



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

Colorado Department of Public Health and Environment
4300 Cherry Creek South Drive, Building A, Room A2A
Denver, CO 80246

January 9, 2020, 8:05-9:30 A.M.

1. Introductions

Anita Rich, P&CE Chair, 5 minutes (8:05-8:10)

In Person:

Anita Rich (PC&E Chair), Brooke Powers (HCPF), Matthew Jacobs (HCPF), Jamie Haney (STRIDE), Keri-Ann Rugg (CDPHE), Louisa Wren (RMHP), Andrea Skubal (CCHA), Katie Mortenson (CCHA), Andrea Loasby (CHCO), Elina Navarro (COA), An Nguyen (Clinica Family Health), Lisa Harrison (HMA), Jessica Chislett (HCPF), and Joanna Martinson (NCHA)

On the Phone:

Annie Beir (Peak Vista Community Health Centers), Anna Messenger (RMHP), Deb Barnett (Connecting Points), Dede de Percin (MHHA), Beth Cole (Early Intervention Colorado), Dante Smith and Chelsea Watkins (RMHP), Alyssa Rose (Beacon RAE 2&4), Cathryn Griffith (family of Medicaid member), Carlos Madrid (Kaiser Permanente), Joan Eskins (TCHD), Jill Atkinson (Mountainland Pediatrics), Lila Cummings (CHA), Heather Mclaughlin (National Association of Social Workers Colorado), Leslie Patterson (MDM), Katie Price (Primary Care Partners), Angie Porthouse (Weld County Single Entry Point), Tammy Arnold (Northeast Health Partners), Vicente Cardona (Mile High Health Alliance), Wendy Nading (Tri-County Health Department) Shera Matthews (Region 3), Suprena Crawford (DentaQuest)

2. Approval of [Minutes from December Meeting](#) (handout)

Anita Rich, P&CE Chair, 5 minutes (8:10-8:15)

- Reminders to double check the minutes for your correct name and organization in order to accurately record attendance. This is especially important for voting members.
- Anita Rich requested a motion for approval of the December Meeting Minutes. Lila wanted confirmation if her abstention from voting to approve the 1115 Waiver Public



Comment Letter was included in the December Meeting Minutes. Anita confirmed this request. The meeting minutes were approved without revisions or abstentions.

- Discussion of updates, accomplishments, and feedback regarding the 1115 Wavier Application submitted to Centers for Medicare and Medicaid (CMS). Anita shared how PC&E was one of the few committees that gave input into this waiver application.

3. State PIAC Update

Dede de Percin, State PIAC member 5 minutes (8:15-8:20)

- Presentation by Jessica Chislett on the Access Monitoring Review Plan (AMRP) and overall access to care. The AMRP has not yet been submitted to Center for Medicare and Medicaid Services (CMS).
- Each PIAC sub-committee has been submitting their charters. Most recently, the Behavioral Health Integration Strategies (BHIS) subcommittee (previously the Improving and Bridging Systems sub-committee) presented their charter and focus areas. Focus areas included target populations and Senate Bill 222 along with its impact on RAE work such as legal systems and Medicaid. PIAC expressed concerns with the lack of behavioral health providers on subcommittees and the need for recruitment efforts.
- Discussion of tweaking the RAEs' Key Performance Indicators (KPIs). Changes may be large or minor, but underway. PIAC requested guidance from HCPF on how PIAC provides input/role on the KPIs to include the incentive pool and alignment around measures.
- Discussion regarding Payment Error Rate Measurement (PERM). Every state goes through a PERM audit once every three years. Colorado is in the middle of preparing for its audit as the audit period ran through June 30, 2019. The report is due sometime in quarter one. PIAC plans will have a presentation on the PERM during the March meeting along with the new PERM rate. PERM is important because it is used by CMS to evaluate waste in Medicaid. For example, is Colorado's PERM below the national average?
- PIAC requested from HCPF a high level visual of how the KPIs and other performance measures all align and fit together for providers and community. Deadline has not been established.
- Dede opened the floor for questions. No questions asked.

