



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

October 13, 2022, 8:00-9:30 A.M.

### 1. Introductions & Approval of September 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), Joanna Martinson (P&CE Co-Chair, KPJ First Services), Anita Rich (Retired/Community Member), Carolyn Green, MD (retired), Andrea Loasby (CU School of Medicine and Children's Hospital Colorado), Pat Cook (CO Gerontological Society), Marc Ogonosky (Medicaid member) and Shera Matthews (Doctors Care). A quorum was established.

**Non-Voting Members:** Brooke Powers (HCPF), liaison to P&CE, Callie Kerr (HCPF), Erin Herman (HCPF), Nicole Konkoly (RMHP/RAE1), Violet Willett (RMHP/RAE1), Jen Hale-Coulson (NHP/RAE2), Ashley Clement (NHP/RAE2), Laura Johnson (CCHA/RAE6), Karma G. Wilson (Southeast Colorado Hospital), Marsha Aliaga-Dickens (COA/RAE3/5), Angie Goodger (CDPHE), Tina Gonzales (Health Colorado/RAE4), Ashley Clement (NHP/RAE2), Jessica Zaiger (CCHA), Alyssa Rose (RMHP/RAE1), Lauren Landers-Tabares (HCPF), Tina McCrory (Health Colorado/RAE4), Dede de Percin (Mile High Health Alliance), Joseph Anderson (RAE3/5), Chesley Sterling (Health Colorado/RAE 4), Andrea Skubal (CCHA, RAE6/7), Christina Brown (Health Colorado/RAE 4), and Theresa Anselmo (Delta Dental of Colorado Foundation).

Kathie Snell asked for a motion to approve the September 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 and State ACC PIAC member

- Voting Membership (voting member terms are 4-year terms with no more than 2 consecutive terms allowed)
  - 1<sup>st</sup> term ending for the following voting members; they have chosen to not reapply:
    - Shera Matthews, Family Practice
    - Jamie Haney, HCBS/LTSS
    - Anita Rich, At-Large
  - Voting member applications were received and approved for the Hospital seat and At-Large seat: Karma Wilson & Theresa Anselmo.
  - This leaves three open voting member seats: Family Practice; Behavioral



Health; and Long-term Services and Supports. Voting member seat [application](#)

- Introductions of new voting members:
  - Karma Wilson, RN is the new Hospital voting member. She works at the Southeast Colorado District Hospital, started as a nurse 25 years ago and currently she works in quality improvement in hospitals as a quality nurse. Primarily she works in HQuIP and continuing the quality improvement side of rural hospitals.
  - Theresa Anselmo, MPH, is the new At Large voting member. She currently works for the Delta Dental of Colorado Foundation, as the Policy Manager with over 30 years of clinical experience as a dental hygienist. She has experience in the public sector with Medicaid and in the private sector.

### 3. [State ACC PIAC Update](#)

Joanna Martinson, State ACC PIAC member

- September 21, 2022 meeting:
  - The PIAC meeting in October has been cancelled and will resume in November. In December there will be a retreat for members and new members.
  - PHE Renewal Process Data: PHE has continued to be discussed. The renewal process is continuing to be worked on by the Department in relation to the continuity of care. Helping members maintain coverage if they will no longer be eligible and to get connected with insurance outside of Medicaid. Looking the renewal packet and the enhanced online tools to aid the renewal process. The timeline can be found on the [slide show](#).
    - Workforce challenges around returned mail and the renewal process was discussed. What do people do with it? Having a dedicated workforce to look at this is important.
  - Health Equity Plan Update: Aaron Green came and gave a presentation on the Health Equity Plan. He went through the timeline and background and the plan. It would be a good topic for the P&CE to look at and identify the equity lens across our health programs. Look at disparities and the data going forward into the ACC 3.0 recommendations. There is a task force being developed, please click the [link](#) for more information.
    - The Health Equity Plan is outlined in the contracts for the RAEs/MCOs. It is aligned with the Governors Executive Order. The focus areas are COVID vaccinations, Maternity, Behavioral Health and Prevention and Diabetes-is in the disparity focus lens. There is a task force on Health Equity that can be looked into. Some of the data presented was 10.8% of the Medicaid members are identifying as Spanish speaking only, 80% are English speakers and 1.2% identify as other. 56 primary spoken languages in total. Language access is critical if they don't understand, and we cannot

communicate that becomes another barrier to the renewal process. Reviewed all of Stakeholder engagement data, advancing health equity across the state and behavioral health—were the two top priorities of the Stakeholders. Developing a dashboard on disparities and looking at it.

