COLORADO
Department of Health Care Policy & Financing

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

February 8, 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, Gail Nehls (Envida) and Mark Levine, MD (retired; State PIAC Member).

B. **Voting Members Absent**:) N/A

C. **HCPF Staff:** Blue Parish, Callie Kerr, Allison Roth, Erin Herman, Tiffani Domokos, Katie Lonigro, Lauren Landers-Tabares,

D. **Others in attendance:** Suman Mathur (CHI), Kendra Neumann (CHI), 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 December 2023 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

3. ACC PIAC Update

Mark Levine and David Keller, State PIAC members

- December 2023 meeting:
  - Presentation on KPI; ED visits and Behavioral Health Engagement and Dental and Prenatal/Well-child visits
    - Action items: Requesting qualitative impact on the KPI's.
  - SHIE presentation from the Department: Statewide structure as well as the community structure
  - 1115 waiver discussion around continuum of care
  - Discussion around the Public Health Emergency and PHE unwind. How did/are we learning from it? How can HCPF improve from it.
    - Action item: Request for enrollment numbers broken out by region.
- January 2024 meeting:
  - The first glimpse at the RFP on the ACC Phase III contract
    - Relationship on the RAEs and Community Based Organizations
    - How the BH services will be provided in the new contract
      - Observations: Kids benefits are much bigger in the new contract; Children are mentioned 72 times, previous contract mentioned them 45 times and EPSDT is mentioned 51 times and the previous contract 12 times.
      - Please read the RFP and give feedback to the Department.

4. eConsult Update

Abbey Sukeena, HCPF

- eConsults provide asynchronous (store and forward) communications between a Primary Care Medical Provider (PCMP) and Specialty Provider
- eConsults allow PCMPs to seek specialist advice electronically, expediting care, and often eliminating the need for an in-person specialist visit.
- The platform launched on February 1, 2024!

- Program Goals:
  - Increase access to Specialty Care for Members
  - Fee for Service (FFS) billing outside the eConsult platform
    - Criteria listed in the billing manual
  - Reimbursement rate review
  - Specialty to specialty eConsults
- Recruiting for specialties:
  - Adult: Geriatric Medicine, Ophthalmology
  - Pediatric: Ophthalmology, Gastroenterology, Hematology, Rheumatology, Nephrology
- *HCPF is not exploring the ability to reimburse psychologists because of the way that the code is authorized by CMS under Medicare, Federal not State law.*
- Compensation:
  - PCMPs will receive approximately $17 per closed eConsult when billing Fee-For-Service using CPT 99452
  - Confirmed will pay Specialty Providers approximately $35 per closed eConsult.
- Steps to Participate:
  - Practice emails SNC at Coloradosupport@safetynetconnect.com to begin enrollment process.
  - SNC sends practice enrollment and user creation forms for completion.
  - Once completed forms are returned, SNC will confirm the enrollment.
  - SNC will send training session times and registration to practice.
- Upcoming Stakeholder Engagement
  - Visit HCPF's eConsult Platform website
- Open discussion:
  - *Will dental care be considered? HCPF will investigate and bring it back into the group.*
  - *Formatting in the billing manual comment: It would be great if the eConsult section had a header in the menu/table of contents at the top of the page. The Department will pass that along to the benefits team.*

5. ACC Phase III Draft Contract Review

Katie Lonigro and Mark Queirolo, HCPF, Lauren Landers-Tabares, HCPF, and Suman Mathur, Colorado Health Institute,

- Goals for ACC Phase III
  - Improve quality of care for Members.
  - Close health disparities and promote health equity for Members.

    - Improve care access for Members.
    - Improve the Member and Provider experience.
    - Manage costs to protect Member coverage, benefits, and Provider reimbursements.
- Ongoing Stakeholder Engagement Timeline:
    - February 2024: Draft Contract posted for stakeholder review. The Department will collect feedback through March 10, 2024.
    - The Department will revise the draft for proposal based on stakeholder feedback. Begin operational implementation.
    - May 2024: RAE Request for Proposal, Implementation work.
    - September 2024: Vendor Awards. Vendor transition activities, Member and provider transition and preparation.
    - July 1, 2025: ACC Phase III- GO LIVE

- What we've heard:
    - *Stakeholders like the overall focus on stability, process improvement, accountability, and alignment with other initiatives.*
    - *Stakeholders praised specific proposals to reduce administrative burden and improve member engagement.*
    - *Stakeholders needed more clarity on new expectations for care coordination and services for children and youth.*
    - *Stakeholders had mixed opinions about the expansion of RAE responsibilities.*
- What is the Draft Contract?
    - Includes contractual requirements organizations will be required to follow to serve as Regional Accountable Entities (RAEs) for ACC Phase III
        - The Request for Proposal (RFP) will include the Contract and additional questions bidders must respond to.
    - Organizations interested in becoming RAEs will submit bids that outline their capabilities for meeting the requirements within the Draft Contract.
        - HCPF's preference is to award one RAE contract to a single bidder.
    - Requirements in the Draft Contract are subject to state and federal approval. If state or federal guidance changes, the contract may be subject to the change as well.
- Tips for reading the Draft Contract
    - The contract is 200 pages.
    - Many administrative pieces are functionally the same as Phase II.
    - Certain topics may be discussed in multiple sections (e.g. health

equity in sections 6, 7, 8, 9, 12, Exhibit E).
- Section titles and the find function can help focus your review on concepts of most interest to you.

