# Performance Measurement & Member Engagement (PMME) Subcommittee Meeting

### February Meeting 2.23.2023



# **Meeting Objective**

The primary goals of this meeting are to discuss Key

Performance Indicators and the Member experience as we move toward ACC Phase III



### **Colorado Department of Health Care** Policy & Financing (HCPF) Mission

Improve health care equity, access and outcomes for the people we serve while saving Coloradans money on health care and driving value for Colorado.



# PMME Conversation Guidelines

### Reminder:

Non-voting members, please use the <u>chat only</u>.

- Assume best intent.
- Be tough on issues, soft on people.
- Step forward/step backward so everyone participates.
- Avoid acronyms.
- Acknowledge what hat you're wearing.
- The answer to "but" is "yes"
- Be thoughtful and respectful.
- Mute yourself when you're not speaking and please use the chat feature when appropriate.



### Agenda

- 3:00 3:15: Welcome, Introductions, and Housekeeping
- 3:15 3:35: Key Performance Indicator Data Review & Discussion
- 3:35 4:05: ACC Phase III Member Experience
- 4:05 -4:20: CAHPS Survey
- 4:20 4:25: Public comment
- 4:25 4:30: Next Steps and Wrap Up



### **PMME Committee Introductions**

New committee member:

Jennie Munthali - Section Manager - Children and Youth with Special Health Care Needs (CYSHCN) Section @ CDPHE









- Executive Director Kim Bimestefer presented updates on the Public Health Emergency Continuous Coverage unwind.
- Colorado Health Institute (CHI) discussion on Equity & Quality, care coordination, performance metrics & streamlining reporting of RAEs and PCMP's



### **Focus Areas For PIAC**

- Improving the ACC program by centering member experience, addressing drivers of health outcomes, including social determinants, through care coordination and tailored approaches for specific conditions.
- Improving the delivery of behavioral health services and supporting alignment with the Behavioral Health Administration.
- Driving equity outcomes, addressing systemic barriers, and reducing healthcare disparities.
- Monitoring and responding to the situational factors that impact the ACC program (ex. public health emergencies, legislation, federal regulation etc.)
- Advising on the design and implementation of ACC Phase III.



### Key Performance Indicator (KPI) Data

### Nicole Nyberg, HCPF

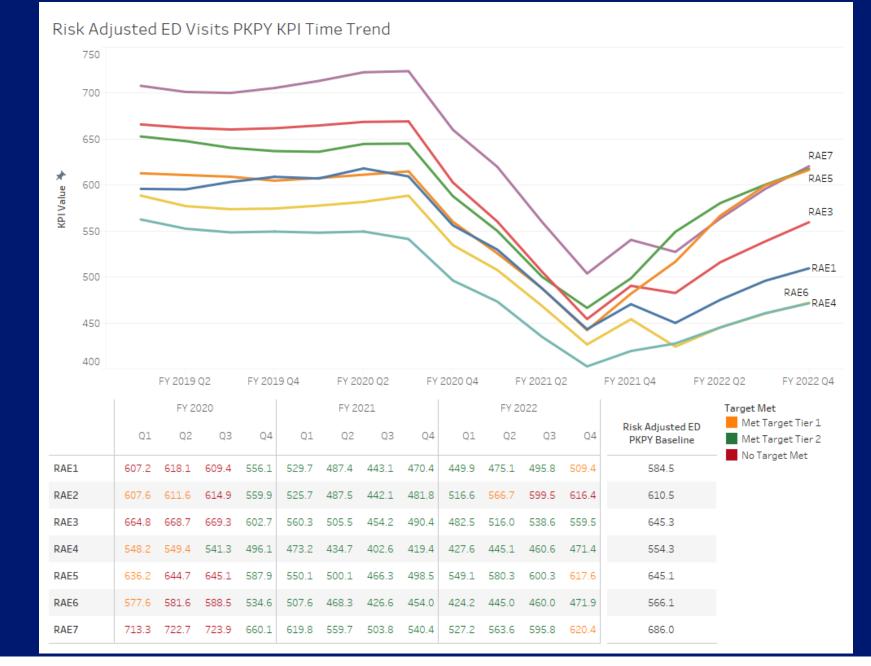


### Key Performance Indicators SFYs 18-22

- 1. Emergency Department Visits PKPY (Risk Adjusted)
- 2. Behavioral Health Engagement
- 3. Dental Visits
- 4. Prenatal Visits
- 5. Child and Adolescent Well Visits
- 6. Well Child Visits 0-15 Months
- 7. Well Child Visits 15-30 Months

