



COLORADO

Department of Health Care
Policy & Financing

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

October 12, 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), Pat Cook (Colorado Gerontological Society), Angie Goodger (CDPHE), Theresa Anselmo (Delta Dental of Colorado Foundation), Gail Nehls (Envida), and Mark Levine, MD (retired; State PIAC Member).
- B. **Voting Members Absent:** Marc Ogonosky (Medicaid member), Andrea Loasby (CU School of Medicine).
- C. **HCPF Staff:** Brooke Powers, Callie Kerr, Matt Lanphier, Emily Woessner, Abbey Sukeena, Allison Roth, Erin Herman, Lauren Landers-Tabares, Tiffani Domokos, Katie Lonigro, Brittany Deyoe.
- D. **Other Participants:** Nikole Mateyka (CCHA), Sophie Thomas (CCHA), Sandra Afful (JSI), Veronica Sacur (MidValley Family Practice, Roaring Fork Valley), Elizabeth Freudenthal (Children's Hospital Colorado), Lindsay Markham (National Jewish Health), Emilee Kaminski (CHCO & CU Department of Pediatrics), Jessica Johnson-Simmons (Denver Health), Shera Matthews (Doctors Care), Cathy Story (Quality Health Network), Jen DeBrito (RAE2/4), Jamie Zajac (COA), Katie DeFord (CCHA), Amy Downs (JSI), Laurel Karabatsos (JSI),

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

- September meeting
 - Executive Director Kim Bimestefer's presentation and an open discussion about ACC Phase III and the issue of disenrollment of members incorrectly.
 - ACC Phase III discussion: How behavioral health is being integrated with physical health. Staffing challenges
 - The Department is receiving feedback on the concept paper, while developing the RFP

4. [eConsult Platform](#) Update

Matt Lanphier, Emily Woessner & Abbey Sukeena, HCPF

[Slide Show Presentation](#)-October 2023

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**



Simple Sign On (SSO)

- Platform will be accessible to all Health First Colorado PCMPs through a web portal at go-live.
- As part of the enrollment and onboarding process for PCMPs, the Platform will offer multi-faceted Single Sign-On (SSOO capabilities, including those using Provider EHR/HIE systems.

Specialty Provider Participation

- All Specialty Providers must be (National Network and Colorado Based Specialty Providers)
 - Enrolled as a Health First Colorado Provider
 - Licensed to practice in Colorado.
- Specialty Providers must contract with the Contractor to participate in the eConsult program.
- Contractor is responsible for the training and the quality performance of Specialty Providers
- Contractor is responsible for making direct payments to Specialty Providers upon the completion of an eConsult.
- Specialty Providers who are interested can contact HCPF at hcpf_econsult@state.co.us

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

Provider Training

- Contractor will provide several different types of training options as part of the onboarding process that may include the following:
 - Live, interactive web-based training sessions
 - Recorded videos by topic or other recorded e-learning tools.
 - Simulation trainings
 - Written documentation

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- The time to submit an eConsult varies from each provider.
 - We estimate that it will take about fifteen minutes to create and submit an eConsult.

Discussion:

- *Providers would prefer to select a provider that is in the state of Colorado. Having a drop down with a filter, to only Colorado providers is beneficial and necessary. The Department has contract language that would prioritize local Colorado-based providers before going to the National database. Currently, the drop-down function is not available but can be added to the Platform.*
 - *The Department doesn't have a rule to spend 17 minutes on the eConsult Platform. The criteria are different than Medicare's criteria.*
 - *The Department should consider paying providers for the work they have been doing for free, for the last four years. Those discussions have been ongoing, more to come.*
 - *Upcoming webinars soon, please sign up and attend.*
- a. **Enhancing Access with eConsults: General Overview:** November 29, 2023 8:00 am - 9:30 am Mountain Time (US and Canada) [Register in advance for this webinar.](#)
 - b. **Enhancing Access with eConsults: General Overview:** December 6, 2023 8:00 am - 9:30 am Mountain Time (US and Canada) [Register in advance for this webinar.](#)
 - c. **Enhancing Access: eConsult's for PCMPs:** December 13, 2023 8:00 am - 9:30 am Mountain Time (US and Canada) [Register in advance for this webinar](#)
 - d. **Enhancing Access: eConsult's for Specialty Providers:** January 10, 2024 8:00 am - 9:30 am Mountain Time (US and Canada) [Register in advance for this webinar](#)

[4. Home and Community Based Services \(HCBS\) Case Management Agencies \(CMAs\) for Case Management Redesign \(CMRD\)](#)

Tiffani Domokos, HCPF

HCBS Waivers and Case Management: Currently, the HCBS waiver a person chooses to pursue determines the type of case management agency they will go to.