- ACC Performance and Deliverables: Presentation ARPA projects on the Deliverables that the RAEs/MCOs. To recap: within the Medicaid population 41% children, 54% ages 19-64, 5% 65 and old, and 4% of members use LTSS. 25% of the Colorado population utilize Medicaid. Over 120 deliverables that the RAEs are accountable for, contracts can be amended. In the contracts for the RAEs, how they do population management, the network reports, health neighborhood reports, finances are looked at. Looking into the future, it may be helpful to bring those topics into this group.

#### 4. Care Coordination

Lauren Landers-Tabares, [ARPA](#) 5.04 Project Administrator, HCPF

- Update on [ARPA-funded project, 5.04 - Case/Care Management Best Practices](#):
  - Project aligns nicely with ACC Phase III. The purpose to improve access and quality of care for members. We hope to accomplish this by looking at RAE and CMA best practices, streamlining definitions, documentation, better defining roles/responsibilities to make sure members get all the care they need. The Department wants to make sure that when members are transitioning from levels of care they are getting everything that they need and RAEs and CMAs know their roles and purpose when it comes to helping that member.
    - The Department intends to put together a small taskforce including members and providers, to inform this project as a first point of view of the member and provider going through it. Stay tuned.
  - Please visit the [webpage](#) that is exclusive for ACC Phase 3, updates will happen regularly to the site.

#### Care Coordination RAE Oversight Discussion

Joanna Martinson, P&CE Co-Chair

- Addressing the questions from RAE presentations provided at the September 2022 meeting:
- Anita Rich asked how is behavioral health being wrapped up within the lens of care coordination? How do all of the different scopes of care coordination include medical issues, behavioral health, social issues. How do they work together in the RAE/MCO? Lots of talk about medical necessity and cost but are we taking care of everything that needs to be taken care of. The workforce will be a massive task.
  - Jen Hale-Coulson, RAE 2: Behavioral health is an interictal part to what they do. A daily census is sent to a care coordinator, enabling them to start the discharge process when they are admitted. Children

that need higher levels of care—there are placement and provider issues, working with the State they come together with creative solutions and unfortunately, sometimes that is out of state. They rely on providers, community members, self-referrals, to know when they are admitted.

- Kathy Snell commented that there is a level of disconnect, when people get into a facility and before that time, work hard to catch them and not let them fall through the cracks
- Jen Hale-Coulson, RAE2: Educating the community on how to contact the RAEs is vital
- Karma Wilson, Southeast Hospital District: The providers are seeing the children come in and that they need assistance, but it isn't communicated back to the RAEs. They don't know how to connect.
- Christina Brown: Speaking from the hospital perspective, hospital liaison and community engagement. One of the main goals, 14 hospitals in RAE4 spread across 19 counties. Discharge planning process has a lot of layers but moving the needle in the right direction.
- Violet Willet, RAE1: As soon as someone is inpatient, they work with the discharge coordinator to get the process started. They also meet with the local mental health centers weekly, with the care coordinators and clinicians. Utilize various screeners for patients to do outreach. Educating providers of the "One-Call" number, but the referrals are falling short and are not utilized. Engagement with the population has also been a challenge with the population.
- Shera Matthews, Doctors Care: From a family practice perspective, most family practice now do a PHQ9 screen at a well visit. There is a lot of prevention going on and a lot of practices have a counselor on site. BH has not fallen in any buckets in family practice and if anything, it is at the fore front. SDOH is tough because only hospitals get paid for it, there is only so much at the family medical practice that they can do. Tons of referring that is going on. They do 200-300 referrals every quarter, for social services and BH. At the family practice level referrals are going on.
- Kathie Snell: Maybe it is just the connections where it falters? Between the referral and care? Is it tied into care coordination or not? Specifically, in RAE3 there is a hybrid model, in house care coordination and delegation of care. Many times, mental health needs members want care at their own BH provider, who they have a relationship with not the at the RAE level. We need to make sure that there is follow through.
- Joseph Anderson (COA): Agree with everything said. BH teams receive referrals continuously throughout the day. Anxiety and Depression are two of their markers during screenings. Challenges that they face are

