



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

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

1. Introductions & Approval of February 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), David Keller, MD (P&CE Co-Chair, State PIAC Member- Dept. of Pediatrics at the CU School of Medicine & Children's Hospital,), Theresa Anselmo (Delta Dental of Colorado Foundation), Carolyn Green, MD (retired), Andrea Loasby (CU School of Medicine & Children's Hospital), Pat Cook (Colorado Gerontological Society), Marc Ogonosky (Medicaid member), Gail Nehls (Envida) , Angie Goodger (CDPHE), Mark Levine, MD (retired, State PIAC 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), Nikole Mateyka (CCHA/RAE6), Jen-Hale-Coulson (NHP/RAE2), Lexis Mitchell (HCPF), Greg Stecklein (Orderly Health), Donald Moore (Pueblo Community Health Center), Chris Anderson (HCPF), Kourtney Richards (Colorado Rural Health Center), Brittany Romano (COA), Kellen Roth (COA), Lauren Landers-Tabares (HCPF), Jessica Zaiger (CCHA), Natasha Lawless (RAE2), Mona Allen (Health Colorado, RAE4), Sandi Wetenkamp (HCPF), Dede de Percin (Mile High Health Alliance), Ashely Clement (RAE2), Bill Wright (COA), Marius Nielsen (HCPF), Katie Mortensen (CCHA, RAE6/RAE7), Sarah Hamilton (RAE1), Andrea Skubal (CCHA, RAE6/RAE7), Mark Queirolo (HCPF), Shera Matthews (Doctors Care), Jamie Zajac (Colorado Access, RAE3/RAE5), Matthew Sundeen (HCPF), Matthew Pfeifer (HCPF), ReNae Anderson (Rocky Mountain Health Plans), Christina Brown (HCI/RAE 4), and Marissa Kaesemeyer (COA, RAE3/RAE5).

Brooke Powers asked for a motion to approve the February 2023 Meeting Minutes. A quorum was established, and the February meeting minutes were approved.

2. P&CE Follow-up items and Housekeeping

Kathie Snell, P&CE CO-Chair

- [eConsult](#) update provide by Brooke Powers
 - The stakeholder engagement process will resume in the late spring/early summer. Current timeline:
 - The Department is in contract negotiations
 - After contract negotiations are complete the Department



- leadership will review and approve the contract, and
- Then it will be sent to CMS for review and approval
 - Finally, after all approvals go through, then the Dept. will execute the eConsult contract.
- Question to circle back on: *“Does that mean the Department has decided to not go with the opportunity that CMS has offered back in January to just open the codes and have people bill for the service, instead of building a separate platform.”*
 - 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

- February 2023 meeting
 - Director Kim Bimestefer attended most of the meeting and spoke about the ACC program.
 - Priorities and pillars for the next phase of the ACC program. Accountability for Equity Equality pillar, the Alternative Payment pillar, and the Behavioral Health Transformation pillar. The things most relevant to this subcommittee was a recommendation: When we look at equity and equality, we also think of the member experience and we should also look at provider experience. How we can make it easier for providers to provide access to care.
 - Integrated services discussion and prospective payment model for BH providers.
 - Overall goals for the State PIAC were discussed and approved.

4. Health Care Practice Transformation

Rodrick Prayer, HCPF

[HB22-1302 Integrated Behavioral Health Grant Program](#)

- A bill passed in May 2022 with the goal of supporting, improving, and expanding integrated behavioral health services in Colorado. Funds distributed through ARPA and the Department received 31 million in funding. Short-term grant funding will be offered to physical and behavioral health care providers expanding access to care and treatment for mental health and substance use disorders using an evidence-based integrated care model.
- Anticipated project timeline:
 - Steering Committee Meeting: February 10, 2023, 11 am -12:30 pm
 - Public Webinar #1: February 14, 2023, 12 - 1 pm
 - [Public Webinar #2](#): February 15, 2023, 6 - 7 pm

