



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

January 12, 2023, 8:00-9:30 A.M.

1. Introductions & Approval of December Minutes (handout)

Kathie Snell, P&CE Co-Chair, called the meeting to order. The following people were in attendance:

Voting members: Kathie Snell (P&CE CO-Chair, Aurora Mental Health), Theresa Anselmo (Delta Dental of Colorado Foundation), Carolyn Green, MD (retired), Andrea Loasby (CU School of Medicine and Children’s Hospital Colorado), Pat Cook (Colorado Gerontological Society), Marc Ogonosky (Medicaid member), and Karma Wilson (Southeast Colorado District Hospital). A quorum was established.

Non-Voting Members: Brooke Powers (HCPF), liaison to P&CE, Callie Kerr (HCPF), Erin Herman (HCPF), Donald Moore (Pueblo Community Health Center), Chris Anderson (HCPF), Mark Levine, MD (State PIAC member), Kourtney Richards (Colorado Rural Health Center), Mona Allen (Health Colorado, RAE4), Katie Mortensen (CCHA, RAE6/RAE7), Sarah Hamilton (RAE1), Vicente Cardona (Mile High Health Alliance), Brandon Arnold (CAHP), Tina McCrory, Andrea Skubal (CCHA, RAE6/RAE7), Angie Goodger (CDPHE), Mark Queirolo (HCPF), Shera Matthews (Doctors Care), Jamie Zajac (Colorado Access, RAE3/RAE5), Matthew Sundeen (HCPF), Lexis Mitchell (HCPF), Matthew Pfeifer (HCPF), ReNae Anderson (Rocky Mountain Health Plans), Christina Brown (RAE 4), and Marissa Kaesemeyer (COA, RAE3/RAE5).

Kathie Snell asked for a motion to approve the December 2022 Meeting Minutes. A quorum was established, and the meeting minutes were approved.

2. P&CE Follow-up items and Housekeeping

Kathie Snell, P&CE CO-Chair

- Voting Membership (voting member terms are 4-year terms with no more than 2 consecutive terms allowed)
 - Four open voting member seats: Family Practice or Primary Care; Behavioral Health; Long-term Services and Supports; and Public Health Voting member [application](#)

3. [State ACC PIAC](#) Update

Kathie Snell, P&CE Co-Chair



- December 2022 meeting was a Retreat:
 - Opportunity to onboard a couple new members. Look at where the PIAC has been, what the PIAC has been working on, if there are modifications that need to happen and then look at focus areas and any potential modifications going forward into 2023 and for the remainder of ACC Phase 2.
 - The P&CE is looking for a PIAC member co-chair. Brooke gave an overview of all of the activities during the last calendar year at the Retreat that the P&CE has been working towards.
 - ACC Phase III will be a deliberate focus area
 - The PIAC will resume their normal meeting again in January 2023

4. COVID-19 'Public Health Emergency (PHE) Planning Update

- Public Health Emergency likely extended through April 11, 2023
- Ongoing vaccine outreach and work to address disparities
- Planning for the end of the Public Health Emergency is ongoing. Resources can be found at <https://hcpf.colorado.gov/phe-planning>
- COVID related data: <https://covid19.colorado.gov>
- Federal Omnibus Bill passed in December 2022
 - **Does not end the COVID PHE!**
 - Does separate continuous eligibility from the COVID PHE.
 - States can start evaluating Medicaid and CHP+ enrollees' eligibility and ending coverage starting April 1.
 - CMS guidance is needed to understand if this can be applied to March, April, or May renewals.
 - States may select different starting months.
 - Colorado has been planning for the end of continuous enrollment and is working with CMS for some specific timelines and approvals.
 - The redetermination process is scheduled to take place over at least 12 months, which is following CMS guidance.
 - Enhanced Federal Medicaid funding is phased down through December 31, 2023.
 - Resources can be found at <https://hcpf.colorado.gov/phe-planning>

5. ACC Phase III Planning and Feedback

Matt Sundeen, ACC Program Management Section Manager HCPF

The Department is now fully engaged in the planning process for ACC Phase III. We have a number of different, internal committees that are meeting to identify issues. We want to consider how the program will operate once we hit 2025. And what are the work groups that I am involved in is related to primary care? I think we identified some issues that we thought it would be good to get feedback from this group about. And I imagine there'll be more issues to come to this group in the future. To start, an identified issue is that how we want to treat our primary care, medical providers, or medical homes in ACC Phase 3.