related to network adequacy and the members who coming out of the hospital and or have had multiple interactions with different providers in Colorado and even OOS. The network in Colorado then shrinks. The work of [Hospital Transformation Program](#) sounds like it will be fantastic. COA now meets individually with hospitals. They are adding a complex case review for hospitals, for the higher need patients, interdisciplinary case reviews for those members. Care coordination practice support hybrid positions that are open with COA to help expand the community face of COA—primarily they will be in the field and educating providers or what the RAEs can and cannot do.

- Karma Wilson: One of the main problems, especially in Southeast Colorado are the lack of providers that provide care. The providers that they do have are stretched so thin, that patients who need care and want care, aren't able to get it because of the shortages. They are overwhelmed. They are looking at more options in their community to add more options. Providers and members are overwhelmed, not enough staff.
- Dede de Percin's question: How can we be successful at Care Coordination when there aren't providers (BH, Specialists) or resources (housing, e.g.). This is a global problem that the RAEs can't solve, but also critical to successful care coordination and patient outcomes.
  - Dede de Percin spoke about an organization called [Regional Health Connector Program](#)—innovation support practices at the University. Connecting providers with community assets. Idea of developing bi-directional resources helping—primary providers connections with community assets for their patients with care resources. The unique relationship between a primary care practice and a patient can uncover opportunities for connections to comprehensive services.
- Pat Cook asked if another month can all the RAES return and talk about consumer lens and outliers. The calls we receive in our office across the state is more real time, practical and or urgent issues. When I call case managers to explore, it can be very successful collaboration to null. It would also be really helpful another month to talk about real time intersection with SEP for the high risk, HCBS waiver clients and care coordination. I would be interested in inbound calls and topics of concerns.
  - All the work with children and other areas is fantastic but the elderly populations are struggling and that is a lens that we don't really look at. Can RAEs bring data to a future meeting and we can examine why our State is number 48? And look at the states that are #1-#10. Talk more about real time, real world issues. We have some real issues to work through, we are not there yet as a Medicaid system.
- What recommendations do we as a subcommittee have for the PIAC and ultimately HCPF? Programmatically, where that are gaps and needs of improvements for ACC 3.0, please keep this in mind as we have these

discussions.

- Dede de Percin: Some of the issues may stem from our Medicaid system being a Semi-managed care system, not full FFS, not full managed care. There are some good things about it and flexibility, but it may also create some problems. Also, she would like to hear from HCPF at some point on what are the levers around the expansion of workforce challenges? There are [ARPA](#) projects around the workforce, please see the project list.

## 5. Open Discussion

- Marc Ogonosky had a question about NEMT Co-Pays, charging \$4? This is unconfirmed. [NEMT webpage](#)

**Next meeting:** December 8, 2022 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](mailto:brooke.powers@state.co.us) or the 504/ADA Coordinator [hcpf504ada@state.co.us](mailto: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  
 CDPHE-Colorado Department of Public Health & Environment  
 CHCO-Children's Hospital of Colorado  
 COA-Colorado Access  
 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  
 PHQ-9-Patient Health Questionnaire  
 PIAC-Program Improvement Advisory Committee  
 RAE-Regional Accountable Entity  
 RMHP-Rocky Mountain Health Plans  
 SDOH-Social Determinants of Health