



**COLORADO**

Department of Health Care  
Policy & Financing

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

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

### 1. Introductions & Approval of August 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:

**Voting members:** Joanna Martinson (P&CE Co-Chair), Kathy Snell (Aurora Mental Health Center), Gail Nehls (Envida), Anita Rich (Retired/Community Member), Jamie Haney (Developmental Disabilities Resource Center), Marc Ogonosky (Health First Colorado member), Jennie Munthali (Colorado Department of Public Health and Environment (CDPHE), Carolyn Green, MD (retired), Pat Cook (Colorado Gerontological Society), Shera Matthews (Doctors Care), Lila Cummings (Colorado Hospital Association.) A quorum was established.

**Non-Voting Members:** Brooke Powers (HCPF, liaison to P&CE), Callie Kerr (HCPF), Erin Herman (HCPF), Jessica Zaiger (Colorado Community Health Alliance (CCHA)), Nikole Mateyka (CCHA Region 6), Andrea Skubal (CCHA), Matthew Wilkins (Health Solutions in Partnership with Health Colorado), Suprena Crawford (DentaQuest), Jen Hale-Coulson (Regional Accountable Entity (RAE 2)), Diane Seifert (CCHA), Nicole Konkoly (Rocky Mountain Health Plans (RMHP)), Marjorie Champenoy (RMHP), Kaylanne Chandler (RAE4), Mattie Brister (Mile High Health Alliance), Elizabeth Freudenthal (Children Hospital), Alyssa Rose (RAE 1).

Kathie Snell asked for a motion to approve the August 2021 Meeting Minutes, through a poll. A few concerns over the August 2021 meeting minutes were addressed, Dr. Green wanted to make a change regarding the verbiage on the (electronic consultation) eConsult portion of the minutes. To include language that would say that the eConsult platform was still evolving and nothing had been finalized yet. A spelling error was also addressed. Another poll was given to approve the meeting minutes if changes were made, there were no other abstentions. August 2021 meeting minutes were approved.

### 2.STATE ACC PIAC-UPDATE

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

- Last meeting was August 18.
- First item on the agenda was to look at the charter and the bylaws for the PIAC and voted to accept the changes that were made.



- The State PIAC is connected to other subcommittees. Often referred to, “the PIAC communities”
- Encourage everyone to look at the documents that have to do with PIAC bylaws, they are connected and align with the P&CE. How does the P&CE fit into the PIAC? The subcommittees are in alignment.
- Crisis Services improvement recommendation. To improve access to Behavioral Health (BH) services and alignment with Health First Colorado members. BH alignment is critical. The BH Integration Strategies subcommittee (Matt Pfeifer, HCPF liaison) submitted a recommendation: 1. Regular convening and alignment between the RAEs and Administrative Service Organizations (ASOs.) 2. Replicating and expanding successful community coordination efforts. 3. Participating in Statewide BH reform work, which would support interagency alignment. Any feedback or recommendations are due by 9/9/2021 to Matt Pfeifer.
  - Data sharing opportunities go hand in hand with the first recommendation. Data sharing gives provider collaboration.
  - The Department has proposed new rules in relation to the improvement for data sharing.
  - Foundation and pillars included in the recommendations: communication with members being efficient, clear, helpful and coming from trusted resources. Equity, Diversity and Inclusion. Alignment metrics between the RAEs and the ASOs.
  - HCPF recommends creating a policy guidance for monitoring collaboration process.
- Presentation from the last PIAC meeting review: Tracy Johnson, Medicaid Director, HCPF
  - Population Health Strategy within the ACC program: Core principle of health equity is to recognize that members have different needs and to match the service to the need. Complex members can benefit from higher level interventions and resource allocation.
  - Current expectations of the RAEs: Stratify population based on health risk, additional focus on population health interventions for complex members, at minimum use care coordination to support complex members, allocate greater portions of administrative payments to providers who serve more complex members.
  - Triple Aim: Improved population health, enhanced patient experience, reduced costs.
  - ACC Framework: Deliverables that the Department receives, and reviews are ways that the Department monitors the outcomes.
  - Complex members defined State Fiscal Year 2021-2022 (SFY21-22)-Definition will vary by RAE region. HCPF default definition:

Children and youth with annual costs of \$25,000 or greater and adults with four or more chronic conditions. RAEs have until 10/1/2021 to propose alternate definition using predictive risk models or other evidence-based methodologies.

