

**Performance Measurement and Member Engagement  
PIAC Subcommittee  
Minutes**

**Meeting Information**

<b>Date</b>	Thursday, March 26, 2020	<b>Time</b>	3:00 – 4:30 PM
<b>Location</b>	Virtual attendance only	<b>Call-in Number</b>	1-669-900-6833 Meeting ID: 334 303 3433
		<b>Webinar link</b>	<a href="https://zoom.us/j/3343033433">https://zoom.us/j/3343033433</a>
<b>Committee Purpose</b>	Discuss best practices and challenges to improving quality and health outcomes for ACC members and make recommendations for the ACC PIAC and the Department with regard to quality.		
<b>Meeting Purpose</b>	COVID-19 update and Q&A, demonstration on the Department’s PEAKHealth App, and review Behavioral Health Incentive Program (BHIP) data.		

**Voting Members and Participants**

**Voting Members Present:** Jill Atkinson (CRC), Eli Boone (CHI), Deb Barnett (Consultant), Jerry Evans (CCHI), Angie Goodger (CDPHE), Gary Montrose (Healthcare Strategies), Valerie Nielsen (CCHN), Brandon Ward (JCMH), Luke Wheeland (The Arc), Bob Conkey (Health First Colorado member)

**Voting Members Absent:** Kayla Frawley (Clayton Early Learning)

**Co-Chairs:** Bethany Pray (CCLP), David Keller (Children’s Hospital)

**HCPF Staff:** Morgan Anderson, James Bloom, Melissa Eddleman, Megan Comer, Amy Luu, Liana Major, Nicole Nyberg, Dr. Lisa Latts, Antoinette Taranto, Matt Sundeen

**Other Participants:** Marjorie Champenoy (RMHP), Katie Gaffney (DHMP), Tasha Hughes (Beacon), Camila Joao (CCHA), Mindy Klowlowden (CBHC), Nicole Konkoly (RMHP), Dom Martin (COA), Cynthia Mattingley (RMHP), Anna Messenger (RMHP), Janeen Mongar (CCHA), Katie Mortenson (CCHA), Julie Nutter (Chaffee County), (HCPF), Kellen Roth (COA), Courtney Todd (SLP Colorado), Leova Villalobos (SLVBHG)

<b>Speaker(s)</b>	<b>Description</b>
DK, BP and Dept staff	Roll call and February minutes approved. No abstention.
Dr. Lisa Latts and Dept staff	<p><b>Department response to COVID-19</b></p> <p>*<b>HCPF COVID site:</b> <a href="https://www.colorado.gov/hcpf/covid">https://www.colorado.gov/hcpf/covid</a></p> <p>**<b>HCPF Email List Sign-up for COVID-10 Weekly Updates</b></p> <ul style="list-style-type: none"> <li>The Department expressed appreciation towards stakeholders for their partnership now and going forward.</li> <li>The Department has been working continuously with the Centers for Medicare &amp; Medicaid Services. On March 26<sup>th</sup>, HCPF received partial approval of the 1135 waiver, and complete approval to amend all 1915(c) waivers and Appendix K. (<a href="#">Details can be found here.</a>)</li> </ul>



	<ul style="list-style-type: none"> <li>• A variety of resources were shared for the public and stakeholders. HCPF's COVID-19 website is <a href="https://www.colorado.gov/hcpf/covid">https://www.colorado.gov/hcpf/covid</a></li> <li>• The official state COVID information site maintained by CDPHE is: <a href="https://covid19.colorado.gov/">covid19.colorado.gov/</a></li> <li>• A release of information is still required for 42 CFR Part II unless it's an emergency. SAMHSA guidance on this can be found <a href="#">here</a>.</li> <li>• HCPF is open to eligibility and redetermination flexibility in the future. Requests to CMS are being made in batches. Dr. Latts reinforced that no one will lose eligibility. The Department is not adverse to requesting an expansion of e-consult in future CMS requests but has not done so yet because more guidance and information is needed.</li> <li>• Group participant asked if there will be consideration for members who may have limited data plans or limited minutes for their phones. Some service providers have already begun extending data plans and writing off overages. As an example, Verizon's response to COVID can be found <a href="#">here</a>. It was communicated that this could be beneficial for members to know. It was suggested to have this taken to the Governor's office task force.</li> </ul>
Antionette Taranto	<p><b>PEAKHealth App demo and discussion</b></p> <p>PEAKHealth is a free mobile app with the intent to provide members with an easy way to update their information and to manage the basics of their Medicaid plan.</p> <ul style="list-style-type: none"> <li>• A member's ID card is available to them that shows their coverage status.</li> <li>• There is a GPS enabled provider search.</li> <li>• Members can view and update the basics of their care.</li> <li>• The Provider Search feature is updated weekly. The GPS is based on a member's location. There is no need for a member to login to use this feature. An important thing noted with this is that the data is only as good as the data received by providers. Providers are responsible for the data.</li> <li>• Members can update their own information such as, contact information, addition of any new household members, report their pregnancy, make payments (one-time, recurring, partial or full payments). Credit card information can be uploaded by taking a picture of the information on the card. All of these updates can be done without members having to contact their local county department of human/social services or the Department.</li> <li>• Members can request a ride through the medical transportation vendor that is available in their area.</li> <li>• There's a section on the app typically reserved for health tips that's been repurposed for COVID-19 information.</li> <li>• Currently, members cannot see which PCMP they are attributed to, but this is planned to go into effect in April 2020. Members can click on the PCMP and it will autodial.</li> <li>• Someone asked if the PEAKHealth app notifies a member which RAE they are assigned to. There is a plan to update the app to inform members of their RAE.</li> <li>• The PeakHealth app has had about over 300,000 downloads over the lifespan of the app (multiple years).</li> <li>• Could the Peak Health App data shed light on how members are accessing and using services? Antoinette noted some limitations. Namely, access to the app is only provided to the head of the household right now, so data only shows utilization by one person in a household. There are plans to change this to allow each individual member within a household to have separate logins.</li> <li>• PMME members were also interested in whether the app could track engagement with care coordinators and</li> </ul>