- Current (ACC Phase II) PCMP Contractual Requirements: section 9.2 PCMP Network
 - 9.2.1 RAE shall only Enter into written contracts with primary care providers that meet the following criteria:
 - 9.2.1.6 Provides Care Coordination
 - 9.2.1.7 Provides 24/7 phone coverage
 - 9.2.1.8 Uses universal screening tools
 - 9.2.1.9 Tracks referral status
 - 9.2.1.10 Availability of appointments outside of workday hours
 - 9.1.1.11 Identifies high need populations using data
 - 9.2.1.12 Collaborates to develop an individual care plan
 - 9.2.1.13 Uses an EHR or shares data with the contractor

What types of requirements do we want for Phase III?

Are these all the requirements that we want to put in ACC Phase III? Or requirements to be a PCP or the things that we should take off this list? Are there things that we should add on to this?

- Feedback:
 - *Telehealth capacity*
 - *9.2.1.7 include telehealth to continue support older adult communities in rural areas*
 - *PCMP Requirements: telehealth and capacity for transportation*
 - *Care Coordination*
 - *Is there a scope or definition? Define a minimum standard and leave up to RAEs to engage PCMPs*
 - *Phase III working to create more guidance around this*
 - *Full continuum of care*
 - *What members should be expecting in types of service*
 - *What they can receive based on complexity and needs*
 - *BHA drafting rules go into place July 1 for behavioral health entities*
 - *Care coordination rules include having defined relationship - not care compact*
 - *Written agreement w/other providers - specifically primary care*
 - *Z-Codes included in Phase III?*
 - *Social determinants of health data to identify gaps*
 - *Collaboration with members*
 - *Person-centered based on needs*
 - *Mental Health/Behavioral Health Integration*

- *Defined connectivity between physical health and mental health within PCMP*
- *Demonstrate relationship with mental health or behavioral health provider*
 - *Could capture this information at annual wellness visit*
- *Oral Health Integration*
 - *What is the RAEs' responsibility to carve out oral health care*
 - *Ensure members are aware of, and receiving oral health benefits and services*
- *EHR Requirement*
 - *If requirement too strict, could hinder/inhibit access to care due to financial burden to some providers*
 - *Should focus on functionality*
 - *Defined in terms of function*
 - *What is the data that needs to be exchanged?*
- *Interoperability*
 - *If incentivizing isn't enough to move providers into adoption of practices (EHR), maybe incentive isn't high enough*
- *Create something beyond a medical home or behavioral health home*
 - *Whole health home that integrates physical health and behavioral health requirements*

Feedback Survey: <https://www.surveymonkey.com/r/ACCMeetingFeedback>

Next meeting: **February 9, 2023 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.

Acronym Key:

ACC-Accountable Care Collaborative
 ARPA- American Rescue Plan Act
 BH-Behavioral Health
 CCHA-Colorado Community Health Alliance
 CBO-Community Based Organizations
 CC-Care Coordination
 CDPHE-Colorado Department of Public Health & Environment
 CHCO-Children's Hospital of Colorado
 CHI-Colorado Health Institute
 COA-Colorado Access
 CYCHCN-Children and Youth with Special Health Care Needs
 DHMP-Denver Health Medical Plan
 FFS-Fee-For-Service
 HCBS-Home and Community Based Services
 HCPF- Department of Health Care Policy and Finance
 HTP-Hospital Transformation Program
 HQuIP-Healthcare Quality Improvement Platform

LTSS-Long Term Supported Services
 MAT-Medication Assisted Treatment
 MCE-Managed Care Entity
 MCO-Managed Care Organization
 MPH-Master's in Public Health
 NEMT-Non-Emergency Medical Transportation
 NHP-Northeast Health Partners
 OCL-Office of Community Living
 OOS-Out of State
 P&CE-Provider and Community Experience Subcommittee
 PCP-Primary Care Physician
 PCMP-Patient Centered Medical home
 PMME-Performance Measurement and Membership Engagement Subcommittee
 PHE-Public Health Emergency
 PHQ-9-Patient Health Questionnaire
 PIAC-Program Improvement Advisory Committee
 RAE-Regional Accountable Entity
 RMHP-Rocky Mountain Health Plans
 SDoH-Social Determinants of Health