COLORADO
Department of Health Care Policy & Financing

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

**July 14, 2022, 8:00-9:30 A.M.**

## 1. Introductions & Approval of June Minutes (handout)

Kathie Snell, P&CE Co-Chair, called the meeting to order. The following people were in attendance:

**Voting members**: Kathie Snell (P&CE CO-Chair), Anita Rich (Retired/Community Member), Carolyn Green, MD (retired), Andrea Loasby (CU School of Medicine and Children's Hospital Colorado), Pat Cook (CO Gerontological Society), Jennie Munthali (CDPHE) and Shera Matthews (Doctors Care). A quorum was established.

**Non-Voting Members:** Brooke Powers (HCPF, liaison to P&CE), Callie Kerr (HCPF), Erin Herman (HCPF), Nikole Mateyka (Colorado Community Health Alliance (CCHA) Regional Accountable Entity 6 (RAE 6)), Jen Hale-Coulson (NHP/RAE2), Donald Moore (Pueblo Community Health Center), David Keller, Audrey Oldright (Rocky Mountain Health Plans (RMHP/RAE1), Nicole Konkoly (RMHP/RAE1), Courtney Phillips (HCPF), Matthew Wilkins (Health Solutions/Health Colorado/RAE4), Tina Gonzales (Health Colorado/RAE4), Katie Mortenson (CCHA, RAE 6&7), Ashley Clement (NHP/RAE2), Diane Seifert (CCHA/RAE7), Brittany Hampton (CCHA/RAE7), Brandon Arnold (CAHP), Emily DeFrancia (COA), Megan Comer (HCPF), Brittany Deyoe (HCPF), Mona Allen (RAE4), Dawn Robinson (Denver Health Medical Plan, DHMP), Sara Gallo (VP of Clinical Services for Care on Location Telemedicine practice for CO Medicaid), Barbara McConnell (Health Services Advisory Group, HSAG), Sarah Lambie (HSAG), and Lauren Gomez (HSAG).

Kathie Snell asked for a motion to approve the February, April and May 2022 Meeting Minutes. The meeting minutes were approved after a few minor adjustments provided by Carolyn Green.

## 2. P&CE Follow-up items and Housekeeping

Kathie Snell, P&CE CO-Chair and State ACC PIAC member

- 2 Open voting member seats (Hospital and Behavioral Health). Recently, there has been an application received for the Hospital open voting member seat, and they will be attending for the next few months. They were unable to attend today's meeting.
    - Application

## 3. State ACC PIAC Update

Dede de Percin was able to give a brief overview of the last PIAC meeting. She informed us that there has been an ongoing review of the operational dashboards from each of the RAEs but RAE4 presented at the last PIAC meeting and it was a high-level discussion. Mark Queirolo, HCPF informed the group that an "ACC 3.0 concept paper" has been pushed back to August/September, originally set to be released in July. More information to come.

## 4. External Quality Review: Compliance Review Audits - Care Coordination Standard Presentation

- Barbara McConnel is the Executive Director of Health Services Advisory Group (HSAG) and is in charge of the Colorado contract. Sarah Lambie is the Senior Project Manager, Conducting Compliance Reviews and Lauren Gomez is the Project Manager assisting with Compliance Reviews and Mental Health Parity Reviews.
- Federal Regulations: 42 CFR 438,350 requires each state that contracts with MCOs, PIHIPs, PAHPs, or PCCM entities (RAEs) ensure that a Qualified External Quality Review Organization (EQRO) performs an annual external quality review (EQR)*
    - HSAG is Colorado's EQRO
    - EQR consists of mandatory and optional activities
    - Monitoring the managed care entities for compliance with all requirements at 42 CFR 438 is a mandatory activity
    - Each standard must be reviewed once every three years
- General Approach to Compliance Review:

  The goal of the audit it to determine whether:

  1. The policies/procedures and other documents are in compliance with the requirements
  2. There is evidence (in the form of reports, records, committee minutes, template forms, etc.) of mechanisms to implement processes described in documents, and if possible, evidence that processes were actually implemented during the review period.
  3. The purpose of the interview is for the interviewer to ensure that:
     A. Managed Care Entities (MCE) staff have an understanding of the requirements
     B. Can articulate how the MCE implements processes and mechanisms to comply with the requirements
     C. What is described during the interview is consistent with what is described in policy or documents such as reports, committee meeting minutes, etc.

