COLORADO
Department of Health Care Policy & Financing

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

December 9, 2021, 8:00-9:30 A.M.

1.Introductions & Approval of October Minutes (handout)

Kathy Snell, P&CE Co-Chair, called the meeting to order and Brooke Powers, Health Care Policy and Financing Department (HCPF) took attendance. The following people were in attendance:

A. **Voting members**: Joanna Martinson (P&CE Co-Chair, KPJ First Services), Kathy Snell (Aurora Mental Health Center), Gail Nehls (Envida), Anita Rich (Retired/Community Member), Jennie Munthali (Colorado Department of Public Health and Environment (CDPHE), Carolyn Green, MD (retired), Shera Matthews (Doctors Care), Michelle Hoye (Mind Springs Health), Pat Cook (CO Gerontological Society (CGS)). A quorum was established.

B. **Non-Voting Members:** Brooke Powers (HCPF, liaison to P&CE), Callie Kerr (HCPF), Erin Herman (HCPF), Courtney Phillips (HCPF), Amanda Jacquecin (HCPF), Jessica Zaiger (Colorado Community Health Alliance (CCHA), Emily Woessner (HCPF), Amy Ferris (Pediatric Care Network), Matthew Wilkins (Health Solutions in partnership with Health Colorado, Regional Accountability Entity (RAE 4), Dede de Percin (Mile High Health Alliance (MHHA), Kidron Backes (HCPF), Emilee Kaminski (University of Colorado Department of Peds, Children's Hospital of Colorado (CHCO), Jen Hale-Coulson (RAE 2), Marjorie Champenoy (Rocky Mountain Health Plans (RMHP), Angie Goodger (CDPHE), Nicole Konkoly (RMHP/RAE 1), Suprena Crawford (Dentaquest), Vicente Cardona (MHHA), Rachel Artz-Steinberg (CCMCN), Kara Doone (CCMCN), and Elizabeth Baskett.

Kathie Snell asked for a motion to approve the October 2021 Meeting Minutes, through a poll. There were no other abstentions. October 2021 meeting minutes were approved.

2.STATE ACC PIAC-UPDATE

Joanna Martinson, State ACC Program Improvement Advisory Committee (PIAC) member.

Please visit the ACC PIAC Website; there is a lot of valuable information located on the website, including the minutes from the PIAC meetings as well as handouts.

- October 20th meeting: Kevin JD Wilson (CHCO) was introduced and will represents the Hospitals on PIAC, he replaces Lila Cummings.

- A spreadsheet of action items was presented by the PIAC, to help keep all

objectives organized.

- The statewide Managed care rule revisions. Making sure that it has Federal alignment as well as alignment with CFR-42 and waivers. Language changes including adding the word "state-wide," consistently in, "client" and "member." Please visit the website on HCPF, if you would like to participate in public comments.

- The PIAC spoke briefly on the new Equality, Diversity, and Inclusion (EDI) Director at HCPF. The PIAC is excited to collaborate and has come up with questions to ask the EDI Director:
    - What is the new person's definition?
    - What is the scope of work?
    - What is their role or position and role with PIAC?
    - What are the action steps or process as a PIAC?
    - How can we as a PIAC get involved?

If you have any questions for the new EDI Director, please, reach out to HCPF.

The Behavioral Health and Integration Strategies (BHIS) Subcommittee gave some recommendations, and they were reviewed by HCPF. The Department then gave some suggestions back. Of those recommendations and suggestions, HCPF will add crisis services to the Health Neighborhood and Community Report.

- November 17th meeting: Workforce challenges discussion. BH has been very active in the discussion of workforce. The demand has increased but the workforce can not meet the demand. Providers seem to be moving away from the Medicaid payment model. Challenges include lower fees for services, credentialing provisions, burnout, maintaining work life balance. How can we develop actionable items?

    - BHIS will focus on the behavioral health/mental health side of the workforce discussion i.e., lack providers, waitlists for care, access to care

    - PC&E could look at the physical health side of the workforce discussion i.e., administration burnout

- Michelle Hoye suggested we look at the workforce issues, across the scope of all providers. Its beyond access to care. The first appointment is easy to get into, but what about the second, third appointments? The first appointment isn't treatment, how do we make sure they get back to see physicians. Quality of care is lacking. Other areas that are being affected are wages for Medicaid workers, tuition/grants assistance, and everyone is exhausted from working so hard. Shera Matthews (Doctors Care) spoke on the issue of workforce, that we have now and the decreased amount of healthcare workers. Primary Care Medical Providers (PCMPs) are experiencing the same things in workforce. This conversation will continue more into the coming months, and we will speak on this soon as it evolves.

3.P&CE Follow-up Items & Housekeeping

Brooke Powers, HCPF- Details from PIAC meeting in October.

