COLORADO
Department of Health Care Policy & Financing

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

November 9, 2023, 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:** David Keller, MD (P&CE Co-Chair; State PIAC Member; Children's Hospital Colorado), Kathie Snell (P&CE Co-Chair; Aurora Mental Health & Recovery), Carolyn Green, MD (retired), Karma Wilson (Southeast Colorado District Hospital), Angie Goodger (CDPHE), Andrea Loasby (CU School of Medicine), Theresa Anselmo, and Mark Levine, MD (retired; State PIAC Member).

B. **Voting Members Absent**: Marc Ogonosky (Medicaid member), Pat Cook (Colorado Gerontological Society), and Gail Nehls (Envida).

C. **HCPF Staff:** Brooke Powers, Callie Kerr, Matt Lanphier, Emily Woessner, Abbey Sukeena, Blue Parish, Allison Roth, Erin Herman, Lauren Landers-Tabares, Tiffani Domokos, Katie Lonigro, Brittany Deyoe, Lexis Mitchelle, and Matt Sundeen

D. **Other Attendees:** Laurel Karabatsos (JSI, Consultant), Heather Steel (Safety Net Connect), Joy Jin (Safety Net Connect), Shamika Mane (Safety Net Connect), Michelle Lackore (Kaiser Permanente), Donald Moore (Pueblo Community Health Center), Dr. Paul Giboney (Los Angeles County Department of Health Services), 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), George Roupas (Colorado Access), Chris Fellenz (Kaiser Permanente), Carolyn Quick (Colorado Access), Sophie Thomas (CCHA), Suman Mathur (CHI), Tina Gage (RAE 4), Saskia Young (Colorado Association of Health Plans), Nate Koller (RAE 4), Elizabeth Freudenthal (Children's Hospital Colorado) and Emilee Kaminski (CHCO & CU Department of Pediatrics).

A quorum was established, and the voting members approved the October 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

David Keller, MD, P&CE Co-chair/ACC PIAC Member

- October meeting
  - Care Coordination for children in ACC Phase III
    - 3 different tiers of care
    - Crosswalk between behavioral health and medical problems
    - Crosswalk between the education system and the healthcare system
  - ACC Phase II Attribution changes
  - Health Equity Plan Update
  - Survey for the ACC Phase III Concept Paper closed on October 31. However, general feedback is still open for ACC Phase III.

4. eConsult Platform Update, Guest Speaker & Platform Demonstration

Matthew Lanphier, Emily Woessner & Abbey Sukeena, HCPF, Dr. Paul Giboney, Los Angeles County Department of Health Services, & Safety Net Connect staff.

eConsult Overview

- eConsults provide asynchronous (store and forward) electronic clinical communications between a Primary Care Medical Provider (PCMP and a Specialty Provider.
- eConsults allow PCMPs to submit electronic clinical questions through an eConsult platform to Specialty Providers without having to submit referral when they feel that they cannot provide the direct specialty care a member need during an appointment.

eConsult Highlights

- **May 2023**-CMS Approved Contract
- Contract awarded to **Safety Net Connect, Inc.**
- **Early July 2023**- Start of Platform Implementation Activities

- **February 1, 2024**- Anticipated Go-Live
- eConsult Platform Name- **Colorado Medicaid eConsult**
- URL- **ColoradoMedicaideConsult.com**

Routing of eConsults

- PCMPs have priority in selecting a Specialty Provider of their choice, if the chosen provider is available.
    - If the chosen Specialty Provider is at capacity, eConsults will be sent to the next available Specialty Provider
- This approach fosters provider relationships and widens our network to benefit Member access to specialty services.
- PCMPs can review Specialty Provider contact cards before selection.
    - Contact cards can include the following:
        - Picture, specialty, name, title, resumes/cv, links

Recent Policy Updates

- Allowing FFS billing outside the eConsult platform.
- Increase reimbursement rates.
- Allow between specialty eConsults.

Guest Speaker: Dr. Paul Giboney, Associate Chief Medical Officer of Los Angeles County Department of Health Service, Testimonial on an eConsult Platform for Safety Net.

Dr. Paul Giboney, a primary care physician and instrumental part of the design and implementation of the eConsult platform created by Safety Net for the Los Angeles County Department of Health Service, the second largest Municipal Health System in the US.

eConsult Demo: Heather Steel, Safety Net Connect

eConsult Workflow:

- PCMP submits eConsult with clinical question--->
- Specialist reviewer responds with recommendation--->
- Specialist, closes eConsult-> Closed eConsult notification sent to PCMP-->
- PCMP reviews and signs off on closed eConsult.