- Draft of Request for Applications Posted: February 16
- [Request for Applications Open for Public Comment](#): February 27, 2023
- Request for Applications Release: March 22, 2023
- Submission Deadline: April 26, 2023
- Project and Award Announcement: June 1, 2023
- Contracting and Pre-Grant Training: June - July 2023
- Funding Distribution: August 1, 2023
- Award Period: August 1, 2023 - December 30, 2026

The Department will consider applicants of varying sizes. Those selected for the project must, at a minimum, meet the following requirements:

- Demonstrate a commitment to serve Health First Colorado members within the community throughout the grant period and beyond.
- Be licensed or authorized to practice in Colorado as an adult or child mental health or primary care provider, obstetrics/gynecology provider, pediatric outpatient care provider, or community behavioral health provider serving adult and/or child and adolescent populations;
- Exhibit cultural competency in outreach, case management, and care coordination.

Over a four-year period there will be about 35 million dollars in ARPA funds available for providers to apply for. Estimated award amounts for each of the grant recipients on average is around \$200K with a max of \$400K. Please visit the [webpage](#) for the fact sheet, to see if your questions have been answered. If there are additional questions, please email hcpf_integratedcare@state.co.us. The questions have typically been answered within 24 to 48 hours. The grants are looking to be released by 2024 and completed by December 30, 2026.

5. [ARPA](#) 5.04 Care Coordination-Case Management Process Improvement

Lauren Landers-Tabares, HCPF, introduced JSI Research & Training Institute (JSI) for stakeholder engagement around the ARPA 5.04 project-Care Coordination-Case Management Process Improvement.

Amy Downs and Laurel Karabatsos (former Deputy Medicaid Director at HCPF) with JSI provided the agenda for discussion:

- Project background
- Discussion of current system of coordination and collaboration between regional accountable entities and case management agencies
- Discussion of opportunities to improve system

Questions:

Project Background:

- JSI is under contract with HCPF to conduct a stakeholder-informed process improvement initiative (February 2023-January 2024)

- Work includes developing recommendations to improve communication, collaboration, and cross-agency coordination between regional accountable entities (RAEs) and case management entities (CMAs)
- Focus is on individuals enrolled in Colorado's home and community-based services (HCBS) waivers
- To gather information, they are conducting key stakeholder interviews, focus groups and large group discussions
- They had three questions to discuss. JSI will identify common themes that emerge from various discussions throughout the project. Findings will be aggregated, and no comments will be attributable to specific individuals. Keeping in mind where we are today and where there are opportunities in the future.
 - What is currently working well between RAEs and CMAs?
 - Collaboration
 - Communication
 - Coordination
 - *Direct contact with certain staff at the RAEs/CMAs.*
 - *Contacts at CMAs for complex cases*
 - *Data sharing is helpful in coordinating*
 - *Direct access to the BUS for the RAEs*
 - *JSI is going to be conducting interviews directly at Case Management Agencies*
 - What are the current challenges among the RAEs and CMAs?
 - Collaboration
 - Communication
 - Coordination
 - *Communication can be difficult, and hospitals can be stuck in the middle*
 - *Trying to manage a large volume in cases, especially with staff turnover and feeling overwhelmed*
 - *CMAs perspective, ability to share information without a release of information. Barriers that prohibit collaboration and connection.*
 - *Working with the main RAE in determining the role between the CMA and the RAE. When the CMA and the RAE cannot collaborate because of the outside scope issues and finding the best paths forward. Establishing different roles*

to meet the whole member services. Waiver issues and services barriers.

- *Role clarity can be difficult at times. Funding is at the root, different at the RAEs and CMAs. Who is getting paid for tasks? Complex funding structure should be defined because it is confusing.*
- *The RAEs, CMAs, HCPF all need to come to a common understanding how EPSDT is different than the Medicaid benefits are organized for adults. They are fundamentally different in standards and sometimes it gets confusing. A deep problem in our system.*
- *Reduce duplication of efforts*
- What are opportunities to address these challenges?
 - *Open communication, good relationships between the CMAs and the RAEs*
 - *Defining roles between RAEs and CMAs*
 - *Open frank conversations, trust and repour. Common ground.*
 - *Building relationships and sharing best practices*
 - *Data sharing opportunities*
 - *How is HCPF working on these pieces*
 - *Structure example: When this funding source doesn't work, what is alternative funding source that is available? What are the additional resources that we can tap into.*
 - *Interpersonal brainstorming sessions with the RAEs/CMAs set up their own meetings together and discuss certain cases alongside the member.*