- PC&E presented The P&CE Charter to PIAC. As expected, it was approved by the PIAC.
- Open voting member seat position representing hospitals on the PC&E, Lila Cummings has stepped down. There are also a few seats open on BHIS subcommittee. The positions will be posted later this month and there will be an application to fill out, it is the same application that is used for the PIAC, for alignment purposes and formulizing the process. Brooke encourages those who participate on the subcommittee already, to apply.
- eConsults- Emily Woessner, eConsult Contract Administrator, HCPF

  Planning on moving forward with the eConsult technology platform, HCPF and Centers for Medicare and Medicaid (CMS) had a meeting a couple weeks ago, to collaborate and discuss the program design further. CMS is having internal meetings currently and a follow up meeting with HCPF will be in a few weeks. The team is ready to hit the ground running, just at a standstill, waiting on more direction from CMS. Although the timeline has shifted, we are still moving forward.

  *Program design challenges that has placed a hold on this project is coming from the financial part of the platform. HCPF is waiting on direction, from CMS, on how primary care physicians (PCPs) and specialists can be reimbursed.

4.Provider Interim Payment Program

Amanda Jacquecin, Grants Specialist, HCPF

Link to website for more information on the program.

Loan and grant program developed to offset the downside of services that providers experienced during the pandemic. It was developed to help some of the smaller providers sustain business during the pandemic.

- The program model was based on Q42019 revenue. For example, if a provider's office had revenue of $50,000 in Q42019, they would be given a $25,000 grant (funded by local health foundations, no repayment required) and also a $25,000 loan (0% interest loan with a one-year repayment period). In addition, the providers would also still be allocated their regular claims reimbursement (providers continue to bill for services provided and receive payment for those services in Jan. 2021).
- The program was run three times. In the first round, 14 clinics participated with $588,000 in awards. The way this first round was honed down in the providers selected, were those who used integrated billing. One of the largest ways that foundations want to contribute money is through the integrated care model, such as billing dental and/or behavioral health codes to the Department. Round two, 39 clinics participated with $1.8 million in awards. For round two the requirement

was changed to self-attestation to integration; most of the smaller clinics had relationships through contracts, for example with LPC's for instance for 3-days a week to come into their clinics. Clinics had to provide documentation to the Department, to attest the contracts they had. The third and final round, had 1 clinic participate for a total of $96,000 in awards. Round three used 2020 data and there wasn't that much interest. What we learned from the first model, is that it hit its endpoint. There were as many clinics that were interested apply, and now there are remaining funds available. The Department is trying to gather some ideas to utilize the remaining funds totaling $585,000.

- We want to provide continued support for "vaccination catch-up" focus, is something that has been circulating among pediatrician groups, saying that many kids are just so far behind on routine vaccinations (not COVID related). Delta Dental of Colorado Foundation has partnered with the Department, and they would like the funding to go for either "Vaccination Catch-Up Program" or "Cavity-Free-at-3" initiative, for those pediatrician groups or groups that support children. The Department also would like ideas to support adults who are also in the clinics, to get some funding for the whole-centered care. Two ideas were to get funding to support to clinics who become a certified NCQA medical home or to clinics that start the steps to enroll in the APM2 Programing. Anticipated timeline: Most likely to end at the same time as current grant funding August 2022.
    - Questions for discussion with the group:
        1. Do those ideas sound like the right direction, that clinics would be interested in, in which we should be going?
        2. What would be the dollar amount needed to entice clinics?
    - How do we spend down the remaining funds? Does not include the loan components from the former model.
    - Anita Rich liked both ideas, but at the same time wanted to touch on the fact that becoming a NCQA medical home requires many documents, and it goes back to the manpower issues that are plaguing our healthcare industry currently. Do practices have enough manpower to accomplish the work? Are there going to be enough people to maintain the expansion after the money is gone?
    - Dede de Percin suggests surveying and keeping them short would be helpful.
    - Pat Cook suggests adding the question….Do you understand the value of NCQA for your organization?
    - Shera Matthews is concerned of the workforce shortage and how this ask doesn't coordinate with that issue. Shera suggest simple, less work to add to the workforce, instead of adding certifications… The Cavity Free at 3 or increasing vaccinations, would support the community more at this time.
- Any different ideas for adult clinics? The funds don't have regulations, just setting up parameters with the Department, grant dollars can be utilized how the clinics see fit.

  - Shera Matthews suggests dental screenings at well-visits. Looking for caries on the teeth, cancer. There is a dental code that medical providers can bill. The medical providers in turn will refer if they visually see something abnormal. Encourages providers to include oral health in well-visit checks because it is so important.
  - Pat Cook also recommends to taking clinics *to the communities*. Supporting the communities when it is more convenient for the working family. Traveling clinic support is needed. Look at practice patterns and how it can benefit the community.
  - Anita Rich suggests that the money be used to support dentists, instead of only primary care providers.
  - Shera Matthews suggests adjusting work hours, come in later and stay later. No additional hours, just adjust the time on different days of the week.