How to Participate or Questions:

1. Reach out to Safety Net at:
    a. Coloradosupport@safetynetconnect.com
2. Complete eConsult Onboarding with Safety Net Connect
    a. January 2024 time frame
3. Complete eConsult Training (role dependent)
    a. Provider (PCMP)
    b. Staff
    c. Org Administration

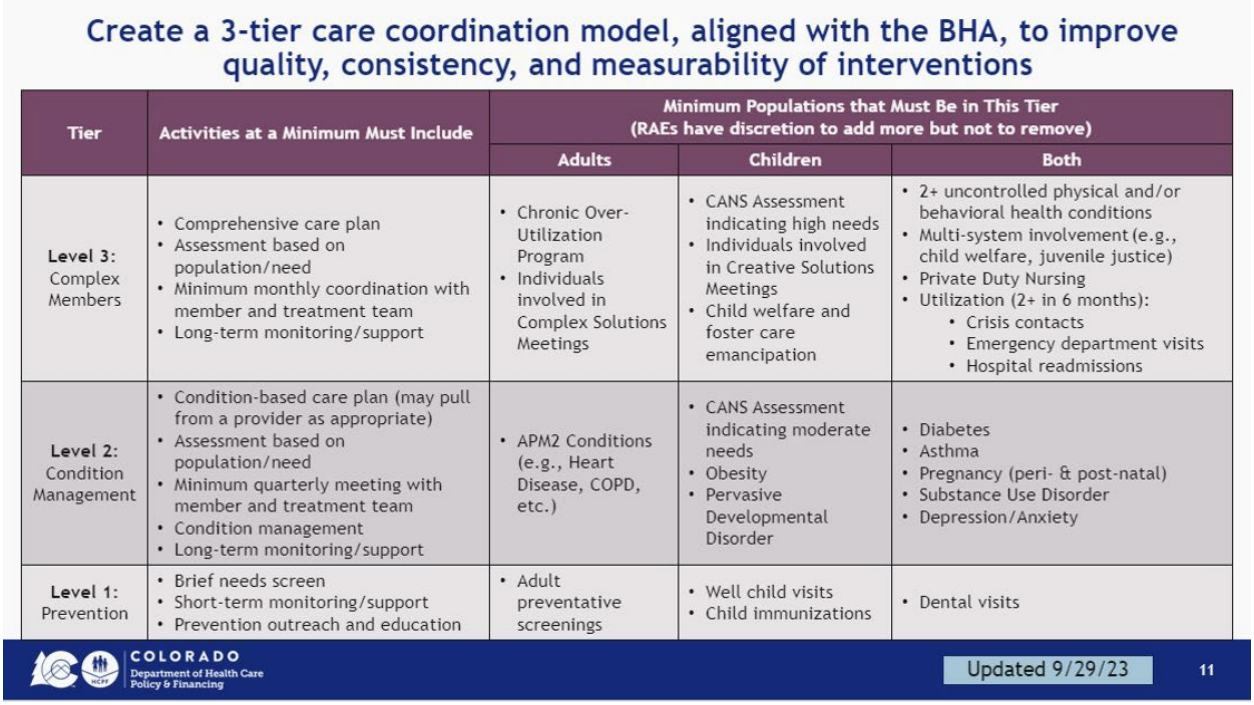
Discussion:

- To upload documents, you would need to take a document from the EHR and save it to the computer as a PDF, then upload it to the eConsult platform.
- *Do you have to login to the platform to see if you have correspondence?* If there is an eConsult in your inbox, the Primary Care Provider and the Specialist will be notified by email.
- *Are there ways to get a second opinion?* Not currently on HCPFs platform, but it can be designed into the Platform.
- *How can Staff members submit an eConsult?* Staff members can initiate the eConsult, they will not be able to submit the diagnosis code or have access to the clinical question screen. They are allowed to add additional notes and they will send the drafted copy to the Primary care provider. There are stop gaps in place.
- *Emergent vs non-emergent triaging-All the PCP's information will be on the system.*
- *Do patients need to give consent?* There will be patient consent to a telehealth encounter.
- *Updates to the eConsult record (like language, phone, email). Do those updates go back to Medicaid?* Updates made in the eConsult system would not update the system of record for HCPF. Providers would have to make updates via the provider portal.
- *Can the Specialist decline to "break the glass" for a SUD disclosure, and if so, is the eConsult re-routed to another specialist?* Yes, the Specialist can decline and when that happens the eConsult is re-routed to the next available Specialist.
- *What happens if there is no response in 3 business days?* The Service Level Agreement is for the Specialist to respond within 3 business days. Safety Net Connect has administrators that monitor and reassign or remind the Specialist to respond.
- *What are the Primary Providers and Specialists reporting, about the time spent preparing and replying to consults?* Time varies but it is typically 15 minutes or less to submit an eConsult.

