



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>

September 28, 2023

1. Welcome, Introductions and Housekeeping

- A quorum of voting members was present.

Voting Members Present: Bethany Pray (CCLP), Christina Suh (Phreesia/CHCO), Daphne McCabe (Boulder County Public Health), Jill McFadden (Front Range Health Partners). Brent Pike (Health First Colorado member), Janelle Jenkins (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).

Voting Members Absent: Luke Wheeland (The Arc), Brandon Ward (Jefferson Center for Mental Health),

HCPF Staff: Erin Herman, Nancy Mace, Nicole Nyberg, Lynn Ha, Blue Parish, Sarah Davis

Other Participants: Chelsea Watkins, Tracy, Janet Milliman, Mike Marosits, Gina Stepuncik, Jennifer Ammerman, Katie DeFord, Mike Marosits, Katie DeFord, Ed Arnold, Jeremiah Fluke, Kellen Roth, Anna Pittar-Moreno, John Mahalik, Brian Robertson, Laura Coleman, Alee LaCalamito, Elise Neyerlin, Sara Wray, Andrea Loasby, Sophie Thomas, Michaela Smyth, Brandon Arnold, Jane Reed, Sarah Lambie, Tina Gage, Jessica Johnson, Sarah Thomas, Chelsea Watkins, Caleb Menke, Elizabeth Freudenthal, Camila Joao, Jennifer DeBrito

The August meeting minutes were approved. Jill McFadden motioned to approve; Bob Conkey seconded.

- There were not abstentions

Nancy Mace provided a brief update from the September PIAC meeting.

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

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2. HCPF Quality Measures Alignment Vision (Nicole Nyberg, HCPF)

Nicole Nyberg (NN) provided an overview of HCPF's metric alignment vision.

- HCPF's Goal is to align measures across Department Program.
 - HCPF Will be making changes, as appropriate through the upcoming years to align with these programs, in our Health Equity Plan, ACC, APMs, etc.
- A committee member shared that some people who aren't as close to the measures have commented that this seems like a retreat since this alignment focuses on measures providers have already been working on. Some have said it feels like the Department is asking less of entities with this move.

3. Review of Regional Accountable Entity (RAE) Phase II Incentive Structure: KPI, PP & BHIP (Nicole Nyberg, HCPF)

Nicole Nyberg (NN) provided an overview of the current incentive structure for ACC Phase II.

- Of the \$16.61 PMPM capitation, approximately one fourth is withheld.
- FY23-24 Key Performance Indicators
 - Depression Screening and Follow up Plan (CMS Core Measure)
 - Oral Evaluation, Dental Services (CMS Core Measure)
 - Child and Adolescent Well Visits (CMS Core Measure)
 - Prenatal and Postpartum Care (CMS Core Measure)
 - Emergency Department (ED) Visits
 - Risk Adjusted PMPM
- FY23-24 Performance Pool Measures
 - Extended Care Coordination
 - Premature Birth Rate



- Behavioral Health Engagement for Members Releasing from State Prisons
- Asthma Medication Ratio (CMS Core Measure)
- Antidepressant Medication Management (CMS Core Measure)
- Contraceptive Care for Postpartum Women (CMS Core Measure)
- FY23-24 Behavioral Health Incentive Program (BHIP) measures
 - Initiation and Engagement of Substance Use Disorder Treatment (Engagement) (CMS Core Measure)
 - Follow-up After Hospitalization for Mental Illness (7 days) (CMS Core Measure)
 - Follow-up After Emergency Department Visit for Substance Use (7 days) (CMS Core Measure)
 - Follow-Up after a Positive Depression Screen
 - Behavioral Health Screening or Assessment for Children in the Foster Care System

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

Nicole Nyberg (NN) provided an overview of the current behavioral Health Incentive Program and reviewed the most recent data with the committee.

- In SFY 23-24 three measures changed to align with the CMS Core Measure set.