- Amanda Jacquecin wanted to gage the temperature on an additional communication requirement that the Department would like providers to send to their members regarding the end of the Public Health Emergency (PHE). Communication regarding redeterminations and how the end of the PHE might affect their benefits.
  - Dede de Percin suggests that requiring providers to do additional work may have repercussions and may not be accepted easily by providers.
  - Carolyn Green questions if it is redundant to keep sending information on the end of the PHE? We don't know when it is going to end quite yet….Shera Matthews also questioned if it was ever going to end?
  - Pat Cook pointed out how beneficial it can be to use technology because some members don't have stable homes. She brought attention, that some big phone carriers, don't recognize or display our name when we call, so people may not pick up the phone without a name on caller id.

5. Care Coordination

Kidron Backes, Case Management/ Care Coordination Specialist, OCL, HCPF.

American Rescue Plan Act Information sites: ARPA MEMO, ARPA Newsletter, ARPA Press Release

- Two types of case management agencies (CMA) in Colorado, oversite comes through OCL: There are 24 Single Entry Points agencies (SEPs). SEPs take care of both adults and children. They determine eligibility for PACE, Nursing Facilities, and HCBS waivers targeted at aging members and/or members with various disabilities: Brain Injury (BI), Children with Life Limiting Illness, Community Mental Health Supports, Persons who are elderly, Blind and Disabled and Persons with Spinal Cord Injury. SEPs provide management for those waivers. 20 Community Centered Boards (CCBs) serve adults and children. Determines eligibility for programs targeted to members with intellectual and development

disabilities: Intellectual Development Disabilities (IDD), Children's Extensive Support (CES), Persons who are Developmentally Disabled, and Supported Living Services (24-hour care). CCBs may provide case management for those waivers. Some CCBs provide case management for Children's Home and Community-Based Services Waiver (CHCBS).

- 4 Private Case Management Agencies serve children only. Provides case management for CHCBS waiver.
- Core CMA Responsibilities:
    - Determine eligibility for long-term services and supports (LTSS)
    - Develop and monitor Service Plan
    - Coordinate LTSS
    - Aid in determining appropriate services and level of care
    - Assist individual in identifying the waiver that best meets needs
    - Assist in identifying necessary supports in service planning regardless of funding source. Ask other agencies such as Department of Local Affairs (DOLA) for help when needed.
- CMA Responsibility to the Member:
    - Determine the level of care for functional eligibility to access HCBS waiver services
    - Assist with development of a service plan
        - Assessed needs
        - Personal goals
    - Help members navigate LTSS system and make informed choices
    - Help connect members to providers
    - Maintain contact with members regularly and monitor and adjust services as needed according to the member's changing needs.
- CMAs have Quality Improvement Systems (QIS) in which CMAs are measured on annual basis. Desk reviews are additionally used, to monitor the high standards expected. Benefit Utilization System (BUS) which can show when visits have happened, what occurred and what the CMA is doing. Currently also engaging with the CMA partners to see how we can measure different nontangible things. Trying to reorganize and restructure on how the measurements are done. Hope to be able to publicly share, within the next few years.

- We are encouraging CCBs and SEPs to join the stakeholder meetings for feedback

Regional Accountability Entities (RAEs)- 7 RAEs across the state in Colorado

- Care coordination focuses on patients with acute, high-risk, and complex needs, but available to all members
- Models vary across RAEs-Care coordination can be provided by a RAE or delegated to partner (e.g., PCMP, Integrated Community Care Team, etc.)

Core RAE Responsibilities

- Developing and maintaining network of Primary Care Medical Providers (PCMP)
- Develop and maintain statewide network of behavioral health providers
- Administer capitated behavioral health benefit
- Onboard new members
- Promote population health initiatives and member engagement
- Coordinate-care for remembers across health neighborhood and community to address whole-person health
- Utilization management of covered behavioral health services
- Ensure that care coordination is available to members across health neighborhood and community to address member needs, especially those with complex needs

Care Coordination between the RAEs and CMAs

- Coordinate across disparate providers, social, educational. Justice, and other community agencies. The idea is for them to complement each other.

ARPA "Best Practices Project" is hoping to align the RAE responsibilities and CMA responsibilities with the care coordination definition and case management definition. Currently in Phase 1 of the timeline. Hoping to have a contract in place in the next 30 to 60 days.

We will continue the conversations at our next meeting for the PC&E on January 13th, 2022, 8am to 9:30am