4. Follow-up to prior Discussions/Action Items

Anita Rich, P&CE Chair, 10 minutes (8:20-8:30)

- P&CE Tracking Document

- Working on a tracking document which includes objective areas and work groups. Helps ensure groups understand purpose and timeframes. Planned to be available on the subcommittee website and reposted each month with updates.
- P&CE Voting Membership
 - Reiterated the importance of behavioral health providers being involved. Welcomed the new attendees such as dental providers and expressed the importance of their view.
 - Voting members must attend 75% of all meetings (9 out of 12) and it can be by phone. Need consistency. Still have not filled two voting member spots - specialty care and oral health. Voting members must understand their participation. If lack of participation and consistently missing meetings, the subcommittee will review.

5. Access Monitoring and Review Plan

Jessica Chislett, HCPF, 30 minutes (8:30-9:00)

- [Presentation](#) (link to slides) Summary
 - Addressed what the department is doing to evaluate access to care and engagement commitments. Linked CMS federal access requirements and the AMRP (required every three years). AMRP reports on access in five broad categories of services: Primary Care, Physician Specialists, Fee-for-Service Behavioral Health, Pre- and Post-natal obstetrics (including labor and delivery), and Home Health Services.
 - Data and trends presented include utilization of services, any issues that stood out, primary care survey responses for not getting care, and drive time mapping.
 - Primary Care Survey - highest responses for not receiving a usual source of care: (a) not being sick, and (b) not going to see a doctor even when sick. Other reasons included distance, insurance issues, and provider scheduling.
 - Drive time mapping considers potential access (i.e. where is the closest enrolled provider) and does not address realized access (i.e. where are members actually receiving care). The Department is working on improving this metric to capture realized access for future reports.
 - Drive time mapping data is limited to actual drive times and does not include the time factors of individuals needing public transportation or requiring transportation assistance.

- Seasonal decreases of specialty care utilization in the summer, especially for children. Possibly due to being out of school.
- Feedback from public comment period - concerns with measuring unmet referrals.
- **Question** - can the department share specialty care claims data regarding utilization to better understand capacity? This report uses claims data of the thirteen specific specialty care provider types. Additional data requires access and HIPAA review prior to release. This information may also be used to identify what groups contributed most to drive time obstacles.
- **Question** - are there any studies that address access to specialty care across target populations? HCPF is looking into this.
- **Question** - is there a key available to better understand the total population and utilization? Penetration data is in the full report which measures the number of members utilizing a service as a percentage of the total member population.
- **Question** - are we considering oral health as specialty care? AMRP excludes oral care. Patterns of oral care may present differently than primary care. Important to extract and analyze this data.
- This report is limited to fulfilling federal reporting requirements. The committee expressed concerns with addressing specialty care issues outside of this report and down to the county level. Concerns also included whether this report constrains future efforts.

6. Subcommittee Focus Areas/Objectives/Next Steps

Anita Rich, P&CE Chair, 20 minutes (9:00-9:30)

- Access to Specialty Care
 - Create a workgroup with a chair to further analyze specialty care data and make recommendations for improvements. Identify what we do have, what we don't have, and what we need to see.
 - Anita - objective of workgroup: what we need to know and where we need to go. Start small and move big. First identify specific specialty care issues.
- Care Coordination
 - Looking at trying to level set the topic of care coordination at next month's meeting.

- HCPF to report on what's in the RAE contracts. RAEs present information on their care coordination work and access to specialty care.
- Ensure the right individuals/organizations are participating around the two objectives.
- **Question** to Jessica - how can I ask follow-up questions? Use email on presentation. Presentation will also be linked in the meeting minutes.
- Email Brooke if interested in joining workgroups and the subcommittee.
- Brooke and Anita - reiteration that subcommittee is open to the public and we continue to have a need for behavioral health provider involvement.
- PC&E Tracking Document being created and will be posted on the subcommittee webpage.

Next meeting: February 13, 2020, 8:00-9:30 A.M.

Colorado Department of Public Health and Environment

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.