- **Single Entry Point (SEP) Agency:** Serves waivers targeted to individuals without an IDD.
 - Brain Injury Waiver (BI)
 - Children with Life Limiting Illness Waiver (CLLI)
 - Community Mental Health Supports Waiver (CMHS)

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- Complimentary and Integrated Health Waiver (CIH formally SCI)
- Elderly, Blind and Disabled Waiver (EBD)
- Community Centered Board (CCB): Serves waivers targeted to individuals with an IDD.
 - Children’s Extensive Support Waiver (CES)
 - Children’s Habilitation Residential Program Waiver (CHRP)
 - Developmental Disabilities Waiver (DD)
 - Supported Living Services Waiver (SLS)
- Private Case Management Agency: Serves children with significant medical needs.
 - Children’s Home and Community Based Services Waiver (CHCBS)

Bringing Change to CMAs

Case Management Redesign=

- Executive Order and Community Living Advisory Group (CLAG)
- One place to go for all waivers.
- Conflict-Free Case Management
- New Care and Case Management System and Assessment and Person-Centered Support Plan Process

Key Outcomes of Case Management Redesign. Looking at:

- Federal Compliance
- Quality
- Simplicity
- Stability
- Accountability

What is NOT changing?

- Access to services
- Waiver eligibility Person centered approach.
- Required case management.
- Local knowledge and expertise

Case Management Agency (CMA) Selection Process

- Proposals Submission Deadline Closed on February 28th.
- Evaluation Period is underway.
- All Defined Service Areas received at least 1 proposal.

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- Notification on Intents to Award-June/July 2023
- Phased Transition Contracts Effective November 2023, March 1 and July 1, 2024

Transition Phasing Timeline

- Phase 1 Transitions: August-October 2023 (9 Agencies)
 - November 2023: First group of CMAs fully transitioned.
- Phase 2 Transitions: November-February 2024 (7 Agencies)
 - March 2024: Second group of CMAs fully transitioned.
- Phase 3 Transitions: March-June 2024 (4 Agencies)
 - July 2024: Third group of CMAs fully transitioned.

5. CMA Case Management/RAE Care Coordination Process Improvement Initiative (ARPA 5.04)

JSI

[Presentation Slides](#)

Stakeholder Input

- Conducted key informant interviews with:
 - State employees
 - Members and members’ families
 - RAEs
 - CMAs
 - National organizations and other states
- Facilitated discussion in public forums with stakeholder advisory groups.

Domains

1. Intra-/inter-agency alignment and coordination
2. RAE and CMA role clarification, collaboration and coordination
3. Data sharing and technology
4. Payment and performance
5. Regulations and oversight

CENTRAL THEME: Improve member experience.

Discussion:

1. *Would like to hear about the process to ensure that pediatric needs are* improving health care equity, access and outcomes for the people we serve while saving Coloradans money on health care and driving value for Colorado.

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being met, especially those with special needs.

- a. Processes of RAE communication, coordination and collaboration with the CMAs will benefit all individuals. One area around best practices, where we can learn around past experiences to make sure that those are reflected. Over half of the interviews with members and families included half of children, so we were able to get that population in our research.*
- b. How were CMAs defined in JSIs research? CMA definitions are tied into waiver case management agencies, focused on community-based waivers.*
- c. What do CMAs do differently than RAEs? RAEs have a broader scope—coordinating physical health and behavioral health services. CMAs focus on those with waivers and need waiver services.*
- d. Was there any consideration in aligning the CMA agencies and the RAEs? There was a lot of thought into aligning initially, but aligning the RAE regions with the BHASOs and BHA ended up being the direction the Department went.*

6. 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.

Discussion:

- Social determinants of health were not carved out, but they are an area of focus. It will be up to the Care Coordinators to determine which tier that members are in.*
- Increase equitable access to care coordination: Require RAEs to develop a network of community-based organizations to reach and educate members.*
- Care Coordinators don't always need to be clinical care coordinator, they should be a person with expertise in that area.*
- Core measure alignment.*
- Care coordination should be different in children than it is for adults. Especially level 3 kids, who require the most intense coordination. It should have a separate criterion.*
- How is the Department ensuring that care coordinators are working effectively with members who are not in their same county? We are asking the RAEs to build out a network of community-based organizations who have connections to local communities where members are living. Working to make sure that care coordination is accessible within different areas than where care coordinators live.*



Next meeting: November 9, 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.

