Accountable Care Collaborative
Program Improvement Advisory Committee
Meeting Minutes
May 20, 2020 // 9:30 A.M. to 12:15 A.M.

1. Introductions

Carol Plock welcomed participants and called the meeting to order at 9:30am. The following people were in attendance:

Voting Members:
Anita Rich, Arnold Salazar, Bethany Pray, Catania Jones, Carol Plock, Dale Buterbaugh, Daniel Darting, David Keller, Dede de Percin, Donald Moore, Ian Engle, Joanna Martinson, Julie Reskin, Lila Cummings, Shera Matthews, Wendy Nading, and Brandon Ward*.

A quorum of voting members was present.
*Brandon is currently serving as the proxy for Kiara Kuenzler.

Non-Voting Members (webinar attendees only):
Alana Ketchel, Alyssa Rose, Amanuel Melles, Amy Yutzy, Anne Jordan, Ben Harris, Bonnie Ledford, Brooke Powers, Cara Herbert, Catherine Morrisey, Cathy Michopoulos, Debbi Barnett, Elizabeth Baskett, Gretchen McGinnis, Jamie Haney, Jeff Appleman, Jeremy Sax, Jen Hale-Coulson, Julia Duffer, Kari Snelson, Katie Gaffney, Kellie Jackson, Kelly Marshall, Kevin Wilson, Lauren Showers, Liana Major, Lindsey Carnick, Matthew Sundeen, Meg Taylor, Megan Comer, Mike Davis, Mindy Klowden, Morgan Anderson, Natasha Brockhaus, Nicole Konkoly, Pat Cook, Phyllis Albritton, Randi Addington, Rita Noland, Stephanie Brinks, Stephanie Brooks, Tammy Arnold, Tim Morton, and Tina McCrory.

2. Open Comment

Ben Harris opened the floor to the public comments regarding April meeting minutes and the May agenda. The public provided no comments.

3. Minutes Approval

Carol solicitated feedback regarding the April meeting minutes. Arnold Salazar motioned to approve the minutes, and Joanna Martinson seconded the motion. Catania Jones, Dale Buterbaugh, Daniel Darting, Julie Reskin, and Wendy Nading abstained from voting. The final April Meeting Minutes can be found online.

4. PIAC Operations and Housekeeping

Ben outlined the meeting's agenda topics and noted the primary focus of the meeting was on how the Department was providing support to providers and members throughout the COVID-19 pandemic. He reviewed the ACC Onboarding Work Plan and explained that the Department wanted to be responsive and adaptive to the emerging needs of the pandemic while striving to remain on track with the committee's scheduled topics. He proposed hosting an optional meeting of the Program Improvement Advisory Committee (PIAC) in July to discuss the implications of COVID-19 on communities, more specifically, how COVID-19 has impacted different populations such as: members experiencing

homelessness or housing instability, newly paroled members exiting the Department of Corrections system through the Executive Order of Governor Polis, and children and families.

Ben polled the group on the idea of an optional meeting. Most voting members were in favor. Additionally, members proposed hosting a conversation about efforts and best practices related to transitioning members out of congregate care settings, such as skilled nursing facilities, into community settings to mitigate the risk of contracting COVID-19. The group also expressed interest in learning more about the impact of budget cuts related to COVID-19 and the Department's work.

Ben acknowledged the recommendations and agreed to follow up after the meeting with survey to gather more information about topics for July.

Ben reviewed the PIAC Application Memo and requested final feedback from the voting members prior to publishing the application. He reminded the group that the application would open at the end of the week and remain open to applicants until July 15, 2020 when the Department would close it for internal review. He explained that the Department would then blind the applicant results and present to PIAC in August for review. The process would conclude with Department interviews, candidate selection, and new member onboarding in September 2020. October would serve as the last meeting for the six voting members terming out and serve as the first official meeting for the six newly selected members.

The group recommended that the application include a question that assessed an applicant's commitment to health equity, requested the language about participation in a PIAC subcommittee be revised to include member experience councils and/or regional council participation as equal qualifiers, and suggested the application offer an optional, demographic section to capture information such as: gender, race, ethnicity, and socioeconomical background as way to recruit diversity and increase inclusion into PIAC. They also advised the Department to refrain from blinding too much information from PIAC at the risk of creating unwanted diversity filtering and requested the Department consider applicants with varying levels of experience in stakeholder and subcommittee work as well. Ben agreed with the voting members' suggestions and committed to revise the application prior to posting.

