



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>

June 23, 2022

1. Introductions and Approval of Minutes

CS did a roll call of voting Committee members.

Voting Members Present: Christina Suh (Phreesia/CHCO), Brandon Ward (Jefferson Center for Mental Health), Luke Wheeland (The Arc), Angie Goodger (CDPHE), Jill Atkinson (Community Reach Center), Greta Macey (Tri County Health Department), Brent Pike (Health First Colorado member), Bob Conkey (Health First Colorado member), Janelle Jenkins (Health First Colorado member).

Voting Members Absent: Bethany Pray (CCLP), Ealasha Vaughner (Health First Colorado member), Valerie Nielsen (CCHN), Kenda Pritchard (Spanish Peaks Regional Health Center).

Other Participants: Andrea Loasby, Ashley Clement, Camila Joao, Ed Arnold (Beacon), David Keller, Alee LaCalamito, John Mahalik (Beacon), Jill McFadden, Jane Reed, Katie Gomez (PCHC), Kellen Roth, Ellen Giarrantana, Nikole Konkoly (RMHP), Elizabeth Freudenthal (Children's Hospital), Ashley Clement, Lynne Bakalyan (Beacon), Emilee Kaminski (CCHO and UC Dept of Pediatrics), Sophie Thomas (CCHA), Pam Boehm (RAE2), Melissa Schuchman (Beacon).

HCPF Staff: Erin Herman, Nancy Mace, Nicole Nyberg, Audrey Keenan, Matt Lanphier, Zoe Pincus.

The May meeting minutes were not approved due to lack of quorum. The May meeting minutes will be reviewed at the July PMME meeting.

2. Well Child Visit Update (Nicole Nyberg, HCPF and Christina Suh, PMME Co-Chair)

NN provided an update on the well child KPI data and CS provided an update on the committee's recommendations regarding well child visits (see [presentation](#)).



NN shared that the Department has identified some potential issues with the well child visit data that they are currently looking into.

- NN encouraged participants to send in any examples of data issues if they have any.
- The Department will send out a memo summarizing the issues once there is more information.

CS provided an update on the PMME committee recommendations vote for well child visits.

- The recommendation with the most committee member votes: Improve education for Members on Well Child Visits
- Other top recommendations that all received the same number of votes: Increase efforts to address transportation issues for Members coming in for their Well Child visits; RAEs to encourage practices to use their extended office hours to include well child visits in addition to sick visits; RAEs to partner with schools, school districts, and school-based clinics (where available) to increase access to well child visits and to educate on the availability and importance/value of well child visits; Implement a State requirement for a well child visit at age-appropriate intervals
- The committee chairs will work to summarize recommendations and determine next steps for sharing with the PIAC.

3. ACC Key Performance Indicators (KPI) Data Review (Nicole Nyberg, HCPF)

NN shared snapshots of ACC program data including a few key performance indicators (KPIs) in a new quality dashboard that the Department is developing. KPI updates for FY 22-23 were also shared. (see [presentation](#)).

- This dashboard will facilitate more comprehensive data review for all measures with various filters.
- Recommendations from PMME were used in the process of developing this dashboard.
- The data presented for well child visits should be disregarded due to the potential data issues mentioned earlier in the meeting.
- The dashboard has a few filters already implemented including: Race/Ethnicity, Language, Age, Gender, City, and County



- Over the next two months the Department will be adding waiver status, provider type stratification, and tribal status.
- NN asked the committee for suggestions for any additional filters that should be added.

Committee members suggested: Foster care, number of children in a family, family composition (e.g., single parent home), disability (not all disabled have a waiver), Rural/Frontier/Urban.

