- The next PMME meeting scheduled for November 28th will be rescheduled due to the Thanksgiving holiday. EH will email committee members after the meeting to find a date that works for the majority of committee members.

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