Lastly, Ben pointed out the ACC Operational Dashboard and COVID-19 Q&A Tracker were updated and could be reviewed offline.

5.   Performance Measurement and Member Engagement (PMME) Subcommittee Update

Ben introduced David Keller and Bethany Pray, Co-Chairs of the Performance Measurement and Member Engagement (PMME) subcommittee, as well as, Liana Major, Megan Comer, and Nicole Nyberg, Department liaisons to the PMME subcommittee.

David began the PMME Quarterly Update Presentation and reminded PIAC that the charge of the subcommittee was to assess the overall performance and member experience of the Accountable Care Collaborative (ACC). He continued to explain that the subcommittee focused on examining the metrics used to measure ACC performance with a member lens to ensure successful performance directly translated to improved member health outcomes and experience.

David stated the subcommittee examined fiscal year 2018-2019 Performance Indicators (KPIs) measures and Behavioral Health Incentive Program (BHIP) measures and highlighted the

subcommittee's findings. Bethany summarized PMME's work related to member engagement strategies with the Regional Accountable Entities (RAEs) and acknowledged a few challenges that proposed barriers to the subcommittee's work overall. Liana explained the purpose of the newly derived COVID-19 performance measures and reviewed feedback the subcommittee provided to the Department related to those metrics. Megan stated the subcommittee was actively recruiting a new co-chair to replace David when his term limits expired in October. She also thanked David and Bethany for their commitment the group and hoped Bethany would re-apply for co-chair in October, as the conditions of her term limits were slightly different than David's. Bethany concluded by reviewing the subcommittee's recommendations and next steps.

The group asked how PIAC could help assist with member recruitment and if the subcommittee had any recommendations to improve the Health Neighborhood metric. David and Bethany answered that the subcommittee collaborates with the Department, RAEs, and local community organizations to assist with member recruitment strategies. David explained that the challenges with the Health Neighborhood metric were mainly associated with data sources and could be improved through electronic health records and member surveys.

6.   Department Response to COVID-19

Carol welcomed the Department's Medicaid Director, Tracy Johnson, to discuss the Department's COVID-19 & Budget Updates with the group.

Tracy began by reviewing how the Department developed and operationalized its current Telemedicine Services during COVID-19 State of Emergency policy to render services to members and support providers in response to the COVID-19 pandemic. She explained that while the expansion of telemedicine and its modalities has permitted member access and maintained a portion of revenue streams for providers, the Department has been working toward developing a more holistic approach to ensure comprehensive access to care for its members while providing additional support to provider networks. Several strategies the Department developed to provide additional support include: evolving and adapting telemedicine policies (see "Learning from COVID-19: Telemedicine Background & Policy Considerations" for additional information), prioritizing member attribution to core Medicaid providers, providing flexibility around timing of performance pay-outs from the Department, acquiring supplemental funding from the Coronavirus Aid, Relief and Economic Security (CARES) Act and innovation grants, and through increased provider engagement efforts.

Tracy stated the Department has seen a slow increase in membership and reviewed the Department's Medicaid and CHP+ membership surge forecast with the group. She noted that the slow increase in membership may be because members are unaware of coverage options and stated the Department was working on an outreach campaign to help inform and educate members on options available in Colorado.

Tracy concluded by explaining that the Joint Budget Committee was not only working on projections for fiscal year 2020-2021 but congruently working on how to address the revenue gap for fiscal year 2019-2020 as well. She noted the Department would know more in the next few weeks once the Long Bill was finalized.

Carol opened the floor for questions.

The group asked if the Department knew why adoption rates of telemedicine varied vastly within Indian Health Services (IHS) and Rural Health Centers. Tracy explained capturing telemedicine services requires accurate billing procedures by providers and feared that telemedicine services may be underreported as whole because of this. She stated that this issue wouldn't account for the variance within IHS and RHCs necessarily and noted that the Department asked the Colorado Health Institute (CHI) to examine this in more detail through key informant interviews. She also acknowledged that the Department has heard that providers are hesitant to engage in new telemedicine services without the assurance that polices will be implemented long term.

The group inquired about the Department's provider recruitment strategies and questioned why the Department was actively recruiting new providers when current providers were experiencing a decrease in the volume and facing financial hardships. Tracy answered that the Department has had success with recruiting primary care providers but was largely focused on recruiting specialty providers to participate in Medicaid. She explained that the Department was focused on identifying gaps in care, where current providers can fill the void, where the Department needs to focus to ensure continuity of care moving forward.

