COLORADO
Department of Health Care Policy & Financing

MINUTES
Accountable Care Collaborative
Provider and Community Experience (P&CE) Subcommittee

Colorado Department of Public Health and Environment
4300 Cherry Creek South Drive, Building A, Room A2A
Denver, CO 80246

March 12, 2020, 8:05-9:30 A.M.

Participant Dialing Instructions:
Video URL: meet.google.com/aqi-qndk-fxs
Call-in: 240-490-4583
PIN: 534 985#

1. Introductions

Anita Rich, P&CE Chair, 5 minutes (8:05-8:10)

In Person:
Kari Snelson (NEHP), John Salvino (COA), Aaron Brotherson (COA), Anita Rich (PC&E Chair), Brooke Powers (HCPF), Matthew Jacobs (HCPF), Joseph Anderson (COA), Lauren Showers (COA), Jamie Haney (DDRC), Keri-Ann Rugg (CDPHE), and Becky DiOno (CDPHE)

On the Phone:
Andrea Skubal (CCHA), Andrea Loasby (CHCO), Pat Cook (Colorado Gerontological Society), Christy Blakely (Family Voices), Anna Messenger (RMHP), Diane Cypher (CCHA), Kate Mortenson (CCHA), Joanna Martinson (NCHA), Kathy Snell (Aurora Mental Health), Louisa Wren (RMHP), Lila Cummings (CHA), Jill Atkinson (Mountainland Pediatrics), Shera Matthews (Doctors Care), Dede de Percin (MHHA), Suprena Crawford (DentaQuest), Nicole McCake (CCHA), Stephanie Brooks (Colorado Community Health Network), Steven Walsh (CCHA), Lila Wilert (RMHP), Wendy Nading (TCHD), Joe English (COA), and Katie Price (Primary Care Partners)

Voting Members:
Anita Rich (PC&E Chair), Shera Matthews (Doctors Care), Lila Cummings (CHA), Wendy Nading (TCHD), Pat Cook (CO Gerontological Society), Jamie Haney (DDRC) and Andrea Loasby (CHCO)

2. Approval of Minutes from February Meeting (handout)

Anita Rich, P&CE Chair, 5 minutes (8:10-8:11)

- Anita Rich asked for a motion to approve the February Meeting Minutes. The meeting minutes were approved without revisions or abstentions.

3. State PIAC Update

Dede de Percin, State PIAC member 5 minutes (8:11-8:15)

- Presentation on Behavioral Health Task Force – details on PIAC website under February meeting
- Tracy Johnson attended the February PIAC meeting and addressed the following topics
    - Public Charge
    - Decline on public enrollment
    - Pressure from Centers for Medicare and Medicare Services (CMS)
        - Payment Error Rate Measurement (PERM)
        - Going after states over 3% audit threshold – can claw back money
        - Currently Colorado's PERM is 28%
        - Tens of millions of dollars, if not more, are at risk
- Churn Report Draft – on PIAC website under February meeting
- Anita – expressed concerns with CMS using a small sample to determine PERM
- Shera - ~35,000 members were found ineligible for Medicaid and 85% of members have new claims

4. Objective Areas

RAEs, 13 minutes each (8:15-9:25)

- Care Coordination Overviews (RAEs 1, 2, 3&5, 4 and 6&7)
- **Question** - Will we get copies of these slides? Yes
- RAE 1 - Presentation
    - Geographic overview - six sub-regions
    - Overview of Care Coordination Teams: a) RMHP Care Coordinators, b) Integrated Community Care Teams, and c) Partnership with Community Agencies
    - Overview of Care Coordination Outreach: a) Clinical Events, b) Special Populations, c) Referrals, and d) Community Outreach
    - Overview of RMHP Care Coordinators: a) RN Case Managers, b) BH Professionals, c) Social Workers, and d) Outreach Coordinators
    - Overview of Unique Members with Extended Care Coordination Data
        - Broken down by adults and pediatrics
    - Connection of care coordination efforts to the Pyramid Approach and Population Stratification
        - Created new programs to support the pyramid approach and sub populations
        - Top four conditions for focus - Anxiety, Depression, Diabetes, and Chronic Pain
- RAE 2 - Presentation
    - Overview of Northeast Health Partners LLC structure
    - Overview of geography covered and unique regional factors