- Anita Rich raised the question: “Are there any concerns of members moving RAEs due to the varying definitions in each RAE? Members may qualify for more (or different) services in a different RAE and they may try to move to receive different services that may not be available in their RAE.” “Are there going to be specific commonalities that will be included statewide with all the RAE’s?”--Although the RAE’s may have their own definition, HCPF has basic expectations with the definition of extended care coordination, which will need to be in place. This is still a moving target and evolving-not finished or set in stone yet.
  - Chronic Conditions: 6.9% of adult members have four or more chronic conditions. Those include: Maternity, Diabetes, Hypertension, Heart Failure/Cardiovascular Disease, Asthma, COPD, Depression, Anxiety, Chronic Pain, Substance Use Disorder (SUD).
  - Complex Care Definition timeline: Currently RAEs are still in the \$25K+ Definition (January 2020-January 2022). RAEs determining if they will have their own alternative definition or 4+ chronic condition model (January 2022-July 2023). HCPF predicts that the State will move into a more ‘Predictive Risk Model’ (July 2023). This is nowhere near finalized and is a moving target. This will continue to evolve as more discussions take place around it.
  - Complex Members incentive payments: Percentage of complex members who receive Extended Care Coordination (ECC). Results will not be comparable across RAEs due to variations of definitions. ECC- will need to have a robust care plan within the first 3 months and at least quarterly monitoring. Outreach should be early to complex members and allow flexibility for assessments on the front and back end. The P&CE did a lot of the work around the components-Thank You!
  - Where were heading: Implement and improved definition for complex pediatrics-date to be determined (TBD). Trial different RAE approaches and learn from them to develop a predictive risk model that all RAEs can use (ideally by July 2021). Improve consistence in care coordination offerings and data across regions (Fall 2022). Collaborate with Office of Community Living (OCL) and stakeholders to develop improved practices for team-based care coordination with American Rescue Plan Act (ARPA) funding (SFY21-22)
- Shera Matthews (Doctors Care) is inquiring about any reports or data regarding

the data that has been collected over the years. From a providers standpoint they see the Key Performance Indicator (KPI)'s that they get from their RAEs but they haven't seen it in totality on what is being accomplished on a State level. Brooke Powers (HCPF) spoke to the knowledge that the Department has to give reports to the Legislative branch on the work that is being done within the ACC program. Brooke will identify any of the documents that may be relevant to the information that is being asked and facilitate a response back to the group.

### 3. P&CE Follow-up Items & Housekeeping

Brooke Powers- The upcoming presentation to the PIAC on October 20, 2021:

- The Charter- P&CE presentation to PIAC October 20, 2021. To present and get the official sign off on charter.
- PIAC year-October 1-September 30.
- The Charter has all been approved and the only thing left to determine before the presentation to PIAC, are the voting member terms. The terms need to be finalized before the charter goes to the PIAC.
- Voting membership-modifying and aligning it with terms that the PIAC entails. Alignment includes: Have all the subcommittees work like each other-4-year terms; 2 consecutive terms for voting members. Voting members of the P&CE and on the PIAC members; align the terms for each. Individuals who serve as a cochair of a subcommittee, can serve a third term. No one is terming off at the same time, they are staggered.
- If there are any open seats on the subcommittees, applications will open quarterly.
- Brooke Powers (HCPF) opened a poll and put in motion to approve the voting membership terms- the current terms of the current voting members. There were not any abstentions, the voting membership terms were approved.
  
- **eConsults- Update, Brooke Powers (HCPF)**
  - The Department has received some significant feedback from Centers of Medicare and Medicaid Services (CMS). There are issues being worked out and they will come to a meeting in the future, to discuss. Due to the feedback this has pushed out the eConsult platform timeline significantly.
  - This platform has no definite timeline and is nowhere near being finalized. There are issues to work out and the P&CE will be notified at future meetings.

### 4. Care Coordination

Brooke Powers, HCPF liaison to P&CE

- ❖ Care Coordination Presentation- Kidron Backes, Case Management/ Care

Coordination Specialist, HCPF. A liaison between the RAEs and CMAs.

Collaboration with the Office of Community Living (OCL) and Case Management Agencies (CMAs) Single Entry Point/Community Centered Board (SEPs/CCBs) Depending on Joint Budget Committee (JBC) approval.