NN shared ACC program Key Performance Indicator updates for FY 22-23

- Remove Potentially Avoidable Costs Deliverable and replace with Risk Adjusted PMPM (from Performance Pool).
- Replace Prenatal Engagement KPI with Prenatal and Postpartum Care (CMS Core Measure NQF 1517).
- Potentially replace Dental Engagement KPI with Oral Evaluation, Dental Services (CMS Core Measure NQF 2517).
 - Awaiting baseline data to be received within the next week to make final determination.
- Depression Screening is not being changed at this time.
- Colorado submitted a request to CMS to change the NCQA HEDIS depression screening measure.

Requested to change the measure to include a 30 day follow up appointment after a positive depression screen instead of a follow up phone call. Will not know if this change is implemented until December 2022 so the Department has decided not to change the measure for the ACC program in case, we would need to change it again.

- NN clarified that Aaron Greene, HCPF Health Disparities and Equity, Diversity & Inclusion Officer is a part of the workgroup reviewing the measure changes.



4. RAE Member Attribution (Matt Lanphier, HCPF)

ML provided an overview of Member attribution, the four ways Members are attributed to their medical home, an overview of current Member attribution, future updates, and answered committee member questions. (see [presentation](#)).

Attribution is the method used to attribute Health First Colorado members to their medical homes, or Primary Care Medical Providers (PCMPs). It is used to determine a member's RAE assignment

Four primary ways Members are attributed: Utilization, geographic, family connection, and Member choice.

ML answered committee member questions regarding Member attribution:

How long do you hold member choice over utilization?

A: 18 months

If a Member moves and has claims with another PCMP in a different RAE, does this change the attribution or if they have chosen a provider, does this still stand?

A: A Member move does not trigger a reattribution in and of itself. Member choice will remain, unless the member is reattributed via claims during the reattribution cycle

When will the new Member attribution dashboard be available?

A: This is still in the mockup phase so an estimate of six months.

Can non-utilizers be broken down by age, race, etc. for each RAE?

A: Yes, non-utilizers can be broken down.

What percentage of reattributions are initiated by members through the enrollment broker/website?

A: It is ~750 per month

A committee member commented how to change their provider on the website. It was not easy and wished she would have called.

A: MS said that if the committee is interested, the enrollment broker could come to PMME and share that process.



There is a hierarchy of attribution. Do you have percentage of Members who are attributed by each methodology?

A: 25-30% of Members were geographically attributed (pre Covid) and now this is around 40%.

You say that claims attributions can override a panel limit. Can Member Choice override a panel limit?

A: Yes. If you call the enrollment broker and the provider has reached their Member limit you may get some push back but there is nothing technically preventing a Member from choosing this provider. It is technically possible, but it may require some push from the Member

In a certain RAE, does HCPF look to see if the panel size matches the number of Members in a RAE?

A: ML is unsure if this analysis has been done but only about 25% or less of providers are at their panel limit.

Who sets the practice panel limit?

A: The RAE does this with the practice when they set up the practice.

Within geographic links, are families kept together (if provider appropriate) if their addresses on record don't appear to be the same?

A: No. Family relationship is determined using last name and address. If these data elements are not identical, we do not assume a family relationship.

Are Members incentivized to choose which provider they are attributed to? Why would they care to see if this is all correct? Maybe this needs to be brought to Member's attention. Members may be more engaged on selecting a PCMP if they were aware of this.

A: There is nothing incentivizing Members to select a different provider. Don't want the burden to be all on the Member. This is an opportunity for improvement. If anyone has ideas, please feel free to share.

A committee member commented that 6 months before a Member is re-attributed is a long time if you have a user who is coming into the doctor frequently. The practice is not getting paid for that duration.

A: This is a change that could potentially be considered.



5. Public Comment

CS opened the meeting to the public for comment. No comments were made.

6. Wrap Up/Next Steps (Christina Suh, PMME Co-Chair)

Next Steps:

- The committee is currently recruiting 2 new voting committee members. Access the application [here](#)

Next PMME Meeting:

The committee voted to take a summer recess in August so there will be no PMME committee meeting in August.

The next PMME meeting is July 28, 2022, from 3:00 - 4:30 PM

