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

June 9, 2022, 8:00-9:30 A.M.

1. Introductions & Approval of February, April & May 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), Shera Matthews (Doctors Care), Marc Ogonosky (member). 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), 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), Mark Queirolo (HCPF)

Kathie Snell asked for a motion to approve the February, April and May 2022 Meeting Minutes. The meeting minutes were approved. There were abstentions from Kathie Snell for the April and May minutes and the May minutes from Anita Rich.

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)
    - Application

3. State ACC PIAC Update

Brooke Powers, HCPF and Liaison to the P&CE

- May 18, 2022 Meeting:
    - Member Transition of Care Coordination (RAE-to-RAE) Form
    - The PIAC didn't have any guidance for next steps on the form. We did receive some qualitative data from the RAEs and a few edits to the form were suggested. RAEs are welcome to make those edits. Internally in the Department within the next FY (Fiscal Year), we are looking to better

identify members in care coordination that transition from one RAE to another. We don't currently have data capabilities to identify those members but hoping to in the next FY. No current timeline on the request.

4. ACC 2.0. Performance Review

Mark Queirolo, HCPF

- In preparation for ACC 3.0, a level setting discussion about ACC 2.0 specifically relative to PCMPs, the health neighborhood & community, and care coordination.
- ACC (Accountable Care Collaborative) History: Began in 1995: Established Medicaid Mental Health Capitation Program. From 1997-2000: Medicaid Managed Care. 2001: ACC Phase I enabled a Managed FFS/PH (Fee for Service/ Physical Health) model leveraging medical homes. 2018: ACC Phase II combined administration of BH (Behavioral Health) capitation and coordination of PH (Physical Health) services under RAEs.
- Accountable Care Collaborative looks to improve health and reduce costs. Importance of medical home for members to ensure Medicaid members have a focal point of care. Importance of behavioral health in a comprehensive community-based system of mental health and substance use disorder services. ACC is based on Regional (RAE) coordination: Medicaid members have complex needs and are served by multiple systems. Regional umbrella organizations help to coordinate across systems. ACC is focused on data: Members, providers and the system receive the data needed to make real-time decisions that improve care, increase coordination of services and improve overall efficiencies.
- Phase II Goals: To improve member health & reduce costs
- Phase II Objectives: 1. Join physical and behavioral health under one accountable entity 2. Strengthen coordination of services by advancing team-based care and health neighborhoods 3. Promote member choice and engagement 4. Pay providers for the increased value the deliver 5. Ensure greater accountability and transparency
    - Anita Rich asked the question if we met the data objectives for Phase II of ACC? Mark explained that he believes that we have made progress on all of the objectives have/had been met and although ACC Phase II is still active, he believes that there are areas where the Department can improve in ACC 3.0.
- RAE (Regional Accountable Entity): Promote members' physical and behavioral health. Contract with regional network of Primary Care Medical Providers (PCMPs) to serve as medical home. Administer capitated behavioral health benefit. Support providers in coordinating care across disparate providers. Provide administrative, financial, data and technology, and practice transformation assistance.
- Health Neighborhood and Community: Health Neighborhood—Network of Medicaid providers that support members' health and wellness, including specialists, hospitals, oral health providers, long-term services and support providers, local public health agencies, and county social/human service

agencies. Community—Services and supports that impact members' well-being, including organizations that address the spiritual, social, educational, recreational, and employment aspects of a member's life.