How RAEs earn incentives in BHIP

- 10% gap closure from baseline to Department goal
- Each RAE is responsible for closing their performance gap by 10% during the performance year.
- A committee member commented that if a RAE is doing very well it could be hard to close that gap. How does the Department account for that?



- NN commented clarified that this is why the Department compares the RAE to their own baseline.
- A committee member asked how the change of structure for ACC Phase III with fewer RAEs impact baselines? How will those be set?
 - NN commented that HCPF can recalculate the baseline based upon the counties instead of RAE. The Department hasn't made decisions that detailed yet, but this has been done previously.
- NN provided an overview of the BHIP data timeline including the performance period, calculations, measure validation, and payment.
 - Committee members commented on the significant time delay for BHIP results. They questioned why other states can do this much faster. This seems like an opportunity for improvement.
 - NN shared that the Department uses an external quality reviewer, and this step takes extra time. As we move to the new CMS core measures, they will be a little faster, but we are bound to a 90-day timeline so that claims can be run.
 - A comment was made regarding the fact that the RAEs have access to more up to date data than the state releases since they have the specification document so they can use data internally in the meantime.

NN went through the BHIP data with the committee for each of the BHIP measures. The committee had the opportunity to discuss and ask questions on the data.

- Committee members commented on the potential impact of the pandemic on some of these measures.
 - For the SUD measure it is possible that more people needed treatment during the pandemic which will impact the data and make it hard to determine if improvements occurred.
 - A committee member commented that SUD has increased significantly, and this measure doesn't necessarily capture whether member needs are being met.

Representatives from each of the RAEs provided an overview of the BHIP program in their region including how BHIP funds are allocated.



- A committee member asked how member feedback influences each RAE's model. Are actual members in the meetings or do they have access to the data?

Brian Robertson, NHP, provided an overview of the BHIP program in RAE2.

- Look at member-level data for the measure (visit dates, providers, care coordinator group, etc.)
- Allocate incentives based on funds received and the where the visits occurred (85% of the incentive distribution)
- Incentivize Care Coordination Entities for Support (15% of the incentive distribution)

Chelsea Watkins and Jeremiah Fluke, RMHP, provided an overview of the BHIP program in RAE1.

- Distributes the 20% of the Total Provider BHIP Distribution proportionally with participating providers based on the portion of all successful follow up that provider completed during the performance period.
- Each provider's payment will therefore depend on:
 1. Total BHIP revenue received from HCPF
 2. Total successful follow-up for each metric across all providers
 3. Number of successful follow-ups conducted by that provider

Janet Milliman, Colorado Access, provided an overview of the BHIP program in RAE 3 and RAE 5.

- 50% Partnership Payment - Top 100 providers that bill the most claims in the region receive a partnership payment. Payment is proportional to their percentage of the region's total claims during the measurement period.

For example: If Provider A's claims account for 7.8% of the region's total claims volume for the year, Provider A will receive 7.8% of the total available Partnership Payment dollars

- 50% Performance Payment - Payment is proportional to the percentage of qualifying visits the provider performed for each metric.



For example: If Provider A performed 3.5% of all of the follow-up visits that occurred within 7 days of discharge from an inpatient hospital stay, they will receive 3.5% of performance half of the incentive dollars.

Ed Arnold, Health Colorado, provided an overview of the BHIP program in RAE 4.

- Evaluate top performers (Gather Best Practice) and bottom performers (Facilitated Improvement) for Each Measure
- Improve Population Health measure performance as well as engagement in quality improvement activities.

Camila Joao, CCHA, provided an overview of the BHIP program in RAE 6 and RAE7.

- Providers can earn funds proportional to their contribution to the achievement of BHIP measures.
- Disbursement is contingent on RAE's achievement of target and receipt of funds for each indicator.

5. Public Comment

BP opened the meeting to the public for comment.

- A committee member requested for the RAEs to return and discuss how the RAEs engage members in this work.

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

- The committee will continue to discuss BHIP at the next meeting.
- The next PMME meeting is October 26, 2023

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.

