COLORADO
Department of Health Care
Policy & Financing

Minutes Of The Meeting Of The
Provider and Community Experience (P&CE) Committee

April 11, 2024, 8:00-9:30 AM

Participant Video/Audio:
meet.google.com/tmh-hyaa-xvd
724-740-8075 PIN: 587 524 192#

1. Welcome, Introductions and Housekeeping

The following people were in attendance:

A. **Voting Members Present:** Kathie Snell (P&CE Co-Chair; Aurora Mental Health & Recovery), David Keller, MD (P&CE Co-Chair, State PIAC Member; Children's Hospital Colorado) Marc Ogonosky (Member), Carolyn Green, MD (retired), Karma Wilson (Southeast Colorado District Hospital), Andrea Loasby (CU School of Medicine), Theresa Anselmo (Delta Dental Foundation of Colorado), Angie Goodger (CDPHE), Pat Cook (Colorado Gerontological Society) and Mark Levine, MD (retired; State PIAC Member).

B. **Voting Members Absent**: Gail Nehls (Envida)

C. **HCPF Staff:** Lindsey Folkerth, Callie Kerr, Tamara Keeney, Liana Major, Emily Woessner, Matt Lamphier, Nancy Mace, Erin Herman, Matt Sundeen, and Matt Pfeifer.

D. **Others in Attendance**: Ashleigh Phillips, Carolyn Quick (COA), Casey Thomas (COA), Courtney Bishop, Janet Rasmussen (Clinica Family Health) Michelle Lackore (Kaiser Permanente), Tina Gonzales (HCI), Jen DeBrito (RAE 2/4), Jessica Zaiger (CCHA), Nikole Mateyka (CCHA), Lisa Romero (Kaiser Permanente), Marissa Kaesemeyer (Colorado Access), Hannah Gall (Family & Intercultural Resource Center), Theresa Lin (SNC), George Roupas (Colorado Access), Chris Fellenz (Kaiser Permanente), Sophie Thomas (CCHA), Tina Gage (RAE 4), Saskia Young (Colorado Association of Health Plans), Nate Koller (RAE 4), Katie DeFord (CCHA),Elizabeth Freudenthal (Children's Hospital Colorado) and Emilee Kaminski (CHCO & CU Department of Pediatrics).

A quorum was established, and the voting members approved the March 2024 meeting minutes.

2. P&CE Follow-Up Items and Housekeeping

Kathie Snell, P&CE Co-Chair

- 2 open seats: Behavioral Health; Long-term Services and Supports
  - [Voting member seat application](#)
- The preference would be for people to join the meetings first and make sure that this is something that they can commit to.
- The Charter does specify that the vacancies need to be from the sectors indicated.

3. ACC PIAC Update

David Keller, State PIAC member

- March 2024 meeting:
  - Review Performance Pool metrics and results from fiscal year 2022-2023.
- "Department of Corrections" Performance Pool Metric review:
  - A detailed report on the Performance Pool metric measuring behavioral health engagement of members who have been released from Department of Corrections facilities.
- Health Neighborhood RAE presentations-6 out of 7 RAEs presented, due to time constraints. Interesting observation that all RAEs took a different approach.

4. eConsult Update

Emily Woessner and Matt Lamphier, HCPF

eConsult Overview

- Colorado Medicaid eConsult went Live on 2/1/24.
- eConsults provide asynchronous (store and forward) communications between Primary Care Medical Provider (PCMP) and a Specialty Provider.
- Safety Net Connect (SNC) is the selected vendor for the developments and implementation of the eConsult Platform.
- Free to Health First Colorado Providers at coloradomedicaideconsult.com

PCMP Enrollment

- 20 PCMP Practice Sites are currently moving through the Enrollment process.

- 25 PCMP Practice Sites have completed onboarding and are active on the Platform.
- 64 PCMP Providers have completed training.

eConsult Data Snapshot-Submitted eConsults since the go-live date 2/1/24

- eConsults managed at PCMP level 9.
- Further work-up recommendations-2
- Face-to-face appointment 1
- Total number of eConsults-12

To begin the enrollment process, contact SNC at
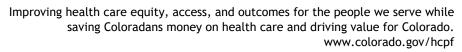Coloradosupport@safetynetconnect.com

Questions:

- Is the Department tracking through claims?
    - The Department has not pulled any data yet to track claims since the go-live date.
- Safety Net Connect is working with providers during the enrollment process and connecting with providers if there are any issues and how to boost the user experience.
- The Department are going to meet with Safety Net Connect and ECHO to collaborate.
- What is the breakdown with pediatric practices and specialists' cases?
    - 2 cases have been pediatric cases and 10 have been adult cases.
    - 9 different specialties for pediatric patients

5. ACC Phase III Logic Model and Evaluation Discussion

Tamara Keeney and Liana Major, HCPF

ACC Logic Model

- Input & Activities
    - Key activities that RAEs are responsible for in the contract are the most essential building blocks to the results we want to see.
        1. Specifically: Behavioral Health Benefit, Network Management, Member Supports
- Outputs
    - Outputs are the results associated with each of the activities.
        1. Examples: Members receive timely services; Providers are

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paid.

Adequate networks are maintained; Members receive care coordination.