- ACC Phase III (*tentative) timeline:
  - FY21-22: **Policy Activities**: -Strategic goal setting and initial research. **Stakeholder Engagement:** -Initial idea gathering (*July/August2022)
  - FY22-23: **Policy Activities:** -Concept Paper (*Q12023) -Budget Request -Research and Design **State Authority:** -Budget Planning -Statute Planning **Federal Authority**: -Initiate conversation on authority based on concept paper **Procurement:** -Draft RFP **InterChange/BIDM**: -Identify systems/data needs. **Stakeholder Engagement**: -Response to Concept Paper -Response to Policy Proposals
  - FY23-24: **Policy Activities:** -Operation Planning **State Authority:** -Budget Request -Statute Changes **Federal Authority**: -Authority Documentation **Procurement:** -Post Draft RFP for public comment -Post Final RFP **InterChange/BIDM:** SCR Design **Stakeholder Engagement:** -Draft RFP Policy and Operation
  - FY24-25: **Policy Activities:** -Implementation Preparation **State Authority:** -Statute and Rule changes? **Federal Authority**: -Submit authority request -Readiness Review of vendors **Procurement:** -Award vendors (*Fall 2024) -Contract negotiations **InterChange/BIDM:** -SCR implementation -Testing **Stakeholder Engagement**: -Implementation preparation
  - **FY25-26:** GO LIVE

5. Open Discussion

During Mark Queirolo's presentation, the group was led through a 'Jam Board' discussion and he asked the group for some input (thoughts/ideas) on categories within ACC 2.0 to lead to early beginning stage discussions/ideas of how ACC 3.0 will possibly look like.

Feedback was gathered on 4 topics: 1. Primary Care Medical Providers: What is working well? What can be improved? 2. Health Neighborhood: What is working well? What could be improved? 3. Care Coordination: What is working well? What could be improved? 4. Other Thoughts: What is working well? What could be improved?

- Shera Matthews: What are the top things in the various areas, for instance if they went away where would we have issues? Trying to knit the provider network together more effectively. What are the biggest challenges or barriers in the Health Neighborhood and Community? Lack of knowledge on attribution. How re-attribution happens? Most people don't know. It creates confusion and anger because of the big gap of knowledge.

- Carolyn Green (Retired Pediatric Specialist): Humbled by community-based services and resources work so well together. From a professional lens, systems level—lack of knowledge of resources and services. When it worked it worked well, but when there wasn't knowledge about resources at the intuitional level it was bare.

- Kathie Snell: BH managed care started in 1995, since then most states have

gone to full managed care and wondering if that is the direction that the Department is heading. Mark spoke of barriers on the physical health side of moving to full managed care.

- Anita Rich: Spoke on how people classify members who are on Medicare/Medicaid—as people who have less.
- Andrea Loasby: Agrees with Shera Matthews. Works with 4 pediatric primary kids practices at Children's Hospital and have had made an effort to have a robust attribution initiative. Whether it be a warm transfer or to see if on the back end the claims will catch it. But there isn't any initiative from a patient or family perspective to change their PCP…they can go to any PCP. It is really just for the benefit of the provider or the practice. APM1 and APM2 (Application Performance Management) are both so tightly aligned to attribution, that when providers see the data not align, it's difficult. It is hard to see the payment not making a difference. Same thing applies to the Data Analytics Portal (DAP).
- Shera Matthews: Mentioned 'Social Determinants of Health' seems to be the health equity buzz word of 2022. Everyone is talking about it, but no one is getting paid for it except the hospitals. Patients are complaining because they are getting the same questions on the screening tool and they are tired of the duplicative.
- Angie Goodger: Personal story on how attribution is difficult for families. Not easy to find the provider on the portal, not easy to attribute to a specific provider. Families don't understand why attribution is important, why do they have to initiate it instead of the providers office?
- Angie Goodger: Care Coordination at the practice level doesn't really happen, could the reimbursement happen through the MA? Or a Nurse Care Coordinator? Patient Navigator? Anyone can provide care coordination, but not anyone can bill for it, that is the caveat.
- Shera Matthews: In Care Coordination there are a lot of the support staff doing the majority of the work, not the provider. It is supplemented.

The discussions on topics relating to ACC 3.0 will continue into the near future. Hoping to have a rough draft in August with of the feedback from all of the subcommittees to eventually present to the PIAC.

Next meeting: July 14, 2022, 8-9:30am

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.