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

June 11, 2020, 8:00-9:30 A.M.

NEW!! Participant Dialing Instructions:
Video URL: meet.google.com/tmh-hyaa-xvd
Call-in: 724-740-8075
PIN: 587 524 192#

1. COVID-19/Budget Update & Discussion

Tracy Johnson, Medicaid Director, HCPF, 60 minutes (8:00-9:00) – Presentation
- Overview
  - Review transition to telemedicine services
  - Discuss strategies to support providers
  - Discuss caseload and budget projections
- Larry Green Survey CO Responses: Solvency
  - 22% speak to the growing financial burdens for primary care practices created by ill-fitting payment models
  - 11% say they will close within four weeks
  - 66% report less than half their work is reimbursable
  - 85% report large decreases in patient volume
  - Outages due to illness/quarantine reported for:
    - Clinicians (36%)
    - Nursing staff (38%)
    - Front desk (27%)
- Overview of the percent change in visits from baseline to week of April 5. Data from the Commonwealth Fund.
  - The decline in visits was generally larger among surgical and procedural specialties and smaller specialties such as adult primary care, obstetrics/gynecology, oncology, and behavioral health.
- Temporary Authorization of TeleMedicine during COVID-19
  - Expanding the telemedicine policy to authorize the following:
    - Expanding the definition to include telephone only and live chat modalities.
    - Authorizing Federally Qualified Health Centers (FQHCs), Rural Health Clinic (RHCs), and Indian Health Services to bill for telemedicine visits
    - Adding specified Physical Therapy, Occupational Therapy, Home Health, Hospice, and Pediatric Behavioral Therapy services to the list of eligible interactive audiovisual telemedicine services.

- Overview of telemedicine adoption data (5 January – 26 April 2020) for professional services (on regular fee for service schedule) eligible for telemedicine. The three categories include: 1. Clinic – Practitioner, 2. Non-Physician Practitioner – Group, and 3. Rehabilitation Agency.
- Overview of telemedicine adoption data (5 January – 19 April 2020) for participating institutional provider types. The provider types examined include: 1. Federally Qualified Health Center, 2. Indian Health Service, 3. PT/OT/ST Home Health, and Rural Health Clinic.
    - Data is limited to specific codes, but it does provide a picture of how services are moving to telemedicine.
- Discussion of e-Consults.
    - The kind of telemedicine that we are newly covering through our emergency policies involves communication between a member and a provider. e-Consults are more provider to provider, such as primary care to specialty care providers.
    - There is a pilot project currently going on with the university and this is being financed through a special form of Medicaid payment called supplemental funding. Efforts to figure out what a payment model may look like for e-Consult services. This is not yet operationalized, but we hope to do more work in this area in the next year.
- What we know about Colorado Primary Care
    - 96% report large decreases in patient volume*
    - Outages due to illness/quarantine reported for clinicians* (48%), nursing staff* (45%), and front desk* (36%)
    - 61% of clinicians rate the COVID-related stress on their practice as severe*; 30% rate it close to severe
- COVID + Fee-For-Service = Severe Disruptions. In the next four weeks:
    - >40% of CO practices do not or may not have cash on hand to stay open.
    - 37% are unsure if they will have enough patients to stay open. 7% are sure they will not.
    - Meanwhile, 44% report a majority of the care they are providing is not reimbursed.
- Patients are not getting care they may need
    - US: 65% of clinicians nationally report they have patients who can't use virtual health (no computer or internet)
    - CO: many services are being done less frequently or not at all:
        - Preventive care (86%)
        - Chronic care (76%)
        - Care coordination across settings (70%)
- Strategies to Support Providers
    - Continuing telemedicine policy
        - Bill being actively considered in the legislature around this topic.
    - Prioritized attribution
        - Prioritizing attribution within geographic region to include providers seeing large quantities of Medicaid and Medicare patients and providers providing high quality services
    - Performance pay-out flexibility0