Updated February 2023







**COLORADO** Department of Health Care Policy & Financing









**COLORADO** Department of Health Care Policy & Financing





### Questions





### ACC Phase II RAE Incentive Structure (Current)

Of the total \$16.21 PMPM capitation, roughly one quarter - \$4.21 PMPM - is withheld

KPI (75% of withhold) Flexible Funding / Performance Pool (25% of withhold PLUS leftover KPI Dollars)

Behavioral Health Incentive Program (Separate Funding - ~\$30million)



### 2023-24 KPIs

- Depression Screening and Follow-Up Plan
- Oral Evaluation, Dental Services
- Child and Adolescent Well Visits
- Prenatal and Postpartum Care
- Emergency Department (ED) Visits
- Risk Adjusted PMPM



21

3

### Things to keep in mind for ACC Phase III Program Measures

- Alignment with CMS Core Measures (Adult and Child and BH)
- Non-ACC program Alignment
  >APM / APM 2 / Pediatric APM
  >HTP / HQIP
  >Maternity Bundle
- Other Payer Metrics Alignment



### **Questions for PMME**

- What works well with the current Incentive Structure?
  - > What doesn't work well?
- What else is missing?
  - > Specific focus areas
  - > Other state agency work
  - > Data availability
  - > Member Satisfaction?
  - > Provider Satisfaction?
- Do we want to carry forward the current ACC Phase 2 KPIs?
- Do we want to have any health equity measurement for payment built into KPIs?
  > If so, which measures would be the best?



# Member Experience

### Sarah Eaton, HCPF



# Health Needs Survey

- Optional for members
- Enrollment broker currently offers it 95% of the time (we require 90%)
- Part of current workflow for the call center, enrollment letter, enrollment broker website
- Members would only encounter it in their enrollment letter or \*if\* they call in to change PCP
- At least one RAE also does their own health needs survey

### Member Feedback

- Never took it
- What's in it for me? What will happen as a result of this survey?
- Members feel they have to fill out same info all the time





For large print, braille, or languages other than English or Spanish call 303-839-2120.

State Relay: 711 for callers with hearing or speech disabilities.

2/09/2022

1B12345

լիիվեկեստիկիի գրվեկին ես հիկիկիս կիներ Bart Simpson
123 Main St. Delta, CO 81416

Your case number:

Dear Jonathan J Rule,

#### Welcome to Health First Colorado (Colorado's Medicaid program)!

The primary care provider (PCP) and regional organization for each member is listed below. The PCP is your main contact for your health and wellness services. The regional organization helps make sure you get services you need. It also manages your physical and behavioral health care. This includes mental and substance use care. You can make in-person or telemedicine appointments

756 3

You can change your PCP at any time. Go to Enroll.HealthFirstColorado.com. Or call Health First Solorado Enrollment from 8 a.m. to 5 p.m., Monday – Friday at 303-839-2120 or 888-367-6557 (State Relay: 711).

Member Name	Member Number	Primary Care Provider (call to make an appointment)	Regional Organization				
Bart Simpson	A12345	Olathe Community Clinic Inc 970-874-8981	Rocky Mountain Health Plans 888-282-8801				

#### What should I do next?

- Read your Member Handbook. It tells about your benefits. You can find the handbook at HealthFirstColorado.com. Or go to CO.gov/PEAK. To have a free copy mailed to you, call 303-839-2120 or 888-367-6557 (State Relay: 711).
- Get your member ID card in the PEAKHealth mobile app. Create an account at CO.gov/PEAK. To download the app, scan the QR code. Your member ID card will also be mailed to you. For help, call 800-250-7741 (State Relay: 711).
- Get member materials and take the member health survey at Enroll HealthFirstColorado.com.