  Any scores of Partially Met or Not Met requires a corrective action plan, which HSAG follows until completion.

- Standard III—Coordination and Continuity of Care—Colorado Review
    - Ten Requirements in Standard III
    - Seven requirements based on federal regulations at 42 CFR 438.208
    - Three Requirements relate only to RAE/MCO contract requirements
    - During ACC Phase 1, Regional Care Coordination Organizations (RCCOs0 were not required to comply with 42 CFR 438
    - The priority for reviewing was to ensure implementation of care coordination programs as the programs were being implemented
    - Compliance review focused on record review and/or case presentation by the RCCOs
    - As the ACC transitioned to Phase II, the priority became reviews for compliance with 42 CFR 438 and review of systems and processes, rather than individual cases

        1. A. The RAE implements procedures to deliver care to and coordinate services for all members.

           B. The RAEs care coordination activities place emphasis on acute, complex, and high-risk patients and ensure active management of high-cost and high-need patients. The RAE ensures that care coordination is accessible to all members, provided at point of care when possible, addresses both short-and long-term health needs, is culturally responsive and respects member preferences.

           Documents typically submitted focused on the Coordination and Continuity of Care standard include program descriptions, policies and procedures, stratification policies/protocols, call scripts, template welcome to care coordination letters, outreach letters, and screen shots of care coordination systems. Live demonstrations are usually asked for of the system.
        2. The RAE ensures that each behavioral health member has ongoing source of appropriate to their needs and a person or entity formally designated as a primarily responsible for coordinating the health care services accessed by the member
        3. The RAE, no less than quarterly, compares the Department's attribution and assignment list with member claims activity to ensure accurate member attribution and assignment. The RAE conducts follow-up with members who are seeking care from Primary care providers other than the attributed primary care medical provider (PCMP) to identify any barriers to accessing the PCMP and, if appropriate, to assist the member in changing the attributed PCMP.
        4. The RAEs care coordination activities will comprise:
            - Deliberate activities to organize the delivery of health and social services that support the member health and well-being.

- Activities targeted to specific members who require more intense and extended assistance and include appropriate interventions.

5. The RAE administers the Capitated Behavioral Health Benefit in a manner that is fully integrated with the entirely of work outlined in the contract, thereby creating a seamless experience for members and providers.

The RAE implements procedures to coordinate services furnished to the member

- Appropriate discharge planning for short-term and long-term hospital and institutional stays
- With the services the member receives from any other managed care plan
- With the services the member receives in fee-for-service (FFS) Medicaid
- With the services the member receives from community and social support providers

6. The RAE uses the results of the health needs survey, provided by the Department, to inform member outreach and care coordination activities. The RAE:

- Process the daily data transfer from the Department containing responses to member health needs survey.
- Reviews the member responses to the health needs survey on a regular basis to identify members who may benefit from timely contact and support from the member's PCMP and/or RAE

7. The RAE ensures that it has procedures to ensure:

- Each member with special health care needs receives an individual intake and assessment appropriate for the level of care needed
- It uses the information gathered in the member's intake and assessment to build a service plan
- It provides continuity of care for members who are involved in multiple systems and experience service transitions form other Medicaid programs and delivery systems.