- Outcomes
  - Outcomes are the results we hope to see.
    1. Examples: Member health is improved; Member and provider satisfaction
- Impact
  - Impacts are the achievement of the five goals of the ACC:
    1. Improve access to care.
    2. Improved quality of care
    3. Close health disparities and promote health equality for members.
    4. Improve the member and provider service experience.
    5. Manage care to protect member coverage, benefits, and provider reimbursements.
- Phase III- Goals: Monitoring and Evaluation
  - Inputs/Activities
    1. Performance standards
    2. Audits
  - Outcomes: Clinical quality measures
    1. CMS Core Measures
    2. Value-Based Payment Metrics
    3. Health equity plan metrics
  - Impact:
    1. Member surveys
    2. Provider surveys
    3. Quantitative analysis
  - Accountability Tools:
    1. Deliverables
    2. Dept. Meetings with RAEs
    3. Incentive payments
    4. Commitment to Quality Programs
    5. Program Improvement Advisory Committee
    6. Member Experience Advisory Committee
    7. Corrective Action Plans
    8. Data dashboards
- Evaluation Framework
  - Goals
    1. Improved access to care
    2. Improved quality of care
    3. Close health disparities and promote health equity for Members.
    4. Improve the Member and Provider service experience.

     5. Manage care and protect Member coverage, benefits, and provider reimbursements.

- o Focus Areas
  - 1. Behavioral Health Benefit
  - 2. Network Management
  - 3. Member Support
- o Research Questions
  - 1. Set of research questions for each focus area that covers all five goals.
- o Methods
  - 1. Qualitative and Quantitative methods
  - 2. Complimentary provider experience data and Member experience data
- o Reporting
  - 1. Periodic public reports TBD
- Questions for the Group:
  - o Do the logic model and evaluation framework make sense and feel like useful tools to understand the impact of the ACC?
  - o When you look at the logic model, where are the places that cause the biggest challenges for members, providers, etc.?
  - o What ideas do you have for research questions related to provider experience and care coordination in particular?
- Member and provider feedback are important. Evaluation feedback is often delegated to providers, and it is nice to get feedback from members as well. The feedback varies from RAE to RAE. Making the feedback public would be recommended.
  - o RAE to RAE feedback and comparison is beneficial from the data perspective.
- Qualitative and quantitative data is beneficial to get the best way of the sense of the details in how the system works.
- Get data from different groups:
  - o Homeless, pediatric, aging adults; getting a wide array of views.
- Primary care funding has dropped throughout the PHE unwind byway of procedural unenrollment's and FFS payment models.
- Suggestions to look at external sources.
- Sustainability measures.
  - o How do we determine how many metrics the Department require of the MCEs and what the metrics are?
- Stay tuned for more stakeholder engagement opportunities from the Department in the future.

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6. Open Discussion
- Future topics to bring to the subcommittee:
  - School health programs
  - Defining complex care
  - 1302-Behavioral Health integration project
    - Lessons learned
  - RPF discussion after it is submitted
  - Current legislative session
    - Reimbursement for community health workers updates
  - EPSDT Settlement

Next meeting: May 9, 2024, 8:00-9:30am

Acronym Key:
ACC-Accountable Care Collaborative
ARPA- American Rescue Plan Act
BHA-Behavioral Health Administration
BH-Behavioral Health
BHASO-Behavioral Health Administrative Service Organization
BHE-Behavioral Health Entities
BUS-Binary Unit System
CBO-Community Based Organizations
CCHA-Colorado Community Health Alliance
CC-Care Coordination
CDHS-Colorado Department of Human Services
CDPHE-Colorado Department of Public Health & Environment
CHCO-Children's Hospital of Colorado
CHI-Colorado Health Institute
CHRP-Children's Habilitation Residential Program
CMA-Case Management Agency
CMHC-Community Mental Health Center
CMS- Centers for Medicare & Medicaid Services
COA-Colorado Access
CYCHCN-Children and Youth with Special Health Care Needs
DHMP-Denver Health Medical Plan
D-SNP-Dual Eligible Special Needs Plans
DM-ID-2: Diagnostic Manual-Intellectual Disability 2
FFS-Fee-For-Service
FQHC-Federally Qualified Health Centers

HCBS-Home and Community Based Services
HCPF- Department of Health Care Policy and Finance
HIEs- Health Information Exchanges
HTP-Hospital Transformation Program
HQuIP-Healthcare Quality Improvement Platform
IDD- Intellectual/Developmental Disability
ICB-Integrated Care Benefit
LTSS-Long Term Supported Services
KPI-Key Performance Indicators
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
OeHI-Office of eHealth Innovation
OOS-Out of State
P&CE-Provider and Community Experience Subcommittee
PCP-Primary Care Physician
PCMP-Patient Centered Medical Home
PMME-Performance Measurement and Membership Engagement Subcommittee
PMPM-Per Member Per Month
PHE-Public Health Emergency
PH-Physical Health
PHQ-9-Patient Health Questionnaire
PIAC-Program Improvement Advisory Committee
PRTF- Psych Residential Treatment Facility,
QRTP-Qualified Residential Treatment Program
RAE-Regional Accountable Entity
RFP-Request For Proposal
RMHP-Rocky Mountain Health Plans
SNC-Safety Net Connect, eConsult.
SDoH-Social Determinants of Health
SHIE- Social Health Information Exchange
SIM- State Innovation Model
STBH-Short-Term Behavioral Health benefit
SUD-Substance Use Disorder

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