Members asked if the Centers for Medicare & Medicaid Services (CMS) had started issuing CARES payments to Medicaid providers. Tracy stated CMS has experienced operational challenges and that the funds have not been dispersed yet. She explained that the National Association of Medicaid Directors (NAMD) has been working closely with CMS to help derive a payment methodology that supports smaller and rural network providers as well as the high volume based providers.

Ben asked Tracy and Matt Sundeen to explain the Department's revised geographic attribution policy and summarize the updates made to the performance pool metrics in light of COVID-19. Matt stated that the Department's intent to revising the geographical attribution policy was to address the anticipated enrollment growth, serve as a mechanism to provide additional support to safety net providers, and to ensure member access to care. The Department worked with the RAEs to produce a list of essential community providers who have experience in caring for large numbers of members and the capacity to expand their panel size to accommodate newly enrolled members. For additional information about member attribution and recent changes, please review the "Accountable Care Collaborative Member Attribution -Response to COVID-19" memo. Additional information regarding attribution can also be found on the Department's ACC Phase II Webpage.

Regarding the performance pool metrics, Matt explained that the Department, with the guidance of the PMME subcommittee, developed two new performance pool measures (funded through unearned KPI monies) related to COVID-19 to help provide financial support to the RAEs and provider networks during the pandemic. He explained that the Department was currently working through the approval process to release the performance pool payments ahead of schedule, which would have normally been dispersed at the end of the fiscal year, after the KPI payments would be paid out, to provide financial relief to providers. The Department released the "Accountable Care Collaborative Pay for Performance Program During COVID-19 State of Emergency" memo in April.

The group asked if the Medicaid and CHP+ forecast considered continued unemployment rates after the state of emergency ends in December. Tracy explained that increase unemployment was factored into the projection as an assumption and was represented by the difference in the orange line and blue line on slide #15 in the presentation.

The group expressed several concerns such as the strain on Home and Community Based Service (HCBS) providers, confusing member communications related to eligibility, and the disadvantages to telemedicine (financial reimbursement and ability to offer additional screenings, as examples), and the inability for providers to consult electronically. Tracy answered that the Department was aware of HCBS providers' value to serving Medicaid members and stated she has advocated to CMS the importance of non-primary care providers in Medicaid's infrastructure. She stated that the NAMD and the Department were promoting additional support and protection for providers with low-volume just as much as those with high-volume providers.

She explained that the Department has also been engaged in conversations with CMS on how to end the emergency rule and stated Department has requested as much advanced notice as possible from CMS to prepare for next steps. She explained that the Department would likely need to redetermine all member eligibility of those enrolled in Medicaid at the end of the emergency period and welcomed stakeholder feedback about appropriate member messaging.

Lastly, Tracy explained that the policy on including e-consults within telemedicine policies would require a slightly different approach since there was no existing policy on e-consults. She assured the group that the Department was doing its best to consider the big picture and would solicit stakeholder feedback when the timing was appropriate.

7. Open Comment

Ben solicited the public for questions and comments regarding the meeting.

Mindy Klowden asked if the Department anticipated higher behavioral health needs for existing and newly enrolled Medicaid members, given the disruption of COVID-19 and impact of unemployment.

Elizabeth Baskett requested additional information regarding the Department's outreach campaign to help educate Coloradans about Medicaid eligibility.

Phyllis Albritton asked if the Department was considering how to use the Primary Care Fund to address the possible increase in uninsured.

Ben thanked the public for the questions and indicated that he would need research these questions in more details to provide answers. He agreed to follow up with answers in the COVID-19 Q&A Tracker as soon as possible.

8. Next Steps

Carol summarized the meeting and noted the following action items for PIAC:
1. Review the ACC PIAC Application Memo and provide final feedback to Ben by COB 5/20/20.
2. Review the ACC Operational Dashboard for May 2020.
3. Provide feedback regarding July meeting topics:
   a. Specific to COVID-19 and vulnerable populations;
   b. Congregate care facilities and transiting back into community settings;
   c. COVID-19's impact on behavioral health; and
   d. Additional recommendations.

The Department was assigned the following action items:
1. Finalize voting member application and post online.
2. Solicit feedback via a survey for July meeting topics.
3. Follow-Up email to include:
   a. Updated COVID-19 slide deck with telemedicine slide; and
   b. Telemedicine policy brief
4. Update and respond to unanswered questions within the COVID-19 tracker

The meeting was adjourned at 12:15pm.