- Performance Pool modified to support COVID-19 response plans and payout earlier than originally scheduled
  - CARES Medicaid payments
    - New federal funding to support Medicaid providers
  - Office of e-Health Innovation telemedicine grants
  - Constant communications, engagement
- Enhanced Provider Relief Fund
  - HHS Announces Relief Fund Payments for Safety Net Hospitals, Medicaid & CHIP Providers
  - The payment to each provider will be at least 2 percent of reported gross revenue from patient care. Close to one million health care providers may be eligible for this funding. More information about eligibility and the application process is available at https://www.hhs.gov/coronavirus/cares-act-provider-relief-fund/general-information/index.html
- Help Us Spread the Word
  - If you know someone who might be interested in becoming a Health First Colorado provider, please ask them to visit the Provider Enrollment website at co.gov/hcpf/provider-enrollment or call the Provider Services Call Center at 1-844-235-2387, Option 2, then option 5.
- Updated Medicaid, CHP+ Membership Surge Forecast
  - Membership surge of about 563,000 Coloradans between April 1 and December 31, reflecting a 44% increase to the 1.3M members covered in Medicaid and CHP+ as of March 2020. (OSPB adjusted assumed Emergency period)
    - This is a larger increase than when the Affordable Care Act first rolled out. The increase is influenced by economic hardships and the current federal emergency policies not permitting disenrollment for anyone currently enrolled in Medicaid.
    - We encourage anyone who thinks they may qualify for Medicaid to apply.
  - The maintenance of effort ends with the public emergency period (now presumed 12/31/2020). We project an estimated disenrollment of 332,000 members who do not meet eligibility criteria 12/31/2020.
  - Net surge of 368,000 members, 29% increase, FY 2020-21 compared to March 2020.
- New Enrollee Assumptions
  - Likely coming from employer coverage without pent up demand, healthier
  - FY 2020-2021 - will cost 75% of the Acute Care costs (hospital, physician, Rx, etc.) associated with current enrollees and 44% of the overall average cost of Medicaid current enrollees (due to the absence of these new members needing HCBS services) in FY 2020-21.
  - Cost is even lower in FY 2019-20 at 50% of the Acute Care cost of current enrollees and 34% of the overall average cost of Medicaid enrollees because it takes time for appointments to be made and claims to be paid for new enrollees.
- Overview of Medicaid Category Enrollment between October 2019 and May 2020 for Medicaid and CHP+ Eligibility.

- o Larger increases in the Medicaid expansion categories.
- Overview of the cumulative monthly CBMS applications by zip code that were submitted from January to April 2020.
    - o The five zip codes with the largest number of apps through April are in Denver, Arapahoe, El Paso, Adams and Weld Counties, in that order.
- 14,000+ Coloradans enrolled through the C4H Special Enrollment period.
- Overview of the multi-year fiscal challenge.
    - o Estimated shortfalls include: 3.2 billion for FY20-21, 2.5 billion for FY21-22, and 1 billion for FY22-23
    - o Estimate assumes a steep drop in revenue, then a gradual build back.
    - o Estimate is very rough and does not represent a forecast update.
- Tracy opens the discussion: What are we not thinking of and what else needs consideration?
- **Question** - Will Medicaid continue to allow OTs and PTs to use telehealth moving forward?
    - o It depends what happens with the bill. We are committed to telehealth regardless, moving forward. If the bill that is currently before legislature does not pass, we will move forward with telehealth administratively in some ways. The bill currently being considered does include OT and PT. Whether it be a legislative path or administrative path, telehealth medicine policy will continue. We will have to make adjustment due to the focus being around the pandemic and not long term. Hoping to have a stakeholder process during development which will occur in the near future. Likely to separate the conversations by provider type.
- **Question** - Would it be possible to get the presentation or share any of the information re: the in-process eConsult pilot with University?
    - o Tracy will ask if this is possible.
- **Question** - There have been reports of problems with the provider portal to register for the relief funds.
    - o Discussion around what specific issues are occurring to include struggling to find the portal or being able to access it.
    - o Tracy share how initially the link may not have been there but would like to know if other issues are occurring.
    - o These issues were reported to have occurred yesterday.
- **Question** - We know that tele-phonic visits have been more successful than video. Do you have an idea if it will be continued?
    - o Tele-phonic visits have been more popular for specific members. Future policy will follow what path we are on and what the federal government decides. Currently the requirements are more relaxed and hoping the federal government will continue that. Colorado is in conversations with other states, the National Association of Medicaid Directors, and our contact with CMS to encourage making permanent some of the federal policy changes to support ongoing use of tele-phonic services.
- **Question** - Are providers who received relief funds related to Medicare ineligible for additional funds related to Medicaid?
    - o Tracy encourages to look at the website carefully but that are some issues to consider, such as the different buckets of money.