	<p>PCMPs. Care coordination information will be added in April. HCPF can track if a member clicks on a provider’s phone number, but analytics will miss people who don’t go through the app to call their provider.</p> <ul style="list-style-type: none"> <li>• After April, provider data will be pulled from interChange (iC). If primary care provider (PCP) and behavioral health provider information has been updated in iC, then it will update in the app.</li> <li>• Rocky Mountain Health Plans has an application that allows members to chat with their provider, called CareNow (telehealth), which members access through the Peak Health App. This is available to all Health First Colorado members at no additional cost to them. Other RAEs could set this up and may reach out to Antoinette to do so.</li> <li>• The Peak Health App does provide push notifications to members, but members decide which types of notifications they want to receive and how often. Additionally, they can opt-in or -out of annual flu shot notifications.</li> <li>• Angie Goodger suggested that the Department should share talking points for the updated app (post April) with stakeholders so they can encourage members to use it.</li> </ul>
<p>Nicole Nyberg, Melissa Eddleman, Bethany Pray, David Keller</p>	<p><b>Review BHIP data</b></p> <ul style="list-style-type: none"> <li>• At February’s PMME meeting, the group decided to brainstorm improvements to the prenatal KPI in March, but this has been put on hold for two reasons. HCPF is still identifying proposals for how to better measure this KPI before staff brings ideas to this group. Also, COVID-19 has pulled away some staff and made it difficult to devote time to this effort.</li> <li>• Nicole Nyberg provided an overview of the <a href="#">SFY18-19 BHIP performance data</a> that is complete and validated from the previous year. The green-colored boxes indicate where RAEs reached their goal, and red-colored boxes indicate where goals were not met.</li> <li>• There were questions to better understand the depression metric since every RAE met their performance target. The depression screening is done face-to-face in a primary care setting, and the follow up could happen in either setting, physical or behavioral health.</li> <li>• David noted the drop in foster care performance data for RAE 5 from one year to the next and questions if there were data issues. Did HCPF analyze this anomaly? The Department did not specifically look at this change in performance and note that it’s not a perfect measure. There is currently a staff member working with the counties and the RAEs to try and figure out how to improve performance on this measure and obtain a consistent understanding of this measure and the outcomes. They are also working on changing the attribution approach so that foster care kids are not being removed from the attribution logic altogether.</li> <li>• Bethany asked why goals are adjusted downward when RAEs don’t meet they aren’t met the first time, which makes them easier to hit. In response, the Department acknowledged that the goals are lower, but that the intention is to create goals that are hard but achievable so that progress is made. A difficult part of these measures, since none are 100% standardized measures with benchmarks, is to readjust the goals annually as performance changes are seen.</li> <li>• The question was raised, how successful do we want everyone to be? Currently, 27 of the 35 measures were met and RAEs were paid. Is that what we’re aiming for?</li> <li>• Concerns were shared regarding the claims data being used due to COVID-19 responses. Bob Conkey mentioned (in follow up comments) that members’ behavior will definitely be affected, and the data collected as a result. The</li> </ul>



	Department said a list of things needing to be addressed is being compiled. It is not believed that behavioral health incentive measures need to be full addressed since telehealth will be available, but utilization will fluctuate. PMME chairs mentioned the group would like to be part of those discussions and decisions.
DK/BP/Dept	<p><b>Housekeeping and Wrap-up</b></p> <ul style="list-style-type: none"> <li>• Next meeting: <ul style="list-style-type: none"> <li>○ Thursday, April 23 from 3 – 4:30 PM</li> <li>○ Virtual attendance only</li> </ul> </li> <li>• Agenda for the next meeting is planned to have the prenatal discussion occur but this will be dependent on COVID-19 work.</li> <li>• It was requested by the co-chairs for the Department to outreach to voting members representing the member perspective to ensure their ability to attend upcoming subcommittee meetings.</li> </ul>

**Meeting Action Items**

<b>Date Added</b>	<b>Action No.</b>	<b>Owner</b>	<b>Description</b>	<b>Due Date</b>	<b>Date Closed</b>
3/26/20	1	HCPF	Review of prenatal population data		
3/26/20	2	HCPF	Outreach to voting members to confirm availability for upcoming subcommittee meetings.		

Reasonable accommodations will be provided upon request for persons with disabilities. Please notify Morgan Anderson at 303-866-2362 or [morgan.anderson@state.co.us](mailto:morgan.anderson@state.co.us) or the 504/ADA Coordinator [hcpf504ada@state.co.us](mailto:hcpf504ada@state.co.us) at least one week prior to the meeting to make arrangements.