Any additional thoughts on CMA/RAE coordination and collaboration, please reach out: amy@resultscountconsulting.com or lkara4wd@gmail.com

6. ACC Phase III Stakeholder Engagement - Key Performance Indicators (KPIs)

Nicole Nyberg, HCPF Quality Performance Unit Supervisor & Helen Desta, HCPF Quality Section Manager reviewed:

- Current ACC Phase II incentive structure
 - \$16.21 PMPM capitation, roughly one quarter-\$4.21 PMPM is withheld funds the KPI (Current enrollment=Approx. \$280 Million)
 - 75% upfront Admin PMPM Payment
 - Any unearned KPI dollars also funds the KPI
 - BH incentive program is about \$30 million - behavior health focused

- 2023-2024 KPIs
 - Depression Screening and Follow-Up Plan (align with CMS core measures)
 - Oral Evaluation, Dental Services (align with CMS core measures)
 - Child and Adolescent Well Visits (align with CMS core measures)
 - Prenatal and Postpartum Care (align with CMS core measures)
 - Emergency Department (ED) Visits
 - Risk Adjusted PMPM
- 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
- Stakeholder Questions
 - 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 available
 - Member satisfaction?
 - Provider satisfaction?
 - Do we want to carry forward the current ACC Phase 2 KPIs?
 - De we want to have any health equity measurement for payment built into KPIs?
 - If so, which measures would be best?
- *Some things that are measuring are not in the control of the RAE or the practice. ED visits metric-everyone won in 2021, everyone lost in 2022. It didn't reflect well. Well visits for children, dropped and reflected poorly due to the pandemic.*
- *Somethings can not be forced to do.*
- *It is a good idea to enforce performance metrics, but we have to align with the environments. There is a cap to how far we can go with the enforcement. For example, foster children have different stipulations in*

different counties. Pediatricians can see them but cannot immunize them because of processes in place.

- *Member and provider satisfaction should be a factor.*
- *What is missing is how do we get the members excited about this? How do we engage the members? Or want to follow through? Can we incentive members as well?*
- *Measuring equity is important. Reporting would be a good start.*
 - *FYI: The Department just provided the first data set was just provided to the RAEs, breaking out the metrics for the health equity plan in demographics. Starting in 2025.*
 - *Current measurements for equity need a lot of improvement.*
- *Very little to encourage BH integration. Is there a metric that can use patient centered outcomes that can be measured?*
- *Including dentist providers in the KPIs, opportunity to collaborate with Dentist providers. Is there a way to combine data to show that members have seen a dentist to give incentives?*

Please send any additional feedback to nicole.nyberg@state.co.us

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

7. Open Discussion

- What is the role of community in the experience of Medicaid? Future topic of discussion. An important topic in supporting people in need and yet trust is important when it comes from someone local.
- Please see the [P&CE website](#) for the handouts/presentations for our discussions
- Reminder: [PHE website](#)

Next meeting: **April 13, 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

BHASO-Behavioral Health Administrative Service Organization

BUS-Binary Unit System

CBO-Community Based Organizations

CCHA-Colorado Community Health Alliance

CC-Care Coordination

CDPHE-Colorado Department of Public Health & Environment

CHCO-Children's Hospital of Colorado

CHI-Colorado Health Institute
CMA-Case Management Agency
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
HCBS-Home and Community Based Services
HCPF- Department of Health Care Policy and Finance
HTP-Hospital Transformation Program
HQulP-Healthcare Quality Improvement Platform
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
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
PHQ-9-Patient Health Questionnaire
PIAC-Program Improvement Advisory Committee
RAE-Regional Accountable Entity
RMHP-Rocky Mountain Health Plans
SDoH-Social Determinants of Health