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

June 8, 2023, 8:00-9:30 A.M.

1. Introductions & Approval of May Minutes (handout)

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

Voting members: David Keller, MD (P&CE Co-Chair, State PIAC Member), Kathy Snell Theresa Anselmo (Delta Dental of Colorado Foundation), Andrea Loasby (CU School of Medicine/Children's Hospital Colorado), Karma Wilson (Southeast Colorado District Hospital, Pat Cook (Colorado Gerontological Society), Angie Goodger (CDPHE), Mark Levine, MD (retired, State PIAC Member). A quorum was established.

Non-Voting Members: Brooke Powers (HCPF, liaison to P&CE), Callie Kerr (HCPF), Erin Herman (HCPF), Nikole Mateyka (CCHA/RAE6), Jen-Hale-Coulson (NHP/RAE2), Lexis Mitchell (HCPF), Donald Moore (Pueblo Community Health Center), Chris Anderson (HCPF), Shera Matthews (Doctors Care), Kourtney Richards (Colorado Rural Health Center), Brittany Romano (COA), Jessica Zaiger (CCHA), Natasha Lawless (RAE2), Mona Allen (Health Colorado, RAE4), Sandi Wetenkamp (HCPF), Ashely Clement (RAE2), Bill Wright (COA), Katie DeFord (CCHA, RAE6/RAE7), Sarah Hamilton (RAE1), Andrea Skubal (CCHA, RAE6/RAE7), Jamie Zajac (Colorado Access, RAE3/RAE5), Christina Brown (HCI/RAE 4), Marissa Kaesemeyer (COA, RAE3/RAE5), Emilee Kaminski (CHCO & University of CO Department of Peds), Jessica Johnson-Simmons (Denver Health), Brandon Arnold (CAHP), Blue Parish (HCPF), Alyson Williams (Health District of Northern Larimer County), Johnathan Savage (Care of Location), Alison Keesler (Intermountain Healthcare), Shoshi Preuss (Colorado Community Health Network), Christine Andersen (RAE4), Cassi Niedziela (OeHI), Gabby Elzinga-Marshall (OIT), Susanna Snyder (HCPF), Tami Hinesh (VitalHearts), Amy Yutzy (CCHA), Matt Lanphier (HCPF), and Leanne Rupp (National Association of Social Workers-Colorado Chapter).

A quorum was established, and the voting members approved the May 2023 meeting minutes.

2. P&CE Follow-up items and Housekeeping

David Keller, P&CE CO-Chair

- The PIAC and P&CE will take a summer recess. The July 2023 meeting has been cancelled. The P&CE will resume on August 10th, 2023.

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

www.colorado.gov/hcpf

- Reminder: Two open voting member seats: Behavioral Health and Long-term Services and Supports
  - If interested or know someone who may be interested, please fill out the Voting member [application](#)

3. [State ACC PIAC](#) Update

David Keller, MD, P&CE Co-Chair/State PIAC Member

- May 2023 meeting
  - ACC Phase III discussion primarily around enrollment data numbers.
    - Looked at data showing that the numbers of members have dropped, May—had about 5,000 fewer members than April.
      - *Will the Department be sharing data in relation to those who are no longer eligible for Medicaid and have obtained other insurance in the marketplace?* The Department is coordinating data with Health First Colorado, for members who are over income levels. No plans to share but can take the question back.
    - Care coordination and long-term supports discussion.
    - Initial proposal so far is 3 RAEs and 3 BHASOs. Some of the BHASOs would have multiple RAEs.
      - Concerns expressed about the rural/urban needs and different concerns. Should be considered when developing the new RAE/BHASO geographic locations. Align by need, not geographic location. Considerations for different areas/regions, should be considered.
    - These ideas are just in the proposal stakeholder stage and nowhere near finalized.

4. [eConsult Platform](#)

Matt Lanphier, HCPF

eConsult Platform Overview

- eConsults provide asynchronous (store and forward) electronic clinical communications between a Primary Care Medical Provider (PCMP) and a Specialty Provider.
- eConsults allow PCMPs to submit electronic clinical questions through an eConsult platform to Specialty Providers without having to submit a referral when they feel that they cannot provide the direct specialty care a member need during an appointment.