5. Care Coordination in ACC Phase III

Lauren Landers-Tabares, HCPF

3-Tier Care Coordination Model, aligned with the BHA, to improve quality, consistency, and measurability of interventions. Going into effect in 2025 with ACC Phase III. This model is flexible and evolving.



Create a 3-tier care coordination model, aligned with the BHA, to improve quality, consistency, and measurability of interventions

Tier	Activities at a Minimum Must Include	Minimum Populations that Must Be in This Tier (RAEs have discretion to add more but not to remove)		
		Adults	Children	Both

Level 3: Complex Members	• Comprehensive care plan
	• Assessment based on population/need
	• Minimum monthly coordination with member and treatment team
	• Long-term monitoring/support
		• Chronic Over-Utilization Program
		• Individuals involved in Complex Solutions Meetings
			• CANS Assessment indicating high needs
			• Individuals involved in Creative Solutions Meetings
			• Child welfare and foster care emancipation
				• 2+ uncontrolled physical and/or behavioral health conditions
				• Multi-system involvement (e.g., child welfare, juvenile justice)
				• Private Duty Nursing
				• Utilization (2+ in 6 months):
				  • Crisis contacts
				  • Emergency department visits
				  • Hospital readmissions

Level 2: Condition Management	• Condition-based care plan (may pull from a provider as appropriate) • Assessment based on population/need • Minimum quarterly meeting with member and treatment team • Condition management • Long-term monitoring/support	• APM2 Conditions (e.g., Heart Disease, COPD, etc.)	• CANS Assessment indicating moderate needs • Obesity • Pervasive Developmental Disorder	• Diabetes • Asthma • Pregnancy (peri- & post-natal) • Substance Use Disorder • Depression/Anxiety
Level 1: Prevention	• Brief needs screen • Short-term monitoring/support • Prevention outreach and education	• Adult preventative screenings	• Well child visits • Child immunizations	• Dental visits

Discussion:

- Although there are three tiers, through the standard child benefit, there is an additional intensive care coordination standard model for those youth and young people that require a higher level of support. That portion will be contracted separately outside of the RAEs. The RAEs will still be monitoring those as "Tier Level 3" but they will be receiving a high intensity care coordination with another care coordinator.
- Based on the results of the CANS assessment for youth, will determine if they will be on tier 2 or 3.
- These categories are the very basic, and members can be placed into tiers of the care coordination at the discretion of the care coordinator and how they would place someone in tier.
- *Understanding the need for flexibility, it would be worth it to put health related social needs screening and system navigation supports in the minimum activities for all without worrying about the complexity. It would be valuable to have it on paper, in Policy at a minimum what*

care coordination activities should include. Worth it to include at all levels of care coordination.

- These are the **minimum** standards for care coordination.
- Although Dental is listed in prevention, it can be at the care coordinators discretion to move the member to the appropriate level.
- *A challenge of the classification system is individuals think they may be missing out, if they are on a certain level versus another.* A disclaimer in this classification system, there is flexibility within it. As well as the opposite, if someone is identified as complex and want nothing to do with care coordination, that is their choice. As well if someone might be perceived as only needing preventative support but they want more support, than their care coordinator can work with them to receive a higher tier of support.

6. Open Discussion

- *Are there upcoming changes to attribution in December?* The Department is going to optimize the way that they are attributing to providers who are billing under one ID. Such as there will be a way to attribute to the ID where the service was rendered without having to use any clunky workarounds or manual interventions. Stay tuned for more information to come on this topic.

Next meeting: December 14, 2023, 8:00-9:30am

Reasonable accommodations will be provided upon request for persons with disabilities. Please notify Brooke Powers at 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.