Thank you, Health First Colorado Enrollment If a member wants to change their PCP, they can call or visit the Enrollment Broker portal (Enroll.HealthFirstColorado.com)

• Health Needs Survey is offered via both

Members are directed to the Enrollment Broker portal for the Health Needs Survey

## Health Needs Survey Questions

- 1. Have you been told you have any of the following health conditions? If yes, please check all that apply. (Asthma, Chronic Pain, Diabetes, Epilepsy, Heart Disease, HIV, High Blood Pressure, Mental or Behavioral Health Conditions, Other Ongoing Health Conditions
- 2. Do you need help managing these health conditions? If yes, what kind of help? (Health information and education, Finding a provider, Medication Management, Transportation to appointments, Other health care needs
- 3. In the past 12 months, how many times have you been hospitalized?
- 4. In the past 12 months, how many times have you gone to the emergency room?
- 5. Are you pregnant?
- 6. Would you like information about birth control and family planning?
- 7. Do you want help with other resources? If yes, select all that apply: (Housing resources, Food Assistance, Transportation, Other
- 8. Do you have a disability? If yes, do you need help with every day things like bathing, eating, and dressing?
- 9. Are you filling out this survey for someone under 21 years of age? If yes, do you have any of the following concerns? (Growth/Development, Learning, Behavior, Self-care/Doing things for themselves, Weight (underweight or overweight), Other



### **Health Needs Survey**

### RAE Contract

#### 7.5. Health Needs Survey

7.5.1. The Department has developed a Health Needs Survey to be completed by Members as part of the onboarding process to capture some basic information about a Member's individual needs. The Health Needs Survey is a brief set of questions capturing important and time sensitive health information.

7.5.2. The Contractor shall use the results of the Health Needs Survey, provided by the Department, to inform Member outreach and Care Coordination activities.

7.5.3. The Contractor shall have the capability to process a daily data transfer from the Department or its delegate containing responses to Member Health Needs Surveys.



### Health Needs Survey

7.5.3.1. The Contractor shall review the Member responses to the Health Needs Survey on a Exhibit B-8, SOW Page 48 of 158 regular basis to identify Members who may benefit from timely contact and support from the Member's PCMP and/or RAE.

7.5.4. The Department reserves the right to adjust the Health Needs Survey during the term of the contract. Contractor will assist the Department in improving this survey and its ability to meet the objectives of the Accountable Care Collaborative to identify chronic conditions, emerging health risks and opportunities for intervention, care coordination, and cost control. Contractor will work with Department to smoothly implement any new tools and/or aggregate member information to better meet the objectives of the Needs Survey and the Accountable Care Collaborative.