- Contract awarded to Safety Net Connect, Inc.
- CMS approved contract in May 2023
- Specialty fields that will be available at the Go-live date:
  - Adult Specialties: Addiction Medicine, Allergy and Immunology, Cardiology, Dermatology, Endocrinology, Gastroenterology, Hepatology, Geriatric Medicine, OB/GYN, Hematology, Infectious Disease, Nephrology, Neurology, Oncology, Ophthalmology, Orthopedics, Otolaryngology (ENT), Pain Medicine, Physical Med/Rehab, Psychiatry, Pulmonology including sleep medicine, Rheumatology, Urology.
  - Pediatric Specialties: Allergy and Immunology, Cardiology, Dermatology, Developmental Pediatrics, Endocrinology, Gastroenterology, Infectious Disease, Nephrology, Neurology, Oncology, Ophthalmology, Orthopedics, Otolaryngology (ENT), Psychiatry, Pulmonology, Rheumatology, Urology.
- Payment structure:

  Payments to Vendor
  - Flat rate payment for each completed eConsult
    - Specialty Provider Direct Payment—contracted with vendor)

  Payments to PCMPs
  - FFS rate for completed (entered/results revie2wed) eConsult—FFS billed to iC.
- Key Performance Metrics
  1. Timeliness of Specialty Provider Response
     - 95% of eConsults must be answered within 3 business days.
     - 100% of eConsults must be answered within 7 business days.
  2. Timeliness of PCMP Closure
     - 95% of eConsults must be successfully signed off by the PCMP, within 30 days after the date on which the eConsult is initiated.
     - 100% of eConsults must be signed off by the PCMP or closed via an administrative closure, within 30 days after the date on which the eConsult is initiated.
  3. Enrolling PCMPs (User ID creation and Platform training)
     - 20% of PCMPs in each RAE region enrolled in first 6 months.
     - 20% increase in PCMP enrollment between 6 months after the Go-Live Date, through remaining term of Contract.
  4. Provider Satisfaction
     - Optional PCMP and Specialty Provider satisfaction survey post-

eConsult completion

- Average score of 3 out of 5 or higher for all survey responses/month by PCMPs and Specialty Providers

5. Contract Performance

- Meeting monthly SLAs, Performance Standards, and Deliverables

- EHR/HIE Integration and SSO
  - Platform will be available to all enrolled Health First Colorado providers via web-portal at Go-Live
  - Platform will provide multi-faceted SSO capabilities for all Providers including Provider EHR/HIE systems. SSO will be offered to all PCMPs during the enrollment.
  - Department has funding to pay for up to the following number of EHR/HIE integrations over the full term of the Contract:
    - SFY24- 2 EHR/HIE integrations
    - SFY25- additional 4 EHR integrations
    - SFY26- additional 4 EHR integrations
    - SFY27- additional 4 EHR integrations
    - SFY28- additional 2 EHR integrations

Specialty Provider Participation

- Contract allows for:
  - Colorado-Based Specialty Providers
  - National Network (must be enrolled in iC, and licensed in CO)
- Prioritization of Colorado-Based Specialty Providers
  - Department has flexibility to group/tier Specialty Providers routing of eConsults.
  - Options include preferred Specialty Providers (PoD)
  - Regional location
- Specialty Providers must contract with Contractor.
- Contractor responsible for training and quality performance of Specialty Providers

Future Policy Considerations

1. Expand Specialty Fields: The Department will consult with the Contractor to determine which Specialty fields to add to the program overtime.
2. Referral Component: For prior authorization of Specialty Provider Face-to-Face appointments and for scheduling purposes.

3. FQHC Participation: FQHCs must utilize the Department's platform for PCMP reimbursement model. FQHC Specialty Providers can be paid by the Contractor.

5. ACC Phase III Stakeholder Engagement

Children and Youth, Susanna Snider, HCPF, Presentation Slide Show

Goals for Phase III

- Improve quality care for members.

- Close health disparities and promote health equity.