- **Question** - Can you share some of the "hard choice" discussions that are being made to "fill the gap" and is there a process to give feedback on those hard choices?
  - o Tracy shares this is largely through the legislative process and encourages participation in this process. We have emailed some of our thought partners to receive feedback on where to cut and where to avoid cuts.
- **Question** - I understand there is potentially an issue with behavioral health and CMHC's being able to access CARES Medicaid funding do you have more information?
  - o Tracy is not aware of this but can look into it.
  - o Discussion of not being able to receive Medicaid funding if a CMHC has already received even a small amount of Medicare funding.
  - o CMS has hinted that another wave of money may be communing. Discussion of the importance in CMS consulting with Medicaid agencies around allocations.
- **Comment** - PCHC interviewed 57 patients with a tele-health visit in the month of April to understand how they experienced tele-health. We learned that patients (and their providers) view it favorably. However, both view it as a complementary option to the patient-provider relationship but not a substitute. "Complementary" is the concept around which we are envisioning our virtual care future. We want to determine more precisely how tele-health will complement the relationship so as to build trust, engagement, and quality care/access.
  - o Tracy requests to see the write up if possible. Donald Moore will share the write up.
  - o Sharing of how providers relied heavily on visual senses when interacting with patients and had to shift to improving interview skills.
  - o Discussion feedback in how telehealth has provided more opportunities for health maintenance and promotion. Previously these opportunities were time limited during an in person visit.
- **Comment** - Flagging for HCPF (and also will flag for MSB) this rule that we'd like to request changes/deletion: 8.011.17 – (within General Exclusions from Coverage): Also, specifically excluded from coverage under the Medical Assistance Program are injuries received by individuals who are engaged in riots, civil disobedience, or other acts specifically excluded by the congressional statute relating thereto. (DOI is already working on prohibiting these sorts of exclusions.)
- **Question** - What kind of training is being offered to providers to use telehealth at the Department and RAE level?
  - o Sharing of the different resources and the importance of including training with stakeholder engagement from the Department. The RAEs have also been proactive with telemedicine training.
  - o There are quite a few telehealth training modules and materials at www.primehealthco.com. They were given $$ by OeHI and the Innovation Response Team to develop these for providers.
- **Question** – Commercial providers changing to being Medicaid providers due to many patients switching to Medicaid?
  - o Currently do not have data on this. Want to leverage this as an opportunity to increase specialty care.

- **Comment** - Also, there is a national effort underway to convince congress to 1) increase the FMAP to a minimum of 14% 2) continue FMAP bump through June 2021, 3) continue MOE through the same period.
- **Question** - Are there specific strategies Medicaid/HCPF is developing for provider recruitment? Materials? Outreach? PF?
  - o Provider Recruitment Office is working data analysis and being shared resources provided by Dede. These efforts are ongoing, and the Department will share as things progress.
  - o **Comment -** We are doing a lot of outreach. People are slowly starting to return to us for face to face visits. As well, we have seen a slight decrease in tele-visits in the last week. Revenues are critically low, but there is some light at the end of the tunnel.
  - o **Comment -** If it can be shared, that gap analysis could be really helpful for the Specialty Access Workgroup.
- Tracy – how is telemedicine going for you?
  - o Volume is going down to stay safe at home. Prevention and early intervention may not be happening with exceptions to in person visits, such as prenatal.
  - o PPE is an issue. If this is not resolved, we will continue to be reliant on telemedicine.
- Discussion of struggles to provide services for special needs to areas with low broad band and needing to have more of a voice. Rural frontier areas need infrastructure for broadband.
- **Question** - Discussion of care coordination during COVID-19. Is it more easy or difficult during telemedicine?
  - o Tracy encourages feedback from the RAE.
  - o Sharing of how new platform have been developed to outreach members, such as texting and video chatting. Care Coordinators have been having better success because people or either at home or in the hospital rather than trying to reach them in the community or at different appointments. It's not optimal but it's also not going poorly.
- Closing comments from Tracy's presentation and encouraging anyone to send questions or information to Anita and Tracy.

2. Introductions

Anita Rich, P&CE Chair, 5 minutes (9:00-9:05)

On the Google Meet: Anita Rich (PC&E Chair), Brooke Powers (HCPF), Matthew Jacobs (HCPF), Tracy Johnson (HCPF), Beth Cole (EI Colorado), Stephanie Brooks (CCHN), Diane Seifert (CCHA), Donald Moore (Pueblo Community Health Center), Andrea Loasby (Children's Hospital), Lila Cummings (CHA), Bridget Burnett (CCHAP), Dede de Percin (MHHA), Aaron Brotherton (COA), Christina Yebuah (CCLP), Katie Mortenson (CCHA), Michelle Hoye (Mindsprings Health), Matthew Sundeen (HCPF), Jo English (COA), Joanna Martinson (NCHA), Cathryn Griffith (family member of a member), Catherine Morrisey (NHP), Anna Messinger (RMHP), Nikole Mateyka (CCHA), Lauren Showers (COA), Kathie Snell (Aurora Mental Health Center), Tammy Arnold (NHP), Mary Beckner (RMHP), John