# Member Experience:

# How can we make changes that improve the Member experience?



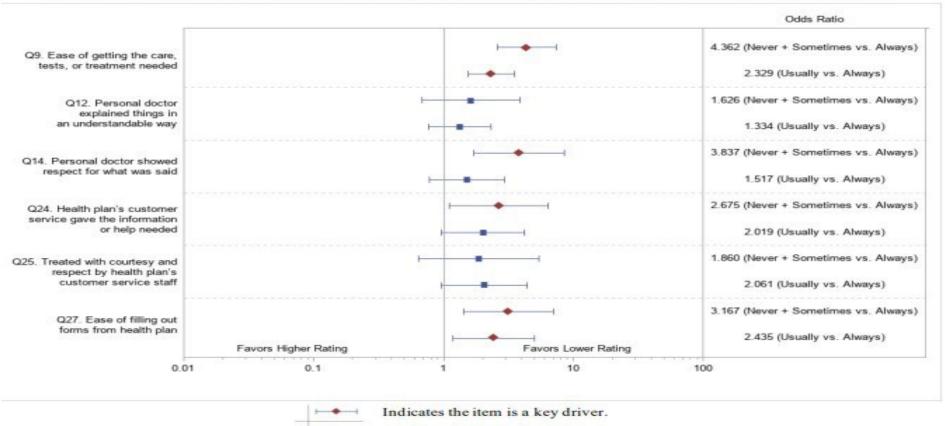
## **ACC Program Policy Levers**

- Request for Proposal (RFP)
- RAE Contracts
- State Rule
- Deliverables



### **CAHPS 2022**

#### Figure 2-1—Key Drivers of Low Member Experience: Rating of Health Plan—Colorado RAE Aggregate

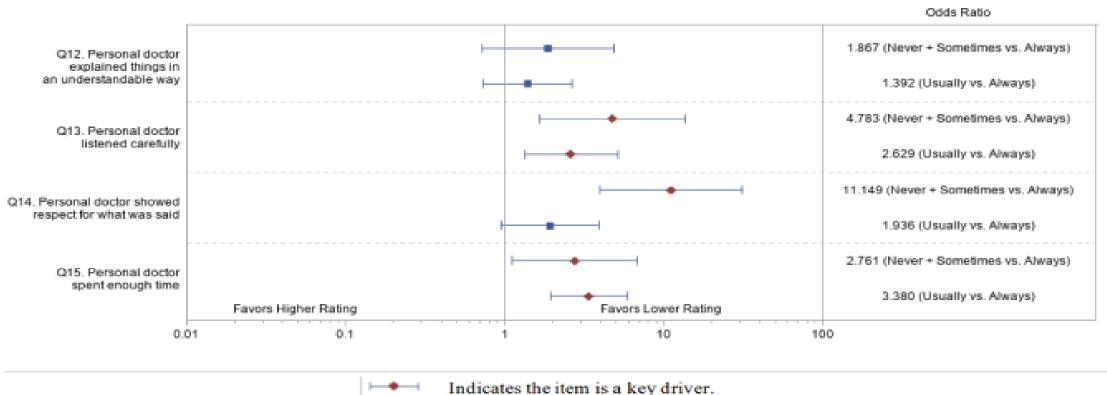


Indicates the item is not a key driver.





#### Figure 2-3—Key Drivers of Low Member Experience: Rating of Personal Doctor—Colorado RAE Aggregate



Indicates the item is not a key driver.



33

### **CAHPS Survey**

#### Table 2-6—NCQA Comparisons: Overall Member Experience Ratings—Colorado RAE Aggregate and RAEs

	Colorado RAE Aggregate	RMHP (RAE 1)	NHP (RAE 2)	Colorado Access (RAE 3)	HCI (RAE4)	Colorado Access (RAE 5)	CCHA (RAE 6)	CCHA (RAE 7)
<b>Global Ratings</b>								
Rating of Health	<b>*</b>	★★	<b>*</b>	<b>*</b>	<b>*</b>	<b>*</b>	★★	<b>*</b>
Plan	55.2%	59.6%	56.5% <sup>+</sup>	54.5%	53.4%	57.4%	59.0%	49.4%
Rating of All	<b>**</b>	***	★	***	<b>*</b>	★	<b>****</b>	★
Health Care	56.5%		53.3% <sup>+</sup>	59.1% <sup>+</sup>	51.2%	52.5% <sup>+</sup>	63.1% <sup>+</sup>	49.2%⁺
Rating of Personal	<b>**</b>	***	***	<b>*</b>	<b>*</b>	<b>****</b>	***	<b>*</b>
Doctor	66.2%	72.1%	72.7% <sup>+</sup>	61.2%	65.0%	76.2%	69.7%	56.6%
Rating of Specialist Seen Most Often	<b>**</b> 69.2%	<b>★★★</b> 71.4%⁺	<b>***</b> 72.2% <sup>+</sup>	<b>★★</b> 67.8%⁺	<b>**</b> 65.5% <sup>+</sup>	<b>★★★</b> 69.9%⁺	<b>★★</b> 67.0% <sup>+</sup>	<b>***</b> 71.7% <sup>+</sup>

#### Table 2-5—Star Rating Percentiles

Stars	Percentiles
**** Excellent	At or above the 90th percentile
★★★★ Very Good	At or between the 75th and 89th percentiles
★★★ Good	At or between the 50th and 74th percentiles
★★ Fair	At or between the 25th and 49th percentiles
* Poor	Below the 25th percentile



### Discussion

- Do any of the key drivers stand out to you?
- Any ideas for how we can improve the Member/Provider interaction?
- What key drivers can be improved utilizing the policy levers?
- How can we successfully collect Member feedback to improve program quality?



### **Public Comment**



### Next Steps and Wrap Up

**Next Steps:** 

• Continue ACC Phase III discussions

**Upcoming PMME Meeting:** 

• March 23rd, 2023