- Improve care access.

- Improve the member and provider experience.

- Manage costs to protect member coverage and benefits, and provider reimbursements.

Vision for Phase III

Build a system of care that is family-centered, trauma-informed and complete across the continuum for children, youth, families and caregivers that recognizes the distinct needs of this population—from identification of need to treatment.

Issues to Address in Phase III

- Payment strategies inadequately supporting services.

- Administrative burden [families + providers].

- Lack of full continuum of care.

- Inconsistent care coordination across systems.

- Silos within the health care system.

- Workforce issues.

Standardized Child Benefit model-A borrowed method that additional states use including Texas (Please see link to see how they built it out, Colorado's will not be the same, but the idea is there)

- Level of Care (LOC) A uniform process determine the level. From the lower acuity side looking at a PHQ-9(Patient Health Questionnaire) in a doctor's office all the way up to child welfare, CANS, youth involvement, and in need of residential treatment. From level 1 to level 4.

- Service Category: Stakeholder work defines across continuum (over the next year and a half)

- Services Suite: Built into contracts to guarantee across regions.

Completing the Continuum of Care

- Model Intersects with:

1. ARPA Projects to increase provider capacity:

    *No eject/reject (CDHS)

    *Tiered rates research to encourage higher acuity intake

    *Step Down Project (CHRP and QRTP providers)

    *Intensive Community Based Service Grants

2. Integrated Care Funding Project

3. Directed Payments for hard to access and fund services (HB23-1269)

4. Health-related social needs waiver research (HB23-1300)

5. Improved payments for coordinating care for children and youth (SB19-195)

6. Open Discussion

Potential discussions brought to the P&CE meeting in the future:

1. Case Management Redesign- new CMA contractors will be announced in July. Have a future discussion on an overview on how that will look and how the RAEs or other stakeholders can support with the transition. Care coordination within the RAEs and SEPs/CCBs—is tied to P&CE

2. Deeper conversation on community, neighborhoods and hospitals evolution into ACC Phase III. Roles of communities in ACC Phase III, relative to the health neighborhood and community.

Please see the P&CE website for the handouts/presentations for our discussions.

- Next meeting: **August 10, 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 plan.

Acronym Key:
ACC-Accountable Care Collaborative
ARPA- American Rescue Plan Act
BHA-Behavioral Health Administration
BH-Behavioral Health
BHASO-Behavioral Health Administrative Service Organization
BHE-Behavioral Health Entities
BUS-Binary Unit System
CBO-Community Based Organizations
CCHA-Colorado Community Health Alliance
CC-Care Coordination
CDHS-Colorado Department of Human Services
CDPHE-Colorado Department of Public Health & Environment

CHCO-Children's Hospital of Colorado
CHI-Colorado Health Institute
CHRP-Children's Habilitation Residential Program
CMA-Case Management Agency
CMHC-Community Mental Health Center
CMS- Centers for Medicare & Medicaid Services
COA-Colorado Access
CYCHCN-Children and Youth with Special Health Care Needs
DHMP-Denver Health Medical Plan
D-SNP-Dual Eligible Special Needs Plans
FFS-Fee-For-Service
FQHC-Federally Qualified Health Centers
HCBS-Home and Community Based Services
HCPF- Department of Health Care Policy and Finance
HIEs- Health Information Exchanges
HTP-Hospital Transformation Program
HQuIP-Healthcare Quality Improvement Platform
ICB-Integrated Care Benefit
LTSS-Long Term Supported Services
KPI-Key Performance Indicators
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
OeHI-Office of eHealth Innovation
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
PMPM-Per Member Per Month
PHE-Public Health Emergency
PH-Physical Health
PHQ-9-Patient Health Questionnaire
PIAC-Program Improvement Advisory Committee
QRTP-Qualified Residential Treatment Program
RAE-Regional Accountable Entity
RMHP-Rocky Mountain Health Plans
SDoH-Social Determinants of Health
SHIE- Social Health Information Exchange
SIM- State Innovation Model
STBH-Short-Term Behavioral Health benefit
SUD-Substance Use Disorder