        - Unique regional factors: a) Suicide Rates, b) Poverty Rates, c) Refugee/Immigration Population, and d) Public Charge Rule
    - Local teams (boots on ground) conduct face-to-face and relationship building outreach efforts
    - Delegated Care Coordination Model – 3 Tiers: a) Accountable, b) Collaborative, and c) Contributing
    - LIGHT BEAM is the system used to stratify populations
    - Overview of the Delegated Care Coordination Entities
        - Primary NHP Care Coordination Provider – North Colorado Health Alliance
        - Delegated Providers – Sunrise, Peak Vista, Salud, Family Physicians of Greely
    - Overview of the care coordination considerations to include being accessible to members, respecting member preferences, and being culturally responsive
    - 54.4% of complex members were engaged in care coordination prior to identification
    - Overview of deliberate vs. extended care coordination interventions
    - Overview of care coordination examples
    - Overview of the care coordination communication and referral process
    - Overview of the NHP Care Coordinator's responsibilities
    - Identification of what constitutes a high-quality referral or transition
    - Successes – include local level of intervention in region and the ability to receive real time referrals from partner agencies regarding members
    - Challenges – include attribution and changing requirements
- RAE 3&5 - Presentation
    - Overview of the Behavioral Health Transitions of Care Model
        - Behavioral Health Care Managers are assigned to hospitals and follow every member admitted
        - If a member is attributed to a Mental Health Center (MHC), the MHC may provide care management for the member
        - Care Managers coordinate with the hospitals, providers, and directly with members
        - GOAL: ensure members are connected to care upon discharge
        - Care Management receives referrals from Utilization Management. Providers submit a Prior Authorization for to UM. UM then notifies Care Management of care management needs.
        - Some manages are co-located in the hospitals
        - Care managers also connect with members post-discharge
        - Overview of extended care coordination for complex members
            - Examples include rapid readmits and Creative Solutions calls
        - Members are connected to care management after being psychiatrically hospitalized
        - For members not hospitalized, they can email canBHCareManagement@coaccess.com and a care manager will be assigned

  - Overview of Physical Health Transitions of Care
  - Overview of the Clinical Registry of Work - connection to Potentially Avoidable Cost efforts for condition management
  - Overview of Healthy Mom Healthy Baby Program
  - Overview of care management for COUP members
  - Overview of care management for Criminal Justice
    - Targets members transitioning from incarceration to provide the right resources
  - EPST
    - Care manager assigned to "Not a Covered Benefit" determinations to coordinate other benefits
  - Child Welfare
    - Care manager assigned to meet needs of foster care members
  - Strengths - include collaboration with Community Mental Health Centers
  - Challenges - include a larger population experiencing homelessness
  - Overview of care coordination data from SFY 18/19 for deliberate and extended care coordination services
- RAE 4 - Presentation
  - Overview of Health Colorado Inc.'s history and structure
  - Overview of geography covered, member make-up, and unique regional factors, such as transportation and access to food barriers
  - Overview of the delegated care coordination entities - Health Solutions, High Plains, Salud, San Luis Valley Behavioral Health, San Luis Valley Medical, Solvista, Southeast Health Group, and Valley Wide
  - Care Coordination Model
    - Integrated behavioral and physical health care coordination efforts
    - Overview of care coordination member considerations, such as accessibility to members and being culturally responsive
  - Change of focus to address complex members
  - Overview of care coordination goals and desired outcomes for complex members
  - Data from SFY18-19 for deliberate and extended care coordination interventions
    - ~40% penetration rate of engaging complex members
  - Overview of care coordination efforts and the communication/referral process
  - Overview of the HCI Care Coordinators' role and responsibilities
    - Heavily involved with coordination of specialty care
  - Successes - include longstanding partnerships in community
  - Challenges - include access to care and unnecessary utilization of services
  - Plans for Improvement include integration of the Essette Tool
- RAE 6&7 - Presentation
  - Overview of CCHA structure and geographic make-up
  - Interdisciplinary approach to care coordination to include RN, Social Work, BH, Peer Support Specialists, Outreach Care Specialists, and Member Support Specialists

- Unique model to meet the member where they are and work with providers to streamline care
- Program overview that spans from general care coordination to justice and pediatrics
  - Involves both deliberate and extended care coordination efforts
  - If a member needs ongoing support, they are assigned a care coordinator that best meets their needs
- Ways to address care coordination – identify member goals, service at point of care, team-based approach, and collaborate with care team
- Activities include home and PCMP visits, psycho-social/medical needs assessments, and connecting members to resources
- Overview of care coordination utilization SFY 18-19 data
- Health neighborhood collaboration to include partnerships with vast community entities
- Strengths - include meeting the members where they are, strong community partner relationships, and diverse team
- Challenges - include finding appropriate resources given resource constraints, most appropriate way to reach members, and timely data sharing

5. Workgroups/Next Steps

Anita Rich, P&CE Chair, 5 minutes (9:25-9:30)

- Access to Specialty Care Work group
  - Six people signed up to participate and planning for a monthly meeting
  - Narrowing focus and scope of efforts in upcoming meeting
- Care Coordination Work group
  - Sent out an email to interested individuals encouraging their participation in the P&CE meeting to obtain an overview of the current efforts
  - Exploring the group's focus and scope

Next meeting: April 9, 2020, 8:00-9:30 A.M.

Reasonable accommodations will be provided upon request for persons with disabilities. Please notify Brooke Powers at 303-866-2184 or brooke.powers@state.co.us or the 504/ADA Coordinator hcpf504ada@state.co.us at least one week prior to the meeting to make arrangements.