Salvino (COA), Lauren Staley (HCPF), Susan Mathieu (Farley Health Policy Center), Alma Mejorado (Beacon), Jill Atkinson (Mountainland Pediatrics), Shera Matthews (Doctors Care), Vicente Cardona (MHHA), Suprena Crawford (DentaQuest), Pat Cook (CGS), Lynne Jones (Commission on Family Medicine), Leslie Patterson (Envida), Carolyn Green (University of Colorado Anschutz Campus), Gail Nehls (Envida), and Tina McCory (HCI)

Voting Members: Anita Rich (PC&E Chair), Lila Cummings (CHA), and Michelle Hoye (Mindsprings Health), Pat Cook (CGS), Jamie Haney (DDRC), Cathryn Griffith (family member of a member), Andrea Loasby (Children's Hospital Colorado), Shera Matthews (Doctors Care)

3. Approval of Minutes from May Meeting (handout)

Anita Rich, P&CE Chair, 1 minutes (9:05-9:06)

Anita Rich asked for a motion to approve the May Meeting Minutes. Shera Matthews stated she was in attendance and requested to be added to the May minutes. With that revision, the meeting minutes were approved.

4. State PIAC Update

Dede de Percin, State PIAC member, 4 minutes (9:06-9:10)

- PMME – presentation is up on the HCPF website.
- Updates from HCPF on how they responding to COVID-19. Similar to the presentation today.
- Discussion of new PIAC members. Several members, such as Anita will be leaving PIAC due to term limits. Importance of members being representative of the community is shared. The Department is initiating an open application process to fill six forthcoming vacancies on the ACC's PIAC. Those interested should complete the online application. The application will remain open until July 15, 2020. After the application is closed, the Department will review all submissions to identify top candidates. Selected candidates will be notified and will begin on-boarding in early September. The process will apply to Department appointees.
- ACC PIAC application: https://docs.google.com/forms/d/e/1FAIpQLSeH4D6I_C62zlDO3Otdj9PJS13cC77-_GNGNOXSZ8C1sWmx1w/viewform
- Discussion of the importance in diversity of representation of PIAC members and the requirements to participate in subcommittee.
- Kathie Snell has volunteered to be a co-chair of the PCE. Kathie introduces herself and her involvement in the mental health community.
- Anita – opens discussions for whether to meet in July.
  - Sharing of importance to meet due to the state budget timeline.
  - The group decides to go ahead and meet in July. The next meeting is 9 July 2020.
- Discussion of the difficulty in obtaining voting member while adhering to the desired representation categories. Anita proposes forgoing the desired

representation from oral health, specialty care and a community-based organization and moving those seats to at-large.
  o Keeping the empty position categories in mind as a guide but not use it as a hard line.

5. Workgroup Updates

Anita Rich, P&CE Chair, 20 minutes (9:10-9:30)

- Access to Specialty Care Work group - Lila Cummings, chair
  o Met once in February and took a break due to COVID-19. Starting up at the end of this month. Have yet to narrow scope. Currently has seven members to include specialty care, primary care, health alliances, and RAE representation. Working to gathering information and seeing what all the data sources are portraying, where the gaps are and where to start. Also, how telehealth can inform specialty access to care and e-Consult efforts. Lila requests if their group could receive what HCPF's current e-Consult policy entails.
- Care Coordination Work group - Joanna Martinson, chair
  o One formal meeting so far along with the completion of google document tasks.
  o Gathered care coordination data and feedback from the RAEs to pave the direction forward. Analyzing where to start and best practices.
  o Plan to dive into ten areas of focus including logistical and definition questions, best practices, and collaborative processes.
  o Some of these topic areas may require the formation of smaller workgroups to bring back recommendations.
  o Hoping to schedule a regular meeting each month.

6. Wrap-up

- Sharing that COA (Regions 3 and 5) has their Community Innovation Pool RFP out including three tiers of funding that is due June 22nd.
- Sharing of the importance of going over the Long Bill in the July meeting.
- Anita encourages participants to formulate questions on the topics published on the agenda beforehand.

Next meeting: July 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.