Draft Contract: Key Changes for Phase III

- Attribution (Section 2 of the Draft Contract)
  - Refine attribution to better reflect Member care patterns.
  - Improve calculation of PCMP performance on outcome metrics.
  - Support PCMPs to focus on Members they have a relationship with.
  - Members will be attributed to PCMPs based on previous claims history—removing geographic attribution.
  - Members without PCMP attribution will be assigned to RAEs based on Member address.
    - RAEs must connect Members accessing health care services with a PCMP.
  - Re-attribution will occur quarterly.
    - Utilize two most recent PCMP visits.
  - Behavioral health providers offering integrated physical health services may serve as PCMPs.

  Provider Admin PMPM Payments
  - RAEs required to distribute 33% of administrative payment to PCMP network.
    - Fewer attributed Members should result in higher average PMPM payments.
      - Example: 5.3 million monthly total distribution to PCMP network based on 1.3 million Members
        - 1.3 million Members= $4.08 average PMPM
        - 975,000 members= $5.44 average PMPM (historically 25% of Members are non-utilizers).
  - *CMS has patient relationship codes which identify continuous care versus care for whether the care is for the whole person or particular problem. There are essentially different levels of attribution. For example, some providers may see a patient continuously, but only for part of their care. Whereas another physician might be responsible for the overall care of that patient, including wellness and vaccinations. Is it possible to improve attribution by asking the question, what is the patient attributed for?*
  - *Hoping for Phase III to allow PCMP selection in PEAK. More to come.*
- Care Coordination (Section 7 of the Draft Contract)

- RAEs must create a program that supports the full continuum of care coordination for physical and behavioral health care, including:
    - Implementing a 3-tier model that allows for person-centered care and consistency across RAEs.
    - Creating a care coordination policy guide for children and adults.
    - Partnering with community-based organizations and other agencies serving Members.
    - Establishing requirements, specifically for Members with complex needs and Members going through transitions of care.
- Continuum of care coordination program activities
    - General outreach and health promotion.
    - Support a network of community-based organizations.
    - Address health-related social needs.
    - Utilization of the social health information exchange and related systems.
    - Connect Members with appropriate entities for enrollment in other state benefits (SNAP, WIC, etc.)
    - Efforts to screen Members for both short and long-term health needs.
    - Targeted outreach to promote preventive care.
    - Proactive outreach to Members with diagnosed conditions.
    - Coordination of Transitions of Care from clinical settings.
    - Medication reconciliation for Members in the Complex Health Management tier.
    - Complex case management and effective collaboration with multi-provider care teams.
- Care Coordination Collaboration
    - RAEs must partner with the following types of organizations for care coordination:
        - Community-Based Organizations (CBOs)
        - Case Management Agencies (CMAs)
        - Dual Special Needs Plans (D-SNPs)
        - Behavioral Health Administrative Service Organizations (BHASOs)
        - Foster Care
        - Emancipated Foster Care
        - Criminal/Juvenile Justice
    - RAEs are encouraged to subcontract with Comprehensive Safety Net Providers to meet the care coordination needs of Members with complex behavioral needs.
- Transitions of Care
    - Phase III includes additional focus on transitions of care (e.g. inpatient hospital review program, emergency department,

mental health facilities, crisis systems, Creative Solutions/Complex Solutions).
    - RAEs must help develop and meet additional requirements focused on transitions of care.
    - RAEs must meet the following performance standards:
        - 30-day follow-up for physical health inpatient stay.
        - 7-day follow-up for behavioral health inpatient discharge.
- Care Coordination
    - RAEs must create a program that supports the full continuum of care coordination for physical and behavioral health care, including:
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        - Partnering with CBOs and other agencies serving Members.
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6. Open Discussion

- *In the 3 tier-model, will there be anything encouraging or reinforcing the notion that care coordination within the patient's medical home to be promoted? Is there any incentive for the raise to delegate this authority to Primary Care practices?*
    - *Yes, so just as before that is still what we are encouraging and wanting most. It should be delegating to the point of care whenever possible. If the person delegated cannot meet the requirements, then the RAE will be responsible for filling the gaps.*
- *Transitions of care, including from hospital to home, but should also think about the transitions of care from child to adult care.*
    - *We are encouraging RAEs through their policy guides to describe how they are going to support that transition and what efforts they will make, and we are encouraging them to implement best practices, transition or transition to Independence process Etc.*
    - *Parent education is an important piece.*

- Please provide feedback on the ACC Phase III Draft Contract, the form will close March 10, 2024.
- The form to provide feedback on potential bidder questions will close on March 10, 2024.
- Future stakeholder engagement sessions for ACC Phase III

Next meeting: March 14, 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
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

Reasonable accommodations will be provided upon request for persons with disabilities. Please notify Callie Kerr callie.kerr@state.co.us or the 504/ADA Coordinator hcpf504ada@state.co.us at least one week prior to the meeting to make arrangements.