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 26, 2024

2. Welcome, Introductions and Housekeeping

Voting Members Present: Bethany Pray (CCLP), Daphne McCabe (Boulder County Public Health), Mike Morosits (Colorado Community Health Network), Bob Conkey (Health First Colorado member), Brent Pike (Health First Colorado member, Fatima Kiass (Empowered Connections), Jennie Munthali (CDPHE).

Voting Members Absent: 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), Ealasha Vaughner (Health First Colorado member).

Fatima Kiass, a new voting committee member, was introduced to the committee.

A quorum of voting members was present.

HCPF Staff: Erin Herman, Nancy Mace, Tom Franchi, Erin Sears, Sandi Wettenkamp, Katie Lonigro.

Other Participants: Liz Chapman, Anna Pittar-Moreno, Camila Joao, Chantel Hawkins, David Keller, Ed Arnold, Emilee Kaminski Jane Reed, Katie DeFord, Lynne Fabian, Mahu, Megan Gold, ReNae Anderson, Sarah Lambie, Taya Kohnen, Tina.

The May and June meeting minutes were reviewed and approved. There were No abstentions.

Daphne McCabe gave an update on the August and September PIAC Meetings.

3. Member Correspondence Webinar (Erin Herman, HCPF)

Erin Herman, HCPF, gave an update on upcoming Member Correspondence webinars that HCPF is hosting on Wednesday, October 9th at 2:00 pm and 5:00 pm.

Webinars will cover:

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- Appreciation and sharing accomplishments

- Share about recent and planned improvements to member noticing reflecting feedback from various sources with a focus on the eligibility Notice of Action and renewal letters

- Share feedback opportunities for future improvements to member letters

Questions should be directed to Sarah Davis, HCPF Stakeholder Engagement Sr. Advisor.

4. ACC Phase III Feedback (Katie Lonigro, HCPF)

Katie Lonigro (KL), HCPF, provided an overview of how feedback informed ACC Phase III. In addition, she went over some of the key takeaways and ACC Phase III Changes in the areas of accountability, care coordination, and provider support.

- ACC Phase III begins July 1, 2025.

- Phase III RFP was open from May 10 to July 13.

- Intent to award new vendors announced on Sept. 11.

Criteria to serve on the evaluation committee:

- No conflicts of interest

- Able to provide fair and impartial evaluation to all offerors based solely on contents of proposals.

- Relevant subject matter expertise.

- Able to commit time necessary to review multiple, several hundred - page proposals.

How was the evaluation committee assessing proposals?

- Whether all critical elements in RFP have been addressed.

- Capabilities of the Offeror.

- Quality of approach and/or solution proposed.

Were stakeholders on the evaluation committee?

- We are grateful for the immense contribution and commitment of external stakeholders throughout this process.

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- At the guidance of our procurement team and in alignment with common practices for other procurements of this size, only state employees were part of the evaluation committee.

Next steps towards ACC Phase III:

- Once vendors are awarded HCPF moves into contract negotiations.

- Work with new RAEs on startup activities to ensure they are ready for go - live.

In addition to that, from now until July 1, 2025 (and beyond) we have to:

- Further clarify and implement new policies/programs.

- Implement system changes.

- Review and update deliverables.

- Design and implement a data - informed management model.

- Educate providers and members to ensure a smooth transition.

Committee members discussed and asked questions:

- KL clarified that HCPF made the contract requirements clearer for RAEs.

- A question was raised regarding whether the PCMP payments from the RAEs align with APM II. The primary care practices can't handle major fluctuations right now.

- A question was raised if the RAEs in Phase III are more able to hold providers accountable?

    o KL shared that there is more clarity and definition around this.

- A question was raised regarding regional PIAC and MACs reviewing RAE deliverables- is this all deliverables or some?

    o KL clarified that this is up the RAEs to determine.

- A comment was made for being in favor regarding standard care coordination as long as it is evidence based and that it will help with transition of care to others as needed.

- Committee members requested a list of RAE deliverables. HCPF will send this list out after the meeting.

- The health equity plans for each RAE can be found on the HCPF website.

- KL shared that PIAC and subcommittees will be asked for guidance on implementation on topics including quality and payment programs and children and youth.

5. 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 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

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

- SW shared the primary care network dashboard for committee members to view and comment on.

Committee members shared feedback and asked questions:

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- A question was raised regarding the time and distance measure. What if a member uses public transportation- Is there a separate public transportation measure? Public transportation could increase the travel time. Another committee member noted that time and distance standards could also be an issue in rural/frontier and mountain areas, especially during winter months.

- A committee member commented on the metrics reported by the RAEs to HCPF seem like a topic for periodic PMME review. Specifically, the metrics on time to wait for appointments and how many providers actually are accepting new Medicaid patients at a given time.

- A comment was made that few practitioners operate independently- shouldn't practices be the unit of analysis?

- A committee member asked if the ability to provide telehealth services changes the "compliance" of a practice in terms of time/distance or is it only focused on in person services.

  - A: We can't measure time and distance for telehealth, but we do capture it at the entity level

- A comment was made that the "Accept new members" doesn't always match "Accepts new members".

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

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

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

- The next PMME meeting is October 24, 2024.

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