- CMA and RAE Intersection
- Aligned with Population Management Framework
- Deliberate and organized activities to support health and social services
- Care Coordination should not duplicate services through Long Term-Services and Supports (LTSS) and Home and Community Based Services (HCBS) Waivers
- Coordination should address care transitions between health systems and no missing pieces for members.
  - RAE Roles
    - Connect members to a Primary Care Medical Provider (PCMP) to serve as their medical home
    - Coordinate services for physical and behavioral health needs
    - RAEs compliment the work of SEP/CCBS and CMAs; they don't duplicate it
  - Entry Point & CMA
    - Help members eligibility determination for LTSS
    - Service plan development and monitoring. Making sure members are happy with the services they are receiving
    - Coordination of long-term services and supports
  - Where the intertwine and come to work together: Coordinate across disparate providers, collaborate social, educational, justice, and other community agencies. Everyone knows their role and how they can help members.

#### ❖ Future Plans

- Trainings, communication and coordination at HCPF and for all community partners.
- Leverage ARPA funding to identify:
  - Use the ARPA funding to solidify the definition of best practice within the case management/care coordination scope of work
  - Identify and solidify roles of collaboration for RAEs and CMAs serving the same member. How can we give the best care to the member?
  - Pilot program in the State for a new Care Coordination system and measure the outcomes for members.

- Leveraging stakeholder feedback to tackle some of the issues. Feedback is welcomed and encouraged.

#### Discussion:

1. Pat Cook (Colorado Gerontological Society)- Asked a question about older adults who are coming in for care. Specifically, adults that have been taken care of by their parents for their whole life and now have aging parents in their 90's or older. The challenges that come up are who are the players in the members life? A central spot (online or database program) would be beneficial to align consumers and members and get them back on track with care coordination, if they have fallen off. Benefits: save time when trying to decipher who is involved the members life and connecting them with the right people, especially if the member doesn't know because their parents have done it their whole life.
  - Kidron spoke on the new proposed care/case management system pilot program. The goals and issues will hopefully be addressed. Pat Cook spoke of the benefits of a program would be and how useful the PEAK site has been.
2. Jessica Zaiger (CCHA) - Asked if RAES will have access to the new CCM tool?

Unknown currently. Looking to see how this can work, and it has been identified. Don't know if CM agencies will have access or if RAE's will. The barrier has been identified and will be determined later.
3. Elizabeth Freudenthal (Children's Hospital)- Are the bullet points connected?
  - Yes, the efforts will be made to connect all points. We hope to get the ARPA funding and to be able to hire a contractor to identify a list of things that HCPF wants more information about-best practices, care coordination. The contractor will pull data and HCPF will use the report to create a pilot program to use throughout the State. The goal is it will turn into a platform to be used by all RAEs.
4. Are there any official formal institutionalized plans made for a BH care coordination system?
  - Efforts are being made across the State to make sure that there isn't duplicated work going. Communication and collaboration at HCPF is always happening, to ensure that duplicative measures aren't being taken. The contractor will specifically be pulling the data we request to identify and not sure if those will overlap.
  - Dr. Carolyn Green wanted to suggest remembering the medical providers and to include on the Electronic Health Care record (EHR) to include a Primary Care contact.

#### Anticipated Timeline (DATES TO BE DETERMINED):

- HCPF hopes to have the green light, once the ARPA funding gets approved, by the end of September 2021. Goal is to hire a contractor in October 2021 and have them work until June 2022. Hope to have a final report reviewed

and pilot program start in Fall 2022 into 2023. Hopefully have a finalized program ready to launch in 2024.

- Kidron Backes will be the main contact for this program, ([Kidron.backes@state.co.us](mailto:Kidron.backes@state.co.us)) Reach out to Kidron for any case management issues. She works with Creative Solutions and also for members that qualify for waivers.

## 5. Open Discussion

Pat Cook (Colorado Gerontological Society) suggests bringing HCBS in for discussions, Brooke Powers (HCPF) will investigate the suggestion and see if that is something we can bring the subcommittee's future meetings.

Anita Rich suggests keeping in mind specifically kids and care coordination. BH and physical issues. Creative Solutions contact- Gina Robinson (HCPF, [Gina.robinson@state.co.us](mailto:Gina.robinson@state.co.us)). Nikole Mateyka (CCHA) spoke on recent Creative Solutions experience she has had with Gina Robinson. She [Gina Robinson] brings people together to get the cases figured out for kids. Out of state solutions are common if kids cannot get the help that they need here in Colorado.