8. The RAE shares with other entities serving member the results of its identification and assessment of that member's needs and prevent duplication of those activities

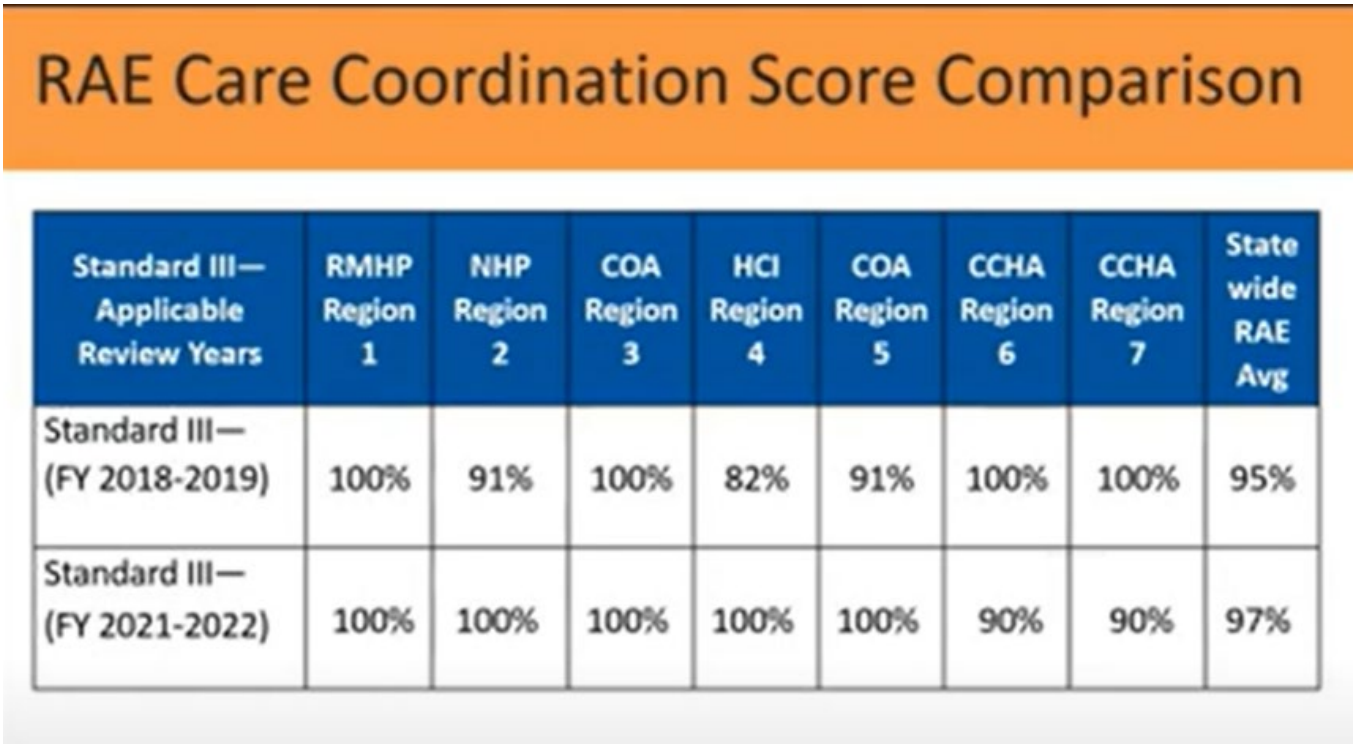
9. The RAE ensures that each provider furnishing services to members maintains and shares, as appropriate, member health records, in accordance with professional standards and protects members privacy, Health Insurance Portability and Accountability (HIPAA)

**HIPAA Requirements:**

- When sharing, electronical transactions meet the HIPPA compliant format requirements
- Process for members to sign a release of information if records or information are to be released to non-covered entities
- Sharing of private health information (PHI) for the purpose of coordinating care and payment for health care services do not require a release of information
- Policies and procedures for the use of a Business Associate Agreement when a noncovered entity performs duties for a covered entity (such as a delegate that performs car coordination or utilization management for the MCE)

10. The RAE possesses and maintains an electronic care coordination tool to support communication and coordination among members of the provider network and health neighborhood. The Care coordination toll collects and aggregates:

- Name and Medicaid ID
- Age
- Gender Identity
- Race/ethnicity
- Name of entity providing care coordination
- Care coordination notes, activities and member needs
- Stratification level
- Information that can aid in the creation and monitoring of a care plan for the member—such as clinical history medication, social supports, community resources, and member goals




| Standard III—Applicable Review Years | RMHP Region 1 | NHP Region 2 | COA Region 3 | HCI Region 4 | COA Region 5 | CCHA Region 6 | CCHA Region 7 | State wide RAE Avg |
|---|---|---|---|---|---|---|---|---|
| Standard III—(FY 2018-2019) | 100% | 91% | 100% | 82% | 91% | 100% | 100% | 95% |
| Standard III—(FY 2021-2022) | 100% | 100% | 100% | 100% | 100% | 90% | 90% | 97% |

**Care Coordination Best Practices FY21-22—RMPH-RAE 1/PRIME**

- Diversified staff members—RN's, BH, LCSWs
- Integrated care coordination teams (ICCTs) within communities across the region
- Targeted outreach—high risk prenatal and postnatal members, members identified by the Colorado Overutilization Program (COUP), and members in the top 2.8 percent risk group
- Beginning October 2021—impact Pro (IPro), a predictive risk modeling program used to stratify RAE members based on over 1,000 data markers to identify high risk members with complex needs
- Welcome calls with letters to follow if unable to reach

**Care Coordination Best Practices FY21-22—NHP-RAE 2**

- Mechanisms to receive daily admit, discharge, and transfer data from local hospitals
- Specific assessment toll (Community Prepared Tool) uses to identify the impact of social detriments of health
- Auditing used to monitor care coordination delegates

**Care Coordination Best Practices FY21-22—COA-RAE 3**

- Specialization by physical or behavioral health
- Separate resource and referral team
- 50 percent success rate on follow-up to health needs assessments (HNAs)

- Use of the Colorado Regional Health Information Organization (CORHIO) for admission, discharge and transfer data
- Use of dashboard to monitor attribution
- Staff members on site at 19 hospitals

**Care Coordination Best Practices FY21-22—HCI-RAE 4**

- Mechanisms to receive daily admit, discharge, and transfer data
- Specific assessment tool (Community Prepare Tool) used to identify the impact of social determinants of health
- Review of monthly care coordination reports from delegates
- Auditing used to monitor care coordination delegates

**Care Coordination Best Practices FY21-22—COA-RAE 5**

- Specializing by physical or behavioral health
- Separate resource and referral team
- 48 percent success rate of follow-up to HNAs performed by the Department
- Use of the Colorado Regional Health Information Organization (CORHIO) for admission, discharge and transfer data
- Use of a dashboard to monitor attribution
- Staff members on site at 19 hospitals

**Care Coordination Best Practices FY21-22—CCHA-RAE/RAE7**

- Defined needs-related care coordination programs (e.g., Complex Care Coordination, Chronic Disease Management, Maternity, Pediatrics and Foster Care, Justice Involved, Transitions of Care, Behavioral Health Transitions of Care
- Use of provider tier levels to determine ability of each provider to furnish medical home, condition management, or care coordination services

**Care Coordination Best Practices FY21-22—DHMP**

- **Specialized needs-related care coordination programs**
- **Daile communication with its delegate—COA**
- **Multidisciplinary case management meetings, which include social support agencies when needed**
- **Member portal to facilitate self-care and coordination**
- **Followed the Department's unsuccessful HNS attempts with a paper survey sent and phone calls**

Questions:

- David Keller wants to know how is Early Periodic Screening Diagnosis and Treatment (ages 0-20) (EPSDT) is looked at when it overlaps with care coordination? EPSDT is a

separate standard, standard 12 is EPSDT specific. How does HSAG look at it? They look at policies/procedures and how do they judge that necessity. What are the process for outreach?

- Quality & Health Improvement Reports are posted yearly on HCPF's Websites. They can be found here.

## 5. Open Discussion

- Dede de Percin wanted to flag that the Department recently released a report, Health First Colorado Releases Analysis of Emergency Department/Room Utilization and Drivers for Services.
- Dede de Percin also brought to everyone's attention that as of July 1st- There were substantial changes made to Medicaid eligibility. So, it may be helpful to catch up on and review at a later date in the form of a presentation?

**Next meeting: ~~August 11, 2022, 8-9:30am~~ PC&E will take a summer break in August we will resume our next meeting on September 8, 2022.**

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.